



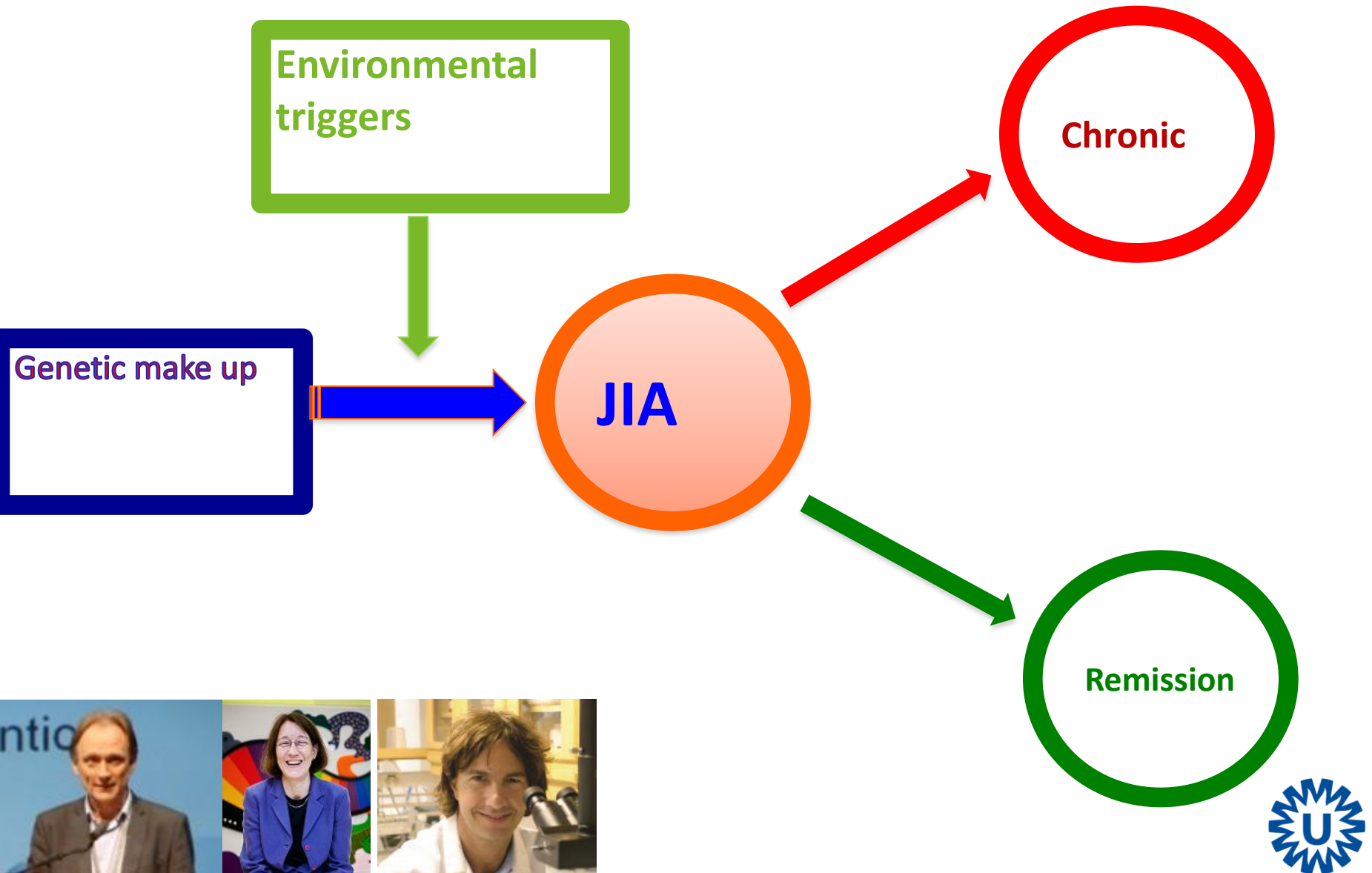
UMC Utrecht

# Pathogenesis of Rheumatic diseases, especially JIA

Nico Wulffraat, dept pediatric immunology&reumatology



# JIA pathogenesis, the big unknown



# Subtypes of Juvenile Idiopathic Arthritis (JIA)

- Non-remitting: poly
