TITLE

Downregulation of *Let-7* miRNA promotes Tc17 differentiation and emphysema via de-

repression of RORγt

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ABSTRACT

Environmental air irritants including nanosized carbon black (nCB) can drive systemic

inflammation, promoting chronic obstructive pulmonary disease (COPD) and emphysema

development. The *let-7* family of miRNAs is associated with IL-17-driven T cell inflammation, a

canonical signature of lung inflammation. Recent evidence suggests the *let-7* family is

downregulated in patients with COPD, however, whether this repression conveys a functional

consequence on emphysema pathology has not been elucidated. Here we show that overall

expression of the *let-7* miRNA clusters, *let-7b/let-7c2* and *let-7a1/let-7f1/let-7d*, are reduced in the

lungs and T cells of smokers with emphysema as well as in mice with cigarette smoke (CS)- or

nCB-elicited emphysema. We demonstrate that loss of the *let-7b/let-7c2*-cluster in T cells

predisposed mice to exaggerated CS- or nCB-elicited emphysema. Furthermore, ablation of the

let-7b/let-7c2-cluster enhanced CD8$^+$IL17a$^+$ T cells (Tc17) formation in emphysema development

in mice. Additionally, transgenic mice overexpressing *let-7* in T cells are resistant to Tc17 and

CD4$^+$IL17a$^+$ T cells (Th17) development when exposed to nCB. Mechanistically, our findings

reveal the master regulator of Tc17/Th17 differentiation, RAR-related orphan receptor gamma t

(RORγt), as a direct target of *let-7* miRNA in T cells. Overall, our findings shed light on the *let-*

*7/*RORγt axis with *let-7* acting as a molecular brake in the generation of Tc17 cells and suggests

a novel therapeutic approach for tempering the augmented IL-17-mediated response in

emphysema.

INTRODUCTION

Chronic obstructive pulmonary disease (COPD) ranks as the third leading cause of

mortality and is projected to account for over a billion deaths by the end of the twenty-first century

(GBD Chronic Respiratory Disease Collaborators, 2020; *Findings from the Global Burden of*

Disease Study 2017, 2019; Laniado-Laborín, 2009). Currently, there are no treatment options to

reverse emphysema, the most clinically significant variant of COPD, which often is progressive

despite smoking cessation (Bhavani et al., 2015; Anthonisen et al., 2002).

Inhalation of fine particulate matter smaller than 2.5 microns (PM$_{2.5}$) found in outdoor and

indoor air pollution as well as tobacco smoke are risk factors for COPD development (Adeloye et

al., 2022; Eisner et al., 2010; Hu et al., 2010). We have previously shown that nano-sized carbon black (nCB), a noxious chemical constituent of $PM_{2.5}$ found in the lungs of smokers, activates macrophages and dendritic cells orchestrating a pathogenic T cell-dependent inflammatory response and emphysema in mice (W. Lu et al., 2015; You et al., 2015; Shan et al., 2009; C.-Y. Chang et al., 2022).

Research over the last decade has pointed to the importance of dysfunctional inflammatory T cells in human COPD lung tissue and animal models of emphysema (Grumelli et al., 2004; Xu et al., 2012; Williams et al., 2021). Aberrant T cells are implicated in impaired host defense, exaggerated inflammation, and loss of self-tolerance in COPD (Williams et al., 2021; Chen et al., 2023; Hogg et al., 2004; Maeno et al., 2007; Xu et al., 2012). In this regard, we and others have demonstrated the role and pathogenicity of activated IFN-γ and IL-17-secreting subsets of CD4^{+} and CD8^{+} T lymphocytes including Th1, Th17, and Tc1 cells in clinical isolates and in mice with COPD (W. Lu et al., 2015; You et al., 2015; Shan et al., 2009; S.-H. Lee et al., 2007; Kheradmand et al., 2023). The IL-17-secreting Th17 cells are particularly important as they promote the destruction of lung epithelium and recruitment of macrophages and neutrophils which then release proteolytic enzymes such as matrix metalloproteinases (MMPs) involved in the degradation of the lung structural matrix (Barnes, 2016; Hoenderdos & Condliffe, 2013). We previously demonstrated that intranasal inhalation of nCB in mice is sufficient to induce emphysema by stimulating lung T cell activation by dendritic cells and macrophages. Moreover, we found that genetic ablation of IL-17A can attenuate nCB- or cigarette smoke-induced alveolar destruction and airway inflammation (Shan et al., 2012; You et al., 2015). More recently, IL-17A and IL-17F secreting CD8^{+} T cell (Tc17) subpopulation has been shown to play a critical role in the pathogenesis of several autoimmune and inflammatory disorders (Globig et al., 2022; Huber et al., 2013; Srenathan et al., 2016).

Both Th17 and Tc17, require the fate-deterministic transcription factor RAR-related orphan

receptor gamma t (RORγt, encoded by *Rorc*) for differentiation and production of IL-17A (Ivanov

et al., 2007). RORγt is the best-studied positive transcriptional regulator of IL-17A and IL-17F

(Ivanov et al., 2006). In accordance with the importance of IL-17A transcription, RORγt expression

has also been reported to be elevated in COPD patients and in mouse models of COPD (Chu et

al., 2011; Li et al., 2015). However, the upstream pathophysiologic mechanisms that contribute to

the induction of RORγt and differentiation of Tc17 cells in COPD have not been well elucidated.

We previously reported that *miR-22* inhibits HDAC4, promoting antigen-presenting cell

activation (APC) in the lungs and inducing Th17-mediated emphysema in response to CS or nCB

in mice (W. Lu et al., 2015). Additional miRNAs that control APC and/or T cell driven IL-17A^{+}

inflammation have been identified by others including the *let-7* miRNA family (Mai et al., 2012;

Angelou et al., 2020). MicroRNA expression-based studies have shown frequent downregulation

of members of the *let-7* miRNA family, including *let-7a, let-7b, let-7c*, *let-7d*, l*et-7e*, and *let-7f* in

human emphysematous lung tissue and in murine models of emphysema, but the mechanism(s)

of action remain ill-defined (Christenson et al., 2013; Pottelberge et al., 2011; Conickx et al., 2017;

Izzotti et al., 2009). *Let-7* microRNA genes are encoded across eight loci either as single genes

or as polycistronic clusters which have confounded their analysis *in vivo* (Rodriguez et al., 2004).

