Progression to Islet Destruction in a Cyclophosphamide-Induced Transgenic Model

A Microarray Overview

Michael Matos, 1,2 Richard Park, Diane Mathis, and Christophe Benoist

Type 1 diabetes appears to progress not as an uncontrolled autoimmune attack on the pancreatic islet β-cells, but rather in a highly regulated manner. Leukocytic infiltration of the pancreatic islets by autoimmune cells, or insulitis, can persist for long periods of time before the terminal destruction of β-cells. To gain insight on the final stage of diabetogenesis, we have studied progression to diabetes in a CD4⁺ T-cell receptor transgenic variant of the NOD mouse model, in which diabetes can be synchronously induced within days by a single injection of cyclophosphamide. A timecourse analysis of the gene expression profiles of purified islets was performed using microarrays. Contrary to expectations, changes in transcripts subsequent to drug treatment did not reflect a perturbation of gene expression in CD4+ T-cells or a reduction in the expression of genes characteristic of regulatory T-cell populations. Instead, there was a marked decrease in transcripts of genes specific to B-cells, followed by an increase in transcripts of chemokine genes (cxcl1, excl5, and ccl7) and of other genes typical of the myelo-monocytic lineages. Interferon-y dominated the changes in gene expression to a striking degree, because close to one-half of the induced transcripts issued from interferon-γ-regulated genes. Diabetes 53:2310-2321, 2004

he nonobese diabetic (NOD) mouse, discovered in the 1970s, has been a commonly used model of human type 1 diabetes. As in humans, disease progresses in these mice in at least two definable stages. In a first stage, infiltration of autoreactive cells into the pancreatic islets begins after 4 weeks of age and becomes progressively more extensive, but spares a pro-

portion of insulin-producing β -cells. This pre-diabetic state can persist for months (years in patients), the autoimmune attack remaining controlled and relatively nondestructive (although our perspective on the exact nature of the pre-diabetic lesion is far less precise for human patients than for mice). In a second stage, typically between 15 and 25 weeks of age in NOD mice, unknown events provoke the innocuous insulitis to progress to active β-cell destruction. Although the NOD mouse provides a performant diabetes model, disease is still very complex in these animals, with intricate genetic determinism. Disease pathogenesis likely involves a defect in central tolerance induction as well as faulty immunoregulatory cells or molecules. Evidence for the involvement of multiple antigens, lymphocyte populations, and final effector mechanisms has lead researchers to investigate simpler models.

Transgenic mouse lines have been exploited to elucidate this complexity. In several such lines, the expression of a transgene-encoded, prearranged T-cell receptor (TCR) gene confers on a majority of T-cells reactivity to an islet β-cell antigen presented by either a major histocompatibility complex (MHC) class I or class II molecule (1-4). These lines bypass the early steps of breakdown of tolerance and amplification of the autoimmune repertoire and allow the analysis of peripheral effector and regulatory mechanisms. Among these transgenic models is the BDC2.5 TCR transgenic line, derived from a diabetogenic CD4⁺ T-cell clone (3,5). The dominant CD4⁺ T-cells are restricted by the MHC class II Ag⁷ molecule and are specific for an unidentified antigen derived from β -cell granules. BDC2.5 mice develop insulitis between 2 and 3 weeks of age, with very extensive infiltration of essentially all islets by 4 weeks. However, progression to overt diabetes is under tight control; on the NOD background, BDC2.5 animals develop diabetes only 5–15% of the time.

The state of balanced and benign insulitis can be disrupted by a number of perturbations, e.g., blockade of costimulatory molecules in the initial phase of autoreactive T-cell activation (6-8), triggering of toll-like receptors by lipopolysaccharide administration (9), apoptosis of pancreatic cells due to viral infection (10). All of these perturbations provoke an aggressive form of insulitis in BDC2.5/NOD mice that leads to destruction of β -cells and diabetes within days. Similarly, the cytotoxic drug cyclophosphamide (CY) induces diabetes within 5–7 days after injection into young adult BDC2.5/NOD mice (11). CY has been known for quite some time to accelerate diabetes in NOD mice as well, but less efficiently and over a more

From the ¹Section on Immunology and Immunogenetics, Joslin Diabetes Center, Department of Medicine, Brigham and Women's Hospital, Harvard Medical School, Boston, Massachusetts; and the ²Division of Pediatric Endocrinology, Children's Hospital, Harvard Medical School, Boston, Massachusetts

Address correspondence and reprint requests to Diane Mathis and Christophe Benoist, Section on Immunology and Immunogenetics, Joslin Diabetes Center, 1 Joslin Place, Boston, MA 02215. E-mail: cbdm@joslin.harvard.edu.

Received for publication 11 March 2004 and accepted in revised form 26 May 2004.

Ådditional information for this article can be found in an online appendix at http://diabetes.diabetesjournals.org.

ČY, cyclophosphamide; FPR, false-positive rate; GPDH, glycerol phosphate dehydrogenase; IFN, interferon; IL, interleukin; JDRF, Juvenile Diabetes Research Foundation; MHC, major histocompatibility complex; NK, natural killer; RMA, robust multiarray average; TCR, T-cell receptor; TNF, tumor necrosis factor.

© 2004 by the American Diabetes Association.

protracted course (12–14). In BDC2.5/NOD mice, no changes are histologically visible in the first 2 days after CY treatment; by 3 days, the fairly innocuous appearance of the insulitic lesion begins to be perturbed, and by 5 days, the lesion has become "explosive," with extensive dilacerations of the endocrine tissue and cell apoptosis. These studies demonstrated no striking changes in the proportions of the different cell populations infiltrating the islets, arguing rather for the activation of preexisting infiltrating cells.

How CY achieves destabilization of the local immunoregulatory balance is not known. The literature repeatedly invokes an effect of CY on suppressor cells, but primary data supporting this notion are hard to find. It is also not clear which cell or cells are the targets of the CY induction process. Does this cytotoxic drug primarily affect the islet β -cell, releasing intracellular contents and increasing the local autoantigen load? Or does it activate myeloid or lymphoid cells in the infiltrate?

Because of its very rapid and synchronous nature, the induction of diabetes in BDC2.5/NOD mice affords the possibility of investigating, in a highly controlled manner, the molecular and cellular events that accompany conversion to an aggressive insulitis and the accompanying diabetogenic decompensation. In earlier studies (11), we focused on cellular and histological changes that take place. Here, we have studied the unfolding of events during CY-induced diabetes by monitoring the time course of gene expression changes via microarray analysis. The aim was to determine whether, in a broad analysis of gene expression changes, one might be able to discern a signature of the programmatic changes taking place during the early phases of diabetes induction.

RESEARCH DESIGN AND METHODS

The BDC2.5/NOD transgenic line has been described previously (3). The mice used in the present experiments were from >25 backcrosses to the NOD/Lt genetic background and were all 6–8 weeks of age and nondiabetic. Both male and female mice were used. Diabetes was induced by an intraperitoneal injection of a single dose of CY (200 mg/kg in PBS).

Islet isolation. Islets were isolated by the Islet Preparation Core of the Juvenile Diabetes Research Foundation (JDRF) Center for Islet Transplantation at Harvard using a standard technique (15). Briefly, ice-cold collagenase (Liberase; Roche) was infused into the common bile duct of an anesthetized mouse. The pancreas was then removed and incubated at 37°C for ~20 min with gentle agitation. Further separation was accomplished with a Histopaque density gradient (Histopaque-1077; Sigma). The islets were handpicked under a stereomicroscope to ensure a pure islet preparation. Total RNA was isolated from these islets using Trizol followed by ethanol precipitation.

Conventional gene expression analysis. Before amplification of islet mRNA or to confirm the DNA chip analysis, transcripts of some genes were quantitated with quantitative real-time PCR. Amplification of specific genes was monitored during the PCR utilizing an internal fluorescent probe on an ABI Prism 7700 Sequence Detection System (Applied Biosystems). For each gene of interest, a TaqMan primer/probe set was designed such that both the amplified fragment and the probe spanned an intron to avoid spurious amplification from genomic DNA. For gene expression analysis, cDNA was made from 100 ng of total pancreatic islet RNA in a 20-μl reverse transcriptase reaction. Six microliters of this reverse transcription product were used for triplicate 20-µl TaqMan reactions. Transcripts of the genes of interest (interleukin [IL]-18, IL-12 p40, interferon [IFN]-y, and Cxcl9) were normalized relative to transcripts of the ubiquitous housekeeping gene glycerol phosphate dehydrogenase (GPDH). For each experiment, a standard curve was generated for every gene based on δ -Ct (the number of cycles required to generate ~50% of the maximum amount of amplified product, set during the linear phase of amplification). Normalization of the relative amounts of a gene of interest (X) from RNA from a CY-treated (cy) versus a PBS-treated (ctl) mouse were calculated as: X_{cy}/X_{ctl} (normalized) = $(X_{cy}/X_{ctl}) \times (GPDH_{ctl}/GPDH_{cy})$.

Microarray gene expression analysis. Islet RNA was amplified using a standardized protocol (MessageAmp aRNA kit; Ambion). Briefly, cDNA was synthesized from 1 μg total RNA template by reverse transcription primed by a hybrid oligonucleotide containing oligo-T and T7 RNA polymerase promoter sequences. Double-stranded DNA was then synthesized by incubation with RNase A followed by extension with polymerase I. Multiple copies of antisense RNA were then produced with T7 RNA polymerase (~100-fold amplification). This RNA was then primed with random hexamers, and the entire amplification process was repeated, producing biotinylated RNA with 10,000-fold amplification of the original mRNA. Biotinylated cRNA was then prepared with biotinylated ribonucleotides in another T7 RNA polymerase reaction (Enzo BioArray HighYield RNA Transcript Labeling Kit; Affymetrix).

