

Leukotriene B₄ Triggers the In Vitro and In Vivo Release of Potent Antimicrobial Agents¹

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Leukotriene B₄ (LTB₄) is a bioactive lipid derived from the metabolism of arachidonic acid. Mainly produced by polymorphonuclear leukocytes (PMN) and macrophages, LTB₄ triggers several functional responses important in host defense, including the secretion of lysosomal enzymes, the activation of NADPH oxidase activity, NO formation, and phagocytosis. We report that LTB₄, but not structural analogs thereof, stimulates primed human PMN to release molecules having potent antimicrobial activities. Exposure of bacteria (*Escherichia coli* and *Staphylococcus aureus*) or viruses (herpes simplex virus type 1 and HIV type 1) to supernatants of LTB₄-activated PMN lead to ≥90% reduction in infectivity. ELISA and mass spectroscopy analysis of proteins released from LTB₄-activated PMN have identified several antimicrobial proteins, including α-defensins, cathepsin G, elastase, lysozyme C, and LL-37, that are likely to participate in the killing of microorganisms. In addition to these in vitro observations, i.v. injections of LTB₄ (50 μg/kg) to monkeys led to an increase in α-defensin plasmatic levels and enhanced ex vivo antimicrobial activities of plasma. These results demonstrate the ability of LTB₄ to cause the release of potent antimicrobial agents from PMN in vitro as well as in vivo and add further support to the important role of LTB₄ in host defense. *The Journal of Immunology*, 2007, 178: 8036–8045.

The human body constantly fights invading pathogens through a plethora of immune defense mechanisms. Among the effector cells playing a role in both antibacterial and antiviral defense are the polymorphonuclear leukocytes (PMN).³ The PMN is the most abundant circulating leukocyte and the first cell type to emigrate from blood vessels and reach infectious foci in the periphery. Neutrophil's functions include the phagocytosis of particles, the production of reactive oxygen species (O₂⁻ and H₂O₂), and the production of lipid mediators (leukotrienes, lipoxins, prostaglandins, and platelet activating factor), lactic acid, and IFNs as well as the secretion of antimicrobial proteins such as lysozyme, defensins and, cathelicidins (1, 2), which directly destroy microorganisms. Defensins are small cationic peptides (30 aa in mature form) with three disulfide bridges (3–5). They are the most abundant proteins within cytoplasmic azurophilic granules of PMN. Two main defensin subfamilies, α and β, exist in humans. α-Defensins are found in PMN, Paneth cells, and a few types of epithelial cells, whereas β-defensins are present in epithelial cells. Defensins have antimicrobial activities against fungi, bacteria, and viruses as well as abilities to

neutralize lethal anthrax toxin (6–12). α-Defensins also facilitate and amplify the innate and adaptive immune responses because they can attract human CD4⁺CD45RA⁺ or CD8⁺ T cells (13, 14), immature dendritic cells (14), and monocytes (15). α-Defensins induce the release of IFN-γ, IL-6, and IL-10 from T cells, TNF-α, and IL-1β from monocytes, and IL-8 from alveolar macrophages and intestinal and lung epithelial cell-lines (16–21). α-Defensins are chemotactic for monocytes, naive CD4⁺ T cells, CD8⁺ T cells, and PMN and exert their effects through an unknown receptor.

Activated PMN not only secrete antimicrobial peptides/enzymes and chemokines/cytokines but also bioactive lipids. One important and well characterized lipid is leukotriene (LT) B₄, a tetraunsaturated 20-carbon chain fatty acid derived from the oxidative metabolism of arachidonic acid through the successive actions of the 5-lipoxygenase and the leukotriene A₄-hydrolase enzymes (for review see Ref. 22). LTB₄ activates, through autocrine and paracrine mechanisms, several leukocyte types by binding and signaling through at least two distinct cell surface G protein-coupled receptors, BLT1 and BLT2 (23–25). The LTB₄ receptors are expressed in monocytes, granulocytes, lymphocytes, and in several hemopoietic cell lines (23–25). LTB₄ stimulation leads to a number of functional responses important in host defense such as the secretion of lysosomal enzymes, the activation of NADPH oxidase activity, NO formation, and phagocytosis. LTB₄ also stimulates the expression of the β2-integrin (CD11b/CD18), an effect likely related to its ability to stimulate leukocyte migration and phagocytosis. Lastly, LTB₄ is reported to increase NK cells cytotoxicity (26, 27) and to activate B lymphocyte proliferation and Ab formation in vitro (28).

In a previous study we made the observation that LTB₄ triggers the in vitro release of α-defensins from human PMN, including those isolated from HIV-1-infected individuals; in the same study we also reported that the i.v. injection of LTB₄ in man causes a marked increase in the plasma α-defensin level (29). In the present work, we extend these studies and provide evidence that supernatants from LTB₄-activated human PMN contain potent antibacterial and antiviral substances. Furthermore, we show that plasma of

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³ Abbreviations used in this paper: PMN, polymorphonuclear leukocyte; LB, Luria-Bertani; LT, leukotriene.

monkeys injected (i.v. bolus) with LTB₄ express enhanced ex vivo antimicrobial activities relative to control plasma samples, highlighting the important contributions and potential usefulness of LTB₄ in the fight against pathogens.

Materials and Methods

Cell lines, viruses, and bacteria

Vero cells were obtained from the American Type Culture Collection and cultured in DMEM medium (Sigma-Aldrich) supplemented with 10% FBS (Sigma-Aldrich), L-glutamine, and penicillin-streptomycin. TZM-bl (30), a modified HeLa cell derivative susceptible to infection by M- (R5) and T-tropic (X4) isolates of HIV-1, was obtained from the National Institutes of Health AIDS Repository Reagent Program (Germantown, MD). Cells were passaged by trypsinization of the cellular monolayer. HSV-1 (MacIntyre strain) was propagated by infecting Vero cells at a multiplicity of infection of 0.01. When cellular destruction was near maximal (3–4 days), the supernatant was collected, filtered (0.45 μm), and centrifuged at 30,000 × g for 90 min to pellet the viruses. The viral pellet was resuspended in DMEM medium without serum. HSV-1 titer was determined by a standard plaque assay on Vero cells. The infectious HSV-1 titer was estimated at 5 × 10⁷ PFU/ml. HIV-1 particles were produced by transient transfection in human embryonic kidney 293T cells, as previously described (31). Infectious molecular clones of HIV-1 that were used in this study include pNL4-3 (a prototypic X4-tropic variant) and pNL4-3balenv (R5-tropic). The pNL4-3balenv vector was generated by replacing the env gene of the T-tropic HIV-1 strain NL4-3 with that of the macrophage-tropic HIV-1 Bal strain, thus resulting in an infectious molecular clone with macrophage-tropic properties (kindly provided by R. Pomerantz, Thomas Jefferson University, Philadelphia, PA) (32). The NL4-3 molecular construct was obtained through the National Institutes of Health AIDS Repository Reagent Program. The virus-containing supernatants were filtered through a 0.22-μm cellulose acetate syringe filter and normalized for virion content using an in-house, sensitive, double-Ab sandwich ELISA specific for the viral p24^{agg} protein (33). All virus preparations underwent only one freeze-thaw cycle before their use in subsequent experiments.