Previous studies used *Lin28b* transgenic overexpression in T cells to block the maturation and

processing of the *let-7* miRNA family. They showed an inhibitory role of *let-7* family in Th17-driven

response in the murine model of experimental autoimmune encephalomyelitis (EAE) attributed in

part to regulation of IL-1 receptor 1 and IL-23 receptor (Angelou et al., 2020).

Here we found that *let-7* miRNA, notably the *let-7a3/let-7b* and *let-7a1/let-7f1/let-7d*

clusters, are suppressed in the T cells isolated from lungs of emphysema patients. Consistently,

the analogous murine *let-7b/let-7c2-* (*let-7bc2*) and *let-7a1/f1/d1-* (*let-7afd*) clusters were similarly

downregulated in pre-clinical emphysema models. We engineered mouse models with the

specific loss-of-function (LOF) mutations of the *let-7bc2-* or *let-7afd-*clusters (*let-7bc2^{LOF}* and *let-*

7afd^{LOF}, respectively) in T cells as well as an inducible *let-7g* gain-of-function (GOF) (*let-7^{GOF}*)

model to determine the T cell-intrinsic role of *let-7* miRNA in emphysema pathogenesis. Deletion

of *let-7* miRNA in T cells worsened alveolar damage elicited by inhalation of CS or nCB, and

increased infiltration of immune cells in the airways, including IL-17-producing CD8$^+$ T (Tc17) cells.

Mechanistically, we found that *let-7* controls type 17 differentiation by directly targeting the

lineage-determining transcription factor, RORγt. In support of this conclusion, *let-7^{GOF}* mice were

resistant to nCB-mediated induction of RORγt and Tc17 responses. Thus, we show a previously

unappreciated role for *let-7* miRNA as a repressor of RORγt and a molecular brake to the IL-17-

mediated T cell inflammation in emphysema.

RESULTS

The *let-7bc2-* and *let-7afd-clusters* are downregulated in lungs and T cells in COPD.

To explore the involvement of *let-7* in emphysema, we scrutinized the genomic locations and

transcriptional annotation of *let-7* members frequently downregulated in lung T cells isolated from

smoker's lungs as well as mouse models of emphysema. This combined approach showed close

linkage and high conservation of two *Let-7* clusters encoded from long intergenic non-coding RNA

(linc)-like precursors in humans and mice (Figure 1A). To shed light on whether these *Let-7*

clusters are downregulated in patients with COPD, we analyzed a published (GSE57148) lung

RNA-seq dataset obtained from COPD (n=98) and control (n=91) subjects (Kim et al., 2015). Our

analysis identified significant downregulation of the *Mirlet7ahg* and *Mirlet7bhg* gene cluster

transcripts in COPD compared to control subjects (Figure 1B). We carried out quantitative PCR

(qPCR) detection of *Let-7a,* which is encoded by both clusters, in lung tissue samples of smokers

with emphysema and non-emphysema controls, detecting significant downregulation of *Let-7a* in

emphysema samples relative to controls (Figure 1C). Because *Let-7* has been shown to

participate in IL-17^{+} T cell responses (Angelou et al., 2020; Guan et al., 2013; Newcomb et al.,

2015), we next sought to determine if the expression pattern of *Mirlet7ahg* and *Mirlet7bhg*-derived

Let-7 members are impaired in purified CD4^{+} T cells from emphysematous lungs. In support of

our original hypothesis, the CD4^{+} T cell expression of *Let-7a*, *Let-7b*, *Let-7d*, and *Let-7f* were all

inversely correlated with more severe emphysema distribution in the lungs as determined by CT

scan (Figure 1D).

Next, we elucidated *let-7a1/let-7f1/let-7d-* and *let-7b/let-7c2*-clusters expression (herein

referred to as *let-7afd* and *let-7bc2* respectively) in murine models of CS- or nCB-induced

emphysema respectively (Figure 1E). Paralleling our observations in human COPD and

emphysema, mice with CS- or nCB-induced emphysema exhibited reduced expression levels of

pri-let7a1/f1/d and *pri-let7b/c2* transcripts in the lung and from isolated lung CD4^{+} and CD8^{+} T

cells (Figure 1F-H). Collectively, our expression results indicate suppression of *let-7afd* and *let-*

7bc2-clusters in the lung and T cells in human and pre-clinical models of emphysema.

Conditional deletion of the *let7bc2*-cluster in T cells enhances nCB- or CS-induced

emphysema.

To investigate the *in vivo* requirement of the *let-7bc2*-cluster within T cells, we generated

conditional ready floxed mice (*let-7bc2^{flox/flox}*). We then crossed *let-7bc2^{flox/flox}* mice with *CD4-Cre*

mice to generate *let-7bc2^{flox/flox}*; *CD4-Cre* LOF mice (denoted as *let-7bc2^{LOF}* mice hereafter)

(Figure 2A). This approach allowed us to conditionally delete the *let-7bc2*-cluster in all T cells

derived from the CD4^{+}CD8^{+} double-positive (DP) stage (P. Lee et al., 2001; Shi & Petrie, 2012).

We confirmed that *let-7bc2^{LOF}* mice exhibit robust conditional deletion of the *let-7bc2*-cluster in

DP thymocytes and peripheral T cells (Figure 2B and data not shown). Our *let-7bc2^{LOF}* adult mice

were born at the expected Mendelian frequency and did not show any overt histopathologic or

inflammatory changes in lungs histopathology up to 1 year of age in comparison to *let-7bc2^{f/f}*

control mice (Figure 2-figure supplement 1A-C). Furthermore, quantification of major immune

populations and T cell subsets by flow cytometry in *let-7bc2^{LOF}* were comparable to control mice

under baseline conditions and with moderate aging (Figure 2-figure supplement 1C,D).

We next exposed *let-7bc2^{LOF}* and *let-7bc2^{f/f}* control mice to nCB or CS and examined the

lungs under the context of experimental emphysema. Histomorphometry measurements of mean

linear intercept (MLI) from hematoxylin and eosin (H&E)-stained sections revealed that the

enlargement of alveolar spaces sustained from either nCB- or CS-exposure was exaggerated in

let7bc2^{LOF} mice relative to controls (Figure 2C-E). Chronic inflammation in emphysema is

characterized by the recruitment of macrophages and neutrophils to the lung tissue and airways

(Peleman et al., 1999; Senior & Anthonisen, 1998). Internally consistent with MLI measurements,

let-7bc2^{LOF} mice treated with nCB showed significantly increased airway infiltration of

macrophages and neutrophils in BAL fluid as compared to wild-type control animals (Figure 2F).

