

Endocrine actions of interferon-tau in ruminants

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The ovine conceptus releases interferon- τ (IFNT), which prevents upregulation of the endometrial estrogen receptor (ESR1) and, consequently, oxytocin receptor (OXTR), thereby disrupting pulsatile release of prostaglandin F2 α (PGF) in response to oxytocin. IFNT, through paracrine action on the endometrium, protects the corpus luteum (CL) during maternal recognition of pregnancy. Pregnancy also induces IFN stimulated genes (ISGs) in peripheral blood mononuclear cells (PBMCs), which is interpreted to reflect a “prompted” antiviral and immune cell response peripherally in ruminants. IFNT was recently demonstrated to be released from the uterus in amounts of $\sim 200 \mu\text{g}$ (2×10^7 U)/24 h via the uterine vein and to induce ISGs in the CL during maternal recognition of pregnancy. Delivery of recombinant ovine (ro) IFNT into the uterine vein in a location that is upstream of the utero-ovarian plexus from Day 10 to 17 maintained serum progesterone concentrations and extended normal 16-17 d estrous cycles to beyond 32 d. It is concluded from these studies that IFNT is released into the uterine vein and initiates a peripheral antiviral response to protect pregnancy from maternal viral infection. It also may have endocrine action through inducing luteal resistance to PGF and longer-term survival of the CL and maintenance of pregnancy.

Introduction

The timing of release and composition of signals from the conceptus are critical for maintenance of the CL and pregnancy. For example, transferring a Day 5-9 embryo into the uterus of Day 5 estrous cycling ewes extends luteal lifespan (Moor & Rowson 1966b). If a Day 12-13 embryo is transferred into a recipient ewe later than 12 d post-estrus, the chances of the pregnancy surviving to term are drastically reduced (Moor & Rowson 1964, Moor & Rowson 1966a). Therefore, the uterus must receive and respond to a signal from the conceptus by Day 12, after which time it becomes unable to maintain pregnancy. In ewes with one surgically isolated uterine horn, only the CL ipsilateral to the gravid horn survived (Moor & Rowson 1966a), suggesting that the embryo has a local effect on the gravid uterus. Embryos transferred to an isolated horn of ewes with CL on both ovaries only maintained the CL on the side ipsilateral to the embryo (Moor & Rowson 1966a). These experiments were interpreted to indicate that a “local unilateral relationship between the embryo and the corpus luteum” existed and that a systemic response to the conceptus was not necessary to maintain early pregnancy. Hansen et

al. reported an interestrous interval of 19 d when conceptuses were flushed on Day 13 and an extension to 35 d when flushed on Day 17 (Hansen *et al.* 1985). These data are interpreted to mean that signals from the conceptus are necessary by Day 12-13 and need to continue until Day 17 to protect the CL from lytic release of uterine-derived PGF.

The major conceptus secretory protein was initially termed protein X and is secreted during Days 10-12 (Godkin *et al.* 1982, Bazer & Roberts 1983). Protein X, was renamed ovine trophoblast protein-1, and later IFNT as reviewed in (Bazer *et al.* 1991, Roberts *et al.* 1992). Peak secretion of IFNT from the ovine conceptus occurs between Days 15-17 of pregnancy (Hansen *et al.* 1985, Ashworth & Bazer 1989, Roberts 1989). IFNT acts through the Type I interferon receptor which shares two subunits, IFNAR1 and IFNAR2. These subunits are expressed in the luminal epithelium, sub-luminal glandular epithelium, and stroma of the ovine uterus in Day 14-15 cyclic and pregnant ewes (Rosenfeld *et al.* 2002). Paracrine action of IFNT on the endometrium has been shown to alter (ewe) (Zarco *et al.* 1988a, Zarco *et al.* 1988b) or attenuate (cow) (Meyer *et al.* 1995) luteolytic pulses of PGF (based on detection of PGFM). Nonpregnant ewes secrete PGF in a pulsatile fashion, while pregnant ewes have a more constant, slowly increasing pattern in the release of PGF (Peterson *et al.* 1976, Zarco *et al.* 1988b). However, more PGF is found exiting the uterus through the uterine vein in Day 13 pregnant vs cyclic ewes (Wilson *et al.* 1972). This antiluteolytic mediation in release of PGF from the endometrium during pregnancy is regulated by conceptus-derived IFNT.

Because the release of PGF from the endometrium is not completely ablated and the CL produces PGF (Silva *et al.* 2000), several groups have described the CL of pregnancy to be more resistant to lytic effects of PGF compared to the CL of the estrous cycle (Inskeep *et al.* 1975, Mapletoft *et al.* 1976, Pratt *et al.* 1977, Silvia & Niswender 1984). Exactly why and how this luteal resistance to PGF occurs during pregnancy is unknown. Also, whether the actions of intraluteal PGF or PGF that continues to be delivered into the uterine vein need to be blocked during early pregnancy is unknown. This review examines endocrine action of pregnancy in ruminants. It is proposed that endocrine release of IFNT into the uterine vein upregulates peripheral antiviral and immune cell responses, which when further challenged with viral infection, immediately respond and protect the pregnancy. A second endocrine action of IFNT during early pregnancy is proposed through induction of interferon-stimulated genes (ISGs) in the CL, which contributes to luteal resistance to PGF.

