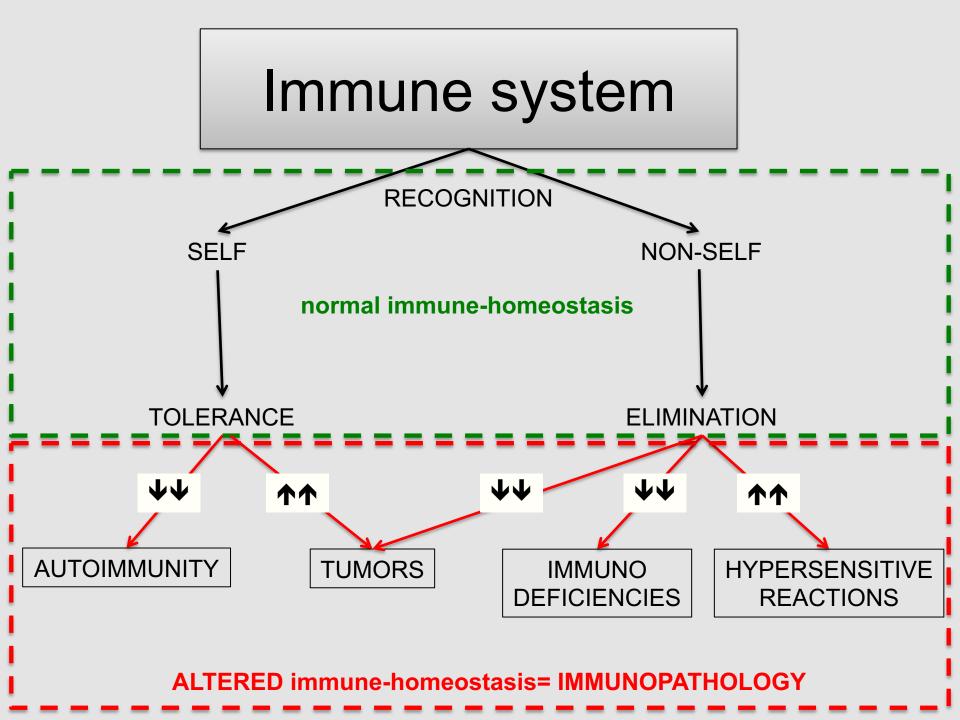
Basic Immunology (Dentistry)

Lecture 5.-6.

Antigen recognition molecules: Immunoglobulins, T cell receptor. MHC and antigen presentation

Ferenc Boldizsar MD, PhD



Immunological Recognition (Receptors)

Innate immunity

general microbial Molecular PATTERNs

("pattern recognition receptors")

Adaptive immunity

Antigenspecific (EPITOP)



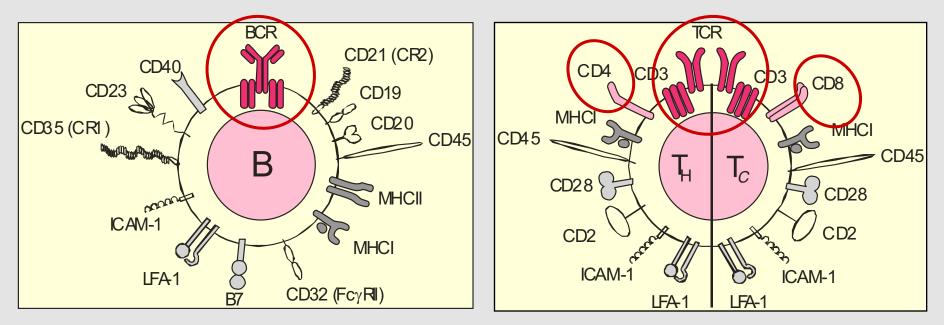
Table 4-1

Recognition molecules

	Innate immunity	Adaptive immunity		
Specificity	For pathogen-associated molecular patterns (PAMPS)	For structural details of any molecules (antigens)		
	Different microbes	Different microbes - Distinct antibody molecules		
Receptors	Encoded in germline (pattern recognition receptors)	Encoded by lymphocyte genes produced by somatic recombination $\begin{array}{c} \hline \\ \hline $		
Distribution of receptors	Non-clonal	Clonal		

Abbas, Lichtman, and Pillai. Cellular and Molecular Immunology, 7th edition. Copyright © 2012 by Saunders, an imprint of

Antigen-Receptors of Lymphocytes



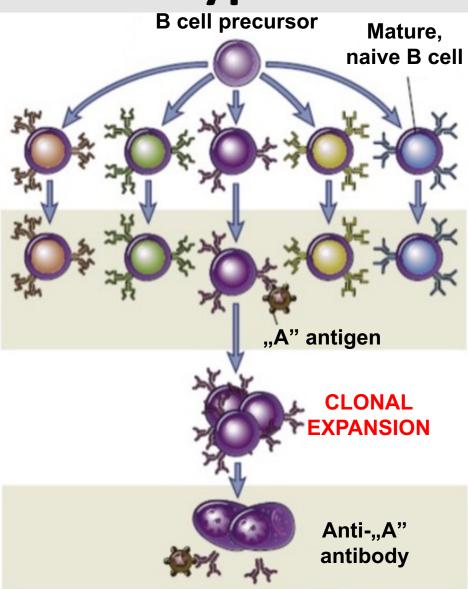
BcR= B-Zellrezeptor

TcR= T-Zellrezeptor

BcR and TcR are <u>Antigen-Receptors</u>, which are different on each individual lymphocyte. Every single Antigenreceptor recognizes and binds only ONE specific Antigen (EPITOP)

