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IL-12 Completely Blocks Ultraviolet-Induced Secretion of Tumor Necrosis Factor α from Cultured Skin Fibroblasts and Keratinocytes

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Abstract

Interleukin-12 is an important regulator of other cytokines. Although interleukin-12 is considered to act primarily on lymphocytes, provoking a shift from T helper 2 to T helper 1 cells and an increase in lymphocyte-derived tumor necrosis factor α , we hypothesized that interleukin-12 might also affect tumor necrosis factor α secretion from skin cells. In this study, keratinocytes were treated with ultraviolet-B, ultraviolet-A, or sham irradiation, without or with exogenous interleukin-12. Remarkably, the exogenous interleukin-12 totally blocked ultraviolet-B-induced tumor necrosis factor α production. Both ultraviolet-A and ultraviolet-B were capable of inducing interleukin-12 production. To determine the molecular mechanism of this effect, we used a chloramphenicol acetyl transferase reporter under the control of a 1.2 kb fragment of the wild-type (–308G) human tumor necrosis factor α promoter and found significant suppression of promoter activity with interleukin-12. Studies using the –308A variant of the human tumor necrosis factor α promoter showed much higher promoter activity overall, but also a greater sensitivity to suppression by interleukin-12. The mechanism did not involve blockage of the interleukin-1 receptor, because interleukin-12 did not suppress interleukin-1-mediated induction of collagenase mRNA. To determine the role of endogenous interleukin-12, we found that anti-interleukin-12 antibodies enhanced ultraviolet-B-induced tumor necrosis factor α secretion. Thus, interleukin-12 strongly inhibits tumor necrosis factor α production by noninflammatory skin cells, mostly or entirely through inhibition of gene transcription via an element within the first 1.2 kb of the tumor necrosis factor α promoter. The result is a shift in tumor necrosis factor α production from noninflammatory cells to T helper 1 cells. Because tumor necrosis factor α is central to the pathogenesis of several photosensitive skin diseases and certain forms of immune suppression, interleukin-12 may have important physiologic, pathophysiologic, and therapeutic roles.

Keywords

cytokines; fibroblasts; lupus; Th1; Th2

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Interleukin-12 (IL-12) is an important regulator of other cytokines. It is a heterodimeric molecule produced primarily by antigen-presenting cells and plays a key role in promoting T helper 1 (Th1) responses (Adorini, 1999), including activation of Th1 clones (Kremer *et al*, 1996). As part of this shift, IL-12 typically increases the secretion of tumor necrosis factor α (TNF α), a Th1 cytokine, from inflammatory cells such as T cells (Kostense *et al*, 1998; Nagayama *et al*, 2000; Ma, 2001). Ultraviolet-B (UVB) irradiation depresses expression and secretion of IL-12 from antigen-presenting cells, and UV stimulates lymphoid organs to secrete the IL-12 p40 homodimer, a natural antagonist of biologically active IL-12 (Schmitt and Ullrich, 2000). Interestingly, UV-induced immune suppression and tolerance induction are reversed by recombinant interleukin-12 (Schmitt *et al*, 1995; Schwarz *et al*, 1996). Nearly all studies have examined the role of IL-12 in altering the immune responses of inflammatory cells (DeKruyff *et al*, 1995; Marshall *et al*, 1995; Matsuo *et al*, 1996), although one recent study showed that IL-12 directly suppresses IL-10 secretion from irradiated keratinocytes and blunts the rise in plasma TNF α levels that typically occur after UV irradiation of mice (Schmitt *et al*, 2000). The latter result cannot be explained from the fact that IL-12 has stimulatory or neutral effects on TNF α secretion by immune cells.

UV exerts many medically important effects on the immune system in susceptible individuals, in part by altering the production of specific cytokines, particularly TNF α . For example, contact hypersensitivity that develops on regions of skin painted with dinitrofluorobenzene is suppressed by prior local cutaneous irradiation with UVB. To establish a link with TNF α , investigators have shown that UVB in the presence of autocrine or paracrine sources of IL-1 α induces TNF α production; local intradermal injection of TNF α impairs the induction of contact hypersensitivity to dinitrofluorobenzene; and most importantly, systemic administration of anti-TNF α antibodies abolishes this immunosuppressive effect of UV exposure (Bromberg *et al*, 1992; Yoshikawa *et al*, 1992; Werth and Zhang, 1999). Mice genetically deficient in TNF-receptor 2 (p75) lack the ability to impair contact hypersensitivity induction after UVB (Kurimoto and Streilein, 1999). Of interest, studies in humans have shown that most skin cancer patients exposed to UVB and dinitrofluorobenzene fail to develop contact hypersensitivity, suggesting a role for UVB sensitivity in the origin or proliferation of these neoplasms (Yoshikawa *et al*, 1990).

