

# Biology of chemokine receptors: not just for leukocyte trafficking

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# Chemokines and chemokine receptors

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- **50 chemokines and 20 GPCR chemokine receptors have been identified**
  - most chemokine receptors have > 1 ligand
  - some chemokines activate > 1 receptor
- **These molecules direct the migration of leukocytes throughout the body**
- **Through this process they play a critical role in innate and acquired immunity**
- **Chemokines and their receptors are important in many disease processes**

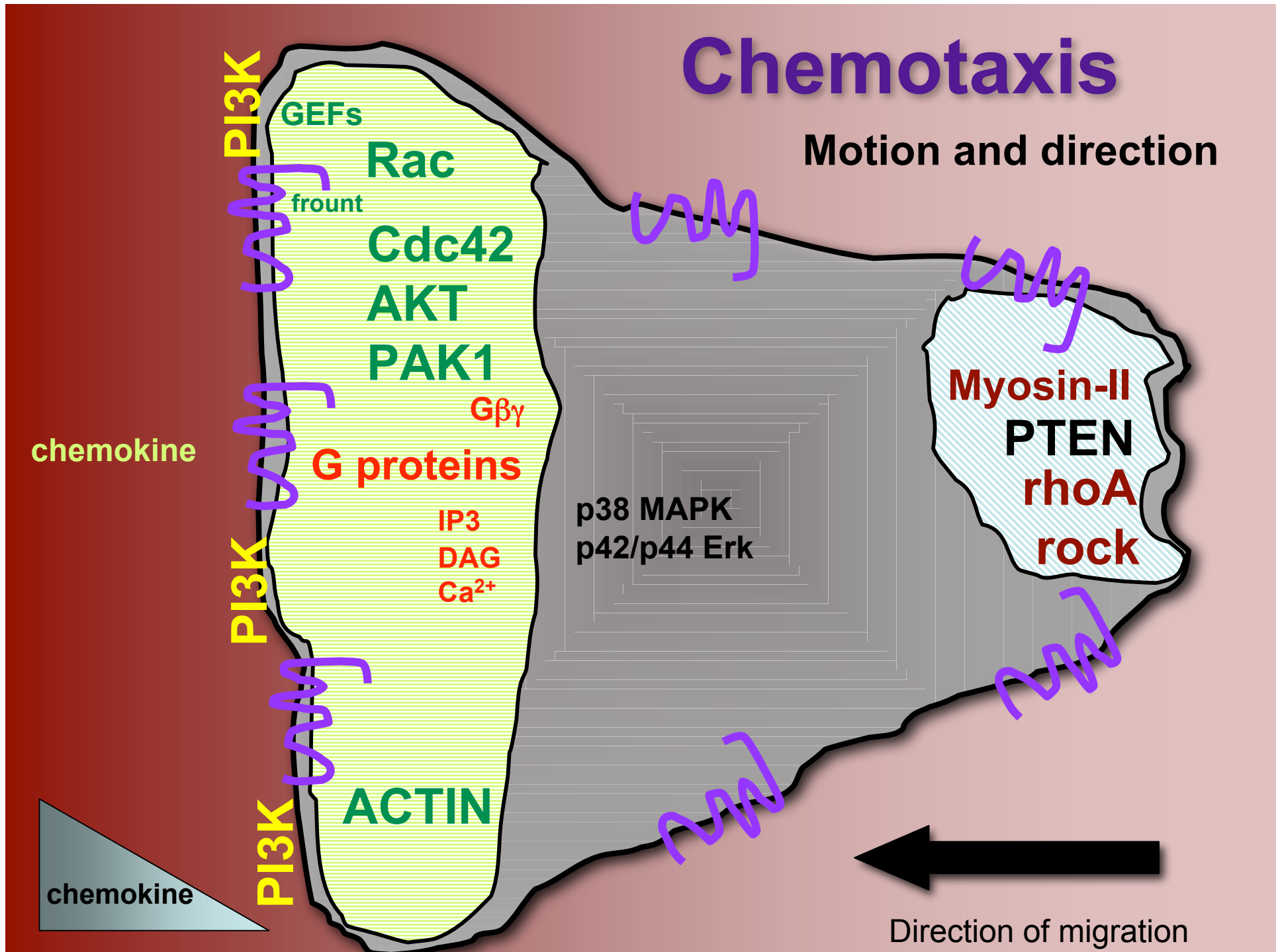
# Chemokine and chemokine receptors

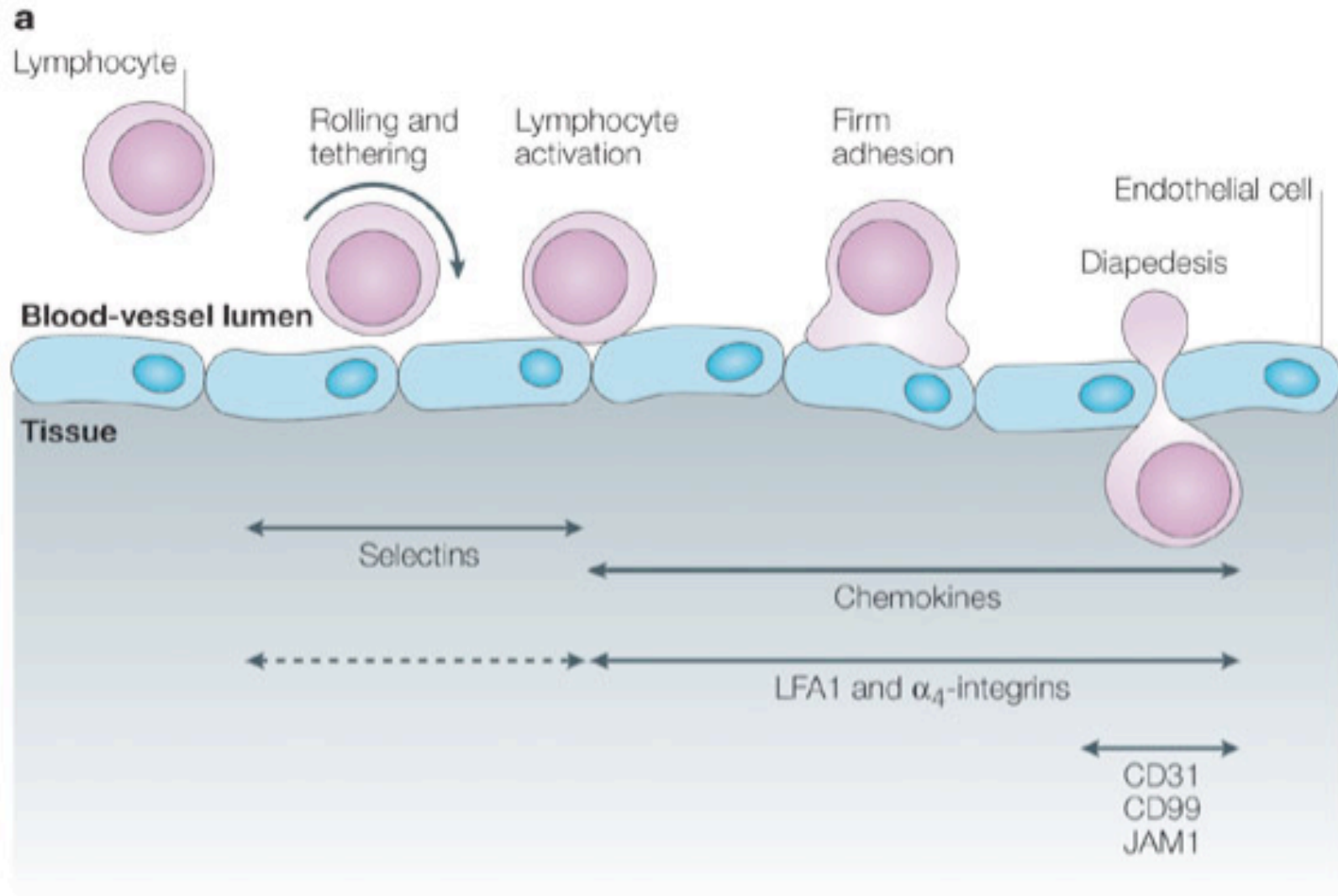
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- **Chemokine receptors in leukocyte trafficking**
- **Chemokine receptors in leukocyte regulation**
- **CCR5 and CXCR4**
- **Potential unexpected toxicities of chemokine receptor antagonism**