The Clonal Selection Hypothesis

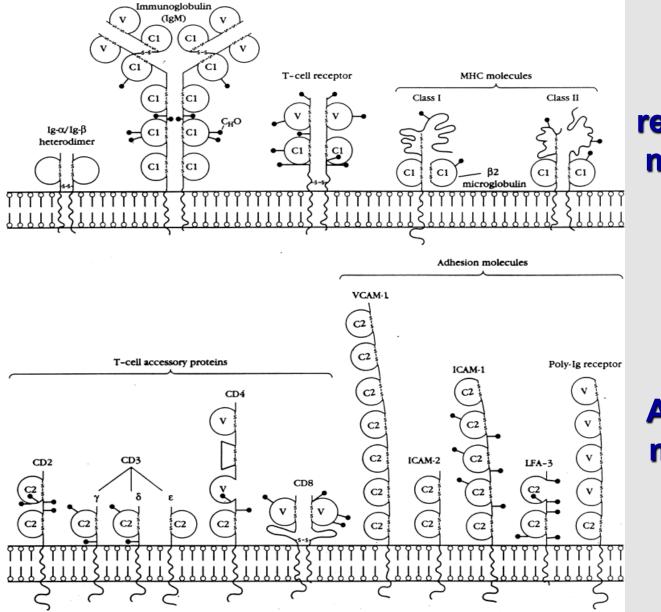
- 1. Each newly produced lymphocyte expresses a unique antigenbinding receptor.
- 2. Only those lymphocytes will become activated which recognize an antigen. These selected cells will proliferate and produce clones of themselves with each sister cell having the same antigen-recognition receptor.
- 3. These clones will differentiate into effector cells which will participate in the immune response. (e.g. effector plasma cells produce antibodies)



Recognition molecules in the adaptive immune system Immunoglobulins B cell receptors (BcR) T cell receptors (TcR) MHC class I and class II

Specialized molecules manage antigen recognition. The common structural features of these molecules are the well-conserved (constant) basic elements (designed by <u>110 amino acids domain units</u>) containing variable, antigen specific parts (binding sites) for the recognition and ligand formation.

Immune recognition molecules



Antigen specific recognition molceules

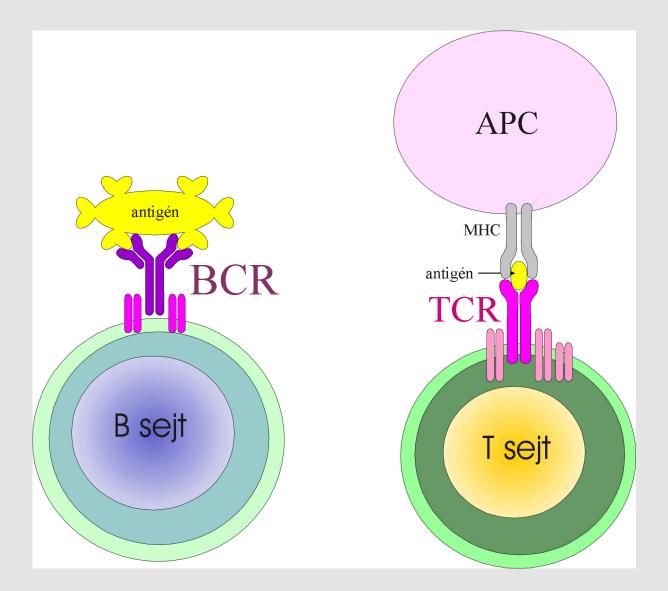


Antigen recognition

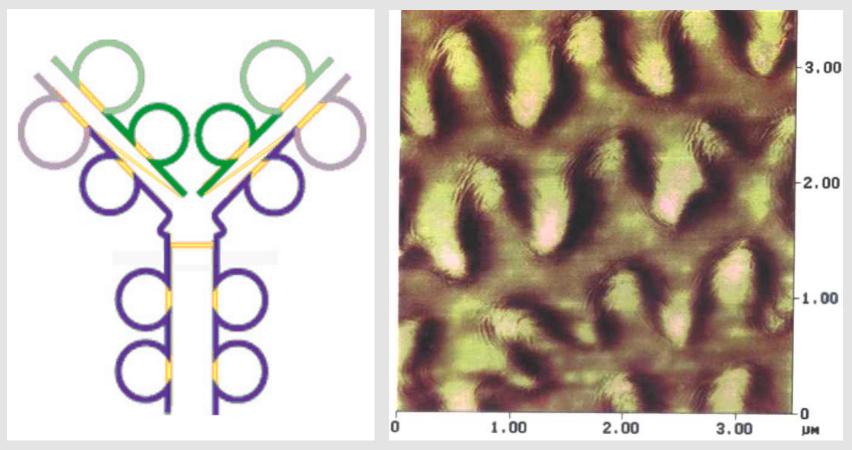
B cellsReceptorBcR (lg)AntigennativeAPCnot needed

T cells TcR denatured (presented) needed

B cells and T cell antigen recognition

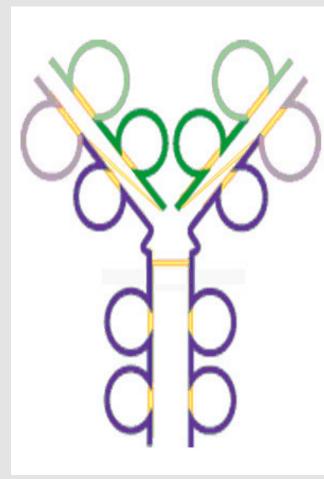


Domain structure



Well conserved amino acid sequence designed by 110 amino acids closed to a "ring shape" with disulphide bound.

Immunoglobulin molecule



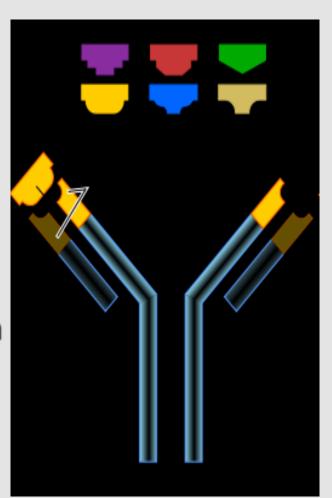
CDR <u>Variable</u>region Idiotype

Fab fragment

Constant region

Isotype

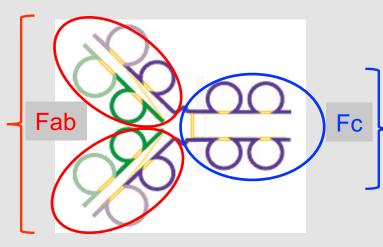
Fc fragment



Immunoglobulin functions

Monofunctional character:

Specific antigen recognition and binding



Polyfunctional character:

