

## **Ađır Astım Sempozyumu**

# **Ađır Astım'da İmmünolojik Mekanizmalar: -Bildiklerimiz -**

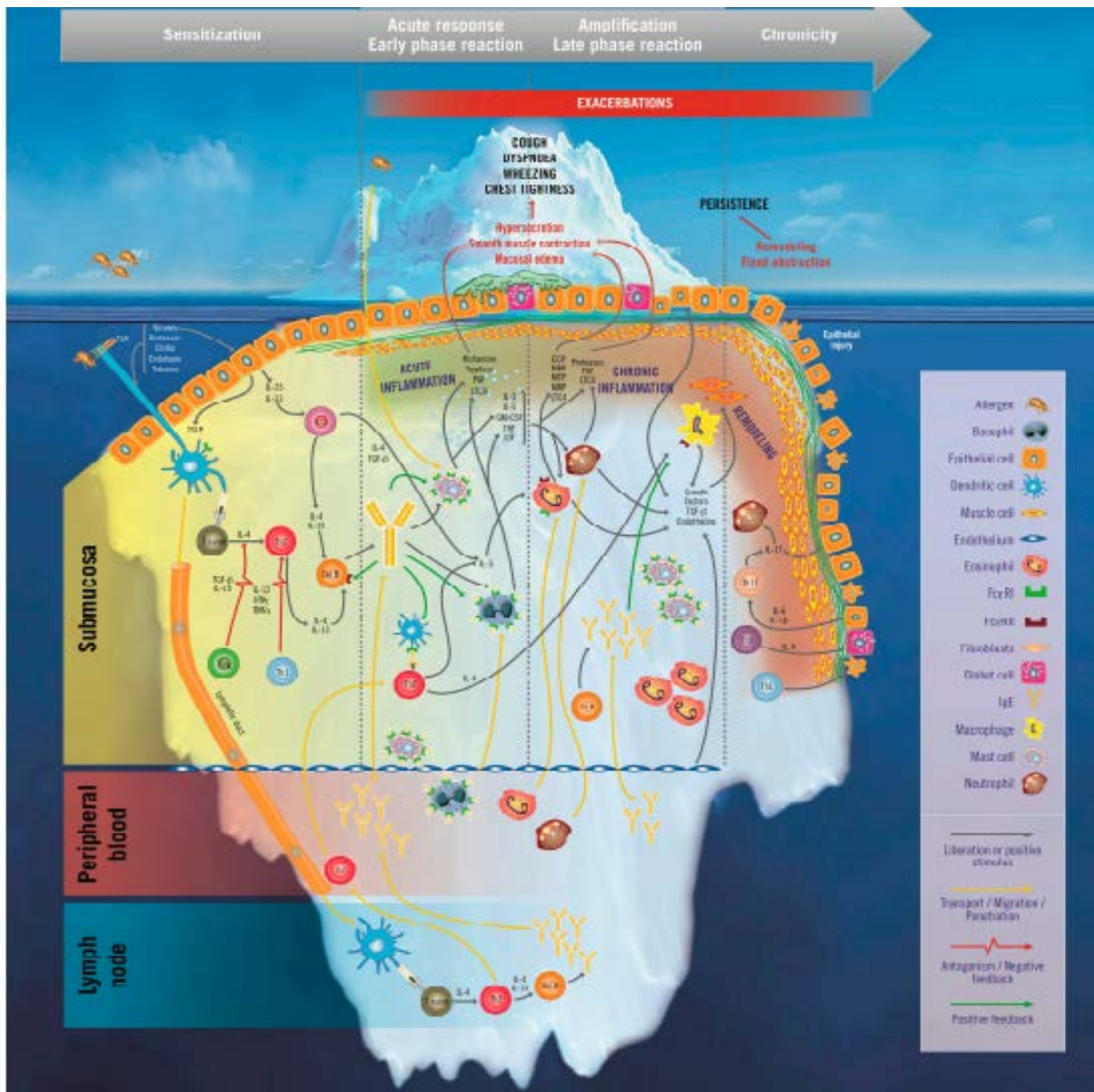
**Prof. Dr. A. Füsün Kalpaklıođlu**

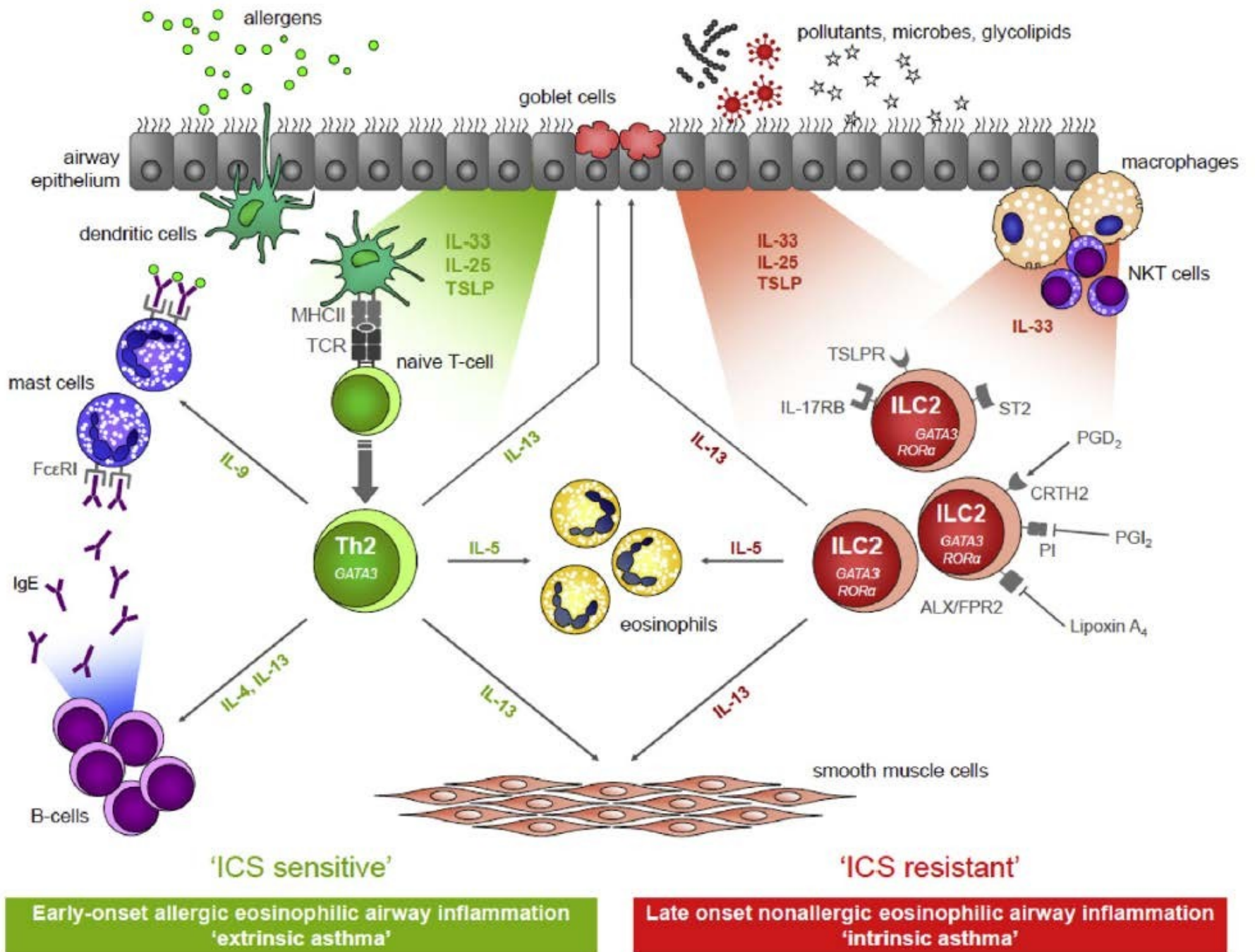
9 Haziran 2018, Koç Üniversitesi Hastanesi

Astım heterojen bir hastalıktır...

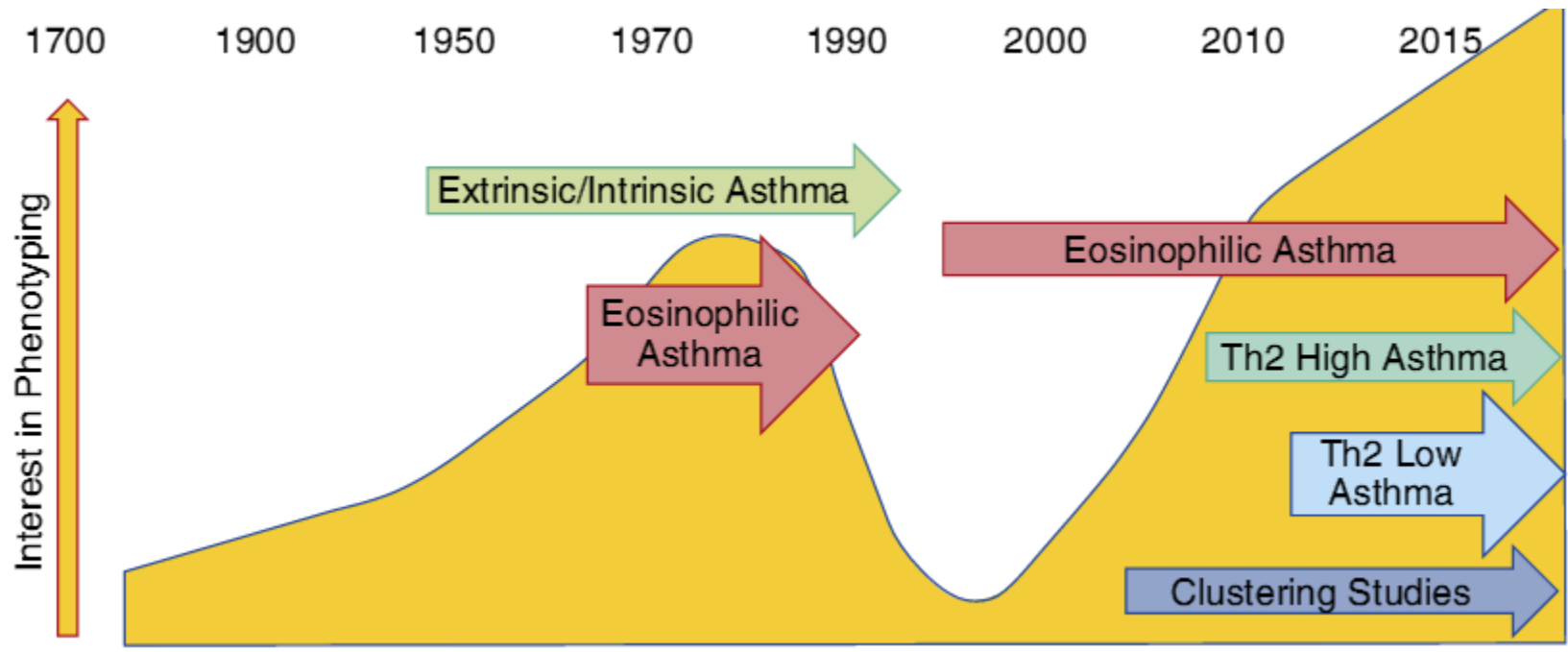


Çok çeşitli endotipler ve fenotipler vardır!

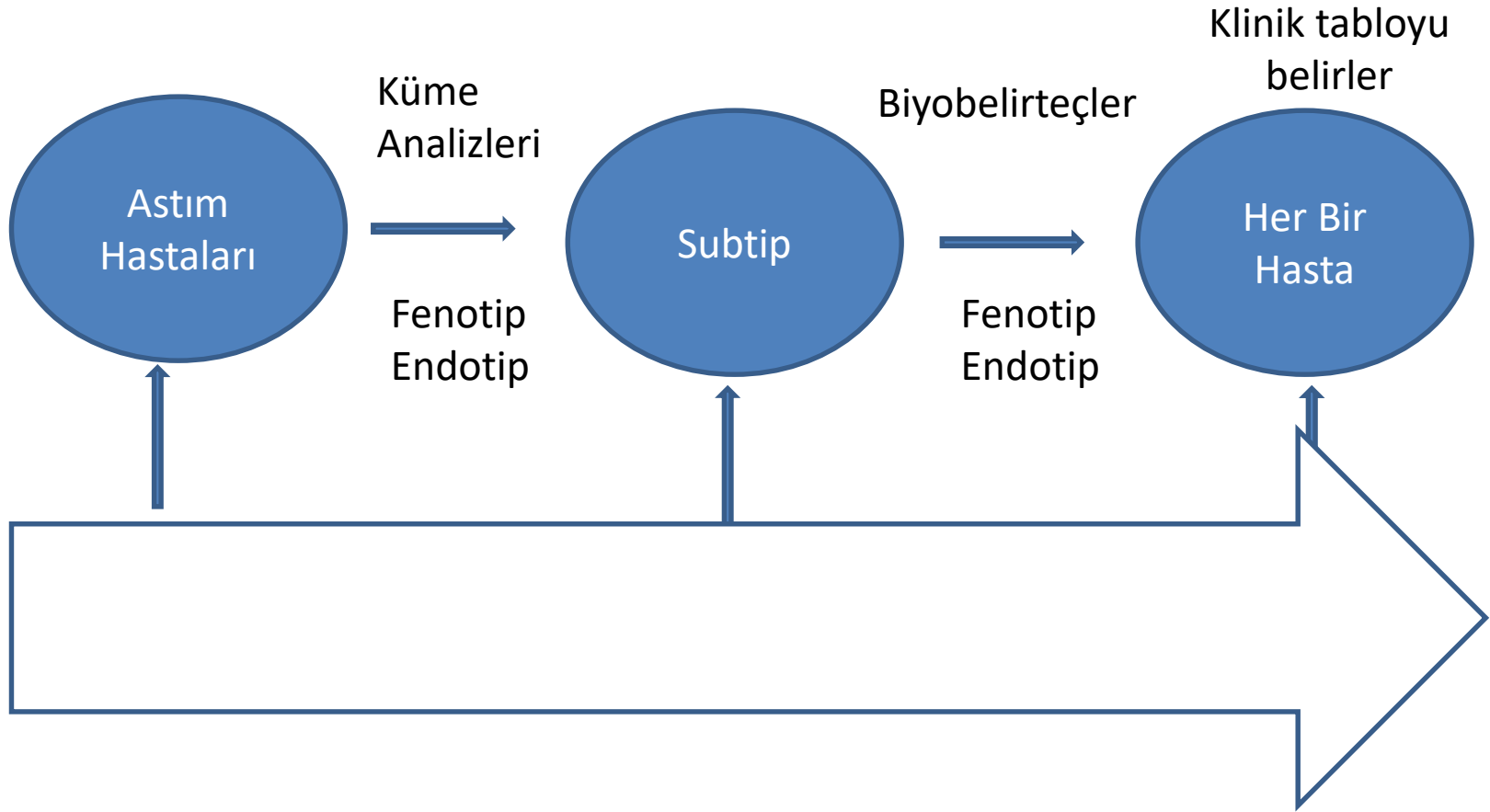




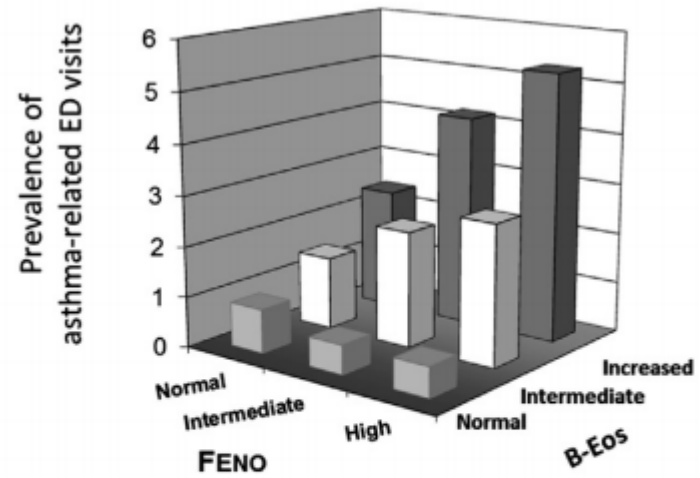
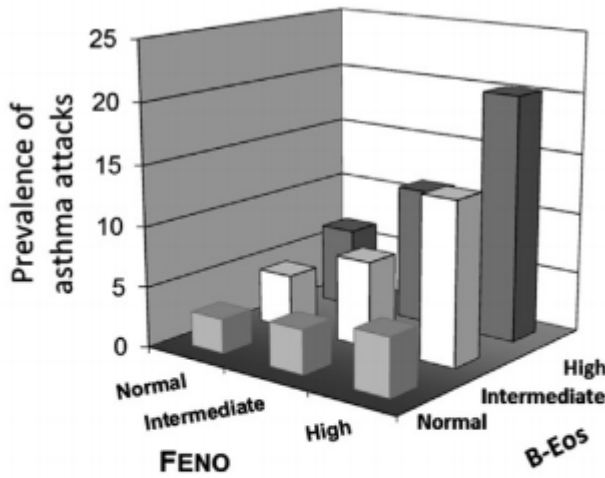
# Astım/Fenotiplerin Gelişmesinde Temel Olaylar



# Astım heterojen bir hastalıktır...



# Eozinofilik İnflamasyon Biyomarkerları ve Risk

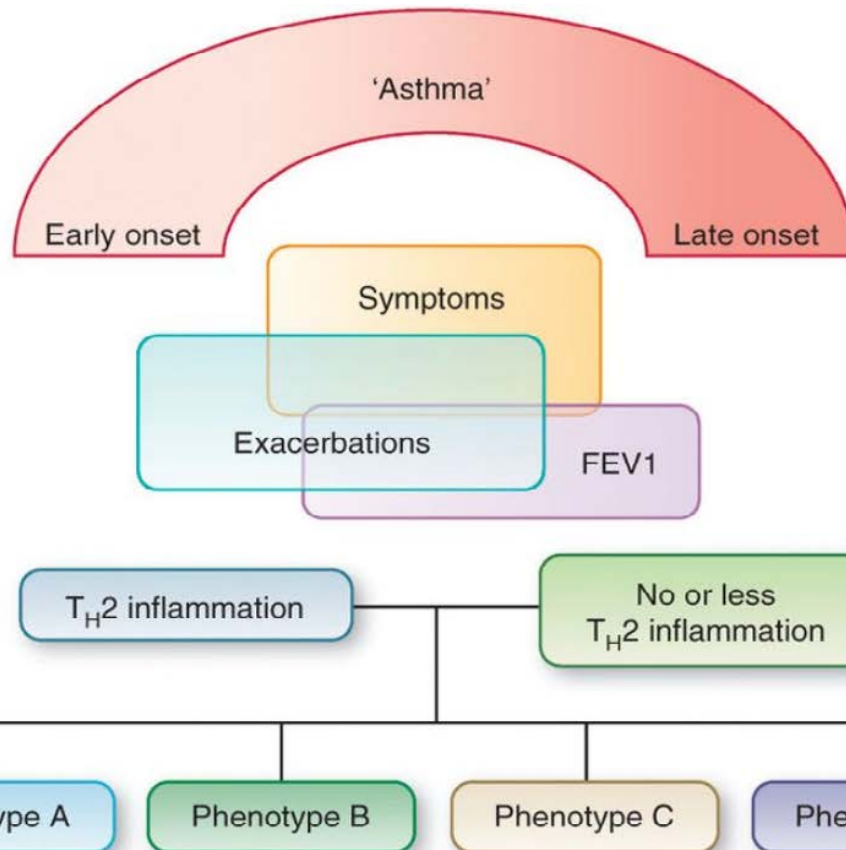


Number of subjects per group (n), according to levels of FENO and B-Eos.

