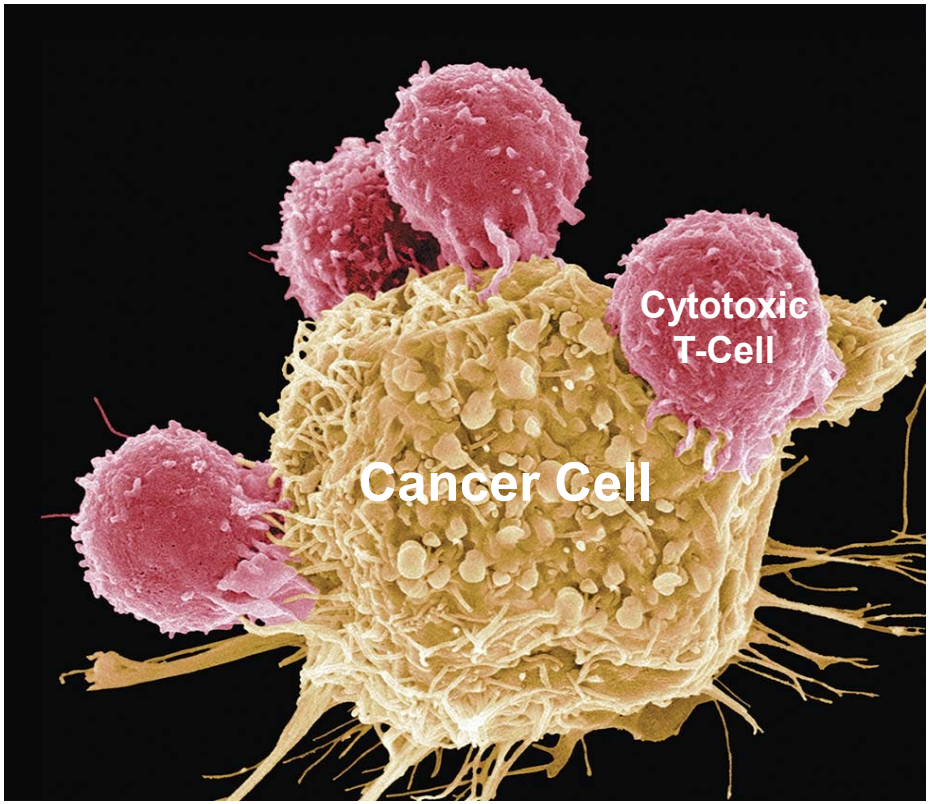
The Third Line of Defense

"Acquired Immunity"
Also Called Adaptive Immunity



What is immunity?

The Immune System protects us against internal and external threats.

Immunity may be either innate or acquired (also called adaptive)

Innate immunity exists at time of birth // Relies on numerous factors including physical barriers, and "non-specific resistance "

Acquired or Adaptive (Non-innate) Immunity means it does not exist at birth /// develops after birth /// characterized by "specificity and memory"

We fight infections by using all three lines of defenses:

#1 - Physical barriers
#2 - Non-specific resistance
#3 - Acquired immunity

What makes acquired immunity so special?

Two important characteristics = "specificity and memory"

Acquired immunity recognizes the pathogen because it has "non-self antigen"

Acquired immunity coordinates the activities of many different white blood (including helper T cells, cytotoxic T cells and B cells)

T WBC must work together (i.e. talk to each)

WBC use cytokines and leukotrienes to communicate with each other

Innate immunity is local, working in a specific area

Adaptive immunity is non-innate and is systemic.

Our immune system defeat pathogens by using both innate and non-innate immunity.

What Are the Two Forms of Acquired Immunity?

Humoral and Cellular Acquired Immunity

WBCs called T cells provide cellular adaptive immunity // Cytotoxic T cells - kill host's cells infected with bacteria.

*WBCs called B cells (when activated they change into plasma cells) provide humoral adaptive immunity /// After B cells morph into plasma cells they produce antibodies /// antibodies do not kill pathogens /// **antibodies render pathogens harmless and tag them for destruction.***

Cytotoxic T-cell, helper-cell, and B-cells all have similar receptors able to dock onto the same pathogen's foreign antigen /// during clonal selection another group of cells called memory cells are made with receptors matched to similar antigen but rest in lymph nodes

Memory cells do not react to "current infection" but will respond immediately to a second exposure to similar pathogen. /// first exposure vs second exposure

Why do we need both cellular and humoral immunities?

Because the pathogens maybe outside or inside our cells!

Humoral Adaptive Immunity: B cell morph into plasma cells after activated // plasma cells make antibodies /// antibodies only attack antigens when they are outside our cells.

Cellular Adaptive Immunity: Cytotoxic T cells (i.e. cellular immunity) recognize foreign antigen when they are "hiding" inside our cells.

Therefore, when we are infected by a bacteria, our acquired immune system must activate both T cells and B Cells. These cells have receptors matched to the same foreign antigen!

Each cell line (T and B) have receptors that are able to recognize the same foreign antigen /// waiting in our lymph nodes are "billions" of naive immunocompetent T and B cells just waiting to become activated /// each pair of cells will have a unique receoptor

Note: When T and B cells are educated "each B and T cell pair" will receive just one out of a possible billion different foreign antigen receptors. This means we have billions of "B cells and billions of T cell forming pairs" that share a common foreign antigen receptor unique to the same pathogen's antigen.

Key Factoids

Immune system differentiate between self and non-self antigens

Immune system function is to eliminate pathogens

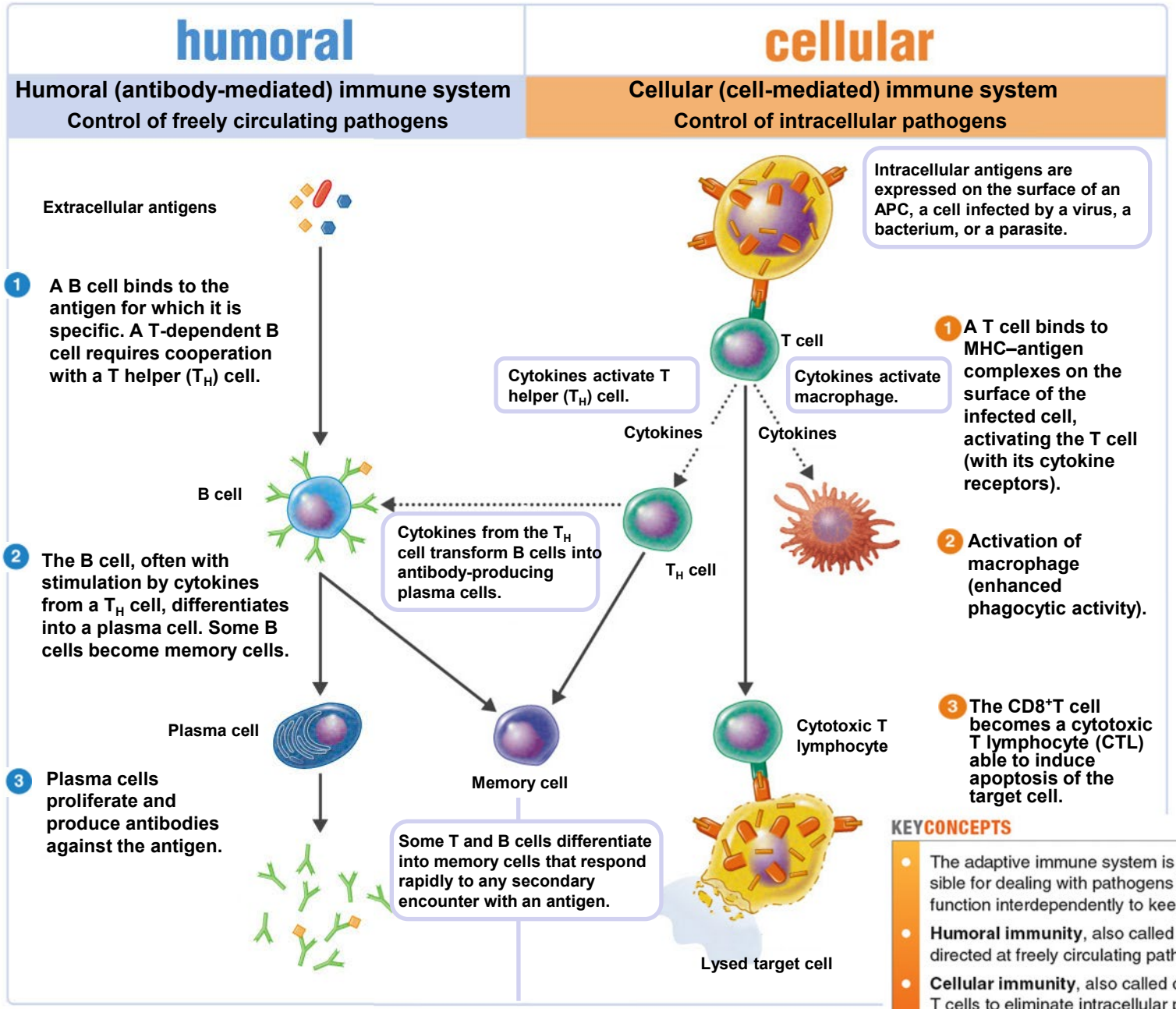
Cytotoxic T cells are able to kill infected host cells with a kiss of death

Plasma cells (B cells when activated morph into plasma cells) produce Antibodies. Antibodies do not kill pathogens, but render pathogen harmless and tag pathogens for destruction by complement /// this occurs in body fluids //

Another lymphocyte called Natural Killer Cells (NK cell) are able to kill infected host cells but use a different types of receptors

- Increase number in response to inflammation cytokines
- Evolved to kill host cells infected by cancer or virus (but also bacteria)
- KN cells are activated by a pathogen's antigen using different process
- NK cells perform immune surveillance
- Part of the second line of immune defense // innate

The dual nature of the adaptive immune system.



KEY CONCEPTS

- The adaptive immune system is divided into two parts, each responsible for dealing with pathogens in different ways. These two systems function interdependently to keep the body free of pathogens.
- **Humoral immunity**, also called antibody-mediated immunity, is directed at freely circulating pathogens and depends on B cells.
- **Cellular immunity**, also called cell-mediated immunity, depends on T cells to eliminate intracellular pathogens, reject foreign tissue recognized as nonself, and destroy tumor cells.

How is acquired immunity managed?

T cells provide cellular acquired immunity. Two type of T cells must work together to provide acquired immunity:

Helper T cells = hTc // Cytotoxic T cells = cTc

B cells provide humoral acquired immunity. Two type of cells must work together to provide humoral immunity:

-B cells (they will morph into plasma cells) // hTc

These cells must first be born, educated, deployed // all formed elements are born in the red bone marrow

Educated means the T cells and B cells acquire unique receptors matched to pathogen's antigens

These cells must be activated by “antigen presenting cells” before they may provide acquired immunity.

How is acquired immunity managed?

B cells are educated in bone marrow

T cells are educated in thymus

A “set of T cells and B cells” receive similar receptors matched to the foreign antigen. After they receive their receptors, they move into the blood where they are "deployed as naïve immunocompetent cells.

After being deployed these cells will “rest” until a pathogen enters the body // many will concentrate in lymph nodes

A different set of T/B cells will be made for all possible types of foreign antigen// this numbers in the billions!

The First Three Stages of Acquired Immunity

Born = place where T and B cells are formed (created) // red bone marrow

Educated = this occurs when T and B cells receive "unique receptors" attached to billions of different possible foreign antigens // B cells educated in bone marrow and T cells educated in thymus

Deployed = after receiving their receptors, they are called naive immunocompetent T and B cells and are released into the blood. These cells are free to wander anywhere throughout the body but many rest in the lymph nodes

The next step occurs when a pathogen enters the tissue which initiates the three "R"s. (recognize, react, remember)

The Second Three Stages of Acquired Immunity

.

Recognize = naive immunocompetent T and B cells are not able to "see the pathogen" until after an antigen presenting cells "shows" the T and B cells the pathogen // now these cells are no longer naive but are now "turned on"

React = when "turned on" cytotoxic T cells (C-Tc) with cooperation from hTc may kill host cells infected with bacteria.

Remember = making memory T and B cells to be used in second exposure from same bacterial infection in the future. to same pathogen

Outline for the function of acquired immunity.

All formed elements made in red bone marrow

Born

Educated

Deployed

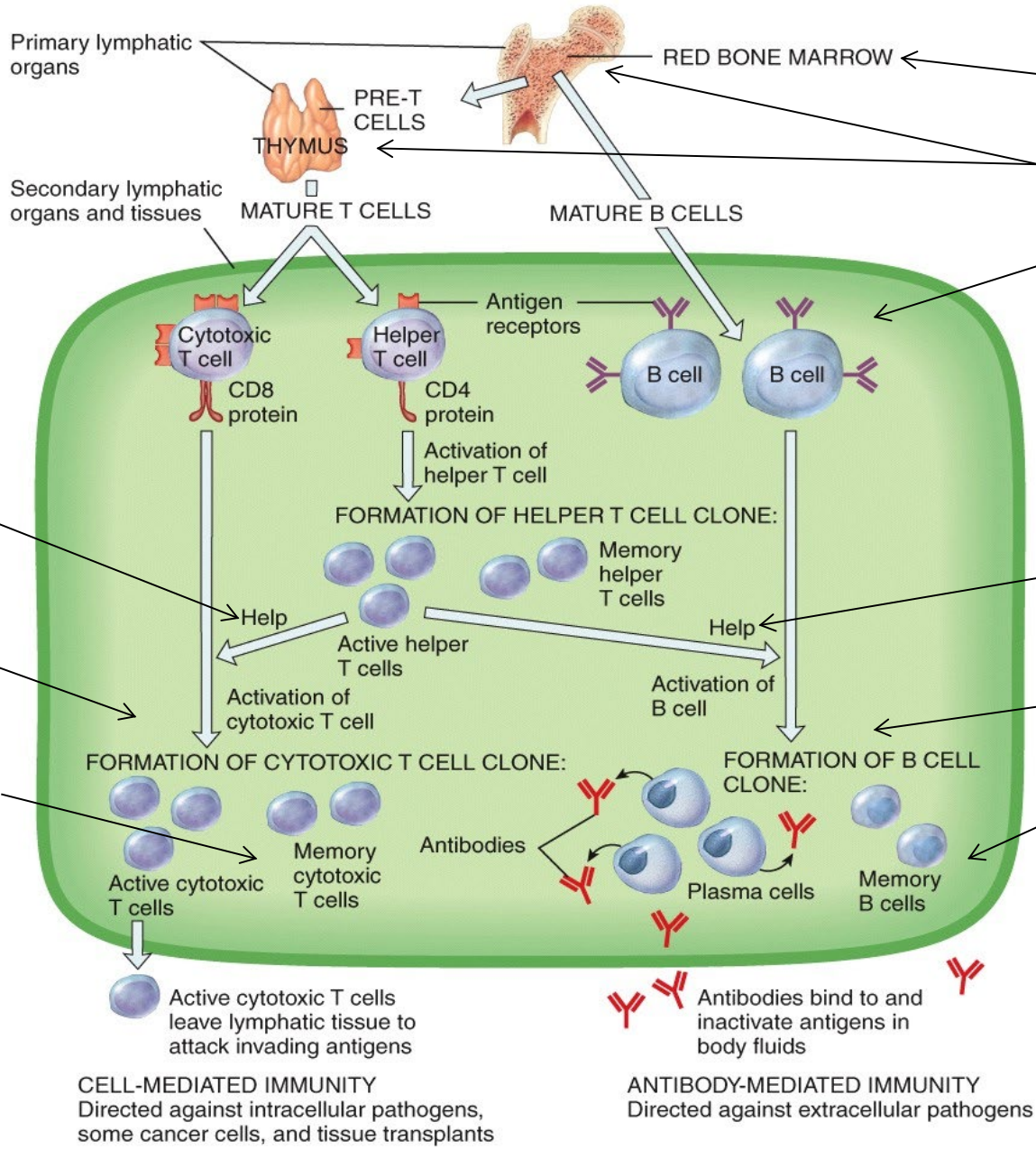
(Deployed as naive immunocompetent cells)

ACTIVATE To

Recognize

React

Remember



Recognize

React

Remember

Steps of Clonal Selection

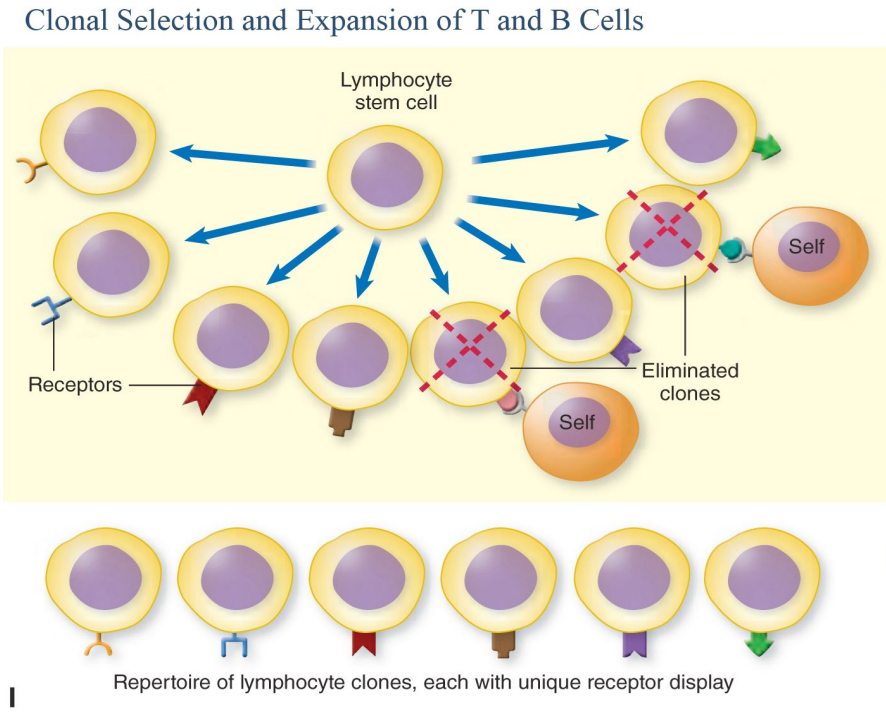
1.Generation of Diversity: Lymphocytes are produced with a vast variety of receptors. (This is the "education step".)

2.Selection: A specific antigen binds to the matching receptor on a mature, naive lymphocyte. APC required for this process. (This is the recognition step)

3.Proliferation: The lymphocyte divides (clonal expansion) to create many identical clones. All with same receptor.

4.Activation: The APC binding activates the lymphocyte. (this is the react step)

5.Differentiation: Other clones become effector cells for antigen destruction and memory cells for future recognition.



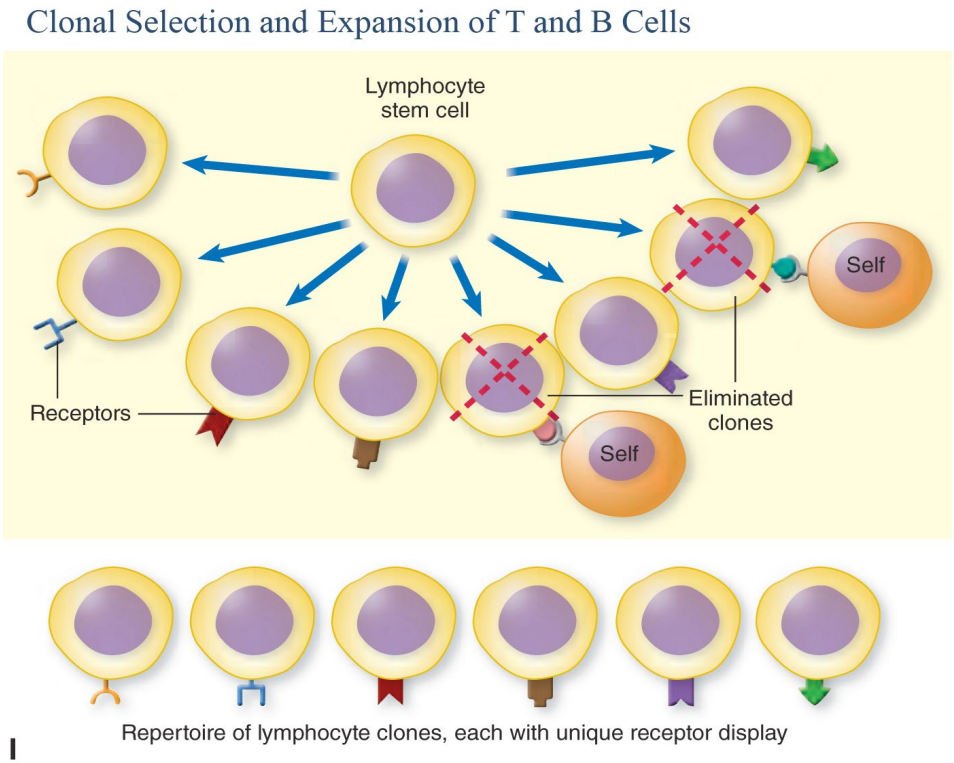
Clonal Expansion

Clonal expansion *occurs after naive immunocompetent T and B cells are activated by Antigen Presenting Cells /// results in rapid mitosis of T and B cells matched to a pathogen // both T and B cells have similar receptors matched to a specific antigen on the pathogen*

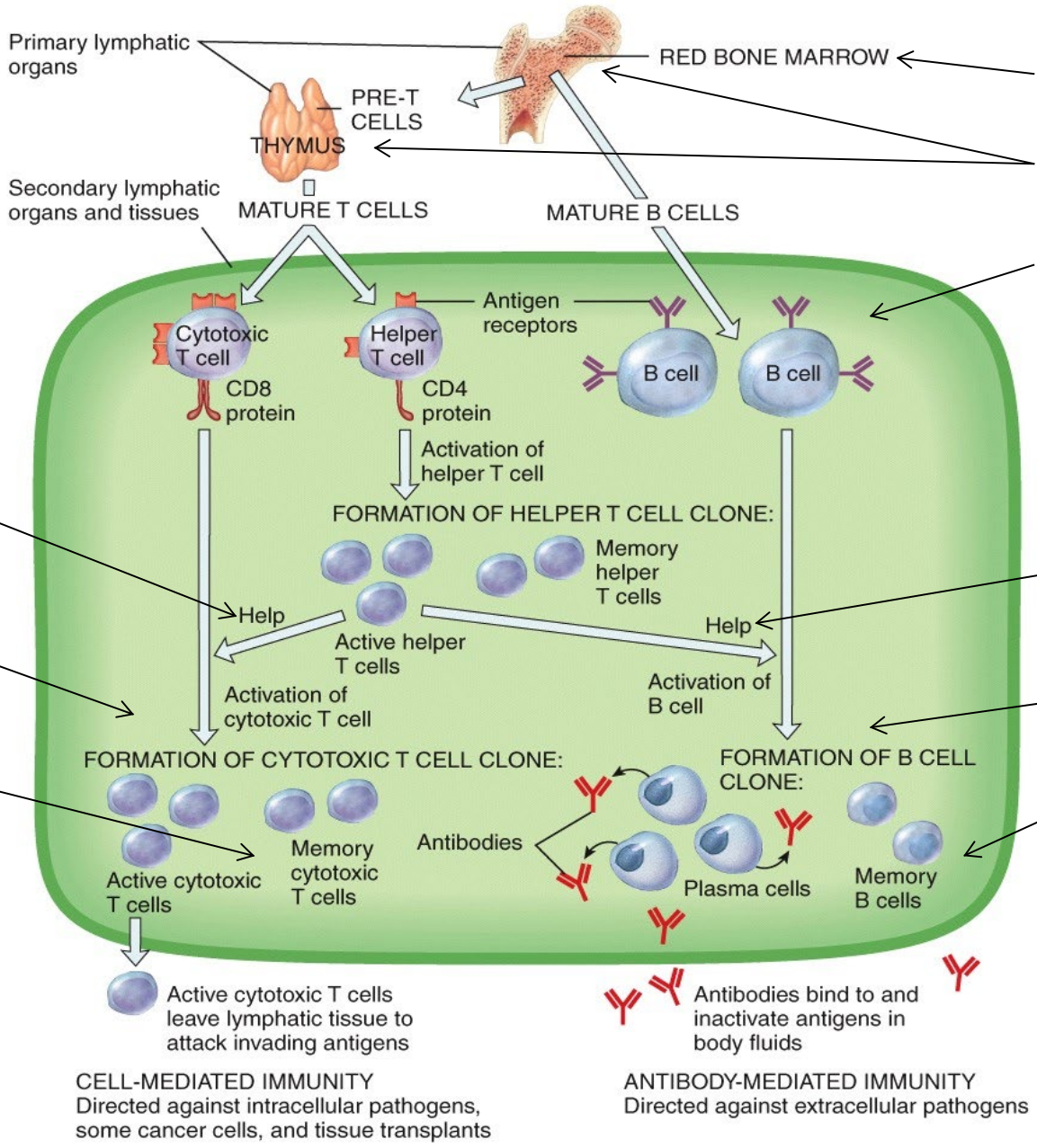
Each group of three (helper T cells, cytotoxic T cells, and B cells) undergo rapid cell division and groups of three all have receptors match to the pathogen's antigen .

There are billions of possible foreign antigens and billions of sets of these three cell types: cTc, hTc, and B cells.

Clonal cells bind only to non-self antigens.



Outline for the structure and function of acquired immunity.



Born

Educated

Deployed

(Deployed as naive immunocompetent cells)

ACTIVATE To

Recognize

React

Remember

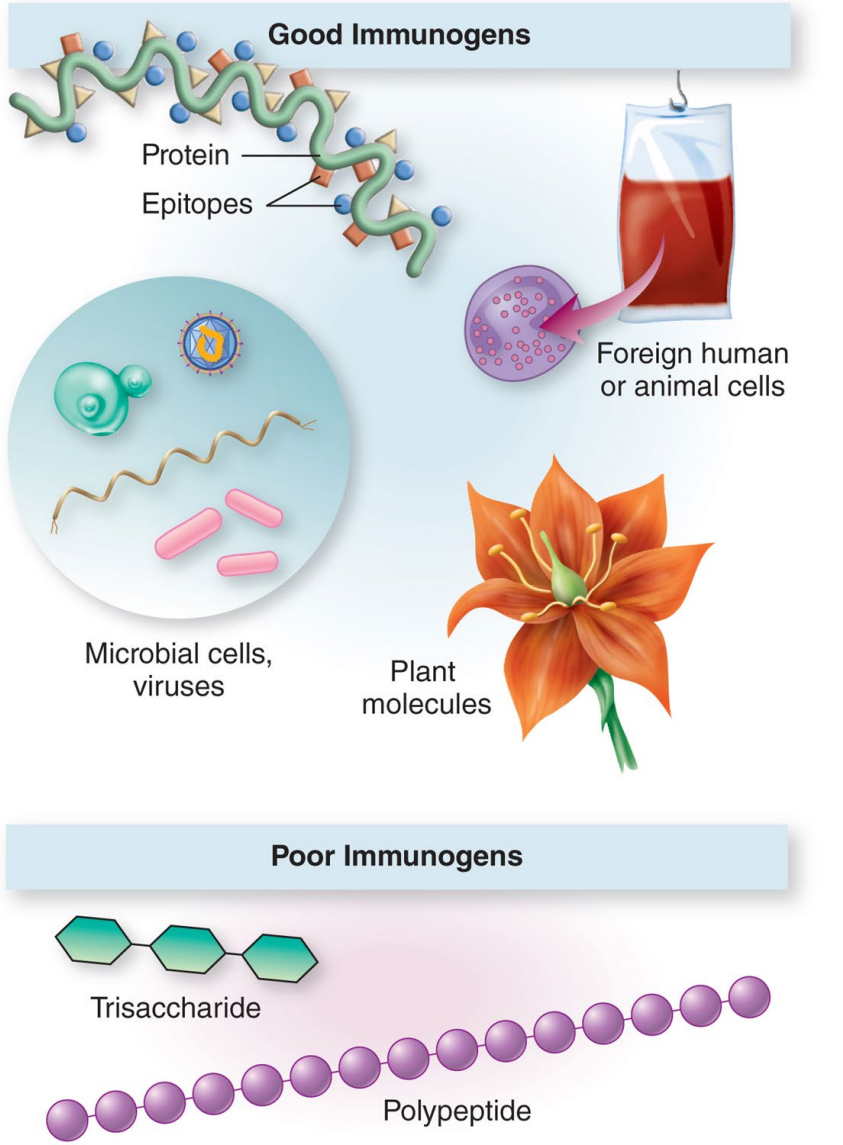
Recognize

React

Remember

What makes a good antigen?

