Aberrant Regulation of Interleukin 18 Binding Protein A (IL-18BPa) by IL-18BPa Autoantibodies in Rheumatoid Arthritis

Khalid KE1,2,*, Gue TB3, Sun W4, Nie H5, Liu A6, Mohamed E M Ahmed5, Saeed OK4 and Zhang JZ2,5,6

1Department of Laboratory Medicine, Faculty of Applied Medical Sciences, Al-Baha University, Al-Baha-Saudi Arabia
2Joint Immunology Laboratory at the Institute of Health Sciences and Shanghai Institute of Immunology, Shanghai Jiao Tong University School of Medicine and Shanghai Institutes of Biological Sciences, Chinese Academy of Sciences, China
3Department of Surgery, Faculty of Medicine, University of Gezira, Medani, Sudan
4Department of Internal Medicine, Faculty of Medicine, University of Gezira, Medani, Sudan
5Department of Neuroimmunology, GlaxoSmithKline Research and Development Center, Shanghai, China
6*The first and the second authors are equally contributed to this study

Abstract

Objective: This study aimed to identify the role of IL-18BPa in the regulation of immune responses associated with the pathogenesis of Rheumatoid Arthritis.

Methods: 65 Rheumatoid Arthritis (RA) patients, 22 Osteoarthritis (OA) patients, and 40 sex and age matched healthy donors were enrolled in this study. Synovial fluids mononuclear cells (SFMC) and peripheral blood mononuclear cells (PBMC) were prepared by using Ficoll-Hypaque separation procedure. Super Array analysis was used to measure the expression profile of immune-related genes in RA synovial tissues (RA-ST) and in normal PBMC treated with recombinant human IL-18 binding protein a (IL-18BPa). The mRNA levels of T-helper 1 (TH1) and T-helper 2 (TH2) cytokines were measured by real-time PCR, and the protein levels of IFN-γ, IL-4 and IL-18BPa autoantibodies were detected by ELISA.

Results: High expression of IL-18BPa protein and messenger RNA (mRNA) are found in RA-SF and RA-ST. SuperArray analysis of immune related gene expression profile in normal PBMC treated with IL-18BPa indicated decreases in the gene expression of IFN-γ. IL-18BPa downregulated the mRNA expression of IFN-γ and IL-12, as well as, upregulated the mRNA expression of IL-4 and IL-10 in RA and normal subjects. IFN-γ and IL-12 upregulated the mRNA and protein expression of IL-18BPa in RA subjects. Autoantibodies against IL-18BPa were detected in plasma of RA patients (41.7%), in healthy subjects (4.0%), and none of OA patients, and also detected in SF of RA patients (37.9%) and OA patients (9%).

Conclusion: This study emphasizes the anti-inflammatory properties of IL-18BPa on cytokines milieu and the IL-18BPa auto-antibodies may play a role in aberrant regulation of IL-18BPa in RA patients.

Keywords: IL-18BPa; Inflammation; Cytokines; Autoantibodies; Rheumatoid Arthritis; Osteoarthritis

Introduction

Rheumatoid Arthritis (RA) is a chronic inflammatory disease that affects approximately 1% of the population in all parts of the world [1]. Although the etiology and pathogenesis of RA is unknown, there is evidence indicating that T-cell mediated inflammation plays an important role in rheumatoid synovitis. Several data suggest that T lymphocytes, in particular, TH1 cells, and array of proinflammatory cytokines and monokines are associated with inflammation and tissue damage in RA [2,3]. Certain cytokines such as IL-18 has been found to exhibits powerful TH1 promoting activities in synergy with IL-12 in RA [4]. Still the molecular mechanisms involved in the activation and perpetuation of inflammatory T cells in rheumatoid synovium are poorly understood.

Novick et al. identified IL-18BPa as the natural inhibitor of IL-18 [5]. This gene product is an important potential candidate for neutralizing IL-18 in autoimmune diseases [5-7]. As such, it regulates IL-18-induced IFN-γ production and consequently influences the TH1 and inflammatory responses. IL-18BPa resembles the extracellular segment of a cytokine receptor in a single Ig domain. However, IL-18BPa is a novel protein distinct from IL-1 and IL-18 receptor family members.

