

## ORIGINAL ARTICLE

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# Cytokine Gene Expression in Newly Diagnosed Multiple Sclerosis Patients

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## ABSTRACT

Multiple Sclerosis (MS) is characterized by multiple areas of inflammation, demyelination and neurodegeneration. Infiltrating Th1 CD4+ T cells secrete proinflammatory cytokines. They stimulate the release of some cytokines, expression of adhesion molecules and these cytokines may cause damage to the myelin sheath and axons.

In this study, we analyzed plasma levels and gene expressions of five important cytokines in the new diagnosed MS Patients by ELISA and Real time PCR. PCR amplifications were performed to determine the IL-17, IL-23, IL-10, IL-27 and TGF- $\beta$  mRNA expression levels using the SYBR Green PCR Kit.

Our results showed significant decrease in IL-10, IL-27 and TGF- $\beta$  but there was no significant difference in the IL-17 and IL-23 between patients and healthy controls. Altogether, our results indicated that dysregulation of cytokines, mainly increased expression of pro-inflammatory cytokines and decreased expression of inhibitory cytokines occurred in MS patients.

This study may shed light to the probable role of these cytokines in neurodegeneration mechanism and current or future use of cytokines in managing and treatment of multiple sclerosis.

**Keywords:** Autoimmunity; Cytokines; Inflammation; Multiple Sclerosis; Neurodegeneration

## INTRODUCTION

Multiple Sclerosis (MS), a chronic inflammatory

(CNS), is the most common cause of neurological disability mainly affecting young adults.<sup>1</sup> The incidence and prevalence of MS in Iran has been

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growing without explanation, especially in females.<sup>2</sup> It is generally believed that MS is an autoimmune disorder.<sup>3-5</sup>

In addition to T helper-1 (Th1)-lymphocytes, Th17-cells that secrete interleukin (IL)-17 are believed to be important in the pathogenesis of MS.<sup>6</sup> A study has demonstrated that the IL-23/Th17 pathway plays a role in EAE.<sup>7</sup> The important role of IL-23 in the expansion of CNS inflammation was a reflection to be due to its role in promoting IL-17 production, but recently it has been found that IL-23 has an important role in homing to the CNS and survival of myelin-specific T lymphocytes in the CNS microenvironment.<sup>8</sup> IL-23 may affect T cell trafficking by making changes in chemokine receptors, such as chemokine receptor 6 (CCR6) that are highly expressed on human Th17 lymphocytes.<sup>9,10</sup> IL-23 driven Th17 lymphocytes also cause inflammation of the optic nerve and create lesions similar to Neuromyelitis Optica.<sup>11</sup> These data suggest that the effector T lymphocyte cytokines can play important role in the migration of the T cells to specific regions within the CNS. Unusual recruitment of these immune cells cause functional losses.<sup>12</sup>

The essential phase of inflammation in the autoimmune disorders is altered balances between pro-inflammatory versus anti-inflammatory cytokines in the disease process. MBP-specific T lymphocytes isolated from MS patients have shown that T lymphocytes have an essential role in the MS pathology.<sup>13,14</sup> High levels of Th1 cytokines are mostly obvious during EAE/MS relapse, but there are high levels of Th2 cytokines during remission in MS patients.<sup>15</sup> Altered reactivity of PBMC and their cytokines may influence the clinical course of MS and also altered reactivity of immune system cells modulate this disease.<sup>16</sup>

Symptoms worsen in relapsing/remitting MS patients after IFN- $\gamma$  administration. This is also shown in other Th1-related disorders, whereas it is not shown in Th2 type disorders.<sup>17,18</sup>

Mice with deficiency in IL-12 $\alpha$  (IL-12p35, part of the Th1 prototype), are susceptible to EAE. In the same way, IL-12R  $\beta$ 2-deficient mice expand severe clinical manifestations of EAE, whereas mice with deficiency in IL-12p40 are resistant to EAE.<sup>19-21</sup> These paradoxical data show that an imbalance in the Th1/Th2 cells cannot elucidate the overall immunopathogenic mechanisms of MS. IL-23, not IL-12, is crucial for induction of EAE.<sup>22</sup> Moreover, Th17 cells are expanded by IL-23, and can induce EAE when

transferred into naive mice adoptively.<sup>23,24</sup> These Th17 lymphocytes were significantly reduced in the CNS of mice with IL-23p19-deficiency. These results suggested that Th17 lymphocytes exacerbate autoimmunity.<sup>25,26</sup>

The MS cytokine profile was more clarified after Th17 discovery<sup>10</sup> and one study showed that the levels of IL-17 produced by MBP-stimulated peripheral blood cells was associated with the lesions activity in MS patients.<sup>27</sup>

