# Inflammation:

Novel Pro-Resolving Mediators and Mechanisms in Inflammatio: Immunoresolvents

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#### 🔮 Metagenics<sup>.</sup>

Providing Educational Support for Healthcare Providers

## Novel Pro-Resolving Mediators and Mechanisms in Inflammation: Immunoresolvents

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Instructor Harvard Medical School

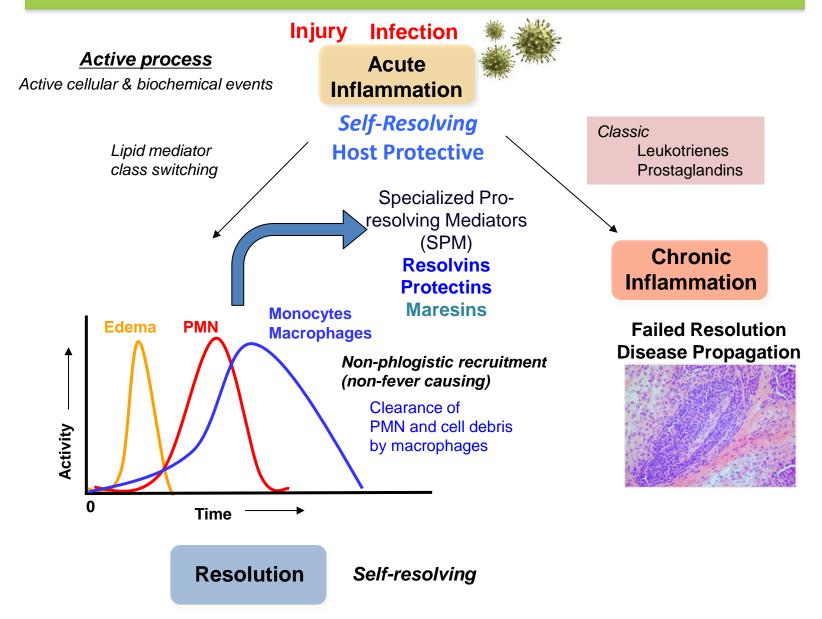


Lipid Mediator Metabololipidomics Co-leader Center for Experimental Therapeutics Brigham and Women's Hospital

## **Today's Outline: Focus on Human Translation**

- What controls excess Inflammation & Infection ?
- Structural Elucidation of Novel Specialized Pro-Resolving Chemical Mediators (SPM)
- Functional Decoding Metabolomics of Novel
   Bioactive Mediators (Live Infections, Receptors)
- New Approach for Functional LM/SPM Profiling

### Decision Paths in Acute Inflammation: Ideal Outcome is Resolution



### From Taber's Cyclopedic Medical Dictionary:

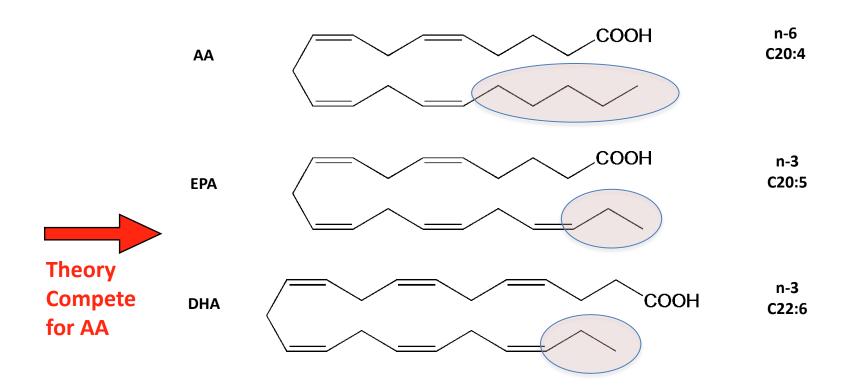
**resolution** 1. Decomposition; absorption or breaking down of the products of inflammation. 2. Cessation of inflammation without suppuration. The return to normal.

**resolvant** 1. Promoting disappearance of inflammation. 2. That which causes dispersion of inflammation.

Immunoresolvent: endogenous mediator or agent that stimulates resolution

The resolution of inflammation: the devil in the flask and in the details Serhan CN. *FASEB J* 2011;25:1441-1448.

