

Methods for Testing Immunological Factors

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In Vitro Methods

Inhibition of Histamine Release from Mast Cells

Purpose and Rationale Hypersensitivity reactions can be elicited by various factors: either immunologically induced, i.e., allergic reactions to natural or synthetic compounds mediated by IgE, or non-immunologically induced, i.e., activation of mediator release from cells through direct contact, without the induction of, or the mediation through immune responses. Mediators responsible for hypersensitivity reactions are released from mast cells. An important preformed mediator of allergic reactions found in these cells is histamine. Specific allergens or the calcium ionophore 48/80 induce release of histamine from mast cells. The histamine concentration can be determined with the *o*-phthalaldehyde reaction.

Procedure

Preparation of Mast Cell Suspension Wistar rats are decapitated and exsanguinated. Fifty ml of Hank's balanced salt solution (HBSS) is injected into the peritoneal cavity, and following massage of the body, the abdominal wall is opened. The fluid containing peritoneal cells is collected in a centrifuge tube and centrifuged at 2,000 rpm. The cells are resuspended in HBSS. Then the cell suspension is brought to a final concentration of 10^5 mast cells/100 μ l.

Test Compound Administration and Induction of Histamine Release 1 ml test drug (concentration range between 10^{-4} and 10^{-8} Mol) is added to the mast cell suspension (10^5 cells/100 ml) and the mixture is incubated at 37 °C for 15 min. The cells are made up to a volume of 3 ml with HBSS, an equal volume of calcium ionophore (10^{-6} g/ml), compound 48/80, or specific allergen is added. The suspension is incubated at 37 °C for 30 min followed by centrifugation at 2,500 rpm.

The Following Control Solutions Are Needed

- *Spontaneous histamine release*: contains only mast cells and solutions used to determine the baseline
- *Histamine release*: contains mast cells and solutions and calcium ionophore (10^{-6} g/ml)
- *Test compound control*: contains solutions and test compound to test the compound for native fluorescence
- *Solution control*: contains only solutions used in the test to determine the baseline

Extraction of Histamine One ml of the top layer is transferred to a tube containing 300 mg NaCl and 1.25 ml butanol. The sample is alkalinized to extract the histamine into butanol by adding 1 ml 3 N

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NaOH. Following mechanical shaking, the sample is centrifuged for 5 min. One ml of the top layer (butanol) is pipetted into a 5-ml tube containing 2 ml of n-heptane and 0.4 ml of 0.12 N HCl. The tube is mixed by inverting it several times. Following separation into aqueous and organic phases, 0.5 ml of the aqueous phase is transferred to another tube.

Induction of o-Phthalaldehyde Complexing Reaction To each sample, 100 µl 1 N NaOH is added under constant stirring immediately followed by administration of 100 µl 0.2 % o-phthalaldehyde solution. After 2 min, the o-phthalaldehyde complexing reaction is stopped by addition of 50 µl 3 N HCl.

Determination of Histamine Release The total sample is transferred to an autosampler vial, and the histamine concentration is determined by a fluorescence detector (using excitation and emission wave lengths of 350 and 450 nm, respectively).

Evaluation Percent histamine release (hist. rel.) can be expressed by the following formula:

$$\frac{\text{Sample hist. rel.} - \text{Spontaneous hist. rel.}}{100\% \text{ hist. rel.} - \text{Spontaneous hist. rel.}} \times 100$$

The statistical evaluation is carried out using the Student's *t*-test (comparison of 100 % control to experimental group).

Critical Assessment of the Method Disodium cromoglycate has been reported to inhibit the release of histamine and the degranulation of rat mast cells (Orr and Cox 1969; Orr et al. 1971; Johnson and Bach 1975; Church and Young 1983). However, this effect of disodium cromoglycate and its analogues does not parallel the clinical efficacy (Kay et al. 1987).

Modifications of the Method Johnston et al. (1978) studied the increased superoxide anion production by immunologically activated and chemically elicited macrophages.

Flint et al. (1985) found a significant inhibition of histamine release by disodium cromoglycate in human mast cells recovered by bronchoalveolar lavage.

Ali et al. (1985) investigated the histamine release from rat peritoneal mast cells, human basophil and neutrophil leukocytes, and mast cells from mesentery of the lung and heart of rats and guinea pigs by the skin irritating constituents thapsigargin and thapsigarginin from the resin of the umbelliferous plant *Thapsia garganica*.

Eady (1986) studied the reactivity of mast cells in bronchoalveolar lavage fluid of macaques repeatedly infected with *Ascaris suum*.

Wells et al. (1986) compared release of histamine, LTC₄, and PGD₂ from primate bronchoalveolar mast cells with that of rat peritoneal mast cells.

The release of β-hexosaminidase from mouse or rat bone marrow-derived mast cells and from rat peritoneal mast cells was studied by Broide et al. (1986).

Peretti et al. (1990) recommended flow cytometry to investigate mast cell degranulation. Peptides, including substance P and bradykinin analogues, release histamine from human skin mast cells (Lawrence et al. 1989).

Williams et al. (1991) studied the vancomycin-induced release of histamine from rat peritoneal mast cells and a rat basophil cell line (RBL-1).

Kase et al. (2009) studied the inhibitory action of roxithromycin on histamine release in mast cells and Yazid et al. (2013) provided further support for antiallergic activity of chromones.

A sensitive colorimetric assay for the release of tryptase from human lung mast cells in vitro has been described by Lavens et al. (1993).

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Mitogen-Induced Lymphocyte Proliferation

Purpose and Rationale Cultured lymphocytes can be stimulated to a proliferative response and to DNA synthesis by various mitogens. Measurement of DNA synthesis can be accomplished by pulse-labeling the culture with tritiated thymidine (³H-thymidine), a nucleoside which is incorporated into the newly synthesized DNA. Immunomodulating properties can be detected either by pretreatment of the animals *in vivo* or by adding the test drug to the cultured lymphocytes.

Procedure Mice of NMRI strain weighing 18–20 g or rats of Lewis strain weighing 180–200 g are used.

Materials Sheep red blood cell (SRBC)-specific antigen and/or the following mitogens:

- Lipopolysaccharide 10–0.1 µg/ml.
- Dextran sulfate 30–7.5 µg/ml.
- Phytohaemagglutinin 0.5–0.12 % stock solution.
- Concanavalin A 0.5–0.12 µg/ml.
- As standards, levamisole, cyclosporine A, prednisolone, or leflunomide are used.

Ex Vivo Animals receive the test compound once a day for 5 days. Thereafter, they are sacrificed, spleens are removed, and a single cell suspension of 5×10^6 cells/ml is prepared. Mitogens are titrated (four replicates/group) in 0.1 ml/well and 0.1 ml of the cell suspension is added. Plates are incubated at 37 °C in 5 % CO₂ in air for 48–60 h and for another 8 h after addition of 0.25 µC ³H-thymidine per well. Cells are harvested on glass fiber filters, and after drying the degree of radioactivity is determined using a β-counter.

In Vitro Animals are sacrificed and their spleens removed. A single cell suspension of 10⁷ cells/ml is prepared and 0.05 ml placed in each microtiter well (four replicates/group). Then the test compound (four times concentrated) is added in 0.05 ml. At last 0.1 ml of the double concentrated mitogen is added. Plates are incubated and processed as described above.

Evaluation Stimulation index = proliferation ratio according to positive control, either with or without mean spleen weight. Statistical evaluation is carried out using the Student's *t*-test (comparison of positive and/or negative control to experimental group).

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Inhibition of T Cell Proliferation

Purpose and Rationale Activation and/or proliferation of clonal populations of T cells are critical for the initiation of an antigen-specific immune response. Thus, inhibition of T cell activation provides a potent means for suppressing specific immune response. A number of immunosuppressive agents exhibit the ability to suppress T cell activation.

Procedure

Purification of Peripheral Blood Leukocytes and T Cells Peripheral blood leukocytes from normal donors are separated on Ficoll-Hypaque (Pharmacia, Piscataway, NJ). Leukocyte suspensions are washed in HBSS and are resuspended in RPMI 1664 medium (Gibco, Grand Island, NY) containing 10 % heat-inactivated fetal bovine serum and 100 U/ml penicillin/streptomycin. Leukocyte suspensions are resuspended in RPMI 1664 containing 10 % heat-inactivated pooled human serum. Highly enriched T cells are obtained by passing leukocytes through a nylon wool column to remove macrophages and B cells and then depleted of NK and monocytes with anti-Leu 11 b (Becton Dickinson, Mountain View, CA) plus complement (Pel-Freez, Brown Deer, WI). These highly enriched T cells are approximately 95 % CD³⁺ cells, the remaining cells being B lymphocytes.

Mixed Lymphocyte Reaction Peripheral blood leukocytes are incubated at 2×10^5 /well with equal numbers of gamma-irradiated (3,000 rads) allogenic peripheral blood leukocytes and various concentrations of test compounds. Assays are performed in triplicate in 96-well, U-bottom plates. After 6 days of

coculture, the cells are pulsed for 6 h with 1 μ C of [3 H]thymidine per well. [3 H]Thymidine incorporation is then measured by scintillation counting. Data are presented as

$$\% \text{ inhibition} = \frac{\text{CPM}_{\text{expt}} - \text{CPM}_{\text{bckgrd}}}{\text{CPM}_{\text{ctrl}} - \text{CPM}_{\text{bckgrd}}} \times 100$$

where CPM_{expt} is mean counts per min of experimental cultures; $\text{CPM}_{\text{bckgrd}}$ is mean counts per min of background well, unstimulated cultures; and CPM_{ctrl} is mean counts per min of uninhibited, stimulated cultures.

Lymphocyte Stimulation and Proliferation Peripheral blood leukocytes and isolated T cells are cultured with anti-CD3 (5 ng/ml) plus PMA (5 ng/ml), anti-CD28 (1:5,000 dilution) plus PMA (5 ng/ml), or 100 U/ml rhuIL-2 in RPMI 1644 containing 10 % fetal bovine serum. Peripheral blood leukocytes or T cells are cultured at 2×10^5 cell per well in a total volume of 200 μ l/well. Assays are performed in quadruplicate in 96-well, U-bottom plates. [3 H]Thymidine (1 μ C) is added to each well after 48 h of coculture, and after a 20 h pulse of [3 H] thymidine, the cells are harvested, and the amount of [3 H] thymidine uptake is quantitated on a scintillation counter.

ELISA Assays Supernatants/well (100 μ l) are harvested 24 h after initiation of cultures of peripheral blood leukocytes or T cells stimulated with anti-CD3 or anti-CD28 plus PMA. IL-2 in the coculture supernatant is quantitated using a commercially available IL-2 ELISA kit. All experiments are performed in duplicate.

IL-2R Assays The expression of IL-2R on T cells stimulated for 48 h with anti-CD3 or anti-CD28 plus PMA is determined using FITC-conjugated anti-CD25 mABs (Becton Dickinson, Mountain View, CA). T cells are washed in HBSS and then stained with phycoerythrin-conjugated anti-CD3 mAB and fluorescein-conjugated anti-CD25 mAB. The percent of cells coexpressing CD3+ and CD25+ is determined from 2,000 cells using an EPICS C flow cytometer (Coulter, Hialeah, FL).

Evaluation Dose–response curves of inhibition of one-way mixed lymphocyte reaction and of IL-2 in the supernatant after stimulation with anti-CD3 or anti-CD28 are established.

Modifications of the Method Zielinski et al. (1993, 1994) studied the influence of leflunomide on expression of lymphocyte activation expression markers (IL-2 and transferrin receptors) as well as on cell cycle and on IL-2 receptor gene expression.

Calcineurin was found to be a key signaling enzyme in T lymphocyte activation and the target of immunosuppressive drugs (Clipstone and Crabtree 1993).

The viability and function of T lymphocytes has been explored using different cellular isolation techniques (Klein et al. 2006). A number of different vehicles have been shown to inhibit T cell proliferation which include the natural product silymarin (Morishima et al. 2010), heavy metals and polychlorinated biphenyls (Frouin et al. 2010), alternatively activated macrophages (Huber et al. 2010), type I interferon (Marshall et al. 2011), mesenchymal stem cells (Zinocker and Vaage 2012), and the programmed cell death-1 receptor (Patsoukis et al. 2015).

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Chemiluminescence in Macrophages

Purpose and Rationale The stimulation of macrophages by antigen, complement, phorbol esters, etc., leads to elaboration of O_2^- and other oxygen metabolites. Superoxide ion (O_2^-) and other highly reactive oxygen metabolites (radicals) form the basis for an efficient microbicidal system in vivo. Yet, when these radicals are released in response to self-antigens, tissue damage is often the result. Inhibition of this process can be regarded as a measure for immunomodulating effects of compounds. The oxygen metabolites can produce light-emitting reactions (chemiluminescence), which is measurable if amplified with suitable agents, such as the cyclic hydrazide luminol.

Procedure NMRI mice weighing 30 g or Sprague–Dawley rats weighing 250–300 g of either sex are used.

Positive Control

1. Sensitized mice, receiving vehicle
2. Mice, developing an autoimmune disease, receiving vehicle
3. Rats, developing adjuvant arthritis, receiving vehicle

Negative Control

1. Mice not sensitized, receiving vehicle
2. Mice, not developing an autoimmune disease, receiving vehicle
3. Rats without adjuvant arthritis

Materials

- 5×10^8 SRBC (sheep red blood cells)/0.5 ml 0.9 % NaCl solution (for sensitization)
- *Phorbol ester*: Stock solution of 1 mg/ml phorbolmyristenacetate. This stock solution is diluted with Hank's balanced salt solution to a final concentration of 3.5 μ M (working solution). For the induction of chemiluminescence, the working solution is diluted in the test tube 1:4, resulting in a final phorbol ester concentration of 0.875 μ M.
- Luminol (5-amino-2,3-dihydro-1,4-phthalazinedione, Sigma) final concentration 25 μ g/ml

Ex Vivo Experiment Groups of six animals are treated for 6 days orally or subcutaneously with test compound or the standard (prednisolone acetate or leflunomide). They are decapitated and exsanguinated. Macrophages are obtained by flushing the peritoneal cavity with 10 ml saline, containing 250 IU heparin. The cells are pooled, washed several times, and suspended again at a final concentration of $2 \times 10^6/200 \mu$ l.

For measurement in the luminometer, the following mixture is prepared:

200 μ l macrophages (2×10^6)
100 μ l luminol solution (100 μ g/ml)
100 μ l phorbolmyristenacetate solution (3.5 μ M)

Each sample is mixed thoroughly without the phorbolmyristenacetate solution, put into the luminometer, and counted at 2 min intervals for 10 s. The addition of the phorbol ester induces the reaction.

In Vitro Experiment To 100 μ l of macrophage suspension (2×10^6 cells) is added 100 μ l of the solution of the test compound and incubated for 15 min at 37 °C.

Then, 100 μ l of luminol solution (100 μ g/ml) and 100 μ l of the 3.5 μ M phorbol ester solution are added and the luminescence measured in the luminometer.

Evaluation The time of maximal counts for the positive control is recorded. For all groups, the ratio of counts per 10 s is determined at that time, compared to the positive control counts per 10 s, and the percent change is calculated. For statistical evaluation, the experimental group is compared with the positive control group using Student's *t*-test.

Modifications of the Method Bird and Giroud (1985) described a technique of polymorphonuclear leukocyte chemiluminescence as a means to detect compounds with anti-inflammatory activity. Inflammatory polymorphonuclear leukocytes were obtained by injecting rats intrapleurally with 1 ml of a 1 % solution of calcium pyrophosphate and collection of the pleural exudate 4 h later. Chemiluminescence responses were measured using a Packard Picolite chemiluminometer and opsonized zymosan as the stimulus.

Seeds et al. (1985) found an independent stimulation of membrane potential changes and the oxidative metabolic burst in polymorphonuclear leukocytes.

A microtechnique for studying chemiluminescence response of phagocytes using whole blood was described by Selvaraj et al. (1982).

Traykov et al. (1997) investigated the effects of phenothiazine compounds on activated macrophage-induced luminal-dependent chemiluminescence, and Szliszka et al. (2013) studied the anti-inflammatory activity of artemillin C, a constituent of the resinous green propolis. Van Dyke et al. (2003) explored the use of lucigenin-based chemiluminescence assay to interrogate various inflammatory stages.

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PFC (Plaque-Forming Colony) Test In Vitro

Purpose and Rationale Identification of antibody-producing cells is based on the ability of the secreted IgM antibody to fix complement and thereby lyse the indicator erythrocytes. Spleen cells or peripheral blood lymphocytes, previously incubated with antigen, are mixed with sheep red blood cells (SRBC). After addition of complement and incubation, plaques (clear areas) caused by the lysis of SRBC appear in the otherwise cloudy layer. Antibody-forming cells can be detected by the appearance of plaques. The number of plaques obtained is proportional to the number of antibody-producing lymphocytes in the cell population.

Procedure NMRI mice weighing 16–18 g or Lewis rats weighing 180–200 g of either sex are used.

Materials

- Absorbed guinea pig complement
- SRBC stored in Alsever's solution

Positive Control Spleen cells incubated with antigen and medium

Negative Control Spleen cells incubated with medium alone. The animals are decapitated and the spleens are removed from the peritoneal cavity. A single cell suspension of 15×10^6 cells/ml is prepared. For the induction of PFC, a 0.5 ml splenocyte suspension is added to 0.5 ml of a suspension of SRBC, previously washed in medium and diluted to 8×10^6 cells/ml. Thereafter, 1 ml of the solution of the test compound is added, and the limbrowells are incubated at 37 °C in a CO₂ incubator for 5 days. Per group 3 limbrowells are set up. On day 5, the three wells of each group are pooled and washed in medium, and the number of cells is determined. For each cell pellet, 875 µl of washed SRBC and 125 µl absorbed guinea pig complement are added. The suspension is mixed thoroughly and filled in chambers constructed of microslides. The chambers are placed in the incubator at 37 °C for 90–120 min. The plaque-forming colonies are counted immediately after incubation.

