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The inhibitory effect of oral administration of lentinan on DSS-induced inflammation is exerted by the migration of T cells activated in the ileum to the colon

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1	Research paper
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4	Full title: The inhibitory effect of oral administration of lentinan on DSS-induced
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23 **Declarations of interest:** None

Abstract

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26 Oral administration of lentinan ameliorated dextran sulfate sodium (DSS)-induced colitis through Dectin-1 receptor on intestinal epithelial cells. However, it is unclear 27 28 where lentinan affects in the intestine to prevent the inflammation. We found that the administration of lentinan has induced migration of CD4⁺ cells from the ileum to the 29 colon by using Kikume Green-Red (KikGR) mice in this study. This result suggests that 30 the oral lentinan treatment could accelerate the migration of Th cells in lymphocyte 31 32 from ileum into the colon during lentinan intake. Then, C57BL/6 mice were administered 2% DSS to induce colitis. The mice were administered lentinan daily via 33 oral or rectal route before DSS administration. Its rectal administration also suppressed 34 DSS-induced colitis, but its suppressive effects were lower compared to when orally 35 36 administered, indicating that the biological responses to lentinan in the small intestine contributed to the anti-inflammatory effects. In normal mice (without DSS treatment), 37 the expression of Il12b was significantly increased in the ileum by the oral 38 administration of lentinan, but not by rectal one. On the other hand, no change was 39 observed in the colon by either administration method. In addition, Tbx21 was 40 41 significantly increased in the ileum. These suggested that IL-12 was increased in the ileum and Th1 cells differentiated in dependence on it. Therefore, Th1 predominant 42

43	condition in the ileum could influence immunity in the colon and improve the colitis.
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45	Key words:
46	DSS-induced colitis, inflammatory bowel disease, intestinal immunity, Kikume Green-
47	Red (KikGR) mice, lentinan, Lentinula edodes
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Highlights:

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- The oral administration of lentinan induces a migration of CD4⁺ cell to the colon
- 52 The stimulation of lentinan in small intestine induces an anti-inflammatory effect
- A lentinan treatment increases IL-12 and induces Th1 differentiation in the ileum
- The immune response of the Th1 cells improves the colitis in a colon

Abbreviations:

- 58 BMDCs, Bone marrow-derived dendritic cells; CD, Crohn's disease; DSS, dextran
- 59 sulfate sodium; IBD, inflammatory bowel disease; IL, Interleukin; INF-γ, Interferon-γ;
- 60 KikGR, Kikume Green-Red; RT-PCR, Reverse transcription-polymerase chain reaction;
- Th1, Type 1 helper T; Th17, T helper 17; TER, Transepithelial electrical resistance;
- 62 TNF-α, Tumor necrosis factor-α; TNF receptor 1, Tumor necrosis factor receptor 1;
- 63 UC, Ulcerative colitis.

1. Introduction

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Inflammatory bowel disease (IBD) is a chronic inflammatory state in the intestinal 65 tract that is related to abnormal immune responses. Although the mechanism of 66 67 development of IBD is still unknown, the pathology has been well studied (Cummins et al., 2013). IBD is divided into Crohn's disease (CD) and ulcerative colitis (UC). CD 68 69 involves chronic inflammation over a wide range from the small intestine to the large intestine and is categorized as Type 1 helper T (Th1)/T helper 17 (Th17)-type enteritis 70 (Abraham and Cho, 2009; Strober and Fuss, 2011). On the other hand, UC is associated 71 with limited chronic inflammation in the large intestine and is categorized as Th2-type 72enteritis (Strober and Fuss, 2011). Several papers have reported mouse models 73 corresponding to these diseases; 2,4,6-trinitrobenzene sulfonic acid-induced colitis and 74 75 IL-10 knockout mice for CD (Goettel et al., 2011; Zhang et al., 2015), and carrageenaninduced colitis and dextran sulfate sodium (DSS)-induced colitis for UC (Elson et al., 76 1995). Immunosuppressants including prednisone and tacrolimus (Landy et al., 2013; 77 Hicks et al., 2015), and the anti-tumor necrosis factor (TNF)-α antibody infliximab 78 (Marits et al., 2014) are used for therapeutic interventions against IBD. However, 79 80 because of their side effects, several studies have recently explored the efficiencies of food factors, curcumin (Deguchi et al., 2007) and luteolin (Nishitani et al., 2013a), with 81

anti-colitis activity.

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Lentinan is a β-1,3-1,6-glucan isolated from a hot water extract of *Lentinula edodes* 83 (Shiitake mushroom) (Sasaki and Takasuka, 1976) and possesses physiological 84 85 activities, such as antitumor properties (Wasser, 2002). Our previous study has shown that daily oral administration of lentinan (100 µg/mouse) suppressed DSS-induced 86 colitis (Nishitani et al., 2013b). According to the in vitro intestinal inflammatory model 87 using a co-culture system with intestinal epithelial Caco-2 cells and macrophage 88 RAW264.7 cells (Tanoue et al., 2008), the treatment with lentinan to the apical side 89 suppressed the expression of IL-8 mRNA in Caco-2 cells, which were stimulated by 90 TNF-α secreted from LPS-treated RAW264.7 cells (Mizuno et al., 2009). It was also 91 92 reported that lentinan decreased TNF receptor 1 (TNFR1) expressed on the basolateral 93 side of Caco-2 cells, resulting in a reduction in susceptibility to TNF-α in Caco-2 cells (Nishitani et al., 2013b). Furthermore, an oral administration of lentinan could stimulate 94 Dectin-1, a β-glucan receptor (Sakaguchi et al., 2018), to ameliorate the inflammatory 95 disease on intestinal epithelial cells. These reports support the hypothesis that lentinan 96 affected inflammatory sites in the colon through the small intestine, and suppressed 97 98 colitis. On the other hand, lentinan is reported to affect immune cells directly in an immunomodulatory manner (Wasser, 2002). In the small intestine there exist many 99

Peyer's patches which contain several immunocompetent cells (Brayden et al., 2005). These reports suggest that the anti-inflammatory effects of lentinan on colitis may be involved with not only direct actions on the large intestine but also actions in the small intestine (Nishitani et al., 2013b; Mizuno et al., 2009). To evaluate a utilization of oral lentinan administration, in the present study, that effect on the DSS-induced colitis was examined in comparison with the effect of rectal administration. Moreover, we utilized KikGR, a photoconvertible protein, knock-in mice (Niwa et al., 1991; Tsutsui et al., 2005) to trace Th cells migration from small intestine to large intestine in the DSS-induced colitis. We here indicated that the suppressive effects of the oral administration of lentinan on the DSS-induced colitis were mediated by the stimulation of Th immune responses in a small intestine.

