

Basic Immunology

(Dentistry)

Lecture 7.-8.

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

Ferenc Boldizsar MD, PhD

Immune system

RECOGNITION

SELF

NON-SELF

normal immune-homeostasis

TOLERANCE

ELIMINATION



AUTOIMMUNITY

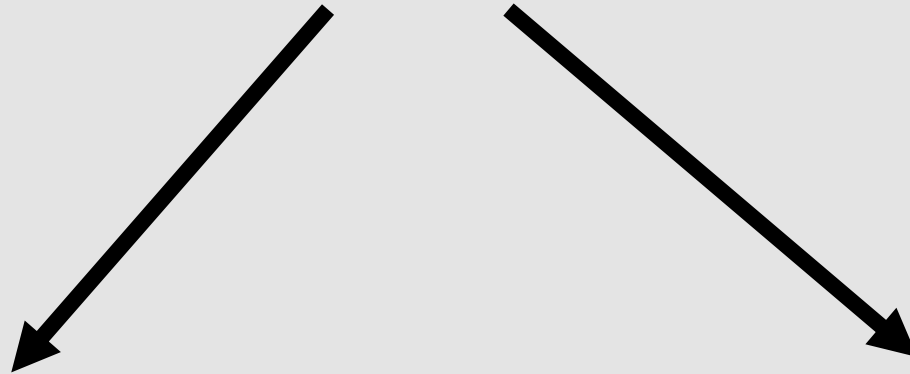
TUMORS

IMMUNO
DEFICIENCIES

HYPERSENSITIVE
REACTIONS

ALTERED immune-homeostasis= IMMUNOPATHOLOGY

Immunological Recognition (**Receptors**)



Innate immunity

general microbial
Molecular PATTERNS

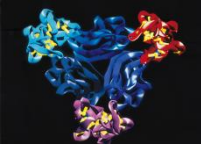
(„pattern recognition receptors“)

Pattern recognition

Adaptive immunity

Antigenspecific (EPITOP)

Antigen recognition

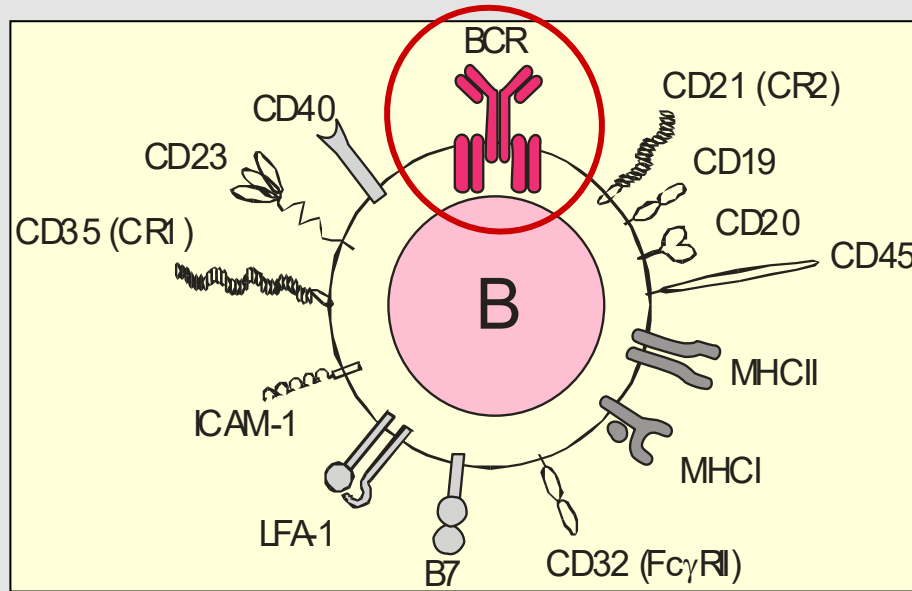


Recognition molecules

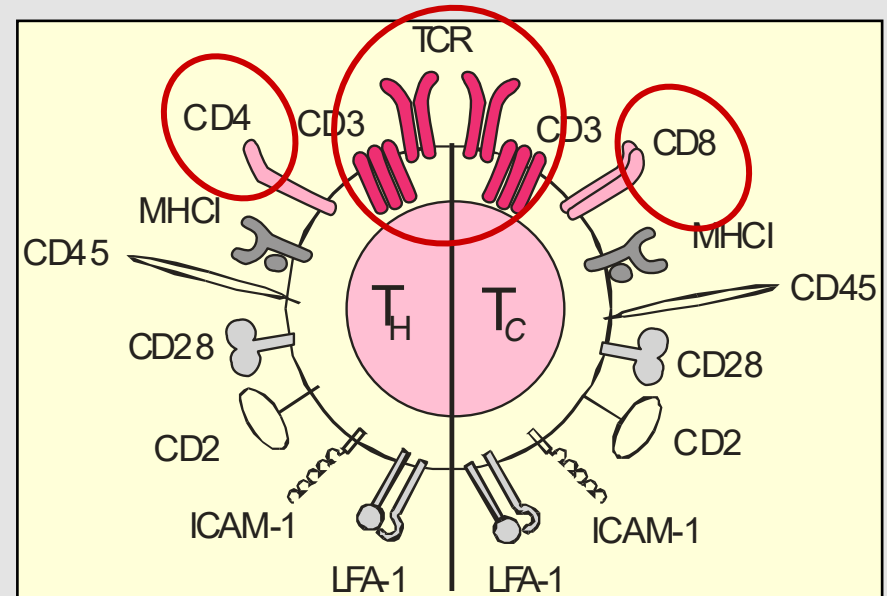
	Innate immunity	Adaptive immunity
Specificity	For pathogen-associated molecular patterns (PAMPs) Different microbes Identical mannose receptors	For structural details of any molecules (antigens) Different microbes Distinct antibody molecules
Receptors	Encoded in germline (pattern recognition receptors) Toll-like receptor N-formyl methionyl receptor Mannose receptor	Encoded by lymphocyte genes produced by somatic recombination Ig TCR
Distribution of receptors	Non-clonal	Clonal

Table 4-1

Antigen-Receptors of Lymphocytes



BcR= B-Zellrezeptor

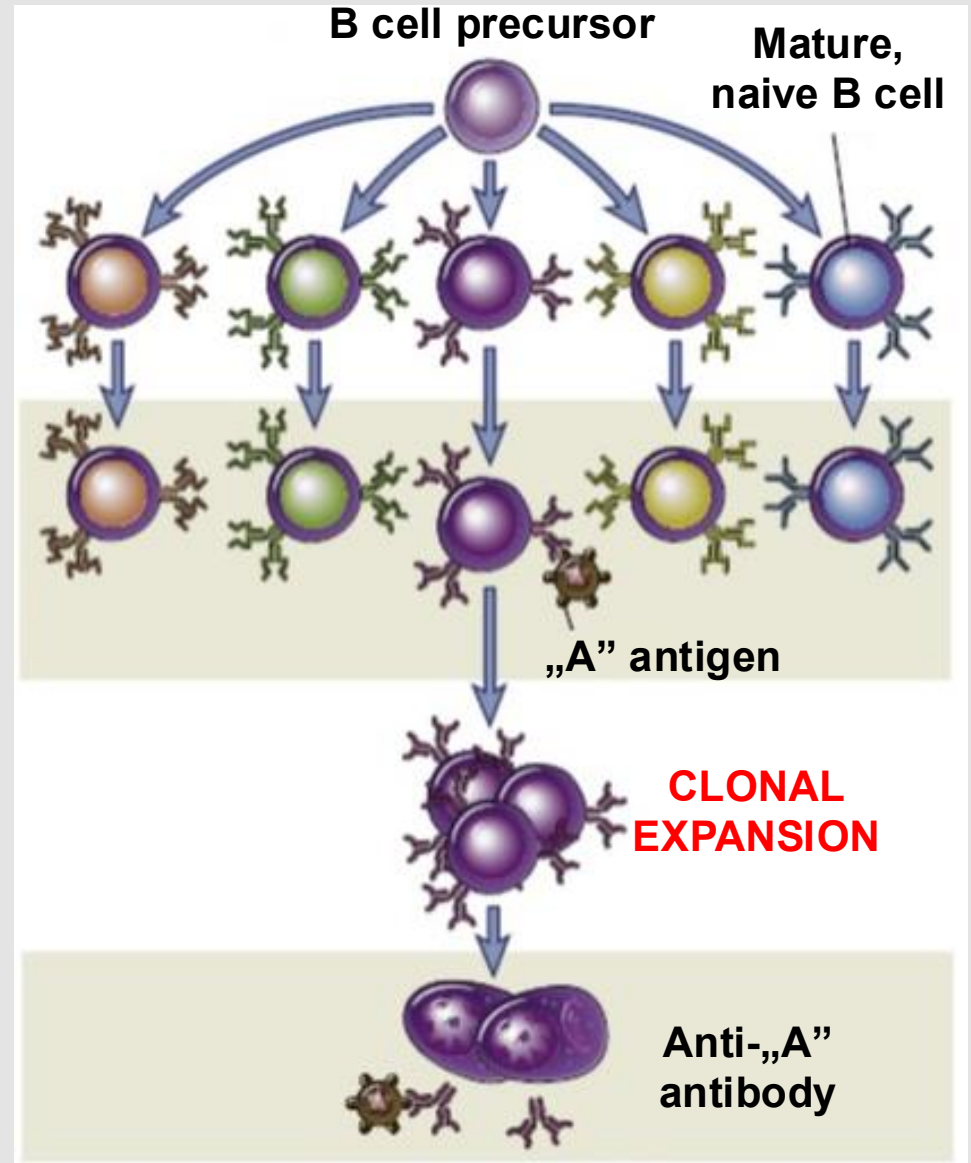


TcR= T-Zellrezeptor

BcR and TcR are **Antigen-Receptors**, 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 antigen-binding 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

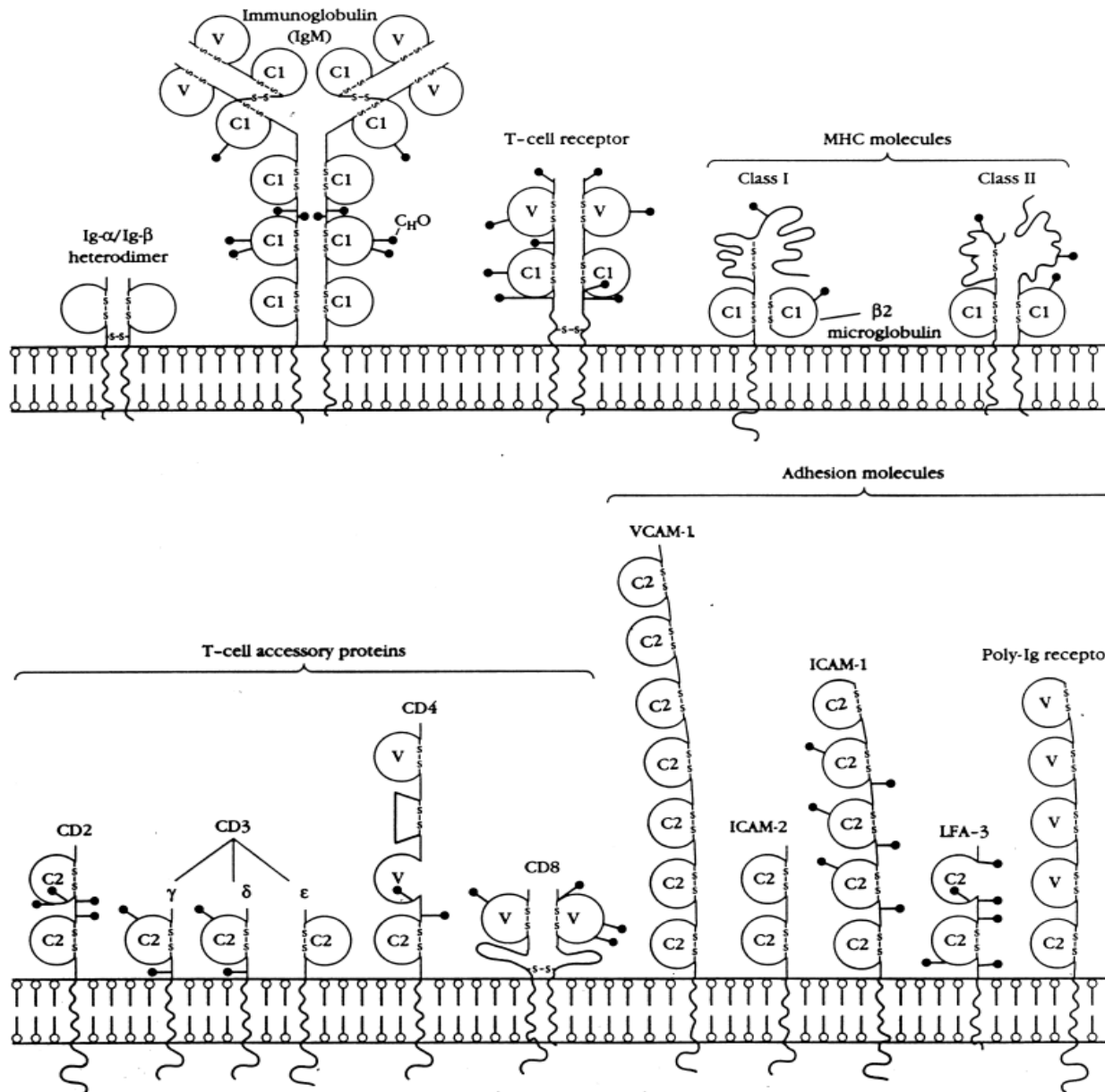
B cell receptors (BcR)

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 110 amino acids domain units) containing variable, antigen specific parts (binding sites) for the recognition and ligand formation.

