

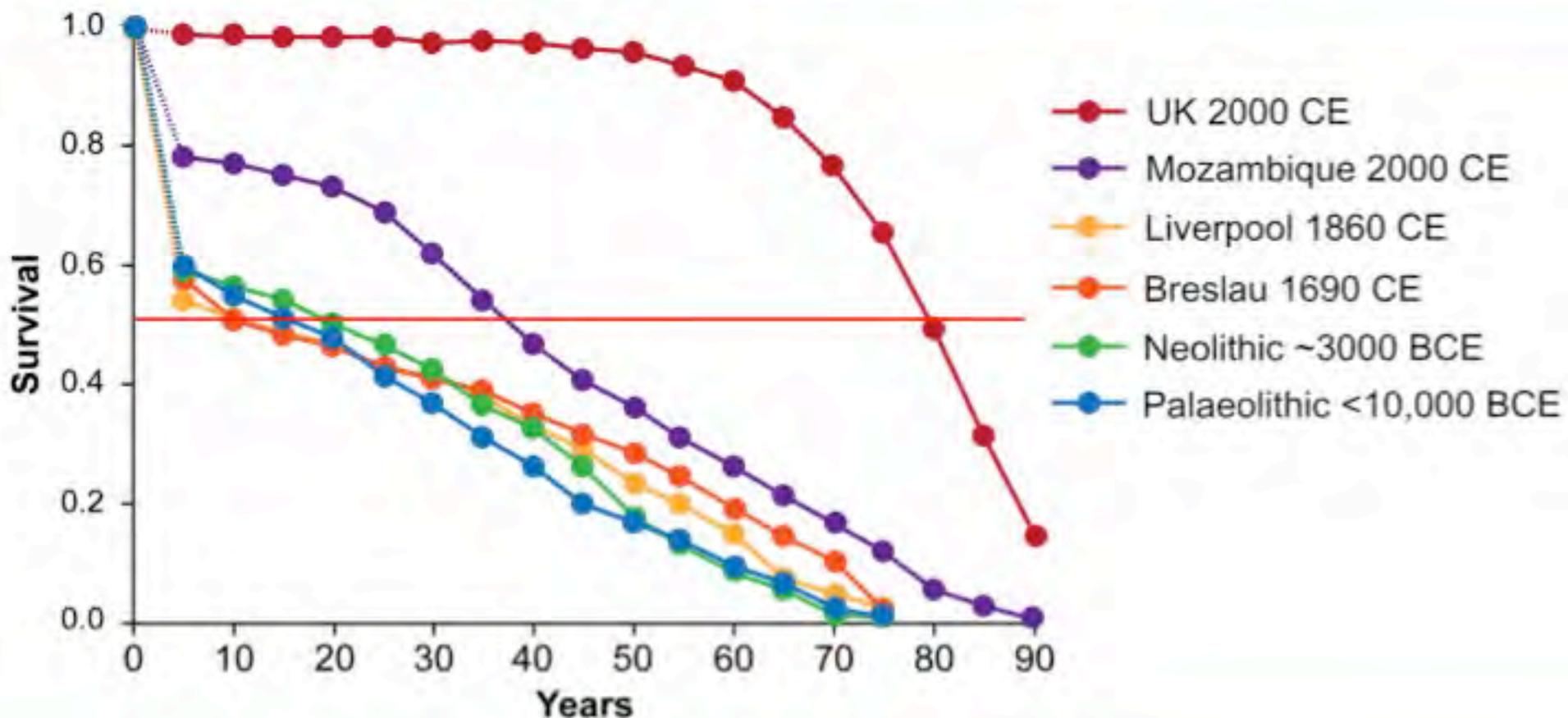
The global struggle against infectious disease

5th ASEAN “Bridges” Event, Sponsored by the
International Peace Foundation and Naresuan University

Queen Sirikit Convention Center, February 2, 2015

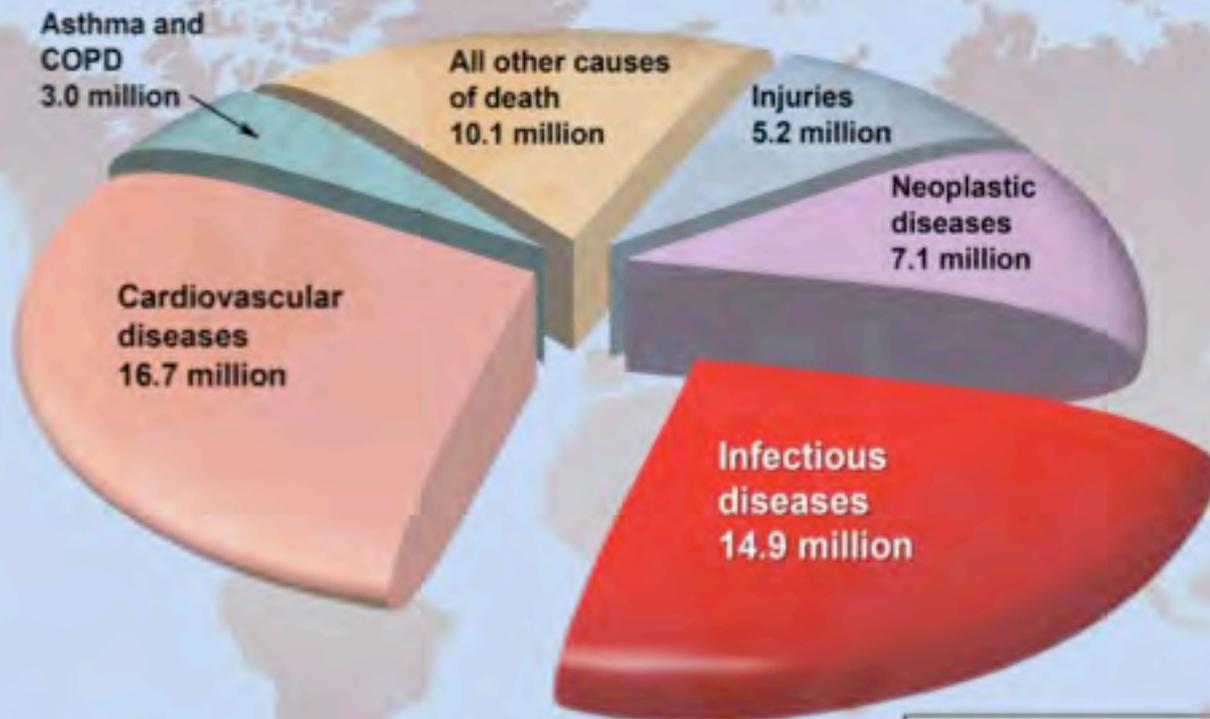
Bruce Beutler, M.D.

What we die of, and the age to which we live, depends very much on when and where we live.



Infections have diverse effects, but there are common themes in our responses to them. Infections have stolen more years of human life than any other cause.





59 million people die each year of all causes, worldwide. Infection accounts for about a quarter of all deaths.

Based on: The challenge of emerging and re-emerging infectious diseases. D.M. Morens, G.K. Folkers, and A. S. Fauci. *Nature* 463, 122(7 January 2010)

| Infectious Diseases | Annual deaths (millions) |
|--|--------------------------|
| Respiratory infections | 3.96 |
| HIV/AIDS | 2.77 |
| Diarrhoeal diseases | 1.80 |
| Tuberculosis | 1.56 |
| Vaccine-preventable childhood diseases | 1.12 |
| Malaria | 1.27 |
| STD's (other than HIV) | 0.18 |
| Meningitis | 0.17 |
| Hepatitis B and C | 0.16 |
| Tropical parasitic diseases | 0.13 |
| Dengue | 0.02 |
| Other infectious disease | 1.76 |

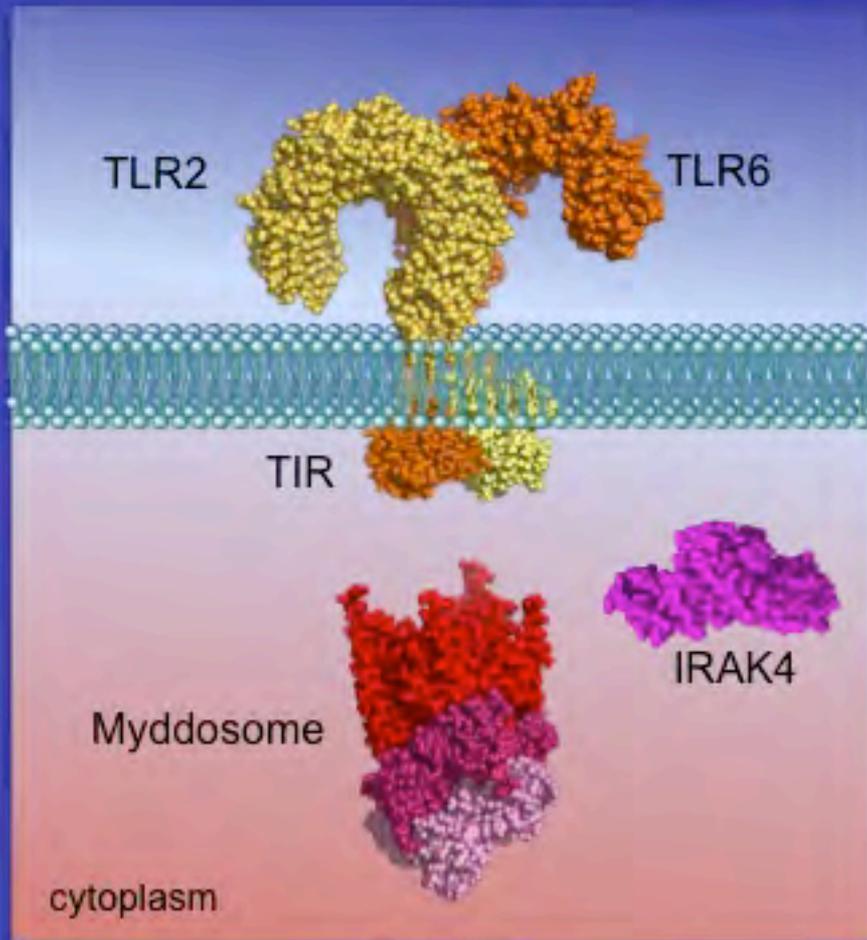
What has the selective pressure of infectious disease done to our species? And to all species?

- We have only been aware of microbes as the cause of infection for about 150 years, but the battle with microbes has gone on for a billion years or more.

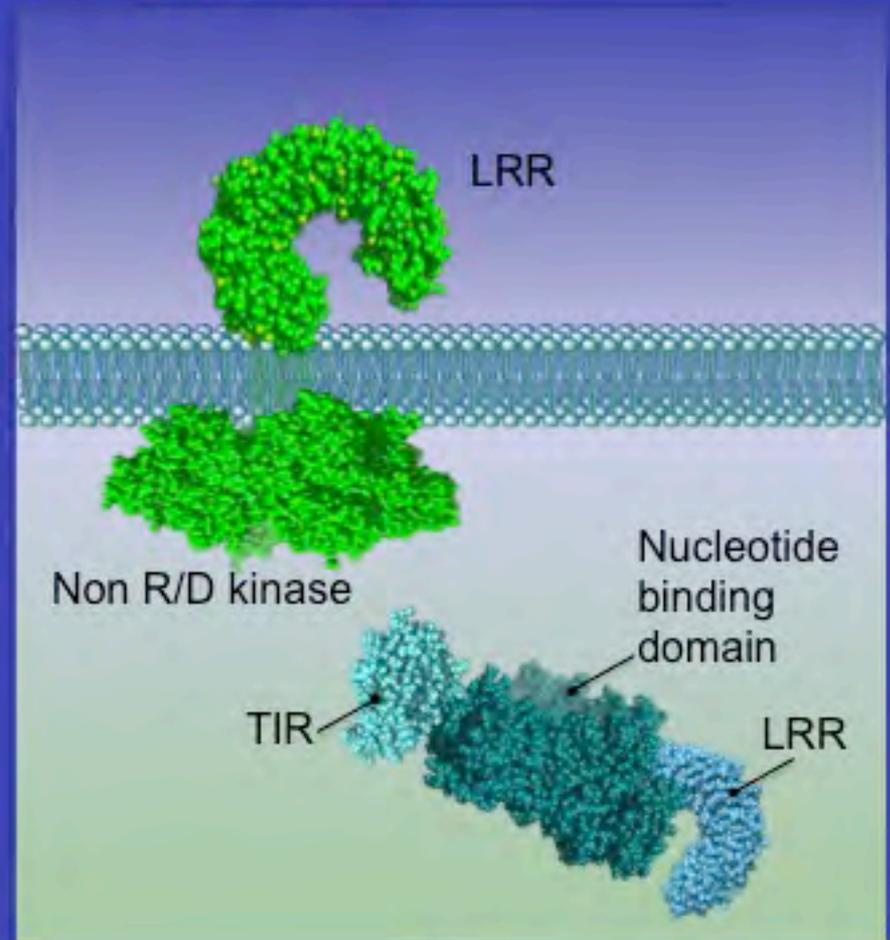
How did immunity evolve?

- Anti-microbial peptides and antibiotics may have been the earliest agents used by microbes to combat one another, and by early eukaryotic organisms to combat microbes. But it's expensive to maintain such a system constitutively. Therefore sensing, signaling components followed soon after.
- As multicellular organisms developed, specialized cells capable of phagocytosis became competent to dispose of microbial invaders. This was the origin of innate immunity, which persists in many life forms today, including mammals, and is essential for survival.
- Components of a sensing and signaling apparatus seem to have pre-dated the split between animals and plants: LRR domain receptors, TIR domains, and NOD-like receptors exist in both.

