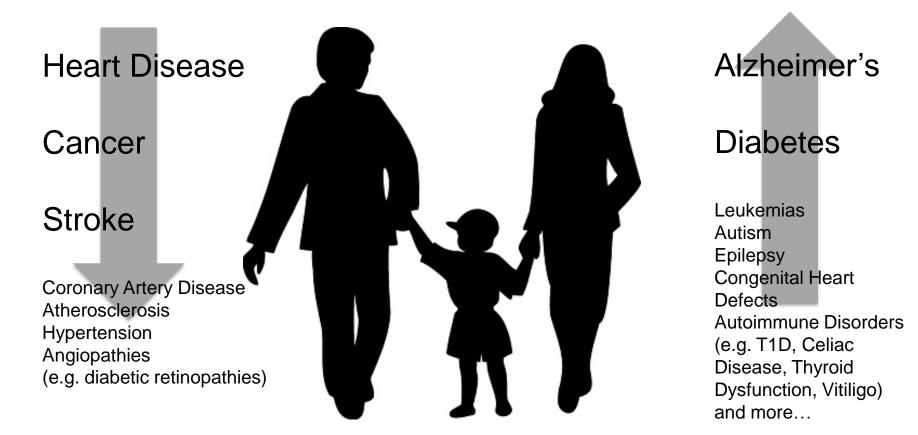
Understanding Down syndrome as an Interferonopathy

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Individuals with Trisomy 21 have a different 'disease spectrum'



The >400,000 Americans with trisomy 21 may hold solutions to major medical conditions

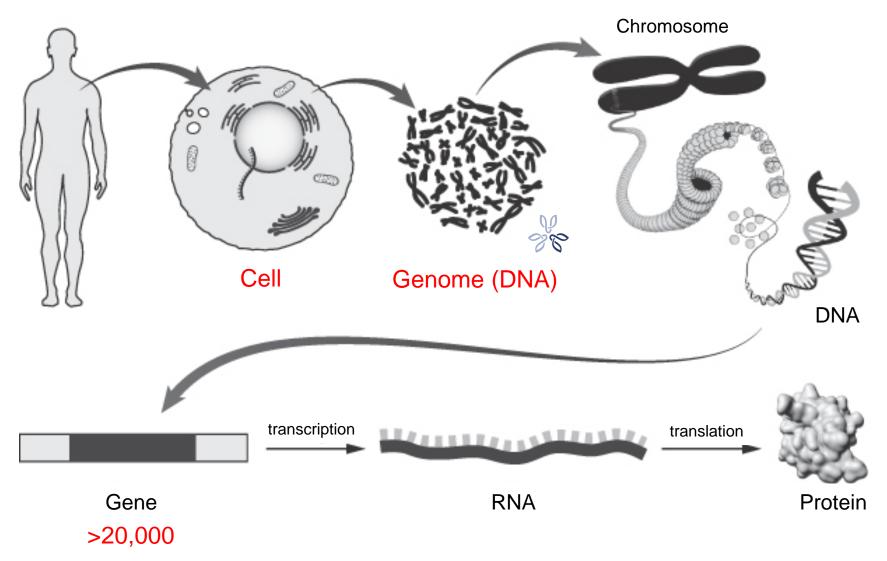
Each one of them is dealing with trisomy 21 in their own unique, personal way



