

Mitogen-activated protein kinase kinase 1/extracellular signal-regulated kinase (MEK-1/ERK) inhibitors sensitize reduced glucocorticoid response mediated by TNF α in human epidermal keratinocytes (HaCaT)

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Abstract

Glucocorticoids (GCs) are essential drugs administered topically or systematically for the treatment of autoimmune skin diseases such as pemphigus. However, a certain proportion of patients does not respond well to GCs. Although studies on the relationship between cytokines and GC insensitivity in local tissues have attracted attention recently, little is known about the underlying mechanism(s) for GC insensitivity in epidermal keratinocytes. Here, we report that tumor necrosis factor (TNF) α reduces GC-induced transactivation of endogenous genes as well as a reporter plasmid which contains GC responsive element (GRE) in human epidermal keratinocyte cells (HaCaT). The GC insensitivity by TNF α was not accompanied by changes in mRNA expressions of GR isoforms (α or β). However, we observed that mitogen-activated protein kinase kinase-1/extracellular signal-regulated kinase (MEK-1/ERK) inhibitors (PD98059 and U0126) significantly sensitized the GC-induced transactivation of anti-inflammatory genes (glucocorticoid-induced leucine zipper (GILZ) and mitogen-activated protein kinase phosphatase (MKP)-1) and FK506 binding protein (FKBP) 51 gene in the presence of TNF α . Additionally, we observed that TNF α reduced prednisolone (PSL)-dependent nuclear translocation of GR, which was restored by pre-treatment of MEK-1 inhibitors. This is the first study demonstrating a role of the MEK-1/ERK cascade in TNF α -mediated GC insensitivity. Our data suggest that overexpression of TNF α leads to topical GC insensitivity by reducing GR nuclear translocation in keratinocytes, and our findings also suggest that inhibiting the MEK-1/ERK cascade may offer a therapeutic potential for increasing GC efficacy in epidermis where sufficient inflammatory suppression is required.

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Glucocorticoids (GCs) have been the cornerstone in the treatment of several inflammatory and autoimmune diseases including pemphigus. GCs have contributed to a significant reduction in the mortality rate of this serious skin disease with their strong anti-inflammatory and immunosuppressive potencies [1]. However, current GC

therapy still possesses unsolved problems such as GC insensitivity/resistance or serious adverse reactions.

Although their mode of action is not completely understood, the pharmacological effects of GCs in autoimmune skin diseases such as pemphigus are considered to be exerted systemically and locally. First, GCs act on infiltrating and circulating lymphocytes leading to a suppression of autoantibody production or immune/inflammatory responses. Second, GCs directly affect keratinocytes with modification of their inflammatory and pathophysiological

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gene expressions [2]. In target cells, the molecular effects of GCs are mainly mediated by their binding to GC receptor (GR) α , a classically well-investigated receptor isoform. GR α is, in the absence of its ligand, localized in cytoplasm binding with other chaperon molecules such as heat shock proteins. After binding with GC, GR α translocates into the nucleus and homodimerizes and binds to GC responsive element (GRE) located in the promoter region of genes encoding anti-inflammatory mediators, and consequently transactivates such gene expression in harmony with several co-factors (transactivation; TA) [3]. Meanwhile, GC–GR α complex interacts with other transcription factors such as activator protein-1 (AP-1) and nuclear factor- κ B (NF- κ B), and inhibits the gene expression of inflammatory mediators (transrepression; TR) [3].

There have been studies showing that cytokines alter GC efficacy. It has been reported that a combination of IL-2 and -4, or IL-13 alone, reduces GR affinity with its ligands in T cells [4,5]. Several studies have reported that GR β , a dominant negative isoform of GR α , is induced by cytokines such as IL-2 and -4 in combination, and TNF α [6,7], although the physiological significance of GR β is controversial [8,9]. In addition, cytokines have been shown to activate pathways that lead to the stimulation of several inflammatory transcription factors, which also contribute to the attenuation of GC effects [10]. However, although it is known that inflammatory cytokines are crucial for developing a topical pathophysiology of the disease [11], little is known about the effect of cytokines on the GC effects in skin regions such as epidermal keratinocytes.