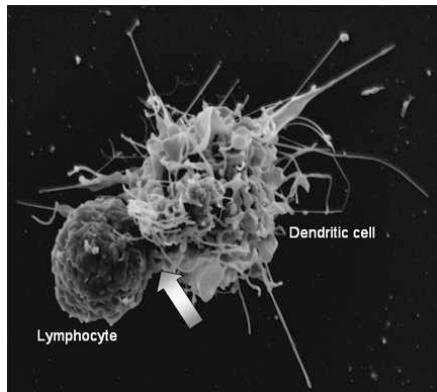
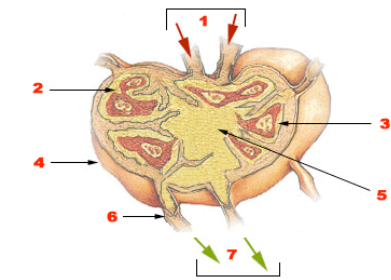
# Chemotaxis

Motion and direction



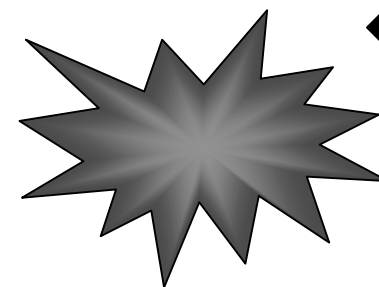
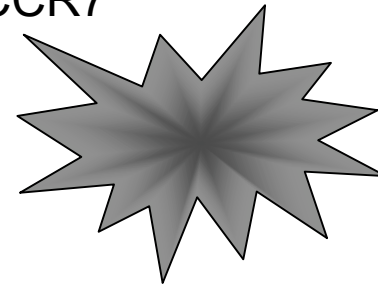


