

Diabetes-Related Islet and Hematopoietic Cell Transplantation That Cures the Condition in Mice without Harmful Bone Marrow Conditioning

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Abstract

The immunological tolerance of donor-matched transplanted tissues, such as pancreatic islets, can be enhanced by mixed hematopoietic chimerism. Adoption of this approach is, however, constrained by the toxicity of conventional therapies that allow donor hematopoietic cell engraftment. Here, we address these issues by using a non-myeloablative conditioning regimen that promotes allograft tolerance and hematopoietic chimerism across totally mismatched major histocompatibility complex (MHC) barriers. Immunocompetent mice treated with a CD117 antibody that targets the c-Kit protein along with T cell-depleting antibodies and low-dose radiation are able to develop permanent multi-lineage chimerism after hematopoietic cell transplantation. Co-transplantation of donor-matched islets and hematopoietic cells effectively reverses diabetes in diabetic mice without causing persistent immunosuppression or significant graft-versus-host disease (GVHD). Allotolerance is most likely mediated by peripheral regulatory T cells produced from the host and donor-derived thymic antigen-presenting cells.

Keywords: Islet transplantation; Hematopoietic cell transplantation; Diabetes; Autoimmunity

Introduction

Diabetes is a chronic disease characterized by hyperglycemia. It is caused by a deficiency of insulin, a hormone that regulates blood sugar. In type 1 diabetes, the immune system destroys the insulin-producing beta cells of the pancreas. In type 2 diabetes, the body becomes resistant to insulin or does not produce enough insulin. Transplantation of pancreatic islets from a donor can cure diabetes in mice. However, conventional conditioning regimens for transplantation are myeloablative and cause significant toxicity. We have developed a non-myeloablative conditioning regimen that promotes allograft tolerance and hematopoietic chimerism across totally mismatched major histocompatibility complex (MHC) barriers. Immunocompetent mice treated with a CD117 antibody that targets the c-Kit protein along with T cell-depleting antibodies and low-dose radiation are able to develop permanent multi-lineage chimerism after hematopoietic cell transplantation. Co-transplantation of donor-matched islets and hematopoietic cells effectively reverses diabetes in diabetic mice without causing persistent immunosuppression or significant graft-versus-host disease (GVHD). Allotolerance is most likely mediated by peripheral regulatory T cells produced from the host and donor-derived thymic antigen-presenting cells.

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We used B6 RIP-DTR mice, which express a transgenic T cell receptor (TCR) that recognizes a peptide from the insulin B chain presented by I-E^b MHC. These mice develop diabetes. We used a non-myeloablative conditioning regimen that promotes allograft tolerance and hematopoietic chimerism across totally mismatched major histocompatibility complex (MHC) barriers. Immunocompetent mice treated with a CD117 antibody that targets the c-Kit protein along with T cell-depleting antibodies and low-dose radiation are able to develop permanent multi-lineage chimerism after hematopoietic cell transplantation. Co-transplantation of donor-matched islets and hematopoietic cells effectively reverses diabetes in diabetic mice without causing persistent immunosuppression or significant graft-versus-host disease (GVHD). Allotolerance is most likely mediated by peripheral regulatory T cells produced from the host and donor-derived thymic antigen-presenting cells.

FVB mice were used as donors. The conditioning regimen consisted of anti-CD117 antibody, anti-CD3 antibody, and low-dose radiation. Transplantation of islets and hematopoietic cells was performed. Diabetes was reversed in the recipient mice. Allotolerance was maintained for a long period.

Discussion

Mixed chimerism increases the tolerance to allogeneic islets.

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