- Self-limiting: oligo
- Auto-inflammatory: systemic



# JIA, a balancing act between inflammation and regulation

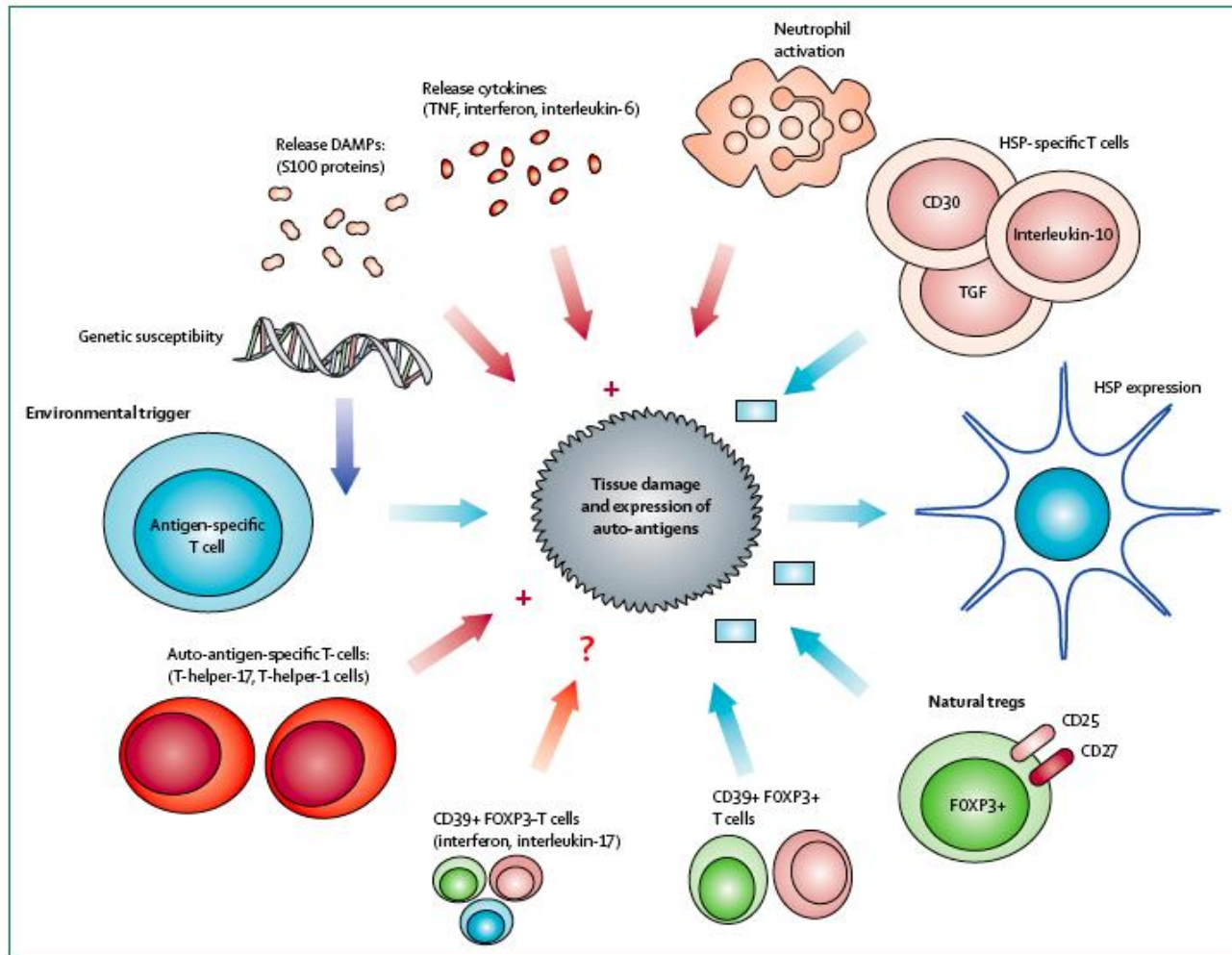
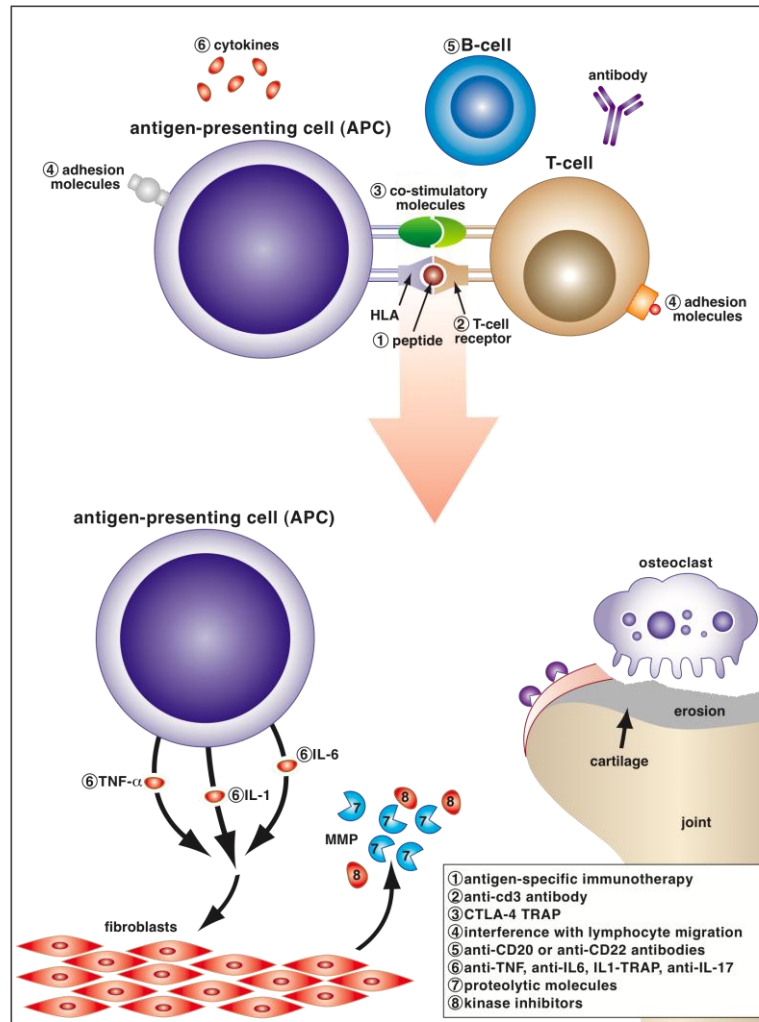


Figure 1: The balance between tolerance and inflammation in Juvenile Idiopathic Arthritis

