

Protocol

PepMix[™]

for Antigen-Specific Stimulation of T-Lymphocytes

Contact us:

Technical Support: +49-30-6392-7878

Order by fax: +49-30-6392-7888

Ask/Order by e-mail: peptide@jpt.com

More information: www.jpt.com

JPT Peptide Technologies GmbH Volmerstrasse 5 (UTZ) 12489 Berlin GERMANY

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1. Introduction

PepMix[™] reagents are used for the antigen-specific stimulation of T-cells. Overlapping peptides are arranged along the amino acid sequence of proteins of interest in such a way that T-cell stimulation is optimized while the chance of missing T-cell epitopes is minimized. PepMix[™] reagents can be used in lieu of proteins (e.g. recombinant proteins) or pathogen lysates. They provide more effective stimulation than protein antigens because processing through the external pathway of antigen presentation is not required. PepMix[™] reagents are being used globally for a variety of purposes in basic and clinical research. These include the detection, enumeration, or functional profiling of antigen-specific T-cells, proliferation studies and T-cell expansion.

The provided protocols describe the stimulation of T-cells within suspensions of peripheral blood mononuclear cells (PBMC). PBMCs may be freshly prepared from anticoagulated (preferably heparinized) whole blood by density gradient centrifugation. The protocols are examples showing how PepMix[™] reagents can be used. They will need adjusting if suspensions containing T-cells of other origin are used.

2. Reagents

2.1. PepMix[™].

Unless otherwise indicated, PepMix[™] reagents contain 15 amino-acid peptides spanning the complete amino acid sequence of the indicated protein antigen with an 11 amino acidoverlap between adjacent peptides. Approx. 25 µg (15 nmol) of each peptide are contained. All peptides were chemically synthesized, purified, and analyzed by LC-MS.

2.2. Reagents required but not supplied:

2.2.1. T-cell activation assays followed by ICS or proliferation assays

- Dimethyl-sulfoxide (DMSO) for dissolving the PepMix[™] reagent
- Ficoll for PBMC preparation
- Phosphate buffered saline (PBS) for washing cells
- Cell culture media



- Bovine serum albumin, fetal calf serum, or human AB serum for supplementing buffers/media
- Penicillin/Streptomycin (for long term cell culture only)
- Brefeldin A (BFA) to prevent cytokine secretion
- Staphylococcus Enterotoxin B (SEB) as a positive stimulation control (or alternative)

Recommended stock solutions (use freshly prepared or from frozen aliquots)

Reagent	Solvent	Concentration
BFA	Ethanol (95%)	5 mg/ml
SEB	DMSO	1 mg/ml

2.2.2. ELISpot assay

- Capture antibody for coating the ELISpot plate
- Dulbecco's phosphate buffered saline (DPBS) for PBMC preparation
- Human serum albumin for preparing blocking media
- ELISpot media (e.g. OpTmizer, Gibco)
- Positive control stimulant, for example the CEFX PepMixTM.
- Bovine serum albumin, fetal calf serum, or human AB serum for supplementing buffers/media

Recommended stock solutions (use freshly prepared or from frozen aliquots)

Reagent	solvent	Concentration
SEB	DMSO	1 mg/ml



3. Storage and Handling

The optimum storage temperature for freeze-dried $PepMix^{TM}$ reagents is -20°C or below. At this temperature $PepMix^{TM}$ reagents are stable for at least 6 months from the date of purchase. Dissolving the reagents will reduce their long-term stability.

4. Dissolving freeze-dried PepMix[™] reagents

PepMix[™] stock solution should be prepared, ideally by dissolving the reagents in dimethylsulfoxide (DMSO) at room temperature. We recommend adding DMSO step-wise, 10 µl at a time, to the freeze-dried **PepMix**[™] reagent until it has dissolved completely. Typically 50 µl of DMSO are sufficient to dissolve the material provided in one vial of 25 tests. Vortexing and sonication may help accelerate the process. Avoid heating PepMix[™] reagents! If required aliquots should be prepared immediately and, like any remaining stock solution, be stored at -20°C or below. Stock solution may be further diluted with supplemented media for immediate use in cell stimulation assays (See section 4.2).

