

# HLA and antigen presentation

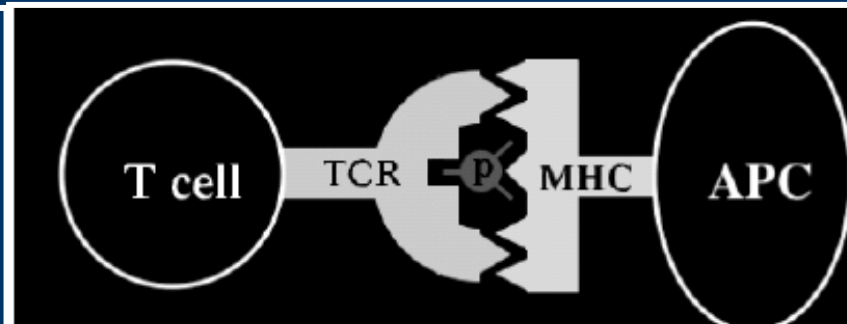
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University Hospital Motol

# MHC in adaptive immunity

	Innate	Adaptive
<b>Characteristics</b>		
Specificity	For structures shared by groups of related microbes	For antigens of microbes and for nonmicrobial antigens
Diversity	Limited; germline-encoded	Very large; receptors are produced by somatic recombination of gene segments
Memory	None	Yes
Nonreactivity to self	Yes	Yes
<b>Components</b>		
Physical and chemical barriers	Skin, mucosal epithelia; antimicrobial chemicals	Lymphocytes in epithelia; antibodies secreted at epithelial surfaces
Blood proteins	Complement	Antibodies
Cells	Phagocytes (macrophages, neutrophils), natural killer cells	T and B Lymphocytes

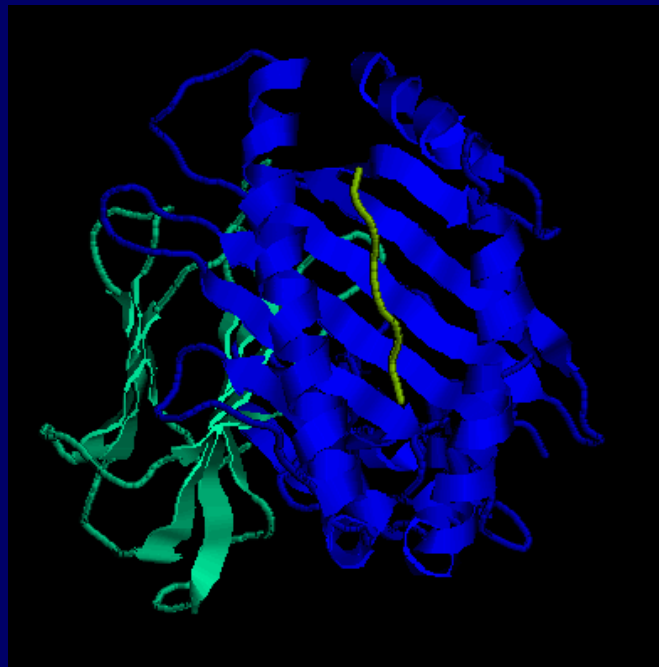
T cells recognise cell-associated antigens displayed on

MHC = major histocompatibility complex



# Outline

- Adaptive immunity, role of MHC (HLA)
- discovery of HLA genes
- structure of HLA genes and molecules
- polymorphism of HLA molecules
- nomenclature of HLA system
- HLA association with disease
- antigen presentation



# MHC GLYCOPROTEINS

## CENTRAL MOLECULES OF IMMUNITY

**MHC gp I** – EXPRESSION NA ALL CELLS

**MHC gp II** – EXPRESSION ON APC

**FUNCTION** – “EXHIBIT“ ON CELL SURFACE **SAMPLES OF FRAGMENTS OF ENDOGENOUS** (MHC gp I) RESP. **EXOGENOUS** (MHC gp II) PROTEINS.

THESE COMPLEXES ARE THEN RECOGNIZED BY T-LYMPHOCYTES ( $T_h$ ,  $T_c$ )

# HLA – MHC: basic facts

- Two groups of MHC genes:
  - structurally and functionally distinct
  - class I      recognition by CD8+ T cells
  - class II      recognition by CD4+ T cells
- HLA molecules are responsible for the compatibility of the tissues of genetically different individuals and for the rejection of transplant
- MHC genes are codominantly expressed in each individual
- monozygotic twins have the same histocompatibility molecules on their cells
- MHC genes are the most polymorphic genes present in the genome!  
(Up to 250 alleles identified for some loci)

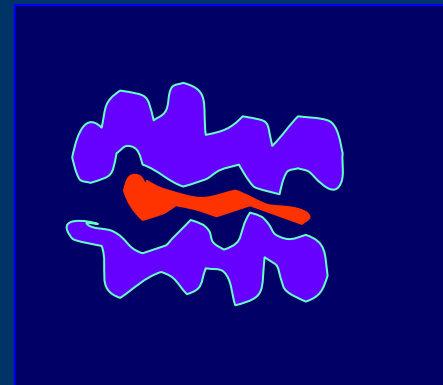
# MHC expression

## Class I

On all nucleated cells (no MHC on red blood cells, weak expression on cells in CNS)

## Class II

Found on antigen presenting cells



## HUMAN

**MHC I**      HLA-A, -B, -C

**Ib**      E, F, G  
CD1)

**MHC II**      DR, DQ, DP  
  
(DM)

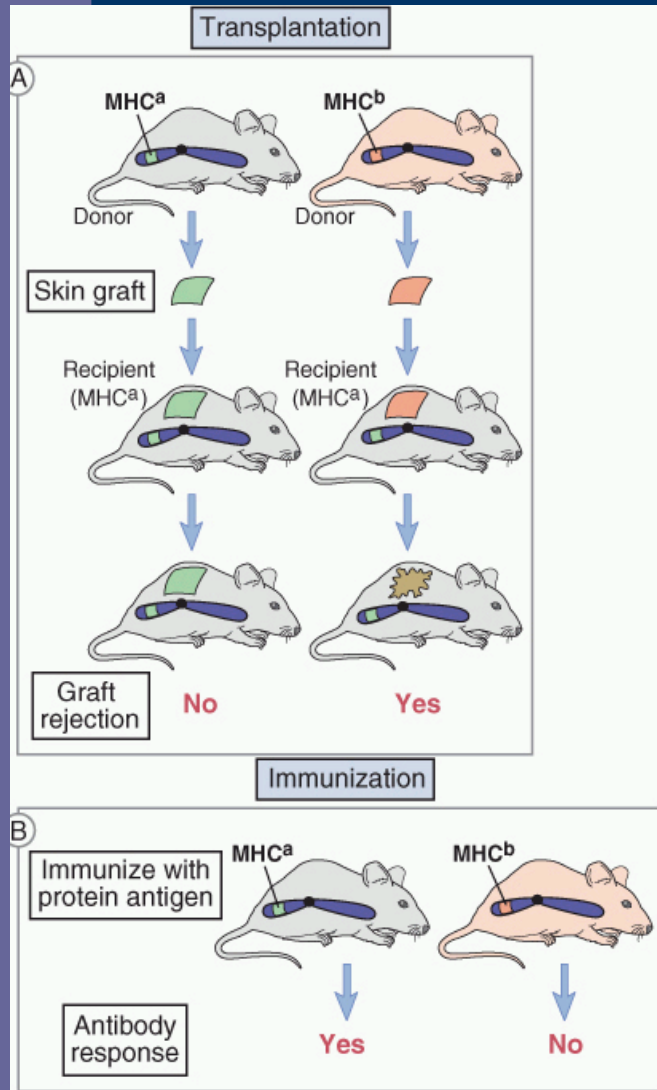
## MOUSE

**MHC I**      H-2K, D, L

**Ib**      Qa, TL, H-2M3  
(CD1)

**MHC II**      I-A, I-E  
  
(DM)

# Discovery of Human MHC



- Recognition of a graft as self or foreign is an inherited trait
- histocompatibility genes: differences between self and foreign were attributed to their genetic polymorphisms
- Mouse study: identification of MHC locus

## Human MHC

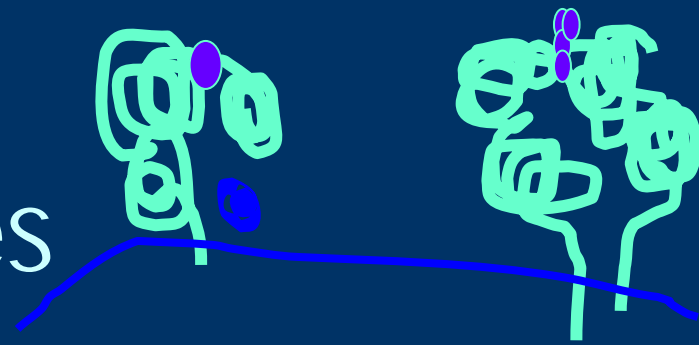
In study with transplanted patients discovered „human leukocyte antigens“ HLAs

HLA-A, HLA-B, HLA-C (class I MHC genes)

In study of mixed leukocyte reaction identified HLA-DR, HLA-DP, HLA-DQ (class II MHC genes)