# Possible Interventions

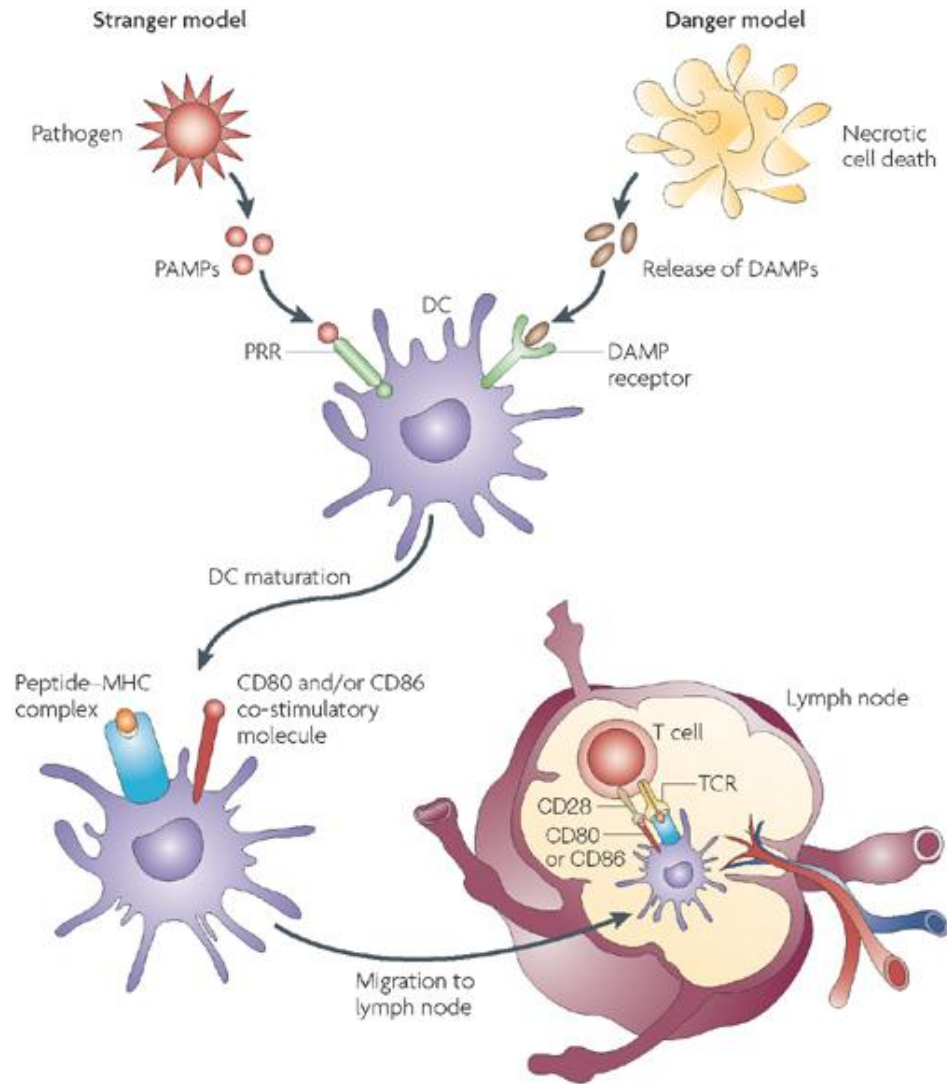


# The crucial question

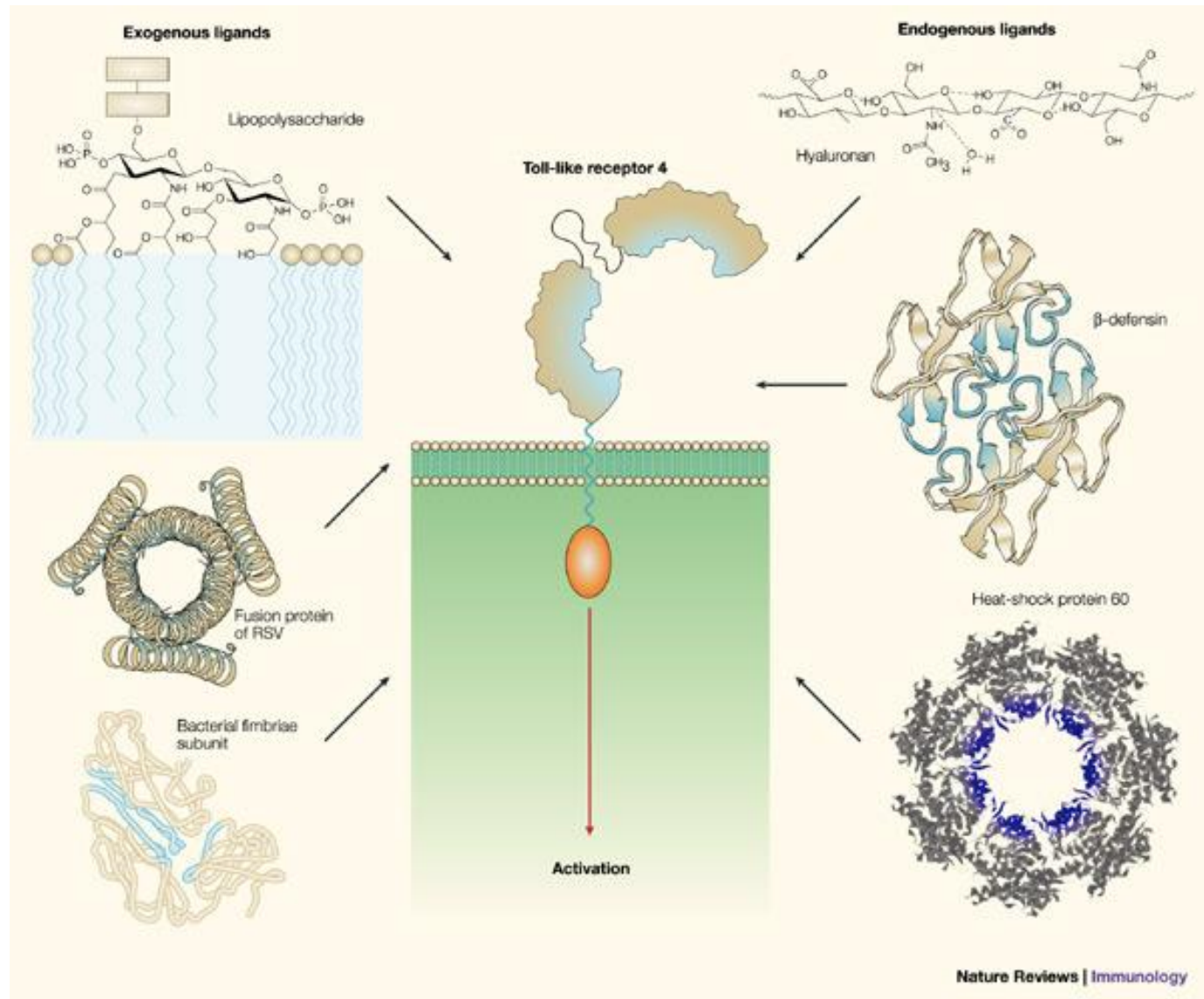
**Why doesn't everybody  
develop autoimmunity?**



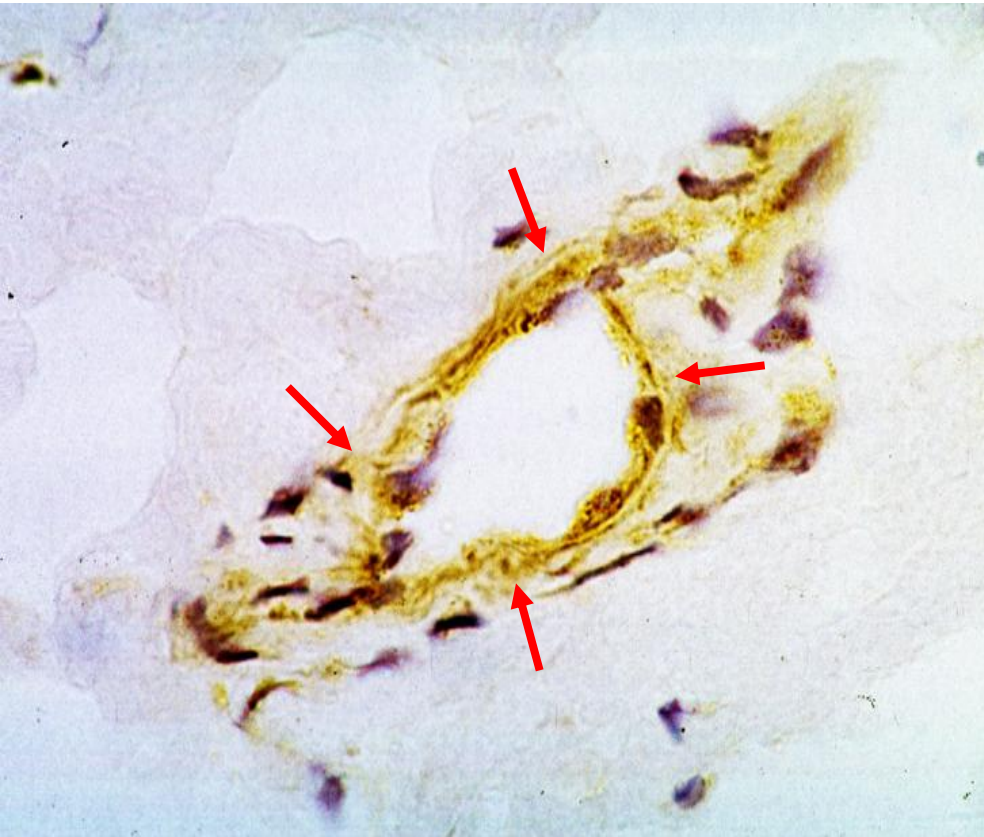
# PAMP & DAMP: STRANGER & DANGER



# Exogenous and Endogenous ligands



# Target antigen in arthritis: Heat shock proteins



- Highly conserved
- Immune dominant
- Stress proteins

*(van Eden & Prakken Nature Rev Immunol 2005)*



# Triggering factors in hsp-induced immune regulation

## Natural

Fever

Infection  
(hygiene hypothesis)

Commensal micro-  
flora (probiotics?)

