



Medullary thymic epithelial NF- κ B-inducing kinase (NIK)/IKK α pathway shapes autoimmunity and liver and lung homeostasis in mice

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Aberrant T cell development is a pivotal risk factor for autoimmune disease; however, the underlying molecular mechanism of T cell overactivation is poorly understood. Here, we identified NF- κ B-inducing kinase (NIK) and I κ B kinase α (IKK α) in thymic epithelial cells (TECs) as essential regulators of T cell development. Mouse TEC-specific ablation of either NIK or IKK α resulted in severe T cell-mediated inflammation, injury, and fibrosis in the liver and lung, leading to premature death within 18 d of age. NIK or IKK α deficiency abrogated medullary TEC development, and led to breakdown of central tolerance, production of autoreactive T cells, and fatal autoimmune destruction in the liver and lung. TEC-specific ablation of NIK or IKK α also impaired thymic T cell development from the double-negative through the double-positive stages and inhibited peripheral B cell development. These results unravel a hitherto unrecognized essential role of TEC-intrinsic NIK and IKK α pathways in autoimmunity and T cell-instigated chronic liver and lung diseases.

NIK and IKKalpha | autoimmune disease | thymic epithelial cells | liver disease | lung disease

Liver and lung diseases are an important cause of mortality and morbidity and are fueled by inflammation (1–3). Recent research highlights a pathogenic contribution of adaptive immunity, particularly T cell-triggered destruction, to liver and/or lung diseases (1–3); however, the underlying mechanism of T cell activation is poorly understood. Naïve T cell development is controlled by thymic epithelial cells (TECs). Cortical TECs (cTECs) control thymic seeding of lymphocyte stem cells and subsequent thymocyte proliferation and differentiation; medullary TECs (mTECs) are responsible for negative selection and establishment of central tolerance to remove autoreactive T cells (4). Reciprocally, developing thymocytes also profoundly influence the growth and differentiation of cTECs and mTECs through secreting various cytokines, including receptor activator of NF- κ B ligand (RANKL), lymphotoxin β (LT β), and CD40L (4). Accordingly, ablation of RANKL, LT β , CD40L, or their cognate receptors blocks mTEC development, resulting in autoimmune disease (5–9). However, mTEC-intrinsic pathways mediating thymocyte–mTEC crosstalk remain elusive.

RANKL, LT β , and CD40L activate the noncanonical NF- κ B2 pathway in immune cells (10). These cytokines stimulate NF- κ B-inducing kinase (NIK), also known as MAP3K14. NIK phosphorylates and activates I κ B kinase α (IKK α), also called CHUK. IKK α in turn phosphorylates NF- κ B2 precursor p100, generating mature p52 that binds to RelB and activates target genes. Global inactivation of NIK abrogates thymic medullary development in mice, leading to autoimmune disease (11, 12). Importantly, human NIK^{Pro565Arg} and NIK^{Val345Met} variants are linked to profound immune dysfunctions (13, 14). Thus, NIK is an essential regulator of the immune system in both mice and

humans. However, NIK target cells remain elusive. We postulated that mTEC NIK/IKK α pathways might mediate thymocyte–mTEC crosstalk, shaping mTEC growth and differentiation. To test this hypothesis, we generated and characterized TEC-specific NIK (NIK ^{Δ TEC}) and IKK α (IKK α ^{Δ TEC}) knockout mice. Using these mice, we firmly established a pivotal role of the mTEC-intrinsic NIK/IKK α pathway in mTEC development and establishment of central tolerance. We also unraveled mTEC–liver and mTEC–lung axes involved in liver and lung diseases.

Results

NIK ^{Δ TEC} and IKK α ^{Δ TEC} Mice Die Prematurely. NIK ^{Δ TEC} and IKK α ^{Δ TEC} mice were generated by crossing NIK^{f/f} and IKK α ^{f/f} mice with Foxn1–Cre drivers, respectively. NIK^{f/f}, IKK α ^{f/f}, and Foxn1–Cre mice were described previously (15–17). Foxn1⁺ TEC progenitors are known to give rise to both cTECs and mTECs (18, 19). We confirmed that in NIK ^{Δ TEC} mice, NIK was ablated specifically in TECs but not livers, lungs, spleens, kidneys, and gastrointestinal tracts (GI) (*SI Appendix, Fig. S1 A and B*). Immunoreactivity to NF- κ B2 p52 (a surrogate marker for NIK activation) was high in

Significance

Aberrant T cell activation augments liver and lung diseases, increasing mortality and morbidity. T cell development is controlled by thymic epithelial cells (TECs); therefore, elucidation of TEC growth and differentiation holds a key for understanding of adaptive immunity and autoimmune disease. We found that NIK/IKK α pathways are highly activated in medullary TECs. TEC-specific ablation of NIK or IKK α blocked medullary TEC development, resulting in production of pathogenic autoreactive T cells due to breakdown of T cell central tolerance. Consequently, NIK- or IKK α -deficient mice displayed fatal autoimmune destruction of livers and lungs. This work unravels a regulation of autoimmunity by TEC-intrinsic NIK/IKK α pathways and identifies the NIK/IKK α pathway as a potential target for the treatment of chronic liver and/or lung disease.

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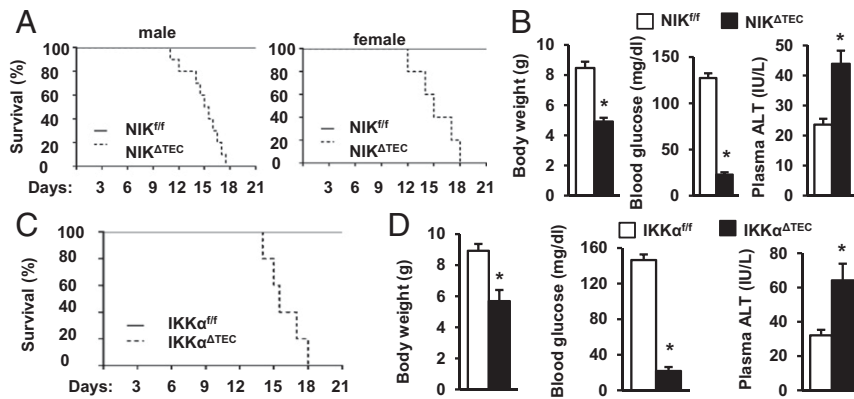


