Arthritis in mice induced by a single immunisation with collagen

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Abstract

Objective—To determine whether collagen induced arthritis (CIA) in mice can be satisfactorily induced by a single immunisation and whether this model has some advantages compared with conventional CIA, which is induced by two immunisations.

Methods—The incidence of arthritis was observed under different immunisation conditions (variation of species of Mycobacterium included in complete Freund's adjuvant and the method of emulsification) and immunological, histopathological, and pharmacological features were examined.

Results—Under optimum immunisation conditions, joint inflammation developed two to three weeks after the primary immunisation with an incidence of 100% at four to five weeks. The progression of the arthritis was mild and was associated with moderate increases in concentrations of serum IgG against type II collagen. This CIA model was similar to the conventional model in histopathological and pharmacological features.

Conclusions—Murine CIA could be successfully induced by a single immunisation. An important feature of this model was a mild progression of joint inflammation. This feature seems to be of benefit for monitoring the development of arthritis from an early stage in the disease and for the development of novel antirheumatic drugs for such early stage patients.

Rheumatoid arthritis remains a serious autoimmune disease, despite progress in its management. Therefore, new drugs for treatment of rheumatoid arthritis have been developed worldwide. The rat model of adjuvant induced arthritis (AIA) made an important contribution to the evaluation of antirheumatic drugs, leading to the development of many non-steroidal anti-inflammatory drugs (NSAIDs) and disease modifying antirheumatic drugs (DMARDs).

However, a cure for rheumatism was still elusive and the conventional animal model had probably already reached a limit of usefulness in the development of new drugs; the development of new experimental animal models was necessary.

Materials and methods

ANIMALS

DBA/1JN Crj mice (4 weeks old) were supplied by Charles River Japan Inc, Kagawa, Japan. They were used for the experimental protocols after a resting period of two to three weeks.

CHEMICAL REAGENTS

Dexamethasone (Wako Pure Chemical Industries, Osaka, Japan; No 041-18861) was dissolved in dimethylsulphoxide (DMSO) and diluted with physiological saline. Cyclosporin A (Sandimmun: Sandoz, Tokyo, Japan) was diluted with physiological saline. Aspirin
(synthesised in our laboratory), lobenzarit disodium (Chugai Pharmaceutical Co., Tokyo, Japan), and auranofin (Smith Kline-Fujisawa Co., Tokyo, Japan) were suspended in physiological saline containing 1% DMSO and 1% Tween 80.

INDUCTION OF ARTHRITIS

Male DBA/1j mice were given an emulsion of bovine collagen type II (C II; 150 μg/0.1 ml/mouse, Collagen Gijutsu-kenshukai, Japan; No K41) in an equal volume of Freund’s complete adjuvant at the base of the tail. Freund’s adjuvant containing 0.5 mg/ml Mycobacterium tuberculosis H37Ra, (ICN Immunobiologicals, Costa Mesa, CA, USA; No 64-285-1) or 0.5 mg/ml Mycobacterium butyricum (Difco Laboratories, Detroit, Michigan, USA; No 638-60-7) was used. The emulsification was done with an ultrasonicator (Sonicator W-225, Heat System-Ultrasonics, NY, USA) or with connected syringes. The ultrasonication was performed on ice, three times for 20 seconds each time, at intervals of one minute.

EVALUATION OF ARTHRITIS

The mice were examined weekly throughout the test. The degree of arthritis was represented by scores from 0 to 3 points per foot, maximum of 12 points as the total score of four feet: 0 points: no change; 1 point: detectable swelling in one or more digital joints; 2 points: mild swelling in one or more joints; 3 points: severe swelling of the entire paw or ankylosis.

MEASUREMENT OF ANTIBODY CONCENTRATIONS

Serum antibody titres were measured by modification of an enzyme linked immunosorbent assay (ELISA) described previously. Firstly, the 96 well microplate was coated with 50 μl/well of a 10 μg/ml solution of C II at room temperature for 60 minutes, and then blocked with PBS containing 0.1% BSA at room temperature for 60 minutes. Then the diluted serum (1:2500) was added at 50 μl/well and allowed to react at room temperature for 60 minutes. An alkaline phosphatase labelled rabbit antismm IgG antibody (Zymed Laboratories Inc, San Francisco, CA, USA; No 61-6622) diluted 1000 times was added at 50 μl/well, and allowed to react at room temperature for 60 minutes. The wells were washed with PBS three times, then a 10% diethanolamine buffer solution (pH 9.8) containing 1 mg/ml of p-nitrophenyl phosphate (Sigma Chemical Company, St Louis, MO, USA; No 104-105) was added at 100 μl/well, and allowed to react at room temperature. The absorbance was measured at 405 nm with a microplate reader (Bio-Rad, Richmond, CA, USA; No 2550). The amount of each antibody was calculated from the calibration curve of the standard antibody.