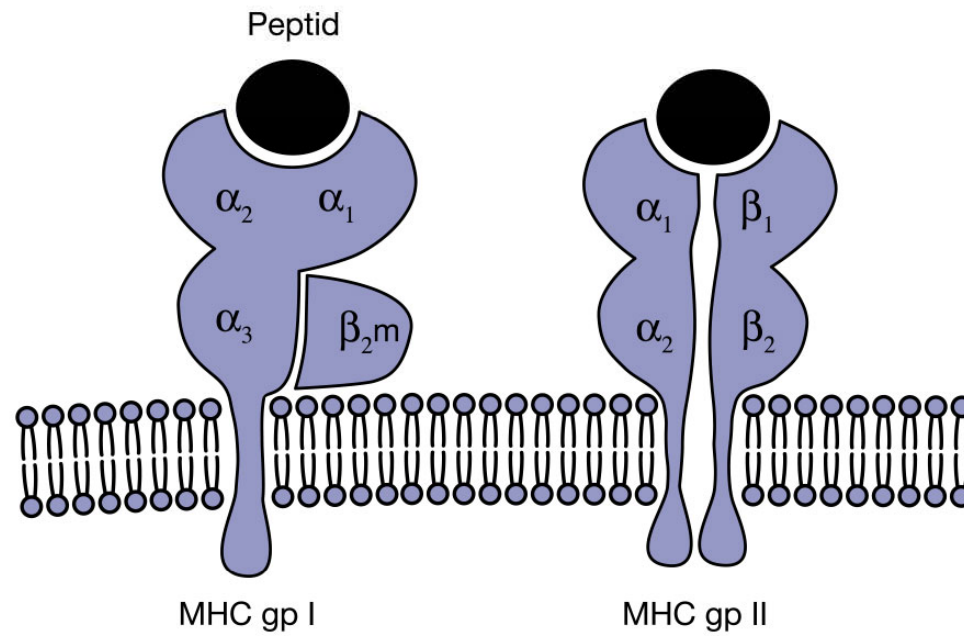


# structure of HLA molecules

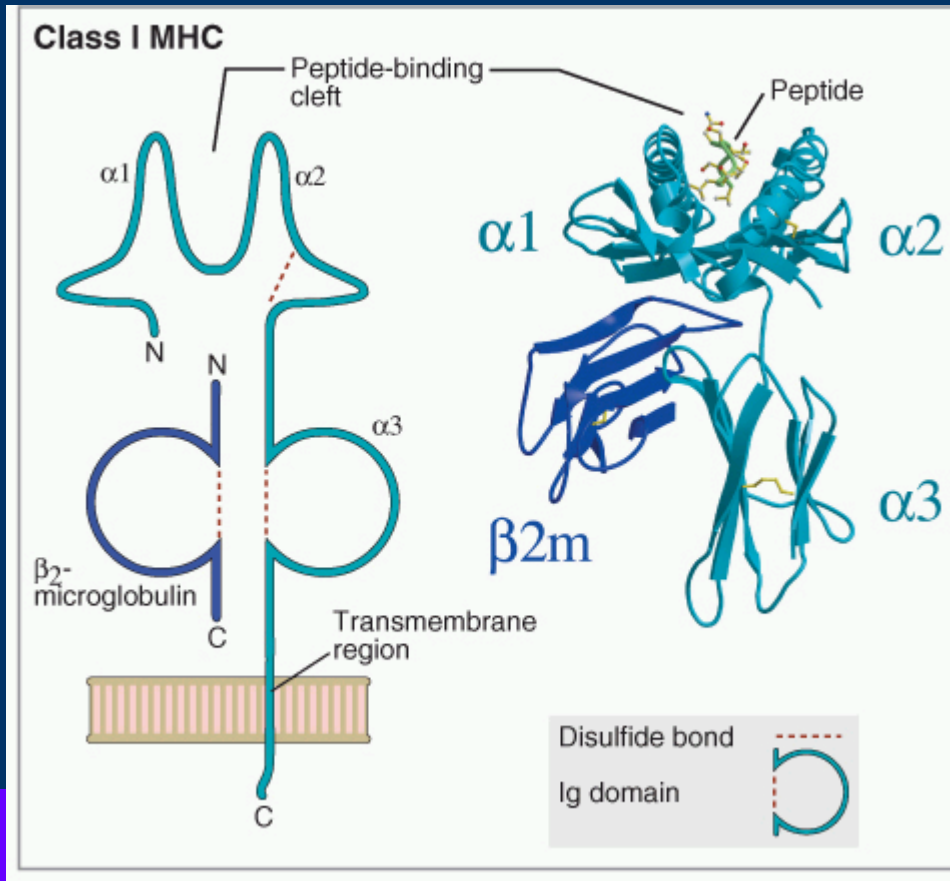


- glycoproteins, heterodimers (two chains)
- Structure of HLA molecules of both classes enables antigen binding and contact with T cell receptors. Extracellular located peptide binding cleft
- polymorphic (predominantly in the cleft).
- Nonpolymorphic part of the molecule contains binding sites for the T cell molecules CD4 and CD8

(a)



# HLA class I. molecules



1. Heavy chain

$\alpha 1$ ,  $\alpha 2$  domain:  
polymorphic sites

$\alpha 3$  domain: binding of CD8

2.  $\beta$ -2 microglobulin

3. peptide

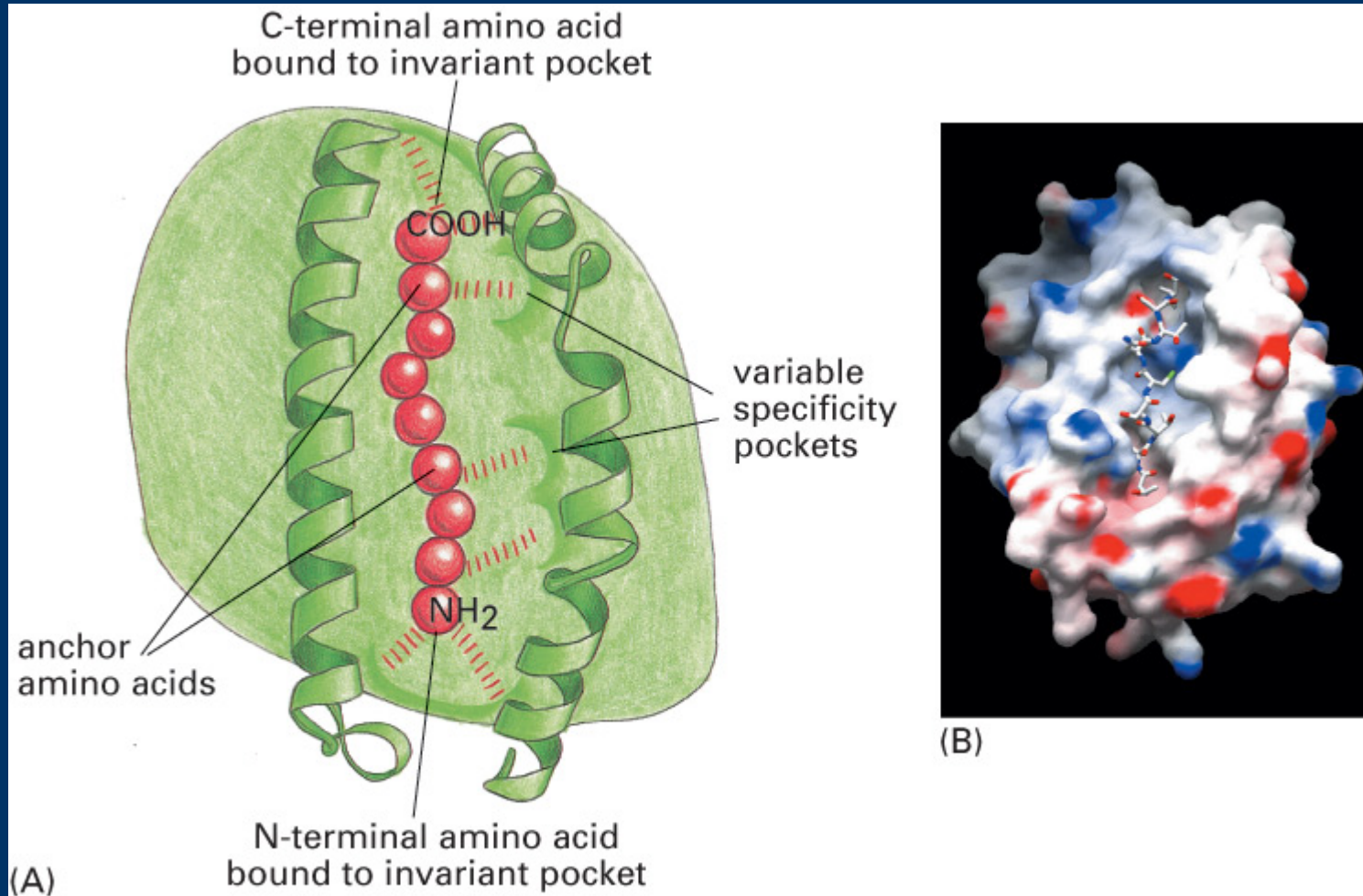


Figure 24-52. Molecular Biology of the Cell, 4th Edition.

# Structure of HLA class II. molecules



## 1. $\alpha$ chain

$\alpha 1$ : polymorphic sites

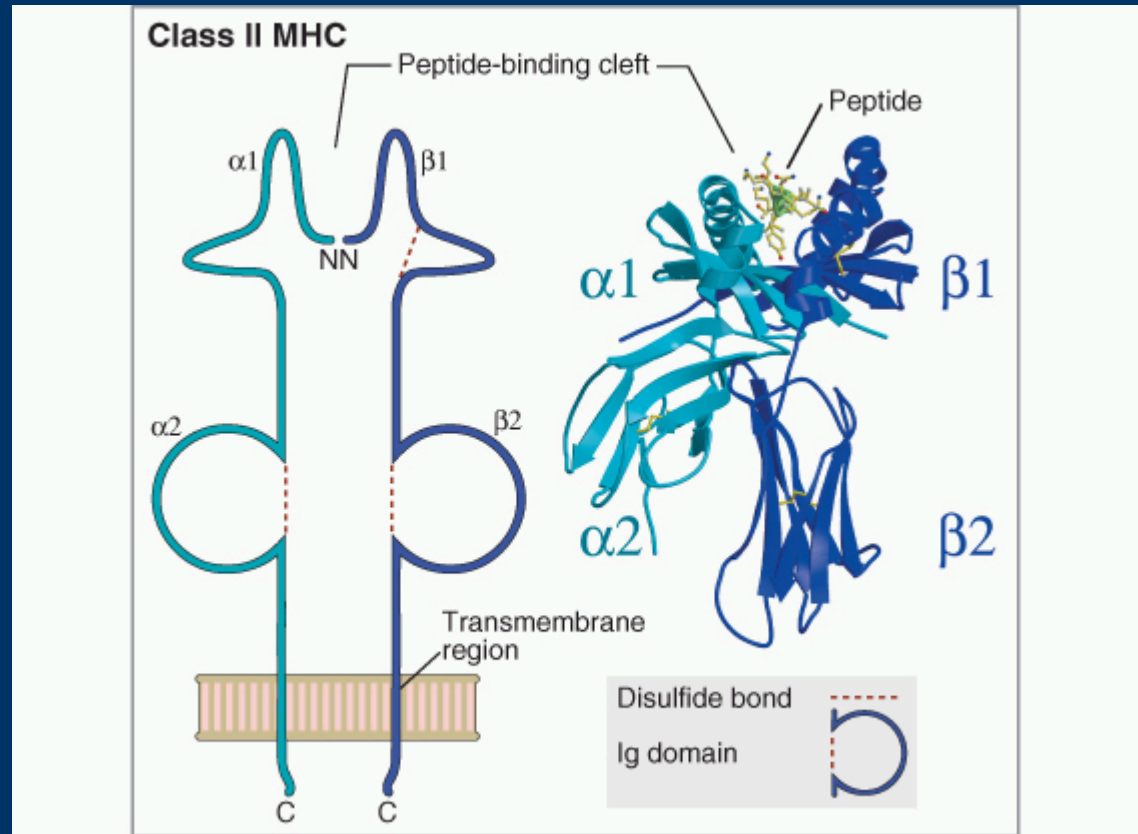
$\alpha 2$ : binding of CD4

## 2. $\beta$ chain

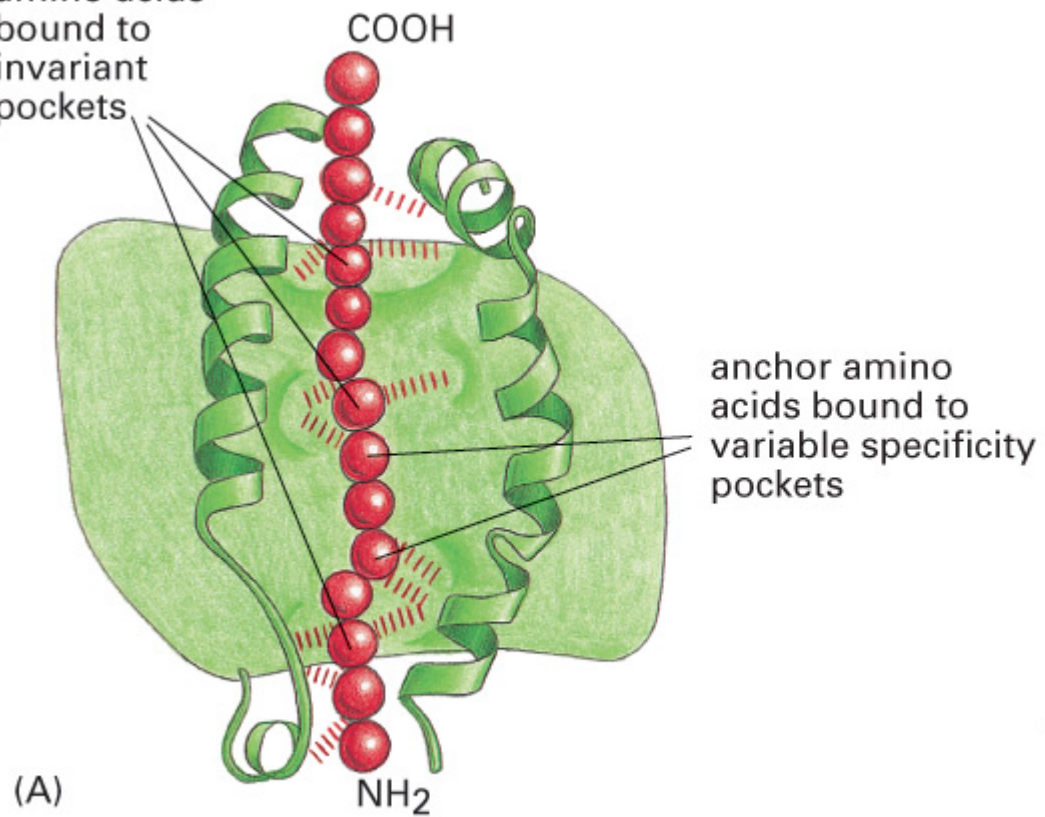
$\beta 1$ : polymorphic sites

$\beta 2$ : binding of CD4

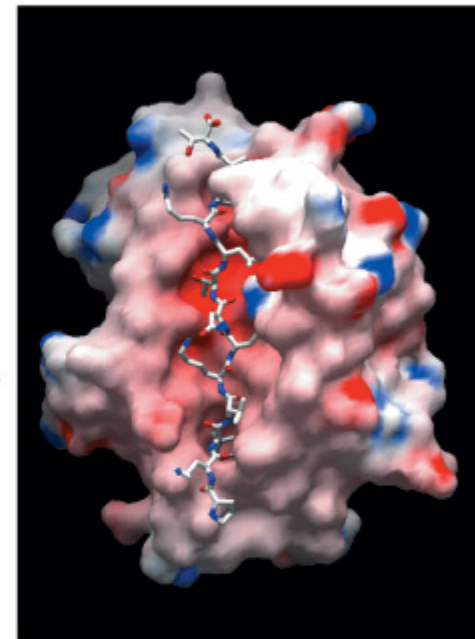
## 3. peptide



amino acids  
bound to  
invariant  
pockets



(A)



