

Inhibiting cytokines of the interleukin-12 family: recent advances and novel challenges

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Abstract

Interleukin-12 (IL-12) and the more recently discovered IL-23 and IL-27 constitute a unique family of structurally related, heterodimeric cytokines that regulate cell-mediated immune responses and T helper 1 (Th1)-type inflammatory reactions. Not surprisingly, the potentiality of treating conditions such as multiple sclerosis (MS) and rheumatoid arthritis (RA) through pharmacological interference with IL-12 pathways has received widespread attention. In this review we have examined over 50 substances with reported IL-12 inhibitory effects. We demonstrate that a majority of these belong to a limited number of major functional classes, each of which targets discrete events in the IL-12 biological pathway. Thus, most IL-12 inhibitory substances appear to work either through inhibition of transcription factor NF- κ B activation, up-regulation of intracellular cAMP, blockage of posttranslational processing or interference with signal transduction pathways. In addition, cyclophilin-binding drugs, and generic inhibitors of nuclear histone deacetylases, and of ion channels, pumps and antiporters are emerging as potential leads to novel targets for interference with IL-12 production. Many inhibitors of NF- κ B and of IL-12 signal transduction have been proven effective in limiting or preventing disease in experimental autoimmune encephalomyelitis (EAE) models of MS. The sharing of the p40 subunit, the IL-12R β 1 and components of the signal transduction pathways between IL-12 and IL-23 raises the question as to whether the beneficial effects of various drugs previously ascribed to inhibition of IL-12 may, in fact, have been due to concurrent blockage of both cytokines, or of IL-23, rather than IL-12. Moreover, the homodimeric β ₂-form of IL-12, though originally considered to display only antagonistic effects, is now emerging as a pronounced agonist in a variety of inflammatory processes. Reassessment of IL-12 inhibitory compounds is therefore needed to scrutinize their effects on IL-12 α β , β ₂ and IL-23 formation. This is likely to open exciting perspectives to the identification of drugs that target these cytokines either indiscriminately or selectively. The functional diversity of presently available inhibitors should facilitate an unprecedented flexibility in designing future trials for the treatment of IL-12- and IL-23-mediated disorders.

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Introduction

Inhibiting the action of interleukin-12 (IL-12) has been shown to suppress development and clinical progression of disease in a multitude of experimental models of autoimmunity and chronic inflammation (Caspi 1998). These observations have kicked off an ever-expanding quest for novel pharmacological inhibitors of IL-12 with potential relevance for treatment of Th1-type disorders such as multiple sclerosis, psoriasis, rheumatoid arthritis, inflammatory bowel disease, type 1 diabetes and acute graft-versus-host disease. In this article, we have attempted to compile and classify numerous inhibitors that are known to suppress IL-12 production or signal transduction. We show that, according to their mode of action, most pharmacological inhibitors belong to one out of three major categories: inhibitors of NF- κ B; compounds directly or indirectly raising intracellular cAMP or modulating related intracellular pathways; and those interfering with the IL-12 signal transduction pathway. In addition, we have included inhibitors of IL-12 that do not specifically belong to any of the 3 major categories and work through interfering with nuclear histone deacetylases; with cyclophilins; with ion pumps, channels and transporters, or through modification of posttranslational processing. For the purpose of this review, we did not consider inhibitors that solely act indirectly (e.g. through modifying the Th1–Th2 balance (e.g. by increasing IL-10 production)), and neither did we include

antibody-based drugs or endogenous polypeptides with intrinsic ability to suppress IL-12, such as chemokines. Whenever possible, we have attempted to correlate in-vitro with in-vivo data. In particular, many IL-12 inhibitors have been tested in animal models of experimental autoimmune encephalomyelitis (EAE), a model for multiple sclerosis, and sometimes these studies were performed before the effects of these inhibitors on IL-12 production were known or understood.

The most important message emerging from this compilation may well reside in the conclusion that the huge number and functional diversity of presently available inhibitors should facilitate an unprecedented flexibility in designing future trials for treating IL-12- and IL-23-mediated diseases.

Structure, biology and signal transduction of interleukin-12, -23 and -27

The IL-12 family of cytokines: structure and regulation
IL-12 is the critical cytokine that regulates the differentiation of naïve CD4⁺ T cells to T helper (Th) 1 cells that produce interferon- γ (IFN- γ). IL-12 is a heterodimer composed of two disulfide-linked subunits designated p40 (or β -chain) and p35 (or α -chain) (Gately et al 1991; Gubler et al 1991; Wolf et al 1991; Trinchieri & Scott 1995; Yoon et al 2000). Whereas p40 has homology with cytokine receptors, the p35 subunit is homologous to other cytokines, such as IL-6 and granulocyte-colony stimulating factor (G-CSF). The assembly of these subunits results in the biologically active p70 heterodimer. The p35 subunit is ubiquitously expressed, whereas p40 expression is more limited and highly regulated. The p40 promoter binds several transcription factors, such as NF- κ B, IFN regulatory factor-1 (IRF-1) and Ets-family members (Murphy et al 1995; Ma et al 1996, 1997; Plevy et al 1997; Figure 1). Moreover, the IFN consensus binding protein (ICSBP) has also been shown to be important for IL-12 transcription (Wang et al 2000). IL-12 is produced by a

variety of cells, but antigen-presenting cells (APCs) such as monocytes, macrophages and dendritic cells (DC) are the major producers. Binding of bacterial products from these organisms to Toll-like receptors results in IL-12 production. IL-12 participates in a positive feedback loop by promoting IFN- γ secretion that, in turn, potently primes monocytes and granulocytes for further IL-12 production (Kubin et al 1994; Yoshida et al 1994; Ma et al 1996).

The recent identification of a novel cytokine subunit, p19, which is homologous to IL-12p35, has turned IL-12 into a family of cytokines. Identified through database mining, p19 heterodimerizes with p40 to form the new cytokine, designated IL-23 (Oppmann et al 2000). p19 is also produced by APCs, and T cells and endothelial cells can produce it as well. IL-23 can induce IFN- γ in T cells but unlike IL-12, it strongly enhances memory T-cell proliferation.

IL-27 is the newest member of this family of heterodimeric cytokines (Pflanz et al 2002) and is the result of the dimerization of EB13 (Epstein-Barr virus induced gene 3) with the novel protein p28. EB13 is homologous to IL-12p40 (Devergne et al 1996, 1997), whereas p28 is related to IL-12p35. IL-27 is also produced by APCs. Similar to IL-12, it induces proliferation of naïve T cells and, in combination with IL-12, it promotes IFN- γ secretion and drives Th1 differentiation.