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Foreign antigens (i.e. non-self antigens) are also known as immunogens (also called agglutinogens)

Antigens are large molecules.

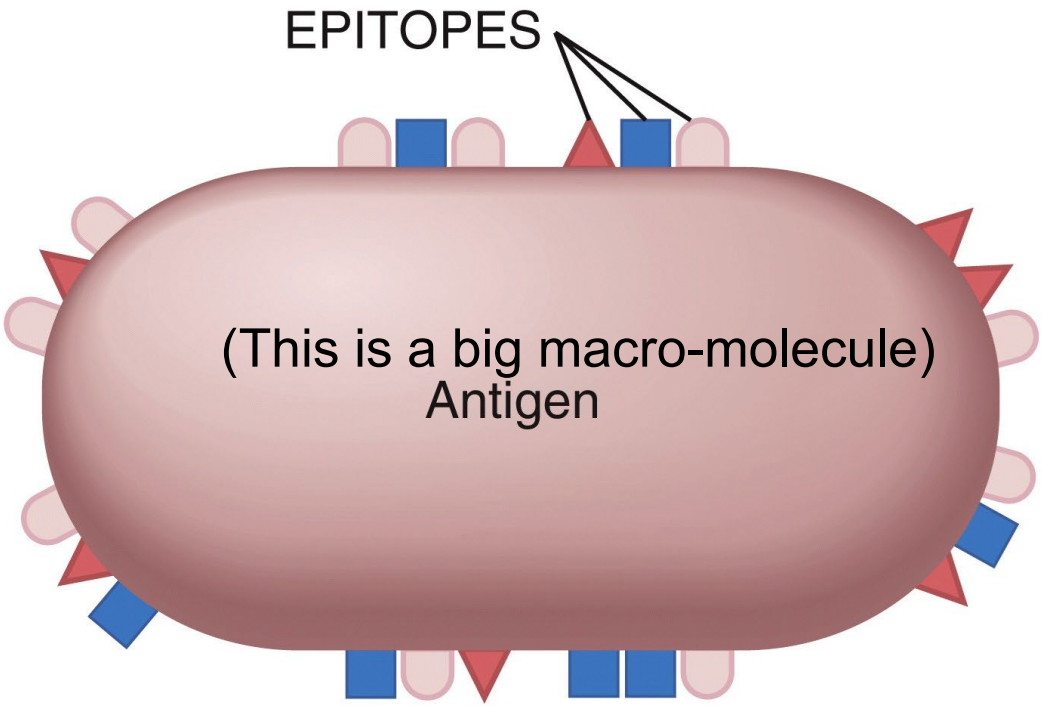
Antibodies = also called aglutinin

> A single antigen molecule may generate many epitopes.

> A proteosome will degrade the antigen to create protein fragments called epitopes. These are processed by the endoplasmic reticulum.

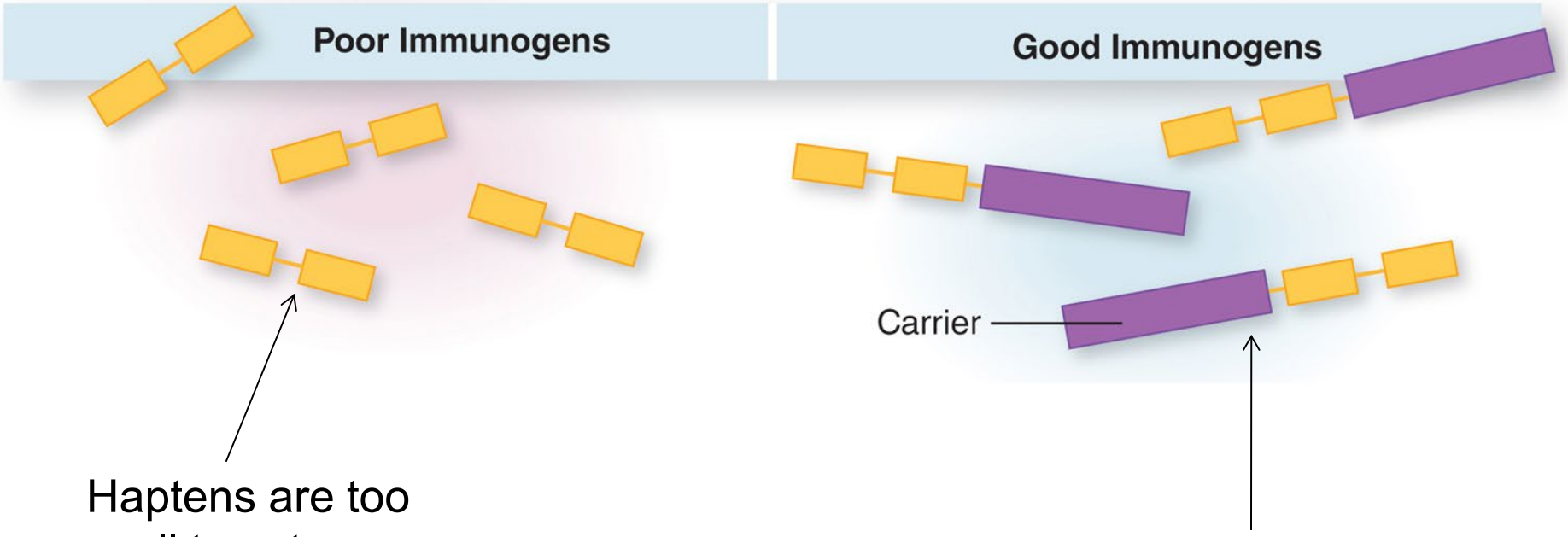
> Endoplasmic reticulum put epitopes into vesicles implanted in MHCP

> The MHCP and epitope are inserted into a host's plasma membrane or antigen presenting cells' membrane.



Haptens are poor immunogens, however!

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Haptens are too small to act as an antigen.

After haptens joined to a “carrier” (e.g. albumin) they may now be recognized as an foreign antigen.

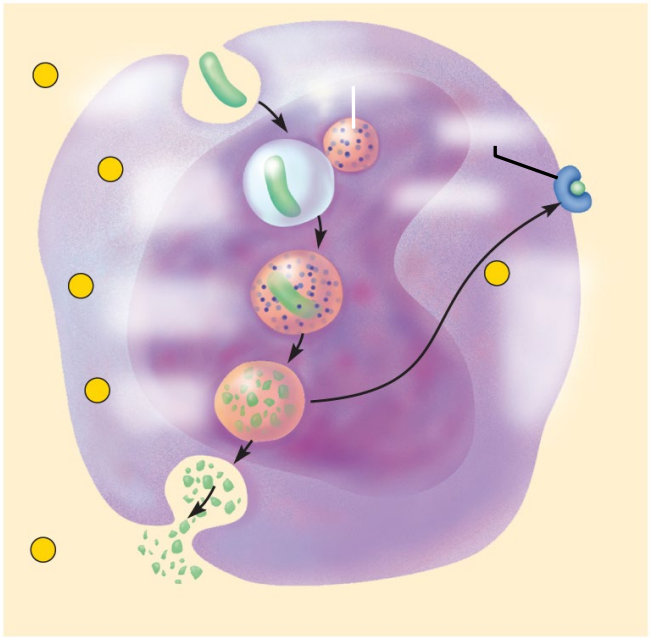
1. What is antigen presentation?

2. How do antigen processing cells capture antigens?

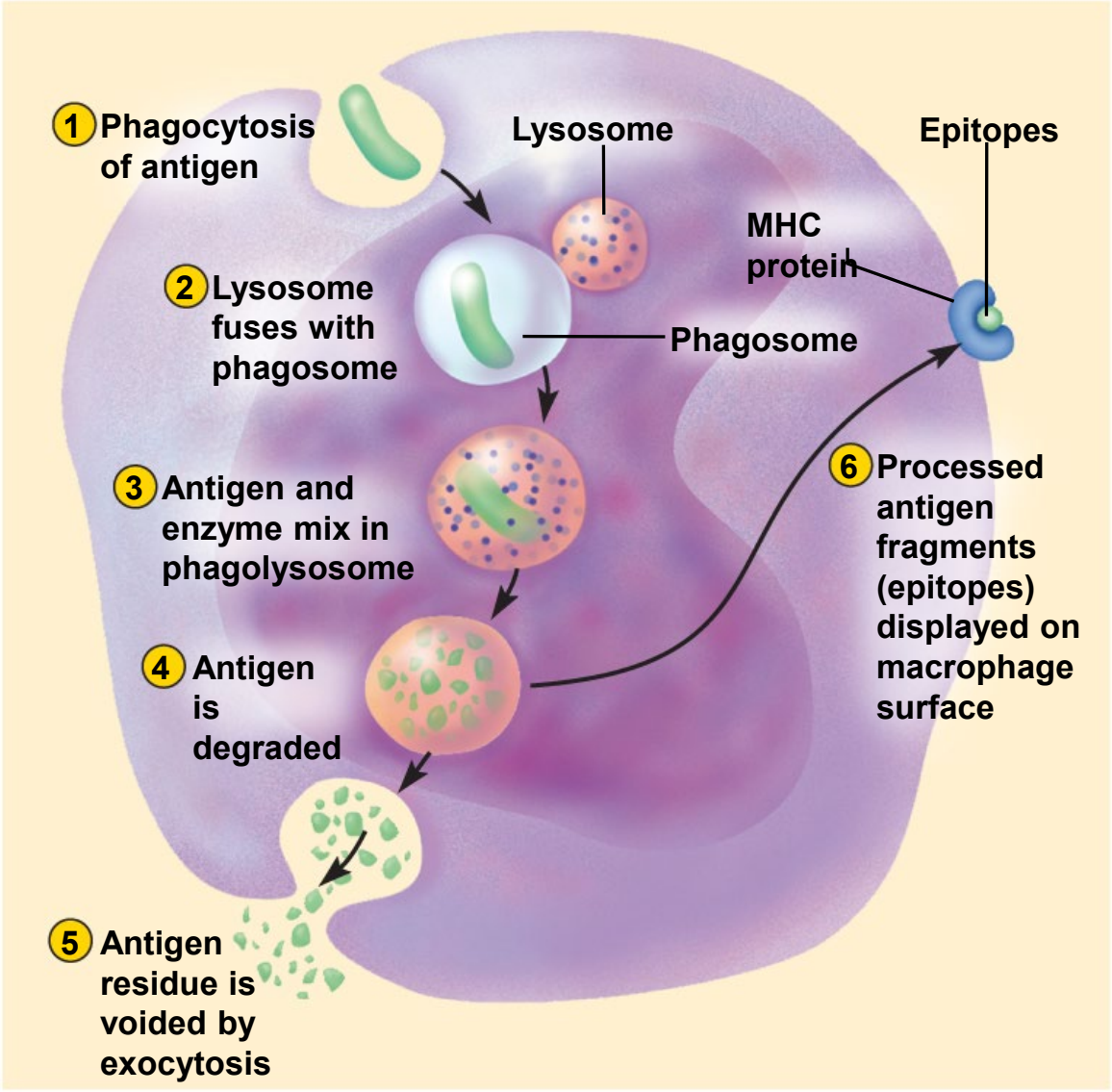
3. What is the difference between an antigens and an epitope?

4. How do APC display epitope on outer surface of the plasma membrane?

5. What is the difference between MHCP-I and MHCP-II?



How Do Antigen Processing Cells Turn Antigens into Epitope?



MHC protein hold the epitope and may be either type-I or type-II

Macrophage and B cells have MHCP-II // both are APCs

Dendritic cells = APC //// MHCP Class-I and Class II

Helper T-cells receptors only bind to MHCP-II // must occur to activate H-Tc // macrophage and dendritic cells have MHCP II

Cytotoxic-T-cells receptors only bind to MHCP-I // must occur to activate C-Tc // dendritic cells have MHCP-I

NK cells receptors use different clusters of differentiation to recognize virus or cancer // when NK engage with markers then it take 3 days for NK cells to reach peak activity

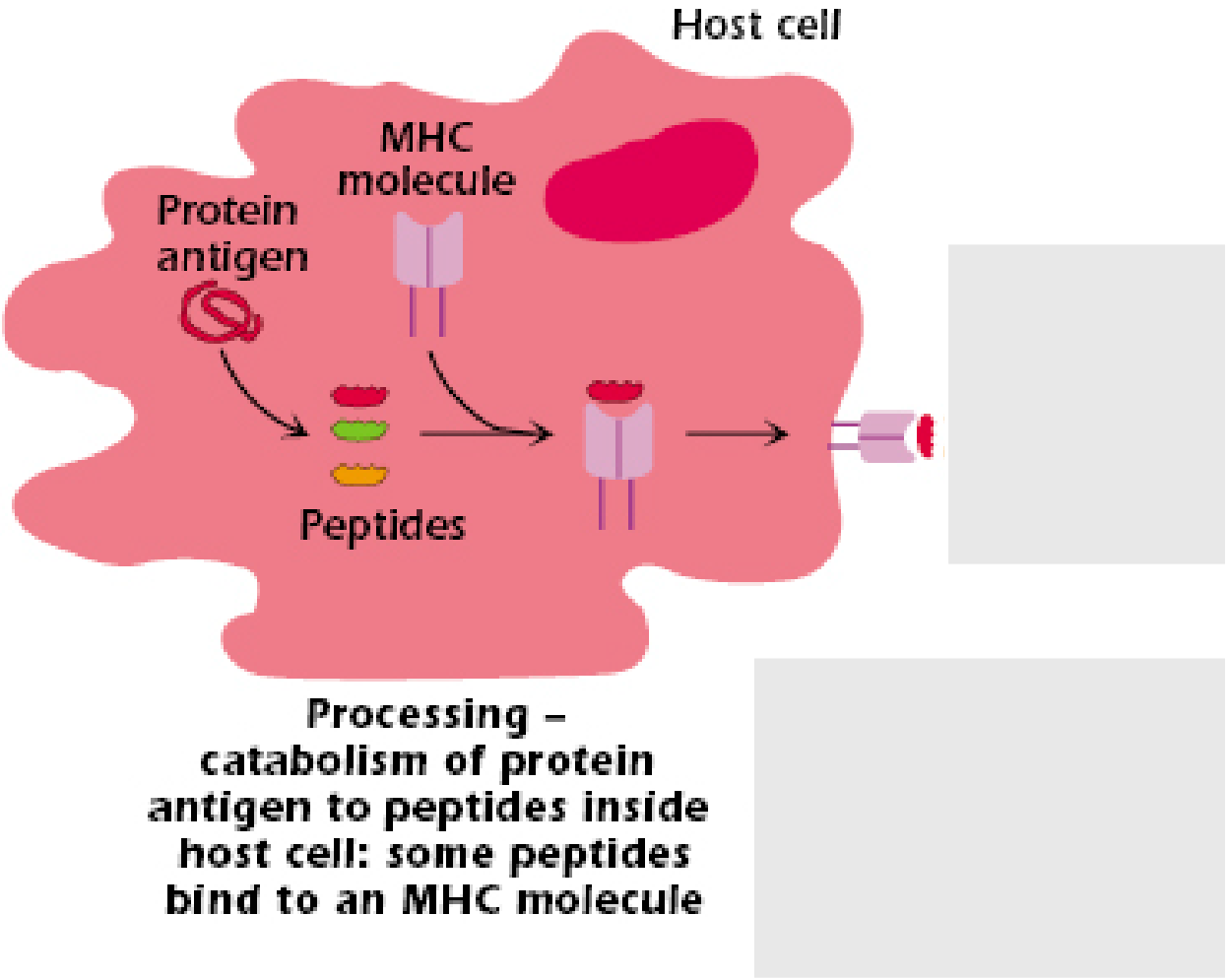
All nucleated host cells have only MHC-I

Major Histocompatability Proteins
(MHCP-1 VS MHCP-2)

Cells use proteosomes to degrade cytoplasmic proteins into protein fragments. Non host protein fragments (called epitopes) are displayed on the outer surface of the plasma membrane in a MHCP. The epitopes are like a pathogen's "fingerprint". There two type of MHCP: type-I or type-II.

Cytoplasmic proteins fragments displayed by host cells maybe "normal" host cell proteins (endogenous) or from non-host "normal" proteins associated with cancer, bacteria, or virus. /// Host cells only have MHCP-1 /// Host cell's protein fragments are picked up by MHCP-1 and inserted on the outer surface of the host's plasma membrane

Cells infected with pathogens "show" foreign epitopes. The next step is to activate naive immunocompetent C-Tc and naive immunocompetent H-Tc that have receptors matched to the epitopes on the outer surface of the infected host cells.



Now I have both host cell protein fragments and pathogen protein fragments (pathogen's protein fragments from the pathogen's antigen!). The immune system needs to respond to the pathogen's protein fragments; the fragments we now call the epitopes.

Major Histocompatability Proteins
(MHCP-1 VS MHCP-2)

Now we need antigen presenting cells (APC), macrophage and NKC.

These APC help naïve immunocompetent cTc and hTc cells (specific naive immune cells with receptors only able to bind to specific type of displayed epitope) recognize the non-host proteins (pathogen proteins) placed in MHCP-I on the outside of the host cell.

Another process explains how immune system responds to pathogen outside our cells.

C-Tc cells have receptors only able to dock with MHCP-I and H-Tc cells have receptors only able to dock with MHCP-II.

Now this may to seem confusing so keep the type I and type II MHCP separate. Take a deep breath and relax!

Major Histocompatability Proteins
(MHCP-1 VS MHCP-2)

APC (macrophage, dendritic cells, and B cells) capture the bacteria infecting our cells, process the epitopes, then deliver this info to the lymph nodes. *(B cells use a special process which will be covered later)*

Macrophage MHCP-II dock with naive hTc cells with matching hTc receptors to activate the hTh cells

Dendritic cells have both MHCP-I and MHCP-II. Dendritic cells may activate both cTc (recognize type I) or hTc cells (recognize type II) .

Now both cTc and hTc with their specific receptors match to the bacteria are activated against bacteria infecting the host cell. cTc receptors may now dock onto host cell's MHCP-I epitope.

The hTc secretes cytokines to complete the activation of the cTc.

The now fully activated cTc may dock to the host cell MHCP-I-epitope and kills the cell with the kiss of death // CTc may then undock and go to next infected cell to kill it.

After all infected host cells are killed, this group of cTc die by apoptosis.

Major Histocompatability Proteins (MHCP-1 VS MHCP-2)

B cells provide humoral immunity. B cells function as their own APC.

Naive immunocompetent B cell's use D class antibodies as receptors. Matched B cell receptors will dock to bacteria's antigen. B cells then engulfs the bacteria and processes the epitope.

Bell cells use MHCP-II to display bacteria's epitope on B cell plasma membrane // at this point the B cells are only partially (weakly) activated and produce some plasma cells which make few antibodies and no memory cells

If these B cells dock with H-Tcell (activated by similar epitope) the H-Tcells secrete cytokines and the B cells are now fully activated

B cell now morphs into plasma cell /// These plasma cells makes many more antibodies as well as memory B cells // more on this topic later

Antibodies neutralize bacteria outside of our cells by rendering the bacteria harmless and tag them for destruction. Compliment will destroy the tagged pathogen.

Dendritic Cells Special Role in Immunity

Dendritic cells (DCs) are “special” antigen-presenting cells (APCs) because they present antigens using both **MHCP-I and MHCP-II class molecules**.

This means after DC cells capture a foreign antigen and process the epitope, it will be displayed in both MHCP-I and MHCP-II. Now the DC cell may activate both naïve immunocompetent hTc and naïve immunocompetent cTc.

Macrophage antigen processing cells only have MHCP-II so these APC may only activate naïve immunocompetent hTc.

Furthermore - MHCP Class I:

MHC class I molecules are expressed by all nucleated host cells.

The activated cTc has surface receptor able to bind to host cells MHCP-I that display foreign antigen and give the infected host cell the “kiss of death”. This eliminates the infected host cell, and a macrophage will engulf the dead cell and recycle all the macromolecules.

More About Dendritic Cells' MHCP-II

DCs constitutively express MHC class II molecules in macrophage and B cells. In immature DCs, MHC class II is stored in late endocytic compartments and is quickly degraded.

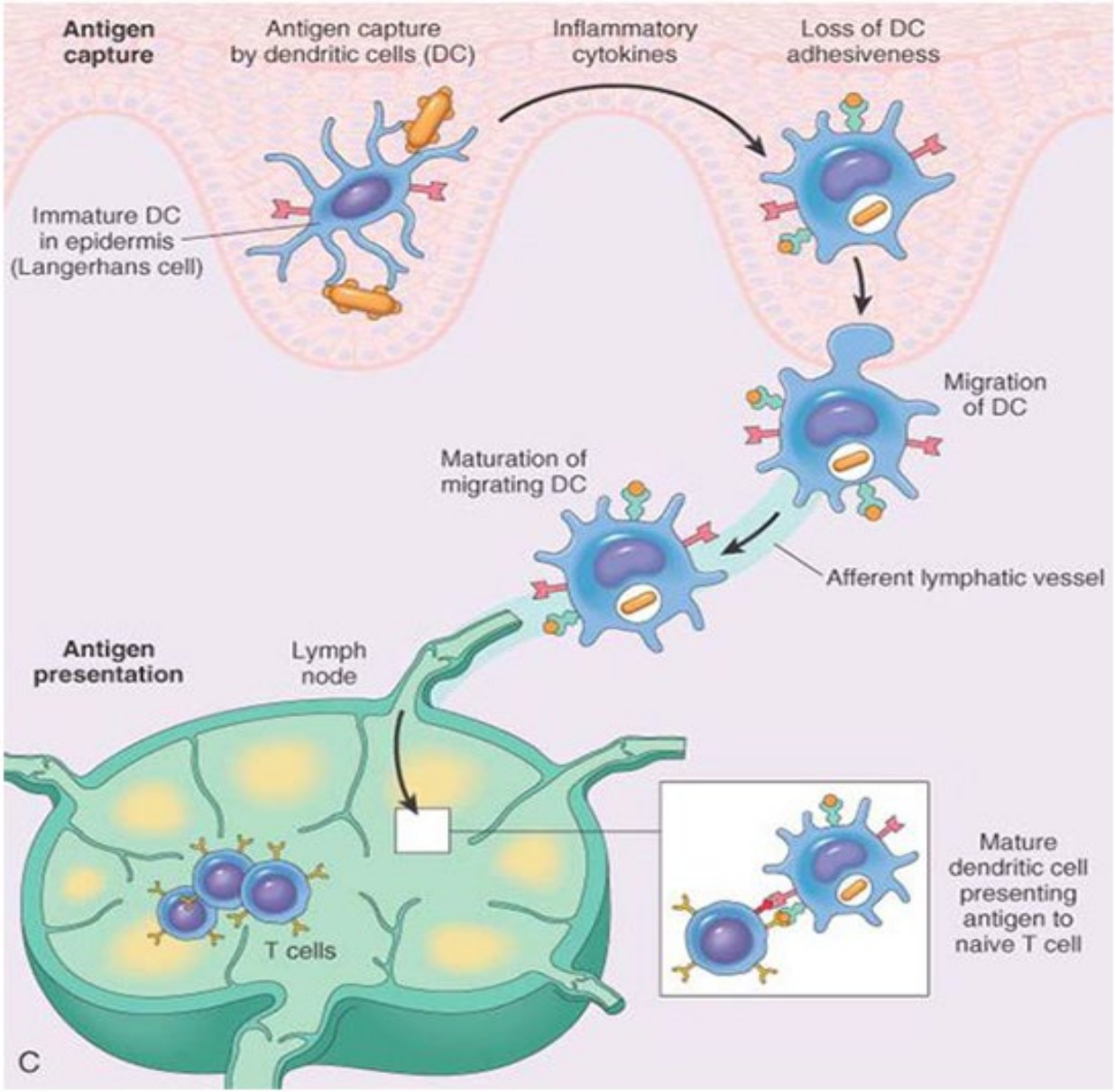
When activated, DCs load MHC class II with epitope, transporting these complexes to the cell surface.

MHC class II molecules with epitope are then presented to CD4+ T helper cells, initiating the adaptive immune response.

In summary: **Immature DCs:** Express MHC class II but keep it primarily in intracellular compartments. /// **Mature DCs:** Increase surface expression of both MHC class I and MHC class II, along with costimulatory molecules like CD86, becoming efficient APCs.

The presence of both MHC class I and MHC class II on DCs allows them to activate both CD8+ cytotoxic T cells (via MHC class I) and CD4+ T helper cells (via MHC class II). This is essential for a strong adaptive immune response.

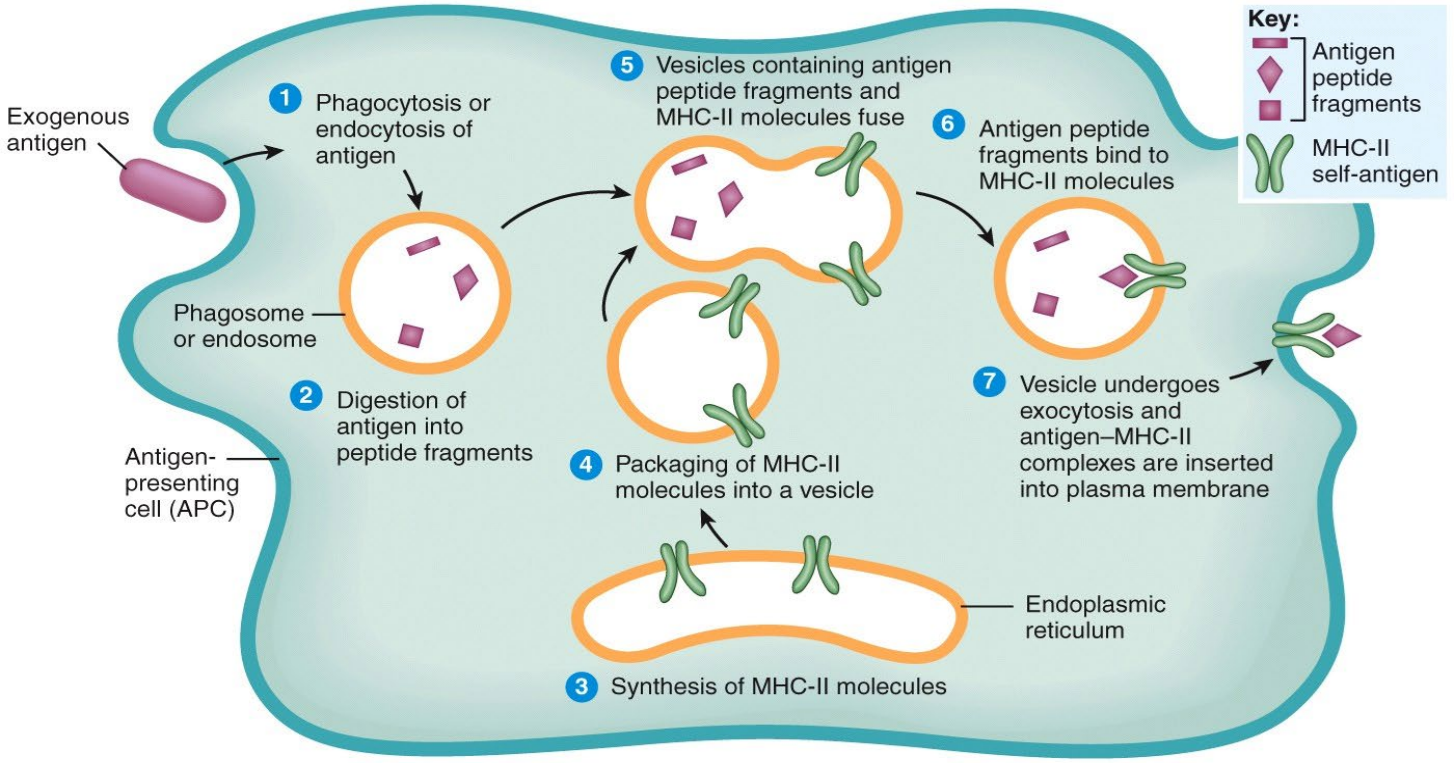
Dendritic Cells



MHCP-II Antigen Processed Cells

Macrophage and dendritic cells are antigen processing cells using MHCP-II. The APCs engulf exogenous antigen and present this epitope-MHC-II complex in the plasma membrane.