(B)

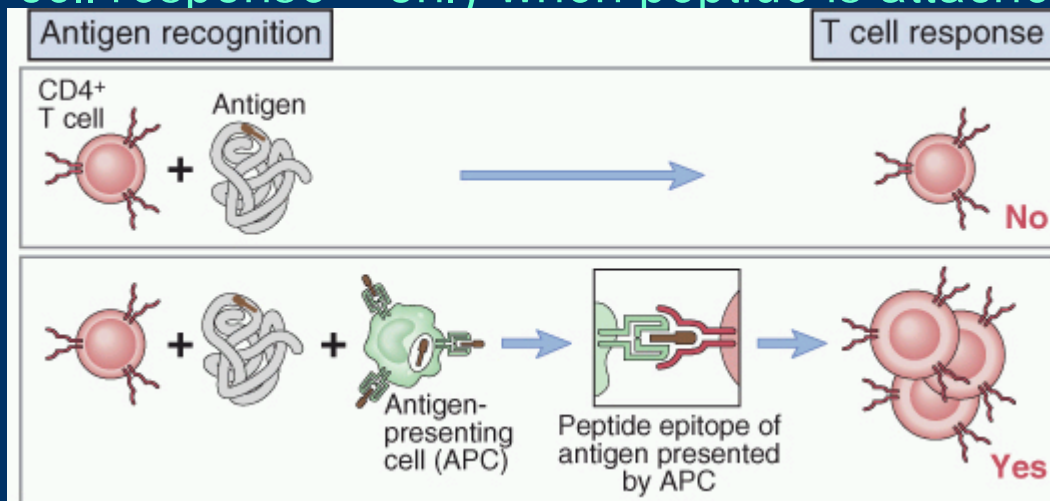
Figure 24-53. Molecular Biology of the Cell, 4th Edition.

# HLA and antigens

- Most T lymphocytes recognize only peptides
- T cells are specific for amino acid sequences of peptides - TCR
- Intracellular antigens are presented in connection with HLA class I. - CD8+ T cells recognition
- Extracellular antigens are presented in connection with HLA class II. – CD4+ T cells recognition

## Experiment:

- T cell response – only when peptide is attached to APC

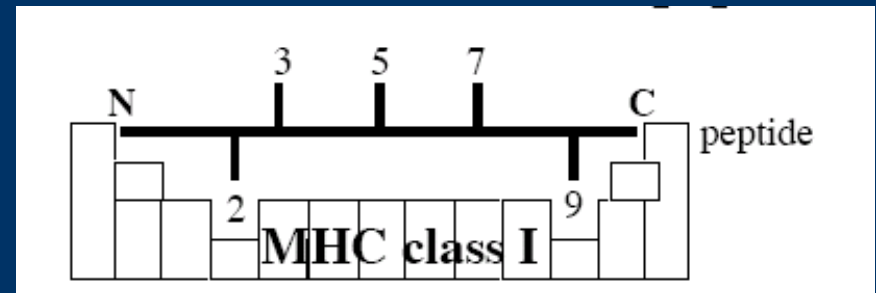
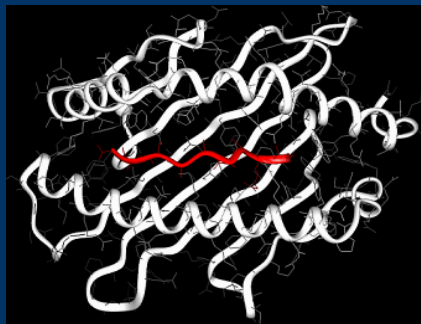




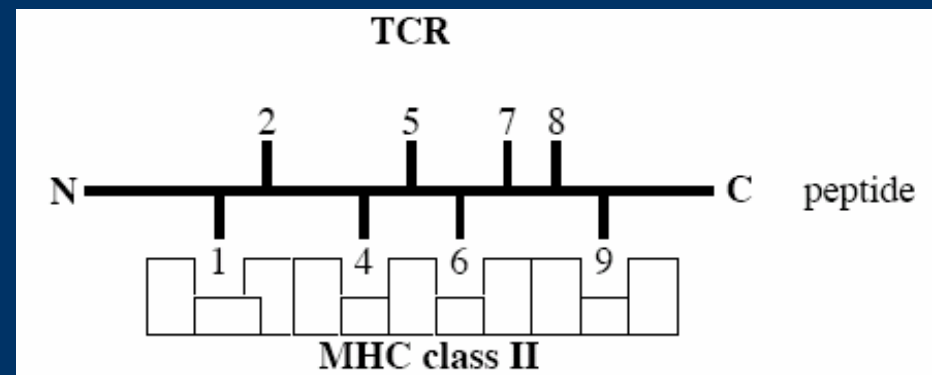
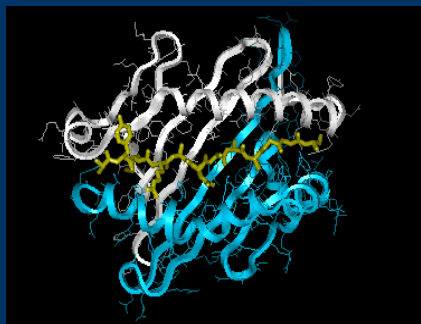
# HLA and peptides

- antigenic peptides in the binding sites of HLA molecules
- One MHC - many peptides sharing structural features can bind
- Interaction has a very slow on- and off-rate (very stable)

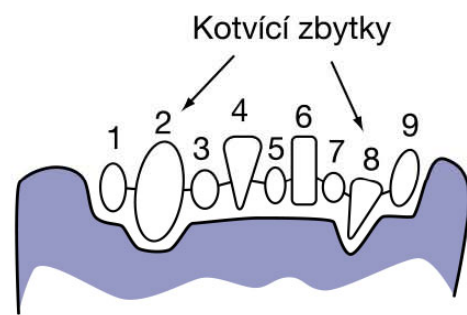
- class I.



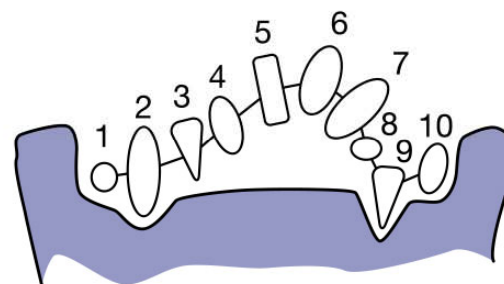
- class II.



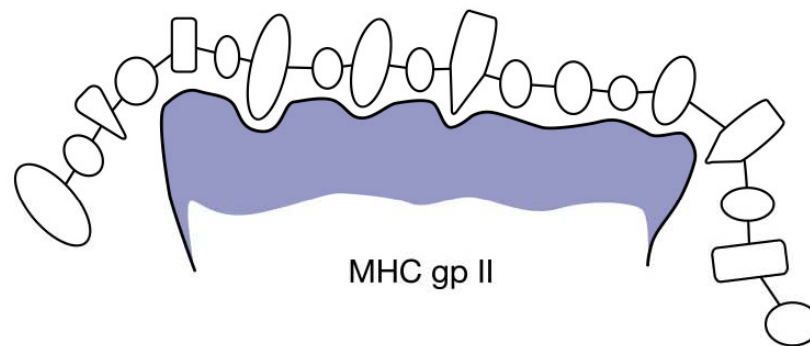




MHC gp I



MHC gp I

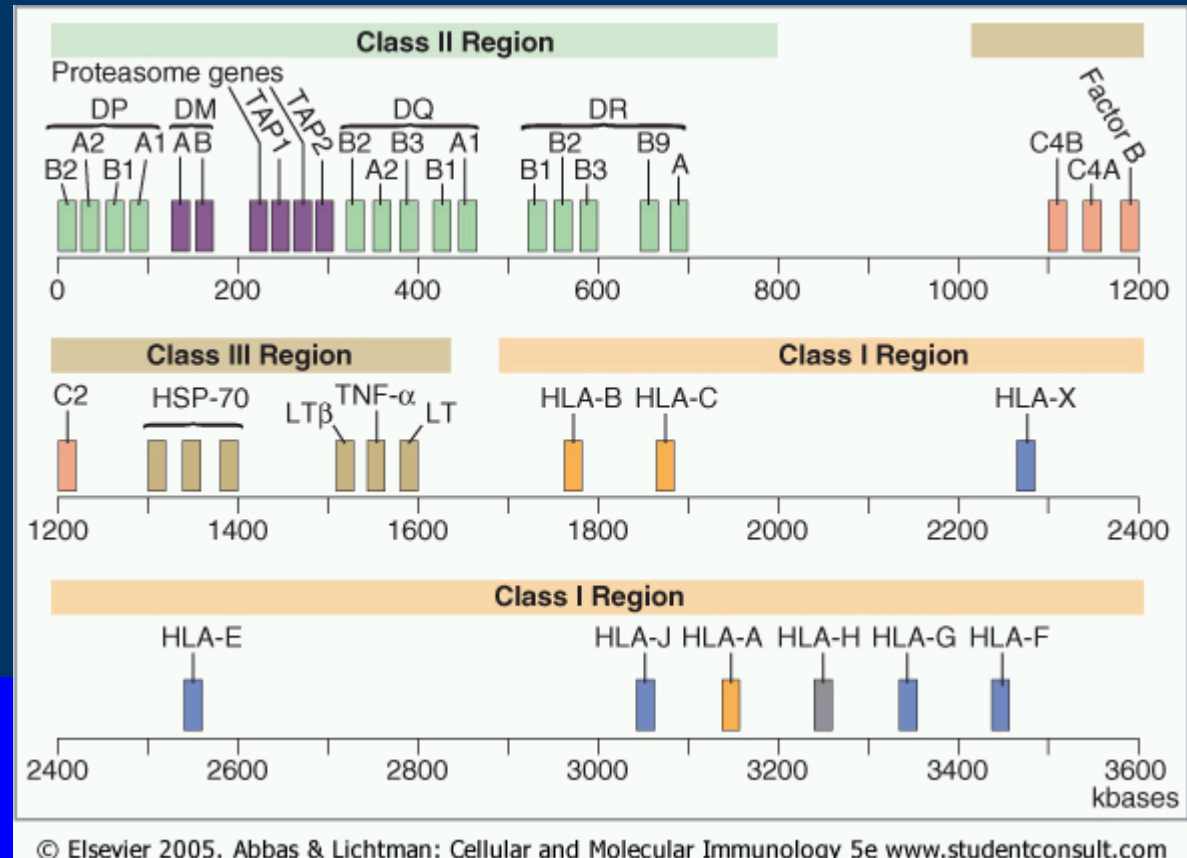


MHC gp II

# HLA genes

## MHC locus

- On chromosome 6
- HLA class III. are soluble molecules as complement, TNF, HSP
- Many other proteins involved in antigen presentation