Previous studies have implicated an increase in IL-18 and its neutralizing inhibitor (IL-18BPa) in RA serum, its expression in local areas of inflammation (e.g. RA synovial fluids or tissues) is quite interesting, since, there are an experimental evidences suggesting that IL-18BPa was not suffice to exert natural activity toward IL-18 [8-12]. Furthermore, IL-18BPa expression in local areas of inflammation and its regulation during disease process and cytokine milieu is questionable, since the role of IL-18BPa as an early inhibitor of TH1 cytokines in animal models was indicated [13-16].

In this study, our preliminary data indicated the over expression of IL-18BPa in synovial fluids and tissues of RA patients and that IL-18BPa has a proinflammatory role. In addition, our results suggest that the present of autoantibodies specific to IL-18BPa in RA synovium may play a role in disease persistency.

*Corresponding author: Khalid Eltahir Khalid Kheiralla, Department of Laboratory Medicine, Faculty of Applied Medical Sciences, Al-Baha University, P.O. Box: 1988, Al-Baha, Saudi Arabia, Tel: +966506384596; Fax: +96677247272; E-mail: khatahir12@gmail.com

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Methodology

Patients

A total of 65 Chinese patients with RA, 22 patients with OA, and 40 sex and age matched healthy donors were enrolled in this study under the informed consent and the approval by the Institutional Medical Ethics Review Board of the Shanghai Institutes of Biological Sciences, Chinese Academy of Sciences. Diagnosis of RA and OA were defined according to the classification criteria of American College of Rheumatology [7]. All patients were from different parts of China, they referred to the Department of Rheumatology out clinic of Renji Hospital in Shanghai (China) in the period between 2009-2011. Patients received any immunosuppressive or immunomodulatory drugs at least two month preceding samples collection were excluded. RA patients include (58) female and (7) male with average age of (53 ± 9.8), the summary of demographic and laboratory profiles of RA and OA subjects indicated in Table 1. Synovial specimens were obtained through synovectomy or arthroscopic procedures that were performed for other medical indications. Synovial Fluids (SF) were centrifuged at 350g for 3 minutes, and supernatants were collected and immediately stored at -80°C until use.

Cell culture

SF and peripheral blood samples were drawn from RA patients or healthy controls into heparnized syringes (20 U/ml final concentration) and subsequently PBMC were isolated by Ficoll-Hypaque density gradient centrifugation, cells were washed with RPMI-1640 medium (complete medium) supplemented with 25 mM HEPES buffer and L-Glutamine, in addition to 10% heat-inactivated Fetal Calf Serum (FCS), 100 U/ml Penicillin, and 100 μg/ml Streptomycin (all purchased from GibCO BRL Life Technologies, USA), after washing (well mixing) blood was added carefully over 7.5 ml Ficoll-hypaque and centrifuged (Heraeus megafuge, 1.0, rotor) at 2000 rpm without break for 20 min at 20°C. Using a sterile pipette, the white belt between the two layers was sucked carefully. PBMCs were diluted 10 times its volume with PBS and subsequently washed with RPMI-1640 medium for 3 minutes, and supernatants were collected and immediately stored at -80°C until use.

Quantitative measure of cytokines

Fresh PBMC from normal subjects were prepared as described before. 0.2×10^6 cells/ml for 96-flat bottom polypropylene well plates (Becon Dickenson Labware Euorope) were cultured for 48 hours. Cultured cells were stimulated with different concentrations of rIL-18BP (5, 50, 200 ng/ml). After 48 hr of stimulation, supernatants were assayed for cytokines using commercially available ELISA kits as specified; for of IFN-γ and IL-4 (Jingmei Biotech-China).