Biotinylated RNA was fragmented in a proprietary Affymetrix buffer optimized to break down full-length cRNA by metal-induced hydrolysis (https://www.affvmetrix.com/download/manuals/expression_print_manual.pdf). The samples were hybridized to Affymetrix MU74v2A microarray chips in an Affymetrix Fluidics Station 400 hybridizer/analyzer, with streptavidin-phycoerythrin to detect biotinylated probe. Fluorescence on the chip was quantified on an Affymetrix Fluidics Station 400 hybridizer/analyzer and digitized using an Affymetrix GeneChip Scanner with Affymetrix GeneChip operating software. The initial reads were processed through the robust multiarray average (RMA) algorithm (implemented on the Array analyzer; Insightful) for probelevel normalization. These primary values were averaged (with outlier elimination) and an approximate measure of significance calculated (Welch's approximation t test). For analysis of significance, control datasets approximating the values and variances of the real data were generated by random reshuffling of the data (random draws within rows) or as detailed in RESULTS. The raw datasets have been deposited on the GEO databank.

RESULTS AND DISCUSSION

Previous experiments have shown that the nondestructive insulitis of adult BDC2.5/NOD mice is extensive, representing two to three times the β -cell volume (3,11,16–19). This infiltrate is heterogeneous and includes large numbers of B- and T-cells, NK (natural killer) cells, macrophages, and dendritic cells. Thus, we chose to evaluate the global response to CY in the infiltrated islet as a whole, rather than in individual cells. To set the stage for the microarray analysis, we investigated the kinetics of diabetes progression after CY treatment in our current BDC2.5/ NOD colony and tested RNA preparation methods over that time period. As expected from previous results (11), diabetes was induced in a highly synchronous fashion after administration of a single intraperitoneal injection of CY (200 mg/kg) (data not shown). Islets were prepared at different times after CY treatment (90–120 islets/mouse), using a conventional islet preparation technique: retrograde intraductal injection of collagenase, density gradient fractionation, and picking of isolated islets by micromanipulation. The yield of islets was similar during the first 3 days after treatment, as has been shown previously (11). This result was consistent with parallel histological analvses that demonstrated maintenance of the islet structure up to day 3, but a breakdown after that (11) (data not shown). Because the islets that remained whole and therefore could be isolated by the collagenase procedure at day 4 were likely to represent "survivors" with a delayed evolution, we limited the gene expression analysis to the first 3 days after treatment. Histological examination showed these islets to be morphologically intact and to contain B-cell islands as well as surrounding infiltrate cells. Several RNA preparation techniques were tested; the best yields were obtained with a Trizol method, and analysis by real-time quantitative PCR showed the RNA preparations to be of good quality.

In order to ensure the validity of the microarray analysis, three or four independent experiments were per-

TABLE 1 Samples used for the microarray analysis

	No CY	CY						
	(day 0)	Day 1	Day 2	Day 3				
Number of independent samples	8	4	3	3				
Gene-wise coefficient of variation (mean)	0.157	0.104	0.138	0.138				

The number of independent RNA samples used for microarray hybridization is listed. For each experiment, pancreatic islets were prepared from one or two pooled BDC2.5/NOD mice previously treated with CY and from control untreated littermates (referred to as "day 0"). Each of these samples was used to prepare a biotinabeled probe for hybridization to a Mu74Av2 chip. The coefficients of variation were calculated for each gene across all samples for a condition and averaged over the entire dataset.

formed at each time point (Table 1). Each experiment also included an untreated group (hereafter referred to as "day 0"). From previous experiments (11), we knew that IL-12 expression should be induced in samples from mice progressing to diabetes. We used RT-PCR to show that IL-12 p40 transcripts were indeed induced in the samples used for microarray analysis (data not shown). From all samples, RNA was prepared, with an average yield of 80 ng, and labeled probes for microarray analysis were synthesized by using biotinylated ribonucleotides in the final RNA polymerase reaction. These probes were then hybridized to Affymetrix Mu74Av2 oligonucleotide microarrays, which represent 8,063 unique genes, of which 1,935 are expressed sequence tags.

Data processing and statistical validation. Data were processed with a custom analysis package, based on Access and S-Plus software and custom-designed scripts (R.P., unpublished work). In a preliminary step, all raw datasets within a time group were plotted against each other and visually inspected. In most cases, reproducibility was good, except for two datasets that clearly departed from other replicates, likely because of contamination with exocrine tissue; these datasets were removed from further consideration. Probe-level normalization was performed with the RMA algorithm (20) from the Bioconductor site (www.bioconductor.org, implemented on the Insightful Array analyzer), which we found to yield data far less noisy than when processed with Affymetrix MAS-5 software (20) (R.P., J. Luckey, data not shown). For each time point, the set of normalized values were compared with the day 0 set, and a P value of differences was calculated by Welsh's t test. An aggregate expression value for each feature of the Mu74Av2 chip and each time point was then calculated by simple averaging. Fold changes relative to the untreated day 0 sample were calculated from these mean values. The entire datasets are available as supplemental data in an online appendix (Table S1 [at http://diabetes.diabetesjournals.org]).

Two main strategies were used to assess the significance of the observations. First, since each experiment included a control pool, the study design generated more samples in the control day 0 group than for other time points. In validation analyses, this allowed us to divide the day 0 group into two individual subgroups (four samples each), providing an internal estimation of the intragroup

2312

experimental variability. As will be detailed below, a number of changes were observed at day 3 after CY treatment. Figure 1A shows that the differences between the day 3 and day 0 conditions were far more numerous than those between the replicate day 0 groups. This first analysis indicated that most of the variations described below were likely to be true and not merely a consequence of experimental fluctuation. Second, randomized data groups were generated by permutation between the 18 datasets of the expression values for each gene (row-wise permutation) and were then processed following the same methods as those for the true datasets. This generated matrices of fold change and P values for the null hypothesis (no time-dependent expression changes). This randomized dataset was used in unimodal comparisons of fold-change distributions (Table 2, see below). We also took advantage of the kinetic nature of the data. While the limited number of time points precluded the utilization of sophisticated time series techniques, an apparent falsepositive rate (FPR) was estimated for the genes of interest by combining the probabilities of coordinated variation in successive time points. For each gene in the real dataset, we counted the number of genes in the random dataset presenting a similar fold-change pattern (day 2 and day 3 only). For the simulation shown in Fig. 1B, close to 100,000 random "gene patterns" were thus queried. The vast majority of the patterns were observed quite frequently (10⁴ times or more), but a few were very rare or absent from the randomly generated data. Not surprisingly, these corresponded to genes showing the greatest fold change at day 3 relative to day 0 (Fig. 1C). From these computations, we derived an estimate of the FPR for each gene that showed a time-dependent variation.

Variations in gene expression. As a first analysis of changes in gene expression during the unfolding of CYinduced diabetes, we counted the overall number of genes that showed a change relative to the starting (day 0) value (Table 2). Overall, the effects of CY treatment mainly became apparent at day 3 after treatment, with a distribution of fold changes that was significantly different from that of the randomized data (Table 2, last column). For instance, an aggregate of 49 genes was induced or repressed by a factor of 3 or more, whereas only five genes showed such variation in the randomized dataset. At earlier times, while some of the changes may have been significant (see below), the overall pattern did not markedly depart from that of the randomized data. Interestingly, a roughly equivalent number of genes was induced or repressed by CY, with a fairly symmetric distribution in Table 2. This indicates that the cellular or genomic changes accompanying progression to diabetes were not limited to induction responses; it was not simply that an inflammatory response developed, but the process also included the downregulation of other functions.

We then analyzed in more detail the kinetics of expression of those genes in which transcripts were clearly altered by day 3 of CY treatment (filtered as described below). Figure 2 displays the distribution of expression at each day after CY treatment, plotted in reference to the day 0 values. Genes that eventually became induced by day 3 are shown in red, and those repressed are in blue. At day 1 (Fig. 2A), the majority of genes in the induced set

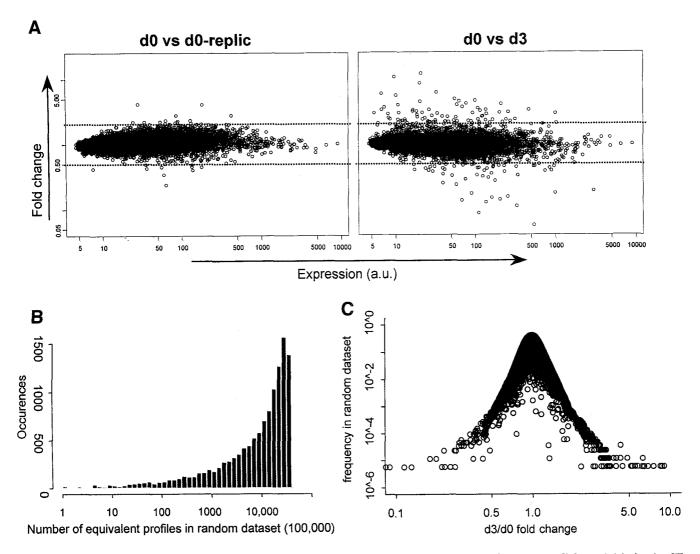


FIG. 1. Computational analysis of the microarray data. A: Substantial variation in gene expression 3 days after diabetes initiation by CY as assessed by Mu74Av2 microarray (RMA normalization). The plots represent the expression value (x-axis) versus the fold change relative to the day 0 (d0) value. On the left, the comparison is relative to a replicate group of day 0 samples, and day 3 (d3) values compared with day 0 are on the right. Horizontal lines indicate 2× fold change. B and C: The variations observed after CY induction are not random. B: Histogram representation of the number of times the observed expression patterns are reproduced in a randomized dataset generated by repeated permutation of the expression values between conditions. A few profiles are generated only very rarely or not at all by chance (<10 times per 10⁵ draws). C: These genes of low frequency in the random dataset correspond to those exhibiting the greatest fold change.

were not yet affected, still clustering around the diagonal, except for a few repressed genes already showing a clear change. At day 2 (Fig. 2B), most genes in the set began to show clear differences from the day 0 values, albeit still less than the full induction seen at day 3. For the repressed gene set, a few were already underexpressed at day 1, with an amplification of the trend at day 2.