Concomitant with these findings, expression levels of *Mmp9* and *Mmp12*, which are secreted by

macrophages and neutrophils to degrade elastin and mediate alveolar damage, were elevated in

airways of *let7bc2^{LOF}* mice exposed to CS versus controls (Figure 2G). As expected, *let-7bc2^{LOF}*

mice treated with nCB exhibit significantly less *pri-let7b/c2* transcript expression in isolated lung

T cells relative to wild-type control mice (Figure 2-figure supplement 2A and data not shown).

Collectively, our data suggests that the *let-7bc2*-cluster within T cells protects by dampening

airway destruction and inflammation because the absence of this cluster worsens the severity of

experimental emphysema in mice.

The *let-7bc2* miRNA cluster negatively regulates T$_C$17 inflammation in emphysema.

We sought to identify the T cell-intrinsic mechanisms that underlie the exaggerated

inflammation observed in emphysematous *let-7bc2*[LOF] mice. We focused on the IL-17-mediated

T cell response because it promotes neutrophil and macrophage recruitment in the lungs

(Beringer et al., 2016; Veldhoen, 2017; Shan et al., 2012). Previously, we established the induction

of $CD4^+IL17^+$ (Th17) cells along with $CD4^+IFN\gamma^+$ (Th1) cells in mice with chronic nCB exposure

(You et al., 2015), however whether nCB similarly induces $CD8^+IL17A^+$ T cells (Tc17) or cytotoxic

T cells (Tc1) had not been studied. The flow cytometric profiling of lung T cells revealed enriched

proportions and counts of Tc1/Tc17 as well as Th1/Th17 cells in wild-type mice upon treatment

with nCB (Figure 3A,B). These findings suggests that nCB elicits both the type 17 and type 1 T

cell responses, consistent with CS and elastase pre-clinical models of emphysema (Zhang et al.,

2019).

We next interrogated the regulatory role of the *let-7bc2*-cluster in the type 17 and type 1

responses generated from exposure to nCB. Interestingly, *let-7bc2*[LOF] mice showed increased

$CD8^+IL17A^+$ Tc17 cells relative to nCB control animals. In contrast, $CD8^+IFN\gamma^+$ and $GZMA^+$ Tc1

populations remained unperturbed with absence of the *let-7bc2*-cluster, suggestive of a more

refined regulatory role on Tc17 differentiation (Figure 3A,B). There were no significant differences

in either Th1 or Th17 cells when comparing nCB-treated *let-7bc2*[LOF] to wild-type controls,

indicating the *let-7bc2*-cluster was dispensable for their generation (Figure 3C). Regulatory T cells

form a dynamic axis with Tc17/Th17 cells and act as a counterbalance to lung inflammation in

emphysema (Duan et al., 2016; Jin et al., 2014). Therefore, we examined whether Tc17 cell

alterations were driven by the *let-7bc2*-cluster acting on regulatory T cells (Tregs). The *let-7bc2*[LOF]

mice showed no significant difference in the Tregs subset relative to controls in our model (Figure

3D). Together, our data support the notion that deletion of the *let-7bc2*-cluster is insufficient to

provoke Tc17 cell generation under homeostatic conditions. However, under the context of chronic

inflammation in emphysema, the loss of *let-7bc2*-cluster is intrinsic for the potentiation of T cells

towards Tc17 differentiation.

The *let-7* family directly inhibits RORγt expression governing Tc17 differentiation in

emphysema.

We utilized the TargetScan predictive algorithm to identify putative *let-7* miRNA targets

that are known to control the IL-17-mediated T cell response (Agarwal et al., 2015). This analysis

revealed that the 3'UTR region of *Rorc*, encoding RORγt, contains an evolutionarily conserved

and complementary motif for the *let-7* miRNA family (Figure 4A). Thus, we examined if *let-7bc2*-

cluster loss in T cells would stimulate and enhance RORγt. Initially, we carried out flow cytometric

quantification for RORγt in thymocyte, splenic, and lung T cells of naïve control and *let-7bc2^{LOF}*

mice up to 6-months of age. Our interrogation of RORγt mean fluorescent intensity (MFI) by flow

cytometry showed induction of RORγt in single-positive CD8$^+$ and CD4$^+$ thymocytes, as well as

peripheral splenic CD8$^+$ and CD4$^+$ T cells (Figure 4B). However, RORγt levels appeared

unchanged in purified lung CD8$^+$ T cells and CD4$^+$ T cells of naive *let-7bc2^{LOF}* mice, alluding to a

compensatory effect in homeostatic lung T cells (Figure 4B). Since we and others have shown

that miRNAs are frequently associated with stress-dependent phenotypes, we posited that

emphysematous *let-7bc2^{LOF}* T cells are poised towards induction of RORγt and production of IL-

17$^+$ subsets after challenge with nCB. Indeed, nCB-emphysematous *let-7bc2^{LOF}* mice exhibited

enhanced RORγt protein levels in both CD8$^+$ and CD4$^+$ T cells relative to control mice with

emphysema (Figure 4C).

Because we had found that the *let-7afd*-cluster is downregulated in T cells isolated from

COPD lungs in human and mice, and that the *let-7* family operates with some functional

redundancy, we generated mice with conditional deletion of the *let7afd*-cluster in T cells (*let-7afd$^{f/f}$;*

CD4-Cre). The *let-7afd^{f/f}; CD4-Cre* (*let-7afd^{LOF}*) mice aged up to 6-months did not exhibit overt

lung histopathology and inflammatory changes (Figure 4-figure supplement 1A-F). Of particular

interest, ablation of the *let-7afd*-cluster enhanced levels of RORγt in thymic and peripheral T cells

of mice (Figure 4D). Overall, this indicates that independent *let-7* clusters restrain RORγt

expression levels from thymic development to peripheral T cells under homeostatic conditions.

Next, we determined whether loss of *let-7afd*-cluster in T cells likewise sensitizes mice towards

induction of RORγt in nCB-emphysema. Intranasal administration of nCB provoked increased

RORγt expression in lung T cells of *let-7afd^{LOF}* mice compared to control mice (Figure 4E),

supporting overlapping functionality between the *let-7bc2*- and *let-7afd*-clusters in repression of

RORγt within T cells.

