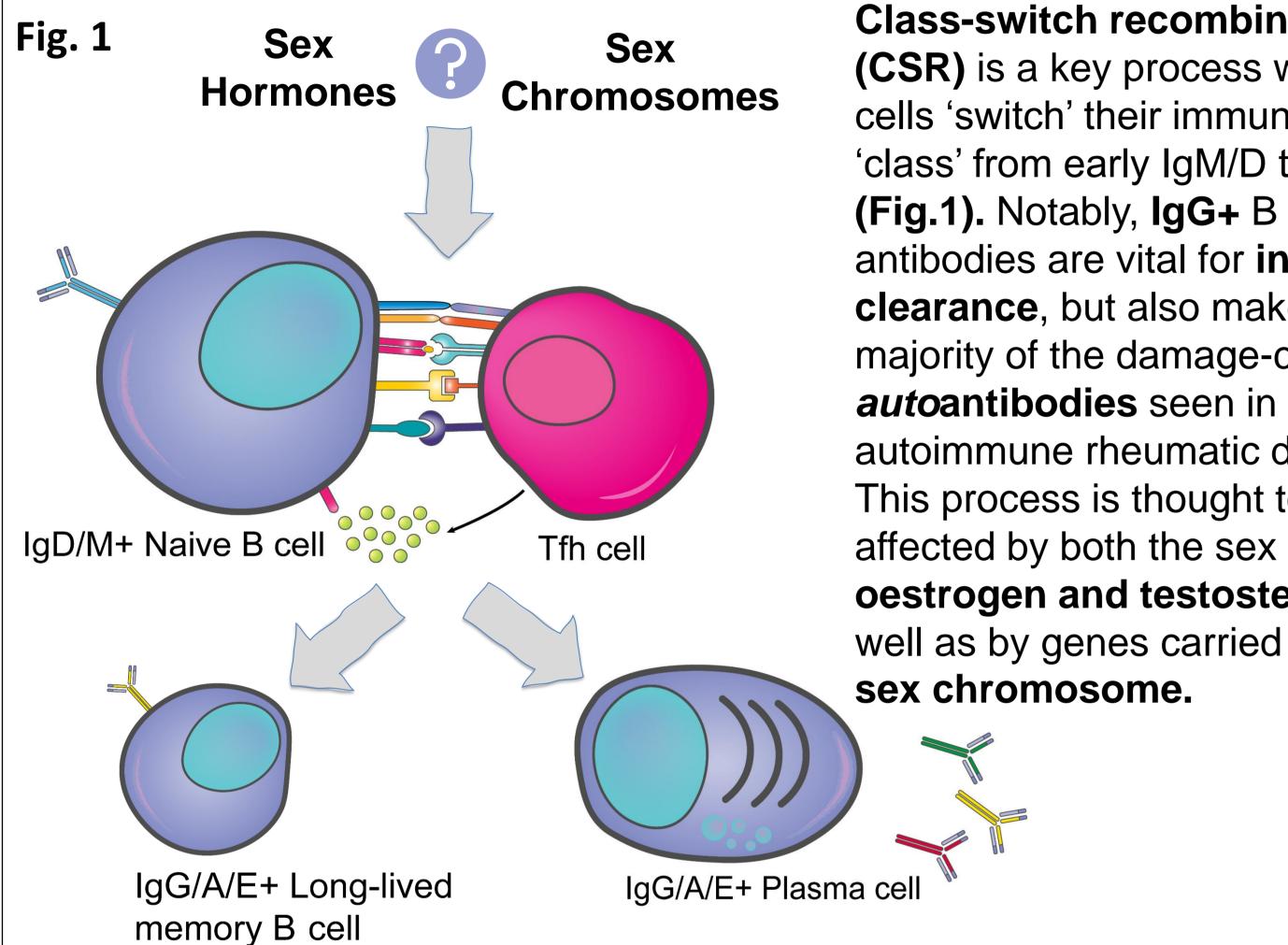
Impact of sex-steroid hormones on B cell class-switch recombination is dependent on sex chromosomes