Naïve immunocompetent helperTcells (CD4) have Tc receptors able to bind with MHCP-II from either macrophage or dendritic cells. Either APC may activate the helper Tcell.



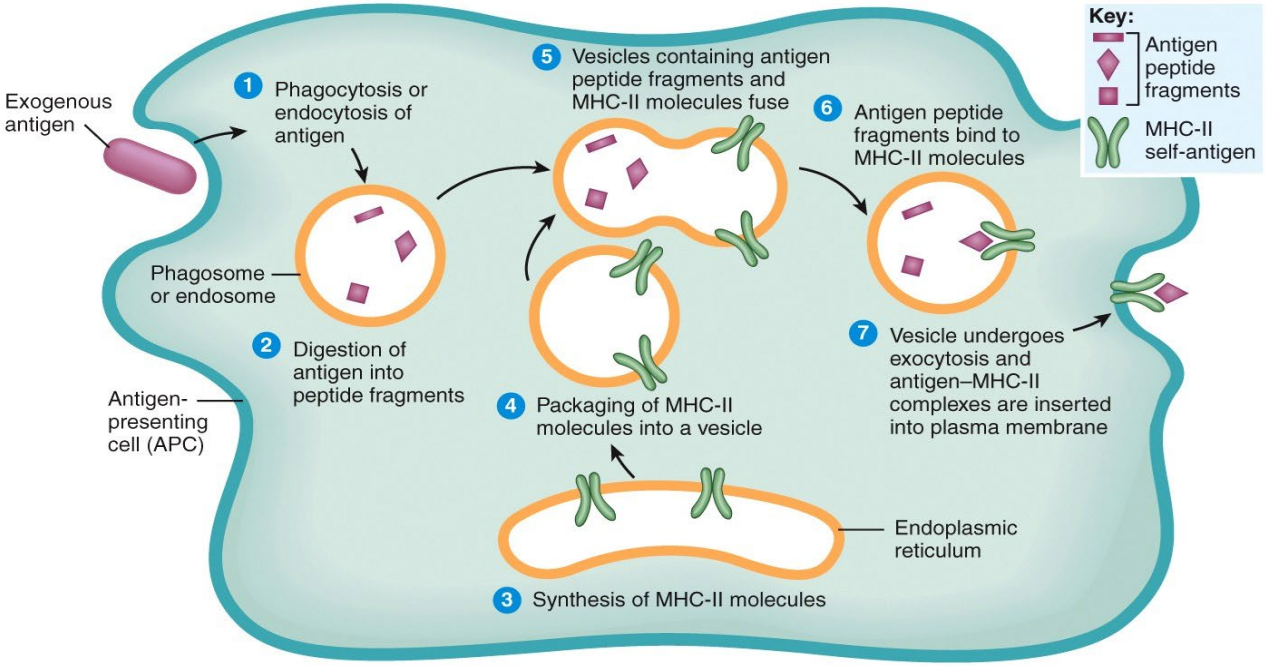
APCs present exogenous antigens in association with MHC-II molecules

Antigen Processing Cells With Both MHCP-I and MHCP-II

Dendritic cells are antigen processing cells that have both MHCP-I and MHCP-II proteins.

This means dendritic cells may activate naive cytotoxicTc (with receptors matched to MHCP-I) and naive helper T-cells (with receptors matched to MHCP-II).

Cytotoxic T cells (cTc) receptors only bind to MHCP-I APC for activation.



APCs present exogenous antigens in association with MHC-II molecules

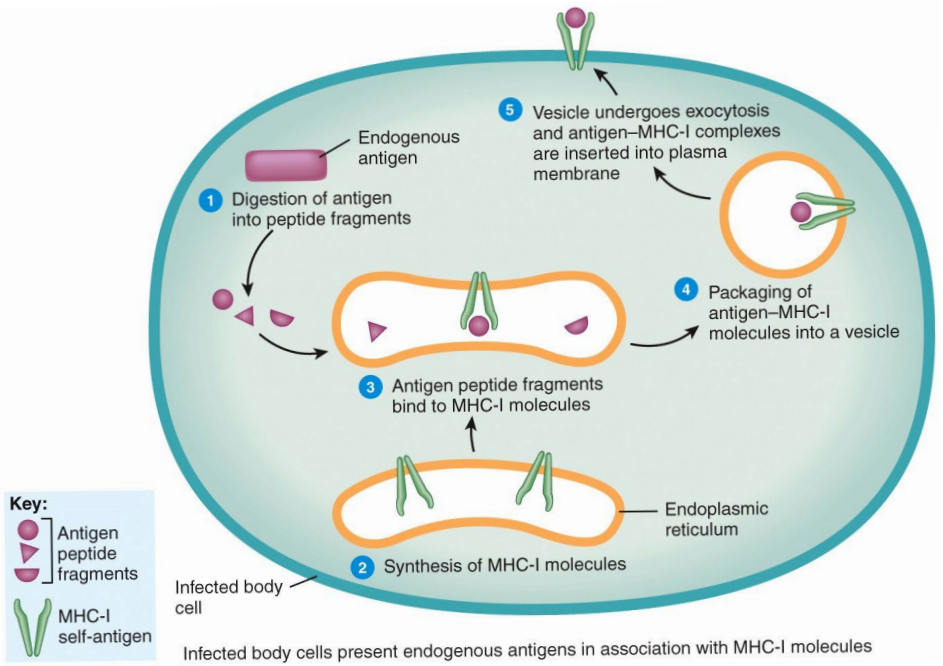
How Host Cells Process and Display Foreign Antigen Using MHC-I

Placing epitope into the host cell's plasma membrane will allow activated cytotoxic T cell's receptors to dock to infected cell's MHCP 1 complex.

If the cell displays bacterial epitope in MHC-I complex, then cytotoxic T cell will form a c-T-cell-receptor-MHC-1 complex.

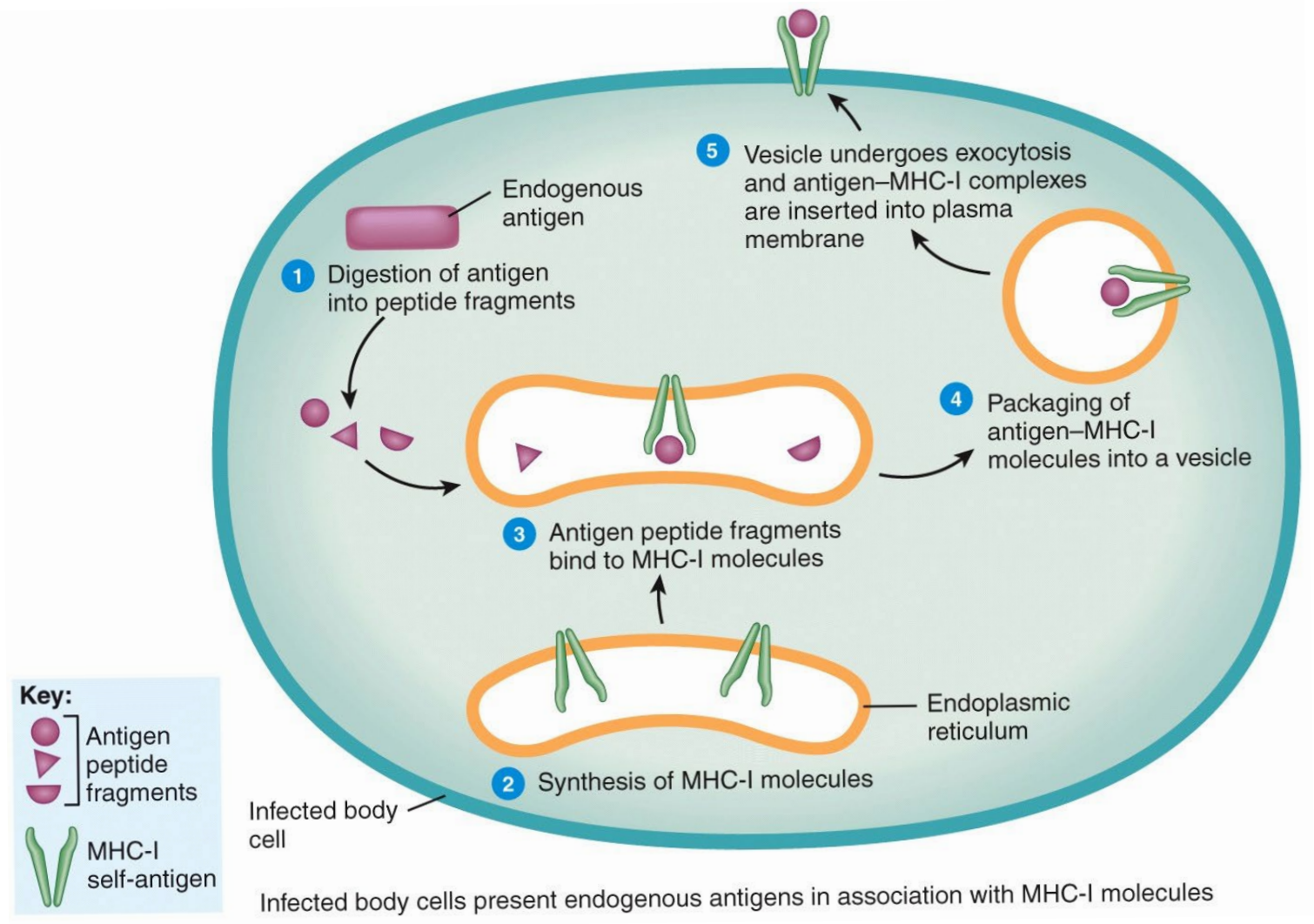
Now the c-T-cell kills the infected cell with the "kiss of death". Endogenous implies that the proteins are from the cell's cytoplasm. // Only cytotoxic T cell receptors recognize host cell's MHC-I type molecules.

Note: dendritic cells display both MHCP 1 and MHCP 2 .



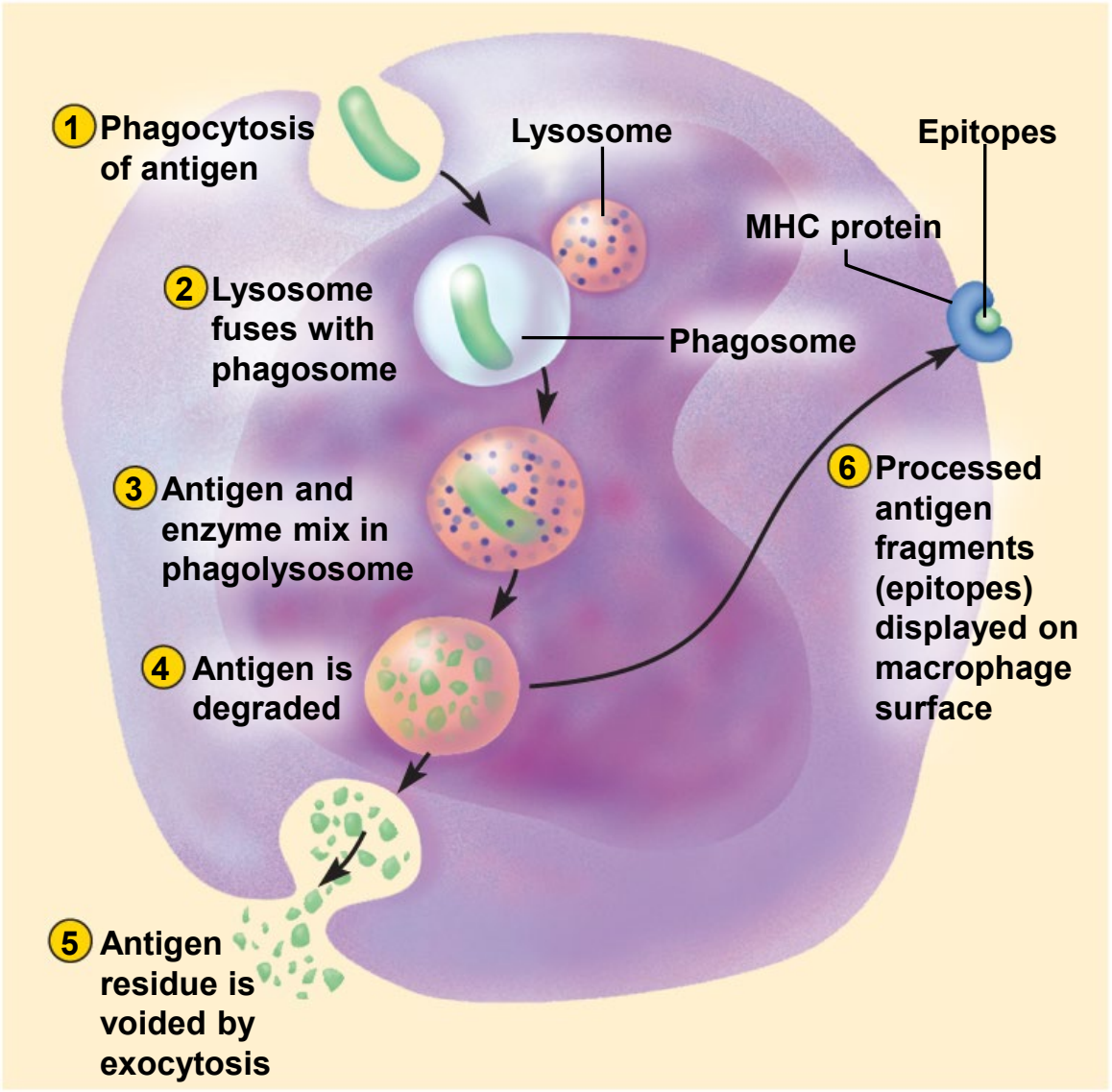
Infected body cells present endogenous antigens in association with MHC-I molecules

How Host Cells Process and Display Foreign Antigen Using MHC-I



Infected body cells present endogenous antigens in association with MHC-I molecules

How Do Antigen Processing Cells Turn Antigens into Epitope?



MHC protein may be either type-I or type-II

Macrophage and B cells have MHCP-II // both are APCs

Dendritic cells = APC and have both MHCP Class-I and Class II

Helper T-cells receptors only bind to MHC-II // must occur to activate H-Tc

Cytotoxic-T-cells receptors only bind to MHC-I // must occur to activate C-Tc // Dendritic cell activate C-Tc

NK cells receptors use different clusters of differentiation to recognize virus or cancer // when NK engage with markers take 3 days to reach peak activity

All nucleated host cells have only MHC-I

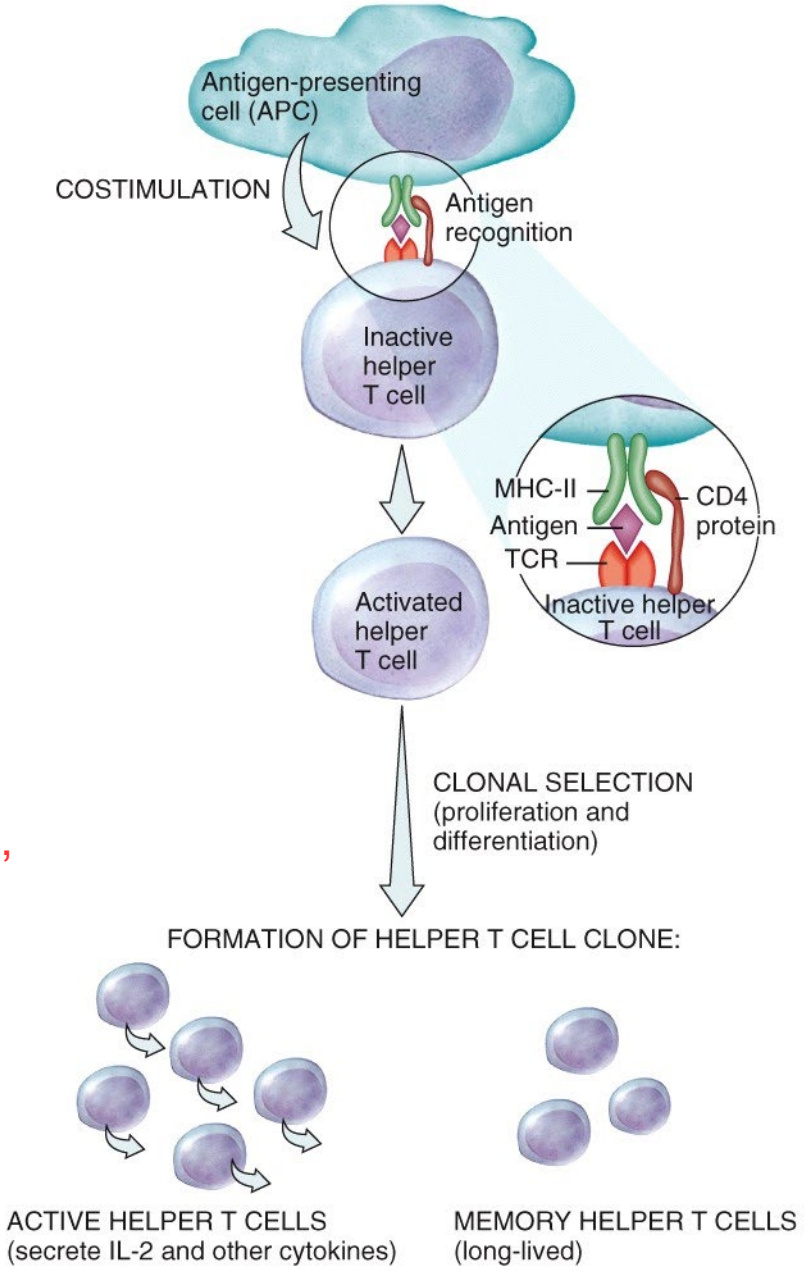
How Are hTc Activated?

Immune system must activate helper T cells using Antigen Presentation Cells // HTc have only receptors able to dock with APC with MHCP-II (APC maybe either Dendritic Cells or Macrophage)

Activated Helper T cell must secrete cytokines (interleukin 2) to complete the activation of both cytotoxic T cells and B cells.

Helper T cells cytokines also attract macrophage, NK cells, and other inflammation responses to area of the infection

Note: the CD4 protein on helper T Cell functions as a costimulatory factor in the activation of helper T Cell



How Are H-Tc Activated?

Helper T Cells receptors bind to the epitope-MHC-II-complex of an antigen presenting cell (APC) /// e.g. macrophage or dendritic cell.

The better option is activation by a “macrophage”! If APC docks to a macrophage, the macrophage secretes interleukin-1.

Now the activated H-Tc responds by secreting interleukin-2. Interleukin-2 stimulates macrophage to secrete more inerleukin-1. This creates positive feedback loop.

Macrophage continues to secretes more interleukin-1. This feedback loop also brings more immune cells into the area including NKC. T***his is a key step in the overall activation of acquired immunity.***

Advantage of hTc Activation by Macrophage

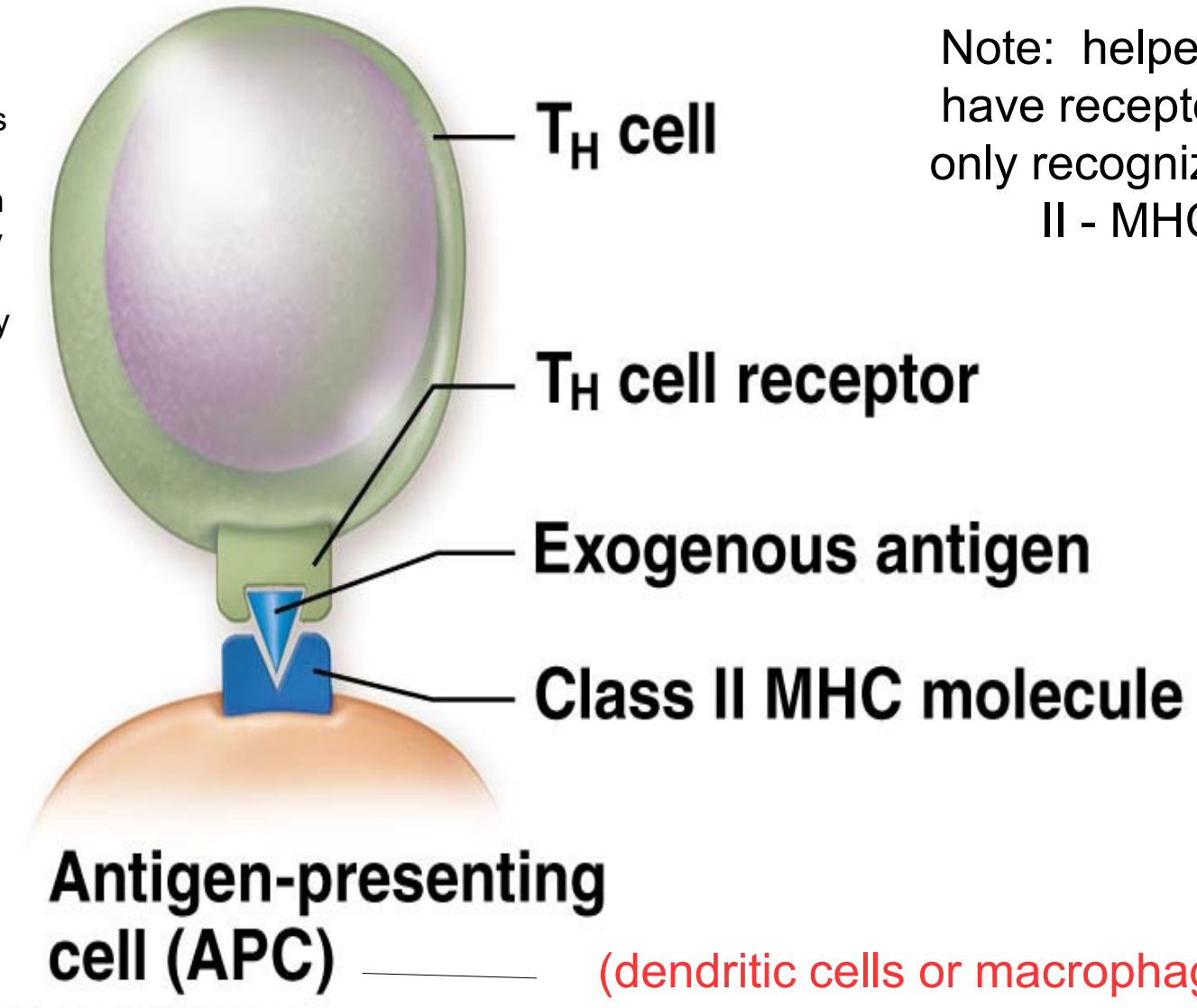
Macrophage activated Helper T Cells now themselves undergoes clonal selection. HelperTc continues to secrete interleukin-2 with following outcomes.....

- Make many more hTc (with same receptor type)
- H-Tc cytokines required to complete activation of cytotoxic Tc
- H-Tc cytokines required to fully activate B-cells to plasma cells
- Form memory H-T cells – saved and rest for future use
- Form regulatory T cells – controls intensity of immune response

Activated T Helper cells will also stimulate non-specific defenses. Stimulate more macrophage, more NK cells to emigrate into the area, and initiates inflammation

This is how a naive immunocompetent helper T cell is activated to initiate clonal selection.

After activation this H-Tc will secrete cytokines to complete activation of both cellular immunity (C-Tc) and humoral immunity (H-Tc)



Note: helper-Tcells have receptors that only recognize class II - MHCP

(dendritic cells or macrophage display class-II)

Activation of Cytotoxic T Cells

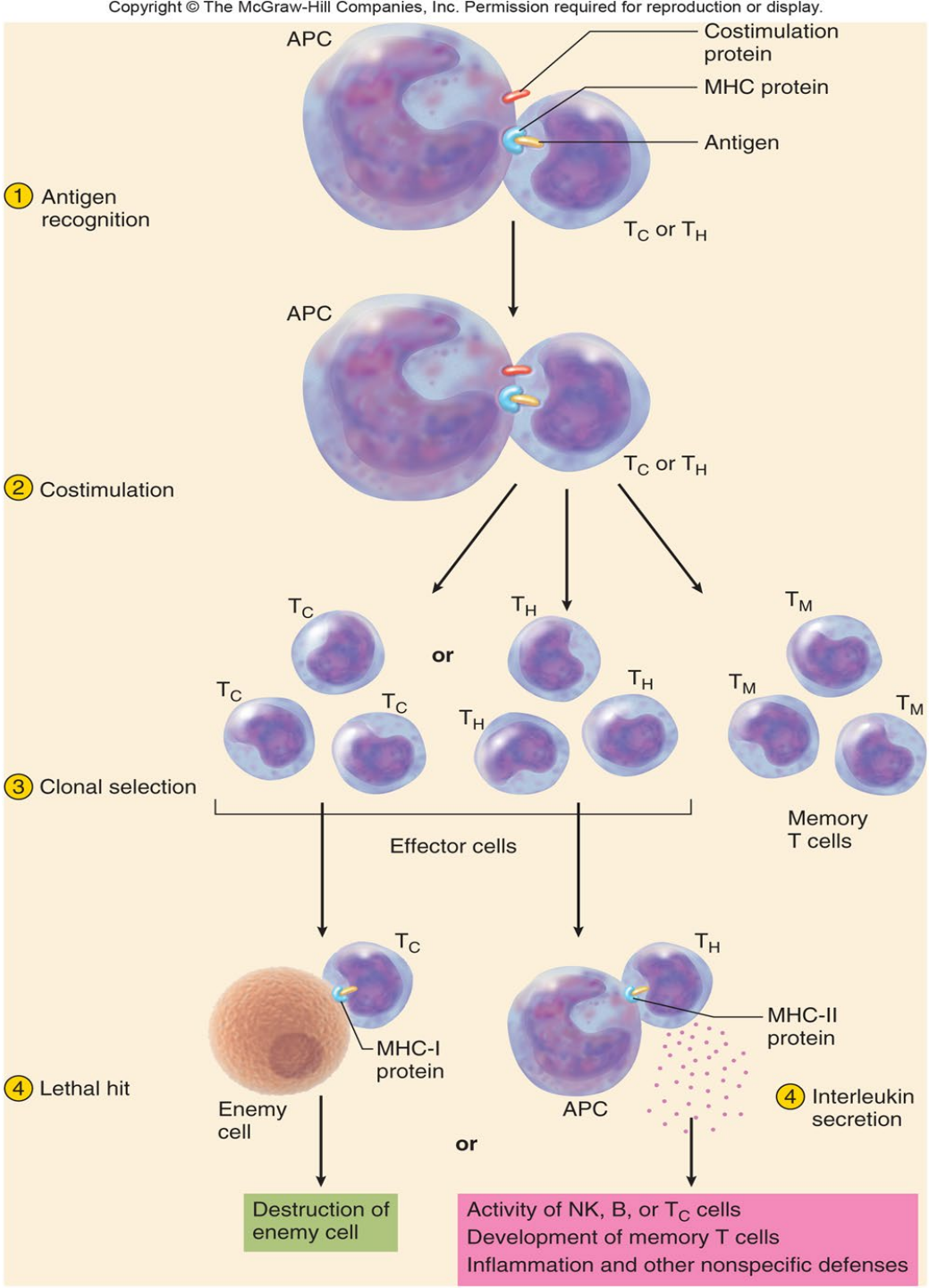
The first step to activate c-Tc (CD8) occurs when they bind to a dendritic cell that displays foreign epitope in Class-I MHC

Note CD8 protein on T cell binds to dendritic cell costimulation protein = "second check" for proper MHC-I receptor complex = called co-stimulation