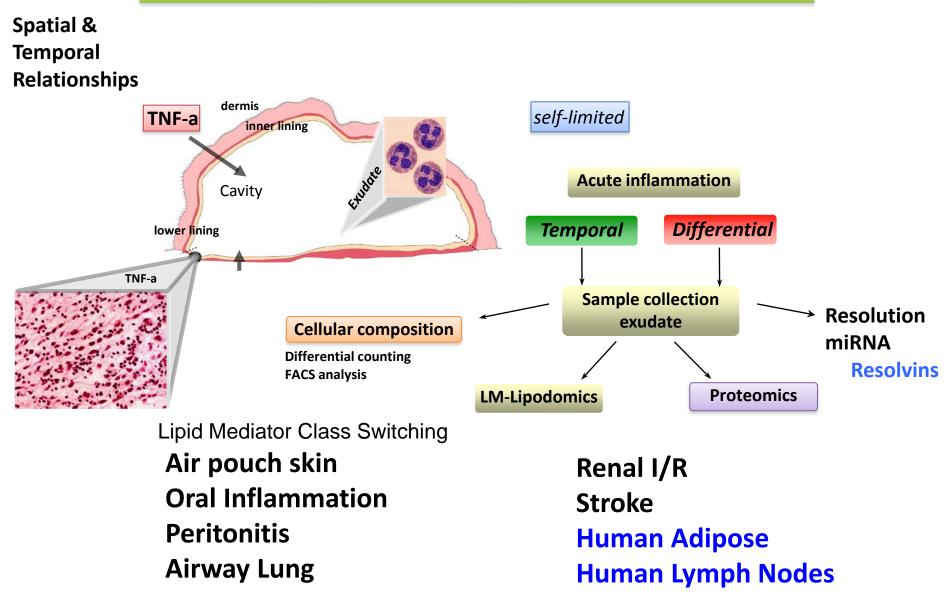
## **PUFA** n-6 & n-3



**Essential fatty acids**: They exert critical functions in human health Not produced by human cells Obtained from our diet

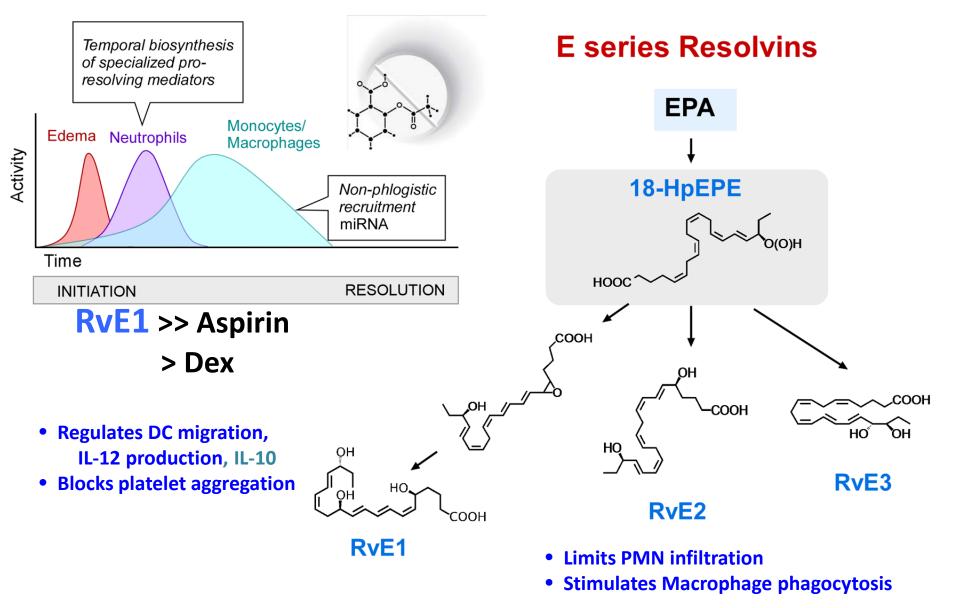
## **Systems Approach Mapping Resolution**

**Temporal-Differential Analyses of Resolution** 



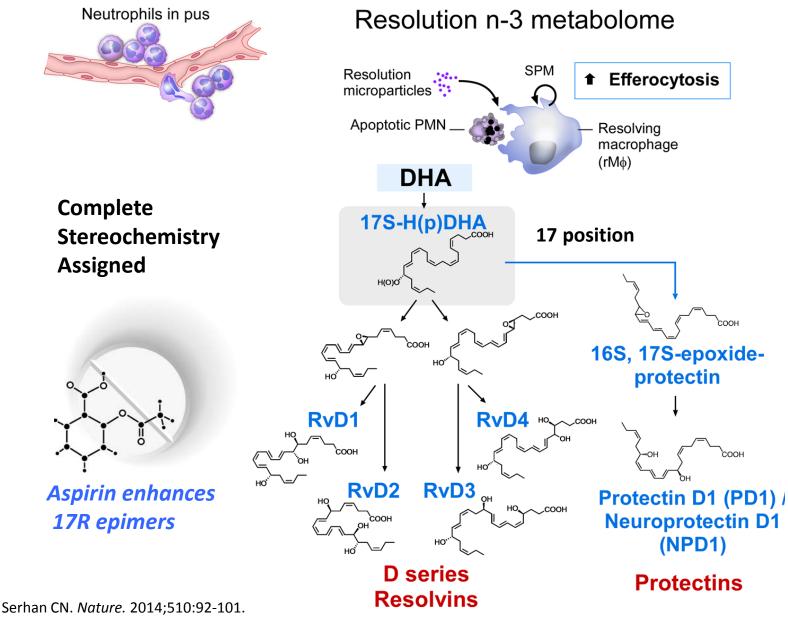
Serhan CN. Ann Rev Immunology 2007;25:101-137.

