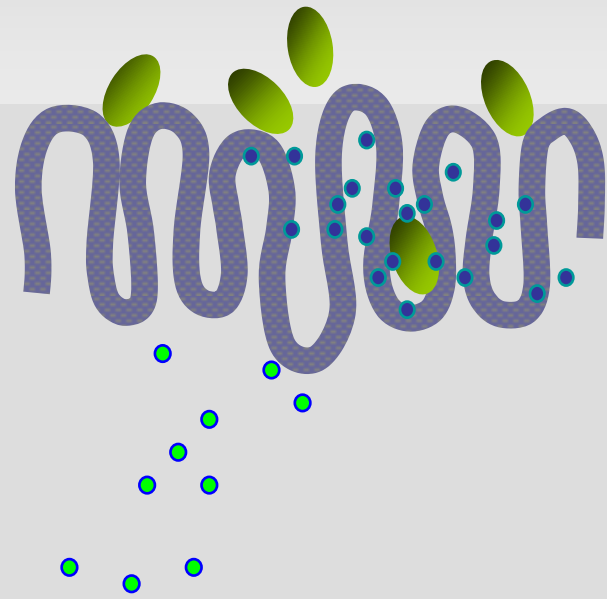


Gut Immunity



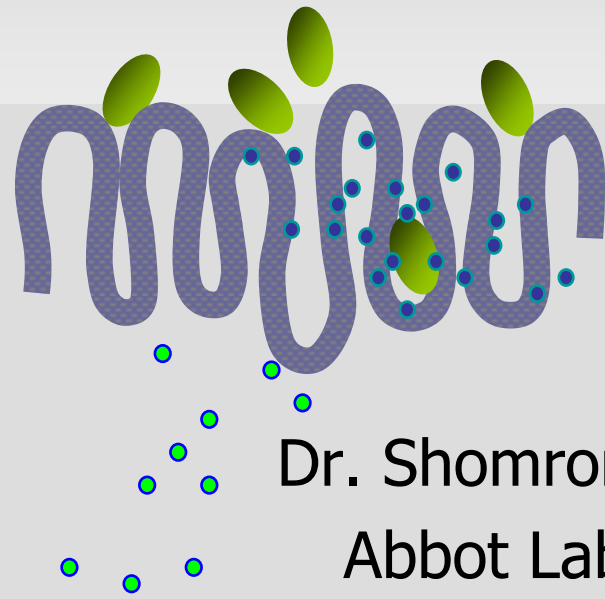
Shomron Ben-Horin

Laboratory of Gastro-Immunology

Gastroenterology Department

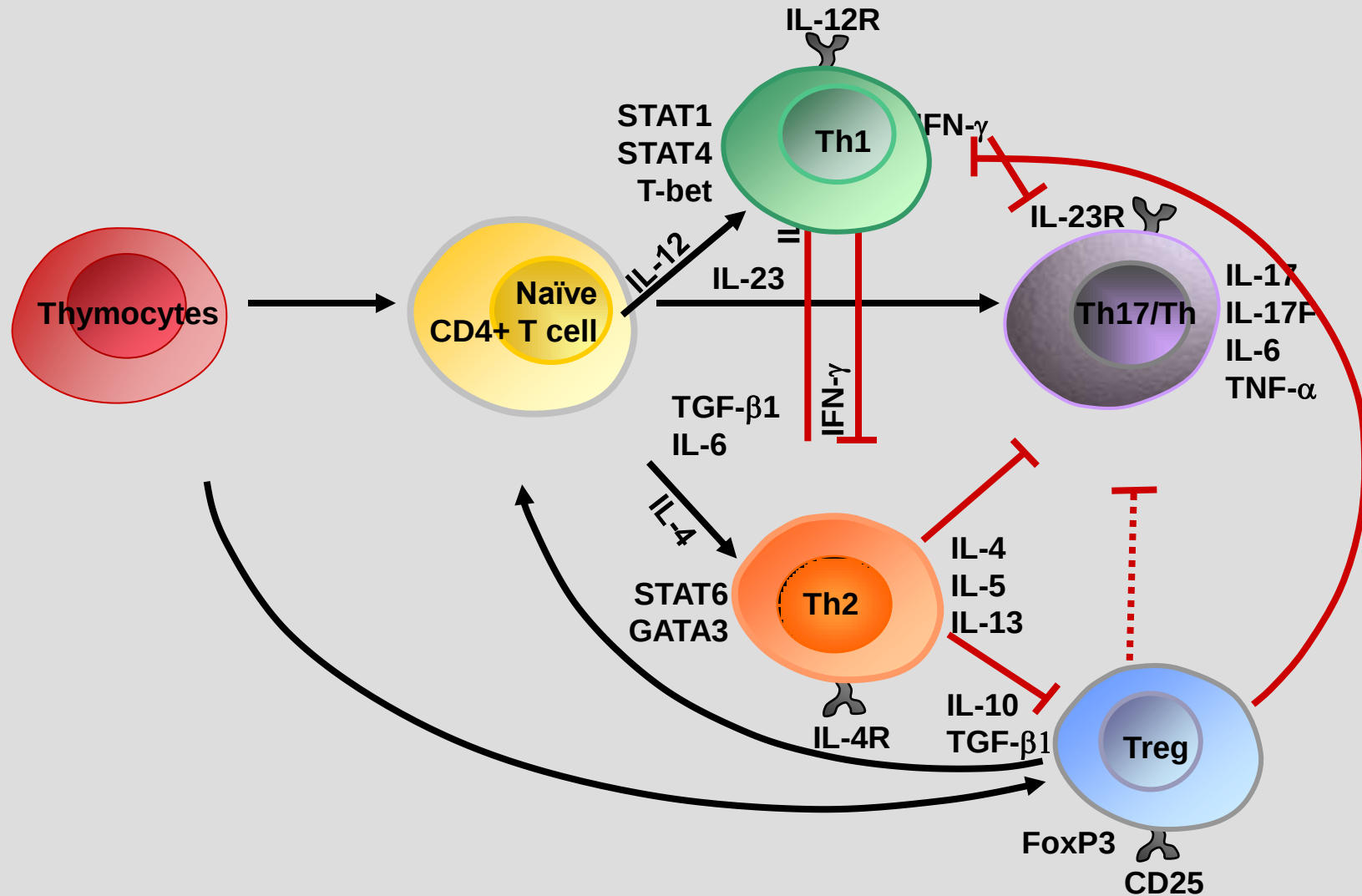
Sheba Medical Center, Tel-Aviv University, Israel

Disclosures



Dr. Shomron Ben-Horin received consultancy fees from:
Abbot Laboratories, Schering-Plough, Optimer Inc.

Immunology made easy



Human host response after exposure to a typical immunology slide



Let's start with a brief review of :

Gut immune system organization

Gut immune system functions

Traditional view 1: epithelium is only a barrier...

Traditional view -1

The epithelial functions consist of physical barrier and absorption apparatus

Traditional view -2

IBD is caused by exaggerated gut immune response (but CDAD is not....)



Immune in-adequacy

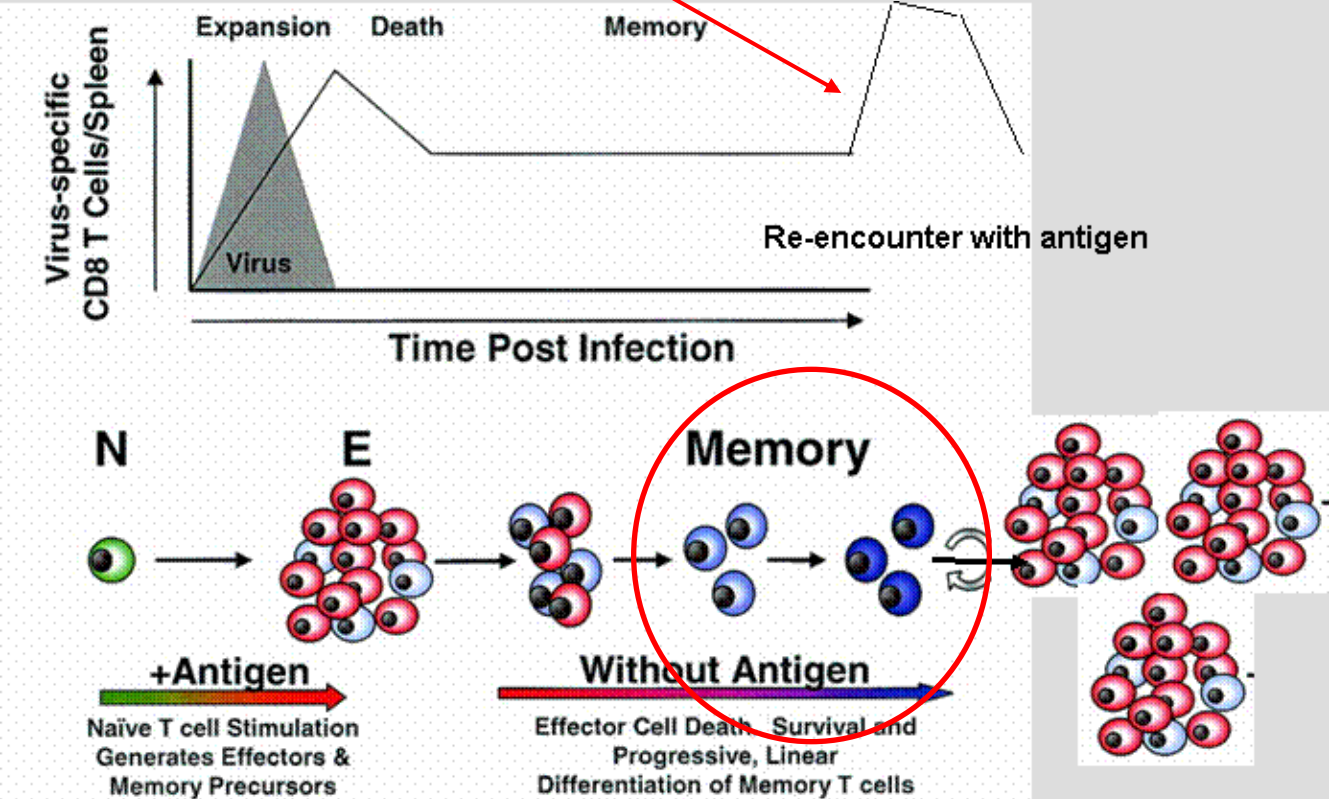


Immune hyper-reactivity



Traditional view -3

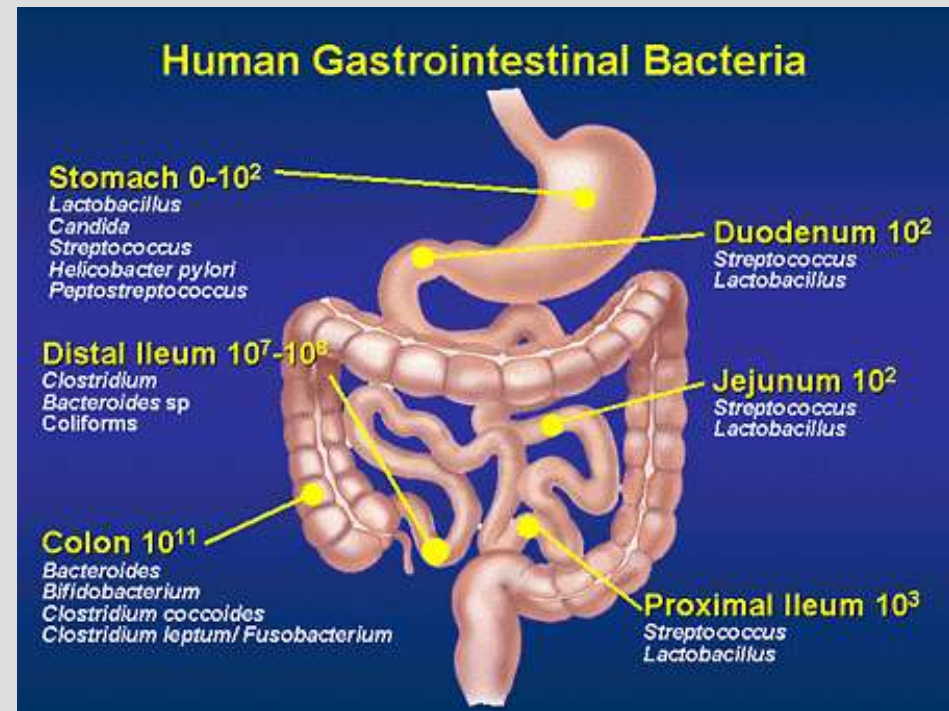
Immune memory is antigen specific



Intestinal Mucosa Defense- Organization

Two types of mechanisms to control pathogens,
normal flora (10^{14}) & dietary molecules

Non-Immune
Immune



Intestinal Mucosa Defense: Non-immune

Multiple nonimmunological factors provide protection against GI pathogens and limit uptake of macromolecules



Intestinal Mucosa Defense: Immune

Response type - Immune reaction:

Innate response

Adaptive response

Topographic - Immune compartmentalization:

Topographic Organization of GALT

Mesenteric lymph nodes

Peyer's Patches

Cryptopatches

Solitary lymphoid follicles

Solitary immune cells:

Intraepithelial lymphocytes (IELs)

Lamina propria lymphocytes (LPLs)

Peyer's patch

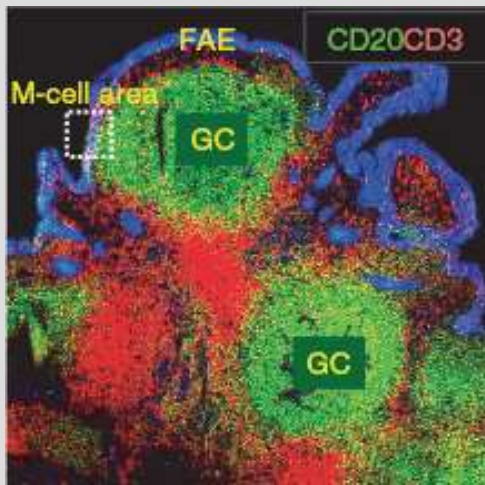
Dome-like protruding into lumen

Sub-epithelial dome (SED) -

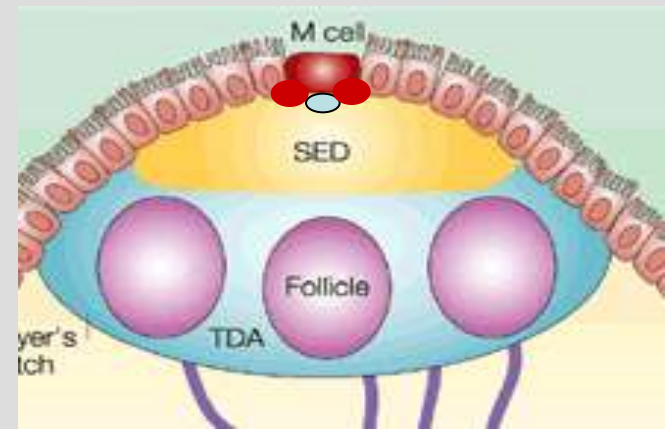
3-4 Follicles (B cell germinal center), inter-follicular region (T-cells), high endothelial venules (HEV) & lymphatics

Villous epithelium & Microfold cells (M cells)

M cells: No villi, thin glycocalyx, basally folded around immune cells. Role: Uptake of Antigens & Transcytosis



Neutra MR, Nature Immunol 2001



Peyer's patch

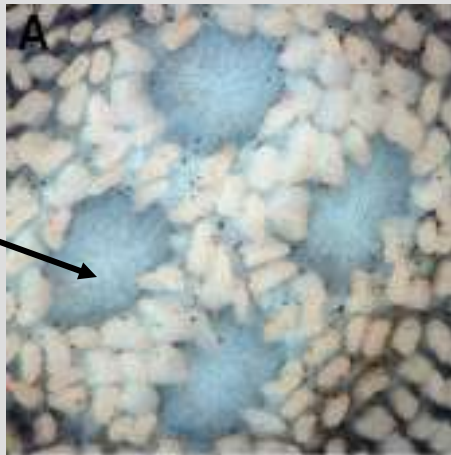
Dome-like protruding into lumen

Sub-epithelial dome (SED) -

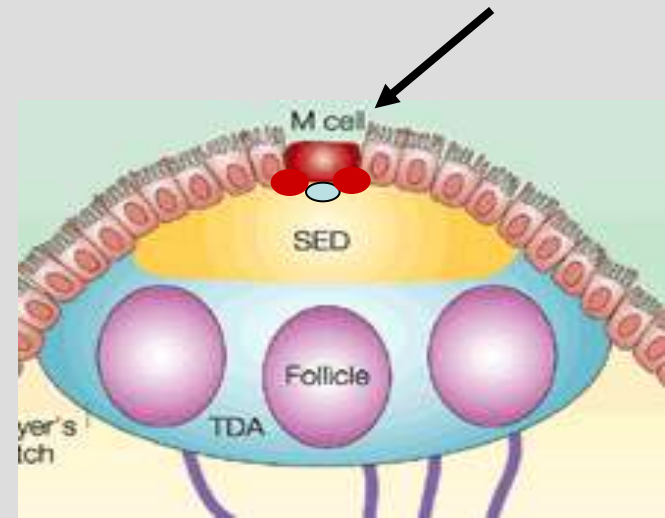
3-4 Follicles (B cell germinal center), inter-follicular region (T-cells), high endothelial venules (HEV) & lymphatics

Villous epithelium & Microfold cells (M cells)

M cells: No villi, thin glycocalyx, basally folded around immune cells. Role: Uptake of Antigens & Transcytosis



