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Η ΥΠΕΡΕΚΦΡΑΣΗ ΤΟΥ SMAD7 ΠΡΟΣΤΑΤΕΥΕΙ ΤΟ ΗΠΑΡ ΑΠΟ ΤΗΝ TGF- β /SMAD ΜΕΣΟΛΑΒΟΥΜΕΝΗ ΙΝΟΓΕΝΕΣΗ

OVEREXPRESSION OF SMAD7 PROTECTS LIVER FROM TGF- β /SMAD-MEDIATED FIBROGENESIS

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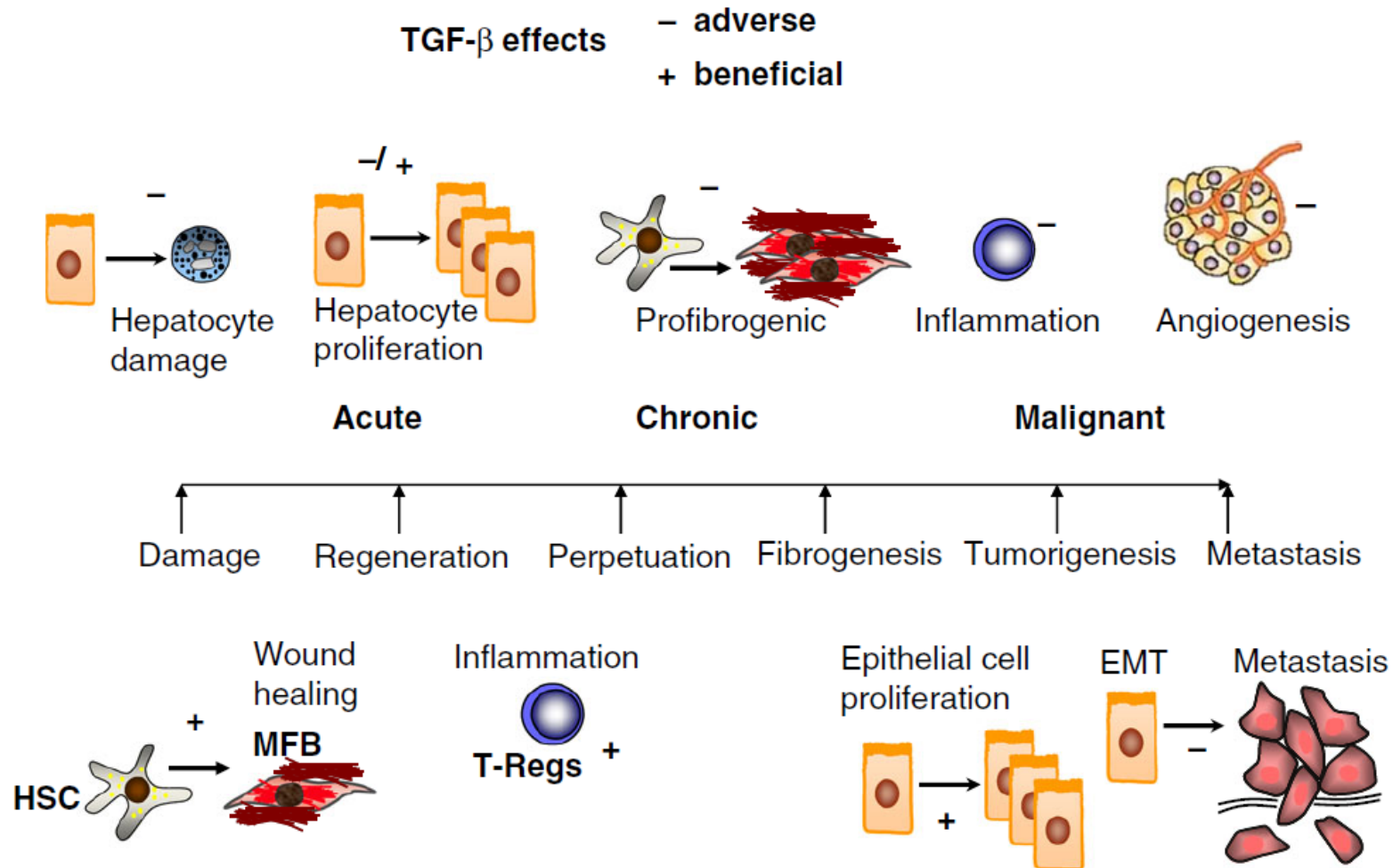
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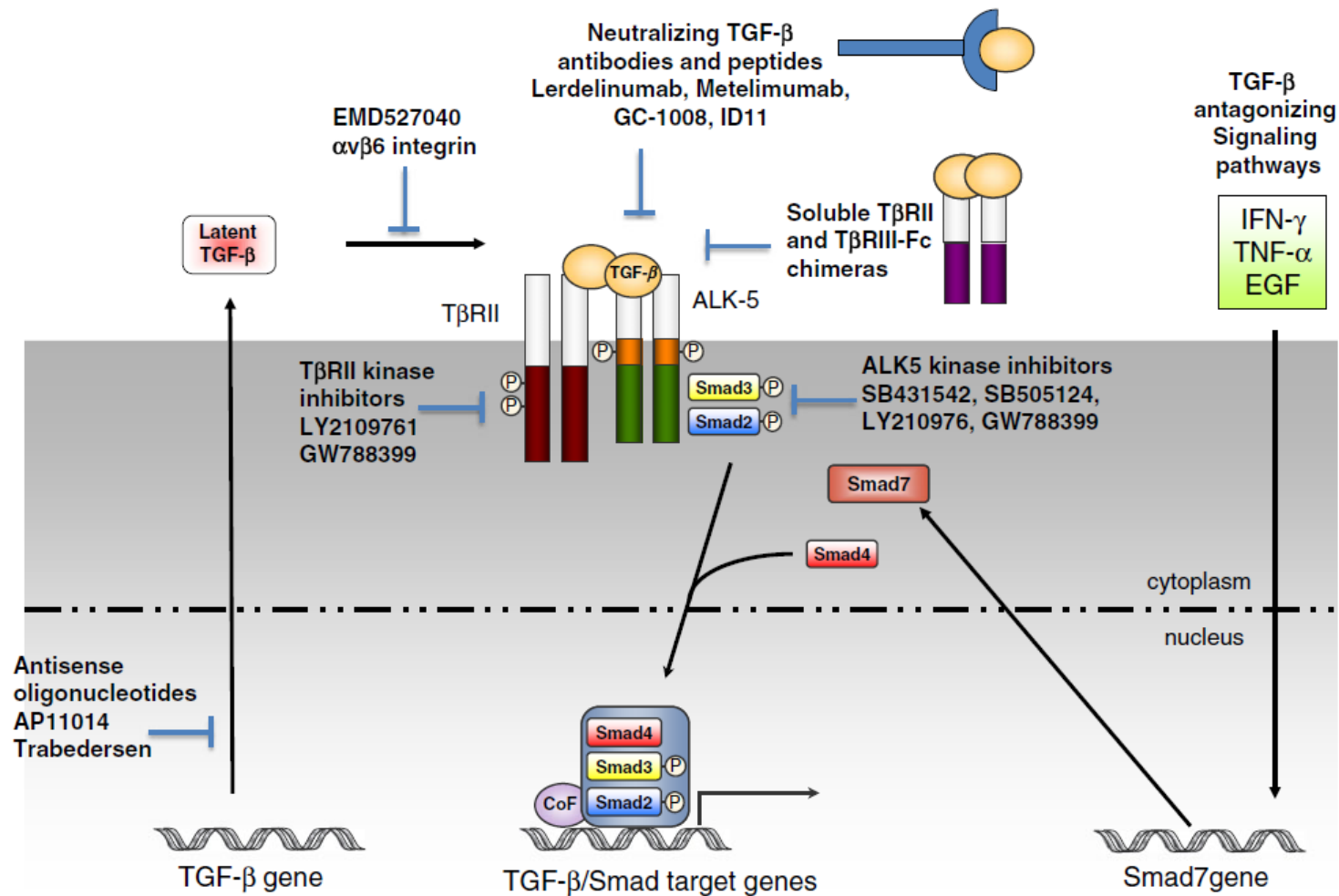
PROS AND CONS OF TRANSFORMING GROWTH FACTOR-B (TGF-B) SIGNALLING DURING THE PROGRESSION OF CHRONIC LIVER DISEASES

