

Biologie de la Plaque d'Athérosclérose

Ziad Mallat, MD, PhD

Department of Medicine, University of Cambridge,
Cambridge, UK



UNIVERSITY OF
CAMBRIDGE

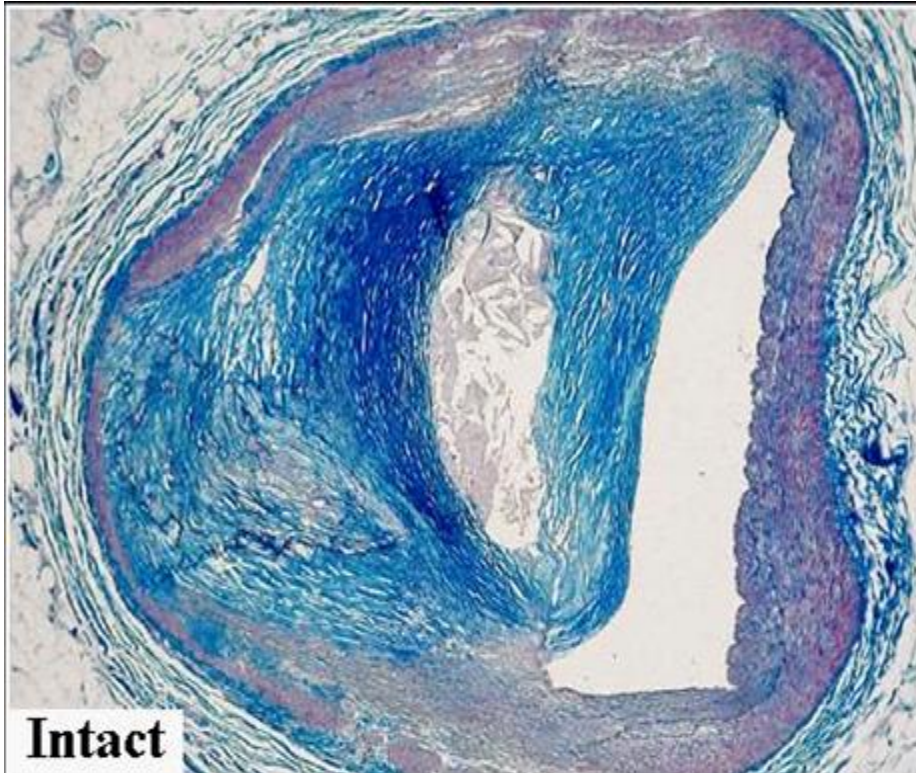


Inserm

