Interleukin-34 (IL34) was identified in 2008 (9). Studies showed that IL34 shares homology with M-CSF and they act through a common receptor, CD115, also called CSF-1R, (9) expressed on the cell surface of monocytes, and in the brain through a newly described receptor, Receptor-type Protein-tyrosine Phosphatase ζ (PTP-ζ) (10). However, studies have demonstrated that IL34 and M-CSF display distinct biological activity and signal activation (11), in part due to their differing spatial and temporal expression (12). Up to now IL34 function has been mainly linked with the survival and function of monocytes and macrophages (osteoclasts, microglia) (12). IL34 protein expression in resting cells has been observed in keratinocytes, hair follicles, neurons, proximal renal tubule cells and seminiferous tubule germ cells (12), and also in heart, brain, lung, liver, kidney, spleen, thymus, testicles, ovaries, prostate, colon, small intestine, spleen red pulp and osteoclasts (9). So far, IL34 has not been linked to the effects on immune function of DCs or T cells (12).

More recently, IL34 was shown to induce the differentiation of human monocytes into immunosuppressive macrophages (also referred as IL34-Mφ) since said IL34-differenciated macrophages suppressed TCR-dependent T cell proliferation (13), to induce transplantation tolerance (13) and also to induce IL-17-producing effector T helper cells, called Th17 cells (14). However, IL34-differenciated macrophages have never been shown to be useful for generating and expanding Treg from peripheral blood mononuclear cells (PBMCs).

SUMMARY:

The present disclosure relates to methods for obtaining a population of regulatory T cells. In particular, the present disclosure is defined by the claims.

In a first aspect of the present disclosure, there is provided a method for obtaining a population of human Treg cells comprising the steps of: (a) culturing a population of human monocytes in presence of interleukin-34 (IL-34) polypeptide in order to obtain a population of immunosuppressive macrophages; (b) co-culturing a population of human peripheral blood mononuclear cells (PBMCs) and the population of immunosuppressive macrophages obtained at step (a); and (c) optionally isolating the population of human Treg cells obtained at step (b).

In a second aspect of the present disclosure, there is provided an isolated population of human Treg cells obtainable by the method of the first aspect, wherein said Treg cells are CD8+ Foxp3+ Treg cells and/or CD8+CD45RClow Treg cells.

In a third aspect of the present disclosure, there is provided the isolated population of human Treg cells of the second aspect for use in therapy.

In a fourth aspect of the present disclosure, there is provided a use of the isolated population of human Treg cells of the second aspect for the manufacture of a medicament for preventing or treating an immune and/or inflammatory disease or condition.

In a fifth aspect of the present disclosure, there is provided a use of IL-34 for obtaining an enriched population of Tregs from a population of PBMCs.

DETAILED DESCRIPTION OF THE INVENTION:

The invention is based on results about a new efficient method for generating and expanding Treg from PBMCs without prior step of isolation of Tregs (usually 5% for Foxp3+ Tregs) contained in a biological sample obtained from a patient such as a blood sample. The inventors have indeed shown that human IL34-differentiated macrophages expand and potentiate human Tregs including human CD4+ and CD8+ $Foxp3^{+}$ Tregs (above 60%) and CD4+ and CD8+ $CD45RC^{low}$ Tregs (near 100%). Moreover, the inventors have demonstrated that the IL34-expanded Tregs obtained by a method of the present invention displayed a highly potent suppressive capacity up to a 16:1 effector: suppressor ratio, comparatively to unstimulated and polyclonaly stimulated Tregs.

CLAIMS

1. A method for obtaining a population of human Treg cells comprising the steps of: (a) culturing a population of human monocytes in presence of interleukin-34 (IL-34) polypeptide in order to obtain a population of immunosuppressive macrophages; (b) co-culturing a population of human peripheral blood mononuclear cells (PBMCs) and the population of immunosuppressive macrophages obtained at step (a); and (c) optionally isolating the population of human Treg cells obtained at step (b).

2. The method of claim **1** wherein the population of immunosuppressive macrophages are allogeneic to the population of human PBMCs.

3. An isolated population of human Treg cells obtainable by the method of claim **1** or claim **2**, wherein said Treg cells are CD8+ Foxp3+ Treg cells and/or CD8+CD45RClow Treg cells.

4. The isolated population of human Treg cells of claim **3** for use in therapy.

5. Use of the isolated population of human Treg cells of claim **3** for the manufacture of a medicament for preventing or treating an immune and/or inflammatory disease or condition.

6. The use according to claim **5**, wherein the immune/inflammatory disease or condition is selected from the group comprising graft rejection and GVHD.

7. Use of IL-34 for obtaining an enriched population of Tregs from a population of PBMCs.