# A clinical overview of immunologic diseases

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# Why Immunology?

## All disease is immunology\*!

\*if you ignore some metabolic diseases.

- You'd be dead without it
   Medical science would be nowhere without it
   It's so complicated no one can really claim to
   understand it all
- Common ways of thinking between immunologists and statisticians

# What makes an immunologist?

**General science** 

**General immunology** 

**Specialise in Immunology** 

(or at least a tiny bit of it!)



BSc. biomedical sciences



MSc. Immunology

Imperial College London

PhD. Immunology of HIV and NK cells



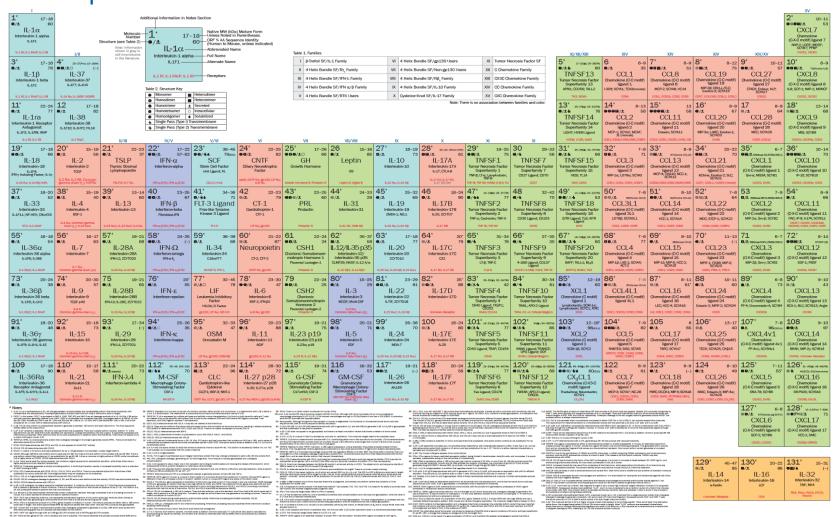
Clinical trial laboratory scientist



Research supported by SSAT



#### Periodic Table of Human Cytokine and Chemokine Families

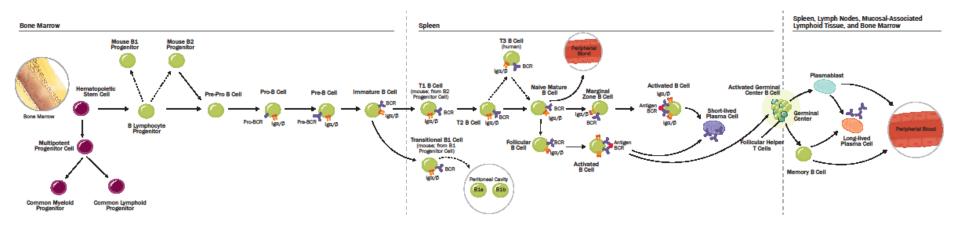






## RODSYSTEMS a biotechne brand

#### **B** Cell Development



Stages of Development	Common Lymphoid Progenitor	B Lymphocyte Progenitor	Mouse B1. Progenitor	Mouse B2 Progenitor	Pre-Pro B Cell	Pro-B Cell	Pre-B Cell	Immature B Cell	Bia Cell (from mouse Bi p	B1b Cell progenitor cell)	Transitional B Cell	Mouse T1 B Cell (from mouse B2 p	Mouse T2 B Cell rogenitor cell)	Marginal Zone B Cell	Follicular B Cell	Activated Germinal Center B Cell	Memory B Cell	Plasmablast	Plasma Cell
Human Marker																			
Positive markers	CD10/Nepritysin CD34 Pax5	CD10/Neprilysin CD34 Pax5			CD10/Neprilysin CD34 CD38 Pax5	CD10/Neprilyain CD19 CD20/MS4A1 CD24 CD34 CD38 C1q R1/CD93 IL-3 R IL-7 Rox Pax5	CD10/Neprilysin CD19 CD20/MS4A1 CD24 CD38 C1q R1/CD93 IL-3 R IL-4 Rα IL-4 Rα Pax5	CD1C/Neprilysin CD19 CD2C/MS4A1 CD21 CD24 CD38 CD40 C1q R1/CD93 IL4 Rx			CD5 CD19 CD20/MS4A1 CD21 CD23/Fot RII CD24 CD38 C1q R1/CD93 TACI			OD1e CD19 CD20/MS4A1 CD21 CD27 FCRLS/FeRH3 TACI	CD19 CD20/MS4A1 CD21 CD22/Siglec-2 CD23/Fot RII CXCR5 MHC class II TACI	CD19 CD20/M84A1 CD27 CD38 CD40 CD83 MHC class II TACI	CD19 CD20/M84A1 CD21 CD27**** TACI	BCMA CD27*** CD38 C1q R1/CD93	BCMA BLIMP1 CD27*** CD38*** Syndecan-1/ CD138 CXCR4
