Unit II

Cell Mediated Effector Response Slides were made from YouTube Unit I: Immunology- Fundamental concepts and anatomy of the immune system; Components of innate and acquired immunity; Phagocytosis; Complement and Inflammatory responses; Haematopoesis; Organs and cells of the immune system- primary and secondary lymphoid organs-Bone marrow, thymus, lymph nodes, spleen; Lymphatic system; Lymphocyte circulation; Lymphocyte homing; Mucosal and Cutaneous associated Lymphoid tissue (MALT and CALT); Mucosal Immunity. Toll-like receptors, inflammation. Antigens - haptens, antigenicity and immunogenicity.

Unit II: Humoral and Cell-Mediated Immune responses, primary and secondary immune modulation, Immunoglobulins: Basic structure, Classes and Subclasses of immunoglobulins, ADCC; antigenic determinants; B and T cell epitopes; B and T cell receptors; Immune responses generated by B and T lymphocytes; activation and differentiation of B and T cells, Memory B cell maturation, activation and differentiation; Cell-mediated effector functions; Functional T Cell Subsets; Cell-mediated immune responses, Cytokines-properties, receptors and therapeutic uses. Structure and function of antibody molecules; Multigene organization of immunoglobulin genes; Immunoglobulin superfamily; Generation of antibody diversity.

Unit III: Major Histocompatibility Complex - MHC genes, MHC and immune responsiveness and disease susceptibility, HLA typing; MHC molecules, antigen processing and presentation, endogenous antigens, exogenous antigens, non-peptide bacterial antigens and super-antigens.

Unit IV: Antigen-antibody interactions- Kinetics of immune response; Precipitation, agglutination and complement mediated immune reactions; Advanced immunological techniques; RIA, ELISA, Western blotting, ELISPOT assay, immunofluorescence, flow cytometry and immunoelectron microscopy; Surface plasmon resonance, Biosenor assays for assessing ligand-receptor interaction, CMI techniques- lymphoproliferation assay, Mixed lymphocyte reaction, Cell Cytotoxicity assays, Apoptosis, Microarrays.

Unit V: Clinical Immunology: Immunity to Infection Hypersensitivity – Type I-IV; Autoimmunity; Types of autoimmune diseases; Mechanism and role of CD4+ T cells; MHC and TCR in autoimmunity; Treatment of autoimmune diseases; Transplantation immunology– Immunological basis of graft rejection; congenital and acquired immunodeficiencies. Cancer: Tumor immunology; Oncogenes, Tumor Suppressor Genes; Immune response to tumors and tumor evasion of the immune system.

PAPER-III (BCH 303)

MAX.MARKS - 100

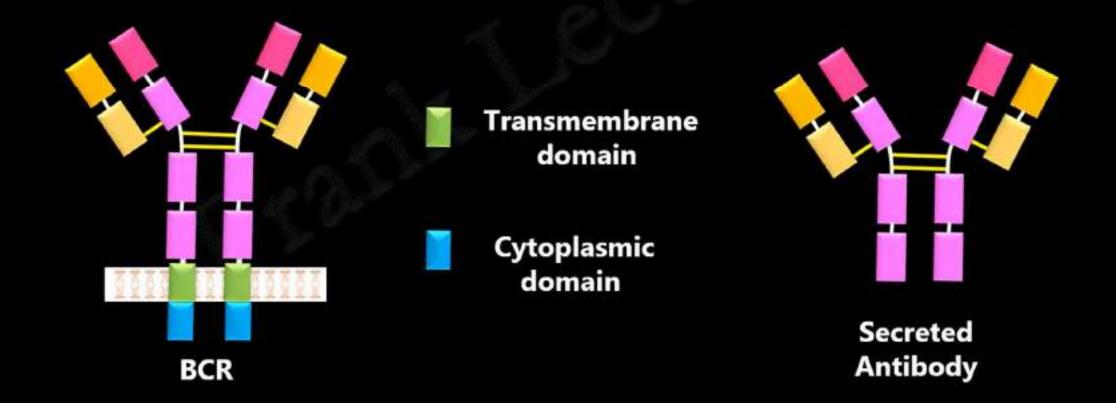
IMMUNOLOGY

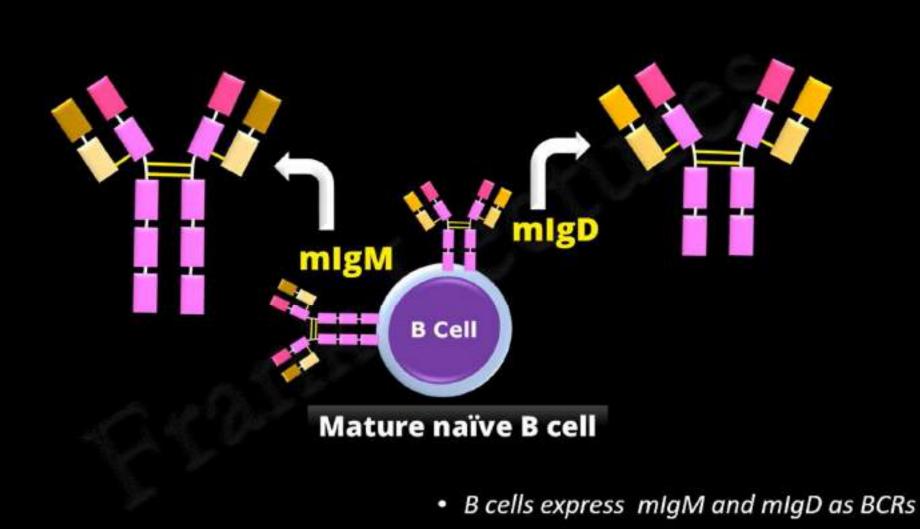
- UNIT-I The biochemical basis of immunology- Innate immunity, Specific acquired immunity, Immunoglobulin Classification, structure and biochemical basis of function, variable domain bind mitigen, MHC, T-cells, B-cells, receptors. Antigens haptens, recognition of antigen – primary interaction its detection and application.
- <u>UNIT-II</u> Major Histocompatibility Complex (MHC) Genes and product- Polymorphism of MHC genes, Role of MHC antigens in immune Reponses, MHC antigens in transplantation.
- UNIT-III Measurement of antigen-antibody interactions Production of polyclonal and monoclonal antibodins: Principles techniques and applications. Agglutination and precipitation techniques, RIA, ELISA, IRMA, immunofluorescence assays. Measurement of T cell activation.
- UNIT-IV Acquired immane response: consequences of antigens recognition, product effectors and its control development, adversial strategies, and immunodeficiency. Elementary knowledge of hypersensitivity.
- <u>UNIT-V</u> Disorders of immune responses Autoimmunity, congenital immunodeficiencies, acquired immunodeficiencies, learnune responses to infectious diseases, role of vaccines in the prevention of diseases.

B Cell

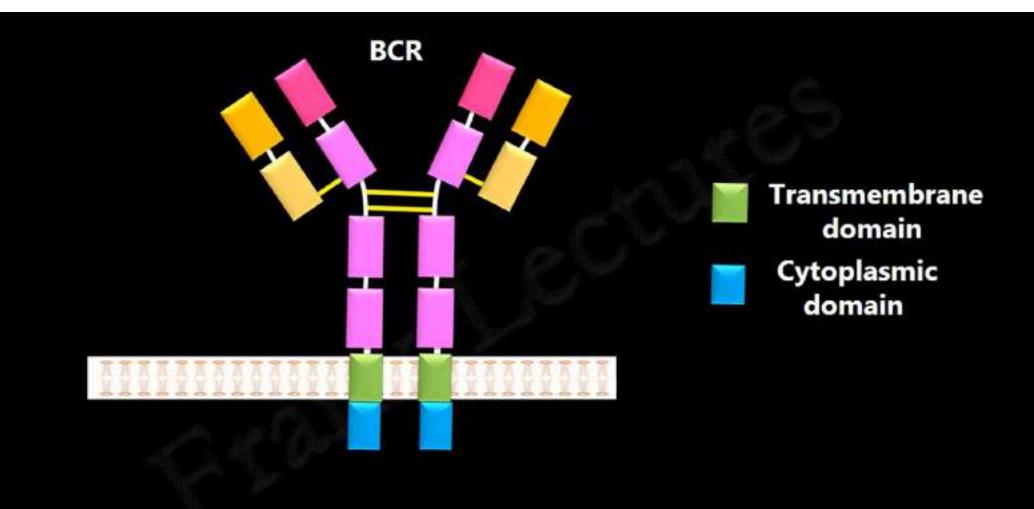
B Cell Receptors (BCRs)

