

**Background/Purpose:** RA is an autoimmune, inflammatory and chronic disease which aetiology is unknown. It presents different autoantibodies such as RF and ACPA. A population of CD4 T cells expressing CXCR5, Bcl6, PD-1, ICOS, CD40L and IL-21, named Follicular helper T cells (Tfh), collaborates with B cells to produce antibodies. Increased levels of peripheral blood Tfh cells have been implicated in the development of systemic autoimmunity. Differential expression of CXCR3 and CCR6 within CD4<sup>+</sup>CXCR5<sup>+</sup> T cells defines three major subsets: CXCR3<sup>+</sup>CCR6<sup>-</sup> (Tfh1), CXCR3<sup>-</sup>CCR6<sup>-</sup> (Tfh2) and CXCR3<sup>-</sup>CCR6<sup>+</sup> (Tfh17). The aim is to ascertain if different subsets of CD4<sup>+</sup>CXCR5<sup>+</sup> T cells are altered in RA patients and if their percentages correlate with disease activity.

**Methods:** In this study participated RA patients (n=24), healthy controls (HC) (n=22) and undifferentiated arthritis (UA) patients (n=16) (Table 1). Percentage of CD4<sup>+</sup>CXCR5<sup>+</sup> T cells and their subsets CXCR3<sup>+</sup>CCR6<sup>-</sup>, CXCR3<sup>-</sup>CCR6<sup>-</sup> and CXCR3<sup>-</sup>CCR6<sup>+</sup> from PBMCs were analysed by flow cytometry. Pearson or Spearman correlation coefficients were used for statistics.

**Results:** Figure 1 shows flow cytometry analysis. No differences were found in the % of CD4<sup>+</sup>CXCR5<sup>+</sup> T cells between RA vs HC or RA vs UA (mean±SD, RA 12,89±7,73; HC 10,48±3,9; UA 11,71±5,04). Either in the % of Tfh1 (12,75 ± 9,72; 11,22 ± 7,48; 12,81 ± 6,13), or Tfh2 (32,66 ± 11,46; 39,53 ± 12,12; 27,56 ± 11,25), or Tfh17 subsets (37,94 ± 11,34; 40,79 ± 8,17; 37,34 ± 7,16) between previous groups (Figure 2). There was not correlation between CD4<sup>+</sup>CXCR5<sup>+</sup> T cells ( $r=-0,19$   $p=0,37$ ), or Tfh1 ( $r=0,09$   $p=0,68$ ), or Tfh2 ( $r=0,36$   $p=0,09$ ), or Tfh17 ( $r=-0,20$   $p=0,35$ ) vs DAS-28, like either between each subset and ESR ( $r=-0,18$   $p=0,39$ ,  $r=-0,08$   $p=0,71$ ,  $r=-0,01$   $p=0,97$ ,  $r=-0,25$   $p=0,23$ , respectively). Unexpectedly, there was positive correlation between Tfh17 cells and CRP  $r=0,47$   $p=0,021$ . Finally, there was not correlation between CD4<sup>+</sup>CXCR5<sup>+</sup> T cells vs mutated citrullinated vimentin (MCV)  $r=0,38$   $p=0,07$ , either between Tfh1, Tfh2 and Tfh17 subsets vs MCV ( $r=-0,04$   $p=0,84$ ,  $r=-0,14$   $p=0,51$ ,  $r=-0,19$   $p=0,37$ , respectively) or all of them vs RF ( $r=0,30$   $p=0,15$ ,  $r=-0,18$   $p=0,39$ ,  $r=-0,15$   $p=0,46$ ,  $r=0,01$   $p=0,98$ , respectively).

**Conclusion:** In concordance with our results, CD4<sup>+</sup>CXCR5<sup>+</sup> T cells and their subsets would not be involved in the RA development.

