## INFLAMMATORY DISEASES

## Targeting prostanoid receptors

A paper published in *Nature Medicine* has shown that the G protein-coupled prostanoid EP4 receptor might be a new target for immuno-inflammatory disorders.

 $T_{H}1$  and  $T_{H}17$  T helper cells mediate tissue damage and inflammation and are crucial to the pathogenesis of various immune disorders. Therefore, one therapeutic strategy is to modulate the cytokines that control the differentiation of  $T_{H}1$ and  $T_{H}17$  cells. Indeed, inhibiting interleukin 12 (IL-12) and IL-23 in Crohn's disease and psoriasis has beneficial effects. However, T helper



cells are also modulated by noncytokines, such as prostaglandin E2 (PGE2). A recent improvement in our understanding of T cell biology and a lack of *in vivo* studies on the effect of PGE2 on T helper cells prompted Yao and colleagues to re-examine the effects of PGE2 on  $T_{\rm H}1$  and  $T_{\rm H}17$  cells.

The authors first conducted in vitro studies using isolated T cells. In contrast to previous studies, PGE2 (at low concentrations) promoted  $T_{\rm H}1$  cell differentiation. Using subtype-selective prostanoid receptor agonists, the authors showed that PGE2 mediated its effects through EP2 and EP4 receptors, and these receptors activated phosphoinositide 3-kinase signalling. Moreover, facilitation of T cell differentiation by PGE2 was specific to the  $T_{\rm H}1$  subset, as PGE2 had no effect on  $T_{\rm H}17$ ,  $T_{\rm H}2$ or regulatory T cell differentiation.

Next, the effects of PGE2 on  $T_{\rm H}17$  expansion were studied.  $T_{\rm H}17$  expansion is stimulated by IL-23 that is produced by activated dendritic cells (DCs); IL-23 production from DCs required PGE2–EP4 signalling. Although IL-23 alone induced a limited expansion of  $T_{\rm H}17$  cells, the addition of PGE2 markedly expanded the number of IL-17-producing cells, showing that PGE2 potently stimulates IL-23 action on  $T_{\rm H}17$  expansion. In addition, EP2 and EP4 agonists mimicked the effect of PGE2 on  $T_{\rm H}17$ 

expansion, in this case by signalling through the cyclic AMP pathway.

Finally, the authors used two animal models - contact hypersensitivity and experimental autoimmune encephalomyelitis (EAE; a model of multiple sclerosis) - in which  $T_{\mu}1$  and  $T_{\mu}17$  cells are involved in pathogenesis. In the contact hypersensitivity model, oral administration of the EP4 antagonist ONO-AE3-208 inhibited inflammation; and in EAE, the antagonist (administered orally once per day for 10 days) almost completely suppressed disease development. In both disease models, ONO-AE3-208 suppressed T cell activation and decreased production of interferon- $\gamma$  and IL-17 in lymph node cells, suggesting that EP4 receptor signalling regulates  $T_{\mu}1$  differentiation and T<sub>u</sub>17 cell expansion in vivo.

In summary, this paper revealed that EP2 and EP4 receptors can regulate immune responses. Given that G protein-coupled receptor antagonists will be easier to manufacture and administer than cytokinetargeting biologics, such receptors might be an attractive target for treating immuno-inflammatory disorders. *Charlotte Harrison* 

**ORIGINAL RESEARCH PAPER** Yao, C. *et al.* Prostaglandin E2–EP4 signaling promotes immune inflammation through  $T_{\mu}1$  cell differentiation and  $T_{\mu}17$  cell expansion. *Nature Med.* **15**, 633–640 (2009)