#### **Resolvin Biosynthesis by Human Leukocytes**



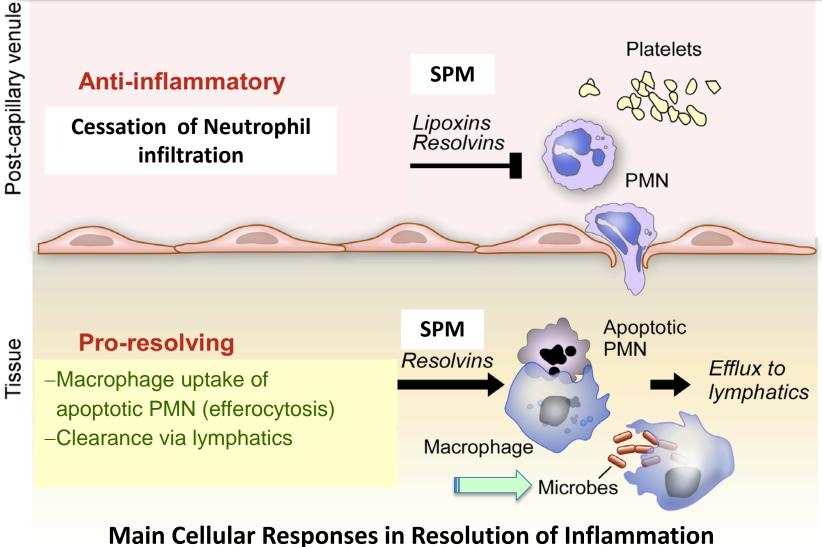
Serhan CN. Nature. 2014;510:92-101.

#### **Biosynthesis by Human Leukocytes : D- series Resolvins, Protectins & Maresins**



Buckley CD et al. Immunity. 2014;40:315-327.

### **Key Functions Employed in Structural Elucidation of Novel Resolution Phase Mediators**



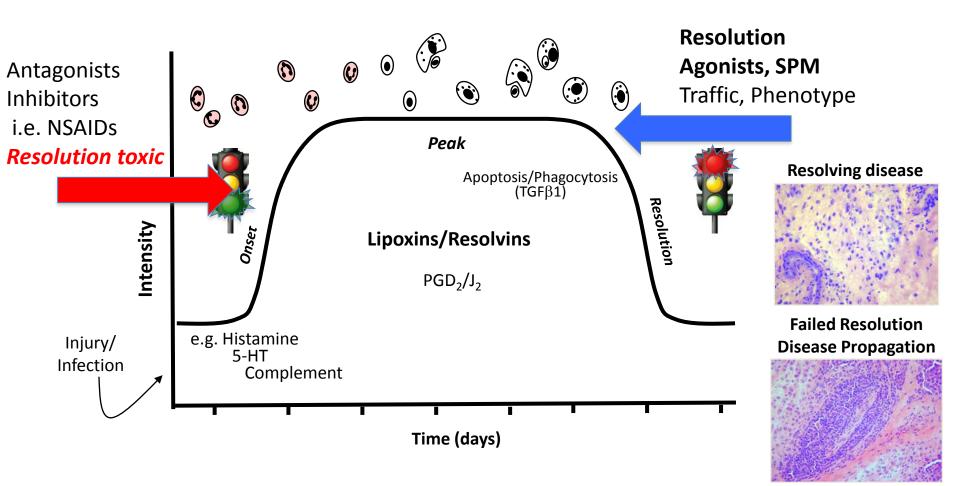
used for structural elucidation of novel mediators

Serhan CN. Nature. 2014;510:92-101.

Tissue Protective: Mouse 12/15-Lipoxygenase and SPM							
Animal models	Alox15 gene modification	Actions/Phenotypes	Reference				
Cornea thermal	Alox12/15 deficient mice	1 Inflammation, comeal re-epithelialization	Gronert et al., 2005				
	Alox15 gene modification	Actions/Phenotypes	Reference				
Comea thermal injury	Alox12/15 deficient mice	<ul> <li>↑ Inflammation, corneal re-epithelialization</li> <li>↓ Wound healing, endogenous LXA₄ production</li> <li>LXA₄ rescues exacerbated inflammation and imparation wound healing in Alox15 deficient mice</li> </ul>	Gronert et al., 2005 Biteman et al., <i>ired</i> 2007				
Suture-induced chronic cornea Injury	Alox12/15 deficient mice	↑ Inflammatory neovascularization ↑ VEGF-A and FLT4 expression LXA <sub>4</sub> rescues 15-LOX knockout mice from exacerbated angiogenesis	Leedom et al., 2010				
Peritonitis	Alox12/15 deficient mice	Eosinophil depletion causes resolution deficit, <i>rescued by PD1</i> Alox12/15 deficient mice eosinophils did not rescue the resolution phenotype	Yamada et al., 2011				
Dermal fibrosis	Alox12/15 deficient mice	↑ TGF-β stimulated MAPK pathway LXA₄ counters TGF-β stimulated fibroblast activation	Krönke et al., 2012				
Endometriosis	Alox12/15 deficient mice	EPA decreases lesions in WT but not in Alox12/15 deficient mice. ↓ RvE3 in Alox12/15 deficient mice compared to WT	Tomio et al., 2013				
Airway inflammation	on Alox12/15 deficient mice	$\downarrow$ TLR7-mediated resolution of airway inflammation	Koltsida et al., 2013				
Peritonitis	Alox12/15 deficient mice	Low dose inhaled CO reduces PMN infiltration in WT, but not in Alox12/15 deficient mice	Chiang et al., 2013				

#### Serhan CN et al. *Biochim Biophys Acta* 2014;1851:397-413.

#### Change in Treatment for Inflammation Associated Diseases: Agonist of Resolution Immunoresolvents



Chronic Inflammation is a Unifying Component of Many Diseases: Role for Pro-Resolving Mediators *Failed Resolution ?* 