Quantitative measure of IL-18BPa

Concentration of IL-18BPa in plasma and synovial fluid specimens was measured quantitatively using ELISA kit (R&D Systems Incorporation) according to the manufacturer’s procedure. For quantitative measure of IL-18BPa from culture supernatants prepared from RA-PBMC, a density of 0.2×10^6 cells/ml in 200 μl RPMI 1640 medium were dispensed into 24 or 96-flat bottom well plates (Becon Dickenson Labware Euorope). Different concentrations of human IFN-γ (10 μg/ml), and IL-12 (10 μg/ml), TNF-α (5 μg/ml), IL-4 (5 μg/ml), and IL-10 (10 μg/ml) were added to each well with anti-CD3 (0.1 μg/ml) antibodies (Takara-Japan). Cultures were incubated at 37°C in a humidified atmosphere consisting of 5% CO2/95% air culture incubator (Heraeus) for 7 days. Culture supernatant and cells were collected from each well for the analysis of IL-18BPa by ELISA.

Detection of IL-18BPa autoantibodies

Purified recombinant Human IL-18BPa (human IgG1/Fc chimera) from R&D systems and control goat anti-human IgG, F(ab), (Jackson ImmunoResearch) at 2 μg/ml in PBS for IL-18BPa auto-antibody detection. Plates were coated overnight at 4°C, followed by blocking nonspecific binding sites with 10% (wt/vol) FBS for 1 hour and subsequently washed. SF, plasma or serum, along with the recombinant cytokines as standards, were diluted with PBS and added in duplicate wells. Plates were incubated for 2 hours and subsequently washed with PBS-Tween 20. Matched biotinylated detecting antibodies were added and incubated for 2 hours. After washing, avidin-conjugated HRP and 3,3',5,5'-tetramethyl benzidine were used for color development. Optical density was measured and cytokine concentrations were quantitated using microplate computer software (Bio-Rad Laboratories).

Super Array analysis

The expression analysis of selected cytokines and chemokines genes were examined using a commercially available cDNA array system containing 364 genes related to autoimmune and inflammatory response and 20 positive and negative control genes (GEArray S Series human autoimmune and inflammatory response gene array, SuperArray Bioscience Corporation, MD) according to the manufacturer’s instructions. The gene list is given at the supplier’s website (ww.superarray.com). Briefly, PBMC from healthy individuals were treated with IL-18BPa (0.2 μg/ml) for 48 hrs. Three micrograms of total RNA were reversed transcribed into biontin-16-deoxy-UTP-labeled single strand cDNA by Moloney murine leukemia virus reverse transcriptase. After pre-hybridization, membranes were hybridized with biontin-labeled sample cDNA and incubated with alkaline-phosphatase-conjugated streptavidin. Chemiluminescence was visualized by autoradiography. The results were analyzed using GEArray Expression Analysis Suite (Version 1.0) provided by SuperArray at its website. The relative expression of different genes was estimated by comparing signal intensity with that of average intensity of internal control genes. Data was expressed as ratio of significant change in gene expression (IL-18BPa treated/un-treated control).

RT-PCR analysis

Total RNA isolation was performed with RNeasy kits according to

Table 1: Demographic and clinical data of the RA and OA patients referred to the out clinic of Renji Hospital in Shanghai in the period between September 2009-2011.

<table>
<thead>
<tr>
<th>Parameters</th>
<th>RA (n=65)</th>
<th>OA (n=22)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age, mean years</td>
<td>53 ± 9.8</td>
<td>70 ± 8.3</td>
</tr>
<tr>
<td>Disease duration, mean years</td>
<td>10.6 ± 6.6</td>
<td>11 ± 7.8</td>
</tr>
<tr>
<td>Sex of (male/female)</td>
<td>7/58</td>
<td>4/18</td>
</tr>
<tr>
<td>ESR mean mm/hour</td>
<td>44.9 ± 28.9</td>
<td>26 ± 13.6</td>
</tr>
<tr>
<td>Positive Rheumatoid Factor (%)</td>
<td>85.1</td>
<td>NA</td>
</tr>
<tr>
<td>IgG Rheumatoid Factor</td>
<td>532.1 ± 923.9</td>
<td>NA</td>
</tr>
<tr>
<td>IgA Rheumatoid Factor</td>
<td>454.0 ± 608.1</td>
<td>NA</td>
</tr>
<tr>
<td>C-reactive protein (mg/dl)</td>
<td>19.43 ± 18.1</td>
<td>NA</td>
</tr>
</tbody>
</table>
the protocol from the manufacture (Qiagen). The purity of the RNA was quantified by absorbance 260 nm and purity was checked by 260 nm and 280 nm (OD260/OD280) absorbance and by agarose gel after staining with ethidium bromide. The cDNA were made by using the Superscript RT kit (Qiagen) using RNA as a template. Synthesis was performed by PCR (Biometa-Germany) for 60 minutes at 37°C. Subsequently the enzyme “SensiScript reverse transcriptase” was inactivated by heating the reaction mixture to 93°C for 5 minutes followed by rapid cooling in 4°C, and stored in the same degree.

