Phenotypic Comparison between Adherence and Magnetic Beads Isolation of Monocyte Derived Dendritic Cells

Thesis

Submitted for Partial fulfillment of Master Degree in Clinical and chemical Pathology

By

Wesam Abdel-Rasoul Mahmoud Hussien

MB BCh – Ain Shams University

Under Supervision of

Professor/ Hala Ahmed Sherif Talkhan

Professor of Clinical and Chemical Pathology Faculty of Medicine - Ain Shams University

Professor/ Abeer El-sayed Ali Shehab

Professor of Clinical and Chemical Pathology Faculty of Medicine - Ain Shams University

Doctor/ Dalia Youssef El-Metwaly Samaha

Lecturer of Clinical and Chemical Pathology Faculty of Medicine - Ain Shams University

> Faculty of Medicine Ain Shams University

> > 2017



سورة البقرة الأية: ٣٢

Acknowledgement |

First of all praise and thanks to **ALLAH** providing me with time and effort to accomplish this thesis.

I wish to express my deep gratitude to **Prof. Dr. Hala Ahmed Talkhan**, Professor of Clinical and Chemical Pathology, Faculty of Medicine, Ain Shams University for her enthusiasm, keen supervision, continuous encouragement and meticulous guidance and follow up throughout this work.

I am greatly indebted to **Prof. Dr. Abeer El-sayed Ali Shehab,** Professor of Clinical and Chemical
Pathology, Faculty of Medicine, Ain Shams University,
for her sincere contribution in this work with her time
and effort.

A special tribute and cordial thanks are paired to **Dr. Dalia Youssef Samaha**, Lecturer of Clinical and Chemical Pathology, Faculty of Medicine, Ain Shams University for her authentic guidance, meticulous supervision. She gave me a lot of her time, effort and experience to accomplish this work.



This thesis is dedicated to:

The soul of my dad and my great mom. . your kindness and extensive support, unconditional love have been ever present in my life, for which 9 am eternally grateful.

My beloved brothers (Ahmed and Hiatham)

All the people in my life who touch my heart, 9 dedicate this research.

List of Contents

Subject Pa _i	ge No.
List of Abbreviations	i
List of Tables	vi
List of Figures	vii
Introduction	1
Aim of the Work	3
Review of Literature	
Dendritic Cell Physiology	4
DCs and Immune-mediated diseases	46
Dendritic cell therapy	57
Methods of in vitro derived dendritic cells isolation	76
Subjects and Methods	86
Results	103
Discussion	115
Summary and Conclusion	126
Recommendations	129
References	130
Arabic Summary	

List of Abbreviations

ATRA All-trans retinoic acid Alpha galactosylceramide

Ab Antibody Ag Antigen

APCs Antigen presenting cells
AD Autosomal dominant
AR Autosomal recessive

BATF3 Basic leucine zipper transcriptional factor ATF-like 3

Bcl-6 B-cell lymphoma 6 protein BDCA Blood dendritic cell antigen

BBB Blood-brain barrier BM Bone marrow

BrdU Bromodeoxyuridine

CDH1 Cadherin-1

CMF-PBS Calcium- and Magnesium-Free Phosphate-Buffered

Saline

CCR C-C chemokine receptor
CNS Central nervous system
CCL C-C chemokine ligand

CQ Chloroquine

CD Cluster of differentiation CSF Colony stimulating factor

CSF-1R Colony stimulating factor-1 receptor
 cMoP Common monocyte progenitor
 cDC-Ps Conventional DC precursors
 cDCs Conventional or classical DCs

