



Communication

# The Potential Role of a Soluble $\gamma$ -Chain Cytokine Receptor as a Regulator of IL-7-Induced Lymphoproliferative Disorders

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Received: 28 September 2018; Accepted: 26 October 2018; Published: 28 October 2018



**Abstract:** IL-7 is an essential, nonredundant growth factor for T and B cell generation and maintenance. While IL-7 deficiency results in lymphopenia, overexpression of IL-7 can cause neoplasia in experimental models. IL-7's involvement in neoplasia has been appreciated through studies of IL-7 transgenic (Tg) mice models and human lymphoma patients. Since we recently found that a soluble form of the common  $\gamma$ -chain ( $\gamma$ c) cytokine receptor ( $\gamma$ c) antagonistically regulates IL-7 signaling, IL-7 and  $\gamma$ c double-Tg mice were generated to investigate the effects of  $\gamma$ c overexpression in IL-7-mediated lymphoproliferative disorders (LPDs). The overexpression of  $\gamma$ c prevents IL-7Tg-induced abnormal increase of LN cell numbers and the development of splenomegaly, resulting in striking amelioration of mortality and disease development. These results suggest that modification of  $\gamma$ c cytokine responsiveness by  $\gamma$ c molecules might control various  $\gamma$ c cytokine-associated hematologic malignancy, and also provide an alternative view to approach antitumor therapy.

**Keywords:** IL-7;  $\gamma$ c; lymphoma; cytokine

## 1. Introduction

IL-7 is one of the  $\gamma$ c cytokines that are a major factor in T-cell development and differentiation [1]. On the other hand, the IL-7 has been identified as a supportive factor for several human lymphocyte malignancies, including Hodgkin's and both B- and T-acute and -chronic lymphocytic leukemia [2,3]. IL-7 exerts its effect through interaction with the IL-7 receptor (IL-7R), which is composed of a unique  $\alpha$  chain (IL-7R $\alpha$ ) and  $\gamma$ c, whereby expression of IL-7R $\alpha$  mainly determines the timing and extent of IL-7 signaling [1,4], since  $\gamma$ c expression is presumed to remain unchanged on lymphocytes. This was proven by IL-7Tg animal models that were heterozygous with the IL-7R $\alpha$  subunit and improved survival compared to wild-type (WT) IL-7Tg mice [5,6]. In addition, the heterozygote of signal transducers and activators of transcription (STAT) 5, the main component of JAK/STAT pathway of IL-7 signaling, showed a dramatic reduction in IL-7-induced mortality and tumor development [5].  $\gamma$ c is one of essential components for IL-7 signaling and is critical in lymphocyte development and homeostasis, while little information exists about the mechanisms of  $\gamma$ c expression and regulation.

IL-7 binding to IL-7R triggers two main pathways, STAT5 of the JAK/STAT pathway [7] and the phosphatidylinositol-3-kinase (PI3 kinase) pathway [8,9]. Both STAT5 and PI3 kinase have been

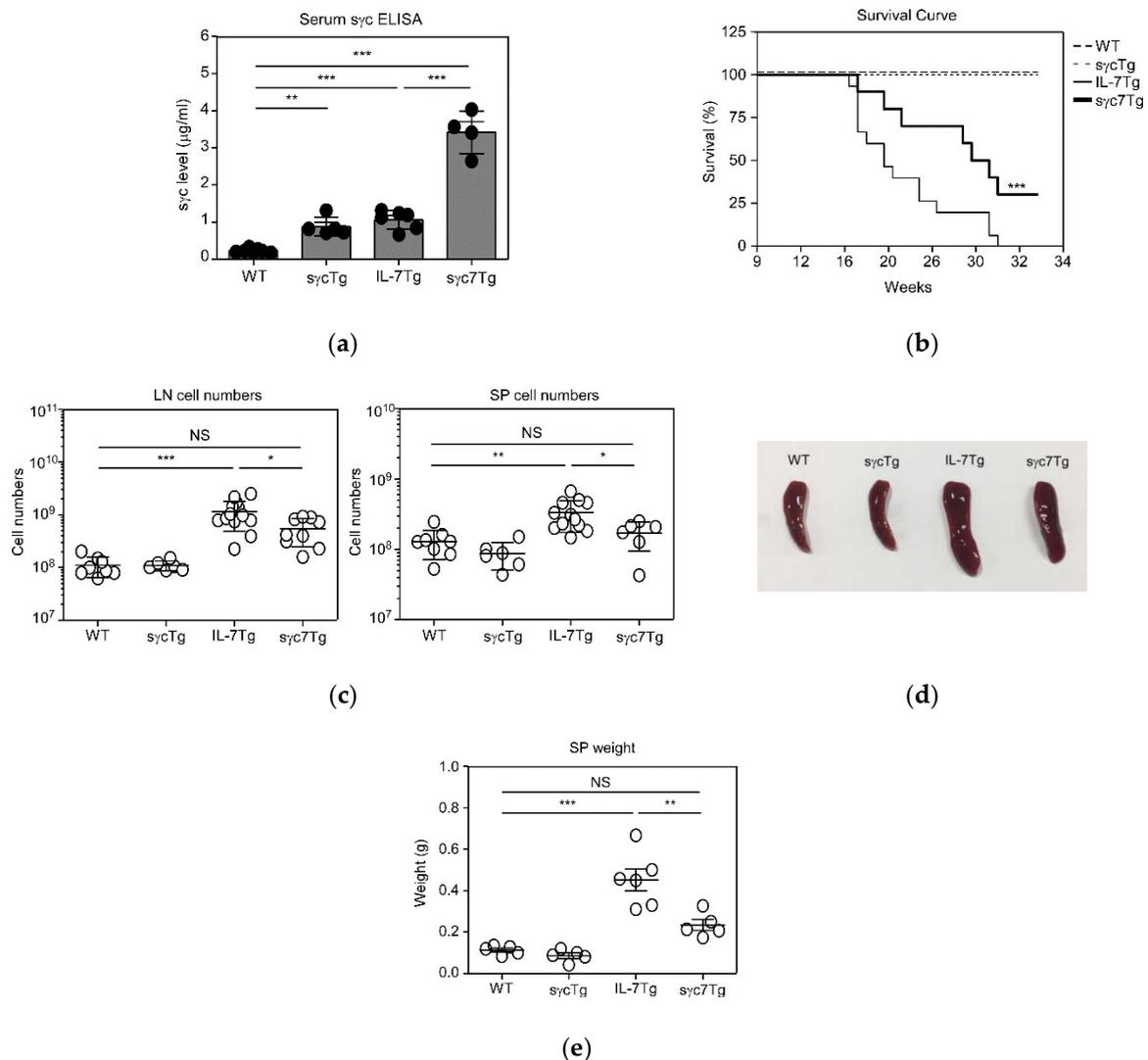
implicated in cell-growth control and survival [10]. Consistent with the signaling pathways, constitutively overexpressed STAT5 transgenic animal models demonstrated that excessive cytokine signaling through their overexpression can develop lymphomas [11]. The role of STAT5 in lymphomagenesis was more supported by STAT5 heterozygote animal models that haploinsufficiency of the STAT5 transcription factor could significantly modify the consequence of IL-7 overexpression [5]. Interestingly, dysregulation of IL-7 signaling through retrovirally encoded  $\gamma c$  has been considered a possible mechanism of leukaemogenesis after  $\gamma c$ -gene therapy, because IL-7 levels are elevated in patients with severe combined immunodeficiency (SCID) [12]. However, the effects of  $\gamma c$  transgenes in lymphomagenesis have not been directly evaluated yet.

