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NF-κB–inducing kinase controls lymphocyte and osteoclast activities in inflammatory arthritis

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NF-κB is an important component of both autoimmunity and bone destruction in RA. NF-κB–inducing kinase (NIK) is a key mediator of the alternative arm of the NF-κB pathway, which is characterized by the nuclear translocation of RelB/p52 complexes. Mice lacking functional NIK have no peripheral lymph nodes, defective B and T cells, and impaired receptor activator of NF-κB ligand–stimulated osteoclastogenesis. We investigated the role of NIK in murine models of inflammatory arthritis using Nik−/− mice. The serum transfer arthritis model is initiated by preformed antibodies and required only intact neutrophil and complement systems in recipients. While Nik−/− mice had inflammation equivalent to that of Nik+/+ controls, they showed significantly less periarticular osteoclastogenesis and less bone erosion. In contrast, Nik−/− mice were completely resistant to antigen-induced arthritis (AIA), which requires intact antigen presentation and lymphocyte function but not lymph nodes. Additionally, transfer of Nik−/− splenocytes or T cells to Rag2−/− mice conferred susceptibility to AIA, while transfer of Nik−/− cells did not. Nik−/− mice were also resistant to a genetic, spontaneous form of arthritis, generated in mice expressing both the KRN T cell receptor and H-2Dd. Thus, NIK is important in the immune and bone-destructive components of inflammatory arthritis and represents a possible therapeutic target for these diseases.

Introduction

RA is a chronic, joint-centered autoimmune disorder characterized by inflammation and proliferation of synovium, accompanied by erosion of underlying cartilage and bone. Although the factors initiating this disease are not fully understood, its progression can be largely attributed to the activation of lymphocyte and osteoclast activities (1). Other forms of inflammatory arthritis, such as that accompanying psoriasis, have similar pathogenesis (2, 3).

Early in the course of RA, T cells localize to the synovium, where they interact with resident macrophage-like type A synoviocytes (4). In established RA, T cells represent the most abundant inflammatory cell in the joint, where they stimulate type A synoviocytes to secrete proinflammatory cytokines. In addition, T cells also induce B cell maturation, a necessary step in the generation of rheumatoid factors, polyclonal antibodies against the Fc domain of IgG. Additionally, antibodies with specificity for a variety of foreign antigens, as well as autoantigens, can be found in RA synovial tissue, where they activate the complement cascade, contributing to joint destruction (1). However, no single autoantibody has been found in all patients. Susceptibility to RA is also linked to particular alleles in the major histocompatibility locus, which suggests that the context of antigen presentation to lymphocytes is also important. Thus, both T and B lymphocyte activation contribute to joint inflammation and injury.

Degradation of bone, a major component of the crippling RA lesion, can only be accomplished by OCs, which are derived from monocytes/macrophages in the pannus (5). The critical mediators of osteoclastogenesis, M-CSF and receptor activator of NF-κB ligand (RANKL), are expressed by bone marrow stromal cells, osteoblast, and activated T cells. Importantly, RANKL expression by synovial fibroblastoid cells is enhanced in RA joints (6), as are other cytokines that enhance osteoclastogenesis, such as TNF-α.

Nonstandard abbreviations used: AIA, antigen-induced arthritis; IKKα, IkB kinase α; LT-α, lymphotoxin-α; mBSA, methylated BSA; Nik, NF-κB–inducing kinase; OC, osteoclast; PTH1, parathyroid hormone; RANKL, receptor activator of NF-κB ligand; STA, serum transfer arthritis; TRAP, tartrate resistant acid phosphatase.

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and in knockout mice, reduces both inflammation and bone erosion in murine models of arthritis (14–17). However, because of its central role in many normal biological processes, global inhibition of classical NF-{kappa}B may not be therapeutically viable. The alternative NF-{kappa}B pathway appears to be activated by a much more restricted set of signals and thus might represent a better therapeutic target. However, none of the previous studies addresses the possible role of this pathway in arthritis.