HISTOLOGICAL STUDY

The mice were killed with an overdose of pentobarbitone. Their legs were removed and fixed in 10% neutral buffered formalin. The tissues were decalcified in 5% EDTA-2Na solution. The joints were thenembedded in paraffin. The specimens were cut into 6 μm sections and stained with haematoxylin and eosin.

STATISTICS

Differences were evaluated for significance with Dunnett’s multiple comparison test or the Aspin-Welch test after Bartlett’s test for homogeneity of variance.

Results and discussion

Collagen induced arthritis can be generated by a single immunisation with C II. On the other hand, CIA in mice is generally believed to require a second immunisation. Why reimmunisation is required to induce arthritis in mice has not been reported. Our study started from our idea that autoimmune diseases could be induced by a single immunisation if it was satisfactorily performed. Pathogenetically, this represents a more natural model of autoimmune disease than when induction by reimmunisation is required.

Firstly, we examined under which conditions induction of arthritis was more efficient, focusing on two points to which little attention has been paid previously – the species of Mycobacterium included in Freund’s complete adjuvant, and the method of emulsification of antigen with the adjuvant. We investigated whether there were any differences in the incidence of arthritis between mice inoculated with Freund’s complete adjuvant containing M tuberculosis and those injected with the same adjuvant containing M butyricum. We also determined which method of emulsification – ultrasonication or connected syringes – was more efficient for induction of arthritis. Table 1 shows the time course of induction of arthritis by these modified immunisation procedures. The most efficient condition was immunisation with an ultrasonic emulsion of C II in Freund’s complete adjuvant containing M tuberculosis. Under these conditions, the time of onset was two to three weeks and the incidence was 100% at four to five weeks. Under all other conditions examined, the incidence was less and the time of onset was prolonged. This selection of species of Mycobacterium as well as the method of emulsification of antigen with Freund’s complete adjuvant seem important for successful induction of arthritis with a single immunisation.

The importance of IgG antibodies against C II in initiating arthritis has been shown. Therefore, the concentrations of serum antibody against C II IgG were measured two weeks after the first immunisation, in the early stage of arthritis. Figure 1 shows that the most efficient conditions (ultrasonic emulsification and M
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<table>
<thead>
<tr>
<th>Species of Mycobacterium</th>
<th>Method of emulsification</th>
<th>Weeks after immunisation</th>
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<tbody>
<tr>
<td></td>
<td></td>
<td>1</td>
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<tr>
<td><strong>Experiment 1:</strong></td>
<td></td>
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<tr>
<td><em>M. tuberculosis</em></td>
<td>Ultrasonication</td>
<td>0/5</td>
</tr>
<tr>
<td><em>M. tuberculosis</em></td>
<td>Syringe</td>
<td>0/5</td>
</tr>
<tr>
<td><em>M. butyricum</em></td>
<td>Ultrasonication</td>
<td>0/5</td>
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<td></td>
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<td><strong>Experiment 2:</strong></td>
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<tr>
<td><em>M. tuberculosis</em></td>
<td>Ultrasonication</td>
<td>0/10</td>
</tr>
<tr>
<td><em>M. tuberculosis</em></td>
<td>Syringe</td>
<td>0/10</td>
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<tr>
<td><em>M. butyricum</em></td>
<td>Ultrasonication</td>
<td>0/10</td>
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Ultrasonication was performed on ice three times for 20 s each time at intervals of one minute to make a fine and uniform emulsion.

*tuberculosis* to induce IgG antibody coincided with those for the most efficient induction of arthritis (table 1) supporting the importance of anti-C II IgG in the CIA model. Ultrasonication may be useful for rapid production of a fine and uniform emulsion (~1 μm), which may be essential for reproducible induction of a large IgG antibody. It is difficult to make an emulsion of high quality with connected syringes and the procedure sometimes takes a long time. Thus ultrasonication was superior to the connected syringes for effective activation of humoral immunity as well as induction of arthritis.

The selection of species of *Mycobacterium* in CFA was important for efficient induction of IgG antibody against C II. At present we have no direct evidence to explain why *M. tuberculosis* is more useful for the induction of IgG than *M. butyricum*. Mycobacteria in adjuvant seem to contribute to the immunopathological events of CIA in mice, because the mice responded less well to Freund's incomplete adjuvant. Ellis et al showed the importance of adjuvant composition in the induction of CIA in mice. Although *M. tuberculosis* induced a potent T cell response against C II, by contrast *M. butyricum* did not. This finding also supports the previous observation that the development of the full pattern of CIA requires synergistic activation of both humoral and cell mediated responses.

Recently, Germann et al reported that interleukin-12 (IL-12) could replace Mycobacteria and cause severe arthritis in mice when given in combination with C II. This cytokine stimulates interferon-γ (IFN-γ) synthesis and strongly enhances Th1 cell development. Further studies on cytokines such as IL-12 and IFN-γ relating to inflammation and immune responses may be necessary to elucidate the relation between incidence of CIA and the species of mycobacteria. Small mycobacterial fragments are known to be efficient at inducing adjuvant arthritis. If the resistance of the cell wall to ultrasonication differs between *M. tuberculosis* and *M. butyricum*, it is possible that the degree of arthritis may be dependent on the mycobacterial particle size after ultrasonication. At present, we have no data on particle size. How differences in species or particle size of *Mycobacteria* in the adjuvant influence immunising capability is a topic for future study.