Mechanical stress

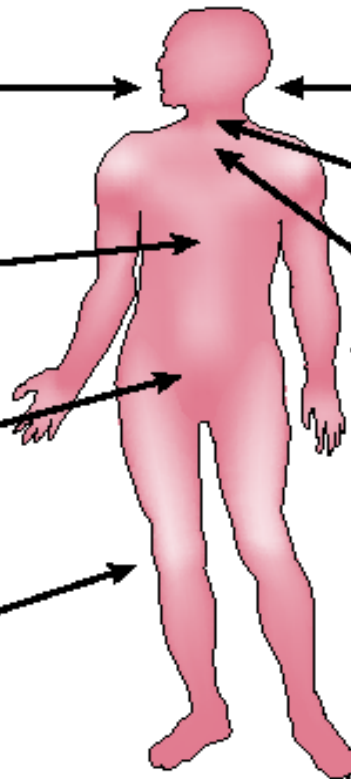
## Non-natural

Hyperthermia

HSP-inducing drugs

Conserved HSP-  
derived peptides  
and/or proteins  
(oral or parenteral  
administration)

Whole-cell vaccines  
(such as pertussis)



# Hsp's: highly conserved immunogenic stress proteins:

Causing autoimmunity through antigenic mimicry?

Autoimmunity = Immune deficiency of immune regulation

Self-recognition is physiologic

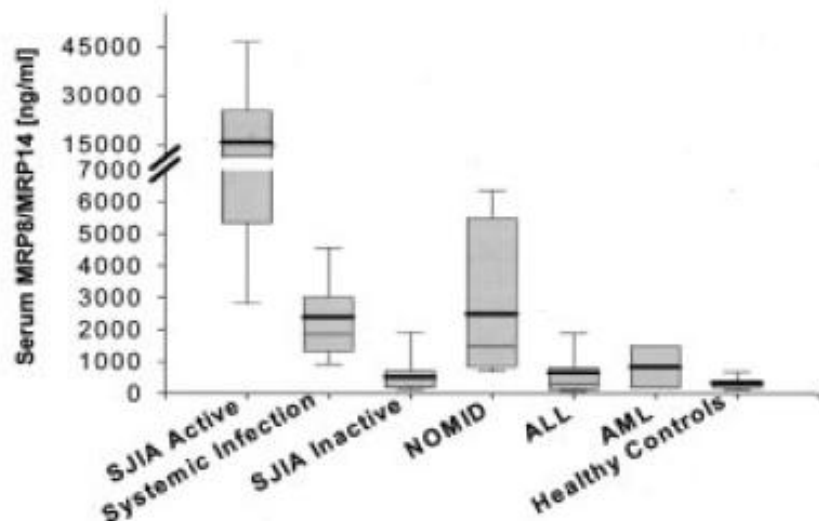


# JIA pathogenesis

## Role of the innate immune system

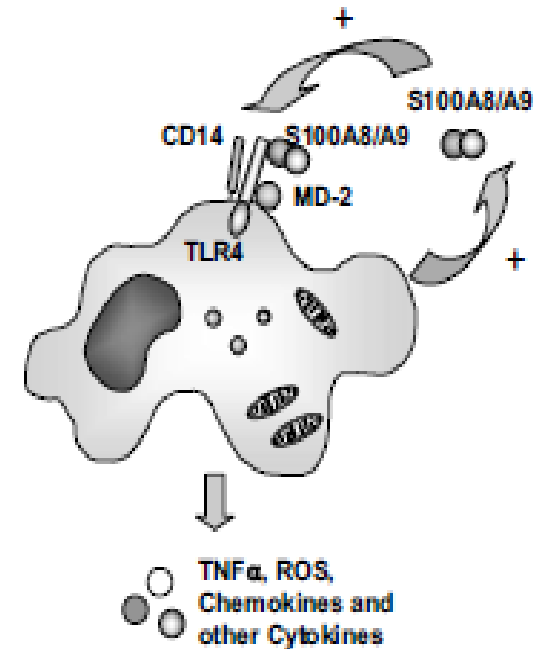
# S100A (=MRP) are DAMP proteins

- Activate human monocytes through TLR4
- Differentiate monocytes into mature DC
- Promote Th17 differentiation (IL6 mediated)
- Cause crystal induced inflammation (gout)
- Enhance inflammation during influenza A virus infection
- Elevated in systemic inflammation (SJIA)