Luteal cells and luteolysis

Late in the ovine luteolytic process (Day 16), release of progesterone diminishes because of PGF action on large luteal cells. Oxytocin release by large luteal cells and action of oxytocin on small luteal cells further inhibits secretion of progesterone and stimulates intracellular levels of calcium and apoptosis (Niswender *et al.* 2007). PGF also is released from large luteal cells, possibly through a PG transporter (SLCO2A1), and binds PGF receptor (PTGFR) on large luteal cells to further stimulate oxytocin release, increases in intracellular calcium concentrations and, consequently, death of the CL (Davis *et al.* 2010). Luteolysis may also include PGF activation of protein kinase C (PKC) and RAF/MEK1/ERK-mediated increase in early growth response 1 (EGR1) and transforming growth factor B (TGFB1) (Hou *et al.* 2008) as well as repression of insulin like growth factor (IGF-1) and cell-survival responses (phosphoinositide 3-kinase; PI3K and protein kinase B; Akt) (Arvais *et al.* 2010).

Paracrine action of IFNT

Ruminant conceptuses are free-floating in the uterus during maternal recognition of pregnancy. Thus, paracrine action of IFNT regulates endometrial gene expression and indirectly induces antiluteolytic responses (Godkin *et al.* 1984a, Godkin *et al.* 1984b). In addition to the classical JAK/STAT pathway (Hansen *et al.* 1999, Perry *et al.* 1999, Binelli *et al.* 2001, Pru *et al.* 2001b), Type I IFN also activates PI3K and Akt pathways (Rani *et al.* 2002, Badr *et al.* 2010). IFNT silences up-regulation of ovine *ESR1* (Spencer *et al.* 1995, Spencer & Bazer 1996, Fleming *et al.* 2001) and, consequently, *OXTR* (Spencer & Bazer 1996, Chen *et al.* 2006) in the endometrium. Decreased transcription of the *OXTR* is likely due to the decrease in *ESR1* caused by IFNT, as *OXTR* is not directly regulated by IFNT (Fleming *et al.* 2006). Suppressed *ESR1* and *OXTR* in the endometrium causes alteration (ewe) (Zarco *et al.* 1988a, Zarco *et al.* 1988b) or attenuation (cow) (Meyer *et al.* 1995) of luteolytic pulses of PGF (based on detection of PGFM).

Several ISGs have been identified in the ruminant uterus such as 2', 5'-oligoadenylate synthetase (*OAS*) (Mirando *et al.* 1991, Schmitt *et al.* 1993, Johnson *et al.* 2001), myxovirus (influenza virus) resistance (*Mx*) (Ott *et al.* 1998), and IFN-stimulated gene 15 (*ISG15*) (Naivar *et al.* 1995, Austin *et al.* 1996, Johnson *et al.* 1999b). One conserved primate (Bebington *et al.* 1999a, Bebington *et al.* 1999b, Bebington *et al.* 2000), mouse (Austin *et al.* 2003, Bany & Cross 2006), and bovine (Austin *et al.* 1996, Hansen *et al.* 1997, Johnson *et al.* 1998, Perry *et al.* 1999, Thatcher *et al.* 2001) uterine response to pregnancy is induction of the ubiquitin homolog, *ISG15*. *ISG15* mediates processes such as RNA splicing, chromatin remodeling/polymerase II transcription, cytoskeletal organization and regulation, stress responses, translation and viral replication (Malakhova *et al.* 2003, Giannakopoulos *et al.* 2005, Zhao *et al.* 2005, Takeuchi *et al.* 2006).

Intrauterine delivery of rolFNT delays return to estrus

Because IFNT acts locally on endometrial release of PGF, models were developed in sheep to test effects of intrauterine infusion of IFNT on interestrus interval. Intrauterine infusion of 50 μ g native IFNT twice daily extended interestrus interval to 27 d (Vallet *et al.* 1988). Intrauterine infusion of 340 μ g rolFNT for 8 d extended return to estrus from 25-64 d in four out of five ewes (Martal *et al.* 1990). Likewise, intrauterine infusion of 1.4×10^7 U/d rolFNT from Day 10-18 delayed return to estrus to 33 ± 14 d (Green *et al.* 2005). These studies were interpreted to mean that IFNT acted in paracrine action to extend the luteal phase by attenuating pulses of PGF and, thereby, protect the CL through antiluteolytic action. Importantly, the potential entry of exogenous IFNT from the intrauterine infusion studies was not evaluated in the context of endocrine action through its potential direct impact on the maintenance of CL function.

Endocrine action of IFNT

Systemic delivery of rolFNT induces hyperthermia, but has varied impact on fertility

Delivery of Type I IFN, via intramuscular or subcutaneous injection also was examined by several groups for capacity to extend interestrus interval and increase fertility (Nephew *et al.* 1990, Martinod *et al.* 1991, Schalue-Francis *et al.* 1991, Davis *et al.* 1992). These studies employed mg quantities of rIFN administered through twice daily injections (subcutaneous), which may not reflect physiological levels of IFNT released by the uterus. These quantities (mg) of rIFN induced hyperthermia, and no effect or a decline in fertility. For example, Ott and colleagues (Ott *et al.* 1997) observed an induction of mild hyperthermia following sub-

cutaneous injections of 2, 4 or 6 mg rIFNT on Day 12 post estrus. These investigators also injected 1, 2 or 4 mg rIFNT/d on Days 11-15 and described a modest delay in onset of estrus after adjusting for previous length of estrous cycle. These doses of rIFNT were subsequently reduced to 2×10^7 U (200 μ g) in intrauterine deliveries to avoid hyperthermia and high death loss of ewes (Spencer et al. 1999).

