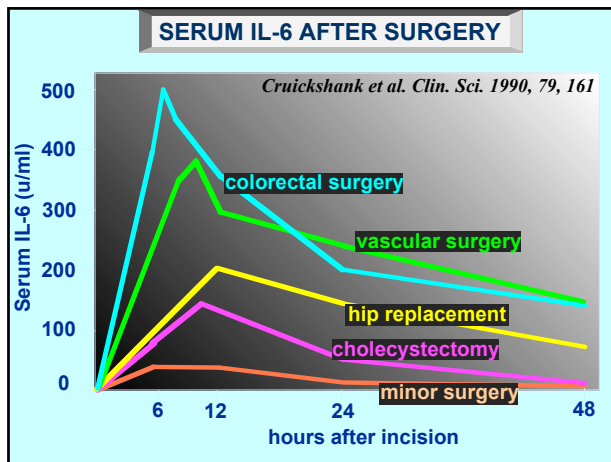
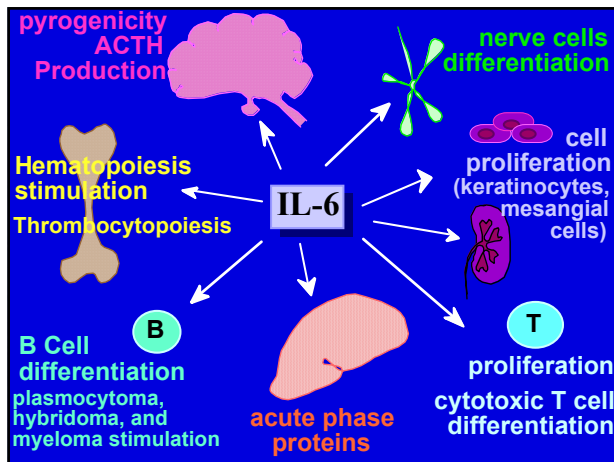
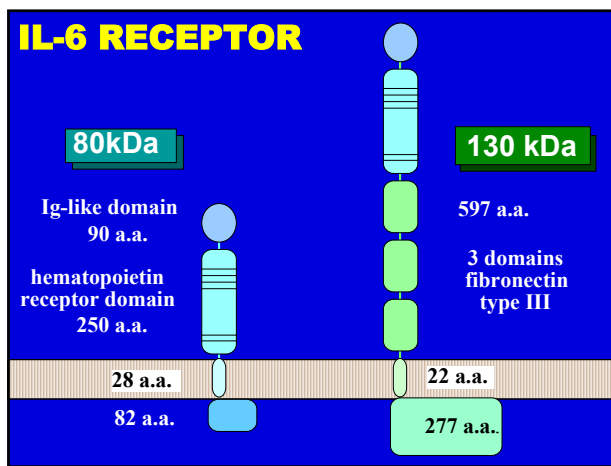
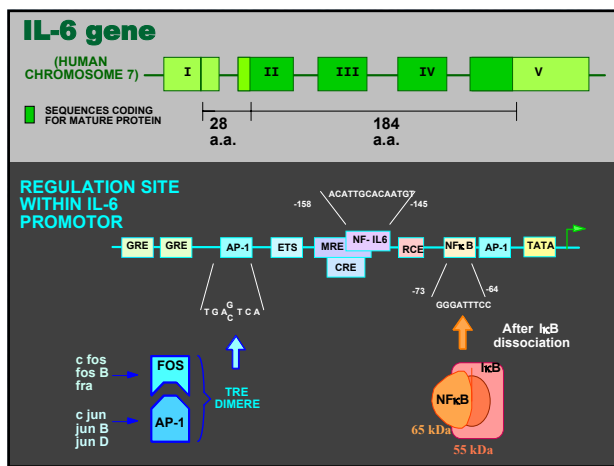
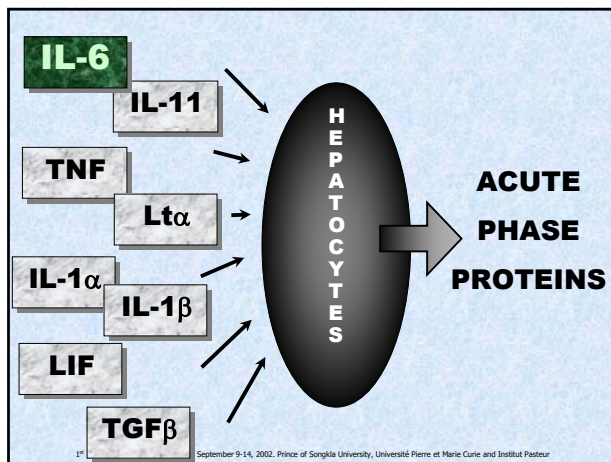
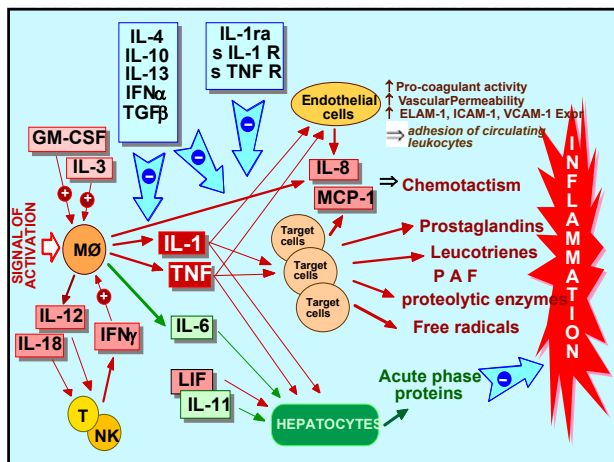