In the current study, we report TNF α modulates GC sensitivity by suppressing GR nuclear translocation and GC-induced transactivation in human epidermal keratinocyte cells (HaCaT). We also demonstrate that mitogen-activated protein kinase kinase-1/extracellular signal-regulated kinase (MEK-1/ERK) inhibitors restore GR translocation and sensitize the reduced GC response mediated by TNF α .

Materials and methods

Reagents. Human recombinant TNF α was purchased from R&D systems (Tokyo, Japan). Prednisolone (PSL) was obtained from Sigma–Aldrich, (Tokyo, Japan). PD98059 and U0126 (MEK-1/ERK inhibitors), SC-514 (IKK β inhibitor), SB203580 (p38 MAPK inhibitor), wortmannin (PI3 kinase inhibitor), and SP600125 (JNK inhibitor) were purchased from Calbiochem (Tokyo, Japan).

Cells and culture conditions. HaCaT cells were kindly provided by Dr. Norbert E. Fusenig (German Cancer Research Centre, Heidelberg, Germany). Cells were grown to confluence in Dulbecco's modified essential medium (DMEM) (Sigma–Aldrich) containing 10% FBS at 37 °C and 5% CO₂. We have preliminarily confirmed that none of the concentrations of cytokines or enzyme inhibitors presently examined showed significant changes in cell viability of HaCaT cells assessed by trypan blue staining and Celltiter Glo (Promega, Tokyo, Japan).

RNA extraction and quantitative real-time RT-PCR. Total RNA from HaCaT was extracted using a GenElute Total RNA Extraction Kit (Sigma–Aldrich, Tokyo, Japan) according to the manufacturer's instructions. The amount of total RNA was quantified by spectrophotometry. To exclude genomic DNA contamination, DNase I treatment was performed

on all samples. Reverse transcription was performed with a stepwise reaction at 25 °C for 10 min, 48 °C for 30 min, and 95 °C for 5 min. For the subsequent PCR procedure, 2.5 μ l cDNA mixture was used. PCR was performed using real-time SYBR green technology and analyzed by an ABI PRISM 7000 sequence detector (Applied Biosystems, Foster City, USA). Primers were either originally designed by Primer Express software (Applied Biosystems) for GAPDH (sense: GAAGGTGAAGGTCG GAGTC, antisense: GAAGATGGTGATGGGATTTC) and FK506 binding protein (FKBP51) (sense: CCAAAGCTGTTGAATGCTGTGA, antisense: CAAACTCGTTCATGAGCAGCTG), or purchased from a manufacturer (Quantitect Primer Assay, Qiagen, Tokyo, Japan) for glucocorticoid inducible leucine zipper (GILZ, also known as TSC22D3) and map kinase phosphatase (MKP)-1 (DUSP1). All PCR products were analyzed by dissociating curve analysis to ensure that amplification was appropriately performed. To express the relative amounts of gene expressions, a $\Delta\Delta C_t$ method was adopted for the analysis of mRNA for GILZ, FKBP51, and MKP-1. To analyze the effects of kinase inhibitors on TNF α -mediated GC insensitivity, percent recovery rates were calculated as follows; recovery rates (%) = $(A - B)/(C - B) \times 100$, where A indicates amounts of gene expressions in the presence of each inhibitor, TNF α , and PSL, B indicates data in the case of TNF α and PSL treatment, and C indicates data in the case of PSL treatment alone.

GR α and GR β mRNA expressions were determined by RT-PCR using specific Taqman probes with an ABI Prism 7000 sequence detector (Applied Biosystems). The raw fluorescence data of the Taqman assay were exported and graphically analyzed by GraphPad Prism 4.0 software (GraphPad Software Inc., San Diego, USA). Primers and probes for GR α (sense: GAGGAAGTTATCCTCTGCCTC, antisense: TGTAAGCAC CACCTTCCTGTCT, probe: 6FAM-TTCCAACAGTGAGTCTGTCA GCGCA-TAMRA) and GR β (sense: GGCAGCGGTTTATCAACT GA, antisense: GTGTGAGATGTGCTTTCTGTTT, probe: 6FAM-AAACTCTTGATTCTATGCATGAAAATGTTATGTGG-TAMRA) were used.