2. Materials and Methods

2.1 Reagents

Lentinan derived from Shiitake mushroom was kindly provided by Ajinomoto (Tokyo, Japan). The authentic lentinan was a β-1,3-1,6-glucan with 400 kDa of molecular mass (Minato et al., 2004). DSS (molecular weight; 36,000–50,000) was purchased from MP Biomedicals (Santa Ana, CA), Dulbecco's modified Eagle's medium containing 4500

mg/ml glucose was purchased from Wako Pure Chemical Industries (Osaka, Japan).

RPMI1640 medium and minimum essential media non-essential amino acids were purchased from Gibco BRL (Grand Island, NY). Recombinant mouse IL-4 and recombinant mouse GM-CSF were purchased from R&D system (Minneapolis, MN). Fetal bovine serum (FBS) was purchased from Biological Industries (Beit-Haemek, Israel). All other reagents were of the highest grade commercially available.

2.2 Mice

This study was approved by the Institutional Animal Care and Use Committee (Permission number: 28-10-04) and carried out in accordance with the Kobe University Animal Experimentation Regulations. Female 6-week-old C57BL/6NCrSlc mice were purchased from Japan SLC (Shizuoka, Japan). Mice were acclimated for 1 week with *ad libitum* access to a basal diet (DC-8; Clea Japan, Tokyo, Japan) and tap water in a temperature-controlled room at $23 \pm 2^{\circ}$ C and at $50 \pm 10\%$ humidity with a 14-h light and 10-h dark cycle at Kobe University Life-Science Laboratory, and then used for animal experiments.

All KikGR mice (B6.Cg-Gt(ROSA)26Sor<tm1.1(CAG-kikGR)Kgwa> mice (Niwa et

al., 1991; Tsutsui et al., 2005) used in this study were bred in specific pathogen-free

facilities at Meijo University. All experimental procedures were approved according to the guideline by the Institutional Animal Care and Use committee of Meijo University Faculty of Pharmacy and Faculty of Agriculture (Permission number: 2020PE15). Colitis was induced by DSS administration in 10-12 weeks old KikGR mice. The mice were given a daily administration of 100 µg lentinan dissolved in 50 µl of sterilized water via oral route for 14 days from 7 days before the DSS administration. The mice were administered ad libitum 2% (w/v) DSS in drinking water to induce colitis for 7 days (Day 0 to Day 7) and then given drinking water for 2 days (Day 8 and Day 9). On Day 7 the photoconversion of cells in the ileum was performed under anesthesia with 1% isoflurane. Non-photoconverted regions were protected from light using aluminum foil. The region of the intestine targeted for photoconversion was drawn out from the abdominal cavity, and exposed to violet light (405 nm, 54 mW/cm²) for 2 minutes from the front and behind following laparotomy (Tomura et al., 2014). The photoconvertible protein, KikGR, is irreversibly converted from green to red upon exposure to violet light. Following photoconversion the abdominal wall was closed with bulldog forceps. To keep exposed tissues moist during exposure to light, warmed PBS was applied to the region of photoconversion. The mice were by 1% isoflurane induction on Day 9, and the ileum and colon were removed. Preparation of cell suspensions from ileums and

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colons were performed according to the method by Nakanishi et al. (2018). Briefly, the resected guts were washed in PBS, stirred in 1 µM EDTA buffer (pH 8.0) at 37 °C, and minced with scissors. The minced tissue was stirred for 80 min at 37 °C in collagenase (1.5 mg/m; Fuji Film-Wako, Japan) and dispase (1 U/ml; Fuji Film-Wako) containing RPMI-1640 medium. Cell suspensions were filtered with 40 µm cell strainer. Fluorochrome-conjugated antibodies were obtained from BioLegend (San Diego, CA). For flow cytometric analysis, cells were washed with Dulbecco's PBS containing 2% FBS. Next, cells were incubated with Mouse BD Fc BlockTM (BD Pharmingen) to block Fc binding, then stained with Allophycocyanin (APC) mAbs (for CD4; BioLegend, 100515) or FITC-labeled (for CD25; BioLegend, 102005) mAbs for 15 min at 4°C. For intracelleur staining, the cells were fixed and permeabilized by using Mouse Foxp3 Buffer set (BD Pharmingen), and then stained with Brilliant Violet 421-conjugated anti-FoxP3 antibody (BioLegend, 126419). Stained samples were acquired using LSRFortessaTM X-20 Cell Analyzer (BD Bioscience). KikGR- green and red signals were detected using 530/30 and 610/20 bandpass filters, respectively. Flow cytometry data were analyzed using Flowjo software (BD Biosciences).

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2.3 Dextran sulfate sodium-induced colitis

Mice (7 weeks old) were administered *ad libitum* 2% (w/v) DSS in drinking water to induce colitis for 7 days (Day 0 to Day 7) and then given drinking water for 2 days (Day 8 and Day 9). For administration with lentinan, the mice were anesthetized using isoflurane and given a daily administration of 100 μg lentinan dissolved in 50 μl of sterilized water via an oral or rectal route with a 3 cm flexible feeding needle from 7 days before the DSS administration. Mice were euthanized by 1% isoflurane induction on Day 9, and the ileum and colon were removed. In an experiment without DSS-induced colitis, mice were given a daily administration of 100 μg lentinan for 16 days using same methods, and then the ileum and colon were removed from mice euthanized by 1% isoflurane after this time.

