CD11c⁺ Dendritic Cells Maintain Antigen Processing, Presentation Capabilities, and CD4⁺ T-Cell Priming Efficacy Under Hypercholesterolemic Conditions Associated With Atherosclerosis

René R. S. Packard, Elena Maganto-García, Israel Gotsman, Ira Tabas, Peter Libby, Andrew H. Lichtman

Abstract—Recent reports suggest dyslipidemia impairs dendritic cell (DC) function and adaptive immunity. This study aimed to characterize the effect of hypercholesterolemia on antigen-presenting cell function of DCs and DC-dependent CD4⁺ T-cell responses. DCs incubated in vitro with acetylated low-density lipoprotein cholesterol with or without an acyl-coenzyme A:cholesterol acyl-transferase inhibitor maintained their ability to prime CD4⁺ T cells. Analysis of T-cell proliferation and interferon-γ and tumor necrosis factor-α production after ex vivo coculture of naïve CD4⁺ T cells with splenic, inguinal, or iliac DCs from low-density lipoprotein receptor–deficient (LDLR−/−) or apolipoprotein E–deficient (ApoE−/−) mice fed an atherogenic diet highlighted DC efficacy in effector T-cell generation under hypercholesterolemic conditions. Adoptive transfer of carboxyfluorescein diacetate, succinimidyl ester (CFSE)-labeled naïve CD4⁺ T cells in LDLR−/− recipients and subsequent immunization demonstrated effective priming of naïve T cells in hypercholesterolemic mice. CFSE dilution analyses revealed that hypercholesterolemic DCs were equipotent in naïve CD4⁺ T-cell priming efficacy with normocholesterolemic DCs. Quantitative real-time PCR and flow cytometric analyses demonstrated that DC expression of multiple molecules involved in antigen processing, presentation, and T-cell stimulation remained unaltered by dyslipidemia. Finally, endogenous antigen-primed CD4⁺ T cells responded equivalently to a secondary ex vivo antigenic challenge, regardless of whether they were primed in vivo under hypercholesterolemic or control conditions, demonstrating that all essential steps in CD4⁺ T-cell responses remain intact under atherogenic conditions. This study affirms that the adaptive immune response prevails under the hypercholesterolemic conditions present in atherosclerosis. In particular, DCs remain functional antigen-presenting cells and maintain their ability to prime CD4⁺ T cells even when cholesterol-loaded. (Circ Res. 2008;103:965-973.)

Key Words: dendritic cells • hypercholesterolemia • atherosclerosis • adaptive immunity

Adaptive immunity can strongly modulate atherogenesis and atherothrombosis, because CD4⁺ T cells promote inflammatory processes that enhance lesion development, undermine the stability of the mature atherosclerotic plaque, and enhance its prothrombotic state. Dendritic cells (DCs) are the only “professional” antigen-presenting cells (APCs) that efficiently stimulate the differentiation of effector CD4⁺ T cells from naïve T-cell precursors.

Several reports have questioned the ability of DCs to migrate from peripheral tissues to draining lymph nodes under hypercholesterolemic conditions associated with atherosclerosis. One report suggested that dyslipidemia inhibits the activation of certain DCs. Furthermore, some data suggest that hypercholesterolemia inhibits immune responses and enhances susceptibility to infections.

Given the pivotal function of DCs in initiating T-cell responses, and the knowledge that T cells contribute to atherosclerotic disease, we hypothesized that contrary to suggestions from certain studies, DCs would maintain their APC function in dyslipidemic states. Therefore, we probed the ability of DCs to induce a T-cell response and prime naïve CD4⁺ T cells under hypercholesterolemic conditions, mimicking those often encountered during atherogenesis, as well as test the antigen-presenting ability of cholesterol-loaded DCs.
DCs to stimulate CD4+ T cells, as might occur within the cholesterol-rich microenvironment of the plaque. Using in vitro, ex vivo, and in vivo immunologic approaches, the present study affirms that DCs maintain fully their ability to prime naïve CD4+ T cells efficiently and to restimulate them even after exposure to excessive cholesterol, as might occur within plaques. We demonstrate that the machinery required by DCs to conduct these processes remains intact under dyslipidemic conditions. Finally, we illustrate that antigen-specific priming of a T-cell response in vivo remains unimpaired under hypercholesterolemic conditions that drive atherosclerosis. Our results show that DCs potently activate CD4+ T cells during atherogenesis, a central component in the development and complication of atherosclerotic plaques.