# HLA nomenclature

Nomenclature: The genetic “unit” of the HLA system is the allele, with each defined by its own DNA nucleotide sequence

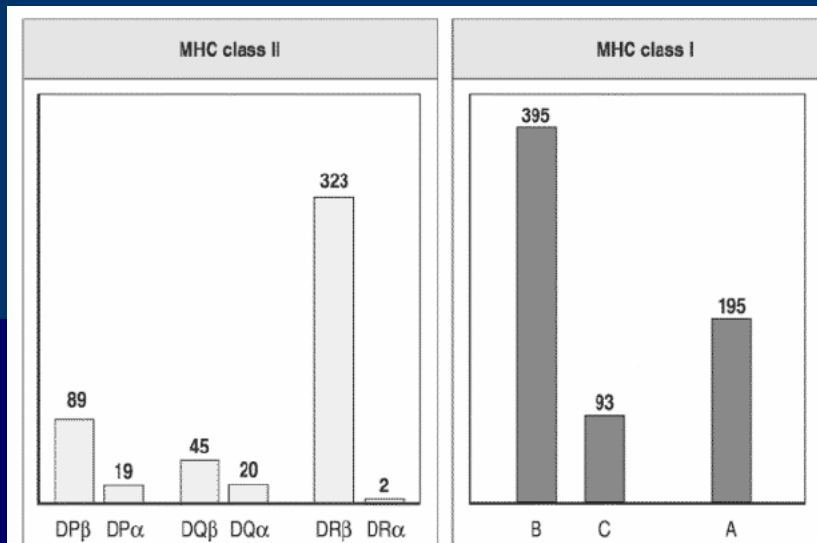
Allele	E.g. HLA-B*0801	}	“Specificity” HLA-B8
	*0802		
	...		
	*0821		
	*2701	}	HLA-B27
	*2702		
	*2703		
	...		
	*2725		

But to make things “simpler”, alleles can be grouped in families, e.g. HLA-B\*27

“specificity”, is an old nomenclature used when human alloantibodies were used to first detect HLA serologic “specificities” or “antigens”

# HLA polymorphism

- most polymorphic structures from all known systems.



- human study: 1000 donors, HLA-A, B genotyping
  - Over half the group had a combination that was unique.
  - Another 111 donors had a set of these molecules that they shared with only one other person in the group.
  - The most frequent phenotype (HLA-A1, HLA-A3, HLA-B7, and HLA-B8) was found in 11 donors.

# **EXTRAORDINARY POLYMORPHISM OF MHC PROTEINS:**

**HUNDREDS OF ALLELIC FORMS**

**IMPORTANT FOR BETTER PROTECTION OF**

**BOTH AN INDIVIDUAL AND POPULATION**

**(COMPLICATION – TRANSPLANTATIONS)**

# HLA polymorphism – why?

## Pathogen driven mechanisms

- Pathogens tend to escape

- Heterozygotes have advantage

- Frequency-dependent selection: the individual with the rarest allele has the best chance to survive an infection

cheetahs (low polymorphism): extremely susceptible to infectious diseases

vertebrate species can detect MHC genotype by smell!

# Diversity of MHC class I and II genes

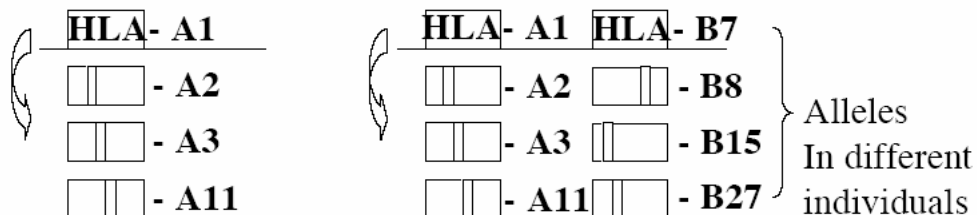
## Diversity of MHC class I and II genes

Arises from two mechanisms:

**Duplication of a gene locus in an individual resulting in multiple loci, *polygeny***

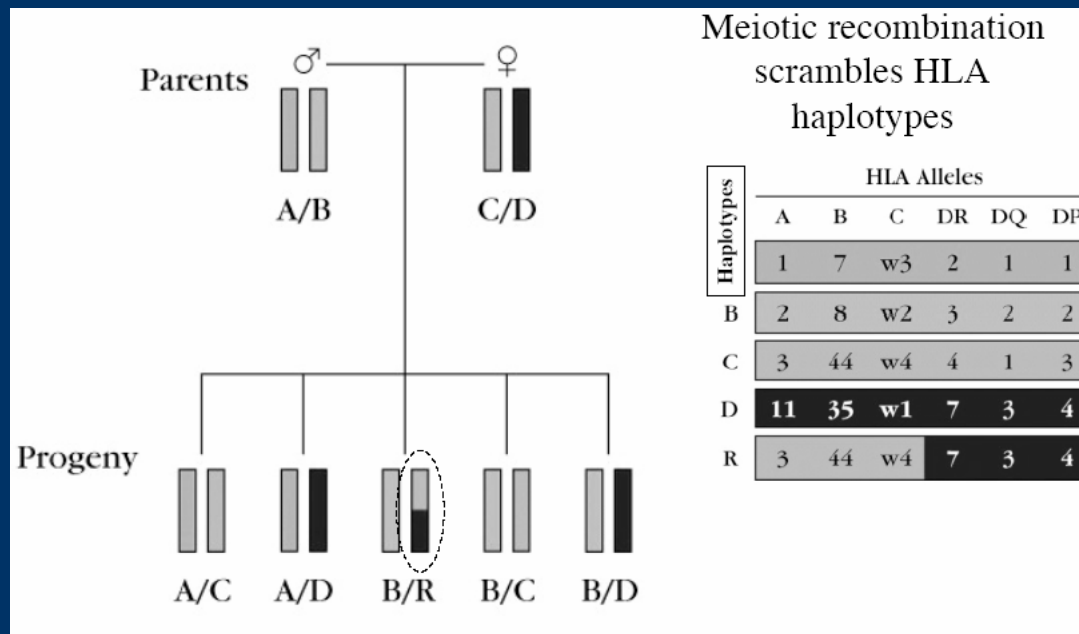


**Development of multiple alleles at a locus among individuals in the species, *polyallelism***



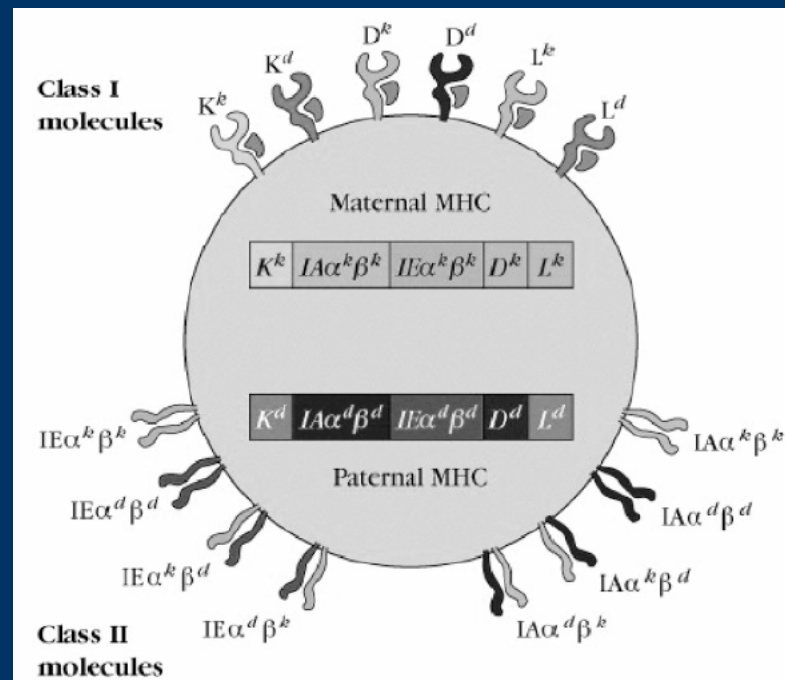
# HLA haplotypes in a typical family

- Haplotype is combination of allelic forms of HLA molecules on one chromosome.
- We inherit 3 types of heavy chains for HLA class I. molecules from each parent .
- Everybody expresses 6 different types of HLA class I. molecules unless honmozygous status for some of the types was inherited.

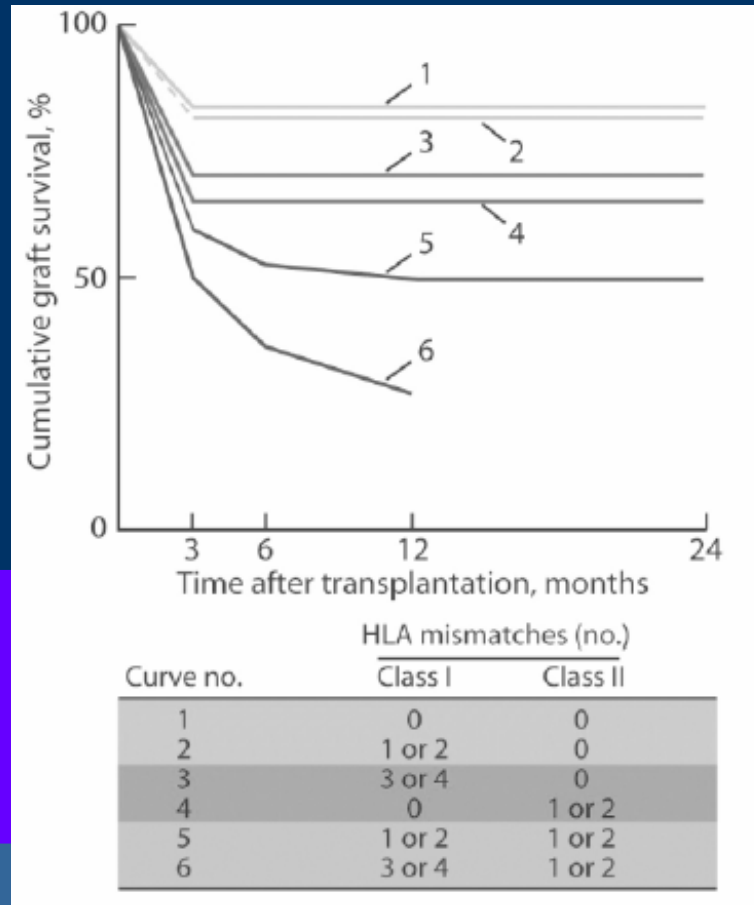




# Co-dominant expression of MHC alleles



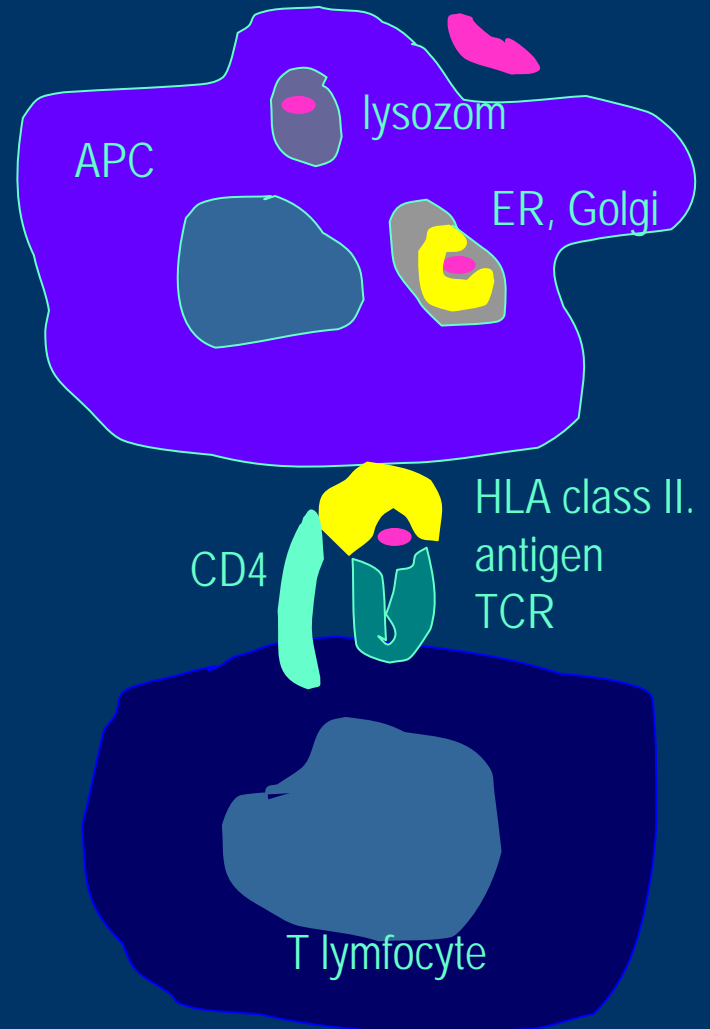
# MHC control transplantat survival



- A graft is compatible only if there is a complete match at all MHC alleles, i.e. a two haplotype match for all MHC loci