Recently, we discovered *syc* that is generated by alternative splicing of the  $\gamma c$  pre-mRNA and that is highly released by activated T cells, negatively regulating  $\gamma c$  cytokine signaling [13,14], resulting in the modulation of T-cell homeostasis and differentiation. It is interesting to speculate on whether *syc* overexpression would ameliorate the development of IL-7-mediated lymphoproliferative disorders (LPDs) through the dampening of IL-7 signaling [15]. In this regard, our study revealed that *syc* could significantly control IL-7-mediated LPDs. Furthermore, we suggest that the therapeutic potential of *syc* could be applied and expanded to immune-associated diseases like autoimmune disease and infection.

## 2. Results and Discussion

### 2.1. IL-7-Mediated LPDs Are Regulated by *syc* Expression Level

In previous reports, we demonstrated that *syc* regulates  $\gamma c$  cytokine signaling with the generation of *syc*-overexpressing transgenic (*syc*Tg) mice [13,14,16]. We found with in vitro and in vivo analysis of  $\gamma c$  cytokine responsiveness that an elevated level of *syc* dramatically dampens IL-2, IL-7, and IL-15 signaling. Since IL-7Tg mice have been previously used to study IL-7 responsive tumor types and IL-7-mediated transformation [6], we generated *syc* and IL-7 double-Tg (*syc*7Tg) mice to investigate the effects of *syc* overexpression in IL-7-mediated LPDs. First, we confirmed *syc* levels in these mice, and found that *syc* levels were significantly increased in *syc*Tg ( $878 \pm 220$  ng/mL) and *syc*7Tg ( $3414 \pm 499$  ng/mL) compared to WT ( $227 \pm 50$  ng/mL) and IL-7Tg ( $1065 \pm 230$  ng/mL), respectively (Figure 1a). Comparing WT and IL-7Tg mice, the *syc* level in IL-7Tg mice was dramatically increased (Figure 1a), indicating that an absolute amount of *syc* may be proportional to the number of lymphocytes. Next, we examined whether the high level of *syc* controlled IL-7Tg-induced death. IL-7 overexpression under the control of the immunoglobulin enhancer and promoter accelerated mortality compared to WT mice, with 100% mortality within six months of age, as described previously [6]. *syc*Tg mice displayed improved survival from IL-7-mediated death (Figure 1b), with survival well beyond eight months in 30% of *syc*7Tg mice ( $p < 0.001$ ). Moreover, while chronic overexposure of IL-7 resulted in an abnormally increased number of LN cells and splenomegaly development, *syc* overexpression prevented IL-7Tg-induced abnormal increase of LN and spleen cell numbers (Figure 1c). Remarkably, *syc*7Tg mice did not develop splenomegaly (Figure 1d,e). These findings indicate that *syc* positively controls IL-7-induced LPDs. Altogether with the current results and our previous studies [13], we strongly expect that *syc* overexpression protects against IL-7-mediated lymphomagenesis, and consequently reduces mortality by dampening excessive IL-7 signaling.