Subcutaneous (Spencer et al. 1999) and intramuscular injection (2 mg) (Chen et al. 2006) of rIFNT given between Days 11-17 stimulated ISG15 expression within the ovine CL. Chen and colleagues (Chen et al. 2006) reported an inter-estrus interval of 32.7 d in ewes that received intrauterine infusions of 200 μ g rIFNT, but an average interval of only 17 and 22 d in ewes that were injected i.m. with 200 μ g or 2 mg rIFNT, respectively. These investigators also described an increase in endometrial ISG15 expression in response to infusion of rIFNT and injection of 2 mg rIFNT, but not following injection of 200 μ g rIFNT. None of these systemic methods of rIFNT treatment prolonged return to estrus for more than a few days.

Induction of ISGs in blood cells during early pregnancy

Until recently (Oliveira et al. 2008, Bott et al. 2010), IFNT was thought to be sequestered within the uterine lumen and not present in peripheral circulation in high enough concentrations to be detected. Although, IFN- α has been shown to suppress tumor necrosis factor α and IFN- γ -stimulated prostaglandin production by cultured luteal cells (Pate 1995). Likewise, culture of luteal cells with IFN- α and in concentrations of progesterone similar to those observed during early pregnancy also suppressed IFN- γ -induction of MHC class II glycoproteins. Pate (1995) concluded from these studies that a signal similar to trophoblast-derived IFNT might reach the ovary and act directly to protect the CL.

ISGs such as MX1 (Ott et al. 1998), ISG15 (Johnson et al. 1999a, Johnson et al. 1999b) and OAS-1 (Johnson et al. 2001) have been shown to be upregulated in uterine cross sections as deep as the myometrium. For this reason, IFNT was suspected to induce a secondary mediator in the myometrium. This secondary mediator of IFNT action was called an "interferon-medin" (Spencer et al. 1996).

PBMCs from pregnant sheep have increased concentrations of ISGs mRNA (Yankey et al. 2001) compared to nonpregnant sheep, which also is the case in cattle (Han et al. 2006, Gifford et al. 2007). Presence of ISGs in extrauterine tissues such as jugular PBMCs provoked study of ISGs in uterine vein and uterine artery blood as well as the CL (Oliveira et al. 2008, Bott et al. 2010). Concentrations of ISG15 mRNA in jugular vein on Day 15 of pregnancy were similar to uterine vein and artery ISG15 concentrations suggesting endocrine induction of ISGs through the presence of the conceptus and release of either IFNT or an interferon-medin from the uterus.

Very little is known about the genes that are regulated in blood cells during early pregnancy and no studies have been done to compare blood and endometrial gene expression in response to pregnancy. We hypothesized that several genes would be upregulated by pregnancy on Day 18 of bovine pregnancy in endometrial and blood cells. Several hundred endometrial (674 genes upregulated and 721 downregulated ≥ 1.5 fold; $P < 0.05$) and blood cell (375 genes upregulated and 784 downregulated ≥ 1.2 fold; $P < 0.05$) genes were differentially expressed based on pregnancy status on Day 18 of pregnancy (United States Patent Application: 20100035270 and Fig. 1). Upregulated ISGs in endometrium (Fig. 1) were similar to other reports using microarray (Klein et al. 2005), (Bauersachs et al. 2006, Chen et al. 2006, Bauersachs et al. 2008) and conventional molecular biology approaches (Johnson et al. 1999a, Pru et al. 2001a, Rempel et al. 2005).

