



# Physiopathologie des vascularites nécrosantes

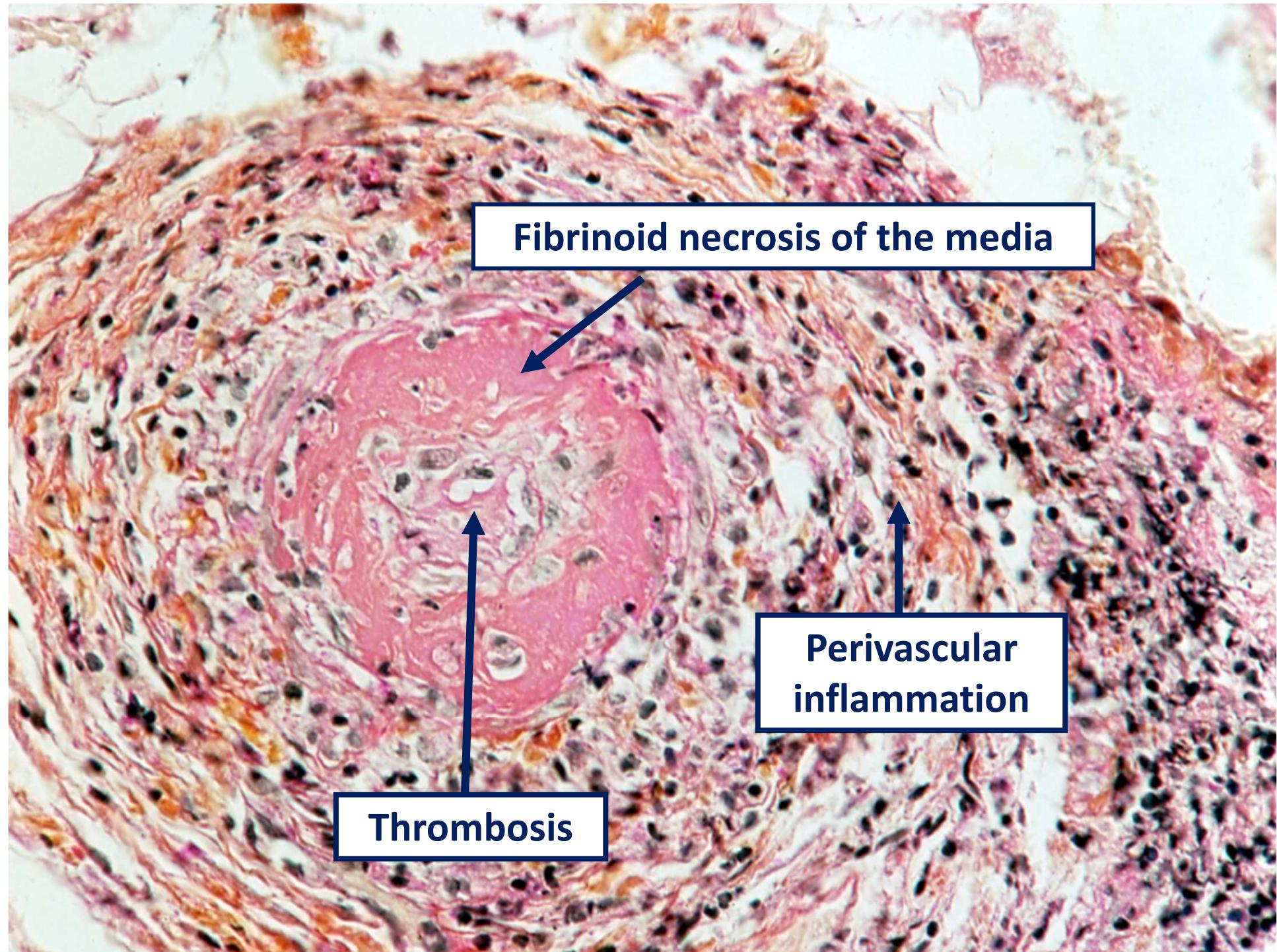
**Benjamin Terrier**

**Centre de Référence pour les Maladies Autoimmunes Systémiques Rares**

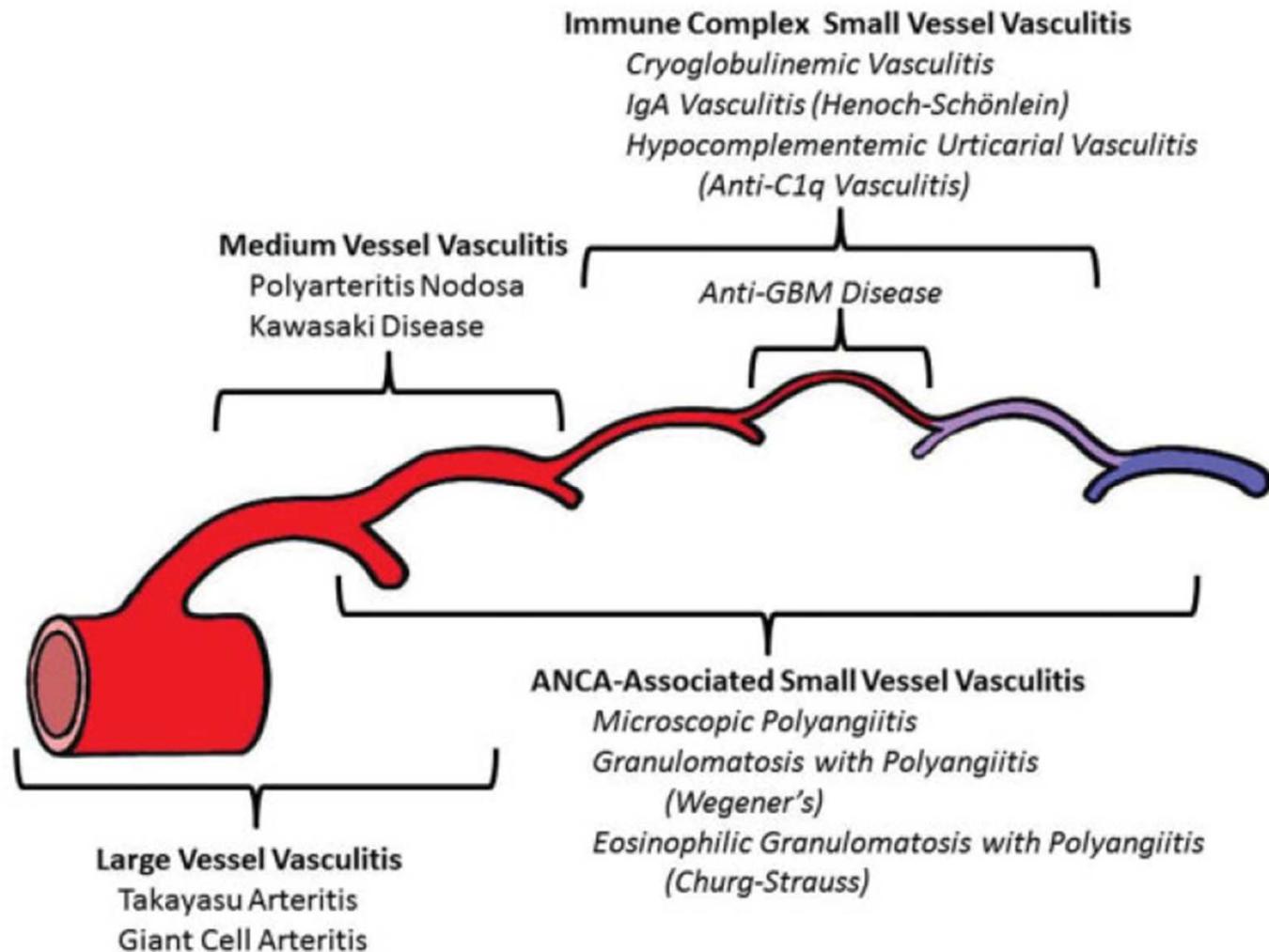
**Hôpital Cochin, Université Paris Descartes**

**Paris, France**



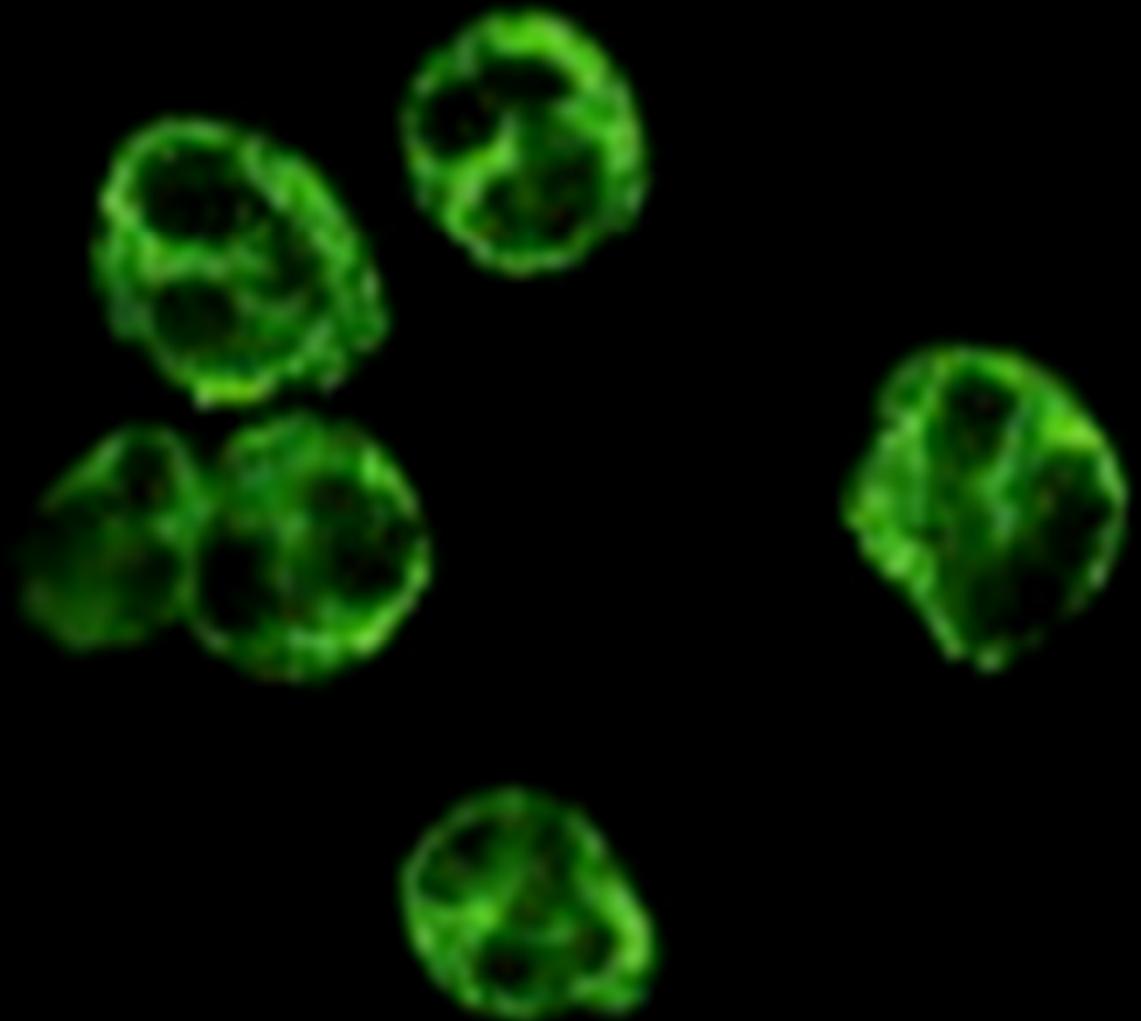


# Systemic vasculitides



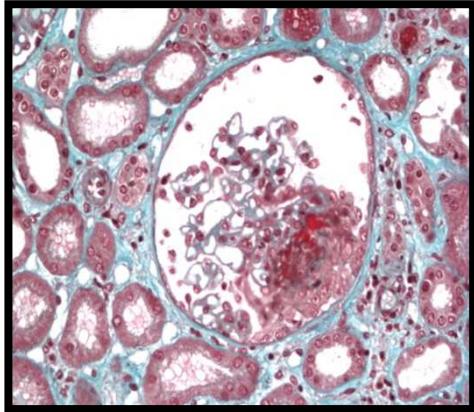
Jennette, Arthritis Rheum, 2012

# Anti-neutrophil cytoplasmic antibodies (ANCA)

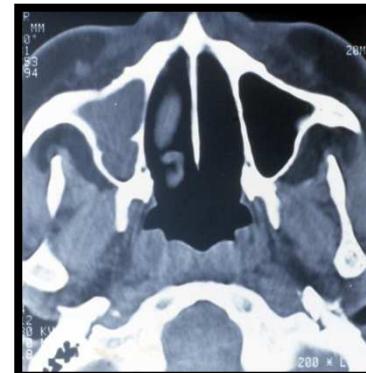
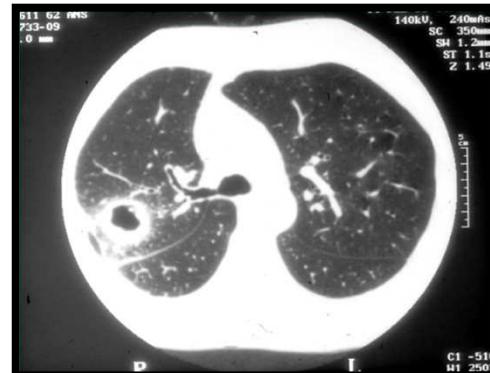
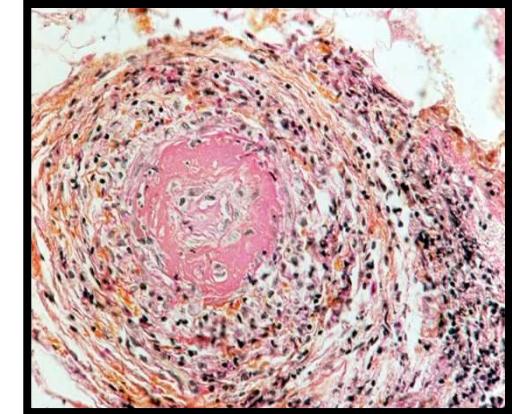