7,827	1,042	167	Normal B-Eos
1,806	478	215	Intermediate B-Eos
498	168	207	High B-Eos
Normal FENO	Intermediate FENO	High FENO	

# Schematic representation of the umbrella term 'asthma'

Endotip: Hastalığın farklı fizyopatolojik mekanizmasına sahip alt grubu



**The Asthma Syndrome**  
Symptoms of asthma, variable airflow obstruction

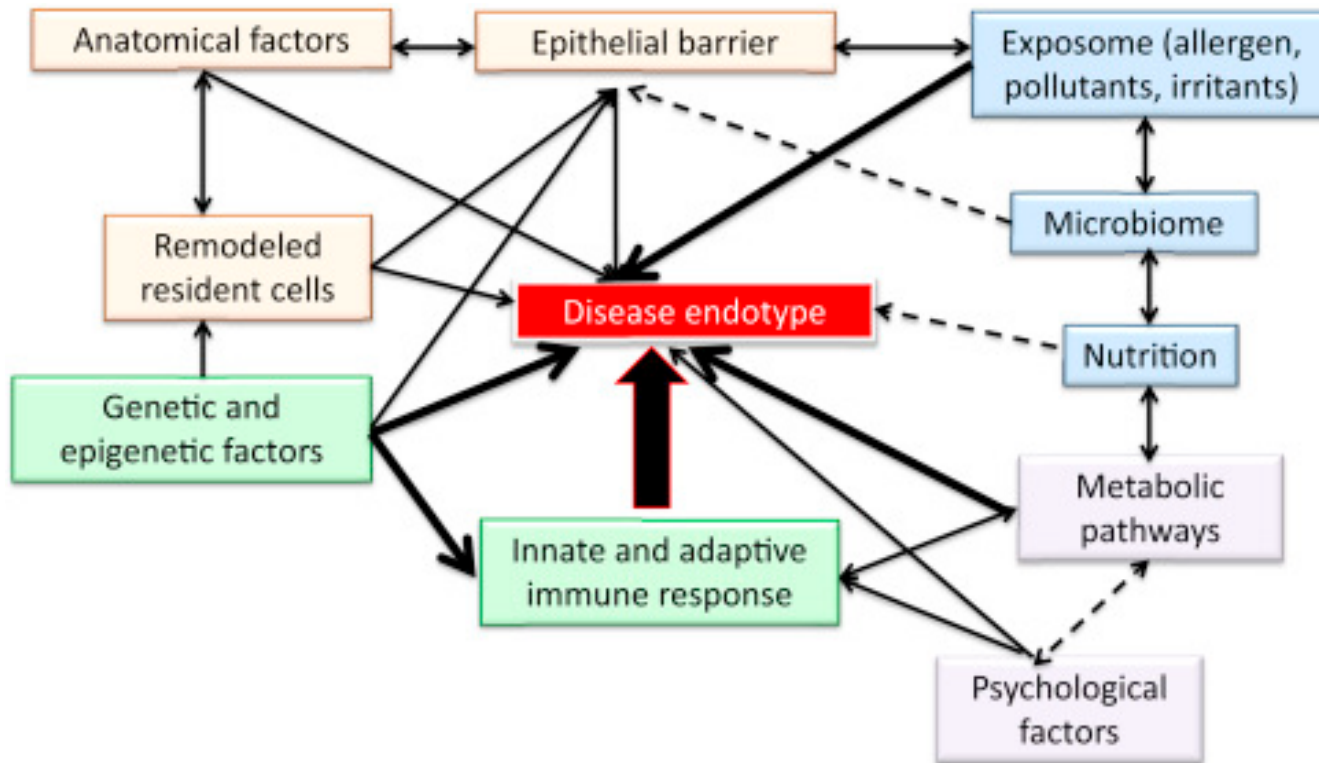
**Asthma phenotype characteristics**  
Observable characteristic with no direct relationship to a disease process. Includes physiology, triggers, inflammatory parameters

**Asthma Endotypes**  
Distinct disease entities which may be present in clusters of phenotypes, but each defined by a specific biological mechanism

Endotype 1	Endotype 2	Endotype 3	Endotype 4	Endotype 5
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# Astımda Endotipi Belirleyen Faktörler





## International ERS/ATS guidelines on definition, evaluation and treatment of severe asthma

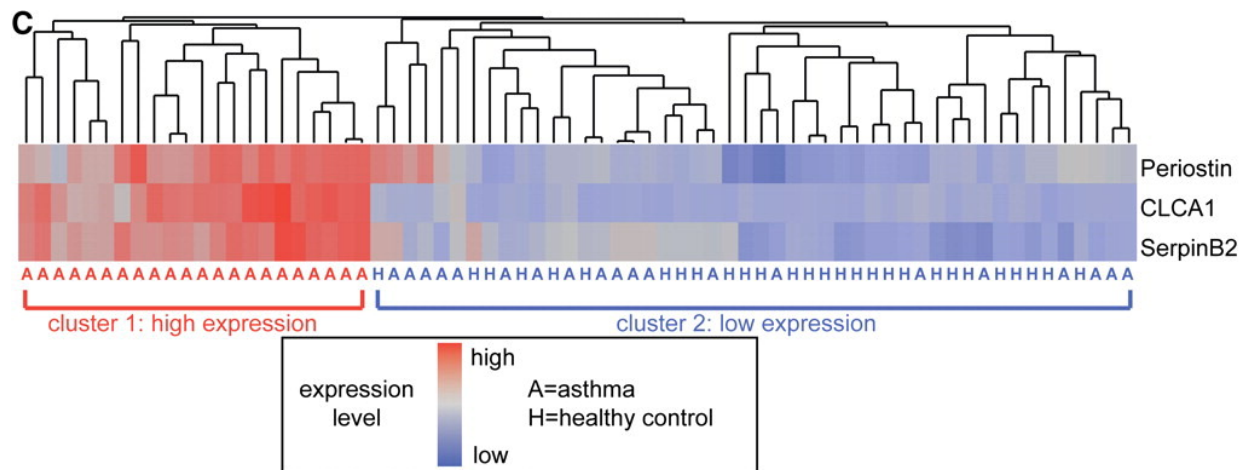
Kian Fan Chung<sup>1,2,21</sup>, Sally E. Wenzel<sup>3,21</sup>, Jan L. Brozek<sup>4</sup>, Andrew Bush<sup>1,2</sup>, Mario Castro<sup>5</sup>, Peter J. Sterk<sup>6</sup>, Ian M. Adcock<sup>1</sup>, Eric D. Bateman<sup>7</sup>, Elisabeth H. Bel<sup>6</sup>, Eugene R. Bleecker<sup>8</sup>, Louis-Philippe Boulet<sup>9</sup>, Christopher Brightling<sup>10</sup>, Pascal Chanez<sup>11</sup>, Sven-Erik Dahlen<sup>12</sup>, Ratko Djukanovic<sup>13</sup>, Urs Frey<sup>14</sup>, Mina Gaga<sup>15</sup>, Peter Gibson<sup>16</sup>, Qutayba Hamid<sup>17</sup>, Nizar N. Jajour<sup>18</sup>, Thais Mauad<sup>19</sup>, Ronald L. Sorkness<sup>18</sup> and W. Gerald Teague<sup>20</sup>

### Ağır Astım:

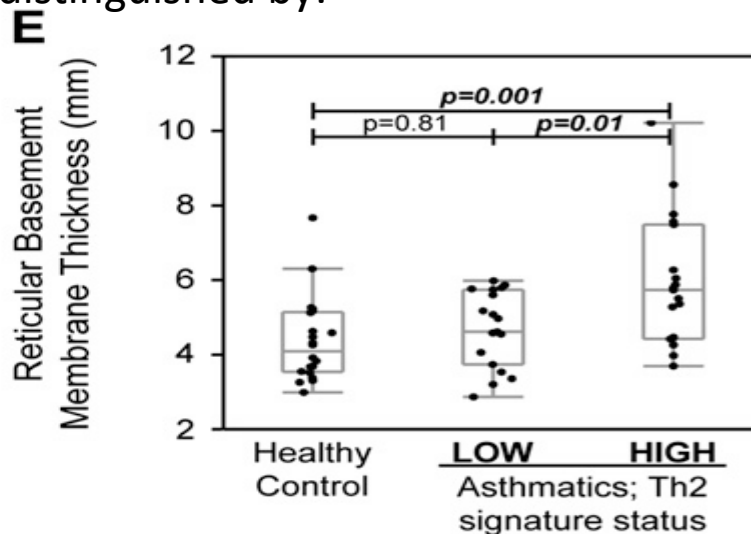
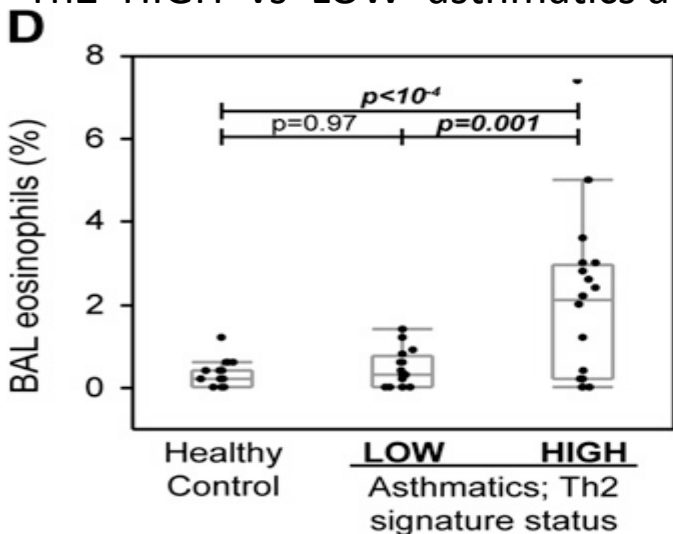
- Yüksek doz IKS ile birlikte ikinci bir kontrol edici ilaç (LABA, LTRA, Teofilin) ve/veya
  - Kontrol altına alınamayan
  - veya
  - Bu tedavi ile kontrol edilebilen astım
- Önceki yıla göre >%50 sistemik steroide rağmen

# Bronş Epitel Gen Analizi ile Astımdaki 2 Grup

IL-13 responsive gen signature in bronchial epithelium

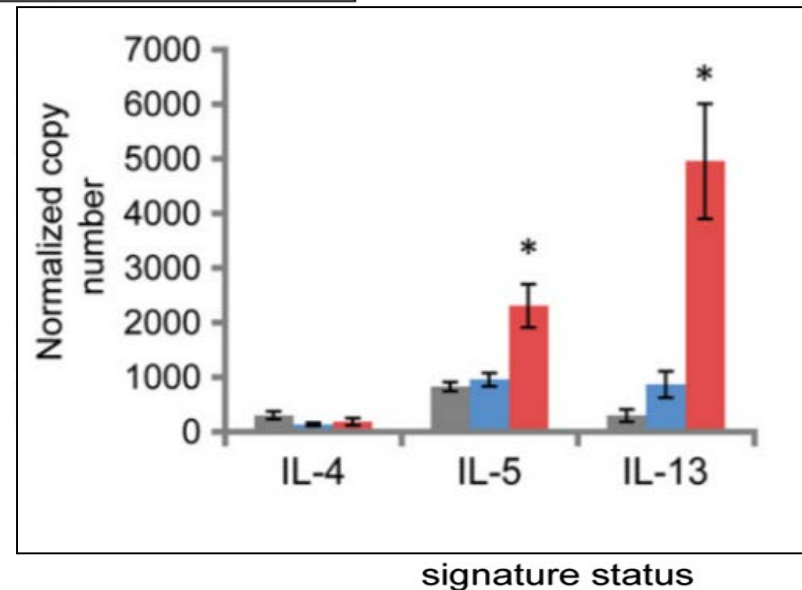
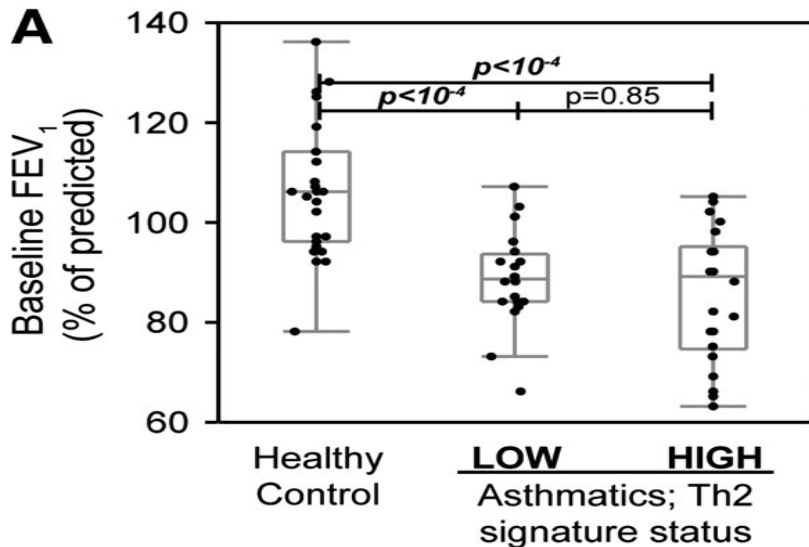
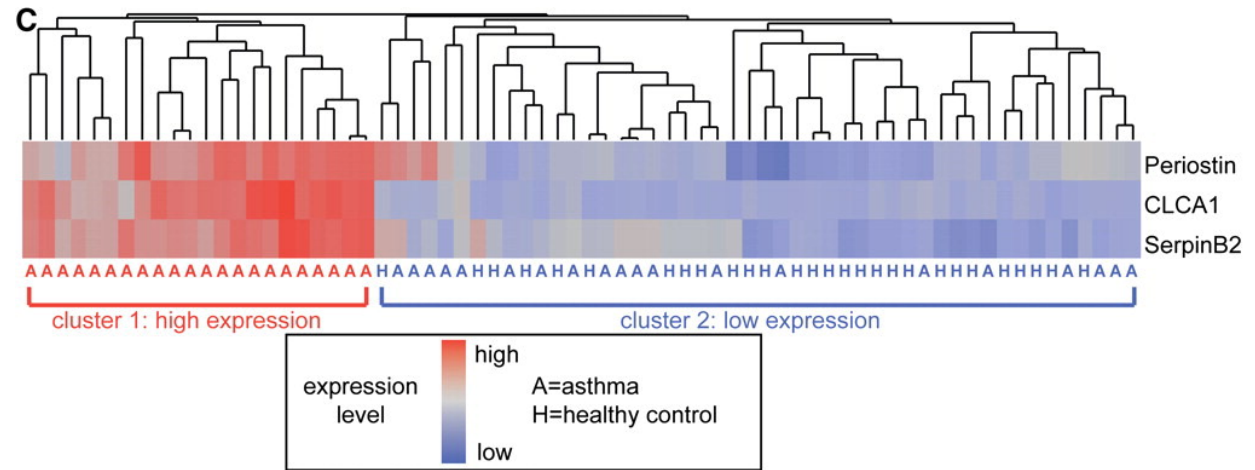


