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Effective Treatment With Oral Administration of Rebamipide in a Mouse Model of Sjögren's Syndrome

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Objective. **To determine whether oral administration of rebamipide, a mucosal protective agent, is effective in the treatment of Sjögren's syndrome (SS) in the NFS/*sld* mouse model of the disease.**

Methods. **NFS/*sld* mice were given daily oral doses of rebamipide (0.3 mg/kg of body weight or 3 mg/kg) or vehicle alone starting from the age of 4 weeks to the age of 8 weeks. The volume of saliva and tears was monitored during and after treatment. After the final dose, histologic features of the tissues, TUNEL+ apoptotic duct cells in affected glands, T cell and cytokine function, and levels of immunoglobulin isotypes and serum autoantibodies were examined.**

Results. **The 3-mg/kg dose of rebamipide prevented the development of autoimmune lesions. The average volume of saliva in rebamipide-treated mice was significantly higher than that in control mice. We found decreased TUNEL+ apoptotic duct cells in the salivary and lacrimal glands of rebamipide-treated mice as compared with control mice. Rebamipide treatment suppressed the activation of CD4+ T cells and Th1 cytokines (interleukin-2, interferon-γ) associated with impaired NF-κB activity. Production of serum autoantibodies, IgM, and IgG1 was clearly inhibited.**

Conclusion. **Our findings demonstrate the efficacy of oral administration of rebamipide in the treatment of SS. Rebamipide represents a new therapeutic strategy for the treatment of patients with sicca symptoms caused by SS, as well as for patients with other diseases.**

Sjögren's syndrome (SS) is an autoimmune disorder characterized by lymphocytic infiltrates and destruction of the salivary and lacrimal glands, as well as systemic production of autoantibodies to the RNP particles SSA/Ro and SSB/La (1–3). Although the specificity of cytotoxic T lymphocyte function has been an important issue in studies of organ-specific autoimmune responses, the mechanisms responsible for tissue destruction in SS remain to be fully elucidated. The immune system has acquired regulatory mechanisms that preclude the reactivity of mature T cells to self antigens presented by major histocompatibility complex (MHC) molecules, while maintaining an ability to respond to non-self antigens presented by self MHC molecules (4,5). The dysregulation of T cell tolerance is considered to be responsible for many types of autoimmune diseases, and a variety of mechanisms involved in the initiation of autoimmune diseases have been proposed (6–10).

Data from our previous studies demonstrated that autoreactive CD4+ T cells play a pivotal role in the development of autoimmune exocrinopathy in the NFS/*sld* mouse model of SS (11). It is now evident that the interaction of Fas with FasL regulates a large number of pathophysiologic processes of apoptosis, including autoimmune diseases (11,12). Previous studies have also confirmed the observation that apoptotic cells in various cell types are implicated as the source of autoantigen when stimulated with different proapoptotic stimuli (13).

On the other hand, natural autoantibody appears to be primarily IgM polyreactive antibody of low affinity, which is quite different from the monospecific high-affinity IgG antibody usually associated with autoimmune disease (14). It is important to note that au-

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toantigens released from the intracytoplasmic environment will not, under normal conditions, stimulate the production of pathogenic IgG autoantibodies capable of causing tissue damage (14,15). During an autoimmune disease, levels of IgM autoantibodies are high (16) due to the stimulation of IgM autoantibody–producing cell lines by the release of autoantigens from target cells. IgG antibodies are the primary mediators of protective humoral immunity against pathogens, but they can also be pathogenic. Acting as cytotoxic molecules or as immune complexes, IgG autoantibodies are the principal mediators of autoimmune diseases such as idiopathic thrombocytopenia, autoimmune hemolytic anemia, and systemic lupus erythematosus, and may contribute to other autoimmune diseases, such as rheumatoid arthritis, type 1 diabetes mellitus, and multiple sclerosis (17).

Rebamipide (2-[4-chlorobenzoylamino]-3-[2(1*H*)quinolinon-4-yl]propionic acid; OPC-12759) is a mucosal protective agent used for the treatment of gastritis and gastric ulcer. It has recently been reported that rebamipide works as an antiinflammatory agent in both acute and chronic inflammation and has an inhibitory effect on proinflammatory cytokines (18). Experimental data have shown that rebamipide can prevent Dextran sulfate sodium–induced colitis in rats (19). A recent study demonstrated the protective effect of rebamipide on the intestinal barrier, namely, its ability to reinforce the epithelial barrier capacity and to decrease macromolecular transport across this barrier (20). At the same time, the study demonstrated the immunoregulatory properties of rebamipide, which is capable of regulating lymphocyte proliferation and cytokine secretion (20).

The aim of the present study was to investigate the effects of oral administration of rebamipide on various parameters of autoimmune responses and on serum levels of autoantibodies, immunoglobulins, and inflammatory cytokines in a murine model of SS. We hypothesized that in this model of SS, the immunomodulatory activity of rebamipide against autoimmune responses to tissue-specific autoantigens would be a good therapeutic approach.

MATERIALS AND METHODS

Mice and experimental design. Female mice of the NFS/N strain carrying the mutant gene *sld* (21) were reared in our specific pathogen–free mouse colony and given food and water ad libitum. Thymectomy was performed on day 3 after birth in the NFS/*sld* mice (22). A total of 35 NFS/*sld* mice that had been subjected to thymectomy on day 3 after birth were investigated in the present study. An additional group of 10 mice not subjected to thymectomy were also investigated. Rebamipide (Otsuka Pharmaceutical, Tokushima, Japan) was prepared as a suspension in 0.5% carboxymethylcellulose (Dai-Ichi Chemical Industries, Tokyo, Japan) in water.

The following experimental groups were studied: a vehicle-treated control group, which received oral administration of vehicle alone (n = 12), and 2 rebamipide-treated groups, which received oral administration of rebamipide at a dose of either 0.3 mg/kg of body weight (n = 12) or 3 mg/kg of body weight (n = 11). Thymectomized NFS/*sld* mice were given daily oral treatment with rebamipide or vehicle, starting from the age of 4 weeks to age 8 weeks. Nonthymectomized mice (n = 10) received oral administration of vehicle alone.

OT-2 mice (C57BL/6-Tg[TcraTcrb]452Cbn/J) were obtained from Dr. J. Sprent (Garvan Institute of Medical Research, Darlinghurst, New South Wales, Australia). These mice (n = 5) were used in the transfer experiment.

All experiments were approved by the Animal Ethics Board of the University of Tokushima.

Histologic assessment. At the end of the treatment period, all organs were removed from the mice, fixed in 4% phosphate buffered formaldehyde (pH 7.2), and prepared for histologic examination. Formalin-fixed tissue sections were stained with hematoxylin and eosin, and 3 pathologists (NI, RA, and YH) independently evaluated the histologic features without knowledge of the condition of each mouse. Histologic changes were scored on a scale of 1–3, where 1 = no change or slight lymphoid cell infiltration (slight), 2 = mild lymphoid cell infiltration (moderate), and 3 = marked lymphoid cell infiltration with tissue destruction (severe). Histologic evaluation was performed in a blinded manner, and 1 tissue section from each salivary and lacrimal gland was evaluated.