Fig. 1. TEC-specific ablation of NIK or IKK α causes hypoglycemia and premature death. (A) Survival rates. Male $NIK^{\Delta TEC}$, n = 7; male $NIK^{fl/fl}$, n = 10; female $NIK^{\Delta TEC}$, n = 5; female $NIK^{fl/fl}$, n = 5. (B) Body weight, nonfasting blood glucose, and ALT levels in males at 15 to 17 d of age. $NIK^{\Delta TEC}$, n = 6; $NIK^{fl/fl}$, n = 7. (C) Survival rates. $IKK\alpha^{\Delta TEC}$, n = 6; $IKK\alpha^{fl/fl}$, n = 5. (D) Body weight, nonfasting blood glucose, and plasma ALT levels in males at 15 to 17 d of age. $IKK\alpha^{\Delta TEC}$, n = 4; $IKK\alpha^{fl/fl}$, n = 5. Data are presented as mean \pm SEM. *P < 0.05, 2-tailed unpaired Student's t test.

the thymic medulla of $NIK^{fl/fl}$ and $IKK\alpha^{fl/fl}$ but not $NIK^{\Delta TEC}$ and $IKK\alpha^{\Delta TEC}$ mice (SI Appendix, Fig. S1 C and D). Remarkably, $NIK^{\Delta TEC}$ male and female mice died prematurely within 18 d of

age (Fig. 1A). $NIK^{\Delta TEC}$ pups displayed severe growth retardation and life-threatening hypoglycemia (Fig. 1B). The levels of plasma alanine aminotransferase (ALT), a liver injury marker,

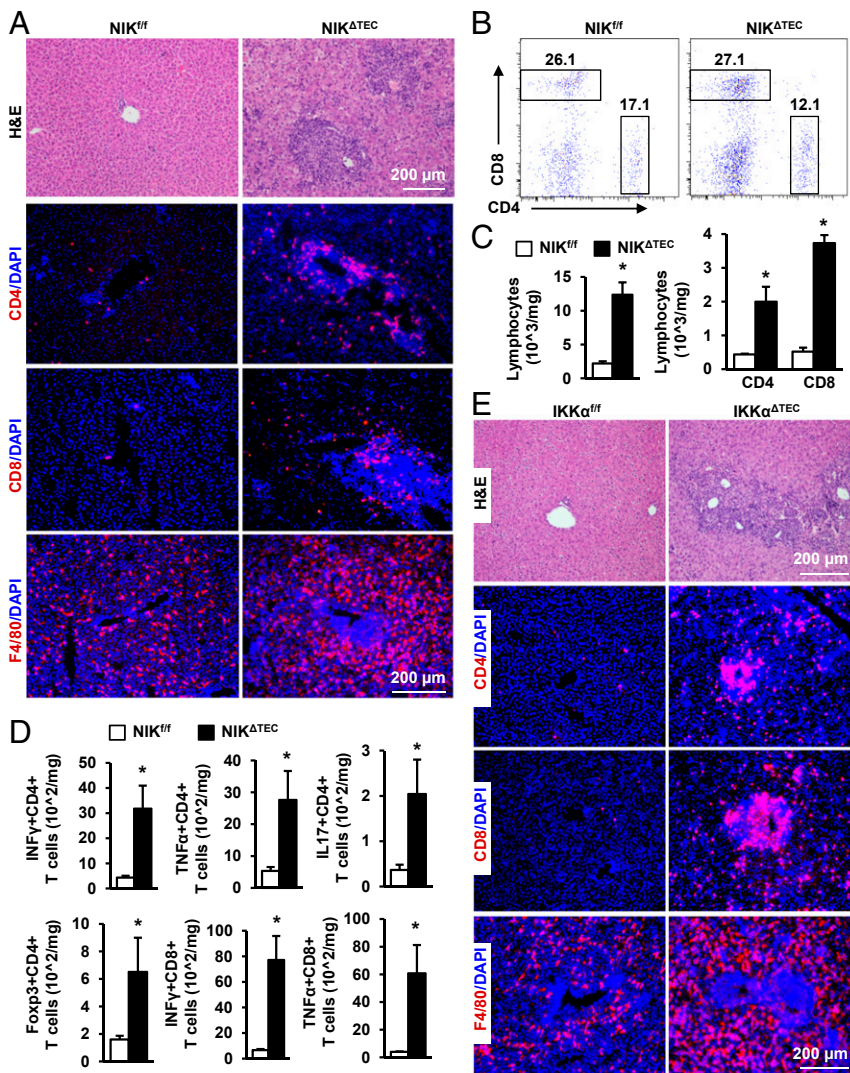


Fig. 2. $NIK^{\Delta TEC}$ and $IKK\alpha^{\Delta TEC}$ mice develop autoimmune hepatitis. (A and E) Representative liver sections (n = 4 per group). (B) Flow cytometric plots of liver T cells. Numbers represent percentiles (normalized to CD45⁺ lymphocytes). (C) Flow cytometric assessments of liver CD45⁺ lymphocytes (normalized to liver weight). $NIK^{\Delta TEC}$, n = 3; $NIK^{fl/fl}$, n = 3. (D) Flow cytometric assessments of T cell subpopulations in males at 10 d of age. $NIK^{\Delta TEC}$, n = 3 to 4; $NIK^{fl/fl}$, n = 4 to 6. (A–C and E) Males at 15 to 17 d of age. Data are presented as mean \pm SEM. *P < 0.05, 2-tailed unpaired Student's t test.

were significantly higher in $NIK^{\Delta TEC}$ mice relative to $NIK^{f/f}$ littermates (Fig. 1B). Likewise, $IKK\alpha^{\Delta TEC}$ mice largely phenocopied $NIK^{\Delta TEC}$ mice (Fig. 1C and D). These results demonstrate that TEC-intrinsic NIK and $IKK\alpha$ are required for postnatal survival.