To confirm that the *let-7* family negatively regulates Tc17 cell differentiation, at least in part,

cell autonomously in CD8^+ T cells, we purified naïve CD8^+ T cells from *let-7bc2^{LOF}* and control

mice spleens and cultured these cells *in vitro* in the presence of Tc17 polarizing (TGFβ, IL-6, anti-

IFNγ, IL-23, and IL-1β) or Tc1 polarizing (IL-2) conditions (Flores-Santibáñez et al., 2018). Our

flow cytometric analysis confirmed the enhanced commitment of *let-7bc2*-cluster deficient CD8^+

T cells towards Tc17 cells and IL-17A^+ production relative to control CD8^+ T cells (Figure 5A,B).

Moreover, enhanced Tc17 cell differentiation mirrored the increased IL-17A detected in the

supernatant from *in vitro* polarized cells as quantified by ELISA (Figure 5C). Parallel assessment

of Tc1 differentiation did not detect a difference in CD8^+IFNγ^+ cells (Figure 5A and Figure 5D).

Altogether, these data recapitulated our *in vivo* findings that the *let-7bc2*-cluster negatively

regulates Tc17 response but is dispensable in Tc1 cells. Finally, to determine whether Tc17

differentiation is likewise controlled by the *let-7afd*-cluster, we cultured naive CD8^+ splenocytes

from *let-7afd^{LOF}* and controls under Tc17 conditions. As we had observed with *let-7bc2^{LOF}*,

absence of the *let-7afd*-cluster in T cells further enhanced differentiation towards Tc17 cells as

quantified by flow cytometry and ELISA (Figure 5F,G).

Next, we focused on *Rorc* as a potential direct target of *let-7*, which could mechanistically

mediate enhanced Tc17 differentiation in *let7bc2^LOF* mice. Towards this objective, we tested

whether *let-7bc2^LOF* or *let-7afd^LOF* naïve CD8$^+$ T cells show elevated RORγt expression under

either Tc0 or Tc17 differentiation conditions. In agreement with enhanced Tc17 differentiation,

RORγt expression was differentially and significantly upregulated under both Tc0 and Tc17

differentiation conditions in *let-7* LOF cells relative to controls (Figure 5E,H). To determine

whether *let-7* directly represses *Rorc* mRNA levels we cloned the 3'UTR of *Rorc* into luciferase

constructs. These reporter assays with *let-7b* expressing cells independently confirmed that *let-*

7b represses *Rorc* (Figure 5I, left). Furthermore, deletion of the putative *let-7* binding sequence

(Figure 4A) abrogated repression by *let-7b* (Figure 5I, right), thus confirming *Rorc* as a functional

target of *let-7* miRNA. Overall, these *in vitro* experiments readily recapitulated an upstream

regulatory role of *let-7* in Tc17 differentiation, mediated in part, via direct suppression of RORγt.

Enforced expression of *let-7* tempers RORγt T cell expression levels in experimental

emphysema.

To explore a potential protective role of *let-7* miRNA in experimentally-induced

emphysema, we generated mice which allowed for selective induction of *let-7* activity in T cells

using the published *rtTA-iLet7* mice crossed to CD4-Cre (herein referred to as *let-7^GOF*; Figure 6A)

(Angelou et al., 2020; Belteki et al., 2005; Pobezinskaya et al., 2019; Wells et al., 2017; Zhu et

al., 2011). The rtTA-iLet7 mouse model has been utilized to promote ~2-3-fold rise in total *let-7*

activity in T cells (Angelou et al., 2020; Wells et al., 2017, 2023; Angelou et al., 2020). Steady-

state *let-7^GOF* and control (*rtTA-iLet7*) mice were examined for compromised RORγt protein levels

within thymocytes and peripheral T cells. Providing further evidence of *let-7*-dependent regulation

of *Rorc*, protein levels of RORγt were suppressed in CD8$^+$ and CD4$^+$ T cells of *let-7^GOF* mice

relative to controls (Figure 6B). To determine whether enforced expression of *let-7* offered

protection from experimental emphysema, *let-7^GOF* and control mice were treated with nCB and

then examined for changes in lung pathology and T cell type 17 responses. The *let-7^GOF* mice did

not exhibit any signs of lung inflammation or pathologic remodeling at baseline (Figure 6C,D and

data not shown) Histopathologic analysis revealed a comparable degree of lung alveolar

distension via morphometric measurements of MLI in nCB-treated *let-7^GOF* mice versus controls

suggesting that enforced *let-7* expression is insufficient to protect the lung from emphysema

(Figure 6C,D). On the other hand, evaluation of the IL-17$^+$ response and RORγt levels in

emphysematous lung T cells demonstrated that, in contrast to control nCB-treated mice, *let-7^GOF*

mice exhibited dampened lung Tc17 and Th17 cell populations and were resistant to the induction

of RORγt after nCB-exposure (Figure 6E,F). Taken together, our *let-7* LOF and GOF models

demonstrate the necessity and sufficiency of *let-7* miRNA to act as a molecular brake to the type

17 T cell response through the direct regulation of RORγt, further our data suggests that nCB- or

CS-mediated suppression of this braking mechanism furthers inflammation and exacerbates

emphysema severity (Figure 6G).

DISCUSSION

MiRNA expression-based studies of COPD patients and mice exposed to CS have

reported downregulation of *let-7* miRNA expression in lung tissues (Conickx et al., 2017;

Christenson et al., 2013b; Schembri et al., 2009). We and others explored the consequence of

loss of *let-7* expression/activity with synthetic oligonucleotides, sponges, lentiviral antisense

knockdown, or via ectopic delivery of *Lin28b* (Polikepahad et al., 2010; Viswanathan et al., 2008;

Piskounova et al., 2011), but studies pinpointing the role of individual *let-7* clusters as potential

drivers of lung inflammation and COPD within T cells remained elusive. In the present study, we

established that the *let-7* miRNA family members encoded by the *let-7bc2-* and *let-7afd-*clusters

are downregulated in T cells from lungs of emphysema patients and emphysematous mice that

were exposed to CS or nCB. Correspondingly, we demonstrated that *in vivo* genetic ablation of

let-7bc2-cluster further sensitized mice to lung tissue destruction and emphysema upon treatment

with nCB or CS. Mechanistically, our studies suggests that *let-7bc2*-cluster prevents the

emergence of CD8^{+} T cell differentiation into Tc17 cells during emphysema in part, by directly

silencing of *Rorc*.