TUNEL assay. Apoptotic cells were detected in tissue sections using the in situ TUNEL kit (Wako Pure Chemical, Osaka, Japan), as previously described (23). Briefly, sections were incubated with proteinase K (400 mg/ml) for 5 minutes, and then presoaked for 10 minutes in terminal deoxynucleotidyl transferase (TdT) buffer (0.5 μmoles/liter of cacodylate, 1 mmole/liter of $CoCl_2$, 0.5 μmoles/liter of dithiothreitol, 0.05% bovine serum albumin, 0.15 moles/liter of NaCl). Sections were incubated for 2 hours at 37°C in 25 μl of TdT solution containing 1× terminal transferase buffer, 0.5 nmoles of biotin-labeled dUTP, and 10 units of TdT.

After the TdT reaction, sections were soaked in TdT blocking buffer (300 nmoles/liter of NaCl, 30 mmoles/liter of trisodium citrate-2-hydrate), incubated with horseradish peroxidase (HRP)–conjugated streptavidin for 30 minutes at room temperature, and developed for 10 minutes in phosphate buffered citrate (pH 5.8) containing 0.6 mg/ml of 3,3′-diaminobenzidine tetrahydrochloride dihydrate (DAB). Nuclei were counterstained with methyl green.

Flow cytometric analysis. Surface markers were identified with monoclonal antibodies (mAb) and using an Epics flow cytometer (Beckman Coulter, Miami, FL). Rat mAb against fluorescein isothiocyanate (FITC)–, phycoerythrin (PE)–, or PE-Cy5–conjugated anti-B220, Thy1.2, CD4, and CD8 (eBioscience, San Diego, CA) were used. For detection of T cell activation makers, FITC-conjugated anti-CD25, anti-CD44, anti-CD62L, and anti-CD69 mAb (eBioscience) were used. For detection of B cell surface IgM and IgG1, FITC-conjugated anti-IgM (eBioscience) and anti-IgG1 (BD Phar-

Mingen, San Diego, CA) mAb were used. PE-conjugated anti-Ly5.2 (eBioscience) and biotin-conjugated anti-V_β5.2 and PE-Cy5–conjugated streptavidin (both from BD PharMingen) were used for in vivo ovalbumin-specific T cell expansion. Data were analyzed with FlowJo FACS analysis software (Tree Star, Ashland, OR).

Transfer of OT-2 T cells. Purified CD4+ T cells (5×10^6) derived from the spleen of transgenic OT-2 mice were labeled with carboxyfluorescein succinimidyl ester (CFSE; Molecular Probes, Eugene, OR) and transferred intravenously into B6 (Ly5.1+) mice. One day later, ovalbumin peptide (100 μg) was injected intraperitoneally and rebamipide (0–200 μM; 250 μl per mouse) was injected intravenously into recipient mice. Three days later, cell division was evaluated by flow cytometry to detect the CFSE dilution of the Ly5.2+,V_β5.2+, CD4+ T cells.

Real-time quantitative reverse transcription–polymerase chain reaction analysis. Total RNA was extracted from cultured T cells and B cells derived from the spleen of NFS/*sld* mice with Isogen (Wako Pure Chemical), and reverse transcribed. Transcript levels of NF-κB, FasL, interferon regulatory factor 4 (IRF-4), B lymphocyte–induced maturation protein 1 (BLIMP-1), and β-actin were determined with a PTC-200 DNA Engine Cycler (MJ Research, Waltham, MA) with SYBR Premix Ex Tag (Takara, Kyoto, Japan). The following primer sequences were used: for NF-κB, 5′-ATGGCAGACGATGATCCCTA-3′ (forward) and 5′-TAGGCAAGGTCAGAATGCAC-3′ (reverse); for FasL, 5′-ACTGGACAGATATGGGCCCAC-3′ (forward) and 5′-GCCTCTGTGAGGTAGTAAGTAG-3′ (reverse); for IRF-4, 5′-GAAGCCCCAAAGCCCTCAGTCGTTG-3′ (forward) and 5′-CGCTGAGGAGGAAACTGAA-3′ (reverse); for BLIMP-1, 5′-CATTCCTGTCCCCAACGCATCAACTG-3′ (forward) and 5′-GGTGCCCAAGCACCAAAGTCATAG-3′ (reverse); and for β-actin, 5′-GTGGGCCGCTCTAGGCACCA-3′ (forward) and 5′-CGGTTGGCCTTAGGGTTCAGGGGGG-3′ (reverse). Results were calculated with DNA Engine Opicon System software (Roche Molecular Systems, Alameda, CA).

Western blot analysis. Cell extracts from the nucleus and cytoplasm of T cells and B cells were prepared using a Nuclear/Cytosol Fractionation kit (BioVision, Mountain View, CA). Cells were briefly washed, collected in ice-cold phosphate buffered saline (PBS) in the presence of phosphatase inhibitors, and centrifuged at 500 revolutions per minute for 5 minutes. The pellets were resuspended in a hypotonic buffer, treated with detergent, and centrifuged at 14,000*g* for 30 seconds. The cytoplasmic fraction was collected, the nuclei were lysed, and nuclear proteins were solubilized in lysis buffer containing protease inhibitors. A total of 10 μg of each sample per well was used for sodium dodecyl sulfate–polyacrylamide gel electrophoresis. After blocking with 5% nonfat milk, the membrane was incubated with primary antibodies against phospho-IκBα and NF-κB p65 (RelA) (Santa Cruz Biotechnology, Santa Cruz, CA). Antigen–antibody complexes were detected using a HRP-conjugated secondary antibody. Protein binding was visualized with enhanced chemiluminescence Western blotting reagent (Amersham Biosciences, Arlington Heights, IL). Anti-mouse histone H1 or GAPDH monoclonal antibody (Santa Cruz Biotechnology) was used as the control for protein loading.

Measurement of fluid secretion. Analysis of tear and saliva volumes in rebamipide-treated thymectomized NFS/*sld* mice was performed according to a previously described method (24).

Proliferation assay. CD4+ T cells (1×10^5) purified from spleen cells using anti-B220 mAb, anti-CD8 mAb, and anti-rat IgG conjugated to magnetic beads (Dynal, Oslo, Norway) were placed in RPMI 1640 containing 10% fetal calf serum (FCS), 100 units/ml of penicillin, 0.1 mg/ml of streptomycin, and 50 μM 2-mercaptoethanol and were stimulated with recombinant α-fodrin protein (JS-1) (25) or with plate-coated anti-CD3 and anti-CD28 mAb in 96-well, flat-bottomed plates for 72 hours. Then, ^{3}H-thymidine (1 μCi/well; NEN Life Science Products, Boston, MA) was pulsed into the cell mixture during the final 20 hours of culture. Incorporation of ^{3}H-thymidine was assayed with an automated liquid scintillation counter.

For detection of the proliferation of the CD4+ T cell subset, CFSE-labeled CD4+ T cells were cultured for 72 hours. The CD4+ T cells were then stained with anti-CD4 mAb, and cell division of the CD4+ gated T cells was analyzed by flow cytometer.

Assay of immunoglobulin secretion from B cells. B cells (1×10^5) purified from spleen cells using anti-CD4 mAb, anti-CD8 mAb, and anti-rat IgG conjugated to magnetic beads (Dynal) were placed in RPMI 1640 containing 10% FCS, penicillin/streptomycin, and 2-mercaptoethanol and were stimulated with 10 μg/ml of lipopolysaccharide (LPS; Sigma, St. Louis, MO) and 50 ng/ml of interleukin-4 (IL-4; eBioscience) in 96-well round-bottomed plates for 5 days. Cell surface expression of IgM and IgG1 was detected by flow cytometric analysis, and secreted IgM and IgG1 in the culture supernatants were measured by enzyme-linked immunosorbent assay (ELISA).

