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2	Pro-inflammatory role of monocyte-derived CX3CR1 ^{int} macrophages in Helicobacter
3	hepaticus-induced colitis
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15	Running title: Myeloid cells in <i>H. hepaticus</i> colitis
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Cells of the monocyte-macrophage lineage play important roles in the pathogenesis of 22 23 inflammatory bowel diseases, but they are also present in the normal healthy intestine, where 24 they are critical for maintaining homeostasis. It has been unclear whether the pro-25 inflammatory roles of intestinal macrophages reflect altered behaviour of the existing resident cells, or if they involve recruitment of a distinct cell type. Here we have explored these ideas 26 27 using the model of colitis induced by Helicobacter hepaticus (Hh) in the context of neutralisation or deletion of interleukin 10 (IL-10). Granulocytes and monocytes made up 28 29 most of the inflammatory myeloid infiltrates found in the colon of Hh-infected colitic mice, 30 rising to a peak within 2 weeks of Hh inoculation, but taking several months to resolve 31 completely. The inflammatory response was dependent on the combined presence of Hh and absence of IL-10, and was accompanied by increased production of inflammatory mediators 32 such as IL-1 β , TNF α , IL-6 and IL-23p19 by infiltrating myeloid cells, mostly relatively 33 34 immature cells of the macrophage lineage that express intermediate levels of CX3CR1. In contrast, the population of mature CX3CR1^{hi} macrophages did not expand as markedly during 35 36 colitis, and these cells made little contribution to inflammatory mediator production. Taking 37 into account their numerical dominance in the myeloid compartment, we conclude that newly 38 recruited monocytes are the main source of pro-inflammatory mediators in colitis induced in the absence of IL-10 signalling, and that altered behaviour of mature macrophages is not a 39 40 major component of this pathology.

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Infection and Immunity

Inflammatory bowel diseases (IBD), comprising Crohn's disease and ulcerative colitis, are growing health problems in the developed world. Although recent advances have helped elucidate some of the mechanisms underlying IBD, treatment remains unsatisfactory and individual regimes are seldom effective for all patients. Thus, a better understanding of the processes and cells involved in the pathogenesis of IBD could help develop new targets for therapy.

Macrophages (mø) have received considerable attention in recent years because of 50 51 their potential roles in both steady-state and inflamed intestine (1-3). Resident møs are 52 abundant in the healthy intestine, where they are involved in clearance of apoptotic cells and play a crucial role in maintaining homeostasis, ingesting and killing commensal bacteria that 53 54 cross the epithelial barrier (reviewed in (2)). In contrast to other tissues, these processes do 55 not provoke overt inflammation in the intestine, due to powerful control mechanisms that 56 prevent local mg from producing pro-inflammatory mediators in response to stimuli such as 57 TLR ligands (4, 5). However, findings from both IBD and experimental models of the disease 58 have demonstrated that møs are also crucial components of the inflammatory infiltrate (4, 6-59 9), raising the possibility of exploiting them as therapeutic targets.

We and others have shown recently that intestinal mø originate from Ly6C^{hi} blood monocytes that continuously enter the colonic mucosa and differentiate locally through a series of intermediaries. Although only present in small numbers, cells with the phenotypic and morphological features of Ly6C^{hi} monocytes can be found in the steady state mucosa. However, major transcriptional differences exist between these and Ly6C^{hi} monocytes found in blood, suggesting that the differentiation process occurs immediately after monocytes enter the colonic mucosa (6, 10). Importantly, as monocytes mature they progressively acquire anti-

inflammatory properties, such as constitutive production of IL-10 and hyporesponsiveness to 67 68 e.g. TLR ligands (6, 11, 12). However, this physiological process is disrupted during inflammation (6, 12, 13), and understanding of how this change in mø behaviour occurs would 69 70 be an important advance in our knowledge of how to prevent and treat IBD. Studies of the 71 colitis induced by feeding dextran sodium sulphate (DSS) suggest that the tissue pathology is 72 paralleled by the accumulation of highly pro-inflammatory monocytes, whereas the fully differentiated møs that remain do not alter their behaviour and retain their anti-inflammatory 73 74 characteristics (6, 12). However, it is not clear if this pattern extends to other forms of 75 intestinal inflammation, particularly under conditions where there are intrinsic defects in the mechanisms that normally control resident mø function. 76

77 The IL-10 – IL-10R axis is an important brake on mø activation, particularly in the 78 intestine, where deletion of either the cytokine or its receptor leads to spontaneous onset of 79 inflammation in association with hyper-responsiveness of mø (13-19). Furthermore, humans 80 with non-functional mutations in IL10, IL10RA, or IL10RB develop severe enterocolitis within the first months of life (reviewed in (20)). Here we have examined the relationship between IL-81 82 10 and the differentiation of intestinal mg in inflammation in more depth by exploring mg behaviour during colitis induced by inoculation of mice with Helicobacter hepaticus (Hh) in the 83 absence of IL-10 signalling (21, 22). We report that Hh-induced colitis is characterized by the 84 85 accumulation of pro-inflammatory CD11b⁺ myeloid cells that are hyper-responsive to TLR stimulation. Most of these cells are monocytes and their immediate progeny that express 86 intermediate levels of CX3CR1 and that have not differentiated fully into anti-inflammatory, 87 resident-type CX3CR1^{hi} mø. We further show that the expansion of cells in the monocyte-mø 88 compartment is maintained for several months before returning to normal levels as the 89 90 inflammation resolves.