Jang MH, PNAS 2004



Other inductive sites

Cryptopatches

Clusters of hematopoietic progenitors and dendritic cells

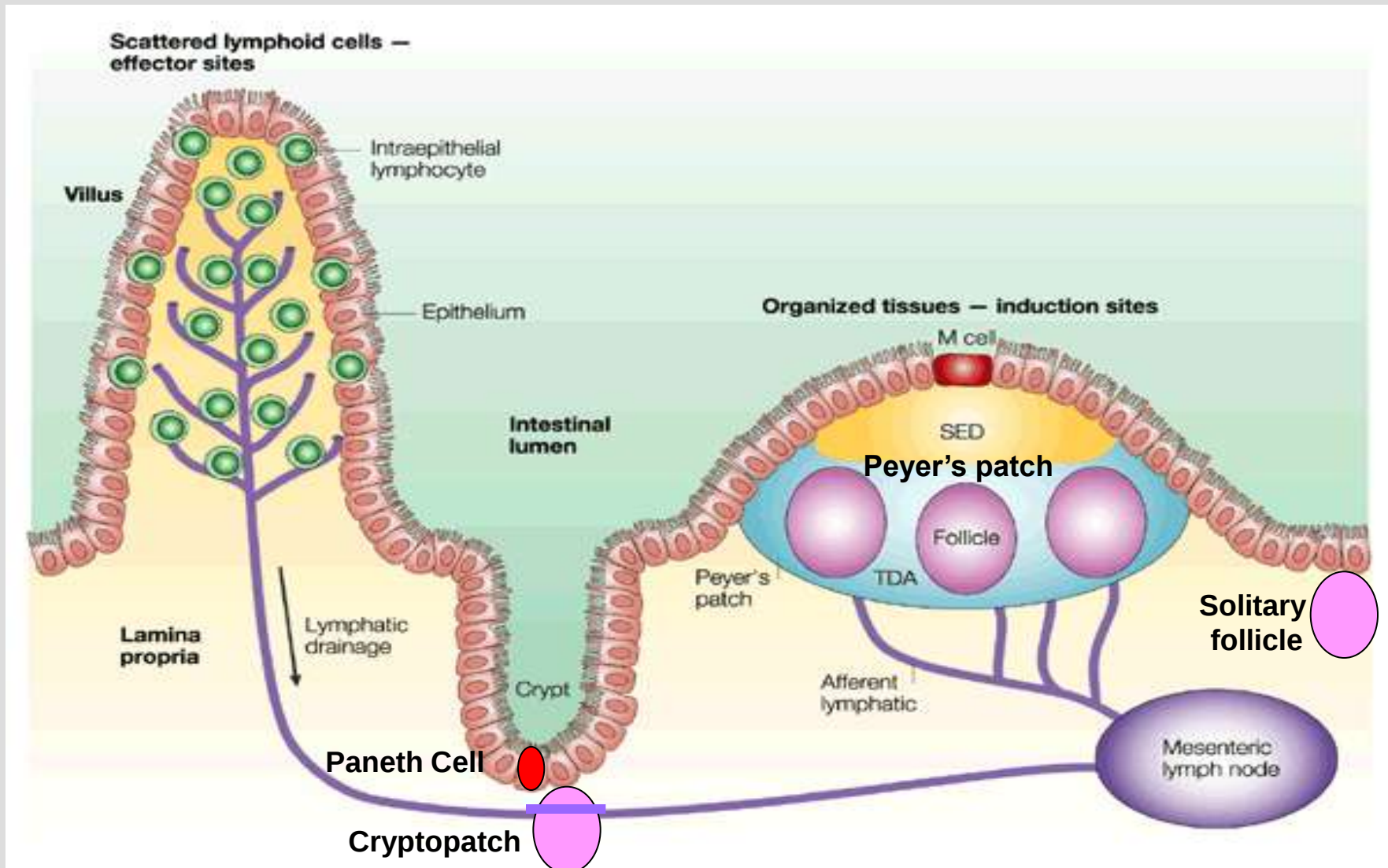
Role: Extra-thymic development of T-cells

Solitary follicles

Clusters of lymphocytes - B cells and dendritic cells

Antigen sampling and presentation >> IgA production

Topographic Organization of GALT - Effectors



Isolated Lymphocytes

Intra-epithelial lymphocytes (IELs) – CD8+ and $\gamma\delta$ T-cells

Lamina propria lymphocytes (LPLs) – CD4+ T cells & B-cells

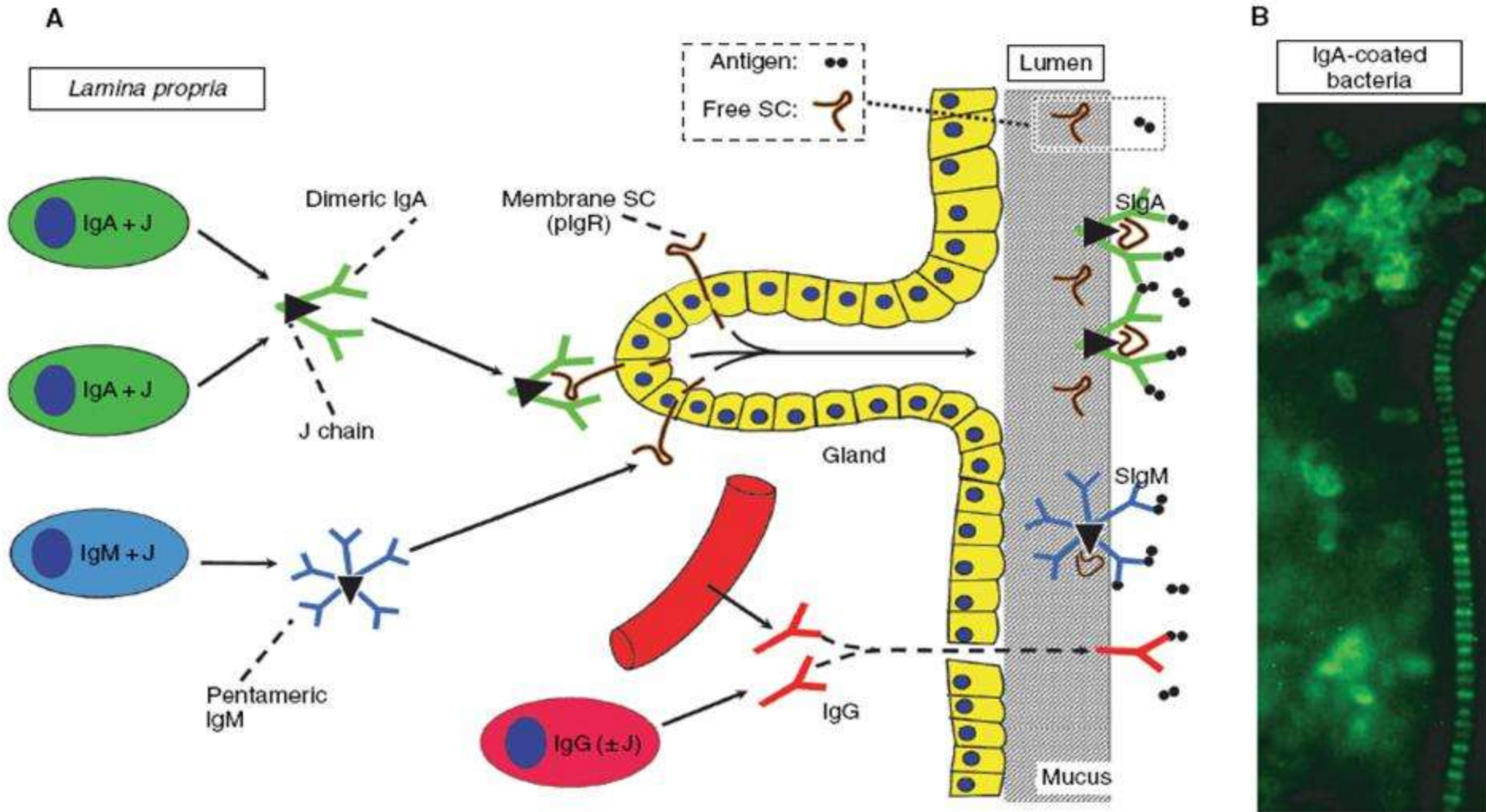
Primed antigen-specific effector cells:

- Excrete pro-inflammatory cytokines

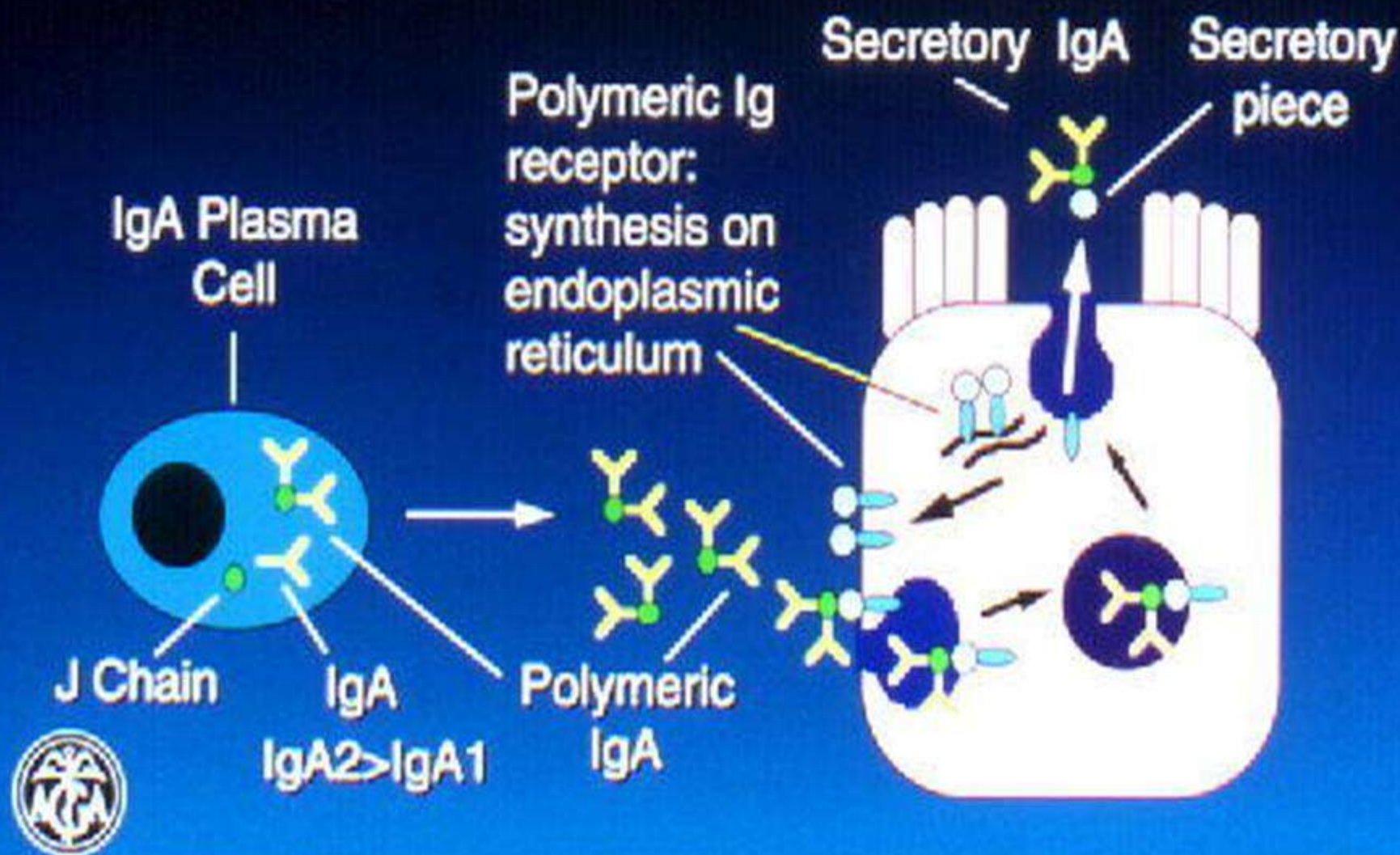
- Exert T-cell cytotoxicity

- Secrete Immunoglobulines (IgA)

Secretory IgA (& pentameric IgM) produced by LP B-cells and actively secreted to gut lumen by epithelium



Secretory IgA is the product of IgA plasma cells and mucosal epithelial cells



Topographic Organization of GALT

Mesenteric lymph nodes

Peyer's Patches

Cryptopatches

Solitary lymphoid follicles

Inductive
sites

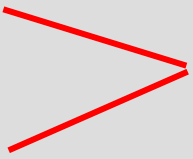
A red bracket-like shape formed by two lines pointing from the left towards the text 'Inductive sites'. The top line originates from the right side of 'Mesenteric lymph nodes' and the bottom line originates from the right side of 'Solitary lymphoid follicles'.

Solitary immune cells:

Intraepithelial lymphocytes (IELs)

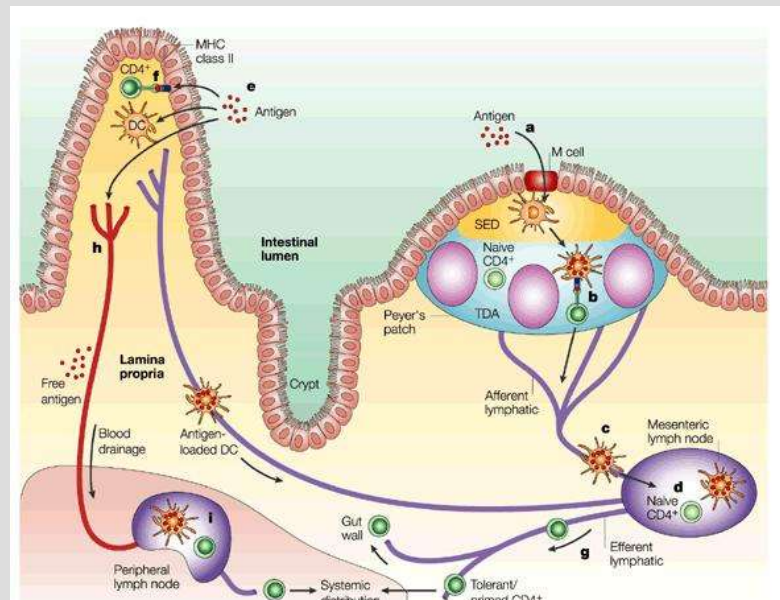
Lamina propria lymphocytes (LPLs)

Effector
sites

A red bracket-like shape formed by two lines pointing from the left towards the text 'Effector sites'. The top line originates from the right side of 'Intraepithelial lymphocytes (IELs)' and the bottom line originates from the right side of 'Lamina propria lymphocytes (LPLs)'.

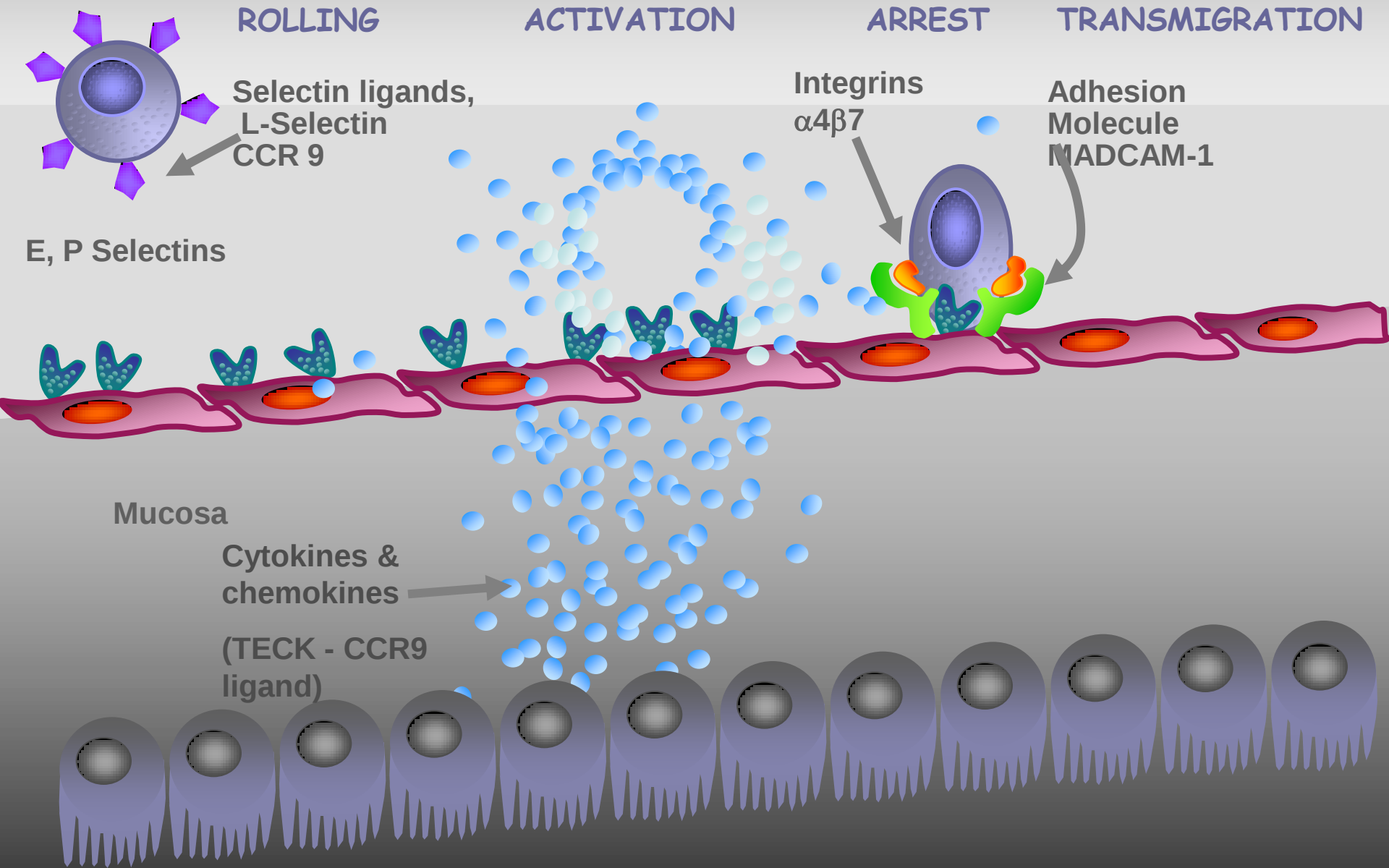
Intestinal effector T & B cells – Education/migration

1. Naïve T & B cells presented with antigen by macrophages/DCs in Peyer's patches or mesenteric lymph nodes >> effector cells
2. Exit through efferent lymph vessels into circulation/spleen



