

Vitamin D and autoimmune disease

Hector DeLuca - University of Wisconsin

Avery August - Penn State

Mary Ann McDowell - Notre Dame

Terryl Hartman- Penn State

Jill Smith- Penn State

The Cantorna Laboratory

Veronika Weaver

Sanhong Yu

Danny Bruce

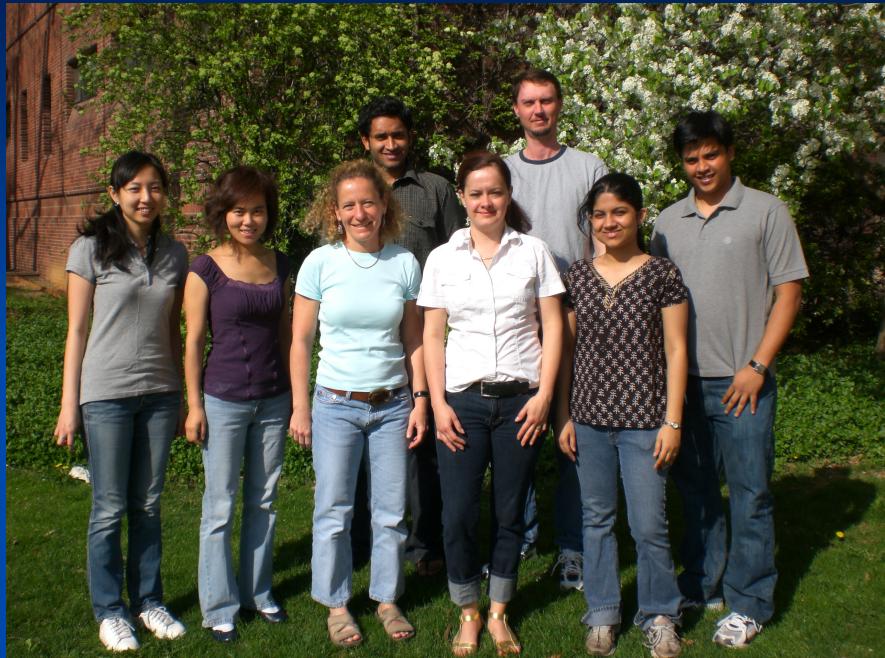
Jot Ooi Hui

Jing Chen

Jun Zhao

Rhonda Smith

Calvin Jones



Past members:

Anja Wittke

Brett Mahon

Candace Bemiss

Monica Froicu

Andy Chang

Funding:

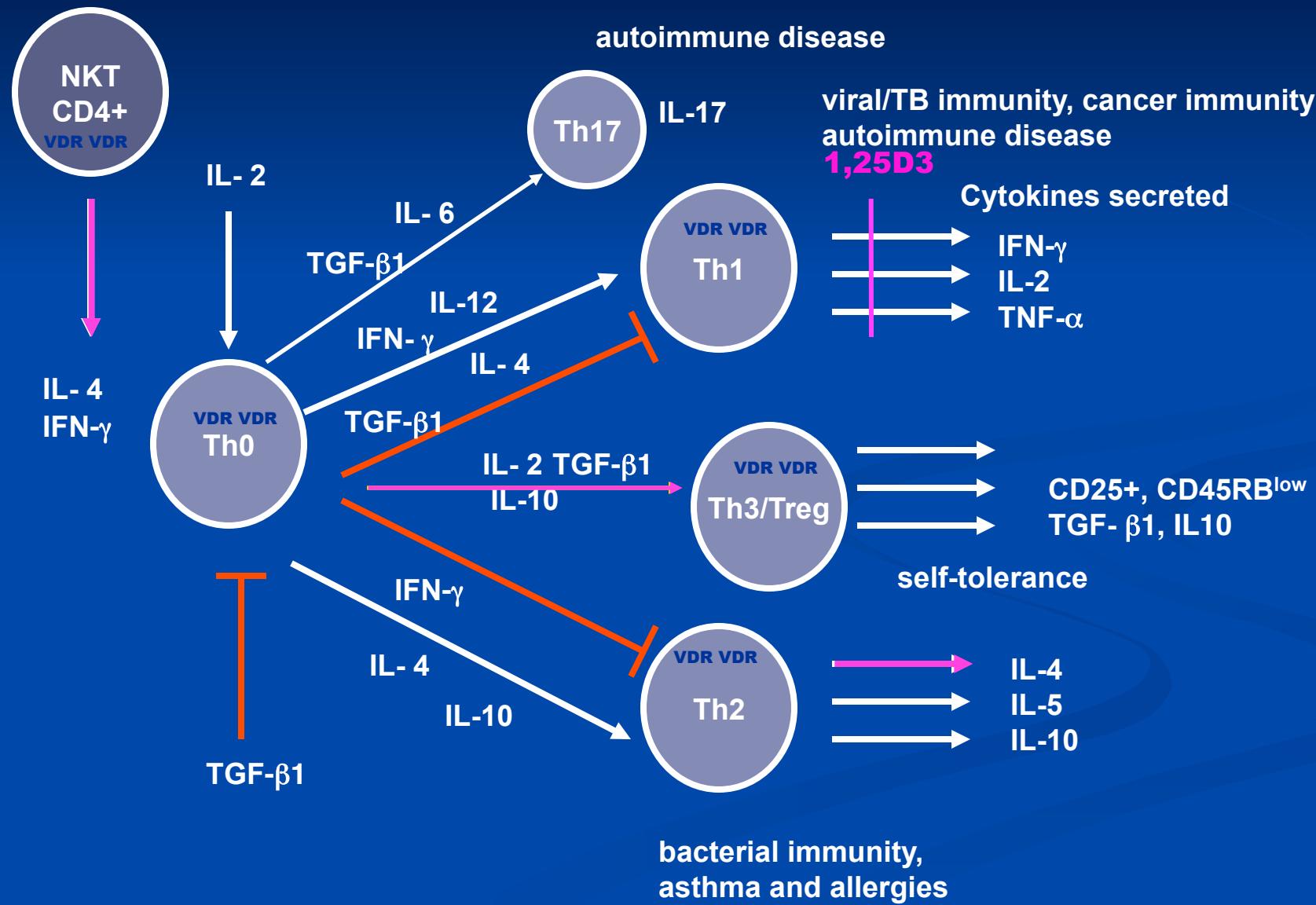
NIH –Office of Dietary Supplements

Crohn's and Colitis Foundation of America

National Multiple Sclerosis Foundation

No Conflicts of Interest to Disclose

Cytokines that regulate Th cell differentiation.