*Davies, Br Med J, 1982*  
*Van der Woode, Lancet, 1985*

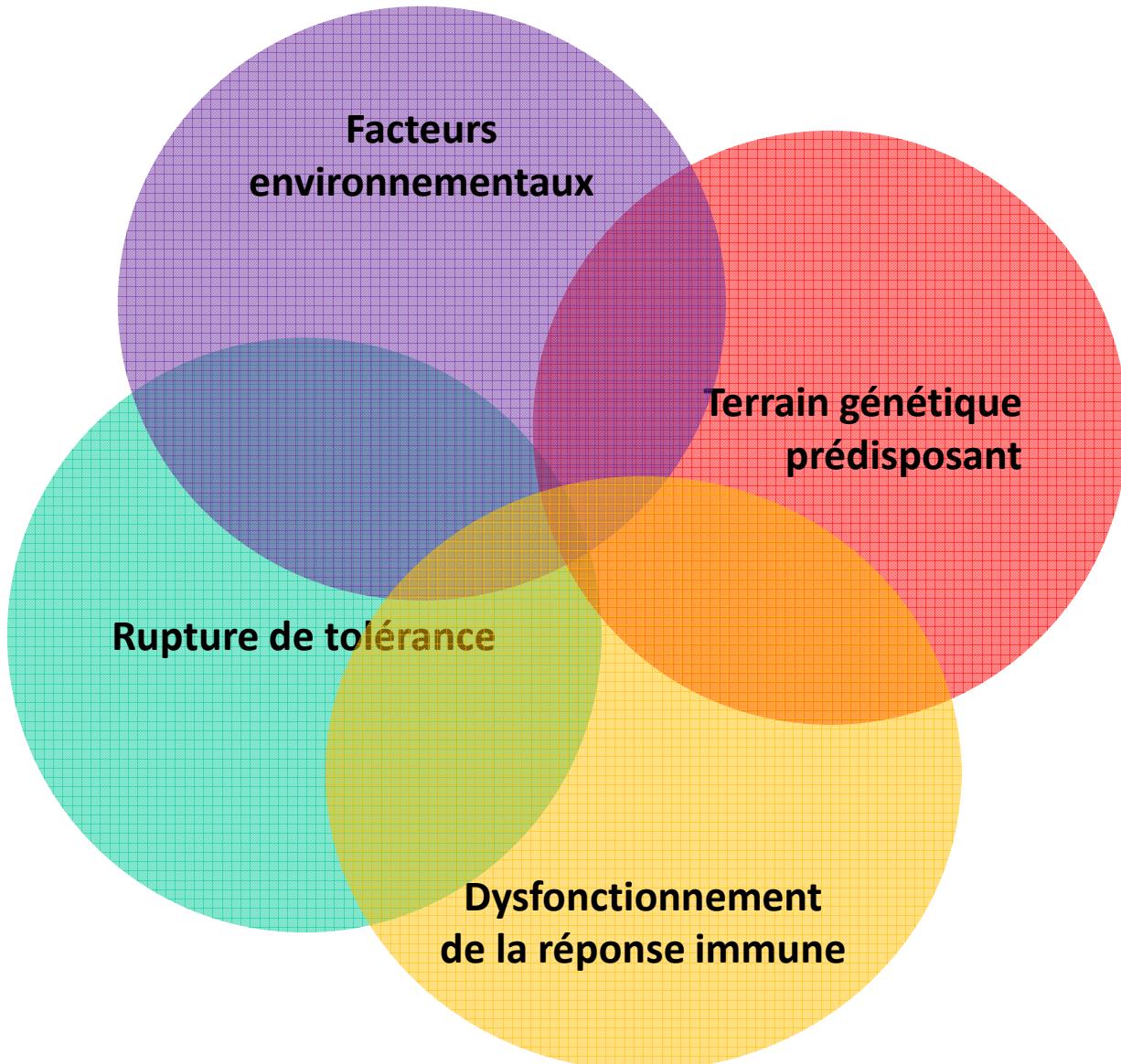
# ANCA-associated vasculitides (AAV)



**Necrotizing vasculitis**  
**Systemic disease with ENT,**  
**pulmonary and renal**  
**involvements**



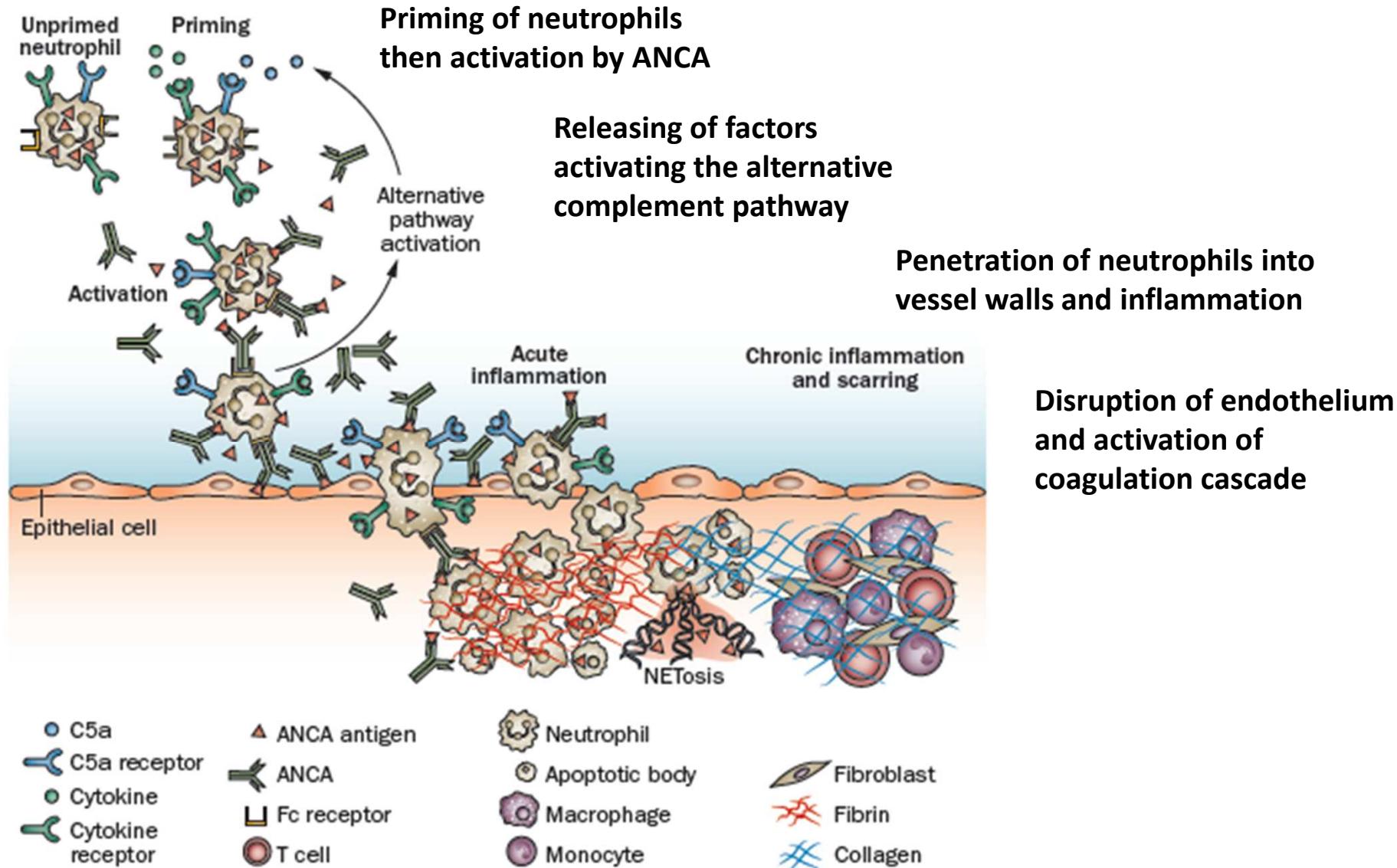
# Physiopathologie des vascularites



# The leading theory

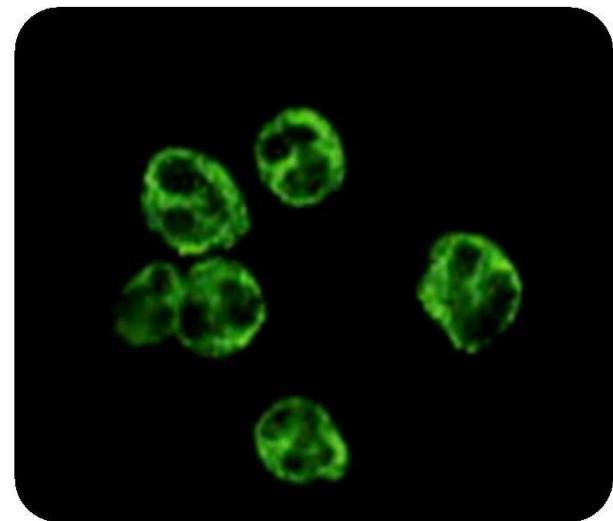
- Circulating neutrophils and monocytes primed by inflammatory stimuli display ANCA antigens (PR3 or MPO) at or near the cell surface
- Interaction of these antigens with ANCA results in neutrophils activation and initiation of vascular inflammation
- (*Primed extravascular neutrophils could interact with interstitial ANCA, causing necrotizing inflammation and reactive granulomatous inflammation*)

