

From the Deep Sea to Everywhere: Environmental Antigens for *i*NKT Cells

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Received: 18 August 2015 / Accepted: 2 November 2015 / Published online: 24 December 2015
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Abstract Invariant natural killer T (*i*NKT) cells are a unique subset of innate T cells that share features with innate NK cells and adaptive memory T cells. The first *i*NKT cell antigen described was found 1993 in a marine sponge and it took over 10 years for other, bacterial antigens to be described. Given the paucity of known bacterial *i*NKT cell antigens, it appeared as if *i*NKT cells play a very specialist role in the protection against few, rare and unusual pathogenic bacteria. However, in the last few years several publications painted a very different picture, suggesting that antigens for *i*NKT cells are found almost ubiquitous in the environment. These environmental *i*NKT cell antigens can shape the distribution, phenotype and function of *i*NKT cells. Here, these recent findings will be reviewed and their implications for the field will be outlined.

Keywords Innate T cells ·
Invariant natural killer T (*i*NKT) cells ·
Environmental antigens · Mucosal immunology

Abbreviations

α GalCer α -Galactosylceramide
EoE Eosinophilic esophagitis
HDE House dust extract
MHC Major histocompatibility complex
TCR T cell receptor
Th T helper type

V α 14*i* Invariant V α 14–J α 18 TCR rearrangement
V α 24*i* Invariant V α 24–J α 18 TCR rearrangement

Introduction

Invariant natural killer T (*i*NKT) cells are innate T cells that share features with innate NK cells and adaptive memory T cells (Bendelac et al. 2007; Brennan et al. 2013; Kronenberg 2005; Rossjohn et al. 2012; Salio et al. 2014; Wingender and Kronenberg 2008). They are characterized by three main features: first, *i*NKT cells utilize a semi-invariant T cell receptor (TCR) composed of a canonical V α 14–J α 18 TCR rearrangement (V α 14*i*) in mice and an orthologous V α 24–J α 18 TCR chain (V α 24*i*) in humans. This invariant TCR α —chain pairs with a limited set of TCR β —chains, largely V β 8, V β 7 and V β 2 in mice and V β 11 in humans, although these have highly diverse rearrangements to J β segments. Second, *i*NKT cells are selected during development by CD1d, a non-polymorphic homolog of the MHC class I antigen-presenting molecules. Third, CD1d binds and presents glycolipids, especially glycosphingolipid structures, for recognition to *i*NKT cells. This recognition of glycolipids distinguishes *i*NKT cells from conventional T lymphocytes, which recognize peptide antigens. There is a surprising degree of interspecies cross-reactivity, with mouse V α 14*i* NKT cells recognizing human CD1d and vice versa (Brossay et al. 1998; Brossay and Kronenberg 1999). This conservation over 50 million years of evolution suggests an important function for these cells in the mammalian immune system.

Even as they differentiate in the thymus, *i*NKT cells begin to express a pattern of surface markers (CD69⁺, CD44^{high}, CD11a^{high}, CD62L^{low}, CD122⁺) typically associated with

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activated or memory T cells (Engel and Kronenberg 2012). Additionally, *i*NKT cells constitutively express detectable mRNA for cytokines including interleukin (IL)-4 and interferon (IFN)- γ (Matsuda et al. 2003; Stetson et al. 2003), and these transcripts increase dramatically following activation. In line with their effector/memory phenotype, *i*NKT cells swiftly exert effector functions such as cytokine production and cytotoxicity (Wingender et al. 2010). Following TCR stimulation, they rapidly produce copious amounts of various cytokines including Th1 cytokines, like IFN- γ and tumor necrosis factor; Th2 cytokines, like IL-4 and IL-13; and Th17 cytokines (Bendelac et al. 2007; Brennan et al. 2013; Kronenberg 2005; Salio et al. 2014; Wingender and Kronenberg 2008). Furthermore, *i*NKT cell subsets specialized in T follicular helper-like functions (Chang et al. 2011a; King et al. 2011; Tonti et al. 2012) or IL-10 dependent regulatory functions (Lynch et al. 2015; Sag et al. 2014) have been described. This rapid production of cytokines is more similar to innate immune cells or to memory T cell response, as naïve conventional T cells would take days of stimulation to produce these cytokines. Due to their cytokine production, *i*NKT cells can have a pronounced effect on the immune system, impacting a dazzling variety of different immune reactions. They are involved in a range of chronic and acute inflammatory processes including responses to pathogens (Kinjo and Kronenberg 2009) and tumors (O’Konek et al. 2012), as well as in allergic (Berzins and Ritchie 2014; DeKruyff et al. 2014) and autoimmune responses (Simoni et al. 2013; Wingender and Kronenberg 2014).

