

Interleukin-19 contributes as a protective factor in experimental Th2-mediated colitis

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2 **Interleukin-19 contributes as a protective factor in experimental**
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5 **Th2-mediated colitis**
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Abstract

Inflammatory bowel disease results from chronic dysregulation of the mucosal immune system and aberrant activation of both the innate and adaptive immune responses. IL-19 is a member of the IL-10 family, and IL-10 plays important role in inflammatory bowel disease. We have previously shown that IL-19 knockout mice are more susceptible to innate-mediated colitis. Next, we ask whether IL-19 contributes to T cells-mediated colitis. Here, we investigated the role of IL-19 in a mouse model of Th2 cell-mediated colitis. Inflammatory responses in IL-19-deficient mice were assessed using a Th2-mediated colitis induced by oxazolone. The colitis was evaluated by analyzing body weight loss and histology of the colon. Lymph node cells were cultured *in vitro* to determine cytokine production. IL-19 knockout mice exacerbated oxazolone-induced colitis by stimulating the transport of inflammatory cells into the colon, and by increasing IgE production and the number of circulating eosinophil. The exacerbation of oxazolone-induced colonic inflammation following IL-19 knockout mice was accompanied by increased production of IL-4 and IL-9, but no changes in the expression of IL-5 and IL-13 in lymph node cells. IL-19 plays an anti-inflammatory role in the Th2-mediated colitis model, suggesting that IL-19 may represent potential

1
2 therapeutic target for reducing colonic inflammation.
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8 **Key Words**
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10 IL-19, anti-inflammatory cytokine, inflammatory bowel disease
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17 **Abbreviations**
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22 CD Crohn's disease
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25 DSS dextran sulfate sodium
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28 HE hematoxylin and eosin
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31 IBDs inflammatory bowel diseases
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34 IFN interferon
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37 KO IL-19-knockout
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40 MPO myeloperoxidase
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43 UC ulcerative colitis
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Introduction

IL-19 was originally found by sequence homology to IL-10 (Gallagher et al., 2000), and is a member of the IL-10 family, which also includes IL-20, IL-22, IL-24, IL-26, IL-28A, IL-28B, and IL-29 (Sabat et al., 2007). Our previous studies showed that IL-19-knockout (KO) mice are more susceptible to experimental acute colitis induced by dextran sulfate sodium (DSS), and this increased susceptibility is correlated with the accumulation of macrophages and the increased production of interferon (IFN)- γ , IL-1 β , IL-6, IL-12, TNF- α , and CXCL1 (Azuma et al., 2010a).

DSS-induced colitis is a well-characterized model of colonic inflammation. The adaptive immune system obviously does not play a major part in DSS-induced colitis model, because T- and B-cell-deficient mice also develop severe colonic inflammation in this model (Dieleman et al., 1994). Clinically, Ulcerative colitis (UC) and Crohn's disease (CD) are two of the most common types of inflammatory bowel diseases (IBDs) and are characterized by dysregulated intestinal inflammation and mucosal tissue damage in parts of the gastrointestinal tract (Tong et al., 2013). CD is characterized by transmural and discontinuous inflammation, which is associated with a type-1 response mainly driven by IL-12 and IFN- γ

1
2 (Monteleone et al., 2005). In contrast, UC involves the superficial mucosal
3
4 and submucosal layers of the colon and is driven by type-2 cytokines, such as
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6
7 IL-4, IL-5, and IL-13 (Tanaka et al., 2010). However, little is known about the
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9 exact immunological role of IL-19 in the regulation of IBD such as T-cell
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11 mediated colonic inflammation.
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17 To determine the potential role of IL-19 in IBD, we previously
18
19 examined the role of IL-19 in the 2,4,6-trinitrobenzene sulfonic acid
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21 (TNBS)-induced colitis model which shows a clear type-1 phenotype (Kitani
22
23 et al., 2000). We demonstrated that IL-19-KO mice aggravated TNBS-induced
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25 colitis (Matsuo et al., 2015). Since TNBS-induced colitis resembles the
26
27 symptom seen in CD, the exact immunological role of IL-19 in the regulation
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29 of UC remains still unclear. In this study, we investigated the role of IL-19 in
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31 oxazolone-induced colitis which is useful for the study of the type-2
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33 inflammatory response and resembles the symptom seen in UC (Heller et al.,
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35 2002; Boirivant et al., 1998).
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49 **Materials and Methods**

50 **Mice**

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52 We constructed targeting vectors for the IL-19 gene and used them to generate
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55 IL-19-KO mice. C57BL/6-IL-19 mice were backcrossed onto the Balb/c
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2 genetic background for at least 10 generations. Balb/c-IL-19 heterozygous
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5 mice were intercrossed to generate mutant and control mice. Age-matched
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8 mice (10–15 weeks old) were used in all experiments. All procedures used in
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10
11 this study complied with institutional policies of the Osaka Prefecture
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13
14 University Animal Care and Use Committee.
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16 17 18 19 Oxazolone-induced colitis