2.4 Cell culture

Human intestinal epithelial Caco-2 cells were maintained in Dulbecco's modified Eagle's medium containing 4500 mg/ml glucose supplemented with 10% inactivated FBS, 1% minimum essential media non-essential amino acids, 100 U/ml penicillin, and 100 mg/ml streptomycin. Cells were seeded in 100 mm dishes at 5.0×10^5 cells/dish or 24-well Transwell insert culture plates (0.33 cm², 0.4 μ m pore size) at 4.0×10^4 cells/well. The integrity of the Caco-2 monolayer on the Transwell insert, *i.e.*, the

formation of tight junctions and barrier function, were confirmed by the measurement of transepithelial electrical resistance (TER). For TER measurement, the cell monolayers were washed with Hank's balanced salts solution composed of 137 mM NaCl, 5.36 mM KCl, 1.67 mM CaCl₂, 1 mM MgCl₂, 1.03 mM MgSO₄, 0.44 mM KH₂PO₄, and 0.34 mM Na₂HPO₄, pH 7.4 at 37°C for 30 min, followed by renewal with fresh Hank's balanced salts solution. The resistance value (Ω) was measured using a Millicell-ERS instrument (Millipore; Billerica, MA), and TER (Ω ·cm²) was calculated as the value (Ω) × culture area (0.33 cm²). The monolayers whose TER was more than 400 Ω ·cm² were used in this study.

2.5 Preparation of bone marrow-derived dendritic cells

Preparation of bone marrow-derived dendritic cells (BMDCs) was performed by the method of Inaba et al. (1992) and Kang & Lim (2012) with a slight modification. The thighbone and shinbone were removed from female C57BL/6NCrSlc mice (8 weeks old), immersed in 70% ethanol for 5 min, and washed with PBS. All mice were anesthetized and euthanized as above. The bone marrow was removed from the bones with RPMI1640 medium containing 10% inactivated FBS, 2 mM L-glutamine, 100 U/ml penicillin, and 100 mg/ml streptomycin and loosened by pipetting. The cells were

filtered through a 70 µm cell strainer and collected by centrifugation at 300 g for 3 min followed by treatment with hemolytic buffer (BD Bioscience; Franklin Lakes, NJ) and washing with RPMI1640. For differentiation toward BMDCs, the cells were suspended in RPMI1640 containing 10 ng/ml GM-CSF, 10 ng/ml IL-4, and 5 µM 2mercaptoethanol and seeded in 100 mm culture dishes at 3.0×10⁷ cells/dish. Fresh medium was supplied at intervals of 2 days. After 6 days, CD11c⁺ BMDCs were isolated using RoboSep (Stemcell Technologies; Vancouver, Canada) using an EasySep mouse CD11c Positive Selection Kit (Stemcell Technologies) in accordance with the manufacturer's protocol. BMDCs were seeded in 24-well plates at 7.0×10⁵ cells/well. Some of the wells were used for a co-culture system with Caco-2 cells seeded on a Transwell insert and treated with 100 µg lentinan in 200 µl RPMI1640 medium. The remaining wells were directly treated with 100 µg lentinan in 1 ml RPMI1640 medium. The dose of lentinan was chosen according to the previous report (Nishitani et al., 2013a). That amount did not any cytotoxicity for several cells such as Caco-2, Raw264.7, and mouse intestinal epithelial cells. BMDCs were harvested for the extraction of total RNA 6 h after each treatment.

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2.6 Real-time reverse transcription-polymerase chain reaction (RT-PCR)

The expression of mRNAs was measured quantitatively using a real-time reverse transcription-polymerase chain reaction (real-time RT-PCR) with an Applied Biosystems 7500 Fast (Applied Biosystems; Foster City, CA) and related reagent kits in accordance with the manufacturer's protocol. Total RNA was extracted from mouse ileum and colon using an RNAqueous Kit (Applied Biosystems) and Plant RNA Isolation Aid (Ambion; Austin, TX), respectively. The extraction of total RNA from BMDCs was performed with Sepasol-RNA I Super G (Nacalai Tesque; Kyoto, Japan). cDNA was synthesized using a High Capacity cDNA Reverse Transcription Kit (Applied Biosystems) with a thermal cycler (Gene Amp PCR System 9700, Applied Biosystems) programmed at 25°C for 10 min, at 37°C for 120 min, and then at 85°C for 5 min. Real-time PCR was performed using Taqman Fast Advanced Master Mix (Applied Biosystems) as the PCR enzyme solution and TagMan Gene Expression Assays Inventoried (Applied Biosystems) as the PCR primer set as follows; Mm00607939 s1 for mouse *Actb*, Mm01168134 m1 for mouse *Ifng*, Mm01336189 m1 for mouse Il1b, Mm99999068 m1 for mouse Tnf, Mm00446190 m1 for mouse Il6, Mm00445259 m1 for mouse Il4, Mm00439614 m1 for mouse Il10, Mm00434174 m1 for mouse Il12b, Hs99999905 m1 for human GAPDH, and Hs01042313 m1 for human TNF receptor 1. After activation of uracil-N glycosylase at 50°C for 2 min and DNA

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polymerase at 95°C for 20 sec, PCR was performed using the following protocol; denaturation program, 90°C for 3 sec, and annealing and elongation program, 60°C for 30 sec, repeated 40 times. The data were analyzed using the comparative CT method and normalized with housekeeping genes Actb and GAPDH as endogenous controls for mouse and human, respectively.

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2.7 Semi-quantitative RT-PCR

- Semi-quantitative RT-PCR was performed using TaKaRa Ex Taq Hot Start Version 251 (Takara-Bio; Shiga, Japan) in accordance with the manufacturer's protocol with 252 corresponding primers (Invitrogen; Carlsbad, CA): Tbx21, 5'-253
- GGATGTTTGTGGATGTGGTCTTG-3' for forward and 5'-254
- 255 GGAACAGGATACTGGTTGGATAG-3' for reverse; and Hprt, 5'-
- TCCCAGCGTCGTGATTAG-3' for forward and 5'-256
- GTCAAGGGCATATCCAACAAC-3' for reverse. PCR was conducted for 37 and 24 257 cycles for Tbx21 and Hprt, respectively, following an initial denaturation for 2 min at 258 98°C, and each cycle consisted of denaturation (10 sec at 98°C), annealing (30 s at 59°C 259 260 for Tbx21 and at 57°C for Hprt), and extension (72 sec at 72°C), followed by an additional extension for 30 sec at 72°C. The reaction products were electrophoresed in a

2% agarose gel with TBE buffer (pH 8.2, 89 mM Tris, 89 mM boric acid, and 2 mM EDTA), and cDNA fragments (*Tbx21*, 547 bp and *Hprt*, 568 bp) were stained with 1 μg/ml ethidium bromide and visualized by UV irradiation. The bands were quantified using a Java-based image processing program, Image J. The expression of *Tbx21* was normalized with a housekeeping gene, *Hprt*, and the values were calculated as relative expression to vehicle control.