UV radiation also plays a substantial role in certain photosensitive autoimmune diseases. Lupus erythematosus (Sullivan *et al*, 1997), subacute cutaneous lupus erythematosus (Werth *et al*, 2000), pediatric dermatomyositis (Pachman *et al*, 2000), and adult dermatomyositis (Werth *et al*, 2002) are each associated with the -308A polymorphism in the TNF α promoter. This polymorphism enhances TNF α production, particularly after stimulation with UVB, consistent with a role in the pathogenesis of photosensitivity (Werth *et al*, 2000). The increase in TNF α production after UVB irradiation is part of a larger set of changes that involve both nonimmune and immune cells. (Kock *et al*, 1990; Fujisawa *et al*, 1997) UVB also stimulates keratinocytes and fibroblasts to secrete IL-1, IL-6, IL-8, IL-10, and IL-15 (Rivas and Ullrich, 1992; Kondo *et al*, 1993; de Vos *et al*, 1994; Enk *et al*, 1995; Grewe *et al*, 1995; Mohamadzadeh *et al*, 1995; Chung *et al*, 1996; Eberlein-Konig *et al*, 1998). Furthermore, studies suggest that UVB radiation generally shifts the immune response in the skin from a Th1 cell response to a Th2 cell predominance, both in terms of the Th2-associated cytokines produced (IL-4, IL-10) and because of interference with

antigen presentation to Th1 cells (Brown *et al*, 1995; Ullrich, 1996). We now hypothesize that IL-12 might be an important inhibitor of TNF α secretion from non-T-cell sources, and may thereby affect responses of nonimmune cells to UV irradiation. As a model system, we used wavelength-specific stimulation of TNF α secretion from keratinocytes and fibroblasts exposed to UVB in the presence of paracrine or exogenous IL-1 α , as previously described (Werth and Zhang, 1999).

MATERIALS AND METHODS

Cultured cells

Normal human fibroblasts were obtained from the American Type Culture Collection (ATCC, Rockville, MD, Catalog #1828-CRL). Genotype analysis according to prior methods (Sullivan *et al*, 1997) indicated the -308G (wild-type) TNF α promoter polymorphism. These cells were grown in Dulbecco's modified Eagle's medium (DMEM) supplemented with 10% fetal bovine serum (FBS). Normal neonatal human keratinocytes were cultured from foreskins and grown in MCDB 153 medium (Sigma, M-7403, St. Louis, MO) supplemented with 30 μ M CaCl₂, bovine pituitary extract, epidermal growth factor, insulin, hydrocortisone, ethanolamine, phosphoethanolamine, high amino acids, penicillin, and streptomycin. Adult keratinocytes were obtained from Clonetics (San Diego, CA). Fibroblasts and keratinocytes were plated in triplicate Petri dishes (60 mm diameter, Corning), and grown to 90% confluence before irradiation or cytokine addition.

Light sources and radiometry

The UVB source was a bank of two FS-40 sunlamps (Lights of America, Walnut, CA), with a peak irradiance of 313 nm, equipped with a cellulose triacetate filter to remove wavelengths below 290 nm, as previously described (Werth and Zhang, 1999). UVB doses were measured with an International Light UV IL-443 UVB meter. The filtered UVB light source measured by spectroradiometric measurement at the time of the experiments showed 0.64% UVC, 44.51% UVB, 19.43% UVA, and 35.42% visible and near infrared (Vis + NIR). The UVA source was a 1000 W xenon lamp solar simulator (Solar Light, Philadelphia, PA), which was used with a UG5 internal filter and an external UG11 filter to remove long wavelengths and a 3 mm WG335 Schott (UVA) filter to allow only longer UV wavelengths (Werth and Zhang, 1999). UVA and UVA1 doses were verified with an IL 1400 A Research Radiometer (International Light, Newburyport, MA). The solar simulator with WG335 Schott filter showed 0.0036% UVC, 0.016% UVB, 96.63% UVA (11.28% UVA2 and 88.72% UVA1), 3.35% Vis + NIR.

Chemicals

Cytokines (IL-1 α , IL-12) and cytokine enzyme-linked immunosorbent assay (ELISA) kits (TNF α , IL-12 p70) were purchased from Pierce-Endogen (Rockford, Ill.) Anti-IL-12 and anti-interferon- γ (anti-INF γ) antibodies were purchased from R&D Systems (Minneapolis, MN). All other chemicals were obtained from Fisher (Pittsburgh, PA) or Sigma.

Radiation protocols

Radiation doses were 10, 20, and 30 mJ UVB per cm², and 5, 10, and 20 J UVA per cm². Cells receiving ham irradiation treatment (0 mJ per cm²) went through the same procedure, but covered with aluminum foil. After irradiation, cells were immediately returned to DMEM/10% FBS, with or without addition of the following reagents: IL-1 α (10 ng IL-1 α per ml) for the fibroblast experiments, IL-12 (0–10 ng per ml), anti- γ -IFN antibody (1 μ g per ml), and anti-IL-12 antibody (10 μ g per ml) for both fibroblasts and keratinocytes. Conditioned media were harvested 24 h after irradiation of cells and assayed for either TNF α or IL-12 levels, using standard ELISA kits (R&D Systems). Three Petri dishes were used for each irradiation dose. Cytotoxicity of UV was assessed using try pan-blue staining of cells 24 h after irradiation and was always < 5%.