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22 To presensitize mice, a 2 × 2 cm field of the abdominal skin was shaved, and
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25 150 µL of a 4% (w/v) solution of oxazolone in 100% ethanol was applied.
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28 Seven days after presensitization, colitis was induced by intrarectal
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31 administration with 100 µL of 3% of oxazolone in 50% ethanol using a plastic
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34 catheter. Control mice were administered a 50% ethanol solution without
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37 oxazolone using the same technique. Body weights were monitored daily.
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43 RNA isolation and quantitative real-time reverse transcription polymerase 44 45 46 chain reaction

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49 Total RNA was isolated from the distal colon as previously described (Azuma
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52 et al., [2010b](#)), with minor modifications. RNA was used to synthesize
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55 complementary cDNA using SuperScript Reverse Transcriptase (Roche,
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58 Madison, WI, USA). The primers used for amplification of IL-19 were as
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1 follows: 5'-ATGAAGACACAGTGCGCGTC-3' and
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5 5'-GTGTCAGGCTGCAGGAG-3'. mRNA expression levels were quantified
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7 using real-time PCR analysis based on the intercalation of SYBR Green
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10 (Toyobo, Osaka, Japan). The amplification of *HPRT* mRNA was used as an
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12 endogenous control to account for differences in the amount and quality of
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14 RNA added to each reaction.
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22 Histology

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25 The distal colon was fixed with 10% neutral buffered formalin and embedded
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27 in paraffin. Sections were stained with hematoxylin and eosin (HE). The
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29 severity of intestinal inflammation was graded using a previously described
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31 system for colitis from 0 to 4 as follows: 0, no leukocyte infiltration; 1, low
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33 level of leukocytic infiltration; 2, moderate level of leukocytic infiltration; 3,
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35 high level of leukocytic infiltration, high vascular density, thickening of the
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37 colon wall; and 4, transmural infiltration, loss of goblet cells, high vascular
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39 density, thickening of the colon wall (Fuss et al., 1999). All sections were
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41 scored in a blinded fashion by a pathologist.
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52 Myeloperoxidase (MPO) activity in the colon

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2 Neutrophil infiltration into the colon was quantified by measurement of MPO
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4 activity. The distal colon was homogenized in PBS containing Complete
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6 Lysis-M (Roche). Homogenized samples were placed on a rotary shaker at 300
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8 rpm on ice for 30 min and centrifuged at $12,000 \times g$ for 10 min. Supernatants
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10 were then collected, and protein concentrations were quantified and adjusted
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12 to 0.9 mg/mL. MPO activity was determined using an EnzChek MPO Activity
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14 Assay Kit (Life Technologies, Palo Alto, CA, USA) according to the
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16 manufacturer's instructions.
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28 Immunofluorescence staining

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30 The distal colon was fixed with 4% paraformaldehyde. Frozen sections (5 μ m
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32 thick) were prepared for immunofluorescence staining as previously described
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34 (Azuma et al., [2008](#)), with minor modifications. Macrophages were detected
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36 using rat anti-mouse F4/80 monoclonal antibodies conjugated to Alexa Fluor
37
38 647 (CI:A3-1; AbD Serotec). Neutrophils were detected using rat anti-mouse
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40 Gr-1 monoclonal antibodies conjugated to Alexa Fluor 488 (RB6-8C5; AbD
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42 Serotec). Confocal images were obtained under a laser-scanning microscope
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44 (C1si; Nikon Corporation, Tokyo, Japan).
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58 IgE ELISA

1 Serum IgE levels were measured by ELISA (Koma Biotech, Seoul, Korea)
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5 according to the manufacturer's instructions.
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10 Differential white blood cell counts

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12 Blood smears slides were stained with Giemsa (Wako, Osaka, Japan).
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16 Differential cell counts were determined for 2000 cells per slide under oil at
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19 60× magnification. During cell counting, the researcher was blinded to the
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22 experimental treatment.
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28 Eosinophil staining

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30 Eosinophil infiltration into the distal colon was stained by Eosinophil Stain
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32 Kit (ScyTek Laboratories, Inc., UT, USA). Simultaneously, acidic
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66 Cell isolation and cytokine production

