

Signal transduction molecules as targets for therapy

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Stysteemziekten Symposium 3-2-2023

Disclosures

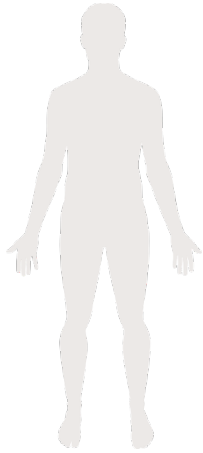
(potentiële) belangenverstremgeling	Zie hieronder
Voor bijeenkomst mogelijk relevante relaties met bedrijven	Bedrijfsnamen
<ul style="list-style-type: none">• Sponsoring of onderzoeksgeld• Honorarium of andere (financiële) vergoeding• Aandeelhouder• Andere relatie, namelijk ...	<ul style="list-style-type: none">• AstraZeneca, UCB, Celgene, Lilly, Galvani bioelectronics,• MSD, AbbVie, BMS, Pfizer, Sobi, Roche, UCB, Arthrofen••

Translational immunology research

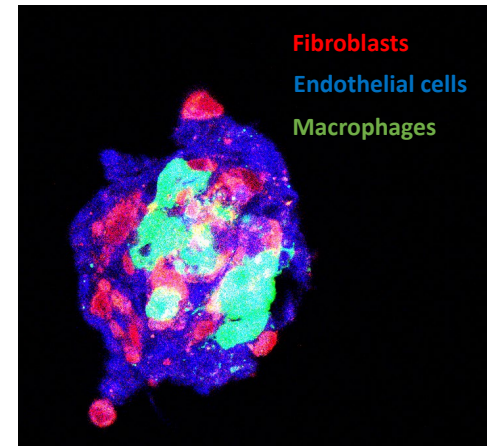
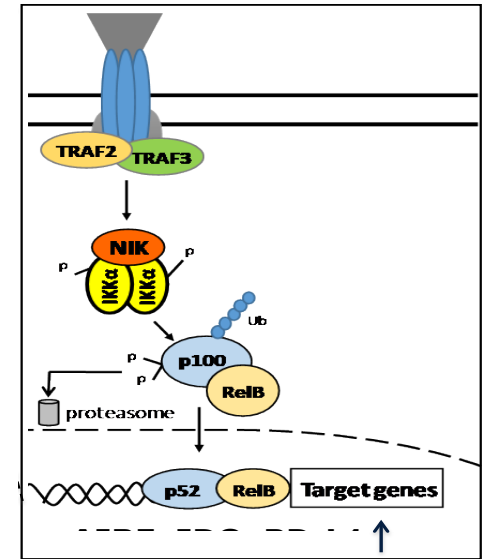
Research focus:

- NF- κ B signaling and other signal transduction pathways in chronic inflammatory diseases
- Regulatory mechanisms in chronic inflammation

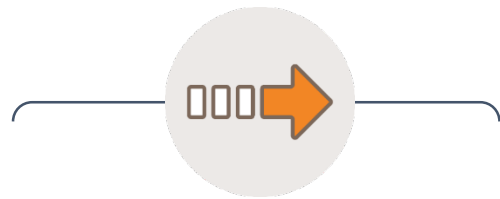
Different approaches



- Target discovery via unique patient materials (a.o. scRNAseq)
- Functional *in vitro* assays and *in vivo* studies (a.o. PBMC/B cell assay, synovial tissue organoids, animal models, 3D ultramicroscopy)
- ‘Mechanism of action’ studies and strategy trials in IMIDs
- Innovative novel treatment strategies:
 - *In vivo* DC vaccination (DC4Balance)
 - N. splenica plexus stimulation (Galvani bioelectronics)



Technological developments: more insight into the pathogenesis of autoimmune diseases



Starting point

Pathophysiology of autoimmune diseases not fully elucidated

Serological biomarkers hitherto rather disappointing for prediction of treatment response



Tissue is the issue

Profiling of different compartments of the immune system: more insight into pathophysiology

Synovial pathotype/molecular signature (RNAseq): prediction of treatment response in individual patients

