Pathology and protection in nephrotoxic nephritis is determined by selective engagement of specific Fc receptors

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Introduction of heterologous anti–glomerular basement membrane antiserum (nephrotoxic serum, NTS) into presensitized mice triggers the production of IgG anti-NTS antibodies that are predominantly IgG2b and the glomerular deposition of pathogenic immune complexes, leading to accelerated renal disease. The pathology observed in this model is determined by the effector cell activation threshold that is established by the coexpression on infiltrating macrophages of the IgG2a/2b restricted activation receptor FcγRIIV and its inhibitory receptor counterpart, FcγRIIB. Blocking FcγRIIV with a specific monoclonal antibody thereby preventing IgG2b engagement or treatment with high dose intravenous γ-globulin (IVIG) to down-regulate FcγRIIV while up-regulating FcγRIIB, protects mice from fatal disease. In the absence of FcγRIIB, IVIG is not protective; this indicates that reduced FcγRIIV expression alone is insufficient to protect animals from pathogenic IgG2b immune complexes. These results establish the significance of specific IgG subclasses and their cognate FcγRs in renal disease.
these avidity considerations than antibodies which interact with FcR with high A/I ratios (13, 14).

To investigate the consequences of subclass affinity for specific FcRs and the impact of Fc receptor modulation on IgG-mediated inflammation in an active model of inflammation, we selected the murine nephrotoxic nephritis model. This model resembles human Goodpasture’s Disease (20–22) by virtue of its dependence on the targeting effect of anti–glomerular basement membrane (GBM) antibodies to direct immune complex deposition to the GBM and initiate an inflammatory response. The introduction of heterologous rabbit or sheep anti-GBM antiserum (NTS) results in an acute, complement-dependent, transient phase of renal injury (day 0–4) that is characterized by mildly elevated blood urea nitrogen (BUN) and proteinuria (21–24). The development of mouse anti–rabbit or –sheep antibodies in the later, autologous stage of this model (day 4–14) results in immune complex deposition and frank glomerulonephritis with renal failure and death (21, 22, 25). This autologous phase has been shown to be FcγR dependent (25, 26); mice lacking the common γ chain are protected from renal failure and death. An accelerated model of nephrotoxic nephritis has been developed in which mice are presensitized to the heterologous anti-GBM serum by preimmunization with normal, heterologous serum at day −4, followed by introduction of the heterologous anti-GBM serum at day 0, thus initiating the autologous phase of disease concomitant with the introduction of the anti-GBM serum (25, 26). Renal disease is evident by day 4, with significant mortality by day 8 through an FcγR-dependent pathway.

We now report the contribution of specific IgG subclasses and their cognate FcγRs to this accelerated autologous model of nephrotoxic nephritis and demonstrate the role of FcR modulation by IVIG in this active model of inflammation. The intrinsic FcγR affinities of IgG2b for the specific activating (FcγRI) and inhibitory (FcγRIIB) receptor pair determines the pathology observed, whereas the selective receptor modulation by IVIG of both of these molecules alters their ratio on the infiltrating effector cells and contributes to the protection observed.

RESULTS

The nephrotoxic nephritis model

Presensitization of C57BL/6 mice with normal sheep IgG followed 4 d later by the introduction of sheep anti–mouse GBM serum induces acute glomerulonephritis with renal injury, as seen in Fig. 1. Elevated BUN was observed by day 4 in wild-type mice presensitized with normal sheep IgG and exposed to sheep NTS (CFA + NTS). Presensitization with sheep IgG alone, or exposure to anti-GBM serum alone did not result in elevated BUN (Fig. 1 A), despite the localization of the heterologous anti-GBM antibodies to the glomeruli (Fig. 1 C). Renal pathology was dependent, therefore, on the presence of mouse anti–sheep antibodies which colocalized to the glomeruli in the CFA + NTS–treated animals (Fig. 1 C) in a “ribbon” pattern, characteristic of Goodpasture’s Disease, and was completely dependent on FcR expression. Mice deficient in the common γ chain, hence deficient in surface expression of the activation Fc receptors FcγRI, III and IV, as well as FcεRI, were protected from the pathogenic consequences of CFA + NTS (Fig. 1 B).

