

Minerva Access is the Institutional Repository of The University of Melbourne

Author/s:

Wilson, RP;Ives, ML;Rao, G;Lau, A;Payne, K;Kobayashi, M;Arkwright, PD;Peake, J;Wong, M;Adelstein, S;Smart, JM;French, MA;Fulcher, DA;Picard, C;Bustamante, J;Boisson-Dupuis, S;Gray, P;Stepensky, P;Warnatz, K;Freeman, AF;Rossjohn, J;McCluskey, J;Holland, SM;Casanova, JL;Uzel, G;Ma, CS;Tangye, SG;Deenick, EK

Title:

STAT3 is a critical cell-intrinsic regulator of human unconventional T cell numbers and function

Date:

2015-06-01

Citation:

Wilson, R. P., Ives, M. L., Rao, G., Lau, A., Payne, K., Kobayashi, M., Arkwright, P. D., Peake, J., Wong, M., Adelstein, S., Smart, J. M., French, M. A., Fulcher, D. A., Picard, C., Bustamante, J., Boisson-Dupuis, S., Gray, P., Stepensky, P., Warnatz, K. ,... Deenick, E. K. (2015). STAT3 is a critical cell-intrinsic regulator of human unconventional T cell numbers and function. *Journal of Experimental Medicine*, 212 (6), pp.855-864. <https://doi.org/10.1084/jem.20141992>.

Persistent Link:

<https://hdl.handle.net/11343/194849>

License:

[CC BY-NC-SA](#)

# STAT3 is a critical cell-intrinsic regulator of human unconventional T cell numbers and function

Robert P. Wilson,<sup>1,2</sup> Megan L. Ives,<sup>2,3</sup> Geetha Rao,<sup>2</sup> Anthony Lau,<sup>1,2</sup> Kathryn Payne,<sup>2</sup> Masao Kobayashi,<sup>5</sup> Peter D. Arkwright,<sup>6</sup> Jane Peake,<sup>7</sup> Melanie Wong,<sup>8</sup> Stephen Adelstein,<sup>9</sup> Joanne M. Smart,<sup>10</sup> Martyn A. French,<sup>11,12</sup> David A. Fulcher,<sup>13</sup> Capucine Picard,<sup>14,16,17</sup> Jacinta Bustamante,<sup>14,16,17</sup> Stephanie Boisson-Dupuis,<sup>14,18</sup> Paul Gray,<sup>4</sup> Polina Stepensky,<sup>19</sup> Klaus Warnatz,<sup>20</sup> Alexandra F. Freeman,<sup>21</sup> Jamie Rossjohn,<sup>22,23,24</sup> James McCluskey,<sup>25</sup> Steven M. Holland,<sup>21</sup> Jean-Laurent Casanova,<sup>14,15,17,18,26</sup> Gulbu Uzel,<sup>21</sup> Cindy S. Ma,<sup>2,3</sup> Stuart G. Tangye,<sup>2,3</sup> and Elissa K. Deenick<sup>2,3</sup>

<sup>1</sup>University of Bath, Bath BA2 7AY, England, UK

<sup>2</sup>Immunology Division, Garvan Institute of Medical Research, Darlinghurst, Sydney, NSW 2010, Australia

<sup>3</sup>St. Vincent's Clinical School and <sup>4</sup>School of Women's and Children's Health, University of New South Wales, Sydney, NSW 2052, Australia

<sup>5</sup>Department of Pediatrics, Hiroshima University Graduate School of Biomedical and Health Sciences, Hiroshima, Japan 739-8511

<sup>6</sup>University of Manchester, Royal Manchester Children's Hospital, Manchester M13 9WL, England, UK

<sup>7</sup>Department of Paediatrics and Child Health, Royal Children's Hospital Brisbane, Brisbane, QLD 4006, Australia

<sup>8</sup>Department of Allergy and Immunology, Children's Hospital at Westmead, Westmead, Sydney, NSW 2145, Australia

<sup>9</sup>Department of Clinical Immunology, Royal Prince Alfred Hospital, Camperdown, Sydney, NSW 2050, Australia

<sup>10</sup>Department of Allergy and Immunology, Royal Children's Hospital Melbourne, Parkville, VIC 3052, Australia

<sup>11</sup>Department of Clinical Immunology, Royal Perth Hospital, Perth, WA 6000, Australia

<sup>12</sup>School of Pathology and Laboratory Medicine, University of Western Australia, Crawley, WA 6009, Australia

<sup>13</sup>Department of Immunology, Institute of Clinical Pathology and Medical Research, Westmead Hospital, Westmead, Sydney, NSW 2006, Australia

<sup>14</sup>Laboratory of Human Genetics of Infectious Diseases, Necker Branch, French Institute of Health and Medical Research

(INSERM) U1163 and <sup>15</sup>Pediatric Hematology and Immunology Unit, Necker Hospital for Sick Children, 75015 Paris, France

<sup>16</sup>Study Center for Primary Immunodeficiencies, Assistance Publique-Hôpitaux de Paris (AP-HP), Necker Hospital, 75015 Paris, France

<sup>17</sup>Imagine Institute, Paris Descartes University, 75015 Paris, France

<sup>18</sup>St. Giles Laboratory of Human Genetics of Infectious Diseases, Rockefeller Branch, The Rockefeller University, New York, NY 10065

<sup>19</sup>Department of Pediatric Hematology-Oncology and Bone Marrow Transplantation, Hadassah Medical Center, Hebrew University Medical Center, Jerusalem 91120, Israel

<sup>20</sup>Center for Chronic Immunodeficiency, University Medical Center Freiburg, University of Freiburg, 79106 Freiburg, Germany

<sup>21</sup>Laboratory of Clinical Infectious Diseases, National Institute of Allergy and Infectious Diseases, NIH, Bethesda, MD 20892

<sup>22</sup>Department of Biochemistry and Molecular Biology, School of Biomedical Sciences and <sup>23</sup>Australian Research Council (ARC) Centre of Excellence in Advanced Molecular Imaging, Monash University, Clayton, VIC 3800, Australia

<sup>24</sup>Institute of Infection and Immunity, School of Medicine, Cardiff University, Heath Park, Cardiff CF14 4XN, Wales, UK

<sup>25</sup>Department of Microbiology and Immunology, Peter Doherty Institute for Infection and Immunity, University of Melbourne, Melbourne, VIC 3000, Australia

<sup>26</sup>Howard Hughes Medical Institute, New York, NY 10065

## CORRESPONDENCE

Elissa K. Deenick:

e.deenick@garvan.org.au

OR

Stuart G. Tangye:

s.tangye@garvan.org.au

Abbreviations used: AD-HIES, autosomal-dominant hyper IgE syndrome; Ag, antigen; iNKT cell, invariant NKT cell; MAIT cell, mucosal-associated invariant T cell; MR1, MHC-related molecule 1; PID, primary immunodeficiency; qPCR, quantitative PCR; TAE, T cell activation and expansion.

Unconventional T cells such as  $\gamma\delta$  T cells, natural killer T cells (NKT cells) and mucosal-associated invariant T cells (MAIT cells) are a major component of the immune system; however, the cytokine signaling pathways that control their development and function in humans are unknown. Primary immunodeficiencies caused by single gene mutations provide a unique opportunity to investigate the role of specific molecules in regulating human lymphocyte development and function. We found that individuals with loss-of-function mutations in *STAT3* had reduced numbers of peripheral blood MAIT and NKT but not  $\gamma\delta$  T cells. Analysis of *STAT3* mosaic individuals revealed that this effect was cell intrinsic. Surprisingly, the residual *STAT3*-deficient MAIT cells expressed normal levels of the transcription factor ROR $\gamma$ t. Despite this, they displayed a deficiency in secretion of IL-17A and IL-17F, but were able to secrete normal levels of cytokines such as IFN $\gamma$  and TNF. The deficiency in MAIT and NKT cells in *STAT3*-deficient patients was mirrored by loss-of-function mutations in *IL12RB1* and *IL21R*, respectively. Thus, these results reveal for the first time the essential role of *STAT3* signaling downstream of IL-23R and IL-21R in controlling human MAIT and NKT cell numbers.

© 2015 Wilson et al. This article is distributed under the terms of an Attribution-Noncommercial-Share Alike-No Mirror Sites license for the first six months after the publication date (see <http://www.rupress.org/terms>). After six months it is available under a Creative Commons License (Attribution-Noncommercial-Share Alike 3.0 Unported license, as described at <http://creativecommons.org/licenses/by-nc-sa/3.0/>).

Unconventional T cells possess unique properties that set them apart from conventional T cells. These include limited TCR diversity and a preactivated phenotype allowing them to respond rapidly upon activation and recognition of antigens (Ags) that are not presented by classical MHC molecules. Unconventional T cells include  $\gamma\delta$  T cells, mucosal-associated invariant T cells (MAIT cells), and NKT cells. These cells, particularly MAIT and  $\gamma\delta$  T cells, are a significant component of the human immune system, comprising up to 15% of peripheral blood lymphocytes, and in mouse models can provide protection against multiple pathogens (Gold and Lewinsohn, 2013; Chien et al., 2014). However, our knowledge of their precise role in protective immunity in humans and the molecular mechanisms regulating their development and function is limited. This is particularly true for MAIT cells, which until recently have been largely overlooked in studies of human disease and difficult to detect in mice because of a lack of appropriate reagents (Le Bourhis et al., 2013; Reantragoon et al., 2013). As a result, almost nothing is known of the obligate signals required for their development and function.