The Characterization of *i*NKT Cell Antigens

The first antigen for *i*NKT cells was described in 1995. It was originally purified from the deep sea sponge *Agelas Mauritanicus* and was recognized due to its strong anti-tumor properties in mice (Morita et al. 1995). An active compound was subsequently synthesized and chemically optimized to obtain α -galactosylceramide (α GalCer, KRN7000) (Kawano et al. 1997). α GalCer contains an α -anomeric linkage of a galactose sugar to the ceramide lipid and this α -linkage is crucial for its stimulatory capacity (Kawano et al. 1997; Morita et al. 1995). In contrast, the overwhelming majority of mammalian glycolipids utilize a β -linkage of the sugar (Bendelac et al. 2007; Brennan et al. 2013; Kronenberg 2005; Rossjohn et al. 2012), although recently α -linked *i*NKT cell antigens of mammalian origin were also discovered (Kain et al. 2014). α GalCer binds to CD1d via its two lipid chains, exposing the α -linked sugar group for recognition by the invariant TCR. Due to its potent agonistic activity, α GalCer has been tested in clinical trials for the treatment of tumor patients (Fujii et al.

2013). Despite limiting success with free α GalCer itself, novel α GalCer analogs that are more potent for human *i*NKT cells, and different delivery routes, are under continuing development as therapeutic agents (Fujii et al. 2013; Singh et al. 2014).

Right from the beginning it seemed doubtful that evolution retained *i*NKT cells to protect mice and humans against marine sponges. Due to the important role of *i*NKT cells in anti-bacterial responses, especially in the early phases of infection, the prevalent hypothesis in the field was that *i*NKT cells recognize CD1d-bound glycolipid structures derived from pathogenic bacteria. Indeed, between 2005 and 2011 antigens for the majority of *i*NKT cells were described in several pathogenic bacteria.

The first bacterial antigens described that could stimulate the majority of *i*NKT cells in a CD1d-dependent manner was found in *Sphingobium* bacteria (Kinjo et al. 2005; Mattner et al. 2005; Sriram et al. 2005). *Sphingobium yanoikuyae* bacteria are aerobic, Gram-negative α -Proteobacteria that lack lipopolysaccharide (LPS) (Kinjo and Kronenberg 2009). Although not highly virulent, *Sphingobium* bacteria can cause infections, especially in immuno-compromised patients (Hsueh et al. 1998; Perola et al. 2002). Another α -Proteobacteria, *Ehrlichia muris*, a severe pathogen in mice and humans (Dumler 2005), could also elicit a CD1d-dependent cytokine response by *i*NKT cells (Mattner et al. 2005), although the antigenic glycolipid was not identified. *Borrelia burgdorferi*, the causative agent of Lyme disease, is a spirochete that also lacks LPS, and *i*NKT cells are activated in vivo after *B. burgdorferi* infection (Tupin et al. 2008). These activated *i*NKT cells play a role, depending on the strain background, in preventing arthritis (Tupin et al. 2008) or carditis (Olson et al. 2009). Major *B. burgdorferi* glycolipids have been purified (Ben-Menachem et al. 2003) and can be recognized by *i*NKT cells (Kinjo et al. 2006). Interestingly, this *i*NKT cell antigen is not a glycosphingolipid, but rather a mono-galactosyl diacylglycerol (Kinjo et al. 2006). One of the most striking examples of a non-redundant immune function of *i*NKT cells is the response of mice to *Streptococcus pneumoniae*. *Streptococcus pneumoniae*, a Gram-negative extracellular microbe, is a leading cause of pneumonia and childhood disease with an estimated 1.6 million deaths annually worldwide. Mice deficient for *i*NKT cells are highly susceptible to infection with *S. pneumoniae*, with greatly increased mortality and four logs increased lung colony counts over wild type mice 3 days after infection (Kawakami et al. 2003). *Streptococcus pneumoniae* as well as group B *Streptococcus* have abundant diacylglycerol-based glycolipid antigens and activate *i*NKT cells in a CD1d- and TCR-dependent fashion to secrete cytokines within 6 h of infection (Girardi et al. 2011; Kinjo et al. 2011). Additionally, the presence of some unspecified

