

CYTOKINES

Cytokines:-

- Low m.w proteins ($< 80 \text{ kDa}$)
- Many are glycoproteins
- They have regulatory functions & help in communication b/w immune cells.
- They are secreted by cells other than immune cells as well.
- Other functions include ~~grow~~ promoting growth & proliferation of immune ^{effector} cells, directing immune cells to site of infection.

→ Chemokines: ^{class of} cytokines that mobilize immune cells from one location to another. ← type of chemoattractant

Mode of Action -

- ↳ Autocrine - Action on the same cell that secreted the cytokines
- ↳ Paracrine - Action of cytokines secreted by a cell acts on cells that are closely located.
- ↳ Endocrine - The cytokine secreted by a cell act on a distant cell via the circulatory system.

→ Properties: • Pleiotrophy - The same cytokine ~~has~~ have diff. functions for diff. target cells.

eg: IL-4 → B-cell: Activation, Proliferation, Differentiation
Mast cell: Proliferation
Thymocyte: Proliferation

• Redundancy - Diff. cytokines have the same function.

eg: IL-2, IL-4, IL-5 → B-cell: Proliferation

• Synergy - when two cytokines have higher efficiency in its effect when combined.

eg: IL-4, IL-5 : Individual induce class switch to IgE
IL-4 + IL-5 : Class switch is more effective

- Antagonism — ^{some} cytokines will ~~in~~ inhibit the functions of other cytokines.

eg: IFN- γ inhibits class switching to IgE by IL-4

- Cascade induction — ^{property exhibited by} cytokines which induce target cells to secrete other cytokines.

eg: IFN- γ \rightarrow Macrophage \rightarrow IL-12 \rightarrow Activated IFN- γ , TNF, IL-2 \leftarrow T_H cells

Classification -

- 6 families:
- 1) Interleukin 1 family
 - 2) Hematopoietin like Family (Class I)
 - 3) Interferon Family (Class II)
 - 4) Tumor Necrosis Factor Family
 - 5) Interleukin 7 Interleukin 17 Family
 - 6) Chemokine Family

(i) Interleukin 1 (IL-1) Family

- These cytokines are usually ~~pro~~ pro-inflammatory
 - basic property of infection \rightarrow Dilation of blood vessels near site of infection causes redness of skin due to increased blood flow
- Inflammation: Redness, ~~swat~~ swelling, Pain, Edema (Pus formation)
 - Due to increased blood to site \rightarrow Redness
 - caused due to penetration of immune cells through blood vessels to site of infection \rightarrow Swelling
 - later stage: immune cells dead. \rightarrow Pain
 - Edema (Pus formation)
- Signals the liver to produce Acute Phase Proteins \rightarrow ~~that~~ immediate-action proteins
- Receptors are often only expressed after exposure to antigens.
- TIR domains: Cytoplasmic tail of the IL-1 receptors or Toll/Interleukin-1 ^{toll-like receptors}
 - Receptor Adaptor protein [MyD88] binds to TIR domain upon binding of IL-1 to its receptor. Binding of Adaptor proteins induce \pm recruitment of other proteins.
 - These proteins can activate 2 cascades: MAP Kinase cascade, NF- κ B cascade pathway.



(ii) Hematopoietin (Class I) Family

- Onset of T- / B- cell Proliferation
- Onset of B-cell differentiation to Plasma cells & Ab secretion
- Onset of T-cell differentiation

(iii) Interferon (Class II) Family

→ TYPES: TYPE I, TYPE II

- Secreted by activated Macrophages, dendritic cells & virally infected cells.

- Part of innate immune response
[IFN α , IFN β]

- Secreted by activated T-cells, NK cells

- Part of Adaptive & Innate immune response

(X) [IFN- γ]

very imp for T-cell activation

NOTE: Almost all IF work to neutralise viral infections.

JAK-STAT Pathway:

Signalling of Class I & Class II family of cytokines are very similar.

- ↳ Receptors for class I & class II family are present in dimeric form & after binding of cytokines.
- ↳ Dimerisation of receptors results in association of JAK [Janus Activated kinase] — type of tyrosine kinase. Results in Activation of JAK.
- ↳ Activation leads to Phosphorylation of receptor.
- ↳ Receptor Phosphorylation results in association of STAT (Transcription Factor)
- ↳ JAK Phosphorylates STAT. ~~STAT Activation~~ Phosphorylation of STAT results in dimerisation of STAT — STAT Activation.
- ↳ Activated STAT translocates to nucleus.

(iv) Tumor Necrosis Factor Family

- Induces ~~immune~~ death in immune cells & Target cells.
- Only class of cytokine that has soluble & membrane-bound cytokines.

$\text{TNF-}\alpha$,
 $\text{TNF-}\beta$

CD40L , Fas Ligand
(FasL)

- $\text{TNF-}\alpha$, $\text{TNF-}\beta$: Receptors - TNF R_1 , TNFR_2
 CD40L : Receptor - CD40 ↳ responsible for both life & death of an immune cell.
Fas Ligand : Receptor - FAS ↳ solely responsible for death signalling.