Reporter gene assay. HaCaT cells were transiently transfected by using LipofectAMINE PLUS (Invitrogen, Tokyo, Japan) according to the manufacturer's instructions. Briefly, cells were placed in 24-well plates two days prior to transfection and grown to 95% confluence. Plasmid DNA was prepared in 100 μ l of serum-free DMEM and incubated with 3 μ l of PLUS reagent at room temperature for 15 min, followed by 2.5 μ l of LipofectAMINE in an additional 100 μ l of DMEM. The mixture was incubated for another 15 min and then added to the wells containing 500 μ l of serum- or antibiotic-free DMEM. Transfections were allowed to proceed for 6 h. One microgram of pGRE-luc (Clontech, Tokyo, Japan) was co-transfected along with 10 ng *Renilla* luciferase reporter (pRL-TK) (Promega, Tokyo, Japan) to control for transfection efficiency. The cells were then washed twice with serum-free DMEM and incubated for an additional 24 h in DMEM with TNF α followed by PSL treatment for 4 h. After treatments, cells were washed twice with PBS and lysed in a passive lysis buffer (dual-luciferase assay, Promega). These treatments were done in triplicate for each experiment. Luciferase activity was measured by using a dual-luciferase reporter assay system (Promega) and a MicroLumat Plus LB96V luminometer (Berthold, Tokyo, Japan). Luciferase activity was calculated as the ratio of Firefly/*Renilla* and expressed as the relative value to its control experiment.

Western blotting. Cells were cultured in 100 mm diameter dishes and nuclear proteins were extracted using the NE-PER Nuclear and Cytoplasmic Extraction Reagents Kit (Pierce, Rockford, IL) according to the manufacturer's instructions. Protein concentration was quantified by a bicinchoninic acid (BCA) assay method (Pierce). Equivalent amounts of nuclear protein (5 μ g) were separated by SDS-polyacrylamide gel electrophoresis and electrotransferred to polyvinylidene difluoride membrane (Immobilon-P; Millipore, Tokyo, Japan). Proteins were detected by immunoblotting followed by ECL chemiluminescence detection (Amersham Biosciences, Buckinghamshire, England). GR (H-300) (Santa Cruz Biotechnology, Santa Cruz, CA) and histone H1 (AE-4) (Santa Cruz Biotechnology) antibodies were used as first antibodies. Secondary antibodies used were horseradish peroxidase conjugates of either anti-mouse

or anti-rabbit immunoglobulin G (Amersham Biosciences). Signals were detected by a luminoimage analyzer LAS-3000 (Fujifilm, Tokyo, Japan).

Data analysis. A Williams test was performed by Excel (Microsoft, Tokyo, Japan) originally programmed to calculate dose dependency. A Dunnett's multiple comparison test was applied to compare data among the control and treated samples. A Bonferroni's multiple comparison test was applied to compare data in each group. *p* Values less than 0.05 were regarded as statistically significant. These analyses were performed using GraphPad PRISM 4.0 (GraphPad Software Inc.).

Results

TNF α reduces PSL-dependent transactivation of pGRE-luc and an endogenous gene in HaCaT cells

We investigated the effect of TNF α on GC-induced transactivation in HaCaT cells. PSL (100 ng/ml) treatment for 4 h induced relative luciferase activity in HaCaT cells transiently transfected with pGRE-luc and pRL-TK plasmids (Fig. 1A). This transactivation was significantly reduced by a pre-treatment of cells with TNF α (0.1–10 ng/ml) in a dose-dependent manner. Statistically significant differences were observed when TNF α concentrations were higher than 1 ng/ml (*p* < 0.05 and *p* < 0.01 at TNF α concentrations of 1 and 10 ng/ml, respectively). PSL induction of an endogenous gene (glucocorticoid-induced leucine zipper; GILZ) was also significantly suppressed by TNF α pre-treatment in a similar manner (Fig. 1B). These results demonstrate TNF α reduces PSL sensitivity by decreasing its transactivational effect in HaCaT cells.

