

with local disease parameters (lymphocytic focus score (LFS);  $r=0.744$  and % IgA<sup>+</sup> cells  $r=-0.658$ ) as well as with immune cells present in the LSG (CD3  $r=0.890$ ; CD20  $r=0.717$ ; CD1a  $r=0.660$ ; CD208  $r=0.763$ ).

FACS analysis of isolated cells from patients' LSG confirmed a strongly increased percentage of both CD3 and IL-7R<sup>+</sup> CD3 T cells in pSS as compared to nSS (both  $p<0.01$ ). Furthermore, abundant IL-7R expression was detected on high proportions of CD4 and CD8 (on average  $66\% \pm 5\%$  and  $56\% \pm 4\%$ , respectively). Other CD45<sup>+</sup> leucocytes and CD45<sup>-</sup> tissue cells did not or hardly express the IL-7R. IL-7R<sup>+</sup> CD3, CD4 and CD8 T cells as percentage of the total LSG cells significantly correlated with the LFS ( $p \leq 0.05$ ,  $r=0.533$ ;  $p \leq 0.01$ ,  $r=0.593$ ;  $p \leq 0.01$ ,  $r=0.631$ , respectively).

The abundant presence of IL-7R<sup>+</sup> T cells in the inflamed salivary glands of pSS patients, which correlates to inflammation, suggests that increased IL-7 expression could significantly contribute to glandular inflammation by activation of IL-7R<sup>+</sup> effector T cells. Hence, blockade of the IL-7R might be a novel therapeutic strategy for pSS.

**A119 IL-7 RECEPTOR EFFECTOR T CELLS ARE INCREASED IN THE INFLAMED SALIVARY GLANDS OF PSS PATIENTS AND CORRELATE WITH INFLAMMATORY MARKERS**

A Bikker,<sup>1</sup> AA Kruize,<sup>1</sup> M Wenting,<sup>1</sup> M Versnel,<sup>2</sup> JWJ Bijlsma,<sup>1</sup> FPJG Lafeber,<sup>1</sup> JAG van Roon<sup>1</sup> <sup>1</sup>Department of Rheumatology and Clinical Immunology, UMC Utrecht, Utrecht, The Netherlands; <sup>2</sup>Department of Immunology, Erasmus MC Rotterdam, Rotterdam, The Netherlands

10.1136/ard.2010.148981.22

In patients with pSS local T cell-driven inflammation contributes to destruction of exocrine glands associated with clinical symptoms of dryness. Recently the authors documented increased interleukin (IL)-7 in labial salivary glands (LSG) of pSS patients that was capable to induce Th1 and Th17 activity and proinflammatory cytokine secretion. IL-7 mediates its effects by signaling through the high affinity IL-7R $\alpha$  subunit and  $\gamma$ c chain. The authors and others have shown that IL-7R<sup>+</sup> CD4 T cells that strongly proliferate upon TCR activation, while IL-7R<sup>-</sup> CD4 T cells are anergic and can be regulatory of nature. This suggests that IL-7R<sup>+</sup> T cells contribute to the increased inflammatory response in LSG of pSS patients, especially in the presence of increased local IL-7 expression.

To identify IL-7R expression in the labial salivary gland and to examine the phenotypical characteristics of IL-7R<sup>+</sup> T cells between pSS and non-Sjögren's syndrome sicca (nSS) patients. The presence of infiltrating immune cells and IL-7R<sup>+</sup> cells in inflamed salivary glands of pSS patients ( $n=14$ ) and non-inflamed LSG of nSS patients ( $n=7$ ) was studied by immunohistochemistry and FACS analysis upon tissue digestion.

In the LSG of pSS patients significantly increased numbers of IL-7R<sup>+</sup> cells were found as compared to nSS (pSS vs nSS;  $244.3 \pm 40.7$  vs  $12.3 \pm 4.6$  cells/mm<sup>2</sup>). IL7R<sup>+</sup> T cells were found throughout the tissue but mainly in the CD3-rich lymphocytic areas. IL7R<sup>+</sup> T cells significantly (all  $p<0.01$ ) correlated