

Immunology Bootcamp – Pathways in SLE:

- IFN, IL-17, CD40L, BAFF, CNI...



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Conflict(s) of interest disclosure...

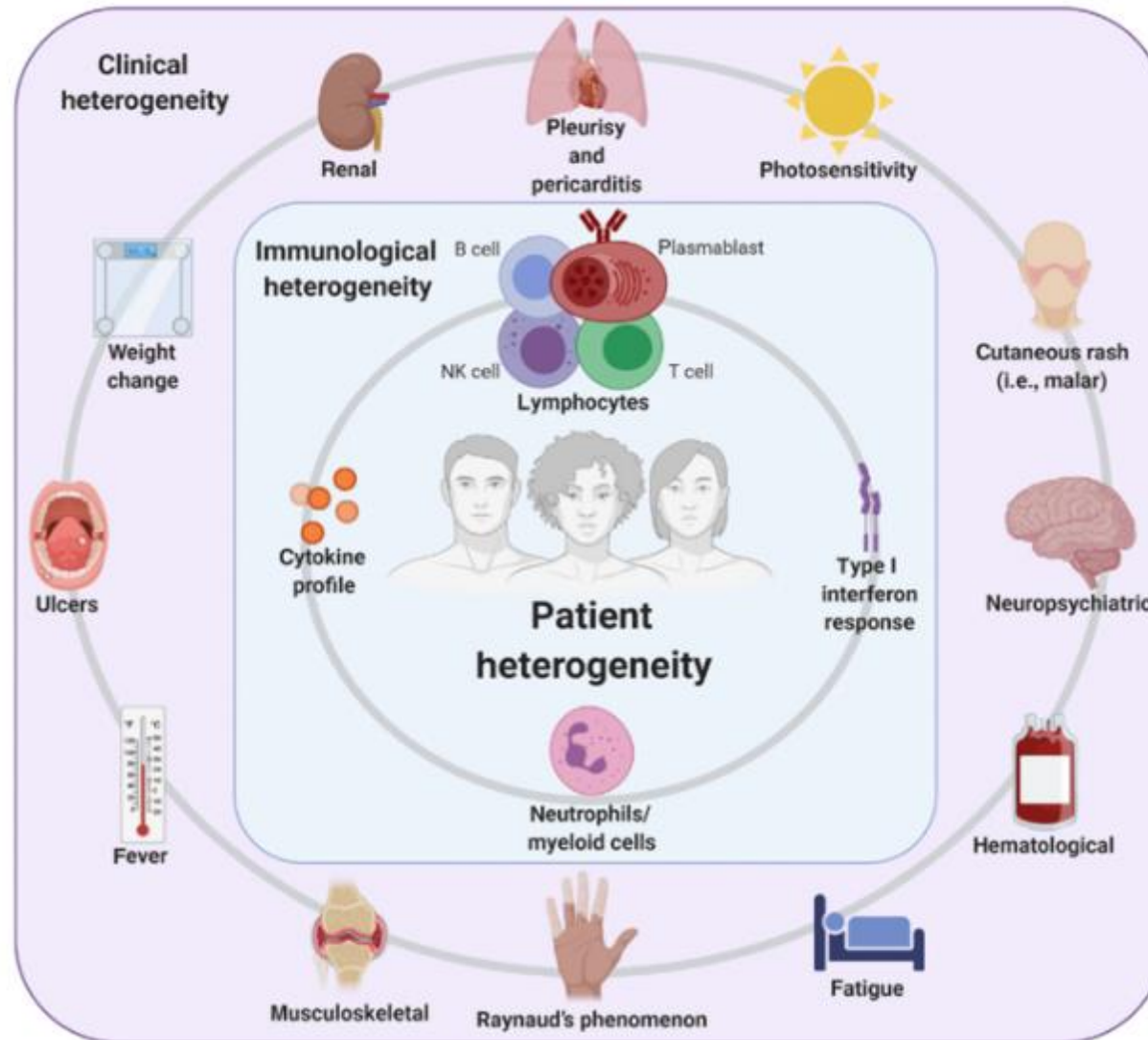
- I have received honoraria and research funding from Abbvie, Astra Zeneca, BMS, Causeway Therapeutics, Celgene, Evelo, Cabaletta, Janssen, Novartis, Lilly, Pfizer, BI, Roche and UCB
- I have received academic funding from Versus Arthritis, Wellcome Trust and MRC

Learning Objectives

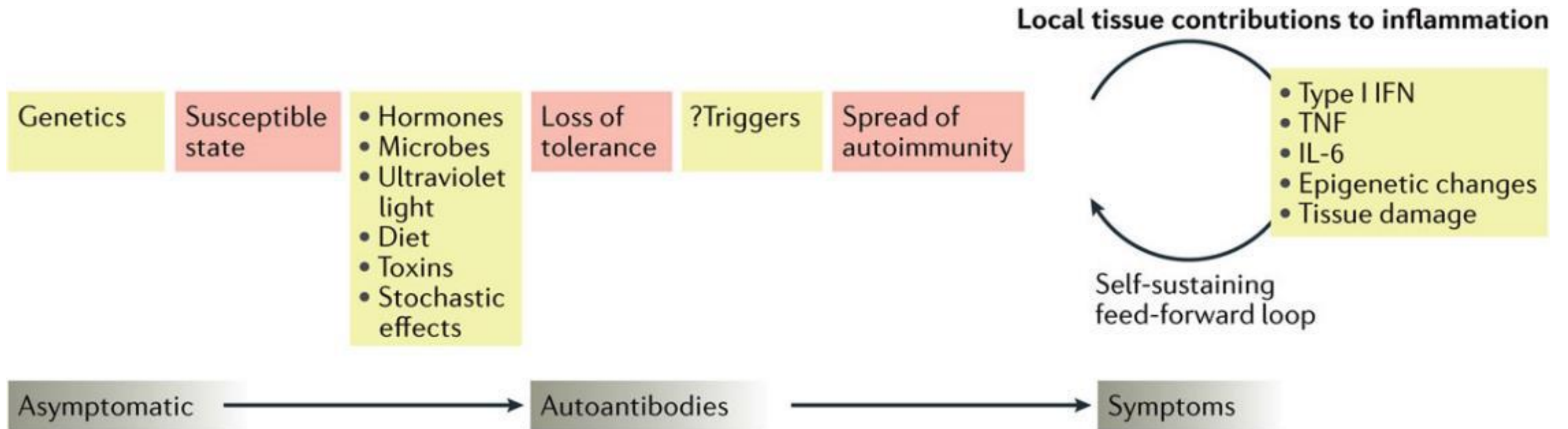
- Explore and be able to explain the basic properties and effector biology of the major pathways currently implicated in SLE pathogenesis



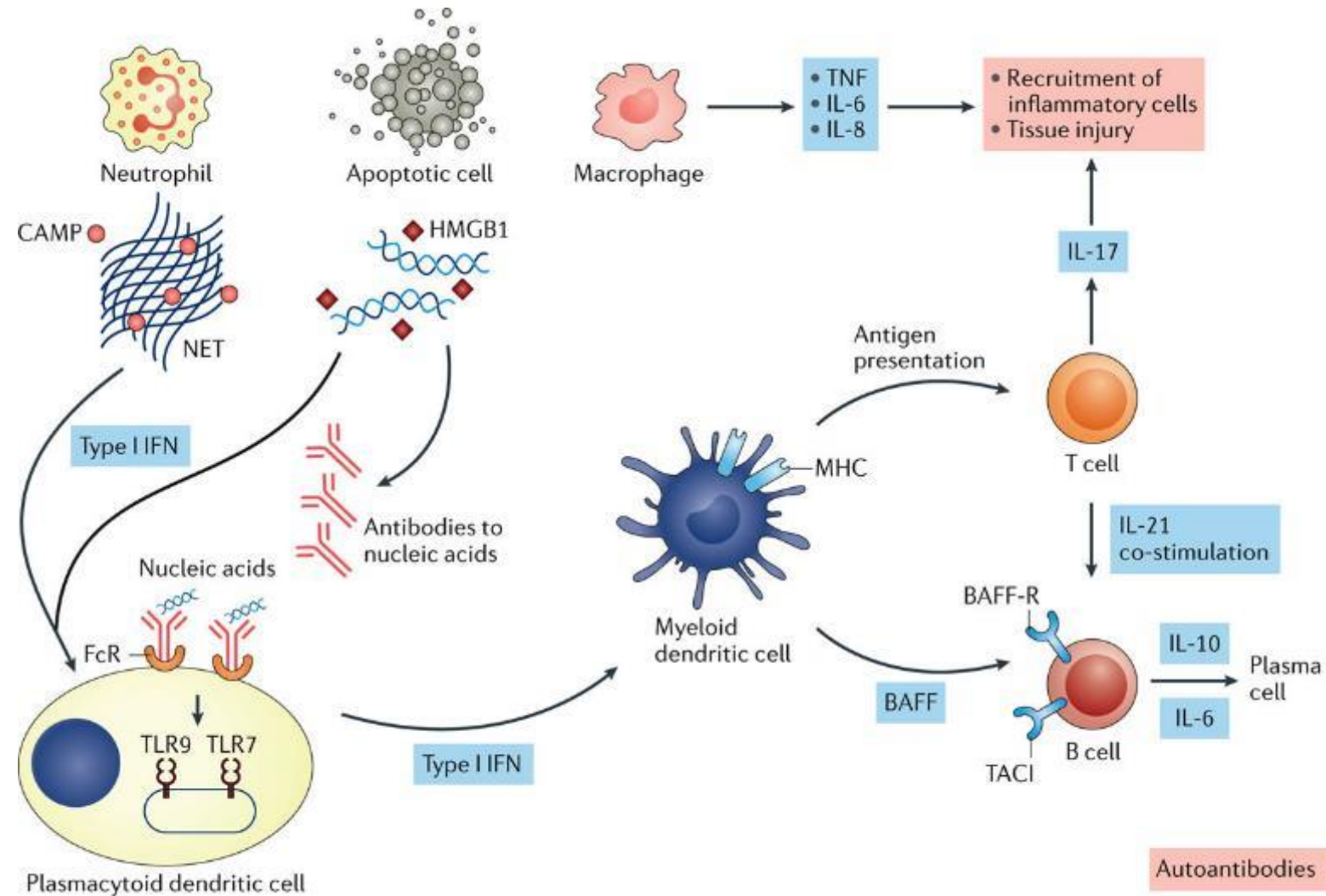
SLE is clinically heterogeneous – so too its immunology?



A focus on SLE pathogenesis



Understanding the biology of SLE...



Polling Question #1

The current state of the art identifies which of the following as the dominant cytokine effector pathway in SLE?

A. BAFF

A. IL-17

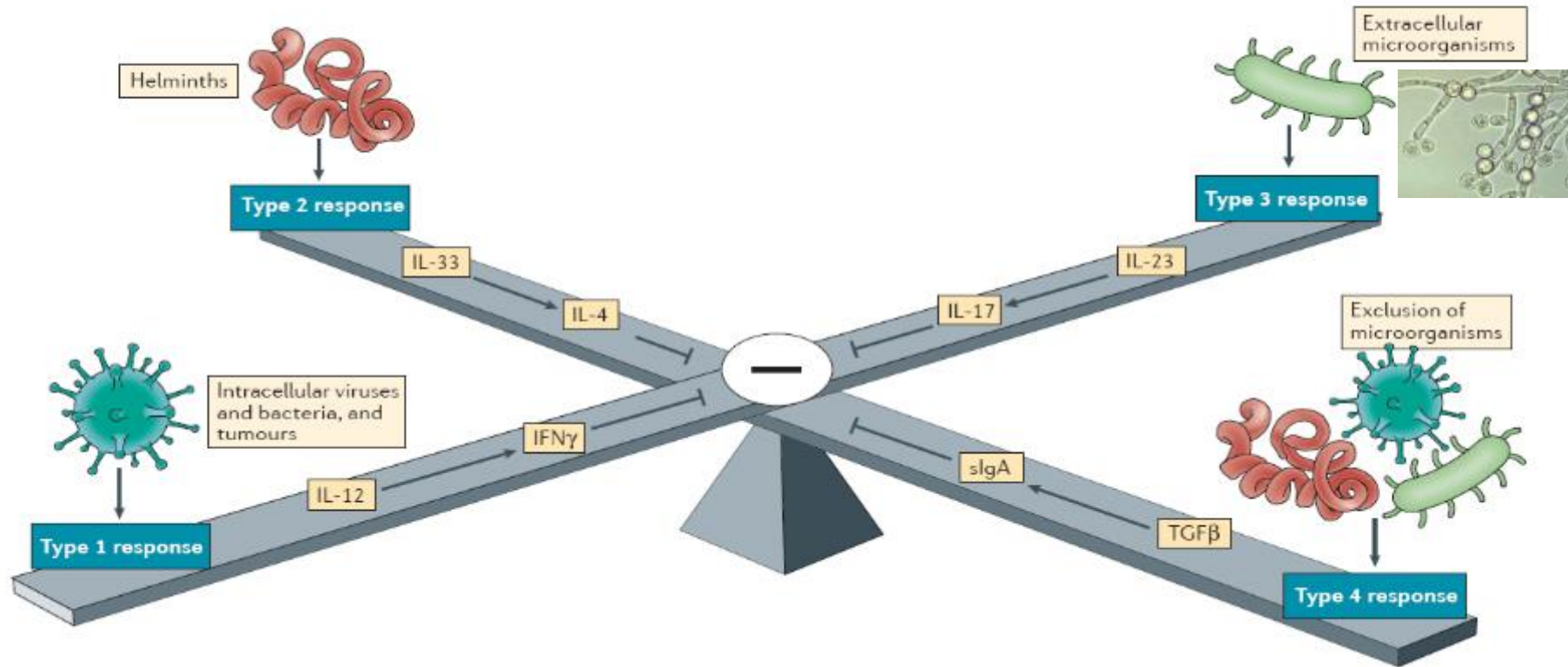
B. Type 1 interferon

C. none of the above

To understand the contribution(s) of distinct mediators...