Th2 'HIGH' vs 'LOW' asthmatics are distinguished by:

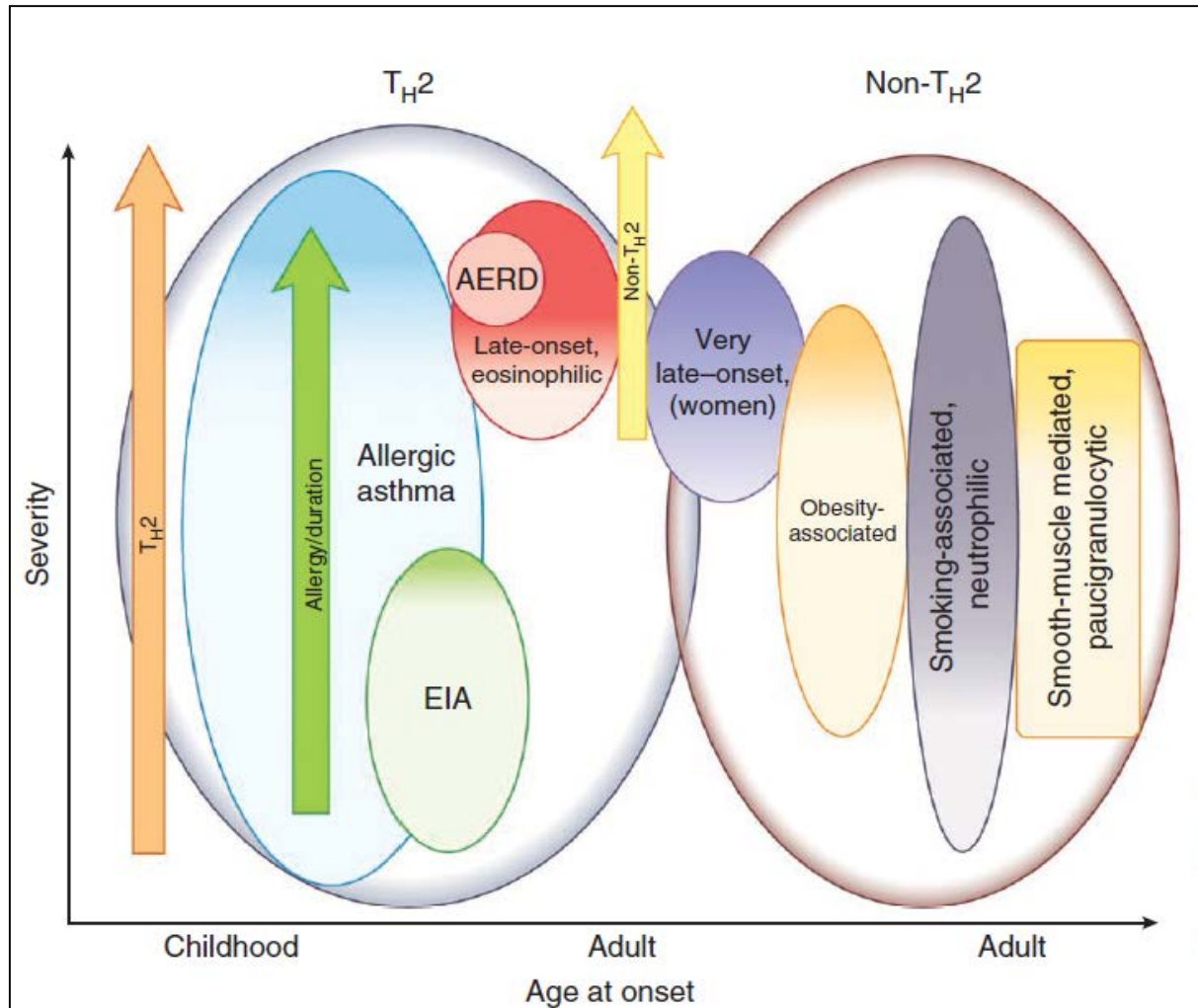


# Bronş Epitel Gen Analizi ile Astımdaki 2 Grup

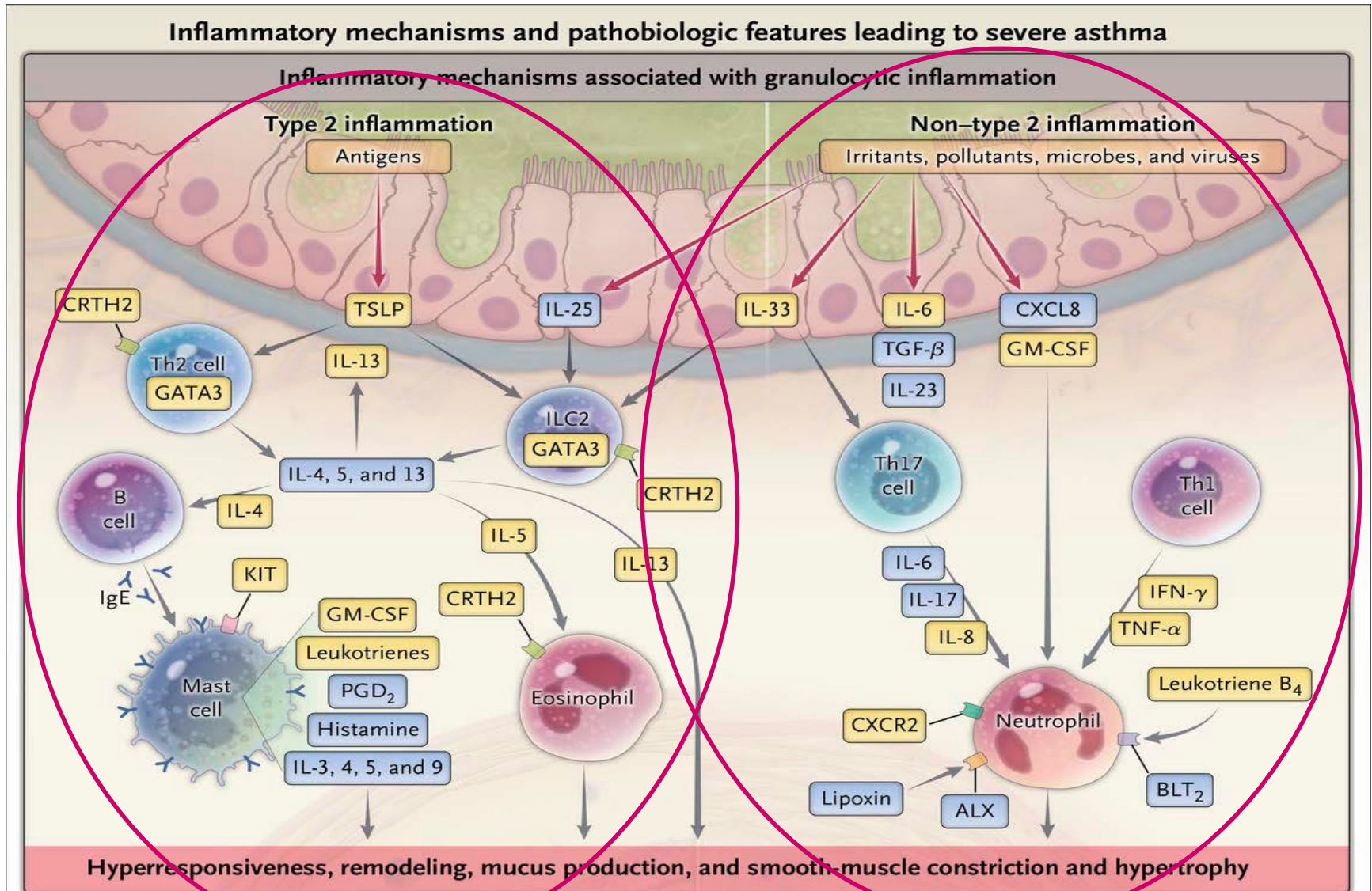
IL-13 responsive gen signature in bronchial epithelium



# Astım Endotipleri: Astım sendromu içinde farklı hastalıkları sınıflamak için yeni bir yaklaşım



# Ağır Astımda İnflamatuvar Mekanizmalar



Israel E, et al. N Engl J Med 2017;377:965-76



The NEW ENGLAND  
JOURNAL of MEDICINE



Available online at [www.sciencedirect.com](http://www.sciencedirect.com)

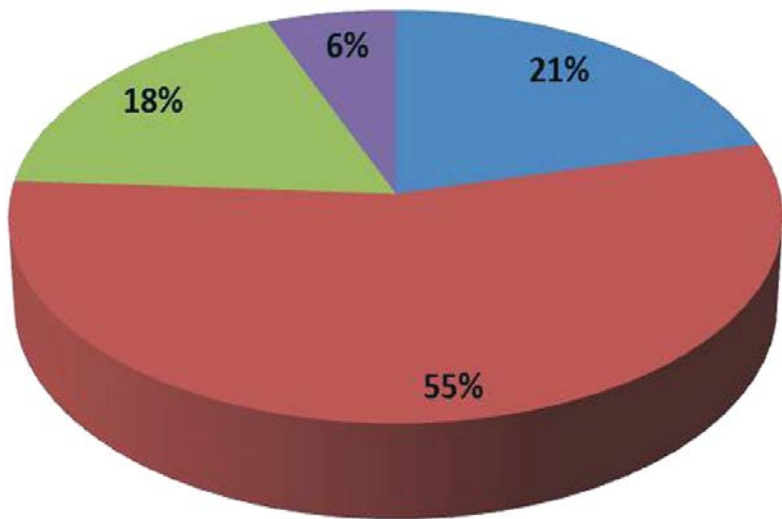
ScienceDirect

journal homepage: [www.elsevier.com/locate/rmed](http://www.elsevier.com/locate/rmed)



## Heterogeneity of phenotypes in severe asthmatics. The Belgian Severe Asthma Registry (BSAR)

### Inflammatory Phenotypes



- Neutrophilic →  $<3\% \text{ eos} + \geq 76\% \text{ neutro}$
- Eosinophilic →  $\geq 3\% \text{ eos} + <76\% \text{ neutro}$
- Paucigranulocytic →  $<3\% \text{ eos} + <76\% \text{ neutro}$
- Mixed Granulocytic →  $\geq 3\% \text{ eos} + \geq 76\% \text{ neutro}$

### Asthma Inflammatory Phenotypes

■ Paucigranulocytic ■ Eosinophilic ■ Neutrophilic ■ Mixed granulocytic

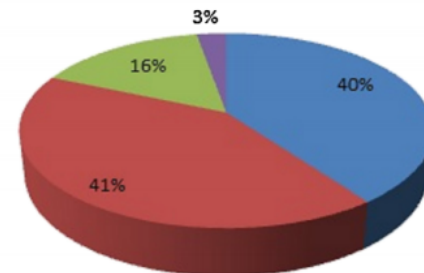
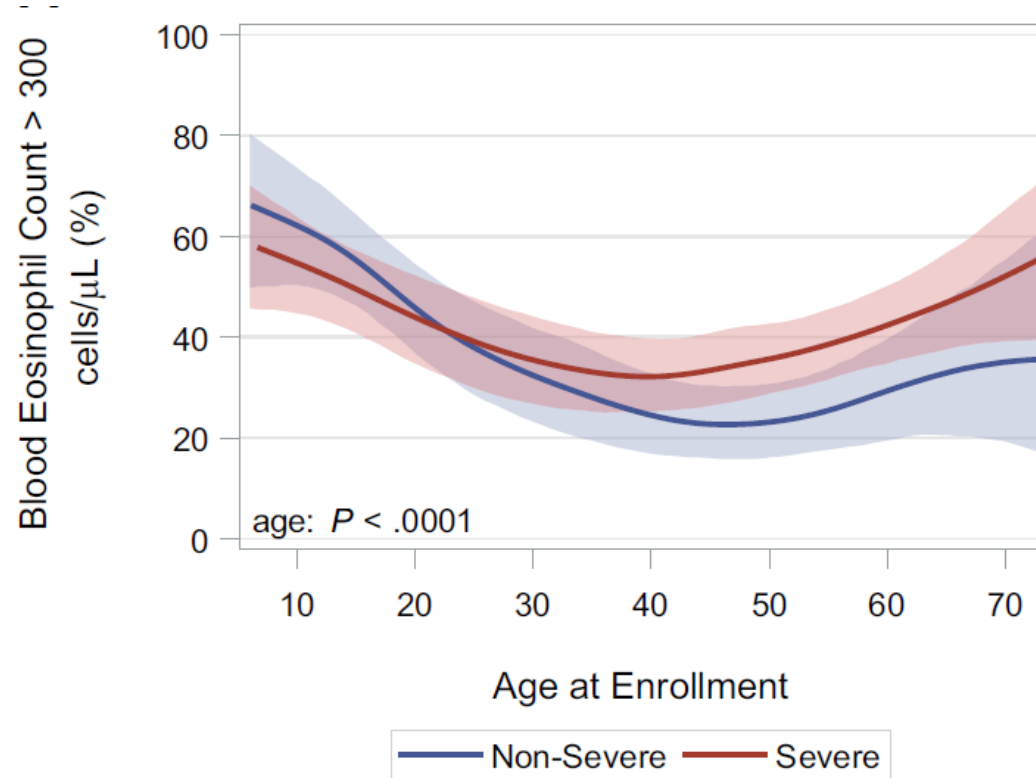


Figure 1 Proportion of various inflammatory phenotypes according to cellularity of induced sputum in a large cohort of asthmatics.

**Baseline Features of the Severe Asthma Research Program (SARP III) Cohort: Differences with Age**



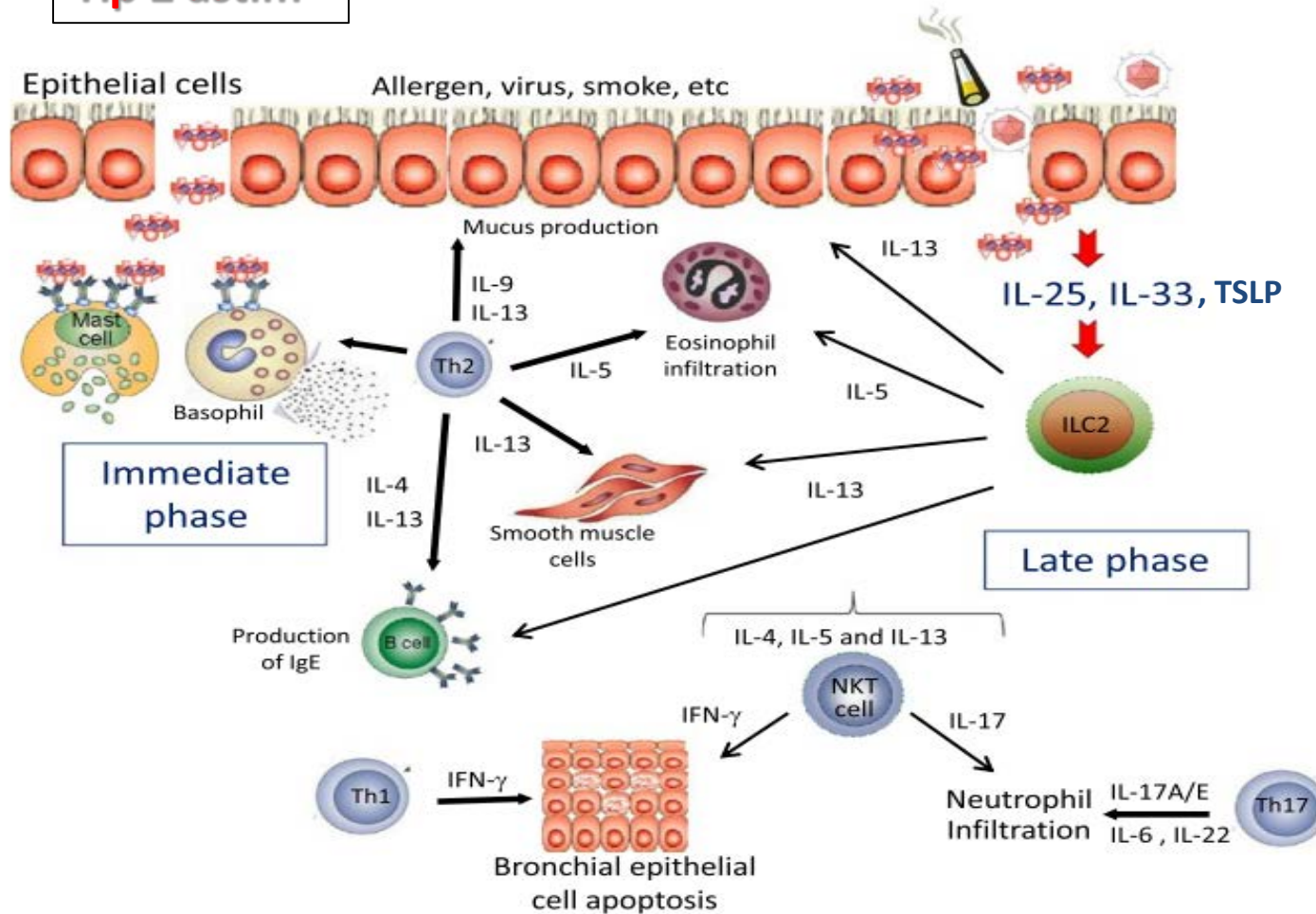
NIH/NHLBI'nin desteklediđi bu programda ağır astımın farklı moleküler, biyokimyasal ve hücresele inflamatuvar özelliklerinin yanısıra yapısal/fonksiyonel anormallikler gösteren bir heterojen sendrom olduđu ortaya konmuştur.