Serum autoantibody and cytokine ELISAs. JS-1, SSA/Ro, SSB/La, or single-stranded DNA (ssDNA) antibody was used to coat 96-well plates (24). After the plates were washed, diluted mouse sera were added. HRP-conjugated anti-mouse IgG (heavy and light chains; Vector, Burlingame, CA) was added as the secondary antibody, and *o*-phenylenediamine (OPD; Sigma) buffer was added. Antibodies were measured with an ELISA reader (Model 680; Bio-Rad, Richmond, CA) and with a spectrophotometer at 490 nm.

Serum immunoglobulins were determined by ELISA using a mouse immunoglobulin quantitation kit (Bethyl Laboratories, Montgomery, TX). Briefly, for the IgM and IgA ELISAs, sera were diluted 1:5,000 in PBS, and for the IgG ELISA, sera were diluted 1:25,000 in PBS. Plates were coated with a capture antibody and then washed with PBS–0.1% Tween 20. Diluted sera or culture supernatants were added to the plates and incubated. After washing with PBS–0.1% Tween 20, an HRP-conjugated detection antibody was added. Plates were again washed with PBS–0.1% Tween 20, and OPD buffer was added. Plates were then analyzed with a spectrophotometer at 490 nm, as described previously (26).

Levels of IL-2, interferon-γ (IFNγ), IL-4, and IL-10 in culture supernatants from splenic CD4+ T cells stimulated with anti-CD3 and anti-CD28 for 72 hours were determined by ELISA. Specific antibodies for each cytokine were used in the ELISAs, as previously described (27).

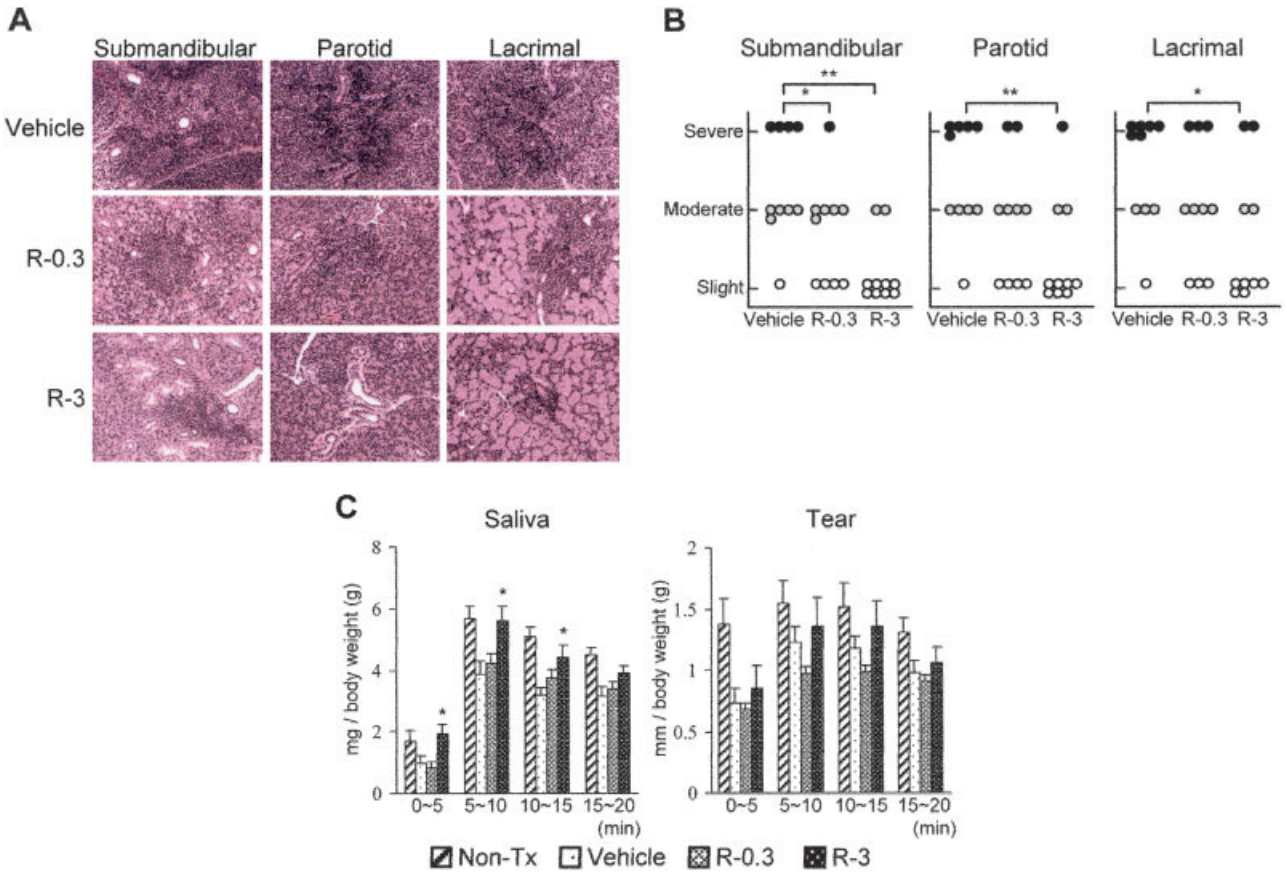

Figure 1. Therapeutic effect of rebamipide on autoimmune lesions in the NFS/*sld* mouse model of Sjögren's syndrome. Mice underwent thymectomy on day 3 after birth and were treated with vehicle, 0.3 mg/kg of rebamipide (R-0.3), or 3 mg/kg of rebamipide (R-3) from age 4 weeks to age 8 weeks. **A,** Sections of salivary and lacrimal glands from the 3 groups of mice. Results are representative of 10 mice per group (hematoxylin and eosin stained; magnification × 100). **B,** Histologic grading of inflammatory lesions in salivary and lacrimal glands from individual mice in the 3 treatment groups. $* = P < 0.05$; $** = P < 0.01$ by lower-tailed Shirley-Williams test. The mean ± SD histology sores in the vehicle, rebamipide 0.3 mg/kg, and rebamipide 3 mg/kg groups were 2.3 ± 0.7, 1.7 ± 0.7, and 1.2 ± 0.4 for the submandibular glands, 2.4 ± 0.7, 1.8 ± 0.8, and 1.4 ± 0.7 for the parotid glands, and 2.5 ± 0.7, 2.0 ± 0.8, and 1.6 ± 0.8 for the lacrimal glands, respectively. **C,** Average saliva and tear volumes after pilocarpine administration (5 mg/kg) in mice of the 3 treatment groups and in a group of nonthymectomized (non-Tx), vehicle-treated mice at different time periods after pilocarpine administration. Values are the mean and SEM of 10–12 mice per group. $* = P < 0.05$ versus the vehicle-treated control group, by Dunnett's test.

Statistical analysis. Statistical analysis was performed using the Jonckheere trend test and the lower-tailed Shirley-Williams test, Dunnett's test, Student's *t*-test, and chi-square test, as appropriate.

RESULTS

Therapeutic effect of oral administration of rebamipide. In our previous study (22), we found that NFS/*sld* mice subjected to thymectomy on day 3 after birth began to develop autoimmune lesions of the salivary and lacrimal glands at 4 weeks of age or later, while no inflammatory lesions were observed in nonthymectomized NFS/*sld* mice. In the present study, we investigated whether oral administration of rebamipide protects NFS/*sld* mice against the development of autoimmune lesions. To evaluate whether rebamipide treatment was effective at preventing the SS autoimmune pathology, the drug or vehicle alone was administered orally each day to thymectomized NFS/*sld* mice beginning at the age of 4 weeks and continuing to the age of 8 weeks, then organs were removed for histologic analysis.