They are more awesome than different, yet they are <u>ALL</u> different

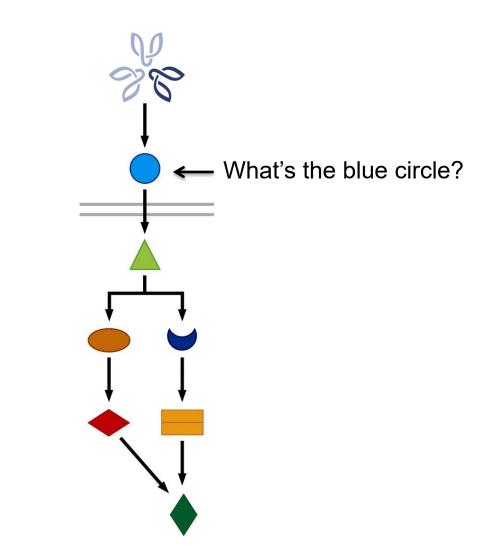
Project Goal

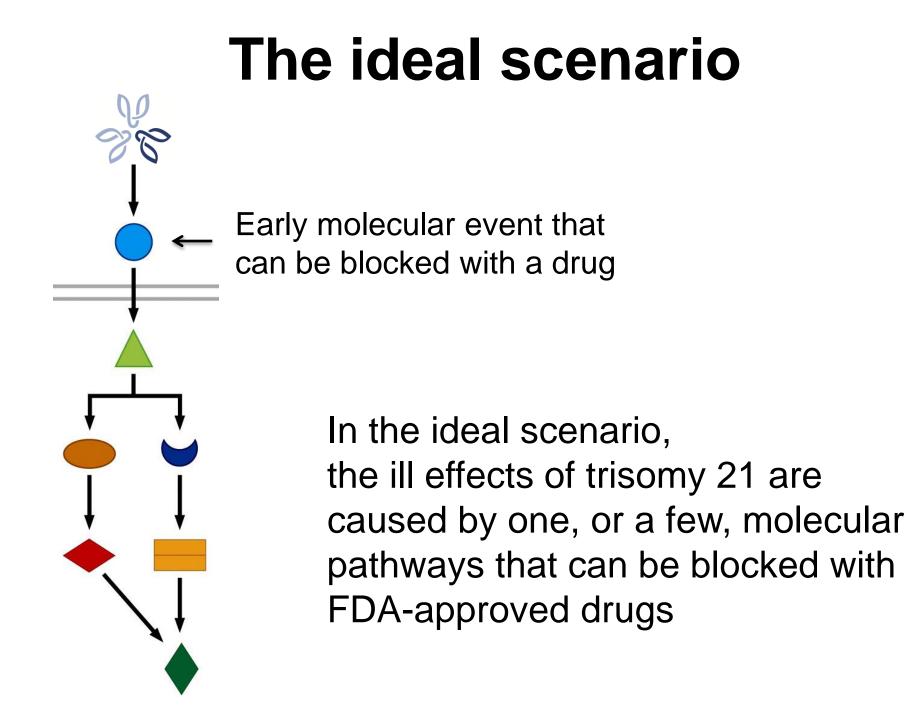
To identify the **consistent** molecular events activated by trisomy 21



Project Goal

To identify key signaling pathways consistently activated by trisomy 21





Approach

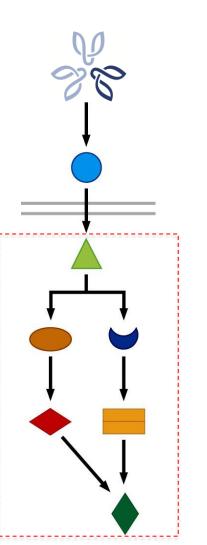
Functional genomics approaches to elucidate the molecular events activated by trisomy 21

Measurements performed:

- >16,000 RNAs
- 600 metabolites
- 654 kinases (important enzymes)
- >4,000 proteins

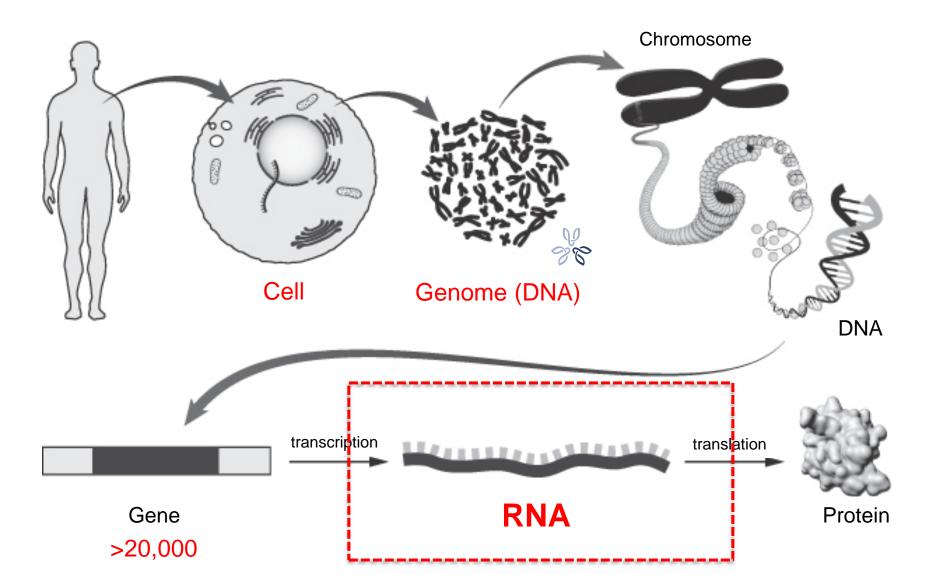
Cell types employed:

- Skin Fibroblasts Cell Lines
- Lymphoblastoids Cell Lines (B cells)
- Circulating Monocytes
- Circulating T cells

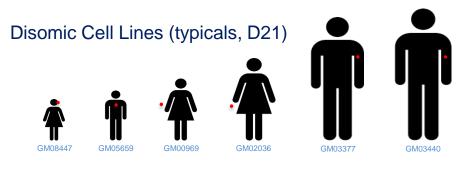


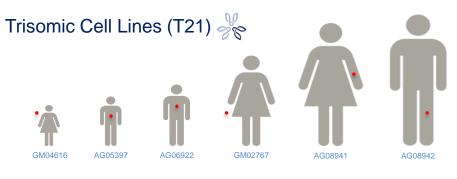
First experiment

To measure thousands of RNAs from skin cells



Employing highly diverse pools of skin fibroblasts to discover <u>consistent</u> effects caused by trisomy 21