**Real-time PCR**

Real-time PCR analysis of cDNA is based on the direct detection of amplics by signals. Production of signals was caused by the SYBR Green I dye into the real-time PCR reaction, which allows the detection of any double-stranded DNA generated during PCR. Primers for IL-18BPa (published sequence AF110799), IFN-γ, IL-12, IL-10, and IL-4 were designed (Table 3) for IL-18BPa (published sequence AF110799), IFN-γ, IL-12, IL-10, and

<table>
<thead>
<tr>
<th>Gene groups</th>
<th>Description of increased genes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Colony stimulating factor 2</td>
<td>79.51</td>
</tr>
<tr>
<td>Toll-like receptor 9</td>
<td>5.02</td>
</tr>
<tr>
<td>Chemokine (C-X-C motif) ligand 6</td>
<td>4.82</td>
</tr>
<tr>
<td>Vascular endothelial growth factor</td>
<td>3.73</td>
</tr>
<tr>
<td>Mitogen-activated protein kinase 8</td>
<td>3.26</td>
</tr>
<tr>
<td>Forkhead Box P3</td>
<td>2.34</td>
</tr>
<tr>
<td>Interleukin 12B</td>
<td>2.14</td>
</tr>
</tbody>
</table>

**Table 4:** Gene expression profile of normal PBMC treated with IL-18BPa.

<table>
<thead>
<tr>
<th>Name</th>
<th>Primer</th>
<th>Sequence (5´------3´)</th>
<th>Product length(bp)</th>
</tr>
</thead>
<tbody>
<tr>
<td>IL-18BPa</td>
<td>FW acc toc cag gcc gac tg</td>
<td>149</td>
<td></td>
</tr>
<tr>
<td>IFN-γ</td>
<td>RV tca gct cgt cat tgt tt</td>
<td>120</td>
<td></td>
</tr>
<tr>
<td>IL-12</td>
<td>FW tgg agt gcc agg aga cag ttt</td>
<td>138</td>
<td></td>
</tr>
<tr>
<td>IL-10</td>
<td>RV ccc ggg ctc cat ctt ggt</td>
<td>149</td>
<td></td>
</tr>
</tbody>
</table>

FW: Forward; RV: Reverse; BP: Base pair

**Table 5:** SuperArray analysis of immune-related gene expression profiles between RA and OA synovial tissues among Chinese patients referred to the out clinic of Renji Hospital in Shanghai.
amount of total RNA in each sample. All values were expressed as fold increase or decrease relative to the expression of GAPDH. The mean value of the replicates for each sample was calculated and expressed as cycle threshold (CT, cycle number at which each PCR reaction reaches a predetermined fluorescence threshold, set within the linear range of all reactions). The amount of gene expression was then calculated as the difference (ΔCT) between the CT value of the sample for the target gene and the mean CT value of that sample for the endogenous control (GAPDH). Relative expression was calculated as the difference (ΔΔCT) between the ACT values of the test sample and of the control sample. Relative expression of genes of interest was calculated and expressed as 2^(-ΔΔCT).

**Statistical analysis**

Experiments were performed in duplicate and triplicate. Results were expressed as the mean ± SD of the indicated number of samples. Within group comparisons were analyzed by Student’s paired t-test. An ANOVA and Mann-Whitney U test corrected by Bonferroni method were used to determine the difference between different groups. Gene expression differences were analyzed by the Mann-Whitney U test. A P value less than 0.05 were considered significant.