Salivary and lacrimal glands were stained with hematoxylin and eosin, and histologic features were assessed. Treatment with rebamipide at a concentration of 3 mg/kg prevented the development of autoimmune

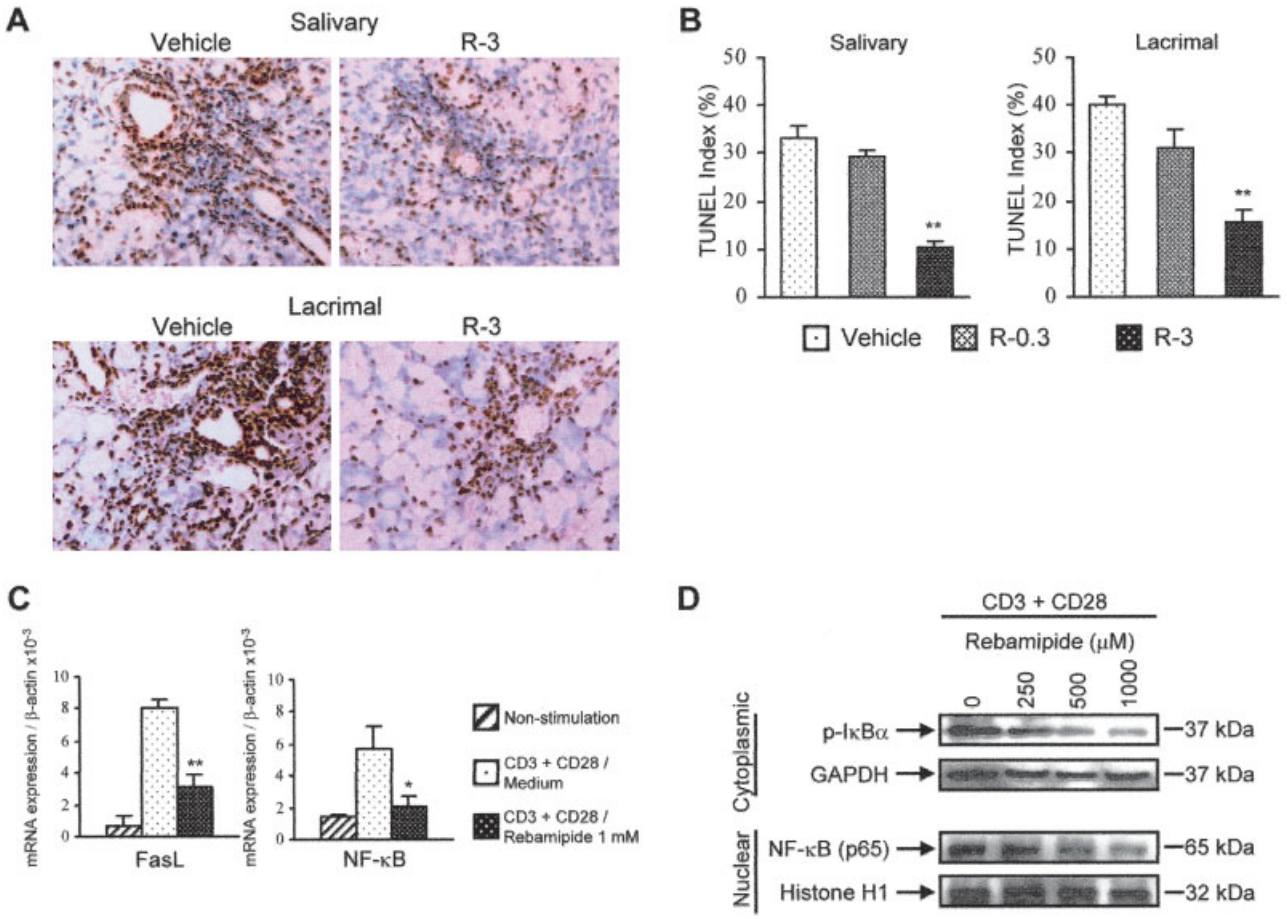

Figure 2. Inhibitory effect of rebamipide on apoptosis of salivary gland cells in the NFS/*sld* mouse model of Sjögren's syndrome. Mice underwent thymectomy on day 3 after birth and were treated with vehicle, 0.3 mg/kg of rebamipide (R-0.3), or 3 mg/kg of rebamipide (R-3) from age 4 weeks to age 8 weeks. **A,** TUNEL assay for apoptotic cells in the salivary and lacrimal glands of mice treated with vehicle or with 3 mg/kg of rebamipide. Results are representative of 5–8 mice per group (magnification × 100). **B,** Percentages of TUNEL+ salivary and lacrimal epithelial cells in the 3 treatment groups. Positive cells were enumerated using a 10 × 20–μm grid net disc covering an objective area of 0.16 mm^2 (n = 10 fields per section). Values are the mean and SEM of 5 mice per group. ** = $P < 0.01$ versus the vehicle-treated group, by Dunnett's test. **C,** Inhibitory effect of rebamipide on T cell activation. Purified CD4+ T cells derived from mouse spleens were stimulated with plate-coated anti-CD3 and anti-CD28 monoclonal antibody for 2 hours in the presence of rebamipide. Levels of mRNA for FasL and NF-κB were detected by quantitative reverse transcription–polymerase chain reaction analysis. Values are the mean and SEM expression relative to β-actin mRNA in triplicate wells. * = $P < 0.01$; ** = $P < 0.05$ versus medium containing anti-CD3 and anti-CD28, by Student's *t*-test. **D,** Phosphorylation of IκB and nuclear translocation of NF-κB in cytoplasmic and nuclear extracts of activated CD4+ T cells treated with CD3 and CD28 ligation in the presence of rebamipide, as analyzed by Western blotting. GAPDH and histone H1 were used as the respective internal controls. Results are representative of 3 independent experiments.

lesions in the submandibular ($P < 0.01$), parotid ($P < 0.01$), and lacrimal ($P < 0.05$) glands (Figures 1A and B). Rebamipide treatment at a concentration of 0.3 mg/kg prevented the development of autoimmune lesions in the submandibular glands alone ($P < 0.05$). Mononuclear cell infiltration as well as destruction of the parenchyma was inhibited in the salivary and lacrimal glands of thymectomized NFS/*sld* mice treated with rebamipide. The average saliva volume, but not tear volume, in the rebamipide-treated group was significantly higher than that in the vehicle-treated control group (Figure 1C).