# The leading theory



Jennette, Nat Rev Rheumatol, 2014

# **Role of genetic background**

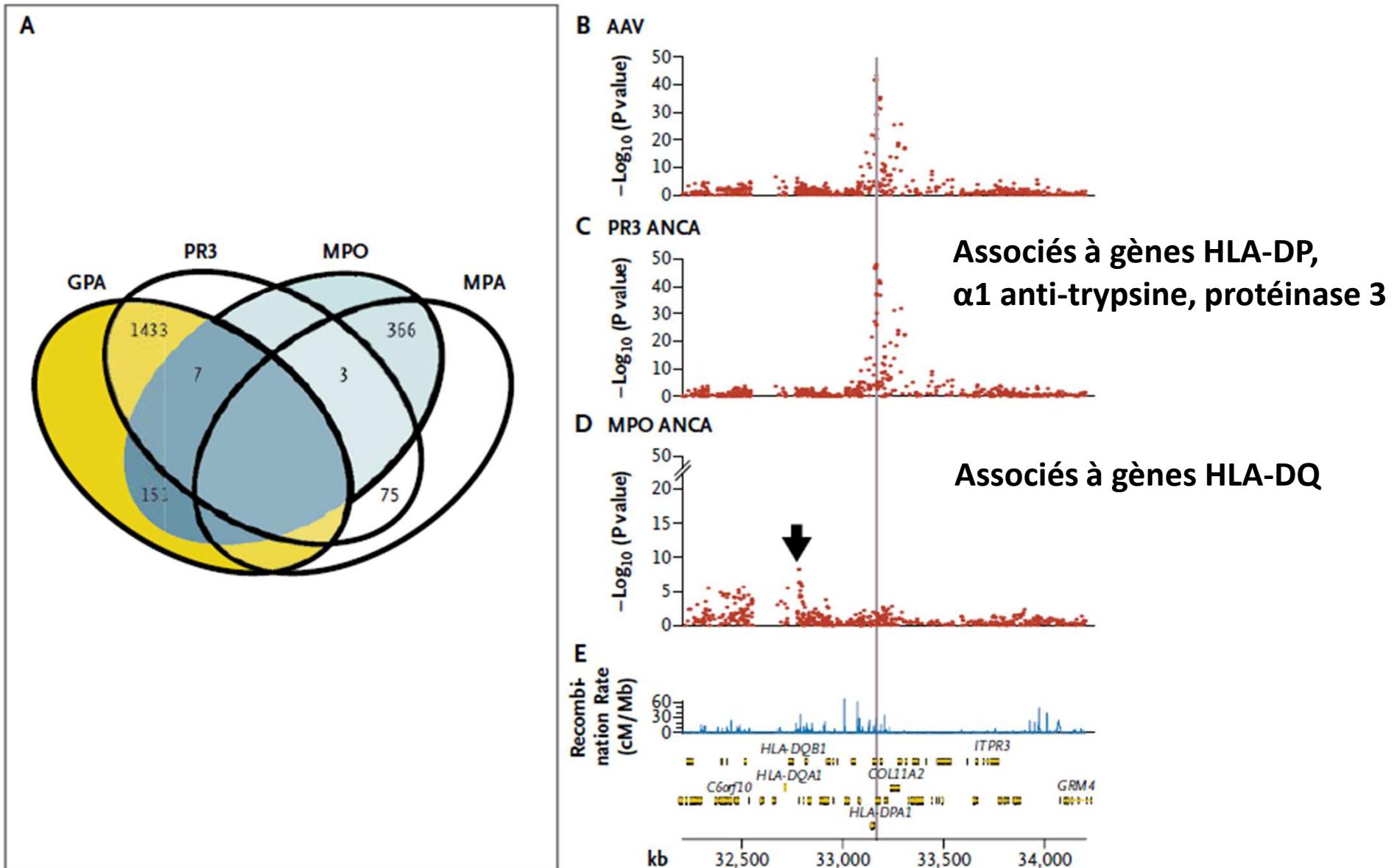


ORIGINAL ARTICLE

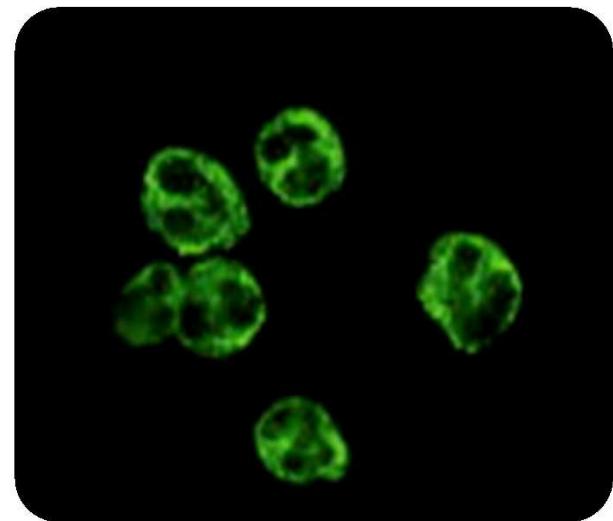
## Genetically Distinct Subsets within ANCA-Associated Vasculitis

Paul A. Lyons, Ph.D., Tim F. Rayner, Ph.D., Sapna Trivedi, M.R.C.P., M.Phil.,  
Julia U. Holle, M.D., Ph.D., Richard A. Watts, D.M., F.R.C.P., David R.W. Jayne, M.D., F.R.C.P.,  
Bo Baslund, M.D., Ph.D., Paul Brenchley, Ph.D., Annette Bruchfeld, M.D., Ph.D.,  
Afzal N. Chaudhry, Ph.D., F.R.C.P., Jan Willem Cohen Tervaert, M.D., Ph.D.,  
Panos Deloukas, Ph.D., Conleth Feighery, M.D., Wolfgang L. Gross, M.D., Ph.D.,  
Loic Guillemin, M.D., Iva Gunnarsson, M.D., Ph.D., Lorraine Harper M.R.C.P., Ph.D.,  
Zdenka Hrušková, M.D., Mark A. Little, M.R.C.P.I., Ph.D., Davide Martorana, Ph.D.,  
Thomas Neumann, M.D., Sophie Ohlsson, M.D., Ph.D., Sandosh Padmanabhan, M.D., Ph.D.,  
Charles D. Pusey, D.Sc., F.Med.Sci., Allan D. Salama, F.R.C.P., Ph.D.,  
Jan-Stephan F. Sanders, M.D., Ph.D., Caroline O. Savage, F.Med.Sci., Ph.D.,  
Mårten Segelmark, M.D., Ph.D., Coen A. Stegeman, M.D., Ph.D., Vladimir Tesar, M.D., Ph.D.,  
Augusto Vaglio, M.D., Ph.D., Stefan Wieczorek, M.D., Benjamin Wilde, M.D.,  
Jochen Zwerina, M.D., Andrew J. Rees, M.B., F.Med.Sci., David G. Clayton, M.A.,  
and Kenneth G.C. Smith, F.Med.Sci., Ph.D.

# Relationships between Clinical Subtype and ANCA Specificity in ANCA-Associated Vasculitis and Associations of the MHC Locus with Proteinase 3 ANCA and Myeloperoxidase ANCA



# **Role of ANCA**

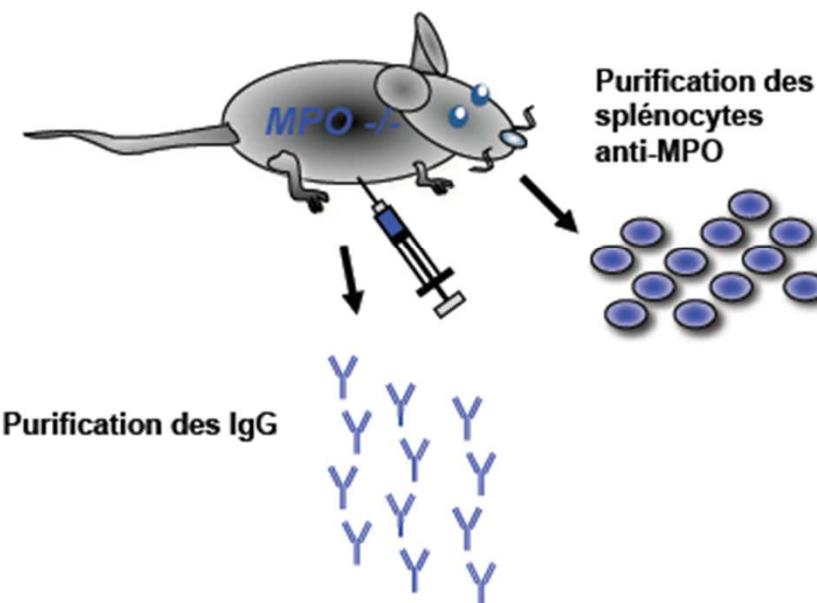


# From natural to pathogenic ANCA

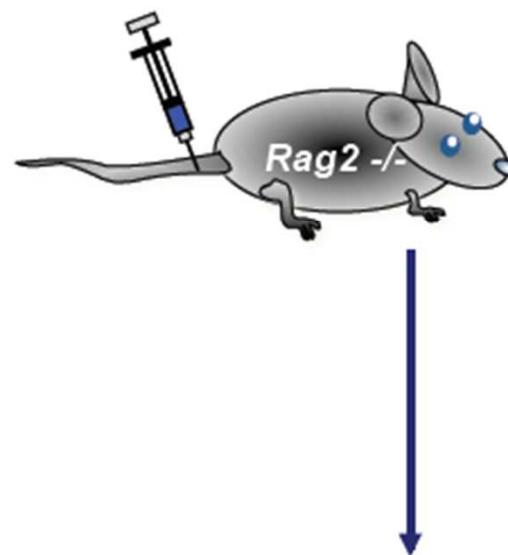
- Exposure to exogenous antigens that influence ANCA epitope specificity (drugs or microbes, ex: PTU)
- Newly expressed or modified ANCA autoantigens (alternative splice transcripts or antisense transcripts)
- Immunogenic display of ANCA autoantigens (apoptotic cells or NETs)
- Loss of effective suppression of the ANCA autoimmune response (role of lymphocytes +++)

# Pathogenic role of MPO-ANCA

A. Immunisation des souris MPO-/- par la MPO murine



B. Injection de  $5 \times 10^7$  à  $10^8$  splénocytes des souris MPO-/- immunisées par la MPO

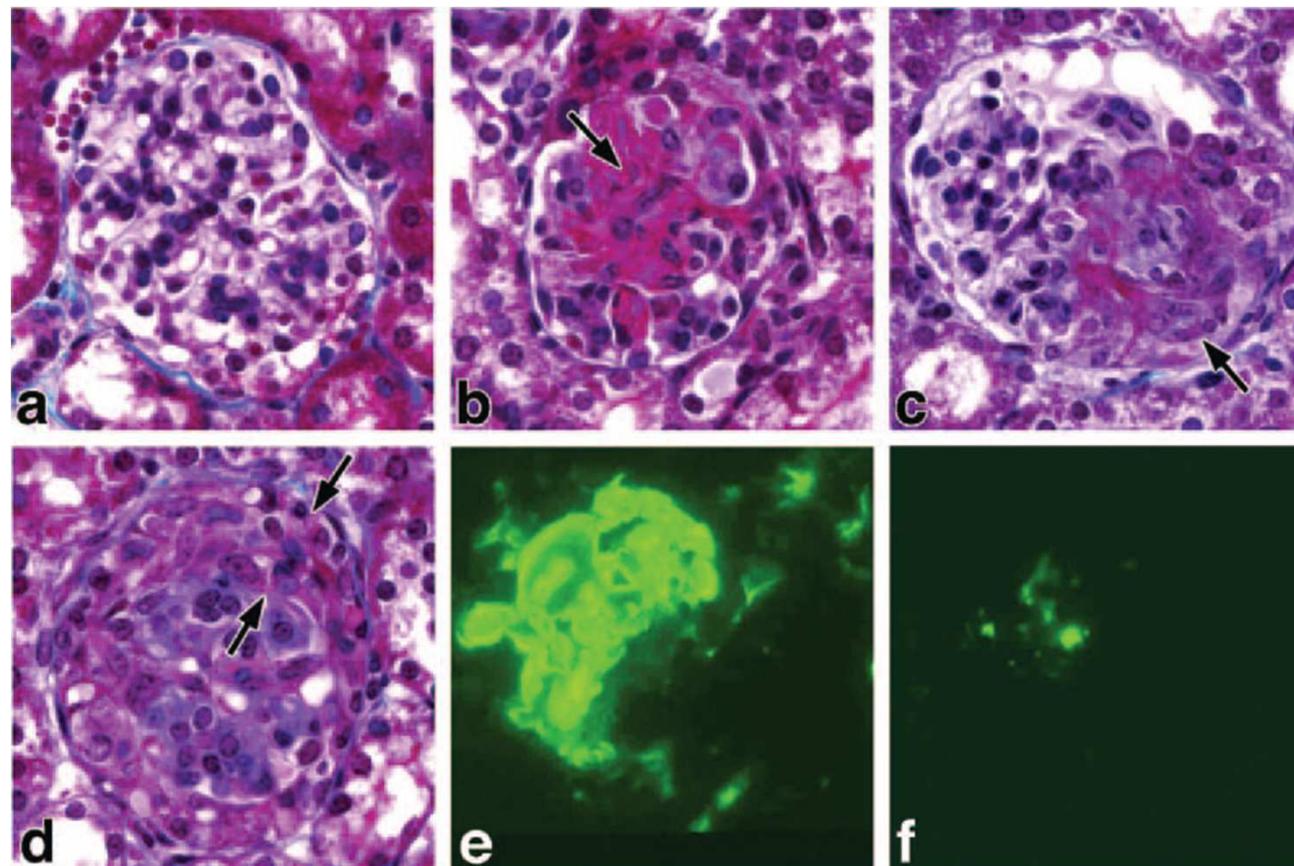


C. Injection des IgG purifiés Anti-MPO des souris MPO-/- immunisé par la MPO



Xiao, J Clin Invest, 2002

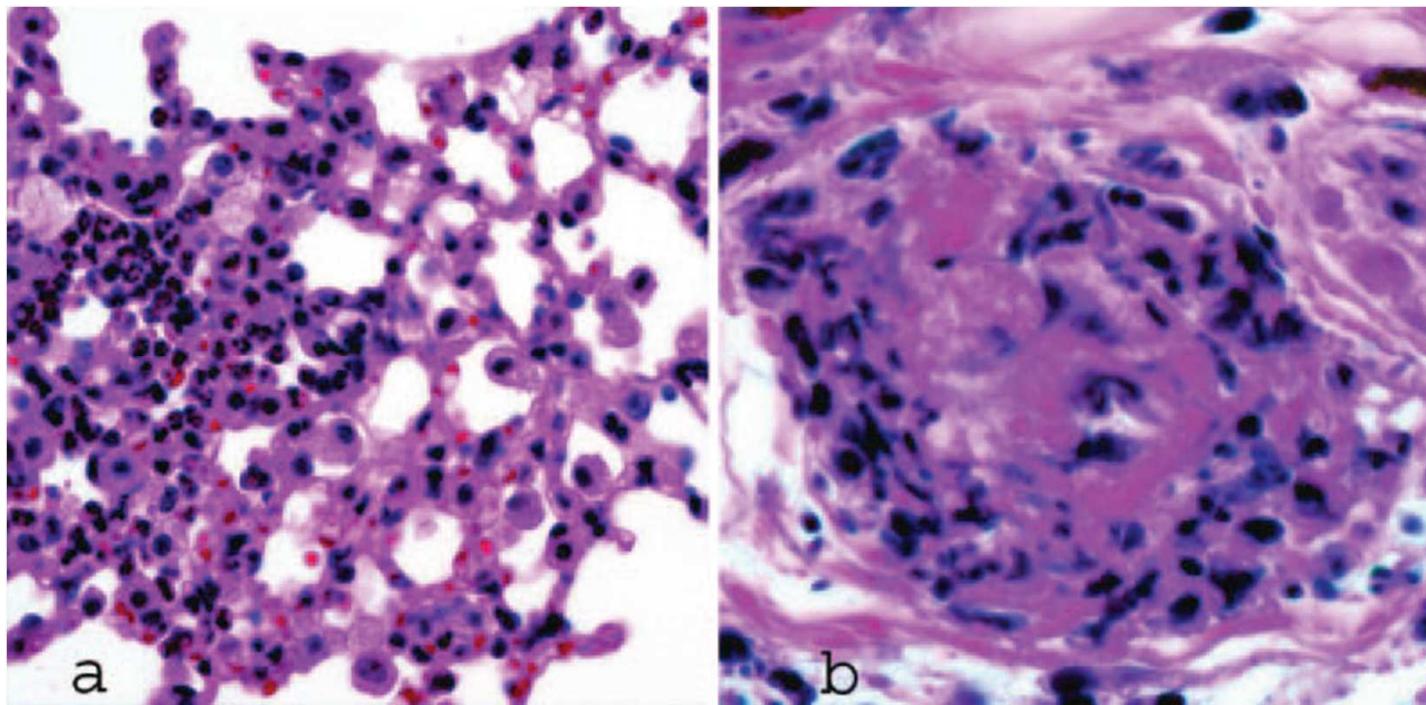
# Glomeruli from a Rag2<sup>-/-</sup> mouse 6 d after intravenous injection of anti-myeloperoxidase (anti-MPO) IgG