BCR = Membrane bound immunoglobulin

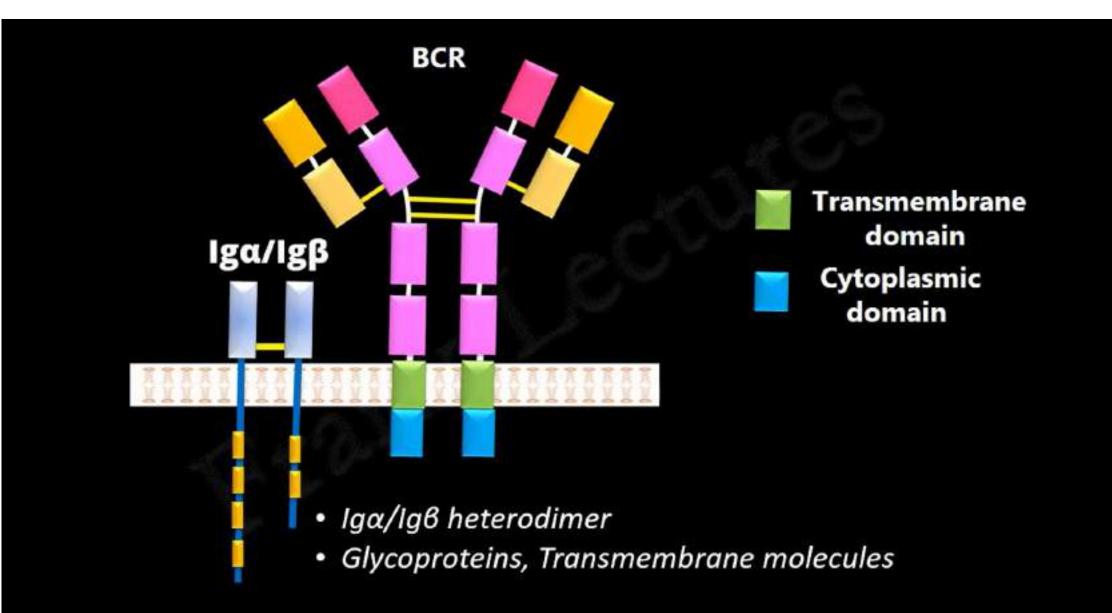


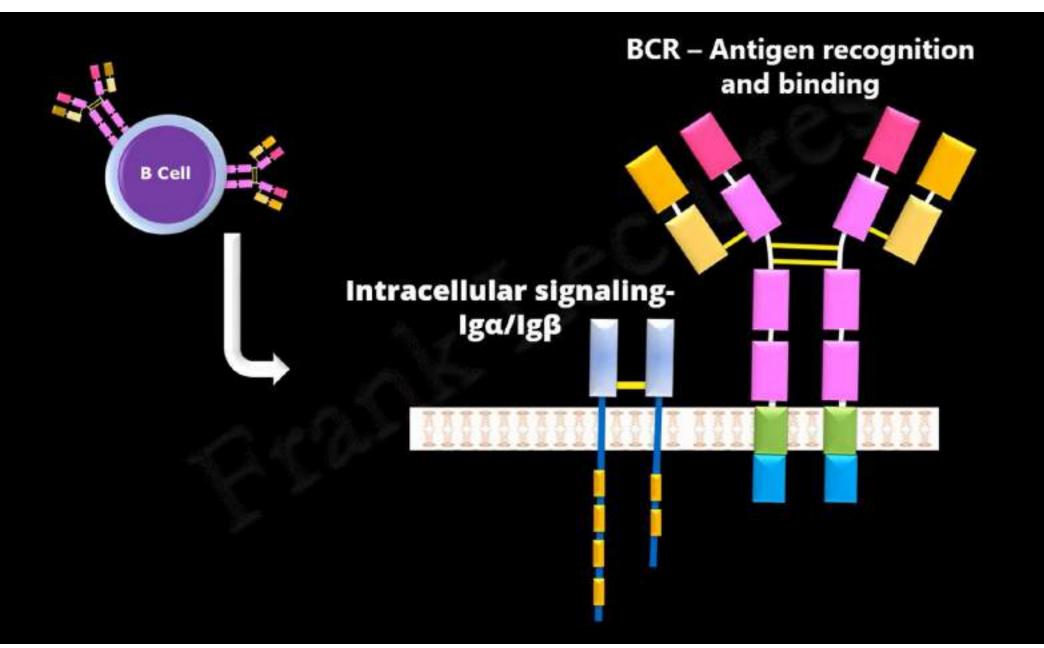


Both are of same antigenic specificity



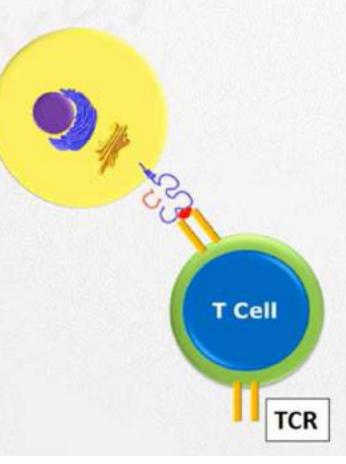
- Cytoplasmic tails of BCRs are very short.
- Cannot convey antigen recognition signal to the nucleus





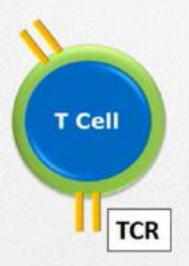
T Cell Receptor (TCR)

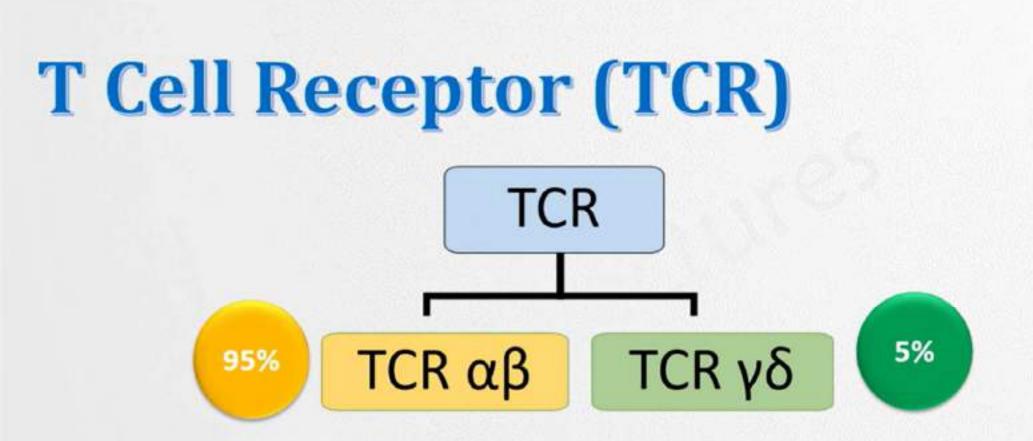
TCR interacts with MHC-peptide complex on the surface of Antigen Presenting Cells or target cells.