Single colonies of both *Escherichia coli* and *Staphylococcus aureus* were grown overnight in Luria-Bertani (LB) broth. The overnight cultures were diluted 1/100 in fresh LB broth and the bacteria were grown to an OD (600 nm) of 0.5. The cells were pelleted, washed twice with a phosphate buffer (0.1 M at pH 7.4) and resuspended in buffer at a concentration of 500 CFU/ml.

Isolation of human PMN

Venous blood from healthy volunteers was collected in tubes containing heparin and PMN were isolated as previously described (34). The PMN suspension contained mainly neutrophils (95%) with eosinophils as the major contaminant, and cell viability was always >98% as measured by trypan blue exclusion. PMN were resuspended at 1 × 10⁶ cells/ml in M199 medium without serum or antibiotics unless stated otherwise.

Reagents

LTB₄ and the enantiomer of LTB₄ were obtained from Cascade Biochem. LTE₄, 12-epi-LTB₄, 6-trans-LTB₄, 6-trans-12-epi-LTB₄, 5-oxo-6,8,11,14-eicosatetraenoic acid (5-oxo-ETE), 20,20-trifluoro-LTB₄, 20-OH-LTB₄, 5-hydroxyeicosatetraenoic acid (5-HETE), and LTB₄ ELISA kits were purchased from Cayman Chemical. LTB₄ and analogs stock solutions were in ethanol and used at 1 nM to 1 μM to stimulate PMN. Cytochalasin B was purchased from Sigma-Aldrich and dissolved in DMSO. HNP-1 ELISA kits were obtained from Hycult Biotechnology. Untreated (control) PMN were incubated with corresponding volumes of ethanol and DMSO.

Stimulation of human PMN and antimicrobial and α-defensin assays

Freshly isolated human PMN were preincubated (10 × 10⁶/ml) in M199 medium containing 10 μM cytochalasin B for 15 min at 37°C, after which LTB₄ or analogs were added to each tube to various concentrations (0, 10⁻⁸, 10⁻⁷, and 10⁻⁶ M). Incubations were stopped at different times (as indicated in figure legends) by transferring tubes in an ice/water bath. Cell suspensions were centrifuged (250 × g for 10 min at 4°C) and cell-free supernatants were collected and assayed for virucidal activity as follows. One or 10 μl of PMN supernatants were diluted with RPMI 1640 medium to a final volume of 100 μl. Varying quantities of infectious HSV-1 (500–15,000 PFU/50 μl) were added to the diluted PMN supernatants and the

mixtures were incubated at 37°C for periods of time varying between 1 and 30 min; the volumes were adjusted to 0.5 ml with M199 medium and the mixtures were added to Vero cell monolayers to determine HSV-1 infectivity by a standard plaque assay. α-Defensins were directly assayed in the appropriately diluted cell-free supernatants by ELISA according the manufacturer's instructions.

To test for anti-HIV-1 activity, 0.15 ml of supernatants from control and LTB₄-activated PMN were mixed with 0.05 ml of T- or M-tropic HIV-1 viral stock (10 ng p24 equivalent) and incubated for 1 h at 37°C. Viral infectivity was then determined by adding the solutions to the wells of a 96-well plate coated with TZM-bl indicator cells (30). Virions were allowed to infect cells for 1 h after which the wells were washed twice with PBS followed by the addition of 0.2 ml of culture medium. Infection was allowed to proceed for 48 h after which the cells were lysed and luciferase activity was determined.

To test for bactericidal activity, PMN were primed with 10 μM cytochalasin B for 30 min followed by LTB₄ stimulation for 1 h. One-half milliliter of cell-free supernatants was incubated for 2 h at 37°C with 0.5 ml of exponentially grown *E. coli* or *S. aureus* resuspended in potassium phosphate buffer (0.1 M at pH 7.4). The bacteria were then spun down, resuspended in 0.1 ml LB broth, plated on LB-agar plates, and incubated at 37°C for 18 h after which the numbers of colonies were determined.

Monkey studies

Four young adult ovariectomized female cynomolgus monkeys (*Macaca fascicularis*) weighing between 2.8 and 4.5 kg were used for the study. A single 2-ml bolus of LTB₄ (50 μg/kg) was administered to anesthetized (10 mg/kg ketamine and 10 μg/kg glycopyrrolate i.m.) monkeys by i.v. injection. LTB₄ was administered as an aqueous isotonic and sterile solution of the sodium salt containing a 25 mM phosphate buffer and sodium chloride. Blood samples (~1.5 ml/time point) were collected at various time points over a period of several hours before and after LTB₄ administration (-5 to +840 min). The blood samples were collected in tubes containing EDTA as the anticoagulant, immediately mixed, and kept in an ice water bath for a maximum of 20 min. The samples were centrifuged (4°C) and the plasma was collected and stored at -80°C until it was analyzed for LTB₄ and α-defensin contents by ELISA. The same blood samples were used to monitor absolute blood neutrophil counts by flow cytometry. Plasmatic LTB₄ and α-defensin analyses by ELISA were performed directly on appropriately diluted plasma samples without prior treatment. As a consequence, it is likely that the measured levels of LTB₄ are overestimated, especially the basal levels. For these reasons, plasmatic LTB₄ levels are expressed as arbitrary units.

