Type I immune response induces keratinocyte necroptosis and is associated with interface dermatitis

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Short Title:

Immune response pattern of interface dermatitis

Abbreviations:

ISD: inflammatory skin disease

IFN: interferon

ID: interface dermatitis

IL: interleukin

LE: lupus erythematosus

LP: lichen planus

MLKL: mixed lineage kinase domain like pseudokinase

RIP3: receptor interacting protein kinase 3

Th: T helper

TNF: tumor necrosis factor

TCS: T cell supernatant

Abstract

Interface dermatitis (ID) is a characteristic histological pattern which occurs in autoimmune and chronic inflammatory skin diseases. It is unknown whether a common mechanism orchestrates this distinct type of skin inflammation. Here we investigated the overlap of two different ID positive skin diseases, lichen planus (LP) and lupus erythematosus (LE). The shared transcriptome signature pointed towards a strong type I immune response and biopsy derived T cells were dominated by IFN-γ and TNF-α positive cells. The transcriptome of keratinocytes stimulated with IFN- γ and TNF- α correlated significantly with the shared gene regulations of LP and LE. IFN-γ, TNF-α or mixed supernatant of lesional T cells (TCS) induced signs of keratinocyte cell death in three-dimensional skin equivalents. We detected a significantly enhanced epidermal expression of RIP3, a key regulator of necroptosis, in ID. Phosphorylation of RIP3 and MLKL was induced in keratinocytes upon stimulation with TCS; an effect which was dependent on the presence of either IFN- γ or TNF- α in the TCS. ShRNA knock-down of RIP3 prevented cell death of keratinocytes upon stimulation with IFN-γ or TNF-α. In conclusion, type I immunity is associated with LP and LE and induces keratinocyte necroptosis. These two mechanisms are potentially involved in ID.

Introduction

Inflammatory skin diseases (ISD) are a heterogeneous group of complex, immune-mediated and noninfectious skin disorders leading to disability, systemic inflammation, social stigmatization and a poor quality of life (Boehncke and Schon, 2015, Brunner et al., 2017, Eyerich et al., 2015). Over the last years, an increasing understanding of underlying immune mechanisms led to the development of specific therapeutic compounds, such as monoclonal antibodies targeting key cytokines (Noda et al., 2015). So far, research has focussed on single diseases aiming at elucidating master regulators of disease progression and, thereby, identifying new drug targets (Lauffer and Ring, 2016). Interestingly, most of the new compounds are not exclusively effective in the treatment of one ISD, but also show beneficial effects in the treatment of ISD with a similar pathogenic mechanism. Namely, monoclonal antibodies against tumour necrosis factor alpha (TNF-α) were shown to be effective in the treatment of psoriasis, hidradenitis suppurativa (acne inversa) and pityriasis rubra pilaris (Chaudhari et al., 2001, Kimball et al., 2016, Petrof et al., 2013). To exploit the full potential of available compounds, a new translational scientific approach investigating general immune response patterns of the skin in a disease independent manner is needed (Eyerich and Eyerich, 2017).

Interface dermatitis (ID), also called lichenoid tissue reaction, is a unique histological pattern which can be detected in several inflammatory and autoimmune skin diseases, such as lichen planus, lupus erythematosus, dermatomyositis, erythema multiforme, fixed drug eruption and many others. According to common definitions, ID is composed of two characteristic parts: An immune cell infiltrate close to the basal membrane of the epidermis and cell swelling and death of the undermost keratinocytes (Sontheimer, 2009). Although the initial stimulus might be different among certain skin diseases, a dominance of cytotoxic T cells and involvement of plasmacytoid dendritic cells was described in several ID positive skin diseases (Wenzel and Tuting, 2008). However, the mechanism of epidermal reaction remains poorly understood. This is reflected by a non-uniform terminology describing keratinocyte swelling as oncosis, apoptosis, necrotic degeneration or single cell necrosis. The lack of understanding ID pathogenesis is paralleled by an unmet medical need for new therapeutic targets to treat ID positive skin diseases. Thus, ID is a reasonable issue to investigate general mechanisms of skin inflammation.

The aim of this study was to investigate the underlying molecular mechanism of ID in a disease independent manner focussing on the overlap of lichen planus (LP) and lupus erythematosus (LE) in terms of histological architecture, genetic regulations and cellular immune response.

Results

The molecular signature of interface dermatitis reflects immune cell infiltration as well as epidermal reaction

Skin biopsies of LP and LE were investigated as both diseases show an ID despite their different clinical presentation (Figure 1A). In order to investigate ID specific gene regulations, whole genome expression analysis was performed in human skin biopsies of LP $(n=11)$ and LE $(n=5)$ in comparison to autologous healthy skin. 5675 genes were regulated exclusively in LP; 4354 genes were regulated exclusively in LE. 3888 genes showed differential regulation in both LE and LP when compared to healthy skin (Figure 1B). Only these genes were regarded as independent of the specific diseases, LP and LE, but shared among ID diseases and included in the further analysis. Pathway enrichment of shared genes showed an activation of interferon, chemokine and T cell related pathways (Figure 1C). To get a deeper understanding of gene interactions leading to ID, we performed induced modules network analysis of the top 500 regulated genes in the overlap of LP and LE (gene list in supplementary table S4). Highly connected nodes (hub genes) could be attributed to T cell immunology (TBX21, IL12R), interferon signalling (IFN-γ, IRF1, IRF2, IRF3) and response to interferon stimulation (STAT1, NFkB, RELA, ISGF3) (Figure 1D). Considering characteristics of ID, we hypothesized that hub genes indicate a type I immune dominance of infiltrating immune cells while response to interferon signalling might correspond to the epidermal reaction pattern.

