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A cd8 alpha-negative subset of cd4+slamf7+ cytotoxic t cells is expanded in patients with igg4-related disease and decreases following glucocorticoid treatment

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Background: IgG4-Related Disease (IgG4-RD) is a fibroinflammatory disorder characterised by tumefactive lesions, frequent elevation of serum IgG4 levels, and tissue fibrosis.¹ Glucocorticoids represent the treatment of choice to induce IgG4-RD remission but their effect on the cells orchestrating the disease remains unknown.¹ We recently describerd an unconventional population of clonally expanded CD4⁺SLAMF7⁺ cytotoxic T effector memory (T_{EM}) cells (CD4⁺CTLs) and causally linked it to IgG4-RD in view of their capacity to secrete pro-fibrotic molecules and to infiltrate affected organs.^{2–4}

Objectives: In order to better clarify the mechanisms of action of glucocorticoids in IgG4-RD and the pathogenic relevance of CD4⁺ CTLs, we herein aim to describe the effects of corticosteroid treatment on CD4⁺ CTLs.

Methods: CD8a, granzyme A, perforin, and SLAMF7 expression within the effector/memory compartment of CD45RO (T_{EM}) and CD45RA (T_{EMRA}) CD4⁺ T cells was quantified by flow cytometry in 18 active IgG4-RD patients at baseline and after 6 months of glucocorticoid treatment. Eighteen healthy subjects were studied as controls. Next-generation sequencing of the T-cell receptor a and β



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d on circulating CD4⁺CTLs in patients with treatment, and in affected tissues. (http://www.eular.org/) T_{EM} and T_{EMRA} cells were not expanded pared to healthy controls. CD4⁺SLAMF7⁺

TEM CERIS (but not TEMRA Cells) were significantly increased among IgG4-RD patients. Within CD4⁺SLAMF7⁺ T_{EM} cells, CD8a⁻ but not CD8a^{low} cells were elevated in IgG4-RD patients. The same dominant clones of CD8a⁻CD4⁺SLAMF7⁺ T_{EM} cells found in the peripheral blood were also identified in affected tissue. Both CD8a⁻ and CD8a^{low} CD4⁺SLAMF7⁺ T_{EM} cells expressed cytolytic molecules. Clonally expanded CD8a⁻ but not CD8a^{low} CD4⁺SLAMF7⁺ T_{EM} cells decreased following glucocorticoid-induced disease remission.

Conclusions: A subset of CD8 α ⁻CD4⁺SLAMF7⁺ cytotoxic T_{EM} cells is oligoclonally expanded in patients with active IgG4-RD. This population contracts following glucocorticoid-induced remission. Further characterisation of this cell population may provide prognostic information and targets for therapeutic intervention.

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