

Generation and Expansion of T Helper 17 Lymphocytes Ex Vivo

Darya Alizadeh and Nicolas Larmonier

Abstract

CD4⁺ T helper (Th) lymphocytes are essential elements of the complex cellular networks regulating the initiation, development, and termination of adaptive immune responses. Different independent and specialized subsets of Th cells can be distinguished based on their dedicated transcription factor and cytokine expression profiles. Th17 lymphocytes have been described about a decade ago as CD4⁺ Th cells producing high quantity of IL-17A as a signature cytokine. Since their initial discovery, Th17 have drawn intense scrutiny for their dominant role in the pathogenesis of multiple autoimmune, infectious diseases and allergy. The influence of Th17 lymphocytes in cancer remains however ambiguous. The plethoric functions of Th17 may rely on the remarkable plasticity of these cells, endowed with the ability to trans-differentiate into other Th subpopulations depending on the environmental cytokine context. The possibility to generate Th17 ex vivo has facilitated the elucidation of the signals and transcription factors required for their differentiation and functions and has allowed for the evaluation of their functions following adoptive transfer in vivo. Several protocols have been developed to produce Th17 in vitro. The intent of this chapter is to provide examples of procedures for generating and expanding Th17 ex vivo.

Key words Th17 lymphocytes, Mouse, Human, Ex vivo generation

1 Introduction

CD4⁺ T helper (Th) lymphocytes critically contribute to the development and coordination of immune responses. They provide essential support to CD8⁺ cytotoxic T lymphocytes (CTLs) [1, 2], B lymphocytes [3], natural killer cells (NK) [4] and significantly participate to the recruitment and activation of innate cells such as macrophages and dendritic cells (DC) [5–7]. The activation of naïve CD4⁺ T lymphocytes requires the recognition of antigenic peptides in the context of MHC Class II by their specific receptor (TCR) together with co-stimulatory signals delivered by antigen-presenting cells. Different subtypes of activated antigen-experienced CD4⁺ T cells exhibiting distinct phenotypic and functional properties can be produced depending on the nature of the cytokines present in the microenvironment [8–10]. A growing number

of Th lymphocyte subsets have been characterized based on their cytokine secretion profile and their dedicated differentiation programs controlled by specific transcription factors [11–13]. These Th lineages include well-characterized Th1 and Th2 cells as well as regulatory (immunosuppressive) T lymphocytes (Treg) and more recently identified Th9, Th22, T follicular, and Th17 [7, 12, 14, 15].

Cardinal features inherent to Th17 include the secretion of substantial amounts of interleukin 17A (IL-17A) and the expression of the transcription factor retinoic acid receptor-related orphan receptor gamma t (ROR γ t) [16, 17]. In addition, Th17 cells produce IL-21 and IL-22 [18] and, depending on the differentiation/environmental conditions, secrete variable amounts of TNF α , IFN γ , and/or GM-CSF [19–23]. Th17 represent a dominant pro-inflammatory lymphocyte subpopulation involved in the elimination of pathogens that are not cleared by Th1 or Th2 responses. These cells are also potent inducers of tissue inflammation and contribute to the pathogenesis of multiple autoimmune diseases in animals and humans [12, 21, 24]. Of note, the role of Th17 in the development of cancer remains debatable [25]. Adoptive transfer experiments have supported the antitumoral effects of Th17, highlighting their potential therapeutic interest [23, 26–29], but the significance of the presence of endogenous Th17 that develop in a context of progressing cancer is unclear [18, 30, 31]. This unstable balance between the pro- versus antitumoral function of Th17 likely stems from the high plasticity of these cells, capable of trans-differentiating into either pro-inflammatory effector cells such as Th1 [32] or immunosuppressive FoxP3⁺Treg [33] depending on the environmental conditions [25]. In this context, the concentration of TGF β 1 present in the milieu is an important factor determining the pro- or anti-inflammatory characteristics of polarized Th17.

Many different protocols have been used to generate Th17 *in vitro* from naïve CD4⁺ T lymphocytes using specific cytokine cocktails. In mice, TGF β 1, IL-6, and IL-23, in the presence of TCR and CD28 signals (antigen-presenting cells, plate-bound anti-CD3 plus anti-CD28 or anti-CD3/anti-CD28-coated microbeads) are required and sufficient to induce the differentiation of naïve CD4⁺CD25⁻ T cells into Th17 [25, 34]. IL-6, by inhibiting TGF β -induced FoxP3 expression, blocks Treg differentiation, resulting in the polarization of naïve T cells towards IL-17-producing ROR γ t⁺ lymphocytes. However, some studies have demonstrated that pathogenic Th17, responsible for the development of experimental autoimmune encephalomyelitis (EAE), can be generated in IL-6^{-/-} mice [20, 35]. These results highlight the possibility that Th17 can also develop in absence of IL-6. IL-21 has been identified as an alternative factor capable of inhibiting TGF β -induced FoxP3 expression in the absence of IL-6 [20, 36]. IL-21 is produced in large quantities by Th17 and fosters an auto-crine amplification feed-back loop increasing Th17 generation in

