

# Introduction to atherosclerosis

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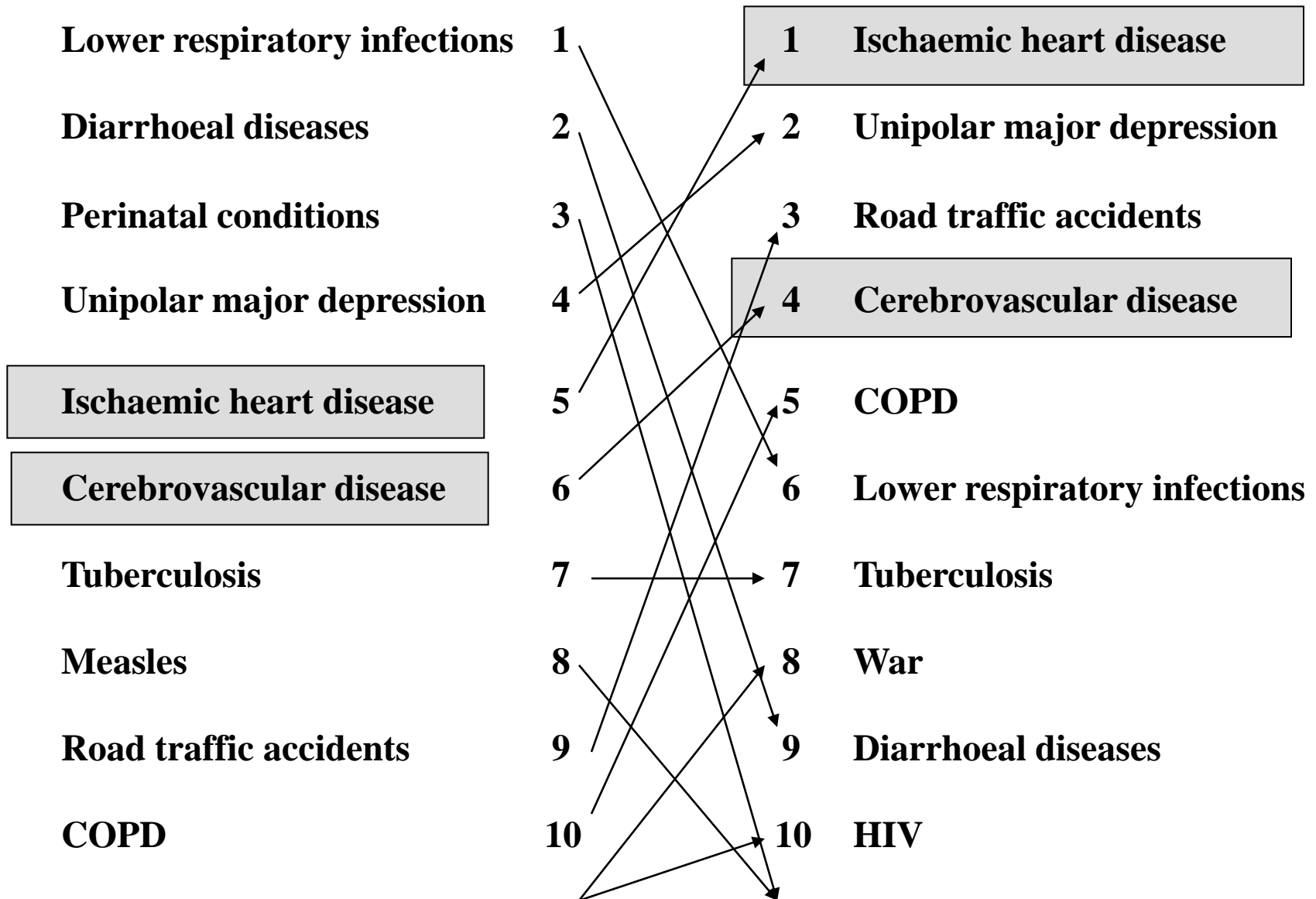
# Atherosclerosis – plan of talk/learning objectives

- Importance of atherosclerosis to human health
- Cellular pathology of atherosclerosis
- Link between cholesterol and inflammation
- Importance of blood flow
- Investigating molecular mechanisms

# World disease burden

1990

2020



*Adapted from Lopez and Murray (1998) Nature Med 4: 1241*

# Risk Factors

## Modifiable

dyslipidaemia  
smoking  
hypertension  
diabetes mellitus  
visceral obesity  
lack of exercise  
raised homocysteine

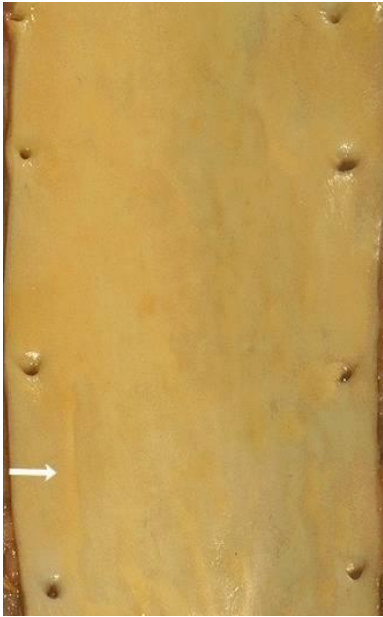
## Not modifiable

Age  
Sex  
Genetics



# PATHOLOGY

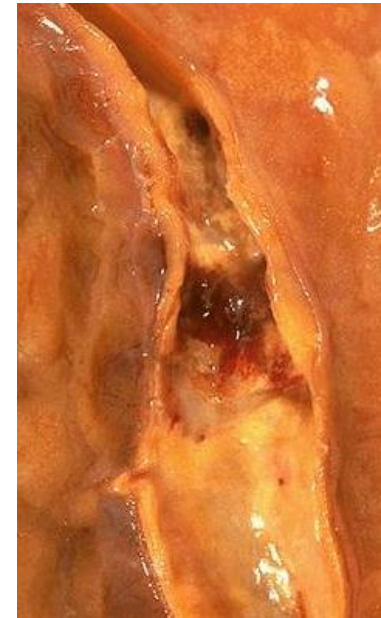




fatty streaks



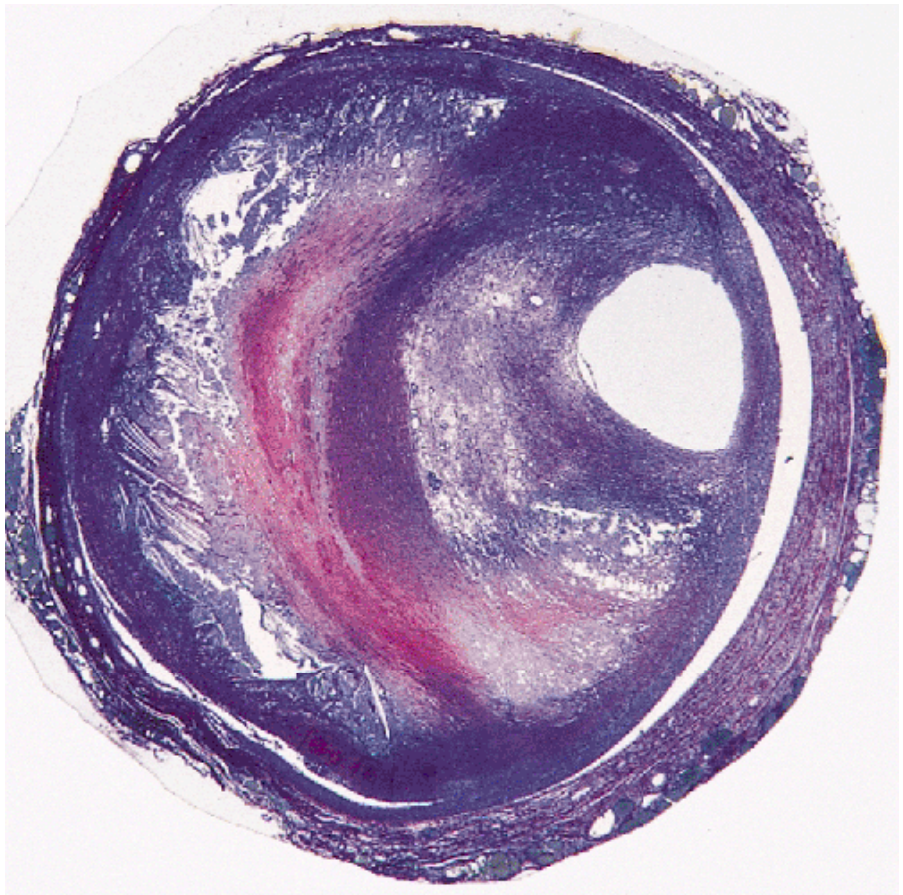
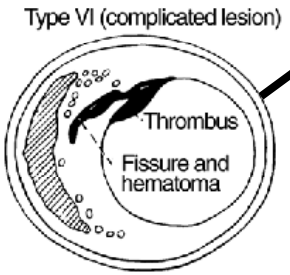
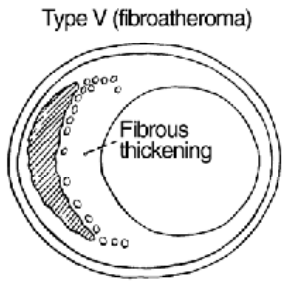
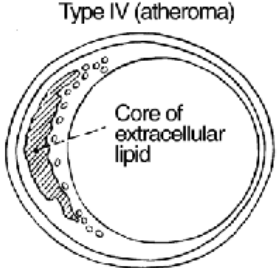
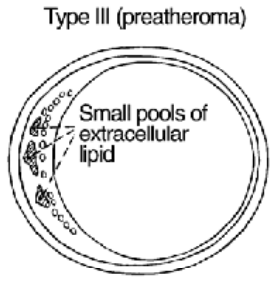
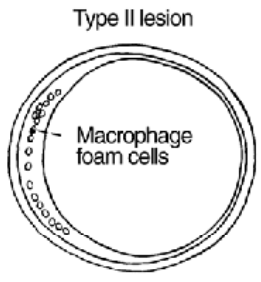
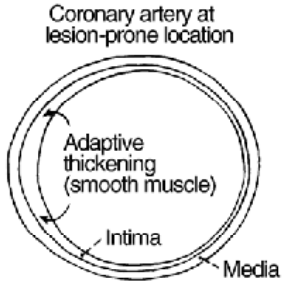
intermediate lesion



ulcerated plaque

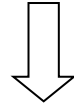


# Type VI lesion

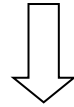




**Debris (eg modified lipoproteins, apoptotic cells)**

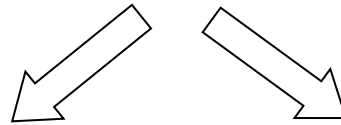


**Reversible fatty lesions**

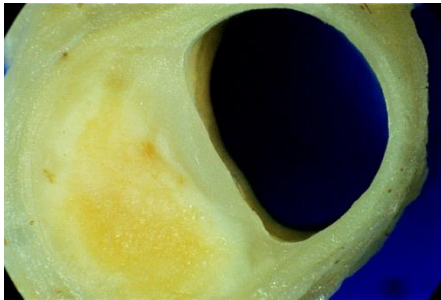


**Irreversible remodelling**

*wound healing*  
**Stable plaques**

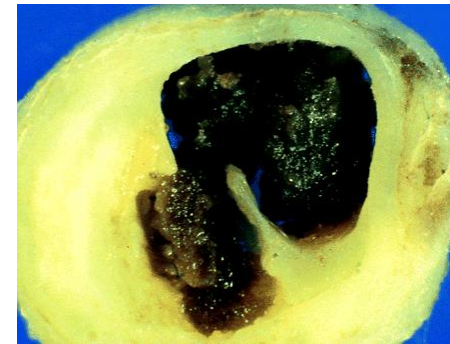


*inflammation/thrombosis*  
**Unstable plaques**



Ischaemia

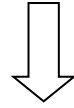
**Angina**  
**Intermittant claudication**