Several distinct populations of NKT cells have been identified, including type I NKT cells (also called invariant NKT [iNKT] cells) that in humans typically express an invariant V $\alpha$ 24-J $\alpha$ 18 TCR  $\alpha$ -chain paired with V $\beta$ 11 TCR  $\beta$ -chain. These iNKT cells recognize self, synthetic, and bacterial glycolipids presented by CD1d (Rossjohn et al., 2012). Other NKT cell populations (type II and atypical) express a more diverse TCR repertoire (Rossjohn et al., 2012) and do not respond to the prototypical type I NKT cell ligand,  $\alpha$ -galactosylceramide, making them more difficult to identify and thus study. MAIT cells are enriched in the mucosa. They typically express the invariant V $\alpha$ 7.2-J $\alpha$ 33 TCR $\alpha$  chain and are restricted by the MHC-related molecule 1 (MR1; Gold and Lewinsohn, 2013). MR1 binds vitamin B metabolites, produced by multiple microorganisms including *Candida albicans* and *Staphylococcus aureus*, and presents them to MAIT cells (Kjer-Nielsen et al., 2012).  $\gamma\delta$  T cells are more diverse than type I NKT or MAIT cells, with humans possessing 8 V $\delta$  and 6 V $\gamma$  functional TCR chains.  $\gamma\delta$  TCRs bind a range of Ags and Ag-presenting molecules, including CD1 and MHC-I stress-induced molecules (Bonneville et al., 2010; Chien et al., 2014). Certain chains are preferentially expressed and paired. Thus, in the blood  $\sim$ 70% of  $\gamma\delta$  T cells express V $\gamma$ 9V $\delta$ 2 and the remainder are mostly V $\delta$ 1<sup>+</sup> (Parker et al., 1990; Bonneville et al., 2010; Chien et al., 2014). These different  $\delta$ -chain-expressing subsets have been associated with immune responses to different pathogens. For example,  $\delta$ 2<sup>+</sup> cells respond to *Mycobacterium tuberculosis* (Li et al., 1996), whereas  $\delta$ 1<sup>+</sup> cells are involved in responses to *C. albicans* (Fenoglio et al., 2009). Despite differences in TCR gene usage and mode of recognition of distinct Ags, a common feature of these unconventional T cell populations is their ability to promptly produce a broad range of effector cytokines, IFN $\gamma$ , IL-4, IL-17, and IL-21, after activation (Bonneville et al., 2010; Dusseaux et al., 2011; Rossjohn et al., 2012; Gold and Lewinsohn, 2013; Chien et al., 2014).

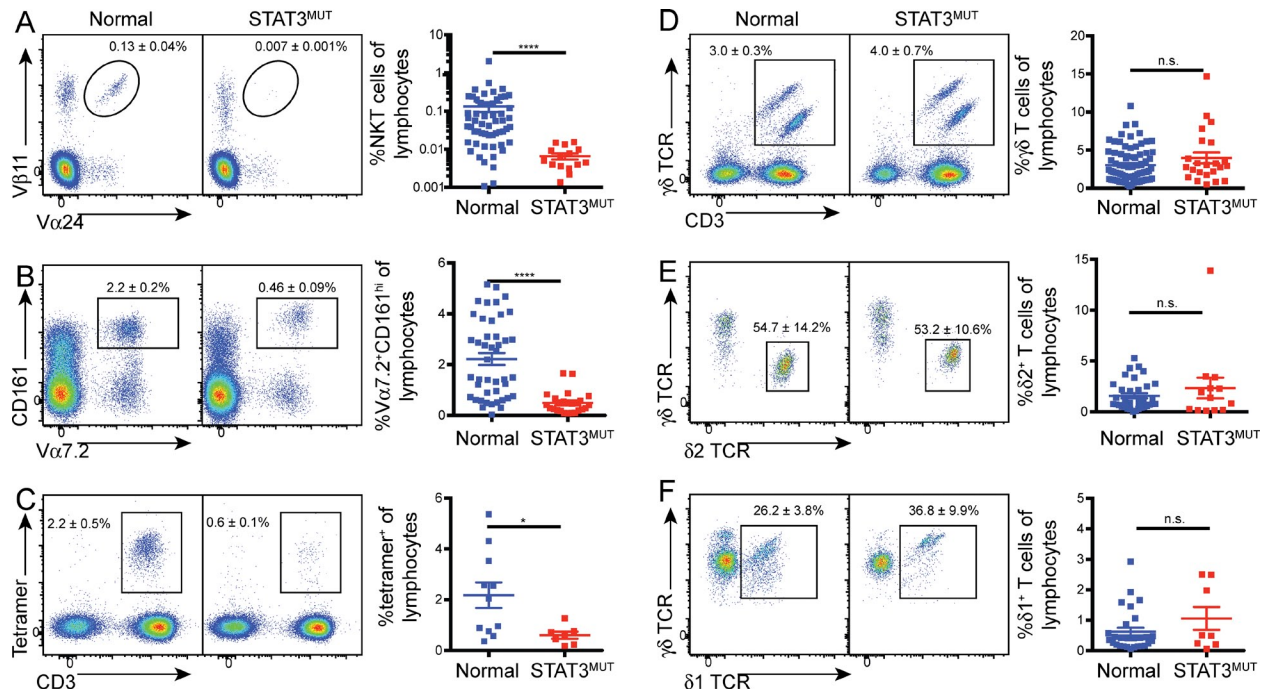
Monogenic primary immunodeficiencies (PIDs) provide a unique opportunity to establish the nonredundant functions of specific molecules in regulating human lymphocyte development and function. Indeed, studies of PIDs have provided valuable insights into the molecular mechanisms that control conventional T and B cells. However, little analysis of unconventional T cells in these conditions has been performed. Autosomal-dominant hyper IgE syndrome (AD-HIES) is a PID characterized by elevated serum IgE, eczema, and susceptibility to a well-defined spectrum of pathogens. Patients suffer from recurrent skin and lung abscesses caused by *S. aureus* and chronic mucocutaneous infections caused by *C. albicans* (Chandesris et al., 2012). AD-HIES results from heterozygous loss of function mutations in *STAT3* (Holland et al., 2007; Minegishi et al., 2007). *STAT3* signals downstream of many cytokine receptors, including those for IL-6, IL-10, IL-21, and IL-23, as well as growth hormones and IFN $\gamma$  (Kane et al., 2014). Studies of AD-HIES patients have revealed multiple roles for *STAT3* in the adaptive immune system. For example, *STAT3* signaling is crucial for the differentiation of naive CD4<sup>+</sup> T cells into Th17 cells (de Beaucoudrey et al., 2008; Ma et al., 2008; Milner et al., 2008). This deficiency in Th17 cells partly explains the susceptibility of AD-HIES patients to *C. albicans* and *S. aureus* as IL-17 is crucial for host defense against these pathogens (Puel et al., 2011; Cypowyj et al., 2012).

Human unconventional T cells have been reported to recognize *C. albicans* and *S. aureus*, and mouse models support a role for these cells in immunity against these pathogens. Furthermore, unconventional T cells produce IL-17 and express many cytokine receptors that signal through *STAT3* (Cua and Tato, 2010; Constantinides and Bendelac, 2013; Gold and Lewinsohn, 2013). However, the role of *STAT3* in the development and function of human unconventional T cells, and how they may contribute to the clinical phenotype of AD-HIES, has not previously been assessed. Thus, we investigated the development and function of MAIT, NKT, and  $\gamma\delta$  T cells in patients with mutations in *STAT3*-dependent cytokine signaling pathways.

## RESULTS AND DISCUSSION

### Functional *STAT3* deficiency causes a decrease in MAIT and NKT cells in vivo

To determine whether functional *STAT3* deficiency affects the numbers of circulating unconventional T cells, we analyzed PBMCs from AD-HIES patients and normal controls. This showed a 20-fold reduction in iNKT (CD3<sup>+</sup>V $\alpha$ 24<sup>+</sup>V $\beta$ 11<sup>+</sup>) cells in *STAT3* mutant individuals (Fig. 1 A). Similarly, we observed a fourfold decrease in the percentage of MAIT cells as identified both by expression of the invariant V $\alpha$ 7.2 TCR $\alpha$  chain and high levels of CD161 (Fig. 1 B) or by using MR1 tetramers loaded with 5-OP-RU, the riboflavin metabolites recognized by MAIT cells (Fig. 1 C; Reantragoon et al., 2013; Corbett et al., 2014). We assessed the phenotype of the MAIT cells and observed no difference in the percentages of cells that had down-regulated CD45RA (control: 94.1  $\pm$  1.6% [ $n$  = 11] vs. *STAT3*<sup>MUT</sup>: 93.8  $\pm$  1.6% [ $n$  = 8]), nor a selective loss of any



**Figure 1. Mutations in *STAT3* result in decreased NKT and MAIT cell numbers.** (A–F) PBMCs from normal controls or *STAT3* mutant patients (*STAT3*<sup>MUT</sup>) were stained for iNKT cells (TCRVα24<sup>+</sup> Vβ11<sup>+</sup>; A), MAIT cells [CD3<sup>+</sup>Vα7.2<sup>+</sup> CD161<sup>+</sup> (B)]; CD3<sup>+</sup> cells binding MR1-rRL-6-CH<sub>2</sub>OH tetramers (C)], and total γδ T cells (D), as well as δ2<sup>+</sup> (E) and δ1<sup>+</sup> (F) subsets. Representative staining of total lymphocytes (A, C, and D), CD3<sup>+</sup> cells (B), or γδ T cells (E and F) is shown on the left. Numbers represent mean percentage (±SEM) of lymphocytes (A–D) or γδ T cells (E and F). Graphs show combined data with each symbol representing a single control ( $n = 11$ –78) or patient ( $n = 7$ –23); error bars indicate SEM; \*,  $P < 0.05$ ; \*\*\*\*,  $P < 0.0001$ .