Evaluation The activity of test compounds can be determined using the following formula:

1. PFC/3 wells:

$$x = \frac{\text{plaques} \times 100}{\mu\text{l}}$$

2. % change in the number of plaques:

$$x = \frac{\text{plaques} \times 100}{\text{plaquespos. control}}$$

$$d\% = x - 100$$

3. % change in number of cells:

$$x = \frac{\text{number of cells} \times 100}{\text{number of cells pos. control}}$$

$$d\% = x - 100$$

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Inhibition of Dihydroorotate Dehydrogenase

Purpose and Rationale Dihydroorotate dehydrogenase catalyzes the fourth committed step in the de novo biosynthesis of pyrimidines. As rapidly proliferating human T cells have an exceptional requirement for de novo pyrimidine biosynthesis, small-molecule dihydroorotate dehydrogenase inhibitors constitute an attractive therapeutic approach to autoimmune diseases, immunosuppression, and cancer. The main mode of action of the immunosuppressive compound leflunomide and its active metabolites is considered to be the inhibition of the enzyme dihydroorotate dehydrogenase (Bruneau et al. 1998; Graul and Castañer 1998; Knecht and Löffler 1998; Rückemann et al. 1998; Schorlemmer et al. 1998; Herrmann et al. 2000; Liu et al. 2000).

Procedure A fragment of human dihydroorotate dehydrogenase is expressed by means of the baculovirus expression vector system and purified to a specific activity greater than 50 U/mg (Knecht et al. 1996, 1997). Enzyme assays are performed with purified recombinant dihydroorotate dehydrogenase at 30 °C. The oxidation of the substrate dihydroorotate and the reduction of the co-substrate quinone is coupled to the reduction of the chromogen 2,6-dichlorophenolindophenol (DCIP). The reaction mixture contains 0.1 mM Q_D or 0.1 M Q₁₀, 1 mM L-dihydroorotate, 0.06 mM DCIP, 0.1 % Triton X-100 in 50 mM Tris–HCl buffer, 150 mM KCl, and pH 8.0. The reaction is started by addition of the enzyme. The loss of absorbance of the blue DCIP is monitored at 600 nm: $\epsilon = 18.800 \text{ l mol}^{-1} \text{ cm}^{-1}$. The enzyme activity in control assays without Q_D or Q₁₀ which is approximately 1 % of maximum enzyme activity is subtracted from the activity values measured. Stock solutions of the test compounds are prepared in dimethyl sulfoxide with further dilutions in the buffer taken for the assays.

Evaluation To determine the inhibitory potency of the agents, the initial velocity of dihydroorotate dehydrogenase reaction is measured at saturating substrate concentrations, 1 mM dihydroorotate and

100 μM Q_D , and varying concentrations of the drugs (1 nM through 100 μM). The equation is fitted to the initial velocities:

$$v = V / \{1 + [I]/IC_{50}\}$$

([I] is the inhibitor concentration) in order to find the concentration causing 50 % inhibition of the enzyme activity (IC_{50}). Both virtual (Diao et al. 2012) and high-throughput screening (Baldwin et al. 2005) and have been used to identify micromolar and sub-micromolar, respectively, inhibitors of DHODH activity. Recently, DHODH has emerged as a therapeutic target in bovine babesiosis (2014).

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Sphingosine 1-Phosphate

General Considerations Sphingolipids have emerged as molecules whose metabolism is regulated to generation of bioactive products including ceramide, sphingosine, and sphingosine-1-phosphate. The balance between cellular levels of these bioactive products is recognized to be critical to cell regulation and may be a promising approach to tumor therapy and multiple sclerosis (Huwiler and Pfeilschifter 2006; Rosen et al. 2013; Blaho and Hla 2014), whereby ceramide and sphingosine cause apoptosis and growth arrest phenotypes and sphingosine-1-phosphate mediates proliferative and angiogenic responses. Sphingosine kinase is a key enzyme in modulating the levels of these lipids (Hannun and Obeid 1995; Hofmann and Dixit 1998; Mathias et al. 1998; Prieschl et al. 1999; Pyne and Pyne 2000; Cummings et al. 2002; MacKinnon et al. 2002; Rosen and Liao 2003; Chen et al. 2004; Deguchi et al. 2004; Lee et al. 2004; Peng et al. 2004; Cyster 2005; Kee et al. 2005; Watterson et al. 2005; Gardell et al. 2006; Taha et al. 2006). Ceramide formation and degradation are influenced by nitric oxide (NO) (Huwiler et al. 1999a, b; Franzen et al. 2002a, b).

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Binding to Sphingosine 1-Phosphate Receptors

Purpose and Rationale At least five subtypes of the sphingosine 1-phosphate receptor with tissue specificity are known (Meyer zu Heringdorf et al. 1998; Kon et al. 1999; Im et al. 2000, 2001; Forrest et al. 2004; Hale et al. 2004a; Sanna et al. 2004; Zhou and Murthy 2004; Xin et al. 2004; Lepley et al. 2005; Kimura et al. 2006; Kitano et al. 2006).

The immunomodulator FTY720 is an agonist to sphingosine 1-phosphate receptors (Brinkmann et al. 2002, 2010; Brunkhorst et al. 2014; Chiba 2005; Chiba et al. 2011, 2014; Gräler and Goetzl 2004; Kunzendorf et al. 2004; Xin et al. 2004; Albert et al. 2005; Bandhuvula et al. 2005; Sawicka et al. 2003, 2005; Habicht et al. 2005; Takasugi et al. 2013; Xin et al. 2006; Zhang et al. 2013; Zhou et al. 2006). FTY720 is derived from ISP-1 (myriocin), a fungal metabolite that is an eternal youth nostrum in traditional Chinese herbal medicine (Fujita et al. 1994). The compound {2-amino-2-[2-(4-octophenyl) ethyl]propane-1,3-diol} is a highly potent immune modulating agent.

Further derivatives such as sphingosine 1-phosphate receptor agonists (Hale et al. 2004b, c; Clemens et al. 2005; Foss et al. 2005; Galicia-Rosas et al. 2012; Guerrero et al. 2013; Kiuchi et al. 2005; Komiya et al. 2012; Jin et al. 2014; Jo et al. 2005; Li et al. 2005; Colandrea et al. 2006; Sanada et al. 2011; Satsu et al. 2013; Sobel et al. 2013; Ren et al. 2012; Yamamoto et al. 2014) and antagonists (Davis et al. 2005; Kennedy et al. 2011; Angst et al. 2012) have been described, and a patent review of sphingosine 1-phosphate receptors has been conducted (Roberts et al. 2013). Brinkmann et al. (2002) used the [γ -³⁵S] GTPS-binding assay to study the binding of the immune modulator FTY720 to sphingosine 1-phosphate receptors.

Forrest et al. (2004) studied the binding of sphingosine 1-phosphate agonists on distinct receptor subtypes.

Procedure

Receptors and Cell Lines CHO cells stably expressing human S1P_{1,2,3,4,5} were used (Mandala et al. 2002). cDNA sequences encoding rodent S1P receptors were cloned from genomic DNA by polymerase chain reaction using the following primers for each respective receptor:

5'-GAACCCGGGTGTCCACTAGCATCCCGG and 5'CCCGAATTCTTAGGAAGAAGAATT GACGTTTCC (mouse S1P₁), 5'-GAACCCGGGCGGCTTATACTCAGAGTACC and 5'-GGCGAATT CTCAGACCACTGTGTTACCCTC (mouse S1P₂), 5'-GAACCCGGGCAACCACGCATGCGCAGG and 5'-GTCGAATTCTCACTTGCAGAGGACCCCG (mouse S1P₃), 5'-GAACCCGGGAACAT CAGTACCTGGTCCACGC and GCGGAATTCTAGGTGCTGCGGACGCTGG (mouse S1P₄), 5'-GAACCCGGGCTGCTGCGGCCGG and 5'-CGCGAATTCAGTCTGTAGCAGTAGGCACC (mouse S1P₅), 5'-GTAGGATCCGTGTCCTCCACCAGCATC and 5'GGCCGAATTCTTAAGAAGAA GAATTGACGTTTC (rat S1P₁), 5'-GAACCCGGGCATCCACGCATGCGCAG and 5'-GCCGAA TTCTCACTTGCAGAGGACCCATTCTG (rat S1P₃).

The polymerase chain reaction products were inserted in-frame after a FLAG tag using vector pCMV-Tag2 (Stratagene, La Jolla, Calif., USA). Stable lines were established by transfecting plasmids into CHO cells using Lipofectamine reagent, selecting for neomycin resistance, and screening single cell cultures for increased [³³P] S1P-specific binding. Membranes were prepared from positive clones and confirmed in [³³P]S1P and [³⁵S]GTPγS binding assays.

S1P Receptor Assays Binding assays were conducted as described by Mandala et al. (2002). [³³P]S1P was sonicated with fatty-acid-free bovine serum albumin, added to test compounds diluted in dimethyl sulfoxide (DMSO), and mixed with membranes in 200 μl in 96-well plates with assay concentrations of 0.1 nM [³³P]S1P (22,000 dpm), 0.5 % bovine serum albumin, 50 mM HEPES-Na (pH 7.5), 5 mM MgCl₂, 1 mM CaCl₂, and 0.3–0.7 μg of membrane protein. Binding was performed for 60 min at room temperature and terminated by collecting the membranes onto GF/B filter plates with a Packard Filtermate Universal harvester. Filter-bound radionuclide was measured on a Perkin Elmer 1450 MicroBeta. Specific binding was calculated by subtracting radioactivity that remained in the presence of 1,000-fold excess of unlabeled S1P.

To measure functional activation of the S1P receptors, [³⁵S]GTPγS binding was measured. Membranes (1–4 μg of protein) were incubated in 96-well plates with test compounds diluted in DMSO in 100 μl of buffer containing 20 mM HEPES (pH 7.4), 100 mM NaCl, 10 mM MgCl₂, and 2–10 μM GDP, depending on the expressed receptor. The assay was initiated with the addition of 100 μl of [³⁵S]GTPγS (1,200 Ci/mmol or 44,400 Bq/mmol; Perkin Elmer Life and Analytical Sciences, Boston, Mass., USA) for an assay concentration of 125 pM. After 60 min of incubation at room temperature, membranes were harvested onto GF/B filter plates, and bound radionuclides were measured.

Modifications of the Method Murata et al. (2000) described a radioreceptor-binding assay for quantitative measurement of sphingosine 1-phosphate.

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Sphingosine Kinase Activation Assay

Purpose and Rationale Sphingosine 1-phosphate produced by two sphingosine kinase isoenzymes, denoted SphK1 and SphK2, is the ligand for a family of specific G-protein-coupled receptors that regulate cytoskeletal rearrangements and cell motility. Unlike the proliferative action of SphK1, the isoenzyme SphK2 has been shown to possess antiproliferative and proapoptotic action. Both kinases have been cloned and functionally characterized (Kohama et al. 1998; Liu et al. 2000, 2003; Nava et al. 2000; Olivera et al. 2000; Igarashi et al. 2003; Paugh et al. 2003; Sanchez et al. 2003; Billich et al. 2005; Döll et al. 2005; Hait et al. 2005; Kharel et al. 2005; Okada et al. 2005; De Palma et al. 2006; Zemmann et al. 2006; Gao and Smith 2011; Neubauer and Pitson 2013; Tonelli et al. 2013; Zhang et al. 2013; Ceccom et al. 2014; Plano et al. 2014; Shen et al. 2014; Tamashiro et al. 2014; Tous et al. 2014). A recent summary of drugs in clinical trials targeting the sphingosine 1-phosphate pathway illustrates the potential roles of this axis in cancer and autoimmune inflammatory disease (Kunkel et al. 2013).

Sphingosine kinase activity assays were performed in a similar way by Paugh et al. (2003) and by Huwiler et al. (2006).

Procedure

Sphingosine Kinase Activity Assay In vitro kinase reactions were performed according to Olivera et al. (2000). In brief, 30 μ g of protein lysates was incubated with 50 μ mol/l of sphingosine (dissolved as 1 mmol/l stock solution in 4 mg/ml of BSA in PBS) and 10 μ Ci (370 kBq) of [γ -³²P]ATP for 15 min at 37 °C. For SK-2 activity assay, the same buffer including 1 M KCl was used to inhibit SK-1 activity (Liu et al. 2000). Reactions were terminated by addition of 20 μ l of 1 N HCl followed by 800 μ l of chloroform/methanol/HCl (100:200:1, v/v), 240 μ l of chloroform, and 240 μ l of 2 mol/l KCl. After vigorous vortexing and phase separation, 50 μ l of the lower organic phase was loaded onto TLC plates and run in 1-butanol/ethanol/acetic acid/water (80:20:10:20, v/v).

Evaluation Spots corresponding to SIP were analyzed and quantified using an imaging system (Fuji).

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Lymphocyte Trafficking After Sphingosine 1-Phosphate Receptor Agonists

Purpose and Rationale Adaptive immunity depends on T cell exit from the thymus and T and B cells traveling between secondary lymphoid organs to survey for antigen. After activation in lymphoid organs, T cells must again return to circulation to reach sites of infection. The immunomodulatory drug FTY720 induces sequestration of circulating mature lymphocytes by acceleration of lymphocyte homing via the S1P receptor 1 (Chiba et al. 1998; Yanagawa et al. 1998a, b; Henning et al. 2001; Forrest et al. 2004; Matloubian et al. 2004; Hait et al. 2005; Kharel et al. 2005; Huwiler et al. 2006). Mandala et al. (2000) described alteration of lymphocyte trafficking by sphingosine 1-phosphate receptor agonists.

Procedure

Induction of Lymphopenia and Reduction of Thoracic Duct (TD) Lymphocytes by S1P and Analogues in Rats Blood or thoracic duct lymphocyte counts were determined by autoanalyzer (H2000, CARESIDE, Culver City, Calif., USA) and normalized to counts in vehicle controls after administration of FTY720 (2.5 mg/kg p.o.) or test compound. S1P was administered by continuous infusion beginning at 8 mg/kg/h for 20 min followed by 2 mg/kg/h for a further 220 min. The measured physiological S1P concentration in rat plasma by LC-MS was 0.5 µg/ml. This rose to a C_{max} of 2.5 µg/ml at 30 min and was maintained at 1.5 µg/ml for the remainder of the experiment. Studies on the effect on lymphocyte numbers

in thoracic duct-cannulated rats were performed after the administration of FTY720 or test compound. Lymph flow remained constant for the duration of the experiment, and numbers are shown as the average cell concentration maintained over the preceding 30 min.

FACS Measurement of Peripheral Blood Lymphocyte Depletion in Cannulated Rats Percentage depletion by FTY720 compared to vehicle control was measured. Similar nadir lymphopenia was produced by FTY720 or non-metabolizable phosphonates. Peripheral blood samples were diluted 1:1 with phosphate-buffered saline (PBS), layered on the same volume of Lymphocyte Separation Medium (ICN Biomedicals, Aurora, Ohio, USA), and centrifuged at 400 g for 30 min. Peripheral blood mononuclear cells (PBMC) were resuspended in PBS and counted using a hemocytometer. PBMC were then stained with FITC-labeled anti-CD8, PE-labeled anti-CD45RA, and Cy-chrome-labeled anti-CD4 antibodies. Numbers of CD4-, CD8-, and CD45RA-positive cells were calculated by multiplying total PBMC count with the percentages of CD4⁺, CD8⁺, and CD45RA⁺ generated from flow cytometry.

Quantitation of Lymph Node Cells Single cell suspensions were prepared by passage of tissues through a 40- μ m sieve. Peripheral blood lymphocytes were further isolated from spleens by ammonium chloride lysis of red blood cells. Cells were subsequently washed in UltraCULTURE medium (Biowhittaker, Walkersville, Md., USA), and all samples were adjusted to the same volume with PBS. An equal volume of 4 % paraformaldehyde was added while gently vortexing the samples. The total number of viable, unstained lymphocytes per sample was determined by flow cytometry (FACScan; Becton Dickinson) using CellQuest software (Becton Dickinson), based upon forward- and side-scatter characteristics. Beads (Sigma; P7458) were used as an internal standard.

Evaluation Data were calculated as cell number per node by dividing the total number of lymphocytes quantitated by the number of nodes harvested per site (i.e., the number of Peyer's patches and mesenteric or peripheral lymph nodes collected).

Modifications of the Method Kawa et al. (1997) reported inhibition of chemotactic motility and trans-endothelial migration of human neutrophils by sphingosine 1-phosphate.

Fueller et al. (2003) described activation of human monocytic cells by lysophosphatidic acid and sphingosine-1-phosphate.

Roviezzo et al. (2004) studied human eosinophil chemotaxis and selective in vivo recruitment by sphingosine 1-phosphate. Kunisawa et al. (2007) showed that sphingosine 1-phosphate may regulate peritoneal B cell trafficking and Thangada et al. (2010) using adoptive transfer experiments in wild-type mice, and mice mutated for the sphingosine 1-phosphate receptor showed that cell surface residency of the receptor determines the kinetics of lymphocyte egress. Yang et al. (2014) showed that fingolimod (FTY720) may prevent inflammation-sensitized hypoxic ischemia brain injury in newborn rats.