the absence of IL-6 [37]. IL-23 also plays an essential role in Th17 development. The IL-23 receptor (IL-23R) is composed of IL23R and IL-12R β 2 [38]. The level of expression of IL-23R by naïve CD4⁺ T cells is very low, while Th17 highly express this receptor. In agreement with these considerations, IL-23 does not seem required for Th17 initial lineage commitment, but this cytokine enhances Th17 expansion and promotes their survival, stabilization and pro-inflammatory properties [39]. Consistently, the number of Th17 is significantly reduced in IL-23p19-deficient mice compared to their wild-type counterparts [40, 41]. Additionally, IL-23 substantially contributes to the pathogenic functions of Th17 [40, 42]. Finally, IL-23 is a critical factor required for the generation of prolonged in vitro Th17 cultures [39]. IL-1 β , by inducing interferon regulatory factor 4 (IRF4) which is a critical regulator of IL-21, has also been reported as an additional factor involved in the differentiation of Th17 cells in pro-inflammatory environments [43, 44]. In humans, the precise parameters required for Th17 differentiation remain unclear. Although some reports have argued that TGF β 1 may not be needed for human Th17 generation [45–47], others have reported that this cytokine is essential for the development of these cells [36, 48]. The possibility of producing Th17 with TGF β plus IL-21 but not IL-6 has been proposed [36] and IL-1 β alone or in combination with TGF β has also been used to generate human Th17 [49]. Importantly and similar to the results obtained in mice, the presence of IL-23 is required for Th17 stabilization and optimal proliferation [50].

As Th17 cells have gained increasing interest in the field of autoimmunity, infectious diseases and cancer, the development of protocols allowing for the production of large number of these cells ex vivo is essential to further study their function, regulation, lineage stability and impact in different pathologies. For instance, the developmental fate of Th17 adoptively transferred to cancer-bearing hosts and the influence of the tumor environment on their lineage commitment and pro-inflammatory properties remain to be clearly elucidated. The possibility to harness the therapeutic potential of these cells against infectious agents or cancer represents another application of ex vivo-generated Th17. In this chapter, we describe examples of procedures suitable for in vitro generation of mouse and human Th17 lymphocytes from naïve CD4⁺CD25⁻ T cells.

2 Materials

2.1 Murine Th17 Generation

1. Six- to eight-week-old mice.
2. Complete medium for murine Th17 generation: RPMI 1640 supplemented with 10 % FBS, 100 U/ml penicillin, 100 μ g/ml

streptomycin sulfate, 0.5× MEM nonessential amino acids, and 1 mM sodium pyruvate.

3. Naive CD4⁺CD62L⁺ T Cell Isolation Kit II, mouse (Miltenyi Biotech, catalogue # 130-093-227).
4. AutoMACS separator or LS Columns and magnets (MidiMACS or QuadroMACS (Miltenyi).
5. Anti-CD3/anti-CD28-coated (expansion/activation) microbeads (Invitrogen).
6. Magnet (DynaMagTM-15 Magnet, Invitrogen) to recover washed microbeads.
7. Cytokines: mouse IL-12, IL-2, IL-7, IL-6, TGFβ (Peprotech) and IL-23 (R&D Systems).
8. Blocking antibodies: anti-mouse IFNγ and anti-mouse IL-4 antibodies (Affymetrix eBioscience).

2.2 Human Th17 Generation

1. Human PBMC.
2. Complete Medium (CM): AIM-V medium containing glutamine, nonessential amino acids, 10 mM HEPES buffer, and 1 mM sodium pyruvate.
3. Ficoll-PaqueTM PLUS (GE Healthcare Bio-Sciences AB).
4. Miltenyi Human Naïve T Cell Isolation Kit II (Cat#: 130-094-131).
5. AutoMACS separator or LS Columns and magnets (MidiMACS or QuadroMACS (Miltenyi).
6. Human Anti-CD3/anti-CD28-coated microbeads (Invitrogen).
7. Magnet (DynaMagTM-15 Magnet, Invitrogen) to recover washed microbeads.
8. Cytokines: Human IL-6, TGFβ1, IL-1β, IL-2 and IL-23 (Miltenyi).

2.3 Real-Time PCR

1. NanoDrop ND1000 spectrophotometer (NanoDrop).
2. Primers specific for RORγT and T-bet (ABI; Applied Biosystems), RNA extraction kit (Qiagen RNeasy Mini kit), Reverse transcription (iScript cDNA synthesis kit), and Real-Time PCR reagent (IQ Supermix) (Bio-Rad).
3. Bio-Rad iCycler iQ real-time PCR detection system (Bio-Rad).