**Materials and Methods**

**Mice**

All mice were obtained from The Jackson Laboratory (Bar Harbor, Me) and were on the C57BL/6 background. Experiments were conducted with wild-type, low-density lipoprotein receptor–deficient (LDLR−/−), apolipoprotein E–deficient (ApoE−/−), and OT-II transgenic mice, which express a T-cell receptor (TCR) specific for a peptide fragment of ovalbumin (OVA323–339) presented by the I-Aβ class II major histocompatibility complex (MHC-II) molecule. LDLR−/− and ApoE−/− mice were fed either a control chow diet or a high-fat 1.25% cholesterol–containing (hypercholesterolemic) diet.13 The mice were housed and bred in accordance with institutional guidelines, and experimental protocols were approved by the institutional review board of the Harvard Medical School.

**Isolation of DCs and T Cells**

Secondary lymphoid organs (spleen, inguinal, and iliac lymph nodes) were crushed and treated with 1 mg/mL collagenase type 3 (Worthington Biochemical Corp) for 1 hour. CD11c+ DCs, CD4+CD11c− DCs, CD8+CD11c− DCs, plasmacytoid CD11c+DCs, and CD4+ T cells were isolated using antibodies coated with magnetic beads (Miltenyi Biotec).

**Lipid Loading of DCs**

Splenic DCs from wild-type mice were incubated in cell culture medium enriched with 100 μg/mL acetylated LDL cholesterol (acLDL) (laboratory of I.T. and Biomedical Technologies Inc) and 10 μg/mL compound 58035 (acyl-coenzyme A:cholesterol acyltransferase [ACAT] inhibitor) (laboratory of A.H.L.), or no antigen (negative controls) was added to the wells and left throughout coculture. After 48 hours of culture, 50 μL of supernatant per well was removed for fluorescence-activated cell sorting (FACS)-based cytokine analysis of interferon-γ (IFN-γ), tumor necrosis factor-α (TNF-α), interleukin (IL)-2, IL-4, and IL-5 (BD Biosciences), and cells were pulsed with 1 μCi per well [3H]-thymidine (PerkinElmer) for 24 hours to assess proliferation.

**In Vivo CD4+ T-Cell Proliferation Assay**

Splenic CD4+ T cells from wild-type C57BL/6 mice were labeled with carboxyfluorescein diacetate, succinimidyl ester (CFSE) following the instructions of the manufacturer (Molecular Probes/Invitrogen). Cells were then resuspended in PBS 1× at a concentration of 5×10^7/100 μL. A total of 5×10^4 CFSE-labeled T cells were adoptively transferred through retroorbital injection into LDLR−/− recipients on diet. Forty-eight hours after adoptive transfer, LDLR−/− mice were immunized in their left footpad with 100 μL of a 1:1 volume ratio of ovalbumin/CFA (concentration of injected ovalbumin, 5 mg/mL). Seventy-two hours after immunization, CD4+ T cells were isolated from the ipsilateral inguinal lymph nodes and stained with CD4+T (BD Biosciences), and in vivo proliferative response was determined by FACS analysis of CFSE dilution.

**Statistics**

All statistical analyses were performed using Prism software. Differences were analyzed by Student’s t test and expressed as means±SEM. A probability value of ≤0.05 was considered significant for all analyses.