CIRCULATING CYTOKINES AND BOWEL INFLAMMATORY DISEASES

		IL-6		IL-8	
		n	percent above detection limit (> 4 pg/ml)	n	percent above detection limit (> 20pg/ml)
Control		61	10%	20	10%
Crohn's disease	active	20	90%	21	38%
	inactive	9	22%	28	18%
Ulcerative colitis	active	34	41%	23	43%
	inactive	13	8%	25	16%

Mitsuyama et al. 1991
Gastroenterol. jpn 26, 20

Jones et al. 1993
J.Gastroenterol. Hepatol. 8, 508

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SYSTEMIC IL-6 DETECTION IN RESPONSE TO A LOCALIZED INFLAMMATION

Kimber et al. Int. Arch. All. Appl. Immunol. 1990, 92, 97



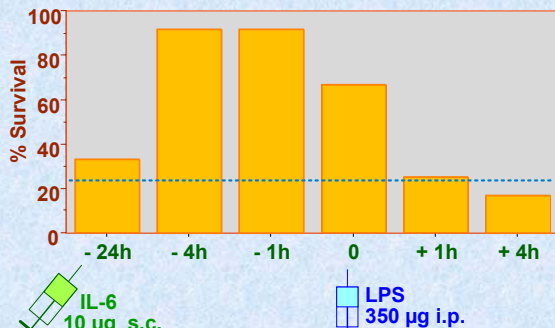
OXAZOLONE

	T0	+ 24h
Ear thickness	0	+ 80 %
Plasma IL-6	< 50 pg/ml	600 pg/ml

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INJECTION TIME OF IL-6 DETERMINE FATAL OUTCOME IN EXPERIMENTAL ENDOTOXIN SHOCK

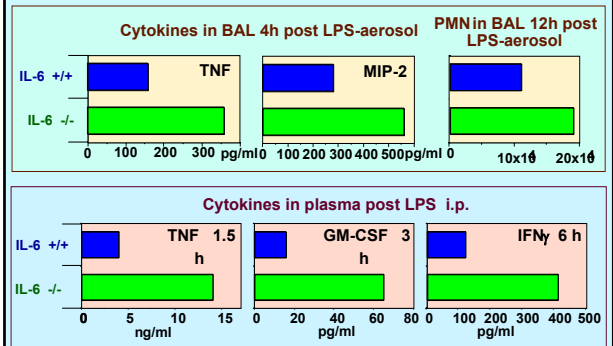
Yoshizawa et al. J Interferon Cytokine Res. 1996, 16, 995



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IL-6 IS AN ANTI-INFLAMMATORY CYTOKINE REQUIRED FOR CONTROLLING LOCAL OR SYSTEMIC ACUTE INFLAMMATORY RESPONSE

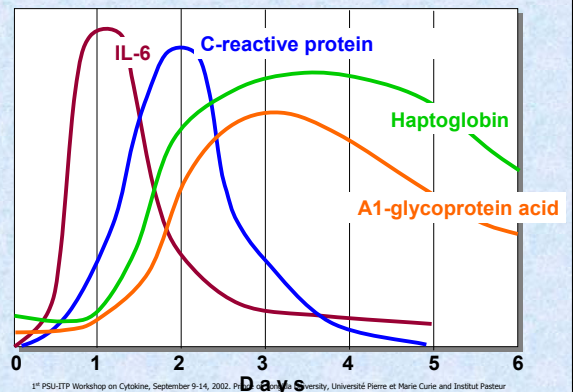
Xing et al. J Clin Invest 1998, 101, 311



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KINETICS OF IL-6 AND MAIN ACUTE PHASE PROTEINS

After an inflammatory insult on day 0



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+++
C-REACTIVE PROTEIN
SERUM AMYLOIDE A PROTEIN

++
 α 1-GLYCOPROTEIN ACID (OAI)
 α 1-ANTI-TRYPSIN
 α 1-ANTICHYMOTRYPSIN

HAPTOGLOBIN
FIBRINOGEN

+
CERULOPLASMIN

ALBUMIN
PRE-ALBUMIN
TRANSFERIN
FIBRONECTIN
HDL (APO A)