Note: In order to avoid cell toxicity the final concentration of DMSO should be below 1% (v/v) in cell stimulation assays. This should be considered when making a PepMix[™] stock solution in DMSO. One test-worth of a PepMix[™] reagent (typically sold as 25 tests per vial) is sufficient for PBMC stimulation in a final reaction volume of 1 ml. Higher concentrations may be required for whole blood or other materials. A range of experimental protocols can be found in the literature. **Avoid repeated thawing and freezing of dissolved PepMix[™] reagents.**

5. Cell Stimulation assays

PBMC should be resuspended in cell culture media. We suggest supplemented RPMI 1640 containing 2 mmol/I L-Glutamine and 10% (v/v) heat-inactivated fetal calf serum ('complete media'). Antibiotics may be required for long-term stimulation protocols (e.g. proliferation assays) but not necessarily for short-term stimulation.



The cell suspension should be adjusted to $5x10^6$ cells/ml so that 200 µl of cell suspension contain 10^6 cells.

5.1 Cell stimulation in single tubes with 1 ml final reaction volume

We recommend sterile polyethylene or polypropylene tubes with caps (4.5 - 15 mL). To minimize differences between the tubes with respect to the time that cells are in contact with the reagents we recommend placing all required reagents in each tube before cell suspension is added.

5.1.1.The assay in brief:

- PepMix[™], positive and negative stimulation solutions are added to the respective tubes in a volume of 100µl each.
- BFA working solution is added to each tube in a volume of 100µl.
- Cell suspension is added in a volume of 200µl.
- In addition, 600µl of complete media is added to adjust the final volume.
- The final assay volume is 1000µl.
- The incubation time is 6-16 hours.

Note: All procedures until the end of the incubation time are to be performed under sterile conditions.

5.1.2. Preparing the stimulation assay

- Prepare PepMix[™] working solution in complete media. Dissolve the contents of one PepMix[™] vial containing 25 tests in 50 µl of DMSO (stock solution, see section 4.1). If less than 25 tests are required, store unused stock solution in suitable aliquots at -20°C or below. Prepare a PepMix[™] working solution by diluting the required amount of PepMix[™] stock solution 1:50 with complete media. Add 100 µl of PepMix[™] working solution to each tube requiring stimulation.
- Prepare negative control solution by diluting DMSO 1:50 in complete media. Add 100 μl of negative control solution to each tube designated a negative control.



- 3. Prepare positive control solution by diluting your positive control in complete media. If you wish to use, for example, staphylococcus enterotoxin B (SEB) at a final concentration of 1 µg/ml and your stock is 1 mg/ml, dilute your SEB stock solution 1:100 in complete media. Add 100µl of positive control solution to each tube designated a positive control.
- 4. Prepare BFA working solution from BFA stock solution (usually prepared in ethanol and stored at -80°C). We recommend using BFA at 10 μg/ml final concentration. As with negative and positive stimulation controls, you may add BFA stock solution in supplemented media as well. If your BFA stock solution is 5 mg/ml, dilute it 1:50 in complete media. Add 100µl of BFA solution to each tube. Different concentrations of your stock solution require you to adjust the dilution step.

Note: Brefeldin A working solution should be added later (at least one hour later) if you are performing stimulation with a protein, or a bacterial or viral lysate in parallel to your peptide stimulation, since, unlike peptides, such antigen preparations may require processing by antigen-presenting cells, which would be disrupted by BFA if is added too early. In this case, defer the preparation and addition of BFA working solution until that time and proceed with the next step.

5.1.3. Performing the stimulation assay

- Add 200 μl of cell suspension to each tube and mix by gently pipetting up and down.
 Add 600 μl of complete media to each tube and mix again.
- 2. Incubate in a standard incubator (37°C, humidified 5% CO₂-atmosphere). Caps can be put on each tube but must not be closed tightly during the incubation process to allow gas exchange. Some labs recommend positioning the rack with tubes at a 5° slant from the horizontal (the tubes should be almost horizontal to ensure maximum gas exchange). Cells can be stimulated for 6 to 16 hours depending on your scientific question. Consider the time required for upregulation of your activation marker of interest.
- If BFA was not added immediately, freshly prepare BFA working solution and add 100 μl of BFA working solution to each tube at the desired time.