IgG2b anti–sheep Ig is dominantly induced in the CFA + NTS model of nephrotoxic nephritis

Individual, γ chain–dependent FcRs interact with specific isotypes and subclasses of immunoglobulins (13, 14). To further define the pathology observed in the CFA + NTS model, wild-type mice were characterized for the specific subclasses of IgG anti–sheep GBM antibodies they produced at day 4 after CFA + NTS treatment. As shown in Fig. 2,
only mouse IgG2b anti–sheep Ig showed a statistically significant elevation (P < 0.001) after CFA + NTS treatment. NTS alone did not induce measurable levels of mouse anti–sheep Ig at day 4 after exposure to anti-GBM serum. IgG1 anti–sheep Ig was elevated, although the level was not statistically significantly over baseline or NTS alone (Fig. 2).

The renal pathology induced by mouse IgG2b is FcγRIV dependent

We recently described a novel IgG Fc receptor in the mouse with selective specificity for IgG2a and 2b and with a binding affinity >10-fold higher than that observed for these subclasses binding to FcγRIII (13). To determine the relative contributions of these Fc receptors to the renal pathology observed in the nephrotoxic nephritis model described here, we induced disease in either common γ chain–deficient (FcγRII/−/−), FcγRIII–deficient (FcγRIII−/−) or wild-type mice treated with a monoclonal anti-FcγRIV antibody shown to specifically block this activation FcγR (13, 14; Fig. S1, available at http://www.jem.org/cgi/content/full/jem.20051900/DC1). Common γ chain–deficient mice were protected, as expected, as were mice treated with the anti-FcγRIV blocking mAb (Fig. 3, A and B, and Fig. S2). FcγRIII–deficient mice developed disease comparable with wild-type mice, whereas FcγRIIB-deficient mice displayed enhanced disease, as revealed by the accelerated mortality of this strain when treated with CFA + NTS (Fig. 3 B). We also induced nephrotoxic nephritis in FcγRI and RIIB double–deficient (FcγRI/RIIB−/−) mice, and these animals developed disease comparable with wild-type controls (Fig. 3, C and D and Fig. S2). Because no differences in the titer of mouse IgG2b anti–sheep Ig was observed for any of the genotypes studied (Fig. S3), the data indicate that the critical activation FcγR in this model is FcγRIV, which is consistent with studies in passive models of idiopathic thrombocytopenic purpura (ITP) and B cell and tumor cell clearance (13, 14; unpublished data). Staining of infiltrating macrophages with anti-FcγRIV antibody revealed accumulation of these cells in the

![Image](http://www.jem.org/cgi/content/full/jem.20051900/DC1)

**Figure 2.** IgG subclass–restricted production of mouse anti–sheep IgG antibody in presensitized, NTS–treated mice. Serum titer of each isotype of anti–sheep IgG–specific IgG in C57BL/6 mice was measured by ELISA on day 4 after NTS injection alone or with sheep IgG and CFA preimmunization (CFA + NTS). Only mouse IgG2b anti–sheep Ig in mice treated with CFA + NTS showed statistically significant elevation compared with baseline level or with sera from mice treated with NTS alone. Significance was determined by Student’s t test. Data shown are representative of three independent experiments.

**Figure 3.** Nephrotoxic nephritis is exclusively FcγRIV dependent. (A) Serum samples were collected on day 8 after NTS administration from five individual FcγRI−/−, FcγRIII−/−, FcγRIIB−/−, or wild-type mice treated with anti-FcγRIV antibody or its isotype control antibody. The dagger indicates mice that died before day 8. NTS nephritis was FcγRII independent, whereas it was FcγRIV dependent. Significance of the results was determined by Student’s t test. (B) Kaplan–Meier analysis of survival rate of FcγRII−/−, FcγRIIB−/−, or wild-type mice treated with anti-FcγRIV antibody or its isotype control antibody (n = 5). Treatment with anti-FcγRIV antibody showed protection in wild-type NTS nephritis mice. The log rank test was used to determine significance between mouse groups treated with anti-FcγRIV antibody or treated with its isotype control antibody. (C) Serum samples were collected on day 8 after NTS administration from six individual FcγRII/III−/− or control mice. The dagger indicates mice that died before day 8. NTS nephritis was both FcγRI and FcγRII dependent. (D) Kaplan–Meier analysis of the survival rate of FcγRII/III−/− or control mice (n = 6). There was no significant difference in survival rate. (E) Immunohistochemical staining for FcγRIV on kidney section of wild-type mice on day 4 after NTS administration alone or with sheep IgG and CFA preimmunization (CFA + NTS). The arrow highlights an FcγRIV–positive cell infiltrating in the diseased glomerulus (brown). Data shown are representative of three independent experiments.
glomeruli of CFA + NTS–treated animals, thus providing a mechanism for their engagement of IgG2b immune complex deposited on the GBM and the inflammation observed in this model (Fig. 3 E).