Induced genes. Fig. 3A presents the identity and principal expression values for the 88 genes of the "induced set." These were selected with a cutoff on fold-change values of 2.1, selected as corresponding to a univariate FPR of 20% or better. (We did not use the t test P value as a filter because the estimate of the variance used in the t test is highly unreliable when dealing with a limited number of replicates, whereas the FPR derived from simulation makes no assumptions.) The t test P value and estimated FPR are also shown for reference in Fig. 3A. Many of these genes exhibited a partial induction at day 2, and the combined analysis in reference to the randomized control shows that their true significance is far greater (FPRs

2.10⁻⁴ to 5.10⁻⁶). This cutoff may eliminate from further examination a number of genes that exhibited significant, but more subtle, variations; however, they fall within a significantly more noisy range of the dataset. The following points can be made from the list in Fig. 3A:

Most of the changes emanated from inside the inflammatory infiltrate, rather than the islet cells themselves. The main cell type expressing each gene is indicated by color coding of the "locus link" column of the Fig., as determined by I) comparing relative expression in Mu74Av2 chips probed with whole-spleen or islet RNA (L. Poirot, C.B., D.M., unpublished data), from which the islet-to-spleen ratio was a clear indicator of preferential expression in pancreatic or hematopoietic cells; and \mathcal{Z}) retrieving information corresponding to the same chip from the GNF Gene Expression Atlas site. The majority of induced genes were typical of those transcribed by hematopoietic cells (myeloid or lymphoid, highlighted in green), and only a minority reflected responses in the target islet cells (highlighted in red). Most of these latter genes are

TABLE 2 Number of genes varying at different times after CY treatment

	Inc	duced transcri	pts	Randomized datasets									
Fold change	Day 1 vs. 0	Day 2 vs. 0	Day 3 vs. 0	Day 1 vs. 0	Day 2 vs. 0	Day 3 vs. 0	Day 1 vs. 0	Day 2 vs. 0	Day 3 vs. 0				
2	7	13	75	2	31	106	12	14	19				
3	1	3	21	_	5	28	1	3	5				
4	1	1	12		1	12	_	1	1				
5	1	1	11	_	_	8							
6	1	_	8	_		6			_				
7			5	_		3	_	_					
8			3			3	_	_	_				
9			3	—	-	3	_	_	_				
10			3			2	_						
11			2	_	_	2			_				
12	<u> </u>		2	_	_	1			_				
13			1	_		1	_		_				
14			1										
15			1			_							

The expression values from the 12,488 "genes" on the Affymetrix Mu74Av2 chip were normalized (RMA processing) and averaged between four to six independent datasets. The fold change in expression relative to the control (day 0) was calculated for samples 1, 2, or 3 days after CY treatment. The values in each row are the counts of genes that have a fold change greater than the value at left. The first two columns correspond to genes that are repressed or induced by CY; the last column similarly counts genes in a randomized data group, generated by random permutation of the expression values between individual samples, before normalization and averaging as performed for the true experimental datasets.

represented by a group of genes that are members of the Reg family (Reg α , Reg γ , and Pap). These pancreas-specific C-type lectins are associated with conditions of pancreatic stress or active growth (e.g., pancreatitis, partial pancreatectomy), but their exact function and origin remains unknown (21–25). All members of the family were induced in a synchronous fashion: a very slight increase at day 1, a dip at day 2, and robust induction at day 3 (Fig. 3A). This coordinated response likely denotes a stress response by pancreatic cells, possibly involving cell proliferation in response to the initial noxious effects of the CY-induced decompensation, but also perhaps a reaction to the islet isolation procedure. Overall, however, it is clear that most of the action was taking place in the infiltrate because CY-induced diabetes was not initiated in the target cells themselves.

IFN-\gamma and the genes it controls dominated the response in a striking manner. The color-coding of the "gene symbol" column of Fig. 3A, based on text searches through the cMu74Av2 chip annotation fields and PubMed databases, highlights those genes in which expression is controlled to some extent by IFN-y. Twenty-five of the 88 genes in the induced set belong to this class (more may also be IFN-γ-responsive, but not yet recognized as such). To some extent, the earlier descriptions of inflammatory changes in CY-induced diabetes did foretell the upregulation of a range of inflammatory cytokines and downstream transcriptional programs (11,14,26,27). Yet, the current data highlight the fact that the effects were very much focused on IFN-γ. Much less prevalent were other inflammatory cytokines that one might have expected to find, such as tumor necrosis factor (TNF)- α or other members of the TNF family. There have been conflicting reports on the importance of IFN-y in the development of diabetes in the NOD mouse, with different gene ablations of the cytokine or its receptor having contrasting effects in backcrossed animals (28–31). IFN-γ blockade by antibody treatment also had a limited effect on disease (11). The overwhelming impact of IFN-γ uncovered here argues for a reevaluation of this question.

Members of chemokine gene families were among the most strongly induced transcripts. These included Ccl2 and -7 and Cxcl9, -5, and -1. These chemokine transcripts showed parallel profiles of induction, i.e., slightly elevated at day 2, more fully induced at day 3 (Fig. 4A), but with a more robust induction for Ccl1 and -5 than for the other chemokine genes. Some of these genes are known to be IFN-y responsive (but this is not true of all), and their kinetics of induction (contemporary with those of IFN-y) suggest that other factors might have been responsible for their induction. Interestingly, these induced chemokine genes are clustered in murine genomes, particularly in two regions located on Chr5 and Chr11. Examination of the regions (Fig. 4B) shows that the transcriptional activation did not involve the entire cluster, i.e., only some members were induced, whereas others remained silent or unchanged (Figs. 3 and 4B and online appendix). Thus, the activation of gene expression did not represent a wholesale activation of chromosomal regions, but rather quite specific effects on particular genes. The disposition of the induced chemokines follows an interesting pattern: in both cases, the most 5' members of the cluster were those most significantly activated during CY-induced progression to diabetes, whereas there was much less effect on the more distal members of the locus. Is this disposition purely coincidental? It may reflect shared enhancer/response elements, although 130 kb separate Cxcl1 from Cxcl5, which is only 15 kb from the uninduced Cxcl2. It may also reflect the evolutionary history of the loci, inducibility being unequally conferred to duplicated members.

It is important to provide some independent validation of microarray data. In effect, several of the increases had already been validated, since the induction of IL-1 α , IL-1 β , IFN- γ , and IL-12 have previously been reported (11). In

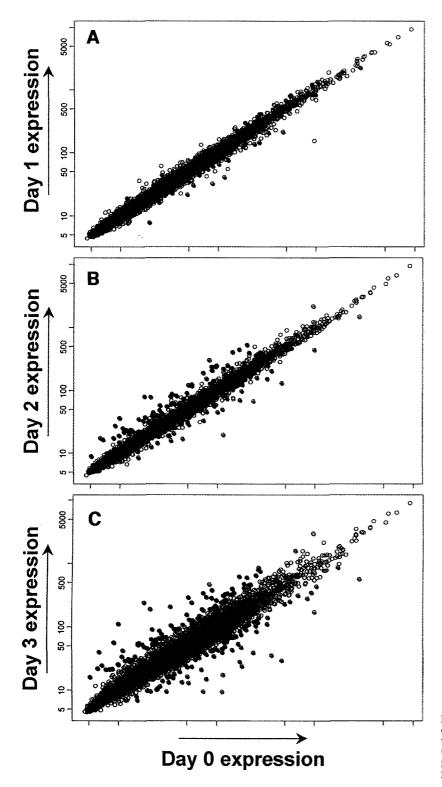


FIG. 2. A-C: Each graph plots the expression level of every gene in the analysis at day 0 on the x-axis versus the expression level at day 1, 2, or 3 on the y-axis. Genes that demonstrated a progressive increase at day 3 are plotted in red, and those that showed a decrease are plotted in blue.

addition, we quantitated transcripts of several of the genes belonging to the induced set (Table 3). Transcripts of $IFN-\gamma$ and the Cxcl9 chemokine (a.k.a. MIG) genes were measured by real-time quantitative analysis (TaqMan). For both genes, the increase detected on the arrays was mirrored in the real-time quantitative PCR analyses. As is commonly observed, the increase in gene expression was scored as greater in the PCR assay than on the microarrays, which tend to underrepresent the degree of variation;

thus, the values in Fig. 3 are likely an underestimate of the true range of variation during progression to diabetes.

More generally, the experiments reported here present a broad perspective on gene inductions that accompany CY-induced diabetogenesis. The comparison with PCR data, and in particular with our prior analysis of cytokine induction after CY treatment (11), also illustrates the limitations of the microarray analysis. Several of the genes in which induction was anticipated were indeed members