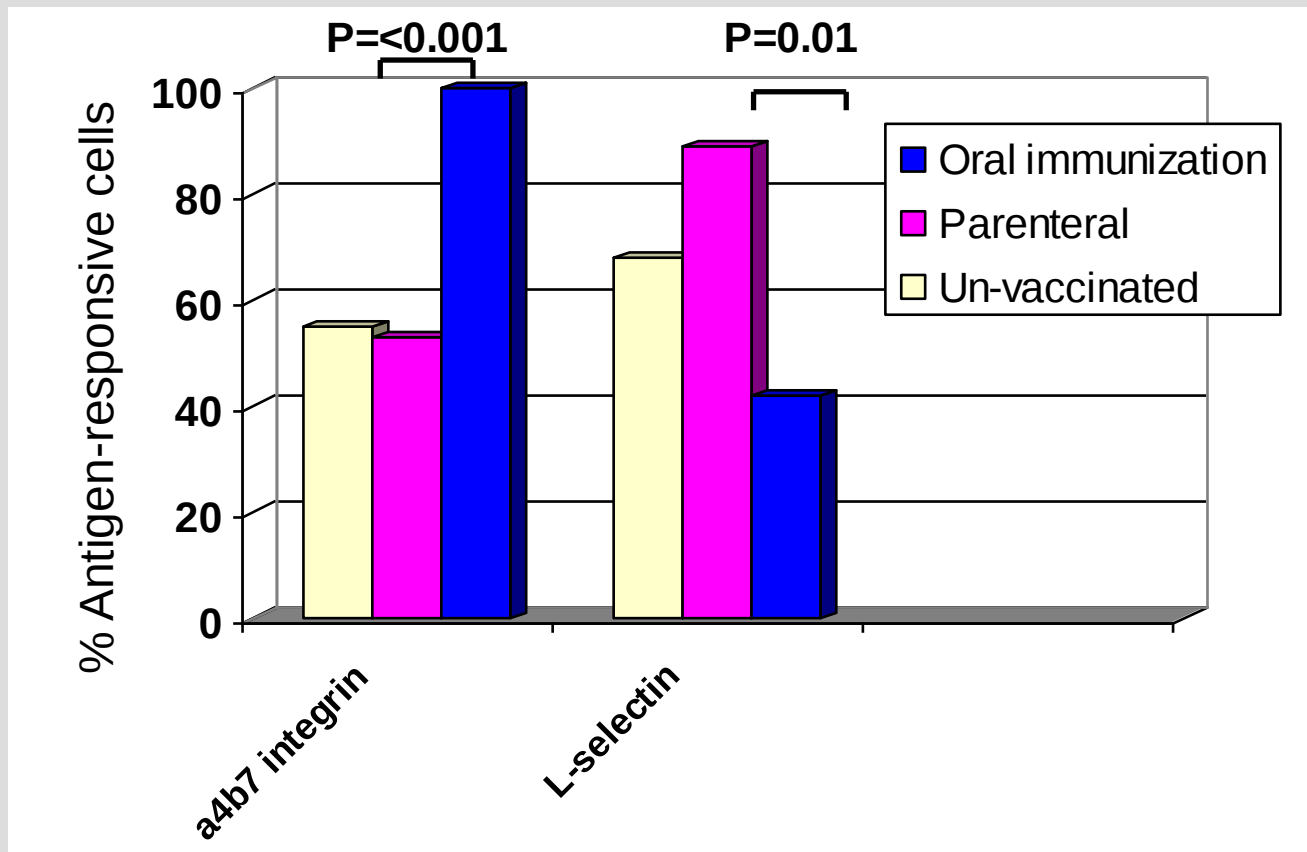
So how do they return to intestinal wall ?

Migration of Cells into Tissues



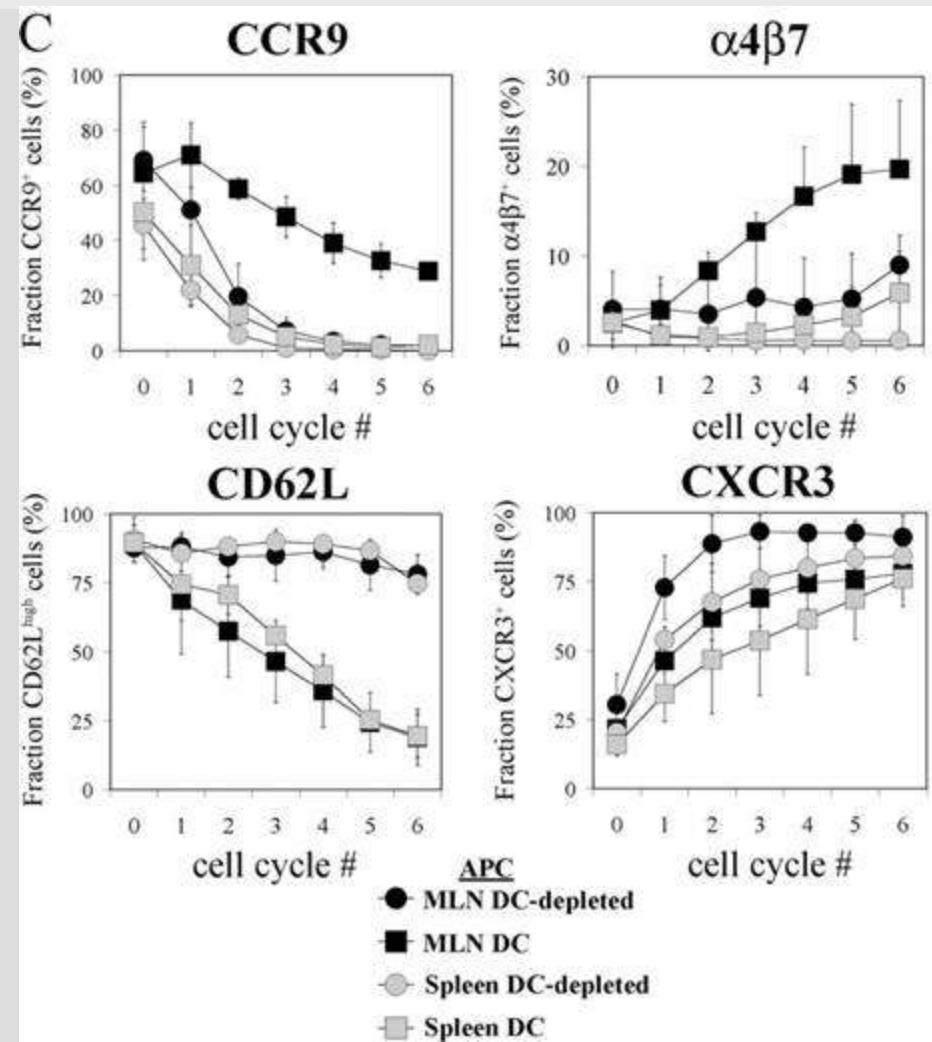
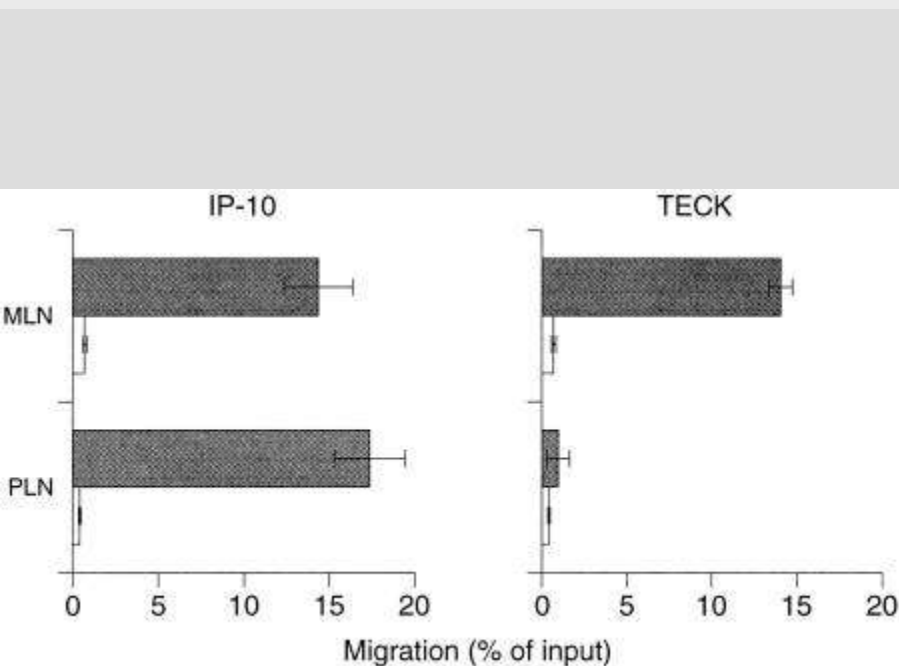
Traditional view 1: Immune memory is only antigen-specific....

Oral immunization with *S.typhi* Ty21a induce antigen-responsive cells expressing $\alpha 4\beta 7$ integrin, whereas parenteral vaccination does not



Traditional view 1: Immune memory is only antigen-specific....

Intestinal dendritic cells in Peyer patches & mesenteric LN
prime memory T-cells to express gut-homing molecules:
 $\alpha 4\beta 7$ integrin and CCR9 chemokine receptor



Mora JR, Nature 2003

Campbell DJ, J Exp Med 2002

Johansson-Lindbom B, J Exp Med 2003

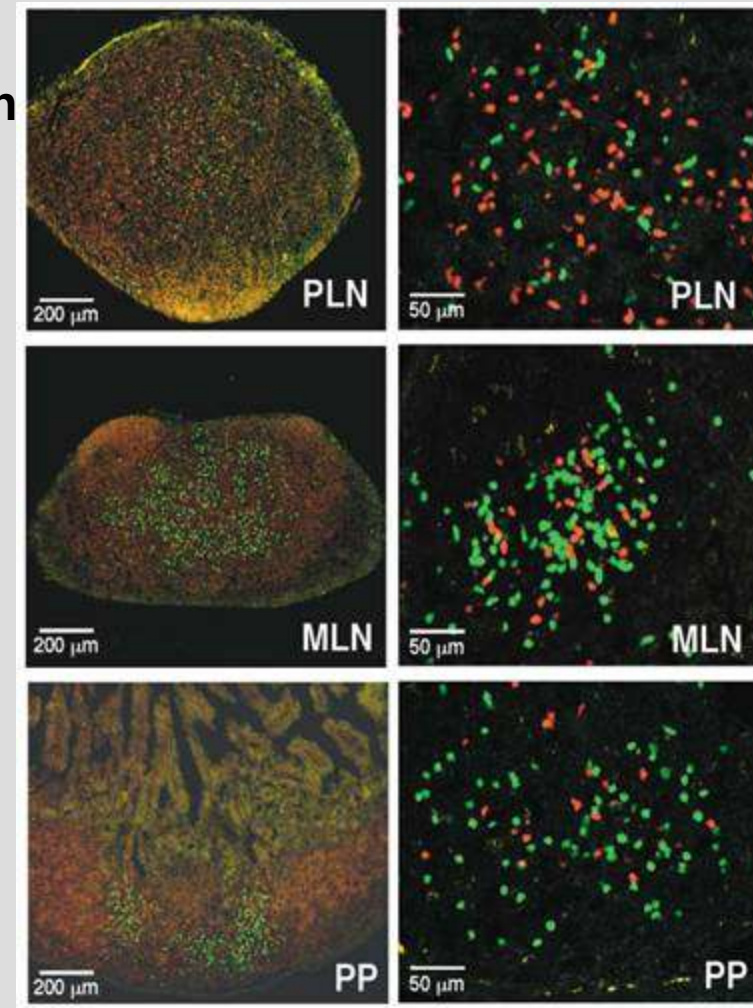
Traditional view 1: Immune memory is only antigen-specific....

CD4+ cells primed by dendritic cell in the mesenteric lymph nodes preferentially migrate back to the GALT

**CD4+ cells primed by MLN DC (labeled with green or by PLN DC (red – TRITC labeled)
After injection into mice**

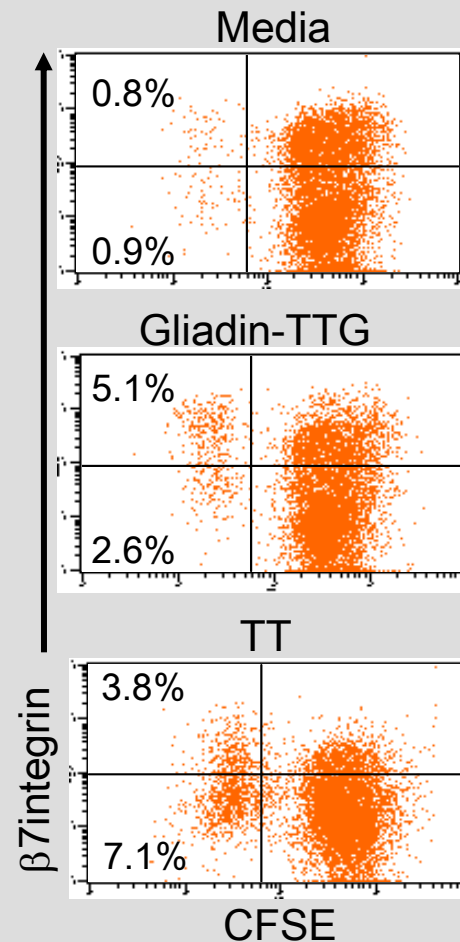
>>

**T cells primed by MLN DC (Green labeled) are
Much more able to migrate back to Peyer Patch**



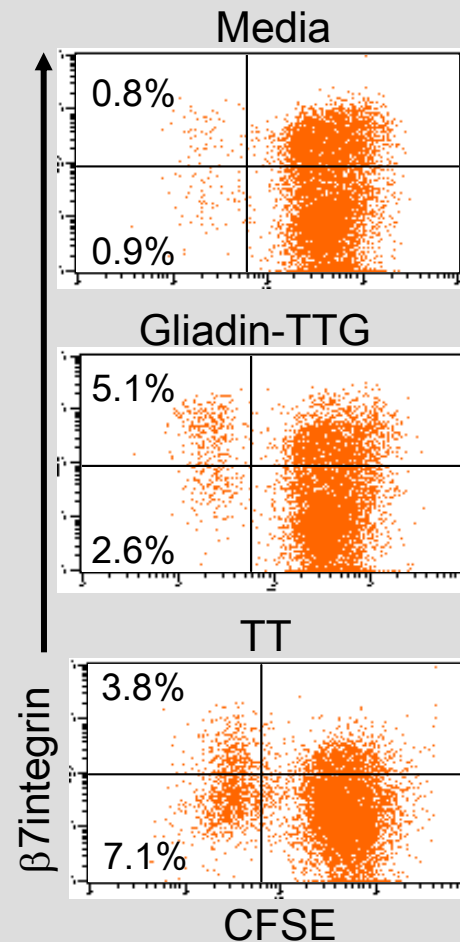
Traditional view 1: Immune memory is only antigen-specific....

Gliadin-TTG specific CD4⁺ memory T-cells, but not Tetanus specific cells, preferentially express the gut-homing $\beta 7$ integrin



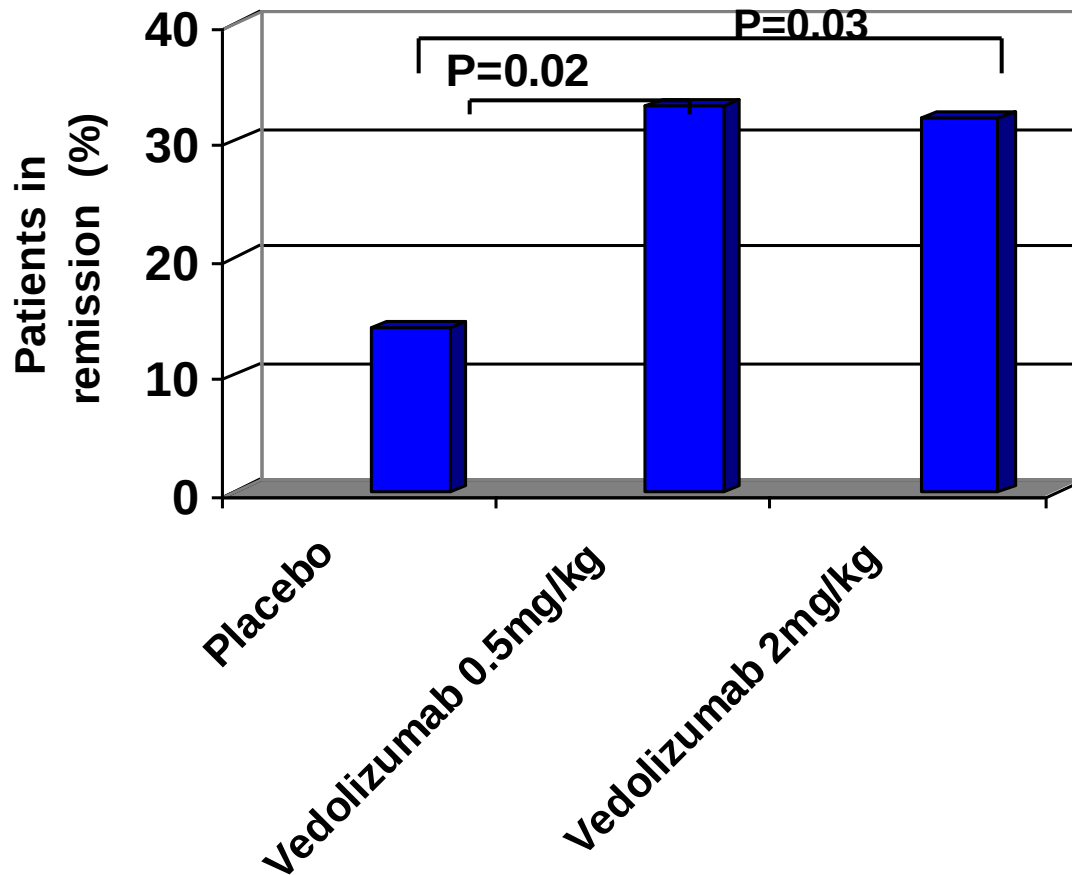
NEW view 1: Immune memory is antigen-specific....AND tissue-specific

Gliadin-TTG specific CD4⁺ memory T-cells, but not Tetanus specific cells, preferentially express the gut-homing $\beta 7$ integrin



Traditional view 1: Immune memory is only antigen-specific....

Anti $\alpha 4\beta 7$ integrin mAb (Vedolizumab) induces remission in moderately active ulcerative colitis



Traditional view 2: epithelium is only a barrier...