*i*NKT cell antigen in pathogenic bacteria has also been proposed for *Leishmania donovani* (Amprey et al. 2004; Karmakar et al. 2011) and *Chlamydia muridarum* (Jiang et al. 2012; Peng et al. 2012).

The Discovery of Environmental *i*NKT Cell Antigens

Given the scarcity of bacteria with known *i*NKT cell antigens, it appeared as if *i*NKT cells play a very specialist role in the protection against few, rare and unusual pathogenic bacteria. However, in the last few years several publications painted a completely different picture, indicating that antigens for *i*NKT cells are almost ubiquitous in the environment and that these have a major impact on the development and function of *i*NKT cells.

The first demonstration for this was our finding that the majority of sterile house dust extracts (HDEs) contained antigens to stimulate mouse V α 14*i* as well as human V α 24*i* NKT cells (Wingender et al. 2011). HDEs are simple aqueous preparations from house dust that provided a relative complete sampling of the environment without the need for a priori assumptions imposed by the nature of the purification (Horner 2010). HDEs displayed adjuvant-like properties in an allergen-induced mouse asthma model that were dependent on V α 14*i* NKT cells (Wingender et al. 2011). Interestingly, the simultaneous stimulation of *i*NKT cells in the lung via HDE and of conventional T cells via the allergen (ovalbumin) led to a mutual augmentation of the cytokine response of both *i*NKT and T cells, strongly exacerbating the airway inflammation (Wingender et al. 2011). The finding of *i*NKT cell antigens in house dust was completely novel and established that antigens for *i*NKT cells are nearly ubiquitous indoors. The antigenic component in the HDEs was not established as our data suggested a large variability. When different HDEs were tested with different V α 14*i* NKT hybridomas and V α 24*i* NKT cell lines, a large heterogeneity in the respective sensitivity of the cells was noticed (Wingender et al. 2011). This and preliminary enzymatic and chemical analysis suggested that different HDEs could contain several distinct *i*NKT cell antigens. However, experiments with dust mite extracts indicated that dust mites are likely not the source of the antigenic activity found in HDE (Wingender et al. 2011).

In hindsight, the discovery of *i*NKT cell antigens in *Sphingobium* bacteria (Kinjo et al. 2005; Mattner et al. 2005; Sriram et al. 2005) hinted already to the presence of *i*NKT cell antigens in the environment. *Sphingobium* bacteria are distributed in soil, in association with plants, and in seawater (Laskin and White 1999; Neef et al. 1999; White et al. 1996). Therefore, they might be found in the

marine sponges originally used to isolate the closely related α GalCer. Furthermore, there is evidence that *Sphingobium* species are a small, but normal constituent of the mouse and human intestine (Ivanov et al. 2009; Selmi et al. 2003). One member of this species, *Novosphingobium aromaticivorans*, has been linked to *i*NKT cell-dependent autoimmune responses against the bile duct in mice (Mattner et al. 2008) and humans (Olafsson et al. 2004; Selmi et al. 2003).

Environmental *i*NKT Cell Antigens in the Intestine

Indeed, the commensal microbiota appears to be an ample source for *i*NKT cell antigens. When we (Wei et al. 2010; Wingender et al. 2012) and others (Olszak et al. 2012) analyzed *i*NKT cells from germ-free animals, it was noted that *i*NKT cells were hypo-responsive and enriched in mucosal tissues. *i*NKT cells from spleen and liver of germ-free animals expressed lower levels of activation markers, produced lower amounts of cytokines following antigenic stimulation and were less cytotoxic active (Wingender et al. 2012). Importantly, intragastric exposure of germ-free mice with a bacterium that contains *i*NKT cell antigens (*S. yanoikuyae*) fully established phenotypic maturity of *i*NKT cells. In contrast, reconstitution with *E. coli*, which lack specific *i*NKT cell antigens, did not affect the phenotype of *i*NKT cells (Wingender et al. 2012).