2.4 Flow Cytometry

1. Flow cytometry buffer (1× PBS, 1 % BSA).
2. Human FcγR (Fc-gamma receptor)-binding inhibitor (Affymetrix Ebioscience).
3. 1× Fixation/Permeabilization buffer (Affymetrix Ebioscience).

4. Anti-human/mouse ROR γ t-PE (clone AFKJS-9), anti-human/mouse Tbet-PE (clone eBio4B10), mouse IgG1K Isotype Control-PE (clone P3.6.2.8.1), rat IgG2a K Isotype Control-PE (Clone eBR2a) (Affymetrix Ebioscience).
5. LSRII-Fortessa flow cytometer (BD bioscience).
6. Flowjo software (Vx, Tree Star, Inc).

2.5 ELISAs

1. Human IL-17A ELISA Ready-SET-Go![®] (Affymetrix ebioscience).
2. Human IFN-gamma ELISA Ready-SET-Go![®] (Affymetrix ebioscience).

2.6 General Materials

1. Sterile PBS.
2. Red blood cell lysis buffer (BD biosciences).
3. Cell strainer.
4. Centrifuge tubes.
5. Hemocytometer.
6. 0.4 % Trypan blue.
7. MACS sorting buffer (0.5 % BSA, 2 mM EDTA).
8. 24-Well plates and Petri dishes.

3 Methods

3.1 Generation of Murine Th17 Lymphocytes Ex Vivo

1. Euthanize mice by carbon dioxide asphyxiation or other approved techniques and harvest spleens. Cut the spleens in small pieces with scissors and dissociate the tissues in a 40 μ m cell strainer with a 5 ml syringe plunger in a Petri dish containing complete medium to obtain a single-cell suspension.
2. Collect the cell suspension in a 50 ml tube and centrifuge at 300 $\times g$ for 5 min at 4 $^{\circ}$ C. Remove the supernatant.
3. Resuspend the pellet in red blood cell lysis buffer and incubate for 1 min.
4. Add complete culture medium and centrifuge (400 $\times g$ for 5 min at 4 $^{\circ}$ C). Remove the supernatant.
5. Resuspend cells in MACS sorting buffer and determine the number of viable cells using trypan blue and a hemocytometer.
6. Isolate naive CD4⁺CD25⁻CD62L⁺ T lymphocytes using a CD4⁺CD62L⁺ T cell isolation kit II strictly following the manufacturer's instructions. The isolation requires two steps: (1) Depletion of non-CD4⁺ T cells using a biotin-antibody cocktail II and anti-biotin microbeads. Cells are separated using an AutoMACS device (program "Depletes") or LS columns and a

MidiMACS or QuadroMACS magnet and the negative fraction enriched in CD4⁺ cells (flow-through) is collected (outlet port neg1 of the AutoMACS). (2) Positive selection of CD4⁺CD62L⁺ T cells using CD62L microbeads. Cells are separated using an AutoMACS device (program “Possel”) or MS columns, and the positive fraction is collected (outlet port pos1 of the AutoMACS). Cell labeling is performed in MACS sorting buffer and incubation times are as described by the provider.

7. Centrifuge cells ($400\times g$ for 5 min at 4 °C). Remove the supernatant.
8. Resuspend purified naïve CD4⁺ T cells at a concentration of 10^6 cells/ml in complete culture medium.
9. Wash the appropriate amount of anti-mouse CD3/anti-mouse CD28-coated expansion/activation beads (*see step 10*) in a 15 ml tube with PBS and EDTA and recover the beads using a DynaMagTM-15 Magnet as instructed by the provider.
10. Add washed expansion/activation beads at a ratio of 2 beads to 1 naïve CD4⁺ T lymphocyte.
11. Add cytokines and blocking antibodies: 40 ng/ml IL-6, 0.5 ng/ml TGFβ1, 5 μg/ml blocking anti-IFNγ, and 5 μg/ml blocking anti-IL-4 antibodies.
12. Plate cells in 24-well plates (1 ml, 10^6 cells/well).
13. After 3 days, collect cells, remove expansion/activation beads using a DynaMagTM-15 Magnet and repeat **steps 7–9**.
14. Add 40 ng/ml IL-23 and plate cells in 24-well plates (1 ml, 10^6 cells/well).
15. On day 6, cells expressing the transcription factor RORγt and producing IL-17 can be obtained (Fig. 1). The generated cells can be characterized by real-time PCR, flow cytometry or ELISA for expression of specific markers and transcription factors and cytokine production. These polarized cells can also be used for further analyses in vitro or to evaluate their therapeutic potential in vivo [26].

3.2 Generation of Human Th17 Lymphocytes Ex Vivo

1. Collect blood from healthy volunteers or patients as desired (100–300 ml).
2. Dilute blood in 1× PBS (approximately 1 to 2 dilution).
3. Pipet 15 ml of Ficoll-PaqueTM PLUS in a 50 ml tube.
4. Gently layer 30 ml of diluted blood onto the Ficoll.
5. Centrifuge the samples at $930\times g$ for 20 min at room temperature with no brake.
6. Collect the peripheral blood mononuclear cells (PBMC) layer from the Ficoll gradient and transfer the cells in a 50 ml tube.