GR α and GR β mRNA expressions were not changed by TNF α treatment in HaCaT cells

As shown in Fig. 1, TNF α -induced PSL insensitivity by suppressing GC responsive gene expressions in HaCaT cells. We next sought to determine the molecular

mechanism(s) of PSL insensitivity. Taqman RT-PCR was performed to investigate changes in amounts of GR α or β mRNA expressions in the cultured conditions. However, results showed mRNA expressions of GR isoforms (α and β) were not changed by a 24 h TNF α treatment (10 ng/ml) in HaCaT cells (Fig. 2).

Effects of signaling cascade inhibitors on TNF α -induced GC insensitivity in HaCaT cells

Next, we investigated the effects of several enzyme inhibitors related to TNF α signaling. Cells were pre-treated with SC-514 (20 μ M), SB203580 (10 μ M), SP600125 (20 μ M), wortmannin (1 μ M), PD98059 (50 μ M), or U0126

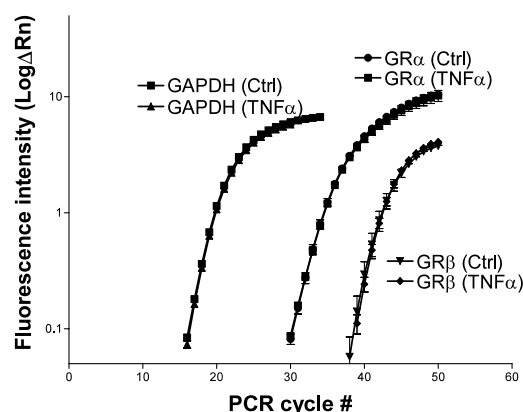


Fig. 2. Amplification plots of Taqman RT-PCR for GR isoforms (α and β) and effect of TNF α treatment on the expressions of GR isoforms. HaCaT cells were treated with TNF α (10 ng/ml) for 24 h. No significant change was observed in the mRNA expressions of both GR isoforms. GAPDH mRNA expressions, as a housekeeping control, were also determined. The data performed in triplicate are representative of three independent experiments.