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In Vivo Methods for Testing Immunological Factors

Spontaneous Autoimmune Diseases in Animals

Several spontaneous autoimmune diseases have been reported in several inbred animal strains:

New Zealand black mouse (NZB mouse) (Bielschowski et al. 1959; Howie and Helyer 1968; Barthold et al. 1974; Blanchard and Bach 1980). The NZB mouse develops a spontaneous autoimmune disease with autoimmune hemolytic anemia, splenomegaly, glomerulonephritis, lymphoproliferative disorders, and peptic ulcerations.

New Zealand black/white F1 (B/W) mouse (Helyer and Howie 1963; Kessler 1968). These animals develop nephritis similar to that in human systemic lupus erythematosus and show mononuclear cell infiltration in salivary and lachrymal glands such as in human Sjögren's syndrome.

A strain of the autoimmune-prone mouse, NZB/kl, was found to show spontaneous elevation of the auditory brainstem response threshold with age (Sone et al. 1995).

Immunodeficient alymphoplasia mice were recommended as a spontaneous model for Sjögren's syndrome (Tsubata et al. 1996). Mice homozygous for an autosomal-recessive mutation aly (alymploplasia) lack both lymph nodes and Peyer's patches and show defects in both humoral and cellular immunity. Histopathological analyses revealed chronic inflammatory changes in exocrine organs such as the salivary gland, the lacrimal gland, and the pancreas.

The **Palmerston North autoimmune mouse strain** which exhibits both spontaneous systemic autoimmune disease and otic capsule bone formation has been proposed as a model for otic capsule osteogenesis and otosclerosis (Hertler and Trune 1990; Traynor et al. 1992).

In aging **BDF1 mice**, Hayashi et al. (1988) described spontaneous development of autoimmune sialadenitis.

Robison et al. (1994) examined the relationship between orchitis and aspermatogenesis in various strains of H₂ congenic mice and defined a genetic predisposition to spontaneous aspermatogenesis.

Mothaten mice. Mice homozygous for the autosomal-recessive mothaten (me) or the allelic viable mothaten (me^v) mutations develop severe and early-age onset of systemic autoimmune and inflammatory disease (Green and Shultz 1975; Shultz et al. 1984; Shultz 1988; Su et al. 1998).

The genetic, hormonal, and behavioral influence on spontaneously developing arthritis in normal mice has been reviewed by Holmdahl et al. (1992).

Nonobese diabetic mouse (NOD mouse) (Makino et al. 1980; Miyazaki et al. 1985; Leiter et al. 1987). The inbred NOD mouse is considered a good model for type I diabetes mellitus. Mononuclear cells infiltrate the pancreatic islets of Langerhans from 6 to 8 weeks of age, followed by a progressive and

selective destruction of insulin-producing β -cells and the onset of IDDM from the 12th week of age onwards.

Itoh et al. (1997) studied the requirement of Fas for the development of autoimmune diabetes in nonobese diabetic mice.

Quartey-Papafio et al. (1995) showed that aspartate at position 57 of nonobese diabetic I-A (g7) β -chain diminishes the spontaneous incidence of insulin-dependent diabetes mellitus in the NOD mouse.

The NOD mouse was also recommended to study the pathogenesis of autoimmune thyroiditis (Many et al. 1996; Giarratana et al. 2007).

Inherited inflamed joints. Adipue et al. (2011) established a new spontaneous murine model of inflammatory arthritis of inherited inflamed joints (IIJ) established from AR mice that appeared in a 5B6 transgenic mouse-breeding colony.

Qi et al. (2013) developed a murine model of spontaneous liver disease resembling autoimmune hepatitis, and Yang et al. (2014) developed a murine model of spontaneous peripheral polyneuropathy.

Bio-breeding rat (BB rat) (Like et al. 1982; Field 1983; Yale and Marliss 1984). On the basis of clinical and histopathological parameters, the BB rat is considered a useful model for human IDDM. The disease in the BB rat is characterized by infiltration of lymphocytes and macrophages into the islets of Langerhans.

Allen and Thupari (1995) described spontaneous autoimmune lymphocytic thyroiditis in *BB/Wor rats*.

Obese strain chicken (OS chicken) (van Tienhoven and Cole 1962; Cole 1966; Cole et al. 1968, 1970; Wick et al. 1974). The OS chicken is perhaps the best studied model for an organ-specific, spontaneously occurring autoimmune disease, viz., spontaneous autoimmune thyroiditis, which closely resembles human Hashimoto thyroiditis. The spontaneous autoimmune thyroiditis in obese chicken was further studied by Neu et al. (1986), Kroemer et al. (1989), Cihak et al. (1995), Hala et al. (1996), and Dietrich et al. (1997).

Chickens of the University of California line 200 (**UCD-200 chickens**) develop an inherited inflammatory fibrotic disease that closely resembles human progressive systemic sclerosis (scleroderma) (Gershwin et al. 1981; Van de Water et al. 1984; Brezinscheck et al. 1993).

Schumm-Draeger and Fortmeyer (1996) described **autoimmune thyroiditis in the cat** as a spontaneous disease model.

Spontaneous autoimmune thyroiditis was found in **Mastomys** (*Praeomys coucha*) by Solleveld et al. (1985) and recommended as an animal model of human disease.

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Acute Systemic Anaphylaxis in Rats

Purpose and Rationale Rats are immunized with ovalbumin and *Bordetella pertussis* suspension as adjuvant. After 11 days, the animals are challenged by intravenous injection of ovalbumin. The shock symptoms can be inhibited by corticosteroids and intravenous disodium cromoglycate.

Procedure Female Sprague–Dawley rats weighing 120 g are immunized by i.m. injection of 10 mg/kg highly purified ovalbumin. Simultaneously 1 ml of *Bordetella pertussis* suspension (2×10^{10} organisms) is injected intraperitoneally. IgE antibodies are induced and attached to the surface of mast cells and basophilic granulocytes. Eleven days later, the animals are challenged by intravenous injection of 25 mg/kg highly purified ovalbumin. This results in the formation of antigen–antibody complexes on the surface of mast cells and basophilic granulocytes in blood and in all organs with immediate release of various mediators of anaphylaxis, such as histamine, serotonin, SRS-A, and prostaglandins; in shock symptoms; and 80 % lethality. Corticosteroids, e.g., dexamethasone 1–10 mg/kg s.c., are given 18 h prior to challenge or 30 mg/kg disodium cromoglycate i.v. before injection of ovalbumin. Ten to 20 animals are used for each group.

Evaluation The shock symptoms are scored and mortality counted. Results after treatment are compared with untreated controls. Pretreatment with corticosteroids or disodium cromoglycate can inhibit death and ameliorate shock symptoms. Statistical calculation is performed using the χ^2 -test.

Modifications of the Method Desensitization by repeated “microshocks” of constant strength in guinea pigs has been reported by Herxheimer (1952).

Acute systemic anaphylaxis experiments have also been performed in guinea pigs and in mice. In guinea pigs, anaphylactic bronchospasm can be measured with the Konzett and Rössler method (Davies and Evans 1973).

Moreover, anaphylactic bronchospasm can be measured in isolated guinea pig lungs according to the method of Bhattacharya and Delaunois (1955).

Anaphylaxis can be measured in the chopped guinea pig lung by assay of the supernatant in the isolated guinea pig ileum in the presence of 2×10^{-7} M atropine (Austen and Brocklehurst 1961).

Ufkes and Ottenhof (1984) sensitized Brown Norway rats with a suspension of trinitrophenyl-haptenized ovalbumin together with AlPO₄ as adjuvant. Bronchial and cardiovascular functions were studied after treatment with antiallergic agents and antigen challenge.

Elwood et al. (1992) studied the effect of dexamethasone and cyclosporine A on allergen-induced airway hyperresponsiveness and inflammatory cell responses in sensitized Brown Norway rats.

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Anti-anaphylactic Activity (Schultz–Dale Reaction)

Purpose and Rationale Guinea pigs are sensitized against egg albumin. Challenge after 3 weeks causes in isolated organs' release of mediators, e.g., histamine, which induce contraction in isolated ileum.

Procedure Guinea pigs of either sex weighing 300–350 g are sensitized with alum-precipitated egg albumin. Alum egg albumin is prepared by dissolving egg albumin (1 mg/ml) in 6 % aluminum hydroxide gel, suspended in saline. The mixture is stirred and kept at room temperature. Each animal receives at the same time injections of 0.125 ml of this mixture in each foot pad and 0.5 ml subcutaneously. After 4 weeks, the animals are killed and the ileum is dissected out. Cleaned pieces, about 2–3 cm long, are mounted in an organ bath containing Tyrode solution at 37 °C. The strips are allowed to equilibrate for 15 min. The contractility of the ileum strips is tested by adding 10^{-4} g/ml BaCl₂ solution. To one organ bath the standard (2×10^{-6} g/ml final concentration of tribenoside = 1-*O*-ethyl-3,5,6-tri-*O*-benzyl-D-glucufuranoside = Glyvenol CIBA) and to other vials the test compounds (final concentration up to 10^{-5} g/ml) are added. One organ bath serves as control. After 3 min, ovalbumin in a final concentration of 2×10^{-6} g/ml is added. The contractions are recorded with strain gauges by a polygraph.

Evaluation The results are expressed as presence or absence of blocking activity (percentage inhibition). If anti-anaphylactic activity is observed, ED_{50} values using different doses are calculated.

Critical Assessment of the Method Positive results can also be achieved with spasmolytics, local anesthetics, antihistaminics, and sympathicomimetics.

Modifications of the Method The method has been modified by testing histamine release in the lung after challenging with egg albumin. Either lung strips from sensitized guinea pigs are suspended in an organ bath and their contractions are measured after addition of egg albumin or the entire lung tissue is dissected out and washed free from blood by perfusing with warm oxygenated Tyrode solution via the pulmonary artery. The lung tissue is chopped and washed with Tyrode solution in order to remove the remaining blood. The chopped lung tissue is divided into 24 samples, each of approximately 100 mg wet weight. These are incubated at 37 °C in Tyrode solution for 15 min with continuous agitation by rocking, after which 1 mg/ml of egg albumin is added to the reaction mixture. After shaking for 10 min at 37 °C, the supernatant is collected and assayed for histamine with guinea pig ileum. Atropine sulfate 2 mg/ml is added in Tyrode solution. The residual histamine is obtained by boiling the tissue in 5 ml Tyrode solution for 10 min. The tubes are then placed on ice for 1 h to allow complete diffusion. Released histamine is expressed as a percentage of total histamine content.

Koppel et al. (1981) developed a method to induce contraction of immunologically sensitized mouse trachea by antigen (Schultz–Dale reaction).

The trachea of sensitized guinea pigs was used by Omote et al. (1994). Choi et al. (2008) measured the effects of dehydroepiandrosterone on the Schultz–Dale reaction and the Th2 immune response in sensitized BALB/c mice. Guhathakurta et al. (2013) determined the effects of UNIM-352 and Naik

et al. (2013) the effects of extract of *Zizyphus jujuba* fruits, both natural products, in a rodent model of systemic anaphylaxis.

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Passive Cutaneous Anaphylaxis

Purpose and Rationale Passive cutaneous anaphylaxis is an immune reaction of the immediate type. By passive immunization of rats in the skin with rat anti-ovalbumin serum and a challenge 2 days later with ovalbumin at the same skin area, antigen–antibody complexes are formed in the mast cells inducing release of mediators. This results in vasodilatation, increase in permeability of the vessel walls, and leakage of plasma. To make the allergic reaction visible, Evan’s blue dye is administered along with the antigen. Evan’s blue dye is attached to the albumin fraction of plasma, producing a blue spot. This blue spot indicates that an anaphylactic reaction has taken place in the skin.

Procedure For preparation of antiserum, male rats weighing 200–250 g are adrenalectomized and are allowed to recover for 3 days. Thereafter, animals are sensitized with egg albumin (1 mg/animal) using aluminum hydroxide gel (200 mg) as adjuvant. Alum egg albumin is prepared by dissolving 1 mg/ml of egg albumin in 20 % aluminum hydroxide gel, suspended in saline. Each animal simultaneously receives 0.125 ml of the above solution in each foot pad and 0.5 ml subcutaneously. After 8 days, the animals are bled and antiserum is collected.

For the test, the antiserum is diluted in such a manner as to give a wheal of 15–20 mm diameter in a preliminary titration. Aliquots of 100 µl of appropriate dilution of antiserum are injected intradermally into the shaved dorsal skin of normal male rats weighing about 100 g. After 24 h of latent period, each animal is challenged with the intravenous administration of 0.1 ml of 2.5 % Evans blue dye containing 25 mg/ml of egg albumin. In the case of intravenous administration, the test compound is administered simultaneously with the antigen and the dye. In case of oral testing, the compound is given orally 1 h prior to challenge. The animals are sacrificed 30 min after the challenge. The amount of Evans blue dye leaked at the site of passive cutaneous anaphylactic reaction is extracted and determined colorimetrically at 620 µm wavelength.

Evaluation The amount of Evans blue extracted from passive cutaneous anaphylactic reaction is taken as 100 %. Percent inhibition of passive cutaneous anaphylactic reaction in the rats treated with the test compound is calculated. The standard disodium cromoglycate at a dose of 3 mg/kg i.v. or 30 mg/kg orally results in 80–100 % inhibition. Using different doses, ED_{50} values can be calculated.

Modifications of the Method Goose and Blair (1969) used *Bordetella pertussis* and extracts of the worm *Nippostrongylus brasiliensis* as antigens in passive cutaneous anaphylaxis experiments in the rat.

Patterson et al. (1971) tested passive cutaneous reactivity to antihuman IgE in rhesus monkeys.

Without immunization, plasma extravasation after bradykinin injection can be tested in anesthetized Sprague–Dawley rats (Lembeck et al. 1991). Evans blue dye is injected to stain plasma proteins. After injection of bradykinin antagonists followed by bradykinin injection, the rats are perfused with physiological saline. The trachea, the urinary bladder, and the duodenum are resected, weighed, and incubated for 48 h in formamide at 50 °C (Saria et al. 1983). The amount of Evans blue extracted is measured photometrically at 620 nm.

Vascular reactions to histamine, histamine liberator, and leukotaxine in the skin of guinea pigs using pontamine sky blue 6× as indicator were studied by Miles and Miles (1952). Babakin et al. (2008) investigated the effects of fullerene-60 in both systemic and both rat and murine passive cutaneous models of anaphylaxis, and Zhu et al. (2009) showed that the proteinase-activated receptor 2 is involved in passive cutaneous murine model of anaphylaxis and that it can be inhibited by tacrolimus.

Hitomi et al. (2010) discovered that mice deficient in the immunoglobulin-like receptor Allergin-1 developed enhanced passive systemic and cutaneous anaphylaxis, and Han et al. (2013) showed that the phytoalexin resveratrol inhibited both IgE-mediated basophilic mast cell degranulation and passive cutaneous anaphylaxis in a murine model.

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Arthus-Type Immediate Hypersensitivity

Purpose and Rationale The immune complex-induced Arthus reaction comprises inflammatory factors that have been implicated in the acute responses in joints of rheumatic patients. Complement and polymorphonuclear neutrophils are activated via precipitating antigen–antibody complexes leading to an inflammatory focus characterized by edema, hemorrhage, and vasculitis. Arthus reaction of the immediate type becomes maximal 2–8 h after the challenge.

Procedure

Ovalbumin Suspension 1,700 mg ovalbumin is suspended in 100 ml paraffin oil. 4.38 ml pertussis vaccine is suspended in 70 ml 0.9 % NaCl solution. Both suspensions are mixed to form an emulsion.

Wistar or Sprague–Dawley rats of either sex weighing 220–280 g can be used. Seven days prior to the start of the experiment, rats are sensitized by i.m. administration of 0.5 ml of the ovalbumin suspension. They are housed in groups of eight with standard food and water ad libitum.

Twenty-four hours and 1 h prior to induction of the Arthus reaction, test compounds are administered to groups of eight animals. The rats are challenged by injection of 0.1 ml of 0.04 % solution of highly purified ovalbumin in the left hind paw. Swelling of the paw occurs which reaches a maximum after a few hours. The footpad thickness can be measured by calipers. One group of sensitized animals treated with solvent alone serves as positive control; one group of non-sensitized animals treated with solvent alone serves as negative control. Standard doses are 30 mg/kg cortisone or 10 mg/kg prednisolone p.o.

Evaluation The change in footpad thickness is expressed as the percent change from the vehicle control group. Comparison of experimental group to positive control is evaluated statistically using Student's *t*-test.

Modifications of the Method Instead of ovalbumin, sheep red blood cell suspensions can be used for immunization and for challenge in mice (Omote et al. 1994).

Nagakawa et al. (1990) sensitized mice by s.c. injection of bovine serum albumin in complete Freund's adjuvant and boosted on day 21 by an intradermal injection of BSA. On day 28, the Arthus reaction was elicited by intradermal injection of BSA. Four hours later, an erythematous skin reaction over an area of more than 8 mm² was regarded as positive.

Kamei et al. (1991) immunized guinea pigs by injection of a mixture of egg albumin and Freund's complete adjuvant subcutaneously into the food pad or i.m. into the hind leg. The injection was repeated four times at 7-day interval. Ten days after the last immunization, 0.2 ml of 2.5 % egg albumin was injected sc. into the dorsal skin of the animals. The intensity of the Arthus reaction was evaluated by measuring the inflamed area according to scores.

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Delayed-Type Hypersensitivity (DTH)

Purpose and Rationale Delayed-type hypersensitivity is a reaction of cell-mediated immunity and becomes visible only after 16–24 h. The same methods as for testing immediate-type hypersensitivity can be used.