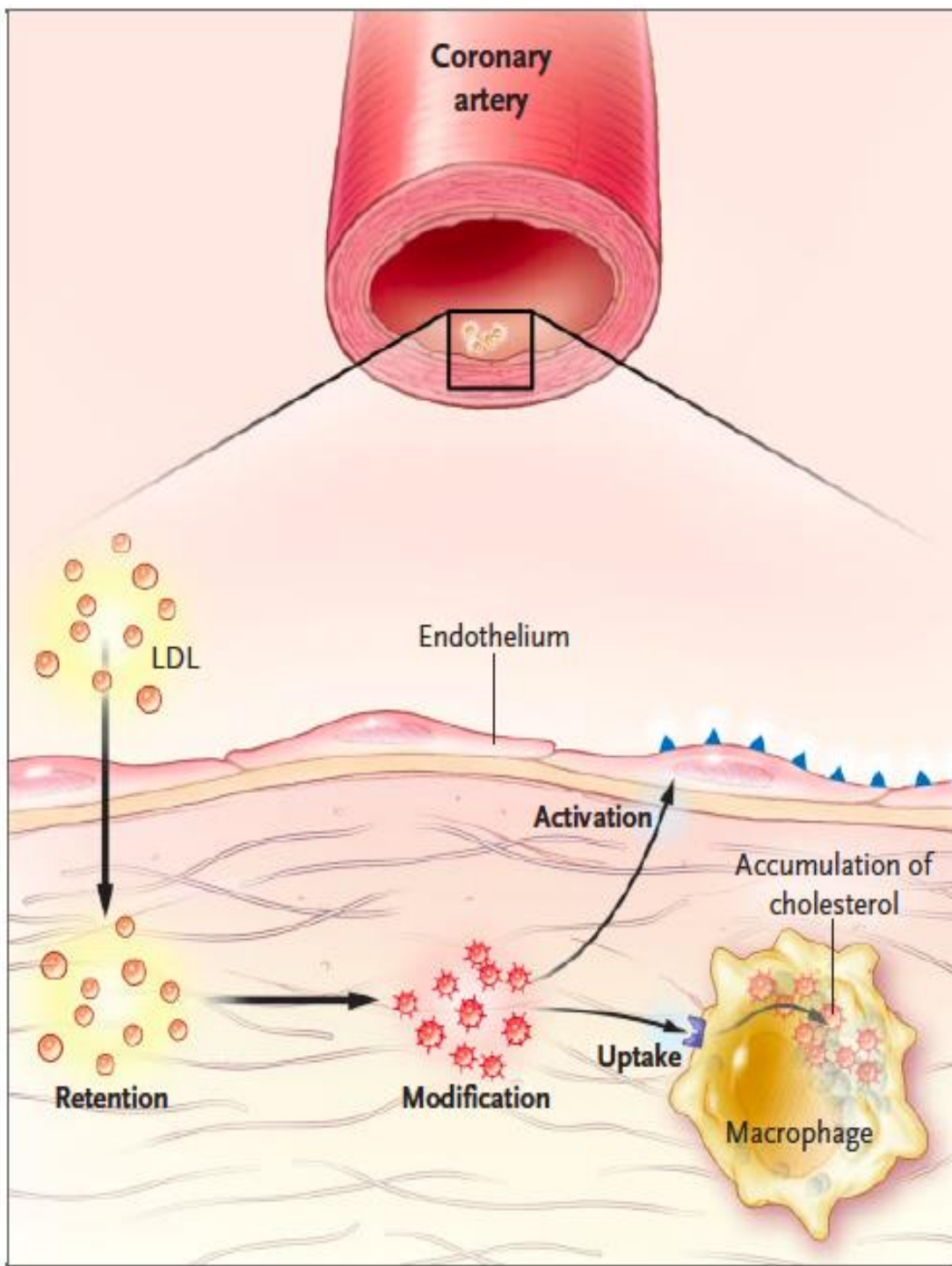


Atherosclerosis

Kolodgie, et al. Heart 2004

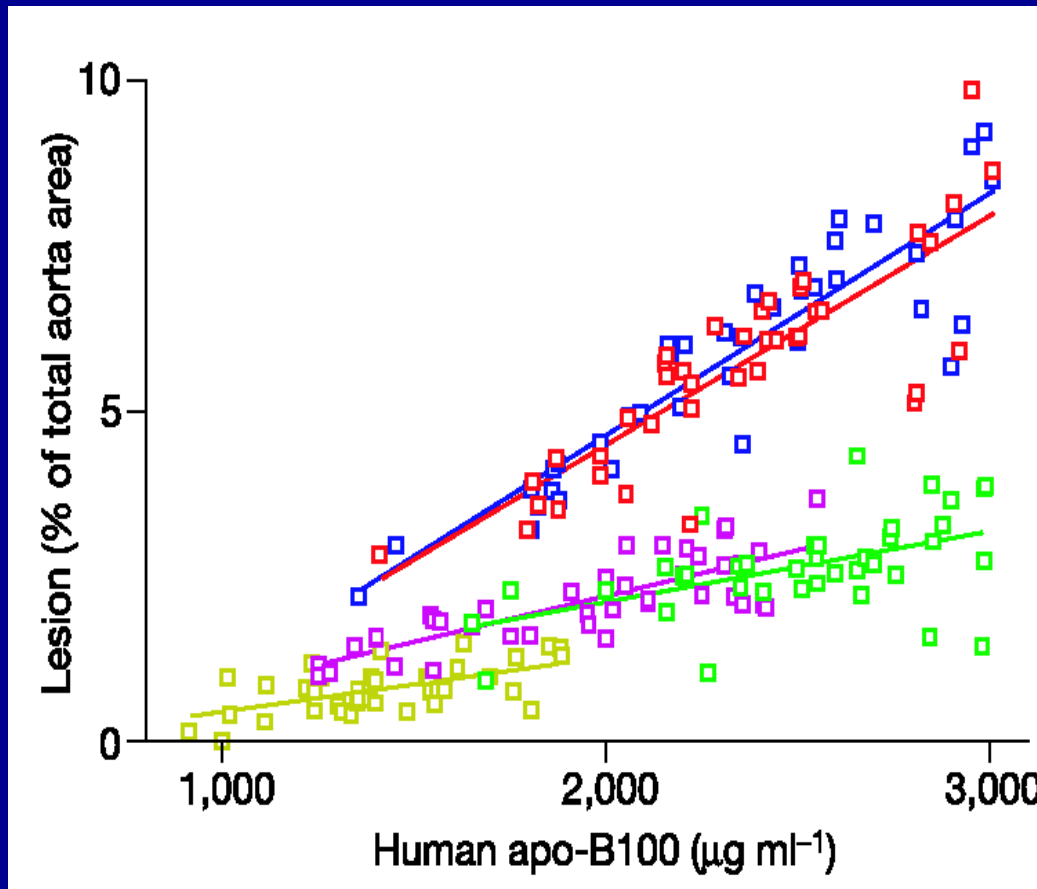


Risk factors: ApoB/apoA1 ratio, diabetes, abdominal obesity, smoking, hypertension, psychosocial index, fruits/veg., exercise, alcohol