We previously demonstrated that epithelial cell apoptosis via the Fas/FasL system plays an important role in the development of autoimmune lesions in this mouse model of SS, and a significant increase in TUNEL+ apoptotic epithelial duct cells in the salivary glands was detected in this mouse model (11). In the

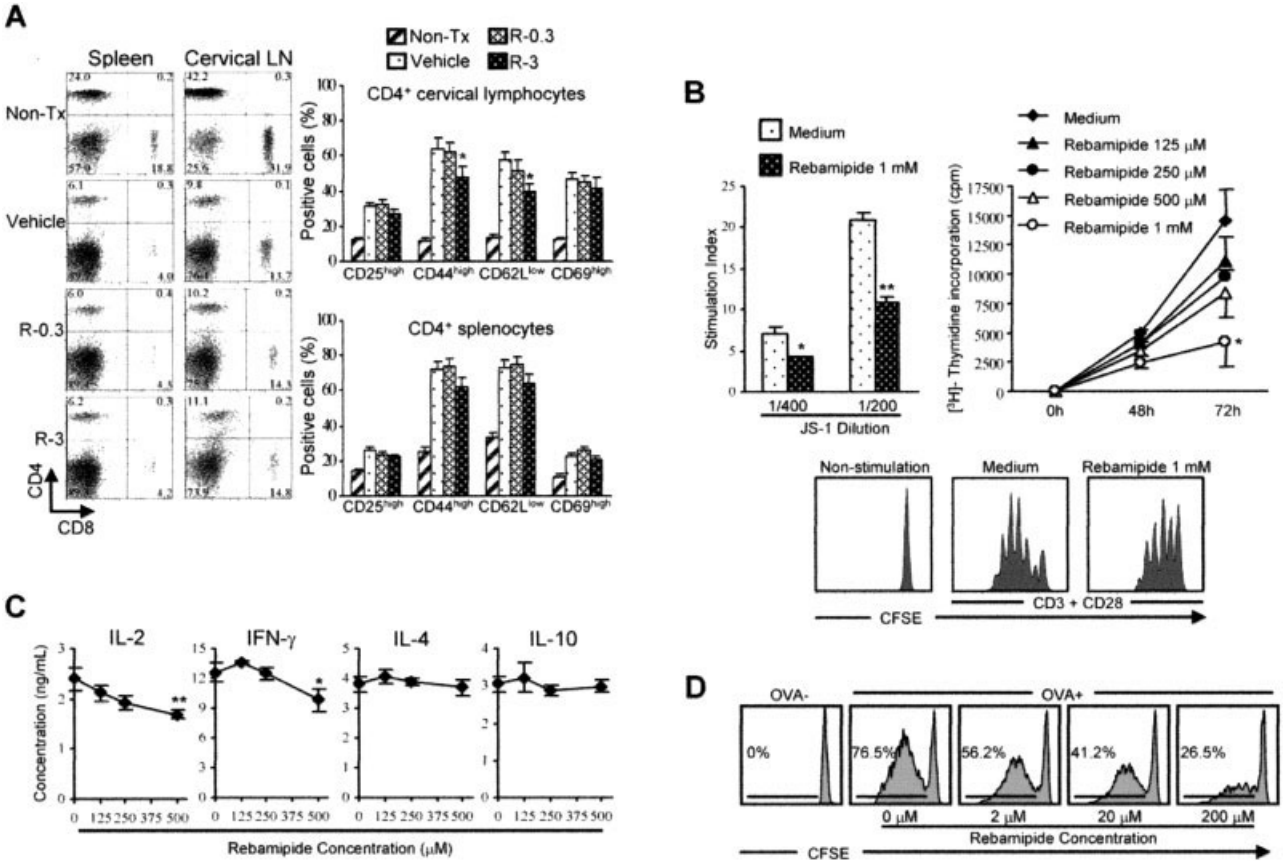

Figure 3. Effect of rebamipide on T cell phenotypes and functions in the NFS/*sld* mouse model of Sjögren's syndrome. Mice underwent thymectomy on day 3 after birth and were treated with vehicle, 0.3 mg/kg of rebamipide (R-0.3), or 3 mg/kg of rebamipide (R-3) from age 4 weeks to age 8 weeks. A group of nonthymectomized (non-Tx), vehicle-treated mice was also studied. **A,** CD4+ and CD8+ T cell subsets in the spleen and cervical lymph nodes of the 4 groups of mice, as analyzed by flow cytometry (left). Numbers shown in each compartment are the percentage of positive cells. Results are representative of 10 mice per group. Memory markers on CD4+ T cells derived from the cervical lymph nodes and spleen of the 4 groups of mice were also analyzed by flow cytometry (right). Values are the mean and SEM of 10 mice per group. **B,** Antigen-specific and nonspecific T cell responses. Purified CD4+ T cells from the spleen of thymectomized mice were cultured for 72 hours with irradiated T cell–depleted splenocytes in the presence of recombinant α-fodrin (JS-1), with and without rebamipide (top left). Values are the mean and SEM. $* = P < 0.05$; $** = P < 0.01$ versus medium alone, by Dunnett's test. Incorporation of ^{3}H-thymidine into purified CD4+ T cells stimulated with anti-CD3 and anti-CD28 monoclonal antibodies (mAb) and treated for 48 or 72 hours with the indicated concentrations of rebamipide or medium alone was determined during the last 12 hours of culture (top right). Results are representative of 3 independent experiments. Values are the mean and SEM of triplicate wells. In addition, CD4+ T cells were labeled with carboxyfluorescein succinimidyl ester (CFSE) and were left unstimulated or were stimulated with anti-CD3 and anti-CD28 mAb for 72 hours in the presence of medium alone or 1 m*M* rebamipide (bottom). Cell division was analyzed by flow cytometry. $* = P < 0.01$ versus medium alone, by Dunnett's test. **C,** Production of interleukin-2 (IL-2), interferon-γ (IFNγ), IL-4, and IL-10 by CD4+ T cells stimulated for 72 hours with anti-CD3 and anti-CD28 mAb in the presence of medium alone or the indicated concentrations of rebamipide, as determined by enzyme-linked immunosorbent assay of culture supernatants. Results are representative of 3 independent experiments. Values are the mean ± SEM of triplicate samples. $* = P < 0.05$; $** = P < 0.01$ versus medium alone, by Dunnett's test. **D,** Flow cytometry of CFSE-labeled CD4+ T cells (5×10^6) derived from transgenic OT-2 mice and transferred intravenously into B6 (Ly5.1+) mice. Ovalbumin (OVA) peptide (100 μg) was injected intraperitoneally, and rebamipide (0–200 μM) was injected intravenously, into recipient mice. After 3 days, the CFSE dilution of Ly5.2+,V_β5.2+,CD4+ T cells was analyzed. Results are representative of 3–5 mice per group.

present study, we observed a decrease in TUNEL+ apoptotic epithelial cells in the salivary glands of mice treated with rebamipide as compared with those in vehicle-treated mice (Figures 2A and B). Indeed, expression of FasL and NF-κB genes on CD4+ T cells was significantly inhibited by rebamipide treatment (Figure 2C), possibly being consistent with the finding of decreased TUNEL+ epithelial cell apoptosis in the

Table 1. Autoantibody production in the NFS/*sld* mouse model of Sjögren's syndrome after treatment with rebamipide or vehicle alone*

Antibody	No. (%) of nonthymectomized, vehicle-treated mice (n = 10)	Treatment in thymectomized mice		
		No. (%) receiving vehicle (n = 12)	No. (%) receiving 0.3 mg/kg of rebamipide (n = 12)	No. (%) receiving 3 mg/kg of rebamipide (n = 11)
SSA/Ro	0 (0)	12 (100)	11 (92)	8 (73)†
SSB/La	0 (0)	11 (92)	10 (83)	6 (55)†
JS-1	0 (0)	7 (58)	4 (33)	4 (36)
ssDNA	0 (0)	11 (92)	12 (100)	7 (64)

* Mice were subjected to thymectomy on day 3 after birth. Autoantibodies were detected by enzyme-linked immunosorbent assay of sera obtained at the end of treatment (8 weeks of age). A positive result was defined as a value higher than the mean ± 3SD of the optical density value in nonthymectomized NFS/*sld* mice. JS-1 is an α-fodrin–specific antibody. ssDNA = single-stranded DNA.
† $P < 0.05$ versus vehicle-treated mice, by chi-square test.

rebamipide-treated mice. In addition, we confirmed the dose-dependent decrease in phosphorylation of IκB in CD4+ T cells from mice treated with rebamipide as compared with vehicle-treated controls (Figure 2D). Furthermore, nuclear translocation of NF-κB subunits (RelA and p65) in CD4+ T cells from rebamipide-treated mice had decreased remarkably compared with that in cells from vehicle-treated controls (Figure 2D).

