

# MÁSTER EN HEPATOLOGÍA

**UAM**  
Universidad Autónoma  
de Madrid

 Universidad  
de Alcalá

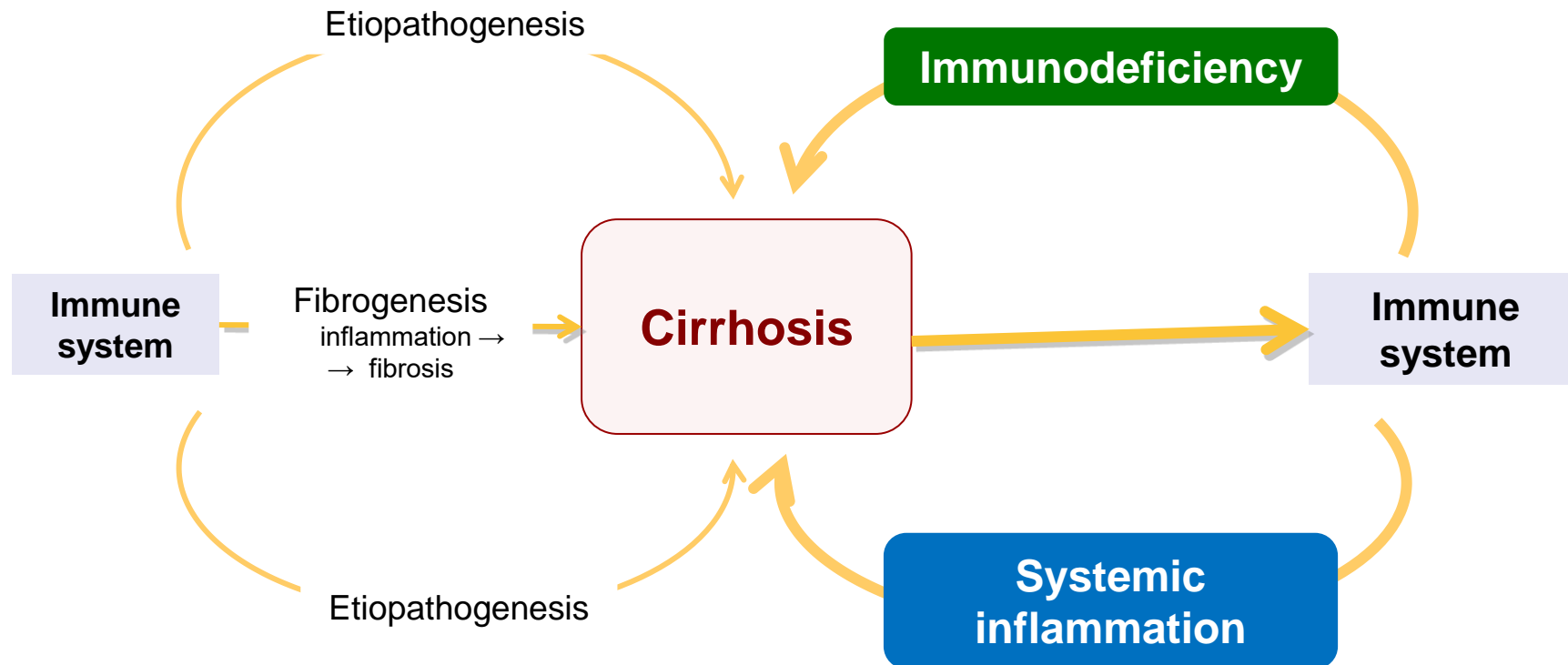
**Asignatura: Cirrosis II**

**“Disfunción del sistema inmune asociada a la cirrosis”**

**Agustín Albillos**

Hospital Universitario Ramón y Cajal, IRYCIS,  
Universidad de Alcalá, CIBERehd, Madrid

# Cirrhosis-associated immune dysfunction (CAID): the impairment of the immune system in cirrhosis



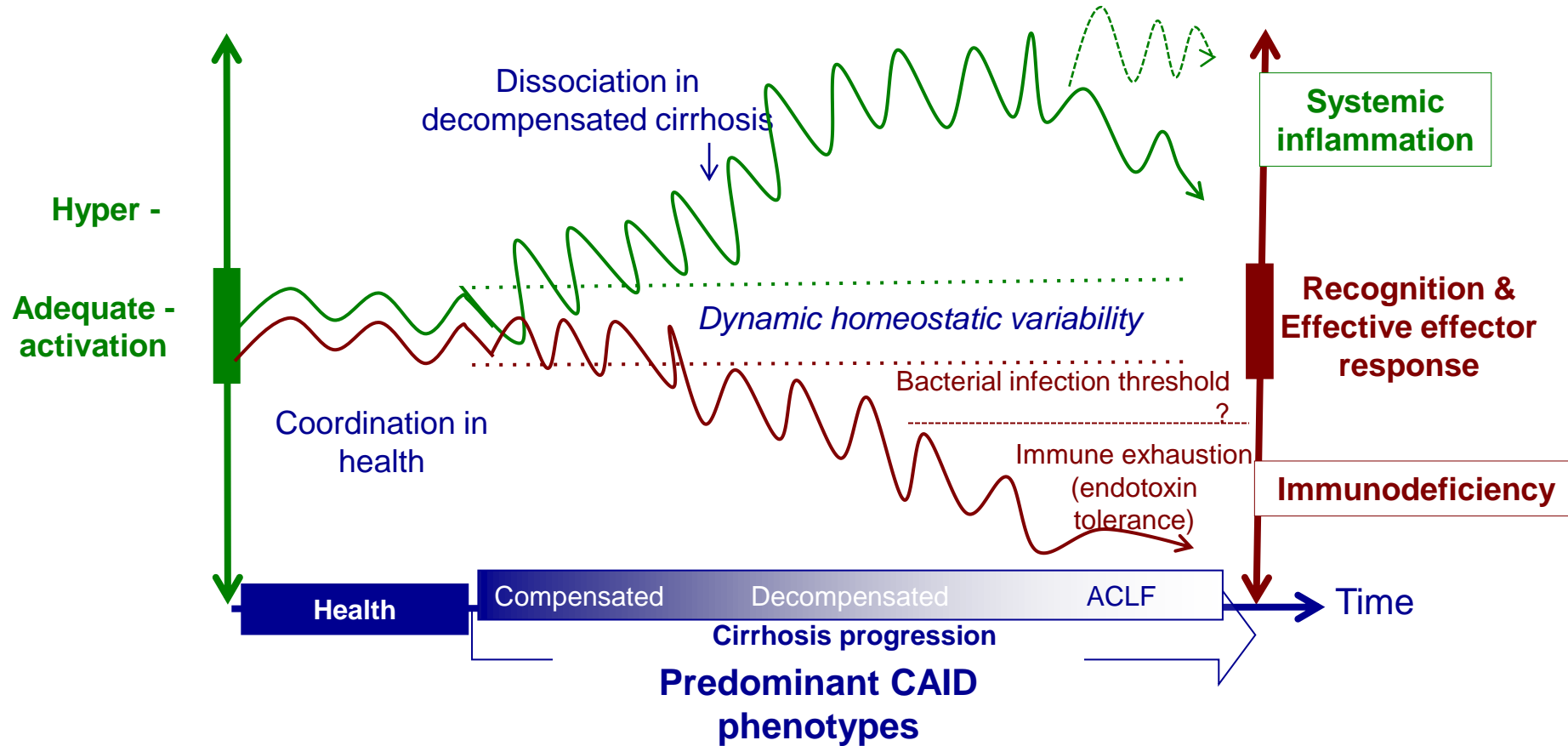
## Agenda

Concept and phenotypes

Systemic inflammation

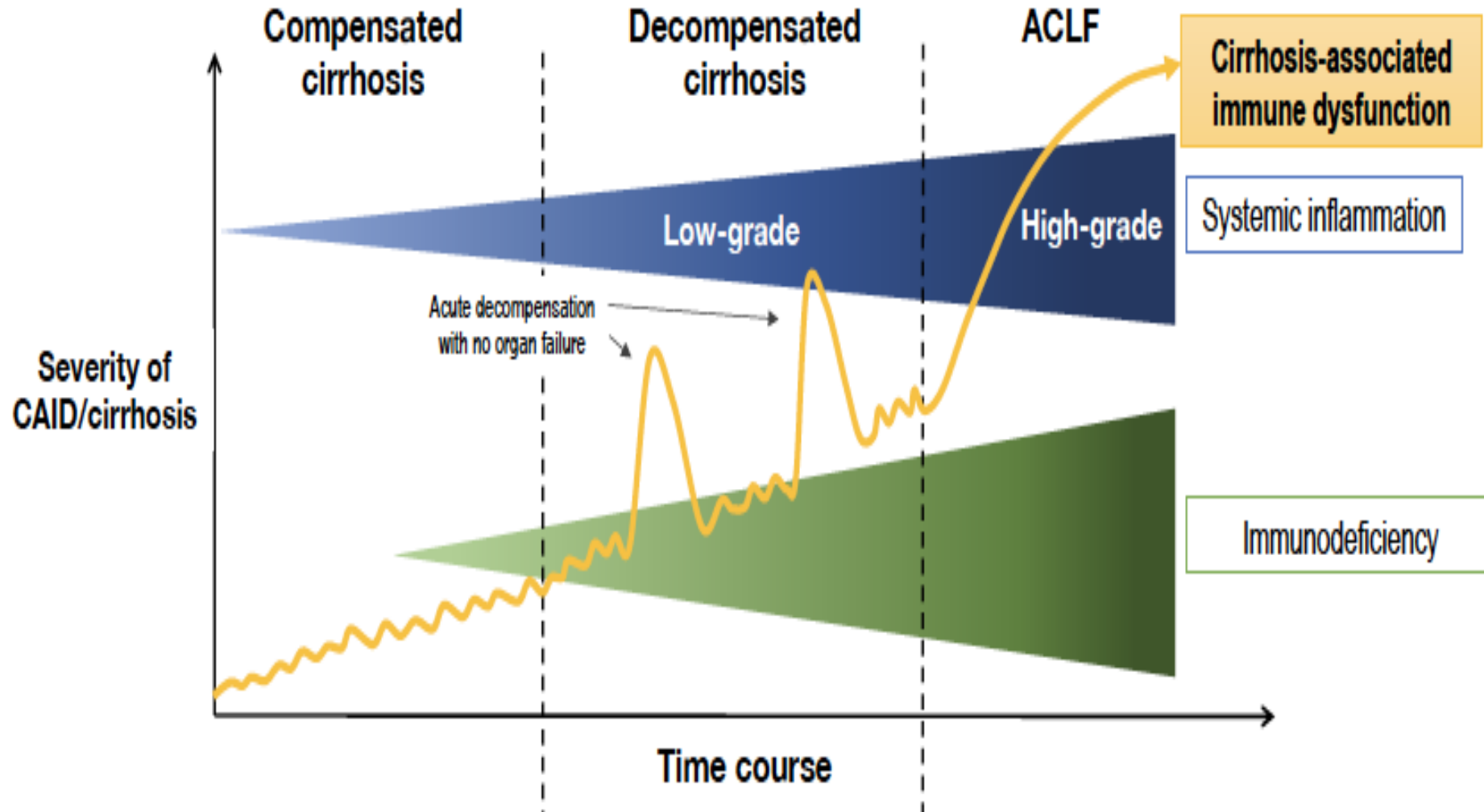
Immunodeficiency

# Cirrhosis-associated immune dysfunction: Phenotypes



Immune characteristic	Pro-inflammatory	Immunodeficient
Pro-inflammatory cytokines (e.g. TNF $\alpha$ , IL-6, IL-1 $\beta$ )	↑↑	↑
Anti-inflammatory cytokines (e.g. IL-10, TGF $\beta$ )	↑	↑↑
Phagocytosis (e.g. dendritic cells)	↑	↓
HLA-DR/co-stimulatory molecules expression on monocytes/macrophages	↑	↓
Expression of negative regulators (e.g. IRAK-M)	↓	↑

# Cirrhosis-associated immune dysfunction (CAID): dynamics and phenotypes



## Agenda

Concept and phenotypes

**Systemic inflammation**

Immunodeficiency

# Evidences of systemic inflammation in cirrhosis

		<b>Compensated and decompensated cirrhosis*</b>	<b>ACLF</b>
<b>Soluble molecules (serum)</b>	<b>Acute phase proteins</b>	↑CRP, ↑LBP	↑↑↑ CRP
	<b>Pro-inflammatory cytokines</b>	↑TNF, IL-1b, IL-6, IL-17, MCP-1, MIP-1b	↑↑↑ Pro-/Anti-inflammatory cytokines
	<b>Endothelial activation</b>	↑ICAM-1, VCAM, VEGF ↑Nitrates/nitrites	↑↑ VEGF
<b>Immune cells</b>	<b>Neutrophil activation</b>	↑Respiratory burst ↑CD11b	
	<b>Monocyte activation</b>	↑HLA-DR expression ↑CD80/CD86 expression ↑TNF production	↑↑ CD163 in serum
	<b>T-lymph activation</b>	Th1 polarization ↑IFN $\gamma$ production	
	<b>B-lymph activation</b>	↑HLA-DR expression	