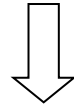
Thrombosis and infarction

**Acute coronary syndromes**  
**Stroke**  
**Peripheral gangrene**

**Debris (eg modified lipoproteins, apoptotic cells)**

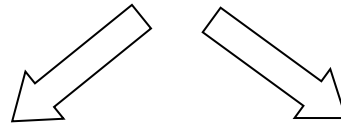


**Reversible fatty lesions**

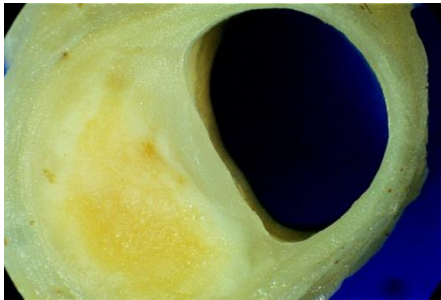


**Irreversible remodelling**

*wound healing*  
**Stable plaques**

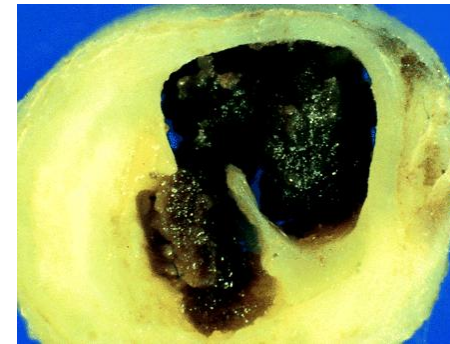


*inflammation/thrombosis*  
**Unstable plaques**



Ischaemia

**Angina**  
**Intermittant claudication**

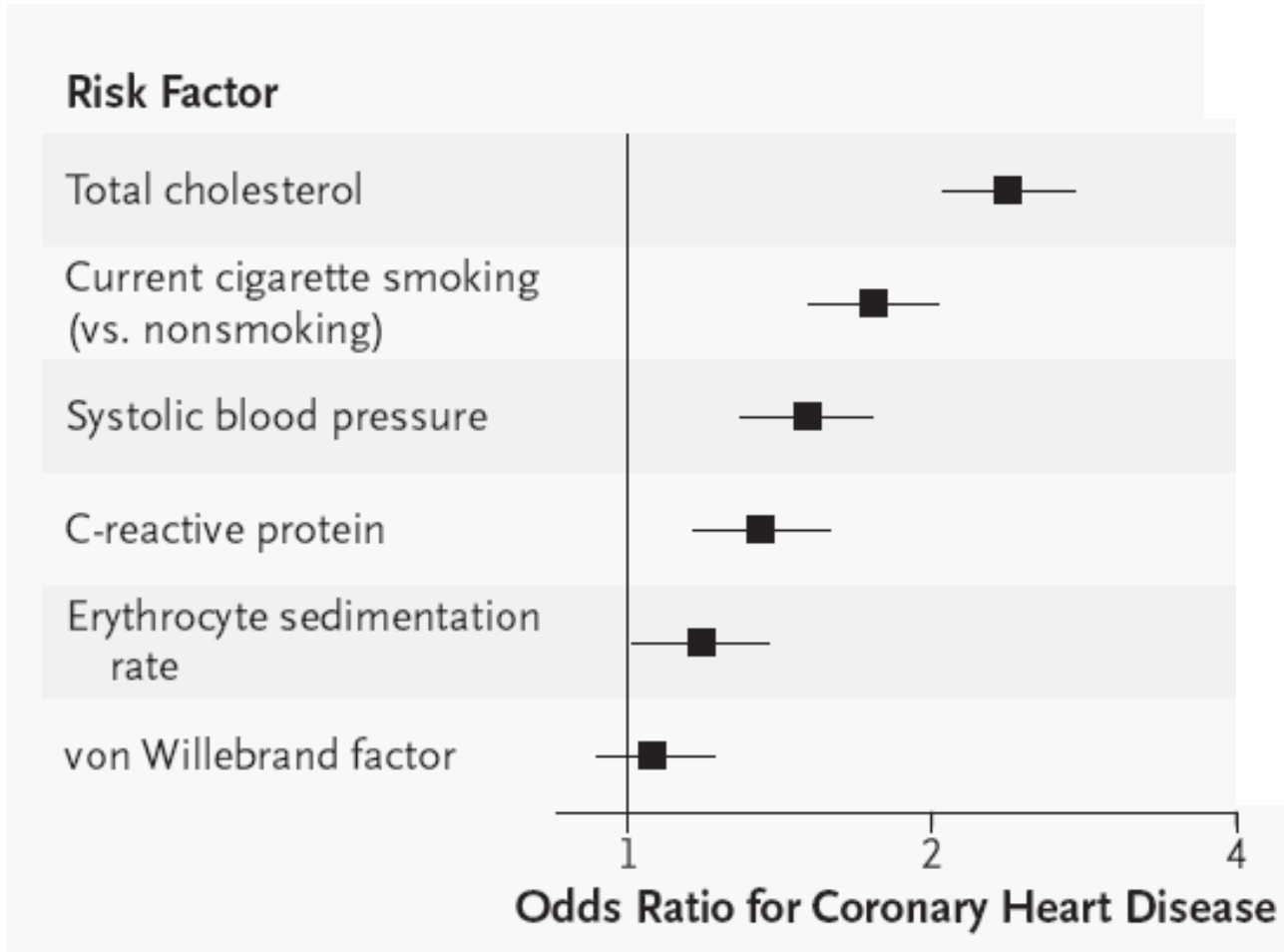


Thrombosis and infarction

**Acute coronary syndromes**  
**Stroke**  
**Peripheral gangrene**

# CHOLESTEROL AND INFLAMMATION

# Relative importance of risk factors

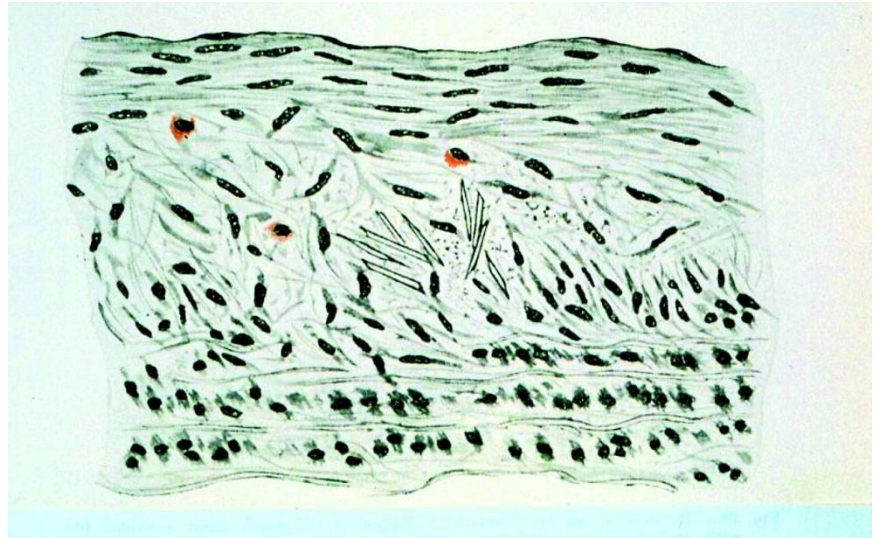


*Danesh et al 2004 N Engl J Med 350:1387*

# History – the cholesterol hypothesis



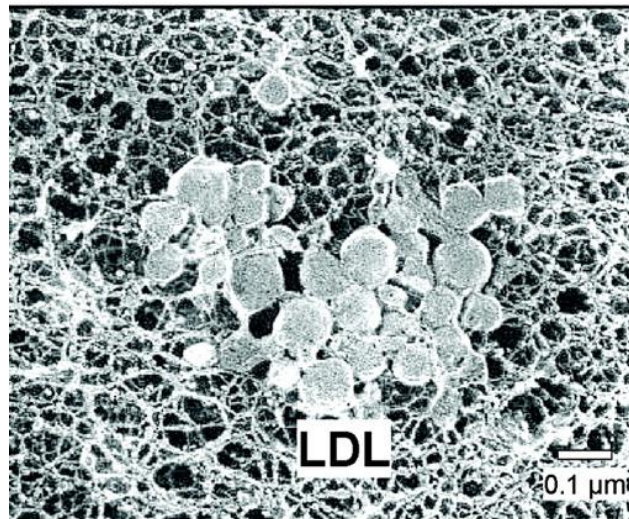
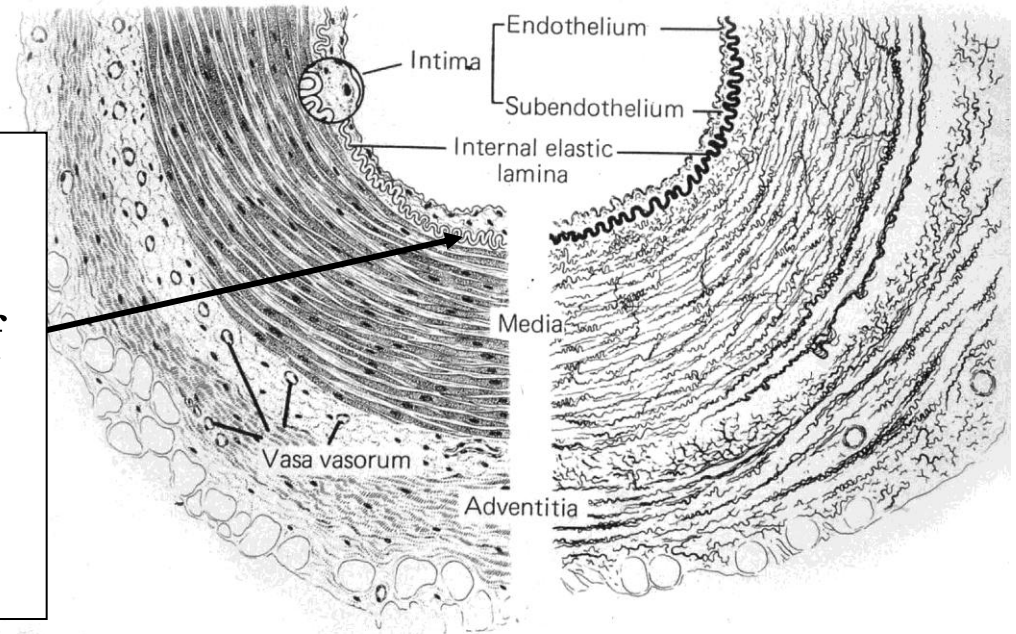
N. N. Anitschkow  
Military Medical Academy of St Petersburg  
(circa 1904)



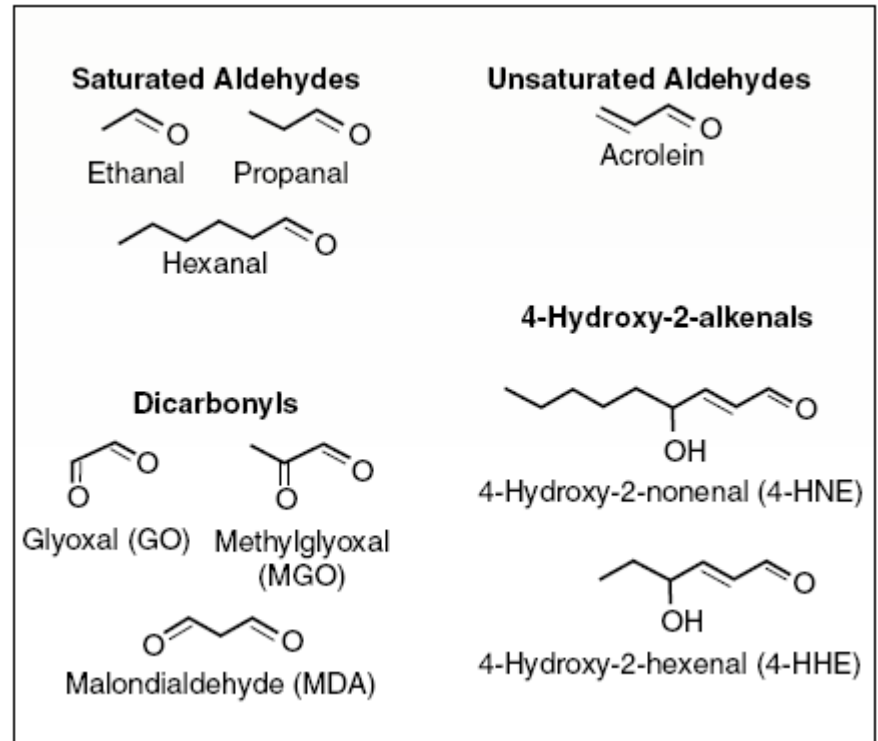
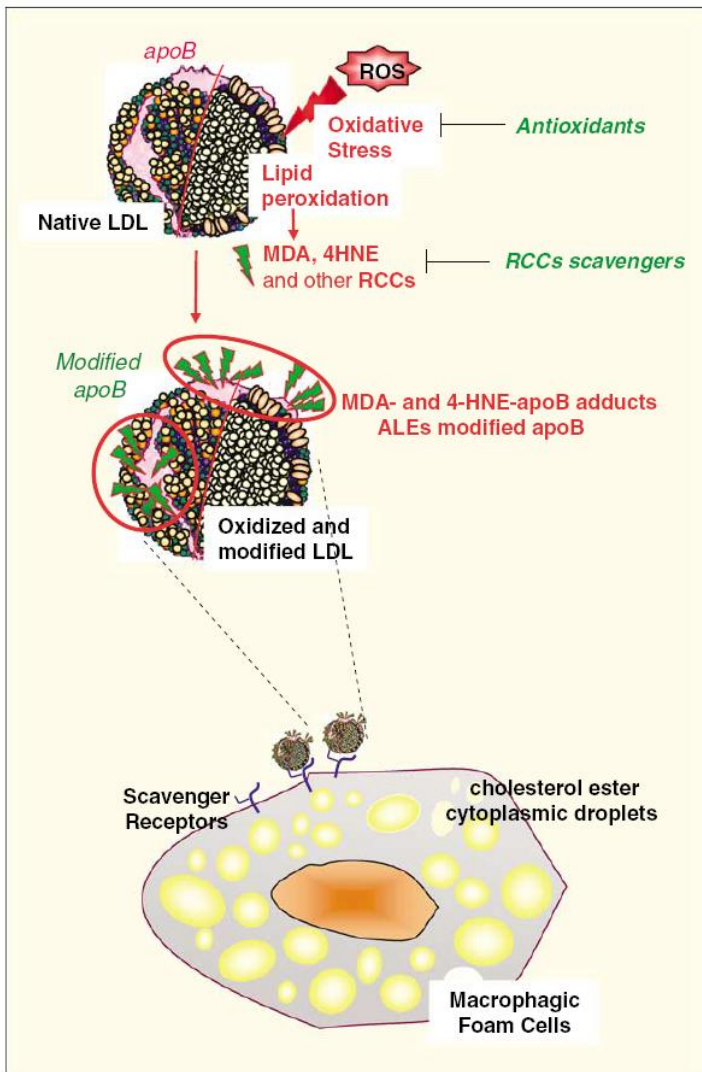
Plaque from a rabbit fed  
cholesterol for 106 days and  
then chow for >2 years