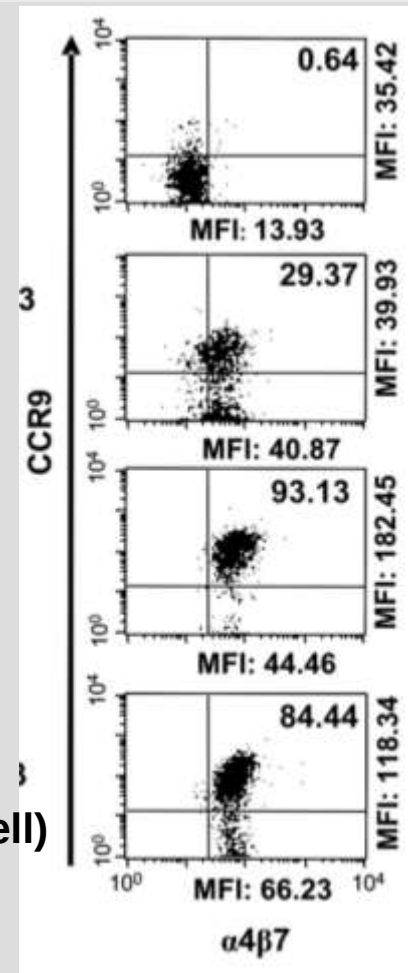
Intestinal epithelial cells (m-IC) induce expression of gut homing phenotype by T-cells in the absence of intestinal dendritic cells

CD8+ cells only

CD8+ cells &
bone marrow DC

CD8+ cells &
bone marrow DC &
gut epithelial cells

CD8+ cells &
bone marrow DC &
gut epithelial cells (transwell)



Topographic Organization of GALT

Mesenteric lymph nodes

Peyer's Patches

Cryptopatches

Solitary lymphoid follicles

Inductive
sites

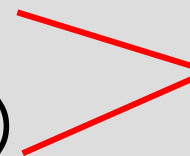


Solitary immune cells:

Intraepithelial lymphocytes (IELs)

Lamina propria lymphocytes (LPLs)

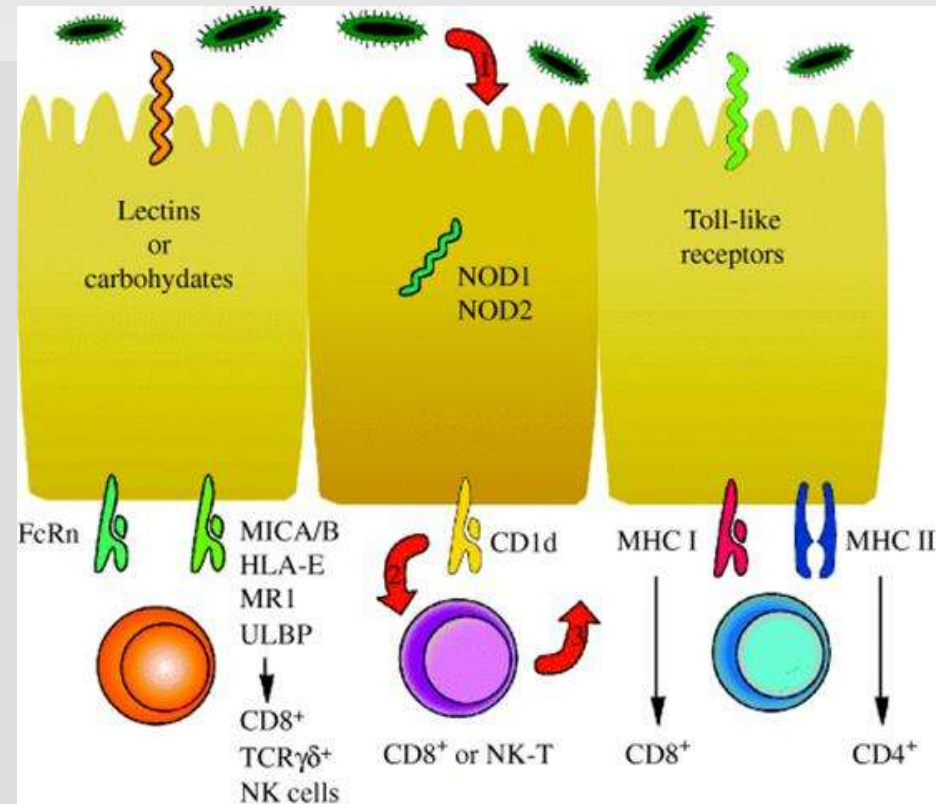
Effector
sites



Epithelium ??

Traditional view 2: epithelium is only a barrier...

Intestinal Epithelium expresses bacterial sensing molecules



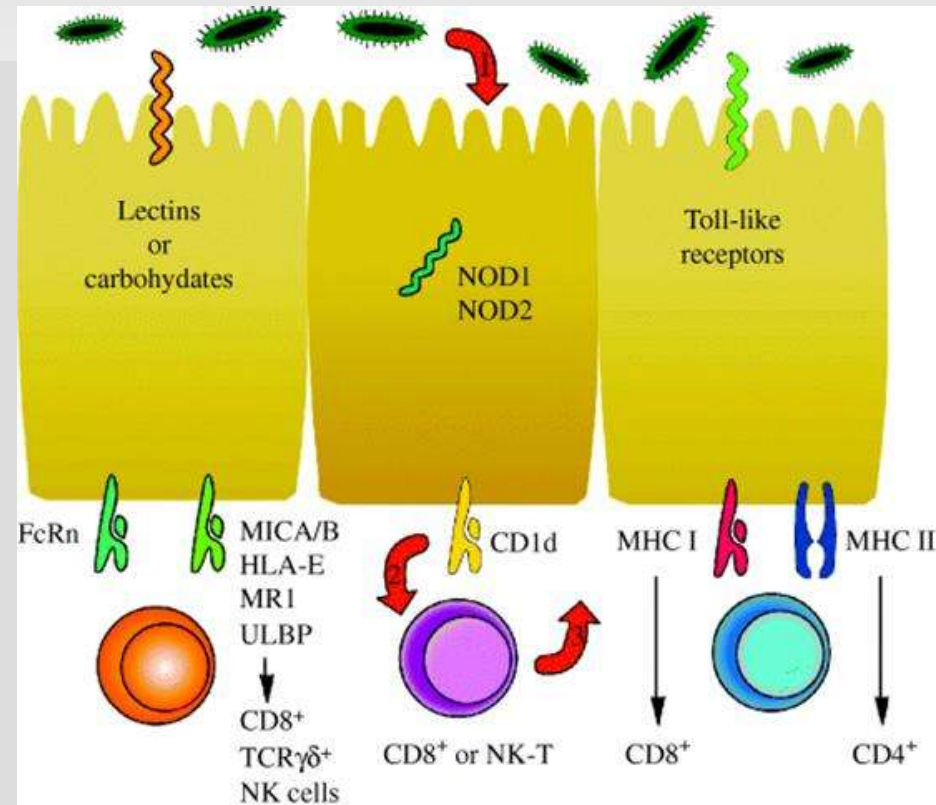
Traditional view 2: epithelium is only a barrier...

Intestinal Epithelium expresses bacterial sensing molecules

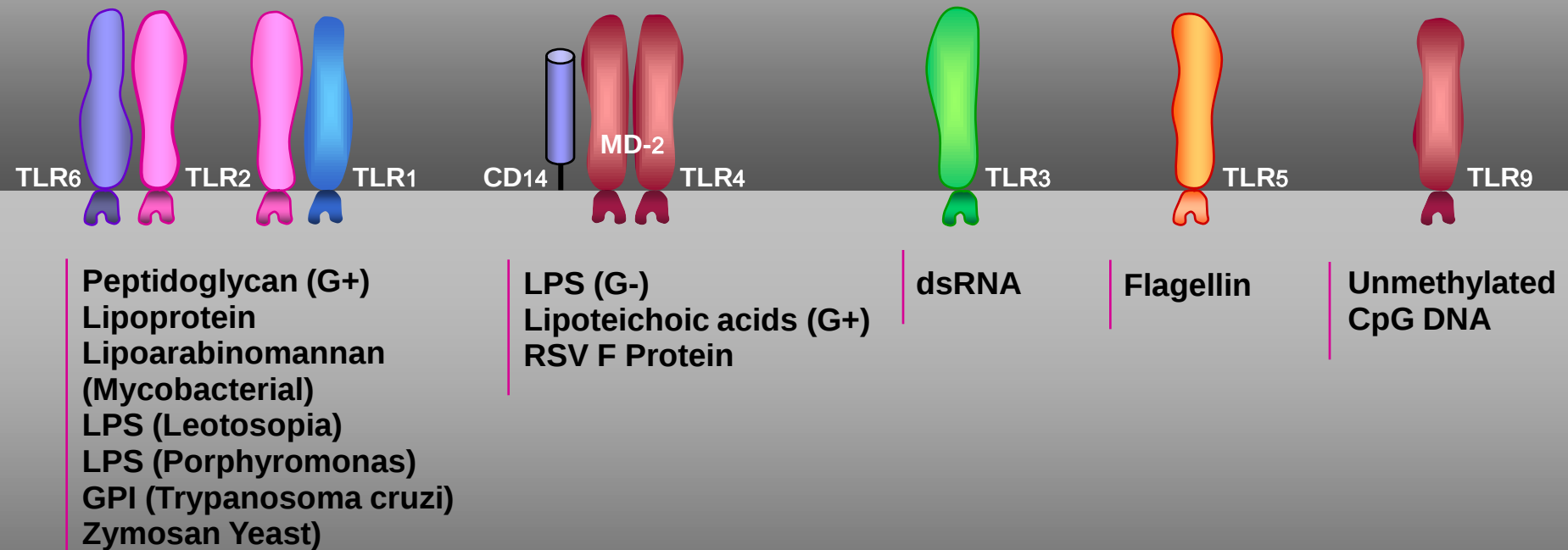
NOD1 – Recognition of Gram-bacterial wall tri-peptide

NOD2- Recognition of Gram-/+ bacterial wall MDP

>> Activation of MAPK-NFkB pathways
& Secretion of chemokines/peptides

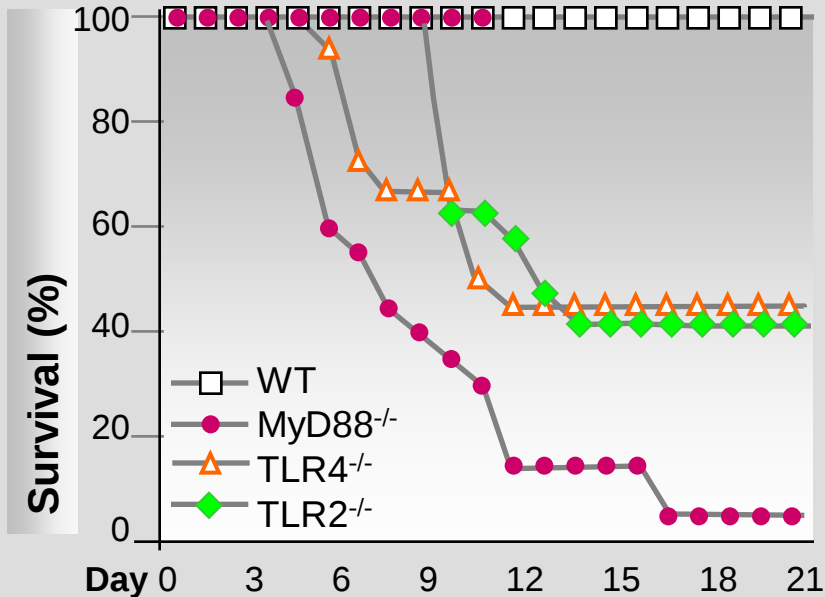


Toll-Like Receptors: Recognition of Pathogen associated molecular patterns (PAMP)

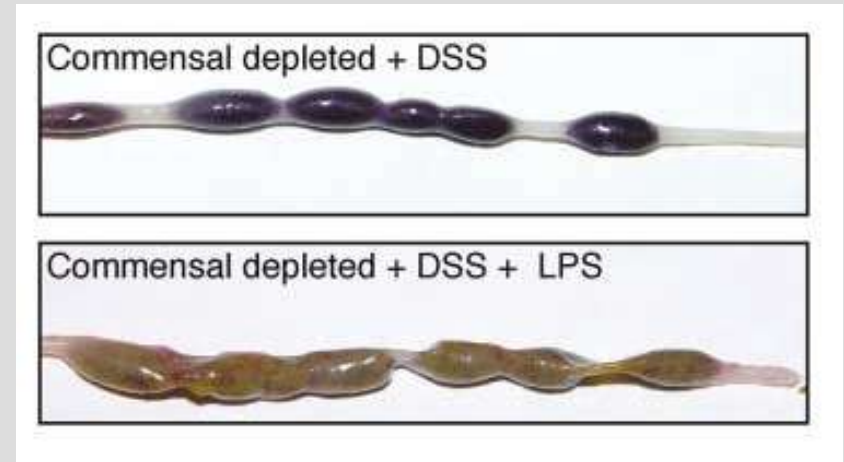


Traditional view 2: epithelium is only a barrier...

Commensal triggering of TLR maintains epithelial homeostasis and protects against DSS colitis



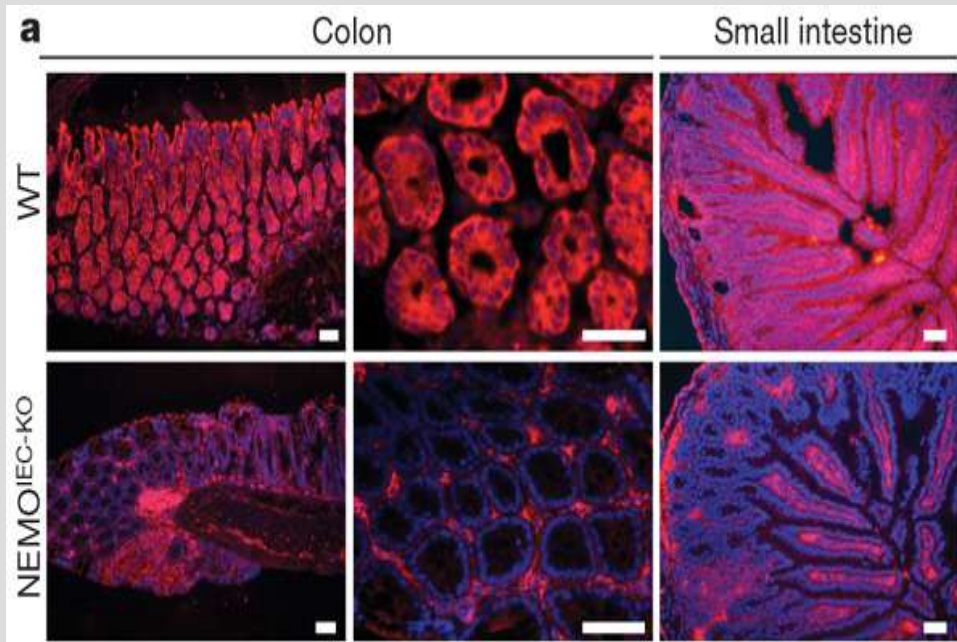
Deficient TLR signaling increases mortality after DSS colitis



Depletion of intestinal flora increases mortality after DSS colitis, and LPS restores protection

Traditional view 2: epithelium is only a barrier...

Selective NF κ B ablation in intestinal epithelium of mice by knocking out NEMO (IKK- γ) leads to innate and later adaptive immune cell infiltrate and intestinal inflammation



Nenci A, Nature 2007

Murine models validity for human studies

Arch Gynecol -

Links

The effect of intraperitoneal colchicine on the formation of peritoneal adhesions in the rat

Shapiro I, Granat M, Sharf M.

A double blind study was carried out to determine the effect of colchicine on the formation of intraperitoneal adhesions **in the rat**.

Adhesions were produced by a standard method in 92 rats.

The animals were then divided at random into two groups. One group (47 rats) was treated with intraperitoneal colchicine, whilst the other, the control group (45 rats) was treated with intraperitoneal normal saline in the same volume, frequency and duration.

Two kinds of adhesions were found. 1. "Surface adhesion" - consisting of two serosal surfaces attached together; their area was significantly smaller (p less than 0.00003), and their number was lower (p less than 0.03) in the colchicine group than in the control group. 2. "Filamentous adhesions" - thin, elastic cords connecting omentum or pelvic fat bodies to other viscera. We concluded that post-operative treatment with colchicine reduces the formation of intraperitoneal adhesions in the rat

Murine models validity for human studies

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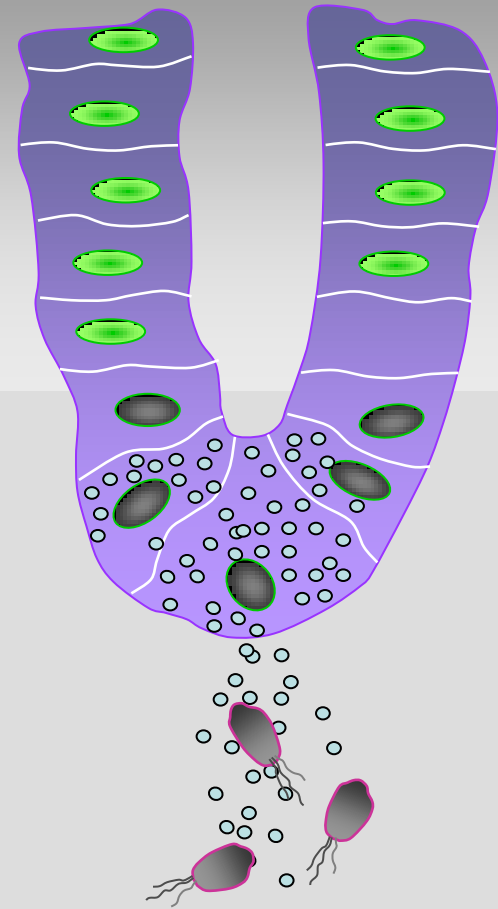
Traditional view 2: epithelium is only a barrier...