Note: Always use the same conditions to ensure comparability between assays. Some laboratories perform the assay in a total volume of 500 µl for the first 2 hours and add 500 µl complete media (containing the required amount of BFA) after two hours. Other protocols recommend adding BFA two hours before the end of the incubation. You may wish to adjust the respective volumes and times to what is most appropriate for you. Other tubes or culture



dishes may be used as well, for example 96-well plates (an example protocol is provided below). You may develop your own protocols or consult the literature. There is no single best protocol for these assays. The use of polypropylene instead of polyethylene tubes is thought to reduce cell adhesion, in which the use of EDTA (see below) to detach cells prior to staining can be omitted. However, whichever protocol you use, make sure that the DMSO concentration does not exceed 1% (v/v) at any time to avoid toxicity.

5.1.4. Ending the incubation

- 5. Add 3 ml of ice-cold PBS to each tube to stop incubation.
- Centrifuge (400xg, 8 min, 4°C) and decant or aspirate supernatant. If decanting the supernatant, it is recommended to blot tubes dry on a paper towel while holding them in the inverted position to remove excess liquid. Never invert tubes more than once to avoid loss of cells.
- 7. Carefully resuspend cell pellets in the remaining fluid before adding additional volume.
- 8. If using polyethylene tubes add 3 ml of a 2 mM EDTA solution (in PBS). If tubes were in a slanted position, make sure that the area of the tube wall, which was covered with media and has adherent cells attached to it, is fully covered with EDTA-buffer.
- Incubate all tubes for 10 min at 37°C (water bath). Close tubes tightly to avoid splashing water into them.
- 10. Vortex tubes carefully at low speed for 30 seconds.
- 11. Centrifuge again (400xg, 8 min, 4°C), decant and blot dry or aspirate supernatant.
- 12. Resuspend the cell pellets in the remaining fluid.
- 13. Add 1 ml of PBS containing 0.5% (w/v) bovine serum albumin.
- 14. Centrifuge (400xg, 8 min, 4°C), decant and blot dry or aspirate supernatant.
- 15. Resuspend pellets in the remaining fluid.
- 16. Proceed with surface staining, cell permeabilization and/or intracellular staining according to your preferred protocol.

5.2. Cell stimulation in 96-well cell culture plates

The principal procedure is the same as in tubes. However, in order to be able to use 96 well plates, some of the volumes and the concentrations of your working solutions (PepMixTM, SEB, and BFA) must be adjusted. The total volume of stimulation in a standard 96-well round-bottom plate is 200 µl. You may stimulate between 0.2×10^6 and 0.5×10^6 cells in this volume. We recommend you adjust your cell concentration to 2.5×10^6 cells/ml so that 0.2×10^6 cells can be dispensed in 80 µl of the suspension.

5.2.1. The assay in brief:

- PepMix[™], positive and negative stimulation solutions are added to the respective wells of a 96-well plate in a volume of 80µl each.
- BFA working solution is added to each well in a volume of 20µl.
- Cell suspension is added in a volume of 100µl.
- The final assay volume is 200µl.
- The incubation time is 6-16 hours.

Note: All procedures until the end of the incubation time are to be performed under sterile conditions.

5.2.2. Preparing the stimulation assay

- Prepare PepMix[™] working solution in complete media. Dissolve the contents of one PepMix[™] vial containing 25 tests in 50 µl of DMSO (stock solution, see section 4.1). If less than 25 tests are required, store unused stock solution in suitable aliquots at -20°C or below. Prepare a PepMix[™] working solution by diluting the required amount of PepMix[™] stock solution 1:200 with complete media. Add 80 µl of PepMix[™] working solution to each well requiring stimulation (the equivalent of 0.2 tests).
- Prepare negative control solution by diluting DMSO 1:200 in complete media. Add 80 μl of negative control solution to each well designated a negative control.
- Prepare positive control solution by diluting your positive control in complete media. If you wish to use, for example, staphylococcus enterotoxin B (SEB) at a final concentration of 1 µg/ml and your stock is 1 mg/ml, dilute your SEB stock solution



1:40 in complete media. Add 80 µl of positive control solution to each well designated a positive control.