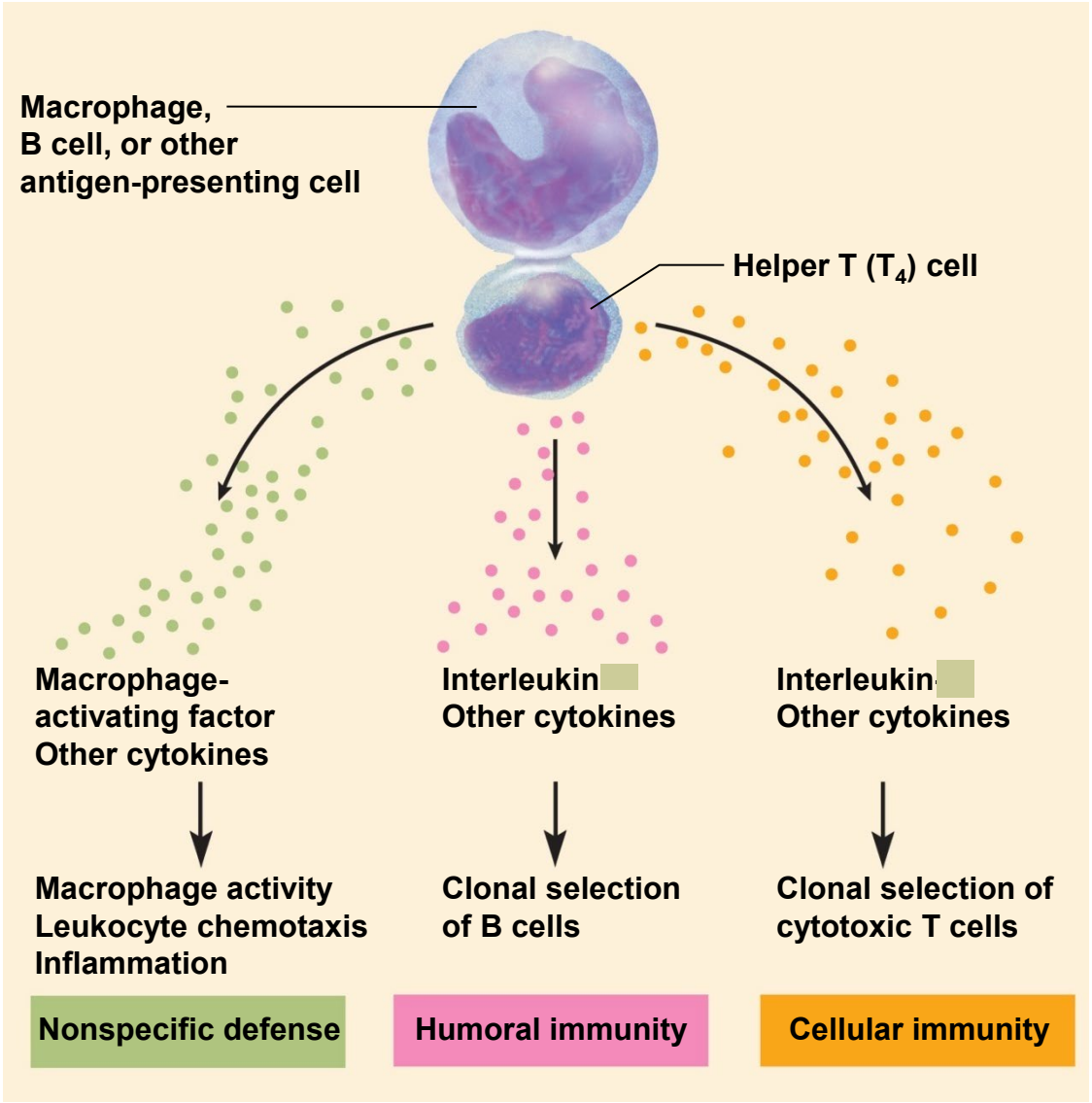
Now cytotoxic T cell (Tc) starts clonal selection and at same time makes memory Tc

Clonal selection make "attack" cytotoxic T cells /// These cytotoxic celsl = killer cells

These activated cytotoxic T cells are now able to dock and kill infected cells but still need a secretion of interleukin-2 from Helper-T cells (also activated by similar epitope)



Helper T Cell's Perform a Pivotal Role in all Three Forms of Immunity



Helper T Cells are required to activate humoral and cellular immunity

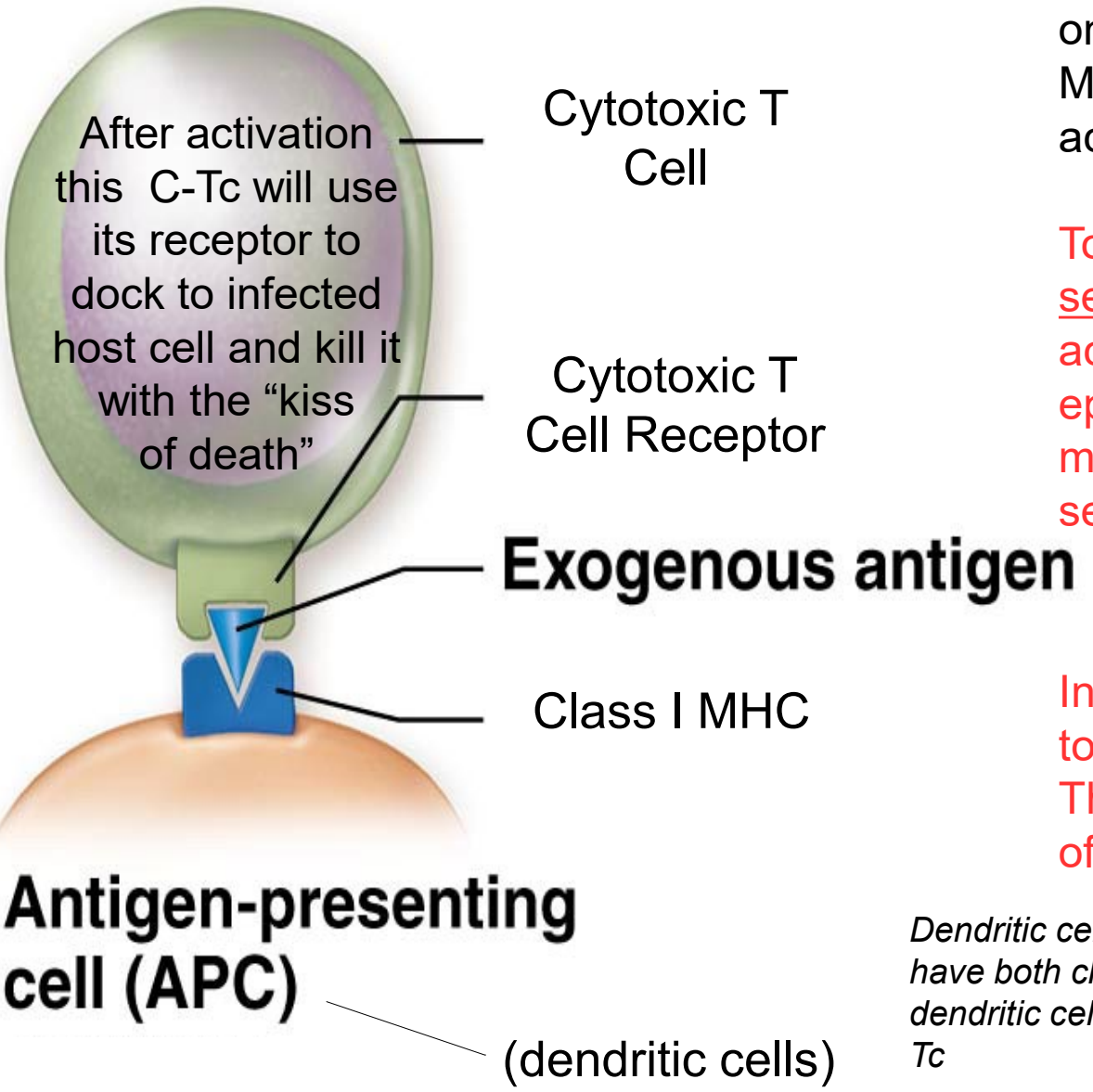
Helper T cells are also required to initiate nonspecific defenses

TH Cells release cytokines that increase the activity of macophage, leukocyte chemotaxis and inflammation.

Without activated H-Tc you will lack both the 2nd and 3rd line of defenses against pathogens!

What is left?

This is how a naive cytotoxic T cell is activated and initiates clonal selection.



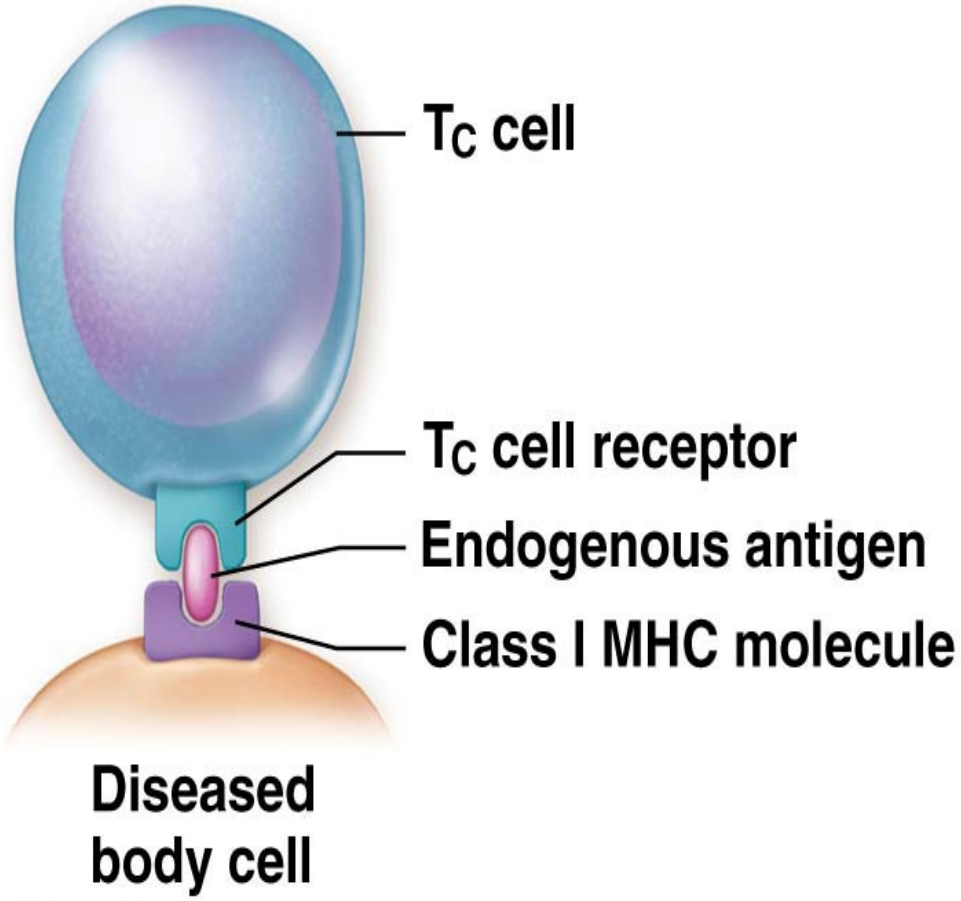
Naive C-Tcells receptors only recognize class I-MHCP // must be activated by dendritic cell

To complete clonal selection of C-Tc // activated H-Tc (by same epitope in a separate mechanism) must secrete interleukin 2

Interleukin 2 is required to start clonal selection // This complete activation of C-Tc

Dendritic cells are unique because they have both class I and class II MHCP // dendritic cells can activate both C-Tc and H-Tc

Activated cytotoxic T cell may now dock to infected host cells that display pathogen's epitope in class 1 MHCP



After a Cytotoxic-T cell is activated and undergoes clonal selection the host will now have millions of “killer” cytotoxic-T-cells

These fully activated C-Tc may now directly dock onto diseased body cells showing epitope in class-I-MHC

After docking the C-Tc gives the host cell the “kiss of death”

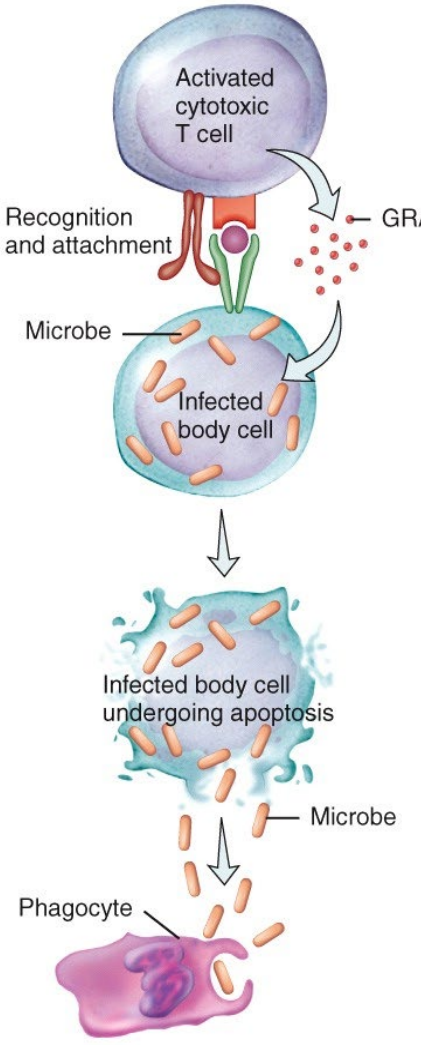
Endogenous means these proteins are from the host cells' cytoplasm

The Kiss of Death Delivered by the Cytotoxic T Cells

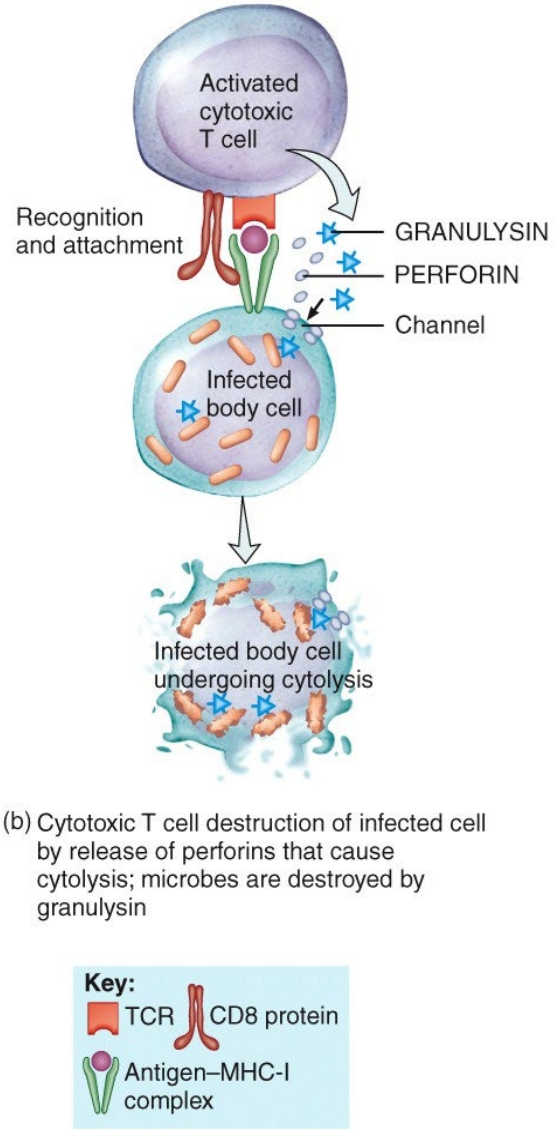
This is the react stage of the “three R”

Two different methods maybe used to destroy infected cells with endogenous foreign antigen

There is also a third way for C-Tc to kill host cells /// releasing massive amounts of cytokines (e.g. cytokine storm)

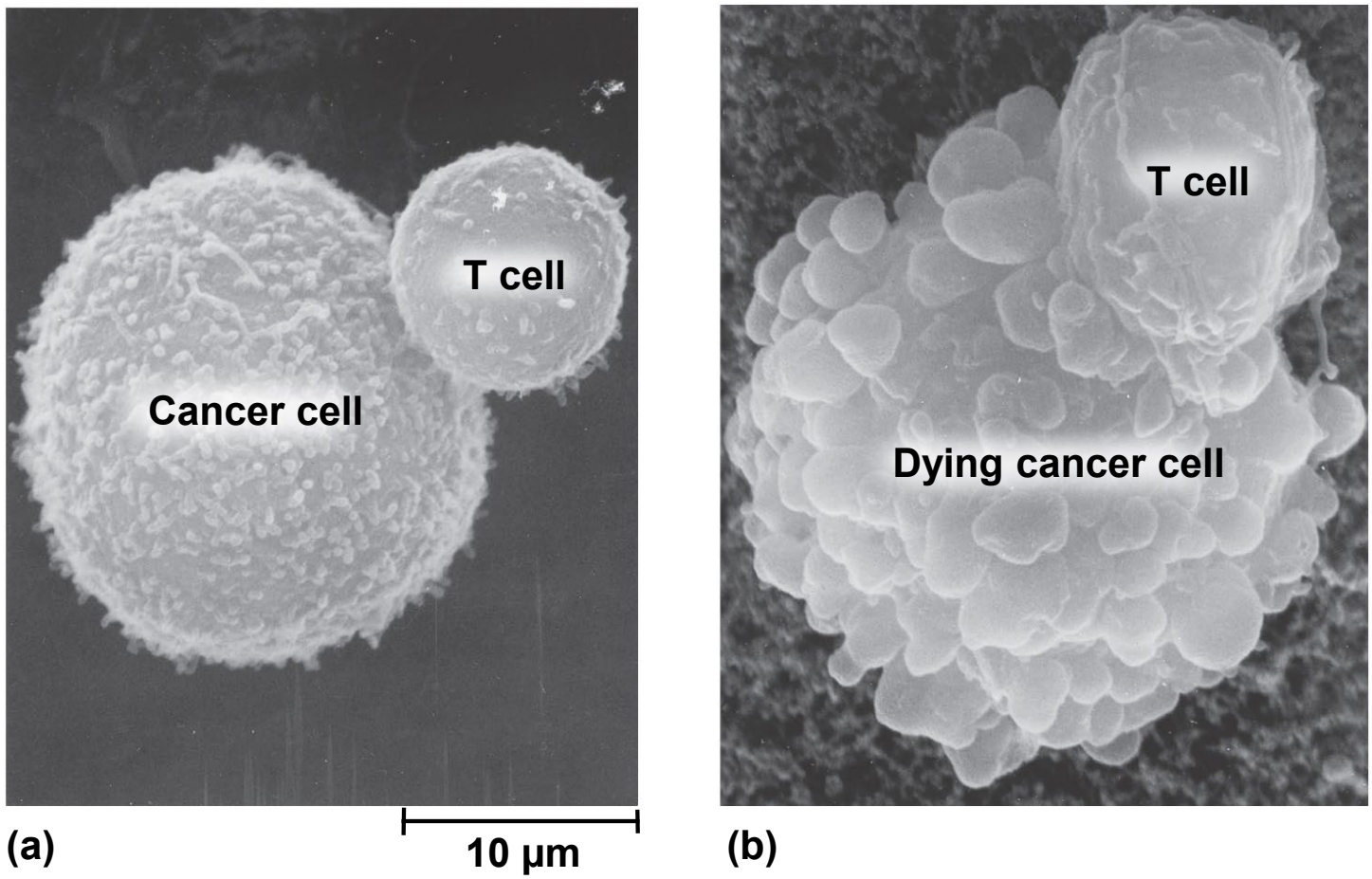


(a) Cytotoxic T cell destruction of infected cell by release of granzymes that cause apoptosis; released microbes are destroyed by phagocyte



(b) Cytotoxic T cell destruction of infected cell by release of perforins that cause cytolysis; microbes are destroyed by granulysin

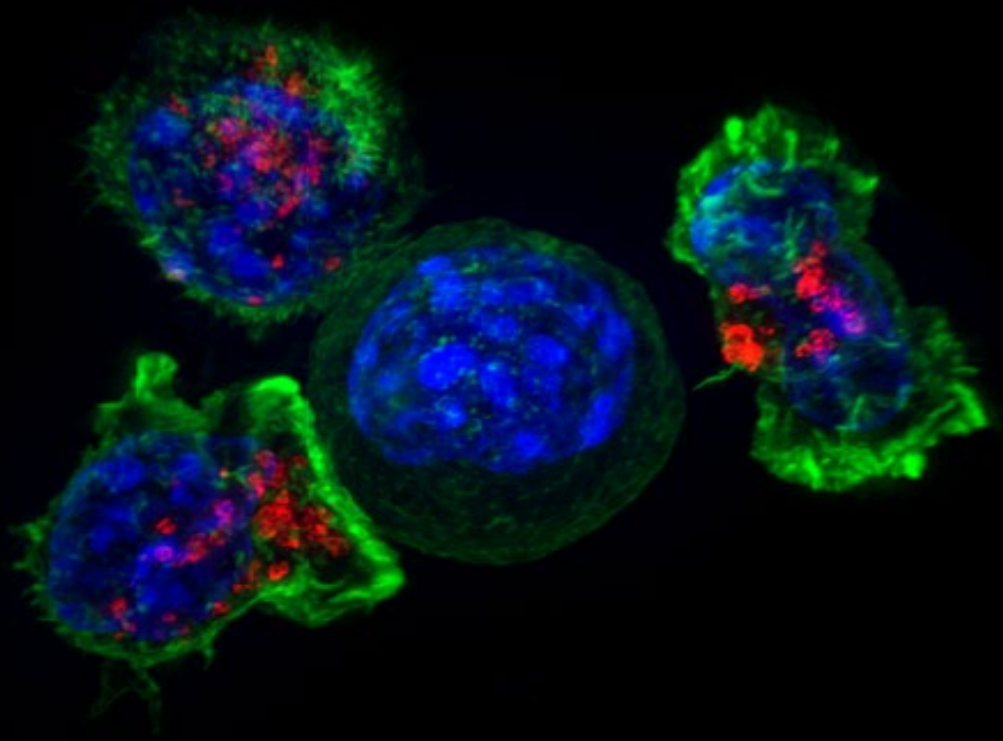
Cytotoxic T Cell Function



Dr. Andrejs Liepins

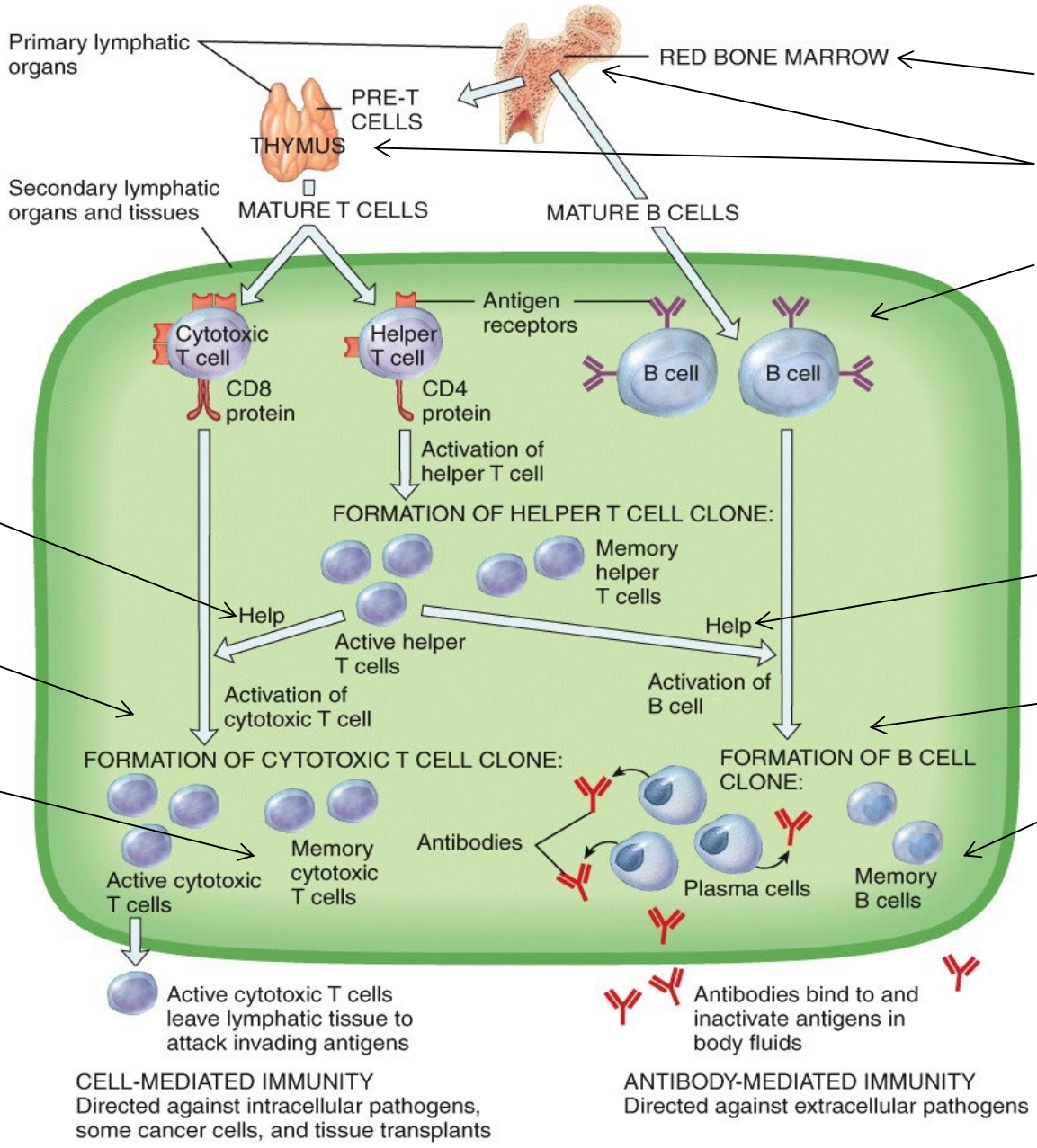
•cytotoxic T cell binding to cancer cell

Cytotoxic T Cells Attacking Cancer Cell



In this immunofluorescence image, a group of killer T cells (outer three) are engaging a cancer cell (center

Outline for the structure and function of acquired immunity.



Born

Educated

Deployed

(Deployed as naive immunocompetent cells)

ACTIVATE To

Recognize

React

Remember

Recognize

React

Remember

How are B cells activated?

Humoral immunity requires the action of B cells

There are different classes of B cells (plasma cells, memory B cells, regulatory B cells)

Each class has a special function

*B cells change into plasma cells /// P**lasma cells make antibodies** (B cells do not make antibodies) // each plasma cell make 2,000 antibodies per second for approximately 7 days*

Antibodies attach to foreign antigen /// render foreign antigen harmless and tag pathogen for destruction

Note: antibodies don't kill anything /// antibodies activate complement and complement kills the pathogen

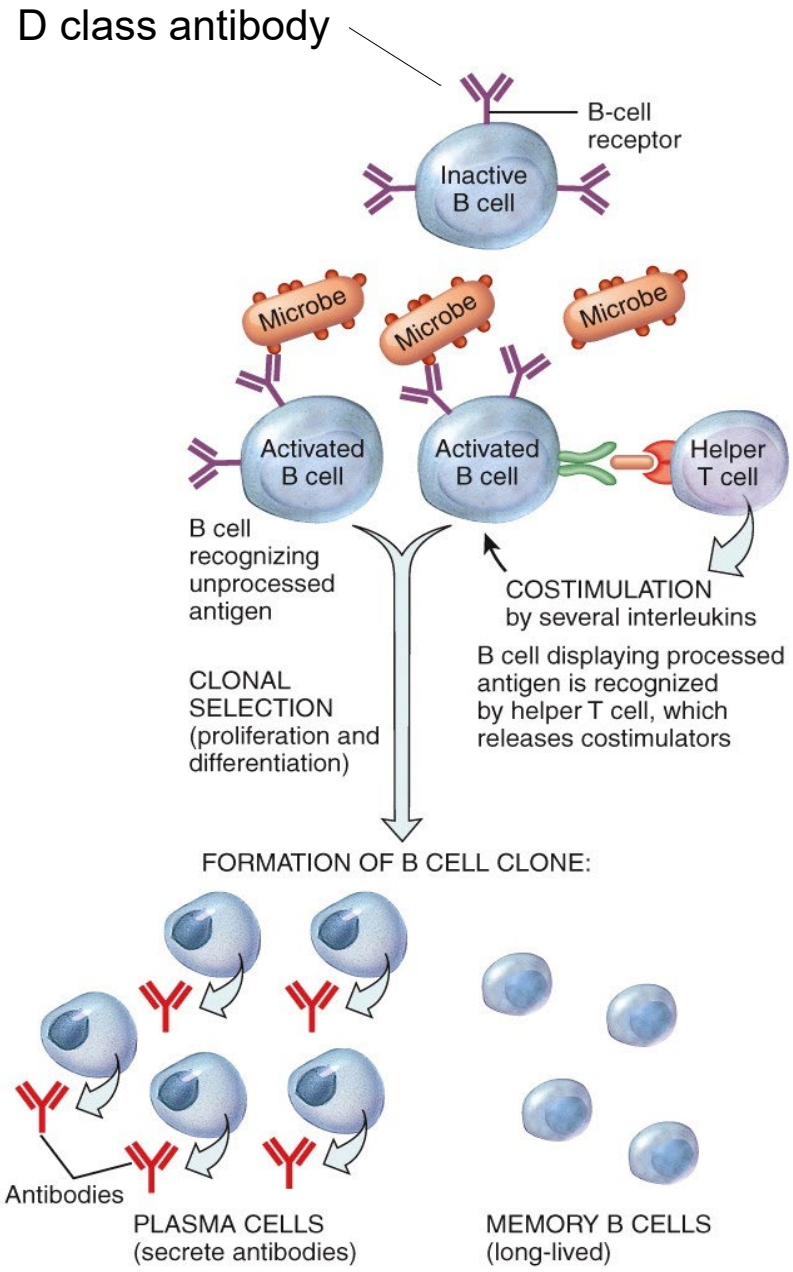
Activation of B Cells

The B cell "recognition" process for activation is different than the Tc process.