TGF- $\beta$  is a major cytokine in the production of regulatory T lymphocytes (Tregs). These cells inhibit the autoimmune responses and protect CNS against inflammatory damages. Tregs play important role in the regulation of Th1/Th2 and Th17 lymphocytes. As a result, the production of pathogenic Th17 cells provokes autoimmunity, but the generation of Tregs inhibits autoimmune tissue damage.<sup>28</sup> On the other hand, IL-27 is an inhibitor of Th17 lymphocyte differentiation and prevent inflammatory demyelination of EAE in animal models.<sup>29</sup> Some studies showed that IL-12, IL-23 and IL-27 are associated to the group which stimulates Th1 type of immune response.<sup>30</sup>

Jager et al. studies have shown that Th1, Th17, and Th9 lymphocyte, but not Th2 cells, induce EAE. In addition, each T-cell subset induces disease in an individual pathological approach. The pathological variation in MS lesions may result in different effects of reactive T lymphocytes against myelin.<sup>31,32</sup> Treatment with IFN- $\beta$  can decrease IL-23 mRNA levels<sup>33</sup> and suppress human Th17 lymphocyte subset differentiation, hence the Th17 may be an additional target of IFN- $\beta$  therapy.<sup>34</sup> IFN- $\beta$  plays an important role in inhibiting Th17 cells by its effect on innate immune system cells and stimulates IL-27 synthesis<sup>35</sup> and it may also induces IL-10 production which act as a negative regulatory cytokine.<sup>33</sup>

The failure of IFN- $\beta$  therapy in some relapsing/remitting MS patients can be related to high levels of IL-17F cytokine in these patients.<sup>36</sup> This cytokine suppresses Th17 expansion in MS, and may have an effect on the clinical symptoms in patients.<sup>37</sup> Consequently, the result of most related studies endorsed very important role of cytokine profile in disease onset and its clinical progress.

The aim of the present study was to evaluate plasma levels of these cytokines in MS patients in comparison with healthy controls to find probable association between cytokine profile and MS disease.

## MATERIALS AND METHODS

This study was approved by the Ethical Committee on Human Research, Shahre Kord University of Medical Sciences. The volunteers were referring to MS Clinic of Isfahan Kashani Hospital. They were informed about the procedure of the study and those who were willing to participate, donated blood sample and signed an informed consent.

### Study Groups

45 newly-diagnosed MS patients [33 females and 12 males, (39 RRMS, 1 PPMS and 5 SPMS)] and 45 age- and gender-matched healthy control (HC) individuals were recruited in the study. New cases were those who had at least one episode of focal neurological signs, symptoms such as Fatigue and numbness, weakness in a leg or legs, visual problems and positive Magnetic resonance imaging MRI findings (according to "Revised Mc Donald criteria" and exclusion of other possible differential diagnosis (clinically and para clinically). All samples were taken during relapse but before taking any drugs including "Methyl prednisolone, Beta-interferone,) or immuno suppressives and immuno modulators. The members of healthy control group were selected from Blood Bank organization donors. The donors' health was confirmed by Physician of this Organization. Control group members did not have any drug administration. All blood samples were collected during relapse phase before any drug administration. Patients were clinically diagnosed with MS according to the McDonald criteria with EDSS between 0-3.<sup>38</sup>

### Isolation of Plasma and PBMC from Whole Blood

Blood samples were obtained from patients and healthy volunteers and transported on ice to the laboratory. Plasma were removed and kept frozen at  $-80^{\circ}\text{C}$  until cytokine determination. Peripheral blood mononuclear cells (PBMCs) were isolated using Ficoll-Hypaque density gradient (Lymphodex, Germany). PBMCs were washed three times with Phosphate buffered saline (PBS) and the pellet was resuspended in a RNA protect cell solution (Qiagen, Germany) and stored at  $-80^{\circ}\text{C}$  until use for RNA extractions.

### RNA Extraction and cDNA Synthesis

Total RNA was isolated from cell lysate of  $10^6$  PBMC using miRCURY RNA Isolation Kit (Exiqon

Denmark) under RNase-free condition according to the manufacturer's protocol. The quality and quantity of RNAs were checked using agarose gel electrophoresis and spectrophotometric analysis. DNase treated RNA was reverse transcribed using RevertAid First Standard synthesis kit (Fermentas, Lithuania) according to the manufacturer's instruction. The samples were then reverse transcribed using 0.5  $\mu\text{g}$  of RNA under conditions of  $65^{\circ}\text{C}$  for 5 min,  $25^{\circ}\text{C}$  for 5 min,  $42^{\circ}\text{C}$  for 60 min and  $70^{\circ}\text{C}$  for 5 min.