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68 Mesenteric lymph nodes were isolated. Lymph node cells were isolated by
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2 Biotec, Bergisch Gladbach, Germany). Simultaneously, we collected and used
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4 lymph node cells by negative selection with CD4 microbeads. CD4⁺ T-cells
5
6 from lymph node were stimulated with BioCoat anti-mouse CD3 T-cell
7
8 activation plates (BD, Franklin Lakes, NJ, USA), whereas lymph node cells by
9
10 negative selection with CD4 MicroBeads were cultured with normal plates.
11
12 After 48 h of culture, cytokine concentrations were determined in the culture
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14 supernatants using enzyme-linked immunosorbent assays (ELISAs;
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16 eBioscience, San Diego, CA, USA) and multiplex assays (Bio-Rad, Hercules,
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18 CA, USA) according to the manufacturer's instructions.
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31 Statistical analysis

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33 Results are expressed as the mean \pm standard error of the mean (SEM).
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Histological scores were statistically analyzed using the Mann-Whitney U test. Differences in parametric data were evaluated using Student's t tests. Differences with *P* values of less than 0.05 were considered significant.

66 Results

67 Increased susceptibility of IL-19-KO mice to oxazolone-induced colitis

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We initially investigated the susceptibility of IL-19-KO mice to the development of oxazolone-induced colitis by analyzing body weight loss and

1
2 histology of the distal colon. IL-19-KO mice showed severe weight loss
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4 compared with WT control mice from day 1 to day 2 (Fig. 1A). As shown in
5
6
7 Figure 1B, the administration of oxazolone to WT mice induced the expression
8
9 of *IL-19* mRNA in the distal colon 2 days after oxazolone administration.
10
11
12 Simultaneously, the administration of oxazolone to IL-19-KO mice induced no
13
14 expression of *IL-19* mRNA on day 2 (data now shown). Histological analysis
15
16 revealed that the distal colon in IL-19-KO mice exhibited increased numbers
17
18 of infiltrating cells and a general loss of tissue architecture 2 days after
19
20 oxazolone administration (Fig. 1C). The severity of colitis, as represented by
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22 the histological score, was significantly increased in IL-19-KO mice compared
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24 with WT mice (Fig. 1C).
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34 In IL-19-KO mice, oxazolone treatment increased colonic MPO activity
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36 (Fig. 2A), consistent with a marked increase in neutrophil infiltration as
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38 evaluated using anti-Gr-1 antibodies (Fig. 2B). Interestingly, macrophage
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40 infiltration (evaluated using anti-F4/80 antibodies) was also highly increased
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42 in IL-19-KO mice with oxazolone-induced colitis (Fig. 2B).
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49 IL-4 induces type-2 inflammatory responses, thereby stimulating
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51 production of IL-13, B-cell-dependent production of serum IgE and
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53 recruitment of eosinophils in mice with oxazolone-induced colitis (Hoving et
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55 al., 2012). Therefore, we assessed serum IgE levels and blood eosinophil
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2 levels in mice with oxazolone-induced colitis. Interestingly, circulating IgE
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5 levels were significantly elevated in IL-19-KO mice in comparison with WT
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8 mice (Fig. 2C). The number of circulating eosinophils was also significantly
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11 elevated in IL-19-KO mice as compared with WT mice (Fig. 2D upper panel).

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13 To estimate the eosinophil infiltration of IL-19-KO tissue preparations in the
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To estimate the eosinophil infiltration of IL-19-KO tissue preparations in the
distal colon, we used Eosinophil Stain Kit. Administration of oxazolone to
IL-19-KO mice showed marked eosinophil infiltrations as indicated red color
(Fig. 2D lower panels). However, WT showed little eosinophil infiltrations.

Collectively, these results showed that IL-19 deficiency exacerbated
oxazolone-induced colitis by facilitating the transport of inflammatory cells
into the colon.

Expression of inflammatory cytokines in the colons of mice with
oxazolone-induced colitis

To investigate the potential inflammatory mediators that may be altered by
IL-19 during oxazolone-induced colitis, we analyzed the expression of various
inflammatory mediators (i.e., *IL-1 β* , *IL-4*, *IL-6*, *TNF- α* , and *IL-10*) by
real-time PCR. Interestingly, administration of oxazolone to IL-19-KO mice
increased the expression of *IL-1 β* and *IL-4* mRNA in the distal colon (Fig. 3).

In contrast, IL-19-KO mice decreased the expression of *IL-10* mRNA.