Innate immune receptors in animals and plants

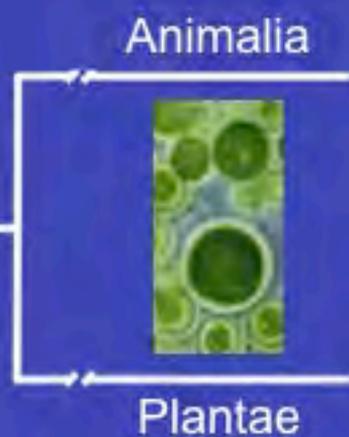


Animal



Plant

Timeline: Precambrian to Present

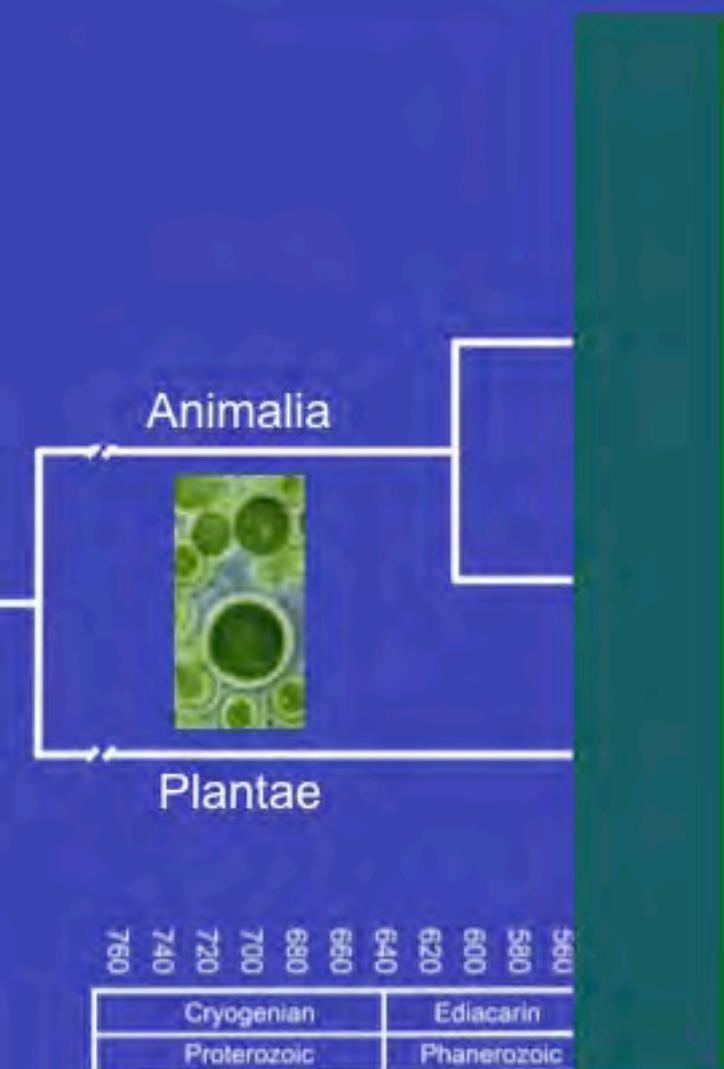


660
700
720
740
760

Cryogenian

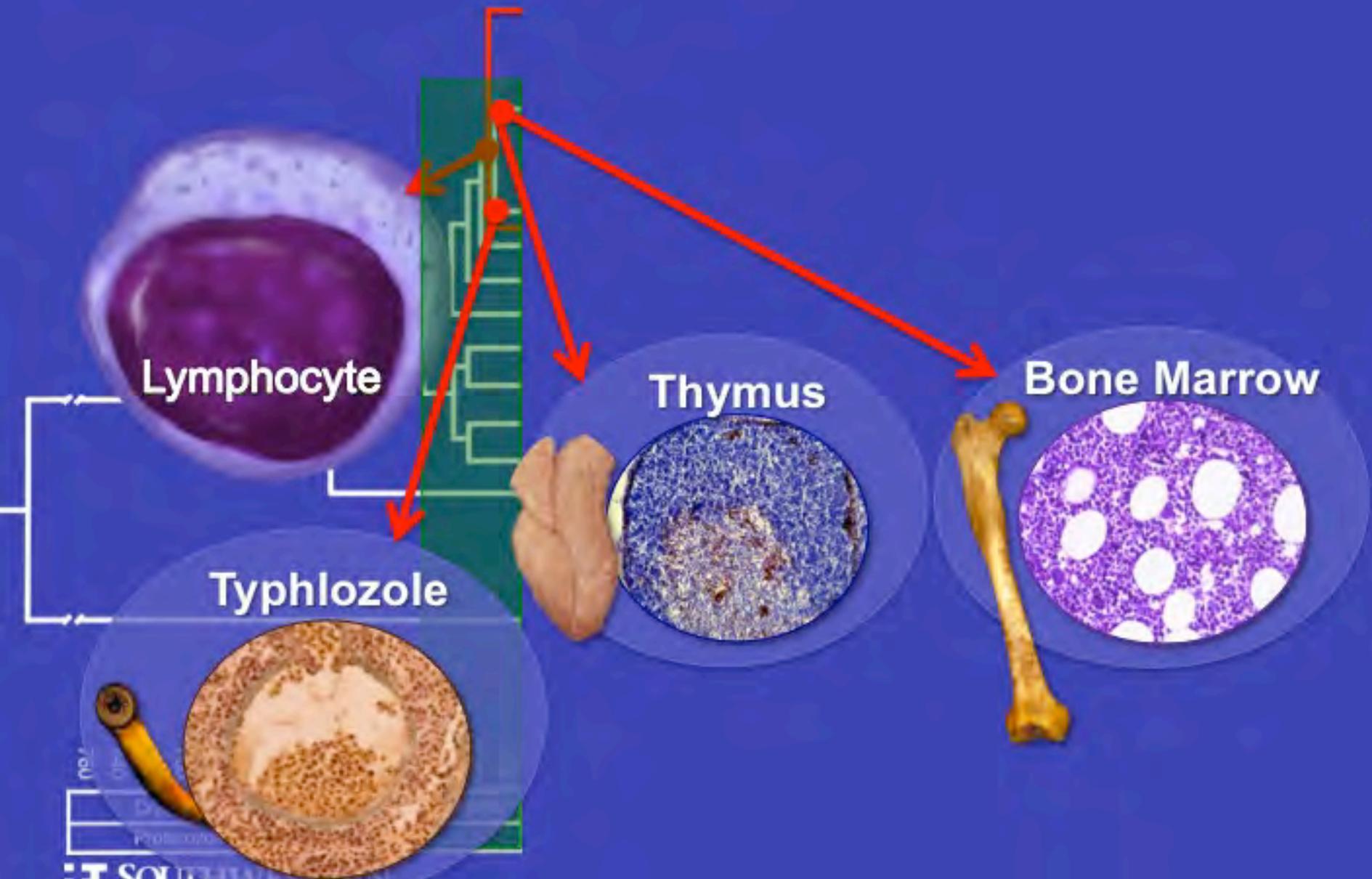
Proterozoic

Timeline: Precambrian to Present

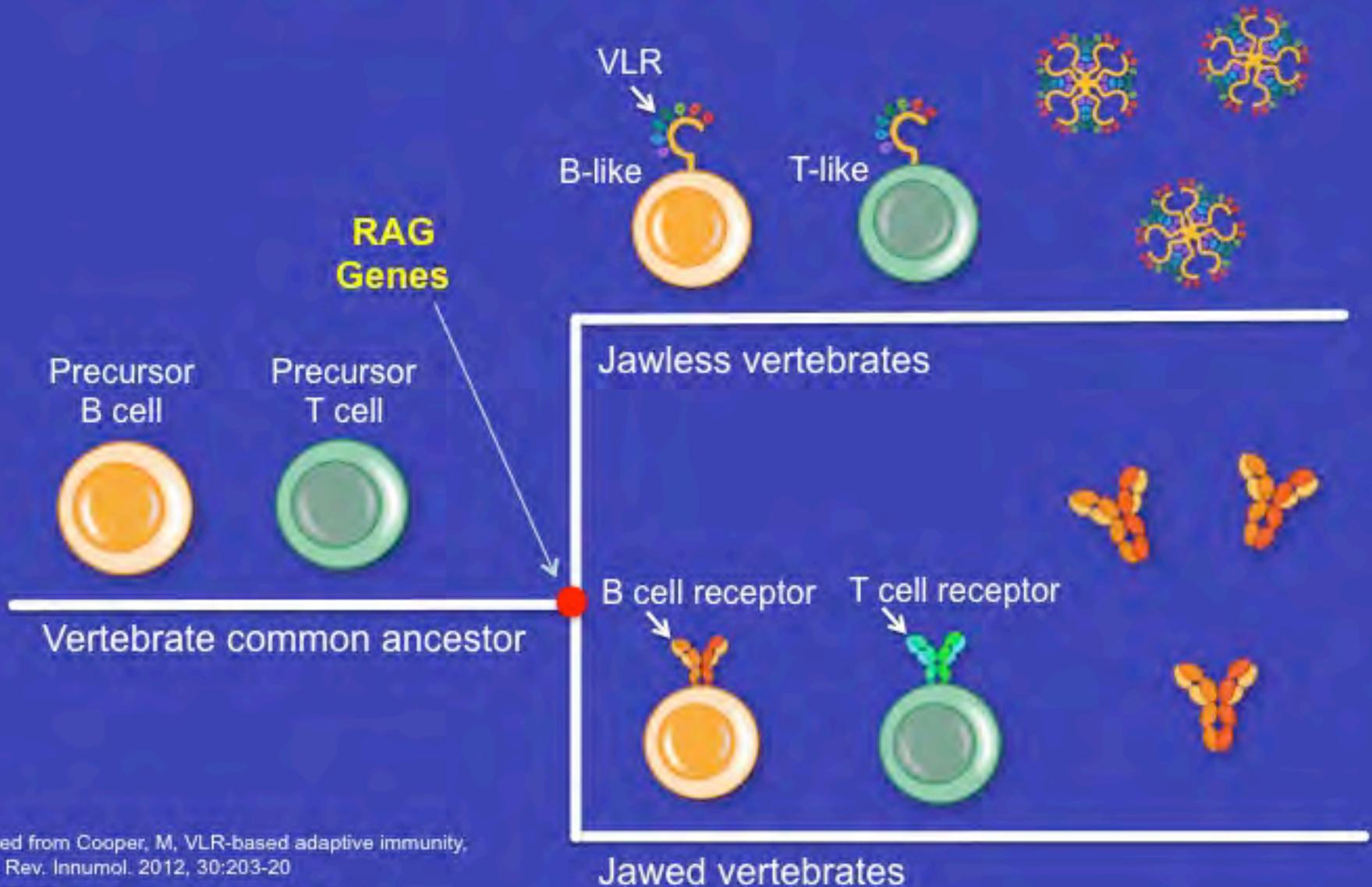




Timeline: Precambrian to Present



Evolution of Adaptive Immunity



Adapted from Cooper, M, VLR-based adaptive immunity, *Annu. Rev. Immunol.* 2012, 30:203-20

The legacy of our struggle
against microbes is immunity.

One legacy of immunity is
autoimmunity.

Innate and Adaptive Autoimmunity

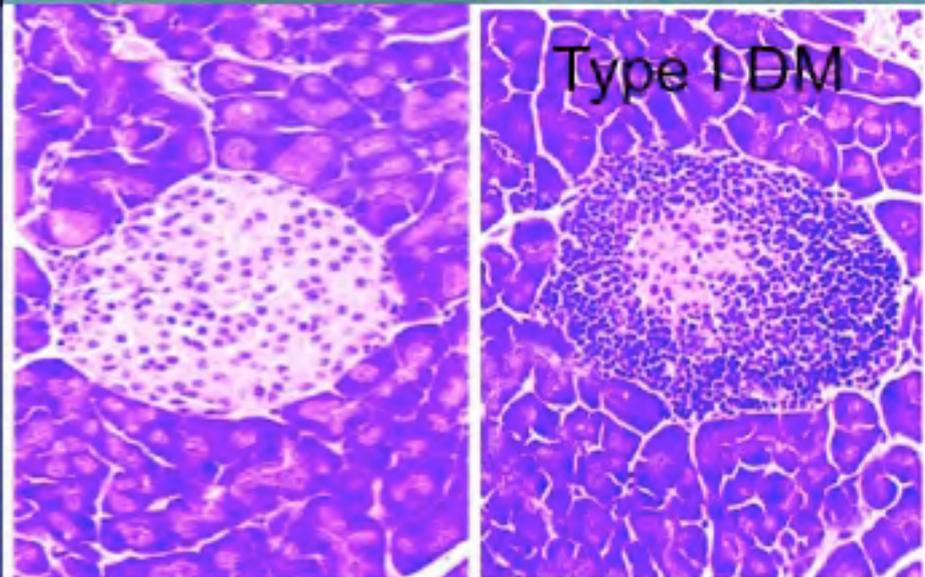
Rheumatoid Arthritis



Gout



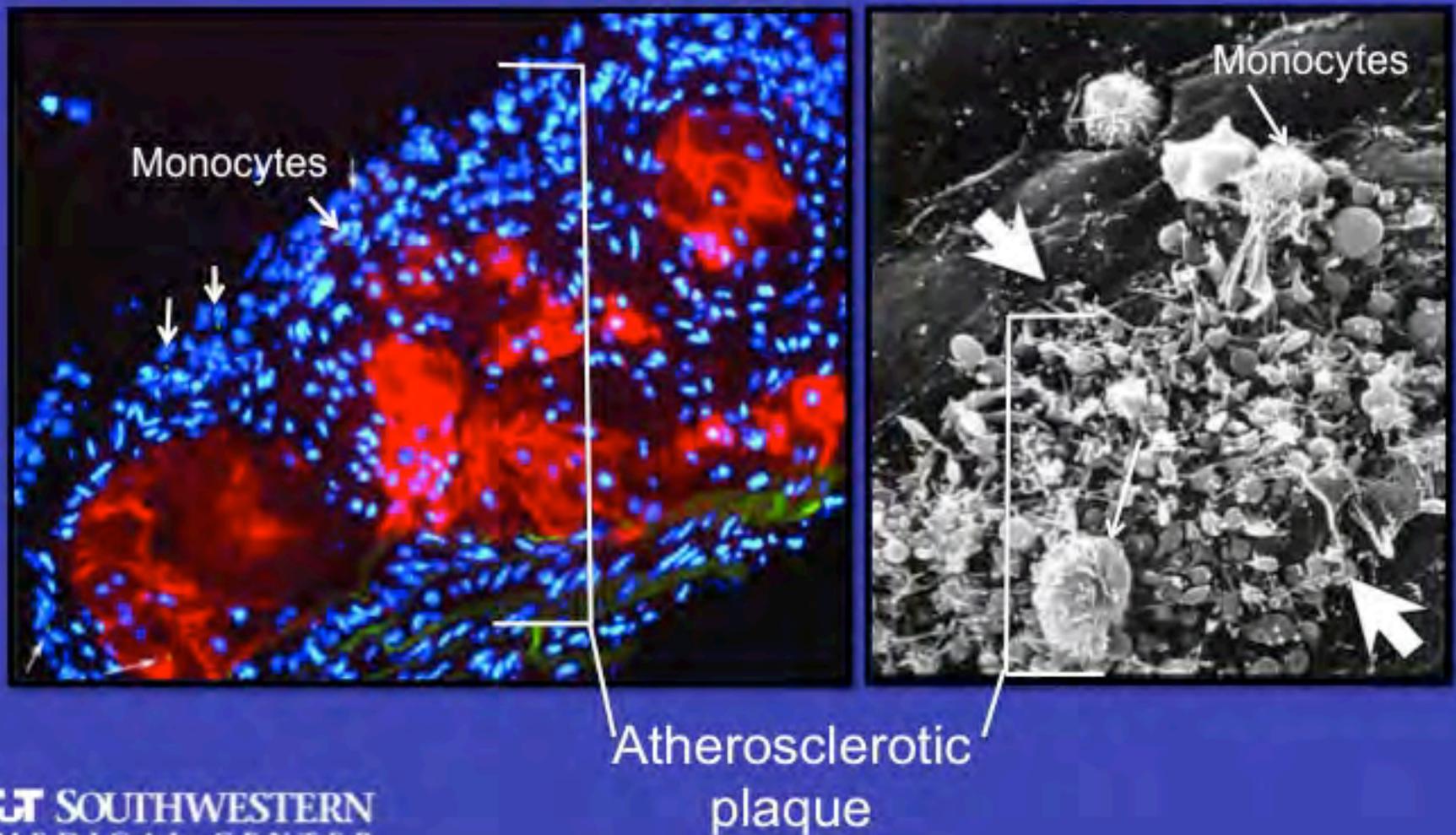
Type 1 DM



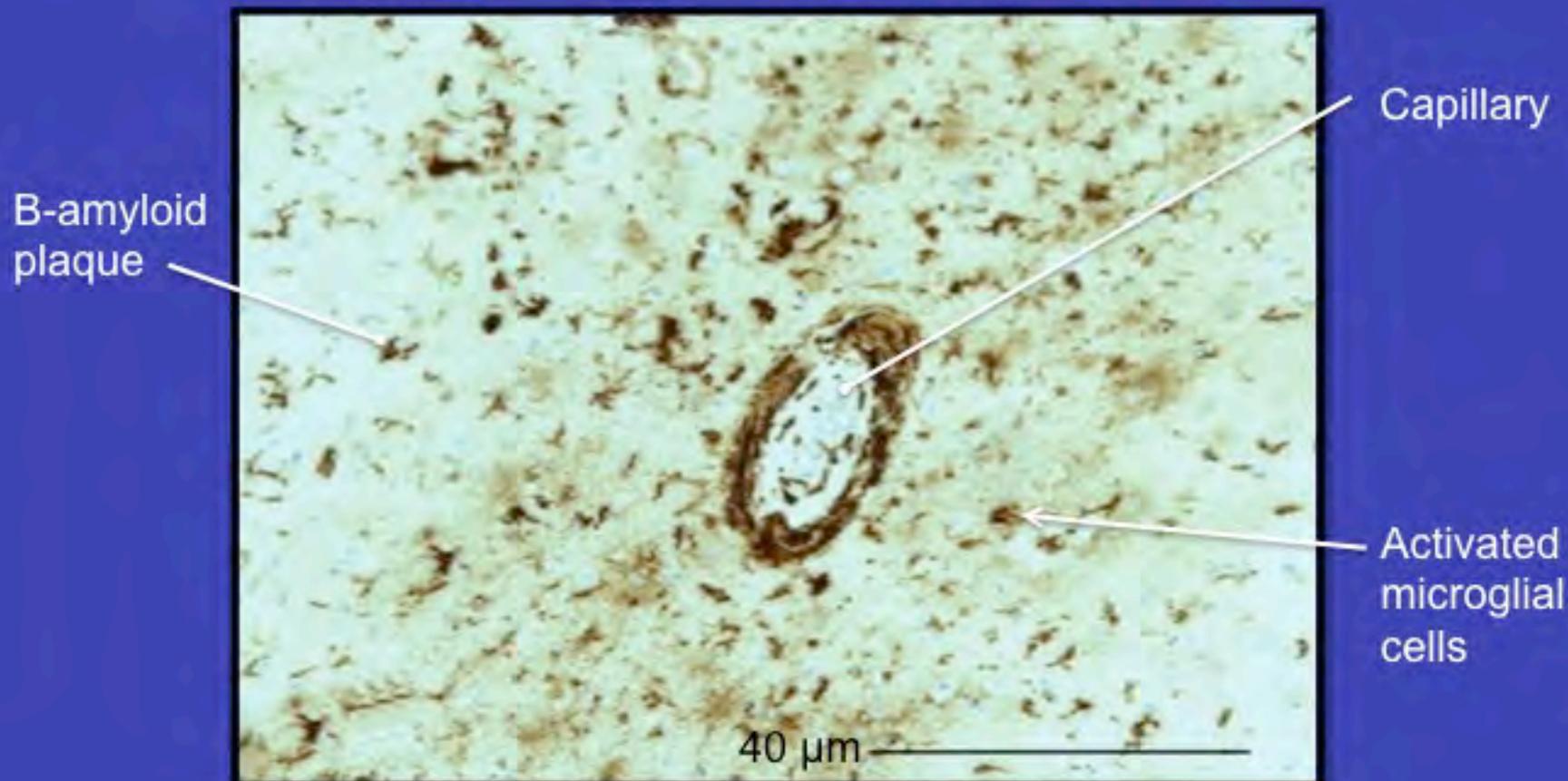
SLE



More subtle forms of inflammation: atherosclerotic disease



More subtle forms of inflammation: neurodegenerative disease



Cerebral cortex stained for HLA-II

Major causes of death in Victorian England

- Smallpox



- Typhoid



- Tuberculosis



- Cholera





Edward Jenner

Sarah Nelmes

James Phipps

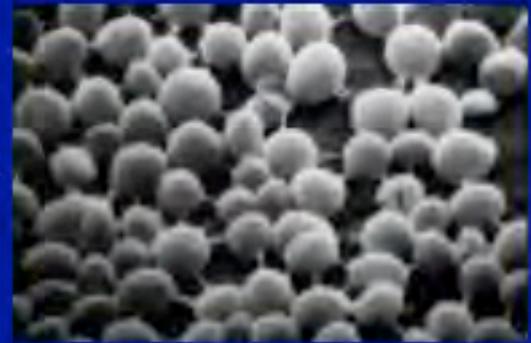
14 May 1796



The Cow-Pock — or — the Wonderful Effects of the New Inoculation! — with the Publication of the Society.

All approaches to infection were hampered by ignorance as to what infections actually were.

- The link between infection and microbes had yet to be made.



- Until it was made, there were simply vague ideas about how infections spread between individuals, and how they produced effects akin to poisoning.

Miasma



VS.

Contagion





Generally speaking, infection resembled putrefaction of organic materials (decaying meat or plant matter) with the production of foul smelling gases such as hydrogen sulfide, ammonia, mercaptans



Putrid materials of plant and animal origin are toxic when injected into animals, eliciting fever

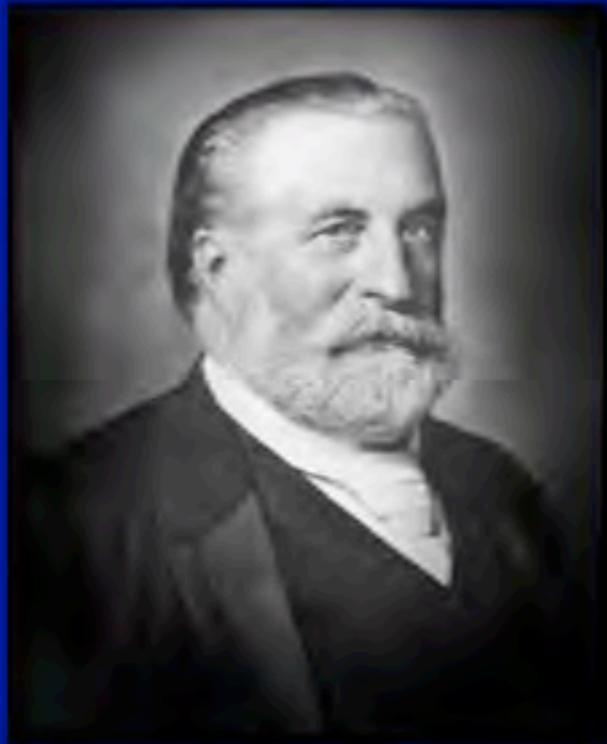


Albrecht von Haller (1708-1777)

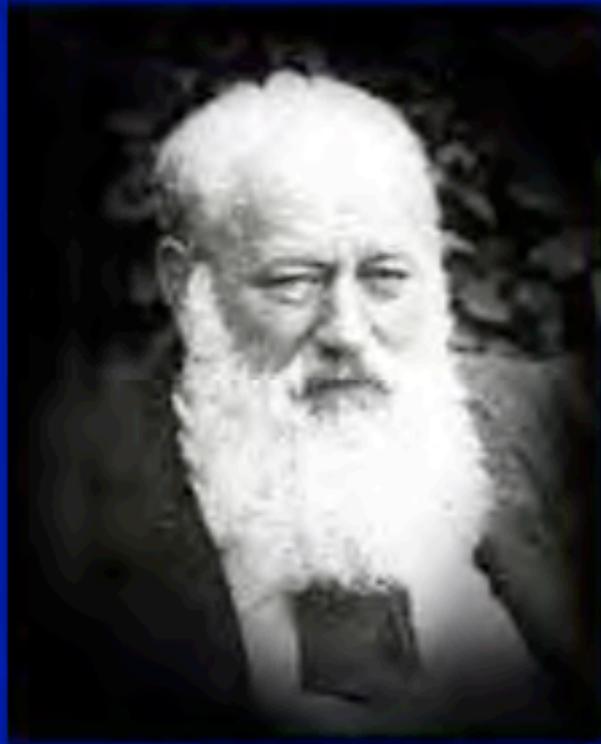


François Magendie (1783-1855)

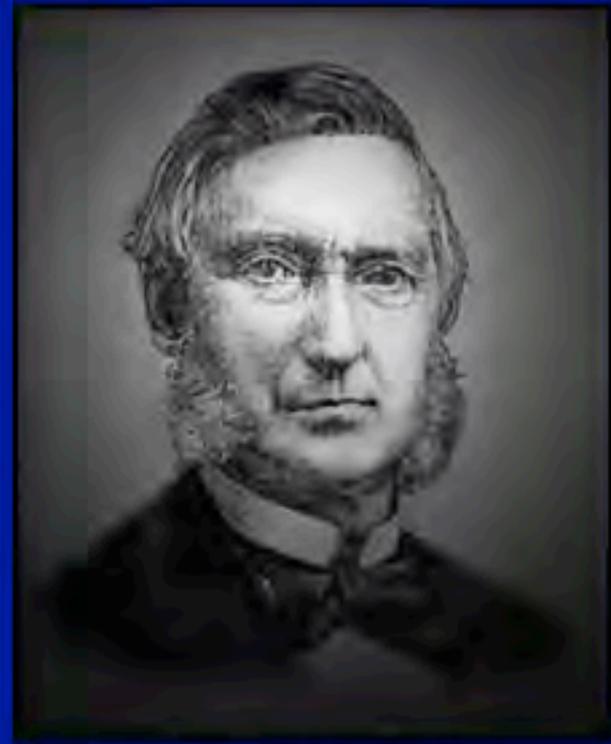
Attempts to purify the “putrid poison”



Ernst von
Bergmann
(1836-1906)



Theodor Billroth
(1829-1894)



Peter Panum
(1820-1885)



Peter Panum
(1820-1885)

Peter Panum, 1874 (writing of his own work, performed in 1856):

The putrid poison is not volatile and is not a known simple end product of putrefaction or fermentation. It can be differentiated from living microorganisms, which may be a source but not the cause.