Immune recognition molecules



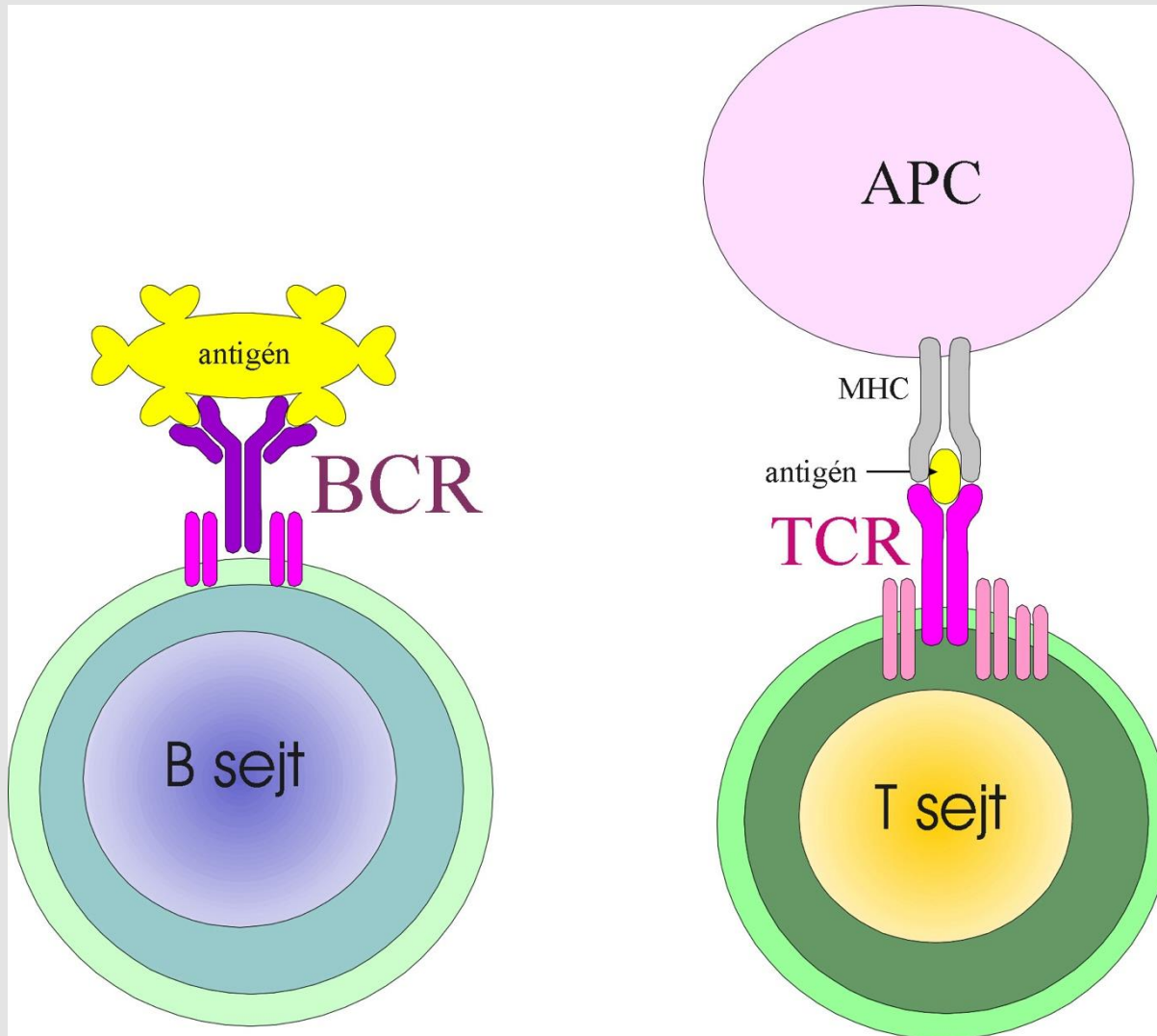
**Antigen
specific
recognition
molecules**

**Accessory
molecules**

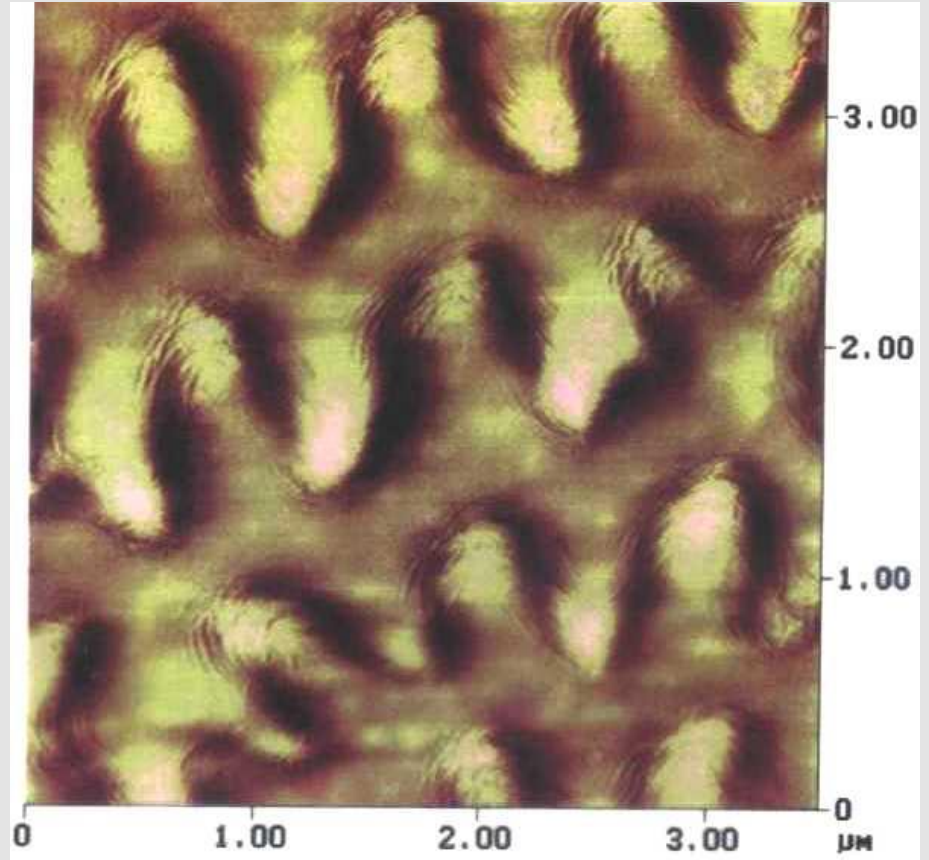
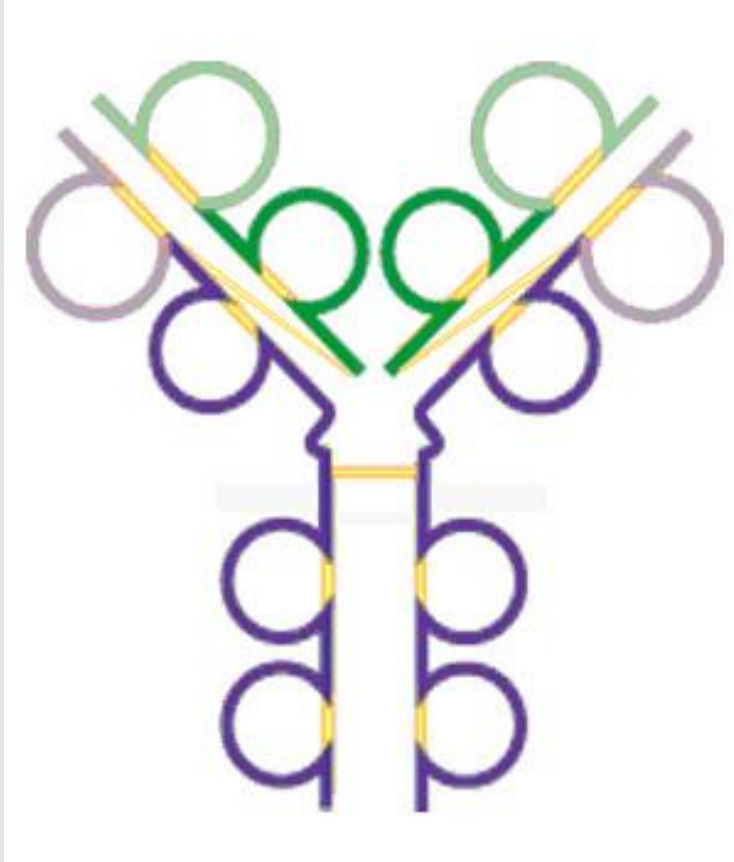
Antigen recognition

	B cells	T cells
Receptor	BcR (Ig)	TcR
Antigen	native	denatured (presented)
APC	not needed	needed

B cells and T cell antigen recognition

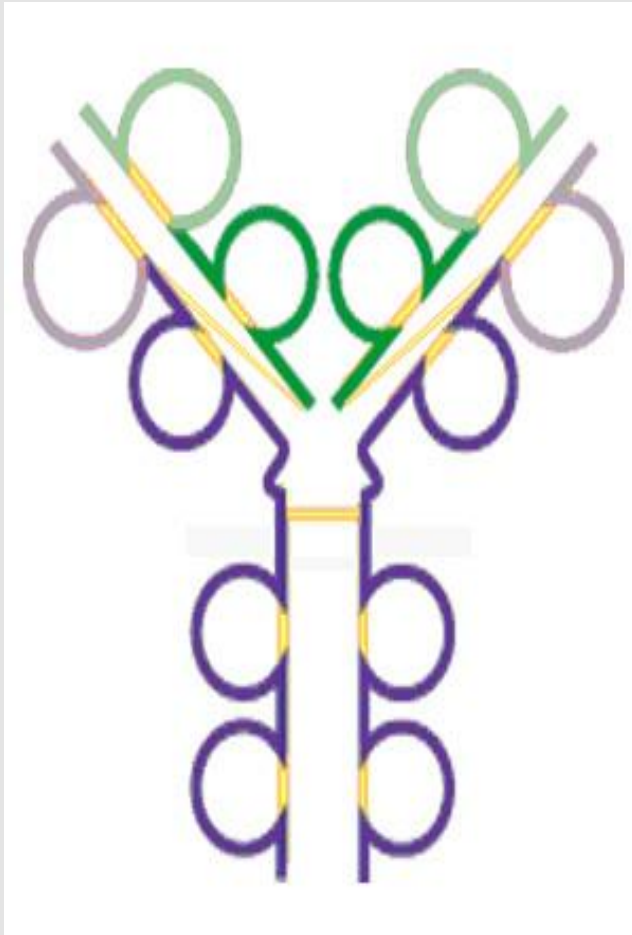


Domain structure



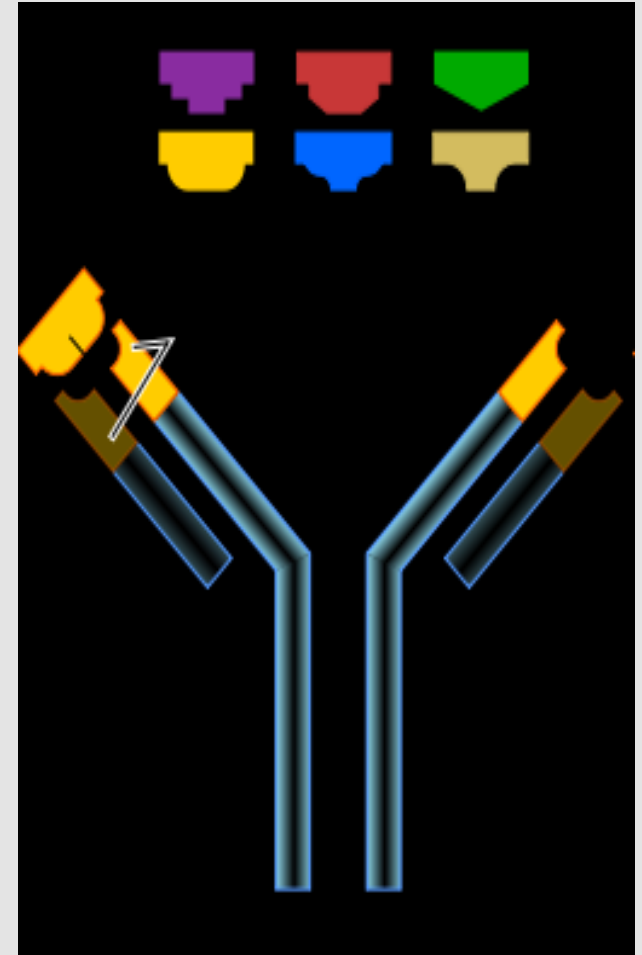
Well conserved amino acid sequence designed by 110 amino acids closed to a “ring shape” with disulphide bound.