1
2 However, the levels of *IL-6* and *TNF- α* were similar in WT and IL-19-KO
3
4 mice. These results suggested that IL-19 played an important role in the
5
6 **IL-4-mediated** inflammatory responses in mice with oxazolone-induced
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8 colitis.
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16 Altered cytokine production in lymph node cells from IL-19-KO mice with
17
18 oxazolone-induced colitis
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22 Because the oxazolone-induced colitis model has been associated with
23
24 increases in Th2 responses (Heller et al., 2002; Boirivant et al., 1998), we
25
26 examined the levels of several types of cytokines in lymph node cells. As
27
28 shown in **Figure 4A**, CD4⁺ T-cells isolated from lymph node of IL-19-KO mice
29
30 with oxazolone-induced colitis produced elevated amounts of IL-2, IL-4, IL-9
31
32 and CCL5 upon stimulation with anti-CD3 and anti-CD28 antibodies *in vitro*.
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40 **However, there are no marked changes in the amounts of IL-5, IL-13 (Fig. 4A)**
41
42 **and IL-17 (data not shown)**. These results suggested that IL-19 controlled Th2
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44 cytokine IL-4. At the same time, we measured the production of several
45
46 cytokines in lymph node cells by negative selection with CD4⁺. As shown in
47
48 **Figure 4B**, IL-19-KO mice produced high levels of IL-12, G-CSF and CXCL1,
49
50 **but not TNF- α , IL-1 β and IL-6**, suggesting that the production of **these**
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52 cytokines is controlled by IL-19.
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Discussion

In this study, our experiments highlighted several novel aspects of the anti-inflammatory effects of IL-19 in Th2-mediated colitis *in vivo*. We found that the exacerbation of oxazolone-induced colitis by IL-19 deficiency was accompanied by increased production of IL-4 and IL-9 without increased production of IL-5 and IL-13. The oxazolone-induced colitis and UC include characteristic ulcers of the colon, which form through an IL-4-driven, Th2-mediated response to oxazolone (Heller et al., 2002; Boirivant et al., 1998). In addition, IL-4, IL-5, and IL-13 are upregulated in keratin 8-KO mice, which develop chronic spontaneous Th2-mediated colitis (Habtezion et al., 2005). IL-4 and IL-5 are correlated with the clinical and histological severity of colitis in UC patients (Inoue et al., 1999). IL-13 was found to be upregulated in UC patients and linked to an impaired epithelial barrier function in the gut (Heller et al., 2005). **Indeed, IL-5 and IL-13 as well as IL-4 have important roles in colonic inflammation. Why did IL-19-KO mice show increased production of IL-4, but not IL-5 and IL-13?** Although IL-4 and IL-13 are structurally analogous and share functional receptors, their function is quite different. IL-4 acts mainly as a regulatory cytokine and IL-13 acts as

1
2 an effector cytokine. IL-5 plays a key role in eosinophil proliferation,
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4 differentiation, maturation, migration to tissue sites and **survival**
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6 (Sitkauskiene et al., 2004). IL-4 was mainly produced by Th2, and Th2
7
8 produced IL-5 and IL-13. IL-5 and IL-13 were also produced by innate
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10 lymphoid cells and invariant natural killer T cells. IL-4 and IL-5 promote the
11
12 clonal expansion and maturation of B cells and induces the IgM/IgE switch.
13
14 Released IgE activate mast cells to secrete IL-4, IL-5 and IL-13. In contrast, a
15
16 recent study reported that IL-9 plays an important role in driving UC by
17
18 regulating intestinal epithelial cells and that IL-9 represents a promising
19
20 target for the treatment of chronic colitis (Gerlach et al., 2014). Thus, it is
21
22 possible that IL-19 regulates IL-4 and IL-9 production, but not IL-5 and IL-13
23
24 production, because all of these cytokines are significant pathological factors
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26 in oxazolone-induced colitis (Heller et al., 2002; Boirivant et al., 1998). **In**
27
28 **line with these previous findings, our data suggest that IL-19 plays important**
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30 **role in the gut by regulating Th2 cells to produce IL-4, but not innate**
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32 **lymphoid cells and invariant natural killer T cells to produce IL-5 and IL-13.**
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49 It is not surprising to find that IL-2 was increased in IL-19-KO
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51 compared to WT. IL-2 plays a critical role in the polarization of naive CD4 T
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53 cells to the Th2 phenotype as well as Th1 clearly needs IL-2 (Cote-Sierra et
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55 al., 2004). CCL5 is a chemotactic agent for T cells, eosinophils, and basophils
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1 and plays an active role in recruiting leukocytes to sites of inflammation.
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4 CCL5 does not play the survival for eosinophils although IL-3, IL-5 and
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6
7 GM-CSF play the survival for eosinophils. We found that IL-19-KO showed
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10 increased production of CCL5 though no alteration on the production of IL-3,
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12
13 IL-5 and GM-CSF (Fig. 4A and data not shown), suggesting that IL-19 control
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16 migration and infiltration to the tissue of eosinophils, but not proliferation
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18
19 and survival for eosinophils.
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22 IL-10 is a well-known anti-inflammatory and immunosuppressive
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24
25 cytokine. Anti-inflammatory effect of IL-19 is reminiscent of the widely
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28 accepted regulation of IL-10. There is the possibility that altered production
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31 of cytokines in IL-19-KO was due to downregulation of IL-10.
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34 Th17 is responsible for the IL-17 production, a key pro-inflammatory
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37 cytokine that is increased in IBD (Zhu et al., 2015). There is the possibility
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40 that altered production of cytokines in IL-19-KO was due to upregulation of
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43 IL-17. However, both WT and IL-19-KO secreted equivalent amounts of IL-17
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45
46 (data not shown), suggesting that IL-17 is not likely to mediate the
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48
49 suppressive effect of IL-19.
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52 Interestingly, we observed increased levels of IL-12, G-CSF and
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55 CXCL1 in IL-19-KO mice with oxazolone-induced colitis. G-CSF
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58 stimulates the survival, proliferation, differentiation, and functions of
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1
2 neutrophil precursors and mature neutrophils and can induce the production of
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5 granulocytes in the bone marrow. CXCL1 has neutrophil chemoattractant
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8 activity and has been shown to function by signaling through the chemokine
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11 receptor CXCR2, which is expressed on the surface of neutrophils. In a
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13
14 previous study, researchers found that the colons of mice with
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17 oxazolone-induced are flooded with inflammatory cells, including Gr-1⁺
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20 neutrophils, $\gamma\delta$ T cells, eosinophils, NKT cells, and CD4⁺ T-cells (Camelo et
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22
23 al., 2012). Consistent with previous result, we found here that IL-19-KO mice
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26 exhibited increased Gr-1⁺ neutrophils and eosinophils, supporting the role of
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28
29 IL-19 in mediating intestinal inflammation. IL-12 is a well-known Th1
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32 cytokine. In addition, IL-12 mediates enhancement of the cytotoxic activity of
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35 NK cells and CD8⁺ cytotoxic T-cells. Thus, it is possible that IL-19 may
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38 regulate NK cells and CD8⁺ cytotoxic T-cells in oxazolone-induced colitis.

