

New immunological tests to identify skin sensitizers

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INSERM U1111 - CIRI

Team: Immunology of skin allergy & Vaccination

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CIRI

Centre International de
Recherche en *Infectiologie*

Instituts
thématiques

Inserm

Institut national
de la santé et de la recherche médicale



ENS
ENS DE LYON



Hôpitaux de Lyon



Team: IMMUNOLOGY OF SKIN ALLERGY / VACCINATION

Research activities

Pathophysiological research

Translational research

Skin allergic diseases



Allergic contact dermatitis (ACD) Atopic dermatitis (AD)
ECZEMAS



MILD - Exanthema SEVERE - Blistering disease

DRUG ALLERGIES

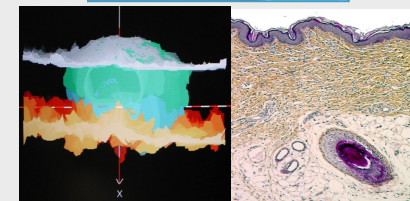
New immunological assays

Diagnosis

Prediction of allergenicity



Intradermal vaccination



Part 1

Pathophysiology of Allergic Contact Dermatitis

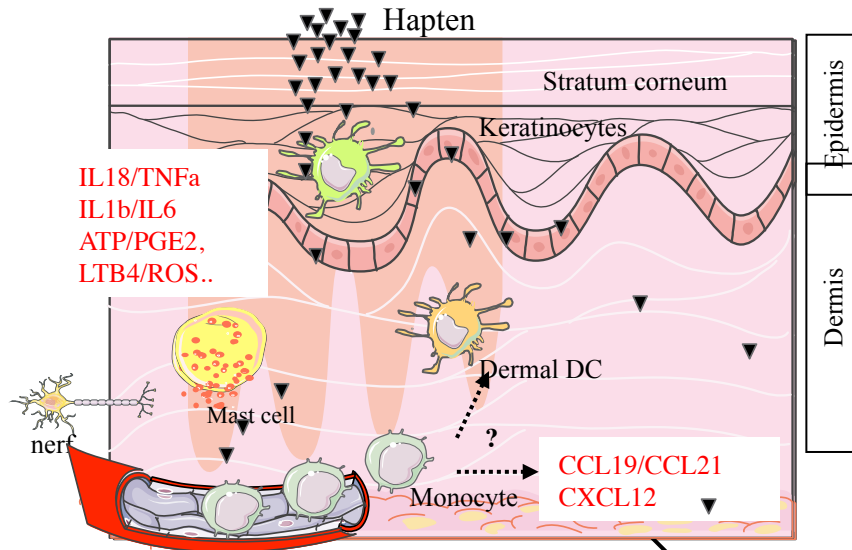
Murine models

(experimental or clinically relevant allergens)

Pathophysiology of ACD

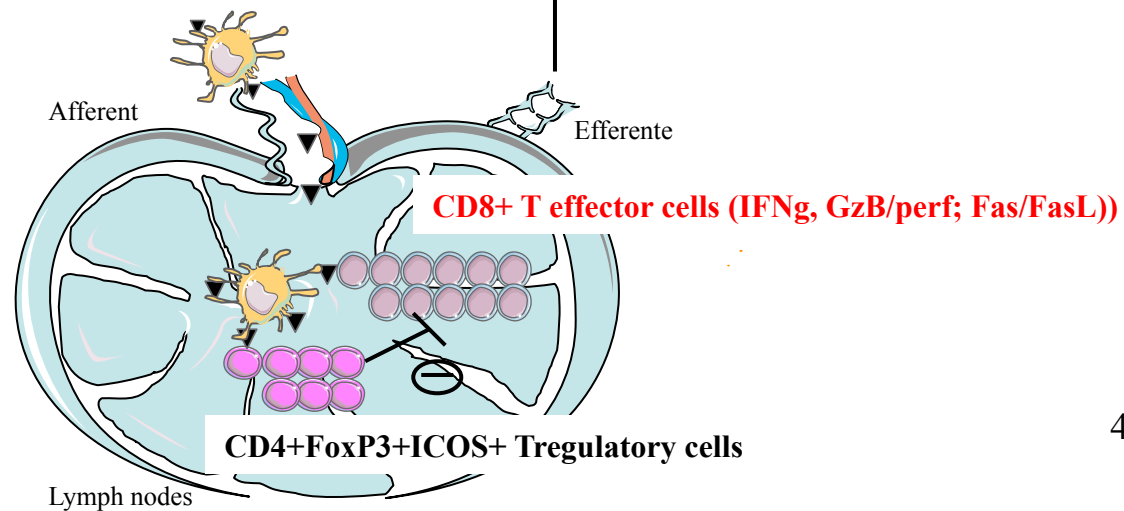
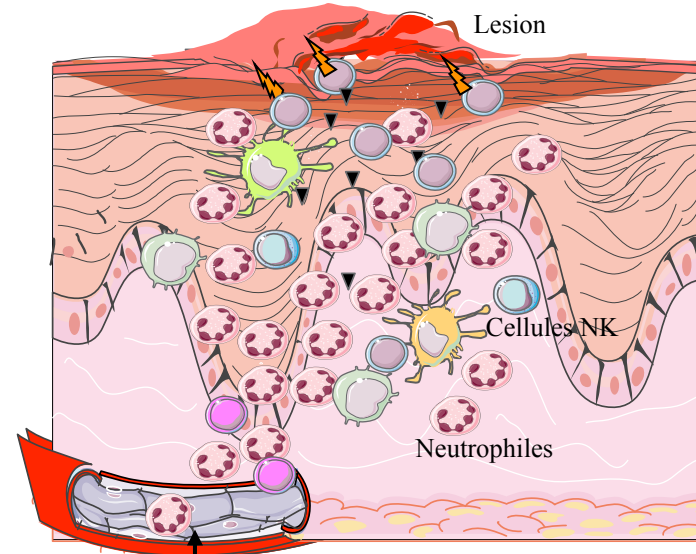
1- Sensitization phase

Innate response / T cell activation



2- Elicitation (challenge) phase

T effector response / Skin inflammation



Hélène BOUR et al., Eur J Immunol, 1995
 Maya KRASTEVA et al., J Immunol, 1998
 Jeanne KEHREN et al., J Exp Med, 1999
 Hitoshi AKIBA et al., J Immunol, 2002
 Pierre SAINT-MEZARD et al., J Immunol, 2003
 Marc VOCANSON et al., J Invest Dermatol, 2006
 Marc VOCANSON et al., Allergy, 2009
 Marc VOCANSON et al., JACI, 2010

Experimental model of ACD / Effector mechanisms

The Mouse Ear Swelling Test (MEST) to DNFB

Sensitization
0.5% DNFB (Day 0)



