

THE BLOOD B-CELL SUBSETS AND EFFECT OF TOCILIZUMAB THERAPY ON THEM IN PATIENTS WITH RHEUMATOID ARTHRITIS

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Background

The use of the IL-6 receptor antagonist, tocilizumab (TCZ), in rheumatoid arthritis (RA) produce pleiotropic effects that also involve circulating B-cells. Preliminary reports have suggested that B cell function and humoral immune responses might be modulated by TCZ treatments in RA pts [1, 2].

Objectives

To assess the effect of 12 months (mo) TCZ therapy on B-cell phenotype and gene expression in RA and to analyze the association between B-cell subsets and RA activity.

Methods

24 active RA pts (20F/4M); median age 55 [49; 64] years; disease duration 72 [24; 108]m; DAS28 score 5,8[5,3;6,3]; RF+100%, ACCP+ 87% were treated in an open-label study with tocilizumab (8 mg/kg every 4 weeks). Immunophenotyping was performed at baseline and 12 mo. Pts were assessed for B-cell subpopulations and laboratory data: ESR, RF, ACCP, CRP. The control group consisted of 29 volunteers (21F/8M, median age 58,5 [53; 62] years). CD19+B cells, memory B cells (CD19+CD27+), non-switched memory B cells (CD19+CD27+ IgD+), switched memory B cells (CD19+CD27+IgD-), naive (CD19+CD27-IgD+), double-negative (CD19+CD27-IgD-), transitional (CD19+CD38++CD10+IgD+CD27-) B cells, and plasmablasts (CD19+CD38+++CD27+IgD-CD20-) were analyzed using multicolor flow cytometry.

Results

At baseline, the absolute counts of memory B cells (CD19+CD27+) and switched memory B cells (CD19+CD27+IgD-) were lower in RA pts compared to healthy donors: 0,0015 (0,001–0,003)×10⁹/l vs 0,003 (0,001–0,007)×10⁹/l and 0,01 (0,005–0,02)×10⁹/l vs 0,02 (0,01–0,04)×10⁹/l, respectively, p<0,01 for both cases (Table 1).

At baseline, a significant correlation was found in RA pts between absolute counts of memory B cells (CD19+CD27+) and CRP (r=0,50, p<0,05); the percentage and absolute counts of plasmablasts (CD19+CD38+++CD27+IgD-CD20-) and RF (r=0,41 and r=0,52, p<0,05) (Fig. 1).

After 12 mo of TCZ therapy, 54% of pts were categorized as good responders, 46% of pts – as moderate responders according to the EULAR response criteria. Reductions in the percentages and absolute counts of plasmablasts (CD19+CD38+++CD27+IgD-CD20-) were documented after 12mo of TCZ therapy: 0,15 (0,1–0,3)% vs 0,1 (0,01–0,1)% and 0,0003 (0,00007–0,004)×10⁹/l vs 0,0001 (0–0,0003)×10⁹/l, respectively, p<0,05 (Table 2). The median percentages/absolute counts of switched memory B cells (CD19+CD27+IgD-) were 6,8 (3,6–11,6)%/0,01 (0,005–0,02)×10⁹/l at baseline; and 3,1 (1,1–4,2)%/0,003 (0,002–0,006)×10⁹/l after 12mo of TCZ therapy, p>0,05. After 12mo of TCZ therapy, the median percentages and absolute counts of memory B cells (CD19+CD27+) and switched memory B cells (CD19+CD27+IgD-) became lower in RA pts than in the controls: 1,0 (0,7–1,2)% vs 2,2 (1,1–3,0)%; 0,001 (0,006–0,003)×10⁹/l vs 0,003 (0,001–0,007)×10⁹/l ; 3,1% (1,1–4,2) vs 12,8% (9,3–17,0); 0,003 (0,002–0,006)×10⁹/l vs 0,02 (0,01–0,04)×10⁹/l, respectively, p<0,05, respectively, for all cases. Other B-cell subpopulations did not changed after 12 mo of TCZ therapy as compared to baseline values.

Parameters, n (x10 ⁹ /l)	RA (n=24)	Control (n=29)
CD19+B cells	0,11 (0,1-0,2)	0,2 (0,1-0,2)
memory B cells (CD19+CD27+)	0,0015(0,001-0,003) *	0,003(0,001-0,007)*
non-switched memory B cells (CD19+CD27+ IgD+)	0,01 (0,006-0,01)	0,01 (0,005-0,02)
switched memory B cells (CD19+CD27+IgD-)	0,01(0,005-0,02)*	0,02(0,01-0,04)*
naive B cells (CD19+CD27-IgD+)	0,095 (0,07-0,1)	0,1 (0,06-0,1)
double-negative B cells (CD19+CD27-IgD-)	0,02 (0,01-0,03)	0,02 (0,01-0,02)
transitional B cells (CD19+CD38++CD10+IgD+CD27-)	0,00009 (0-0,00028)	0,0001 (0-0,0003)
plasmablasts (CD19+CD38+++CD27+IgD-CD20-)	0,0003 (0,0001-0,0004)	0,0002 (0,0001-0,0004)

* p< 0,001
Table 1. Levels of the blood B-cell subsets in RA pts and in control.