- Signaltransduction,
- Komplement fixation,
- Opsonisation,
- Immuncomplex formation
- FcR binding

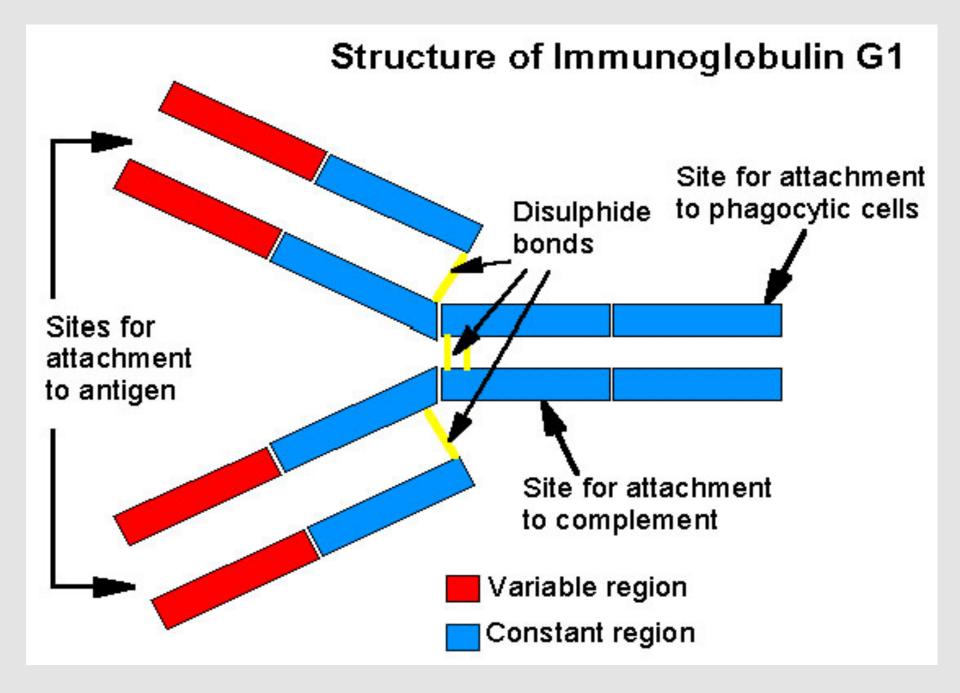
Immunoglobulin isotypes

- Based upon the constant structures of heavy (H) and light (L) chains
- CH isotypes: called lg classes and subclasses as IgG, IgM, IgA, IgD and IgE. All classes are represented in a normal serum (except the membrane bound IgD) as isotype variants.
- CL chain exists in two isotypic forms: kappa (κ) and lambda (λ), which can associate with all heavy chain isotypes.

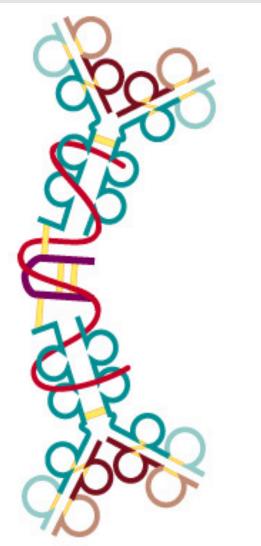
Heavy chain	Light chain	Immuno- globulin	Immuno- globulin
		Class	Subclass
y1	κ or λ		IgG1
γ2	κ or λ	IgG	IgG2
γ3	κ or λ		IgG3
γ4	κ or λ		IgG4
α1	κ or λ	IgA	IgA1
α2	κ or λ		IgA2
μ	κ or λ	IgM	
δ	κ or λ	IgD	
3	κ or λ	IgE	

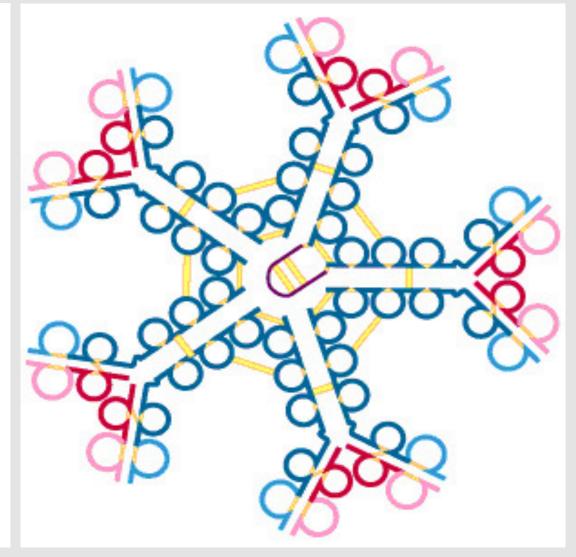
Pronunciation of Greek letters:

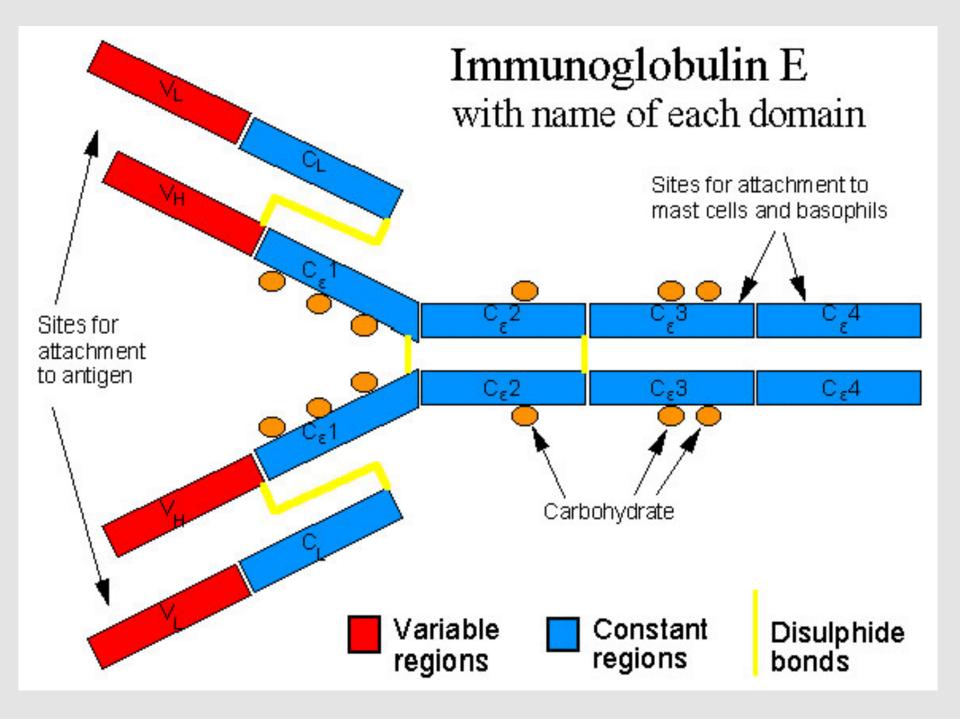
γ	gamma	α	alpha	н	mu	δ	delta
8	epsilon	κ	kappa	λ	1amb	da	