Autoimmunity

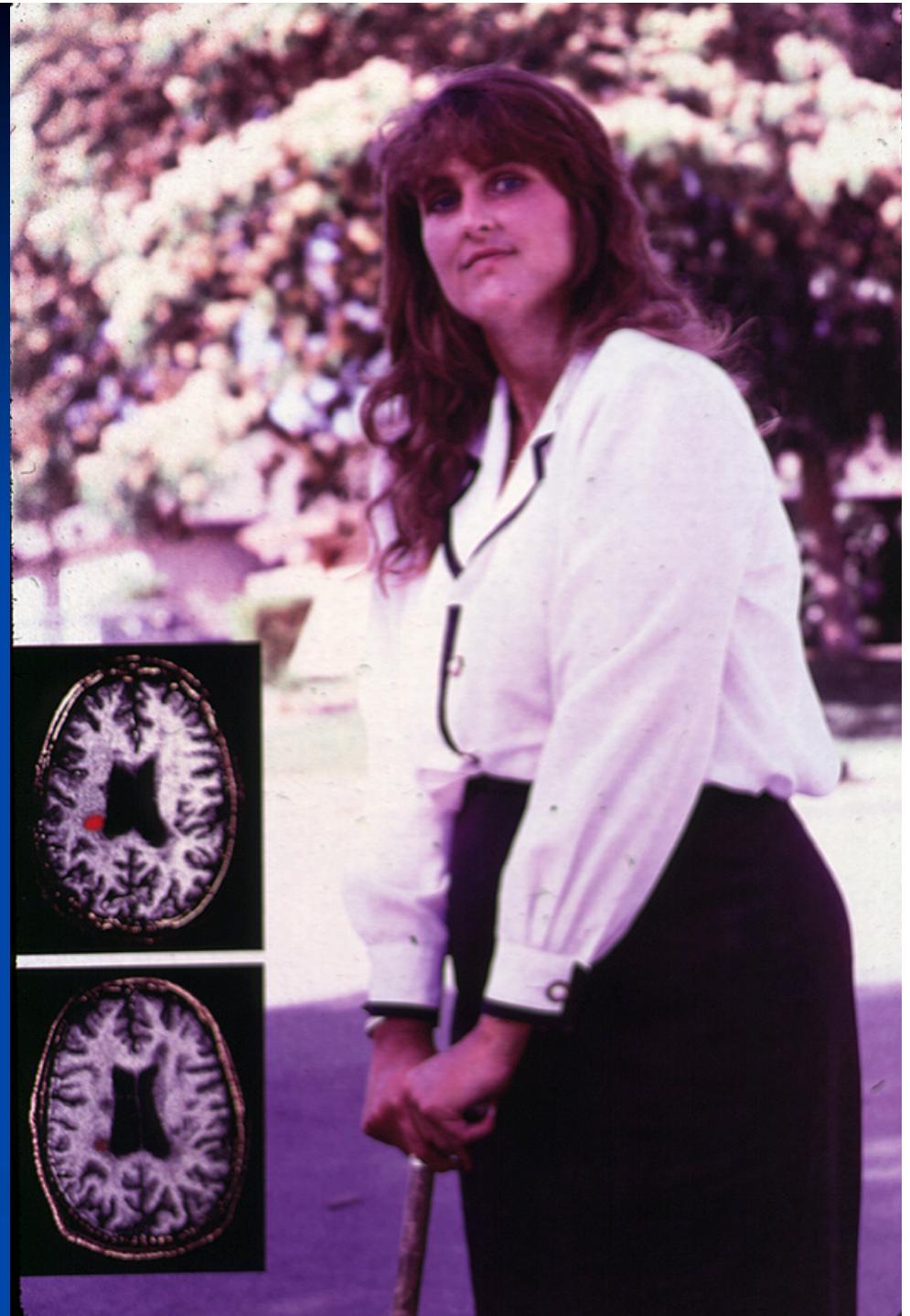
Multiple sclerosis

Lupus

Arthritis

Type I Diabetes

Inflammatory Bowel Disease



Genes and Environment

Biological relatives of IBD patients show 10 fold increased risk.

Sisters/brothers show a 30 fold increased risk.

However, monozygotic twins show a 18% (ulcerative colitis) and 50% (Crohn's) concordance rate.

Inflammatory Bowel Disease

Environment:

**Higher: urban than rural
northern than southern**

**(Europe and North America)
developed than underdeveloped**

Sunlight?

Bacterial flora

When measured vitamin D status low/bone diseases!

Does vitamin D status affect the development of autoimmune diseases?



Experimental Inflammatory Bowel Disease

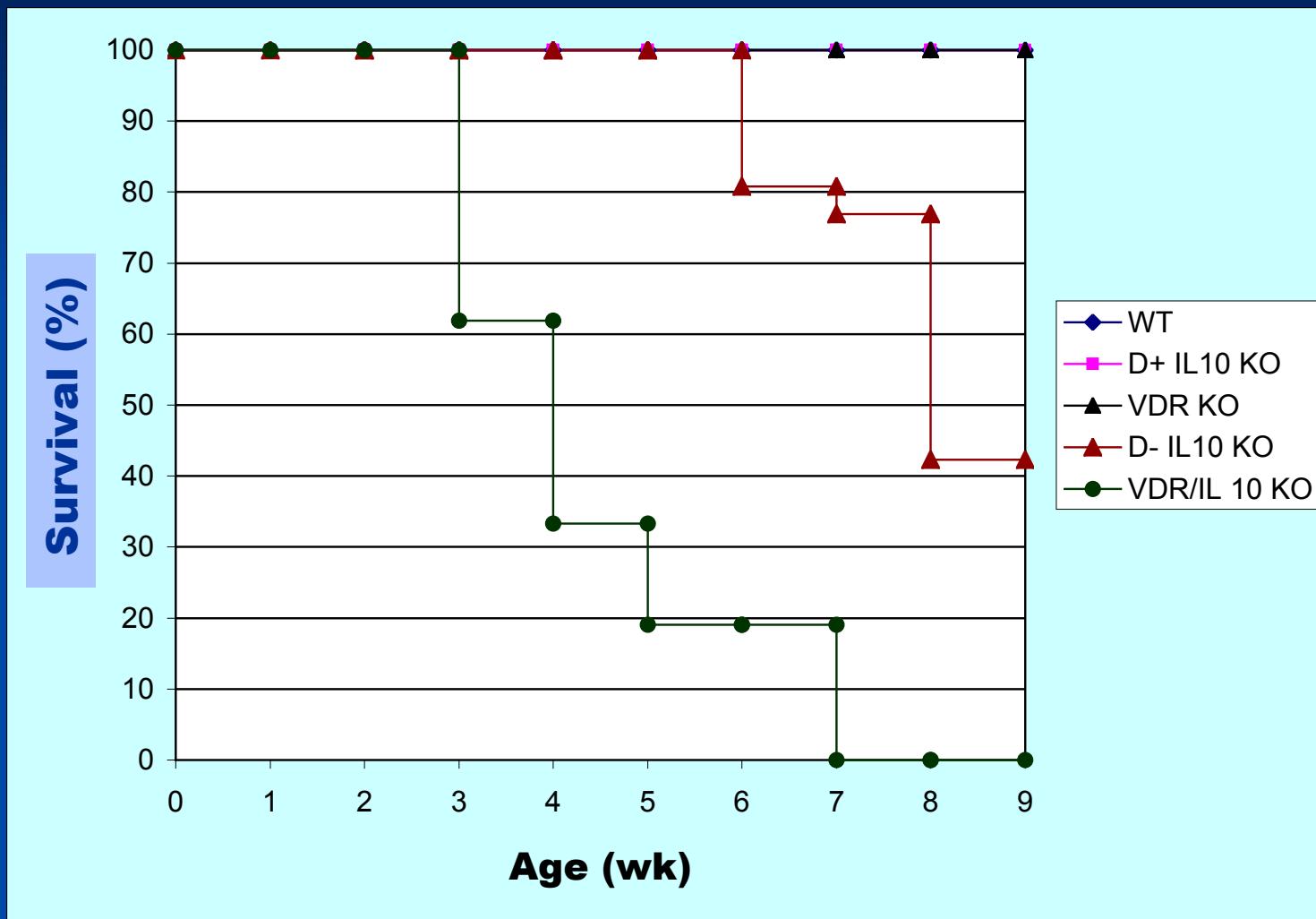
Spontaneous colitis - as a consequence of targeted mutations

IL-10 KO mice spontaneously develop IBD symptoms in the ileum and colon because of a defect in regulatory T cells.

Disease develops sporadically beginning at 9-10 weeks of age. Some mice may not show symptoms after much longer.