Parameters, % / n x10 ⁹ /l	At baseline	12 months
CD19+B cells	8,4 (6,0-10,2) / 0,11 (0,1-0,2)	8,7 (7,7-12,1) / 0,15 (0,1-0,3)
memory B cells (CD19+CD27+)	1,3 (0,9-1,7) / 0,0015(0,001-0,003)	1,1 (0,7-1,2) / 0,001 (0,01006-0,003)
non-switched memory B cells (CD19+CD27+ IgD+)	7,5 (5,1-11,4) / 0,01 (0,006-0,01)	7,0 (4,8-9,9) / 0,01 (0,006-0,01)
switched memory B cells (CD19+CD27+IgD-)	6,8 (3,6-11,6) / 0,01(0,005-0,02)	3,1 (1,1-4,2) / 0,003(0,002-0,006)
naive B cells (CD19+CD27-IgD+)	70,9 (62,5-75,6) / 0,095 (0,07-0,1)	76,9 (69,3-82,9) / 0,1 (0,07-0,2)
double-negative B cells (CD19+CD27-IgD-)	15,1 (11,9-18,1) / 0,02 (0,01-0,03)	11,4 (7,7-18,4) / 0,02 (0,01-0,03)
transitional B cells (CD19+CD38++CD10+IgD+CD27-)	0,01 (0-0,1) / 0,00009 (0-0,00028)	0,05 (0-0,1) / 0,00003 (0-0,0001)
plasmablasts (CD19+CD38+++CD27+IgD-CD20-)	0,15 (0,1-0,3) * / 0,0003 (0,00007-0,004)*	0,1 (0,01-0,1)* / 0,0001(0-0,0003)*

* p< 0,05
Table 2. Levels of the blood B-cell subsets in RA pts at baseline and after 12months of TCZ therapy.

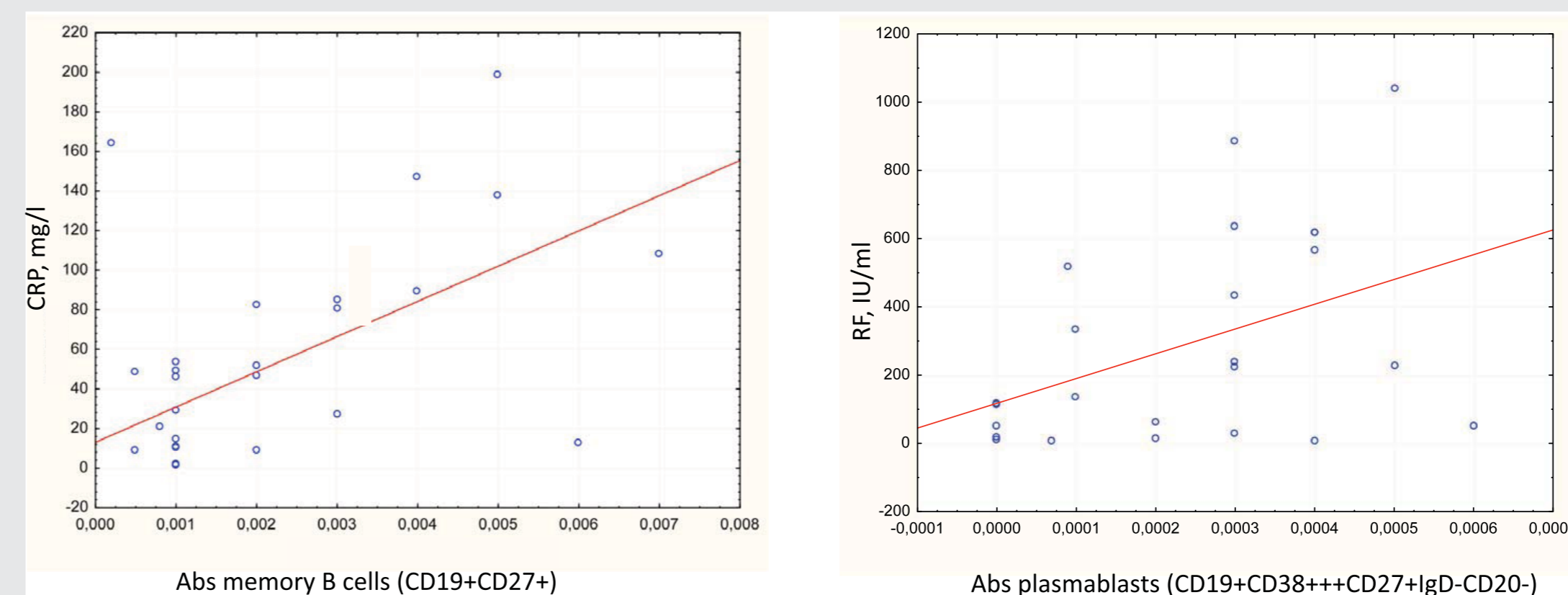


Fig. 1. Correlations of absolute counts of memory B cells (CD19+CD27+) and CRP, the percentage and absolute counts of plasmablasts (CD19+CD38+++CD27+IgD-CD20-) and RF in RA pts at baseline.

Conclusions

Immunophenotyping in pts with active RA showed the decrease in the absolute counts of memory B cells (CD19+CD27+), switched memory B cells (CD19+CD27+IgD-) as compared to healthy subjects. Positive correlation between the counts of memory B cells and plasmablasts and values of laboratory indicators of RA (CRP, RF) suggests that B-lymphocytes may be involved in RA pathogenesis. The reduction in the levels of plasmablasts after 12mo of TCZ therapy was observed.

References

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