### Real-Time PCR

PCR amplifications were performed to determine the IL-17, IL-23, IL-10, IL-27 and TGF- $\beta$  mRNA expression levels using the SYBR Green PCR Kit (Fermentas, Lithuania) in a total volume of 25  $\mu\text{l}$ , containing 1.5  $\mu\text{l}$  cDNA samples, 5 picomoles of each primer and 12.5  $\mu\text{l}$  of SYBR Green PCR Master Mix. The PCR primers that were used for real-time PCR are shown in Table1. Real-time reverse transcription PCR (RT-PCR) was run on the ABI Step one Plus (Applied Biosystems USA). The PCR conditions were as follows: initial denaturation at  $95^{\circ}\text{C}$  for 10 min, followed by 40 cycles of  $95^{\circ}\text{C}$  for 15 seconds and  $60^{\circ}\text{C}$  for 60 seconds. Melting curve analysis of the PCR product was performed after amplification to identify all PCR products. Real time PCR reactions were performed in triplicate. The Ct values for each gene were normalized to endogenous control gene, Glyceraldehyde-3-phosphate dehydrogenase (GAPDH), and calculation was performed using  $2^{-\Delta\text{Ct}}$  method.

### Cytokine Analysis

Plasma levels of MS-relevant cytokines (IL-10, IL-17, IL-23, IL-27, and TGF- $\beta$ ) were determined by ELISA system using ELISA Reader (Hyperion, USA)

IL-17A, IL-10 and TGF- $\beta$  were assessed using commercial ELISA kits from Bender Med Systems (Vienna, Austria), and IL-23 and IL-27 cytokines were assessed using Abcam company kits (Abcam, UK) according to the manufacturer's instructions.

The absorbance of each well was read at 450nm and the concentrations were determined using standard curves. Cytokine levels were expressed as picogram/ml (pg/ml).

### Statistical Analysis

Statistical analysis was performed using SPSS

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version 16. Student's independent t-test was used to determine the significant difference;  $P < 0.05$  was considered as significant.

### RESULTS

The basic information of the 45 recruited patients (M=12, F=33) and controls (M=12, F= 33) is summarized in Table2. There was no significant difference in the mean age of case and control groups.

#### Real Time PCR IL-17, IL-10, IL-23, IL-27 and TGF- $\beta$ Gene Expression

The mRNA levels of IL-17, IL-10, IL-23, IL-27, TGF- $\beta$  and GAPDH as a housekeeping gene were quantified by quantitative Real-time PCR. The mRNA mean expressions of IL-17, IL-10, IL-27, TGF- $\beta$  were different in patient and control groups, which displayed a significant increase in IL-17 and decrease

in IL-10, IL-27 and TGF- $\beta$  in patients group ( $p=0.015$ ,  $p=0.005$ ,  $p=0.027$ ,  $p < 0.001$ ). The mRNA mean expressions in IL-23 was not significantly different in the two groups, however, it was higher in patients group ( $p=0.079$ ) (Table 3 and Figure1).

#### ELISA Evaluation Result

In the present study plasma levels of IL-17, IL-10, IL-23, IL-27, and TGF- $\beta$  were evaluated in patients and controls. The results showed a considerable increase in the plasma levels of IL-17A in MS patients compared with healthy controls, however, this difference was not significant ( $p=0.065$ ). The plasma levels of IL-23 was higher in patients group, however, it was not significant ( $p=0.078$ ). The plasma levels of IL-10, IL-27 and TGF- $\beta$  in MS patients were significantly lower than healthy controls ( $p < 0.001$ ,  $p < 0.001$ , and  $p=0.013$ ) (Table 3 and Figure 2).

**Table1. Primers used in real-time polymerase chain reaction.**

Target gene	Primers		Product size
Human IL-17 A	Forward:	5'- CTGTCCCATCCAGCAAGAG -3'	132
	Reverse:	5'- AGGCCACATGGTGGACAATC -3'	
Human IL-10	Forward:	5'- GCCGTGGAGCAGGTGAAG-3'	144
	Reverse:	5'- AGTCGCCACCCTGATGTCT-3'	
Human IL-23p19	Forward:	5'-GTGGGACACATGGATCTAAGAGAAG-3'	124
	Reverse:	5'- TTTGCAAGCAGAACTGACTGTTG-3'	
Human IL-27	Forward:	5'- CCTGGTTCAAGCTGGTGTCT -3'	167
	Reverse:	5'- CTCCTGGCAGGTGAGATTCC -3'	
Human TGF- $\beta$	Forward:	5'- CAGCAACAATTCCTGGCGATA-3'	136
	Reverse:	5'- AAGGCGAAAGCCCTCAATTT-3'	
Human GAPDH	Forward:	5'-CCACTCCTCCACCTTTGACG -3'	107
	Reverse:	5'- CCACCACCCTGTTGCTGTAG-3'	