Paneth cell

Specialized epithelial cells at base of crypts

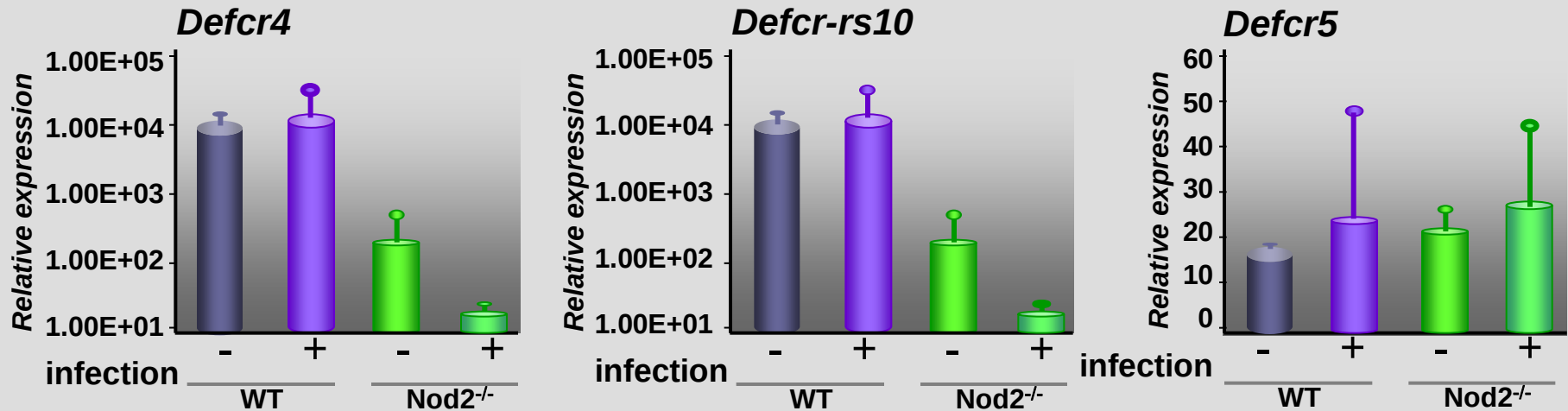
Respond to certain patterns of bacteria

Secrete anti-bacterial peptides (Defensins)



Traditional view 2: epithelium is only a barrier...

NOD2 Knockout mice have defective expression of Defensins after *Listeria* infection



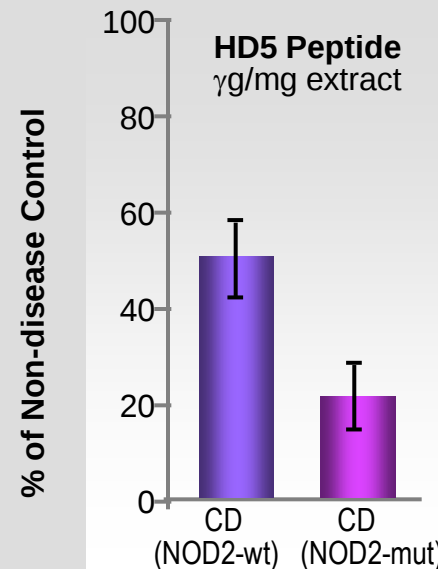
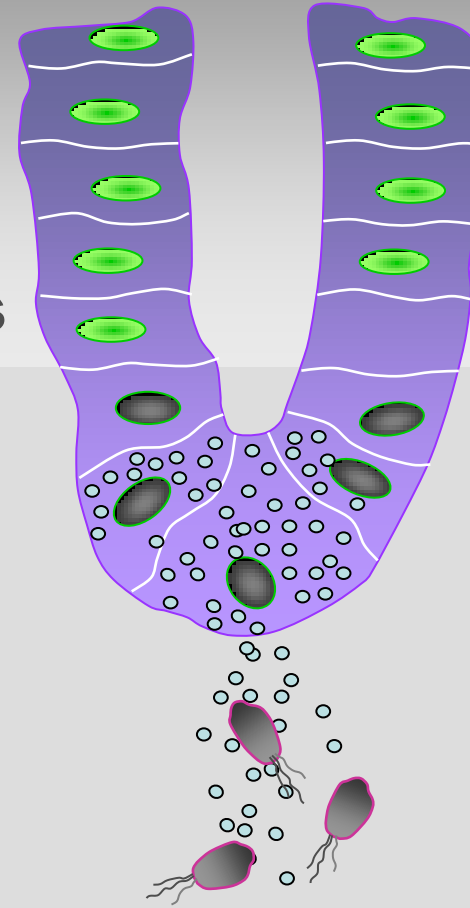
- * Does the *Nod2* defect induce loss of function and reduces innate immunity → exposure to bacterial infections mainly in the TI region?

Traditional view 2: epithelium is only a barrier...

Paneth cell

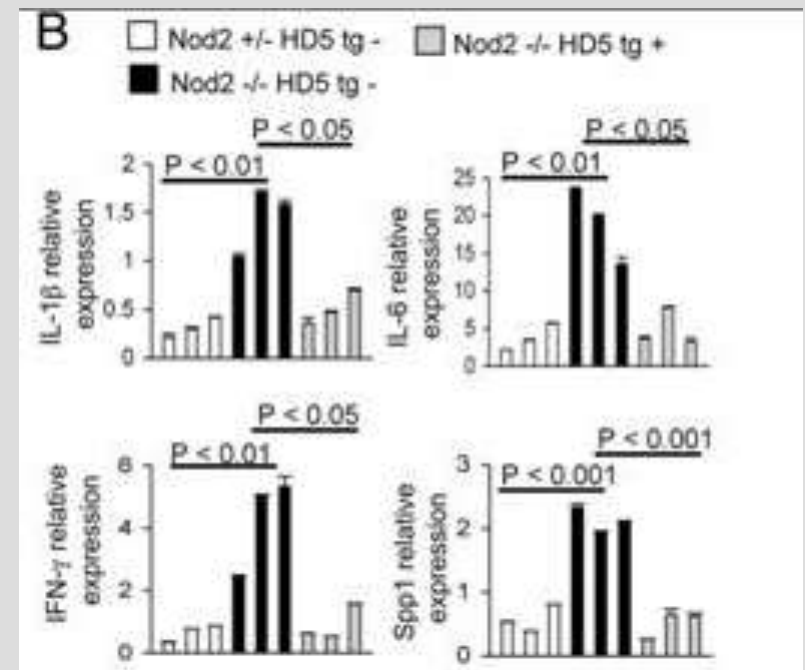
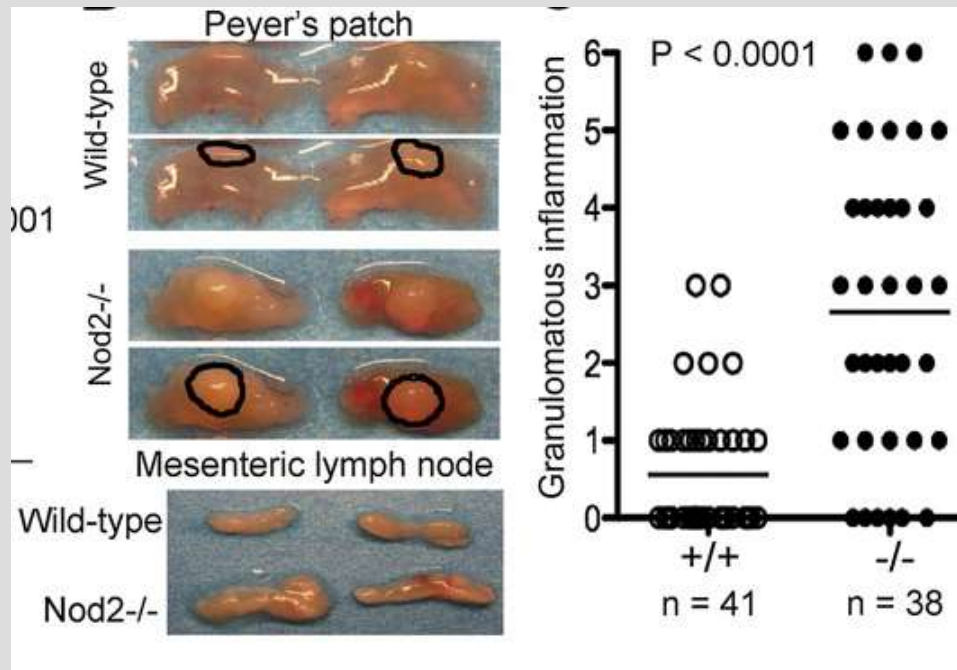
NOD2 mutations found in 15% Crohn's patients and associated with diminished mucosal α -defensin expression

>> reduced control of luminal bacteria ??



Traditional view 2: epithelium is only a barrier...

NOD2- mice develop H. hepaticus granulomatous ileitis in Peyer patches, reversed in transgenic human defensin mice

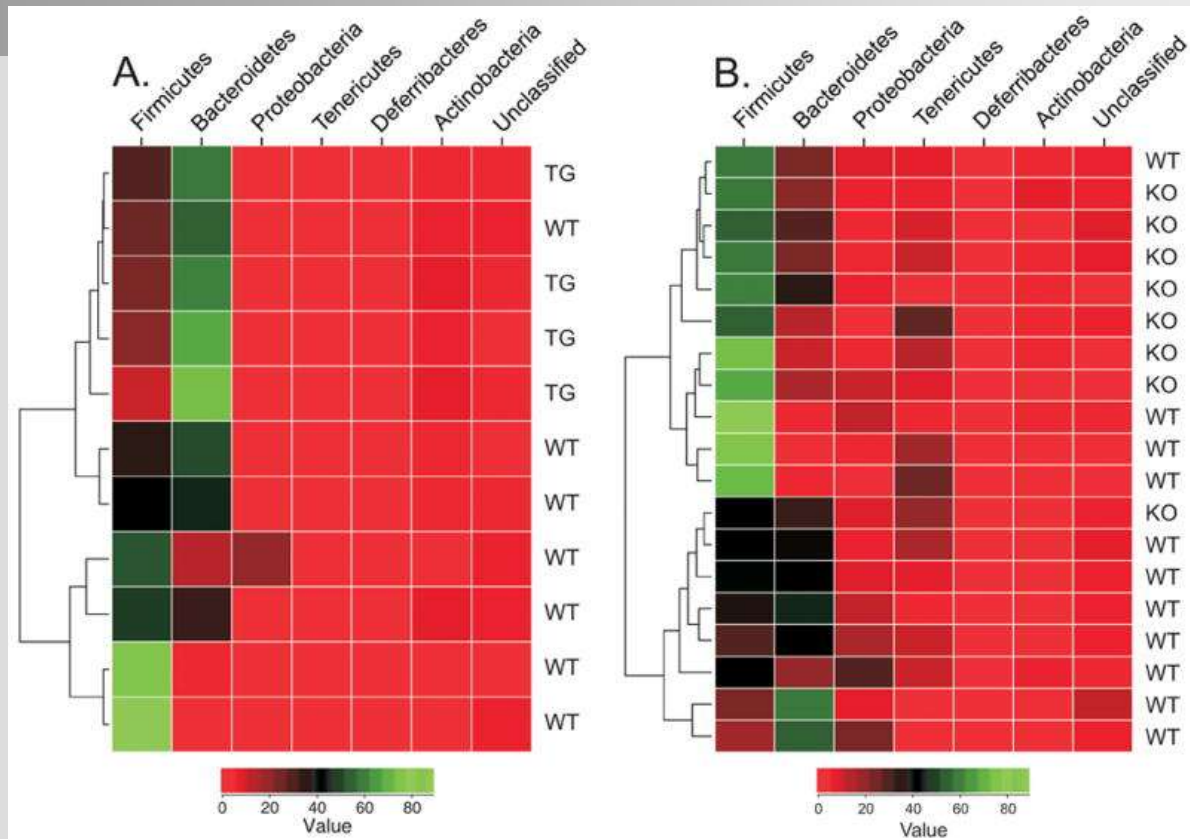


WT bone marrow transfer does not restore function >> Epithelial dependency

Biswas A, PNAS 2010

Traditional view 2: epithelium is only a barrier...

The α -defensins impact the microbial composition of the gut

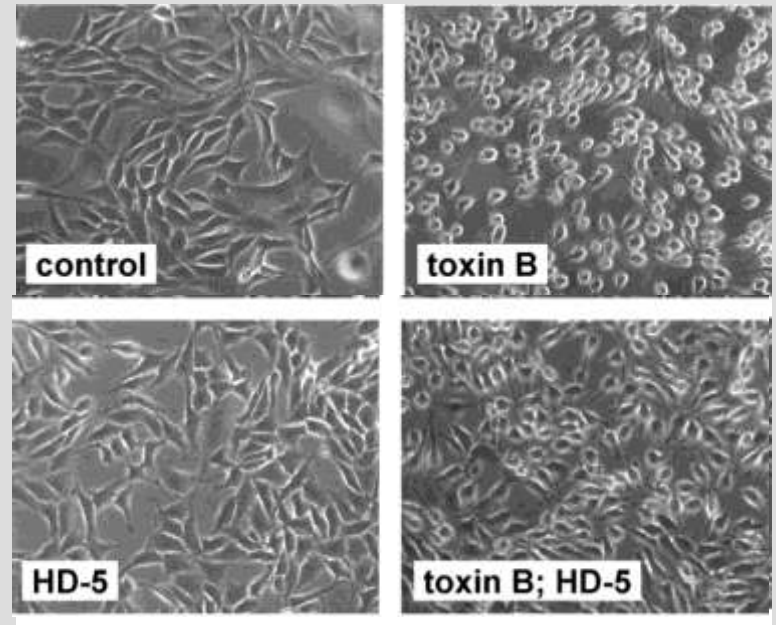
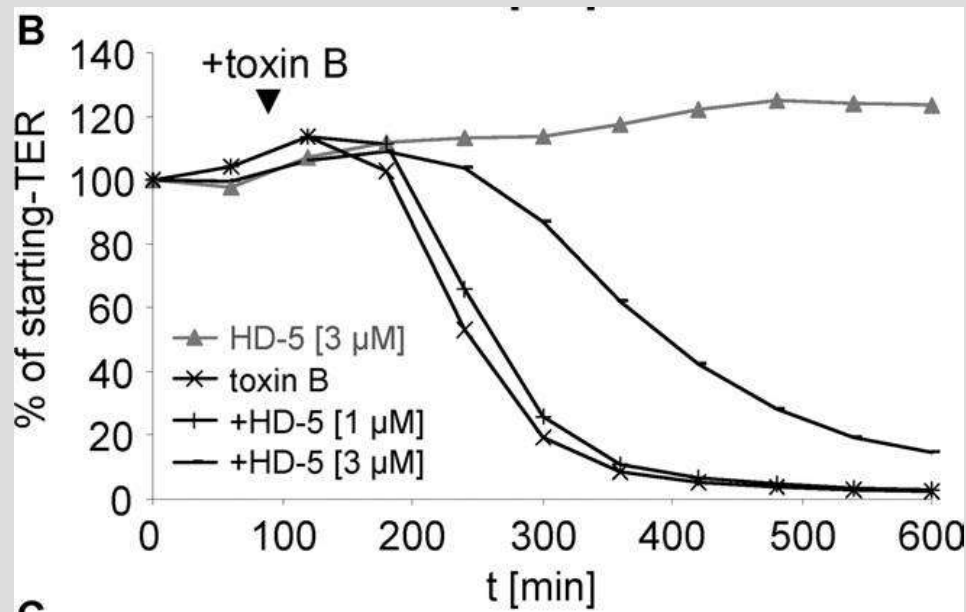


Defensin Knock-outs

Transgenic defensin mice

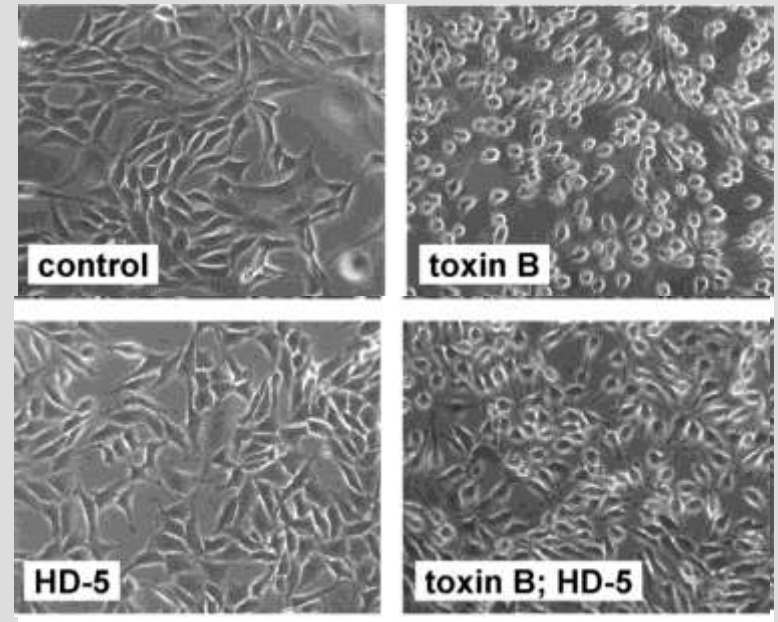
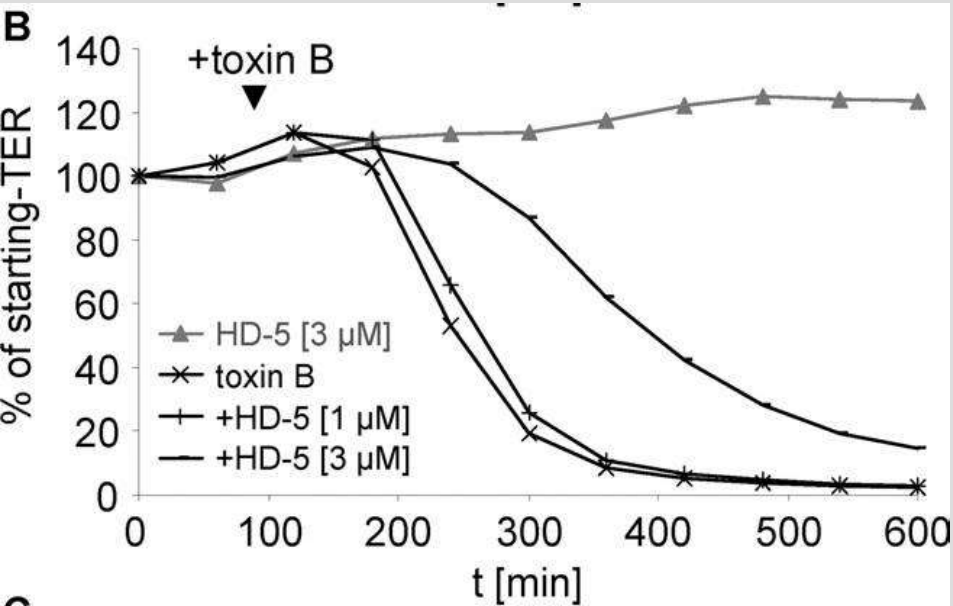
Traditional view 2: epithelium is only a barrier...