4. Prepare BFA working solution from BFA stock solution (usually prepared in ethanol and stored at -80°C). We recommend using BFA at 10 μg/ml final concentration. As with negative and positive stimulation controls, you may add BFA stock solution in supplemented media as well. If your BFA stock solution is 5 mg/ml, dilute it 1:50 in complete media. Add 20 μl of BFA solution to each well. Different concentrations of your stock solution require you to adjust the dilution step.

Note: Brefeldin A working solution should be added later (at least one hour later) if you are performing stimulation with a protein, or a bacterial or viral lysate in parallel to your peptide stimulation, since, unlike peptides, such antigen preparations may require processing by antigen-presenting cells, which would be disrupted by BFA if is added too early. In this case, defer the preparation and addition of BFA working solution until that time and proceed with the next step.

5.2.3. Performing the stimulation assay

- 4. Add 80 µl of cell suspension to each well and mix by gently pipetting up and down.
- Incubate in a standard incubator (37°C, H₂O-saturated 5% CO₂-atmosphere). Cells can be stimulated for 6 to 16 hours depending on your scientific question. Consider the time required for upregulation of your activation marker of interest.
- If BFA was not added immediately, freshly prepare BFA working solution and add 20 μl of BFA working solution to each well at the desired time.
- 7. Always use the same conditions to ensure comparability between assays.

5.2.3. Ending the incubation

- After the desired stimulation time centrifuge the plate for 6 min at 300xg and 4°C. Carefully discard the supernatant by swiftly but gently inverting the plate and blotting the edges dry.
- 2. Resuspend the cell pellets in 200µl PBS containing 0.5% (w/v) bovine serum albumin.
- 3. Centrifuge the plate again and discard the supernatant as described in step 4.
- 4. Proceed with surface staining, cell permeabilization and intracellular staining according to your preferred protocol.



5.3 Data acquisition and analysis

We do not recommend any particular acquisition or analysis protocols as most laboratories will have their own standard approach. However, it is important to consider that activated T-cells will downregulate the T-cell receptor to varying degrees. This must be taken into account when setting gates. Gates must be designed to include events with lower expression of CD3, CD4 or CD8 than would normally be tolerated in the gating of non-activated samples. During data acquisition it is important to avoid live storage gates that may exclude such activated events. We recommend acquiring as many T-lymphocytes as possible (ideally 200.000 or more) in order not to miss small populations of activated cells.



5.3 ELISpot Assay

This protocol is designed for PBMCs. You may need to adjust it for use with other materials such as isolated CD4 or CD8 cells. PBMCs can be isolated freshly from whole blood or buffy coats. Alternatively, cryopreserved PBMCs samples may be used. In that case a resting step allowing the cells to recover may be useful (see below). Further information on Elispot assays can be found in the literature (see references at the end).

5.3.1. The assay in brief:

- Elispot plates are coated on day 1 (unless previously coated plates are used)
- PepMix[™], positive and negative stimulation solutions are added to the respective wells in a volume of 100 µl each.
- Cell suspension is added to each well in a volume of 100µl.
- The final assay volume is 200µl.
- The usual incubation time is 18-24 hours.

Note: All procedures until the end of the incubation time are to be performed under sterile conditions.

5.3.2. Coating ELISpot plate(s) and thawing cryopreserved cells (if applicable, day 1)

If you are working with pre-coated ELISpot plates and fresh PBMC, start with section 5.3.4.

- After diluting the capture antibody of your choice (e.g. anti-human IFN-γ Mab 1-DK1, Mabtech) with DPBS (10 µg/ml) pipette 100µl of the dilution into each well of a suitable ELISpot plate* (i.e. 1µg/well). Seal the plate and incubate in a horizontal positon at 4°C overnight (coated plates should be used within one week when stored at 4°C).
- 2. If applicable, thaw cryopreserved cells for your experiment using a validated protocol providing maximum cell viability (up to 24h prior to performing stimulation). Thawed cells can be suspended in OpTmizer media (1-2x10⁶/ml) and placed in sterile, 50 ml conical polypropylene tubes in a standard 37°C incubator with a humidified 5% CO₂ atmosphere.