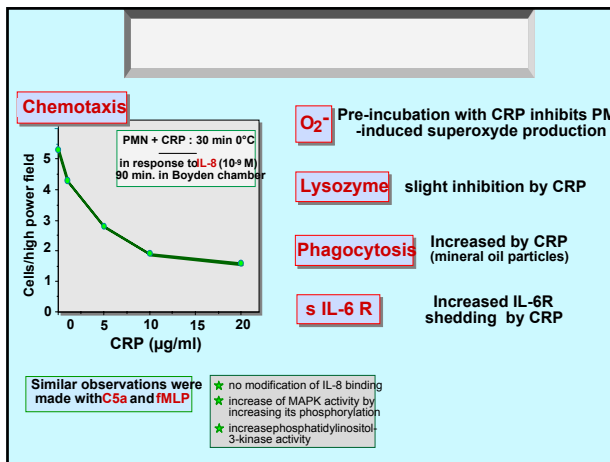
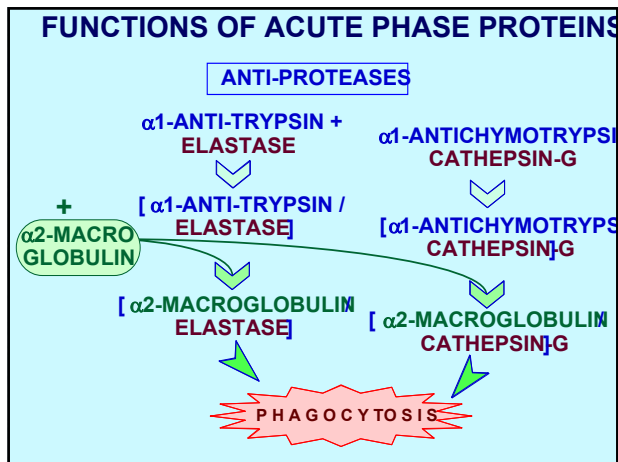
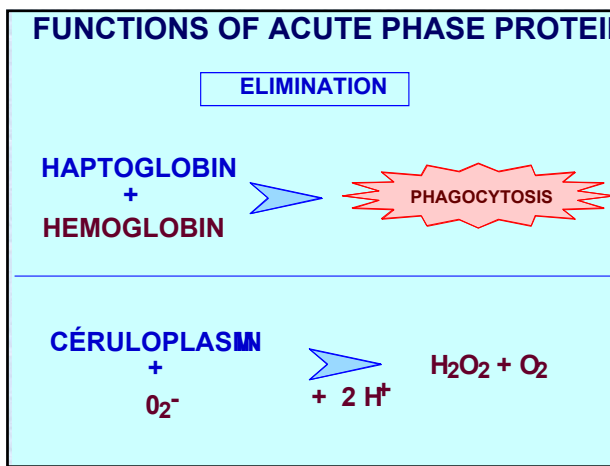
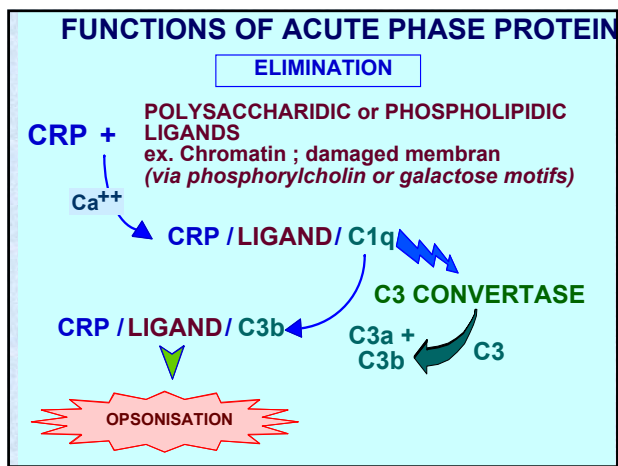
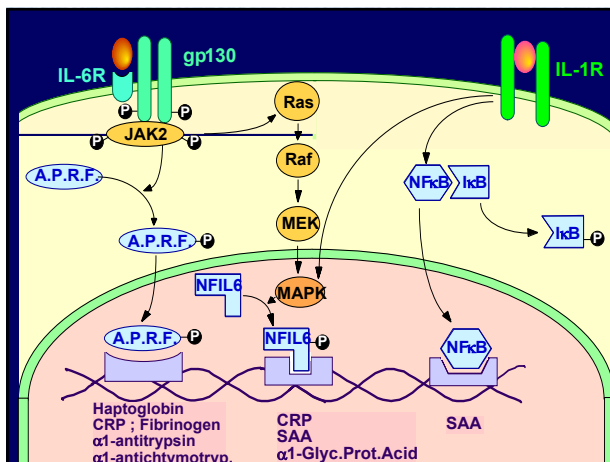
0

