

REVIEW

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Intercellular adhesion molecule-1

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Abstract The intercellular adhesion molecule (ICAM) 1 is an Ig-like cell adhesion molecule expressed by several cell types, including leukocytes and endothelial cells. It can be induced in a cell-specific manner by several cytokines, for example, tumor necrosis factor- α , interleukin-1, and interferon- γ , and inhibited by glucocorticoids. Its ligands are the membrane-bound integrin receptors LFA-1 and Mac-1 on leukocytes, CD43, the soluble molecule fibrinogen, the matrix factor hyaluronan, rhinoviruses, and *Plasmodium falciparum* malaria-infected erythrocytes. ICAM-1 expression is predominantly transcriptionally regulated. The ICAM-1 promoter contains several enhancer elements, among them a novel κ B element which mediates effects of 12-*O*-tetradecanoylphorbol-13-acetate, interleukin-1, lipopolysaccharide, tumor necrosis factor- α , and glucocorticoids. Expression regulation is cell specific and depends on the availability of cytokine/hormone receptors, signal transduction pathways, transcription factors, and posttranscriptional modification. ICAM-1 plays a role in inflammatory processes and in the T-cell mediated host defense system. It functions as a costimulatory molecule on antigen-presenting cells to activate MHC class II restricted T-cells, and on other cell types in association with MHC class I to activate cytotoxic T-cells. ICAM-1 on endothelium plays an important role in migration of (activated) leukocytes to sites of inflammation. ICAM-1 is shed by the cell and detected in plasma as sICAM-1. Regulation and significance of sICAM-1 are as yet unclear, but sICAM-1 is increased in many pathological conditions. ICAM-1 may play a pathogenetic role in rhinovirus infections. Derangement of ICAM-1 expression probably contributes to the clinical manifestations of a variety of diseases, predominantly by interfering with normal immune function. Among these

are malignancies (e.g., melanoma and lymphomas), many inflammatory disorders (e.g., asthma and autoimmune disorders), atherosclerosis, ischemia, certain neurological disorders, and allogeneic organ transplantation. Interference with ICAM-1 leukocyte interaction using mAbs, soluble ICAM-1, antisense ICAM-1 RNA, and in the case of melanoma mAb-coupled immunotoxin, may offer therapeutic possibilities in the future. Integration of knowledge concerning membrane-bound and soluble ICAM-1 into a single functional system is likely to contribute to elucidating the immunoregulatory function of ICAM-1 and its pathophysiological significance in various disease entities.

Key words Adhesion · Intercellular adhesion molecule-1 · Inflammation · Malignancy

Abbreviations *ICAM* Intercellular adhesion molecule · *IFN* Interferon · *IL* Interleukin · *LFA* Leukocyte function associated antigen · *mAb* Monoclonal antibody · *mICAM-1* Membrane-bound ICAM-1 · *NF* Nuclear factor · *NHL* Non-Hodgkin lymphoma · *RAR* Retinoic acid receptor · *sICAM-1* Soluble ICAM-1 · *TNF* Tumor necrosis factor · *TPA* 12-*O*-Tetradecanoylphorbol-13-acetate

Introduction

Adhesion molecules allow cells to adhere to other cells or to extracellular matrix molecules [1–4]. Adhesion processes are required for cells to interact and to migrate to their place of destination. They play a role in many biological processes, as diverse as embryonal development (cellular interaction and migration), immunology (migration and activation of leukocytes), and hematopoiesis (differentiation of hematopoietic cells). With respect to a function in immunology, three important groups of cell adhesion molecules have been described [3].

– *Immunoglobulinlike cell adhesion molecules* (ICAMs), among which ICAM-1 (CD54), ICAM-2 [5], and ICAM-

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3 (CD50) [6–8], neural cell adhesion molecule (NCAM) [9], vascular cell adhesion molecule (VCAM) [10], and platelet/endothelial cell adhesion molecule (PECAM) [11]. ICAM-R [8] is identical to ICAM-3. ICAM-1, -2, and -3 are closely related and bind the same integrin receptor, i.e. leukocyte function associated antigen (LFA) 1 [12].

– *Integrins* consist of an α and a β chain. Several subfamilies exist, each characterized by a different β chain [13]. These mediate cell-cell and cell-matrix interactions and transduce signals into the cell. The avidity for their ligands can be regulated. Among the integrins are two receptors for ICAM-1, i.e. LFA-1 (CD11a/CD18) and Mac-1 (CD11b/CD18), which belong to the β_2 subfamily [3].

– *Selectins* (P, E, and L selectin) are expressed by leukocytes and endothelial cells. These mediate relatively loose contacts between leukocytes and endothelial cells, resulting in “rolling” of leukocytes over the endothelium (see “Function”).

The diversity of cell adhesion molecules and the individual regulation of their expression and affinity for the respective ligands indicate that they act in intricate interplay to perform the above functions. This review focuses on ICAM-1, which is indispensable for normal functioning of the immune system [14–20]. Consequently derangement of ICAM-1 expression has been shown to be associated with a variety of disorders, and modulation of ICAM-1 expression or accessibility may provide a potential new target for therapeutic intervention in these diseases.

Structure and ligand binding

Structure

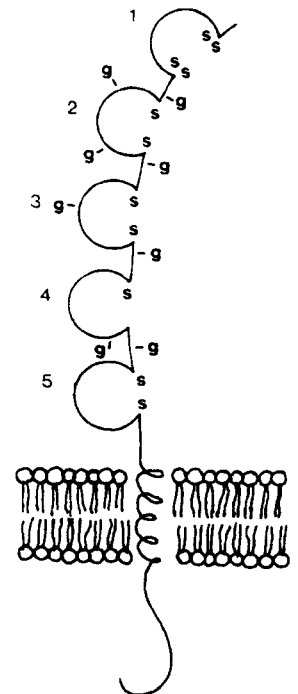
ICAM-1 is a transmembrane glycoprotein which belongs to the Ig supergene family and contains five Ig-like domains, similar to ICAM-3 [6, 7], while ICAM-2 has only two Ig-like domains [5]. The murine [21], rat [22], and canine [23] counterparts of human ICAM-1 have also been cloned and cDNA sequences show limited homology to the human sequence (55–65%). The human ICAM-1 gene consists of seven exons separated by six introns. Each of the five Ig-like domains is encoded by a separate exon [24]. The ICAM-1 protein consists of 505 amino acids. The Ig-like domains are formed by 453 predominantly hydrophobic amino acids, followed by a hydrophobic transmembrane domain (24 residues) and a charged cytoplasmic tail (28 residues) [25]. ICAM-1 is differentially glycosylated depending on cell type, giving rise to a molecular weight between 80 and 114 kDa [14, 15, 25]. Deglycosylation of ICAM-1 results in a protein of 60 kDa [14]. The Ig-like domains probably have a β sheet structure, which is stabilized by disulfide bridges between highly conserved cysteine residues in the B and F β strands of the first, second, third, and fifth domains [23, 26]. An exception is the fourth domain where the

cysteine in the F β strand is replaced by the hydrophobic amino acid leucine, which has been suggested to stabilize the β sheet [25]. In addition, two cysteines in the flanking E and G β strands of this domain [25] may substitute for the missing cysteine residue in the F β strand. The extracellular region of ICAM-1 forms a hinged rod with a length of approximately 19 nm and width of 2–3 nm, suggesting an end-to-end alignment of Ig domains [26, 27] (Fig. 1). Unlike the usual ligands for receptors of the integrin family, ICAM-1 does not contain a calcium-binding RGD (Arg-Gly-Asp) sequence, suggesting that its conformation is not dependent on the presence of calcium [26, 28]. The presence of free cysteine residues located close to the membrane [25] may allow formation of intermolecular disulfide bonds, suggesting the possibility that ICAM-1 also exists as a dimer.