Naïve immunocompetent B cells have two distinct activation pathways with different outcomes // H-T cell dependent and H-T cell independent.

If B cells enter clonal selection without the Helper T cell – (no costimulation known as H-T cell independent) then… /// the B cell activation is less robust /// results in fewer plasma cells and less antibodies /// but no B memory cells are formed

If B cells enter clonal selecton with the assistance of Helper T cells – with costimulation - then.... /// stronger response with many more plasma cells formed, more antibodies formed and memory B cells formed.



Activation of B Cells

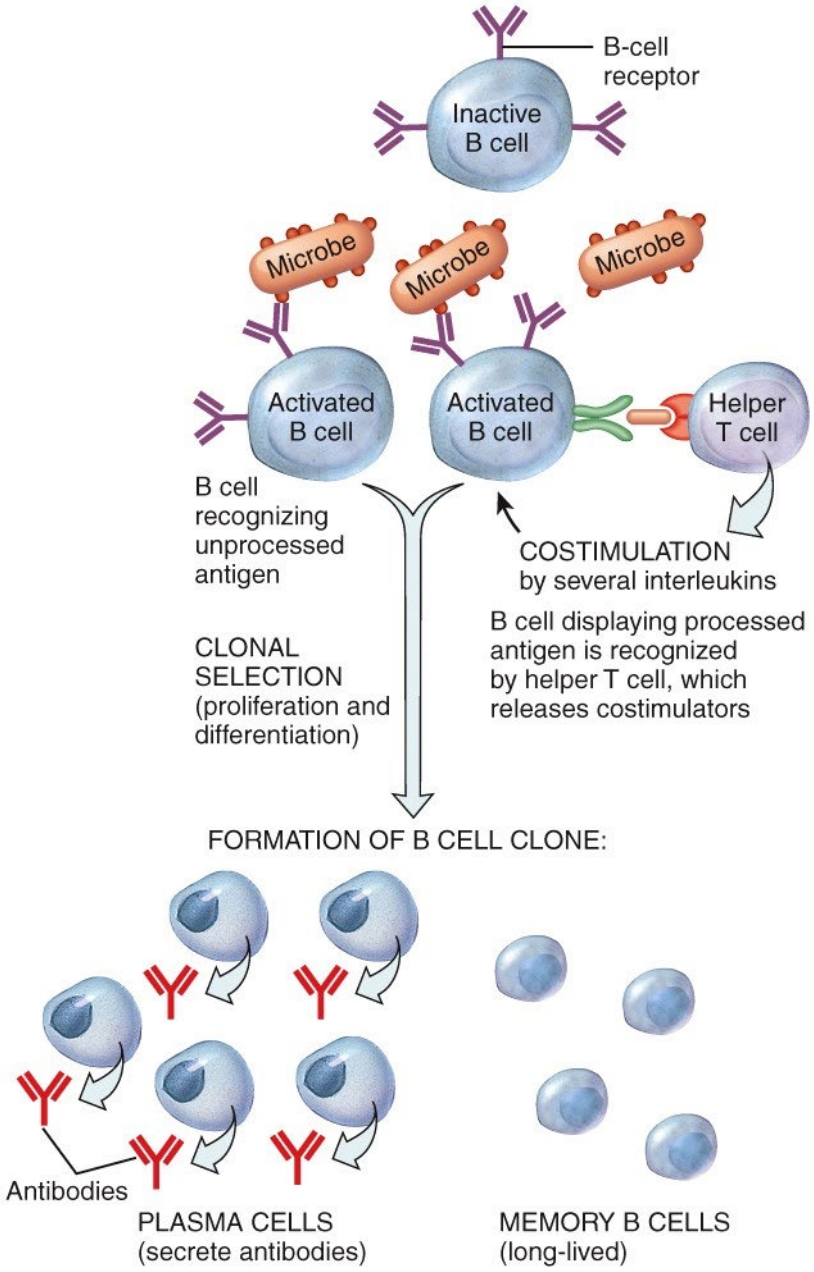
First step in “recognition” (activation) is pathogen binds to a B cell receptor.

B cell now will act as an APC and engulphs pathogen /// processes antigen and presents epitope on its plasma membrane

Previously activated Helper T cell with similar pathogen now binds its T cell receptor with MHCP-II-epitope complex (second step)

If Helper T cell and B cell complex receives interleukin 2 and other secretions from T_H ithen B celll undergoes costimulation

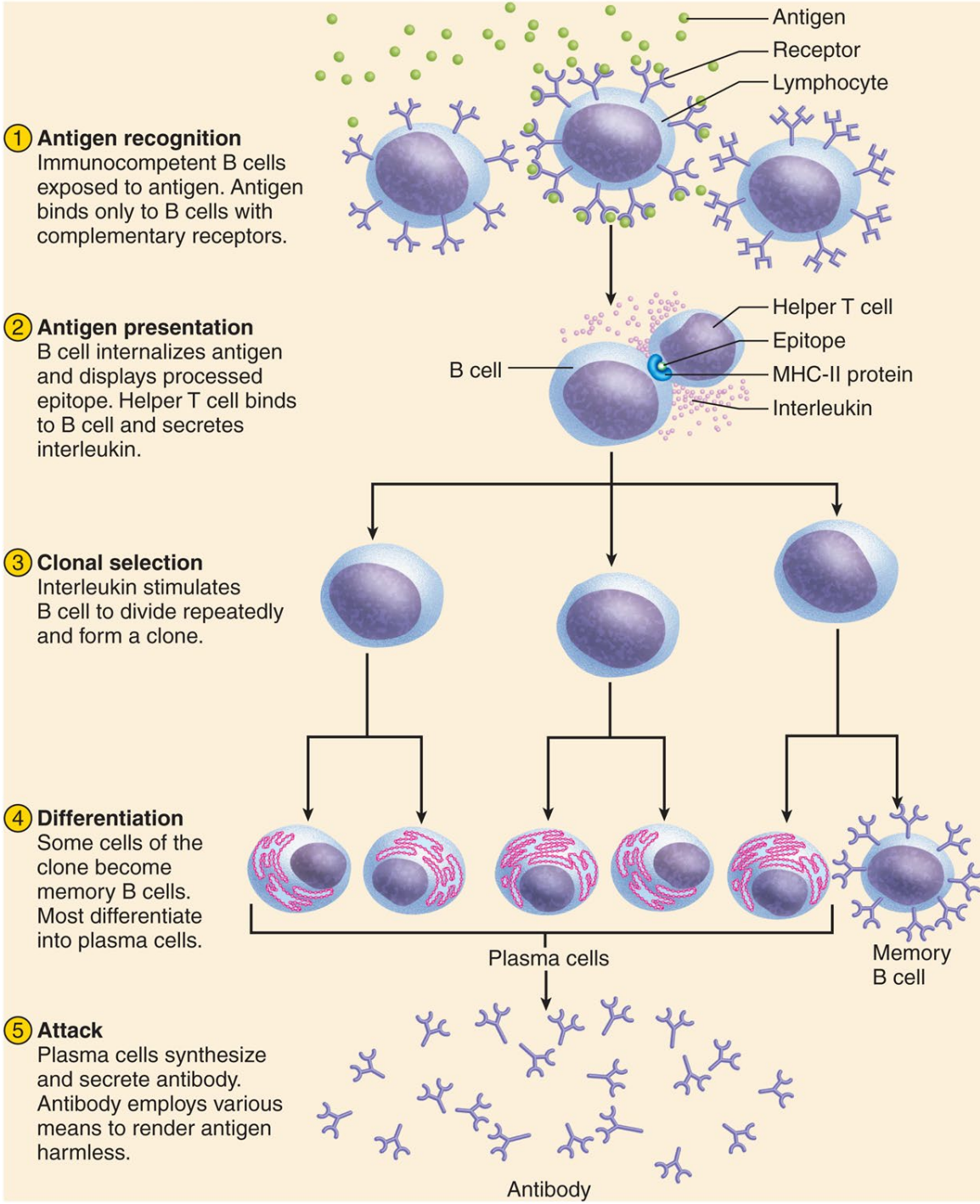
Plasma cells and memory B cells formed // Plasma cells make 2,000 antibodies per second per cell for 7 days.



B Cells to Plasma Cells

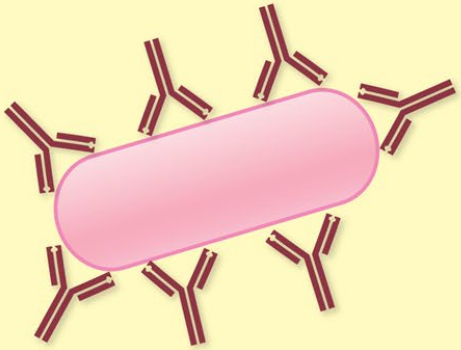
Plasma cells make Antibodies

What are the functions of antibodies? (see next slide)

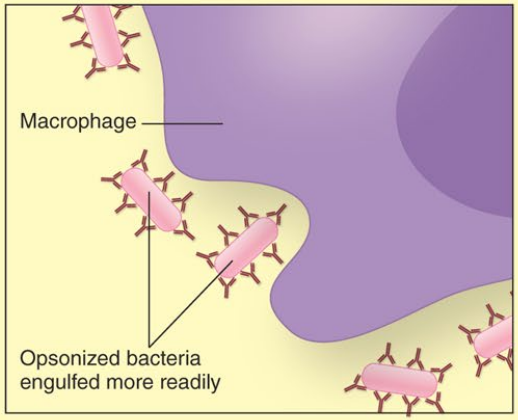


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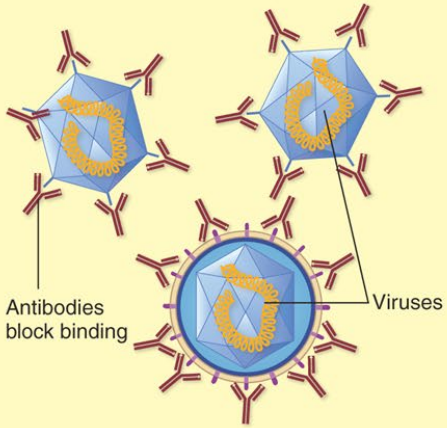
Table 13.7 Summary of Antibody Functions



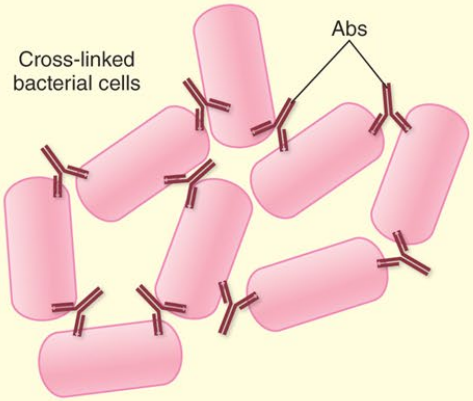
Antibodies coat the surface of a bacterium, preventing its normal function and reproduction in various ways.



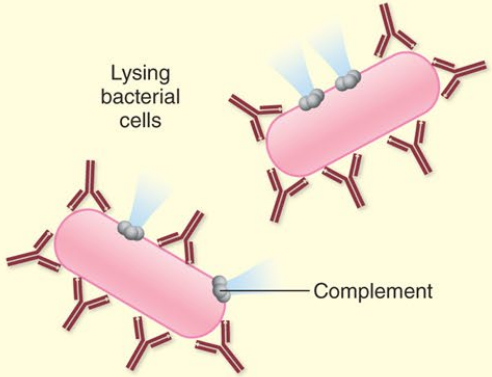
Antibodies called opsonins stimulate **opsonization** (ahp″-son-uh-zaz′-shun), a process that makes microbes more readily recognized by phagocytes, which dispose of them. Opsonization has been likened to putting handles on a slippery object to provide phagocytes a better grip.



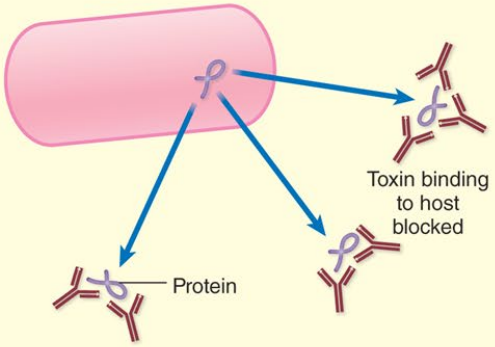
In **neutralization** reactions, antibodies fill the surface receptors on a virus or the active site on a microbial enzyme to prevent it from attaching normally.



The capacity for antibodies to aggregate, or **agglutinate,** antigens is the consequence of their cross-linking cells or particles into large clumps. Agglutination renders microbes immobile and enhances their phagocytosis. This is a principle behind certain immune tests discussed in chapter 15.

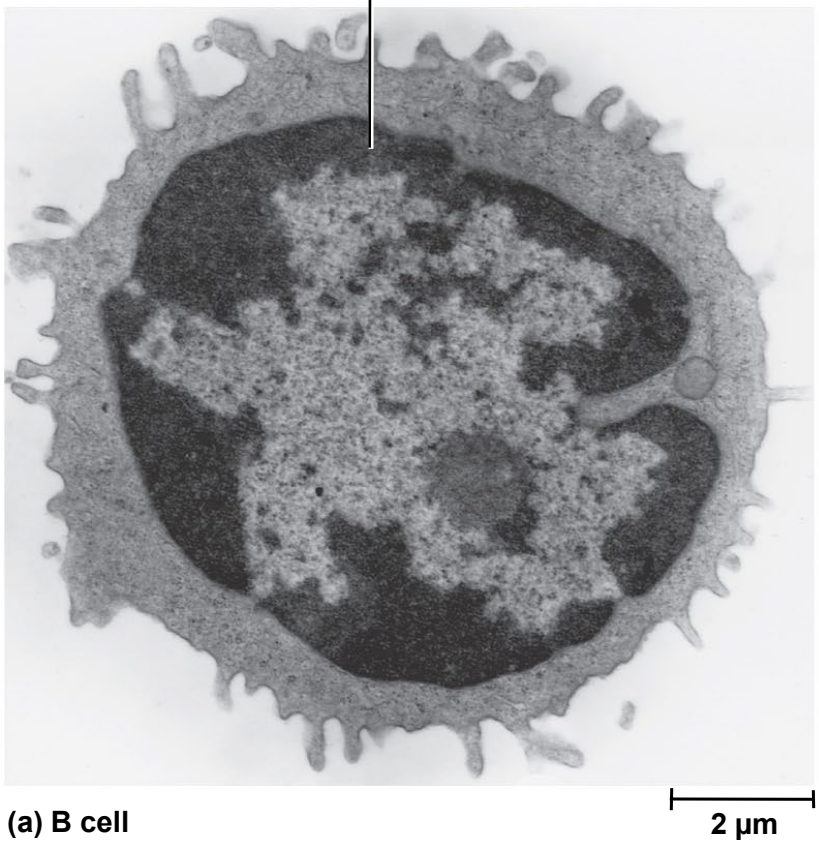


The interaction of an antibody with complement can result in the specific rupturing of cells and some viruses.

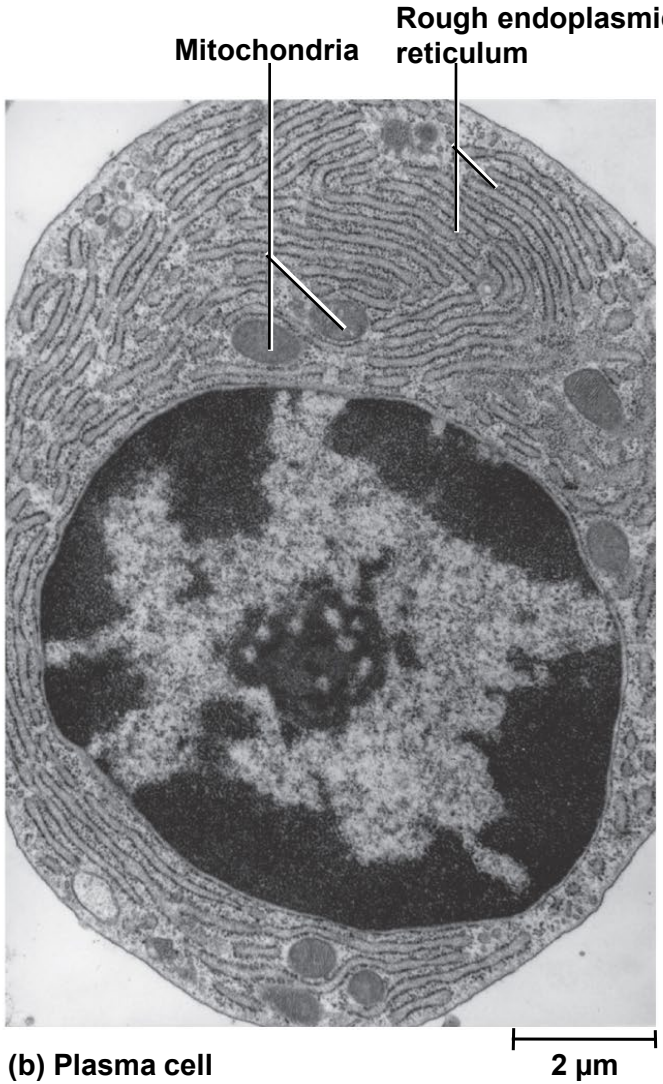


An **antitoxin** is a special type of antibody that neutralizes bacterial exotoxins.

B cells to Plasma cells



(a) B cell



(b) Plasma cell

Can you explain the structure and function relationship?

M Cells of the GI Tract

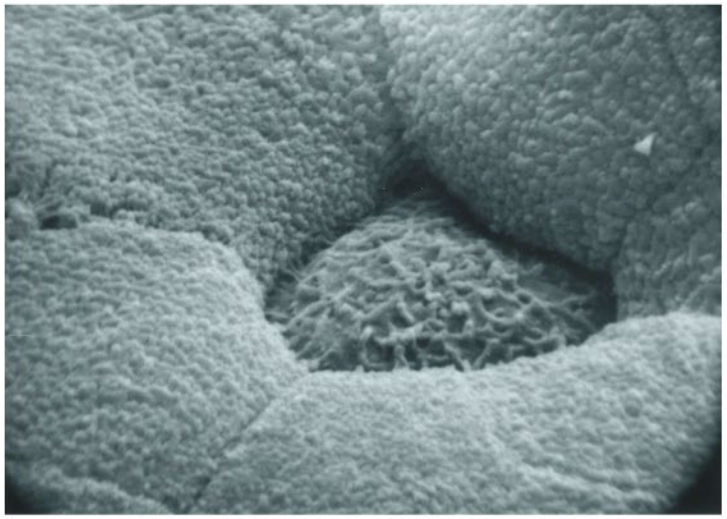
This is how immune cells try to find out (i.e. recognize) what type of pathogens may “break into” the sterile compartments of your body.

Immune system recognize bacteria before they are in our bodies

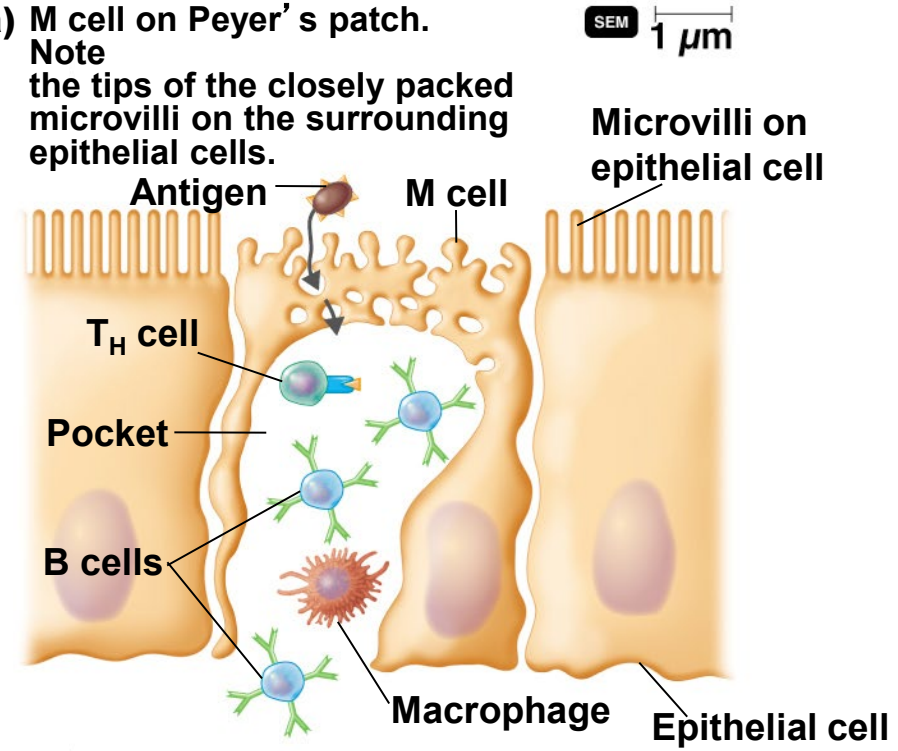
Prepare memory cell defense against bacteria.

Tonsils have a similar function in bucal cavity!

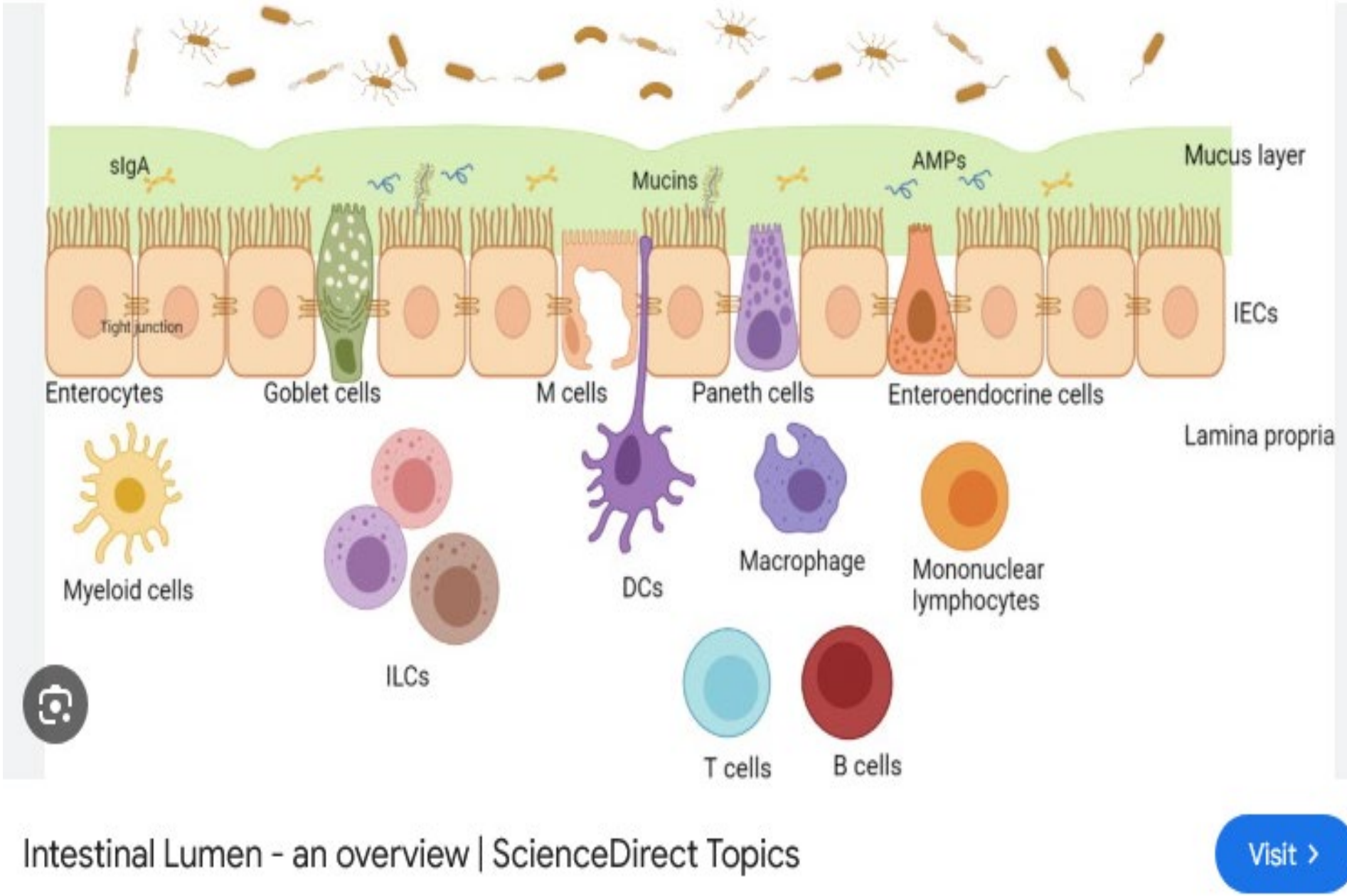
SigA = secretory immunoglobin A



(a) M cell on Peyer’s patch. Note the tips of the closely packed microvilli on the surrounding epithelial cells.



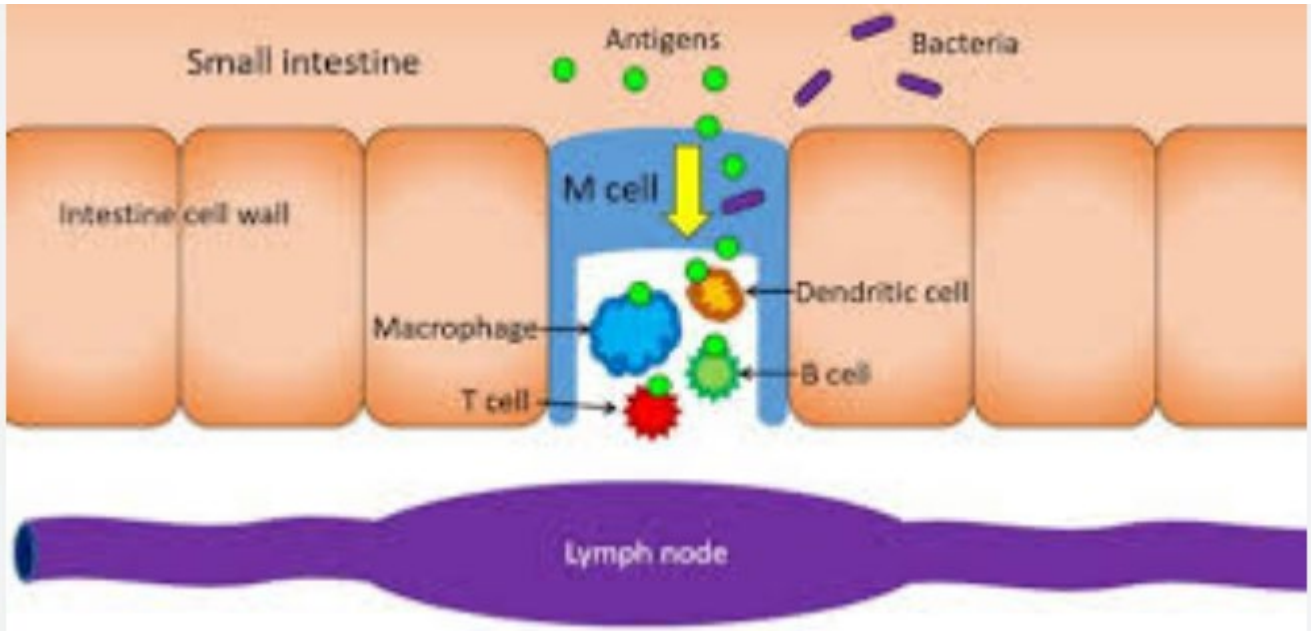
(b) M cells facilitate contact between the antigens passing through the intestinal tract and cells of the body’s immune system.