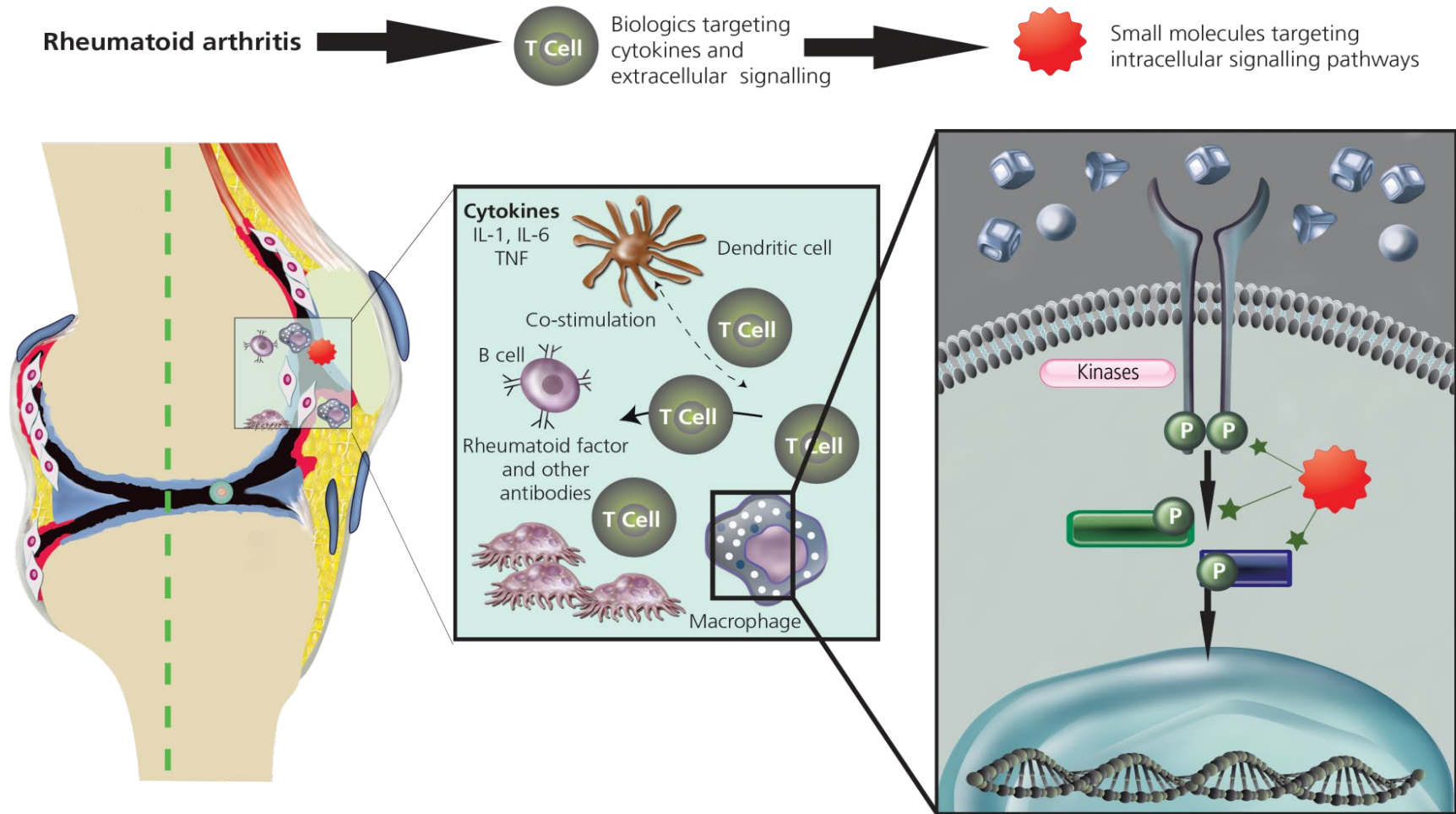


Strategy trials

Stratified treatment based on unique tissue characteristics (pathotype and/or gene signature)

Non-invasive techniques to determine characteristics of the inflammatory process → optimal treatment choice

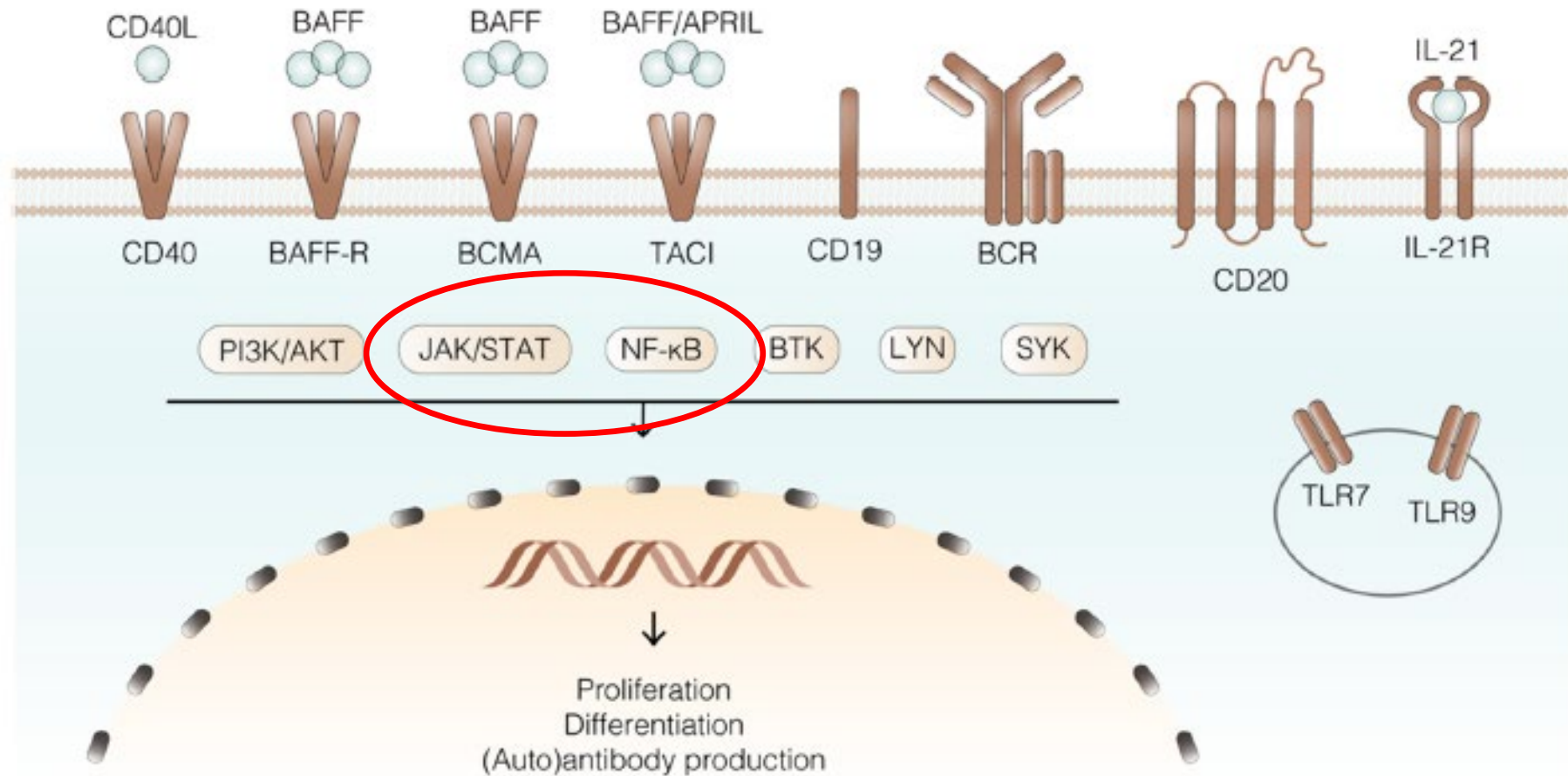
Extra- and intracellular targets in rheumatology



1. Smolen JS et al. *Nat Rev Drug Discov* 2003;2:473–488.
2. van Vollenhoven RF. *Nat Rev Rheumatol* 2009;5:531–541.
3. Ghoreschi K et al. *Immun Rev* 2009;228:273–287.