Low density lipoproteins (LDL) deposit in the subintimal space at sites of low/complex flow, and bind to matrix proteoglycans



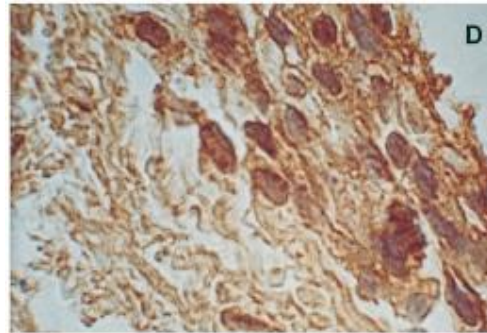
From: Tabas, I. et al. *Circulation* 2007;116:1832-1844





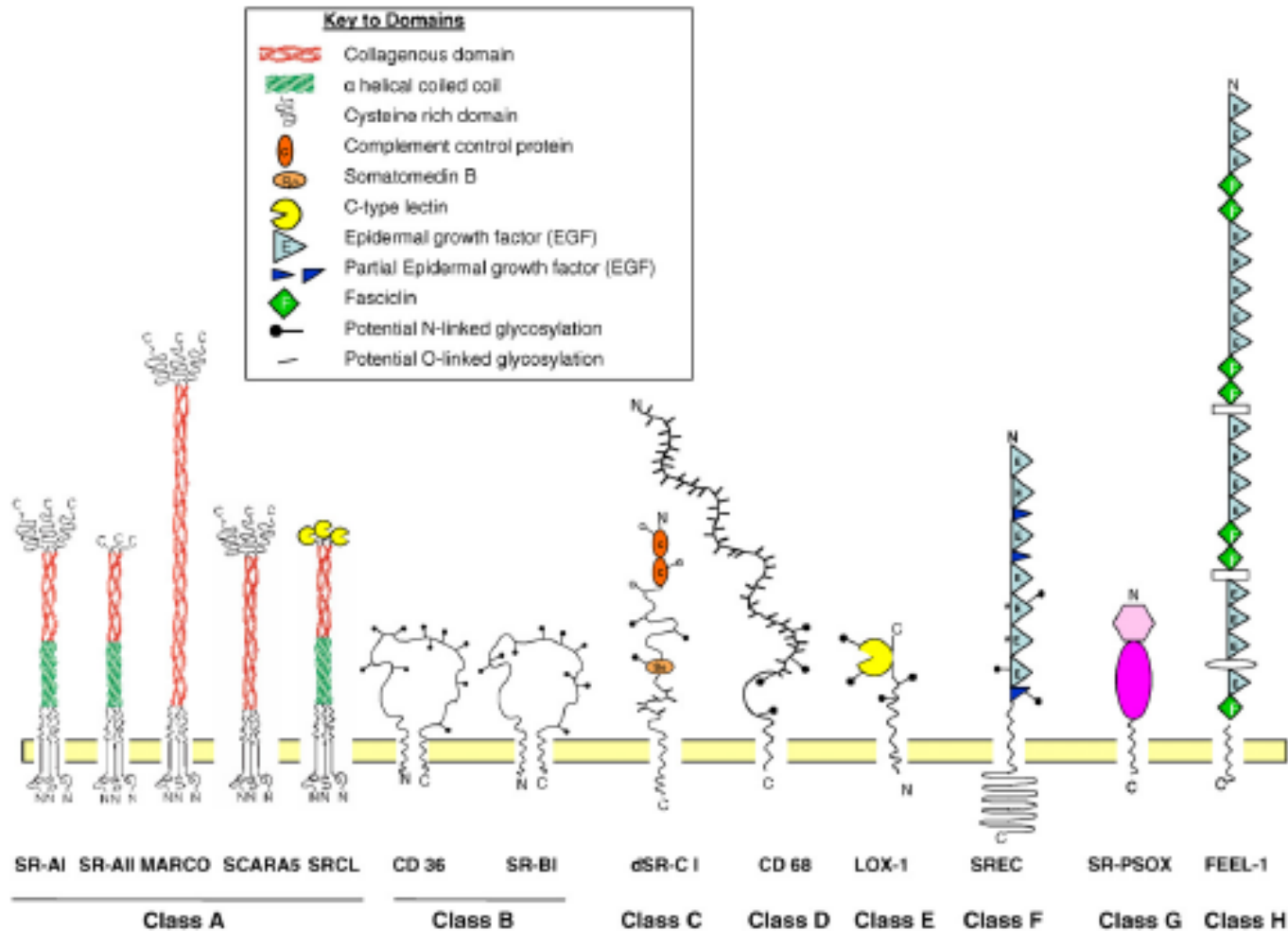
# LDL modification in the arterial wall happens before macrophage infiltration

MDA-lysine  
(oxidised LDL)



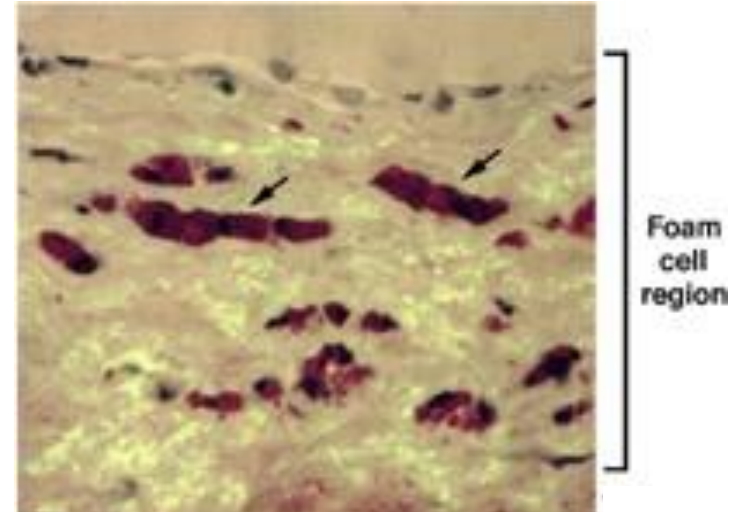
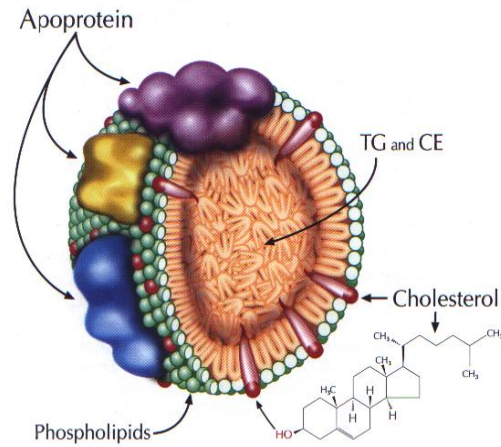
monocyte/mø

# Macrophage scavenger receptors

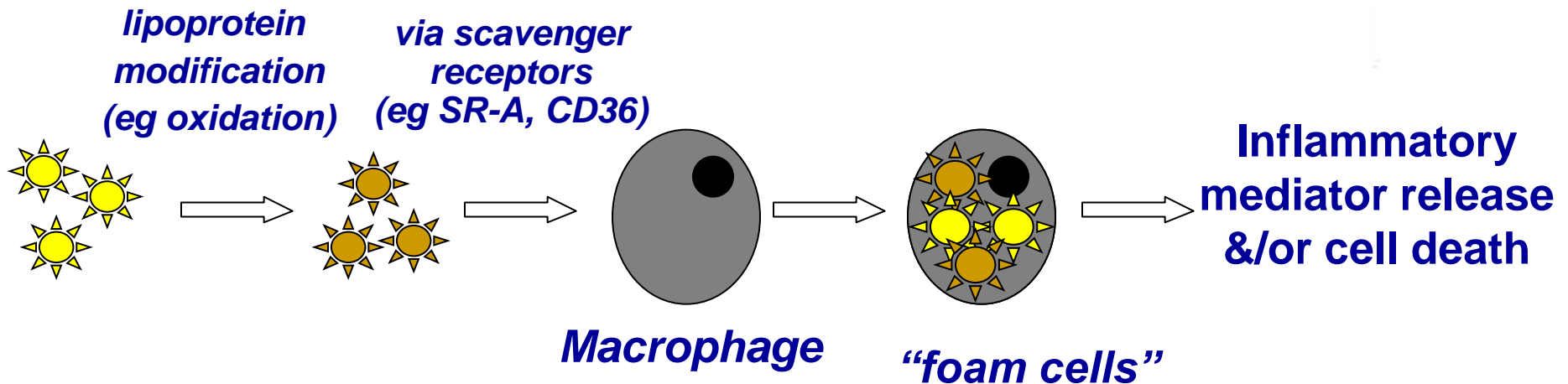


from Pluddemann et al (2007) Methods 43:207

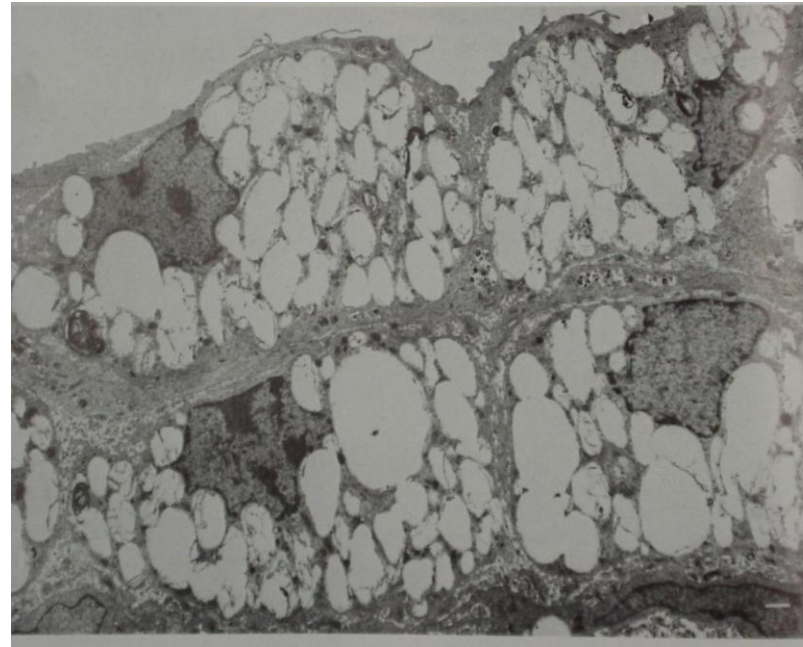
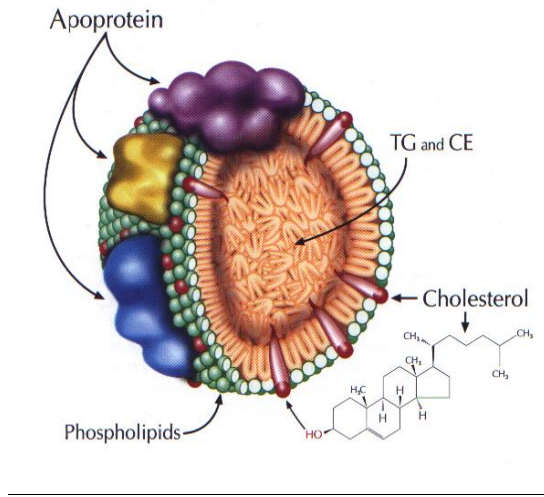
# Foam cells