Connection with the cytoskeleton

ICAM-1 can be distributed in the membrane in a polarized fashion [16, 29–31] and has been shown to associate and colocalize with the cytoskeleton-binding protein α -actinin [29]. Amino acids in the cytoplasmic domain which are likely to mediate contact with α -actinin are well conserved between species, suggesting that they serve an important function [23]. Connections with the cytoskeleton determine cell surface distribution of ICAM-1 and recruitment to points of interaction with other cells. This is likely to be important for optimizing and stabilizing intercellular interactions and is illustrated by the finding that contact between ICAM-1 on T- and LFA-1 on B-lymphocytes results in clustering of ICAM-

Fig. 1 Proposed structure of ICAM-1. ICAM-1 consists of a series of five Ig-like domains (1–5), a transmembrane domain, and a cytoplasmic tail. Each Ig domain contains 90–100 amino acids consisting of two sheets of antiparallel β strands. Cysteines in B and F β strands (s, sulphur atom) form disulfide bands, except for the fourth domain, which may be stabilized by hydrophobic amino acids or α disulfide band with α cysteine in flanking β strands. g, Eight N-linked glycosylation sites. The tertiary structure shows a slightly bent rodlike structure of 18.7 nm and ellipsoid Ig-like domains, extending 4 nm parallel to the β strand and 2.5 nm in the two perpendicular dimensions [25, 26]



1 on the area of cell-cell contact [32]. In addition, clustering of ICAM-1 on endothelial cell projections is required for binding the soluble ligand fibrinogen (see "Regulation of ligand binding") [33]. An interesting possibility associated with clustering of ICAM-1 is facilitation of outside-in signaling (see "Function").

Ligand binding

Both cell-associated and soluble ligands of ICAM-1 have been described. ICAM-1 binds to two integrins belonging to the β_2 subfamily, i.e., CD11a/CD18 (LFA-1) and CD11b/CD18 (Mac-1), both expressed by leukocytes [28, 34–36]. Another less well characterized membrane receptor for ICAM-1 is CD43 (sialophorin) which is abundantly expressed by leukocytes and platelets [37, 38]. However, it is unclear to what extent CD43 contributes to ICAM-1 mediated adhesion [39]. The aminoterminal first Ig-like domain of ICAM-1 is responsible for binding to LFA-1 [26]. However, accessibility of this epitope may depend on an additional (glycosylated) epitope on Ig-like domains 4 and 5 [25, 40, 41]. On LFA-1 the ICAM-1-binding site is located on domain 5 and 6 of the CD11a subunit [42]. The third Ig-like domain of ICAM-1 mediates binding to Mac-1 [35]. However, only a subpopulation of Mac-1 binds effectively to ICAM-1 [36]. The structure of ICAM-1 probably allows both LFA-1 and Mac-1 to bind to ICAM-1 simultaneously [25].

In addition to promoting cell-cell adhesion ICAM-1 also serves as receptor for soluble fibrinogen and for the extracellular matrix factor hyaluronan [43, 44]. The fibrinogen-binding domain seems to be at least partially located in the first aminoterminal domain of ICAM-1, as determined by inhibition of binding by monoclonal antibodies, but is distinct from the LFA-1-binding epitope [43, 45, 46]. On fibrinogen the ICAM-1 binding site is located on the γ chain [45].

Human ICAM-1 also functions as receptor for the major group of rhinoviruses [47–49] and for the coxsackie A13 virus [50]. The binding domain partially overlaps with the binding site for LFA-1 [26, 27]. One additional epitope within the first aminoterminal Ig-like domain of human ICAM-1 has been characterized as the binding site of *Plasmodium falciparum* infected erythrocytes [51–53].

Of the various epitopes only the LFA-1-binding site appears to be highly conserved between species, pointing to LFA-1 as the most important ligand in vivo [23, 26, 53].

Regulation of ligand binding

LFA-1 and Mac-1 need to be activated to expose a high affinity ICAM-1 binding epitope, and binding to ICAM-1 is dependent on the presence of divalent cations [18, 28, 36, 54]. The change of LFA-1 into a high avidity

state for ICAM-1 is induced by binding to ICAM-1, cross-linking of the T-cell receptor, activation of protein kinase C or increased intracellular calcium concentration, and inhibited by cAMP [18, 55–57]. In addition, activation of either ICAM-3 or CD45 (leukocyte common antigen) on leukocytes enhances LFA-1-avidity for ICAM-1 [58, 59]. The change in avidity is probably mediated by phosphorylation of the cytoplasmic domain of the β chain, resulting in a conformational change in the extracellular part of the LFA-1 molecule [55]. Interestingly, binding of LFA-1 to ICAM-2 and ICAM-3 requires similar activation of LFA-1 [12, 39], suggesting common or overlapping mechanisms to regulate interaction between this integrin and the different ICAMs.

Fibrinogen–ICAM-1 binding requires the presence of divalent cations [43], which probably induce the proper binding conformation of fibrinogen. Interestingly, fibrinogen adhered exclusively to ICAM-1 clustered on cell projections of endothelial cells and was inhibited in a reversible manner by protein kinase C mediated redistribution of F-actin [33]. We hypothesized that binding of fibrinogen to ICAM-1 may require a double adhesive bond between the two ICAM-1-binding sites on the dimeric fibrinogen molecule and two cytoskeleton-bound ICAM-1 molecules on the endothelial cell, suggesting a minimal "threshold" density of ICAM-1 to ensure fibrinogen binding.

Whether affinity of ligand-binding domains on the ICAM-1 molecule can be modified remains to be established. Cell-specific differences in carbohydrate content of ICAM-1 suggest glycosylation as a possible mechanism for affinity regulation [14]. Posttranslational modification of ICAM-1 induced by superoxide and platelet-activating factor may involve such a mechanism [60, 61]. N-Linked glycosylation has been reported to reduce the affinity of ICAM-1 for Mac-1, presumably by shielding the ligand binding epitope [35]. In contrast, glycosylation of ICAM-1 seems to have no effect on binding of LFA-1, rhinovirus, or malaria-infected erythrocytes [35, 62]. In endothelial cells tumor necrosis factor (TNF) α induces an increase in sialic acid residues on ICAM-1 [63], which may influence affinity of binding epitopes by conferring a negative charge. However, removal of sialic acid residues from ICAM-1 has been found not to influence binding to LFA-1 and Mac-1 [35]. An alternative possibility which remains to be explored is whether association of ICAM-1 with cytoskeletal proteins such as α -actinin [29] induces changes in ICAM-1 conformation and ligand affinity.

Expression regulation

Immunohistochemical studies have revealed ICAM-1 expression on endothelial and epithelial cells, macrophages, fibroblast-like cells, and dendritic cells in human thymus, lymph nodes, intestine, skin, kidney, and liver [14]. On hemopoietic cells ICAM-1 is expressed on bone marrow progenitors [64], on cells from the lymphoid lin-

Table 1 Stimulatory and inhibitory factors regulate ICAM-1 expression in a cell type specific manner. The indicated cell type can be either a primary culture or a cell line. (A Acute myeloid leukemia blast cells, AC adenocarcinoma, BL B-lymphocyte, E endothelial, EI endocrine islet, EO eosinophil, EP epithelial, F fibroblast, G glioma/glioblastoma, H hepatocyte, K keratinocyte, M monocyte, MA mast cell, ME melanoma, MP macrophage; N neuronal/neuroblastoma, S sarcoma, SM smooth muscle, T thyroid/thyroid carcinoma, TC teratocarcinoma)

