Risks and Tricks of Alloimmunization in Sickle Cell Disease

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Objectives

- Describe the effects of hemolysis on T cells from patients with sickle cell disease on transfusion therapy
- Discuss innate immune response to hemolysis in transfused patients with sickle cell disease
- Describe the effects of transfusions on circulating patrolling monocytes: protection against vaso-occlusion in sickle cell disease

SCD-Transfusion therapy

- An estimated 60-80% will receive at least one transfusion by the age of 20
- Blood transfusion is recommended therapy for SCD complications: stroke, acute chest syndrome, multi-organ failure syndrome and severe anemia and...



Transfusion Complications in SCD

- Alloimmunization
 - Life-threatening transfusion reactions
 - Difficulty obtaining compatible units, resulting in potentially critical delays in blood transfusion
- Higher alloimmunization rates
- Major reason: Differences in red blood cell antigen expression frequencies between the mostly Caucasian donor base and the mostly African-American SCD patients

Antigen-matching for Transfusions in SCD

- Majority of patients do not make antibodies therefore prophylactic matching is costly
- Supply logistics: RBCs of unusual phenotype are a limited resource and should potentially be reserved for patients who require these antigenic specifications
- Identify immune responsiveness of the patient, to predict in advance which patients will make antibodies

Hemolysis in SCD

- Intravascular hemolysis in SCD
- Heme scavenging/removal system
 (hemopexin and haptoglobin) is overwhelmed

 Anti-inflammatory heme oxygenase 1 (HO-1) breaks down heme; upregulated in SCD

Hypothesis: Ability of the immune cells to handle ongoing hemolysis is critical in alloimmunization





T cells critical for B cell help/Ab production

Does heme/hemin alter T cell proliferation/polarization?



Anti-CD3 stimulation assay



Zhong and Yazdanbakhsh. Blood; 2013, 121:2494-502

Heme response in Healthy Donors



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Zhong et al, J Immunol. 2014;193:102.

Heme response in Healthy Donors



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Zhong et al, J Immunol. 2014;193:102.

Alloimmunized Patients with SCD have Blunted Treg/Th1 Expansion in Response to Heme



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Godefroy et al, Hematologica 2016

Impaired Inhibition of Th1 Priming in Response to Heme in Alloimmunized SCD Patients



Godefroy et al, Hematologica 2016

Hypothetical model





Mechanism of Altered Innate Immune Reactivity by Free Heme

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Detection of DC Maturation



Godefroy et al, Hematologica 2016

Impaired Downregulation of CD83 Maturation Marker on DCs in Alloimmunized Patients in Response to Heme









Godefroy et al, Hematologica 2016

Pro-oxidant and Pro-inflammatory Effects of Cell Free Heme in Endothelial Cells







Regulation of CD83 Expression by Free Heme is through TLR-4



Heme-driven NF-*k*B Expression in DCs





Patrolling Monocytes



- Phagocytose cellular debris derived from damaged endothelial cells
- Control endothelial damage in atherosclerosis models and clear vascular amyloid beta in Alzheimer's disease
- SCD express high levels of HO-1 in patrolling monocytes: control T cell anti-inflammatory profile in SCD under hemolytic conditions (Zhong... Yazdanbakhsh, (2014) JI 193(1):102-10)



Hypothesis: HO-1 expressing patrolling monocytes clear heme damaged endothelial cells and sickle RBC attached to ECs in SCD, dampening inflammation

Carlin et al. (2013) <u>Cell</u> 153(2): 362-375. IN SCA Quintar et al. (2017) <u>Circ Res</u> 120(11):1789-1799. Michaud et al. (2013) <u>Cell Rep</u> 5(3):646-653. Zhong ...Yazdanbakhsh. (2014). <u>J Immunol</u> 193(1):102-110.

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Protection from plasma cell-free hemoglobin and heme in sickle cell disease



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HO-1 expressing Patrolling Monocyte Characterization in SCD

H0.1

H0.104



Fluorescence intensity





Expanded subpopulation of circulating patrolling monocytes expressing high levels of HO-1 in SCD

Liu Yazdanbakhsh. *Blood* 2018, 131(14):1600 Liu et al. *Blood* 2019

Phagocytosed RBCs in Circulating SCD PMos







RBC engulfed material is present in the circulating PMos of patients with SCD which is further increased during crisis, and may lead to reduced PMo numbers.



СМо РМо Control RBC 105 **Dil** 104 4.37 1.50 102 103 10³ 10⁴ 105 105 104 0 105 104 104 -15.7 4.06 103 102 103 104 105 104 **CD45**

Sickle RBCs, but not control RBCs in part through monocyte CD11a

Cryoprotective HO-1 Expression in Sickle RBC Phagocytosed PMo









Sickle RBC engulfed PMo upregulate HO-1 which in turn is cytoprotective

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Manipulation of PMo Numbers Affects Sickle RBC Stasis In Vivo



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Depletion of PMo numbers increases sickle RBC attachment to vascular endothelium and RBC stasis in SCD mice, while increasing their nos

protects against tissue/organ damage

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Can transfusions help PMo survival?

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Increased Survival of PMos in In Vitro transfusion model



"In vitro transfusions" with healthy donor RBCs reduce PMo uptake of sickle RBCs, leading to improved survival of PMos.



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Increased Survival of PMos In Vivo After Transfusion



Transfusions with healthy donor RBCs reduce PMo uptake of sickle RBCs, leading to improved survival of PMos.

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With Patrolling monocyte

Without Patrolling monocyte









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