CD Crohn's disease

CTLA-4 Ctotoxic T-lymphocyte-associated protein 4

CLEC C-type lectin domain

CLA Cutaneous leucocyte-associated antigen

COX-2 Cyclooxygenase-2
CTL Cytotoxic T cell

DAMPs Damage-associated molecular patterns

DCG DC generation medium

DEC205 Dendritic and epithelial cells 205 or dendritic cell

receptor for endocytosis 205

DCs Dendritic cells

DCML Dendritic cell, monocyte, lymphoid

E2-2 E protein

ELISA Enzyme-linked immunosorbent assay

E-cadherin Epithelial cadherin

EpCAM Epithelial cell adhesion molecule

EAE Experimental autoimmune encephalomyelitis

EAM Experimental autoimmune myocarditis

FXIIIa Factor XIIIa

FcεR1 Fc epsilon receptor I
FCS Fetal calf serum

FRCs Fibroblastic reticular cells

FACS Fluorescent activated cell sorting

FITC Fluorescin isothiocyanate FLT3 FMS-like tyrosine kinase 3

FLT3L FMS-related tyrosine kinase 3 ligand

Foxp3 Forkhead box P3 **FSC** Forward scatter

GGT5 Gamma-glutamyl transferase 5

GM-CSF Granulocyte monocyte-colony stimulating factor

GATA2 Guanine-adenine-thymine-adenine 2

HSC Haematopoietic stem cell
HPC Hematopoietic progenitor cells
HEV High endothelial venules

HIV Human immunodeficiency virus

HLA Human leukocyte antigen
HPV Human papilloma virus
IPCs IFN-producing cells

iDC Immature DC

ILT Immunoglobulin-like transcript
 IDO Indole amine 2,3-dioxygenase
 INOS Inducible nitric oxide synthase
 ICOS Inducible T-cell costimulator
 IBDs Inflammatory bowel diseases

IDECs Inflammatory dendritic epidermal cells

ICAM Intercellular adhesion molecule

IFN Interferon

IRF Interferon-regulatory factor

IL Interleukin

ID/SC Intradermal\subcutaneous IEL Intraepithelial lymphocyte

IN Intranodal

iNKT Invariant natural killer T

JAK/STAT Janus kinase/Signal Transducer and Activator of

Transcription

LCs Langerhans cells
LPS Lipopolysaccrides
LNs Lymph nodes

LY Lymphocyte antigen

LFA Lymphocyte function-associated antigen

LT β R Lymphotoxin β receptor

LTβ Lymphotoxin β

LAMP Lysosomal-associated membrane protein

MDP Macrophage and DC precursorMACS Magnetic activated cell sortingMHC Major histocompatibility complex

MICA MHC-class-I-polypeptide-related sequence A MICB MHC-class-I-polypeptide-related sequence B

MAPK Mitogen-activated protein kinases

MLR Mixed lymphocyte reaction

mAb Monoclonal antibody

M-CSF Monocyte- colony stimulating factor MCM Monocyte-conditioned medium

MC Monocyte-derived cells
MoDC Monocyte-derived DC

MonoMAC Monocytopenia with Mycobacterium avium complex

MPS Mononuclear phagocyte system MLPs Multi-lymphoid progenitors

MS Multiple sclerosis

MOG Myelin oligodendrocyte glycoprotein peptide

mDCs Myeloid DCs

MDSCs Myeloid derived suppressor cells

NF-κB Nuclear factor kappa-light-chain-enhancer of activated

B cells

NK Natural killer NKT Natural killer T NCAM
Neural cell adhesion molecule
NBS
Newborn Bovine calf serum
NKG2D
NK group 2, member D
NKp30
NK-cell protein 30
NLRs
NOD-like receptors
NLT
Non-lymphoid tissue
PLNs
Pancreatic lymph nodes

PAMPs Pathogen-associated molecular patterns

PRRs Pattern recognition receptors

PBMCs Peripheral blood mononuclear cells **PI3K** Phosphatidylinositide 3-kinases

PE Phycoerythrin

PC5 Phycoerythrin-Cyanin 5 pDCs Plasmacytoid DCs

PD-L Programmed cell death ligand PD-1 Programmed death protien1

PGE2 Prostaglandin E2

RELMα Resistin-like molecule-α
RALDH Retinaldehyde dehydrogenase

RA Retinoic acid

RA Rheumatoid arthritis
RNA–Seq RNA sequencing
SP Single-positive
SCF Stem cell factor
SLAN 6-Sulpho LacNAc