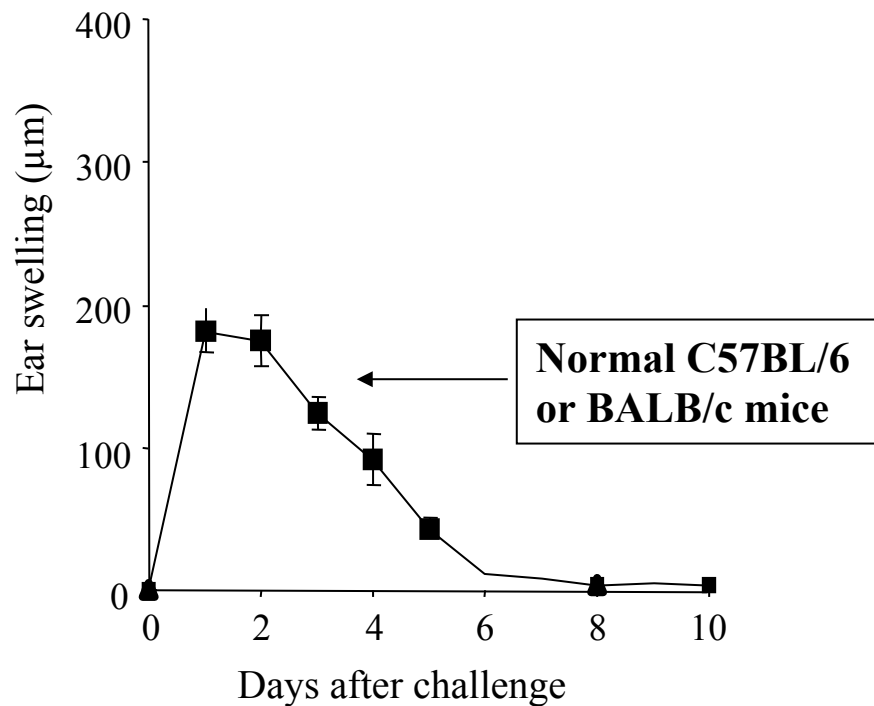
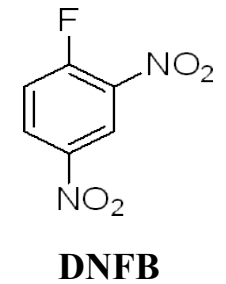
5 days
→

Challenge
0.2% DNFB (Day 5)

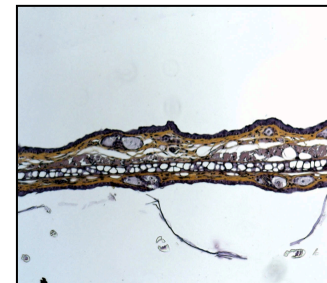


24-120 h
→

Ear swelling measurements



Histology



Unsensitized



Sensitized

Experimental model of ACD / Effector mechanisms

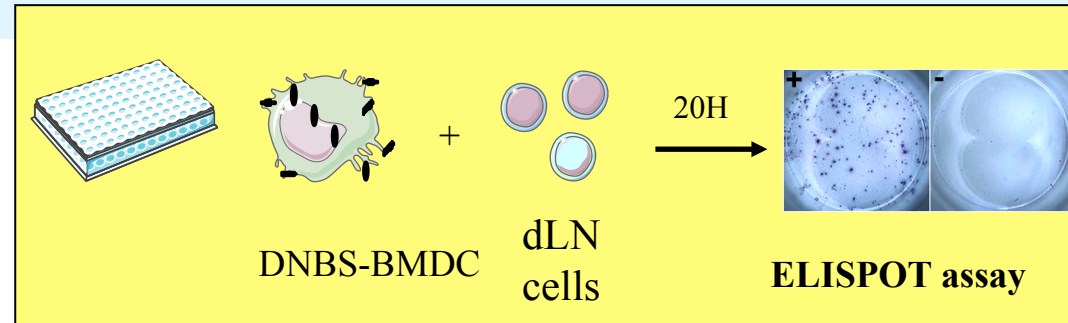
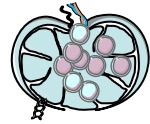
The Mouse Ear Swelling Test (MEST) to DNFB

Sensitization
0.5% DNFB (Day 0)



3-5 days

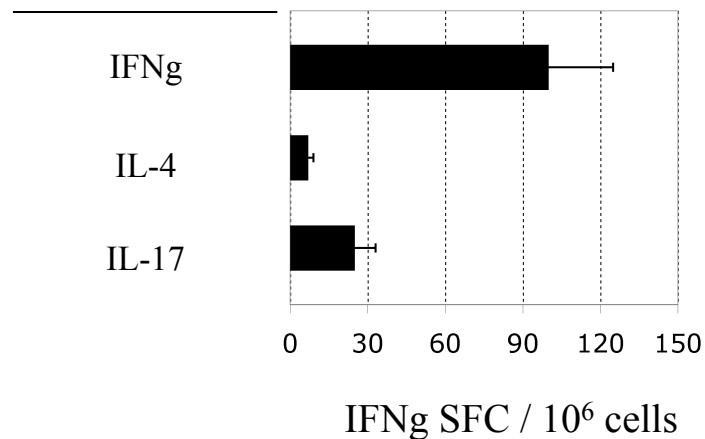
draining lymph nodes (dLNs)



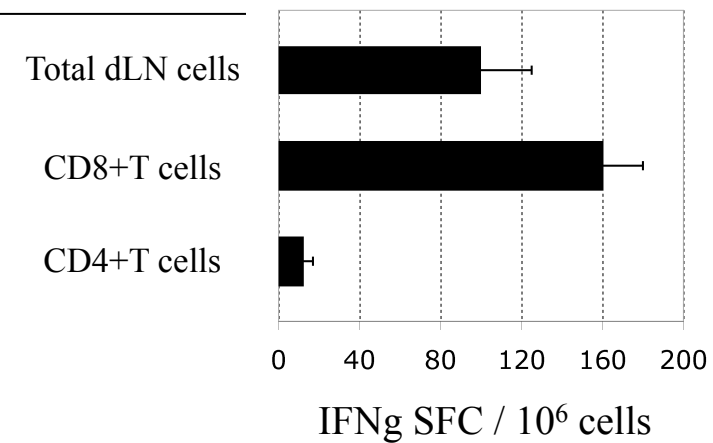
DNFB-specific T cell response

Major production of IFN γ – mainly CD8 $^+$ T cells

Cytokine



T cell subsets



Experimental model of ACD / Effector mechanisms

The Mouse Ear Swelling Test (MEST) to DNFB

Sensitization
0.5% DNFB (Day 0)



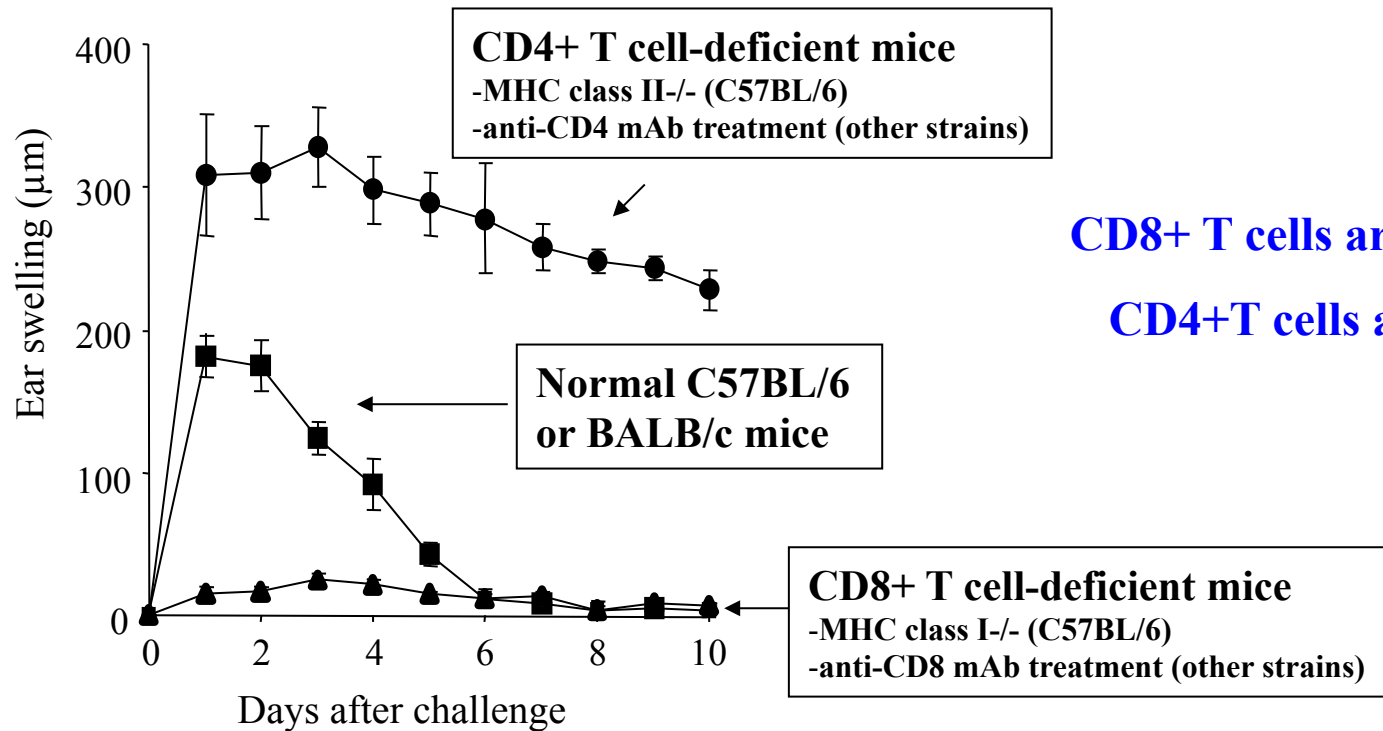
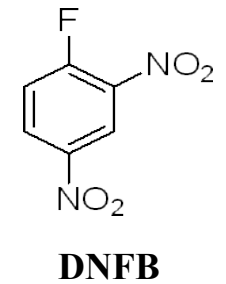
5 days
→