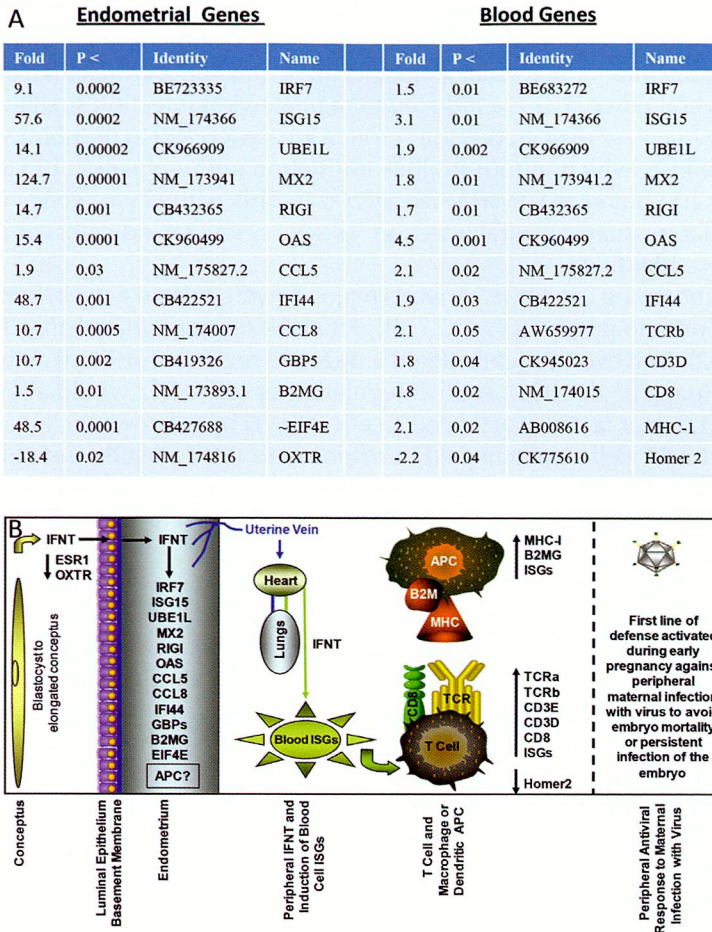


Fig. 1. Hypothetical model of conceptus-induced preemptive maternal resistance to viral infection. Panel A contains fold changes and identities for genes described in Panel B. Cows were artificially inseminated on Day 0. Presence of a conceptus was confirmed on Day 32 post AI by using ultrasound. Blood was collected from lactating Holstein Dairy cows 18 days following AI (4 pregnant and 3 nonpregnant cows) and processed to purify RNA for microarray screening according to the QiaAMP procedure (Qiagen, Inc.). Because of excessive costs in collecting the uterus from lactating dairy cows, Angus-Gelbvieh beef cows were used for endometrial studies. Endometrial RNA was isolated from cows on Day 18 of pregnancy (3 cows; conceptus identified) or the estrous cycle (3 cows; not inseminated) following slaughter and submitted for microarray analysis. The bovine Affymetrix gene chip was screened at the University of Colorado Health Sciences Center (UCHSC) DNA Microarray Core facility. Data were analyzed using GCOS and GeneSifter software. Statistical significance was determined using the t-test calculated from Robust Multichip Average data (Irizarry *et al.* 2003). A 1.5-fold cut off was used to identify all differentially expressed genes in endometrium. A 1.2-fold cut off was used to identify all differentially expressed genes in blood because there were fewer affected genes in the blood and identification of shared gene expression between blood and endometrium was one primary focus of the experiment. Panel B provides hypothesized role of IFNT in activating a peripheral maternal antiviral response. IFNT is released from the conceptus that initiates a local (*i.e.*, paracrine) type I IFN response through up-regulation of ISGs, chemokines, and other genes in the endometrium and myometrium before exiting the uterus by the uterine vein. In endocrine fashion, IFNT then transcriptionally upregulates ISGs and genes involved in activation of T cell and antigen presenting cells (APC) such as macrophages and dendritic cells. The conceptus, therefore, coordinates both local and systemic immunomodulatory events that allow the mother to cope with potential viral infections as more aggressive cytotoxic responses that may be detrimental to the histocompatibility distinct embryo are concomitantly curbed.

Virus induces retinoic acid-induced gene I (RIG-I) and melanoma differentiation-associated protein 5 (MDA-5) which contain RNA helicase domains that bind viral dsRNA and response elements that activate interferon regulatory factors (IRF3 and IRF7), which then induce synthesis of Type I IFN. Several other ISGs are induced to regulate viral infection such as OAS-1, which activates endoribonuclease to degrade virus; protein kinase R (PKR) to phosphorylate eukaryotic initiation factor (eIF)-2, which in turn inhibits translation and replication of virus; and ISG15 (Lenschow *et al.* 2007) and MX (MacMicking 2004). This pathway of genes is known to be required for cellular resistance to viral infection. Likewise, several indicators of T cell activation in blood cells were identified.

Homer protein homolog 2 (*HOMER2*) was a major downregulated gene in both endometrium and blood in response to pregnancy. In T cells, *HOMER2* is upregulated after T cell activation (Diehn *et al.* 2002), however it is considered a negative regulator of T cell activation and production of IL-2 (Huang *et al.* 2008). A downregulation of *HOMER2* would allow better access for stimulation of nuclear factor of activated T cells (NFAT) by calcineurin (Huang *et al.* 2008). Other indicators that T cells are activated in response to IFNT include upregulation of many T cell receptor (TCRA, TCRB, TCRG) components such as T cell surface glycoproteins CD3D, CD3E and CD8. IRF7 is a key regulator of Type I IFN-dependent activation of CD8 positive T cells (Honda *et al.* 2005). Both *CD8* and *IRF7* were upregulated in blood in response to pregnancy. CD8 is known to function as a co-receptor with TCR when interacting with major histocompatibility complex (MHCI) on target cells.

Type I IFNs also induce MHCI on many cell types and activate not only T cells, but also natural killer cells. Based on the microarray data, *MHCI* was upregulated in blood cells from Day 18 pregnant when compared to nonpregnant cows and is normally upregulated in professional antigen presenting cells such as dendritic cells and tissue macrophages. The apparent upregulation of blood cell MHCI in response to pregnancy is based on hybridization to probe sets in the microarray and may have been caused by different MHC haplotypes that were expressed by the limited number of cows used in this study (Davies *et al.* 1994). However, beta-2-microglobulin (*B2MG*) was upregulated in endometrium, but not in blood cells, which might reflect expression of this binding partner for MHCI in tissue followed by homing or translocation of pre-antigen presenting blood cells. Following viral infection of these cells, massive upregulation of RIGI and MDA5 RNA helicases would assist in degrading viral RNA. Processing of viral coat proteins and presentation of antigen would be facilitated through existing upregulation of MHCI and *B2MG* as well as enhancing the presence of activated CD8 T cells.

Upregulation of CD8 and TCR activated T cells and MHCI/*B2MG* antigen presenting cells could be detrimental because the conceptus expresses foreign antigens that would clearly be recognized by these cells. However, in ruminants at this very early stage of pregnancy, the conceptus has developed only very peripheral adhesion complexes to the uterine lumen with no penetration of the basement membrane of the endometrium. For this reason, the uterine lumen remains isolated from any circulating T cells. Also *B2MG* and MHC class I genes are silenced in ovine endometrial luminal epithelium and trophoctoderm even though they are upregulated in other endometrial layers (Choi *et al.* 2003). Very few immune cells are localized to the endometrium during this stage of pregnancy in ruminants (Vander Wielen & King 1984). This might be caused by lack of specific chemokine receptors on these cells and/or lack of endometrial production of chemokines that would specifically recruit these cells to the endometrium. Alternatively, this could be accounted for by increased expression or presence of immune cell repulsive factors.