TABLE 1. Summary of Patients and Donors in the Study

	RA (n=24)	HC (n=22)	UA (n=16)	RA vs HC p value	RA vs UA p value
Sex, F/M	21/3	19/3	13/3	0,77#	0,93#
Age, * years	51 ± 10	49 ± 10	52 ± 11	>0,05	>0,05
WBC, * n°.10 <sup>9</sup> /L	6,98 ± 1,85	7,23 ± 1,96	6,84 ± 1,74	>0,05 <sup>§</sup>	>0,05 <sup>§</sup>
Hgb, * g/L	12,6 ± 1,91	12,6 ± 0,98	12,96 ± 1,07	>0,05 <sup>§</sup>	>0,05 <sup>§</sup>
Plat* n°.10 <sup>9</sup> /L	255 ± 80	254 ± 41	249 ± 59	>0,05 <sup>§</sup>	>0,05 <sup>§</sup>
ESR,*mm/h	25 ± 21	9 ± 6	14 ± 12	<0,01 <sup>§</sup>	>0,05 <sup>§</sup>
CRP,* mg/L	18 ± 14	9 ± 2	14 ± 8	<0,01 <sup>§</sup>	>0,05 <sup>§</sup>
RF +, n (%)	19 (79)	0 (0)	0 (0)	<0,0001 <sup>#</sup>	<0,0001 <sup>#</sup>
MCV**, UI/L	75,0(7,7-530,0)	2,8(2,3-5,3)	2,9(2,5-3,8)	<0,001 <sup>§</sup>	<0,001 <sup>§</sup>
IgG*, mg%	1310 ± 338	1325 ± 257	1212 ± 336	>0,05 <sup>#</sup>	>0,05 <sup>#</sup>
IgM*, mg%	220 ± 88	169 ± 55	179 ± 60	<0,05 <sup>#</sup>	>0,05 <sup>#</sup>
IgA*, mg%	363 ± 126	313 ± 80	261 ± 114	>0,05 <sup>#</sup>	<0,05 <sup>#</sup>
C3*, mg%	112 ± 33	119 ± 26	130 ± 30	>0,05 <sup>#</sup>	>0,05 <sup>#</sup>
C4*, mg%	24 ± 9	26 ± 7	31 ± 8	>0,05 <sup>#</sup>	<0,05 <sup>#</sup>
DAS-28*	5,16 ± 1,35	-----	-----	-----	-----

\*Value given in mean ± SD

\*\*Value given in median and interquartile range (P<sub>25-75</sub>)

# Chi-square test

§ One-way ANOVA test (post test Bonferroni)

\*Kruskal-Wallis test (post test Dunn)

Statistically significant p values (p<0,05) are shown in bold

RA: Rheumatoid Arthritis, HC: Healthy Control, UA: Undifferentiated Arthritis, WBC: White Blood Cell, Hgb: Hemoglobin, Plat: Platelets, ESR: Erythrocyte Sedimentation Rate, CRP: C-Reactive Protein,

RF: Rheumatoid Factor, MCV: anti-Mutated Citrullinated Vimentin, Ig: Immunoglobulin, DAS-28: Disease Activity Score in twenty-eight joints

