

Induction of *Foxp3* demethylation increases regulatory CD4⁺CD25⁺ T cells and prevents the occurrence of diabetes in mice

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Abstract CD4⁺CD25⁺ regulatory T cells (Treg), a subpopulation of CD4⁺ T cells, regulate immune responses. *Foxp3* is a key transcription factor for the development and function of Treg cells. During T-cell activation in vitro, a DNA demethylation agent 5-Aza-2'-deoxycytidine (DAC) can induce *Foxp3* expression in CD4⁺CD25⁻ *Foxp3*⁻ cells

via altering methylation status of a conserved element in the 5'-untranslated region of the *Foxp3* gene. However, the effects of this agent on the development of *Foxp3*⁺ Treg cells in the thymus and in vivo are poorly understood. In the present study, a short-term treatment with a low dose of DAC significantly increased the ratios of thymic CD4⁺CD8⁻CD25⁺ cells or CD4⁺CD8⁻ *Foxp3*⁺ cells to CD4⁺CD8⁻ cells, and the total numbers of thymic CD4⁺CD8⁻ *Foxp3*⁺ Treg cells or CD4⁺CD8⁻CD25⁺ *Foxp3*⁺ Treg cells in the thymus in mice. DAC-treatment induced the *Foxp3* expression and the significant demethylation of a CpG island in the first intron of the *Foxp3* gene in CD4⁺CD8⁻CD25⁺ cells predominantly. Furthermore, CD4⁺CD8⁻CD25⁺ thymocytes in DAC-treated mice exhibited enhanced immunosuppressive function than those in control mice. In addition, DAC treatment in vivo was effective in improving the clinical course of diabetes in cyclophosphamide (CY)-potentiated non-obese diabetic mice (CY-NOD). Thus, the in vivo treatment with DAC can significantly promote the development of natural thymic CD4⁺CD25⁺ *Foxp3*⁺ Treg cells through *Foxp3* demethylation, implicating a therapeutic application of DAC in patients suffering from autoimmune diseases.

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Abbreviations

Treg	Regulatory T cell
DP	Double positive
DN	Double negative
SP	Single positive
<i>Foxp3</i>	Forkhead box protein 3
CTLA-4	Cytotoxic T-lymphocyte-associated protein 4
GITR	Glucocorticoid-induced tumor necrosis factor receptor

FCM	Flow cytometry
FITC	Fluorescein isothiocyanate
PE	Phycoerythrin
PI	Propidium iodide
LN	Lymph nodes
PBMC	Peripheral blood mononuclear cells
MFI	Median fluorescence intensity
bp	Base pair
CY	Cyclophosphamide
NOD	Non-obese diabetes

Introduction

CD4⁺CD25⁺ regulatory T cells (Treg cells) are a subpopulation of CD4⁺ T cells that are critical for maintaining self-tolerance and negatively regulating immune responses [1]. Development of CD4⁺CD25⁺ Treg cells mainly occurs in thymus, though some CD4⁺CD25⁺ Treg cells can be generated in the periphery in the context of suboptimal TCR stimulation [2–6]. The forkhead box transcription factor Foxp3 has been identified as a specific molecular marker for CD4⁺CD25⁺ Treg cells. Detailed studies showed that Foxp3 is essential and sufficient for the development and the function of CD4⁺CD25⁺ Treg cells in mice and humans [5, 7–11]. Generation of natural Foxp3⁺ Treg cells occurs preferentially at CD4 single positive (SP) stage, and a significant proportion of developing T cells likely commit to CD4⁺CD25⁺ Treg cell lineage within the thymus [12–14]. On the other hand, it was proposed that the development of Foxp3⁺ Treg cells is substantially delayed relative to non-regulatory thymocytes during ontogeny [12, 15]. However, the mechanism controlling the Foxp3 expression in the developing CD4⁺CD25⁺ Treg cells in thymus is not known so far.

Epigenetic control including DNA methylation and histone modifications is a well-established means of gene regulation within the immune system [16, 17]. Recently, several studies have demonstrated that the Foxp3 expression during T cell activation is strictly controlled by an evolutionarily conserved element overlapping a CpG island, which is located in the *Foxp3* first intron. Methylation of this CpG island inversely correlates with Foxp3 expression during the induction of peripheral CD4⁺CD25⁺ Treg cells [17, 18]. The *in vitro* treatment of CD4⁺CD25⁺ cells with the demethylating agent 5-Azacytidine or 5-Aza-2'-deoxycytidine (DAC) results in demethylation at the *Foxp3* locus and the elevated Foxp3 expression [17, 19–22]. However, the *in vivo* effect of this agent on the expression of Foxp3 and CD4⁺CD25⁺ Treg cells remains to be clarified. In the present study, we found that the treatment with a low dose of DAC significantly enhanced the ratios of CD25⁺CD4SP cells or Foxp3⁺CD4SP cells to CD4 SP cells, and the total number of

Foxp3⁺CD4 SP cells with significant *Foxp3* gene demethylation in CD25⁺CD4SP cells. Moreover, DAC treatment *in vivo* enhanced the Treg-mediated suppression of homeostatic proliferation and decreased the occurrence of diabetes of CY-potentiated NOD mice.

Materials and methods

Mice C57BL/6 mice (6-week-old' male) and NOD/LtJ (5-week-old' female) mice were purchased from Beijing Laboratory Animal Research Center (Beijing, China). All mice were maintained in specific pathogen-free facility and were housed in microisolator cages containing sterilized feed, autoclaved bedding, and water. To synchronize and accelerate the development of diabetes, NOD mice were given a single intraperitoneal injection (250 mg/kg body weight) of cyclophosphamide (CY) at 8 weeks old. Non-fasting blood glucose was measured every week with a glucose meter (Freestyle) and mice were considered diabetic when the blood glucose level was over 11.1 mM [23]. All experimental manipulations were undertaken in accordance with the institutional guideline.

Reagents 5-Aza-2'-deoxycytidine (DAC) was obtained from Sigma. A 2-mg/ml solution of DAC was prepared in dimethyl sulfoxide (DMSO, Sigma) and stored as small aliquots at –80°C. For C57BL/6 mice, DAC was administered intraperitoneally at a dose of 0.15 mg/kg/day for 5 days, NOD mice were administered intraperitoneally at a dose of 0.1 mg/kg/day for 5 weeks. Mitomycin C (C₁₅H₁₈N₄O₅) was obtained from Kyowa Hakko (Tokyo, Japan). The culture medium was RPMI 1640 (Hyclone, Logan, UT) supplemented with 10% heat-inactivated fetal calf serum, 100 U/ml penicillin, 100 µg/ml streptomycin, 2 mM L-glutamine, 10 mM HEPES, 1 mM sodium pyruvate, and 50 µM 2-mecaptoethanol (2-ME; Sigma, St. Louis, MO). [³H] thymidine was purchased from China Institute of Atomic Energy (Beijing, China)

Monoclonal antibodies The following monoclonal antibodies (mAbs) were purchased from either BD Biosciences PharMingen (San Diego, CA) and eBioscience (San Diego, CA). Fluorescein isothiocyanate (FITC)-labeled anti-mouse CD4 mAbs (RM4-5; rat IgG2a), Phycoerythrin-CY5 (PE-CY5) labeled anti-mouse CD4mAb (H129.19; rat IgG2a), FITC-labeled anti-mouse CD8a mAb (53-6.7; rat IgG2a), PE-labeled anti-mouse CD8a mAb (53-6.7; rat IgG2a), FITC-labeled anti-mouse CD25 mAb (7D4; rat IgM), PE-labeled anti-mouse CD25 mAb (PC61.5; rat IgG1), PE-labeled anti-mouse CD45RB mAb (16A; rat IgG2a), PE-labeled anti-mouse CD62L mAb (SK11; rIgG2a), PE-labeled anti-mouse GITR mAb (DTA-1; rat