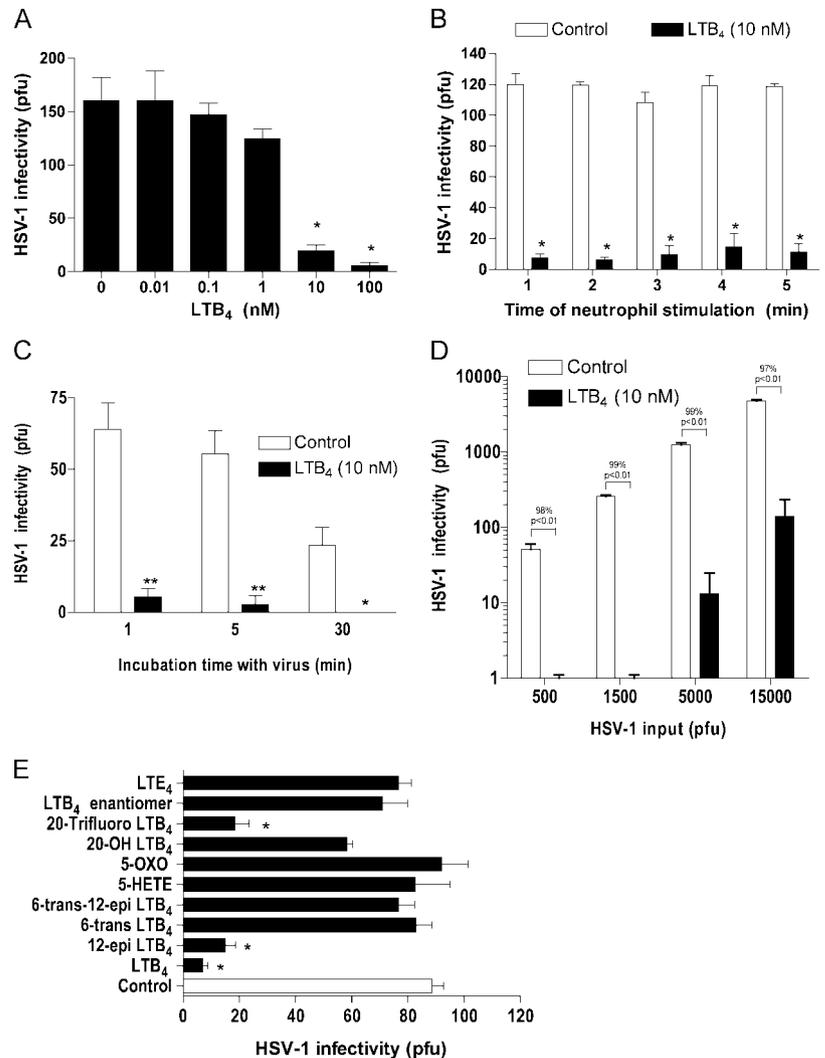
Ex vivo antimicrobial activity of monkey plasma samples

Freshly isolated plasma samples (t = -5, +120, and +240 min) from monkeys that had received an i.v. bolus of LTB₄ were tested for anti-HSV-1 and antibacterial activities. For anti-HSV-1 activity, 10-μl aliquots of plasma (in triplicate) were incubated with 10 μl of HSV-1 (1,500 PFU) for 1 h at 37°C. The mixtures were then diluted to 0.5 ml with M199 medium and added to the wells of a 12-well plate containing Vero cells plated 1 day earlier. Viral infectivity was determined by a standard plaque assay. For antibacterial testing, monkey plasma aliquots (20 μl) were mixed in sterile Eppendorf tubes with 20 μl (~500 CFU) of exponentially grown and PBS-washed *E. coli* or *S. aureus* for 2 h at 37°C under constant agitation (100 rpm). After the incubation period, 60 μl of LB broth was added to each tube and the mixtures were spread onto LB-agar plates. After an overnight incubation at 37°C, the number of colonies on each plate was determined.

LC-MS/MS identification of selected proteins released from LTB₄-activated PMN

Purified human PMN (50 × 10⁷/sample) were incubated in serum-free medium supplemented with cytochalasin B (10 μM) for 10 min. Cells were then treated with 100 nM LTB₄ (or ethanol) for 5 min after which the cell-free supernatants were collected and processed as described (35). The proteins were separated by denaturing gel electrophoresis and visualized by Coomassie blue staining. The major proteins (the one we could visualize) that had been released upon PMN stimulation by LTB₄ were cut out of the gels. Isolated proteins were digested with trypsin and the tryptic peptides were resolved by reversed phase HPLC and analyzed by mass spectrometry (LCQ Deca XP liquid chromatography/tandem mass spectrometry; Thermo Scientific) at the Centre Protéomique de l'est du Québec (Centre Hospitalier de l'Université Laval Research Center, Quebec, Canada).

FIGURE 1. LTB₄ causes the release of anti-HSV-1 molecules from PMN. **A**, Human PMN were stimulated for 1 min with increasing concentrations of LTB₄ and the cell-free supernatants were obtained. Ten microliters of supernatants were added to 100 PFU of infectious HSV-1 (150- μ l final volume). HSV-1 suspensions were then incubated for 1 h at 37°C, followed by viral infectivity determination using a standard plaque assay. **B**, Human PMN were stimulated with 10 nM of LTB₄ for periods of time varying between 1 and 5 min, after which the cell-free supernatants were collected. Ten microliters of supernatants were added to 100 PFU of infectious HSV-1 (150- μ l final volume) for 1 h at 37°C, followed by viral infectivity determination using a standard plaque assay. **C**, Ten microliters of unstimulated or LTB₄-activated (10 nM) PMN supernatants were added to 100 PFU (150- μ l final volume) of HSV-1 suspensions and incubated for periods of time varying from 1 to 30 min. Viral infectivity was then determined by plaque assay. **D**, Ten microliters of unstimulated or LTB₄-activated (10 nM) PMN supernatants were added to increasing quantities of infectious HSV-1 (500–15,000 PFU/150- μ l final volume). Viral suspensions were incubated for 1 h at 37°C, after which viral infectivity was determined by plaque assay. **E**, PMN were stimulated with 100 nM LTB₄ or structurally related compounds for 5 min, after which the supernatants were collected and assayed for antiviral activity. Results presented are expressed as mean \pm SD from triplicates and are representative of at least three independent experiments (*, $p < 0.05$; **, $p < 0.01$).



Statistical analysis

Statistical analysis was performed with the aid of the GraphPad InStat 3 software using Student *t* test with Welch correction; data were considered significant when the $p < 0.05$.

Results

Supernatants from LTB₄-activated PMN efficiently neutralize viruses and bacteria

PMN are among the first cells to emigrate from blood vessels toward infected foci. Upon pathogen encounter, PMN secrete antimicrobial agents and perform phagocytosis. In the present work we sought to define the ability of LTB₄ to induce the release of antimicrobial agents *in vitro* and *in vivo*. Our first series of experiments were designed to address whether LTB₄ can cause PMN to produce and/or secrete substances that could neutralize infectious agents. To do so, PMN were stimulated with increasing concentration of LTB₄ (0.01–100 nM) for 1 min, after which the cell-free supernatants were collected and assayed for anti-HSV-1 activity. The results obtained (Fig. 1A) indicate that 1–10 nM of LTB₄ were required to trigger the release anti-HSV-1 molecules. Concentrations of LTB₄ higher than 10 nM caused maximal release of anti-HSV-1 molecules, whereas stimulation of PMN with ≤ 1 nM LTB₄ had marginal effects. To determine the kinetics of the release of anti-HSV-1 by PMN following LTB₄ stimulation, we performed a time course study. PMN were stimulated with LTB₄ for time periods ranging between 1 and 5 min, after which the cell-free

supernatants were assayed for anti-HSV-1 activity (Fig. 1B). Maximal release of antiviral substances was reached after a 1-min stimulation with LTB₄, with longer stimulation periods (up to 5 min) causing no further increase in release of antiviral substances. We next sought to determine the incubation time needed for HSV-1 particle inactivation by the supernatants from LTB₄-stimulated PMN (Fig. 1C). The results obtained indicate that a 1-min incubation of the virus (500 PFU/135 μ l) with 10 μ l of supernatant (1/15 final dilution) from LTB₄-activated PMN is sufficient to reduce the number of infectious viral particles by 90% ($p < 0.001$) when compared with that of mock supernatants (from control PMN). Longer incubation times further destroyed HSV-1 infectivity with complete viral inactivation observed after 30 min of incubation. It is also important to note that control PMN spontaneously secrete, albeit at a much lower concentration compared with LTB₄-activated PMN, anti-HSV-1 molecules that, over time, reduce viral infectivity. The amount of spontaneous and LTB₄-triggered antiviral substances released by PMN varied ~ 2 – 3 -fold between blood donors.