**Table2. Demographic characteristics of MS patients and healthy Controls studied.**

Variables	Groups		P value
	MS (n=45)	Control (n=45)	
Age (year)	32.15 $\pm$ 10.69	33.28 $\pm$ 9.92	0.60
Gender (Female/male)	33/12	33/12	1
Age range	17-58	17-58	1

Data are Mean  $\pm$  SD

*P* values derived from T-test

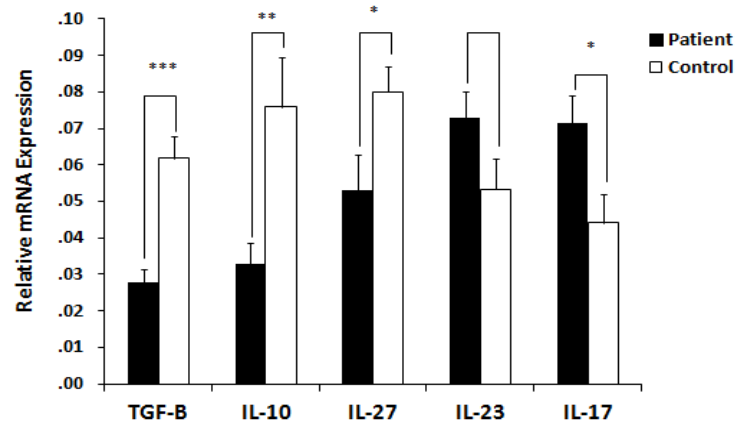


Figure 1. mRNA expression of TGF-β, IL-10, IL-27, IL-23, and IL-17 from PBMC in MS patients and healthy controls. Data are expressed as the mean ± standard deviation of the mean.

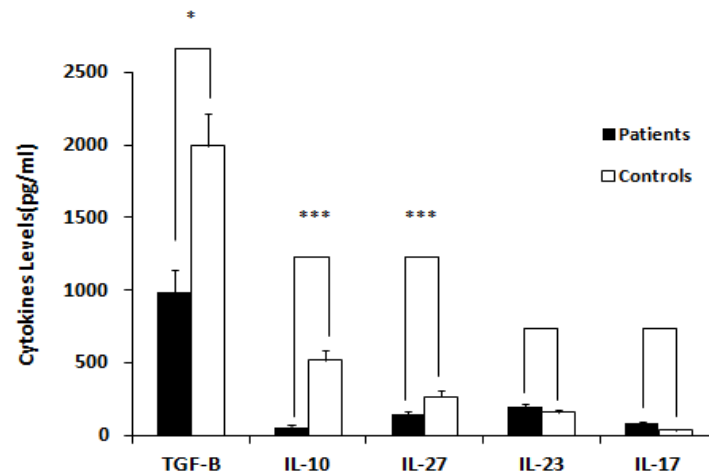


Figure 2. Plasma cytokine levels in MS patients and healthy controls. Data are expressed as the mean ± standard deviation of the mean.

Table 3. Comparison of cytokine levels and relative mRNA expression in MS patients and healthy controls

Variables	MS (n=45)	Control (n=45)	P Value
IL-17A Cytokine Level	81.91±15	35.24±10	0.065
Il-17 Relative mRNA Expression	0.071354±0.0200	0.044097±0.0250	0.015
IL-10 Cytokine Level	56.13±23	519.66±65	<0.001
Il-10 Relative mRNA Expression	0.0329±0.0100	0.0759±0.0267	0.005
IL-23 Cytokine Level	194.089±26	158.51±17	0.078
Il-23 Relative mRNA Expression	0.0729±0.0100	0.0533±0.0200	0.079
IL-27 Cytokine Level	144.86±27	266.48±45	<0.001
Il-27 Relative mRNA Expression	0.0531±0.0287	0.0800±0.0254	0.027
TGF-β Cytokine Level	989.68±155	1992.4±220	0.013
TGF-β Relative mRNA Expression	0.0278±0.0150	0.0618±0.0146	<0.001

Data are Mean ± SD

P values derived from T-test

### DISCUSSION

In the present study, we found an alteration in plasma levels of Pro-inflammatory (IL-17, IL-23) and immunoregulatory cytokines (IL-10, IL-27 and TGF- $\beta$ ) in newly-diagnosed patients with MS.