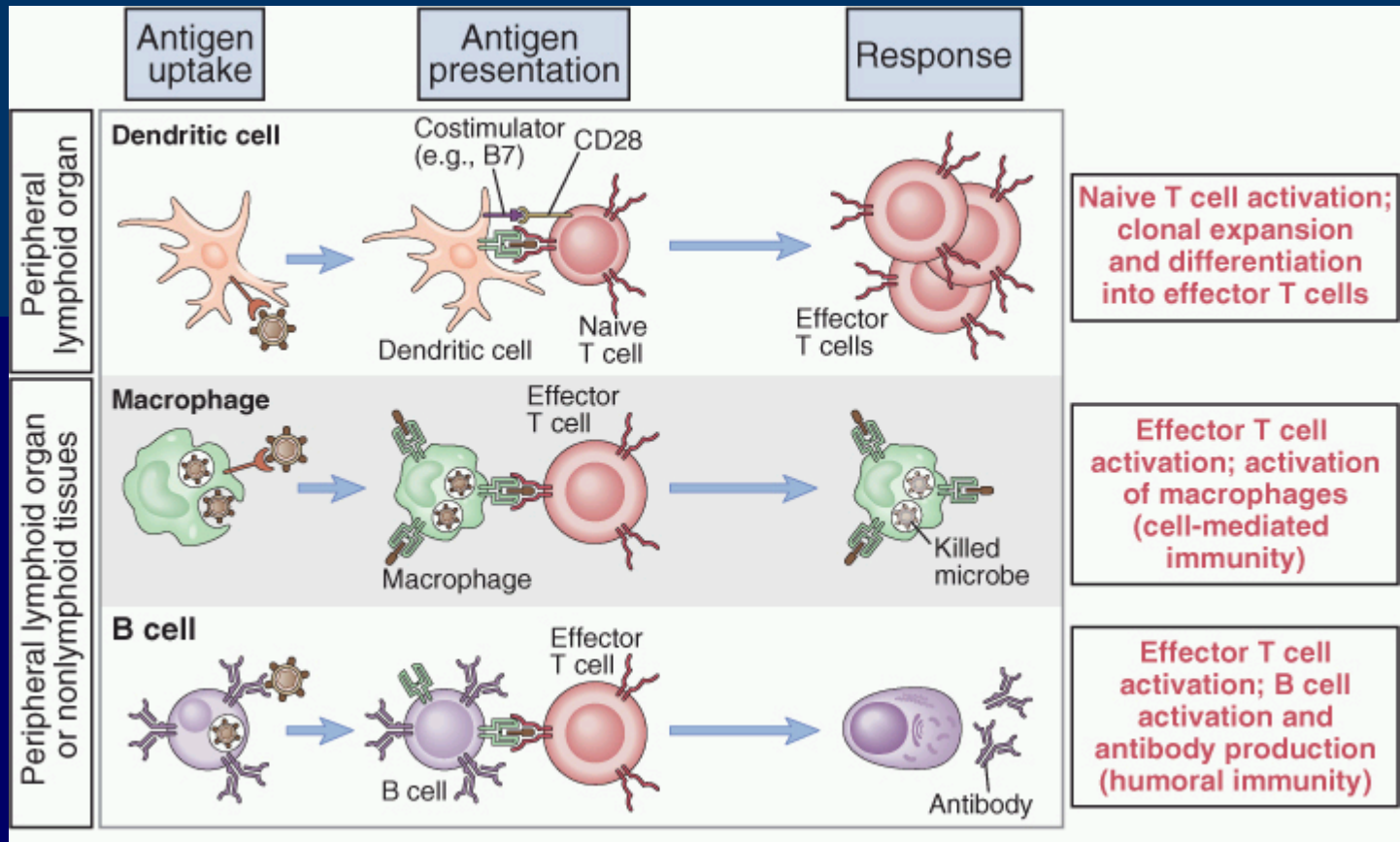
# Function of MHC

- Recognition of antigen by T cells is necessary for induction of the immune response.
  - exogenous antigen presentation



# Antigen presenting cells

Most important population of APC



Other population of APC

- Vascular endothelial cells: function as APC is **inducible**
- Various epithelial and mesenchymal cells: **inducible**

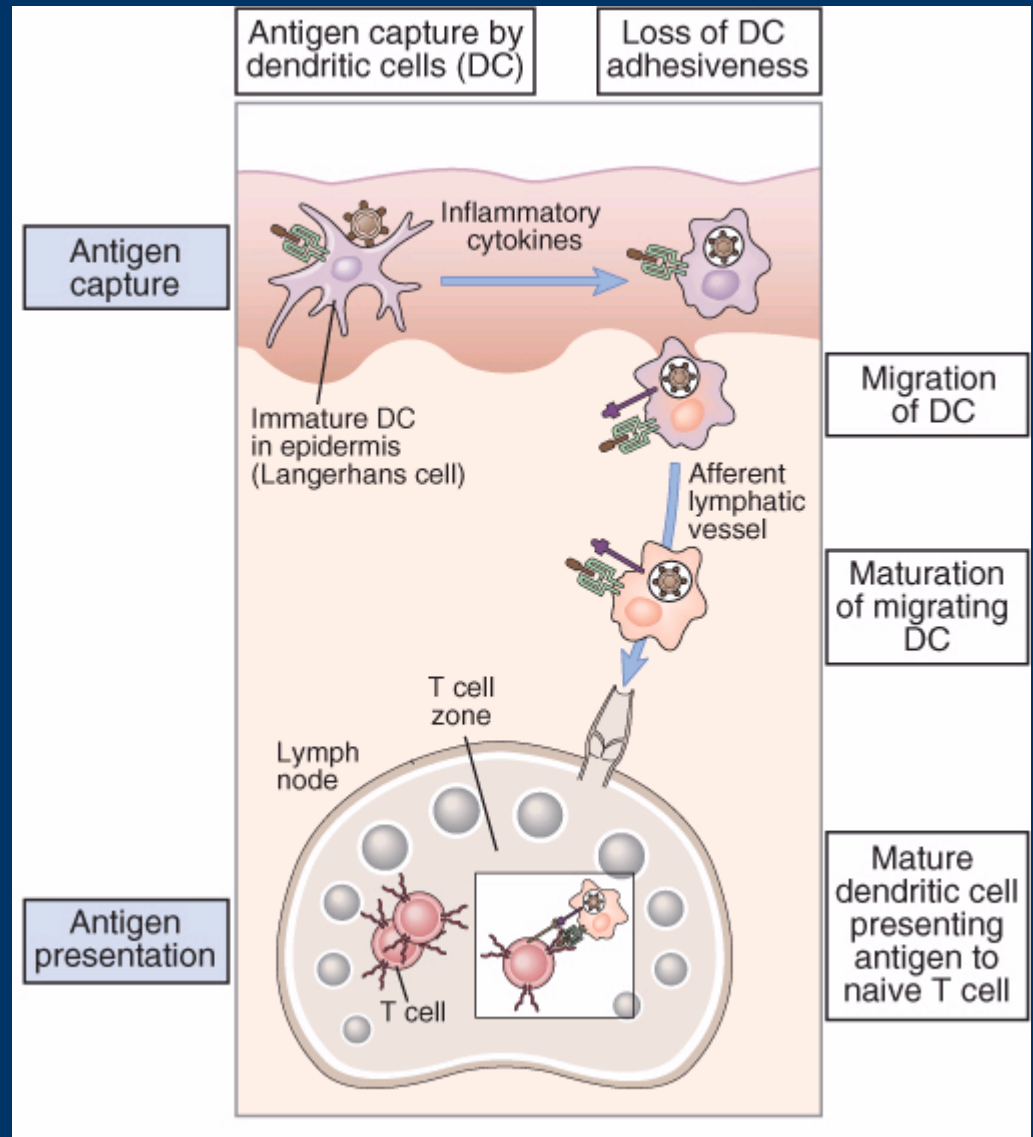
# Dendritic cells in antigen presentation

## Dendritic cells

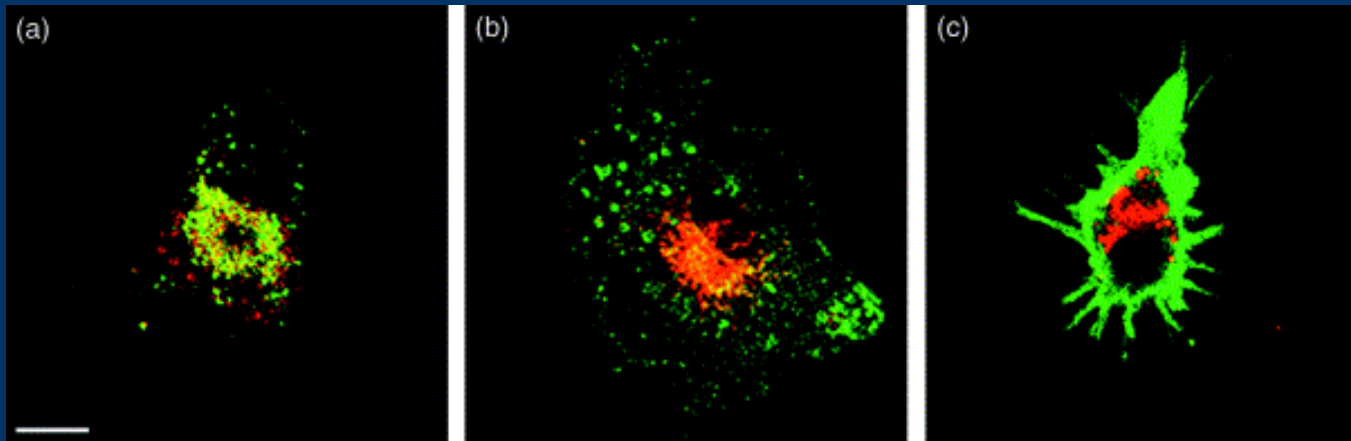
- most effective population in T cell activation
- used as immunotherapeutic tools in cancer vaccines