Tc17 cells are vital for defense against viral, fungal and bacterial infections and they have

also been associated with inflammation in various human diseases such as multiple sclerosis,

inflammatory bowel disease, and cancer (Huber et al., 2013; Globig et al., 2022; Corgnac et al.,

2020). In accordance with the potential pathogenic role of Tc17 cells as drivers of COPD, several

studies detected increased cell numbers in airways and tissues of COPD patients as well as lungs

of smoke-exposed animal models (Y. Chang et al., 2011; Zhou et al., 2020; Duan et al., 2013).

Other researchers also detected increased Tc17 subpopulations in tissues of COPD patients with

infectious microbial exacerbations. In our earlier work to define the adaptive T cell immune

responses in nCB induced COPD, we predominantly focused on the pathogenic role of Th17 cells,

but did not examine Tc17 cells (You et al., 2015). Here we expand upon our prior observations,

revealing that chronic exposure to nCB and elicitation of emphysema mice orchestrates the

emergence and accumulation of Tc17 cells which may act in parallel with Th17 cells to promote

tissue damage.

Prior research has shown the importance of both transcriptional and post-transcriptional

regulatory control of RORγt expression in T cells (Ciofani et al., 2012; Donate et al., 2013;

Medvedev et al., 1997). Altogether, our *in vivo* studies establish *let-7* as a new important link

associated with regulation of RORγt and lung Tc17 differentiation in COPD. Our data also showed

that *in vivo* conditional genetic ablation of individual *let-7* clusters in T cells stimulates a rise in

RORγt protein expression in single-positive thymocytes and peripheral CD8^{+} and CD4^{+} T cells

while enforced *let-7* activity leads to partial repression of RORγt in T cells. Despite these

alterations in RORγt expression in our *let-7* T cell LOF mice, the mice did not exhibit spontaneous

gross phenotypes in thymus, spleens, or lungs at baseline nor did they exhibit changes in

Tc17/Th17 subpopulations. This may be due to the subtle and modest expression thresholding of

RORγt detected in mice and/or residual *let-7* expression in T cells. On the other hand, and in

agreement with our Tc17 and experimental emphysema data, we observed enhanced RORγt

expression in lungs of *let-7*[LOF] mice after treatment with nCB. We corroborated the importance of

let-7 activity in Tc17 differentiation of *ex vivo* cultured CD8^{+} T cells, as well as in the direct

posttranscriptional control of RORγt, suggesting that this defect, is in part, direct and cell

autonomous. We did not ascertain whether deletion of *let-7afd*-cluster is an equally or more

effective modulator of experimentally induced emphysema than the *let-7bc2*-cluster. Nonetheless,

we predict that under different cell stress contexts, the functions of *let-7* clusters do not fully

overlap due to differential thresholding of mRNAs.

Prior studies have elucidated the relative and absolute quantities of individual *let-7* family

members in murine thymocytes and peripheral T cells which range from ~2-30% (Pobezinskaya

et al., 2019; Pobezinsky et al., 2015). Moreover, the same group reported that all *let-7* miRNAs

are coordinately downregulation following antigen stimulation through the T cell receptor (Wells

et al., 2017). Another recent study discerned a role for the lncRNA, *CCAT1* (*colon cancer-*

associated transcript 1) as a molecular decoy or sponge in human bronchial epithelial cells which

drives downregulation of *let-7c* following cigarette smoke extract exposure (L. Lu et al., 2017).

Thus, it seems likely that complex synergistic transcriptional and post-transcriptional mechanisms

contribute to downregulation of *let-7* activity in emphysematous T cells.

It is also important to note that *let-7* has been reported to exert potent effects by titrating

the levels of multiple gene targets in mechanisms that contribute to Th17 inflammatory response

and influence diverse set of processes including T cell activation, proliferation, differentiation, and

cell homing (Angelou et al., 2020; Beachy et al., 2012; Bronevetsky et al., 2016; Pobezinskaya et

al., 2019; Pobezinsky et al., 2015; Wells et al., 2017). A particular feature of these studies has

been the utilization of *Lin28b* transgenic mice to block maturation and activity of entire *let-7* family

to promote a *let-7* LOF function phenotype (Angelou et al., 2020; Piskounova et al., 2011;

Pobezinskaya et al., 2019; Wells et al., 2023; Zhu et al., 2011). Furthermore, *Lin28b* was recently

reported to also influence transcriptome-wide ribosome occupancy and global miRNA biogenesis

(Tan et al., 2019). Thus, it is likely that *Lin28b* transgenic overexpression could give rise stronger

phenotypes than we observed in our single cluster *let-7*^{LOF} mice. Nonetheless, unbiased omics-

based methods will be useful to determine if other gene targets beyond RORγt synergistically

potentiate the *in vivo* Tc17-response and emphysema phenotype in context of deletion of *let-7bc2*-

cluster.

Tc17 cells play a major role in microbial infections, providing a potent anti-viral response

(Hamada et al., 2009; Yeh et al., 2010), while viral infection has been an established factor in

COPD exacerbations (Hewitt et al., 2016; Wedzicha, 2004). It will be interesting to determine

whether loss of *let-7bc2*- or *let-7afd*-cluster activity in the T cell compartment contributes to COPD

disease susceptibility in the context of viral exposure. Our experiments with *let-7* GOF were

partially successful in limiting the emergence of Tc17 and Th17 in nCB-elicited emphysema. *Let-*

7^{GOF} mice exhibited a reduction in RORγt expression levels and type 17 responses but were not

protected from alveolar remodeling following nCB exposure. A potential limitation of the *let-7*^{GOF}

transgenic model is that it expresses only the *let-7g* sequence which may render it less potent

than the corresponding two mature forms transcribed from the *let-7bc2*-cluster. Additional studies

will be required to ascertain whether other interventions that enhance *let-7* activity in T cells are

successful in preventing or reversing COPD.

MATERIALS AND METHODS

Mice

Conditional knockout-ready floxed *let-7bc2* and *let-7afd* mice were generated using CRISPR gene

editing in an isogenic C57BL/6 genetic background and were sequence verified for rigor. Mice

were PCR genotyped from ear samples with primers flanking loxP sites (Supplementary Table 1).

