

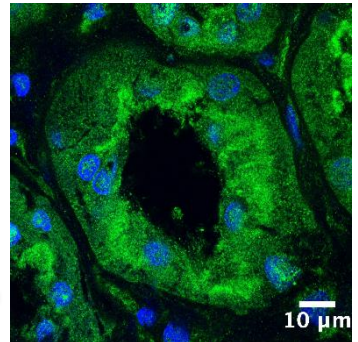
# MHC CLASS I-RELATED MICA IS AN IMMUNOGENETIC FACTOR THAT MAY FUNCTIONALLY INFLUENCE BK POLYOMAVIRUS REACTIVATION, IMMUNE RESPONSES AND INFECTION OUTCOME

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

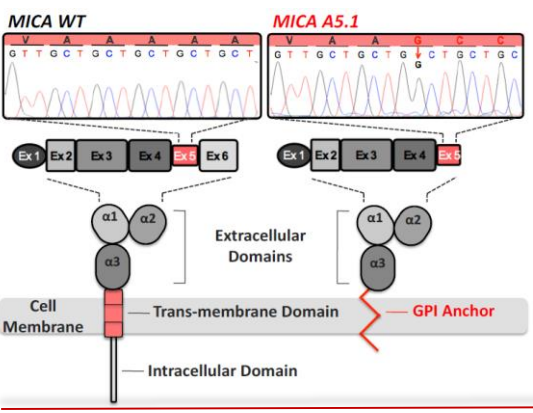
INSERM UMR1064, CHU de Nantes, Université de Nantes, France.

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

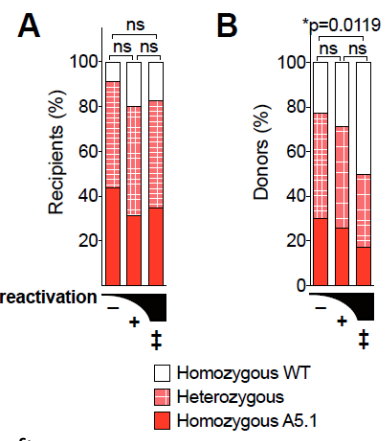
We show that, in kidney, MHC class I related chain A (MICA) is predominantly expressed in tubule epithelial cells, the natural targets of BKPyV, questioning a role for MICA in the immune control of BKPyV infection.



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



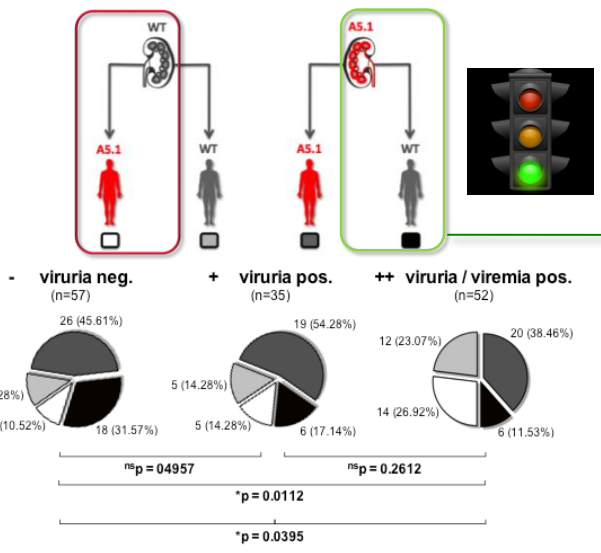
Focusing on MICA genotype we found a lower incidence of BKPyV reactivation in recipients transplanted with renal graft carrying MICA A5.1 mutant, encoding a truncated non-conventional MICA protein.



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

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

We established that a mismatch for MICA A5.1 between transplant donor (D) and recipient (R) is critical for BKPyV reactivation and BKPyVAN. Functionally, we associated a low prevalence of BKPyV 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