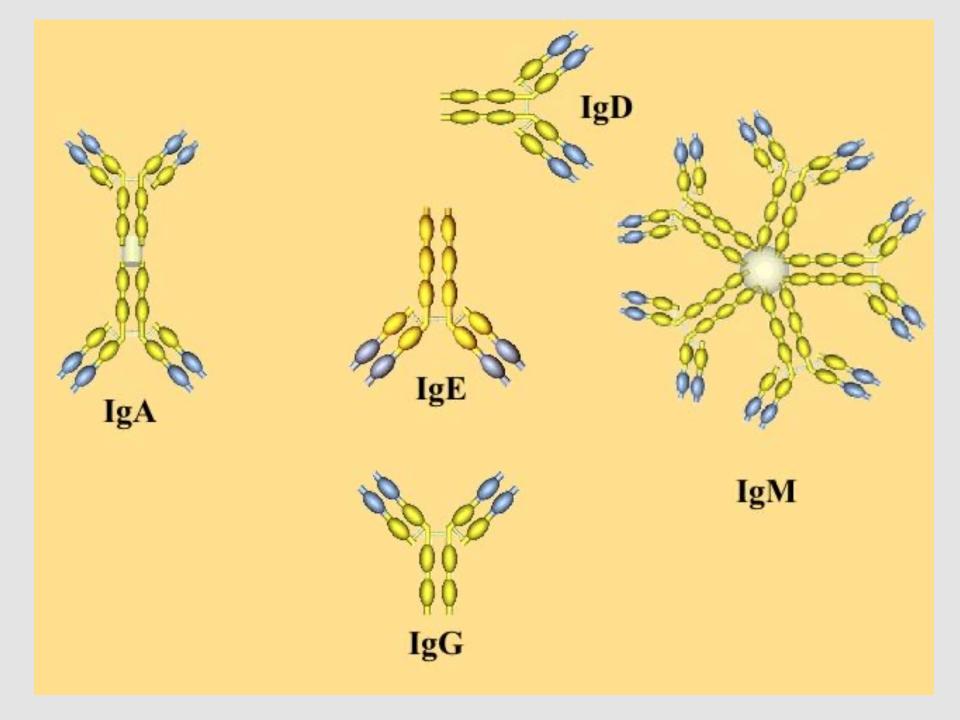


IgA and IgM

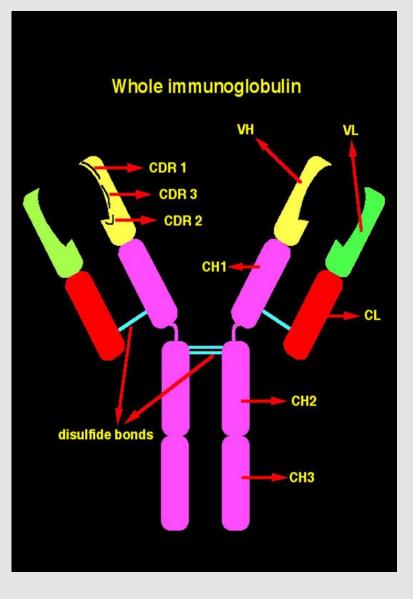






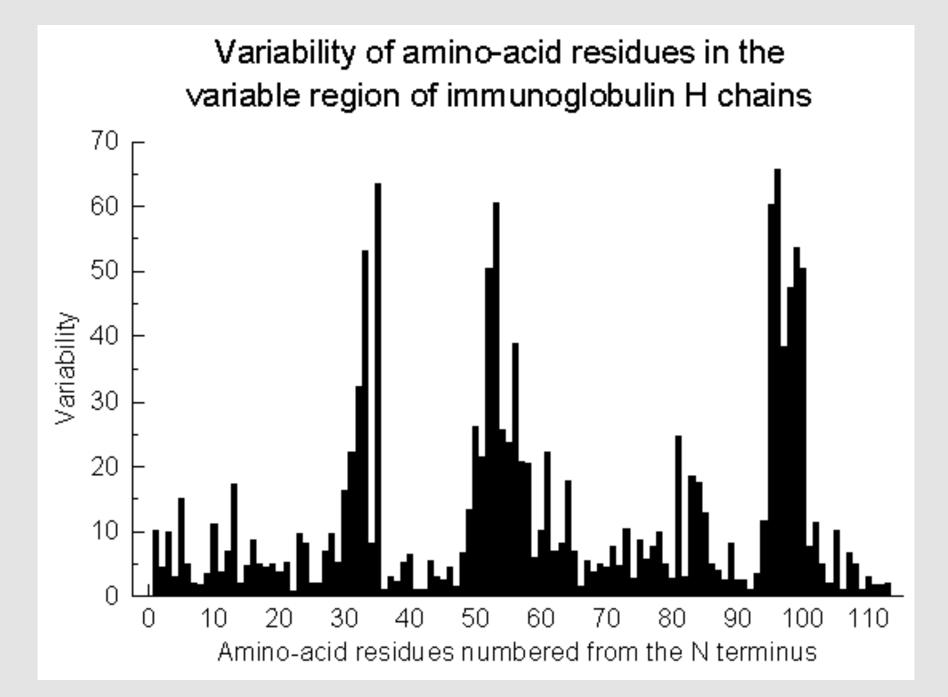


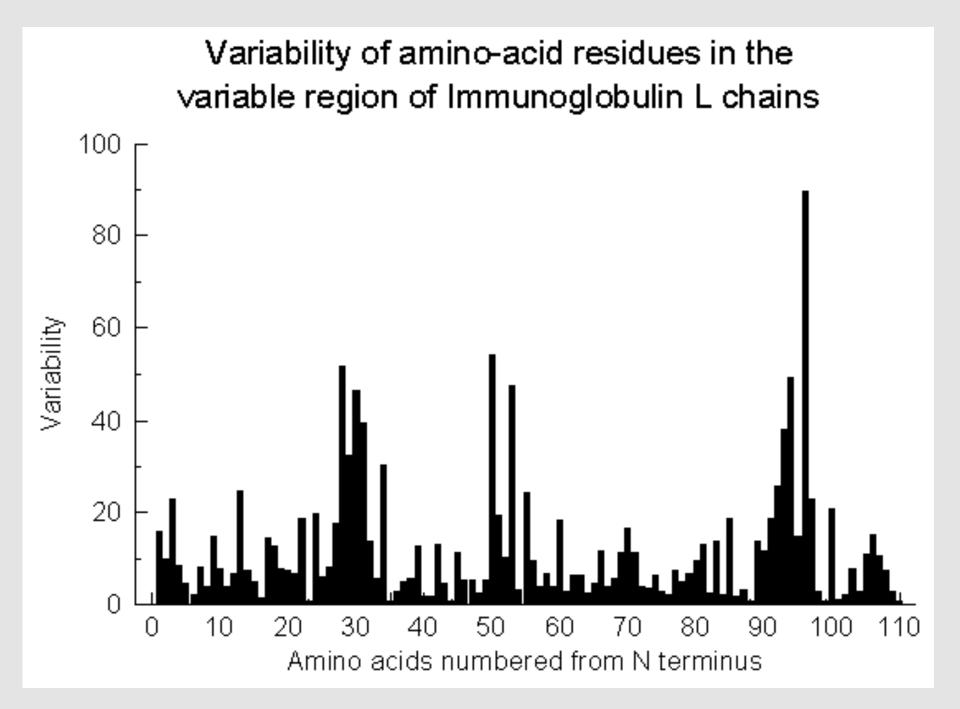
Immunoglobulin idiotype



Individual determinants in **V regions**, specific for each antibody.

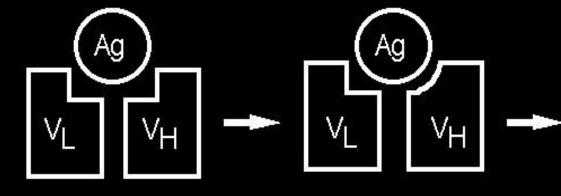
The N terminal Ig domain contains V region forming the antigen binding site: clustering the 3 hyper variable sequences close to each other on both chains the variation of 3 x 3 results tremendous diversity.

