#### INVITED REVIEW

## WILEY **ANDROLOGIA**

# **Exploring the role of antigen presenting cells in male genital tract**

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#### **Abstract**

Antigen presenting cells (APCs) are a critical mediator between innate and adaptive immune response. APCs have diverse functions in physiological and pathological conditions, such as maintenance of tissue homoeostasis, prevention of autoimmunity and defence against pathogenic microorganisms and cancer cells. Dendritic cells (DCs) and macrophages (Mϕs) are "professional" APCs that internalise and process allo‐ and autoantigens; then, resulting peptides are exhibited together with major histocompatibility complex (MHC) molecules expressed at the cell surface. MHC‐an‐ tigen complexes are presented to "naïve" T cells, thereby stimulating proliferation and differentiation of effector and regulatory T cells. The aim of this review was to summarise current understanding of DCs and Mϕs in testis and epididymis. Male reproductive tract environment is characterised by contradictory needs for tolerance against autoantigenic germ cells that appear after the establishment of central toler‐ ance, and the capacity to mount pro‐inflammatory innate immune responses against a wide array of sexually transmitted pathogens. Therefore, exploration of the role of APCs in male reproductive organs is helpful to understand mechanisms of male infer‐ tility associated with disruption of the delicate equilibrium between immune privi‐ lege and inflammation.

#### **KEYWORDS**

dendritic cells, epididymis, macrophages, testis

### **1** | **INTRODUCTION**

The immune system possesses an innate immune system which recognises pathogens through evolution preserved, pathogen associated molecular patterns and an adaptive immune system which specifically recognises MHC molecules, loaded with allo‐ or autoan‐ tigens, and having developed immunological memory. The cell types of the adaptive immune system are B and T cells and the "profes‐ sional" antigen‐presenting cells (APCs). To be classified as a "profes‐ sional" APC, a cell should be able to acquire and process antigens and also exhibit accessory molecules which enable them to interact with T cells, thereby providing efficacy, specificity and memory to immune response.  $CDB^+$  and  $CDA^+$  T cell express clonally distributed receptors that recognise antigens associated with MHC class I and II

molecules respectively. Activated APCs can also secrete various cy‐ tokines that drive polarisation of T cells into different effector cells or regulatory cells. This review focuses on understanding of den‐ dritic cells (DCs) and macrophages (Mϕs) in male genital tract, with specific emphasis on their role as APCs in testis and epididymis. We also compare the phenotype and function of APCs in physiological and pathological states.

### **2** | **APC IN TESTIS**

Spermatozoa represent an immunologic challenge for the immune system because spermatic antigens appear at puberty long after the establishment of central tolerance. Central tolerance refers to the **2** of 4 **WILEY ANDROLOGIA** 

process by which potentially self‐reactive lymphocytes are deleted in the thymus and in bone marrow during foetal development and early life (Mold & McCune, 2012). In order to avoid autoimmune re‐ sponses that would be detrimental to male fertility, the adaptive immune system must be efficiently silenced.

The normal mammalian testis contains diverse immune cells within the interstitial compartment comprising T cells, mast cells, natural killer cells, DCs and Mos (Pérez et al., 2013). The number and distribution of immune cells differ between mammalian species, potentially reflecting differences in lifespan, functional activity and exposure to pathogens.

In mice testis, two different Mϕ populations have been identi‐ fied: the interstitial yolk sac‐derived Mϕs (major histocompatibility complex class II (MHCII)-negative) and the peritubular (MHCII-positive) postnatal bone marrow‐derived Mϕs (DeFalco et al., 2015; Mossadegh-Keller et al., 2017). Once established, these two populations exhibit long lifespans and low turnover in the adult testis in the steady state. Phenotypic characterisation of interstitial and peritubular Mϕ showed highly similar gene expression profiles with the absence of proinflammatory gene expression but with expres‐ sion of a large number of immunosuppressive and alternative M2‐ type activation genes. As an exception to this, the expression of only a few genes differed, such as interleukin (IL)10 and Mϕ receptor with collagenous structure (MARCO), which were more highly expressed in interstitial Mϕ, and IL1β and factors regulating antigen processing and presentation, which was increased in peritubular Mϕ (Mossadegh‐Keller et al., 2017). This suggests that peritubular Mϕ might have antigen‐presenting activity playing a unique tolerising role against some meiotic germ cell antigens that egress from semi‐ niferous tubules (Tung et al., 2017).