Interface dermatitis is dominated by a type I immune response

Considering the strong activation of T cell pathways in our network analysis, T cells were isolated from lesional skin biopsies for in-depth analysis. Intracellular cytokine staining revealed a high frequency of IFN- γ and TNF- α positive cells in both, LE and LP. The frequency of CD4⁺/IFN- γ ⁺/TNF- α ⁺ was significantly higher than in psoriasis (percentage of CD4⁺ cells: LP 64.5 \pm 24.1, LE 63.1 \pm 18.6, psoriasis 27.9 ± 11.2 , p=0.0346 LP vs. psoriasis, p=0.0466 LE vs. psoriasis), an ISD without ID (Figure 2A and 2B). In contrast, there were no significant differences in the levels of IL-4, TNF-α and IL-17A (Figure 2C). To verify a type I immune dominance *in situ,* immunohistochemical stainings for T-bet were performed. In line with the T cell immunophenotyping, a significantly higher number of T-bet-positive

cells was observed in LE and LP than in psoriasis tissue samples $(10.3 \pm 4.6 \text{ vs. } 2.2 \pm 1.2; \text{ p=0.0002})$ (Figure 2D).

The molecular signature of interface dermatitis resembles keratinocytes stimulated with IFN-γ and TNFα

We next addressed the question which T cell stimulus induces gene expression signatures in keratinocytes similar to the molecular signature of ID. We therefore stimulated primary human keratinocytes with the cytokine milieu produced by the T helper (Th) cell subsets Th1, Th2, Th17 and Th22 cells. Transcriptome analysis followed by induced network analysis revealed distinct molecular response patterns integrated into networks for each of the four cytokine combinations (Figure 3A). The network for keratinocytes stimulated with IFN-γ and TNF-α, lead cytokines of Th1 cells, showed the highest similarity to the network detected in human punch biopsies as both shared highly connected nodes such as IRF1, NFkB, ISGF3 and STAT1 (Figure 1D and 3A). When comparing the shared expression profile of ID to the top 100 most differentially regulated genes of keratinocytes, we detected a significant correlation with keratinocytes stimulated with IFN-γ and TNF-α, IL-17 and IL-22 as well as with IL-22 (Figure 3B). Of note, the most significant correlation was evident upon IFN-γ and TNF-α stimulation, indicating that keratinocytes in ID are exposed to a type I immune response microenvironment. Finally, we stimulated three-dimensional skin models, mimicking keratinocyte differentiation of the human epidermis, with different T cell cytokine combinations. Though this *in vitro* model is limited due to the lack of immune cells, we observed that only keratinocytes stimulated with IFN-γ and TNF-α were swollen and showed pyknotic nuclei as signs of cell death. (Figure 3C).

Necroptosis and apoptosis pathways are activated in interface dermatitis

Given the clear type I dominance in the cellular compartment and keratinocyte death which can be induced by type I cytokines, we next aimed at understanding the underlying mechanisms. Gene network analysis of the ID shared gene signature revealed signals of apoptosis (FASL), direct cytotoxicity (Granzyme B) and necroptosis (ISGF3 complex) for ID (Figure 1D and Figure 4A). In line with this observation, regulation of genes belonging to the apoptosis and necroptosis pathway were detectable in

the ID signature (Figure S2). Although the number of cleaved caspase 3 positive cells was higher in ID than in psoriasis, the majority of keratinocytes in LP and LE was negative for this marker of apoptosis, as detected by immunohistochemistry (Figure 4B upper panel). However, LP and LE tissue sections showed an epidermal expression of receptor-interacting-protein-kinase 3 (RIP3), a key protein of necroptosis (Figure 4B lower panel), which was significantly stronger than in psoriasis samples. In vitro, stimulation of keratinocytes with IFN-γ and TNF-α (10 ng/ml) resulted in induction of RIP3 like in ID, but not cleaved caspase 3 (Figure 4C). IFN-α (10 ng/ml) neither induced RIP3 nor cleaved caspase 3 in keratinocytes (Figure 4C). Next, we stimulated keratinocytes with mixed T cell supernatant (TCS) derived from LE and LP lesional T cells. Here, we observed that high doses of TCS induced both, RIP3 and cleaved caspase 3, whereas lower concentrations led to predominant induction of RIP3 and only a faint band of cleaved caspase 3 (Figure 4D). Phosphorylated MLKL as a downstream target of RIP3 was most prominently expressed in the absence of cleaved caspase 3, indicating a dose-dependent, dichotomous regulation of different cell death mechanisms. To test whether IFN-γ, TNF-α or the combination of both cytokines lead to the activation of necroptosis in keratinocytes, we depleted these cytokines in the TCS using biotinylated antibodies (Table S3). Stimulation of keratinocytes with IFNγ-only depleted TCS as well as stimulation with TNF-α-only depleted TCS resulted in induction of RIP3 and pMLKL, while depletion of both cytokines prevented the activation of both, RIP3 and pMLKL (Figure 4E). As observed with recombinant cytokines (Figure 3C), TCS induced a cell swelling in threedimensional skin equivalents. Similar to the induction of RIP3 and pMLKL this effect was induced by IFN-γ depleted TCS as well as by TNF-α depleted TCS, but not by IFN-γ and TNF-α depleted TCS (Figure 4F).