#### **Inflammatory Bowel Disease**

Arita et al. (Serhan) PNAS 2005

Stem cells Wada et al. (Serhan) FASEB J 2006

Sepsis Spite et al. (Serhan) *Nature* 2009

**Obesity** Claria et al. (Serhan) *J Immunology* 2012

**Tissue Regeneration** Serhan et al. *FASEB J* 2012

Asthma Levy et al. (Serhan) *Nature Med* 2002

**Infection** Chiang, N. et al. (Serhan) *Nature* 2012

Picogram to nanogram range potencies

**Stroke** Marcheselli et al. (Serhan and Bazan) *JBC* 2003

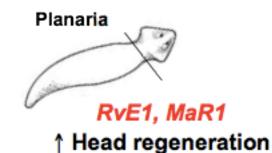
Atherosclerosis Merched et al. (Serhan and Chan) FASEB J.

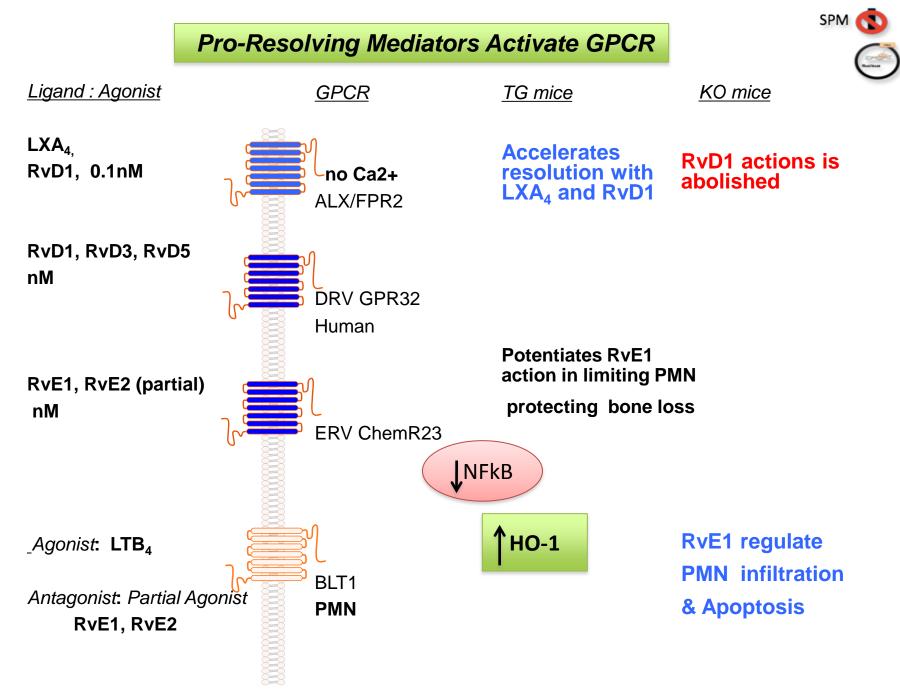
Retinal Angiogenesis Connor et al. (Serhan and Smith) *Nature Med* 2007

Alzheimer Disease Lukiw et al. (Serhan and Bazan) JCI 2005; Wang et al 2014

**Periodontitis** Hasturk et al. (Serhan and Van Dyke,TE) *FASEB J* 2006

Pain Xu, ZZ et al. (Serhan and Ji) *Nature Med* 2010

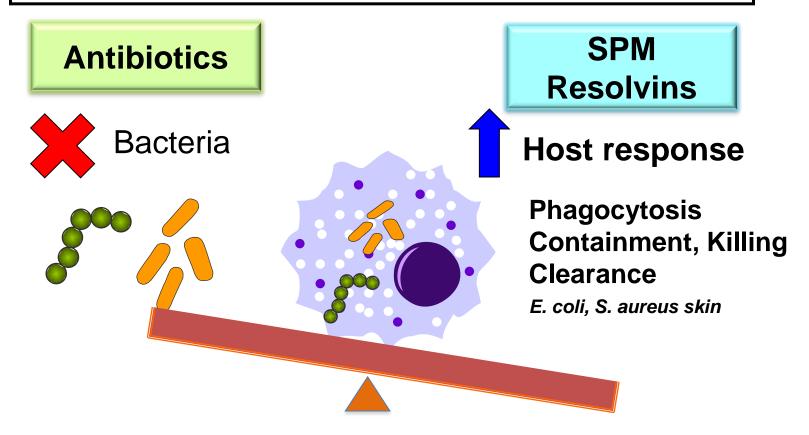




Serhan CN, Chiang N. Curr Opin Pharmacol. 2013;13:632-640.