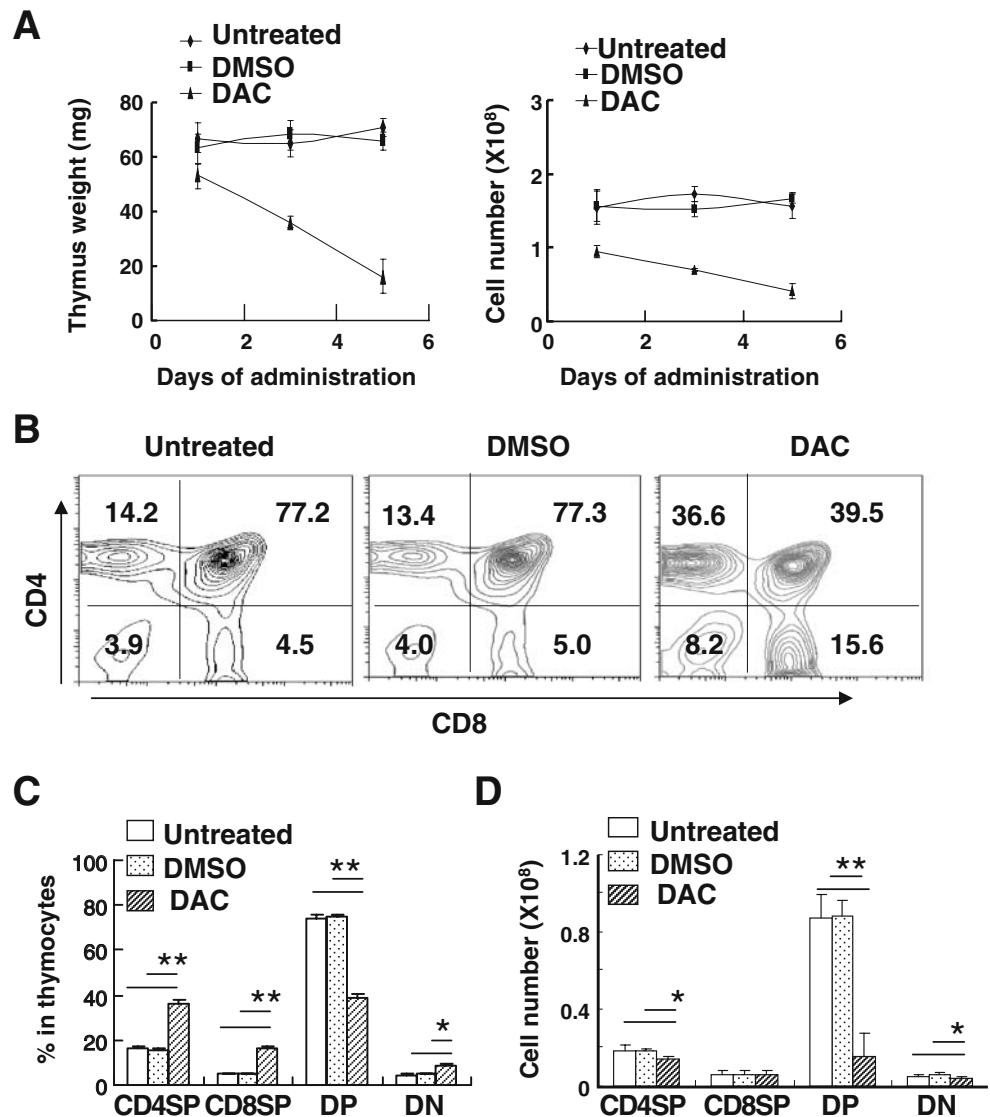
IgG2b), PE-labeled anti-mouse CD152 mAb (BNI3; mIgG2a). In addition, PE-labeled anti-mouse Foxp3 mAb (FJK-16s; rat IgG2a) and the staining kit were obtained from eBioscience (San Diego, CA). Rat anti-mouse FcR mAbs (2.4G2; IgG2b) were produced by 2.4G2 hybridoma (ATCC, Rockville, Maryland) in our laboratory.

Cell preparation Mouse peripheral blood mononuclear cells (PBMCs) were isolated by Ficoll gradient (Sigma, St. Louis, MO) described previously [24]. After DAC treatment for the indicated time, thymus, spleen, and lymph nodes (LNs including cervical, inguinal, and axillary LNs) were harvested. Single-cell suspensions were prepared by grinding the tissues with the plunger of a 5-ml disposable syringe and were then suspended in RPMI1640 medium. Splenocytes were treated with a hemolytic buffer (17 mM Tris-HCl and 140 mM NH₄Cl, pH 7.2) to remove red blood cells as described before [25].

Immunofluorescence staining and flow cytometry (FCM) Lymphocytes from thymus, spleen, LNs or PBMC were incubated with 2.4G2 to block FcRs and then incubated with an optimal concentration of fluorochrome-labeled mAbs for 30 min at 4°C in the dark. Cells were washed three times and resuspended by FCM buffer (PBS with 0.1% BSA and 0.1% NaN₃). At least 10,000 cells were assayed using a FACSCalibur flow cytometry (Becton Dickinson, CA). Data were analyzed with CellQuest software (Becton Dickinson, Mountain View, CA). In some experiments, nonviable cells were excluded using the vital nucleic acid stain propidium iodide (PI). The percentage of cells stained with a particular reagent or reagents was determined by subtracting the percentage of cells stained nonspecifically with the control mAb from staining in the same dot-plot region with the anti-mouse mAbs. For the intracellular staining, cells were incubated with PE-Cy5-labeled anti-CD4 and FITC-labeled anti-CD8 or

Fig. 1 Changes in cell number and composition of thymocytes in DAC-treated mice.

a Decreased weight of thymus and thymocyte numbers in DAC-treated mice in the indicated time points.
b Representative FACS samples demonstrating thymic subsets in control and DAC-treated mice. Thymocytes were stained with PE-Cy5-labeled anti-CD4 mAb and FITC-labeled anti-CD8 mAb, and analyzed by FCM. The percentage (c) and the total cell number (d) of DN, DP, CD4 SP, and CD8 SP subpopulations in DAC-treated mice for 5 days are summarized. *Asterisk*, $P < 0.05$; *double asterisk*, $P < 0.01$ compared with the control mice. Results were shown as mean \pm SD ($N = 5$), which is one representative of three independent experiments



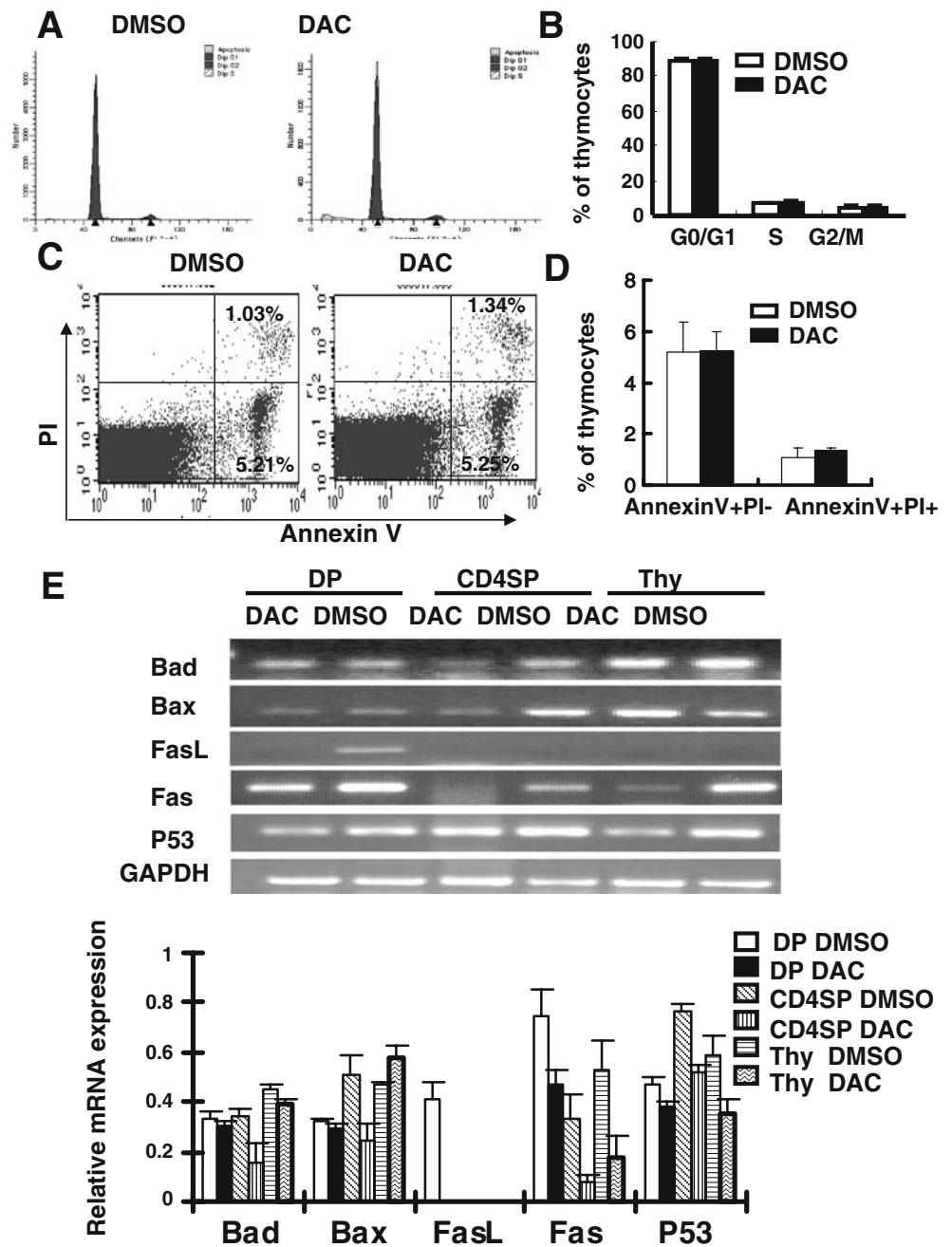
anti-CD25 mAbs. After washing, these cells were then stained with PE-labeled anti-mouse Foxp3 mAb, or PE-labeled anti-mouse CD152 mAb according to the instruction offered by the manufacturer (eBiosciences, San Diego, CA).