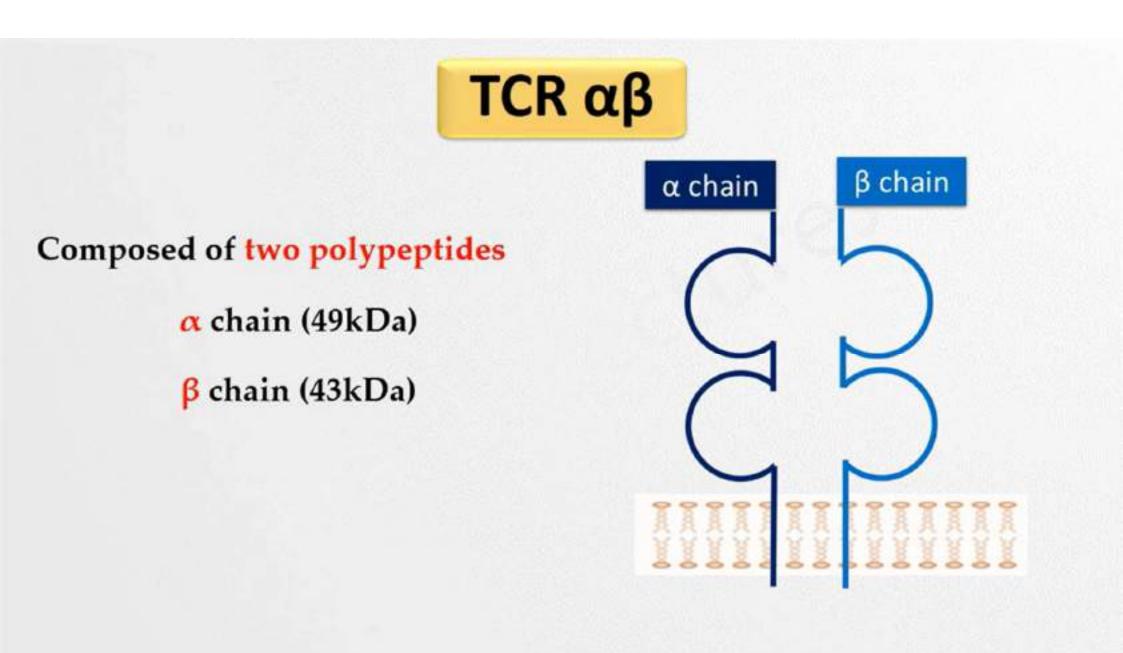
T Cell Receptor (TCR)

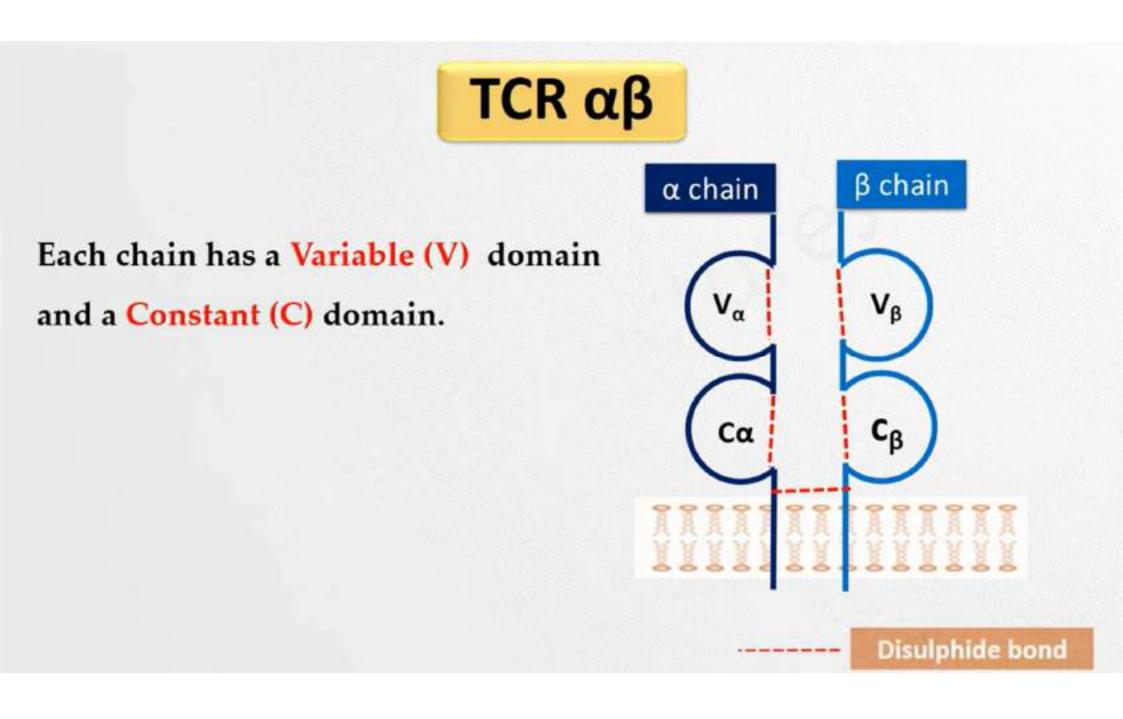
An individual T cell generally carries between 10,000 and 30,000 identical copies of a single TCR.

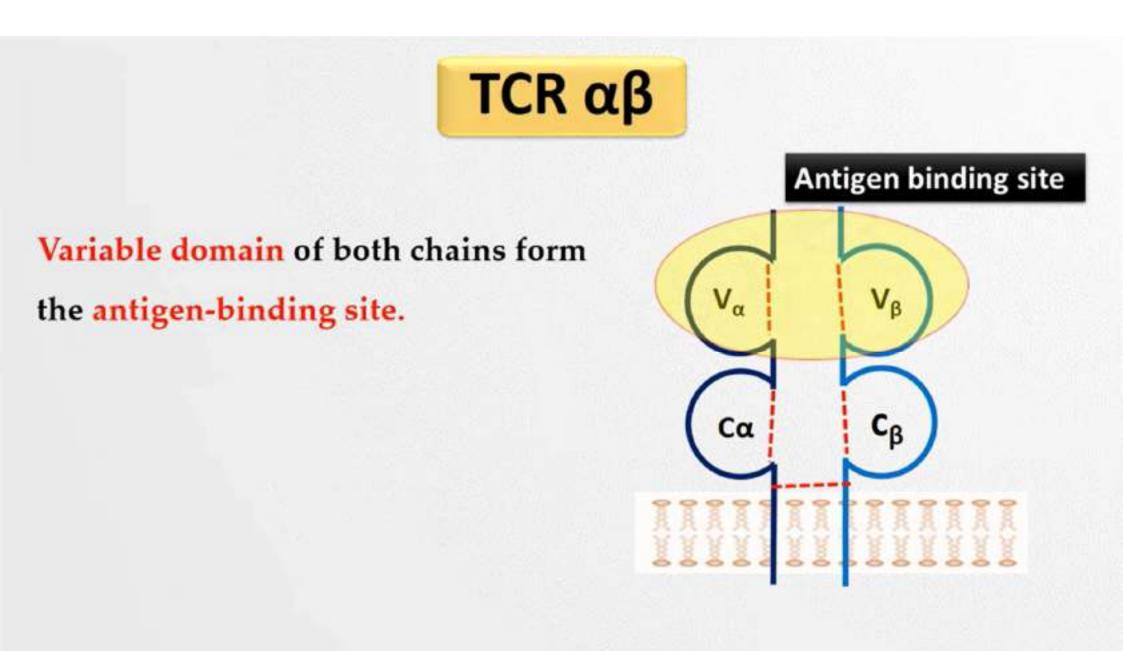




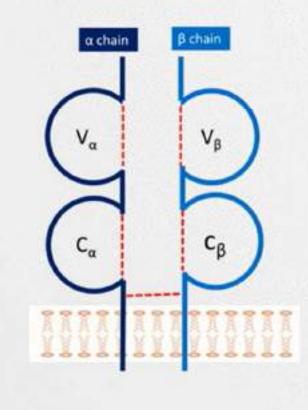
T cell express either an $\alpha\beta$ or a $\gamma\delta$ receptor, but not both.