39
40 It is well known that pro-inflammatory cytokines play an important role
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43 in inflammation of the intestinal mucosa. For instance, IL-6, IL-1 β , and
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46 TNF- α have been shown to play pivotal roles in the pathogenesis of IBD
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49 (Fiocchi, 1998; Bouma and Strober, 2003). Both IL-6-deficient mice and
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52 caspase-1 (IL-1 β converting enzyme)-deficient mice have been shown to have
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55 less severe colitis induced by DSS, suggesting that IL-6 and IL-1 β both play a
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58 role in promoting T-cell-independent acute colitis (Siegmund et al., 2001;
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2 Naito et al., 2004). In contrast, TNF- α -deficient mice have been shown to be
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5 more susceptible to DSS-induced colitis (Naito et al., 2003), whereas a low
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8 dose TNF- α monoclonal antibody treatment protected against chronic colitis
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11 (Kojouharoff et al., 1997). In our study, lymph node cells showed a similar
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13
14 production of IL-6, IL-1 β and TNF- α between WT and IL-19-KO.
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16
17 Interestingly, we also found that real-time RT-PCR analysis of the distal
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20 colons of mice showed increased expression of IL-1 β , but not IL-6 and
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22
23 TNF- α , in IL-19-KO compared to WT. It is likely that non-immune cells in the
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25
26 gut tissue produced IL-1 β in IL-19-KO with oxazolone-induced colitis. These
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28
29 results indicate that IL-19 may play as anti-inflammatory effector by acting
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31
32 both immune cell and non-immune cell, regardless of the mechanism.
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35 In a previous study, we showed that DSS-induced colitis is exacerbated
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38 in IL-19-KO mice (Azuma et al., 2010a). The increased severity of colonic
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41 inflammation following genetic ablation of IL-19 was accompanied by
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44 increased production of many inflammatory cytokines, including IFN- γ ,
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47 IL-1 β , IL-6, IL-12, TNF- α , and CXCL1, several of which have been implicated
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50 in the pathogenesis of DSS-induced colitis. In contrast, CD4⁺ T-cells have
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53 been shown to play a central role in IBD. We showed that IL-19 deficiency
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56 aggravated TNBS-induced colitis. Additionally, the exacerbation of
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59 TNBS-induced colonic inflammation following genetic ablation of IL-19 was
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1
2 accompanied by increased production of IFN- γ , IL-12, IL-17, IL-22 and IL-33
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4 (Matsuo et al., 2015). IL-19 can have anti-inflammatory roles in the gut,
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6
7 regardless the type of colonic inflammation. In type-1 responses, such as in
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9
10 DSS and TNBS-induced colitis, we revealed that IL-19 clearly plays
11
12 anti-inflammatory role. In type-2 responses, our present study provides solid
13
14 evidence for the immunopathological relevance of IL-19 as an
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16
17 anti-inflammatory cytokine in colonic inflammation. Consistent with our data,
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20 recent studies have reported that IL-19 is impaired in patients with active UC
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23 (Fonseca-Camarillo et al., 2014). Our data add a new key player as colonic
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25
26 inflammation, showing that IL-19 act as potent anti-inflammatory cytokine.
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35
36
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38
39
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46 **Conflict of interest** The authors declare that they have no conflicts of
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48
49 interest to declare.
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colon lamina propria by suppressing Th17 cell response as well as Th1
cell response. *Int Immunopharmacol* 29:846-853