# Dendritic Cell trafficking



**Mature DC**

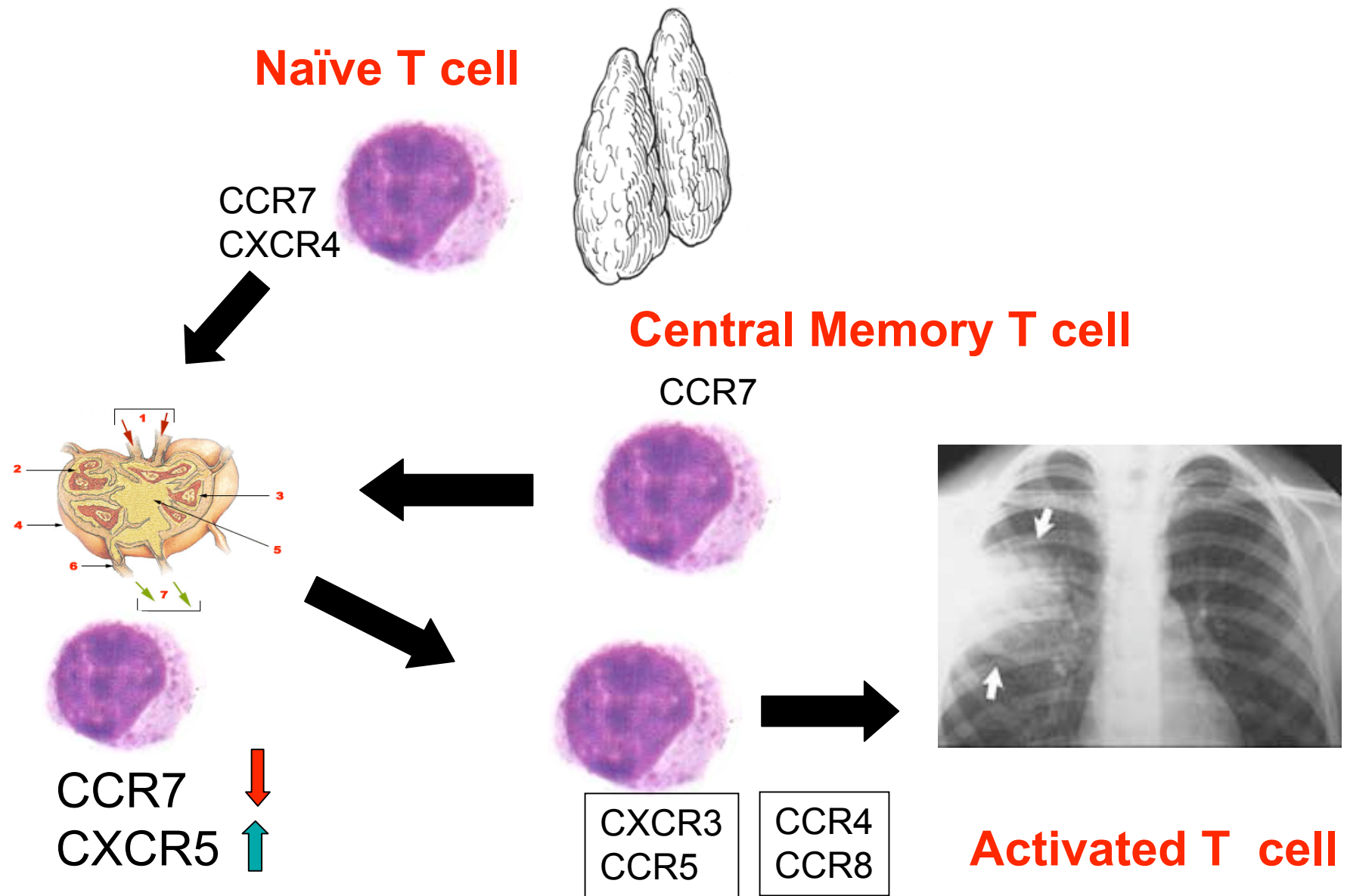
CCR7



**Immature DC**

CCR1  
CCR2  
CCR5  
CCR6

# Lymphocyte trafficking



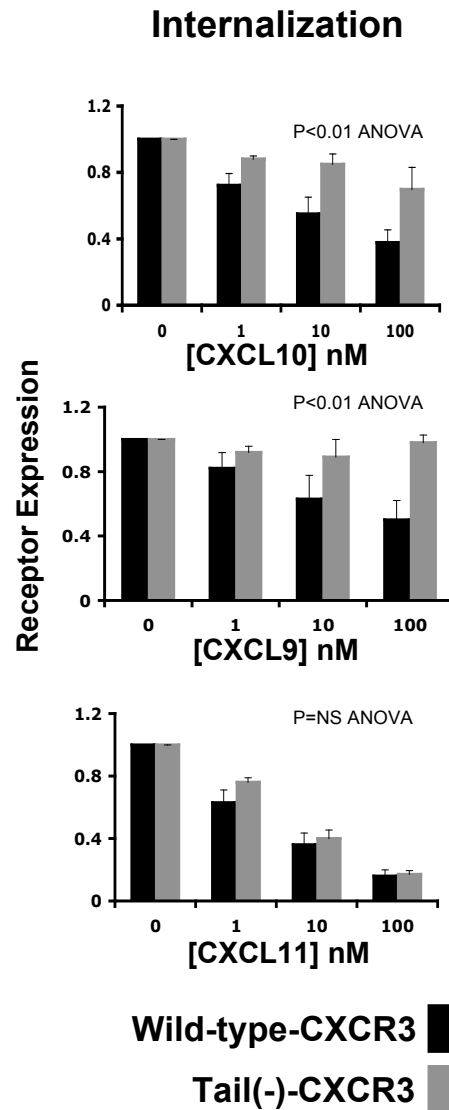
## Chemokines and chemokine receptors play functionally non-redundant roles