2.8 Statistical analysis

A one-way ANOVA was performed followed by the Tukey's multiple comparisons test in the KikGR experiments. Statistical significance was defined as P<0.05. The level of significance was stated in the figure legends. Data are expressed as the mean \pm SE. Statistical analysis between two groups was performed using Student's t-test. Figs 4 and 5 were analyzed statistically using Dunnett's test, compared with DSS-treated mice. Statistical differences in changes in body weight in a DSS-induced colitis model were evaluated by analysis of variance (ANOVA) and the Tukey–Kramer test to determine differences between groups.

3. Results

3.1 Lymphocyte proliferation and migration from the ileum to the colon in the

DSS-induced colitis KikGR mice

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In order to quantify the effect of lentinan on recruiting lymphocytes in the gut of DSSinduced colitis mice, we analyzed the profiles of KikGR-red cells in the ileum and the colon. The ileum was exposed to violet light to induce photoconversion of the KikGR protein from green to red (KikGR-Red) (Fig. S1). As shown in Fig. 1A, it was shown that the red cells which was photoconverted in the ileum could proliferate and be recruited into the colon in the mice with the colitis by oral administration of lentinan. The 4.09 \pm 0.16 % of KikGR-red cells increased to 5.60 \pm 0.15 % by the lentinan treatment in the ileum of DSS-induced colitis mice. In addition, in the colon, it increased to 13.07 ± 0.03 %. These results could suggest that oral lentinan treatment induced a proliferation of lymphocytes in an ileum of a mouse, and then the cells were recruited into the colon during developing DSS-induced colitis. Moreover, we examined the level of CD4⁺ cells (pan Th cells) in the lymphocytes recruited into a colon of DSSinduced colitis mice. As shown in Fig. 1B and C, the recruiting cells into the colon from the ileum was augmented by the lentinan treatment. The KikGR-red CD4⁺ cells increased to 15.63 ± 0.07 % (with DSS plus lentinan treatment) as compared to the control group $(7.57 \pm 0.48 \%)$ in the colon of the mice (Fig. 1C). Furthermore, Treg

cells (CD4⁺CD25⁺FoxP3⁺ cells) also migrated into the colon of the colitis mice by oral lentinan treatment. It significantly increased from 2.54 ± 0.22 to 5.55 ± 0.19 % (p < 0.05) (Fig. 1D). These results suggested that the recruit of Th and Treg cells from an ileum into a colon was also induced by the lentinan oral treatment in the mice with DSS-induced colitis.

3.2 Effects of oral or rectal administration of lentinan on DSS-induced colitis in

mice

To investigate whether lentinan affects not only the large intestine but also the small intestine, suppressive effects on DSS-induced colitis were compared between two administration routes of lentinan, oral and rectal. Treatment with 2% DSS began to decrease body weight on Day 5, and significantly decreased body weight to $83.1\pm1.0\%$ on Day 9 compared with that on Day 0 (Fig 2). On the other hand, both oral and rectal administration of lentinan suppressed the weight loss to $92.6\pm2.2\%$ and $87.5\pm3.4\%$ of the weight on Day 0, respectively (Fig. 2). The suppressive effect of rectal administration was obviously smaller than that of oral administration on Day 9 (p<0.05). These results promised that the effects on the small intestine contributed to the anti-colitis activity more than that on the large intestine.

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It was reported the expression levels of IFN-γ, IL-1β, TNF-α, IL-6, IL-4, and IL-10 mRNAs increased in the colon in studies on DSS-induced colitis (Elson et al., 1995; Nishitani et al., 2013b; Yan et al., 2009; Adisakwattana et al., 2013). The effects of lentinan administration on these mRNA expression levels were investigated using realtime RT-PCR on Day 9. DSS-treatment increased the expression levels of *Ifng*, *Il1b*, Tr, Il6, Il4, and Il10. Both oral and rectal administration of lentinan tended to suppress the expression levels but not significantly (Fig. 3). The oral administration of lentinan suppressed Ifng, Il1b, Tnf, Il6, Il4, and Il10 expression levels induced by DSS-treatment to 37% (p=0.20), 14% (p=0.15), 58% (p=0.12), 21% (p=0.57), 34% (p=0.06), and 25% (p=0.32), respectively. On the other hand, rectal administration of lentinan slightly suppressed the expression levels of *Ifng*, *Il1b*, *Tnf*, and *Il4* to 70% (p=0.64), 43% (p=0.37), 69% (p=0.27), and 62% (p=0.29), respectively, but those of Il6 and Il10 were unaffected. These results indicated that the suppressive effects of oral administration of lentinan were stronger than those of rectal administration, i.e., it may be important for the anti-colitis activity of lentinan to affect not only the large intestine but also the small intestine.

3.3 Expression of cytokines in the colon of mice with DSS-induced colitis

3.4 Expression of Th1 and Th2 cytokines in the ileum of mice with DSS-induced

336 colitis

It was reported that Th1 and Th2 cytokines are associated with the development of DSS-induced colitis (Dieleman et al., 1998). The expression levels of INF- γ and IL-4 mRNAs in the ileum were investigated as representative Th1 and Th2 cytokines, respectively. Rectal administration of lentinan hardly affected the expression levels of *Ifng* and *Il4* in the ileum of DSS-treated mice (Fig. 4). On the other hand, oral administration of lentinan tended to upregulate *Ifng* expression (p=0.06) and downregulate *Il4* expression (p=0.19). These results suggested that lentinan may enhance Th1-type immune responses in the ileum of mice with DSS-induced colitis.