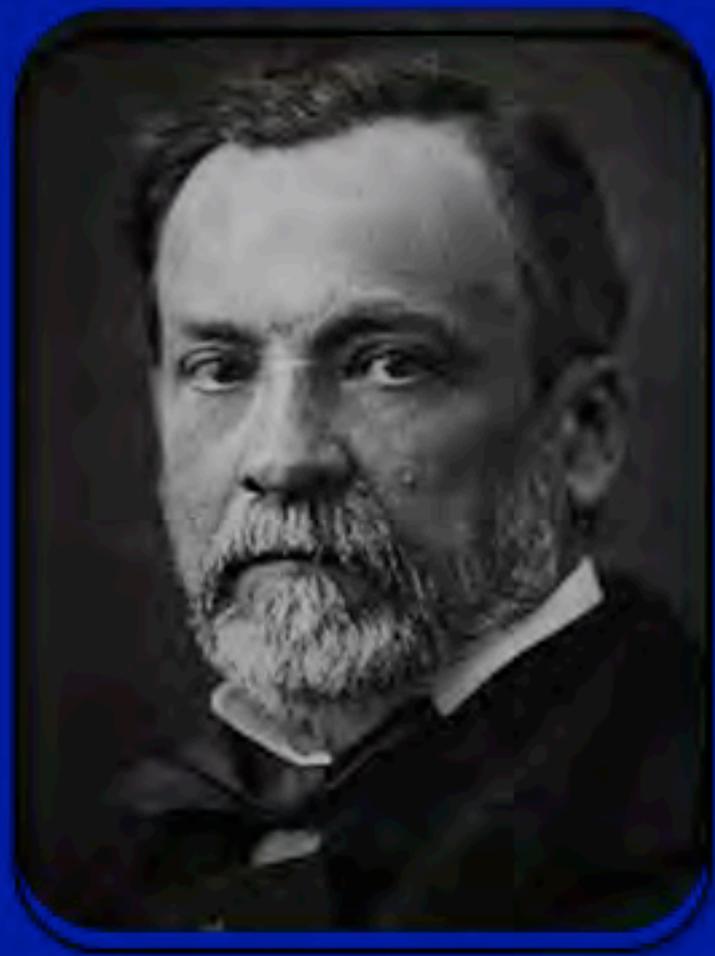
The toxin resists heat and, thus, differs from typical enzymes (at that time called in German *Fermente*).

It is insoluble in pure alcohol but soluble in water.

The protein-like substances frequently present in putrid fluids are not toxic by themselves, but they absorb ("condense") the toxin on their surface when precipitated. The toxic principle can be, at least partially, eluted from the precipitates.

Injection of 12 mg of the concentrate suffices to produce high fever and kill a dog.

The Germ Theory of Infectious Diseases



Louis Pasteur
(1822-1895)



Robert Koch
(1843-1910)

France



VS.



Germany

“In his Geneva lecture, Pasteur bitterly complained about my having rejected his microscopic examinations and inoculation techniques. However, after his inoculations with saliva and nose slime and his repeated discovery of the microbe *en huit*, I am not able to change my opinion. Pasteur deserves criticism not only for his defective methods, but also for the way in which he has publicized his investigations.”



Robert Koch



Louis Pasteur

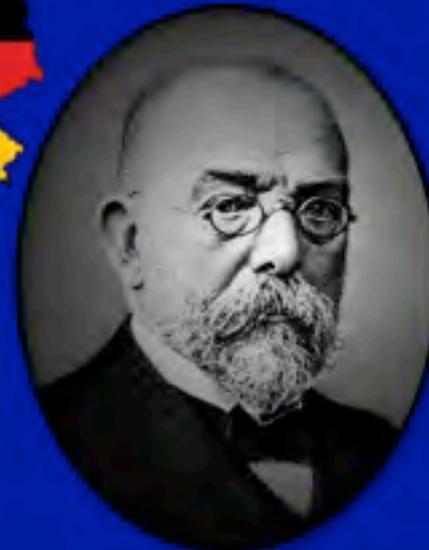
“I find here, Monsieur, a new example of the manner of discourse that served you previously in 1881; you attribute to me some errors which I hadn't committed; you refute them and then exult noisily.”

One after another, infectious diseases were ascribed to microbes during the 19th and 20th centuries.

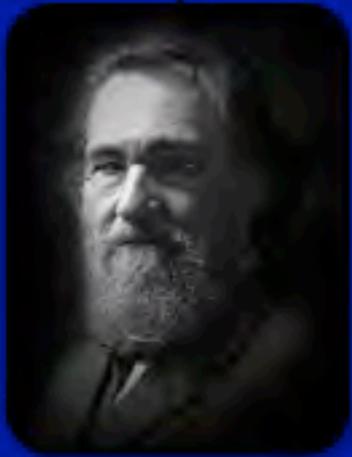
- The germ theory of infectious disease became widely accepted.
- The question arose as to how germs are initially recognized by the immune system, and how contact between microbe and host could lead to disease... or to an immune response.
- Questions of microbial pathogenesis arose concurrent with immunology.



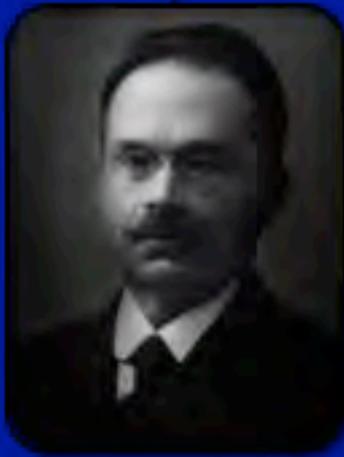
Pasteur



Koch



Metchnikoff



Besredka



Ehrlich

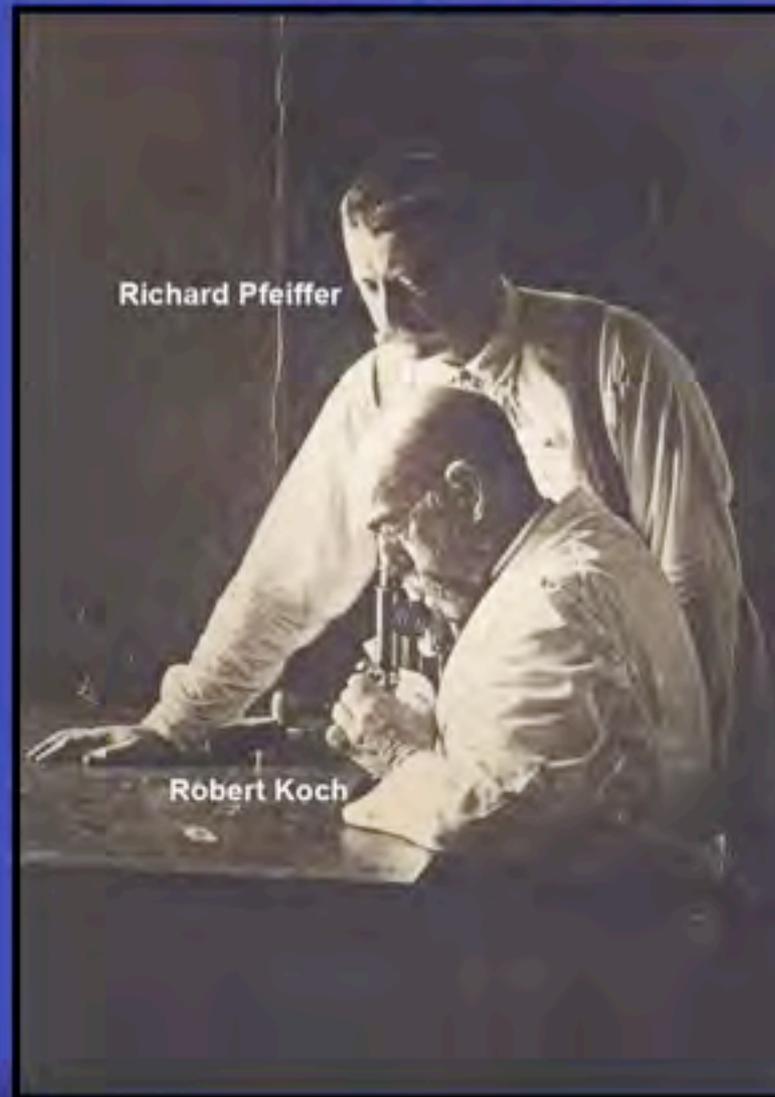


Von Behring

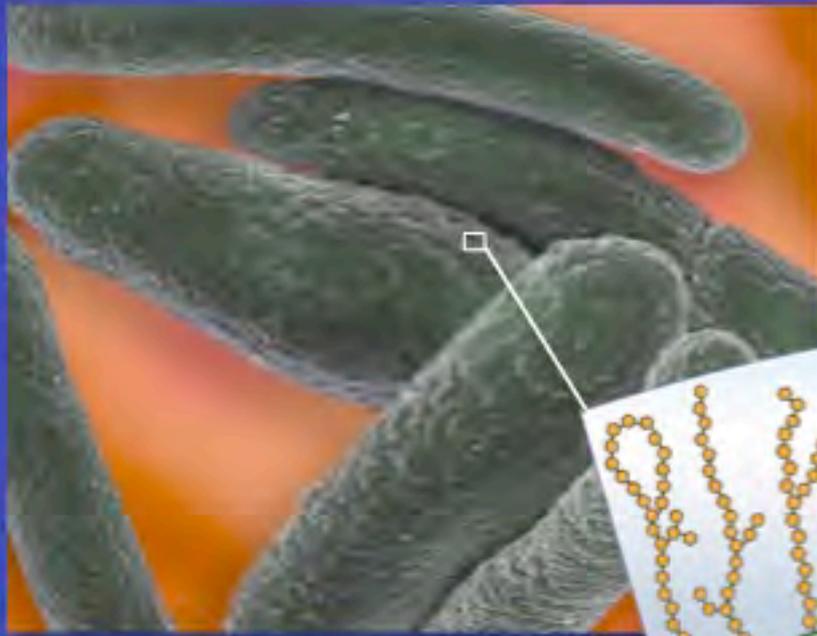


Pfeiffer

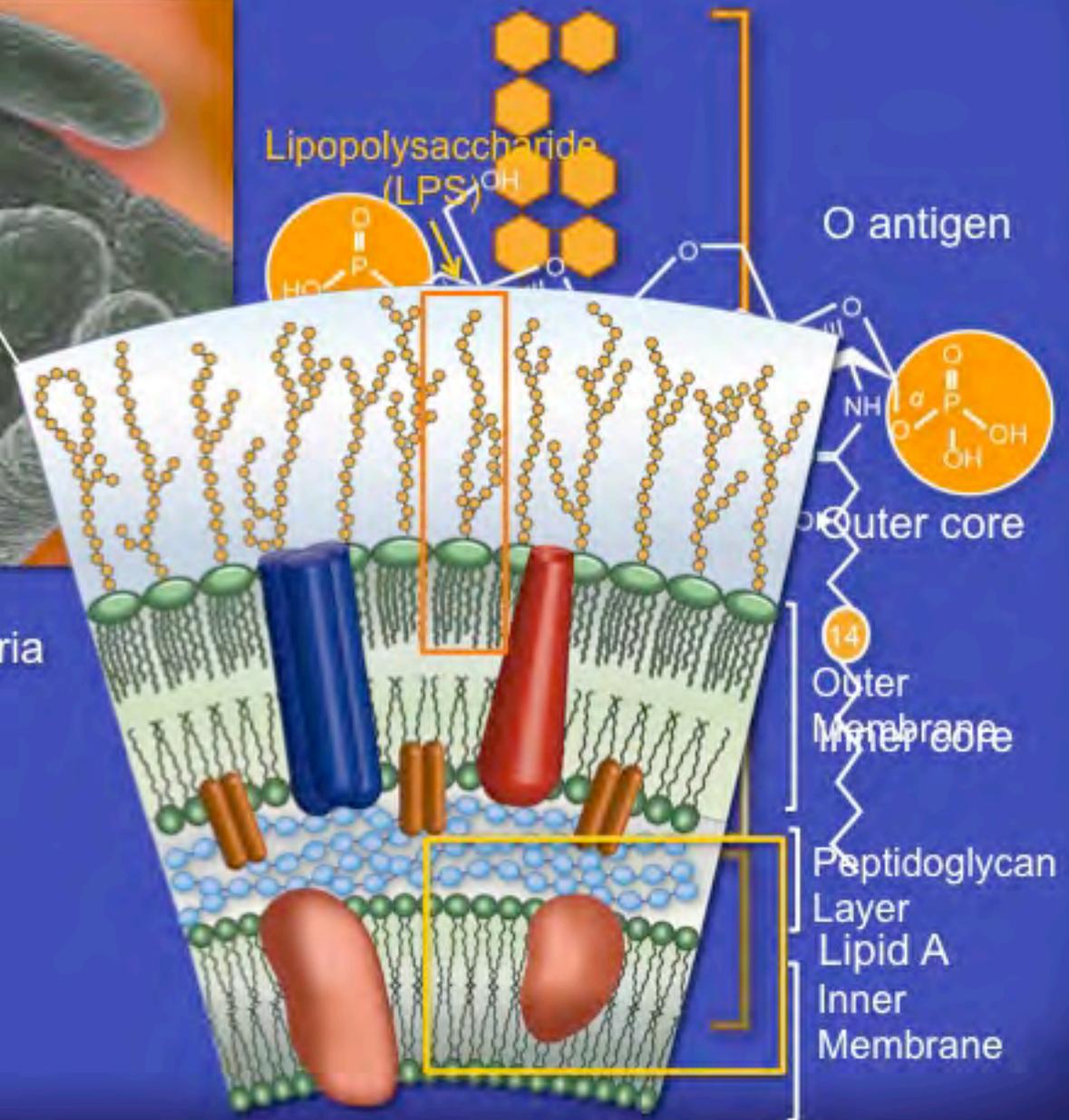
Soon after microbes were discovered, it was appreciated that mammals recognize them as foreign and mount an intense inflammatory response



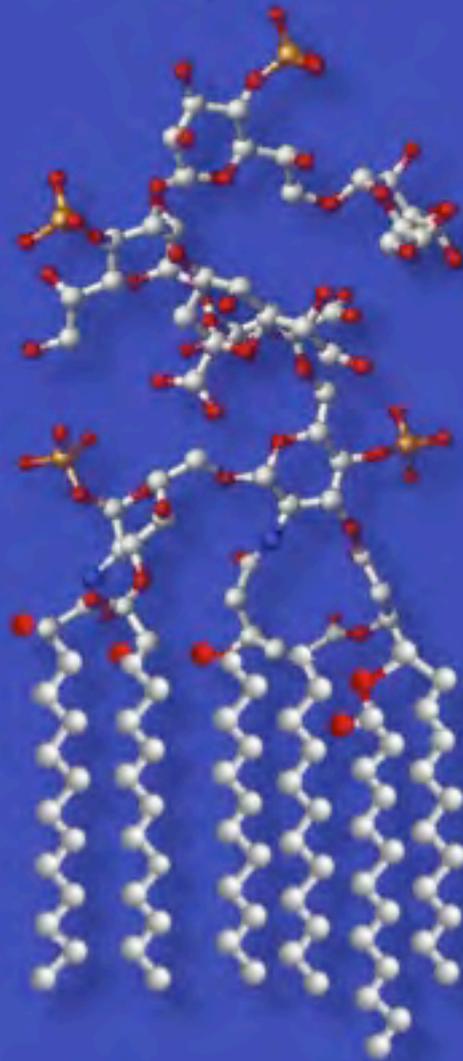
Richard Pfeiffer (27
15 September
son of Robert
Koch) found that heat-killed
bacteria caused a violent
inflammation in
pigs soon
after they were
injected into
them. He coined the
term "toxemia"
to describe
this heat-stable
inflammation
associated with
toxemia, which is
responsible for fever,
shock and
death.



Gram negative bacteria
Escherichia coli



LPS



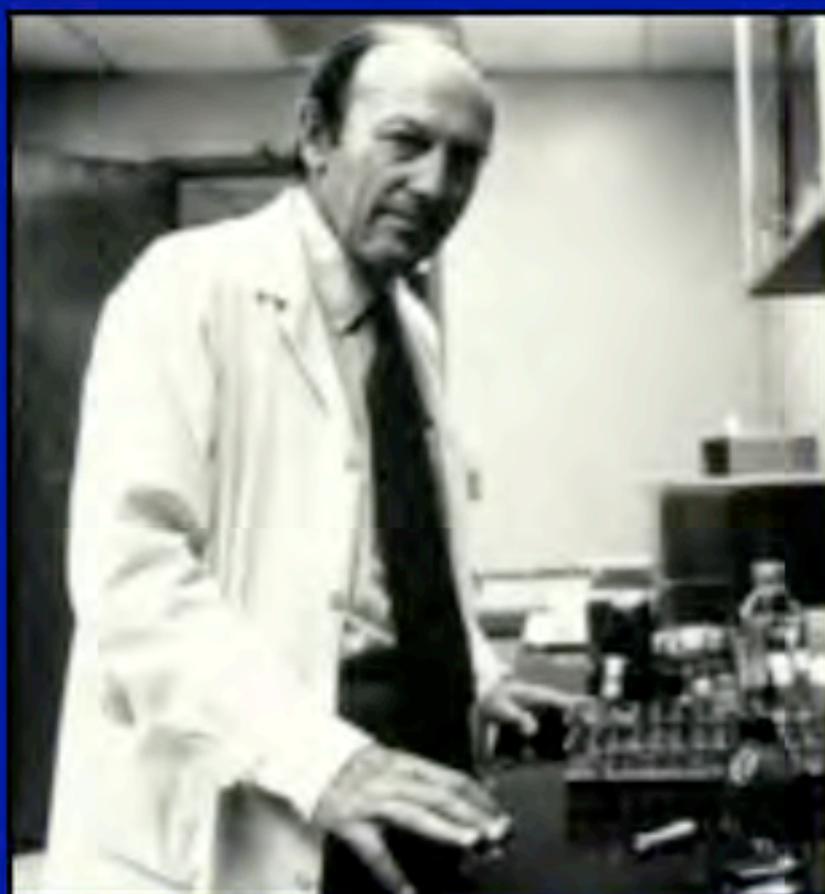
Richard Pfeiffer was nominated 33 times to receive the Nobel Prize in Physiology or Medicine.

- Hundreds of people die of endotoxin-induced shock every day, the result of severe Gram-negative bacterial infections.
- Endotoxic shock is a severe form of systemic inflammation.
- The origins of *all* inflammation were obscure, but it was widely guessed that inflammation arose to counter infection.