Negative markers					CD117/o-kit**	CD117/o-kit**	CD117/o-kit CD34	CD117/o-kit CD27 IL-7 Rox			CD10/Neprilysin*** CD27	•			CD10/Neprilysin CD24*** CD27 CD38***		C1q R1/CD93	CD19 <sup>to</sup> Syndecen-1/ CD138 <sup>to</sup>	CD19** CD20/M84A1/** MHC class IP**
Mouse Markers																			
Positive markers	IL-7 Ro Fit-3/Fik-2	Ly60 IL-7 Ro Fit-3/Fik-2	CD19 C1q R1/CD93	B220/CD45 R	B220/CD45 R CD43 C1q R1/CD93 CXCR4 FIL3/FIk-2 IL-7 Ra	B220/CD45 R CD19 CD24 CD43 IL-7 Rα	B220/CD45 R CD19 CD24 IL-7 Rα	B220/CD45 R CD19 CD24 C1q R1/CD93	CD1d <sup>mil</sup> CD5 CD19 <sup>mil</sup> CD43	CD1d <sup>mil</sup> CD19 <sup>mil</sup> CD43		B220/CD45 R CD19 CD24 C1q R1/CD93 IgM	B220/CD45 R CD19 CD24 C1q R1/CD93 IgM IgD	B220/CD45 R CD1d CD19=== CD21=== IgM===	B220/CD45 R CD1d*** CD19*** CD23/Fot RII CXCR5	B220/CD45 R CD19 CD40 MHC class II	B220/CD45 R CD19 CD21 CD27**** CD40 MHC class II	CD19 CD27** CD38 Syndecen-1/ CD138	BLIMP1 CD27** CXCR4** Syndecan-1/ CD138
Negative markers	Lin (CD3, CD4, CD8, Gr-1/Ly-6G, Integrin ctM/ CD11b, TER-119) CD117/c-kit Scs-1/Ly-6 Ly-6D	Lin (CD3, CD4, CD8, Gr-1/Ly-6G, Integrin atM/ CD11b, TER-119) CD117/c-kit Scs-1/Ly-6	Lin (CD8, CD4, CD8, Gr-1/Ly-6G, Integrin ctM/ CD11b, TER-119) B220/CD45 R**	Lin (CD3, CD4, CD8, Gr-1/Ly-6G, Integrin aM/ CD11b, TER-119) CD19 C1q R1/CD93	Lin (CD3, Gr-1/ Ly-6G, Integrin aM/CD11b, TER-119) CD19 CD24*** CD117/o-kit	Lin (CD3, Gr-1/ Ly-6G, Integrin atM/CD11b, TER-119) CD117/o-kit** IgM	Lin (CD3, Gr-1/ Ly-6G, Integrin aM/CD11b, TER-119) CD43 IgM	CD23/Fot RII CD43 IgD	CD23/Fot RII	CD5 CD23/Fot RII		CD43 IgD***	CD43	CD23/For RII CD43 C1q R1/CD93 IgD <sup>144</sup>	CD21*** CD43 IgM***			B220/CD45 R <sup>tor</sup>	B220/CD45 Rtm CD19 CD38 <sup>tm</sup> MHC class II <sup>rbs</sup>

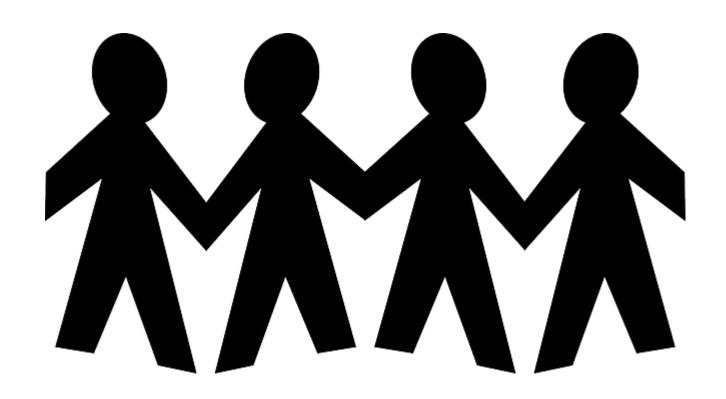
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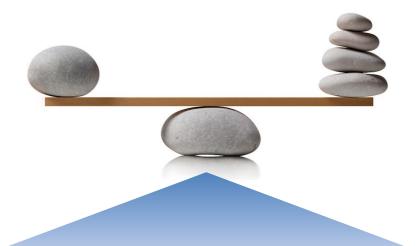