Modulation of FcRs by IVIG attenuates disease in nephrotic nephritis

We have previously demonstrated in passive models of ITP and arthritis that IVIG is able to protect from the pathogenic consequences of cytotoxic antibodies or immune complex deposition by induction of the inhibitory receptor, FcγRIIB (18, 19). Similarly, IVIG treatment attenuates the renal pathology observed in CFA + NTS nephrotic nephritis and is dependent on the Fc fragment for its activity (Fig. 4 A). This protection results in extended survival for IVIG-treated animals (Fig. 4 B). IVIG treatment did not modify the development of mouse IgG2b anti–sheep Ig antibodies (Fig. S3) or the deposition of either sheep anti–GBM antibodies, total mouse IgG or IgG2b antibodies, or complement C3 in the glomeruli (Fig. 5). To determine the mechanism...

Figure 4. IVIG protects mice from nephrotic nephritis. (A) Six C57BL/6 mice in each group were injected with IVIG [1 g/kg], IVIG–Fc portion (0.33 g/kg), IVIG–Fab portion (0.67 g/kg), or 10% maltose (vehicle of IVIG) 1 h before NTS administration. Serum samples were collected on day 8 after NTS administration. 1 g/kg of mouse weight of IVIG and equimolar concentrations of IVIG–Fc portion showed the same protective effect in NTS nephritis mice. The dagger indicates mice that died before day 8. (B) Kaplan–Meier analysis of survival rate in NTS nephritis mice treated with IVIG or its vehicle alone (n = 10). IVIG treatment improved survival rate of NTS mice. Significance of differences was verified by log rank test. Data shown are representative of three independent experiments.

Figure 5. Histopathology and deposition along the GBM of kidney section in NTS nephritis mice with or without IVIG treatment. (A) PAS staining of kidney section on day 8 from NTS nephritis mice treated with either 10% maltose (vehicle) alone or IVIG. Vehicle alone shows severe tissue damage with intracapillary cellular proliferation, glomerular thrombosis, and mesangiolysis. In contrast, renal pathology of NTS mice treated with IVIG was markedly attenuated. Kidney sections from mouse groups on day 4 were equally stained with FITC-conjugated anti–sheep IgG antibody, Cy3-conjugated anti–mouse IgG antibody, FITC-conjugated anti–mouse IgG2b antibody, and FITC-conjugated anti–mouse complement 3 antibody (Bar, 200 μm). (B) Quantitative immunofluorescence of glomerular deposits of sheep IgG, mouse IgG, mouse IgG2b, and mouse C3 on day 4. There was no significant difference between the groups. Data shown are representative of three independent experiments.
by which IVIG protects CFA + NTS–treated mice from developing renal pathology, we examined the expression of FcγRIIB and FcγRIIV on macrophages infiltrating the kidney in this disease. As shown in Fig. 6 A, IVIG significantly induces the surface expression of FcγRIIB on infiltrating macrophages (P = 0.004), as we have previously described for splenic (18) and infiltrating synovial macrophages (19). However, and in contrast to these previous studies, IVIG treatment also resulted in reduced surface expression of FcγRIIV (Fig. 6 B and Fig. S4, available at http://www.jem.org/cgi/content/full/jem.20051900/DC1). FcγRIII expression was unchanged (unpublished data) as was FcγRIIB and FcγRIIV expression on granulocytes (unpublished data). The combined effect of reduced FcγRIIB and elevated FcγRIIB alters the activation threshold for IgG2b engagement of FcγRIIV and protects mice from the pathologic consequences of IgG2b immune complex deposition in the glomeruli.