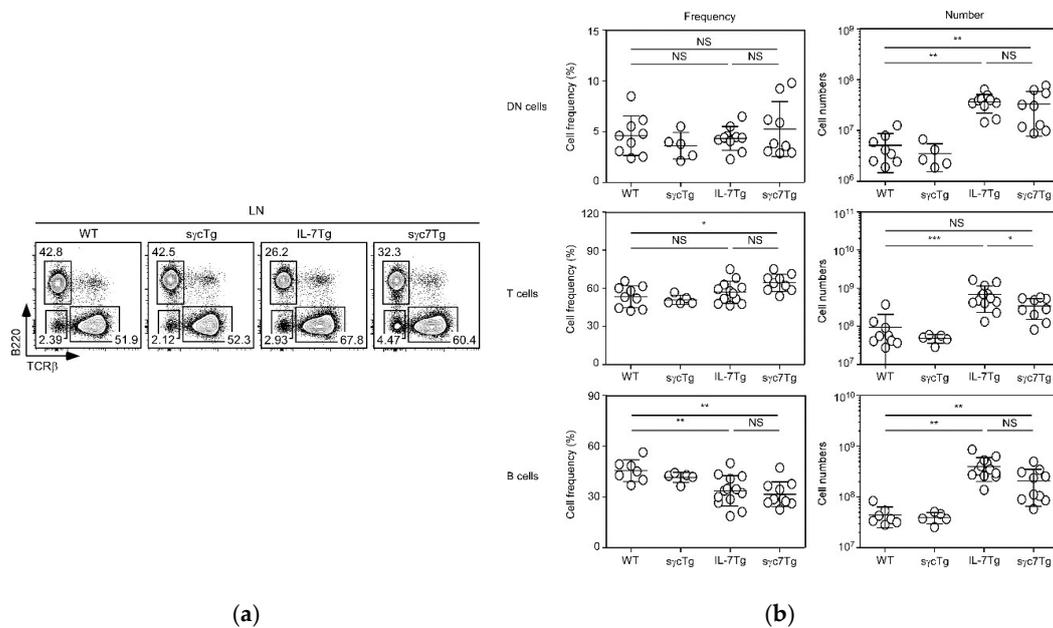


**Figure 1.** *syc* levels affect IL-7-induced mortality. *syc*Tg mice were crossed with IL-7Tg mice and monitored weekly for lesions, node enlargement, and survival over eight months. (a) *syc* levels in wild-type (WT), *syc*Tg, IL-7Tg, and *syc*7Tg serum were measured by ELISA. (b) Survival of WT ( $n = 16$ ), *syc*Tg ( $n = 14$ ), IL-7Tg ( $n = 15$ ), and *syc*7Tg ( $n = 10$ ) mice were monitored every week. (c) Total lymph-node (LN) and spleen (SP) cell numbers in indicated mice. Each symbol represents an indicated individual mouse. Horizontal lines indicate mean and SD. (d) Gross anatomy of spleens from the indicated mice. Picture shows representative spleen from  $n > 5$  mice per group. (e) Summary of spleen weight from indicated mice. \*  $p < 0.05$ , \*\*  $p < 0.01$ , \*\*\*  $p < 0.001$ , and NS mean not significant.

## 2.2. *syc* Suppresses IL-7-Related Expansion of T Cells

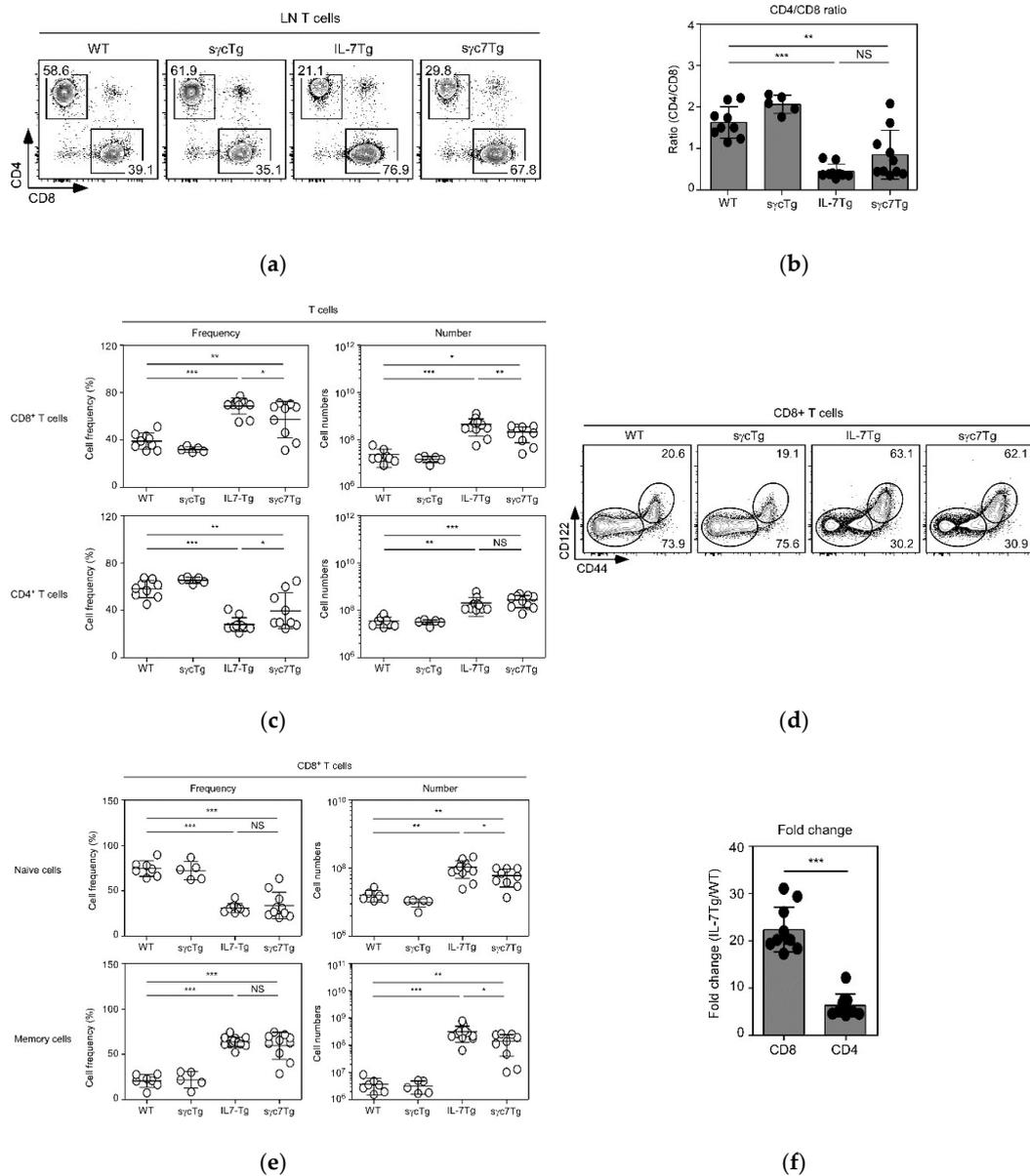
Since a decrease in the number of lymphocytes in *syc*7Tg mice was observed, we next wanted to examine which immune cells are dominantly affected by *syc* overexpression. While both B and T cells were vigorously expanded in IL-7Tg mice, *syc* overexpression significantly and specifically reduced the expansion of T cells without alteration of their frequency and B:T ratio (Figure 2a,b). Indeed, while B cells become IL-7-independent with the termination of IL-7R $\alpha$  expression after successful IgH rearrangement, T cells only start to be dependent on IL-7 upon TCR rearrangement. The inhibitory effect of *syc* overexpression in T-cell expansion seems to be due to T-cell-specific IL-7 dependency. However, a numerical increase of both B (statistically significant) and T (statistically nonsignificant) cells was still observed in *syc*7Tg mice compared to WT and *syc*Tg mice (Figure 2b). This may be due to the partial inhibitory effects on IL-7 signaling, or the mechanism in which these cells were

transformed and acquired malignancy with chronic and strong IL-7 signaling. Consistent with previous studies [5,6], prolonged *in vivo* exposure of IL-7 leads to a preneoplastic lymphoproliferative state followed by the development of lymphoma. Thus, malignant cells among proliferative lymphocytes from *syc7Tg* mice would proliferate regardless of the level of *syc*. Indeed, this lymphomagenesis was proved in transplant experiments [6]. The IL-7-independent abnormal proliferation suggests that the inhibitory effect of *syc* could be limited in IL-7-mediated lymphomagenesis.