CELL TISSUE RES (2012) 347:245–256



TGF- β SIGNAL TRANSDUCTION PATHWAY AND TARGETS FOR THERAPEUTIC INTERVENTION

CELL TISSUE RES (2012) 347:245–256



BACKGROUND

- Smad7 is a dominant intracellular inhibitor of TGFb/Activin signal transduction.¹ Recent animal model studies have corroborated the protective function of Smad7 in attenuating TGF- β -mediated fibrosis in multiple organs, including liver, through manipulation of Smad7 expression.²⁻⁵
- This study was scheduled in order to determine whether *Smad7* mRNA expression correlates with the expression of the molecules participating in the TGF- β /Activin signal transduction pathway in liver tissue of patients with chronic hepatic diseases and to seek correlations with the status of liver inflammation, fibrosis and the effect of treatment.



PATIENTS & METHODS(1)

- **Liver biopsies** obtained from **67 patients with chronic hepatic diseases** including
 - a) 18 with chronic HCV hepatitis (CHC);
 - b) 19 with chronic HBV hepatitis at diagnosis (CHB/d);
 - c) 4 with CHB after antiviral treatment and relapse (CHB/nr)
 - d) 14 with CHB after antiviral treatment response and maintained remission for >5y (CHB/r);
 - e) 12 with non alcoholic fatty liver disease (NAFLD).
- Three individuals submitted to liver biopsy due to a mild increase of aminotransferases but without liver architecture changes (served as controls).
- Demographic, clinicopathological and serological data of the analyzed subjects are summarized in **Table 1**.