Immunoglobulin molecule



CDR
Variable region
Idiotyp
Fab fragment

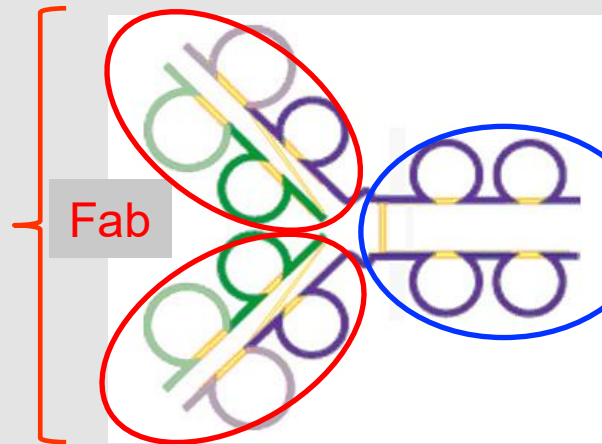
Constant region
Isotype
Fc fragment



Immunoglobulin functions

Monofunctional character:

Specific antigen recognition and - binding



Polyfunctional character:

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

Immunoglobulin isotypes

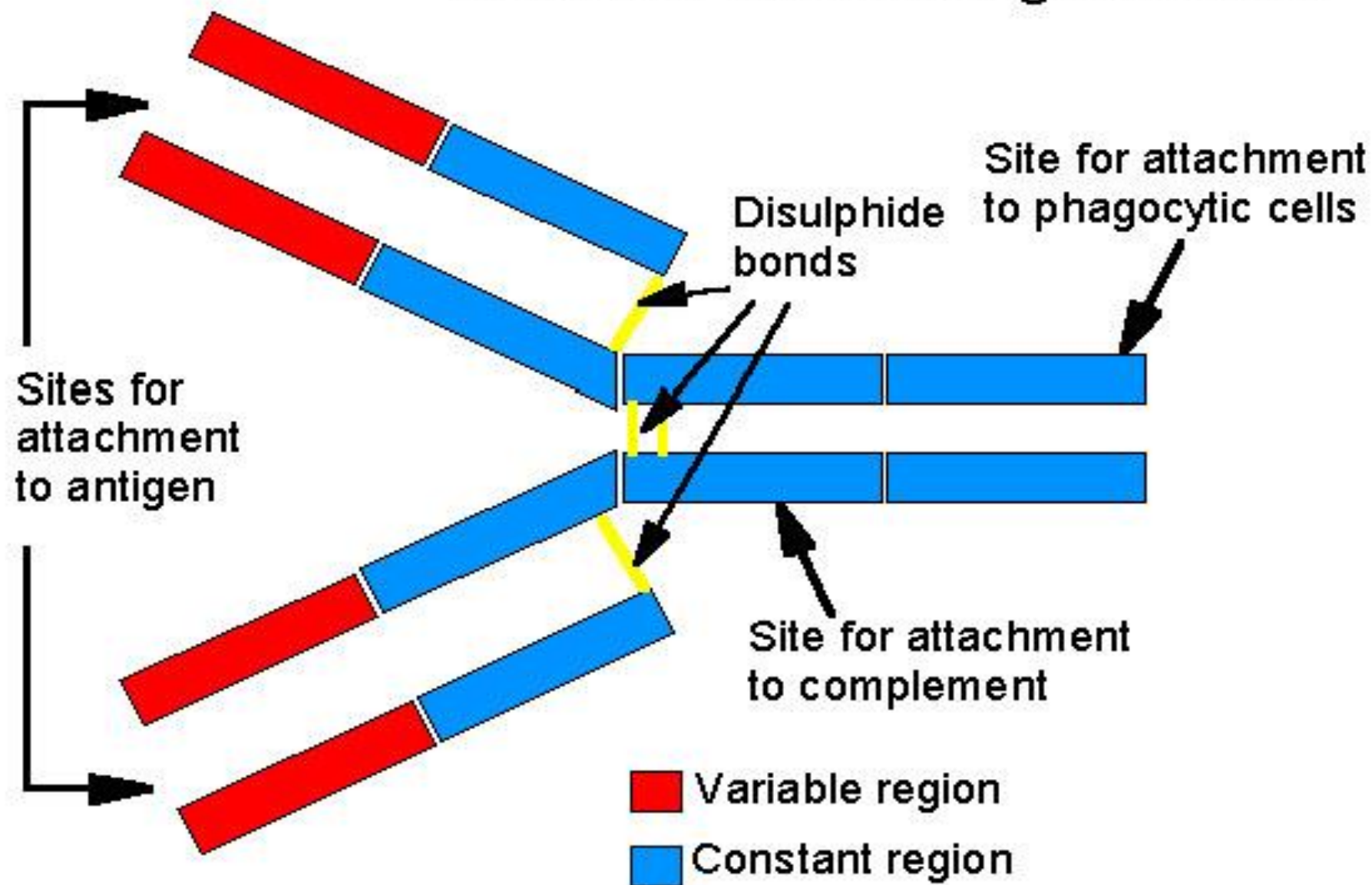
- Based upon the constant structures of heavy (H) and light (L) chains
- **CH isotypes:** called Ig classes and subclasses as IgG, IgM, IgA, IgD and IgE. All classes are represented in a normal serum (except the membrane bound IgD) as isotype variants.
- **CL chain** exists in two **isotypic forms:**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

Heavy chain	Light chain	Immuno-globulin Class	Immuno-globulin Subclass
$\gamma 1$	κ or λ	IgG	IgG1
$\gamma 2$	κ or λ		IgG2
$\gamma 3$	κ or λ		IgG3
$\gamma 4$	κ or λ		IgG4
$\alpha 1$	κ or λ	IgA	IgA1
$\alpha 2$	κ or λ		IgA2
μ	κ or λ	IgM	
δ	κ or λ	IgD	
ϵ	κ or λ	IgE	

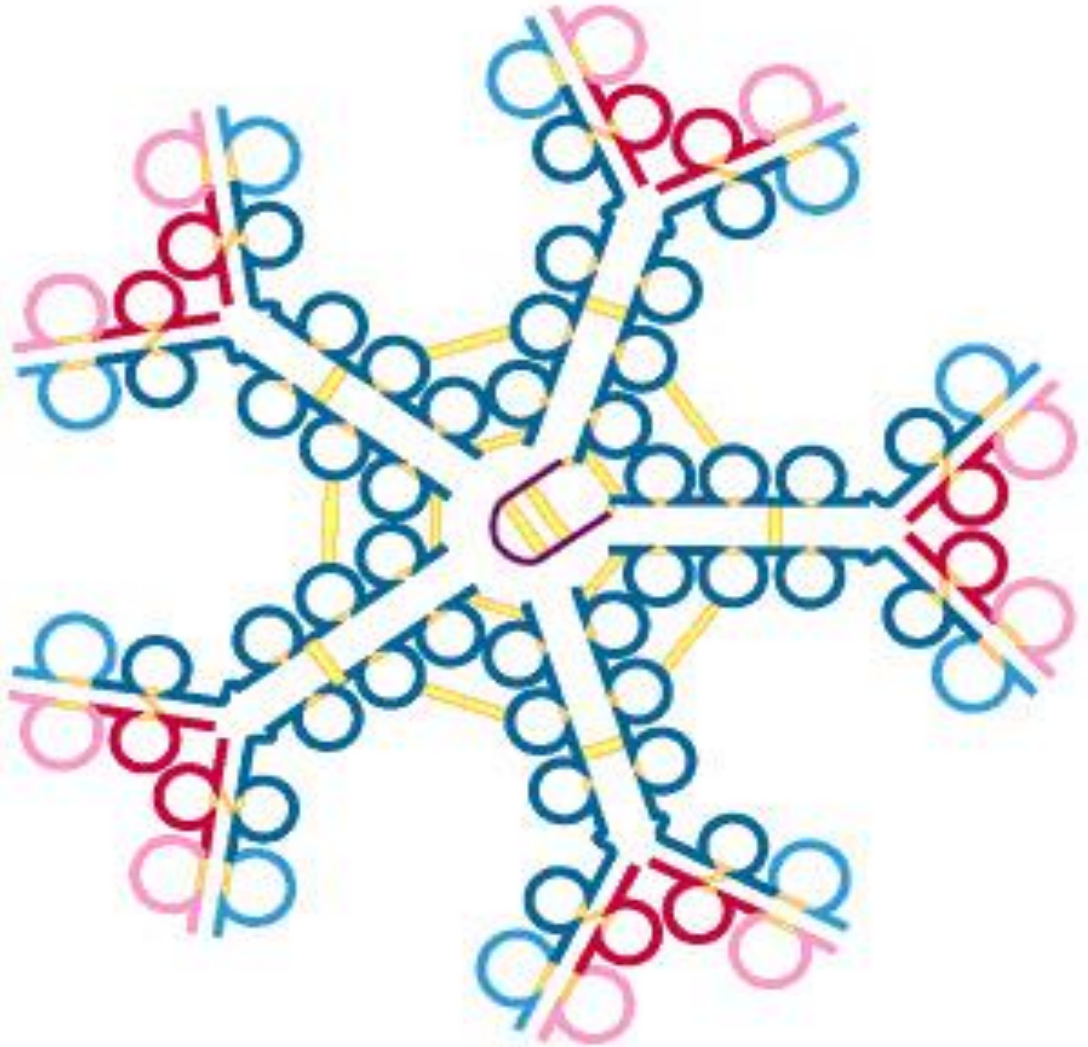
Pronunciation of Greek letters:

γ	gamma	α	alpha	μ	mu	δ	delta
ϵ	epsilon	κ	kappa	λ	lambda		

Structure of Immunoglobulin G1



IgA and IgM



Immunoglobulin E

with name of each domain

Sites for attachment to antigen

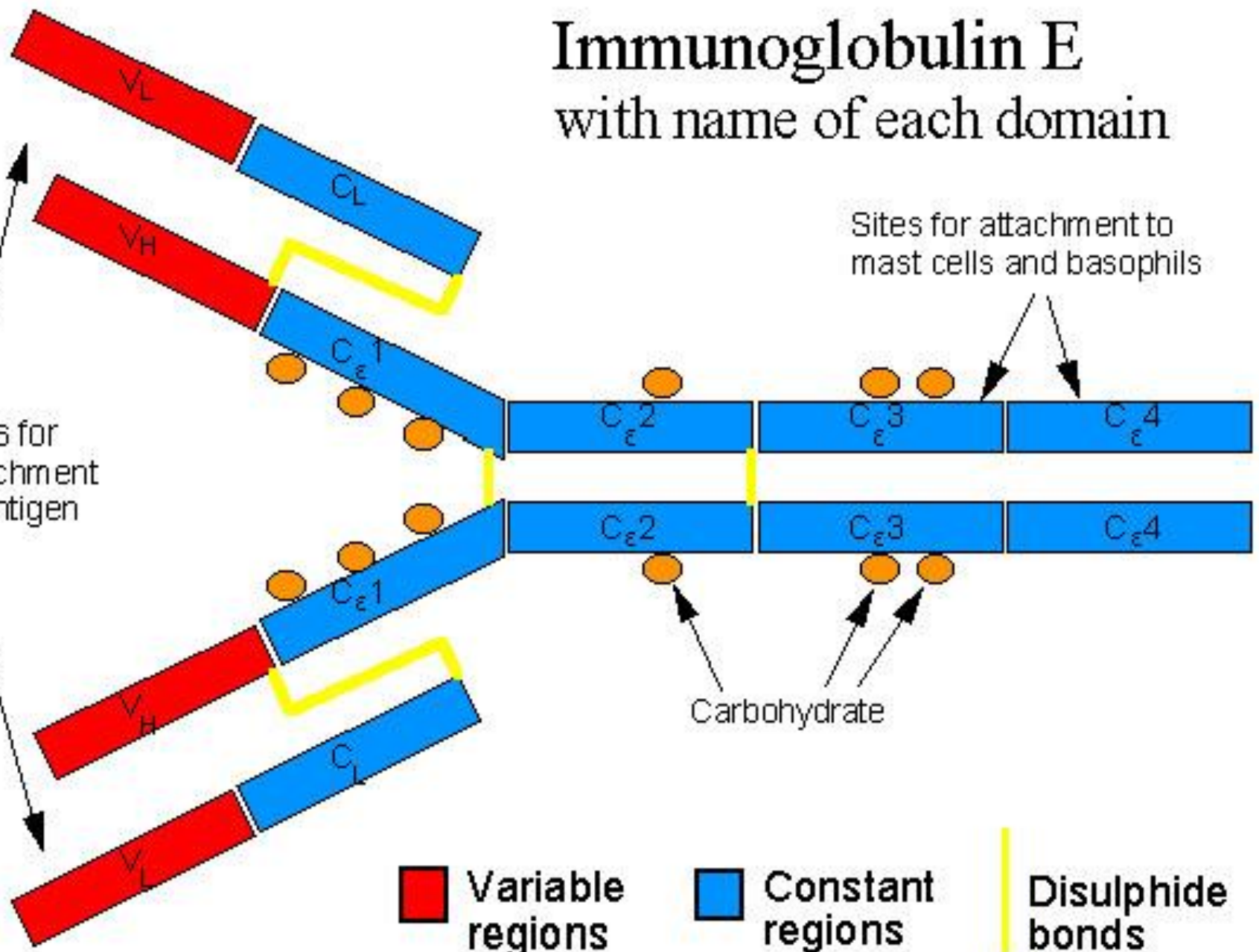
Sites for attachment to mast cells and basophils