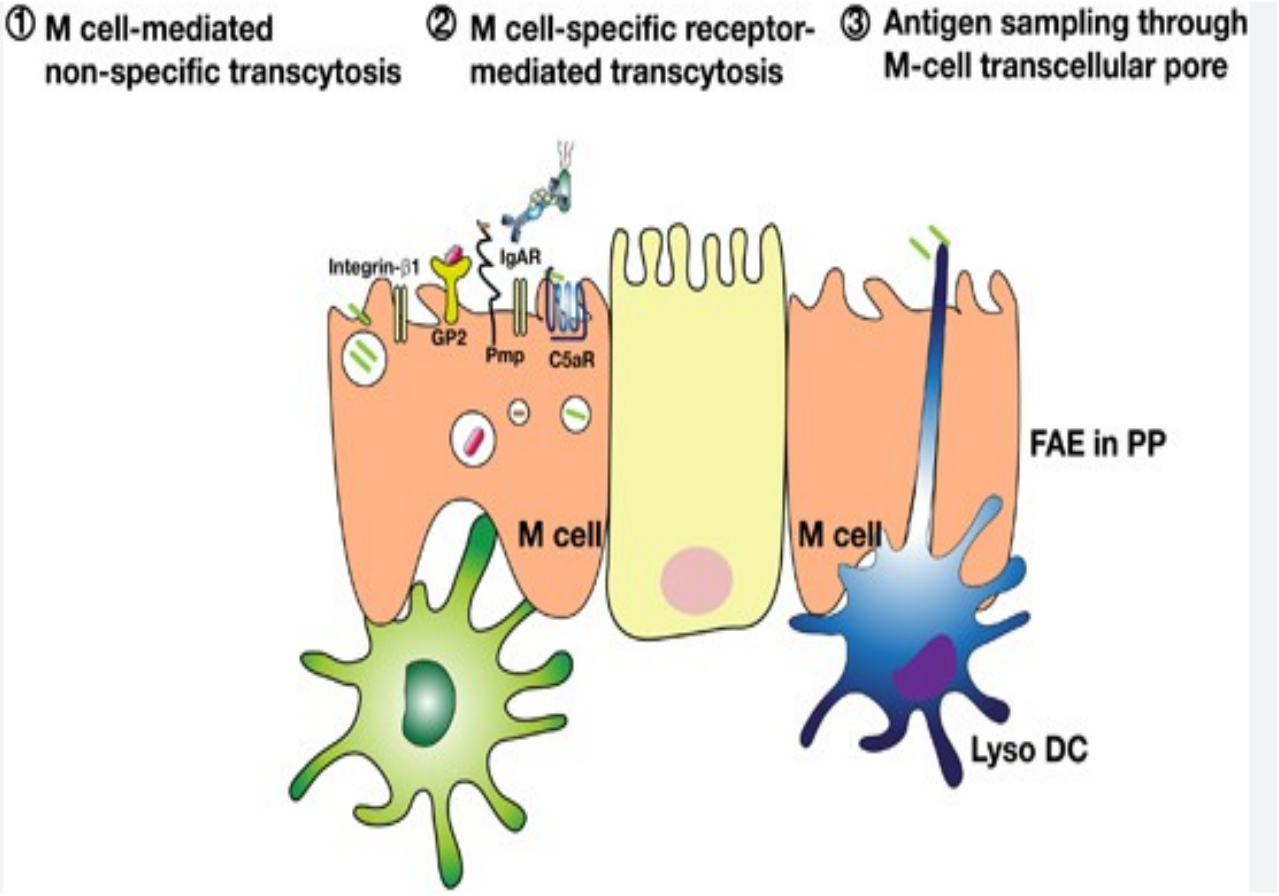


Intestinal Lumen - an overview | ScienceDirect Topics

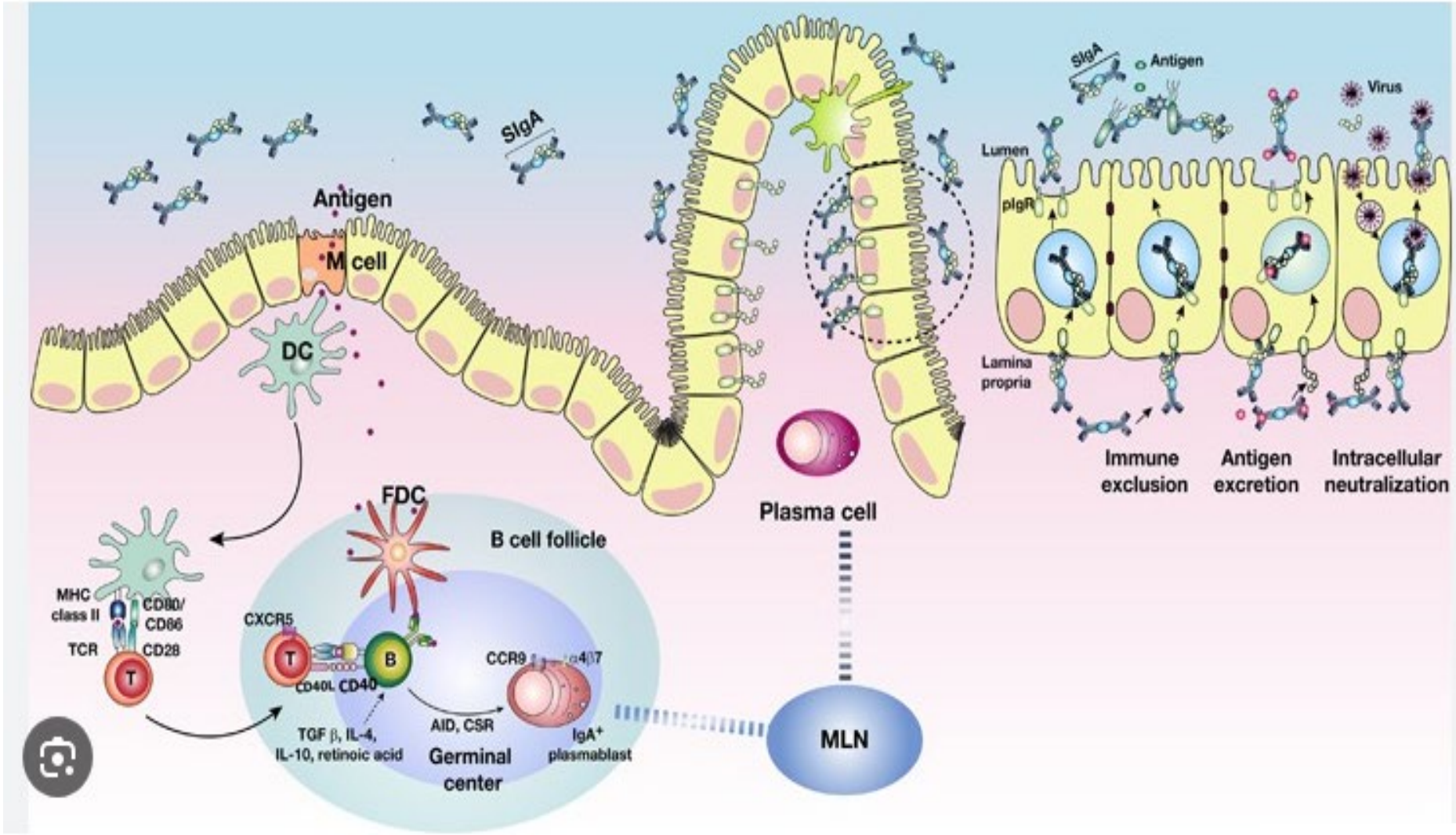
Visit ›

Note: tight junctions between epithelial cells. Function?

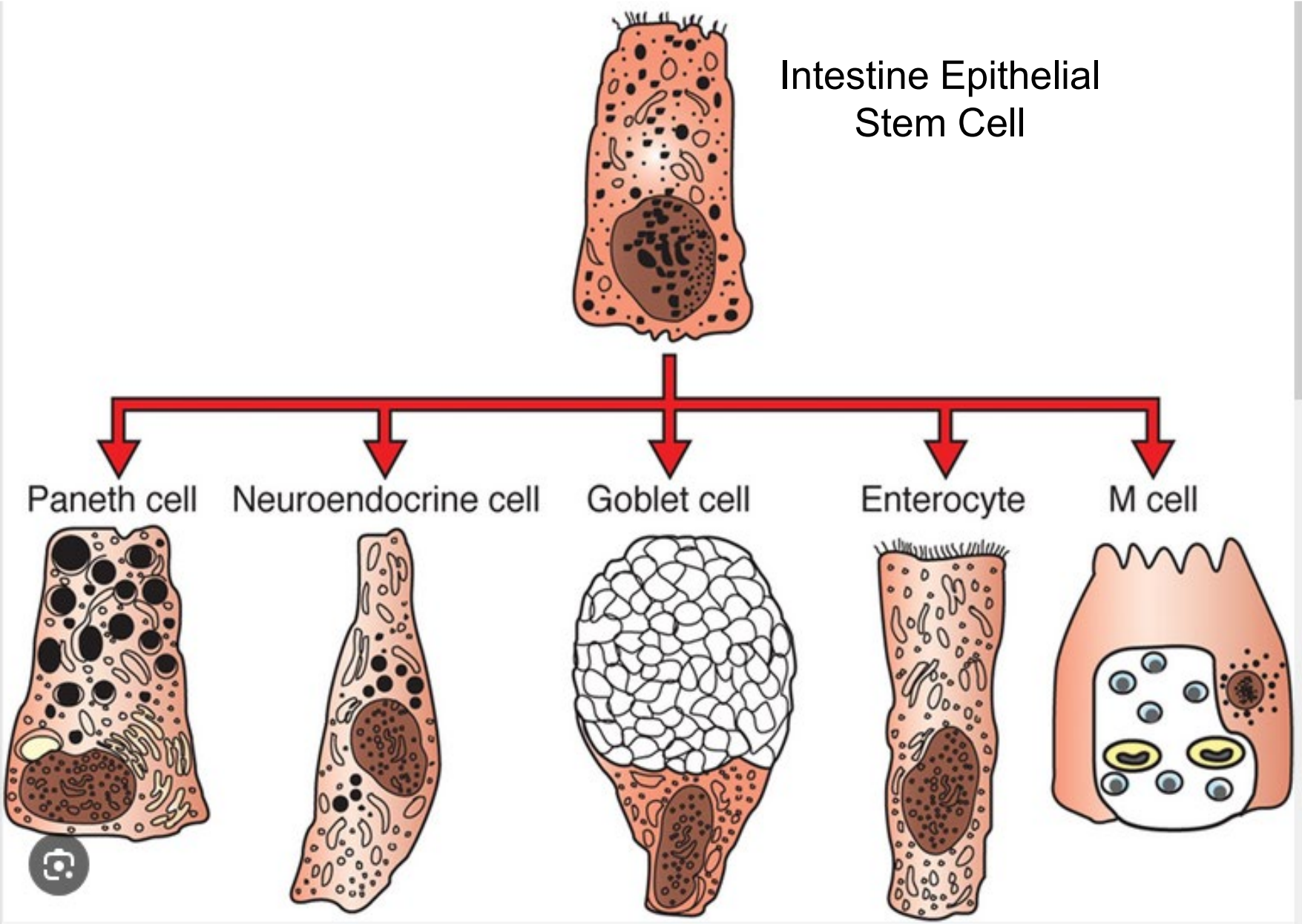

Small intestine
Antigens
Bacteria
Intestine cell wall
M cell
Dendritic cell
Macrophage
B cell
T cell
Lymph node



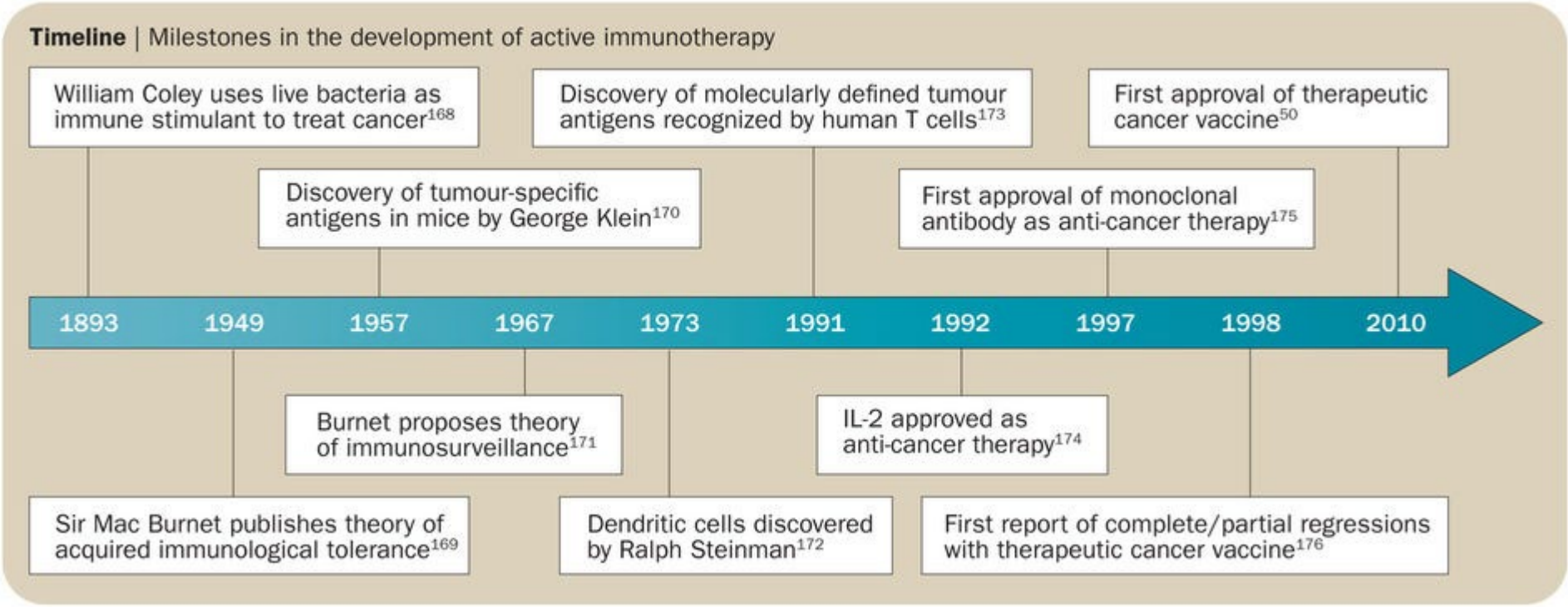
Antigen targeting to M cells for enhancing the efficacy of mucosal vaccines | Experimental & Molecular Medicine



Antigen targeting to M cells for enhancing the efficacy of mucosal vaccines | Experimental & Molecular Medicine


Intestine Epithelial Stem Cell
Paneth cell
Neuroendocrine cell
Goblet cell
Enterocyte
M cell

The History of Immune Therapy



Three Immune Strategies

The Old Strategy was surgery, radiation or chemo-therapy // (This was never a cure.)

Some cancer cells always survived and eventually came back to form a new cancerous mass.

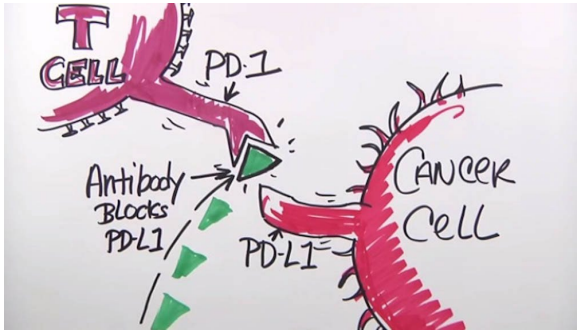
Today's New Strategy
Immuno-oncology

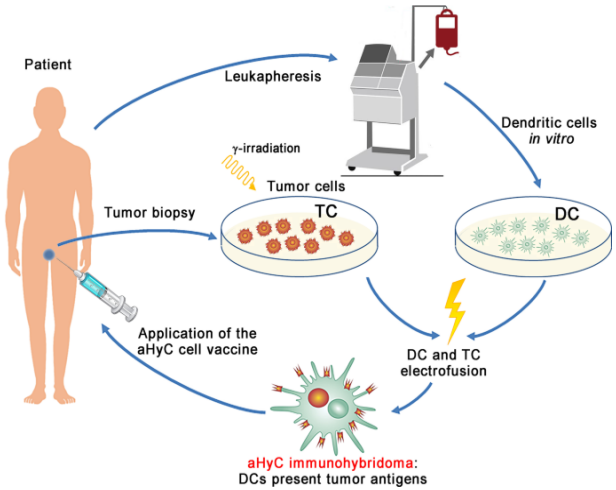
Using the specificity and memory of the immune system we may now have a cure for some forms of cancer.

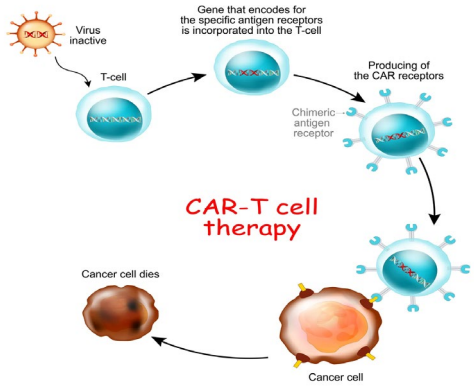
Checkpoint Inhibitors

Dendritic Cell Vaccine

CAR-T Cells







How Can We Use Our Knowledge of the Immune System to Cure Cancer

For decades we have tried to cure cancer with surgery, radiation, and chemotherapy. These options have often caused significant damage to the patient and failed to eliminate all the cancer cells. It never provided a lasting cure.

Today we are on the threshold of understanding how to use our cytotoxic T cells and antibodies to cure many forms of cancer.

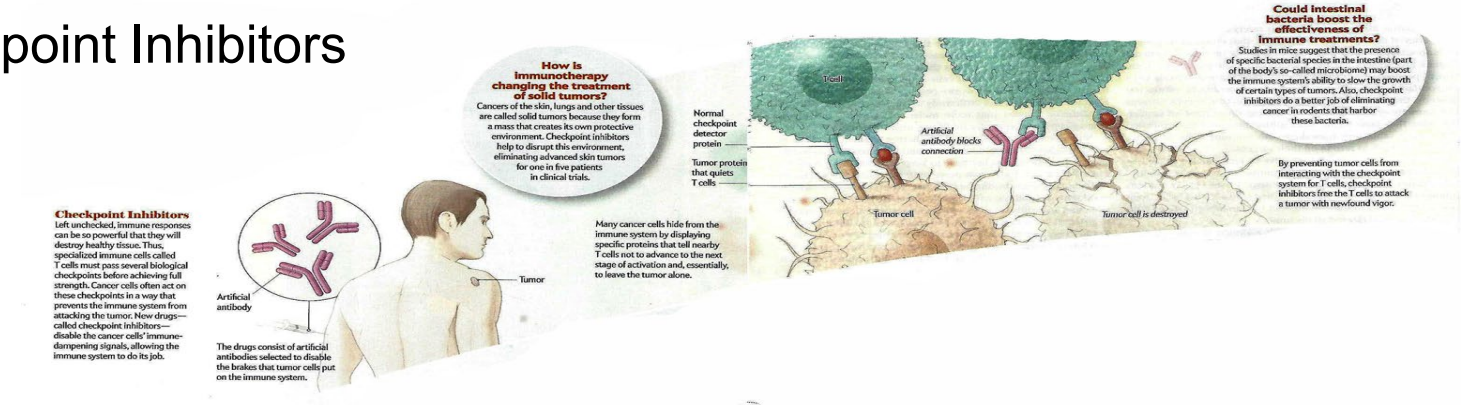
Cancer immunotherapy can leverage our knowledge about the immune system to direct the immune system cells to identify “specific types of molecules only found on cancer cells” and to kill these cells. We are also able to inhibit cancer cell's ability to turn off our immune cells from attacking cancerous cells.

Immunotherapy targets and kill only cancer cells. Not healthy host cells.

These new therapies now offer some people diagnosed with cancer a real cure.

Three New Therapies = Checkpoint Inhibition, Dendritic Cell Vaccines, and CAR T Cells

Checkpoint Inhibitors



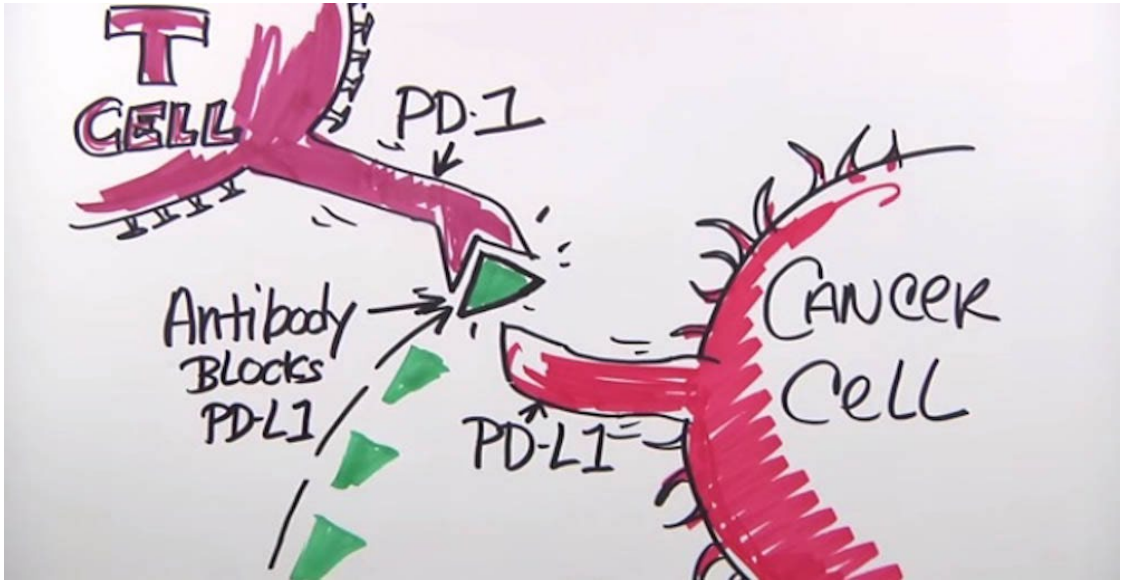
Left unchecked, immune responses can be so powerful that they will destroy healthy tissue. Thus, specialized immune cells called T-cells must pass several biological checkpoints before achieving full strength. Cancer cells often act on these checkpoints in a way that prevents the immune system from attacking the tumor.

New drugs called checkpoint inhibitors, disable the cancer's immune dampening signals to allow the immune system to do its job. Checkpoint inhibitors are “designed antibodies” made to disable the “T cell checkpoint” that tumor cells use to suppress our immune response to cancer.

Many cancer cells hide from the immune system by displaying specific proteins that tell nearby T cells not to advance to the next state of activation and essentially, to leave the tumor alone. By preventing tumor cells from interacting with the checkpoint system for T cells, checkpoint inhibitors free the T cells to attack a tumor with newfound vigor.

Cancer of the skin and other tissue are called solid tumors and create its own protective environment. Checkpoint inhibitors disrupt this environment to eliminate these solid tumors in 20% of early clinical trials. Current therapy outcomes are even higher.

Checkpoint Inhibitors



PD1 is a receptor on the T cell to inhibit the cytotoxic-Tc response (it is like a brake that our immune system's regulatory T cells may use to regulate how aggressive the cTcell response will be)

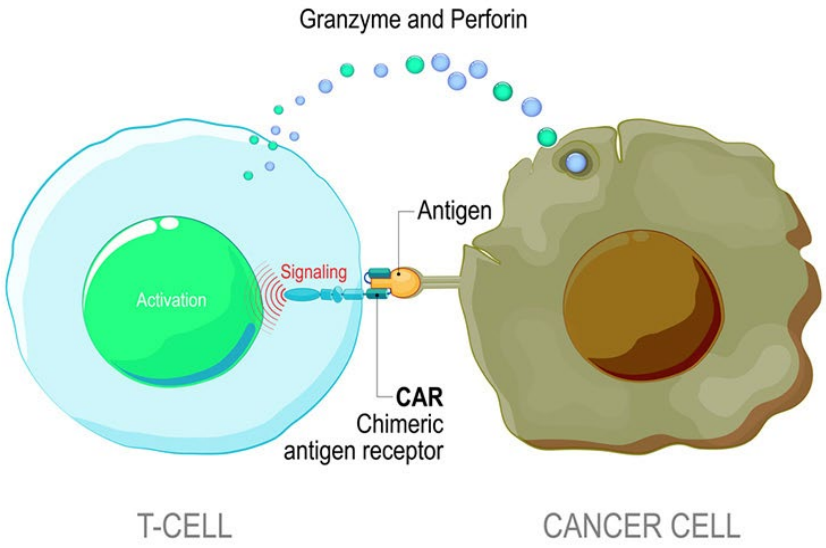
Cancer cells have evolved a ligand PD-L1 to the PD1. If the PD-L1 cancer ligand binds to the cTcell, then the cTc will not be able to bind to and kill the cancer cell.

Checkpoint inhibitors are monoclonal made antibodies used to mask either the PD1 site, PD-L1, or both.

Now the cTcell is able to freely attack the cancer cell.