Transfection of cultured cells

To assess transcriptional activity, we used two promoter-reporter plasmids, each containing one of the –308 polymorphic forms of the TNF α promoter region (1173 bp) fused to a chloramphenicol acetyl transferase (CAT) reporter gene, as previously described (Werth *et al*, 2000). The wild-type construct contains a G at position –308 (–308G), and the variant construct was made by introducing an A at position –308 (–308A) by site-directed mutagenesis, to ensure an otherwise identical promoter sequence. In addition, a promoterless CAT construct was used to assess assay background. Each CAT construct was spliced into a pSV vector (Promega, Madison, WI). A β -gal construct (Promega), driven by SV40 promoter, was spliced into the same pSV vector to be used as a marker for transfection efficiency.

Murine fibroblast-like 3T3 cells (N.T.H., Bethesda, MD) and keratinocyte cells were cultured at 37°C for approximately 24 h to 60%–70% confluence, followed by transfection. Transfections were done using FuGENE 6 Transfection Reagent (Boehringer Mannheim, Indianapolis, IN). After transfection, cells were incubated in complete medium for 24 h. Cultured cells were then placed in phosphate-buffered saline (PBS), maintained at 35°C–37°C in a thermostatically controlled water bath, and irradiated at a distance of 40 cm with the Petri dish cover removed, using the same irradiation protocols as described above.

CAT assay

Cells were harvested 24 h after irradiation and extracted with lysis buffer (CAT assay kit, Boehringer Mannheim). CAT and β -gal were quantitated by ELISA (Boehringer Mannheim), and CAT results were normalized to β -gal.

Assessment of collagenase mRNA

As a control for IL-1 α action, we assessed collagenase mRNA levels by northern blot, as previously described (Werth *et al*, 1997).

Statistical analysis

Comparisons of several groups simultaneously were performed by initially using analysis of variance (anova). When the anova indicated differences amongst the groups, pairwise

comparisons of each experimental group *versus* the control group were performed using the Dunnett q' statistic. Unless otherwise indicated, summary statistics are reported as means \pm SEM, $n = 3$. Absent error bars in graphical displays of summary statistics indicate SEM values smaller than the drawn symbols.

RESULTS

IL-12 blocks TNF α production from UV-irradiated keratinocytes and fibroblasts

As we previously reported (Werth and Zhang, 1999), UVB but not UVA stimulated the secretion of TNF α from cultured neonatal keratinocytes (Fig 1*a*). Addition of exogenous IL-12 (10 ng per ml) immediately after UVB irradiation, however, completely blocked TNF α release from these cells (Fig 1*a*). Similarly, addition of IL-12 to cultured fibroblasts stimulated with UVB, exogenous IL-1 α , or the combination reduced TNF α secretion to undetectable levels (Fig 1*b*). Addition of different concentrations of IL-12 to adult keratinocytes after UVB irradiation showed inhibition of TNF α secretion beginning at a dose of 50 pg per ml, with progressively greater inhibition thereafter (Fig 1*c*). This result confirms our underlying hypothesis, proving that IL-12 strongly inhibits TNF α secretion from these nonimmune cells. This is in contrast to immune cells, where IL-12 has stimulatory or neutral effects on TNF α production (Kostense *et al*, 1998; Nagayama *et al*, 2000; Ma, 2001).

Because UVB, but not UVA, stimulates the secretion of TNF α by keratinocytes and fibroblasts (Werth and Zhang, 1999), and because IL-12 is a strong inhibitor of TNF α secretion (Fig 1), we next determined if there might be wavelength-specific induction of IL-12 secretion. Instead, we found that UVB and UVA each significantly induced secretion of the active IL-12 p70 heterodimer, in a dose-responsive fashion (Fig 2). This induction of IL-12 release raised the possibility that endogenously secreted IL-12 might regulate cellular output of TNF α . Thus, we examined TNF α secretion in the absence or presence of anti-IL-12 antibodies. TNF α levels from adult keratinocytes increased to 2.5 of the control value in the presence of UVB + anti-IL-12 antibodies relative to UVB alone (Fig 3*a*). Levels of TNF α seen in these experiments with adult keratinocytes (Figs 1*c*, 3*a*) were higher than those seen with neonatal keratinocytes (Fig 1*a*), but IL-12 consistently suppressed TNF α output from both cell types. In similar experiments with fibroblasts, TNF α increased 4-fold in the presence of UVB + IL-1 α + anti-IL-12 antibodies relative to UVB + IL-1 α alone (Fig 3*b*). Nevertheless, addition of anti-IL-12 antibodies to keratinocytes irradiated with UVA (5 J per cm²) had no effect on TNF α secretion (Fig 3*a*). Anti-IL-12 antibodies added to UVA-irradiated, IL-1 α -treated fibroblasts failed to induce any detectable TNF α secretion (data not shown). These results indicate that the amount of autocrine or paracrine IL-12 produced by these cells after UVB irradiation is sufficient to partially suppress TNF α production, but that the inability of UVA to induce TNF α release by keratinocytes and fibroblasts is unrelated to endogenous IL-12.