Cell cycle and apoptosis analysis by FCM Thymocytes from DMSO- or DAC-administrated mice were fixed with 70% ethanol overnight. After being treated with 100 mg/ml of RNaseA (Sigma), Propidium iodide (PI 10 mg/ml; Sigma) was added to the cells for staining. The DNA

contents were measured by FCM. For apoptosis analysis, thymocytes from the DMSO and DAC-administrated mice were harvested and stained with PI and Annexin V for 15 min at RT. Apoptosis was analyzed by fluorescence-activated cell sorting (FACS) using Coulter EPICS and ModFit software (Verity Software House, Topsham, MN).

RT-PCR DP and CD4SP thymocytes or CD25⁺CD4SP and CD25⁻CD4SP cells from DMSO and DAC-treated mice were sorted by FCM; RNA was extracted using

Fig. 2 No significant changes of cell cycle distribution and apoptosis of thymocytes in DAC-treated mice. **a** One representative cell cycle staining of thymocytes in DMSO and DAC-treated mice. **b** Cell cycle distribution of thymocytes in DMSO and DAC-treated mice was summarized. **c** One representative PI and Annexin V staining of thymocytes in DMSO and DAC-treated mice. **d** The percentage of Annexin V⁺PI⁻ and annexinV⁺PI⁺ thymocytes (apoptosis cells) in DMSO and DAC-treated mice was summarized. Results were shown as mean ± SD (N=5), which is one representative of three independent experiments. **e** RT-PCR analysis of Bad, Bax, FasL, Fas, and p53 mRNAs in total thymocytes, CD4SP and DP thymocytes in DMSO and DAC-treated mice. Expressions of Bad, Bax, FasL, Fas, and p53 mRNAs were semi-quantitatively analyzed by comparing the gray scale of GAPDH, which is one representative of two independent experiments



RNeasy Mini Kit (Qiagen) according to the manufacture’s protocol. Reverse transcription reactions were performed using ThermoScript™ RT-PCR System (Invitrogen) and using an oligo(dT)20 primer. PCR amplification to detect first strand cDNA for Bad, Bax , FasL, Fas, p53, Foxp3, TGFβ and GAPDH mRNA used the flowing primers: Bad, forward 5'-aggacttatcagccgaagca-3', reverse 5'-

gctcaactctgggatctgg-3'; Bax, forward 5'-tgcagaggatgattgct gac-3', reverse 5'-gatcagctcgggcacttag-3'; FasL, forward 5'-catcacaaccactcccagtg-3', reverse 5'-gttctgccagttccttctgc-3'; Fas, forward 5'-tgtgaacatggaaccttga-3', reverse 5'-ttcagggt catctgtctcc-3'; p53, forward 5'-agagaccgccgtacagaaga-3', reverse 5'-ctgtagcatgggcatcctt-3'; Foxp3, forward 5'-ctacc cactgctggcaaat-3', reverse 5'-aggtgaaagggggtgcata-3';

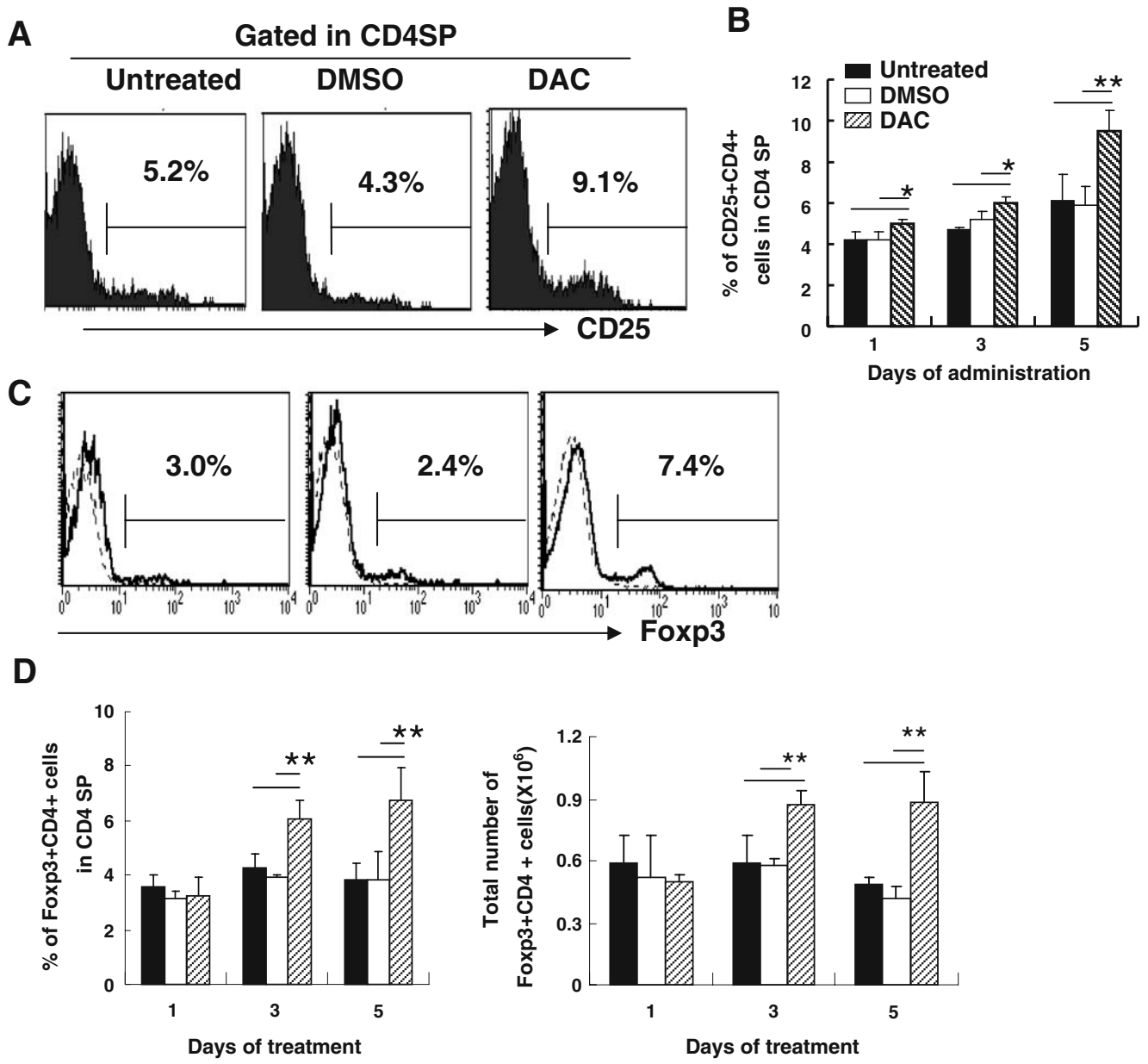


Fig. 3 The significantly enhanced percentage of CD25⁺CD4 SP cells and total number of Foxp3⁺CD4 SP Treg cells in the thymus of DAC-treated mice. Thymocytes from control and DAC-treated mice were stained with PE-Cy5-labeled anti-CD4 mAb, FITC-labeled anti-CD8 mAb, and PE-labeled anti-CD25 mAb or PE-labeled anti-Foxp3 mAb and analyzed by FCM. **a** One representative of CD25 staining in CD4 SP thymocytes of control and DAC-treated mice. **b** The percentage of CD25⁺ cells in CD4 SP thymocytes in control and DAC-treated mice

are summarized. **c** One representative of Foxp3 staining in CD4 SP thymocytes of control and DAC-treated mice. The *broken* and *solid lines* represent isotype control and specific mAb, respectively. **d** The percentage of Foxp3⁺ cells in CD4 SP thymocytes and the total number of Foxp3⁺CD4 SP cells in control and DAC-treated mice are summarized. Results were shown as mean ± SD (N=5), which is one representative of three independent experiments. **p*<0.05, ***p*<0.01 compared with the indicated groups