Receptors utilised by cytokines of the IL-12 family

The IL-12 receptor (IL-12R) is composed of two subunits, β 1 and β 2, structurally similar to the type I cytokine receptor super-family and homologous to gp130 (Chua et al 1994, 1995; Presky et al 1996). As is the case for other type-I cytokine receptors, co-expression of both subunits generates the high-affinity IL-12R. The β 2-subunit contains on its cytoplasmic domain tyrosine residues that recruit signalling molecules, whereas IL-12R β 1 is critical for ligand binding (Wu et al 2000). The IL-12R complex is expressed on T cells, natural killer (NK) cells and DCs (Grohmann et al 1998), with its expression on T cells being highly regu-

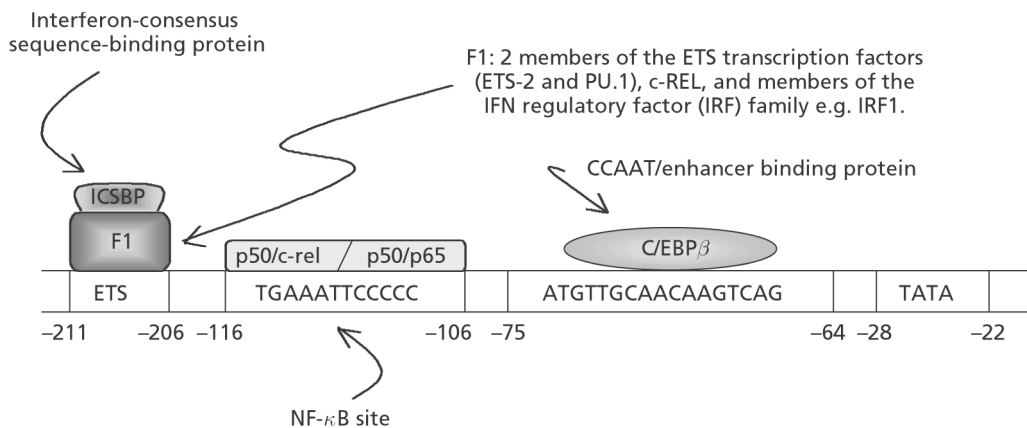


Figure 1 Regulation of interleukin-12 p40 gene expression. The ETS element is regarded as the major response region. This element interacts with a large nuclear complex (F1) and ICSBP (IFN- γ -induced nuclear factors). p50/c-rel and p50/p65 bind to the NF- κ B site in response to LPS induction. More proximal to the TATA box, a third element is found, to which the C/EBP β transcription factor binds.

lated. The control of IL-12R β 2 expression is an important aspect in helper T cell regulation. IFN- γ up-regulates the transcription factor T-bet, which, in turn, maintains IL-12R β 2 expression (Lighvani et al 2001; Afkarian et al 2002). In contrast, IL-4 down-regulates IL-12R β 2 expression (Rogge et al 1997; Szabo et al 1997; Sinigaglia et al 1999), suggesting that the counter-regulation of IL-12 receptor expression by IFN- γ and IL-4 is an important factor governing Th1–Th2 differentiation.

IL-23 binds a receptor composed of IL-12R β 1 and a second subunit, designated IL-23R, normally expressed at low levels on T cells, NK cells, monocytes and DCs (Parham et al 2002). The intracellular domain of the IL-23R contains seven tyrosine residues, which are probably important for downstream signalling events.

IL-27 binds the previously considered orphan receptor WSX-1/TCCR, another receptor with homology to the gp130 family mainly expressed in T cells (Chen et al 2000; Yoshida et al 2001; Pflanz et al 2002). Because of the similarity with the IL-12 and IL-23 receptors, it is predictable that a second IL-27R component will soon be discovered.

Biological effects of the IL-12 family of cytokines

IL-12 stimulates the production of IFN- γ in NK cells (Trinchieri 2003). IFN- γ thus produced stimulates bacter-

icidal activity of phagocytic cells and enhances the innate immune response. Moreover, the development of naïve CD4⁺ T cells to either Th1 or Th2 cells, a crucial event for effective acquired immunity, is critically regulated by IL-12, even if several other cytokines play a role in this process. Th1 cells produce IFN- γ and promote the cell-mediated immunity essential for the response against intracellular pathogens, viruses and bacteria (Dong & Flavell 2001; Glimcher 2001; Farrar et al 2002; O'Shea & Paul 2002; O'Shea et al 2002). IL-23 acts preferentially on memory CD4⁺ T cells and its role is therefore more important for the anamnestic immune response. IL-27 synergizes with IL-12 to trigger IFN- γ production by T cells (Pflanz et al 2002) and preferentially acts on naïve CD4⁺ T cells to induce their differentiation and expansion.

Signal transduction

Like other cytokine receptors IL-12R lacks intrinsic enzymatic activity (for overview of signal transduction see Figure 2). Signalling through the IL-12R involves activation of Janus kinases (JAKs) (O'Shea et al 2002). Jak2 and Tyk2 phosphorylate the IL-12R on tyrosines located in the intracellular domain (Zhou et al 1997). STATs (signal transducers and activators of transcription) are recruited to these phosphorylated tyrosines, and subsequently, phosphorylated STATs form transcriptionally active

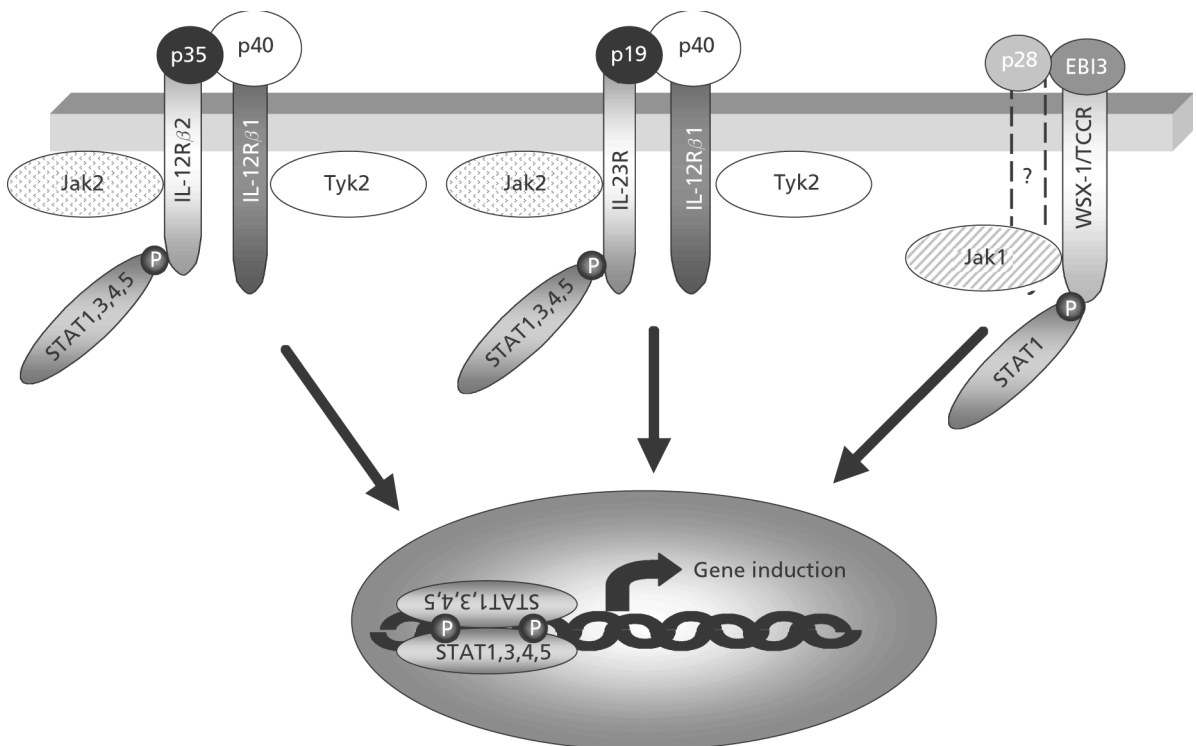


Figure 2 Signal transduction pathway of the IL-12 family of cytokines (Gadina et al 2003). IL-12 and IL-23 both utilize p40 and IL-12R β 1. IL-27 is composed of a p35-related molecule called p28, and a p40-related soluble receptor, EB13. IL-27 binds WSX-1/TCCR and another signal-transducing chain (still unknown). Upon cytokine binding to the receptors, the signal transduction leads to activation of the Jak/STAT pathway as indicated. IL-12 and IL-23 activate a similar pattern of Jaks and STATs. The signal transduction pathway of IL-27 is still only partially characterized but involves Jak1 and STAT1.