Lack of role for IFN γ or IL-1 α signaling in the suppression of UVB-induced TNF α production by IL-12

IFN γ is stimulated by IL-12 and mediates some IL-12 effects (Seder *et al*, 1993). Nevertheless, we found that anti- γ -IFN antibodies had no effect on IL-12 suppression of TNF α (data not shown).

Induction of TNF α secretion by UVB is substantially enhanced in the presence of IL-1 α , which keratinocytes secrete but which has to be provided exogenously to fibroblasts (Werth and Zhang, 1999). Thus, it is possible that IL-12 could suppress TNF α release by inhibiting IL-1 α signaling. To explore this possibility, we examined collagenase mRNA, which is induced by IL-1 α and by TNF α . Fibroblasts exposed to IL-1 α (Fig 4, *lane 2*) showed increased collagenase mRNA relative to unirradiated, untreated sham cells (Fig 4, *lane 1*). Addition of 500 pg IL-12 per ml and IL-1 α (Fig 4, *lane 3*) gave collagenase mRNA levels similar to IL-1 α in the presence of anti-TNF α antibodies and IL-1 α (Fig 4, *lane 4*). Anti-TNF α antibodies blocked some of the collagenase upregulation in UV-irradiated cells, but left IL-1 α -mediated induction intact (data not shown). This result demonstrates that IL-12 does not block IL-1 α mediated upregulation of collagenase mRNA, suggesting that IL-12 is affecting TNF α secretion independent of effects on IL-1 α or its receptor.

IL-12 inhibits TNF α promoter activity

To evaluate the molecular mechanism for IL-12-induced suppression of TNF α release, we transiently transfected two TNF α promoter constructs (–308G wild-type and –308A variant) into human adult keratinocytes and mouse 3T3 fibroblasts. The transfected cells were irradiated with UVB (30 mJ per cm²) or sham, \pm IL-12, and in the case of 3T3 cells, \pm IL-1 α . In transfected keratinocytes, UVB irradiation increased the activity of both TNF α promoter constructs, but –308A was 3.5 times more active than –308G (Fig 5*a*), consistent with our prior results (Werth *et al*, 2000). Addition of IL-12 (500 pg per ml) inhibited UVB-induced promoter activity by 55% (–308G) and 85% (–308 A; Fig 5*a*). In the transfected 3T3 fibroblasts, UVB in combination with IL-1 α produced large increases in CAT activity relative to IL-1 α alone, UVB alone, or untreated cells, and the –308 A construct was again substantially more active than –308G (compare Fig 5*b, c*). Addition of IL-12 produced large suppressions of both promoter constructs under nearly all conditions examined (Fig 5*b, c*). These results indicate that IL-12 acts on the TNF α promoter, on an element within the first 1173 bp.

DISCUSSION

We have shown here that exogenous IL-12 blocks UVB-induced TNF α secretion by keratinocytes and fibroblasts. Furthermore, through addition of anti-IL-12 antibodies (Fig 3), we have found large regulatory effects of endogenous IL-12 on TNF α secretion in the absence of exogenously added IL-12. The increase in TNF α secretion seen upon addition of anti-IL-12 antibodies to irradiated keratinocytes and fibroblasts (Fig 3) also suggests that induction of endogenous IL-12 occurs prior to TNF α release. Many lines of evidence indicate that keratinocyte- or fibroblast-derived TNF α participates in UV-induced skin

diseases (Werth *et al*, 2000; 2002), and our new results suggest that these processes can be controlled by exogenous or endogenous IL-12.

Prior literature and these studies provide some clues about the molecular mechanisms by which exogenous and endogenous IL-12 inhibits TNF α production. IL-12 was previously found to inhibit gene transcription and release of IL-10 from UVB-irradiated keratinocytes (Schmitt *et al*, 2000b). Importantly, UV-induced DNA damage has been reported to be the major mediator by which UV induces the release of TNF α and IL-10 (Nishigori *et al*, 1996; Kibitel *et al*, 1998), and IL-12 might inhibit UVB-induced apoptosis and DNA damage through induction of nucleotide-excision repair enzymes (Schwarz *et al*, 2002). Putting these results together, it is possible that IL-12 blocks UVB-induced release of TNF α and IL-10 through stimulation of DNA repair. Consistent with this idea, direct induction of DNA repair *in vivo* protects skin from UV-induced upregulation of both IL-10 and TNF α (Wolf *et al*, 2000).

At the level of the TNF α gene itself, our promoter transfection studies show a substantial effect of IL-12 at the level of transcription, via elements within the first 1173 bp of the TNF α promoter. The greater IL-12 sensitivity of the -308A promoter variant relative to -308G suggests that IL-12 may alter a transcription factor that binds either uniquely or more avidly to one of the polymorphic alleles. Nevertheless, the precise molecular steps linking UV irradiation and DNA damage to altered TNF α promoter activity are not known.