The *let-7bc2*^{flox/flox}; *CD4-cre* and *let-7afd*^{flox/flox}; *CD4-cre* mice were PCR genotyped. The *R26-*

STOP-rtTA; *Col1a1-tet0-let-7* (*rtTA-iLet7*) mice were obtained from JAX Jax Stocks 023912 and

05670 and then bred to *CD4-Cre* were PCR genotyped with established JAX primers (Belteki et

al., 2005; Zhu et al., 2011). Control *rtTA-iLet7* and the *let-7*^{GOF} mice were fed *ad libitum* with

200mg/kg of doxycycline-containing chow (Bio-Serv S3888) at weaning age primers (Belteki et

al., 2005; Zhu et al., 2011). Syngeneic littermates served as controls for all mouse experiments.

All mice were bred in the transgenic animal facility at Baylor College of Medicine. All experimental

protocols used in this study were approved by the Institutional Animal Care and Use Committee

of Baylor College of Medicine animal protocol (AN-7389) and followed the National Research

Council Guide for the Care and Use of Laboratory Animals.

Human emphysema tissue samples and T cell isolation

Lung tissues were obtained from a total of 19 non-atopic current or former smokers with significant

(>20 pack-years, one pack-year equals to smoking one pack of cigarettes per day each year)

history of smoking who were recruited into studies from the chest or surgical clinics at Michael E.

DeBakey Houston Veterans Affairs Medical Center hospitals (Supplementary Table 2) (Shan et

al., 2009). Emphysema and non-emphysema control patients were diagnosed from CT scans

according to the criteria recommended by the National Institutes of Health–World Health

Organization workshop summary (Pauwels et al., 2001). Human single-cell suspensions were

prepared from surgically resected lungs as previously described (Yuan et al., 2020; Grumelli et

al., 2004). Briefly, fresh lung tissue was minced into 0.1 cm pieces in petri dishes and treated with

2 mg/mL of collagenase D (Worthington) for 1 hour at 37°C. Digested lung tissue was filtered

through a 40-µm cell strainer (BD Falcon) followed by red blood cell lysis using ACK lysis buffer

(Sigma-Aldrich) for 3 minutes to yield a single-cell suspension. CD4$^+$ T cells were selected from

resultant suspensions by labeling with bead conjugated anti-CD4 for enrichment by autoMACs

(Miltenyi Biotec). Studies were approved by the Institutional Review Board at Baylor College of

Medicine and informed consent was obtained from all patients.

Human lung transcriptome data

A publicly available RNA-seq dataset from a Korean cohort GSE57148 was selected for the

analysis (Kim et al., 2015). The raw FASTQ files of paired end reads representing the

transcriptome of control and cases were retrieved from the GEO database at the National Centre

for Biological Information (NCBI) through accession number GSE57148 and analyzed with R

package for differential expression.

Cigarette smoke exposure model of pulmonary emphysema

To promote emphysema, mice were exposed to cigarette smoke using our custom designed

whole-body inhalation system (Morales-Mantilla et al., 2020). In total, mice were exposed to four

cigarettes (Marlboro 100's; Philip Morris USA) per day, five days a week, for four months as

previously described (Shan et al., 2012).

nCB exposure model of pulmonary emphysema

Nano-sized particulate carbon black was prepared and administered as previously described (You

et al., 2015; W. Lu et al., 2015). Dried nCB nanoparticles were resuspended in sterile PBS to a

concentration of 10 mg/ml. Fifty µl of reconstituted nCB (0.5 mg) were intranasally delivered to

deeply anesthetized mice on a schedule of three times a week for four weeks (total delivered

dose of 6 mg). Lung histomorphometry and airway inflammation were assessed four weeks after

the final nCB challenge. For histomorphometric analysis, mice lungs were fixed with 10% neutral-

buffered formalin solution via a tracheal cannula at 25-cm H_2O pressure followed by paraffin

embedding and tissue sectioning and stained with hematoxylin and eosin. Mean linear intercept

(MLI) measurement of mouse lung morphometry were done as previously described (Shan et al.,

2014; Morales-Mantilla et al., 2020). Briefly, this was done in a blinded fashion to mice genotypes

from ten randomly selected fields of lung parenchyma sections. Paralleled lines were placed on

serial lung sections and MLI was calculated by multiplying the length and the number of lines per

field, divided by the number of intercepts (Morales-Mantilla et al., 2020).

BALF was collected by instilling and withdrawing 0.8 ml of sterile PBS twice through the

trachea. Total and differential cell counts in the BALF were determined with the standard

hemocytometer and HEMA3 staining (Biochemical Sciences Inc, Swedesboro, NJ) using 200 µL

of BALF for cytospin slide preparation (Morales-Mantilla et al., 2020; W. Lu et al., 2015).

Cell isolation from murine lung tissue

Mouse lung tissue were cut into 2-mm pieces and digested with collagenase type D (2 mg/ml;

Worthington) and deoxyribonuclease (DNase) I (0.04 mg/ml; Roche) for 1 hour in a 37°C

incubator. Single-cell suspensions from lung digest, spleen, and thymus were prepared by

mincing through 40-µm cell strainers then washing and resuspension in complete RPMI media.

Mouse lung and spleen single-cell suspensions were additionally overlaid on Lympholyte M cell

separation media (Cedarlane) as indicated in the manufacturer's protocol to purify lymphocytes.

For murine *let-7* expression studies, lung single-cell suspensions were labeled with anti-CD4$^+$ or

anti-CD8$^+$ magnetic beads and separated by autoMACS (Miltenyi Biotec), or CD4$^+$CD8$^+$ double

positive cells purified from thymus single-cell suspensions by flow-cytometric sorting on FACS

Aria (BD Biosciences).

***In vitro* polarization of CD8$^+$ T cells**

CD8$^+$ naïve T cells were isolated from spleen using Mojosort Mouse CD8 Naïve T cell isolation

Kit (Biolegend) and adjusted to a concentration of 1.0x10^6 cells/mL. Purified cells were activated

with plate-bound anti-CD3 (1.5µg/mL) and complete RPMI media containing anti-CD28

(1.5µg/mL) and β-mercaptoethanol (50nM) for Tc0 polarization, or further supplemented with Tc1

[IL-2 (10ng/mL)] or Tc17 [TGFβ (2ng/mL), IL-6 (20ng/mL), anti-IFNγ (10µg/mL), IL-23 (20ng/mL),

and IL-1β (5ng/mL)] polarization conditions for 72 hours (Flores-Santibáñez et al., 2018).

ELISA

Supernatant was collected from *in vitro* polarized murine CD8$^+$ T cells and centrifuged to remove

cellular debris (W. Lu et al., 2015). Cytokine levels of IL-17A and IFNγ were quantified from

collected supernatant using Mouse IL-17A Uncoated ELISA and Mouse IFN gamma Uncoated

ELISA (Invitrogen) Kits, respectively, per the manufacturer's instructions with colorimetric analysis

by the Varioskan LUX microplate reader (ThermoFisher).