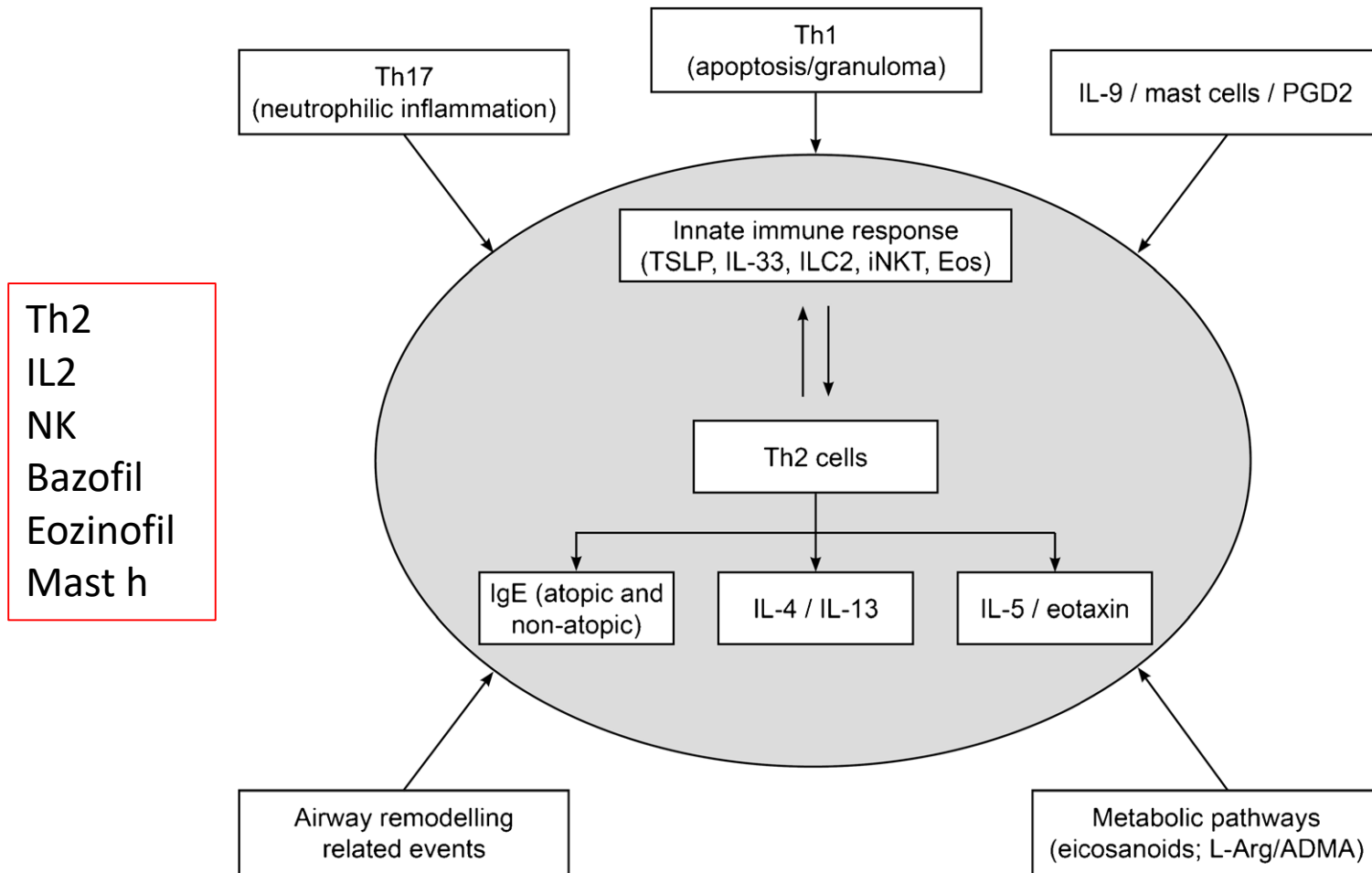


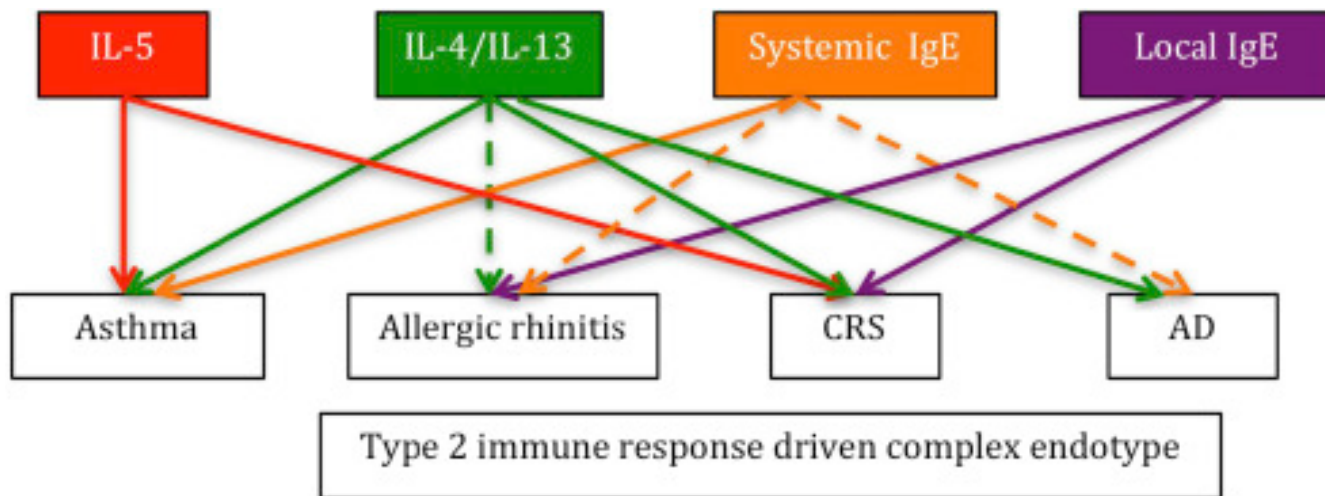
# Ağır Astımda İmmünolojik Mekanizmalar

## Tip 2 astım

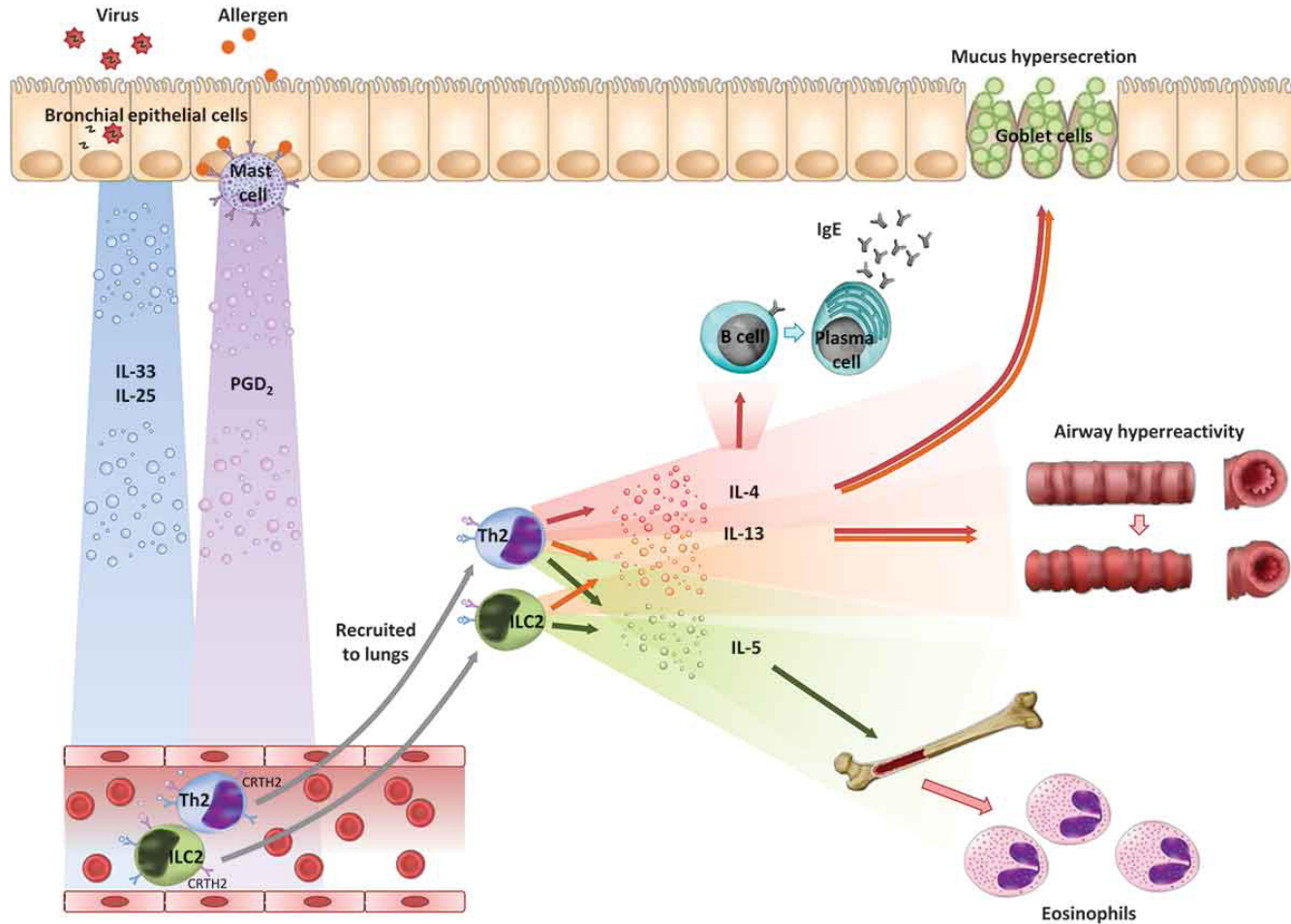


# T<sub>h</sub>2 Astim Fenotipi Komplekstin

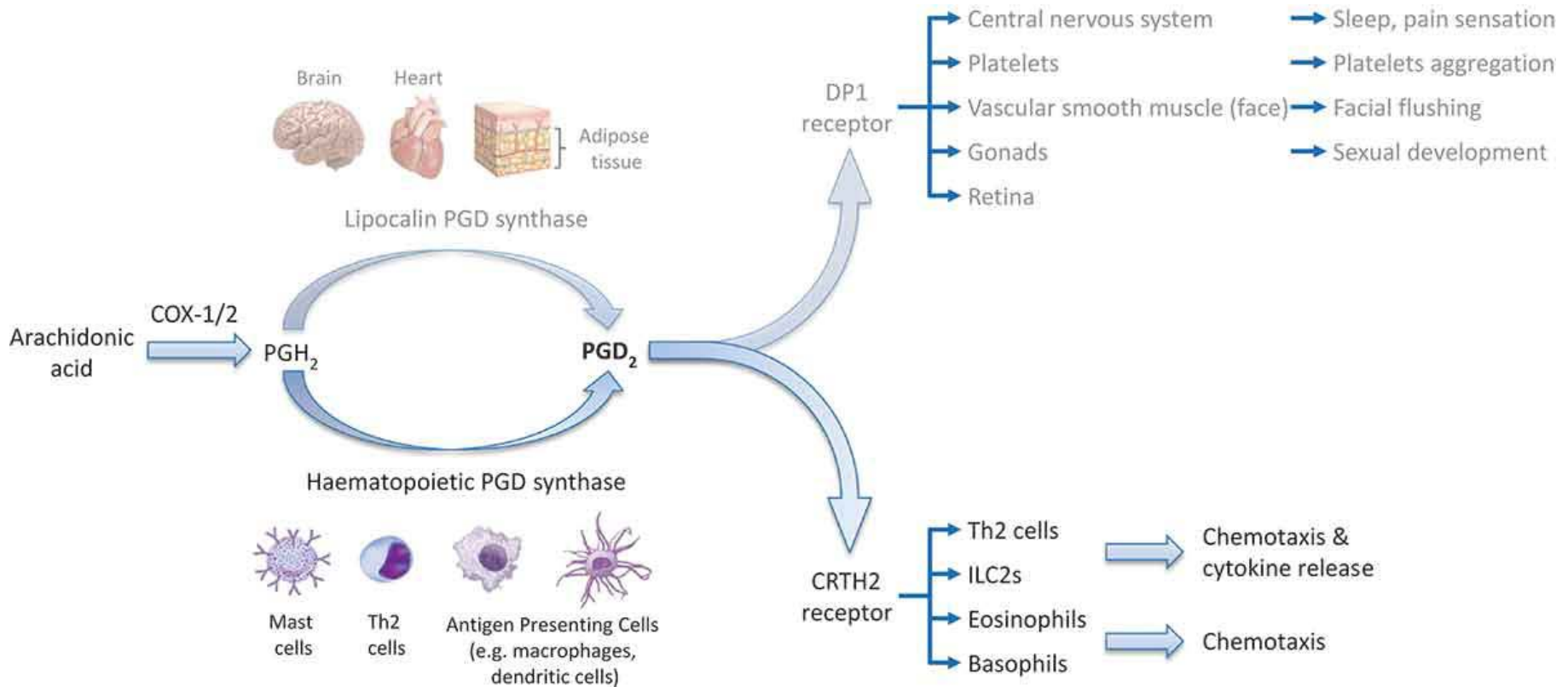




# Astımda PGD<sub>2</sub>'lerin Rolü

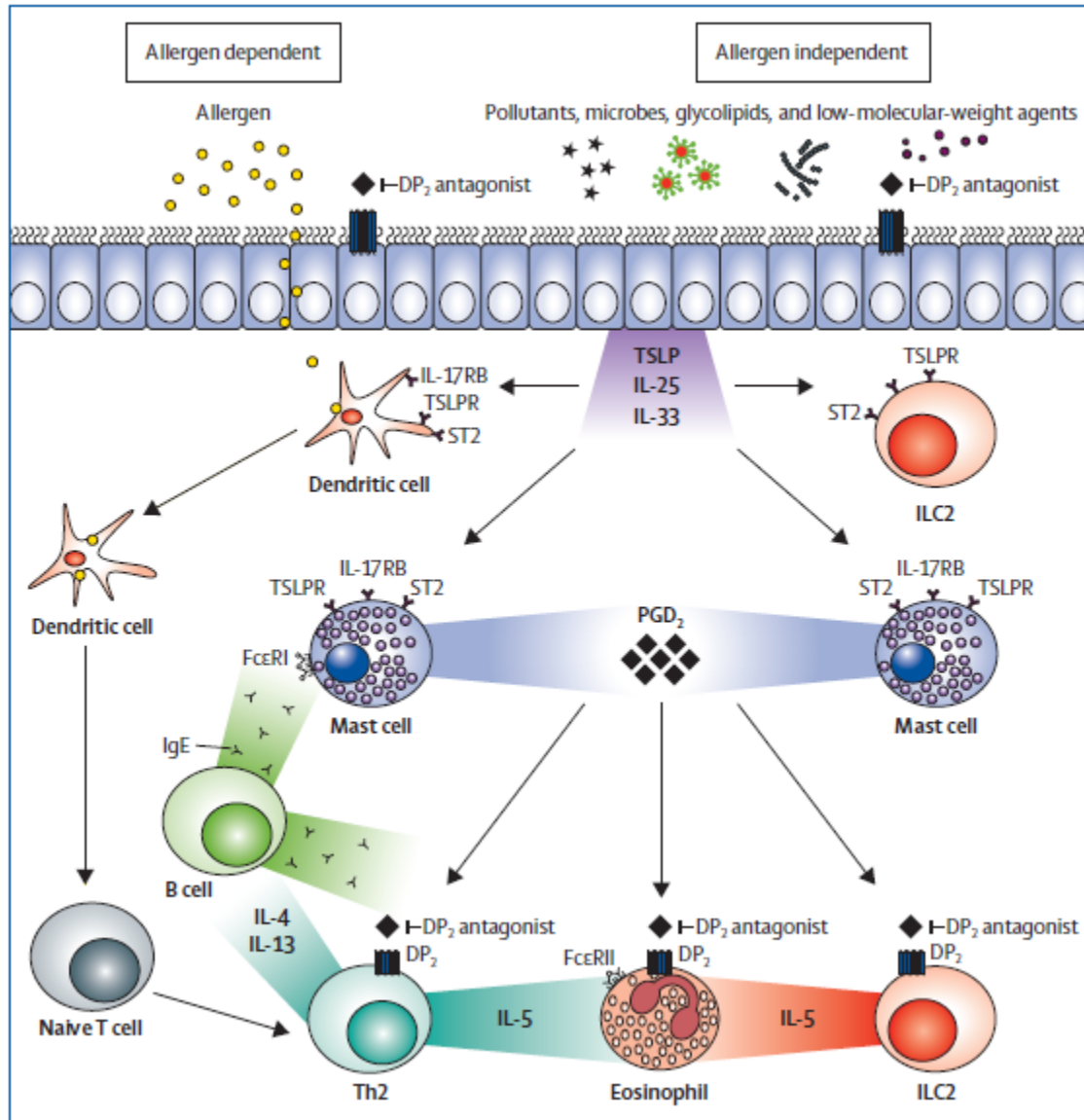


# PGD<sub>2</sub> Biyolojisi

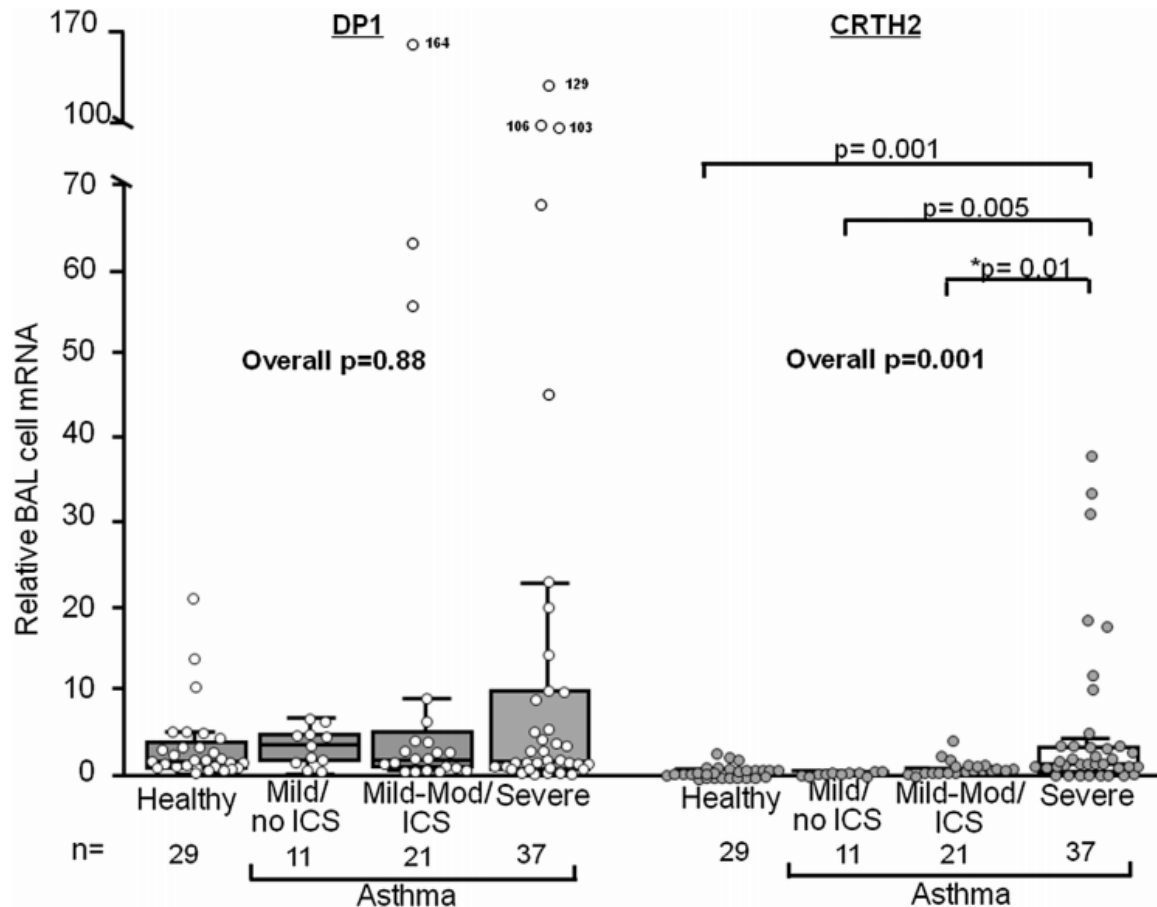


**CRTH2**; chemoattractant receptor– homologous molecule expressed on TH2 lymphocytes

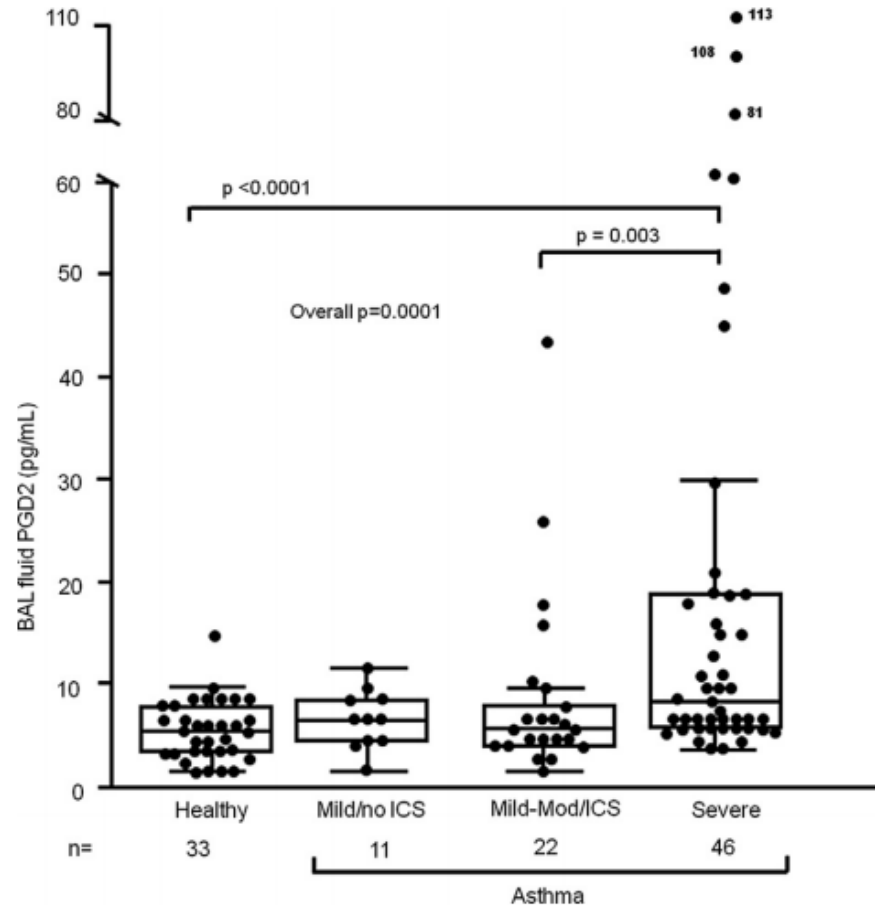
# Allergic airway hyperresponsiveness



# PGD<sub>2</sub> pathway upregulation; Astım şiddeti, kontrolü ve TH<sub>2</sub> inflamasyon ilişkisi



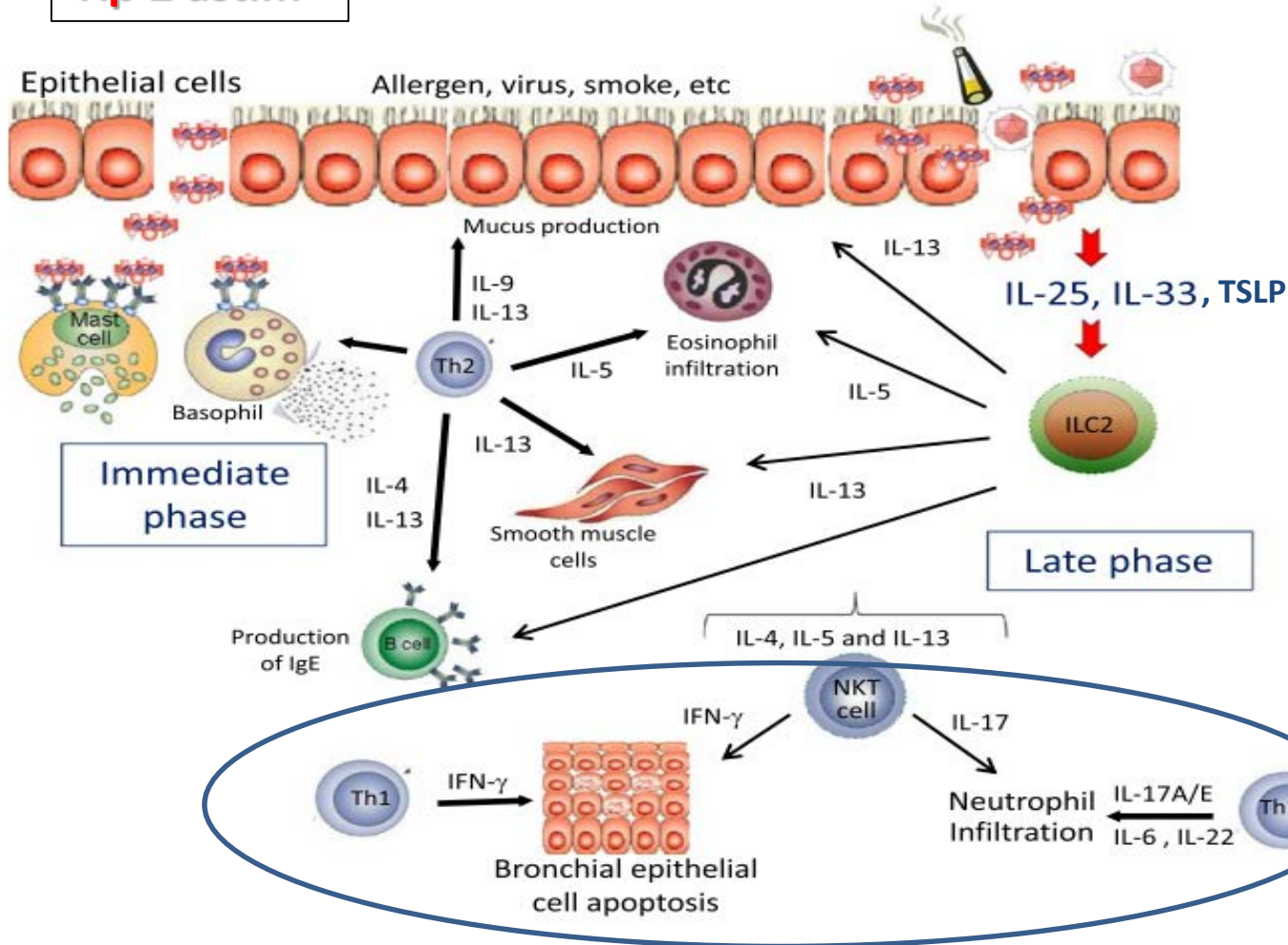