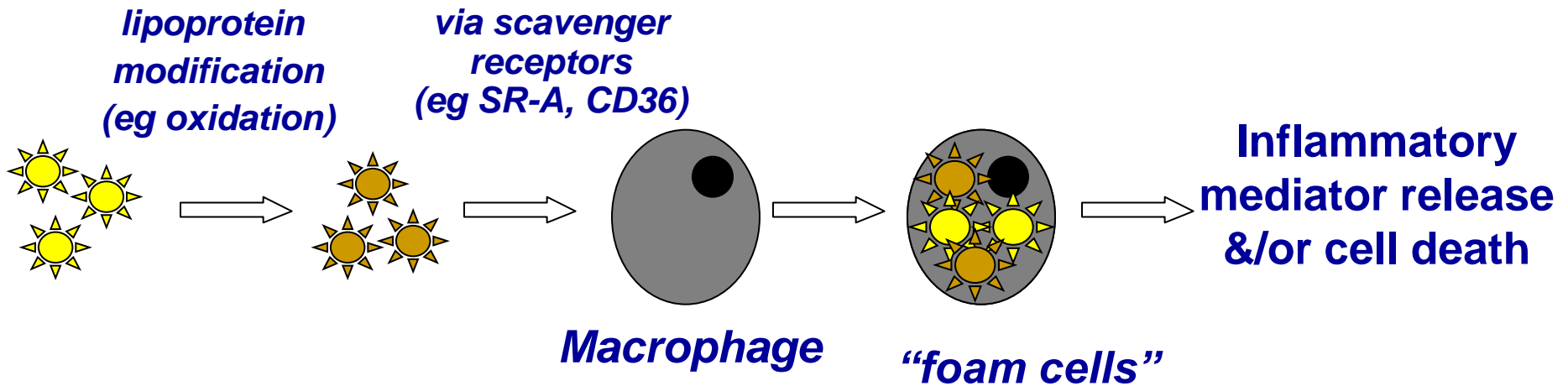
*from Dr Howard K*



# Foam cells

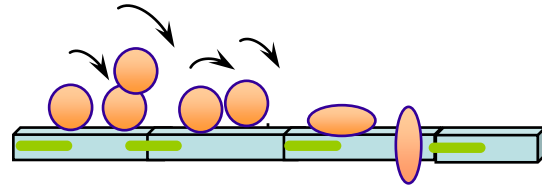


Faggiotto et al 1984 Arteriosclerosis 4:323



# Homeostatic debris disposal

monocyte adhesion to endothelium



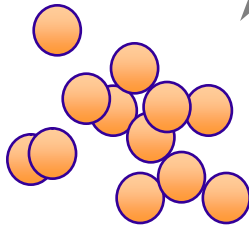
adhesion molecules

cytokines

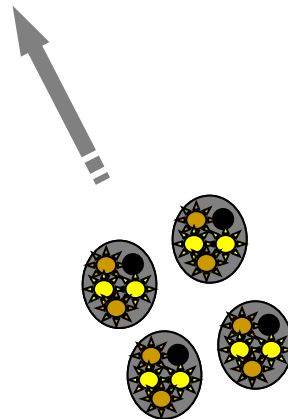
chemokines

oxidised phospholipids

monocyte  
recruitment

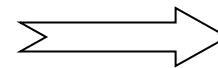


modified LDL

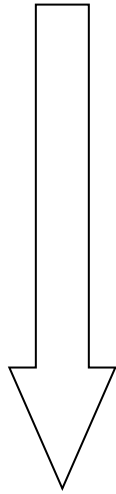


activated  
macrophages  
(foam cells)

DISPOSAL  
(via blood or  
lymph)



*flow*



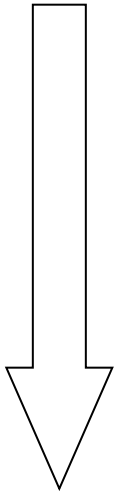
Juvenile rabbit

*Courtesy of Peter Weinberg, Imperial College*

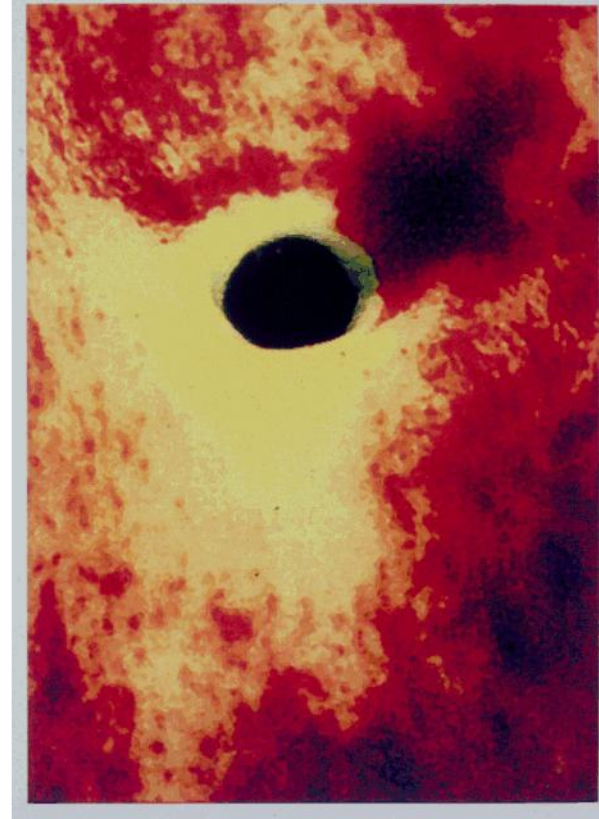


# Early lesions can move – ie they are reversible

*flow*



Juvenile rabbit



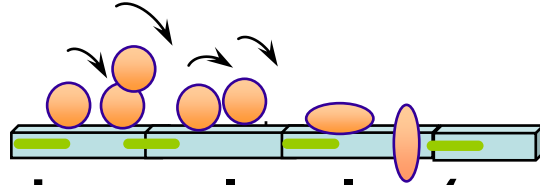
Adult rabbit

*Courtesy of Peter Weinberg, Imperial College*



# Inflammatory basis of atherosclerosis

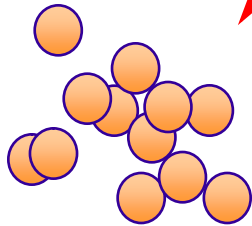
monocyte adhesion to endothelium



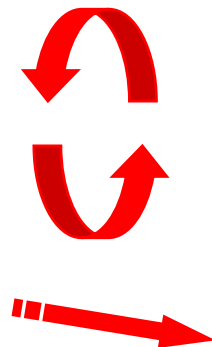
adhesion molecules (eg VCAM-1)

cytokines  
chemokines  
ox-phospholipids

monocyte  
recruitment



modified LDL



activated  
macrophages  
(foam cells)

free radicals

proteases

VSMC growth  
factors

angiogenic  
factors

apoptosis

# Macrophage uptake of LDL

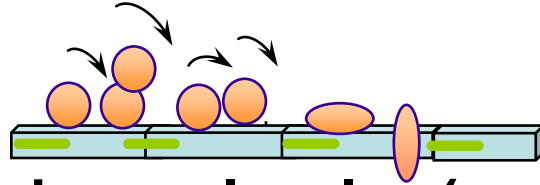
- Physiological uptake of LDL via LDL controlled by receptor down-regulation
- Uptake of oxidised LDL by scavenger receptors is not regulated and results in “foam cell” formation.
- Cholesterol-laden macrophages release cytokines (eg IL-1, TNF) and growth factors (eg PDGF), and die by apoptosis or necrosis

# Main cellular players

- **Vascular endothelial cells**
  - Barrier function (eg to lipoproteins)
  - Leukocyte recruitment
- **Platelets**
  - Thrombus generation
  - Cytokine and growth factor release
- **Monocyte-macrophages**
  - Foam cell formation
  - Cytokine and growth factor release
  - Major source of free radicals
  - Metalloproteinases
- **T lymphocytes**
  - Macrophage activation
- **Vascular smooth muscle cells**
  - Migration and proliferation
  - Collagen synthesis
  - Remodelling and fibrous cap formation

# Inflammatory basis of atherosclerosis

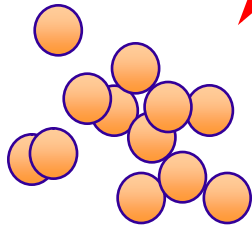
monocyte adhesion to endothelium



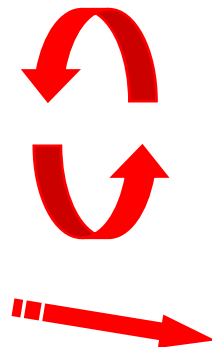
adhesion molecules (eg VCAM-1)

cytokines  
chemokines  
ox-phospholipids

monocyte  
recruitment



modified LDL



activated  
macrophages  
(foam cells)

free radicals

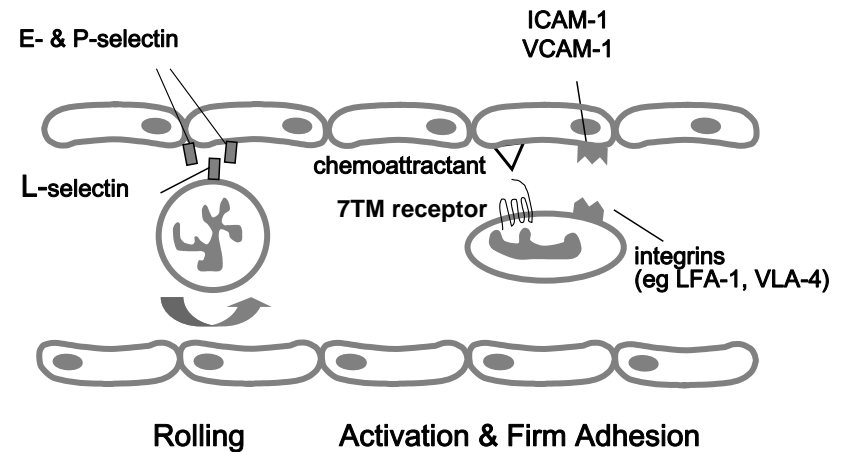
proteases

VSMC growth  
factors

angiogenic  
factors

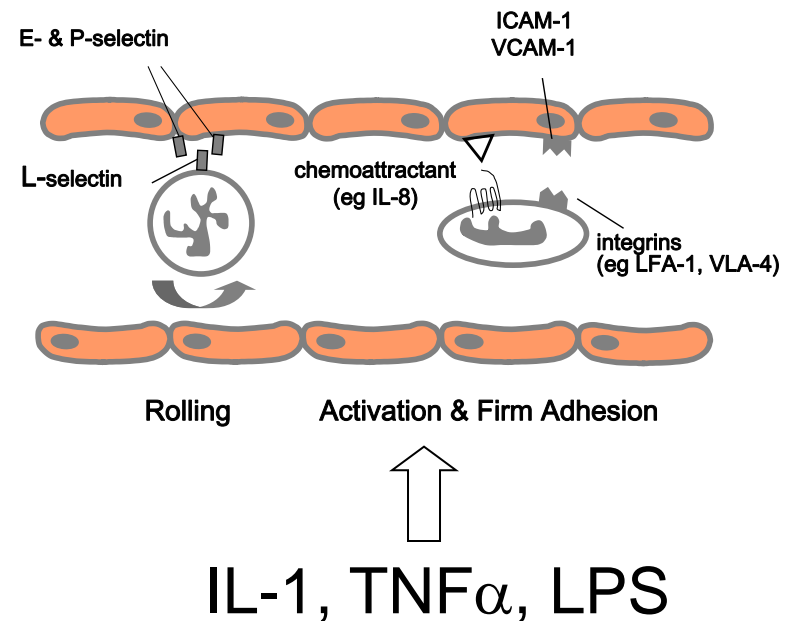
apoptosis

# Leukocyte-endothelial cell interactions



Courtesy of Prof Sussan Nourshargh

# Leukocyte-endothelial cell interactions

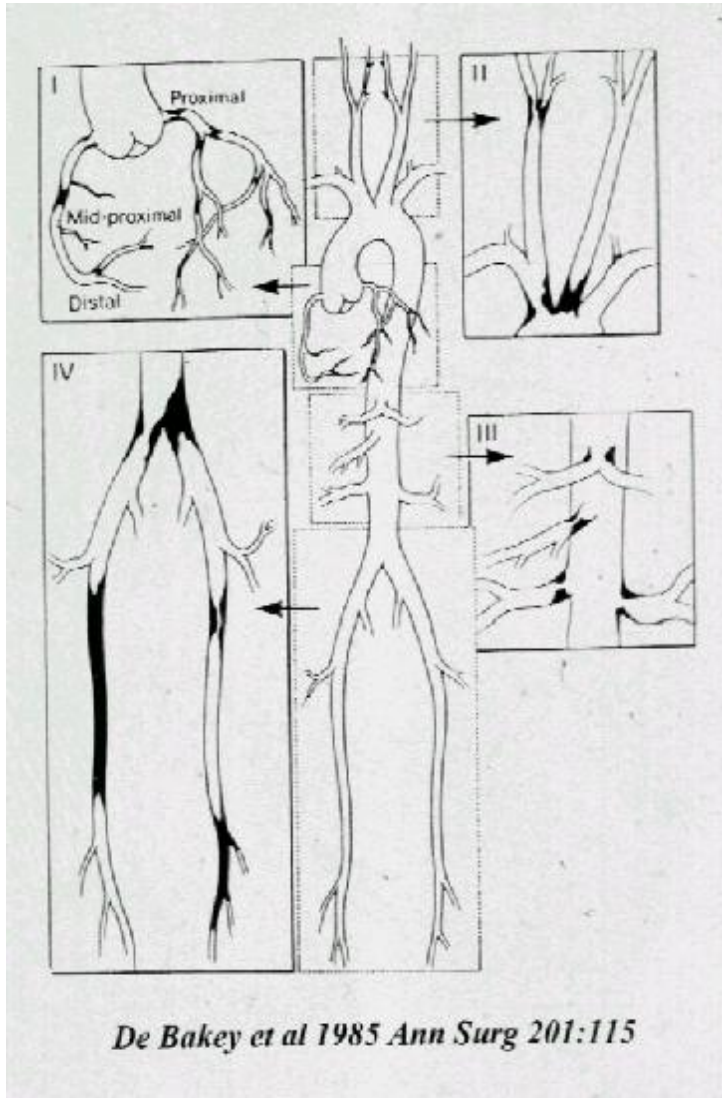


137 endothelial cell genes regulated more than 4-fold by IL-1  
*De Martin et al (2004) ATVB 24:1192*