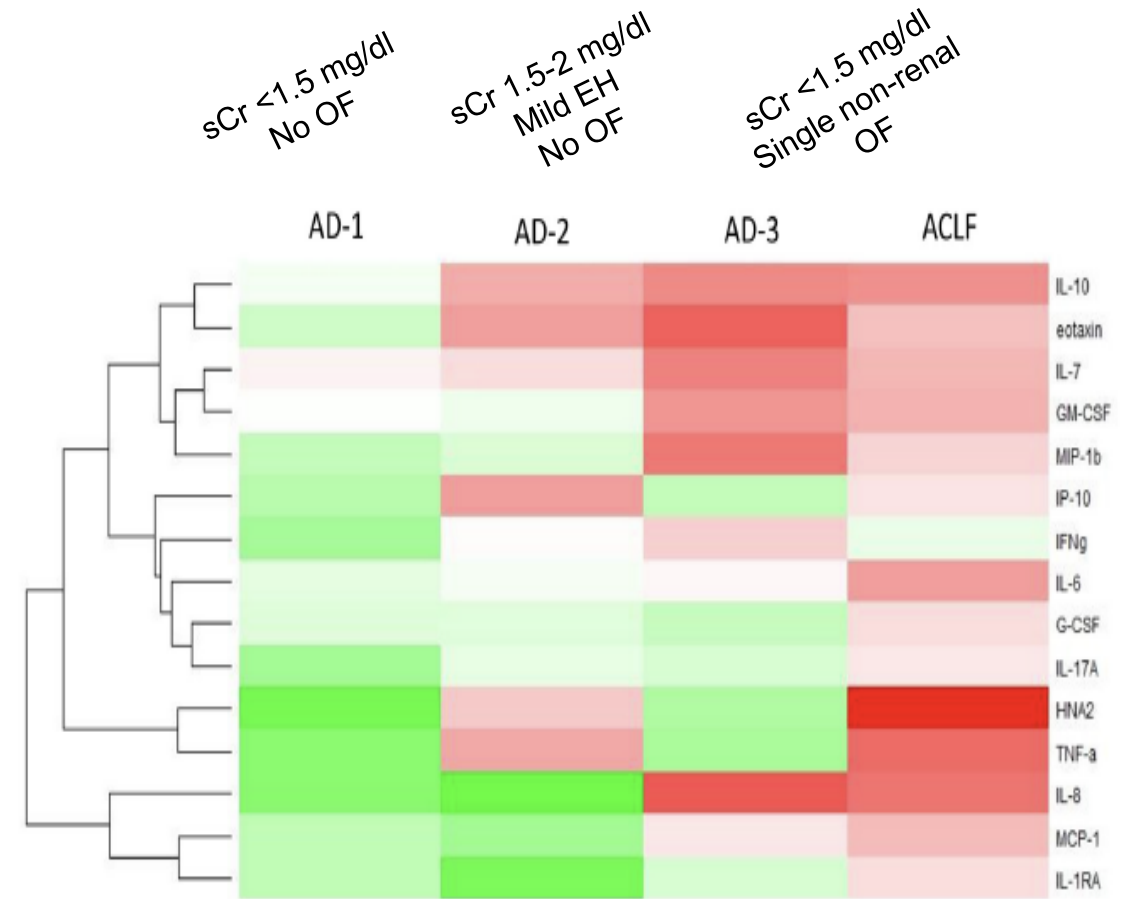
\* Intensity of the abnormalities correlates with the severity of cirrhosis

# The intensity of systemic inflammation parallels cirrhosis progression

## Pro-inflammatory cytokines in serum of patients with compensated and decompensated cirrhosis

## Heat-map of systemic inflammation biomarkers in patients with cirrhosis and acute decompensation

	Healthy controls (n=30)	Cirrhotic patients w/o ascites (n=31)	Cirrhotic patients with ascites (n=71)	
			Normal LBP (n=41)	High LBP (n=30)
Endotoxin (EU/ml)	0.29 ± 0.04	0.34 ± 0.03	0.37 ± 0.03	0.68 ± 0.06*
sCD14 (ng/ml)	1384 ± 138	1498 ± 132	1552 ± 98	2676 ± 104*
TNF- $\alpha$ (pg/ml)	1.74 ± 0.4	3.81 ± 0.3*	5.34 ± 0.4*	<b>8.5 ± 0.5*</b>
IL-6 (pg/ml)	3.1 ± 0.5	11.2 ± 0.9*	16.3 ± 1.5*	<b>31.6 ± 1.6*</b>
sTNF-RI (pg/ml)	818 ± 56	1158 ± 68	1510 ± 88*	<b>2442 ± 354*</b>



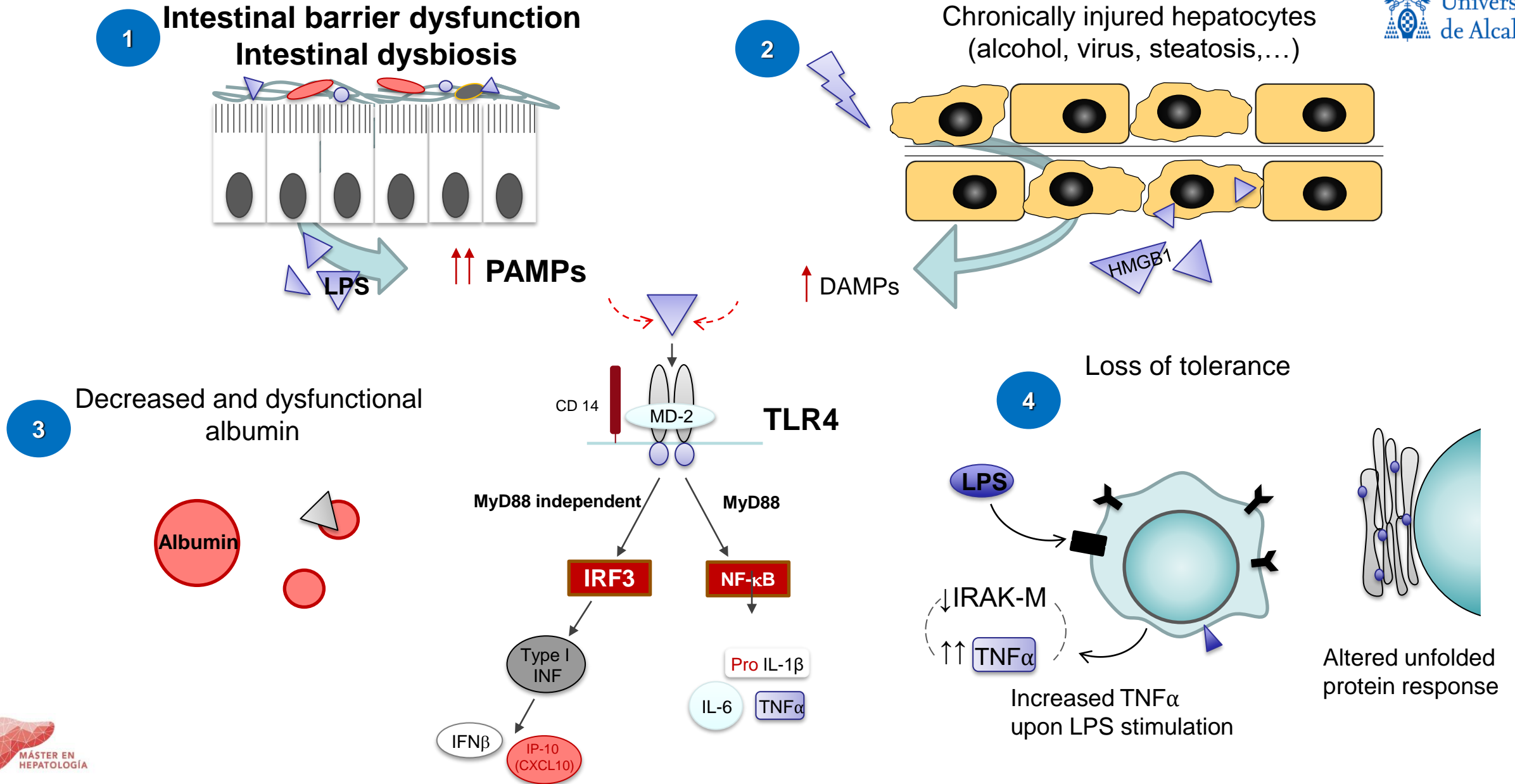
\* P<0.01 vs. controls

A Albillos et al. Hepatology 2003

J Trebicka et al. Front Immunol 2019



# Mechanisms of inflammasome activation in compensated and decompensated cirrhosis



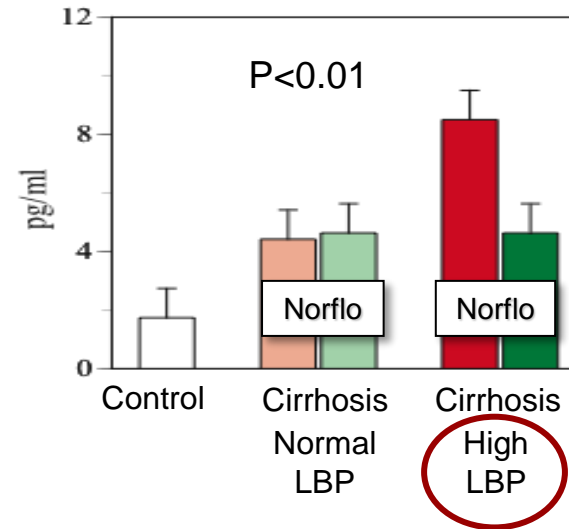
# Enteric bacterial products drive low-grade systemic inflammation in decompensated cirrhosis: Role of activated monocytes

Pro-inflammatory cytokines in serum of patients with compensated and decompensated cirrhosis

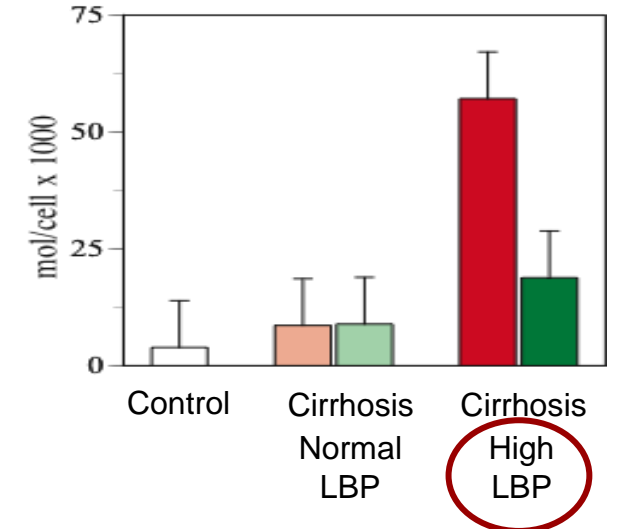
	Healthy controls (n=30)	Cirrhotic patients w/o ascites (n=31)	Cirrhotic patients with ascites (n=71)	
			Normal LBP (n=41)	High LBP (n=30)
Endotoxin (EU/ml)	0.29 ± 0.04	0.34 ± 0.03	0.37 ± 0.03	0.68 ± 0.06*
sCD14 (ng/ml)	1384 ± 138	1498 ± 132	1552 ± 98	2676 ± 104*
TNF- $\alpha$ (pg/ml)	1.74 ± 0.4	3.81 ± 0.3*	5.34 ± 0.4*	<b>8.5 ± 0.5*</b>
IL-6 (pg/ml)	3.1 ± 0.5	11.2 ± 0.9*	16.3 ± 1.5*	<b>31.6 ± 1.6*</b>
sTNF-RI (pg/ml)	818 ± 56	1158 ± 68	1510 ± 88*	<b>2442 ± 354*</b>