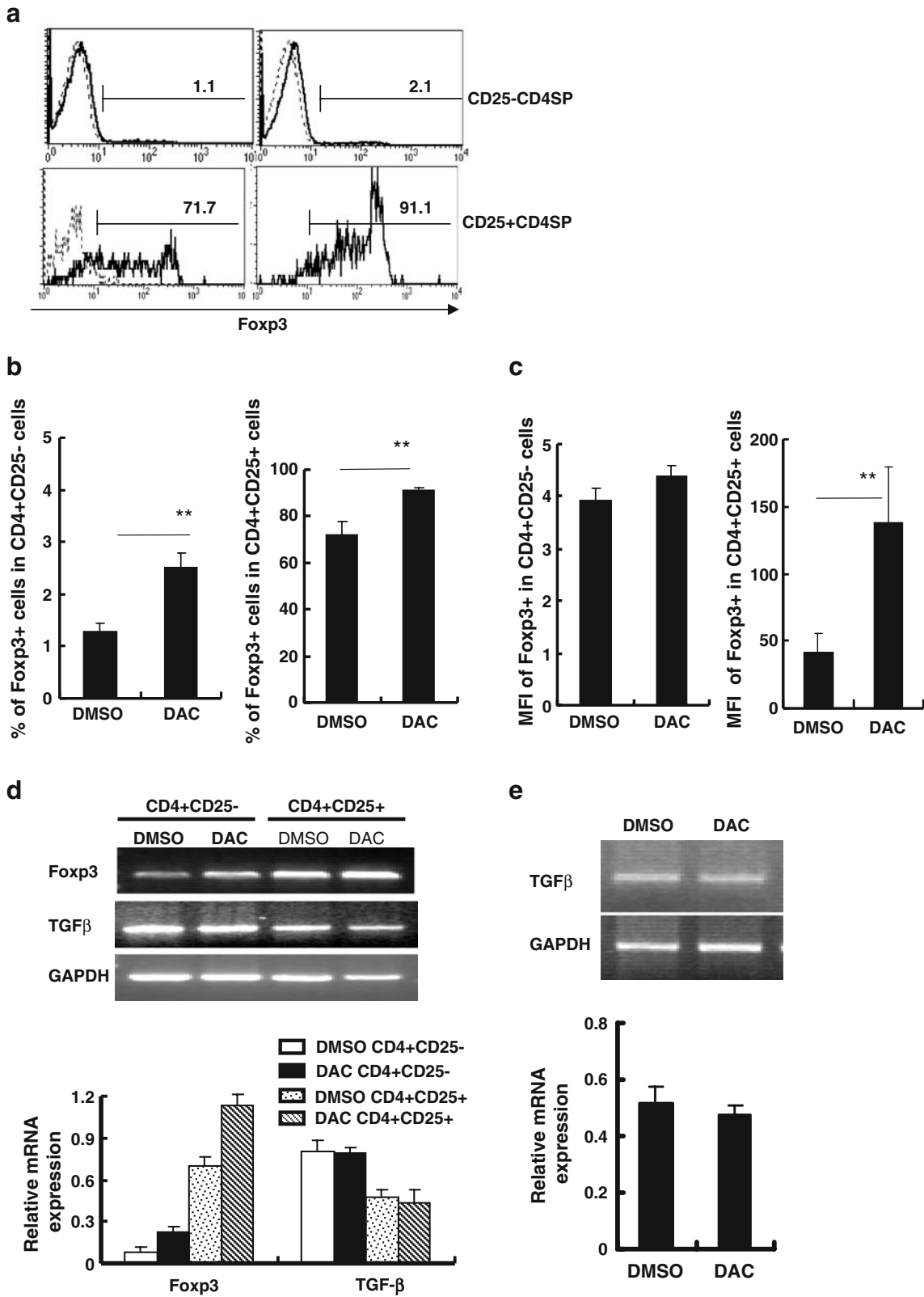


Fig. 4 Increased Foxp3⁺ cells in CD25⁻CD4 SP and CD25⁺CD4 SP cells in mice treated with DAC. The CD8⁺ thymocytes were first deleted as described in the “Materials and methods” section, Foxp3⁺ cells were analyzed in CD25⁻CD4 SP cells and CD25⁺CD4 SP cells in DMSO and DAC-treated mice by three-color staining. **a** One representative of Foxp3⁺ staining in CD25⁻CD4 SP cells and CD25⁺CD4 SP cells, the *broken* and *solid lines* represent isotype control and specific mAb, respectively. **b** The percentages of Foxp3⁺ cells in CD25⁻CD4 SP cells and CD25⁺CD4 SP cells in DMSO and DAC-treated mice. **c** The MFI of Foxp3 in CD25⁻CD4 SP cells and CD25⁺CD4 SP cells in DMSO and DAC-treated mice. Results were shown as mean ± SD (*N*=5), which is one representative of three independent experiments. *MFI* median fluorescence intensity. **d** RT-PCR analysis of Foxp3 and TGF-β mRNA expression in CD25⁻CD4 SP cells and CD25⁺CD4 SP cells of each group, expressions of Foxp3 and TGF-β mRNAs were semi-quantitatively analyzed by comparing the gray scale of GAPDH, which is one representative of two independent experiments. **e** RT-PCR analysis of TGF-β mRNA expression in thymus of each group, expression of TGF-β mRNAs was semi-quantitatively analyzed by comparing the gray scale of GAPDH

TGFβ, forward 5'-ctcccactcccgtggtctta-3', reverse 5'-gttccacatgtgtctccacactgg-3'; GAPDH, forward 5'-cggcaaatcaacggcagac-3', reverse 5'-ggatgcaggatgatgttctg-3'.

Purification of mouse thymic CD25⁺CD4 SP, CD25⁻CD4 SP cells and splenic CD4⁺CD25⁺, CD4⁺CD25⁻ cells Thymic CD8⁺ cells were deleted by anti-mCD8 mAb and complement. CD4⁺CD25⁺ and CD4⁺CD25⁻ T cells from CD8⁺ cell-depleted thymocytes and spleen cells were sorted by a FACS DIVA. The purity for CD4⁺CD25⁺ and CD4⁺CD25⁻ cells was more than 99% in each experiment, respectively. Purified cells were suspended in complete RPMI 1640 medium.

Proliferation assay of T cells to Con A CD25⁻CD4 SP thymocytes (4×10⁴ cells/well) were cultured in U-bottom, 96-well plates with syngeneic accessory cells (4×10⁴ splenocytes/well, pretreated with 30 μg/ml mitomycin C at 37°C for 30 min), 2 μg/ml Con A and the indicated numbers of syngeneic CD25⁺CD4 SP thymocytes or spleen CD4⁺CD25⁺ T cells isolated from either DMSO- or DAC-treated mice for 72 h at 37°C, 5% CO₂. 0.5 μCi [³H] thymidine (185 GBq/mmol) was added to each well for the last 12 h. Cells were harvested onto glass fiber filters with an automatic cell harvester (Tomtec, Toku, Finland). Samples were assayed in a liquid scintillation analyzer (Beckman Instruments, America). Values are presented as counts per minute (cpm) of triplicate wells.

Methylation assay DNA from thymic CD25⁺CD4 SP or CD25⁻CD4 SP cells and splenic CD4⁺CD25⁺ or CD4⁺CD25⁻ cells were treated with bisulfite as previously described [26]. The denatured DNA was purified by Qiaquick gel extraction kit (Qiagen) and used for PCR.

Primers for amplifying the *Foxp3* CpG island region in intron 1 were: forward 5'-ttttggtttttggtattaaga-3', reverse 5'-ttaaccaattttctaccattaac-3'; Primers for amplifying the *Foxp3* promoter region were: forward 5'-tttgggtgaggggaa gaaa-3', reverse 5'-aaaactaccacattatcaaaaacaa-3'. Primers for amplifying the *H19* gene were: forward 5'- agtattttagggg ggtataaatg-3', reverse 5'-accataacataaatcataaaa-3'. The PCR products were gel extracted (Qiagen) and ligated into a pGEM-T Easy vector by using the TA cloning system (Promega). At least ten separate clones were chosen for sequencing analysis.

Histology Mice were sacrificed and pancreas were dissected and immediately fixed in 4% paraformaldehyde. Paraffin-embedded 10 μm sections were stained with hematoxylin and eosin (H&E) and examined under light microscope.

Statistical analysis All data is presented as the mean ± SD. Student's unpaired *t* test was used to compare groups. *P* value of less than 0.05 was considered to be statistically significant.

Results

Significant changes in cell number and composition of thymocytes in DAC-treated mice

We first observed the weight, cell number, and composition of thymus in DAC-treated mice. As shown in Fig. 1a, after treatment with DAC at a low dose (0.15 mg/kg, ip) for 1, 3, or 5 days, the weight of thymus and the total cell number of thymocytes decreased continuously. We also observed that the frequency of CD4⁺CD8⁺ (DP) population in thymus was markedly reduced after treatment with DAC for 5 days. The frequencies of CD4 SP, CD8 SP, and CD4⁻CD8⁻ (DN) populations were increased concomitantly in the thymi of DAC-treated mice (Fig. 1b and c). However, the absolute numbers of DP, CD4 SP and DN cells were decreased significantly while the absolute number of CD8 SP cells did not show significant change (Fig. 1d).

No increased apparent cell cycle arrest and apoptosis of thymocytes were detectable in DAC-treated mice

Thymocytes are specifically susceptible to apoptosis during TCR repertoire selection in response to hormonal signals and DNA damage [27–29]. We therefore examined the changes of cell cycle and apoptosis of thymocytes in response to DAC treatment for 5 days. No significant changes of cell cycle distribution were observed in the total thymocytes of DAC-treated mice compared with DMSO-

treated mice (Fig. 2a and b). In addition, we measured the apoptosis in thymocytes by Annexin V/PI staining. Though the apoptosis of total thymocytes including early phase apoptotic cells (Annexin V⁺PI⁻) and late phase apoptotic cells (Annexin V⁺PI⁺) was higher in DAC-treated mice than in DMSO-treated mice, there was no statistical difference ($P > 0.05$, Fig. 2c and d). The expression of apoptosis or DNA damage-related genes, such as Bad, Bax, FasL, Fas, and p53, were decreased in DP cells (FasL, Fas, and p53), CD4 SP cells (Bad, Bax, Fas, and p53) and total thymocytes (p53 and Fas) in DAC-administrated mice as determined by RT-PCR analysis (Fig. 2e and Supplemental Fig. 1).