**In Vitro and Ex Vivo CD4+ T-Cell Proliferation and Cytokine Secretion Assays**

To assess the effect of in vitro loading of acLDL with or without ACAT inhibitor on splenic DCs from wild-type mice, coculture was conducted with splenic CD4+ OT-II T cells. To determine in vivo the effect of hypercholesterolemia on DC function, splenic, inguinal, or iliac DCs from LDLR−/− or ApoE−/− mice after 2 weeks, 1 month, 6 weeks, 2.5 months, or 6 months of high-fat or control diet were cocultured ex vivo with splenic CD4+ OT-II T cells. Finally, to test a complete in vivo T-cell response and DC-dependent T-cell priming under in vivo hypercholesterolemic conditions, LDLR−/− or ApoE−/− mice fed a high-fat or control diet for 2.5 months were then immunized in their left footpad with 100 μL of a 1:1 volume ratio of ovalbumin/complete Freund’s adjuvant (CFA) (Sigma) (concentration of injected ovalbumin, 5 mg/mL). After an additional 8 days on the same diets following immunization (priming), polyclonal effector CD4+ T cells were isolated from the ipsilateral inguinal lymph nodes and restimulated with splenic DCs isolated from wild-type mice. All DC and T-cell cocultures were conducted in a 1:1 ratio (50 000 cells/100 μL each) using cell culture media in 96-well cell
Figure 1. CD11c+ cells accumulate lipids within atherosclerotic plaques and when exposed to cholesterol in vitro. A and B, Confocal microscopy images (×400) of representative aortic sinuses from LDLR−/− mice after 2.5 months on a high-fat or control diet. Sinuses were stained for CD11c (Alexa-488, green), cholesteryl esters (oil red O [ORO], red), and nuclei (DAPI, blue). A, Aortic sinus from control animal demonstrates absence of CD11c and ORO staining (representative picture; n=4). B, Aortic sinus from a high-fat animal demonstrates positive CD11c and ORO staining. The cells colocalize with cholesteryl esters and CD11c+ dendritic processes (representative picture; n=4). C, CD11c+ DCs were isolated from the spleen of wild-type animals and incubated with 50 μg/mL acLDL for 24 hours. A total of 79.9±0.9% (upper right) of CD11c+ DCs (upper and lower right) stained positive for acLDL, indicating robust uptake (n=3). D through I, In vitro cholesterol-loaded DCs were stained for cholesteryl esters (ORO, red), unesterified cholesterol (filipin, yellow/white), and nuclei (DAPI or To-Pro 3 iodide, blue). D through F, Cholesteryl ester staining; acLDL-treated (H) and control (G) DCs. G through I, Unesterified cholesterol (Figure 2B; n=4). A, DCs preincubated for 24 hours with 100 μg/mL acLDL (cholesteryl ester [CE]-loaded) were cocultured with CD4+ OT-II T cells for 72 hours in the presence of ovalbumin 100 μg/mL or OVA peptide 10 μg/mL. T-cell [3H]-thymidine incorporation from 48 to 72 hours, indicative of proliferation rate, was similar in coculture with lipid-loaded or control DCs. B, Supernatants isolated at 48 hours from A indicate equivalent levels of IFN-γ and TNF-α released in coculture with lipid-loaded or control DCs. C, CHOP expression was not induced in cholesteryl ester–loaded or unesterified cholesterol–loaded DCs.

Figure 2. DCs conserve T-cell stimulation efficacy when exposed to cholesterol in vitro. A, DCs preincubated for 24 hours with 100 μg/mL acLDL (cholesteryl ester [CE]-loaded) with or without 10 μg/mL ACAT inhibitor (unesterified cholesterol [UC]-loaded) were cocultured with CD4+ OT-II T cells for 72 hours in the presence of ovalbumin 100 μg/mL or OVA peptide 10 μg/mL. T-cell [3H]-thymidine incorporation from 48 to 72 hours, indicative of proliferation rate, was similar in coculture with lipid-loaded or control DCs. B, Supernatants isolated at 48 hours from A indicate equivalent levels of IFN-γ and TNF-α released in coculture with lipid-loaded or control DCs. C, CHOP expression was not induced in cholesteryl ester–loaded or unesterified cholesterol–loaded DCs.

DCs Maintain APC Function During Hypercholesterolemia In Vivo

To test the hypothesis that DCs retain their ability to prime T cells under hypercholesterolemic conditions associated with atherosclerosis, we isolated CD11c+ DCs from secondary lymphoid organs of LDLR−/− or ApoE−/− mice fed a high-fat or control diet. Consumption of a high-fat diet for 2.5 or 4 months significantly increased circulating total cholesterol levels in LDLR−/− mice (Table; n=6 mouse pairs per time point). Serum amyloid A levels rose in parallel (Figure 3A), indicating the induction of acute-phase reactants by inflammation after 2.5 months of diet consumption (n=7 mice per group). Splenic CD11c+ DCs from hypercholesterolemic LDLR−/− mice, despite accumulating cholesteryl esters (Figure 3C) and unesterified cholesterol (Figure 3E), had similar ability as their control counterparts to prime naïve CD4+ OT-II T cells ex vivo. This was true with either intact...
aortic atherosclerotic plaques. Therefore, we investigated CD11c<sup>lo</sup> DCs, the major source of type I interferons that play a critical role in the clearance of viruses. CD4<sup>+</sup>/CD8<sup>+</sup> T cells, the most numerous DCs in the spleen; CD8<sup>+</sup>/CD11c<sup>+</sup> DCs, which specialize in the cross-presentation of antigens to CD8<sup>+</sup> T cells; and plasmacytoid CD11c<sup>lo</sup> DCs, the major source of type I interferons that play a critical role in the clearance of viruses. CD4<sup>+</sup>/CD8<sup>+</sup> T cells, the most numerous DCs in the spleen; CD8<sup>+</sup>/CD11c<sup>+</sup> DCs, which specialize in the cross-presentation of antigens to CD8<sup>+</sup> T cells; and plasmacytoid CD11c<sup>lo</sup> DCs, the major source of type I interferons that play a critical role in the clearance of viruses.