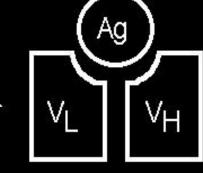


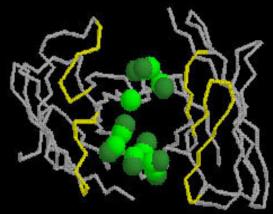


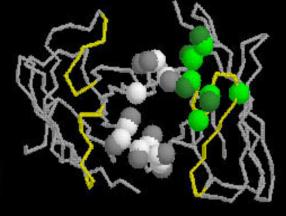
Antibody affinity maturation

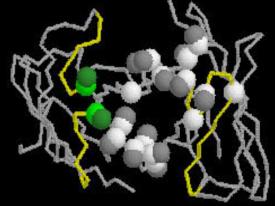
Pini et al. (1998) J. Biol. Chem. 273, 21769-21776











1st library

2nd library

3rd library

Antigen Recognition by T Cells "MHC-restriction"

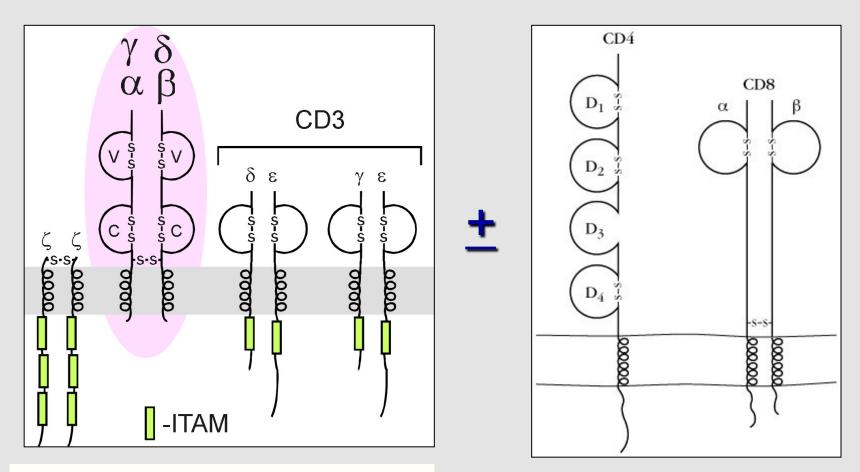
T cells recognize antigens <u>only</u> displayed on surfaces of the body's own cells as MHC-peptide complexes.

