Molecular and genetic studies have demonstrated that members of the Toll-like receptor (TLR) family are critical innate immune receptors. TLRs are recognition receptors for a diverse group of microbial ligands including bacteria, fungi, and viruses. This study demonstrates that distinct TLRs are responsible for the recognition of Helicobacter lipopolysaccharide (LPS) versus intact Helicobacter bacteria. We show that the cytokine-inducing activity of Helicobacter LPS was mediated by TLR4; i.e., TLR4-deficient macrophages were unresponsive to Helicobacter pylori LPS. Surprisingly, the cytokine response to whole Helicobacter bacteria (H. pylori, H. hepaticus, and H. felis) was mediated not by TLR4 but rather by TLR2. Studies of HEK293 transfectants revealed that expression of human TLR2 was sufficient to confer responsiveness to intact Helicobacter bacteria, but TLR4 transfection was not sufficient. Our studies further suggest that cag pathogenicity island genes may modulate the TLR2 agonist activity of H. pylori as cagA+ bacteria were more active on a per-cell basis compared to cagA mutant bacteria for interleukin-8 (IL-8) cytokine secretion. Consistent with the transfection studies, analysis of knockout mice demonstrated that TLR2 was required for the cytokine response to intact Helicobacter bacteria. Macrophages from both wild-type and TLR4-deficient mice produced a robust cytokine secretion response (IL-6 and MCP-1) when stimulated with intact Helicobacter bacteria. In contrast, macrophages from TLR2-deficient mice were profoundly unresponsive to intact Helicobacter stimulation, failing to secrete cytokines even at high (100:1) bacterium-to-macrophage ratios. Our studies suggest that TLR2 may be the dominant innate immune receptor for recognition of gastrointestinal Helicobacter species.

Helicobacter pylori is a gram-negative, spiral-shaped bacterium that infects half of the world’s population (29). While infection with H. pylori invariably leads to a chronic inflammatory response (chronic active gastritis), most infected patients remain asymptomatic, with only minimal inflammation (62). However, a significant percentage of patients do progress to more serious outcomes, which include peptic ulcer disease, gastric lymphoma, and gastric cancer (12, 22, 42, 57). On the more serious outcomes, which include peptic ulcer disease, gastric lymphoma, and gastric cancer (12, 22, 42, 57). On the other hand, a significant percentage of patients do progress to more serious outcomes, which include peptic ulcer disease, gastric lymphoma, and gastric cancer (12, 22, 42, 57). On the other hand, a significant percentage of patients do progress to more serious outcomes, which include peptic ulcer disease, gastric lymphoma, and gastric cancer (12, 22, 42, 57). On the other hand, a significant percentage of patients do progress to more serious outcomes, which include peptic ulcer disease, gastric lymphoma, and gastric cancer (12, 22, 42, 57). On the other hand, a significant percentage of patients do progress to more serious outcomes, which include peptic ulcer disease, gastric lymphoma, and gastric cancer (12, 22, 42, 57). On the other hand, a significant percentage of patients do progress to more serious outcomes, which include peptic ulcer disease, gastric lymphoma, and gastric cancer (12, 22, 42, 57). On the other hand, a significant percentage of patients do progress to more serious outcomes, which include peptic ulcer disease, gastric lymphoma, and gastric cancer (12, 22, 42, 57). On the other hand, a significant percentage of patients do progress to more serious outcomes, which include peptic ulcer disease, gastric lymphoma, and gastric cancer (12, 22, 42, 57). On the other hand, a significant percentage of patients do progress to more serious outcomes, which include peptic ulcer disease, gastric lymphoma, and gastric cancer (12, 22, 42, 57). On the other hand, a significant percentage of patients do progress to more serious outcomes, which include peptic ulcer disease, gastric lymphoma, and gastric cancer (12, 22, 42, 57). On the other hand, a significant percentage of patients do progress to more serious outcomes, which include peptic ulcer disease, gastric lymphoma, and gastric cancer (12, 22, 42, 57).
**MATERIALS AND METHODS**