We next determined how many HSV-1 particles could be inactivated by the supernatants from LTB₄-activated PMN (Fig. 1D). The results indicate that a $>95\%$ reduction in HSV-1 infectivity titer was recorded when the viruses (500–15 000 PFU) are incubated in the presence of 10 μ l of LTB₄-stimulated PMN. When a 1- μ l aliquot of supernatant from LTB₄-activated PMN was tested,

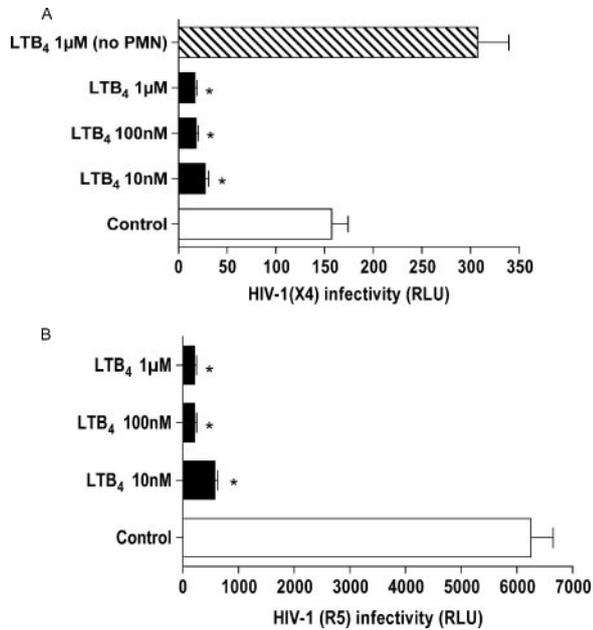


FIGURE 2. LTB₄ causes the release of anti HIV-1 molecules from PMN. Human PMN were stimulated for 5 min with increasing concentrations of LTB₄ or its diluent (control), after which cell-free supernatants were obtained. One hundred fifty microliters of cell-free supernatants were added to 10 ng of p24 equivalent in 50 μl of T(X4)-tropic 9 (A) or M(R5)-tropic (B) isolates of HIV-1 in a final volume of 200 μl, and the viral suspensions were incubated for 1 h at 37°C. Viral infectivity was then determined by infection of the TZM-bl reporter cell line. Forty-eight hours later, cells were lysed and the luciferase activity determined. Results are expressed as mean ± SD relative luciferase units (RLU) from triplicates and are representative of two experiments ($p < 0.01$).

mean reductions in viral titers of 65, 46, and 23% were recorded for viral inputs of 500, 1,500 and 5,000 PFU, respectively (data not shown).

To assess the specificity of the stimulatory effect of LTB₄ on the release of antimicrobial molecules, PMN were incubated as described above with structural analogs of LTB₄. The cell-free supernatants were subsequently tested for anti-HSV-1 activity. The results presented in Fig. 1E indicate that of the various compounds tested, LTB₄ is the most potent inducer of antimicrobial activity from PMN, followed closely by the 12-epi-LTB₄ analog. It is important to note here that the 12-epi-LTB₄ used in this experiment (as well as in other experiments reported herein) has been found to contain 2.6% LTB₄ by reverse-phase HPLC analysis (data not shown), which may account, at least in part, for the observed activity of this compound. The 20, 20, 20-trifluoro-LTB₄ analog also triggered the release of anti-HSV-1 compounds while all other analogs tested were unable to induce the release of virucidal molecules, when assayed at 100 nM. These data are in agreement with previous studies where 12-epi-LTB₄ and 20,20,20-trifluoro-LTB₄ were reported to show significant biological activities, although lower than those of LTB₄ (36, 37), while several other analogs were found to ≥100-fold less active than LTB₄ (38).

The antimicrobial activity of supernatants from LTB₄-activated PMN was also tested on M- and T-tropic isolates of HIV-1. The results (Fig. 2) indicate that the infectivity of both the T- (Fig. 2A) and the M-tropic variant (Fig. 2B) can be efficiently neutralized by compounds released from LTB₄-activated PMN. Incubation medium containing 1 μM LTB₄ but not exposed to PMN had no effect on HIV-1 infectivity, therefore indicating that PMN are essential for the observed effects.

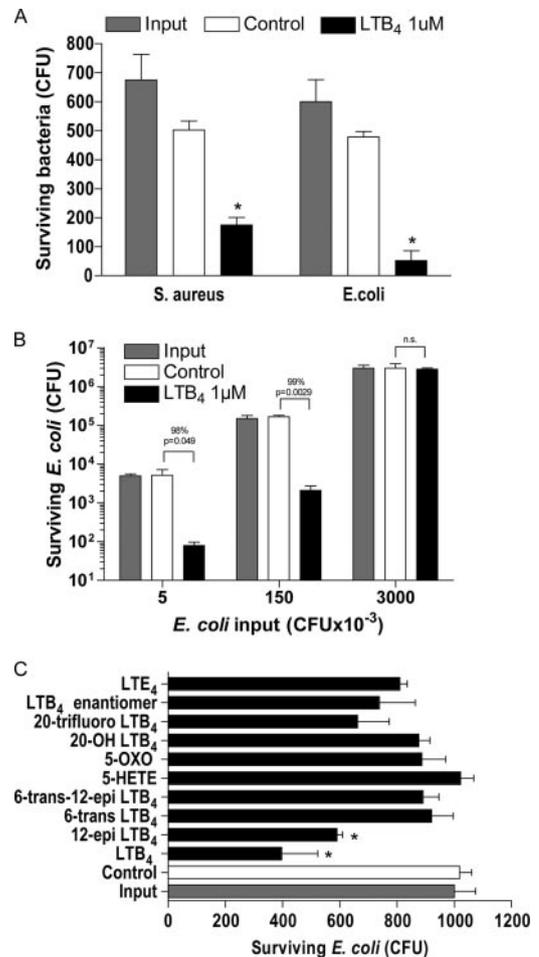


FIGURE 3. LTB₄ causes the release of antibacterial molecules from PMN. Human PMN were stimulated for 5 min with 1 μM LTB₄ or the diluent (control) and cell-free supernatants were obtained. A, One half-milliliter aliquots of cell-free supernatants were added to ~500 exponentially growing *E. coli* or *S. aureus* bacteria in a final volume of 1 ml. After an incubation of 1 h at 37°C, bacteria were spread on LB agar plates and colonies were counted after overnight growth at 37°C. B, One half-milliliter aliquots of cell-free supernatants were added to increasing numbers of exponentially growing *E. coli* in a final volume of 1 ml. After an incubation of 1 h at 37°C the number of viable bacteria was determined as described above. C, PMN were stimulated with 100 nM LTB₄ or analogs for 5 min, after which the supernatants were assayed for anti-*E. coli* activity (input of 1000 CFU) as described above. Results presented are expressed as mean ± SD from triplicates and are representative of at least two independent experiments (*, $p < 0.05$).