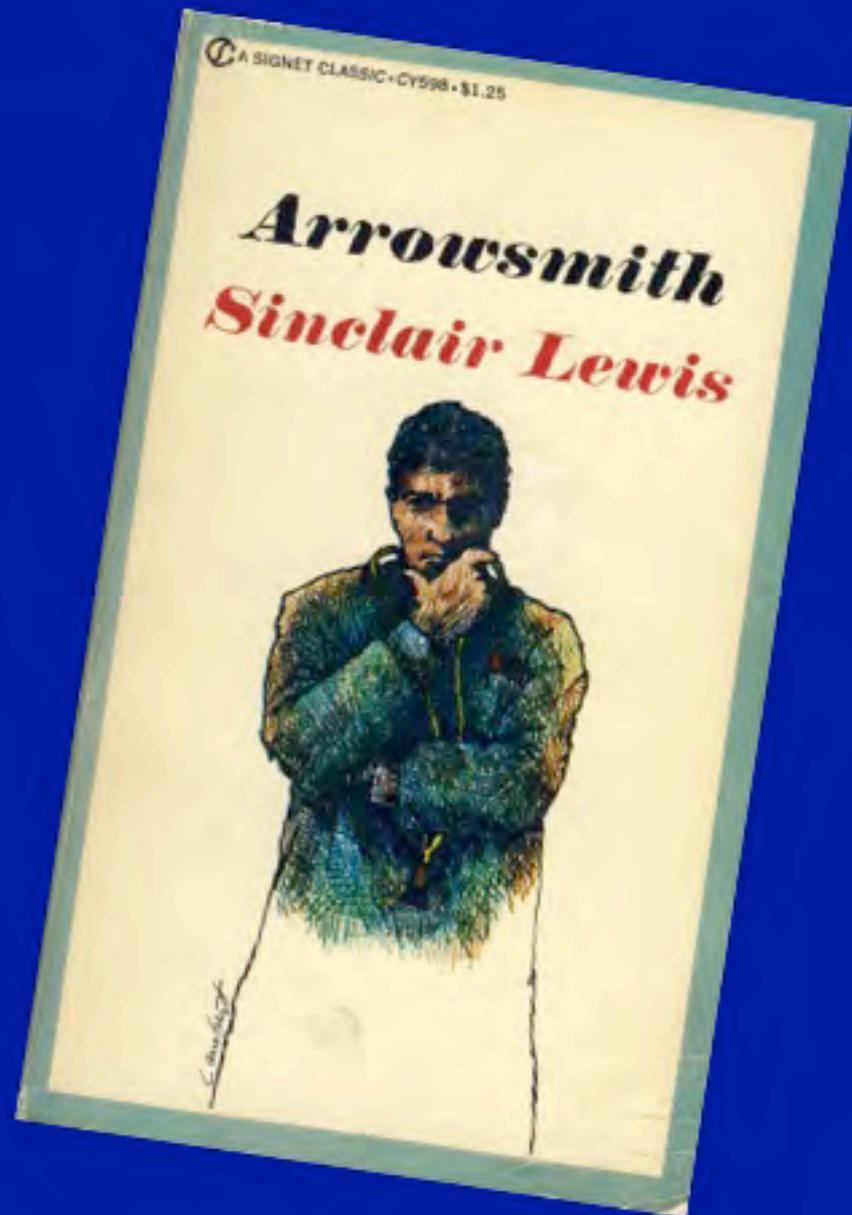
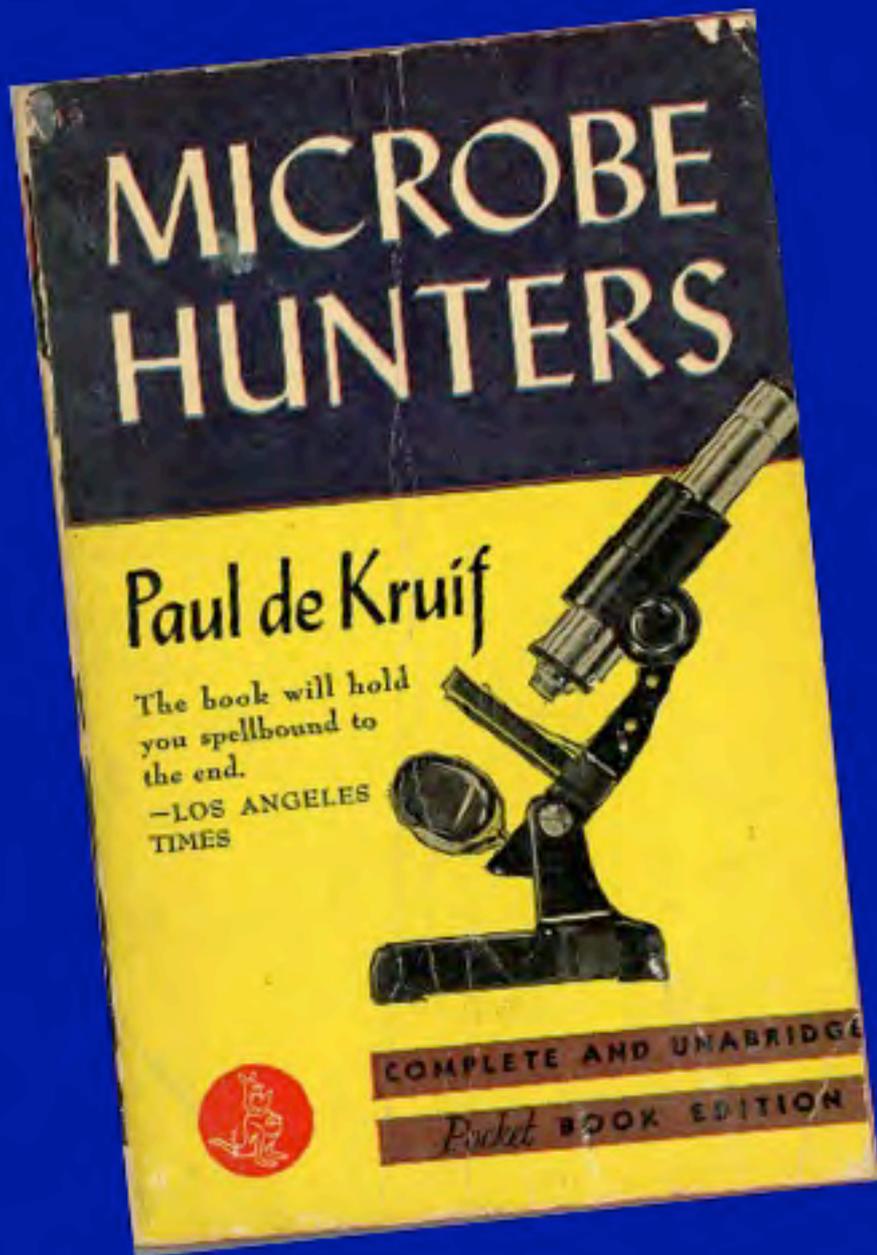


Nearly 100 years went by from the discovery of endotoxin until its receptor was identified. This receptor was the key to understanding how the host becomes aware of infections.

I personally began to be interested in endotoxin almost 40 years ago.



In the summer of 1975 I worked in the lab of Abraham Braude, a pioneer in the clinical use of antibodies against LPS (1917-1984). There I first heard the word “endotoxin.”

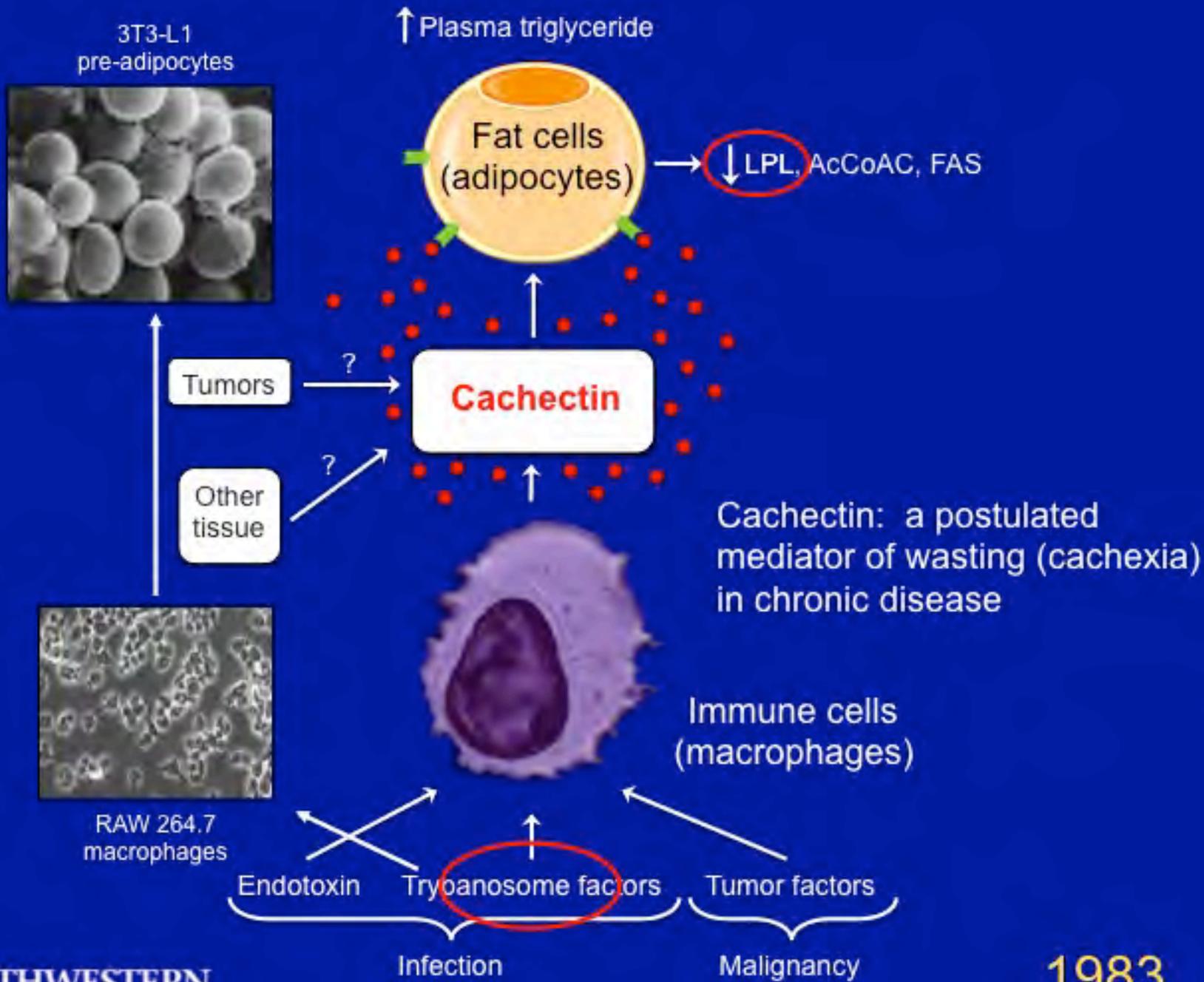


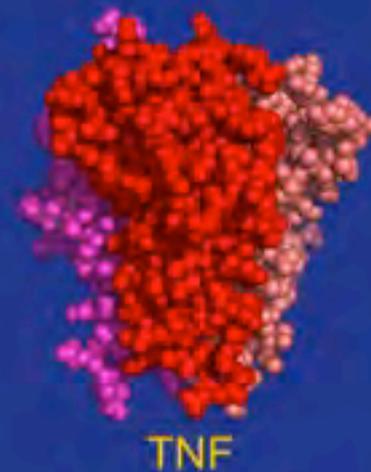
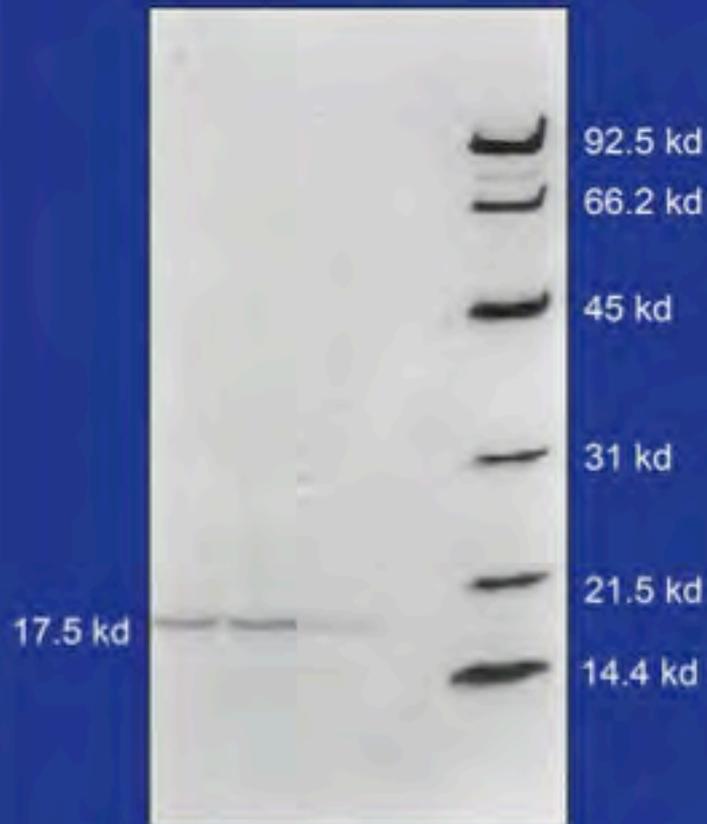
These influences made me decide to go to medical school. Between 1977 and 1981, I went to the University of Chicago School of Medicine.

There and afterward, as an intern and resident (UT Southwestern), I saw many patients with severe infections, including gram negative septic shock, caused largely by endotoxin. I also saw patients with wasting (cachexia) due to chronic diseases, including both infection and cancer.

Chronic infections can cause wasting (TB, HIV, many others).







Cachectin = Mouse tumor necrosis factor

(mouse CACH)

H₂N LEU-ARG-SER-SER-SER-GLU-ASN-SER-SER-ASP-PRO-PRO-VAL-ALA-?-VAL-VAL-ALA-ASN...

H₂N VAL-ARG-SER-SER-SER-ARG-THR-PRO-SER-ASP-LYS-PRO-VAL-ALA-HIS-VAL-VAL-ALA-ASN...

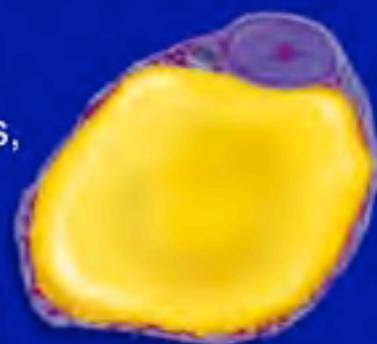
(human TNF)

1 µg of cachectin had 10⁸ U of TNF activity

This raised the question:
might TNF mediate *all*
effects of LPS, including
the lethal effect?

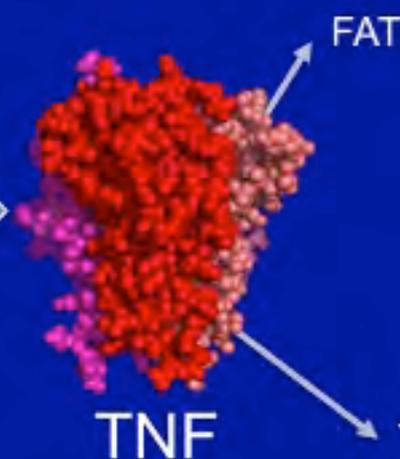
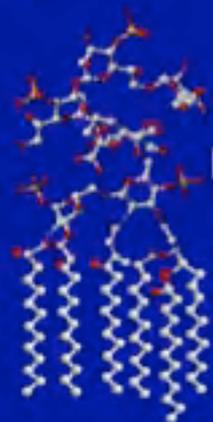
↓ Triglyceride synthesis,
LPL, FAS

↑ AcCoA carboxylase,
glycerol release



LPS

MACROPHAGE



FAT

TNF

TUMOR

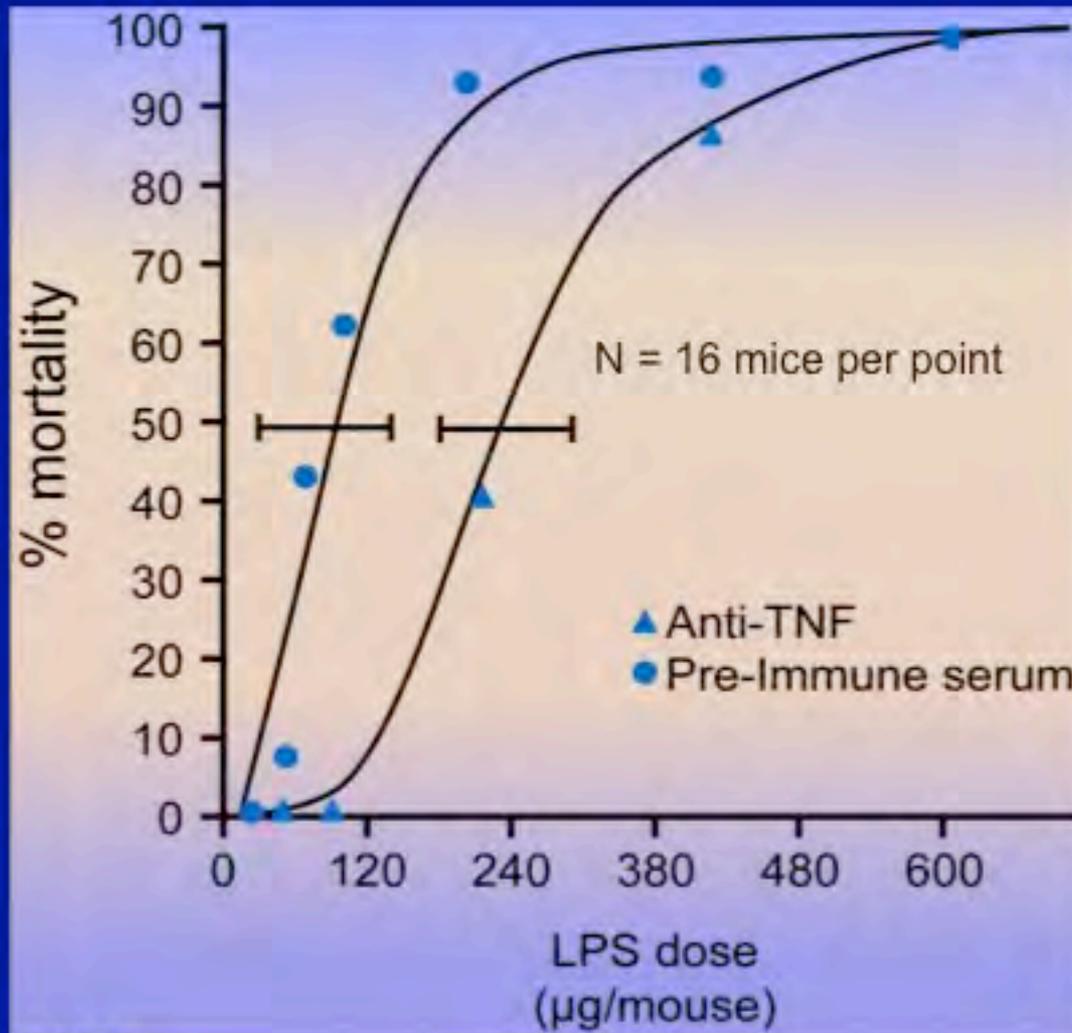
↑ Tumor necrosis
and cytolysis



Purified TNF mimics LPS in its toxicity



Anti-TNF antibody blocks the lethal effect of LPS



1985

The importance of the TNF work was as follows...

In understanding what causes damage during infection:

- We had moved beyond putrefaction, caused by miasmas or contagions.
- We had moved beyond bacteria.
- We had moved beyond substances made by bacteria, such as LPS.
- We now knew of a protein mediator of injury, synthesized by the host.
- This protein could be the ideal endpoint to follow in monitoring the detection of microbes by the host.

In 1986, I returned to UT Southwestern, and to HHMI, to study TNF further...



I had two major objectives in mind.

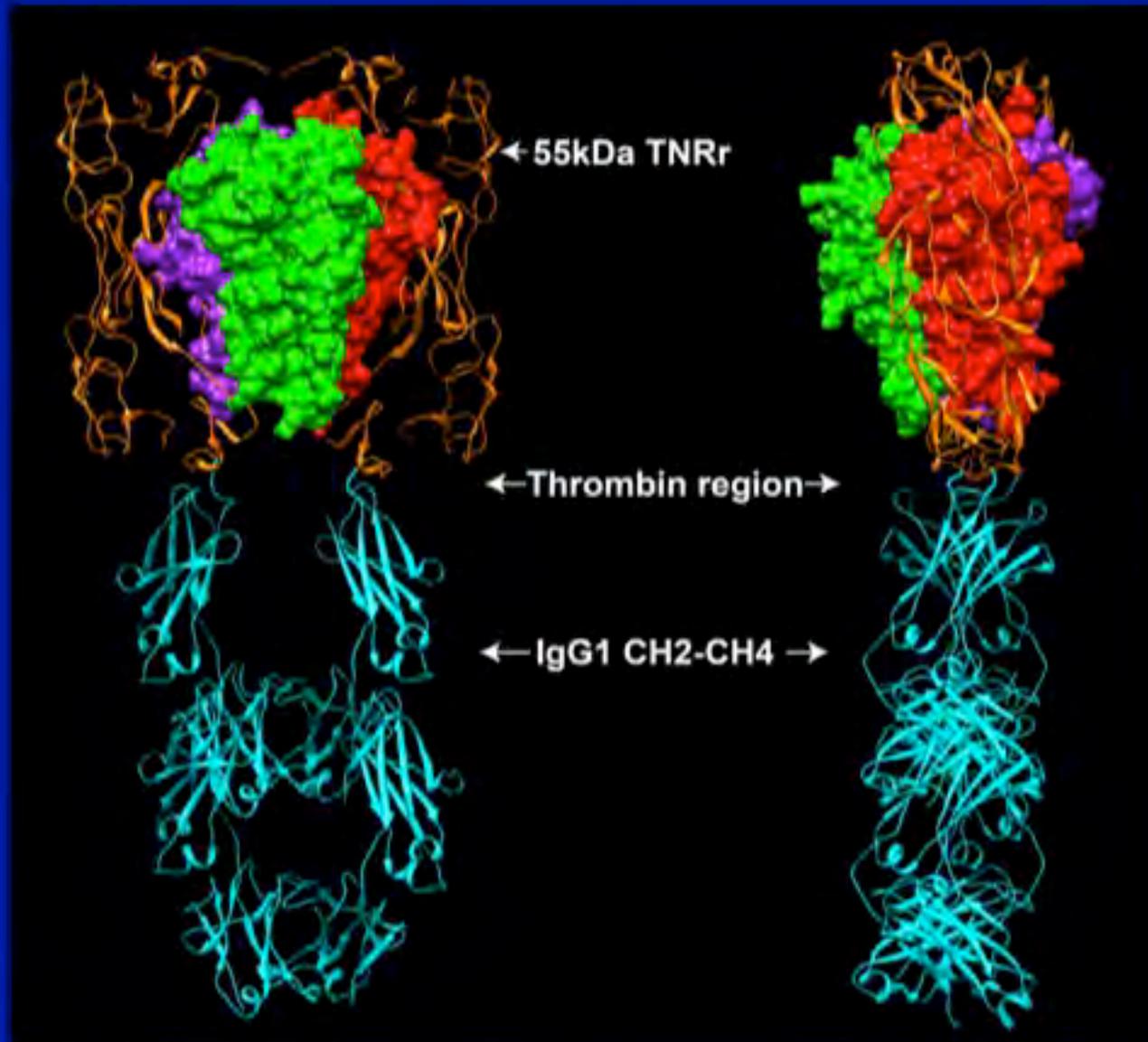
1. To block TNF activity (both to see what effects that would have on host resistance and to treat inflammatory diseases).