Hanson GK.
N Engl J Med 2005

Effect of Subendothelial Retention of Atherogenic Lipoproteins on Atherosclerosis

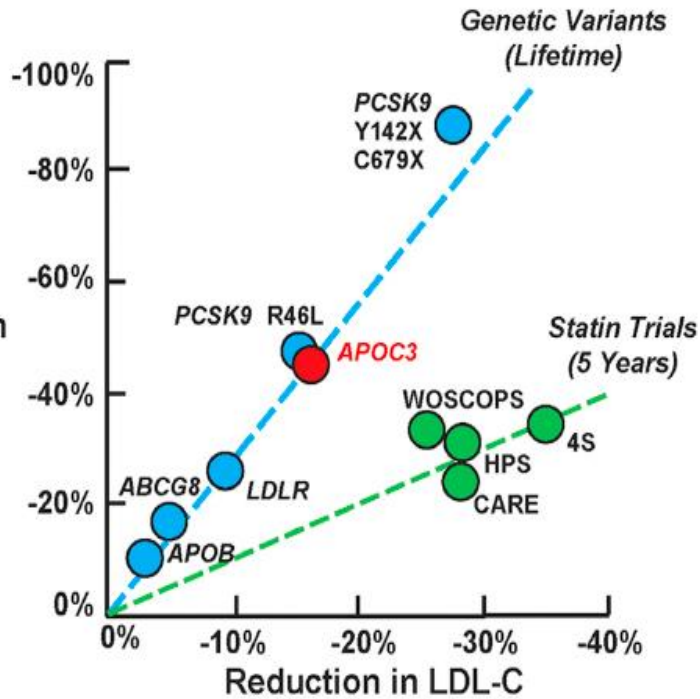
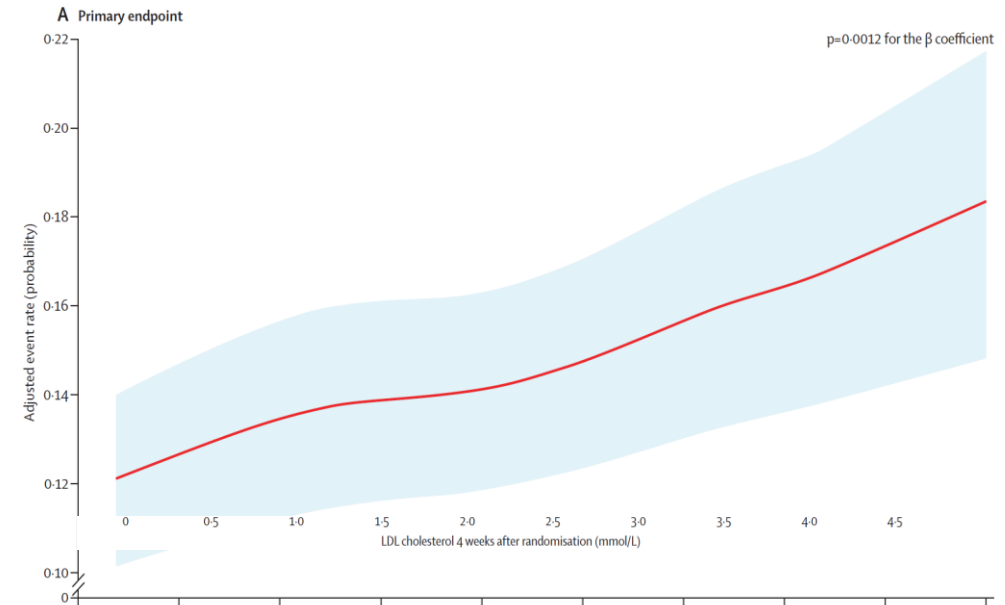