Challenge
0.2% DNFB (Day 5)



24-120 h
→

Ear swelling measurements



**CD8+ T cells are effector cells /
CD4+T cells are regulatory**

Experimental model of ACD / Effector mechanisms

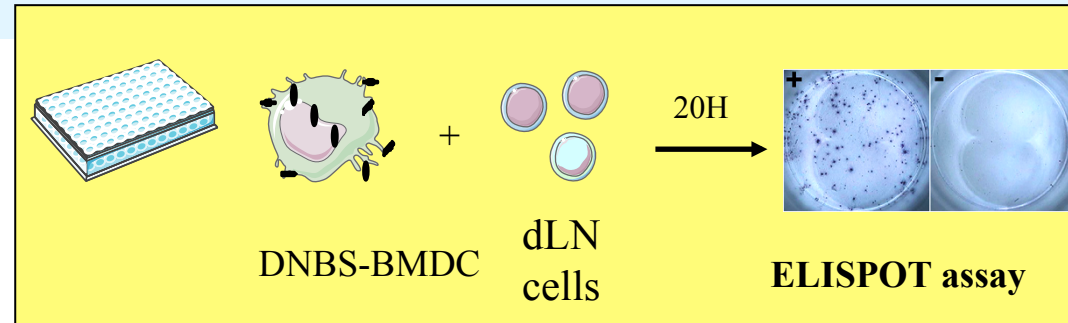
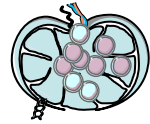
The Mouse Ear Swelling Test (MEST) to DNFB

Sensitization
0.5% DNFB (Day 0)



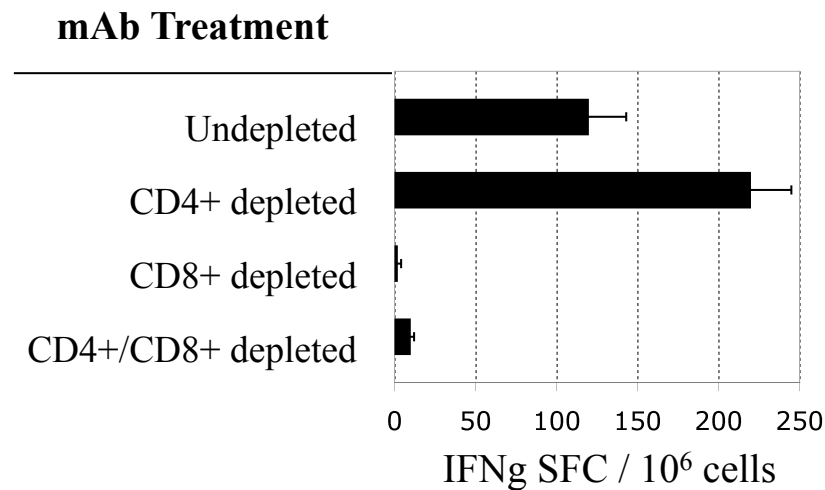
3-5 days

draining lymph nodes (dLNs)



DNFB-specific T cell response

No production of IFN γ in absence of CD8 $^+$ effector T cells



Experimental model of ACD / Effector mechanisms

The Mouse Ear Swelling Test (MEST) to DNFB

Sensitization
(Day 0)



5 days



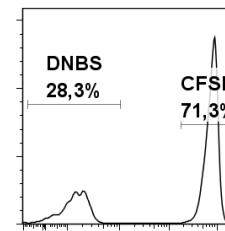
i.v. injection



16hrs



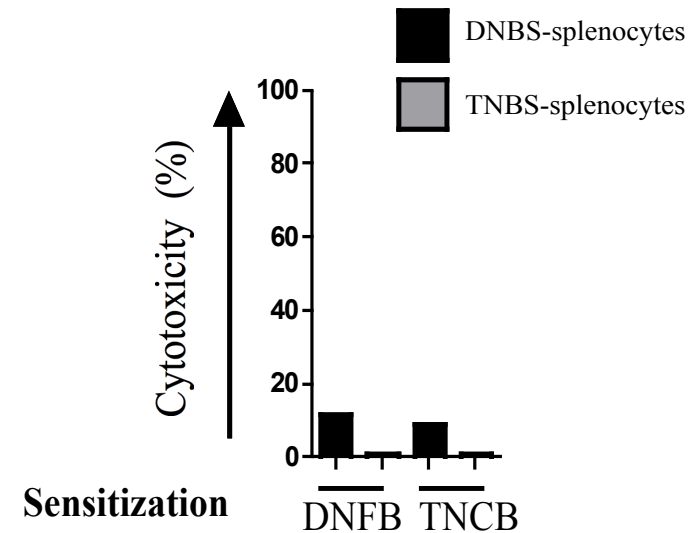
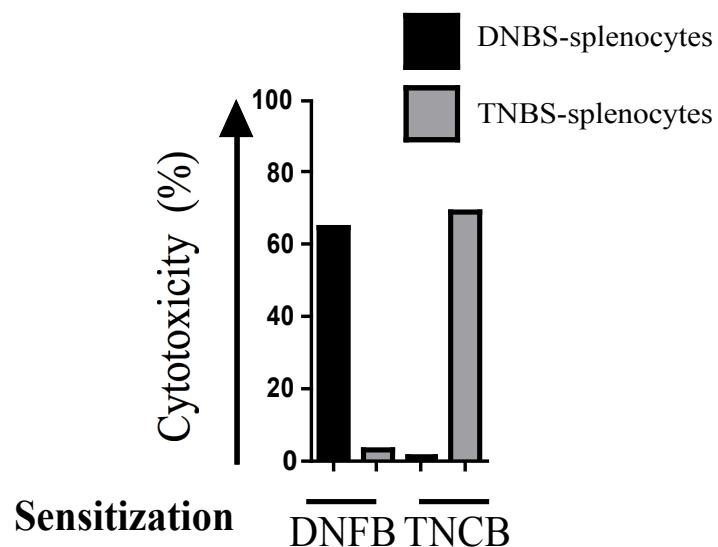
FACS
dLNs