Table 1. Clinicopathological and serological data of the patients of the study

	Controls	CHB/d^a	CHB/nr^b	CHB/r^c	CHC^d	NAFLD^e
No	3	19	4	14	18	12
Sex (M/F)^f	2/1	9/10	2/2	11/3	14/4	7/5
Age (median, range)	61, 60-67	54, 24-64	57, 22-65	52, 23-60	41.5, 27-54	45, 21-71
AST^g (U/μL), (median, range)	42, 36-45	51, 17-1969	62, 39-277	29.5, 15-51	45, 24-237	31.5, 19-70
ALT^h (U/μL), (median, range)	32, 21-48	61, 15-1478	97.5, 70-332	31.5, 17-49	75, 32-213	54, 15-141
Inflammation gradeⁱ						
I-0ⁱ	3	—	—	1	—	3
I-1ⁱ	—	4	—	10	2	4
I-2ⁱ	—	8	3	3	10	5
I-3ⁱ	—	5	1	—	6	—
I-4ⁱ	—	2	—	—	—	—
Fibrosis (median, range)ⁱ	—	4.0, 0-6	4.5, 1-5	2.0, 0-3	3.0, 1-6	0.5, 0-2
HAI-score (median, range)	—	8.0, 1-15	8.0, 5-11	2.0, 0-7	7.0, 2-12	2.0, 0-5
Viral load (median, range)	—	4 Meq/mL (0.009-699)	0.10 Meq/mL (0-44.5)	0 Meq/mL (0-0.008)	0.70 Meq/mL (0.10-6.25)	0, 0-0

Abbreviations: ^a CHB/d, newly diagnosed patients with Chronic HBV hepatitis; ^b CHB/nr, CHB patients 6 months after treatment withdrawal and no virologic/biochemical sustained response, ^c CHB/r, CHB patients after antiviral treatment response and remission for >5y, ^d CHC, Chronic HCV hepatitis; ^e NAFLD, non-alcoholic fatty liver disease; ^f M, male; F, female; ^g AST, aspartate aminotransferase; ^h ALT, alanine aminotransferase; ⁱ Inflammation grade (I-0: without inflammation, I-1: minimal, I-2: mild, I-3: moderate and I-4: marked) and fibrosis

PATIENTS & METHODS(2)

- The **mRNA levels** of
- ***TGFBs* (*TGFB-1,-2,-3*),**
- **activins (*A,B,C,E*), *ALK4*, *ALK5*,**
- **SMAD molecules (*SMAD-2, -3, -4, -7*), and**
- ***CTGF*** were determined in a quantitative reverse transcriptase PCR using SYBR-Green PCR Supermix (Invitrogen,UK).
- Primers were either designed or commercially obtained by SA Biosciences (USA). The sequences of the designed primers as well as the thermocycling conditions for all genes are summarized in **Table 2**.
- The *beta-2-microglobulin* (***B2M***) gene was used as a reference gene for sample normalization.
- Statistical analyses were performed using the SPSS ver. 18.0 software.