Wild type-control LDL

Proteoglycan-binding-defective LDL

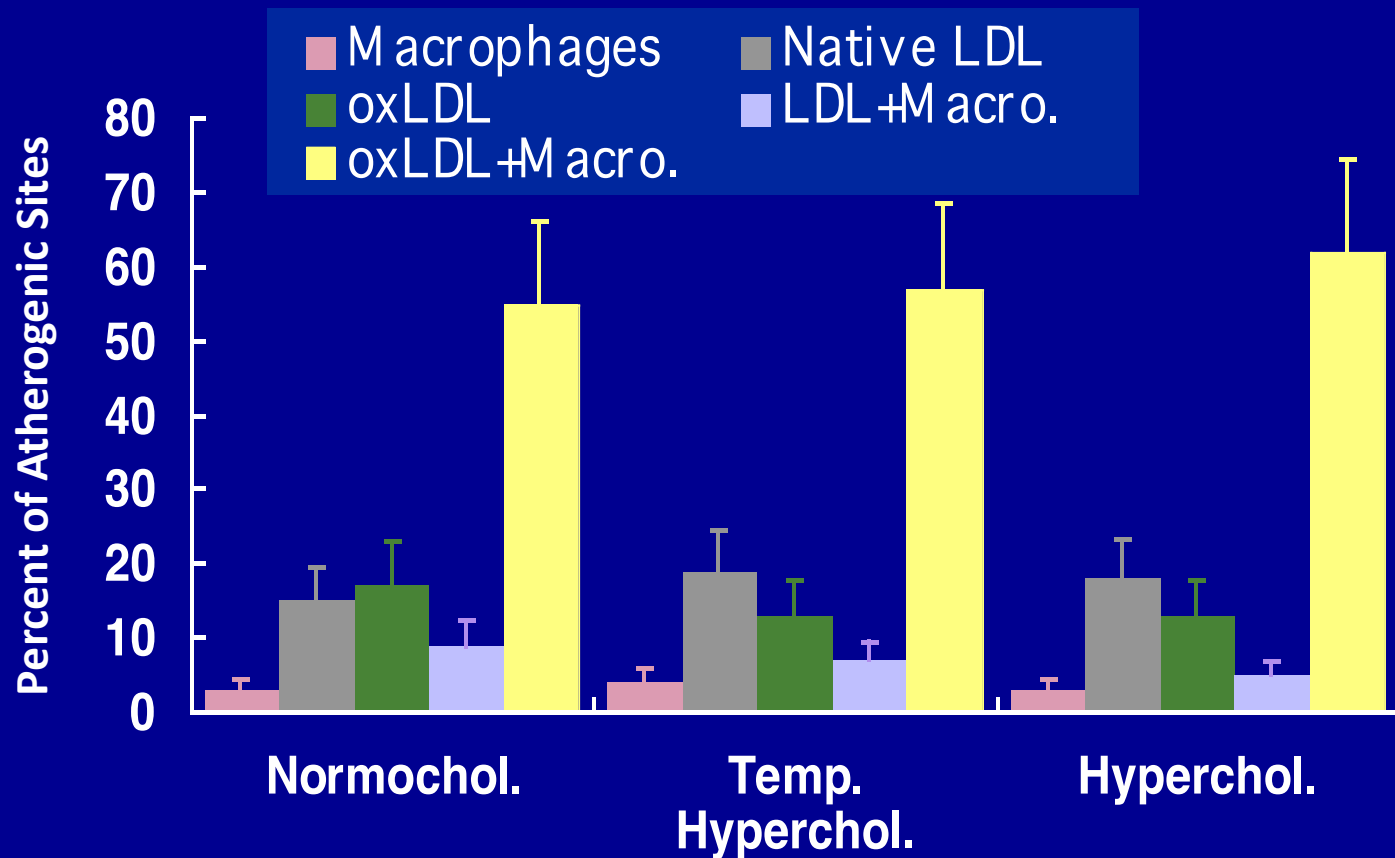
Clinical efficacy and safety of achieving very low LDL-cholesterol concentrations with the PCSK9 inhibitor evolocumab: a prespecified secondary analysis of the FOURIER trial Lancet 2017; 390: 1962-71