hetero- or homo-dimers. STAT4 appears to be most critical for IL-12 signalling (Bacon et al 1995; Jacobson et al 1995). Jak2 and Tyk2 are also involved in the IL-23 signalling cascade and their activation also results in phosphorylation of STAT1, 2, 3, 4 and 5. The molecular events downstream of the IL-27R have not been completely elucidated yet. Jak1 and STAT1 have been shown to be recruited to the receptor (Takeda et al 2003) but the lack of a counterpart for the WSX-1 chain makes it difficult to draw any conclusion about the IL-27 signal transduction.

Role of IL-12 and IL-23 in inflammation: lessons from experimental animal models

Knocking out the p40 gene or using anti-IL-12 antibodies prevents Th1 cell-mediated disorders... but there is a caveat

The ability of IL-12 to strongly promote the development of Th1 cells makes it an ideal target for the treatment of Th1 cell-mediated diseases, such as autoimmune diseases and inflammatory bowel disease (IBD). Over the past 10 years many research groups have utilised a number of animal models to elucidate the role of endogenous IL-12 in pathogenesis. These models include experimental autoimmune encephalomyelitis (EAE), experimental autoimmune uveitis (EAU), collagen-induced arthritis (CIA), autoimmune nephritis, insulin-dependent diabetes mellitus (IDDM) and different models for IBD. In these models, the role of endogenous IL-12 has been addressed by using IL-12p40 knockout mice or by administering anti-IL-12 antibodies. IL-12p40 knockout mice have been found to be resistant to EAE (Becher et al 2002; Gran et al 2002; Cua et al 2003) and EAU (Tarrant et al 1998). In CIA, disease incidence was reduced in IL-12p40 knockout mice although some mice developed severe paw inflammation, indicating that IL-12 is not absolutely required in the etiopathogenesis of this disease (McIntyre et al 1996).

Autoimmune disease in MRL-Fas^{lpr} mice is characterized by fatal nephritis and systemic inflammation of skin, glands, lungs, and joints, and is a model of systemic lupus erythematosus. MRL-Fas^{lpr} mice deficient in IL-12p40 exhibited a significantly reduced systemic inflammation but only a delay in renal pathology (Kikawada et al 2003), indicating that IL-12 has a differential impact on pathology in multiple tissues undergoing autoimmune destruction. Endogenous IL-12 seems not to be required for spontaneous development of IDDM and insulinitis in non-obese diabetic (NOD) mice, since IL-12p40-deficient NOD mice were found to develop IDDM and insulinitis equally well as wild-type mice (Trembleau et al 1999). Remarkably, Th1 development in the peripheral organs, but not in the inflamed pancreas, was impaired in IL-12p40 knockout NOD mice. This is in contrast with findings in which NOD mice were treated with IL-12 antagonists; the pancreas-infiltrated T cells were skewed to a Th2 phenotype and the treated mice were protected from IDDM. In fact, in almost all other Th1-related animal models in which anti-IL-12 antibodies have been used, the treatment was found to abrogate Th1 development and to suppress the severity

of the disease, provided that the antibodies were administered in the initial phase of the disease process.

EAE is an animal model for multiple sclerosis (MS) and is considered to be the prototype of Th1-associated autoimmune diseases. Neuroantigen-specific CD4⁺ lymphocytes of the Th1 phenotype and inflammatory macrophages are thought to mediate the development of the inflammatory lesions and to trigger the demyelination of axons leading to progressive paralysis. In MS, increased IL-12 levels have been reported to correlate with disease activity and with active brain lesions detected by magnetic resonance imaging (Nicoletti et al 1996; Balashov et al 1997; Comabella et al 1998; Makhlof et al 2001a). In mice, EAE can be induced by immunization with myelin components together with one or several adjuvants. Depending on the induction schedule and the mouse strain, an acute form of the disease or a chronic progressive and relapsing form of EAE develops. In both forms of EAE, monoclonal antibody against IL-12 has been shown to prevent or suppress the development and progression of the disease. The effects of anti-IL-12 antibody treatment were studied in chronic relapsing EAE in SJL/J and in Biozzi ABH mice (Heremans et al 1999). In Biozzi mice, relapses occur spontaneously with high frequency, while in SJL mice spontaneous relapses occurs infrequently but can be induced reproducibly by re-immunization. Anti-IL-12 treatment not only inhibited the first attack but also inhibited spontaneous or induced relapses, provided that the antibodies were given before the onset of the first symptoms. Anti-IL-12 antibody, given during remission of the first attack, inhibited the re-induced relapses in SJL/J mice but not spontaneous relapses in Biozzi ABH mice (Heremans et al 1999). These results indicate that endogenous IL-12 affects the active induction process, but may not be necessary for triggering spontaneous relapses.

CIA is an experimental autoimmune model for human rheumatoid arthritis. IFN- γ receptor knockout mice are highly susceptible to CIA in that they develop arthritis more rapidly and with a more severe disease score than their wild-type counterparts (Vermeire et al 1997; Matthys et al 1999). Not only did administration of an anti-IL-12 antibody significantly reduce the symptoms of arthritis, but it also abrogated the humoral and Th1 cytokine response to the autoantigen collagen type II. These effects were seen both in wild-type and in IFN- γ receptor knockout mice (Matthys et al 1998). Although IL-12 is a strong inducer of IFN- γ , these results reveal that endogenous IL-12 can promote Th1 and disease pathology through a pathway independent of IFN- γ production. Similar findings have been reported for autoimmune diabetes (Trembleau et al 2003).

While all of these findings suggest that endogenous IL-12 plays a critical role in the pathogenesis of Th1-related disorders, it is important to mention that the anti-IL-12 antibodies used in these studies are known to act by binding the p40 subunit of the heterodimer. As this subunit is also part of IL-23 (Oppmann et al 2000), it is likely that in-vivo administration of anti-IL-12 antibodies neutralizes both endogenously formed IL-12 and IL-23. This observation calls into question whether the observed effects in the various disease models referred to above are to be

attributed solely to blockage of IL-12. Indeed, similar concerns arise from studies based on the use of knockout mice deficient in p40, which, as a consequence, do not produce either cytokine.