The role of the NIK/IKK{alpha}/p100/p52 pathway in the immune system has been established in several model systems. NIK-deficient mice lack peripheral lymph nodes and Peyer’s patches, due to defects in the stromal cell response to Lt{-beta} (18–20). In intact NIK-deficient animals, this stromal cell abnormality also contributes to lymphocyte dysfunction, with decreased antibody production after immunization (18) and delayed clearance of pathogens (21, 22). Bone marrow transplant experiments have demonstrated cell-autonomous defects in lymphocytes, including decreased proliferation of both B and T cells and reduced antibody production, although the degree of dysfunction depends on the mode of stimulation and the specific function assayed (23). Studies using lymphocytes with defects in the molecules downstream of NIK have confirmed the important role of this pathway in B cell maturation (24, 25). The reduced ability of NIK-deficient mice to clear pathogens suggests that NIK is also important in T cell function. However, the cell-autonomous effect of NIK deficiency in T cells has not been explored in disease models.

We have previously shown that Nik{-/-} mice have normal basal bone structure but are resistant to RANKL- or parathyroid hormone–stimulated osteoclastogenesis (26). Additionally, Nik{-/-} precursors are highly resistant to RANKL-induced osteoclastogenesis in vitro. Although RANKL-naive precursors have intact classical NF-κB signaling, treatment with RANKL induces accumulation of the IκB-like p100 protein, which leads to inhibition of both the classical and alternative pathways. Recently it has been shown that IkK{alpha}{epsilon}/mice have a similar OC defect (27). In contrast, Nfkb1{-/-}Nfkb2{-/-} mice, which lack both the p50 and p52 NF-κB subunits, are osteopetrotic and have no OCs, presumably due to an earlier and more profound blockade in global NF-κB signaling (11, 28).

In this article, we examine the importance of NIK in the periarticular bone erosion that accompanies inflammatory arthritis using the lymphocyte-independent serum transfer model (29). Additionally, we explore the role of NIK in the induction of inflammatory arthritis using 2 models dependent on lymphocyte function, antigen-induced arthritis (AIA) (30) and the spontaneous K/BxN (KRN x NOD) model (31). We find that NIK is critical for both the induction of inflammation by lymphocytes and for bone erosion by OCs.

Results
Role of NIK in bone erosion. Having previously shown that Nik{-/-} mice are resistant to induction of osteoclastogenesis by RANKL and PTH in vivo (26), we set out to determine whether this would hold true in a model of human disease such as RA. We chose a variant of the well-described serum transfer model in which serum from K/BxN mice is injected into naive recipients. K/BxN mice experience a spontaneous autoimmune arthritis mediated by T cell and B cell interactions resulting in the production of pathogenic anti-glucose-6-phosphate isomerase antibodies (32). Transfer of serum, which contains antibodies and TNF-α, from arthritic K/BxN mice results in the rapid development in recipients of joint inflammation resembling the spontaneous K/BxN arthritis both clinically and histologically (29). However, this serum transfer arthritis (STA) is mediated primarily by neutrophils and complement and does not require T cells and B cells in the recipient (29, 33). Thus, using STA, we could examine the role of NIK in bone erosion separate from its role in lymphocytes. Although STA can be induced in a wide variety of mouse strains, there is significant variability in the intensity of inflammation only (34). Our colony of Nik{-/-} mouse is on the 129Sv/Ev background, which is relatively resistant to STA, with only minimal inflammation induced in Nik{-/-} mice following a single injection of serum (data not shown). Therefore, Nik{-/-} and Nik{-/-} mice were injected with K/BxN serum on days 0, 2, and 7. Additionally, LPS was administered on day 2. The clinical score and thickness of hind paws of Nik{-/-} mice are very similar to those of Nik{-/-} mice through day 14, with no statistically significant differences (P < 0.05) at any time point (Figure 1, A and B). These clinical data suggest that NIK is not important for the inflammatory response in STA.

In the setting of inflammatory arthritis, osteoclastogenesis and bone erosion are induced by the production of RANKL and TNF-α by inflammatory and synovial cells. We therefore investigated the induction of these cytokines in the ankle joints of mice in the early phases of STA by semiquantitative RT-PCR. In both Nik{-/-}
and Nik−/− mice, RANKL and TNF-α messages were substantially increased above baseline (Figure 1C). This finding is in agreement with a previous study that was unable to demonstrate a role for NIK in TNF-α production in the context of human RA (35).