We next determined whether the supernatants from LTB₄-activated PMN could also neutralize bacteria. The results obtained (Fig. 3A) indicate that the supernatants from LTB₄-stimulated PMN do display bactericidal activities against *E. coli* and *S. aureus*, with the former being killed more efficiently than the latter. We next assessed the antibacterial potency of PMN supernatants by incubating a fixed volume (0.5 ml) of untreated or LTB₄-activated (1 μM) PMN supernatants with increasing numbers of *E. coli*. The results (Fig. 3B) obtained indicate that 0.5 ml of supernatants from LTB₄-activated PMN can effectively (99%) kill up to 1.5×10^5 *E. coli* bacteria. No bactericidal activity was noted when supernatants were incubated with a higher concentration of bacteria (i.e., 3×10^6).

To determine whether the release of antimicrobial molecules is specific to LTB₄, PMN were stimulated with eicosanoids structurally related to LTB₄ and the cell-free supernatants were tested for

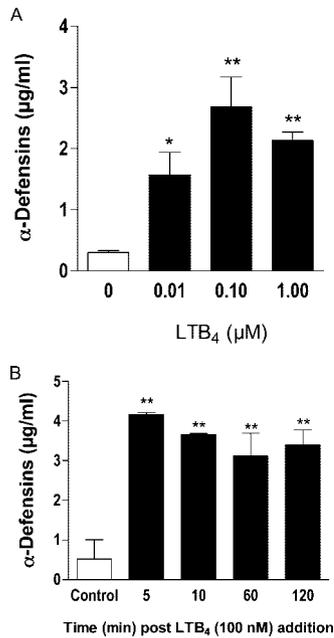


FIGURE 4. LTB₄ triggers the release of α-defensins from human PMN. *A*, Human PMN were stimulated for 30 min with LTB₄ (0.01–1 µM) or its diluent and cell-free supernatants were assayed for α-defensin content using a commercial ELISA. *B*, Human PMN were stimulated for varying periods of time (1–120 min) with 100 nM LTB₄ or its diluent (control) and cell-free supernatants were assayed for α-defensin content. Results are expressed as mean ± SD from triplicate incubations from one experiment representative of at least three experiments with different blood donors (*, $p < 0.05$; **, $p < 0.01$).

antimicrobial activity. The results presented in Fig. 3C indicate that, of the various compounds tested, LTB₄ is the most potent inducer of antimicrobial activity from PMN. The 12-epi-LTB₄ analog also triggered the release of antimicrobial compounds, but less efficiently than LTB₄. Other analogs were unable to induce the release of bactericidal molecules at the 100 nM concentration tested.

In vitro release of α-defensins following PMN stimulation with LTB₄

The results obtained so far clearly demonstrate that LTB₄ effectively triggers the release of antimicrobial compounds from human PMN. Considering that the release of antimicrobial agents by LTB₄ occurs within 1 min and is thus compatible with a release of

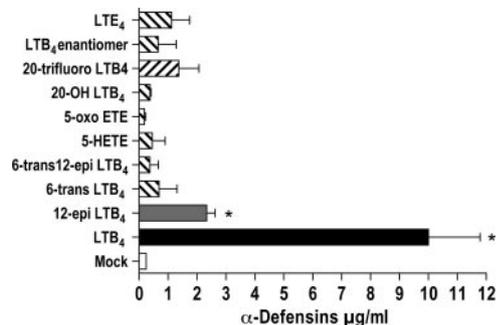


FIGURE 5. Specificity of the effect of LTB₄ on α-defensin release by PMN. Human PMN were incubated with LTB₄ and 10 structurally related eicosanoids, all at 100 nM for 5 min, and cell-free supernatants were assayed for α-defensin content using a commercial ELISA. Results are expressed as mean ± SD from triplicate incubations from one experiment representative of two independent experiments (*, $p < 0.05$).

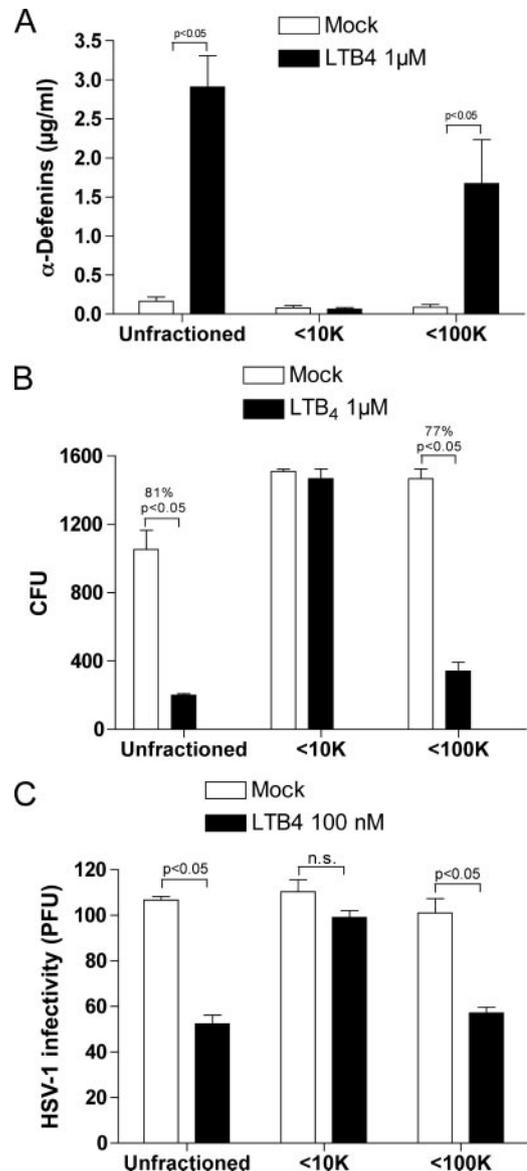


FIGURE 6. Fractionation of antimicrobial activity released from LTB₄-activated PMN. Human PMN were stimulated with LTB₄ (1 µM) or its diluent (control) for 1 h and supernatants were either used directly or fractionated by centrifugation on YM-10 or YM-100 Microcon filter units. Filtrates were assayed for α-defensin content (*A*), antibacterial (*E. coli*) activity (*B*), or anti-HSV-1 activity (*C*). Results are expressed as mean ± SD of triplicate assays from one experiment representative of two independent experiments.