However, we described macrophage inflammatory protein (CXCL2) (Hansen *et al.* 1999) and granulocyte chemotactic protein-2 (CXCL6) (Teixeira *et al.* 1997) to be induced by pregnancy

and IFNT in bovine endometrium. Also, other groups demonstrated that CXCL9, CXCL10, CXCL11 and CXCR3 are localized to the maternal-fetal interface in sheep during early pregnancy (Imakawa *et al.* 2006). Likewise, monocyte chemotactic protein (Asselin *et al.* 2001) and IFN-gamma inducible protein 10 (Nagaoka *et al.* 2003) have been shown to be expressed in endometrium in response to pregnancy. Based on enclosed microarray analysis, chemokine receptor mRNA concentrations were not upregulated in blood cells from Day 18 pregnant when compared to nonpregnant cows. Chemokine ligand 5 (CCL5) was the only major chemokine mRNA that was significantly upregulated in blood. Likewise, only three chemokine ligands, CCL8, CXCL10 and CCL5 were extensively upregulated in the endometrium. CCL5 induces recruitment of T cells to the lung following viral lung disease (Culley *et al.* 2006). CCL8 is chemotactic for monocytes and CD8+ as well as CD4+ T cells (Taub *et al.* 1995) and might recruit these cells to the endometrium in the event of infection. However, if the associated chemokine receptors are not differentially expressed on these T cells, then very few of these cells would be actively recruited to the endometrium, unless there was a maternal-peripheral infection with virus. Because these maternal antiviral T cells and antigen presenting cells are activated through exposure to Type I IFN from the conceptus, they would immediately be recruited to the endometrium where a first or last line of defense would be established to inhibit virus from passing through the endometrial basement membrane and infecting the conceptus (Fig. 1).

Direct endocrine action of IFNT on the corpus luteum

Endocrine release of conceptus-derived IFNT into the uterine vein. Lymph nodes draining the uterus (iliac) and the head (submandibular) from Day 15 pregnant ewes were examined and found not to differ in ISG gene expression (Antoniuzzi *et al.*, unpublished results); suggesting that IFNT was not released into uterine lymphatic drainage and this was not a pathway through which IFNT induced PBMC ISGs. This also was consistent with previous reports describing no antiviral activity in lymph draining the uterus during pregnancy (Lamming *et al.* 1995). However, Godkin and co-workers demonstrated that infusion of radiolabeled IFNT into the uterine lumen resulted in escape of very low levels into the blood (Godkin *et al.* 1984a). Schalue-Francis (Schalue-Francis *et al.* 1991) described antiviral activity in the uterine vein, although levels reported were very low. For these reasons we re-examined the uterine vein as a source for endocrine delivery of IFNT. Antiviral activity was evaluated in uterine vein blood from Day 15 pregnant sheep, which revealed significant amounts of Type I IFN (~200 µg/24h) on Day 15 of pregnancy (Oliveira *et al.* 2008). Also, pre-adsorption of uterine vein blood from Day 15 pregnant ewes with antibody against rIFNT significantly reduced antiviral activity (Bott *et al.* 2010). It was concluded from these studies that IFNT is released into the uterine vein on Day 15 of pregnancy. Other than Day 15, the timing and concentration of IFNT in uterine vein blood is unknown and is a focus of ongoing study.

Endocrine induction of ISGs in large luteal cells. ISG15 mRNA concentrations were upregulated in CL from Day 15 pregnant compared to nonpregnant ewes (Fig. 2) (Oliveira *et al.* 2008, Bott *et al.* 2010). ISG15 protein and conjugation of ISG15 to targeted proteins also were upregulated in CL in response to pregnancy. ISG15 was predominantly localized to large luteal cells on Day 15 of pregnancy, with less, but significant localization to small luteal cells. Also, large luteal cells isolated on Day 10 of the estrous cycle and cultured with rIFNT for 24 h showed significant induction of ISG15 (Oliveira *et al.* 2008). Finally, IFNAR1 and IFNAR2 mRNA are expressed in the ovine CL (Antoniuzzi *et al.*, unpublished results). It was concluded from these studies that in addition to extensively characterized paracrine action on

the endometrium, IFNT also likely has direct endocrine action on extrauterine tissues such as blood cells and the CL.