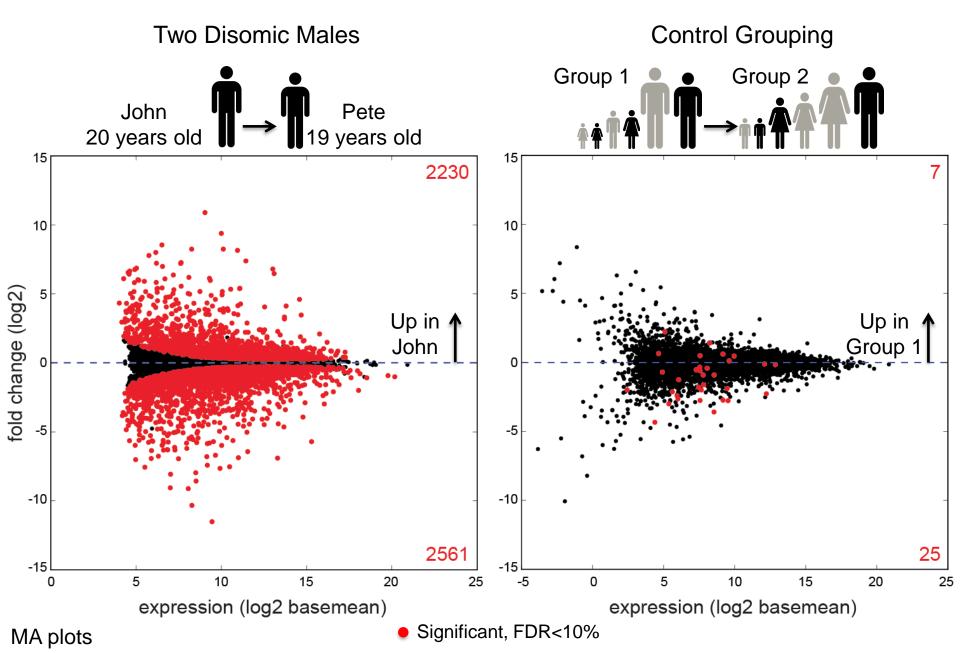


biopsy site

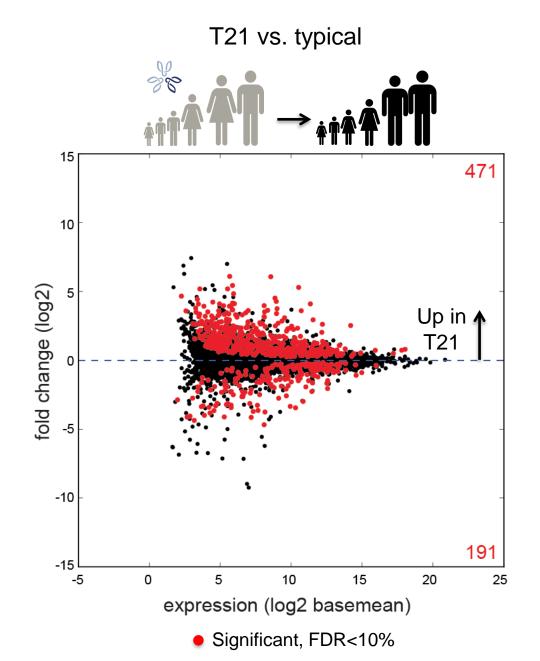
Different ages, gender and biopsy sites

Protocol: grow cells in the lab, extract their RNA, then measure >16,000 RNAs with *RNA-seq* technology

The power of inter-individual variation

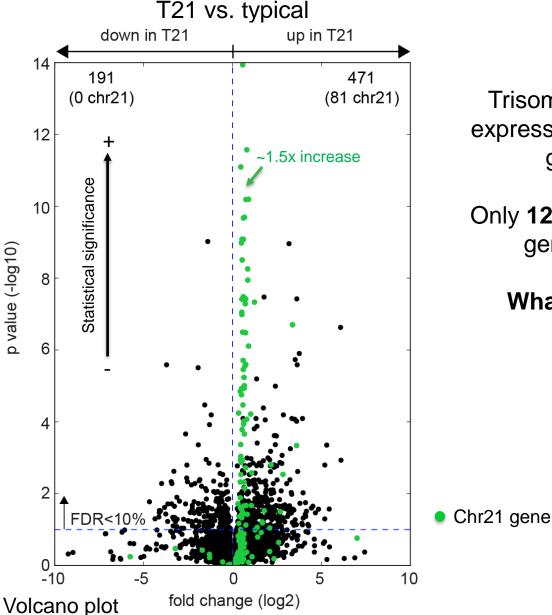


Trisomy 21 causes consistent changes in RNA abundance



MA plots

Trisomy 21 causes <u>consistent</u> changes in RNA expression that withstand variations in age, gender and site of biopsy



Trisomy 21 causes a <u>consistent</u> gene expression signature that withstands age, gender and site of biopsy...