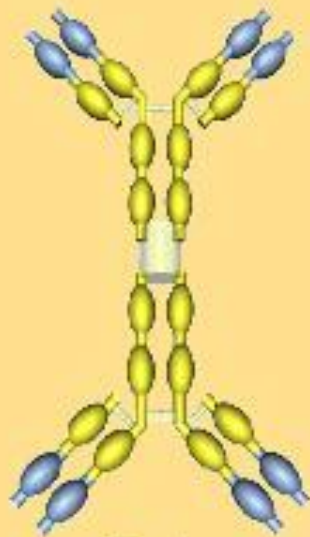
Carbohydrate

 Variable regions

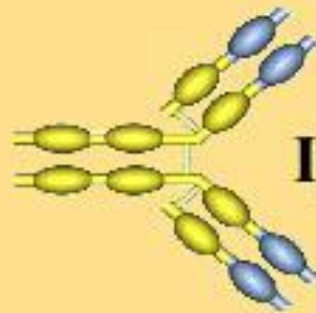
 Constant regions

 Disulphide bonds

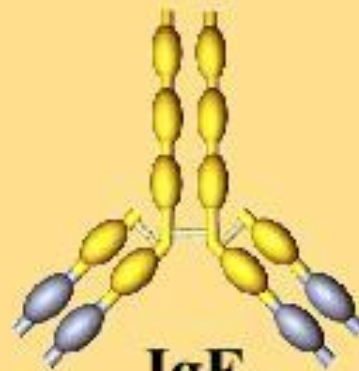




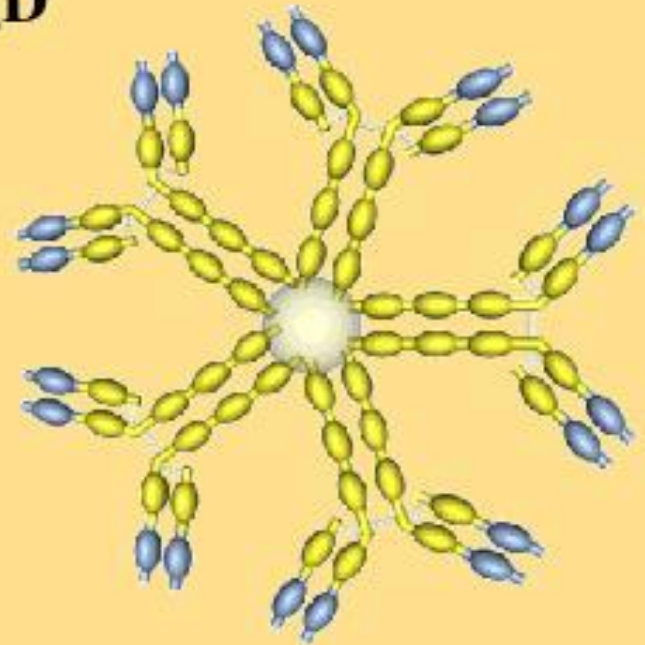
IgA



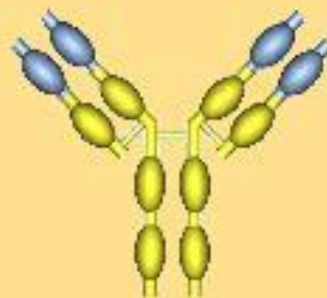
IgD



IgE



IgM

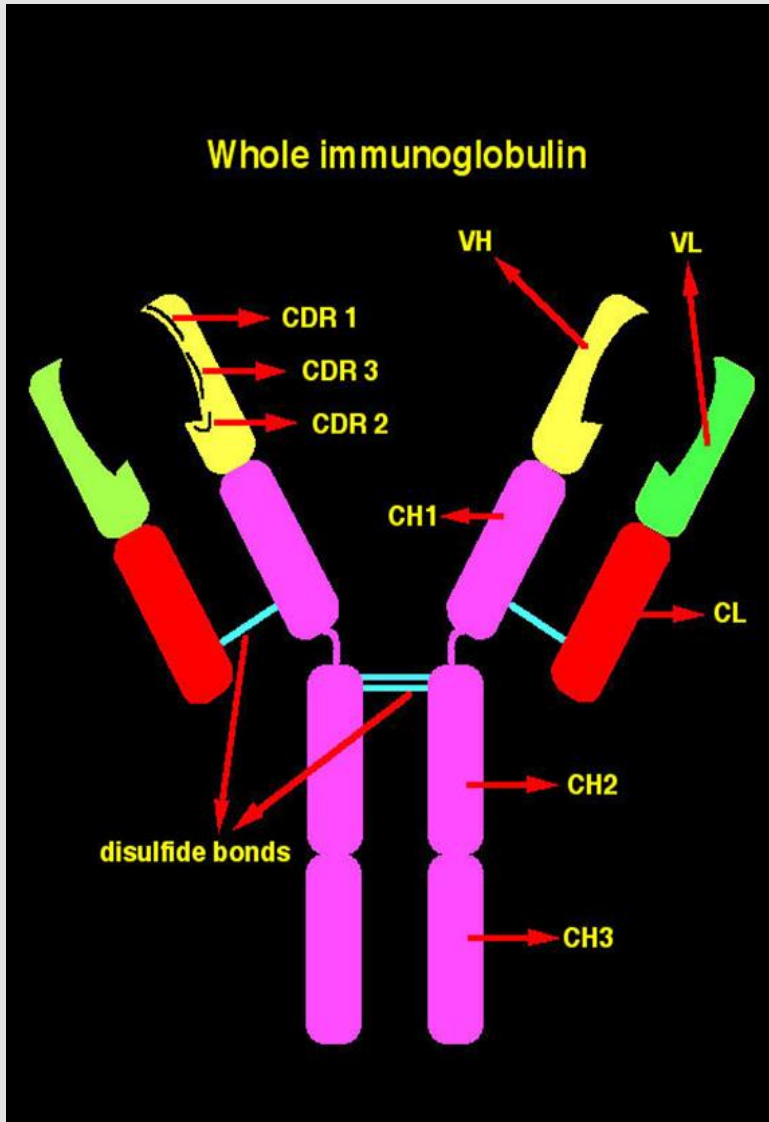


IgG

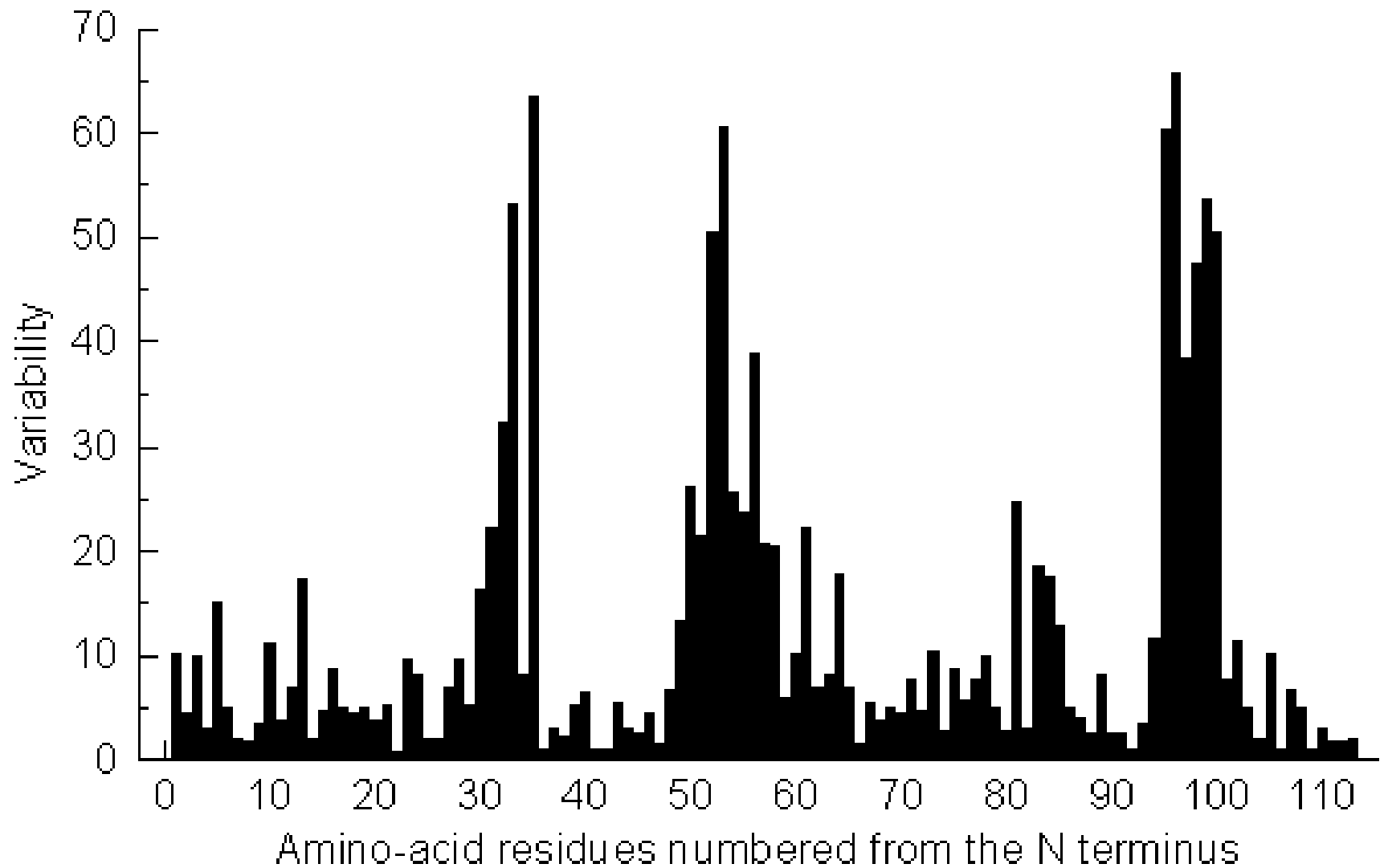
Immunoglobulin idio**type**

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

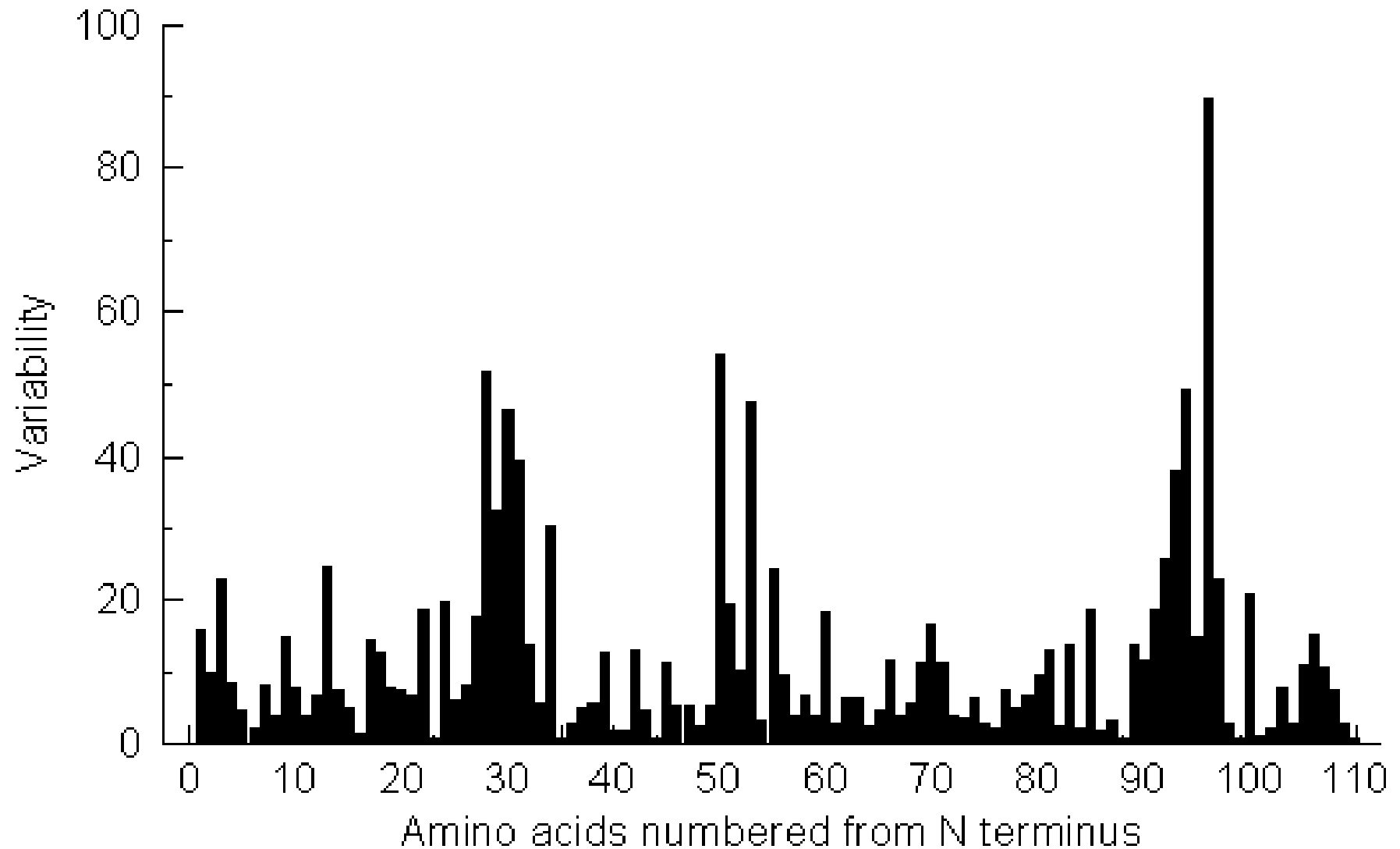
The N terminal Ig domain contains V region forming the antigen binding site: clustering the 3 hyper variable sequences close to each other on both chains - the variation of 3 x 3 results tremendous diversity.



Variability of amino-acid residues in the variable region of immunoglobulin H chains

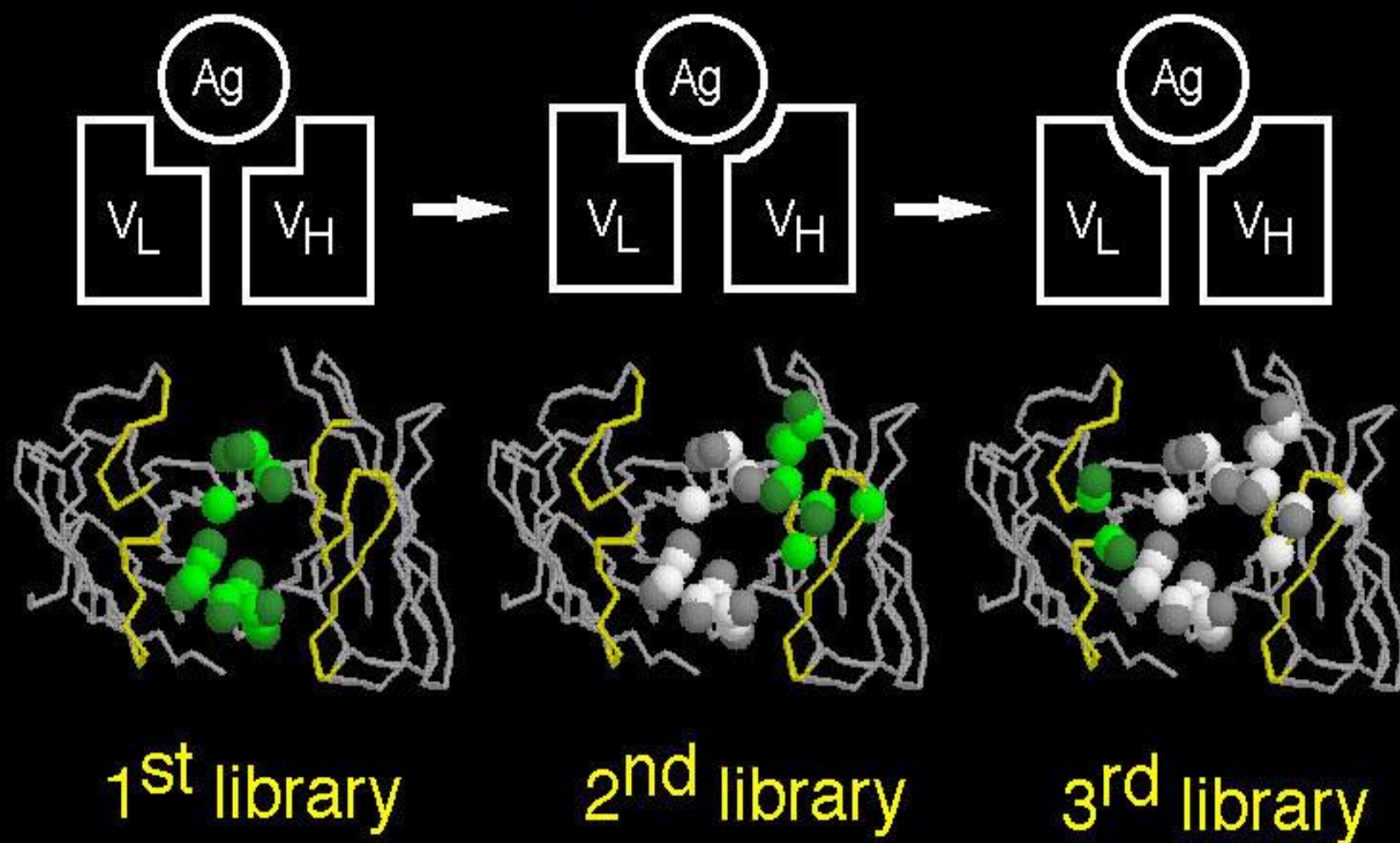


Variability of amino-acid residues in the variable region of Immunoglobulin L chains



Antibody affinity maturation

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



Antigen Recognition by T Cells

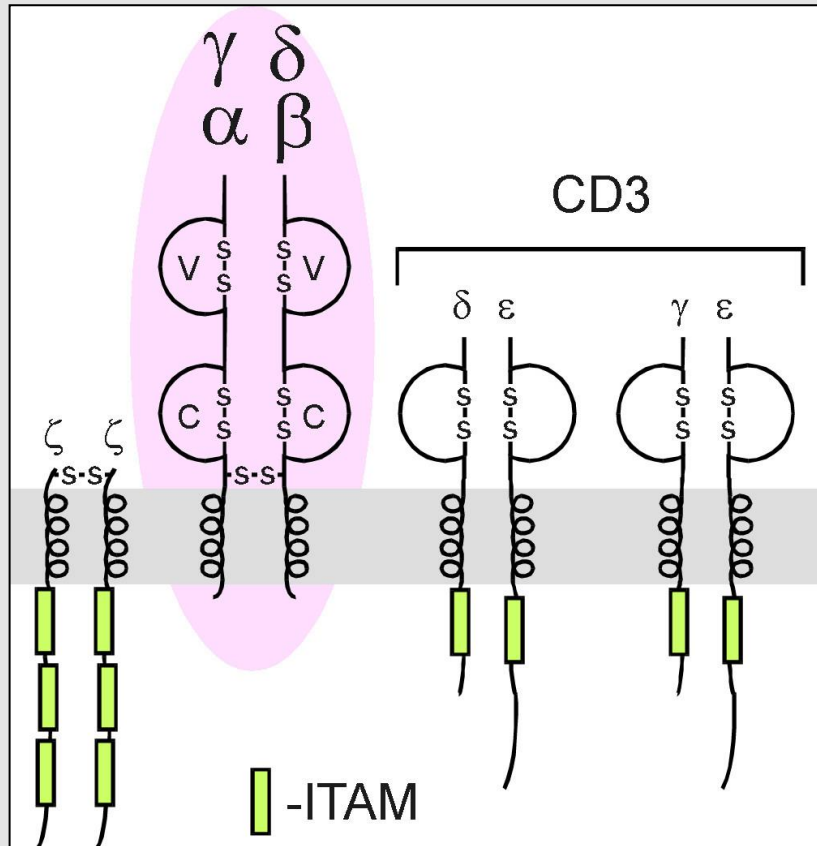
“MHC-restriction”

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

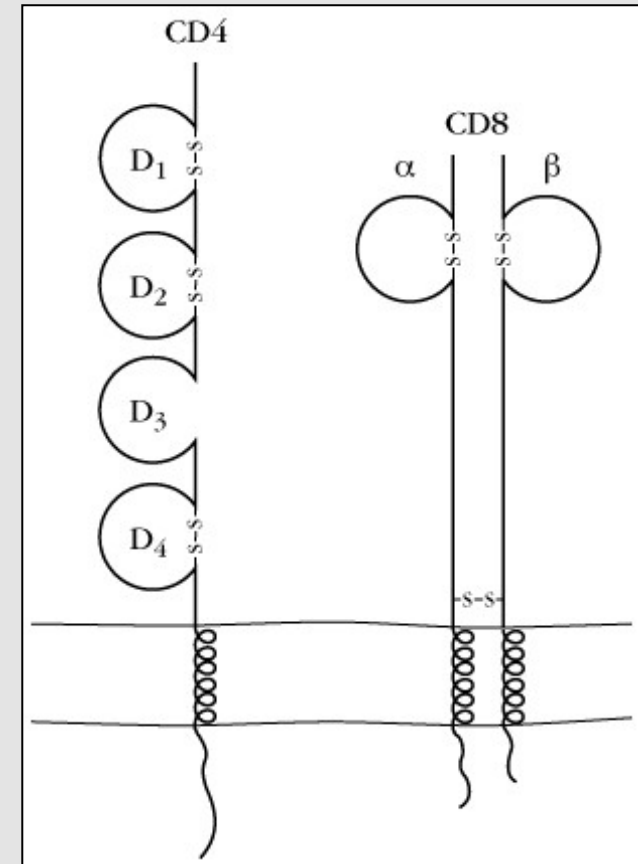
CD8+ (cytotoxic) T-cells	MHC I-peptide complex
CD4+ (helper) T-cells	MHC II-peptide complex