# A brief demonstration of the 'human' immune system



# A healthy immune response is balanced





Imbalance can lead to localised or systemic dysfunction.
Loss of response, excessive response, response to the wrong thing



### **Activation & inhibition**

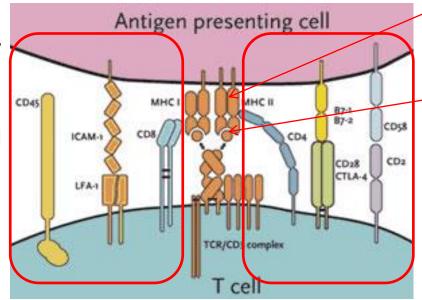
Immune system is governed by inhibitory and activatory signals

Co-stimulation required for activation and fine

tuning of immune response

Shows antigen to T cells Can be 'professional APC' e.g. Macrophage, dendritic cell, B cell Or not, e.g. any other cell

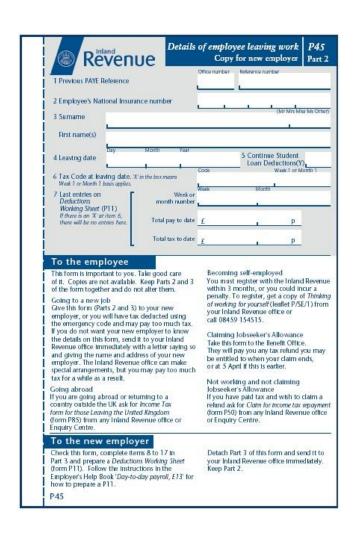
T cell recognises and reacts to antigen.
Responses tuned by costimulatory molecules



MHC I/II present host or foreign antigen self vs. non self Antigen

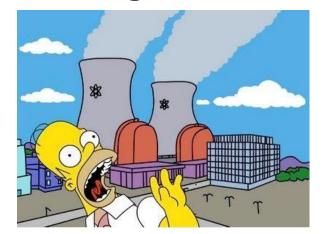
Result can be tolerance (self usually), release of cytokines, killing of APC, activation of APC – apoptosis, cytokine release, etc.

# Redundancy



Large number of redundant pathways in the immune system

Backup systems for backup systems in case things fail



### Infections

- The reason the immune system exists!
- Most infections are dealt with without you knowing – innate immune system
  - Macrophages, monocytes, basophils, eosinophils, neutrophils, natural killer cells...
  - Complement, various serum proteins e.g. major
     basic protein, onsins
    - basic protein, opsins
  - Very effective!especially in crocodiles

# If the innate immune system doesn't kill it...

- The adaptive immune system joins in
  - T cells cellular immune response.
     T helper cells (CD4+) modulate other cells
     Cytotoxic T cells (CD8+) kill other cells
  - B cells humoral immune response
     Generate antibodies IgG, IgM, IgD, IgE, IgA
     Present antigen and help modulate other cells
- Allows immune memory
   Swift response to pathogen rechallenge

# Pathogens are crafty too

#### Keep changing

Influenza
 Antigenic drift (subtle changes between seasons)
 Antigenic switch (big changes – new to immune system)

#### Hide or remain dormant

- Mycobacteria hide in macrophages and downregulate MHC so they can't be seen
- hide in immune privileged site e.g. toxoplasmosis, JC virus, prions?

#### Target immune system

 HIV targets CD4<sup>+</sup> T cells – overstimulates immune system to the point of exhaustion leading to immunocompromise (AIDS)

#### Cancer

- Immunosenescence
   The aging immune system is less able to perform surveillance
- Increased risk of infections
- Mutant host cells not identified and controlled
- Tumour cells hide by upregulating inhibitory markers and/or downregulating activatory markers
  - Quick to adapt and escape control

## Autoimmunity

• Hygiene hypothesis
The immune system needs
to direct it's response
towards pathogens. Without
pathogens, it will find
another target to attack.