This inhibitory effect of IL-12 on keratinocytes and fibroblasts, which are nonimmune cells, contrasts with its effect on immune cells, where IL-12 is stimulatory or neutral on TNF α output (Adorini, 1999; Xing *et al*, 2000). Prior work has shown that IL-12 shifts inflammatory cells from Th2 to Th1 (Adorini, 1999), and that IL-12 is required to maintain Th1 responses (Stobie *et al*, 2000). Thus, incorporating our results, IL-12 shifts the overall pattern of TNF α output away from nonimmune cells such as keratinocytes and fibroblasts and specifically towards Th1 immune cells. This shift could serve important global regulatory roles, such as decreasing TNF α -mediated apoptosis of keratinocytes, thereby diminishing one source of self-antigen and enhancing immune responses against exogenous infections.

As summarized before, several photosensitive diseases have been associated with the -308A TNF α promoter variant, and studies *in vitro* show a substantially enhanced response of this promoter variant to UVB (Werth *et al*, 2000). Nevertheless, many patients with each of these diseases do not carry the -308A polymorphism, suggesting that other regulatory factors could be involved. Based on our findings, such factors could include IL-10 polymorphisms and genetic variants of factors that are known to regulate IL-12 or responses to IL-12.

From the standpoint of pathogenesis and therapeutics of photosensitive diseases, an important difference between UVB and UVA at these doses is that UVB increased the secretion of both TNF α (Fig 1a, b) and IL-12 (Fig 2), whereas UVA stimulated secretion of only IL-12 (Fig 2) without increasing TNF α (Fig 1a). Because we have now found that IL-12, both in physiologic and supraphysiologic doses, inhibits TNF α secretion from nonimmune cells, it is likely that UVA or direct administration of IL-12 could

lessen or eliminate some of the TNF α -mediated effects of UVB. This model provides an attractive explanation for the prior finding that prior irradiation with UVA can blunt the ability of UVB to inhibit contact hypersensitivities in mice (Reeve *et al*, 1998); this effect of UVB is mediated by TNF α (Bromberg *et al*, 1992; Yoshikawa *et al*, 1992). In addition, a few studies have suggested that UVA is therapeutic for some patients with lupus erythematosus, particularly photosensitive forms such as subacute cutaneous lupus erythematosus (McGrath, 1994); our results imply that IL-12 might be helpful as well. Conversely, in situations where IL-12 has been found to be therapeutic, such as cutaneous T cell lymphoma or enhancement of vaccine responses, selective UVA therapy might also provide a benefit.

We have found that IL-12 suppresses TNF α production by keratinocytes and fibroblasts. Because TNF α is involved in the pathogenesis of certain photosensitive skin diseases (Werth *et al*, 2000), IL-12 and stimuli, such as UVA, that specifically increase IL-12 could play important physiologic, pathophysiologic, and therapeutic roles.

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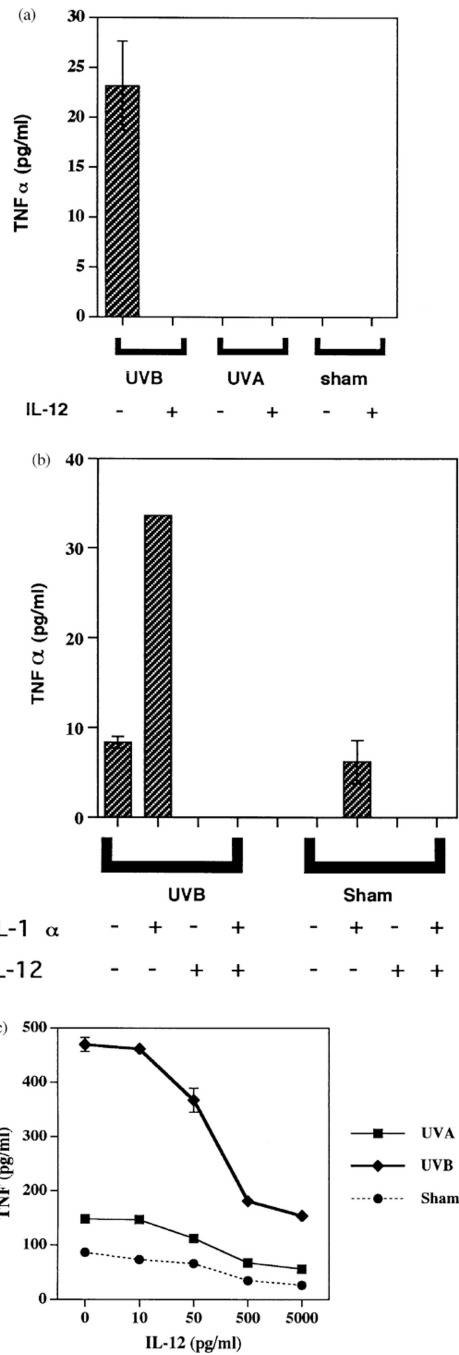