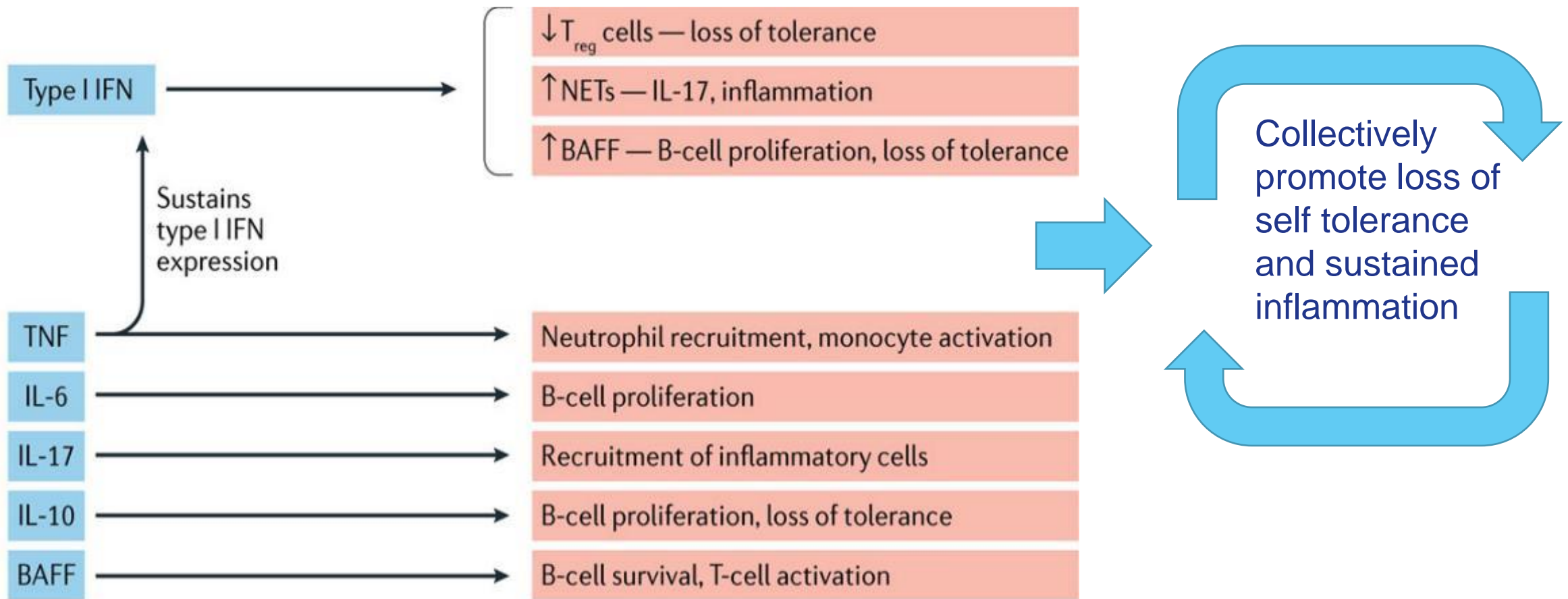
- Major mediators in the patho-immune responses (the actors)
 - Cytokines as general regulators
 - Type 1 IFN
 - IL-17 family
 - BAFF
 - JAKs???
 - Intrinsic Cellular regulators
 - Checkpoint regulation (CD40/CD40L)
 - Calcineurin dependent
- Pathogenesis in tissues (the venues & screen sets)
 - All tissues are not created identical

Recall a fundamental immunologic property - “Immunity by equilibrium”

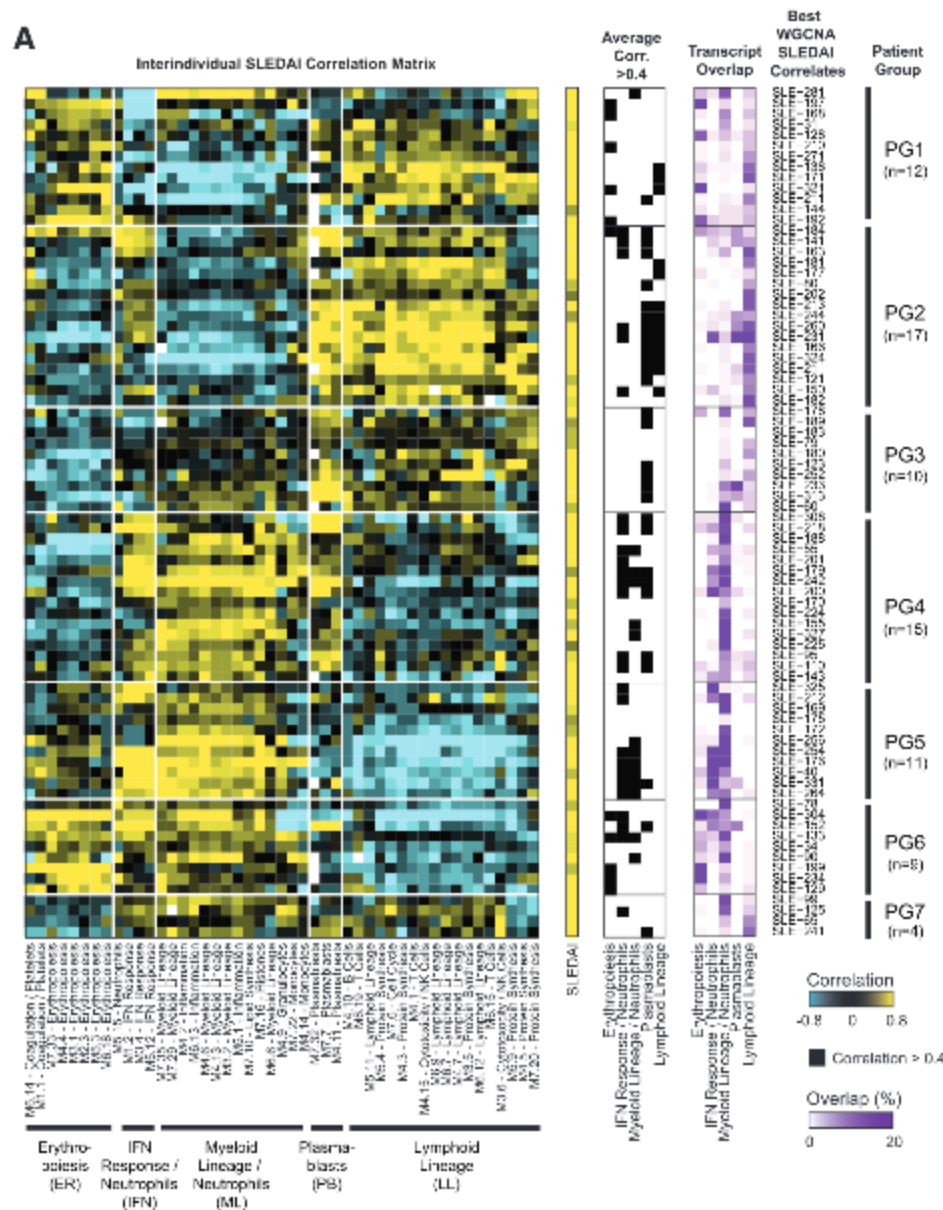


- “The healthy immune system is always active and in a state of dynamic equilibrium between **antagonistic** types of response”
- “Alteration of the microbial environment leads to immune disequilibrium, which determines tolerance, protective immunity, and inflammatory pathology”

Recall a fundamental immunologic property - “Cytokines as hormones”



Is SLE actually one disease?



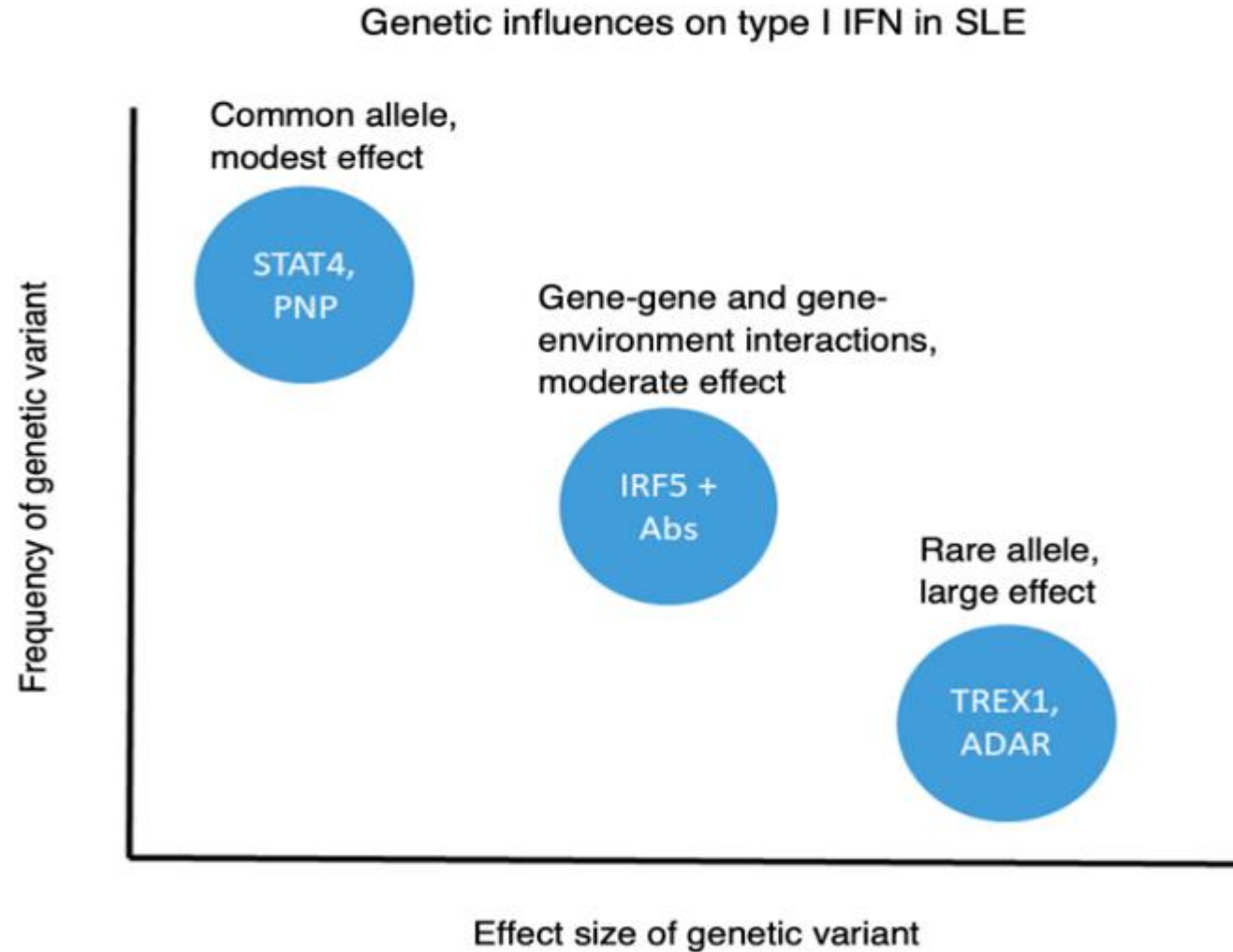
‘Lupus is so diverse’...

Is it?

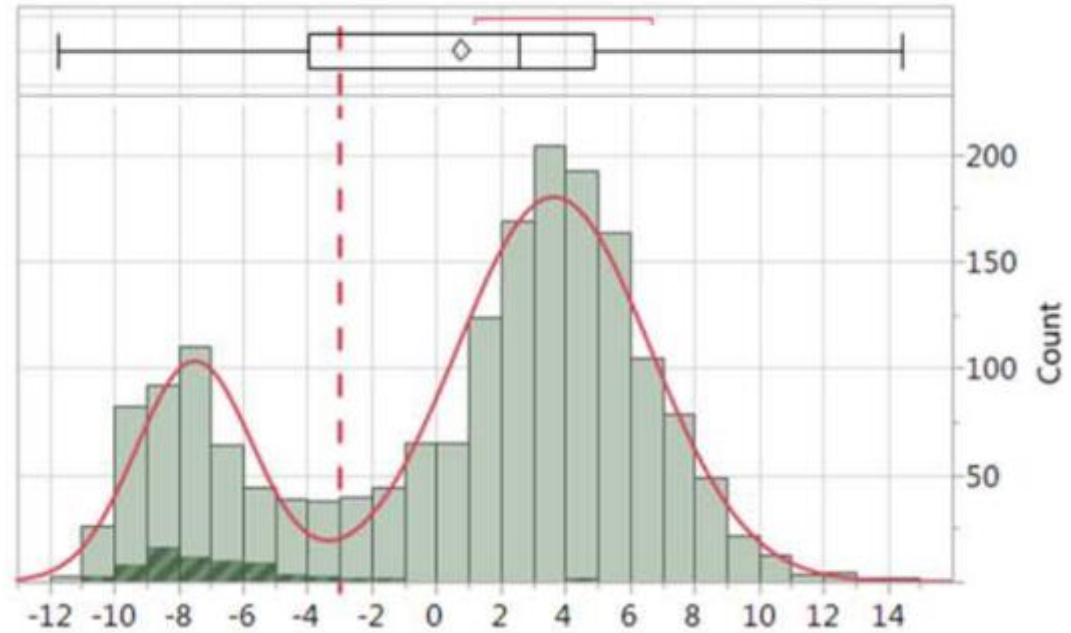
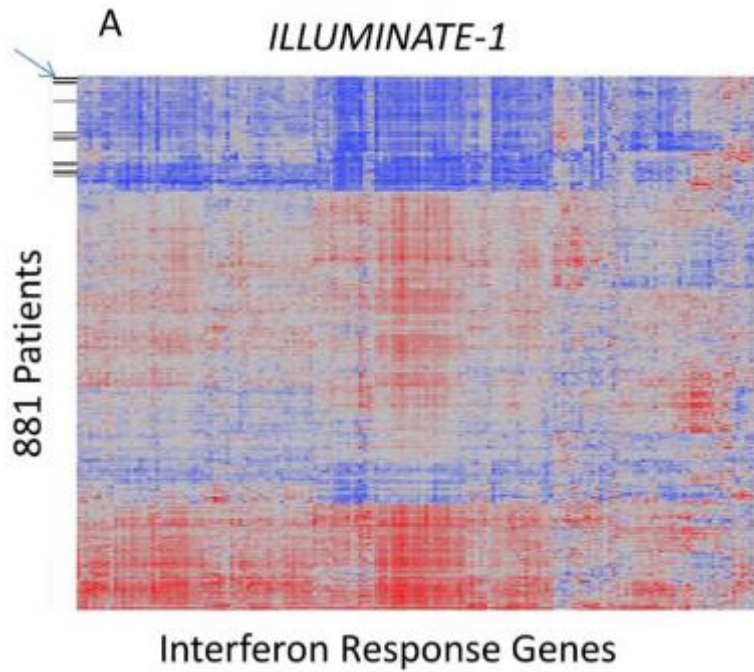
Questions:

- Is our clinician-based classification just wrong?
- Should be we studying 'acquired autoimmune interferonopathy'?

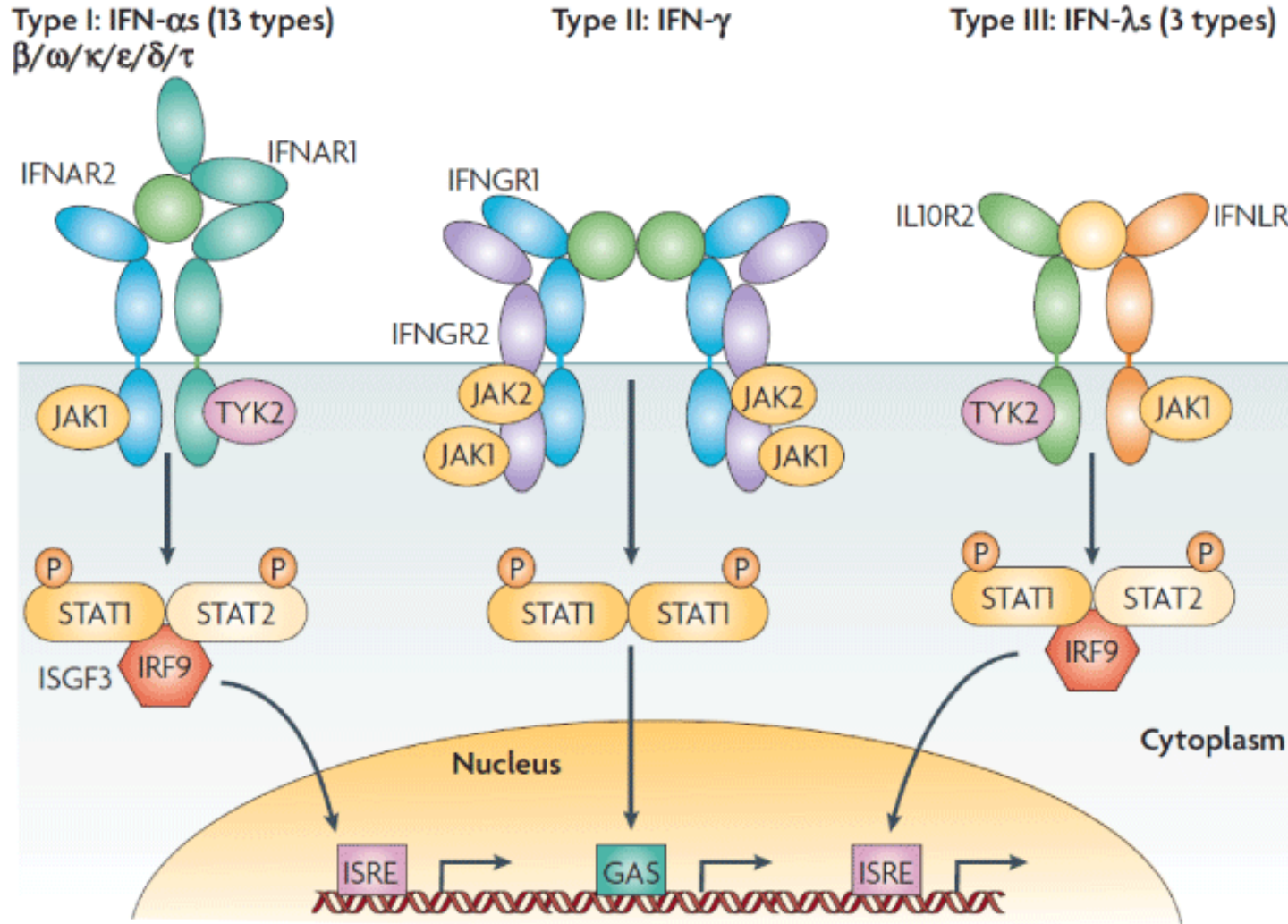
Impact of genetic variants in the IFN pathway in SLE