CD8+ (cytotoxic) T-cells MHC I-peptide complex

CD4+ (helper) T-cells MHC II-peptide complex

R. M. Zinkernagel & P. C. Doherty – Nobel Prize for Physiology or Medicine (1996.)

T cell receptor complex on mature T cells

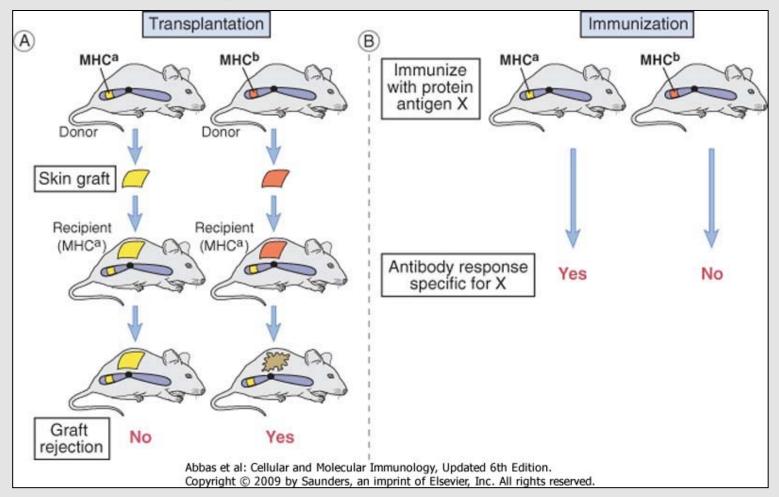


αβ TcR – CD4+ vagy CD8+) γδ TcR – CD4-CD8-



- MHC=<u>M</u>ajor <u>H</u>istocompatibility <u>C</u>omplex; HLA=<u>H</u>uman <u>L</u>eukocyte <u>A</u>ntigen
- Discovery: transplantation experiments between inbred mouse strains expressing different MHC genes.
- Inbred mouse strains: mating of siblings for 20 generations → all mice are homozygous at every genetic locus (genetically identical = "syngeneic")
- In case of polymorphic genes (eg. MHC) each inbred strain expresses a single allele from the original population
- Different inbred strains are "allogeneic" to each other = carry different alleles

Discovery of the mouse MHC



Histocompatibility-2 (H-2) locus

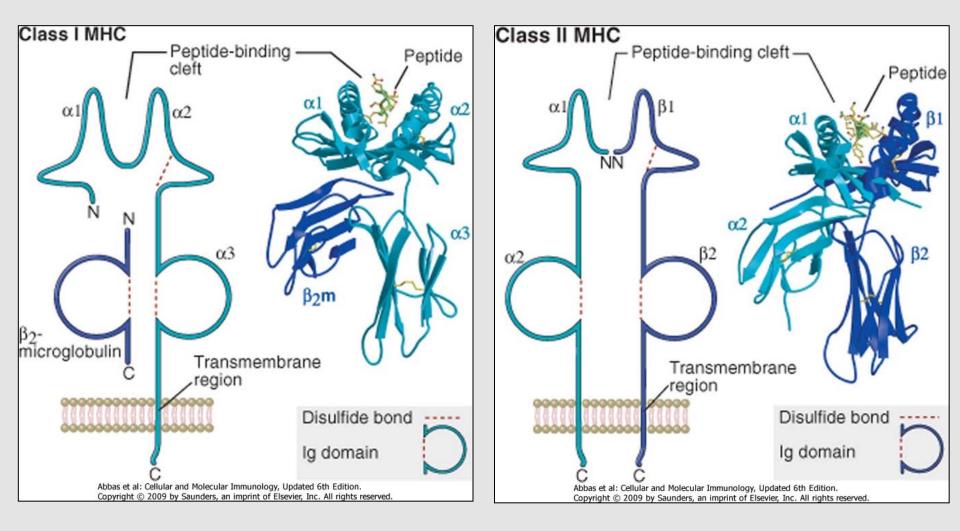
Immune response (Ir) genes

K, D (MHC Class I) genes responsible for graft rejection A, E (MHC Class II) genes determine reactivity to different protein antigens

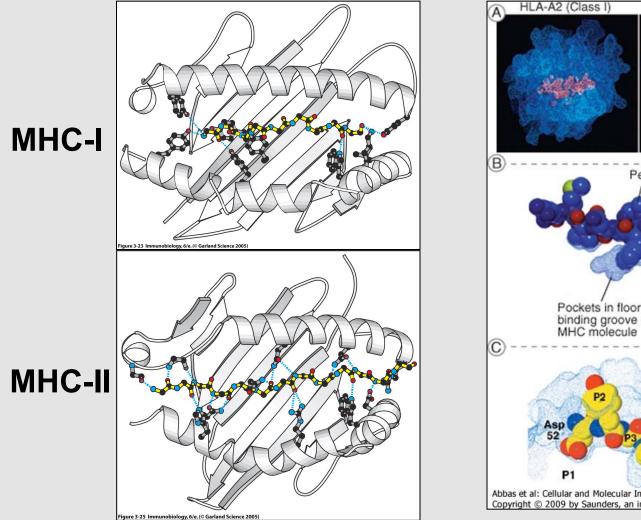
Features of MHC-I and MHC-II molecules

Feature	Class I MHC	Class II MHC
Polypeptide chains	α (44-47 kD) β2-Microglobulin (12 kD)	α (32-34 kD) β (29-32 kD)
Locations of polymorphic residues	$\alpha 1$ and $\alpha 2$ domains	$\alpha 1$ and $\beta 1$ domains
Binding site for T cell coreceptor	α 3 region binds CD8	β2 region binds CD4
Size of peptide-binding cleft	8-11 AA peptides	10-25 AA peptides
Nomenclature Human	HLA-A, -B, -C	HLA-DR, -DQ, -DP
Mouse	H-2K, H-2D, H-2L	I-A, I-E

The structure of MHC-I and MHC-II



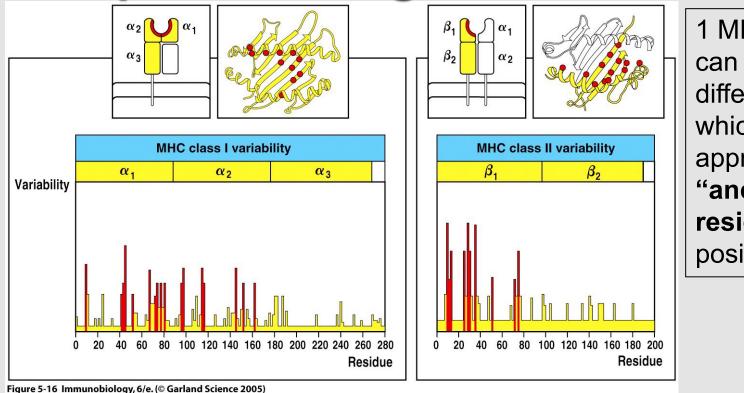
Peptide binding of MHC-I and MHC-II



HLA-DR1 (Class II) Peptide Anchor Pockets in floor of peptide residue binding groove of class II of peptide P6 Abbas et al: Cellular and Molecular Immunology, Updated 6th Edition. Copyright © 2009 by Saunders, an imprint of Elsevier, Inc. All rights reserved.