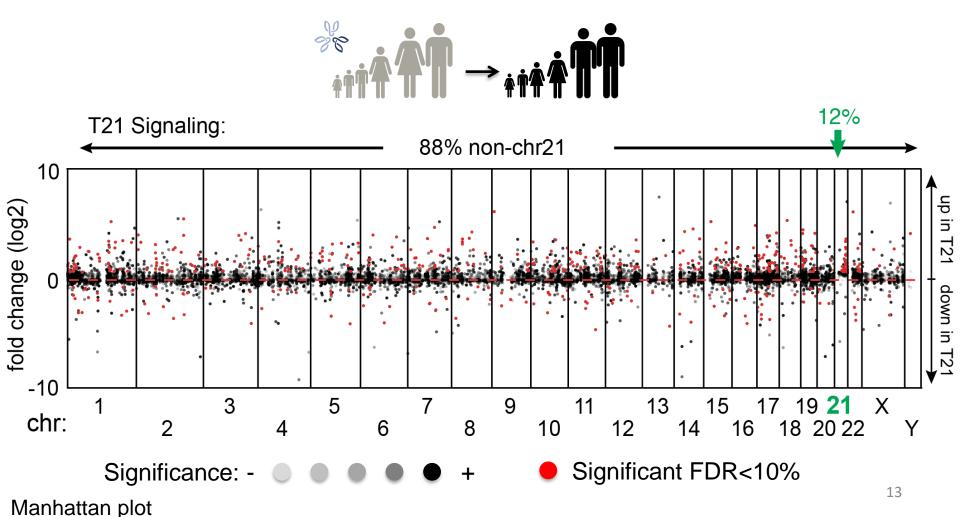
Only **12%** can be accounted by increased gene dosage due to the trisomy

What drives the remaining 88%?

Signal amplification across the genome

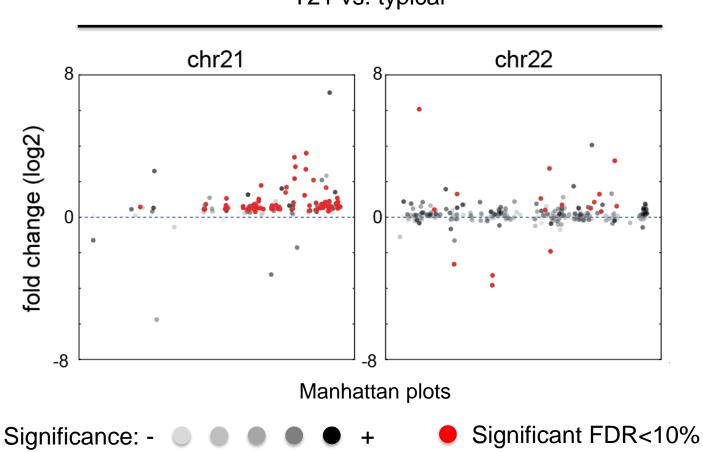
Trisomy 21 causes a <u>consistent</u> gene expression signature (even <u>outside of chr21</u>) that withstands age, gender and site of biopsy...