Table 2. Primers and PCR conditions for the amplification of the analyzed genes

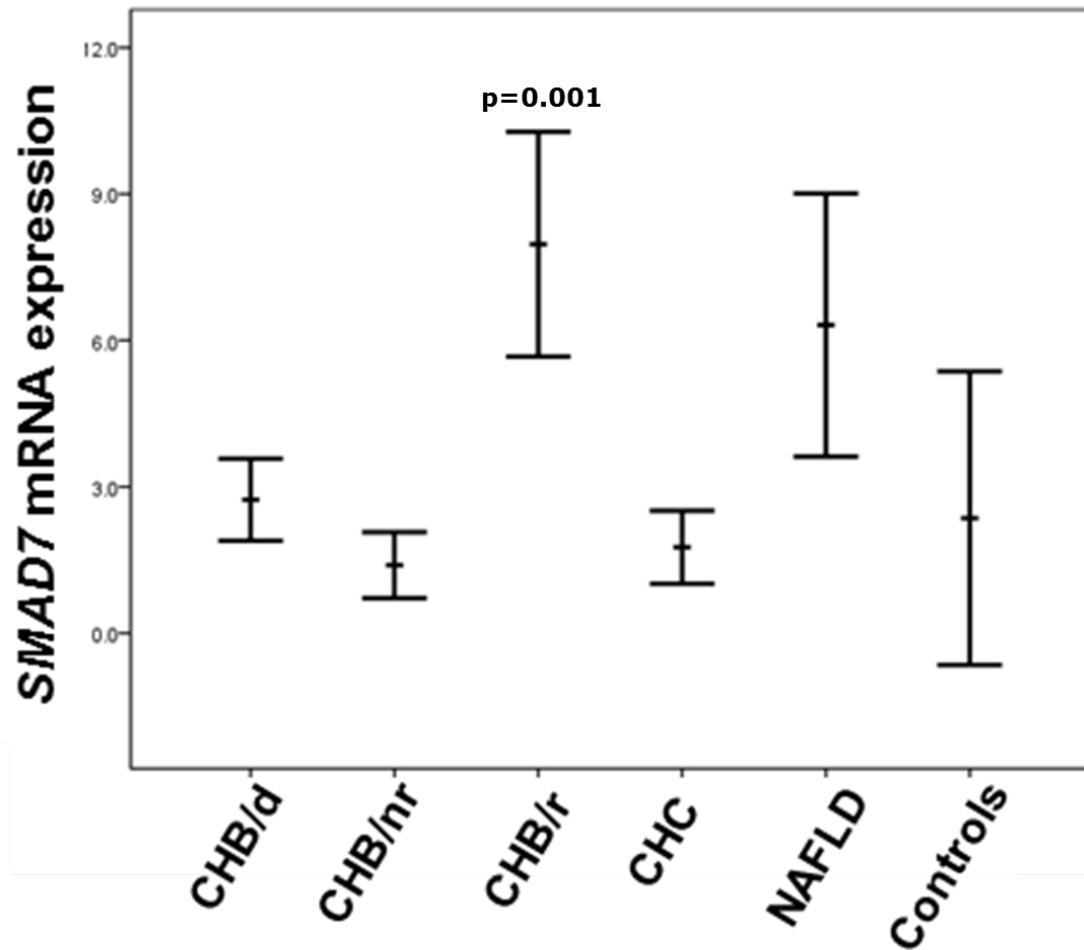
Gene	Primers	Sequence	PCR conditions
TGFB1	forward reverse	commercially obtained by SABiosciences, Cat No PPH00508A	95°C for 10 min, followed by 40 cycles (95°C for 15 s, 60°C for 60 s)
TGFB2	forward reverse	5'- AgAgTgCCTgAACAA -3' 5'- CCATTCgCCTTCTgCTCTT -3'	95°C for 2 min, followed by 40 cycles (95°C for 15 s, 53°C for 15 s, 72°C for 15 s)
TGFB3	forward reverse	commercially obtained by SABiosciences , Cat No PPH00531E	95°C for 10 min, followed by 40 cycles (95°C for 10 s, 58°C for 10 s, 72°C for 30 s)
ALK5	forward reverse	commercially obtained by SABiosciences, Cat No PPH00237B	95°C for 10 min, followed by 40 cycles (95°C for 15 s, 60°C for 60 s)
ALK4	forward reverse	5'- CATTgACATTgCCCCgAATC -3' 5'- CgAgCAATCTCCCAATATACAAg -3'	95°C for 2 min, followed by 50 cycles (95°C for 15 s, 56°C for 40 s), and 72°C for 2 min
SMAD2	forward reverse	commercially obtained by SABiosciences, Cat No PPH01949E	95°C for 10 min, followed by 40 cycles (95°C for 15 s, 58°C for 15 s, 72°C for 15 s)
SMAD3	forward reverse	commercially obtained by SABiosciences, Cat No PPH01921B	95°C for 10 min, followed by 40 cycles (95°C for 10 s, 58°C for 10 s, 72°C for 30 s)
SMAD4	forward reverse	commercially obtained by SABiosciences, Cat No PPH00134B	95°C for 10 min, followed by 40 cycles (95°C for 15 s, 60°C for 60 s)
SMAD7	forward reverse	commercially obtained by SABiosciences, Cat No PPH01905B	95°C for 10 min, followed by 40 cycles (95°C for 15 s, 60°C for 60 s)
CTGF	forward reverse	5'- ACCAATgACAACgCCTCCTg -3' 5'- TTgCCCTTCTTA ATgTTCTCTTCC -3'	95°C for 10 min, followed by 40 cycles (95°C for 15 s, 60°C for 60 s)
INHBA	forward reverse	5'- AgCAGACCTCggAgATCATC -3' 5'- TTggggACTTTTAggAAgAgC -3'	95°C for 2 min, followed by 50 cycles (95°C for 15 s, 56°C for 40 s), and 72°C for 2 min
INHBB	forward reverse	5'- AggAgCgCgTTTCCgAAATC -3' 5'- TggTTgCCTTCgTTggAgATg -3'	95°C for 2 min, followed by 50 cycles (95°C for 15 s, 56°C for 40 s), and 72°C for 2 min
INHBC	forward reverse	5'- AgAgCTgCTTTgAggACTgC -3' 5'- AAgACgAgTCTggTTGATggTg -3'	95°C for 2 min, followed by 50 cycles (95°C for 15 s, 56°C for 40 s), and 72°C for 2 min
INHBE	forward reverse	5'- gCAACAATTCCTggCgATACC -3' 5'- gCCCTCAATTTCCCTCCAC -3'	95°C for 2 min, followed by 50 cycles (95°C for 15 s, 56°C for 40 s), and 72°C for 2 min
B2M	forward reverse	commercially obtained by SABiosciences, Cat No PPH01094E	95°C for 10 min, followed by 40 cycles (95°C for 15 s, 60°C for 60 s)

RESULTS(1)