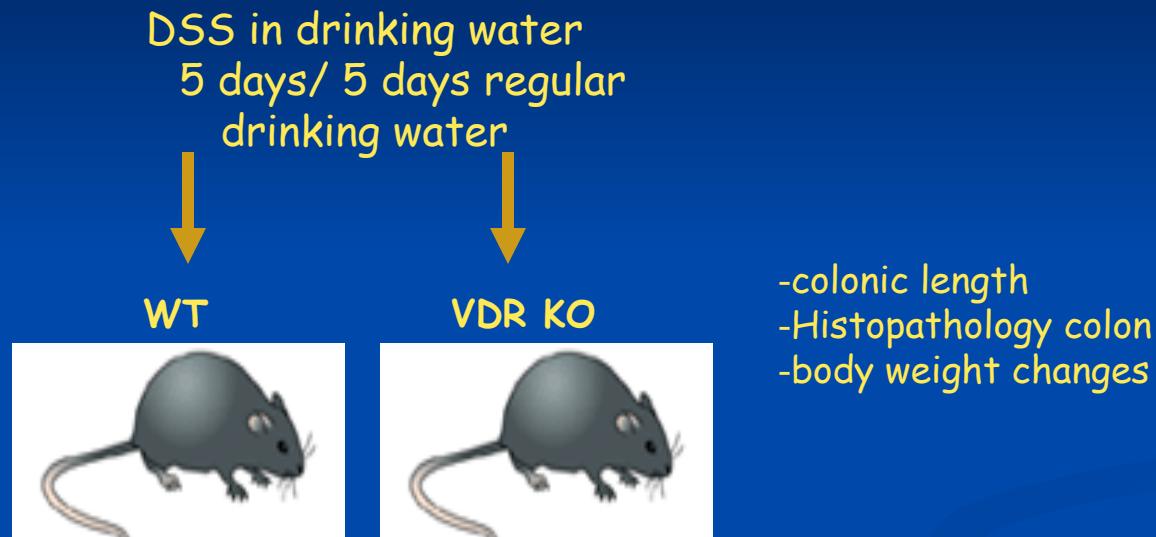
Wasting, diarrhea, rectal prolapse and bleeding which can lead to premature mortality.

Vitamin D and VDR deficiency exacerbates Inflammatory Bowel Disease

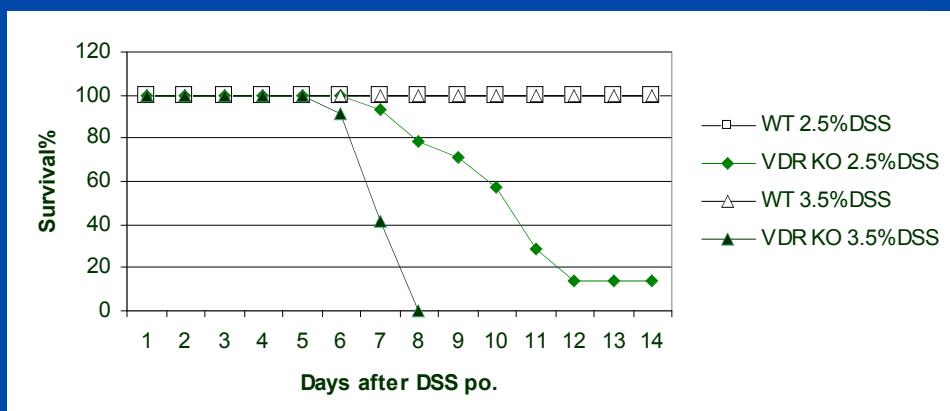
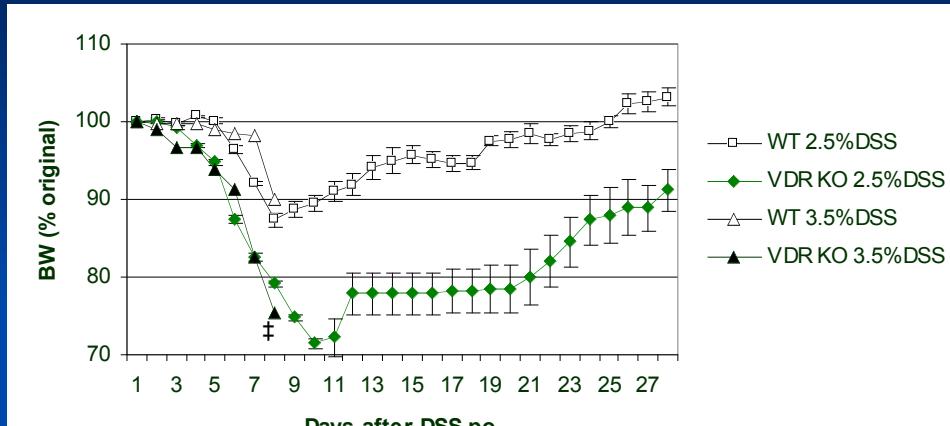


Cantorna et. al 2000 Journal of Nutrition, Froicu et. al 2003 Molecular Endocrinology

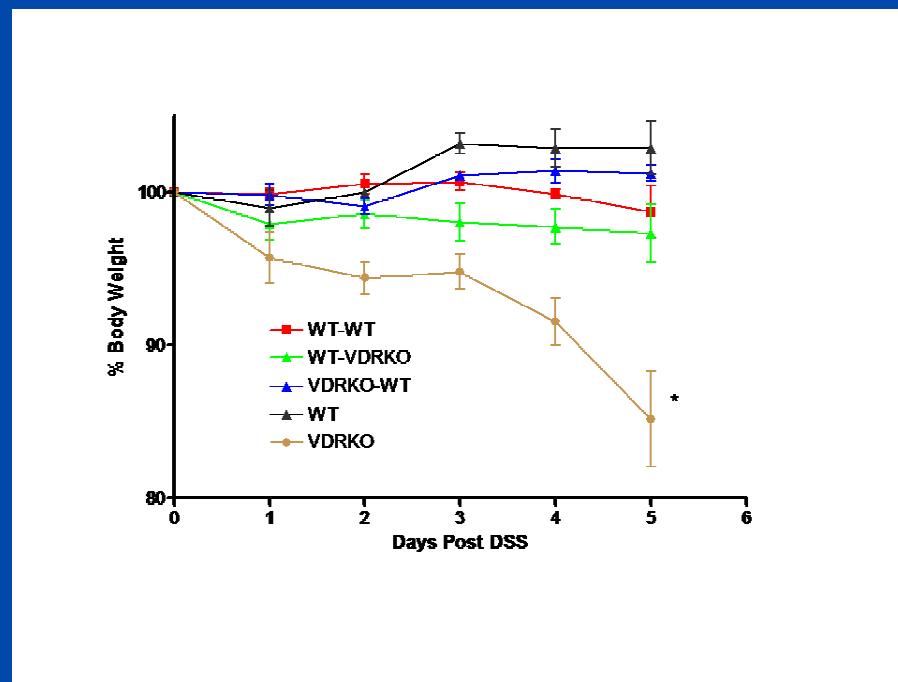
Dextran sodium sulfate induced colitis



VDR KO mice are highly susceptible to dextran sulfate induced colitis



Wild type bone marrow transplantation
rescues VDR KO mice from DSS colitis.