ICAM-1 inducing factors

Tumor necrosis factor- α	AC [71], E [72-75], EI [76], EP [77-79], F [14, 80], H [81], K [82], M [69, 70], N [83], S [71], SM [84, 85], T [86]
Interferon- γ	AC [71], E [73, 87], EO [88], EP [77, 89], F [14, 90], H [81], M [69, 70, 91], EI [76], EP [77, 79, 89], S [71], T [86]
Interleukin-1	AC [71], E [72, 87], EP [78], F [14], H [81], M [92], S [71]
Interleukin-3	EO [93, 94]
Interleukin-4	BL [95], F [90], M [92], MA [96]
Interleukin-5	EO [93, 94]
Interleukin-6	E [81, 97], H [81]
Thrombin	E [98, 99]
Endothelin 1-3	E [100]
Platelet-derived growth factor	SM [101]
Substance-P	E [102]
GM-CSF	EO [93, 94], A [103]
Retinoic acid	F [104], G [104-106], ME [107], N [106, 108], T [86], TC [106, 109]
Estradiol	E [110]
Cytomegalovirus	EP [89, 111]
Parainfluenza virus	EP [112]
Shear stress	E [113, 114]
Ultraviolet A	E [115]
12-O-Tetradecanoylphorbol-13-acetate	E [72, 75, 116], EO [88], EP [79], M [117], MP [117]
cAMP	G [105]
Lipopolysaccharide	E [72], EP [77]
Histamine	EP [118], K [82]
Oxidized low-density lipoprotein	E [119, 120]
Metal ions (Ni ²⁺ and Co ²⁺)	E [121]
IgM cross-linking	BL [95]
H ₂ O ₂	E [122]
ICAM-1 inhibitory factors	
Interleukin-4	E [123]
Interleukin-10	M [91]
Transforming growth factor- β	F [104]
Glucocorticoids	AC [71], EP [117], F [80], E [124], EO [125], M [117], MP [117]
Nicotinamide	E [126], T [127]
Uncharacterized serum protein	M [69, 70, 128]

age, and on cells from the myeloid lineage up to myelocyte and erythroblast stage, while ICAM-1 remains expressed in the monocytic lineage [14, 16, 17, 65-70]. On other cell types which do not constitutively express ICAM-1, the expression of ICAM-1 can be induced. Many agents have been described to up- or downregulate ICAM-1 expression, including cytokines, steroid hormones, and physical factors (Table 1). TNF α , interferon (IFN) γ and interleukin (IL) 1 are the most universal in-

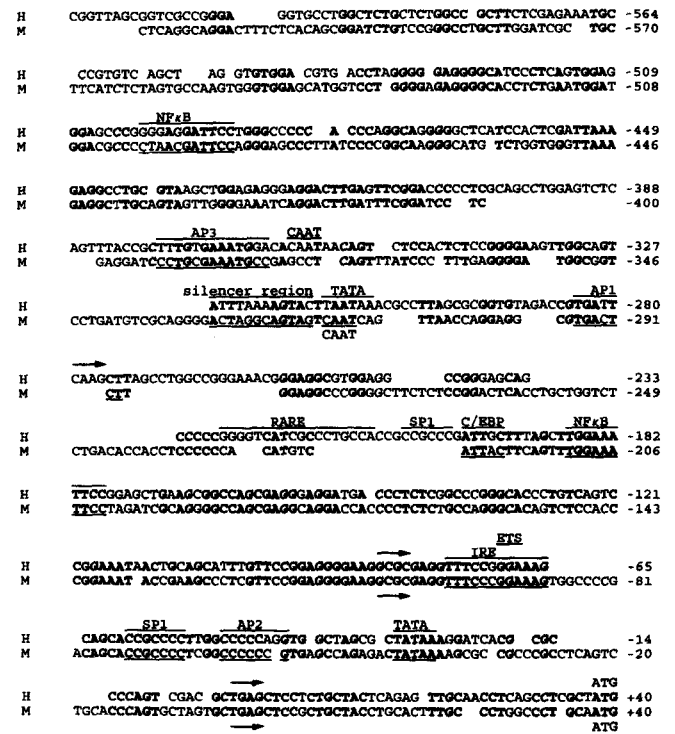


Fig. 2 The 5' promoter region of the human (H) and mouse (M) ICAM-1 gene. **Bold**, homologous nucleotides; line over H, (M), (putative) enhancer sequences of the respective sequence: **arrows**, transcription initiation sites. ATG indicates start 1st exon

ducers of ICAM-1, while glucocorticoids may prove to be the most important inhibitory agents [117, 129].

Regulation of ICAM-1 expression occurs in a cell-specific way [73, 130-132] and depends on availability of specific receptors for extracellular signals, activity of signal transduction pathways, and availability of required transcription factors. This is illustrated by observed differences in ICAM-1 promoter activity between cell types, even between cell lines derived from the same cell type [24, 132-134]. Similarly, not all endothelial and epithelial cell types express ICAM-1 in vivo, for example, portal veins and arteries in the liver [14] and gastric epithelial cells [135]. Differences in posttranscriptional machinery and activity of glycosylation enzymes add further to the cell specificity of ICAM-1 protein expression. This suggests that results obtained in cell lines and in primary cultures, such as human umbilical vein endothelial cells and monocytes, should be extrapolated to the in vivo situation only with caution [69, 70, 131].

Signal transduction pathways involved

Intracellular signal transduction pathways involved in regulation of ICAM-1 expression function in a cell type specific way. These include the intracellular second messengers protein kinase C [136], cAMP, [105, 137], Ca²⁺ [138], phospholipase A₂ [101], and the proteasome

Table 2 NF κ B transcription factor complexes from several stimulated cell lines which have been shown to bind to the κ B enhancer in the ICAM-1 promoter. Cell lines: *Hep G2* human hepatoma, *Mel Juso* human melanoma, *THP-1* human monocytic, *HUVEC* human umbilical vein endothelial cells

Cell line	Stimulatory factor	NF κ B complexes	Reference
THP-1	TNF α	NF κ B1/RelA ^b RelA ^b	
Hep G2	TNF α	NF κ B1/RelA RelA/RelA	[150]
Mel Juso	TNF α	NF κ B1/RelA RelA/c-Rel	[151]
THP-1	Lipopolysaccharide	RelA/c-Rel or RelA/RelA ^a	[160]
HUVEC	IL1 β	NF κ B1/RelA RelA/c-Rel or RelA/RelA ^a	[160]
HUVEC	TNF α	NF κ B1/RelA RelA/RelA	[157]

^a Nature of the complexes has not been confirmed by antibody-induced supershift in EMSA

^b Wissink S, Stolpe A van de, Caldenhoven E, Saag P van der, unpublished results

[139]. Of the many known protein kinase C isotypes, protein kinase C α has been shown to mediate 12-*O*-tetradecanoylphorbol-13-acetate (TPA) induced ICAM-1 expression in A549 cells [136]. cGMP [140] and tyrosin kinase(s) may play a role in downregulation of ICAM-1 expression [141]. For many ICAM-1 inducing cytokines the involved signal transduction pathways have not been identified, for example, TNF α [116, 142].

Transcriptional regulation

Expression of ICAM-1 is regulated predominantly at transcriptional level. Northern blots detect two ICAM-1 mRNA bands, one of 3.3–3.5 kb and a smaller less abundant one of around 1.9 kb [24, 25, 117]; the significance of the two transcripts is unknown. They do not give rise to different ICAM-1 proteins, and their regulation is tightly coupled (our unpublished results) and not the result of alternative splicing or differential use of transcription initiation sites [24].

The 5' region flanking the human ICAM-1 gene has been characterized by several groups and contains a variety of putative regulatory enhancer elements, in addition to two TATA boxes and three transcription initiation sites, suggesting complex transcription regulation [24, 143–145]. The transcription initiation sites may be used differentially depending on cell type and stimulus [24]. In addition, the first intron has been sequenced and found to contain several other putative enhancer elements, among which two κ B-like elements (at +237 GGGGATTGCC and +773 GGGGAAGTCC) and an Sp1 sequence (at +458 GGGCGG) [143]. Comparison between mouse [146] and human ICAM-1 5' promoter regions reveals areas of high homology, which are likely to harbor sequences of interest for regulation of ICAM-1 transcription (Fig. 2).