2. To study how TNF synthesis was regulated.

The TNF receptors were isolated and cloned in 1990 by David Wallach (Israel) and by David Goeddel (USA).

Karsten Peppel, David Crawford, and I hooked the receptor ectodomains to antibody heavy chains to make highly effective, specific, and stable inhibitors of TNF.

Later, as Enbrel, these inhibitors were used to treat rheumatoid arthritis and other inflammatory diseases.



The second problem we worked on was much more challenging ...

In studying the regulation of TNF biosynthesis, we were inquiring into the age-old problem of how endotoxin (LPS) was sensed by the host.

What was the receptor for LPS?

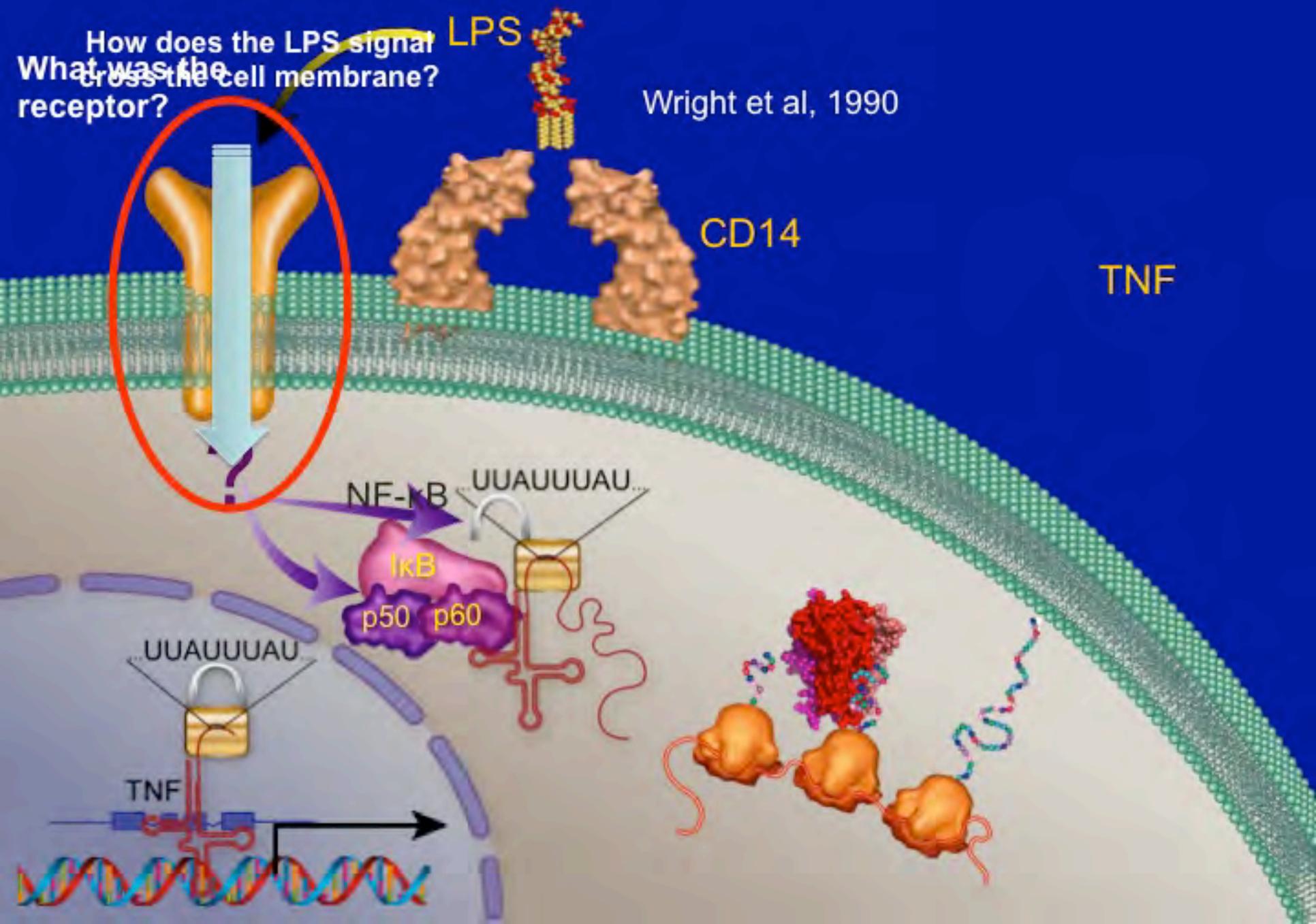
How does the LPS signal cross the cell membrane?
What was the receptor?

LPS

Wright et al, 1990

CD14

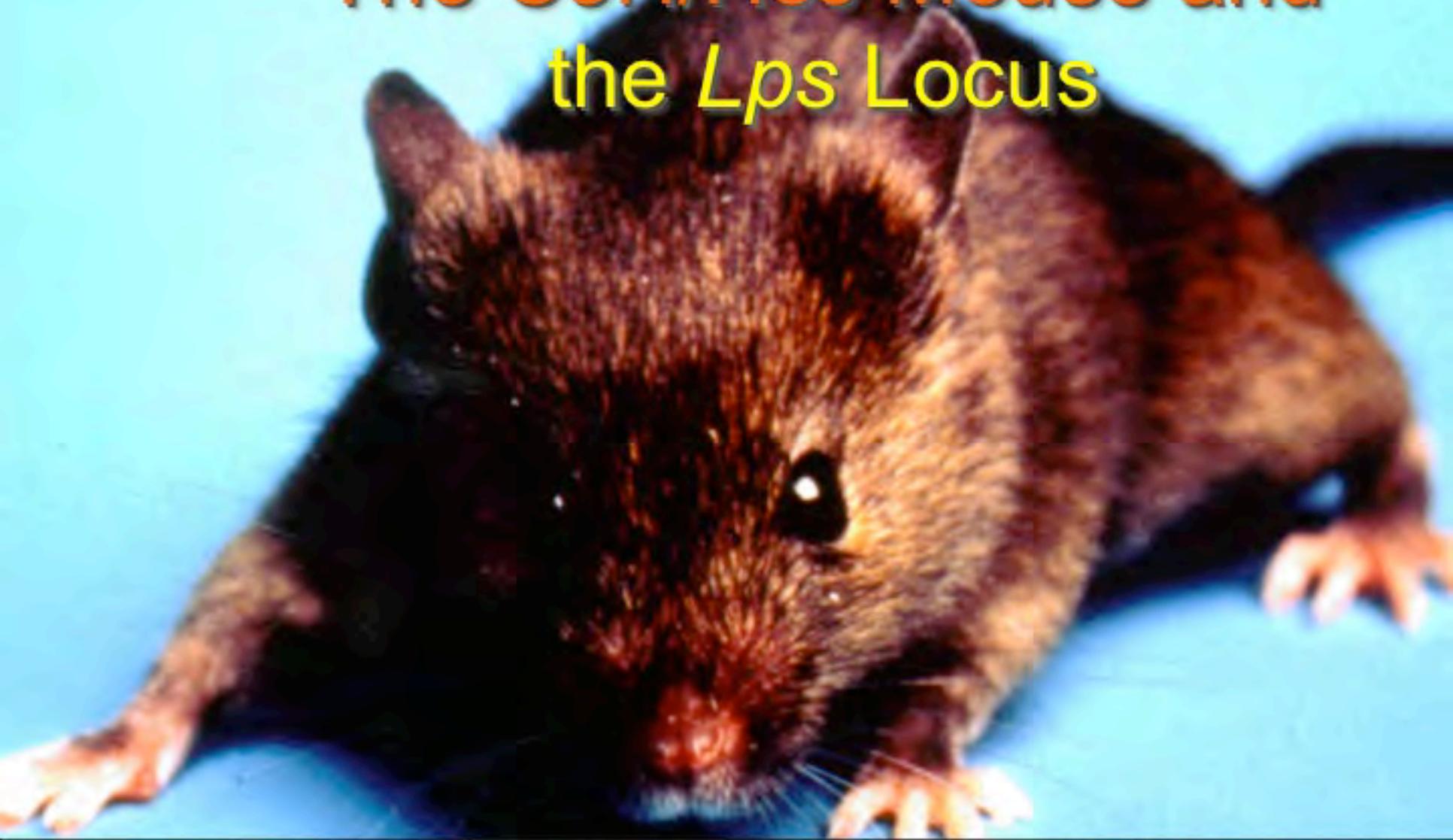
TNF



The answer to the question lay in two peculiar substrains of mice that wouldn't respond to LPS

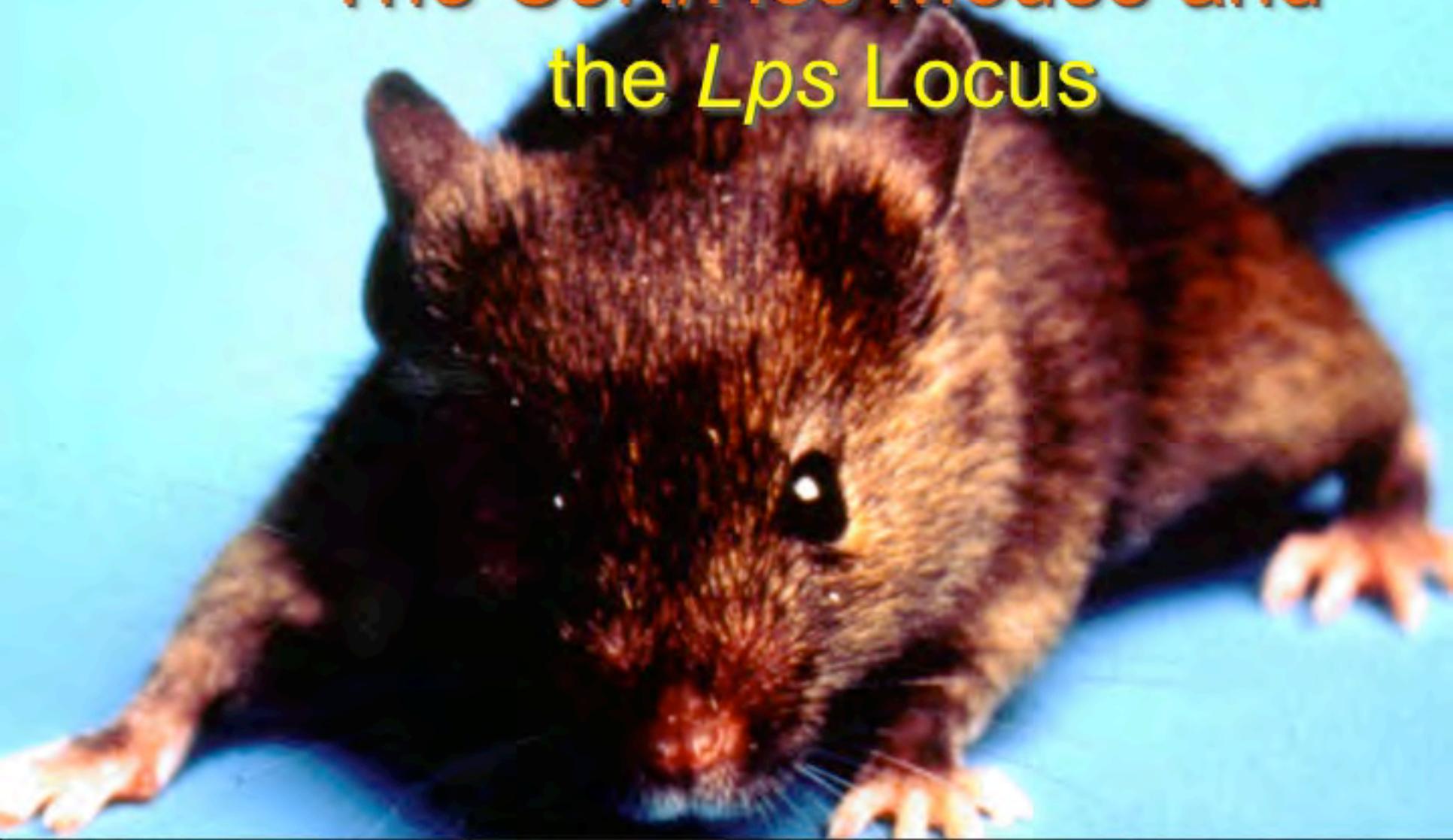
- The very existence of such mice suggested that LPS was sensed in a specific way.
- All effects of LPS were dependent on a single, specific protein.
- But which protein?

The C3H/HeJ Mouse and the *Lps* Locus



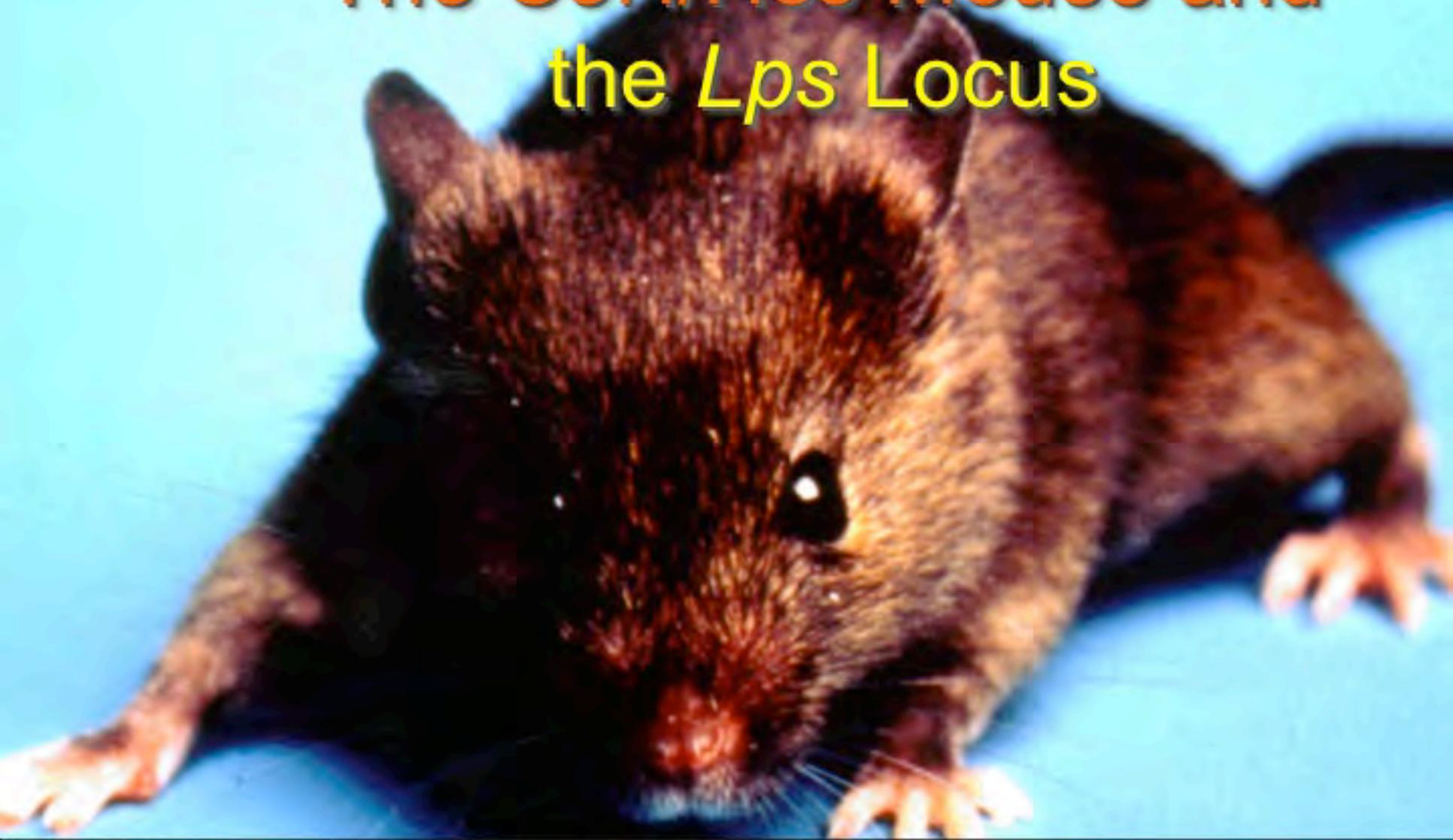
- Resistant to LPS (Heppner and Weiss, 1965), but highly susceptible to Salmonella (O'brien, 1980)

The C3H/HeJ Mouse and the *Lps* Locus



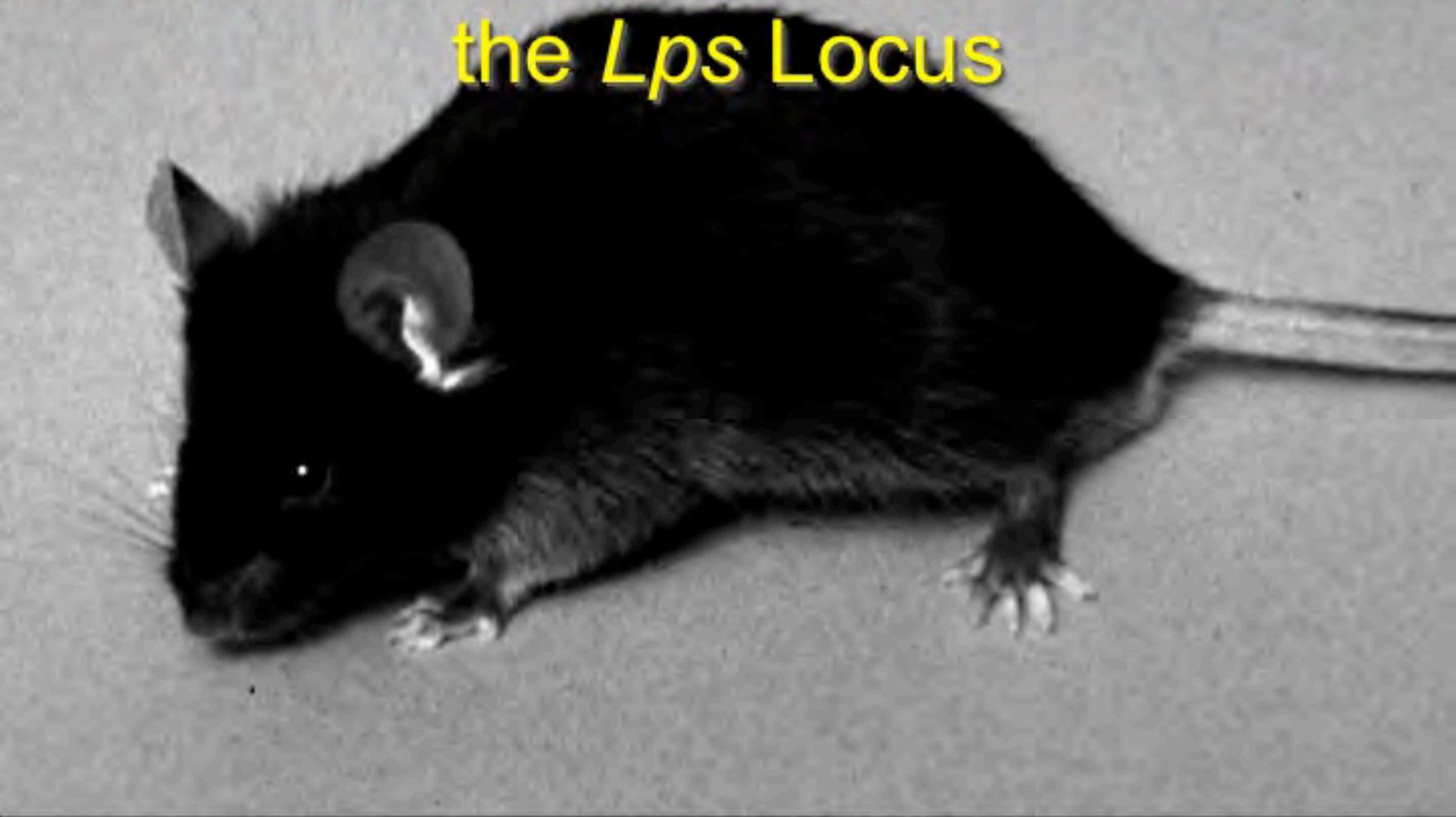
- Fail to make a cytokine response to LPS (for example, no TNF), but *only* to LPS.