CONCLUSIONS

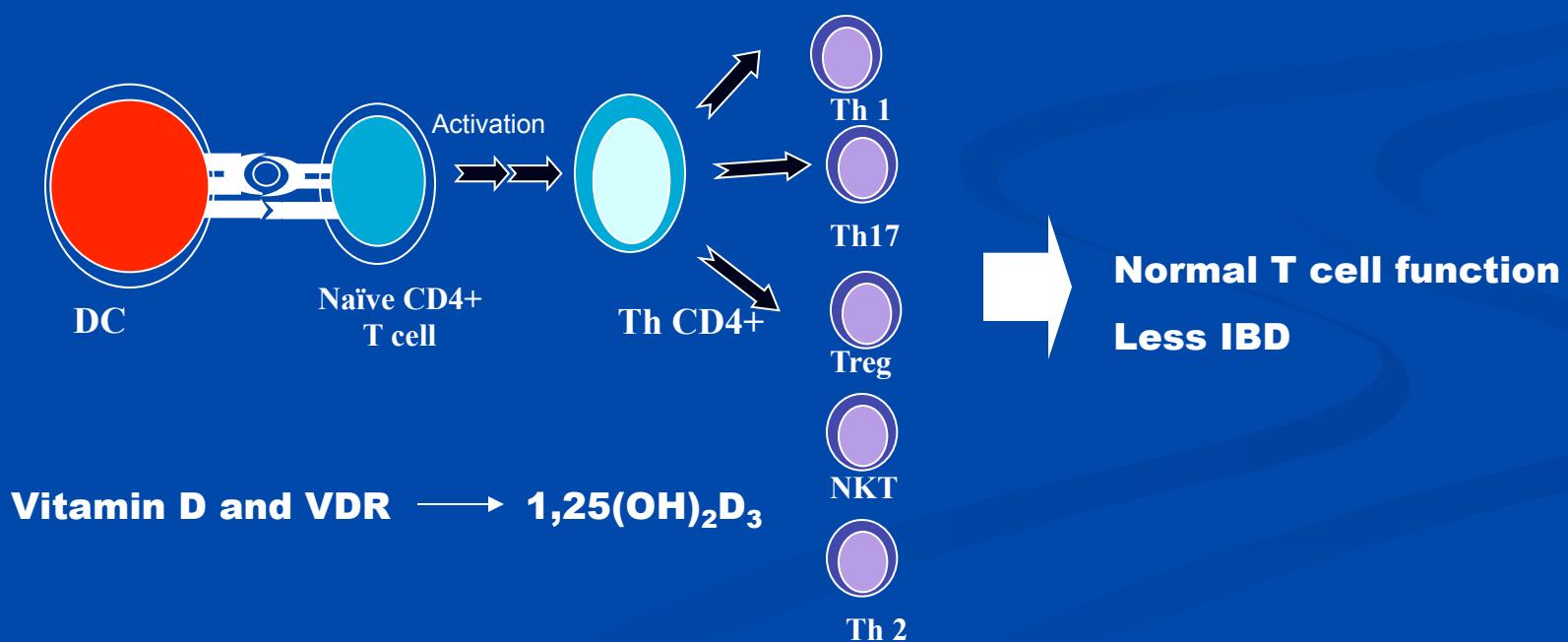
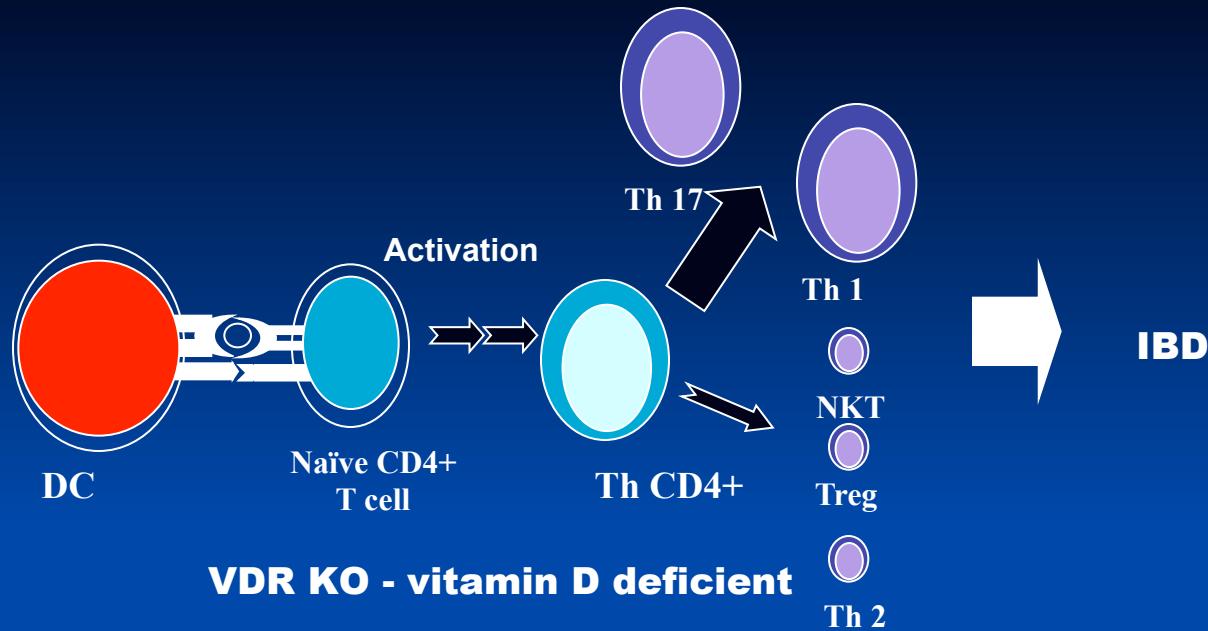
Vitamin D or VDR deficiency increased the mortality rate in IBD susceptible strains of mice.

$1,25(\text{OH})_2\text{D}_3$ reduced inflammation in IL10 KO mice. The reduction in inflammation correlated with the decreased expression of $\text{TNF}\alpha$ related genes.

VDR/IL10 double KO mice develop a fulminating form of IBD. IBD transferred via splenocytes.

VDR KO mice are highly susceptible to DSS colitis. WT bone marrow protects VDR KO mice from DSS.
 $1,25(\text{OH})_2\text{D}_3$ treatment reduced symptoms of colitis.

Model of defect in VDR KO CD4+ T cells increase IBD



IBD: Following CD4/CD45RB^{high} T Cell Transfer into RAG KO mice.

CD4 naive (CD25-)