Procedure Rats are sensitized in the same way by i.m. administration of 0.5 ml ovalbumin suspension 7 days prior to the start of the experiment as described for testing immediate-type hypersensitivity. They are challenged by injection of 0.1 ml of 0.04 % solution of highly purified ovalbumin in the left hind paw. Footpad thickness is measured immediately and 24 h after ovalbumin administration.

Modifications of the Method Mizukoshi et al. (1994) injected female CDF1 mice intradermally with a suspension of 2×10^8 sheep red blood cells/50 μ l into the left foot pad. A second booster of the same dose was given to the right foot pad on day 4. The thickness of the foot pads was measured on the following day, and the difference in the thickness between the right and the left food pads was taken as the degree of swelling.

Kamei et al. (1991) immunized mice by applying 0.15 ml of 7 % picryl chloride/ethanol solution to the skin of the shaved abdomen. The second immunization was performed 6 days later. One week after the second immunization, 1 drop of 1 % picryl chloride olive oil solution was applied to the ear, and the thickness of the ear was measured by a thickness gauge 24 h later.

Heriazon et al. (2009) investigated the induction of DTH and interferon gamma to *Candida albicans* and anti-hen egg white lysozyme antibody as phenotypic markers of enhance bovine immune response, and their studies suggest that this combination of test antigens could be used as phenotypic markers of immune responsiveness in cattle. Escandell et al. (2010) investigated the inhibition of DTH by the plant product cucurbitacin R which was shown to reduce human T lymphocyte proliferation.

Yang et al. (2011) used the DTH model to a three-protein cocktail with that of a purified protein derivative, and Atkinson et al. (2012) extended the model to study the similarities with collagen-induced arthritis and human rheumatoid arthritis.

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Reversed Passive Arthus Reaction

Purpose and Rationale In the reversed passive Arthus reaction, the antigen is injected intravenously followed by a local injection – either intradermally or into the pleural space – of the respective antibody. Generation of an immune-mediated reverse passive Arthus reaction in the rat pleural cavity results in a classic acute inflammatory response. The methods are used to evaluate new anti-inflammatory agents.

Procedure Male Lewis rats weighing 200–250 g are fasted overnight prior to use with free access to water. The animals receive 5 mg bovine serum albumin in 0.2 ml sterile saline intravenously, followed 30 min later by injection of 1 mg rabbit anti-BSA in 0.2 ml sterile saline into the right pleural cavity under light halothane anesthesia. Drugs or vehicle controls are administered by gastric gavage in 1 ml/100 g body weight at different times prior to the anti-BSA. The animals are sacrificed at various intervals after anti-BSA injections by CO₂ inhalation (after 5 min for thromboxane B₂ determination, after 10 min for leukotriene B₄ determination, and after 4 h at the peak time of neutrophil infiltration). The fluid exudate is removed from the pleural cavity by gentle vacuum aspiration and the volume is recorded. Eicosanoids in the pleural exudate are quantitated by commercial RIA kits.

Evaluation The values after treatment with various doses of test compounds are compared with those of vehicle controls.

Modifications of the Method The antibody can be injected intradermally into the shaved skin of rats after intravenous injection of the antigen (e. g., human albumin) together with Evans blue dye solution. Extravasated dye is determined in skin punches (Camussi et al. 1990; Burch et al. 1992; Okamoto et al. 1992).

Bailey and Sturm (1983) induced the reverse passive Arthus reaction in rats using bovine serum albumin as antigen into the tail vein and rabbit anti-bovine serum albumin into the skin site. One hour after oral dosing with vehicle or drug, animals were lightly anesthetized and their hair was shaved from the middorsal region with electric clippers. Each animal was injected intradermally with 40 µl on the left side of the middorsal line and with 40 µl of rabbit anti-bovine serum albumin (5.0 mg/ml antibody protein), diluted 1:4 with phosphate-buffered saline on the right side of the dorsal midline. Immediately following the intradermal challenge, each rat received 0.5 ml phosphate-buffered saline containing 1.0 mg bovine serum albumin injected in the tail vein. Four hours after intradermal challenge, the animals were sacrificed. The full-thickness skin was removed from the back, and disks 8 mm in diameter were punched out with a metal punch. Wet weight of the samples from the phosphate-buffered saline- and antibody-injected site was determined, and the edema induced by the reverse passive Arthus reaction calculated as the difference between both weights.

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Adjuvant Arthritis in Rats

Purpose and Rationale Adjuvant arthritis in rats has been described by Pearson and Wood (1959) exhibiting many similarities to human rheumatoid arthritis. Injections of complete Freund's adjuvant into the rat paw induce inflammation as primary lesion with a maximum after 3–5 days. Secondary lesions occur after a delay of approximately 11–12 days which are characterized by inflammation of non-injected sites (hindleg, forepaws, ears, nose, and tail) and a decrease of weight and immune responses. The procedure has been modified by several authors in order to differentiate between anti-inflammatory and immunosuppressive activity (e.g., Perper et al. 1971). Anti-inflammatory compounds do not inhibit secondary lesions, which are prevented or diminished by immunosuppressive agents. Two protocols, termed “preventative” (or “prophylactic”) and “therapeutic” (or “established”) adjuvant arthritis, have gained wide usage for assessing a drug's potential anti-arthritic activity (Schorlemmer et al. 1999).

Procedure The choice of the animal strain has been found to be very important for the performance of this test. Wistar–Lewis rats have been proven to be very suitable in contrast to other substrains. Male rats with an initial body weight of 130–200 g are used. On day 1, they are injected into the supplantar region of the left hind paw with 0.1 ml of complete Freund’s adjuvant. This consists of 6 mg mycobacterium butyricum (Difco) being suspended in heavy paraffin oil (Merck) by thoroughly grinding with mortar and pestle to give a concentration of 6 mg/ml. Dosing with the test compounds or the standard is started on the same day and continued for 12 days. Paw volumes of both sides and body weight are recorded on the day of injection, whereby paw volume is measured plethysmographically with equipment as described in the paw edema tests. On day 5, the volume of the injected paw is measured again, indicating the primary lesion and the influence of therapeutic agents on this phase. The severity of the induced adjuvant disease is followed by measurement of the non-injected paw (secondary lesions) with a plethysmometer. Purposely, from day 13–21, the animals are not dosed with the test compound or the standard. On day 21, the body weight is determined again, and the severity of the secondary lesions is evaluated visually and graded according the following scheme:

		<i>Score</i>
Ears	Absence of nodules and redness	0
	Presence of nodules and redness	1
Nose	No swelling of connective tissue	0
	Intensive swelling of connective tissue	1
Tail	Absence of nodules	0
	Presence of nodules	1
Forepaws	Absence of inflammation	0
	Inflammation of at least one joint	1
Hind paws	Absence of inflammation	0
	Slight inflammation	1
	Moderate inflammation	2
	Marked inflammation	3

Evaluation

- For primary lesions: The percent inhibition of paw volume of the injected left paw over vehicle control is measured at day 5.
- For secondary lesions: The percentage inhibition of paw volume of the non-injected right paw over controls is measured at day 21.
- An arthritic index is calculated as the sum of the scores as indicated above for each animal. The average of the treated animals is compared with the control group.
- The total percentage change is calculated as follows by addition of:

Percent inhibition of the injected paw on day 5 + percent inhibition of the non-injected paw on day 21 + percent change of the arthritic index.

Doses of 0.3 mg/kg indomethacin p.o. and 20–50 mg/kg phenylbutazone p.o. are effective on the primary lesions when dosage is started at the day of injection of the irritant. They are not effective on the secondary lesions.

In contrast, immunosuppressants like cyclophosphamide at a dose of 7 mg/kg inhibited the secondary lesions even when started at day 9 or later.

Critical Assessment of the Method Evidence was given that adjuvant arthritis in the rat is associated with chronic pain (Colpaert 1987). The measure of pain in this model still presents some technical problems since the evaluation is based on the somewhat biased observation of the behavioral responses.

Modifications of the Method A review was given by Gardner (1960) on the experimental production of arthritis.

Moran et al. (1999) compared adjuvant arthritis and selected animal models of arthritis to rheumatoid arthritis with special emphasis on the mechanism of joint destruction.

Kazuna and Kawai (1975) and Rooks et al. (1982) used rats with established lesions to test analgesics in the arthritic flexion pain test. The method is claimed to be specific by detecting only central analgesics and nonsteroidal anti-inflammatory drugs but not other classes such as CNS-depressant or antihistaminic drugs.

Brackertz et al. (1977) established antigen-induced arthritis in the mouse by immunization with methylated bovine serum albumin in complete Freund's adjuvant with B pertussis vaccine.

A streptococcal cell wall-induced arthritis in rats has been described by Wilder et al. (1982, 1987) and Yocum et al. (1986).

Lewis et al. (1997) studied degradation of articular cartilage in a rat monoarthritis model induced by an intra-articular injection of *Propionibacterium acnes*.

Crossley et al. (1989) reported on a monoarticular antigen-induced arthritis in rabbits and mice.

α -2-Glycoprotein levels have been recommended as parameter for severity and inhibition of experimental immunoarthritis in the rat by Sandow et al. (1971).

Pircio et al. (1975) recommended a method for the evaluation of analgesic activity using adjuvant-induced arthritis in rats. The degree of vocalization was recorded from five rats placed together in a counting chamber.

Cruwys et al. (1994) sensitized rats on day 0 and 7 with multiple intradermal injections of methylated bovine serum albumin emulsified in Freund's complete adjuvant. On day 21, the animals were challenged by the intra-articular injection of 100 μ l 0.5 % solution of methylated bovine serum albumin into the right knee. The progress of the monoarticular arthritis was monitored by daily measurement of joint diameter.

Butler et al. (1991) described a limited arthritic pain model for chronic pain and inflammation studies using injections of 0.05 ml of complete Freund adjuvant into the left tibiotarsal joint of Sprague-Dawley rats.

Issekutz et al. (1994) studied the role of tumor necrosis factor-alpha and IL-1 in polymorphonuclear leukocyte and T lymphocyte recruitment to joint inflammation in adjuvant arthritis.

Esser et al. (1995) measured radiographic changes in adjuvant-induced arthritis in rats by quantitative image analysis. Digitized radiographs of the calcaneus were examined for changes in the mean and in the distribution of gray values. Periosteal new bone formation was measured as an increase in image area of the calcaneus.

Mercuric chloride ($HgCl_2$) induces a syndrome of autoimmunity in Brown Norway rats characterized by a variety of IgG antibodies; very high concentrations of serum IgE, proteinuria, leukocytoclastic vasculitis which predominantly affects the cecum; and an inflammatory polyarthropathy (Kiely et al. 1995, 1996).

Kawahito et al. (2000) reported that 15-deoxy- $\Delta^{12,14}$ -PGJ₂ which activates PPAR- α induces synoviocyte apoptosis and suppresses adjuvant-induced arthritis in rats. Cuzzocrea et al. (2002) found that prostaglandin 15-deoxy- $\Delta^{12,14}$ -prostaglandin J₂ attenuates the development of acute and chronic inflammation.

Bolon et al. (2004) described a method for rapid quantification of intralesional osteoclasts in the hind paws of Lewis rats with adjuvant-induced arthritis. A 4- μ m-thick section of the decalcified hind paw was stained to demonstrate osteoclasts using an indirect immunoperoxidase method and a rabbit antihuman

monoclonal antibody directed against the osteoclast marker cathepsin K, which is an osteoclast protease primarily responsible for the resorption of bone. The sections were evaluated using tiered, semiquantitative criteria to grade bone erosions and intralesional osteoclasts.

Kong et al. (1999), Campagnuolo et al. (2002), and Bolon et al. (2002a, b) used Lewis rats with adjuvant arthritis to describe the effects of osteoprotegerin, an endogenous antiosteoclast factor for protecting bone in rheumatoid arthritis.

Francischi et al. (2000) described anti-inflammatory and analgesic effects of the phosphodiesterase 4 inhibitor rolipram in the rat model of adjuvant-induced arthritis.

Boyle et al. (2001) reported anti-inflammatory effects of a non-nucleoside adenosine kinase inhibitor in rat adjuvant arthritis.

Fujisawa et al. (2002) demonstrated the effects of highly water-soluble matrix metalloproteinase inhibitors in a rat adjuvant-induced arthritis model.

Wei et al. (2004) described the effects and mechanisms of a dual inhibitor of interleukin-1 and tumor necrosis factor on adjuvant arthritis in rats.

Boe et al. (1999) reported that interleukin 6 knockout **mice** are resistant to antigen-induced experimental arthritis.

Gauldie et al. (2004) described a robust model of adjuvant-induced chronic unilateral arthritis in two mouse strains. DBA/1 and C57BL/6 male mice were injected intra-articularly into a stifle joint with FCA (5 µg in 5 µl) once per week for 4 weeks. Measurements of joint diameter and joint histopathology were used to monitor the course of arthritis. Inflammatory hyperalgesia was assessed as the pressure causing a limb withdrawal. Standard drugs, such as indomethacin or prednisolone, caused a decrease in joint inflammation and associated hyperalgesia.

Kim and Moudgil (2009) reviewed the genetic and other determinants of both susceptibility and resistance to adjuvant-induced arthritis in the rat, and Snehalatha et al. (2013) conducted a detailed characterization of adjuvant-induced arthritis in the rat model comparing thermography, radiological imaging, and histopathology, a work extended by Vollmer et al. (2014) who used near-infrared fluorescence imaging to monitor the progress of experimental-induced arthritis in several rat models.

The adjuvant-induced arthritis model has been used to profile the activity of a number of candidate drugs which include DHOH, p38 and JAK inhibitors (Balague et al. 2012), bee venom (Darwish et al. 2013), peptides from heat shock protein 65 (Shi et al. 2014), and the saponin astragaloside IV (Wang 2014).

Consden et al. (1971), Cooke and Jasin (1972), Cooke et al. (1972), and Jasin and Cooke (1977) produced a chronic experimental monoarthritis by intra-articular injection of antigens into previously immunized **rabbits**.

Henderson et al. (1990) induced monoarticular arthritis in ovalbumin-sensitized rabbits by intra-articular injection of ovalbumin (antigen-induced arthritis) or in naive rabbits by injecting hyaluronic acid mixed with the polycation poly-D-lysine (polycation-induced arthritis).

Arner et al. (1995) compared the alterations in proteoglycan metabolism in antigen-induced arthritis and polycation-induced arthritis in rabbits and determined the involvement of interleukin-1 in the cartilage degradation that occurs in these models of rheumatoid arthritis.

Lewthwaite et al. (1995) studied the antifibrotic action of interleukin-1 receptor antagonist in antigen-induced monoarticular arthritis in New Zealand white rabbits.

Arthritis occurs in **pigs** due to infection with *Erysipelothrix rhusiopathiae* (Ajmal 1969). Experimental erysipelotheix infection in pigs can be used as a model for rheumatism research (Schulz et al. 1975a, b, 1977). Infections are established by oral or parenteral administration of standardized serotype B erysipelas strains.

Erysipelothrix arthritis could also be produced in rats and **rabbits** (White et al. 1975; Glynn 1977).

Arthritis due to infection with *Mycoplasma synoviae* occurs naturally among domestic poultry (Olson et al. 1954, 1964). Arthritis in **chickens** after mycoplasma infection has been used as experimental model (Kerr and Olson 1970; Cullen 1977).

Experimental models of arthritis due to streptococcal infections have been proposed for various species: **mice** (Cayeux et al. 1966; Hook et al. 1960; Ohanian et al. 1969), **rats** (Jasmin 1967; Koga et al. 1973), **rabbits** (Cecil et al. 1939; Cook and Fincham 1966; Ginsburg et al. 1968, 1977; Norlin 1960; Shimizu et al. 1958; Stein et al. 1973), and **pigs** (Roberts et al. 1968, 1969).

Avridine-Induced Arthritis The injection of avridine [*N,N*-dioctadecyl-*N',N'*-bis (2-hydroxyethyl) propanediamine/CP-20961], emulsified in Freund's adjuvant, at the base of the tail is arthritogenic in susceptible rat strains (Meacock et al. 1994; Brun et al. 1995; Vingsbo et al. 1995; Lorentzen and Klareskog 1997; Joe and Wilder 1999; Van Bilsen et al. 2004).

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Collagen Type II-Induced Arthritis in Rats

Purpose and Rationale As reported by Trentham et al. (1977), intradermal injection of homologous or heterologous type II collagen in incomplete Freund's adjuvant results in an inflammatory polyarthritis in rats. The demonstration of antibodies to collagen in patients with rheumatic polyarthritis suggests that autoimmunity may contribute to the pathophysiology of synovitis and joint destruction. Because of the similarities of the symptoms in rats to human disease, the test is considered to be useful to detect anti-inflammatory and immunosuppressive properties of test compounds.

Procedure Bovine type II collagen is prepared from nasal septum cartilage, which is cut into small fragments, frozen in liquid nitrogen, and pulverized in a freezer mill. Proteoglycans are extracted overnight by stirring 25 g of pulverized cartilage in 1 l of 0.2 N NaOH. Following centrifugation at 20,000 g for 30 min, the residue is washed with 250 ml of absolute ethanol, the supernatant aspirated, and the residue vacuum dried. Hundred mg pepsin is added to 150 ml of 0.5 M acetic acid, after which 1.0 g of cartilage is added to reach a cartilage to pepsin ratio of 10:1 (w/w). The mixture is stirred 18 h at room temperature and centrifuged at 20,000 g for 1 h. Acid soluble collagen present in the supernatant is precipitated by adding NaCl to reach a final concentration of 0.9 M, followed by centrifugation at 20,000 g for 1 h. The precipitate from 1.0 g cartilage is dissolved in 100 ml 1.0 N NaCl/0.005 M Tris-HCl, pH 7.5, and stirred for 3 days. Then, the solution is dialyzed against 0.02 M Na₂HPO₄, pH 9.4, and the precipitate collected by centrifugation at 30,000 g for 1 h. The pellet is dissolved in 0.5 M acetic acid, dialyzed against 6 l of 0.01 M acetic acid, and lyophilized. All procedures, unless otherwise stated, are performed at 4 °C.