stored agents, we next investigated whether LTB₄ induction could trigger PMN degranulation and α-defensin release. PMN (99% pure) were incubated with increasing concentrations of LTB₄ for 30 min and cell-free supernatants were assayed for α-defensin content. The results obtained (Fig. 4A) indicate that 10 nM LTB₄ induces a significant release of α-defensins from PMN. Maximal levels (9-fold increase over untreated cells) of α-defensins were observed in response to 100 nM LTB₄. We next studied the kinetics of α-defensin release from LTB₄-stimulated PMN. Results (Fig. 4B) indicate that α-defensin release is already maximal 5 min after LTB₄ stimulation, in agreement with the fact that α-defensins are preformed and stored in cytoplasmic granules that are rapidly secreted upon PMN activation.

To determine the specificity of the effect of LTB₄ on α-defensin release, PMN were incubated for 30 min with structurally related

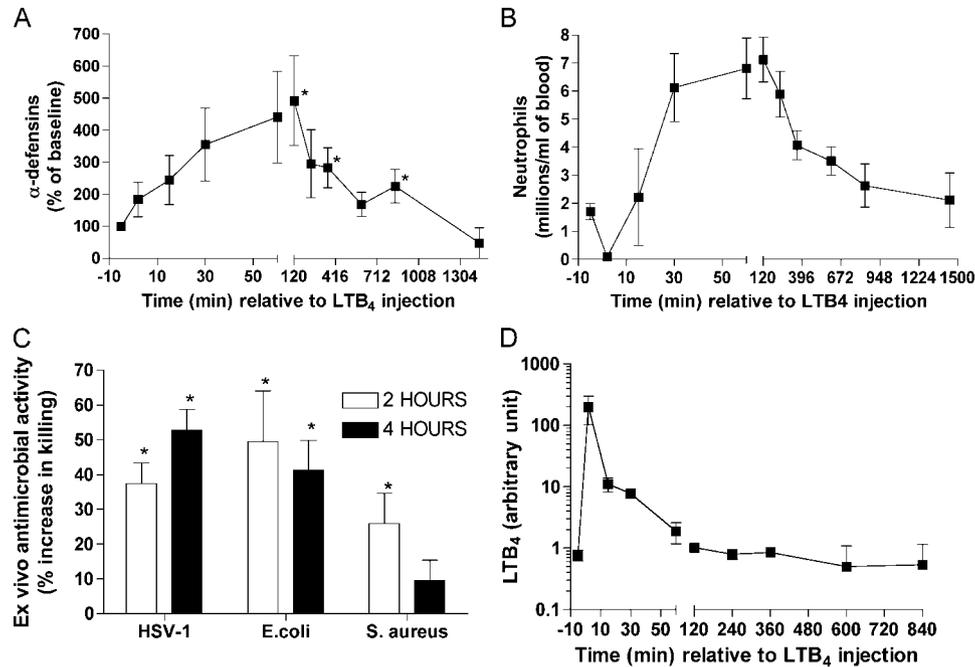


FIGURE 7. Effects of i.v. LTB₄ injection in monkeys on plasmatic α -defensin levels and antimicrobial activities. Monkeys ($n = 4$) were injected i.v. with LTB₄ (bolus 50 μ g/kg) and blood samples were obtained at various time points using EDTA as the anticoagulant. **A**, Plasmatic α -defensin levels were determined using a commercial human α -defensin ELISA kit that cross-reacts with macaque α -defensins. The standard curve was generated using human α -defensins 1–3. α -Defensin levels are expressed as mean change relative to baseline levels (mean 11 ng/ml) \pm SEM. (*, $p < 0.05$). **B**, Circulating neutrophil counts at various time points relative to LTB₄ injection were measured by flow cytometry. Results are expressed as mean \pm SEM. **C**, Plasma samples were obtained before ($t = -5$ min) and 2 and 4 h after LTB₄ injections and were immediately tested for anti HSV-1, anti-*E. coli*, or anti-*S. aureus* activities. Results are expressed as mean increase \pm SD of antimicrobial activity relative to the control plasma samples ($t = -5$ min). Antimicrobial activity of control plasma samples varied between 10 and 20%. The antimicrobial activity of each plasma sample was measured in triplicate as described under *Materials and Methods* (*, $p < 0.05$). **D**, Plasmatic LTB₄ levels relative to time of injection. Plasma samples were obtained from monkeys before ($t = -5$ min) or at several time points relative to LTB₄ i.v. injection. Plasmatic LTB₄ levels were determined by ELISA as described under *Materials and Methods* and the results are expressed as mean \pm SD LTB₄ levels (arbitrary units).

eicosanoids (100 nM), after which the cell-free supernatants were assayed for α -defensin content. A weak induction of α -defensins was seen upon treatment with 12-epi-LTB₄ only, and none of the other analogs tested triggered a release of α -defensins comparable to the one seen with LTB₄ (Fig. 5).

Antimicrobial peptides are responsible for the antimicrobial activity found in LTB₄-activated PMN supernatants

Considering that PMN generate low molecular mass microbicidal agents (such as hydrogen peroxide and NO), we attempted to determine the relative importance of these agents vs peptidic microbicides in the antimicrobial activities of LTB₄-treated PMN supernatants. We used Microcon (Millipore) centrifugation devices (microporous cellulose filters) to fractionate PMN supernatant components on the basis of their molecular mass. When PMN supernatants were centrifuged over YM-10 Microcon filter units, which theoretically allow molecules of <10 kDa to pass through the filter, most of α -defensins were eliminated from the filtrate (Fig. 6A). This suggests that α -defensins, which have a molecular mass of ~ 3 kDa, might have aggregated or been retained by the filter as a consequence of their carbohydrate-binding properties. In fact, when recombinant α -defensins 1–3 were centrifuged through the YM-10 Microcon filter units, $>70\%$ of α -defensin input was retained by the filter (data not shown). In contrast, the centrifugation of supernatants over YM-100 columns, which allow molecules of <100 kDa to pass through the filter, had minimal effects on α -defensin concentration in the filtrate. These filtrates were then tested for antimicrobial activities against *E. coli* (Fig. 6B) and HSV-1 (Fig. 6C). The results obtained indicate that unfractionated

supernatants have both antibacterial and antiviral activities. However, filtrates of supernatants on YM-10 filters completely lost their antibacterial and antiviral activities. Conversely, filtrates of supernatants spun through YM-100 filters retained antibacterial and antiviral activities equivalent to unfractionated supernatants. These results suggest that antimicrobial proteins such as α -defensins, but not small molecular mass microbicides, constitute most of the antibacterial and antiviral activities observed in LTB₄-treated PMN supernatants.