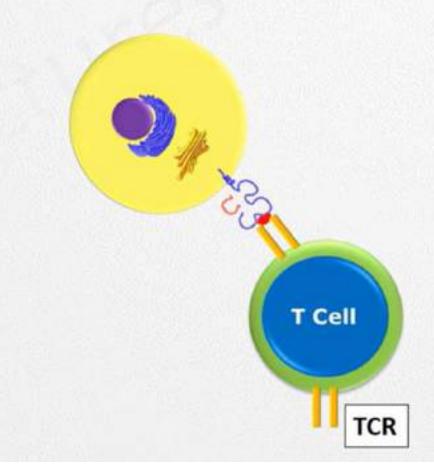


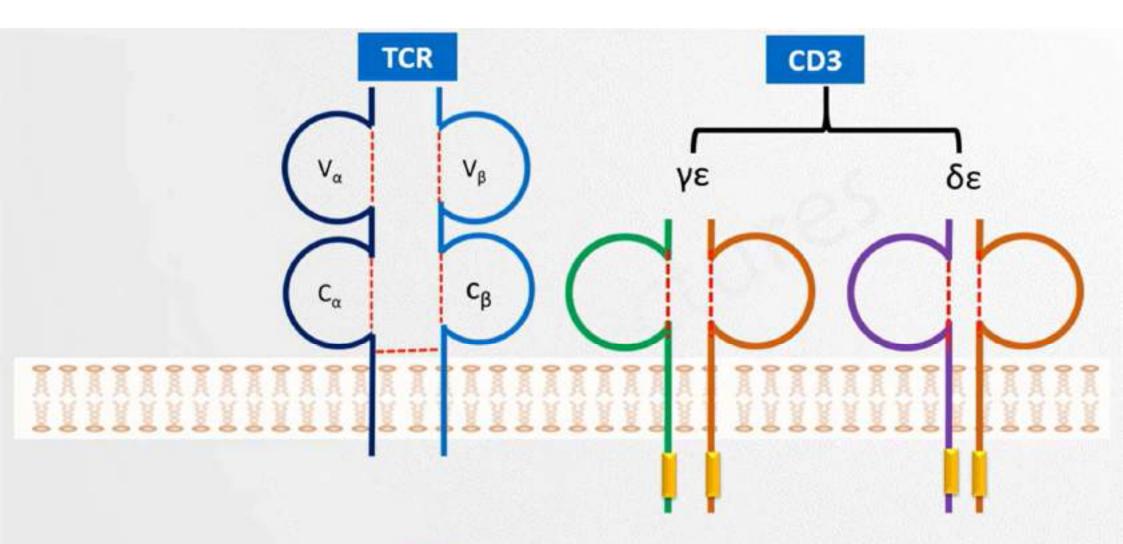




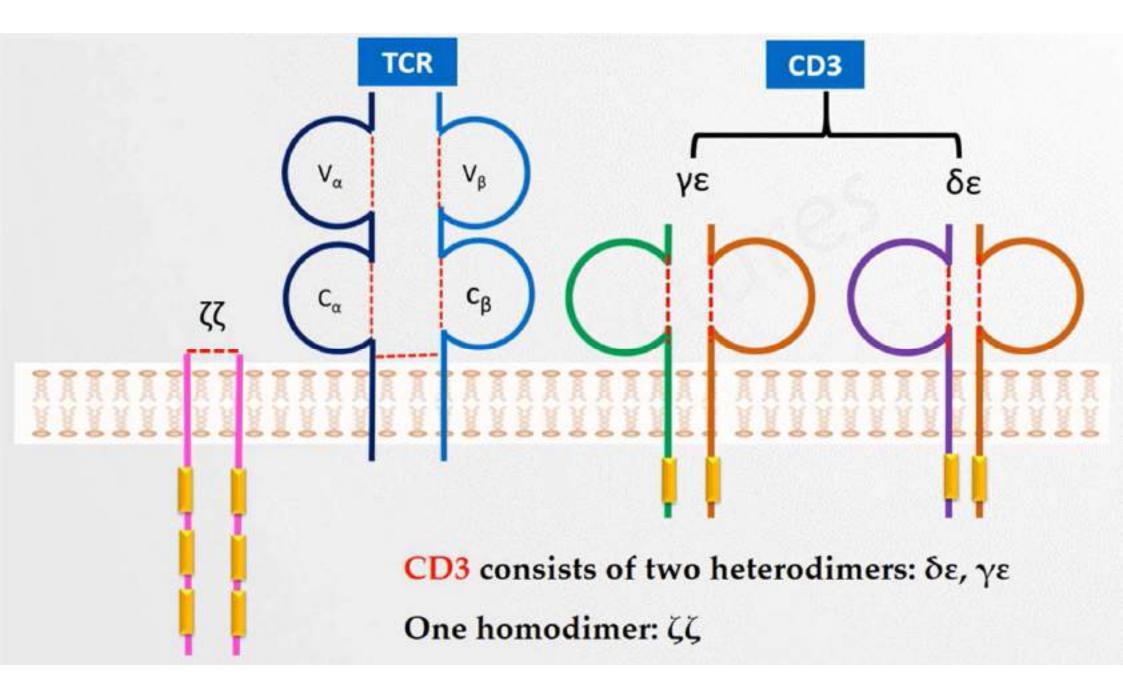
The cytoplasmic tail of the TCR is extremely short. (about 3 amino acid long)







CD3 consists of two heterodimers: δε, γε One homodimer: ζζ



T CELL RECEPTOR (TCR):

The figure shows a schematic diagram of a T cell receptor (TCR). Which is expressed on the surface of T cells as a heterodimer. The three dimensional structure of the TCR has been determined by X-ray crystallography.

The mature T cells display thousands of heterodimer surface receptors known as T cell receptor (TCR).

In the plasma membrane, the TCReceptor chains α and β are associated with six additional adaptor proteins to form an octameric complex.

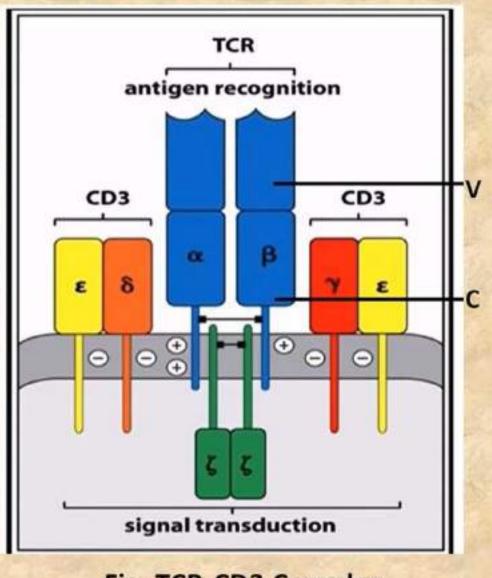
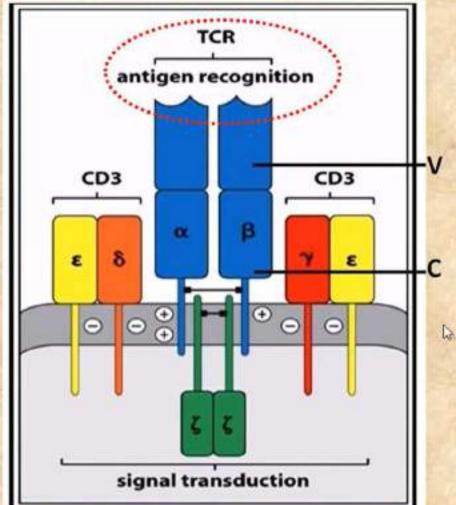


Fig. TCR-CD3 Complex

STRUCTURE OF T CELL RECEPTOR (TCR) :

It is a heterodimer of two polypeptide chains, alpha (40-50kDa) and beta (35-47 kDa), covalently linked by a disulfide bond. Both alpha and beta chains are similar to immunoglobulin, each consisting of a variable (V) and constant (C) region. Both α and β chains contribute to the receptor formed by the V regions and are also associated non-covalently with four different complex of proteins: gamma (γ), delta (δ), epsilon (ε) known as CD3 molecule along with zeta chain (ζ) , to form an octameric complex.

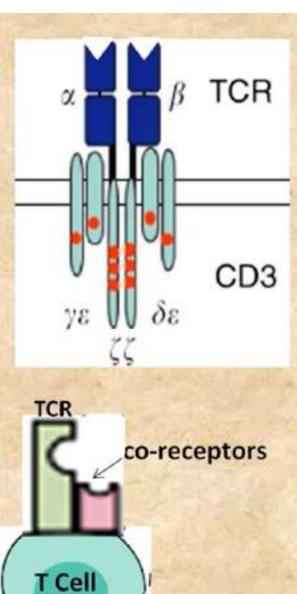
The variable regions in both the α and β chains together forms the Antigen binding site and contributes to the diversity of the T Cell Fig. T cell Receptor-CD3 Complex Receptor.