To evaluate the individual functionality of specific DC subtypes, we isolated 3 well-characterized members of this family: CD4<sup>+</sup>/CD11c<sup>+</sup> DCs, the most numerous DCs in the spleen; CD8<sup>+</sup>/CD11c<sup>+</sup> DCs, which specialize in the cross-presentation of antigens to CD8<sup>+</sup> T cells; and plasmacytoid CD11c<sup>lo</sup> DCs, the major source of type I interferons that play a critical role in the clearance of viruses. CD4<sup>+</sup>/CD8<sup>+</sup> T cells, the most numerous DCs in the spleen; CD8<sup>+</sup>/CD11c<sup>+</sup> DCs, which specialize in the cross-presentation of antigens to CD8<sup>+</sup> T cells; and plasmacytoid CD11c<sup>lo</sup> DCs, the major source of type I interferons that play a critical role in the clearance of viruses.

The relative proportions and contributions of individual DC subtypes vary greatly between different secondary lymphoid organs, leading us to characterize CD11c<sup>+</sup> DCs isolated from inguinal and iliac lymph nodes of LDLR<sup>−/−</sup> mice that consumed control or atherogenic diets for 2.5 months. DCs from pooled inguinal lymph node pairs of cholesterol-fed animals demonstrated a modest but statistically significant enlargement ability to process and present ovalbumin and stimulate naïve CD4<sup>+</sup> OT-II T cells (supplemental Figure IIC; n=5 experiments). A similar but statistically insignificant trend surfaced for the capacity of inguinal DCs from cholesterol-fed mice to prime naïve CD4<sup>+</sup> OT-II T cells ex vivo using ovalbumin peptide as antigen, with IFN-γ and TNF-α levels following a similar pattern (supplemental Figure IID; n=5). No differences between dietary groups emerged after 2 weeks of diet (n=1; data not shown). Iliac lymph nodes may drain CD11c<sup>+</sup> monocyte-derived cells from aortic atherosclerotic plaques. Therefore, we investigated whether hypercholesterolemic conditions associated with atherogenesis might disturb the ability of iliac DCs to prime CD4<sup>+</sup> T cells, pooling bilateral iliac lymph nodes from 8 mice (=16 iliac lymph nodes total per experiment and per diet condition) and isolating CD11c<sup>+</sup> DCs. Consumption of a cholesterol-enriched diet did not impede the ability of DCs to prime and activate naïve CD4<sup>+</sup> OT-II T cells, using either intact ovalbumin or ovalbumin peptide as a source of antigen, either at 2 weeks (n=1 experiment) or 2.5 months (n=2) of diet feeding (data not shown).

Taken together, these results suggest that CD11c<sup>+</sup> DCs from splenic, inguinal, or iliac sources under hypercholesterolemic conditions associated with atherosclerosis have at least equal ability as DCs under normocholesterolemic conditions to process, present antigens, and prime naïve CD4<sup>+</sup> T cells ex vivo.

To characterize further the influence of hypercholesterolemia on antigen presentation in vivo, CFSE-labeled naïve
CD4+ OT-II T cells were adoptively transferred into LDLR−/− recipients after 2.5 months on control or atherogenic diets. Forty-eight hours after T-cell transfer, footpad immunization was performed with ovalbumin in CFA. Draining ipsilateral inguinal lymph nodes were harvested 72 hours after immunization, and CD4+ T cells were isolated to assess in vivo the proliferative response to DCs by dilution of CFSE fluorescence. An example from a mouse that consumed a control diet (Figure 5B; n=10 experiments) shows). Packard et al CD11c+ Dendritic Cells and Atherosclerosis

Hypercholesterolemic Conditions Do Not Alter DC Expression of Molecules Required for Antigen Processing, Presentation, and T-Cell Stimulation