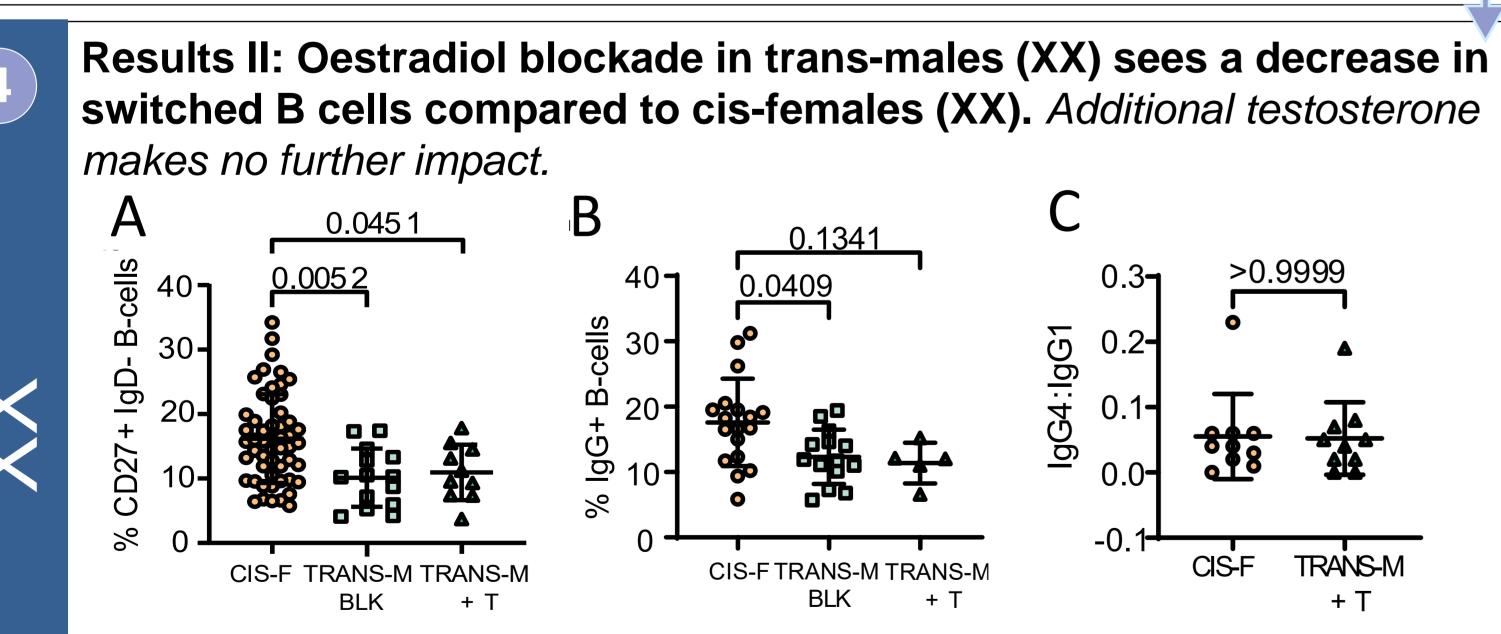
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Background

Heightened humoral immune responses in females are well-documented, and have been postulated to contribute to the female sex-bias seen in autoimmune disorders such as Systemic Lupus Erythematosus (SLE) and the increased morbidity from infections such as COVID-19 in males.



This study uses a unique cohort of healthy young cisgender and transgender volunteers to investigate the relative effects of hormones and chromosomes on CSR...



TRANS-M CIS-F Levels of CD27+IgD- B cells in (A) cis-females (n=53) compared to trans-males on puberty hormone blockers ("BLK"; n=15) +/- gender-affirming testosterone treatment ("+ T"; n=10) (B) IgG+ B cells in trans-males (n=14 BLKS, 5 on T) compared to cisfemales (n=19) (C) Serum IgG4:1 ratios, as measured by LegendPlex (n=10/group).