Test procedure. Collagen is dissolved in a concentration of 2.0 mg/ml in 0.1 M acetic acid overnight at 4 °C. This solution is added dropwise to an equal volume of chilled incomplete Freund's adjuvant. Six to 12 male Wistar rats with an initial weight of about 120 g are used for each group. On day 1, each rat receives a total of 0.5 mg collagen in 0.5 ml, equally divided, in five sites. All injections are intradermal, one at the base of each appendage and one in the nape of the neck. Seven days postimmunization, the animals receive identical booster injections. Control animals receive only the incomplete Freund's adjuvant diluted with 0.1 M acetic acid.

The volume of both hind paws is measured plethysmographically on day 20. To minimize the possibility of including animals with minimal transient disease, only animals with a paw volume of 1.8 ml or greater are used for further testing. From days 20–40, the animals receive the test compounds p.o. once a day. On day 41, the paw volumes are recorded again.

Evaluation The paw volumes of treated animals are recorded plethysmographically. The increase versus day 20 is calculated. The increase is compared with that of controls or animals treated with a standard drug. Otherwise, arthritic scores can be determined. Nonsteroidal anti-inflammatory drugs such as indomethacin in a dose of 2 mg/kg p.o. or phenylbutazone in a dose of 150 mg/kg p.o., but not

acetylsalicylic acid in a dose of 50 mg/kg p.o., have been found to be active. Likewise, corticosteroids and immunosuppressives, but not D-penicillamine, were active.

Critical Assessment of the Method Nonsteroidal and steroidal anti-inflammatory compounds are detected by this method which, however, does not allow a separation between these two groups.

Modifications of the Method From studies with a neutrophil elastase inhibitor, Janusz and Durham (1997) concluded that the destruction of the joints in rat collagen-induced arthritis is at least partially due to neutrophil elastase.

Romas et al. (2002) reported that osteoprotegerin reduces osteoclast numbers and prevents bone erosion in collagen-induced arthritis in Dark Agouti rats.

Studies in Mice Hom et al. (1988), Takagishi et al. (1986, 1992), Cannon et al. (1990), Nemoto et al. (1992), and Carlson et al. (1992) described the effects of immunomodulating agents in collagen-induced arthritis in mice.

Wooley et al. (1993) investigated the anti-arthritic effect of recombinant human interleukin-1 receptor antagonist protein on type II collagen-induced arthritis and antigen-induced arthritis in mice.

Joosten et al. (1994) found an accelerated onset of collagen-induced arthritis in DBA₁ lac/J mice by remote inflammation.

Miesel and Haas (1993), Miesel et al. 1994a, b) studied the effects of an active center analogue of Cu₂Zn₂-superoxide dismutase in collagen type II-induced arthritis. Furthermore, the authors described a model potassium peroxochromate-induced inflammation in rats and mice. One to 3 µmol/kg K₃CrO₈ was administered by intraplantar application into the left hind paws of anesthetized rats or mice. Arthritis index was assessed by a score system, or the inflammatory response was quantified scintigraphically under a gamma camera by intravenous injection of 500 µCi Na^{99m}TcO₄.

Kumar et al. (1997) compared the cellular mechanisms involved in the control of collagen II-induced arthritis and experimental autoimmune encephalomyelitis in mice.

Ruchatz et al. (1998) studied the role of IL-15 in development of antigen-induced immunopathology in collagen-induced arthritis in DBA/1 mice. A soluble fragment of IL-15 receptor profoundly suppressed the symptoms of collagen-induced arthritis.

Joosten et al. (1999) immunized male DBA-1 mice with 100 µg bovine type II collagen in CFA enriched with *Mycobacterium tuberculosis* H37Ra (4 mg/ml) at the base of the tail. The mice were boosted i.p. with 100 µg collagen dissolved in saline. After disease onset on day 28, the mice were treated either with dimerically linked PEGylated soluble p55 TNFR1 receptor or with purified rabbit anti-murine IL-1α and anti IL-1β. IL-1αβ blockade prevented cartilage and bone destruction, whereas TNF-α blockade only ameliorated joint inflammation.

Using a similar protocol, Plater-Zyberg et al. (2001) found a therapeutic effect of neutralizing endogenous IL-18 activity in the collagen-induced model of arthritis and Lubberts et al. (2004) after treatment with a neutralizing anti-murine interleukin-17 antibody.

Cuzzocrea et al. (2003) found a reduction in the evolution of murine type II collagen-induced arthritis by treatment with rosiglitazone, a ligand of PPARγ.

McIntyre et al. (2003) reported that a highly selective inhibitor of IκB kinase blocked both inflammation and destruction in collagen-induced arthritis in mice.

Chen et al. (2003) tested orally active inhibitors of TNF synthesis as anti-rheumatoid arthritis drugs using collagen-induced arthritis in male DBA/1 J mice.

Nakae et al. (2002, 2003) generated IL-17-deficient mice and found a suppression of collagen-induced arthritis.

Podolin et al. (2005) described attenuation of murine collagen-induced arthritis by a selective small-molecule inhibitor of $\text{I}\kappa\text{B}$ kinase 2, occurring via reduction of proinflammatory cytokines and antigen-induced T cell proliferation.

Kuno et al. (2006) reported anti-inflammatory activity of a non-nucleoside adenosine deaminase inhibitor in mice.

Hegen et al. (2008), Bevaart et al. (2010), Bolon et al. (2011), and Roy and Ghosh (2013) reviewed the utility of animal models in arthritis and their suitability for therapeutic target evaluation and correlation with clinical treatment of human rheumatoid arthritis. Many compounds have been evaluated in collagen-induced arthritis including inhibitors of the Bruton's tyrosine kinase (Liu et al. 2011), inhibitors of Sphingosine-1-phosphate (Fujii et al. 2012), and agonists of the nicotinic $\alpha 7$ receptor (Hu et al. 2014). Consistent with this finding, the role of the cholinergic pathway as an anti-inflammatory mechanism has been explored in this model (Levine et al. 2014). Furthermore, technological advances for imaging inflammation and monitoring therapeutic responses have been developed (Balducci et al. 2012; Sevilla et al. 2015), which may help progress the discovery and development of new drugs, where differentiation from drugs currently in clinical practice is mandated.

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Proteoglycan-Induced Progressive Polyarthritis in Mice

Purpose and Rationale Glant et al. (1987, 1992), Mikecz et al. (1987, 1990), and Poole (1989) described a proteoglycan-induced progressive arthritis and spondylitis in BALB/c mice as an animal model displaying similarities to human rheumatoid arthritis and ankylosing spondylitis as indicated by clinical assessments, immunological parameters, and histopathological studies of diarthrodial joints and spine.

Procedure High buoyant density cartilage proteoglycans are prepared from fetal and adult human, canine or bovine articular cartilages, as well as 1-week-old mouse epiphyseal cartilage. Fetal human articular cartilage proteoglycan digested with chondroitinase ABC (Hascall and Heinegård 1974) is used to induce arthritis in female BALB/c mice. The mice are sensitized by intraperitoneal injection of 100 µg of chondroitinase ABC-treated proteoglycan in 100 µl of phosphate-buffered saline, pH 7.2, and in Freund's complete adjuvant in a 1:1 emulsion. They are reinjected twice more with the antigen in incomplete Freund's adjuvant after 1 and 3 weeks. All BALB/c mice immunized with human articular cartilage proteoglycan develop arthritis in diarthrodial joints after the third antigen injection. Sera from mice with progressive polyarthritis are tested for antibodies to arthritogenic proteoglycans during weeks 12–18 of immunization. The limbs of all mice are examined daily to record clinical arthritic changes. Swelling and redness, as the first symptoms of arthritis, and the thickness (diameter) of the knee, ankle (intermalleolar diameter), wrist, and the dorsovascular thickness of the paw are recorded three times a week. The most objective joint diameter is the intermalleolar one. The animals are treated with test drug or vehicle for 12 weeks and serum samples taken by retro-orbital puncture for determination of antibodies to proteoglycans. Seven weeks later, the mice are sacrificed, and limbs, tails, and lumbar spine are fixed, decalcified, and embedded in paraffin for histological examination.

Evaluation Mean values of intermalleolar diameter and antibody titers of treated and non-treated animals are compared by nonparametric statistics.

Modifications of the Method Stimpson and Schwab (1989) described a chronic remittent erosive arthritis in rats induced by bacterial peptidoglycan-polysaccharide structures.

Glant et al. (2011) extended this model to generate a model based on recombinant human glycan1 containing T cell epitopes suspected of being arthritogenic. Delemarre et al. (2014) explored the efficacy of autologous bone marrow transplantation in this model showing a stabilization of arthritis scores, and Swart et al. (2014) showed that mesenchymal stem therapy provided by either the intra-articular or intraperitoneal route may suppress proteoglycan-induced arthritis in a murine model.

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Pristane-Induced Arthritis in Mice

Purpose and Rationale The mineral oil 2,6,10,14-tetramethylpentadecane (known as **pristane**) induces a chronic inflammatory arthritis in **mice** after intraperitoneal injection (Potter and Wax 1981; Hopkins et al. 1984; Wooley et al. 1989; Chapdelaine et al. 1991; Wooley and Whalen 1991; Levitt et al. 1992; Abe et al. 1995; Thompson et al. 1998; Wooley et al. 1998; Vigar et al. 2000). The immunological involvement in the pathogenesis of pristane-induced arthritis was studied by several authors (Bedwell et al. 1987; Thompson et al. 1990; Ghoraishian et al. 1993; Nishikaku et al. 1994; Vingsbo et al. 1996; Stasiuk et al. 1997; Morgan et al. 2004). Moreover, the genetic basis for the susceptibility to pristane-induced arthritis was studied (Lu et al. 2002; Olofsson et al. 2003; Brenner et al. 2005; Jensen et al. 2006). Not only in mice but also in **rats** arthritis could be induced by pristane injections (Vingsbo et al. 1996; Zheng et al. 2002, 2003; Webster et al. 2003; Holmberg et al. 2006).

Patten et al. (2004) characterized the model of pristane-induced arthritis (PIA) in mice by studying the response to antirheumatic agents, expression of joint cytokines, and immunopathology.

Procedure

Induction and Characterization of PIA Male DBA/101aHsd mice were placed under isoflurane anesthesia and injected intraperitoneally with 0.5 ml of pristane (Sigma-Aldrich, Poole, UK), and an identical booster injection was given 7 weeks thereafter. The severity of arthritis was graded visually by assessing the level of swelling in each paw, including the tarsus (ankle) or carpus (wrist) joints. The following scoring system was used: 0.5 = swelling of toes only or very slight ankle/wrist swelling; 1 = slight swelling of paw; 2 = moderate swelling of paw; 3 = marked swelling of paw; and 4 = substantial

swelling of paw. Thus, the maximum total score per animal was 16. All batches also contained animals that were not treated with pristane, and these served as comparators for all studies undertaken.

Mice were observed for paw or toe swelling in a time-course study lasting up to 180 days after the first pristane injection. After study termination, the initially swollen hind paws were obtained for histologic assessment and allocated to different study groups according to the duration of swelling. The remaining three paws of each animal were used in cytokine studies.

Drug Preparation and Administration Schedules The effects of administration of established and novel antirheumatic compounds were assessed using a therapeutic dosing schedule. Separate batches of mice for each drug study were monitored weekly for the development of swollen paws from day 80 after the first injection of pristane. Mice were included in the drug studies only if they developed a score of ≥ 1 in a hind paw on two consecutive weekly observations between day 120 and day 134 after the first injection of pristane ($n = 7\text{--}13$ per treatment group). At study termination, paws were obtained for histologic and cytokine assessments, normally at 1 h after the final drug administration.

All orally administered treatments were undertaken by gavage. Prednisolone was suspended in 0.5 % methylcellulose and administered orally once daily at a dose of 2 mg/kg. Methotrexate was dissolved in physiologic saline and administered intraperitoneally three times per week at a dose of 9 mg/kg. Indomethacin and diclofenac were suspended in 1 % methylcellulose and given orally once daily at doses of 3 mg/kg and 2 mg/kg, respectively. Celecoxib was suspended in a solution of 66 % polyethylene glycol, 33 % water, and 1 % dimethyl sulfoxide and was administered orally twice daily at a dose of 30 mg/kg. Etanercept was dissolved in the supplied vehicle according to the instructions of the manufacturer and diluted using physiologic saline and was administered intraperitoneally three times per week at doses of 300 μg and 100 μg per mouse. Murine sTNFR, consisting of two murine p75 receptors fused to murine IgG2a, was dissolved in physiologic saline and administered intraperitoneally three times per week at doses of 300 μg and 100 μg per mouse. The selective p38 MAPK inhibitor SB242235 (synthesized at the US GSK Research Center) was suspended in 0.5 % tragacanth and 0.03 M hydrochloric acid and given orally twice daily at doses of 30 mg/kg and 15 mg/kg.

Joint Cytokine Messenger RNA (mRNA) and Protein Assays The levels of mRNA and protein for the proinflammatory cytokines TNF α , IL-1 β , and IL-6 were measured in disaggregated joints by TaqMan real-time reverse transcription-polymerase chain reaction (PCR) and enzyme-linked immunosorbent assays (ELISAs), respectively. At study termination and, in the drug studies, 1 h after the final drug treatment administration, the primary ankle joint was removed for histology, and the remaining paws were removed and snap-frozen in liquid nitrogen (six to eight mice per group). For cytokine assessment, the paw showing the highest score for swelling was selected with the proviso that it had also been swollen at the start of the drug study. If the remaining three paws exhibited no swelling at study termination, then the remaining ankle was selected for assay. Whole paws were frozen and pulverized using a mortar and pestle filled with liquid nitrogen.

For the mRNA studies, total RNA was isolated from homogenized paws using RNeasy Mini Kits (Qiagen, Crawley, UK). Samples were treated with 10 units of RNase-free DNase (Qiagen) for 15 min during the RNA isolation process. Reverse transcription of mRNA was carried out using TaqMan reverse transcription reagents in an MJ Research PTC-200 PCR Peltier Thermal Cycler. TaqMan probes and forward and reverse primers for the genes of interest (TNF α , IL-1 β , and IL-6) and for housekeeping genes (GAPDH and cyclophilin) were designed with Primer Express TM software (PE Applied Biosystems). Cytokine mRNA expression levels were quantified by TaqMan real-time PCR using the ABI Prism 7900 Sequence Detector System (PE Applied Biosystems).

Measurement of Serum Antibody Levels Blood was withdrawn from all mice before pristane injection and monthly thereafter. Levels of antibodies were determined by ELISA. Plates were coated with 100 μ l of coating buffer (0.4 M phosphate buffer, pH 7.6) containing 5 μ g of each antigen, at 4 °C overnight. The antigens assessed were bovine aggrecan, bovine biglycan, human endoplasmic reticulum molecular chaperone protein, bovine chondroitin sulfate A, bovine chondroitin sulfate B, bovine type I collagen, chick type II collagen, murine type II collagen peptide, bovine decorin, bovine double-stranded DNA, human fibronectin, lupine glucose-6-phosphate isomerase, mycobacterial 65-kDa heat shock protein, murine aggregated IgG, joint extract from normal mice, and joint extract from arthritic mice. Plates were washed three times with 0.05 % Tween 20 in PBS, and nonspecific binding was blocked by 5 % nonfat milk in PBS overnight at 4 °C. Serum samples from at least six individual mice per time point were used. Since 1:100 was the dilution determined to produce the optimal response to high-density proteoglycans, mouse serum diluted 1:100 in 5 % milk/PBS was added to each well and incubated overnight at 4 °C. Subsequently, the plates were washed six times with 0.05 % Tween 20 in PBS and incubated with alkaline phosphatase-conjugated goat anti-mouse IgG (Southern Biotechnology Associates, Birmingham, Ala., USA) at 37 °C for 1 h. Plates were again washed six times and developed for 40 min in the dark, using *p*-nitrophenyl phosphate as a chromatogen substrate. The optical density was measured at 405 nm (OD_{405nm}) using an ultraviolet max spectrophotometer (Molecular Devices, Sunnyvale, Calif., USA). To ensure uniformity of the assay, negative control sera obtained prior to blood withdrawal and a standard mouse anti-type II collagen antiserum were titered on each plate. Antibody binding was expressed as the OD_{405nm} in units, blanked against control.

Isolation of Splenocytes and Cell Proliferation Assays Spleens were excised and immediately immersed in PBS. Tissue was mechanically disrupted to release cells, which were suspended in 10 ml of sterile PBS and centrifuged for 10 min at 1,500 rpm. Prior to resuspension in medium, red blood cells were removed from the spleen preparations by adding distilled water for 10 s and then adding PBS. Spleen cells were then counted using a hemocytometer and washed and resuspended in RPMI at a final concentration of $2.5 \times 10^6/ml$.

Next, 100 μ l of spleen cell aliquots ($2.5 \times 10^6/ml$) was transferred to 96-well plates with 50 μ g/ml of each antigen (aggrecan, biglycan, chondroitin sulfate A, chondroitin sulfate B, type I collagen, type II collagen, type II collagen peptide, decorin, fibronectin, and heat shock protein; all were derived from the same species as described for the serum antibody studies) in complete RPMI 1640 medium. Cells were incubated for 72 h at 37 °C in the presence of antigen. Then 20 μ l of MTT solution (a mitochondrial enzyme substrate) was added to each well (5 mg/ml). After a 6-h incubation, the culture supernatant was discarded, and 200 μ l of 10 % sodium dodecyl sulfate solution was added to each well. After incubation at 37 °C overnight, the OD_{590nm} was read by microplate photospectrometer (Molecular Devices). The mean OD values were recorded for each cell sample as a measure of antigen stimulation. Antigen-specific responses were calculated as follows: (OD_{590nm} [stimulated culture]) – (OD_{590nm} [spontaneous proliferation culture]).