Because our findings indicate that DCs retain their ability to prime CD4+ T cells under atherosclerotic conditions, we predicted that expression of molecules by DCs important for antigen processing and presentation would not significantly change under these conditions. To confirm this, we isolated RNA from inguinal lymph node DCs of control or high-fat diet-fed mice and performed a broad analysis of mRNA levels of several genes important in DC activation of T cells. Expression of genes encoding key molecules involved in antigen uptake (DEC-205, FCγR-III), antigen degradation (cathepsins S, L, D, B, cystatin C), antigen processing (AEP, li, H-2DM), immunologic synapse formation (intercellular adhesion molecule [ICAM]-1, ICAM-2, CD11a/lymphocyte function-associated antigen [LFA]-1), and T-cell stimulation (MHC-II, CD80, CD86, CD40, programmed cell death ligand [PD-L1], PD-L2) indicate that these professional APCs preserve all the machinery crucial to T-cell priming under hypercholesterolemic conditions driving atherogenesis (Figure 6A; n=3 mouse pairs). We further investigated the cell
surface expression of key proteins involved in DC/T-cell interaction by FACS analysis. Splenic DCs from LDLR/H11002/H11002 animals on a 3.5-month diet had similar levels of expression of class II MHC, costimulatory molecules such as CD80, CD86, CD40, inducible costimulator ligand [ICOS-L], PD-L1, and PD-L2, as well as the DC activation marker CD83 (Figure 6B; n=3 mouse pairs).

Hypercholesterolemia Does Not Alter the Adaptive Immune Response In Vivo

Finally, we tested for potential differences in T-cell priming in response to an exogenous antigen in LDLR−/− animals on a 3.5-month diet. The mice were immunized in their footpads with ovalbumin and CFA, draining ipsilateral inguinal lymph nodes were harvested, and polyclonal CD4+ T cells were isolated. To assess the in vivo ability of DCs to prime and elicit an adaptive immune response, effector CD4+ T cells were restimulated ex vivo with DCs from wild-type donors. Polyclonal effector CD4+ T cells responded equivalently to a second ex vivo antigen-specific stimulation, regardless of whether they were primed in vivo under hypercholesterolemic or control conditions (Figure 7; n=4 experiments). Similar results emerged in ApoE−/− animals (supplemental Figure III; n=3 experiments).
vascular smooth muscle cells.4 In addition, CD4+ T cells illustrate their critical role in impairing the integrity of the protective fibrous cap of the plaque and the promotion of a prothrombotic state within lesions: key characteristics of rupture-prone plaques, the usual culprits in such clinical manifestations as unstable angina, acute myocardial infarction, and many ischemic strokes.29

Antigen-specific CD4+ T cells undergo stimulation in peripheral tissues when they encounter disease-specific antigens associated with MHC-II molecules on the surface of APCs.5 DCs, the prototypic antigen-presenting cell type, populate atherosclerotic plaques,80 particularly in the rupture-prone shoulder region of lesions,31 in part under the control of CX,CR1132 and granulocyte–macrophage colony-stimulating factor.33 Importantly, stimuli known to accelerate atherogenesis, such as oxidized LDL cholesterol or TNF-α, increase DC adhesion to the endothelium and their subsequent transmigration.84 In addition, recent results demonstrate the presence of CD11c+ leukocytes with dendiric processes in regions of the normal arterial intima predisposed to atherosclerosis.35 Some prior studies have suggested that under hypercholesterolemic conditions, DCs display impaired migration from peripheral tissues such as the skin6 or atherosclerotic plaques.7 Furthermore, a recent report posits that dyslipidemia inhibits Toll-like receptor–induced production of proinflammatory cytokines, as well as the induction of costimulatory molecules by CD11c+CD8α DC subtypes.8 Numerous reports have also suggested that hypercholesterolemia produces an immunodeficient state and enhances susceptibility to yeast,9 viral,10 and bacterial11 infections. Because cholesterol uptake by DCs and macrophages can theoretically alter the microenvironment of endosomes and endoplasmic reticulum, where antigen processing events take place, predicting that hypercholesterolemia may impact APC function is reasonable. Therefore, the present study directly examined whether cholesterol loading and/or hypercholesterolemic conditions associated with atherosclerosis affect APC functions of DCs and ensuing activation of CD4+ T cells. Our data illustrate that DCs loaded with excess cholesterol retain full T-cell stimulatory capacity, as demonstrated by intact T-cell proliferative responses and production of the Th1 cytokine IFN-γ, as well as Th2 cytokines such as IL-4 and IL-5 were not induced during coculture assays, as expected in C57BL/6 mice, which have a strong bias toward Th1 responses. These findings suggest that, contrary to macrophages,14,15 DCs remain entirely functional under conditions typical of atherosclerotic plaques, and their ability to activate T cells does not change. This difference between DCs and macrophages may result from the superior defenses against oxidative stress of DCs, displayed by elevated levels of superoxide dismutase and peroxiredoxin-1, compared to macrophages.36 Also in contrast to macrophages,14 we found that unesterified cholesterol-loaded DCs do not express the transcription factor CHOP, a marker of unfolded protein response induction. Under normal cellular conditions, this protein is not expressed at detectable levels, but it is highly induced by a variety of endoplasmic reticulum stresses, for example, free cholesterol accumulation. Our observation suggests either a resistance of DCs to cholesterol-induced cytotoxicity or the induction of alternate unfolded protein response pathways in these cells, hypotheses that merit careful future evaluation given the central role DCs play in immunity and tolerance.