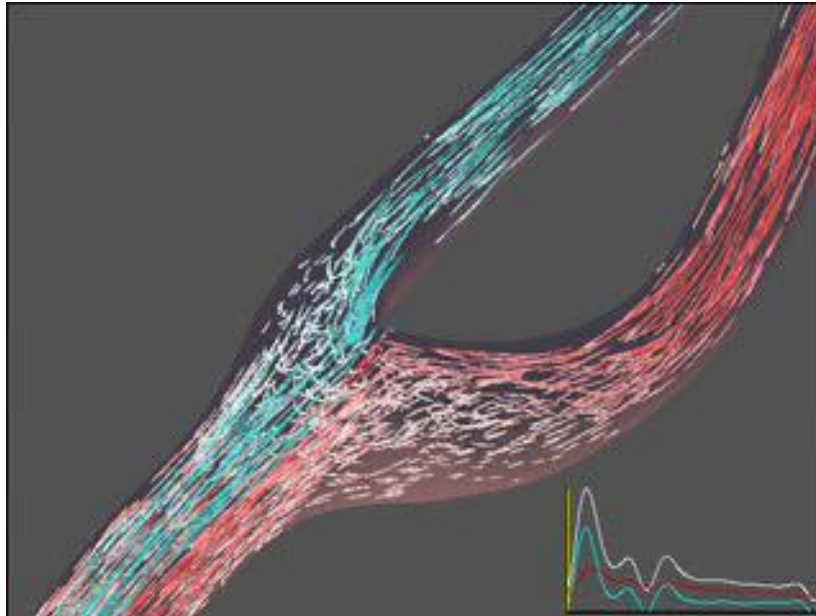
# IMPORTANCE OF BLOOD FLOW



# Flow-related susceptibility of branch points and curvatures

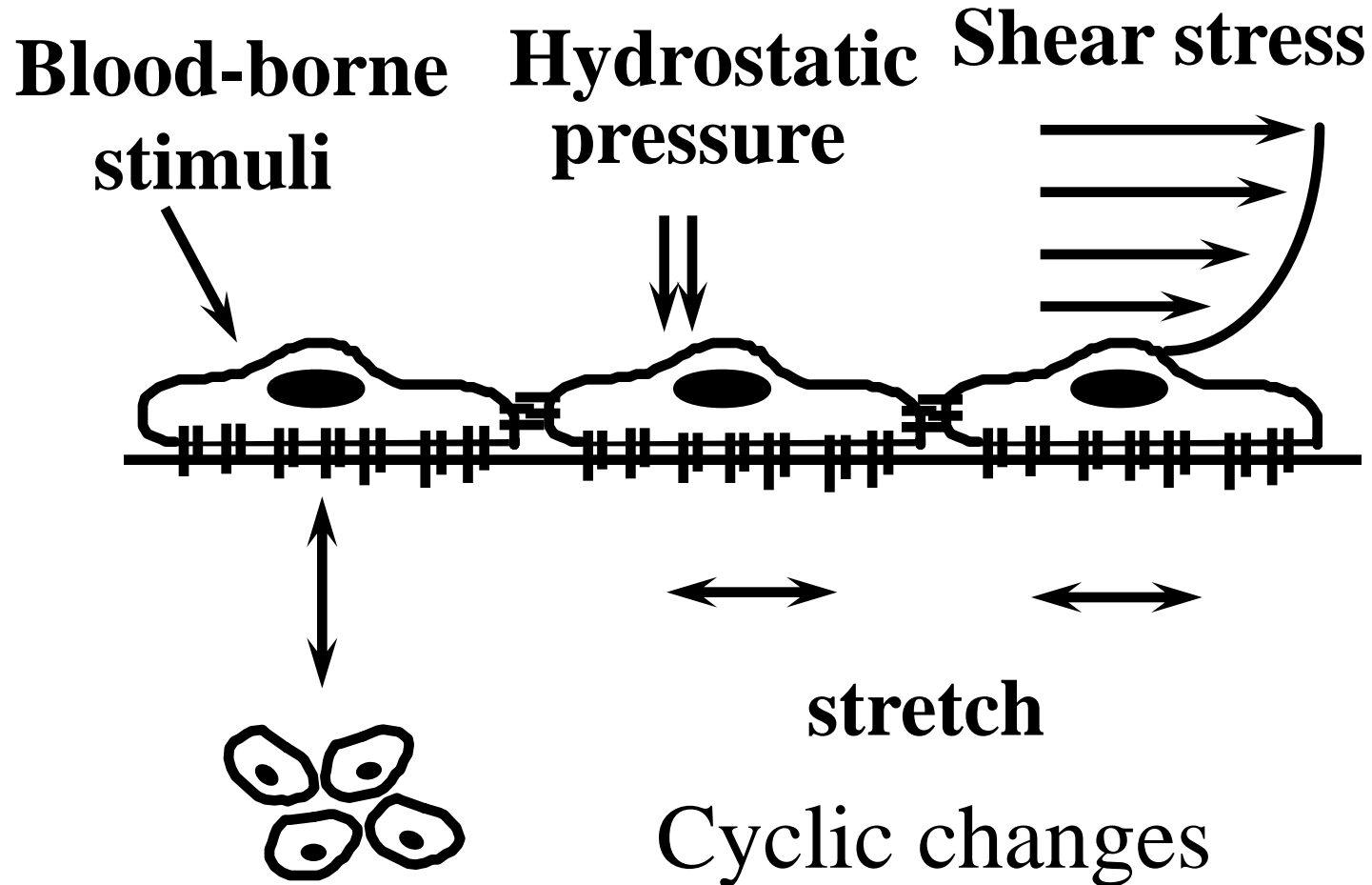


Risk factors are general but atherosclerosis is focal

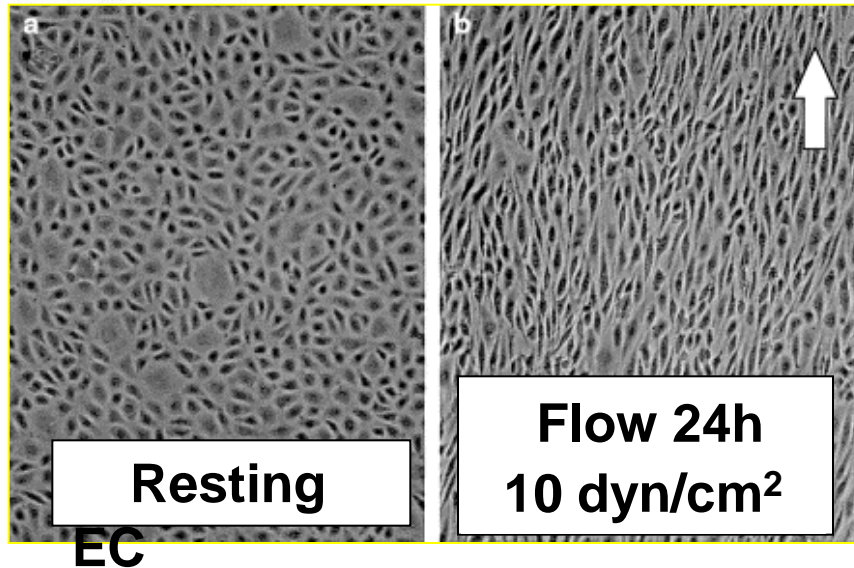
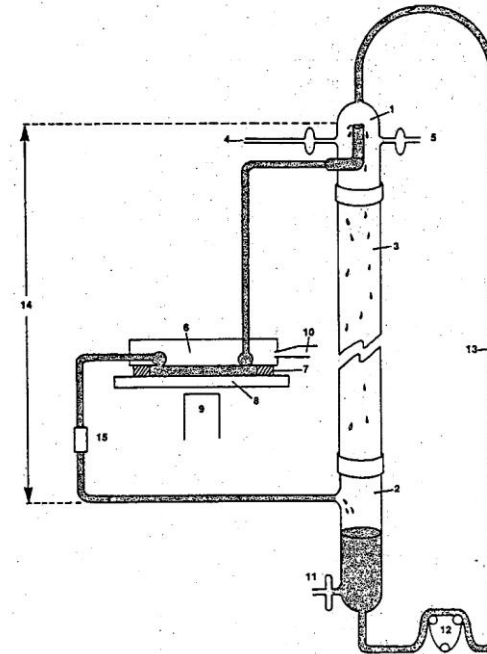
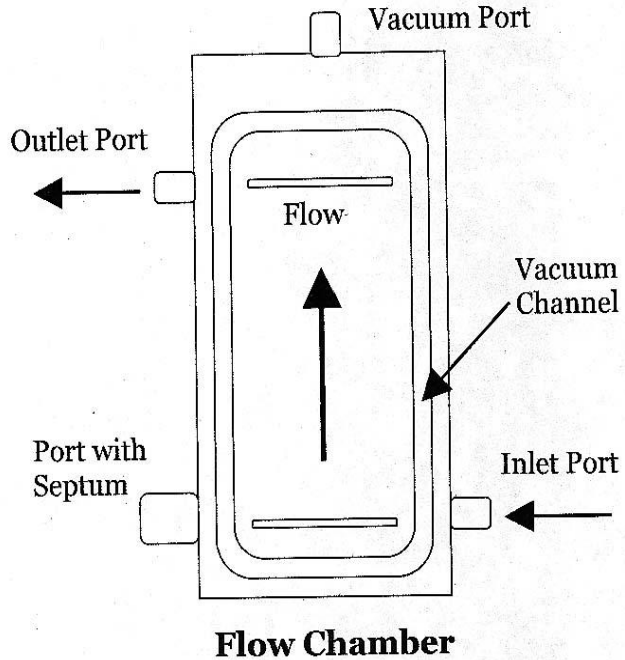


Courtesy of David Steinman  
University of Western Ontario

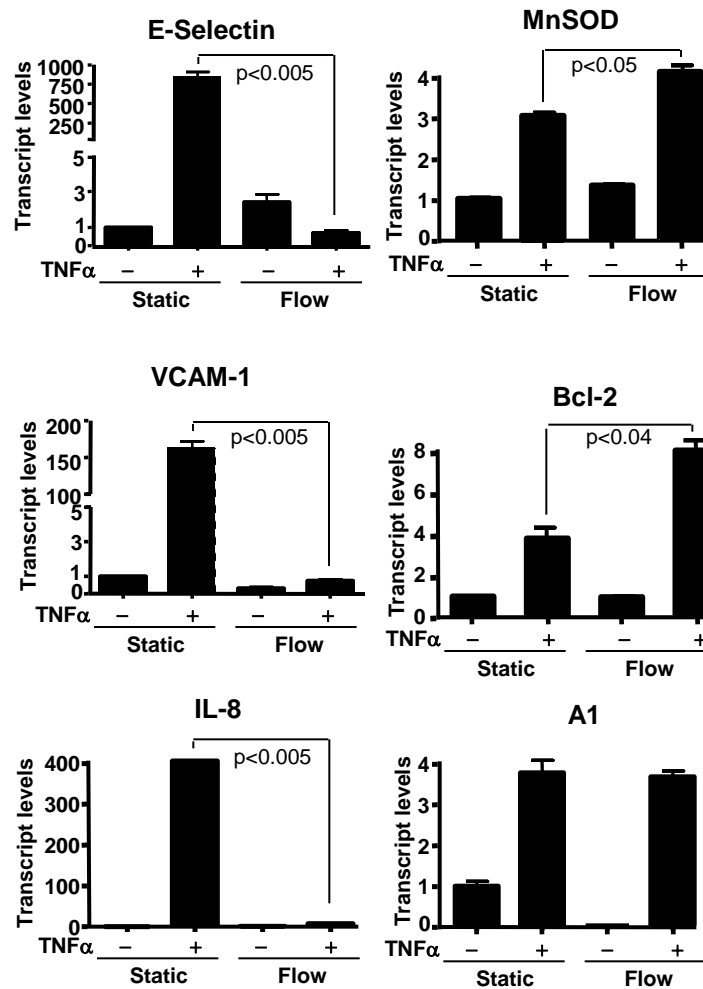
# Effects of mechanical forces on endothelial function