Although the frequency of *i*NKT cells in germ-free animals was lower in spleen and liver compared to control mice (Olszak et al. 2012; Wei et al. 2010), it was increased in the small and large intestine (lamina propria lymphocytes and intraepithelial lymphocytes) (Wingender et al. 2012) and the colon (Olszak et al. 2012). Once this increased frequency of *i*NKT cells in the intestine was established early in life, it remained high and also the introduction of the normal microbiota at 5 weeks of age did not change the frequency in the mice (Olszak et al. 2012). Importantly, the increased frequency of *i*NKT cells in the intestine also had functional consequences for intestinal immune responses. Ozazolone-induced colitis is a mouse model of ulcerative colitis for which *i*NKT cells are known to be pathogenic due to their IL-13 production (Heller et al. 2002). Olszak et al. (2012) demonstrated that germ-free animals were more sensitive to Ozazolone-induced colitis. The authors interpreted these data in a way that the augmented disease was the consequence of an increased reactivity of individual *i*NKT cells in the intestine. This implied that exposure of germ-free *i*NKT cells to the bacterial microbiota after a critical early developmental stage not just lead to full functional maturation, but beyond that it actually induced a hyper-responsive state in the *i*NKT cells. However, no data on the cytokine response of

intestinal *i*NKT cells as a whole or on a single-cell level were provided by the authors (Olszak et al. 2012). In our hands, peripheral *i*NKT cells from germ-free animals were hypo-responsive and produced less cytokines after antigenic activation (Wingender et al. 2012). However, these hypo-responsive *i*NKT cells found in germ-free mice readily normalize their cytokine response when exposed to bacterial flora even in the adult stage, but this response was comparable and did not exceed the one observed to control animals (Wingender et al. 2012). Yet, this analysis was done only for the responses of hepatic and splenic *i*NKT cells and not for the intestine, where things could be different. Another point to consider is that the observation that mice without bacterial commensals in the first weeks of life have more *i*NKT cells in the mucosa does not in itself imply that *i*NKT cells are responding differently before and after this time cut-off. It is well established that once they migrated into the peripheral tissue, *i*NKT cells hardly migrate any longer and remain tissue resident (Lynch et al. 2015; Thomas et al. 2011). This would suggest that once *i*NKT cells migrate into the mucosa, they remain there irrespective of the presence of commensals. The idea that a particular sensitive phase early in development can shape the nature of *i*NKT cells seemed attractive to propose an *i*NKT cell specific hygiene-hypothesis. However, a more parsimonious explanation of the data (Olszak et al. 2012) would be that the increased amount of effector cells augmented the response. More *i*NKT cells were present in the mucosa of germ-free animals at the onset of the disease and therefore more cells could act as driver of the inflammatory response.

Interestingly, not only the microbiota per se, as shown in the germ-free animals, can affect *i*NKT cells, but also the composition of the microbiota. As we noticed that oral exposure of wild type mice with *S. yanoikuyae* could stimulate *i*NKT cells in the liver and spleen (Wei et al. 2010), we compared wild type mice derived from different vendors that were known to differ significantly in their gut flora (Ivanov et al. 2009). Indeed, *i*NKT cells isolated from these mice differed in their distribution in vivo, their phenotype and TCR V β 7 frequency, and their antigen-specific cytokine response (Wingender et al. 2012). These differences were dependent on the environment and demonstrated that changes in the composition of the microbiota can significantly alter *i*NKT cell phenotype and function. Similarly, it was reported subsequently that some probiotic bacteria can alter the frequency of *i*NKT cells in the mouse liver and that lipids extracted from these probiotics could stimulate *i*NKT hybridomas (Liang et al. 2014).