	Gene	Gene	Locus	. :	Locat.					FC	FC		t p-val I
	Symb.	Title	Link	Chr	(Mb)	day0	dayl	day2		d1/d0	d2/d0		d3/d0 s
	Cxcll	chemokine (C-X-C motif) ligand t	14825	5	90.20	18.1	18.2	79.5	239.8	1.00	4.39	1.000	0.00000 5.1
	CxxX	chemokine (C-X-C motif) figand 5	20311	5	90.06	10.0	11.5	36.1	110.5	1.16	3.63		0.00001 5.7
5349 g a	CXCII	chemokine (C-X-C motif) igand 1	14825	5	90.20	20.9	19.7	78.3	188.4	0.94	3.74		0.00859 5.7
9334_at 8773_s_a		interferon gamma		10	118,00 94,10	6.3 9.0	5.8 8.9	17.3 27.3	39.6 56.1	0.91	2.72 3.03		0.19427 5.7
02877_at		mmunoresponsive gene ! granzyme B		14	46.92	33.4	30.8	80.4	206.0	0.92	2,41		0.07171 5.7
03202_at	CALLED TO SERVICE OF THE PARTY	guanylate nucleotide binding protein 3	1972	3	143.22	50.9	51.3	121.1	288.2	1.01	2.38		0.00238 5.7
6764_at		interferon-inducible GTPase		18	60.59	83.1	34.1	301.6	464.6	1.01	3.63		0.00230 5.7
	Ili m	interleukin I receptor antagonist	16181	2	24.62	72.1	79.2	190.1	337.7	1.10	2.64		0.00000 5.7
	Pbef		10101	12	24.62 26.99	55.2	57.4	121.3		1.04	2.20		0.00000 1.1
03963 f a		pre-B-cell colony-enhancing factor interferon-inducible GTPase	60440			88.6	87.9	207.9	239.8	0.99	2.35		0.00618 5.7
		incentron-maticipie () rase	16819	18	60.62	22.1	24.5	39.8	376.0 90.4		1.81		
60564_at		particular and the control of the co		. 2	32,66		*			1.11			0.24864 5.7
2315_at 00880 at	Slin4	schlafen 4	20558	11	84.00	11.0	11.1	21.5	41.7	1.01	1.95		0.06919 5.7
		MM diabetic nephropathy-related gene 1 mRNA		3	143,19	77.8	75.0	153.4	292.0	0.97	1.97		0.01894 5.7
8410_at		interferon-g induced GTPase	20205	11	58.85	168.1	158.2	442.5	615.9	0.94	2.63		0.00002 5.7
4761_at		chemokine (C-C motif) figand 7	20306	11	82.83	6.8	6.6	16.3	24.4	0.98	2.41		0.30202 5.7
	Xist	inactive X specific transcripts	213742	99	88.39	6.1	5.9	5.6	21.8	0.97	0.91		0.34170 1.1
03639_at		interferon-induced protein with tetratricopeptide repe		19	33.90	15.8	14.6	34.7	53.9	0.93	2.20		0.07876 1.1
5621_at		RIKEN cDNA 9030623C06 gene		11	100.27	16.3	18.4	19.4	54.8	1.13	1.19		0.40230 1.1
		interferon-stimulated protein		4	152.87	26.2	23.4	57.5	85,6	0.90	2.20		0.10938 1.1
	Mai	molecule possessing ankyrin-repeats induced by LP:		16	56.08	15.8	18.2	22.0	51.6	1.15	1.39		0.00002 3.4
32712_at	Saa3	senim amyloid A 3	20210	7	35.36	87.9	60.3	235.1	282.3	0.69	2.68	321	0.14668 2.9
03954_at	Reg3a	regenerating islet-derived 3 alpha	3	6	78.86	266.4	316.4	247.6	846.9	1.19	0.93	3:18	0.26105 5.7
51968_f £		chemokine (C-C motif) receptor 5		9	124.43	49.3	42.4	90.7	154.0	0.86	1.84		0.07879 1.1
01800_at		formyl peptide receptor, related sequence 2	14289	17	16.40	10.8	11.0	24.8	33.4	1.02	2.30		
04647_at	Mark .	prostaglandin-endoperoxide synthase 2	19225	1	150.64	5.1	5.3	3.9	15.9	1.04	1.73	3:10	0.00003 1.1
078_at	Han .	lymphocyte antigen 6 complex, locus A		15	75.20	962.5	855.5	2142.1	2964.0	0.89	2.23	3,08	0.01266 2.2
4556_at	Saxlo	sorting aexin 10	71982	6	51.64	34.2	48,5	61.4	104.4	1.42	1.80	3.05	0.00037:1.1
3486_at		interleukin 1 beta	16176	2	131.01	34.6	35.1	\$7.8	103.6	1.01	2.54	2.99	0.18834 5.7
9849_at		EST		18	60.62	264.4	409.8	380.8	786.7	1.55	1.44		0.02819 1.1
7413_at	EST	RIKEN eDNA 1600029D21 gene	76509	9	50.63	17.6	19,6	32.6	52.1	1.11	1.85	2.97	0.08359 5.7
01436 at	Carlo.	chemokine (C-X-C motif) ligand 9, MIG	17329	5	91,65	202.5	214.6	526.9	595.5	1.06	2.60	2.94	0.00081 5.7
2642 at		carbonic anhydrase 2		3	14.99	21.7	21.9	39.3	62.8	1.01	1.81		0.31170 3.4
3096 at		RIKEN cDNA 3010002H13 gene	99571	3	83.95	7.4	7.6	9.9	21.0	1.02	1.33		0.00010 3.4
04597 at		guanylate nucleotide binding protein 2		3	143.28	142.8	140.5	402.8	397.5	0.98	2.82		0.06419 5.7
IS61 at		metaliothionera 2	17750	8	93.54	142.5	158.9	189.0	394.0	1.12	1.33		0.07031 4.5
2995_s_		granzyme A	14938	13	109.83	27.6	22.2	42.3	75.8	0.80	1.53		0.00413 4.5
628 f at		hypoxa inducible factor I, alpha subunit	200000000	12	68.60	275.7	338.2	398.4	748.5	1.23	1.45		0.00592 5.7
926_at		polymenic immunoglobulin receptor	18703	i	131.14	121.0	128.2	177.1	324.8	1.06	1.46		0.10419 5.7
02873_at	22.00	Peptide transporter 2	700000000000000000000000000000000000000	17	32.82	115.4	102.0	220.1	308.3	0.33	1.91		0.13084 5.7
			14933	99			22.5	and the second		1.00			
		giveeni kinase	14782	8	70,38	22.6		31.8	60.3		1.41		0.13259 2.2
50646_at		glutathone reductase I			32.50	70.4	59.8	94.3	187.2	0.85	1.34		0.03175 1.1
2715_at		ubiquitin D	24108	17	35.82	98.4	102,2	246.8	260.2	1.04	2.51		
2925_at		CCAAT/enhancer binding protein (C/EBP), beta		2	169.56	8.1	7.2	10.5	21.2	0.89	1.30		0.02719 5.7
192 at		ganglioside-induced differentiation-associated-protein		12	26.97	18.4	16.3	37.3	48.0	0.89	2.03		0.28101 6.8
3088_at		CD14 antigen	12475	18	37.00	127.8	141.3	248.1	332.8	1.11	1,94		0.08826 6.8
03258_at		DEC 205, CD205		2	61.10	24.1	25.3	29.4	62.0	1.05	1.22		0.00432 1.1
1774_at		Mouse 202 interferon-activatable protein	26387	1	174.74	9.9	12.1	19.0	25.4	1.22	1.92		
3629 f_at		hypoxia inducible factor I, alpha subuni		12	68,60	249.9	310.1	357.7	642.3	1.24	1.43		0.01063 1.1
5908_at		killer cell lectin-like receptor, subfamily A, member l		6	131.26	9.9	8.1	14.7	25.1	0.82	1.48		0.03833 2.2
1489_at		protein tyrosine phosphatase 4a1, PRL-1		1	31,29	72.2	90.4	89.3	182.3	1.25	1.24		
03446 at	EST	RIKEN cDNA 9130009C22 gene	71586	2	63.42	25.9	30.3	48.0	65.0	1.17	1.86	2.51	0.02613 5.7
2558_at		vascular cell adhesion molecule I		3	116.56	189.1	296.6	275.8	471.6	1.57	1.46		
3833_at	Mmp3	matrix metalloproteinase 3	17392	9	7.43	11.6	13.8	23.3	28.7	1.62	2.01	2:48	0.02811 2.2
1755_at	llla	interleukin I alpha	16175	2	130.95	8.7	10.3	17,3	21.5	1.18	1.99	2.48	0.20596 6.8
009_s_a	Pap	pancreatitis-associated protein, Reg3b		6	78.85	633.6	686.3	768.0	1569.1	1.08	1.21	2.48	0.00363 5.7
042 at		superoxide dismutase 2, mitochondrial	20656	17	12.19	37.1	37.6	61.2	91.0	1.01	1.65	2.46	0.03320 4.5
	Hk2	hexokinase 2	15277	6	83.19	12.6	12.2	20.3	30.7	0.97	1.62	2.45	0.25581 9.1
3000_at		lymphocyte antigen 64		16	33.61	52.4	67.8	49.1	127.8	1.29	0.94	2.44	0.37093 5.1
2736_at		chemokine (C-C motif) ligand 2, MCP-1	20296	11	82.82	38.5	40.5	82.0	92.0	1.05	2.13	2,39	0.20568 2.2
0648_at		fidgetin-like l	60530	11	11.88	28.1	21.0	32.1	67.0	0.75	1.14		0.01047 2.2
1465 at	Stati	signal transducer and activator of transcription 1		1	52.75	45.2	45.7	73.4	107.0	1.01	1.62	237	0.01688 1.1
2832_at		suppressor of cytokine signaling I		16	10,27	22.3	19.6	44.4	52.3	0.88	1.99		0.21062 1.3
178_at	Gpm6b	glycoprotein m6b	14758	99	146.37	24.2	28.1	25.9	56.5	1.16	1.07		0.28817 9.1
3816_at		F11 receptor, Jam	16456	1	172.21	54.0	62.0	73.7	126.1	1.15	1.36		0.03113 4.5
1642 f s		regenerating islet-derived 3 alpha		6	78.86	148.5	155.2	125.0	341.6	1.05	0.84		0.29305 5.7
792 at		IMAGE Al447305	Carried Manager 1	8	38.56	24.4	28,4	39,6	56.2	1.16	1.62		0.00170 5.7
0469 at		thrombospondin 1	21825	2	119.74	14.7	17.7	17.2	33.6	1.21	1.17		0.01854 2.2
092 at		placenta-specific 8		5	97.60	141.2	128.7	225.2	320,9	0.91	1.60		0.28094 6.8
848_at		RIKEN cDNA 2900097C17 gene	347740	15	90.10	19.9	7.8	31.0	45.0	0.39	1.56		0.52869 5.7
2206 f a		suppressor of cytokine signaling 3		11	118.80	41.7	41.3	63.5	93.2	0.99	1.52		0.03787 6.8
067 at		p21 WAF, cyclin-dependent kinase inhibitor I A	12575	17	27.81	55.3	56.6	124,7	123.3	1.02	2,26		0.24846 2.7
0933_at		interferon gamma induced GTPase		11	58.84	95.9	87.3	238.4	213.8	0.91	2,49		0.02260 5.7
018_at		protein Creceptor, endothelal	19124	2	157.60	30.7	30.1	55.3	68.4	0.98	1.80		0.04890 8.0
3754_at		RIKEN cDNA 1100001F19 gene		3	136.09	56.8	58.1	58.4	126.1	1.02	1.03		0.12937 1.1
4114 at		RIKEN cDNA 2310050N11 gene	66967	ī	152.37	66.4	60.6	70.4	147.4	0.91	1.06		0.22089 1.1
255 g a		chlonde intracefular channel 4 (mitochondrial)	29876	4	133,28	84.8	92.9	127.8	188.2	1.10	1.51		0.00010 4.5
233 g a				10				15,4	29.8	0.87	1.13		0.03675 5.7
		small nuclear ribonucleoprotein D3			75.31	13.6	11.8						
183_at		protein phospatase 3, regulatory subunit B, alpha iso		11	17.28	117.3	100.5	128.6	256.8	0.86	1.10		0.00311 2.2
951 at		C-type lectin, macrophage, sf8	17474	6	124.23	12.9	12.3	23.3	28.0	0.96	1.81		0.13098 9.1
956_at		interferon-induced protein with tetratricopeptide repe		19	33.93	13.7	13.3	22.0	29.6	0.97	1.61		0.25852 2.7
0277_at		syntaxin 12	100226	4	130.91	123.5	129.6	160.5	265.8	1.05	1.30		0.00554 3.4
064_at		regenerating islet-derived 3 gamma		6	78.94	110.8	151.2	97.9	238.4	1.36	0.88		0.02727 1.1
	Cast :	serine protease inhibitor 6	20723	13	32,50	91.3	91.0	141.3	195.7	1.00	1.55	234	0,04986 1.1
405 at		glycine amidinotransferase (Larg:gly amidinotransfer		2	124.20	188.9	235.2	243.0	404.1	1.25	1.29	CONTRACTOR OF THE PARTY OF THE	0.08716 8.0