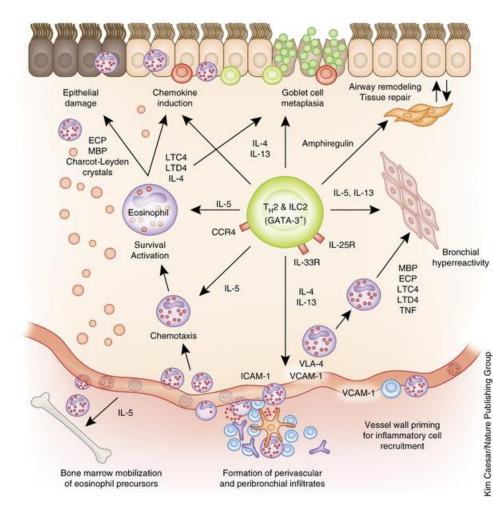


 Lower incidence of autoimmune conditions in children exposed to animals e.g. city vs. country life



### **Asthma**

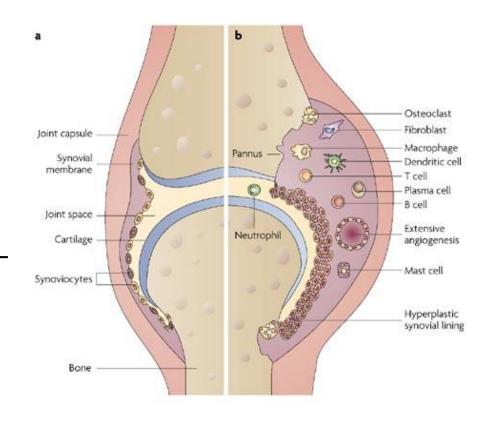
- Inflammatory disease causing airway constriction in response to a variety of triggers
- Prevalence globally 1-18%
   UK approx. 5%
   Increasing since 1960s
- Treated with: LABA, steroids (inhaled & systemic)
   Leukotriene inhibitors (montelukast), anti-IgE
   Research into antibodies to: IL-13, IL-5, IL-4



Nature Immunology Volume: 16, Pages:45–56 2015) DOI:doi:10.1038/ni.3049

### Rheumatoid arthritis

- Most common autoimmune condition approx. 0.5-1% prevalence, ~3:1 women:men
- Synovitis with pannus formation in articular cartilage leading to joint erosion and destruction.
   Systemic symptoms.
- Treated with steroids, DMARDs MTX, leflunomide (General immunosuppression) targeted therapies with antibodies to: TNFα, IL6, IL-1, CLTA-4, CD20 (B cells)



Nature Reviews | Drug Discovery

# Systemic lupus erythematosus

- Severe systemic autoimmune disease affecting all organs
- 9:1 female:male, prevalance ~0.1%, higher in Black vs white, diagnosis usually in teenagers
- Wide range of autoantibodies produced:
   Anti-nuclear, anti-dsDNA, anti-phospholipid, etc.
- Life threatening due to involvement of kidneys, lungs, heart and brain
- Treated with immunosuppressive agents and steroids Biologic treatment with anti-Blys/BAFF (B cell signalling)
- Challenging to develop therapies due to multi-system involvement and endpoints

# Immune dysfunction

Immunology also covers:

Allergy & hypersensitivity

4 types covering anaphylaxis to metal allergy

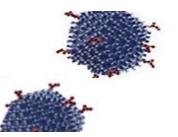
Transplant rejection

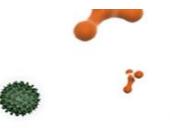
Vaccine development

And many more diseases

Most with multiple redundant pathways open to multiple treatment strategies

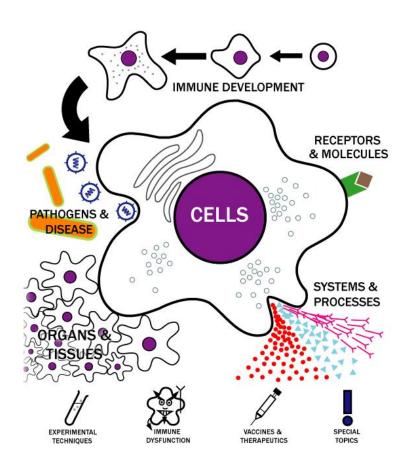








## http://bitesized.immunology.org/



### The future...

- Responses to Infectious disease will remain a vital area of research
- Use of immunomodulation: to target cancer and infectious disease to hone and refine response to immunisations
- To understand and reduce immunosenescence in older age
- Lots more difficult questions and challenges...