Significantly enhanced percentage of CD25⁺CD4 SP cells and total number of Foxp3⁺CD4 SP cells in the thymus of DAC-treated mice

It is well known that the majority of natural CD4⁺CD25⁺Foxp3⁺ Treg cells are produced in the thymus [13, 30, 31]. To assess the effect of DAC on CD25⁺CD4 SP cells in the thymus, we compared the percentages and cell numbers of CD25⁺CD4 SP cells and Foxp3⁺CD4 SP cells in the DAC-treated mice to those in control mice. The percentage of CD25⁺CD4 SP cells increased even 1 day after DAC treatment and continuously increased until 5 days (Fig. 3a and b), while the total number of CD25⁺CD4 SP cells did not show detectable change (data not shown). In contrast, both the percentage and the total number of Foxp3⁺CD4 SP cells increased significantly after DAC treatment for 3 days (Fig. 3c and d). Therefore, DAC treatment can significantly increase the percentages of CD25⁺CD4 SP cells and, importantly, the total number of Foxp3⁺CD4 SP cells in the thymus. However, the short-term treatment with DAC did not change the peripheral CD25⁺CD4⁺ Treg cells in mice (Supplemental Fig. 2).

Increased proportion of Foxp3⁺ cells in CD25⁻CD4 SP cells and CD25⁺CD4 SP cells in mice treated with DAC

DAC treatment leads to increased number of Foxp3⁺CD4 SP cells in the thymus. We wondered whether CD25⁻CD4 SP cells and CD25⁺CD4 SP cells acquired similar Foxp3 expression after DAC treatment. We depleted CD8⁺ thymocytes and analyzed the Foxp3 expression in CD25⁻CD4 SP cells and CD25⁺CD4 SP cells by flow cytometric analysis. As shown in Fig. 4a and b, increased proportion of Foxp3⁺ cells in both CD25⁻CD4 SP cells and CD25⁺CD4 SP cells were observed in DAC-treated mice compared to DMSO-treated mice. In addition, MFI of Foxp3 increased significantly in CD25⁺CD4 SP cells but not in CD25⁻CD4 SP cells (Fig. 4c), since TGF- β plays an important role in the induction of Foxp3 expression, we detected whether TGF- β is involved in the DAC-induced

Foxp3 expression. As shown in Fig. 4d and e, although messenger RNA encoding Foxp3 increased in both CD25⁻CD4 SP cells and CD25⁺CD4 SP cells in DAC-treated mice, no significant increase of TGF- β expression in CD25⁻CD4 SP cells, CD25⁺CD4 SP cells, and thymus tissue in DAC-treated mice was detected (Supplemental Fig. 3). So, the increased expression of Foxp3 induced by DAC treatment in CD25⁺CD4 SP cells was likely independent of the induction of TGF- β in the thymus.

Phenotype changes of CD25⁺CD4 SP cells and CD25⁻CD4 SP cells in mice with DAC treatment

CD4⁺CD25⁺ Treg cells express diverse surface molecules, including cytotoxic lymphocyte antigen-4 (CTLA-4), glucocorticoid-induced tumor necrosis factor receptor family-related gene (GITR) and so on. In addition, high expression of CD5 and low expression of CD45RB were used to enrich for the Treg cell population [32]. To further characterize the phenotypes of CD25⁺CD4 SP and CD25⁻CD4 SP thymocytes in DAC-treated mice, we detected the expression of several cell surface molecules including CTLA-4, GITR, CD45RB, and CD62L. As shown in Fig. 5a and b, the proportion of CTLA-4, GITR, and CD62L positive cells increased significantly in CD25⁺CD4 SP cells in DAC-treated mice. The proportions of CTLA-4 and CD62L positive cells increased in CD25⁻CD4 SP cells in DAC-treated mice as well. However, the proportion of CD45RB⁺ cells was decreased significantly in CD25⁺CD4 SP cells in DAC-treated mice. Identically, MFI of CTLA-4 and CD62L increased significantly in both CD25⁺CD4 SP cells and CD25⁻CD4 SP cells in DAC-treated mice, while MFI of CD45RB decreased significantly in CD25⁺CD4 SP cells in DAC-treated mice (Fig. 5c).

Enhanced immunosuppressive function of CD25⁺CD4 SP thymocytes in DAC-treated mice

To assess whether DAC treatment might interfere with the function of Treg cells, we first sorted CD4⁺CD25⁺ Treg cells from both thymus and spleen in mice treated with DAC or DMSO, and then compared their immunosuppressive function by measuring the proliferation of CD25⁻CD4 SP effector cells in vitro [25, 33]. As shown in Fig. 6a, with the increased ratios of CD25⁺CD4 SP thymocytes to CD25⁻CD4 SP effector cells, CD25⁺CD4 SP thymocytes from either DMSO or DAC-treated mice showed an enhanced suppressive ability on the proliferation of CD25⁻CD4 SP effector cells induced by mitogen Con A. Importantly, the immunosuppressive ability of thymic Treg cells in DAC-treated mice was stronger than that in DMSO-treated mice. In addition, splenic CD4⁺CD25⁺ cells from

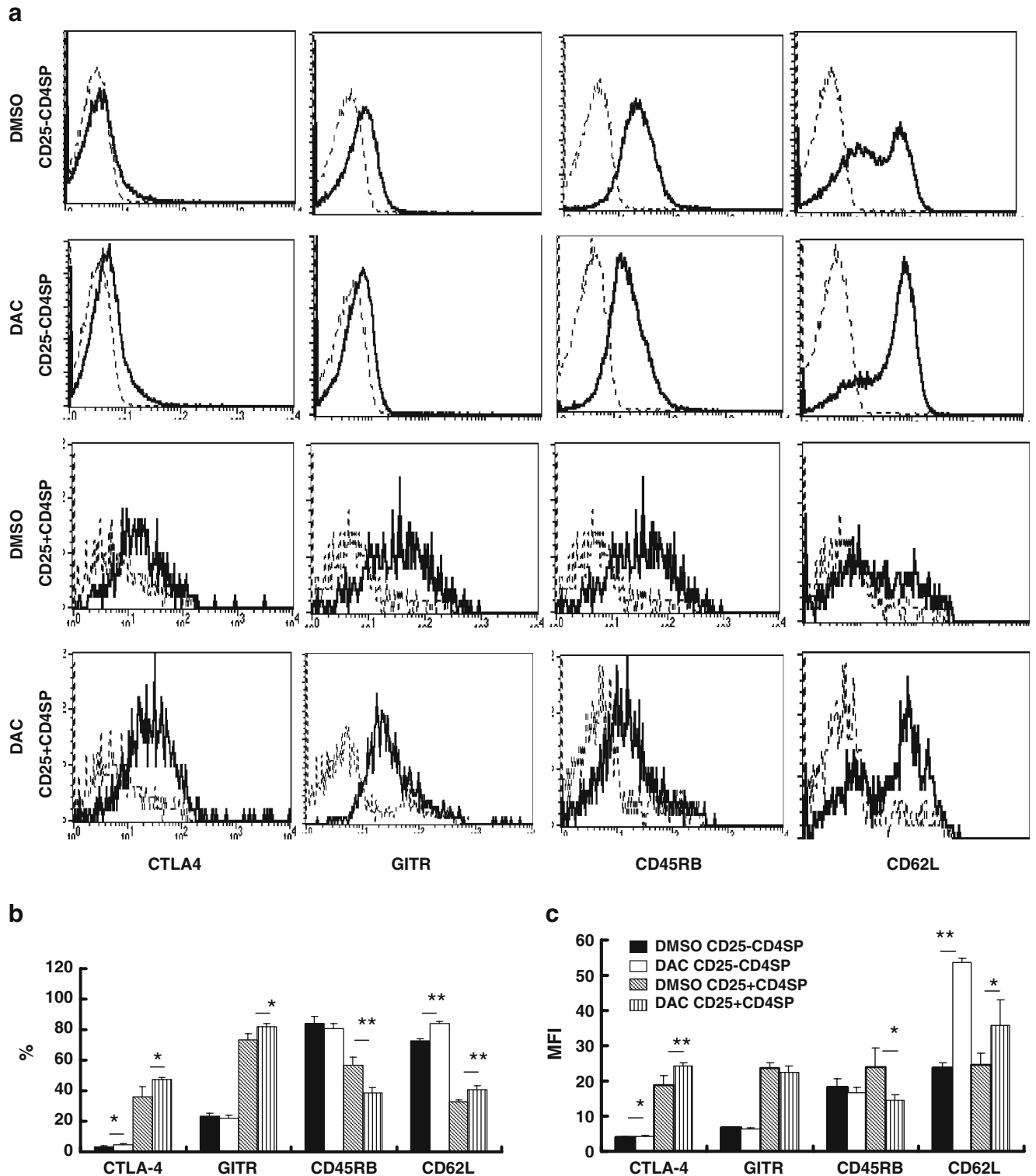


Fig. 5 Phenotype changes of CD25⁻CD4 SP and CD25⁺CD4 SP cells in mice treated with DAC. The CD8⁺ thymocytes were first deleted as described in materials and methods, cell surface molecules including CTLA-4, GITR, CD45RB, and CD62L were analyzed in CD25⁻CD4 SP cells and CD25⁺CD4 SP cells by three-color staining. **a** One representative of CTLA-4, GITR, CD45RB, and CD62L staining in CD25⁻CD4 SP cells and CD25⁺CD4 SP cells in DMSO and DAC-