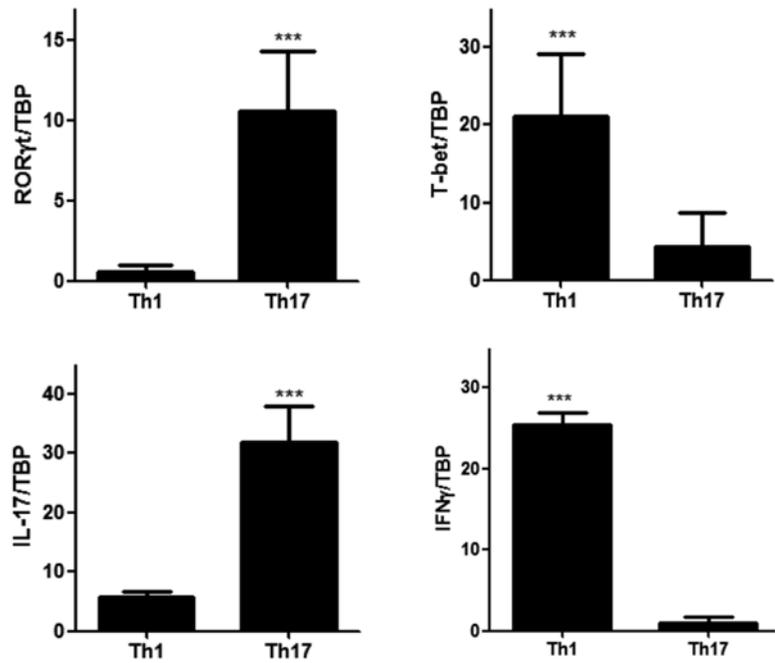


Fig. 1 Example of mouse Th17 lymphocyte generation in vitro. Mouse naïve CD4⁺ T cells were cultured in Th17-polarizing conditions and analyzed for ROR γ t and IL-17 expression. Cells were collected at the end of the differentiation period and ROR γ t, Tbet, IL-17, and IFN γ mRNA expression was determined by RT-PCR. Th1 cells, generated as reported [26], were used as comparison. Data are represented as mean \pm SEM of three different experiments (***, $p < 0.001$)

7. Centrifuge cells ($300 \times g$, 5 min, room temperature) and wash twice in PBS.
8. Resuspend the cells in MACS sorting buffer and determine cell number.
9. Perform isolation of naïve T lymphocytes using Miltenyi Human Naïve T Cell Isolation Kit II strictly following the provider's instructions. Untouched naïve CD4⁺ T cells are isolated by depletion of non-CD4⁺ T lymphocytes and of memory CD4⁺ T cells that are labeled with a cocktail of biotin-conjugated antibodies and anti-biotin microbeads. Cells are separated using an AutoMACS device (program "Depletes") or LS columns and a MidiMACS or QuadroMACS magnet and the negative fraction enriched in naïve CD4⁺ cells (flow-through) is collected (outlet port neg1 of the AutoMACS).
10. Centrifuge cells ($300 \times g$, 5 min, room temperature) and determine cell number.
11. Resuspend naïve CD4⁺ T cells in CM (~ 1 million cells/ml).
12. Wash the appropriate amount of anti-human CD3/anti-human CD28-coated expansion/activation beads (*see step 13*)