5.3.3. Blocking the ELISpot plate

- 1. Wash the ELISpot plate coated on day 1 several times with DPBS to remove unbound antibody.
- 2. Add suitable blocking media (*e.g.* containing 2% HSA) to each well and incubate for at least 1 hour at 37°C in a standard incubator (37°C, humidified 5% CO₂ atmosphere).
- 3. Empty the plate by inverting it to discarding the media.

5.3.4. Performing the stimulation assay (day 2)

- 4. Wash thawed, overnight-rested PBMCs with ELISpot cell culture media to remove cell debris.
- 5. Count viable cells and adjust your cell suspension to 1-3 x 106 cells/ml.
- 6. Add 100 μl of stimulant working solution to each well. We recommend setting up three replicates for each condition and six replicates for the negative control.
- 7. Add 100 µl of cell suspension to each well.
- 8. Incubate the ELISpot plate for 18-24 hours in a standard incubator.

Note: An incubation time of 16 hours works well for IFN- γ secretion. Different activation markers may require different incubation times.

5.3.5. Ending incubation and preparing the ELISpot plate for analysis

- 1. Add 200µl of PBS containing 0.05% Tween 20. Flip plate to remove liquid.
- 2. Add 200µl of de-ionized water. Wait 1 min, then flip to remove liquid.
- 3. Add 200µl of PBS containing 0.05% Tween 20. Flip plate to remove liquid. Repeat five times.
- 4. Add the detection antibody of your choice (e.g. biotinylated anti human IFN-γ) diluted in DPBS containing 5% BSA to the recommended concentration and incubate for 2 hours at 37°C. Note: enzyme-coupled detection antibodies can be used in this step. The subsequent color reaction will depend on the enzyme/substrate used.
- 5. Add 200µl of PBS containing 0.05% Tween 20. Flip plate to remove liquid. Repeat five times.
- 6. Apply your detection system for bound antibody. Biotinylated antibodies can be detected by applying a streptavidin-coupled enzyme (e.g. ExtraAvidin-Alkaline



Phosphatase) followed by adding the appropriate substrate. For Alkaline Phosphatase conjugates, BCIP/NBT substrate can be used. If an enzyme-coupled antibody was used under step 4. a substrate can be added directly.

7. Add tap water to stop the enzymatic reaction after 3 to 10 minutes.

*Nitrocellulose as well as PVDF membrane plates can be used; please note that for PVDF plates a pre-wetting step with Ethanol is recommended. After membrane activation, several washing steps using sterile water are required to remove the Ethanol.

6. References/Further reading:

T-cell stimulation/ICS

- 1. Kern F, Faulhaber N, Frommel C, Khatamzas E, Prosch S, Schonemann C, et al. Analysis of CD8 T cell reactivity to cytomegalovirus using protein-spanning pools of overlapping pentadecapeptides. Eur J Immunol. 2000; 30: 1676-82.
- Maecker HT, Dunn HS, Suni MA, Khatamzas E, Pitcher CJ, Bunde T, et al. Use of overlapping peptide mixtures as antigens for cytokine flow cytometry. J Immunol Methods. 2001; 255: 27-40.
- 3. Kiecker F, Streitz M, Ay B, Cherepnev G, Volk HD, Volkmer-Engert R, et al. Analysis of antigen-specific T-cell responses with synthetic peptides--what kind of peptide for which purpose? Hum Immunol. 2004; 65: 523-36.

T-cell stimulation/ELISpot

- 1. Janetzki S, Price L, Schroeder H, Britten CM, Welters MJ, Hoos A. Guidelines for the automated evaluation of ELISpot assays. Nat Protoc. 2015; 10: 1098-115.
- 2. Janetzki S, Rabin R. Enzyme-Linked ImmunoSpot (ELISpot) for Single-Cell Analysis. Methods Mol Biol. 2015; 1346: 27-46.