1
2 **Fig. 1.** Increased susceptibility of IL-19-KO mice to oxazolone-induced
3
4 colitis. (A) The percent weight loss of WT (n = 15) and IL-19-KO (n = 17)
5
6 mice was monitored daily. **P* < 0.05 compared with oxazolone-WT. (B)
7
8 Expression of *IL-19* mRNA in the distal colon of WT mice (n = 5) on day 2
9
10 post-oxazolone administration. **P* < 0.05 compared with 0 day. (C)
11
12 Histological evaluation in WT (n = 4) and IL-19-KO (n = 7) mice on day 2
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14 post-oxazolone administration. Representative sections are shown. Scale bar,
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16 100 μm. Histological scores were determined. **P* < 0.05 compared with WT.
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28 **Fig. 2.** The transport of inflammatory cells into the colon, and IgE and
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30 eosinophil level. (A) MPO activity in WT (n = 3) and IL-19-KO (n = 8) mice
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32 on day 2 post-oxazolone administration. (B) Neutrophil and macrophage
33
34 infiltrations in WT (n = 4) and IL-19-KO (n = 4) mice on day 2 post-oxazolone
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36 administration. Gr-1 and F4/80 immunofluorescence staining of representative
37
38 sections are shown. Scale bar, 10 μm. Each positive cell was enumerated. (C)
39
40 serum IgE levels, (D) serum eosinophils levels and eosinophils infiltrations in
41
42 WT (n = 4) and IL-19-KO (n = 7) mice on day 2 post-oxazolone
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44 administration. Representative sections are shown. Scale bar, 20 μm. **P* <
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46 0.05 compared with WT.
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2 **Fig. 3.** Altered levels of cytokines. Cytokine expressions in WT (n = 7) and
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4 IL-19-KO (n = 8) mice on day 2 post-oxazolone administration. The
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6 expression levels of the indicated mRNAs were examined by quantitative
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8 real-time PCR. * $P < 0.05$ compared with WT.
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16 **Fig. 4.** Cytokine productions in (A) CD4⁺ T-cells and (B) cells by negative
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18 selection with CD4⁺ from lymph node. Cytokine production in WT (n = 4) and
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20 IL-19-KO (n = 7) mice on day 2 post-oxazolone administration. * $P < 0.05$,
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23 ** $P < 0.01$ compared with WT.
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Figure 1