RIP3 is involved in keratinocyte cell death upon stimulation with TNF-α and IFN-γ

To test the impact of RIP3 for keratinocyte cell death, we performed a shRNA knockdown of RIP3 in primary human keratinocytes. Compared to control shRNA, knockdown of RIP3 using shRNA1 and shRNA3 led to a decreased phosphorylation of MLKL upon stimulation with IFN-γ and TNF-α (Figure 5A). Keratinocytes stimulated with IFN-γ and TNF-α (both 10ng/ml) showed significantly lower

frequencies of dead cells, when shRNA knock-down of RIP3 (using a 50:50 mix of shRNA1 and shRNA3) was performed compared to keratinocytes transduced with control shRNA (Figure 5B and C).

Discussion

A better understanding of general immune reaction patterns of the skin is a prerequisite to identify new therapeutic options for large groups of ISD. Beyond apotosis, we here define two additional mechanisms associated to interface dermatitis (ID): a type I dominant cellular immune response with the key cytokine IFN-γ and an activation of the necroptosis pathway mediated by the phosphorylation of RIP3 in keratinocytes.

We hypothesized that a common mechanism orchestrates the inflammatory pattern of ID in a disease independent manner. To test this hypothesis, we chose LP and LE as model diseases as they share ID, but are clinically distinct. However, when comparing the current knowledge of LP and LE pathogeneses, certain analogies are apparent, albeit both diseases are not understood entirely. Apart from case reports about patients with LP-LE-overlap syndromes (Komori et al., 2017, Lospinoso et al., 2013), there are several studies pointing towards a similar immune polarization. Observational studies described high numbers of cytotoxic T cells in LE and LP lesions (de Carvalho et al., 2016, Wenzel and Tuting, 2008). A dominance of type I immune cells could be detected by transcriptome analysis of LE skin lesions (Jabbari et al., 2014) and a high IFN-γ expression was measured in oral and cutaneous LP (Weber et al., 2016). Furthermore, genetic polymorphisms of IFN-γ are linked to LP susceptibility (Al-Mohaya et al., 2016). Some authors also claimed an important role for plasmacytoid dendritic cells and type I interferons in the pathogenesis of LE and LP (Wenzel et al., 2006, Wenzel et al., 2009). Of note, these data were mainly obtained in studies of LE, whereas the knowledge about LP pathogenesis is limited to small case series (Saadeh et al., 2016). Animal studies demonstrated that a lack of IFN- α inhibiting interferon-regulatory-factor-2 leads to skin inflammation, which is either described as psoriasis-like or lichenoid (Arakura et al., 2007, Dutz, 2009, Hida et al., 2000). Importantly, in these models the epidermal reaction is dependent on the presence of cytotoxic T cells, indicating that T cell derived IFNγ and not IFN-α is indispensable for ID. In line with these findings, we observed a high production of IFN-γ by lesional T cells and an enhanced number of T-bet-positive cells in both, LP and LE. In our study, only stimulation with IFN-γ or TNF-α, but not stimulation with IFN-α, activated cell death

cascades in keratinocytes, thus indicating that IFN-α might be an upstream regulator of T cell response, but not directly inducing epidermal cell death.

So far, it has been assumed that apoptosis was the mechanism leading to characteristic epidermal changes of ID. Many studies have detected pro-apoptotic and anti-apoptotic signals in single keratinocytes of ID (Bascones-Ilundain et al., 2006, Skiljevic et al., 2017, Yoneda et al., 2008). In line with these observations we detected significantly higher numbers of cleaved caspase 3 positive cells in ID than in psoriasis samples. However, regarding the typical cell morphology of apoptotic cells, there is a discrepancy to histological observations: In ID keratinocytes are vacuolated and not shrunk as it would be expected for apoptotic cells (Belizario et al., 2015, Elmore, 2007, Kroemer et al., 2009). Nevertheless, the consistent picture of ID in several ISD indicates that a regulated mechanism and not accidental necrosis orchestrates the epidermal reaction.