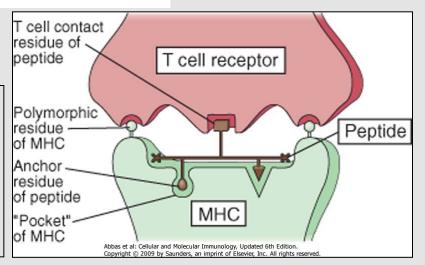
Non-covalent interaction between "anchor"-residues of the peptides and the small pockets in the β -sheet "floor" of the peptide-binding cleft.

Peptide binding of MHC-I and MHC-II



1 MHC molecule can bind 3-500 different peptides which contain the appropriate "anchor"residues at key positions.

Polymorphic AA residues of the MHC molecules are located around the peptide-binding cleft – responsible for **peptide-specificity** and **TcRbinding**.



MHC-II peptide binding

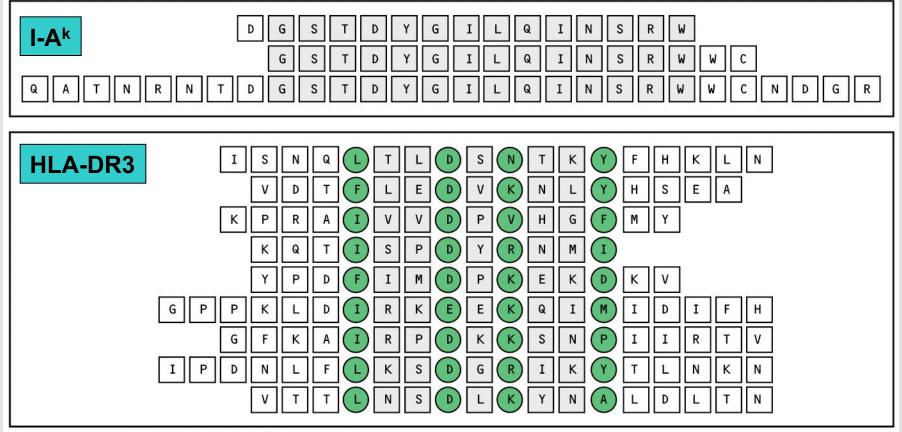
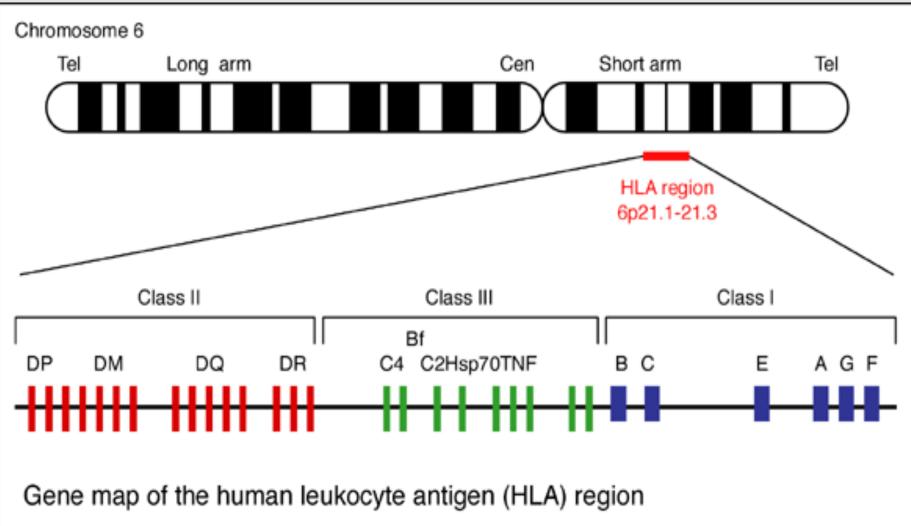


Figure 3-26 Immunobiology, 6/e. (© Garland Science 2005)

HLA map



Expert Reviews in Molecular Medicine@2003 Cambridge University Press

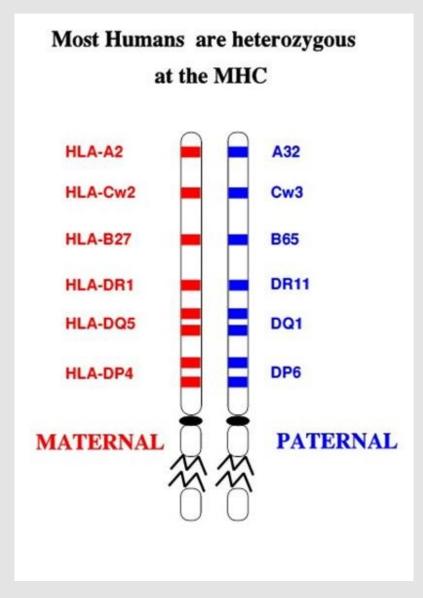
Genetics of MHC (HLA)

- polygenic: several different class I and class II genes encoding proteins with different specificities. In human there are 3 classical class I molecules (HLA-A, B, C) and 3 classical class II molecules (HLA-DR, DP, DQ).
- highly polymorphic: multiple alleles of each gene (most individuals are likely to be heterozygous at each locus). The HLA-A has more than 20, B has more 50, and C more than 10 alleles. HLA-DR has 20, HLA-DQ has 9, and HLA-DP has 6 alleles.

<u>Nomenclature:</u> eg. HLA-B*2705= first 2 places – main alleles, last 2 places - suballeles. (w=workshop - not final)

3. <u>co-dominant</u>: Alleles are expressed from both MHC haplotypes in any one individual, and the products of all alleles are found on all expressing cells.