in vivo cytotoxicity
assay

Haptized-targets are not killed in absence of CD8+ effector T cells

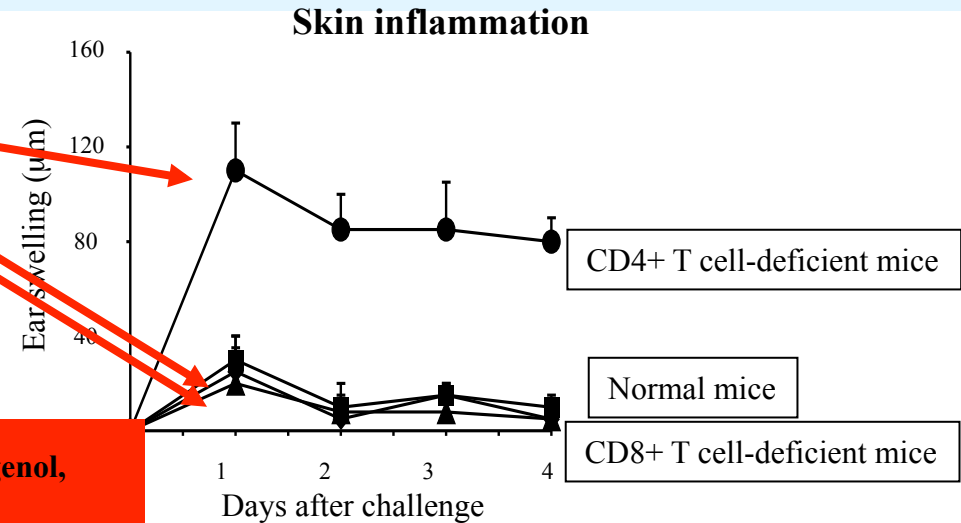
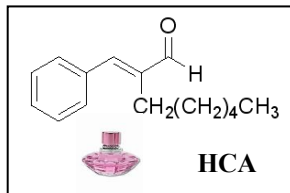
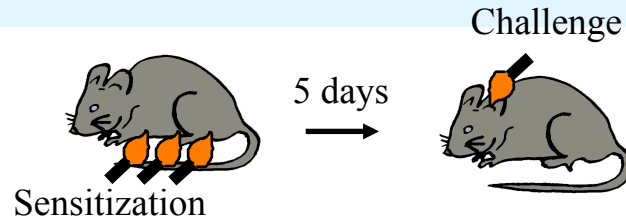
CD8+-depleted



Sensitizing potency of haptens

Chemical	Field	Sensitizing potency
Oxazolone	Chemistry	Extreme
2,4-Dinitrofluorobenzene	Chemistry	Extreme
2,4-Dinitrochlorobenzene	Chemistry	Extreme
Glutaraldehyde	Preservative, antiseptic	Strong
Formaldehyde	Cosmetic, Dye	Strong
Cinnamaldehyde	Perfum, Flavour	Moderate
Hexyl cinnamaldehyde	Cosmetic (perfum)	Moderate/weak
Eugenol	Cosmetic, antiseptic	Weak
Hydroxycitronellal	Cosmetic (perfum)	Weak
Linalool	Cosmetic (perfum)	Weak
Citral	Perfum, Flavour	Weak
Vanillin	Perfum, Flavour	Weak
Propyl paraben	Cosmetic	Weak
Amoxicillin, cyanamid, cetrimide	Drug	Weak

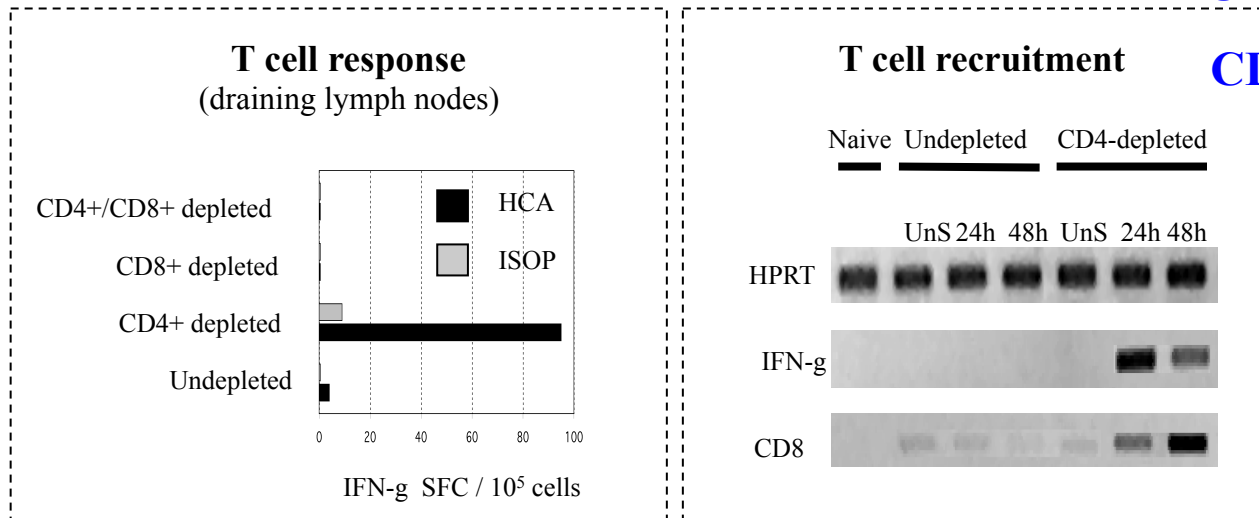
Mouse models of ACD and drug allergy to clinically relevant allergens



Fragrances (Hexylcinnamaldehyde, Hydroxycitronellal, Eugenol, Dihydrocoumarin, Isoeugenol), **Dyes, Drugs**

CD8+ T cells are effector cells

CD4+ T cells are tolerogenic



Part 2

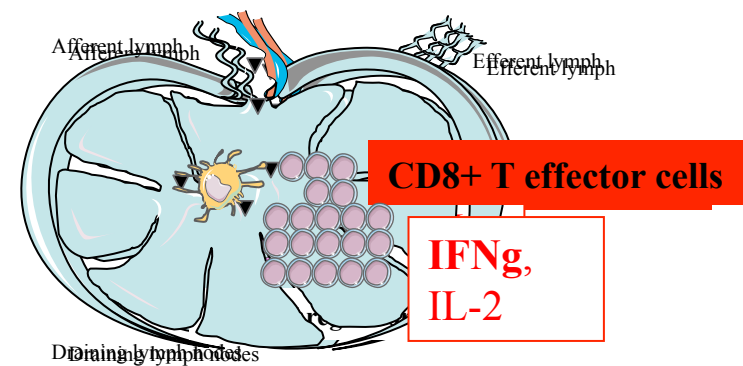
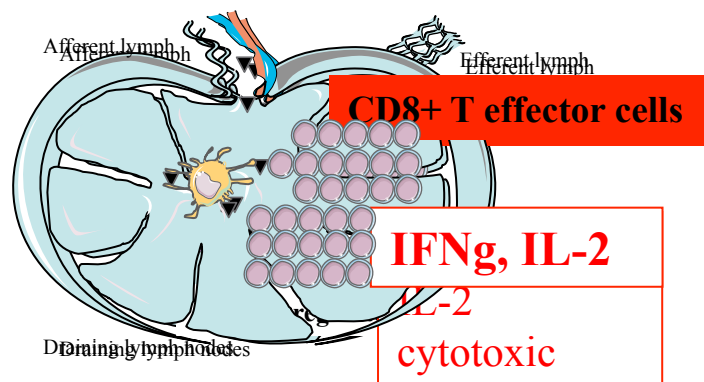
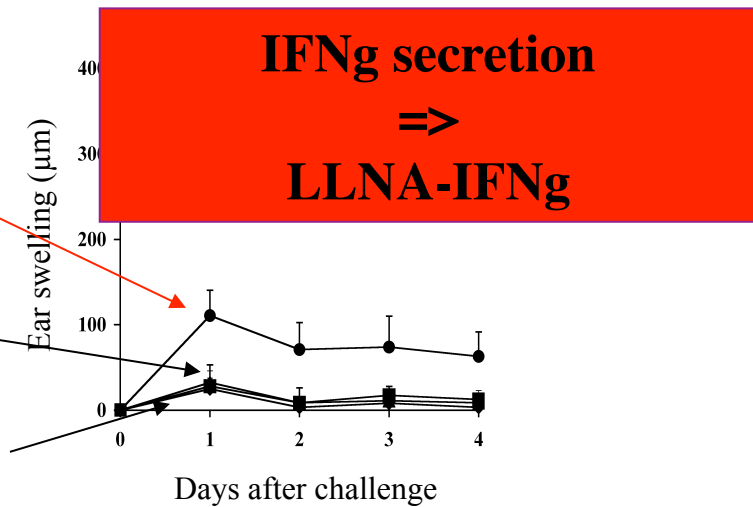
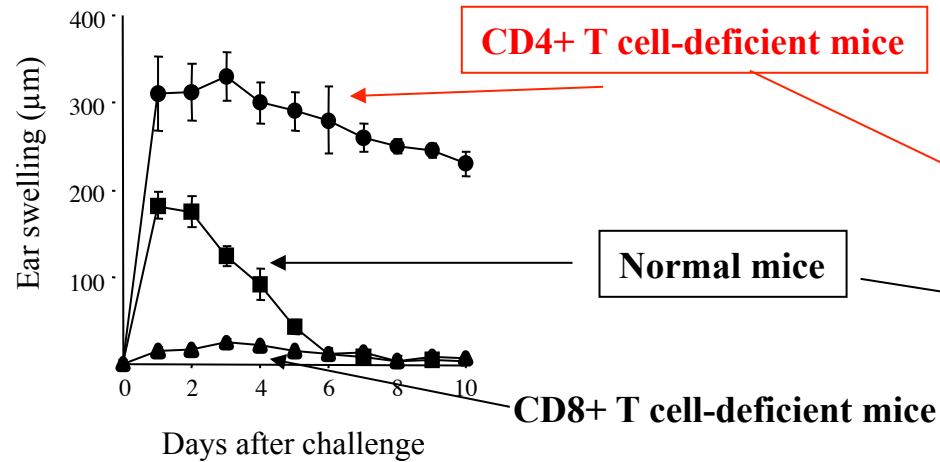
***In vivo* detection of the sensitizing properties of chemicals**