No histologic lesion (a), segmental fibrinoid necrosis (b), segmental fibrinoid necrosis with a small cellular crescents (c), large circumferential crescent (d), fibrin in a crescent (e), and a paucity of segmental IgG (f)

Xiao, J Clin Invest, 2002

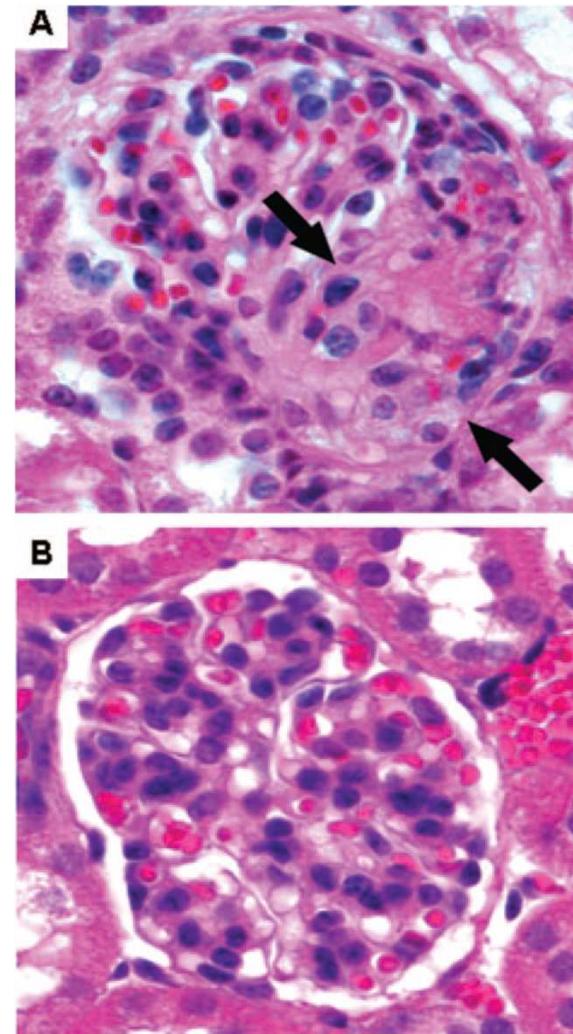
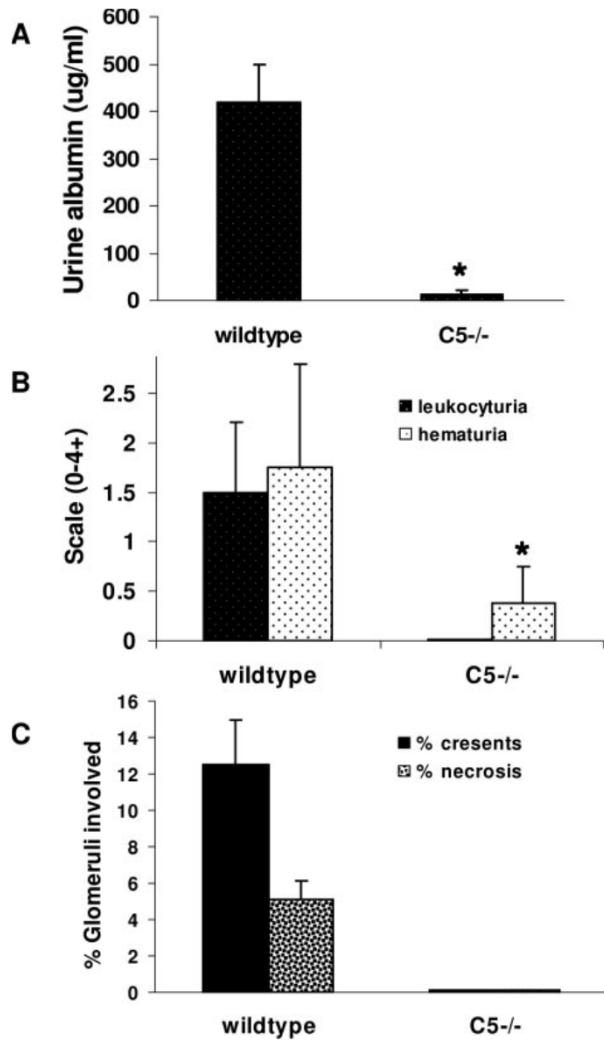
# Vasculitis lesions from a wild-type mouse 6 d after intravenous injection of anti-MPO IgG



Pulmonary alveolar capillaritis with septal infiltration of neutrophils (a) and necrotizing arteritis with leukocytoclasis in the dermis of the ear (b)

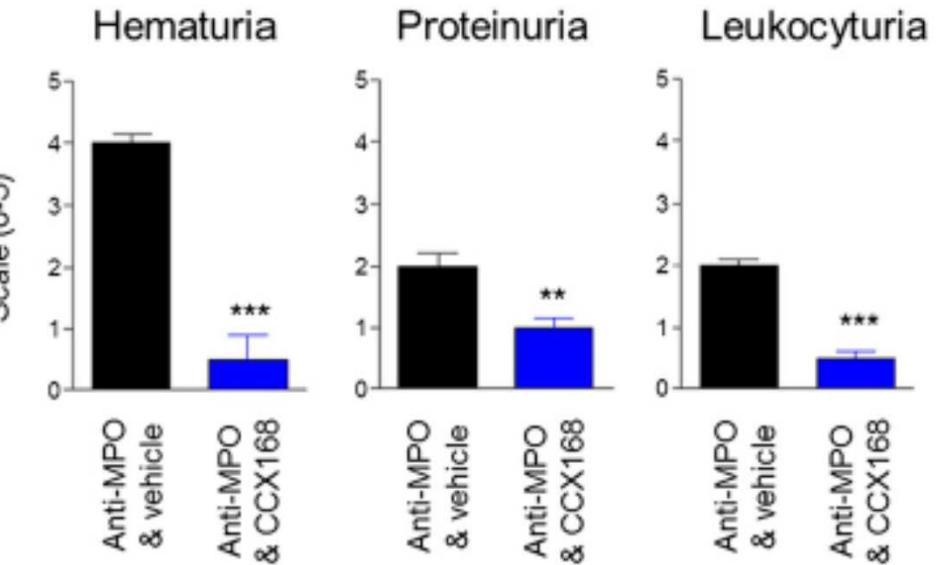
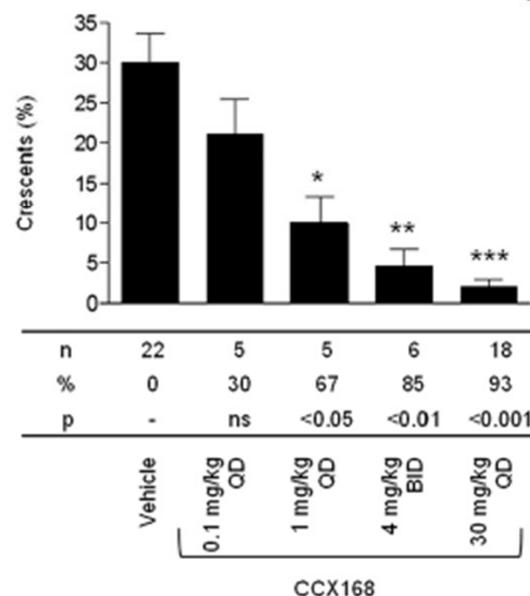
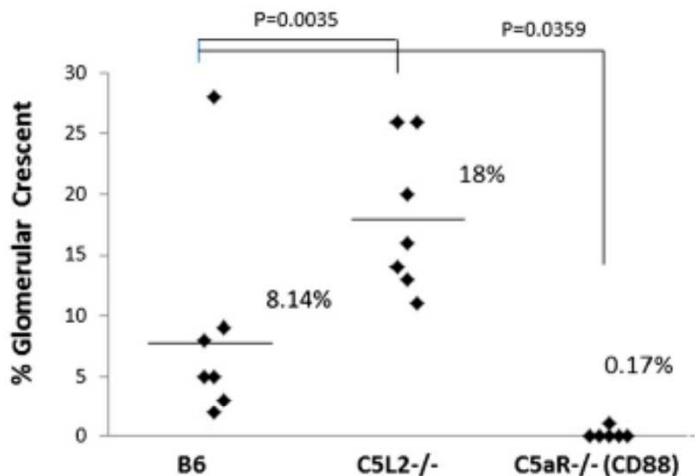
Xiao, J Clin Invest, 2002