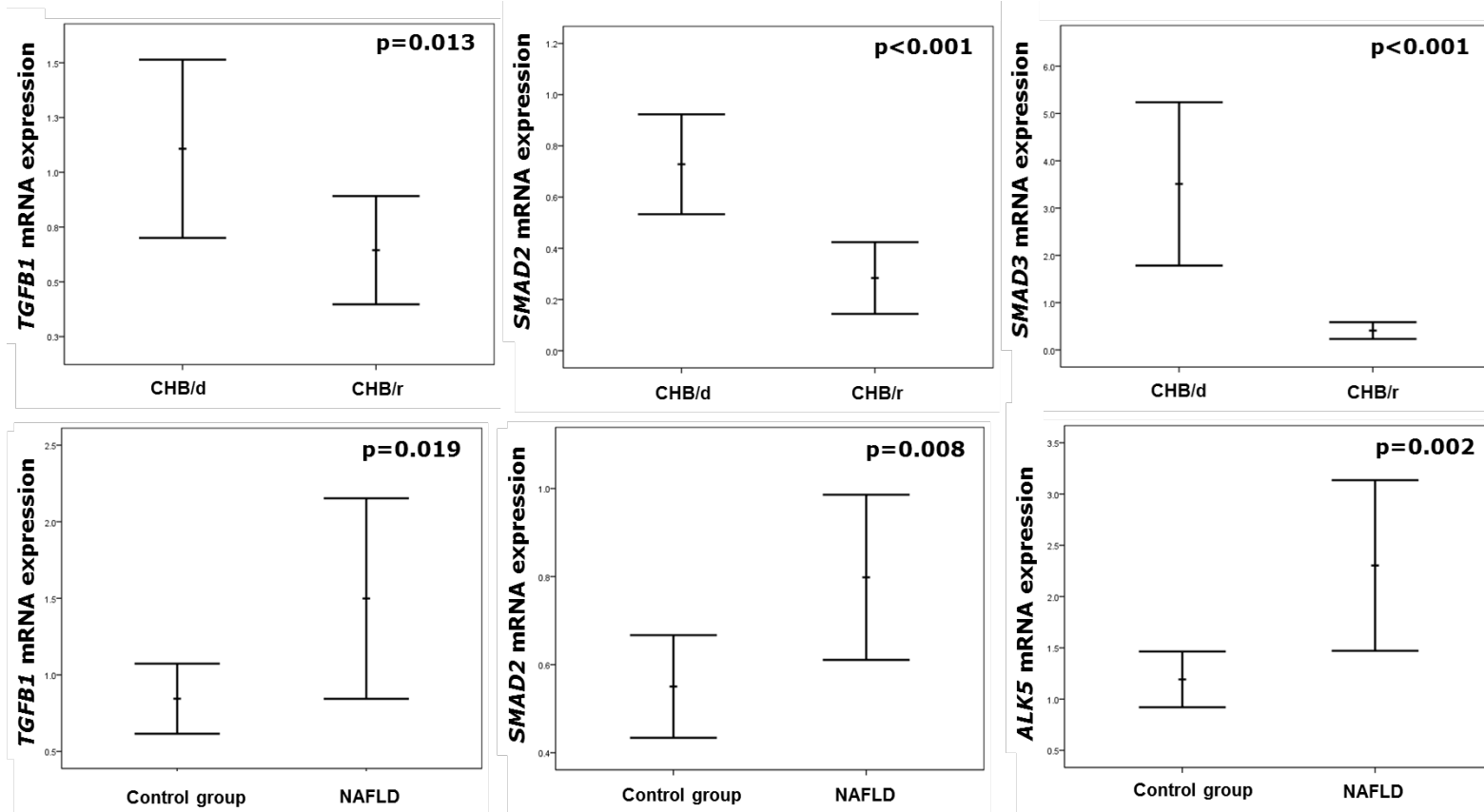
- Patients with CHB/r exhibited a significant increase of *SMAD7* mRNA expression (**Fig.1A**) and reduced levels of *TGFB1*, *SMAD2*, *SMAD3*, and *CTGF* ($p=0.010$) as compared to CHB/d patients (**Fig.1B**). This pattern of expression of *SMAD7* was similar with that observed in patients with NAFLD, a disease characterized rarely by a fibrotic process (**Fig.1A**).



SMAD7 mRNA EXPRESSION



TGFb1 mRNA expression



RESULTS(2)

- *SMAD7* expression was also found increased in NAFLD patients as compared to the control group including CHB/d, CHB/nr and CHC patients ($p=0.001$). Moreover, NAFLD patients were presented with elevated mRNA levels of *TGFB1*, *SMAD2*, *ALK4*, and *SMAD4* ($p<0.001$) (**Fig.1C**).