**FcγRIIB up-regulation by IVIG is required to protect mice from NTS + CFA induced nephrototoxic nephritis**

Because IgG2b can bind to both FcγRIII and FcγRIIV, albeit with significantly different affinities, the relative contributions of FcγRIIB, FcγRIII and FcγRIIV modulation to the protective effect of IVIG was examined. As we have observed previously (18, 19), IVIG protection was ablated in FcγRIIB-deficient mice (Fig. 7 and Fig. S5, available at http://www.jem.org/cgi/content/full/jem.20051900/DC1), which is consistent with FcγRIIB expression contributing to the protective effect of IVIG. Thus, the down-regulation of FcγRIIV by IVIG treatment was not sufficient to provide protection, and thus required additional modulation of FcγRIIB. CFA + NTS–treated FcγRIIB-deficient mice were protected by anti-FcγRIIV, indicating that FcγRIIV is the sole activation FcR involved in the pathology of this disease, despite the ability of IgG2b to engage FcγRIII. Consistent with this observation, IVIG protection was not affected by FcγRIII deficiency (Fig. 7).

**DISCUSSION**

The selective engagement of IgG subclasses with specific FcγRs is a determining factor in the pathophysiology of a variety of antibody-mediated inflammatory disorders and antibody based immunotherapeutics. Simultaneous engagement of both activating (FcγRIII and FcγRIIV in the mouse model; FcγRIIA and FcγRIIIA in the human model) and inhibitory receptors (FcγRIIB in both mouse and human models) determines the threshold for triggering activation of effector cells such as macrophages, mast cells, and neutrophils. Detailed studies performed in the murine system have revealed the specifics of these interactions. Thus, IgG1 antibodies mediate their in vivo activity through simultaneous engagement of the low-affinity receptors FcγRIIB and FcγRIII, whereas IgG2a and IgG2b are dependent on the FcγRIIB and FcγRIIV pair. Several studies have confirmed the role of FcγRIIB and FcγRIII in IgG1-mediated inflammation in vivo, based on studies performed in experimental models of cytotoxic antibody–triggered clearance including ITP (13), hemolytic anemia (27, 28) B cell clearance (29) and tumor metastases (9); and immune complex–mediated diseases, such as the cutaneous and alveolar Arthus reactions (30) and KRNxNOD serum-induced arthritis (19). Passive models of IgG2a- and 2b-mediated clearance, although sensitive to deletion of the common γ chain and hence deficient in FcγRI, III and RIV, were not sensitive to either FcγRI or RII deletion (13, 14). Instead, blockade of FcγRIIV abrogates IgG2a- or 2b-mediated effector responses in vivo in passive models of ITP, B cell clearance; and tumor metastasis (13, 14; unpublished data). Thus, despite the ability of IgG2a to bind with high affinity to the activating receptor FcγRI (31), this receptor has not been shown to be central to the mechanism by which IgG2a mediates its biological activity in vivo (28, 32). This general lack of FcγRI involvement is likely to result from the occupancy of this receptor by circulating immunoglobulin during the steady state, thereby rendering it unavailable for specific IgG2a-mediated cross-linking.

Several active models of antibody-mediated inflammation have suggested that skewing of the IgG subclass response occurs in response to a variety of inflammatory stimuli. Thus, in spontaneous murine lupus models, anti-DNA antibodies of the IgG2a or 2b class appear to dominate (unpublished data). Similarly, active antiviral protection models have observed...
Survival rate was significantly improved by IVIG treatment in Fcγ treated with IVIG or its vehicle (10% maltose) alone (n = 794). NEPHROTOXIC NEPHRITIS IS Fcγ TREATED WITH IVIG OR ITS VEHICLE (10% MALTOSE) ALONE (n = 794).