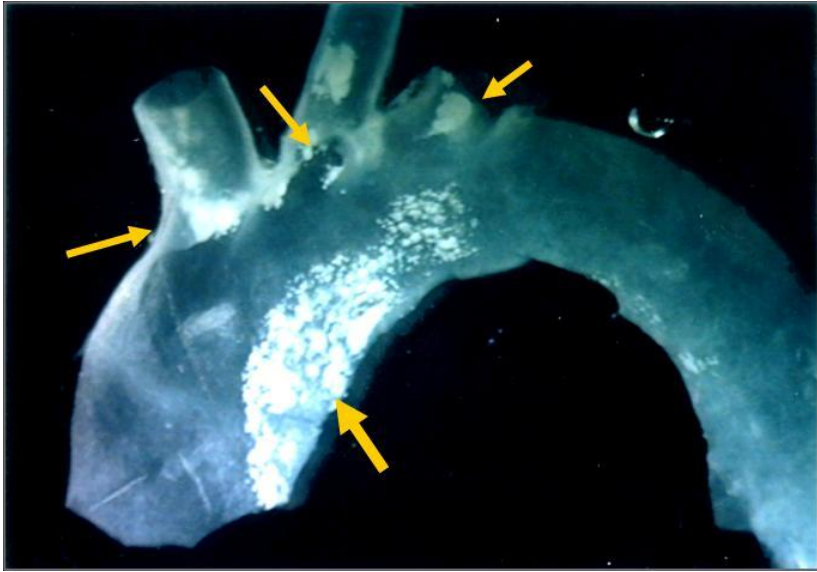
# Use of parallel plate flow chamber for studying endothelial cells under flow



# Laminar flow suppresses proinflammatory gene expression but sustains cytoprotective responses in response to $TNF\alpha$

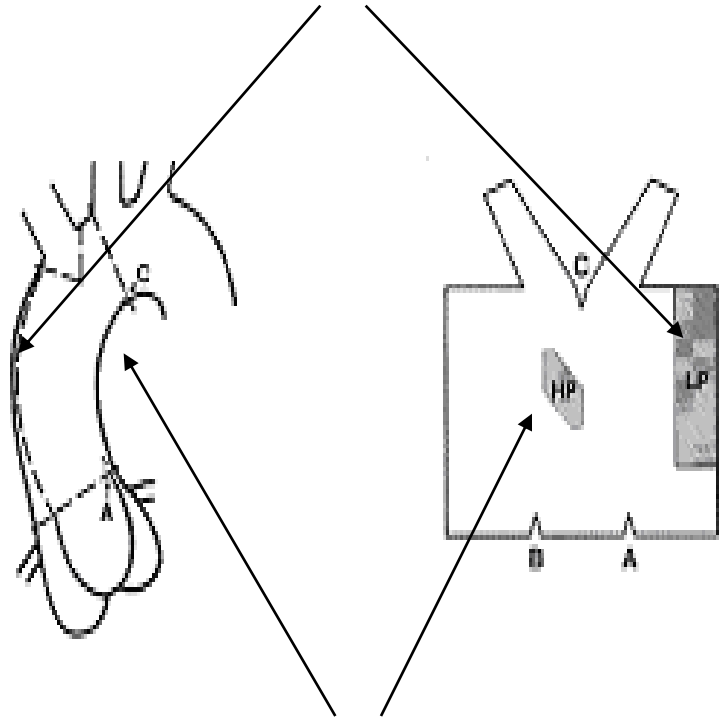


proinflammatory genes      cytoprotective genes



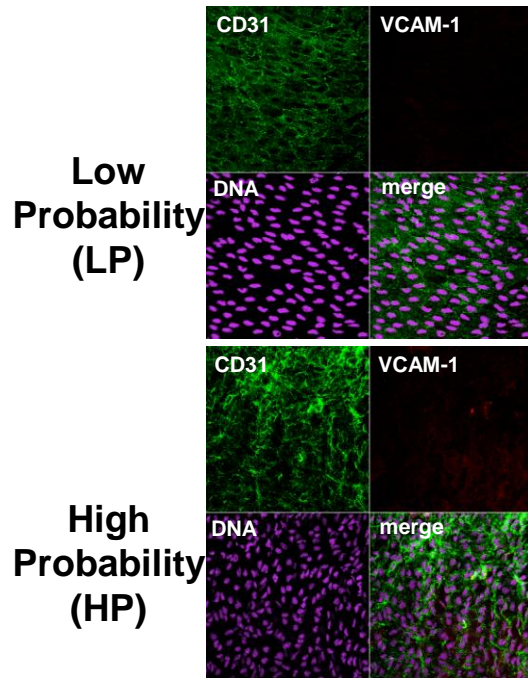
*Courtesy of Prof Rob Krams*

**Low probability (HP)**

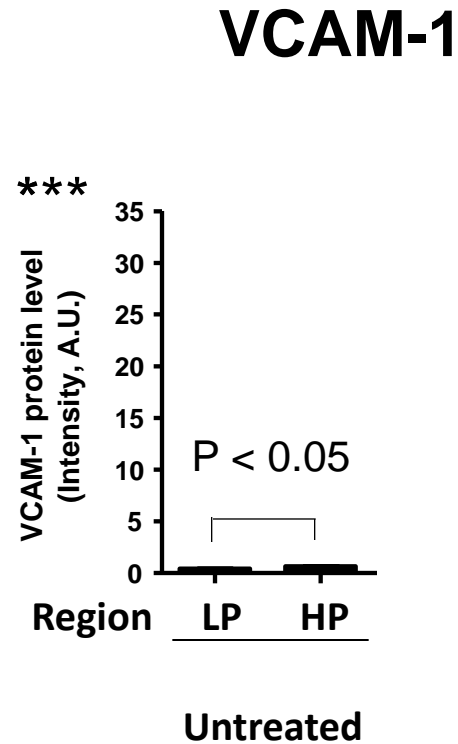


**High probability (HP)**

# Differential adhesion molecule expression in the murine aorta shown by *en face* immunostaining



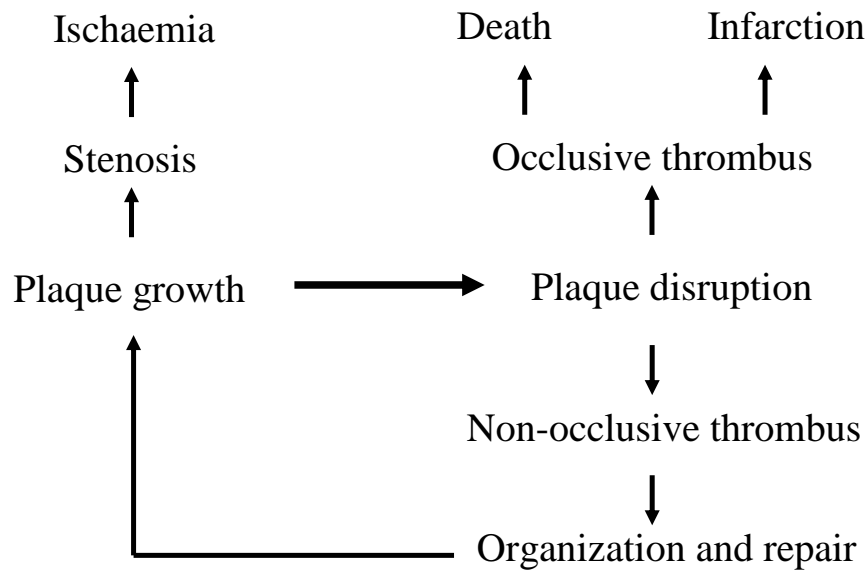
unstimulated



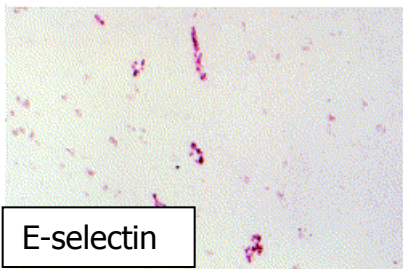
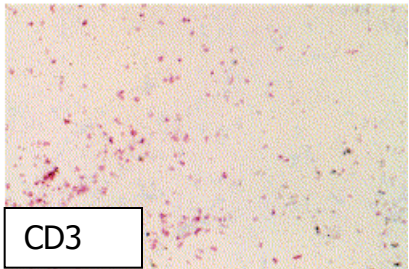
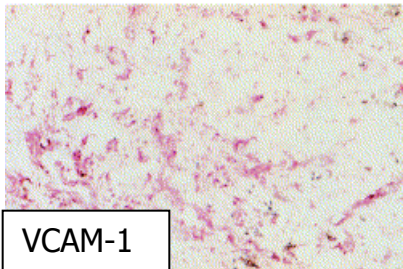
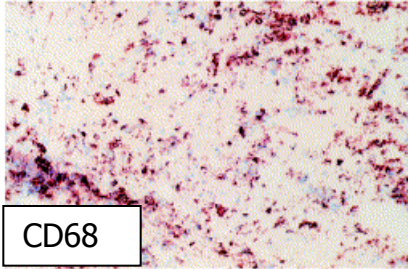
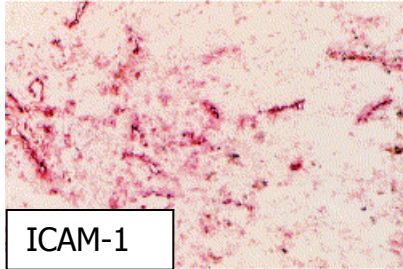
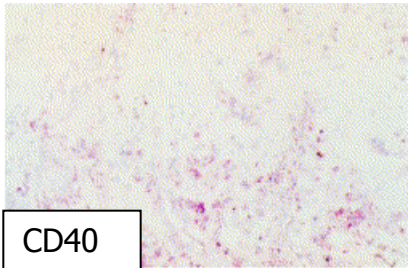
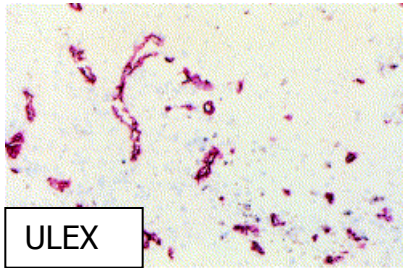
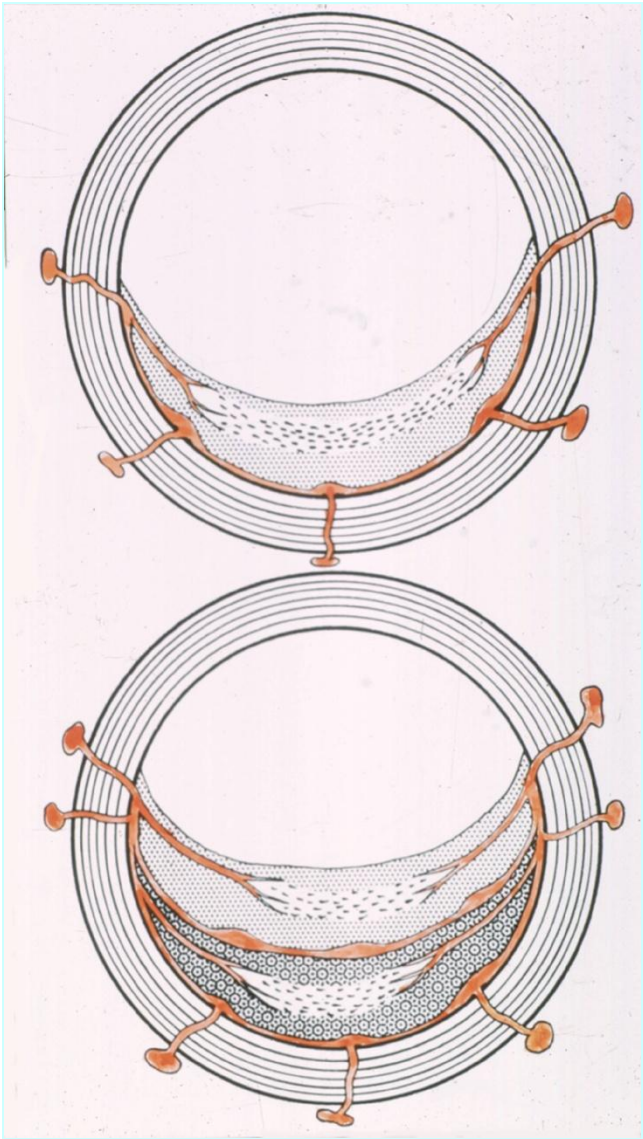