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- CXCL10 has unique roles in allograft rejection and response to Toxoplasmosis infection despite being 1 of 3 ligands for CXCR3
  - expression differences?
    - timing
    - location
  - signaling differences?



# The 3 CXCR3 ligands induce different pathways of receptor internalization



# CCR5

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- CCR5 is an inflammatory chemokine receptor expressed on
  - monocytes/macrophages
  - dendritic cells
  - T cells
    - memory CD4<sup>+</sup> and CD8 cells <sup>+</sup>
    - CD8<sup>+</sup> CTL
- CCR5 has 3 ligands: MIP-1 $\alpha$  (CCL3), MIP-1 $\beta$  (CCL4), and RANTES (CCL5)
- CCR5 is expressed on infiltrating cells during graft rejection, autoimmune disease, and response to infection
- CCR5 may play a regulatory role in monocyte and lymphocyte function
  - CCR5 down-regulates T cell-dependent immune responses as exhibited by enhanced DTH responses

# Chemokines/Chemokine receptors affect T cell differentiation

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- CCL3 (MIP1 $\alpha$ ) acting through CCR5 can polarize T<sub>H</sub>1 responses
  - upregulates IL-12 and IFN- $\gamma$  expression

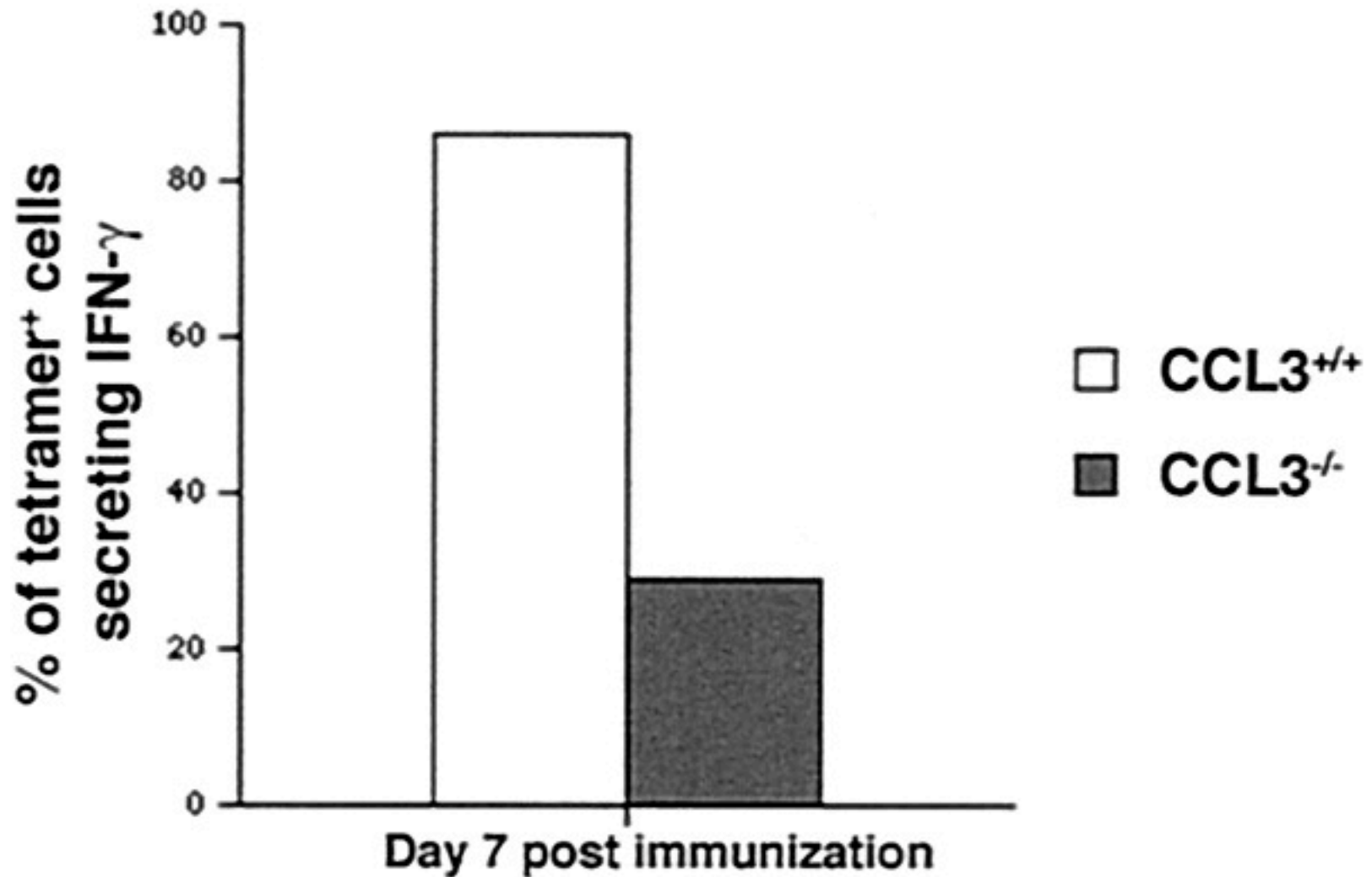
Karpus et al., *Journal of Immunology* 158:4129 (1997).
- CCR5 activation after Toxo infection induces IL-12 expression
  - induced by soluble Toxo antigen

Aliberti et al., *Nature Immunology* 1:83 (2000).
- CCL2 (MCP-1) acting through CCR2 can polarize T<sub>H</sub>2 responses
  - suppresses IL-12 and upregulates IL-4 expression

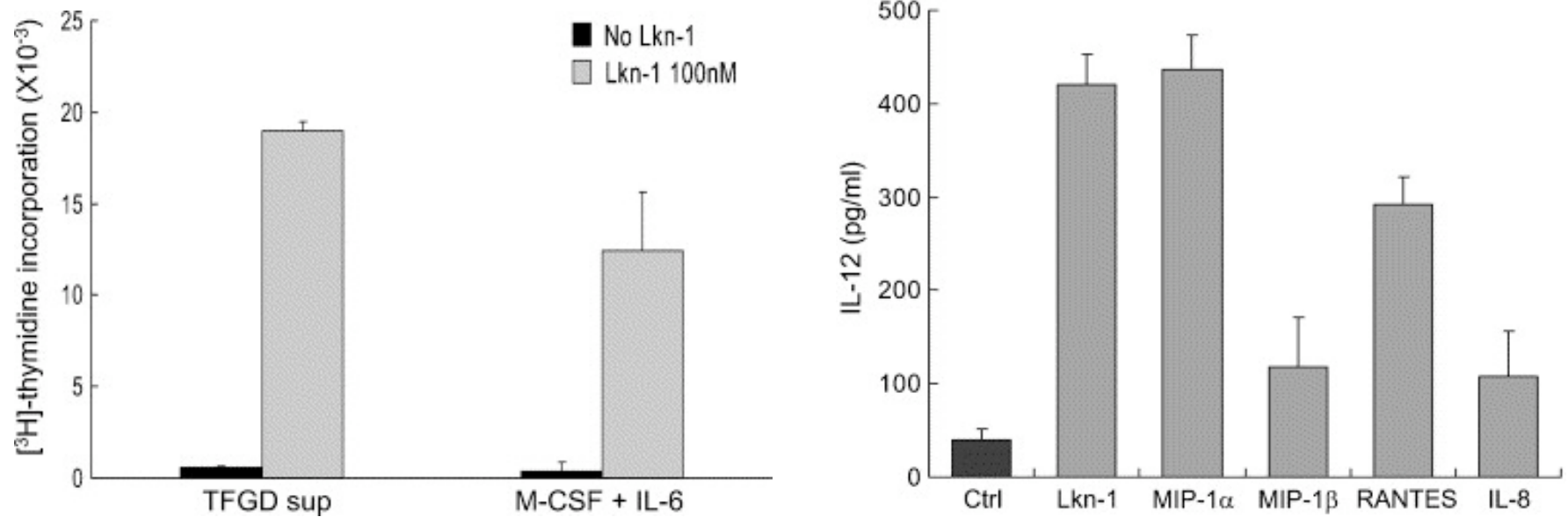
Gu et al., *Nature* 404:407 (2000).
- CCL19 (ELC) acting through CCR7 can augment IL-10 expression
  - dampers T<sub>H</sub>1 responses