Enhancer sequences in the ICAM-1 promoter

Sp1 sites [147] probably regulate constitutive ICAM-1 transcription and elimination of the Sp1 site at –59 re-

sulted in a significant drop in basal promoter activity ([129] and our unpublished results).

The AP1-like enhancer sequence plays a role in TPA- and TNF α -induced ICAM-1 transcription and is not identical to the consensus AP1 sequence [148], which is reflected in different binding characteristics towards members of the AP1 transcription factor family [129]. At least in some cell types this sequence appears to be coupled functionally to the distal TATA box and to initiate TPA-induced transcription through the second transcription initiation site, located close to this TATA box at –279 [24, 129].

IL6 and IFN γ regulate ICAM-1 transcription through a shared palindromic sequence, designated pIRE. Both IL6 and IFN γ induce binding of the same transcription factor, probably related to p91 signal transducer and activator of transcription 1 (STAT-1 or INF γ -activating factor), while in addition IL6 induces binding of signal transducer and activator of transcription 3 (STAT-3) to this sequence [134, 149–152].

The retinoic acid response element has been shown to be transactivated by the retinoic acid receptor (RAR) β but not by receptor isotypes RAR α or RAR γ [108]. However, at least for RAR α , heterodimer formation with a member of the related retinoid X receptor family may be required to bind and transactivate the retinoic acid response element in the ICAM-1 promoter [107]. Interestingly, retinoic acid has also been shown to inhibit IFN γ -induced ICAM-1 transcription in monocytic cells; the mechanism behind this effect remains to be elucidated [153].

A shear stress response element is also present in the ICAM-1 promoter [154]. Although its functionality has not been demonstrated directly, this element could mediate the stimulatory effect of shear stress on ICAM-1 expression [113, 114]. Recently the AP2-like site was shown to mediate the stimulatory effect of ultraviolet A, but not ultraviolet B, on ICAM-1 transcription [155].

The κ B enhancer in the ICAM-1 promoter (ICAM- κ B) conveys responsiveness to TPA, TNF α , IL1, and lipopolysaccharide and probably represents the most important transcription-regulatory element in the ICAM-1

promoter [129, 156, 157]. It deviates from the consensus κ B sequence [158, 159] and binds a transcription factor complex of RelA homodimers or RelA/c-Rel heterodimers in addition to the conventional nuclear factor (NF) κ B transcription factor (NFKB1-RelA; Table 2; [129, 150, 151, 157, 160] and our unpublished results). Recently the proteasome, which is a protease involved in activation of NF κ B, was shown to be essential for TNF α -mediated ICAM-1 expression in endothelial cells [139], providing evidence for a role of NF κ B in regulation of ICAM-1 expression in vivo. One might speculate that in vivo TNF α -induced regulation of ICAM-1 transcription is determined predominantly by binding of RelA homodimers (or RelA/c-Rel heterodimers) to the κ B element, since the affinity of ICAM- κ B for NFKB1/RelA is probably too low to compete in vivo with more "classic" NFKB1/RelA binding enhancer sequences, for example, in the human immunodeficiency virus long terminal repeat, the MHC class I gene, and the I κ light-chain enhancer [158].

In view of a number of interactions reported between members of the NF κ B transcription factor family and other transcription factor families [161–163], it seems likely that different κ B/Rel proteins involved in ICAM-1 transcription are part of a regulatory network, mediating cell-specific synergistic and inhibitory interactions with other cytokines/hormones. Indeed, the glucocorticoid receptor physically interacts specifically with the RelA subunit of the NF κ B complex, causing inactivation of this transcription factor [129, 164–166]. The inhibitory effect of glucocorticoids on ICAM-1 transcription thus depends on the presence of RelA in the transactivating NF κ B complex [165]. Similar interactions between members of the κ B/Rel family and other steroid receptors have not been described. However, in vitro the progesterone receptor has been shown to repress, and RAR α to enhance transactivation of ICAM- κ B [165].

AP1 proteins c-Fos and c-Jun have been described to act synergistically with NF κ B to transactivate a κ B enhancer element or an AP1 site [161]. With respect to ICAM- κ B we similarly found a synergistic effect between c-Jun and RelA, but not between c-Fos and RelA (E. Caldenhoven and P. T. van der Saag, unpublished results). A reciprocal synergistic effect on the AP1-like site in the ICAM-1 promoter is unlikely since c-Fos and c-Jun do not bind to this nonconsensus enhancer [129].

The C/EBP (NF-IL6) family of transcription factors is activated by inflammatory cytokines and may interact with κ B/Rel proteins [162, 167]. A C/EBP binding site has been identified in the ICAM-1 promoter close to the ICAM- κ B site and participates in TNF α -induced transcription [150]. This suggests the possibility of synergistic interaction, despite the position of the C/EBP site on the opposite DNA strand.

Cooperative interaction between NF κ B and Sp1 is dependent on close association of enhancer sites [163], as is the case on the ICAM-1 promoter. However, it remains to be determined whether functional interaction plays a role in ICAM-1 transcription.

The relevance of interactions between members of the κ B/Rel family and other transcription factor families for regulation of ICAM-1 transcription remains to be established. Such a network of interactions conceivably adds much to the already complex regulation of ICAM-1 expression in vivo and may provide clues to explain cell-specific regulation. In the future, additional enhancer sequences are likely to be identified in the ICAM-1 promoter, especially in evolutionary conserved regions and in the first intron.

Posttranscriptional regulation

While transcriptional regulation probably accounts for most regulatory effects on ICAM-1 expression, TPA and IFN γ may also upregulate ICAM-1 expression by stabilizing mRNA [75]. This mechanism may be particularly relevant in cells that constitutively express low ICAM-1 levels due to a short half-life of mRNA, for example, endothelial cells. The 3' untranslated region of ICAM-1 mRNA contains multiple destabilizing AUUUA sequences, which act as target for the mRNA-stabilizing effect of TPA [168, 169]. Surprisingly, IFN γ stabilizes ICAM-1 mRNA through a "response element" located in the region encoding the cytoplasmic domain of ICAM-1 [169].

The extremely rapid increase in ICAM-1 dependent leukocyte adhesion to endothelial cells by factors such as leukotriene B₄ [170], thrombin [98], platelet activating factor [60], and the nitric oxide inhibitor N^G-nitro-L-arginine methyl ester [60] occurs without a measurable increase in ICAM-1 expression and may therefore be due to rapid posttranslational modification of ICAM-1, for example, changes in glycosylation associated with increased ligand binding (see "Regulation of ligand binding") [60, 61, 171].

Yet another way to regulate availability of ICAM-1 on the cell surface may be proteolytic cleavage, resulting in release of the extracellular part of ICAM-1 as soluble ICAM-1 (see "Soluble ICAM-1").

Function

Mice, in which the gene coding for ICAM-1 is inactivated by homologous recombination in embryonal stem cells and crossing of heterozygotic animals, develop normally and are viable. However, blood neutrophil counts are increased [20] while activation and migration of leukocytes to places of inflammation are reduced, resulting in a deficient inflammatory reaction [19]. On the other hand, the absence of ICAM-1 seems to protect mice against lethal septic shock induced by bacterial lipopolysaccharide by reducing leukocyte-endothelial cell interaction [20]. In thymic organ culture ICAM-1 was found to be required for normal T-lymphocyte maturation [172], but this was not confirmed in ICAM-1 knock-out mice [136]. However, together, these experiments suggest an important immunological function for

ICAM-1, as well as a pathophysiological role in septic shock.