Histological sections of hind paws were stained with H&E and tartrate resistant acid phosphatase (TRAP), a marker of OC differentiation. In control mice, not injected with serum, the talus, calcaneus, and metatarsal bones have smooth surfaces and open joint spaces free of cells (Figure 2, A and D). OCs are confined to narrow spaces (Figure 2G, arrowheads). In Nik−/− mice (Figure 2, B and E), joint spaces are narrowed, filled primarily with neutrophils and synoviocytes, and bone contours are irregular, showing pannus invasion as well as new bone formation. TRAP stains showed abundant OCs on the bone surfaces, especially in areas of pannus invasion (Figure 2H, arrows). Although Nik−/− hind paws show a similar degree of inflammation and narrowing of joint spaces (Figure 2, C and F), only rare OCs are seen on largely smooth bone surfaces (Figure 2I, arrows). New bone formation, particularly on the dorsal tibia and plantar calcaneus, was similar in Nik−/− and Nik−/− mice (Figure 2, B and C, asterisk). Slides of the more inflamed hind paw of each animal were scored for inflammation and bone erosion, using an arbitrary scale (see Methods), by a blinded observer. While there was no difference in inflammation between the 2 groups, Nik−/− paws showed significantly less bone erosion (Figure 2J). Additionally, the number of TRAP+ OCs on the bone surface, as well as adjacent to marrow spaces, was quantitated in the region shown in Figure 2, G–I. Nik−/− paws had significantly fewer OCs in both compartments, with 4.8-fold fewer OCs on the surface (Figure 2K). In order to confirm this histological evidence of reduced bone resorption, we measured TRAP5b levels in the serum prior to, and on day 14 of, STA. While Nik−/− mice showed a significant increase in serum TRAP5b levels, Nik−/− mice did not (Figure 2L). Thus, although NIK is not required for the inflammatory response in STA, it is needed for bone erosion.

Previously we showed that isolated Nik−/− OC precursors are resistant to RANKL-mediated osteoclastogenesis in vitro (26). Because TNF-α synergizes with RANKL to enhance osteoclastogenesis in wild-type cells, and TNF-α levels are substantially elevated in STA (Figure 1C and ref. 15), we examined the effects of TNF-α on Nik−/− osteoclastogenesis in vitro (Supplemental Figure 2; supplemental material available online with this article; doi:10.1172/JCI23763DS1). In the presence of NIK, addition of TNFα with very low levels of RANKL (2.5 ng/ml) yielded confluent sheets of TRAP+ OCs. In the absence of NIK, only a few mononuclear TRAP+ cells were produced. Only very high doses of RANKL (150 ng/ml), which are greater than the optimal dose for wild-type osteoclastogenesis, were able to synergize with TNF-α to generate some multinucleated, TRAP+ cells in Nik−/− cultures. The relative resistance of Nik−/− precursors to RANKL- and TNF-α-induced osteoclastogenesis is similar to that of IKKcα−/− cells (27).

Role of NIK in inflammation in AIA. Because RA in humans is an autoimmune disease mediated by the interactions of lymphocytes and APCs, we next sought to determine whether NIK was important in the induction of lymphocyte-dependent inflammatory arthritis models. AIA is induced by systemic immunization with methylated BSA (mBSA), followed by local injection of mBSA into hind paw of each animal were scored for inflammation and bone erosion, using an arbitrary scale (see Methods), by a blinded observer. While there was no difference in inflammation between the 2 groups, Nik−/− paws showed significantly less bone erosion (Figure 2J). Additionally, the number of TRAP+ OCs on the bone surface, as well as adjacent to marrow spaces, was quantitated in the region shown in Figure 2, G–I. Nik−/− paws had significantly fewer OCs in both compartments, with 4.8-fold fewer OCs on the surface (Figure 2K). In order to confirm this histological evidence of reduced bone resorption, we measured TRAP5b levels in the serum prior to, and on day 14 of, STA. While Nik−/− mice showed a significant increase in serum TRAP5b levels, Nik−/− mice did not (Figure 2L). Thus, although NIK is not required for the inflammatory response in STA, it is needed for bone erosion.