Pre-incubation of intestinal epithelium with α -defensins ameliorates *C.difficile* Toxin B injury



NEW view 2: epithelium is a barrier...but also an immune organ

Pre-incubation of intestinal epithelium with α -defensins ameliorates C.difficile Toxin B injury



NEW view 2: epithelium is a barrier...but also an immune organ

Intestinal enterocytes induce expression of FoxP3 in activated CD4⁺ cells and expansion of Treg population

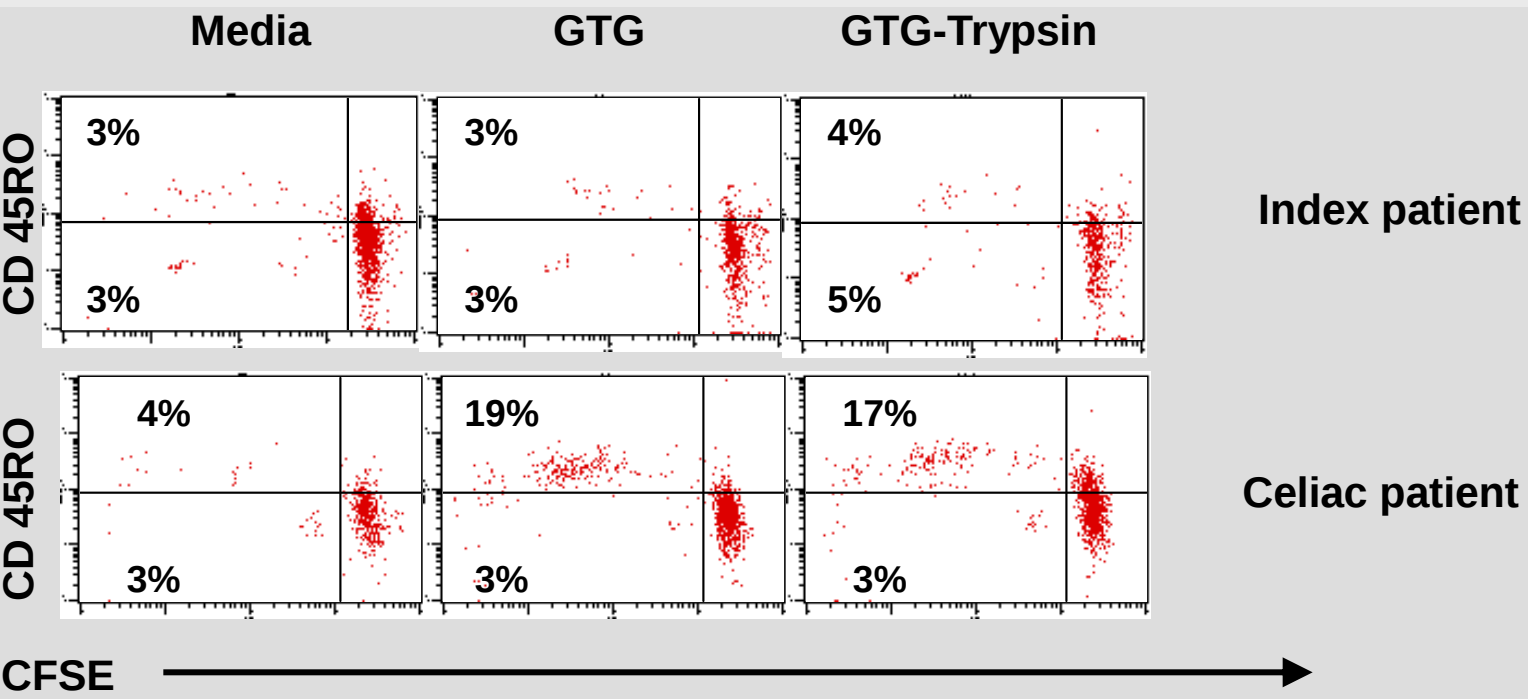
Dotan I, Am J Gastrointest Physiol, 2008

Intestinal enterocytes up-regulate MICA expression and IL-15 secretion leading to Intra-epithelial CD8⁺ T-cell activation and epithelial damage after exposure to gliadin in celiac

Kagnoff MF, J Clin Invest 2007

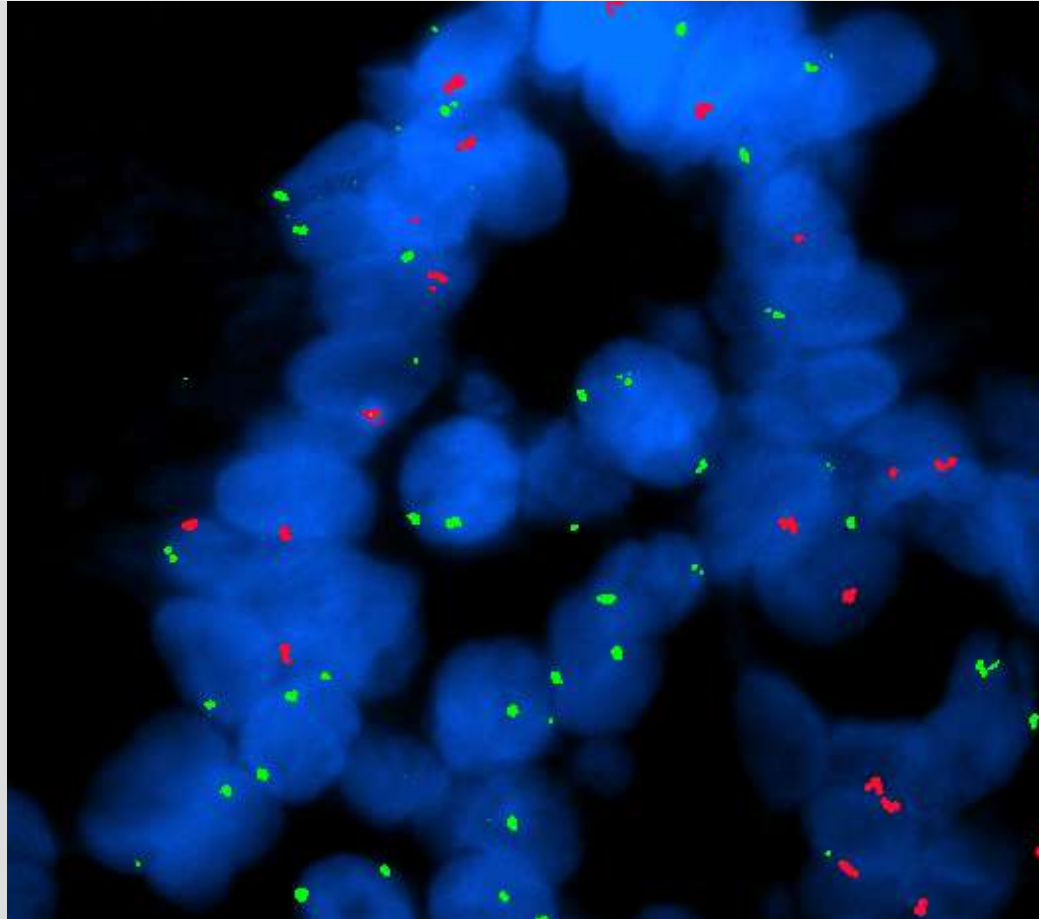
NEW view 2: epithelium is a barrier...but also an immune organ

In a bone-marrow transplanted celiac :
No immune memory to celiac antigens



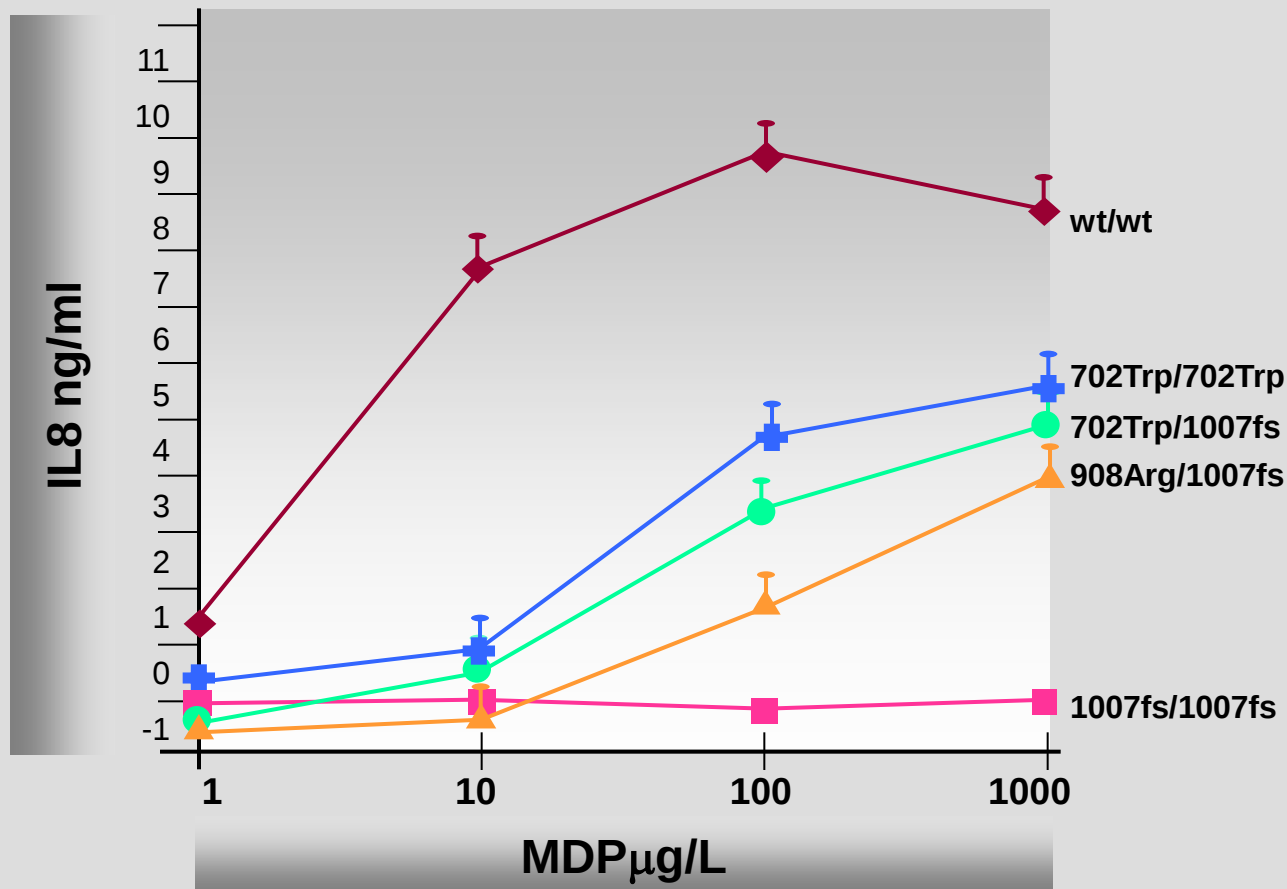
NEW view 2: epithelium is a barrier...but also an immune organ

In a bone-marrow transplanted celiac :
Intestinal epithelial-lymphocyte chimerism

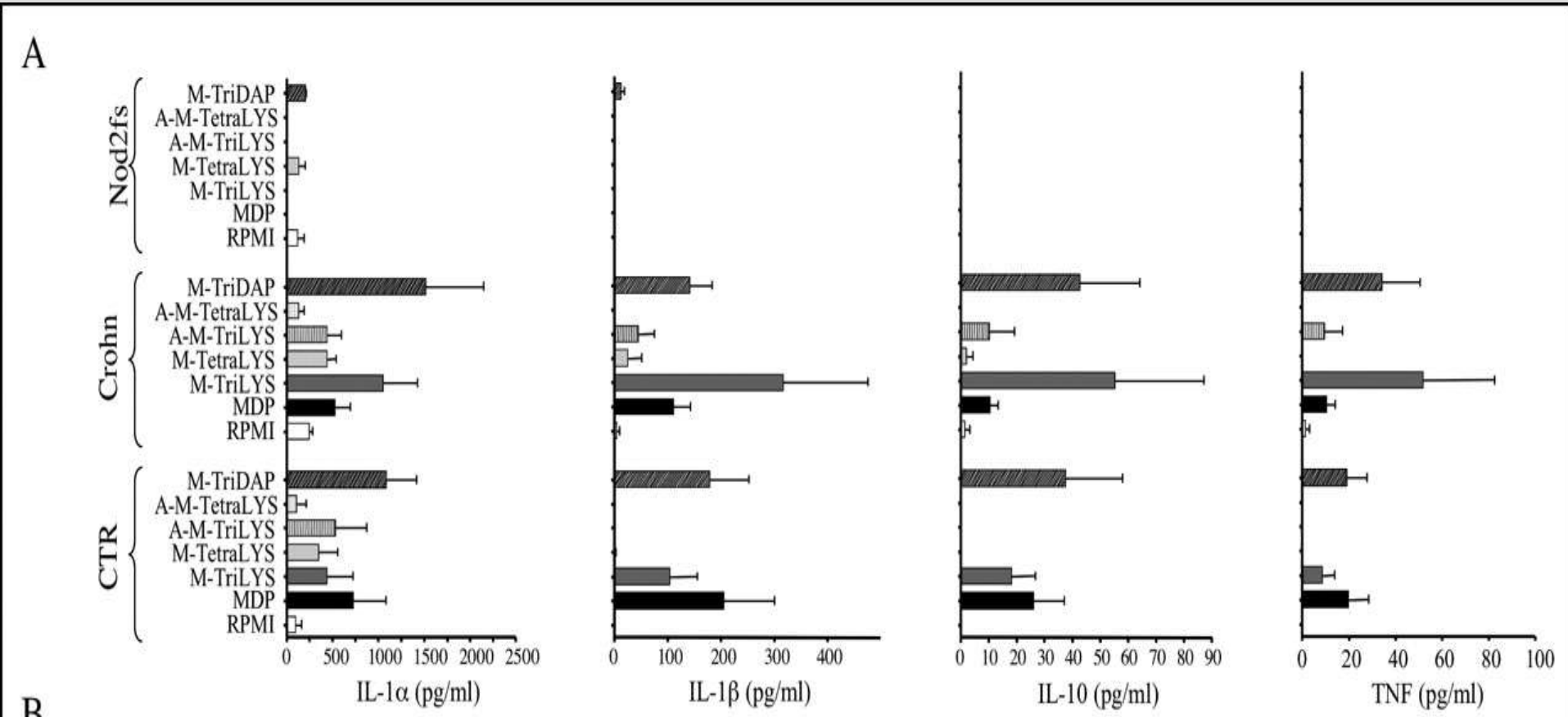


Ben-Horin S et al, Submitted

Mutated NOD2 Monocytes Mount Defective Immune Responses: Innate system dysfunction in Crohn's disease?

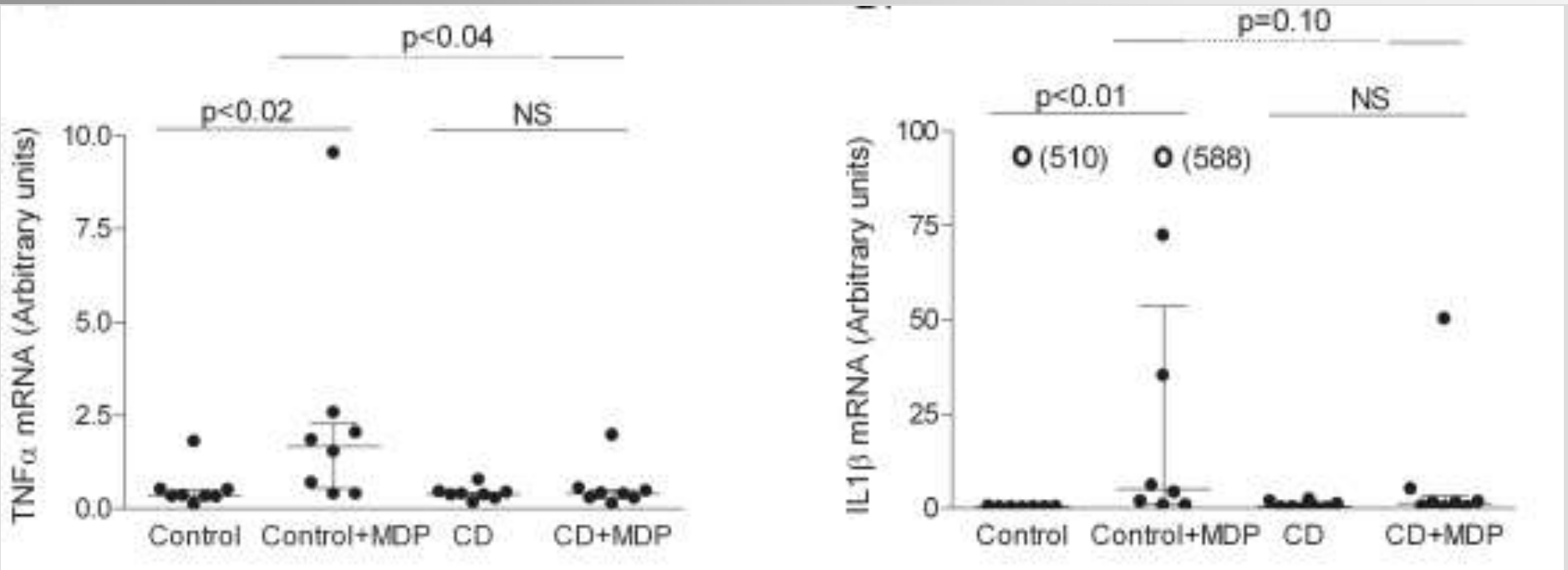


PBMCs' response to MDP and peptidoglycans is reduced in Crohn's patients homozygous for the NOD2 mutation (Nod2fs) compared to controls (CTR) & Crohn's patients without defects in Nod2 (Crohn)