Infection regulates pro-resolving mediators that lower antibiotic requirements

Chiang N, Fredman G, Backhed F, Oh SF, Vickery T, Schmidt BA, Sherhan CN



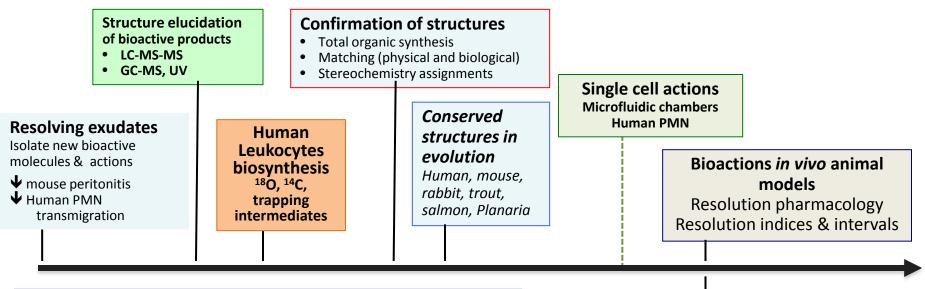
Resolvins Accelerate resolution of Infections Enhance bacterial killing, reduce inflammation **Treating the Host SPM** *Lowers* the required antibiotic doses

Chiang N et al. Nature. 2012;484:524-529.

#### **Pro-Resolving Mediators: Towards Human Translation**

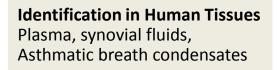
Focus on Structure Function

#### **Resolvins & Protectins**

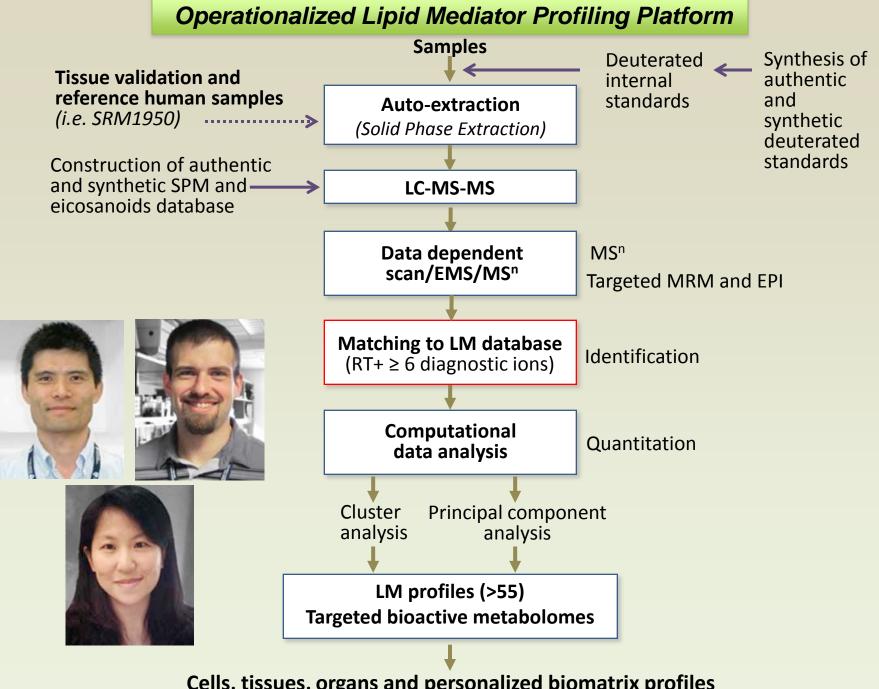


#### Criteria for pro-resolving mediator functions:

- Produced in vivo at levels commensurate with actions
- Reduces PMN chemotaxis and infiltration in vivo
- Enhances macrophage phagocytosis & efferocytosis
- Accelerates resolution (shorten resolution interval)
- Reduces pro-inflammatory cytokines (TNFa, IL-1b) and lipid mediators (e.g. PAF, PGs, LTs)
- Increases anti-inflammatory mediators (e.g. IL-10, LXA<sub>4</sub>)