7. PepMix[™] in the scientific literature (selection):

 Ballegaard V, Braendstrup P, Pedersen KK, Kirkby N, Stryhn A, Ryder LP, Gerstoft J, Nielsen SD: Cytomegalovirus-specific T-cells are associated with immune senescence, but not with systemic inflammation, in people living with HIV. Sci Rep 2018, 8(1):3778.



- 2. Matko S, Manderla J, Bonsack M, Schmitz M, Bornhauser M, Tonn T, Odendahl M: PRAME peptide-specific CD8(+) T cells represent the predominant response against leukemia-associated antigens in healthy individuals. European journal of immunology 2018, 48(8):1400-1411.
- 3. John S, Yuzhakov O, Woods A, Deterling J, Hassett K, Shaw CA, Ciaramella G: Multi-antigenic human cytomegalovirus mRNA vaccines that elicit potent humoral and cell-mediated immunity. Vaccine 2018, 36(12):1689-1699.
- 4. Tsai A IA, Kaur J, Cihlar T, Kukolj G, Sloan DD, Murry JP: Toll-Like Receptor 7 Agonist GS-9620 Induces HIV Expression and HIV-Specific Immunity in Cells from HIV-Infected Individuals on Suppressive Antiretroviral Therapy. Journal of virology 2017.
- 5. Tauriainen J, Scharf L, Frederiksen J, Naji A, Ljunggren HG, Sonnerborg A, Lund O, Reyes-Teran G, Hecht FM, Deeks SG et al: Perturbed CD8(+) T cell TIGIT/CD226/PVR axis despite early initiation of antiretroviral treatment in HIV infected individuals. Sci Rep 2017, 7:40354.
- 6. Pearce H, Hutton P, Chaudhri S, Porfiri E, Patel P, Viney R, Moss P: Spontaneous CD4(+) and CD8(+) T-cell responses directed against cancer testis antigens are present in the peripheral blood of testicular cancer patients. European journal of immunology 2017, 47(7):1232-1242.
- 7. Makwana N, Foley B, Fernandez S, Lee S, Irish A, Pircher H, Price P: CMV drives the expansion of highly functional memory T cells expressing NK-cell receptors in renal transplant recipients. European journal of immunology 2017, 47(8):1324-1334.
- 8. Koblischke M, Mackroth MS, Schwaiger J, Fae I, Fischer G, Stiasny K, Heinz FX, Aberle JH: Protein structure shapes immunodominance in the CD4 T cell response to yellow fever vaccination. Sci Rep 2017, 7(1):8907.
- Bajwa M, Vita S, Vescovini R, Larsen M, Sansoni P, Terrazzini N, Caserta S, Thomas D, Davies KA, Smith H et al: CMV-Specific T-cell Responses at Older Ages: Broad Responses With a Large Central Memory Component May Be Key to Long-term Survival. The Journal of infectious diseases 2017, 215(8):1212-1220.
- 10. Korber N, Behrends U, Hapfelmeier A, Protzer U, Bauer T: Validation of an IFNgamma/IL2 FluoroSpot assay for clinical trial monitoring. Journal of translational medicine 2016, 14(1):175.
- 11. Attaf M, Holland SJ, Bartok I, Dyson J: alphabeta T cell receptor germline CDR regions moderate contact with MHC ligands and regulate peptide cross-reactivity. Sci Rep 2016, 6:35006.
- 12. Bajwa M, Vita S, Vescovini R, Larsen M, Sansoni P, Terrazzini N, Caserta S, Thomas D, Davies KA, Smith H et al: Functional Diversity of Cytomegalovirus-Specific T Cells Is Maintained in Older People and Significantly Associated With Protein Specificity and Response Size. The Journal of infectious diseases 2016, 214(9):1430-1437.
- 13. Kiniry BÉ, Ganesh A, Critchfield JW, Hunt PW, Hecht FM, Somsouk M, Deeks SG, Shacklett BL: Predominance of weakly cytotoxic, T-bet(Low)Eomes(Neg) CD8(+) T-cells in human gastrointestinal mucosa: implications for HIV infection. Mucosal Immunol 2017, 10(4):1008-1020.
- 14. Schurich A, Pallett LJ, Jajbhay D, Wijngaarden J, Otano I, Gill US, Hansi N, Kennedy PT, Nastouli E, Gilson R et al: Distinct Metabolic Requirements of Exhausted and Functional Virus-Specific CD8 T Cells in the Same Host. Cell Rep 2016, 16(5):1243-1252.
- 15. Chiu YL, Lin CH, Sung BY, Chuang YF, Schneck JP, Kern F, Pawelec G, Wang GC: Cytotoxic polyfunctionality maturation of cytomegalovirus-pp65-specific CD4 + and CD8 + T-cell responses in older adults positively correlates with response size. Sci Rep 2016, 6:19227.
- 16. Dammermann W, Bentzien F, Stiel EM, Kuhne C, Ullrich S, Schulze Zur Wiesch J, Luth S: Development of a novel IGRA assay to test T cell responsiveness to HBV