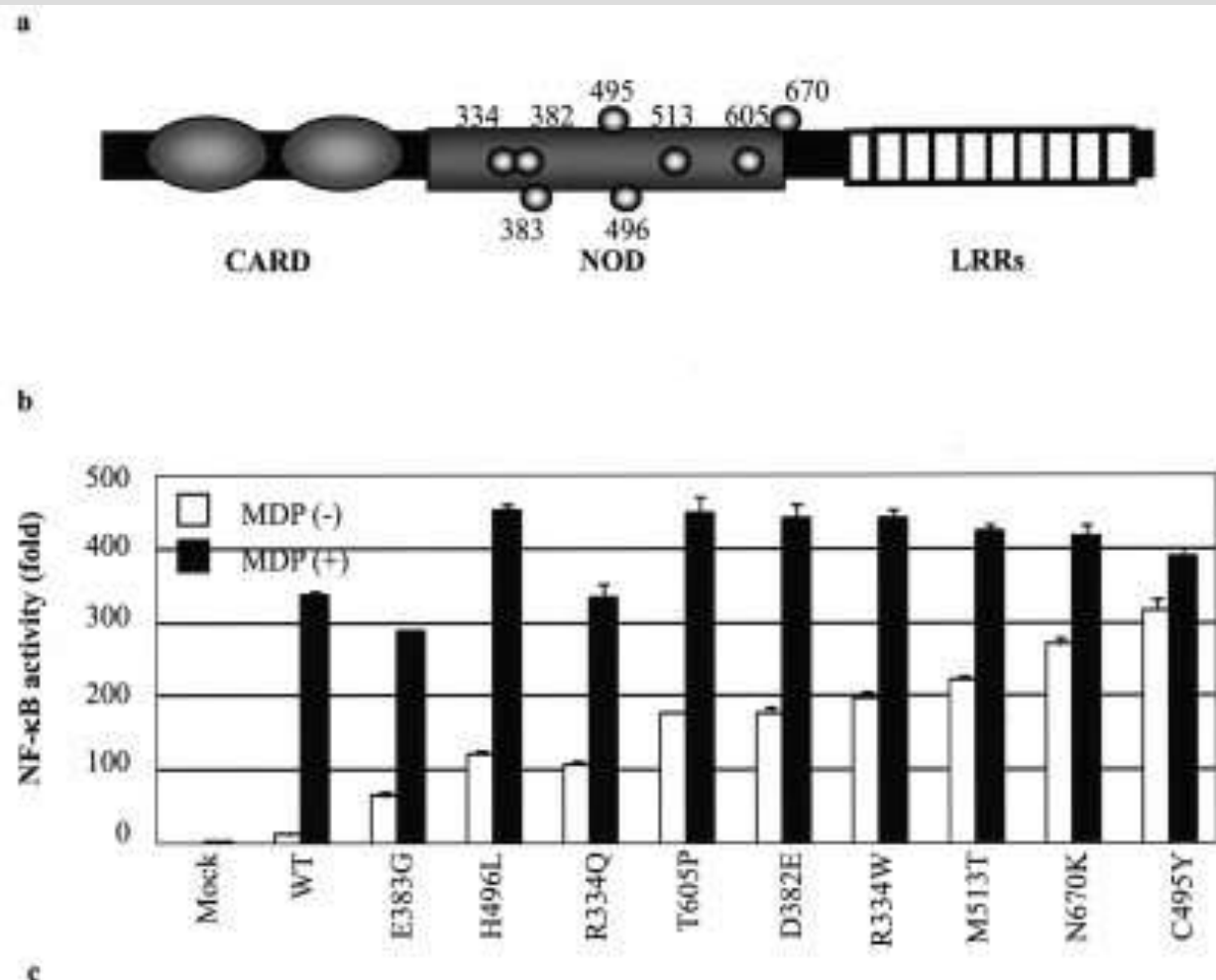


Traditional view 3: Crohn's disease is an immune hyper-activity disorder...

Diminished response to MDP is also present in monocytes from Crohn's patients without NOD2/CARD15 mutations

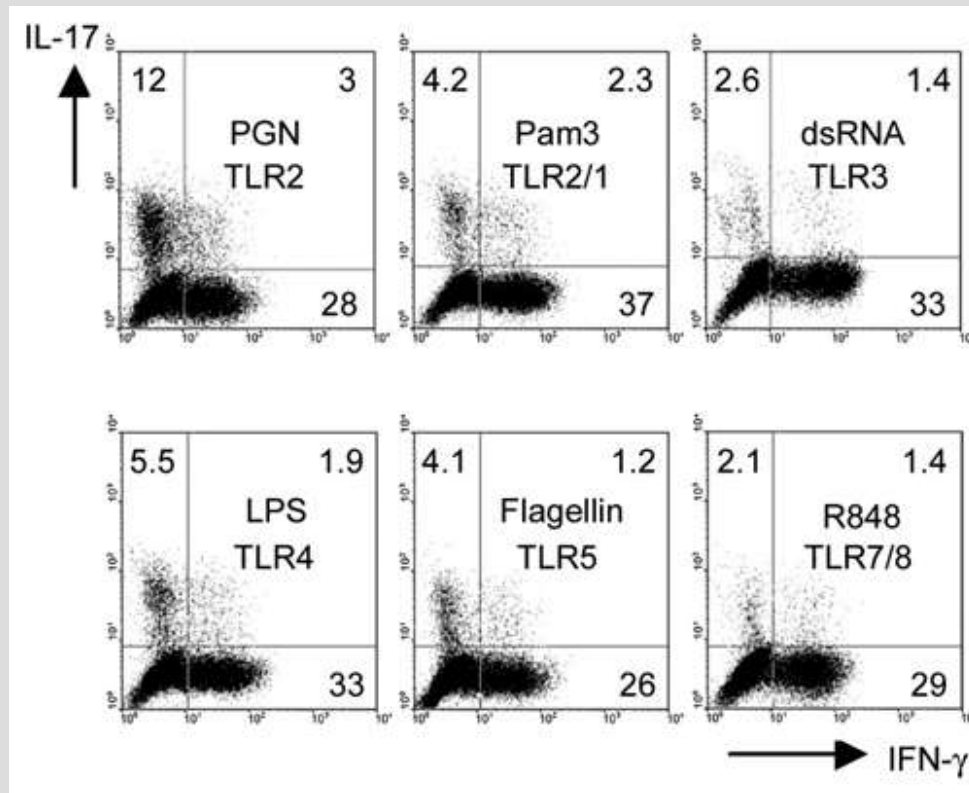


NOD2 activating mutations cause constitutive NF κ B activation and early-onset sarcoidosis (Blau syn)



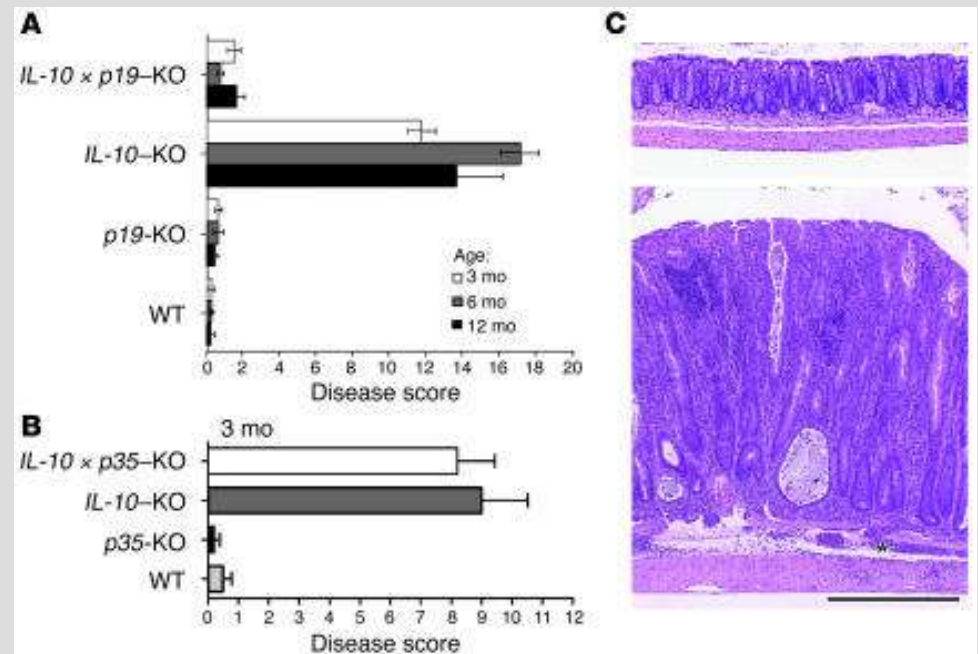
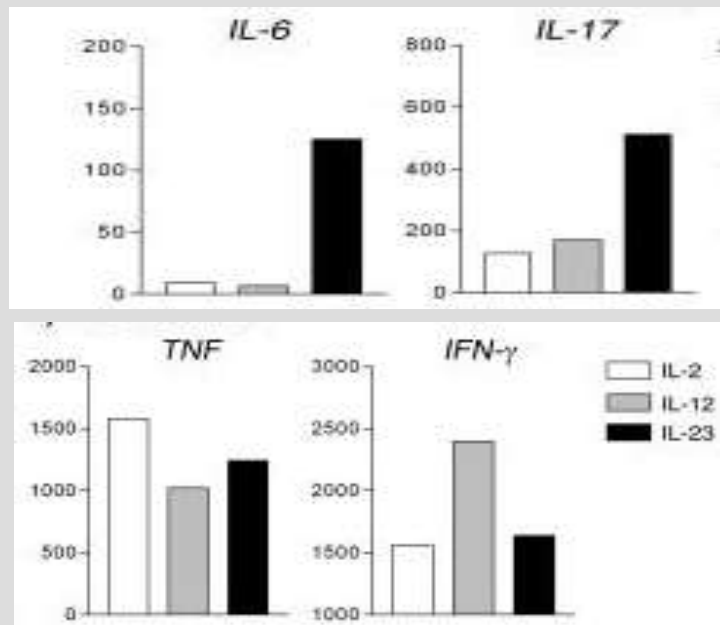
Traditional view 3: Crohn's disease is an immune hyper-activity disorder...

TLR2 & NOD2 signaling cause dendritic cells to induce IL-17 expression by memory T-cells

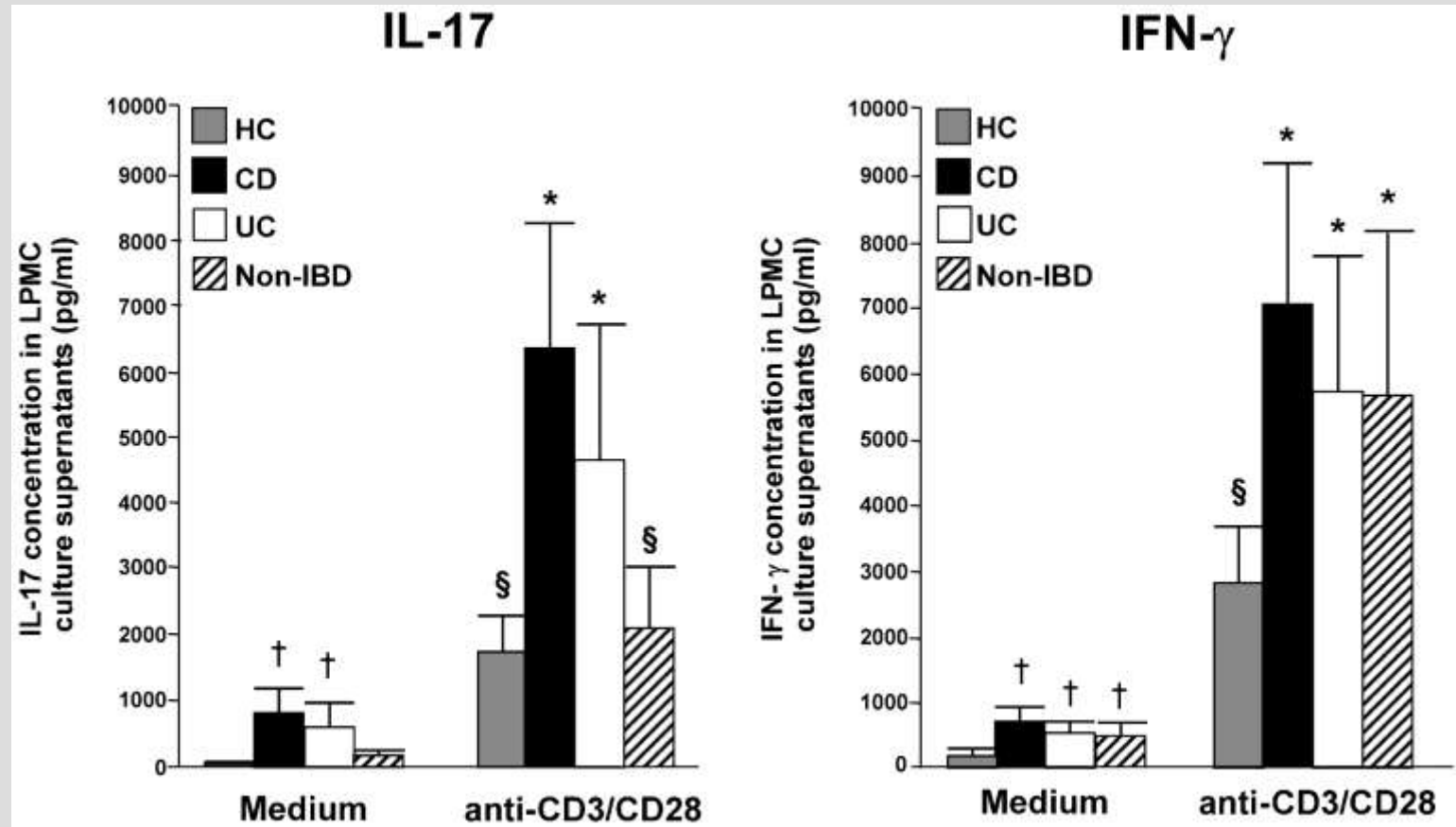


Van Beelen AJ, Immunity 2007

Th17 memory T-cells are induced by IL-23 and mediate intestinal inflammation in IL-10 KO mice model



Secretion of IL17 by lamina propria mononuclear cells (LPMCs) is increased in patients with Crohn's disease (CD) & ulcerative colitis (UC) compared to non-IBD patients and healthy controls (HC)

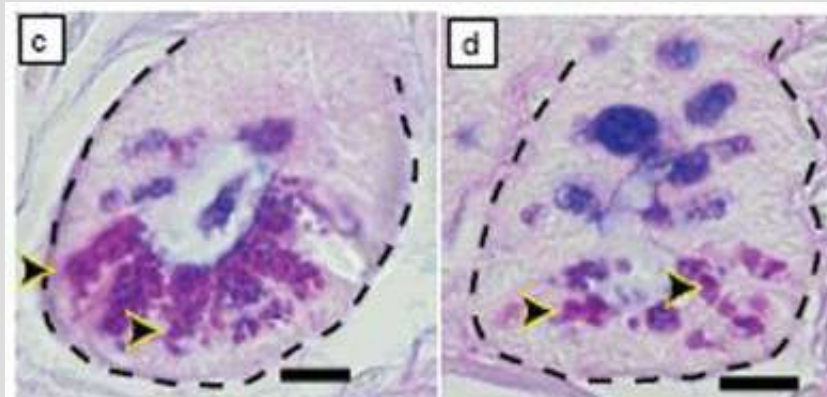


Traditional view 3: Crohn's disease is an immune hyper-activity disorder...

Defective Autophagy in ATG16L1 mutated mice & Crohn's patients results in disordered paneth cells and reduced lysozyme secretion

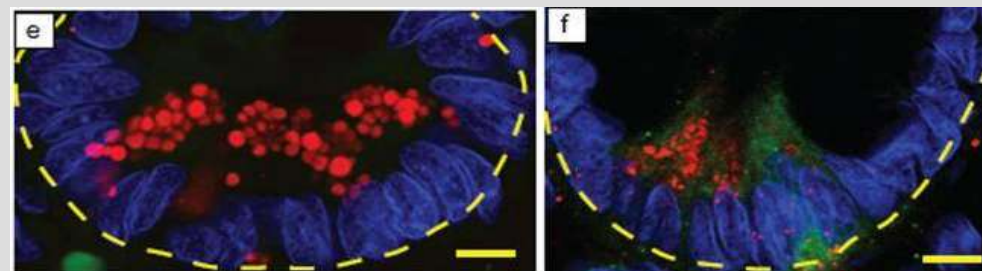
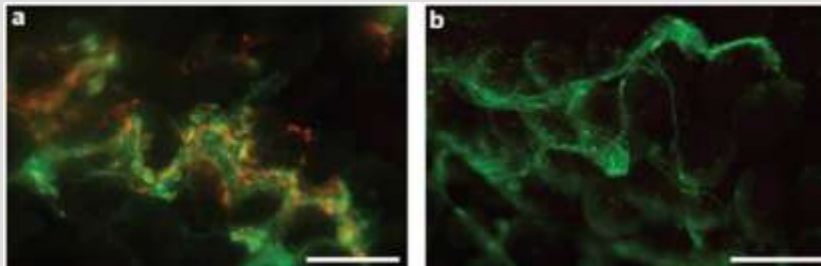
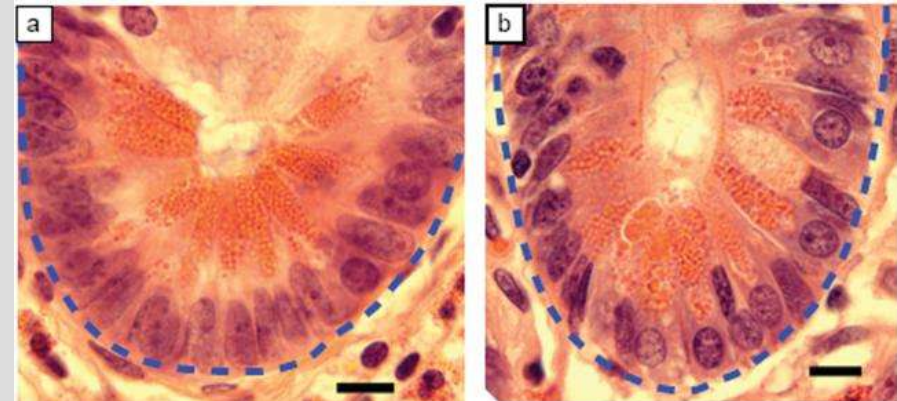
Wild type