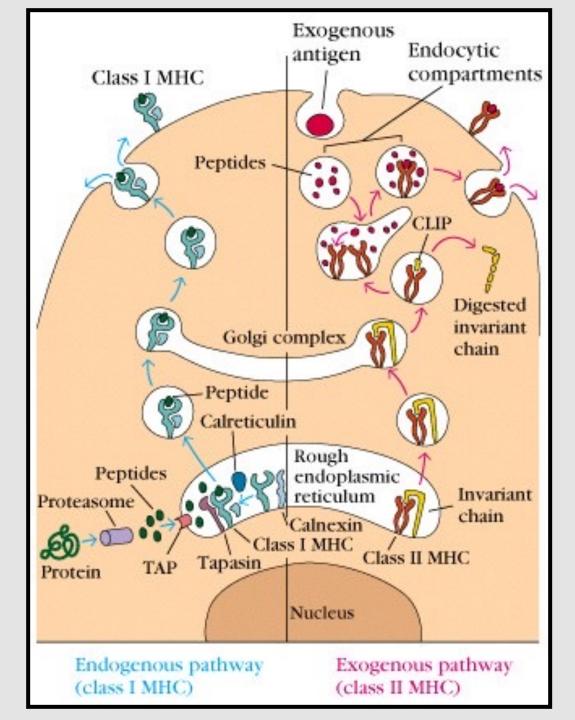
Expression pattern of MHC I and MHC II

MHC I All nucleated cells + platelets

MHC II Professional antigen presenting cells

- Dendritic cells
- B cells
- Macrophages
- (Thymic epithelial cells)

Facultative antigen presenting cells eg. inflammatory epithel

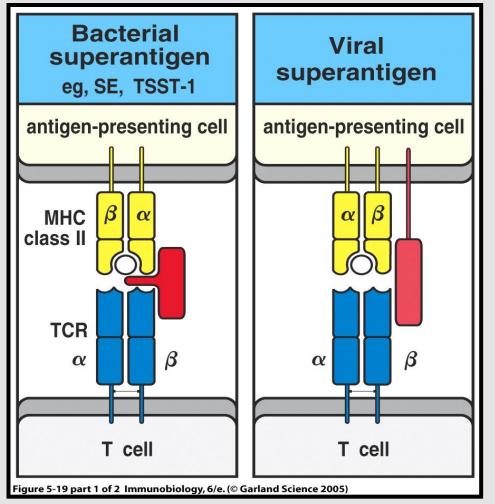


Antigen Presentation on MHC I Cytosolic, mainly normal or viral/modified proteins **Proteasomal degradation** Peptide transfer to the ER (TAP1&2) MHC I chains produced into ER by ribosomes Chaperons: calnexin, calreticulin, Erp57 **Tapasin and TAP1&2** MHCI & peptide binding within the ER

Antigen Presentation on MHC II

- -Endocytosed proteins: bacteria, bacterial product, internalised receptor bound peptide, parts of another cell
- -Endosomal degradation
- -MHCII chains produced into the ER by ribosomes -invariant chain
- -HLA-DM: MHC II specific chaperon
- -CLIP=class II associated invariant chain peptide -MHC II & peptide binding in endosomes outside the ER

Superantigens



Compared to a normal antigeninduced T-cell response where 0.001-0.0001% of the body's Tcells are activated, SAgs (endotoxins) are capable of activating <u>up to 20%</u> of the body's T-cells. This causes a massive immune response (toxic shock syndrome) that is not specific to any particular epitope on the SAg.

T cells produce cytokines - systemic toxicity, suppression of adaptive immune response ("Cytokine tsunami")

Medical aspects of MHC

 Tissue/organ transplantation – donor and recipient must have matching HLA haplotype

 HLA-association of diseases ("disease susceptibility") – certain diseases appear more frequently in individuals with a specific HLA type

HLA-association of diseases

Some HLA associated autoimmune diseases

Disease	HLA	Pts ^a	Ctrls ^a	RR ^b
Ankylosing spondylitis	B27	> 95	9	> 150
Subacute thyroiditis	B35	70	14	14
Psoriasis vulgaris	Cw6	87	33	7
Graves disease	DR3	65	27	4
Myasthenia gravis	DR3	50	27	2
Addisons disease	DR3	69	27	5
Rheumatoid arthritis	DR4(some)	81	33	9
Juvenile idiopathic arthiritis	DR8	38	7	8
Celiac disease	DQ2 (+DQ8)	92	28	30
Narcolepsy	DQ6(02)	> 95	33	> 40
Multiple sclerosis	DQ6(02)	86	33	12
Type 1 diabetes	DQ8(+)	81	23	14
Type 1 diabetes	DQ6(02)	< 0.01	33	0.02

^a The figures show antigen frequencies in a Norwegian population.

^b RR: relative risk; i.e. how many times more frequent the disease is in those having the corresponding HLA molecule compared to those lacking it.

In: E. Thorsby, B.A. Lie: HLA associated genetic predisposition to autoimmune diseases: Genes involved and possible mechanisms. *Transplant Immunology* 14 (2005) 175 – 182.

In: N. Singh, S. Agrawal, A.K. Rastogi Infectious Diseases and Immunity: Special Reference to Major Histocompatibility Complex. *Emerging Infectious Diseases* 3 (1997) 41-49. Table 2. Association between human leukocyte antigen (HLA) and some infectious diseases

	HLA
Disease	Association
Bacterial	
Ankylosing spondylitis	B27
Reiter disease	B27
Acute anterior uveitis	B7
Mycobacterial	
Tuberculosis and leprosy	DR2
(multibacillary forms)	(DRB1*1501, 1502
lepromatous leprosy	DR2 and DQ1
paucibacillary tuberculoid	DR3
Viral	
Dengue fever virus	DR15
Human immunodeficiency	DR13
virus 1	(DRB1*1301, 1302
	1303)
	DR2
	(DRB1*1501)
	DRB1*03011
Hepatitis B virus	DR13
Hepatitis C virus	A2
	DR5
Epstein-Barr virus	B35.01
	A11
	B7
Parasitic	
Malaria	B53
Scabies	A11
Diffuse cutaneous	A11, B5, B7
leishmaniasis	
Localized cutaneous	A28, Bw22, DQw8
leishmaniasis	Bw22, DR11, Qw7
	Bw22, Dqw3
Schistosomiasis	B5, DR3
Visceral leishmaniasis	A26

Thank you for your attention!