Intracellular signalling pathways



Part I:

NF- κ B signalling in ANCA-associated vasculitis

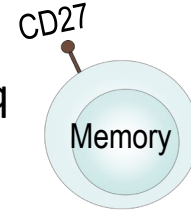


Pathophysiology and target discovery: B cells in AAV

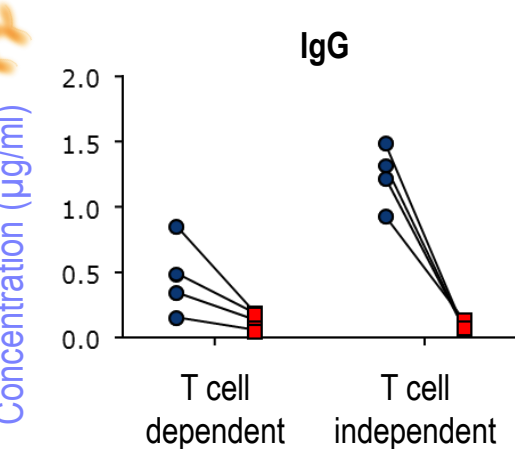
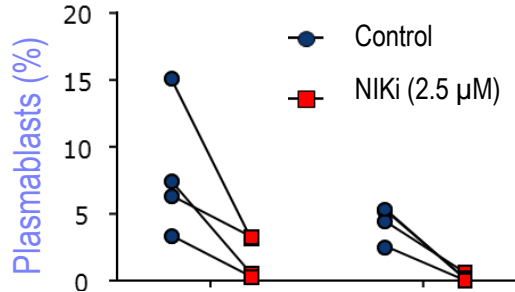
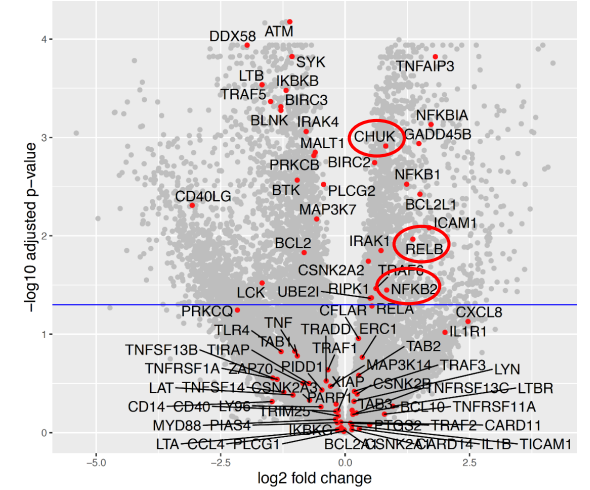


Blood sample

RNAseq
B cells

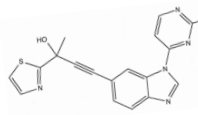


B mem - ACT vs REM

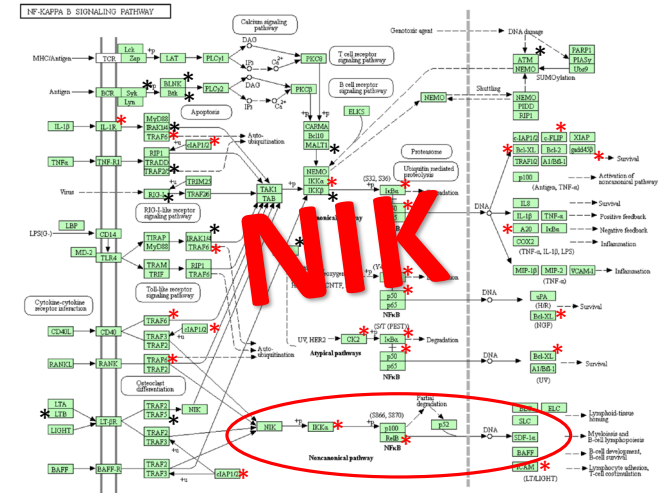


Target validation:
inhibition of B cell
responses

NIK inhibitor



Target
identification



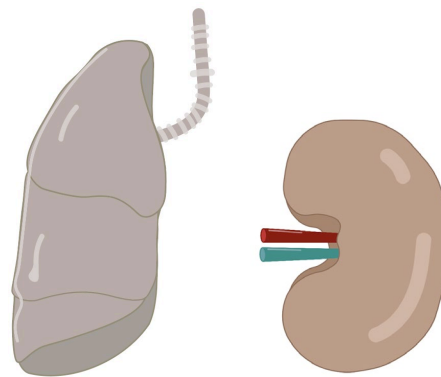
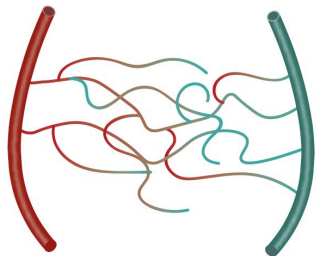
Merino Vico et al, manuscript in preparation



ANCA-associated vasculitis

Rare, systemic autoimmune disease

Small-size blood vessels

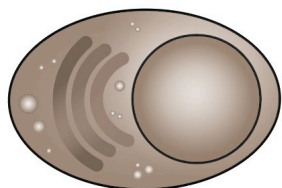


Pulmonary haemorrhage & kidney failure

ANCAs
(anti-neutrophil cytoplasmic antibodies)



Plasma cells



ANCAs



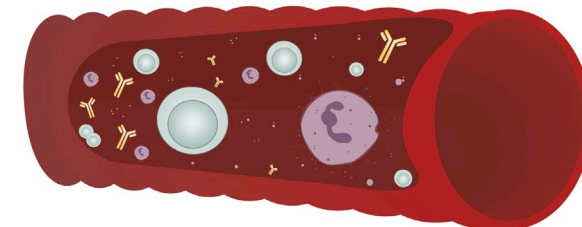
Neutrophil activation



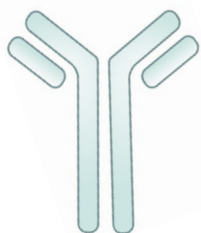
- Inflammatory cytokines
- Lytic enzymes



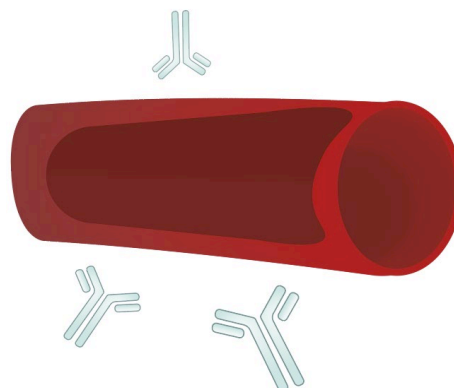
Endothelial damage



Rituximab (anti-CD20)