Cirrhosis with ascites

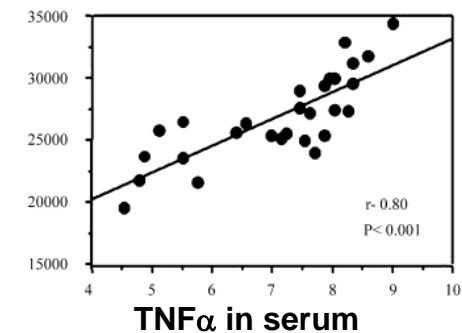
TNF $\alpha$  in serum



Circulating monocytes CD14<sup>+</sup>TNF $\alpha$ <sup>+</sup>

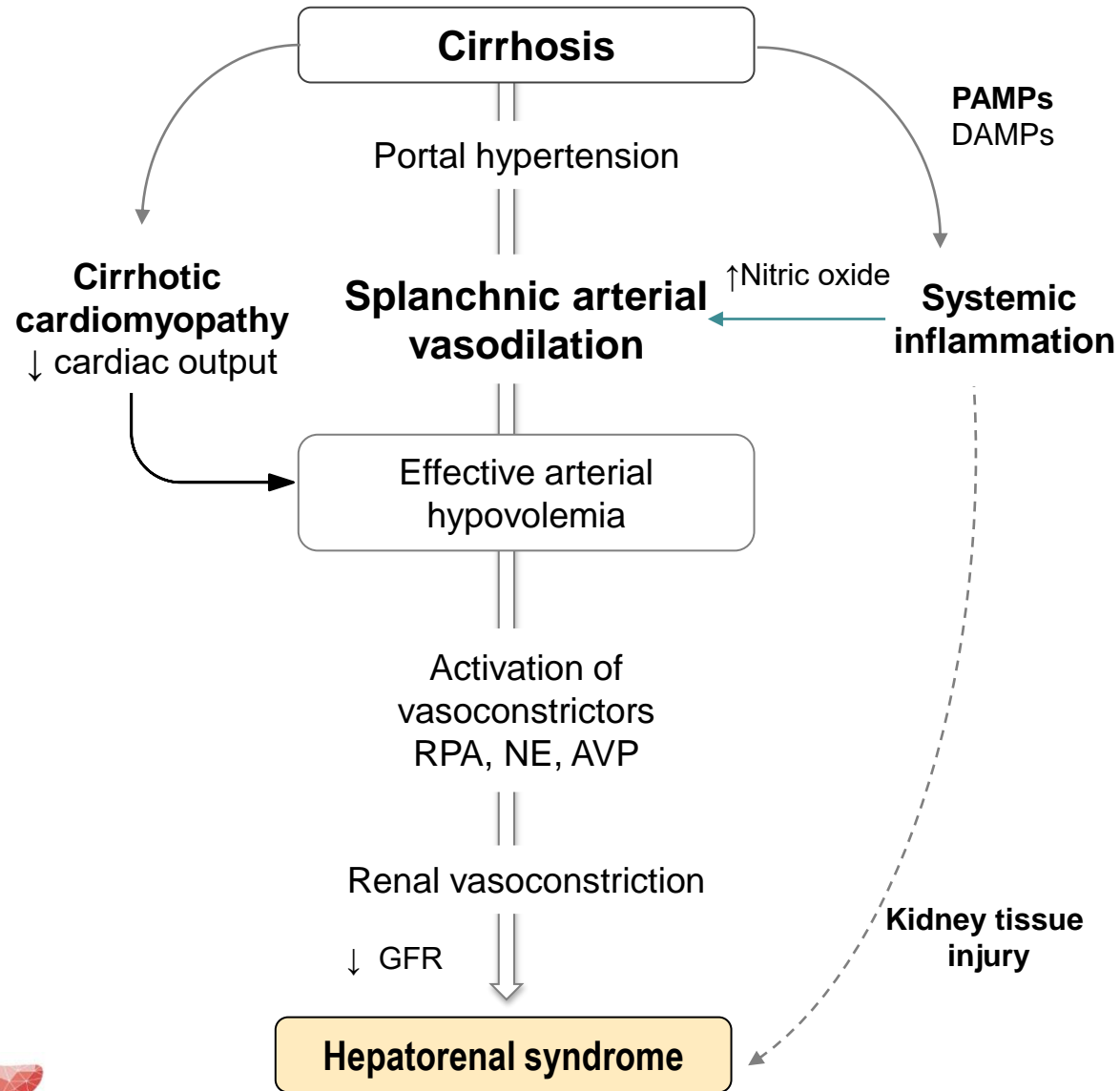


Circulating monocytes CD14<sup>+</sup>TNF $\alpha$ <sup>+</sup>





# Portal hypertension, circulatory dysfunction and systemic inflammation as drivers of cirrhosis progression

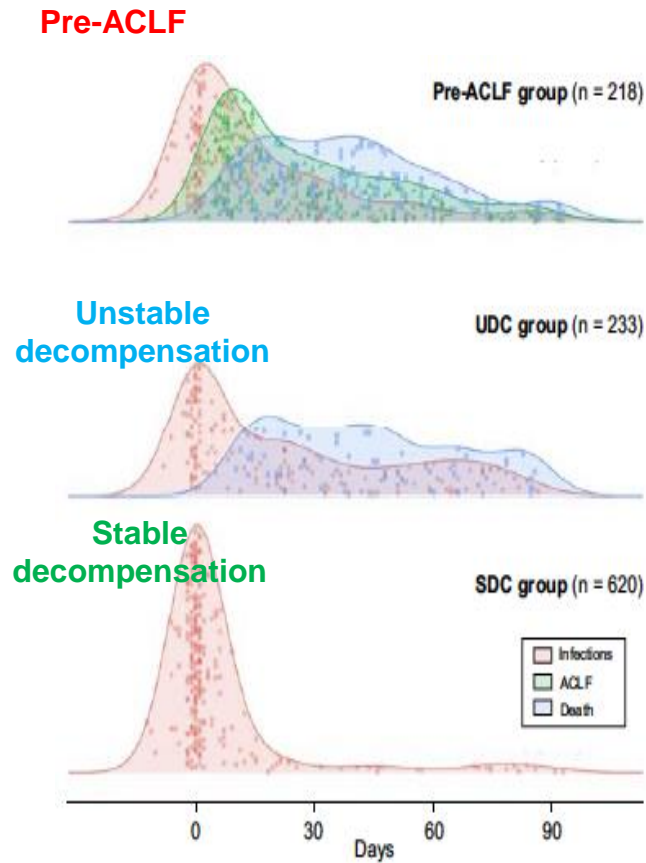


# Acute decompensation in cirrhosis: three clinical courses

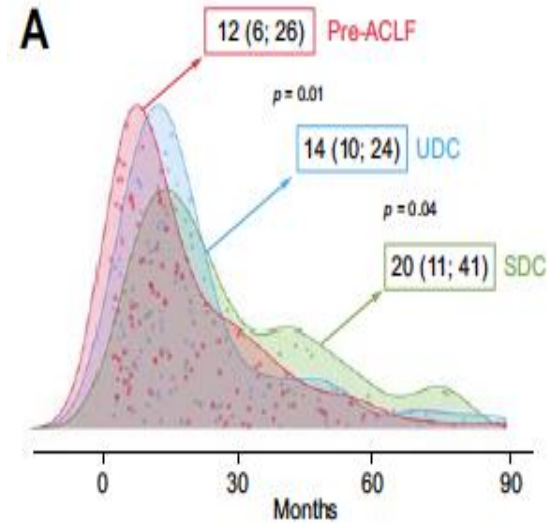
## PREDICT study

1071 patients with cirrhosis with acute decompensation (w/o organ failure)  
 Follow-up 3 months and 1 year after the event