Flow cytometric analysis

Cells used for *in vitro* or *in vivo* cytokine analysis were stimulated with PMA (20ng/mL; Sigma

Aldrich), Ionomycin (1µg/mL; Sigma Aldrich), and Brefeldin A (2µg/mL; Sigma Aldrich) for 4 hours

prior to flow staining (W. Lu et al., 2015). For intracellular staining, cells were fixed and

permeabilized using the Mouse FOXP3 Buffer Set (BD) per the manufacturer's protocol. The

fluorophore-conjugated antibodies used in this study were as follows: Live/Dead Fix Blue

(Invitrogen), CD3 PerCPCy5.5 (Biolegend), TCRb PE/Cy7 (Biolegend), CD4 PB (Biolegend), CD4

AF700 (Biolegend), CD8 BV650 (Biolegend), CD25 BV421 (Biolegend), FOXP3 AF488

(Biolegend), ROR gamma T PE (Invitrogen), TCF1 AF647 (Cell Signaling Technologies), TCF1

PE (Biolegend), IFNγ AF647 (Biolegend), IL17A FITC (Biolegend), IL17A PE (ebioscience).

Representative flow cytometric gating and quantification strategy for detection of lung Th1/Th17

and Tc1/Tc17 cell populations is shown in Supplementary Figure 3. Samples were analyzed using

BD LSR II flow cytometer (BD Biosciences) and FlowJo software (TreeStar).

RNA Isolation and Quantitative RT-PCR

RNA was isolated using miRNeasy (Qiagen) or RNeasy Mini Kit (Qiagen) in conjunction with the RNase-Free DNase (Qiagen) according to the manufacturer's instructions. cDNA of miRNAs and mRNAs were synthesized using TaqMan Advanced miRNA cDNA Synthesis Kit (ThermoFisher) and High-Capacity cDNA Reverse Transcription Kit Real-Time PCR system (Applied Biosystems). 18S and snoRNA-202 were used to normalize mRNA and miRNA expression respectively (W. Lu et al., 2015). Quantitative RT-PCR data were acquired on 7500 Real-Time PCR System or StepOne Real-Time PCR System (Applied Biosystems) with the following TaqMan probes: *hsa-let-7a-5p* [478575_mir], *hsa-let-7b-5p* [478576_mir], *hsa-let-7d* [478439_mir], *hsa-let-7f* [478578_mir], *pri-let7a1/f1/d* [44411114, arfvmhy], *pri-let7b/c2* [4441114, areptx2], *Mmp9* [Mm00442991], *Mmp12* [Mm00500554].

Luciferase reporter assays

Genomic fragment containing the murine *Rorc* 3'UTR was cloned into psiCHECK2 luciferase reporter plasmid (Promega). This construct was also used to generate the *let-7* 'seed' deletion mutant derivative using the QuikChange Multi Site Mutagenesis Kit (catalog 200514-5, Stratagene). 3T3 mouse embryonic fibroblasts (MEFs) were transfected using Oligofectamine (Invitrogen) with 100 ng of psiCheck-2 plasmid containing wild-type or mutant 3'UTR, along with the miRNA control or *let-7b* duplex (Dharmacon) at a final concentration of 6 nM (Gurha et al., 2012) (Supplementary Table 1). Reporter activity was detected with the Dual-Luciferase Reporter Assay System (Promega).

Statistical analysis

Statistical analyses were performed using GraphPad Prism 10.0.1 software. Statistical comparison between groups was performed using the unpaired Student's t-test, two-way analysis of variance (ANOVA) with Tukey's or Sidak's correction, and Mann-Whitney Test when indicated.

A P-value less than 0.05 was considered statistically significant; ns indicates not significant.

Statistical significance values were set as *$P < 0.05$, **$P < 0.01$, ***$P < 0.001$, and ****$P < 0.0001$.

Data are presented as means ± SEM. P-value and n can be found in the main and supplementary

figure legends.

COMPETING INTEREST STATEMENT

The authors declare no competing interests.

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AUTHOR CONTRIBUTIONS

P.E., X.H., D.B.C, F.K., and A.R. conceptualized experiments and interpreted results. P.E., X.H.,

M.J.S., H.T., M.A.P., and S.L.L. acquired the data, M.J.R. provided bioinformatics analyses. P.E.

and A.R. wrote the manuscript.

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Figure 1. Repression of *Let-7* miRNA gene clusters in lung T cells from COPD patients and murine models of emphysema. (A) Schematic representation of the polycistronic transcripts for the *Let-7a1/Let-7f1/Let-7d-* and *Let-7b/Let-7a3-*clusters in humans and *let-7a1/let-7f1/let-7/d-* and l*et-7b/let-7c2-*clusters in mice. (B) *In silico* analysis of *Mirlet7a1hg* and *Mirlet7bhg* from the publicly available lung transcriptome dataset from RNA-seq of COPD and control patients (GEO: GSE57148). (C) Quantitative RT-PCR (qPCR) of mature *Hsa-Let-7a* from resected lung tissue of COPD (n=15) and control subjects (n=11). (D) QPCR and regression analysis of *Hsa-Let-7a, Hsa-Let-7b, Hsa-Let-7d, and Hsa-Let-7f* expression to emphysema severity score based on CT: 0=no, 1=upper lobes only, 2=upper/middle lobes, 3=extensive pan lobular emphysema (n=19). (E) Schematic diagram of experimental emphysema in mice induced by either intranasal (i.n.) instillation of nCB or exposure to CS by whole-body inhalation (w.b.i.). (F-H) QPCR analysis for *pri-let-7a1/f1/d* and *pri-let-7b/c2* from lung tissue or lung-derived CD8+ and CD4+ T cells of mice with emphysema elicited by (F) nCB- or (G-H) CS (n=3-6 per group). Data are representative of three independent experiments displayed as mean±SEM. Mann-Whitney (B,C) or Student's t-test (F,G,H). *p < 0.05, **p < 0.01, ***p <0.001, ****p<0.0001.