**Human cells and cell lines.** Human embryonic kidney (HEK293) cells (American Type Culture Collection, Manassas, Va.) were grown in RPMI 1640 medium or Dulbecco modified Eagle medium (Gibco BRL, Grand Island, N.Y.) supplemented with 10% heat-inactivated fetal bovine serum (Atlanta Biologicals, Norcross, Ga.). HEK293 cells stably expressing human TLR2, TLR4, MD2, and/or CD14 were engineered as previously described (28). Peripheral blood mononuclear cells (PBMC) were isolated from normal human donors by Ficoll-Hypaque gradient centrifugation (Lymphocyte Separation Medium; Mediatech, Herndon, Va.). Monocytes were isolated by countercurrent centrifugal elutriation of mononuclear leukocyte-enriched cell preparations from leukapheresis donors. Macrophages were differentiated from blood monocytes by culturing the cells in the presence of 1,000 U of macrophage colony-stimulating factor (R&D Systems, Minneapolis, Minn.) per ml for 2 days and in culture medium (Dulbecco modified Eagle medium plus 10% fetal bovine serum) alone for an additional 8 to 14 days (76).

**PECs.** Murine peritoneal exudate cells (PECs) were harvested from mice injected intraperitoneally with 1 ml of 4% thioglycollate after 4 days by peritoneal lavage with Ca²⁺− and Mg²⁺−free sterile saline. TLR2-deficient mice were the gift of S. Akira (Osaka, Japan) (24). TLR4-deficient C57BL/10ScN mice were obtained from the National Cancer Institute. C57BL/6, C57BL/6 × 129Sv F₂ (B6129F2), and C57BL/10Scnd wild-type control mice were purchased from The Jackson Laboratory (Bar Harbor, Maine).

Cells were cultured in 24-well culture dishes at densities of 10⁴ to 10⁶ cells per well in 1 ml of medium. HEK293 cells at 10⁵/ml, PBMC at 10⁶/ml, and monocytes and macrophages at 10⁷/ml, and PECs at 10⁵/ml were used. Cells were stimulated with LPS (1 to 100 ng/ml), Pam3CSK4 (10 to 100 ng/ml), or bacteria (10³ to 10⁹ CFU/ml). For analysis of cytokine secretion, culture supernatants were harvested at 18 h after stimulation and cytokine levels were determined by enzyme-linked immunosorbent assay (ELISA) (OptEIA; BD-Pharmingen). For analysis of cytokine gene transcription, cells were stimulated with bacteria or medium alone for 2 h. The cells were harvested and lysed, and RNA was prepared with a commercial RNA extraction kit (RNeasy; QIAGEN, Valencia, Calif.). Total mRNA (5 µg per blot) was reverse transcribed, labeled with biotin, and hybridized to a Mouse Inflammatory Cytokine SuperArray in accordance with the manufacturer's instructions. Chemiluminescent images on film were transilluminated, scanned, and analyzed with GEArray software.

**LPS preparations.** LPS from *Escherichia coli* serotype O111:B4 was purchased from Sigma (St. Louis, Mo.). Phenol extraction of the LPS to remove contaminating lipopolysaccharide was performed as described elsewhere (26). The following clinical isolates of *H. pylori* were also used as sources of LPS: AMI, isolated from a patient with chronic gastritis; AM2 and AM3, from patients with superficial gastritis; AM4, from a patient with chronic atrophic gastritis; AM5, from a patient with intestinal metaplasia; and AM6, from a patient with gastric adenocarcinoma. Similarly, LPS was obtained from clinical isolates of *E. coli* and *Salmonella enterica* (55).

Bacterial biomass was obtained by growth of *H. pylori* strains on blood agar under microaerobic conditions (54). *H. pylori* LPS was obtained from this biomass by phenol-water extraction and subsequent enzymatic purification with RNase A, DNase II, and protease K, as well as by ultracentrifugation as described previously (55). The *H. pylori* LPS obtained was essentially free of proteins (<0.1%) and nucleic acids (<0.1%) and had an electrophoretic profile similar to that reported previously for the high-molecular-mass LPS of other *H. pylori* strains (54). Moreover, in the *Limulus* amoebocyte lysate assay and for induction of tumor necrosis factor alpha, the LPS exhibited bioactivities identical to those reported previously (63). High-molecular-mass LPS was produced by these strains when they were grown either on solid medium or in liquid culture. Importantly, the *H. pylori* LPS used in these studies was free of contaminating peptidoglycan as determined in biochemical assays (A. P. Moran, unpublished results), and furthermore, the bioactivities of these preparations was unaffected by treatment with lysozyme, which removes trace peptidoglycan contamination (data not shown).