antigens in whole blood of chronic Hepatitis B patients. Journal of translational medicine 2015, 13:157.

- 17. Janetzki S, Price L, Schroeder H, Britten CM, Welters MJ, Hoos A: Guidelines for the automated evaluation of Elispot assays. Nature protocols 2015, 10(7):1098-1115.
- Swaminathan G, Thoryk EA, Cox KS, Meschino S, Dubey SA, Vora KA, Celano R, Gindy M, Casimiro DR, Bett AJ: A novel lipid nanoparticle adjuvant significantly enhances B cell and T cell responses to sub-unit vaccine antigens. Vaccine 2016, 34(1):110-119.
- 19. Schaffert H, Pelz A, Saxena A, Losen M, Meisel A, Thiel A, Kohler S: IL-17-producing CD4(+) T cells contribute to the loss of B-cell tolerance in experimental autoimmune myasthenia gravis. European journal of immunology 2015, 45(5):1339-1347.
- 20. Schachtner T, Stein M, Babel N, Reinke P: The Loss of BKV-specific Immunity From Pretransplantation to Posttransplantation Identifies Kidney Transplant Recipients at Increased Risk of BKV Replication. American journal of transplantation : official journal of the American Society of Transplantation and the American Society of Transplant Surgeons 2015, 15(8):2159-2169.
- 21. Olesen R, Vigano S, Rasmussen TA, Sogaard OS, Ouyang Z, Buzon M, Bashirova A, Carrington M, Palmer S, Brinkmann CR et al: Innate Immune Activity Correlates with CD4 T Cell-Associated HIV-1 DNA Decline during Latency-Reversing Treatment with Panobinostat. Journal of virology 2015, 89(20):10176-10189.
- 22. Axelsson-Robertson R, Ju JH, Kim HY, Zumla A, Maeurer M: Mycobacterium tuberculosis-specific and MHC class I-restricted CD8+ T-cells exhibit a stem cell precursor-like phenotype in patients with active pulmonary tuberculosis. Int J Infect Dis 2015, 32:13-22.
- 23. Hanley PJ, Melenhorst JJ, Nikiforow S, Scheinberg P, Blaney JW, Demmler-Harrison G, Cruz CR, Lam S, Krance RA, Leung KS et al: CMV-specific T cells generated from naive T cells recognize atypical epitopes and may be protective in vivo. Science translational medicine 2015, 7(285):285ra263.
- 24. Tebruegge M, Dutta B, Donath S, Ritz N, Forbes B, Camacho-Badilla K, Clifford V, Zufferey C, Robins-Browne R, Hanekom W et al: Mycobacteria-Specific Cytokine Responses Detect Tuberculosis Infection and Distinguish Latent from Active Tuberculosis. Am J Respir Crit Care Med 2015, 192(4):485-499.
- 25. Schmueck-Henneresse M, Sharaf R, Vogt K, Weist BJ, Landwehr-Kenzel S, Fuehrer H, Jurisch A, Babel N, Rooney CM, Reinke P et al: Peripheral blood-derived virusspecific memory stem T cells mature to functional effector memory subsets with self-renewal potency. Journal of immunology 2015, 194(11):5559-5567.
- 26. Brazzoli M, Magini D, Bonci A, Buccato S, Giovani C, Kratzer R, Zurli V, Mangiavacchi S, Casini D, Brito LM et al: Induction of Broad-Based Immunity and Protective Efficacy by Self-amplifying mRNA Vaccines Encoding Influenza Virus Hemagglutinin. Journal of virology 2016, 90(1):332-344.
- 27. Baranowska M, Hauge AG, Hoornaert C, Bogen B, Grodeland G: Targeting of nucleoprotein to chemokine receptors by DNA vaccination results in increased CD8(+)-mediated cross protection against influenza. Vaccine 2015, 33(49):6988-6996.
- 28. Pallett LJ, Gill US, Quaglia A, Sinclair LV, Jover-Cobos M, Schurich A, Singh KP, Thomas N, Das A, Chen A et al: Metabolic regulation of hepatitis B immunopathology by myeloid-derived suppressor cells. Nature medicine 2015, 21(6):591-600.
- 29. Rothe K, Quandt D, Schubert K, Rossol M, Klingner M, Jasinski-Bergner S, Scholz R, Seliger B, Pierer M, Baerwald C et al: Latent Cytomegalovirus Infection in Rheumatoid Arthritis and Increased Frequencies of Cytolytic LIR-1+CD8+ T Cells. Arthritis Rheumatol 2016, 68(2):337-346.
- 30. Wegner J, Hackenberg S, Scholz CJ, Chuvpilo S, Tyrsin D, Matskevich AA, Grigoleit GU, Stevanovic S, Hunig T: High-density preculture of PBMCs restores defective