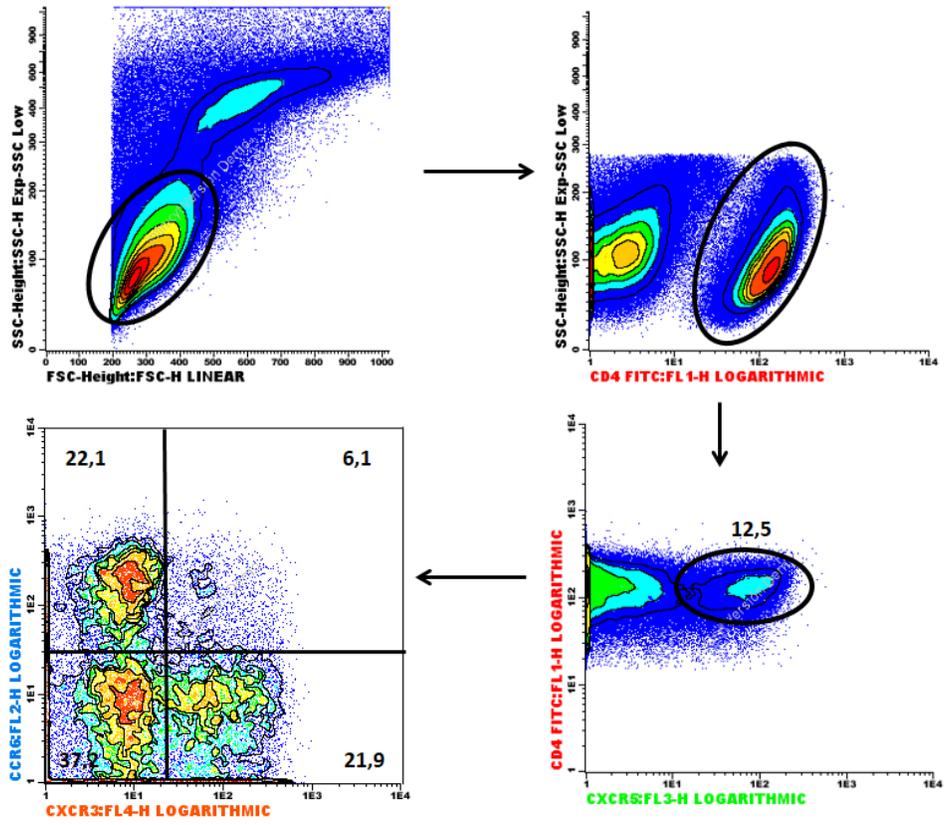
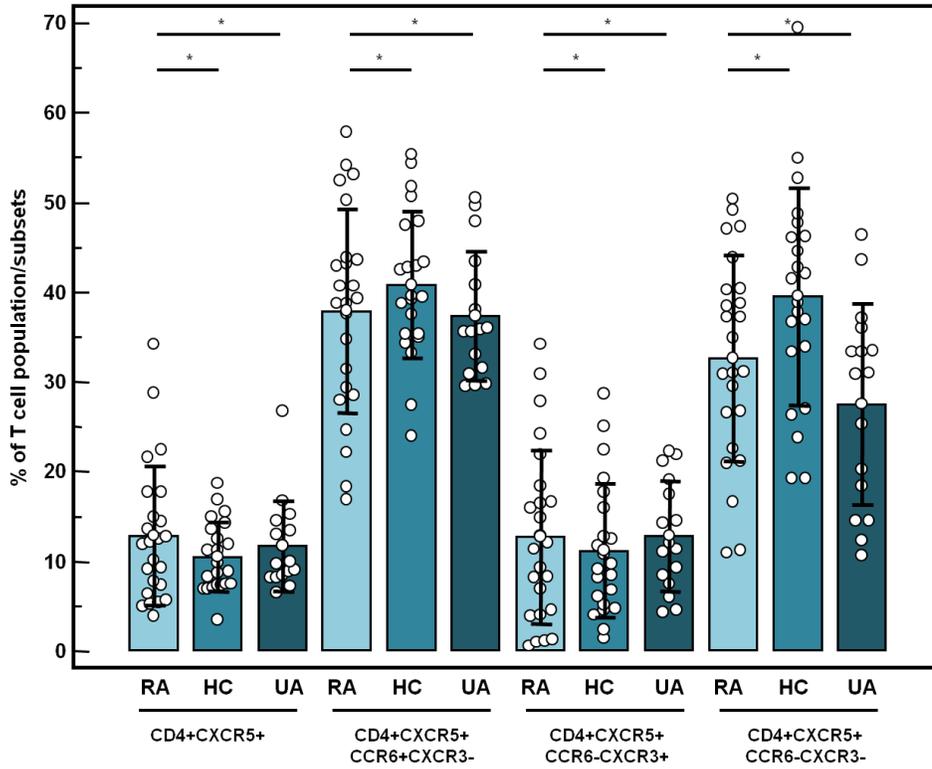


Figure 1. Density contour graph 2D showing gate strategy of a representative experiment from a patient with RA



**Figure 2.** Percentages of CD4+CXCR5+ T cell population and each subset in PBMCs from RA patients, Healthy Controls (HC) and Undifferentiated Arthritis (UA) patients. One-way ANOVA test and Bonferroni post test, \*  $p > 0,05$