Nouvelles approches physiopathologiques et innovation thérapeutique

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INSERM UMR_S 999

Pulmonary Hypertension: Pathophysiology and Novel Therapies

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TOR INO



e la santé et de la recherche médicaie









Pulmonary Arterial Hypertension a severe pulmonary vascular disease

- *Definition* : chronic precapillary pulmonary hypertension
- •Cause : progressive structural remodeling of the small pulmonary arteries
- Consequence : right heart failure and death



Pulmonary Arterial Hypertension a rare, but not an orphan disease

Rare : prevalence 15-50 / million (incidence 6/million/yr)
 Pathophysiology : pulmonary artery endothelial cell dysfunction...

- Drugs : 10 agents approved in the last 15 years (orphan drug status)
- Lung / heart-lung transplantation : if refractory to medical therapy





Targeting 3 major dysfunctional pathways in PAH



UNMET NEED IN THE MODERN MANAGEMENT ERA

Despite drug discovery & development PAH remains a devastating condition



How to improve survival in PAH?

- > Better assessment of disease's severity
- > Better definition of treatment goals
- Early detection and early management
- Improvement in medical therapy
 - Combination therapy targeting multiple pathways
 - > Novel therapies including agents targeting other pathways
- Better integration of non medical therapies (lung transplantation+++)

Pulmonary Hypertension: Pathophysiology



Idiopathic Pulmonary Arterial Hypertension (IPAH)



- Vasoconstriction
- Genetic Predisposition
 BMPR2 and ALK-1 pathway
- Smooth Muscle Cell Hyperplasia
 5-HTT, Kv1.5, Growth Factors

•Inf ammatory cells and mediators Cytokines and chemokines Auto-antibodies

• Endothelial Dysfunction Vaso-reactivity control (PGI2, eNOS, ET-1) Imbalance proliferation /apoptosis Cross-talk SMC/EC

• Extracellular Matrix Deposition MMP-2, MMP-9, Fibronectin, Vitronectin

Novel PAH targets





Inflammation

• ≥ IL-6, IL-1β, MIF

- ACX3CL1, RANTES
- Autoantibodies
- Lymphoid neogenesis

 Defects in B+, T-, NK-cells, dendritic cells function

- Inflammatory cell recruitment
- Endothelial dysfunction
- SMC proliferation
- Anti-CD 20 antibody
- Anti-IL-6 antibody
- Corticosteroids
- Other immuno-

suppressants

Humbert et al. Circulation 2014 Pulmonary Hypertension

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Pulmonary vascular inflammation: A common denominator of hallmark lesions of PAH



Dorfmüller & Humbert. Am J Respir Crit Care Med 2012





Perivascular inflammatory infiltrates in PAH (macrophages and T and B lymphocytes)

Production of auto-antibodies (endothelial cells, SMC, fibroblasts

Dendritic cell recruitment and lymphoid neogenesis

Adaptive immune responses in PAH

- The major manifestation of adaptive immune responses in PAH lies in signs of autoimmunity in the pathobiology of the disease
- Local adaptive (auto-immune) response against vascular components may develop in ectopic perivascular lymphoid follicles
- Dysregulated adaptive immunity may be favored by impaired function of regulatory cells like Treg, but also NKT and NK cells in PAH
- This impairment may be mediated by endothelium-derived mediators such as cytokines and leptin
- Identification of endothelial signals that drive and/or amplify this immune response, and of molecular targets of this response may have therapeutic implication



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An Imbalance between Proliferation and Apoptosis



Increased Activators of Cellular Proliferation and/or Migration : Growth factors

Epidermal Growth Factor Receptor Blockade Mediates Smooth Muscle Cell Apoptosis and Improves Survival in Rats With Pulmonary Hypertension

Reversal of experimental pulmonary hypertension by **PDGF** inhibition

Endothelial-derived **FGF2** contributes to the progression of pulmonary hypertension in humans and rodents

L.Tu, AJRCMB, 2011 M. Izziki, JCI, 2009 F.Perros, AJRCCM, 2008 RT. Schermuly, JCI, 2005 SL. Merklinger, Circulation, 2005



Increased Activators of Cellular Proliferation and/or Migration : PDGF

Increased expression of PDGF and their receptors



PDGF BB induces SMC proliferation

Increased Activators of Cellular Proliferation and/or Migration : PDGF



PCNA

TUNEL



Imatinib reverses established PH induced by monocrotaline injection.

Regression of medial hypertrophy induced by STI571 (50 mg/kg/d) was attributed to reduced SMC proliferation and increased apoptosis

Clinical trial : IMPRES unfavorable efficacy/safety

Schermuly, et al. J Clin Invest 2005 Hoeper, et al. Circulation 2013

IMPRESsion, Sunset

"There is little doubt, that the overall risks conferred with most if not all kinase inhibitors that have been proposed recently as treatments for PAH outweigh any potential benefits.

A better understanding of the pathways involved in the efficacy and safety aspects of imatinib will be paramount in the design of more targeted and better tolerated agents in the field of personalized PAH medicine.

Until then, healthcare professionals should be discouraged from offering compassionate imatinib therapy to PAH patients."



Impression, Soleil Levant Impression, Sunrise



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Tacrolimus in experimental PH





FK506 activates BMPR2, rescues endothelial dysfunction, and reverses pulmonary hypertension

Edda Spiekerkoetter,^{1,2,3} Xuefei Tian,^{1,2} Jie Cai,⁴ Rachel K. Hopper,^{1,5} Deepti Sudheendra,^{1,2} Caiyun G. Li,^{1,5} Nesrine El-Bizri,¹ Hirofumi Sawada,¹ Roxanna Haghighat,⁵ Roshelle Chan,⁵ Leila Haghighat,⁵ Vinicio de Jesus Perez,^{1,2,3} Lingli Wang,^{1,5} Sushma Reddy,^{3,5} Mingming Zhao,⁵ Daniel Bernstein,^{3,5} David E. Solow-Cordero,⁶ Philip A. Beachy,⁷ Thomas J. Wandless,⁸ Peter ten Dijke,⁴ and Marlene Rabinovitch^{1,3,5}



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Ca²⁺ signaling

 Kv channels, SERCA2a
 TRPC1,TRCP6, STIM1 / Orai, Cav-1, Cav-2
 RhoA/ROCK

- Increased vascular tone
- SMC proliferation
- Calcium channel blockers
- Rho kinase
 - inhibition
- SERCA2a gene transfer

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Dysregulated angiogenesis

- Dysfunctional endothelial progenitor cells
- Vascular pruning

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 Stem cell based therapy with EPCs and MSCs

> Humbert et al. Circulation 2014 Pulmonary Hypertension



Mitochondrial metabolism

- Mitochondrial
- dysfunction
 Glycolytic switch
- Resistance
- to apoptosis
- Promotion of cellular proliferation

 Dichloroacetate
 Fatty acid oxidation inhibition

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CONCLUSION Translational Research in PAH *Challenges and Opportunities*

- Pulmonary hypertension is a fast growing field of cardio-pulmonary medicine
- 10 drugs approved targeting 3 major pathways of endothelial dysfunction
- Strong translational research has identified a large number of novel targets. A major challenge in a rare disease will be to prioritize drug discovery and development in a rare disease with a major unmet need
 - Inflammation
 - Growth factors
 - BMPR2/TGF beta signaling
 - Calcium signaling
 - Vasoactive peptides
 - Neurohormonal activation
 - Extracellular matrix
 - **Dysregulated angiogenesis**
 - Mitochondrial metabolism