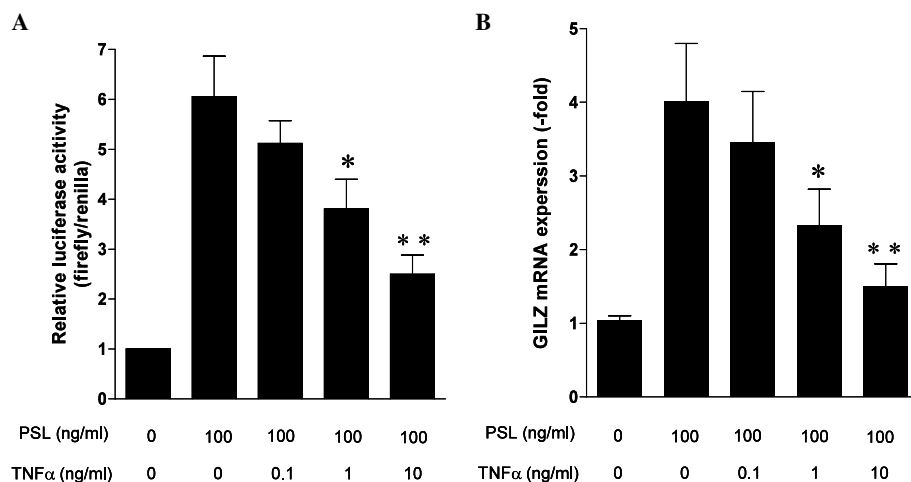


Fig. 1. (A) Effects of TNF α on the transcriptional activity of pGRE-luc determined by dual-luciferase assay. HaCaT cells were preincubated in the presence or absence of TNF α (0.1, 1, and 10 ng/ml) for 24 h and treated with or without PSL (100 ng/ml) for 4 h. Pre-treatment of TNF α inhibited PSL-induced luciferase activity in a dose-dependent manner (*n* = 4, the error bars are indicated as means \pm SE. **p* < 0.05 and ***p* < 0.01 by Williams test). (B) TNF α also decreased PSL-induced endogenous GILZ mRNA expression dose-dependently (*n* = 4, the error bars are indicated as means \pm SE. **p* < 0.05 and ***p* < 0.01 by Williams test).

(20 μ M) as well as DMSO (final conc. 0.4%) as a vehicle for 1 h. Subsequently, the cells were treated with TNF α (10 ng/ml) for 24 h followed by PSL (100 ng/ml) treatment for 4 h. Then the amounts of GILZ and FKBP51 mRNA expressions were determined by real-time RT-PCR (Fig. 3A and B). The pre-treatments of PD98059 and

U0126 significantly sensitized the PSL responses of GILZ and FKBP51 mRNA expressions by as much as 300% ($p < 0.01$). Although SP600125 tended to restore both PSL-dependent gene expressions, the difference was not statistically significant. Other signaling cascade inhibitors did not also show statistically significant recoveries of PSL-dependent gene expressions.