The LLNA-IFNg

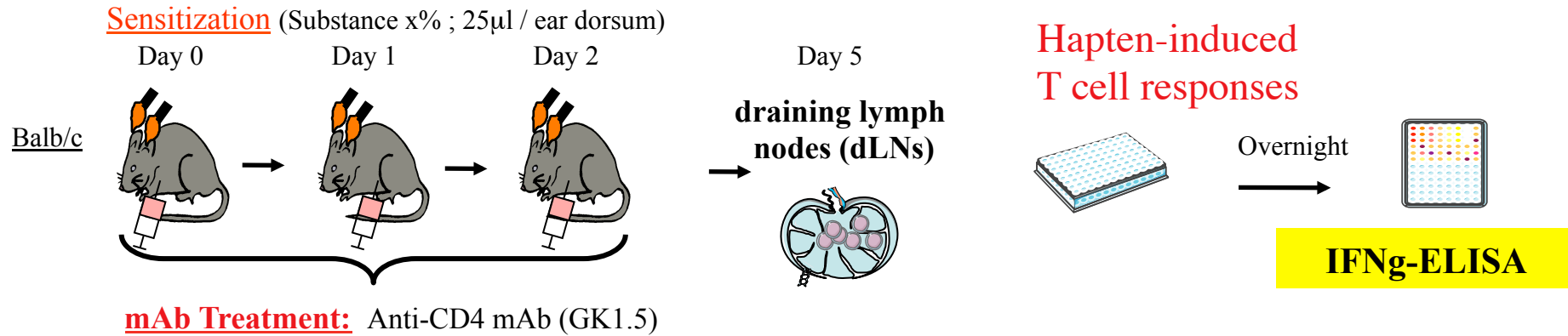
Adapt the LLNA protocol to the pathophysiology of ACD = The IFN γ -LLNA

Strong haptens
DNFB, Oxazolone

Weak haptens
HCA, Eugenol, Hydroxycitronellal,
Dihydrocoumarin, Arnica, Amoxicilline

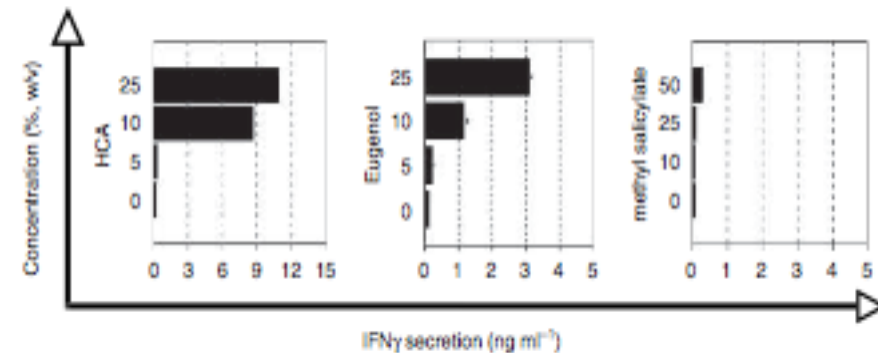
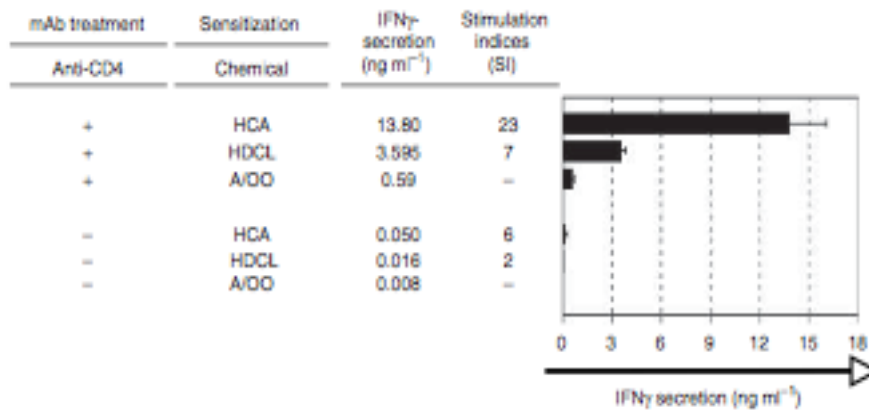


The LLNA-IFN γ

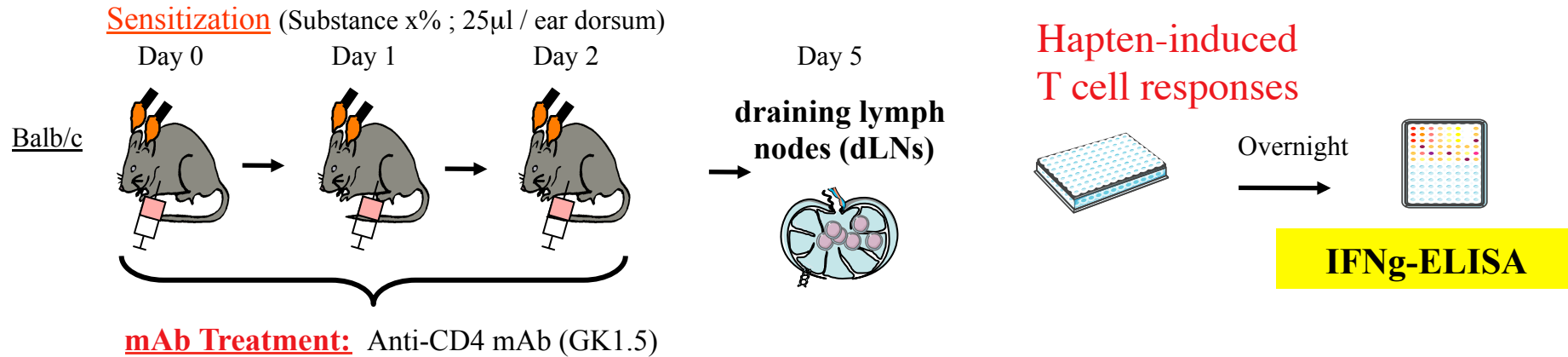


IFN γ secretion by LN cells is dramatically increased in the CD4⁺T-cell-depleted animals upon sensitization