We could observe that IFN- γ , TNF- α and a mix of lesional TCS led to cell swelling and signs of keratinocyte death in three-dimensional skin models*.* As expected for an in vitro model, these histological changes do not fully resemble the natural picture of ID in humans. In humans, degeneration and vacuolar changes of keratinocytes can usually be observed in the basal layer of the epidermis and keratinocytes do not show a swelling as we detected in our model. Three-dimensional skin models are limited due to the lack of immune cells and stimulation with TCS or recombinant cytokines cannot be as fine-tuned as the cell-cell-interaction *in vivo*. We used this model, however, to study the impact of single cytokines, demonstrating that IFN-γ as well TNF-α alone induce morphological changes in threedimensional skin equivalents. Of note, in a mouse model it has been demonstrated that desmoglein specific CD4-positive IFN-γ producing T cells are indispensable for the generation of ID (Takahashi et al., 2011). Interestingly, skin lesions which develop as a side effect of novel check-point inhibitor therapies also show an ID (Schaberg et al., 2016), thus representing an *in vivo* analogy of our observation. Check point inhibitors induce a strong production of IFN-γ producing T cells and are approved for the treatment of advanced-stage melanoma (Liakou et al., 2008).

Challenging current pathology concepts, in addition to apoptosis we detected regulation of necroptosis pathway and high epidermal expression of RIP3 in ID. Necroptosis is a regulated form of cell death with

a cascade comprising phosphorylated RIP3 and MLKL which eventually builds pores of the inner and outer cell membranes (Cai et al., 2014). Influx of extracellular liquids and destruction of the osmotic barrier is paralleled by a consecutive cell swelling and cell death, respectively (Linkermann and Green, 2014). IFN-γ and TNF-α are known inducers of necroptosis (Jorgensen et al., 2017) and RIP3 is central for generation of inflammatory reactions induced by viral infections (Xu et al., 2017).

In our study we detected RIP3 broadly in the epidermis of ID. This observation conflicts with the fact that in LP or LE not all keratinocytes die. More and more reports support the hypothesis that there is an inflammatory status of necroptosis before cell death. For instance, activation of necroptosis leads to increased aerobic respiration (Yang et al., 2018) and RIP3 deficiency is associated with an induction of DNA repair pathways (Sun et al., 2018). Once activated, necroptosis can be reversed by pro-survival signals, such as the FADD-caspase8-cFLIP complex (Dillon et al., 2012). As contra-regulations might eventually prevent cell death in LP and LE, the broad expression of RIP3 indicates that necroptosis is activated in ID, even if not all affected cells finally die. In our study RIP3 was induced in primary human keratinocytes stimulated with the supernatant of lesional T cells. Depletion of IFN-γ or TNF-α revealed that both cytokines are able to induce RIP3 in human keratinocytes. RIP3 knock-down and consecutive reduction of MLKL phosphorylation led to a significant reduction of dead cells upon stimulation with IFN-γ and TNF-α. These findings are concordant with the observation that necroptosis is a key event in toxic epidermal necrolysis (TEN), a blistering skin disease characterized by cell death of the majority of keratinocytes. In fact, TEN might be regarded as disease with maximal ID and a failure of contraregulations (Kim et al., 2015).

Understanding general immune response patterns of the skin is crucial to detect new drug targets. Recently, the discovery of necroptosis inhibitors, which interact with either RIP3 or MLKL, has been reported (Fauster et al., 2015, Yan et al., 2017). Furthermore, AMG811, a monoclonal antibody depleting IFN-γ, was tested in a phase I trial in LE. IFN-γ associated biomarkers decreased, even if there was no clinical effect on LE skin lesions after administration of one single dose (Werth et al., 2017). Phase II studies with different dosage regimes ought to clarify if there is a beneficial effect. Based on our findings, inhibition of necroptosis or targeting the IFN- γ axis are both promising therapeutic

approaches for ID positive skin reactions. This concept is supported by the fact that B cell targeting therapies are not effective for the treatment of cutaneous LE (Vital et al., 2015) and that inhibition of T cell immunology using a Janus kinase inhibitor (Klaeschen et al., 2016) or inhibition of NFkB by fumaric acid esters have proven efficacy in first studies (Kuhn et al., 2017).

Overall, our data highlight the importance of a type I cellular immune response and the suggest a role of necroptosis in the pathogenesis of ID. Given the possibility of precisely targeting the aforementioned cascades, our data warrant future translational approaches using new compounds for ID positive ISD.

Material and Methods

Patient's characteristics

34 patients with either LP (n=14), LE (n=11) or psoriasis (n=9) were enrolled in this study after obtaining written informed consent. Exclusion criteria were systemic or topical immune suppressive treatment within the last 3 months (systemic) or 1 week (topical), respectively. Patient's characteristics are listed in supplementary table 1 (Table S1). The study was approved by the local ethics committee and conducted according to ethical principles laid down in the Declaration of Helsinki.