The C3H/HeJ Mouse and the *Lps* Locus



- *Lps* mapped to Chr. 4 between *Mup1* and *Polysyndactyly* loci by Watson et al. in 1978.

The C57BL/10ScCr Mouse and the *Lps* Locus

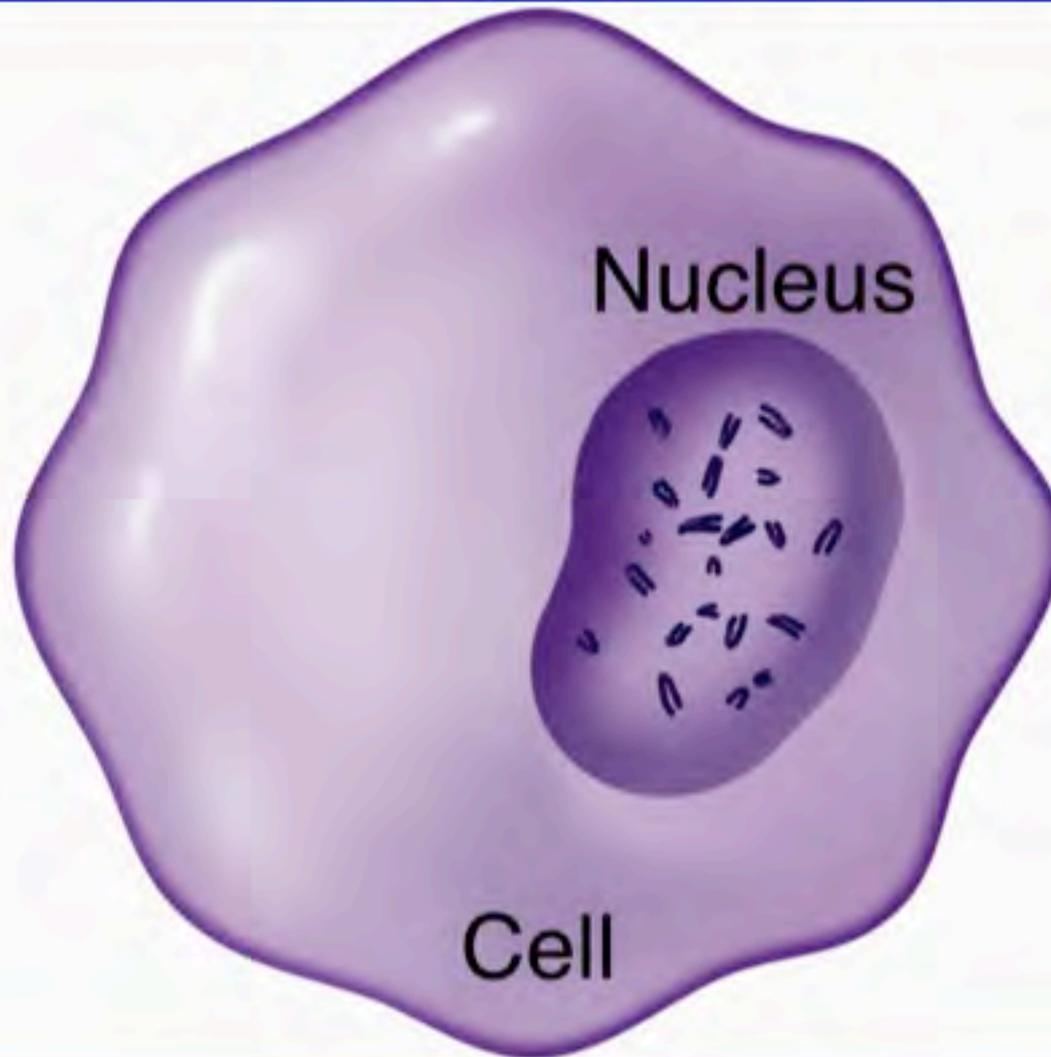


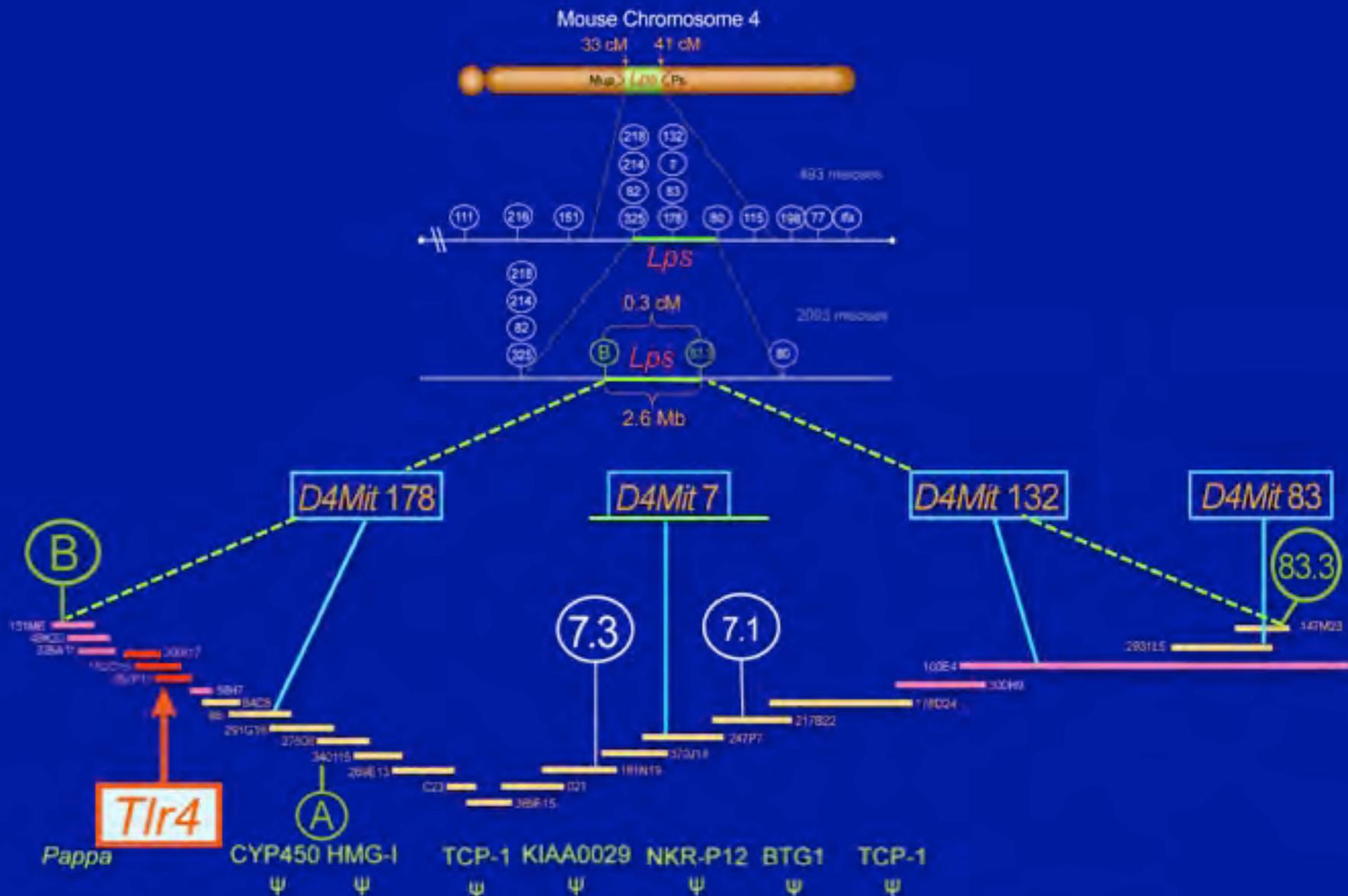
- The same gene was affected in the LPS-refractory C57BL/10ScCr strain (Coutinho and Meo, 1978).

Early in 1993, my group began to search for the gene that was defective in these mice by positional cloning.

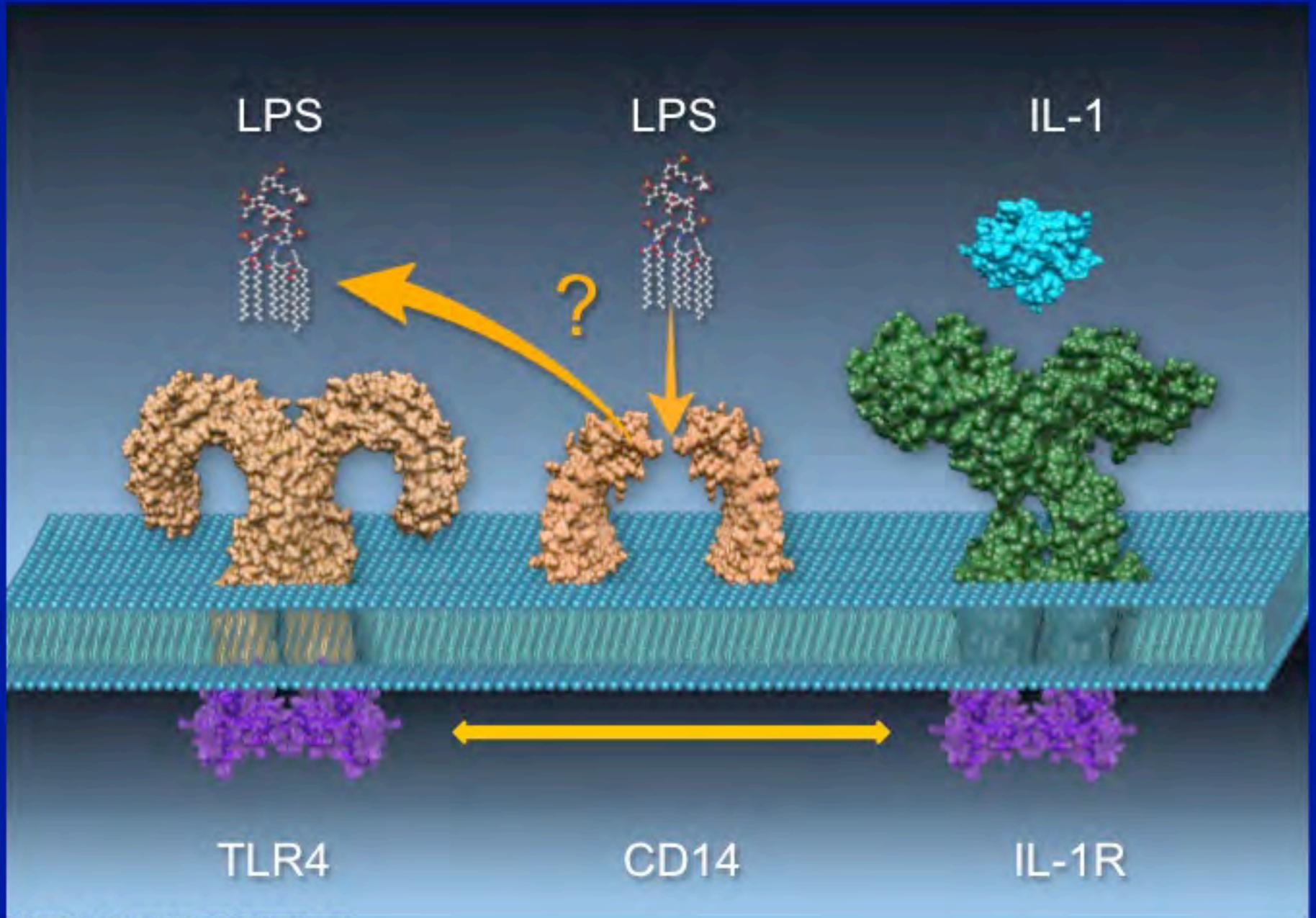
- We soon worked on this to the exclusion of all other projects in the laboratory.
- The search for the gene lasted five years, and became an all-consuming obsession.

There are 2.7 billion base pairs in the mouse genome



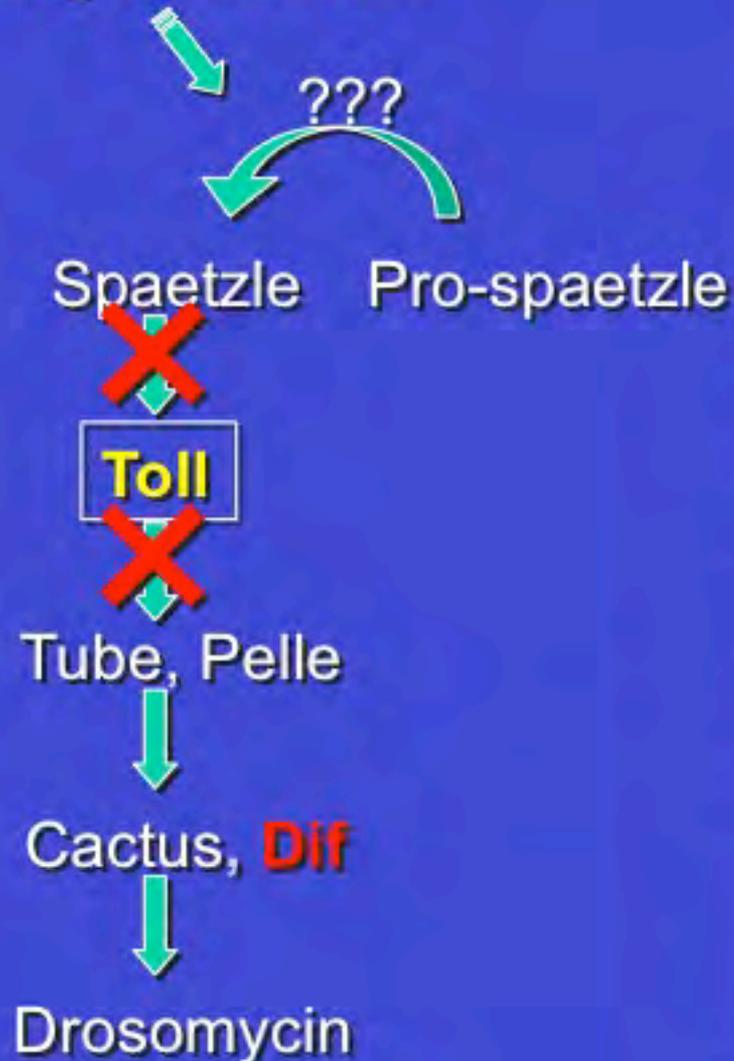


By August 1998, almost all of the critical region had been explored.



In *Drosophila*, the Dorsoventral Regulatory Cassette is also required for the Innate Immune Response to Fungal Infection