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91 MATERIALS AND METHODS

92 Infection and antibody treatment of mice

Female C57BL/6 (B6) II10^{-/-}, B6 WT, B6 CD45.1⁺ Cx3cr1^{gfp/gfp} mice (obtained from Jackson 93 Laboratory), and B6 CD45.1⁺ $Cx3cr1^{+/gfp}$ (generated by crossing $Cx3cr1^{gfp/gfp}$ mice with B6 94 95 CD45.1⁺ WT animals) were bred and maintained in an accredited SPF facility, and the 96 experiments were conducted in accordance with the UK Animals (Scientific Procedures) Act 97 1986 under a Project License authorized by the UK Home Office and approved by the University of York Animal Welfare and Ethical Review Body. The mice tested negative for 98 99 antibodies to specific murine viruses, were free of Helicobacter spp. as assessed by PCR, 100 and were >6-weeks old when used.

Mice were allocated to treatment groups and inoculated i.g. with 1.5 x 10⁷ *Hh* NCI-Frederick isolate 1A (23), derived originally from the same mouse colony as isolate Hh-1 (24) (American Type Culture Collection strain 51449). IL-10-sufficient mice were also treated i.p. with 1 mg of anti-IL-10R (clone 1B1.3a) on days 0, 7, 14, 21, 28, 35, 42, 49, 56, 63, and 70 of *Hh* infection. Age- and sex-matched uninfected animals were included as controls. One week after the last mAb injection, mice were sacrificed and intestines collected for analysis.

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108 Lamina propria (LP) cell isolation

For the experiments shown in Figures 1 and 2, colon and caecum were pooled from individual mice and digested with Liberase CI (0.42 mg/ml, Roche, Burgess Hill, UK) and DNase I (125 U/ml; Sigma-Aldrich, Gillingham, UK), followed by enrichment of LP cells on 40/80% Percoll gradients as described previously (25). For the experiments shown in Figures 3-5 and in Supplementary Figures, colonic LP cells were isolated as described previously without the use of Percoll gradients (4, 26).

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116 Flow cytometric analysis and FACS

After blocking Fc receptors with anti-FcyRII/III mAb (2.4G2; BD Biosciences), LP cells were 117 stained at 4°C with fluorochrome-conjugated antibodies (see Table S1) for 20-30 min in the 118 119 dark before being washed in FACS buffer (2% FCS and 1mM EDTA in PBS) and then analyzed on a CyAn ADP (Beckman Coulter, High Wycombe, UK) or LSRII/FACSAria I (BD 120 121 Bioscience) flow cytometer. Data were analyzed using FlowJo software (Tree Star Inc. OR, 122 USA). Myeloid cell populations (as defined in figure legends) were sorted using a MoFlo 123 Astrios or a FACSAria I sorter, with purities of >96%. For flow cytometric analyses on BD instruments, automatic compensation was performed in FACSDiva using UltraComp or 124 125 OneComp beads together with fluorescence minus one controls.

126

127 Intracellular cytokine staining (ICS)

Large intestinal LP cells (2 x 10^{6} /ml) from uninfected and 2-week *Hh*-infected *II10^{-/-}* mice were cultured in medium alone or in the presence of 10 µg/ml Pam3CSK4 (Invivogen, Toulouse, France) for 4 hr at 37°C with 10 µg/ml brefeldin A during the last 3 hr. Thereafter, cells were stained for surface markers (CD45 and CD11b) and intracellular TNF- α as described previously (25).

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134 Analysis of cytokine protein and mRNA expression

For cytokine protein analysis, FACS-purified CD45⁺CD11b⁺ cells were cultured in 96-well round-bottomed plates (5x10⁴/ml; 0.2ml/well) at 37°C and 5% CO₂ in medium alone or with 10 μ g/ml ultrapure *E. coli* LPS, 10 μ g/ml Pam3CSK4 (both from Invivogen, Toulouse, France) or 10 μ g/ml soluble *Hh* antigen (SHelAg) prepared as described (21, 27). After 24 hr,

supernatants were collected and analyzed by ELISA for IL-12p40 (Mabtech, Nacka Strand,
Sweden) and IL-6 (R&D Systems), and by FlowCytomix for TNF-α (Bender MedSystems,
Vienna, Austria).

For cytokine RT-qPCR analysis in Fig. 2, FACS-purified CD45⁺CD11b⁺ cells were 142 homogenized in TRIzol, and total RNA isolated by chloroform extraction and reverse 143 144 transcribed using SuperScript II and random hexamers. cDNA was amplified using SYBR green reagents and an ABI Prism RT-PCR system (Applied Biosystems). Cytokine expression 145 levels for each individual sample (run in duplicates) were normalized to HPRT using ΔCt 146 147 calculations and the 7000 system SDS software (Applied Biosystems). For myeloid cell 148 populations in Fig. 5, FACS-purified cells were lysed in RLT buffer (Qiagen) and homogenised using Qiashredders (Qiagen). RNA was then isolated and purified using an 149 150 RNeasy micro kit (Qiagen) and reverse transcribed using a High Capacity RNA-to-cDNA kit 151 (Life Technologies) and random hexamers. cDNA was amplified using SYBR green reagents and an ABI 7900HT Prism RT-PCR system (Applied Biosystems). Cytokine expression levels 152 153 for each individual sample (run in triplicates) were normalized to TBP using ΔCt calculations. 154 Specific primers pairs are detailed in Table S2.

