Production of anti-Ro/SS-A and anti-La/SS-B autoantibodies is closely coordinated in systemic lupus erythematosus and independent of anti-dsDNA production
Meilof, J.F.; van Veldhoven, A.D.; Swaak, A.J.G.; Smeenk, R.J.T.

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Production of anti-Ro/SS-A and anti-La/SS-B Autoantibodies is Closely Coordinated in Systemic Lupus Erythematosus and Independent of anti-dsDNA Production

Jan F. Meilof¹, Charles H. A. Veldhoven¹, Anton J. G. Swaak² and Ruud J. T. Smeenk¹

¹Dept. of Autoimmune Diseases, Central Laboratory of the Netherlands Red Cross Blood Transfusion Service, Amsterdam, NL-1066 CX, The Netherlands
²Dept. of Rheumatology, Daniel Den Hoed Clinic, Rotterdam, NL-3075 EA, The Netherlands

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Introduction

Autoimmune diseases such as Sjögren’s Syndrome and systemic lupus erythematosus (SLE) [1, 2]. Breakdown of tolerance results in autoantibodies reacting with dsDNA and protein antigens such as small nuclear ribonucleoproteins (snRNPs, e.g. anti-Sm, anti-nRNP antibodies) or small cytoplasmic ribonucleoproteins (scRNPs, e.g. anti-Ro/SS-A and anti-La/SS-B antibodies) [3]. The former are well known to be correlated with active nephritis in patients with SLE [4, 5], the latter are not restricted to patients with SLE but are also found in sera of patients with Sjögren’s syndrome [6, 7].

Anti-Ro/SS-A and anti-La/SS-B autoantibodies are amongst the few of their kind thought to be directly pathogenic: transplacental transfer of these antibodies from mother to unborn child damages the fetal cardiac conduction system resulting in congenital heart block [8, 9].

Different mechanisms have been proposed to explain the development of non-organ specific autoantibodies. These include polyclonal B cell activation and (auto)antigen driven responses [10]. Several lines of evidence suggest that the latter mechanism is implicated in eliciting anti-Ro/SS-A and anti-La/SS-B antibodies. Firstly, anti-scRNP antibodies are predominantly of the IgG1 subclass, suggesting a T cell dependent (antigen driven) mechanism [11–13]. Secondly, epitope-mapping studies of Ro/SS-A and La/SS-B autoantigens have yielded results compatible with a sequence of events whereby the autoantigens themselves serve as driving force behind the initiation of the autoimmune response [14–16]. Thirdly, human specific epitopes have been unequivocally demonstrated on the La/SS-B protein [17].

Recent studies have proposed a new model for the development of autoantibodies especially those against small nuclear ribonucleoproteins (snRNPs) [18, 19]. In these experiments only mice primed with human snRNPs developed a true B and T cell autoimmune response when immunized with murine snRNPs. The abrogation of B cell tolerance was
necessary to allow the initiation of a T cell response against murine specific epitopes on snRNPs. These studies have now been extended, with similar results, to scRNP antigens [20].

Anti-Ro/SS-A autoantibodies in patients with SLE or Sjögren’s Syndrome are very often accompanied by anti-La/SS-B antibodies and vice versa [21, 22]. This phenomenon could be explained by hypothesizing a common (auto)antigenic particle as driving force behind both autoantibody responses. Such a particle already exists in vivo: scRNPs consisting of Ro/SS-A and La/SS-B proteins coupled to so-called yRNAs (y1–y5 in humans) [23, 24]. If, however, scRNPs are the autoantigens responsible for eliciting anti-Ro/SS-A and anti-La/SS-B autoantibodies, one would expect that, as most scRNP particles contain both proteins at the same time [25], the two antibody responses would parallel each other when followed in time. This hypothesis also explains the results of the immunization experiments resulting in both antibody specificities even when immunizing with only one recombinant antigen [20].

Methods

Human sera

All patients selected fulfilled the revised ARA criteria for SLE [2]. Furthermore, for this study anti-Ro/SS-A and anti-La/SS-B autoantibodies had to be present in their circulation at some moment during follow-up of patients with SLE. For this purpose we had at our disposal a unique collection of sera of SLE patients who were closely followed and very frequently sampled (approximately once per month) for up to 15 years [26]. Quantitative measurement of autoantibodies, using ELISAs based on purified recombinant proteins recently developed in our laboratory [27], indeed demonstrated a strong correlation between anti-Ro/SS-A and anti-La/SS-B responses. These responses were mostly dependent on the production of anti-dsDNA antibodies in the same patients.