Figure 2. Deletion of the *let-7bc2* cluster in T cells enhances nCB- or CS-triggered emphysema. (A) Schematic representation of CD4-Cre (*let-7bc2^LOF^*) or *let-7bc2^f/f^* (Control) mice. (B) QPCR analysis of *pri-let-7b/c2* from flow-sorted live,TCRβ⁺, CD4⁺CD8⁺ double-positive (DP) thymocytes of control and *let-7bc2^LOF^* mice (n=3-5 per group). (C-G) Control and *let-7bc2^LOF^* mice were exposed to vehicle (PBS) or nCB for 4 weeks, or alternatively air or cigarette smoke by whole body inhalation of cigarette smoke (CS) for 16 weeks. (C) Representative H&E stained lung sections from PBS-, nCB-, or CS-exposed mice as indicated on each panel (x20 magnification; scale bars, 50µm). (D-E) Mean linear intercept (MLI) measurement of lung morphometry. (F) Total and differential cell counts from bronchoalveolar lavage (BAL) fluid from controls and nCB-emphysemic mice (n=4-7 per group). (G) *Mmp9* and *Mmp12* mRNA expression from BAL cells of air- and smoke-exposed control and *let-7bc2^LOF^* mice (n=4-6 per group). Data are representative of at least three independent experiments displayed as mean±SEM using Student's t-test (B) or two-way ANOVA with *post-hoc* Tukey correction (D,E,F,G). *p < 0.05, **p < 0.01, ***p <0.001, ****p<0.0001.

Figure 3. *In vivo* T cell ablation of the *let-7bc2*-cluster enhances Tc17 inflammatory response to nCB-emphysema. Representative flow plots with percentage and counts of live TCRβ⁺ (A) CD8⁺IL-17a⁺ and CD8⁺IFNγ⁺, (B) CD8⁺IFNγ⁺GzmA⁺, (C) CD4⁺IL-17a⁺ and CD4⁺IFNγ⁺, and (D) CD4⁺ Foxp3⁺CD25⁺ cells from the lungs of control (Ctrl) PBS vehicle- (n=5-6), control nCB- (n=6), and *let-7bc2^{LOF}* nCB-exposed mice. Data are representative of three independent experiments displayed as mean±SEM using ANOVA with *post-hoc* Sidak correction. *p < 0.05, **p < 0.01, ***p <0.001, ****p<0.0001.

Figure 4. Deletion of either the *let7bc2*- or *let7afd*-cluster in T cells enhances RORγt expression *in vivo*. (A) Left: Schematic representation of the murine *Rorc* 3'UTR with *let-7* miRNA binding sites as identified by TargetScan. Right: Schematic of a conserved *let-7* miRNA target sequence in the 3'UTR of *Rorc*. (B-C) Flow analysis of RORγt expression by MFI quantification in live TCRβ⁺CD8⁺ or CD4⁺ T cells from indicated tissues of (B) naïve control (Ctrl) and *let-7bc2^LOF* mice or (C) nCB-treated lungs by representative flow plot and MFI quantification (n=5 per group). (D) RORγt expression by MFI quantification in naïve mice *let-7afd^LOF* mice thymus, spleen, and lungs (n=3-4 per group), or (E) nCB-exposed lungs (n=5 per group). Data are representative of at least three independent experiments displayed as mean±SEM using student's t-test. *p < 0.05, **p < 0.01, ***p <0.001, ****p<0.0001.

Figure 5. *Let-7* restricts Tc17 *in vitro* differentiation in part via direct targeting of *Rorc* mRNA. (A) Representative flow plots of live TCRβ+ CD8+, IL-17a+ and IFNγ+ populations from Tc1 and Tc17 polarized naïve splenic CD8+ cells from control and *let-7bc2LOF* mice and (B) quantification of CD8+IL-17a+ cells (n=5 per group). (C) ELISA of IL-17a from the supernatant of Tc1 and Tc17 polarized control and *let-7bc2LOF* cells (n=5-6 per group). (D) Flow quantification of CD8+IFNγ+ populations in Tc1 and Tc17 polarized control and *let-7bc2LOF* cells (n=5 per group). (E) Representative flow plot and quantification of RORγt from Tc0 or Tc17 differentiated naïve splenic CD8+ T cells isolated from control and *let-7bc2LOF* mice (n=5 per group). (F) Representative flow plots of CD8+IL-17a+ population frequency and quantification of Tc17 polarized naive splenic CD8+ cells of indicated mice polarized under Tc1 or Tc17 conditions. (G) ELISA of IL-17a from control, Tc1 (n=4), control Tc17 (n=4), and *let-7afdLOF* Tc17 (n=3) polarized cells. (H) Quantification of RORγt from Tc0 or Tc17 *in vitro* polarized naive CD8+ T cells from control and *let-7afdLOF* mice (n=3-4 per group). (I) Control (*Rorc* WT) or binding site mutant (*Rorc* Mut) 3' UTRs of *Rorc* were cloned downstream of the renilla luciferase reporter. Plasmids were cotransfected with either a control-miR (black bars) or *let-7b* mimic (blue bars) duplex into cultured cells. Reporter activity was measured 24 hours after transfection and normalized to firefly activity. Data are representative of two (H), three independent experiments (A-G), or carried out in triplicate (I) and displayed as mean±SEM using student's t-test. *p < 0.05, **p < 0.01, ***p <0.001, ****p<0.0001.

Figure 6. Enforced *let-7* expression in T cells restrains induction of RORγt and Tc17/Th17 inflammation in lungs of nCB-exposed mice. (A) Schematic outlining our T cell-inducible *let-7g* mouse model (*let-7^GOF*). (B) Flow analysis of RORγt expression in live, TCRβ+CD8+ or CD4+ T cells from (B) naïve control and *let-7^GOF* mice in thymus, spleen, and lungs (n=3-5 per group). (C) Control and *let-7^GOF* mice were treated with PBS vehicle or nCB then analyzed. Representative H&E-stained lung sections from PBS- and nCB-exposed mice as indicated on each panel (x20 magnification; scale bars, 50μm) (D) MLI measurements from indicated mice (n=5-6 per group). (E) Flow analysis of lungs gated on live TCRβ+ CD8+ or CD4+ cells for (E) IL-17a+ population frequency (n=3-4 per group) or (F) RORγt expression by representative flow plot and MFI quantification (n=4-5 per group). (G) Figure model for *let-7*/RORγt axis in emphysema pathogenesis. Data are representative of two (B) or three (C-F) independent experiments and displayed as mean±SEM using student's t-test (B) or two-way ANOVA with Tukey's multiple correction (D-F). *p < 0.05, **p < 0.01, ***p <0.001, ****p<0.0001.