So, a TCR is a actually complex of proteins i.e. Alpha (α) and beta (β) proteins together forming the **antigen recognition sites** along with invariant CD3 proteins and the zeta proteins as **signaling molecules**.

The cytoplasmic tail of the TCR is extremely short, hence the **CD3 adaptor proteins contain the signalling motifs** needed for propagating the signal from the triggered TCR into the cell.

The **T Cell Receptor** present on all T cells, is a complex of polypeptides along with presence of **specific** membrane molecules called as **co-receptors**.



Cell-Mediated Effector Response

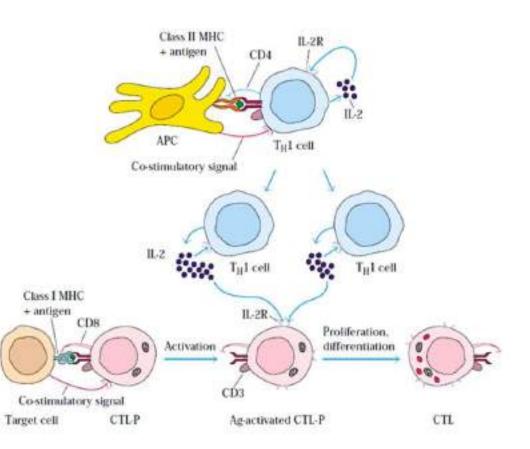
- The principal role of cell-mediated immunity is to detect and eliminate cells that harbor intracellular pathogens.
- Cell-mediated immunity also can recognize and eliminate cells, such as tumor cells, that have undergone genetic modifications so that they express antigens not typical of normal cells.
- The cell-mediated branch of the immune system involves two types of effector cells:
- 1) antigen-specific effector cells:
 - CD8+cytotoxic T lymphocytes (TC cells or CTLs) and
 - Cytokine-secreting CD4+ TH cells
- Nonspecific cells include NK cells and nonlymphoid cell types such as macrophages.
- The activity of both specific and nonspecific components usually depends on effective local concentrations of various cytokines.

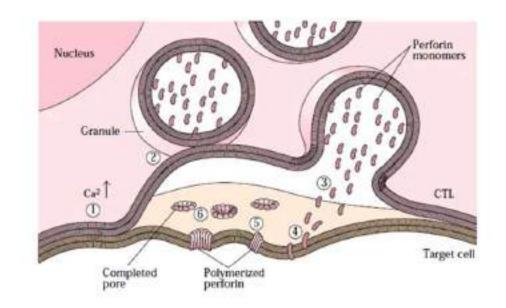
Cytotoxic T Cells

- Cytotoxic T lymphocytes, or CTLs, are generated by immune activation of T cytotoxic (TC) cells.
- These effector cells have lytic capability and are critical in the recognition and elimination of altered self-cells (e.g., virusinfected cells and tumor cells).
- In general, CTLs are CD8+ and are therefore class I MHC restricted
- Two steps for TC cells mediated effector response:
 - 1) Generation of CTLs
 - 2) Killing of Target Cell by CTLs

Generation of CTLs:

- Upon interaction with antigen– class I MHC complexes on appropriate target cells, CTL-Ps begin to express IL-2 receptors (IL-2R) and lesser amounts of IL-2.
- Proliferation and differentiation of antigen-activated CTL-Ps generally require additional IL-2 secreted by TH1 cells resulting from antigen activation and proliferation of CD4+ T cells.
- In the subsequent effector phase, CTLs destroy specific target cells.

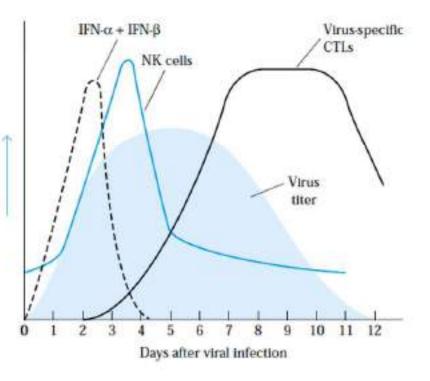




- CTL-mediated pore formation in target-cell membrane:
 - A rise in intracellular Ca²⁺triggered by CTL target cell interaction (1) induces exocytosis, in which the granules fuse with the CTL cell membrane (2) and release monomeric perforin into the small space between the two cells (3). The released perforin monomers undergo a Ca²⁺-induced conformational change that allows them to insert into the target-cell membrane (4). In the presence of Ca²⁺the monomers polymerize within the membrane (5), forming cylindrical pores which leads to the cell death by apoptois

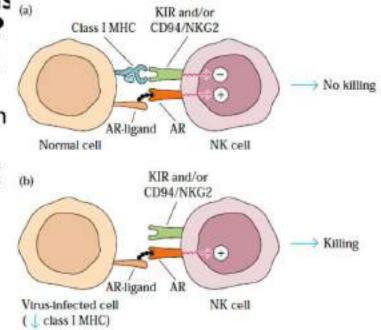
Natural Killer Cells

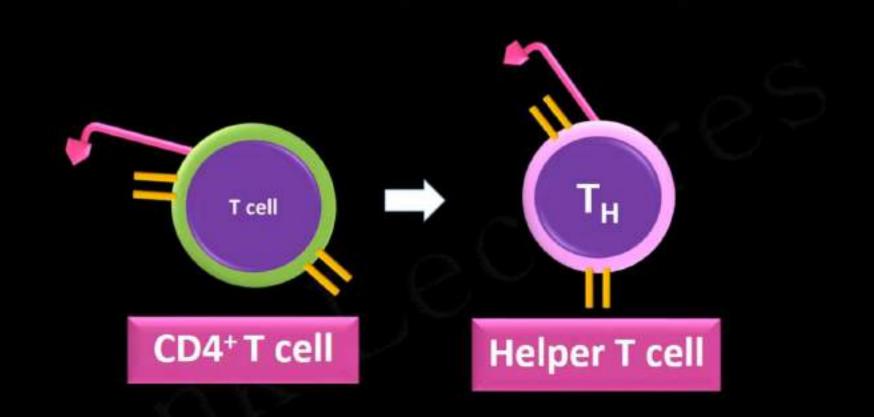
- NK cells are involved in the early response to infection with certain viruses and intracellular bacteria.
- NK activity is stimulated by IFN-α IFN-β and IL-12.
- In the course of a viral infection, the level of these cytokines rapidly rises, followed closely by a wave of NK cells that peaks in about 3 days



Natural Killer Cells

- How cytotoxic activity of NK cells is restricted to altered self-cells?
- An activation receptor (AR) on NK cells interacts with its ligand on normal and altered self-cells, inducing an activation signal that results in killing.
- However, engagement of inhibitory NK cell receptors such as KIR and CD94/NKG2 by class I MHC molecules delivers an inhibitory signal that counteracts the activation signal.
- Expression of class I molecules on normal cells thus prevents their destruction by NK cells. Because class I expression is often decreased on altered self-cells, the killing signal predominates, leading to their destruction.





Helper T cells help other cells of the immune system to eliminate the pathogens.

Helper T cell Subsets

- 1. T_H1 cells
- 2. T_H2 cells
- 3. T_H17 cells
- 4. T_{FH} cells
- 5. T_{reg} cells

Basis of this classification:

- Cytokines that induce their differentiation
 - Master transcriptional regulator
 - Cytokines they produce and secrete

Why such diverse types of Helper T cells

needed by our immune system?

