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Thalidomide Suppresses Up-Regulation of Human Immunodeficiency Virus Coreceptors CXCR4 and CCR5 on CD4^+ T Cells in Humans

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Concurrent infection in patients with human immunodeficiency virus (HIV) infection increases the expression of HIV coreceptors CXCR4 and CCR5. Thalidomide has beneficial effects in a number of HIV-associated diseases. The effect of thalidomide on CXCR4 and CCR5 expression on CD4^+ T cells was determined. Thalidomide produced a dose-dependent inhibition of lipopolysaccharide (LPS)-induced up-regulation of CXCR4 and CCR5 in vitro. Antibody to tumor necrosis factor-α (TNF-α) also attenuated the LPS-induced HIV coreceptor up-regulation, which was not further reduced by thalidomide. Thalidomide (400 mg) was orally administered to 6 men, and their blood was stimulated ex vivo with LPS, staphylococcal or mycobacterial antigens, or antibody to CD3 or CD28 cells. All stimuli induced up-regulation of HIV coreceptors, which was reduced after ingestion of thalidomide. Thalidomide may be beneficial in the treatment of intercurrent infections during HIV infection by reducing the up-regulation of CXCR4 and CCR5 expression on CD4^+ T cells induced by bacterial and mycobacterial antigens, by a mechanism that involves inhibition of TNF-α.

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The studies presented were approved by the institutional scientific and ethics committees of the Academic Medical Center, and written, informed consent was obtained from all volunteers.

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Figure 1. Upper panels. Percentage of CD4\(^+\) T cells expressing CXCR4 and CCR5 after stimulation of whole blood with lipopolysaccharide (LPS, 10 ng/mL) in the presence of different concentrations of thalidomide. Lower panels. Percentage of CD4\(^+\) T cells expressing CXCR4 and CCR5 after stimulation of whole blood with LPS in the presence of thalidomide or antibody to tumor necrosis factor-\(\alpha\) (aTNF). Whole blood was incubated for 8 h at 37\(^\circ\)C. Data are of 6 donors. * vs. RPMI; † vs. LPS. mean \(\pm\)SE \(P<.05\).
of 1 μg/mL inhibited CXCR4 by 15.3% ± 3.2%, and 10 μg/mL resulted in a 21.2% ± 4.7% inhibition, compared with CXCR4 expression after incubation with LPS alone. CCR5 was inhibited by 53.9% ± 11.4% (1 μg/mL) and 56.8% ± 10.3% (10 μg/mL). Interestingly, the effect of thalidomide on HIV coreceptor expression appeared biphasic, with 100 μg/mL having less influence than 10 μg/mL.

Thalidomide does not influence HIV coreceptor expression in the presence of antibody to TNF-α. Thalidomide inhibits TNF-α production by mononuclear cells [7, 12]. To determine whether thalidomide inhibited HIV coreceptor expression via inhibition of TNF-α, we stimulated whole blood with LPS in the presence of thalidomide or a neutralizing antibody to TNF-α or both (figure 1). Both thalidomide and antibody to TNF-α partially blocked LPS-induced up-regulation of CXCR4 and CCR5 on the fraction of CD4+ T cells, compared with incubation with an irrelevant antibody (P < .05). Simultaneous addition of antibody to TNF-α and thalidomide did not further reduce CXCR4 or CCR5 expression, compared with the effects of either antibody to TNF-α or thalidomide alone.

Reduced HIV coreceptor expression on CD4+ T cells after ingestion of thalidomide. Having established that thalidomide can inhibit LPS-induced up-regulation of HIV coreceptors on CD4+ T cells in vitro, we next determined the effect of a 400-mg oral dose of thalidomide on CXCR4 and CCR5 expression after stimulation of whole blood ex vivo. Aside from drowsiness, volunteers experienced no side effects. Ingestion of thalidomide did not result in a change in leukocyte counts or differentiation. In addition, CD4+ and CD8+ counts did not change after ingestion of thalidomide. In unstimulated blood (blood immediately processed for FACS analysis), neither the number of CD4+ T cells nor the fraction of CD4+ T cells expressing CXCR4 and CCR5 changed after ingestion of thalidomide (data not shown).