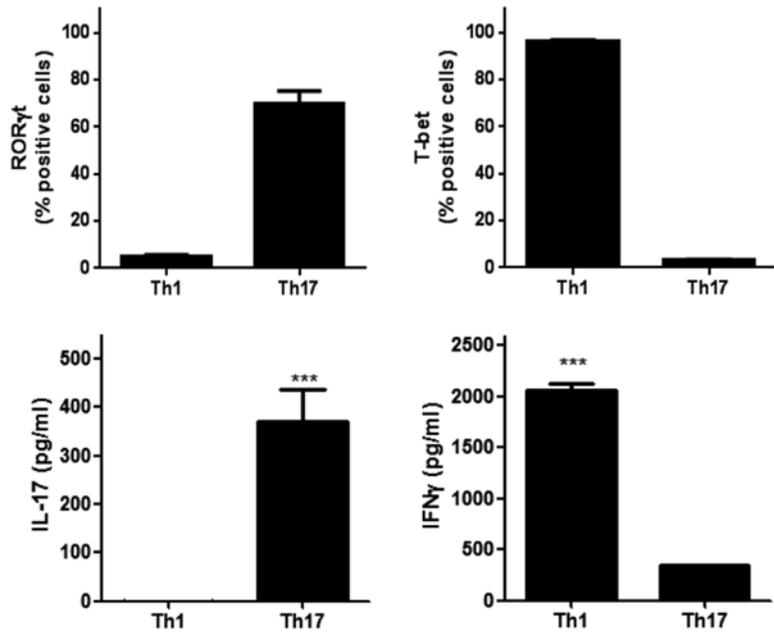


Fig. 2 Example of human Th17 lymphocyte generation in vitro. Human CD4⁺ T cells were cultured in Th17-polarizing conditions and analyzed for ROR γ T expression and IL-17 production. Cells were collected at the end of the differentiation period and the percentage of ROR γ T⁺ and Tbet⁺ cells was determined by flow cytometry. The concentration of IL-17 and IFN γ was detected by ELISA in 48 h culture supernatants (10⁶ cells/ml). Th1 lymphocytes were used as comparison. Th1 were generated following the same procedures as for Th17 cells, except that (a) human IL-2 (20 U/ml), human IL-12 (10 ng/ml), human IL-7 (20 ng/ml) were used, (b) the beads to T cell ratio was 1 to 1, and (c) cells were cultured for a total of 3 days (***, $p < 0.001$)

in a 15 ml tube with PBS and EDTA and recover the beads using a DynaMag™-15 Magnet strictly following the provider's instructions.

13. Add washed beads at a ratio of 2 beads to 1 naïve CD4⁺T lymphocyte.
14. Add cytokines: 20 ng/ml human IL-6, 5 ng/ml TGF β 1, 50 ng/ml IL-1 β , 5 ng/ml IL-2.
15. Plate cells in 24-well plates (1 ml, 10⁶ cells/well).
16. After 3 days, add 50 ng/ml human IL-23 in 1 ml of fresh CM per well.
17. Split cell by half on day 5 and add fresh CM to each well.
18. CD4⁺ T cells expressing ROR γ t and producing IL-17 (Fig. 2) can be collected on day 6–7 for further analyses. The generated cells can be characterized by real time PCR, flow cytometry or ELISA for expression of specific markers and transcription factors and cytokine production.

3.3 Characterization of Ex Vivo-Generated Th17 Cells

3.3.1 Real-Time PCR

1. Extract total mRNA from the collected cells using Qiagen RNeasy Mini kit strictly following the manufacturer's protocol.
2. Measure RNA concentration using NanoDrop ND1000 spectrophotometer.
3. Run reverse transcription reaction using 250 ng of total RNA and iScript cDNA synthesis kit, following the manufacturer's instructions.
4. Real-time PCR reaction: 20 μ l of the PCR reactions are set up in 96-well plates containing 10 μ l 2 \times IQ Supermix, 1 μ l TaqMan[®] primer/probe set, 2 μ l of the cDNA synthesis reaction, and 7 μ l of nuclease-free water. Reactions are run and analyzed on a Bio-Rad iCycler iQ real-time PCR detection system.
5. Analysis: Cycling parameters are determined and resulting data are analyzed by using the comparative C_t method as means of relative quantification, normalized to an endogenous reference (TATA Box Binding Protein, TBP) and relative to a calibrator (normalized C_t value obtained from control cells), and expressed as $2^{-\Delta\Delta C_t}$ (Applied Biosystems User Bulletin #2: Rev B "Relative Quantification of Gene Expression").

3.3.2 Flow Cytometry

1. One million cells are washed in flow cytometry buffer and incubated for 15 min with human Fc γ R (Fc-gamma receptor)-binding inhibitor.
2. Cells are incubated with 1 \times fixation/permeabilization buffer at 4 $^{\circ}$ C for 30–45 min.
3. Cells are washed twice with 1 \times permeabilization buffer.
4. Cells are incubated with anti-human/mouse ROR γ t-PE, anti-human/mouse Tbet-PE or Mouse IgG1K Isotype Control-PE) or Rat IgG2a K Isotype Control-PE at 4 $^{\circ}$ C for 30 min.
5. Samples are washed twice with 1 \times permeabilization buffer, then once with 1 \times PBS.
6. Samples are resuspended in 1 \times PBS and analyzed using a LSRII-Fortessa flow cytometer.
7. Data are analyzed using Flowjo software.

3.3.3 ELISA

1. Generated human Th cells are cultured for 48 h (10⁶ cells in 1 ml CM per well of a 24-well plate) in the presence of anti-human CD3/anti-human CD28-coated expansion/activation beads (2 beads to 1 T lymphocyte) and the culture supernatant is collected and centrifuged (300 \times g, 5 min, room temperature).
2. IL-17 and IFN- γ are detected in cell-free culture supernatants by enzyme-linked immunosorbent assays using human IL-17A

ELISA Ready-SET-Go![®] or Human IFN-gamma ELISA Ready-SET-Go![®] reagent sets strictly following the manufacturer's instructions.