The basic function of ICAM-1 is the induction of specific and reversible cell-cell adhesion, resulting in intercellular communication. Adhesion can be modulated by changes in both affinity and expression of ICAM-1 and its counter-receptor. For example, short-term adhesive interactions between cytotoxic T-cells and target cells probably depend on changes in avidity of LFA-1 and Mac-1 for ICAM-1 [18, 36, 54] (see "T-Lymphocyte activation"). On the other hand, changes in ICAM-1 expression are more likely to contribute to relatively long-term adhesion processes, for example, adhesion of leukocytes to endothelial cells (see "Leukocyte-endothelial cell interaction").

In addition to the adhesive function of ICAM-1, outside-in signaling through ICAM-1 has been studied by cross-linking ICAM-1 on the cell surface using monoclonal antibodies (mAbs). This may lead to inhibition of cytokine release (e.g., $\text{IFN}\gamma$, $\text{TNF}\alpha$, and IL1) from activated lymphocytes [173] and induction of an oxidative burst in monocytes [174]. In brain endothelial cells activation of the kinase pp60^{src} has been described upon ICAM-1 cross-linking, which is associated with phosphorylation of several target proteins, among which the cytoskeleton-binding protein cortactin [175]. Co-cross-linking of membrane IgM and ICAM-1 on Burkitt lymphoma cells interfered with calcium mobilization, induced by cross-linking of IgM alone [176]. Thus, evidence has accumulated that following cell-cell adhesion ICAM-1 itself may have a signaling function. With regard to this, it is interesting that ICAM-3 has similarly been shown to transduce signals into the cell and to induce changes in intracellular calcium levels and tyrosine phosphorylation [177–179].

T-Lymphocyte activation

Interaction between ICAM-1 and its counter-receptor LFA-1 plays a role in T-cell mediated host defense mechanisms and in generating an inflammatory response [3]. Within the immune system ICAM-1 is expressed on cells of the monocyte-macrophage lineage [14, 16, 69, 70], on B-lymphocytes [65] and plasma cells [68] and on both memory and activated T-lymphocytes [14, 16, 17, 66]. Activated lymphocytes demonstrate enhanced ICAM-1 expression.

Antigen-presenting cells, such as macrophages and a subset of B-lymphocytes, express ICAM-1 in association with MHC class II-antigen complex, to activate CD4-positive helper T-cells [180, 181]. Indeed, cotransfection of ICAM-1 and HLA-DR7 results in effective antigen presentation and MHC class II restricted T-cell activation [180, 182]. In cell-mediated cytotoxicity ICAM-1 plays a costimulatory role in activation of non-MHC-restricted killer cells [183, 184] and of MHC class I restricted CD8-positive cytotoxic T-lymphocytes [185–187].

Leukocyte-endothelial cell interaction

Weak transient interactions between leukocytes and cytokine-activated endothelium are mediated by members of the selectin family and result in "rolling" of leukocytes along the endothelium. Subsequent interaction between leukocyte integrins and ICAM-1 on activated endothelial cells consolidates binding and promotes spreading and locomotion of adhering cells [1, 30, 92, 188]. The Ig-like adhesion molecule platelet/endothelial cell adhesion molecule (CD31) probably plays a role in subsequent extravasation [189, 190]. Fibrinogen may enhance leukocyte adhesion and migration by functioning as a bridging molecule between Mac-1 (and possibly ICAM-1) on the leukocyte and ICAM-1 on the endothelial cell [43, 45]. The relevance of ICAM-1 for adhesion and migration of leukocytes has been convincingly demonstrated by several studies employing mAbs to ICAM-1 or antisense ICAM-1 RNA, in which leukocyte adhesion is inhibited [46, 191–193]. Interaction between adhering monocytes and endothelial cells may result in local release of ICAM-1 inducing cytokines such as $\text{TNF}\alpha$ and the production of tissue factor [194–196] and of chemotactic substances such as macrophage-inhibitory protein 1 α [197]. Initiation of the extrinsic coagulation pathway may lead to conversion of ICAM-1 bound fibrinogen into fibrin [33], providing a potential role for ICAM-1 in hemostasis and thrombosis.

Effects on cell differentiation

A role for ICAM-1 in myeloid cell lineage differentiation has been suggested because in a mouse model ICAM-1 was rapidly and transiently expressed following differentiation-induction of myeloblasts or normal myeloid progenitor cells [198]. However, ICAM-1 seems not to be involved in the interaction of progenitor cells with bone marrow stroma, which plays an important role in differentiation [199]. A role of ICAM-1 has also been postulated in terminal megakaryocyte differentiation [200], osteoclast development [201], and prevention of apoptosis in adhering B-lymphocytes [202].

Contributions of ICAM-2 and ICAM-3 to the immune response

LFA-1 is the common ligand for ICAM-1, ICAM-2, and ICAM-3 [12], which all contribute to the immune response by providing a costimulatory signal for T-cell proliferation [39]. Specificity of LFA-1-ICAM interaction is likely to be determined by differences in cellular expression level between the ICAMs and in their affinity for LFA-1, as ICAM-1 exhibits highest and ICAM-3 lowest affinity [12, 39]. While ICAM-1 is strongly expressed by activated lymphocytes and endothelial cells, ICAM-3 is the most abundant ICAM on resting monocytes and lymphocytes, and ICAM-2 is constitutively

(and noninducably) expressed by resting endothelial cells [6–8]. This suggests a role for ICAM-2 and ICAM-3 in early recruitment of leukocytes during initiation of the immune response, before ICAM-1 expression is up-regulated. In addition, ICAM-2 on endothelial cells has been suggested to take part in the recirculation of resting lymphocytes [203]. In view of the restricted expression pattern of ICAM-3 (antigen-presenting cells) and ICAM-2 (antigen-presenting cells and endothelial cells), MHC class I-restricted T cell cytotoxicity remains the sole domain of ICAM-1.

Soluble ICAM-1

A soluble form of ICAM-1 (sICAM-1) is present in plasma, as well as in cerebrospinal fluid [204] and sputum [205]. Mononuclear cells, endothelial cells, keratinocytes, hepatocytes, and melanoma cells represent sources of sICAM-1 [206–211]. The molecular weight of sICAM-1 has been found to be similar to recombinant sICAM-1 (comprising the extracellular part of ICAM-1), and lower compared to the membrane-bound form [206, 210], suggesting that the circulating form of ICAM-1 consists of most of the extracellular part of ICAM-1. Several circulating isoforms of sICAM-1 have been detected (240, 430, and >500 kDa), suggesting that sICAM-1 circulates in complexed form, either with itself or with other proteins [206, 212]. In addition, cell-type dependent ICAM-1 glycosylation may contribute to variations in molecular weight. The origin of sICAM-1 remains to be elucidated. Most likely it is split off from the membrane by proteolytic cleavage. Alternatively, it represents a splice variant of ICAM-1, lacking the membrane and intracellular part; however, no corresponding mRNA has been observed.

sICAM-1 concentrations in supernatant of human umbilical vein endothelial cells correlated with membrane expression [209]. On the other hand, cytokines (IL1, TNF α , IFN γ , but not IL6) induced increased shedding of sICAM-1 from melanoma cells [207] and keratinocytes [208]. Thus sICAM-1 levels do not necessarily reflect the extent of membrane expression and may be independently regulated.