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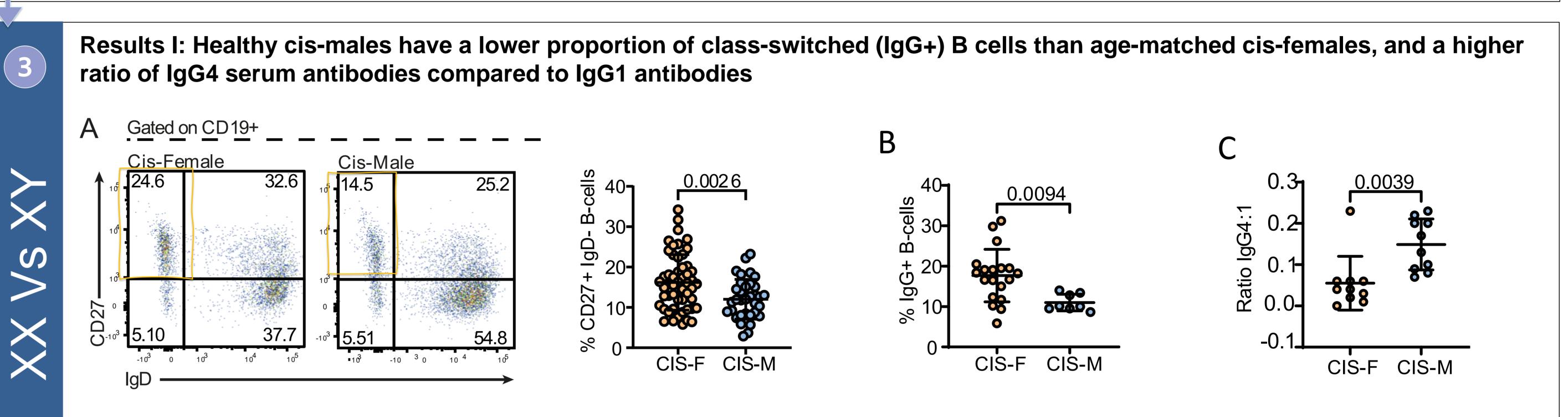


Class-switch recombination (CSR) is a key process whereby B cells 'switch' their immunoglobulin 'class' from early IgM/D to IgG/A/E (Fig.1). Notably, IgG+ B cells and antibodies are vital for **infection clearance**, but also make up the majority of the damage-causing autoimmune rheumatic diseases. This process is thought to be affected by both the sex hormonesoestrogen and testosterone, as well as by genes carried on the X

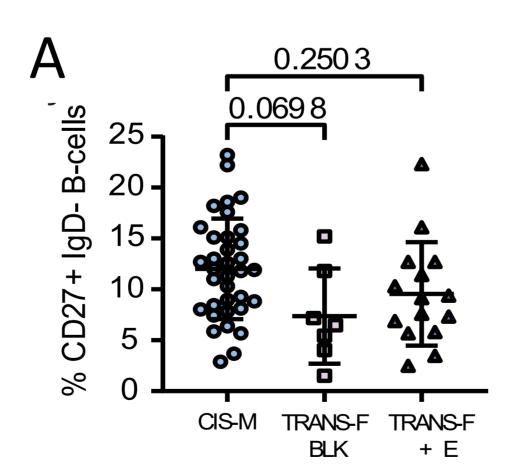
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Methods

Peripheral blood samples were collected from cis-male (XY; n=43) and –female (XX; n=62) volunteers (14-31 years), and transmale (XX; n=25) and trans-female (XY; n=23) volunteers (15-19 years) on GnRH-analogue ("puberty blockers"), +/- testosterone ("T") or oestradiol ("E") treatment, respectively. PBMC/serum phenotyping was performed using flow cytometry and LEGENDplex™ immunoassay. Sorted CD19+ cells from a representative subset (n=22) were sent for RNAseq analysis. Ordinary one-way ANOVA/ Kruskal-Wallis/ Mann-Whitney u-test used as appropriate. Mean + SD. Significance determined as p<0.05



Results III: Gender-affirming oestradiol treatment in transfemales (XY) does not increase class-switched B cell proportions to those seen in cis-females. Blocking testosterone and supplementing oestradiol is associated with a decrease in IgG4:1 serum antibody ratio, an effect not seen upon hormonal manipulation on the XX background.



trans-females on puberty hormone blockers ("BLK"; n=7) +/gender-affirming oestradiol treatment ("+ E"; n=15). (B) Serum IgG4:1 ratios, as measured by LegendPlex (n=10/group).

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Representative flow cytometry plots and scatter plots showing: (A) differences between cis-female (n=62) and -male (n=43) healthy control percentages of class-switched (CD27+ IgD-) CD19+ B cells. (B) IgG+ B cells in cis-females (n=19) compared to cis-males (n=8) (C) Serum *immunoglobulin measured by 8-Plex "LegendPlex", n=10/group.*