Byrnes et al., *Journal of Immunology* 163:4715 (1999).

## CCL3 significantly enhances the differentiation of primed T cells during MHV infection

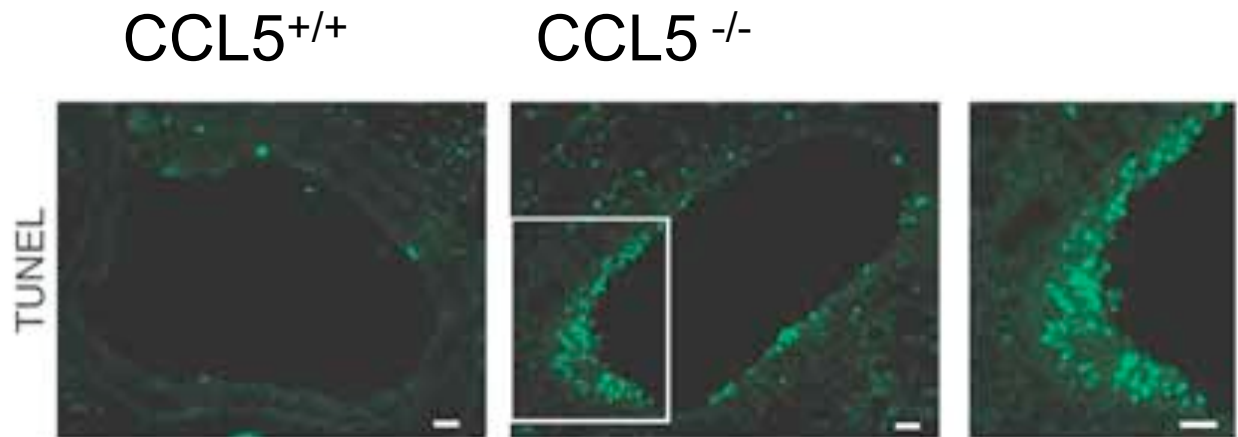
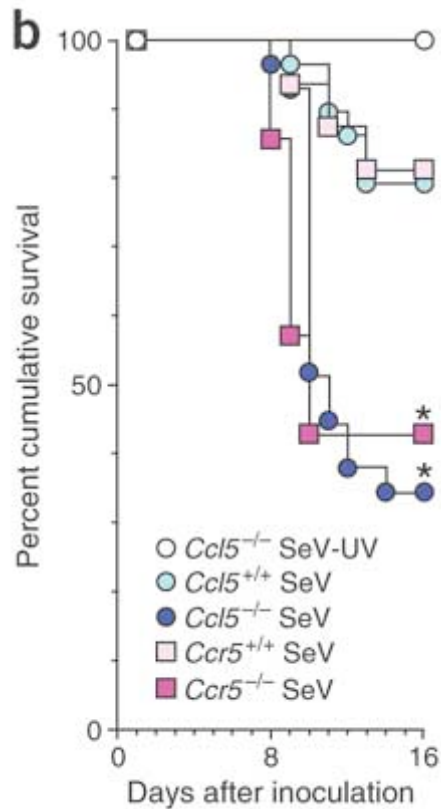


## CCL15, CCL3, and CCL5 induce macrophage maturation



Lee et al., *Cellular Immunology* 234:1 (2005).

# CCL5 (RANTES) is required to prevent macrophage apoptosis during parainfluenza infections



Tyner et al., *Nature Medicine* 11, 1180 - 1187 (2005)

## CXCL12 can induce pro- or anti-apoptotic signals

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- If induction of p38 MAPK predominates, cells undergo apoptosis
- If induction of AKT predominates, cells are protected from cell death

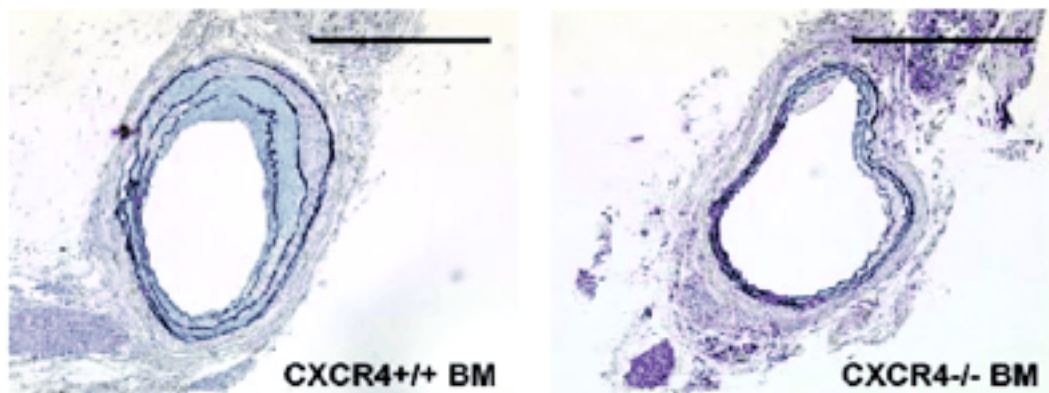
- Vlakakis et al., JI 169:5546 (2002)

## CXCL12 is important in development and injury repair

- CXCR4 is required for normal myelopoiesis
- CXCR4 and SDF-1 are required for neuron migration and cerebellar development
- SDF-1/CXCR4 deficiency results in VSD

- Ma and Springer, *PNAS* 95:9448.

CXCR4 is required in neo-intima formation in mouse carotids following induced injury



- Zerneck et al., *Circulation Research*. 2005;96:784.



## Conclusions

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- chemokines and chemokine receptors regulate more than leukocyte trafficking
- some of the effects of chemokine/chemokine receptor deficiency are related to their effects on cellular activation, differentiation and/or apoptosis
- the effects of chemokine receptor inhibition in an adult may be different than the effect of genetic deficiency of chemokines/chemokine receptors
- the effects of CCR5 deficiency may be different in immune competent and immune deficient people

## Potential toxicities

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- susceptibility to infection
  - crypto, toxo
  - Influenza
  - TB
  - HCV
- susceptibility to inflammatory diseases
  - cardiovascular disease
  - Alzheimer's disease
  - inflammatory bowel disease
  - allograft rejection
- susceptibility to autoimmune diseases
- bleeding? wound repair?