particular MAIT cell subset in the *STAT3* mutant individuals based on CD8α and CD4 expression (CD8<sup>+</sup>: control  $84.5 \pm 2.4\%$ , *STAT3*<sup>MUT</sup>  $85.4 \pm 2.3\%$ ; CD4<sup>+</sup>: control  $2.1 \pm 0.5\%$ , *STAT3*<sup>MUT</sup>  $3.7 \pm 1.6\%$ ; DN: control  $12.0 \pm 2.3\%$  [ $n = 12$ ], *STAT3*<sup>MUT</sup>  $8.6 \pm 1.4\%$  [ $n = 9$ ]). This established that the reduction in MAIT cells caused by *STAT3* deficiency was not caused by the loss of a particular subset, but rather by a global reduction in all subsets, at least as defined by these phenotypic characteristics. This dramatic decrease in NKT and MAIT cells suggests that *STAT3* regulates the generation and/or survival of both of these unconventional T cell populations.

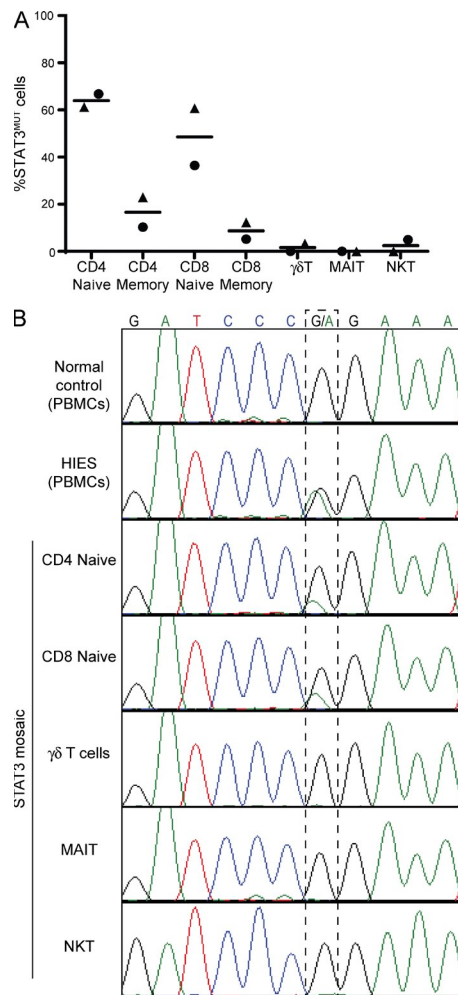
In contrast, the frequency of γδ T cells was not significantly different between normal controls and *STAT3*-deficient individuals (Fig. 1 D). As the different TCRδ chains are associated with responses to different pathogens (Li et al., 1996; Fenoglio et al., 2009; Chien et al., 2014), we also examined the relative proportions of δ2<sup>+</sup> and δ1<sup>+</sup> T cells to ascertain whether *STAT3* deficiency selectively affects a particular γδ T cell subpopulation. However, our analysis showed that *STAT3* deficiency had no significant effect on the percentage of δ1- or δ2-expressing cells (Fig. 1, E and F), suggesting *STAT3* is not critical for development or survival of γδ T cells in vivo.

#### A cell-intrinsic requirement for *STAT3* in unconventional T cells

Although our results clearly show that *STAT3* mutations result in a decrease in iNKT and MAIT cells, it does not necessarily

follow that there is a cell-intrinsic requirement for *STAT3* in their survival or development. Indeed, the reduction in these cells could result from a defect in supporting cells that require *STAT3* or as a result of the chronic infections associated with AD-HIES.

To delineate whether the paucity of iNKT and MAIT cells in AD-HIES is caused by a cell-intrinsic function of *STAT3*, we took advantage of two individuals who have been identified to have an intermediate AD-HIES phenotype caused by somatic mosaicism at one *STAT3* allele (Siegel et al., 2011; Hsu et al., 2013). In these individuals ~50% of their immune cells express mutant *STAT3*, whereas the other half express the WT genotype and thus have normal functioning *STAT3* (Siegel et al., 2011; Hsu et al., 2013). Samples from these individuals offer the unique opportunity to examine normal and *STAT3*-deficient unconventional T cells in the same environment, thereby allowing the comparison of cell-extrinsic and -intrinsic effects of *STAT3* mutations. Thus, if *STAT3* has a critical intrinsic role in development or survival of unconventional T cells, cells with the WT genotype will have a distinct selective advantage and would therefore comprise a far greater proportion of the circulating T cells. To test this hypothesis, unconventional T cells were sorted from PBMCs from two *STAT3* mosaic individuals, and the frequency of expression of the WT and mutant *STAT3* alleles was determined by quantitative PCR (qPCR). As it has previously been observed that conventional CD4<sup>+</sup> and CD8<sup>+</sup> memory, but not naive, T cells have



**Figure 2. Circulating unconventional T cells in individuals mosaic for *STAT3* mutations all express the WT genotype.** (A) qPCR was performed on DNA from sorted T cell populations from *STAT3* mosaic individuals using probes specific for the WT or disease-causing genotype. Different symbols represent the two individuals examined. Horizontal bars indicate the mean. (B) Exons 12–14 of *STAT3* were amplified from DNA from PBMCs from a normal donor (WBC) or a *STAT3*-deficient patient (AD-HIES), or the indicated populations of sorted cells from a mosaic individual with the 1145G>A *STAT3* mutation. Chromatograms depict heterozygosity of the *STAT3*-deficient patient at this SNP and different degrees of mosaicism in distinct cell lineages in the mosaic individual.

a cell-intrinsic dependency on *STAT3* (Siegel et al., 2011), we included these cell types as controls. The populations of naive T cells were composed of approximately equal numbers of cells expressing each genotype, whereas the memory populations were composed almost entirely of cells with the WT genotype (Fig. 2 A). Strikingly, the unconventional T cell populations comprised almost entirely WT cells (Fig. 2 A). We confirmed the enrichment of the WT allele in these populations from one mosaic individual by Sanger sequencing of genomic DNA at the position of the 1145G>A SNP (Fig. 2 B). Traces from the healthy control showed only the WT G at position 1145, whereas an AD-HIES patient harboring this same mutation in

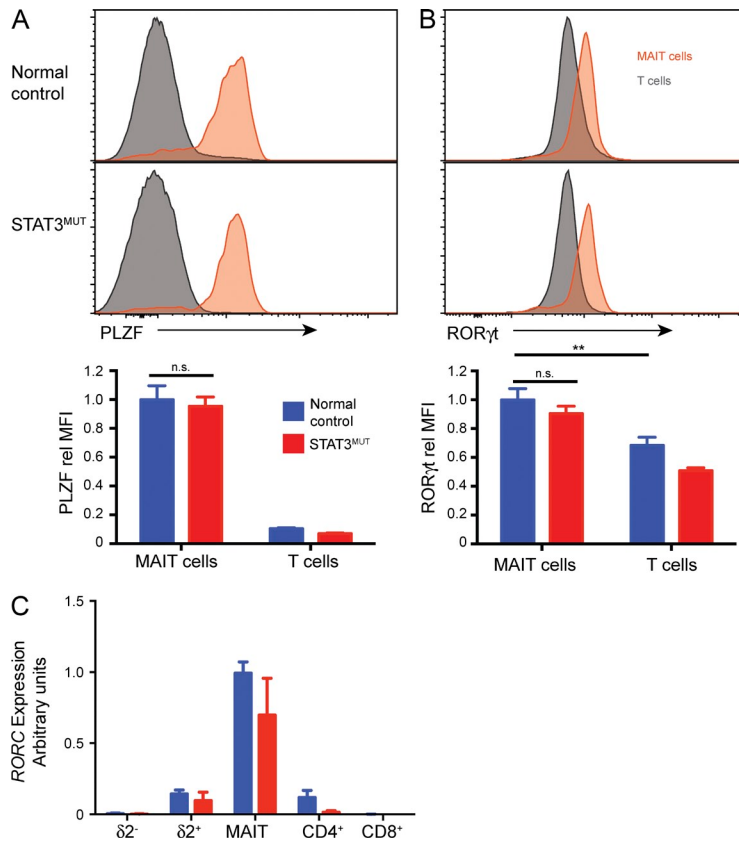
the germline showed equal G and A peaks consistent with the heterozygous mutations in AD-HIES. Although traces from the unconventional T cells showed the same genotype as the WT control with no A peak visible at the mutation point, naive CD4<sup>+</sup> and CD8<sup>+</sup> T cells were clearly mosaic at this nucleotide, confirming the results of the qPCR. Together, these results unequivocally demonstrate that *STAT3* functions as a crucial intrinsic mediator of NKT and MAIT cell frequency.