Importantly, in recent years specific *i*NKT cell antigens were also characterized in two bacteria commonly found in the human intestine. (1) *Helicobacter pylori* is a gastric

pathogen that infects an estimated 50 % of the world population and is linked to gastric ulcers and stomach cancer (Lin and Koskella 2015). About 25 % of *H. pylori*'s lipids are cholesteryl α -glucosides (Hirai et al. 1995) that contain several related antigens for *i*NKT cells (Chang et al. 2011b; Ito et al. 2013). Importantly, in the mouse model, *i*NKT cells recognized *H. pylori* antigens in situ. Moreover, stomach infection of *i*NKT cell deficient animals led to five times higher amounts of recovered bacteria and to a lower cytokine response (Ito et al. 2013). (2) *Bacteroides fragilis* is a common intestinal symbiont present in basically all humans (Mazmanian and Kasper 2006). In 2013 it was reported that *B. fragilis* contains α -linked galactosylceramides reminiscent of α GalCer, that could stimulate *i*NKT cells in vitro (mouse, human) and in vivo (mouse) (Wieland Brown et al. 2013). Surprisingly, a subsequent study described that *B. fragilis* derived glycolipids could bind CD1d, but were not stimulatory (An et al. 2014).

Further Aspects of Environmental *i*NKT Cell Antigens

Interestingly, Olszak et al. (2012) also noted that the frequency of *i*NKT cells in germ-free animals was not only increased in the intestinal mucosa, but also in the lung. Similar to the intestine, the increased *i*NKT cell numbers in the lung of germ-free animals remain elevated during adult life and could thereby aggravate airway inflammation responses (Olszak et al. 2012). In the context of airway inflammations, it is of interest that patients with poorly controlled asthma have a higher bacterial load in the lung and some of the taxa present are known to bear *i*NKT cell antigens (e.g. *Sphingobium* spp) (Huang et al. 2011). Furthermore, it was reported that lipid extracts from cypress grains, a common pollen allergen involved in allergic asthma, could stimulate human T cell clones in a CD1d-dependent manner (Agea et al. 2005). However, only one of 27 T cell clones recovered by the authors was V α 24⁺ V β 11⁺ (Agea et al. 2005). Given that some V α 24⁺ V β 11⁺ are not *i*NKT cells (Exley et al. 2008; Montoya et al. 2007), it is unclear at this time whether *i*NKT cells can respond to pollen derived lipids. Another study implicated recognition of plant lipids by *i*NKT cells (Mirotti et al. 2013), but this recognition was not formally demonstrated.

Although the majority of environmental *i*NKT cell antigens described in recent years are derived from bacteria commensals, the latter studies suggested that *i*NKT cell antigens are not necessarily limited to bacteria. Indeed, some *i*NKT cell antigens have been detected in fungi, protozoa and in milk. *Aspergillus fumigatus* is an ubiquitous fungi, found for example in soil and buildings, that is

commonly associated with allergic sensitization and asthma in humans. *A. fumigatus* expresses asperamide B that could directly stimulate V α 14i and V α 24i NKT cells to produce the cytokines IFN- γ and IL-4 (Albacker et al. 2013; Godfrey et al. 2013). Furthermore, the intestinal protozoan parasite *Entamoeba histolytica* is the causative agent of human amoebiasis and it was suggested that purified lipopeptidophosphoglycans from its cell wall contain iNKT cell antigens (Lotter et al. 2009). Finally, human and cow milk was reported to contain lipids that could act as iNKT cell antigens, either sphingomyelin (cow) (Jyonouchi et al. 2011) or α -anomer glucosylceramide (human, cow) (Brennan et al. 2014). Surprisingly, latter compound was also detected in bovine serum (Brennan et al. 2014) and could therefore be a potential contaminant in fetal calf serum, which is widely used for in vitro cultures. Interestingly, it has been suggested that milk lipids could also be the driving force in another iNKT cell dependent allergic inflammation (Jyonouchi et al. 2014). Eosinophilic esophagitis (EoE) is a chronic allergic inflammation of the esophagus (Wechsler and Bryce 2014), and mouse models demonstrated that iNKT cells and their Th2 cytokines are required for the disease (Dutt et al. 2015; Rajavelu et al. 2012; Rayapudi et al. 2014). In EoE patients, iNKT cell numbers and Th2 cytokines are increased in the esophagus (Jyonouchi et al. 2014; Lexmond et al. 2014; Rayapudi et al. 2014) and normalize following dietary removal of the allergen (Lexmond et al. 2014). Mucosal sensitization to various dietary antigens have been implicated in the etiology of EoE, and milk plays a major role (Wechsler and Bryce 2014). The discovery of iNKT cell antigens in milk (Brennan et al. 2014; Jyonouchi et al. 2011) suggests that such lipids could act as adjuvant to the allergen, a situation similar to HDE in asthma (Wingender et al. 2011).