FIG. 3. Genes with significant changes in expression levels between day 0 and day 3. Genes are ordered by fold change from day 0 to day 3 (FC d3/d0) from most to least changed. In the "Locus Link" column, genes expressed predominantly by infiltrating hematopoietic cells are highlighted in green, and genes expressed by pancreatic cells are highlighted in red. A: Genes with >2.1-fold increases in gene expression are listed. In the "Gene Symb." column, IFN- γ and those genes in which expression is known to be affected by IFN are highlighted in orange. In the "Gene Title" column, chemokines are highlighted in yellow. B: Genes with changes in expression on day 3 versus day 0 of <0.54-fold are listed. In the "Locus Link" column, those genes expressed specifically in B-cells are highlighted in dark green.

	Gene	Gene	Locus	L	ocat.					FC	FC	FC	tp-val F
AffylD	Symb.	Title	Link Ci	hr ((Mb)		dny1			d1/d0		43/40	d3/d0 si
101870_at		immunoglobulin heavy chain 4 (senim lgG1)			107.39		214.3		29.3	0.47	0.29	0.06	
102823_at		immunoglobulin IgG2b			107.36	113.2 362.8	115.5 394.2	49,5 204,4	9,4 35.2	1.02	0.44		0.00414 5.7
100583_at 102824_g_		immunoglobulin heavy chain (J558 family) immunoglobulin IgO2b			107.36	73.0	79.9	32.9	9.5	1.09	0.45		0.00561 5.7
99420_at		Immunoglobulin IgA		12	107.32	181.4		123.4	23.5	1.13	0.68		0.00724 5.7
101869_s_		hemoglobin, beta adult major chain		7	92.28	115.4	40.9	19.5	17.3	0.35	0.17	106	0.11885 2.2
102372_at	lgj	immunoglobulin joining chain		5	87.79	172.0		70,1	27.8	0.94	0.41	700	0.02277 5.7
92858_at		secretory leukocyte protease inhibitor		2	166.22	236.0	136.6	67.6		0,58	0.29		0.00823 1.1
102156 f		lgK chain gene, C-region		6	71.15	990.3	847.5	440.6	170.7	0.86	0,45		0.00097 1.1
101331_f_(93086_at		immunoglobulin kappa chain variable 8 (V8) immunoglobulin kappa chain variable 8 (V8)		6 6	70.55	78.5	54.6 2253.6	45.4	564.7	0.80	0.52		0.00017 5.7
100721 f		scFv Immunoglobulin H+L		6	68.95	51.8	43.8	28.1	12.9	0.85	0.54		0.00166 3.4
161012_ai		CD79B antigen		11	107.16	178.5		97.1	47.0	0.70	0,54		0.01442 5.7
101329 1		immunoglobulin kappa chain variable 8 (V8)		6	68.75	44.5	34.9	16.9	13.3	0.79	0.38	7.50	0.01780 2.2
98033_at	EST	RIKEN cDNA 1100001H23 gene		6	136.93	143.7			42.8	1.08	0,72		0.00396 4.5
100566_at		insulin-like growth factor binding protein 5		1	73.50	69.8	70.2	50.1	21.0	1.01	0,72		0.00414 5.7
93638_s_s		immunoglobulin lambda chain, variable I		16 15	18,54	31.0 166.6	24.7 195.3	24.5 124.9	9.4 53.3	1,17	0.75		0.05630 2.2
95030_at 97563_f_at		protection receptor Immunoglobulin heavy chain gene CDR3		12	109,43	50.4	42.7	29.7	16.2	0.85	0.59		0.00024 3.4
93583_s_a		immunoglobulin heavy chain 6 (heavy chain of IgM)	1992	12	107.47	44.04. 144.4		158.5	84.0	0.86	0.62		0.00199 3.4
101054_at		la-associated invariant chain, CD74		18	61,18	841.0		723.0	278.6	1.02	0.86	433	0.01387 3.4
92316 f at		lg lambda V region		16		327.2			109.6	0,63	0.47		0.01323 1.0
103040_at		CD83 antigen		13	43.28	113.4		82,8	39.3	0.99	0.73		0.02771 1.0
93106_i_at		T-cell receptor beta, joining region		6	41.52	93,4		56,5	34.1	0.95	0.61		0.15684 1.6
92880_at		milk fat globule-EGF factor 8 protein	17304 11816	7	67.46		1112.2			1.20	1.11		0.01017 1.1
95356_at 104093_at		apolipoprotein E lymphocyte specific 1	320000	7	131.53	113.6	91.5	83.4	44.5	0.81	0.73		
93584_at		immunoglobulin heavy chain 6 (heavy chain of IgM		12	107.47	121.7	97.8		48,8	0.80	0.68		0.01757 2.6
93904 f at	IgH-V (J55	immunoglobulin heavy chain Viegion (J558 family)		12	108.19	32,6	24.4	19.0	13.1	0.75	0.58	100	0.00009 4.5
104564_at		secretogranin III		. 9	75.93	251.2			102.7	1.49	0.93	188	0.01896 5.7
		immunoglobulin heavy chain V region (J558 family)		12	108.19	24.7	17.0	14.4	10.1		0.58		0.00288 2.5
102296_at		proprotein convenase subtilisin/kexin type 2	- 6500	2	145.51				431.5	1.30	0.95		0.00176 5.7
99823_r_at		DNA segment, Chr 18, ERATO Doi 232, expressed	52492 50706	18	21.18 54.56	55,9 25,1	30.3 35.0	48.9 18.3	23.3	0.54	0.88		0.23272 2.2
92593_at 93972_at		osteoblast specific factor 2 (fascic lin I-like) NADH dehydrogenase (ubiquinone) Fe-S protein 2	30100	i.	171.98	331.0		Committee of the committee of the	138.8	1.17	0.75		0.00114 2.2
95016_at		neuroplin		. 8	128.16	177.8			75.0	1.24	0.83		0.00298 6.8
94781 at		hemoglobin alpha, adult chain 1	672 S. 1	H	32.45	101.0	65.3	45.1	42.9	0.65	0.45	36	0.02935 1.9
		immunoglobulin heavy chain V region (J558 family)		12	109.80	36.2		20.7	15.5	0.88	0.57		0.00656 8.1
99197_at		group specific component		5	88.72	26.6	43.5	23.4	11.5	1.63	0.88		0.00267 6.8
92740_at		Immunoglobulin heavy chain, M sotype	* (Cichanacotatioletoit)	12	107.46	15.6	11.6	8.5	6.9	0.74	0.54		0.03753 5.0
101684_1		Simple-repeat sequence contains transcript, T2 immunoglobulin kappa chain variable 8 (V8)		11	81.69 68.57	263.7	144.6	235.2 12.5	116.6 9.5	0.92	0.58	100	0.00290 5.7
100682_f_1 103357_ai		solute carrier family 2 (facilitated glucose transporter		3	28.53	158.2			70.4	1,41	0.75		0.04197 3.5
95330_at		glucose-6-phosphatase, catalytic, related sequence		2	70,10	560.3	820.8	463.9	249.5	1,47	0.83		0.12092 1.1
97160 at		secreted acidic cysteine rich glycoprotein		11 .	55,99	200,0			89,3	1,39	0.87		0.02039 1.2
99599_s_a		prostate tumor over expressed gene 1		7	33.49	152.1	154,3			1.01	0.90		0.01091 9.1
93109_f_ai		serine protease inhibitor 1-4		12	97,78	153.1		153.6 74.0	69.8 57.8	0.60	0.59		0.00446 4.5
99446_at		Ms4a1, membrane-spanning 4-domains, subfamily / immunoglobulin heavy chain 4 (serum IgG1)	· · · · · · · · · · · · · · · · · · ·	19	10,26	126.3 42.1	75.7 41.4	29.8		0.98	0.71		0.00373 4.1
100360_f_ 92422_at		chromogranin A		12	96.58	674.3				1,11	0.84		0.01486 2.1
95893_at		B lymphoid kmase		14	54.01	50.0	and the second section is a second section of the		23.0	0.69	0.64	20.00	0.00659 5.4
100611_at		lysozyme		10	116.94	492.6	674.3	470.9	227.7	1.37	0.96	100	0.02822 1.8
100329_at		serine protease inhibitor 1-4		12	97.87	78.4		77,0	36.3	1.03	0.98		0.00543 1.0
103596_at		diacylglycerol kinase, alpha		10	128.75	90.8			42.3	0.88	0.71		0.03288 3.2
94906_at		alcohol dehydrogenase I (class I)	11522	. 3	138.92	97.6			45.6	1.11	0.83		0.00041 2.7
101576_f_		serine proteuse inhibitor 1-2	0.75	12	97.74 84.39	144.2				1.08	0.99		0.00479 9,1
99562_at 101732_at		mannosidase 2, alpha Bi homolog to Drosophila per		7	98.08	87.1			100 (0.00)		0.93		0.30540 4.5
103501_at		purine rich element binding protein A	19290	18	36,56	118.5					0.93		0.03780 1.1
96971_f_8		Immunoglobulin Kappa V-J joining		6 .	69.35	37.1	33,8	25.6	17.8	0,91	0.69		0.00000 5.8
93915_at		POU domain, class 2, associating factor I		9	51.36	33.8				0.68	0.47		0.06995 3.4
96708_at		integral type I protein	66111	9	89.49	257,3				1,44	0.90		0.01466 9.1
99187 f a		RIKEN cDNA 2010315L10 genc		8	70.42	139.8				1,03	0.83	-	0.04477 4.0
96943_at 104239_at		G protein pathway suppressor I Tssc6 tetraspanin	TELES	7	121.67 132.06	173.4 66.2					0.72		0.00924 1.5
98574_at		pre-mRNA processing factor 8		11	76.29	129.0				1.12	0.95		0.01847 1.2
103412 at		RIKEN cDNA 3732412D22 gene	77569	5	66.08	28.2				1,09	0.78		0.00044 6.0
96972 f a	t lgk-V8	immunoglobulin kappa chain variable 8 (V8)		6	69.35	76.5				0,96	0.75		0.00762 4.4
99188_at		RIKEN cDNA 2010315L10 gene		8	70.41					0.99	0.82		0.06673 3.3
100081_at		stress-induced phosphoprotein 1		19	3.21	19.8				1.02	1.24		0.03868 5.7
93637 at		CDS antigen, Lyl		19.	9.72	60.7	52.5 1707.5			0.86	0.82		0.00367 2.7 0.02973 6.6
92866_at 96648_at		histocompatibility 2, class II antigen A, sipha coronin, actin binding protein 1A		7	115.42	190.1				0,75	0.84		0.06326 2.4
100468_g		lymphoblastomic leukemia		8	83.99	31.6					0.60		0.02793 2.1
101078_at		basigin, CD147	12215	10	79.53	119.4				1.12	0.94		0.03088 1.2
161756_0		RIKEN cDNA 4833420N02 gene		ii -	77.03	48.5	21.6	41.0		0.45	0.85		0.33184 9.1
96117 ra	t H13	histocompatibility 13		2	154.39	118.4	123.7	116.1	60,4		0.98		0.02935 9.1
101972_a	Kdap	kidney-derived aspanic protease-like protein		. 7		213.2					0.79		0.01027 5.6
100094_a		suppressor of Ty 5 homolog (S. cerevisiae)		. 7	19.91	65.0					1.00		0.04169 1.8
160789_a		RIKEN cDNA 9530090G24 gene	66050	2	157.55 48.88	119.7					0.94		0.02238 2.9 0.03229 2.9
96605_at		RIKEN cDNA 0610011104 gene CD52 antigen	66058	6	132.15						0.79		0.03229 2.3
97008_f_s		mmunoglobulin heavy chain variable region		12	108.98	15.3					0.70		
	Lib	lymphotoxin B		17		132.4		106.5			0.80		0.03516:5.1