Recombinant Ro/SS-A and La/SS-B proteins

Cloning and expression of human Ro/SS-A and La/SS-B proteins has been described elsewhere [27]. Briefly, the cDNAs encoding the 60 kDa Ro/SS-A and 50 kDa La/SS-B proteins were isolated using oligonucleotide primers based on the sequence previously published [28, 29]. Both cDNAs were cloned into the pGEX7 expression system which resulted in a relatively high expression of the Ro/SS-A and La/SS-B proteins. Recombinant human Ro/SS-A and La/SS-B proteins were purified from bacterial pellets using sucrose-gradients, Phast-Q columns and Heparin-Sepharose columns. Purified protein preparations were frozen in liquid nitrogen and stored in small aliquots at −70°C until use. Both preparations showed only a single band on Coomassie blue staining of gels.

ELISAs

ELISAs to measure antibody levels against recombinant 60 kDa Ro/SS-A and 50 kDa La/SS-B proteins were performed as previously described [27]. Briefly, purified recombinant proteins were coated at 2 µg/ml onto microtiter plates (Nunc, Maxisorp) for 16 hours at 4°C. Coated wells were incubated with sera serially diluted in PBS (0.01 M sodium phosphate, pH 7.4, 0.14 M NaCl) containing 0.02% Tween 20 (v/v), 0.2% gelatin (w/v), and 3 M NaCl for 90 min, after which the plates were washed 3 times. To detect bound human IgG, the wells were incubated with a mouse monoclonal anti-human IgG antibody (CLB-MH-16 E, binding to all four subclasses of IgG) coupled to horseradish peroxidase (HRP). The plates were then washed five times and developed with 3,5,3′,5′-tetramethylbenzidine (Merck). ELISA binding units were defined as the reciprocal serum dilution producing an OD value of 1.0 at 450 nm. Cutoff values were determined by testing 100 healthy blood bank donors. This resulted in a cutoff value of 500 units for both ELISAs for human sera.

Farr assay

Antibodies to dsDNA were measured using the Farr assay as described previously [30]. Units were calculated upon comparison with the first international standard for antibodies to dsDNA: Wo80 [31]. Based on large series of controls, levels of more than 20 IU/ml were considered positive.

Total IgG1 determination

Quantitation of IgG was performed as described previously using a sandwich ELISA protocol [32]. Briefly, plates were coated with a monoclonal antibody against IgG1 (MH161, prepared at the CLB) at 5 µg/ml. Bound immunoglobulins were detected using the same monoclonal antibody against IgG coupled to horseradish-peroxidase. Resulting titres were compared to well characterized reference sera to calculate the amount of IgG1 in the test sample.

Statistics

Data were analysed using non-parametric statistical methods: Spearman Rank Correlation test for paired observations.
Results

**Longitudinal development of anti-Ro/SS-A and anti-La/SS-B autoantibodies in sera of patients with SLE**

Anti-Ro/SS-A and anti-La/SS-B antibody levels fluctuated during the 91 patient years constituting the observation period. Examples of autoantibody profiles are depicted in Figure 1 (A, B and C). In patient B (Figure 1A) both antibody levels decreased during a number of years and then stabilized at a lower level. In patient G (Figure 1B) anti-Ro/SS-A antibody levels first rose during a 3 year period before a relatively sharp drop to a much lower level. Anti-La/SS-B antibodies in this patient showed a different profile: a gradual decline to a low but still clearly positive base level. Finally in patient D (Figure 1C) the situation is almost reversed: anti-Ro/SS-A antibodies, after an initial small rise, gradually decreased in titre. Anti-La/SS-B antibodies in this patient in the end returned to the baseline level observed during the first years, after tripling to a broad peak reactivity spanning several years. In the other six patients studied, comparable profiles of autoantibody reactivity were observed.

![Figure 1](image-url)
obtained. None of the patients became positive for one of the two antibodies studied during the observation period. Only in one patient did anti-Ro/SS-A antibodies ever disappear from the circulation after a long and gradual decline.

**Correlation between production of anti-Ro/SS-A and anti-La/SS-B autoantibodies in patients with SLE during longterm follow-up**

Next we determined whether there was a correlation between the magnitude of both anti-scRNP (anti-Ro/SS-A and anti-La/SS-B) responses in individual patients. Employment of the Spearman Rank Correlation test yielded the following results for the above mentioned patients (Figure 2A, B and C). Correlation between anti-Ro/SS-A and anti-La/SS-B antibody levels was most prominent in patient B ($r=0.88$, $p<0.0001$) (Figure 2A) while in patient G ($r=0.63$, $p<0.0001$) (Figure 2B) and in patient D ($r=-0.04$, $p=0.58$) (Figure 2C) correlation was less impressive or even absent. However, division of the observation period into smaller consecutive periods (each still spanning several years) revealed that anti-scRNP antibodies were strongly correlated in these patients although the level of correlation differed during distinct periods of the patient’s illness (Figure 3A–F).