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Figure 3
Histological evaluation of AIA. (A) PBS-injected control joint, with a relatively acellular joint space (between arrows). (B) mBSA-injected Nik–/– knee joint showing a severe inflammatory infiltrate (between arrows) that extends beyond the joint capsule, accompanied by bone erosion (cortical thinning; arrowhead). (C) mBSA-injected Nik–/– knee joint resembling control joint. (D) mBSA-injected Lt–α/– joint, showing severe inflammation despite a lack of lymph nodes. (E) mBSA-injected joint from Rag2–/– recipient of Nik–/– unfractionated splenocytes showing severe arthritis. (F) mBSA-injected joint from Rag2–/– recipient of Nik–/– unfractionated splenocytes showing no arthritis. (G) mBSA-injected joint from Rag2–/– recipient of Nik–/– T cells and Nik–/– B cells, showing no arthritis. (H) mBSA-injected joint from Rag2–/– recipient of Nik–/– T cells and Nik–/– B cells, showing severe arthritis. Magnification in all panels, ×40.

Table 1
Incidence of arthritis in AIA model

<table>
<thead>
<tr>
<th>Group</th>
<th>None</th>
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<th>Severe</th>
</tr>
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<tbody>
<tr>
<td>Nik–/–</td>
<td>0</td>
<td>1</td>
<td>6</td>
</tr>
<tr>
<td>Nik–/+</td>
<td>8</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Lt–α/–</td>
<td>0</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Nik–/–→Rag2–/–</td>
<td>2</td>
<td>1</td>
<td>9</td>
</tr>
<tr>
<td>Nik–/–→Rag2–/–</td>
<td>7</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Nik–/– (B cells) + Nik–/– (T cells) → Rag2–/–</td>
<td>5</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Nik–/– (T cells) → Rag2–/–</td>
<td>1</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>Nik–/– (B cells) + Nik–/– (T cells) → Rag2–/–</td>
<td>2</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

Data indicate the number of mice with a given condition. Arthritis was evaluated histologically on H&E-stained sections. The difference between Nik–/– and Nik–/+ mice and between the Rag2–/– transfer groups was significant (P < 0.0001). Nik–/–→Rag2–/–, Rag2–/– mice injected with Nik–/– splenocytes; Nik–/–→Rag2–/–, Rag2–/– mice injected with Nik–/– splenocytes; Nik–/– (B cells) + Nik–/– (T cells) → Rag2–/–, Rag2–/– mice injected with a mixture of Nik–/– B cells and Nik–/– T cells; Nik–/– (B cells) + Nik–/– (T cells) → Rag2–/–, Rag2–/– mice injected with a mixture of Nik–/– B cells and Nik–/– T cells.

A single joint space. Induction of AIA is dependent on T lymphocyte function (30), and, in contrast to collagen-induced arthritis, it can be induced in a variety of mouse strains.

Nik–/– (n = 7) and Nik–/+ (n = 9) mice were immunized with mBSA and with adjuvant and pertussis toxin on days 0 and 7 and were injected with mBSA directly into the right knee joint space on day 21. As a control, left knees were injected with PBS only. All but 1 Nik–/– mouse had severe arthritis on day 32, while none of the Nik–/+ mice showed severe inflammation (Table 1 and Figure 3, A–C). This indicates that NIK is essential for the induction of AIA.

NIK is required for the development of lymph node stromal cells, and in its absence there are no peripheral lymph nodes. To determine whether lymph nodes, as a site of antigen presentation, are needed for the induction of AIA, we studied the lymphotoxin α/– (LT–α/–) mouse. LT–α/– mice also lack peripheral lymph nodes, but their lymphocyte function is intact (36, 37). With the same induction protocol used for Nik–/– and Nik–/+ mice, 3 of 4 LT–α/– mice had severe AIA, while the fourth had mild arthritis (Table 1 and Figure 3D). Therefore, the presence of lymph nodes is not required for AIA.