**Figure 2.** Frequency and total numbers of B, T, and B-T- (DN) cells in LN from the indicated mice. (a) Contour plots show TCRβ/B220 profiles and percentages of B, T and DN cells, respectively. (b) Summary of B, T, and DN cell frequency and numbers. Each symbol represents an indicated individual mouse. Horizontal lines indicate mean and SD. \*  $p < 0.05$ , \*\*  $p < 0.01$ , \*\*\*  $p < 0.001$ , and NS mean not significant.

The responsiveness of IL-7 in CD8+ and CD4+ T cells is quite distinct. *In vivo* administration of IL-7 to mice dramatically increases T cell numbers, especially CD8+ T cells [17]. Since CD8+ T-cell numbers are also dominantly increased in IL-7Tg mice [6,18], we next analyzed CD4 vs. CD8 profiles to confirm whether the *syc* cell specifically regulates IL-7 signaling (Figure 3a). While CD4:CD8 ratios are significantly reduced in IL-7Tg mice compared to WT or *syc7Tg* mice, these reductions are slightly restored by *syc* overexpression (Figure 3b). The CD8+ T-cell-specific effect of *syc* was definitely confirmed through analysis of change in cell numbers. The increased numbers of CD8+ T cells in IL-7Tg mice are significantly reduced in *syc7Tg* mice; these reductions, however, were not observed in CD4+ T cells (Figure 3c). These data imply that *syc* more specifically downregulates IL-7 signaling in CD8+ T cells than in CD4+ T cells, and the reduction in total T-cell numbers of *syc7Tg* mice is due to a reduction in CD8+ T cell numbers. IL-7 plays a particularly important role in CD8+ T cell homeostasis, especially in the homeostasis of memory CD8+ T cells as well as naïve CD8+ T cells [19], while homeostatic proliferation of memory CD4+ T cells is independent of IL-7 [20]. Consistent with this, both naïve (CD44–CD122<sup>low</sup>) and memory (CD44+CD122<sup>hi</sup>) CD8+ T cell numbers are reduced in *syc7Tg* mice compared to IL-7Tg mice (Figure 3d,e). Altogether with current studies and previous studies, we propose that sufficient IL-7 initially induces the proliferation of naïve CD8+ and CD4+ T cells, followed by differentiation to memory phenotype cells. Furthermore, since it has been shown that the survival and proliferation of memory CD8+ T cells, not CD4+ T cells, are dependent on IL-7 [18], CD8+ T cells are more dominantly expanded than CD4+ T cells in IL-7Tg mice (Figure 3f). Consequently, *syc* relatively and more specifically suppresses the proliferation of CD8+ T cells.