$NIK^{\Delta TEC}$ and $IKK\alpha^{\Delta TEC}$ Mice Develop Severe Autoimmune Hepatitis, Liver Injury, and Fibrosis. Impaired liver function prompted us to examine liver integrity and injury in $NIK^{\Delta TEC}$ and $IKK\alpha^{\Delta TEC}$ mice. Strikingly, the liver was disorganized and heavily infiltrated with CD4 T cells and CD8 T cells in $NIK^{\Delta TEC}$ mice at 15 to 17 d of age (Fig. 2A). Flow cytometric analysis confirmed that the numbers of total lymphocytes, CD4 T cells, and CD8 T cells, but not the frequencies of CD4 and CD8 T cells (normalized to $CD45^+$ lymphocytes), in the liver were substantially higher in $NIK^{\Delta TEC}$ relative to $NIK^{f/f}$ mice (Fig. 2B and C). In $NIK^{\Delta TEC}$ mice, liver T cells displayed activated phenotypes, expressing $CD69$ (SI Appendix, Fig. S2A and B). Accordingly, proinflammatory $INF\gamma^+CD4^+$, $TNF\alpha^+CD4^+$, $IL17^+CD4^+$, $INF\gamma^+CD8^+$, and $TNF\alpha^+CD8^+$ subpopulations were significantly higher in $NIK^{\Delta TEC}$ than in $NIK^{f/f}$ mice (Fig. 2D and SI Appendix, Fig. S2C). $Foxp3^+CD4^+$ Treg cells were also elevated in $NIK^{\Delta TEC}$ mice (Fig. 2D). Likewise, $IKK\alpha^{\Delta TEC}$ mice also developed severe autoimmune hepatitis and massive hepatic infiltrations of CD4 T cells and CD8 T cells, as assessed by immunostaining of liver sections (Fig. 2E). Flow cytometric analysis further confirmed that liver CD4 and CD8 T cells were not only elevated but also activated (SI Appendix, Fig. S2D). The number of liver $F4/80^+$ Kupffer cells/macrophages was also abnormally higher in both $NIK^{\Delta TEC}$ and $IKK\alpha^{\Delta TEC}$ mice (Fig. 2A and E). Inflammation is known to augment liver injury and fibrosis. Accordingly, the number of liver TUNEL⁺ apoptotic cells and Sirius red⁺ fibrosis areas were substantially higher in $NIK^{\Delta TEC}$ (relative to $NIK^{f/f}$) and $IKK\alpha^{\Delta TEC}$ (relative to $IKK\alpha^{f/f}$) mice (Fig. 3A–D). The levels of cleaved caspase 3 (apoptosis marker), RIP3 (necrosis marker), and α -smooth muscle actin (α SMA, fibrosis marker) in liver extracts

were also drastically higher in $NIK^{\Delta TEC}$ than in $NIK^{f/f}$ mice (Fig. 3E). These data unveil a TEC–liver axis involved in liver autoimmune disease.

$NIK^{\Delta TEC}$ and $IKK\alpha^{\Delta TEC}$ Mice Develop Lung Autoimmune Disease. We next examined autoimmune inflammation in other vital organs of $NIK^{\Delta TEC}$ and $IKK\alpha^{\Delta TEC}$ mice at 15 to 17 d of age. In $NIK^{\Delta TEC}$ mice, the lung was disrupted and heavily infiltrated with CD4 T cells, CD8 T cells, and $F4/80^+$ macrophages (Fig. 4A). Flow cytometric analysis confirmed that $INF\gamma^+CD4^+$, $TNF\alpha^+CD4^+$, $IL17^+CD4^+$, $INF\gamma^+CD8^+$, and $TNF\alpha^+CD8^+$ subpopulations were significantly expanded in $NIK^{\Delta TEC}$ mice compared to $NIK^{f/f}$ littermates (Fig. 4B and SI Appendix, Fig. S3A–C). $NIK^{\Delta TEC}$ mice developed lung fibrosis, as assessed by Sirius red staining of lung sections (Fig. 4A). The levels of cleaved caspase 3, RIP3, and α SMA in lung extracts were drastically higher in $NIK^{\Delta TEC}$ relative to $NIK^{f/f}$ littermates (Fig. 4C). $IKK\alpha^{\Delta TEC}$ mice, like $NIK^{\Delta TEC}$ mice, also developed severe lung inflammation, injury, and fibrosis (Fig. 4D). The levels of cleaved caspase 3, RIP3, and α SMA in both lung and liver extracts were drastically higher in $IKK\alpha^{\Delta TEC}$ than in $IKK\alpha^{f/f}$ mice (SI Appendix, Fig. S3D). Notably, autoimmune inflammation was mild in the kidneys and intestines of $NIK^{\Delta TEC}$ and $IKK\alpha^{\Delta TEC}$ mice (SI Appendix, Fig. S4A and B). These results uncover an unrecognized TEC–lung axis involved in lung autoimmune disease.

Peripheral B Cell Development Is Impaired in $NIK^{\Delta TEC}$ and $IKK\alpha^{\Delta TEC}$ Mice. Considering the critical role of CD4 T cells in B cell differentiation, we assessed B cells in spleens and lymph nodes at 15 to 17 d of age. The spleens (Fig. 5A) and lymph nodes (SI Appendix, Fig. S5A) of $NIK^{\Delta TEC}$ mice lacked morphologically defined lymphoid follicles and germinal centers. The frequency and number of B220⁺ B cells were dramatically lower in the spleens (Fig. 5B and C) and lymph nodes (SI Appendix, Fig. S5B) of $NIK^{\Delta TEC}$ relative to $NIK^{f/f}$ mice. The frequency of

