Elevated flagellin-specific immunoglobulins in Crohn’s disease

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In light of flagellin appearing to be a target of the enhanced immune response associated with CD and flagellin’s potential to drive immune responses to bystander antigens, we performed a more quantitative and larger-scale analysis of flagellin immunoreactivity in IBD patients and control subjects. Specifically, the levels of flagellin-specific immunoglobulin (IgG and IgA) in control and IBD patients were measured by ELISA. Total levels of IgG and IgA were also measured as were levels of IgG and IgA that recognized LPS, because some studies have observed these to be elevated in IBD (8). The specificity of these interactions was verified by observing that no immunoreactivity was observed to microtiter plates coated with flagellin.

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with BSA (not shown). Whereas, when diluted 1:100, nearly all of the serum samples analyzed exhibited an easily quantifiable level of Ig that recognized flagellin, the levels of flagellin-specific Ig observed were significantly elevated in patients with CD (Fig. 2). Specifically, mean relative values of anti-flagellin IgG and IgA were increased by 2.5- and 3-fold, respectively (actual corresponding mean ODs for control, CD, and UC were, respectively, 0.15, 0.39, and 0.17 for IgG and 0.05, 0.16, and 0.06 for IgA, \( P < 0.001 \)), with 52% of patients with CD exhibiting levels of flagellin-specific IgA or IgG that were higher than two standard deviations beyond the mean of the range exhibited by control persons who share a similar environment (levels of 2/40 control patients also met this criteria). In general, elevations in flagellin IgA and IgG correlated closely in individual patients (\( r^2 = 0.47 \)). Whereas we have not yet observed any statistically significant differences in clinical characteristic between CD patients who do or do not exhibit flagellin immunoreactivity, similar studies (Gewitz A and Sitaraman SV, unpublished observations) on a smaller set of patients at Emory University suggest the response may correlate with disease severity and presence of fistulas. The increase in flagellin-specific Ig was despite a total 30% decrease in mean total IgG (\( P < 0.001 \)); mean total IgA decreased by 25% but the difference had only moderate statistical significance (\( P = 0.02 \)). Whereas the reason for these decreases is not known, they serve to indicate that these patients did not display gross globally elevated immunity. A similar relative increase in flagellin-specific Ig in CD was observed for serum diluted 1:500 (not shown). Consistent with previous studies, we also observed an increase in LPS-specific Ig in CD was observed for serum diluted 1:500 (not shown).
individuals exhibiting significantly elevated responses (26% of CD subjects had LPS-specific IgG or IgA >2 SD above mean of control subjects) was less than that observed for flagellin. Furthermore, the overall level of LPS-specific Ig was approximatively substantially less (assessed by comparing optical density values) than that observed for flagellin despite using 20-fold more LPS to coat the microtiter plates (necessary to get measurable responses). Thus the CD-associated immune response, and adaptive immune response in general, appears to target flagellin more than LPS. In contrast to the case for CD, patients with UC did not exhibit levels of flagellin-specific (or LPS-specific) Ig that were significantly different from control subjects indicating flagellin is thus unlikely to be a relevant antigen in that disorder.

While this work was being considered for publication, an elegant study was reported by Lodes et al. (10) that, by an unbiased noncandidate approach, also concluded flagellin is a major antigen of CD. Specifically, this group used serological expression cloning to identify a novel "Cbir flagellin", which has minimal similarity to previously characterized flagellins, as a major antigen of a murine model of colitis. Furthermore, via ELISA, they also found Cbir flagellin to be a target of the elevated immune response associated with CD patients. In contrast to the case for CD, patients with UC did not exhibit levels of flagellin-specific (or LPS-specific) Ig that were significantly different from control subjects indicating flagellin is thus unlikely to be a relevant antigen in that disorder.

Fig. 2. Analysis of product-specific and total Ig levels in control (Con) subjects and IBD patients. Microtiter plates were coated with flagellin (100 ng/well, purified from E. coli F-18), E. coli LPS (2 μg/well, from Sigma) or protein L (1 μg/well from Sigma). Plates were probed with human sera from 177 samples derived from CD or UC patients or control subjects collected at Cedars-Sinai Medical Center as previously described (9). Relative levels of flagellin-specific, LPS-specific, and total Ig levels are shown as optical density. Means are represented by lines.

is a dominant antigen in CD." However, we disagree with Lodes et al. (10) on one key point. Specifically, they observed that CD patients exhibited elevated levels of serum antibodies to Cbir flagellin but not to a Salmonella flagellin and from this result concluded that CD-associated immune responses may be targeted primarily toward these rare flagellins rather than typical gram-negative bacterial flagellins. In contrast, we observed a substantial and highly statistically significant elevation of serum antibodies to a common E. coli flagellin. Considering that most flagellins are in general well conserved (11) and likely to be ubiquitous in normal human intestine, our result indicates that the CD-associated immune response is not likely targeting a specific subspecies of flagellin, but likely broadly targets an extensive panel of flagellins. The germ-line encoded innate immune flagellin receptor TLR5 targets highly conserved regions of flagellins known to be required for flagellin polymerization to flagella, and hence motility (14). We speculate that antibody cross reactivity to various flagellins in these same regions of the molecule might account for the ability of individual flagellins to broadly detect anti-flagellin immunoreactivity in a diverse group of CD patients.

Whereas innate immune activity, especially polymorphonuclear leukocyte infiltration, mediates the acute flares of IBD, chronic intestinal inflammation is characterized by increased numbers of mucosal adaptive immune cells, especially CD4 T cells (2). Whereas these T cells are known to be broadly reactive to the intestinal microflora in general, the specific antigens that drive these T cells are relatively unknown. An
indirect readout of the antigenic targets of these T cells is the assessment of serum immunoglobulins, because for most antigens, including flagellin (our unpublished results), generation of antibodies requires activating antigen-specific T cells. Thus our demonstration that CD patients exhibit elevated levels of flagellin-specific Ig strongly suggests that flagellin is an antigenic target of the elevated adaptive immune response that characterizes the chronic stage of inflammation in IBD. Flagellin may be especially important for the CD-associated immune response in that it appears to be one of the major targets of the immune response to enteric bacteria in general as evidenced by our immunoblotting of whole extracts of flagellate and aflagellate bacteria with CD serum. Furthermore, flagellin has substantial adjuvant ability (13) enabling it to drive the immune responses to other bacterial antigens that by themselves are not highly immunogenic. In light of flagellin’s potentially important role in driving immune responses in the gut, it is important to define the molecular mechanisms that regulate both the innate and adaptive immune responses to this molecule.

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