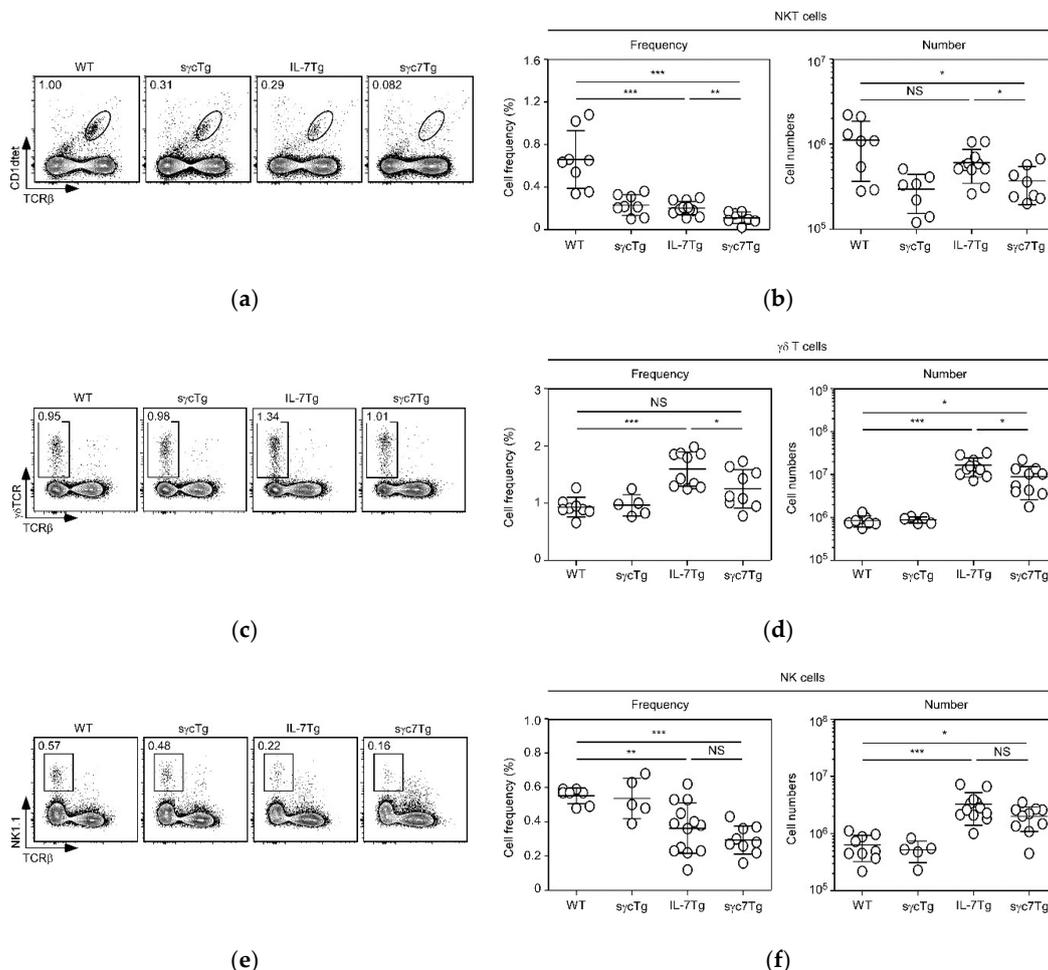


**Figure 3.** Analysis of CD4<sup>+</sup> and CD8<sup>+</sup> LN T cells. **(a)** Contour plots show CD4/CD8 profiles and percentages of CD4<sup>+</sup> and CD8<sup>+</sup> T cells, respectively. **(b)** CD4/CD8 ratio in the indicated mice. Each symbol represents an indicated individual mouse. Error bars represent mean and SD. **(c)** Summary of frequency and total numbers of CD4<sup>+</sup> and CD8<sup>+</sup> T cells in the indicated mice. Each symbol represents an indicated individual mouse. Horizontal lines indicate mean and SD. **(d)** Contour plots show CD44/CD122 profiles and percentages of CD44<sup>lo</sup>CD122<sup>hi</sup> naïve and CD44<sup>hi</sup>CD122<sup>lo</sup> memory T cells, respectively. **(e)** Naïve- and memory-phenotype analysis of CD8<sup>+</sup> T cells. Frequency and total numbers of naïve and memory CD8<sup>+</sup> T cells in the indicated mice were analyzed. Each symbol represents an indicated individual mouse. Horizontal lines indicate mean and SD. **(f)** Fold change of CD4<sup>+</sup> and CD8<sup>+</sup> T cells between IL-7Tg and WT mice. Each symbol represents an indicated individual mouse. Error bars represent mean and SD. \*  $p < 0.05$ , \*\*  $p < 0.01$ , \*\*\*  $p < 0.001$ , and NS mean not significant.

### 2.3. *syc* Inhibits IL-7-Mediated Expansion of $\gamma\delta$ T and NKT Cells, but Not NK Cells

We described the effects of *syc* in IL-7-induced abnormal proliferation of conventional T cells. Since homeostatic expansion of nonconventional T cells, such as NKT and  $\gamma\delta$ T cells, is dependent on IL-7 and IL-15 [21–25], we next analyzed the role of *syc* in their proliferation. Consistent with our previous studies [14], we found that an elevated level of *syc* reduces the frequency and numbers of

NKT cells (Figure 4a,b). Interestingly, while significant reduction of NKT cell frequency was observed in IL-7Tg mice (Figure 4a), implying that is due to relative reduction by increased frequency of conventional T cells, NKT cell numbers in IL-7Tg were comparable to WT mice (Figure 4b). NKT cell frequency was more decreased in *syc*7Tg mice compared to IL-7Tg mice (Figure 4b). This seems to be due to the synergetic effect of *syc* overexpression as well as the relative reduction. This is further supported by the reduced number of NKT cells in *syc*7Tg mice compared to IL-7Tg mice (Figure 4b). Thus, results indicate that the proliferation of NKT cells is IL-7-independent but *syc* dependently inhibited. While it has been known that IL-15 plays a major role in NKT cell homeostasis [25,26], homeostasis of  $\gamma\delta$ T cells is dependent on both IL-7 and IL-15 [22,23]. Consistently, the frequency and numbers of  $\gamma\delta$ T cells were significantly increased in IL-7Tg mice; this increase, however, was markedly reduced by *syc* overexpression (Figure 4c,d). Unlike NKT cells, these data demonstrate that  $\gamma\delta$ T cells are responsible to IL-7 and could be developed into tumor cells, but  $\gamma\delta$ T lymphomagenesis could be controlled by the level of *syc*. In addition, we examined the frequency and numbers of NK cells (Figure 4e,f). Although homeostasis of NK cells is independent of IL-7 [27], the number of NK cells was increased in IL-7Tg mice (Figure 4f). This seems to be due to a bystander effect by proliferating other cells, rather than a direct effect of IL-7, since *syc*7Tg mice did not show significant alteration in NK cell numbers (Figure 4f).



**Figure 4.** Frequency and total numbers of NKT,  $\gamma\delta$ T, and NK cells in LN from indicated mice. Contour plots show (a) TCR $\beta$ /CD1d tet, (c) TCR $\beta$ / $\gamma\delta$ TCR, and (e) TCR $\beta$ /NK1.1 profiles and percentages of NKT,  $\gamma\delta$ T, and NK cells, respectively. Summary of (b) NKT, (d)  $\gamma\delta$ T, and (f) NK cell frequency and numbers. Each symbol represents an indicated individual mouse. Horizontal lines indicate mean and SD. \*  $p < 0.05$ , \*\*  $p < 0.01$ , \*\*\*  $p < 0.001$ , and NS mean not significant.

Our studies suggest that *syc* contributes to the suppression of IL-7-induced lymphomagenesis. Consistent with our results, a study using a different target also suggests that regulation of IL-7 responsiveness in lymphocytes controls IL-7-induced lymphomagenesis [5]. IL-7 is one of the  $\gamma$  cytokines, including IL-2, IL-4, IL-9, IL-15, and IL-21, which share  $\gamma$  as a signaling subunit of their receptors. Many reports have also indicated that these  $\gamma$  cytokines are involved in neoplasia [15]. In terms of IL-2-associated neoplasia, certain T, B, monocytic, and even granulocytic leukemia cells express IL-2R $\alpha$ . For example, human T-cell lymphotropic virus I (HTLV-I)-associated adult T-cell leukemia cells constitutively express IL-2R $\alpha$  [28]. IL-4 amounts are usually elevated in human cancer patients. IL-4 knockout mice are more resistant to tumor challenge than IL-4-competent mice [29]. Furthermore, the increase of IL-4 levels in tumor environments and the upregulation of the IL-4 receptor (IL-4R) on tumor cells have been long observed [30]. The incidence of T lymphoblastic lymphomas and large-B-cell lymphomas, induced by the retroviral transfer of the nucleophosmin-anaplastic lymphoma kinase (NPM-ALK) fusion gene product into bone-marrow cells, is increased in mice that transgenically express IL-9 [31]. Overexpression of IL-15 frequently develops T-NK lymphocytic leukemia [32]. Furthermore, IL-15 has been shown to promote leukemia-cell survival and/or proliferation [33]. A study using human myeloma cell lines showed the persistent expression of IL-21R on malignant plasma cells and potent antiapoptotic effects of IL-21, suggesting that IL-21 is associated with malignancy of multiple myeloma (MM) [34]. Furthermore, it has been reported that IL-21 works as a potent growth factor for certain hematological tumors, such as MM, Hodgkin's lymphoma, anaplastic large-cell lymphoma, and cutaneous T-cell lymphoma, including Sézary syndrome [15].