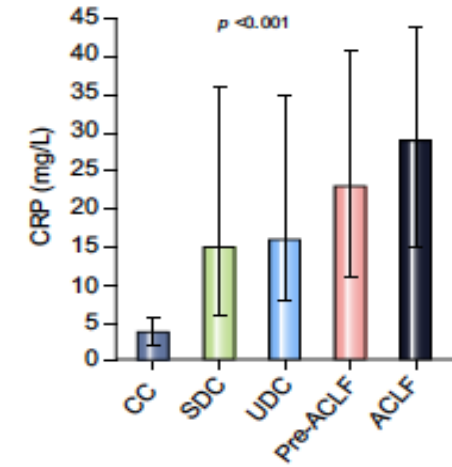
Density curves of events



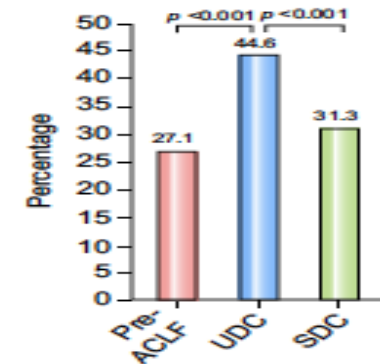
Density curves of LTx/death

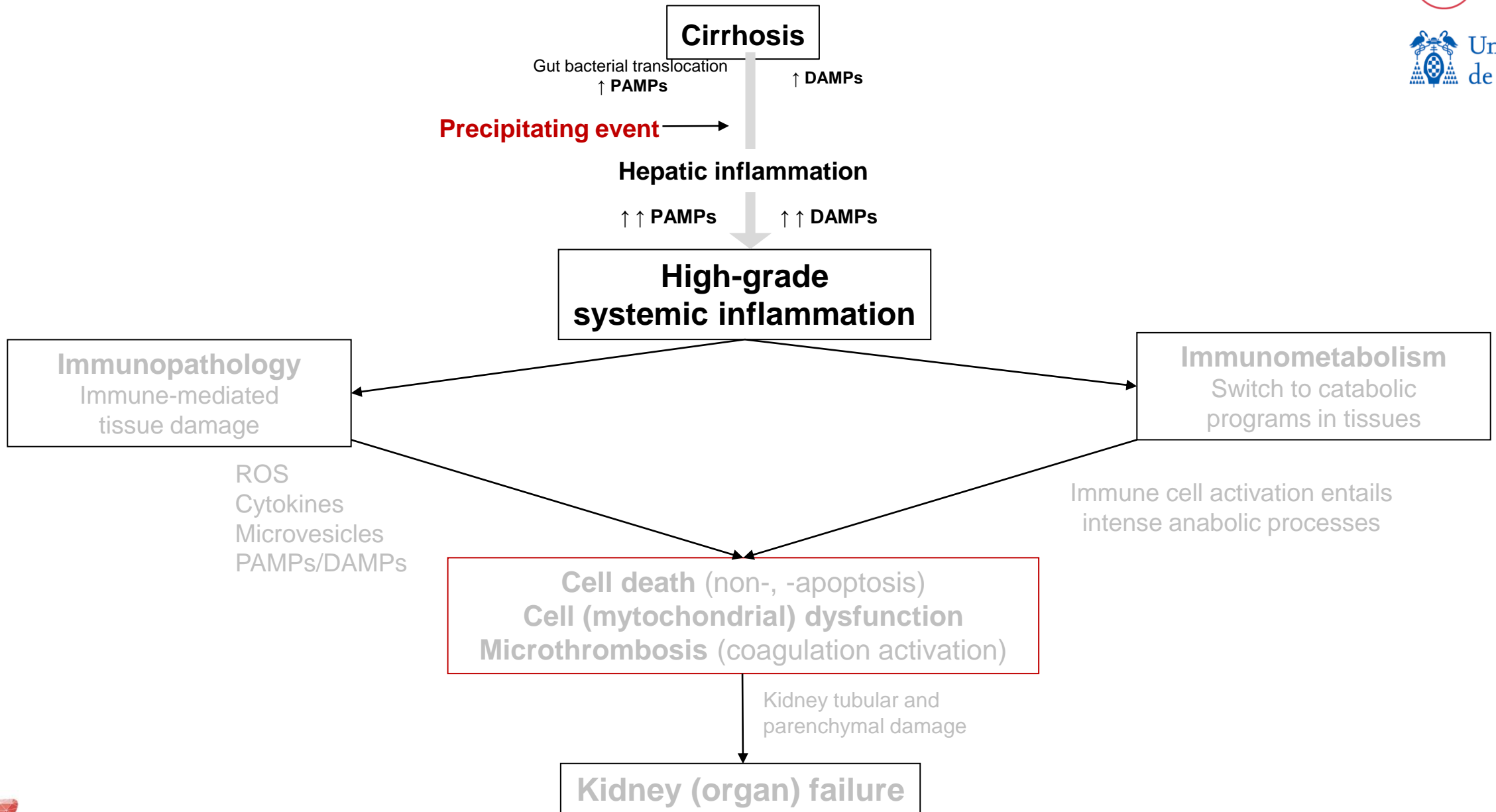


C-reactive protein



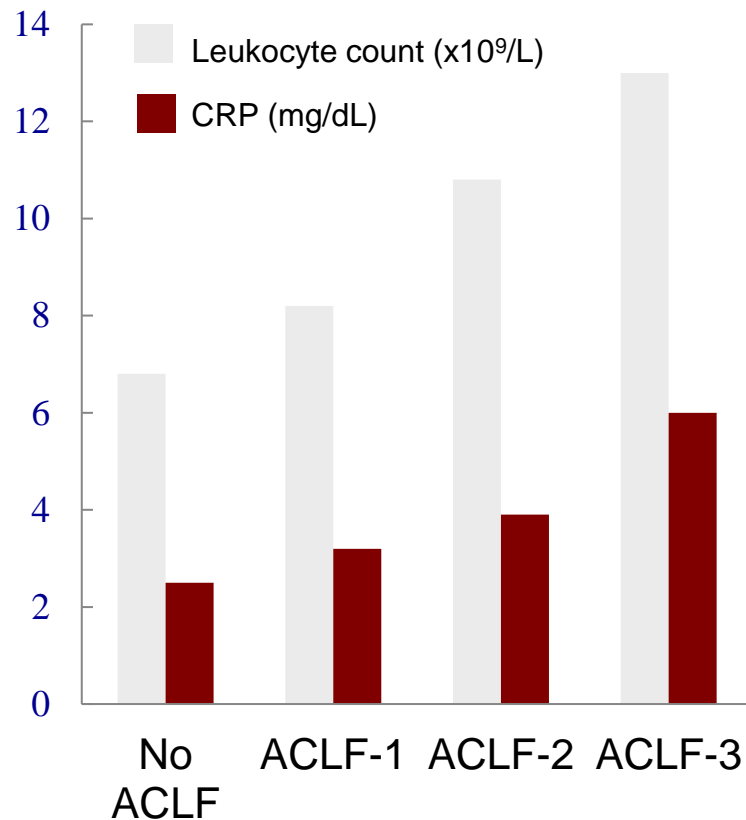
Surrogate of severe portal hypertension





# High-grade systemic inflammation in ACLF: relationship with the number of organ failures (ACLF grade)

## Relationship between ACLF and inflammatory markers

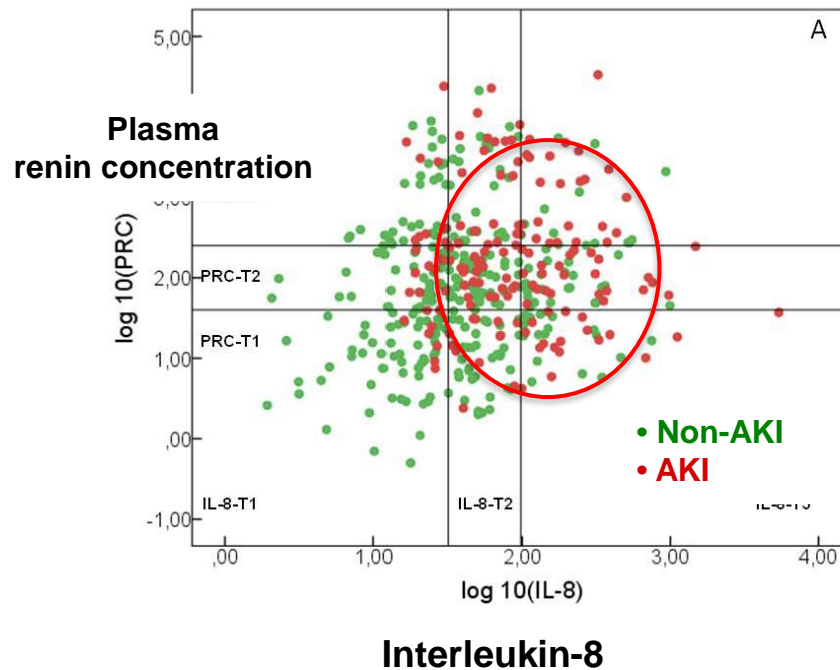


## Relationship between ACLF and inflammatory markers

	ACLF-I N = 126	ACLF-II N = 86	ACLF-III N = 25	P Value*
<b>Markers of SCD</b>				
Plasma renin concentration (microIU/mL)	169 (40-383)	114 (28-352)	87 (33-258)	0.771
PCC (pmol/L)	34 (16.62)	27 (13-45)	47 (11.134)	0.224
<b>Proinflammatory cytokines</b>				
TNF $\alpha$ (pg/mL)	30 (21-43)	26 (15-36)	32 (17-43)	0.029
IL-6 (pg/mL)	34 (18-96)	43 (13-106)	111 (32-355)	0.018
IL-8 (pg/mL)	62 (37-112)	97 (48-192)	144 (80-292)	<0.001
MCP-1 (pg/mL)	412 (299-633)	376 (277-646)	660 (322-1,773)	0.089
IP-10 (pg/mL)	1,218 (717-2,258)	1,162 (617-1,946)	1,689 (899-2,728)	0.267
MIP-1 $\beta$ (pg/mL)	27 (18-43)	28 (19-55)	46 (20-61)	0.112
G-CSF (pg/mL)	32 (15-70)	29 (14-81)	39 (15-209)	0.673
GM-CSF (pg/mL)	6.8 (3.7-15.0)	7.5 (2.7-20.1)	11.3 (5.1-29.6)	
<b>Anti-inflammatory cytokines</b>				
IL-10 (pg/mL)	4.3 (1.1-17.9)	15.3 (5.5-41.5)	12.4 (6.6-40.8)	<0.001
IL-1ra (pg/mL)	17 (10-45)	26 (8-63)	49 (24-135)	0.019

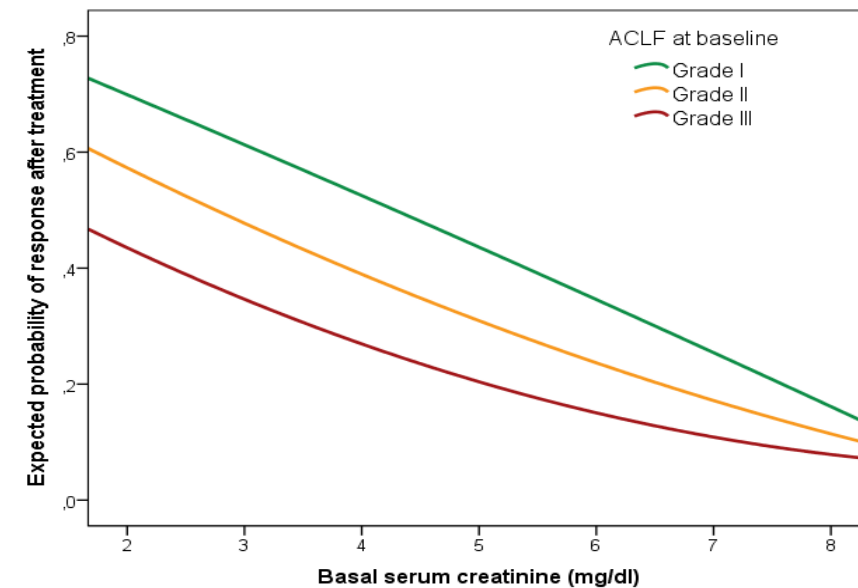
# Renal dysfunction is associated with markers of systemic inflammation in ACLF

Relationship between plasma renin concentration and IL-8 in AKI of ACLF

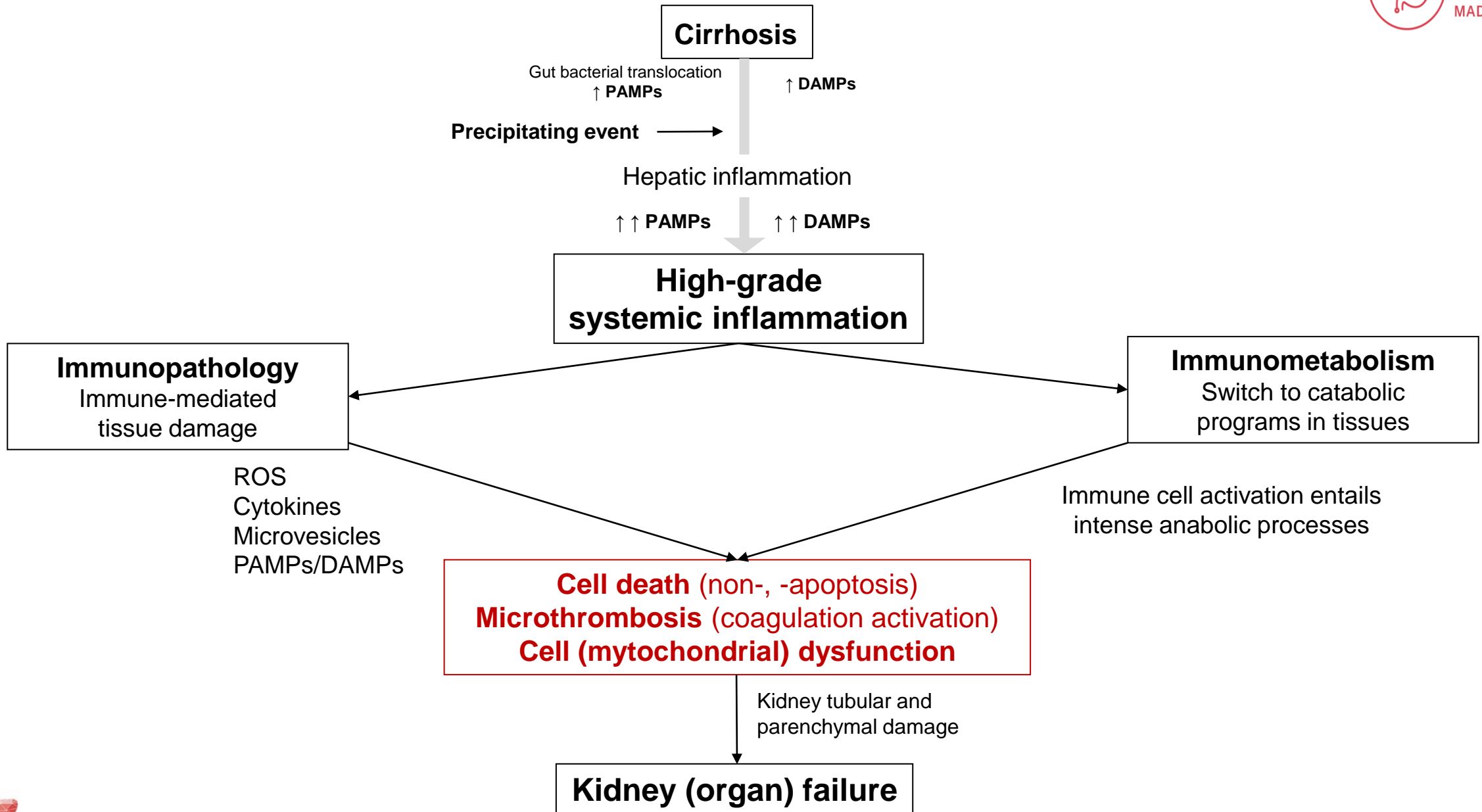


Normal plasma renin concentration in 15% of AKI in ACLF

Relationship between ACLF grade and response to terlipressin in HRS

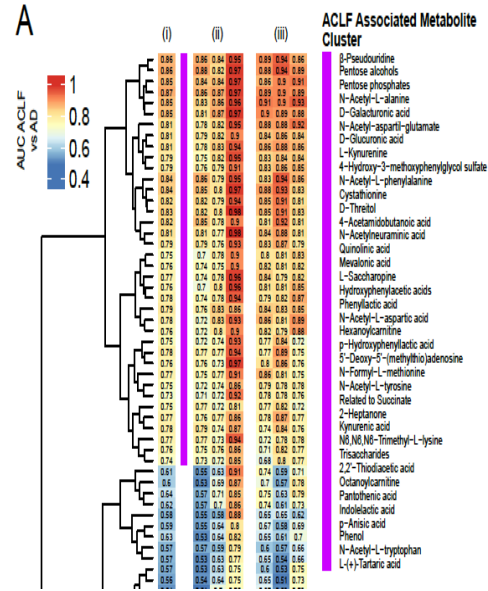
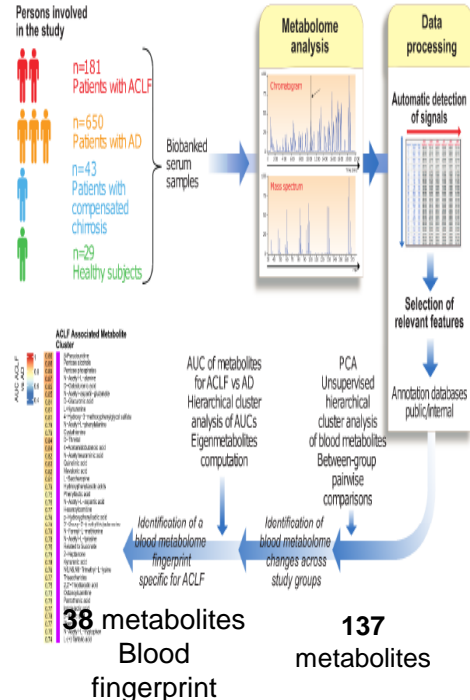






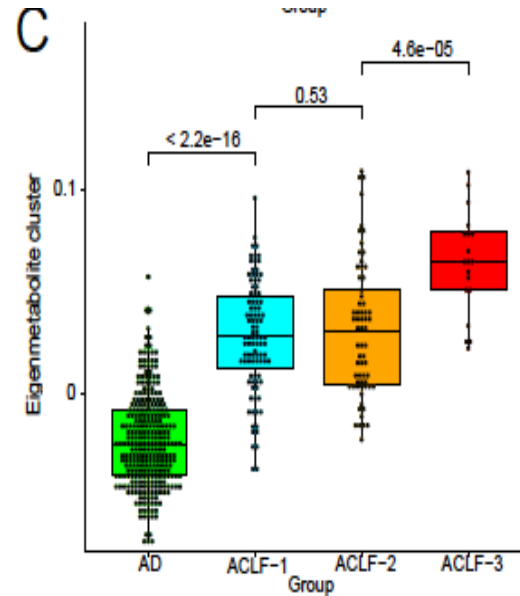
# A distinctive blood metabolite fingerprint in ACLF uncovers inflammation-associated mitochondrial dysfunction