# PGD<sub>2</sub> pathway upregulation; Astım şiddeti, kontrolü ve TH<sub>2</sub> inflamasyon ilişkisi





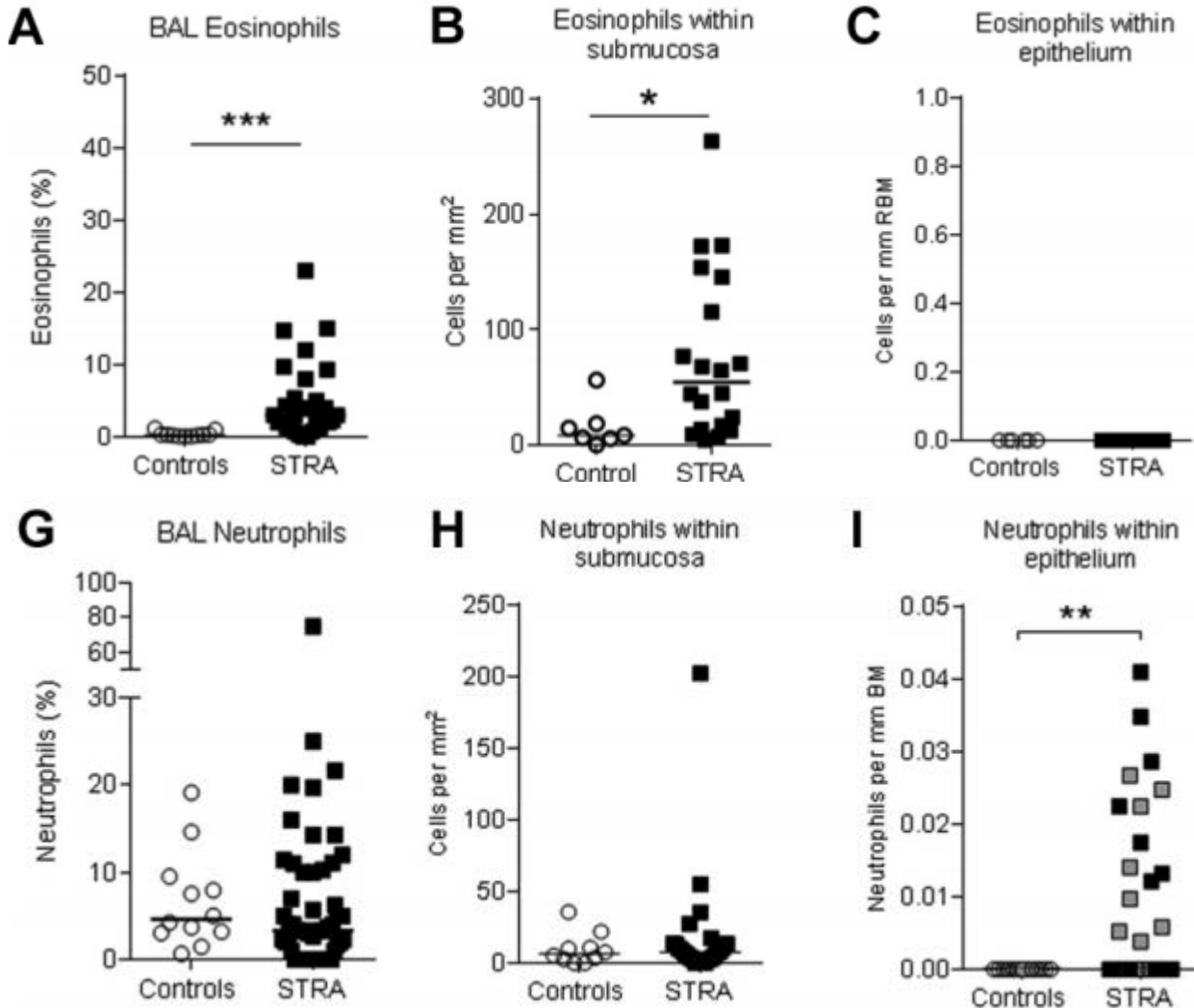
# Ağır Astımda İmmünolojik Mekanizmalar

## Tip 2 astım

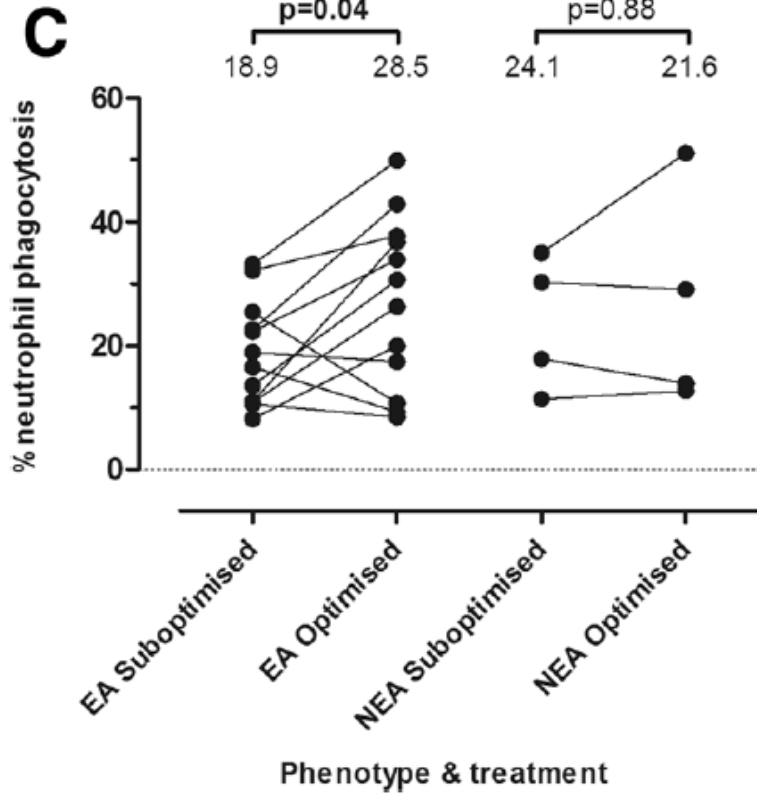


## Non Tip 2 astım

# Ağır Astımda Nötrofillerin Rolü (Ne dereceye kadar?)



# Nötrofillerin Rolü Var mı?



Artmış balgam nötrofil oranı:

1. İnflamasyondaki artışı
2. Eozinofil ve makrofajlar gibi diğer inflamatuvar hücrelerdeki kısmi azalmayı
3. Doku ve lümen arasındaki nötrofil dağılımındaki değişikliği
4. IL-17 aracılı nötrofil göçündeki artışı gösterir.