FIG. 3—Continued.

of the induced set of the present experiments (e.g., IFN- γ , IL- 1α , and IL- 1β). On the other hand, several others scored as unchanged (IL-12p35, TNF- α , and Fas; see online appendix). Most of these include genes with modest induction scores by PCR analysis, and it has been our

experience that microarray analysis very often (but not always) underestimates the magnitude of induction; this is particularly true when the RMA technique is used for probe-level normalization. Others, such as IL-2, were simply not detected in either condition, likely because of the

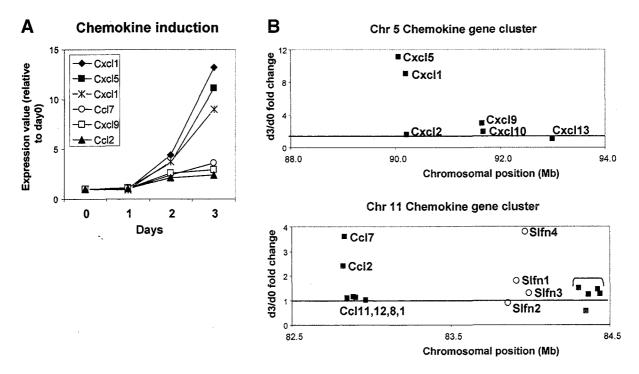


FIG. 4. Chemokine gene induction. A: Fold changes in gene expression at different times during CY induction of diabetes, for six chemokines. B: Fold changes in gene expression (y-axis) are plotted against the position of the genes on chromosome 5 or 11 on the x-axis. The position is expressed in Mb, based on the May 2003 release of the public domain sequence of the mouse genome (http://www.ensembl.org/Mus_musculus).

variable efficacy of oligonucleotide chips. Thus, oligonucleotide chips are powerful tools for revealing broad patterns of coordinate changes, but are of doubtful reliability for quantitating a specific gene product.

Repressed genes. The 84 genes in which transcripts decreased in the 3 days following CY treatment are listed in Fig. 3B. They are very different in class and composition from the induced gene set.

A major proportion of the decreased transcripts were genes expressed in B-cells (highlighted in dark green). Twenty-three of the repressed transcripts issued from immunoglobulin loci (heavy or light chains, variable or constant regions) and were among those that showed the most profound reduction, 8 of 10 of the transcripts showing the greatest reduction were from immunoglobulin genes. The reduction was not limited to immunoglobulin genes, a number of other B-cell transcripts were also affected, such as genes encoding molecules involved in antigen presentation (MHC class II, invariant chain), cell surface receptors (CD52, CD79, and CD83), and signal transduction molecules (CD5, Blk, and Dgkα). More than likely, this broad set of decreases reflects a drop in the proportion of B-cells in the insulitic lesion. Insulitis in BDC2.5/NOD mice (and in NOD animals as well) includes

TABLE 3 RT-PCR validation of the chip data

Gene	Fold increase (chip)	Fold increase (RT-PCR)
IFN-γ	3.1–10.1	6.9–98
Cxcl9	1.8–4.2	5.9–8.7

The range of observed variation in independent experiments, where the induction of gene transcripts (day 3 relative to day 0) was measured by microarray or by quantitative RT-PCR, is shown.

a very sizeable proportion of B-cells, which can account for up to 30% of the infiltrate area in immunohistochemical analyses (M.M., R.P., D.M., C.B., unpublished data). CY is known to be particularly toxic to B-cells; treatment with this agent provokes the death of B-cells within 24–48 h after administration (32). Thus, a wave of B-cell death within the infiltrate is likely to be the root of this strong reduction in B-cell–specific transcripts.

As was the case for the induced gene set, only a minority of the "reduced set" transcripts originated from the islet cell compartment. None of those corresponded to the primordial function of pancreatic endocrine cells; in particular, insulin transcripts were only reduced from 6,760 to 6,300 and 5,240 to 4,390 units for Ins1 and Ins2, respectively. This finding indicates that a generalized loss of β -cell function had not yet occurred by 3 days after CY treatment. The transcriptional changes that affected islet cells were predominantly centered on secretory or protease control functions (secretogranin, ChromograninA, Kexin2, and Spi family members), perhaps indicative of early changes in secretory pathways.

Genomic clustering of the CY-induced response. Given the suggestive genomic clustering of the induced chemokine genes, we analyzed more extensively the genomic distribution of those genes in which expression was affected by CY, clustering them according to their chromosomal position (information from the Affymetrix website [NatAffx.com], complemented by BLAST [basic local alignment search tool] searches on the Ensembl genome browser). Genes were considered to potentially belong to a cluster when they mapped <500 kb apart and were either induced or repressed after CY administration. Several interesting clusters were highlighted by this search (Fig. 5). Some were expected, such as the chemokine