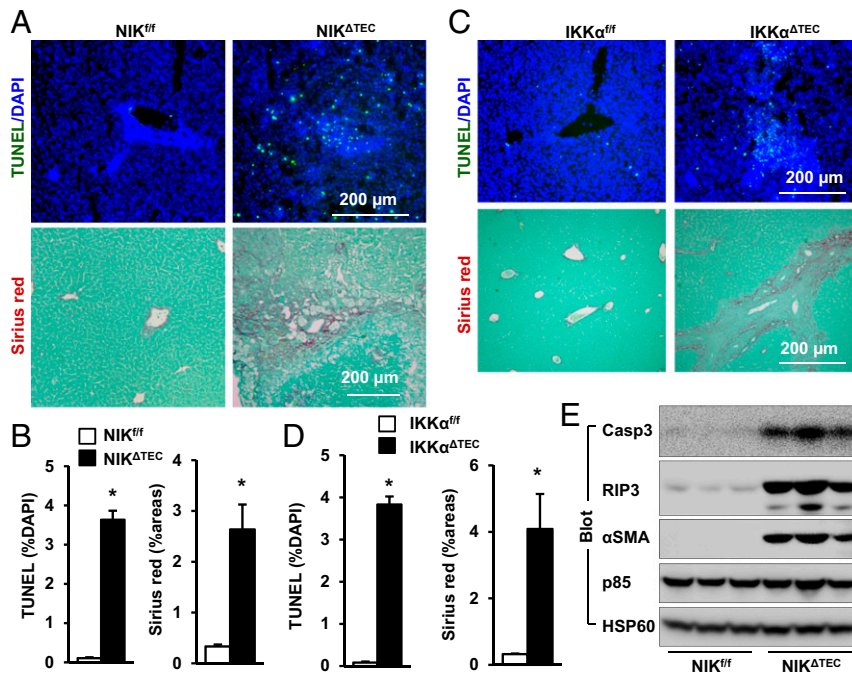


Fig. 3. $NIK^{\Delta TEC}$ and $IKK\alpha^{\Delta TEC}$ mice develop liver injury and fibrosis. Livers were harvested from males at 15 to 17 d of age. (A and C) Representative liver sections ($n = 4$ per group). (B and D) TUNEL⁺ apoptotic cells (normalized to total cells) and Sirius red⁺ areas (normalized to total view areas) in liver sections. $NIK^{\Delta TEC}$, $n = 4$; $NIK^{f/f}$, $n = 4$; $IKK\alpha^{\Delta TEC}$, $n = 4$; $IKK\alpha^{f/f}$, $n = 4$. (E) Liver extracts were immunoblotted with the indicated antibodies. Data are presented as mean \pm SEM. * $P < 0.05$, 2-tailed unpaired Student's t test.

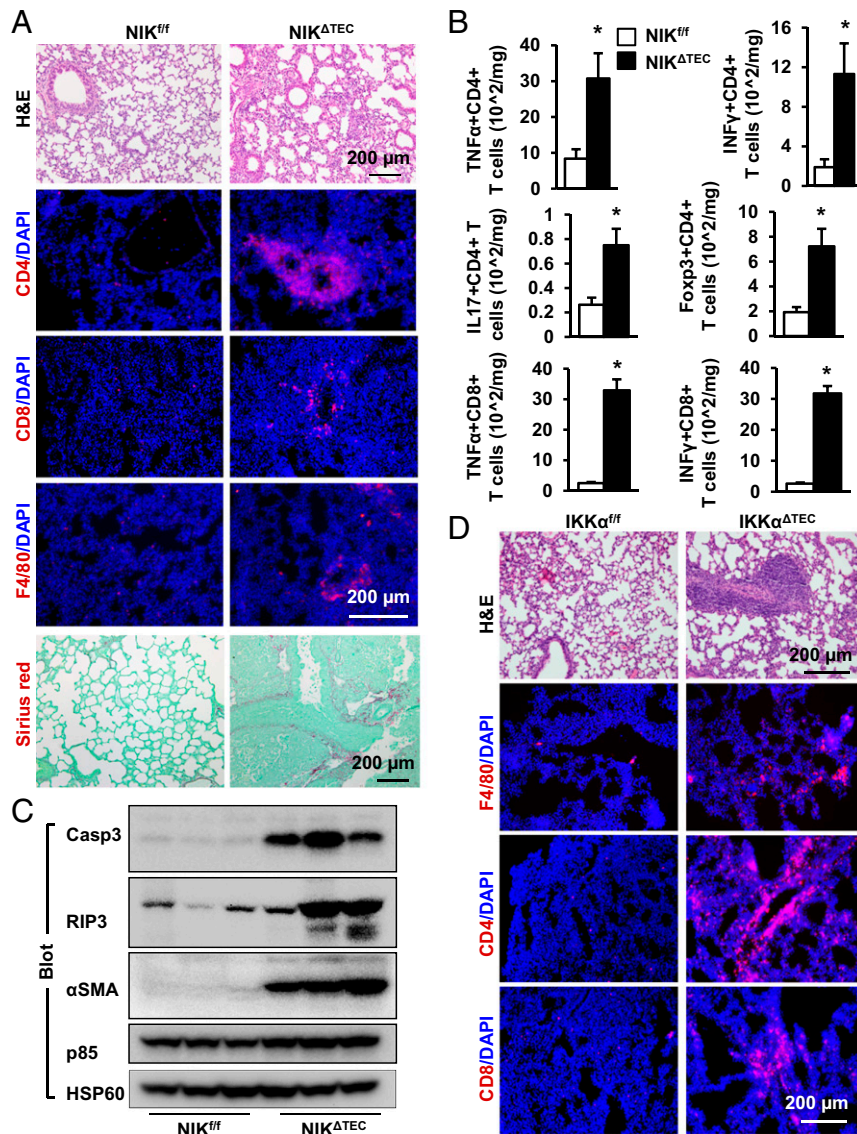


Fig. 4. NIK^{ΔTEC} and IKKα^{ΔTEC} mice develop autoimmune lung lesions. (A and D) Representative lung sections (*n* = 3 to 4 per group). (B) Flow cytometric assessments of lung T cell subpopulations in males at 10 d of age. NIK^{ΔTEC}, *n* = 3 to 4; NIK^{fl/fl}, *n* = 4 to 6. (C) Lung extracts were immunoblotted with the indicated antibodies. (A, C, and D) Males at 15 to 17 d of age. Data are presented as mean ± SEM. **P* < 0.05, 2-tailed unpaired Student's *t* test.

spleen IgM⁺ B cells was significantly lower, while their proliferation and survival were relatively normal in NIK^{ΔTEC} mice (Fig. 5C and *SI Appendix*, Fig. S5C). These results suggest that B cell maturation is impaired in NIK^{ΔTEC} mice. Notably, spleen CD4 and CD8 T cells were also significantly lower in NIK^{ΔTEC} than in NIK^{fl/fl} mice (Fig. 5D). Follicular helper (Tfh) T cells are instrumental to B cell growth and maturation, prompting us to assess CD4⁺CXCR5⁺PD-1⁺ Tfh cells (20). The frequency and number of Tfh cells were significantly lower in NIK^{ΔTEC} than in NIK^{fl/fl} littermates (Fig. 5E and *SI Appendix*, Fig. S5D). Likewise, IKKα^{ΔTEC} mice also displayed peripheral B cell deficiency, as assessed by immunostaining of spleen and lymph node sections (*SI Appendix*, Fig. S6A). Flow cytometric analysis confirmed that the numbers of total B cells as well as IgM⁺ subpopulation in the spleen were lower in IKKα^{ΔTEC} than in IKKα^{fl/fl} mice (Fig. 5F). The number of spleen Tfh cells was also lower in IKKα^{ΔTEC} relative to IKKα^{fl/fl} littermates (*SI Appendix*, Fig. S6B). These data suggest that the TEC-intrinsic NIK/IKKα pathway promotes pe-

ripheral B cell development, presumably through Tfh and/or related CD4 T cells.