# PLAQUE DEVELOPMENT AND ANGIOGENESIS

# Step-wise progression of atherosclerotic plaques



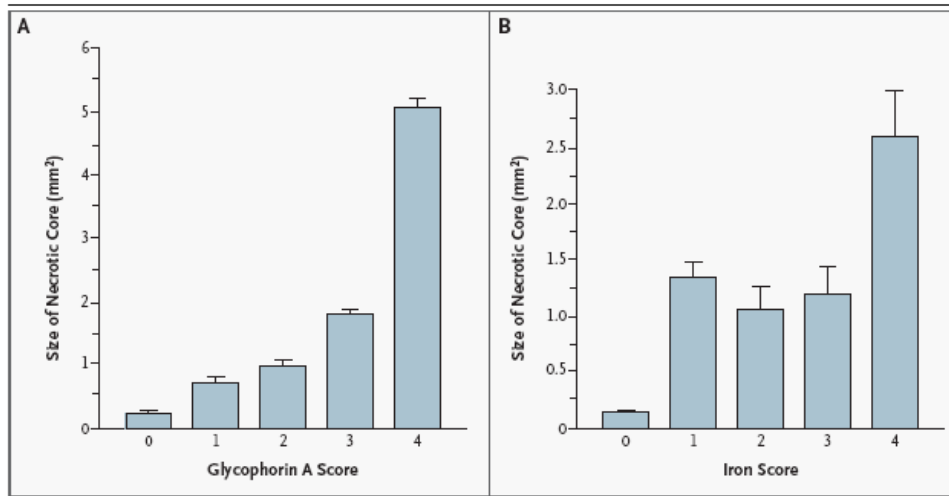
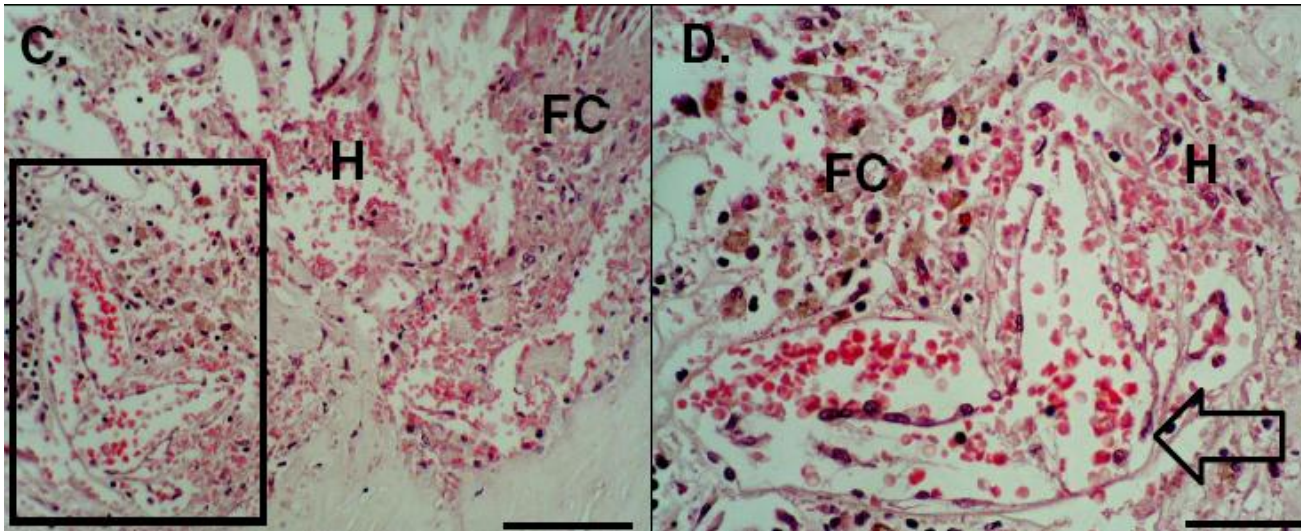
# Vasa vasorum are the back-door for leukocyte recruitment



*De Boer et al (1999) Cardiovasc Res 41:443.*

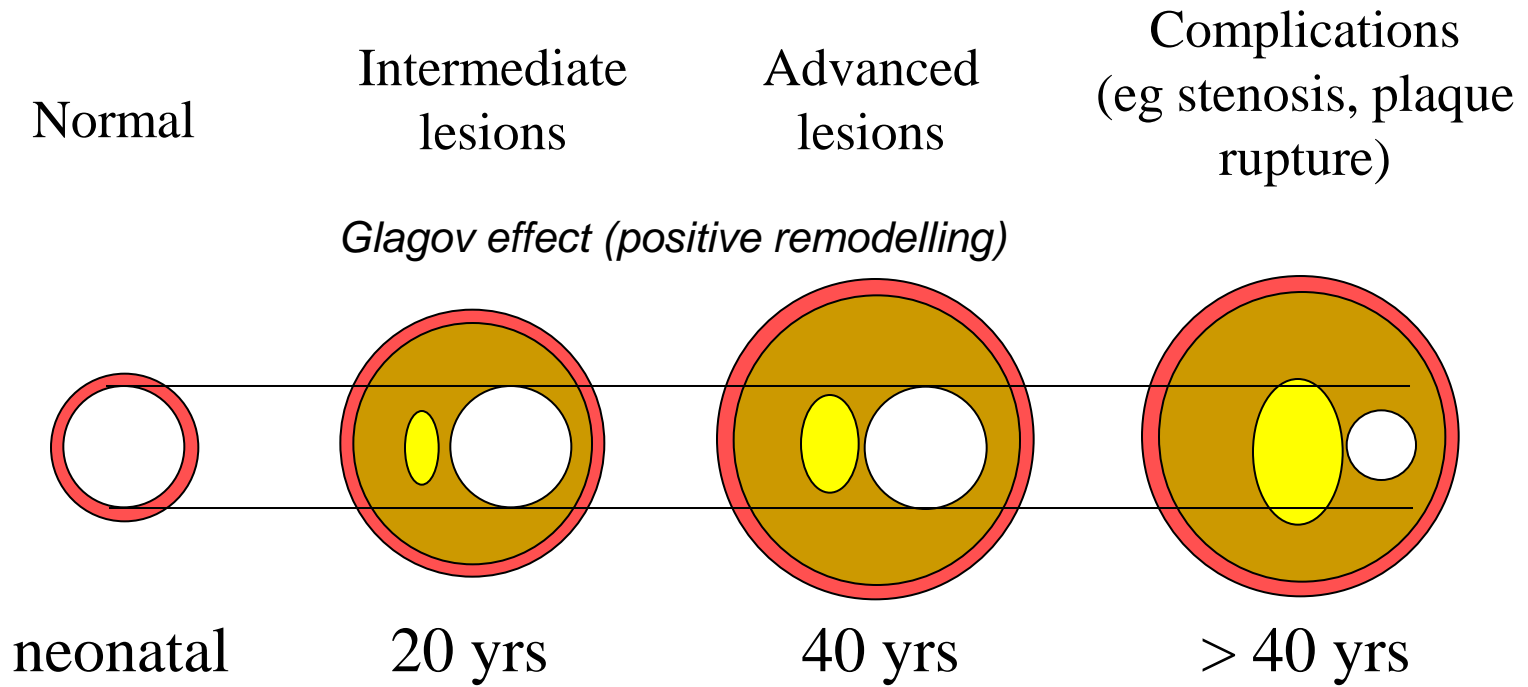


# Intraplaque haemorrhage contributes to plaque growth



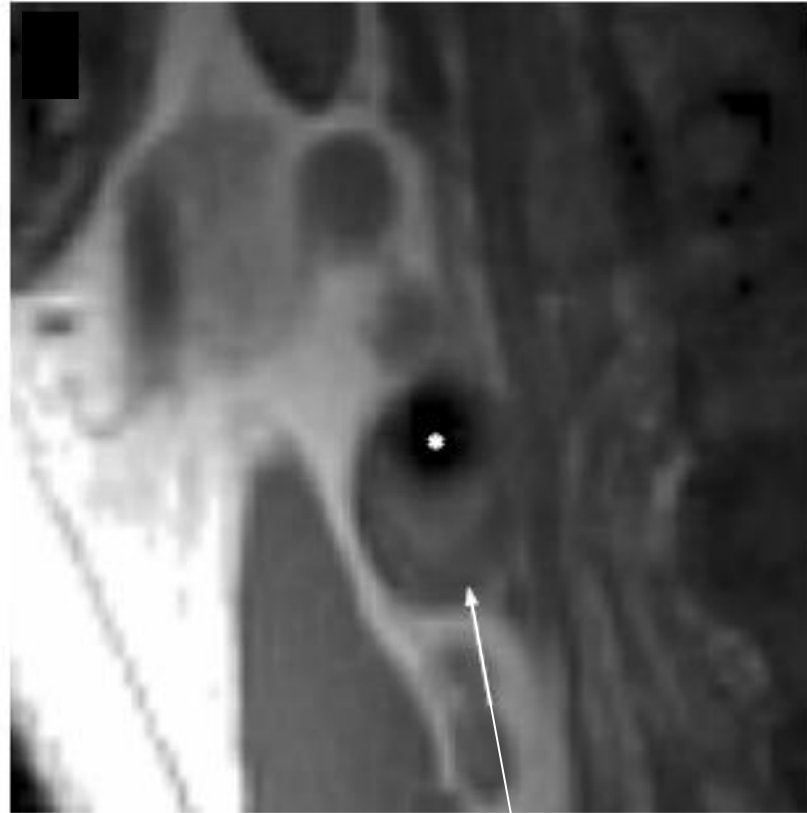
*Kolodgie et al 2003 N Eng J Med 349@2316*

# Natural history of atherosclerosis





Minor (~30%) stenosis of  
R internal carotid artery

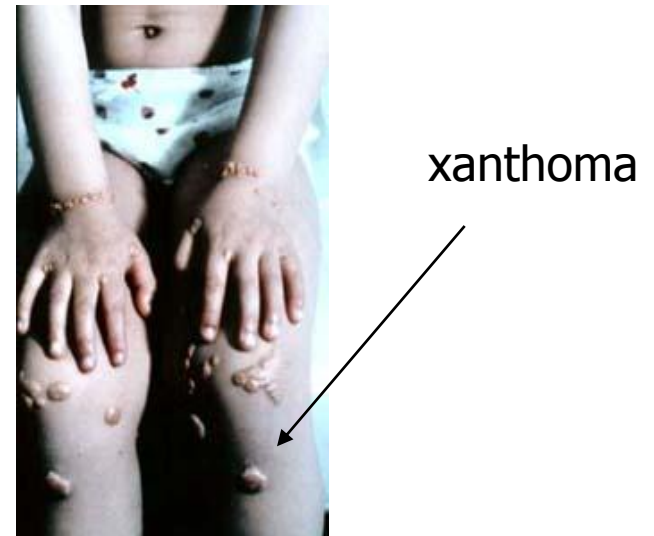
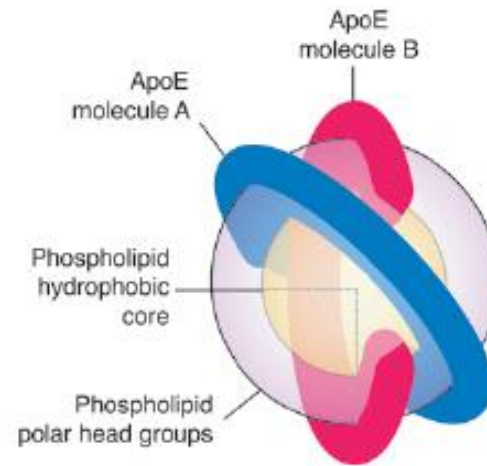


Atherosclerotic plaque occupying  
~80% of arterial cross-section

# INVESTIGATING MOLECULAR MECHANISMS

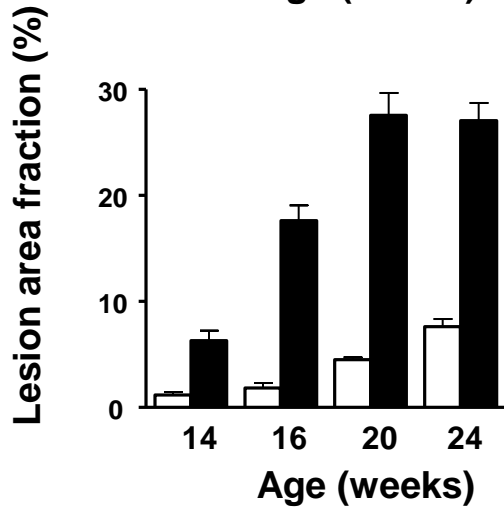
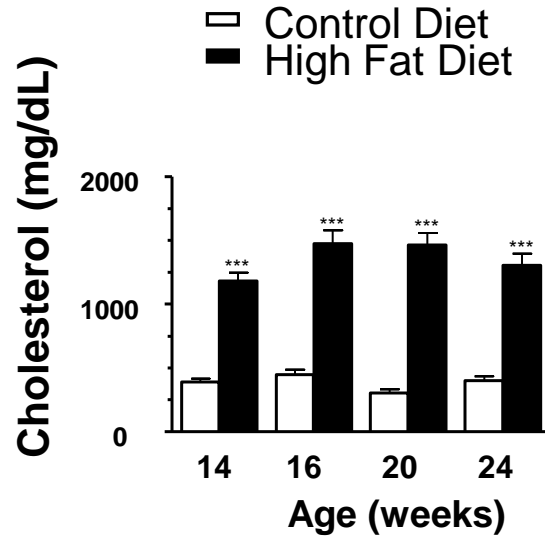
# Mouse models of atherosclerosis