sensitivity of circulating CD8 T cells to virus- and tumor-derived antigens. Blood 2015, 126(2):185-194.

- 31. Sung JA, Lam S, Garrido C, Archin N, Rooney CM, Bollard CM, Margolis DM: Expanded cytotoxic T-cell lymphocytes target the latent HIV reservoir. The Journal of infectious diseases 2015, 212(2):258-263.
- 32. Bailur JK, Derhovanessian E, Gueckel B, Pawelec G: Prognostic impact of circulating Her-2-reactive T-cells producing pro- and/or anti-inflammatory cytokines in elderly breast cancer patients. J Immunother Cancer 2015, 3:45.
- 33. Bailur JK, Gueckel B, Derhovanessian E, Pawelec G: Presence of circulating Her2reactive CD8 + T-cells is associated with lower frequencies of myeloid-derived suppressor cells and regulatory T cells, and better survival in older breast cancer patients. Breast Cancer Res 2015, 17:34.
- 34. Brunskole Hummel I, Zitzmann A, Erl M, Wenzel JJ, Jilg W: Characteristics of immune memory 10-15 years after primary hepatitis B vaccination. Vaccine 2016, 34(5):636-642.
- Popescu I, Pipeling MR, Mannem H, Shah PD, Orens JB, Connors M, Migueles SA, McDyer JF: IL-12-Dependent Cytomegalovirus-Specific CD4+ T Cell Proliferation, Tbet Induction, and Effector Multifunction during Primary Infection Are Key Determinants for Early Immune Control. Journal of immunology 2016, 196(2):877-890.
- 36. Xu H, Samy KP, Guasch A, Mead SI, Ghali A, Mehta A, Stempora L, Kirk AD: Postdepletion Lymphocyte Reconstitution During Belatacept and Rapamycin Treatment in Kidney Transplant Recipients. American journal of transplantation : official journal of the American Society of Transplantation and the American Society of Transplant Surgeons 2016, 16(2):550-564.
- 37. Stuehler C, Kuenzli E, Jaeger VK, Baettig V, Ferracin F, Rajacic Z, Kaiser D, Bernardini C, Forrer P, Weisser M et al: Immune Reconstitution After Allogeneic Hematopoietic Stem Cell Transplantation and Association With Occurrence and Outcome of Invasive Aspergillosis. The Journal of infectious diseases 2015, 212(6):959-967.
- 38. Terrazzini N, Bajwa M, Vita S, Cheek E, Thomas D, Seddiki N, Smith H, Kern F: A novel cytomegalovirus-induced regulatory-type T-cell subset increases in size during older life and links virus-specific immunity to vascular pathology. The Journal of infectious diseases 2014, 209(9):1382-1392.