Thymocyte Development Is Impaired in NIK^{ΔTEC} Mice. Given the importance of TECs in T cell development, we examined thymocyte development stages in NIK^{ΔTEC} mice at 15 to 17 d of age. Thymus weight and total thymocyte number were dramatically lower in NIK^{ΔTEC} than in NIK^{fl/fl} littermates (Fig. 6A). Flow cytometric analysis demonstrated that the frequency of CD4⁻CD8⁻ double-negative (DN) thymocytes was significantly higher, while the frequency of CD4⁺CD8⁺ double-positive (DP) thymocytes was substantially lower, in NIK^{ΔTEC} mice relative to NIK^{fl/fl} littermates (Fig. 6B and C). Therefore, thymocyte differentiation likely arrests between DN and DP stages. The frequency of CD25⁻CD44⁺ DN1 but not CD25⁺CD44⁺ DN2 cells was significantly higher in NIK^{ΔTEC} relative to NIK^{fl/fl} mice (Fig. 6D), suggesting that DN differentiation is blocked between DN1 to DN2 stages. The frequency of CD25⁺CD44⁻ DN3 thymocytes was significantly lower, while DN2 frequency was relatively normal in NIK^{ΔTEC} mice (Fig.

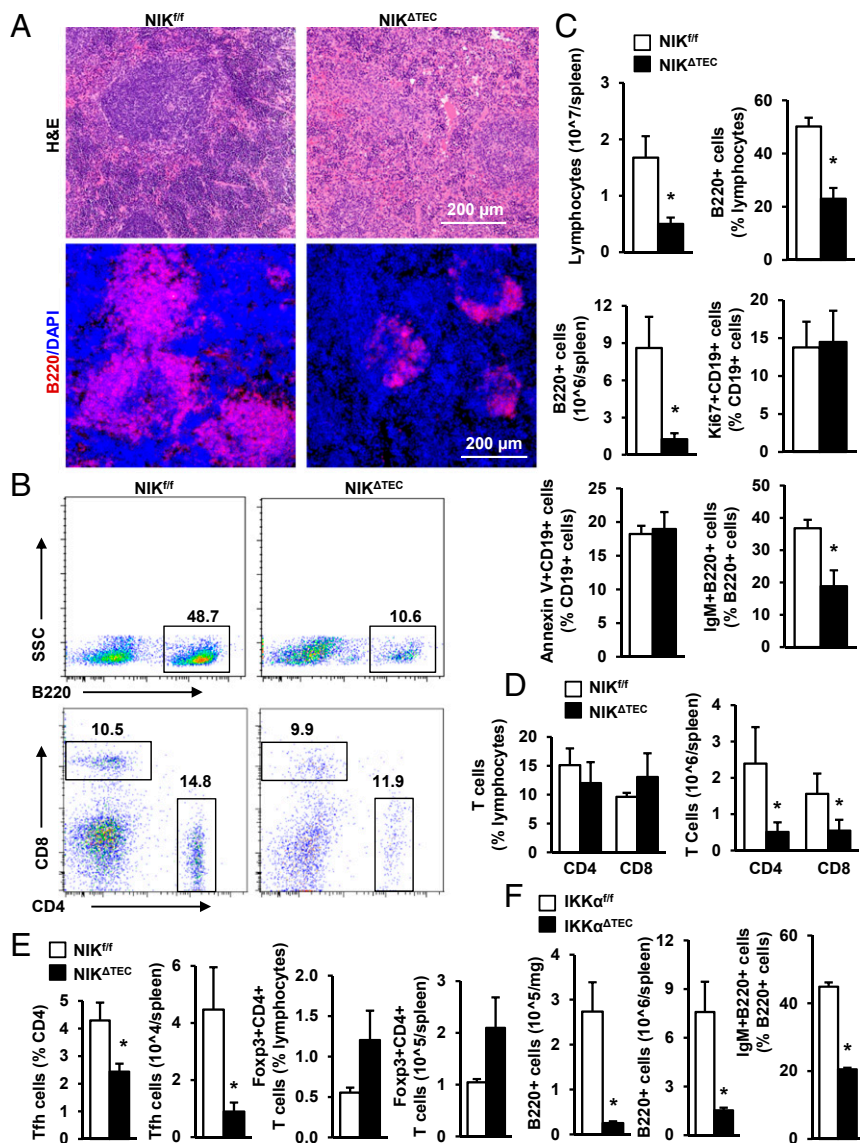


Fig. 5. $NIK^{\Delta TEC}$ and $IKK\alpha^{\Delta TEC}$ mice have defective B cell development. (A–E) Lymph nodes and spleens were harvested at 10 to 15 d of age and analyzed by immunostaining or flow cytometry. (A) Representative spleen sections ($n = 3$). (B) Flow cytometric plots of spleen B cells and T cells. (The number represents percentages.) (C–E) Flow cytometric assessments of spleen lymphocytes. $NIK^{\Delta TEC}$, $n = 3$ to 4; $NIK^{fl/fl}$, $n = 3$ to 6. (F) Flow cytometric assessments of spleen B cells of $IKK\alpha^{\Delta TEC}$ ($n = 3$) and $IKK\alpha^{fl/fl}$ ($n = 3$) littermates at 15 to 17 d of age. Data are presented as mean \pm SEM. * $P < 0.05$, 2-tailed unpaired Student's t test.

