



MHC CLASS I-RELATED MICA IS AN IMMUNOGENETIC FACTOR THAT MAY FUNCTIONALLY INFLUENCE BK POLYOMAVIRUS REACTIVATION, IMMUNE RESPONSES AND INFECTION OUTCOME

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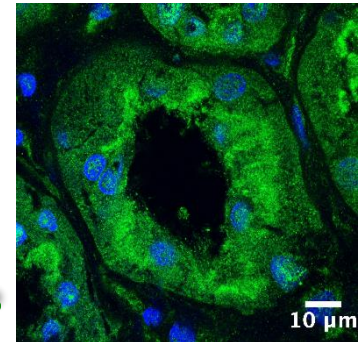
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Pierre Tonnerre, Nathalie Gérard, Pierre-Jean Gavlovsky, Simon Mazalrey, Maryvonne Hourmant, Mary-Luce Cheneau, Anne Cesbron Gautier, Karine Renaudin, Céline Bressollette-Bodin*, Béatrice Charreau*

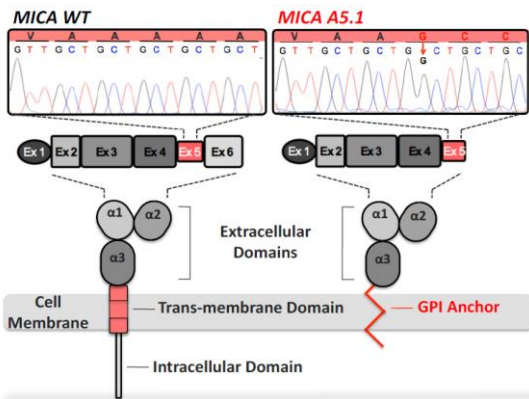
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BK polyomavirus (BKPv) frequently reactivates in kidney transplant recipients with immunosuppressive regimen and triggers BKPv-associated nephropathy (BKPvAN) and graft rejection. Determining effective risk factors for BKPv reactivation is required to achieve efficient prevention.

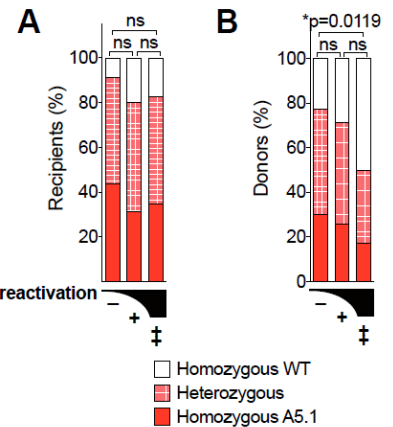
We show that, in kidney, MHC class I related chain A (MICA) is predominantly expressed in tubule epithelial cells, the natural targets of BKPv, questioning a role for MICA in the immune control of BKPv infection.



MICA (green) polarizes at the apical side of the tubule epithelium



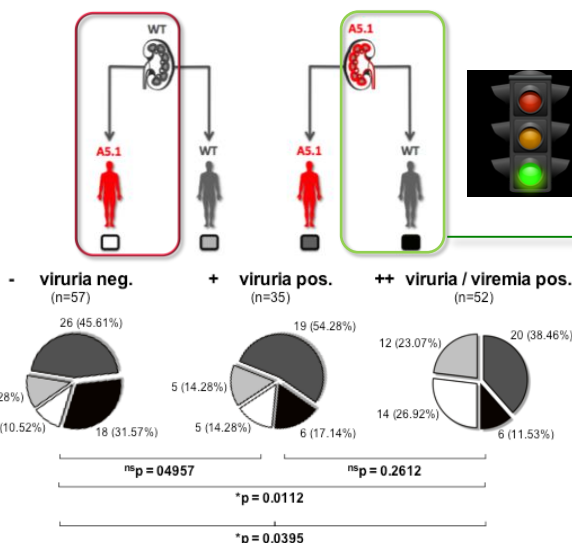
Focusing on *MICA* genotype we found a lower incidence of BKPv reactivation in recipients transplanted with renal graft carrying *MICA* A5.1 mutant, encoding a truncated non-conventional MICA protein.



Study cohort: **144 kidney transplant donor/recipient pairs** including recipients with no reactivation (controllers), mild (virurics) or severe (viremics) BKPv reactivation post-graft.

Donor/Recipient Mismatch for MICA A5.1 impacts on BKPv outcome

We established that a **mismatch for *MICA* A5.1** between transplant donor (D) and recipient (R) is critical for BKPv reactivation and BKPvAN. Functionally, we associated a low prevalence of BKPv reactivation with **elevated anti-MICA sensitization** and **reduced plasma level for soluble MICA (sMICA)** in recipients, two potential effector mechanisms resulting from MICA A5.1 mismatch that may improve infection outcome.



Hypothesis