Next, to determine whether Nik–/– lymphocytes could mediate AIA in the presence of an intact lymph node stroma, we utilized the AIA model in the context of lymphocyte transfer. Rag2–/– mice have no mature T or B lymphocytes, but an intact lymph node stroma, and they are available on the same 129Sv/Ev strain as the Nik mice. Therefore, wild-type lymphocytes do not cause a graft-versus-host reaction in a nonirradiated Rag2–/– recipient (38). One day prior to the first mBSA immunization, at day 1, we injected a suspension of either Nik–/– or Nik–/+ splenocytes into each Rag2–/– recipient without previous irradiation. The subsequent regimen for induction of AIA was the same as before. Nine of 12 Rag2–/– recipients of Nik–/– splenocytes showed severe knee joint inflammation on day 32, compared with 0 of 8 recipients of Nik–/+ cells (P < 0.0001; Table 1 and Figure 3, E and F). To ensure that Nik–/– lymphocytes had survived for the duration of the experiment as well as Nik–/+ cells, we performed flow cytometry for the T cell markers CD90 on splenocytes at the time of sacrifice (day 32). The number of T cells was comparable in both groups (Supplemental Figure 1). Thus, the difference in arthritis in Nik–/– and Nik–/+ recipients is not due to poor migration or survival of Nik–/+ cells.

We next sought to determine whether NIK deficiency in T and/or B lymphocytes was responsible for the observed resistance to AIA. Therefore, we used high-speed flow sorting (MoFlo) to obtain pure (>99% by post-sorting analysis; data not shown) populations of B and T lymphocytes from both Nik–/– and Nik–/+ spleens, with B220 and CD90, respectively, as markers. We then mixed Nik–/– B cells with Nik–/+ T cells (5 × 10⁶ of each) or Nik–/+ B cells with Nik–/– T cells, prior to injection into Rag2–/– recipients. AIA was induced as before. While 0 of 5 recipients of Nik–/+ T cells (mixed with Nik–/+ B cells) showed histological evidence of arthritis, 3 of 4 of the recipients of Nik–/– T cells (mixed with Nik–/+ B cells) had...
severe arthritis (Table 1 and Figure 3, G and H). As with unfrac-
tionated splenocytes, the levels of engraftment of WT and NIK-
deficient T cells were comparable, as assessed by flow cytometry of
spleen at the time of sacrifice (data not shown). Thus, NIK is
required in T lymphocytes for induction of AIA.

Role of NIK in spontaneous K/BxN arthritis. Having determined
that NIK is critical in the initiation phase of an acute, antigen-
induced model of arthritis, we next assessed the role of NIK in
a genetic model of chronic arthritis, the K/BxN model. To this
end, we separately transferred the NIK-null allele onto the KR
T cell receptor–transgenic mouse and onto the H-2b–transgenic
mouse. KR/H-2b mice of all NIK genotypes were followed with
paw thickness measurements from 5 weeks of age (Figure 4A). By
this time, 11 of 13 Nik–/– mice (a group including both Nik–/– and
Nik+/– mice) had red, swollen paws, with a total 4-paw thickness
greater than 10.7 mm. Nik–/– mice (n = 7) had no clinical signs of
arthritis, and total paw thicknesses ranged from 7.5 to 9.5 mm. By
the age of 11–15 weeks, all Nik–/– mice (n = 18) had clinical signs of
arthritis and maximum paw measurements of 11.9 to 15 mm. At
the time of sacrifice at 11–15 weeks, Nik–/– mice (n = 9) showed no
clinical arthritis, and none had total paw thickness greater than
9.6 mm. Histological analysis of both front and hind paws sup-
ports the clinical findings. Nik+/– mice show extensive joint inflam-
mation and extensive bone remodeling, with bone fusions, irreg-
ular shapes, and new bone formation (Figure 4, B and D). Only
1 of 7 Nik–/– mice examined histologically showed any evidence
of joint inflammation, with mild arthritis in a single paw. Other
Nik–/– paws were normal (Figure 4, C and E). We conclude that NIK
is required for the induction of K/BxN arthritis.

Discussion
NF-κB activation is a component of RA in patients (12), and it
is also seen in murine models of inflammatory arthritis (14, 15,
17, 39). Several of these studies have also shown that blockade of
the classical NF-κB pathway, via inhibition of the IKK complex or
with IkBα superrepressor (15–17), diminishes the inflammatory
response and accompanying bone loss. None of these treatments is
directed at the alternative NF-κB pathway, and possible effects of
these regimens on the alternative pathway were not addressed.
Additionally no study has separated an effect on inflammation
from one on bone erosion when OCs are present. In this article, we
report that NIK, the primary control point for the activation for
the alternative NF-κB pathway, is critical for both the immune-
mediated initiation of inflammatory arthritis and for bone erosion
in the context of a robust neutrophilic inflammatory response.