Circulating B cell depletion



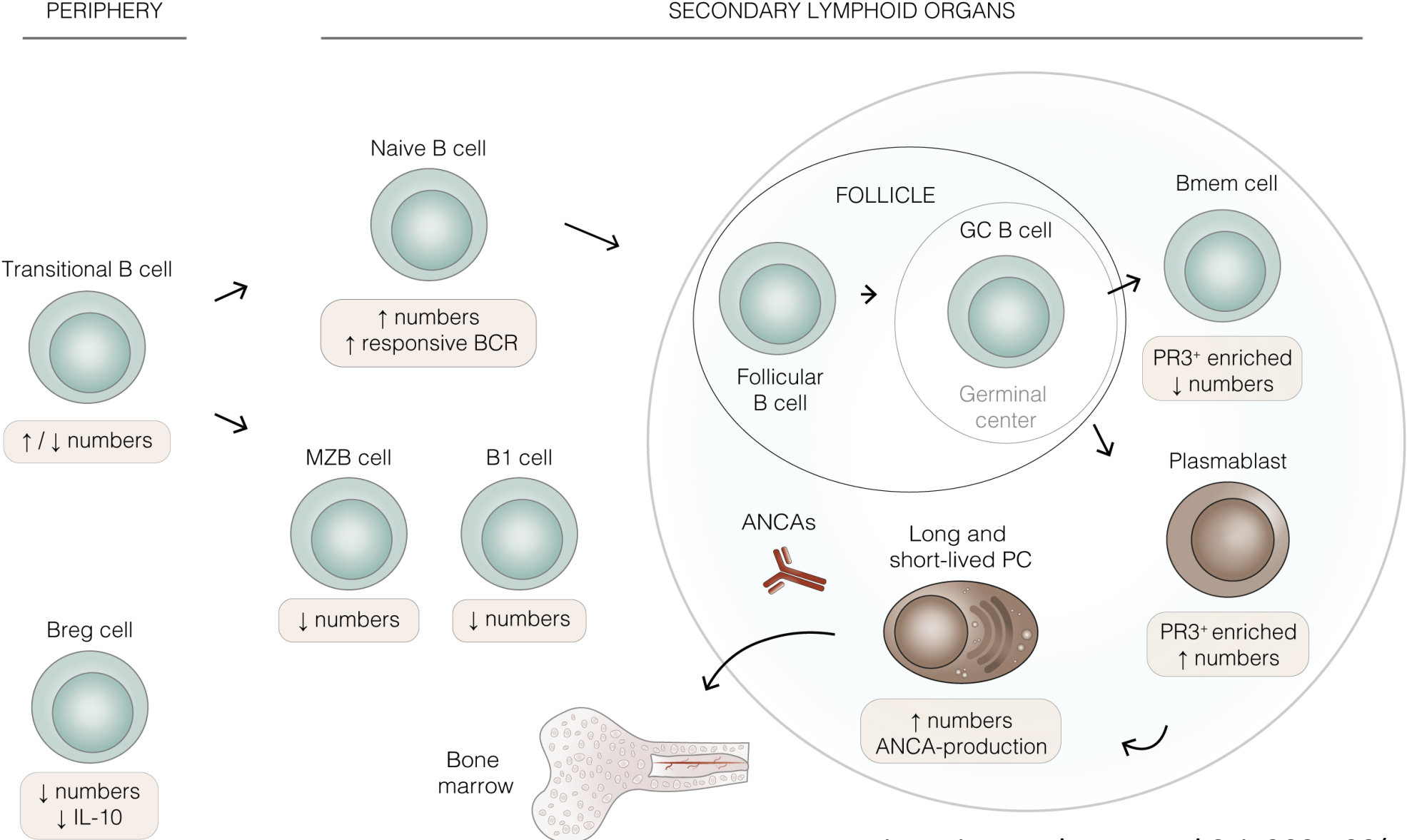
Disease remission

Rituximab is not perfect

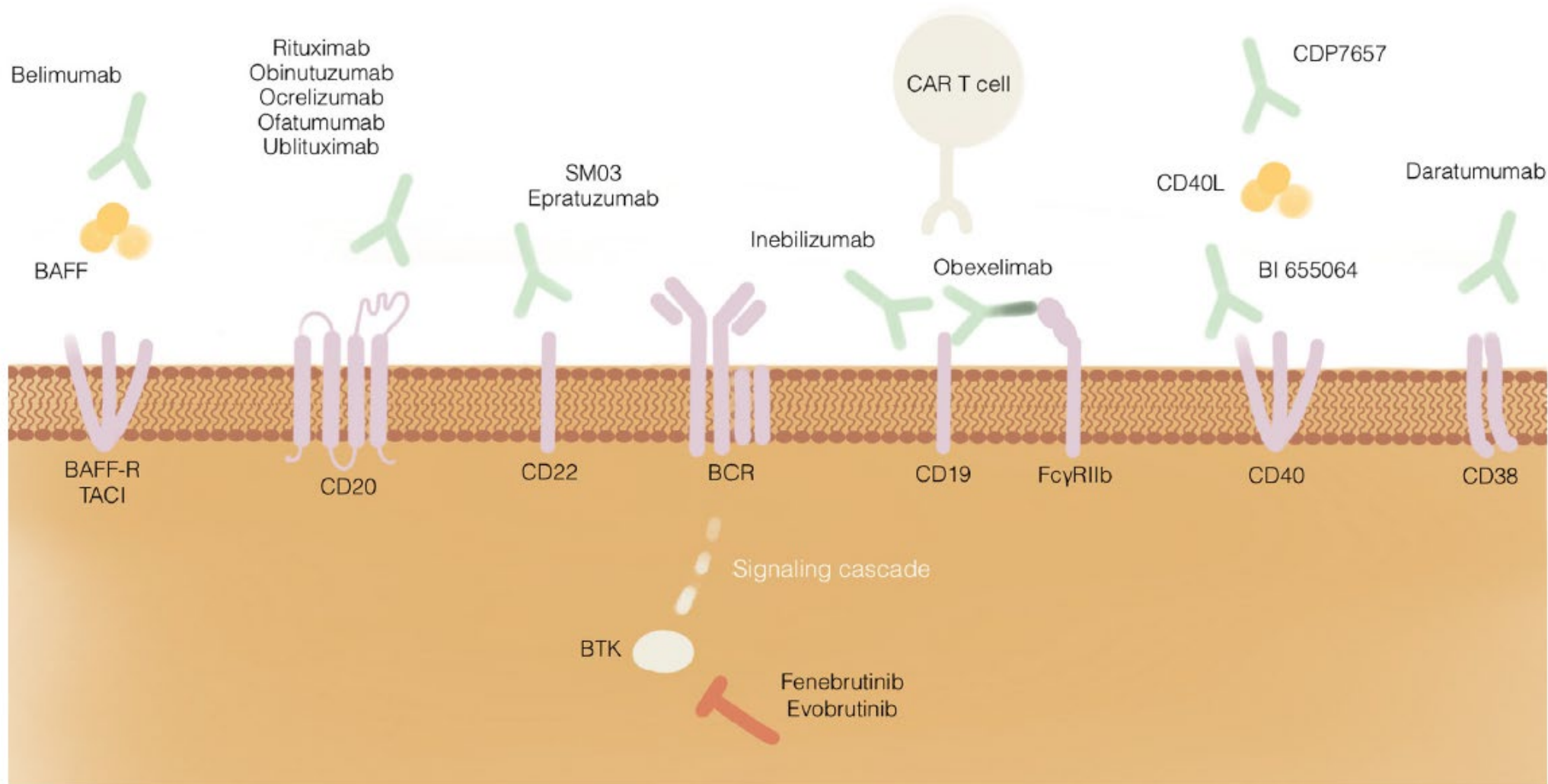


Improved treatment needed

B cell populations are dysregulated in AAV

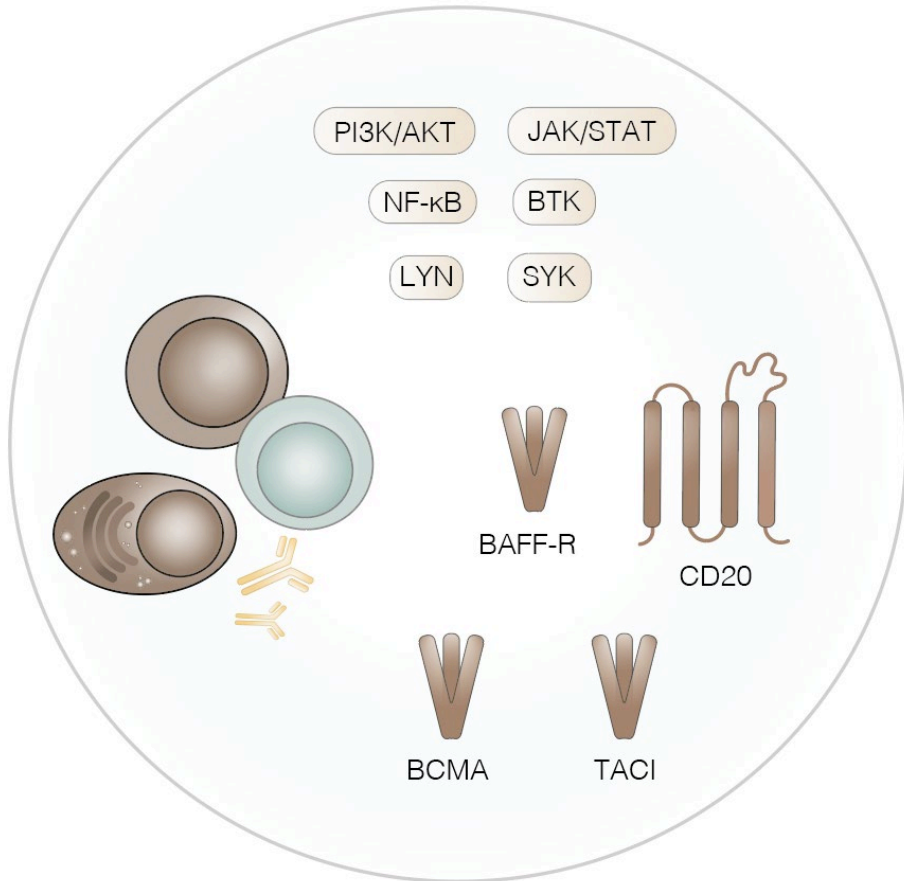


Targeting B cells and plasma cells

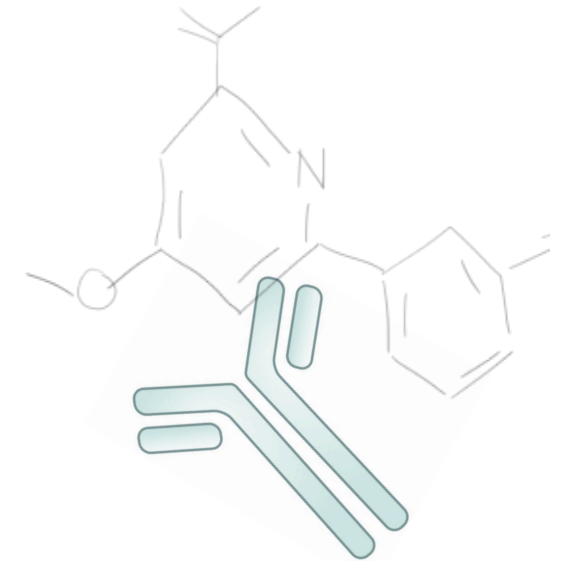