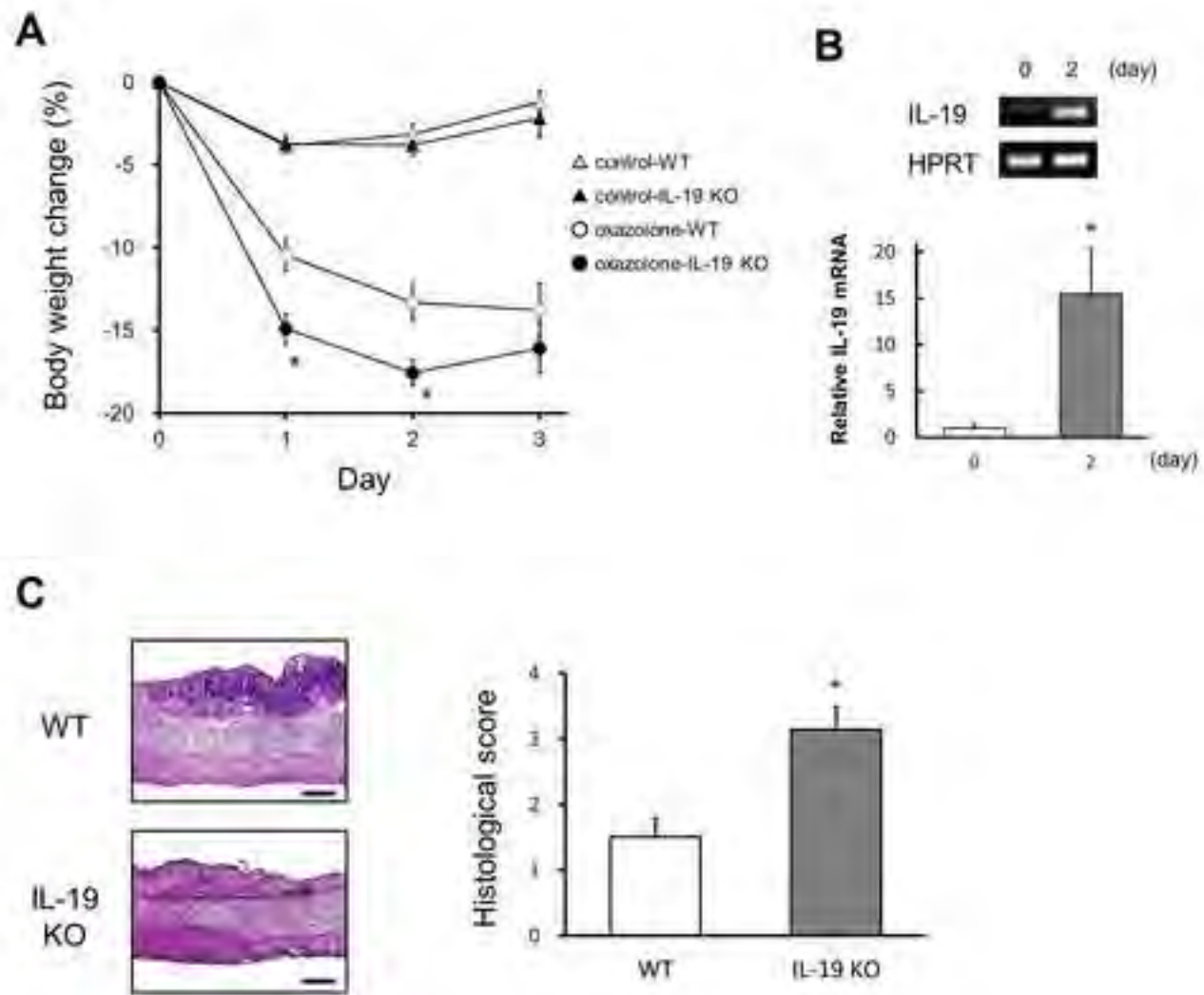


Figure 2

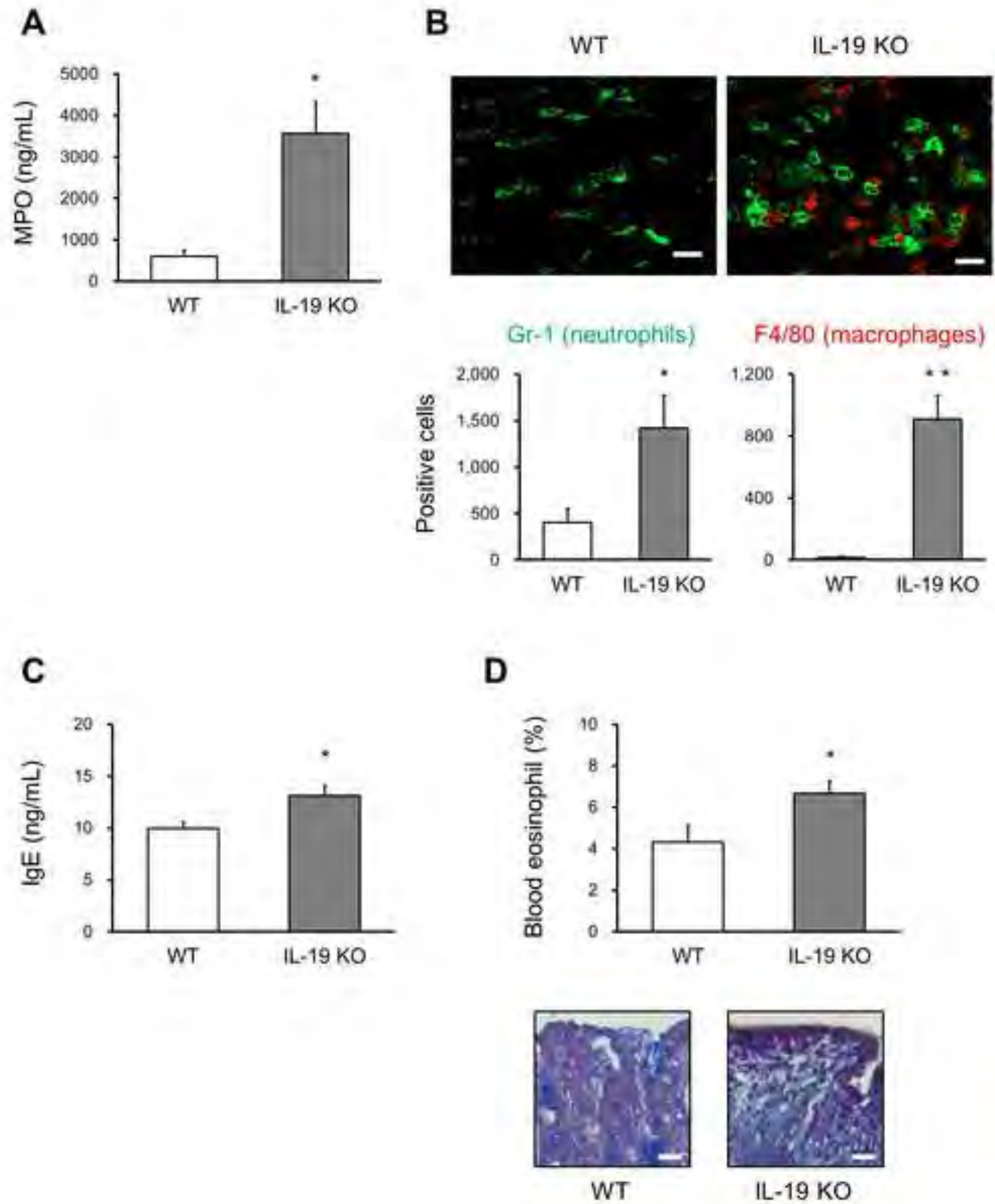