T21 vs. typical



Signal amplification across the genome

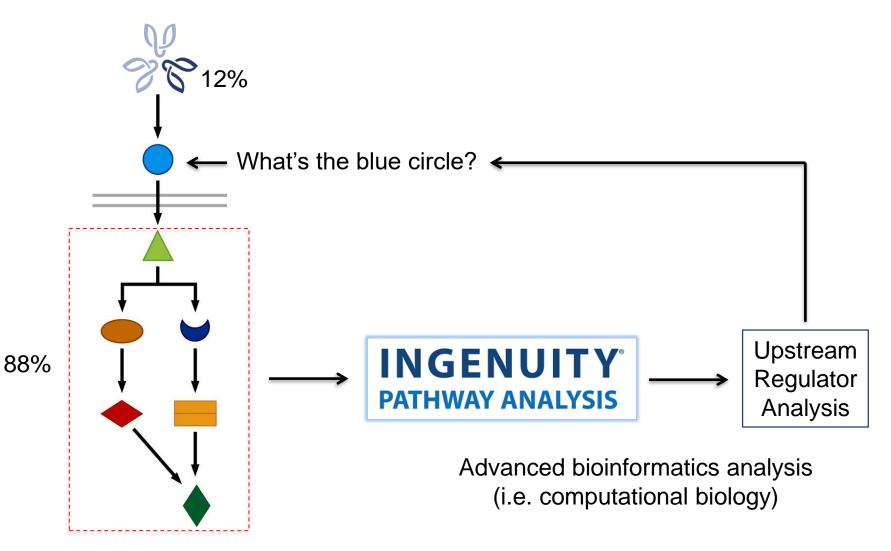
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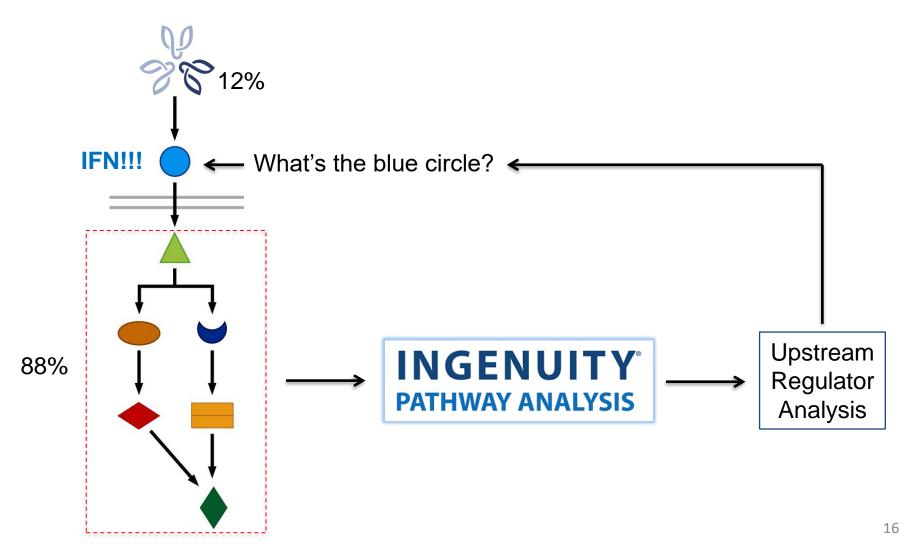
T21 vs. typical

What is the signal amplifier?

Upstream Regulator Analysis of the <u>consistent</u> gene expression signature activated by trisomy 21



Upstream regulator analysis identifies the Interferon pathway (IFN) as the key mediator of the gene expression changes caused by trisomy 21



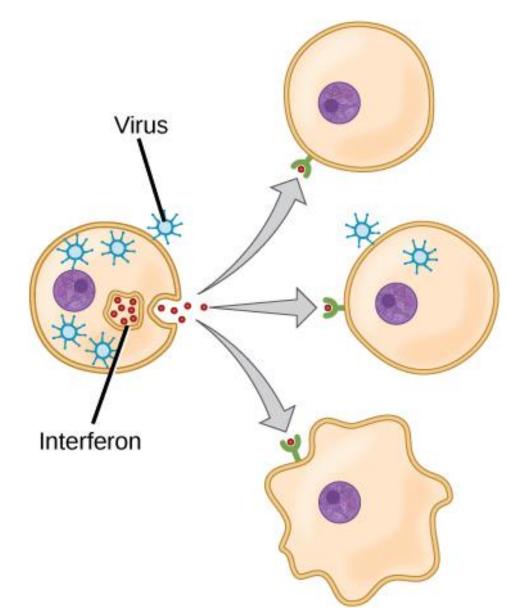
Interferon

From Wikipedia, the free encyclopedia

Interferons (IFNs) are a group of signaling proteins^[1] made and released by host cells in response to the presence of several pathogens, such as viruses, bacteria, parasites, and also tumor cells. In a typical scenario, a virus-infected cell will release interferons causing nearby cells to heighten their anti-viral defenses.

IFNs belong to the large class of proteins known as cytokines, molecules used for communication between cells to trigger the protective defenses of the immune system that help eradicate pathogens.^[2] Interferons are named for their ability to "interfere" with viral replication^[2] by protecting cells from virus infections. IFNs also have various other functions: they activate immune cells, such as natural killer cells and macrophages; they increase host defenses by upregulating antigen presentation by virtue of increasing the expression of major histocompatibility complex (MHC) antigens. Certain symptoms of infections, such as fever, muscle pain and "flu-like symptoms", are also caused by the production of IFNs and other cytokines.