We next analyzed untreated and LTB₄-activated PMN supernatants by gel electrophoresis, and proteins were visualized by Coomassie blue staining (data not shown). LTB₄ stimulation enhanced the secretion of several proteins of molecular masses ranging from 5 to 150 kDa. These bands were excised from the gel and identified by mass spectrometry. Several proteins were readily identified, many of which are reported as having antimicrobial activities. These include the serine proteases cathepsin G, elastase, and proteinase 3, the muramidase lysozyme C, and the antimicrobial peptides CAP-18/LL-37. Other identified proteins include lactoferrin and a matrix metalloprotease (MMP-9). α -Defensins were secreted in quantities that were insufficient to be visualized by Coomassie blue staining but were easily measurable by ELISA.

Increase in α -defensin plasmatic levels following i.v. injection of LTB₄ to monkeys

We next investigated whether LTB₄ could trigger the release of antimicrobial proteins in animals. LTB₄ was injected into four macaques (i.v. bolus at 50 μ g/kg) and blood samples were collected

to allow measurements of α -defensin levels in plasma and the determination of the number of circulating PMN. The results obtained (Fig. 7) indicate that LTB₄ injections do indeed cause an elevation of the plasmatic α -defensin level (as measured by ELISA). Although there were differences between animals in the magnitude of the response to LTB₄, on average a 5-fold increase in plasmatic α -defensin levels was measured (Fig. 7A). Peak plasmatic α -defensin levels were reached 120–240 min after LTB₄ injection followed by a gradual decrease and return to baseline levels 24 h after LTB₄ injection.

The blood samples collected following the administration of LTB₄ to monkeys were analyzed for absolute circulating PMN numbers. Before LTB₄ injection ($t = -5$ min), the mean circulating PMN count was $1.5 \times 10^6/\text{ml}$ on average (Fig. 7B). Two minutes after LTB₄ injection, a pronounced (>90%) drop in circulating PMN was recorded for all monkeys. This neutropenia was followed by a rapid increase in the total number of circulating PMN. In fact, 15 min after LTB₄ injection the PMN blood count was above baseline values for most monkeys. This neutrophilia, which reached its maximal level (mean of 4.6-fold over baseline) between 30 and 120 min gradually leveled off and was no longer significantly elevated 24 h after LTB₄ administration.

Ex vivo antimicrobial activity in plasma of monkeys treated with LTB₄

Having determined that i.v. LTB₄ triggered an increase of antimicrobial proteins (α -defensin) in the plasma of monkeys, we next studied the ex vivo antimicrobial activity of plasma samples. Plasma samples obtained from $t = -5$ (control), +120, and +240 min relative to the LTB₄ injections were used and tested for neutralizing efficiencies against virus and bacteria as described in *Materials and Methods*. When compared with the $t = -5$ min control plasma samples, those collected 120 and 240 min after injection of 50 $\mu\text{g}/\text{kg}$ of LTB₄ exhibited a significantly higher HSV-1 killing activity (Fig. 7C). Our results also indicate that the plasma of monkeys obtained 120 and 240 min following LTB₄ injections possess significantly greater bactericidal activity than control plasma samples obtained 5 min before LTB₄ injections. Activities of monkey plasma injected with LTB₄ were also observed, albeit the effects against *S. aureus* were less pronounced than for *E. coli* or HSV-1.

Pharmacokinetics of LTB₄

The pharmacokinetics of i.v. administered LTB₄ (50 $\mu\text{g}/\text{kg}$) was studied in 4 monkeys by measuring immunoreactive LTB₄ in plasma at various time points relative to the bolus injection. The results obtained (Fig. 7D) indicate that maximal plasmatic concentrations (C_{max}) were measured 2 min after LTB₄ injection, the first time point investigated. Plasmatic immunoreactive LTB₄ levels dropped rapidly to 10% of C_{max} at 15 min after LTB₄ injection. These results indicate that LTB₄ is rapidly eliminated from the circulation ($t_{1/2} < 15$ min) and that at time points where plasma samples show increased antimicrobial activities, the LTB₄ plasmatic levels were close to baseline values. It is worth noting that because the plasmatic LTB₄ levels measured by ELISA are likely overestimated because of interference by plasma components, the results are expressed in arbitrary units rather than absolute LTB₄ levels.

Discussion

In the present work we sought to extend our knowledge of the biological activities of LTB₄, in particular the efficiency of LTB₄ in triggering the release of antimicrobial molecules from isolated PMN in vitro as well as in vivo. LTB₄ is mostly known for its potent chemotactic activity toward various leukocytes. We have

previously reported (29) that LTB₄ causes the in vitro and in vivo release of α -defensins from PMN isolated from healthy and HIV-1-infected individuals, but the effective antimicrobial potential of supernatants from LTB₄-activated PMN or of plasma from animals treated with LTB₄ was not investigated. We now extend these studies to show that the stimulation of isolated PMN with LTB₄ induces a rapid release of molecules that possess antiviral and antibacterial activities. These LTB₄-induced soluble factors destroyed the infectivity of enveloped viruses (HSV-1 and HIV-1) within minutes. Such rapid microbicidal effect could be an important feature considering that α -defensins have been reported to lose activity in the presence of serum or serum albumin (7). However, a detailed analysis of the inactivation of α -defensins in circulation has not been reported and the conclusions drawn from in vitro experiments may be misleading. In fact, our data suggest that plasma samples from monkeys treated with LTB₄ that contain increased levels of α -defensin show greater ex vivo antimicrobial activities relative to control plasma samples. These results suggest that the antimicrobial substances released in the circulation retain their activity (at least partly) for several minutes/hours, the time needed to isolate the plasma and perform the experiments. The exact nature of the agents responsible for the antimicrobial activities reported in the present study remains to be determined. The finding of α -defensins in the supernatants of LTB₄-activated PMN was expected given that defensins are major components of primary granules and that LTB₄ is known to induce PMN degranulation. However, considering the plethora of microbicidal substances present within PMN granules, the antimicrobial activity is likely multifactorial. In fact, mass spectroscopy analysis of proteins released by PMN following LTB₄ stimulation confirmed the presence of several other antimicrobial proteins, namely cathepsin G, neutrophil elastase, proteinase 3, lysozyme C, lactoferrin, and Cap-18/LL-37 in the PMN supernatant following LTB₄ stimulation.

To the best of our knowledge, this is the first study linking LTB₄, antimicrobial protein release from PMN, and demonstrated antimicrobial activity in vitro and in vivo. Interestingly, a recent work suggests that α -defensins can trigger the release of LTB₄ from alveolar macrophages (19), indicating that α -defensins and LTB₄, through positive feedback loops, can influence each other's formation and release. Even more recently, CC chemokines (RANTES, MIP-1 α , and MIP-1 β) were reported to induce PMN degranulation and α -defensin release (39). Considering that LTB₄ also induces the release of human MIP-1 β under in vivo conditions (29) and that β -chemokines trigger the release of α -defensins, additive and possibly synergistic effects between LTB₄ and CC-chemokines on α -defensin release are expected.