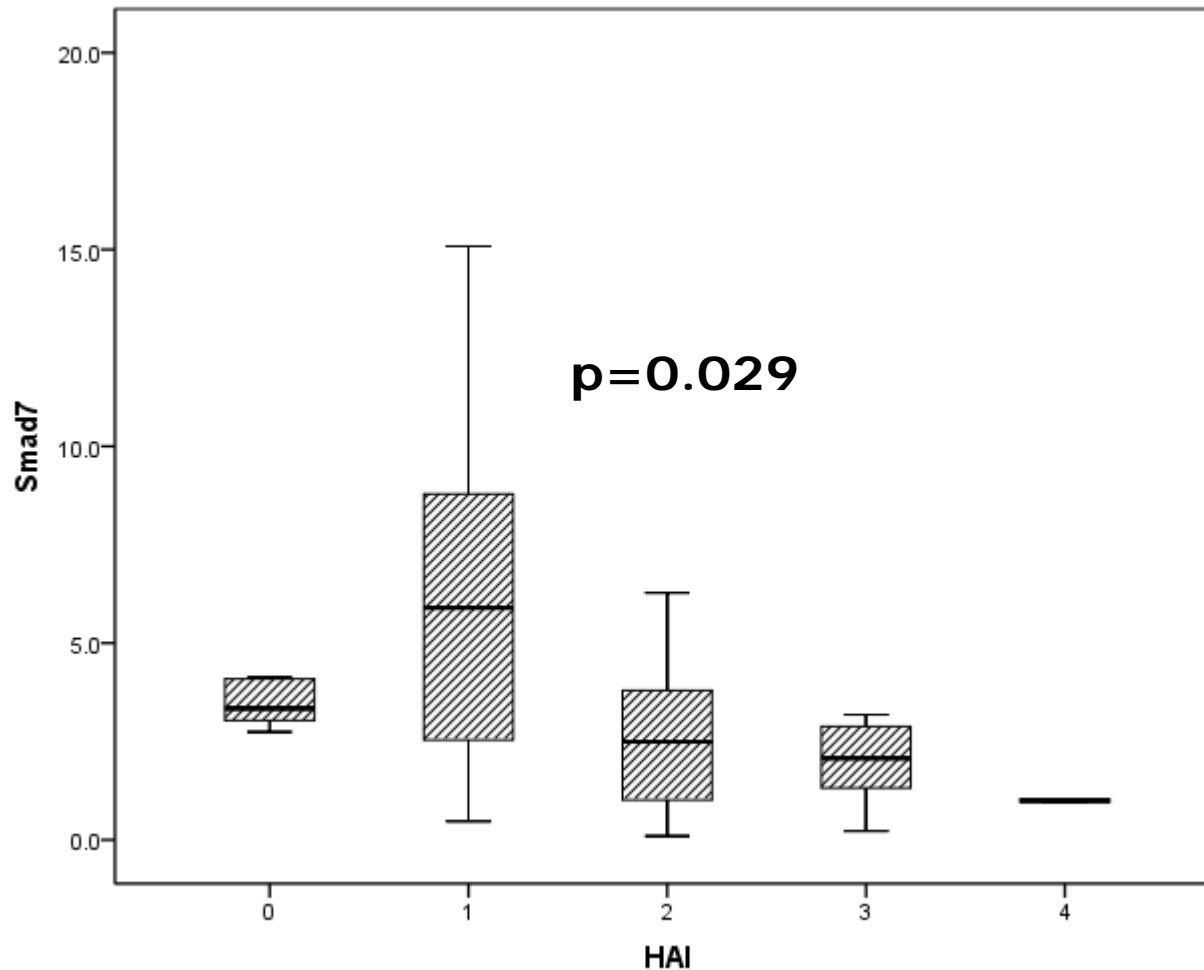


RESULTS(3)

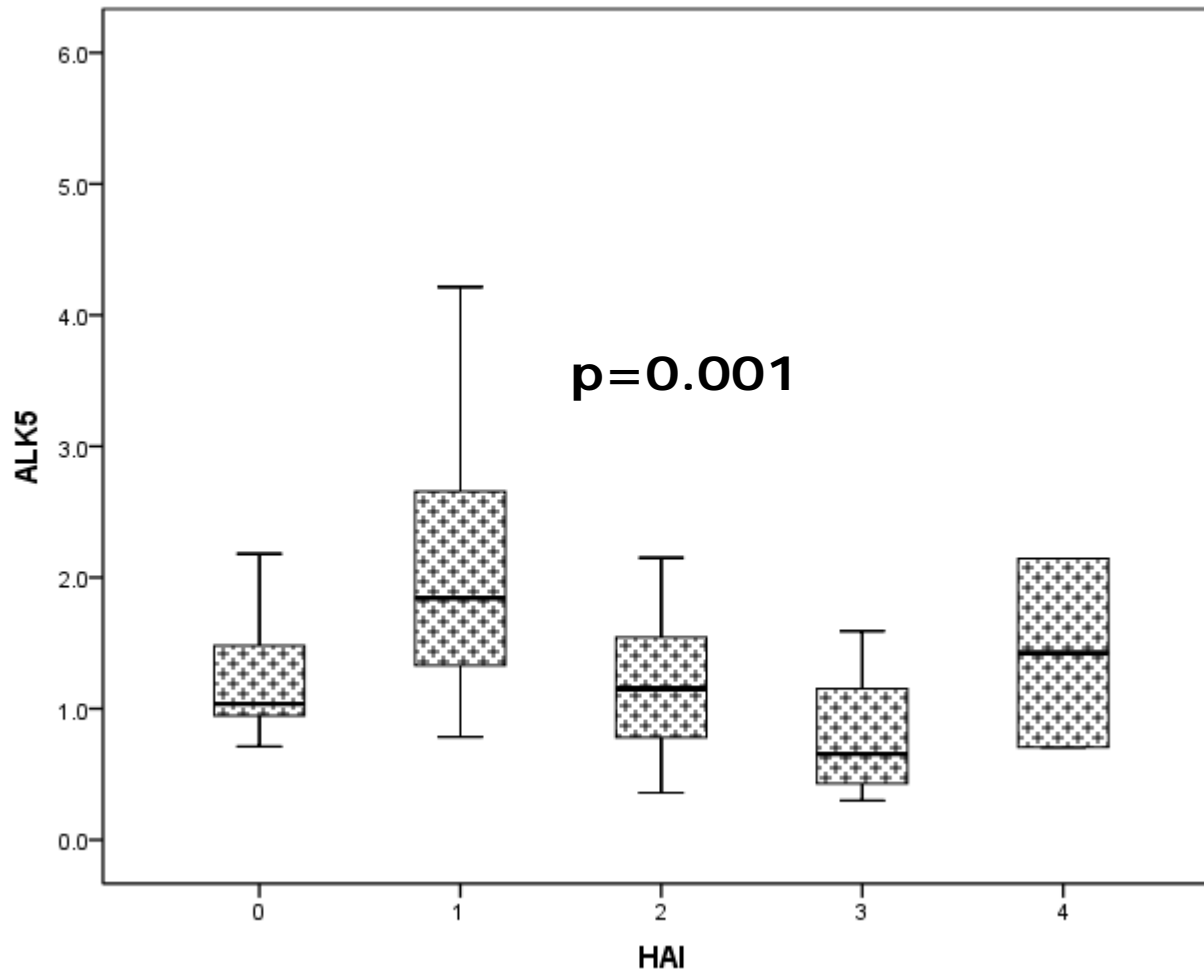
- Considering the intensity of inflammation, *SMAD7*, *ALK5*, *INHBC*, and *ALK4* exhibited significant increased expression from absent to minimal inflammation with a gradual reduction as inflammation exacerbates (**Fig.2**).