SOCS1 Suppressor of cytokine signaling-1

SF Synovial fluid

SLE Systemic lupus erythematosus

SSC Side scatter

TCM Central memory T cells

TCR T-cell receptor
Th T helper

Th T helper Follicular T

Tfh Follicular T helper **TPO** Thrombopoietin

Tr1 Regulatory type 1 T cells

Tregs Regulatory T cells

TSLP-R Thymic stromal lymphopoietin receptor

TiP-DCs TNF and inducible nitric oxide synthase-producing

DCs

TRAIL TNF-related apoptosis-inducing ligand

tDCs Tolerogenic dendritic cells

TLR Toll-like receptor

TGF-\beta1 Transforming growth factor β 1

TNF Tumor necrosis factor **TAAs** Tumor-associated antigens

TACSTD1 Tumor-associated calcium signal transducer 1

T1D Type 1 diabetes mellitus
TKIs Tyrosine kinase inhibitor

UC Ulcerative colitis

Wnt Wingless-Type MMTV Integration Site Family gene

XCR1 X-C Motif Chemokine Receptor 1

1MT 1-methyl-tryptophan

4-1BB Type 2 transmembrane glycoprotein belonging to the

TNF superfamily

List of Tables

Cable V	lo. Eitle	Page No.
Table (1):	Comparison between Method 1 and Method regards cell count and viability% in pre culti	
Table (2):	Comparison between Method 1 and Method 1 and Method regards percent of CD14+, CD14-, total I mature DC populations in pre culture	DCs and
Table (3):	Comparison between Method 1 and Method 1 and Method 1 and viability % in d culture	ay 2 of
Table (4):	Comparison between Method 1 and Method 2 of CD14+, CD14-, total mature DC populations in day 2 of culture.	DC and
Table (5):	Comparison between Method 1 and Method regards cell count and viability % in d culture	ay 4 of
Table (6):	Comparison between Method 1 and Methoregards CD14+, CD14-, total DCs and mapopulations in day 4 of culture	ture DC
Table (7):	Comparison between Method 1 and Method 1 and Method 1 and count	
Table (8):	Comparison between Method 1 and Method 1 and Method regards the rate of decrease in cell viability.	
Table (9):	Comparison between Method 1 and Methoregards the rate of decrease in CD1 population %	4+ cell
Table (10):	Comparison between Method 1 and	14- cell

List of Figures

Figure No	. Citle Page No
Figure (1):	Levels of nomenclature for classifying mononuclear Phagocytes
Figure (2):	Dendritic cell subsets
Figure (3):	Immature, semi-mature and fully mature DCs in T-cell tolerance and immunity
Figure (4):	DCs as APC
Figure (5):	Dendritic cell and tolerance
Figure (6):	Natural killer and lymphocytes interactions with dendritic cell
Figure (7):	Properties of vaccine
Figure (8):	A multimodality approach to optimizing DC immunotherapy
Figure (9):	Live morphological observation of mature DCs in phase contrast at 400x magnification 84
Figure (10):	Isolation of CD14 monocytes for in-vitro generation of dendritic cells using MACS and MS column
Figure (11):	A) Falcon tubes 50 ml, B) Falcon tube 15 ml 90
Figure (12):	The four layers formed after ficoll separation 90
Figure (13):	From the left, waste, negative, positive tubes 94
Figure (14):	1.viable cells, 2.cellular debris and dead cells 98
Figure (15):	CD 14 ⁺ and CD14 ⁻ by plastic adherence 98
Figure (16):	CD 14 ⁺ and CD14 ⁻ by MACS