Our study has also shown that the gene expression of these cytokines was changed in PBMC of these cases in comparison with healthy controls. Our data demonstrated gene expression of IL-17 in the patients group was significantly higher than control group and plasma level of this cytokine in the patients group was increased, however, it was not significant. This can be explained by the fact that gene expression does not necessarily result in translation into complete and functional protein, and post-translational modifications or regulatory systems can suppress or limit protein secretion. However, some studies have shown that IL-17 level of MS patients are significantly higher than controls. Matusevicius et al. also have shown that in patients with MS, a high copy number of IL-17-mRNA in mononuclear lymphocytes in the cerebrospinal fluid (CSF) was present in comparison with the peripheral blood.<sup>39</sup> A study in Iran demonstrated significant difference in IL-17 between patients and control groups.<sup>40</sup> However, Kallaur et al findings did not show significant differences in IL-17 between case and control groups.<sup>41</sup> This discrepancy may be a result of the diversity in patients. In our study, we used newly-diagnosed cases of MS before any treatment. On the other hand, negative feedback regulatory mechanisms may affect IL-17 protein expression and decreased IL-17 production. In addition, this alteration may result in a difference in regulatory factors, enhancers and inhibitor molecules due to primary expression of cytokines.<sup>42</sup>

The present study indicated that although gene expression and plasma level of IL-23 was not significantly different between the two groups, expressions were higher in patients group. High levels of IL-23 are associated with increasing IL-17 secretion from T cells. Similar to our result, a study by Vaknin-Dembinsky et al. showed that monocyte-derived dendritic cells in MS patients produce greater amounts of IL-23 compared with healthy controls.<sup>43</sup>

Another study has reported that decrease of IL-17 inhibits neutrophil recruitment and a secondary damage in CNS by matrix metalloproteases release. On the other hand, the reduction of IL-23 prevents CNS

inflammation. These data also demonstrated that deficiency of IL-17 is the cause of less severe EAE but deficiency of IL-23 causes no disease.<sup>12</sup>

On the other hand, our result demonstrated that IL-10, IL-27 and TGF- $\beta$  levels in the patients group were significantly lower than the control group. These findings demonstrate inhibitory role of these cytokines on the immune system cells. These results agree with the findings of other studies which indicated that IL-10 cytokine is decreased during relapses<sup>44</sup> and a number of studies make clear inhibitory effects of IL-10 in MS.<sup>45,46</sup>

Mayer et al. reported that TGF- $\beta$ 1 secretion by regulatory T lymphocytes inhibit the development of EAE.<sup>47</sup> In addition, exogenous TGF- $\beta$ 1 can prevent the development of EAE and the severity of the disease was increased by TGF- $\beta$ 1 neutralization. Also appearance of symptoms in MS patients has been associated with TGF- $\beta$ 1 levels.<sup>48</sup> Differentiation of Th17 lymphocytes is mediated by IL-6 and TGF- $\beta$ .

Our results showed that gene expressions and plasma level of IL-27 were significantly lower in patients group compared to healthy controls. IL-27 has inhibitory role on production of IL-6 and TGF- $\beta$  and suppresses Th17 cell production indirectly. On the other hand, IL-27 generally has anti-inflammatory function and may be regarded as a suppressor of autoimmunity.<sup>49</sup> Furthermore, in the EAE model, IL-27 is a negative regulator of Th17 lymphocyte differentiation and can inhibit inflammatory demyelization.<sup>29</sup>

IL-27 plays a role in expansion and differentiation of IL-10-producing regulatory T cells through promoting the expression of three important molecules: ICOS (an inducible T-cell costimulator), c-Maf (the basic leucine-zipper transcription factor Maf) and IL-21.<sup>50</sup>

Fitzgerald DC et al. have shown that in IL-27-deficient mice, EAE was more severe but CNS inflammatory infiltration was noticeably reduced in the IL-27 treated mice.<sup>51</sup> Latest studies have confirmed a pro-inflammatory role of IL-27 in both innate and adaptive immune responses in chronic diseases.<sup>52</sup>

Some drugs in MS patients act through cytokine alterations. It was reported that mitoxantrone treatment acts in MS patients through the development of Th2 cytokines<sup>53</sup> and Glatiramer acetate (GA) boosts the suppressive effects of Tregs in MS.<sup>54</sup>

In conclusion, our results showed that a

dysregulation of cytokines, mainly decreased expression of inhibitory cytokines and increased expression of pro-inflammatory cytokines, occurred in MS patients. Further studies with more samples should be done to explore the role of cytokines in MS patients. This information is helpful for suggesting cytokines as new candidates in diagnostic and therapeutic approaches.