Histopathologic Evaluation In all studies, the primary ankle joint that was swollen at the beginning of the time-course study or drug study was excised and fixed in 10 % neutral buffered formalin. The tissues were decalcified with formic acid and embedded in paraffin blocks. Sections (4–7 μ m) were cut along a longitudinal axis, mounted, and stained with hematoxylin and eosin or toluidine blue, and representative slides for each animal were assessed. The following features were scored in six to ten animals per group: inflammatory exudate, neutrophil and mononuclear cell infiltration, bone resorption, and synovial hyperplasia. For drug studies, the effects of the agents on the pristane-induced pathologic condition

were scored as follows: + = mild inhibition of pathologic features, ++ = moderate inhibition of pathologic features, and +++ = marked inhibition of pathologic features.

Evaluation Graphic and tabular data are expressed as the mean \pm SEM. Statistical significance was tested by application of the Kruskal–Wallis test for clinical scores and by analysis of variance followed by Dunnett’s test for the cytokine mRNA and protein time-course results. Antibody and cell proliferation studies were analyzed using the least-squares significant difference post hoc test.

Modifications of the Method Brenner et al. (2006) published thermal signature analysis as a novel method for evaluating inflammatory arthritis activity using rats with Freund’s adjuvant-induced monoarthritis and pristane-induced arthritis. The thermal imaging system employs a platinum silicide 256×256 pixel detector array filtered to be sensitive to infrared radiation at a wavelength of 3–5 μm .

Lange et al. (2005) investigated the mode of action of methotrexate in different models for rheumatic arthritis, such as fibroblast-induced arthritis in SCID mice, collagen-induced arthritis and anti-collagen II antibody-induced arthritis in rats, and pristane-induced arthritis in DA rats, and models of multiple sclerosis, such as experimental autoimmune encephalomyelitis in (Balb/c \times B10.Q) F1 and B10.Q mice.

Pristane induces lupus-like kidney and pulmonary disease in mice (Satoh et al. 1995; Richards et al. 1998; Lin et al. 2004; Chae et al. 2006).

De Franco et al. (2014) used the pristane-induced arthritis model to dissect genetic determinants for high inflammation susceptibility and demonstrate the involvement of loci interaction with the *Slc11a1* gene.

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Streptococcal Cell Wall-Induced Arthritis

Purpose and Rationale Streptococcal cell wall (SCW)-induced arthritis is a chronic and erosive polyarthritis which may be induced in susceptible Lewis rats by a single injection of a sterile, aqueous suspension of SCW via the intraperitoneal route of administration (Cromartie et al. 1977).

The model has been used to study the efficacy of a number of experimental drugs which include the immunosuppressant cyclosporine A (Yocum et al. 1986); antibodies to IL-4, IL-10, interferon- γ , and monocyte chemoattractant protein-1 (Schrier et al. 1998; Schimmer et al. 1998); the phosphodiesterase inhibitor rolipram (Laemont et al. 1999); the bisphosphonate clodronate (Richards et al. 2001); *N*-butyryl glucosamine (Wang et al. 2007); an inhibitor of the purinoreceptor P2X₇ (McInnes et al. 2014); and the TNF- α inhibitor etanercept (Chakravathy et al. 2014).

Procedure Lewis rats, typically 120–150 g at the start of the study, receive an injection into the ankle joint of SCW (Lee Laboratories, Grayson, GA, USA). Susceptible animals can be identified by intra-articular injection of SCW (5 μ g) into the ankle joint up to day 21 prior to any therapeutic intervention, which may reflect an acute phase of arthritis induction. The chronic, reactivation phase of the study, during which therapeutic intervention is typically investigated, is achieved by intravenous injection of SCW (100–200 μ g). Studies normally run for 6–7 days post intravenous injection of SCW but may run for up to 30 days; animals are sacrificed prior to and after intravenous challenge for blood analysis and ankle joint assessment.

Evaluation Disease severity is typically assessed using the following criteria:

1. A direct measurement of ankle swelling and mechanical hyperalgesia by von Frey threshold using nylon filaments

2. Assessment of histopathological measures which typically include synovitis, inflammation of synovial sub-lining, chondronecrosis, and subchondral bone resorption
3. Radiographical assessment of joint structure

It is also common practice to take blood samples for analysis of biomarkers and drug pharmacokinetics. Rioja et al. (2005) conducted an extensive analysis of the gene expression profile in response to SCW-induced arthritis.

Modification of the Method Kuiper et al. (1998) used a single intravenous injection of SCw (25 µg) and assessed the effects of TNF- α and IL-1 β blockade by administration of anti-cytokine antibodies 1 h prior to arthritis induction. Wang et al. (2007) induced arthritis by a single intraperitoneal injection of SCW (15 µg/g weight of rat) and studied the disease-modifying effects of *N*-butyryl glucosamine commencing the day after SCW injection.

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Experimental Autoimmune Thyroiditis

Purpose and Rationale Immunization of rats or mice with porcine thyroglobulin results in thyroiditis (Vladutiu and Rose 1971; Vladutiu 1983; McGregor et al. 1983; Hassman et al. 1985; Salamero et al. 1987; Fournier et al. 1990).

Procedure Crude porcine thyroglobulin (PTg) solution is emulsified in complete Freund's adjuvant in a 1:1 ratio. Female mice (6–8 weeks old) are primed with 50 µg PTg given s.c. into four or five sites of injection and are boosted 14 days later with the same dose of PTg (s.c.) emulsified in incomplete Freund's adjuvant. The test compounds are administered from day 0 (at priming) until day 21. Mice are bled on day 21 and on day 28 after priming. The sera are tested for the levels of anti-PTg antibodies using an enzyme-linked immunosorbent assay (ELISA). On day 28, the animals are sacrificed and the thyroid glands prepared. Five-micrometer-thick sections are stained with Masson-Goldner's trichrome solution.

Evaluation The histological severity of experimental autoimmune thyroiditis is graded as a function of mononuclear cell thyroid infiltration indices:

1. Interstitial accumulation of inflammatory cells distributed between two or more follicles
2. One or two foci of inflammatory cells reaching at least the size of one follicle
3. 10–40 % of the thyroid replaced by inflammatory cells
4. More than 40 % of the thyroid replaced by inflammatory cells

Mean values of treated animals are compared with controls.

Modifications of the Method Castagliola et al. (1994) induced autoimmune thyroid disease in BALB/c mice by immunizing with the extracellular domain of the human TSH receptor expressed as a maltose-binding protein fusion in bacteria. This type of thyroiditis could be transferred to naive BALB/c and NOD mice (Castagliola et al. 1996).

Green et al. (1995) described a spontaneous model of autoimmune thyroiditis in MRL-lpr/lpr mice.

Furthermore, Green et al. (1996) induced thyroiditis in Lewis rats by immunization with thyroid extract and thyroglobulin. A reduction of the gap junction proteins connexin 43, connexin 32, and connexin 26 was found in diseased thyroid tissue.

Wang et al. (2014) showed that overexpression of the human BH3 interacting-domain death agonist (BID) in the thyroids of transgenic mice may increase their sensitivity to iodine-induced autoimmune thyroiditis, noting that BID expression alone is not sufficient to induce thyroiditis.

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Coxsackievirus B3-Induced Myocarditis

Purpose and Rationale The effects of immunosuppressant drugs can be studied in the murine model of coxsackievirus B3 myocarditis.

Procedure Three-week-old male BALB/c mice are kept for 7 days before the experiment in a single, self-contained animal isolation unit to exclude pre-diseased animals. They are maintained in disposable, filter-topped cages and handled with gloves by gowned and masked personnel. The intraperitoneal route is used for injection of virus in a 0.5 ml volume.

The CVB3 virus strain is grown on either Hep-2 or VERO cells, aliquoted, and maintained at $-70\text{ }^{\circ}\text{C}$ until use. At the time of infection, seed virus is grown on either VERO or LLC-MK-2 cells with Dulbecco's modified Eagle medium, 12 % fetal calf serum, and gentamicin. Virus is harvested and adjusted to an inoculum of 1.75×10^7 plaque-forming units/0.5 ml RPMI-1640. The test drugs are given subcutaneously daily for 8 days. On day 8, the animals are sacrificed, the hearts rapidly removed, and divided into two equal cross sections. The basal portion is snap frozen for isolation of virus and determination of drug level. The apical portion is fixed in 10 % formalin, dehydrated, and embedded in paraffin. Five-mm sections are stained with hematoxylin–eosin and Masson's trichrome stains. The bases of the individual hearts are minced with a sterile scalpel, suspended in 1 ml RPMI-1640, and homogenized in a glass tissue grinder. The suspension is centrifuged at 8,000 *g* for 10 min at $4\text{ }^{\circ}\text{C}$. Supernatants are harvested and frozen at $-70\text{ }^{\circ}\text{C}$ until assay. Serial tenfold dilutions of heart homogenates in minimum essential medium are layered on confluent, 72-h-old VERO cells that had been grown in 96-well microtiter plates. Monolayers are checked daily for 7 days for presence or absence of virus and rate of cell destruction.

Evaluation The slides are examined by two observers blinded to the slide code, and inflammation and necrosis are quantitated.

Modifications of the Method Lane et al. (1991) showed that lipopolysaccharides promote CB3-induced myocarditis in otherwise resistant B10. A mice.

Beisel et al. (1991) identified a putative shared epitope between coxsackievirus B4 and mouse alpha cardiac myosin heavy chain.

Gauntt et al. (1993) found that epitopes shared between coxsackievirus B3 and normal heart tissue contribute to CVB3-induced myocarditis in mice.

Xu et al. (2004) used the murine model to deliver a chitosan–DNA vaccine and showed protection against acute CVB3 challenge. Park et al. (2009) and Yue et al. (2009) further explored approaches supportive of potential immunotherapeutics in this model using pancreatitis as an additional endpoint (Park et al. 2009). The model has also been used to investigate the innate immune response as a predictor for the progression of cardiovascular disease and heart failure in male mice (Onyimba et al. 2011) and to better understand the efficacy of further immunotherapeutic approaches where oral administration of interferon- α 2b-transformed *Bifidobacterium longum* was shown to protect animals from CVB3-induced myocarditis (Yu et al. 2011).

A number of other agents have been tested in this model and include galectin-9 which ameliorated CVB3-induced myocarditis (Lv et al. 2011), IL-17 which was found to be protective (Xie et al. 2012), and the micro-RNA miR-21 which alleviated CVB3-induced myocarditis (He et al. 2013). A comparison of the effects of ivabradine and carvedilol showed an expected effect on heart rate reduction and a potential anti-inflammatory effect in the CVB3-induced myocarditis model.

Instead of coxsackievirus B3, Monrad et al. (1986) used encephalomyocarditis virus to induce experimental myocarditis in mice.

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Porcine Cardiac Myosin-Induced Autoimmune Myocarditis in Rats

Purpose and Rationale Pummerer et al. (1991), Inomata et al. (1995), Suzuki (1995), and Dimitrijevic et al. (1998) described autoimmune myocarditis in rats induced by porcine cardiac myosin.

Procedure Male Sprague–Dawley or Lewis rats at the age of 8–10 weeks are immunized with porcine cardiac myosin either purchased from Sigma (St. Louis, MO, USA) or prepared from the ventricular muscle of porcine hearts according to Murakami et al. (1976). The cardiac myosin fraction is dissolved in phosphate buffer at a concentration of 10 mg/ml. The antigen solution is emulsified with equal volume of complete Freund's adjuvant supplemented with heat-killed mycobacterium tuberculosis. Rats are injected subcutaneously into the foot pad with an immunizing dose of 5 mg of antigen in complete Freund's adjuvant/kg of body weight. Rats are injected intraperitoneally with test compounds either from day 0 to 6 (early treatment group) or from day 14 to 20 (late treatment group).

Immunized rats are sacrificed on days 8, 16, 21, and 34, respectively. Disease course and severity are analyzed by macroscopic findings of the hearts and heart weight/bodyweight ratio as well as by histological and immunohistochemical analysis. Macroscopic findings are scored as follows: 0, normal finding; 1, presence of focal discolored area on the surface; and 2, presence of diffuse discolored areas (Kodama et al. 1995).

The hearts are removed and weighted immediately after the rats are sacrificed, fixed in 10 % buffered formalin, and embedded in paraffin. Serial section (5 μ m in thickness) is stained with hematoxylin–eosin. The severity of myocarditis is determined according to the following scoring system: 0, no inflammation; 1, histological cross section infiltrated up to 5 %; 2, 5–10 % infiltrates/section; 3, 10–20 % infiltrates/section; greater than 20 % infiltrates/section.

For immunohistochemical staining, heart samples are embedded in OCT compound (Miles, Elkhart, IN) and rapidly frozen. Cryostat sections are cut sequentially at 7 μ m in thickness, mounted on glass slides, and prepared for immunoperoxidase staining. Sections are fixed in cold acetone for 10 min and extensively washed in 0.1 M Tris buffer solution, pH 7.6. Murine monoclonal antibodies specific for different rat molecules are added at appropriate concentrations. After incubation at 4 °C overnight and further buffer washes, the sections are incubated with peroxidase-conjugated anti-mouse immunoglobulins for 60 min. Peroxidase reaction is visualized with 0.05 % diaminobenzidine in 0.01 % H₂O₂ for

7–8 min. The color development is stopped by washing slides in running water. All samples are lightly counterstained with hematoxylin, mounted in gelatin/glycerol medium, and assessed by light microscopy.

Evaluation Macroscopic and microscopic scores are expressed as mean values. Body weights, heart weights, and heart weight/body weight ratio are expressed as mean \pm SD. Student's *t*-test for paired samples is used for comparison data within groups in reference to time, while two-sample *t*-test is used for comparison data between groups.

Modifications of the Method Koyama et al. (1995) immunized Lewis rats with human cardiac myosin suspended in complete Freund's adjuvant and induced severe active myocarditis with acute and chronic heart failure. The baseline left ventricular pressure was significantly lower in the chronic phase group, and peak dP/dt was significantly lower in both the acute phase group and the chronic phase group than in the respective controls. The animal model was recommended to study both acute heart failure related to acute myocarditis and chronic heart failure due to diffuse myocardial fibrosis.

Neu et al. (1990, 1991; Neu and Ploier 1991; Penninger et al. 1993) induced severe autoimmune myocarditis in some mouse strains by immunization with cardiac myosin in complete Freund's adjuvant.

Wahed et al. (2005) used the method of immunization with porcine cardiac myosin to test the effects of eplerenone, a selective aldosterone blocker, on the progression of left ventricular dysfunction and remodeling in rats with dilated cardiomyopathy.

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Experimental Allergic Encephalomyelitis

Purpose and Rationale Experimental allergic encephalomyelitis was first produced in laboratory animals by Rivers et al. in 1933. This pathological model is an immunologic disease arising from a delayed hypersensitivity reaction to nervous tissue. In many respects, the model resembles autoimmune diseases, especially demyelinating diseases, in man (Constantinescu et al. 2011), and the utility of animal models as for drug discovery and development for neurological diseases especially multiple sclerosis (MS) has been extensively reviewed (Croxford et al. 2011; Denic et al. 2011; Pachner 2011; Singhal and Srivastava 2012; Tian et al. 2013). The method is used for evaluation of immunosuppressive properties of drugs (Warford and Robertson 2011; Dasgupta et al. 2011; Paris et al. 2013; Mondal and Pahan 2015).

Procedure Preparation of the encephalitogen: 3 g of spinal cord from guinea pigs or rats is homogenized with 7.5 ml bidistilled water, 3.8 ml phenol, and 7.5 ml complete Freund's adjuvant under cooling.

Groups of 6–12 male Wistar–Lewis rats with an initial body weight of 130–200 g are used. On day 0, experimental allergic encephalomyelitis is induced by subplantar injection of 0.1 ml of the encephalitogen into the left hind paw. An equal volume of *Bordetella pertussis* vaccine concentrate (200×10^9 organisms/ml) is injected into the same foot. From days 1–2, the animals receive the test compound or vehicle only or the standard drug by oral administration once a day. Body weights of the animals are recorded every second day. The clinical signs of experimental allergic encephalomyelitis consist of ataxia or paresis, i.e., grossly irregular gait and weakness of one or both hind legs followed by flaccid paralysis of the hindquarters, urinary incontinence, fecal impaction, and abdominal wall flaccidity. Animals showing one of these clinical signs are considered positive for the purpose of evaluation.

Evaluation Starting from day 7, the severity of clinical signs and mortality are determined daily and scored according to the following scheme:

	Score
Per 20 g loss of weight	1
Paralysis of the tail	1
Paralysis of the hind paw	3
Complete paralysis	5
Death	6

Calculation of the Results The delay of onset of the paralytic symptoms is determined. The total score per day is recorded for treated and control groups. On the day of maximal clinical symptoms occurring among control animals, the total score of the treated groups is compared to the total score of the control group. The percentage change is evaluated.

Doses of 0.5 mg/kg p.o. methotrexate, 1 mg/kg p.o. hydrocortisone, and 2.5 mg/kg p.o. cyclophosphamide were found to be active, whereas nonsteroidal anti-inflammatory compounds were inactive.