The function of sICAM-1 has been studied using recombinant sICAM-1. sICAM-1 has been shown to bind to LFA-1 only when immobilized on a solid phase and not in circulating monomeric form [62, 213, 214]. In contrast, sICAM-1 has been reported to inhibit adhesion of monocytic cells to purified ICAM-1 [213], and sICAM-1 from a human umbilical vein endothelial cell culture interfered with the function of membrane-associated ICAM-1 [209]. Whether sICAM-1 is able to bind LFA-1 in vivo probably depends on its form, that is, either complexed as multimers or with other proteins, or as free monomers. In addition to a possible interaction with LFA-1, sICAM-1 inhibits cellular infection by a “major group” rhinovirus (HRV54) and coxsackie A13 virus, which both use ICAM-1 as their membrane receptor [50], and inhibits replication of “major group” rhovi-

ruses [62, 215]. Also, monomeric sICAM-1 fragments containing only the first two N-terminal domains (non-glycosylated) are able to bind to malaria-infected erythrocytes [62]. An interesting possibility is that binding of sICAM-1 to its integrin ligands induces signal transduction by the respective integrin, resulting in a functional change of the leukocyte [197, 216].

Circulating sICAM-1 can be detected by an immunodot/blot method [212] or sandwich enzyme-linked immunosorbent assay [206]. Serum levels lie around 200 ng/ml, as measured by enzyme-linked immunosorbent assay techniques [217]. It must be kept in mind that local increases in shed ICAM-1, as in melanoma (see “Melanoma”), are not necessarily reflected in elevated serum levels of sICAM-1. In the noninflammatory state when integrin receptors for ICAM-1 are not activated, serum sICAM-1 may simply reflect the amount of membrane-associated molecule. Alternatively, in inflammatory conditions sICAM-1 and membrane-bound ICAM-1 (mICAM-1) may be differentially regulated, and sICAM-1 may compete with membrane-bound ICAM-1 for binding to activated LFA-1 and Mac-1 integrins. This may give rise to an inverse relationship between circulating sICAM-1 level and general activation of the immune system. Indeed, in *P. falciparum* malaria increased sICAM-1 concentrations are inversely correlated with the level of LFA-1 expression on lymphocytes [218], and low sICAM-1 levels have been reported in patients with acute stroke and are thought to be related to the presence of leukocytes with increased activated CD18 integrins on their surface [219].

Many studies have reported associations between elevated circulating sICAM-1 levels and disorders of inflammatory or malignant origin. Serum levels are elevated in patients with leukocyte adhesion deficiency who lack the β_2 integrin chain [206], due either to increased ICAM-1 expression associated with chronic infection or to the absence of functional LFA-1 and Mac-1 molecules to bind sICAM-1. sICAM-1 may also be elevated in patients with renal failure [220], various malignancies (non-Hodgkin lymphoma, melanoma, ovarian and breast carcinomas, gastrointestinal tumors, renal and bladder carcinoma) [217, 221], acute infectious mononucleosis [222], acute *P. falciparum* malaria [218, 223], autoimmune and viral hepatitis and alcoholic cirrhosis [211, 224], idiopathic pulmonary fibrosis [225], extrinsic allergic alveolitis [226], systemic lupus erythematosus [227], diabetes [220], and active multiple sclerosis [204, 228], in whom elevated levels have also been found in cerebrospinal fluid [204]. Increased serum and sputum levels are reported during attacks of bronchial asthma [205, 229, 230]. Increased sICAM-1 concentrations in bronchial alveolar lavage fluid have been reported in patients with chronic obstructive pulmonary disease, chronic bronchitis and sarcoidosis, probably reflecting increased ICAM-1 expression by cells present in the upper airways [225, 231, 232].

Pathophysiology

As receptor for rhinoviruses and malaria-infected erythrocytes, and in view of its important functions in the immune system, (deranged) ICAM-1 expression is likely to play a role in disease. Increased ICAM-1 expression has been implicated in a variety of disorders characterized by local or generalized inflammation. However, ICAM-1 by itself probably does not elicit an inflammatory response [233] and more likely functions as an inflammation-enhancing molecule.

On malignant cells both increased and decreased ICAM-1 expression has been reported, possibly due to dedifferentiation, or secondary to (autocrine or paracrine) release of ICAM-1 regulatory factors. The role of abnormal ICAM-1 expression in the evolution of the malignant process has not been clearly defined [234]. In general, reduced ICAM-1 expression seems to be associated with more aggressive malignant disease and a tendency to metastasize, presumably because cells can escape from immune surveillance (see "Function"). Indeed, several studies have shown a correlation between ICAM-1 expression on malignant cells and *in vitro* sensitivity to lymphocyte cytotoxicity [185, 235–238].

Infection with rhinovirus and *Plasmodium falciparum* malaria

Rhinoviruses are a major cause of the common cold. As rhinovirus receptor ICAM-1 is likely to play a role in infections of the upper respiratory tract. In support of this, truncated soluble ICAM-1 has been shown to inhibit viral infection of human cells *in vitro* [239]. ICAM-1 on endothelial cells binds a subset of *P. falciparum* infected erythrocytes [53]; however, whether ICAM-1 plays a role in the clinical evolution of this type of malaria infection remains to be demonstrated.

Melanoma

The level of ICAM-1 expression on melanoma cells correlates with risk of metastasis [221, 240, 241]. In apparent contrast to this correlation, T-cell mediated killing of melanoma cells appears to depend on expression of ICAM-1 on the tumor cell [235]. A possible mechanism to explain this controversy has been provided. Several cytokines, for example, TNF α , IL1, and IFN γ , induce shedding of ICAM-1 from melanoma cells *in vitro* [207, 242]. A local increase in sICAM-1 may prevent cytotoxic T-cells from attacking malignant cells, despite high levels of mICAM-1 [243]. In support of this, sICAM-1 derived from melanoma cells has been shown to inhibit non-MHC-restricted as well as MHC-restricted T-cell lysis of melanoma cells [207, 244].

Hematological malignancies

A few studies have reported low ICAM-1 expression on leukemic (acute lymphocytic leukemia, acute myeloid leukemia, chronic lymphocytic leukemia) cells to be associated with reduced *in vitro* sensitivity to lymphocyte cytotoxicity, suggesting a role for ICAM-1 in the clinical evolution of these diseases [236, 237]. Many studies have tried to link ICAM-1 expression on various malignant cell types to malignancy grade and prognosis [245]. However, only in B-cell non-Hodgkin lymphomas (B-NHL) has a correlation between ICAM-1 expression and histological subtype been established (see below). Interestingly, in lymphocytic malignancies proto-oncogenes have been described which may interfere with κ B-mediated gene transcription [246–249], suggesting downregulation of ICAM-1 as part of their tumorigenic mechanism.

Malignancies of myeloid origin

ICAM-1 has been detected on blast cells from about one-third of the patients with *de novo* acute myeloid leukemias [67, 250], myelodysplastic syndromes, acute myeloid leukemia evolving from myelodysplastic syndromes, and chronic myeloid leukemia in acute blastic phase [67] but not in chronic phase [17]. No correlation between ICAM-1 expression and prognosis has been found [67, 250]. Interestingly, acute promyelocytic leukemic cells lack ICAM-1 expression [245]. Acute promyelocytic leukemia is characterized by the presence of the RAR α -PML fusion protein, which acts as a dominant negative transcription factor [251], suggesting the possibility of negative interference with retinoic acid-induced ICAM-1 transcription.

Malignancies of lymphoid origin

In B-cell lymphoproliferative disorders high ICAM-1 expression generally seems to be associated with a more differentiated and less malignant phenotype. ICAM-1 expression in acute B-lymphocytic leukemia was undetectable [252] or variable [67]. Variable levels of expression are found in chronic B-lymphocytic leukemia [17, 65, 67, 252–254]. High levels are found in plasma cell malignancies (multiple myeloma) [17, 67, 255, 256] and both high and low levels in the well-differentiated hairy cell leukemia [17, 186]. INF α therapy in patients with chronic B lymphocytic leukemia results in induction of ICAM-1 associated with clinical improvement [257]. The same has been described in a patient with hairy cell leukemia, in which the level of ICAM-1 expression was correlated with susceptibility to T-cell-mediated cytotoxicity [186].