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#### REFERENCES

1. Compston A, Coles A. Multiple sclerosis. *Lancet* 2008; 372(9648):1502-17.
2. Etemadifar M, Sajjadi S, Nasr Z, Firoozeei TS, Abtahi SH, Akbari M, *et al.* Epidemiology of multiple sclerosis in Iran: a systematic review. *Eur Neurol* 2013; 70(5-6):356-63.
3. Tiwari JL, Hodge SE, Terasaki PI, Spence MA. HLA and the inheritance of multiple sclerosis: linkage analysis of 72 pedigrees. *Am J Hum Genet* 1980; 32(1):103-11.
4. Barcellos LF, Kamdar BB, Ramsay PP, DeLoa C, Lincoln RR, Caillier S, *et al.* Clustering of autoimmune diseases in families with a high-risk for multiple sclerosis: a descriptive study. *Lancet Neurol* 2006; 5(11):924-31.
5. Nakahara J, Maeda M, Aiso S, Suzuki N. Current concepts in multiple sclerosis: autoimmunity versus oligodendroglialopathy. *Clin Rev Allergy Immunol* 2012; 42(1):26-34.
6. Kebir H, Ifergan I, Alvarez JI, Bernard M, Poirier J, Arbour N, *et al.* Preferential recruitment of interferon-gamma-expressing TH17 cells in multiple sclerosis. *Ann Neurol* 2009; 66(3):390-402.
7. Kunz M, Ibrahim SM. Cytokines and cytokine profiles in human autoimmune diseases and animal models of autoimmunity. *Mediators Inflamm* 2009; 2009:979258.
8. Gyulveszi G, Haak S, Becher B. IL-23-driven encephalotropism and Th17 polarization during CNS-inflammation in vivo. *Eur J Immunol* 2009; 39(7):1864-9.
9. Brucklacher-Waldert V, Stuermer K, Kolster M, Wolthausen J, Tolosa E. Phenotypical and functional characterization of T helper 17 cells in multiple sclerosis. *Brain* 2009; 132(Pt 12):3329-41.
10. Annunziato F, Cosmi L, Santarlasci V, Maggi L, Liotta F, Mazzinghi B, *et al.* Phenotypic and functional features of human Th17 cells. *J Exp Med* 2007; 204(8):1849-61.
11. Kroenke MA, Carlson TJ, Andjelkovic AV, Segal BM. IL-12- and IL-23-modulated T cells induce distinct types of EAE based on histology, CNS chemokine profile, and response to cytokine inhibition. *J Exp Med* 2008; 205(7):1535-41.
12. Lovett-Racke AE, Yang Y, Racke MK. Th1 versus Th17: are T cell cytokines relevant in multiple sclerosis? *Biochim Biophys Acta* 2011; 1812(2):246-51.
13. Pette M, Fujita K, Kitze B, Whitaker JN, Albert E, Kappos L, *et al.* Myelin basic protein-specific T lymphocyte lines from MS patients and healthy individuals. *Neurology* 1990; 40(11):1770-6.
14. Genain CP, Lee-Parritz D, Nguyen MH, Massacesi L, Joshi N, Ferrante R, *et al.* In healthy primates, circulating autoreactive T cells mediate autoimmune disease. *J Clin Invest* 1994; 94(3):1339-45.
15. Imam SA, Guyton MK, Haque A, Vandenberg A, Tyor WR, Ray SK, *et al.* Increased calpain correlates with Th1 cytokine profile in PBMCs from MS patients. *J Neuroimmunol* 2007; 190(1-2):139-45.
16. Simpson S, Jr., Stewart N, van der Mei I, Otahal P, Charlesworth J, Ponsonby AL, *et al.* Stimulated PBMC-produced IFN-gamma and TNF-alpha are associated with altered relapse risk in multiple sclerosis: results from a prospective cohort study. *J Neurol Neurosurg Psychiatry* 2014.
17. Panitch HS, Hirsch RL, Schindler J, Johnson KP. Treatment of multiple sclerosis with gamma interferon: exacerbations associated with activation of the immune system. *Neurology* 1987; 37(7):1097-102.
18. Neukirch F, Lyon-Caen O, Clanet M, Bousquet J, Feingold J, Druet P. Asthma, nasal allergies, and multiple sclerosis. *J Allergy Clin Immunol* 1997; 99(2):270-1.
19. Gran B, Zhang GX, Yu S, Li J, Chen XH, Ventura ES, *et al.* IL-12p35-deficient mice are susceptible to experimental autoimmune encephalomyelitis: evidence for redundancy in the IL-12 system in the induction of central nervous system autoimmune demyelination. *J Immunol* 2002; 169(12):7104-10.
20. Zhang GX, Gran B, Yu S, Li J, Siglienti I, Chen X, *et al.* Induction of experimental autoimmune encephalomyelitis