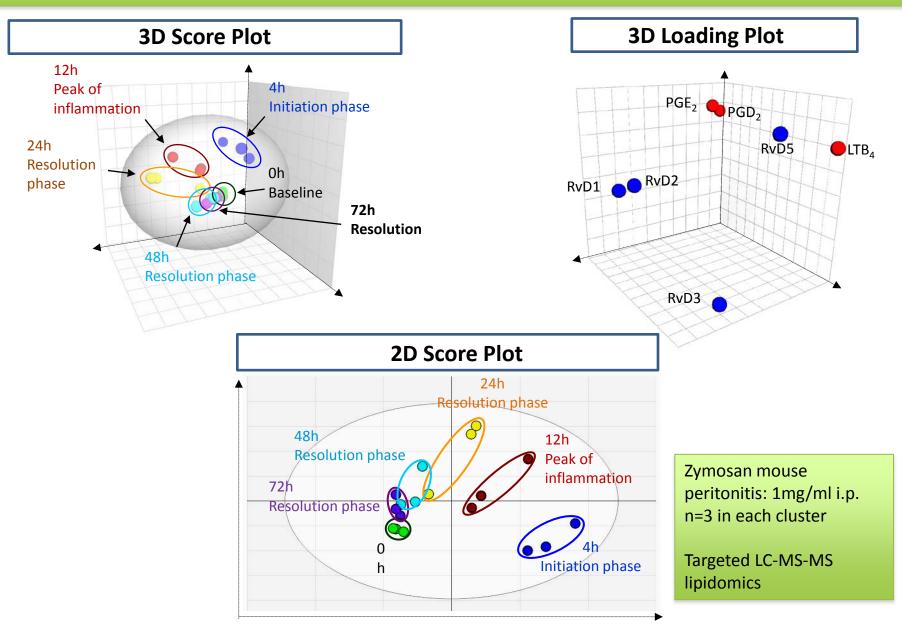


#### LC-MS-MS profiling



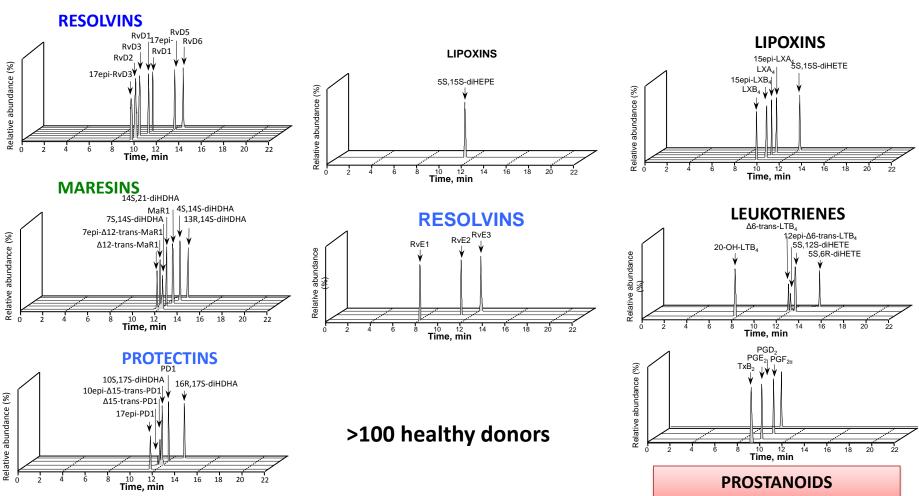
Cells, tissues, organs and personalized biomatrix profiles

#### **Time Dependent LM SPM Clusters in Self-Resolving Mouse Peritonitis**



Colas and Shinohara submitted Am J Physiol Cell Physiol.

#### Endogenous LM-SPM in human peripheral blood : Serum



Multiple reaction monitoring (MRM) of signature ion pairse obtained using the precursor ion (Q1) and a characteristic product ion (Q3) for each lipid mediator (LM). Bioactive LM, isomers and pathway markers identified in human serum .

#### Representative of 3 different pooled sera, each from >100 individual healthy donor (USA demographics)

#### DHA bioactive metabolome EPA bioactive metabolome

AA bioactive metabolome

## Human peripheral blood lipid mediators: NIST Plasma & Commercial Serum each 100 healthy Individuals pg/ml

AA bioactive metabolome	Commercial human serum	NIST human plasma reference material (SRM 1950)	
LXA <sub>4</sub>	115.6 ± 45.5	*	
15epi-LXA₄	59.2 ± 49.6	*	
LXB <sub>4</sub>	48.7 ± 25.2	*	
15epi-LXB₄	106.6 ± 67.0	*	
5S,15S-diHETE	789.4 ± 253.4	13.3 ± 1.1	
			Bioactive
LTB <sub>4</sub>	-	$3.4 \pm 0.2$	Levels
Δ6-trans-LTB₄	744.0 ± 119.9	1.7 ± 0.1	pg/ml
12epi, ∆6-trans- LTB₄	662.5 ± 193.3	$3.8\pm0.3$	(20-200pM)
5S,12S-diHETE	$2162.6 \pm 515.5$	$22.9 \pm 0.7$	
20-OH-LTB <sub>4</sub>	$4.6 \pm 3.0$	$2.4 \pm 0.4$	
20-COOH-LTB <sub>4</sub>	-	-	
PGD <sub>2</sub>	271.0 ± 57.7	$7.0\pm0.3$	
	72.5 ± 10.9	4.1 ± 0.2	
PGF <sub>2α</sub>	73.9 ± 23.2	$4.8 \pm 0.4$	
TxB <sub>2</sub>	1061.0 ± 1036.3	-	

Human pooled serum (each pooled serum was a composite > 100 healthy individuals) compared to human pooled plasma from NIST standard reference (SRM 1950) (composite plasma 100 healthy individuals). Samples were extracted and lipid mediators (LM) investigated by LC-MS-MS-metabololipidomics. Results are expressed as pg/ml; mean  $\pm$  SEM; n=3 of pooled commercial human serum , d=3 for SRM 1950; %RSD, relative standard deviation; %RSD = (SEM/mean) x100; \*, below IS limits.

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#### Human peripheral blood lipid mediators :

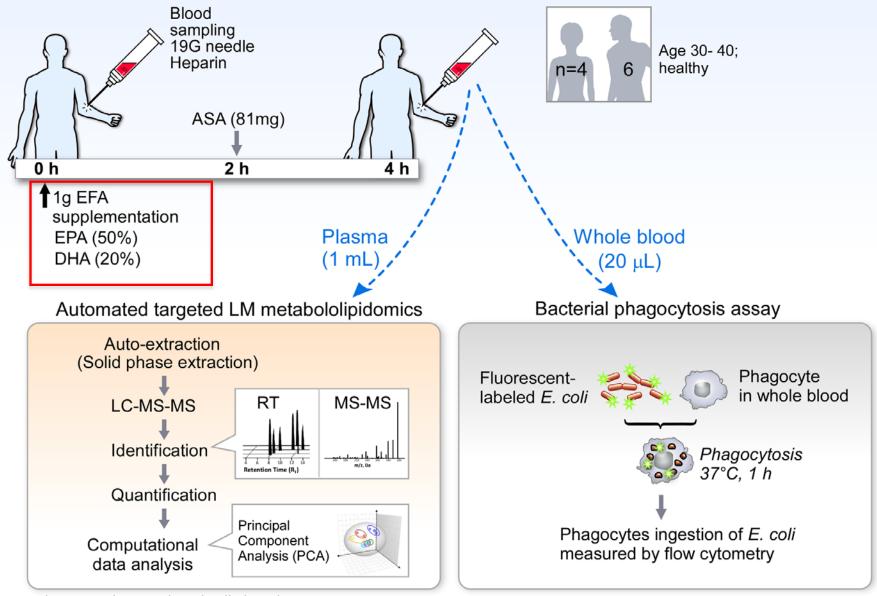
NIST Plasma & Commercial Serum each 100 healthy Individuals pg/ml