M2 M $\phi$ s are characterised by secretion of high amounts of anti-inflammatory cytokines (IL10, transforming growth factor-beta (TGFβ) and low levels of pro‐inflammatory cytokines (IL12, tumour necrosis factor-alpha (TNF $\alpha$ )) and by the expression of the scavenger receptor CD163. In contrast, M1 Mϕs are defined by very high secretion of pro-inflammatory cytokines (IL6,  $TNF<sub>\alpha</sub>$  and IL12) and production of reactive oxygen species (ROS) and nitric oxide (NO), which facilitates clearance of microbial pathogens (Bhushan & Meinhardt, 2017).

Testicular microenvironment could control Mϕ identity. Wang et al. (2017) showed that rat testicular interstitial fluid (IF) shifted blood monocytes stimulated by Granulocyte Macrophage Colony‐ Stimulating Factor (GMCSF) (M1 phenotype) towards the M2 phe‐ notype. IF‐polarised M2 Mϕs mimic properties of testicular Mϕs, such as increased expression of CD163, high secretion of IL10 and low secretion of TNFα. IF-polarised Mφs also display immunoregulatory functions by inducing expansion of immunosuppressive regulatory T cells (Tregs).

DCs, distinguishable from Mϕs by their expression of specific markers, were identified for the first time in the rat testicular in‐ terstitial space by monoclonal antibodies OX‐62 and CD11c (Rival, Lustig, et al., 2006). The anti‐OX‐62 antibody recognises the E2 inte‐ grin alpha chain, whereas the anti-CD11c antibody is specific for the

integrin alpha x chain. Isolated testicular DCs and DCs from testic‐ ular draining lymph nodes (LN) do not activate T cells in physiologi‐ cal conditions, suggesting that the testicular microenvironment may promote DC differentiation into tolerogenic DCs (Guazzone et al., 2011; Rival et al., 2007). DCs promote peripheral tolerance by several mechanisms such as generation of Tregs and induction of T‐cell anergy/deletion (Manicassamy & Pulendran, 2011). Gao et al. (2016) reported that Sertoli cells mediate the immunosuppressive activity of bone marrow‐derived DCs because in vitro exposure to Sertoli cells downregulated expression levels of costimulatory molecules on DCs and also reduced production of IL12p70 and TNFα in DCs after lipopolysaccharide stimulation. Moreover, Sertoli cell‐conditioned DCs inhibited T-cell proliferation but promoted Treg development.

In view of the previous description, APCs in healthy testis exhibit relatively low inflammatory responses and high immunosuppressive properties. These phenotypes support testicular immune privilege (Zhao, Zhu, Xue, & Han, 2014). However, in pathological conditions or injury, different Mϕ and DC populations may possess unique im‐ munological abilities. The pathophysiological role of testicular Mϕs and DCs is further underlined by the elevated numbers of Mϕ and DCs demonstrated in human seminomas (reviewed by Loveland et al., 2017), in biopsy samples of infertile patients with Sertoli cell only syndrome (Frungieri et al., 2002), and in azoospermic testis with chronic inflammation (Duan et al., 2011) respectively. The contribu‐ tion of APCs to testicular inflammation was studied in more detail in animal models of chronic orchitis.

Interstitial Mϕs and DCs are critical participants in experimen‐ tal autoimmune orchitis (EAO); in vivo depletion of these cells in rat EAO by clodronate‐containing liposomes significantly reduces EAO incidence and severity (Rival et al., 2008). In orchitis, Mϕs M1‐like significantly infiltrate the testis and are detrimental to spermatogenesis. They express high levels of MHC class II and costimulatory molecules CD80 and CD86; they also produce proinflammatory cytokines, mainly TNFα, IL6, interferon‐gamma (IFNγ) and NO (Jarazo Dietrich et al., 2015; Jarazo‐Dietrich et al., 2012; Rival, Theas, Guazzone, & Lustig, 2006; Suescun, Rival, Theas, Calandra, & Lustig, 2003). The expression pattern of MHCII and costimulatory mole‐ cules suggests their antigen‐presenting activity.

The DC maturation state is a control point for induction of pe‐ ripheral tolerance or autoimmunity. The maturation process encom‐ passes downregulation of endocytic capacity and upregulation of MHC and costimulatory molecules (CD80, CD86, and CD40) along with chemokine receptors. In this context, mature DCs migrate to LN, release the corresponding polarising cytokines and stimulate specific T cells.