Interferons are key components of the innate immune system

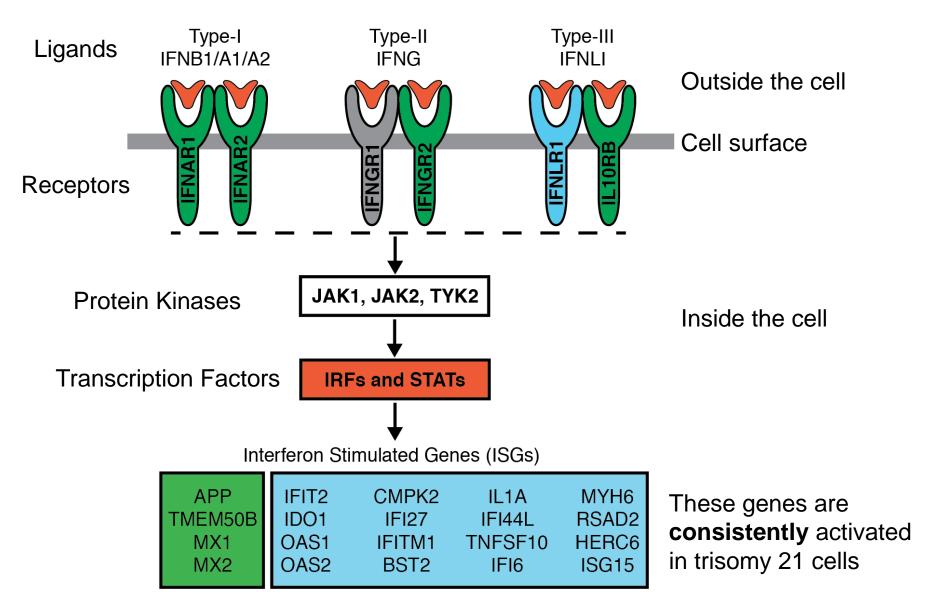


Interferon signals neighboring cells to destroy RNA and reduce protein synthesis

Interferon signals neighboring infected cells to commit 'suicide' (apoptosis)

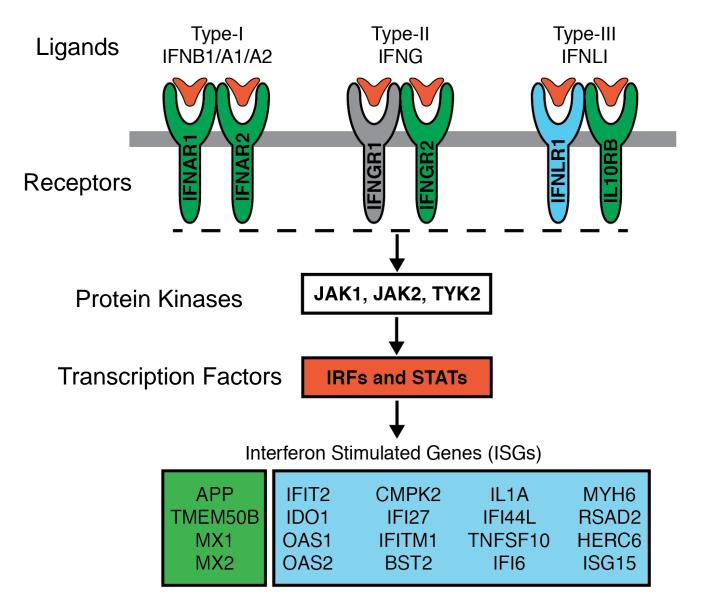
Interferon activates immune cells

Three types of Interferon



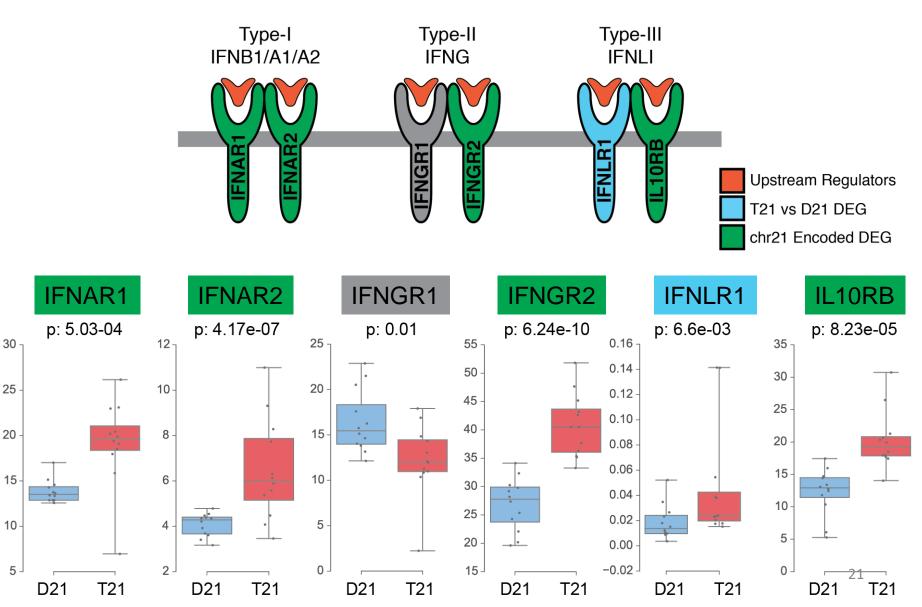
Why are Interferon Stimulated Genes activated in trisomy 21 cells?