AffyID	Gene Symbol	Gene Title	Chr	Position (Mb)	day0	day1	day2	day3	d3/d0
		NADH dehydrogenase (ubiquinene) Fe-S protein 2	. 1	171.98	331.0	385.7	248.1	138.8	0.42
		Hilmceptor ism	1	172.21	54.0	62.0	73.7	126.1	2.33
94755_at	Ill a	interleukin 1 alpha	2	130.95	8.7	10.3	17.3	21.5	2.48
103486_at	II1 b	interleukin 1 beta	2	131.01	34.6	35.1	87.8	103.6	2.99
		RIKIDN CDNA 9530090G24 gene	2	THE RESERVE OF THE PARTY OF THE	119.7	131.0	122.8		0.52
	i i i	photein Creceptor, endothelial	2	157.60	30.7	30.1	55.3		2.23
100880_at		MM diabetic nephropathy-related gene 1 mRNA	3	143.19	77.8	Same and the street commence and			3.76
103202_at	AND DESCRIPTION OF THE PROPERTY OF THE PARTY	guanylate nucleotide binding protein 3	3	143.22	50.9		121.1		5.67
104597_at	Gbp2	guanylate nucleotide binding protein 2	3	143.28	142.8	140.5	402.8		2.78
		ensmokine (C-X-C moth-ligand 5	. 3	90,06		THE R. LEWIS CO., LANSING MICH. 49(1)	36.1		11.11
	Gill	chemoking (C-X-C motif) ligand 1	- 5	90.20	18.1	18.2	79.5		13.22
		obenicking (C:X-C morth) ligand 9, MIG	- 5	91.65	202.5	214.6			2.94
100682_f_	Igk-V8	immunoglobulin kappa chain variable 8 (V8)	6	68.57	21.4	A real of the second	de consucuis		Contract to the second
101329_f_	AND RESERVED TO A PARTY OF THE	immunoglobulin kappa chain variable 8 (V8)	6	68.75	44.5	34.9	16.9		0.30
101331_f_		immunoglobulin kappa chain variable 8 (V8)	6	70.55	78.5	the sures of the second	45.4	Same and the company of the con-	0.19
102156_f	a Igk-C	IgK chain gene, C-region	6	71.15	990.3	847.5			0.17
		proceeding essociated protein, Reg3b	. 6		633.6	Anna Carrier and American	La maria de la composición del composición de la composición de la composición de la composición del composición de la composición del composición de la composición del compo	1569.1	2.48
	Beet :	degenerating islet-derived 3 alpha	6		266.4	316.4	STATE OF BUILDINGS STATE	Salara Salara da	3.18
		degenerating is let-derived 3 gammin	6		110.8	151.2	97.9		2.15
101972_at	Kdap	kidney-derived aspartic protease-like protein	7	33.21	213.2	The commence of the same	Long to a page of the state of	Carrier concentration of the contract of the c	0.51
99599_s_a	Ptov1	prostate tumor over expressed gene 1	7	33.49	152.1	154.3			0.45
		ymphoblastomic leukėmia	8		31.6		18.8	The same of the same of the same of the	Service of the servic
	Nungibl :	mannosidase 2, alpha Bl	. 8	84.39	194.7	212.1	Section of the sectio		0.47
160933_at		interferon gamma induced GTPase	11	58.84	95.9	87.3			2.23
98410_at	Gtpi-pendin	interferon-g induced GTPase	11	58.85	168,1	158.2			3.66
	OF B	chemokine (C-C motif) ligand 2, MCP-1	- 11	82.82	eran en	action of the contract of the	82.0	Contractor and the contractor of the contractor	the second stranger agents and other
	Cid	chemokine (C-C motif) ligand 7	11	82.83	6.8				3.59
processor and the same of the	Gdap10	ganglioside-induced differentiation-associated-proteir		26.97	18.4	grand and a second	37.3	a place in the terror accounts to trape the arm	2.62
94461_at	Pbef-pendi	n pre-B-cell colony-enhancing factor	12	26.99	55.2	57.4			4.34
		seme protease inhibitor 1-2	12	97.74	144.2	156.4	143.0	all and the second second	Commence of the large property and the control of
	Spil4	serine protease inhibitor 1-4	12	97.78	153.1	157.0		after a suppression of the second	0.46
	Spil+	serine protease inhibitor 1-4	12	97,87	78.4	The second second	77.0		
100583_at	Igh-VJ558	immunoglobulin heavy chain (J558 family)	12	control of the second second	362.8	Ender of the commence	The same of the second street from		
Section and a proper party of the Contract of	IgA	Immunoglobulin IgA	12	107.32	181.4	A CONTRACTOR OF THE PARTY NAMED IN CONTRACTOR OF THE PARTY NAMED I	4		
102823_at	Andreas and the second second second	immunoglobulin lgG2b	12	107.36	113.2	all and the second and the second	49.5	the commence with a consider	and the second second second second
101870_at		immunoglobulin heavy chain 4 (serum IgG1)	12	107.39	460.7	214.3	131.7	alle and the second second	A contract to the second section of the second
97008_f_a1	IgH-V	immunoglobulin heavy chain variable region	12	108.98	15.3	13.0	far	ala - comenzacione	
97563_f_at		Immunoglobulin heavy chain gene CDR3	12	109.43	50.4			and the same of the same of the	0.32
		mmunoglobulin heavy chain V region (J558 family)	12	109.80	36.2		ينتحصون		0.43
		ramunoglebulin lambda chain, variable l	16		and the second of the second	Control of the sequence of the second	dan a sa na mamanakana	al and the second second	demonstration of the second
	(IEV	Le kindda Vicgion	- 16						تحسست
102873_at	and the second state of the second se	transporter 2, ATP-binding cassette, sub-family B (MI		and work as a common transport of the common part o	115.4		Company of the second second second	and the second s	The construction of the control of t
92866_at	H2-Aa	histocompatibility 2, class II antigen A, alpha	17	32.88	1719.3		1492.5		
		purite ten element binding protein A	12	36.56		Dec Superior and Constitute	109.5	No. of the contract of the con	dec mes
		CI214 anigen	18						
103639_at		interferon-induced protein with tetratricopeptide repe		the second of the second of the second		aliante a como menor de acomo	Garage and Commission of the C	and the second second second second second second	Car Ann
93956_at	Ifit3	interferon-induced protein with tetratricopeptide repe	19	33.93	13.7	13.3	22.0	29.6	2.16

FIG. 5. Clustering of the CY-induced response. Genes in which expression is modified by CY and are located within 500 kb of each other are ordered by chromosomal position. Expression levels at each day and the ratio of expression levels at day 3 to day 0 are shown in the columns to the right.

cluster described above or the immunoglobulin heavy and light chain clusters. The Reg genes also all map within a 140-kb stretch. Others were somewhat of a surprise and may underscore hitherto unrecognized relationships; for example, the "prostate tumor overexpressed gene 1" and "kidney-derived aspartic protease-like protein" were coordinately repressed and map close to each other on Chr7. Conversely, the genes encoding Pbef and Gdap10 (pre–B-

cell colony-enhancing factor and ganglioside-induced differentiation associated protein 10, respectively) map within 20 kb of each other on Chr12 and were induced in concert. Only in one instance did genes in the same geographical cluster respond discordantly, underscoring the significance of the observations, given that random clustering would be expected to generate equal numbers of concordant and discordant clusters.

2319

What pathways are involved? These results paint a broad portrait of the molecular processes participating in progression to diabetes subsequent to treatment of insulitic mice with CY. This progression involves the extinction of B-cell transcripts and induction of a response dominated by IFN-y and the genes it controls. Interestingly, this pattern has significant but incomplete overlap with that detected when comparing the "respectful" and "destructive" islet infiltrates that develop when the BDC2.5TCR transgene is bred onto different genetic backgrounds (L. Poirot, D.M., C.B., unpublished observations). Overabundant IFN-y gene expression and overexpression of certain IFN-y-responsive transcripts were also found in the latter context, whereas other genes highlighted in the present study were not differentially expressed, including the chemokine and Schlafen gene families or the B-cellderived transcripts. Thus, the various aggressive/destructive forms of insulitis observed under different conditions (CY induced or genetic background influenced) may represent a common cellular phenotype at which different immunoregulatory perturbations converge. IFN-y and the genes it induces would be at the point of convergence, whether resulting from NK-related overexpression or from chemical induction. IFN-y would then activate the full cytotoxic potential of the various cell types present in the lesion, i.e., T-cells, but also NK cells or macrophages, or even neutrophils, which are secondarily recruited after CY induction (33).

In the case of CY-induced diabetes, one might speculate that the disappearance of B-cells is at the root of the process, either because B-cell depletion results in the release of large amounts of apoptotic cell fragments, thus activating the myeloid cells that abound in the lesion and altering their capacity to interact with/control T-cells, or because B-cells exert a regulatory influence in and of themselves, as was proposed by Turk (34) in the mid-1970s and more recently in a murine model of arthritis (35). Disappearance of B-cells would unleash, then, aggressive insulitis. Although not usually thought as central to the pathogenesis of type 1 diabetes, B-cells do play an important role, as shown by the quasi-absence of autoimmune attacks in B-cell-deficient NOD mice (36-38), although this point is more controversial in the human milieu (39). This is usually interpreted as a perturbation of antigen presentation, which prevents the initial priming of autoreactive T-cells. The present data lead one to speculate that B-cells may also be involved in later stages of the process, when regulatory balances condition the outcome of the autoimmune lesion.

On the other hand, our data do not support the oftevoked notion that CY exerts its influence by depleting suppressor T-cells. The aggressiveness of the insulitic lesion in BDC2.5 mice is strongly conditioned by regulatory T-cell populations, which are under the control of costimulatory family genes such as ICOS or CTLA-4 (6,40) (A. Herman, C.B., D.M., unpublished observations). In the latter study, diabetes induced by ICOS blockade correlated with clear changes in the "Treg signature," a set of 150 genes differentially expressed in CD25⁺CD4⁺ regulatory cells (41). In the present data, such changes were conspicuously absent. In addition, we have not observed significant reductions in pancreatic CD25⁺ T regulatory

cells after CY treatment (A. Herman, D.M., C.B., unpublished data). Thus, and unless CY affects a very minor subpopulation with regulatory potential, changes in T regulatory populations do not seem prevalent in CY-induced diabetes.

In conclusion, this analysis reveals a landscape dominated, to a striking degree, by IFN- γ and the genes it controls. The model used here certainly represents an extreme form of β -cell destruction, and it will be important to assess whether IFN- γ occupies such a central position in other instances of autoimmune β -cell destruction, and whether the molecular and cellular pathways uncovered in this mouse system play a role in human patients.

ACKNOWLEDGMENTS

This work was supported by grants from the National Institutes of Health and the JDRF to D.M. and C.B. (P01 AI 39671 and 9-1998-1004), by grants from Joslin's National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK)-funded Diabetes and Endocrinology Research Center (DERC) cores, and by funds from the W.T. Young Chair for Diabetes Research. M.M. was supported by grants from the JDRF and the Endocrine Fellows Foundation.