4 Notes

1. To obtain optimal cell purity, start from single-cell suspension and strictly follow the provider's instructions regarding cell number and amount of beads (Miltenyi Biotech).
2. Keep cells on ice or at 4 °C during the isolation procedures until plating. Use pre-chilled MACS buffer (Miltenyi Biotech).
3. When purifying PBMC on Ficoll monolayers, ensure that the blood does not mix with the Ficoll before centrifugation. When collecting the PBMC ring, do not mix with or collect Ficoll (Miltenyi Biotech).
4. Cell viability of purified naïve T lymphocytes before initiation of the cultures should be 90–100 % (Miltenyi Biotech).
5. Activation beads should be washed in a minimum of 1–2 ml of buffer by extensive mixing (Miltenyi Biotech).
6. Examine cell cultures every day and split cultures if necessary depending on growth rate. Cell clusters should be observed. Do not let cells overgrow (Miltenyi Biotech).
7. Cytokine reconstitution and storage should be performed according to the provider's instructions. Avoid using products that are close to their expiration date. Avoid freeze/thaw cycles (Miltenyi Biotech).

Acknowledgments

The authors thank Martin Asimis for technical assistance with the characterization of human Th17 cells and Claire Larmonier for technical assistance with real-time PCR.

References

1. Sun JC, Bevan MJ (2003) Defective CD8 T cell memory following acute infection without CD4 T cell help. *Science* 300:339–342
2. Sun JC, Williams MA, Bevan MJ (2004) CD4+ T cells are required for the maintenance, not programming, of memory CD8+ T cells after acute infection. *Nat Immunol* 5:927–933
3. Mitsdoerffer M, Lee Y, Jager A, Kim HJ, Korn T, Kolls JK, Cantor H, Bettelli E, Kuchroo VK (2010) Proinflammatory T helper type 17 cells are effective B-cell helpers. *Proc Natl Acad Sci U S A* 107:14292–14297
4. Kelly MN, Zheng M, Ruan S, Kolls J, D'Souza A, Shellito JE (2013) Memory CD4+ T cells are required for optimal NK cell effector functions against the opportunistic fungal pathogen *Pneumocystis murina*. *J Immunol* 190: 285–295
5. DeNardo DG, Barreto JB, Andreu P, Vasquez L, Tawfik D, Kolhatkar N, Coussens LM