Ultrasonication can induce heating of samples. However, the temperature of the antigen should not be allowed to become excessively high. Immunisation of mice with heat denatured collagen results in the induction of inflammatory arthritis and this was associated with the lack of antibodies against conformational determinants present selectively on native antigen. Therefore, in this study, the ultrasonication was performed on ice. It is important to make a high quality emulsion without a temperature increase. These findings showed that the incidence of mouse arthritis could be altered by slight modifications of the immunisation conditions, and that arthritis could be reproducibly and sufficiently induced by a single immunisation under the conditions described above. The immunisation conditions used here seem to be widely applicable to other models of autoimmune diseases as well as to efficient collection of IgG antibody from the inoculated animal.

Histopathological and pharmacological features of this CIA model were examined. Histopathologically, the arthritic lesions showed synovial proliferation, infiltration with mononuclear cells and granulocytes, fibrin deposits, pannus formation with damage to the cartilage, and bone erosion (fig 2). These features were similar to those of human rheumatoid arthritis and the conventional murine CIA. On the other hand, as conventional NSAIDs and DMARDs have little effect on joint inflammation in the conventional CIA model, the conventional model may be used to characterise novel immunosuppressive agents. Accordingly, the effects of conventional antirheumatic drugs on this CIA model were examined. As shown in...
Table 2  Effects of antiarthritic drugs on CIA in mice

<table>
<thead>
<tr>
<th>Antiarthritic drug</th>
<th>Dose (mg/kg/day)</th>
<th>Incidence of arthritis in mice (n/total)</th>
<th>Arthritis score (mean (SD))</th>
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<tr>
<td><strong>Experiment 1:</strong></td>
<td></td>
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<td></td>
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<tr>
<td>Positive control</td>
<td>—</td>
<td>4/4</td>
<td>4.3 (2.9)</td>
</tr>
<tr>
<td>Lobenzarit</td>
<td>50</td>
<td>4/4</td>
<td>5.8 (2.1)</td>
</tr>
<tr>
<td>Auranofin</td>
<td>10</td>
<td>4/4</td>
<td>5.0 (2.7)</td>
</tr>
<tr>
<td><strong>Experiment 2:</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Positive control</td>
<td>—</td>
<td>5/5</td>
<td>6.0 (1.4)</td>
</tr>
<tr>
<td>Aspirin</td>
<td>200</td>
<td>3/4</td>
<td>4.5 (3.0)</td>
</tr>
<tr>
<td>Cyclosporin A</td>
<td>50</td>
<td>2/4</td>
<td>0.8 (1.0)*</td>
</tr>
<tr>
<td>Dexamethasone</td>
<td>0.2</td>
<td>1/4</td>
<td>0.3 (0.9)*</td>
</tr>
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</table>

Mice were dosed with the drugs daily for four weeks, starting two weeks after immunisation. Physiological saline was given to the controls in the same manner. All four limbs of each mouse were scored for arthritis on the day after the drug was last given. Drugs were given by mouth except for dexamethasone, which was given by intraperitoneal route.

*p < 0.001 vs positive control.

Figure 2  Histopathological findings from the forefoot (top) and hindfoot (bottom) of mice with arthritis. The lesions show synovial proliferation, infiltration with mononuclear cells, and granulocytes, fibrin deposits, pannus formation with damage to the cartilage, and bone erosions. Haematoxylin and eosin stain (originally ×25).

Figure 3  Time course of the arthritis score and humoral response induced by one or two immersions with C II. Closed circle and striped bar: mean of the arthritis score and the mean of the titre of antibody to C II of 10 mice induced by one immunisation respectively; closed square and open bar: mean of the arthritis score and the mean of the titre of antibody to C II of five mice induced by second immunisation after three weeks (arrow).

C II. This phenomenon is a matter of course in secondary immune responses against a foreign antigen, but seems not to be pathogenetically natural as a model of autoimmune disease. Autoantigens which are always present in the body should be able to provide continuous stimuli to immune systems. Accordingly, the second immunisation should be theoretically unnecessary for induction of autoimmunity if the first inoculation with antigen is performed satisfactorily. The successful induction of arthritis such as in this CIA model supports this idea.

This model has some advantages over the conventional CIA model. Firstly, as arthritis can be induced by only one immunisation, it will be more economical, saving time, manpower, and cost. Secondly, joint inflammation develops two to three weeks after the primary immunisation (similarly to the rat CIA model) and the incidence is 100% at four to five weeks. This time is convenient for evaluation of drugs using a model of chronic autoimmune disease. Thirdly, the progression of arthritis is mild. This is a beneficial feature for a model of chronic disease, and may be useful for the discovery of more extensive antirheumatic agents. Also, the importance of immunotherapy in the early stage of rheumatoid arthritis has been stressed.
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