We thank members of the Benoist-Mathis lab and John Rogus for discussion; Jack O'Neill, Vaja Tchipashvili, and Gordon Weir of the JDRF Center for Islet Transplantation at Harvard's Islet Preparation Core for provision of islets; Robert Saccone of the DERC Microarray Core for processing and hybridization of the probes; and Judy George and Ella Hyatt for maintaining the BDC2.5 colony.

REFERENCES

- Ohashi PS, Oehen S, Buerki K, Pircher H, Ohashi CT, Odermatt B, Malissen B, Zinkernagel RM, Hengartner H: Ablation of "tolerance" and induction of diabetes by virus infection in viral antigen transgenic mice. *Cell* 65:305– 317, 1991
- Von Herrath MG, Dockter J, Oldstone MB: How virus induces a rapid or slow onset insulin-dependent diabetes mellitus in a transgenic model. Immunity 1:231–242, 1994
- 3. Katz JD, Wang B, Haskins K, Benoist C, Mathis D: Following a diabetogenic T cell from genesis through pathogenesis. *Cell* 74:1089–1100, 1993
- Verdaguer J, Schmidt D, Amrani A, Anderson B, Averill N, Santamaria P: Spontaneous autoimmune diabetes in monoclonal T cell nonobese diabetic mice. J Exp Med 186:1663–1676, 1997
- Haskins K, Portas M, Bergman B, Lafferty K, Bradley B: Pancreatic islet-specific T-cell clones from nonobese diabetic mice. Proc Natl Acad Sci U S A 86:8000-8004, 1989
- Luhder F, Höglund P, Allison JP, Benoist C, Mathis D: Cytotoxic T lymphocyte-associated antigen 4 regulates the unfolding of autoimmune diabetes. J Exp Med 187:427–432, 1998
- Herman AE, Freeman GJ, Mathis D, Benoist C: Profile of an autoimmune lesion: a balancing act between T effectors and T regulators. J Exp Med 199:1479–1489, 2004
- Ansari M, Salama, Ad, Chitnis T, Smith RN, Yagita H, Akiba H, Yamazaki T, Azuma M, Iwai H, Khoury SJ, Auchincloss H Jr, Sayegh MH: The programmed death-1 (PD-1) pathway regulates autoimmune diabetes in nonobese diabetic (NOD) mice. J Exp Med 198:63–69, 2003
- Balasa B, Van Gunst K, Sarvetnick N: The microbial product lipoploysaccharide confers diabetogenic potential on repertoire of BDC2.5/NOD mice: implications for the etiology of autoimmunity. Clin Immunol 95:93–98, 2000
- Horwitz MS, Bradley LM, Harbertson J, Krahl T, Lee J, Sarvetnick N: Diabetes induced by Coxsackie virus: initiation by bystander damage and not molecular mimicry. *Nat Med* 4:781–785, 1998
- 11. André-Schmutz I, Hindelang C, Benoist C, Mathis D: Cellular and molecular

- changes accompanying the progression from insulitis to diabetes. $Eur\ J\ Immunol\ 29:245–255,\ 1999$
- Harada M, Makino S: Promotion of spontaneous diabetes in non-obese diabetes-prone mice by cyclophosphamide. *Diabetologia* 27:604–606, 1984
- Yasunami R, Bach JF: Anti-suppressor effect of cyclophosphamide on the development of spontaneous diabetes in NOD mice. Eur J Immunol 18:481–484, 1988
- 14. Rothe H, Faust A, Schade U, Kleemann R, Bosse G, Hibino T, Martin S, Kolb H: Cyclophosphamide treatment of female non-obese diabetic mice causes enhanced expression of inducible nitric oxide synthase and interferon-gamma, but not of interleukin-4. *Diabetologia* 37:1154–1158, 1994
- Gotoh M, Maki T, Kiyoizumi T, Satomi S, Monaco AP: An improved method for isolation of mouse pancreatic islets. *Transplantation* 40:437–438, 1985
- Gonzalez A, Katz JD, Mattei MG, Kikutani H, Benoist C, Mathis D: Genetic control of diabetes progression. *Immunity* 7:873–883, 1997
- 17. Luhder F, Chambers C, Allison JP, Benoist C, Mathis D: Pinpointing when T cell costimulatory receptor CTLA-4 must be engaged to dampen diabetogenic T cells. Proc Natl Acad Sci U S A 97:12204–12209, 2000
- Mueller R, Bradley LM, Krahl T, Sarvetnick N: Mechanism underlying counterregulation of autoimmune diabetes by IL-4. *Immunity* 7:411–418, 1997
- Kanagawa O, Militech A, Vaupel BA: Regulation of diabetes development by regulatory T cells in pancreatic islet antigen-specific TCR transgenic nonobese diabetic mice. J Immunol 168:6159-6164, 2002
- Irizarry RA, Hobbs B, Collin F, Beazer-Barclay YD, Antonellis KJ, Scherf U, Speed TP: Exploration, normalization, and summaries of high density oligonucleotide array probe level data. *Biostatistics* 4:249–264, 2003
- Baeza N, Sanchez D, Vialettes B, Figarella C: Specific reg II gene overexpression in the non-obese diabetic mouse pancreas during active diabetogenesis. FEBS Lett 416:364–368, 1997
- 22. Sanchez D, Baeza N, Blouin R, Devaux C, Grondin G, Mabrouk K, Guy-Crotte O, Figarella C: Overexpression of the reg gene in non-obese diabetic mouse pancreas during active diabetogenesis is restricted to exocrine tissue. J Histochem Cytochem 48:1401–1410, 2000
- 23. Gurr W, Yavari R, Wen L, Shaw M, Mora C, Christa L, Sherwin RS: A Reg family protein is overexpressed in islets from a patient with new-onset type 1 diabetes and acts as T-cell autoantigen in NOD mice. *Diabetes* 51:339–346, 2002
- Baeza NJ, Moriscot CI, Renaud WP, Okamoto H, Figarella CG, Vialettes BH: Pancreatic regenerating gene overexpression in the nonobese diabetic mouse during active diabetogenesis. *Diabetes* 45:67–70, 1996
- Ohno T, Ishii C, Kato N, Ito Y, Shimizu M, Tomono S, Murata K, Kawazu S: Increased expression of a regenerating (reg) gene protein in neonatal rat pancreas treated with streptozotocin. *Endocr J* 42:649–653, 1995
- Rothe H, Ito Y, Kolb H: Disease resistant, NOD-related strains reveal checkpoints of immunoregulation in the pancreas. J Mol Med 79:190–197, 2001

- 27. Prud'homme GJ, Chang Y: Prevention of autoimmune diabetes by intramuscular gene therapy with a nonviral vector encoding an interferongamma receptor/IgG1 fusion protein. Gene Ther 6:771–777, 1999
- 28. Hultgren B, Huang X, Dybdal N, Stewart TA: Genetic absence of γ -interferon delays but does not prevent diabetes in NOD mice. *Diabetes* 45:812–817, 1996
- Wang B, André I, Gonzalez A, Katz JD, Aguet M, Benoist C, Mathis D: Interferon-γ impacts at multiple points during the progression of autoimmune diabetes. Proc Natl Acad Sci U S A 94:13844–13849, 1997
- Kanagawa O, Xu G, Tevaarwerk A, Vaupel BA: Protection of nonobese diabetic mice from diabetes by gene(s) closely linked to IFN-gamma receptor loci. J Immunol 164:3919–3923, 2000
- 31. Serreze DV, Post CM, Chapman HD, Johnson EA, Lu B, Rothman PB: Interferon-γ receptor signaling is dispensable in the development of autoimmune type 1 diabetes in NOD mice. *Diabetes* 49:2007–2011, 2000
- Turk JL, Parker D: Effect of cyclophosphamide on immunological control mechanisms. *Immunol Rev* 65:99–113, 1982
- 33. André I, Gonzalez A, Wang B, Katz J, Benoist C, Mathis D: Checkpoints in the progression of autoimmune disease: lessons from diabetes models. *Proc Natl Acad Sci U S A* 93:2260–2263, 1996
- Turk JL: The organization of lymphoid tissue in relation to function. Lymphology 10:46-53, 1977
- 35. Mauri C, Gray D, Mushtaq N, Londei M: Prevention of arthritis by interleukin 10-producing B cells. *J Exp Med* 197:489–501, 2003
- 36. Serreze DV, Chapman HD, Varnum DS, Hanson MS, Reifsnyder PC, Richard SD, Fleming SA, Leiter EH, Shultz LD: B lymphocytes are essential for the initiation of T cell-mediated autoimmune diabetes: analysis of a new "speed congenic" stock of NOD.Ig mu null mice. J Exp Med 184:2049–2053, 1996
- 37. Serreze DV, Fleming SA, Chapman HD, Richard SD, Leiter EH, Tisch RM: B lymphocytes are critical antigen-presenting cells for the initiation of T cell-mediated autoimmune diabetes in nonobese diabetic mice. *J Immunol* 161:3912–3918. 1998
- 38. Greeley SA, Katsumata M, Yu L, Eisenbarth GS, Moore DJ, Goodarzi H, Barker CF, Naji A, Noorchashm H: Elimination of maternally transmitted autoantibodies prevents diabetes in nonobese diabetic mice. Nat Med 8:399-402, 2002
- 39. Martin S, Wolf-Eichbaum D, Duinkerken G, Scherbaum WA, Kolb H, Noordzij JG, Roep BO: Development of type 1 diabetes despite severe hereditary B-lymphocyte deficiency. N Engl J Med 345:1036–1040, 2001
- 40. Gonzalez A, Andre-Schmutz I, Carnaud C, Mathis D, Benoist C: Damage control, rather than unresponsiveness, effected by protective DX5+ T cells in autoimmune diabetes. *Nat Immunol* 2:1117–1125, 2001
- McHugh RS, Whitters MJ, Piccirillo CA, Young DA, Shevach EM, Collins M, Byrne MC: CD4(+)CD25(+) immunoregulatory T cells: gene expression analysis reveals a functional role for the glucocorticoid-induced TNF receptor. *Immunity* 16:311–323, 2002