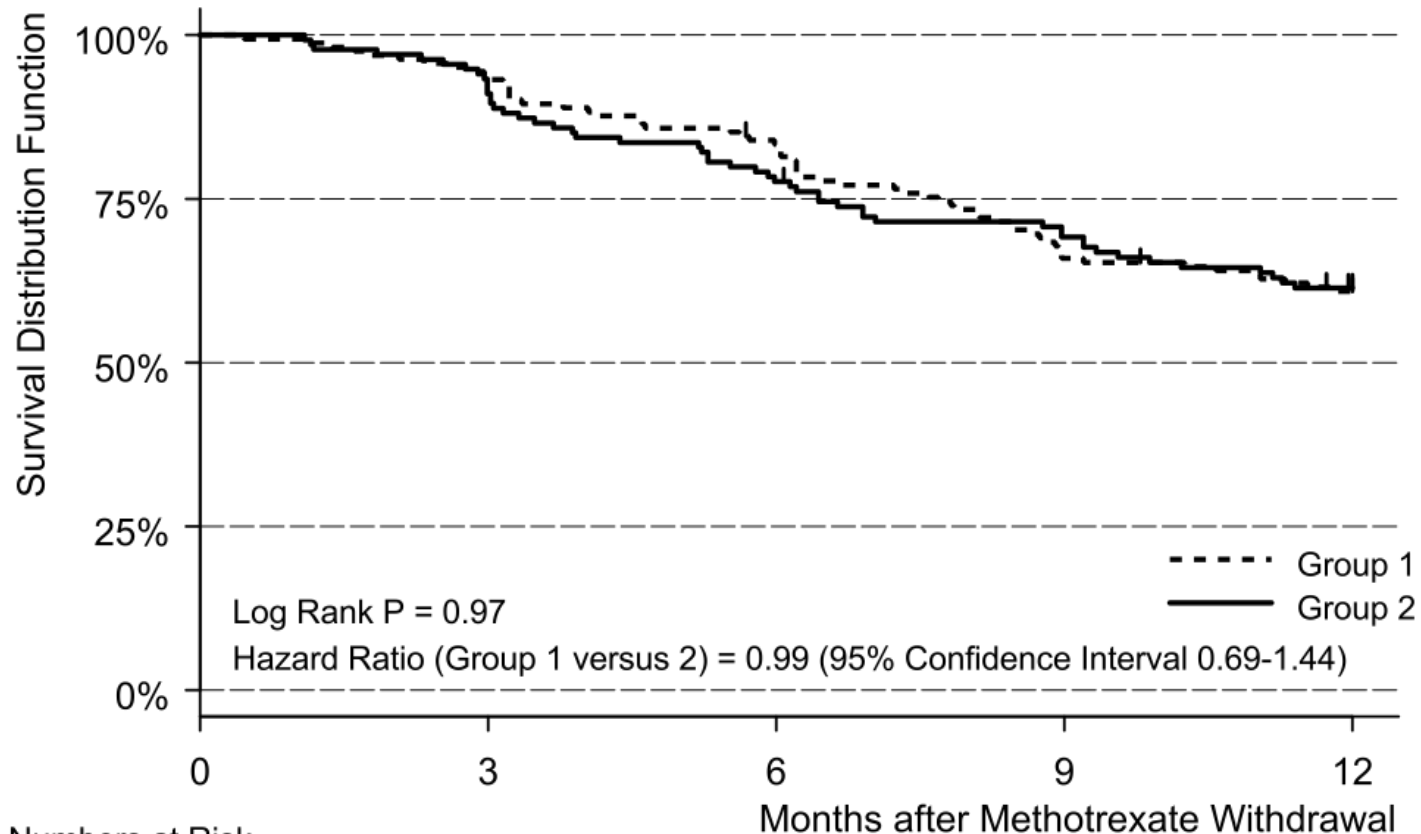
# MRP8/14 (S100A8/A9): DAMP proteins

- Biomarker of Inflammation
- Phagocyte activation marker
- Stable in serum



# Longer treatment with MTX does not decrease the risk of relapse

Per Protocol Analysis



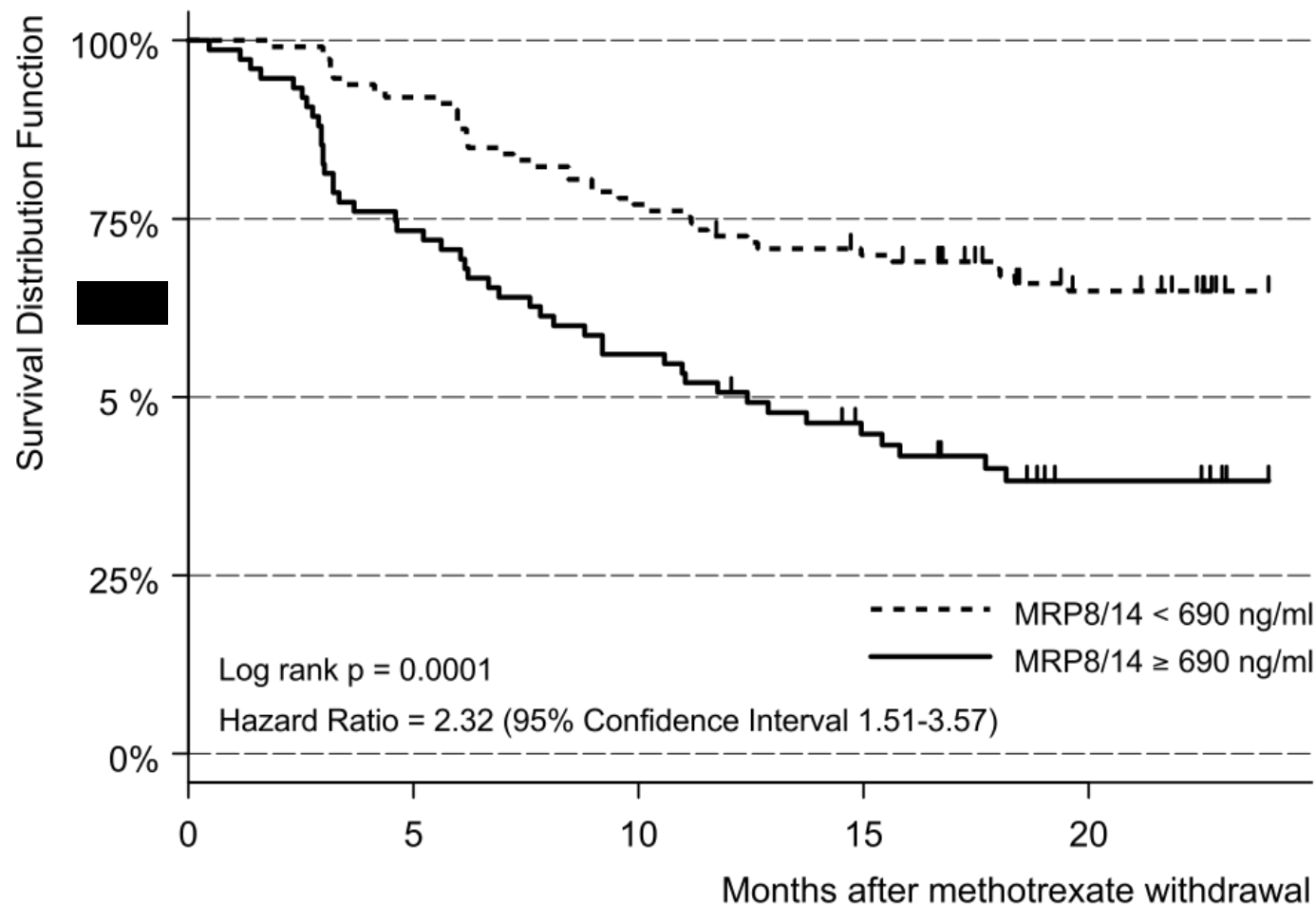
Numbers at Risk

Group 1	162	151	134	106	96
Group 2	135	122	104	89	78



# MRP8/14: detecting the difference between clinical and true remission

MRP analysis

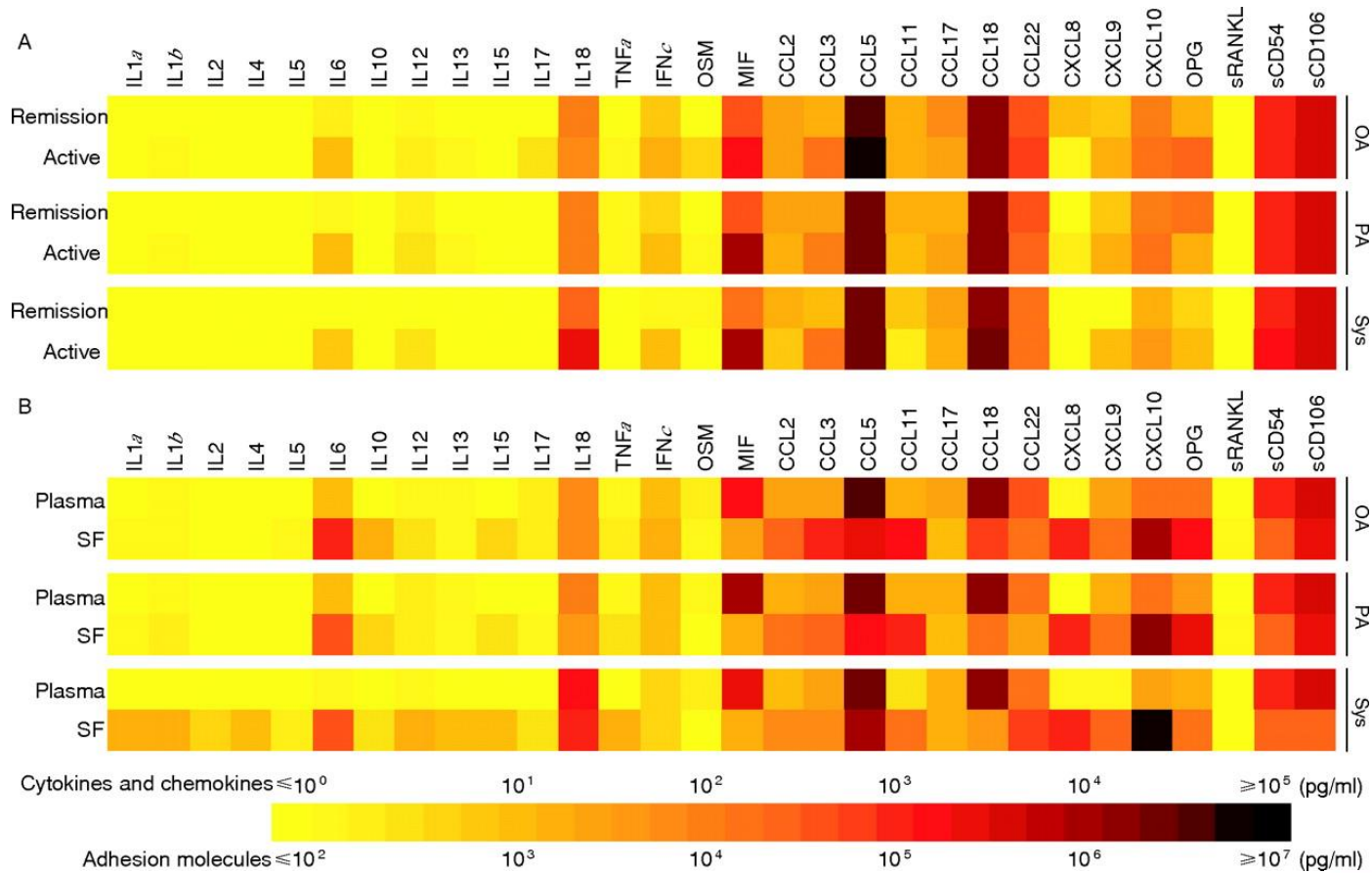


# JIA pathogenesis

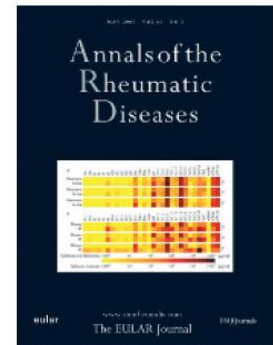
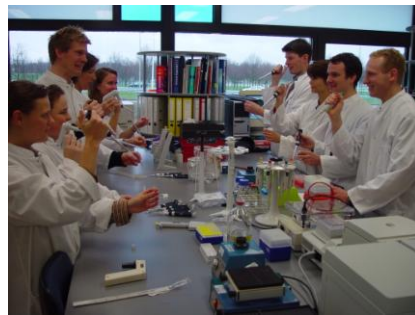
**Role of the adaptive immune system:**

**A balance between pro- and anti-inflammatory signals**

# Cyto-omics of Juvenile Idiopathic Arthritis



de Jager, W. et al. ARD  
2007;66:589-598  
de Jager et al A&R 2009



# What happens when Tregs are absent?

## An experiment of nature: IPEX syndrome

- **FOXP3 mediates immune suppression during infections, autoimmunity, cancer**
- **FOXP3 mutation causing absence of T regs**
- **Loss of immune inhibitory functions**
- **Causing dermatitis, refractory diarrhea, autoimmune endocrinopathy (IDDM, thyroiditis)**
- **Treatment: stem cell transplantation**