**Results**

PBMCs, Synovial Fluid (SF) Mononuclear Cells (SFMC), and Synovial Tissue (ST) specimens were obtained from clinically well-defined RA and OA patients and were analyzed and compared with control PBMCs derived from healthy individuals (Table 1). A preliminary result of the gene expression profile screening conducted in Synovial Tissue (ST) specimens obtained from RA patients compared with OA patients indicates an over expression to IL-18BPa gene profile (Table 2). As shown in Figure 1A, IL-18BPa protein was detected in SF derived from RA patients (n=20), a level that significantly higher than that in OA-SF. As determined by the real time PCR, the expression of IL-18BPa was significantly elevated (P<0.001) in RA-ST compared with Orthoarthritits-ST (Figure 1B).

When we examined the expression profile of genes related to autoimmune and inflammatory response in normal subjects. An in-vivo experiment representing the expression profile of selected genes of 20 positive and negative control genes in normal PBMC treated with IL-18BPa (GEArray S Series human autoimmune and inflammatory response gene array, SuperArray Bioscience corporation, MD). Notably, IFN-γ gene expression was decreased in treated PBMC compared to non-treated one (Table 3). From the aforementioned results, we hypothesized that IL-18BPa may has further anti-inflammatory property through decreasing the expression of Th1 cytokines such as IFN-γ. To this end, the in-vitro results in normal and RA-PBMCs indicate the ability of IL-18BPa to decrease the mRNA expression of IFN-γ and IL-12 (Figures 2A1 and A2) and protein levels of IFN-γ (Figure 2B1), and it can augment the mRNA expression of IL-10 and IL-4 (Figure 2A3 and A4) and the protein levels of IL-4 (Figure 2B2).

Next we examined whether blocking IL-18BPa in RA-SF could reverse the mRNA expression of IFN-γ indicated in Figure 2 A1. SF of RA patients were pre-incubated for 45 min with different concentration of human anti-IL-18BPa antibody (R&D System). PBMC cells were subsequently harvested and quantitatively analyzed. As indicated in Figure 2 B3, blocking IL-18BPa in RA-SF could reverse the mRNA expression of IFN-γ. Altogether, these results highlighted the anti-inflammatory properties that IL-18BPa can play in RA synovium.

To see whether IL-18BPa can be induced by proinflammatory cytokines, RA-PBMCs were treated for 7 days with different concentration of IFN-γ, TNF-α, IL-12, IL-23, IL-1β, IL-4, and IL-10 with anti-CD3 antibody stimulation (1 µg/ml). As shown in Figure 3A1 and 2, IL-18BPa expression was significantly upregulated by IFN-γ and IL-12 in a dose-dependant manner. In conformity, IFN-γ and IL-12 could augment the production of IL-18BPa protein in-vitro in RA subjects (Figure 3B1 and B2). Our result indicates that IL-18BPa can be induced by a variety of proinflammatory cytokines.

The persistence of high mRNA and protein levels of IL-18BPa in RA synovium accompanied its high levels in RA serum [8], and the disease subsistence let us to postulate the presence of proteins or auto antibodies that may bind to and/or affect the anti-inflammatory properties of IL-18BPa.

In an attempt to demonstrate the presence of auto-antibody against IL-18BPa in plasma and SF of RA and OA patients, SF and plasma from 45 RA patients, 20 OA patients with OA and 25 normal subjects as control group were examined by a specific sandwich ELISA using plate coated with recombinant human IL-18BPa (human IgG1 Fc), auto-antibodies binding to IL-18BPa were detected by goat anti-human IgG mAb with fragment specific for the F(ab)2 to prevent its binding to the Fc part of IL-18BPa.