DHA bioactive metabolome	Commercial human serum	NIST human plasma reference SRM 1950				
RvD1 17epi-RvD1 RvD2	$30.9 \pm 7.0$ $40.7 \pm 13.9$ $42.6 \pm 13.9$	$2.6 \pm 0.1$	EPA bioactive metabolome	Commercial human serum	NIST human plasma reference (SRM 1950)	
RvD3	$42.0 \pm 10.0$ 34.3 ± 9.4	<u>-</u>	RvE1	$12.5 \pm 2.5$	-	
17epi-RvD3	$13.3 \pm 4.6$	<u> </u>	RvE2	$2212.6 \pm 1587.6$	$130.6 \pm 7.8$	
RvD5	$86.8 \pm 42.2$	$1.2 \pm 0.3$	RvE3	$361.8 \pm 187.3$	-	
RvD6	687.0±156.2	58.1±5.2		Bioactive		
PD1	5.6±3.4	-	Levels (20-200pM)			
17epi-PD1	$7.7 \pm 1.4$	-			•	
Δ15-trans-PD1	207.9 ± 61.6	-	Calibrat	tion between lab	oratories	
10epi-∆15-trans- PD1	223.1 ± 33.1					
10S,17S-diHDHA	227.4 ± 68.2		These mediators have also been identified in:			
MaR1	21.2±7.2	-	Human Milk (Weiss et al. Lipids Health and Dis 2013.)			
Δ12trans-MaR1	$241.8 \pm 64.6$	-	Urine (Sasaki et al. Anal Bioanal Chem 2015.)			
7epi,∆12-trans- MaR1	101.8 ± 42.7		Lymph nodes (Colas et al. Am J Physiology 2014.)			
7S,14S-diHDHA	131.1 ± 52.3	-	Adipose Tissues (Claria et al. Am J Physiol Cell Physiol 2013.)			
4S,14S-diHDHA	1579.7 ± 282.8	$69.6 \pm 6.5$				
14S,21-diHDHA	122.9 ± 2.7	-				

%

Human pooled serum (each pooled serum was a composite > 100 healthy individuals) and human pooled plasma from NIST standard reference (SRM1950) (composite plasma 100 healthy individuals). Samples were extracted and lipid mediators (LM) investigated.Results expressed as pg/ml; mean ± SEM; n=3of pooled commercial human serum, d=3, n> 330 for SRM 1950; - below IS limits.

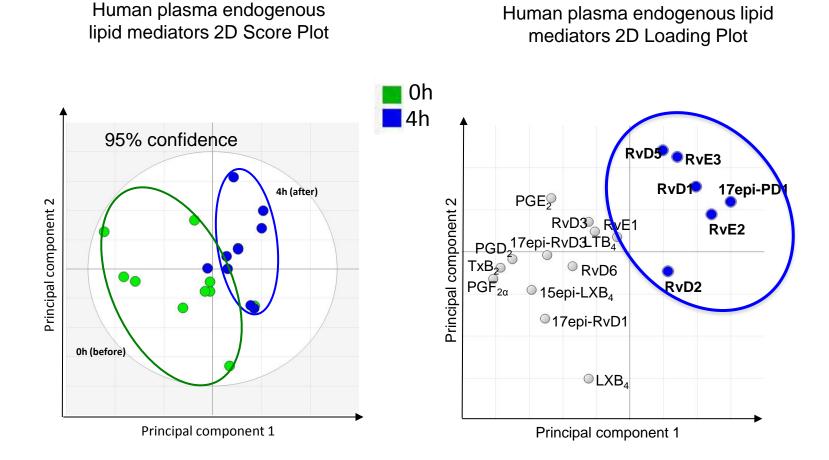
#### **Demonstration: Human SPM Production & Assessment of Function**



Colas RA et al. Am J Physiol Cell Physiol. 2014;307:C39-C54.