- (2009) CD4(+) T cells regulate pulmonary metastasis of mammary carcinomas by enhancing protumor properties of macrophages. *Cancer Cell* 16:91–102
6. Veldhoen M, Moncrieffe H, Hocking RJ, Atkins CJ, Stockinger B (2006) Modulation of dendritic cell function by naive and regulatory CD4+ T cells. *J Immunol* 176:6202–6210
 7. Shevach EM, DiPaolo RA, Andersson J, Zhao DM, Stephens GL, Thornton AM (2006) The lifestyle of naturally occurring CD4+ CD25+ Foxp3+ regulatory T cells. *Immunol Rev* 212:60–73
 8. Romagnani S (1997) The Th1/Th2 paradigm. *Immunol Today* 18:263–266
 9. Mosmann TR, Coffman RL (1989) TH1 and TH2 cells: different patterns of lymphokine secretion lead to different functional properties. *Annu Rev Immunol* 7:145–173
 10. Zheng W, Flavell RA (1997) The transcription factor GATA-3 is necessary and sufficient for Th2 cytokine gene expression in CD4 T cells. *Cell* 89:587–596
 11. Baeten DL, Kuchroo VK (2013) How Cytokine networks fuel inflammation: interleukin-17 and a tale of two autoimmune diseases. *Nat Med* 19:824–825
 12. Muranski P, Restifo NP (2013) Essentials of Th17 cell commitment and plasticity. *Blood* 121(13):2402–2414
 13. Knutson KL, Disis ML (2005) Tumor antigen-specific T helper cells in cancer immunity and immunotherapy. *Cancer Immunol Immunother* 54:721–728
 14. Tangye SG, Ma CS, Brink R, Deenick EK (2013) The good, the bad and the ugly – TFH cells in human health and disease. *Nat Rev Immunol* 13:412–426
 15. Jabeen R, Kaplan MH (2012) The symphony of the ninth: the development and function of Th9 cells. *Curr Opin Immunol* 24:303–307
 16. Yang XO, Pappu BP, Nurieva R, Akimzhanov A, Kang HS, Chung Y, Ma L, Shah B, Panopoulos AD, Schluns KS, Watowich SS, Tian Q, Jetten AM, Dong C (2008) T helper 17 lineage differentiation is programmed by orphan nuclear receptors ROR alpha and ROR gamma. *Immunity* 28:29–39
 17. Ivanov BS II, McKenzie L, Zhou CE, Tadokoro A, Lepelley JJ, Lafaille DJC, Littman DR (2006) The orphan nuclear receptor RORgammat directs the differentiation program of proinflammatory IL-17+ T helper cells. *Cell* 126:1121–1133
 18. Kryczek I, Banerjee M, Cheng P, Vatan L, Szeliga W, Wei S, Huang E, Finlayson E, Simeone D, Welling TH, Chang A, Coukos G, Liu R, Zou W (2009) Phenotype, distribution, generation, and functional and clinical relevance of Th17 cells in the human tumor environments. *Blood* 114:1141–1149
 19. Kebir H, Ifergan I, Alvarez JI, Bernard M, Poirier J, Arbour N, Duquette P, Prat A (2009) Preferential recruitment of interferon-gamma-expressing TH17 cells in multiple sclerosis. *Ann Neurol* 66:390–402
 20. Korn T, Bettelli E, Gao W, Awasthi A, Jager A, Strom TB, Oukka M, Kuchroo VK (2007) IL-21 initiates an alternative pathway to induce proinflammatory T(H)17 cells. *Nature* 448:484–487
 21. Korn T, Bettelli E, Oukka M, Kuchroo VK (2009) IL-17 and Th17 cells. *Annu Rev Immunol* 27:485–517
 22. Kryczek I, Zhao E, Liu Y, Wang Y, Vatan L, Szeliga W, Moyer J, Klimczak A, Lange A, Zou W (2011) Human TH17 cells are long-lived effector memory cells. *Sci Transl Med* 3:104ra100
 23. Martin-Orozco N, Muranski P, Chung Y, Yang XO, Yamazaki T, Lu S, Hwu P, Restifo NP, Overwijk WW, Dong C (2009) T helper 17 cells promote cytotoxic T cell activation in tumor immunity. *Immunity* 31:787–798
 24. Wilke CM, Bishop K, Fox D, Zou W (2011) Deciphering the role of Th17 cells in human disease. *Trends Immunol* 32:603–611
 25. Alizadeh D, Katsanis E, Larmonier N (2013) The multifaceted role of Th17 lymphocytes and their associated cytokines in cancer. *Clin Dev Immunol* 2013:957878
 26. Alizadeh D, Trad M, Hanke NT, Larmonier CB, Janikashvili N, Bonnotte B, Katsanis E, Larmonier N (2014) Doxorubicin eliminates myeloid-derived suppressor cells and enhances the efficacy of adoptive T-cell transfer in breast cancer. *Cancer Res* 74:104–118
 27. Muranski P, Boni A, Antony PA, Cassard L, Irvine KR, Kaiser A, Paulos CM, Palmer DC, Touloukian CE, Ptak K, Gattinoni L, Wrzesinski C, Hinrichs CS, Kerstann KW, Feigenbaum L, Chan CC, Restifo NP (2008) Tumor-specific Th17-polarized cells eradicate large established melanoma. *Blood* 112:362–373
 28. Muranski P, Borman ZA, Kerkar SP, Klebanoff CA, Ji Y, Sanchez-Perez L, Sukumar M, Reger RN, Yu Z, Kern SJ, Roychoudhuri R, Ferreyra GA, Shen W, Durum SK, Feigenbaum L, Palmer DC, Antony PA, Chan CC, Laurence A, Danner RL, Gattinoni L, Restifo NP (2011) Th17 cells are long lived and retain a stem cell-like molecular signature. *Immunity* 35:972–985
 29. Alizadeh D, Larmonier N (2014) Chemotherapeutic targeting of cancer-induced