Are B cells and their signaling pathways functionally different in AAV patients compared to healthy controls?

Can we modulate their intracellular signaling more specifically?

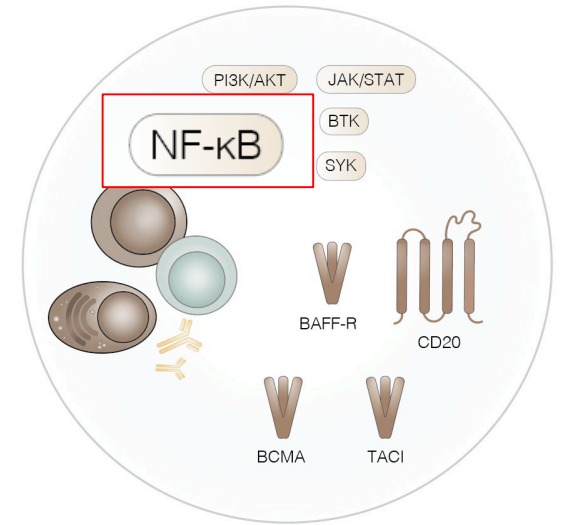


More specific targets?



NF- κ B associated genes are upregulated in memory B cells of patients with AAV and active disease

→ Can we modulate B cell response using small molecule inhibitors (SMI) of NF- κ B?