## ACLF metabolome fingerprint

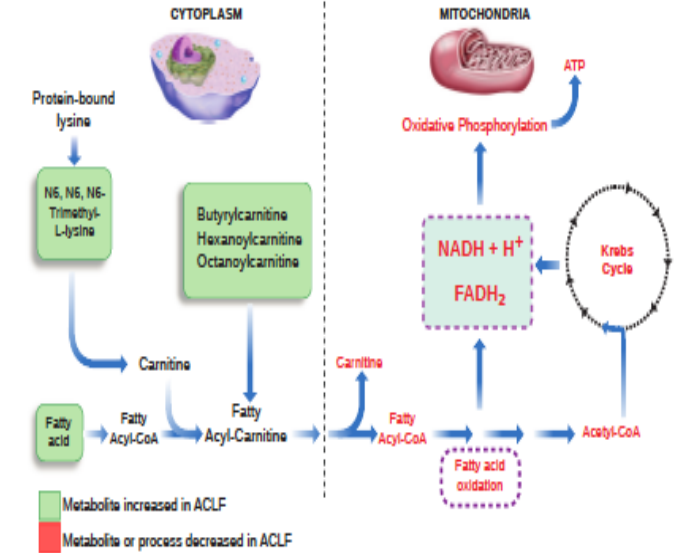


- Fingerprint similar across ACLF phenotypes

## Intensity of metabolome fingerprint



- Intensity correlated with systemic inflammation biomarkers

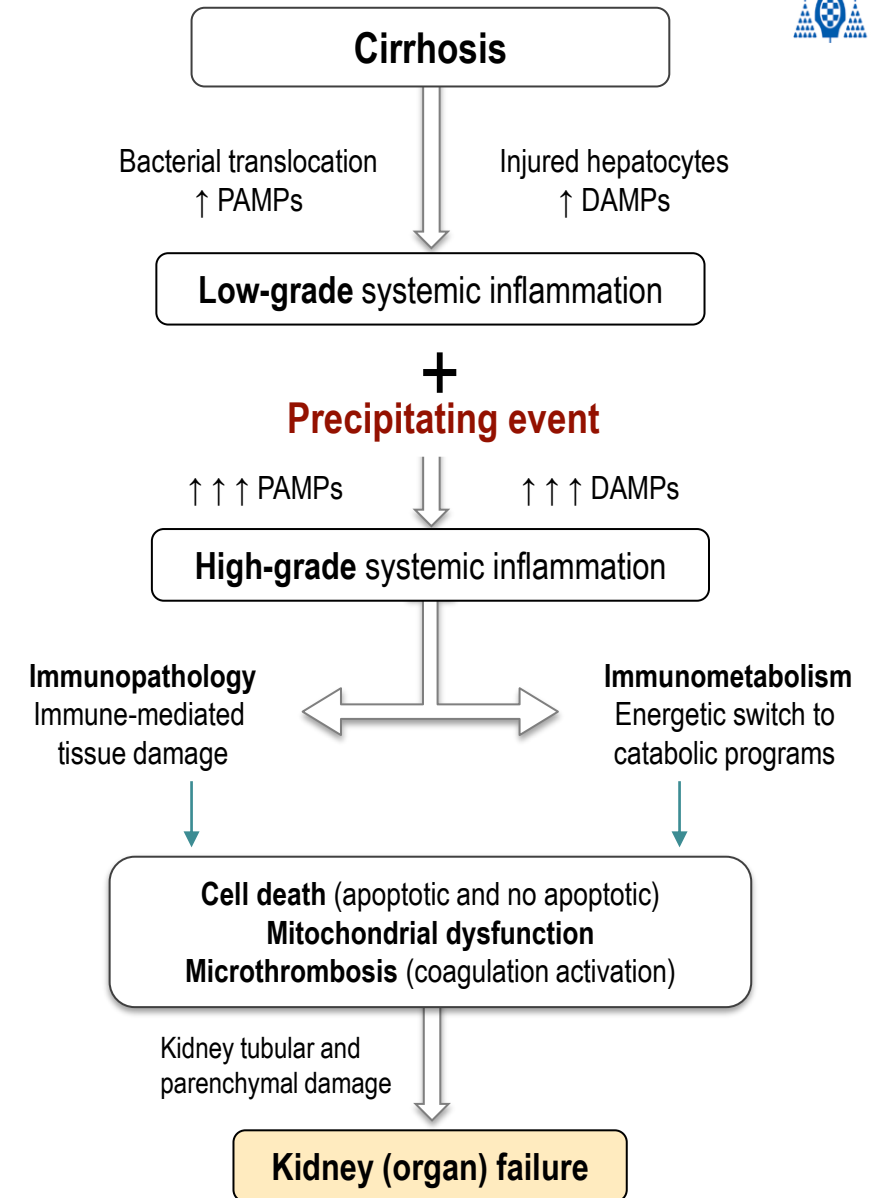
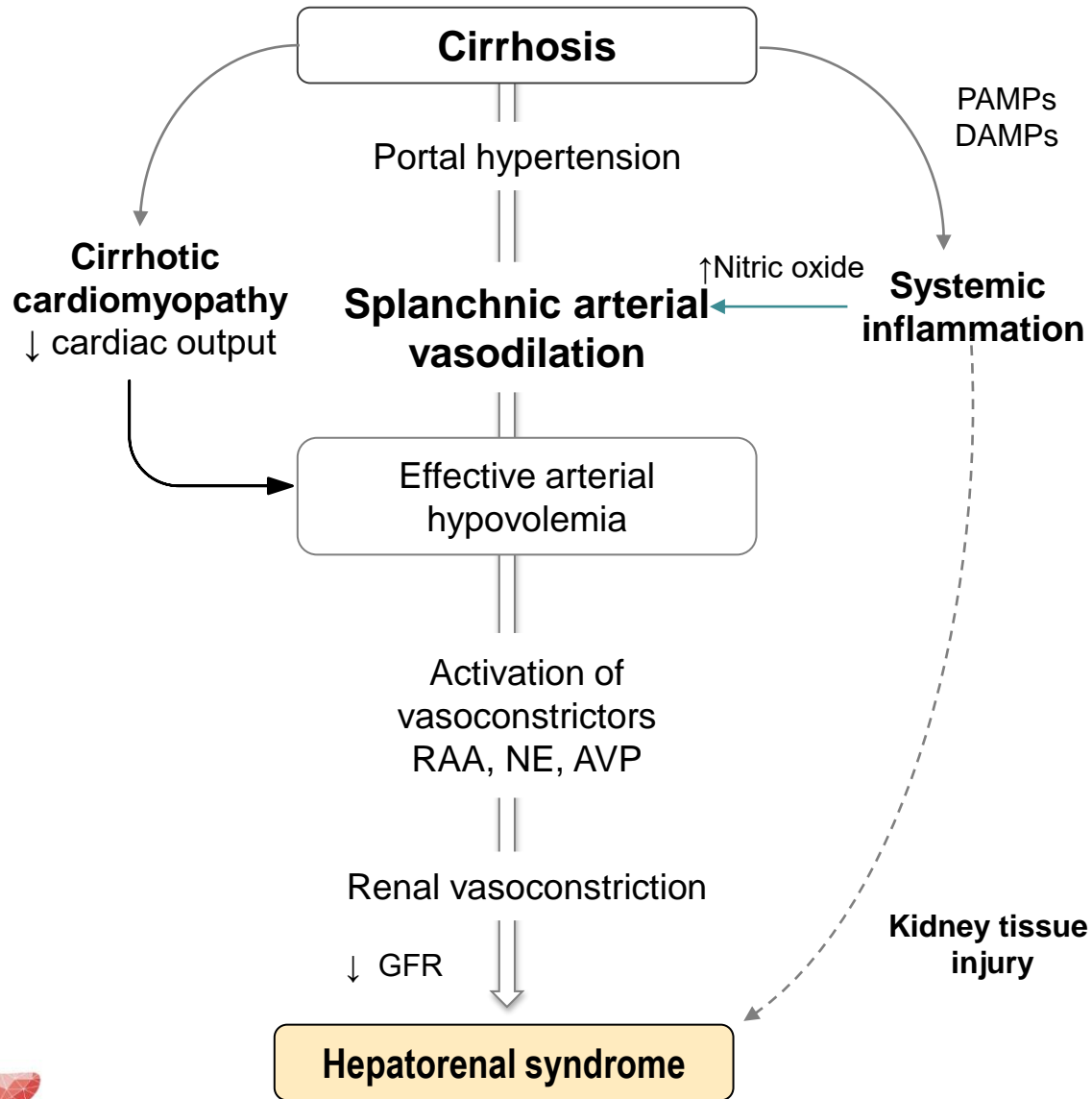