IBD

C57BL/6 Rag KO mice

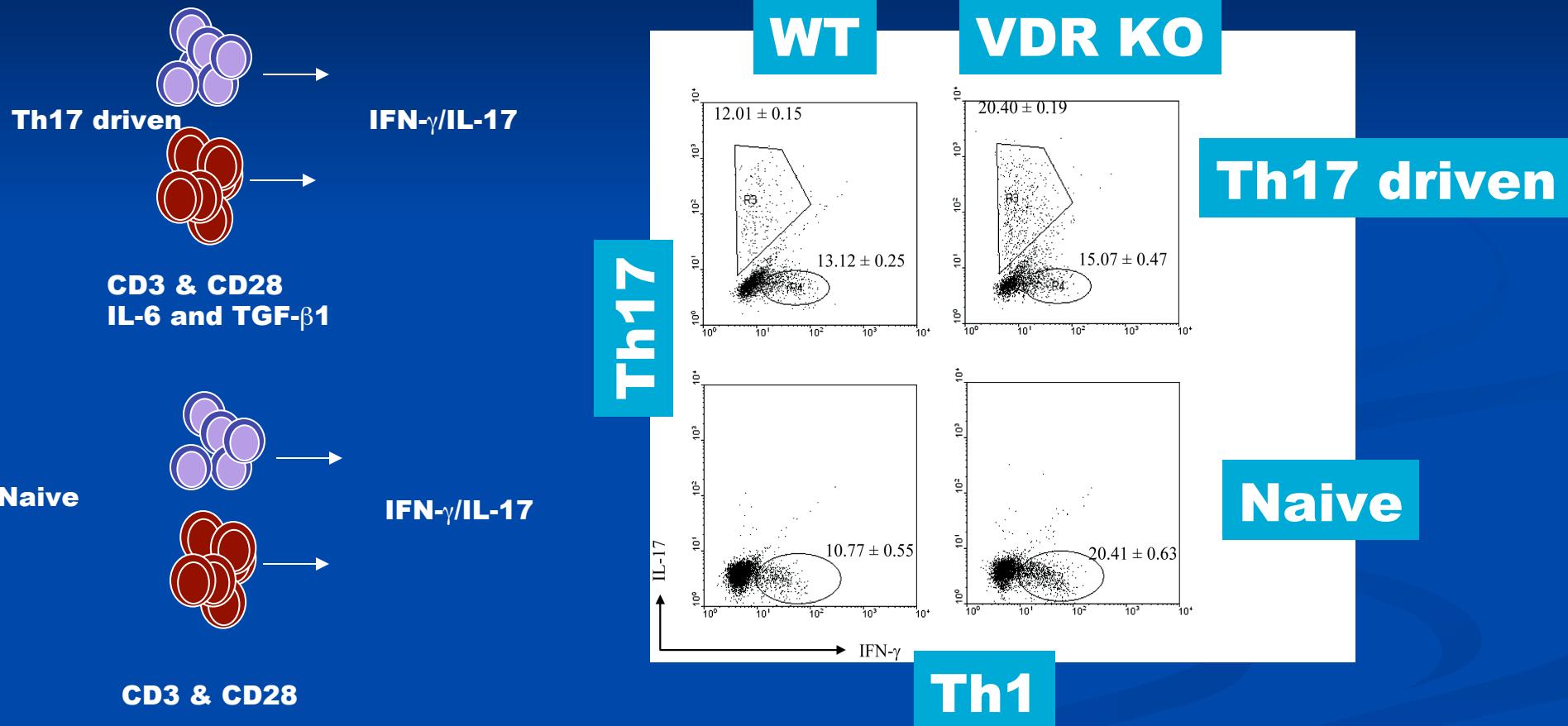
| Donor Cells | Body Weight (g) | SI/BW (%) | LI/BW (%) | Colitis |
|--------------|-------------------------|-------------------------|------------------------|------------------------|
| WT naive | 18.8 ± 0.8 ^a | 6.8 ± 0.4 ^b | 3.6 ± 0.6 ^a | 2.9 ± 0.3 ^b |
| VDR KO naive | 17.4 ± 0.6 ^a | 11.0 ± 0.9 ^d | 6.4 ± 1.0 ^b | 5.8 ± 0.5 ^c |

IBD

more severe IBD

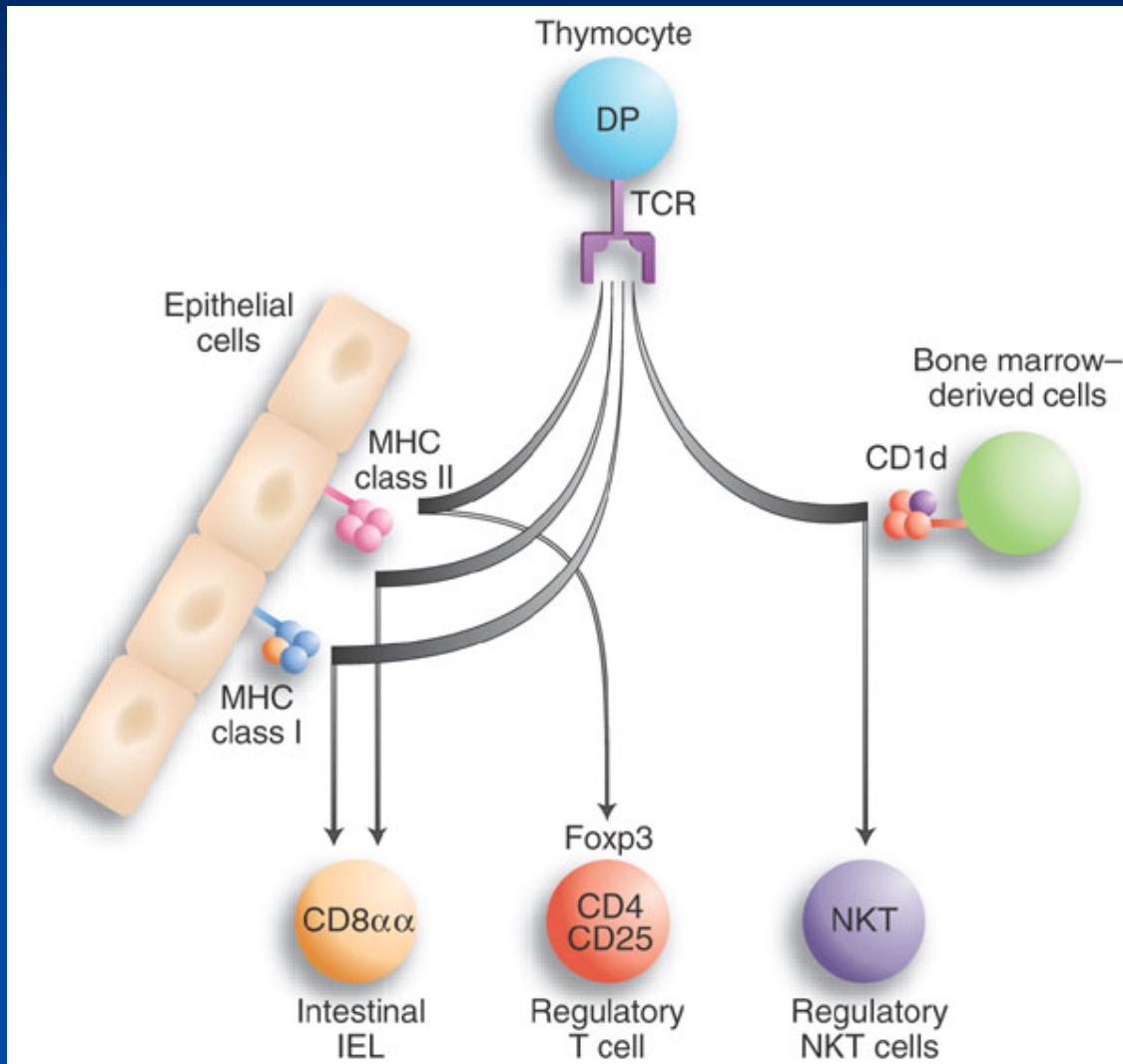
VDR KO CD4+ T cells contain highly pathogenic T cells

More Th17 and Th1 cells in VDR KO mice.