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156 Statistical analysis

Multiple group comparisons were performed by one-way ANOVA, while Student's t-test and Mann Whitney test was used to compare two groups. Differences were considered statistically significant with P<0.05.

160

161 **RESULTS**

162 Expansion of myeloid cells in the large intestine of *Hh*-infected colitic *II10^{-/-}* mice.

163 To begin to characterize the innate immune response in the large intestine following Hh inoculation, WT and $II10^{-/-}$ mice were inoculated i.g. with the bacterium, and the cellular 164 composition of LP cells from pooled ceca and colons was examined 2 weeks later, the time 165 point at which pathology peaks in $II10^{-/-}$ hosts (25). As expected, *Hh*-infected $II10^{-/-}$ mice 166 displayed enhanced cellularity of the large intestinal LP compared with uninfected controls 167 (Fig. 1A, left panel), with greatly expanded proportions and numbers of CD45⁺ hematopoietic 168 cells (Fig. 1A, middle and right panels), consisting of B cells, CD4⁺ T cells, and CD11b⁺ 169 myeloid cells (Fig. 1B). Only minor increases were observed in the proportion and number of 170 171 LP CD45⁺ cells in *Hh*-infected WT mice (Fig. 1A), and the size of CD11b⁺ myeloid compartment was unaffected in these hosts (Fig. 1B, right panel). More detailed analysis of 172 the early cellular kinetics following *Hh* inoculation of $II10^{-/-}$ animals revealed that the numbers 173 of total CD45⁺ cells and of CD11b⁺ myeloid cells were significantly increased in *Hh*-infected 174 $II10^{-/-}$ mice on day 5 pi, and expanded steadily until day 11 pi (Fig. 1C). Thus, *Hh*-driven 175 typhlocolitis in $II10^{-/-}$ mice is associated with massive infiltration by both lymphoid and 176 177 myeloid cells.

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179 Myeloid cells from *Hh-infected* $II10^{--}$ mice display a pro-inflammatory phenotype

To understand how the expansion of the myeloid compartment might contribute to the colitis in $II10^{-/-}$ hosts, we examined the cytokine secretion profile of CD11b⁺ cells from uninfected and *Hh*-infected $II10^{-/-}$ mice. To this end, large intestinal LP cells were stimulated with the TLR ligand Pam3CSK4, and TNF α production examined by intracellular cytokine staining (ICS). TLR ligation of LP cells from *Hh*-infected $II10^{-/-}$ animals resulted in ~3-fold increase in

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the proportion of CD11b⁺ cells producing TNF α compared with cells cultured in medium alone (Fig. 2A, bottom panels), and this translated to a highly significant increase in the absolute number of TNF α ⁺CD11b⁺ cells in the LP of infected *ll10^{-/-}* mice compared with uninfected controls (Fig. 2B). In contrast, the proportion of TNF α ⁺ CD11b⁺ cells from uninfected *ll10^{-/-}* animals was unaffected by Pam3CSK4 stimulation and remained at levels similar to those seen in naïve WT colon (Fig. 2A, upper panels and Fig. 2B).

191 To extend these analyses, we next FACS-purified CD11b⁺ cells from the large intestinal LP of uninfected and 2-week *Hh*-infected *II10^{-/-}* animals and cultured them overnight 192 193 with LPS, Pam3CSK4, or soluble Hh antigen (SHeIAg), before assessing the levels of a wider range of cytokines using ELISA and FlowCytoMix. CD11b⁺ cells from *Hh*-infected *II10^{-/-}* mice 194 secreted higher amounts of IL-12p40, IL-6, and TNF α after all forms of stimulation compared 195 with CD11b⁺ cells from uninfected $ll10^{-/-}$ hosts (Fig. 2C). When analysed directly *ex vivo*, 196 FACS-purified CD11b⁺ cells from *Hh*-infected *II10^{-/-}* mice also contained higher levels of *II12a* 197 198 and II23a transcripts compared with CD11b⁺ cells from uninfected controls, whereas the levels of *II12b* accumulation were similar in the two populations (Fig. 2D). Thus, the expanded 199 myeloid cell compartment in the large intestine of *Hh*-infected colitic *II10^{-/-}* mice displays pro-200 201 inflammatory characteristics.