↓ mitochondrial oxidative phosphorylation (OXPHOS): ↓ATP, ↓FA-ox

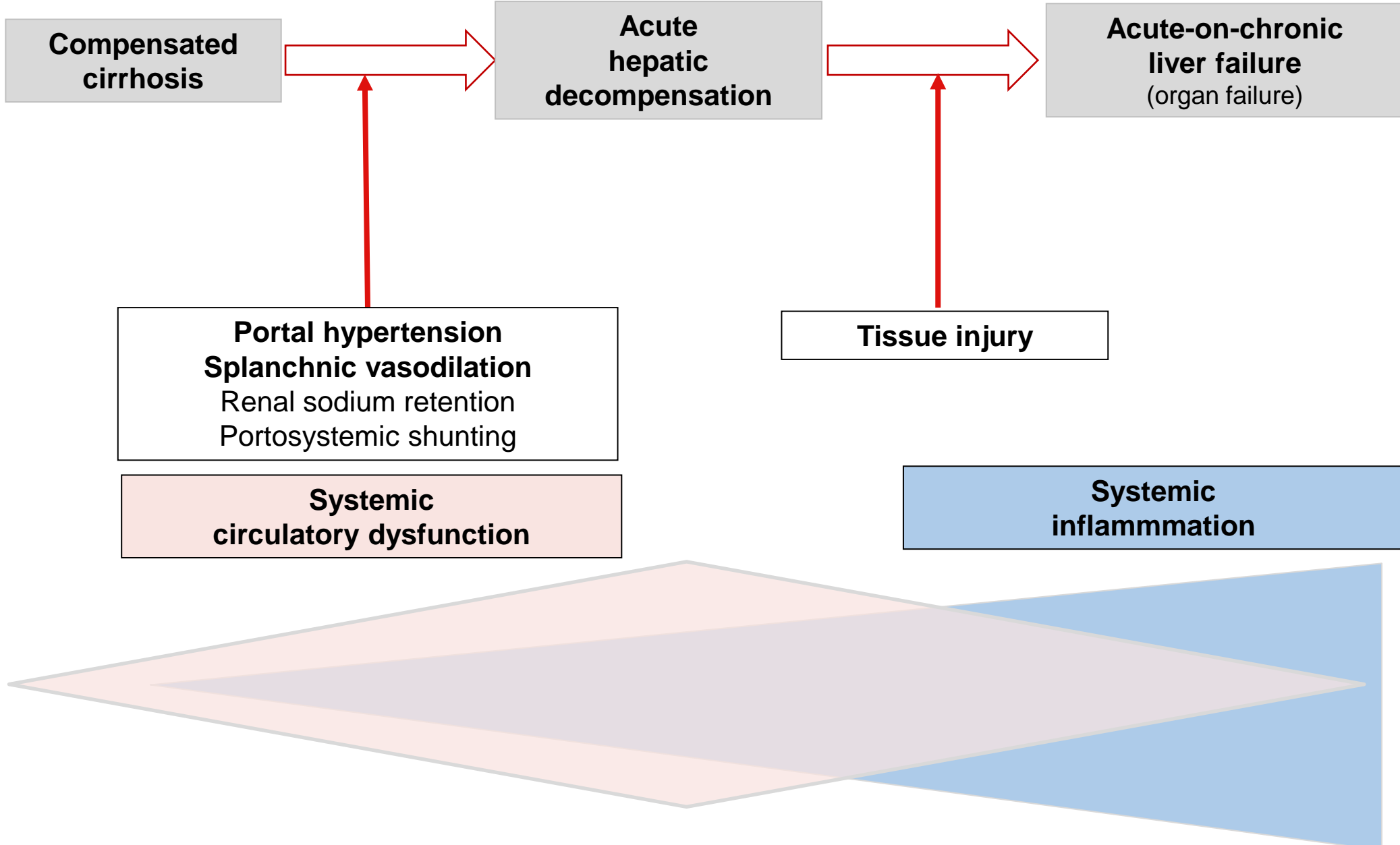
↑ aerobic glycolysis: ↓ ATP, ↑lactate

↑ lypolysis and proteolysis

# Portal hypertension, circulatory dysfunction and systemic inflammation as drivers of cirrhosis progression



# Drivers of cirrhosis progression



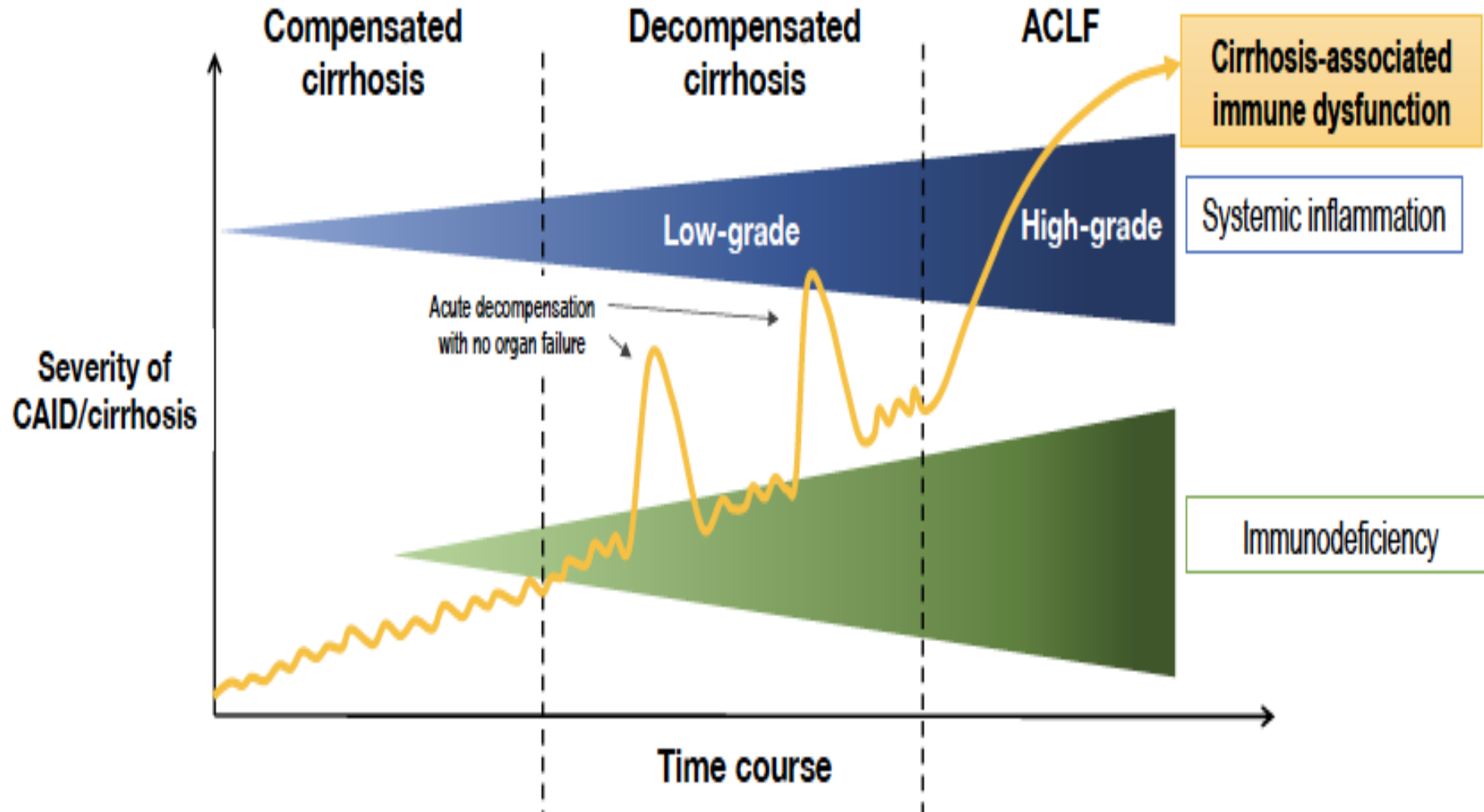
## Agenda

Concept and phenotypes

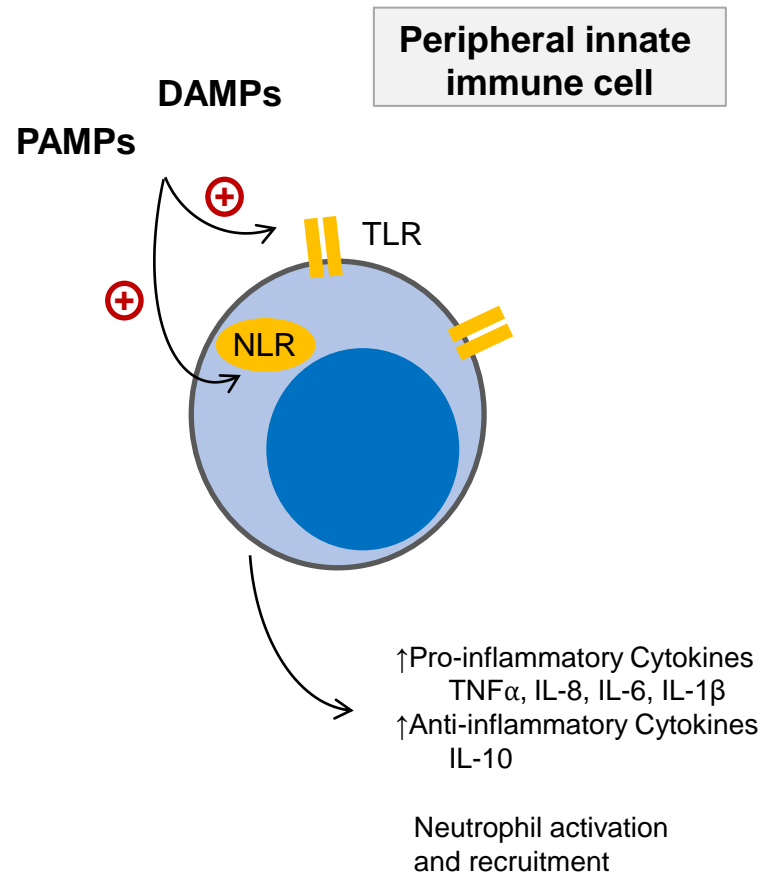
Systemic inflammation

**Immunodeficiency**

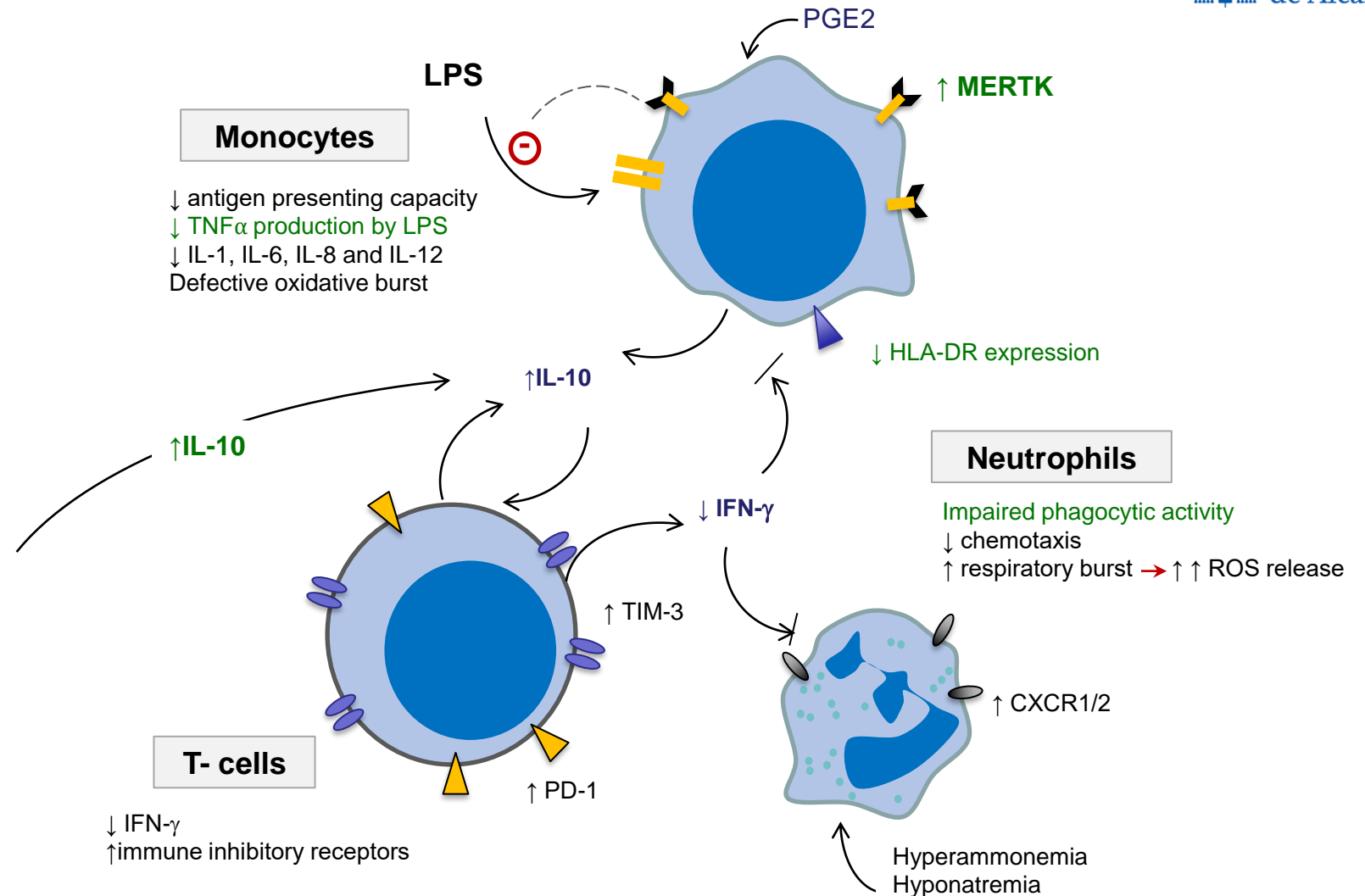
# Cirrhosis-associated immune dysfunction (CAID): dynamics and phenotypes



## High-grade systemic inflammation



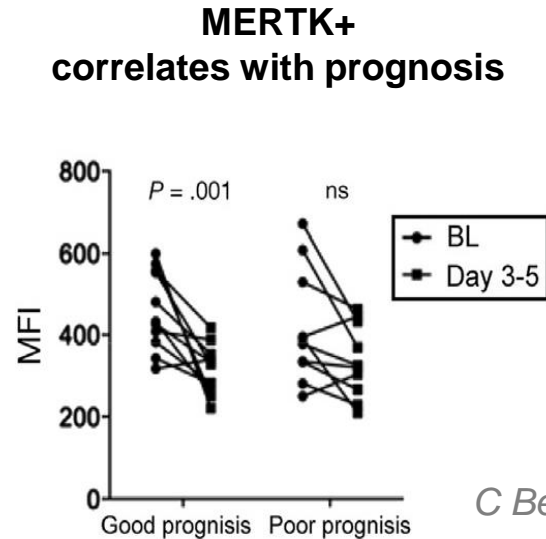
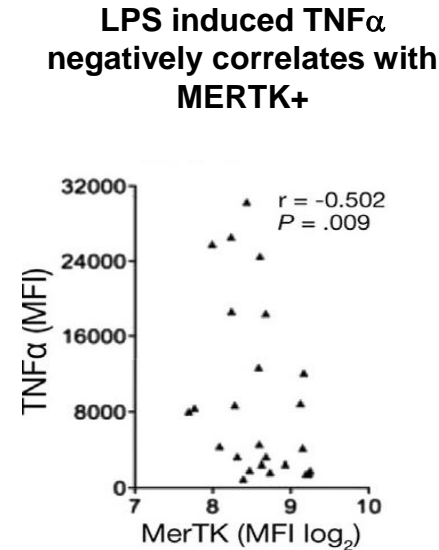
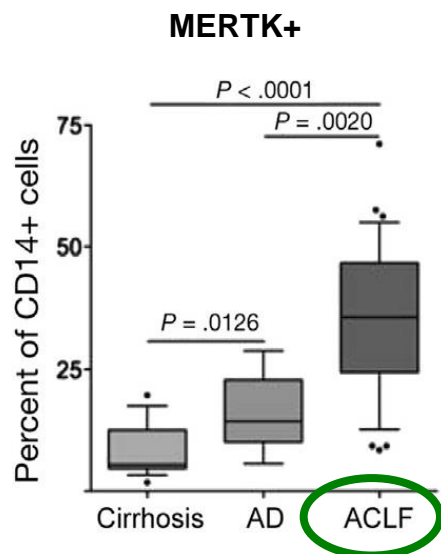
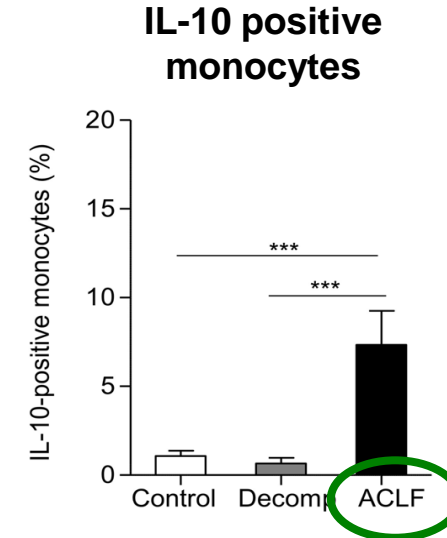
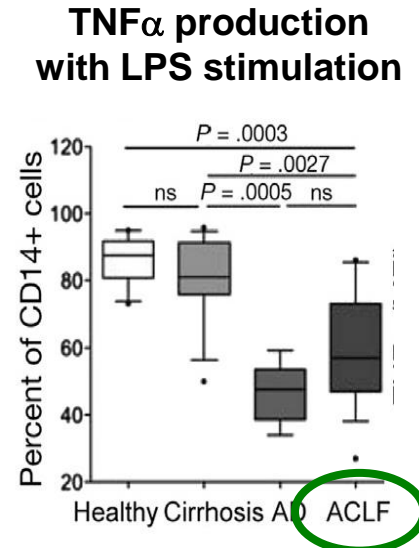
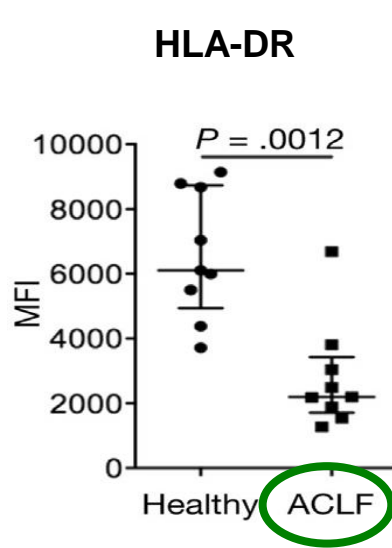
## Immune cell paralysis



### Mechanisms

- Exhaustion of immune system cells
- Excessive immunosuppressive response to counteract systemic inflammation
- Reprogramming of immune system cells by energetic imbalance and metabolic abnormalities of cirrhosis

# “Immunoparesis” of monocytes from patients with ACLF: relationship with increased monocytes expressing the tyrosine kinase receptor, MERTK