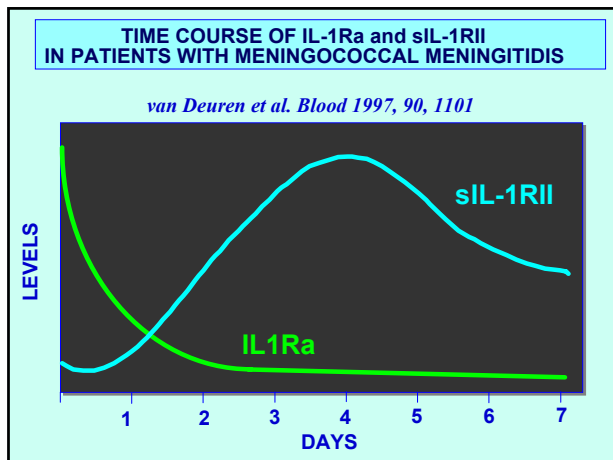
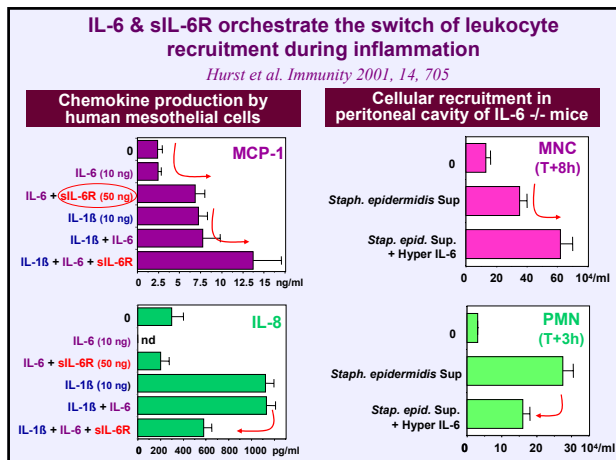
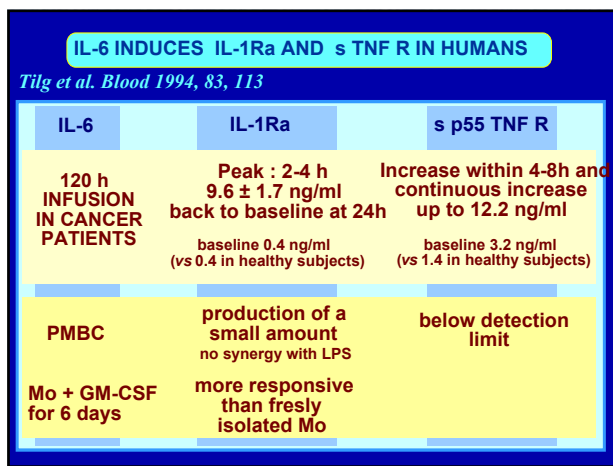
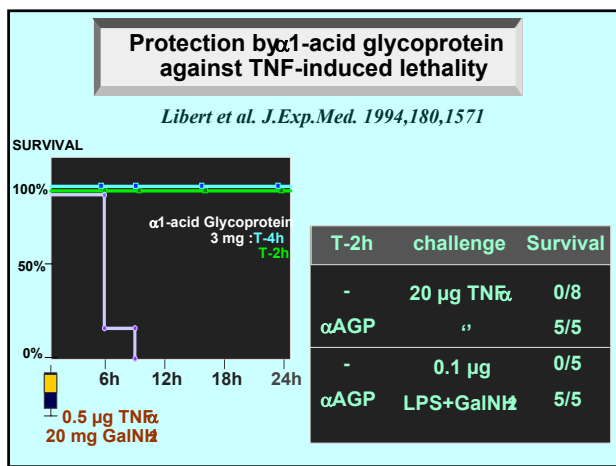
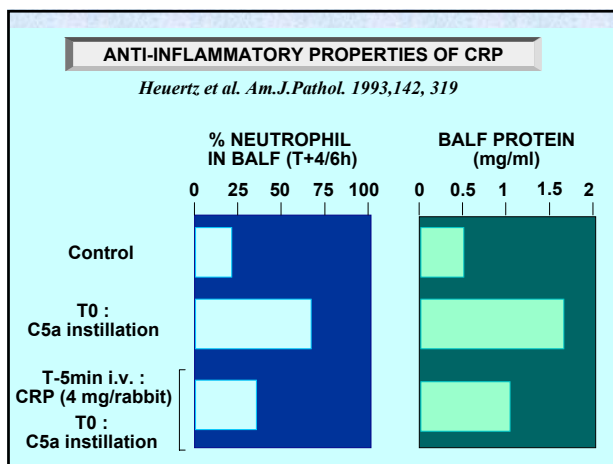
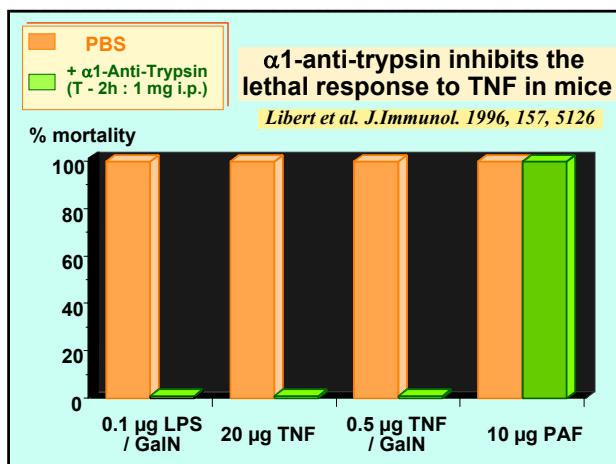
α 2-MACROGLOBULIN
SERUM AMYLOIDE P
KININOGEN

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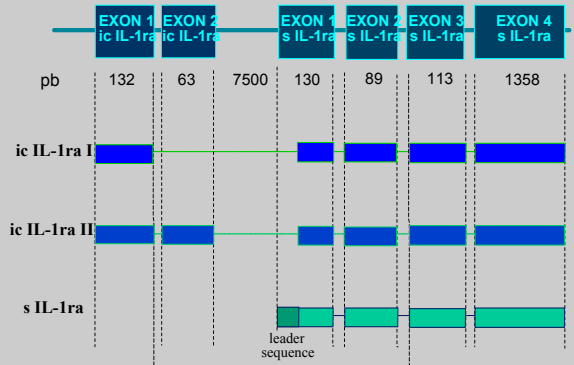
	Human	rat	mouse	rabbit
CRP	+++	+	0	+++
SAA	+++	X	+++	?
α 1-Glyc.Prot.Ac.	++	++	+	++
Haptoglobin	++	++	++	+
α 2-macroglobulin	0	+++	0	0
SAP	0	0	+++	0
α 1-Acute Phase	X	+++	X	X