Figure (17):	Bivariate histogram showing the possible combinations of positive and negative staining for two different antibodies or dyes99
Figure (18):	HLA-DR ⁺ , CD11c ⁺ by plastic adherence 100
Figure (19):	HLA-DR ⁺ , CD83 ⁺ by plastic adherence 100
Figure (20):	HLA-DR ⁺ , CD11c ⁺ by MACS100
Figure (21):	HLA-DR ⁺ , CD83 ⁺ by MACS 100
Figure (22):	Bar chart comparing Method 1 and Method 2 as regards % of viability in pre culture
Figure (23):	Bar chart comparing Method 1 and Method 2 as regards percent of total DCs and mature DCs in pre culture
Figure (24):	Bar chart comparing Method 1 and Method 2 as regards cell count in day 2 of culture 106
Figure (25):	Bar chart comparing Method 1 and Method 2 as regards viability% in day 2 of culture 107
Figure (26):	Bar chart comparing Method 1 to Method 2 as regards % of CD14+ and CD14- cell populations in day 2 of culture
Figure (27):	Bar chart comparing Method 1 to Method 2 as regards % of total DCs and mature DC populations in day 2 of culture
Figure (28):	Bar chart comparing Method 1 to Method 2 as regards count in day 4 of culture
Figure (29):	Bar chart comparing Method 1 to Method 2 as regards viability % in day 4 of culture
Figure (30):	Bar chart comparing Method 1 and Method 2 as regards % of CD14 ⁺ and CD14 ⁻ cell populations in day 4 of culture

Figure (31):	Bar chart comparing Method 1 and Method 2 as regards % of total DCs and mature DC populations in day 4 of culture
Figure (32):	Bar chart comparing Method 1 to Method 2 as regards the rate of change in cell count, viability, CD14+ cell population %, CD14-cell population % (pre vs 2nd day)
Figure (33):	Bar chart comparing Method 1 to Method 2 as regards the rate of change in cell count, viability, CD14 ⁺ cell population %, CD14 ⁻ cell population % (2 nd day vs 4 th day)

Abstract

Background: Dendritic cells are professional APCs able to modulate adaptive responses through recognition of pathogens, directly or indirectly, by sensing perturbations in the microenvironment such as infectious agents, cell damage, or inflammation. Aim of the work: to investigate which method of monocyte isolation, adherence method or magnetic activated cell sorting is the best as regards generation of DCs. Subjects and Methods: Samples in the present study were collected from healthy blood donors from the central blood bank at Ain Shams University Hospitals. All the donors aged between twenty and forty years, of both sexes (18 males and 2 females). They were found healthy in an orienting physical examination. All blood products were negative for common blood-borne pathogens (HBsAg, HIV Ab, HCV Ab), as detected by standard assays. Work area was at Clinical Pathology Department, Ain Shams University Hospital. Results: The present study revealed a statistically significant difference between Method 1 and Method 2 as regards the rate of decrease in CD14⁺ cell population % from preculture to day 2, being higher in method 1. There was also a statistically significant difference between Method 1 and Method 2 as regards the rate of increase in CD14⁻ cell population %, from preculture to day 2 with method 1 having higher rate of increase, whereas method 2 has shown a significantly higher rate of increase from day 2 to day 4 of culture. Conclusion: This study has shown that adherence method gave higher results of cell count and viability along the whole culture duration in comparison to MACS method. Despite of that, MACS method demonstrated higher results than plastic adherence in generating monocyte derived DCs, as it has shown significantly higher % of CD14⁻ CD11c⁺ HLA-DR⁺ DCs population inspite of having a relatively lower mean % of CD14⁻ population. A finding which could suggest that cells separated by MACS were much more capable of being readily transformed into DC than those separated by adherence method. Recommendations: Experiments on induction of further maturation of DCs generated from peripheral blood monocytes using TNFa, LPS, or CD40L are warranted for further use of mature DCs in preparation of DC vaccines for cancer therapy and for treatment of some infectious diseases.

Key words: dendritic cells, APCs, CD14, MACS, plastic adherence, HBsAg