Results of all nine patients are summarized in **Table 1**: anti-Ro/SS-A and anti-La/SS-B antibody levels were significantly and strongly correlated throughout the observation period in three patients (B, E and H). In five other patients, subdivision periods could be selected (spanning 27 to 108 months) where a strong correlation was present. Only in patient J did correlation (even for shorter periods) never exceed $r$ values of 0.57 ($p<0.0001$) which, although statistically significant, could be regarded as relatively weak. In total, a
Figure 3. Relationship between anti-Ro/SS-A and anti-La/SS-B antibody levels during different consecutive periods of follow-up of patients G and D. When the observation period was dissected into smaller consecutive periods spanning several years each, periods with and without significant correlation between anti-Ro/SS-A and anti-La/SS-B antibody levels emerged in all patients studied. For example in patient G there was no significant correlation during the first three years ($r=0.34$, $P=0.13$) (A) but a very significant one during the last six years ($r=0.94$, $P<0.0001$) (B). These periods are indicated by arrows in Figure 1B and 1C. In patient D four periods were identified, spanning 46, 31, 47 and 27 months respectively. In period I (C) correlation was weak but significant ($r=0.28$, $P=0.02$) while in period II (D) there was no correlation at all ($r=0.03$, $P=0.85$). However in period III (E) and to a lesser degree in period IV (F) there was a significant correlation ($r=0.81$, $P<0.0001$ and $r=0.65$, $P<0.0002$ respectively). Again, all correlations were calculated using Spearman’s Rank Correlation test.
significant correlation between anti-scRNP antibodies was present in 17 out of 21 periods or in 991 months of the 1,099 month cumulative observation period including all nine patients. This correlation suggests coordinated production of these antibodies.

**Anti-dsDNA antibody and serum immunoglobulin levels in sera of patients with SLE during longterm follow-up**

Because of the observed strong correlation between anti-Ro/SS-A and anti-La/SS-B antibody levels, it was necessary to exclude the possibility that all observed fluctuations in autoantibody responses were a result of polyclonal B cell activation. Therefore we tested all patients for anti-dsDNA antibodies in the Farr assay. Two patients (A and D) were found to produce anti-dsDNA antibodies during some time of the observation period. The results are presented in Figure 4. Anti-dsDNA antibody levels fluctuated in both patients and sometimes did not exceed the cutoff value of 20 IU/ml. Peak reactivities did not seem to coincide with similar peaks in anti-Ro/SS-A or anti-La/SS-B reactivity (Figure 4A and B). This apparent lack of correlation between anti-dsDNA and anti-scRNP responses could be confirmed by performing Spearman Rank correlation tests for the already selected periods (Table 2). Although sometimes a significant correlation coefficient was found, the actual $r$ values never exceeded $-0.51$ and were always significantly smaller than their value for correlation between anti-Ro/SS-A and anti-La/SS-B during the same period. The only exception was period II of patient D where there was no correlation between the latter two responses. Furthermore, $r$ values were mostly negative but also sometimes positive (patient A, period I), an indication that a consistent correlation between anti-dsDNA and anti-scRNP responses was absent. On the other hand fluctuations in anti-scRNP antibody levels could merely be a reflection of total immunoglobulin levels. Because both autoantibody

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**Table 1. Correlation between anti-Ro SS-A and anti-La SS-B autoantibody responses in patients with SLE during consecutive periods of follow-up**

Correlation was sought between anti-scRNP antibodies by comparing longitudinal graphs of anti-Ro/SS-A with anti-La/SS-B reactivity. Visually suspected correlation was confirmed or rejected using a nonparametric Spearman Rank Correlation test. Even if there was no significant correlation between anti-scRNP antibodies during the whole follow-up period, shorter periods could be identified in which there was such a correlation. In patients B, E, H and J anti-scRNP antibodies were significantly correlated throughout the observation period. Patients A, C, F and G did show a (relatively low) significant correlation when all samples were tested together which could be dissected into periods where correlation was much higher or totally absent. In patient D a significant correlation between anti-scRNP antibodies became obviously only after dividing the follow-up into four consecutive periods. Taking all patients together there was a significant correlation between anti-Ro/SS-A and anti-La/SS-B antibodies during a total of 991 months of observation while during 108 months no such correlation could be observed.