Fungal infection



Jules Hoffmann was interested in insect immunity, and worked in Strasbourg, FR

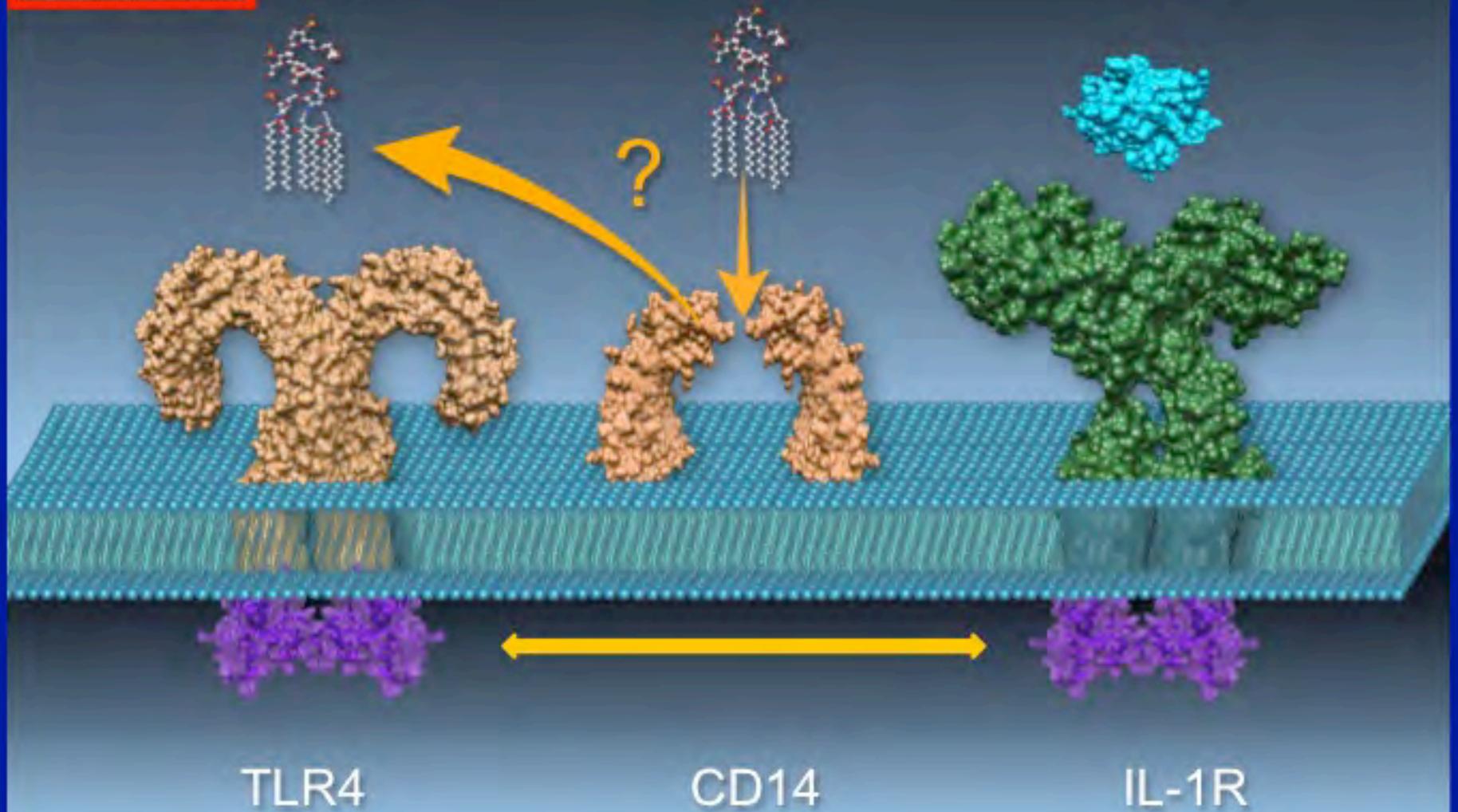




LPS

LPS

IL-1

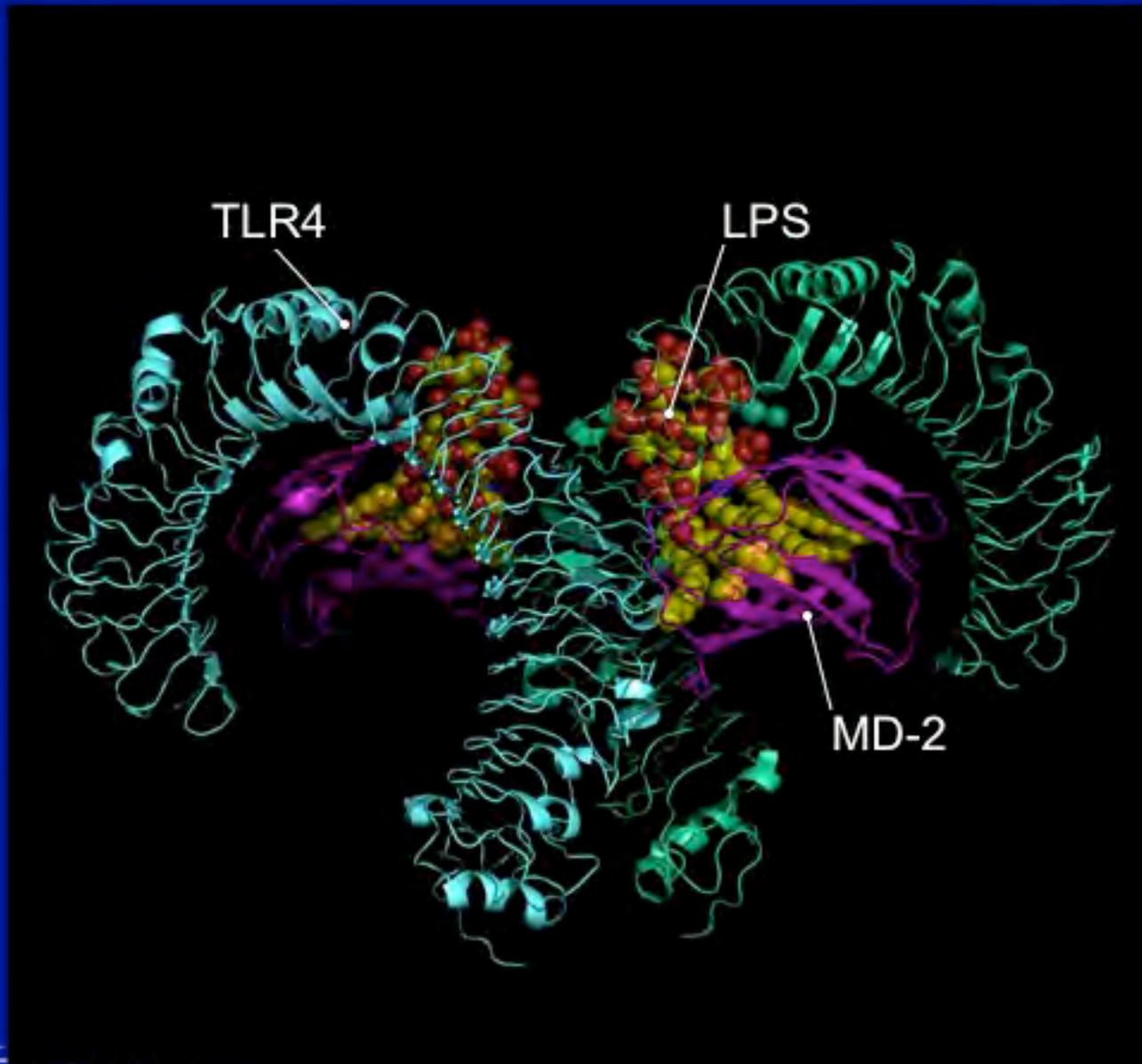


TLR4

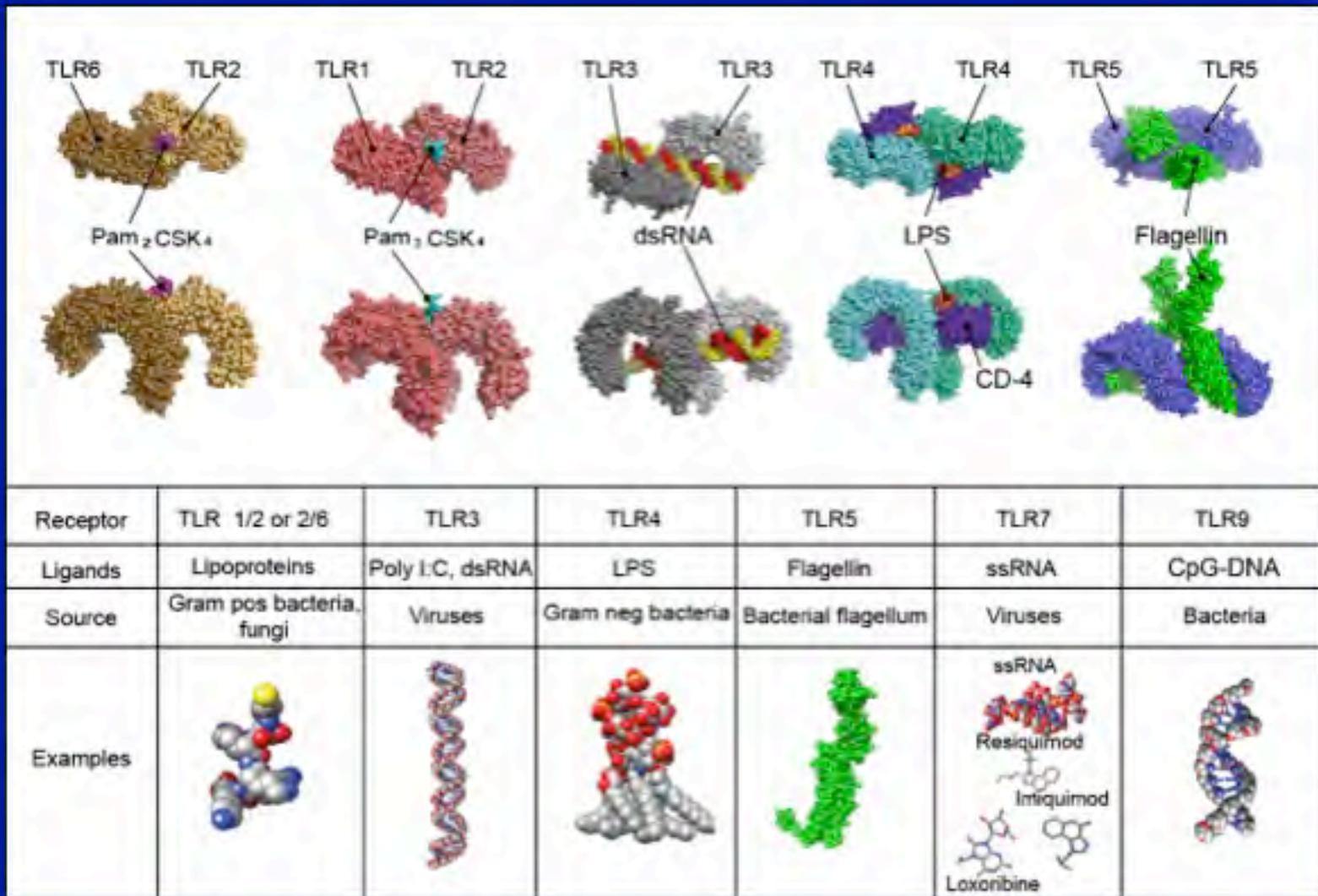
CD14

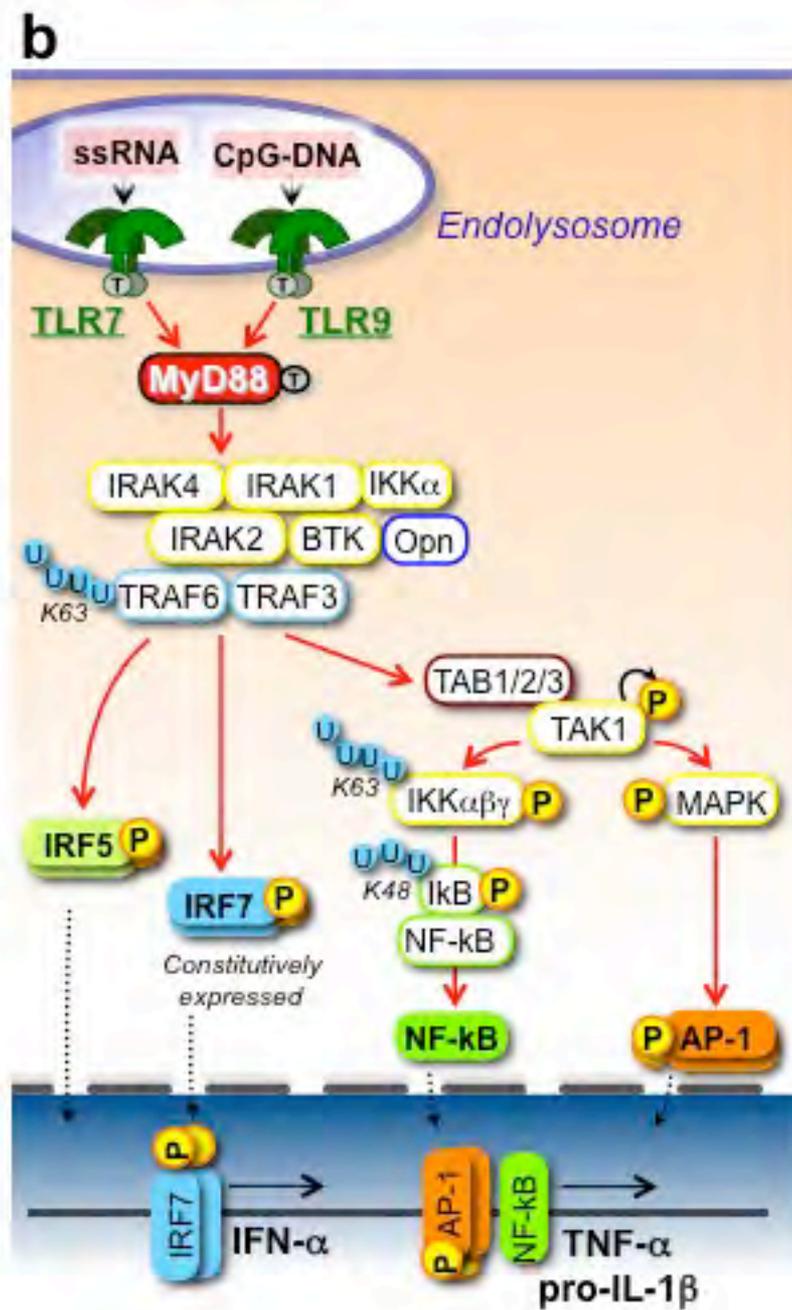
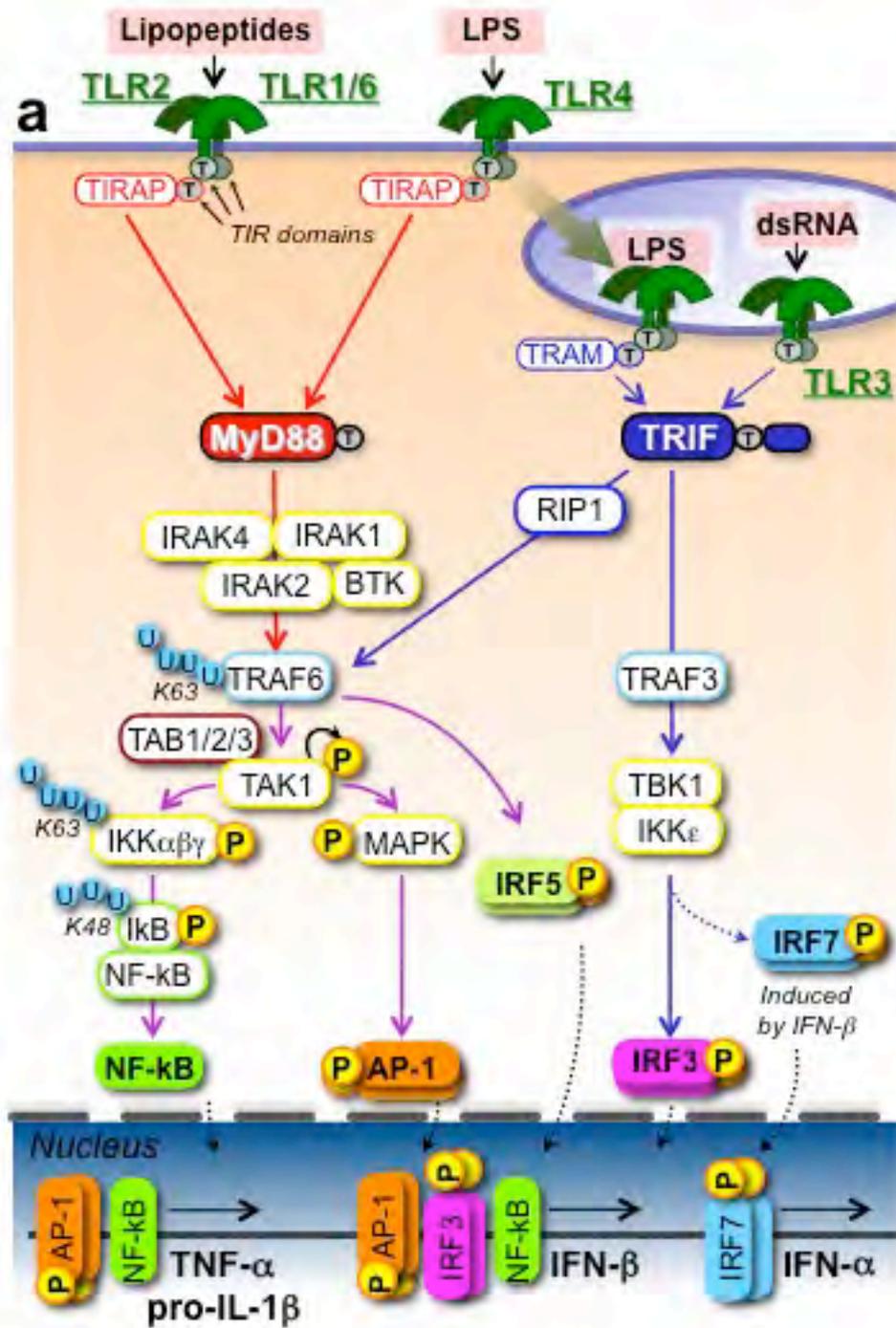
IL-1R

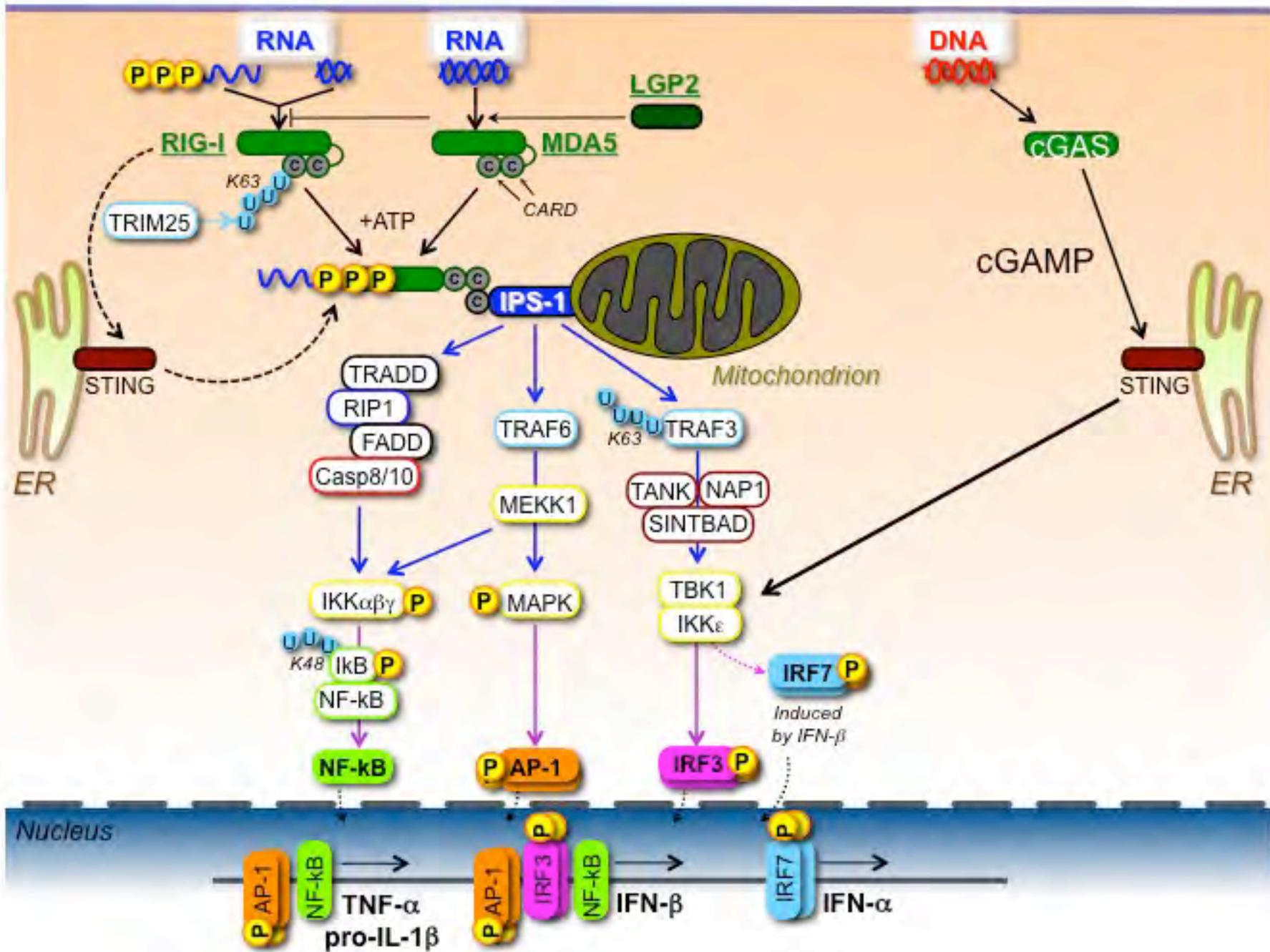
- In LPS-resistant mice, there were mutations that destroyed TLR4. In C3H/HeJ mice, the mutation was a single base change. In C57BL/10ScCr mice, the mutation was a large deletion. Finding these mutations was a magical moment: we knew we had found the LPS receptor, which had been wondered about for nearly 100 years.
- We also deduced, based on genetic experiments, that LPS had direct, physical contact with TLR4.
- Soon, it was established by others that MD-2, a small secreted protein, was also part of the LPS receptor complex (Kensuke Miyake and colleagues).
- About ten years later, the structure of the entire complex was solved (by Jie-Oh Lee and colleagues).