Many reports and clinical studies have reported that  $\gamma$  cytokines are closely linked to the growth of tumor cells, especially hematologic malignancy [15]. It is easy to think that the approach of targeting a single  $\gamma$  cytokine cannot efficiently control hematologic malignancy, since other  $\gamma$  cytokines compensate for the loss of a targeted  $\gamma$  cytokine and serve as a tropic factor for lymphoma. Therefore, since "integrative control" of all  $\gamma$  cytokines is required for the efficient treatment of hematologic malignancy, we reason that *syc*, as demonstrated in this study, would be a powerful biological drug for antitumor immunotherapy. Although there may be concerns about side effects caused by blocking all  $\gamma$  cytokine signaling, we would like to point out that *syc* suppresses but not completely abolishes cytokine signaling, unlike a neutralizing antibody. This is in line with our observation that T-cell numbers are reduced but not completely rescued in *syc* 7Tg mice to those of WT mice (Figure 2b), and IL-2 and IL-15 signaling is reduced but not absent in the presence of *syc* [13,14,16]. Moreover, we propose that the modification of *syc* to a multimer, which may improve affinity to  $\gamma$  cytokine receptors, would induce a more significant antitumor effect.

### 3. Materials and Methods

#### 3.1. Animal

C57BL/6 (B6) mice were obtained from Orient Bio Inc. (Sunngam, South Korea). IL-7Tg mice, which were under the control of a murine H chain Ig enhancer (E $\mu$ ) and a human H chain Ig promoter (P $\mu$ ) [6], were generated by P. Leder (Harvard Medical School, Boston, MA, USA) and kindly provided by N. Abraham (University of British Columbia, Canada). *syc*Tg mice, which specifically overexpress *syc* cDNA in T cells under the control of human CD2 (hCD2) enhancer-promoter [13], were bred with IL-7Tg mice to generate *syc*- and IL-7-overexpressing mice. All mice were maintained in the specific pathogen-free animal facility of Pusan National University School of Medicine. All animal experiments and protocols were approved by the Pusan National University Institutional Animal Care and Use committee (PNU-2018-1850, 21 March 2018).

All groups contained both female and male mice and were used at 8–10 weeks of age for FACS and anatomic analysis. Mice survival was assessed with spontaneous death.

### 3.2. Flow Cytometry Analysis

The cells were collected from LN and SP, and analyzed via FACS Canto or FACS Aria I. The data were analyzed using FlowJo version 10 (Version 10, Tree Star, Ashland, OR, USA). Antibodies with the following specificities were used for staining: CD8 $\alpha$  (53–6.7), CD44 (IM7), NK1.1 (PK136), TCR $\beta$  (H57–597),  $\gamma\delta$ TCR (GL3), and CD122 (IL-2R), all from BioLegend (San Jose, CA, USA); B220 (RA3–6B2) from BD Biosciences (San Jose, CA, USA); CD4 (GK1.5) from Thermo Fisher (Waltham, MA, USA), fluorochrome-conjugated CD1d tetramers loaded with PBS-567 and unloaded controls were obtained from the NIH tetramer facility (Emory University, Atlanta, GA, USA). Antimouse CD16/32 (2.4G2; BioLegend, San Jose, CA, USA) blocks nonspecific binding of antibodies.

### 3.3. Detection of s $\gamma$ c Levels

Serum s $\gamma$ c was detected in a sandwich ELISA using a polyclonal anti- $\gamma$ c antibody (R&D system, Minneapolis, MN, USA) as the capture antibody, and a biotin-conjugated monoclonal anti- $\gamma$ c antibody (4G3; BD Biosciences) as the detection antibody. Recombinant s $\gamma$ c protein was used in standard curve.

### 3.4. Statistical Analysis

Statistical differences were analyzed using Student's two-tailed *t*-test for comparisons between two groups, and one-way analysis of variance (ANOVA) for comparisons between more than two groups. Survival curve comparisons between two groups were performed with a nonparametric Mann–Whitney test. Calculations were performed by using Graph Pad Prism software Prism 5.0 (GraphPad Software, La Jolla, CA, USA) Statistical significance was determined as the following indications: \*  $p < 0.05$ , \*\*  $p < 0.01$ , \*\*\*  $p < 0.001$ , and NS (not significant).

**Author Contributions:** Conceptualization, C.H.; methodology, G.K. and C.H.; formal analysis, G.K. and C.H.; investigation and experiment, G.K., Y.J., B.L., and C.H.; writing—original draft preparation, C.H.; writing—review and editing, G.K., Y.J., B.L., L.A.A., B.L., and C.H.

**Funding:** This work was supported by the Medical Research left (MRC) Program through the National Research Foundation of Korea (NRF-2015R1A5A2009656), and by a grant of the Korean Health Technology R and D Project, Ministry of Health and Welfare, Republic of Korea (HI14C2512).

**Acknowledgments:** We thank the members of the mouse core facility at PNU School of Medicine for taking care of our mice. We thank N. Abraham for providing us with IL-7Tg mice.