Figure 1. IL-12 inhibits UVB-induced TNF α production by cell

(a) IL-12 inhibits UVB-induced neonatal keratinocyte TNF α production. Neonatal keratinocytes were irradiated with 30 mJ per cm² of UVB, 5 J per cm² of UVA, or sham irradiated, and then given media without (*minus symbols*) or with (*plus symbols*) 10 ng IL-12 per ml, followed by 24 h of incubation at 37°C. Displayed are TNF α concentrations in the conditioned media. The TNF ELISA is sensitive to < 2 pg per ml. (b) IL-12 inhibits UVB-induced fibroblast TNF α production. Fibroblasts were irradiated with 30 mJ per cm² of UVB, or sham irradiated, and then given media without (*minus symbols*)

or with (*plus symbols*) 10 ng IL-1 α per ml, 10 ng IL-12 per ml, followed by 24 h of incubation at 37°C. Displayed are TNF α concentrations in the conditioned media. (c) IL-12 inhibits UVB-induced adult keratinocyte TNF α production in a dose-dependent manner. Adult keratinocytes were irradiated with 30 mJ per cm² of UVB, 5 J per cm² of UVA, or sham irradiated, and then given media with 0–5000 pg IL-12 per ml, followed by 24 h of incubation at 37°C. Displayed are TNF α concentrations in the conditioned media.

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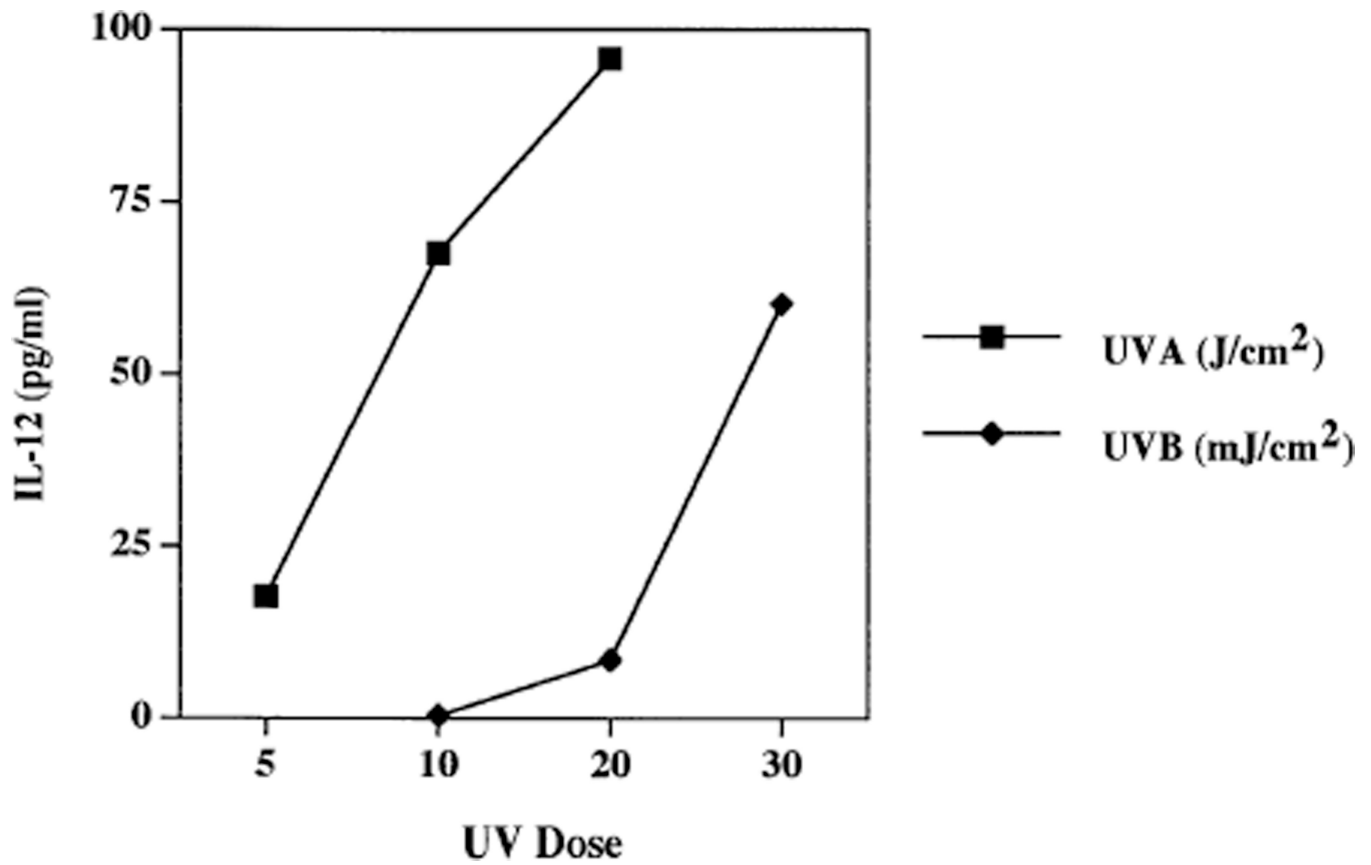


Figure 2. UVA and UVB induce IL-12 release from human keratinocytes
 Keratinocytes were irradiated with UVA (5, 10, and 20 J per cm²) or UVB (10, 20, and 30 mJ per cm²), followed by 24 h of incubation at 37°C. Displayed are IL-12 concentrations in the conditioned media.