### **STAT3-deficient MAIT cells express normal levels of ROR $\gamma$ t and PLZF**

Given the role of *STAT3* in regulating the numbers of iNKT cells and MAIT cells, we considered whether *STAT3* might control expression of transcription factors important for development of these unconventional T cells. PLZF is a transcription factor highly expressed by both MAIT and NKT cells, which controls the development and preactivated phenotype of these cells (Kovalovsky et al., 2008; Savage et al., 2008; Eidson et al., 2011). Thus, we determined whether the levels of this molecule were altered in *STAT3*-deficient MAIT cells. Consistent with previous results (Savage et al., 2008), MAIT cells from normal controls expressed significantly more PLZF than other T cells (Fig. 3 A). Strikingly, *STAT3*-deficient MAIT cells expressed similar levels of PLZF as normal controls. As a result of the paucity of iNKT cells in *STAT3*-deficient patients, we were not able to determine the levels of PLZF in these cells.

ROR $\gamma$ t is a transcription factor key to the differentiation of Th17 cells and IL-17 production (Ivanov et al., 2006); however, it is also highly expressed by MAIT cells (Dusseaux et al., 2011). Furthermore, induction of ROR $\gamma$ t in CD4<sup>+</sup> T cells requires *STAT3* such that patients with AD-HIES lack CD4<sup>+</sup> Th17 cells in vivo and naive CD4<sup>+</sup> T cells from these individuals fail to up-regulate ROR $\gamma$ t and produce Th17-type cytokines after in vitro Th17-polarizing conditions (de Beaucoudrey et al., 2008; Ma et al., 2008; Milner et al., 2008). Thus, we reasoned that *STAT3* deficiency might also ablate ROR $\gamma$ t expression in MAIT cells, leading to their decrease in AD-HIES patients. However, ROR $\gamma$ t was similarly expressed by normal and *STAT3*-deficient MAIT cells, as determined both by intracellular staining (Fig. 3 B) and qPCR for *RORC* transcripts (Fig. 3 C). We also observed no significant difference in expression of other transcriptional regulators of T cell differentiation, such as Eomesodermin and Tbet, between *STAT3*-deficient and control MAIT cells (not depicted). Thus, it is unlikely that the reduction in MAIT cells (and by extension NKT cells) is caused by a deregulation in either PLZF or ROR $\gamma$ t. Rather it is likely that the deficiency of NKT and MAIT cells stems from defects in survival or expansion of these cells.

Furthermore, these results suggest that, unlike CD4<sup>+</sup> Th17 cell differentiation, ROR $\gamma$ t is acquired independently of *STAT3* in MAIT cells. In mice, populations of ROR $\gamma$ t<sup>+</sup> IL-17<sup>+</sup> NKT and  $\gamma\delta$  T cells have been described that appear to be preprogrammed in the thymus (Coquet et al., 2008; Rachitskaya et al., 2008; Shibata et al., 2011), and at least for  $\gamma\delta$  T cells, this



**Figure 3. STAT3-deficient MAIT cells express normal levels of RORγt and PLZF.** (A and B) PBMCs from normal controls or STAT3<sup>MUT</sup> patients were stained with mAbs to identify MAIT cells or total T cells, and then expression of PLZF (A) and RORγt (B) was determined. Representative histogram plots of MAIT or T cells (CD3<sup>+</sup>Vα7.2-γδ<sup>-</sup>). Graphs show mean ± SEM ( $n = 6-10$ ) of the MFI normalized to MFI of MAIT cells from controls in each experiment; \*\*,  $P < 0.01$ . (C) *RORC* transcripts were determined by qPCR of sorted T cell populations ( $n = 5-9$ ). Error bars indicate SEM.

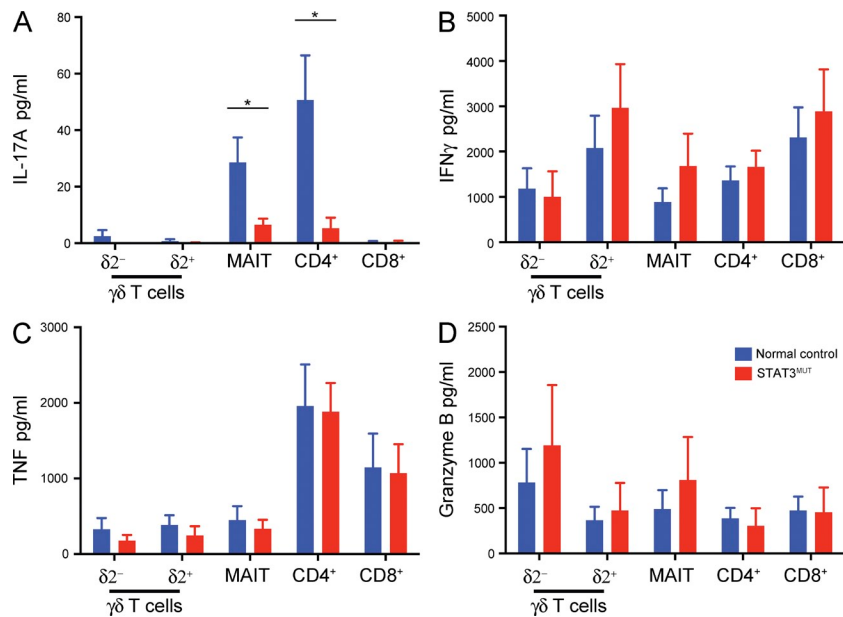
has been shown to occur independently of STAT3 signaling (Shibata et al., 2011). Thus, it is possible that a similar STAT3-independent RORγt up-regulation occurs during thymic development of human MAIT cells.

#### STAT3 is required for IL-17 secretion by unconventional T cells

The normal expression of RORγt by STAT3-deficient MAIT cells, coupled with normal levels of other markers of IL-17-producing cells such as CD161 and CCR6 (Fig. 1 B and not depicted) led us to investigate whether these cells were also capable of expressing normal levels of IL-17. To address this, δ2<sup>-</sup> and δ2<sup>+</sup> γδ T cells, MAIT cells and total CD4<sup>+</sup> and CD8<sup>+</sup> T cells were sorted from patients and normal controls and stimulated with PMA/ionomycin. iNKT cells could not be analyzed because of their rarity both in normal controls but more strikingly in AD-HIES patients. Consistent with a previous study (Dusseaux et al., 2011), both MAIT cells and CD4<sup>+</sup> T cells from normal donors produced low levels of IL-17A. Importantly, this IL-17A production was abrogated by STAT3 deficiency (Fig. 4 A), suggesting STAT3 plays a crucial role in inducing IL-17 not only in conventional CD4<sup>+</sup> T cells but also in MAIT cells. This reflected a specific defect in producing IL-17A, rather than a general dysfunction in cytokine secretion because production of IFNγ, TNF, Granzyme A and B, and IL-2 (Fig. 4, B–D; and not depicted) was comparable for STAT3 mutant and normal T cell subsets. We also analyzed

γδ T cell populations to determine whether a human equivalent of the thymically programmed IL-17-producing population could be identified. However, we detected little IL-17 production from either γδ T cell population (Fig. 4 A).

Although we found that all T cells secreted high levels of IFNγ and Granzyme B (Fig. 4, B and D) in response to PMA/ionomycin, secreted levels of IL-17A and IL-17F were very low to absent (Fig. 4 A and not depicted). The STAT3-activating cytokines IL-6 and IL-23, together with TGFβ and IL-1β, induce differentiation of CD4<sup>+</sup> and γδ T cells to an IL-17-secreting phenotype (Acosta-Rodriguez et al., 2007; Wilson et al., 2007; Ness-Schwickerath et al., 2010). To determine whether these cytokines promoted IL-17 production from human MAIT cells, and whether STAT3 plays a role in this process in unconventional T cells, sorted T cells (δ2<sup>-</sup> and δ2<sup>+</sup> γδ T, MAIT, and as controls total CD4<sup>+</sup>) were cultured for 5 d with T cell activation and expansion (TAE) beads (beads expressing anti-CD3, anti-CD28, and anti-CD2 mAb) alone or together with Th17-polarizing stimuli. The cells were also cultured under Th1-polarizing conditions as a control for intact responsiveness to alternative differentiation stimuli. As shown previously (de Beaucoudrey et al., 2008; Ma et al., 2008; Milner et al., 2008), Th17 culture conditions induced high levels of IL-17A and IL-17F secretion from CD4<sup>+</sup> T cells, and this response was ablated in STAT3-deficient cells (Fig. 5, A and B). The Th17 culture also stimulated high levels of IL-17F and a lower level of IL-17A by MAIT cells, and this