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- in IL-12 receptor-beta 2-deficient mice: IL-12 responsiveness is not required in the pathogenesis of inflammatory demyelination in the central nervous system. *J Immunol* 2003; 170(4):2153-60.
21. Ferber IA, Brocke S, Taylor-Edwards C, Ridgway W, Dinisco C, Steinman L, *et al.* Mice with a disrupted IFN-gamma gene are susceptible to the induction of experimental autoimmune encephalomyelitis (EAE). *J Immunol* 1996; 156(1):5-7.
  22. Cua DJ, Sherlock J, Chen Y, Murphy CA, Joyce B, Seymour B, *et al.* Interleukin-23 rather than interleukin-12 is the critical cytokine for autoimmune inflammation of the brain. *Nature* 2003; 421(6924):744-8.
  23. Aggarwal S, Ghilardi N, Xie MH, de Sauvage FJ, Gurney AL. Interleukin-23 promotes a distinct CD4 T cell activation state characterized by the production of interleukin-17. *J Biol Chem* 2003; 278(3):1910-4.
  24. Langrish CL, Chen Y, Blumenschein WM, Mattson J, Basham B, Sedgwick JD, *et al.* IL-23 drives a pathogenic T cell population that induces autoimmune inflammation. *J Exp Med.* 2005 Jan 17;201(2):233-40.
  25. Park H, Li Z, Yang XO, Chang SH, Nurieva R, Wang YH, *et al.* A distinct lineage of CD4 T cells regulates tissue inflammation by producing interleukin 17. *Nat Immunol* 2005; 6(11):1133-41.
  26. Harrington LE, Hatton RD, Mangan PR, Turner H, Murphy TL, Murphy KM, *et al.* Interleukin 17-producing CD4+ effector T cells develop via a lineage distinct from the T helper type 1 and 2 lineages. *Nat Immunol* 2005; 6(11):1123-32.
  27. Hedegaard CJ, Krakauer M, Bendtzen K, Lund H, Sellebjerg F, Nielsen CH. T helper cell type 1 (Th1), Th2 and Th17 responses to myelin basic protein and disease activity in multiple sclerosis. *Immunology* 2008 ; 125(2):161-9.
  28. Haas J, Hug A, Viehaver A, Fritsching B, Falk CS, Filser A, *et al.* Reduced suppressive effect of CD4+CD25high regulatory T cells on the T cell immune response against myelin oligodendrocyte glycoprotein in patients with multiple sclerosis. *Eur J Immunol* 2005; 35(11):3343-52.
  29. Chen Z, O'Shea JJ. Th17 cells: a new fate for differentiating helper T cells. *Immunol Res* 2008; 41(2):87-102.
  30. Tolouei S, Ghaedi K, Khamesipour A, Akbari M, Baghaei M, Hasheminiya S, *et al.* IL-23 and IL-27 Levels in Macrophages Collected from Peripheral Blood of Patients with Healing Vs Non-Healing Form of Cutaneous Leishmaniasis. *Iran J Parasitol* 2012; 7(1):18-25.
  31. Jager A, Dardalhon V, Sobel RA, Bettelli E, Kuchroo VK. Th1, Th17, and Th9 effector cells induce experimental autoimmune encephalomyelitis with different pathological phenotypes. *J Immunol* 2009; 183(11):7169-77.
  32. Mueller AM, Pedre X, Killian S, David M, Steinbrecher A. The Decoy Receptor 3 (DcR3, TNFRSF6B) suppresses Th17 immune responses and is abundant in human cerebrospinal fluid. *J Neuroimmunol* 2009; 209(1-2):57-64.
  33. Krakauer M, Sorensen P, Khademi M, Olsson T, Sellebjerg F. Increased IL-10 mRNA and IL-23 mRNA expression in multiple sclerosis: interferon-beta treatment increases IL-10 mRNA expression while reducing IL-23 mRNA expression. *Mult Scler* 2008; 14(5):622-30.
  34. Ramgolam VS, Sha Y, Jin J, Zhang X, Markovic-Plese S. IFN-beta inhibits human Th17 cell differentiation. *J Immunol* 2009; 183(8):5418-27.
  35. Sweeney CM, Lonergan R, Basdeo SA, Kinsella K, Dungan LS, Higgins SC, *et al.* IL-27 mediates the response to IFN-beta therapy in multiple sclerosis patients by inhibiting Th17 cells. *Brain Behav Immun* 2011; 25(6):1170-81.
  36. Axtell RC, Raman C, Steinman L. Interferon-beta exacerbates Th17-mediated inflammatory disease. *Trends Immunol* 2011; 32(6):272-7.
  37. Amedei A, Prisco D, D'Elisio MM. Multiple sclerosis: the role of cytokines in pathogenesis and in therapies. *Int J Mol Sci* 2012; 13(10):13438-60.
  38. Polman CH, Reingold SC, Banwell B, Clanet M, Cohen JA, Filippi M, *et al.* Diagnostic criteria for multiple sclerosis: 2010 revisions to the McDonald criteria. *Ann Neurol* 2011; 69(2):292-302.
  39. Matuszevicius D, Kivisakk P, He B, Kostulas N, Ozenci V, Fredrikson S, *et al.* Interleukin-17 mRNA expression in blood and CSF mononuclear cells is augmented in multiple sclerosis. *Mult Scler* 1999; 5(2):101-4.
  40. Babaloo Z, Yeganeh RK, Farhoodi M, Baradaran B, Bonyadi M, Aghebati L. Increased IL-17A but decreased IL-27 serum levels in patients with multiple sclerosis. *Iran J Immunol* 2013; 10(1):47-54.
  41. Kallaur AP, Oliveira SR, Colado Simao AN, Delicato de Almeida ER, Kaminami Morimoto H, Lopes J, *et al.* Cytokine profile in relapsing-remitting multiple sclerosis patients and the association between progression and activity of the disease. *Mol Med Rep* 2013; 7(3):1010-20.
  42. Romagnani S. Regulation of the T cell response. *Clin Exp Allergy* 2006; 36(11):1357-66.