Distinct roles for IL-12 and IL-23 in the pathogenesis of EAE and inflammation in the central nervous system (CNS)

The first indirect evidence for the importance of a p40-containing cytokine other than IL-12 came from studies using p35 gene-targeted mice. These mice lack bioactive IL-12 but have normal levels of IL-23. IL-12p35 knockout mice are at least as susceptible to induction of EAE as wild-type mice (Becher et al 2002; Gran et al 2002). The disease in the susceptible IL-12p35 knockout mice was associated with a down-regulation in autoantigen-specific Th1 responses (Becher et al 2002), or with a deviation to Th2 (Gran et al 2002). This confirmed the importance of bioactive IL-12 in orchestrating Th1 type immune responses, but also illustrated that EAE can develop in Th2-associated conditions. Together with the finding that p40 knockout mice are resistant to EAE, these data suggested that other p40-containing cytokines, such as IL-23, are required for establishment of the disease. Proof for the involvement of IL-23 in the pathogenesis of EAE came from Cua et al (2003). These authors used p19-deficient mice, which lack IL-23 but not IL-12, and compared their susceptibility for EAE with p35-deficient mice (lacking IL-12 but not IL-23) and p40-deficient mice (lacking both IL-12 and IL-23). Similar to p40 knockout mice, p19 knockout mice were completely resistant to EAE. The p35 knockout mice were highly susceptible for EAE, a finding that is in confirmation with the earlier reports cited above (Becher et al 2002; Gran et al 2002). Cua et al (2003) further demonstrated that administration of IL-23 into the CNS of p19 knockout mice just before the disease onset can abrogate the resistance to EAE. In p40 knockout mice, IL-12 alone was not sufficient to provoke the disease. However, when the IL-12 treatment (at an early time point in the disease) was followed by administration of IL-23 into the CNS, EAE comparable with that seen in wild-type mice was induced. Administration of IL-23 alone in p40 knockout mice induced only a weak and delayed form of EAE. Additional experiments led the authors to conclude that IL-12 is necessary for the development of Th1 cells during the induction phase, whereas IL-23 is necessary for the subsequent CNS inflammation by activation of CNS-resident macrophages. In the mouse, the biological activity of IL-23 is distinct from IL-12: it does not induce significant amounts of IFN- γ , but unlike IL-12 it does induce proliferation of memory T cells (Brombacher et al 2003).

Taken together, the use of mice deficient in p40, p35 and p19 has revealed distinct roles for IL-12 and IL-23 in EAE. IL-23 cross-reactivity with anti-IL-12 antibodies questions the validity of effects previously attributed solely to IL-12 in a variety of other Th1-related disease models. Specific targeting of the p35 and p19 subunit in these models of disease will be important to clarify the individual contribution of each cytokine to overall pathogenesis. Equally, the sharing of the p40 subunit, the

IL-12R β 1 and components of the signal transduction pathways between IL-12 and IL-23 implies that the beneficial effects of various drugs previously ascribed to inhibition of IL-12 may, in fact, have been due to blockage of IL-23-associated, rather than IL-12-associated, pathogenesis. Hence, re-evaluation of these inhibitors is mandatory to differentiate between these possibilities.

Inhibitors of IL-12 (Figure 3)

Inhibitors of NF- κ B

1,25-Dihydroxyvitamin D₃ (1,25(OH)₂D₃) is the biologically active metabolite of vitamin D₃ and is required for calcium and phosphorus homeostasis and control of bone remodelling (De Luca & Schnoes 1983). Moreover, 1,25(OH)₂D₃ has multiple effects on differentiation and function of haematopoietic cells, and was reported to inhibit activation of T cells (Bhalla et al 1984) and to induce tolerogenic dendritic cells (Adorini et al 2003). 1,25(OH)₂D₃ inhibits IL-12 production by activated macrophages and dendritic cells by a mechanism involving down-regulation of NF- κ B activation and binding to the κ B sequence in the β -chain promoter (Lemire 1995; D'Ambrosio et al 1998). Interestingly, administration of 1,25(OH)₂D₃ or the non-hypercalcaemic analogue Ro 63-2023 prevented myelin oligodendrocyte glycoprotein (MOG)-induced chronic-relapsing experimental allergic encephalomyelitis (CR-EAE) in a Biozzi AB/H mouse model of multiple sclerosis (Mattner et al 2000). This inhibition was associated with a reduction of inflammatory infiltrates, demyelination and axonal loss in the affected areas of the CNS. The recent finding that IL-23 rather than IL-12 is crucial in the regulation of CNS inflammation (Cua et al 2003) does not necessarily conflict with the former findings (Mattner et al 2000), as endogenous IL-23 production may inadvertently have been blocked through the inhibitory effect of 1,25(OH)₂D₃ on transcription of the shared β -chain (Lemire 1995; D'Ambrosio et al 1998). Also, dehydroepiandrosterone (DHEA), a C₁₉ adrenal steroid, down-regulates transcription of the β -chain by an NF- κ B-dependent mechanism (Du et al 2001). In-vivo administration of DHEA reduced severity and incidence of acute EAE in SJL/L mice (Du et al 2001). Retinoids are naturally occurring or synthetic compounds that display vitamin-A-like properties, and were found to inhibit IL-12 production in lipopolysaccharide (LPS)-stimulated macrophages, presumably through formation of an inhibitory complex between NF- κ B and the retinoid X receptor (Na et al 1999; Kang et al 2000a). To a certain extent, this mechanistic pathway could explain the previously observed beneficial effects of retinoid treatment on disease course in a model of CR-EAE (Racke et al 1995).

Curcumin (diferuloylmethane) is a natural pigment, isolated from the rhizomes of the South Asian plant *Curcuma longa* (Srimal & Dhawan 1973), that exhibits a spectrum of antioxidant, antitumour and anti-inflammatory activity. The anti-inflammatory activity of curcumin is associated with prevention of activation of the transcription factors NF- κ B, AP-1 and c-Jun kinase (Kafar & Roy 1994; Surh et al 2001). Kang et al (1999a, b) demonstrated that curcumin