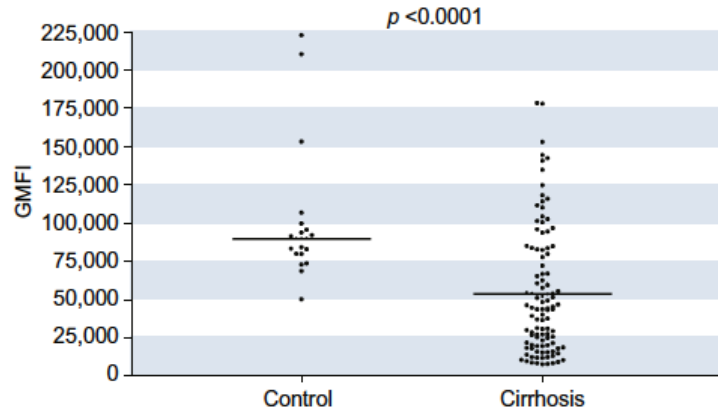


HE Wasmuth et al. JHEP 2005  
 A O'Brien et al. Nat Med 2014  
 C Bernsmeier et al. Gastroenterology 2015  
 H Korf et al. Gut 2020

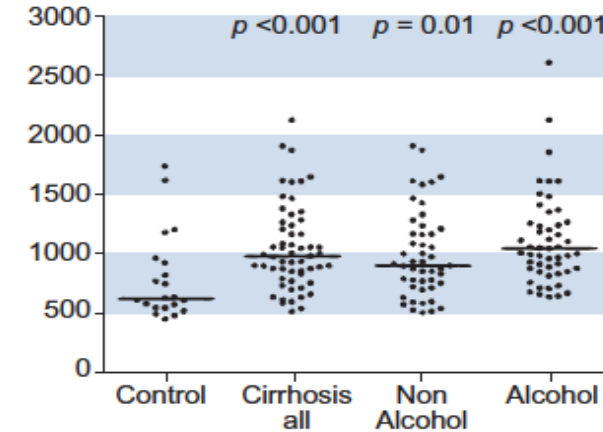


# Plasma from patients with cirrhosis induces phagocytic dysfunction in normal neutrophils

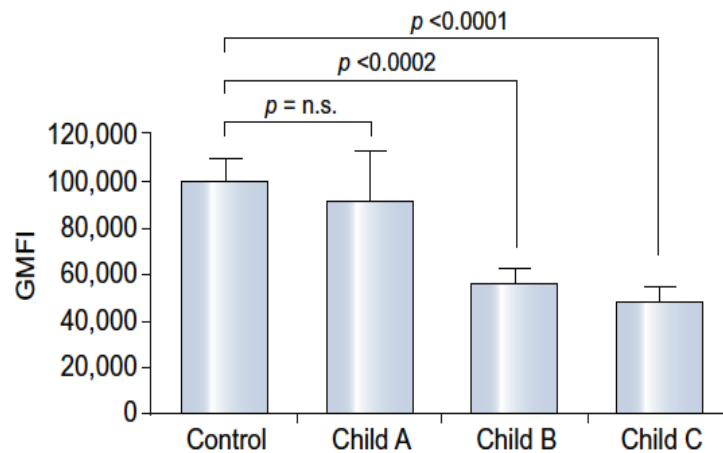
Phagocytic capacity of normal neutrophils after incubation with control or patient plasma



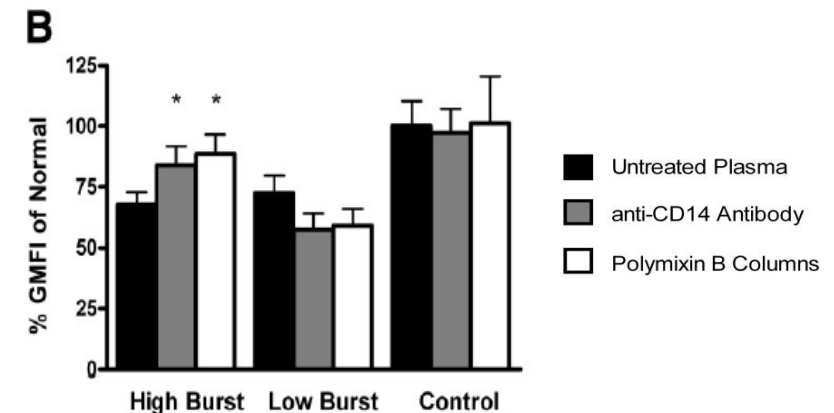
Expression of TLR4 by incubation of neutrophils with plasma



Neutrophil phagocytic capacity according to the severity of liver disease

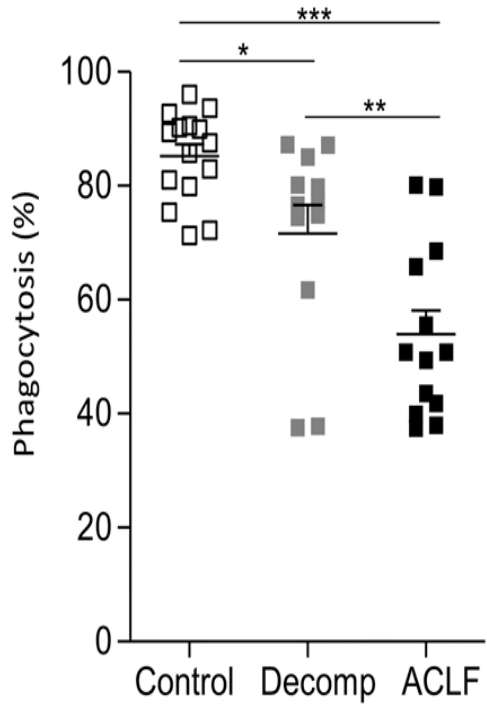


Reversal of impaired phagocytosis after incubation of neutrophils with endotoxin removed plasma

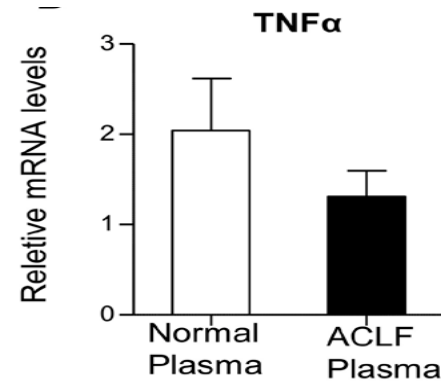


# Pharmacological regulation of metabolic programs partially restores dysfunction of monocytes in ACLF

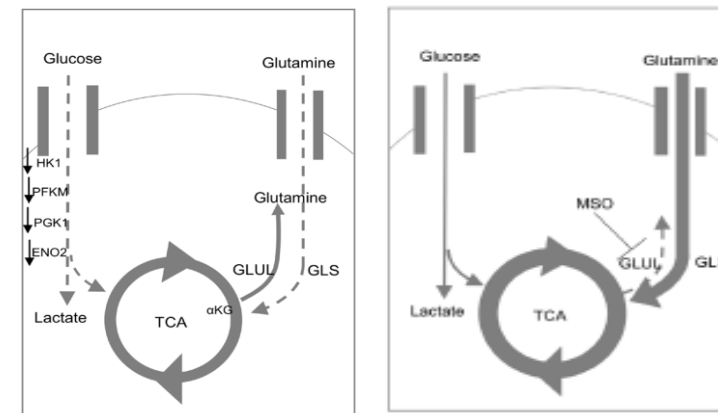
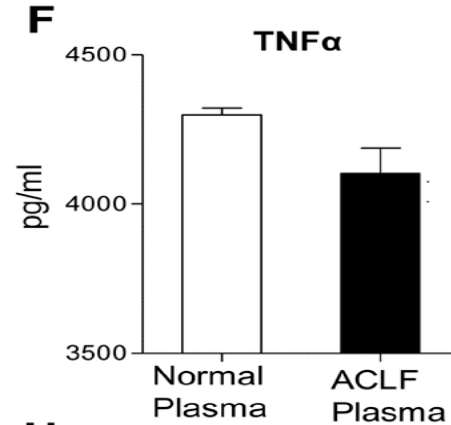
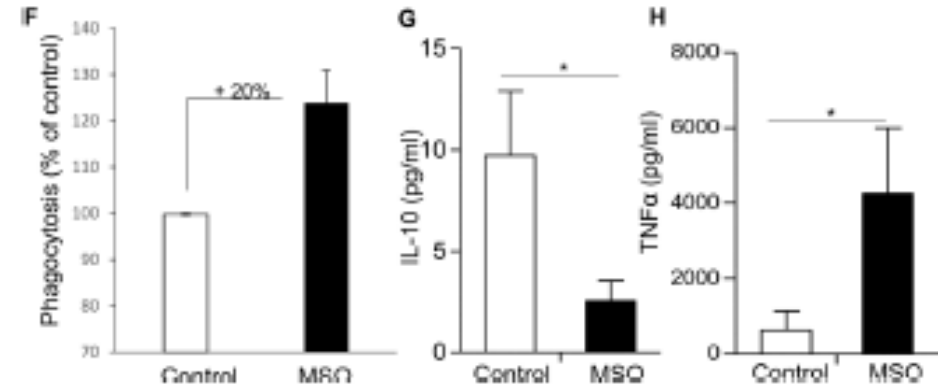
Reduced phagocytosis after E coli challenge



Reduced TNF $\alpha$  in CD14+CD16- monocytes from healthy donors



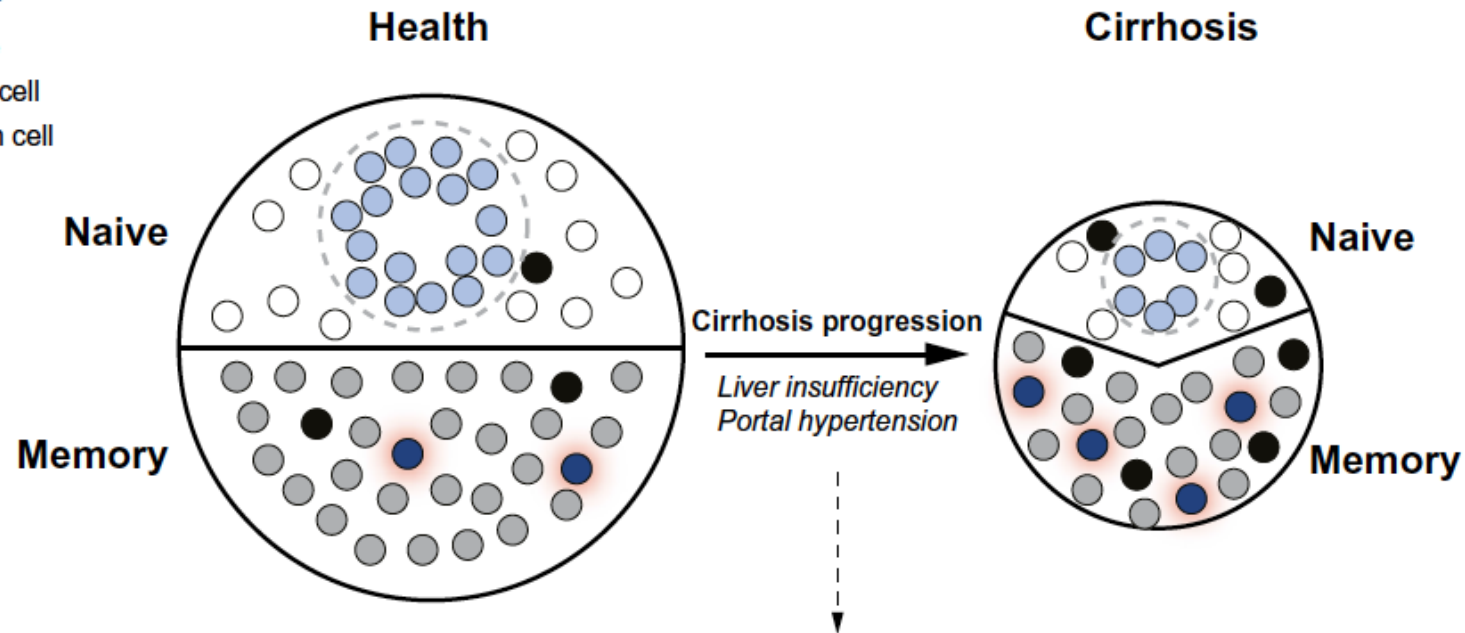
Blocking glutamine synthetase restores phagocytosis, ↓ IL-10 and ↑ TNF $\alpha$  production ...



