Anti-CD80/86 injection prolongs the graft survival in murine corneal transplantation. Keiichi Fujimoto¹, Takenori Inomata¹, Koichiro Uchida², Tina Shiang³, Akira Murakami¹

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Background



- Corneal Transplantation was performed over 60,000 cases in the world.
- Immflammed graft bed leads to the rejection (40-90%) which called high-risk corneal transplantation.
- Regulatory T cell (Treg) is responsible for immune tolerarnce by suppressing the T cell function, labeled by CD4+CD25+Foxp3+.

 It is clinically important that long-term immune tolerance is established in the transplanted organ

 Anti-CD80 (B7-1) and CD86 (B7-2) expression on antigen- presenting cells (APCs) has led the hypothesis that they might suppress the rejection of corneal transplantation via CD28/CTLA-4 pathways and the APC maturation.

Purpose

To assess the immune responses and the effects on graft survival of anti-CD80/CD86 injection in murine corneal transplantation.

Methods

•Corneal Transplantation, Tx(Donor: C57BL6 8week 7, Recipient: BALB/c 8week 7)

• Group: 1) low-risk control Tx (control), 2) control with anti-CD80/86, 3) high-risk Tx (HR), 4) HR with anti-CD80/86, N=6 Injection: IP(Anti-CD80 50ug+Anti-CD86 50ug /100uL)

• Evaluation: per 1 week by microscopy, at day 14 post-transplantation for flowcytometry (draining lymph nodes, dLNs), CD4+CD25+Foxp3+Treg, CTLA-4, CD11cMHCI)





Fig 3. Anti-CD80/86 administration increased MFI expression level of CTLA-4 in dLNs of HR-anti-CD80/86 compared to HR-

Fig 4. The MFI expression of MHC class II in CD11c⁺ DCs of



HR-anti-CD80/86 was reduced compared to HR-PBS



Conclusion

We found the blockade of CD80/86 at the time of transplantation induced long term allograft survival via CTLA-4 activation and MHC Correspondence to: Takenori Inomata, MD, tinoma@juntendo.ac.jp class II deactivation.