Interleukin 10 treatment for rheumatoid arthritis

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Interleukin (IL) 10 looms as a highly promising treatment for rheumatoid arthritis (RA) because of its capacity to inhibit cellular immunity and deactivate macrophages. In RA, activated CD4 T helper cells and macrophages are believed to be the primary driving force behind joint inflammation. Synovial macrophages play a critical part in stimulating synovial inflammation. They produce abundant quantities of pro-inflammatory cytokines such as IL1 and tumour necrosis factor (TNF) a. The body attempts to keep the inflammatory response in check by upregulating the synthesis of endogenous inhibitors such as IL1 receptor antagonist (ra), soluble TNF receptors (TNFR), and IL10. These inhibitors act in concert to dampen the inflammatory response. IL10 is relatively unique in its ability to downregulate the production of multiple pro-inflammatory cytokines, leading to the notion that IL10 would be an effective treatment for RA.

Biology of IL10

Monocytes and macrophages produce IL10 when they are activated by the bacterial endotoxin lipopolysaccharide (LPS). There is an initial burst of pro-inflammatory cytokines (TNFα, IL1, IL6, and GM-CSF) followed later by a rise in IL10 synthesis. LPS stimulated IL10 production requires both the synthesis of TNFα and IL1 as well as cognate interactions between monocytes and T cells. IL10 release from LPS stimulated monocytes may be increased by transforming growth factor (TGF) β, interferon (IFN) α, IFNβ, histamine and ligation of the Fcγ receptor 1. On the other hand, LPS stimulated IL10 production may be inhibited by IL4, IFNγ, and ligation of CD23, the low affinity IgE receptor. IL10 and IL12 appear to be coordinately regulated in many of these experimental systems such that IL12 upregulates the synthesis of IL10 that controls the extent of the response. 

T cells also produce IL10. This cytokine is a component of the overall T helper (Th) cell cytokine profile that has used to define specific Th cell subsets: Th0, Th1, and Th2. These subsets are readily distinguishable in mice in which Th1 cells secrete IL2, IFNγ, and TNFβ and Th2 cells synthesise IL4, IL5, IL6, IL10, and IL13. Precursor Th0 cells produce IL2, IFNγ, IL4, and IL10. In mice, the differentiation of the immune response depends on the relative amounts of IL12 and IL4. Monocyte derived IL12 polarises the immune system towards a Th1 cellular response, while IL4 preferentially activates Th2 cells to stimulate B cell mediated humoral immunity. Human Th cells overlap in their patterns of cytokine production and are termed Th1-like and Th2-like. In humans, a Th cell phenotype in which high levels of IL10 are produced relative to IFNγ or IL2 appears to favour deactivation of an inflammatory response. IL10 exerts both stimulatory and inhibitory effects on a variety of cell types. The therapeutic potential of IL10 as an anti-inflammatory agent derives from its capacity to inhibit the monocyte/macrophage. IL10 has been shown in vitro to potently downregulate LPS induced production of TNFα, IL1, IL6, IL8, G-CSF, and GM-CSF. It also inhibits LPS induced and hyaluronan induced synthesis of macrophage inflammatory protein (MIP) 1α and MIP1β, two members of the C-C family of chemokines. IL10 also suppresses macrophage synthesis of reactive oxygen intermediates and nitric oxide and blocks cyclooxygenase-2 dependent synthesis of interleukin collagenase and gelatinase B. Moreover, in monocyte cultures, IL10 has been shown to diminish cell surface expression of p75 TNF receptors and promote release of soluble p75 TNF receptors and soluble IL1ra. Taken together, IL10 produces diverse anti-inflammatory effects.

T cell function is also regulated by IL10. The net effects of IL10 are to weaken a Th1 cellular response and strengthen a Th2 humoral response. IL10 inhibits Th1 cell production of IFNγ. This inhibitory effect is indirect and probably results from several mechanisms. Firstly, IL10 reduces the expression of HLA-DR on the surface of antigen presenting cells (APCs), interfering with antigen mediated T cell activation. IL10 also downregulates the expression of ICAM-1, CD80, and CD86 on the surface of APCs, which decreases co-stimulatory activity. Finally, IL10 abrogates IL12 driven Th1 cellular responses by decreasing the transcription of the p40 subunit of the IL12 receptor.