Immature DC: capture antigens in periphery

Mature DC: activation of T lymphocytes in lymphatic nodes



# Antigen Presentation and Dendritic Cells

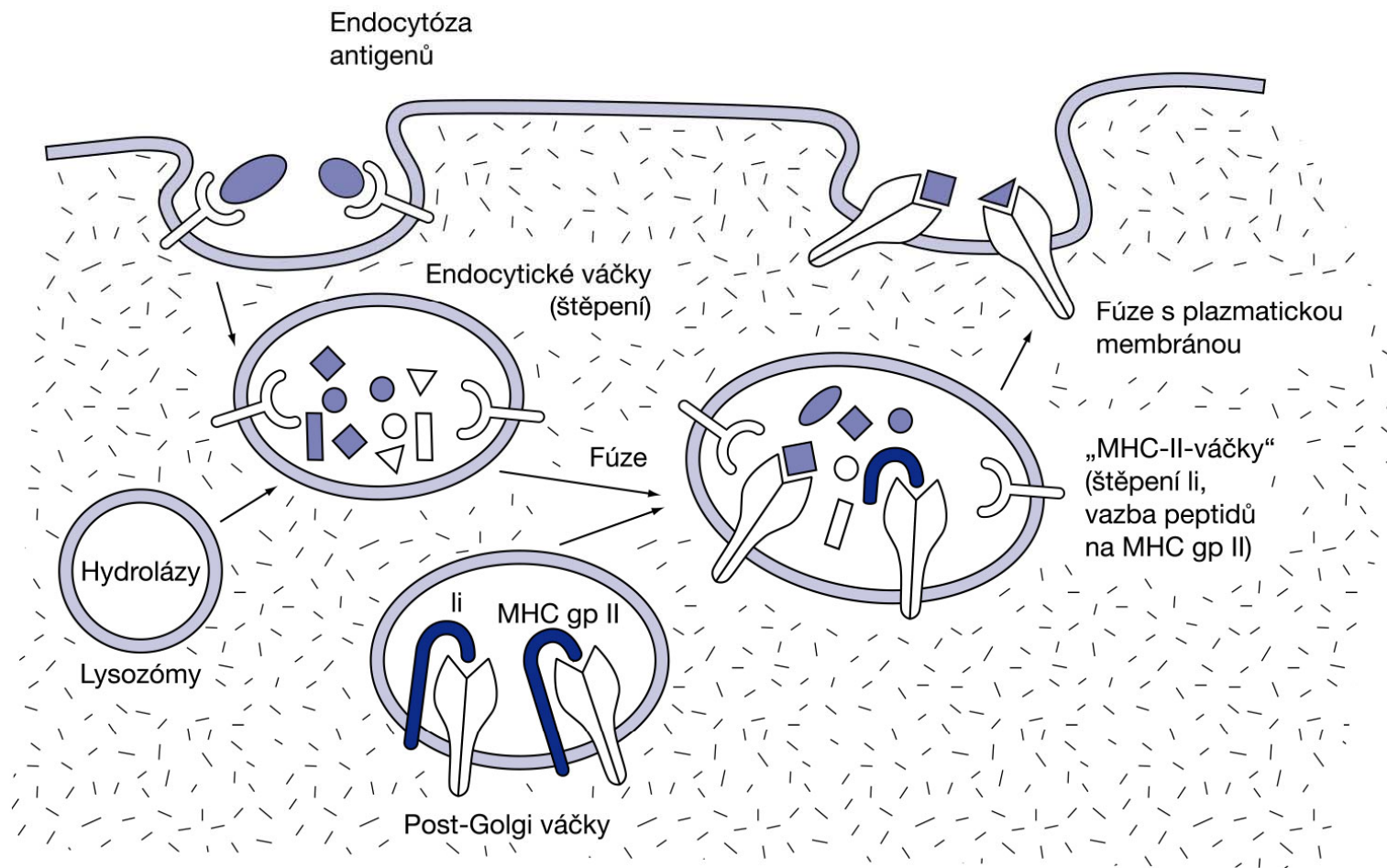


Immature (a),  
maturing (b), and  
mature (c)  
dendritic cells  
stained for MHC  
class II (green) and  
lysosomal marker  
Lamp-1 (red).

From Mellman et al., TICB 8: 231 (1998)

# Exogenous antigens

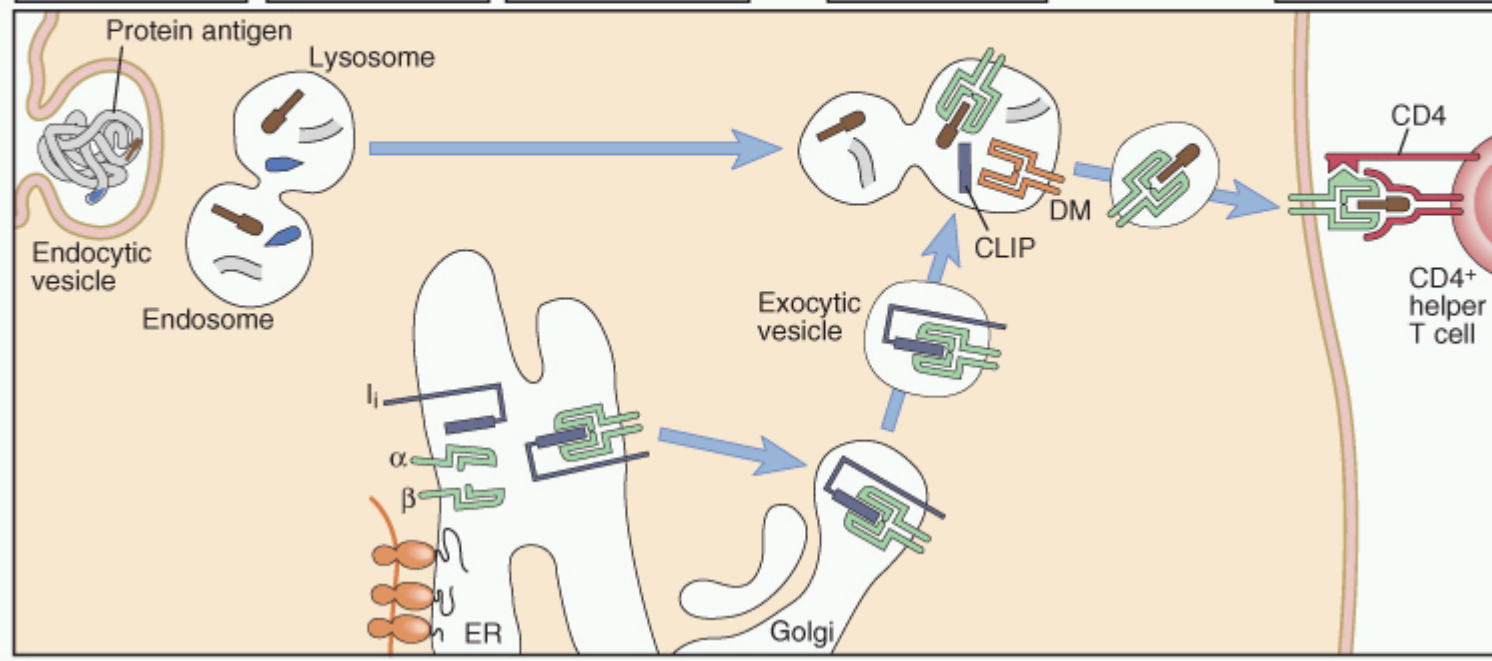
- Exogenous antigens (inhaled, ingested, or injected) are taken up by "professional" antigen-presenting cells
- These include:
  - phagocytic cells like macrophages and dendritic cells
  - B lymphocytes which are responsible for producing antibodies against the antigen.
- All these cells express HLA class II. molecules





# Exogenous antigen processing

- 1 Uptake of extracellular proteins into vesicular compartments of APC
- 2 Processing of internalized proteins in endosomal/lysosomal vesicles
- 3 Biosynthesis and transport of class II MHC molecules to endosomes
- 4 Association of processed peptides with class II MHC molecules in vesicles
- 5 Expression of peptide-MHC complexes on cell surface



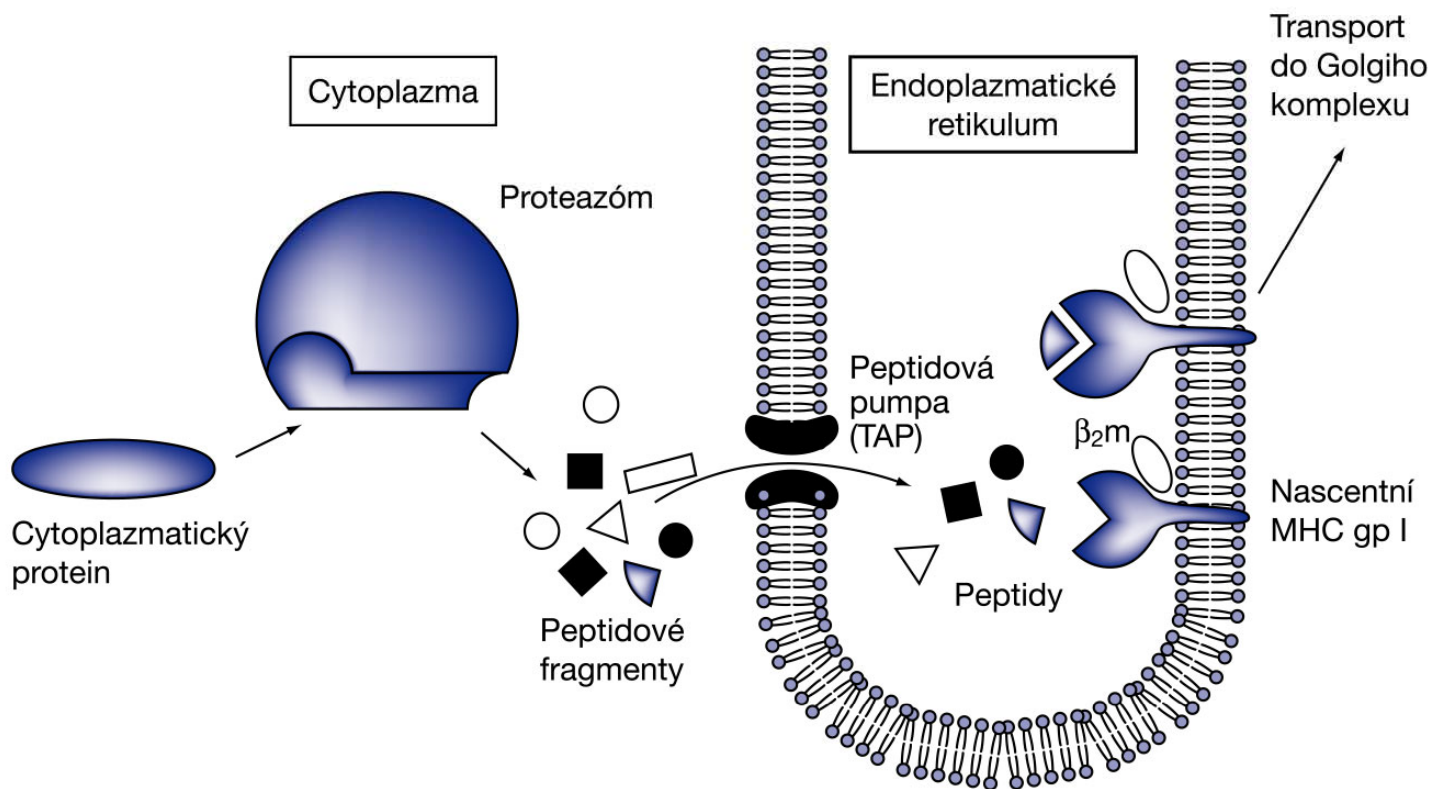
**Invariant Chain (Ii)-Contributes to:**

1. proper folding of the alpha and beta chains in the ER
2. preventing inadvertent association with endogenous peptides
3. directing immature MHC II through the secretory pathway