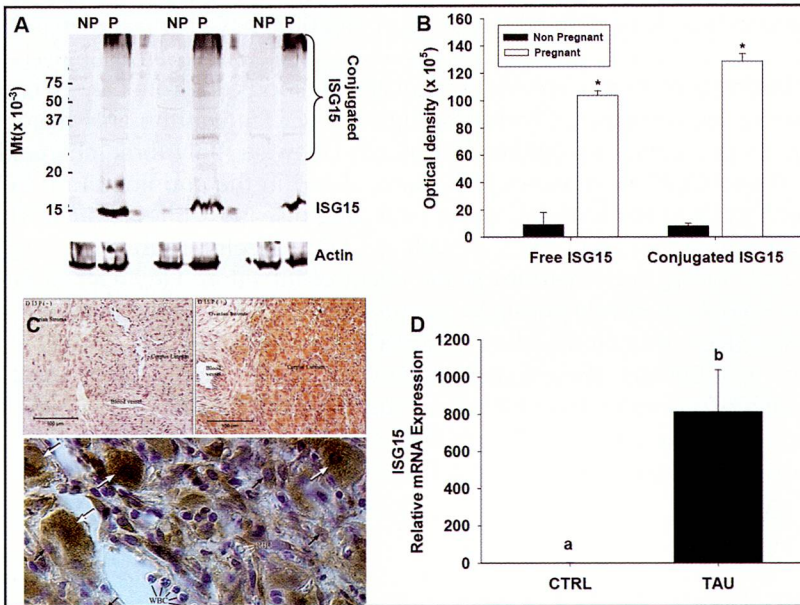


Fig. 2. Western blot of ISG15 (15-kDa) and its conjugates (A, B), immunohistochemical localization of ISG15 in CL (C) and induction of ISG15 following culture of isolated large luteal cells (Day 10 of estrous cycle) with 100 ng/ml roIFNT for 24 h (D). Both free and conjugated ISG15 were induced (*; $P < 0.05$) by pregnancy and in response to culture with roIFNT (a, b; $P < 0.05$). Immunohistochemical staining for ISG15 was upregulated in cross-sections from CL on Day 15 of pregnancy (C: top right panel). Panel C Upper left: no primary antibody control. Localization of ISG15 was most intense in large luteal cells (lower panel in C; white arrows). For more details please see (Oliveira *et al.* 2008). Copyright 2008, The Endocrine Society.

Endocrine delivery of 200 μ g roIFNT/d into the uterine vein for 7 d delayed return to estrus. Release of IFNT into the uterine vein on Day 15 of pregnancy was estimated previously to be $\sim 200 \mu\text{g/d}$ (Oliveira *et al.* 2008). For this reason, osmotic pumps loaded to deliver $200 \mu\text{g/d}$ into the uterine vein for seven consecutive days were surgically installed. Estimated blood volume in sheep was 3.48 L based on average weight of 60 kg and blood volume of 58 ml/kg. Thus, on Day 15 of pregnancy, systemic levels in circulation would stabilize around 2.4 ng/ml/h. This is biologically relevant considering the dissociation constant (K_d) of 3.7×10^{-10} M (Li & Roberts 1994) and estimated 50% occupancy of the receptor at 6.3 ng IFNT/ml.

Osmotic pumps delivering $200 \mu\text{g}$ roIFNT into the uterine vein/d were surgically installed on Day 10 of the estrous cycle in sheep (Fig. 3). Eighty percent (4/5) of ewes infused with roIFNT for 7 d had extended estrous cycles and luteal phase serum progesterone concentrations through 32 d (Bott *et al.* 2010). In the nonresponder ewe, serum progesterone concentrations were declining at the time of installation of the pump, which was interpreted as onset of luteal regression prior to endocrine delivery of roIFNT. To our knowledge this is the first report of such small endocrine concentrations of IFNT to induce a significant long-term delay in return to estrus.

There was no effect of 24 h endocrine delivery of roIFNT into the uterine vein starting on Day 10 of the estrous cycle on serum progesterone concentrations (Fig. 4) (Bott *et al.* 2010). A

sub-luteolytic dose of PGF (4 mg/58 kg), described previously to cause a significant decline in serum progesterone without complete luteolysis (Silvia & Niswender 1984, Silvia & Niswender 1986, Silva *et al.* 2000, Bott *et al.* 2010), was injected 12 h following delivery of roIFNT into the uterine vein. PGF caused a significant decline in serum progesterone concentrations within 6 h, even in ewes with 12 h pre-exposure to delivery of roIFNT into the uterine vein. However, by 8-12 h after injection of PGF serum progesterone returned to concentrations in roIFNT-infused ewes that were intermediate and not different from BSA- or roIFNT-infused ewes in the absence of PGF injection. Endocrine delivery of IFNT also induced upregulation of ISG15 mRNA in the endometrium and the CL. This "recovery" in serum progesterone concentrations was suggested to reflect induction of luteal resistance to PGF through endocrine delivery of IFNT.

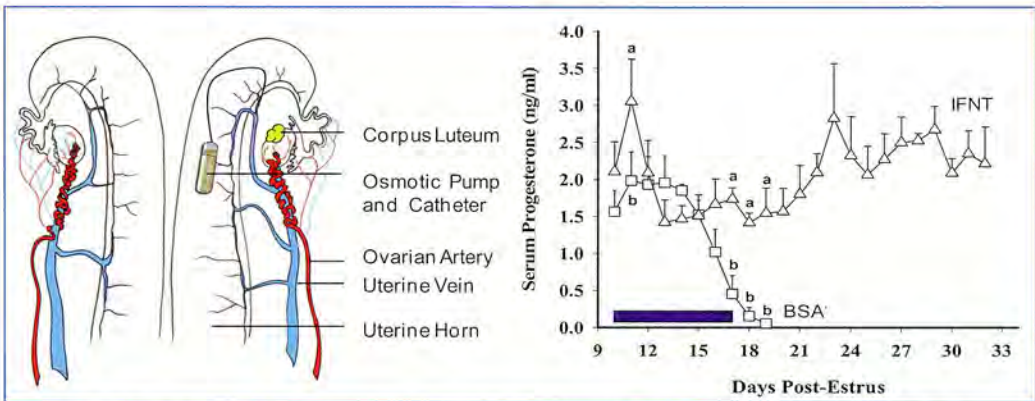


Fig. 3. Osmotic pump delivery (Left Panel) of 200 μ g roIFNT (2×10^7 IU)/d roIFNT or BSA for 7 d into the uterine vein caused extension of the estrous cycle and maintenance of serum progesterone concentrations (Right Panel) in 80% of ewes. Shaded bar represents time of osmotic pump infusion (Days 10-16). Adapted from Bott *et al.* 2010.