**Helicobacter strains.** *H. pylori* SS1, *H. pylori* ATCC 43504 (cagA vacA+), *H. pylori* Astra 244 (cagA vacA-), *H. hepaticus* (ATCC 51449), and *H. felis* (ATCC 49179) were grown on tryptic soy broth-blood agar (Becton Dickinson, Cockeysville, Md.), harvested, and washed, and the optical density at 600 nm and CFU counts were determined (28). Bacteria were stored in aliquots at −70°C. On the day of assay, the bacteria were washed in sterile saline, recovery was checked by determining the optical density at 600 nm, and the bacteria were resuspended to 10⁹/ml in sterile saline. Serial dilutions of the bacteria were prepared in culture medium immediately prior to addition to the cell cultures. Cells and bacteria were incubated together in tissue culture medium for 18 h at 37°C, and culture supernatants were harvested for cytokine analysis. (Experiments with bacteria grown in liquid culture showed the same results. Data are representative of at least three independent experiments.)

**RESULTS**

*H. pylori* activates the innate immune response in human cells. Normal human peripheral blood cells incubated with *H. pylori* SS1 bacteria secreted inflammatory cytokines, including interleukin-1β (IL-1β), IL-6, IL-8, and tumor necrosis factor alpha (Fig. 1). Cytokines were produced in a dose-dependent manner by PBMC upon incubation with *H. pylori* SS1 bacteria (Fig. 1A). Purified human monocytes and monocyte-derived human macrophages exhibited similar dose-dependent cytokine responses to *H. pylori* bacteria (Fig. 1B and C). Optimal cytokine...
secretion was observed at a dose of approximately 10^8 *H. pylori* SS1 CFU/10^5 monocytes (Fig. 1B) or macrophages (Fig. 1C). Human monocytes and macrophages express innate immune receptors, including TLR2, TLR4, and the pattern recognition receptor CD14. These receptors participate in the inflammatory response to a variety of bacteria and bacterial products, including LPS from gram-negative bacteria, peptidoglycan from gram-positive bacteria, and yeast zymosan. Therefore, we determined if these receptors are also important for the response to *H. pylori*.

Human TLR2 expression is sufficient to confer responsiveness to *H. pylori* bacteria. We investigated the role of TLRs in the response to *H. pylori* in gain-of-function studies with stably transfected HEK293 cells. Transfection of HEK293 cells with human TLR4 confers responsiveness to the TLR4 ligand *E. coli* LPS (10, 38). Likewise, transfection with human TLR2 confers responsiveness to TLR2 ligands, such as yeast zymosan and *S. aureus* peptidoglycan (38, 44). CD14 expression enhances the response of HEK293 cells to both TLR2 and TLR4 ligands (10, 38, 44).

We examined the response of HEK293 cells stably transfected with CD14 alone or in combination with TLR2 or TLR4 to *H. pylori*. Intact *H. pylori* bacteria induced IL-8 secretion from cells expressing TLR2 and CD14 but not from cells expressing TLR4 and CD14 alone (Fig. 2A). The IL-8 response of TLR2- and CD14-expressing cells to *H. pylori* SS1 bacteria was dose dependent (Fig. 2A and B). These results suggested that although *H. pylori* is a gram-negative bacterium, the cytokine secretion response to whole *H. pylori* bacteria occurs by TLR2, rather than TLR4, receptor stimulation.

cagA+ *H. pylori* stimulation of TLR2-expressing cells. Studies from several laboratories have shown that a set of *H. pylori* genes in the cag pathogenicity island influences the cytokine-stimulating activity of *H. pylori*. To address the role of the cag region genes in the TLR2 agonist activity of intact *H. pylori* bacteria, cagA+ and cagA mutant *H. pylori* bacteria were used to stimulate TLR2- and CD14-expressing HEK293 cells (Fig. 2B). Both strains of bacteria stimulated IL-8 secretion from the TLR2- and CD14-expressing cells, indicating that cagA is not required for a TLR2-mediated cytokine response. Nevertheless, cagA+ bacteria were 2 logs more potent stimulators of IL-8 secretion than cagA mutant bacteria and the response to cagA+ bacteria was dependent on TLR2 expression, suggesting that cagA (or genes associated with cagA in the cag pathogenicity island) augments the TLR2 response either directly or by regulating the expression of other TLR2 target molecules on *H. pylori*.