**Conflicts of Interest:** The authors declare no conflict of interest.

### Abbreviations

IL	Interleukin
TCR	T-cell receptor
NK	Natural killer
SCID	Severe combined immunodeficiency

### References

1. Hong, C.; Luckey, M.A.; Park, J.H. Intrathymic IL-7: The where, when, and why of IL-7 signaling during T cell development. *Semin. Immunol.* **2012**, *24*, 151–158. [[CrossRef](#)] [[PubMed](#)]
2. Foss, H.D.; Hummel, M.; Gottstein, S.; Ziemann, K.; Falini, B.; Herbst, H.; Stein, H. Frequent expression of IL-7 gene transcripts in tumor cells of classical Hodgkin's disease. *Am. J. Pathol.* **1995**, *146*, 33–39. [[PubMed](#)]
3. Touw, I.; Pouwels, K.; van Agthoven, T.; van Gorp, R.; Budel, L.; Hoogerbrugge, H.; Delwel, R.; Goodwin, R.; Namen, A.; Lowenberg, B. Interleukin-7 is a growth factor of precursor B and T acute lymphoblastic leukemia. *Blood* **1990**, *75*, 2097–2101. [[PubMed](#)]
4. Rochman, Y.; Spolski, R.; Leonard, W.J. New insights into the regulation of T cells by gamma(c) family cytokines. *Nat. Rev. Immunol.* **2009**, *9*, 480–490. [[CrossRef](#)] [[PubMed](#)]
5. Abraham, N.; Ma, M.C.; Snow, J.W.; Miners, M.J.; Herndier, B.G.; Goldsmith, M.A. Haploinsufficiency identifies STAT5 as a modifier of IL-7-induced lymphomas. *Oncogene* **2005**, *24*, 5252–5257. [[CrossRef](#)] [[PubMed](#)]

6. Rich, B.E.; Campos-Torres, J.; Tepper, R.I.; Moreadith, R.W.; Leder, P. Cutaneous lymphoproliferation and lymphomas in interleukin 7 transgenic mice. *J. Exp. Med.* **1993**, *177*, 305–316. [[CrossRef](#)] [[PubMed](#)]
7. Lin, J.X.; Migone, T.S.; Tsang, M.; Friedmann, M.; Weatherbee, J.A.; Zhou, L.; Yamauchi, A.; Bloom, E.T.; Mietz, J.; John, S.; et al. The role of shared receptor motifs and common Stat proteins in the generation of cytokine pleiotropy and redundancy by IL-2, IL-4, IL-7, IL-13, and IL-15. *Immunity* **1995**, *2*, 331–339. [[CrossRef](#)]
8. Pallard, C.; Stegmann, A.P.; van Kleffens, T.; Smart, F.; Venkitaraman, A.; Spits, H. Distinct roles of the phosphatidylinositol 3-kinase and STAT5 pathways in IL-7-mediated development of human thymocyte precursors. *Immunity* **1999**, *10*, 525–535. [[CrossRef](#)]
9. Barata, J.T.; Silva, A.; Brandao, J.G.; Nadler, L.M.; Cardoso, A.A.; Boussiotis, V.A. Activation of PI3K is indispensable for interleukin 7-mediated viability, proliferation, glucose use, and growth of T cell acute lymphoblastic leukemia cells. *J. Exp. Med.* **2004**, *200*, 659–669. [[CrossRef](#)] [[PubMed](#)]
10. Jiang, Q.; Li, W.Q.; Aiello, F.B.; Mazzucchelli, R.; Asefa, B.; Khaled, A.R.; Durum, S.K. Cell biology of IL-7, a key lymphotrophin. *Cytokine Growth Factor Rev.* **2005**, *16*, 513–533. [[CrossRef](#)] [[PubMed](#)]
11. Kelly, J.A.; Spolski, R.; Kovanen, P.E.; Suzuki, T.; Bollenbacher, J.; Pise-Masison, C.A.; Radonovich, M.F.; Lee, S.; Jenkins, N.A.; Copeland, N.G.; et al. Stat5 synergizes with T cell receptor/antigen stimulation in the development of lymphoblastic lymphoma. *J. Exp. Med.* **2003**, *198*, 79–89. [[CrossRef](#)] [[PubMed](#)]
12. Bolotin, E.; Annett, G.; Parkman, R.; Weinberg, K. Serum levels of IL-7 in bone marrow transplant recipients: Relationship to clinical characteristics and lymphocyte count. *Bone Marrow Transplant.* **1999**, *23*, 783–788. [[CrossRef](#)] [[PubMed](#)]
13. Hong, C.; Luckey, M.A.; Ligons, D.L.; Waickman, A.T.; Park, J.Y.; Kim, G.Y.; Keller, H.R.; Etzensperger, R.; Tai, X.; Lazarevic, V.; et al. Activated T cells secrete an alternatively spliced form of common gamma-chain that inhibits cytokine signaling and exacerbates inflammation. *Immunity* **2014**, *40*, 910–923. [[CrossRef](#)] [[PubMed](#)]
14. Park, J.Y.; Jo, Y.; Ko, E.; Luckey, M.A.; Park, Y.K.; Park, S.H.; Park, J.H.; Hong, C. Soluble gammac cytokine receptor suppresses IL-15 signaling and impairs iNKT cell development in the thymus. *Sci. Rep.* **2016**, *6*, 36962. [[CrossRef](#)] [[PubMed](#)]
15. Goh, T.S.; Hong, C. New insights of common gamma chain in hematological malignancies. *Cytokine* **2017**, *89*, 179–184. [[CrossRef](#)] [[PubMed](#)]
16. Kim, G.; Hwang, H.; Jo, Y.; Lee, B.; Lee, Y.H.; Kim, C.H.; Hong, C. Soluble gammac receptor attenuates anti-tumor responses of CD8(+) T cells in T cell immunotherapy. *Int. J. Cancer* **2018**, *143*, 1212–1223. [[CrossRef](#)] [[PubMed](#)]
17. Geiselhart, L.A.; Humphries, C.A.; Gregorio, T.A.; Mou, S.; Subleski, J.; Komschlies, K.L. IL-7 administration alters the CD4:CD8 ratio, increases T cell numbers, and increases T cell function in the absence of activation. *J. Immunol.* **2001**, *166*, 3019–3027. [[CrossRef](#)] [[PubMed](#)]
18. Kieper, W.C.; Tan, J.T.; Bondi-Boyd, B.; Gapin, L.; Sprent, J.; Ceredig, R.; Surh, C.D. Overexpression of interleukin (IL)-7 leads to IL-15-independent generation of memory phenotype CD8+ T cells. *J. Exp. Med.* **2002**, *195*, 1533–1539. [[CrossRef](#)] [[PubMed](#)]
19. Tan, J.T.; Dudl, E.; LeRoy, E.; Murray, R.; Sprent, J.; Weinberg, K.I.; Surh, C.D. IL-7 is critical for homeostatic proliferation and survival of naive T cells. *Proc. Natl. Acad. Sci. USA* **2001**, *98*, 8732–8737. [[CrossRef](#)] [[PubMed](#)]
20. Tan, J.T.; Ernst, B.; Kieper, W.C.; LeRoy, E.; Sprent, J.; Surh, C.D. Interleukin (IL)-15 and IL-7 jointly regulate homeostatic proliferation of memory phenotype CD8+ cells but are not required for memory phenotype CD4+ cells. *J. Exp. Med.* **2002**, *195*, 1523–1532. [[CrossRef](#)] [[PubMed](#)]
21. Ye, S.K.; Maki, K.; Lee, H.C.; Ito, A.; Kawai, K.; Suzuki, H.; Mak, T.W.; Chien, Y.; Honjo, T.; Ikuta, K. Differential roles of cytokine receptors in the development of epidermal gamma delta T cells. *J. Immunol.* **2001**, *167*, 1929–1934. [[CrossRef](#)] [[PubMed](#)]
22. He, Y.W.; Malek, T.R. Interleukin-7 receptor alpha is essential for the development of gamma delta+ T cells, but not natural killer cells. *J. Exp. Med.* **1996**, *184*, 289–293. [[CrossRef](#)] [[PubMed](#)]
23. Lodolce, J.P.; Boone, D.L.; Chai, S.; Swain, R.E.; Dassopoulos, T.; Trettin, S.; Ma, A. IL-15 receptor maintains lymphoid homeostasis by supporting lymphocyte homing and proliferation. *Immunity* **1998**, *9*, 669–676. [[CrossRef](#)]
24. Webster, K.E.; Kim, H.O.; Kyparissoudis, K.; Corpuz, T.M.; Pinget, G.V.; Uldrich, A.P.; Brink, R.; Belz, G.T.; Cho, J.H.; Godfrey, D.I.; et al. IL-17-producing NKT cells depend exclusively on IL-7 for homeostasis and survival. *Mucosal Immunol.* **2014**, *7*, 1058–1067. [[CrossRef](#)] [[PubMed](#)]

