

## Protein kinase C (PKC) $\epsilon$ and human CD4 T cell proliferation

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T-lymphocytes contain up to eight different PKC isotypes and PKC $\theta$  has become the most interesting isotype for T-cell activation, proliferation, and transforming growth factor (TGF)-1 $\beta$  signalling [1]. However, It has been suggested that also PKC $\epsilon$  may have a role in inflammation and immune-mediated disorders [2]. Thus, we have analyzed the ability of PKC $\epsilon$  to control human CD4+ T cell proliferation and their sensitivity to TGF-1 $\beta$ . We demonstrate a nonredundant role of PKC $\epsilon$  in CD4+ T cell proliferation triggered in vitro by CD3 stimulation. PKC $\epsilon$  sustains NF- $\kappa$ B and, consequently, IL-2 receptor chains transcription and CD25 cell surface expression levels. Moreover, PKC $\epsilon$  silencing potentiates the inhibitory effects of TGF-1 $\beta$ , affecting Smad2 phosphorylation levels. Finally, assuming that PKC $\epsilon$  could be involved in CD4+ T cell mediated-autoimmune diseases, we have isolated CD4 T cells from Hashimoto Thyroiditis (HT) patients an autoimmune disorder characterized by reduced serum concentration of TGF-1 $\beta$  and TReg cell subsets with defective suppressive functions [3,4]. In HT CD4+ T cells we found a significant increase of PKC $\epsilon$  expression, accounting for their decreased sensitivity to TGF-1 $\beta$ . The potentially new roles of PKC $\epsilon$  in the pathophysiology of HT and Th/Treg polarization are discussed.

### References

- [1] Isakov, N., and A. Altman. (2002). Protein kinase C(theta) in T cell activation. *Annu. Rev. Immunol.* 20: 761-794.
- [2] Aksoy, E., et al. (2004). Protein kinase C epsilon: a new target to control inflammation and immune-mediated disorders. *Int. J. Biochem. Cell. Biol.* 36: 183-188.
- [3] Vural, P., et al. (2009). The relationship between transforming growth factor-beta1, vascular endothelial growth factor, nitric oxide and Hashimoto's thyroiditis. *Int. Immunopharmacol.* 9: 212-215.
- [4] Marazuela, M., et al. (2006). Regulatory T cells in human autoimmune thyroid disease. *J. Clin. Endocrinol. Metab.* 91: 3639-3646.

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