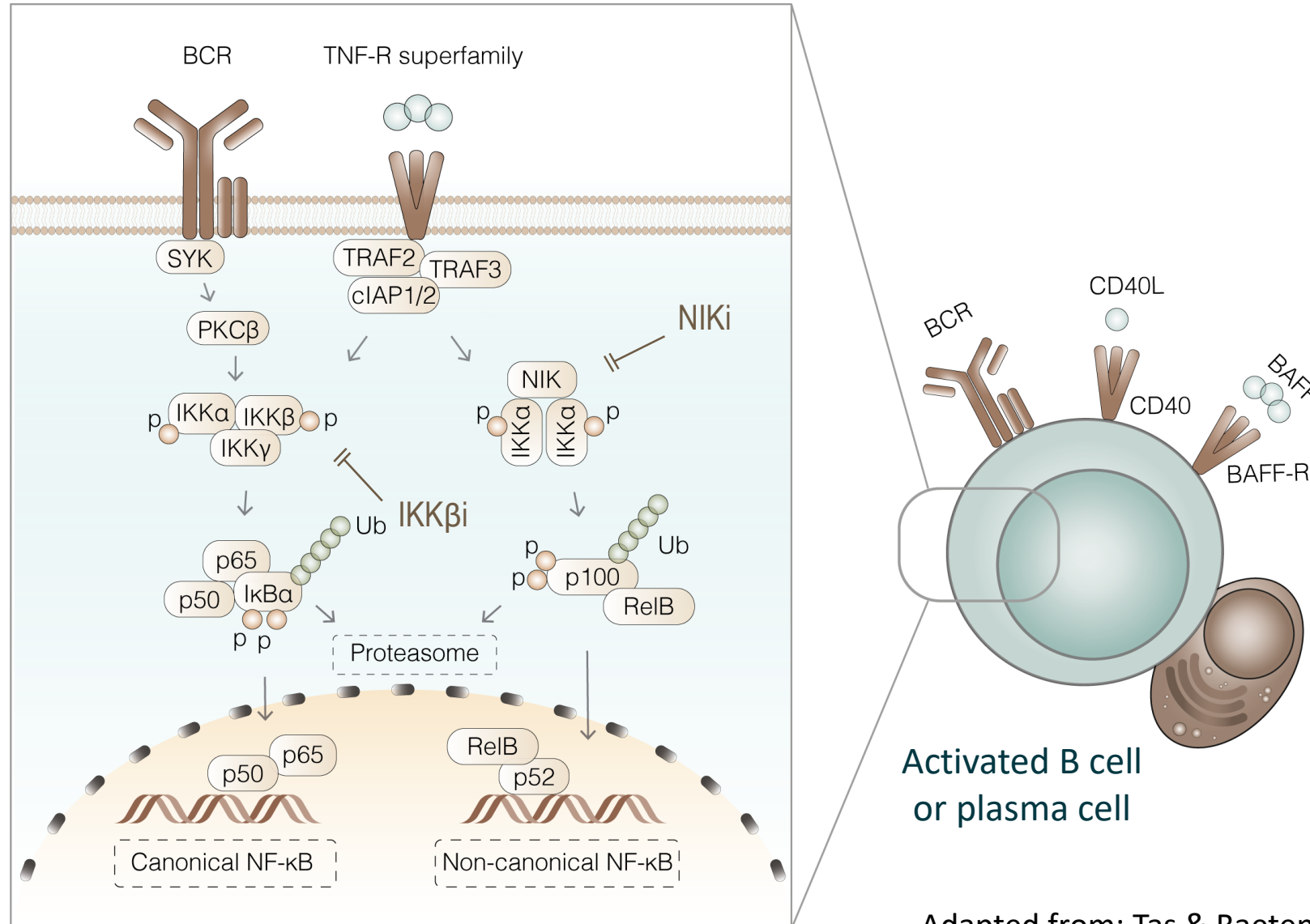


Advantages:

- *No long-term B cell depletion
(anti-CD20 or other cell-depleting therapies)*
- *SMI can reach long-lived PCs in the bone marrow*
- *Relatively short half-life: potentially less side-effects*



ANCA-associated vasculitis: targeting NF- κ B signaling



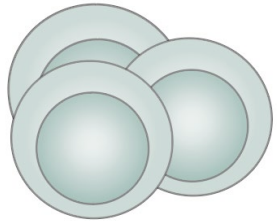
Adapted from: Tas & Baeten. Methods Mol Biol. 2016



Evaluating functional B cell responses



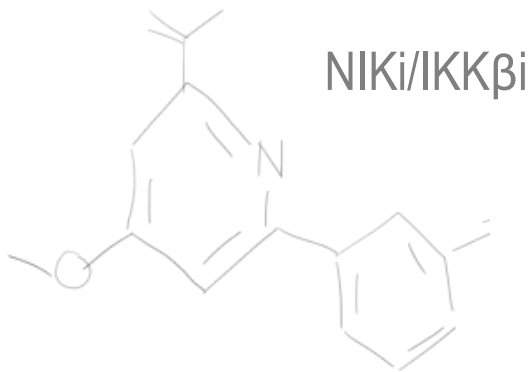
Functional B cell assay



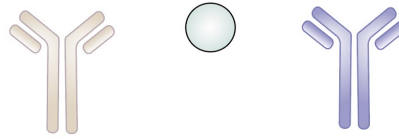
Healthy controls
GPA patients

+

Stimulation
→
2h (37°C)



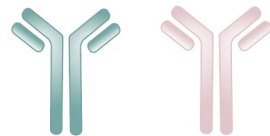
T cell-dependent
(aCD40 + IL-21 + algM)



T cell independent
(IL-2 + CpG)



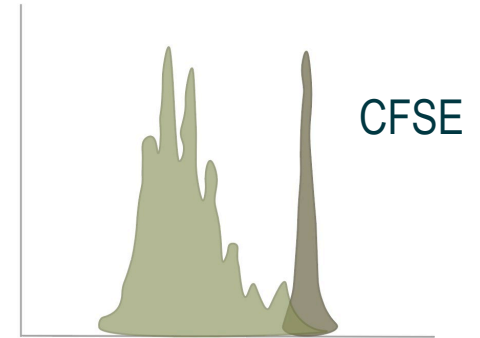
T cell stimulation
(aCD3/aCD28)