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IL-1ra gene



INTESTINAL IL-1ra PRODUCTION

*Cominelli et al.
J. Biol. Chem.
1994, 269, 6962*

IL-1ra IN NORMAL AND INFLAMED RABBIT COLONIC TISSUE (ng/g colon)

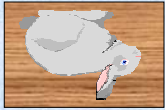
	Healthy rabbits	Colitis [*]	Colitis + corticosteroids
IL-1α	< 0.4	20 ± 4	12 ± 3
IL-1ra	49 ± 6	150 ± 40	148 ± 33

^{*} T0 formaldehyde in the colon
T+2h BSA - Anti-BSA i.v.

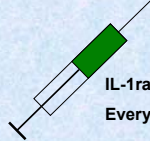
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INTERLEUKIN-1 RECEPTOR ANTAGONIST REDUCES MORTALITY FROM ENDOTOXIN SHOCK

Ohlson et al. Nature 1990, 348, 550



i.v. T0 : E. coli 0.5 mg/kg +/- IL-1ra



IL-1ra (100 mg/kg)
Every 2 h for 24 h

SURVIVAL ON DAY 7

Saline : 20 %

IL-1ra : 90 %

Improvement :
Mean arterial pressure
White blood cell counts
Cellular infiltrate in the lungs

Confirmed in mice by :

Wakabayashi et al. FASEB J. 1991, 5, 338

Alexander et al. J. Exp. Med. 1991, 173, 1029

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IL-1ra improves survival and hemodynamic performance in E. coli septic shock

Fischer et al. J. Clin. Invest. 1992, 89, 1551

Baboons	Sublethal endotoxemia	E. coli septic shock
mean arterial pressure	n.s.	improvement [*]
cardiac output	n.s.	improvement
heart rate	n.s.	n.s.
Leukopenia	n.s.	n.s.
Survival (24 h)	-	7/7 vs 3/7
TNF	n.s.	n.s.
IL-1	-	decrease
IL-6	n.s.	decrease
IL-8	n.s.	n.s.

^{*} < fluid resuscitation

PROTECTION INDUCED BY SOLUBLE TNF RECEPTOR

Van Zee et al. PNAS 1992, 89, 4845



T0 : E. coli [LD 100]
Infusion = 30 min

T0 : ± s TNF R
(molar excess x 300)
Infusion = 3 h

	E. coli	E. coli + s TNF R I
TNF (2h)	30 ng/ml	< d.l.
IL-1β (3h)	2.5 ng/ml	0.5 ng/ml
IL-6 (8 h)	20 000 u/ml	9 000 u/ml
Mean arterial pressure	- 56 %	- 29 %
Resuscitation fluid required to maintain hemodynamic stability	163 ml/kg	13 ml/kg

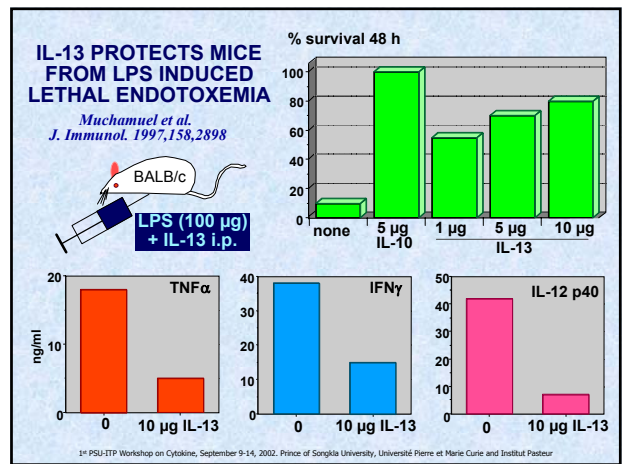
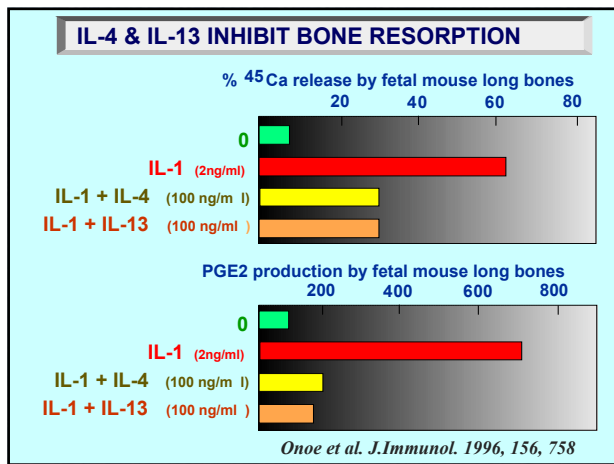
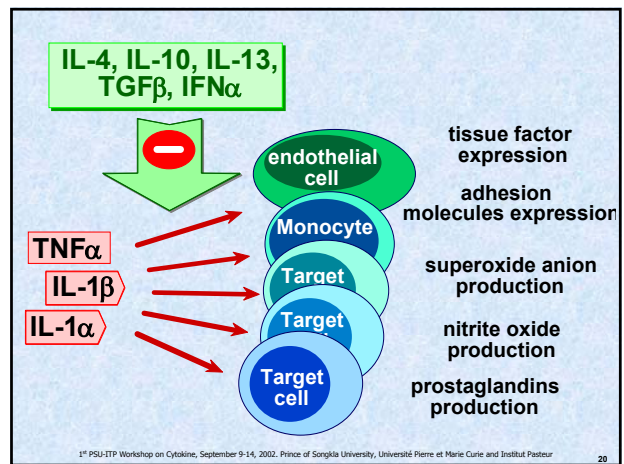
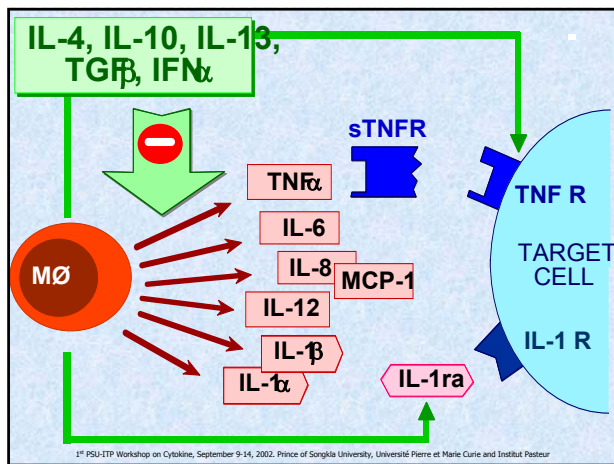
CIRCULATING TNF & sTNFR IN SEVERE MENINGOCOCCAEMIA