3.5 Effects of oral and rectal administration of lentinan on Ifng in the ileum and

colon of mice without DSS-induced colitis

According to results using mice with DSS-induced colitis, oral administration of lentinan increased the mRNA levels of the Th1 cytokine *Ifng*. Because the effect might be caused secondarily by suppressive effects on DSS-induced colitis, we investigated the effects of lentinan on Th1-type immune responses in mice without DSS-induced

colitis. Intragastric administration of lentinan for 16 days significantly increased the expression of *Ifng* in the ileum, but rectal administration significantly decreased it (Fig. 5A). Of note, oral administration tended to also increase *Ifng* expression in the colon, whereas rectal administration did not (Fig. 5B). These results indicated that orally administered lentinan enhanced Th1-type immune response in the ileum, and these changes in immune responses might affect colorectal immunity.

3.6 Effects of lentinan on Tbx21 and Il12b expression in the ileum of mice without

DSS-induced colitis

Th1 cells, one of the helper T cell subsets, are well known as IFN-γ producing cells (Chen and Liu, 2009). To investigate if the increase in *Ifng* expression, as shown in Fig 6, was due to an increase in Th1 cells, *Tbx21* expression was analyzed as a marker gene of Th1 cells by semi-quantitative RT-PCR. The oral administration of lentinan for 16 days increased *Tbx21* expression in the ileum of mice without DSS-induced colitis.

Because Th0 cells are known to require IL-12 for differentiation into Th1 cells (Zhu and Paul, 2010), the expression of IL-12 p40 mRNA (*II12b*) in the ileum was investigated by real-time RT-PCR. Oral administration of lentinan increased *II12b* expression in the ileum of mice without DSS-induced colitis, but rectal administration did not (Fig. 7A).

On the other hand, both oral and rectal administrations hardly affected II12b expression in the colon (Fig. 7B). These results indicated that orally administered lentinan may promote IL-12 production in the ileum, resulting in the differentiation of Th0 cells into Th1 cells producing INF- γ in the small intestine.

3.7 Effects of lentinan on IL-12 p40 mRNA expression in BMDCs

Dendritic cells are known to produce IL-12 and to play an important role in the differentiation of helper T cells (Heufler et al., 1996). To investigate the involvement of dendritic cells in the increase in *Il12b*, BMDCs were treated with 100 μg lentinan through a monolayer of Caco-2 cells in a Caco-2/BMDC co-culture system, in which Caco-2 cells and BMDCs were placed on the apical and basolateral sites, respectively. A preliminary experiment demonstrated that lentinan decreased *tnfr1* expression in Caco-2 cells in the co-culture system after 6 h of treatment (Fig. 8A), consistent with our previous study (Nishitani et al., 2013b). Treatment of Caco-2 cells of the co-culture system with lentinan hardly changed *Il12b* expression in BMDCs (Fig. 8B). On the other hand, the direct treatment of BMDCs with lentinan significantly increased *Il12b* expression (Fig. 8C). These results indicated that lentinan directly stimulated dendritic cells followed by the induction of IL-12 production, but not through intestinal epithelial

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4. Discussion

Lentinan, a β-glucan derived from *Lentinula edodes*, is well-known to possess several pharmacological effects (Wasser, 2002; Ina et al., 2013). The present study examined which mechanism was mediated in the anti-colitis activity of lentinan, the direct stimulation of large intestine or the indirect stimulation of small intestine. Our previous study reported that oral administration of lentinan suppressed DSS-induced colitis in mice (Nishitani et al., 2013b). Therefore, it was hypothesized that lentinan could stimulate a cell signaling in the small intestine, and then activated cells there were recruited into the large intestine and could play a pivotal role in preventing a colitis development. A quantification of endogenous Th cells migration through gut is fundamental of understanding the dynamics of prevention mechanism for colitis. To track the cell migration from ileum to colon without irritation, in the present study we used KikGR mice which had been generated by Tomura et al. (2014) and analyzed a transition of the cells in gut by using FACS analyzer. We here showed that oral lentinan treatment induced a CD4⁺ (Th) cell migration from the ileum to the colon during developing DSS-induced colitis (Fig. 1B, C). Tomura et al. (2010) have also reported

that CD4⁺ cells could migrate from mesenteric lymph nodes to a site of inflammatory lesion, and those cells could facilitate a prevention of the inflammatory disease. Our current results, furthermore, suggest that CD4⁺CD25⁺FoxP3⁺ (Treg) cells were recruited into the colon of mice with DSS-induced colitis by the lentinan treatment (Fig. 1D). Indeed, even rectal administration of lentinan significantly suppressed body weight loss associated with colitis in the mouse model. However, oral administration of lentinan showed more suppressive effects on body weight loss and the mRNA expression levels of cytokines compared with rectal administration (Figs. 2 and 3). These results indicated that lentinan exerted anti-colitis effects mainly through a stimulation in the small intestine. It was unknown which immune response is associated with the anti-inflammatory effects on DSS-induced colitis. Our study indicated that an increase in *Infg* expression was observed in mice administered lentinan by an oral route but not by a rectal route (Fig. 4). In addition, the administration of lentinan significantly increased *Ifng* expression in the ileum of DSS-untreated mice (Fig. 5A). Oral administration of lentinan also showed a tendency to decrease Il4 expression in the ileum of DSS-treated mice. IFN-γ and IL-4 are well known as Th1 and Th2 cytokines, respectively (Zheng and Flavell, 1998; Szabo et al., 2000). IFN-γ is produced and secreted from CD4⁺ T