Dose-response induced by haptens but not by non-sensitizers

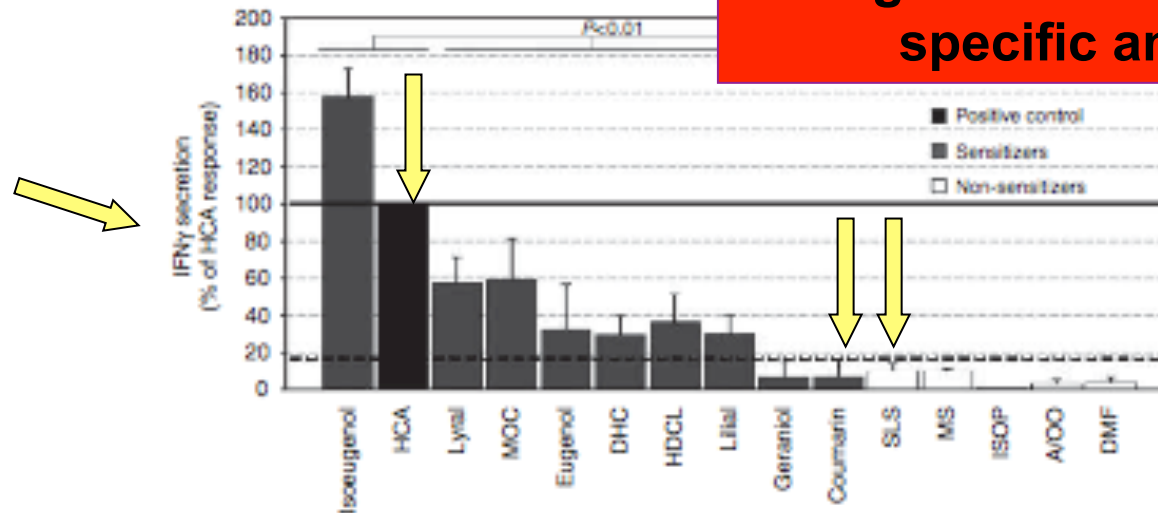


The LLNA-IFN γ



The IFN γ LLNA detect the sensitizing properties of weak allergens

IFN γ -LLNA is non-radioactive, specific and sensitive



Vocanson et al., Skin exposure to weak and moderate contact allergens induces IFN γ production by lymph node cells of CD4+T-Cell-Depleted Mice. *J Invest Dermatol.* 2009.
 Vocanson et al., The Skin Allergenic Properties of Chemicals May Depend on Contaminants - Evidence from Studies on Coumarin. *Int Arch Allergy Immunol.* 2006
 Vocanson et al., Lack of evidence for allergenic properties of coumarin in a mouse model of fragrance allergy. *Contact dermatitis*, 2007

Part 3

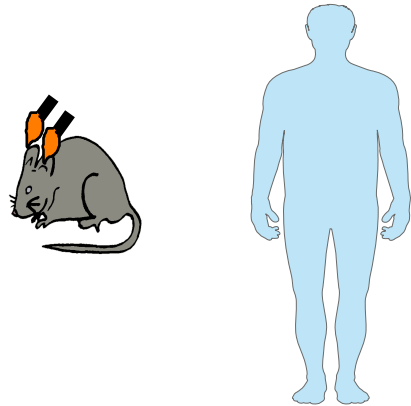
***In vitro* detection of the sensitizing properties of chemicals**

human T Cell Priming Assay (hTCPA)