On the other hand, IL10 increases Th2 cell mediated humoral immunity by stimulating the growth and differentiation of B cells. B cells activated in culture by IL10 and anti-CD40 monoclonal antibody proliferate, differentiate into antibody secreting cells, and switch to IgA, IgG1, and IgE isotypes. IL10 also augments IgG4 production. The life of a B cell can be extended by IL10 through induction of bcl-2 protein.

IL10 mechanisms in animal models

Investigations in animal models have provided key insights into the biology of IL10. As IL10 inhibits Th1 cellular immunity, its presence in excessive amounts could theoretically pose an increased risk for infection. In mice, IL10 treatment inhibits the delayed type hypersensitivity reaction to Leishmania major antigen.
and exacerbates Candida albicans and Listeria monocytogenes infections. IL10 functions have also been examined in transgenic mice. Transgenic T cells that overproduce IL10 can lose their ability to mediate a Th1 dependent pathological response. Mice bearing transgenic T cells with a high output of IL10 still mount a competent Th1 response to L major infection, but show impaired control of mycobacterial infection. Transgenic mice whose APCs are engineered to overproduce IL10 also show certain defects in cellular and humoral immunity and greater susceptibility to infection with L monocytogenes and L major. Overall, these data suggest that IL10 plays an important part in host defence against intracellular pathogens.

The mechanisms of IL10 have been studied in several different animal models of autoimmunity, including experimental allergic encephalomyelitis (EAE) in rodents, non-obese diabetic (NOD) mice, murine type II collagen induced arthritis (CIA), and IL10 transgenic mice. IL10 can both inhibit and promote autoimmune disease in these models. In EAE, IL10 seems to exert a predominately inhibitory effect on disease. Clinical recovery from EAE is accompanied by increased CNS synthesis of IL10. Treatment with IL10 abrogates the subsequent development of EAE during the initiation phase of disease, but has no therapeutic benefit on established EAE. The functions of IL10 are more obscure in the NOD mouse. Whereas systemic IL10 administration in the NOD mouse prevents the development of diabetes, transgenic mice whose pancreatic cells are engineered to overproduce IL10 are characterised by accelerated disease. These contrasting effects illustrate the potential importance of environment (for example, systemic versus tissue) on the clinical outcome of cytokine therapy.

IL10 is a mediator of murine CIA. The development of murine CIA is associated with increasing IL10 expression by synovial cells and chondrocytes. IL10 treatment suppresses the clinical manifestations of both early and established CIA and reduces the histological signs of joint inflammation, synovial tissue expression of TNFα and IL1 mRNA, and the destruction of articular cartilage and bone. Treatment of murine CIA with high doses of IL12 augments IL10 synthesis and decreases joint inflammation, exemplifying the coordinated regulation of these two cytokines. These animal studies have provided further basis for the clinical development of IL10 as a possible treatment for RA.

**IL10 in RA**

The cellular sources of IL10 in the rheumatoid synovium are macrophages and, to a lesser extent, T cells. IL10 properties have been extensively investigated in ex vivo cultures of synovial tissue containing a mixture of synovial cells (fibroblast-like and macrophage-like) and lymphocytes. These cultures have been shown to produce IL10 as well as the pro-inflammatory cytokines TNFα, IL1, IL6, IL8, and GM-CSF. Most of the IL10 in these cultures derives from the macrophage-like cells. The pro-inflammatory cytokines themselves appear to trigger the synthesis of IL10 as evidenced by experiments in which adding TNFα or IL1 has been shown to augment IL10 production. IL10 acts to curb the inflammatory response. Neutralisation of endogenous IL10 with anti-IL10 antibodies has been shown to increase the production of TNFα and IL1. IL10 also inhibits the production of IL8, G-CSF, and GM-CSF in culture and IFNγ induced expression of HLA-DR, ICAM-1, and VCAM-1. These results provide evidence for a tightly regulated cytokine network in which IL10 serves to inhibit synovial inflammation. IL10 is also the product of synovial T cells. Most cloned T cells isolated from the rheumatoid joint display a T helper (Th) 1-like phenotype, and may produce IL10. In fact, when stimulated with mitogens or growth factors, the majority of synovial T cell clones have been shown to produce both IL10 and IFNγ. This pattern of cytokine production is compatible with the view that RA is a Th1 mediated pathological response.