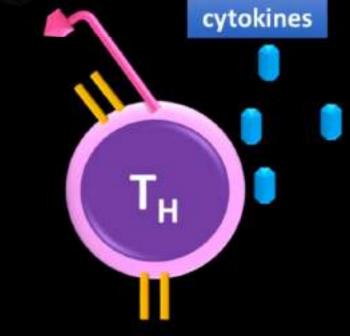
- Diverse type of pathogens and infections
- Different target sites
- Different target cells



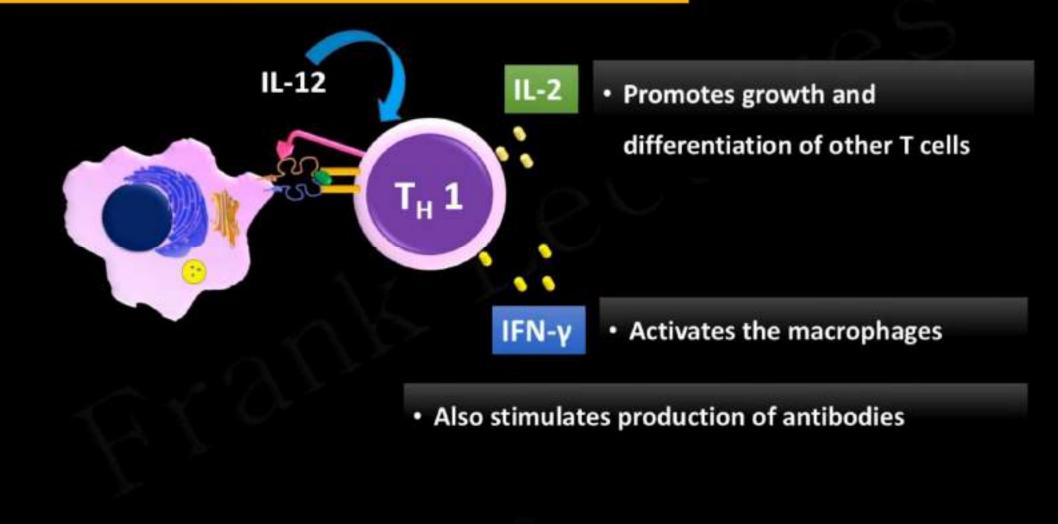
Resist killing by macrophages

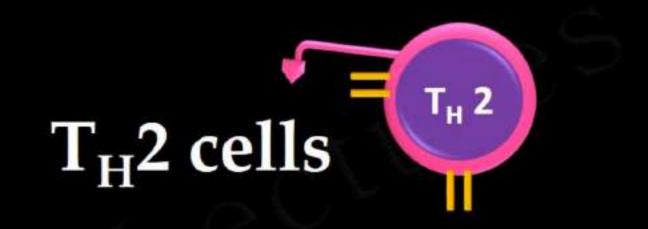
Too large too be phagocytosed

Helper T cells works by secreting cytokines which communicate with the other cells of the immune system and activate them to eliminate the pathogens by appropriate immune response.



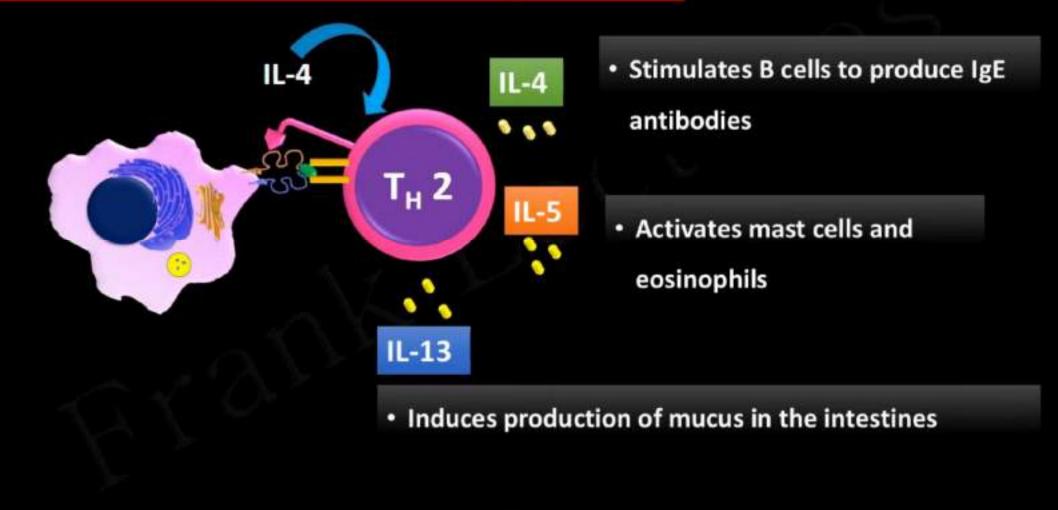
When there is an intracellular infection

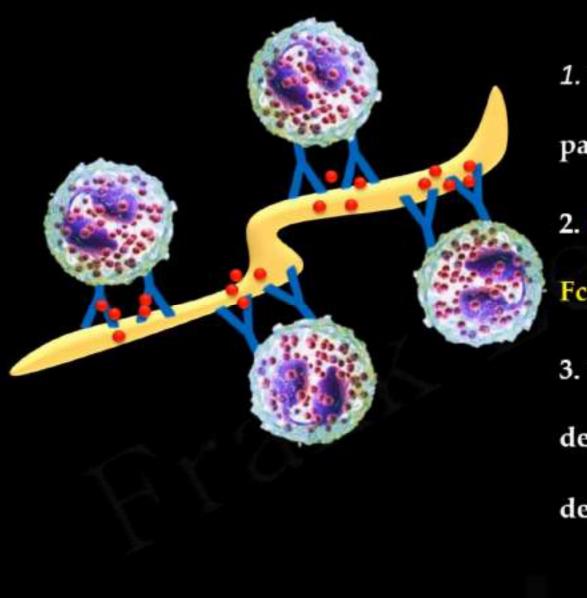




T helper Type 2 cells or Type 2 T Helper cells

When there is a infection by parasites





1. IgE antibodies coat the surface of the

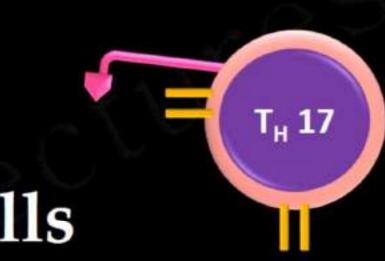
parasite

2. Mast cells and eosinophils bind to the Fc region of these bound antibodies.

3. The enzymes released by

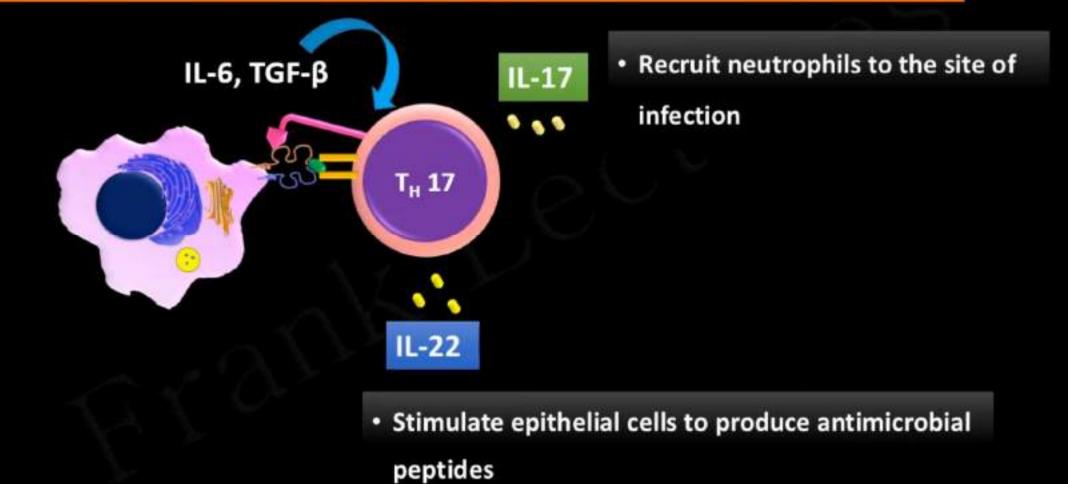
degranulation of these cells result in the

destruction of parasite.