Although human defensins were identified ~20 years ago, a renewed interest in these peptides occurred following a publication establishing a possible link between α -defensins and HIV-1-infected long-term nonprogressors (40). Numerous papers revisited and expanded upon the original paper describing anti-HIV-1 activity of α -defensins (41). The anti-HIV-1 activity of α -defensins is reported to be dual, the peptides acting directly as virucidal compounds and indirectly as modulators of transcription (42, 43). Interestingly, potential in vivo roles for α -defensins in the protection against HIV-1 infection were recently reported. In one study, breast milk α -defensin concentration was significantly associated with a decreased risk of intrapartum and postnatal HIV-1 transmissions (44). In a second study, an elevated HIV-1 burden in lymphoid follicles relative to extrafollicular lymphoid tissue could be correlated with

lower levels of naturally produced antiviral molecules, including α -defensins (45).

We demonstrated herein using monkeys and previously in a phase I clinical trial (29) that i.v. injection of LTB₄ result in increased plasmatic α -defensin levels. α -Defensin levels reached a maximum level 1–2 h after LTB₄ injection as measured by ELISA. For monkey α -defensin determinations, we made use of a commercial human α -defensin ELISA that cross-reacts with rhesus monkey and cynomolgus macaque α -defensins (Hycult Biotechnology). Although the sequence of the myeloid α -defensins of *M. fascicularis* are not yet known, they likely resemble closely those of humans, considering that rhesus monkey α -defensins share >85% identity with human α -defensins, with diverging amino acids representing highly conservative substitutions (46). Knowing this and the fact that the Abs used in the ELISA cross-react with human and macaque α -defensins, the standard curve was generated using recombinant human α -defensins. Although we have no direct evidence that enhanced plasmatic levels of α -defensins are the consequence of PMN degranulation, our in vitro studies suggested that this is likely to be the case. Indeed, in support of in vivo PMN activation by LTB₄, we have observed in vivo increased expression of cell surface CD11b (data not shown), a secretory granule membrane protein and PMN activation marker. Moreover, in response to LTB₄ administration, PMN rapidly disappeared from the circulation (transient neutropenia), which also reflected PMN activation by LTB₄. This neutropenia was followed by a neutrophilia that lasted 2–4 h, after which the circulating PMN counts returned to normal levels. Interestingly, α -defensin plasmatic levels correlated with the number of circulating PMN, suggesting a causal relationship between neutrophil mobilization and plasmatic α -defensin levels. Important differences exist however with regard to in vitro α -defensin release from LTB₄-stimulated PMN and enhanced plasma α -defensin levels following i.v. LTB₄ administration. In vitro, in the absence of cytochalasin B pretreatment the release of anti-microbial activity was not detectable and a slight increase in α -defensin release (1.5–2 \times) was observed at the highest LTB₄ concentration only (1 μ M) (data not shown). Cytochalasin B and similar compounds disrupt the actin cytoskeleton, facilitating the release of cytoplasmic granules. Much like our results, the in vitro release of azurophilic granules that contain α -defensins from fMLP-stimulated PMN require the presence of an actin cytoskeleton-disrupting agent (47). Therefore, the question that arises is what could substitute for cytochalasin B priming in the in vivo setting? The adherence of the PMN to the endothelium is certainly to be considered as a priming event, as reported previously (48). In fact, PMN adherent to extracellular matrix proteins or endothelial cells respond to inflammatory mediators by releasing reactive oxygen intermediates and granule constituents (49–53). These responses are linked to the cytoskeleton reorganization that occurs when the PMN adheres to the extracellular matrix or endothelium (53–55). However, unlike in vitro α -defensin release, which occurs almost instantaneously following LTB₄ stimulation of primed PMN, the plasmatic in vivo α -defensin accumulation typically reaches maximal levels 2 h after LTB₄ injection. One explanation could be that the putative in vivo physiological priming triggered by the massive adhesion of PMN to vascular endothelium (following LTB₄ injection) occurs more slowly than under in vitro conditions. Alternatively, the in vivo plasmatic increase in α -defensins following LTB₄ injection may simply result from the transient increase in circulating neutrophils. In support of this, the in vivo kinetic of PMN accumulation coincides with the kinetic of α -defensin

plasmatic levels. Furthermore, in vitro data suggest that spontaneous release of α -defensin from isolated PMN does occur in the absence of stimulation (data not shown) and that the α -defensin levels in supernatants is directly proportional to the PMN concentration. Therefore, the increase in the plasmatic α -defensin level following the injection of LTB₄ is likely the result of a combination of priming by adherence and an increase in circulating neutrophils. One striking observation from these animal studies is that the peak pharmacodynamic effects triggered by LTB₄ long outlasted the presence of plasmatic LTB₄. In fact, as observed previously (56), the elimination of LTB₄ from the circulation is very rapid, with >90% of the LTB₄ injected eliminated within 15 min. These results suggest that the biological effects triggered by LTB₄ are maintained for several hours.

Whether LTB₄ could be a useful immunostimulant for the treatment of infectious diseases remains to be investigated in clinical trials; numerous animal studies have already reported a beneficial effect of this eicosanoid models of infection (57–64). LTB₄ administration to humans has been documented (29, 65, 66), with pharmacodynamic effects (α -defensin and MIP-1 β release (29) and PMN count variations (our unpublished data)) similar to what is reported in this study in monkeys without significant adverse events. Interestingly, low local levels of LTB₄ were reported in the lungs and brains of HIV-1-infected individuals afflicted with bacterial pneumonia and fungal encephalitis, respectively (67, 68). Furthermore, peripheral blood PMN (58, 69), monocytes (70), and alveolar macrophages (71) from HIV-1-infected subjects have a profound defect in their capacity to produce leukotrienes. This deficit translates into the improper in vitro killing of microbes but can be overcome by G-CSF administration to HIV-1-infected subjects and the concomitant restoration of leukotriene biosynthesis potential (58).

In conclusion, LTB₄ efficiently triggers, both under in vitro and in vivo conditions, the release of broad spectrum microbicides from PMN. Antimicrobial proteins, rather than low molecular mass antimicrobial agents such as hydrogen peroxide or NO, appear to account for the antimicrobial activity found in LTB₄-activated PMN supernatants. Further studies are needed to characterize the regulation of the release of these potent microbicides from PMN and their mechanisms of action as well as to determine the potential usefulness of LTB₄ as a therapeutic agent for the treatment or prophylaxis of infectious diseases.

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Louis Flamand and Pierre Borgeat are consultants for and hold stock in Innatis Pharma. Pierre Borgeat sits on the board of directors of Innatis Pharma.

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