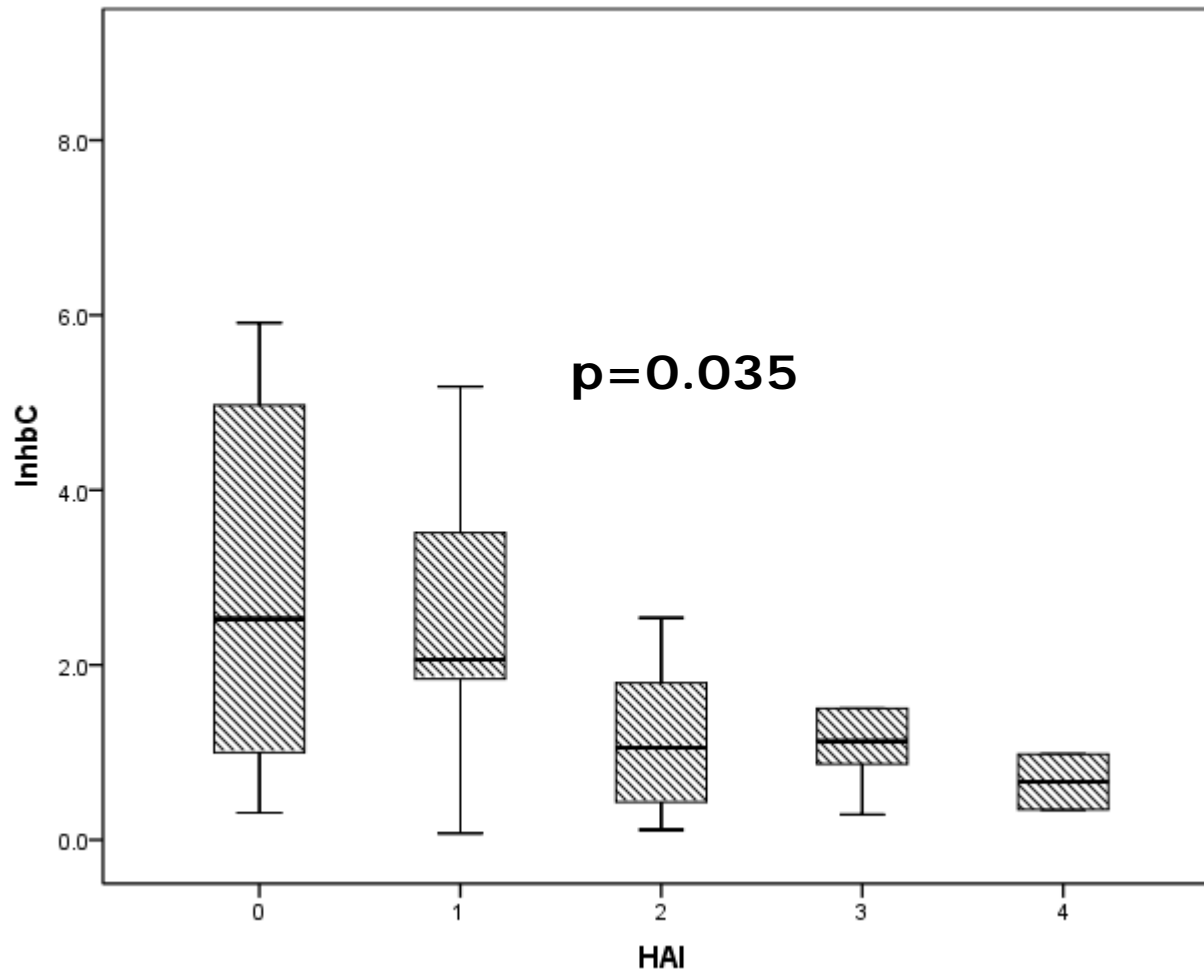
SMAD7, ALK5, INHBC, AND ALK4 VS LIVER INFLAMMATION(TGF-B/ ACTIVIN SIGNALING PATHWAY)