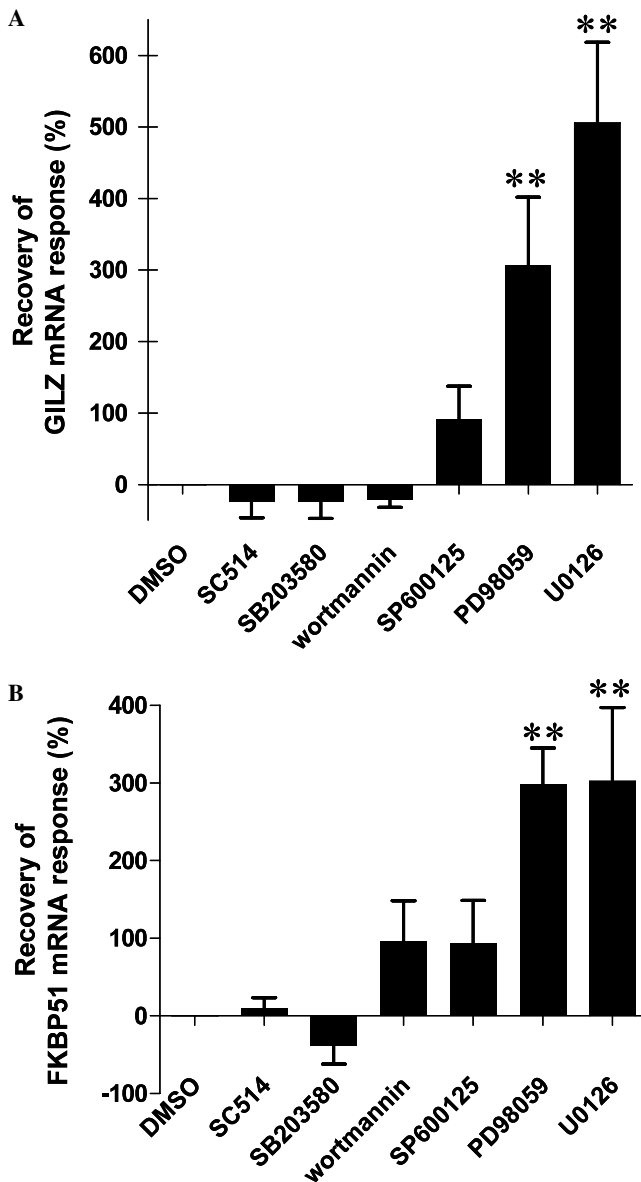


Fig. 3. Effects of inhibitors of signaling cascades on (A) GILZ mRNA and (B) FKBP51 mRNA expression in keratinocytes. HaCaT cells were pre-treated for 1 h with either an IKK β inhibitor, SC-514 (20 μ M), a p38 MAPK inhibitor, SB203580 (10 μ M), a JNK inhibitor, SP600125 (20 μ M), a PI3K inhibitor, wortmannin (1 μ M), MEK-1/ERK inhibitors, PD98059 (50 μ M), or U0126 (20 μ M) as well as DMSO (final conc. 0.4%). The cells were then treated with TNF α (10 ng/ml) for 24 h followed by PSL (100 ng/ml) treatment for 4 h. GILZ and FKBP51 mRNA expressions were determined using RT-PCR. Data are shown as percent recovery rate by each specific inhibitor as described in Materials and methods. PD98059 and U0126 treatment significantly sensitized PSL-dependent GILZ and FKBP51 mRNA expressions ($n = 5$, Dunnett's test; ** $p < 0.01$ as compared to the vehicle data (DMSO)).

Effects of MEK-1/ERK inhibitors on MKP-1 gene expression

MKP-1 is an important GC-induced anti-inflammatory gene that contains GRE sequences in the 5' promoter region. We also investigated the effects of TNF α and PSL on MKP-1 gene expressions in the presence of MEK-1/ERK inhibitors. We did not observe a significant increase in MKP-1 mRNA expression by PSL (100 ng/ml) treatment after 4 h in HaCaT cells, whereas TNF α (10 ng/ml) slightly increased MKP-1 mRNA expression. MKP-1 mRNA expression showed an additive increase by a combination of TNF α and PSL treatments. However, pre-treatment of PD98059 (50 μ M) and U0126 (20 μ M) strongly increased MKP-1 mRNA expression in the presence of TNF α and PSL treatments (Fig. 4).

Effects of TNF α and MEK-1/ERK inhibitors on PSL-dependent GR nuclear translocation

To further investigate TNF α -mediated GC insensitivity and its recovery by MEK-1/ERK inhibitors, we

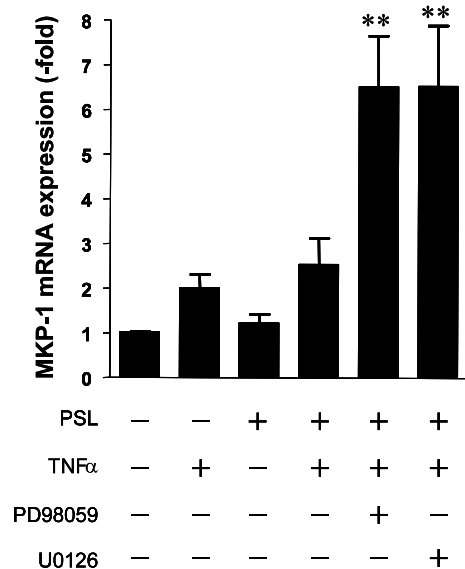


Fig. 4. Effect of MEK-1/ERK inhibitors on MKP-1 mRNA expression in the presence of TNF α and PSL in HaCaT cells. Cells were pre-treated with either PD98059 (50 μ M), or U0126 (20 μ M) for 1 h followed by TNF α treatment (10 ng/ml) for 24 h and then PSL treatment (100 ng/ml) for 4 h. MEK-1/ERK inhibitors strongly upregulated MKP-1 mRNA expression in the presence of TNF α and PSL ($n = 4$, Bonferroni's test; ** $p < 0.01$ as compared to PSL + TNF α treated group).