T_H17 cells

When there is a infection by fungi or extracellular bacteria

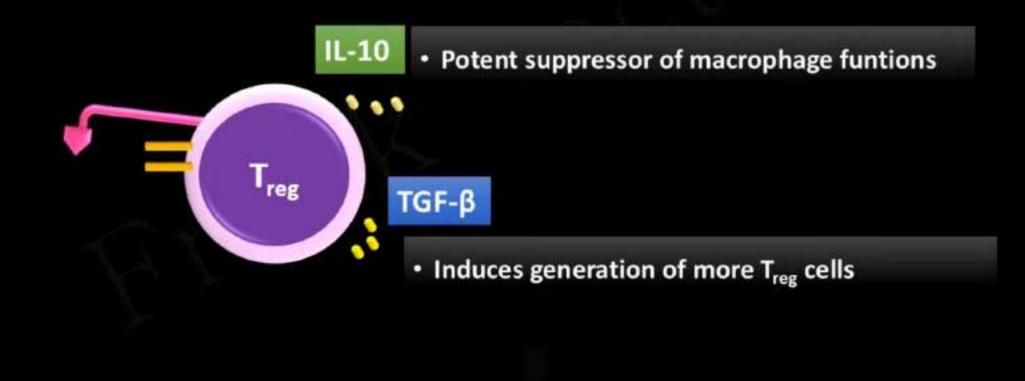




Regulatory T cells (earlier known as Suppressor T cells)

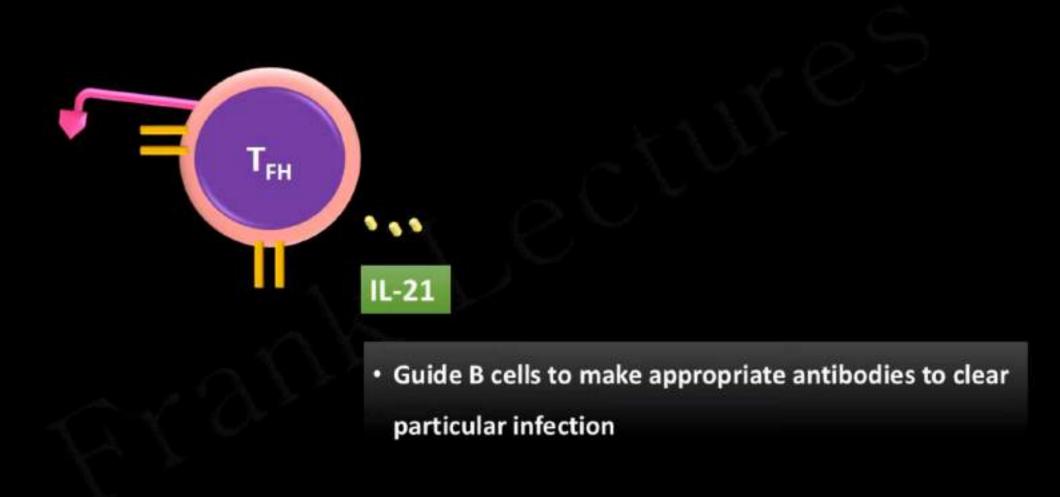
Once a pathogen is eradicated

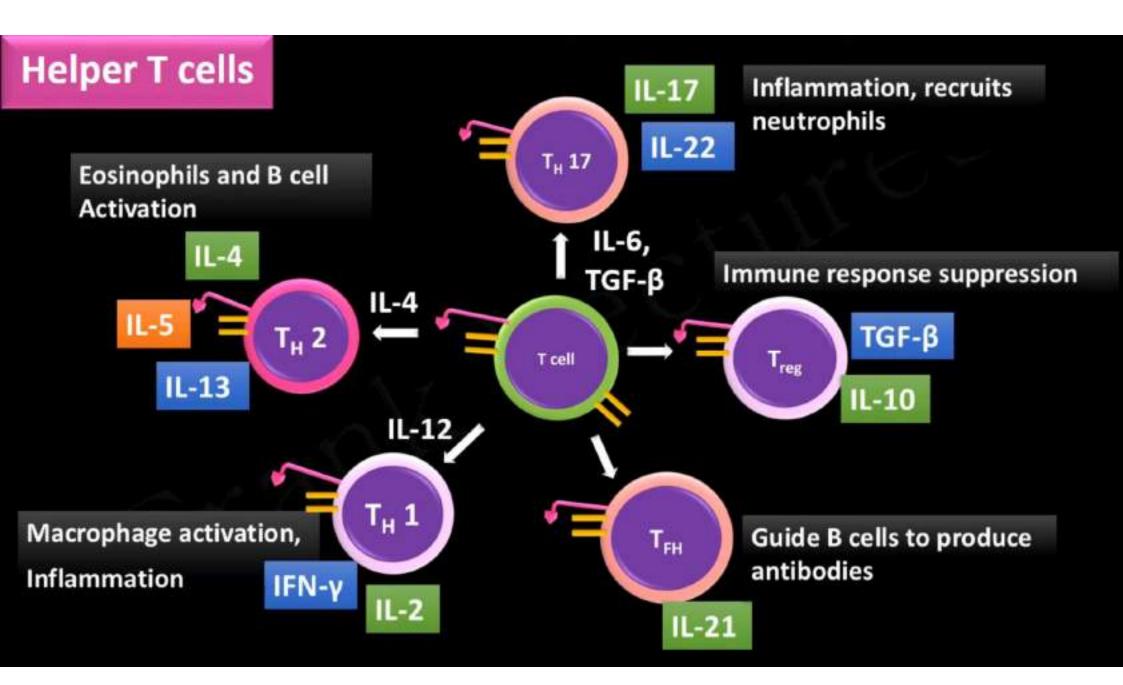
- Suppress T cell responses and limit immune response
- Prevent Autoimmunity





Follicular Helper T cells





Effector T-cell functions are mediated by cytokines and cytotoxins and cytokines change the pattern of gene expression in the cells targeted by effector T cells

CD8 T cells			CD4 T cells		
Cytotoxic T cells	T _{it} 1 cel	ls T _N 2 cells	T _{FR} cells	T _{ill} 17 cells	T regulatory cells (T _{reg})
Cytotoxins Cytokine	Cytokine	rs Cytokines	Cytokines	Cytokines	Cytokines
perforin IFN-Y granzymes IF granulysin II-2 serglycin II-2	IFN-Y GM-CSF TNF- CL LT IL-2	Ц.4 Ц.5 Ц.10 Ц.13 ТБГ-В	1121 114 IFN-7	IL-17 IL-21 IL-22 IL-26	тығ-д 11.10 11.35
25		25	35		25
Kill virus-infected cells	Help macropha suppress intrac infection	ellular eosinophils, and B	cells activated, switch	response to fungal a se extracellular bacter	and of other effector T-cell
Cytokine receptor subunits and JARs are all separate	Cytokine rec subunits bin		he receptor, phos s then	STATs bind to phorylated receptor and are then phosphorylated	Phosphorylated STAT dimers go to the nucleus and initiate gene expression
B JAK S JAK Cytoso		STAT	STAT		plasma membrane