4 out of 6 IFN receptors are encoded on chr21!



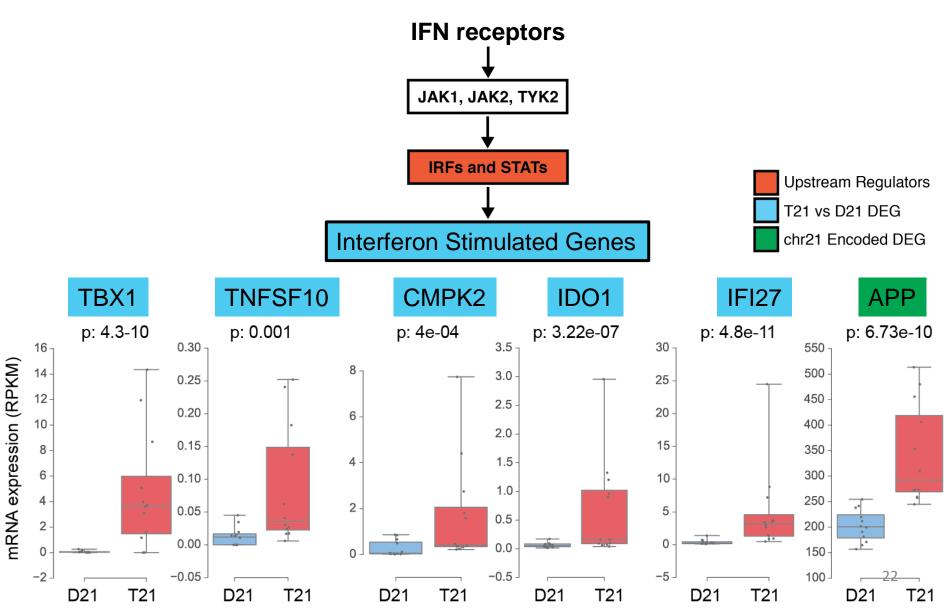


4 out of 6 Interferon receptors are encoded on chr21 and 'induced'

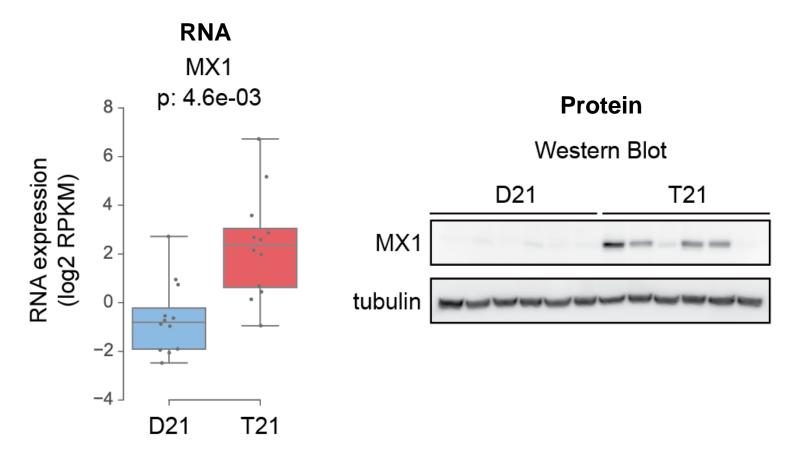


mRNA expression (RPKM)

Trisomy 21 cells show massive induction of Interferon Inducible Genes (ISGs)



Significant inter-individual variation, even for Interferon Stimulated Genes encoded on chr21



MX1: Myxovirus Resistance Protein 1

An Interferon Stimulated Gene involved in the antiviral response encoded on chr21 This protein is key to fight off the flu virus

Additional results:

- Trisomy 21 causes <u>consistent</u> activation of the Interferon pathway in lymphoblastoid B cells, monocytes and T cells (all immune cells).
- Activation of Interferon Inducible Genes is also observed at the **protein** level
- Activation of Interferon Inducible Genes is also observed in 'Down syndrome' mice
- Activation of Interferon Inducible Genes is also observed in brain samples from both individuals with Down syndrome and Down syndrome mice

Implications

Down Syndrome could be classified as an Interferonopathy, along with other genetic conditions caused by hyper-activation the Interferon pathway.

The ill effects of Down Syndrome could be ameliorated, even perhaps eliminated, with available inhibitors of the IFN pathway. Jobyna 4 years old



- Severe neurological dysfunction
- Severe developmental delay
- Less white matter in the brain
- Seizures
- Cerebellar atrophy
- Spastic diplegia, a form of cerebral palsy (CP), a chronic neuromuscular condition of hypertonia and spasticity

- Dystonic posturing
- Hyper- or hypotonia
- Profound psychomotor difficulties
- Thrombocytopenia (deficiency of platelets)
- CSF lymphocytosis (too many white blood cells in the spinal fluid)
- Systemic immune abnormalities, strong predisposition to autoimmunity
- Hypocomplementia
- Common skin lesions (e.g. acrosyanosis)

Jobyna 4 years old



Aicardi-Goutieres Syndrome (AGS)

AGS is a 'Type I Interferonopathy'

What is an Interferonopathy?