Figure 3

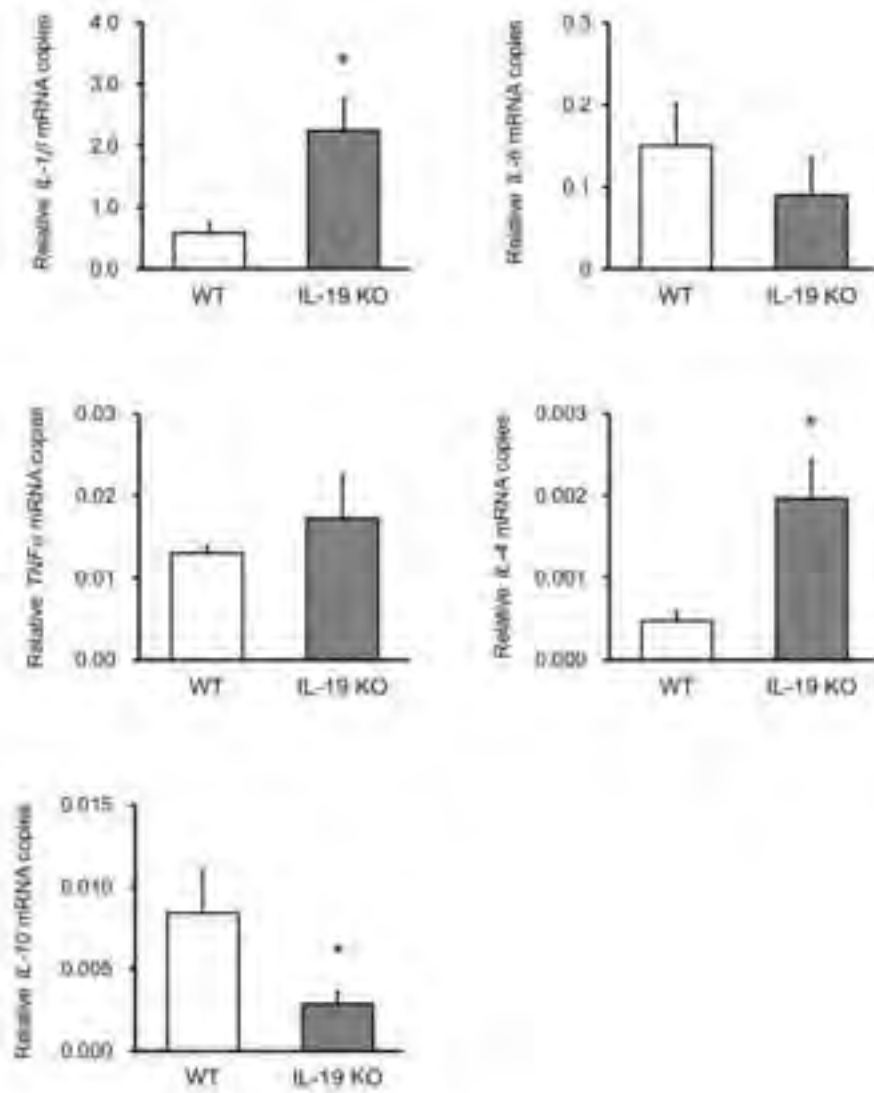


Figure 4