Our previous studies showed that Nik–/– mice are resistant to the
osteoclastogenic effects of both exogenous RANKL and PTH in
vivo (26). The current data derived from the STA model, demon-
strating decreased osteoclastogenesis and bone resorption, the
pathophysiologial context of NIK action to include inflam-
matory bone loss. Furthermore, although others have shown that
inhibition of NF-κB diminishes bone erosion in inflammatory
arthritis, all of these studies have shown concomitant reductions
in inflammation (15–17). Although in vitro studies showed direct
effects on osteoclastogenesis with these inhibitors, the in vivo
effects might have been primarily mediated via the inflammatory
component, with the effect on OCs secondary to diminution of the
inflammation. In contrast, we found that, even in the presence of
severe inflammation, bone resorption is blocked in the absence of
NIK. We have shown previously that the loss of NIK activity in the
OC lineage, but not in lymphocytes, results in defective NF-κB sig-
naling in both the classical and alternative pathways (26). Whether
this will result in a unique sensitivity of OCs, compared with other
cell types, to blockade of the NIK pathway must be tested when
pharmacological inhibitors of this pathway are developed.

Like RA, mBSA-induced AIA results from deposition of immune
complexes in the affected joints. In order for synovial inflamma-
more to erosion, T cells must respond to APCs, which leads to B cell production of antibodies
in the context of a complex array of cytokines including TNF-α, IL-1, and IL-6 (4). Both T cell transfer experiments (30, 40) and
cell depletion experiments (41) demonstrate that CD4+ T cells are critical for the initiation of the inflammatory response. The
complete lack of an inflammatory response in Nik–/– mice sug-
gests an inability of NIK-deficient T cells to respond to mBSA.
This could be due to intrinsic defects in T cells or APCs or the lack of a site for this interaction, i.e., the lack of peripheral lymph
nodes in Nik–/– mice. Therefore, we assessed the susceptibility to
AIA of Le-α–/– mice, which lack lymph nodes but are able to mount
a high-affinity T cell–dependent antibody response (36, 42) and
found no difference from wild-type mice. Thus, the presence
of lymph nodes is not required for the induction of AIA. Neverthe-
less, the lack of lymph nodes in Nik–/– mice might contribute to
their failure to respond to mBSA challenge, in combination with
the lymphocyte defects (21, 23, 43). In order to evaluate the capac-
ity of Nik–/– cells to confer susceptibility to AIA in the presence

![Figure 4](http://www.jci.org)
Arthritis was induced by β -pertussis toxin (List Biological Laboratories Inc.) was injected intraperitoneally. Arthritis was induced at day 21 by intraarticular injection of 100 μg of mBSA in 10 μl sterile PBS into the right knee, while the left knee was injected with sterile PBS alone. Mice were sacrificed on day 32.

Cell transfer experiments. For splenocyte transfers, cell suspensions were made from pooled spleens, depleted of erythrocytes in red cell removal buffer (154 mM NH₄Cl, 0.1 mM EDTA, 10 mM NaHCO₃) for 5 minutes, and adjusted to 3 × 10⁶/ml in RPMI media. Splenocytes (3 × 10⁶) were injected into the tail vein of nonirradiated Rag2–/– mice 1 day before the mBSA immunization protocol for AIA described above was started. In this case, 100 μg pertussis toxin was used. For experiments using mixtures of B and T lymphocytes, splenocyte suspensions from Nik–/– or Nik+/– mice were stained with APC-conjugated B220 and PE-conjugated CD90 (eBioscience Inc.) and sorted using a MoFlo high-speed flow cytometer (DakoCytomation). Post-sorting flow cytometry showed each population to be more than 99% free of contaminating B or T cells. Mixtures of lymphocytes (5 × 10⁶ of each type) were injected by tail vein into Rag2–/– recipients, and AIA was induced as for unseparated splenocytes.

Serum transfer model and arthritis scoring. Arthritis was induced by intraperitoneal injection of 250 μl K/BxN serum at days 0, 2, and 7 and 50 μg LPS (E. coli 011:B4, Sigma-Aldrich) on day 2. A clinical index was used to evaluate paws over time (1 point for each affected paw; 0.5 points for a paw with only mild swelling/redness or only a few digits affected) (34). Ankle thickness was measured by dial gauge (Mitutoyo). Both clinical index and ankle thickness were assessed in a blinded fashion.