# Role of alternative complement pathway



C5<sup>-/-</sup> mice

# Role of C5a blocking



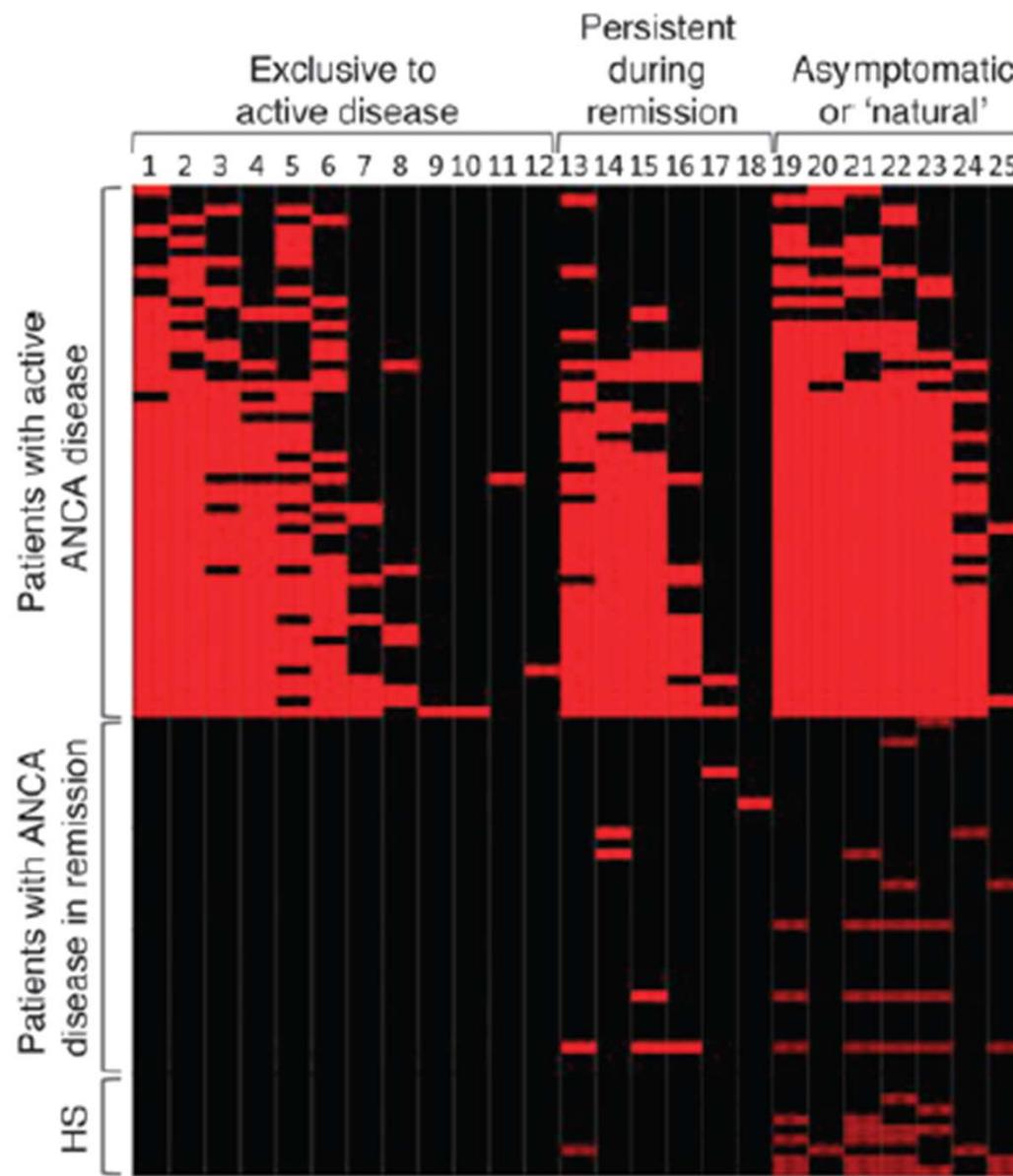
Xiao, JASN, 2013



# Epitope specificity determines pathogenicity and detectability in ANCA-associated vasculitis

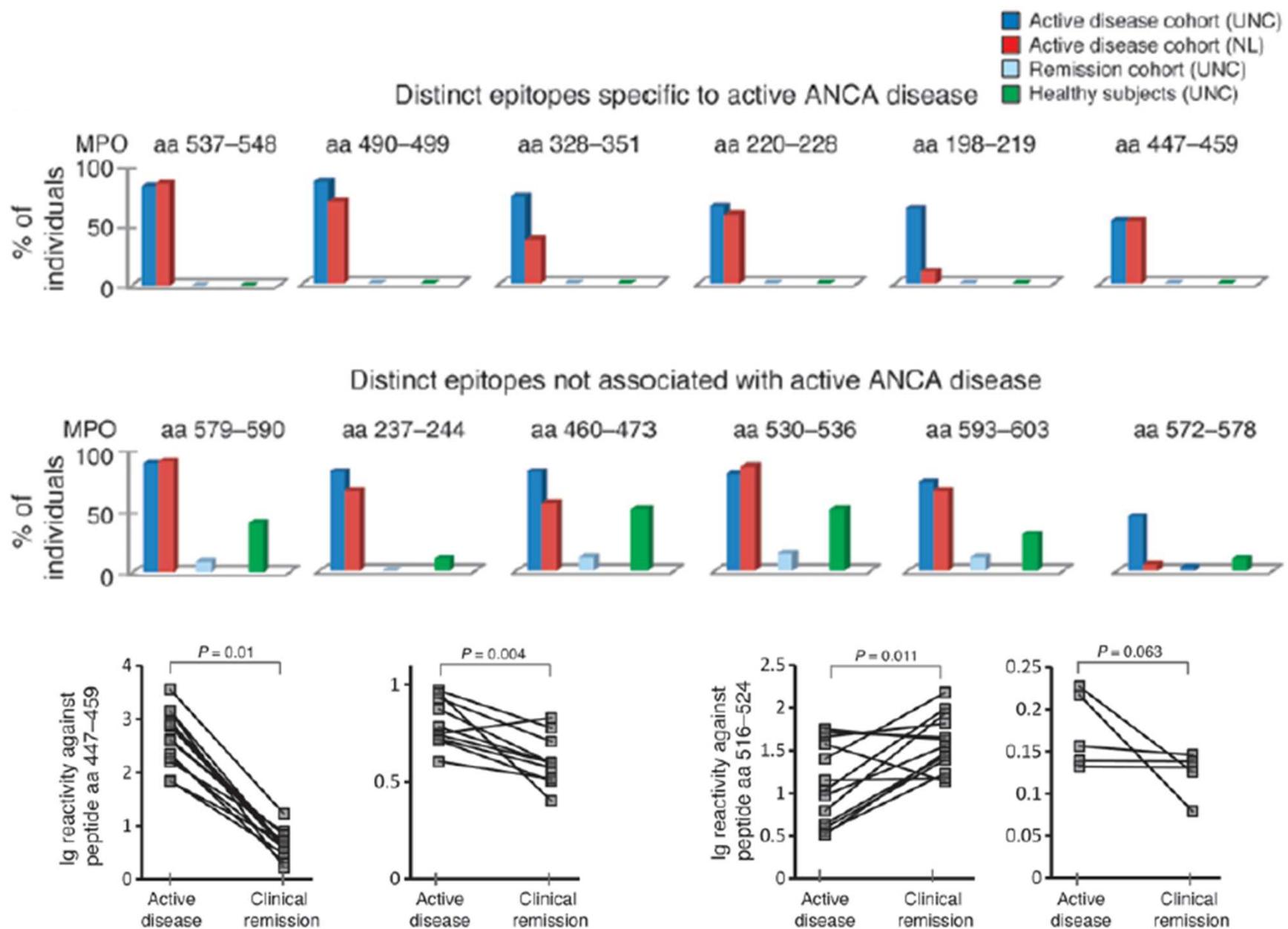
Aleeza J. Roth,<sup>1</sup> Joshua D. Ooi,<sup>2</sup> Jacob J. Hess,<sup>1</sup> Mirjan M. van Timmeren,<sup>3</sup> Elisabeth A. Berg,<sup>1</sup> Caroline E. Poultin,<sup>1</sup> Julie Anne McGregor,<sup>1</sup> Madelyn Burkart,<sup>1</sup> Susan L. Hogan,<sup>1</sup> Yichun Hu,<sup>1</sup> Witold Winnik,<sup>4</sup> Patrick H. Nachman,<sup>1</sup> Coen A. Stegeman,<sup>3</sup> John Niles,<sup>5</sup> Peter Heeringa,<sup>3</sup> A. Richard Kitching,<sup>2</sup> Stephen Holdsworth,<sup>2</sup> J. Charles Jennette,<sup>1</sup> Gloria A. Preston,<sup>1</sup> and Ronald J. Falk<sup>1</sup>

# MPO-ANCA epitope specificity



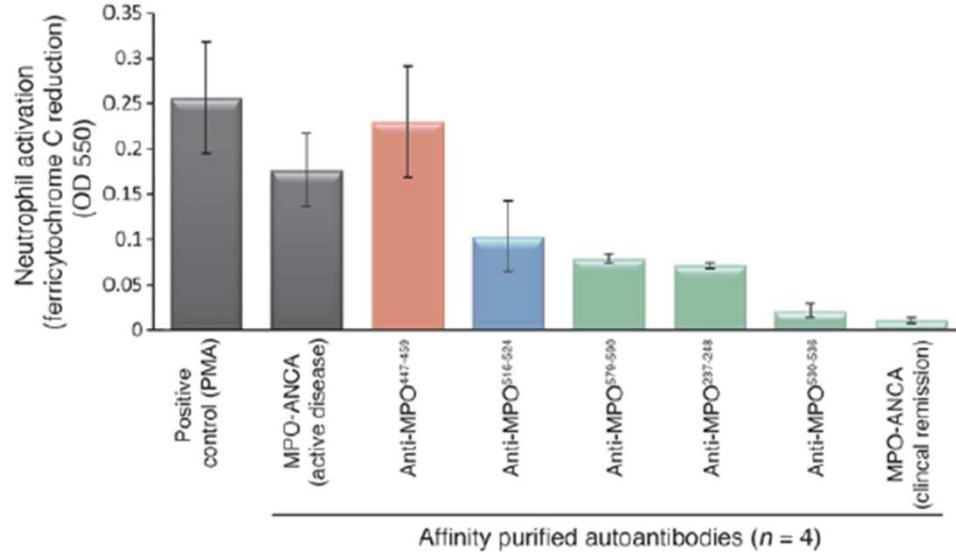
*Roth, J Clin Invest, 2013*

# MPO-ANCA epitope specificity

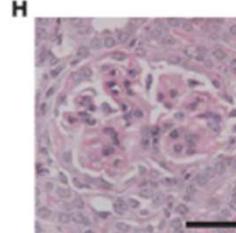
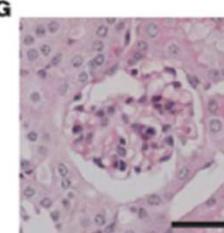
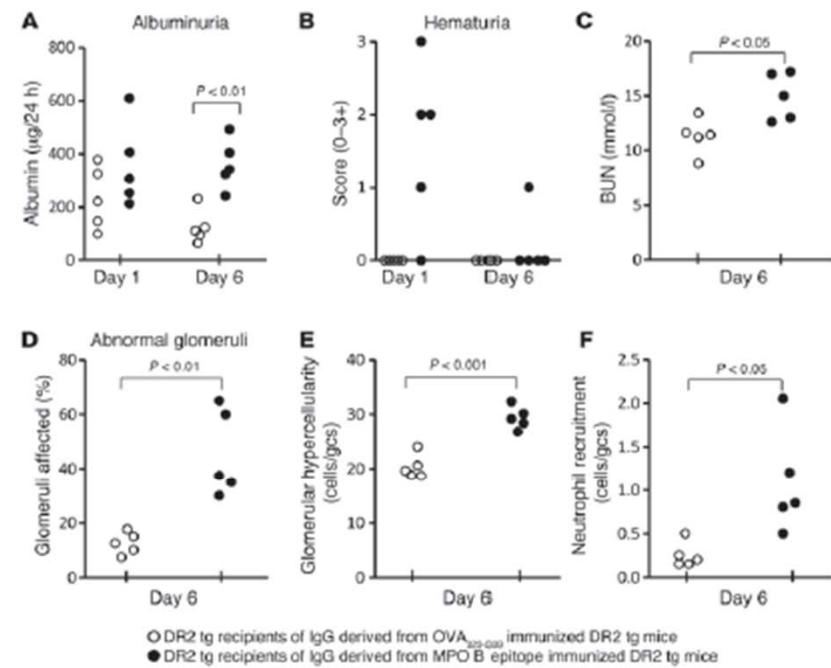


# *In vitro* and *in vivo* pathogenic effect of MPO-ANCA directed against 447-459 epitope

## *In vitro*



## *In vivo*



Roth, J Clin Invest, 2013

# Evidences for ANCA pathogenicity

*Clinical*

- Disease strongly associated with ANCA
- Partial correlation of ANCA titers with disease activity
- Correlation of ANCA epitope with disease activity
- Disease induction by transplacental transfer of MPO-ANCA
- Response to immunosuppressive therapy targeting B cells

*In vitro*

- Activation of cytokine-primed neutrophils by ANCA
- Endothelial injury by ANCA-activated neutrophils

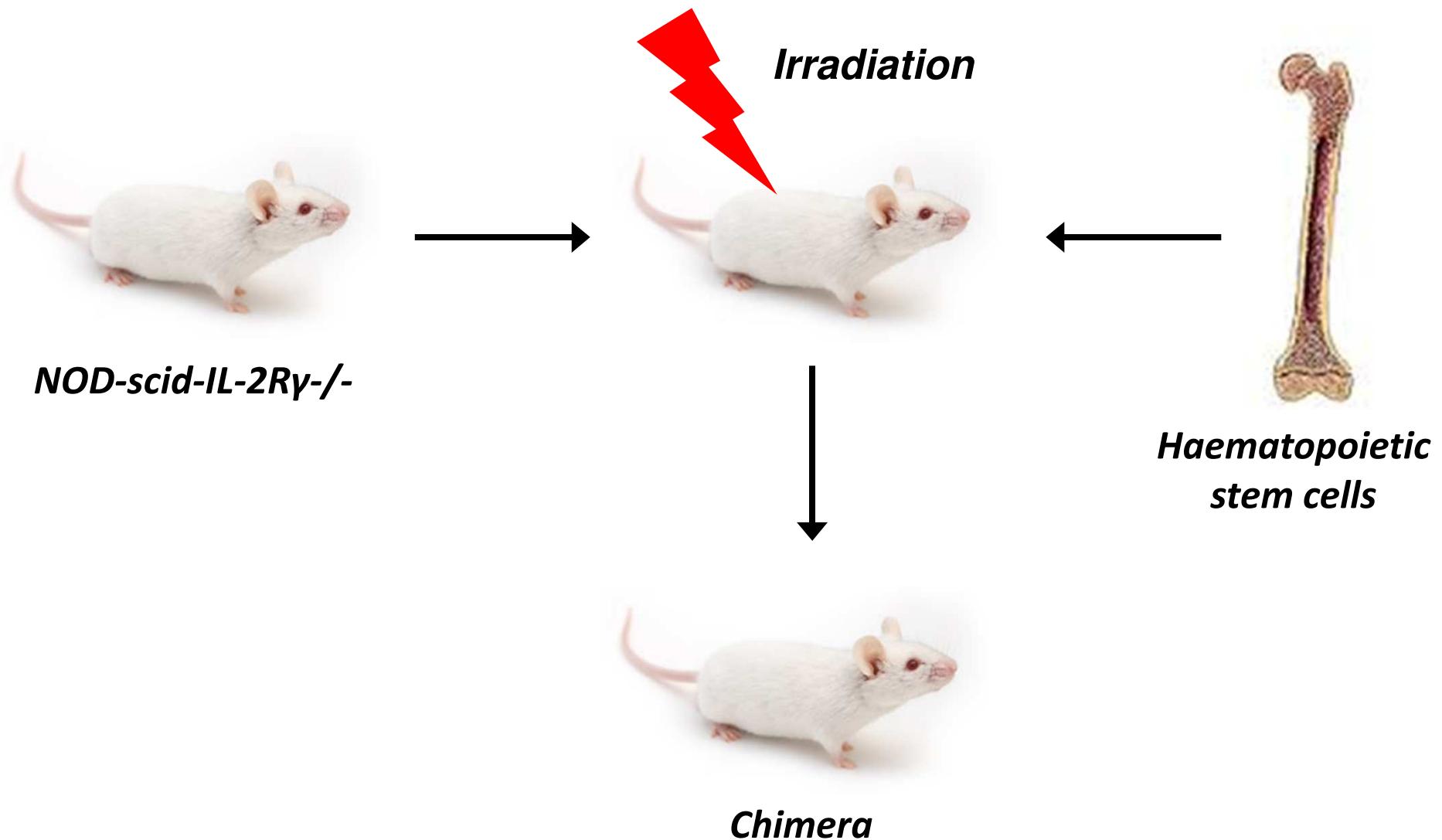
*In vivo*

- Induction of vasculitis in mice and rats by anti-MPO
- Prevention of murine anti-MPO-induced disease by deficiency of neutrophils or blocking complement pathway activation