To ensure a clear diagnosis of ID, standardized histological assessment using 24 objective and subjective criteria (Table S2) of 25 skin biopsies (LP $n=14$, LE $n=11$) was performed by two independent expert pathologists. Clustering analysis revealed a correlation of subjective ID criteria (e.g. ID subtype, ID strength) with objective criteria (the number of dyskeratotic epidermal cells, lymphocytic exocytosis; Figure S1). Given the clear relationship between the number of dyskeratotic epidermal cells and subjective rating of ID, only skin biopsies with ≥ 1 dyskeratotic epidermal cells were included in gene expression analysis which left eleven LP and five LE samples.

Punch biopsy specimens, histology and immunohistochemistry

6 mm punch biopsies of lesional and autologous non-lesional skin were obtained under local anaesthesia. Skin samples were fixed in 10 % formalin and embedded in paraffin. 2.5 μ m sections were cut and dewaxed. After rehydration, sections were stained with haematoxylin and eosin using standard methods. For immunohistochemistry, heat induced epitope retrieval was performed in citrate buffer pH6 (Leica). Sections were incubated with the primary antibodies mouse anti-T-bet (abcam, 1:100), rabbit anticleaved-caspase3 (cellsignalling, 1:100) or mouse anti-RIP3 (R&D systems, 1:1000) over night at 4°C. Secondary polymeric alkaline phosphatase (AP)-linked anti-rabbit/mouse antibody or horseradish peroxidase (HRP)-linked anti-rabbit antibody (Zytomed Systems) were applied and the complex was visualized by the substrate chromogen Fast Red or 3,3'-diaminobenzidine (DAB). Eventually, slides were counterstained with haematoxylin. As a negative control, primary antibodies were omitted or

replaced with an irrelevant isotype-matched monoclonal antibody. Information about quantification of immunohistological stainings can be found in the supplementary material and methods.

Isolation of total RNA from skin biopsy and gene expression microarray

Total RNA was isolated from biopsies stored in RNA-later with the miRNeasy Mini Kit according to the manufacturer's protocol. The RNA yield and quality was determined with a Nanodrop ND1000 UVvis Spectrophotomer. Moreover, the RNA integrity numbers (RIN) were measured using the 2100 Bioanalyzer (Agilent) according to the manufacturer's protocol (Agilent RNA 6000 Nano Kit). RNA samples with a RIN ≥ 6 were Cy3 labelled and amplified using the low input quick Amp labeling kit and hybridized on SurePrint G3 Human GE 8x60K BeadChips (Agilent Technologies). Fluorescence detection with the iScan microarray scanner and signal extraction with the Agilent Feature Extraction Software (Agilent Technologies) was used to determine specific gene expression. All microarrays were preprocessed together using the limma package in R (details in supplementary methods).

Modelling gene expression data

A detailed description about the modelling approach can be found in the supplementary methods. In short, two models were used for analyzing the human biopsy samples. One model included LP, LE and Psoriasis samples and their corresponding healthy skin samples. The second model combined LP and LE in one predictor and compared it to autologous healthy skin and psoriasis. In both models a linear mixed-effects approach was used to adjust for inter-individual variability. This results in an intercept calculated for each individual patient (= random effect) and an overall adjusted foldchange (=fixed effect) for each predictor (LE, LP, Psoriasis) compared to healthy. P-values were adjusted for multiple testing using Benjamini Hochberg (BH) correction.

Statistical analysis

Data were visualized using GraphPad Prism 7.00 software and the unpaired or paired T-test was used to test for difference in the means. Significance level was defined as $p<0.05$ (*), $p<0.01$ (**) and $p<0.001$ $(***).$

Induced network modules

Induced network modules of the 500 (LP and LE) or 150 (stimulated keratinocytes) top genes were calculated and displayed using *ConsensusPathDB* and *Cytoscape version 3.4.0.* software (Herwig et al., 2016, Shannon et al., 2003). Top genes are defined as significant (BH adjusted $p < 0.05$) and having the highest absolute fold change over healthy and unstimlated samples, respectively.

Pathway Analysis

We performed pathway analysis by applying the model-based gene set enrichment method *mgsa* which takes into account the hierarchical structure of pathways (Bauer S, 2016). *Wikipathways* was used as pathway resource (Kutmon et al., 2016). Pathways with an mgsa estimate larger than 0.5 are considered active.

Isolation and stimulation of lesional T cells

A detailed description about the isolation of lesional T cells can be found in the supplementary material and methods. For generation of T cell supernatant expanded lesional T cells were stimulated again with α-CD3 and α-CD28 for 72 hours. IFN-γ and TNF-α were depleted using biotinylated antibodies against IFN-γ and TNF-α (R&D systems) and streptavidin beads*.* Concentrations of IFN-γ and TNF-α before and after depletion were determined by ELISA (R&D systems) and are listed in Table S3. For intracellular cytokine staining, T cells were stimulated with PMA and ionomycin for 5 hours in presence of golgi inhibitors.

Lentiviral Transduction of primary human epidermal keratinocytes

Second-passage primary human epidermal keratinocytes were cultured in six-well plates and transduced with freshly concentrated lentiviral supernatant on two consecutive days. A detailed description can be found in the supplementary material and methods.

Three-dimensional skin models

Three-dimensional skin models were generated as described before (Poumay et al., 2004). A detailed description can be found in the supplementary material and methods.