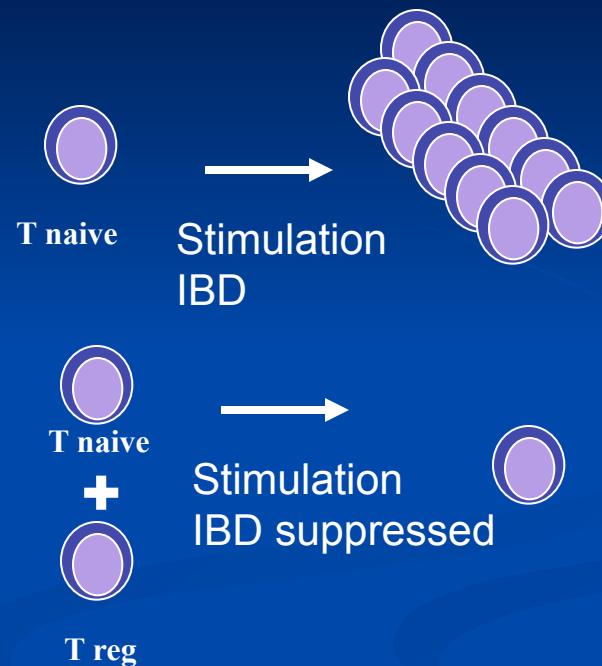
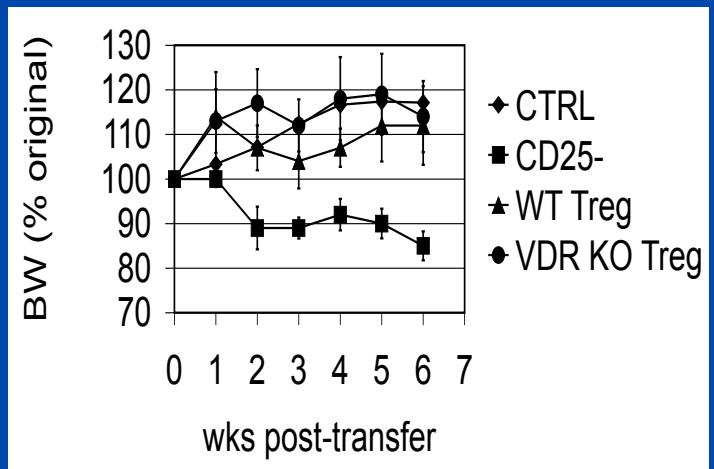
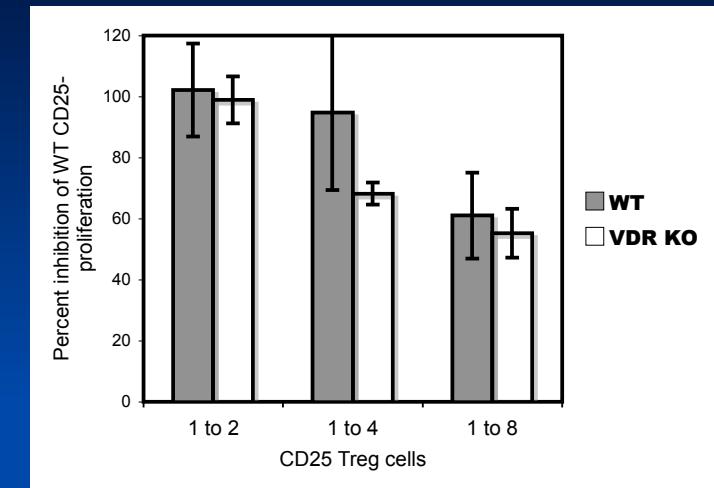


Unconventional T cells as regulatory cells

Classical T cells CD4+, CD8+ etc. are present in normal numbers in the VDR KO mice.

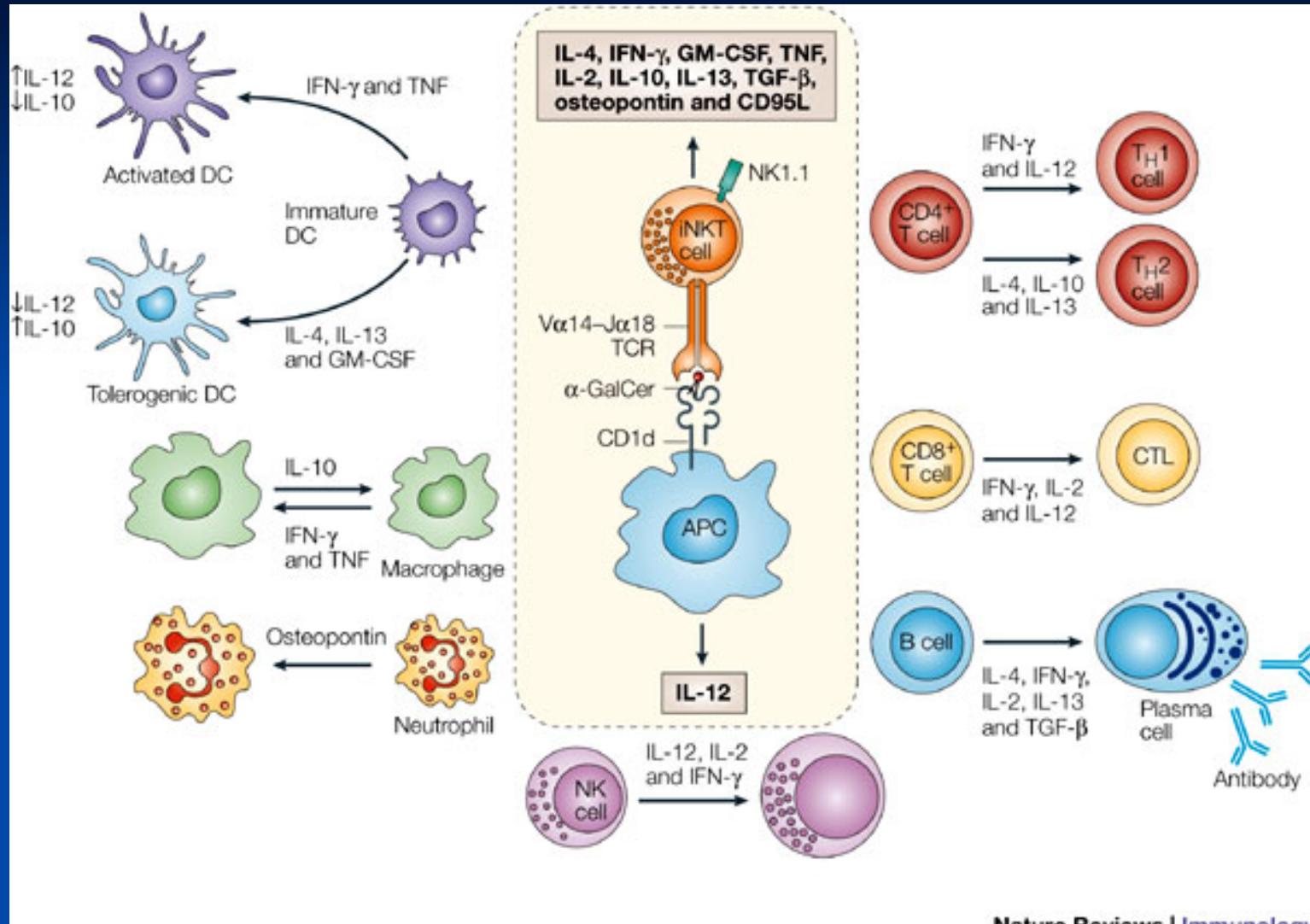


In vitro and in vivo T reg function



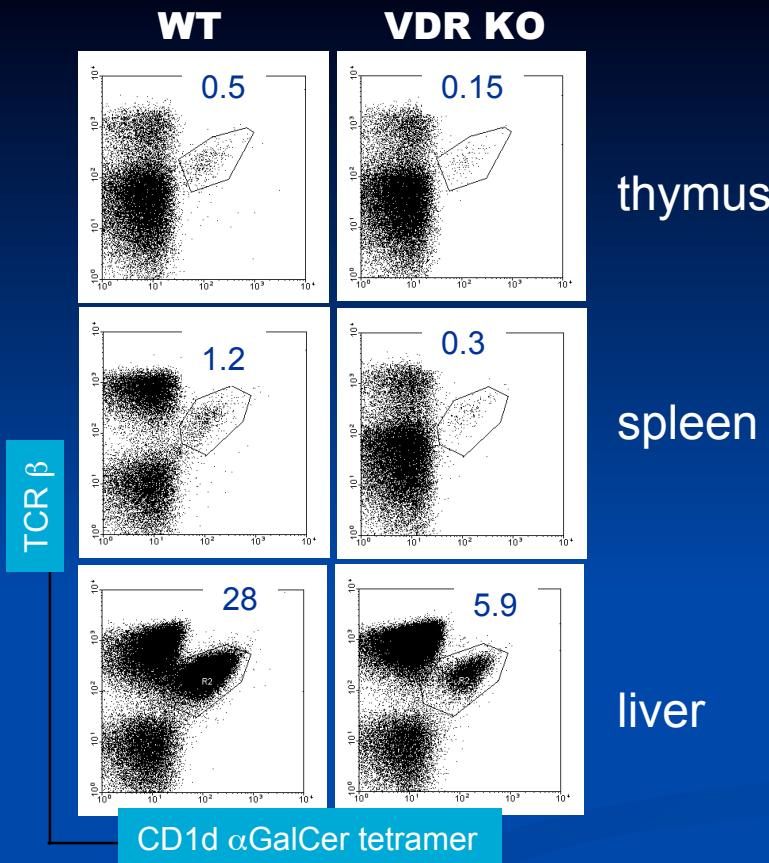
Numbers of T reg (FoxP3+) cells are not different in VDR KO and WT mice.