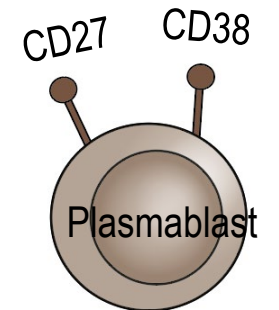
6-day
culture
→

- Flow cytometry
- ELISA

- Proliferation



- Differentiation



- Antibody production





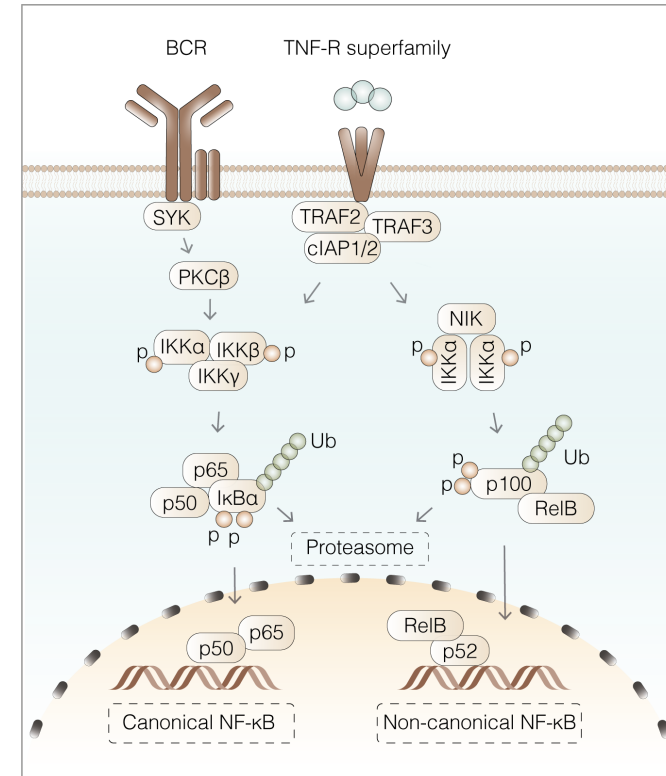
Effects of targeting NF- κ B in B cells from AAV patients?

Functional assays with PBMCs from patients

Conclusions I

- Targeting NIK and IKK β *in vitro* inhibits:

- B cell proliferation
- Plasmablast differentiation
- (Auto)antibody production



- NF- κ B inhibitors, and in particular NIKi, may be potential therapeutics for B cell modulating therapy in autoimmune diseases such as AAV
- Inhibition of other important B cell signaling molecules may also have potential therapeutic effects that need to be studied

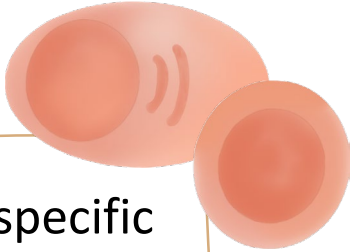


Part II:

JAK/STAT signalling in myositis



B cell-directed therapies: JAK inhibition using tofacitinib



Find novel B cell-specific therapeutic targets

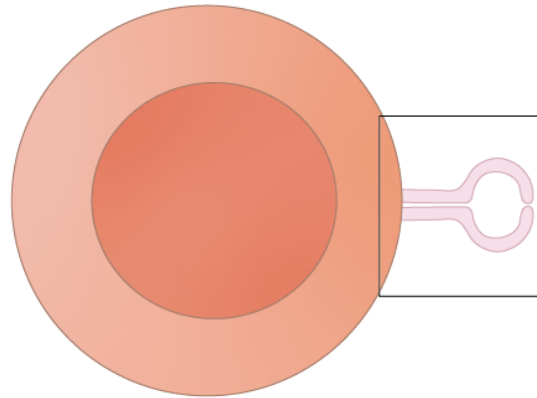
Janus kinase (JAK)/signal transduction and activator of transcription (STAT) pathway



- Therapeutic target in RA
- Altered in myositis/SLE
- Case reports/series in IIM