6D), suggesting that DN differentiation is also inhibited between DN2 and DN3 stages. To gain insight into the underlying mechanism, we assessed thymocyte proliferation (Ki67 staining) and death (Annexin V staining). DN1 proliferation was higher in $NIK^{\Delta TEC}$ mice (Fig. 6E), likely contributing to increased DN1 frequency. DN2 proliferation was undetectable. DN3, DN4, and DP proliferations were comparable between $NIK^{\Delta TEC}$ and $NIK^{fl/fl}$ mice (Fig. 6E). DN1, DN2, DN4, and DP death was significantly higher in $NIK^{\Delta TEC}$ relative to $NIK^{fl/fl}$ mice (Fig. 6E), contributing to thymocyte reduction in $NIK^{\Delta TEC}$ mice. Notably, the number of thymic Foxp3⁺ Treg cells was lower in $NIK^{\Delta TEC}$ mice (Fig. 6F). To exclude the possibility that the observed thymic phenotypes might be caused nonspecifically by sickness, we examined $NIK^{\Delta TEC}$ pups at 10 d of age when body weight and blood glucose were slightly reduced (SI Appendix, Fig. S7A). Thymic development was similarly impaired in these $NIK^{\Delta TEC}$ pups (SI Appendix, Fig. S7B and C). The spleens of $NIK^{\Delta TEC}$ mice were also deficient of B cells (SI Appendix, Fig. S7D). Collectively, these results indicate that in ad-

dition to promoting negative selection, TEC-intrinsic NIK pathways are also involved in the regulation of thymocyte expansion and positive selection.

NIK and IKK α Pathways Directly Promote TEC Precursor Proliferation and mTEC Expansion. We next sought to interrogate the mechanism by which NIK/IKK α pathways regulate TEC development. Remarkably, thymic medulla were absent in $NIK^{\Delta TEC}$ mice (Fig. 7A and SI Appendix, Fig. S7E). Mature mTECs were also undetectable in $NIK^{\Delta TEC}$ mice, as assessed using antibodies against autoimmune regulator (Aire), keratin 5 (K5), and ulex europaeus agglutinin-1 (UEA-1) (Fig. 7A). We next assessed TEC progenitor cells using flow cytometry (Fig. 7B). The frequencies of mTECs (CD45⁺EpcAM⁺CD205⁺Cld4⁺) but not cTECs (CD45⁺EpcAM⁺CD205⁺Cld4⁺) were markedly lower in $NIK^{\Delta TEC}$ than in $NIK^{fl/fl}$ mice (Fig. 7C). The numbers of mTECs, cTECs, and total TECs were also significantly lower in $NIK^{\Delta TEC}$ mice (Fig. 7D and E). The frequencies of mTEC and activated cTECs [i.e., major

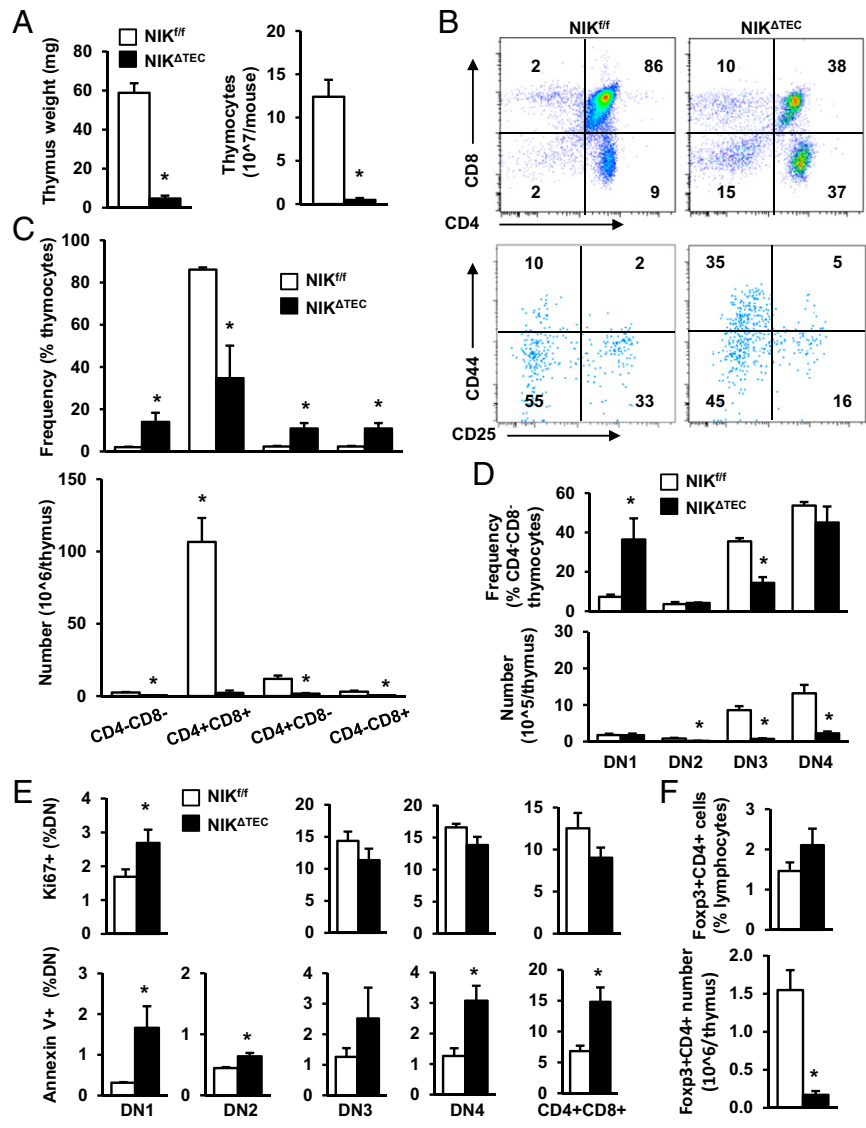


Fig. 6. NIK^{ΔTEC} mice have defective thymocyte development. Thymi were isolated from NIK^{ΔTEC} ($n = 3$ to 4) and NIK^{f/f} ($n = 3$ to 6) males at 10 to 15 d of age. (A) Thymus weight and thymocyte number. (B) Flow cytometric plots of thymocytes. (The number represents percentiles.) (C and D) Flow cytometric assessments of thymocytes. (E) Proliferation and death of DN and DP thymocytes. (F) Flow cytometric assessments of thymic Treg cells. Data are presented as mean ± SEM. * $P < 0.05$, 2-tailed unpaired Student's t test.

histocompatibility complex (MHC II^{high}, RANK^{high}, and CD40^{high} cells) were significantly lower in NIK^{ΔTEC} relative to NIK^{f/f} mice (Fig. 7 C and F). These results indicate that cTEC development is also impaired in NIK^{ΔTEC} mice, contributing to suppression of cortical thymocyte development.