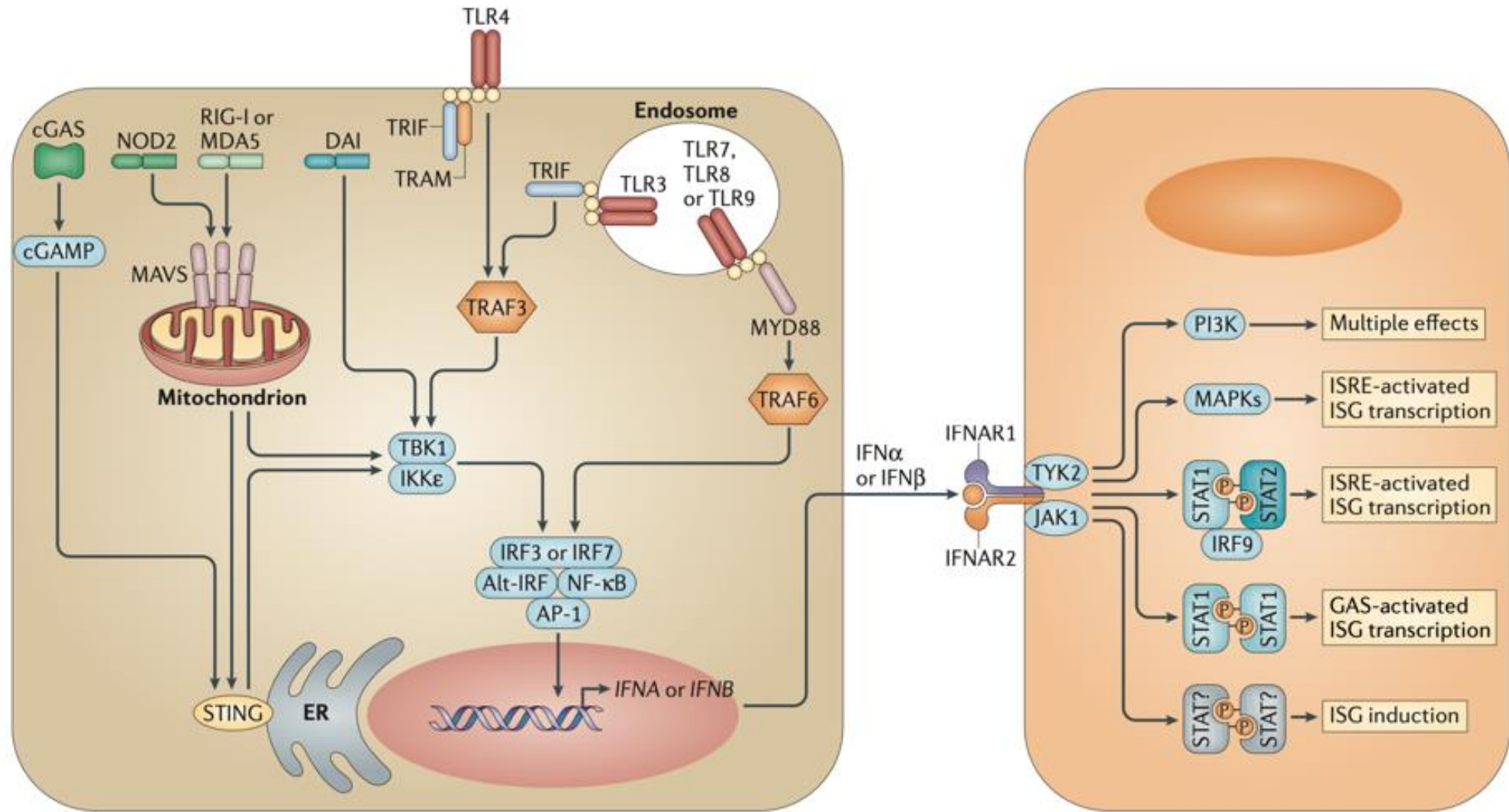
The most prevalent endotype in SLE is the Type I IFN signature



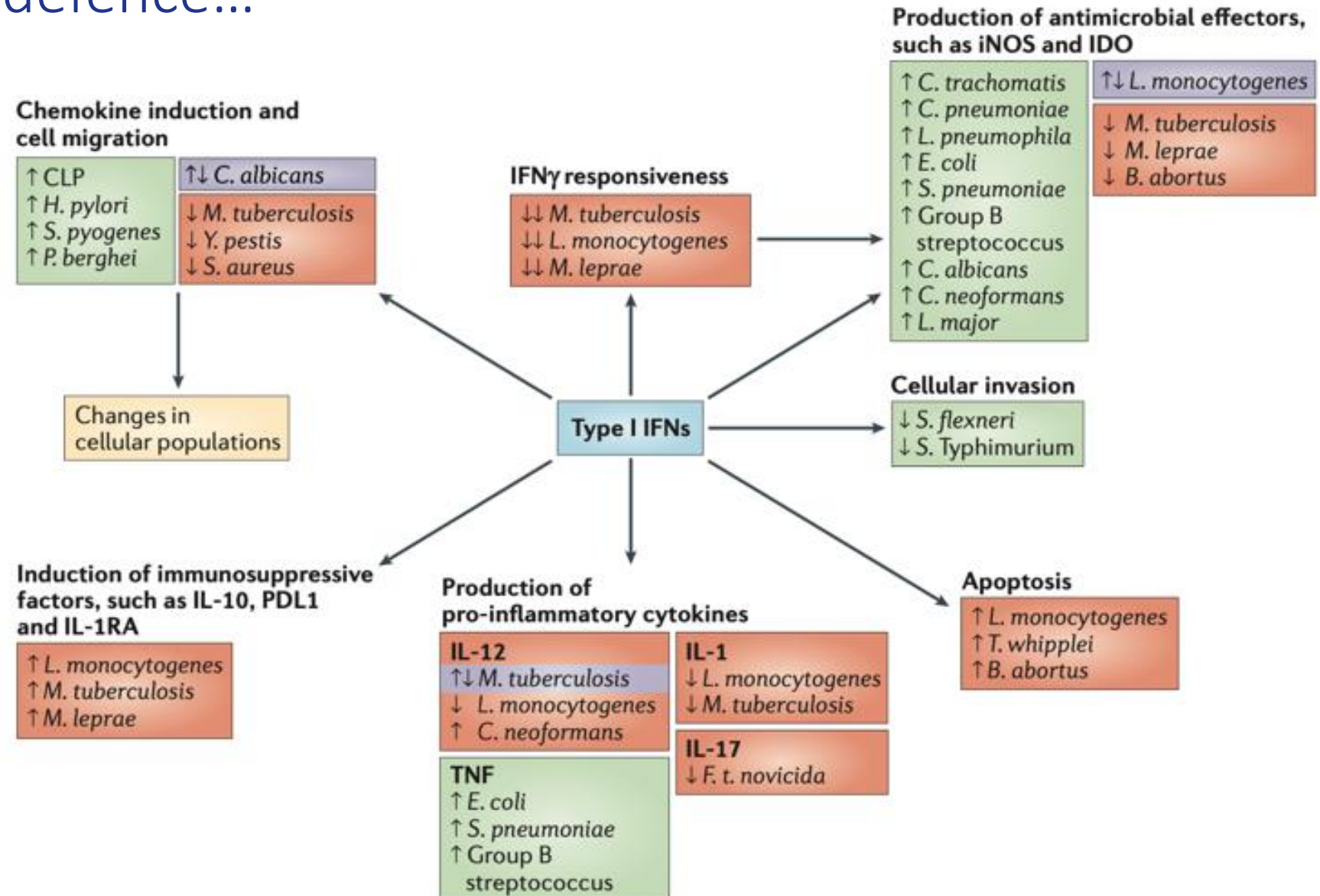
IFN superfamily – some basics: classified by receptor usage



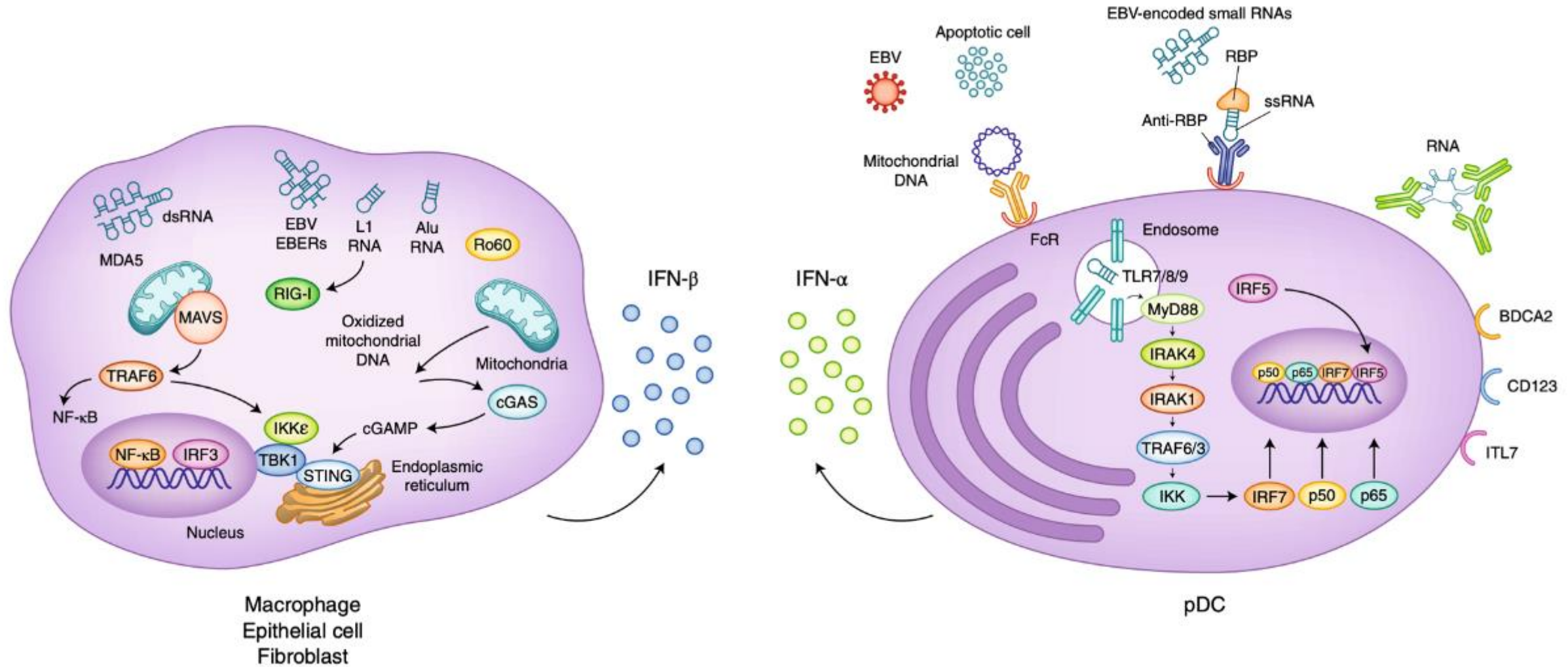
IFN - some basics...



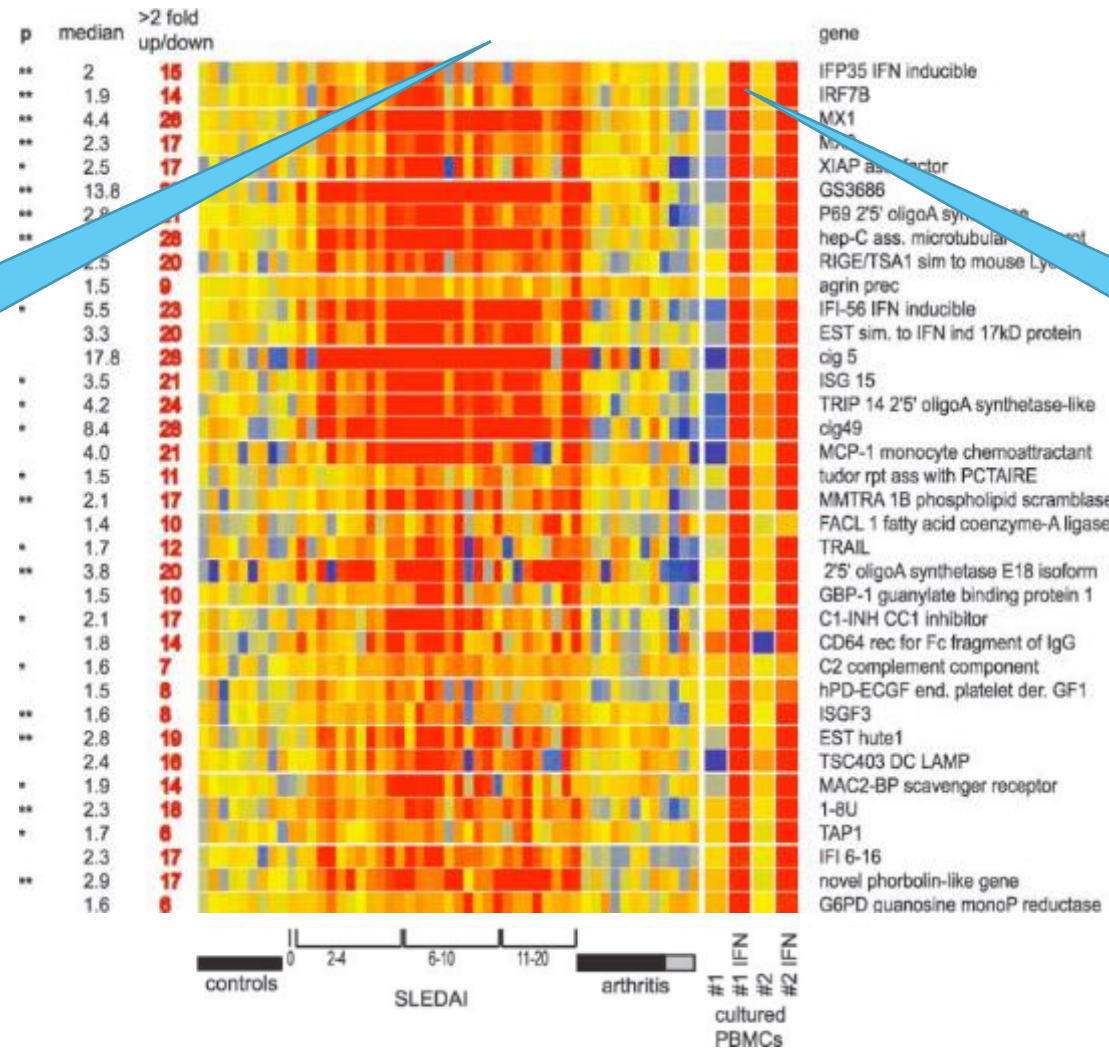
IFN in host defence...