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

T cell receptor complex on mature T cells



+

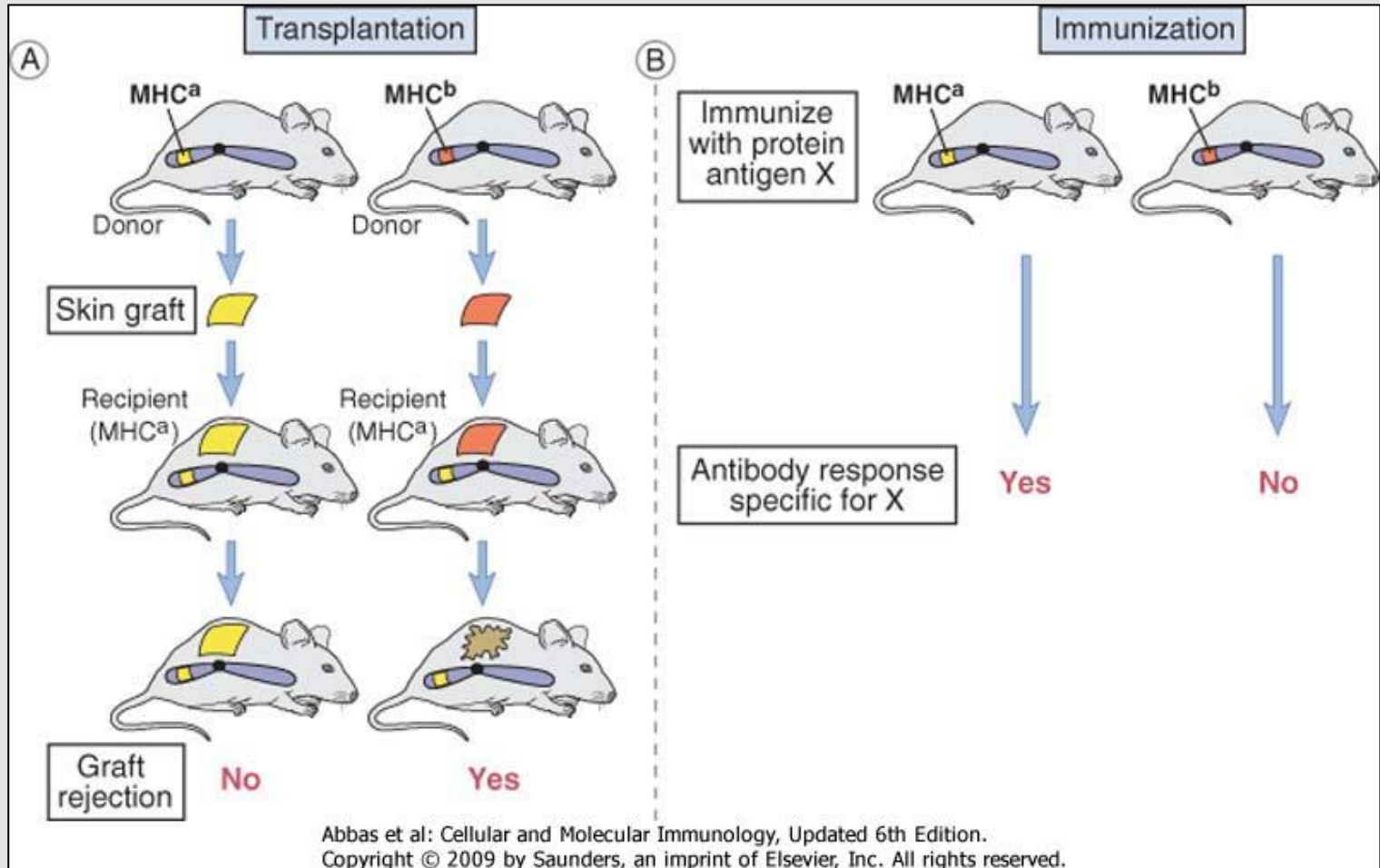


$\alpha\beta$ TcR – CD4+ v agy CD8+)
 $\gamma\delta$ TcR – CD4-CD8-

Definition

- **MHC=**Major Histocompatibility Complex; **HLA=**Human Leukocyte Antigen
- 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

K, D (MHC Class I) genes
responsible for graft rejection

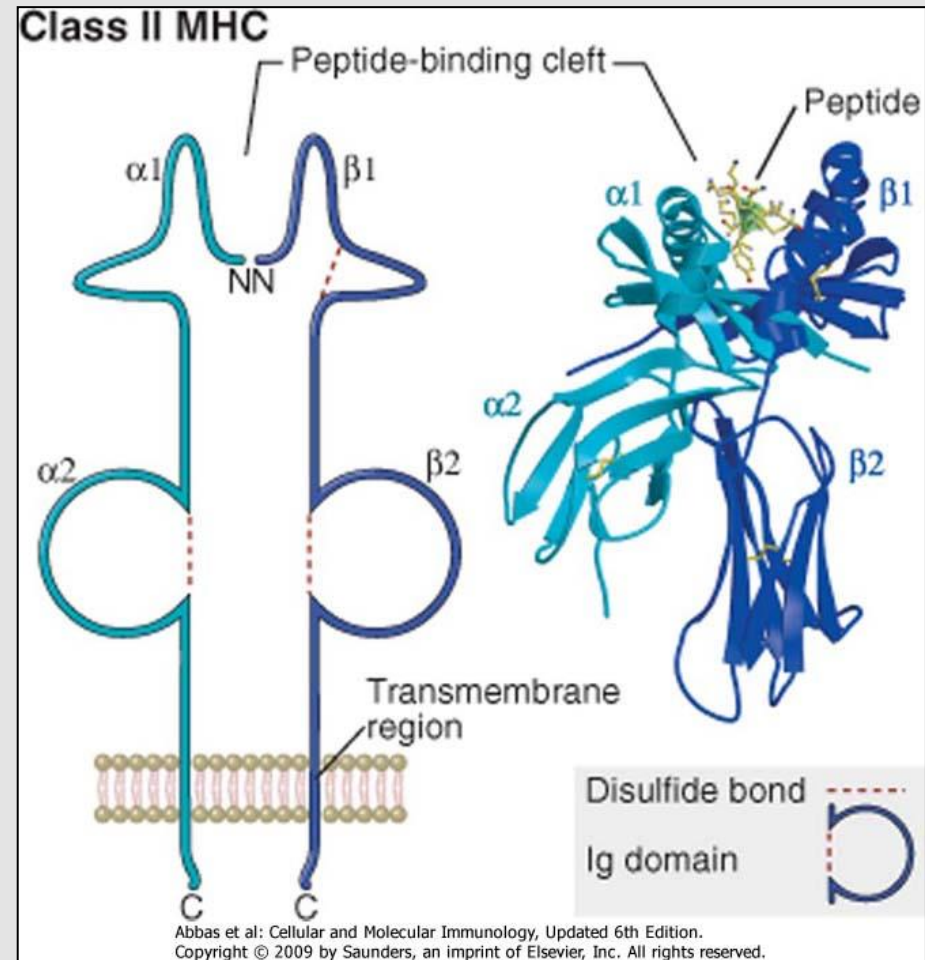
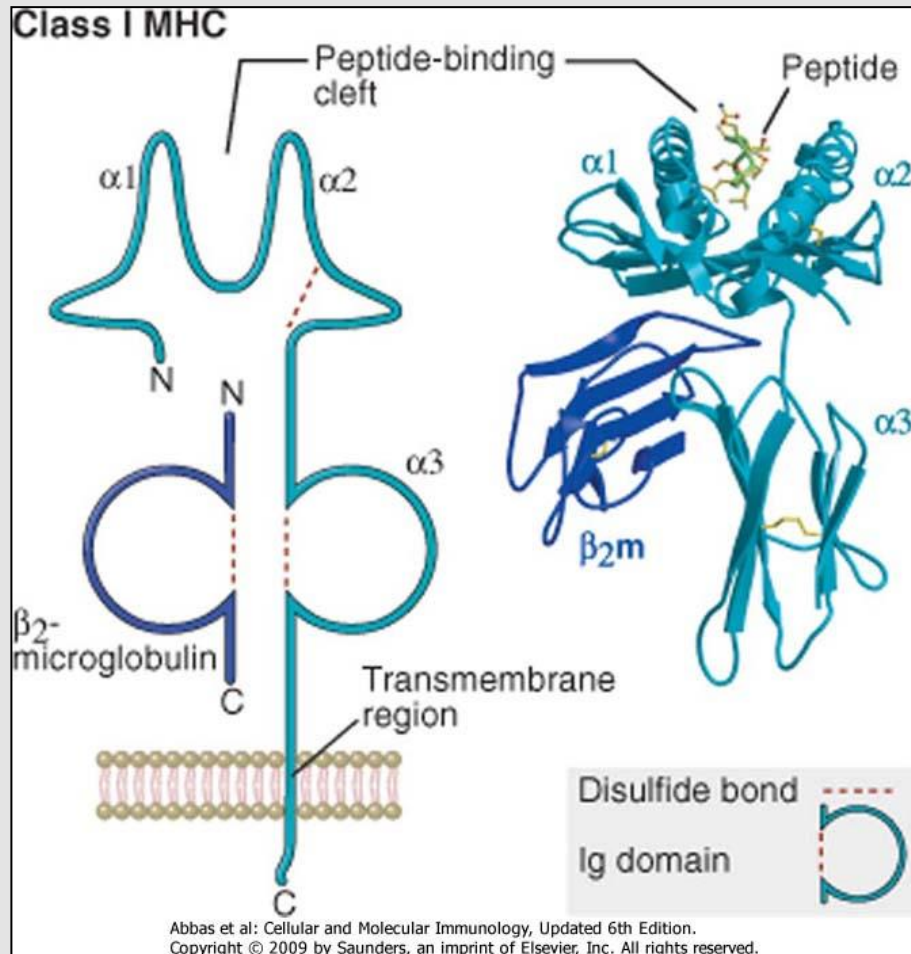
Immune response (I_r) genes

A, E (MHC Class II) genes determine
reactivity to different protein antigens

Features of MHC-I and MHC-II molecules

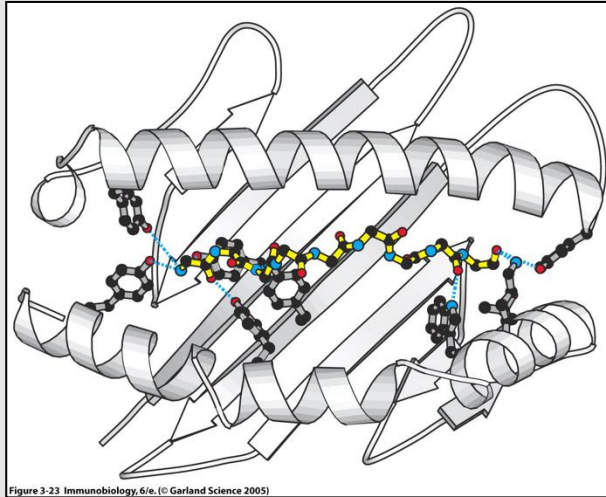
Feature	Class I MHC	Class II MHC
Polypeptide chains	α (44-47 kD) β_2 -Microglobulin (12 kD)	α (32-34 kD) β (29-32 kD)
Locations of polymorphic residues	$\alpha 1$ and $\alpha 2$ domains	$\alpha 1$ and $\beta 1$ domains
Binding site for T cell coreceptor	$\alpha 3$ region binds CD8	$\beta 2$ region binds 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