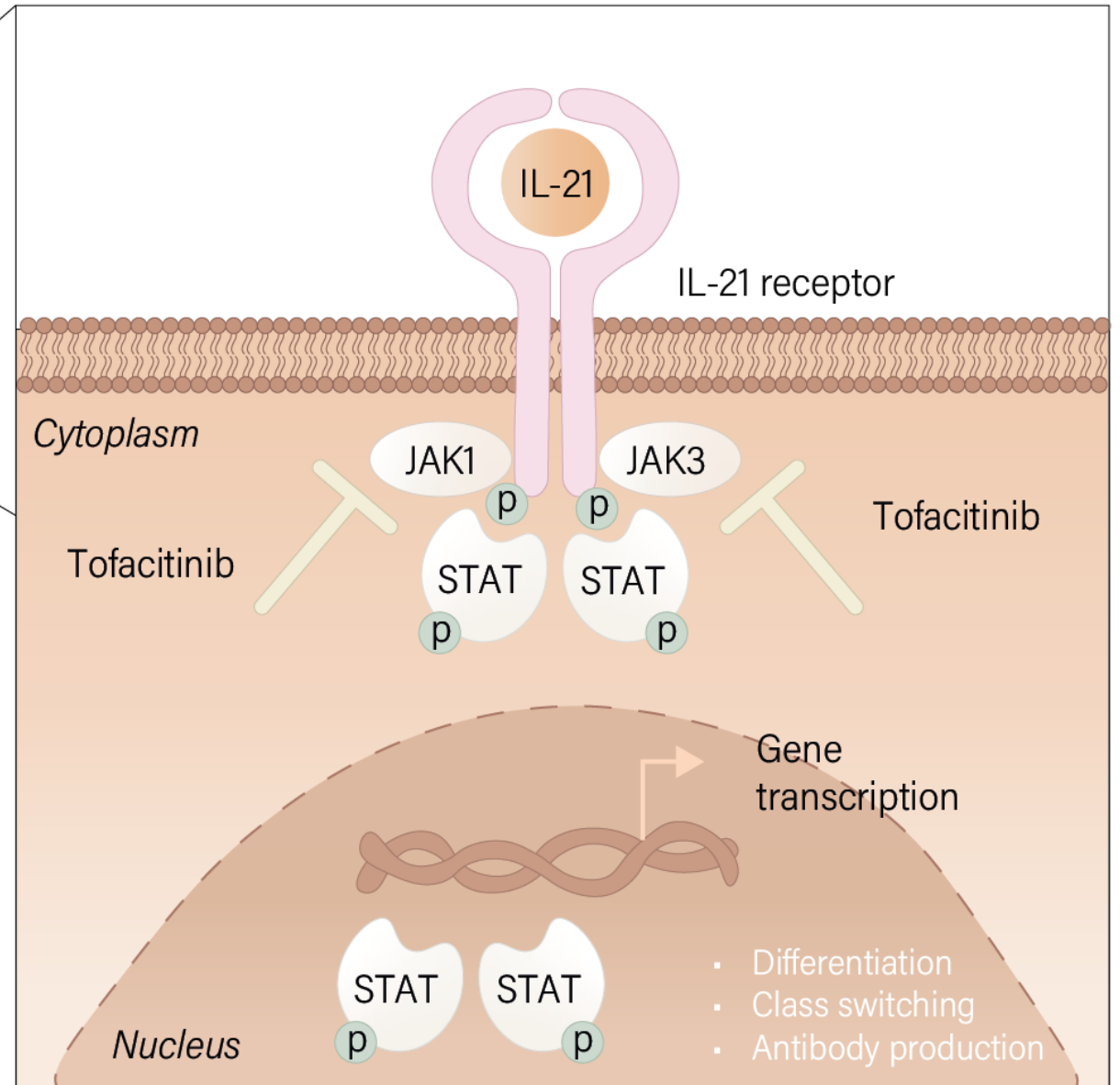


B cell-directed therapies: JAK inhibition using tofacitinib



JAK/STAT pathway

In purified B cells from HD tofacitinib reduces IL-21/aCD40 mediated B cell functions
(Rizzi et al., 2017)



Hypothesis

JAK/STAT signalling in autoreactive B lineage cells is essential for their differentiation and autoantibody production, thereby contributing to disease activity in myositis

Objectives

- **Characterize** the mechanism of action of **tofacitinib** *in vitro*
- Analyse the **effects** of inhibiting JAK **on pathogenic B cell responses in myositis** using tofacitinib in a functional assay *in vitro*
- **Characterize B cell populations** in PBMCs from patients with **myositis**



Conclusions II

1. The effects of **tofacitinib** on B cell responses are **predominantly** present upon **IL-21 mediated activation of JAK/STAT** signalling
2. Targeting **IL-21 activated JAK** with tofacitinib in **myositis PBMCs inhibits:**
 - *Plasmablast differentiation*
 - *Immunoglobulin production*
3. Targeting the JAK/STAT pathway may offer a novel treatment modality in myositis



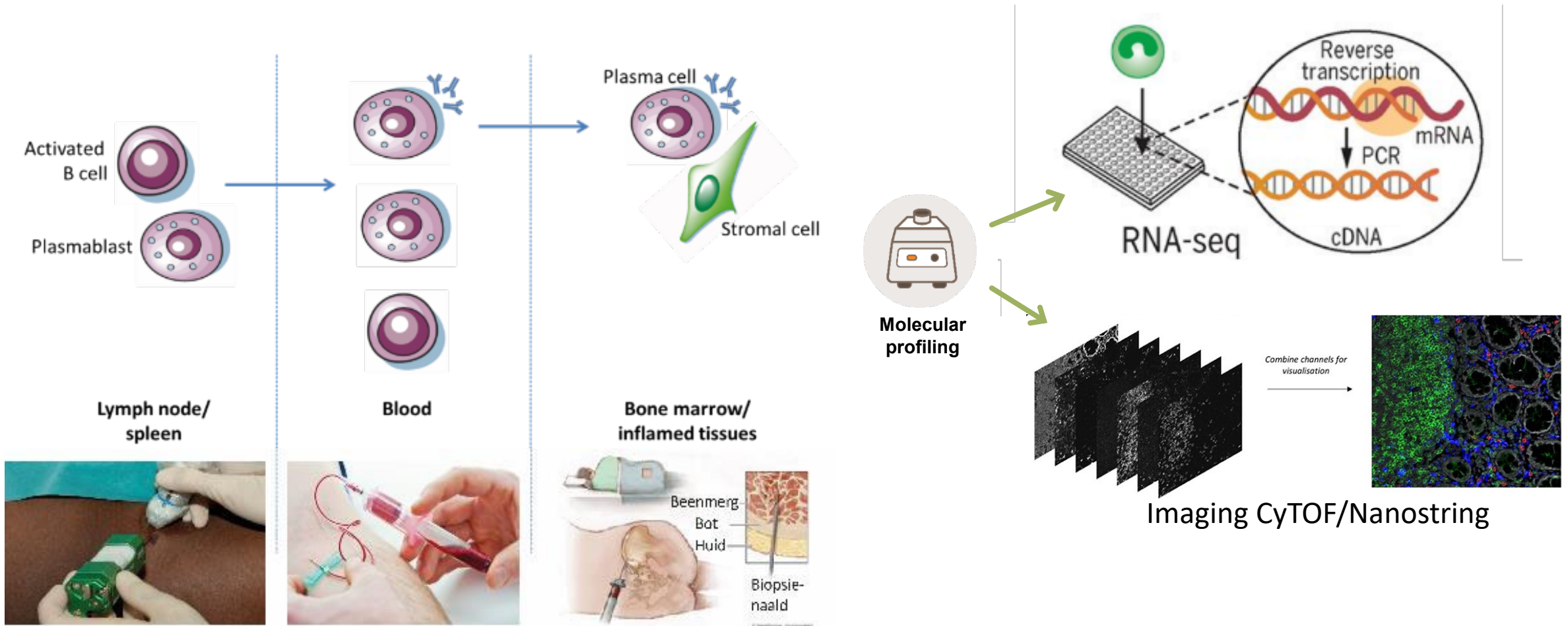
Vacancy physician-scientist / PhD student!



- ReumaNederland project: **“Profiling of autoreactive B lineage cells in idiopathic inflammatory myopathies”**



Profiling of the B cell lineage in AAV and IIM



Take home messages

- Signal transduction molecules are powerful targets for therapy:
 - NF- κ B signalling in ANCA-associated vasculitis
 - JAK/STAT signalling in myositis
 - More to come!
- Small molecule inhibitors can also impact on long-lived PCs in the bone marrow and have a relatively short half-life: potentially less side-effects and can be quickly stopped in case of infections
- Profiling of different compartments of the immune system may yield new insights (i.e. on autoreactive B cells), including novel targets for treatment

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Questions?



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