Interestingly, similar levels of CD80, CD86 and MHC class II are observed in DCs isolated from normal and chronically inflamed rat testis. However, DCs isolated from EAO testis upregulate mRNA expression of chemokine receptor CCR7 and expression of IL10 and IL12p35. Upregulation of the chemokine receptor CCR7 is a key step required for the entry of DC into LN and their homing to T‐ and B‐cell zones therein. Functionally, testicular EAO‐DC and DC from draining LN of EAO testis, but not those from nondraining

LN, are able to stimulate T-cell proliferation (Guazzone et al., 2011; Rival et al., 2007).

#### **3** | **APC IN EPIDIDYMIS**

In contrast to the immunologically privileged testis, the epididymis does not support prolonged allogeneic graft survival (Kazeem, 1988). Furthermore, its epithelial tight junctions may not be as effective as those of the blood–testis barrier, and direct interactions between intra‐epithelial immune cells and either sperm antigens or ascending pathogens is possible (Michel, Pilatz, Hedger, & Meinhardt, 2015). Lymphomononuclear cells are found in all regions of the steady state epididymis, and their distribution is highly organised. Unlike the testis where APCs are excluded from the seminiferous epithelium, in other regions of the male genital tract such as the epididymis, the vas deferens, the prostate and the seminal vesicles, they are present within the epithelial wall (Hedger, 2011).

Using transgenic mouse models expressing fluorescent proteins under the control of the CD11c (integrin alpha X chain) and CX3CR1 (fractalkine receptor), two markers of mononuclear phagocytes, Da Silva et al. (2011) described a very abundant and heterogeneous population of Mϕs and DCs in the peritubular and interstitial com‐ partments of mouse epididymis. Moreover, Shum et al. (2014) confirmed that epididymal CD11c+ DCs and F4/80+ expressing Mϕs located in the basal region of the epithelium establish close inter‐ actions with neighbouring epithelial cells, particularly in the initial segment, where they project intraepithelial dendrites. And recently, Voisin et al. (2018), using a wide set of markers and flow cytometry, demonstrated that APCs are more abundant in *caput* than in *cauda* epididymis. Unlike the dense network of CD11c+ cells localised in normal mouse epididymis, human studies suggest that the number of epididymal CD11c+ cells is relatively low and that they are found in the interstitial compartment of epididymis but not in the epithe‐ lium. Only in chronic epididymal inflammation did the number of CD11c+ cells increase in the infiltrate and in epididymal epithelium (Duan et al., 2016).

Functionally, DCs isolated from normal mouse epididymis have antigen‐presenting activity in vitro (Da Silva et al., 2011). The in vivo activity of the epididymal DCs was further illustrated by this group's report that after efferent duct ligation (known to provoke apoptosis in the epididymal proximal epithelium), epididymal DCs phagocytose and eliminate apoptotic cells to maintain the integrity of the epidid‐ ymis tubule (Smith et al., 2014). While doing so, they observed that DC dendrites retract. These behaviours at least illustrate the phagocytic ability of DCs in the very proximal segment of the epididymis (Guiton, Henry‐Berger, & Drevet, 2013).

### **4** | **FUTURE PERSPECTIVES**

In mammals, immunological tolerance results from fundamentally distinct mechanisms that involve both innate and adaptive immunity.

"Professional" APCs such as DCs and Mϕs are able to phagocy‐ tose, process, and load MHC molecules with exogenous proteins from pathogenic microorganisms and also endogenous proteins in‐ cluding germ cells. MHC‐antigen complexes are presented to "naïve" T cells which stimulate proliferation and differentiation of different T-cells subsets depending on the costimulatory molecules engaged and cytokines produced. Despite their abundance and heterogene‐ ity, APC represent only a few pieces in the immunological puzzle that is the testis and epididymis. As the functions of testicular and epididymal non‐immune cells in immune control are not yet totally understood, the role of Sertoli cells and epididymal epithelial cells as

#### **5** | **CLINICAL IMPLICATIONS**

APCs should be elucidated in detail.

DCs and Mϕs are APCs having diverse immunoregulatory functions in physiological and pathological conditions, such as maintenance of tissue homeostasis, induction of peripheral tolerance and defence against pathogenic microorganisms and cancer antigens. Therefore, unravelling immune mechanisms in male reproductive tract that prevent the development of immune response to germ cells while maintaining the ability to start competent immune response against pathogens and cancer cells will provide exceptional knowledge on therapeutic approaches for human epididymis and chronic testis inflammation and autoimmunity associated with subfertility and infertility.

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