Intraluteal prostaglandins

Concentrations of 15 hydroxyprostaglandin dehydrogenase (PGDH) and prostaglandin-endoperoxide synthase 2 (PTGS2) mRNAs increase in CL on Day 13 of pregnancy compared to the estrous cycle suggesting that the CL of pregnancy is better able to degrade endogenous PGs in the face of increased synthesis via PTGS2 (Silva *et al.* 2000). This upregulation of PTGS2 might contribute to reduced luteal sensitivity to PGF through shifting biosynthesis to PGE₂ (Costine *et al.* 2007) through PGE synthase (PTGES).

PGDH, PTGES, PGFS, and PTGS2 mRNA concentrations did not change following 24 h infusion of IFNT into the uterine vein (Bott *et al.* 2010). This was interpreted to suggest that IFNT does not induce luteal resistance through inhibiting mRNAs encoding intraluteal biosynthesis of PGs, at least on Day 10 of the estrous cycle. SLCO2A1 facilitates transport of PGs across membranes (Chan *et al.* 1998, Schuster 1998, Endo *et al.* 2002, Schuster 2002). PGF is transported through SLCO2A1 in the ovine endometrium (Banu *et al.* 2008) and through counter-current exchange in the utero-ovarian plexus (Lee *et al.* 2010). One action of IFNT might be to downregulate SLCO2A1 in the utero-ovarian plexus and thus disrupt delivery of PGF to the CL. SLCO2A1 may also regulate release of PGF from large luteal cells during autocrine activation of PTGFR to induce luteolysis (Niswender *et al.* 2007). Downregulation of SLCO2A1 in large luteal cells might impair release of PGF and, consequently, autocrine action of PGF on large luteal cell apoptosis. Another target in the CL for development of resistance to luteolysis is downregulation of the PTGFR. However, it has been reported that PTGFR mRNA (Juengel