- **ApoE<sup>-/-</sup>**
  - 34kd component of VLDL and chylomicrons
  - ligand for LDL receptor
- **LDL receptor <sup>-/-</sup>**
  - Mutations in familial hypercholesterolaemia

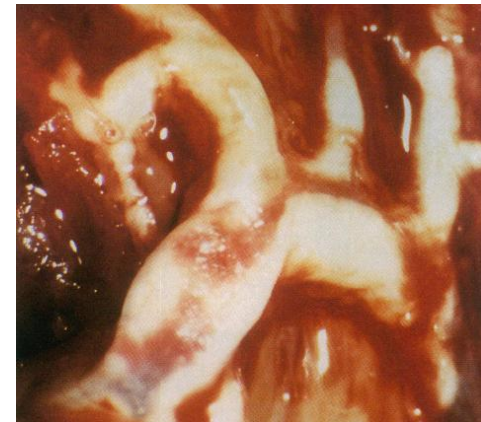




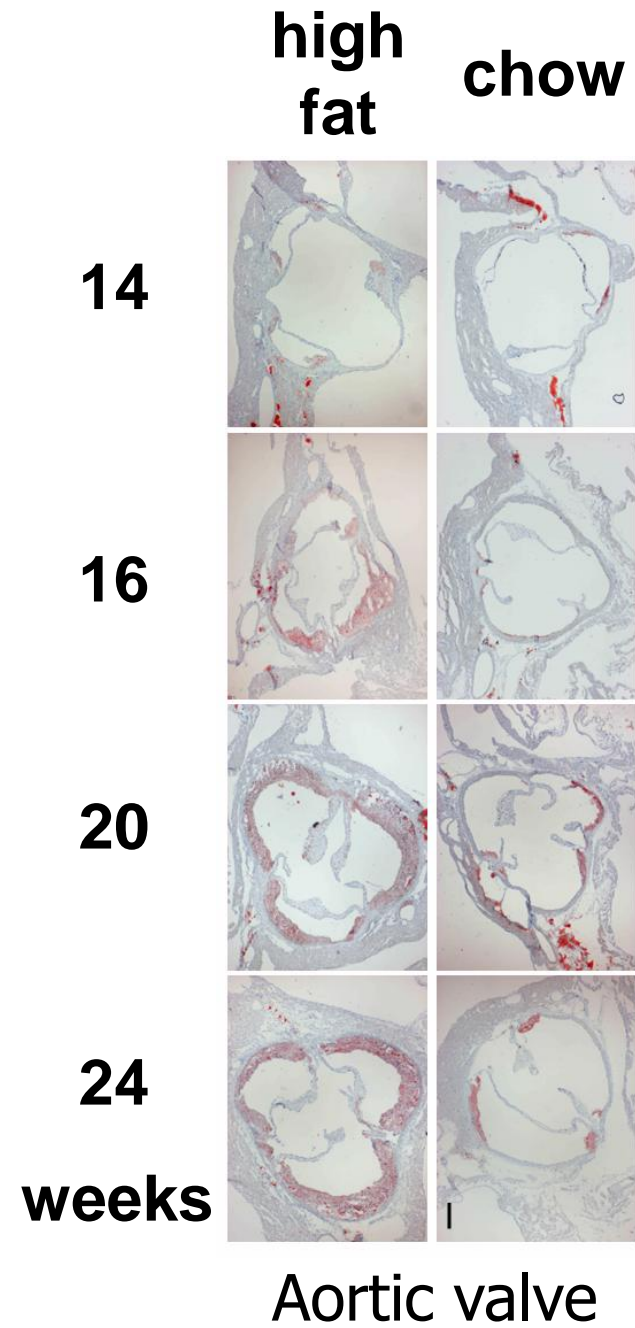
# Atherosclerosis in *Ldlr*<sup>-/-</sup> mice



wild-type



*Ldlr*<sup>-/-</sup> high fat 13  
mo  
*Ishibashi et al 1994 JCI 93:1885*



# Influence of adhesion molecules, chemokines and cytokines on mouse atherosclerosis

## Accelerators

### Adhesion molecules

P-selectin  
E-selectin  
ICAM-1  
VCAM-1

### Chemokines & receptors

MCP-1  
CCR2  
CXCR2  
CX3CR1

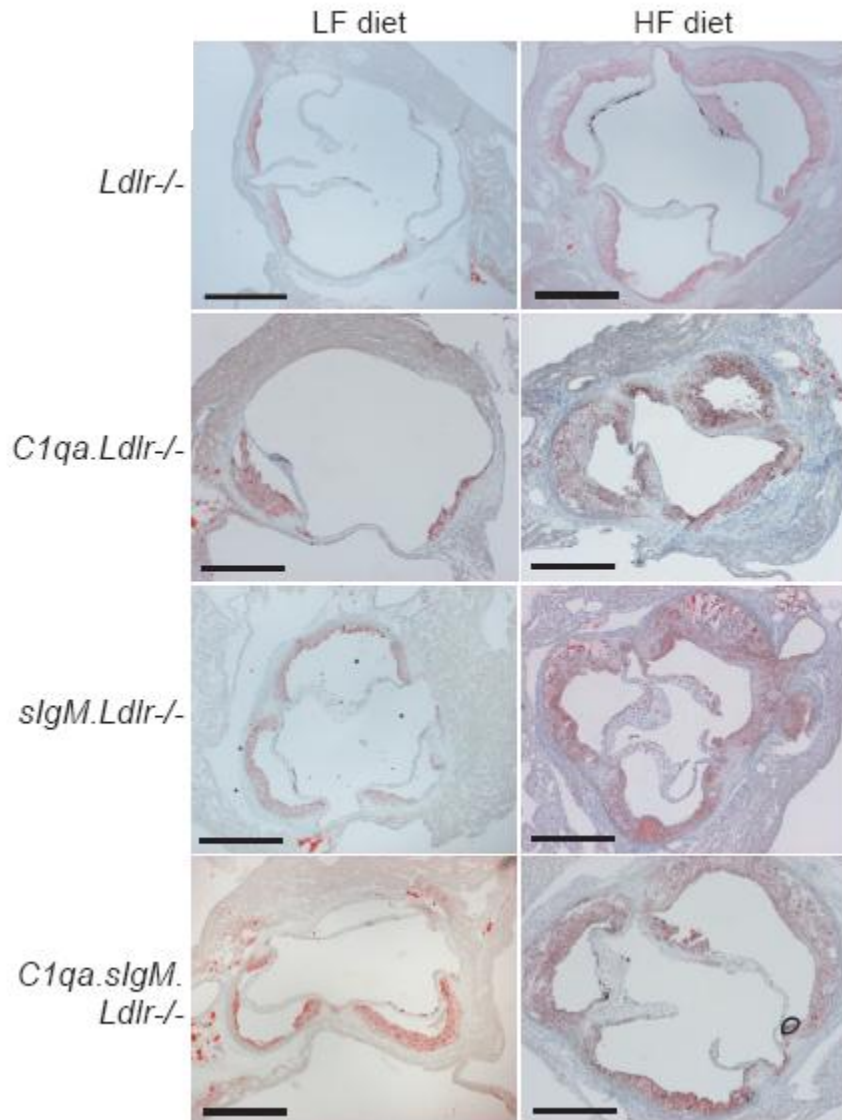
### Cytokines

IL-1  
TNF $\alpha$   
IL-4  
IL-6  
IL-12  
IL-18  
IFN $\gamma$

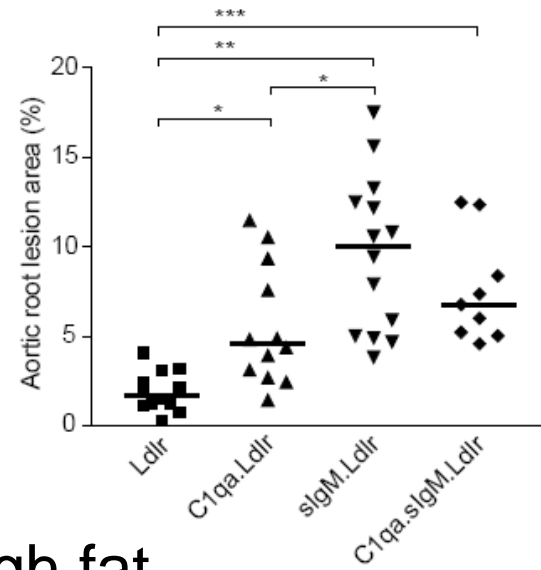
## Decelerators

IL1RA  
TGF $\beta$   
IL-10

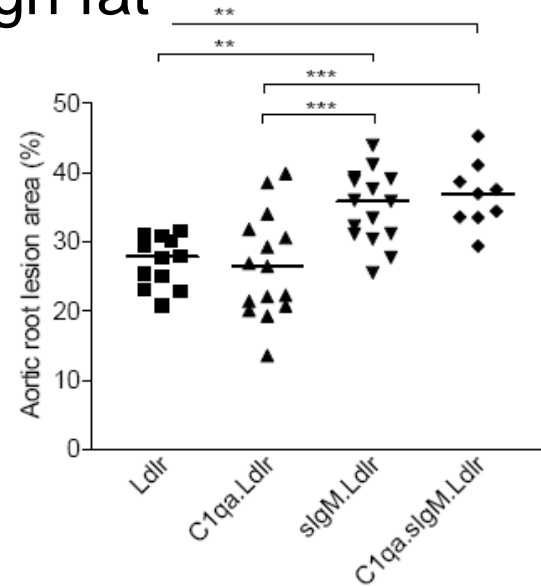
# IgM deficiency accelerates atherosclerosis



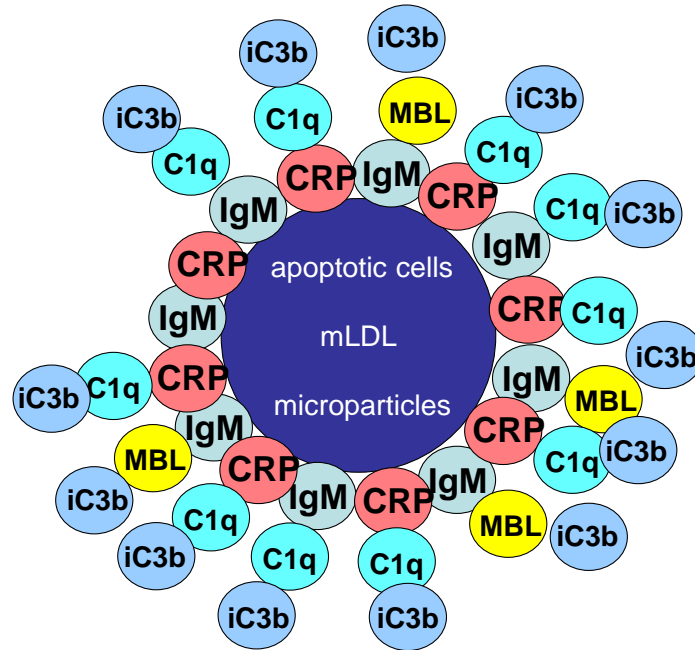
## Low fat



## High fat



# Hypothetical model of the role of complement and IgM natural antibodies in atherosclerosis



**Homeostatic clearance**

# Role of T lymphocytes in atherosclerosis

- Atherosclerotic plaques contain MHC Class II positive dendritic cells and T lymphocytes at all stages
- Plaque T cells show evidence of activation (eg HLA-DR, IFN $\gamma$ )
- Plaque T cells are oligoclonal and ~10% react with oxidised LDL
- T cells may activate macrophages and VSMC (eg via CD40L-CD40 contact interactions)
- Activated T cells are present in the circulation during acute coronary syndromes (ie plaque instability)



# Summary

- Atherosclerosis can be viewed as a dynamic chronic inflammatory disease of arteries
- The innate immune system regulates the safe disposal of lipoproteins and other debris from the arterial wall and is intrinsically protective
- Overdrive of the innate immune system leads to irreversible remodelling, and this may be accelerated by adaptive immune mechanisms
- The interplay between proinflammatory and wound healing pathways governs plaque stability