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cells as well as natural killer cells and γδT cells and CD8⁺ T cells (Chen and Liu, 2009). Furthermore, a marker gene for a Th1 cell, Tbx21, increased in the ileum of mice administered orally with lentinan (Fig. 6). Stevceva et al. (Stevceva et al., 2001) showed that DSS-induced colitis is ameliorated in IL-4 deficient mice compared with wild-type mice. The present study demonstrated that lentinan exerted anti-inflammatory effects in the large intestine accompanied with the induction of Th1 immune responses in the small intestine. Those suggested that the enhancement of Th1 immune responses in the ileum might be related to the suppression of Th2 immune responses in the colon, resulting in the suppression of colitis. Furthermore, it was reported that CD4⁺ T cells differentiated in Peyer's patches and mesenteric lymph nodes migrated to the colon (Nagai et al., 2007). Weng et al. (2007) reported that Th2 cells migrated from the small intestine to the colon. Taken together, oral administration of lentinan might cause the differentiation of Th1 cells capable of producing INF-y in the ileum, and Th1 cells might migrate from the small intestine to the large intestine, resulting in increases in *Infg* in the colon. These findings suggested that the glucan increased Th1 cells, one of the CD4⁺ T cell subsets among IFN-γ-producing cells. Regarding a CD4⁺ T cell (naïve T cells/Th0 cells) differentiation as a result of several stimuli, IL-12 also induces differentiation into Th1 cells (Chen and Liu, 2008; Zhu and Paul, 2010). Therefore, we

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hypothesized as follows: 1) lentinan could promote IL-12 production from some cell types, resulting in differentiation into Th1 cells, if not 2) lentinan directly stimulated T cells and then induced their differentiation. IL-12 is a hetero-complex of p35 and p40 subunits. Although p35 mRNA (II12a) is constantly expressed in ubiquitous cells, p40 mRNA (*Il12b*) is specifically expressed in IL-12-producing cells (Trinchieri, 2003). Unlike *Ifng* expression, *Il12b* expression increased in the ileum but not in the colon. Oral administration of lentinan for 16 days increased *Il12b* expression in the ileum (Fig. 7A). These results suggested that lentinan did not induce the migration of certain types of cells such as a dendritic cell producing IL-12 from the ileum to the colon, supporting the hypothesis that Th1 cells differentiated in the ileum and migrated to the colon. This idea may be applied to the treatment of not only colitis but also other immune-related diseases such as allergy, which is caused by an excessive immune response with Th2 cells (Maggi, 1998). Th1 cells induced by lentinan in the small intestine may migrate to an allergic lesion and regulate the Th1 and Th2 balance, leading to the improvement of allergy. Kadowaki (2007) reported that the properties of dendritic cells were altered by recognized bacterial components, resulting in changes in the subtypes of helper T cells. Nagai et al. (2007) suggested that Helicobacter pylori induced IL-12 production from

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dendritic cells in Peyer's patches, resulting in the induction of Th1 cells. Thus, dendritic cells are also well known to play a critical role in the differentiation of helper T cell subsets. Batbayar et al. (2012) showed that β-glucans, despite their large size, can be absorbed through M cells into Peyer's patches or directly through binding to the tips projected into digestive tract lumen from the dendritic cells in Peyer's patches. A previous study using a co-culture system with Caco-2 cells and RAW264.7 cells indicated that lentinan decreased TNF receptor 1 (TNFR1) on the basolateral side of Caco-2 cells via Dectin-1 on the apical side, resulting in nonsusceptibility to the inflammatory cytokine TNF-α secreted from RAW264.7 cells stimulated by lipopolysaccharides (Nishitani et al., 2013b; Sakaguchi et al., 2018). The present study demonstrated that treatment with lentinan through the Caco-2 cells hardly altered Il12b expression in BMDCs in the co-cultured system (Fig. 8B). On the other hand, direct treatment with lentinan increased Il12b expression in BMDCs (Fig. 8C), supporting the possibility that lentinan stimulated dendritic cells in Peyer's patches directly and promoted IL-12 production from these cells. That might be the first step in the mechanism by which the oral administration of lentinan could prevent the gut inflammatory disease. However, it is still unknown whether lentinan is absorbed into Peyer's patches in vivo. Further studies will be needed to elucidate the mechanism by

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which lentinan regulates the suppressive effect of dendritic cells on DSS-induced colitis.

The present results indicate the possibility that colitis might be controlled from the small intestine by an intake of functional food factors such as lentinan.

In addition to the anti-inflammatory effects of lentinan on the colon by Th1-type immune responses, we have suggested that Treg cells were recruited into the colon during the curing of the colitis by the lentinan oral administration (data not shown). This finding might suggest that a regulation of immunological environment, such as Th balance, in the small intestine affects the colon, resulting in suppressive effects on

5. Conclusion

colitis.

In our study, the oral treatment of lentinan could be more effective in an inhibition of the colitis than a rectal treatment. The administration of lentinan induced migration of CD4⁺ Th cells from the ileum to the colon in the DSS-induced colitis mice. Moreover, the oral administration showed additive suppressive effects on body weight loss and the mRNA expressions of cytokines in the mice ileum with DSS-induced colitis. Especially, the expression levels of *Il12b* and *Tbx21* increased remarkably in the ileum, suggesting an IL-12-dependent differentiation of Th1 cells in the ileum. Therefore, we considered

that DSS-induced colitis was inhibited by the Th1 cells, which were differentiated by IL-12 secreted from dendritic cells. Those cells might rather regulate a Th balance in the colitis than exacerbate the inflammation. Taken together, our current study suggests that the oral administration of lentinan regulates the balanced Th1 immune responses mainly in the ileum, and then exerts the suppressive effects on a colitis (Fig. 9).

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Minato: Methodology, Validation, Formal analysis, Investigation, Writing-Original

Draft. Takashi Hashimoto: Validation, Writing-Original Draft. Masashi Mizuno:

Conceptualization, Resources, Writing-review and editing, Supervision, Project

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Figure legends

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Fig. 1 Migratory of CD4⁺ cells from ileum to colon in the DSS-induced colitis

KikGR mice

The mice were administered ad libitum 2% (w/v) DSS in drinking water to induce colitis for 7 days (Day 0 to Day 7) and then given drinking water for 2 days (Day 8 and Day 9). From 7 days before Day 0, the mice were daily administered 100 μl of lentinan (200 µg/mouse) or sterilized water as a vehicle via an oral route for 14 days. On day 8, the region of the intestine was exposed to violet light (405 nm, 54 mW/cm²) for 2 minutes from the front and behind following laparotomy. The mice were killed on day 10. The cells were incubated with Mouse BD Fc BlockTM (BD Pharmingen) to block Fc binding, then stained with Allophycocyanin (APC) (for CD4) mAb. (A) The level of KikGR-Red cells (%) in lymphocyte of the ileum and the colon in the mice. The level of CD4⁺ cells in the ileum (B), and the colon of the mice (C). Moreover, the cells were stained with FITC-labeled (for CD25) mAbs, and then with Brilliant Violet 421conjugated anti-FoxP3 antibody (D). Data are expressed as mean \pm SE (n=3). For statistical analysis, a one-way ANOVA followed by the Tukey multiple comparisons test was used; there are significant differences between different letters (p < 0.05).