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203 Composition of the myeloid compartment in *Hh*-infected *II10^{-/-}* mice

We next set out to explore what cell types accounted for the change within the CD11b⁺ compartment during *Hh* colitis. To do this, we exploited multiparameter flow cytometry and rigorous gating strategies we have developed recently to characterise the myeloid compartment of the intestinal LP, allowing precise identification of monocytes, mø, eosinophils, neutrophils and dendritic cells (DC) ((6); Fig. S1). We also omitted the Percoll

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209 gradient step during the purification to exclude the possibility of selective loss of individual cell types. These approaches confirmed marked changes in the composition of the myeloid cell 210 compartment in the colon 2 weeks after Hh inoculation of II10^{-/-} mice, compared with 211 uninfected II10^{-/-} mice or Hh-infected WT mice (Fig. 3A). Ly6G⁺ neutrophils and SSC^{hi} 212 (MHCII⁻) eosinophils (Figs. 3A, B and C) accounted for a substantial part of the infiltration 213 found in *Hh*-infected *II10^{-/-}* mice and no significant differences were seen in these granulocyte 214 populations in *Hh*-infected WT mice, or in uninfected *II10^{-/-}* mice compared with uninfected 215 216 WT mice (Figs. 3A, B, and C).

Hh-infected II10^{-/-} mice also showed marked expansion in the numbers of non-217 granulocytic myeloid cells (Figs. 3A, D and E), and we therefore explored the contribution of 218 219 monocytes and mø in more detail. To do this, we focused on cells expressing the pan-mø markers F4/80 and/or CD64 (Fig. S1) and examined the monocyte-mø differentiation 220 continuum that we and others have defined in the colonic LP (6, 28, 29). This so-called 221 'monocyte waterfall' consists of newly arrived Ly6C^{hi}MHCII⁻ monocytes, differentiating 222 Ly6C⁺MHCII⁺ monocytes, and more mature Ly6C⁻MHCII⁺ cells that include tissue-resident mø 223 (Fig. 3D). *Hh*-infected *II10^{-/-}* mice showed marked increases in the proportions and absolute 224 numbers of Ly6C^{hi}MHCII⁻ and Ly6C⁺MHCII⁺ cells, which were increased by ~125-fold and 225 155-fold respectively compared with their numbers in uninfected $II10^{-/-}$ mice (Figs. 3D and E). 226 There was also a modest, but significant increase in the number of more mature Ly6C⁻ 227 MHCII⁺ cells in *Hh*-infected $II10^{-/-}$ mice (Fig. 3E, right panel). *Hh*-infected WT mice, which do 228 not develop colitis, showed some evidence of increased infiltration by Ly6ChiMHCII-, 229 Ly6C⁺MHCII⁺ and Ly6C⁻ cells, while uninfected *II10^{-/-}* mice had slightly higher numbers of 230 231 Ly6C⁺MHCII⁺ cells compared with their naïve WT counterparts; however, these differences 232 were modest and did not attain statistical significance (Fig. 3E).

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significance (Fig. S2B).

Altered monocyte - mø differentiation in Hh-infected colitic mice 241

242 The accumulation of monocytes we found in *Hh* colitis is reminiscent of our own and other results from DSS and T-cell-mediated colitis, where there appeared to be an arrest in the 243 local differentiation continuum that normally generates anti-inflammatory, resident mg (6, 12, 244 28). To examine whether a similar block was present during Hh-induced colitis, we used 245 Cx3cr1^{+/gfp} reporter mice in which one allele of the Cx3cr1 gene has been replaced with the 246 gene encoding green fluorescent protein (GFP) (31). This allows fully differentiated resident 247 CX3CR1^{hi} mø to be distinguished from cells in the earlier CX3CR1^{int} stages in the 248 249 developmental continuum, some of which would have been included amongst the Ly6C⁻ MHCII⁺ population we defined earlier. In this way, we could examine the relative roles of 250 251 resident and recently recruited mg in Hh-induced inflammation, as well as explore how these 252 cells behave during the resolution of pathology that occurs at later stages after bacterial inoculation (25). Because the Cx3cr1^{+/gfp} reporter mice are IL-10 sufficient, we had to induce 253 254 colitis by Hh inoculation plus weekly administration of anti-IL-10R mAb (22). Consistent with our studies in II10^{-/-} mice, this resulted in massive accumulation of total leukocytes and 255 CD11b⁺ myeloid cells in the colonic mucosa by day 14 pi (Figs. 4A and B). However, by day 256

DCs were identified as CD11c⁺MHCII⁺CD64⁻ cells amongst LP leukocytes (30) and

their numbers increased in Hh-infected compared to control II10^{-/-} mice (Fig. S2A). The

frequency of DCs among LP cells of Hh-infected II10^{-/-} mice decreased compared to

uninfected controls (data not shown), most likely reflecting the increase in other leukocytes.

Finally, there were minor changes in the proportion of DC subsets identified on the basis of

CD11b and CD103 expression, although none of these changes reached statistical

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41 pi, both compartments had contracted significantly, and by day 77 pi they were both
 reduced almost to baseline levels (Figs. 4A and B).