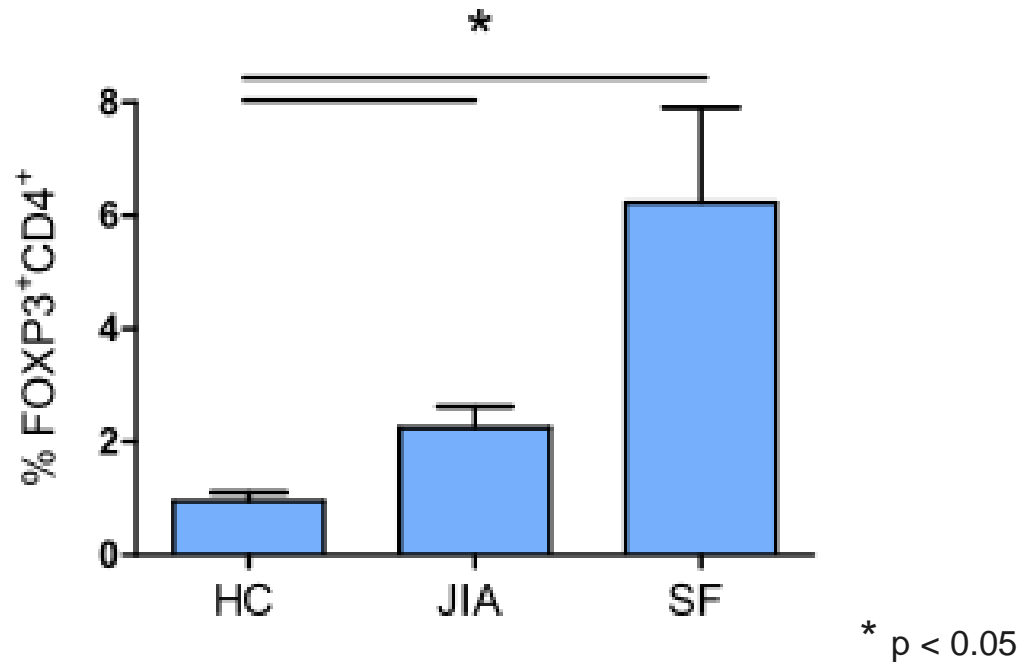


# Two types of T regulatory cells in remitting JIA

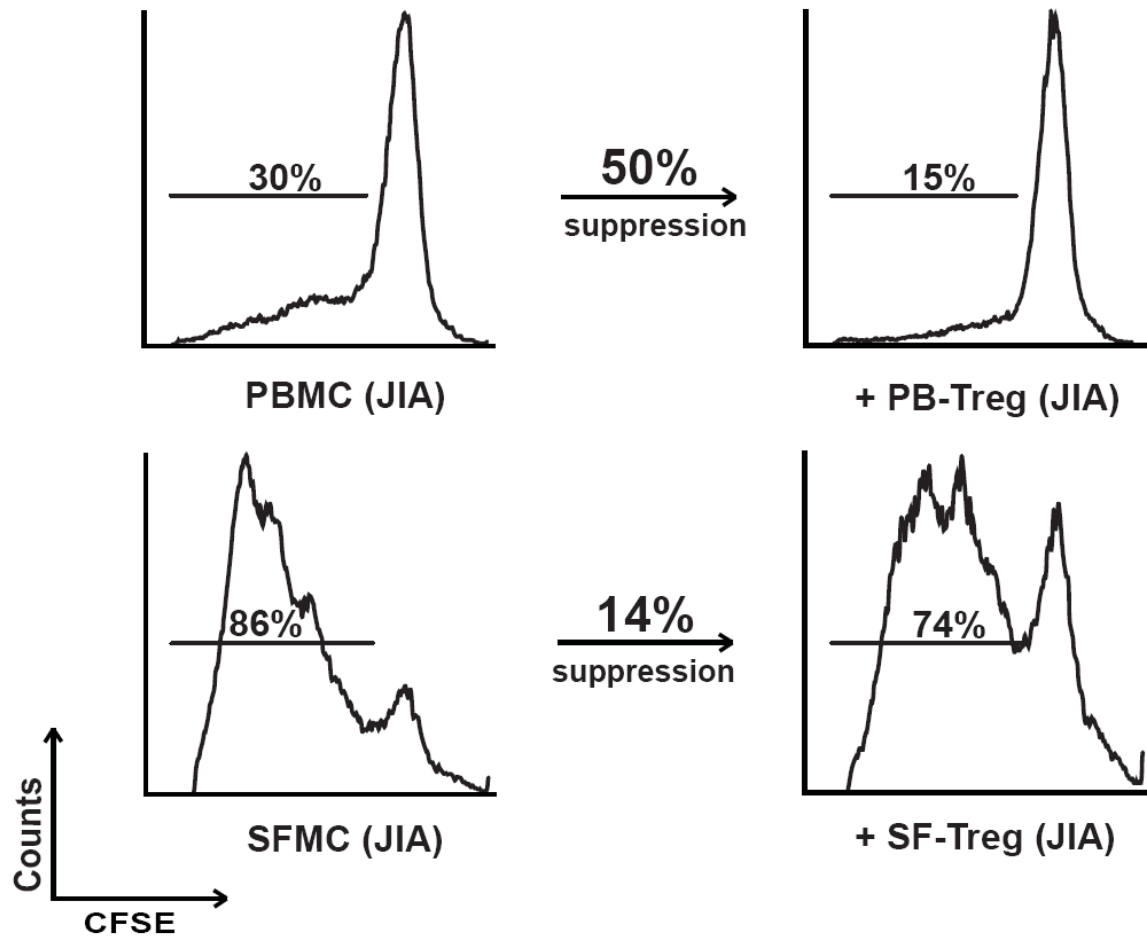
- **Natural CD4+FOXP3+ Treg cells** (de Kleer et al *J.Immunol* 2004, *Blood* 2006 Ruprecht et al *J.Exp Med* 2005, Wehrens *Blood* 2011)
- **Hsp60-specific T cells** (De Kleer et al *Arthr Rheum* 2003, Kamphuis et al *Lancet* 2005, van Eden & Prakken *Nature Rev Immunol* 2005 *J Immunol* 2011)



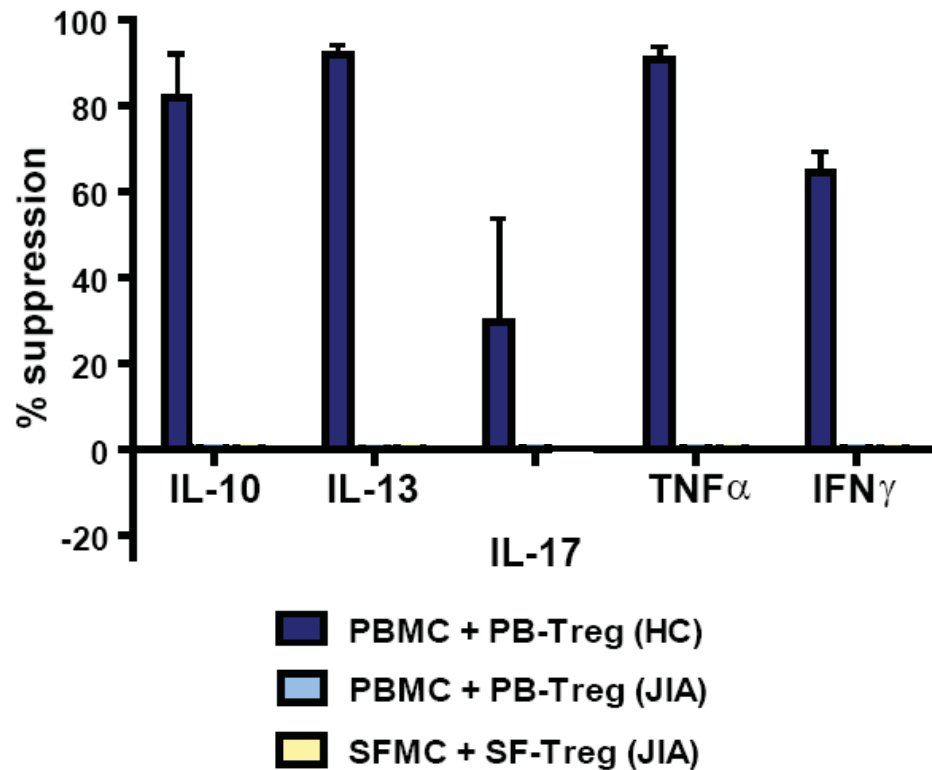
# Tregs are enriched at the site of inflammation