Interferonopathies are a group of genetic disorders characterized by upregulation of the Interferon response What if Down syndrome is also an Interferonopathy?

To what degree the increased dosage of 4 Interferon receptors contributes to the various aspects of Down syndrome?

Five lines of evidence from the literature

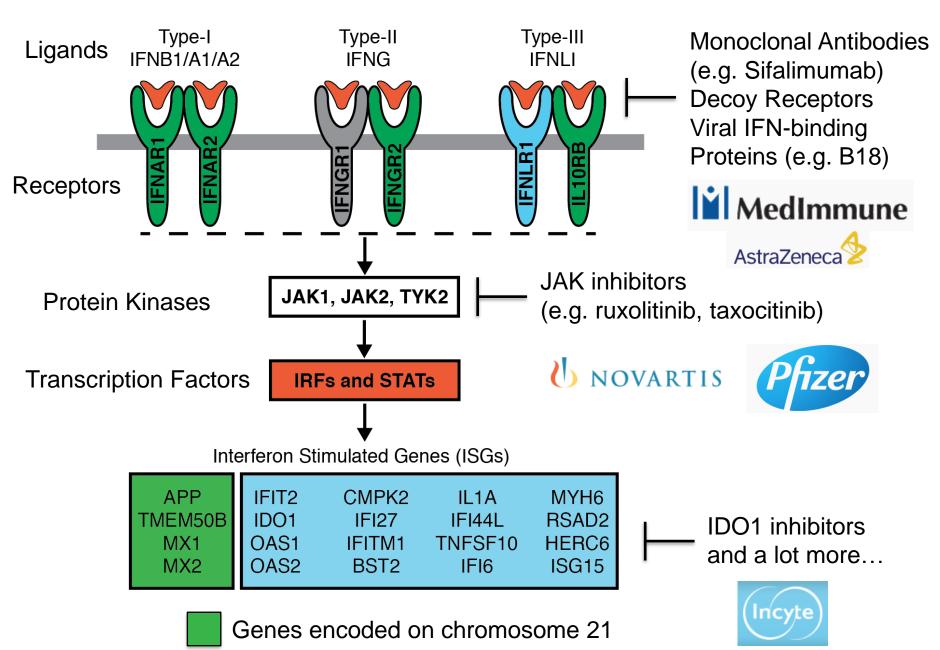
- Cells from people with trisomy 21 are hypersensitive to Interferons (Tan, Epstein and Ruddle, 1970's)
- 2. In mouse models of Down syndrome, treatment with anti-Interferons, or reduction of the copy number for IFN receptors, decreases the ill effects of the trisomy (Dr. Maroun's work in the 1980's and 1990's)
- If you give typical people Interferons, they start showing symptoms associated with Down syndrome (20 decades of research on the side effects of Interferon treatment).

Five lines of evidence from the literature

4. If a person is born with an extra copy of interferon receptors, but without trisomy 21, they develop Down syndrome (segmental duplication of a short fragment of chr21 reported by Wensfeld-Adams et al, Genomics Medicine 2016)

5. Drugs that block Interferon cure some of the conditions associated with Down syndrome!

Blocking the Interferon pathway with available drugs



Alopecia areata, treated with Interferon antagonists

Alopecia Areata (autoimmune hair loss) is one of the many autoimmune conditions more prevalent in people with trisomy 21



baseline

3 months

4 months

Ruxolitinib: An FDA-approved JAK inhibitor

Clynes et al, Nature Medicine 2014

Future Directions

To fully dissect the role of hyperactive Interferon signaling in the development of Down syndrome.

To define the therapeutic potential of Interferon antagonists to ameliorate, or even perhaps eliminate, the ill effects of trisomy 21. Credits



Keith Smith, Matthew Galbraith, Zdenek Andrysik, James DeGregori, Alexander Ligget, Eliana Gomez, Leisa Jackson, Joseph Cabral Sie Center for Down Syndrome Rocky Mountain Alzheimer's Disease Center

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Upcoming publication



Trisomy 21 consistently activates the interferon response

Kelly D Sullivan^{1,2,3,4*}, Hannah C Lewis^{1,2}, Amanda A Hill^{1,2}, Ahwan Pandey^{1,2,3,4}, Leisa P Jackson^{1,3,4}, Joseph M Cabral^{1,3,4}, Keith P Smith¹, L Alexander Liggett^{1,5}, Eliana B Gomez^{1,3,4}, Matthew D Galbraith^{1,2,3,4}, James DeGregori^{1,5,6,7,8,9}, Joaquín M Espinosa^{1,2,3,4*}

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