In B-NHL high ICAM-1 expression is associated with low-grade follicular B-NHL, while low ICAM-1 expression occurs in highly malignant diffuse B-NHL and is

associated with bone marrow infiltration [258] or localization of malignant cells in peripheral blood [259, 260]. However, low ICAM-1 expression has also been reported in association with low-grade lymphomas, the reason for this discrepancy being unclear [67]. Low levels of ICAM-1 are usually found in highly malignant Burkitt lymphoma, although expression may be higher in Epstein-Barr virus carrying cells [17, 252, 261–263]. In general, results suggest that in B-NHL high ICAM-1 expression may enhance attachment of lymphoma cells to follicular dendritic cells (and to each other) and prevent diffuse spread of the disease [17, 238, 260]. It is not known whether the level of ICAM-1 expression on B-NHL cells is linked to differentiation stage, or whether it is determined predominantly by ICAM-1 inducing cytokines from cells infiltrating in the tumor. High ICAM-1 expression found on endothelial cells of solitary lymphomas suggests that local cytokine production may at least contribute to the increased ICAM-1 expression [264, 238]. Similarly, in Hodgkin's disease local cytokine production (e.g., by infiltrating lymphocytes) probably plays a role in stimulating ICAM-1 expression, which is high on several cell types present in Hodgkin's disease lesions, irrespective of histological subtype [265].

In contrast to B-cell malignancies, in T-cell malignancies ICAM-1 is either undetectable or variable, and no correlation with prognosis has been observed [17, 65, 67, 266].

Allergic asthma

Asthma is now being recognized as an inflammatory disorder, characterized by infiltrating inflammatory cells, for example, eosinophils, which adhere to and damage bronchial epithelium, resulting in airway hyperreactivity [267]. In asthmatic patients ICAM-1 is expressed by bronchial epithelial cells, as well as by eosinophils and macrophages obtained from sputum, nasal polyps, or bronchoalveolar lavage [31, 268]. In addition, alveolar macrophages from allergen-challenged patients produced TNF α , which in vitro induced ICAM-1 on endothelial cells [269]. Increased bronchial epithelial ICAM-1 expression probably predisposes to viral infections of the upper airways (see "Infection with rhinovirus and *Plasmodium falciparum* malaria"), which amplify inflammation and precipitate asthmatic attacks [270]. In addition, infection by parainfluenza virus type 2 may contribute directly to increased bronchial epithelial ICAM-1 expression [112]. In a primate model of asthma ICAM-1 expression has been found to be increased on bronchial epithelium, and mAbs to ICAM-1 prevented eosinophil infiltration in the airways as well as symptoms of bronchial hyperreactivity [271]. Taken together, a role for increased ICAM-1 expression in the evolution of asthmatic disease seems by now fairly well established. This may in part explain the beneficial effect of (inhalation) glucocorticoids, which downregulate ICAM-1 on bronchial epithelial cells and cells of the monocyte-macrophage lineage [117, 129, 165].

Autoimmune disorders

Increased ICAM-1 expression has been observed in rheumatoid arthritis [272], vasculitis [273], type-1 diabetes [76], sarcoidosis [231, 274, 275], lupus nephritis [276] and other forms of autoimmune glomerulonephritis [277, 278], and autoimmune thyroid disease [127]. ICAM-1 was increased in autoimmune hepatitis and chronic active hepatitis, and treatment with IFN α resulted in clinical improvement, associated with a reduction in ICAM-1 expression [279–283]. Increased ICAM-1 expression may be the consequence of infiltrating cytokine-producing leukocytes and modify the clinical course of autoimmune diseases by enhancing T-lymphocyte mediated cytotoxicity.

Atherosclerosis

Inflammatory cytokines such as TNF α and IL1 [284], oxidized low-density lipoprotein [285], and increased shear stress [136] may contribute to increased ICAM-1 expression commonly found in atherosclerotic plaques [286–290]. Increased endothelial ICAM-1 expression may contribute to fibrinogen deposition and monocyte attachment, followed by subendothelial migration [43, 45], which represents a crucial event in the development of atherosclerotic lesions [291].

Ischemia and reperfusion injury

Reperfusion of ischemic tissues results in local damage, probably caused by abnormal endothelial adhesion of leukocytes [292]. Enhanced ICAM-1 expression on post-ischemic endothelial cells has been shown to be at least in part responsible for this reperfusion defect [292, 293]. Both hypoxia and postischemia reperfusion are associated with increased production of oxygen radicals [171, 294]. Superoxide may inactivate nitric oxide, and together with cytokines such as platelet activating factor [171], IL1, or IL8 [294] induce a rapid increase in ICAM-1 dependent leukocyte adhesion and inflammatory damage. Indeed, using intravital video-microscopy in a mouse model, mAbs against ICAM-1 (and its ligand Mac-1) inhibited postischemic leukocyte-endothelial adhesion in postcapillary venules and prevented leakage of macromolecules [295].

Septic shock

In gram-negative bacterial infections potent inducers of ICAM-1 expression (e.g., TNF α , IL1 and lipopolysaccharide) are released into the circulation [20, 296]. Enhanced endothelial ICAM-1 expression may play a role in neutrophil extravasation, leading to abnormal endothelial permeability, pulmonary edema, and septic shock [20, 297]. In addition, we hypothesize that fibrinogen

binding to ICAM-1 on TNF α -activated endothelial cells may be involved in the sepsis-associated complication of diffuse intravascular coagulation (see "Leukocyte-endothelial cell interaction") [33, 296]. Supporting a role for ICAM-1 in the development of endotoxin shock, ICAM-1 deficient mice are resistant to lipopolysaccharide -induced shock, despite elevated levels of IL1 and TNF α [20] (see "Function").

Gram-positive *Staphylococcus aureus* infections may also cause septic shock, due to the presence of *S. aureus* enterotoxins (A/B). In an experimental model ICAM-1 deficient mice were protected from death caused by administration of *S. aureus* enterotoxin B superantigen [20]. In contrast to endotoxin shock, however, this was associated with significantly lower levels of TNF α and IL1 [20], probably reflecting reduced T-cell activation in the absence of ICAM-1 [180].

Inflammatory dermatoses

Inflammatory dermatoses and allergic skin reactions are characterized by increased ICAM-1 expression on keratinocytes [298, 299]. However, transgenic mice which overexpress ICAM-1 in keratinocytes do not show an inflammatory phenotype [233]. This suggests that increased ICAM-1 expression is secondary to cutaneous inflammation and is due to infiltration of the skin by activated monocytic or lymphocytic cells [298].

Neurological disorders

In various neurological disorders resident central nervous system cells express ICAM-1 [300–303], which may contribute to local inflammatory reactions by attracting leukocytes [83]. In Alzheimer's disease ICAM-1 accumulates in senile plaques [301, 304]. In patients with multiple sclerosis ICAM-1 expression is increased on endothelial cells in "active" multiple sclerosis lesions [300, 305], which may be due to cytokine-producing lymphocytes [303].

Allogeneic organ transplantation

T-cells can react with allogeneic MHC class I molecules that do not present antigen, as occurs after allogeneic organ transplantation. Loss of the graft is due to T-cell cytotoxicity, in which ICAM-1 on cells of the transplanted tissue plays a role [306, 307]. ICAM-1 expression on graft cells may conceivably be increased by ischemia and reperfusion injury, for example, in kidney transplantation, and by cytokine release from infiltrating leukocytes. In bone marrow recipients with imminent graft-versus-host disease increased ICAM-1 expression on keratinocytes has been found, which may contribute to graft-versus-host disease [298, 308].