# **Pathogenicity of PR3-ANCA ?**

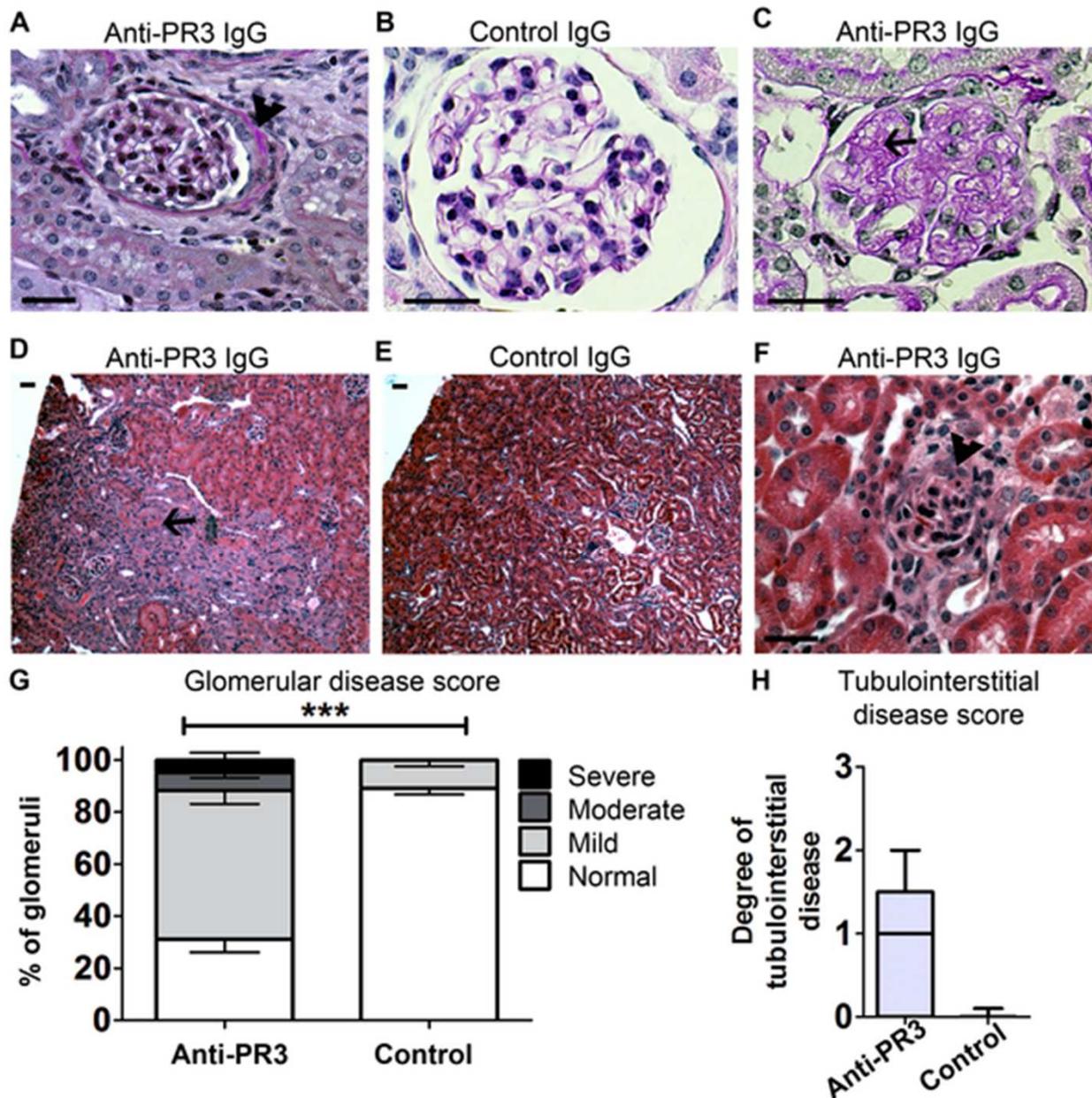
- No spontaneous models of glomerulonephritis or of vasculitis associated with anti-PR3 antibodies, or indeed of PR3-ANCA in association with other autoantibodies, have been reported in rodents
- More recently, Little et al. have reported the use of humanised immunodeficient NOD SCID IL2R knock-out mice, which received human haemopoietic stem cells and developed a human-mouse chimeric immune system
- These mice developed mild glomerulonephritis and lung haemorrhage (but no evidence of granuloma) following passive transfer of PR3-ANCA containing IgG derived from patients with severe systemic vasculitis