treated mice. The *broken* and *solid* lines represent isotype control and specific mAb, respectively. **b** The percentages of CTLA-4⁺, GITR⁺, CD45RB⁺, and CD62L⁺ cells in CD25⁻CD4 SP cells and CD25⁺CD4 SP cells in DMSO and DAC-treated mice are summarized. **c** The MFI of CTLA-4, GITR, CD45RB, and CD62L in CD25⁻CD4 SP cells and CD25⁺CD4 SP cells in DMSO and DAC-treated mice are summarized

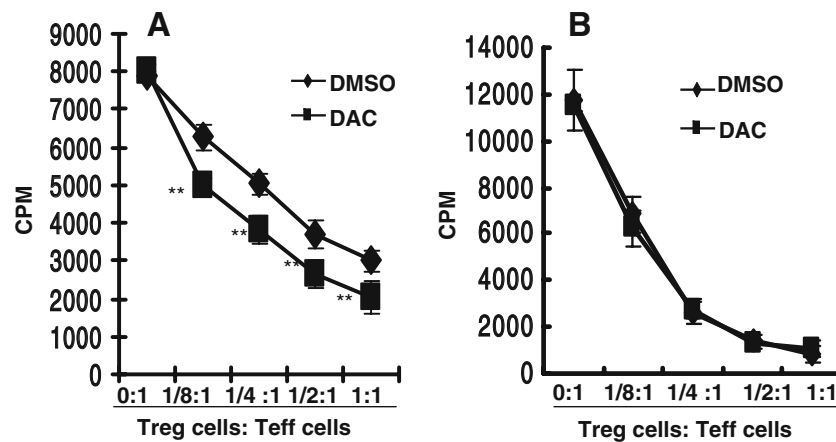


Fig. 6 Enhanced immunosuppressive function of CD25⁺CD4 SP cells in DAC-treated mice. The immunosuppressive function of CD25⁺CD4 SP cells and splenic CD4⁺CD25⁺ T cells was determined using the traditional in vitro assay. **a** Both CD25⁺CD4 SP cells in DMSO and DAC-treated mice inhibited the proliferation of CD25⁺CD4 SP effector cells to mitogen Con A. However, CD25⁺CD4 SP cells from DAC-treated mice exhibited a significantly higher immunosuppressive

function than that of CD25⁺CD4 SP cells from DMSO-treated mice at the same dose (** $P < 0.01$). **b** Splenic CD4⁺CD25⁺ Treg cells in both DMSO and DAC-treated mice inhibited the proliferation of CD4⁺CD25⁻ effector cells to mitogen Con A, while no significant difference of suppressive ability was observed between these two groups. Data are shown as mean \pm SD, which is one representative of two independent experiments

both DMSO- and DAC-treated mice could efficiently suppress the proliferation of CD25⁻CD4 SP effector cells without detectable difference (Fig. 6b). These data indicate that the short-term treatment with DAC changed thymic but not splenic CD4⁺CD25⁺ Treg cells in mice.

Reduced *Foxp3* intron 1 methylation in CD25⁺CD4 SP cells in DAC-treated mice

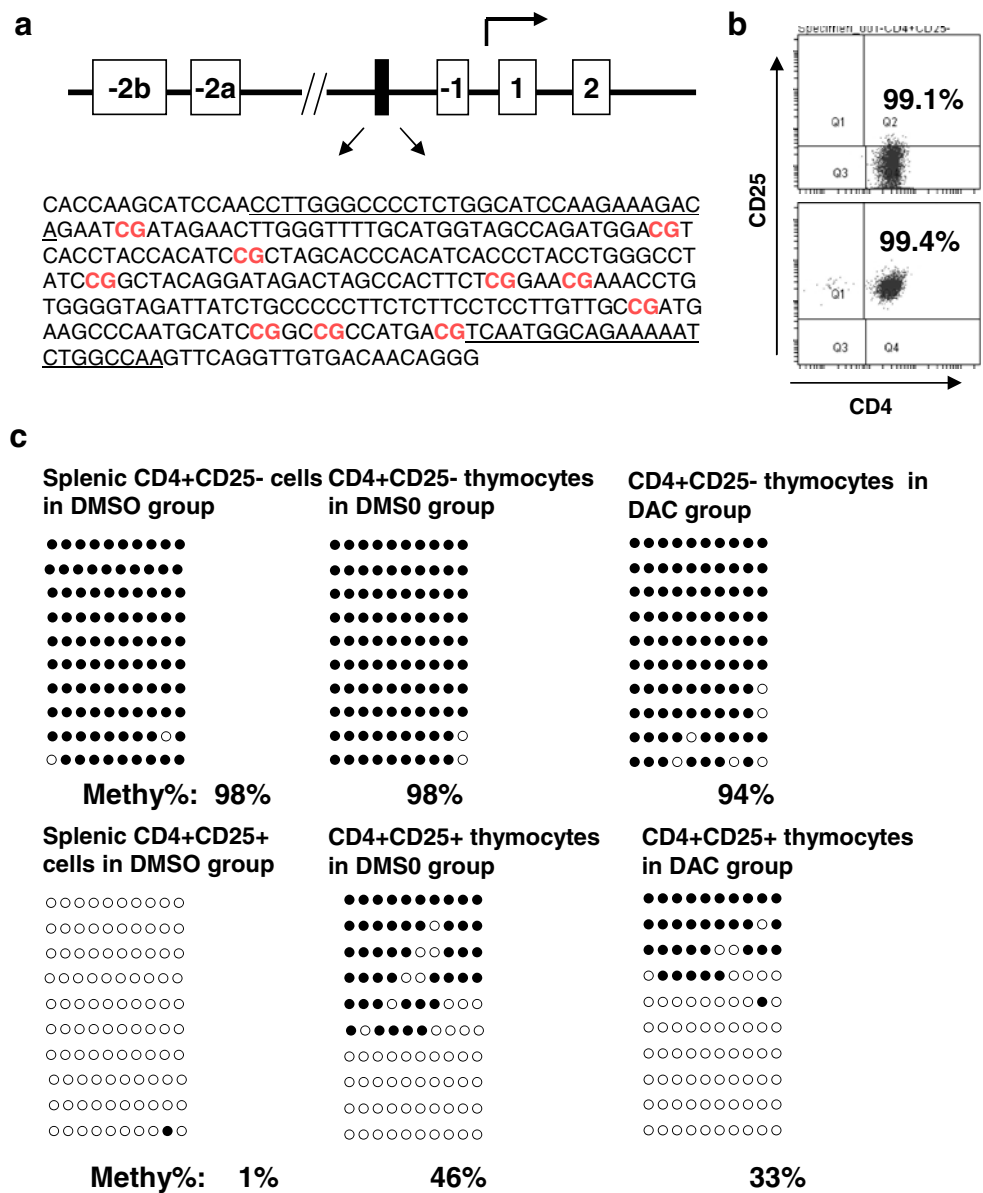
It is well known that DAC induces gene expression through DNA demethylation [34–36]. We wonder whether a demethylated *Foxp3* gene could be observed in CD25⁻CD4 SP cells or CD25⁺CD4 SP cells in DAC-treated mice. A CpG island in the +4,393 to +4,506 region of the *Foxp3* intron 1 and a promoter region from -250 to +1 of the *Foxp3* gene were selected for the methylation analysis (Fig. 7a and Supplemental Fig. 4A). Purified CD25⁺CD4 SP cells and CD25⁻CD4 SP cells were sorted from DAC-treated and control male mice (Fig. 7b). Male mice were chosen to avoid potential artifacts due to random X chromosome inactivation since *Foxp3* is encoded on the X chromosome [37]. In addition, to compare the methylation status of *Foxp3* in thymus to those in periphery, splenic CD4⁺CD25⁺ cells and CD4⁺CD25⁻ cells were sorted for this assay, too. As shown in Fig. 7c, the CD4⁺CD25⁻ cells from both spleen and thymus displayed an almost complete methylation in the CpG island of *Foxp3* intron1 (98% vs 98%). In contrast, the CpG island of *Foxp3* intron1 was partially methylated in thymic CD25⁺CD4 SP cells while almost completely unmethylated was observed in splenic CD4⁺CD25⁺ cells from the control mice (methylation in thymic CD25⁺CD4 SP cells and splenic