Multiple pathways to stimulate IFN



IFN – some basics: ‘IFN gene signature’?



SLE patients –
no IFN added

Healthy blood +
IFN treatment in
the test tube



A

IFN α (fg/ml)

Healthy (n=20) RVCL (n=30) SLE (n=72) JDM (n=43) AGS+STING (n=27)

**** **** **** ****

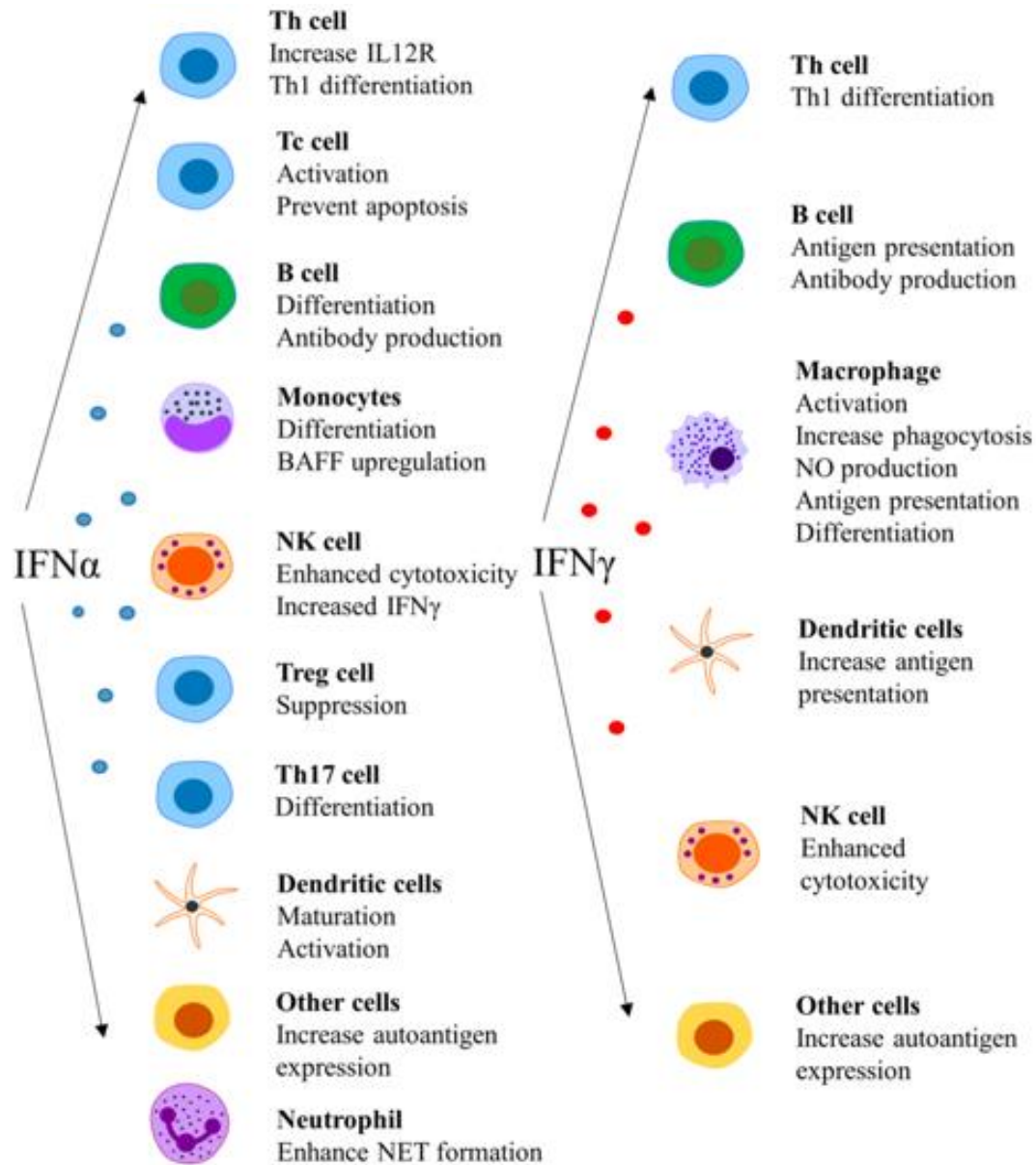
n.s.

Serum

- Healthy
- △ RVCL
- ▽ SLE
- JDM
- ADAR1
- IFI1
- RNASEH2A
- RNASEH2B
- RNASEH2C
- SAMHD1
- STING
- TREX1

Gene name (alternative name)	Inheritance	Human phenotypes	Mouse phenotypes	Protein function
TREX1	Autosomal recessive or autosomal dominant	AGS, FCL, SLE and RVCL	Knockdown: inflammatory myocarditis with features of autoimmune activation	3'–5' DNA exonuclease
RNASEH2A	Autosomal recessive	AGS	Not published	A catalytic component of the RNase H2 complex that acts on the RNA portion of RNA–DNA hybrids and removes ribonucleotides embedded in DNA
RNASEH2B	Autosomal recessive	AGS and spastic paraparesis	Knockdown: embryonic lethal and DNA damage response increased (not obviously IFN related)	A non-catalytic component of the RNase H2 complex
RNASEH2C	Autosomal recessive	AGS	Not published	A non-catalytic component of the RNase H2 complex
SAMHD1	Autosomal recessive	AGS, FCL and CLL	Knockdown: no obvious phenotype, but an IFN signature is observed in some tissues	dNTP triphosphohydrolase triphosphatase and ribonuclease activity
ADAR (DRADA)	Autosomal recessive or autosomal dominant	AGS, DSH, BSN and spastic paraparesis, as well as CNP	Knockdown: embryonic lethal at embryonic day 11.5, also associated with IFN signature	Hydrolytic deamination of adenosine to inosine in dsRNA
IFIH1 (MDA5)	Autosomal dominant	Various neuroimmunological and non-neurological phenotypes, including AGS, spastic paraparesis, CNP and SMS	ENU-induced gain-of-function mutant has features of type I IFN-induced lupus-like autoimmunity	Cytosolic sensor of dsRNA
DDX58 (RIG1)	Autosomal dominant	Atypical SMS	Not reported	A 5'-triphosphate and 5'-diphosphate dsRNA cytosolic sensor
TMEM173 (STING)	Autosomal dominant	SAVI (skin and lung)	Not reported	An adaptor molecule involved in transducing cytosolic DNA-induced signalling to IFN production
ISG15	Autosomal recessive	MSMD and intracranial calcification (with seizures in some cases)	Viral susceptibility	A negative regulator of type I IFN production by stabilization of USP18 (also has secreted activity in IFN γ production)
PSMB8	Autosomal recessive	JMP, NNS, JASL or CANDLE (fever, contractures, neutrophilic dermatitis, lipatrophy and panniculitis)	Essentially normal but with reduced ability to process MHC class I-restricted antigens	Part of a multi-subunit protease complex responsible for regulating proteolysis in eukaryotic cells
ACP5 (TRAP)	Autosomal recessive	SPENCD, spastic paraparesis and various autoimmune phenotypes (particularly SLE)	Osteoclast defect and disturbance of macrophage and/or dendritic cell function	Lysosomal acid phosphatase activity

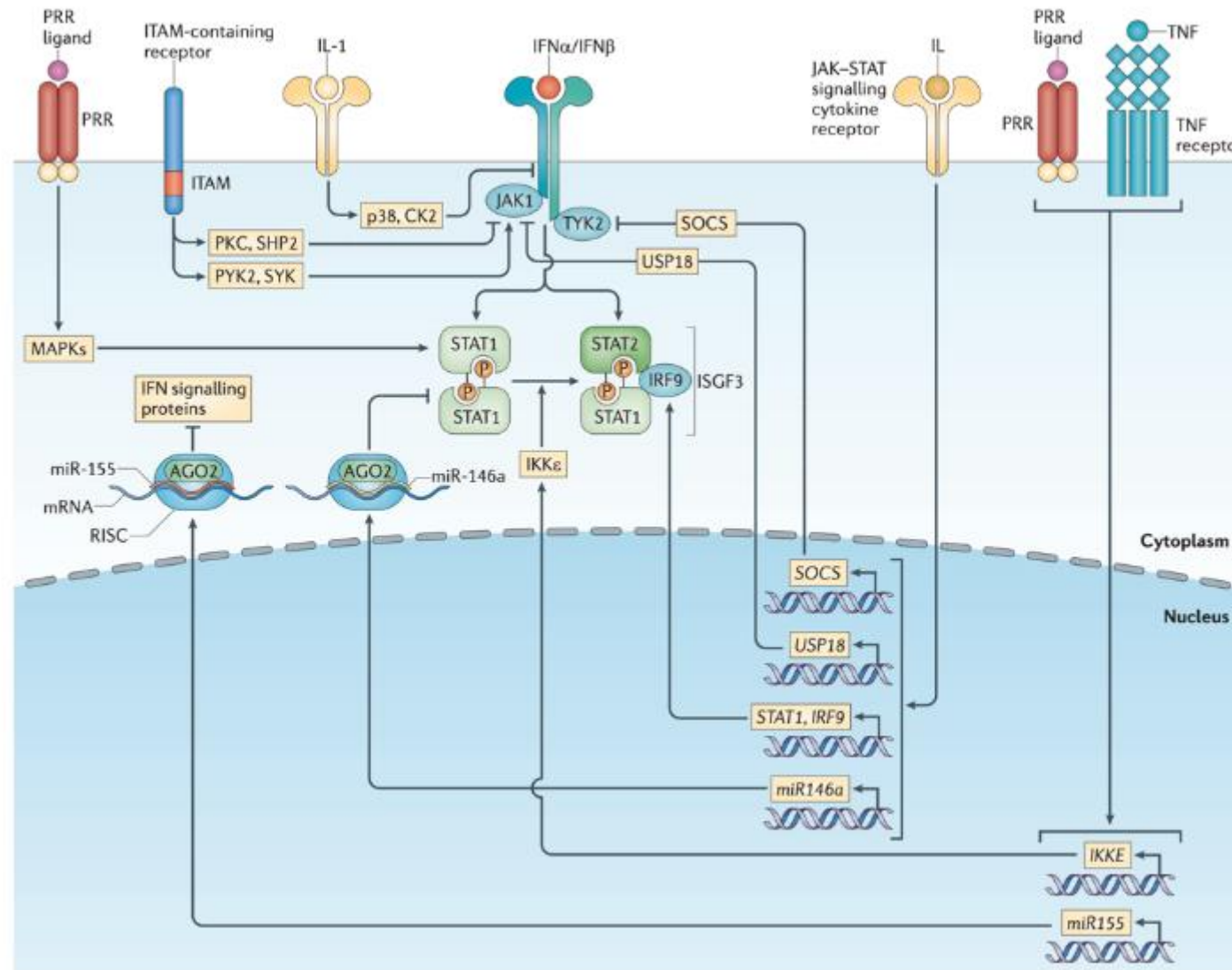
Effects of IFN across immune cells and target organs relevant to SLE



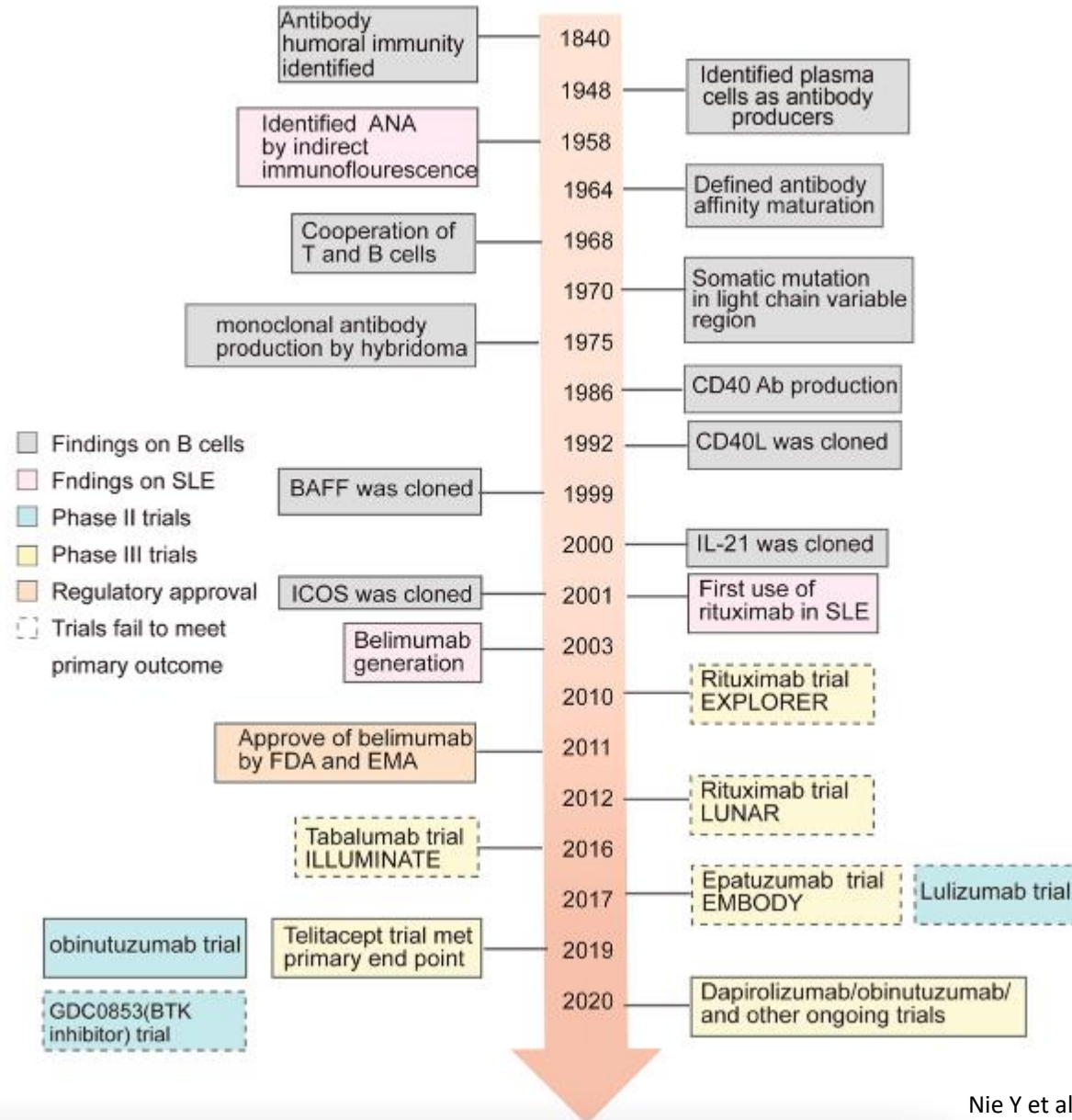
+Direct target tissue effects

- Constitutional
- Skin
- Kidney
- Brain?