Inhibitory effects of rebamipide on T cell activation. We next examined whether the therapeutic effect of oral administration of rebamipide on thymectomized NFS/*sld* mice was attributable to the inhibition of T cell activation. Cervical lymph node cells and spleen cells were purified from thymectomized NFS/*sld* mice treated with rebamipide or vehicle from ages 4 weeks to 8 weeks. In rebamipide-treated mice, the number of CD4+ and CD8+ T cells from the lymph node and spleen did not change with oral administration of rebamipide at either dose (Figure 3A).

We next examined CD25, CD44, CD62L, and CD69 expression on CD4+ T cells because these makers are known to be highly expressed on activated T cells and memory T cells (28). We found a decreased expression of CD4+,CD62L^{low} effector T cells in lymph nodes from mice treated with rebamipide, as compared with those from the control group (Figure 3A). In contrast, the expression of these markers on splenic CD4+ T cells from rebamipide-treated mice was similar to that in splenic CD4+ T cells from vehicle-treated controls (Figure 3A). It has recently been demonstrated that autoimmunity could be induced by specific in vivo expansion of CD4+,CD62L^{low} effector T cells (29).

Inhibitory effects of rebamipide on T cell proliferation and cytokine production. We previously reported that CD4+ T cells from thymectomized mice responded to the α-fodrin peptide JS-1 (25). Thus, we examined whether the rebamipide treatment affects the JS-1–specific proliferative response of splenic CD4+ T cells. A significant decrease in autoantigen (JS-1)–specific T cell proliferation was observed in CD4+ T cells treated with rebamipide (Figure 3B, top left). These results suggest that rebamipide treatment reduced the expansion of JS-1–specific T cells in mice, which is consistent with the low levels of CD4+,CD62L^{low} effector T cells in the rebamipide-treated mice. The proliferative response of anti-CD3 and anti-CD28 mAb-stimulated CD4+ T cells was also decreased by the addition of rebamipide in a dose-dependent manner (Figure 3B, top right). Furthermore, when CFSE-labeled CD4+ T cells were stimulated with anti-CD3 and anti-CD28 mAb in the presence of rebamipide for 72 hours, cell division was suppressed by rebamipide (Figure 3B, bottom).

To confirm the inhibitory effect of rebamipide, an in vitro cytokine assay was performed using splenic CD4+ T cells stimulated with anti-CD3 and anti-CD28. We obtained clear evidence that rebamipide treatment inhibited the production of Th1 (IL-2 and IFNγ), but not Th2 (IL-4 and IL-10), cytokines (Figure 3C). In serum samples, we detected no IL-2, IL-4, or IFNγ in mice treated with rebamipide (data not shown).

It was still unclear whether the antigen-specific T cell response in a normal mouse strain is inhibited by rebamipide. Therefore, CFSE-labeled T cells from OT-2 mice transgenic for ovalbumin-specific T cell receptor

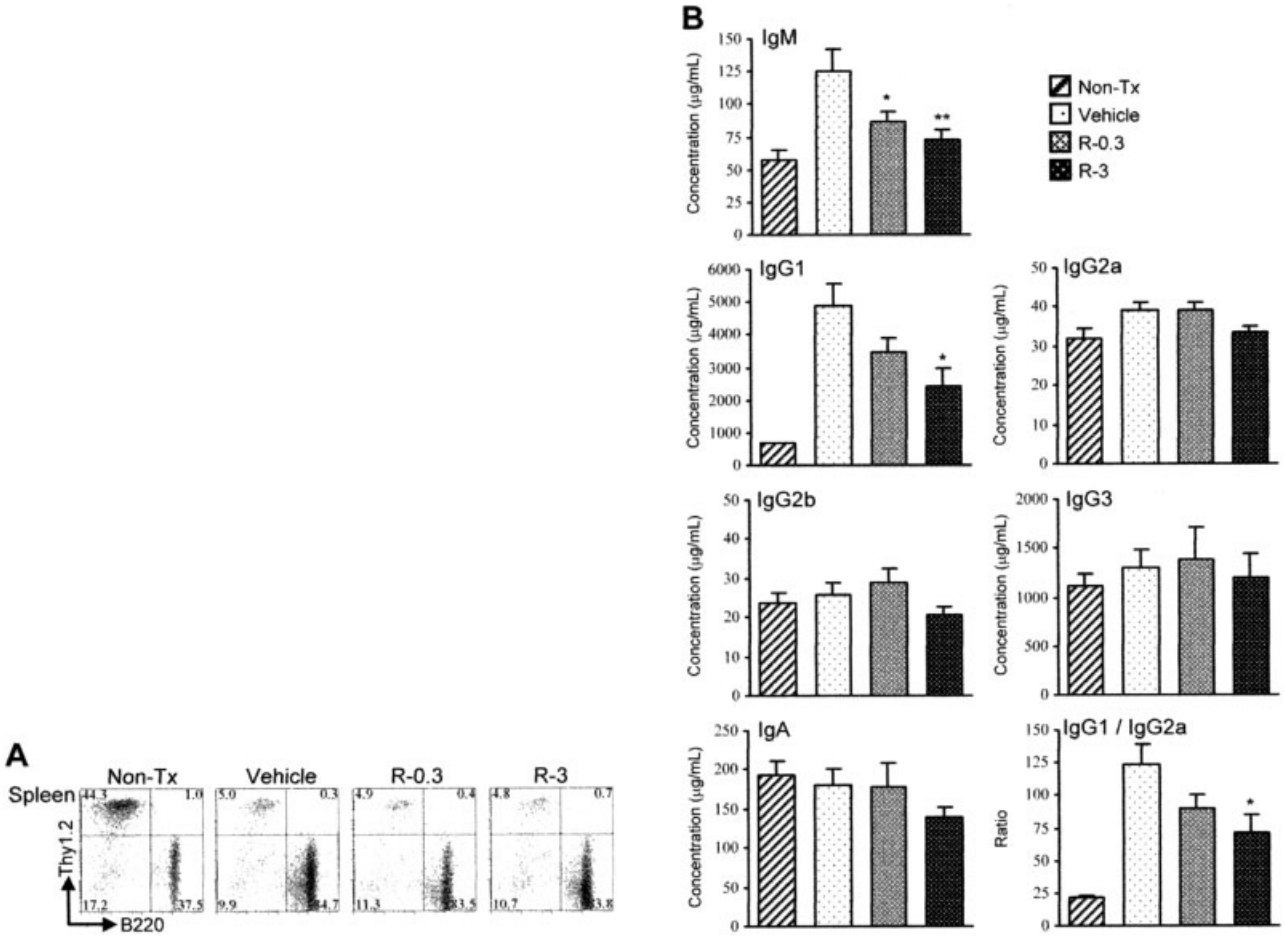

Figure 4. Effect of rebamipide on B cell function in the NFS/*sld* mouse model of Sjögren's syndrome after treatment with rebamipide. Mice underwent thymectomy on day 3 after birth and were treated with vehicle, 0.3 mg/kg of rebamipide (R-0.3), or 3 mg/kg of rebamipide (R-3) from age 4 weeks to age 8 weeks. A group of nonthymectomized (non-Tx), vehicle-treated mice was also studied. **A,** Thy1.2+ and B220+ cell subsets in the spleen of the 4 groups of mice, as determined by flow cytometry. Numbers shown in each compartment are the percentage of positive cells. Results are representative of 10–12 mice per group. **B,** Serum concentrations of immunoglobulin subclasses in the 4 groups of mice, as determined by enzyme-linked immunosorbent assay. Values are the mean and SEM of 10 mice per group. $* = P < 0.05$; $** = P < 0.01$ versus the vehicle-treated group, by Dunnett's test.

were transferred into B6 (Ly5.1+) mice, and ovalbumin peptide was injected into the mice together with rebamipide. Treatment with rebamipide resulted in a dose-dependent inhibition of ovalbumin-specific T cell expansion in vivo (Figure 3D).