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Fig. 2 Effects of oral or rectal administration of lentinan on DSS-induced colitis 689 690 in mice Mice (C57BL/6NCrSlc) were administered ad libitum 2% (w/v) DSS in drinking water 691 692 to induce colitis for 7 days (Day 0 to Day 7) and then given drinking water for 2 days (Day 8 and Day 9). From 7 days before Day 0, the mice were daily administered 50 μl 693 of lentinan (100 μg/mouse) or sterilized water as a vehicle via an oral or rectal route. 694 The body weight of mice was measured daily during the experiment and expressed as a 695 percentage of that on Day 0. Data are expressed as mean \pm SE (n=4). *, P < 0.05; **, P696 $< 0.01; ***, P < 0.001, DSS (+), lenting by a rectal route group (<math>\square$) or DSS (+), 697 lentinan by an oral route group (\blacksquare) versus DSS (+), vehicle group (\square). #, P < 0.05698 DSS (+), lentinan by a rectal route group () versus DSS (+), lentinan by an oral route 699 700 group (). 701 702Fig. 3 Effects of lentinan administration on cytokine expression levels in the 703 colon 704 Mice were sacrificed on Day 9. Total RNA was extracted from the colon, and *Ifng*, *Il1b*, 705 Tnf, 116, 114, and, 1110 expression levels were determined by real-time RT-PCR, as described in the Materials and Methods. The values except for Il4 were calculated as 706

relative expression levels to untreated controls without DSS or lentinan. The values for *Il4* were calculated as the relative expression levels to mice treated with DSS but not lentinan. Data are expressed as mean \pm SE (n=4).

Fig. 4 Effects of lentinan administration on cytokine expression levels in the

ilium

The total RNA was extracted from the ilium of the same mice as analyzed in Fig. 3, and Ifng, and Il4 expression levels were determined by real-time RT-PCR, as described in the Materials and Methods. The values were calculated as relative expression levels to those in untreated controls with DSS or lentinan. Data are expressed as mean \pm SE (n=4).

Fig. 5 Different effects of oral and rectal administration of lentinan on Ifng

expression in normal mice

Mice were daily administered lentinan (100 μg/mouse) for 16 days or sterilized water as a vehicle without DSS treatment via oral or rectal routes. Total RNA was extracted from the ilium (A) and colon (B) of mice, and *Ifng* expression levels were analyzed by real-time RT-PCR, as described in the *Materials and Methods*. The values were calculated as

*, P < 0.05; **, P < 0.01 versus vehicle control group. 726 727728 Fig. 6 Effects of lentinan administration on Tbx21 expression in the ilium Tbx21 expression levels in the ilium of the same mice as used in Fig. 5 were analyzed 729 by semi-quantitative RT-PCR as described in the Materials and Methods. The values 730 were calculated as relative expression levels to the vehicle control. Data are expressed 731 as mean \pm SE (n=4). *, P < 0.05 *versus* vehicle control group. 732 733Effects of lentinan administration on Il12b expression in the ilium and 734 Fig. 7 735 colon 736 1112b expression levels in the ilium (A) and colon (B) of the same mice as used in Fig. 5 were analyzed by real-time RT-PCR, as described in the Materials and Methods. The 737 738 values were calculated as relative expression levels to the vehicle control. Data are

relative expression levels to the vehicle control. Data are expressed as mean \pm SE (n=4).

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Fig. 8 Effects of lentinan on *Il-12b* expression in BMDCs in vitro

expressed as mean \pm SE (n=4). *, P < 0.05 versus vehicle control group.

Caco-2 cells in a co-culture system of Caco-2 cells and BMDCs were treated with 100

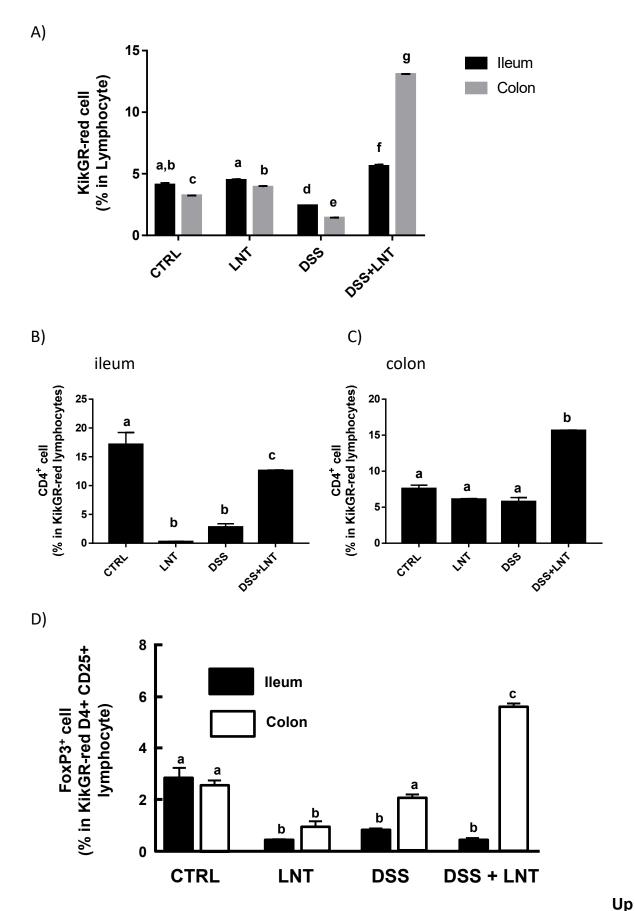
μg lentinan, as described in the *Materials and Methods*. The expression levels of *TNF* receptor1 in Caco-2 cells (A) and II12b in BMDCs (B) were analyzed by real-time RT-PCR 6 h after treatment. The values were calculated as relative expression levels to the vehicle control. Data are expressed as mean \pm SE (n=3). (C) BMDCs were cultured as a monolayer and received by direct treatment with 100 μg lentinan. II12b expression levels in BMDCs were analyzed by real-time RT-PCR 6 h after treatments. The values were calculated as relative expression levels to the vehicle control. Data are expressed as mean \pm SE (n=3). *, P < 0.05; **, P < 0.01 *versus* vehicle control.