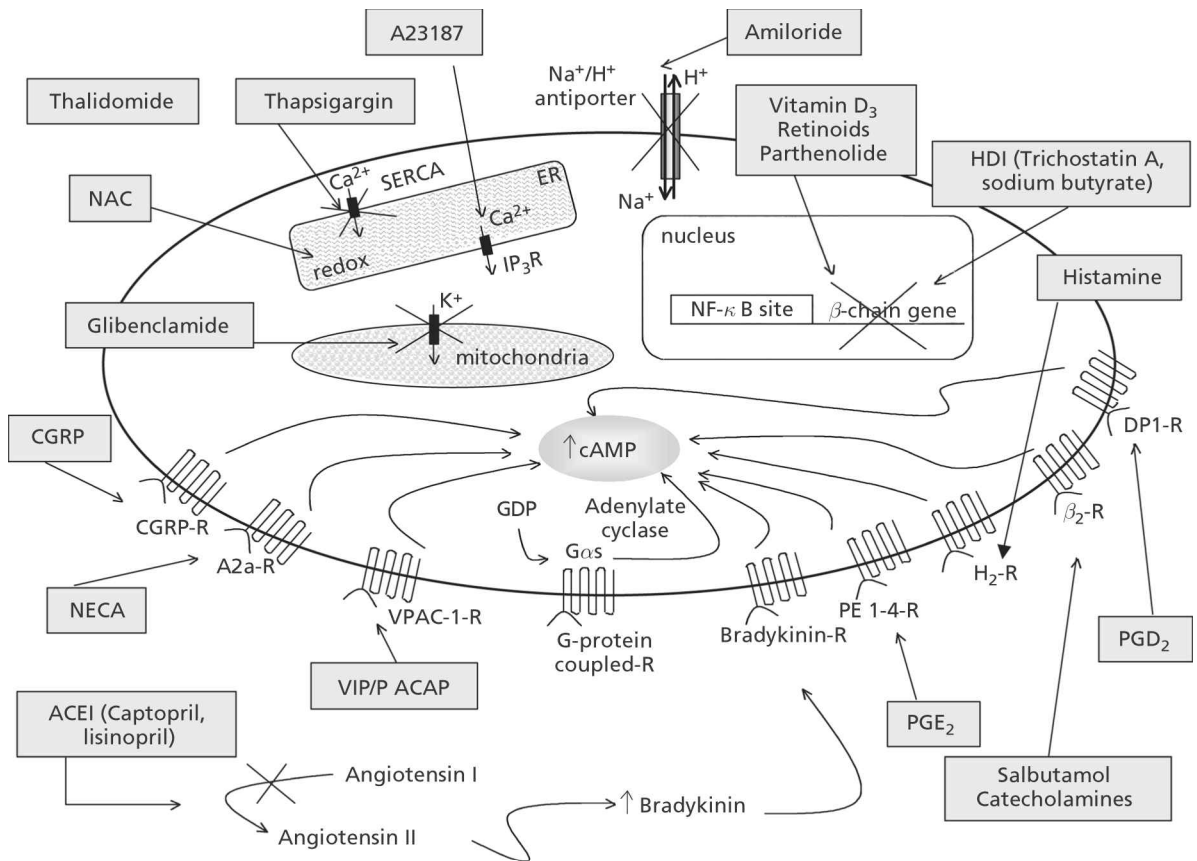


Figure 3 Overview of components of the cellular IL-12 production machinery targeted by inhibitory drugs and agents. The nuclear transcription stage is affected by inhibitors of nuclear HDAC and NF- κ B, and is also modulated by increased cAMP synthesis brought about by the interaction of a number of specific ligands with their G-protein-coupled receptors. At the protein level, the assembly or endoplasmic reticulum-to-Golgi trafficking of IL-12 can be prevented by drugs perturbing the function of the endoplasmic reticulum.

inhibits IL-12 production from macrophages with the repressive effect mapping to the κ B sequence in the β -chain promoter. Treatment of SJL/J mice with curcumin reduced duration, clinical score and demyelination and inflammation in EAE (Natarajan & Bright 2002a). This effect was associated with inhibition of IL-12 production from MBP-immune spleen cells in response to neural antigen. Remarkably, Natarajan & Bright (2002a) showed that curcumin also blocks IL-12-induced tyrosine phosphorylation of Jak-2, Tyk-2, STAT3 and STAT4. Therefore, the pronounced disease-limiting effect of curcumin in EAE may be due to interference with two separate events in the IL-12 pathway (i.e. inhibition of IL-12 production by monocytes and microglia, and disabling of the responsiveness of activated T cells to IL-12).

Sesquiterpene lactones have been identified in several plant families. Parthenolide, a predominant sesquiterpene lactone found in the Mexican-Indian species *Tanacetum parthenium*, is used as a herbal anti-inflammatory remedy. Part of this property is thought to be due to the ability of this compound to inhibit both NF- κ B activation and MAP kinases (Hwang et al 1996; Hehner et al 1998). Parthenolide appeared to block IL-12 production in

macrophages through the NF- κ B-sensitive site in the β -chain promoter (Kang et al 2001). Also, in LPS-induced dendritic cells, parthenolide abrogated production of IL-12 (Uchi et al 2002).

Kang et al (1999c, d; 2000b) have identified several other compounds that block IL-12 production by inhibition of NF- κ B binding to the β -promoter, including sulfasalazine, tanshinones from *Salvia miltiorrhiza* and chloromethyl ketone serine protease inhibitors. Of these, sulfasalazine had been tested previously in EAE, and had been found to lead to a clinically more protracted disease and to increase the number of autoreactive T-cells (Correale et al 1991), indicating that either the inhibitory effect of this drug on IL-12 (or IL-23) production may not be available in-vivo or that other (as yet undefined) disease-promoting effects may overshadow repressed IL-12 production.

Gold compounds are used in the treatment of rheumatoid arthritis. The work of Jeon et al (2000) revealed that the anti-inflammatory effect of the lipophilic gold compound auranofin occurs through inhibition of NF- κ B activation. They found that auranofin suppressed LPS-induced NF- κ B binding activity, degradation of I κ B proteins and activation of multi-subunit I κ B kinase. In a

separate study, auranofin was found to inhibit IL-12 production in macrophages and dendritic cells (Kim et al 2001). Though these authors did not investigate the intracellular mechanisms responsible for this effect, the former study (Jeon et al 2000) may support the notion that auranofin-induced IL-12 repression occurs predominantly through inhibition of the NF- κ B pathway.

Taken together, low-molecular-weight compounds such as 1,25(OH) $_2$ D $_3$, DHEA, curcumin and retinoids, that act on NF- κ B activation and translocation and block IL-12/IL-23 β -chain transcription, may constitute promising approaches to down-regulation of both IL-12 and IL-23-dependent inflammation (Racke et al 1995; Mattner et al 2000; Du et al 2001; Natarajan & Bright 2002a).

Modulating intracellular cAMP, and related pathways

Prostaglandin E $_2$ (PGE $_2$) potently inhibits LPS-induced IL-12 production by macrophages by a mechanism involving activation of adenylate cyclase and subsequent generation of increased levels of intracellular cAMP (van der Pouw Kraan et al 1995). Since β_2 -agonists are also known to elevate intracellular cAMP (Barnes 1995), Panina-Bordignon et al (1997) investigated the effect of salbutamol, a bronchodilator indicated in asthma, and other β_2 -agonists, on IL-12 production. These β_2 -agonists were found to inhibit transcription of the α - as well as the β -chains of IL-12 in both CD40L-stimulated dendritic cells and LPS-stimulated monocytes, an effect that could be reproduced by in-vivo administration of a therapeutic dose of salbutamol. That immunomodulation through β_2 -agonists may be of value in the treatment of inflammatory conditions is demonstrated by the finding that salbutamol potently suppressed established CIA by a mechanism involving reduced production of both IL-12 and TNF- α (Malfait et al 1999), and decreased IL-12 production in patients with secondary progressive MS (Makhlouf et al 2001b). Similarly, β_2 -adrenergic re-programming of IL-12- or IL-23-mediated Th1 responses may have contributed to the disease amelioration seen in a Lewis rat CR-EAE model of MS upon treatment with the β_2 -agonist terbutaline (Wiegmann et al 1995). In addition, the β -agonist isoproterenol was found to suppress CR-EAE in Lewis rats (Chelmicka-Schorr et al 1989; Wiegmann et al 1995), an effect that could be associated with inhibition of IL-12 (or IL-23) production mediated by this compound (Haskó et al 1998).