ATG knock-out



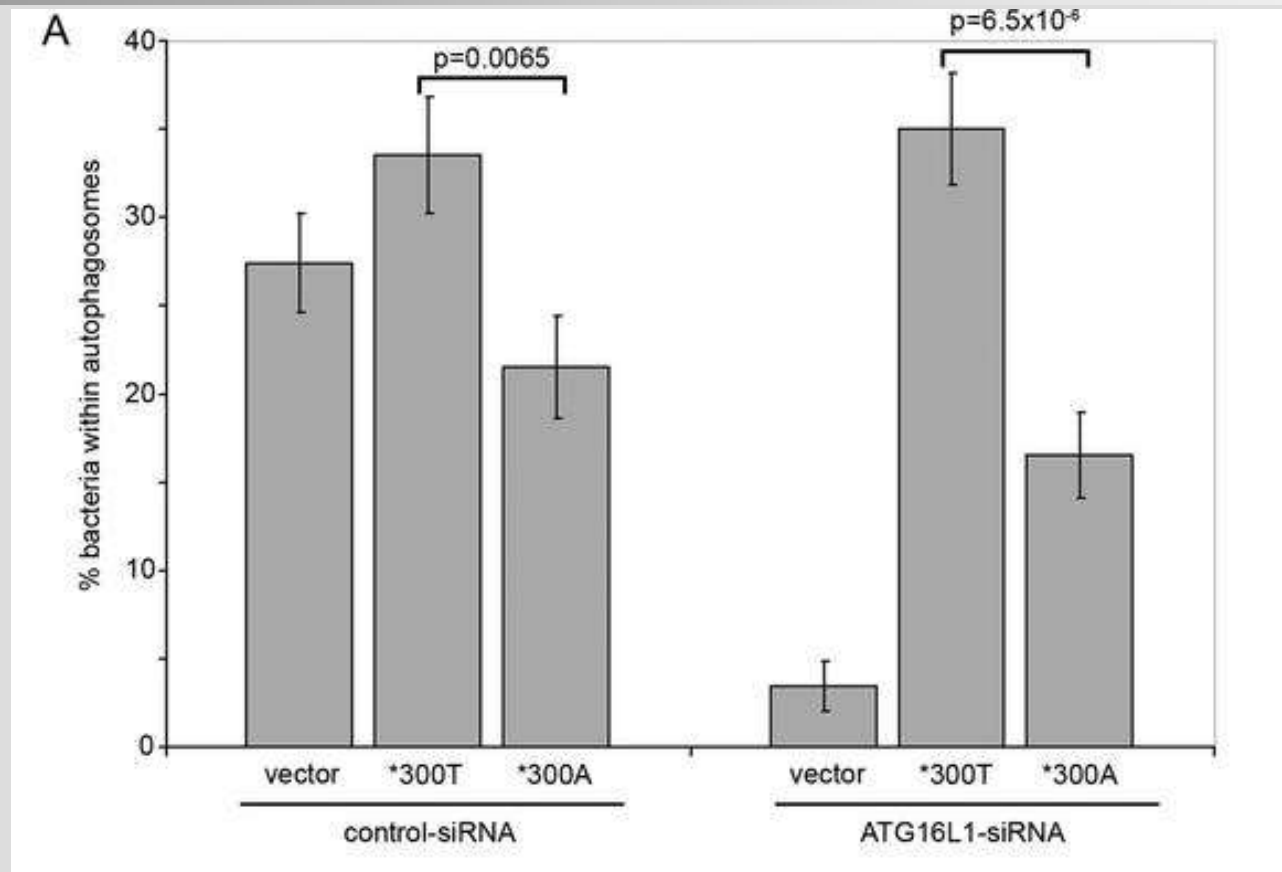
Crohn's
without ATG16L1
mutation

Crohn's
with ATG16L1
mutation

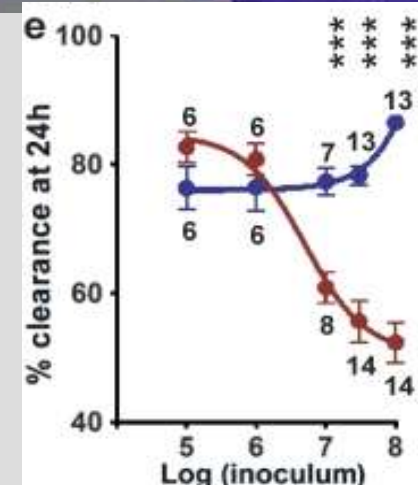
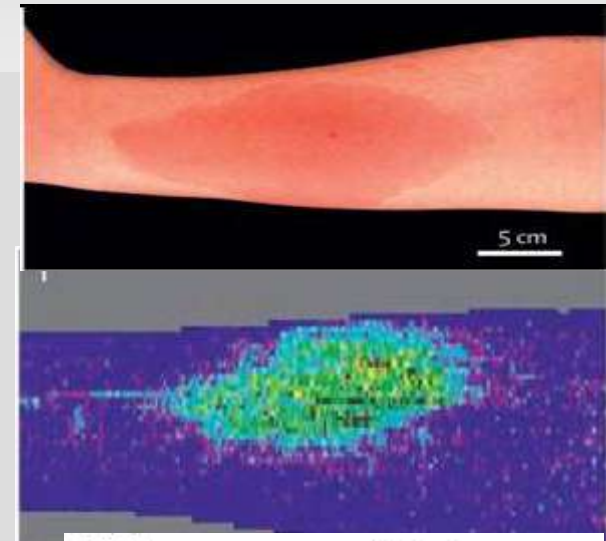
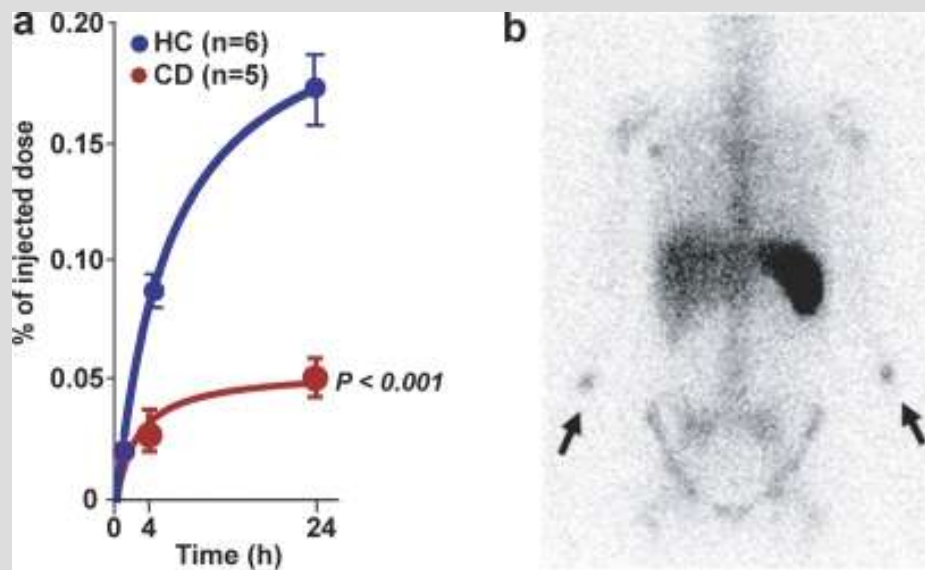


Cadwell K, Nature 2008

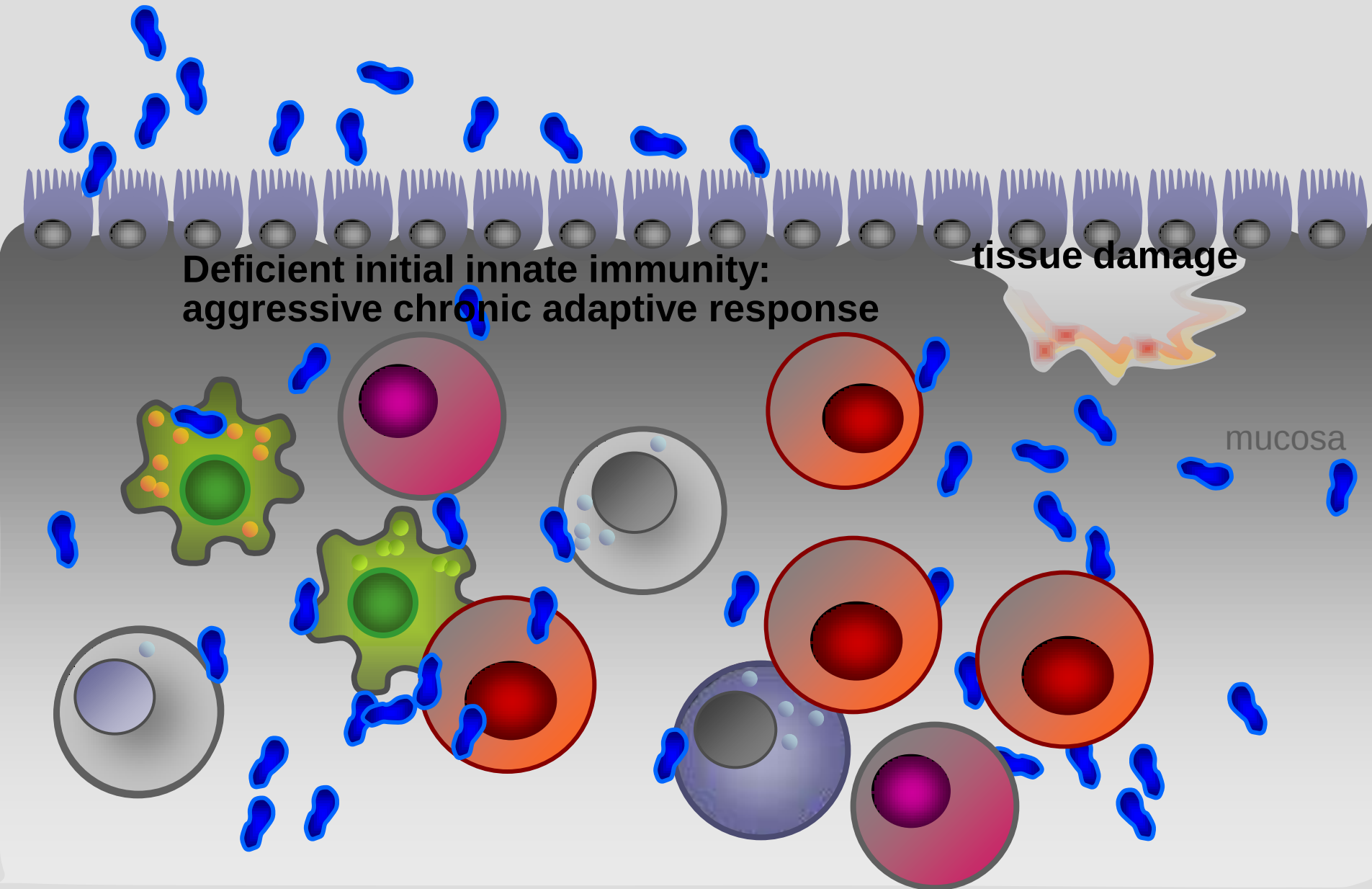
siRNA silencing of ATG16L1 results in reduced *Salmonella* Typhimurium internalization into autophagosome



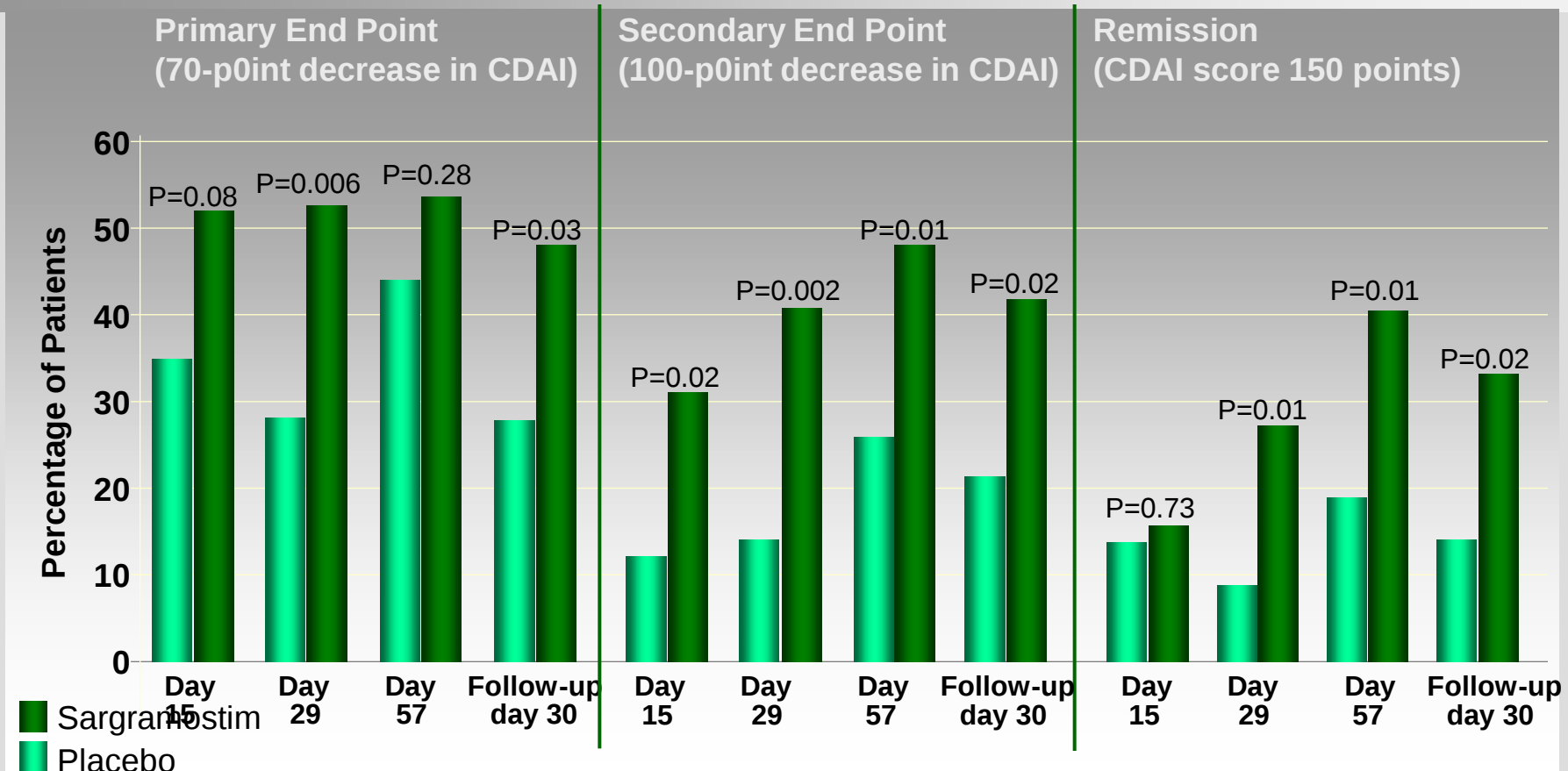
Crohn's patients in remission have decreased recruitment of PMN & reduced clearance of E.coli injected into forearm



Deficient Innate Immunity in Crohn's disease ?

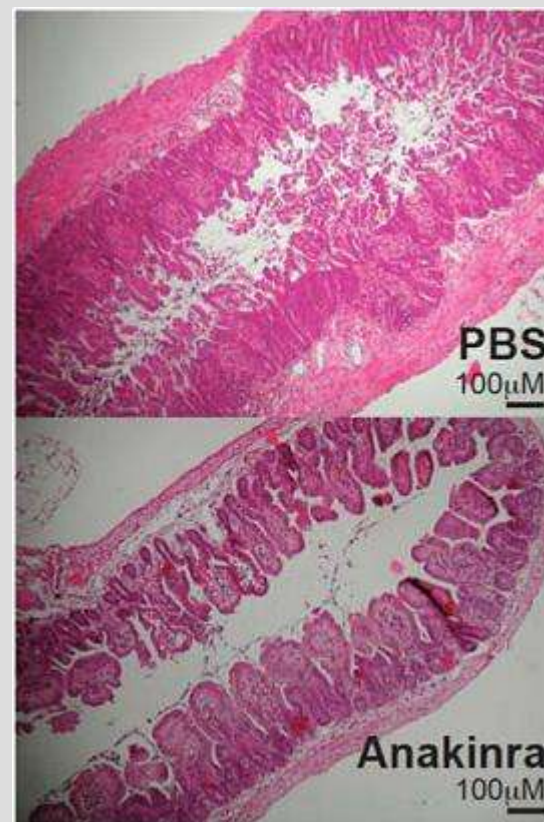
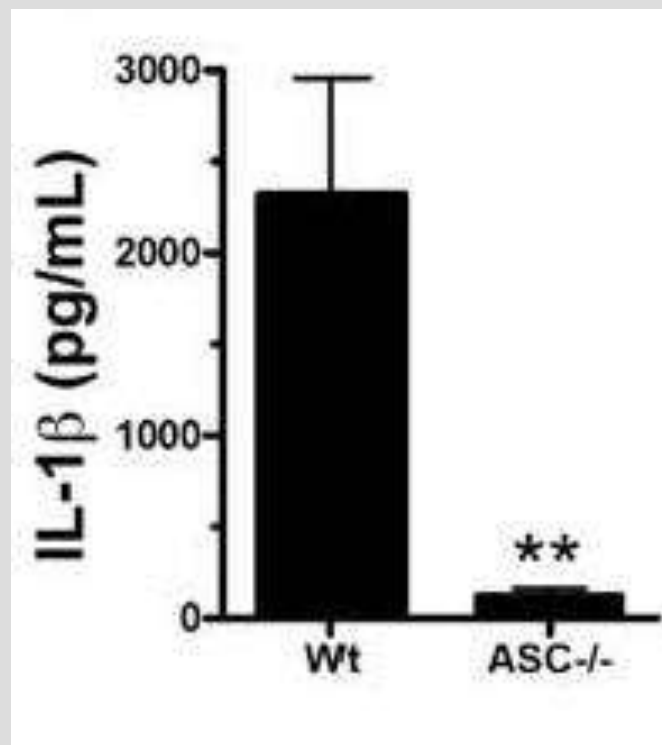


GM-CSF Confers Therapeutic Advantage in Crohn's Disease



Traditional view 3: Crohn's is immune hyper-activity....But CDAD is not..... ?

TcdA & TcdB trigger IL-1 β secretion by NLRP
intra-cellular inflammasome, and disease is
reversed by IL-1 β blockade



Transforming normal colon to inflammation



Immune in-adequacy



Immune hyper-reactivity



Thank you for your attention