Naive T cells do not enter peripheral tissues.37 Indeed, these cells require priming in secondary lymphoid organs by DCs, and only after antigen-specific differentiation will effector T cells target select tissues in the periphery such as atherosclerotic vessels.5 DCs patrol tissues, sense their environment, and emigrate to tissue-draining lymph nodes, where
they activate T-cell immunity or, under some circumstances, T-cell tolerance. DCs constitute a heterogeneous family, with varying ratios of subtypes between secondary lymphoid organs. We demonstrate that “whole” CD11c+ DCs isolated from spleens and inguinal and iliac lymph nodes, which differ in their DC subtype compositions, as well as various individual DC subtypes, all isolated from hypercholesterolemic animals, remain completely functional and unaltered in their ability to prime naïve CD4+ T cells in an antigen-specific manner.

The combination of ovalbumin and CFA we used for immunization creates a depot, which theoretically requires local uptake by DCs and subsequent migration to draining lymph nodes. Given the concentration of antigen used for immunization, a fraction of the antigen may have circulated freely in soluble form through the lymphatics and been endocytosed by DCs directly in the draining lymph nodes. Regardless of their mechanism of entry into secondary lymphoid organs, protein antigens, including putative atherosclerotic antigens, require obligatory processing and presentation by DCs with intact stimulatory capabilities for priming of naïve CD4+ T cells. Our data demonstrate that hypercholesterolemic DCs can successfully generate monoclonal and polyclonal effector CD4+ T cells that may subsequently leave secondary lymphoid organs and target atherosclerotic vessels. DCs express a variety of proteins that endow them with specialized antigen-processing and presentation functions. Our mRNA and FACS analyses further illustrate that dyslipidemia does not affect the expression of these proteins. These combined results demonstrate that DCs resist hypercholesterolemia-induced modification and remain fully capable of activating the adaptive arm of the immune response.

Previous reports questioned the occurrence of an adequate and efficient immune response under dyslipidemic conditions. The present study affirms that hypercholesterolemia associated with atherosclerotic disease does not impede DC ability to activate CD4+ T cells and initiate the adaptive immune response central to atherothrombosis. Our findings demonstrate that both within the plaque microenvironment and in secondary lymphoid organs under dyslipidemic conditions, DCs maintain their full functional capacity and CD4+ T-cell-stimulation potency. These results highlight the ability of DCs to maintain their functions as gatekeepers for adaptive immunity even when lipid-laden and thus remain capable of inducing both pathogenic and protective T-cell responses.

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Disclosures
None.

References


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Confocal microscopy
Following a previously established protocol, frozen 7-μm sections of aortic sinuses were fixed for 60’ in 3.7% formaldehyde, washed with deionized water, permeabilized with 0.5% Triton X-100 (USB Corp.), and washed again with phosphate buffered saline (PBS) 1x. The primary rat anti-mouse CD11c monoclonal unconjugated antibody, Clone 223H7 (MBL International), was diluted to a final concentration of 20 μg/ml in 1x PBS, and applied to the sections for 30’ at room temperature. Following a wash in 1x PBS, the secondary Alexa Fluor-488 goat anti-rat antibody, IgG H+L (Invitrogen), diluted to a final concentration of 8 μg/ml in 1x PBS, was applied for 30’ at room temperature. Sections were then stained with Oil-Red-O/36% triethyl-phosphate (both from Fluka Chemie) for 30’, washed with deionized water and running tap water, mounted with mounting medium containing 4’,6-diamidino-2-phenylindole (DAPI; Vector Laboratories), and viewed for fluorescence. Confocal images were acquired on LSM510 META (Zeiss) using 40x oil-immersion objectives and analyzed with MetaMorph software (Molecular Devices).