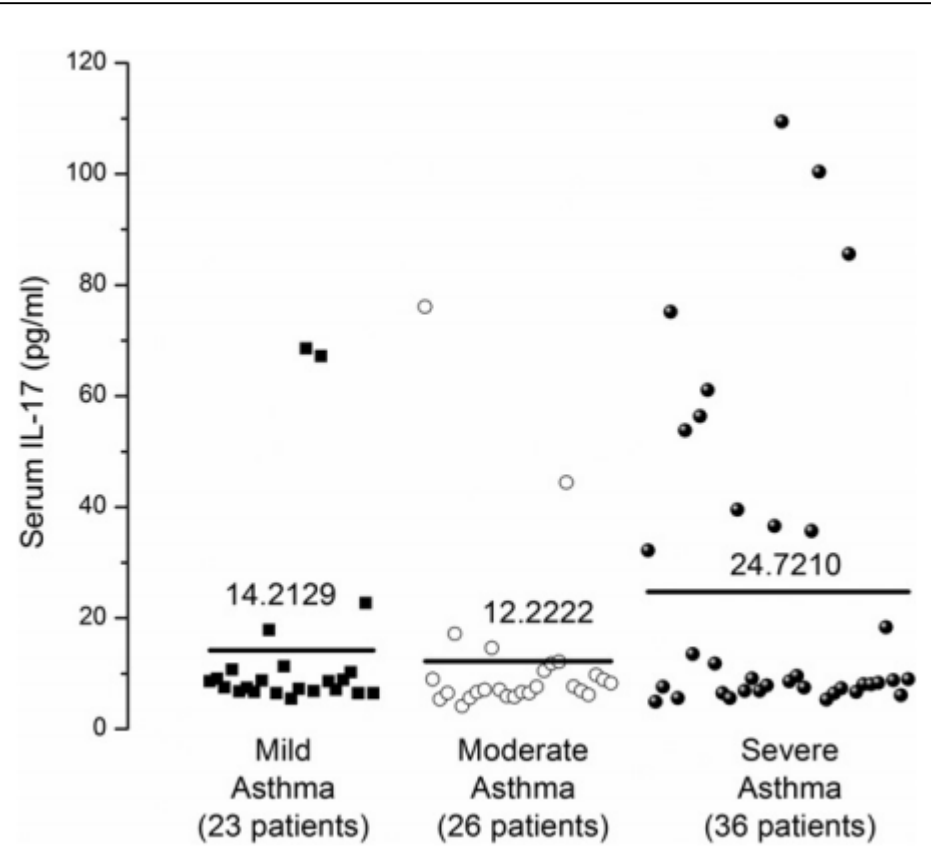
# Nötrofillerin Rolü Var mı? (Ne dereceye kadar?)

Artmış balgam nötrofil oranı:

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3. Doku ve lümen arasındaki nötrofil dağılımındaki değişikliği
4. IL-17 aracılı nötrofil göçündeki artışı gösterir.

Anatomik lokalizasyonu (intraepitelyal, lamina propria veya lümen içi), aktivasyon durumunu ve fonksiyonel fenotiplerin belirlenmesi çok önemlidir.

# IL-17 Ağır Astımda Önemli Bir Biomarkerdir



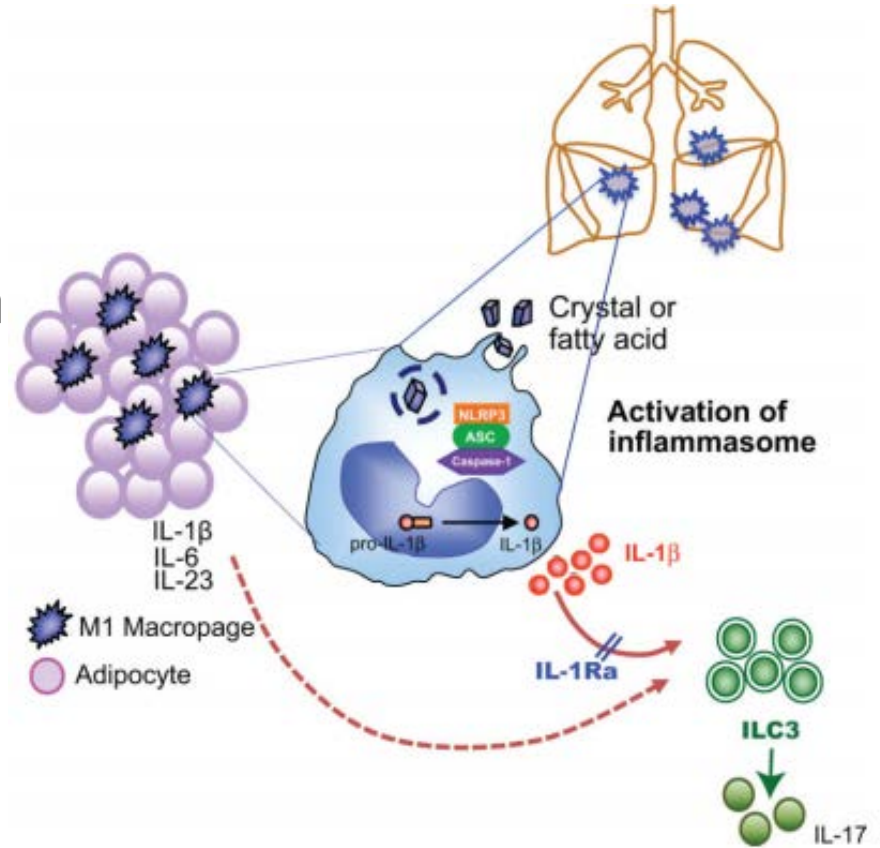
- IL-17A;

- Nötrofilik havayolu inflamasyonu
- Mukus gland hiperplazisi
- Havayolu aşırı cevabı
- Steroid “rezistansı”ndan sorumludur

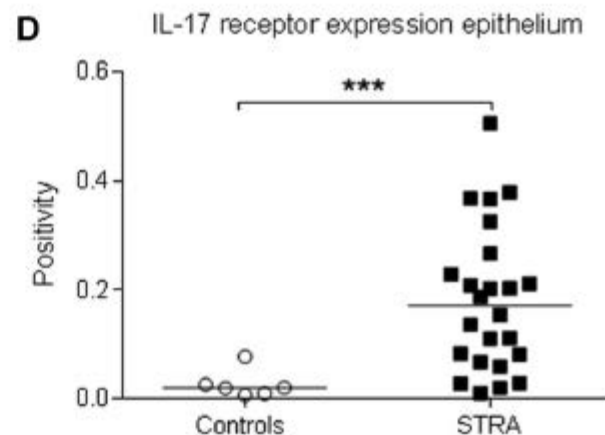
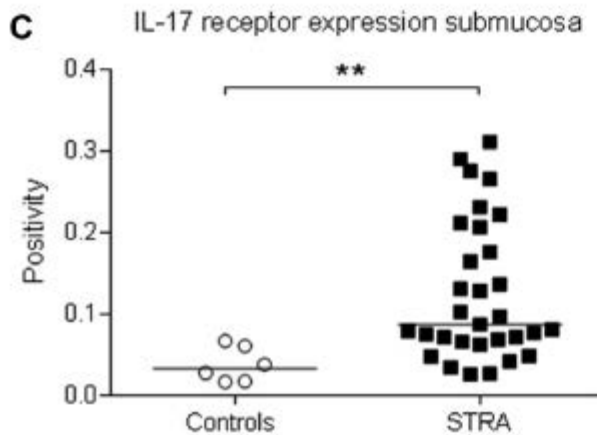
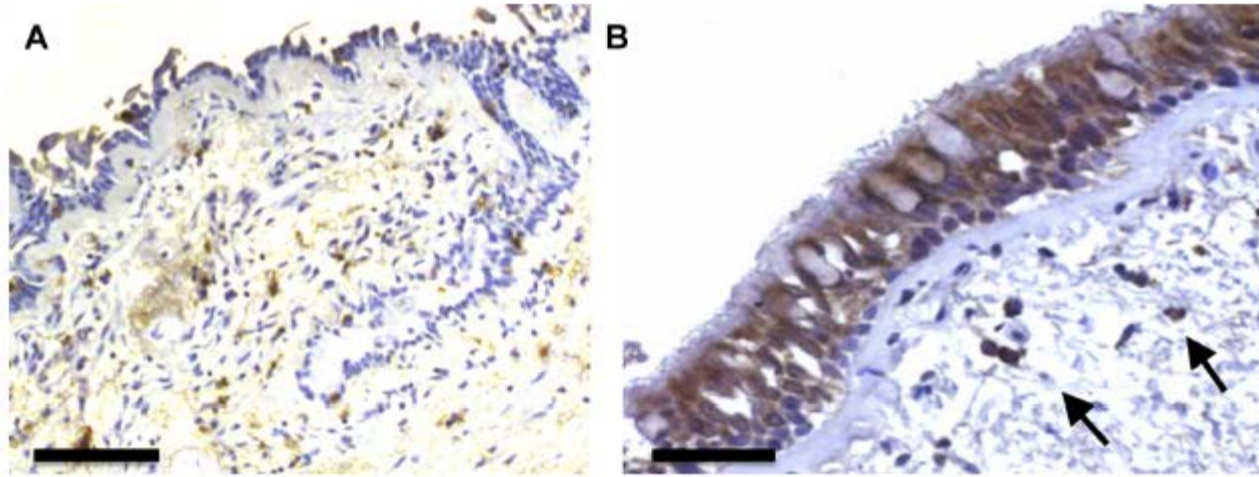
# Th17 Yolađı

## IL-17 Kaynakları

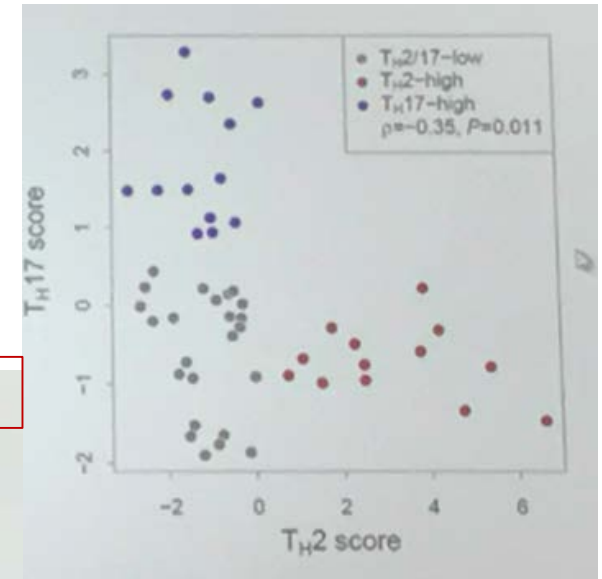
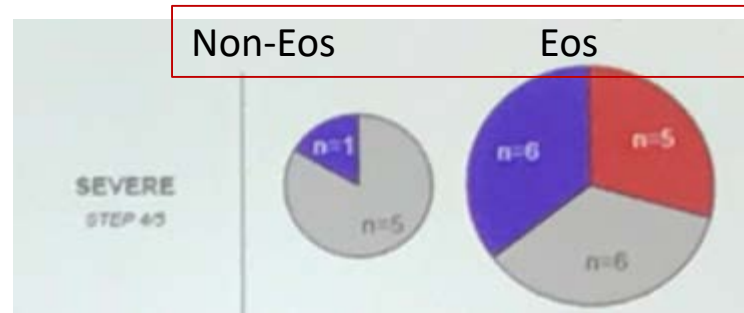
- Th17 hücreleri
- ILC3 (obez ağır astımda BAL'da artmıřtır)



# Havayolları IL-17'ye çok duyarlıdır



- IL-13 ve IL-17A Bronş Epitel hücrelerinde Th2 ve IL-17 signature genlerini indükte eder
- Buna göre 3 astım subgrubu tanımlanmıştır
  - Th2-yüksek
  - Th17-yüksek
  - Th2/17-düşük





## **IL-17A Promotes the Exacerbation of IL-33–Induced Airway Hyperresponsiveness by Enhancing Neutrophilic Inflammation via CXCR2 Signaling in Mice**

Nobuaki Mizutani,\* Takeshi Nabe,<sup>†</sup> and Shin Yoshino\*

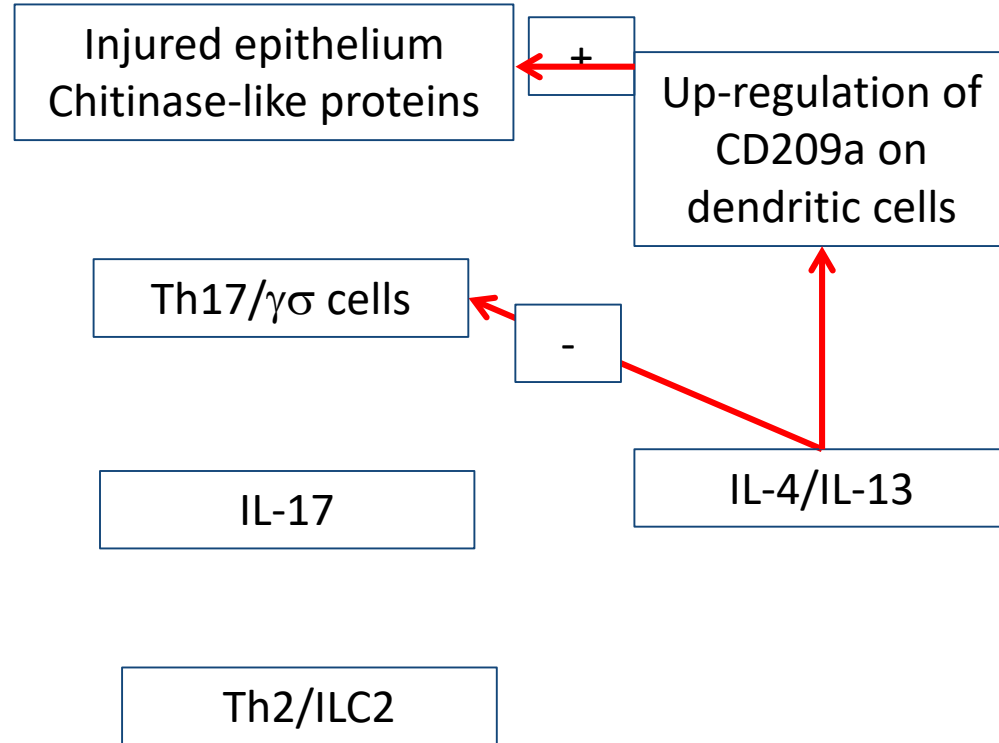
- IL-17A ile birlikte CXCR2 sinyali üzerinden nötrofilik inflamasyonu arttırarak BHR'yi tetikler
- CXCR2 sinyal-aracılı TH2 cevapları arttırır



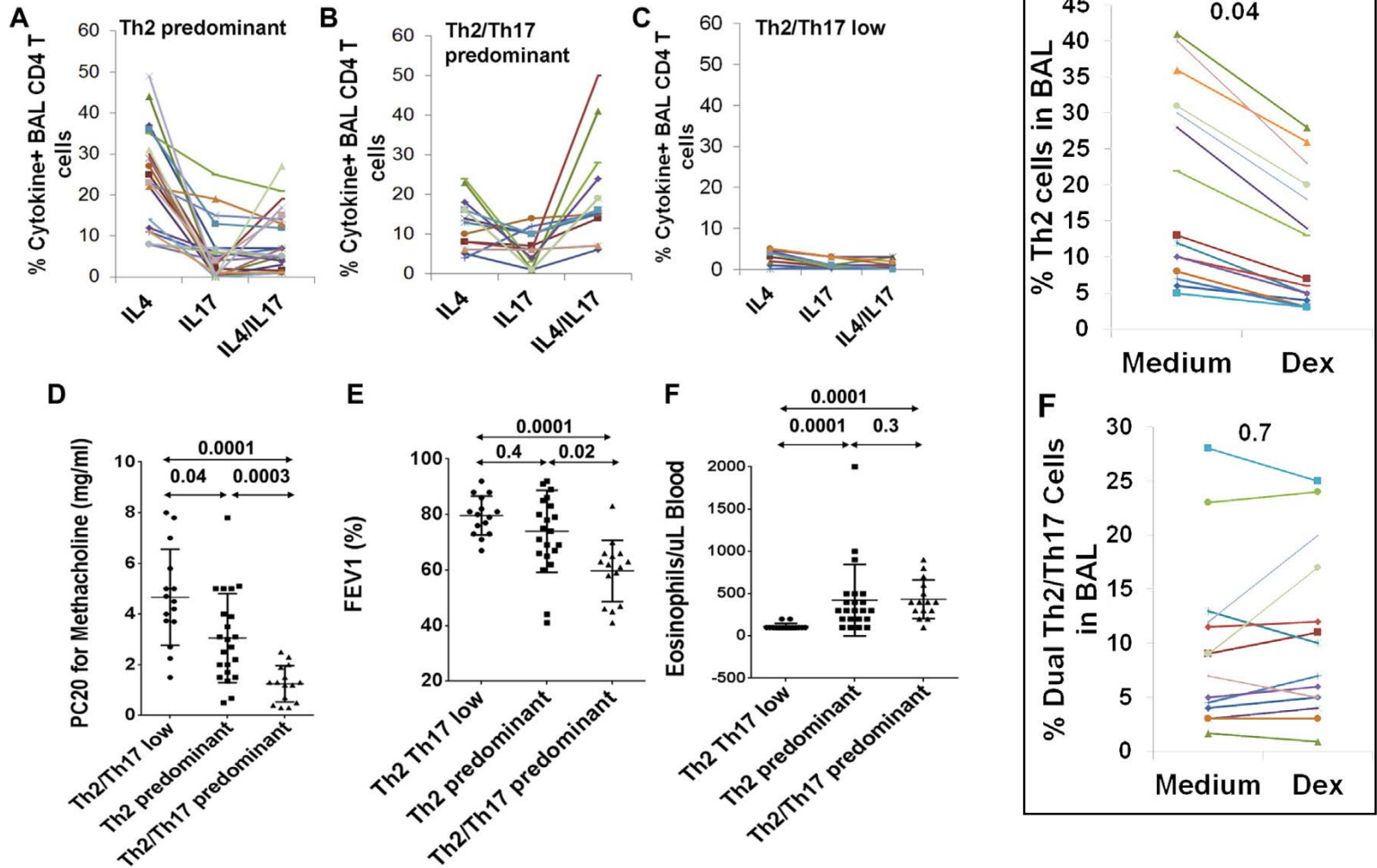
# Miks Th17/Th2 aktivasyonu

- Astımda bazı Th2 hücreler dual-pozitif hücrelere diferansiye olur
- Dual-pozitif Th2/Th17 grubunda steroid rezistansı vardır.
- En fazla havayolu obstrüksiyonu ve hiperreaktivitesi bu grupta görülür.