**H. hepaticus bacteria activate cytokine secretion via TLR2.** Similar to the response seen with *H. pylori*, whole *H. hepaticus* bacteria stimulated IL-8 secretion (Fig. 3) from HEK293 cells.
**FIG. 4.** Murine macrophages are activated by whole *H. pylori* SS1 bacteria in a TLR2-dependent manner. (A) Wild-type mouse peritoneal exudate macrophages were stimulated with medium (left panel) or *H. pylori* SS1 bacteria (right panel). Following a 2-h incubation, RNA was extracted, labeled, and hybridized to a mouse SuperArray blot. The positions of inflammatory cytokine and cytokine receptor spots are indicated. (Bottom two rows) Negative controls included blanks and pUC18. Positive controls included the gene for glyceraldehyde-3-phosphate dehydrogenase (GAPDH) and housekeeping genes (those for cyclophilin A and actin). (B) Wild-type and TLR2 knockout (KO) mouse peritoneal exudate macrophages were stimulated with medium (None) or *H. pylori* SS1 bacteria (10^10 to 10^9 per well). Supernatants were harvested 18 h later, and IL-6 levels were determined by ELISA. (C) Wild-type, TLR2 knockout, or TLR4-deficient (def) ScN mouse peritoneal exudate macrophages were stimulated with medium alone or *E. coli* LPS (TLR4 ligand). Supernatants were harvested 18 h later, and IL-6 levels were determined by ELISA.

**FIG. 5.** *H. pylori* SS1 and *H. felis* both activate murine macrophages in a TLR2-dependent, TLR4-independent manner. Wild-type, TLR2-knockout (KO), and TLR4-deficient (def) mouse peritoneal exudate macrophages were stimulated with medium alone or with *H. pylori* SS1 (left panel) or *H. felis* (right panel) bacteria. Supernatants were harvested 18 h later, and IL-6 levels were determined by ELISA.
H. pylori LPS stimulates cytokine secretion via TLR4. We next determined if the LPS component of H. pylori could stimulate an inflammatory response similar to that seen with whole bacteria. LPS from gram-negative bacteria, such as E. coli, stimulates the innate immune response through TLR4. This response is independent of TLR2 expression (23, 26, 77). In contrast to E. coli, the innate immune response to H. pylori was dependent on TLR2 but not TLR4. To determine if differences in the structure of the LPS of E. coli compared to that of H. pylori LPS could account for differences in TLR activation, we compared the E. coli and H. pylori LPSs as stimulants of wild-type, TLR2−/−, and TLR4-deficient macrophages. The LPSs of both E. coli and H. pylori activated macrophages in a dose-dependent (Fig. 6) and TLR4-dependent (Fig. 7) manner. Thus, H. pylori LPS preparations triggered cytokine secretion from wild-type and TLR2−/− macrophages, as well as from TLR4-transfected HEK293 cells (Fig. 7A, B, and D). In contrast, H. pylori LPS failed to activate TLR4−/− macrophages or control HEK293 cells (Fig. 7C and data not shown).

As noted in other studies, LPS prepared from clinical isolates of H. pylori varies substantially in its cytokine-stimulating activity (5, 31, 35). We observed that LPS from isolates AM5 and AM6 induced a robust IL-6 cytokine response (Fig. 6). LPS from isolates AM1, -2, -3, and -4 induced lesser levels of IL-6 (Fig. 6). These differences in activity may reflect variations in the degree of acylation and/or phosphorylation of the LPS in these different clinical isolates (Moran, unpublished). Differences in the core and O chains of the LPS from the individual isolates are also observed that could perhaps modulate the cytokine-inducing activity of the lipid A component of LPS (Moran, unpublished).