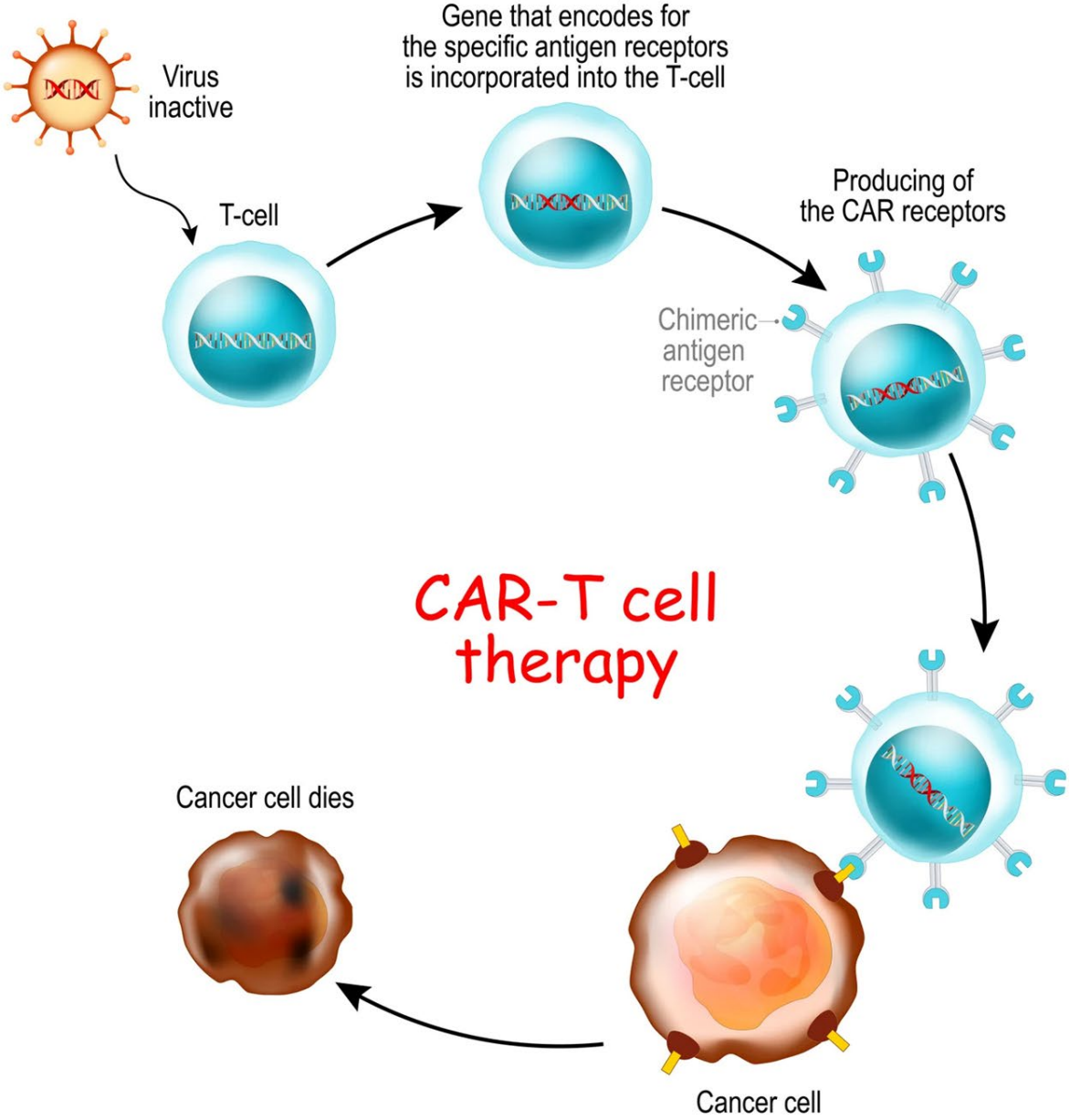
The Second Immunotherapy

CAR T-cell therapy

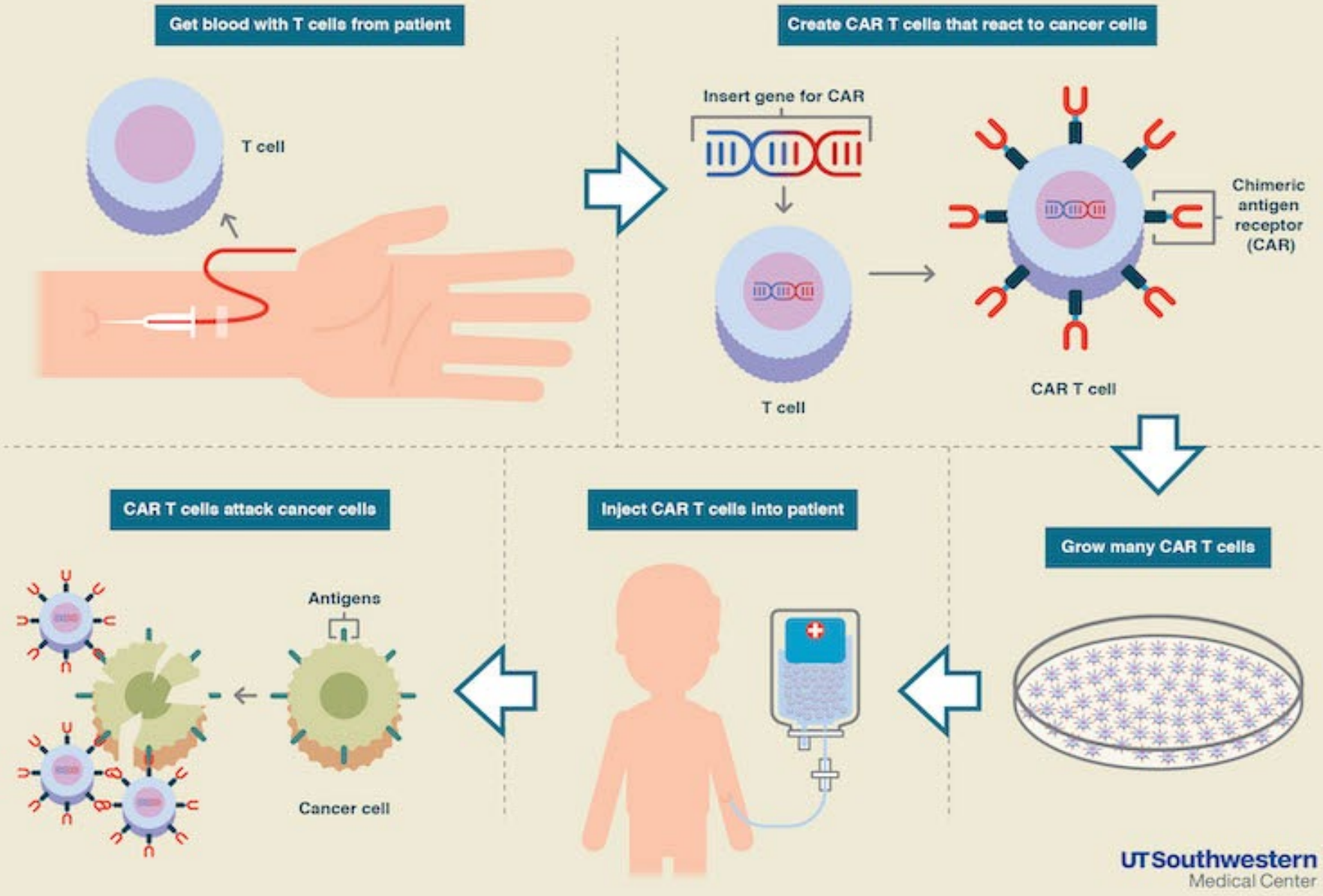


Chimeric antigen receptor cells (CAR-T Cells)

> Identify a unique antigen on the membrane of the cancer cell.
> Design a receptor to bind to the cancer antigen then make a mRNA molecule to build the receptor. This is the “CAR”.
> Remove T cells from patient, insert mRNA CAR into T cells and then induce clonal selection. Make millions of CAR T cells.
> Infuse cTcells with CAR back into patient to kill cancer cells.
> cTcell-CAR will attack non-solid tumors (e.g. cancers of the blood)

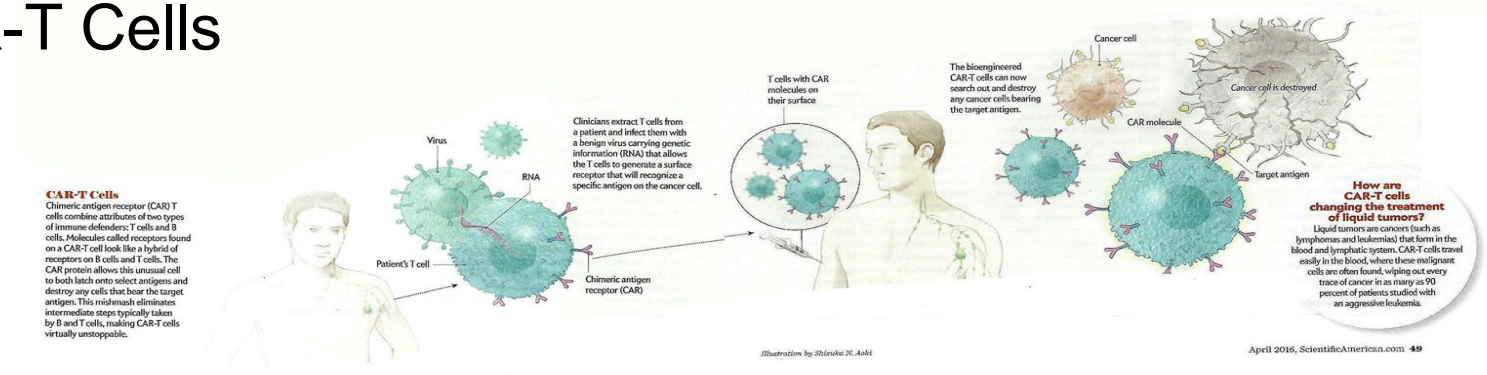

Virus
inactive
T-cell
Gene that encodes for
the specific antigen receptors
is incorporated into the T-cell
Producing of
the CAR receptors
Chimeric
antigen
receptor
CAR-T cell
therapy
Cancer cell dies
Cancer cell

CAR T-cell Therapy



UTSouthwestern
Medical Center

CAR-T Cells



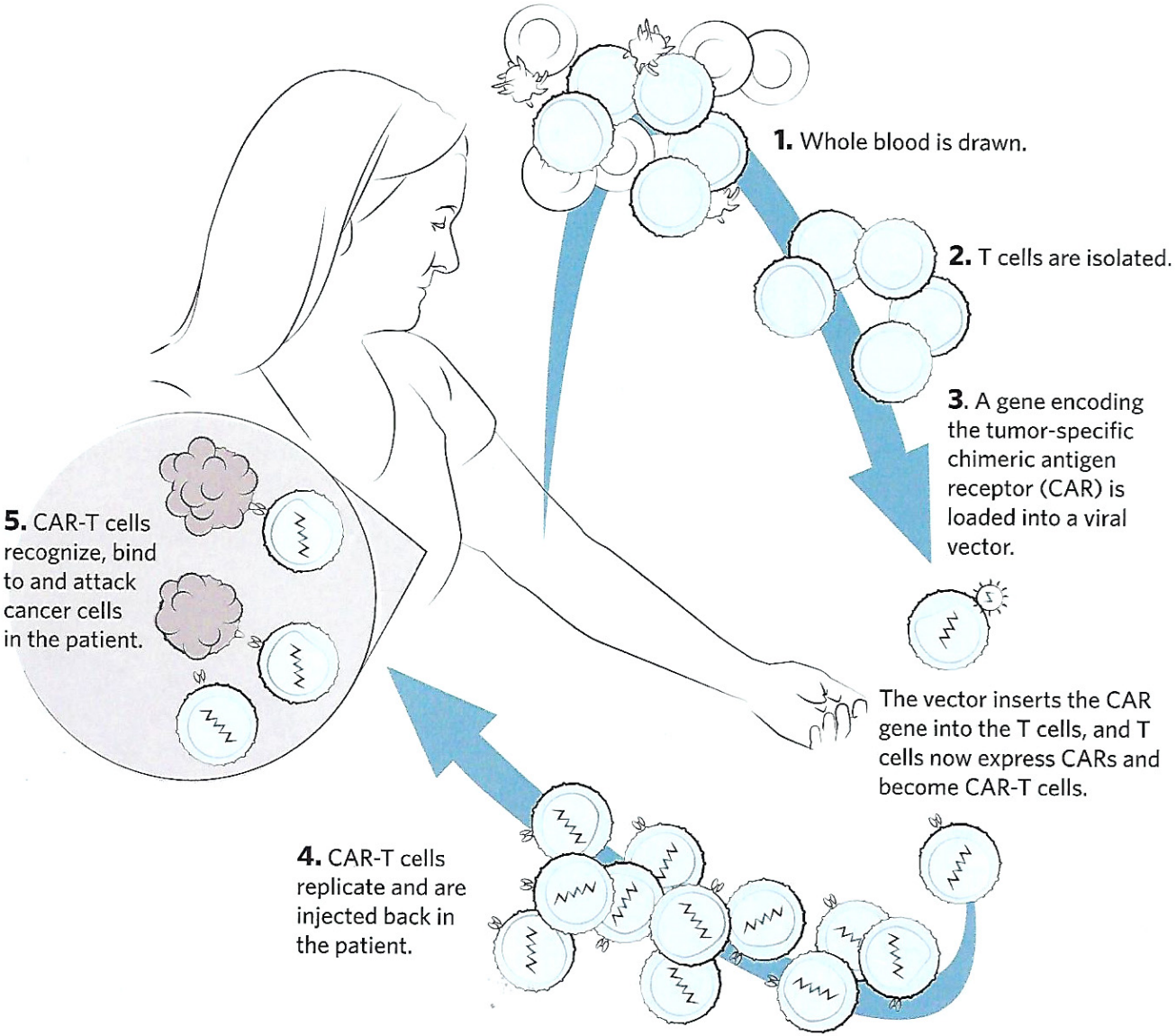
Chimeric antigen receptor cells (CAR-T Cells) combine attributes of two types of immune defenders: T cells and B cells. Molecules called receptors found on a CAR-T cell look like a hydrid of receptors on B cells and T cells. The CAR protein allows this unusual cell to both latch onto select antigens and destroy any cells that bear the target antigen. This mishmash eliminates intermediate steps typically tken by B and T cells, making CAR-T cells virtually unstoppable

Clinicians extract T cells from a patient and infect them with a benign virus carrying genetic information (mRNA) that allows the T cell to generate a surface receptor that will recognize a specific antigen on the cancer cell. The bioengineered CAR-T cells can now be injected back into the patient and search out and destroy any cancer cells bearing the target antigen.

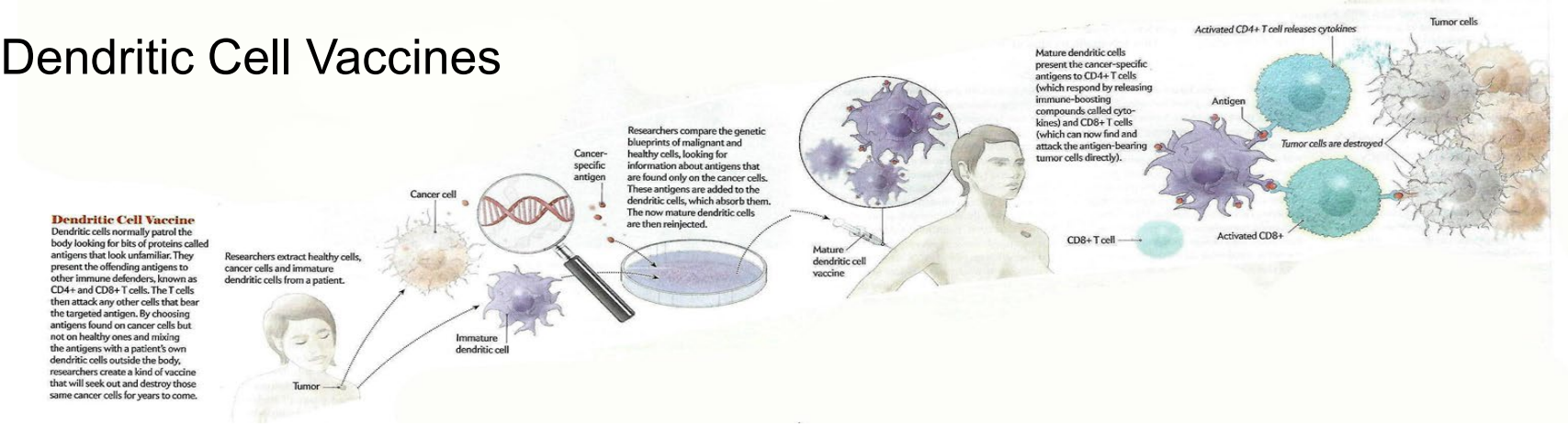
Liquid tumors are cancers (lymphomas and leukemia) that form in the blood and lymphatic system. CAR-T cells travel easily in the blood, where these malignant cells are often found, wiping out every trace of cancer with 90 percent success.

How CAR-T Therapy Works

CAR-T—the initial class of T cell therapies—harnesses the patient's own immune system to fight certain types of cancer



Dendritic Cell Vaccines

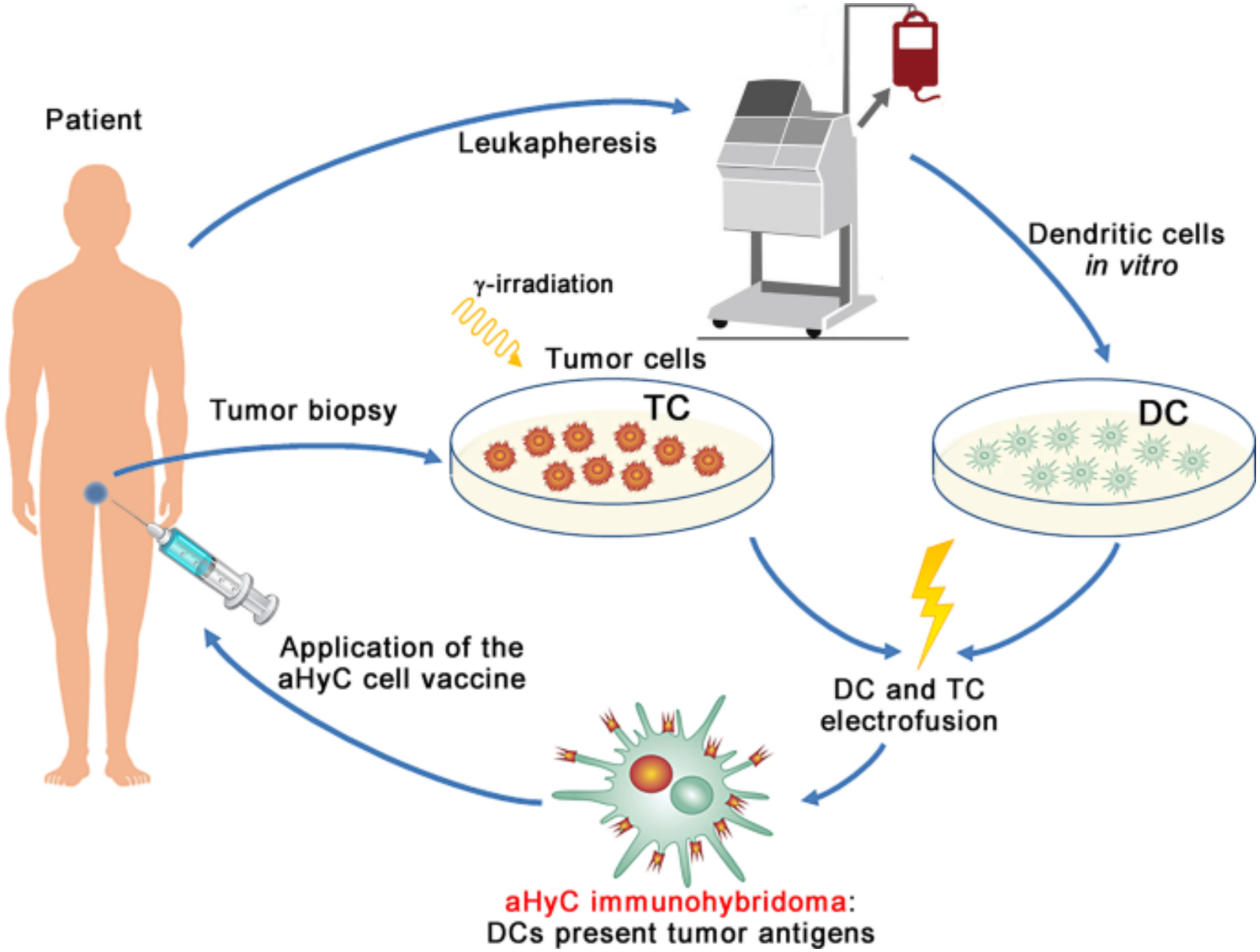


Dendritic cells normally patrol the body looking for bits of protein called antigens that look unfamiliar. They **present the offending antigens to other immune defenders, know as CD4 and CD8 T cells**. The T cells then attack any other cells that bear the targeted antigen.

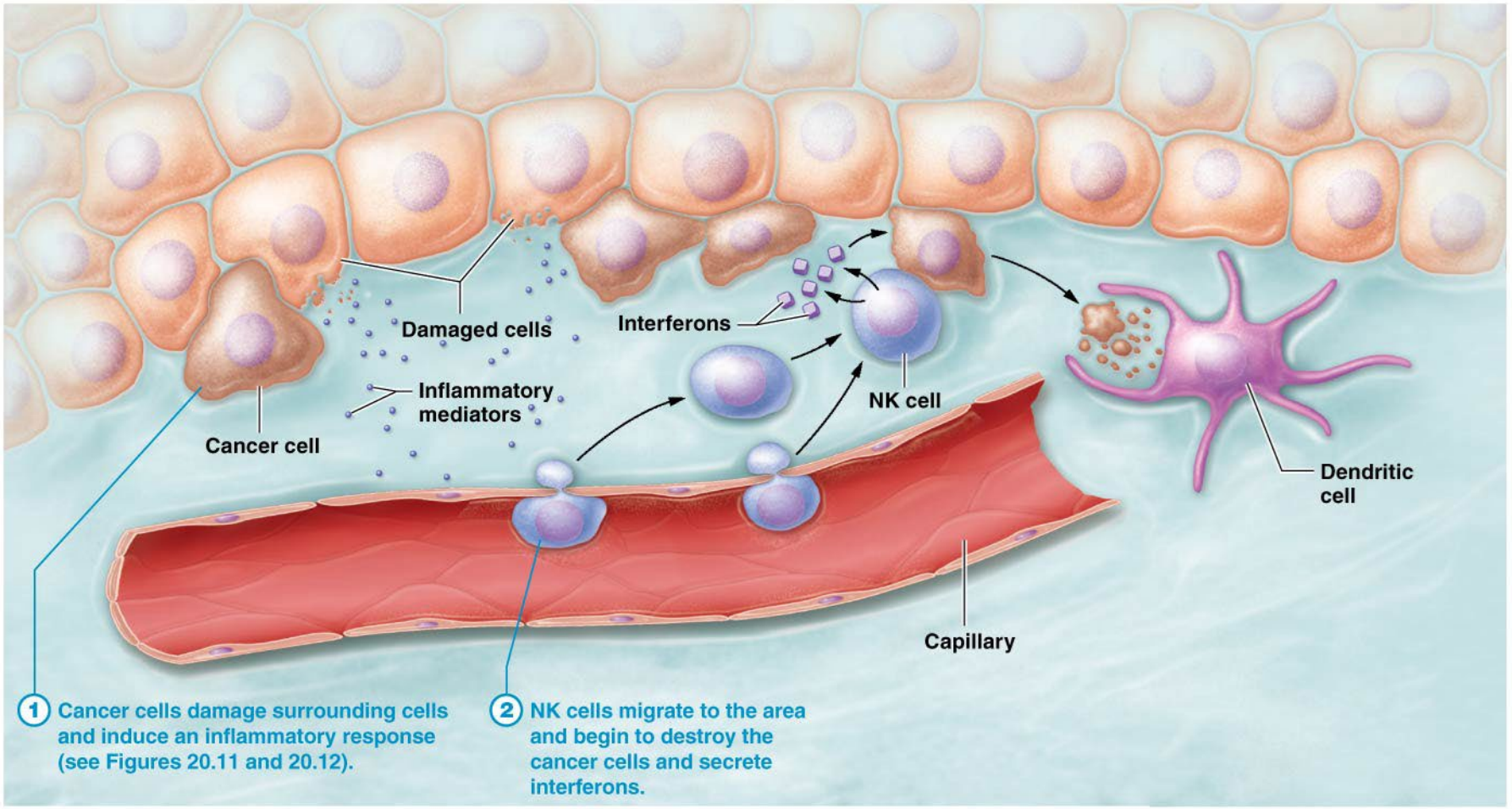
By choosing antigens found on cancer cells but not on healthy ones and mixing the antigens with a patient's own dedritic cells outside the body, researchers create a kind of vaccine that will seek out and destroy those same cancer cells for years to come.

Researchers extract healthy cells, cancer cells and immune dendritic cells from a patient. Researchers look for antigens only found on cancer cells. These antigens are added to the dendritic cells invitro and the dendritic cells absorb the cancer antigen. Now the dendritic cells are injected back into the patient. These now mature dendritic cells present the cancer antigen to helper and cytotoxic T cells. These immune cells now initiate an specific immune response to the cancer cells.

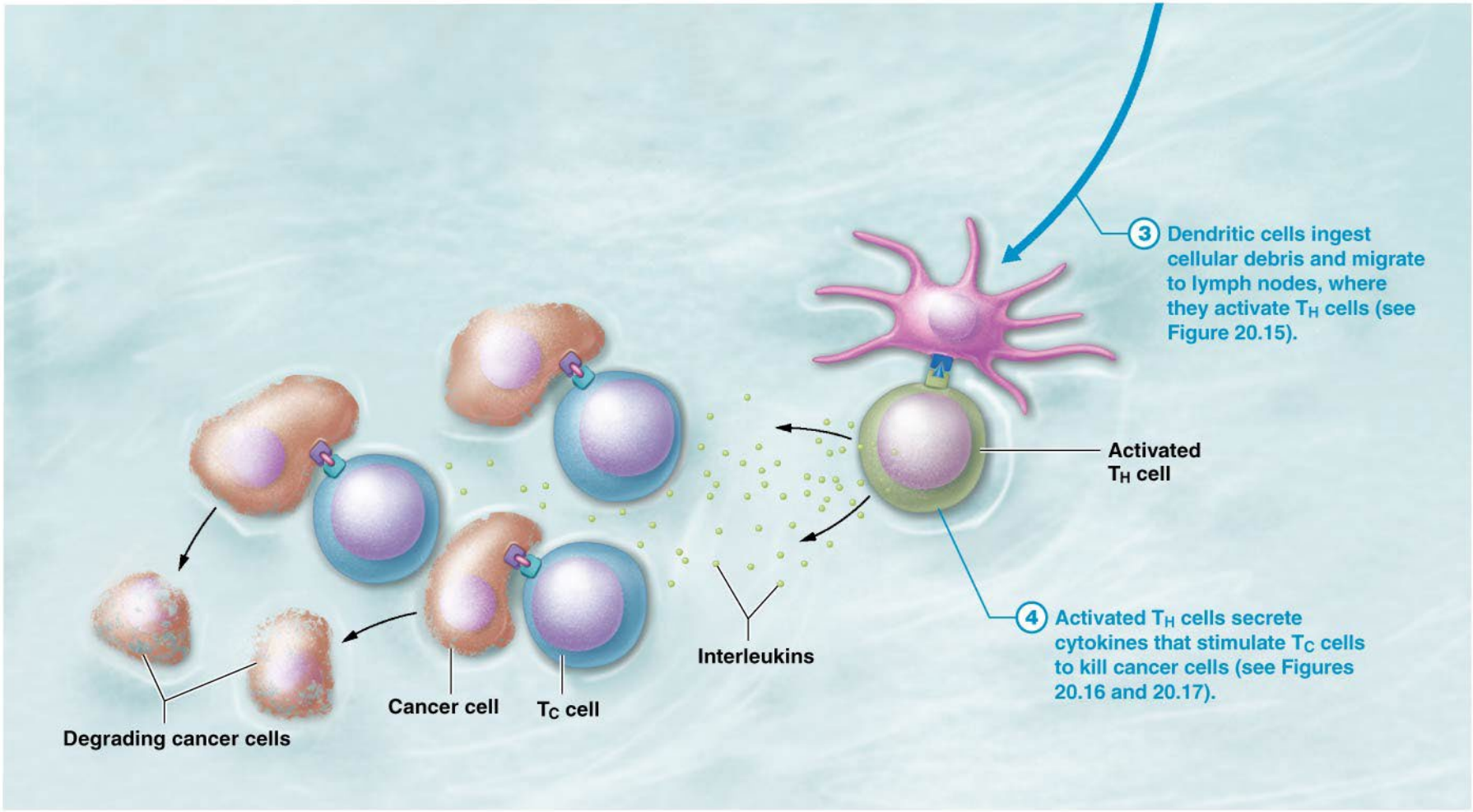
Dendritic Cell Vaccines



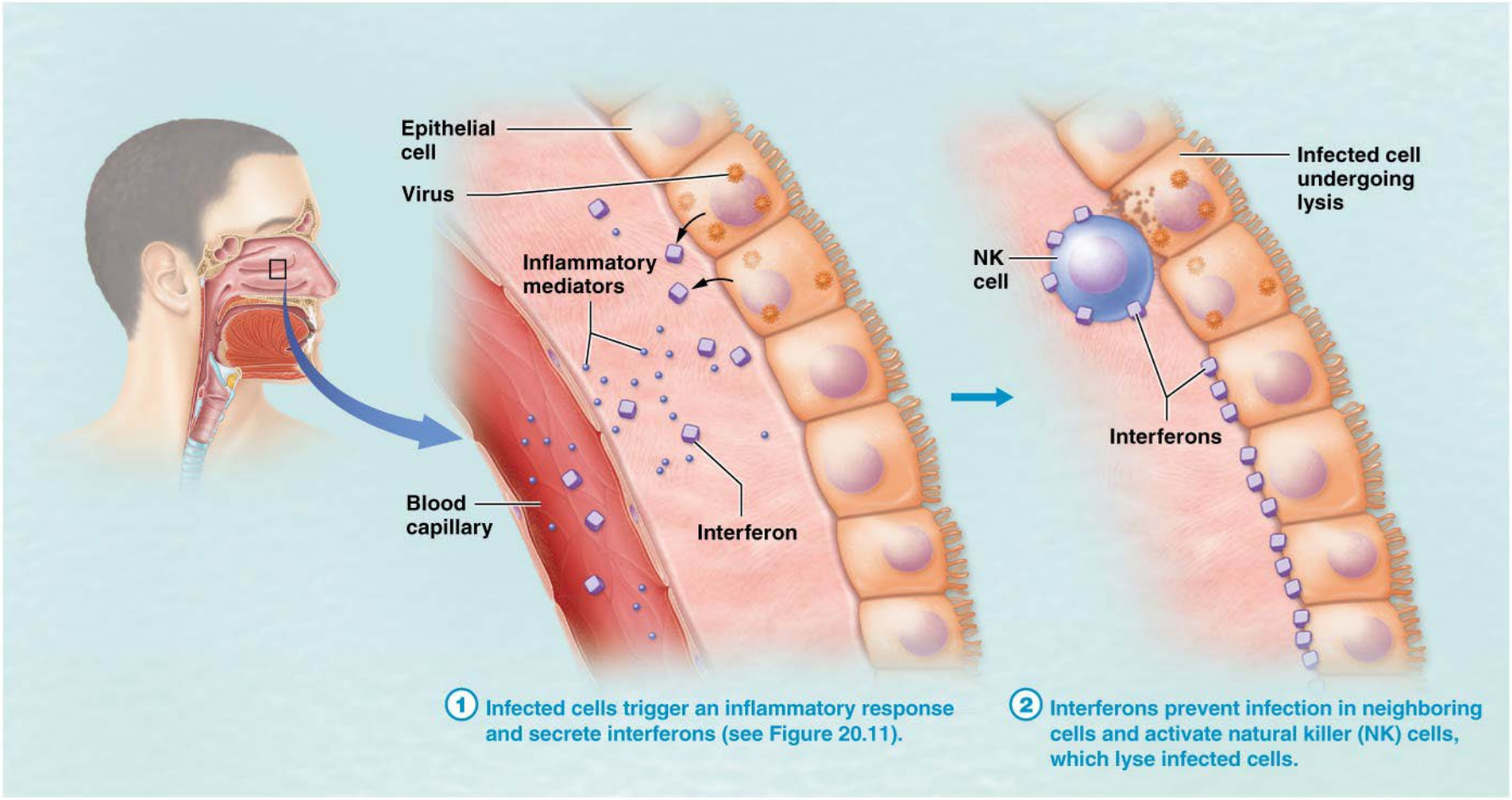
The Big Picture
Using the Immune Response to Cancer Cells. (slide 1 fo 2)