Histological grading of arthritis. Mice were sacrificed, and the hind paws or whole knees were dissected and fixed in 10% buffered formalin overnight at 4°C. Fixed tissues were decalcified for 10–14 days in 14% EDTA, dehydrated, and embedded in paraffin. Sagittal sections (5 μm) were stained with H&E or TRAP. Histological sections for the serum transfer model were graded blindly. Inflammation and bone erosion were scored on a scale of 0 to 3 (0, none; 1, mild; 2, moderate; 3, severe).

Measurement of serum TRAP5b activity. Immediately prior to sacrifice, mice were anesthetized and bled retro-orbitally. After clotting and centrifugation, serum was collected at stored at −80°C prior to analysis using the MouseTRAP assay (IDS Inc.) according to the manufacturer's instructions. Samples were tested in duplicate and results compared to the standard curve, and mean values expressed as U/l were plotted.

FACS analysis. The spleen cells from transplanted or nontransplanted Rag2–/– mice on day 32 were sieved to create single-cell suspensions and washed in RPMI media. Erythrocytes were removed from spleen cell suspensions using red cell removal buffer. Cells (1 × 10⁶) were stained with FITC-conjugated antibody to CD90 (eBioscience Inc.) and analyzed by flow cytometry on a FACSScan using CellQuest software (BD).

RNA extraction and semiquantitative RT-PCR. Hind paw joint ankles were isolated from control mice and those at days 3 and 4 of STA, then flash frozen in liquid nitrogen and pulverized using a CertePrep Freezer/Mill 6750 (SPLEX CertePrep) under liquid nitrogen to achieve a fine powder of approximately 2 × 1 × 1 mm. RNA was prepared by extracting the powder with Trizol (Invitrogen Corp.), followed by purification with RNAesy (QIAGEN). For each data point, tissue from 3 animals was pooled. Generation of cDNA and PCR were performed as described previously (26), and the same primers were used for GAPDH. Oligonucleotide primer sequences were: RANKL–sense, 5′-GGTGCCAGAAAGGATGCAACACAT-3′ and antisense, 5′-TGACTTATATGGAAAACCGAGTTGGA-3′; and TNF-α–sense, 5′-AATGGCCTCCTCCTCATCAGTCTTCT-3′ and antisense, 5′-TGAGATGACAAATGCCTACCGTTG-3′. All reactions were performed at the same time, with the same amount of cDNA, using 24 cycles for GAPDH and 34 cycles for RANKL and TNF-α.

OC culture. OCS were cultured from isolated bone marrow–derived macrophages as described previously (26), using recombinant GST-RANKL– and M-CSF–containing supernatant. TNF-α was from R&D Systems.
K/BxN arthritis. Nik−/− mice were crossed with KRN T cell receptor–transgenic mice bearing 2 alleles of the transgene. All offspring were screened by PCR of tail DNA for Nik genotype and to confirm the presence of KRN. Separately, Nik−/− mice were crossed with H-2Kα transgenic mice, which express H-2Kα. Offspring were screened by PCR for Nik genotype and by flow cytometry of peripheral blood for the presence of the H-2Kα allele using anti-H-2Kα antibody (BD Biosciences). Nik−/−H-2Kα mice were intercrossed, and this second generation was screened for Nik genotype by PCR and for H-2Kα levels by flow cytometry. Nik−/− mice expressing the highest levels of H-2Kα were considered possible H-2Kα homozygotes, and this was tested by mating them to H-2Kα-negative mice. If all offspring were H-2Kα by flow cytometry, then these animals (Nik−/−H-2Kα/−) were used for mating with Nik−/−KRN genotype mice. All offspring generated by this strategy carried H-2Kα, approximately half were KRN, and the Nik genotypes were normally distributed. Front and hind paw thicknesses of KRN mice were measured at the ankles by digital gauge.

Statistical analysis. Data are shown as mean ± SD. Group mean values were compared by unpaired Student’s t test. For the serum TRAP5b experiment, in which levels were tested before and after induction of arthritis, the paired Student’s t test was used.

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