Overall, the H. pylori LPS preparations were 1 to 2 logs less stimulatory than either E. coli or Salmonella LPS similarly prepared from clinical isolates (Fig. 6). Nevertheless, all of the H. pylori LPS preparations tested that were active in assays with wild-type cells (i.e., AM1, AM4, AM5, and AM6) displayed the same TLR4-dependent, TLR2-independent pattern of response (Fig. 7). Similarly, differences in the structure of the LPS derived from H. pylori compared to that of the LPS from E. coli cannot account for the TLR2 dependence of the response to intact H. pylori bacteria (53, 56). Taken together, our studies suggest that TLR4 expression was both necessary and sufficient for a robust cytokine secretion response to H. pylori LPS, whereas TLR2 expression was required for responsiveness to intact Helicobacter bacteria.

Intact E. coli bacteria stimulate both TLR2- and TLR4-expressing cells. We directly compared the TLR2 and TLR4 dependence of cytokine secretion induced by intact E. coli and H. pylori bacteria (Fig. 8). E. coli bacteria induced IL-6 secretion from both wild-type and TLR2 knockout peritoneal macrophages but only weakly activated TLR4 knockout cells (Fig. 8). In contrast, H. pylori bacteria activated wild-type and TLR4 knockout cells but not TLR2 knockout cells. H. pylori bacteria were weak inducers of cytokine secretion compared to E. coli bacteria on a per-cell basis (Fig. 8 and data not shown). Although the response of peritoneal macrophages to E. coli bacteria was largely TLR4 dependent, both TLR2- and TLR4-expressing HEK293 cells secreted cytokines in response to E. coli bacteria, indicating that both receptors potentially contributed to the response to intact E. coli (Fig. 8). In contrast, H. pylori bacteria activated TLR2-expressing, but not TLR4-expressing, HEK293 cells (Fig. 8). Thus, intact H. pylori activated TLR2, while intact E. coli activated both TLR2 and TLR4, although TLR4 was the predominant activating receptor for E. coli on normal macrophages.

**DISCUSSION**

TLRs are transmembrane proteins that function as pattern recognition receptors for the detection and response to microbial ligands (reviewed in references 30, 32, and 37). To date, 10 TLRs have been identified in humans and natural or synthetic ligands for at least 9 TLRs have been identified (9, 30, 32, 33, 35, 37, 52, 67). The extracellular regions of TLRs are diverse but contain variable numbers of leucine-rich repeat regions and conserved cysteine domains that are thought to contribute to receptor structure and function. All of the TLRs have a signature intracellular signaling motif in common with the IL-1 receptor, called the TIR (Toll–IL-1–R) domain (6, 9, 52, 67). Activation of TLRs results in the recruitment of adaptor proteins, including MyD88 and Mal/TIRAP, to the TIR domain. A series of phosphorylation-recruitment-activation events leads to the activation and translocation of NF-κB to the nucleus and the transcription of inflammatory cytokine genes (1, 30, 50, 51, 59).

Ligands recognized by TLRs can be found among many genera of bacteria, viruses, and fungi (3, 7, 44, 49, 77, 78, 82). These include LPS from gram-negative bacteria (TLR4 ligand), peptidoglycan and lipoteichoic acid from gram-positive bacteria (TLR2 ligands), and zymosan from yeast (TLR2 ligand). Recent data also indicate that TLRs are important in the innate immune response to bacterial DNA (TLR9 [24]) and viral RNA (TLR3 [2]), as well as intact bacteria and viruses (TLR2 and TLR4 [11, 39]).

Our data demonstrate that TLR2 is a critical receptor for the recognition of intact H. pylori bacteria. This is remarkable since most gram-negative bacteria preferentially activate TLR4...
by the interaction of the potent TLR4 ligand with LPS in their outer membrane (reviewed in reference 43). Although the LPS produced by most gram-negative bacteria activates via TLR4, a reported notable exception is the LPS of Porphyromonas gingivalis, which is a ligand for TLR2 but not TLR4 (48). Our studies of the LPS derived from different H. pylori isolates indicate that H. pylori LPS is a TLR4 ligand similar to the LPS of other gram-negative strains, such as E. coli and Salmonella spp. Thus, the TLR2 dependence of the response to intact H. pylori cannot be explained by the expression of an unusual LPS.