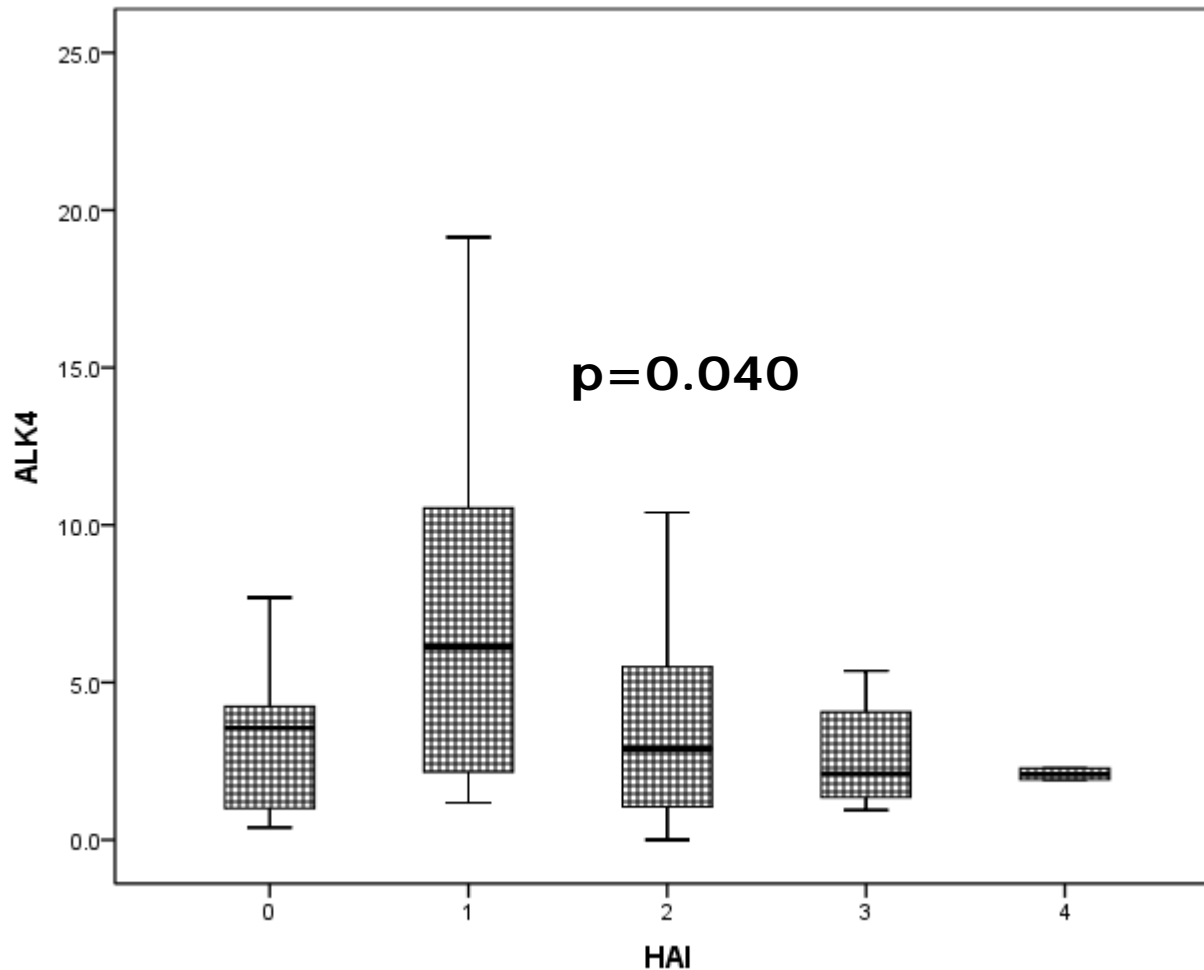
SMAD7, ALK5, INHBC, AND ALK4 VS LIVER INFLAMMATION (TGF- β / ACTIVIN SIGNALING PATHWAY)



SMAD7, ALK5, INHBC, AND ALK4 VS LIVER INFLAMMATION (TGF-B/ ACTIVIN SIGNALING PATHWAY)



SMAD7, ALK5, INHBC, AND ALK4 VS LIVER INFLAMMATION (TGF-B/ ACTIVIN SIGNALING PATHWAY)



CONCLUSION

- Our data indicate that in cases with low grade fibrosis, such as
- NAFLD (characterized by a lower incidence of severe liver complications and fibrosis progression) and
- CHB/r, SMAD7 overexpression might be a mechanism limiting the fibrogenic effect of TGFb suggesting that its induction may provide a target for novel therapeutic approaches.



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- **5.** Tang LX et al. PLoS One 2012; 7: e31350. Epub 2012 Feb 7





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