T Cell Epitope Mapping of AQP4 and MOG in patients with NMOSD

<u>Livia Hofer¹</u>, Melanie Ramberger¹, Anna Sophie Pescoller¹, Viktoria Gredler¹, Kevin Rostasy², Thomas Berger¹, Markus Reindl¹

Keywords: Aquaporin-4, Myelin oligodendrocyte glycoprotein, Neuromyelitis optica spectrum disorders, T cell epitope mapping

Background: T-cells, especially CD4⁺ T-cells, are key players in the pathogenesis of autoimmune diseases. Autoantibodies targeting the aquaporin-4 (AQP4)-water-channel-protein and the myelin-oligodendrocyte-glycoprotein (MOG) are associated with a broad spectrum of human CNS demyelinating diseases including neuromyelitis optica spectrum disorders (NMOSD) and acute disseminated encephalomyelitis (ADEM). Whereas the role of AQP4-specific T-cells has already been analysed in some studies, little is known about MOG-specific T-cells in these diseases.

Aims and Methods: We therefore aimed to identify the immunodominant T-cell epitopes of AQP4 and MOG in patients with NMOSD using the CFSE-proliferation assay. For this, peripheral blood mononuclear cells (PBMCs) of eight AQP4-antibody and four MOG-antibody positive NMOSD patients, one MOG-antibody positive ADEM patient and ten healthy controls were stimulated with eight AQP4 and nine MOG peptides. After eleven days, the proliferation of T-cells was analysed via the dilution of the CFSE-staining using flow cytometry. Furthermore, we aimed to examine the functional phenotype of autoreactive T-cells and therefore evaluated cytokine secretion (granulocyte-macrophage-colony-stimulating factor (GM-CSF), interferon(IFN)-y, interleukin(IL)-4, IL-6, IL-17A) using ELISA and cytokine production (IFN-y, IL-4, IL-6, IL-17A) using flow-cytometry-based intracellular staining. In addition, a HLA genotyping of all participants was performed.

Results: We detected higher peptide specific T-cell proliferation in response to AQP4 peptides in all NMOSD patients when compared to healthy controls. A T-cell response to MOG peptides, preferably to peptides corresponding to the extracellular immunodominant immunoglobulindomain, was found in NMOSD patients as well as in healthy controls. The cytokine secretion was either not detectable or not specific. However, cytokine production of IFN-γ was observed. **Conclusion:** To conclude, our study indicates a specific T-cell response to AQP4, but not to MOG, in patients with NMOSD. We hope that our results will be helpful for the development of new individualised immune-tolerance therapies.

<u>Title with a maximum of 45 characters for publication in the Annual Meeting Mobile Application:</u>

T Cell Epitope Mapping of AQP4 and MOG in NMOSD patients

¹ Clinical Department of Neurology, Medical University of Innsbruck, Innsbruck, Austria

² Paediatric Neurology, Witten/Herdecke University, Children's Hospital Datteln, Datteln, Germany