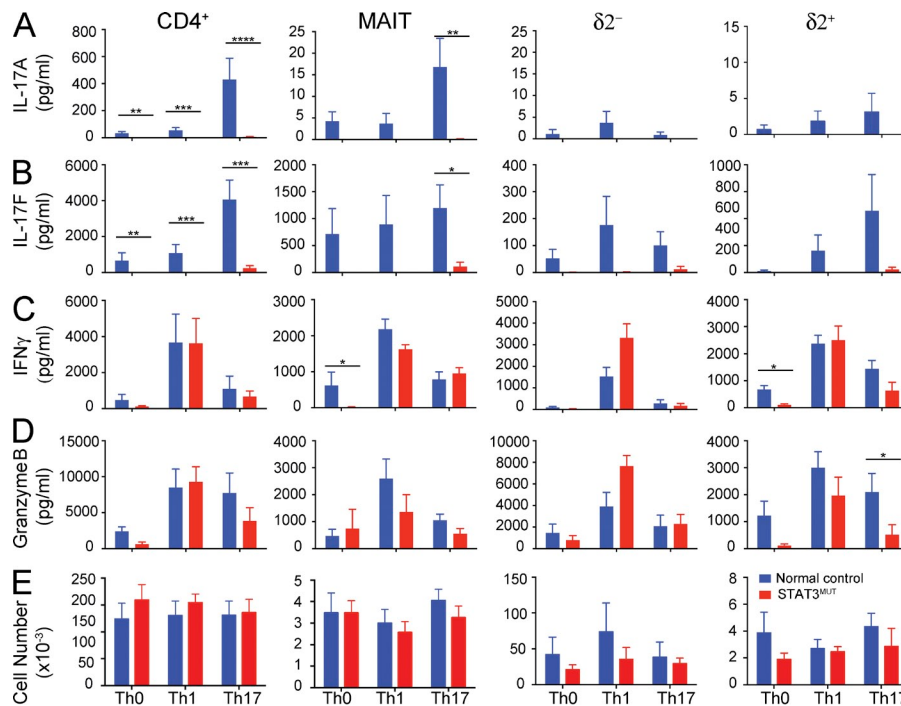


**Figure 4. STAT3-deficient T cells are impaired in their ability to produce IL-17A.** (A–D) Unconventional T cell populations ( $\delta 2^-$  and  $\delta 2^+$   $\gamma\delta$  T cells and MAIT cells) and total CD4<sup>+</sup> and CD8<sup>+</sup> T cells were isolated from control or STAT3<sup>MUT</sup> PBMCs and stimulated with PMA/ionomycin for 72 h. Culture supernatants were then harvested and secretion of IL-17A (A), IFN $\gamma$  (B), TNF (C), and Granzyme B (D) determined. Graphs show mean  $\pm$  SEM ( $n = 5-7$ ); \*,  $P < 0.05$ .

response was severely reduced in STAT3-deficient cells (Fig. 5, A and B). The level of IL-17 secretion by  $\gamma\delta$  T cells also appeared to be reduced in STAT3-deficient cells; however, this difference was not statistically significant, possibly because of the large variability among  $\gamma\delta$  T cells even from normal donors.

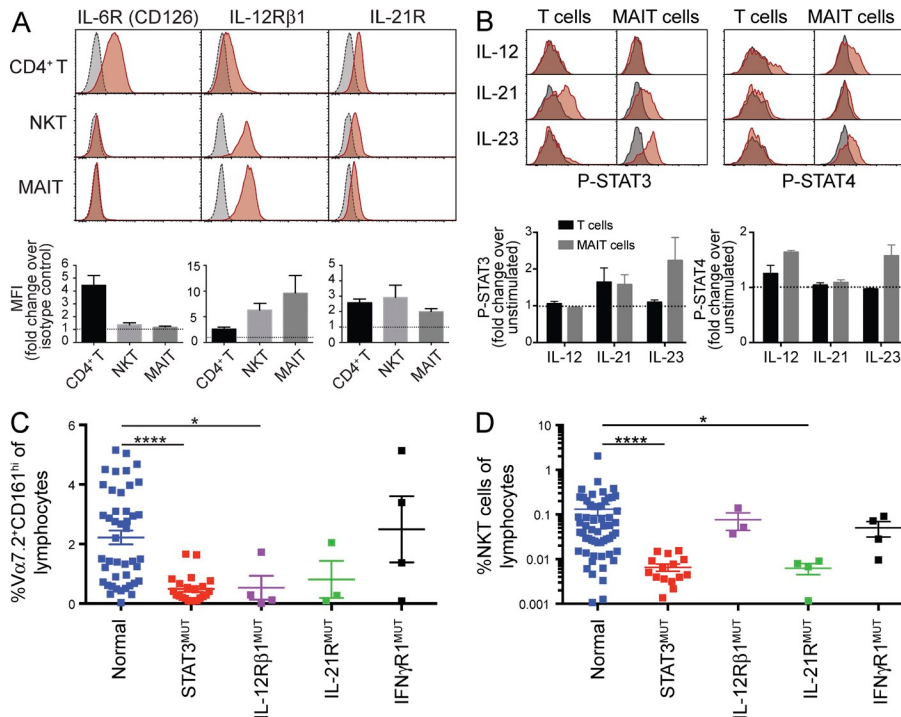
We also examined secretion of IFN $\gamma$  and Granzyme B (Fig. 5, C and D). Interestingly, in contrast to normal secretion of IFN $\gamma$  by STAT3-deficient  $\delta 2^+$   $\gamma\delta$  T and MAIT cells in response to PMA/ionomycin stimulation (Fig. 4 B), both of these cell types displayed decreased IFN $\gamma$  secretion in the nonpolarizing culture of TAE beads alone (Fig. 5 C). However, this

impairment was rescued in the Th1 and Th17 cultures. The  $\delta 2^+$   $\gamma\delta$  T also showed decreased Granzyme A and B expression (Fig. 5 D and not depicted) in Th0 cultures, which again was rescued by addition of IL-12. It is not clear what the mechanism underlying this defect in IFN $\gamma$  and Granzyme secretion is as the normal production in response to PMA/ionomycin (Fig. 4) coupled with normal expression of T-bet (not depicted) suggests that the *in vivo* differentiation of these cells to a Th1-like phenotype is intact. Instead it may reflect the requirement for a STAT3-dependent response to endogenously produced STAT3-activating cytokines in the Th0



**Figure 5. STAT3-deficient MAIT cells do not respond to Th17-polarizing stimuli.**

Sorted  $\delta 2^+$  and  $\delta 2^-$   $\gamma\delta$  T, MAIT, and total CD4<sup>+</sup> T cells from normal controls or STAT3<sup>MUT</sup> patients were cultured under Th0 (TAE beads), Th1 (TAE + IL-12), and Th17 (TAE + IL-1 $\beta$ /IL-6/IL-23/TGF $\beta$ ) conditions. (A–D) After 5 d, secretion of IL-17A (A), IL-17F (B), IFN $\gamma$  (C), and Granzyme B (D) was determined. (E) Absolute cell numbers in each culture were also determined at this time. Graphs show mean  $\pm$  SEM ( $n = 4-9$ ); \*,  $P < 0.05$ ; \*\*,  $P < 0.01$ ; \*\*\*,  $P < 0.001$ ; \*\*\*\*,  $P < 0.0001$ .



cultures. To determine whether STAT3 deficiency also affected T cell survival or expansion, we enumerated the number of live cells after 5 d of culture (Fig. 5 E). We saw no differences in cell recovery between controls and STAT3-deficient cultures for any cell type (Fig. 5 E). However, although we observed a significant increase in cell numbers over the starting 20,000 cells in cultures of CD4<sup>+</sup> and  $\delta$ 2<sup>-</sup>  $\gamma$  $\delta$  T cells, consistent with substantial proliferation, very few cells were recovered from cultures of  $\delta$ 2<sup>+</sup> T and MAIT cells. Flow cytometric analysis of forward scatter of cells from these cultures also demonstrated that only CD4<sup>+</sup> and  $\delta$ 2<sup>-</sup>  $\gamma$  $\delta$  T cells showed characteristics of cells undergoing blastogenesis and proliferation (not depicted). Indeed, CFSE labeling of the different populations confirmed that CD4<sup>+</sup> and  $\delta$ 2<sup>-</sup>  $\gamma$  $\delta$  T cells, but neither MAIT nor  $\delta$ 2<sup>+</sup>  $\gamma$  $\delta$  T cells, underwent proliferation after 5 d in culture (not depicted). Remarkably, although we recovered  $\sim$ 30–40-fold fewer cells from cultures of MAIT cells compared with CD4<sup>+</sup> T cells, the level of IFN $\gamma$  and IL-17F secretion was only two- to fourfold lower. This may reflect the greater heterogeneity of CD4<sup>+</sup> T cells. For example, IFN $\gamma$  production is largely restricted to Th1 cells, whereas the majority of MAIT cells can secrete IFN $\gamma$  after in vitro stimulation (not depicted).

Together these results reveal that STAT3 deficiency leads to a loss of IL-17 production by all T cell populations. It is of particular interest that although STAT3-deficient MAIT cells expressed many features of IL-17-producing cells, including CD161, CCR6, and high levels of ROR $\gamma$ t, they were still unable to secrete appreciable levels of IL-17. This suggests that although ROR $\gamma$ t can be up-regulated independently of STAT3 in these cells, possibly during thymic development, the action of ROR $\gamma$ t alone is not sufficient to drive transcription of the

*IL17A* and *IL17F* genes and thus induce their secretion. This is presumably the result of a requirement for STAT3 to act directly at the promoters of these genes (Durant et al., 2010).

These experiments also provide further insight into the clinical phenotype of AD-HIES, which is characterized by recurrent infection with *C. albicans* and *S. aureus* (Kane et al., 2014). Control of these infections has been associated with the actions of IL-17A and IL-17F (Puel et al., 2011; Cypowyj et al., 2012). Indeed, previous work demonstrated a lack of IL-17-producing CD4<sup>+</sup> T cells in STAT3-deficient individuals (de Beaucoudrey et al., 2008; Ma et al., 2008; Milner et al., 2008), suggesting this defect in CD4<sup>+</sup> T cell differentiation contributed to poor control of pathogen infection. Importantly, MAIT cells can be activated by *C. albicans* and *S. aureus* as both of these microorganisms generate the riboflavin metabolites specifically recognized by these cells (Kjer-Nielsen et al., 2012). Furthermore,  $\gamma$  $\delta$  T cells are also implicated in responses to these organisms (Cho et al., 2010; Cua and Tato, 2010; Ness-Schwickerath et al., 2010). Thus, our results that STAT3-deficient MAIT and  $\gamma$  $\delta$  T cells are also unable to produce IL-17 broaden these findings and suggest that functional and numerical defects in unconventional T cells contribute to the infectious susceptibility in AD-HIES. Together, these data reinforce the significance of unconventional T cells and IL-17 in the immune system and underscore the essential role STAT3 plays in their action.