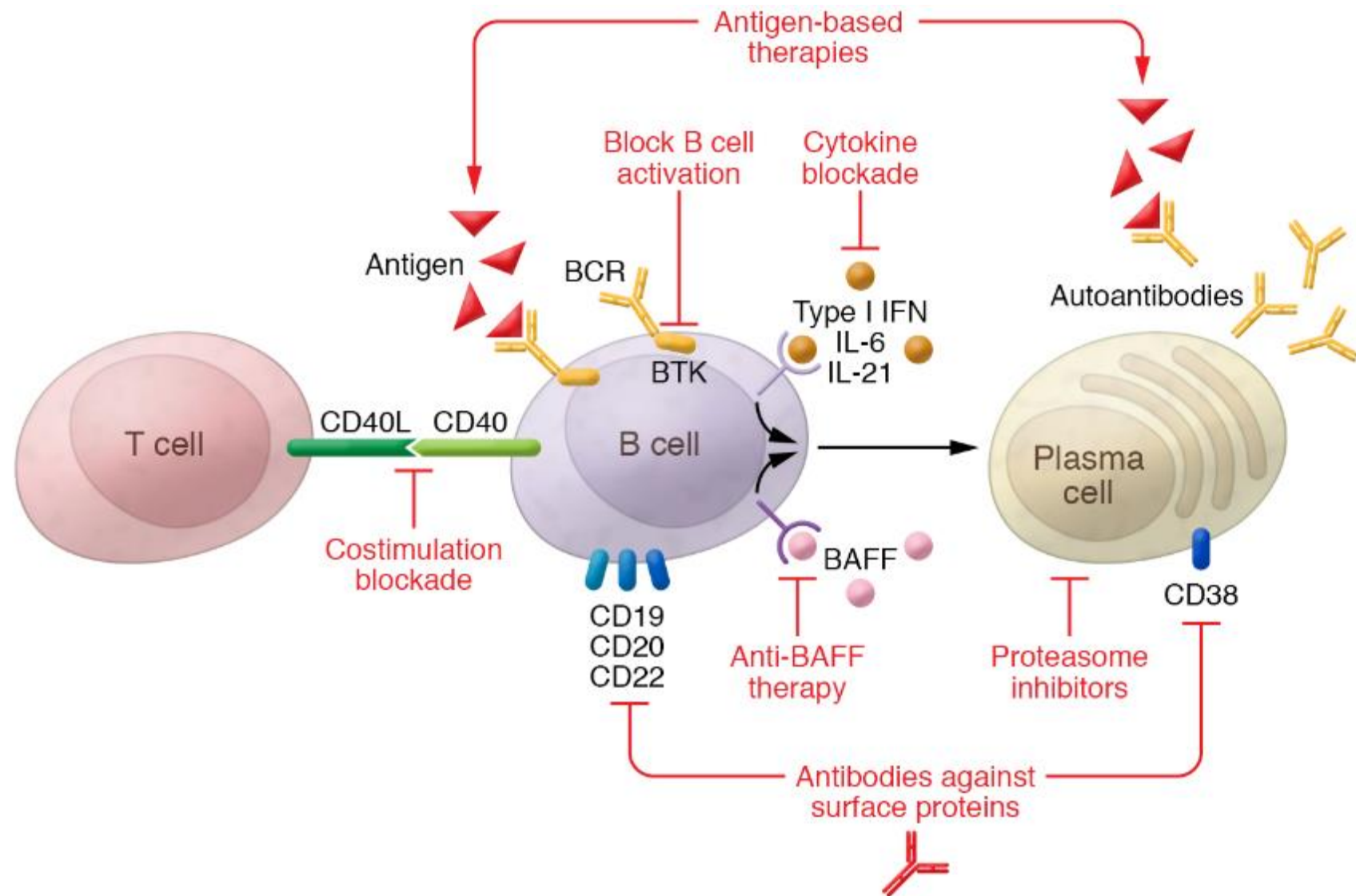
IFN does not act in isolation...who are the other players?



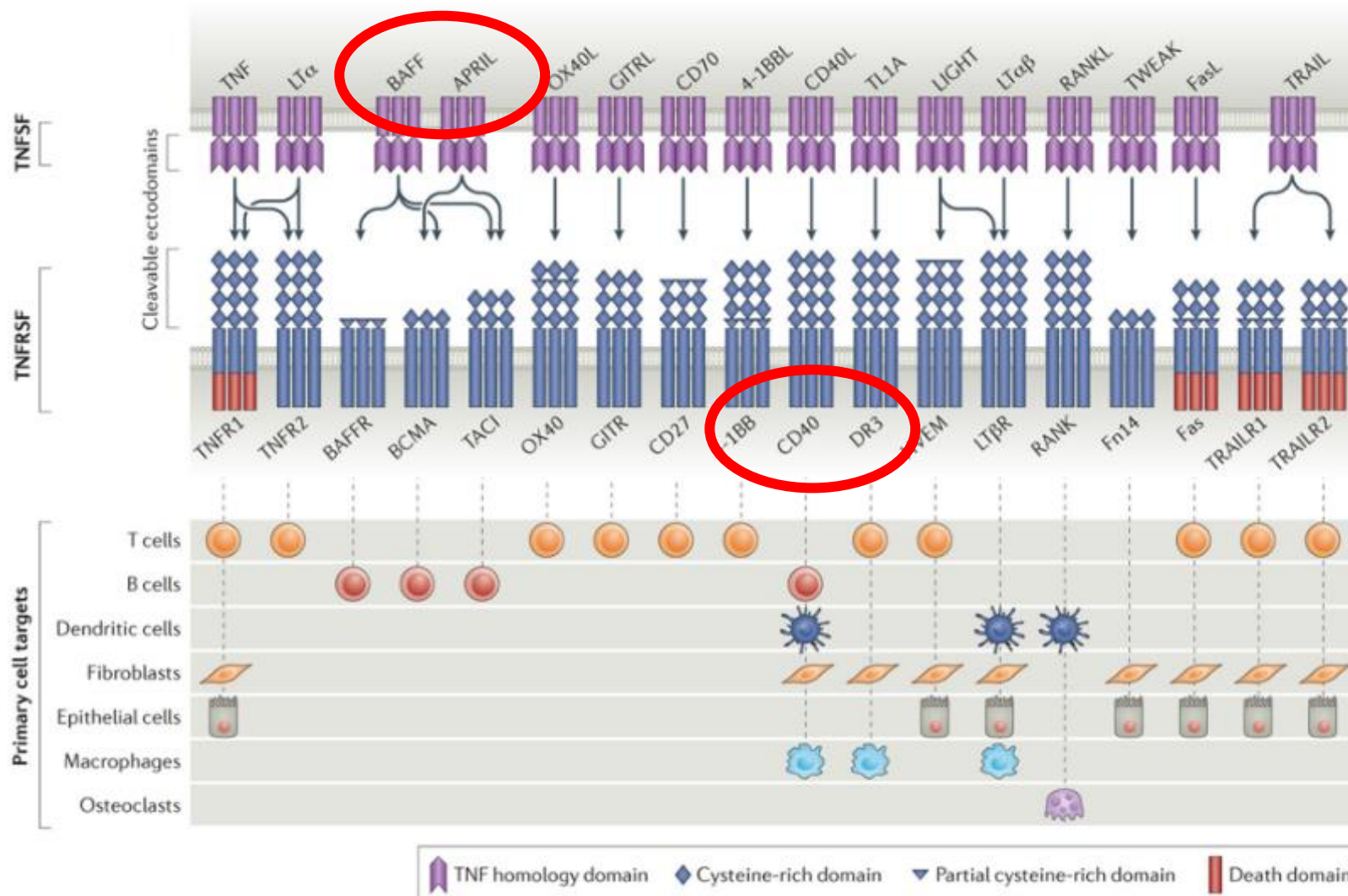
B cells: therapeutic opportunities in SLE?



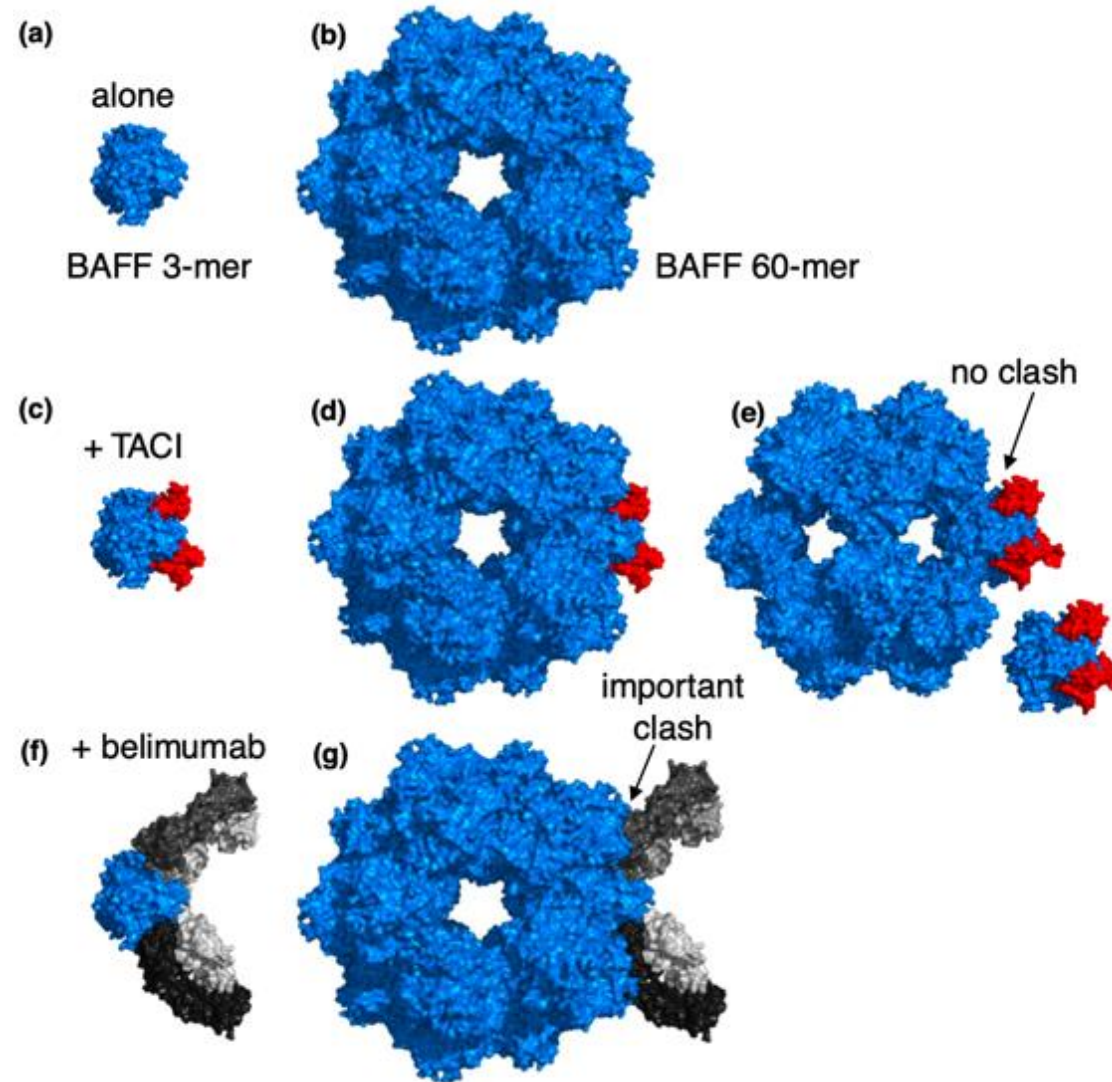
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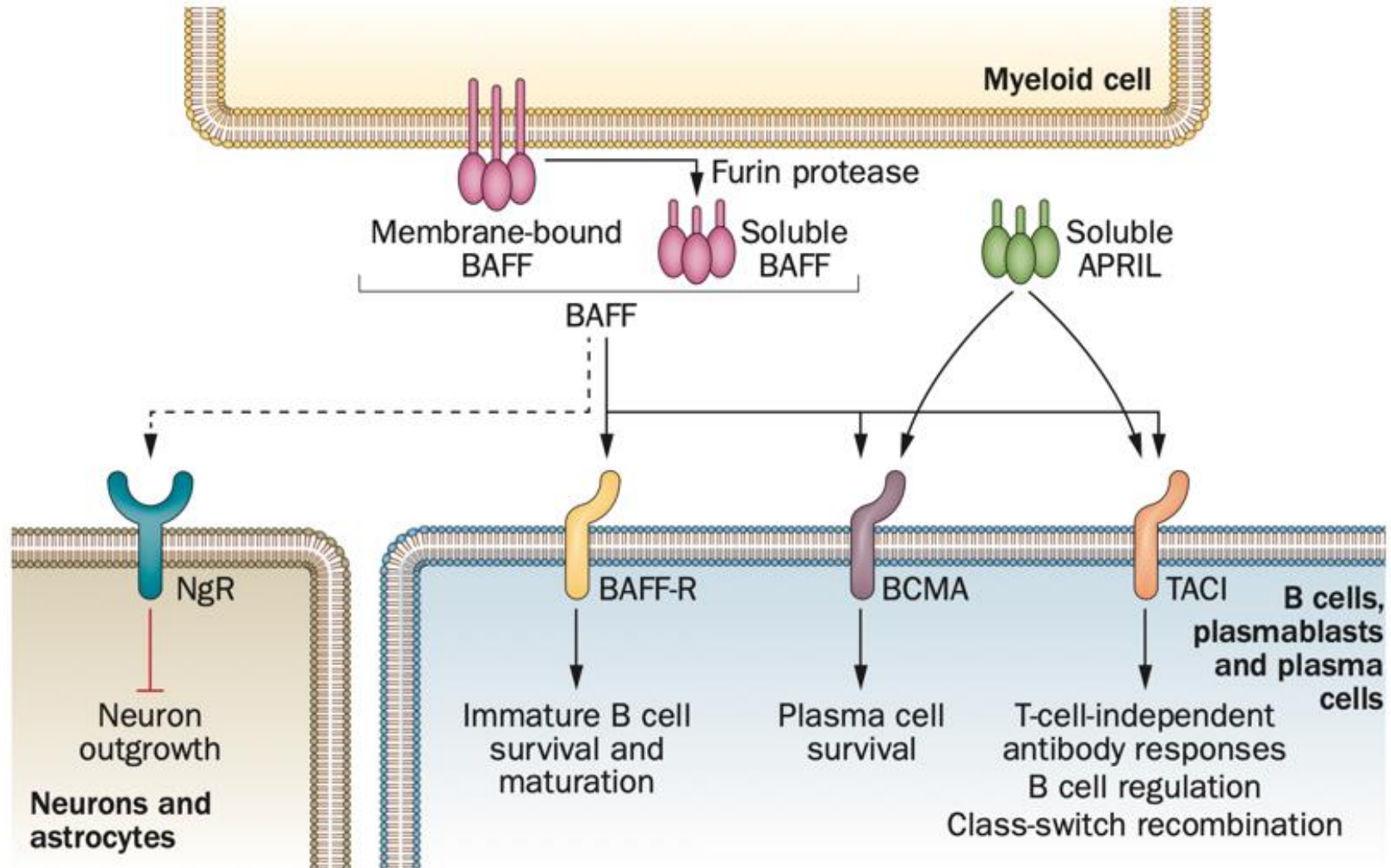
A familiar tale....TNF / TNF receptor superfamily.