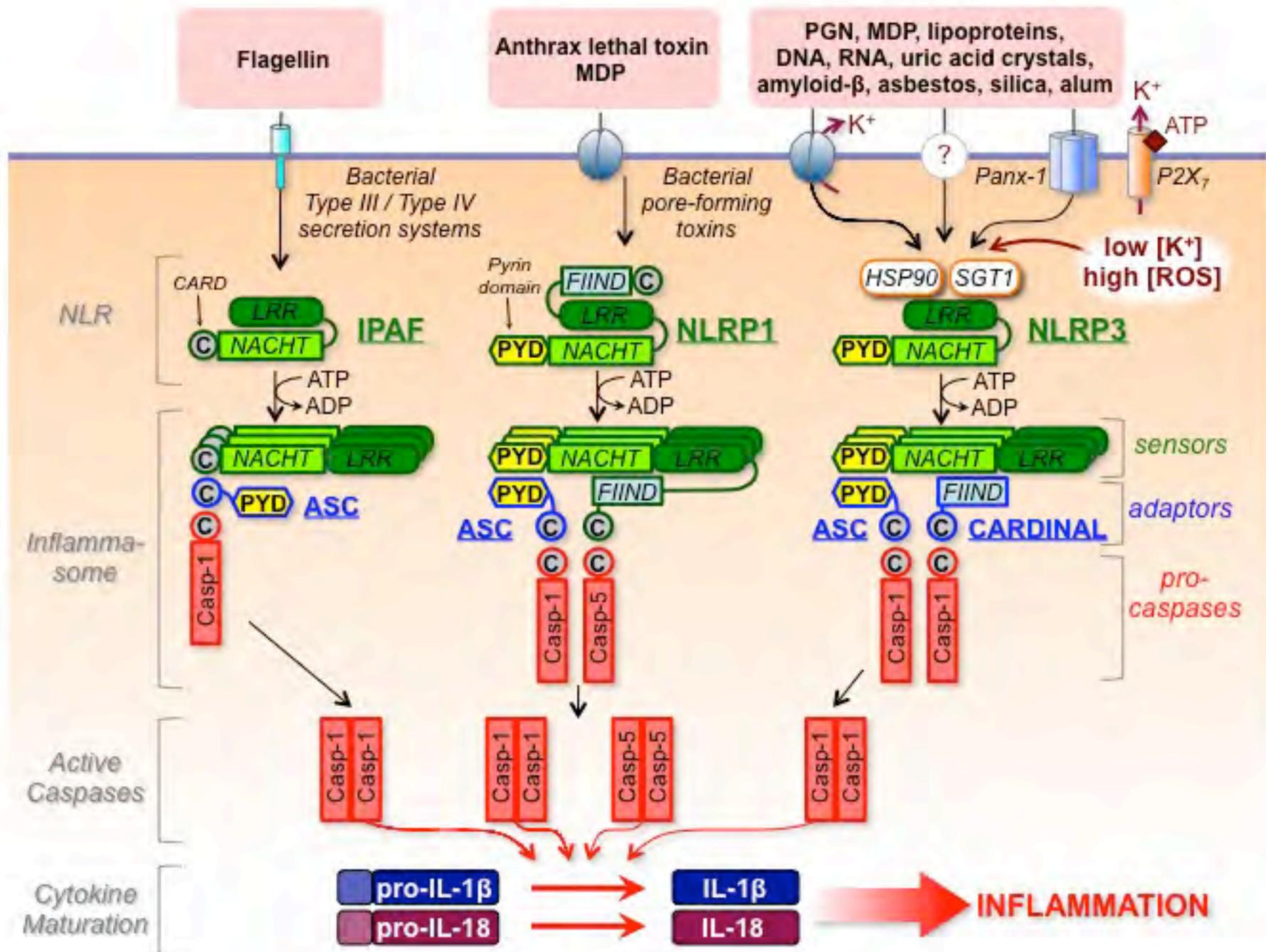


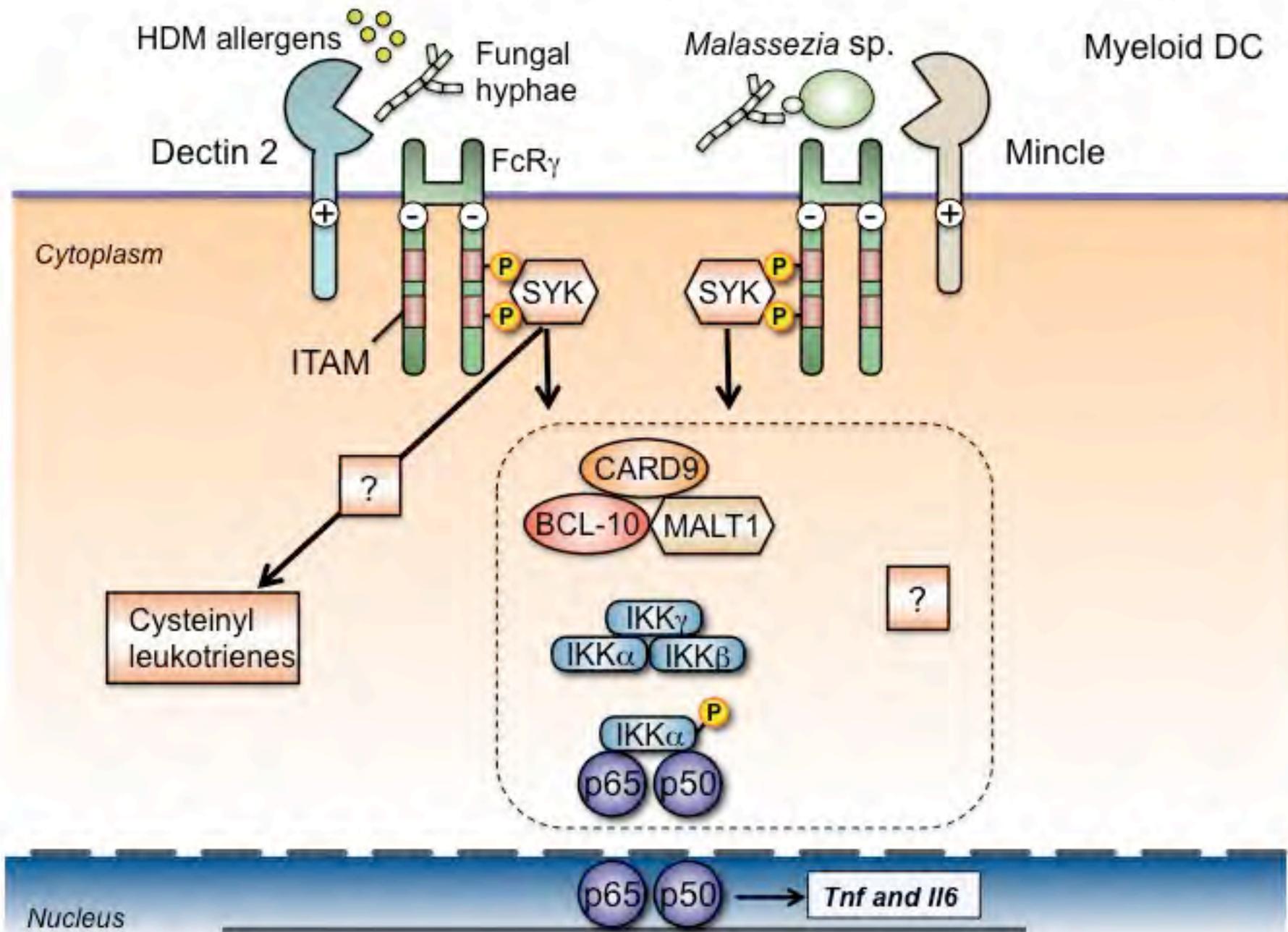
Now, the mode of binding of several ligands to TLRs is understood











What does all this knowledge do for us?

Knowing how the immune system “sees” microbes during the very first seconds and minutes after infection, we can perhaps:

- Mitigate the intense inflammatory response that causes injury, while keeping the infection itself under control with antibiotics.



- Diagnose and treat certain immune deficiency diseases caused by failure of the sensing system.



- Design more effective vaccines, that have known molecular targets and lower toxicity than existing vaccines.



The legacy of our struggle
against microbes is immunity.

One legacy of immunity is
autoimmunity.

- Treat certain inflammatory and autoimmune diseases much more specifically than in the past. Systemic lupus erythematosus (SLE) is a particularly promising target.

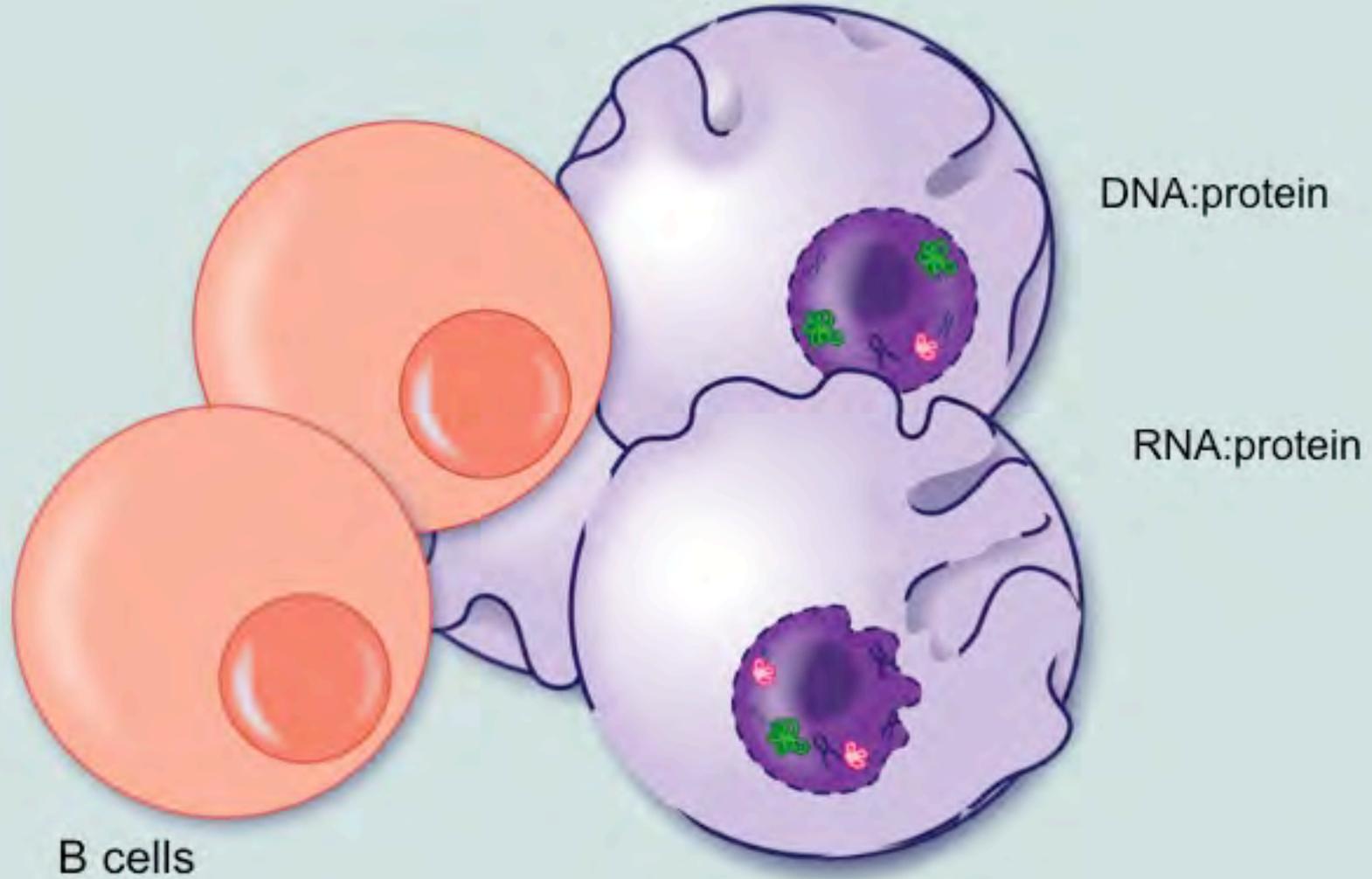


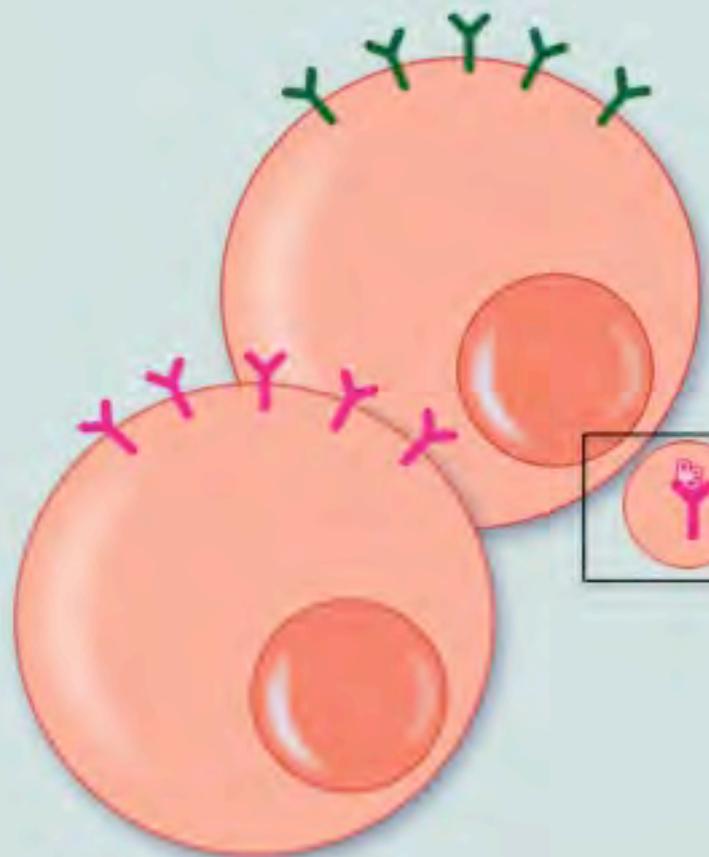
SLE

Rheumatoid arthritis



Lysis





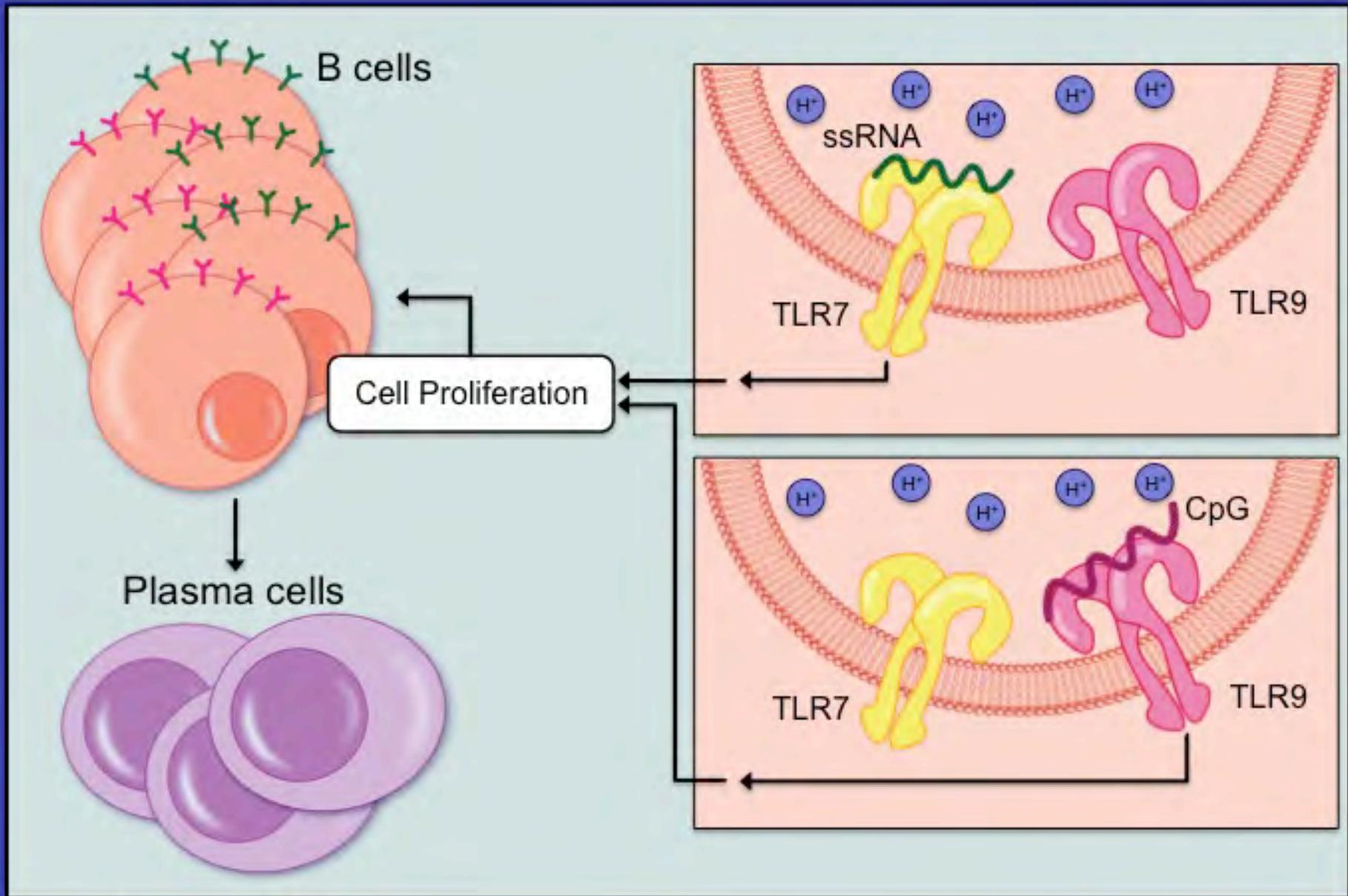
B cells

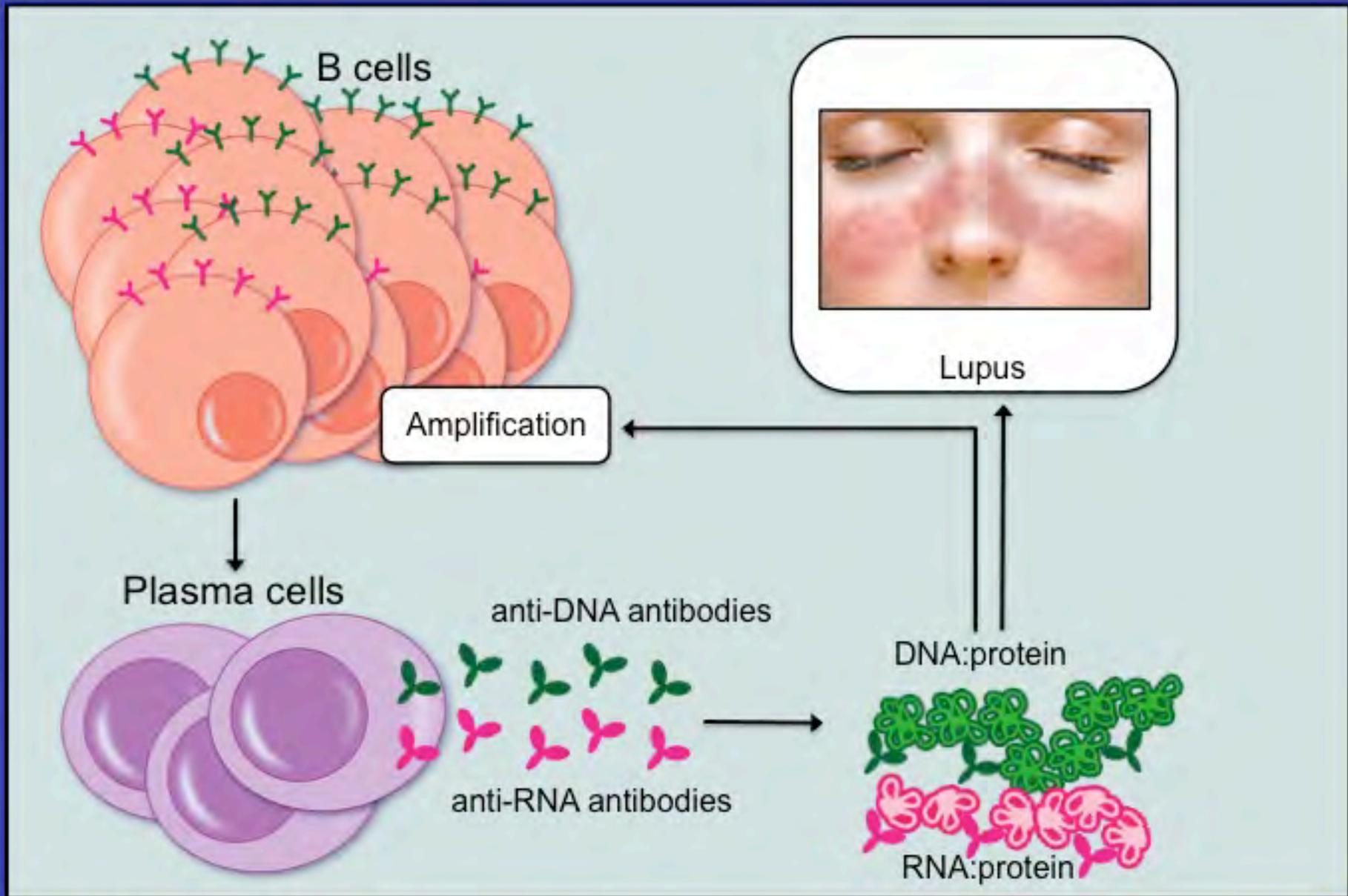


 DNA:protein




 RNA:protein





Betsy
Layton



Alexander
Poltorak



Christoph
Van Huffel



Irina
Smirnova



**Center for Genetics
of Host Defense
August 5, 2014**