To further interrogate the mechanism responsible for mTEC deficiency in NIK^{ΔTEC} mice, we assessed bipotent (CD45⁺EpCAM⁺Sca1⁺CD49f⁺MHC II^{low}) and mTEC lineage-committed precursors (CD45⁺EpCAM⁺CD205⁺Cld4⁺MHC II⁻) using flow cytometry (18, 21–25). The numbers of both bipotent and mTEC lineage-committed precursors were substantially lower in NIK^{ΔTEC} relative to NIK^{f/f} mice (Fig. 7 G and H). Furthermore, mTEC precursor proliferation, but not death, was significantly lower in NIK^{ΔTEC} than in NIK^{f/f} mice (Fig. 7I). In contrast, the proliferation and death rates of cTEC precursors (CD45⁺EpCAM⁺CD205⁺Cld4⁺MHC II⁻) were comparable between NIK^{ΔTEC} and NIK^{f/f} mice (SI Appendix, Fig. S8A). Taken together, these results suggest that NIK pathways cell-autonomously support the proliferation of bipotent and mTEC-committed precursors, thereby

promoting thymic medullary development and establishment of central tolerance.

IKK α ^{ΔTEC} mice, like NIK^{ΔTEC} mice, also displayed severe thymic atrophy (markedly reduced thymus weight and thymocyte number) (SI Appendix, Fig. S8B) and completely lacked thymic medulla and Aire⁺, K5⁺, and UEA-1⁺ mTECs (SI Appendix, Fig. S8C). The numbers of developing thymocytes (e.g., DN1, DN2, DN3, DN4, DP), and CD4 and CD8 T cells were also significantly lower in IKK α ^{ΔTEC} mice relative to IKK α ^{f/f} littermates (SI Appendix, Fig. S8 D and E). These results suggest that IKK α acts downstream of NIK to promote TEC growth and maturation and thymic T cell development.

Discussion

NIK has been extensively studied for its ability to activate the noncanonical NF- κ B2 pathway. Using loss-of-function mutation (*aly/aly*) and global knockout mouse models, NIK was found to be required for peripheral lymph organ development (26–28). NIK-deficient thymus grafts cause autoimmune disorders in

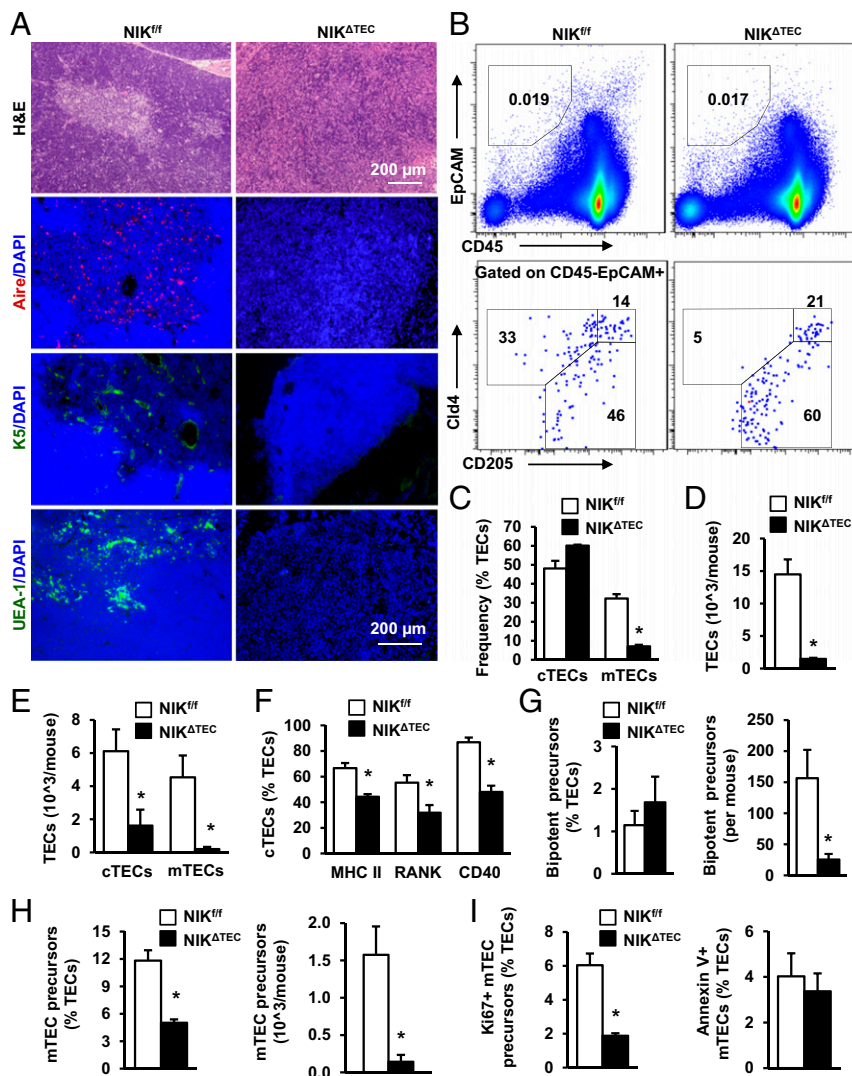


Fig. 7. NIK deficiency impairs TEC development. (A) Representative thymic sections at 15 to 17 d of age ($n = 4$ per group). (B) Flow cytometric plots of TECs. (Numbers represent percentiles.) (C–I) Flow cytometric assessments of cTECs, mTECs, and their precursors at 10 d of age. NIK^{ΔTEC} ($n = 3$) and NIK^{fl/fl} ($n = 3$ to 4). Data are presented as mean \pm SEM. * $P < 0.05$, 2-tailed unpaired Student's t test.

recipient mice (11, 12), indicating that thymic NIK is required for suppression of autoimmunity. However, NIK target cells in the thymus are undefined. In this study, we identified TECs as critical endogenous targets of NIK and IKK α pathways, using NIK^{ΔTEC} and IKK α ^{ΔTEC} mice.