43. Vaknin-Dembinsky A, Balashov K, Weiner HL. IL-23 is increased in dendritic cells in multiple sclerosis and down-regulation of IL-23 by antisense oligos increases dendritic cell IL-10 production. *J Immunol* 2006; 176(12):7768-74.
44. Carrieri PB, Provitera V, De Rosa T, Tartaglia G, Gorga F, Perrella O. Profile of cerebrospinal fluid and serum cytokines in patients with relapsing-remitting multiple sclerosis: a correlation with clinical activity. *Immunopharmacol Immunotoxicol* 1998; 20(3):373-82.
45. Calabresi PA, Tranquill LR, McFarland HF, Cowan EP. Cytokine gene expression in cells derived from CSF of multiple sclerosis patients. *J Neuroimmunol* 1998; 89(1-2):198-205.
46. Cucci A, Barbero P, Clerico M, Ferrero B, Versino E, Contessa G, *et al.* Pro-inflammatory cytokine and chemokine mRNA blood level in multiple sclerosis is related to treatment response and interferon-beta dose. *J Neuroimmunol* 2010; 226(1-2):150-7.
47. Meyer AL, Benson J, Song F, Javed N, Gienapp IE, Goverman J, *et al.* Rapid depletion of peripheral antigen-specific T cells in TCR-transgenic mice after oral administration of myelin basic protein. *J Immunol* 2001; 166(9):5773-81.
48. Racke MK, Cannella B, Albert P, Sporn M, Raine CS, McFarlin DE. Evidence of endogenous regulatory function of transforming growth factor-beta 1 in experimental allergic encephalomyelitis. *Int Immunol* 1992; 4(5):615-20.
49. Su LF. Updates on high-throughput molecular profiling for the study of rheumatoid arthritis. *Isr Med Assoc J* 2008; 10(4):307-9.
50. Pot C, Jin H, Awasthi A, Liu SM, Lai CY, Madan R, *et al.* Cutting edge: IL-27 induces the transcription factor c-Maf, cytokine IL-21, and the costimulatory receptor ICOS that coordinately act together to promote differentiation of IL-10-producing Tr1 cells. *J Immunol* 2009; 183(2):797-801.
51. Fitzgerald DC, Ciric B, Touil T, Harle H, Grammatikopolou J, Das Sarma J, *et al.* Suppressive effect of IL-27 on encephalitogenic Th17 cells and the effector phase of experimental autoimmune encephalomyelitis. *J Immunol* 2007; 179(5):3268-75.
52. Wynick C, Petes C, Gee K. Interleukin-27 Mediates Inflammation During Chronic Disease. *J Interferon Cytokine Res* 2014.
53. Vogelgesang A, Rosenberg S, Skrzipek S, Broker BM, Dressel A. Mitoxantrone treatment in multiple sclerosis induces TH2-type cytokines. *Acta Neurol Scand* 2010; 122(4):237-43.
54. Hong J, Li N, Zhang X, Zheng B, Zhang JZ. Induction of CD4+CD25+ regulatory T cells by copolymer-I through activation of transcription factor Foxp3. *Proc Natl Acad Sci U S A* 2005; 102(18):6449-54.

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