... and fuels TCA cycle in monocytes

# Abnormalities of the peripheral blood T helper-cell compartment in cirrhosis

- CD31<sup>+</sup> naive
- CD31<sup>-</sup> naive
- Memory Th cell
- Activated Th cell
- Apoptosis

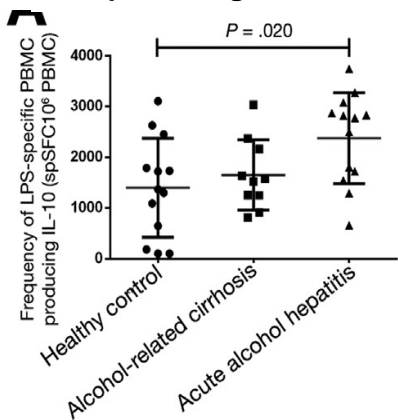


- ↓ Thymic output → ↓ naive Th cells
- ↑ Bacterial translocation → ↑ memory Th-cell activation  
↑ naive and memory Th-cell apoptosis
- ↑ Splenic sequestration → ↓ naive and memory Th cells

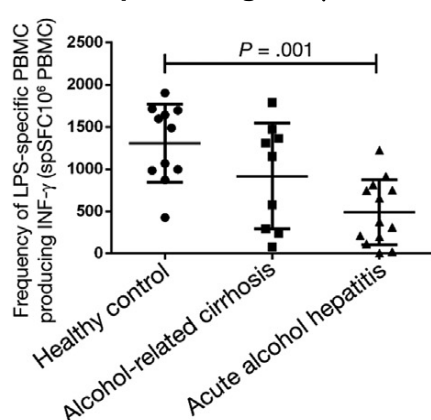
# Blockade of PD1 and TIM3 restores adaptative and innate immunity in acute alcoholic hepatitis

20 patients with AAH  
16 patients with advanced alcoholic cirrhosis  
12 healthy controls

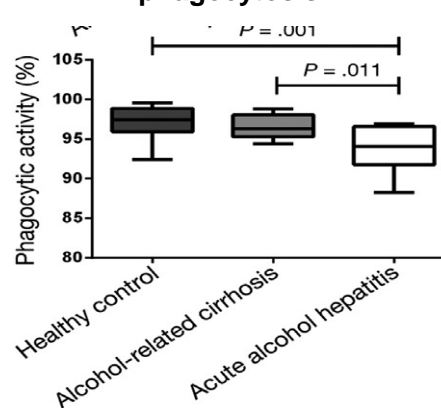
## Increased LPS PBMC producing IL-10



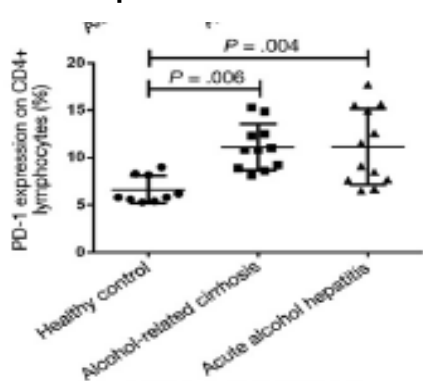
## Decreased LPS PBMC producing INF-γ



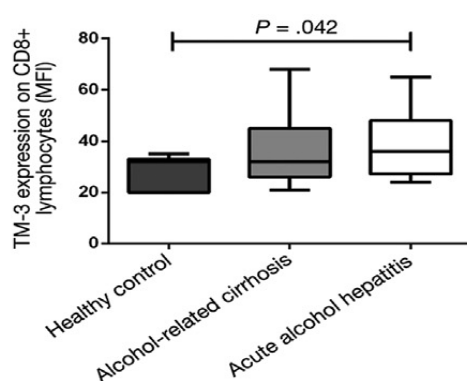
## Reduced neutrophil phagocytosis



## Higher PD1 expression on T cells

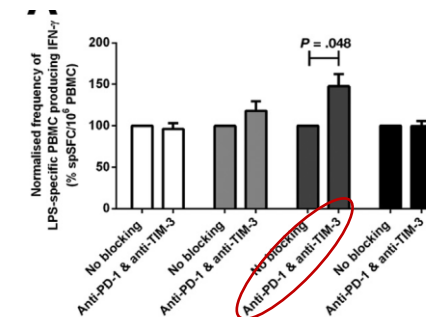


## Higher TIM-3 (and PDL1) expression on T cells

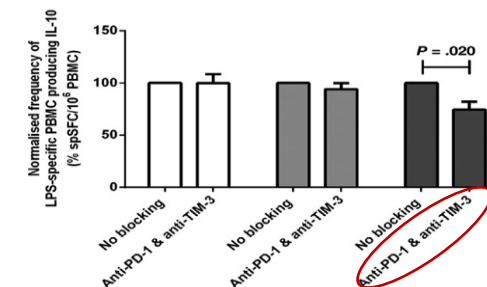


## Antibodies against PD1 and TIM3 ...

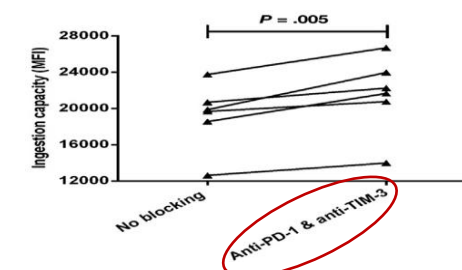
... restored production of INF-γ by T-cells



... reduced IL-10 producing T-cells



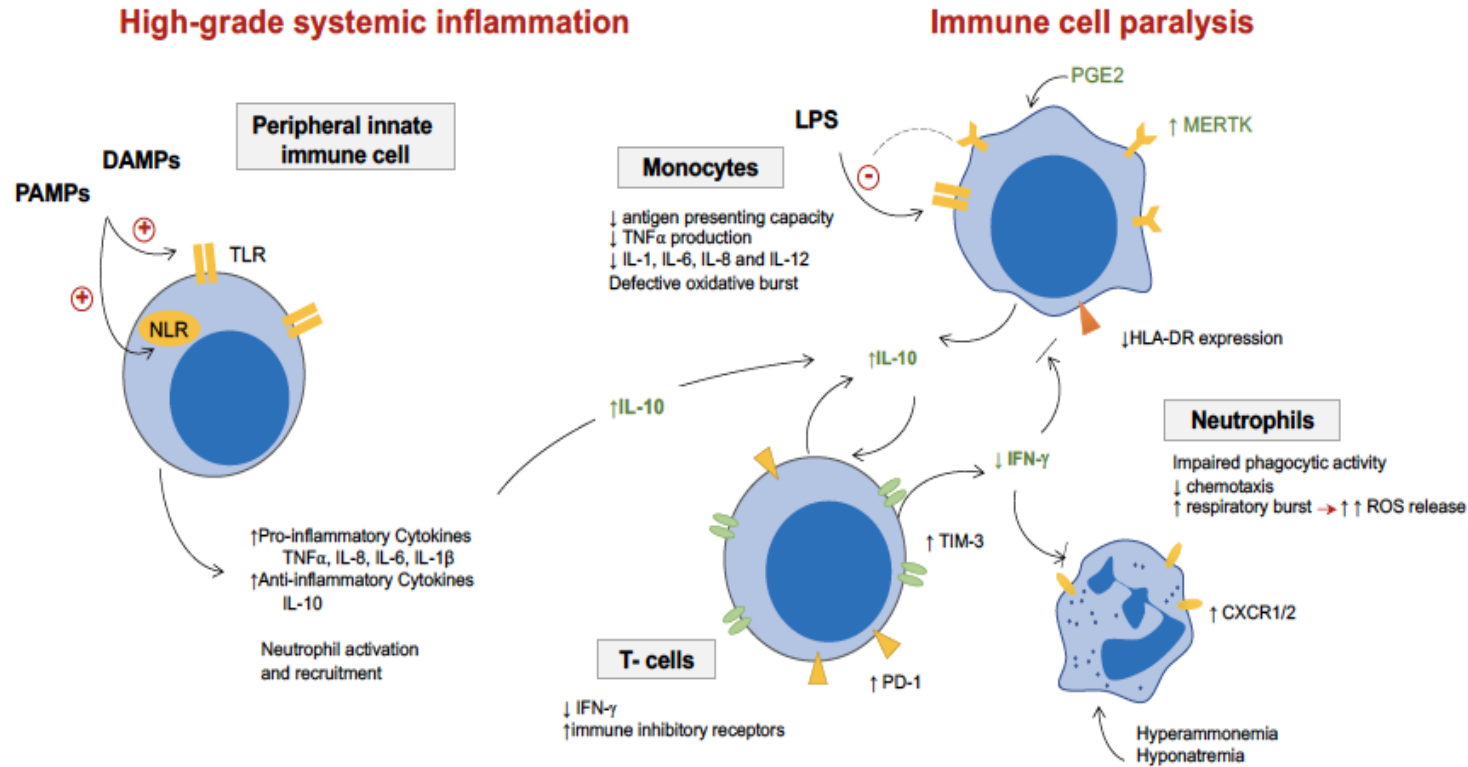
... increased neutrophil antimicrobial activity



- Increased LPS in plasma caused over expression of PD1 and TIM3 via TLR4 binding to CD14+ monocytes

# Modulation of cirrhosis-associated immune dysfunction

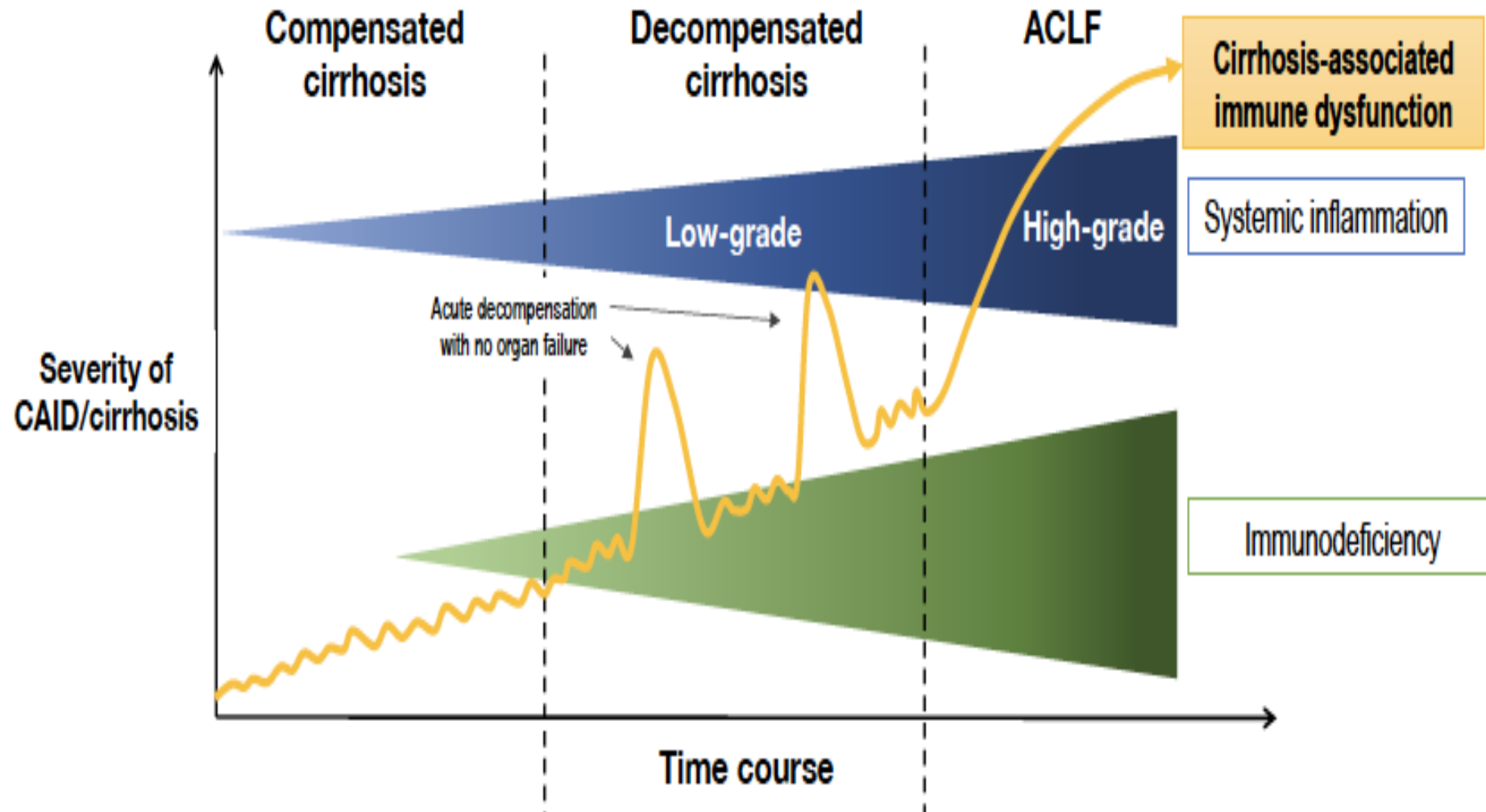
## Reversibility of the functional impairment of immune system cells in ACLF



<b>Target</b>	<b>Gut bacterial translocation</b>	<b>Circulating humoral factors</b>	<b>Immuno-metabolism</b>	<b>Immune cell signalling</b>
<b>Mechanism</b>	↓Endotoxin, ↓ priming	Endotoxin, PGE2, DAMPS	Cellular bioenergetics Ammonia	Neut: AKT-p38 MAPK Monoc: ↑MERTK
<b>Therapy</b>	<ul style="list-style-type: none"> <li>Poorly abs antibiotics</li> </ul> <p><u>Trials</u></p> <ul style="list-style-type: none"> <li>CARBALIVE</li> <li>Probiotics/Rifaximin</li> </ul>	<ul style="list-style-type: none"> <li>Albumin</li> </ul> <p><u>Trials</u></p> <ul style="list-style-type: none"> <li>DIALIVE</li> <li>TAK242</li> </ul>	<ul style="list-style-type: none"> <li>Various for ammonia</li> </ul> <p><u>Experimental</u></p> <ul style="list-style-type: none"> <li>GLS inhibition</li> <li>GLUL inhibition</li> </ul>	<p><u>Experimental</u></p> <ul style="list-style-type: none"> <li>TLR7/8 agoni, CL097</li> <li>MERTK inh UNC569</li> <li>PD1 and TIM-3 inh</li> </ul>



# Cirrhosis-associated immune dysfunction (CAID)





# MÁSTER EN HEPATOLOGÍA



Universidad Autónoma  
de Madrid



Universidad  
de Alcalá