Figure 7. IVIG protection in nephrotoxic nephritis requires FcRIIB and FcRIII. (A) Serum samples were collected on day 8 after administration of NTS from wild-type (WT), FcγRIIB−/−, or FcγRIII−/− presensitized mice treated with IVIG or its vehicle or its isotye control antibody. The dagger indicates mice that died before day 8. IVIG was protective in wild-type and FcγRIIB−/− mice, but not in FcγRIII−/− mice treated with IVIG or its vehicle alone (n = 10). Anti-FcγRIIAb, or FcγRIIIAb treatment in FcγRIIB−/− mice showed the same effect as IVIG on wild-type or FcγRIII−/− mice. Significance was verified by Student’s t test. (B) PAS staining of kidney section on day 8 from NTS nephritis. FcγRIIB−/− mice treated with IVIG or its vehicle alone showed equally severe tissue damage with intracapillary cellular proliferation, glomerular thrombosis, and mesangiolysis. (C) Kaplan-Meier analysis of survival rate of FcγRIIB−/− and FcγRIII−/− mice treated with IVIG or its vehicle alone (n = 10). Survival rate was significantly improved by IVIG treatment in FcγRIII−/− mice, but not in FcγRIIB−/− mice. Significance was determined by log rank test.

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Consistent with our previous studies (18, 19), we demonstrate that high dose intravenous IgG protects mice from nephrotoxic nephritis and this protection is dependent on FcγRIIB. FcγRIIB−/− mice are not protected by IVIG, because one activity of IVIG is to up-regulate FcγRIIB on infiltrating macrophages. This mechanism has also been observed in the serum transfer arthritis model, KRN×NOD (19), which is an IgG1-mediated immune complex–driven model of arthritis and results in an elevated threshold for FcγRIII-driven inflammation. However, in contrast to that FcγRIII-driven model, the effect of IVIG in this study is to both up-regulate FcγRIIB and down-regulate FcγRIV. Because IgG2b has an activation/inhibitory affinity ratio 70 times that of IgG1, resulting from the higher affinity of IgG2b for FcγRIV (13), up-regulation of FcγRIIB alone would not be sufficient to raise the threshold required to prevent macrophage triggering by IgG2b immune complexes. Thus, the mechanism of protection by IVIG differs for IgG subclasses and suggests that the normal physiological mechanism underlying this activity reflects an in vivo feedback inhibition pathway that is subclass specific and has evolved to prevent a dominant role for IgG2a antiviral antibodies (33–35). Our present study reveals that skewing to IgG2b is prominent in accelerated anti–GBM nephritis, perhaps as a result of the contribution of TGFβ to the glomerular injury seen in this model (36). TGFβ up-regulation has been shown to occur in a variety of conditions of renal injury (37, 38) and has also been shown to induce class switching to IgG2b in vitro (39, 40). It is likely that skewing of IgG subclasses will be a common feature of inflammatory conditions, in response to the specific cytokine milieu present in these states. Although previous studies of accelerated nephrotoxic nephritis all demonstrated a dependence on FcγRs by virtue of the protection observed in the common γ chain–deficient strain, these studies differed on the role of FcγRIII in this model. Fujii et al. (41) demonstrated that renal disease was substantially attenuated in a rabbit anti–GBM model in FcγRIII-deficient mice, although to a lesser degree than Fcγ chain deficiency for some parameters of renal injury. These investigators did not define the IgG subclasses involved in their model, which could account for the differences with our study. It is tempting to speculate that the mouse anti–rabbit GBM antibody response is dominated by IgG1 antibodies, hence FcγRIII dependent, in contrast to the mouse anti–sheep GBM antibody response that is IgG2b and FcγRIV dependent. Tarzi et al. (42), using a sheep anti–GBM model of nephrotoxic nephritis, similar to that used in this study, observed protection in FcγRIγ-deficient mice, but not FcγRIII-deficient animals, similar to our observations. They did not investigate FcγRII-deficient mice, but did report attenuation in the double FcγRI/III-deficient strain. They, however, used a fivefold lower dose of sheep GBM antiserum in their experiments and mainly histological changes as readout. Moreover, the specific IgG subclasses were not described. In contrast, we observe severe BUN elevation and almost 50% mortality under our experimental conditions.