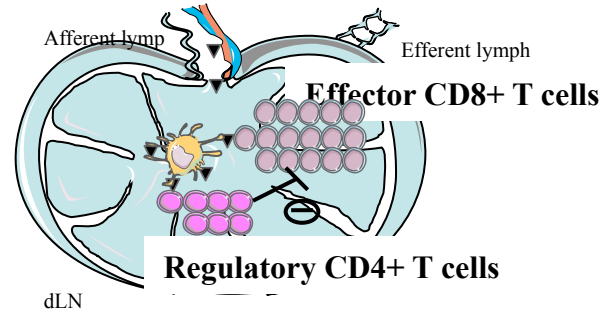


In vitro alternatives for skin sensitization: hapten-specific T cell activation

Hapten exposure

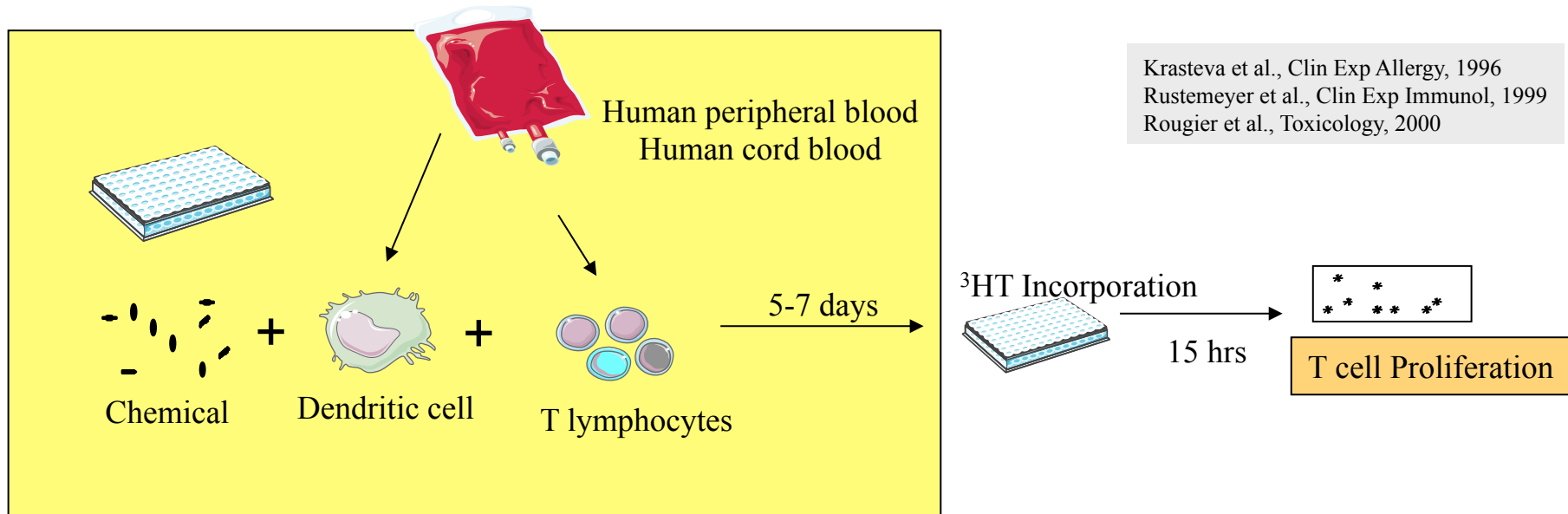


Sensitization: T cell priming

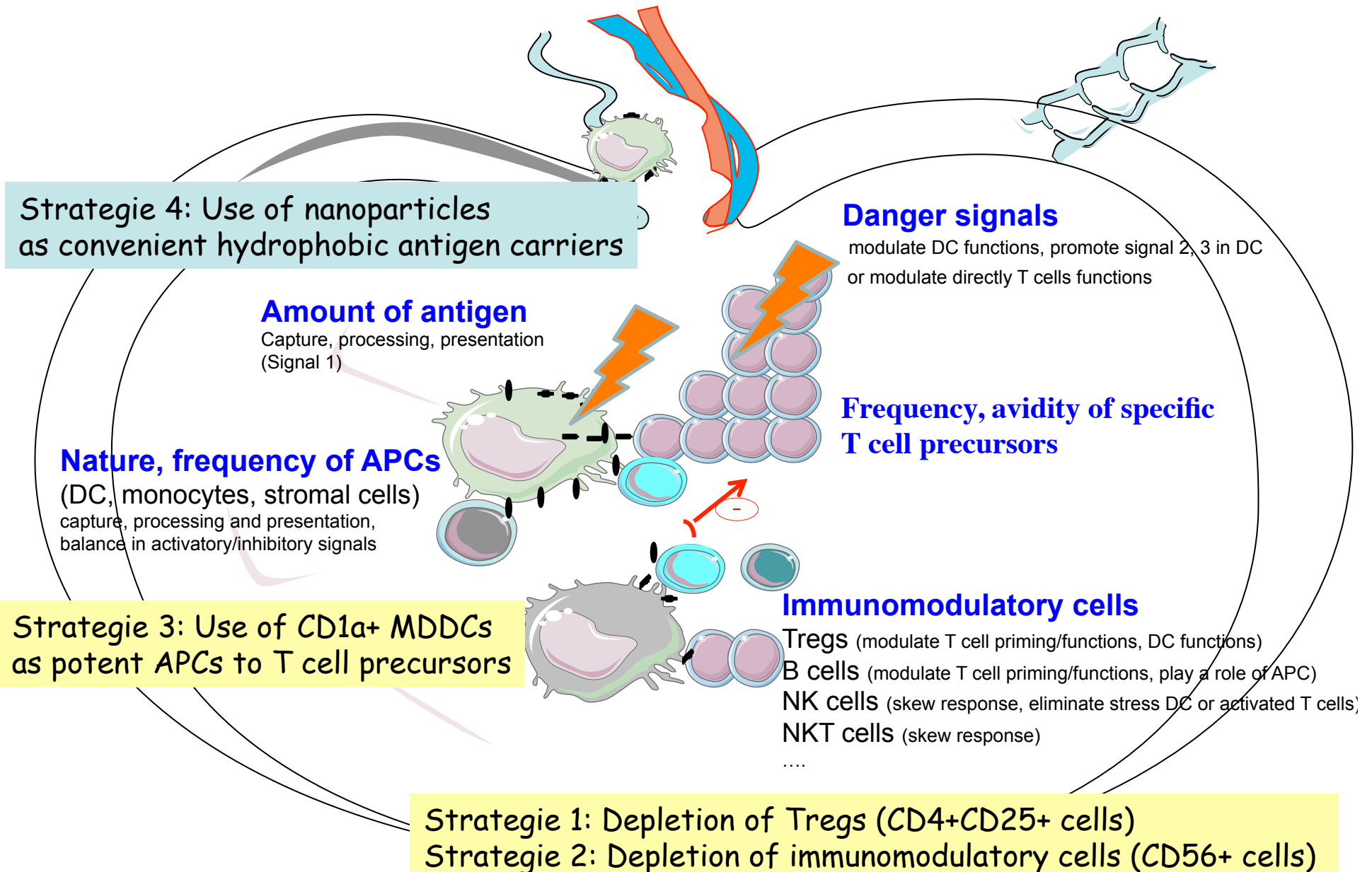


T cell priming assay

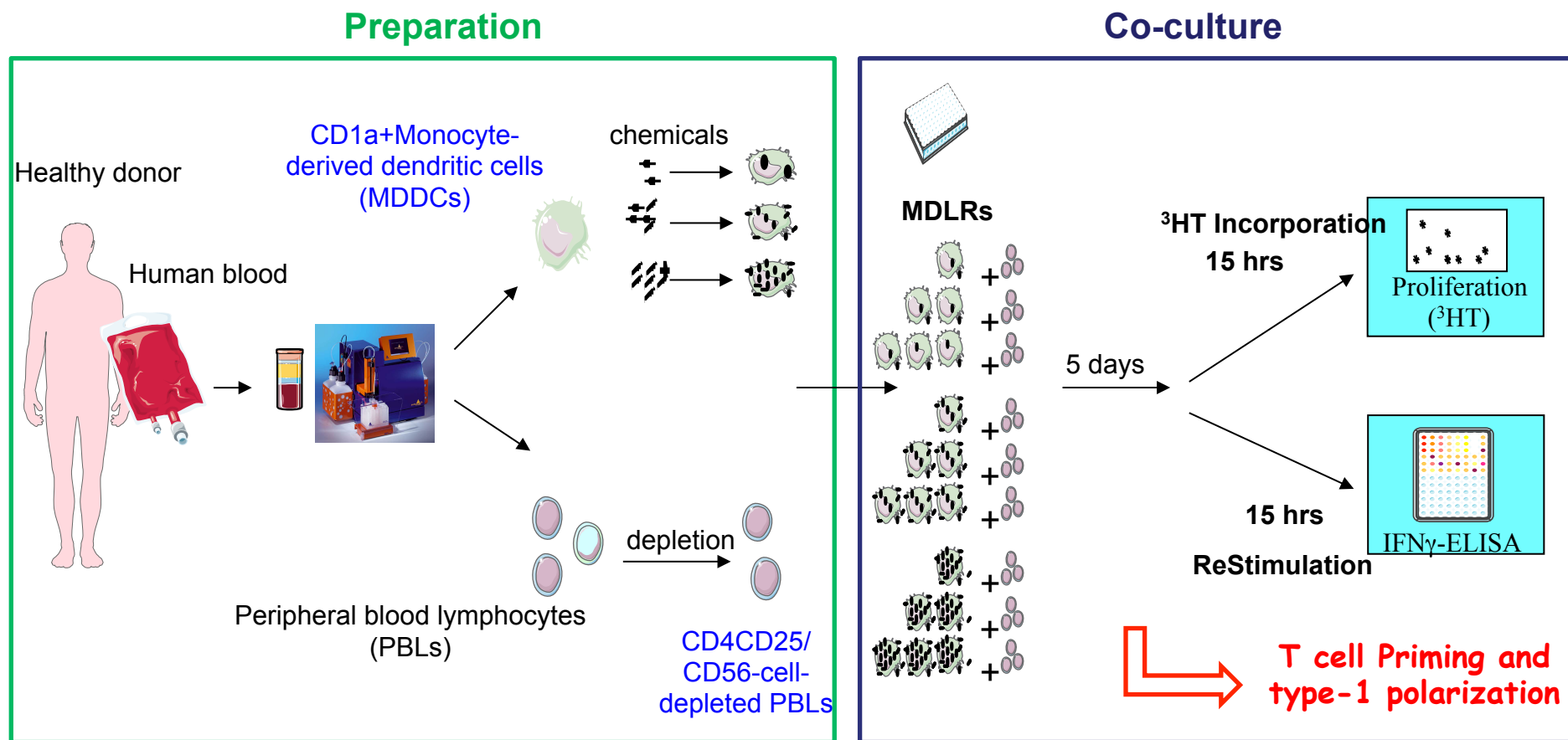
Autologous mixed DC-lymphocyte reaction (MDLR)



Numerous parameters modulate antigen-specific T cell priming and differentiation in the dLNs



hTCPA Protocol



Estimation of the sensitizing potency of chemicals

- ❖ A test chemical is positive in the hTCPA =
 - Both robust proliferation and IFN γ secretion, that is SI_{prolif} and a $SI_{\text{IFN}\gamma} \geq 1.8$
 - for at least one dose and two MDDC/PBL ratios
- ❖ 1 positive hTCPA experiment = sufficient to declare a chemical as a sensitizer

hTCPA - Blinded study – Decoding

- ❖ 16 blinded compounds were tested on at least 3 different donors
- ❖ Decoding was provided by Cosmetics Europe (**12 reference sensitizers**, 4 non-sensitizers)