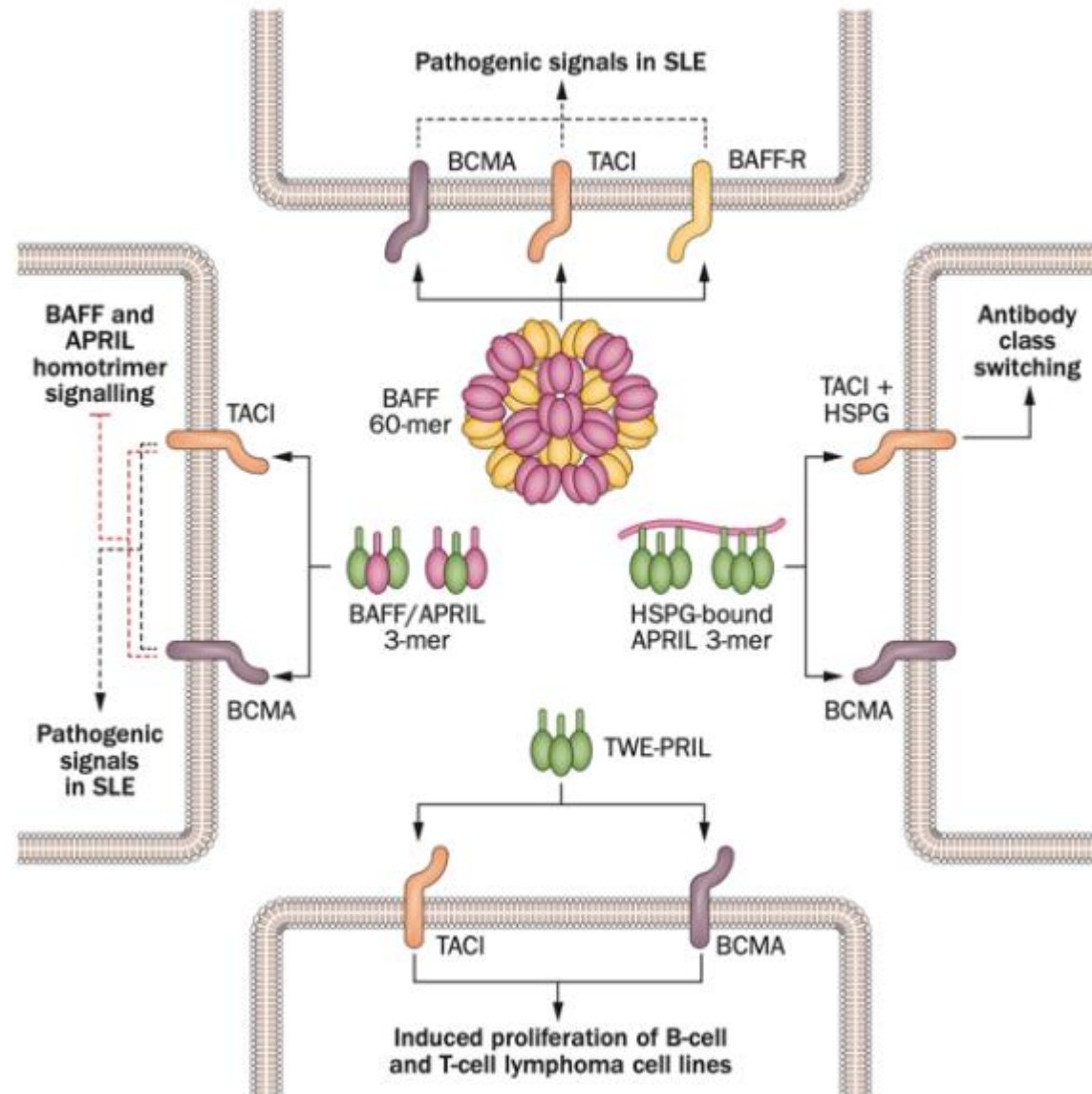
BAFF – a TNF superfamily member that exists in various forms...



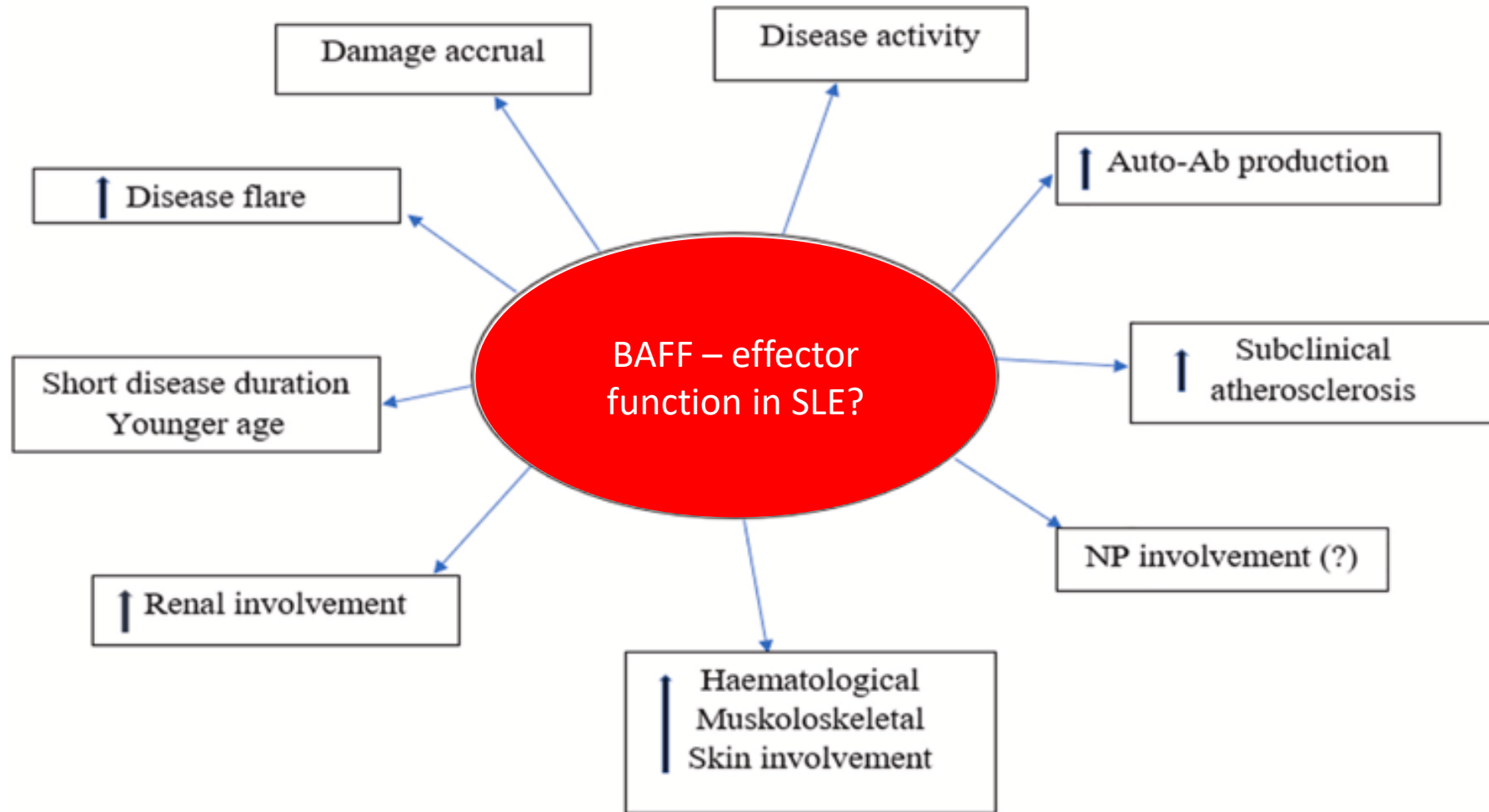
BAFF – the intricacies of a complex system



BAFF – and in several forms what does it do...?



BAFF – potential effector function in SLE?

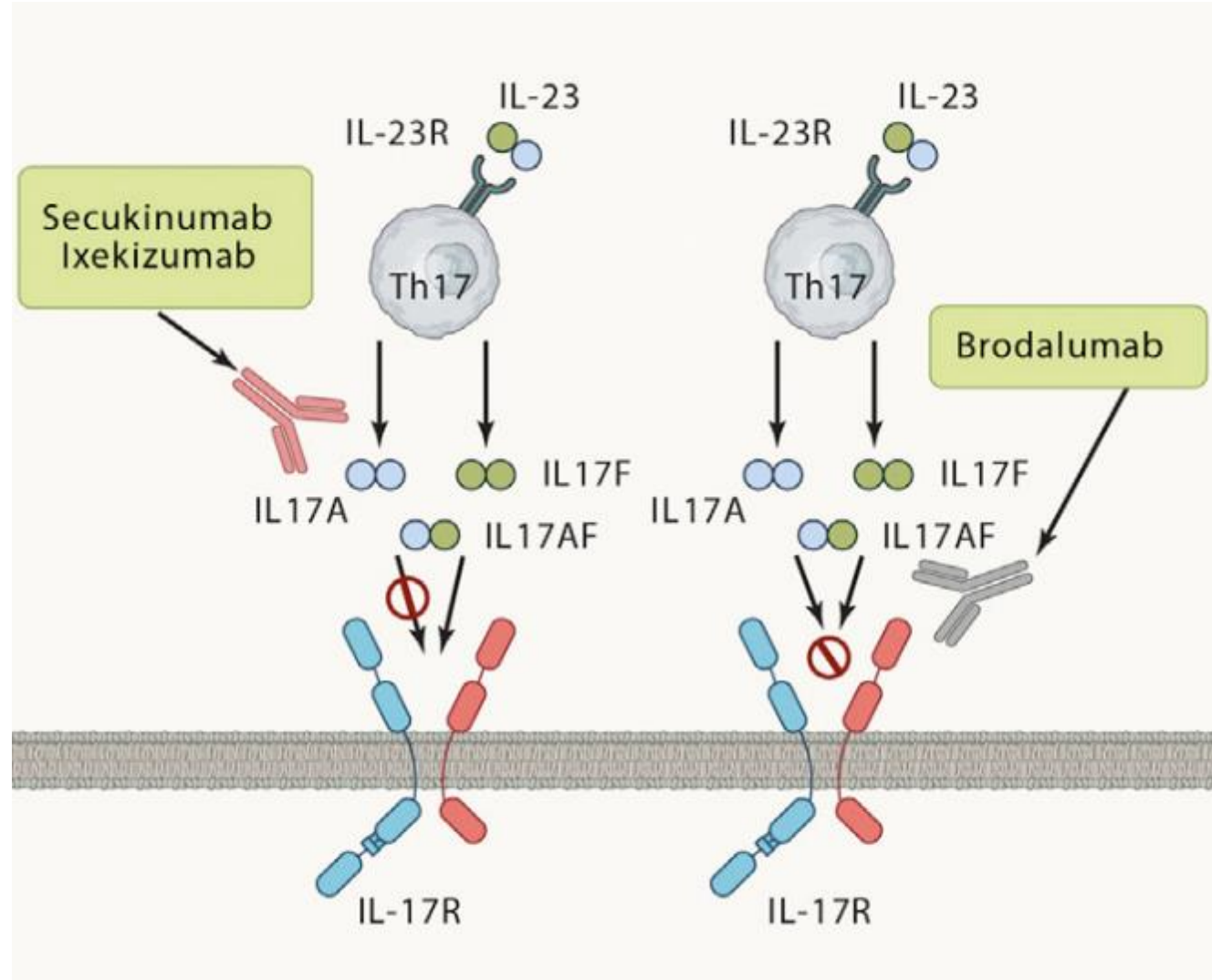


The IL-17 cytokine superfamily

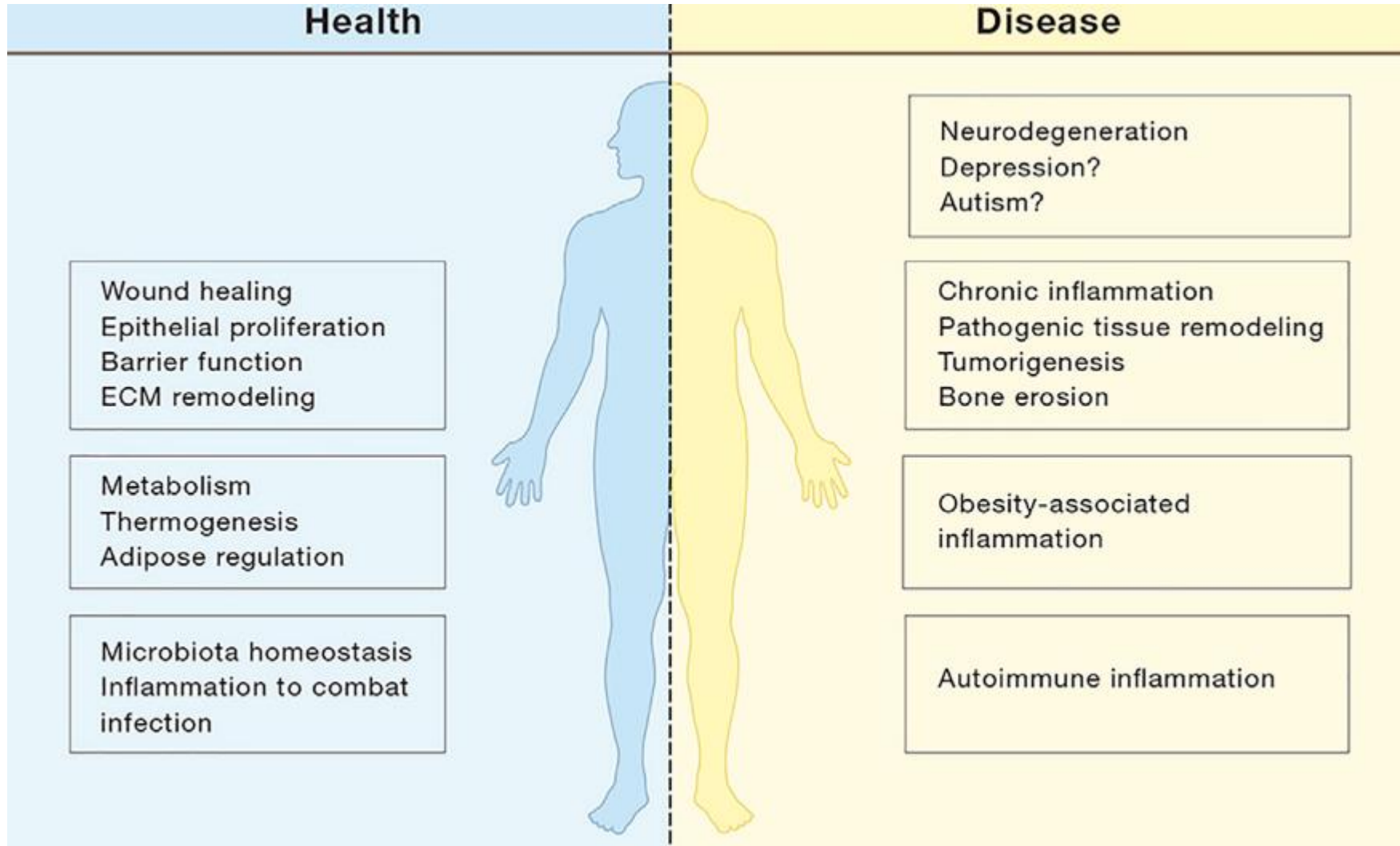


PsA	rs2275913	rs763780						
AS	rs2275913	rs763780	rs4819554	rs1004819 ^a rs12141575 rs10889677 ^b rs1495965 ^a rs6677188 ^d rs220181 rs2201841 ^a rs11805303 rs11578380 ^d rs924080 ^d rs11209032 ^a rs1735018 rs76418789	rs1884444 rs11209026 ^a rs924080 ^d rs11465804 ^a rs1343151 ^a rs11578380 ^d rs10489629 ^a rs11465817 rs6677188 ^d rs6693831 rs7517847 ^a	rs4129267	rs6871626 rs6556416	rs2310173 ^c