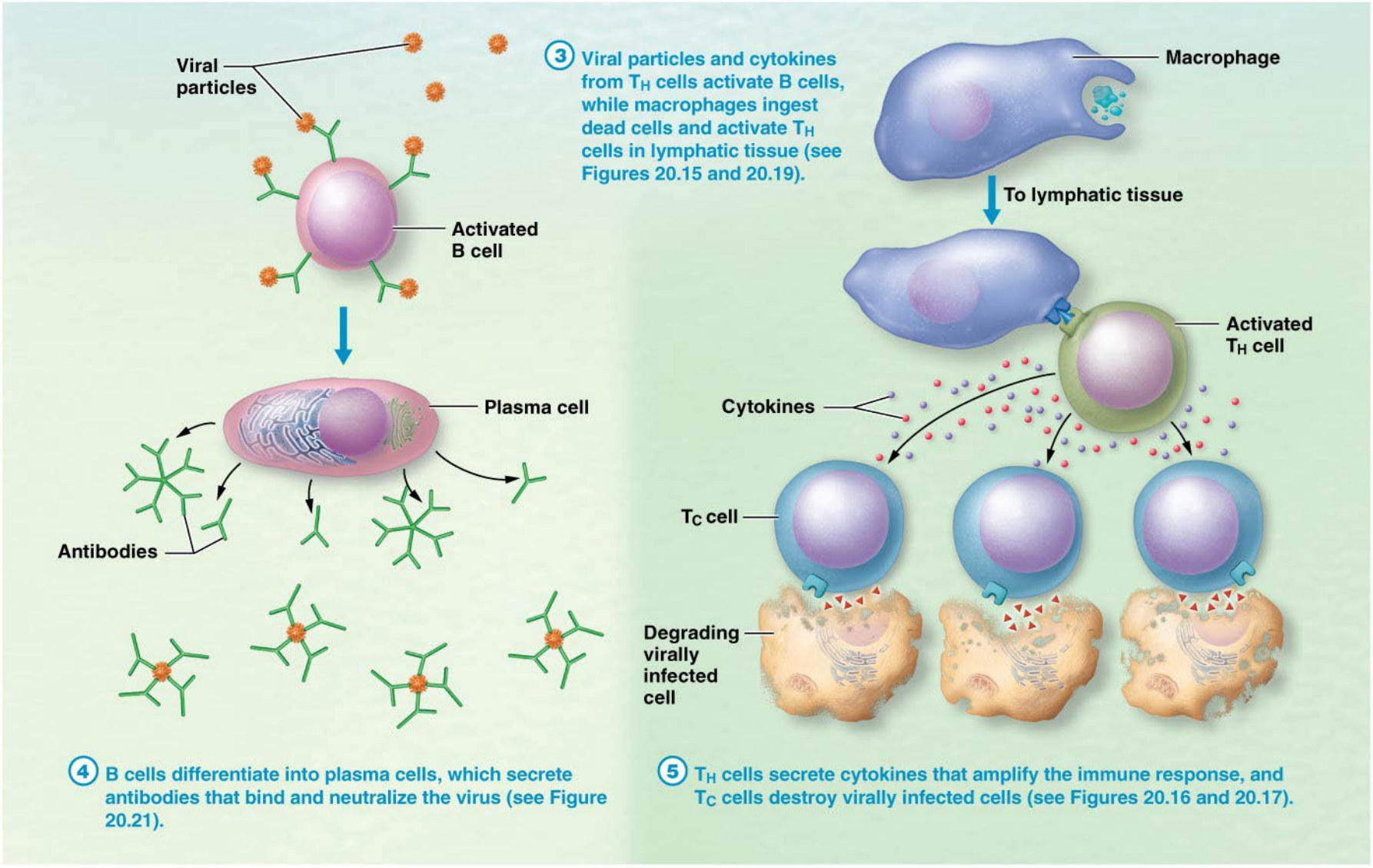
The Big Picture
Using the Immune Response to Cancer Cells. (slide 2 of 2)



The Big Picture
Immune Response to the Common Cold.
This is a viral infection. (slide 1 of 2)

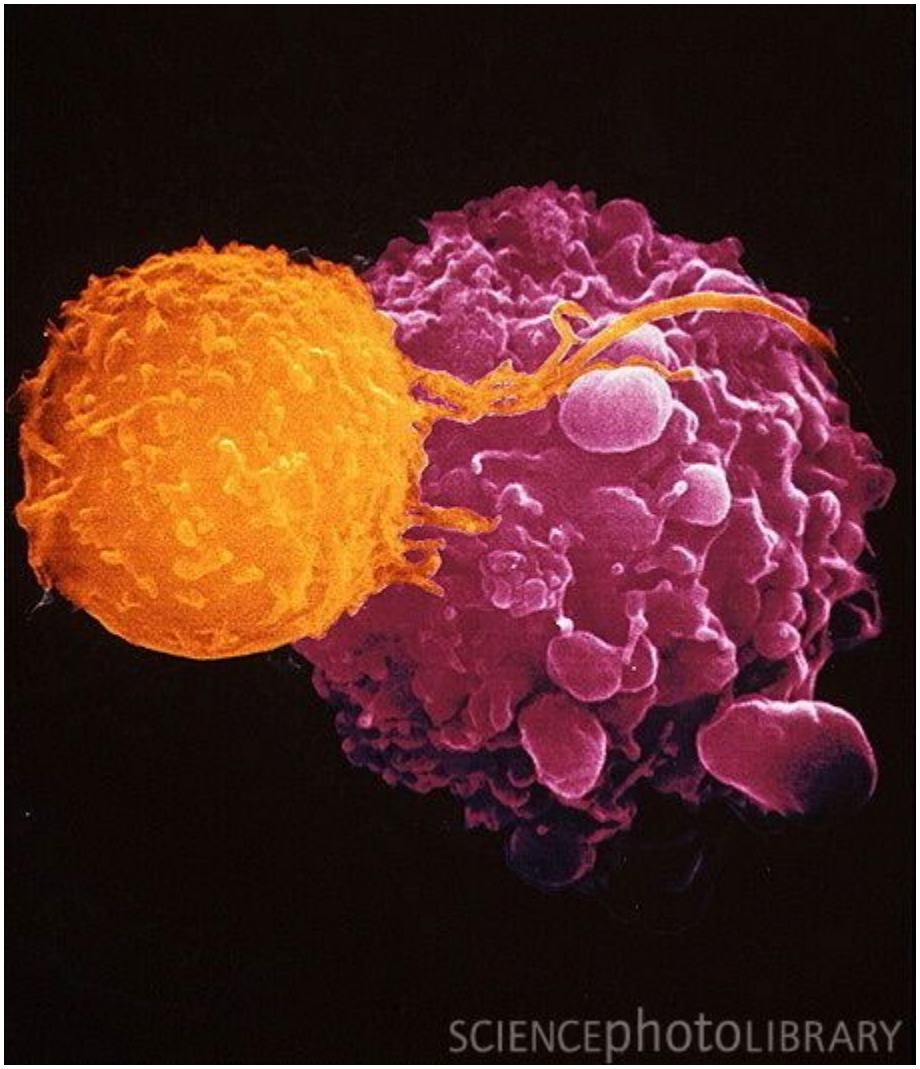


The Big Picture
Using the Immune Response to the Common Cold.
This is a viral infection. (slide 2 of 2)

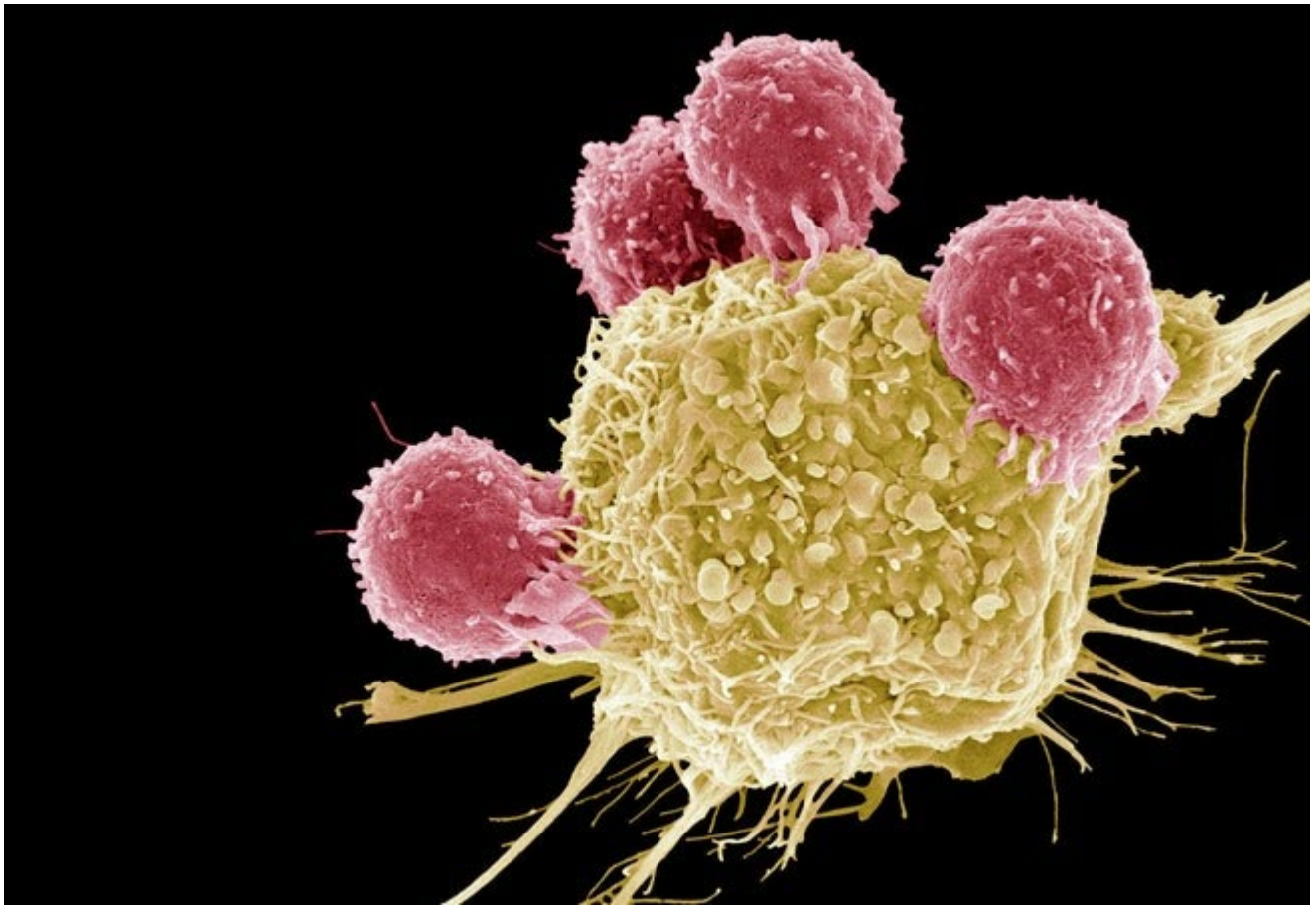


Immune system fighting a cancer cell.

A killer T-lymphocyte (orange) inducing a cancer cell to undergo Programmed Cell Death (apoptosis).



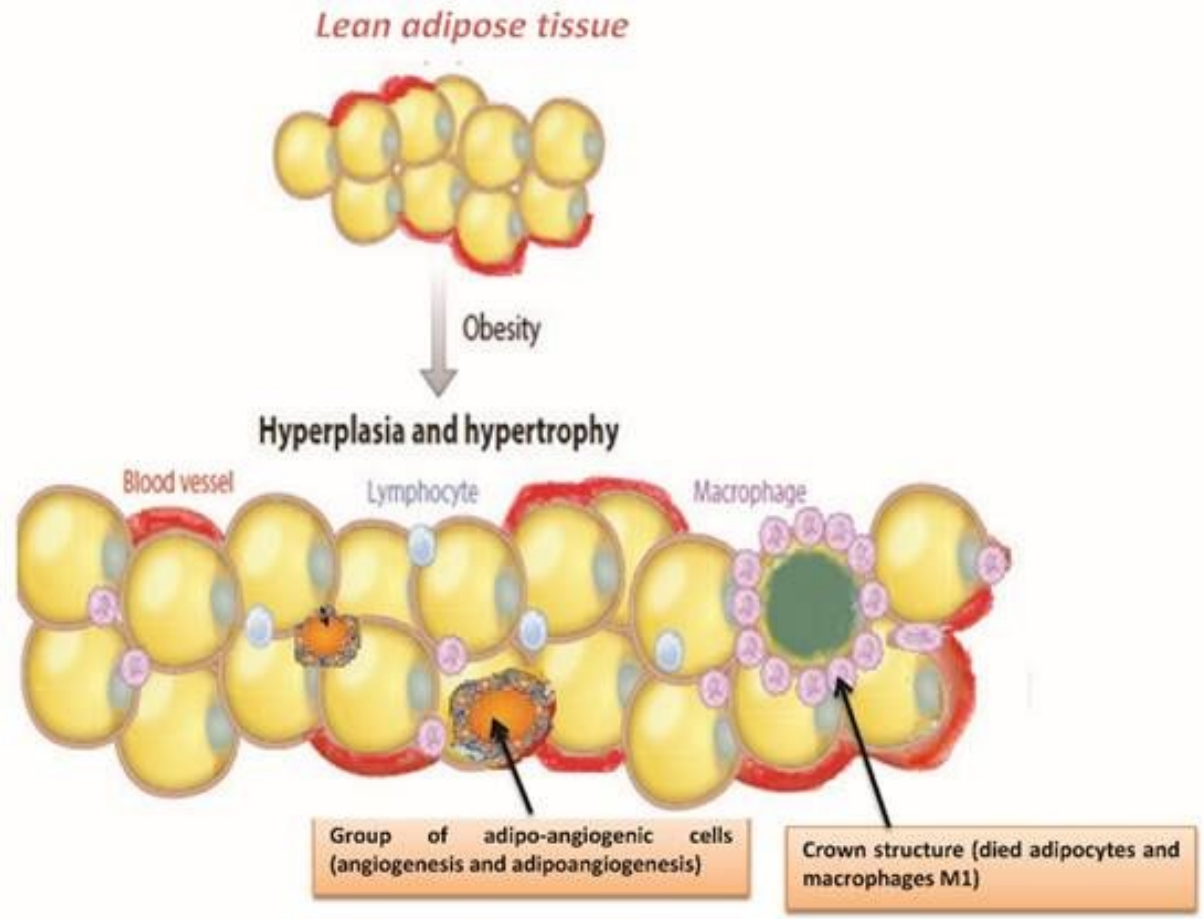
ing electron micrograph of T cells (pink) attacking a cancer cell. Editing T cells' genes could soon enhance their canc

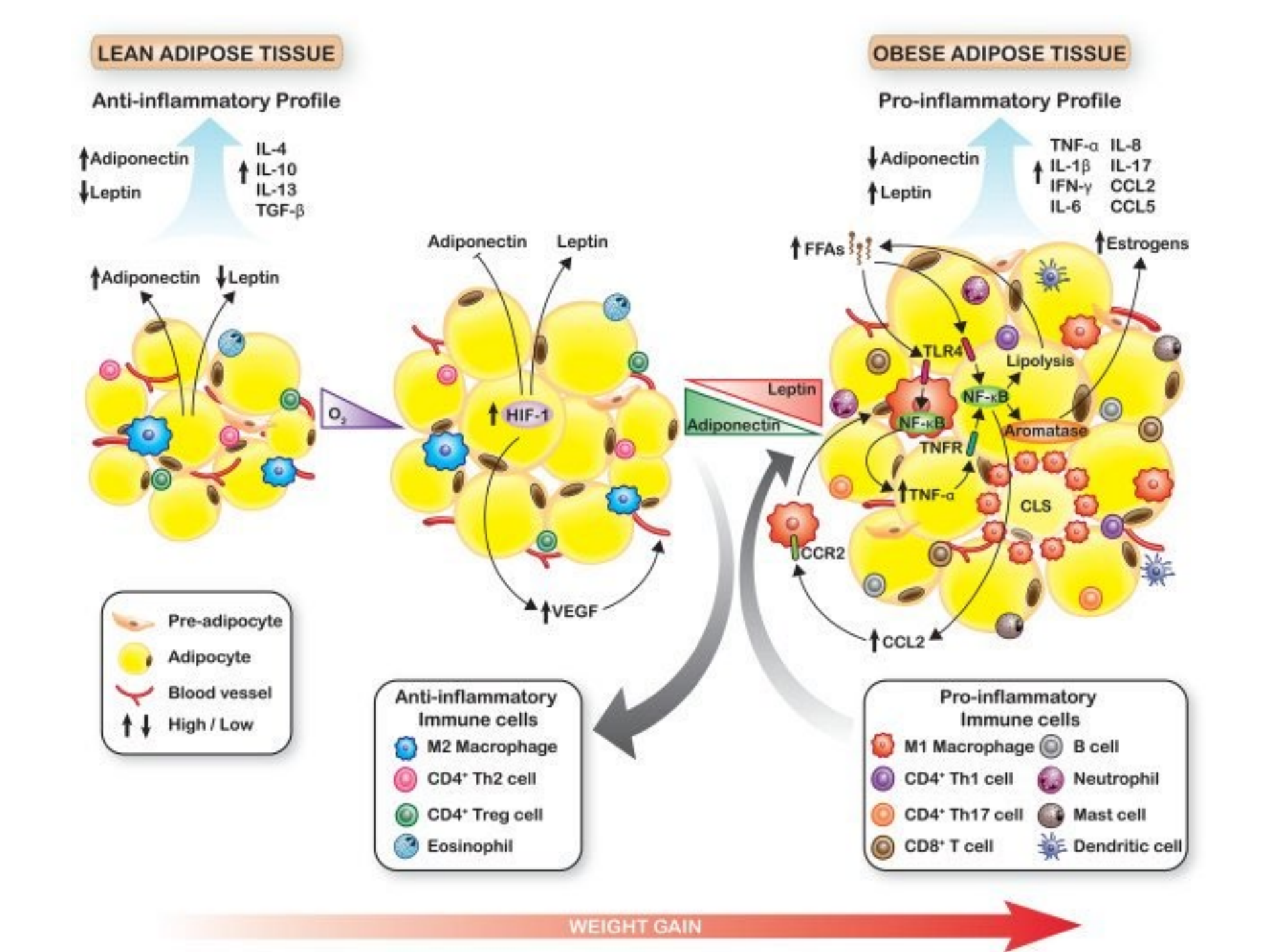


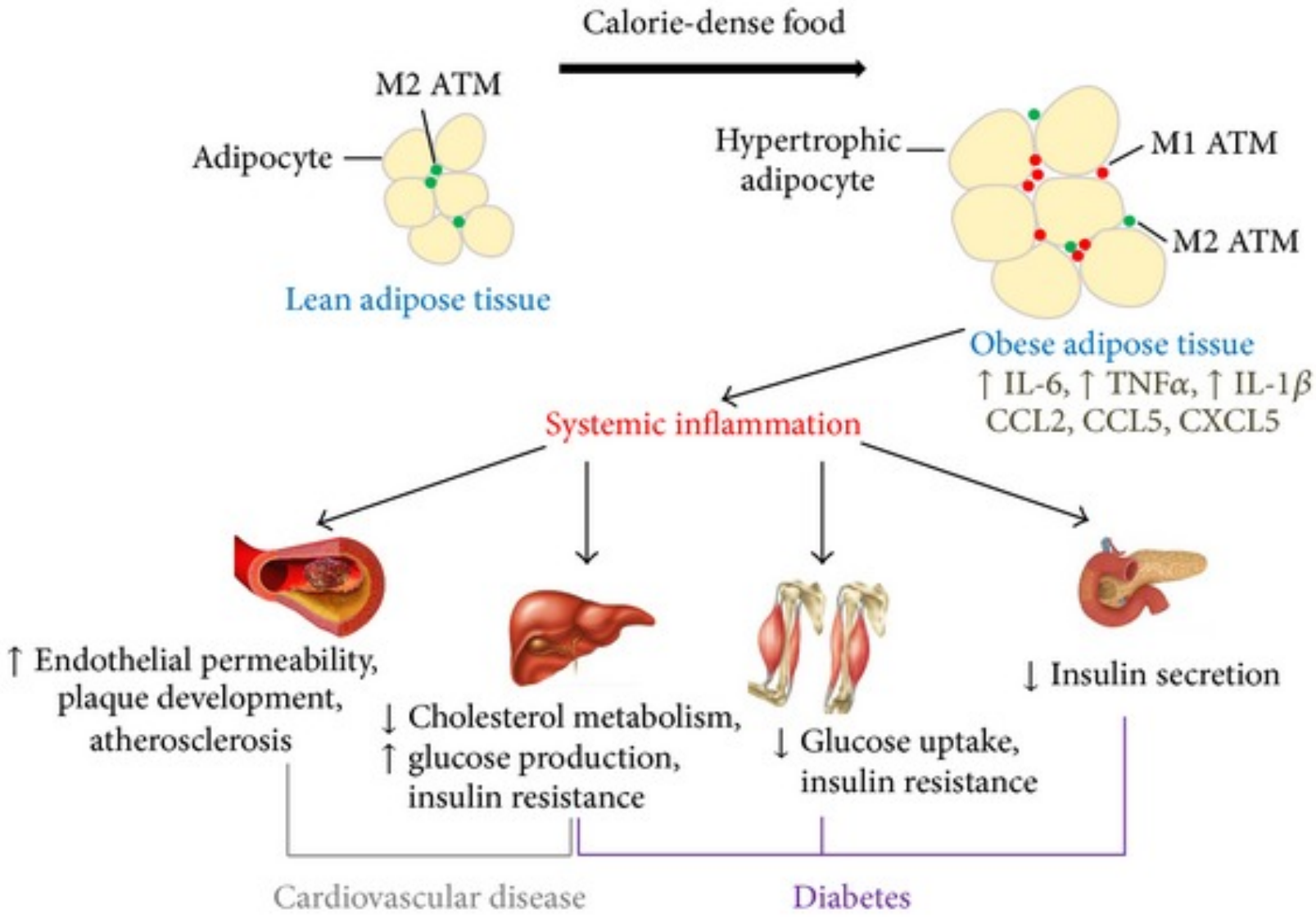
Obesity contributes to development of diabetes and cardiovascular disease. Adipose tissue is composed of two main cell types, adipocytes and stromovascular mononuclear cells (i.e., resident leukocytes).

Adipose tissue macrophages (ATMs) are the most frequent leukocyte subtype in fat tissues. Normal adipose tissue is populated with the alternatively activated M2 ATMs. Persistent or frequent consumption of calorie-dense food results in obesity that is associated with increased adiposity which includes adipose tissue hypertrophy and influx of proinflammatory monocytes that mature to classically activated M1 ATMs.

Obesity induces production of proinflammatory cytokines (i.e., IL-6, TNFα, and IL-1β) and several chemokines including CCL2, CCL5, and CXCL5 among others by adipocytes and immune cells trigger adipose tissue inflammation, which when prolonged progresses to systemic inflammation that affects (i) vasculature increasing permeability of endothelium, thereby triggering plaque development and cardiovascular disease; (ii) anabolic actions of insulin and insulin signaling in metabolic tissues including liver and skeletal muscle, causing insulin resistance that manifests as impaired glucose disposal in muscle and altered cholesterol and glucose metabolism in the liver, which in turn triggers hyperinsulinemia, hyperglycemia, and hyperlipidemia that all contribute to type 2 diabetes and cardiovascular disease; and (iii) pancreas, decreasing insulin secretion that leads to hyperglycemia, which is a hallmark of diabetes.


Lean adipose tissue
Obesity
Hyperplasia and hypertrophy
Blood vessel
Lymphocyte
Macrophage
Group of adipo-angiogenic cells (angiogenesis and adipoangiogenesis)
Crown structure (died adipocytes and macrophages M1)


LEAN ADIPOSE TISSUE
Anti-inflammatory Profile
↑Adiponectin
↓Leptin
IL-4
↑IL-10
IL-13
TGF-β
OBESE ADIPOSE TISSUE
Pro-inflammatory Profile
↓Adiponectin
↑Leptin
TNF-α
IL-1β
IFN-γ
IL-6
IL-8
IL-17
CCL2
CCL5
↑Adiponectin
↓Leptin
Adiponectin
Leptin
↑FFAs
↑Estrogens
TLR4
Lipolysis
NF-κB
NF-κB
Aromatase
TNFR
↑TNF-α
CLS
CCR2
↑CCL2
O2
↑HIF-1
↑VEGF
Leptin
Adiponectin
Pre-adipocyte
Adipocyte
Blood vessel
↑↓ High / Low
Anti-inflammatory Immune cells
M2 Macrophage
CD4+ Th2 cell
CD4+ Treg cell
Eosinophil
Pro-inflammatory Immune cells
M1 Macrophage
B cell
CD4+ Th1 cell
Neutrophil
CD4+ Th17 cell
Mast cell
CD8+ T cell
Dendritic cell
WEIGHT GAIN


Calorie-dense food
M2 ATM
Adipocyte
Lean adipose tissue
Hypertrophic adipocyte
M1 ATM
M2 ATM
Obese adipose tissue
↑ IL-6, ↑ TNFα, ↑ IL-1β
CCL2, CCL5, CXCL5
Systemic inflammation
↑ Endothelial permeability, plaque development, atherosclerosis
↓ Cholesterol metabolism, ↑ glucose production, insulin resistance
↓ Glucose uptake, insulin resistance
↓ Insulin secretion
Cardiovascular disease
Diabetes