#### IL-21 and IL-23 activate STAT3 in human MAIT cells

**and are required for the maintenance of innate-like T cells** STAT3 can be activated by many cytokines, including IL-6, IL-10, IL-21, and IL-23 (Kane et al., 2014). Thus, we sought

to identify which cytokine signaling pathways may be active in MAIT and NKT cells. We found prominent expression of IL-12R $\beta$ 1 and IL-21R on unstimulated MAIT and NKT cells; however, these cells lacked detectable expression of IL-6R (Fig. 6 A). This suggested these cells could potentially respond to IL-12, IL-23 (both of which share IL-12R $\beta$ 1), and IL-21. To test this, we examined STAT phosphorylation in sort-purified MAIT cells that were preactivated for 48 h. IL-12 induced phosphorylation of only STAT4, and IL-21 induced phosphorylation of STAT3 (Fig. 6 B). However, IL-23 induced robust activation of both STAT3 and STAT4, implying IL-12R $\beta$ 1 is used by IL-23, rather than IL-12, to initiate STAT3-dependent signaling in human MAIT cells. To determine whether signaling through IL-21R/STAT3 or IL-23R/STAT3 was important for controlling MAIT and iNKT cell numbers, we enumerated these populations in patients with loss-of-function mutations in *IL21R* or *IL12RB1* (Fig. 6, C and D). We also examined *IFNGR1* mutant individuals as a control for immune-deficient patients. This revealed intact numbers of MAIT and iNKT cells in *IFNGR1* mutant patients, but striking deficiencies of MAIT cells in individuals with *IL12RB1* mutations (Fig. 6 C) and of iNKT cells in IL-21R-deficient patients (Fig. 6 D). Indeed, the proportions of MAIT and iNKT cells in these patients approximated those in STAT3-deficient individuals, implicating IL-23 and IL-21 as the major cytokines responsible for STAT3-dependent maintenance of human MAIT and iNKT cells, respectively (Fig. 6, C and D). Importantly, ~25% of patients with *IL12RB1* mutations present with *Candida* infections (de Beaucoudrey et al., 2010), consistent with a role for MAIT cells in protective immunity to *Candida*. Together, these data define a novel requirement for specific cytokine-induced STAT3 signaling pathways that control MAIT and iNKT cell numbers in humans. Importantly, this represents the first description of a cell-intrinsic regulator of human MAIT cells. Identification of these pathways potentially paves the way for manipulating the frequencies of these cell types to modulate immune responses in the setting of infection with specific pathogens.

## MATERIALS AND METHODS

**Human blood samples.** Buffy coats from normal donors were from the Australian Red Cross Blood Service. Peripheral blood was also collected from patients with mutations in *STAT3* (Holland et al., 2007; Chandesris et al., 2012; Deenick et al., 2013), *IL12RB1* (de Beaucoudrey et al., 2010), *IL21R* (Deenick et al., 2013; Ives et al., 2013; Kotlarz et al., 2013; Stepensky et al., 2015), or *IFNGR1* (Dorman et al., 2004) and individuals mosaic for *STAT3* mutations (Siegel et al., 2011; Hsu et al., 2013). Approval for this study was obtained from the ethics committees of the St. Vincent's Hospital and Sydney South West Area Health Service (Australia), Rockefeller University Institutional Review Board (New York), and National Institute of Allergy and Infectious Diseases Intramural Institutional Review Board (Bethesda, MD). All participants gave written informed consent in accordance with the Declaration of Helsinki.

**Flow cytometry reagents.** PerCP-Cy5.5 anti-CD161, PE anti-ROR $\gamma$ t, PE anti- $\gamma\delta$  TCR, biotinylated anti- $\gamma\delta$  TCR, PerCP-Cy5.5 anti-CD45RA, and APC anti- $\alpha\beta$  TCR antibodies were from eBioscience. A647 anti-PLZF, APC-Cy7 anti-CD4, PE-Cy7 anti-CD8, BV421 anti-CD3, BV421 anti-CD161, PE anti-STAT4 (pY693), PE anti-IL-6R, PE anti-IL-12R $\beta$ 1,

PE anti-IL-21R, PE mouse IgG1 isotype control, PerCP-Cy5.5 anti-STAT3 (pY705), and FITC anti-V $\delta$ 2 TCR antibodies were from BD. FITC anti-V $\alpha$ 24 TCR and PE and biotinylated anti-V $\beta$ 11 antibodies were from Beckman Coulter. FITC anti-V $\delta$ 1 TCR was from Thermo Fisher Scientific. APC or APC-Cy7 anti-V $\alpha$ 7.2 and PE-Cy7 anti- $\alpha\beta$  TCR antibodies were from BioLegend. FITC anti-CCR7 antibody was from R&D Systems. MR1-5-OP-RU tetramers have been described previously (Reantragoon et al., 2013; Corbett et al., 2014).

**Cell sorting.** PBMCs were stained with mAbs and sorted as below using a BD FACS Aria or Aria III. For SNP analysis, MAIT cells were sorted as CD3<sup>+</sup>V $\alpha$ 7.2<sup>+</sup>CD161<sup>hi</sup> $\gamma\delta$ <sup>-</sup>, NKT cells as CD3<sup>+</sup>V $\alpha$ 24<sup>+</sup>V $\beta$ 11<sup>+</sup>,  $\gamma\delta$  T cells as CD3<sup>+</sup>V $\alpha$ 7.2<sup>+</sup> $\gamma\delta$ <sup>+</sup>  $\delta$ 2<sup>+/+</sup>, and CD4<sup>+</sup> and CD8<sup>+</sup> naive T cell populations as CD45RA<sup>+</sup>CCR7<sup>+</sup>, with the remaining cells sorted as memory cells. For cell culture, MAIT cells were sorted as CD3<sup>+</sup>V $\alpha$ 7.2<sup>+</sup>CD161<sup>hi</sup> $\gamma\delta$ <sup>-</sup>,  $\gamma\delta$  T cells as CD3<sup>+</sup>V $\alpha$ 7.2<sup>+</sup> $\gamma\delta$ <sup>+</sup> and either  $\delta$ 2<sup>+</sup> or  $\delta$ 2<sup>-</sup>, total CD4<sup>+</sup> T cells as CD3<sup>+</sup>V $\alpha$ 7.2<sup>+</sup> $\gamma\delta$ <sup>-</sup>CD8<sup>-</sup>CD4<sup>+</sup>, and total CD8<sup>+</sup> T cells as CD3<sup>+</sup>V $\alpha$ 7.2<sup>+</sup> $\gamma\delta$ <sup>-</sup>CD4<sup>-</sup>CD8<sup>+</sup>.

**Cell culture.** Cells were cultured at 20,000/well/100  $\mu$ l media (Deenick et al., 2013; Ives et al., 2013). Cells were stimulated with either TAE beads (1 bead/2 cells; Miltenyi Biotec) alone (Th0 culture) or under Th1 (20 ng/ml IL-12; R&D Systems) or Th17 (2.5 ng/ml TGF $\beta$ , 20 ng/ml IL-1 $\beta$  [Pepro-Tech], 50 ng/ml IL-6 [Pepro-Tech], or 20 ng/ml IL-23 [eBioscience]) conditions for 5 d or 100 ng/ml PMA plus 750 ng/ml ionomycin (Sigma-Aldrich) for 3 d before harvesting supernatants. Cytokine secretion was measured by cytometric bead array (BD) as per the manufacturer's instructions. The absolute number of cells in culture was determined by adding a known number of CaliBRITE beads (BD) before harvest, which can then be distinguished by flow cytometry based on forward and side scatter.

**Intracellular transcription factor staining.** Cells were stained for surface markers to identify  $\gamma\delta$  T and MAIT cells and then permeabilized using the BD transcription factor buffer set and stained with PLZF- or ROR $\gamma$ t-specific mAbs.

**SNP assay.** Genomic DNA was extracted from sorted cells (QIAGEN). Percent mosaicism was determined in different cell populations using the TaqMan SNP genotyping assay (Life Technologies; Hsu et al., 2013). This qPCR-based assay used primers for the region of DNA containing the disease-causing mutation, together with specific probes recognizing either the WT or disease SNPs. The difference between the cycle threshold for each probe was used to determine the proportion of the two alleles in each sample. In each assay a normal control and AD-HIES sample with the same mutation were used to normalize the data, with the normal control taken as 0% and the AD-HIES sample as 100%.

**DNA sequencing.** Exons 12–14 of *STAT3* were amplified from genomic DNA (Forward: 5'-TAGTTTAAAGAAATGCCAGGAGCACAGAG-3' and Reverse: 5'-TTGGCCTAAGTGACTTTTGAATAACTACAGC-3'). Sanger sequencing of the amplified product was performed by Garvan Molecular Genetics.