FAS Signalling-

- Fas induces cell death through the process of APOPTOSIS.
APOPTOSIS — Process of cell death from within.
- FasL binds to Fas → induces APOPTOSIS → cell death
- Fas before binding to FasL is monomeric. Once Fas is bound, it undergoes trimerization.
- Fas has a domain in the cytoplasmic area called Death Domain. These domains interact with the Death domains of FADD [Homotypic interaction].
- FADD also has a death effector domain which helps to recruit an inactive Protease ^{has cysteine in active site} (Cysteine Protease) called Procaspase 8 → it breaks peptide bonds after Aspartic acid.
- FADD effector domain helps recruit Procaspase 8 which becomes active ~~and gives rise to~~ ^{becomes} Caspase 8 (Caspase 8).
Caspase 8 is released into the cytoplasm.
- Caspase 8 will proteolytically digest Procaspase 3 and Procaspase 7, making it active.
- Caspase 3 and 7 will proteolytically digest apoptotic enzymes making it active and induces APOPTOSIS in the cell.

TNF-R1 signalling -

TNF-R1 receptor induces two diff. signalling cascades in the cell: ~~the~~ Life & Death of the cell.

Death signalling -

- TNF binds to TNF-R1 receptor — Receptor Trimerisation
- Trimerisation of receptor ~~results in~~ brings together death domains ^(DD) to the receptor.
- ~~The~~ Clustering of DD creates docking site for adaptor Protein: TRADD.
- TRADD recruits RIP1 & TRAF2.

Complex 1: RIP1 + TRAF2 + TRADD

- As soon as complex 1 is formed, it dissociates & moves ~~to~~ to cytoplasm & associates with FADD.
- ~~FAD~~ FADD binding ^{to} procaspase 8 (inactive) results in its activation and dissociation from complex 2.

Complex 2: Complex 1 + FADD + procaspase-8

- Activated Caspase-8 induces Apoptosis in the cell

Life signalling -

- TNF binding to TNF R1 ~~receptor~~ — Receptor Trimerisation
- Trimerisation of receptor brings together death domains (DD) to the receptor.
- Clustering of DD creates docking site for adaptor Protein: TRADD
- TRADD recruits RIP1 & TRAF2

Complex 1: RIP1 + TRAF2 + TRADD

- If the signal is for survival, then complex 1 will recruit few more proteins instead of dissociating.
- ~~A~~ Ultimately induce NF- κ B activation & MAP Kinase cascade. These pathways induces gene expressions that promote cell survival.

- NF- κ B will also activate the expression of a gene for protein cFLIP. cFLIP will completely shutdown the death signalling pathways.

(v) Interleukin - 17 Family

as a link

- operates b/w innate & adaptive immunity
- co-ordinates release of pro-inflammatory & Neutrophil-mobilizing cytokines
eg: IL-17E → induces T_H2 response and suppresses T_H1 response

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(vi) ~~Chemokines~~ Chemokine Family

Chemoattractants → Attract immune cells to site of infection

eg: CXCL9, CXCL10 ; Receptors: CXCR4
Chemokine

Cytokine Antagonists:-

- Inhibits cytokines' function
- Provided by the body as a counter measure to keep cytokines level in place. eg: IL-1RA → inhibits synthesis of IL-1R so that less pro-inflammatory cytokines are produced & released.
- can be produced by pathogens to invade the immune cell's function by interfering with its cytokine function.
- ~~eg~~ viruses can generate viral products that interfere with cytokine production. eg: Rheumatoid Arthritis
eg: measles virus inhibits IL-12.
- Some viruses secrete cytokine homologues that compete with host's natural cytokine. ~~eg~~ viral
eg: EBV ~~inhibits~~ secretes a cytokine called VIL-10
very imp. cytokine for Anti-viral response (signal T-cells to activate our immune cells)

secretes soluble cytokine receptors that ~~cytokines that~~

- ~~Some~~ Some viruses binds to cytokines, ~~receptors~~ preventing cytokines from binding to its receptor.

eg. Variola virus secretes soluble IL-1 receptors that will go and bind to IL-1 cytokine preventing it from binding to its own receptor. It also secretes a soluble TNF receptor that binds to TNF.

eg. Myxoma virus secretes soluble ~~in~~ IFN- γ receptors

- Some viruses generate viral products that interfere with the cytokine signalling pathways.

eg. Adeno virus secretes a molecule that blocks IFN-induced JAK-STAT signalling pathway.

- Some viral molecules induce the host cell to ^{secrete} ~~induce~~ cytokine inhibitors.

eg. Herpes simplex virus induces production of Type I Interferon inhibitors.

Cytokine-related Diseases:-

- Septic Shock - caused by pathogenic bacteria (*Staphylococcus aureus* mainly)

Overwhelming production of pro-inflammatory & fever inducing cytokines such as TNF- α & IL-1 β .

- Bacterial Toxic Shock - can be fatal.

Caused due to presence of an antigen called Super Antigen. Super Antigen binds to MHC at a diff. location other than the Antigen-Presenting site. The Super Antigen will interact with TCR ~~that~~ at a site diff. from its Antigen-binding site.

This interaction (with TCR & MHC) is very strong. This leads to over-induction of T-cells (activation of all types of T-cells).

(iii) Lymphoid / Myeloid cancers - over production of IL-6 (that's responsible for lymphoids & myeloids production).

(iv) ~~Spanish Flu~~ Cytokine Storm - Caused by Spanish Flu, COVID-19 over-production of cytokines resulting in prolonged inflammation.

Cytokine-based therapies :-

Inject monoclonal Ab. against TNF- α . ↩

- Common cytokine-based therapy is against Rheumatoid Arthritis. It's caused due to prolonged inflammation.
- Injection of Ab γ against Pro-inflammatory cytokines.
- It is in several viral infections, interferons are administered.
- GM-CSF will stimulate the myeloid progenitor cells; often used after bone-marrow transplantation.