CD4⁺CD25⁺ cells was 46% vs. 1%). A remarkable demethylation of this CpG island was observed in the CD25⁺CD4 SP thymocytes in DAC-treated mice (46% to 33%), while only a slight demethylation of this *Foxp3* locus was observed in CD25⁻CD4 SP thymocytes in DAC-treated mice (98% to 94%). The promoter region of *Foxp3* displayed a partial methylation status in CD25⁻CD4 SP thymocytes, but little methylation in CD25⁺CD4 SP thymocytes in DMSO-treated mice (42% vs 4%). DAC treatment resulted in a 9% demethylation in the promoter region of *Foxp3* in CD25⁻CD4 SP thymocytes (42% to 33%; Table 1 and Supplemental Fig. 4B). To explore the specificity of the demethylation in the *Foxp3* gene affected by DAC treatment, we also measured the methylation status of the *H19* gene which is a paternally imprinted gene and whose methylation is modulated during oogenesis and spermatogenesis [38]. As shown in Table 1 and Supplemental Fig. 4c, *H19* gene exhibited little demethylation in both CD25⁻CD4 SP and CD25⁺CD4 SP thymocytes in DAC-treated mice compared with that in DMSO-treated mice. Therefore, the induction of thymic CD4⁺CD25⁺ Treg cells in DAC-treated mice is likely due to the augmentation of *Foxp3* gene expression through *Foxp3* intron 1 demethylation.

DAC administration significantly prevented the occurrence of type 1 diabetes in CY-NOD mice

To determine whether DAC administration might play a role in the therapy of autoimmune disease, we employed NOD mice as recipients which were treated with DAC at a low dose (0.1 mg/kg) for 5 weeks. To accelerate the development of diabetes, NOD mice were injected with

Fig. 7 Reduced *Foxp3* methylation in CD25⁺CD4 SP cells in DAC-treated mice. **a** Schematic view of mouse *Foxp3* gene and the position of selected CpG island in intron1. Distribution and position of individual CpG motifs within the selected CpG island are shown below, individual CpG motifs are shown in bold letters. *Arrow* represents putative transcription start site and targets for primers design are *underlined*. **b** Representative FACS samples demonstrating the sorting purities of CD25⁺CD4 SP cells and CD25⁻CD4 SP cells. *Numbers* in the dot-plot indicate the purity of sorted CD25⁺CD4 SP cells or CD25⁻CD4 SP cells. **c** Bisulfite sequencing of the selected CpG island in the *Foxp3* intron 1. This sequence spans 259 bp and includes ten CpGs. Genomic DNA was isolated from the indicated T cell subsets, modified with sodium bisulfite, PCR amplified, cloned into the pGEM-T vector, and individual clones were sequenced. The methylation pattern of each clone obtained is shown. *filled circle* methylated CpG, *empty circle* nonmethylated CpG. The percentages of mCpGs in total CpGs for each group are presented below the diagram



cyclophosphamide (CY, 250 mg/kg) once at 8 weeks old. As shown in Fig. 8a and b, DAC administration inhibited the occurrence of diabetes in the CY-NOD mice. Twenty percent of the mice in the DMSO-treated NOD group became diabetic at 2 weeks after CY induction, and it increased to 62.5% at 4 weeks after CY induction in the DMSO-treated NOD group. In contrast, none of the DAC-

treated NOD mice developed diabetes at 6 weeks after CY induction (Fig. 8b). An apparent lymphocyte infiltration in the islets or lack of complete islets was detected in DMSO-treated mice by histology analysis. However, the islets in the DAC-treated mice displayed no manifest structure destruction or lymphocyte infiltration (Fig. 8c). Comparing the percentage of CD4⁺CD25⁺ cells and *Foxp3* expression

Table 1 Methylation status of *Foxp3* intron1, promoter and *HI9* gene in CD25⁻CD4SP cells and CD25⁺CD4SP cells in DMSO- and DAC- treated mice

Treatment	Cell subsets	mCpG %		
		<i>Foxp3</i> intron 1	<i>Foxp3</i> promoter	<i>HI9</i>
DMSO	CD4+CD25-	98%	42%	58%
DAC	CD4+CD25-	94%	33%	54%
DMSO	CD4+CD25+	46%	4%	61%
DAC	CD4+CD25+	33%	2%	58%

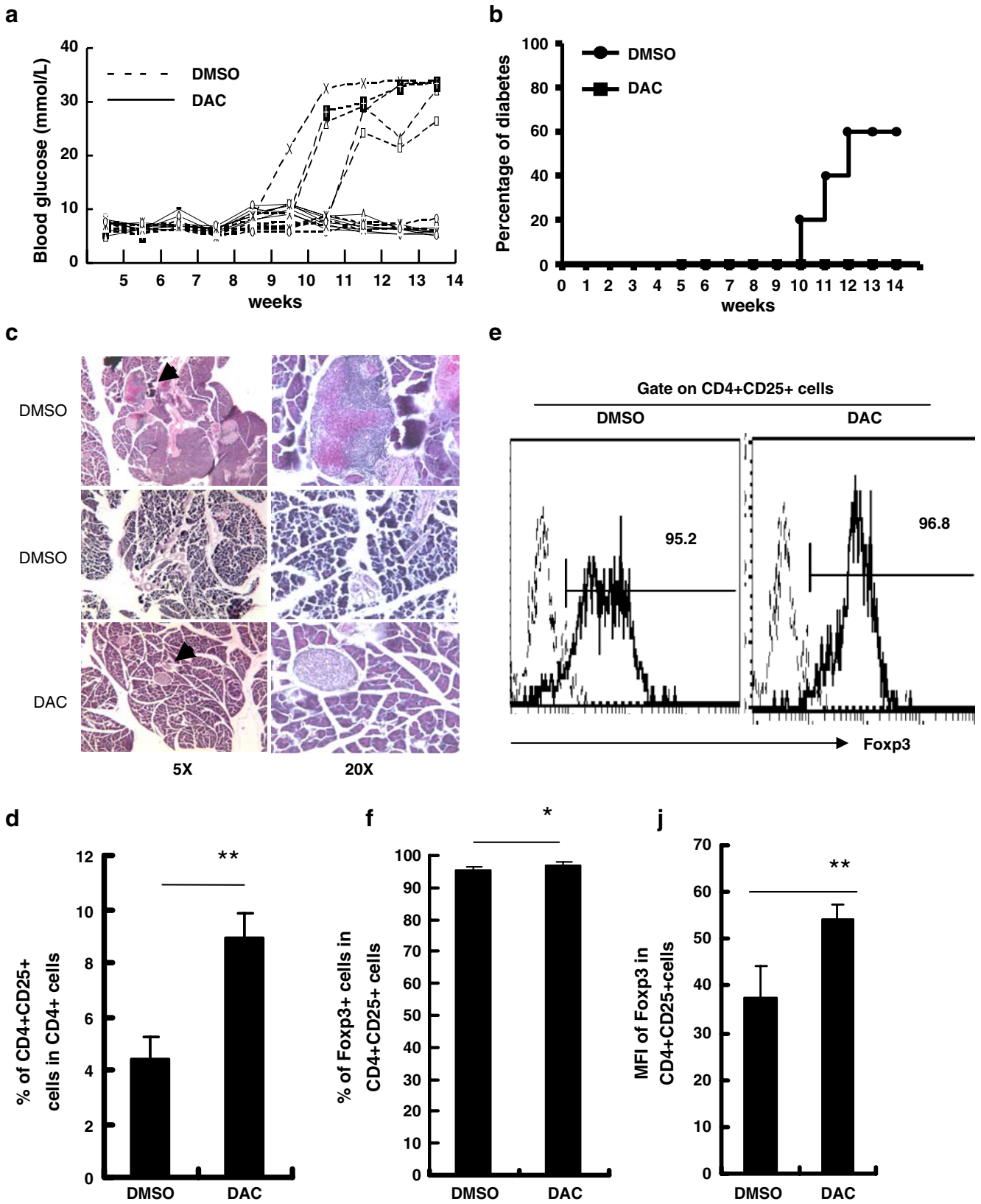


Fig. 8 DAC treatment significantly prevented the development of type 1 diabetes in CY-NOD mice. **a** Blood glucose in NOD mice treated with or without DAC. 5-week-old NOD mice were injected with DAC (0.1 mg/kg) every day for a total of 5 weeks, diabetes was induced by CY (250 mg/kg) injection at 8 weeks old. The level of blood glucose of each NOD mice in DMSO or DAC-treated group was measured weekly. **b** DAC treatment significantly prevented the development of type 1 diabetes in CY-NOD mice. Diabetes was affirmed when the blood glucose was over 11.1 mM. **c** At 6 weeks after CY induction, islets were examined by H&E staining. The staining images were given at 5 and 20 magnifications; islets were pointed by arrows at 5 magnification images. **d** The percentage of CD4⁺CD25⁺ cells in CD4⁺ cells of DMSO and DAC-treated CY-NOD mice are summarized. **e** One representative of Foxp3 staining CD4⁺CD25⁺ cells of DMSO and DAC-treated CY-NOD mice. The *broken* and *solid lines* represent isotype control and specific mAb, respectively. **f** The percentage of Foxp3⁺ cells in CD4⁺CD25⁺ cells of DMSO and DAC-treated CY-NOD mice are summarized. **j** The MFI of Foxp3 in CD4⁺CD25⁺ cells of DMSO and DAC-treated CY-NOD mice are summarized