$r$=Correlation coefficient; NS=not significant.
responses were previously found to be predominantly of the IgG1 subclass, we determined IgG1 levels in a limited number of sera of six patients (data not shown). There was no significant correlation between total IgG1 levels and anti-Ro/SS-A or anti-La/SS-B antibody levels.

Discussion

A correlation between the occurrence of anti-Ro/SS-A and anti-La/SS-B antibodies has long been suspected, based on non-quantitative, cross-sectional studies [33]. Our study is the first to actually demonstrate a correlation between the magnitude of both responses in individual patients. The uniqueness of this close correlation is further demonstrated by the consistent lack of correlation between anti-Ro/SS-A or anti-La/SS-B and anti-dsDNA responses.

Recent murine studies have convincingly demonstrated that anti-Ro/SS-A and anti-La/SS-B antibodies can be the product of immunization with one particle, a ribonucleoprotein particle containing both 60 kDa Ro/SS-A and 50 kDa La/SS-B proteins coupled to yRNA molecules [20]. Another (52 kDa) Ro/SS-A protein exists which is probably not a constituent of the scRNP particles [34]. There is some resemblance between the above studies and those by Mamula and coworkers, who elegantly demonstrated the prerequisites for the induction of true autoantibodies against the different small nuclear ribonucleoproteins (snRNPs) in immunized mice [18,35]. They performed immunization experiments in mice with autologous and heterologous small nuclear ribonucleoproteins and their constituent proteins [18,35,36]. Immunizations with foreign snRNPs alone did indeed lead to the production of autoantibodies to snRNPs, yet not to a T cell response to autologous snRNPs. To induce the latter, co-immunization with self proteins was found to be necessary. Based on these results, Mamula has recently proposed a model of autoantibody production wherein a crucial role in eliciting autoimmunity is reserved for priming of autoreactive B cells with foreign crossreactive antigen, together with autoantigen to eventually activate autoreactive CD4+ T cells [19]. The autoantigen drives the autoantibody response in this model.

Together with our studies in humans there is now strong evidence to support a central role for small cytoplasmic ribonucleoprotein particles (scRNPs) in eliciting and sustaining anti-Ro/SS-A and anti-La/SS-B responses. Such a model of scRNP driven anti-Ro/SS-A and anti-La/SS-B responses elegantly explains why both antibodies are so often found together in one patient. It also explains why the magnitude of anti-Ro/SS-A and anti-La/SS-B antibody responses is correlated during most of the observation periods in individual patients: when one antigen stimulates both B cell populations their responses should mimic each other. To our knowledge, our study is the first to provide evidence for the actual existence of such a mechanism of autoreactivity driven by RNA-protein particles (in this case scRNPs) in humans.

Although we found a coordinated response to Ro/SS-A and La/SS-B in 90% of the cumulative observation period, the question remains what happens during the (rare) periods in some patients where anti-Ro/SS-A and anti-La/SS-B antibody responses do not correlate. Apparently the antigen in those periods is not a particle containing both proteins but for instance the minority of yRNA particles containing the 60 kDa Ro/SS-A protein only [37]. The existence of such particles could also explain why in some patients anti-Ro/SS-A antibodies can occur alone. In our laboratory we never observed the opposite—anti-La/SS-B antibodies without anti-Ro/SS-A antibodies. In one instance however, the lack of correlation in a certain period was clearly due to the development of a peak reactivity of anti-La/SS-B antibodies without change
in the anti-Ro/SS-A antibody titre. Which antigen
stimulates such an La/SS-B restricted reactivity
remainsto be elucidated, although several ribonucleo-
protein particles (all RNA-polymerase-III transcripts)
containing only La/SS-B protein exist. Still, these
particles seem not to be able to abrogate tolerance to
the La/SS-B protein in the absence of anti-Ro/SS-A
antibodies, thus never giving rise to anti-La/SS-B
antibodies alone in a patient. Unfortunately, data on
drug therapy for these patients were incomplete pre-
cluding an analysis of the role of immunosuppressive
therapy in the disturbance of the coordinated anti-Ro/
SS-A and anti-La/SS-B responses. However, it could
be concluded from the clinical data that our patients
very infrequently experienced a major exacerbation of
their disease which makes the extended use of aggress-
tive therapy very unlikely.

Although molecular mimicry thus may play a role
in the induction of autoimmune responses, our studies
demonstrate that the maintenance of anti-Ro/SS-
A and anti-La/SS-B autoantibodies is possibly autoantigen driven. Murine studies implicate the
scRNPs containing both Ro/SS-A and La/SS-B pro-
teins as common autoantigen in both responses.

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