**qPCR.** RNA was isolated from sorted populations using the RNeasy kit (QIAGEN). For qPCR, total RNA was reverse transcribed with oligo-dT. Expression of genes was determined using real-time PCR with the Light-Cycler 480 Probe Master Mix and System (Roche) as previously described (Ives et al., 2013).

**Expression of phospho-STATs.** Sorted MAIT (CD3<sup>+</sup>V $\alpha$ 7.2<sup>+</sup>CD161<sup>+</sup>) and non-MAIT (CD3<sup>+</sup>V $\alpha$ 7.2<sup>-</sup>CD161<sup>-</sup>) cells were stimulated with TAE beads for 2 d and then rested for 2 h in media before being stimulated with 50 ng/ml IL-12, 100 ng/ml IL-21, or 100 ng/ml IL-23 or media alone for 20 min. Cells were fixed, permeabilized, and stained with anti-phospho-STAT3 (pY705) and STAT4 (pY693) mAbs (Deenick et al., 2013; Ives et al., 2013).

**Statistical analysis.** Significant differences between datasets were determined using either the unpaired Student's *t* test when comparing two groups, one-way ANOVA with Dunnett post test for more than two groups, or two-way ANOVA with Šidák's multiple comparison test for two variables (Prism; GraphPad Software).

We thank Rob Salomon, Eric Lam, and Vitri Dewi for cell sorting and all of the patients and their families for participating in this project.

This work was funded by project and program grants from the National Health and Medical Research Council (NHMRC) of Australia (1016953, 1066694, and 1027400 to E.K. Deenick and S.G. Tangye) and the Rockefeller University Center for 541 Clinical and Translational Science (5UL1RR024143 to J.-L. Casanova). C.S. Ma is a recipient of a Career Development Fellowship (1008820), and S.G. Tangye is a recipient of a Principal Research Fellowship (1042925) from the NHMRC of Australia.

The authors declare no competing financial interests.

Submitted: 21 October 2014

Accepted: 20 April 2015

## REFERENCES

- Acosta-Rodriguez, E.V., L. Rivino, J. Geginat, D. Jarrossay, M. Gattorno, A. Lanzavecchia, F. Sallusto, and G. Napolitani. 2007. Surface phenotype and antigenic specificity of human interleukin 17-producing T helper memory cells. *Nat. Immunol.* 8:639–646. <http://dx.doi.org/10.1038/nri1467>
- Bonneville, M., R.L. O'Brien, and W.K. Born. 2010.  $\gamma\delta$  T cell effector functions: a blend of innate programming and acquired plasticity. *Nat. Rev. Immunol.* 10:467–478. <http://dx.doi.org/10.1038/nri2781>
- Chandesris, M.-O., I. Melki, A. Natividad, A. Puel, C. Fieschi, L. Yun, C. Thumerelle, E. Oksenhendler, D. Boutboul, C. Thomas, et al. 2012. Autosomal dominant STAT3 deficiency and hyper-IgE syndrome: molecular, cellular, and clinical features from a French national survey. *Medicine (Baltimore)*. 91:e1–e19. <http://dx.doi.org/10.1097/MD.0b013e31825f95b9>
- Chien, Y.H., C. Meyer, and M. Bonneville. 2014.  $\gamma\delta$  T cells: first line of defense and beyond. *Annu. Rev. Immunol.* 32:121–155. <http://dx.doi.org/10.1146/annurev-immunol-032713-120216>
- Cho, J.S., E.M. Pietras, N.C. Garcia, R.I. Ramos, D.M. Farzam, H.R. Monroe, J.E. Magorien, A. Blauvelt, J.K. Kolls, A.L. Cheung, et al. 2010. IL-17 is essential for host defense against cutaneous *Staphylococcus aureus* infection in mice. *J. Clin. Invest.* 120:1762–1773. <http://dx.doi.org/10.1172/JCI40891>
- Constantinides, M.G., and A. Bendelac. 2013. Transcriptional regulation of the NKT cell lineage. *Curr. Opin. Immunol.* 25:161–167. <http://dx.doi.org/10.1016/j.coi.2013.01.003>
- Coquet, J.M., S. Chakravarti, K. Kyparissoudis, F.W. McNab, L.A. Pitt, B.S. McKenzie, S.P. Berzins, M.J. Smyth, and D.I. Godfrey. 2008. Diverse cytokine production by NKT cell subsets and identification of an IL-17-producing CD4<sup>+</sup>NK1.1<sup>+</sup> NKT cell population. *Proc. Natl. Acad. Sci. USA*. 105:11287–11292. <http://dx.doi.org/10.1073/pnas.0801631105>
- Corbett, A.J., S.B.G. Eckle, R.W. Birkinshaw, L. Liu, O. Patel, J. Mahony, Z. Chen, R. Reantragoon, B. Meehan, H. Cao, et al. 2014. T-cell activation by transitory neo-antigens derived from distinct microbial pathways. *Nature*. 509:361–365. <http://dx.doi.org/10.1038/nature13160>
- Cua, D.J., and C.M. Tato. 2010. Innate IL-17-producing cells: the sentinels of the immune system. *Nat. Rev. Immunol.* 10:479–489. <http://dx.doi.org/10.1038/nri2800>
- Cypowyj, S., C. Picard, L. Maródi, J.-L. Casanova, and A. Puel. 2012. Immunity to infection in IL-17-deficient mice and humans. *Eur. J. Immunol.* 42:2246–2254. <http://dx.doi.org/10.1002/eji.201242605>
- de Beaucoudrey, L., A. Puel, O. Filipe-Santos, A. Cobat, P. Ghandil, M. Chrabieh, J. Feinberg, H. von Bernuth, A. Samarina, L. Jannière, et al. 2008. Mutations in STAT3 and IL12RB1 impair the development of human IL-17-producing T cells. *J. Exp. Med.* 205:1543–1550. <http://dx.doi.org/10.1084/jem.20080321>
- de Beaucoudrey, L., A. Samarina, J. Bustamante, A. Cobat, S. Boisson-Dupuis, J. Feinberg, S. Al-Muhsen, L. Jannière, Y. Rose, M. de Suremain, et al. 2010. Revisiting human IL-12R $\beta$ 1 deficiency: a survey of 141 patients from 30 countries. *Medicine (Baltimore)*. 89:381–402. <http://dx.doi.org/10.1097/MD.0b013e3181fdd832>
- Deenick, E.K., D.T. Avery, A. Chan, L.J. Berglund, M.L. Ives, L. Moens, J.L. Stoddard, J. Bustamante, S. Boisson-Dupuis, M. Tsumura, et al. 2013. Naive and memory human B cells have distinct requirements for STAT3 activation to differentiate into antibody-secreting plasma cells. *J. Exp. Med.* 210:2739–2753. <http://dx.doi.org/10.1084/jem.20130323>
- Dorman, S.E., C. Picard, D. Lammass, K. Heyne, J.T. van Dissel, R. Baretto, S.D. Rosenzweig, M. Newport, M. Levin, J. Roesler, et al. 2004. Clinical features of dominant and recessive interferon  $\gamma$  receptor 1 deficiencies. *Lancet*. 364:2113–2121. [http://dx.doi.org/10.1016/S0140-6736\(04\)17552-1](http://dx.doi.org/10.1016/S0140-6736(04)17552-1)
- Durant, L., W.T. Watford, H.L. Ramos, A. Laurence, G. Vahedi, L. Wei, H. Takahashi, H.W. Sun, Y. Kanno, F. Powrie, and J.J. O'Shea. 2010. Diverse targets of the transcription factor STAT3 contribute to T cell pathogenicity and homeostasis. *Immunity*. 32:605–615. <http://dx.doi.org/10.1016/j.immuni.2010.05.003>
- Dusseaux, M., E. Martin, N. Serriari, I. Péguillet, V. Premel, D. Louis, M. Milder, L. Le Bourhis, C. Soudais, E. Treiner, and O. Lantz. 2011. Human MAIT cells are xenobiotic-resistant, tissue-targeted, CD161<sup>hi</sup> IL-17-secreting T cells. *Blood*. 117:1250–1259. <http://dx.doi.org/10.1182/blood-2010-08-303339>
- Eidson, M., J. Wahlstrom, A.M. Beaulieu, B. Zaidi, S.E. Carsons, P.K. Crow, J. Yuan, J.D. Wolchok, B. Horsthemke, D. Wiczorek, and D.B. Sant'Angelo. 2011. Altered development of NKT cells,  $\gamma\delta$  T cells, CD8 T cells and NK cells in a PLZF deficient patient. *PLoS ONE*. 6:e24441. <http://dx.doi.org/10.1371/journal.pone.0024441>
- Fenoglio, D., A. Poggi, S. Catellani, F. Battaglia, A. Ferrera, M. Setti, G. Murdaca, and M.R. Zocchi. 2009. V $\delta$ 1 T lymphocytes producing IFN- $\gamma$  and IL-17 are expanded in HIV-1-infected patients and respond to *Candida albicans*. *Blood*. 113:6611–6618. <http://dx.doi.org/10.1182/blood-2009-01-198028>
- Gold, M.C., and D.M. Lewinsohn. 2013. Co-dependents: MR1-restricted MAIT cells and their antimicrobial function. *Nat. Rev. Microbiol.* 11:14–19. <http://dx.doi.org/10.1038/nrmicro2918>
- Holland, S.M., F.R. DeLeo, H.Z. Elloumi, A.P. Hsu, G. Uzel, N. Brodsky, A.F. Freeman, A. Demidowich, J. Davis, M.L. Turner, et al. 2007. STAT3 mutations in the hyper-IgE syndrome. *N. Engl. J. Med.* 357:1608–1619. <http://dx.doi.org/10.1056/NEJMoa073687>
- Hsu, A.P., K.J. Sowerwine, M.G. Lawrence, J. Davis, C.J. Henderson, K.A. Zarember, M. Garofalo, J.I. Gallin, D.B. Kuhns, T. Heller, et al. 2013. Intermediate phenotypes in patients with autosomal dominant hyper-IgE syndrome caused by somatic mosaicism. *J. Allergy Clin. Immunol.* 131:1586–1593. <http://dx.doi.org/10.1016/j.jaci.2013.02.038>
- Ivanov, I.I., B.S. McKenzie, L. Zhou, C.E. Tadokoro, A. Lepelletier, J.J. Laflaille, D.J. Cua, and D.R. Littman. 2006. The orphan nuclear receptor ROR $\gamma$ t directs the differentiation program of proinflammatory IL-17<sup>+</sup> T helper cells. *Cell*. 126:1121–1133. <http://dx.doi.org/10.1016/j.cell.2006.07.035>
- Ives, M.L., C.S. Ma, U. Palendira, A. Chan, J. Bustamante, S. Boisson-Dupuis, P.D. Arkwright, D. Engelhard, D. Averbuch, K. Magdorf, et al. 2013. Signal transducer and activator of transcription 3 (STAT3) mutations underlying autosomal dominant hyper-IgE syndrome impair human CD8<sup>+</sup> T-cell memory formation and function. *J. Allergy Clin. Immunol.* 132:400–411. e9. <http://dx.doi.org/10.1016/j.jaci.2013.05.029>
- Kane, A., E.K. Deenick, C.S. Ma, M.C. Cook, G. Uzel, and S.G. Tangye. 2014. STAT3 is a central regulator of lymphocyte differentiation and function. *Curr. Opin. Immunol.* 28:49–57. <http://dx.doi.org/10.1016/j.coi.2014.01.015>
- Kjer-Nielsen, L., O. Patel, A.J. Corbett, J. Le Nours, B. Meehan, L. Liu, M. Bhati, Z. Chen, L. Kostenko, R. Reantragoon, et al. 2012. MR1 presents microbial vitamin B metabolites to MAIT cells. *Nature*. 491:717–723.
- Kotlarz, D., N. Ziętara, G. Uzel, T. Weidemann, C.J. Braun, J. Diestelhorst, P.M. Krawitz, P.N. Robinson, J. Hecht, J. Puchalka, et al. 2013. Loss-of-function mutations in the IL-21 receptor gene cause a primary immunodeficiency syndrome. *J. Exp. Med.* 210:433–443. <http://dx.doi.org/10.1084/jem.20111229>