As in colitic II10^{-/-} mice, the composition of the myeloid compartment was markedly 259 altered in anti-IL-10R-treated Hh-infected Cx3cr1+/gfp mice, with a large expansion of 260 261 granulocytes and monocyte-derived cells at day 14 pi, followed by resolution at later times (Fig. 4C). Moreover, the non-granulocyte component of the myeloid infiltrate contained large 262 numbers of Ly6C^{hi}MHCII⁻ and Ly6C⁺MHCII⁺ cells at day 14 pi (Figs. 4C-E). The Ly6C⁻MHCII⁺ 263 264 population also expanded in number early in colitis, but most of this expansion was accounted for by CX3CR1^{int} cells (Fig. 4F), a population that we have shown previously to be a further 265 266 intermediary stage in the local differentiation of monocytes (6). In parallel, there was a substantial decrease in the proportion of fully-mature CX3CR1^{hi} mø amongst the Lv6C⁻ 267 MHCII⁺ cells at this time (Fig. 4F), although their absolute numbers were increased and 268 remained so throughout the experiment (Fig. 4G). By day 41 pi, the proportions and numbers 269 of CX3CR1^{int} cells amongst Ly6C⁻MHCII⁺ cells had contracted significantly, and by day 77 pi, 270 CX3CR1^{hi} cells had again come to dominate the Ly6C⁻ mature mø compartment (Fig. 4F & 271 G). At this time the numbers of Ly6C^{hi}MHCII⁻ and Ly6C⁺MHCII⁺ cells had also returned to 272 273 baseline levels (Fig. 4E).

The numbers of Ly6G⁺ neutrophils and CD11c⁺CD11b⁺F4/80⁻ DC were greatly increased by day 14 pi in anti-IL-10R-treated *Hh*-infected *Cx3cr1^{+/gfp}* mice, before falling at later times in parallel with the reduction in monocytes and mø (Fig. S3A and B). Interestingly however, the numbers of colonic eosinophils remained high in these mice until the end of the experiment on day 77 pi (Fig. S3C). All these *Hh*-induced changes in myeloid cells were seen only when *Hh*-infected *Cx3cr1^{+/gfp}* mice were also co-administered with anti-IL-10R (Fig. 4 and data not shown). Anti-IL-10R treatment alone of uninfected *Cx3cr1^{+/gfp}* mice did not result in

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leukocyte accumulation in the colonic mucosa (Fig. S4), findings that are in agreement with
 those we previously reported for uninfected WT mice (22).

Together our results demonstrate that the acute phase of *Hh*-induced colitis is associated with accumulation of CX3CR1^{int} monocytes and early-stage mø, consistent with the idea that there may be a block in the normal differentiation process.

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287 Colonic CX3CR1^{int} monocytes/møs are the major producers of pro-inflammatory 288 cytokines during *Hh* colitis

Finally we explored whether elicited CX3CR1^{int} cells were responsible for the production of 289 290 pro-inflammatory mediators by myeloid cells during colitis, or if this reflected altered behaviour of the more mature CX3CR1^{hi} mø. RT-gPCR analysis showed marked upregulation of mRNA 291 transcripts for II1b, Nos2 (iNOS), II23p19 and II12p35 in CX3CR1^{int} cells from anti-IL-10R-292 treated *Hh*-infected mice at the peak of inflammation on day 14 compared with CX3CR1^{int} 293 cells from control mice (Fig. 5A-D). In contrast, colonic CX3CR1^{hi} mø from anti-IL-10R-treated 294 295 Hh-infected mice showed only minor changes in mRNA levels of pro-inflammatory mediators (Fig. 5). Thus, taking into account their numerical dominance in the myeloid compartment, 296 newly recruited CX3CR1^{int} monocytes/møs form the predominant pro-inflammatory population 297 298 in this model of colitis.

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300 DISCUSSION

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The results presented here underline the importance of the myeloid compartment in the inflammatory colitis that occurs in mice infected with *Helicobacter hepaticus* when IL-10mediated signalling is absent. Using a variety of approaches to identify myeloid lineages, Downloaded from http://iai.asm.org/ on January 9, 2018 by UNIV OF YORK

including $Cx3cr1^{+/gfp}$ mice, we show that an intense infiltrate of CD11b⁺ cells appears early 305 during infection and that this is made up of neutrophils, eosinophils, Ly6C^{hi}MHC^{-/+} monocytes 306 and CX3CR1^{int} mo at the time of peak disease at 2 weeks after Hh inoculation. While this 307 confirms other work (32), we also show here that this expansion of the monocyte-m ϕ 308 309 compartment is sustained for up to 11 weeks after infection, by which time other parameters 310 of inflammation, such as changes in myeloid cell subset composition, have returned to 311 steady-state levels. Importantly, the inflammatory changes required both infection with Hh and 312 neutralisation of IL-10R signalling, with very few changes being seen in mice with Hh infection alone or loss of IL-10 alone. Similarly, the greatly heightened production of pro-inflammatory 313 314 mediators in response to activation in vitro by intestinal myeloid cells was fully dependent on these factors operating together. These results confirm previous conclusions that Hh plays a 315 316 crucial role in provoking intestinal inflammation in the absence of IL-10-mediated 317 immunoregulation and that pro-inflammatory responses to this organism are normally

318 restrained by IL-10 (21, 22, 33).