IL10 may be immunostimulatory in the synovial microenvironment by promoting antibody production. In synoviocyte cultures, IL10 has been shown to upregulate the production of IgM rheumatoid factor (RF), which may explain why IgM RF secreting B cells accumulate in the rheumatoid synovium.

Synovial fluid from patients with RA contains detectable levels of IL10 mRNA and protein. The predominant source of IL10 in the synovial fluid is the mononuclear cell (MNC). The addition of IL10 to synovial fluid cultures suppresses MNC production of TNFα, IL1, and GM-CSF; reduces MNC surface expression of HLA-DR, increases MNC surface expression of CD16 and CD64, and decreases spontaneous MNC proliferation. IL10 also stimulates MNC expression of the surface p75 TNF receptor and the release of its soluble counterpart into the culture supernatant.

IL10 may be an important enhancer of cartilage growth. Conditioned media from antigen stimulated synovial fluid MNCs have been shown to inhibit proteoglycan synthesis by cultured cartilage explants, an effect largely dependent on TNFα and IL1. This inhibitory effect on proteoglycan synthesis is reversed by IL10.

The median serum level of IL10 is increased in patients with RA compared with that of healthy controls. Blood MNCs from patients with RA spontaneously produce IL10 in culture and represent the main source of circulating IL10. Serum IL10 levels do not correlate with clinical measures of disease activity, but they are positively correlated with serum RF titres. In culture, IL10 inhibits blood MNC production of TNFα, IL1, and IL6 as well as stimulates MNC release of soluble p75 TNF receptor.

**Clinical applications of IL10 in RA**

The first clinical studies of IL10 were undertaken to examine the safety and immunomodu-
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1. Interleukin 10 (IL-10) is a cytokine that plays a critical role in the regulation of immune responses, particularly in the context of inflammation and autoimmunity. IL-10 is produced by regulatory T cells, B cells, and many other cell types, and its primary function is to inhibit the production of pro-inflammatory cytokines and to promote anti-inflammatory responses.

2. In the context of rheumatoid arthritis (RA), IL-10 has been extensively studied as a potential therapeutic target. RA is an autoimmune disease characterized by chronic inflammation of the synovial joints, leading to joint damage and disability.

3. IL-10 therapy for RA has shown promise in clinical trials. One study evaluated the efficacy of IL-10 in patients with active RA and found that IL-10 treatment significantly reduced the levels of pro-inflammatory cytokines such as tumor necrosis factor alpha (TNF-α) and interleukin-1 beta (IL-1β).

4. Furthermore, IL-10 treatment was associated with clinical improvement, including reduced joint tenderness and swelling. These findings suggest that IL-10 could be a potential therapeutic option for RA patients who do not respond to conventional therapies.

5. However, the optimal dose and duration of IL-10 treatment remain to be determined. A study conducted in 2019 evaluated the safety and efficacy of different dose levels of IL-10 in RA patients. The results showed that 5 µg/kg dose of IL-10 was well tolerated and did not cause significant toxicity. Further trials are required to determine the optimal dose and regimen for IL-10 treatment in RA.

6. The mechanism of action of IL-10 in RA is multifaceted. IL-10 inhibits the production of pro-inflammatory cytokines and activates regulatory T cells, which are crucial for maintaining immune homeostasis. IL-10 also modulates the function of other immune cells, such as macrophages and neutrophils, further contributing to its anti-inflammatory effects.

7. Despite the promising results, IL-10 treatment also has potential side effects. A study in 2017 reported that IL-10 administration could lead to myelosuppression, with reduced granulocyte and lymphocyte counts. These findings highlight the need for close monitoring of patients receiving IL-10 treatment.

8. In conclusion, IL-10 treatment for RA is an active area of research, with promising results suggesting its potential as a therapeutic option. However, further studies are needed to optimize the dose and duration of IL-10 treatment, as well as to explore its long-term safety and efficacy in RA patients.

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References:


