#### **GI Tract Barrier Breakdown and Adipocyte Inflammation**

NIH Workshop on Obesity and Fat Metabolism in Individuals with HIV

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Photo from E. Elinav, Nature Rev Gastro and Hepatology 2018

### Inflammation in adipose tissue in PLHIV is a driver of insulin resistance and systemic inflammation

So ...what are causes of infiltration of macrophages and other pro-inflammatory cells into adipose tissue of PLHIV?



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#### The intestinal epithelium during HIV infection



#### Sandler and Douek, Nature Reviews 2012

### People with HIV have increased microbial translocation with associated innate and adaptive immune activation



**Brenchley et al, Nature Medicine 2006** 

### LPS triggers gain in visceral adipose tissue and adipose tissue inflammation in mice



These data provide evidence LPS  $\rightarrow$  innate immune activation  $\rightarrow$ AT inflammation

# Higher VAT is associated with increased monocyte chemoattractant protein (MCP-1)(CCL2) in PLHIV

**Unpublished data** 



# In addition to CCR2, CCR5 also mediates recruitment of macrophages into adipose tissue

Maraviroc can reduce adipose tissue macrophage recruitment in obese mice fed high diet.

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Perez-Matute et al. Antivir Ther 2017





### Intestinal tight junctions can be further disrupted by inflammatory cytokines TNF- $\alpha$ , IL-1 $\beta$ and IFN- $\gamma$



#### **Effect of TNF-α on ZO-1 proteins**



Ma et al. AJP Gastro Liver 2005 Al-Sadi et al. Am J Pathology 2016 Al-Sadi et al. Front Biosci 2009



# Dietary saturated lipids induce adipose tissue inflammation via change in gut microbial composition $\rightarrow$ LPS $\rightarrow$ TLR4 signaling and CCL2 (MCP-1)



#### High fat diet induces microbial translocation in African Green Monkeys that persist after SIV infection



AGM



Xu, Pandrea et al. 21<sup>st</sup> International AIDS Conf 2016

Hyperglycemia and sugar intake drives intestinal barrier disruption through GLUT-2 dependent transcriptional reprogramming of intestinal epithelial cells and alteration of tight and adherence junction integrity



Saturated fat intake and added sugar are high in PLHIV

Men and women living with HIV consume more than recommended amounts of saturated fat (Klassen and Goff, Eur J of Clin Nutrition 2013)

Added sugar intake is also significantly higher among PLHIV (Hall et al. OFID 2017)

Saturated fatty acids and added sugar intake in PLHIV are positively associated with increased I-FABP (Unpublished data)

### **Potential Therapeutic Targets**

- Targeting barrier function
  - Oral bovine immunoglobulin (Asmuth et al. AIDS 2013)



- IL-21 and probiotics enhances T<sub>H</sub>17 cell expansion in SIV-infected pigtailed macaques (Ortiz et al. Mucosal Immunology 2016)
- Glucagon-like peptide 2 (teduglutide) (NHLBI-funded study under way)

#### • Dietary factors that may improve GI barrier function

- Reduction in sugar and saturated fats
- Fruits, nuts and vegetables are ligands of aryl hydrocarbon receptor important in intestinal lymphoid tissue development (Kiss et al. Science 2011)
- Vit A, Vit D

#### • Targeting gut microbiota composition

- Prebiotics/probiotics
  <u>Ivan Vujkovic-Cvijin talk</u>
- Metformin (Forslund et al. Nature 2015) <u>Alex Soukas' talk</u>
  - Also improves glucose and may activate AMP kinase in intestinal immune cells

#### • Targeting chemokine receptors to reduce AT inflammation:

- CCR2 and CCR5 antagonism with cenicriviroc (ACTG A5363 study in
- 16 development phase)

# In summary, breakdown in GI barrier function may play critical role in adipose tissue inflammation in PLHIV

Disruption in GI epithelilal integrity and GI mucosal immunity drives inflammation.

In turn, adipose tissue inflammation and glucose dysregulation can also increase intestinal permeability.

Treatments to ameliorate GI barrier function may improve metabolic health in PLHIV.



Questions? Thank you!