Reduced serum autoantibody production with rebamipide treatment. Sera were collected after rebamipide and vehicle treatment to evaluate the production of autoantibodies. Thymectomized NFS/*sld* mice have high titers of serum autoantibody against recombinant α-fodrin protein (JS-1) (25). We examined whether oral administration of rebamipide affected serum levels of autoantibody against α-fodrin in this mouse model of SS. As shown in Table 1, the titer of autoantibody against α-fodrin (JS-1) was considerably lower in mice treated with rebamipide than in mice treated with vehicle. The decreased serum titer of autoantibody against α-fodrin suggests that oral administration of rebamipide affected the autoimmune pathology and was able to suppress the systemic production of α-fodrin–specific autoantibody. We also examined serum titers of autoantibodies that are often associated with SS: anti-SSA/Ro, anti-SSB/La, anti-ssDNA, and anti–α-fodrin (30–33). Serum titers of anti-SSA/Ro and anti-SSB/La autoantibodies were significantly decreased in mice treated with rebamipide, but titers of anti–α-fodrin were not statistically significantly different from those in the control mice (Table 1).

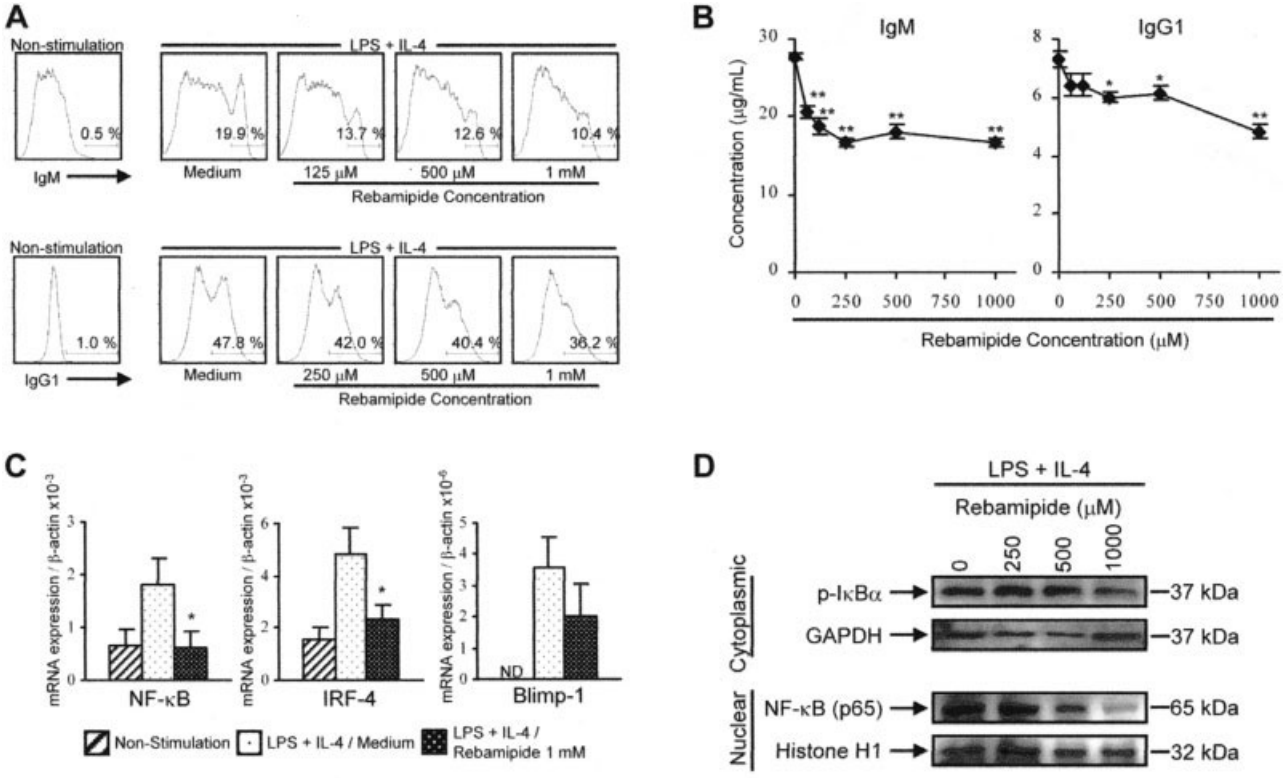

Figure 5. Effect of rebamipide on immunoglobulin production in the NFS/*sld* mouse model of Sjögren's syndrome. Mice underwent thymectomy on day 3 after birth and were treated with 3 mg/kg of rebamipide from age 4 weeks to age 8 weeks. **A,** Cell surface expression of IgM and IgG1, as detected by flow cytometry. Enriched splenic B cells were left unstimulated or were stimulated with lipopolysaccharide (LPS) and interleukin-4 (IL-4) in the presence of the indicated concentrations of rebamipide for 5 days. Values are the percentage of positive cells. **B,** Secretion of IgM and IgG1 into supernatants from B cells stimulated for 5 days with LPS and IL-4 in the presence of the indicated concentrations of rebamipide, as detected by enzyme-linked immunosorbent assay. Values are the mean ± SEM of 10 mice. $* = P < 0.05$; $** = P < 0.01$ versus medium alone, by Dunnett's test. **C,** Expression of mRNA for NF-κB, interferon regulatory factor 4 (IRF-4), and B lymphocyte–induced maturation protein 1 (BLIMP-1), by stimulated B cells, as determined by quantitative reverse transcription–polymerase chain reaction analysis. Results are representative of 3 independent experiments. Values are the mean and SEM expression relative to β-actin mRNA in triplicate wells. $* = P < 0.05$ versus medium alone, by Student's *t*-test. ND = not detected. **D,** Phosphorylation of IκB and nuclear translocation of NF-κB in cytoplasmic and nuclear extracts of activated B cells treated with LPS and IL-4 in the presence of rebamipide, as analyzed by Western blotting. GAPDH and histone H1 were use as the respective internal controls. Results are representative of 3 independent experiments.

Reduced serum immunoglobulin levels with rebamipide treatment. In rebamipide-treated mice, the number of splenic B220+ B cells did not change with oral administration of either dose of rebamipide (Figure 4A). We found that thymectomized NFS/*sld* mice developed hypergammaglobulinemia involving both IgG1 and IgM as compared with nonthymectomized control mice (Figure 4B). Rebamipide-treated mice showed prominent inhibition of serum IgM and IgG1 levels ($P < 0.01$), but not the other IgG subclasses or IgA (Figure 4B). This may indicate that oral administration of rebamipide affected all B cell function, which was able to suppress systemic secretion of IgM and IgG1.