Supplementary material and methods

Information on pre-processing of microarray data, modelling the gene expression data, cell culture, lentiviral vector construction, lentiviral vector production, lentiviral transduction of primary human epidermal keratinocytes, isolation of lesional T cells, three-dimensional skin models, western blot and quantification of immunohistochemical stainings can be found in the supplementary material and methods.

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Figure legends

- **Fig. 1** The molecular signature of interface dermatitis. **A** Clinical picture of lichen planus (LP, upper left picture) and lupus erythematosus (LE, lower left picture). Histological picture of a representative LP demonstrating a dense lichenoid infiltration of lymphocytes and vacuolated basal keratinocytes. Scale bars indicate 50 µm **B** Transcriptome analysis of LP (n=11) and LE (n=5). Depicted is the number of regulated genes shared by both LP and LE. Only the shared genes were taken into account for further analysis. **C** Active pathways (estimate larger than 0.5) of shared interface dermatitis genes. Pathways related to type I immune responses are marked in red. **D** Induced modules network analysis of the top 500 regulated genes shared by LP and LE. Node size correlates to the number of connected nodes and edges. Nodes with ≥ 8 connections are marked in red.
- **Fig. 2** Interface dermatitis is mediated by a strong type I immune response. **A** Representative flow cytometry plots of lichen planus (LP), lupus erythematosus (LE), and psoriasis derived T cells. **B** Frequency of IFN-γ, TNF-α double positive cells gated on CD4-positive cells and CD8-positive cells of LP (n=6), LE (n=3), and psoriasis (n=4). **C** IFN-γ, TNF-α, IL-4 and IL-17 secretion into supernatant of biopsy derived T cells of LP, LE and psoriasis. Lesional T cells of LP and LE are displayed in one bar (interface dermatitis: ID). Red points indicate LE samples. **D** Representative immunohistochemical stainings for T-bet and number of T-bet positive cells per high power field (400x). Red points indicate LE samples. Scale bars indicate 50 μ m. *p<0.05; **p<0.01, *** p<0.001.
- **Fig. 3** The molecular signature of interface dermatitis resembles keratinocytes stimulated with IFN-γ and TNFα. **A** Primary human keratinocytes were stimulated with the indicated cytokine combinations (each 50 ng/ml). Induced modules networks of top 100 regulated genes as compared to unstimulated control is displayed. Node size correlates to the number of connected nodes and edges. Nodes with \geq 5 connections are marked in red. **B** Comparison of top 100 differentially regulated genes in stimulated keratinocytes and the shared genes of LP and LE (referred to as "interface dermatitis") based on fold changes. **C** Stimulation of 3-dimensional skin models with indicated cytokine combinations (each 50 ng/ml) for 72 hours. Scale bars indicate 50 µm.
- **Fig. 4** Different cell death mechanisms are activated in interface dermatitis. **A** Gene network analysis revealed upregulation of apoptosis (FASLG: Fas ligand), direct cytotoxixity (GZMB: granzyme B) and necroptosis (ISGF3: interferon stimulated gene factor 3 complex). Outtake of the network shown in Figure 1D. **B** Representative immunohistochemical stainings of interface dermatitis (LE) and psoriasis biopsies for cleaved caspase 3 and RIP3. Number of cleaved caspase 3 positive cells per high power field (400x) and mean diaminobenzidine (DAB) intensity per 0.03 mm² in interface dermatitis (LE: n=3, LP n=3) or psoriasis (n=6). Scale bars indicate 100 µm. **C** Primary human keratinocytes were stimulated with IFN- α (10 ng/ml) or IFN- γ + TNF- α (each 10 ng/ml). Western blot for RIP3, phosphorylated MLKL (pMLKL) and cleaved caspase 3 compared to unstimulated (US). **D** Primary human keratinocytes were stimulated with mixed lesional T cell supernatant (TCS mix) derived from LP $(n=6)$ and LE $(n=3)$ (as shown in Figure 2). TCS was diluted with cell culture medium as indicated. Western blot for RIP3, pMLKL and cleaved caspase 3. **E** Primary human keratinocytes were stimulated with TCS mix (1:10 diluted in cell culture medium), IFN-γ depleted TCS mix (1:10), TNFα depleted TCS mix (1:10) and IFN-γ and TNF-α depleted TCS mix. Western blot for RIP3, pMLKL and cleaved caspase 3 **F** Stimulation of 3-dimensional skin models with TCS mix (1:10 diluted in cell culture medium), IFN-γ depleted TCS mix (1:10), TNF- α depleted TCS mix (1:10) and IFN-γ and TNF- α depleted TCS mix. Scale bars indicate 50 μ m.
- **Fig. 5** RIP3 is involved in keratinocyte death upon stimulation with IFN-γ and TNF-α **A** Western blot for RIP3, pMLKL and cleaved caspase 3 of RIP3 shRNA (three different target sequences) and control shRNA transduced primary human keratinocytes followed by stimulation with 50 ng/ml IFN-γ and TNF-α. **B** Representative FACS staining of keratinocytes transduced with RIP3 shRNA1 and shRNA3 (ratio 50:50) or control shRNA and stimulated with IFN- γ and TNF- α (each 10ng/ml). Dead cells were stained with DAPI. **C** Proportion of DAPI-positive (dead) keratinocytes within the group of RIP3 shRNA or control sh RNA transduced cells. Each pair of dots represents an independent experiment. Difference in means was tested using paired $T-test.$ *p<0.05