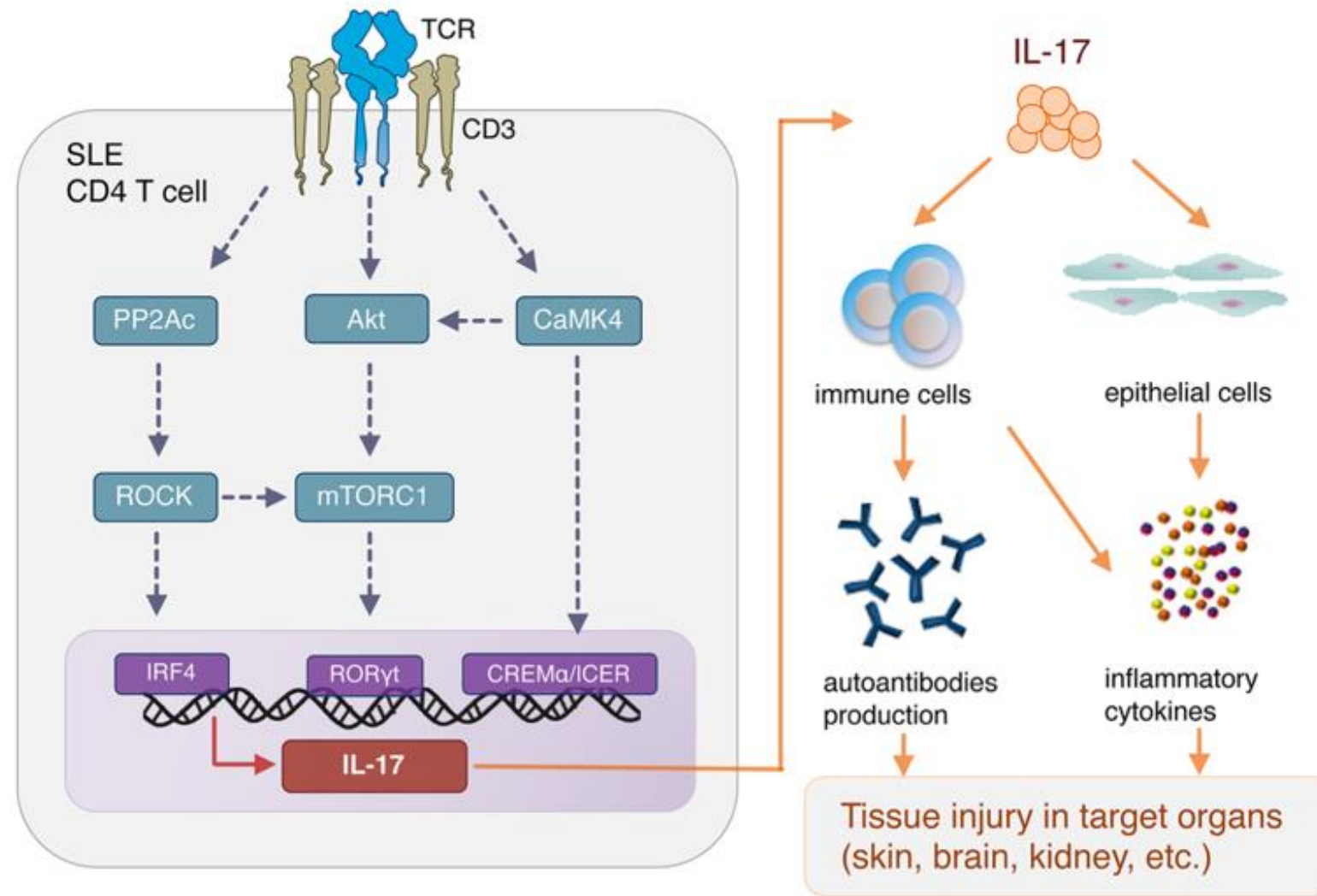
The IL-17 cytokine superfamily



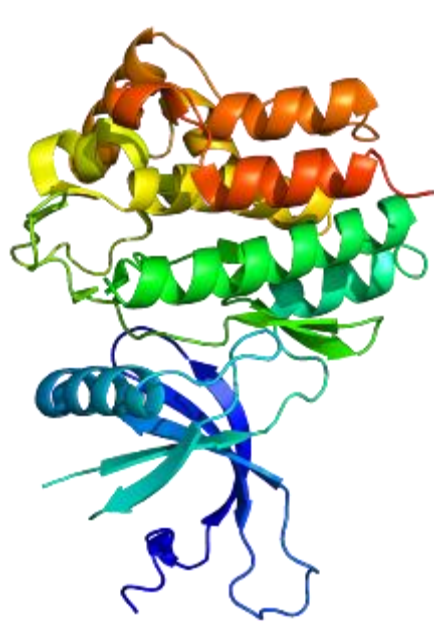
The IL-17 cytokine superfamily - two edged sword...



The IL-17 cytokine superfamily – role in SLE...?



JAK family: beautiful molecules in a fabulous system



JAK1



JAK2

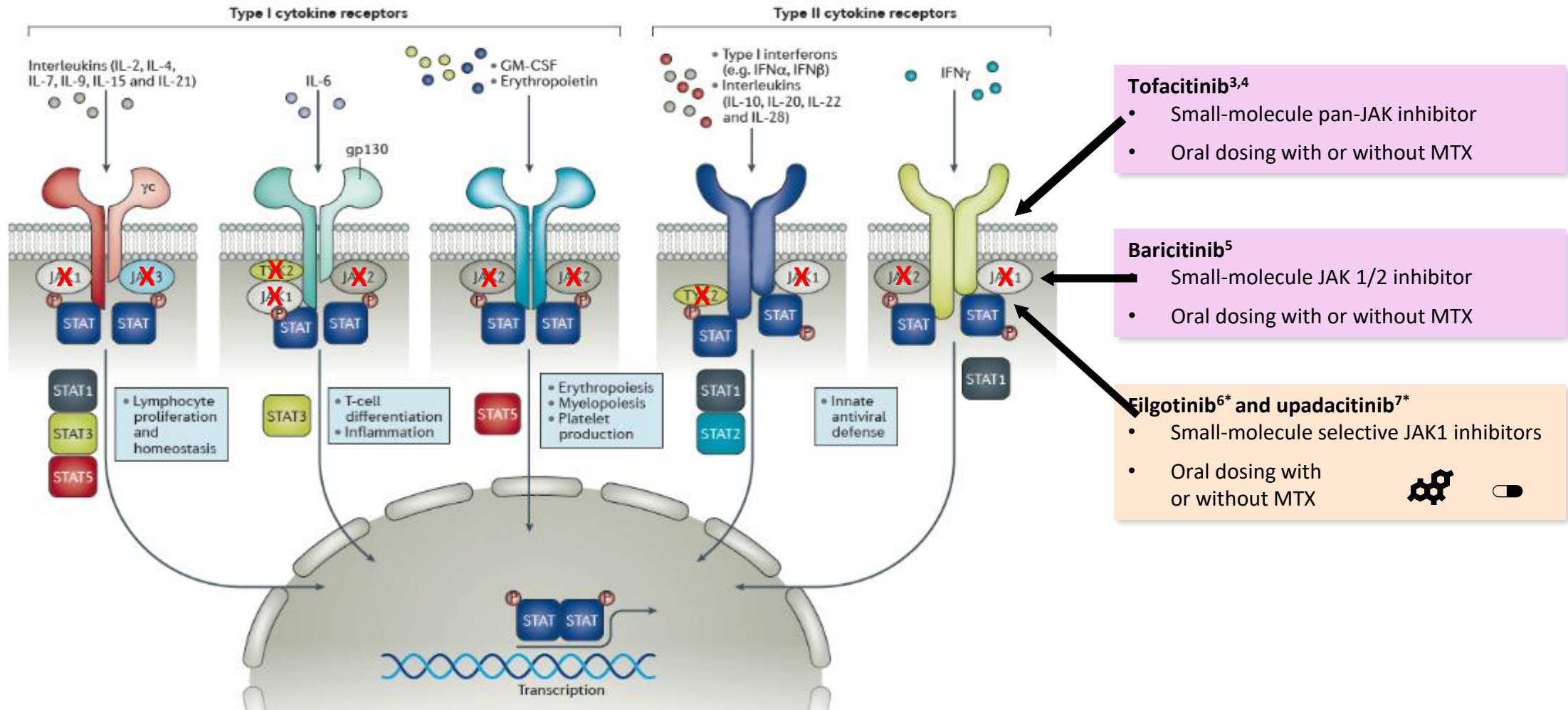


JAK3



TYK2

JAK modulation – diverse functions across a range of SLE related cytokines...

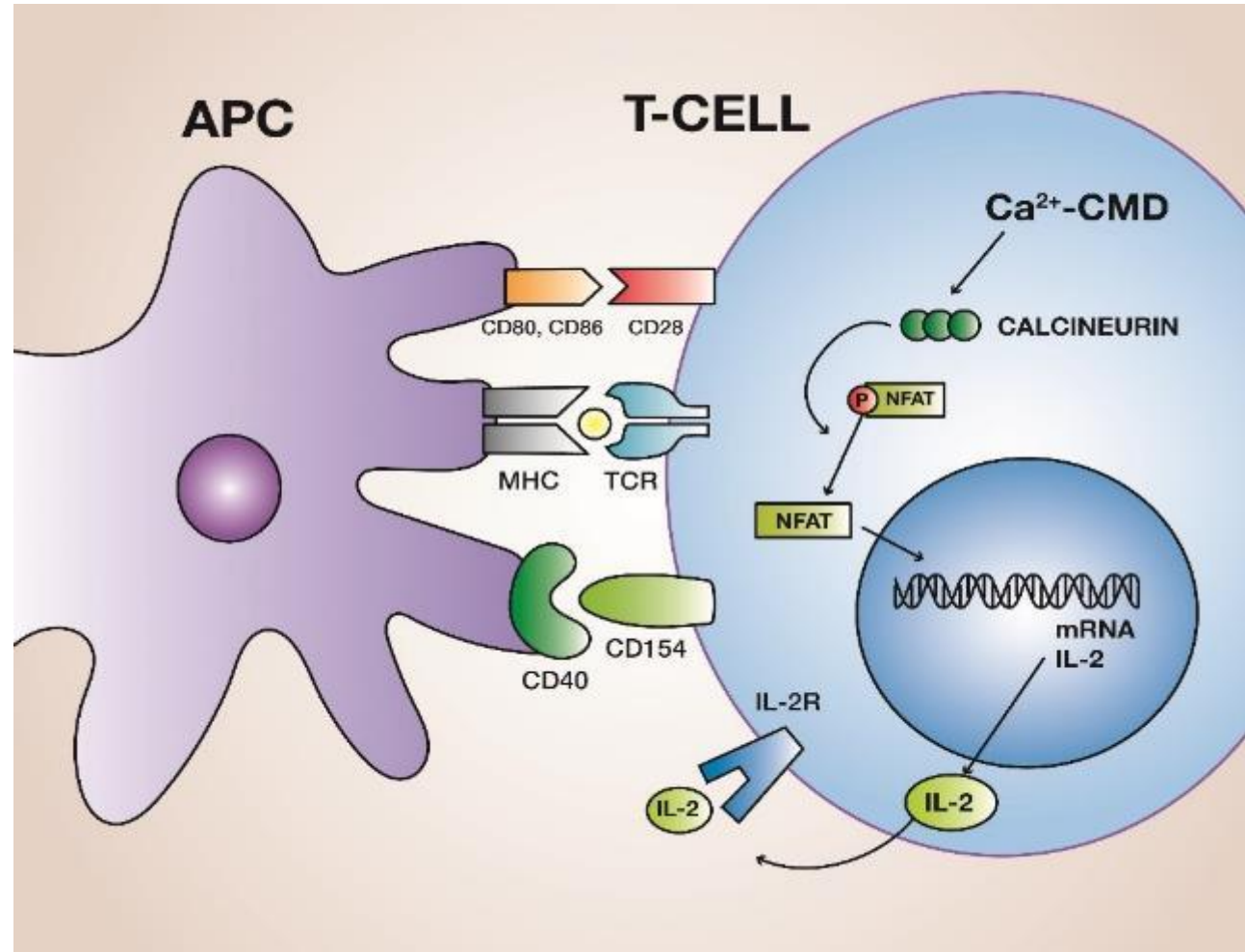


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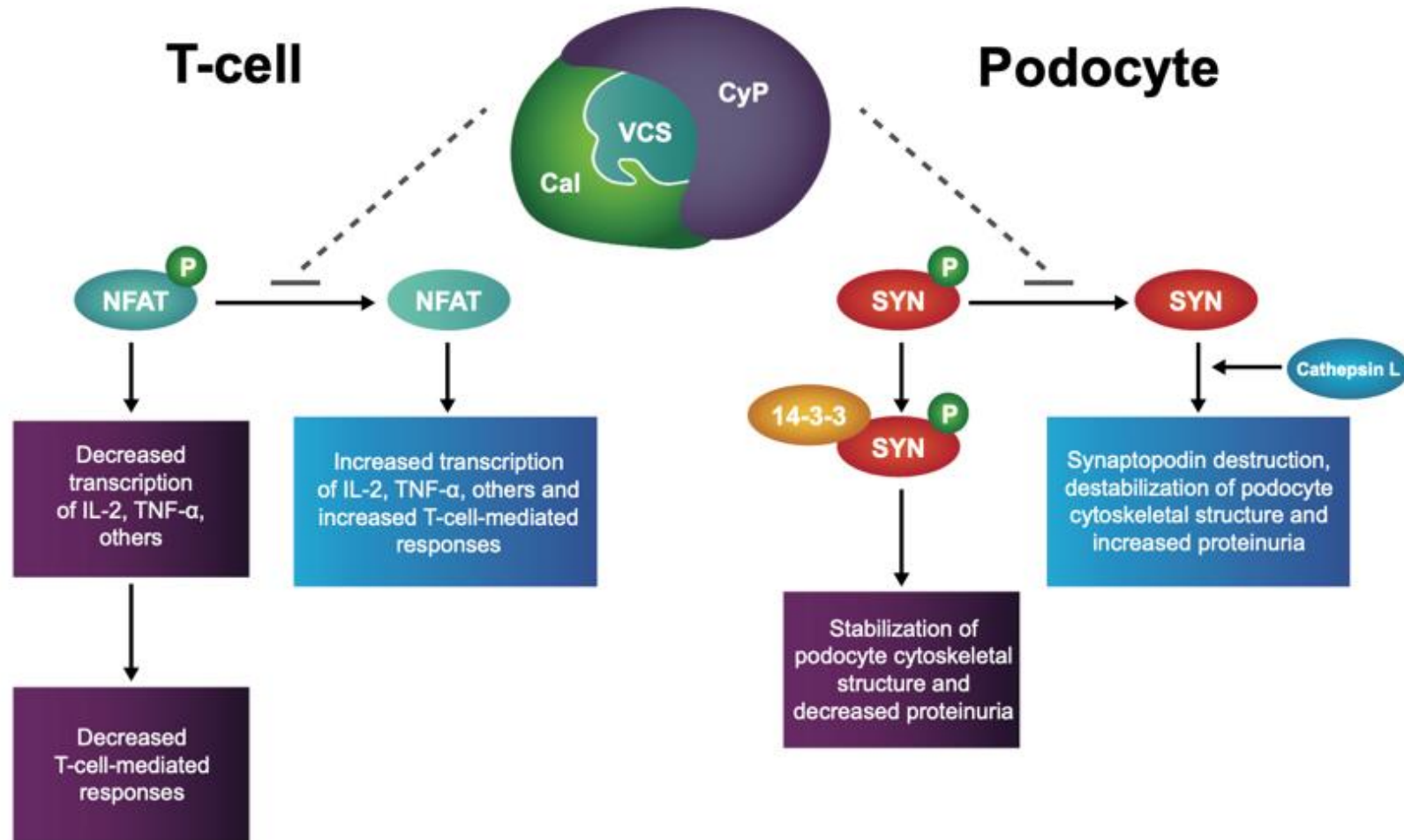
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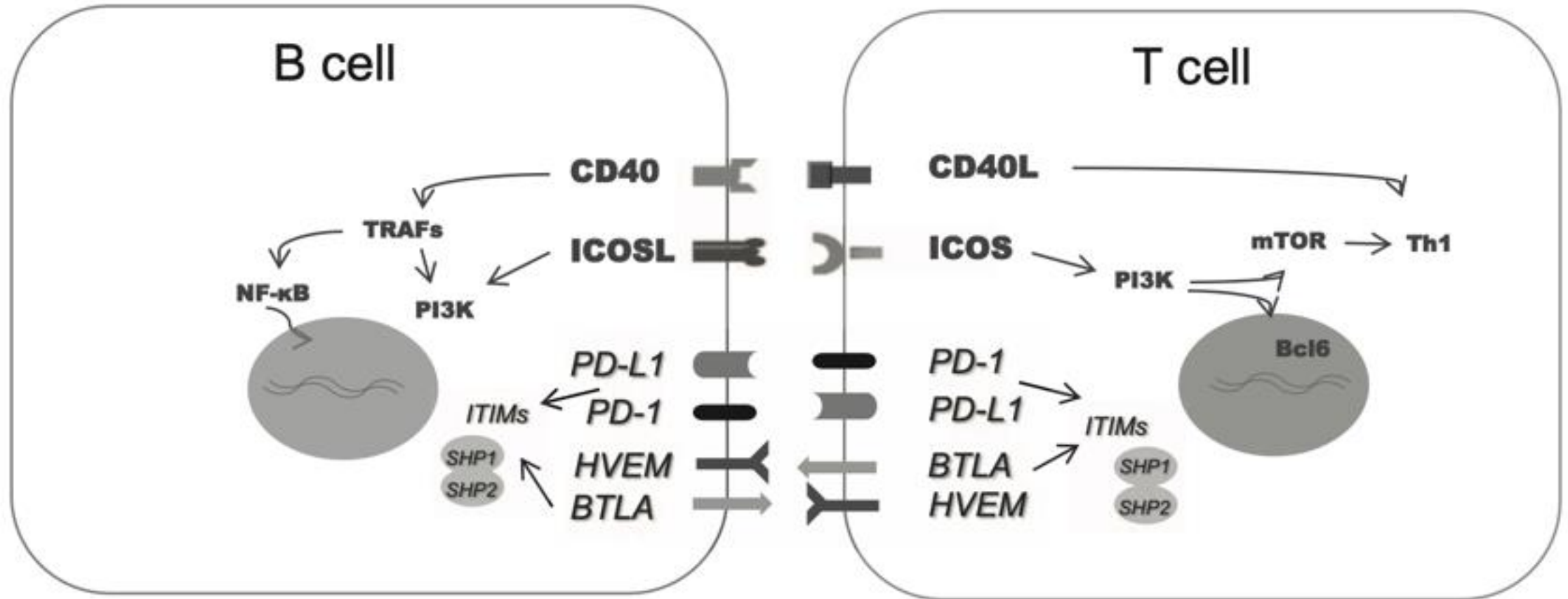
Molecular basis for CNI in SLE?