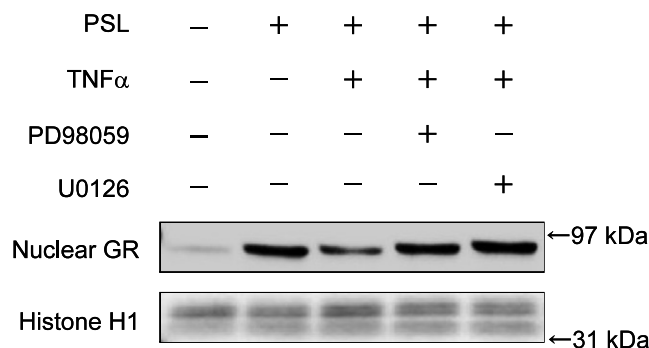


Fig. 5. Western blot analysis for PSL-dependent GR (94 kDa) nuclear translocation. Pre-treatment of TNF α (10 ng/ml) for 24 h reduced PSL- (100 ng/ml) dependent nuclear translocation of GR in HaCaT cells. However, this reduced GR translocation was restored by pre-treatment of PD98059 (50 μ M), or U0126 (20 μ M) for 1 h. Cells were harvested 2 h after PSL treatment. Histone H1 (32–33 kDa) was also detected as a nuclear loading control. The results were highly reproducible and are representative of four independent experiments.

investigated PSL-dependent nuclear translocation of GR by Western blotting for nuclear proteins. Results showed that TNF α (10 ng/ml) treatment reduced PSL- (100 ng/ml) induced nuclear translocation of GR in HaCaT cells (Fig. 5). This inhibitory effect of TNF α was restored by pre-treatment of cells with PD98059 (50 μ M) or U0126 (20 μ M) for 1 h.

Discussion

In the current study, we investigated the effect of TNF α on GC sensitivity of HaCaT, a human epidermal keratinocyte cell line. Data showed that pre-treatment of cells with TNF α suppressed PSL-induced transactivation of pGRE-luc and GILZ mRNA expressions in dose-dependent manners. This GC insensitivity was not accompanied by an increase in GR β or a decrease in GR α mRNA expression, but was significantly recovered by pre-treatments of cells with an MEK-1/ERK specific inhibitor (PD98059 or U0126). We also observed that GR nuclear translocation by PSL treatment was reduced by TNF α treatment and that MEK-1/ERK inhibitors also restored this phenomenon.

We have focused on three endogenous GC responsive genes (GILZ, FKBP51, and MKP-1), all of which have been shown to contain at least one GRE sequence in either the 5' promoter or intronic sequence. GILZ is known to be produced by B and T lymphocytes, and its production is strongly increased by GCs [12]. Promoter analysis showed that the 5' regulatory sequence of GILZ gene contains at least four GREs [13]. GILZ has been shown to have inhibitory effects on AP-1 DNA binding and NF- κ B activity by interfering with the p65 subunit [14,15], suggesting that GILZ plays an important role in suppressing the inflammatory response of cells. It has recently been reported that GILZ inhibits phosphorylation of Raf-1 and consequently inhibits Raf-MEK/ERK activation in T cells [16]. Our results demonstrate, for the first time, constitutive GILZ

gene expression in HaCaT keratinocytes and strong induction of its mRNA by GC treatment, suggesting that GILZ mediates the effects of GC, at least partly, in suppressing the inflammatory responses in keratinocytes. Our data also suggest that TNF α -mediated GC insensitivity in keratinocytes leads to decreased GILZ expression in response to GC treatment. This suggests GC fails to repress sustained inflammatory processes mediated by the Raf-MEK/ERK pathway. Our data also imply that inhibiting MEK-1/ERK by specific inhibitors latently cancels this vicious circle of GC insensitive inflammatory states.

FKBP51 is one of the GC inducible genes, which has been proposed as a general indicator of GC sensitivity [17]. Recently, two different groups independently reported the existence of functional GREs of FKBP51 in intron 1 [18] or intron 5 (E) [19]. One of the physiological functions of FKBP51 is to form a complex with GR α in the absence of its ligand together with other chaperon proteins, which may contribute to a negative feedback loop for partial desensitization of GC effects [20].