T reg from VDR KO mice are functionally normal.



Nature Reviews | Immunology

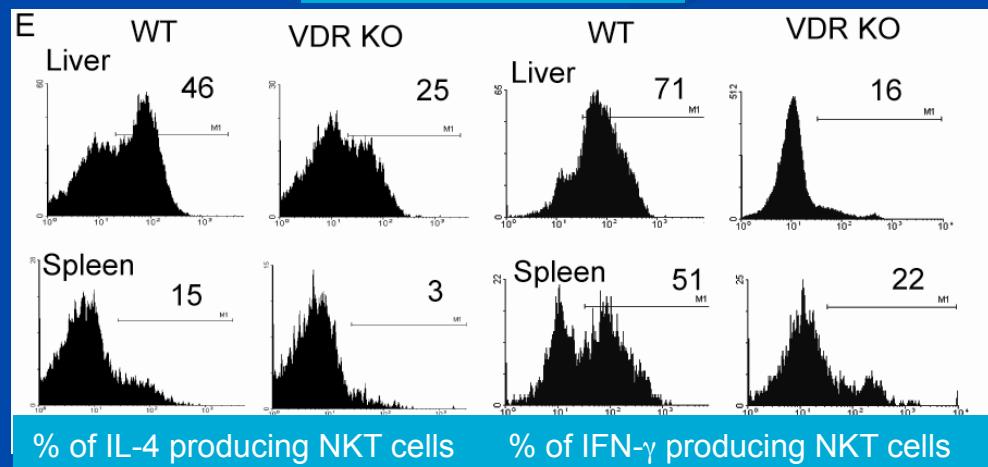
NKT cells are regulatory cells providing early cytokine secretion.



thymus

spleen

liver



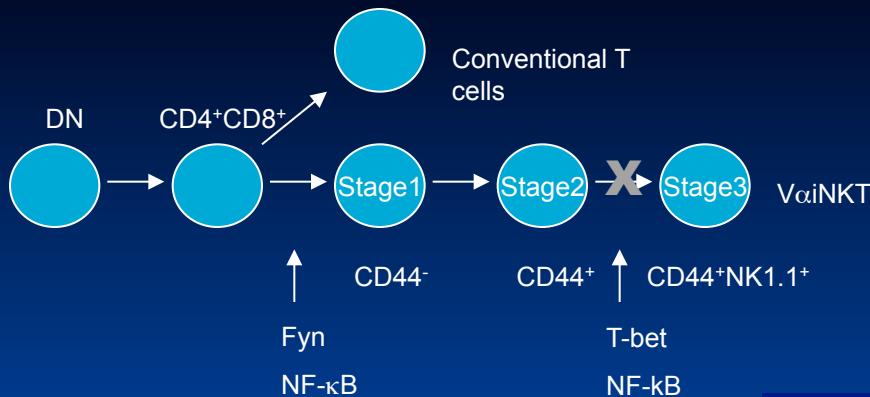
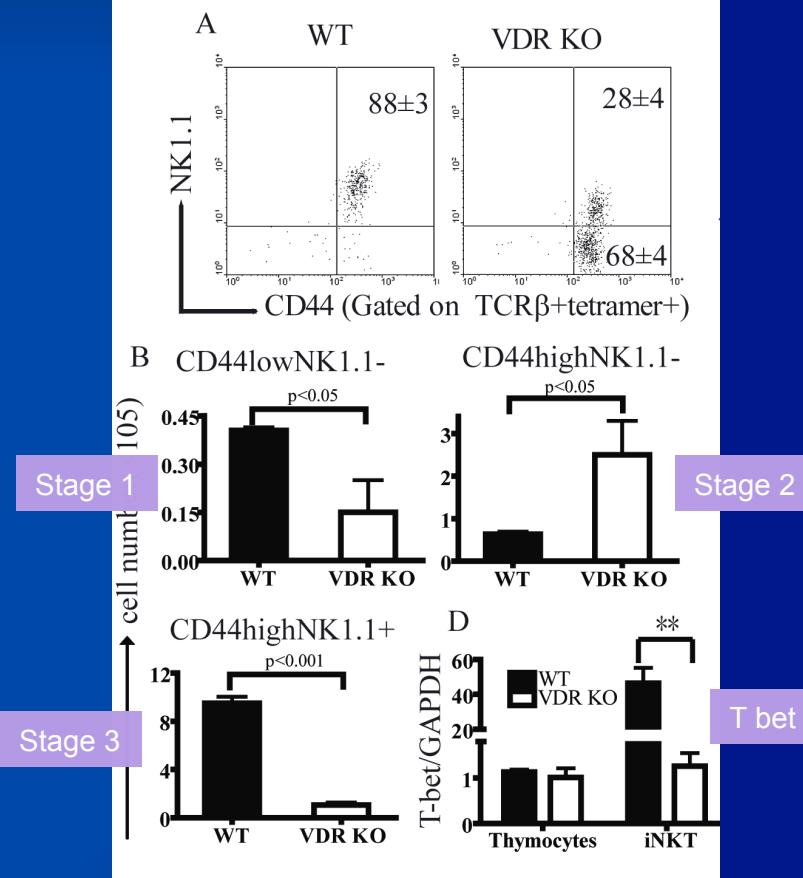
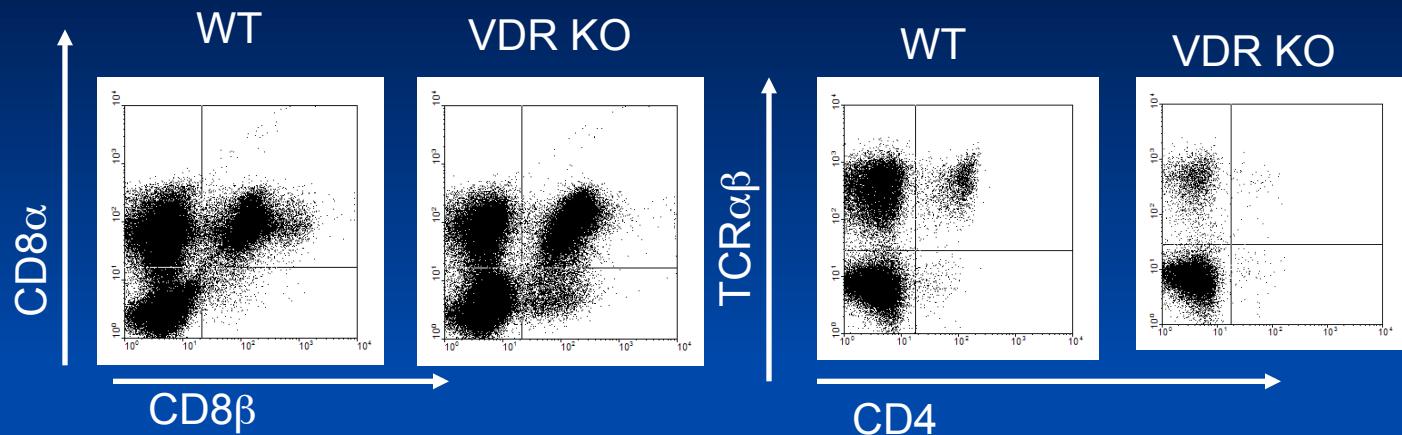