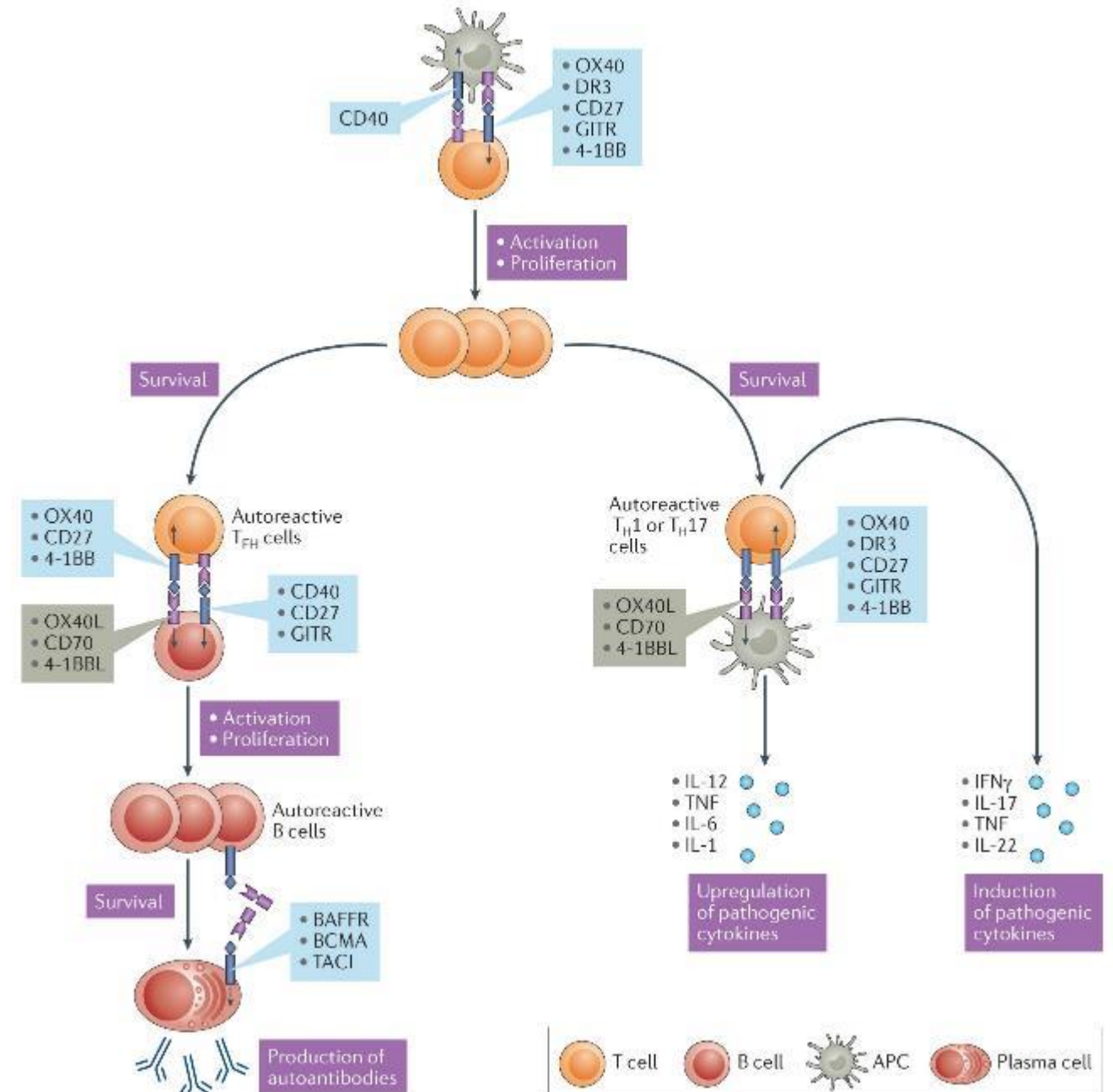
Effector role for CNI in SLE?



Checkpoints in SLE?



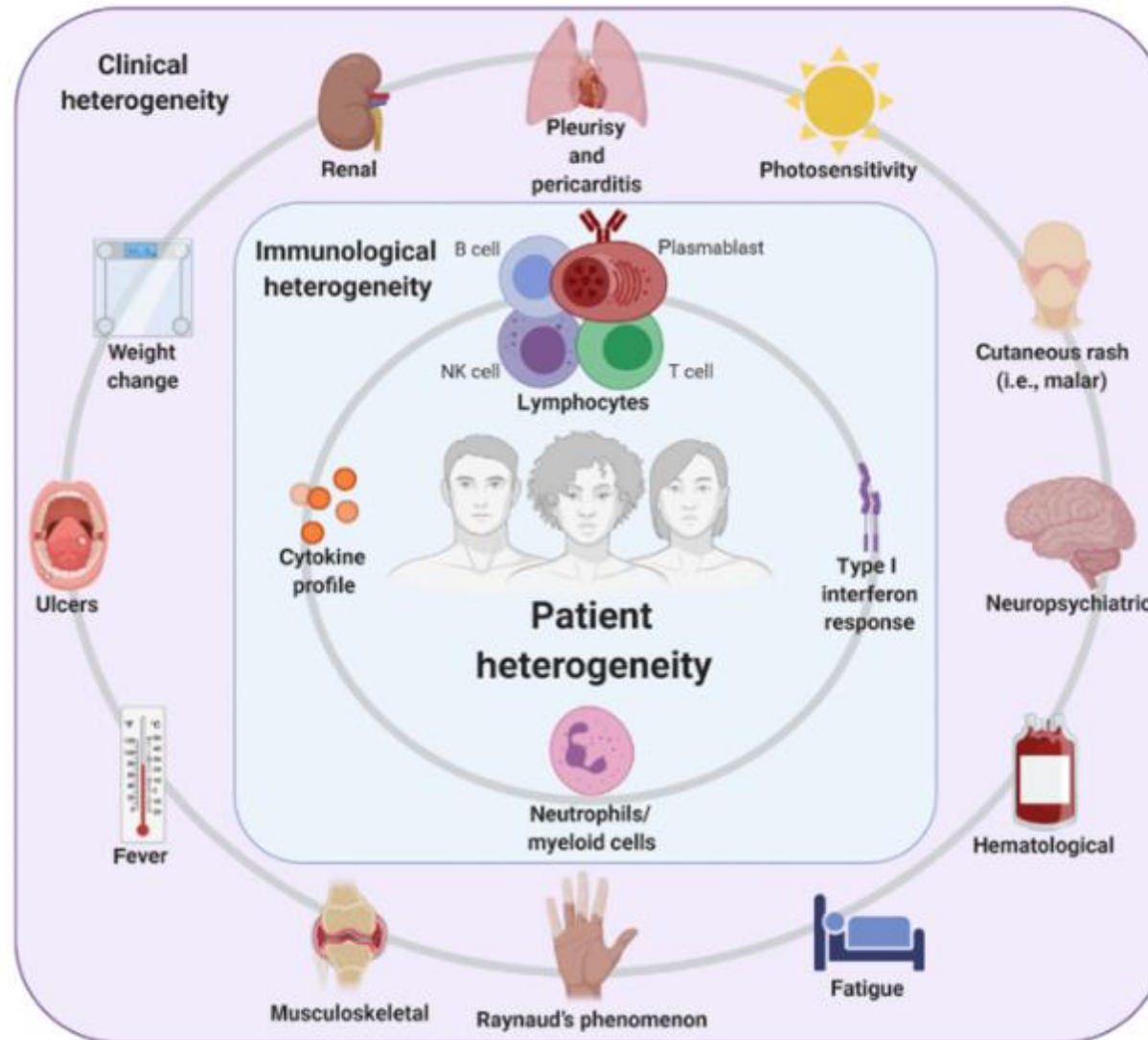
A pivotal role for the CD40 pathway in SLE



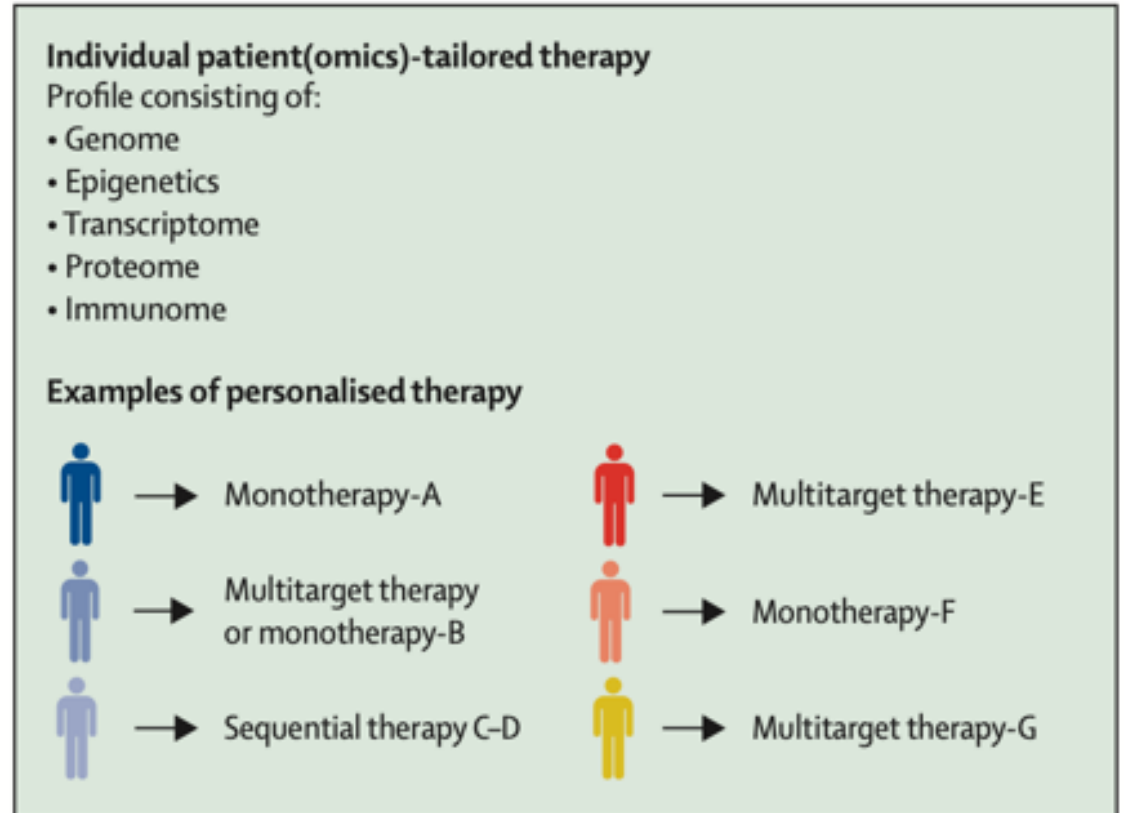
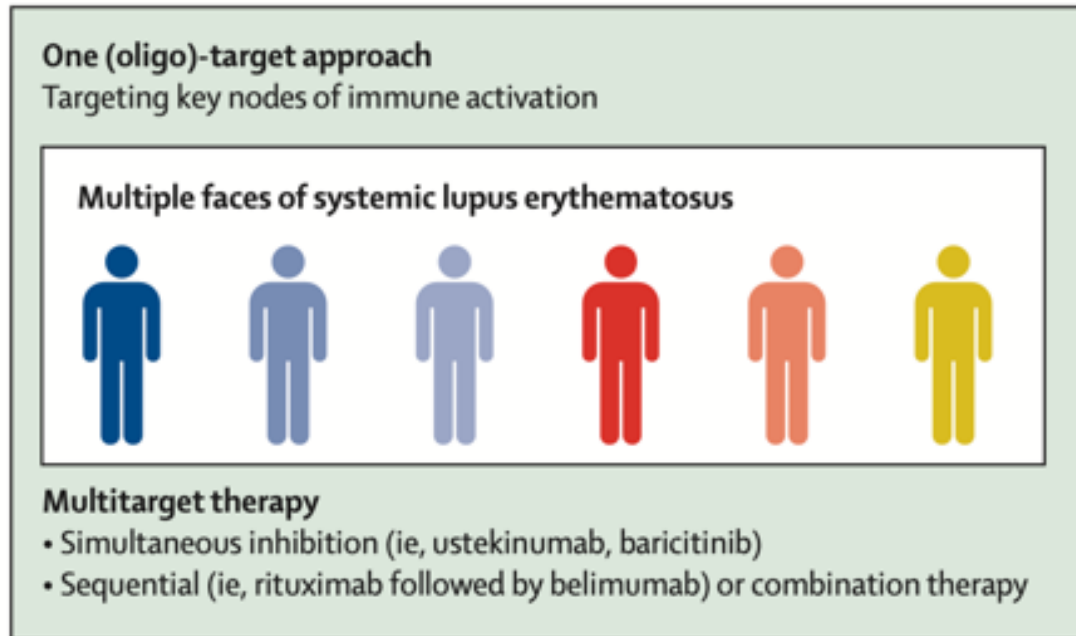
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SLE is clinically heterogeneous – so too its immunology?



SLE is clinically heterogeneous – towards immunologic precision?



No consensus on James Bond either...



https://www.imdb.com/poll/TUbLpUvRmyo/results?ref_=po_sr