Immunofluorescence
Microscope glass round cover slips (Fisherbrand) were placed in 12-well cell culture plates and coated with human fibronectin (BD Biosciences) diluted in calcium and magnesium-free Hank's Balanced Salt Solution to 25 μg/ml overnight at 4°C. The cover slips were washed with 1x PBS and 1.0x10^6 in vitro (acLDL ± ACAT inhibitor) or in vivo (LDLR−/−) cholesterol-loaded splenic CD11c+ DCs added and incubated for 2 hours at room temperature. Cells were fixed with 4% formaldehyde for 10’, washed with 1x PBS, permeabilized with 0.1% Triton for 5’, and washed again with 1x PBS. Lipids were then stained for 45’ at room temperature with Oil-Red-O (ORO)/36% triethyl-phosphate (Fluka Chemie) or 50 μg/ml filipin (Sigma), followed by staining of nuclei of ORO-stained cells with DAPI (Vector Laboratories) and nuclei of filipin-stained cells with To-Pro 3 iodide (Invitrogen). Immunofluorescence images were acquired on LSM510
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META (Zeiss) using 40x oil-immersion objectives and analyzed with MetaMorph software (Molecular Devices).

**Western blotting**

Splenic CD11c+ DCs were lysed, reduced following the manufacturer’s instructions (NuPAGE; Invitrogen), and 30’000 lysed cells loaded per well in a gel (NuPAGE 4-12% Bis-Tris Gel; Invitrogen). 10 μg/ml recombinant human CHOP (abcam) served as a positive control. After blotting, 0.4 μg/ml of primary mouse monoclonal anti-mouse CHOP antibody (Santa Cruz) was added, followed by 10 ng/ml goat anti-mouse horseradish peroxidase-conjugated antibody (Pierce). A high-sensitivity chemiluminescence assay (Thermo Scientific) induced bands detected on film (Kodak). After stripping (Chemicon), blots were incubated with rabbit anti-human β-actin antibody (1:1500 final; Cell Signaling Technology) followed by 60 ng/ml goat anti-rabbit horseradish peroxidase-conjugated antibody (Zymed). A regular chemiluminescence assay (PerkinElmer) induced bands detected on film (Kodak).

**Fluorescence-activated cell sorter (FACS) experiments**

We performed 2- or 3-color FACS analysis following standard protocols. To determine DC uptake of acLDL, cells were incubated with DiO-acLDL-FITC (fluorescein isothiocyanate) (Biomedical Technologies, Inc.) following the manufacturer’s instructions, stained with CD11c-APC (allophycocyanin) (BD Biosciences), and analyzed by FACS. To assess DC cell surface marker expression, DCs were isolated from the spleens of LDLR−/− mice after 3.5 months of high-fat or control diet, stained with class II major histocompatibility complex (MHC-II)-PE (phycoerythrin), CD80-FITC, CD86-FITC, CD40-FITC, inducible co-stimulatory molecule-ligand (ICOS-L)-PE, programmed death-ligand (PD-L)-1-PE, PD-L2-FITC, and CD83-PE (all antibodies from BD Biosciences).