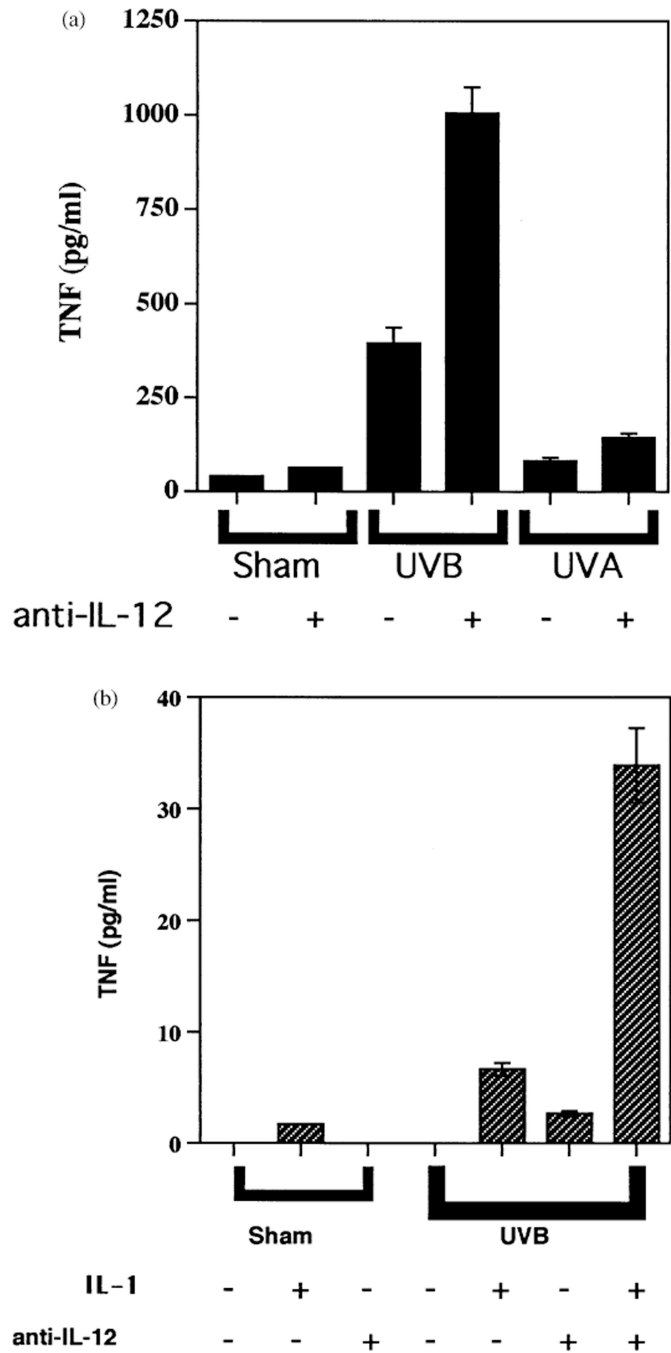


Figure 3. Anti-IL-12 antibodies increase TNF α production from UVB-irradiated cells
 (a) Anti-IL-12 antibodies increase TNF α release from UVB-irradiated adult keratinocytes. Adult keratinocytes were irradiated with 30 mJ per cm² of UVB, 5 J per cm² of UVA, or sham irradiated, and then given media without (*minus symbols*) or with (*plus symbols*) 10 μ g anti-IL-12 antibody per ml followed by 24 h of incubation at 37°C. Displayed are TNF α concentrations in the conditioned media. (b) Anti-IL-12 antibodies increase TNF α release from UVB-irradiated fibroblasts. Fibroblasts were irradiated with 30 mJ per cm² of UVB, or sham irradiated, and then given media without (*minus symbols*) or with (*plus symbols*) 10

ng IL-1 α per ml, 10 μ g anti-IL-12 antibody per ml followed by 24 h of incubation at 37°C. Displayed are TNF α concentrations in the conditioned media.