We found that NIK^{ΔTEC} and IKK α ^{ΔTEC} mice died prematurely within 18 d of age. Of note, a human homozygous loss-of-function NIK^{Pro565Arg} variant is also linked to child death (13). A homozygous NIK^{Val345Met} variant is associated with severe child illness (14). Thus, TEC-intrinsic NIK/IKK α pathways crucially support life in both mice and humans. Strikingly, NIK^{ΔTEC} and IKK α ^{ΔTEC} mice developed severe T cell-triggered inflammation, injury, and fibrosis in lungs and livers, leading to neonatal death. These findings unravel previously unrecognized TEC–liver and TEC–lung axes that critically promote liver and lung diseases, respectively.

We provided multiple lines of evidence showing that mTEC-intrinsic NIK/IKK α pathways pivotally support thymic medullary development and negative selection. NIK^{ΔTEC} and IKK α ^{ΔTEC} mice lacked medulla and mature mTECs expressing Aire, UEA-1, and K5. Deficiency of mTECs led to breakdown of central tolerance and production of autoreactive T cells in NIK^{ΔTEC} and

IKK α ^{ΔTEC} mice. Consequently, NIK^{ΔTEC} and IKK α ^{ΔTEC} mice developed severe autoimmune liver and lung diseases, resulting in premature death. mTECs arise from both bipotent and mTEC-committed precursors (18, 21–24). Ablation of TEC NIK markedly decreased the numbers of both bipotent and mTEC-committed precursors, at least in part by inhibiting precursor proliferation. Of note, developing thymocytes secrete RANKL, CD40L, and LT β that promote mTEC growth, differentiation, and maturation (5–7). TEC-intrinsic NIK/IKK α pathways likely mediate these cytokine signaling, thereby supporting mTEC growth and differentiation and mTEC-controlled central tolerance.

NIK^{ΔTEC} and IKK α ^{ΔTEC} mice displayed profound defects in cortical thymocyte development and peripheral B cell development. The numbers of DN2, DN3, DN4, and DP thymocytes were dramatically lower in NIK^{ΔTEC} and IKK α ^{ΔTEC} mice. Thymocyte development arrested between DN1 and DN2 stages and between DN2 and DN3 stages. Of note, cTEC activities, as assessed by expression of MHC II, RANK, and CD40, were impaired in NIK^{ΔTEC} mice, raising the possibility that cTEC-intrinsic NIK/IKK α pathways may be involved in promoting double-negative thymocyte growth and differentiation and positive selection. It is worth mentioning that during preparation of this work,

TEC-specific *NIK* knockout mice were described by another group (29), but $\alpha\beta$ T cells, TECs, livers, and lungs were not examined. We also found that $NIK^{\Delta TEC}$ and $IKK\alpha^{\Delta TEC}$ mice lacked lymphoid follicles and germinal centers in spleens and lymph nodes. Consistently, these mice had markedly reduced B cells in their spleens and lymph nodes. Spleen Tfh cell number was reduced in $NIK^{\Delta TEC}$ and $IKK\alpha^{\Delta TEC}$ mice, raising the possibility that TEC-intrinsic *NIK/IKK α* pathways may stimulate commitments of thymocytes to Tfh and/or related CD4 T-lineage cells that in turn promote peripheral B cell development.

In conclusion, we have identified TEC *NIK* and *IKK α* as essential regulators of TEC development and T cell central tolerance. Inactivation of TEC-intrinsic *NIK/IKK α* pathways alone is sufficient to pathogenically activate autoimmunity, leading to fatal autoimmune liver disease and lung disease. The thymic *NIK/IKK α* pathways may serve as a potential therapeutic target for the treatment of autoimmune diseases, including chronic liver and lung diseases.

Materials and Methods

Animals. Animal experiments were conducted following the protocols approved by the University of Michigan Institutional Animal Care and Use Committee (IACUC). $NIK^{fl/fl}$, $IKK\alpha^{fl/fl}$, and $Foxn1-Cre$ mice (C57BL/6 background) were characterized previously (15–17). Mice were housed on a 12-h light–dark cycle and fed a normal chow diet (9% fat; Lab Diet, St. Louis, MO) ad libitum with free access to water.

Blood Analysis. Blood glucose and ALT activity were measured using glucometers (Bayer Corp., Pittsburgh, PA) and an ALT reagent set (Pointe Scientific Inc., Canton, MI), respectively (30).

Immunoblotting and Immunostaining. Tissue samples were homogenized in lysis buffer (50 mM Tris, pH 7.5, 1% Nonidet P-40, 150 mM NaCl, 2 mM EGTA, 1 mM Na_3VO_4 , 100 mM NaF, 10 mM $Na_2P_2O_7$, 1 mM benzamide, 10 μ g/mL aprotinin, 10 μ g/mL leupeptin; 1 mM phenylmethylsulfonyl fluoride), re-

solved by SDS/PAGE, and immunoblotted as described previously (12). Tissue-frozen sections were prepared using a Leica cryostat (Leica Biosystems Nussloch GmbH, Nussloch, Germany), fixed in 4% paraformaldehyde, blocked with 5% normal goat serum (Life Technologies) supplemented with 1% BSA, and incubated with antibodies at 4 °C overnight. Antibodies were listed in *SI Appendix*, Table S1.

Hematoxylin and Eosin, Sirius Red Staining, and TUNEL Assays. Tissue paraffin sections were stained with hematoxylin and eosin (H&E) or 0.1% Sirius-red (Sigma, 365548) and 0.1% Fast-green (Sigma, F7252) as described previously (12). Tissue-frozen sections were fixed with 4% paraformaldehyde and then subjected to TUNEL assays using an In Situ Cell Death Detection Kit (Roche Diagnostics, Indianapolis, IN, 11684817910).

Flow Cytometry. We followed similar methods described previously (12) and in *SI Appendix*.

Thymic Epithelial Cell Isolation. Thymi were isolated, minced, and incubated at 37 °C for 40 min in PBS buffer supplemented with collagenase D (1 mg/mL) and Dispase II (1 mg/mL). Adjacent tissues were removed prior to collagenase treatment. Thymic epithelial cells were enriched on a discontinuous Percoll density gradient (densities 1.07, 1.05, and 1.01) and subjected to flow cytometric analysis.

Statistical Analysis. Data were presented as means \pm SEM. Differences between groups were analyzed with 2-tailed Student's *t* test. *P* < 0.05 was considered statistically significant.

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