25. Gordy, L.E.; Bezbradica, J.S.; Flyak, A.I.; Spencer, C.T.; Dunkle, A.; Sun, J.; Stanic, A.K.; Boothby, M.R.; He, Y.W.; Zhao, Z.; et al. IL-15 regulates homeostasis and terminal maturation of NKT cells. *J. Immunol.* **2011**, *187*, 6335–6345. [[CrossRef](#)] [[PubMed](#)]
26. Matsuda, J.L.; Gapin, L.; Sidobre, S.; Kieper, W.C.; Tan, J.T.; Ceredig, R.; Surh, C.D.; Kronenberg, M. Homeostasis of V $\alpha$  14i NKT cells. *Nat. Immunol.* **2002**, *3*, 966–974. [[CrossRef](#)] [[PubMed](#)]
27. Prlic, M.; Blazar, B.R.; Farrar, M.A.; Jameson, S.C. In vivo survival and homeostatic proliferation of natural killer cells. *J. Exp. Med.* **2003**, *197*, 967–976. [[CrossRef](#)] [[PubMed](#)]
28. Waldmann, T.A.; Longo, D.L.; Leonard, W.J.; Depper, J.M.; Thompson, C.B.; Kronke, M.; Goldman, C.K.; Sharrow, S.; Bongiovanni, K.; Greene, W.C. Interleukin 2 receptor (Tac antigen) expression in HTLV-I-associated adult T-cell leukemia. *Cancer Res.* **1985**, *45*, 4559s–4562s. [[PubMed](#)]
29. Li, Z.; Chen, L.; Qin, Z. Paradoxical roles of IL-4 in tumor immunity. *Cell. Mol. Immunol.* **2009**, *6*, 415–422. [[CrossRef](#)] [[PubMed](#)]
30. Li, Z.; Jiang, J.; Wang, Z.; Zhang, J.; Xiao, M.; Wang, C.; Lu, Y.; Qin, Z. Endogenous interleukin-4 promotes tumor development by increasing tumor cell resistance to apoptosis. *Cancer Res.* **2008**, *68*, 8687–8694. [[CrossRef](#)] [[PubMed](#)]
31. Lange, K.; Uckert, W.; Blankenstein, T.; Nadrowitz, R.; Bittner, C.; Renaud, J.C.; van Snick, J.; Feller, A.C.; Merz, H. Overexpression of NPM-ALK induces different types of malignant lymphomas in IL-9 transgenic mice. *Oncogene* **2003**, *22*, 517–527. [[CrossRef](#)] [[PubMed](#)]
32. Fehniger, T.A.; Suzuki, K.; Ponnappan, A.; VanDeusen, J.B.; Cooper, M.A.; Florea, S.M.; Freud, A.G.; Robinson, M.L.; Durbin, J.; Caligiuri, M.A. Fatal leukemia in interleukin 15 transgenic mice follows early expansions in natural killer and memory phenotype CD8+ T cells. *J. Exp. Med.* **2001**, *193*, 219–231. [[CrossRef](#)] [[PubMed](#)]
33. Fehniger, T.A.; Caligiuri, M.A. Interleukin 15: Biology and relevance to human disease. *Blood* **2001**, *97*, 14–32. [[CrossRef](#)] [[PubMed](#)]
34. Brenne, A.T.; Ro, T.B.; Waage, A.; Sundan, A.; Borset, M.; Hjorth-Hansen, H. Interleukin-21 is a growth and survival factor for human myeloma cells. *Blood* **2002**, *99*, 3756–3762. [[CrossRef](#)] [[PubMed](#)]



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