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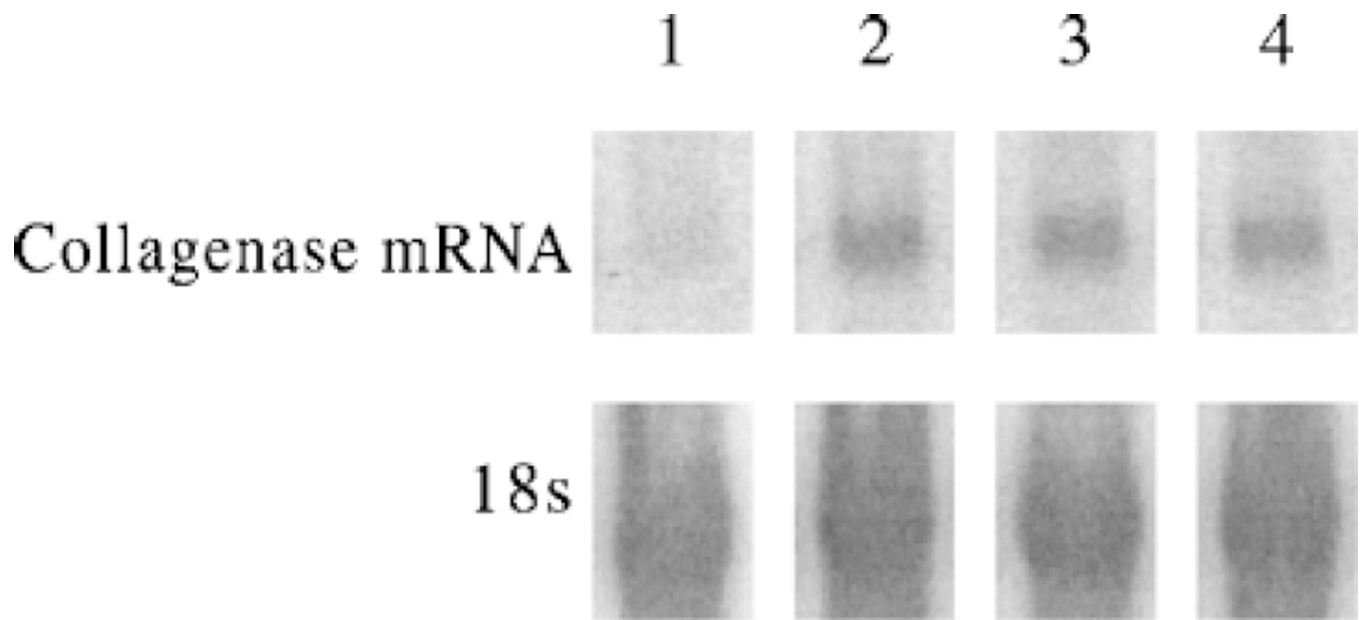


Figure 4. IL-12 has no effect on IL-1 α -mediated increase of collagenase

Quantitative comparison of collagenase message levels. RNA was extracted from cultured control fibroblast monolayers (*lane 1*) 24 h after IL-1 α (*lanes 2–4*), \pm IL-12 (500 pg per ml) (*lane 3*), \pm anti-TNF α antibody (*lane 4*), and analyzed by northern blot. The filters were hybridized sequentially with a collagenase cDNA probe and then rehybridized with the 18S probe.

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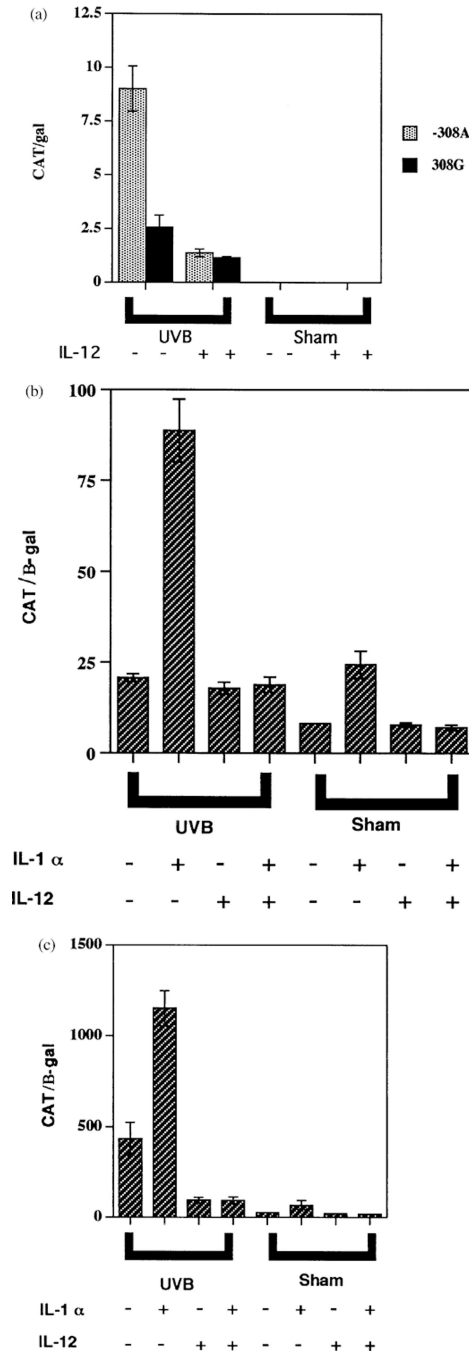


Figure 5. IL-12 inhibits the -308A and -308G TNFα promoter

Relative activities of TNFα^{-308G}/β-gal construct following transfection into cells. Cells were irradiated with 30 mJ per cm² of UVB or sham irradiated, and then given media without (*minus symbols*) or with (*plus symbols*) 10 ng IL-12 per ml, 10 ng IL-1α per ml (for 3T3 cells only), followed by 24 h of incubation at 37°C. Displayed are normalized levels of CAT expressed by the TNFα promoter construct. The *bars* represent means (±SEM) of triplicate transfections. (a) Human adult keratinocytes transfected with -308A and -308G

TNF α promoter. (b) 3T3 cells transfected with -308G TNF α promoter. (c) 3T3 cells transfected with -308A TNF α promoter.

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