Figure 7. IVIG protection in nephrotoxic nephritis requires FcRIIB. (A) Serum samples were collected on day 8 after administration of NTS from wild-type (WT), FcγRIIB−/−, or FcγRIII−/− presensitized mice treated with IVIG or its vehicle (10% maltose) alone (n = 10). Additionally, four FcγRIIB−/− mice in each group were treated with anti-FcγRIV antibody or its isotye control antibody. The dagger indicates mice that died before day 8. IVIG was protective in wild-type and FcγRIIB−/− NTS nephritis mice, but not in FcγRIII−/− mice. Anti-FcγRIV antibody treatment in FcγRIIB−/− mice showed the same effect as IVIG on wild-type or FcγRIII−/− mice. Significance was verified by Student’s t test. (B) PAS staining of kidney section on day 8 from NTS nephritis. FcγRIIB−/− mice treated with IVIG or its vehicle alone showed equally severe tissue damage with intracapillary cellular proliferation, glomerular thrombosis, and mesangiolysis. (C) Kaplan-Meier analysis of survival rate of FcγRIII−/− and FcγRIIB−/− mice treated with IVIG or its vehicle alone (n = 10). Survival rate was significantly improved by IVIG treatment in FcγRIII−/− mice, but not in FcγRIIB−/− mice. Significance was determined by log rank test.
sustained and inappropriate effector cell activation after resolution of an inflammatory state.

Our present study highlights the importance of specific IgG subclasses and their cognate Fc receptors in defining the pathophysiology of disease states. This knowledge is of importance in identifying the molecular pathways involved and thereby selecting the appropriate targets for intervention.

MATERIALS AND METHODS

Mice. C57BL/6 mice were purchased from the Jackson Laboratory. FcγRI/III−/− (2), FcγRIII−/−/− (8), and FcγRIIIB−/− mice were generated in our laboratory and backcrossed for 12 generations to the C57BL/6 background. FcγRIIIB−/− mice on a hybrid C57BL/6/129F2 background were compared with a genetically matched control line. Female mice at 6–10 wk of age were used for all experiments and maintained at the Rockefeller University animal facility. All experiments were done in compliance with federal laws and institutional guidelines and have been approved by the Rockefeller University.

Antibodies and transfectants. Human IVIG (5% in 10% maltose, chromatography purified) was purchased from Octapharma. Digestion of human IVIG was performed as described previously (19). In brief, IVIG was digested by 0.5 mg/ml pepsin for 1 h at 37°C, and stopped by the addition of 2.5 mg/ml iodoacetamide. The resulting Fab and Fc fragments were separated from nondigested IVIG on a HiPrep 26/60 S-200HR column (GE Healthcare), and then Fc fragments were separated from Fab fragments using a protein G column (GE Healthcare) and a protein L column (Pierce Chemical Co.). Fragment purity was checked by immunoblotting using anti-human IgG Fab– or Fc-specific antibodies (Jackson ImmunoResearch Laboratories). Purity was judged to be >99%. Antibodies 2.4G2, Mac-1, Gr-1 were purchased from BD Biosciences. The anti-FLAG antibody was provided by the Rockefeller University. Antibodies 2.4G2, Mac-1, Gr-1, 9E9, 9G8, 99%. Antibodies 2.4G2, Mac-1, Gr-1, 9E9, 9G8 were purchased from I gG subclasses and their cognate Fc receptors in defining the pathophysiology of disease states. This knowledge is of importance in identifying the molecular pathways involved and thereby selecting the appropriate targets for intervention.

Preparation of sheep NTS injection. Supplemental figures are available at http://www.jem.org. We are grateful to the Rockefeller University animal facility. All experiments were done in compliance with federal laws and institutional guidelines and have been approved by the Rockefeller University.

Preparation of sheep NTS. Sheep anti-GBM antigen was prepared as described previously (43). Sheep anti-GBM antigen was prepared as described previously (43). In brief, glomeruli were isolated from normal C57BL/6 mice by differential sieving, washed extensively, and resuspended in normal C57BL/6 mice by differential sieving, washed extensively, and resuspended in normal C57BL/6 mice. Tubulointerstitial lesions were also graded from 0 to 4 according to the severity of inflammatory cell infiltration. Crescent formation was evaluated as the number of the crescents per 10 glomeruli. The mean number of macrophages infiltrating in the glomeruli was counted in 50 glomeruli in each sample.