# Pathogenicity of PR3-ANCA ?

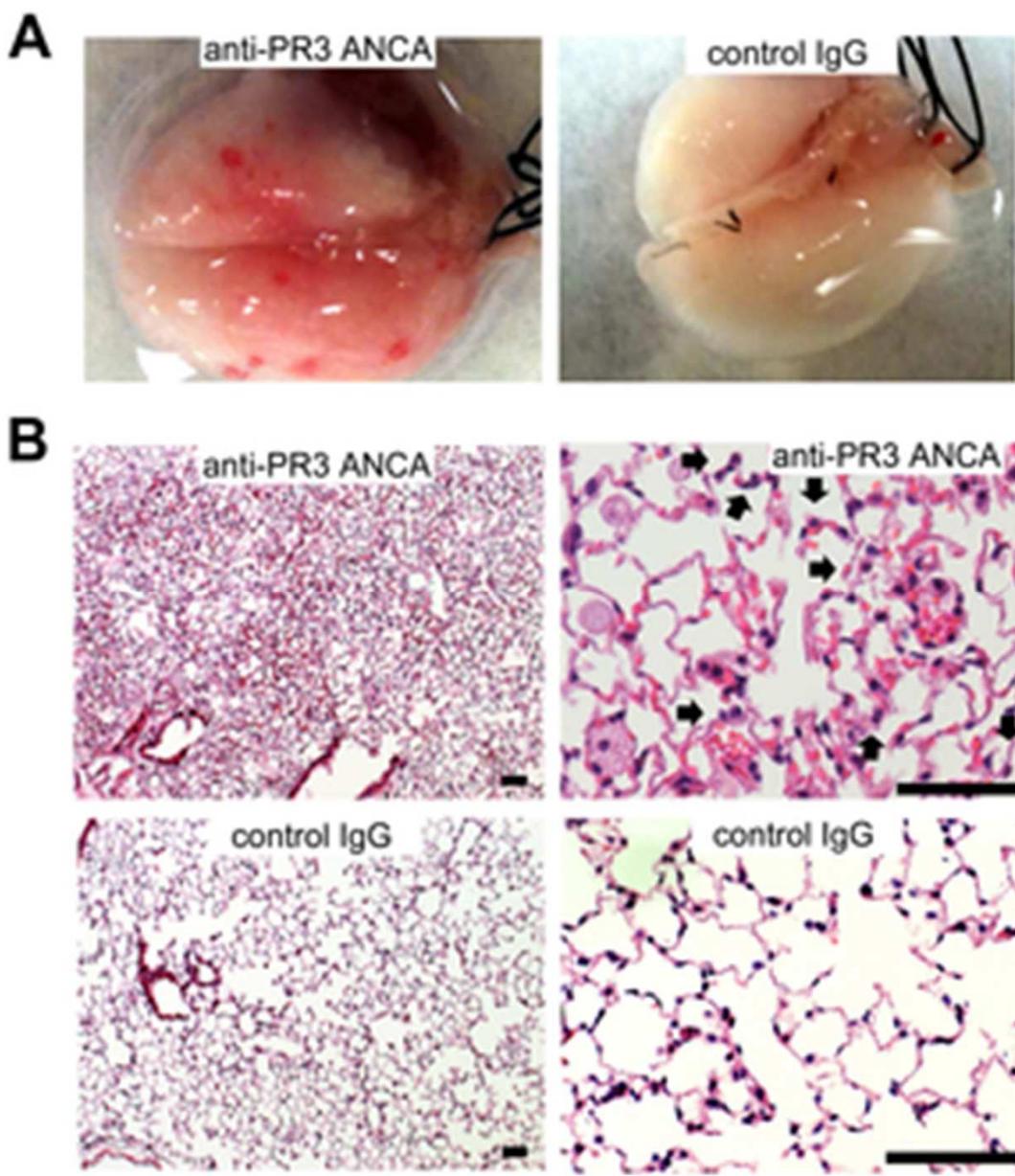


Little, PLoS One, 2012

# Pathogenicity of PR3-ANCA ?

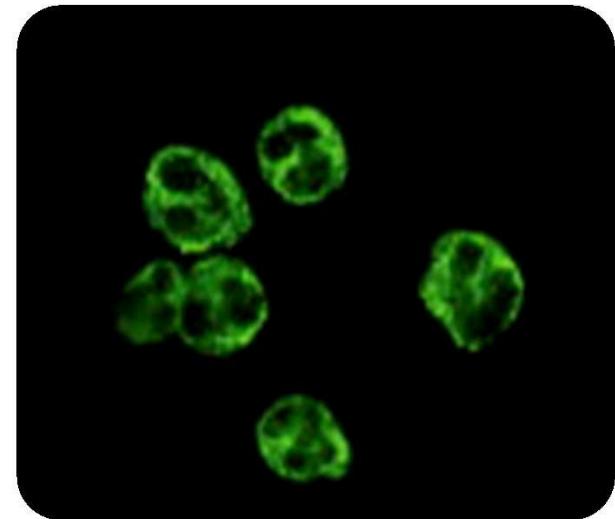


# Pathogenicity of PR3-ANCA ?



Little, PLoS One, 2012

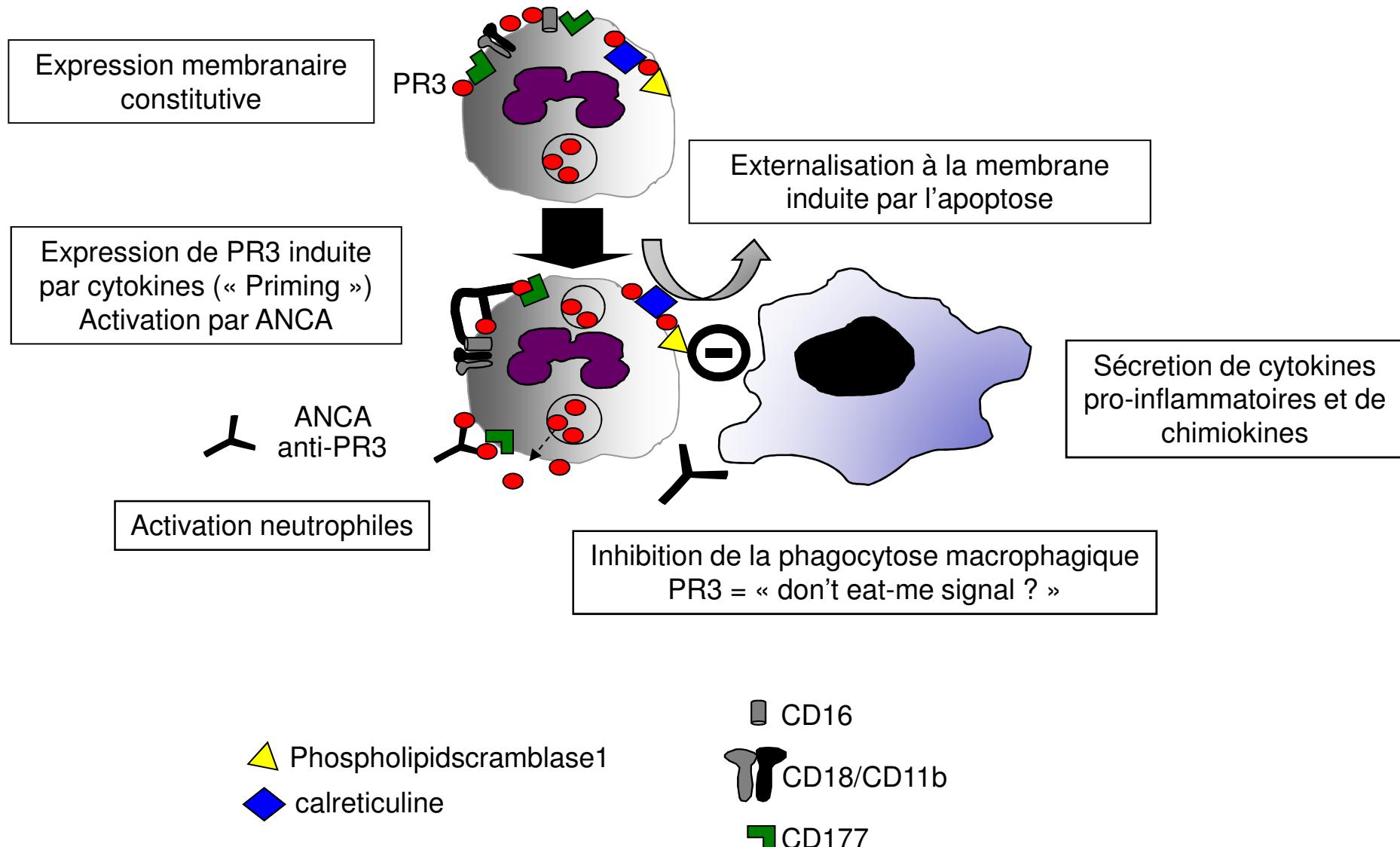
# **Role of neutrophils**



## Expression membranaire de la PR3 et GPA

- Chez un individu donné, coexisteraient dans des proportions constantes, des PNN exprimant à leur surface une grande quantité de PR3 membranaire et des PNN l'exprimant peu
- Expression de PR3 membranaire par une proportion importante de PNN : risque accru de développer une maladie inflammatoire, en particulier la GPA (Witko-Sarsat, J Am Soc Nephrol 1999)
- Forte expression membranaire de la PR3 pourrait être corrélée avec l'activité de la GPA (Muller Kobold AC, J Rheumatol 1998) et associée à un risque plus élevé de rechutes (Rarok AA, J Am Soc Nephrol 2002)
- L'allèle rare A-564 G du promoteur du gène de la PR3 : observée plus fréquemment chez des malades atteints de GPA (Gencik et al, Kidney int 2000)

# Physiopathologie de la PR3 dans la GPA



# How proteinase 3 contribute to the inflammatory process and the immune dysregulation ?

The Journal of Clinical Investigation

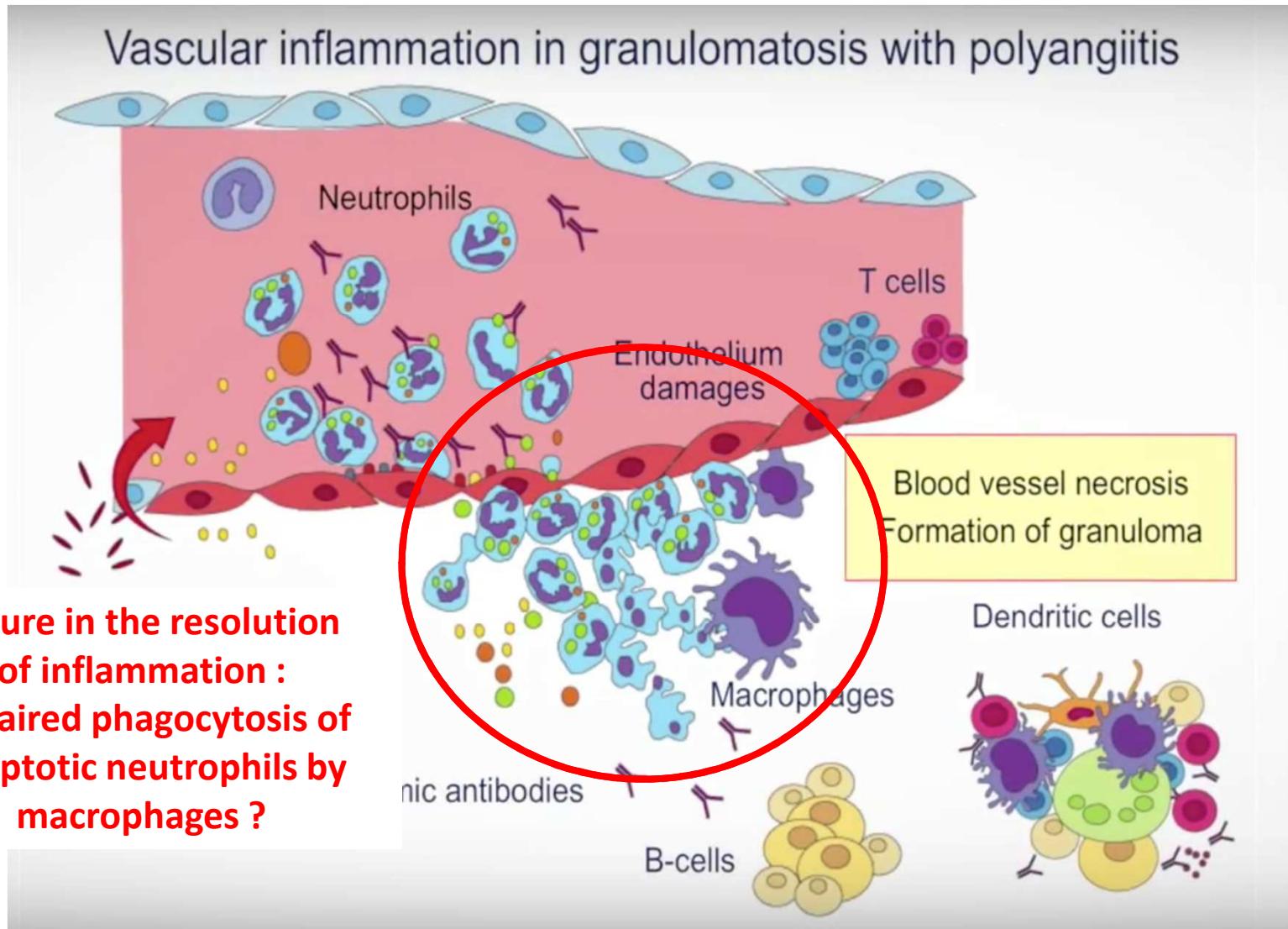
RESEARCH ARTICLE

## Proteinase 3 on apoptotic cells disrupts immune silencing in autoimmune vasculitis

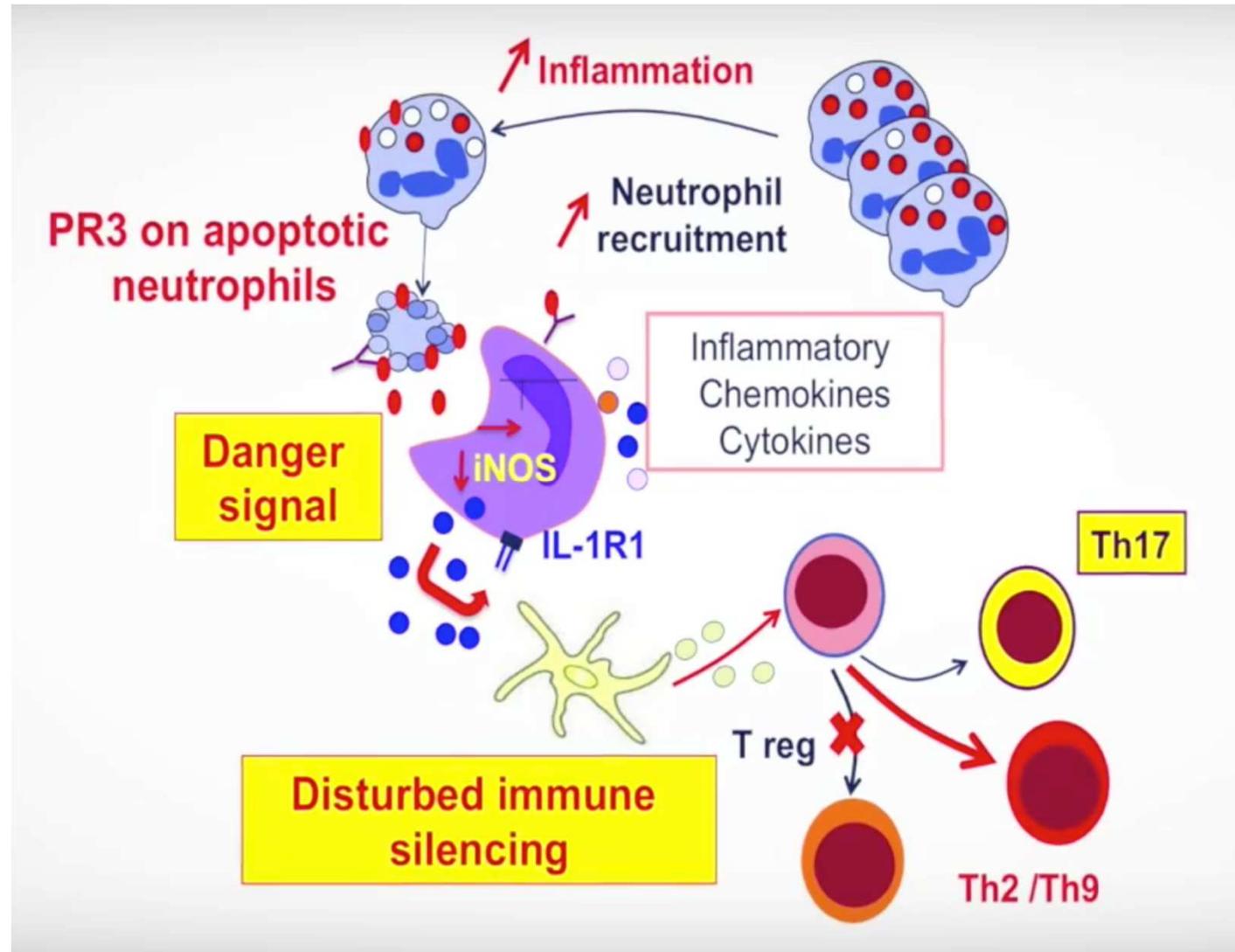
Arnaud Millet,<sup>1,2,3,4</sup> Katherine R. Martin,<sup>1,2,3,4</sup> Francis Bonnefoy,<sup>5</sup> Philippe Saas,<sup>5</sup> Julie Mocek,<sup>1,2,3,4</sup> Manal Alkan,<sup>1,2,3,4</sup> Benjamin Terrier,<sup>1,2,3,4,6</sup> Anja Kerstein,<sup>7</sup> Nicola Tamassia,<sup>8</sup> Senthil Kumaran Satyanarayanan,<sup>9</sup> Amiram Ariel,<sup>9</sup> Jean-Antoine Ribeil,<sup>3,10</sup> Loïc Guillevin,<sup>6</sup> Marco A. Cassatella,<sup>8</sup> Antje Mueller,<sup>7</sup> Nathalie Thieblemont,<sup>1,2,3,4</sup> Peter Lamprecht,<sup>7</sup> Luc Mouthon,<sup>1,2,3,4,6</sup> Sylvain Perruche,<sup>5</sup> and Véronique Witko-Sarsat<sup>1,2,3,4</sup>

Millet, J Clin Invest, 2015

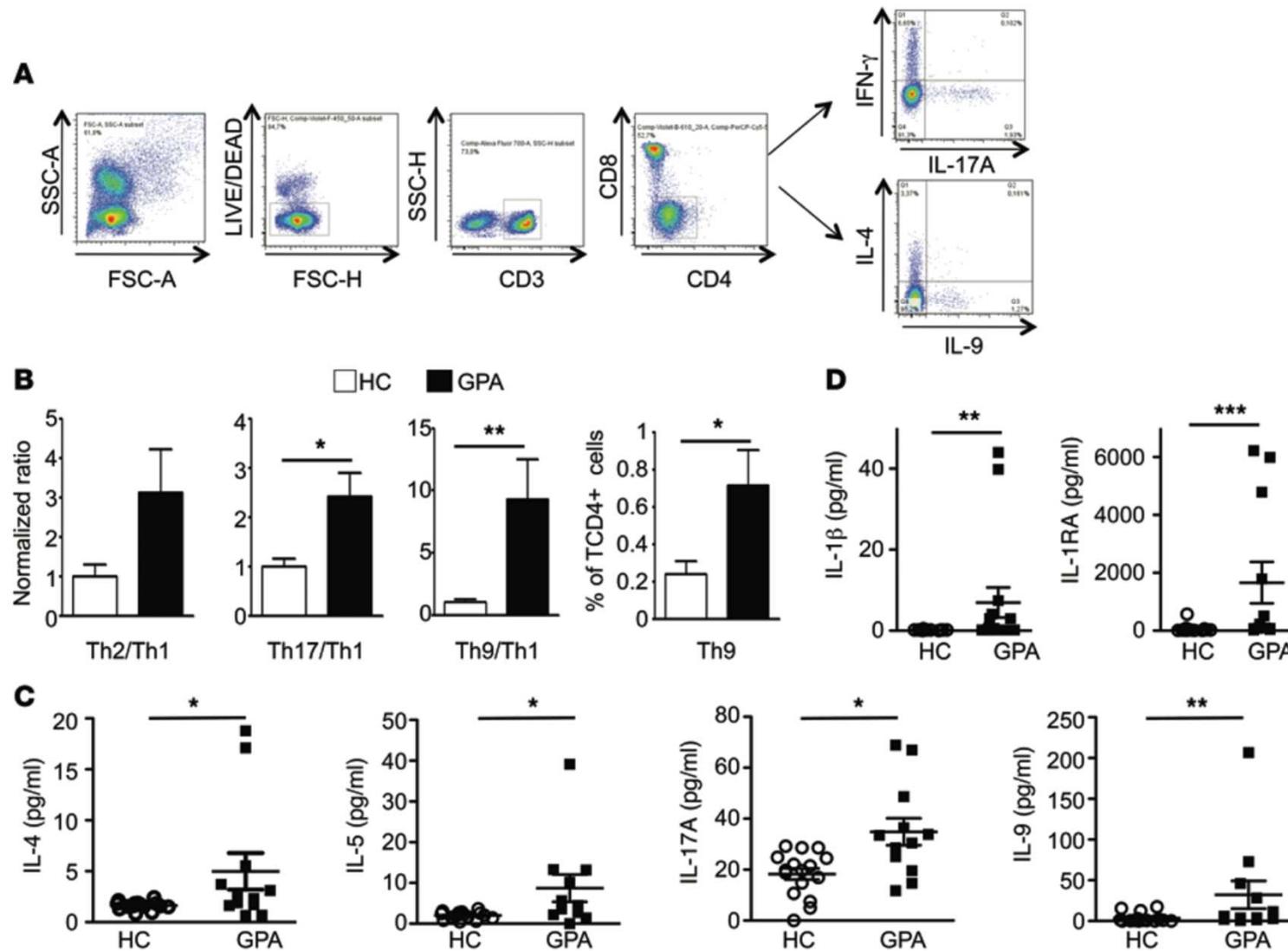
# Failure in the resolution of inflammation in GPA