**CLIP** (Class II-associated invariant chain peptide)-Degradation product derived from the Invariant chain.

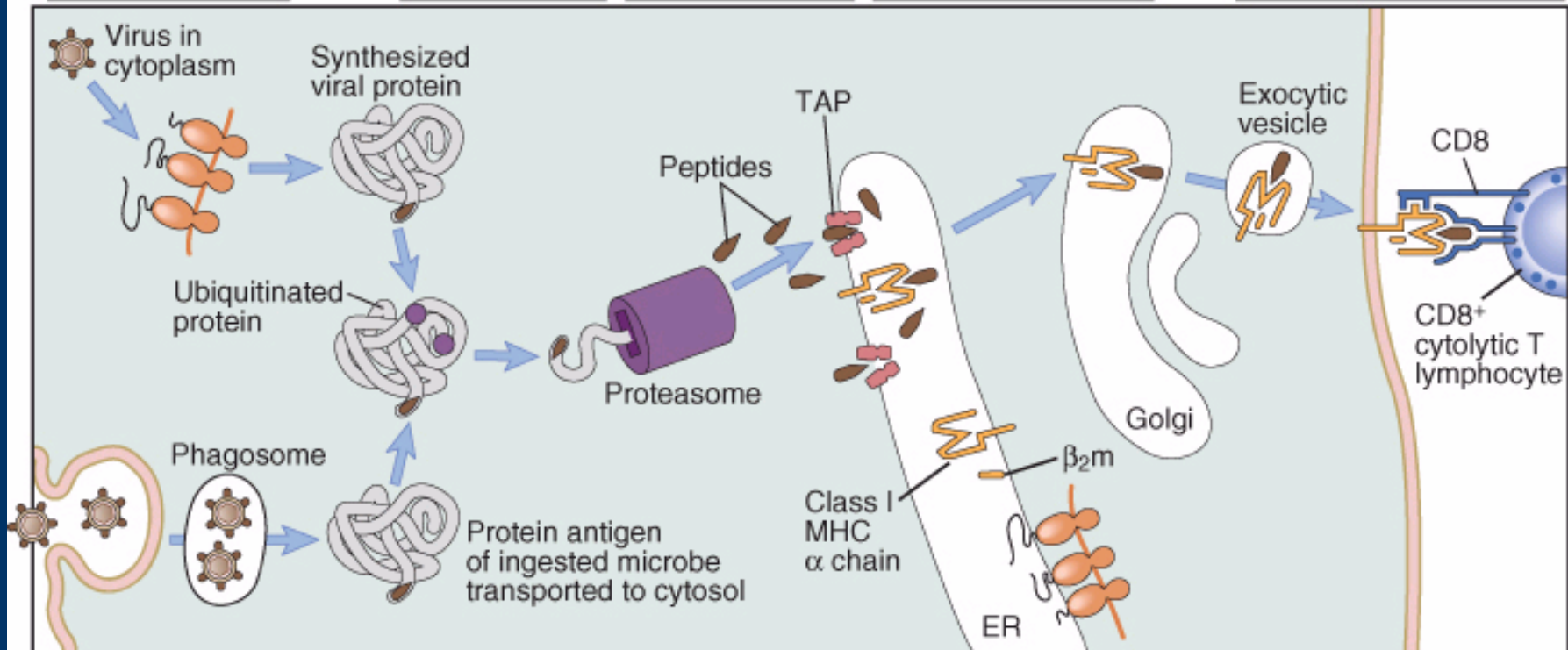
**HLA-DM** Responsible for displacing CLIP and allowing peptide to bind once MHC has reached the endosome.

**HLA-DO** Negative regulator of HLA-DM activity



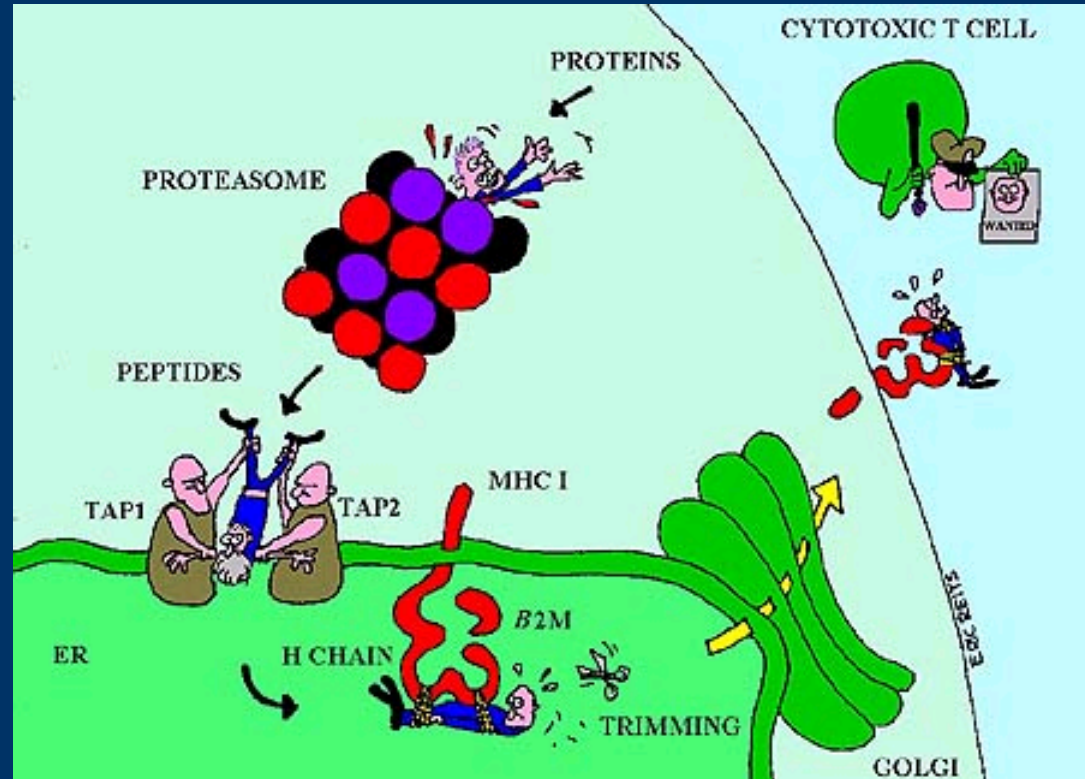
# Endogenous antigens processing

- 1 Production of proteins in the cytosol
- 2 Proteolytic degradation of proteins
- 3 Transport of peptides from cytosol to ER
- 4 Assembly of peptide-class I complexes in ER
- 5 Surface expression of peptide-class I complexes

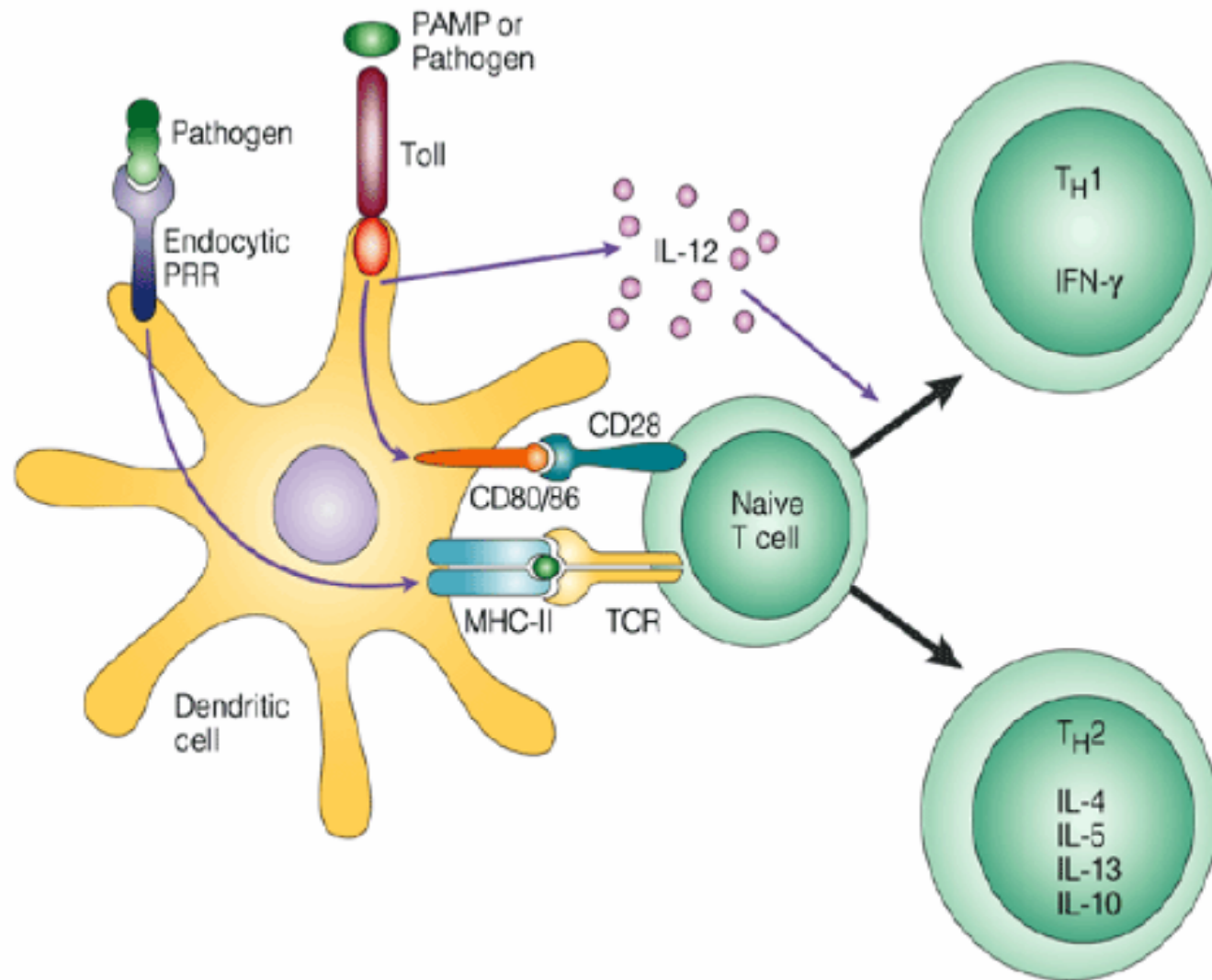


# TAP (transporter associated with antigen presentation)

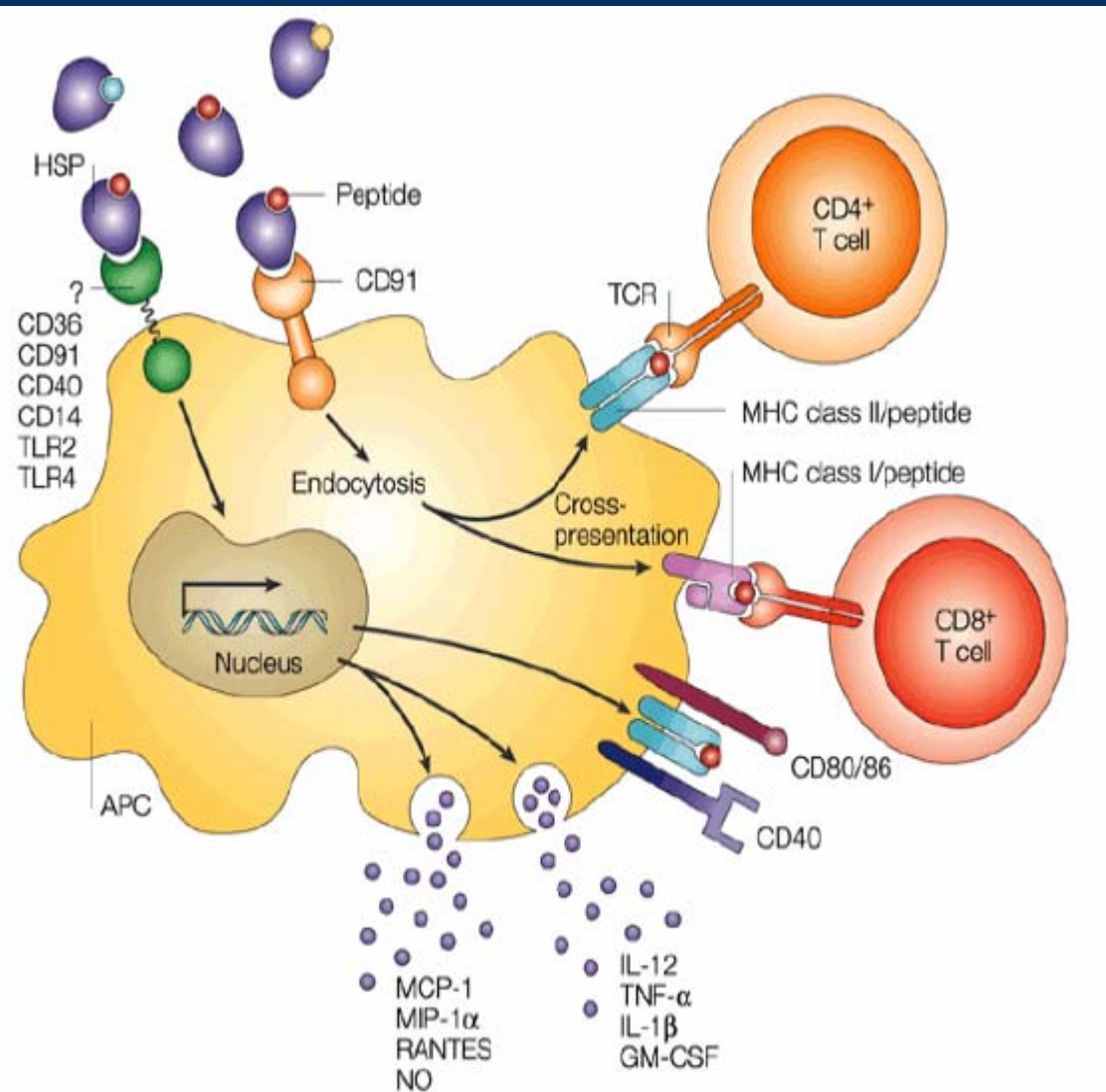
- Transport associated protein - TAP is responsible for the peptide transport from cytoplasm to ER.
- Proteins are degraded to peptide in proteasome.
- The peptides are picked up by TAP proteins and transported from the cytosol into the RER where they assemble with