Critical Assessment of the Method The model of experimental allergic encephalomyelitis in rats is suitable to distinguish between immunosuppressive and anti-inflammatory drugs. Experimental autoimmune encephalomyelitis is considered as a rodent model of the autoimmune disease multiple sclerosis (Pearson et al. 1997; Deng et al. 2002).

Modifications of the Method The phosphodiesterase inhibitor pentoxifylline was found to prevent induction of experimental autoimmune encephalomyelitis in Lewis rats (Rott et al. 1993).

Martin and Near (1995) studied the protective effect of the interleukin-1 antagonist IL-1ra on experimental allergic encephalomyelitis in Lewis rats.

Experimental autoimmune encephalomyelitis in different strains of mice was described by Heremans et al. (1996), Glabinski et al. (1997), and Liblau et al. (1997).

Baker et al. (1990, 1991, 2000) induced experimental allergic encephalomyelitis in Biozzi AB/H mice by sensitization with 1 mg of mouse spinal cord homogenate emulsified in Freund's complete adjuvant on days 0 and 7. The disease is characterized by relapsing–remitting episodes similar to multiple sclerosis in human beings. Biozzi AB/H mice also develop spasticity and tremor which can be antagonized by cannabinoids.

A chronic relapsing–remitting form of experimental autoimmune encephalomyelitis was induced in the common marmoset *Callithrix jacchus* following a single immunization with human white matter by Massacesi et al. (1995) and Genain and Hauser (1997) and recommended as a new model for multiple sclerosis. This model has been used for histopathological characterization of magnetic resonance imaging-detectable white matter lesions in a primate model of multiple sclerosis by 't Hart et al. (1998, 2004).

Experimental allergic neuritis in several animal species has been described by Waksman and Adams (1955, 1956),; King et al. (1983),; McCombe et al. (1990), and Nakayasu et al. (1990). This disorder has been considered to show similarities to the Guillain–Barré syndrome in man. The demyelinating process initiated by the injected antigens is a lymphocyte-mediated reaction in which activated macrophages strip myelin off the axons. Hartung et al. (1987) described the adoptive transfer experimental autoimmune neuritis in Lewis rats by injection of P2-reactive T lymphocyte cell lines.

Mix et al. (1992) studied the effect of stilbene-type anion channel blockers on the immune response during experimental allergic neuritis induced by bovine peripheral myelin.

Kojima et al. (1994) investigated the pathogenic potential of autoimmune T cell responses to nonmyelin autoantigens in the Lewis rat using the astrocyte-derived calcium-binding protein S100 β as a model nonmyelin autoantigen. In contrast to the experimental autoimmune encephalomyelitis induced by the adoptive transfer of myelin basic protein-specific T line cells, S100 β -specific T cell transfer induced intense inflammation not only in the spinal cord but also throughout the entire CNS and also in the uvea and retina of the eye.

Gautam et al. (1992) reported that a polyalanine peptide with only five native basic protein residues induces autoimmune encephalomyelitis in mice. This peptide, called myelin basic protein (MBP) Ac1–11, has been used by several authors for further studies on experimental autoimmune encephalomyelitis (Ratts et al. 1999; Matejuk et al. 2003).

Pearson et al. (1997) reported the induction of a heterogeneous T cell receptor repertoire in (PL/JXSJL/J) F2 mice by myelin basic protein peptide Ac1–11 and its analogue Ac1–11[4A].

Deng et al. (2002) found that expression of the tyrosine phosphatase Src homology 2 domain-containing protein tyrosine phosphatase 1 determines the T cell activation threshold and severity of experimental autoimmune encephalomyelitis.

Maron et al. (2002) investigated the immunological properties of Cop1 (glatiramer acetate) to determine the degree to which its effects were antigen specific using myelin basic protein T cell receptor transgenic mice. Immunization of these mice fed glatiramer acetate, myelin basic protein, or MBP Ac1–11 resulted in decreased proliferation and IL-2, IL-6, and IFN- γ production and increased secretion of IL-10 and TGF- β in glatiramer acetate-fed animals.

Gilgun-Sherki et al. (2003) reported that riluzole suppresses myelin oligodendrocyte glycoprotein-induced experimental autoimmune encephalomyelitis in mice.

Pollak et al. (2003) studied the experimental allergic encephalitis-associated behavioral syndrome and the modulation by anti-inflammatory treatments.

Diab et al. (2004) found that ligands for the PPAR- γ and the retinoid X receptor exert additive anti-inflammatory effects on experimental autoimmune encephalomyelitis. Duckers et al. (1997) studied the effect of a neurotropic treatment on cortical lesion development in experimental allergic encephalomyelitis in rats by longitudinal in vivo magnetic resonance imaging methods.

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Acute Graft-Versus-Host Disease (GVHD) in Rats

Purpose and Rationale The intravenous injection of a mixture of parental splenocytes into healthy inbred F₁-rats results in graft-versus-host (GVH)-induced immune abnormalities. This is due to T lymphocytes in the donor inoculum that recognize the major histocompatibility alloantigens expressed by the F₁-animals. The host F₁ T cells are genetically unable to recognize antigens of the parental donor as foreign; thus, the response involves only donor recognition of host and not host recognition of donor. The ensuing immune abnormalities lead to clinical symptoms of an acute, lethal GVH-disease (GVHD), i.e., profound immunodeficiency, anemia, hypogammaglobulinemia, and runting.

Procedure Three- to 4-month-old male F₁-hybrid rats of the inbred strains Lewis (Rt-1 l) and Brown Norway (BN, Rt-1n) (Zentralinstitut für Versuchstierkunde, Hannover, Germany) are used as hosts for cell grafts from the Lewis parental strain. The bone marrow cells are obtained by flushing hind femur bone shafts with culture medium. These cells are then pooled together with spleen cells (ratio 2 bones/1 spleen). The cell viability, determined by trypan exclusion, has to be more than 90 %. Each recipient is injected with about 40×10^7 cells in a 1.5 ml suspension volume. The route of injection is the penis vein, allowing an optimal control of correct intravenous application.

Prophylactic Drug Application For this experiment, two groups of 6 F₁-hybrids each are injected with the abovementioned bone marrow/spleen cell suspension. One group receives the test drug orally and daily until the end of the experiment, homogeneously suspended in 1 % carboxymethylcellulose (CMC) solution. The other group receives CMC alone and, thus, serving as the GVHD control group. The experiment is terminated 2 weeks after disease induction, i.e., 1 week after the first appearance of GVHD symptoms. All animals are sacrificed and clinical aspects documented; spleens weighed; histology of the skin, liver, spleen, and lymph nodes performed; and organs photographed.

Therapeutic Drug Application In this experiment, rats are separated into four groups and treatment begins with the first sign of GVHD symptoms (beginning of the second week). Because of the expected, greater therapeutic difficulty, the daily dose of the test drug has to be doubled, again for 2 weeks duration.

The experiment is terminated either by sacrificing those rats that are too sick to be able to move around the cage or at the end of the 4-week observation period, regardless of the clinical condition of the animals. The clinical-chemical parameters are determined by routine procedures conducted with a Hitachi autotechnicon.

Evaluation The tested parameters of therapeutic success or disease, respectively, are survival rate (%), spleen weight (g), and body weight (g) as well as clinical-chemical parameters (bilirubin, alkaline phosphatase, creatinine, white cell count) after 2 and 3 weeks.

Modifications of the Method Gelpi et al. (1994) established a chronic graft-versus-host disease in (C5BL/10 × DBA/2) F₁ mice with an injection of lymphoid cells from the parent DBA/2 strain. Most of the animals developed antibodies against transfer RNA/protein particles.

Mosier et al. (1988) reported transplantation of human peripheral blood lymphocytes (PBL) into severe combined immunodeficient (SCID) mice to construct hu-PBL-SCID mice. Kim et al. (1997) suggested these mice for routine immunotoxicity investigations using lymph nodes of intestines as the lymphocyte sources.

Ford et al. (1970) and Schorlemmer et al. (1997, 1998) used the popliteal lymph node assay to study the local graft-versus-host reaction. The test is based on the enlargement of the draining popliteal lymph

nodes as a result of injecting immunocompetent cells (1×10^8 parental Lewis spleen cells) into the hind foot pad of Lewis \times Brown Norway F1 recipients. The reaction is measured at day 6 after challenge as a gain in lymph node weights.

Xu et al. (2010) explored the effects of both rapamycin and tacrolimus in the model measuring animal survival after liver transplantation and reporting a differential effect on survival between the two drugs. Xia et al. (2013) investigated the effects of Trichostatin A (TSA) in the rat model of liver transplantation and concluded that TSA did not abrogate acute graft-versus-host disease due to a downregulation of regulatory T cells.

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Influence on SLE-Like Disorder in MRL/lpr Mice

Purpose and Rationale Systemic lupus erythematosus (SLE) is an autoimmune disease in man that affects multiple body organs and is characterized by the development of certain types of self-antigens. Primarily, the antibodies formed against double-stranded DNA (dsDNA), the most prevalent in this ailment, complex together and, with complement, deposit in the small blood vessels, leading to widespread vasculitis. MRL Mpf lpr/lpr (MRL/lpr) mice spontaneously develop a severe disease with many symptoms very similar to human SLE, i.e., hypergammaglobulinemia and glomerulonephritis (Theofilopoulos and Dixon 1981). Recent years have seen the development of numerous animal models of skin disease which have assisted the discovery of potential new drugs for clinical testing (Rottman and Willis 2010; Avci et al. 2013) which in part have allowed progression of a number of small-molecule candidate drugs (Kyttaris et al. 2013; Markopoulou and Kyttaris 2013).

Procedure Female MRL/lpr mice (originally from Jackson Laboratories, USA), displaying distinct symptoms of SLE (between 12 and 13 weeks of age), are randomized and divided into groups of 12 animals each. At this age, the animals have already clinical manifestations of the SLE-like illness, as determined by the disease index, but have not yet developed proteinuria. Animals with early symptoms of disease are treated with various drugs, e.g., leflunomide, cyclosporine A, azathioprine,

cyclophosphamide, or prednisolone, for 11 weeks, and the survival rate and disease index of these animals are followed for 24 weeks. The disease index and urine protein level are determined once weekly.

Disease Index The subsequent clinical parameters are taken into consideration:

1. Ears: reddening of the skin, deterioration of the pinna
2. Nose: loss of hair, wasting of the skin
3. Lymph nodes: detection of swollen lymph nodes on any part of the body, especially the neck and extremities
4. Fur: general condition of fur (e.g., shabby, mangy, etc.), loss of hair
5. Skin: inflammation of the skin, scab, and/or granuloma formation
6. Eyes: exophthalmos, deterioration due to inflammation, tumor formation around the eye, swelling of the eyelid with eventual closure of the eye
7. Paws: reddening of the skin, swelling of the paw

Evaluation A score for each of the above-described parameters is given according to the severity of the symptoms as follows:

Points for Clinical Index

Involvement	Detectable	Moderate	Severe
Ears (each)	0.5	1.0	1.5
Nose	1.0	2.0	3.0
Lymph node (each)	1.0	2.0	3.0
Fur	1.0	2.0	3.0
Skin	1.0	2.0	3.0
Eyes (each)	1.0	2.0	3.0
Paws (each)	0.5	1.0	1.5

Body weight (one point for 5 g difference from week to week)

The determination of the disease index is performed, weekly, by the same individual, but without knowledge of the group being evaluated. The points, for each animal, are registered and the total score, of each group, summarized. The average score for the group is calculated, and significance between the experimental group and the untreated diseased group is determined using the Student's *t*-test.

Proteinuria Pooled urine is collected from each experimental group and the amount of protein in the urine is calculated.

Modifications of the Method In addition to a lupus-like syndrome and massive T cell proliferation, MRL-1pr/1pr (MRL/1) mice develop an arthritic process very similar serologically and histologically to human rheumatoid arthritis. Boissier et al. (1989) found that in these animals, mouse type II collagen is antigenic, but not arthritogenic.

Holmdahl et al. (1991) studied the involvement of macrophages and dendritic cells in synovial inflammation of collagen-induced arthritis in DBA/1 mice and spontaneous arthritis in MRL/lpr mice.

Rordorf-Adam et al. (1985) used serum amyloid P component and autoimmune parameters in the assessment of arthritis in MRL/lpr/lpr mice.

Furukawa et al. (1996) studied the autoimmune disease-prone genetic background in relation to Fas defect in MRL/lpr mice.

Kanno et al. (1992) found spontaneous development of pancreatitis in the MRL/Mp strain of mice.

Kusakari et al. (1992) compared hearing acuity and inner ear disorders of MRL/lpr mice with those of BALB/c mice and found a significantly higher auditory brain stem response threshold. They recommended this as a model of sensorineural hearing loss.

Bundick and Eady (1992) investigated the effects of an immunosuppressive agent on the development of spontaneous lupus disease in female NZBW F1-hybrid mice.

Walker et al. (1996) reported a powerful suppressive effect of testosterone on the autoimmune disease analogous to systemic lupus erythematoses spontaneously developed by F1-hybrids of New Zealand Black (NZB) × New Zealand White (NZW) mice. A model was developed in which NZB dams carrying NZB/NZW fetuses were treated with testosterone in a dose adequate to masculinize the external genitalia in female fetuses.

Zoja et al. (1998) investigated bindarit, a compound devoid of immunosuppressive properties, in NZB/W F1 hybrid mice developing an immune complex glomerulonephritis with proteinuria and progression to renal insufficiency.

Kiberd and Stadnyk (1995) studied the role of endogenous interleukin-1 in established lupus nephritis in MRL-lpr/lpr mice by administration of the IL-1 receptor antagonist IL-1ra.

Gleichmann et al. (1982) and Schorlemmer et al. (1997) induced a systemic lupus erythematoses-like disease in mice by abnormal T and B cell cooperation. A chronic graft-versus-host reaction with the pathologic symptoms of severe glomerulonephritis is induced in B6D2 (C5Bl/6 × DBA/2) F1 hybrid mice receiving four i.v. injections (one per week) of 1×10^8 parental lymphoid spleen cells from DBA/2 donors. The inoculation of splenocytes into the BDF1 hybrid mice results in the development of a chronic GvH reaction with lymphoid hyperplasia, autoantibody production, and immune complex glomerulonephritis.

Chan et al. (1995) described ocular changes occurring in mice with experimental lupus erythematoses. The ocular disease is characterized by bilateral subacute and chronic inflammation of the eyelids (blepharitis) and hypertrophic meibomian glands. The severity of the ocular changes is strain dependent. The authors recommend this experimental eye disease as an animal model for chronic blepharitis in humans.

The changes of lacrimal and salivary glands found in MRL/lpr mice and other mouse strains with autoimmune disorders were also regarded as model of Sjögren's syndrome in human (Sullivan and Edwards 1997; Toda et al. 1999).

The MRL-lpr mouse model has been used to provide cognitive dysfunction in neuropsychiatric systemic lupus erythematosus (Jeltsch-David and Muller 2014), and peptide microarray technology has been developed which may facilitate diagnosis and early detection of CNS-SLE (Williams et al. 2014).

Several studies have investigated the effects of T cell modulation in the MRL/lpr model (Richard et al. 2013; Shinsuke and Hiroshi 2013), and the role of peptidylarginine deiminase and NET formation has been investigated in the MRL/lpr model (Knight et al. 2014).

An assessment of the value of murine lupus models for translation of findings into the clinic (Bender et al. 2014) has highlighted the individuals' strengths of the various models available.

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Prevention of Experimentally Induced Myasthenia Gravis in Rats

Purpose and Rationale Myasthenia gravis is an organ-specific autoimmune disease in man that results in skeletal muscles' weakness. Typically, the sufferer has drooping eyelids, a blank facial expression, and weak, hesitant speech. This is due to the formation of autoantibodies against the nicotinic acetylcholine receptor (AChR). The formation of autoantibodies to acetylcholine's receptor leads to a gradual destruction of the receptors in skeletal muscles that receive nerve impulses and initiate muscle contractions. As a result, affected muscles fail to respond or react only weakly to nerve signals.

Experimental myasthenia gravis (EMG) can be induced in rats by injecting them with heterologous AChR or with recombinant α -subunits (two) of the AChR (portion of the AChR to which acetylcholine mainly binds) (Lennon et al. 1991), and the utility of clinical trials to guide the use of animal models has been recently addressed (Punga et al. 2015). The animals display symptoms of myasthenia (electrophysiological evidence of altered neuromuscular function) and detectable antireceptor antibodies. The severity of the disease can vary, but most animals display, at the very least, a weakness and fatigability

of foot grip. The disease gradually leads to abnormal gait and eventually the inability of the animals to walk or even right themselves.

Procedure Female rats of AO strain, 6–10 weeks old, are used. Three groups of rats are included in the experiment:

1. Immunized with acetylcholine receptor (AChR) protein and treated with test drug.
2. Immunized with AChR protein without drug.
3. Nonimmunized, non-treated control rats. The test drug is applied per os daily. First dose is administered on the day of immunization and the last on the day of sacrifice.

Immunization with AChR Protein AChR protein isolated from *Torpedo marmorata* is emulsified with complete Freund's adjuvant, and 100 µg/rat is injected intradermally in the hind foot pad. As additional adjuvant, 2.6×10^{10} *Bordetella pertussis* microorganism is administered simultaneously by intramuscular injection in the hind leg.