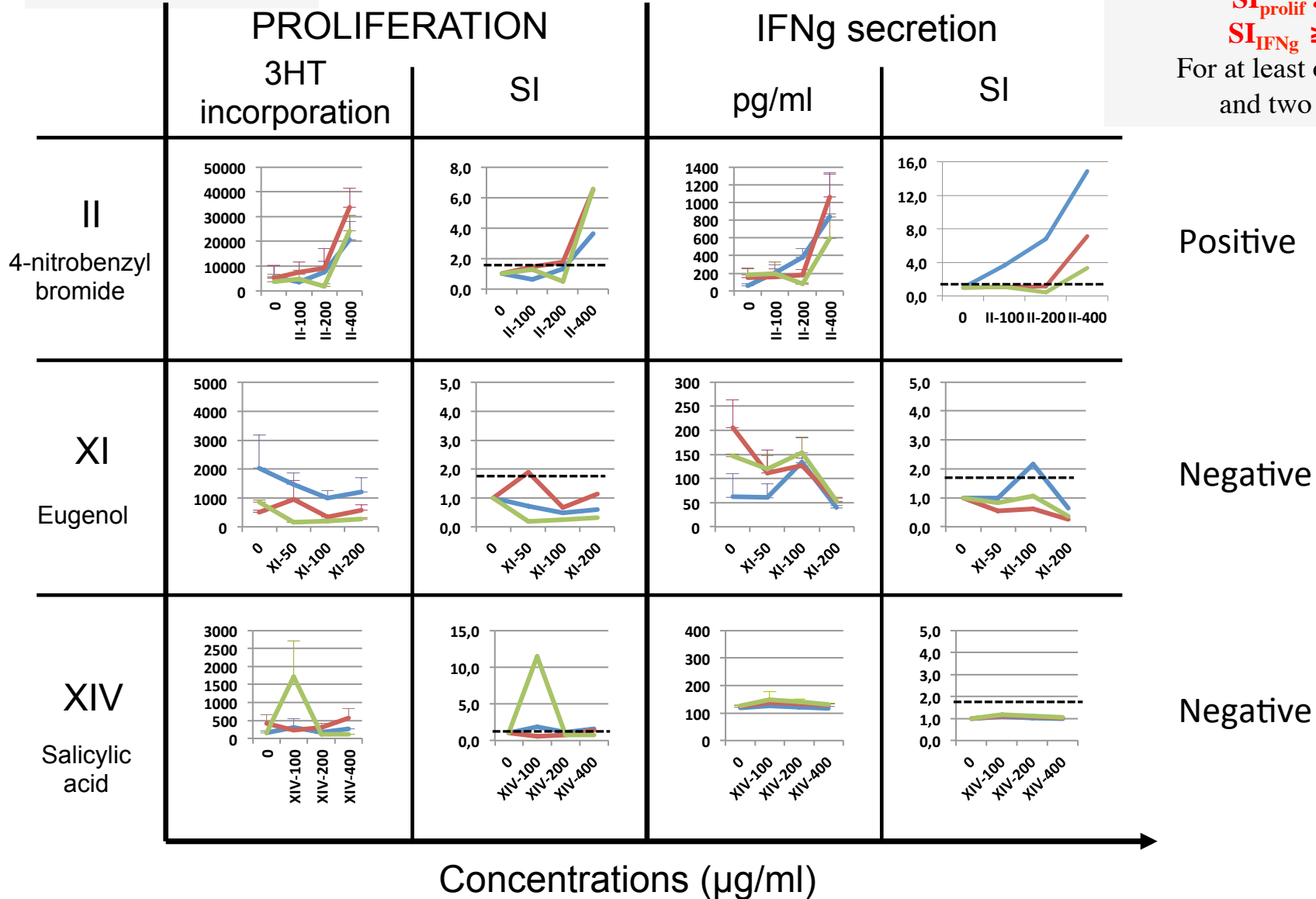
Chemicals	Doses (mg/ml)	Name
Compound I	50, 100, 200, 400	4-Ethoxymethylene-2-phenyl-2-oxazolin-5-one (Oxazolone)
Compound II	100, 200, 400	4-Nitrobenzyl bromide
Compound III	50, 100, 200	1-Chloro-2,4-dinitrobenzene (DNCB)
Compound IV	25, 50, 100	Methyldibromoglutaronitrile (MDGN)
Compound V	100, 200, 400	Glyoxal solution
Compound VI	200, 400, 800	2-Mercaptobenzothiazole (MBT)
Compound VII	100, 200, 400	Cinnamaldehyde
Compound VIII	200, 400, 800	Tetramethylthiuram disulfide (TMTD)
Compound IX	50, 100, 200	Phenylenediamine (PPD)
Compound X	100, 200, 400	Isoeugenol
Compound XI	50, 100, 200	Eugenol
Compound XII	200, 400, 800	Cinnamyl alcohol
Compound XIII	25, 50, 100	Glycerol
Compound XIV	100, 200, 400	Salicylic acid
Compound XV	50, 100, 200, 400	Lactic acid
Compound XVI	12,5, 25, 50	Sodium dodecyl sulfate (SLS)

hTCPA - Blinded study – Examples of results

— 1:6
— 1:12
— 1:24

MDDC:PBL ratio

Positivity criteria
 SI_{prolif} and
 $SI_{IFNg} \geq 1.8$
 For at least one dose
 and two ratio



hTCPA - Blinded study – The hTCPA is sensitive and specific

- ❖ 16 blinded compounds were tested on at least 3 different donors
- ❖ Decoding was provided by Cosmetics Europe (12 reference sensitizers, 4 non-sensitizers)

Chemicals	Name	Number of positive hTCPA responses
Compound I	4-Ethoxymethylene-2-phenyl-2-oxazolin-5-one (Oxazolone)	0/5
Compound II	4-Nitrobenzyl bromide	2/3
Compound III	1-Chloro-2,4-dinitrobenzene (DNCB)	2/4
Compound IV	Methyldibromoglutaronitrile (MDGN)	1/3
Compound V	Glyoxal solution	0/4
Compound VI	2-Mercaptobenzothiazole (MBT)	1/3
Compound VII	Cinnamaldehyde	1/3
Compound VIII	Tetramethylthiuram disulfide (TMTD)	2/3
Compound IX	Phenylenediamine (PPD)	0/5
Compound X	Isoeugenol	1/4
Compound XI	Eugenol	0/4
Compound XII	Cinnamyl alcohol	1/3
Compound XIII	Glycerol	0/4
Compound XIV	Salicylic acid	0/3
Compound XV	Lactic acid	0/3
Compound XVI	Sodium dodecyl sulfate (SLS)	0/3

8 / 12 => positive results

Sensitivity = 67%

False negative

0 / 4 => negative results

Specificity = 100%

hTCPA – Major issues addressed by the results

1. Can we declare a chemical as a sensitizer, when only one positive response was obtained with one tested donor?

Inconsistency in donor response was expected (Individual polymorphism in T cell repertoire, or in MDDC response to electrophilic stress)

2. Can we imagine that some donors are more prone to respond to hapten stimulation?

Positive response in a limited number of donors

3. We recommend to test a chemical on 3 to 5 different donors

4. What hypothesis for the negative results recorded with some reference sensitizers?

- Solubility (Oxazolone)
- Glyoxal always negative
- Oxydation (para-phenylenediamine) issues? (Our PPD = sensitizer)

5. What recommendations to improve hTCPA sensitivity ?

- Future hTCPA decision tree -> oxydation step?, use of nanoparticles?
- To refine read-outs and analyse complementary markers
- To introduce a secondary restimulation step to accurately detect Ag-specificity
=> *ongoing collaborative work with the group of S.Martin, Freiburg*

INSERM U1111 Team 14

“Immunology of skin allergy and vaccination”



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