#### Human Plasma LM-SPM signature profiles PCA

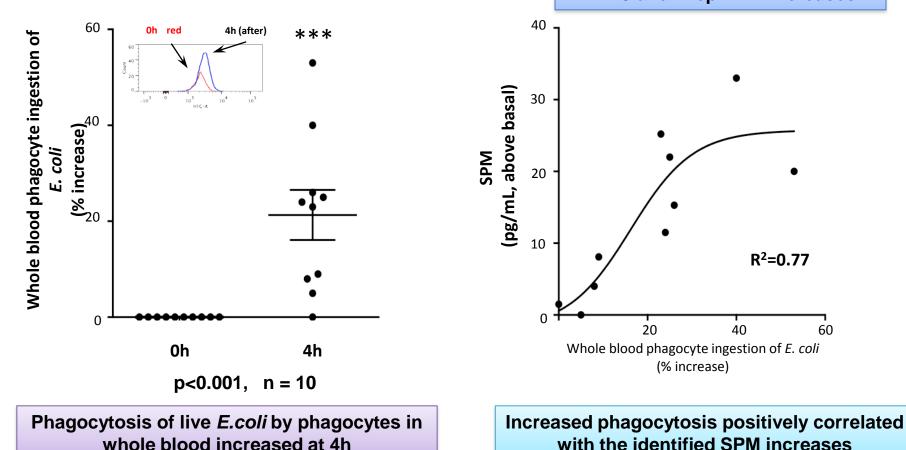
#### Partial Least Square-Discrimination Analysis: (PLS-DA)



**2D loading plot**. Gray ellipse in the score plots denotes 95% confidence regions; n = 10 healthy donors.

Colas RA et al. Am J Physiol Cell Physiol. 2014;307:C39-C54.

#### Human plasma LM-SPM signatures and increase in phagocytosis: PLS-DA



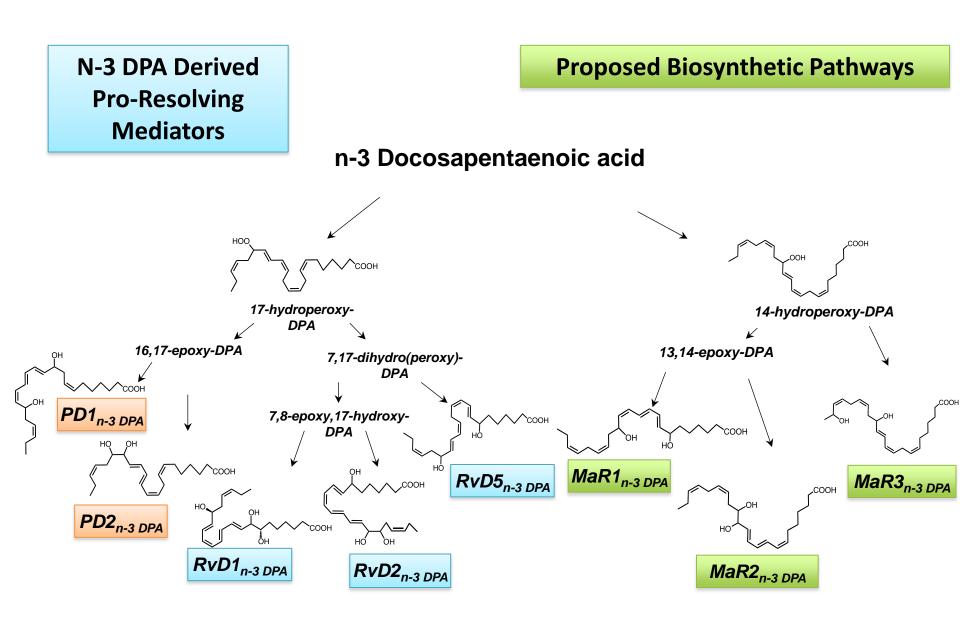
Summation of RvD1, RvD2, RvE2, **RvE3 and 17epi-PD1 increases** 

R<sup>2</sup>=0.77

60

40

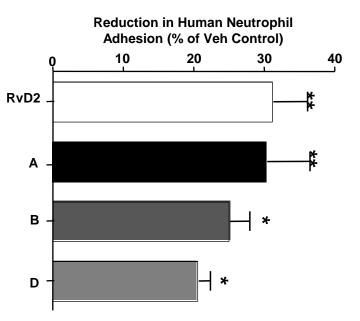
Colas RA et al. Am J Physiol Cell Physiol. 2014;307:C39-C54.



Dalli J et al. Sci Rep. 2013;3:1940.

## n-3 DPA derived Resolvins , Protectins & J

+RvD1<sub>n-3</sub> DPA + RvD2<sub>n-3</sub> DPA + RvD2<sub>n-3</sub> DPA



Novel n-3 Immunoresolvents: Structures and Actions Dalli J, Colas RA, Serhan CN

- Reduce I/R lung injury
- Stop PMN Endothelial interactions
- Enhance Human Macrophage Phagocytosis

## **Key Points & Conclusions**

- Resolution is an active process with the biosynthesis of SPM
- Anti-inflammation is <u>not</u> equivalent to Pro-Resolution
- Identified endogenous SPM bioactive metabolomes with human tissues including lipoxins, resolvins, protectins and maresins at levels within their bioactive ranges (pg / ml in human plasma and serum) and lymphoid organs
- Human Demonstration LM-SPM signatures : impact of omega-3 and aspirin specific SPM increases correlated with enhanced phagocytosis of *E. coli* in human blood Functional SPM -Profliling

 Treatment of dry eye in humans:> 260 individuals RX-10045
 Proof of concept for the broad clinical utility of resolvins as novel therapeutics

SPM and their receptors provide new opportunities for the control of unwanted inflammation & infection via Resolution Pharmacology







### **Specialized Center for Inflammation - Resolution**

R01GM38765 Acknowledgement P01GM095467