Concurrent infections in HIV-infected patients can be caused by gram-negative, gram-positive, or mycobacterial organisms. Therefore, the effect of an oral dose of thalidomide on HIV coreceptor expression on CD4+ T cells in humans was determined after ex vivo stimulation with LPS (a cell-wall component of gram-negative bacteria), LAM (a cell-wall lipoglycan of M. tuberculosis), LTA (a cell-wall component of S. aureus), and SEB (a superantigen from S. aureus). In addition, the effect of thalidomide on HIV coreceptor expression induced by anti-CD3/CD28, a specific T-cell stimulus, was determined. Each stimulus induced an increase in CXCR4 and CCR5 expression on CD4+ T cells vs. incubation with RPMI (P < .05). Ingestion of thalidomide inhibited bacterial- and mycobacterial-induced up-regulation of CXCR4 and CCR5 (P < .05 vs. t = 0 for LPS, LAM, and CD3/CD28; figure 2), an effect that was evident after 3 h and peaked after 24 h (thereby ruling out a circadian effect). In addition, thalidomide tended to inhibit LTA- and SEB-induced CXCR4 up-regulation (LTA increasing from 43.1% ± 4.4% to 9.3% ± 2.0% and SEB increasing from 40.0% ± 5.3% to 9.3% ± 1.8% positive CD4+ T cells after 24 h), but this effect did not reach statistical significance. There was no effect of thalidomide on CCR5 expression. Interestingly, thalidomide also reduced CXCR4 expression on unstimulated CD4+ T cells, probably because CXCR4 expression increases during incubation at 37°C [13].

Discussion

Concurrent infections in patients with HIV are associated with an increase in HIV replication. The chemokine receptors CXCR4 and CCR5 serve as coreceptors for HIV entry in CD4+ T cells [1]. Enhanced expression of HIV coreceptors CXCR4 and CCR5 is correlated with an increase in HIV load [1]. We had previously found an up-regulation of CXCR4 and CCR5 expression on CD4+ T cells in humans injected with endotoxin and after in vitro stimulation with bacterial and mycobacterial antigens [2]. The results of the present study, taken together with those earlier observations, suggest that pathogens commonly found in HIV-infected patients may increase the virus burden in blood by up-regulating HIV coreceptors. In this study, reduced expression of CXCR4 and CCR5 on CD4+ T
cells was found in blood from volunteers after ingestion of thalidomide and ex vivo stimulation with antigens derived from *M. tuberculosis* and gram-positive and gram-negative bacteria. We hypothesize that, in HIV patients with concurrent disease, a mechanism of action of thalidomide may be the inhibition of HIV coreceptor expression.

Thalidomide reduces symptoms in patients with mycobacterial disease, presumably by inhibiting production of TNF-α. Indeed, in patients with HIV and TB, thalidomide induced a reduction in TNF-α levels, which was associated with weight gain [3]. Most studies on the mechanism of action of thalidomide have concentrated on monocytic cell lines, in which thalidomide selectively inhibits TNF-α production [7]. TNF-α induces HIV replication [9], and antibody to TNF-α blocks HIV replication [6]. Thalidomide can inhibit HIV replication in monocytes stimulated with LPS or LAM [6, 9]. Thalidomide may reduce the HIV load via inhibition of TNF-α synthesis. We previously found that antibody to TNF-α inhibits the expression of CXCR4 and CCR5, whereas recombinant TNF-α increases it [2]. In the present study, both thalidomide and antibody to TNF-α inhibited HIV coreceptor expression on CD4⁺ T cells. When thalidomide and antibody to TNF-α were added simultaneously, no further inhibition was seen. As has been shown by studies of the mechanism of action of thalidomide in monocytes [7], thalidomide seems to influence HIV coreceptor expression on CD4⁺ T cells, at least in part, by inhibiting TNF-α production.

Previous in vitro experiments provided no evidence that thalidomide has an effect on purified CD4⁺ T cells. In addition, concentrations of thalidomide ≤50 μg/mL were not toxic to CD4⁺ T cells [14]. In the present study, thalidomide reduced HIV coreceptor expression on CD4⁺ T cells in whole blood stimulated with bacterial and mycobacterial antigens as well as with T cell–activating anti-CD3/CD28. An explanation may be that the effect of thalidomide on CD4⁺ T cells requires an environment in which all blood cells are present. Thalidomide treatment in a murine model of pulmonary TB reduced lung mRNA expression not only of TNF-α but also of interleukin (IL)–6 and IL-10 [15]. Therefore, part of the beneficial effect of thalidomide may be produced by modulation of cytokines other than TNF-α.

In summary, ingestion of thalidomide reduced the expression of CXCR4 and CCR5 on CD4⁺ T cells in human whole blood stimulated ex vivo with bacterial and mycobacterial antigens, in part via inhibition of TNF-α production. The beneficial effects of thalidomide in HIV-infected patients with intercurrent infections may be produced by the drug’s ability to inhibit HIV coreceptor expression.

References