Fig. 9. The oral administration of lentinan induces the Th1 immune responses mainly in the ileum, and then exerts the suppressive effects on a colitis

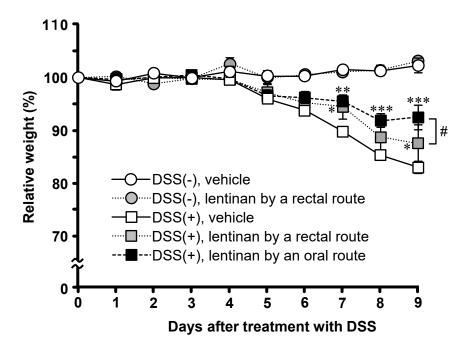
In this study, it was ascertained that oral administration of lentinan enhanced Th1-type immune responses mainly at ileum and then accelerate the migration of CD4⁺ cells in lymphocyte from ileum into the colon in which colitis was induced by DSS treatment.

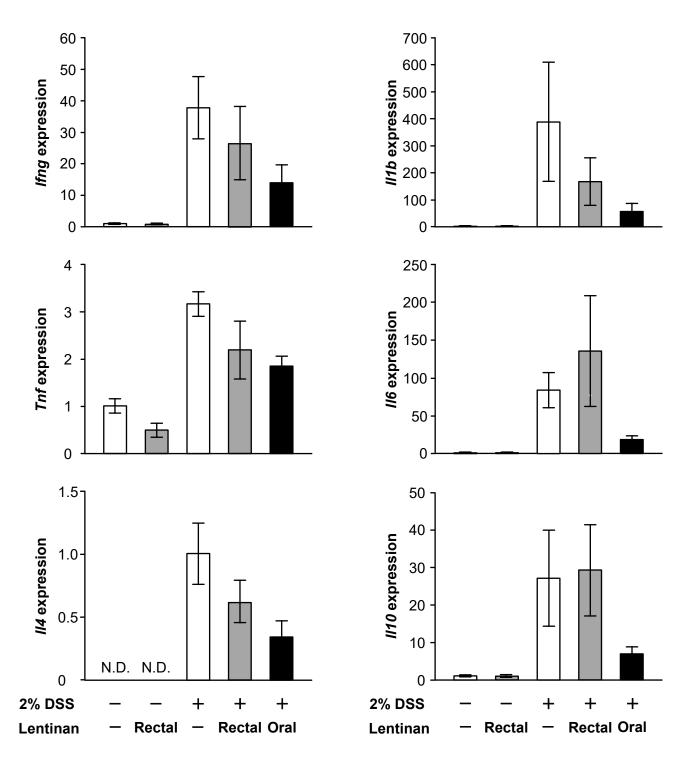
These findings suggested that alternation of the immunological environment in the small intestine affects the colon, resulting in suppressive effects on colitis. The present results indicate the possibility that colitis might be controlled from the small intestine by food intake, such as lentinan.

761	
762	Figure S1. Expression of KikGR-Green and KikGR-Red in the murine lymphocytes
763	before and after photoconversion.
764	Upon exposure violet light for 2 minutes, cells were converted from green (KikGR-
765	Green) to red (KikGR-Red).
766	

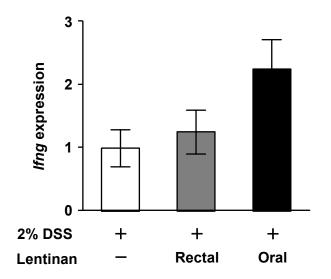


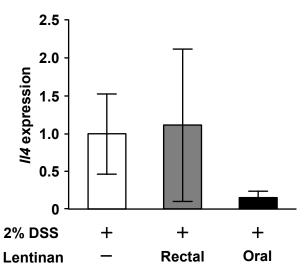
Up Tig. 1



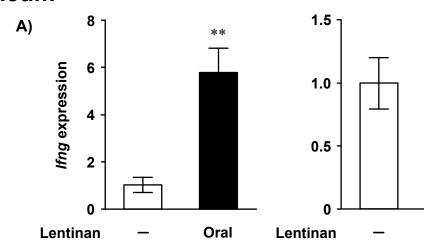


Up † Fig. 3

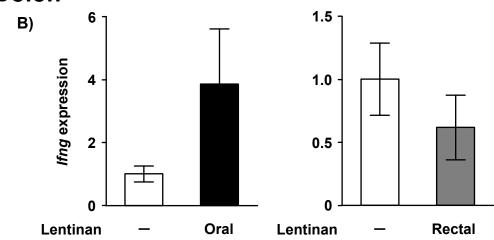




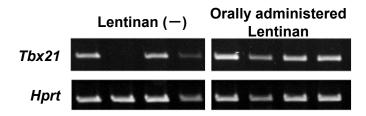
lleum

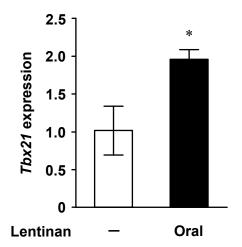


Colon

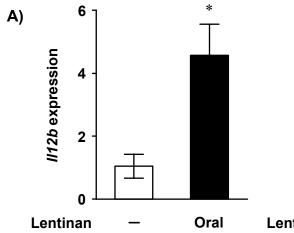


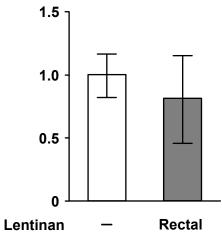
Rectal





lleum





Colon