- Kovalovsky, D., O.U. Uche, S. Eladad, R.M. Hobbs, W. Yi, E. Alonzo, K. Chua, M. Eidson, H.J. Kim, J.S. Im, et al. 2008. The BTB-zinc finger transcriptional regulator PLZF controls the development of invariant natural killer T cell effector functions. *Nat. Immunol.* 9:1055–1064. <http://dx.doi.org/10.1038/ni.1641>
- Le Bourhis, L., Y.K. Mburu, and O. Lantz. 2013. MAIT cells, surveyors of a new class of antigen: development and functions. *Curr. Opin. Immunol.* 25:174–180. <http://dx.doi.org/10.1016/j.coi.2013.01.005>
- Li, B., M.D. Rossmann, T. Imir, A.F. Oner-Eyuboglu, C.W. Lee, R. Biancaniello, and S.R. Carding. 1996. Disease-specific changes in  $\gamma\delta$  T cell repertoire and function in patients with pulmonary tuberculosis. *J. Immunol.* 157:4222–4229.
- Ma, C.S., G.Y.J. Chew, N. Simpson, A. Priyadarshi, M. Wong, B. Grimbacher, D.A. Fulcher, S.G. Tangye, and M.C. Cook. 2008. Deficiency of Th17 cells in hyper IgE syndrome due to mutations in STAT3. *J. Exp. Med.* 205:1551–1557. <http://dx.doi.org/10.1084/jem.20080218>
- Milner, J.D., J.M. Brenchley, A. Laurence, A.F. Freeman, B.J. Hill, K.M. Elias, Y. Kanno, C. Spalding, H.Z. Elloumi, M.L. Paulson, et al. 2008. Impaired T<sub>H</sub>17 cell differentiation in subjects with autosomal dominant hyper-IgE syndrome. *Nature*. 452:773–776. <http://dx.doi.org/10.1038/nature06764>
- Minegishi, Y., M. Saito, S. Tsuchiya, I. Tsuge, H. Takada, T. Hara, N. Kawamura, T. Ariga, S. Pasic, O. Stojkovic, et al. 2007. Dominant-negative mutations in the DNA-binding domain of STAT3 cause hyper-IgE syndrome. *Nature*. 448:1058–1062. <http://dx.doi.org/10.1038/nature06096>
- Ness-Schwickerath, K.J., C. Jin, and C.T. Morita. 2010. Cytokine requirements for the differentiation and expansion of IL-17A- and IL-22-producing human V $\gamma$ 2V $\delta$ 2 T cells. *J. Immunol.* 184:7268–7280. <http://dx.doi.org/10.4049/jimmunol.1000600>
- Parker, C.M., V. Groh, H. Band, S.A. Porcelli, C. Morita, M. Fabbì, D. Glass, J.L. Strominger, and M.B. Brenner. 1990. Evidence for extrathymic changes in the T cell receptor gamma/delta repertoire. *J. Exp. Med.* 171:1597–1612. <http://dx.doi.org/10.1084/jem.171.5.1597>
- Puel, A., S. Cypowyj, J. Bustamante, J.F. Wright, L. Liu, H.K. Lim, M. Migaud, L. Israel, M. Chrabieh, M. Audry, et al. 2011. Chronic mucocutaneous candidiasis in humans with inborn errors of interleukin-17 immunity. *Science*. 332:65–68. <http://dx.doi.org/10.1126/science.1200439>
- Rachitskaya, A.V., A.M. Hansen, R. Horai, Z. Li, R. Villasmil, D. Luger, R.B. Nussenblatt, and R.R. Caspi. 2008. Cutting edge: NKT cells constitutively express IL-23 receptor and ROR $\gamma$ t and rapidly produce IL-17 upon receptor ligation in an IL-6-independent fashion. *J. Immunol.* 180:5167–5171. <http://dx.doi.org/10.4049/jimmunol.180.8.5167>
- Reantragoon, R., A.J. Corbett, I.G. Sakala, N.A. Gherardin, J.B. Furness, Z. Chen, S.B.G. Eckle, A.P. Uldrich, R.W. Birkinshaw, O. Patel, et al. 2013. Antigen-loaded MR1 tetramers define T cell receptor heterogeneity in mucosal-associated invariant T cells. *J. Exp. Med.* 210:2305–2320. <http://dx.doi.org/10.1084/jem.20130958>
- Rossjohn, J., D.G. Pellicci, O. Patel, L. Gapin, and D.I. Godfrey. 2012. Recognition of CD1d-restricted antigens by natural killer T cells. *Nat. Rev. Immunol.* 12:845–857. <http://dx.doi.org/10.1038/nri3328>
- Savage, A.K., M.G. Constantinides, J. Han, D. Picard, E. Martin, B. Li, O. Lantz, and A. Bendelac. 2008. The transcription factor PLZF directs the effector program of the NKT cell lineage. *Immunity*. 29:391–403. <http://dx.doi.org/10.1016/j.immuni.2008.07.011>
- Shibata, K., H. Yamada, T. Sato, T. Dejima, M. Nakamura, T. Ikawa, H. Hara, S. Yamasaki, R. Kageyama, Y. Iwakura, et al. 2011. Notch-Hes1 pathway is required for the development of IL-17-producing  $\gamma\delta$  T cells. *Blood*. 118:586–593. <http://dx.doi.org/10.1182/blood-2011-02-334995>
- Siegel, A.M., J. Heimall, A.F. Freeman, A.P. Hsu, E. Brittain, J.M. Brenchley, D.C. Douek, G.H. Fahle, J.I. Cohen, S.M. Holland, and J.D. Milner. 2011. A critical role for STAT3 transcription factor signaling in the development and maintenance of human T cell memory. *Immunity*. 35:806–818. <http://dx.doi.org/10.1016/j.immuni.2011.09.016>
- Stepensky, P., B. Keller, O. Abuzaitoun, A. Shaag, B. Yacov, S. Unger, M. Seidl, M. Rizzi, M. Weintraub, O. Elpeleg, and K. Warnatz. 2015. Extending the clinical and immunological phenotype of human interleukin-21 receptor deficiency. *Haematologica*. 100:e72–e76. <http://dx.doi.org/10.3324/haematol.2014.112508>
- Wilson, N.J., K. Boniface, J.R. Chan, B.S. McKenzie, W.M. Blumenschein, J.D. Mattson, B. Basham, K. Smith, T. Chen, F. Morel, et al. 2007. Development, cytokine profile and function of human interleukin 17-producing helper T cells. *Nat. Immunol.* 8:950–957. <http://dx.doi.org/10.1038/ni1497>