MKP-1 is also an important GC responsive anti-inflammatory gene because this molecule, known as a dual specific phosphatase, is capable of suppressing phosphorylated p38 and JNK pathways [21,22]. This gene also contains GREs sequence in the 5' promoter region [23]. MKP-1 is also inducible under some inflammatory conditions and this molecule plays a significant role in downregulating the inflammatory process [21].

One of the striking results observed in our study is that pre-treatment of MEK-1/ERK inhibitors strongly sensitized PSL-dependent gene expressions in the presence of TNF α . The amounts of these gene expressions in the treatment condition (MEK-1/ERK inhibitor + TNF α + PSL) were higher than those in the PSL treatment alone. Although it is reasonable to consider that the restoration of GR nuclear translocation by MEK-1/ERK inhibitors substantially accounts for this increase in GC-induced gene expressions, we cannot exclude the possibility that other mechanisms such as, for instance, modulation of co-factors that associate with GR may also exist.

Our data demonstrated that GR α and GR β mRNA expressions were not affected by TNF α treatment. For Western blotting, we used anti-GR antibody which recognizes a common epitope in both GR α (94 kDa) and GR β (90 kDa). However, our results clearly showed a single band which can be regarded as GR α , since our RT-PCR experiment showed GR α predominantly expressed over GR β in HaCaT cells. Several studies have reported on the relationships between cytokines with GR β overexpressions. Webster et al. have shown that pro-inflammatory cytokines such as TNF α and IL-1 β are able to accumulate GR β expression and lead to GC insensitivity [7]. In a recent study, Tliba et al. reported that combinations of TNF α and IFN β or IFN γ treatment reduced GC-dependent CD38 suppression and GRE-mediated transactivation in airway smooth muscle (ASM) cells. They reported that GR β mRNA and protein expression were significantly increased

by TNF α and/or IFN treatment in ASM cells [24]. Although the reason for the different observations from our experiments is not clear, further research is required to clarify how significant the role is of GR β expressions in cytokine-mediated GC insensitivity in several tissues where GCs are applied.

It is generally known that TNF α and other inflammatory cytokines are able to induce NF- κ B signaling cascades. The GC–GR complex can directly or indirectly interact with other transcription factors including NF- κ B, AP-1, and STAT families that are activated by cytokine stimulation [25]. Bantel et al. reported that in GC-resistant patients with Crohn's disease, strong expressions of NF- κ B and TNF α in epithelial cells have been observed, whereas these activations are restricted to macrophages in lamina propria in GC-sensitive patients [26]. They also reported that in human colorectal CaCo2 cells, overexpression of RelA, JNK1, or p38, which leads to the activation of NF- κ B and TNF α , suppressed GR-induced transactivation [26]. In contrast to this report, our data showed that SC-514, IKK β specific inhibitor did not affect reduced GC sensitivity mediated by TNF α , suggesting that there was little role of NF- κ B in interfering with GR function in our experimental conditions.

Recent studies have demonstrated an association of the MEK-1 pathway with cellular GC resistance. Li et al. demonstrated that in GC resistance induced by microbacterial superantigens, MEK-1 activation is involved in inhibiting GR nuclear translocation in T cells [27]. They also showed that GR is phosphorylated by *in vitro* co-incubation of ERK 1 or 2 with GR. Another study suggests that TCR signaling by co-stimulatory signal (CD28 or IL-2) induces MEK-ERK activation which leads to GC resistance in T cells [28]. These studies indicate the MEK-1 pathway may be an attractive target for overcoming GC resistance in T cells.

In the current study, we have clarified a novel link of TNF α , MEK-1/ERK, and reduced GR nuclear translocation in human epidermal keratinocytes. Since clinical studies report that higher concentrations of TNF α in skin blister fluids are sometimes observed and are associated with disease severities [29–31], our data imply that patients who have high TNF α expression at the skin inflammatory region acquire topical GC insensitivity with reduced GR nuclear translocation. Inhibiting the MEK-1/ERK cascade may offer a therapeutic potential for increasing GC efficacy in epidermis where sufficient immune/inflammatory suppression is required.

Acknowledgments

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