319 In previous work, we have shown that resident $m\phi$ in normal intestinal mucosa are replenished continuously by Ly6C^{hi} monocytes that differentiate via a number of intermediary 320 321 stages into mature, resident m ϕ (6, 11, 28). At early times after inoculation with Hh, this so-322 ^{/+} monocytes and CX3CR1^{int} mo, with less expansion of fully mature CX3CR1^{hi} mo, Although 323 324 these findings are consistent with previous work, e.g. in chemically-induced colitis (6), and suggest that the normal process of monocyte-mod differentiation is arrested, it is important to 325 note that the absolute numbers of mature $m\phi$ were actually increased in our mice with *Hh*-326 327 induced colitis and remained so for the duration of the 11-week experiment. Thus, although 328 the majority of infiltrating monocytes may be short-lived in the colitic mucosa, a proportion of

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these cells may still develop into mature CX3CR1^{hi} mø, even in the face of inflammation. How 329 the mo recruited under these conditions might contribute to the inflammation or its resolution 330 and if they eventually acquire all the properties of the normal, resident population remain to 331 332 be determined, as do the relative contributions of newly recruited and pre-existing cells to the 333

334 Although methods were not available to examine and track infiltrating monocytes 335 directly following their arrival in the gut, we were able to explore whether the total mature $m\phi$ 336 population was altered in function during *Hh* colitis. In steady-state intestine, resident $m\phi$ 337 exhibit an anti-inflammatory phenotype characterised by constitutive production of IL-10 and low levels of TNFa, together with an inability to respond to stimuli such as TLR ligands, but it 338 has been unclear whether these properties can change during inflammation (34). In contrast 339 to their CX3CR1^{hi} counterparts, as we show here, cells within the CX3CR1^{int} compartment are 340 actively pro-inflammatory, expressing much higher levels of mRNA for pro-inflammatory 341 342 mediators such as IL1 β , iNOS, IL-23, and IL-12 during *Hh* colitis than their control counterparts. In parallel, CX3CR1^{hi} mo taken at the peak of inflammation showed no 343 344 increased expression of IL-1 β or IL-12 mRNA, and only a modest increase in iNOS and IL-23 345 mRNA, suggesting some, but limited ability to adopt a pro-inflammatory phenotype under 346 these circumstances. In DSS colitis, we and others have shown that resident mo do not acquire pro-inflammatory characteristics (6, 12), but this has been reported in models of colitis 347 348 where IL-10-mediated signalling is absent, with wider alterations in gene expression than we 349 tested here (18). While this contrasting behaviour in the presence and absence of IL-10 is yet 350 to be confirmed in other models of inflammation, the results are consistent with recent 351 evidence that IL-10 drives permanent, epigenetic silencing of pro-inflammatory genes (35). As a result, the absence of IL-10R-mediated signalling profoundly alters the genetic landscape of 352 15

353 mature intestinal $m\phi$, allowing them to respond to stimuli to which they are normally resistant (18). Whether IL-10 also controls other aspects of intestinal mode differentiation is unclear, 354 although it has been reported that their expression of the scavenger receptor CD163 is 355 dependent on IL-10 (14). Arnold et al. showed reduced levels of CD206 on CX3CR1^{hi} mo in 356 Hh colitis (32), but it is not clear whether this reflects an intrinsic effect of IL-10, or is 357 358 secondary to the effects of inflammation. That resident m_{ϕ} retain a substantial proportion of 359 their homeostatic properties in the absence of IL-10 is suggested by our finding that sustained 360 expansion of this population is not accompanied by maintenance of Hh-dependent 361 immunopathology.

The colitis induced by *Hh* is dependent on IL-23 (22) and upregulation of this cytokine 362 was one of the major changes we and others observed in CX3CR1^{int}CD11b⁺ myeloid cells in 363 364 this model (32). It has often been difficult to identify precisely the cell responsible for producing IL-23 in infection or inflammation, in great part because mo and DC share many 365 phenotypic features such as CD11c, MHCII, CX3CR1 and CD11b. Therefore it is important to 366 367 note that by using rigorous gating strategies based on CD64 as a m ϕ marker, both we and Arnold et al. (32) show that IL-23 was derived from the model lineage, which is consistent with 368 work in other models (7, 36, 37). Notably, however, we detected increased IL-12p35 and IL-369 370 23p19 transcript levels in elicited CX3CR1^{int} monocyte/møs, suggesting that these cells produce both IL-12 and IL-23 during Hh-induced intestinal inflammation. Thus we propose 371 372 that the T_H17 response and subsequent phenotype switching of Th17 cells into IFN- γ^+ IL-17A⁺ lymphocytes in *Hh* colitis (24) is driven by IL-23 derived from $m\phi$, presumably activated 373 directly by products of the organism. Nevertheless it should be noted that both 374 375 CD103⁺CD11b⁺ and CD103⁻CD11b⁺ DC from the intestine have been shown to be capable of driving T_H17 responses in vivo and in vitro respectively, via production of IL-23 and/or IL-6 376

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(30, 38-40). Thus there may be flexibility between the m ϕ and DC lineages in their ability to stimulate T_H17 activity depending on the stimulus. Alternatively, these cell types may cooperate in driving such T-cell responses, perhaps with migratory DC being responsible for priming T_H17 cells in the draining lymph node, while tissue resident m ϕ may sustain the survival of these cells once they migrate back to the mucosa (41).