Immunofluorescence and immunohistochemical staining. 4-μm frozen sections were fixed in acetone and stained with FITC-conjugated anti–sheep IgG, Cy3-conjugated anti–mouse IgG (Jackson ImmunoResearch), FITC-conjugated anti–mouse C3 (Cedarlane), and FITC-conjugated anti–mouse IgG2b (BD Biosciences) antibody, respectively. For quantitative immunofluorescence, blinded sections were examined at 100 magnification using MetaMorph version 6.1 ( Molecular Devices). The mean intensity of 20 glomeruli for each sample was measured for evaluation. For immunohistochemical analysis, frozen sections were incubated with 5 μg/ml of biotinylated anti-FcγRIIY monoclonal antibody (clone 9E9) after blocking with 500 μg/ml of hamster IgG in 5% goat serum and biotin blocking (Dako-Cytomation). After blocking of endogenous peroxidase was performed, HRP-conjugated rabbit antibodiotin antibody ( DakoCytomation) was used as the secondary antibody and 3,3′,5,5′-tetramethylbenzidine was used for visualization. Biotinylated anti-C668 antibody (clone FA11) was used to detect macrophages in the kidney.

Measurement of sheep IgG-specific circulating IgG levels. 96-well ELISA plates coated with 5 μg/ml of sheep IgG were incubated with 1:500 diluted test sera after blocking with 5% bovine serum albumin. After washing with PBS containing 0.05% Tween 20, the plates were incubated with HRP-conjugated anti–mouse IgG1, IgG2c (Igh 1b allele of IgG2a), IgG2b, or IgG3 antibody (Bethyl Laboratories). For the color development, 3,3′,5,5′-tetramethylbenzidine was used.

Measurement of blood urea nitrogen. BUN in sera was measured by the urease–indophenol method with an Enzymatic Urea Nitrogen kit (Stanbio Laboratory).

Preparation of kidney-infiltrating cells and flow cytometric analysis. Kidneys were pressed through a mesh, and the cells were resuspended in PBS. After washing, the cells were subjected to flow cytometric analysis. The number of macrophages infiltrating in the kidneys of each mouse were evaluated for mean fluorescence intensity of FITC-conjugated Ly 17.2 or Alexa 647-conjugated 9G8.1 antibody.

Statistical analysis. Statistical differences in each group for the BUN, circulating IgG levels, and mean fluorescent intensity, were calculated with Student’s t test. Mann-Whitney U test was used for histological analysis. Survival rate was analyzed with Kaplan-Meier estimates, and groups were compared with the log rank test. P < 0.05 was considered significant. SPSS version 11.0 for Windows (SPSS Inc.) was used for statistical analysis.

Online supplemental material. Fig. S1 shows specificity of anti–FcγRIIY monoclonal antibody 9E9. Fig. S2 demonstrates histological evaluation of kidney sections from wild-type C57BL/6 mice, anti–FcγRIIY antibody–treated or isotype-matched antibody–treated wild-type C57BL/6 mice, FcγRI/III−/− mice or its genetically matched control (129/B6) mice on day 8 from NTS injection. Fig. S3 contains serum titers of each isotype of autologous mouse anti–sheep IgG-specific IgG. Fig. S4 shows histograms of FcγRIIB and FcγRIIY expression on F4/80-positive cells infiltrating in the kidneys of each mouse were evaluated for mean fluorescence intensity of FITC-conjugated Ly 17.2 or Alexa 647-conjugated 9G8.1 antibody.

Histological analysis. Kidneys were removed, fixed in 10% buffered formalin, and embedded in paraffin. 4 μm paraffin sections were stained with periodic acid-Schiff (PAS) and evaluated by light microscopy in a blind manner as previously described (44). In brief, the clinical scores of glomerular injury were graded into five grades: 0 (normal), 1 (mild increase in cellularity), 2 (definite glomerular enlargement, focal hypercellularity and mild increase in matrix), 3 (focal hypercellularity and proliferation in >50% of glomeruli), and 4 (diffuse proliferative change with crescents and sclerosis in >50% of glomeruli). Tubulointerstitial lesions were also graded from 0 to 4 according to the severity of inflammatory cell infiltration. Crescent formation was evaluated as the number of the crescents per 10 glomeruli. The mean number of macrophages infiltrating in the glomeruli was counted in 50 glomeruli in each sample.

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