## IL-17 – IL-4/13 feedback loop



# Miks Th17/Th2 aktivasyonu

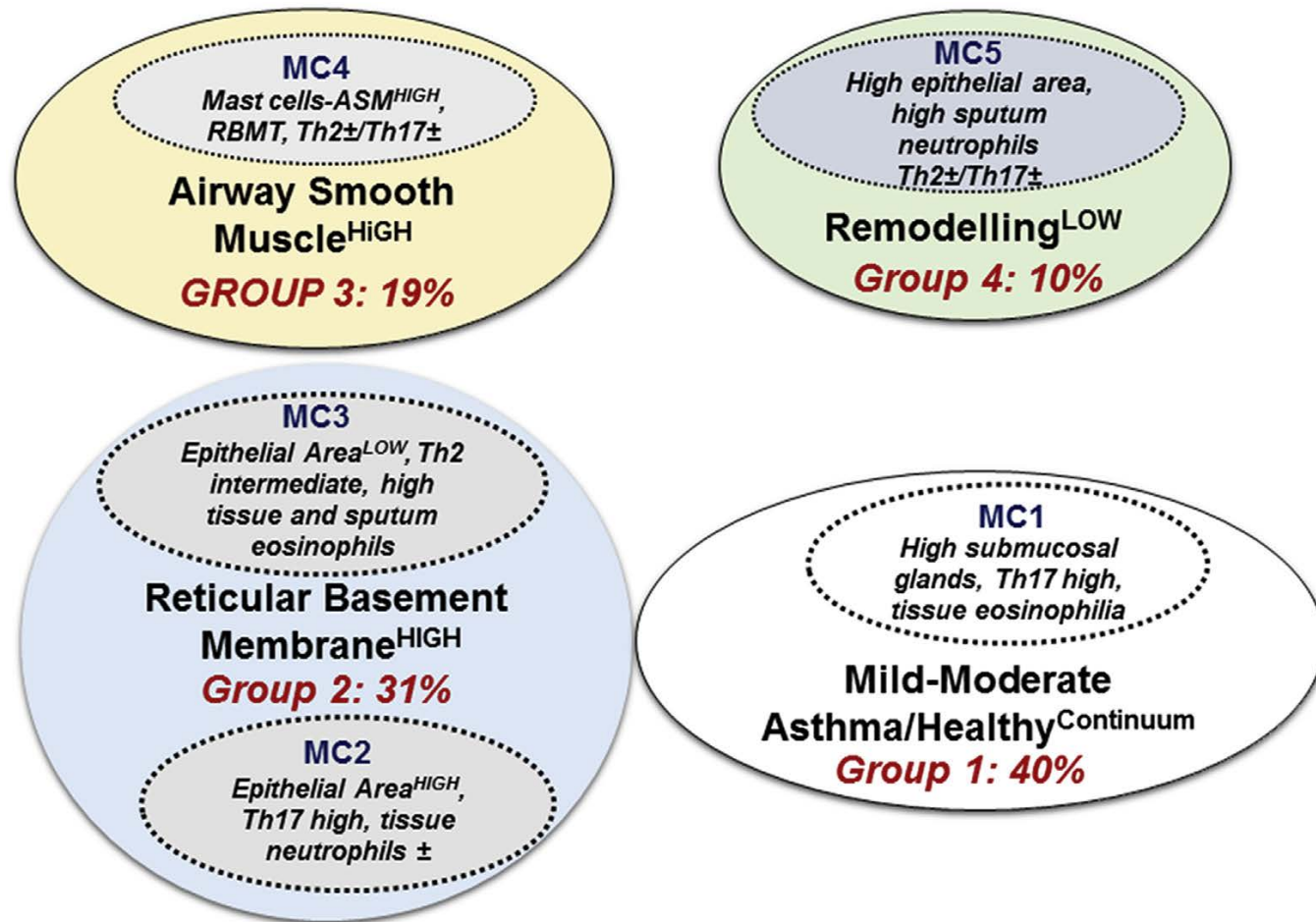


# Ađır Astım'da İnflamasyon

Th2-yüksek  
Th17-yüksek  
Th2/17-yüksek

Th2- yüksek  
Th2/Th17-yüksek  
Th2/Th17- düşük

# Ağır Astımda Immunofenotipleme



# Tip 2 vs IL-17 Astım Özeti

## Th2-high asthma

Corticosteroids

Th2-repressed asthma  
(affectively Th2-low)

Persistent Th2-high asthma  
(repressed IL-17)

## Th2-low asthma

IL-17 permissive environment

Infection, pollution,  
allergen, corticosteroids?

Increased IL-17 and activation  
of downstream pathways

**Persisting disease expression**  
**Corticosteroid resistance**

## T1/T2 Mikst Inflamasyon

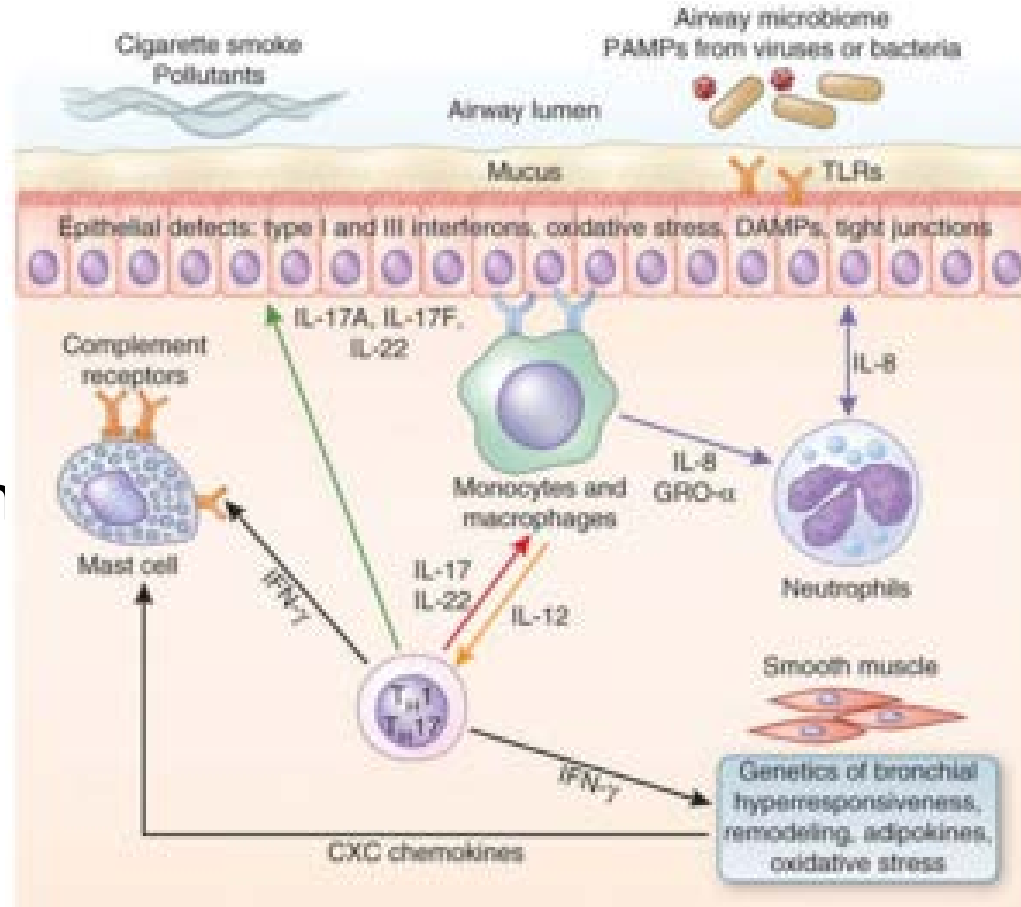
- Obezite/HDM miks lokalize inflamatuvar cevapları başlatır (T1 ve T2)

Diaz J. Immunol Res 2015;63:197-208

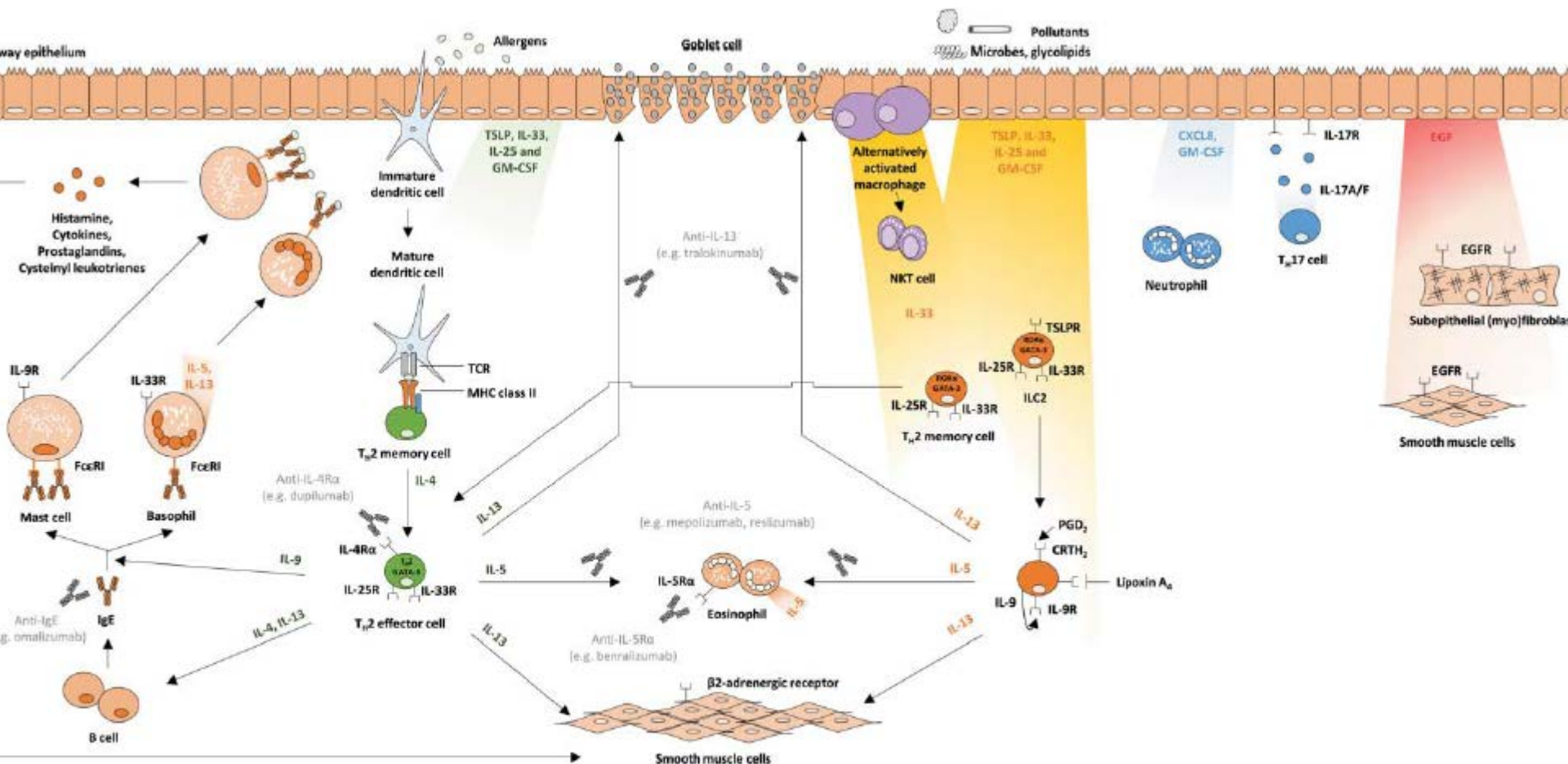
## T1/T17 Mikst Inflamasyon Çocukluk astımında

transkriptomik kümeler:

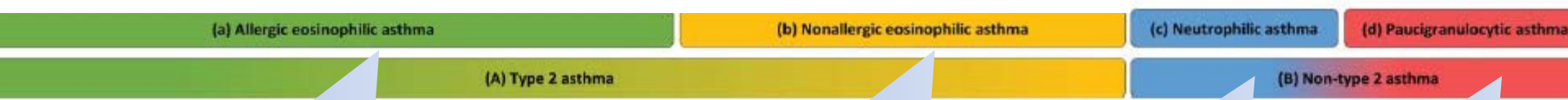
Yeh EL, et al. Clin Exp Allergy 2018; 14