Together our results show that elicited monocyte-derived CX3CR1^{int} macrophages form the predominant pro-inflammatory macrophage population in *Hh*-induced colitis. Given that these cells appear to derive from the same Ly6C^{hi} blood monocytes as their homeostatic counterparts, identifying the factors that govern monocyte fate in the colon during homeostasis versus inflammation could provide new therapeutic targets for the treatment for IBD.

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AUTHOR CONTRIBUTIONS

396 CCB, CJO, CAT, and MCK performed the experiments, analysed the data, and assisted with

397 the manuscript. CCB, MCK, and AMM designed and coordinated the research, interpreted the

398 data, and wrote the manuscript.

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554 **FIGURE LEGENDS**

555 Figure 1. Expansion of myeloid cells in the large intestine of *Hh-infected* colitic *II10^{-/-}* mice. WT and *II10^{-/-}* mice were inoculated with *Hh*, and LP cells were isolated from pooled 556 caecum and colon 2 weeks (A-B) or 1, 3, 5, 8, and 11 days (C) later and examined by flow 557 558 cytometry. Uninfected mice were included as controls. (A) Total numbers of LP cells (left panel), percentage (middle panel) and total numbers (right panel) of CD45⁺ hematopoietic 559 cells from uninfected (white bars) and 2-week *Hh*-infected (black bars) WT and $II10^{-/-}$ mice. 560 (B) Numbers of B220⁺CD19⁺ B cells (left panel), CD3⁺CD4⁺ T cells (middle panel), and 561 CD11b⁺ myeloid cells (right panel) from uninfected (white bars) and 2-week Hh-infected 562 (black bars) WT and $I/10^{-/-}$ mice. Data in **A-B** are from one representative experiment out of 563 at least three performed, and bars represent mean + SD of 3 mice per group. (C) Total 564 numbers of LP cells (left panel), CD45⁺ hematopoietic cells (middle panel) and CD11b⁺ cells 565 (right panel) from pooled caecum and colon of 1-, 3-, 5-, 8-, and 11-day Hh-infected II10--566 567 mice. Data are pooled from two individual experiments, and are the mean + SD of 5-6 LP cell 568 preparations (each pooled from 1-2 animals) from *Hh*-infected mice and 8 cell preparations 569 (each pooled from 2-3 animals) from uninfected mice. One-way ANOVA followed by Tukey's multiple comparison test. ***P<0.001, ****P<0.0001 when comparing Hh-infected and 570 571 uninfected mice (A-B) or when compared to uninfected mice (C).

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Figure 2. Large intestinal CD11b⁺ myeloid cells from *Hh-infected II10^{-/-}* mice secrete elevated amounts of pro-inflammatory cytokines following TLR stimulation. *II10^{-/-}* mice were inoculated with *Hh*, and LP cells were isolated from pooled caecum and colon 2 weeks later. Uninfected mice were included as controls. (**A-B**) Large intestinal LP cells were cultured Downloaded from http://iai.asm.org/ on January 9, 2018 by UNIV OF YORK

in medium alone or stimulated with 10 µg/ml Pam3CSK4 for 4 hours with 10 µg/ml brefeldin A 577 during the last 3 hours, and then stained for CD45, CD11b, and TNF α or appropriate isotype 578 579 control. Dot plots in **A** are gated on CD45⁺CD11b⁺ LP cells from uninfected (Uninf.; upper panels) and 2-week *Hh*-infected $II10^{-/-}$ mice (lower panels), and numbers (+ SD) of TNF α^+ 580 CD11b⁺ cells per mouse in **B** were calculated from the percentages in A and the total number 581 582 of cells isolated from each mouse. Data in A-B are representative of two independent 583 experiments performed with 3 individual mice per group. One-way ANOVA followed by Tukey's multiple comparison test. **P<0.01 and ****P<0.0001. (C) Large intestinal LP CD11b⁺ 584 585 myeloid cells were FACS-purified from uninfected (white bars) and 2-week Hh-infected (black bars) II10^{-/-} mice and stimulated in vitro with LPS (10 µg/ml), Pam3CSK4 (10 µg/ml), or 586 SHelAg (10 µg/ml) or cultured in medium alone. After 24 hours, supernatants were collected 587 and analyzed for the presence of IL-12p40, IL-6, and TNF α . Bars represent mean + SD of 588 quadruplicate (IL-12p40 and IL-6) or duplicate (TNFa) ELISA values (where each value 589 590 represents a separate culture) combined from two independent experiments. 591 (D) RT-qPCR analysis of IL-12p35 (*II12a*), IL-12p40 (*II12b*), and IL-23p19 (*II23a*) transcripts relative to HPRT in sorted CD11b⁺ cells from uninfected (white bars) or 2-week Hh-infected 592 (black bars) *II10^{-/-}* mice. Bars represent means + SD of three (for uninfected mice) and four 593 594 (for *Hh*-infected mice) individual experiments, each consisting of cells pooled from 5-6 mice. 595 Mann Whitney test. *P<0.05.