A number of studies have extended this concept by documenting suppressive effects of corticosteroids and catecholamines on IL-12 production. Dexamethasone (Elenkov et al 1996; DeKruyff et al 1998; Visser et al 1998), methylprednisolone (Vanderheyde et al 1999), budesonide (Larsson & Linden 1998), dopamine interacting with β -adrenoceptors (Haskó et al 2002a), histamine interacting with the H $_2$ receptor (van der Pouw Kraan et al 1998; Mazzoni et al 2001), and adrenaline (epinephrine) and noradrenaline (norepinephrine) (Elenkov et al 1996) were all reported to strongly inhibit production of IL-12 in appropriately stimulated dendritic or monocytic cells. While IL-10 production was found to be relatively insensitive to glucocorticoids (Elenkov et al 1996; Visser et al 1998), PGE $_2$ and β -agonists tend to increase production of IL-10 by

monocytes (van der Pouw Kraan et al 1995; Elenkov et al 1996; Haskó et al 1998, 2002a). Inhibition of IL-12 production and concomitant induction of Th2 development by histamine or PGE $_2$ is thus thought to contribute to disorders such as atopic dermatitis, allergic asthma and hyper-IgE syndrome (van der Pouw Kraan et al 1995, 1998). It is of relevance to note that, because of its inhibitory effect on IL-12 synthesis and Th1 differentiation, corticosteroid therapy may ultimately negatively affect the long-term course of allergic diseases (DeKruyff et al 1998). On the other hand, down-regulation of IL-12- (or IL-23-) dependent CNS inflammation by glucocorticosteroids may provide an explanatory basis for the previously observed correlation between endogenously produced corticosterone and spontaneous recovery of Lewis rats from EAE (MacPhee et al 1989). A similar rationale could probably be adopted to explain why the histamine H $_2$ agonist dimaprit significantly reduced clinical signs, blood-brain leakage and CNS inflammation in both C57BL/6 and iNOS-deficient mice models of EAE (Emerson et al 2002).

The opposite effects of PGE $_2$ on IL-12 versus IL-10 synthesis point toward the possibility of adopting pharmacological inhibition of cyclooxygenase-2 (COX-2) as a therapeutic means to restore the Th1 cytokine balance in disorders associated with low IL-12 production. COX-2 is the enzyme at the rate-limiting step of prostanoid synthesis, and is over-expressed in various malignancies, especially lung and colon carcinomas. IL-12 displays anti-metastatic and antineoplastic effects (Brunda et al 1993). In a murine Lewis lung carcinoma model, COX-2 inhibitors increased tumour infiltration of lymphocytes and limited tumour growth. This process was associated with restored IL-12 and suppressed IL-10 synthesis (Stolina et al 2000). Similarly, the COX-2 inhibitor rofecoxib attenuated growth and metastasis of colorectal carcinoma in mice by a mechanism involving decreased PGE $_2$ and IL-10 and increased IL-12 synthesis (Yao et al 2003).

Apart from the EP $_{1-4}$, H $_2$ and β_2 -receptors discussed above, at least four other G-protein-coupled receptors are currently considered as potential pharmacological targets for inhibiting the production of IL-12 through intracellular pathways that, at least partially, rely on stimulation of cAMP production. Binding of vasoactive intestinal peptide (VIP) or pituitary adenylate cyclase-activating peptide (PACAP) to the VPAC-1 receptor inhibited production of IL-12 through both cAMP-dependent and -independent pathways (Delgado & Ganea 1999). The therapeutic value of VIP for curing IL-12-mediated disorders was demonstrated by experiments showing that administration of VIP potently reduced incidence and severity of CIA (Delgado et al 2001). The second receptor is the adenosine A $_2$ a receptor, stimulation of which, with the non-specific analogue 5'-N-ethylcarboxamidoadenosine (NECA) or the A $_2$ a-specific agonist CGS-21680, suppressed production of IL-12 by stimulated whole blood or primary monocytes in a cAMP-dependent manner (Link et al 2000). Third, the binding of calcitonin gene-related peptide (CGRP) to its receptor attenuates IL-12 transcription in LPS-stimulated macrophages (Fox et al 1997; Torii et al 1997). Liu et al (2000) showed that cAMP phosphodiesterase inhibitors

such as rolipram potentiated, and the inhibitor of cAMP-dependent protein kinase H89 reversed, CGRP-mediated IL-12 suppression in LPS-stimulated macrophages. Phosphodiesterase inhibitors were also reported to block transcription of IL-12 by microglia (Suzumura et al 2003), suggestive for a therapeutic potential in the treatment of MS. Fourth, binding of prostaglandin D₂ to its DP1 cell surface receptor on LPS- or CD40-stimulated dendritic cells activates a cAMP-dependent inhibition of IL-12 production (Faveeuw et al 2003). Remarkably, these authors showed that the inhibition of IL-12 production is, in part, DP1-independent, and that the latter is associated with a blockade of NF- κ B binding activity (Faveeuw et al 2003).

It is worthwhile mentioning another regulator of cAMP with potential relevance to inhibition of IL-12 – cholera toxin. Cholera toxin is known to directly activate the α -subunit of the heterotrimeric G-protein complex by ADP ribosylation. Braun et al (1999) demonstrated that cholera toxin directly inhibits IL-12 production by monocytes and dendritic cells. In a model of LPS-induced shock, pretreatment of mice with cholera toxin down-regulated endogenous IL-12 β -chain levels (Braun et al 1999; Procopio et al 1999). Interestingly, the cholera toxin subunit B, which is devoid of ADP ribosylating activity, was also found to inhibit IL-12 production by an as yet unknown pathway (Boirivant et al 2001). Oral administration of cholera toxin subunit B inhibited trinitrobenzene sulfonic acid-induced colitis in mice, a model of Crohn's disease. This was correlated with increased apoptosis of lamina propria cells due to deprivation of IL-12 (Boirivant et al 2001).

The inhibitors of angiotensin converting enzyme (ACE) captopril and lisinopril were reported to suppress production of IL-12 by LPS-stimulated monocytes (Constantinescu et al 1998). Though the underlying mechanism remains as yet elusive, a potential pathway could involve ACE inhibitor-mediated prevention of bradykinin breakdown resulting in increased occupation of bradykinin G-protein-coupled receptors on macrophages (Sato et al 1996) and ensuing cAMP-dependent inhibition of IL-12 transcription. This could be brought about either directly or through formation of PGE₂ (Bareis et al 1983). It is of interest to note that cross-talk between β -adrenergic and bradykinin B₂ receptors superactivates accumulation of intracellular cAMP (Hanke et al 2001). In EAE, administration of captopril diminished severity scores and lymphocyte reactivity to MBP (Constantinescu et al 1995).

Finally, pentoxifylline is a methylxanthine derivative that prevents breakdown of intracellular cAMP via non-specific inhibition of phosphodiesterases, thus increasing intracellular cAMP levels. It was reported to inhibit production of the IL-12 α -chain, though its effect on that of the β -chain is less clear and may be dependent on co-stimulatory signals (Moller et al 1997a; Marcinkiewicz et al 2000). In an open trial in rheumatoid arthritis, combination therapy with pentoxifylline and thalidomide did not modify endogenous production of IL-12 (Huizinga et al 1996). In contrast, pentoxifylline decreased TNF- α and IL-12 levels, and restored IL-4 and IL-10 production in MS patients (Rieckmann et al 1996).

In conclusion, modulation of intracellular cAMP by either phosphodiesterase inhibitors, or cholera toxin, or by the recruitment of ligands as diverse as β -agonists, VIP/PACAP, adenosine A_{2a} agonists, dopamine, histamine, PGD₂ and PGE₂ to their respective G-protein-coupled receptors all seem to converge in a suppression of IL-12 production. Even this list is not exhaustive as, among others, also the chemokine receptors CCR5 and CCR2, the adenosine A₃ receptor and the complement factor C5a receptor CD88 are known to modulate IL-12 production upon interaction with their ligands (reviewed by Braun & Kelsall 2001).