in the PBL of DAC-treated CY-NOD mice to those in control mice, we found that the percentage of CD4⁺CD25⁺ cells was significantly increased in CD4⁺ T cells in DAC-treated CY-NOD mice as compared with those from DMSO-treated CY-NOD mice ($P < 0.01$, Fig. 8d). In addition, the percentage of Foxp3⁺ cells and MFI of Foxp3 increased significantly in CD4⁺CD25⁺ cells from DAC-treated CY-NOD mice (Fig. 8e and f). Thus, DAC administration prevented the occurrence of type 1 diabetes in CY-NOD mice, which is probably due to the increased percentage of CD4⁺CD25⁺ cells in peripheral CD4⁺ cells and up-regulation of Foxp3 in CD4⁺CD25⁺ cells in DAC-treated NOD mice.

Discussion

As a classical DNA demethylation agent, DAC is widely used in cancer models and patients; however, little is known about the effects of DAC on T lymphocytes especially CD4⁺CD25⁺ Treg cells. In the present study, we found that treatment with DAC at a low dose (1.5 mg/kg/day, ip) for a short time remarkably increased the percentage and number of Foxp3⁺ Treg cells in the thymus in mice. Furthermore, DAC could induce a significant demethylation of the CpG island in the first intron of the *Foxp3* gene in the CD25⁺CD4SP thymocytes. These observations suggest that epigenetic regulating events are closely involved in the development of Foxp3⁺ Treg cells in thymus.

DAC significantly enhanced the percentages of thymic CD25⁺CD4SP cells and Foxp3⁺CD4SP cells. Increased ratio of CD25⁺CD4SP to CD25⁻CD4SP cells in the thymi of DAC-treated mice may be resulted from the different resistance to apoptosis induced by DAC between CD25⁻CD4SP cells and CD25⁺CD4SP cells. It is reported that CD4⁺CD25⁻ cells are more prone to apoptosis than

CD4⁺CD25⁺ Treg cells in stress conditions [33, 39]. Importantly, the total number of Foxp3⁺CD4SP cells in the thymus increased significantly after DAC treatment, though the total number of CD25⁺CD4SP cells remains unchanged. These data indicate that a low dose of DAC treatment did not affect the proliferation or apoptosis of CD25⁺CD4SP cells, but up-regulate the expression of Foxp3 in CD4SP cells. This speculation is further supported by the observation that dramatically increased percentage of Foxp3⁺ cells and enhanced Foxp3 expression concurrently occurred in CD25⁺CD4SP cells in DAC-treated mice. Comparing with peripheral CD25⁺CD4⁺ Treg cells, in which the CpG motifs within the CpG island of *Foxp3* intron 1 were almost completely demethylated (99%), CD25⁺CD4SP thymocytes showed a clearly reduced degree of demethylation of the *Foxp3* gene (54%). However, after the treatment with DAC, CD25⁺CD4SP thymocytes showed a significantly increased degree of demethylated CpG motifs within the CpG island of *Foxp3* first intron (67%). On the other hand, even though Foxp3 is not expressed in CD25⁻CD4SP cells, less than half of the CpG sites in the promoter region of *Foxp3* gene were methylated (42%, Supplemental Fig. 1), while almost all CpG sites in the intronic region of *Foxp3* gene were methylated in CD25⁻CD4SP cells (98%), indicating Foxp3 expression is inversely correlated with the methylation status of the intronic CpG island of the *Foxp3* gene, while demethylation of the promoter region of *Foxp3* had relatively slight effect on foxp3 expression, as previously reported [19].

Using Foxp3-GFP knockin mice, Fontenot et al. found that “would-be” Treg cells or Treg precursors that have a CD4⁺CD25⁺Foxp3⁻ phenotype exist in the thymus [9, 12]. Natural CD4⁺CD25⁺ Treg cells developed in the thymus through interactions with self-peptide–MHC complexes and transiently activated (high expression of CD25) before acquiring full mature phenotypes and suppressive function [40–43]. Actually, in addition to the induction of Foxp3 expression in CD4⁺CD25⁺ thymocytes, DAC treatment up-regulated the expression of GITR, CTLA-4, and CD62L as well as down-regulated the expression of CD45RB significantly in CD4⁺CD25⁺ thymocytes. Taken together, DNA demethylation may play a critical role during the phenotype maturation of CD4⁺CD25⁺Foxp3⁺ Treg cells.

CD4⁺CD25⁺ thymocytes in DAC-treated mice showed increased immunosuppressive ability as determined in an in vitro traditional assay. More importantly, DAC in vivo treatment significantly inhibited the development of type 1 diabetes in CY-NOD mice, as well as reduced lymphocyte infiltration in islets and enhanced percentage of peripheral CD4⁺ CD25⁺ Treg cells in CD4⁺ cells of DAC-treated CY-NOD mice. Thus, DNA demethylation may have a clinical therapeutic effect on autoimmune disease. However, it is unclear whether the enhanced immunosuppressive ability of

CD4⁺ CD25⁺ Treg cells is due to the enhanced percentage of Foxp3⁺ cells in CD4⁺ CD25⁺ Treg cells, the enhanced Foxp3 expression in each cells, or cell phenotype alternation. It is likely that all these changes may contribute to the enhanced immunosuppressive function of CD4⁺ CD25⁺ Treg cells isolated from DAC-treated mice. It should be clarified in the coming studies.

Though the changes of Foxp3⁺ Treg cells in the thymi of DAC-treated mice were striking, no significantly enhanced Foxp3 expression and no conversion of CD4⁺CD25⁻ T cells to Foxp3⁺ Treg cells were observed in peripheral lymphoid tissues in mice after DAC treatment for 5 days (Supplemental Fig. 1). Accordingly, no enhanced immunosuppressive ability of peripheral CD4⁺CD25⁺ Treg cell in DAC-treated mice was observed (Fig. 6b). These data collectively indicate that thymic Foxp3⁺ Treg cell development may be more sensitive to DNA demethylation than peripheral induction of Foxp3⁺ Treg cells in naïve mice. It is reported that inhibiting methylation with 5-azacytidine induces obvious Foxp3 expression during mature CD4⁺CD25⁻ T cell activation in vitro [19, 21]. The inconsistency with our observation showing that the short-term treatment with a low dose of DAC did not remarkably induce Foxp3 expression in peripheral CD4⁺CD25⁻ T cells in mice may be due to the different experimental systems, such as the in vitro and the in vivo assays, or the duration of the treatment. However, long-term treatment with DAC increased the percentages of peripheral CD4⁺CD25⁺ Treg cells in NOD mice, indicating that DAC does affect the peripheral CD4⁺CD25⁺ Treg levels. Furthermore, our preliminary study showed that the in vitro treatment with DAC significantly induced Foxp3 expression in CD4⁺CD25⁺ cells from both spleen and thymus during activation without detectable difference (Supplemental Fig. 5). The different effect of DAC on peripheral and thymic CD4⁺CD25⁺ Treg development in vivo and in vitro needs to be determined.

Treatment with a low dose of DAC remarkably reduced the cell number of thymocytes which is consistent with previous reports [44–46]. Interestingly, no obvious cell cycle arrest and apoptosis of thymocytes were detected in DAC-treated mice. In addition, RT-PCR analysis of apoptosis-related genes such as Bad, Bax, FasL, Fas, and p53 showed that instead of increase, all of these genes decreased in DP cells or CD4SP cells in DAC-administrated mice. This apparent contradiction to the reduced thymocytes in DAC-treated mice may be explained by the fact that apoptotic thymocytes can be removed efficiently and quickly by thymic phagocytes and the survived cells are more resistant to cell death [47–50].

In conclusion, DAC-induced *Foxp3* demethylation in vivo significantly increased the percentage and cell number of thymic CD4⁺CD25⁺Foxp3⁺ Treg cells via enhancing Foxp3 expression in immature CD4⁺CD25⁺Foxp3⁻ T cells in

thymus indicating that epigenetic regulation is involved in the phenotype and functional maturation of CD4⁺CD25⁺Foxp3⁺ Treg cells. Moreover, DAC treatment in CY-NOD mice could significantly inhibit the occurrence of diabetes, supporting that DAC may have potential applications for the treatment of patients with autoimmune diseases.

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Conflict of interest statement The authors declare that they have no conflicts of interest.

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