Inhibitory effects of rebamipide on immunoglobulin secretion. To confirm the inhibitory effects of rebamipide on IgM and IgG1 secretion, we examined the effects of in vitro treatment with rebamipide using splenic B220+ B cells stimulated with LPS and IL-4. We found that rebamipide inhibited B cell production of IgM and IgG1, as determined by flow cytometry (Figure 5A). Rebamipide also inhibited IgM and IgG1 in culture supernatants, as determined by ELISA (Figure 5B). Both of these effects were dose-dependent. Since rebamipide treatment in this mouse model of SS inhibited the production of autoantibodies and immunoglobulins, we also examined the transcriptional activity of NF-κB,

IRF-4, and BLIMP-1. Significant inhibitory effects of rebamipide on the expression of mRNA for NF-κB and IRF-4, transcription factors that are associated with B cell activation and differentiation, were observed (Figure 5C). We confirmed the dose-dependent decrease in phospho-IκB and NF-κB subunits (p65) in activated B cells stimulated with LPS and IL-4 as compared with vehicle-treated controls (Figure 5D).

DISCUSSION

Since studies of animal models of autoimmune disorders should eventually give rise to appropriate potential treatments in humans with those diseases, it is important to identify the best therapeutic approach by which cells of the immune system can be specifically affected without causing side effects. In this regard, antigen-specific down-regulation of autoimmune processes is considered to be the most suitable therapy (34–36). The findings of the present study of rebamipide treatment in the NFS/*sld* mouse model of Sjögren's syndrome confirm the protective effect of rebamipide on the functional recovery of T cells and B cells in this autoimmune exocrinopathy, probably based on its capacity to inhibit T cell activation and B cell proliferation, in addition to reinforcing the epithelial barrier. Although therapy in SS patients has generally consisted of systemic administration of immunosuppressive or antimuscarinic drugs, it has been known that the systemic use of these drugs induces severe side effects (34). In contrast, it has been reported that oral administration of rebamipide had no clinically significant physical side effects, with normal blood pressure and pulse rate, in healthy adult subjects (37). This study is the first to demonstrate that oral administration of rebamipide effectively inhibits autoimmune pathology in the NFS/*sld* mouse model of SS without causing systemic histopathologic changes.

We previously reported that a cleavage product of 120-kd α-fodrin may be an important autoantigen in the development of primary SS and that anti–120-kd α-fodrin antibodies have been frequently detected in sera from SS patients (25). We have also reported a significant increase in TUNEL+ apoptotic epithelial duct cells in the salivary glands of thymectomized NFS/*sld* mice and a large proportion of FasL in tissue-infiltrating CD4+ T cells (11); both findings support the idea that tissue-infiltrating CD4+ T cells are responsible for tissue destruction, as determined by in vitro cytotoxicity assay. Our data have suggested that one mechanism by which activated CD4+ T cells induce cytotoxicity to salivary gland cells in this murine model of SS is Fas-based and that the primary mediators of the disease are autoantigen-driven T cell responses. In the present study, we found that expression of FasL on CD4+ T cells was significantly inhibited and that TUNEL+ epithelial cell apoptosis declined in the rebamipide-treated mice. A significant decrease in autoantigen-specific T cell proliferation was observed in CD4+ T cells with rebamipide treatment. This is consistent with the finding that rebamipide treatment resulted in the dose-dependent inhibition of ovalbumin-specific T cell expansion in vivo.

In addition, we observed that rebamipide treatment induced a selective impairment of CD4+,CD62L^{low} effector T cells in the lymph nodes. This population was more potent than the population of CD4+,CD62L^{high} cells in inducing a self-directed immune response, as demonstrated by cytometric isolation and adoptive transfer experiments. The induction of autoimmunity by specific in vivo expansion of CD4+,CD62L^{low} cells has recently been demonstrated (29), indicating that CD4+,CD62L^{low} effector T cells may be attractive targets for immune interventions in the treatment of autoimmune diseases. On the other hand, rebamipide treatment did not influence the frequency of CD4+,CD25+ natural regulatory T cells in cervical lymph nodes (data not shown). It is noteworthy that rebamipide treatment inhibited T cell proliferation and Th1 cytokine production (IL-2 and IFNγ). These data indicate that rebamipide treatment effectively inhibits autoimmune pathology in the NFS/*sld* mouse model of SS.

The improvement in secretory function after treatment with rebamipide, as demonstrated by saliva volumes, strongly points to the ingestive mechanism of action of rebamipide. With regard to the small discrepancy between the histologic features of the lacrimal glands and the lacrimal gland function, as demonstrated by tear flow volumes after treatment of rebamipide (see Figure 1), it has been reported that inflammatory lesions in the lacrimal gland develop later than those in the salivary gland in our mouse model (22). It is also possible that the effects of rebamipide on salivary gland cells may be different from the effects on lacrimal gland cells.

The beneficial effects of rebamipide on the epithelial barrier, which have previously been demonstrated in the gastric and small intestinal mucosa (38,39), have possibly, although not definitively, also been shown for the salivary gland epithelia, although the findings are not definitive. While the mechanism of action of rebamipide

on epithelial permeability, which has mostly been studied in the stomach, is not completely understood, it could be related to the capacity of rebamipide to act as a scavenger of cytokine-induced hydroxyl radicals (40) or to induce prostaglandin production (41). Since we found decreased apoptosis of salivary gland epithelia in rebamipide-treated mice, it is possible that the protective effect of rebamipide on the salivary gland epithelia could also account for its beneficial effect on ulcerative colitis in humans or on Dextran sulfate sodium–induced colitis in rats (42). This improvement in the epithelial barrier, together with the capacity of rebamipide to modulate immune responses, may represent a new therapeutic approach to the clinical management of sicca syndrome in SS patients without producing any side effects.

Rebamipide treatment clearly inhibited the production of serum autoantibodies, IgM, and IgG1 and induced a reduction in the transcriptional activity of IRF-4 via down-regulation of NF-κB. It has been reported that IRF-4 functions redundantly with IRF-8 to regulate B cell differentiation into immature IgM+ B cells (43). IRF-4 has been shown to regulate the induction of BLIMP-1 expression and BLIMP-1–dependent plasma cell differentiation (44). The majority of IgM and IgG1 are autoreactive and are also reactive with DNA, phosphorylcholine, phosphatidylcholine, and α1–3-dextran. The process of autoantibody production in SS is characterized by findings of both an antigen-driven response and a polyclonal B cell activation. The causes of this abnormal activation have not been fully elucidated and are likely to vary in different patients and in different animal models of autoimmune diseases. These diseases are characterized by a high titer of autoantibodies that may play a role in the tissue damage. It is possible that the down-regulatory effect of rebamipide on the immune response would be a good therapeutic approach.

We have previously reported that treatment with anti-CD4 and anti-CD86 mAb, cathepsin S inhibitor, caspase inhibitor, and cyclosporin A improved the autoimmune pathology in this mouse model of SS (11,45–48). In the present study, we observed less drastic effects of rebamipide on histologic features, as compared with those in previous therapeutic experiments. This may be related to the relatively low degree of inhibitory effects on T cell–mediated immune responses. Although we did not simply compare the efficacy of rebamipide with that of systemic administration of a different agent, this successful therapeutic effect of rebamipide would provide the possibility of establishing a new form of therapy for patients with autoimmune symptoms caused by SS as well as other types of diseases.

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AUTHOR CONTRIBUTIONS

Dr. Hayashi had full access to all of the data in the study and takes responsibility for the integrity of the data and the accuracy of the data analysis.

Study design. Kohashi, Ishimaru, Hayashi.
Acquisition of data. Kohashi, Arakaki.
Analysis and interpretation of data. Kohashi.
Manuscript preparation. Kohashi, Ishimaru, Hayashi.
Statistical analysis. Kohashi.

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