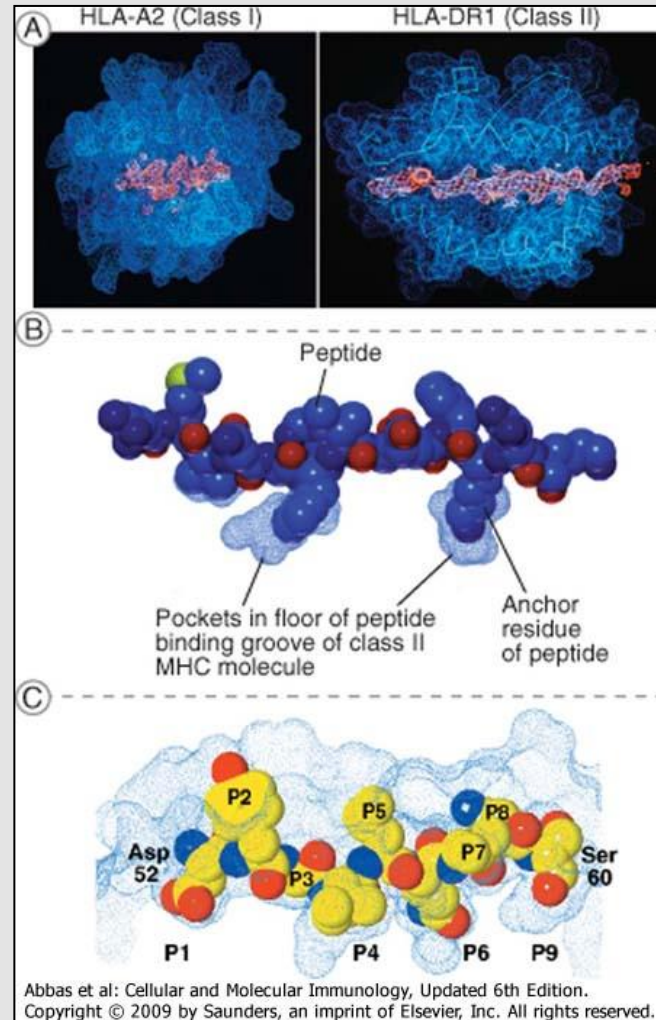
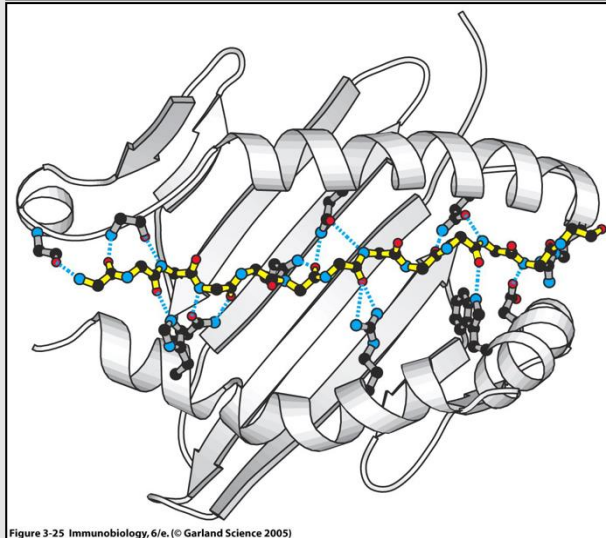


Peptide binding of MHC-I and MHC-II

MHC-I

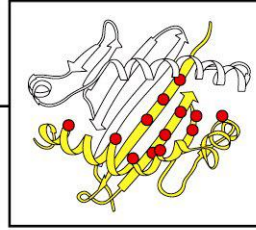
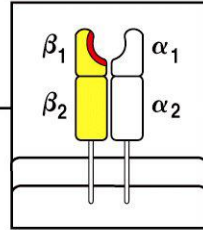
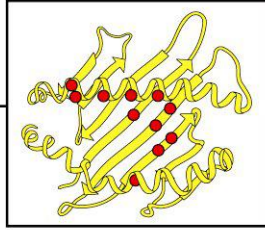
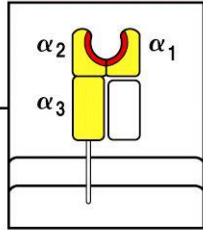


MHC-II



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.

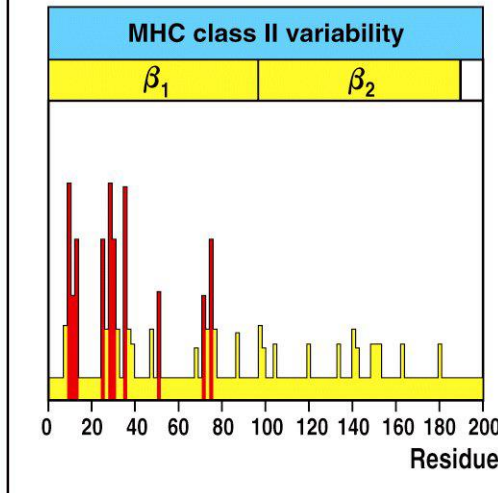
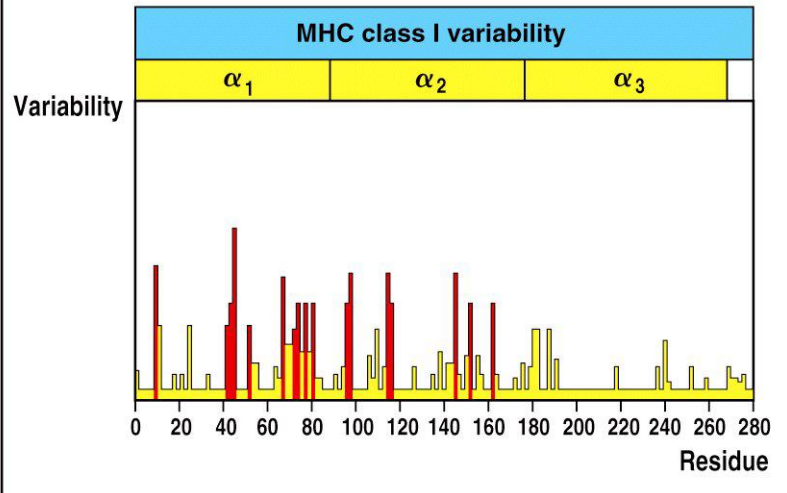
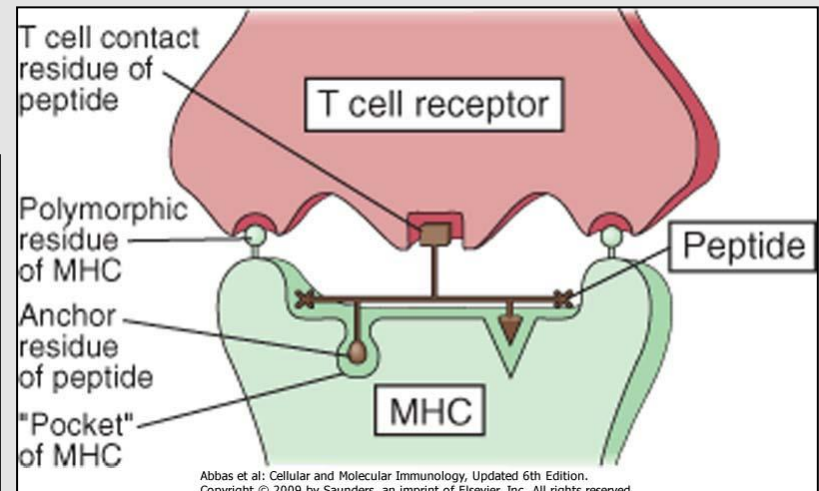


Figure 5-16 Immunobiology, 6/e. (© Garland Science 2005)

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



MHC-II peptide binding

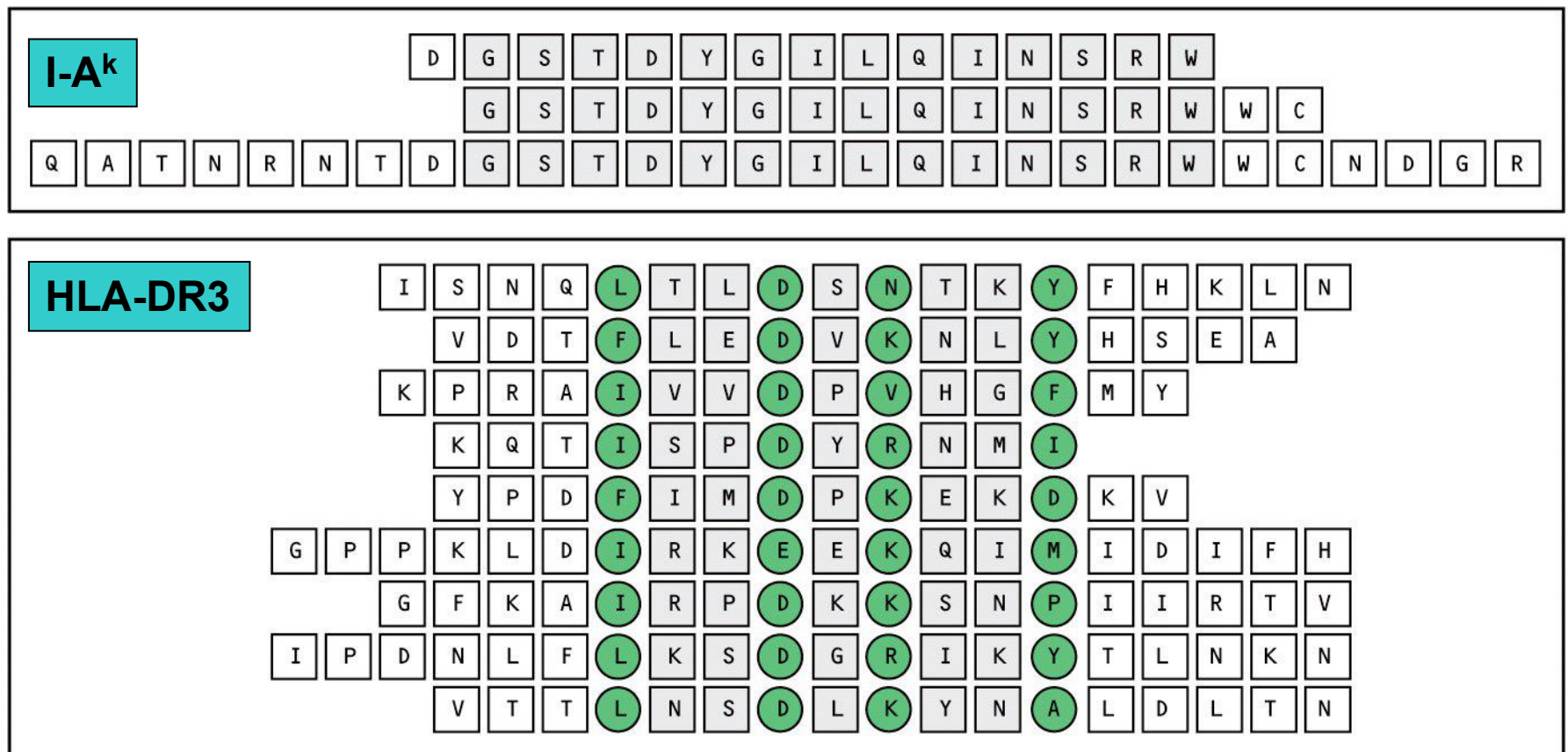
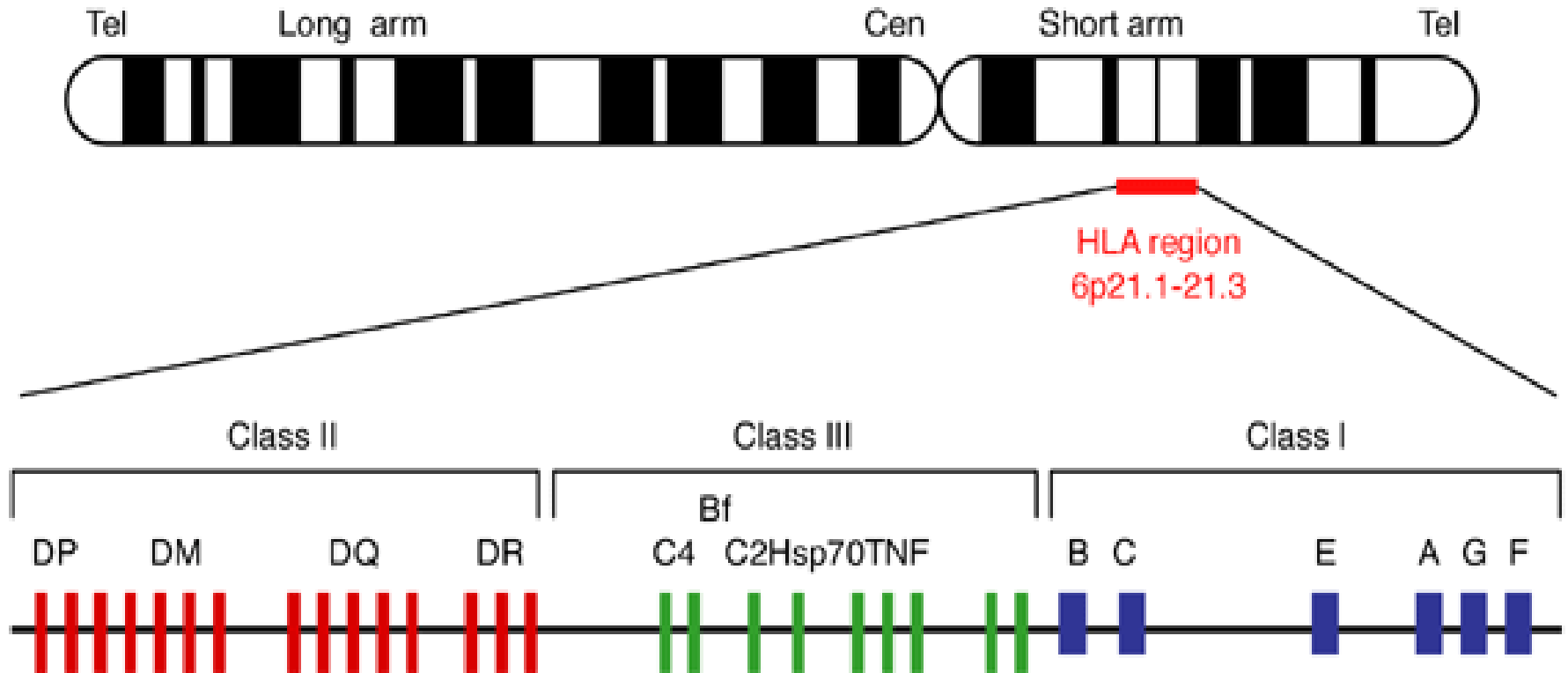


