| Table 1. Studies supporting a beneficial role for IL-27 in murine colitis | | |
|---|--|-------------------------|
| Model | Result | Reference |
| T cell transfer | Mucosal administration of IL-27 improves pathology and clinical disease | 44 |
| | IL-27R $\alpha^{-/-}$ renders Foxp3+ Tregs incapable of preventing enterocolitis | 48 |
| | IL-27R α^{-1} on transferred T cells prevents the reduction of intestinal inflammation by IL-10-secreting B cells | 25 |
| DSS | Mucosal administration of IL-27 improves pathology and clinical disease | 44, Andrews unpublished |
| | IL-27R $\alpha^{-1/2}$ results in more severe colitis and reduced survival | 47 |
| | Concurrent IL-27R $\alpha^{-/-}$ in RAG mice worsened colitis and decreased survival | 47 |
| | Elevated IL-27 in Fat-1 mice associated with decreased pathology | 52 |
| TNBS | Subcutaneous administration of IL-27 improves pathology | 46 |
| | Mucosal administration of IL-27 improves pathology and clinical disease | 49 |
| Citrobacter rodentium | IL-27 neutralization worsened colitis | 43 |
| Studies suggesting deleter | rious effects of IL-27 in murine colitis | |
| T cell transfer | IL-27Rα ^{-/-} on transferred T cells reduces inflammation and clinical disease | 53 |
| | IL-27R $\alpha^{-/-}$ in recipient mice prevents enterocolitis | 54 |
| DSS | IL-27R $\alpha^{-/-}$ mice develop less severe colitis | 55 |
| IL-10 ^{-/-} | Concurrent IL-27R α^{-1} delays colitis and improves survival | 56 |