Antibody Determination Anti-AChR-protein antibodies are measured by enzyme-linked immunosorbent assay (ELISA) as described by Norcross et al. (1980). AChR protein is diluted to a final concentration of 2.5 µg/ml in 0.05 M carbonate buffer, pH 9.6. Two hundred ml of this solution is placed in each well of a microtitration plate (Flow Laboratories Inc.). After an overnight incubation at 4 °C, the plates are washed thoroughly with 0.01 M phosphate-buffered saline (PBS) solution containing 0.05 % Tween 20 (Sigma) subsequently referred to as PBS/T. Sera from all groups of rats are serially diluted in PBS/T, and 200 µl is added to each micron well except in the background row (control row) and incubated at 4 °C for 2 h. After washing, 200 µl of 1:1,000 diluted peroxidase-conjugated goat anti-rat immunoglobulin (Sera Lab. Sussex, England) in PBS/T is added to the micron wells and incubated for an additional 60 min at 4 °C. After plates are washed, 200 µl of substrate-citrate buffer and 0.2 µl of 10 % H₂O₂ are added and then incubated in the dark at room temperature for 30 min. The reaction is stopped by addition of 50 µl of 2 M H₂SO₄ and the OD determined by using Titert Multiscan.

Two-Color Flow Cytometry Thymic cell suspensions are obtained by mincing tissue and passing it through 80-mm stainless mesh. After being washed three times in PBS, the cells are resuspended in PBS at a cell density of 10^7 viable cells/ml. The cell viability is determined by the trypan blue exclusion test. Erythrocytes are removed by addition of ammonium chloride. Cell staining and flow cytometric analyses are done as described by Itoyama et al. (1989). Thymocyte subsets expressing CD4 and/or CD8 molecules are defined by staining with monoclonal antibodies obtained from Serotec, Oxford, England: phycoerythrin (PE)-conjugated anti-W3/25 (CD4) and fluorescein isothiocyanate (FITC)-conjugated anti-MRC OX8 (CD8). 2×10^5 – 1×10^6 cells suspended in 100 ml of PBS are exposed sequentially for 30 min to FITC-conjugated anti-CD8 and PE-conjugated anti-CD4 monoclonal antibodies. Isotype-matched control monoclonal antibodies are used to prove the specificity of binding. Cell analysis is performed using FACScan flow cytometer from Becton Dickinson. 1×10^4 events per sample are analyzed by Consort 30 and Lysis software. All data are collected and displayed on a log scale of increasing green and orange fluorescence intensity. This is presented as two-dimensional contour maps and as percentage of thymocytes by integrating counts in selected areas of the contour plots.

Stereologic Analysis of Thymuses Thymuses of animals of all groups are prepared for light microscopic analysis. For this purpose, thymus tissue is fixed in Carnoy's solution, embedded in paraffin, and 3–5-µm-thin sections are stained with hematoxylin and eosin. Cortex and medulla are analyzed stereologically using the point counting method described by Weible (1963). Volume density (V_v) of the examined

structures is determined by the following equation: $V_v = P_i/P_t$, where P_i represents the number of points of the examined structure and P_t the total number of points. V_v refers to the volume fraction, i.e., volume of a feature per unit test volume (Tascaland Vaughn-Williams 1981).

Evaluation EMG is evaluated clinically by daily examination of muscle weakness and scored as follows:

+ = weakness of grip with fatigability
++ = abnormality of gait
+++ = inability to walking and righting

Immediately after appearance of clinical signs of EMG, rats are sacrificed, and blood and thymuses are taken for determination of anti-AChR-protein antibodies and histological analysis of thymuses and thymocyte subsets, respectively.

Statistical analysis of data is performed by Student's *t*-test (data of stereological analysis) and Mann–Whitney *U*-test (results of flow cytometric analysis of thymocyte subsets).

Modifications of the Method McIntosh and Drachman (1987) described an in vitro suppressor assay using responder cells from the lymph nodes of Lewis rats immunized sc. with acetylcholine receptors emulsified in complete Freund's adjuvant and suppressor cells from spleens of rats immunized i.p. with acetylcholine receptors absorbed on bentonite. Antibodies were determined after stimulation with acetylcholine receptors from cocultures of responder cells and putative suppressor cells treated previously with an immunosuppressant.

Arag and Blalock (1994) developed a method of altering B cell-mediated autoimmune diseases by induction of anti-idiotypic antibodies by immunization with complementary peptides. A peptide encoded by RNA complementary to RNA for the Torpedo acetylcholine receptor main immunogenic region, AChR 67–16, was tested in the Lewis rat model of experimental autoimmune myasthenia gravis.

Russell et al. (2012) reported on the testing of CK-2017357 (Tirasemtiv) in rat model of myasthenia gravis and showed as a troponin activator it improved muscle function in this model.

Oliveira et al. (2015) describe the role of CD73 in impaired neuromuscular transmission in the EMG model and further describe the potential role of adenosine in the pathophysiology on this neuromuscular disorder.

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Glomerulonephritis Induced by Antibasement Membrane Antibody in Rats

Purpose and Rationale Masugi nephritis and other nephritis models of immunological origin in rats have been used for evaluation of immunosuppressive activity (Heymann et al. 1959; Shibata et al. 1966; Ito et al. 1983; Thoenes et al. 1989; Ogawa et al. 1990, 1991).

Procedure

Preparation of Rabbit Antiserum Against Rat Glomerular Basement Membrane Glomeruli are separated from the homogenate of rat renal cortex by successive use of three metal sieves (150-, 180-, and 200-mesh). The basement membrane fraction is obtained by centrifugation and ultrasonic disruption. It

is then digested with trypsin, dialyzed, and lyophilized. The resultant substance is employed as antigen. An emulsion of 1 mg of the antigen in 0.2 ml saline with 0.2 ml of complete Freund's adjuvant is injected intracutaneously into white rabbits once a week for 6 weeks. One week later, production of the antibasement membrane antibody is confirmed in guinea pigs by the passive cutaneous anaphylaxis test. The blood is collected from the carotid artery, incubated at 56 °C for 30 min to inactivate components of the complement and stored at –20 °C until use.

Induction of Glomerulonephritis in Rats Male Sprague–Dawley rats weighing about 300 g are injected with 0.5 ml of the rabbit antiserum via the tail vein. On the following day, they are further injected subcutaneously with an emulsion (0.25 ml) of physiological saline solution containing 5 mg of rabbit gamma globulin in an identical volume of complete Freund's adjuvant.

Treatment The rat antibasement antibody is injected 5 days before the start of administration of the test compound. Before the first dose, urinary total protein is determined and rats with nephritis are so assigned as to provide almost equal distribution of severity of the disease per group. The test compounds are administered orally for 14 days. The urine is collected at 7 and 14 days of treatment. After 14 days, the animals are sacrificed, blood is collected, and the thymus and kidneys are removed. Histopathological and immunohistochemical studies are performed in kidney tissue.

Evaluation Scores are given for **microscopic findings in the following:**

Glomeruli

- Cell proliferation in glomeruli
- PAS-positive granules in the epithelium of glomeruli
- Fibrin deposits in Bowman's space
- Adhesion to Bowman's capsule

Tubuli

- Hyaline cast
- Dilatation of tubuli

Scores are also given for **immunofluorescence findings** for rat IgG, rat C3, and rabbit IgG.

Furthermore, total urinary protein, plasma total cholesterol, plasma fibrinogen, and thymus/body weight ratio are compared between drug-treated animals and controls by statistical means.

Modifications of the Method Lan et al. (1995) investigated the pathogenic role of interleukin-1 in the progression of established rat crescentic glomerulonephritis by administration of the interleukin-1 receptor antagonist IL-1ra.

Giménez et al. (1987) and Thoenes et al. (1987) induced autoimmune tubulointerstitial nephritis in the Brown Norway rat by injection of bovine tubular basement membrane.

Development of a systemic T lymphocyte-dependent autoimmune syndrome in Brown Norway rats including glomerulonephritis with high proteinuria was induced with mercuric chloride by Baran et al. (1986), Aten et al. (1988), and Lillevang et al. (1992).

Kokui et al. (1992) induced nephrosis with proteinuria in rats by intraperitoneal injection of puromycin aminonucleoside.

Lundstrom et al. (1993) studied the Heymann nephritis antigenic complex using a rat yolk sac carcinoma cell line that expresses glycoprotein 330, the main antigen in this autoimmune disease.

Taylor et al. (2009) demonstrated a role for the purinergic P2X7 purinoreceptor in experimental glomerulonephritis showing that mice harboring a knockout for the receptor were renoprotective, further supported by a nonclinical intervention study with A-439079. Smith et al. (2010) investigated the role of spleen tyrosine kinase (SYK) in a rat model of glomerulonephritis with R788 (fostamatinib) and showed reduction of glomerular crescents and improvement in renal function establishing SYK as a target for potential future clinical investigation.

Suana et al. (2011) have shown that immunoliposomes carrying a low-dose mycophenolate mofetil cargo may prevent creatine increase and albuminuria in a model of experimental mesangial proliferative glomerulonephritis model in the rat.

D'Souza et al. (2013) developed a bicongenic rat model of experimental crescent glomerulonephritis to develop a system for investigating macrophage-dependent glomerulonephritis.

Recently Takakura et al. (2014) demonstrate an antiproliferative effect of the anti-inflammatory and antifibrotic agent pirfenidone in a rat model of basement membrane glomerulonephritis.

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Inhibition of Allogenic Transplant Rejection

Purpose and Rationale Transplantation of allogenic organs to recipients results in rejection of the transplants (Sanchez-Fueyo and Strom 2011). This effect can be suppressed or delayed by immunosuppressive agents, and the role of B cells has been investigated in animal models suggesting a role in mechanisms of transplant tolerance (Chesneau et al. 2013). Various organs are used for allogenic transplantation in animal experiments, such as skin pieces (Schorlemmer et al. 1993), kidney (Lee 1967; Kùchle et al. 1991), rat heart, rat small intestine (Xiao et al. 1994; Zhang et al. 2014), and corneal buttons (Coupland et al. 1994). The immunosuppressive activity can be evaluated either by using a major

histocompatibility complex variant strain combination or a strong allogenic system, and the advances and limitations of murine models have been recently described (Schroeder and DiPersio 2011).

Procedure For **skin transplantation** male animals of inbred strains of Fischer (F334), Lewis (LEW), Brown Norway (BN), and Dark Agouti (DA) rats are used. Rat tail skin (donor) is cut into square pieces of 0.5–1.0 cm and transplanted to the tails of recipient rats. Rejection is defined as the day when the skin graft is of red-brown color and hard consistency. As strain combination with a major histocompatibility variant, transplantation from LEW to F334 is performed. Using a strong allogenic system, the high responder DA to LEW donor-recipient combination is used. The immunosuppressive agents, e.g., cyclosporine or leflunomide, are given orally up to 20 days. Ten animals are used for each group.

Evaluation The mean values of rejection time of treated groups are compared statistically with vehicle-treated controls using Student's *t*-test or the Mann–Whitney *U*-test.

Modifications of the Method Schorlemmer and Kurrle (1997) used Lewis (LEW, Rtl*1) rats as receivers and Balb/c mice as donors in a xenotransplantation model of mouse-to-rat skin grafts. Rejection was defined as the day when the skin graft turned red-brown and became hard. For quantification of xenospecific IgM and IgG antibody titers, the test sera (dilution 1:10) were incubated with 1×10^6 purified T cells (by sheep anti-mouse Dynabeads, Deutsche Dynal GmbH, Hamburg, Germany) from Balb/c donor spleens for 30 min at 4 °C. The cells were washed three times with phosphate-buffered saline (pH 7.2) and then stained for IgG or IgM xenoantibodies; 50 µl of FITC-conjugated goat antibodies, specific for the Fc-portion of rat IgG or specific for the μ -chain of rat IgM, was added. After 30 min at 4 °C, the cells were washed twice and analyzed by flow cytometry.

Techniques for transplantation of several organs have been elaborated.

For **kidney transplantation**, male rats, 5–7 months of age, are used as donors and recipients for the orthotopic right kidney transplantation as described by Lee (1967) with a modification of ureter–ureter anastomosis (Thoenes et al. 1974). Because bilateral nephrectomy is performed at transplantation, animal survival is dependent upon the allograft's function. All rats that do not excrete urine on the first postoperative day are excluded from further studies. As a control concerning long survival, syngeneically transplanted rats are maintained up to 300 days.

Engelbrecht et al. (1992) described a new rapid technique for renal transplantation in the rat. The method combines a special sleeve anastomotic technique for the renal artery, conventional end-to-end anastomosis of the renal vein, and implantation of the ureter into the bladder.

A porcine renal transplant model has been used by Almond et al. (1992).

Peters et al. (1993) reviewed the therapeutic potential of tacrolimus in renal and hepatic transplantation.

For studying **heart transplantation**, heterotopic implantation of hearts from BN to LEW rats is performed (Williams et al. 1993). The diagnosis of rejection is established once the palpable cardiac allograft impulse ceases. Further studies with rat cardiac allografts have been performed by Hancock et al. (1990). The Fischer 344 rat (donor)/Long Evans rat (recipient) combination was used by Kahn et al. (1991). Walpoth et al. (1993) used magnetic resonance spectroscopy for assessing myocardial rejection in the transplanted rat heart.

Shiraishi et al. (1995) evaluated the effectiveness of the interleukin-1 receptor antagonist IL-1ra in the immune and inflammatory responses to rat heart allografts.

Cardiac transplantation between inbred rat strains that differ for weak histocompatibility antigens is associated with the development of arteriosclerosis in arteries of the donor graft myocardium (Cramer et al. 1990; Adams et al. 1992).

A heterotopic rat **heart transplant model** and the influence of infection were described by Kobayashi et al. (1993).

The **hamster to rat cardiac xenograft** model has been used by several authors (de Masi et al. 1990; Steinbrüchel et al. 1991; van den Bogaerde et al. 1991; Woo et al. 1993; Fujino et al. 1994; Schuurman et al. 1994). The hearts from Syrian hamsters were implanted heterotopically in male Lewis rats, with anastomoses between the infrarenal abdominal aorta and inferior vena cava of the recipient and the donor aorta and right pulmonary artery, respectively.

Primate cardiac xenografts were performed by McManus et al. (1993) using cynomolgus monkeys (*Macaca fascicularis*) as donors and baboons (*Papio anubis*) as recipients.

Chronic rejection of rat **aortic allograft** was studied by Mennander et al. (1991). Administration of cyclosporine induced accelerated allograft arteriosclerosis.

Heterotopic transplantation of small intestine has been performed from BN to LEW rats. The mesenteric venous drainage is reconstructed either via the vena cava or the portal vein (Xiao et al. 1994). An isolated Thiry–Vella loop was prepared by Xia and Kirkman (1990). Kellnar et al. (1990) described allogenic transplantation of fetal rat intestine with anastomosis to the normal bowel of the host. Langrehr et al. (1991) investigated under which circumstances graft-versus-host disease occurs following fully allogenic small bowel transplantation in the rat. Kirsch et al. (1991) studied the extent to which intestinal transplants in rats undergo functional and morphologic compensation.

Liver transplantation procedure has been described by Svensson et al. (1995), allowing measurement of bile secretion.

Orthotopic left **lung transplantation** was performed in inbred rats by Katayama et al. (1991).

Tracheal allografts were implanted into the abdomen of recipient rats (Davreux et al. 1993).

In vivo electrophysiology of rat **peripheral nerve transplants** was studied by Yu et al. (1990). A sciatic-tibial nerve graft was harvested from the donor rat between the sciatic notch and the ankle. In the recipient, the tibial nerve and the sural nerve were resected. The nerve graft was placed along the natural course of the native tibial nerve. Nerve repair was performed using standard end-to-end epineural microsuture technique.

A model of neurovascularized rectus femoris **muscle transplantation** in rats was established by Muramatsu et al. (1994).

The orthotopic **transplantation of vascularized skeletal allografts** (rat distal femur and surrounding muscular cuff) has been described by Lee et al. (1995).

Long-term survival of **limb allografts** in rats was studied by Kuroki et al. (1991). The donor and recipient limbs were prepared simultaneously by amputation at mid-femur. The donor limb was fixed orthotopically by Kirschner wire. The donor and recipient femoral arteries, veins, and sciatic nerves were anastomosed using a microsurgical technique.

For **cornea transplantation**, Brown Norway rats (RT1^{1×n}) serve as donors and Lewis rats (RT1¹) as recipients (Coupland et al. 1994). Both the donor and recipient rats are anesthetized with xylazine hydrochloride and ketamine hydrochloride. Twenty min prior to surgery, the recipient rats also receive 0.5 mg/kg atropine sc. and phenylephrine hydrochloride 5 % eyedrops. Under sterile conditions and using an operation microscope, two donor corneal buttons (3.5 mm) are harvested from the donor rat using a trephine and curved Castroviejo scissors. The donor animals are then sacrificed by ether inhalation. The left eyes of the recipient rats are prepared by removing a central 3.0-mm button using a trephine and curved Castroviejo scissors. A drop of sterile methylcellulose (1 %) is placed over the 3.0-mm corneal opening before the donor cornea is fixed with 10 interrupted sutures. The anterior chamber is not reestablished following surgery. Prior to closure of the eyelids with three or four interrupted sutures, Polyspectran eyelid gel is placed over the operated eye. Forty-eight hours following surgery, the eyelid

sutures are removed, allowing for the first time assessment of the cornea on the slit-lamp microscope. Slit-lamp evaluations are performed every 2–3 days under i.m. anesthesia with ketamine, with assessment of the cornea by scoring graft opacity, edema, and vascularization.

Recently the role of indoleamine 2,3-dioxygenase as an immunomodulator has been reviewed in models of allogenic pancreatic islet and skin transplantation (Gill et al. 2013).

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Mitogen Induced Lymphocyte Proliferation

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Chemiluminescence in Macrophages

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PFC (Plaque Forming Colony) Test In Vitro

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Lymphocyte Trafficking After Sphingosine 1-Phosphate Receptor Agonists

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Reversed Passive Arthus Reaction

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