Fig 3



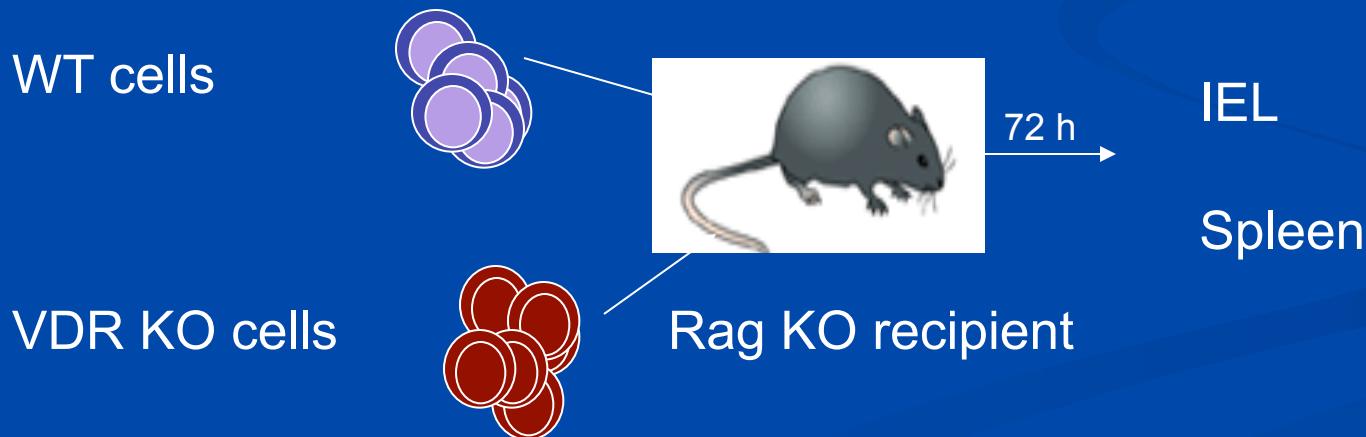
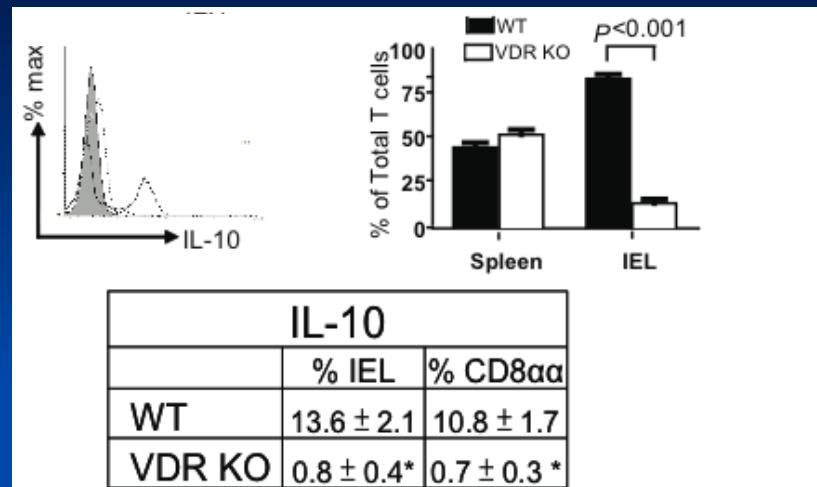
Gated on CD8 $\alpha\alpha$



| CD8 $\alpha\alpha$ VDR KO IEL | | | | | |
|-------------------------------|---------------|-------------------------|--------------------------|--------------------------------------|---|
| | Total CD4 | Total CD8 $\alpha\beta$ | Total CD8 $\alpha\alpha$ | CD8 $\alpha\alpha$ TCR $\alpha\beta$ | CD4+/CD8 $\alpha\alpha$ TCR $\alpha\beta$ |
| WT | 4.64 ± 0.22 | 23.44 ± 0.56 | 49.03 ± 3.09 | 36.73 ± 4.16 | 3.7 ± 0.28 |
| VDR KO | 4.49 ± 1.01 | 24.67 ± 3.3 | 29.01 ± 1.05 | 16.86 ± 1.39 | 0.47 ± 0.096 |
| p value | 0.89 not sig. | 0.7 not sig. | 0.0036 ** | 0.0106 * | 0.0004 *** |

Yu & Bruce et. al 2008 PNAS

Homing and IL-10 secretion of VDR KO T cells



Yu & Bruce et. al 2008 PNAS

IBD targets

CD4+CD45RB^{high} T cells from VDR KO mice induce greater pathology than WT counterparts.

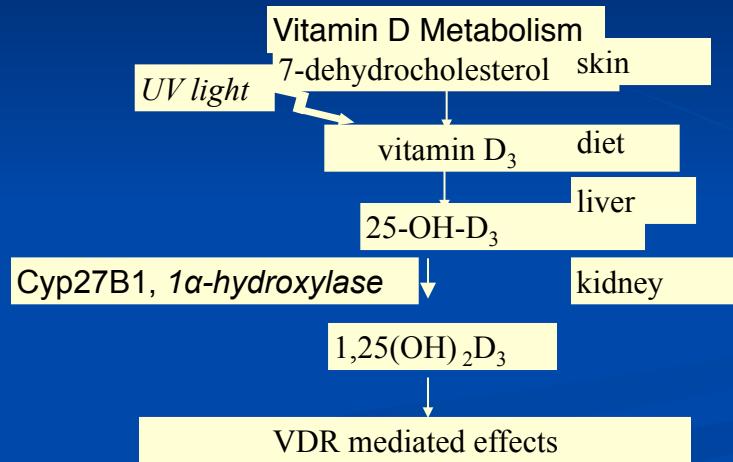
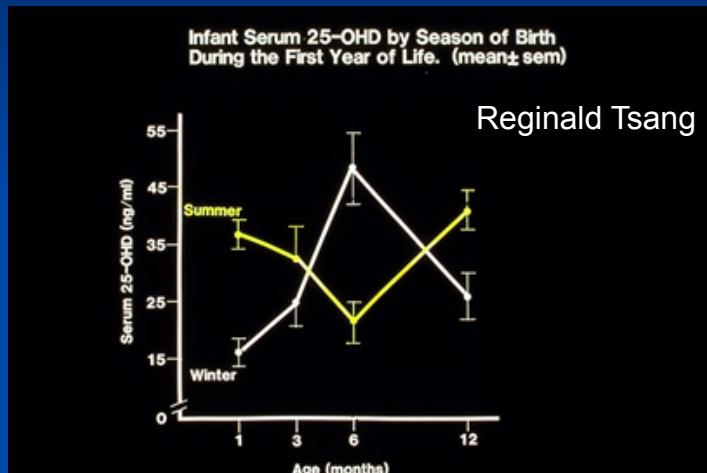
More IL-17, and IFN- γ less IL-10 in the VDR KO host.

Expression of the VDR is not required for T reg cell development or function.

NKT cell development and function require the VDR.

T cell homing and expression of CD8 $\alpha\alpha$ in the IEL require the VDR.

What is the effect of changing levels of vitamin D on immunity?



Cyp27B1 KO mice: unable to use the vitamin D in the diet to make 1,25(OH)2D3.

Cyp27B1 ko/+ breeders: compare WT and KO fed the same diets.

Vitamin D deficient Cyp27B1 KO and WT mice : VERY FEW iNKT cells.

Conclusions

There is a block in the development of iNKT cells following vitamin D deficiency in utero.

D- iNKT cells fail to increase to +D WT levels with either vitamin D supplementation or 1,25(OH)2D3 treatment beginning at the day of birth.

Epigenetic changes in iNKT cells following in utero vitamin D deficiency.

Revised model