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Figure 3. Composition of the myeloid compartment in *Hh*-infected *II10^{-/-}* mice. WT and *II10^{-/-}* mice were inoculated with *Hh* and colonic LP cells were isolated 2 weeks later and examined by flow cytometry. Uninfected mice were included as controls. (**A**) Relative frequencies amongst total colonic CD11b⁺ cells of Ly6G⁺ neutrophils, SSC^{hi} MHCII⁻

eosinophils, CD64⁻ CD11c⁺ MHCII⁺ CD11b⁺ DC and Ly6C/MHCII-defined cells of the CD64⁺ 601 monocyte/macrophage compartment (Ly6C^{hi}MHCII⁻, Ly6C⁺MHCII⁺, Ly6C⁻MHCII⁺) from 602 uninfected or *Hh*-infected WT and *II10^{-/-}* mice. (B-C) Absolute numbers of Ly6G⁺ neutrophils 603 (B) and SSC^{hi} MHCII⁻ eosinophils (C) per colon of uninfected or *Hh*-infected WT and *II10^{-/-}* 604 mice. (D) Representative expression of Ly6C and MHCII by CD11b⁺Ly6G⁻SSC^{lo}CD64⁺ cells 605 from uninfected or *Hh*-infected WT and $l/10^{-/-}$ mice. Bar graph shows the frequency amongst 606 CD11b⁺Ly6G⁻SSC^{lo}CD64⁺ cells of Ly6C^{hi}MHCII⁻, Ly6C⁺MHCII⁺ and Ly6C⁻MHCII⁺ cells. (E) 607 608 Absolute numbers of Ly6C^{hi}MHCII⁻, Ly6C⁺MHCII⁺ and Ly6C⁻MHCII⁺ cells per colon of uninfected or *Hh*-infected WT and *II10^{-/-}* mice. Data are from one of two independent 609 experiments performed. Bars represent the mean + SD of 4 individual mice per group. One-610 611 way ANOVA followed by Tukey's multiple comparison test. ****P<0.0001

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613 Figure 4. Monocyte differentiation is dysregulated in anti-IL-10R-treated Hh-infected colitic Cx3cr1^{+/gfp} mice. Cx3cr1^{+/gfp} mice were inoculated with Hh and treated weekly with 614 anti-IL-10R to induce colitis. The composition of the colonic myeloid compartment was then 615 examined at 14, 41 and 77 days post infection and compared to uninfected mice or mice 616 617 given *Hh* alone. (**A-B**) Absolute numbers of total CD45⁺ (**A**) and CD11b⁺ cells (**B**) per colon of 618 Hh/anti-IL-10R-treated mice 14, 41 and 77 days after infection, compared with control mice 619 (uninfected and *Hh* alone; data pooled from day 14-77 for these groups). (C) Relative frequencies amongst total colonic CD11b⁺ cells of Ly6G⁺ neutrophils, SSC^{hi}MHCII⁻ 620 621 eosinophils, F4/80⁻CD11c⁺MHCII⁺CD11b⁺ DC and Ly6C/MHCII-defined cells of the F4/80⁺ 622 E) Representative expression of Ly6C and MHCII by CD11b⁺Ly6G⁻SSC^{Io}F4/80⁺ cells (**D**) and 623 absolute numbers of Ly6C^{hi}MHCII⁻, Ly6C⁺MHCII⁺ and Ly6C⁻MHCII⁺ cells per colon (E) of 624

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mice as in A. (F) Representative expression of CX3CR1-GFP by Ly6C⁻MHCII⁺ cells from 625 uninfected mice, mice inoculated with Hh alone, and mice receiving Hh plus anti-IL-10R when 626 627 analysed at 14, 41 and 77 post inoculation. The histograms for the uninfected and Hh alone are taken from the day 14 experiment. (G) Absolute numbers of CX3CR1^{int} (top panel) and 628 CX3CR1^{hi} (bottom panel) Ly6C⁻ MHCII⁺ cells per colon of mice as in A. Data are from one 629 experiment and bars represent the mean + SD of 4 individual mice per group. One-way 630 ANOVA followed by Tukey's multiple comparison test. *P<0.05, **P<0.01, ***P<0.001. 631

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Figure 5. Colonic CX3CR1^{int} monocytes/mos produce pro-inflammatory mediators 633 during *Hh* colitis. Cx3cr1^{+/gfp} mice were inoculated with *Hh* and treated weekly with anti-IL-634 10R to induce colitis. Two weeks later colonic LP CD64⁺CX3CR1^{int} and CD64⁺CX3CR1^{hi} cells 635 636 (both pre-gated on CD45⁺CD11b⁺Ly6G⁻SiglecF⁻) were FACS-purified and processed for RT-637 gPCR analysis of pro-inflammatory mediators. Uninfected mice, mice given Hh alone, and mice given anti-IL-10R alone were included as controls. Transcript levels of IL-1 β (*II*1*b*) (**A**). 638 639 iNOS (Nos2) (B), IL-23 (II23a) (C) and IL-12p35 (II12a) (D) relative to TATA-binding protein (TBP) in uninfected, *Hh* alone, anti-IL-10R alone, and *Hh* plus anti-IL-10R groups. Each 640 symbol represents a pool of 3 mice (for uninfected, Hh alone, and anti-IL-10R alone) or 641 642 individual mice (for *Hh* plus anti-IL-10R). Data are pooled from two individual experiments. Unpaired Student's t test. *P<0.05, **P<0.01, ***P<0.001. 643

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Figure 5