Cyclophilin-mediated inhibition of IL-12 production

Binding and complexation of the drug ciclosporin to cyclophilin mediates immunosuppression by inhibiting the serine/threonine phosphatase activity of calcineurin (Braun et al 1995). Ciclosporin was found to inhibit IL-12 production in an allogeneic mixed lymphocyte reaction (Bonnotte et al 1996). Addition of exogenous IL-12 restored ciclosporin-inhibited alloreactive cytotoxic T lymphocyte generation, indicating that blockade of IL-12 production contributes to the immunosuppressive effect of ciclosporin (Bonnotte et al 1996). The chemically unrelated immunosuppressant tacrolimus (FK506) is known to bind to a second class of cyclophilins (Braun et al 1995). Tacrolimus is utilized in bone marrow transplantation to prevent graft-versus-host disease. It appeared to suppress production of Th1 cytokines including IL-12 in LPS-stimulated myeloid dendritic cells (Szabo et al 2001) and in heart allografts (Egi et al 2002). Dendritic cells derived from CD34⁺ haematopoietic progenitor cells cultured in the presence of tacrolimus showed significantly lower IL-12 production, and were capable of inducing IL-4 production in a CD4⁺ T cell line (Shimizu et al 2000). More recently, sangliferrin A (SfA), a novel cyclophilin-binding immunosuppressant, was found to abrogate IL-12 production by human dendritic cells (Steinschulte et al 2003). SfA potently suppressed transcription of the α - and β -chain, and of the IL-23-specific p19 subunit. Interestingly, competition experiments with ciclosporin indicated that the inhibition of IL-12 production was independent of cyclophilin A-blockade (Steinschulte et al 2003). In view of these findings, application of cyclophilin-binding compounds may open perspectives to shifting the Th1–Th2 cytokine balance toward a more dominant Th2 profile in some chronic inflammatory conditions.

Inhibitors of nuclear histone deacetylases (HDAC)

Suberoylanilide hydroxamic acid (SAHA), trichostatin A and butyrate are HDAC inhibitors, which exert an anti-tumour effect by increasing expression of genes involved in the cell cycle, tumour suppression and apoptosis. SAHA was recently found to reduce transcription in LPS-stimulated monocytes of a number of pro-inflammatory cytokines including IL-12, TNF- α , IL-1 β and IFN- γ (Leoni et al 2002). Interestingly, the anti-inflammatory effect of SAHA was observed at lower concentrations than those required to suppress tumour growth in-vitro and in-vivo (Leoni et al 2002). Trichostatin A suppressed LPS-induced accumulation of IL-12 α - and β -chain

mRNA in SV40-transformed lung epithelial cells (Iwata et al 2002). These effects may be partially independent from HDAC inhibition and could be due to hyperacetylation of nonhistone proteins such as the Rel A subunit of NF- κ B (Chen et al 2001). Similarly, the intestinal metabolite butyrate strongly inhibited transcription of the IL-12 α - and β -chains but increased IL-10 secretion in *Staphylococcus aureus*-stimulated monocytes (Säemann et al 2000). In addition, butyrate reduced release of IL-12 from LPS/PHA-stimulated whole blood cultures (Nancey et al 2002). Thus, butyrate may play an important role in homeostasis between colonic bacteria and intestinal mucosa by modulation of the local Th1–Th2 cytokine balance. This unique property could likely be exploited in the treatment of Crohn's disease, which is characterized by excessive release of IL-12 by lamina propria mononuclear cells (Monteleone et al 1997).

Ion channels, pumps and antiporters

Calcium-channel blockers such as diltiazem and verapamil inhibit inward displacement of calcium ions through the slow channels on cell membranes, and are indicated for the treatment of angina. These drugs also exert, alone or in combination with ciclosporin, immunosuppressive effects that could potentially be exploited in organ transplantation efforts (Chitwood & Heim-Duthoy 1993). Th1 cytokines are known to initiate allogeneic immune responses underlying allograft rejection. D'Ambrosio et al (2001) found that diltiazem inhibited IL-12 production in cultures of LPS- or CD40L-stimulated dendritic cells, while this treatment did not affect IL-1 β , IL-6 or TNF- α production. In addition, diltiazem appeared to prevent maturation of dendritic cells (Bachetoni et al 2002). Calcium-channel blockers have also been shown to exert protective effects in a canine model of *E. coli* endotoxic shock (Bosson et al 1985), pointing to yet another potential target for implementation of these drugs. Though intraperitoneal pretreatment of mice with verapamil or diltiazem had no effect, dantrolene, an inhibitor of Ca²⁺ release from cytoplasmic stores, suppressed plasma levels of LPS-induced IL-12 (Németh et al 1998). Nevertheless, a further indication for a potential role of extracellular Ca²⁺ influxes in regulation of IL-12 expression comes from the work of Sutterwala et al (1997). These authors demonstrated that ligation of Fc γ , complement or scavenger receptors generates a calcium influx that leads to specific suppression of transcription of the IL-12 β -chain in LPS-stimulated macrophages, an effect that could be mimicked by the calcium ionophores ionomycin and A23187. Ligation of phagocytic receptors on macrophages may be exploited by pathogens to prevent generation of an IL-12-dependent anti-infectious immune response (Sutterwala et al 1997).

Both inhibition of the Na⁺/H⁺ antiporters by amiloride (Németh et al 2001) and of ATP-binding cassette transporters by glibenclamide (Haskó et al 2002b) were also reported to suppress IL-12 β chain production. The effect of the former was post-translational, as IL-12 β chain mRNA levels induced by IFN- γ and LPS in the macrophage cell line J774 in the presence of amiloride were not affected

(Németh et al 2001). Finally, extracellular ATP was reported to down-regulate production of IL-12 by mature dendritic cells, probably by a mechanism involving the family of ATP-gated P2X ion-channel receptors (la Sala et al 2001). Also, activation of the ATP-specific receptor P2Y₁₁ can inhibit IL-12 synthesis, through a mechanism involving elevation of intracellular cAMP (Wilkin et al 2002). Thus, whichever transduction pathway is utilized, both purinergic receptor sub-families P2X and P2Y are emerging as potential targets for intervention with endogenous IL-12 production. At present, however, it remains unclear whether drugs targeting ion channels, pumps or antiporters can be therapeutically exploited to suppress IL-12 production in-vivo, as solid evidence from experimental animal models is not (yet) available.

Posttranslational inhibition of IL-12 production

Thalidomide is well known for its effects on the generation and release of TNF- α (reviewed by Meierhofer et al 2001). Secretion of IL-12 was potently suppressed by thalidomide in LPS-stimulated human peripheral blood mononuclear cells and monocytes in a concentration-dependent manner (Moller et al 1997b). This inhibition was additive to that induced by suboptimal doses of dexamethasone. Since thalidomide did not significantly alter transcription of α - and β -chain mRNAs, it was suggested that its inhibitory effects occur, at least in part, through posttranscriptional mechanisms (Moller et al 1997b). One such involves enhancement of mRNA degradation, and was identified previously as one of the chief mechanisms by which thalidomide suppresses TNF- α production (Moreira et al 1993).