Supplementary Figures

Figure S1 Correlation analysis of histological attributes

Figure S2 Regulation of genes belonging to "apoptosis" and "necroptosis" pathway

Supplementary Tables

Table S1 Patient's characteristics

Table S2 Histological attributes

Table S3 Concentration of cytokines in the T cell supernatant mix before and after depletion

Table S4 Top 500 genes differentially regulated in lichen planus and lupus erythematosus compared to autologous healthy skin

Figure 1

IFN-γ + TNF-α

IL-17 + IL-22

IL-22

Keratinocytes IL-22

c

TCS Mix TCS Mix w/o IFN

TCS Mix w/o TNF TCS Mix w/o IFN w/o TNF

IFN-γ + TNF- $α$

Supplemental Material

Type I immune response induces keratinocyte necroptosis and is associated with interface dermatitis

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Table of content

Supplementary material and methods

Pre-processing of microarray data

Gene expression microarrays of human skin biopsies and keratinocytes were pre-processed together and analysed in parallel. The *limma* package was used to load the arrays into R (Ritchie et al., 2015, Team, 2016). The quality of the arrays was assessed using the *arrayQualityMetrics* package (Kauffmann et al., 2009). Background correction (*normexp* method) and quantile normalization between different arrays was performed using the *limma* package. For mapping of probe identifiers to gene symbols the annotation provided by Agilent was used.

Modelling the gene expression data

Two model set-ups were used to analyse the gene expression data. First, gene expression of LP, LE and psoriasis skin biopsies was analysed regarding all three diseases as separate predictor variables in comparison to the autologous healthy measurement. Second, we combined both interface diseases in one predictor and compared it to autologous healthy skin and psoriasis gene expression. To adjust for inter-individual variability, we fitted in both models a linear mixed-effects model using the restricted maximum likelihood criterion where individual patients were included as random effects in the model (=random intercepts). We calculated one model per probe measurement and set-up. Estimated coefficients of these models are equivalent to and shall be referred to as "fold changes" within this manuscript. Corresponding p values were calculated using the *Kenward-Roger* approximation for the denominator degrees of freedom and adjusted for multiple testing. To reveal differences and similarities between keratinocyte and ID gene expression we performed a correlation analysis between the fold changes of the genes of interest using Pearson's product-moment correlation. P values were adjusted for multiple testing using *Benjamini Hochberg* correction (Singmann H, 2015). Genes are regarded as significant if the adjusted p value is below 0.05. Top genes were defined based on the level of the absolute fold change.

Cell culture

HEK 293LTV cells (Cellbiolabs) were cultured in Dulbecco's modified Eagle's medium supplemented with 10 % fetal calf serum (FCS), 0.1 mM non-essential amino acids (NEAA), 2 mM L-Glutamine and 100 U/ml penicillin/streptomycin at 37 \degree C, 5 % CO₂.

Primary human epidermal keratinocytes were obtained by suction blister and cultured in DermaLife Basal Medium supplemented with DermaLife K LifeFactor Kit (Lifeline Cell Technology) at 37 °C, 5 % CO2. Second- to third-passage primary human epidermal keratinocytes were used and cultured in 6-well plates with a starting cell number of 0.2×10^6 . For stimulation, cells were starved for 5 hours in DermaLife Basal Medium without supplements following stimulation with human recombinant IFNγ/TNF-α (R&D systems), human recombinant IFN-α A/D (R&D systems) or mixed T cell supernatant obtained from lesional T cells of LP and LE biopsies for 16 hours (western blot analysis) or 72 hours (three-dimensional skin model) in supplemented DermaLife Basal Medium without hydrocortisone.

Lentiviral vector construction

The lentiviral vector for shRNA knockdown pLL3.7 was a gift from Luk Parijs (Addgene plasmid #11795) (Rubinson et al., 2003). Non-targeting control and RIP3 (NM_006871) shRNA sequences $(mRNA$ target sequences: control sh = GTTATTCGCGCGAATAACG; RIP3 sh1 = GCCACAGGGTTGGTA TAAT; RIP3 sh2 = GGAGAACAATATGAATGCT; RIP3 sh3 = GGGTTATCGAGAAGGT GAA) were synthezised by metabion with 5' *HpaI* and 3' *XhoI* overhangs. After hybridisation of sense and anti-sense strand and 5' phosphorylation by T4 poly nucleotide kinase, shRNA sequences were cloned into pLL3.7 at *HpaI* and *XhoI* restriction sites.