As shown in Figure 4A, elevated auto-antibodies to IL-18BPa were
detected in 25 out of 60 (41.7%) plasma and 11 out of 29 (37.9%) SF from patients with RA, while 2 out of 22 (9.0%) in OA-SF and 2 out of 40 (5.0%) in normal plasma were marginally positive. ELISA specificity to human IL-18BPa is evaluated by the pre-incubation of plasma from normal and RA subjects with soluble IL-18BPa, rather than control human IgG (Figure 4B). We used 0.443 OD450 as a cut-off based on the mean (0.249) + 2SD (0.0972) of values with plasma from 40 normal donors at 1:2000 dilutions.

Taken together, these results indicated for the first time, the presence of auto-antibodies specific to IL-18BPa which may play a role in the pathogenesis of RA.

Figure 2: Regulatory effect of IL-18BPa on Th1 and Th2 mRNA transcripts and protein levels. (A1-5) PBMC from healthy Chinese donors (n=20) and RA patients (n=32) were cultured in flat bottomed wells at 1×10^6 cells/ml in RPMI stimulated with different concentration of IL-18BPa (5 ng/ml, 50 ng/ml, 200 ng/ml). After 48 hrs, IFN-γ, IL-12, IL-4, IL-10 were measured by real time PCR (Q-PCR). (B1&2) Cytokines concentration of IFN-γ and IL-4 in 48 hrs culture supernatant of normal PBMC was measured using ELISA. (B3) Normal PBMC was co-cultured with RA-SF pre-incubated with anti-human IL-18BPa antibody in a dose-dependant manner for 48 hrs, IFN-γ mRNA was quantitated by Real-time PCR (Q-PCR). The results are expressed as mean value of relative mRNA expression of transcript ± SEM. Single asterisk indicate significant different between the dose dependant concentration of IL-18BPa and the control (*P<0.05).

Figure 3: IL-18BPa production and mRNA expression by RA peripheral blood mononuclear cells (PBMC). PBMC (1×10^6 cells/ml in RPMI 1640 medium with 10% fetal calf serum) from RA donors (n=10) were cultured for 7 days in duplicate with IFN-γ (1 μg/ml, 5 μg/ml, 10 μg/ml, and 50 μg/ml), IL-12 (0.1 μg/ml, 1.0 μg/ml, 10 μg/ml, and 100 μg/ml), TNF-α (1.0 μg/ml), IL-23 (1.0 μg/ml), IL-1α (1.0 μg/ml), IL-4 (5 μg/ml), and IL-10 (10 μg/ml). (A1&A2) mRNA expressions were measured by real-time PCR. (B1&B2) IL-18BPa Levels in the culture supernatants were determined by ELISA. Bars showed the significant levels as mean ± SD of total experiments performed with supernatant and cells from different healthy donors (n=10). Asterisks indicate significant different (*P<0.05).

Figure 4: Detection of IL-18BPa auto-antibody in RA plasma and SF. (A) Diluted plasma and SF of RA and OA patients and plasma of healthy controls were tested for binding to IL-18BPa by ELISA. Samples with OD450 value greater than 0.443 were considered positive. (B) To examine the specificity of the RA plasma binding to IL-18BPa, diluted plasma were pre incubated with PBS, 2 μg/ml of soluble IL-18BPa or control IgG1 (hIgG1). Results are shown as mean and standards deviation (mean ± SD) as representative data of one of two independent experiments. Asterisks indicate significant difference between experimental groups (*P<0.05, **, P<0.01, ***P<0.000).
Discussion

An increase in IL-18 and its neutralizing inhibitor (IL-18BPα) has been reported in RA serum compared with control [8,9]. Nevertheless, there is no observation regarding the protein level and expression of IL-18BPα in the local area of inflammation in RA. In this study we reported an overexpression and releases of IL-18BPα in RA synovium compared with OA and normal subjects a view supported by the superarray analysis in RA compared with OA synovial tissues [10-13].