Figure 3-26 Immunobiology, 6/e. (© Garland Science 2005)

HLA map

Chromosome 6



Gene map of the human leukocyte antigen (HLA) region

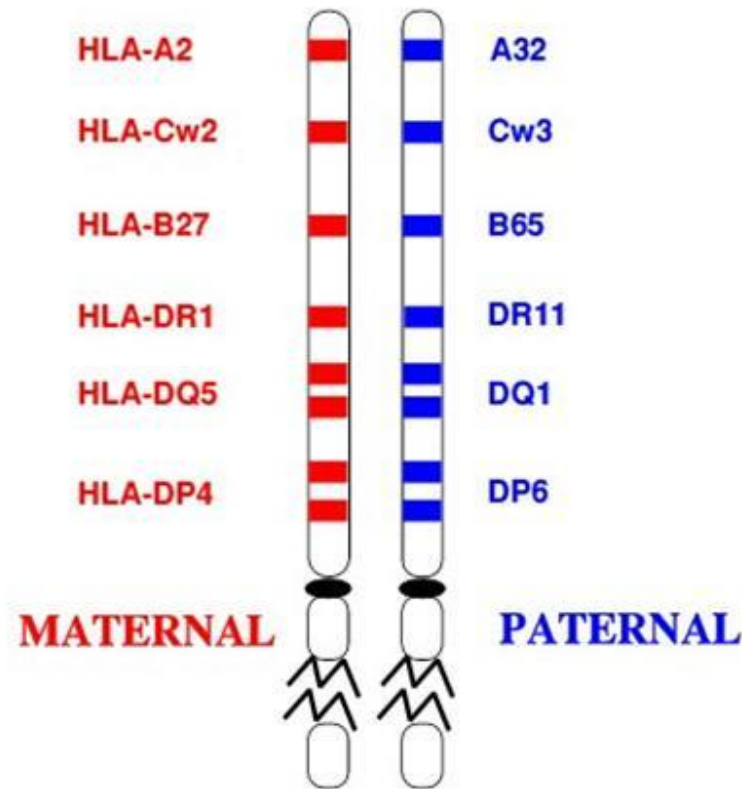
Expert Reviews in Molecular Medicine© 2003 Cambridge University Press

Genetics of MHC (HLA)

1. **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**).
2. 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.
Nomenclature: eg. HLA-B*2705= first 2 places – main alleles, last 2 places - suballeles. (w=workshop - not final)
3. **co-dominant**: Alleles are expressed from both MHC haplotypes in any one individual, and the products of all alleles are found on all expressing cells.

Genetics of MHC (HLA)

**Most Humans are heterozygous
at the MHC**



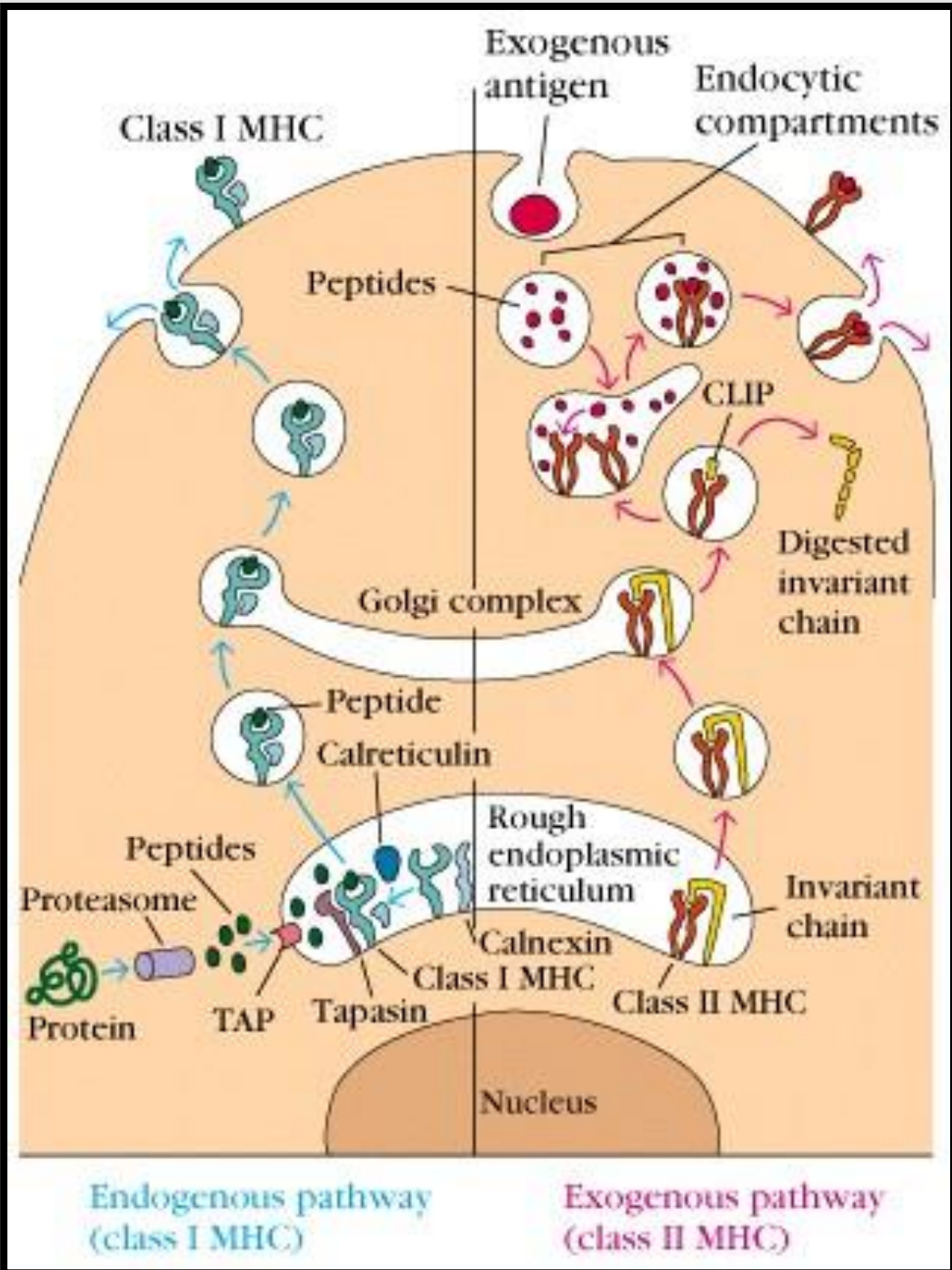
Expression pattern of MHC I and MHC II

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

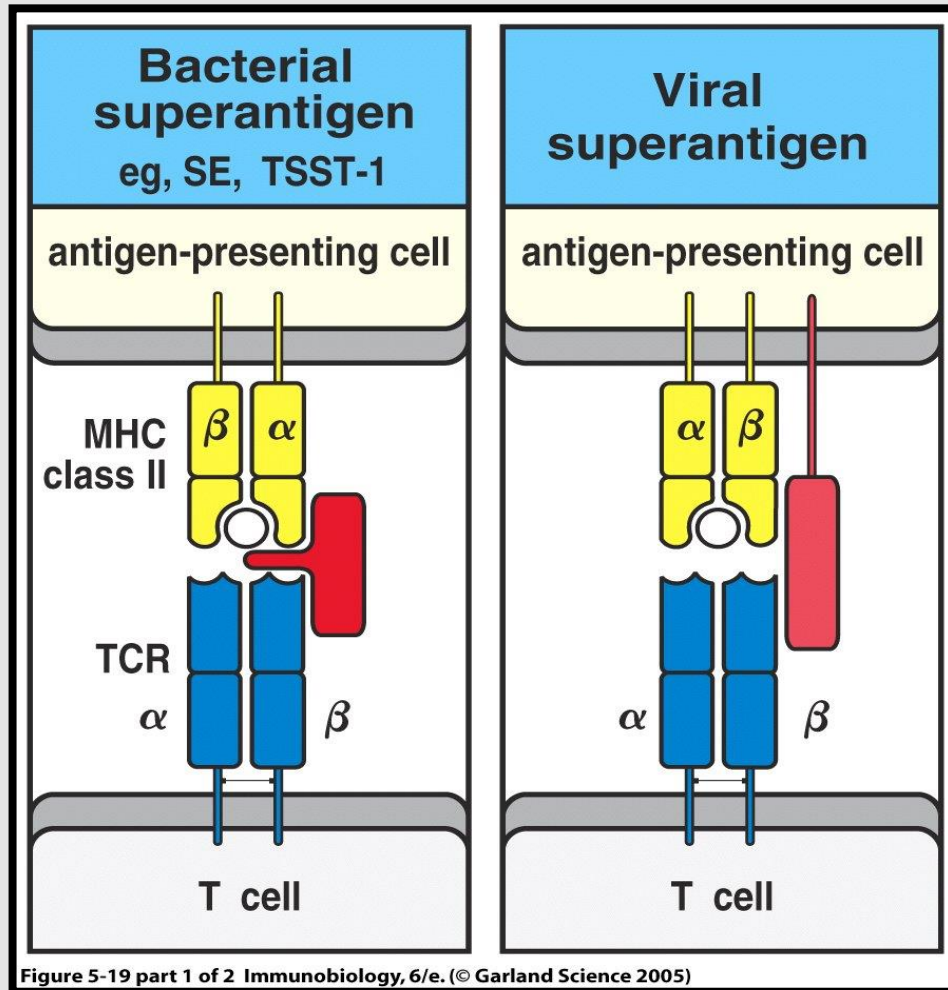
Tapasin and TAP1&2

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 antigen-induced T-cell response where 0.001-0.0001% of the body's T-cells are activated, SAg (endotoxins) are capable of activating up to 20% 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 arthritis	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

Disease	HLA Association
Bacterial	
Ankylosing spondylitis	B27
Reiter disease	B27
Acute anterior uveitis	B7
Mycobacterial	
Tuberculosis and leprosy (multibacillary forms)	DR2 (DRB1*1501, 1502)
lepomatous leprosy	DR2 and DQ1
paucibacillary tuberculoid	DR3
Viral	
Dengue fever virus	DR15
Human immunodeficiency virus 1	DR13 (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 leishmaniasis	A11, B5, B7
Localized cutaneous leishmaniasis	A28, Bw22, DQw8
	Bw22, DR11, Qw7
	Bw22, Dqw3
Schistosomiasis	B5, DR3
Visceral leishmaniasis	A26

Thank you for your attention!