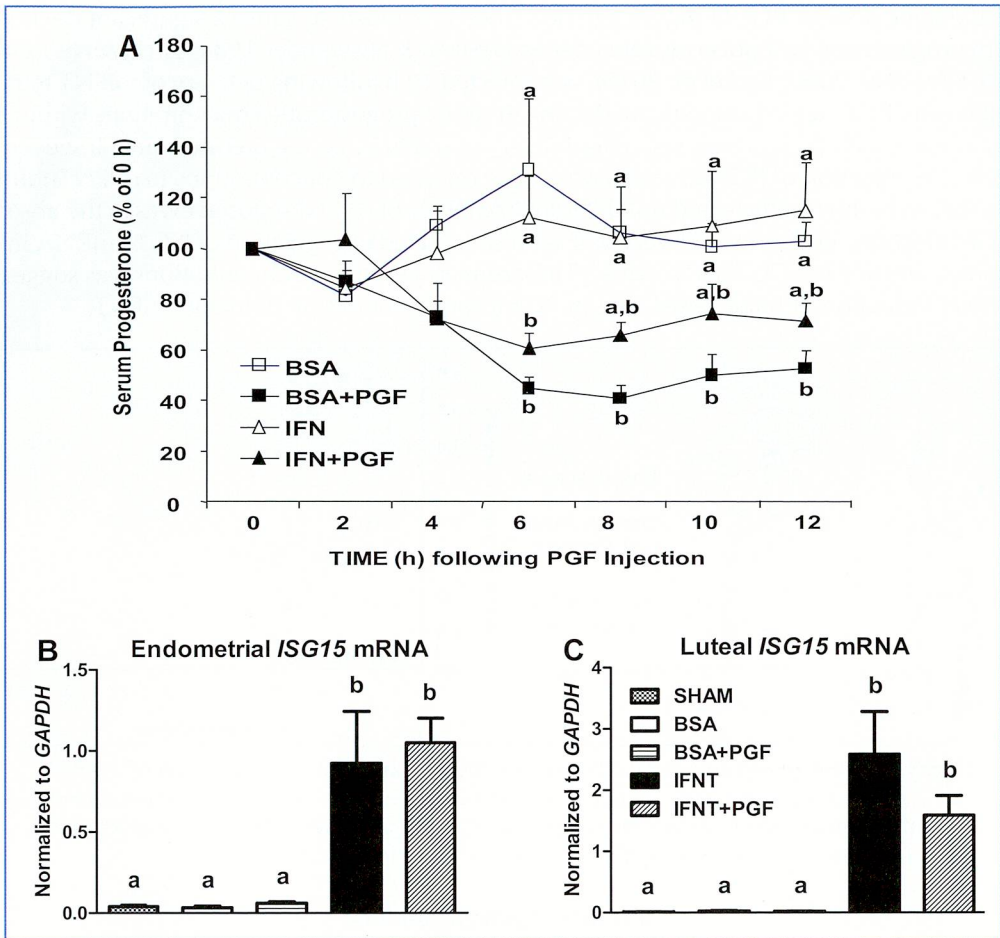


Fig. 4. Endocrine delivery of IFNT into the uterine vein protects the CL from PGF through attenuating the decline in serum progesterone (A) and possibly through induction of ISGs in the endometrium (B) and CL (C). BSA or roIFNT (200 μ g/24h) were infused into the uterine vein in 24 ewes (12 ewes per treatment). Half of these ewes were injected with PGF (4mg/58 kg bw) 12 h later. Panel A describes a decrease in serum progesterone concentrations 6 h following PGF regardless of infusion treatment. However, in roIFNT infused ewes, serum progesterone concentration increased after 6 h to levels not different from controls. Data are the mean ($n=6$ ewes per treatment) \pm SE. Significant differences ($P < 0.05$) in treatments and time are denoted with different letters. Endometrium and CL (Panel C) were collected and examined for ISG15 mRNA concentrations, which increased following endocrine delivery of roIFNT. Means differ ($P < 0.05$) when designated by different superscripts. Adapted from Bott et al. 2010.

et al. 1998), protein (Wiepz et al. 1992) and affinity constant (Wiepz et al. 1992) are not attenuated during maternal recognition of pregnancy in sheep. These nicely designed studies concluded that the mechanism through which the ovine CL achieves resistance to PGF during early pregnancy does not involve PTGFR. Prostaglandin E2 receptor (PTGER2) is coupled to the cAMP signal transduction pathway, which stimulates steroidogenesis and production of progesterone in cultured human luteinized granulosa (Chandras et al. 2007). PTGER4 also is a G-protein receptor coupled to cAMP as reviewed in (Sugimoto & Narumiya 2007), but to our knowledge, functional coupling of this receptor subtype to synthesis of progesterone has not

been studied in the CL. Upregulation of PGE2 receptors coupled to cAMP signaling in the CL during pregnancy might also contribute to luteal resistance to PGF. Regardless of the specific PTGERS involved, the general steroidogenic action of PGE2 has been extensively studied since the first report that it induces adenylate cyclase in bovine CL (Marsh 1971).

Conclusions

IFNs were discovered as antiviral cytokines (Isaacs & Lindenmann 1957). Viral infection of a pregnant cow can result in vertical transmission to the fetus (Casaro *et al.* 1971). A significant upregulation of Type I IFN and ISGs has been described in PBMC following infection of pregnant heifers with bovine viral diarrhoea virus prior to and following development of the fetal immune system (Smirnova *et al.* 2008, Shoemaker *et al.* 2009, Smirnova *et al.* 2009). This defense to viral infection also is initiated through release of IFNT from the conceptus during early pregnancy. Through prompting, but not completely activating maternal antiviral responses, peripheral maternal resistance may protect the pregnancy in the event that viral infection occurs.

Why the ruminant conceptus produces IFNT, a Type I IFN, in amounts large enough to induce systemic responses has been proposed to be related to maternal mediation of inflammatory and immune responses that might be detrimental to the "foreign" conceptus (Roberts *et al.* 1992). A variation in this theme is suggested herein, where the local endometrial and peripheral maternal immune responses become primed during early pregnancy through conceptus-derived IFNT to express ISGs that could more effectively recognize virus, mount an antiviral response and consequently prohibit transfer of any maternal viral infection to the conceptus or fetus. This antiviral mechanism is important in ruminants in context of the epitheliochorial placenta and the lack of transport of maternal antibodies to the embryo or fetus and would facilitate more rapid maternal defense to spread of viral infection to the unprotected pregnancy. Pregnancy-induced antiviral mechanisms may also exist in other mammalian species despite different modes of maternal recognition of pregnancy and implantation.

The CL required during pregnancy for 50 days in sheep and 6-8 months in cattle (Senger 2003). One critical early mechanism to protect this CL during maternal recognition of pregnancy is the release of IFNT from the conceptus and paracrine action on the endometrium to disrupt upregulation of ESR1, OXTR and luteolytic pulsatile release of PGF. IFNT also is released into the uterine vein and has endocrine action on the CL as well as PBMC. It functions to induce ISGs in the CL which are hypothesized to provide resistance to continued exposure to PGF from the uterus as well as from the CL. The CL becomes resistant to PGF in response to pregnancy (Inskeep *et al.* 1975, Mapletoft *et al.* 1976, Pratt *et al.* 1977, Silvia & Niswender 1984). Mechanisms associated with resistance to PGF might include modification of PGF receptor coupling to G-proteins, activation of PKC and associated apoptotic responses; endometrial (Banu *et al.* 2008), uterine vein (Lee *et al.* 2010) and intraluteal transport of PGF through SLCO2A1 and upregulation of receptors and luteotrophic responses to PGE2 (PTGERS) (Antoniazzi *et al.*, unpublished results). Type I IFN, which are closely related to IFNT, protect immune cells from apoptosis through activating the PI3K δ , Akt, Rho-A and NF κ B (Badr *et al.* 2010). Cell death and apoptotic genes are induced by PGF during luteolysis (reviewed in (Niswender *et al.* 2007)). PGF-mediated induction of the PKC-Raf-MEK1-Erk pathway entails blocking the cell survival Akt pathway (Arvisais *et al.* 2010). We suspect that endocrine action of IFNT might stabilize the cell survival Akt pathway. Endocrine delivery of IFNT into the uterine vein induced a significant extension of estrous cycles (> 32 d) using the lowest amounts of IFNT to date that are relevant in context of the Kd of the IFN type I receptor. Systemic delivery of similar biochemically relevant doses of IFNT might be tested in future experiments to improve embryo survival.

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