- immunosuppressive cells. *Cancer Res* 74: 2663–2668
30. Iida T, Iwahashi M, Katsuda M, Ishida K, Nakamori M, Nakamura M, Naka T, Ojima T, Ueda K, Hayata K, Nakamura Y, Yamaue H (2011) Tumor-infiltrating CD4⁺ Th17 cells produce IL-17 in tumor microenvironment and promote tumor progression in human gastric cancer. *Oncol Rep* 25:1271–1277
 31. He S, Fei M, Wu Y, Zheng D, Wan D, Wang L, Li D (2011) Distribution and clinical significance of th17 cells in the tumor microenvironment and peripheral blood of pancreatic cancer patients. *Int J Mol Sci* 12:7424–7437
 32. Kryczek I, Wei S, Gong W, Shu X, Szeliga W, Vatan L, Chen L, Wang G, Zou W (2008) Cutting edge: IFN-gamma enables APC to promote memory Th17 and abate Th1 cell development. *J Immunol* 181:5842–5846
 33. Koenen HJ, Smeets RL, Vink PM, van Rijssen E, Boots AM, Joosten I (2008) Human CD25^{high}Foxp3^{pos} regulatory T cells differentiate into IL-17-producing cells. *Blood* 112: 2340–2352
 34. Dong C (2009) Mouse Th17 cells: current understanding of their generation and regulation. *Eur J Immunol* 39:640–644
 35. Korn T, Mitsdoerffer M, Croxford AL, Awasthi A, Dardalhon VA, Galileos G, Vollmar P, Stritesky GL, Kaplan MH, Waisman A, Kuchroo VK, Oukka M (2008) IL-6 controls Th17 immunity in vivo by inhibiting the conversion of conventional T cells into Foxp3⁺ regulatory T cells. *Proc Natl Acad Sci U S A* 105:18460–18465
 36. Yang L, Anderson DE, Baecher-Allan C, Hastings WD, Bettelli E, Oukka M, Kuchroo VK, Hafler DA (2008) IL-21 and TGF-beta are required for differentiation of human T(H)17 cells. *Nature* 454:350–352
 37. Nurieva R, Yang XO, Martinez G, Zhang Y, Panopoulos AD, Ma L, Schluns K, Tian Q, Watowich SS, Jetten AM, Dong C (2007) Essential autocrine regulation by IL-21 in the generation of inflammatory T cells. *Nature* 448:480–483
 38. Parham C, Chirica M, Timans J, Vaisberg E, Travis M, Cheung J, Pflanz S, Zhang R, Singh KP, Vega F, To W, Wagner J, O'Farrell AM, McClanahan T, Zurawski S, Hannum C, Gorman D, Rennick DM, Kastelein RA, de Waal Malefyt R, Moore KW (2002) A receptor for the heterodimeric cytokine IL-23 is composed of IL-12Rbeta1 and a novel cytokine receptor subunit, IL-23R. *J Immunol* 168:5699–5708
 39. Stritesky GL, Yeh N, Kaplan MH (2008) IL-23 promotes maintenance but not commitment to the Th17 lineage. *J Immunol* 181:5948–5955
 40. Cua DJ, Sherlock J, Chen Y, Murphy CA, Joyce B, Seymour B, Lucian L, To W, Kwan S, Churakova T, Zurawski S, Wiekowski M, Lira SA, Gorman D, Kastelein RA, Sedgwick JD (2003) Interleukin-23 rather than interleukin-12 is the critical cytokine for autoimmune inflammation of the brain. *Nature* 421: 744–748
 41. Langrish CL, Chen Y, Blumenschein WM, Mattson J, Basham B, Sedgwick JD, McClanahan T, Kastelein RA, Cua DJ (2005) IL-23 drives a pathogenic T cell population that induces autoimmune inflammation. *J Exp Med* 201:233–240
 42. Murphy CA, Langrish CL, Chen Y, Blumenschein W, McClanahan T, Kastelein RA, Sedgwick JD, Cua DJ (2003) Divergent pro- and antiinflammatory roles for IL-23 and IL-12 in joint autoimmune inflammation. *J Exp Med* 198:1951–1957
 43. Chung Y, Chang SH, Martinez GJ, Yang XO, Nurieva R, Kang HS, Ma L, Watowich SS, Jetten AM, Tian Q, Dong C (2009) Critical regulation of early Th17 cell differentiation by interleukin-1 signaling. *Immunity* 30:576–587
 44. Chen Q, Yang W, Gupta S, Biswas P, Smith P, Bhagat G, Pernis AB (2008) IRF-4-binding protein inhibits interleukin-17 and interleukin-21 production by controlling the activity of IRF-4 transcription factor. *Immunity* 29: 899–911
 45. Acosta-Rodriguez EV, Rivino L, Geginat J, Jarrossay D, Gattorno M, Lanzavecchia A, Sallusto F, Napolitani G (2007) Surface phenotype and antigenic specificity of human interleukin 17-producing T helper memory cells. *Nat Immunol* 8:639–646
 46. Wilson NJ, Boniface K, Chan JR, McKenzie BS, Blumenschein WM, Mattson JD, Basham B, Smith K, Chen T, Morel F, Lecron JC, Kastelein RA, Cua DJ, McClanahan TK, Bowman EP, de Waal Malefyt R (2007) Development, cytokine profile and function of human interleukin 17-producing helper T cells. *Nat Immunol* 8:950–957
 47. Ghoreschi K, Laurence A, Yang XP, Tato CM, McGeachy MJ, Konkel JE, Ramos HL, Wei L, Davidson TS, Bouladoux N, Grainger JR, Chen Q, Kanno Y, Watford WT, Sun HW, Eberl G, Shevach EM, Belkaid Y, Cua DJ, Chen W, O'Shea JJ (2010) Generation of pathogenic T(H)17 cells in the absence of TGF-beta signalling. *Nature* 467:967–971
 48. Manel N, Unutmaz D, Littman DR (2008) The differentiation of human T(H)-17 cells requires transforming growth factor-beta and induction of the nuclear receptor RORgamma. *Nat Immunol* 9:641–649

49. Hebel K, Rudolph M, Kosak B, Chang HD, Butzmann J, Brunner-Weinzierl MC (2011) IL-1beta and TGF-beta act antagonistically in induction and differentially in propagation of human proinflammatory precursor CD4+ T cells. *J Immunol* 187:5627–5635
50. Bettelli E, Carrier Y, Gao W, Korn T, Strom TB, Oukka M, Weiner HL, Kuchroo VK (2006) Reciprocal developmental pathways for the generation of pathogenic effector TH17 and regulatory T cells. *Nature* 441: 235–238