# Reduced suppression of proliferation in synovial fluid



# Suppression of cytokine production impaired at the site of inflammation



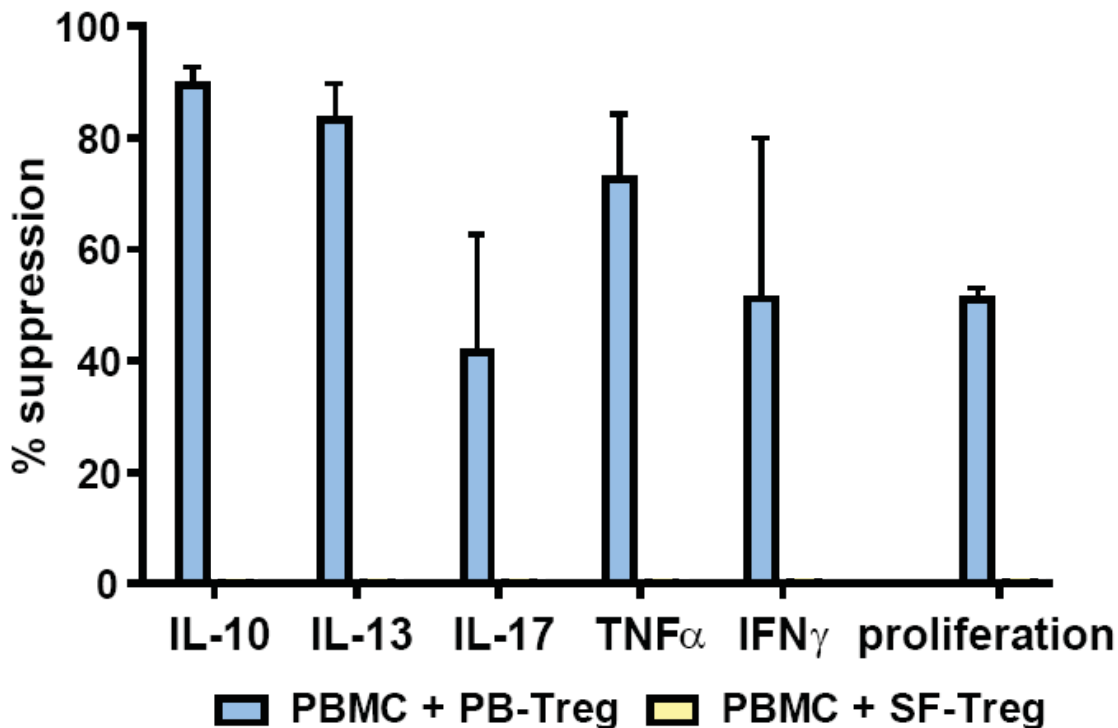
Defects in the suppressive function of **Treg**  
or  
Are **effector cells** resistant to suppression?



Ellen Wehrens



# Cross-over experiments: No functional defect in SF-Treg! (but SFMC are resistant!)





# Conclusions

## Pathogenesis of chronic inflammation

**Interplay between innate and adaptive immune system**

**Balance of pro- and anti-inflammatory signals, such as the  
Inverse relation Th17-Th1**

**MRP (DAMP proteins) are upregulated in systemic  
inflammation, esp SJIA**

**Tregs in SF are not deficient, but T effector cells are  
resistant to suppression**



# Collaboration with PRES

Educational courses  
Fellow exchange  
Research  
PRINTO drug trials  
Patient information

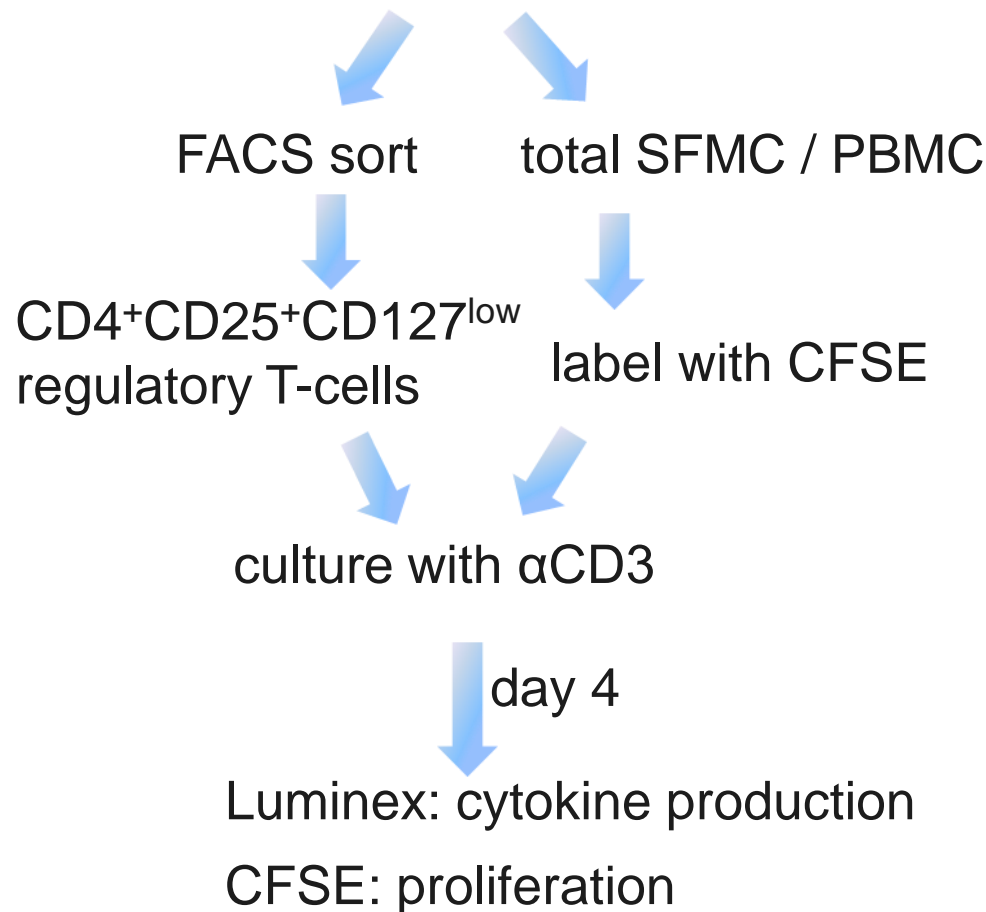


Basic & advanced course Mumbai 2012



# Methods: suppression assay

isolate mononuclear cells  
from peripheral blood (PBMC) and synovial fluid (SFMC)



# Are Tregs in poly articular JIA functionally impaired?



Ellen  
Wehrens