Consistent with our finding, the previously published studies of Kawahara et al. (34, 36) demonstrated that the response to H. pylori LPS occurs via TLR4 in guinea pig gastric pit cells. In contrast, Smith et al. (74) recently reported that H. pylori LPS activated via TLR2, not TLR4. The reason for the discrepancy between their study and the present report (as well as the studies of Kawahara et al. [34, 36]) is not clear. However, by using the same experimental approach as Smith et al. (74), i.e., transfected HEK293 cells, we have found that H. pylori LPS from clinical isolates signals preferentially via TLR4. Furthermore, with knockout macrophages we found that H. pylori LPS does not elicit a cytokine response from TLR4-deficient macrophages; the response of TLR4-deficient macrophages to TLR2 ligands such as zymosan, peptidoglycan, and lipopeptides was indistinguishable from the response of wild-type macrophages, indicating that the TLR4-deficient macrophages had an intact TLR2-signaling capacity. One possible explanation for the discrepancy between our results (as well as the studies of Kawahara et al. [36]) and those of Smith et al. (74) is the strain of bacteria from which the LPS was isolated. Smith et al. (74) used only one H. pylori strain (26695), a heavily passaged laboratory strain, to prepare their LPS. In the present studies, we used a number of clinical isolates of H. pylori for LPS purification. It has been previously established that clinical isolates and laboratory strains of H. pylori have very different LPS molecules and that passage of H. pylori and culture conditions can induce variation in the LPS structures expressed (54, 55, 71).

It is also noteworthy that the dosages of H. pylori LPS used for cytokine stimulation in the present study were much lower than the dosages at which Smith et al. detect TLR2 agonist activity in their H. pylori LPS (i.e., nanograms per milliliter compared to micrograms per milliliter) (74). A potential difference between the H. pylori LPS studied by Smith et al. (74) and the LPS preparations in the present study may be the level of trace contaminants such as peptidoglycan or lipopeptides, both potent TLR2 agonists (26, 38, 72).

Despite the capacity of H. pylori LPS to activate via TLR4, the response to intact H. pylori bacteria was dependent on TLR2, and not TLR4, expression. This suggests that a non-LPS component of the bacterium is the major cytokine-activating molecule. It also raises the question of why it is difficult to detect a TLR4-dependent response to H. pylori LPS on the intact bacterium. One reason may be that H. pylori LPS is only weakly active as a cytokine inducer, even under ideal conditions, i.e., when it is added in a purified form to cultured cells. We and others (Fig. 7 and references 5, 58, 63, and 64) have noted that H. pylori LPS is 100- to 10,000-fold less active than the LPS of other gram-negative bacteria, such as E. coli. It is estimated that E. coli bacteria yield 10 ng of LPS per 10^6 CFU.

FIG. 7. LPS preparations from clinical isolates of H. pylori are TLR4 ligands. Wild-type peritoneal exudate macrophages (A), TLR2 knockout macrophages (B), TLR4-deficient macrophages (C), or TLR4-expressing HEK293 cells (D) were stimulated with medium alone, LPS isolated from E. coli O11B4, or LPS from clinical isolates of H. pylori. All LPS stimulations were done with protein-free LPS re-extracted with 10 ng of phenol/ml. H. pylori LPS was prepared from six different clinical isolates (designated AM1 to -6) as detailed in Materials and Methods. Following an 18-h incubation, supernatants were harvested and IL-6 (macrophages) or IL-8 (TLR4-expressing HEK293 cells) levels were determined by ELISA.
of bacteria (66). Given its weak intrinsic activity (1,000-fold lower than the activity of *E. coli* LPS), a response to *H. pylori* LPS on intact bacteria would be difficult to detect with challenge doses of less than 10^6 to 10^9 CFU even if all of the *H. pylori* LPS were exposed and accessible for interaction with TLR4.