Members of the tetracycline family are commonly utilized as antibiotics. Recent findings suggest that their spectrum of activity includes anti-inflammatory effects that are unrelated to their antimicrobial properties. D'Agostino et al (2001) evaluated the effect of chemically modified tetracyclines (CMTs) on the production of inflammatory mediators such as nitric oxide and IL-12 by the LPS-stimulated macrophage cell line J774. They found that two CMTs, CMT-1 and -8, strongly increased accumulation of IL-12 mRNA. Nevertheless, they were not able to demonstrate IL-12 by ELISA in the supernatants of these cells. Thus, CMT-mediated disabling of as yet unknown components of the IL-12 secretory pathway probably overrides its reinforcing effect on LPS-induced IL-12 transcription.

The folding and assembly of β_2 - and $\alpha\beta$ -dimers of IL-12 occurs in the endoplasmic reticulum, and is likely to be regulated through interaction with a number of chaperones and folding catalysts, as is mostly the case for multi-subunit proteins. The calcium-dependent chaperones calreticulin and GRP94 were found to interact transiently and non-covalently with the α - and β -chain, respectively, during transit in recombinant HEK293 cell lines (Alloza et al 2004). Addition of calcium sequestering compounds such as thapsigargin and A23187, or tunicamycin, to these cell lines totally blocked IL-12 $\alpha\beta$ -heterodimer or β_2 -homodimer secretion, while secretion of the monomeric α - and β -chains was virtually unhampered (Alloza & Vandenberg 2002). In cell-free experiments, protein disulfide isomerase (PDI), a foldase that normally resides in the endoplasmic

reticulum, facilitated oxidative assembly of the β -chain into disulfide-linked β_2 -homodimers (Martens et al 2000). Thus, the finding that the thiol antioxidants *N*-acetylcysteine and reduced glutathione (GSH) inhibited heterodimer secretion by IFN- γ - and *S. aureus* Cowan strain I-stimulated human THP-1 cells (Mazzeo et al 2002), may relate to an impediment in the oxidative folding pathway and oligomer assembly of IL-12 that is induced by shifting the redox potential of the endoplasmic reticulum toward a more reduced status. Indeed, *N*-acetylcysteine did not inhibit transcription of the α - or β -chain, and neither did it affect NF- κ B activation (Mazzeo et al 2002).

Inhibition of the IL-12 and IL-23 signal transduction pathways

Binding of IL-12 to its receptor induces tyrosine phosphorylation and activation of Jak-2, Tyk-2, STAT3 and STAT4. This initiates an intracellular signalling cascade that ultimately results in transcription of many IL-12 responsive genes (Gubler & Preskey 1996; Zhou et al 1997; O'Shea et al 2002). Thus, pharmacological targeting of components of the Jak-STAT pathway has recently emerged as a very promising approach to blocking disease-associated effects induced by IL-12. Since IL-23 activates largely the same Jak-STAT molecules as IL-12 (Parham et al 2002), many of the compounds reported in the context of IL-12 inhibition might also be useful for blocking the IL-23 transduction pathway.

Tyrphostin B42, a potent inhibitor of protein kinases, was found to inhibit IL-12-induced tyrosine phosphorylation and activation of Jak-2 (Bright et al 1999). When applied in-vivo, tyrphostin B42 decreased proliferation of neural Ag-specific T cells and reduced the incidence and severity of active and passive EAE (Bright et al 1999). The 3-hydroxy-3-methylglutaryl coenzyme A (HMG-CoA) reductase inhibitor atorvastatin was found to inhibit or reverse CR-EAE (Youssef et al 2002). Atorvastatin activates STAT6, and inhibits STAT4, phosphorylation, thus promoting differentiation of naive Th0 cells into Th2 cells, which protected mice from EAE induction in adoptive transfer experiments (Youssef et al 2002). The anti-inflammatory compound lysofylline blocks IL-12-dependent Th1 differentiation and signalling by a mechanism involving both inhibition of IL-12-induced STAT4 tyrosine phosphorylation and prevention of repression of the transcription factor GATA-3, which is known to be crucial for Th2 cytokine gene expression in CD4⁺ T cells (Coon et al 1999). Lysofylline was found to completely block demyelination and lymphocyte infiltration in the CNS in EAE (Bright et al 1998). This inhibitory effect correlated with the inhibition of Th1 differentiation in-vivo.

The extraordinary therapeutic potential of compounds interfering with the IL-12/IL-23 Jak-STAT signal transduction pathway, to prevent CNS inflammation and demyelination, is documented by two other studies. The peroxisome proliferator-activated receptor- γ (PPAR γ) agonists ciglitazone or 15-deoxy $\Delta^{12,14}$ prostaglandin J₂ potently decreased duration, clinical severity and inflammatory demyelination in models of active and

passive EAE (Natarajan & Bright 2002b). This was associated with a decrease in IL-12 production and inhibition of activation of IL-12-induced Jak-STAT signalling and Th1 differentiation. Second, the compound curcumin is also known to block the IL-12-induced activation of the Jak-STAT pathway, and has proven beneficial in EAE (Natarajan & Bright 2002a; discussed above).

Concluding remarks

In recent years we have witnessed an explosion in the number and diversity of substances reported to display IL-12 inhibitory effects. However structurally different these substances are, in this review we have demonstrated that a majority of these inhibitors can be categorized in a limited number of functional classes, each of which seem to interfere with discrete events in the IL-12 metabolic pathway. Some of these were previously known to display generic anti-inflammatory effects (e.g. auranofin, curcumin, parthenolide, etc.). The discovery that these effects are at least partially due to blockage of IL-12 or IL-23 production, or both, may open new targets for implementation of such drugs. From a variety of experimental animal models, inhibitors of NF- κ B and of IL-12 signal transduction seem to emerge as the most powerful ones for preventing or curing chronic inflammatory disorders. It should be noted, however, that inhibitors targeting posttranslational events, cyclophilins, ion channels and nuclear HDACs have generally not yet been studied in as much detail or in appropriate experimental animal models. Any conclusions on the relative potency, specificity and efficacy of the different classes of inhibitors would thus, for now, be premature. Not surprisingly, only very limited information is available on the effects of the inhibitors discussed above on IL-23. Since IL-23 and IL-12 have their p40 subunit, the IL-12R β 1 receptor subunit and components of their signal transduction pathways in common, it can be readily assumed that many inhibitors, especially those blocking activation of NF- κ B and Jak-STAT pathways, act by concurrent inhibition of both cytokines. To this should be added that the homodimeric β_2 -form of IL-12, while originally considered to merely constitute an IL-12 antagonist, is now emerging as a pronounced agonist in diverse processes including recruitment of macrophages (for review see Brombacher et al 2003).

Further research into the molecular biology of IL-23, IL-12 and β_2 , as well as reassessment of these inhibitors, should clarify which, if any, is the major pro-inflammatory cytokine to be targeted in specific inflammatory conditions. This, in turn, is likely to open exciting perspectives to the identification of drugs that inhibit these cytokines either indiscriminately or selectively. It goes without saying that our rapidly increasing knowledge on the family of dimeric IL-12-like cytokines, combined with the availability of an extensive arsenal of modulators, will offer almost endless possibilities in forthcoming attempts aiming at disease-specific intervention with endogenous production of these cytokines.

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