Outlook

Recent data indicate that environmental iNKT cell antigens are important in shaping the iNKT cell pool, its distribution and its potential to produce cytokines. Furthermore, the commensal microbiota appears as a major source for iNKT cell antigens. Appreciation of the strong environmental influence on iNKT cells is important to understand their function and role; and might explain some of the differences observed between mice and humans.

iNKT cells from human umbilical cord blood display an activated/memory like phenotype, already express cytokine mRNA and can produce cytokines rapidly after activation (Chan et al. 2013; de Lalla et al. 2008; Harner et al. 2011). However, whether these responses are indeed weaker than those observed by adult iNKT cells, as expected from the

germ free mouse data, is not entirely clear (Chan et al. 2013; D'Andrea et al. 2000; de Lalla et al. 2008; Eger et al. 2006; Hagihara et al. 2002; Harner et al. 2011; Ueda et al. 2003; van der Vliet et al. 2000). Beyond the umbilical cord, little is known in regard to the function of intestinal iNKT cells in human neonates in particular. In neonates of 16–23 weeks, iNKT cells were more frequent in the small intestine than in the spleen or liver (Loh et al. 2014). Furthermore, intestinal iNKT cells were phenotypically more mature than cells in spleen or liver, and appeared more similar to iNKT cells from adult peripheral blood mononuclear cells (PBMCs) (Loh et al. 2014). Importantly, more neonatal iNKT cells in the intestine produced cytokines following stimulation than splenic or hepatic iNKT cells, and their response approached levels observed in adult PBMC iNKT cells (Loh et al. 2014). Altogether, these data appear on first sight to be in disagreement with the germ-free mouse data where iNKT cells were hyporesponsive. However, although the human fetus resides in a sterile environment, it is exposed to bacterial products (Mshvildadze et al. 2010; Rautava et al. 2012; Satokari et al. 2009). In line with this, we noticed that the hyporesponsive phenotype of iNKT cells from germ-free mice was less pronounced for mice obtained from one of the three independent germ-free facilities we worked with (unpublished result). This also suggests that gut derived substances, presumably bacterial products, can influence iNKT cells even in a sterile environment.

In summary, it became clear in recent years that antigens for iNKT cells are not limited to a few bacteria, but can be found almost ubiquitous in the environment. Exposure of iNKT cells at the mucosal surfaces to such specific antigens can shape the distribution, phenotype and function of iNKT cells. Although, this interaction has so far only been described for the gastro-intestinal tract and the lung, it seems likely that similar interactions might occur also in the skin. For example, bacteria phylogenetically related to *Bacteroides* and *Streptococcus* can be found in the vaginal area; and *B. fragilis* can cause bacterial vaginosis (Kenyon and Osbak 2014; Witkin and Ledger 2012). Furthermore, the effects of environmental antigens also suggest that the interaction between mucosal iNKT cells and the commensal microbiota is generally benign and mutualistic. Indeed, it has been shown that iNKT cells influence the composition of the intestinal microbiota (Nieuwenhuis et al. 2009). The appreciation of such a mutualistic interaction also suggests a role for iNKT cells in tissue homeostasis in mucosal tissues, supporting the health of the tissue and acting as an earlier sensor for tissue damage and bacterial translocation.

Acknowledgments The author would like to thank Drs. Duygu Sag and Alysia M. Birkholz for critical reading of the manuscript.

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