Lentiviral vector production

Virus supernatant was obtained by transfection of the following plasmids into HEK 293LTV cells using Turbofect (Thermo Scientific) as transfection reagent according to the manufacturer's instructions: two packaging plasmids (pRSV-REV [1.875 µg] and pCgpV [3.750 µg]), an envelope plasmid (pCMV-VSV-G [1.875 µg]) and the transfer plasmid (pLL3.7 [7.5 µg]). One day after transfection the serum was reduced to 2 % FCS in the medium. Pseudoviral particles were collected two and three days after transfection. Using Amicon Ultra-15 Centrifugal Filter Devices 100K (Merck Millipore) the lentiviral supernatant was concentrated and filtered through 0.45 μ m pore-size filter. To determine the transfection efficiency, the percentage of GFP-positive cells was further analysed by flow cytometry.

Lentiviral Transduction of primary human epidermal keratinocytes

Second-passage primary human epidermal keratinocytes were cultured in six-well plates and transduced with freshly concentrated lentiviral supernatant on two consecutive days. Here, prior to infection culture medium was removed, and the cells were infected with 2 mL of concentrated lentiviral supernatant in the presence of 8 μ g/ml polybrene by centrifugation (800 xg) for 90 minutes at 32 $^{\circ}$ C and rested for further 3.5 hours at 37°C before removal of the lentiviral supernatant and addition of full keratinocyte medium. Three days after the second transduction the cells were harvested and used for western blot analysis or for the three-dimensional skin model. To determine the transfection efficiency, the percentage of GFP-positive cells was further analysed by flow cytometry.

Isolation of lesional T cells

Primary human T cells were isolated from freshly taken skin biopsies and cultured in Roswell Park Memorial Institute (RPMI) 1640 medium supplemented with 5 % human serum, 0.1 mM NEAA, 2 mM L-Glutamine, 1 mM sodium pyruvate and 100 U/ml penicillin/streptomycin at 37 °C, 5 % CO₂. Skin biopsies were placed in 24-well plates with medium containing 60 U/ml IL-2. Fresh medium containing 60 U/ml IL-2 was replaced three times a week. Lesional T cells emigrated from tissue samples were expanded by α-CD3 and α-CD28 stimulation (each 0.75 μ g/ml, α-CD3 pre-coated in PBS, α-CD28 soluble) and harvested for flow cytometry analysis.

Three-dimensional skin models

 0.25×10^6 primary human keratinocytes were seeded on a polycarbonate membrane with $0.4 \mu m$ diameter pore size in keratinocyte medium containing 1.5 mM CaCl₂ and cultured at 37 °C in a humidified atmosphere containing 5 % CO₂. After 24 hours keratinocytes were exposed to the air-liquid interface and the surrounding medium was replaced with fresh keratinocyte medium containing 1.5 mM $CaCl₂$ and 50 μ g/ml vitamin. The medium was changed every two days and keratinocytes were cultured for another 10-13 days. Skin models were stimulated by adding stimuli to the surrounding medium for 72 hours. Skin models were fixed in 4 % formalin, embedded in paraffin and 5 µm sections were stained with haematoxylin and eosin.

Western blot analysis

Keratinocytes were lysed in RIPA lysis buffer (Santa Cruz) supplemented with 2 mM PMSF, proteinase inhibitor cocktail (1:70) and 1 mM sodium orthovanadate according to the manufacturer's instructions. Equal protein concentrations – determined by BCA protein assay – were resolved by SDS-PAGE using Bolt 4-12 % Bis-TrisPlus Gels and analysed by western blot using enhanced chemiluminescence. For staining the following antibodies were used: rbαRIP3 (Abcam, 1:2000), rbαMLKL-P-S358 (Abcam, 1:1000), rbαCleaved Caspase-3 (Cell Signaling, 1:1000), mαbAct (Sigma, 1:10000), αrbHRP (SantaCruz, 1:10000) and αrbHRP (Jackson, 1:10000).

Quantification of immunohistochemical staining

T-bet positive cells and cleaved caspase 3 positive cells were counted in two visual fields (400x) per condition by two independent investigators in a blinded manner and mean was calculated. Mean diaminobenzidine (DAB) intensity was measured using ImageJ software and colour deconvolution plugin as described before (Ruifrok and Johnston, 2001, Schindelin et al., 2012, Schindelin et al., 2015). Briefly, high resolution images (100x) were obtained under standadized light conditions. Mean DAB intensity was measure after inverting the image in an epidermal area of $100 \times 300 \mu m$ (0.03 mm²). Size of the area was determined by the thickness of the smallest epidermis of the samples measured.

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Supplementary Table S1 Top 500 genes differentially regulated in lichen planus and lupus erythematosus

 Top 500 genes differentially regulated in lichen planus and lupus erythematosus compared to autologous healthy skin, sorted by absolute fold change.

Concentration of cytokines in the T cell supernatant mix before and after depletion.

Supplementary Table S3 Patient's characteristics

* included in transcriptome analysis

Supplementary Table S4 Histological attributes

Supplementary Figure S1 Regulation of genes belonging to "apoptosis" and "necroptosis" pathway

Supplementary Figure S2 Correlation analysis of histological attributes