- the transmembrane polypeptide and beta-2 microglobulin.
- this trimolecular complex then moves through the Golgi apparatus and is inserted in the plasma membrane







# Immunodeficiencies - MHC defect

- Bare lymphocyte syndrome:  
mutation in genes regulating class II MHC transcription
  - reduced number of CD4+ T cells in periphery
  - defective activation of CD4+ T cells
  - fatal, treatment: BM transplantation
- Class I MHC deficiencies:
  - decreased number of CD4+ T cells in periphery
  - caused by TAP1, TAP2
  - patients suffer from respiratory tract bacterial infection

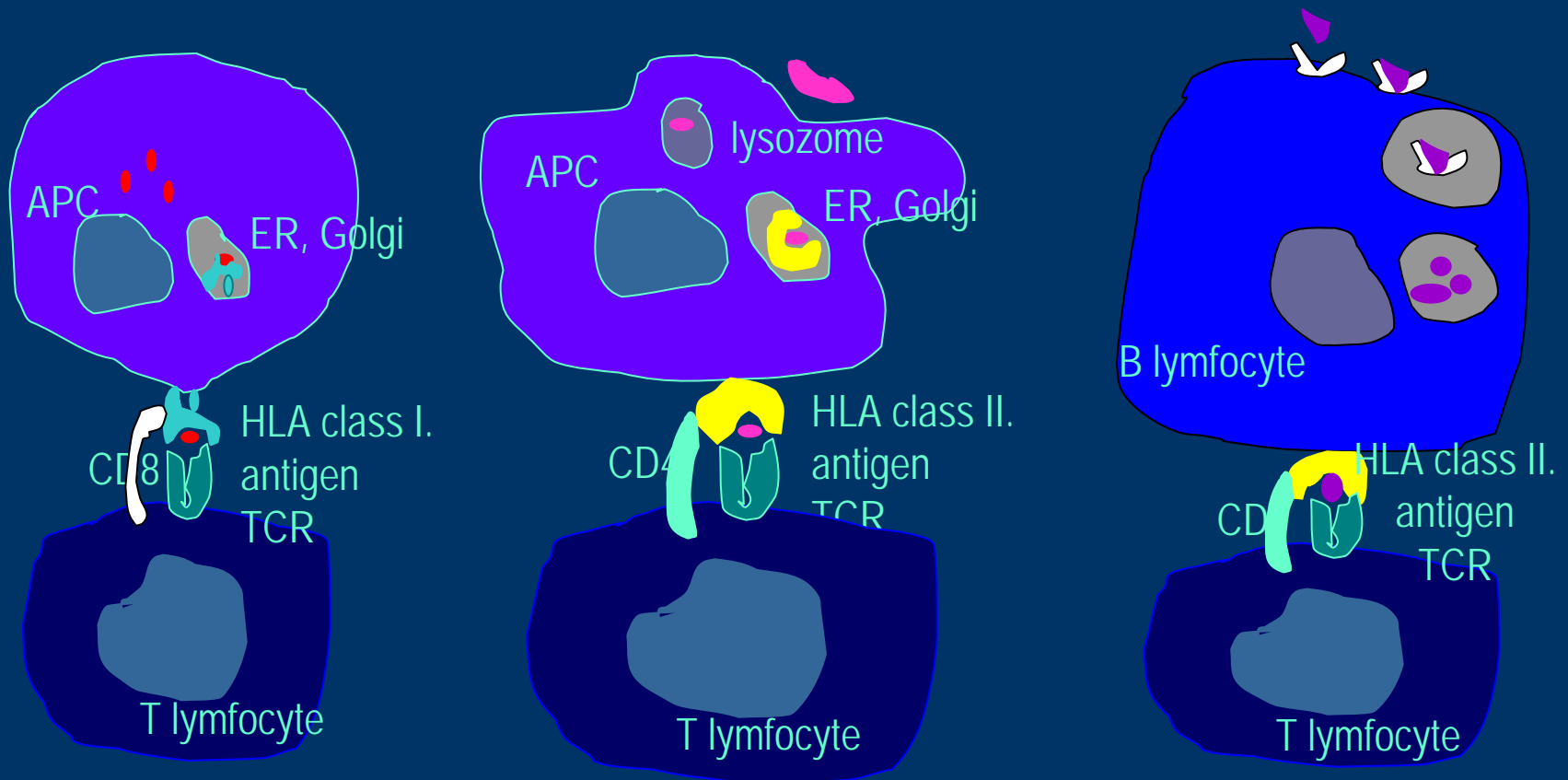


# HLA-associated diseases

	HLA	Patients	Controls
Ankylosing spondylitis	<i>B27</i>	90%	9%
Type 1 diabetes	<i>DR3</i>	52%	23%
	<i>DR4</i>	74%	24%
	<i>DR3</i> or <i>DR4</i>	93%	43%
Multiple sclerosis	<i>DR2</i>	86%	33%
Rheumatoid arthritis	<i>DR4</i>	81%	24%
Narcolepsy	<i>DR2</i>	>95%	33%



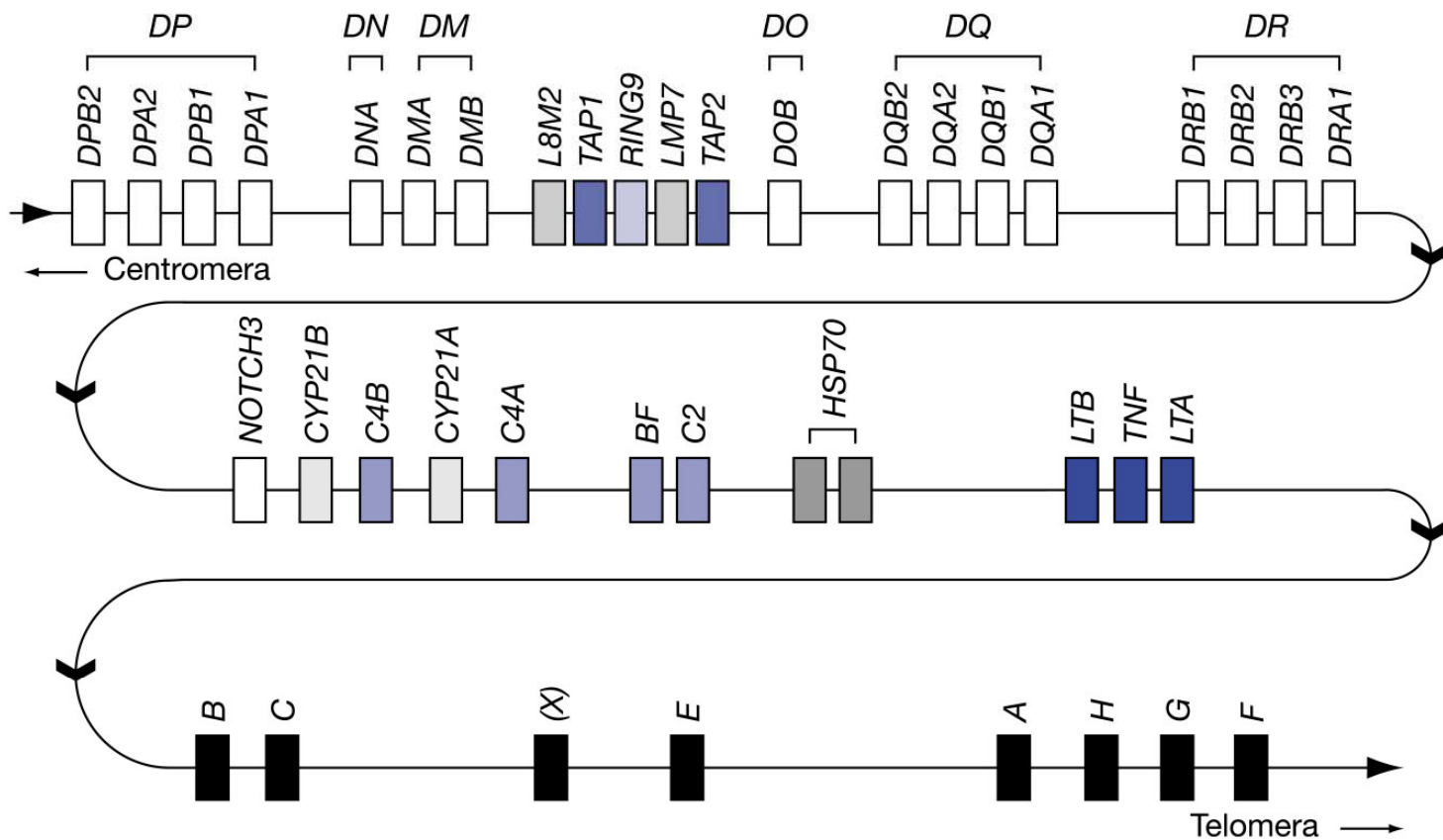
# Summary - antigen presentation pathways



endogenous  
cell destruction

exogenous  
immune response

B lymphocytes  
antibody production



# POLYMORPHISM OF MHC PROTEINS

DR $\alpha$  1

DR $\beta$  >400

DQ $\beta$  >50

HLA-A >280

HLA-B >500

HLA-C >130

Variability is in the amino acid residues in the peptide binding site!

MHC gp	Motif
HLA-11	xxAspxxxxxTyr
HLA-A2,1	xLeuxxxxxxLeu(Val)
HLA-A11	xValxxxxxxLys
HLA-A24	xTyrxxxxxxLeu(Phe)
HLA-B7	xProArgxxxxxLeu
HLA-B27	xArgxxxxxxLys(Arg)

Disease	HLA	Relative risk*
Ankylosing spondyloarthritis	B27	87.4
Uveitis	B27	10
Goodpasture syndrome	DR2	15.9
Multiple sclerosis	DR2	4.8
Graves-Basedow disease	DR3	3.7
Systemic lupus erythematoses	DR3	5.8
Myasthenia gravis	DR3	2.5
Pemphigus	DR4	14.4
Rheumatoid arthritis	DR4	4.2
Hashimoto thyroiditis	DR5	3.2