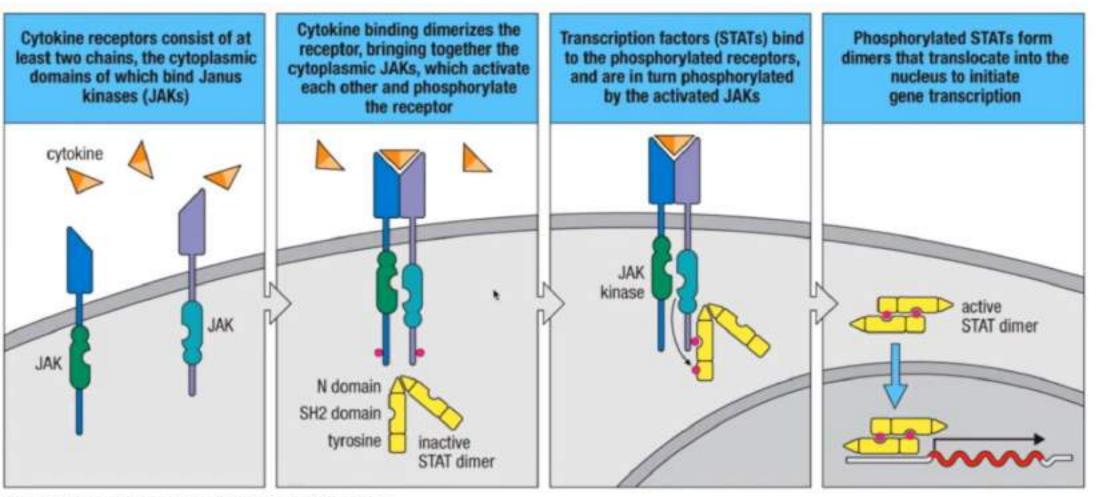
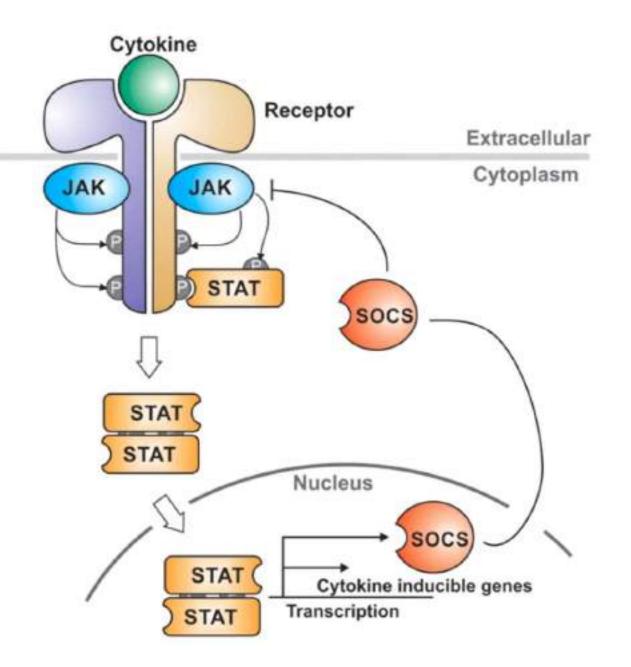
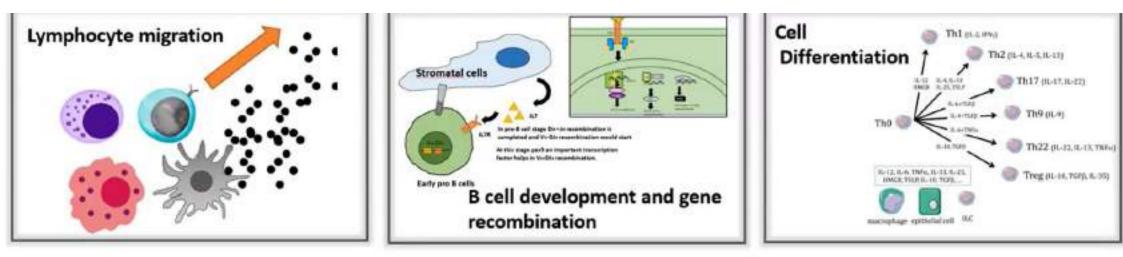


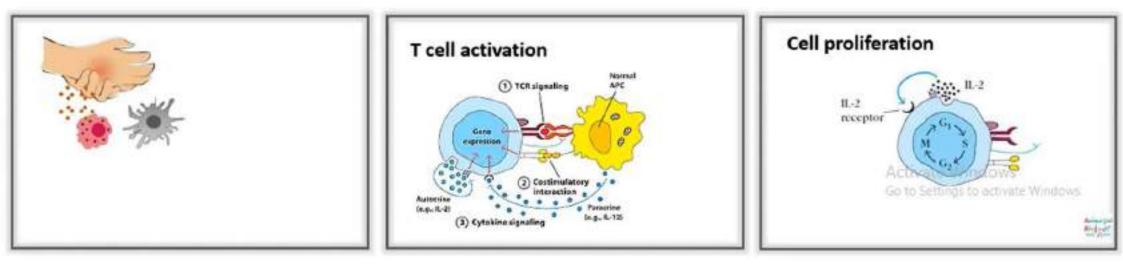
Figure 3.26 Janeway's Immunobiology, 9th ed. (© Garland Science 2017)

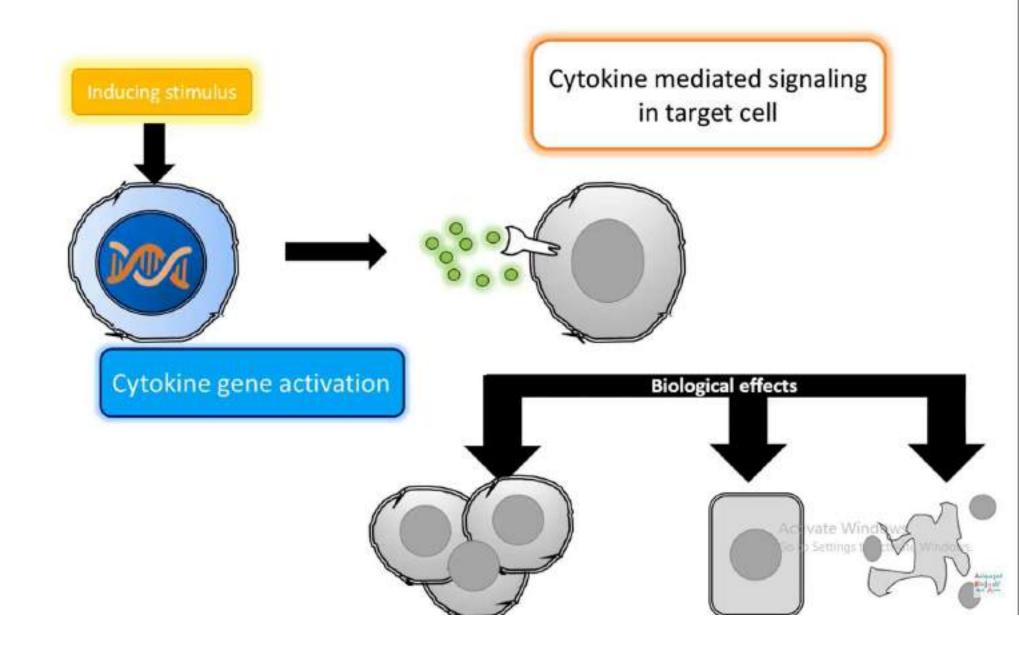


Cytokine signals can self-limit by inducing expression of **SOCS** (suppressor of cytokine signaling)

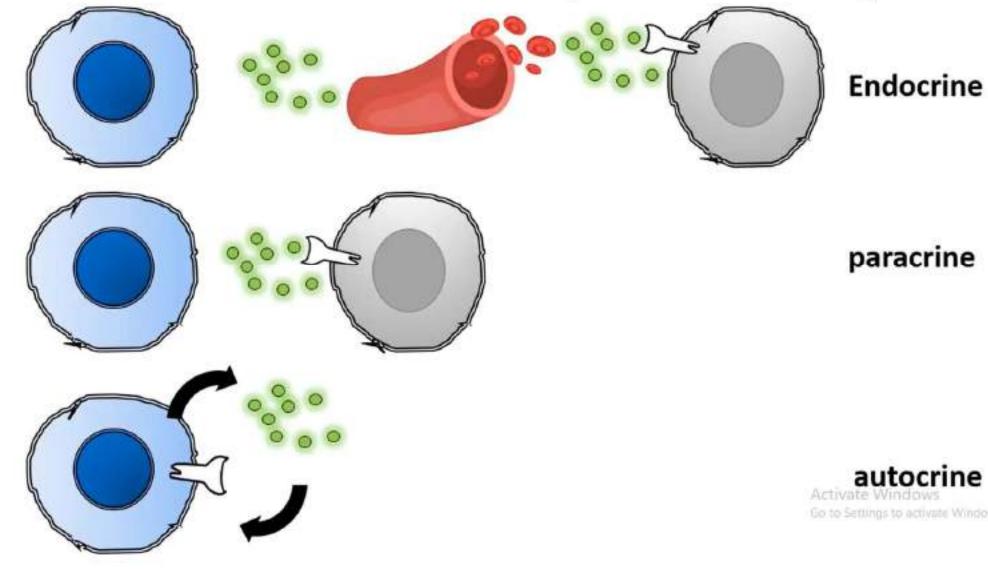


Function of Cytokine





Communication modes used by the immune system



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