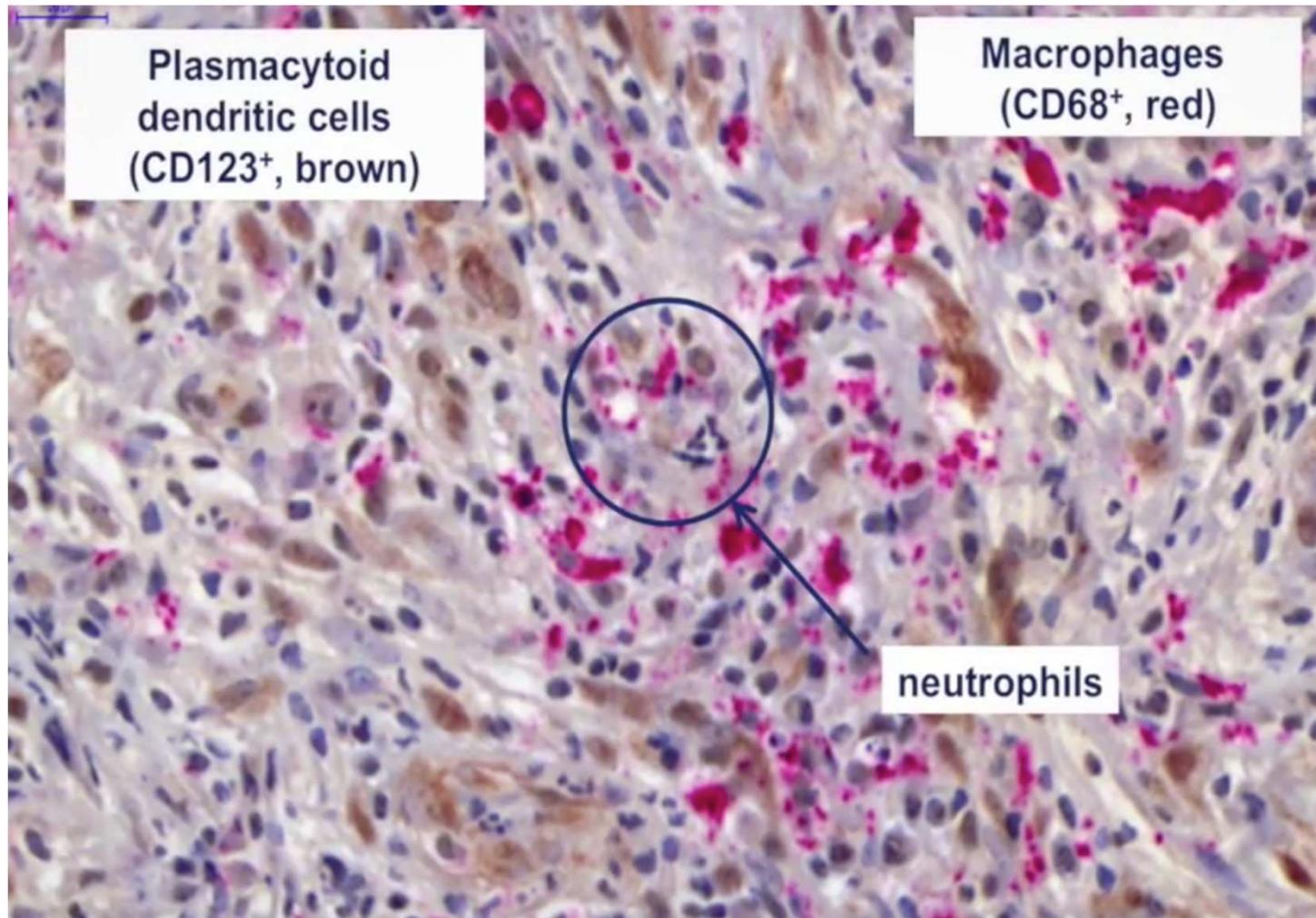
# PR3 as a danger signal for macrophages



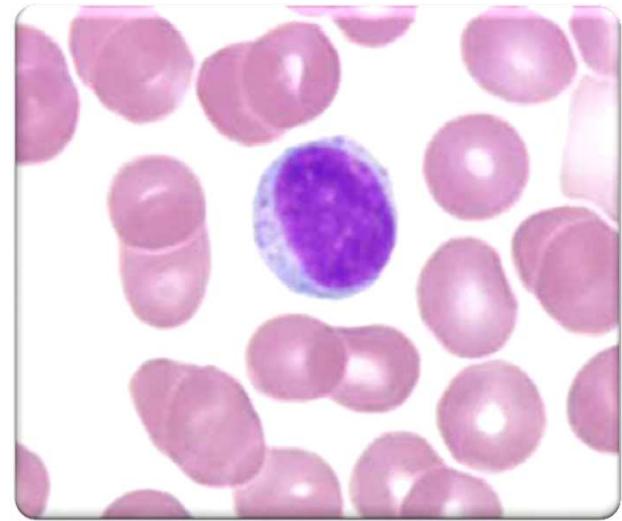
# CD4 T cells from GPA patients have a skewed distribution of Th2/Th9/Th17



# pDC, macrophages and neutrophils are found within the granulomatous lesions in GPA patients



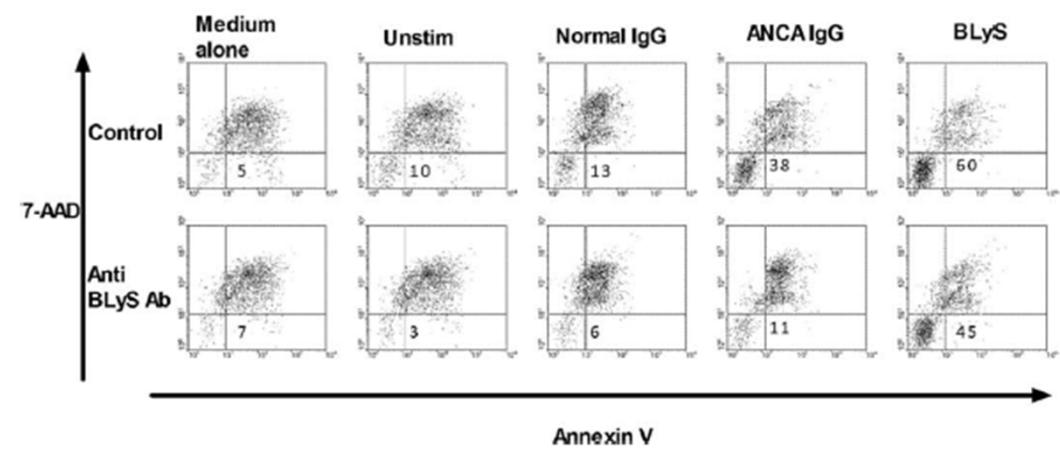
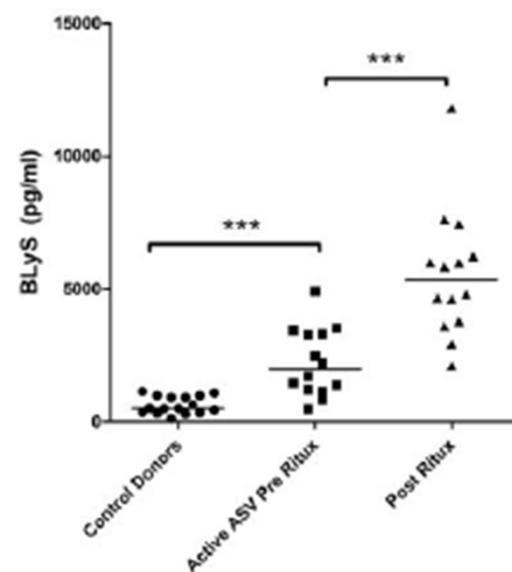
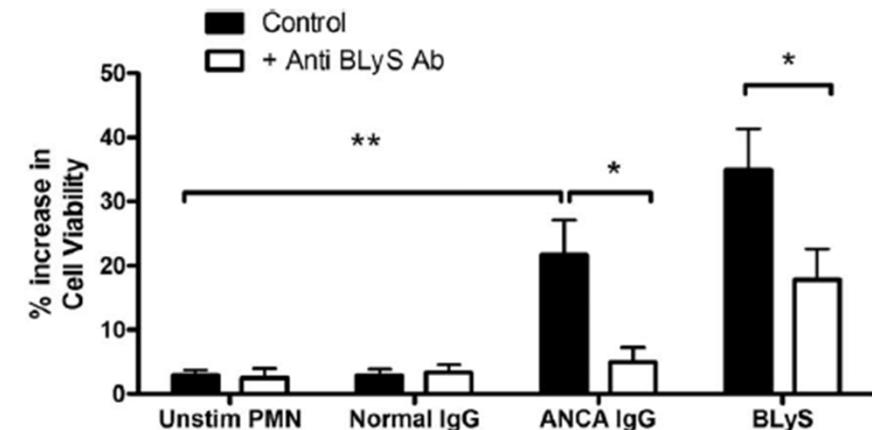
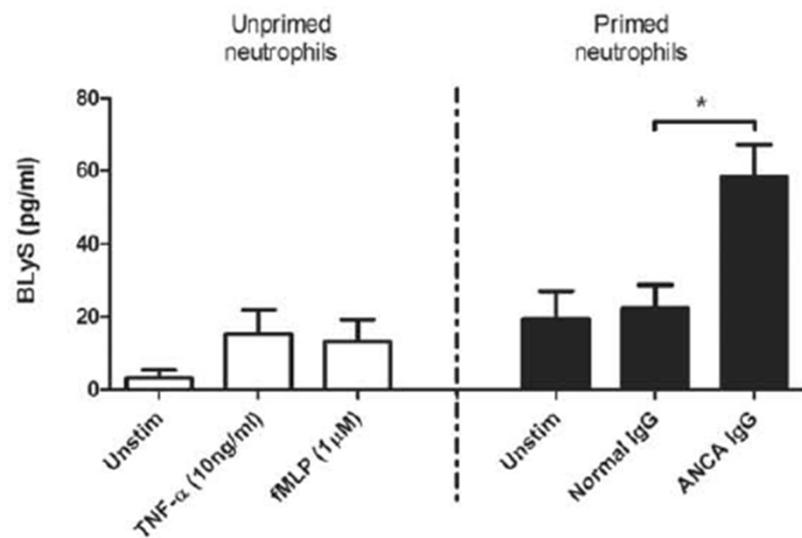
# **Regulation of the ANCA immune response: Role of lymphocytes**



# Regulation of the ANCA immune response

- Impaired T-cell and B-cell suppression
  - Dysfunction of regulatory T cells: loss of tolerance and emergence of pathogenic ANCA response
  - Decreased PD-1 expression on effector T cells
  - Increased IL-17A production
  - Reduced regulatory CD5<sup>+</sup> B cells
- Increased B-cell activation and proliferation
  - Released of B-cell activating factors by ANCA-activated neutrophils
  - Enhanced B-cell proliferation and production of ANCA by ANCA-activated neutrophils

# Enhanced B-cell stimulation by ANCA-activated neutrophils



## *Conclusion*

- Appearance of pathogenic ANCAs in response to various triggers
- Activation of primed neutrophils by ANCAs
- Pathogenic role demonstrated for MPO-ANCA and modulation of the immune response for PR3-ANCA
- Dysregulation of T cells and B cells leading to the ANCA immune response