Therapeutic options: modifying leukocyte adhesion

Leukocyte adhesion can be inhibited by mAbs to ICAM-1 or its integrin receptors (LFA-1, Mac-1), by soluble fragments of ICAM-1 which compete with membrane-bound ICAM-1, or by inhibiting ICAM-1 expression with antisense oligonucleotides [309]. Synthetic peptides which occupy or shield relevant binding domains on ICAM-1 may also act as functional antagonists of ICAM-1 [40].

Since monomeric soluble ICAM-1 is likely to be an ineffective competitor for LFA-1, coupling of sICAM-1 to an Ig, resulting in a dimeric ICAM-1 adhesion molecule, may constitute a novel approach to create a more effective adhesion blocker. Such a chimeric molecule has already been demonstrated to block in vitro antigen-specific T-cell proliferation [310].

Systemically administered mAbs against ICAM-1 may have applications in preventing allograft rejections, graft-versus-host disease, and autoimmune diseases, while local administration of mAbs or sICAM-1 may offer possibilities to treat allergic asthma and to prevent rhinovirus infections [50, 239]. In animal models for autoimmune-mediated acute myocarditis or neuritis in vivo administration of mAbs against ICAM-1 has been shown to reduce inflammation [311, 312]. In a primate model of allergic asthma the administration of mAbs against ICAM-1 ameliorated bronchial hyperreactivity [271]. Cardiac allograft survival was prolonged in mice by the use of mAbs against either LFA-1 or ICAM-1, and prolonged graft tolerance was induced by a 6-day course of both antibodies combined [306]. Only preliminary data are available on the use of mAbs in humans. A phase I clinical trial employing a mAb to ICAM-1 in kidney transplant patients showed a tendency to increased graft survival in patients with adequate antibody levels [307]. Treatment of patients with anti-LFA-1 mAb allowed grafting with bone marrow from non-HLA-identical donors [313].

In contrast to therapeutic measures to inhibit ICAM-1 mediated adhesion, induction of ICAM-1 on tumor cells may prove to be useful to enhance tumor-directed T-cell cytotoxicity. This may be part of the mechanism by which tumor necrosis is induced after locoregional perfusion with TNF α [314]. Specific drug delivery to ICAM-1 bearing cells may also offer interesting options, for example, in the case of (metastasized) melanoma or in myeloma. Recently a mAb to ICAM-1, coupled to a ricin A-chain, was shown to be cytotoxic to human myeloma cell lines [315]. An alternative approach is to incorporate ICAM-1 mAbs into liposomes which function as drug carrier [316].

Prospects to the future

In recent years interest in ICAM-1 has been on the rise. This is due to the expectation that ICAM-1 will prove to

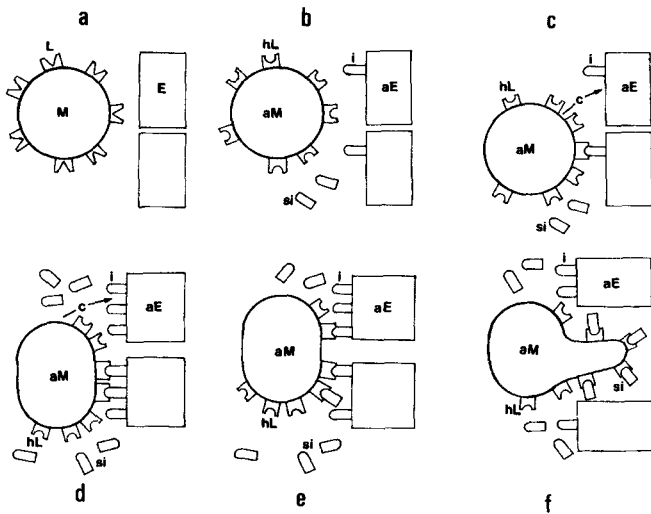


Fig. 3a–f Hypothetical model illustrating how interplay between membrane-bound ICAM-1 (mICAM-1) and soluble ICAM-1 (sICAM-1) may facilitate adhesion and migration of activated monocytes. **a,b** Elevated concentrations of cytokines such as $\text{TNF}\alpha$ cause activation of monocytes (aM) and endothelial cells (aE), associated with increased expression of mICAM-1 (i), and induction of high affinity LFA-1 (hL) receptors on monocytes. **c** Shedding of sICAM-1 (si) increases but does not interfere with adhesion of monocytes to endothelial cells due to rapid dilution in the circulation. **d** Cytokine (c) production by the activated adhering monocyte (e.g., IL1 and $\text{TNF}\alpha$) induces the appearance of intercellular gaps, and a local increase in ICAM-1 expression, initially resulting in strengthening of the adhesion. **e,f** A concomitant local increase in sICAM-1 causes deadhesion, migration, and extravasation of monocytes

be a new tool, both in the follow-up of disease activity and to detect metastatic cancer and relapses of hematological malignancies in an early phase (see “Pathophysiology”). In addition, ICAM-1 may represent a new target for pharmacological intervention directed at modulation of the immune system, which may be of special relevance for transplantation medicine and oncology (see “Therapeutic options: modifying leukocyte adhesion”). Whether these expectations are realized depends on more detailed knowledge of the *in vivo* function and regulation of mICAM-1 and sICAM-1, which have generally been studied independently of each other. In addition, most associations between deranged regulation and clinical disorders have been mostly descriptive, and except for a role of ICAM-1 in allergic asthma and graft rejection no causal relations have been established (see “Pathophysiology”).

Competition between sICAM-1 and mICAM-1 for the same ligand may result in local or general interference with leukocyte function. The amount of sICAM-1, relative to mICAM-1, may determine the net effect on the known functions of mICAM-1 (see “Function”). Potential determinants of the serum concentration of sICAM-1 include mICAM-1 expression level, rate of sICAM-1 shedding, amount and character of sICAM-1-binding protein(s), blood flow, and hepatic and renal clearance rates. In contrast, tissue sICAM-1 levels are relatively in-

dependent of blood flow and clearance rates. We assume that in a normal situation serum sICAM-1 levels are too low to compete efficiently with mICAM-1 and probably do not interfere with immune function. However, a different situation could arise when cells adhere and interact at close distance, for example, during leukocyte migration (Fig. 3). Cleavage of sICAM-1 from membrane-bound ICAM-1 might directly uncouple the adhering leukocyte. However, independently of the mechanism(s) behind formation of sICAM-1, its local concentration may become sufficiently high to compete with mICAM-1, further stimulating leukocyte migration and extravasation. Similar mechanisms may play a role in the interference of sICAM-1 with local T-cell cytotoxicity.

In several clinical conditions the ratio between sICAM-1 and mICAM-1 is likely to be disturbed. Examples include Hodgkin’s disease and human immunodeficiency virus infection, in which increased sICAM-1 serum concentrations may play a role in the characteristically reduced cellular immunity by binding to activated lymphocytes [265, 317]. On the other hand, relatively high serum levels of sICAM-1 may protect against the development of certain autoimmune diseases, for example, diabetes mellitus [310]. In melanoma a local increase in sICAM-1 may interfere with tumor-directed cytotoxicity [244]. Thus, increased ICAM-1 expression on malignant cells may be associated with either increased or decreased T-cell cytotoxic activity, depending on the putative role of sICAM-1.

Competition between soluble and membrane-bound adhesion molecules may present a novel mechanism to regulate activity of the immune system. However, many pieces of the puzzle are still missing. How is sICAM-1 produced, and how is it regulated? Does sICAM-1 *in vivo* exist as monomers or multimers or in complexes with other proteins? In what form does sICAM-1 actively compete with mICAM-1, and how is the amount of “active” sICAM-1 regulated? Is it possible to establish a ratio between “active” sICAM-1 and mICAM-1, and to relate this to activation of the immune system or to evolution of local phenomena such as tumor growth and metastasis and the atherosclerotic plaque? Answers to these questions will contribute to better understanding the biological significance of ICAM-1, and provide new targets for therapeutic intervention.

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