Low Eos+Low FeNO

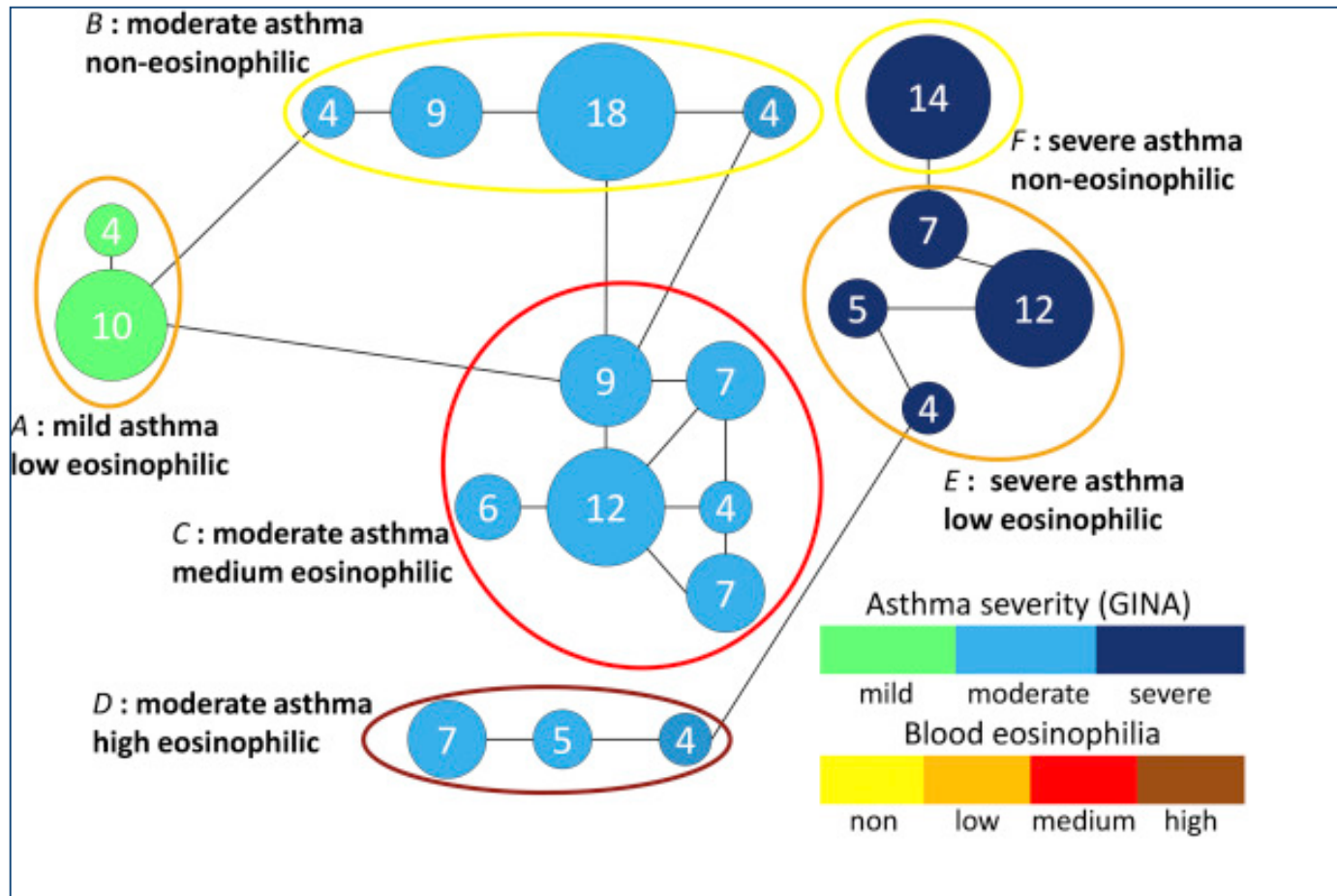


Th2/mast h  
Eozinofilik inflamasyon  
IgE

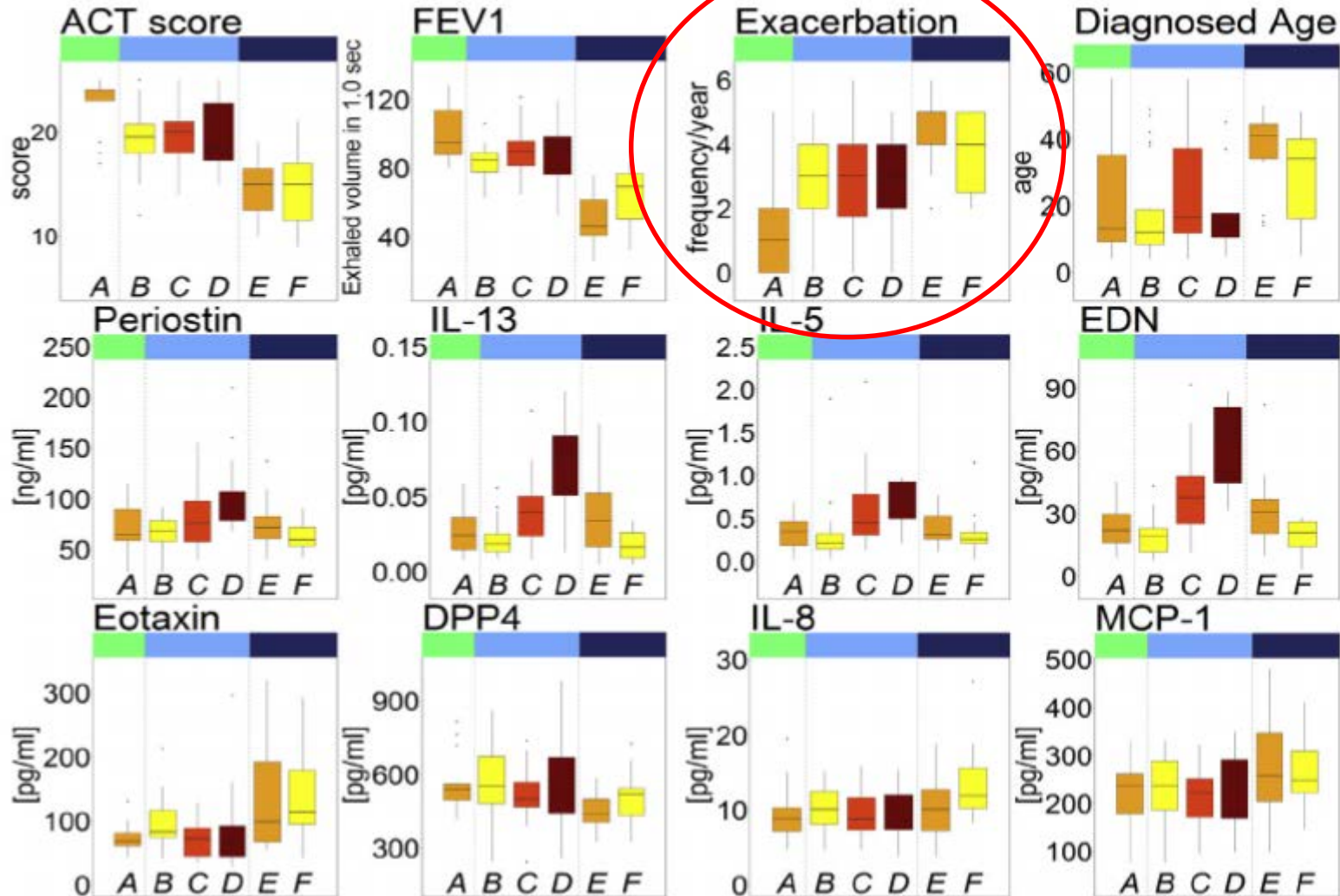
NKT, ILC2, IL-5,  
Eoz/Nötrofilik  
inflamasyon

IL-17, CXCL8

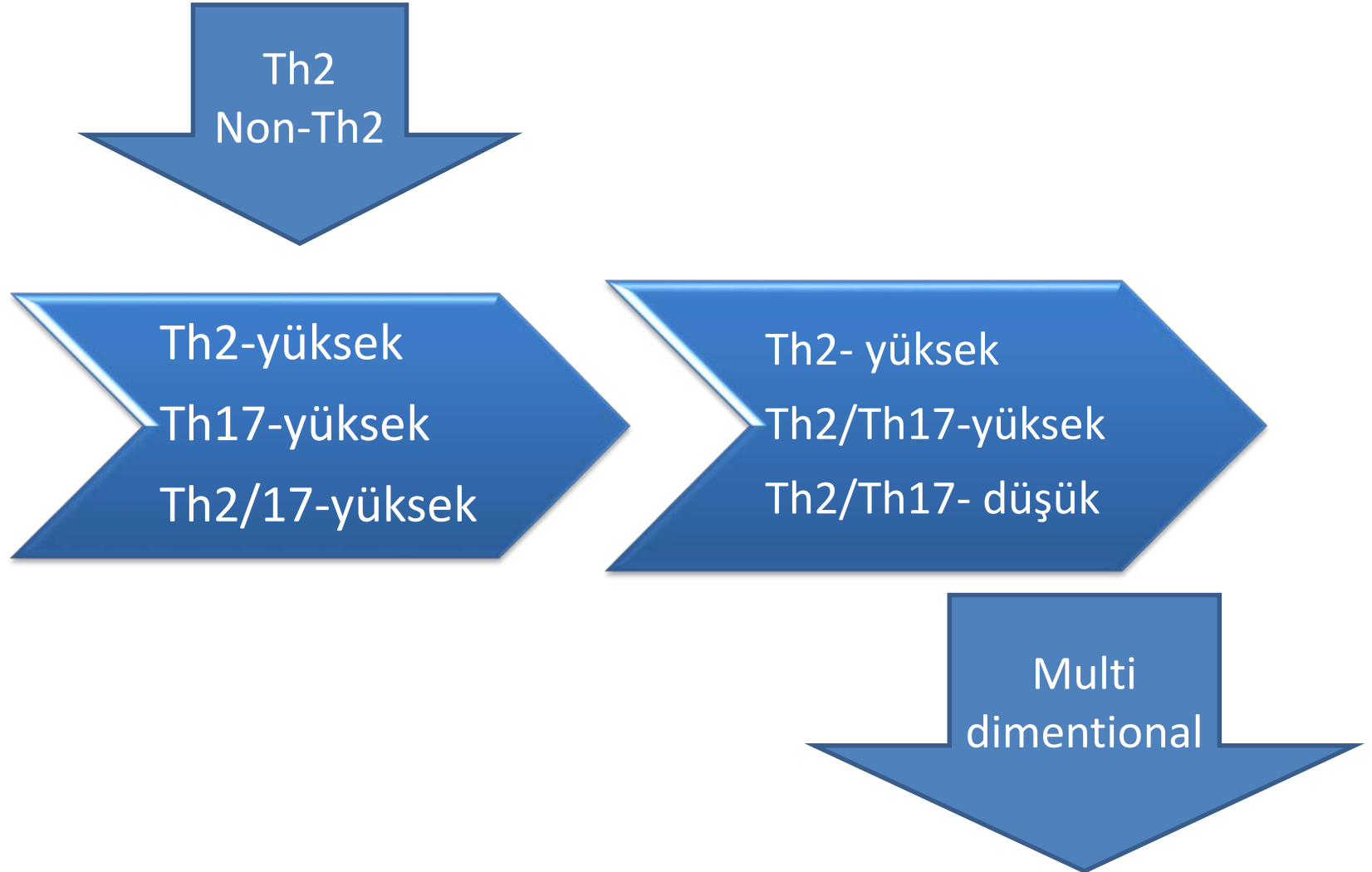
Inflamasyon?



# Çok yönlü endotipleme



# Ađır Astım'da İnflamasyon



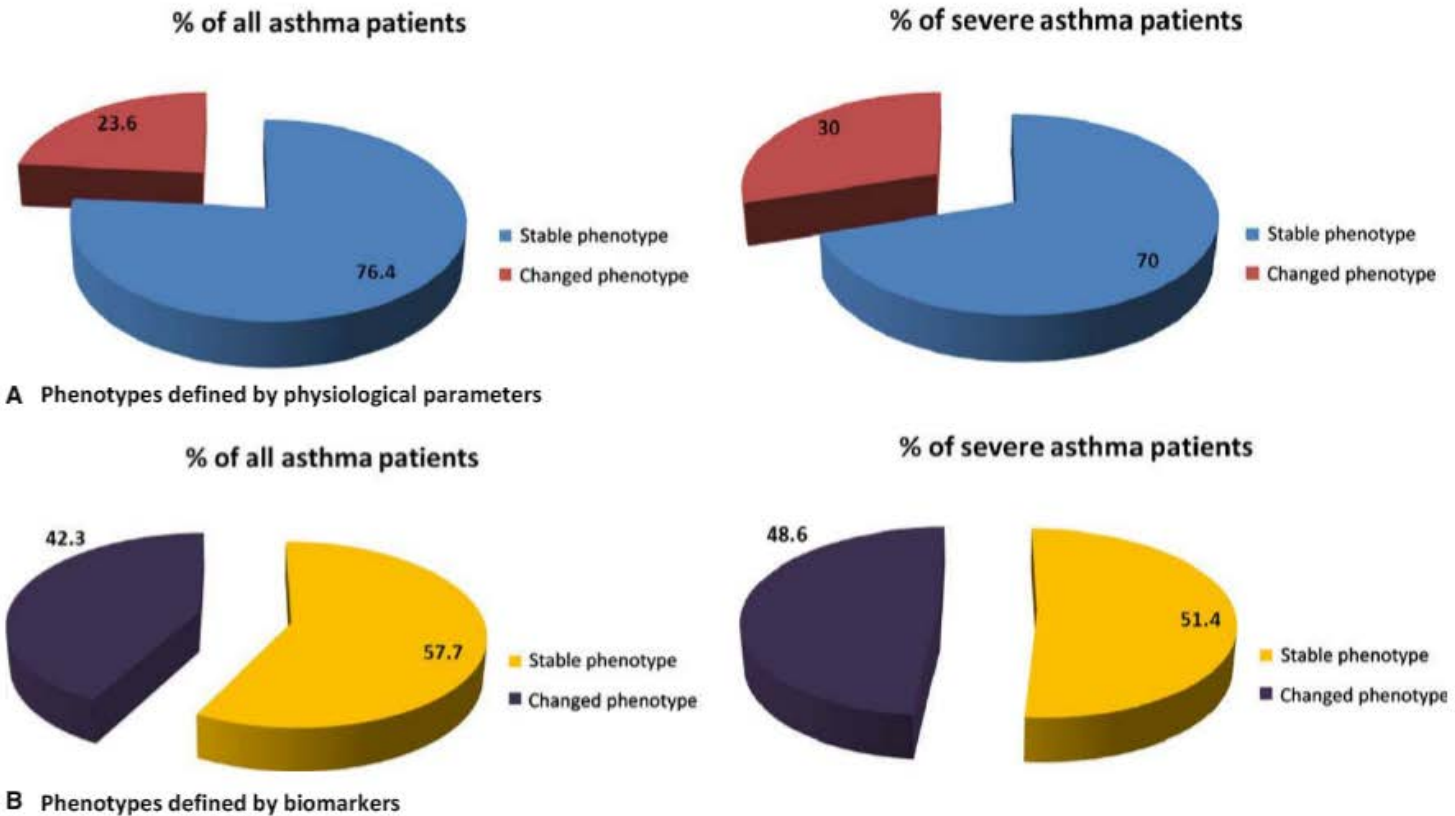
Choy D, et al. Sci Transl Med 2015;301: 301

Irvin L, et al. JACI 2014;134: 1175-86

# Ađır Astım'da İmmünolojik Mekanizmalar: -Bilmediklerimiz-

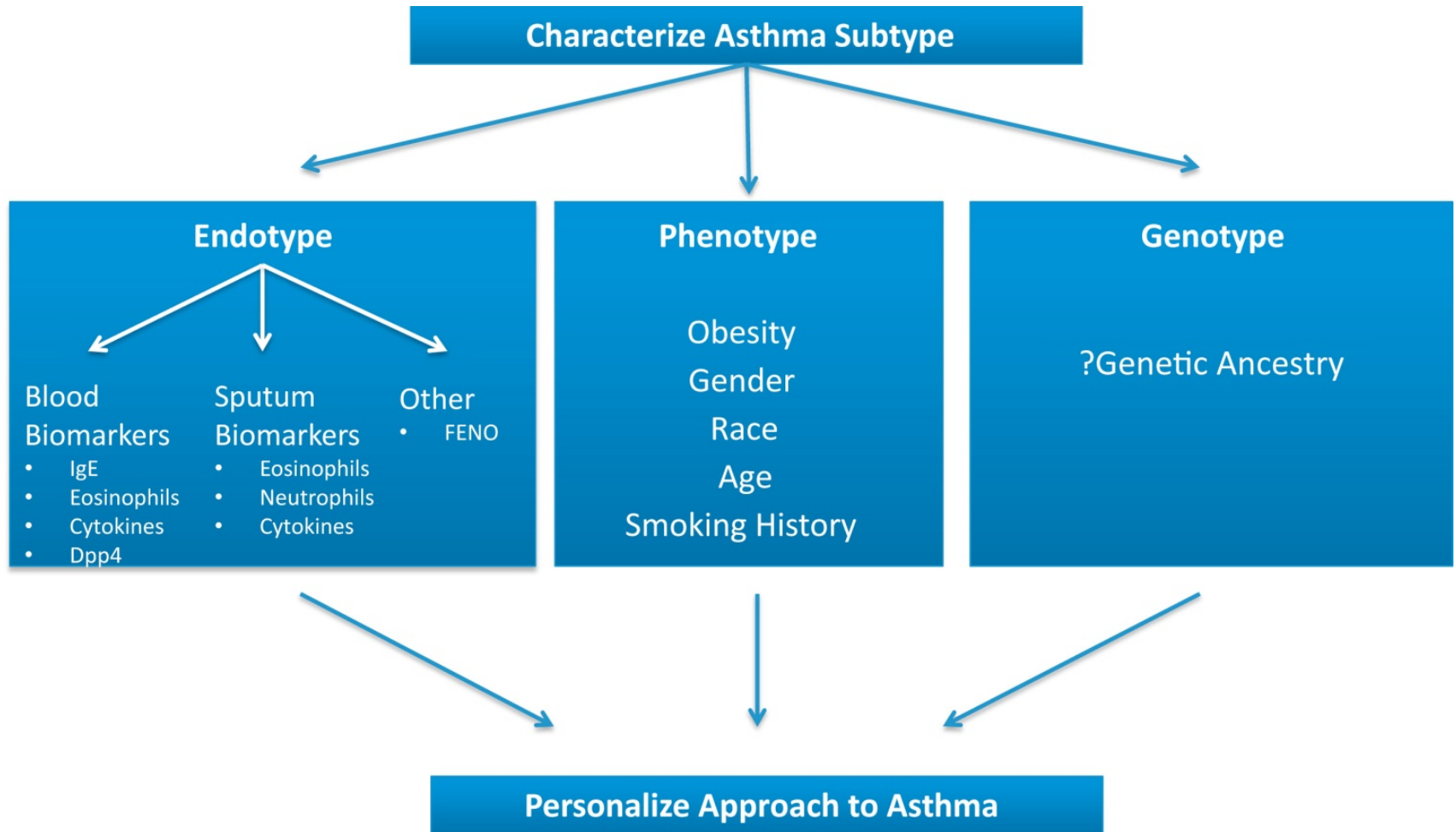


- IL-17 \_IL-4/13 feed-back loop'u neyin regüle ettiđini bilmiyoruz.
- Mast hücrelerinin IL-33 aracılı Th2 sitokinlerinin, öz. IL-13, sentezine neden olan uyarı mekanizması bilinmemektedir.
- Prostaglandin D2'nin bir reseptörü olan CRTHS insan ILC2 üzerinde mevcuttur. Ancak CRTH2'nin bu hücreler üzerindeki fonksiyonları net deđildir.

**Stability of phenotypes defined by physiological variables  
and biomarkers in adults with asthma**

# Fenotip ve Endotipten Genotipe Geçiş

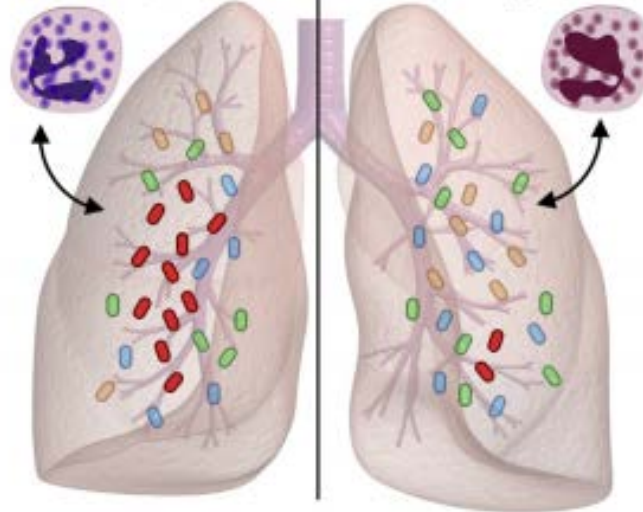
-Refractory asthma? Characterize subtype-





# Asthma

Neutrophilic

Eosinophilic



 Opportunistic bacteria

 Normal airway bacteria



Size sıradan biriymişsiniz  
gibi davranan hiç kimseyi  
sevmeyin.

Oscar Wilde

Sir John Bell,  
Professor of Medicine  
at Oxford University

*“The best example of precision medicine in my opinion does not come from cancer, it comes from asthma. For this condition, we have gone more than 20 years without a new drug, because the disease was not defined very well”*