Th1 is the predominant helper T cell subset that produces GM-CSF in the joint of rheumatoid arthritis

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Granulocyte macrophage colony-stimulating factor (GM-CSF), an immunomodulatory cytokine, is an emerging therapeutic target of rheumatoid arthritis (RA).1 Although GM-CSF is produced by various types of cells, including synovial fibroblasts, the importance of GM-CSF-producing CD4 T cells in the pathogenesis of RA was reported.2 Moreover, GM-CSF has been shown to be the critical effector cytokine produced by interleukin (IL)-23-stimulated Th17 cells in mice, leading to the prevailing notion that GM-CSF is a Th17-related cytokine.3 However, in humans, a distinct subset of CD4 T cells that produce only GM-CSF has recently been identified.4 The ‘GM-CSF-only’ T cells are characterised by the lack of lineage defining cytokines (interferon (IFN)-γ, IL-17 and IL-4) and are regulated independently of the master transcriptional regulators, T-bet, RORγt or GATA3. Furthermore, in contrast to mice, GM-CSF production by human CD4 T cells was promoted in Th1 conditions and was also detected in Th1 cells. At present, it is unclear which helper CD4 T cell subsets produce GM-CSF in human RA joints. Therefore, in this study, we performed multicolour flow cytometric analysis of cytokine production in CD4 T cells from patients with RA.

Lymphocytes in the peripheral blood (PB) and in joints from the same patients were analysed to compare the profiles of cytokine production. Synovial fluid (SF) samples were obtained from seven patients by arthrocentesis, while synovial membrane (SM) samples were obtained from seven other patients who underwent joint replacement surgery. The mean age and disease duration of the patients was 63.5±15.5 and 16.5±10.1 years, respectively. Twelve patients (86%) were positive for RF and/or anti-CCP2 antibody, and the mean C reactive protein level was 1.2±1.1 mg/dL. In total, 11 (79%), 10 (71%) and 4 (29%) patients received methotrexate, prednisolone and biologics, respectively.

Because GM-CSF was produced by CD45RA-negative CD4 T cells, whose frequency in CD4 T cells differs greatly between PB and the joints (data not shown), we compared the frequency of cytokine-expressing cells in the CD45RA-negative CD4 T cell compartment between PB and the joints (figure 1A, B). Of the cytokines examined, GM-CSF was the second most frequently produced one in PB. A comparable frequency of GM-CSF-producing cells was detected in the joints, in both SF and SM, although their frequency in overall CD4 T cells was higher in the joints than in PB (15.0% vs 6.1%, p<0.05), as most CD4 T cells in the joint were CD45RA-negative. In contrast, the frequency of IFN-γ-producing or IL-21-producing cells, even within the CD45RA-negative population, increased significantly in the joints, as reported previously.5,6 The IL-21-producing cells in RA joints are distinct from follicular helper T cells in the expression of CXCxR5 and bcl6, although they also express programmed death-1 (PD-1) and provide B cell help.5

We next analysed the overlaps between different cytokine-producing T cell subsets. The majority of GM-CSF-producing CD4 T cells in PB did not produce other cytokines (figure 1A, C). They could thus be the recently identified ‘GM-CSF-only’ T cells.4 In
contrast, nearly 80% of GM-CSF-producing CD4 T cells in the joint produced IFN-γ. The frequency of GM-CSF-producing cells within IFN-γ-producing cells was also higher in the joint than PB (26.8% vs 20.5%, p<0.05). IL-21 was produced by some GM-CSF-producing CD4 T cells in the joint, but the frequency of GM-CSF-producing cells within IL-21-producing cells was not increased in the joints. Only a few GM-CSF-producing CD4 T cells produced...

Figure 2 The landscape of cytokine-producing CD4 T cell populations in the peripheral blood (PB) and in the joints. Venn diagrams show the frequency of overlapping and non-overlapping production of cells producing GM-CSF, interferon (IFN)-γ and interleukin (IL)-21 in CD4+CD45RA−cells.