Although the LPS of *H. pylori* is apparently not the major determinant of the response to intact *H. pylori* bacteria, the LPS-TLR4 interaction may, nevertheless, play a role in disease pathogenesis. This may be particularly important in the stomach, where we and others have failed to detect TLR2 expression in *H. pylori* LPS compared to intact bacteria (69; unpublished observations). In contrast, TLR4 has been detected on gastric pit cells, where it may sample the stomach environment for pathogens (34). In the absence of TLR2, the interaction of *H. pylori* LPS with TLR4 may be critical to the early detection of *H. pylori* infection or colonization. Several previous studies have suggested that *H. pylori* may activate the innate immune response through interactions between its LPS and TLR4. Initial work by Sakagami et al. (69) demonstrated that C3H/HeJ mice (with an intact TLR4-encoding gene) show severe atrophic gastritis in response to *H. felis* infection, whereas C3H/HeJ mice (which have a mutated TLR4-encoding gene and are LPS nonresponders) show heavy colonization with *H. pylori* bacteria. Furthermore, it has also been shown that *H. pylori* can activate cells by an LPS-independent and TLR4-independent mechanism (4, 47). The importance of the latter pathway relative to the LPS-dependent pathway in macrophages has not been examined.

Our studies reveal a role for genes in the *cag* pathogenicity island. In humans the induction of cytokine gene expression in infected stomach tissue has been linked to the level of colonization with *cagA*+ *H. pylori* bacteria (73, 81). *cagA*+ *H. pylori* bacteria were more potent activators of TLR2-expressing cells than *cagA* mutant *H. pylori*, suggesting that *cagA* or other associated *cag* pathogenicity island genes may themselves stimulate cytokine secretion by activating TLR2 and CD14 receptors. Alternatively, *cag* pathogenicity island-encoded genes may regulate the expression levels of *H. pylori* components that signal through TLR2 receptors. (Although *cagA* is a useful marker for the *cag* pathogenicity island, *cagA*+ strains of *H. pylori* SS1 may have an incomplete *cag* region [13, 69].) In previous studies (reviewed in 21), *cagA* has been linked to IL-8 secretion from epithelial cells and is proposed to involve the translocation of the CagA protein into epithelial cells and its subsequent intracellular phosphorylation and activation of IL-8-encoding gene expression (20, 25). Our studies suggest that *cagA*-induced IL-8 secretion from transfected HEK cells is a TLR2-dependent process, since HEK cells lacking TLR2 failed to secrete IL-8 when challenged with *cagA*+ or *cagA* mutant *H. pylori* bacteria. Nevertheless, *cagA* expression was not required for TLR2-induced cytokine secretion, since *cagA* mutants strains of *H. pylori*, as well as *H. felis* and *H. hepaticus*, which do not express *cagA*, all induced cytokine secretion via TLR2.

In conclusion, our studies demonstrate that TLR2 is both necessary and sufficient for responses to whole bacteria of several *Helicobacter* species. A major, nonredundant role for...
TLR2 in the recognition of intact Helicobacter bacteria was seen both with cell lines stably transfected with TLRs and with normal cells from wild-type, TLR2 knockout, and TLR4 knockout animals. Moreover, TLR4 was neither necessary nor sufficient for responses to intact Helicobacter bacteria. In contrast to the TLR2-dependent response to intact Helicobacter bacteria, LPS as a pure lipid product extracted from the outer membrane of Helicobacter bacteria and depleted of lipopeptides and glycan cell wall components was a ligand for TLR4 but its activity was variable. We demonstrated this with both knockout animals and transfected cell lines. Thus, TLR4 (but not TLR2) was both necessary and sufficient for response to the isolated bacterial lipid, while TLR2 was required for response to intact Helicobacter bacteria. (Control cultures demonstrated that intact E. coli bacteria activated cytokine secretion via both TLR2 and TLR4 and that TLR4 was the dominant receptor on macrophages, consistent with the potent agonist activity of E. coli LPS.)

We hypothesize that, upon initial infection in the stomach, intact H. pylori bacteria may be weakly recognized by interaction of its LPS with TLR4. However, a substantial inflammatory cytokine response to H. pylori may only develop after the recruitment and accumulation of TLR4-expressing cells, such as infiltrating blood leukocytes (polymorphonuclear granulocytes and monocytes) in the stomach (38). Thus, H. pylori may escape detection and elimination by the immune system because it colonizes a TLR2-deficient environment (i.e., the stomach) and at the same time expresses an LPS with very weak TLR4 agonist activity.

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