The cDNA array gene analysis in normal PBMC treated with recombinant IL-18BPα reported down regulation to IFN-γ gene production comparable with the Signal Transducer and Activator of Transcription 1 (STAT-1) and (STAT-4), which are involved in IFN-γ production [14,15]. This notion let us to go deep and see whether IL-18BPα may has an effect on the cytokines milieu in RA and normal subjects, taken into account a previous studies highlighted in a way or another, an indirect inhibition of IFN-γ by IL-18BPα [5], in addition to the function of IL-18BPα as an early inhibitor to Th1 cytokines in animal models following IL-18BPα administration in CIA models, and abrogate circulating IFN-γ following LPS injection [5,16]. Furthermore, the level of IFN-γ was found significantly reduced in serum of mice transgenic to IL-18BPα compared to non-transgenic [17]. Also it has been found that the administration of IL-18BPα resulted in diminished the local production of IFN-γ in patients with allergic contact dermatitis [18], and could reduce iNOS, TNFa and IFN-γ in Rats model administered with IL-18BP antibody used as control group in kidney allograft rejection [19], in addition to restored the Ag-specific T 2 cells to produce IL-4 and subsequently induce protective spread in kidney allograft rejection [19], in addition to restored the Ag-specific in diminished the local production of IFN-γ in patients with allergic contact dermatitis [18], and could reduce iNOS, TNFa and IFN-γ in Rats model administered with IL-18BP antibody used as control group in kidney allograft rejection [19], in addition to restored the Ag-specific T 2 cells to produce IL-4 and subsequently induce protective spread in kidney allograft rejection [19], in addition to restored the Ag-specific in diminished the local production of IFN-γ in patients with allergic contact dermatitis [18], and could reduce iNOS, TNFa and IFN-γ in Rats model administered with IL-18BP antibody used as control group in kidney allograft rejection [19], in addition to restored the Ag-specific T 2 cells to produce IL-4 and subsequently induce protective spread in kidney allograft rejection [19], in addition to restored the Ag-specific in diminished the local production of IFN-γ in patients with allergic contact dermatitis [18], and could reduce iNOS, TNFa and IFN-γ in Rats model administered with IL-18BP antibody used as control group in kidney allograft rejection [19], in addition to restored the Ag-specific.

Herein, we found that both IFN-γ and IL-12 have the ability to enhance IL-18BPα production in a significant level, however, the other Th1 cytokines including IL-23, IL-1β, and TNF-α can augment IL-18BPα production, together, the expression of IL-18BPα was significantly increased by IFN-γ and IL-12 in a dose-dependent manner. Likewise, IL-18BPα was strongly expressed by IL-12 mediated through IFN-γ in PBMC of healthy subjects [22]. However, only gamma interferon (IFN-γ) has the ability to up regulate the mRNA level of IL-18BPα in synoviocytes [23], endothelial cells and macrophages [3], and in non-leukocytes cyctes [24]. The discrepancy between our results and that reported by Kawashima and Miossec [22], who found IL-12 decreases the basal levels of IL-18BPα production by freshly isolated RA or control PBMCs, may be due to differences assay condition, and possibly, the different stimulation and application procedures used on their study.

IL-18BPα up-regulation correlated with the increase of IL-18 was previously reported in RA and Crohn’s disease [3,8]. However the present of IL-18 in RA disease comparable with excess of IL-18BPα as reported in this study seemingly conflict with RA persistent. This puzzling raised the possibility that IL-18BPα may bind to or influenced by proteins or factors which may affect its biological activity toward IL-18. Since, IL-1H4 an IL-1 related protein has had a high degree of similarity to IL-18 [25,26], it was there for possible that IL-1H4 could bind IL-18BPα. Aforementioned results let us to investigate for the possible presence of auto antibodies against IL-18BPα. Interestingly, our results documented for the first time a significant increase in IL-18BPα auto-antibody in the plasma and SF from RA patients compared with OA and normal control. This may provide another answer to the puzzling regarding the disease persistence even with IL-18BPα over expression particularly in RA.

In summary, in-vitro analysis indicated further anti-inflammatory properties to IL-18BPα on cytokines milieu, and IL-18BPα interaction with IFN-γ and IL-12 could represent a negative feedback mechanism upon established RA inflammation. The detection of IL-18BPα auto-antibodies may play a role in aberrant regulation of IL-18BPα in RA and possibly in other systemic autoimmune diseases. It also demonstrates that IL-18BPα based therapy can be a promising way for treating RA.

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References