Girardin et al. Immunol. 1992, 76, 20

ON ADMISSION	SURVIVALS n = 26	DEATH n = 9	p
TNF	470 pg/ml	1466 pg/ml	0.001
s TNF R I	26.3 ng/ml	35.4 ng/ml	0.007
S TNF R II	67.8 ng/ml	93.3 ng/ml	0.04

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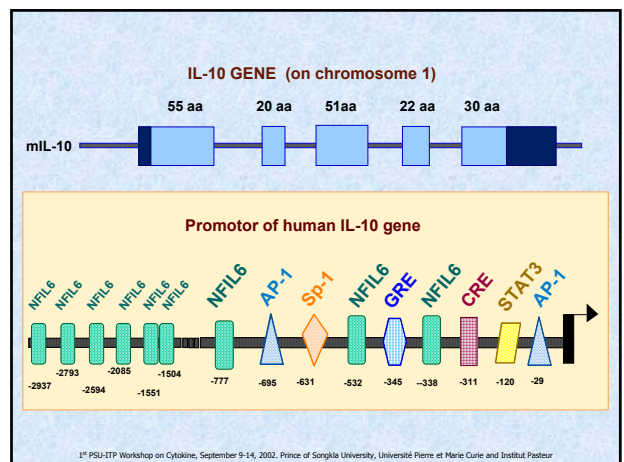
INTERLEUKIN-10 DEFICIENT MICE DEVELOP CHRONIC ENTEROCOLITIS

Kühn et al. Cell 1993, 75, 263

Body weigh loss (4 - 8 weeks)
Lethal for 30% of animals (3months)
Anemia (iron deficiency)

INTESTINAL MUCOSAL HYPERPLASIA
INFLAMMATORY CELL INFILTRATION
MHC CLASS II EXPRESSION ON COLONIC EPITHELIUM

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The diagram illustrates the IL-10 receptor and signal transduction pathway. IL-10 binds to the IL-10R1 and IL-10R2 receptors. IL-10R1 has a cytoplasmic tail with Y446 and Y496 residues. IL-10R2 has a cytoplasmic tail with 100 aa and 215 aa regions. The binding of IL-10 activates the associated kinases Jak1 and Tyk2. This leads to the phosphorylation and dimerization of STAT3. The phosphorylated STAT3 dimer then translocates to the nucleus, where it binds to a DNA sequence (TTCNNNGAA) near a TATA box, initiating transcription of a gene like SOCS3.

IL-10 REDUCES THE PRO-INFLAMMATORY POTENTIAL OF TNF IN 3 WAYS

*Joyce et al. 1994
Eur.J.Immunol. 24,2699*

IL-10

MØ

MØ

MØ

TNF

sTNF R p75

sTNF R p55

TNF R p75 mRNA ↑

IL-4 : TNF α ↓ ; sTNF R ↓

IL-10

**INHIBITION OF
TISSUE FACTOR EXPRESSION**

WHOLE BLOOD ASSAYS

LPS → *Ramani et al. 1993
FEBS Let. 334, 114* *Lindmark et al. 1998
Brit. J. Haematol. 102, 597*

CRP → *Ramani et al. 1994 FEBS Let. 356, 86*

Activated Th2 → *Del Prete et al. 1995 Blood 86, 250*

MCP-1 → *Ernoffsson et al. 1996 Brit. J. Haematol. 95, 249*

IL-1 α / β → *Osnes et al. 1996 Cytokine 8, 822*

i.v. :	BSA	BSA	BSA
Intratracheally :	Anti-BSA	Anti-BSA + IL-4	Anti-BSA + IL-10
Permeability index	1.0	0.57	0.56
Hemorrhage index	0.22	0.12	0.11
BAL neutrophils ($\times 10^6$)	26	12	11
BAL TNE (units)	287	63	67
ICAM-1 expression ($\times 10^3$)	4200	2700	2700