**Quantitative Real-Time Polymerase Chain Reaction (RT-PCR) Experiments**

Inguinal lymph nodes from LDLR−/− mice on a 4-month diet were pooled for each mouse, and DCs isolated. Total ribonucleic acid (RNA) from 250,000 cells was reverse
transcribed by Superscript II (Invitrogen) according to the manufacturer's instructions. Quantitative PCR was performed in a MyiQ single-color real-time PCR system with SYBR green PCR mix, and analysis was performed with the accompanying software (all from Bio-Rad Laboratories). Levels of mRNA were normalized to glyceraldehyde 3-phosphate dehydrogenase (GAPDH) mRNA levels and presented as fold-difference of high-cholesterol vs. control conditions. The sequence of the forward and reverse primers, respectively, were: Dendritic and thymic epithelial cell-205 kDa protein (DEC-205); 5’-CTCACGTGGCTATGCAAGAG-3’ and 5’-ATGGCTATGCTGTGTAGTCC-3’; Fragment crystallizable γ receptor (FcγR)-III; 5’-TGTCACCATCAGTGTCCAAGT-3’ and 5’-ACTAGGGAGAAACGAGTGTTG-3’; Cathepsin S; 5’-CCGAAGCTTTCCAGTACATCA-3’ and 5’-TGAGTTATAGTGACACTTTTTCATCCA-3’; Cathepsin L; 5’-CAAATAAGAATAATTTGGCTTGTC-3’ and 5’-TGTAGGCCTTCCATACCCATT-3’; Cathepsin D; 5’-GCGTCTTGCTGCTATTCC-3’ and 5’-ACTTGCGCAGAGGATTT-3’; Cathepsin B; 5’-GTGCTGCTGAAGACCTGCTT-3’ and 5’-GGGATAGGATTGGAT-3’; Asparagine-specific endopeptidase (AEP); 5’-CGCAGATGTATAACGGAGATG-3’ and 5’-GGCGAGAAATTCTC TTGGGAA-3’; Cystatin C; 5’-TGGTGAGAGCTGAAGCAG-3’ and 5’-CCCACACCATCCACAAAAA-3’; Invariant chain (Ii); 5’-CTTGTCTTCTGACTACAGATGACAGAATTCTC-3’ and 5’-TCCATGTCCAGTCCTTCTTTT-3’; H-2DM; 5’-CCTGCACCTTCAGAGAGTGA-3’ and 5’-TGA-GCCACAAGGCCACCTT-3’; Intercellular adhesion molecule (ICAM)-1; 5’-CACGTCACCCTGCTC-3’ and 5’-TCTGGGATGGGATGACACTT-3’; ICAM-2; 5’-TTGCTGGAGCCTGTCCTC-3’ and 5’-CTCAAGGAGCTTCTCACCAG-3’; CD11a (lymphocyte function-associated antigen-1; LFA-1); 5’-AGCAGCAAGCATTCTCA-3’ and 5’-AGGTCACCTTCACGAGA-3’; MHC-II; 5’-GTGCTGCTGGATGACAGAC-3’ and 5’-TCAATTCACGACAGAATG-3’; CD80; 5’-CTCGTCTTTCAACAAGTGATCTTCCAG-3’ and 5’-GAGTCAGCTATGATCTTCCAGGATG-3’; PD-L1; 5’-ATGAGGTTTCTACTCTAGTTACGTTGTT-3’ and 5’-ACCCCGAAAAATGGGATG-3’; PD-L2; 5’-TGGTCTGCTTCTTCTGTC-3’ and 5’-GCAGCACAGTGCTGTC-3’. Packard et al.
DC function in atherosclerosis

**Serum assays**
Serum was collected from *LDLR<sup>−/−</sup>* and wild-type mice. Total cholesterol levels (Raichem) were measured by spectrophotometry, and serum amyloid A levels (Biosource) determined by Enzyme-Linked ImmunoSorbent Assay (ELISA) following the manufacturers’ instructions.

**Supplementary Figures**

**Online Figure I**
**CD11c<sup>+</sup> cells accumulate lipids in vivo within atherosclerotic lesions.**

Sections were stained for CD11c (Alexa-488: green), cholesteryl esters (Oil-Red-O: red), and nuclei (DAPI: blue). Representative 800x magnification confocal microscopy image of an aortic arch from a *LDLR<sup>−/−</sup>* mouse after 2.5 months on a high-fat diet illustrates the intracellular accumulation of cholesteryl esters surrounded by CD11c<sup>+</sup> cell membrane.
Splenic CD11c+ DCs were isolated from ApoE<sup>−/−</sup> mice on a 6-week atherogenic or control diet. DCs from high-fat animals were equipotent to controls ex vivo in eliciting a proliferative response (A) and IFN-γ and TNF-α release in supernatants (B) in co-culture for 72h with naïve CD4<sup>+</sup> OT-II T-cells using ovalbumin 100 µg/ml or OVA peptide 10 µg/ml as antigens.

Inguinal DCs from high-fat LDLR<sup>−/−</sup> animals were superior at inducing a naïve CD4<sup>+</sup> OT-II T-cell-proliferative response using ovalbumin 100 µg/ml (P = 0.038) or OVA peptide 10 µg/ml (n. s., P = 0.076) as antigens during co-culture for 72h (C), with identical levels of IFN-γ and TNF-α released in co-culture supernatants at 48h (D).
Preserved initiation of adaptive immunity and CD4\(^+\) T cell priming in vivo under dyslipidemic conditions.

_ApoE\(^{-/-}\)_ animals on a 2.5-month diet were immunized with ovalbumin/CFA, polyclonal CD4\(^+\) T-cells isolated from draining lymph nodes and re-stimulated ex vivo with DCs from wild-type donors. Regardless of the dose of antigen presented (ovalbumin 10 or 100 \(\mu\)g/ml), effector CD4\(^+\) T-cell proliferation in response to a second ex vivo antigenic stimulation was unaltered, whether priming occurred in vivo under atherosclerotic (HF) or control conditions. \(\dagger\) \(P < 0.05\), except for high-fat ovalbumin 100 \(\mu\)g/ml vs. high-fat ovalbumin 0 \(\mu\)g/ml, _n.s._ \((P = 0.069)\).

**Reference**