IL-10 in IgG IMMUNE COMPLEX-INDUCED LUNG INJURY		
<i>Shanley et al. J. Immunol. 1995;154,3454</i>		
	T0	PEAK EXPRESSION
IL-10 mRNA	±	T = 4h +++++
IL-10	6.2 ng /mg lung	T = 2h : 14 ng /mg lung

T0 i.v.	Permeability index (¹²⁵ I-albumine leakage)	TNFα in BAL (pg/ml)
none	0.57 ± 0.04	1678 ± 262
Control serum	0.52 ± 0.05	1794 ± 359
anti-IL-10	0.85 ± 0.05	2981 ± 249

p < 0.001 *p* < 0.001

IL-10 REDUCES THE RELEASE OF TNF AND PREVENTS THE LETHALITY IN EXPERIMENTAL ENDOTOXEMIA

Gérard et al. J. Exp. Med. 1993, 177, 547

% Survival

1000 u IL-10 (n=15)

No treatment (n=15)

500 µg LPS i.v.

Challenge 500 µg LPS n = 5 in each group	
Pre-treatment (-30 min; i.p.)	TNF serum level (1.5 h)
Medium	5268 pg
IL-10 (10 U)	1216 pg
IL-10 (1000 U)	416 pg

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IL-10 AND IMMUNE DEPRESSION

HUMAN SEPTIC SHOCK

Brandzaeg et al. *J. Exp. Med.* 1996, 184, 51
Randow et al. *J. Exp. Med.* 1995, 181, 1887

SEPSIS-INDUCED IMPAIRMENT IN LUNG ANTIBACTERIAL HOST DEFENSE

Steinhauser et al. *J. Immunol.* 1999, 162, 392

MØ DEACTIVATION IN SEPTIC PERITONITIS

Reddy et al. *Infect. Immun.* 2001, 69, 1394

BURN INJURY

Lyons et al. *Arch Surg.* 1999, 134, 1317

TUBERCULOSIS ASSOCIATED ANERGY

Boussiotis et al. *J. Clin. Invest.* 2000, 105, 1317

KALA AZAR (*Leishmania chagasi*)

Holaday et al. *J. Clin. Invest.* 1993, 92, 2626

Ag-SPECIFIC HYPORESPONSIVENESS IN HUMAN LYMPHATIC FILARIASIS

Mahanty et al. *J. Infect. Dis.* 1996, 173, 769

PARASITE-SPECIFIC ANERGY IN HUMAN URINARY SHISTOSOMIASIS

King et al. *J. Immunol.* 1996, 156, 4715

IL-10 AND DISEASES

BENEFICIAL

LETHAL ENDOTOXEMIA

Howard et al. *J. Exp. Med.* 1993, 177, 1205

RHEUMATOID ARTHRITIS

van Roon et al. *Arth. Rheum.* 1996; Persson et al. *Scand. J. Immunol.* 1996

PSORIASIS

Asadullah et al. *J. Clin. Invest.* 1998, 101, 783

THROMBOSIS

Downing et al. *J. Immunol.* 1998, 161, 1471

CONTACT HYPERSENSITIVITY

Ferguson et al. *J. Exp. Med.* 1994, 179, 1597

Ag-INDUCED AIRWAY INFLAMMATION

Zuany-Amorim et al. *J. Clin. Invest.* 1995, 95, 2644

IMMUNE COMPLEX-INDUCED LUNG INJURY

Mulligan et al. *J. Immunol.* 1993, 151, 5666

ISCHEMIA-REPERFUSION INJURY

Daemen et al. *Transplantation* 1999, 67, 792

CROHN'S DISEASE

Schreiber et al.; Fedorak et al. *Gastroenterol.* 2000, 119, 1461 & 1473

DELETERIOUS

AUTOIMMUNE DIABETES

Ishida et al. *J. Exp. Med.* 1994; Lee et al. *J. Exp. Med.* 1996

LUPUS ERYTHEMATOSUS

Llorente et al. *Arth. Rheum.* 2000, 43, 1790

BONE MARROW GRAFT

Baziar et al. *Blood* 1995, 85, 842

HEART & LIVER TRANSPLANT

Qian et al. *Transplantation* 1996; Li et al. *Transplantation* 1998

ENDOTOXIN-INDUCED UVEITIS

Rosenbaum et al. *J. Immunol.* 1995, 155, 4090

ALLOGRAFT ARTERIAL DISEASE

Furukawa et al. *Am. J. Pathol.* 1999, 155, 1929

TGFβ1 KO mice



MULTIFOCAL INFLAMMATORY DISEASE

Shull et al. *Nature* 1992, 359, 693

Age at death

24 days

Site of inflammation

stomach / Liver / pancreas / myocardium & endocardium / striated muscle / serosa

blood leukocytes

increased number of monocytes and immature neutrophils

PCR analysis of cytokines (spleen, liver, lung)

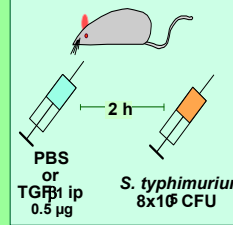
TGFβ1 IFNγ TNFα MIP-1α IL-1β

	TGFβ1	IFNγ	TNFα	MIP-1α	IL-1β
Normal	+	-	-	-	+
TGFβ1 KO	-	+	+	+	+

(++ in liver)

EFFECT OF TGFβ ON *S. typhimurium* INFECTION

Galdiero et al. *Infect. Immun.* 1999, 67, 1432



	DAY 5	
	PBS	TGFβ1
SURVIVAL	6/10	10/10
CFU / Spleen (log)	22	15
μM NO ₂ production by splenic MØ	5	20
IL-1α production by LPS-activated spleen cells	800	1400
IFNγ production by LPS-activated spleen cells	150	1800
IL-10, IFNγ, iNOS mRNA expression in spleen		↗

IN VIVO EFFECT OF TGFβ ON LPS-INDUCED HYPOTENSION & LETHALITY

Perrella et al. *PNAS* 1996, 93, 2054



i.v.

	Mean arterial pressure 120 min (mm Hg)	Survival 150 min.
0	110	100%
LPS	40	35%
LPS + TGFβ	100	90%



S. typhosa LPS
4 mg/kg



TGFβ (20 μg/kg)
+ 200 ng/kg/min
infusion



i.p.

	iNOS mRNA			
	Heart	Kidney	Liver	Lung
LPS			100%	
LPS + TGFβ	37%	20%	10%	50%



S. typhosa LPS
(4 mg/kg)

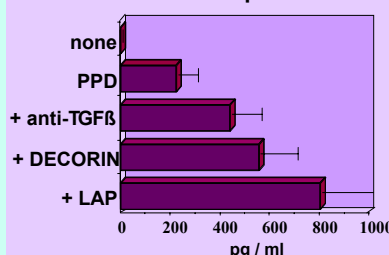


TGFβ
20 μg/kg

NATURAL INHIBITORS OF TGFβ

Hirsch et al. *PNAS* 1997, 94, 3926

IFNγ production by PBMC from tuberculosis patients



PRECURSOR FORM

LAP = LATENCY ASSOCIATED PROTEIN
MATURE TGFβ

DECORIN = 45 kDa proteoglycan abundant in extracellular matrix

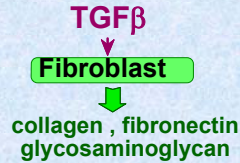
WOUND HEALING

After inflammation $TGF\beta$ plays a critical role in resolution of the response, tissue repair and fibrosis

- The response initiated by $TGF\beta$ is self limited and reversible (short half life; $TGF\beta$ R)
- $TGF\beta$ cannot prevent leukocyte programmed cell death

$TGF\beta$ regulates

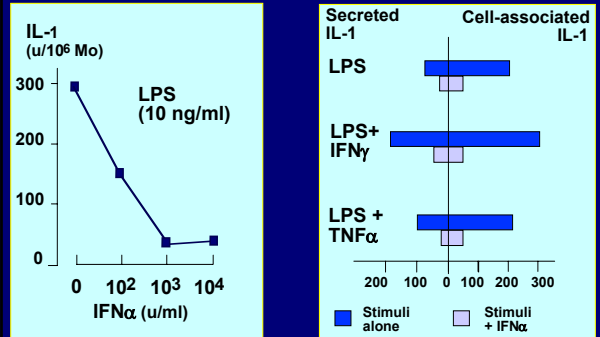
- angiogenesis
- chemotaxis
- fibroblast proliferation
- synthesis and degradation of extra-cellular matrix



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INHIBITION OF HUMAN MONOCYTE IL-1 PRODUCTION BY INTERFERON ALPHA

DANIS *et al. Clin. Exp. Immunol.* 1990, 80, 435



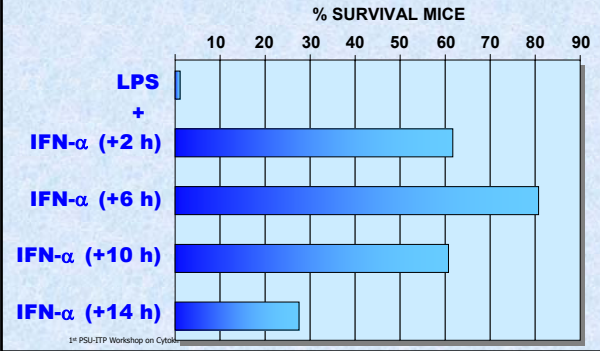
ANTI-INFLAMMATORY PROPERTIES OF INTERFERON ALPHA

Tilg *et al. Blood* 1995,85,433

In vivo (in humans)		in vitro PBMC	
s TNF R p55		TNFα (ng/ml)	
none	1.0 - 1.5 ng/ml	IL-1α (100 ng/ml) + IFNα 10 U/ml	3.2 ± 0.3
IFNα 5x10 ⁶ U T + 12h	3.8 ± 0.4 ng/ml	IFNα 100 U/ml	2.5 ± 0.2
			1.4 ± 0.2

INTERFERON-α PREVENTS ENDOTOXIN INDUCED MORTALITY IN MICE

Tzung *et al. Eur. J. Immunol.* 1992, 22, 3097



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