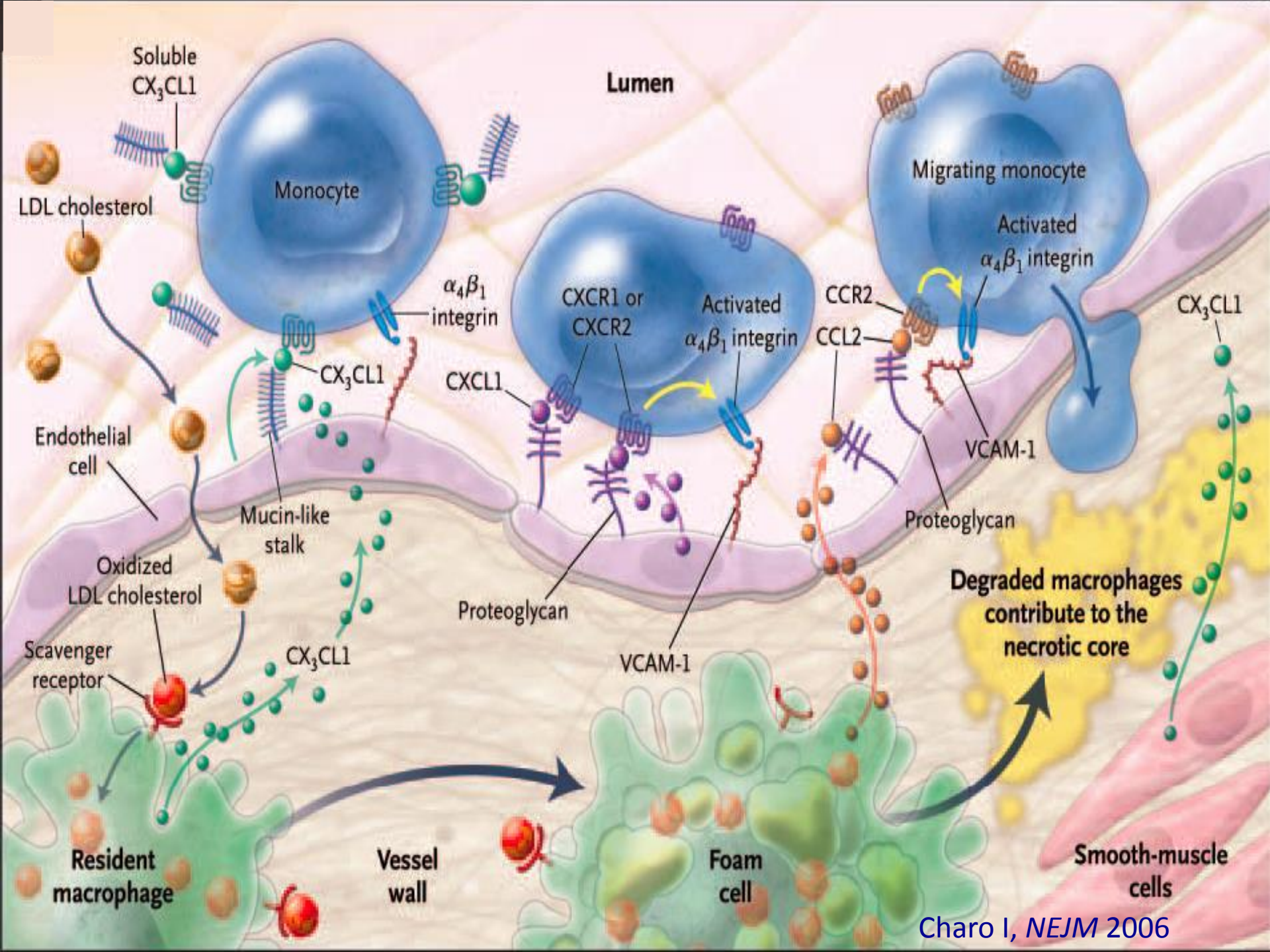
Robert P Giugliano, Terje R Pedersen, Jeong-Gun Park, Gaetano M De Ferrari, Zbigniew A Gaciong, Richard Ceska, Kalman Toth, Ioanna Gouni-Berthold, Jose Lopez-Miranda, François Schiele, François Mach, Brian R Ott, Estella Kanevsky, Armando Lira Pineda, Ransi Somaratne, Scott M Wasserman, Anthony C Keech, Peter S Sever, Marc S Sabatine, on behalf of the FOURIER Investigators

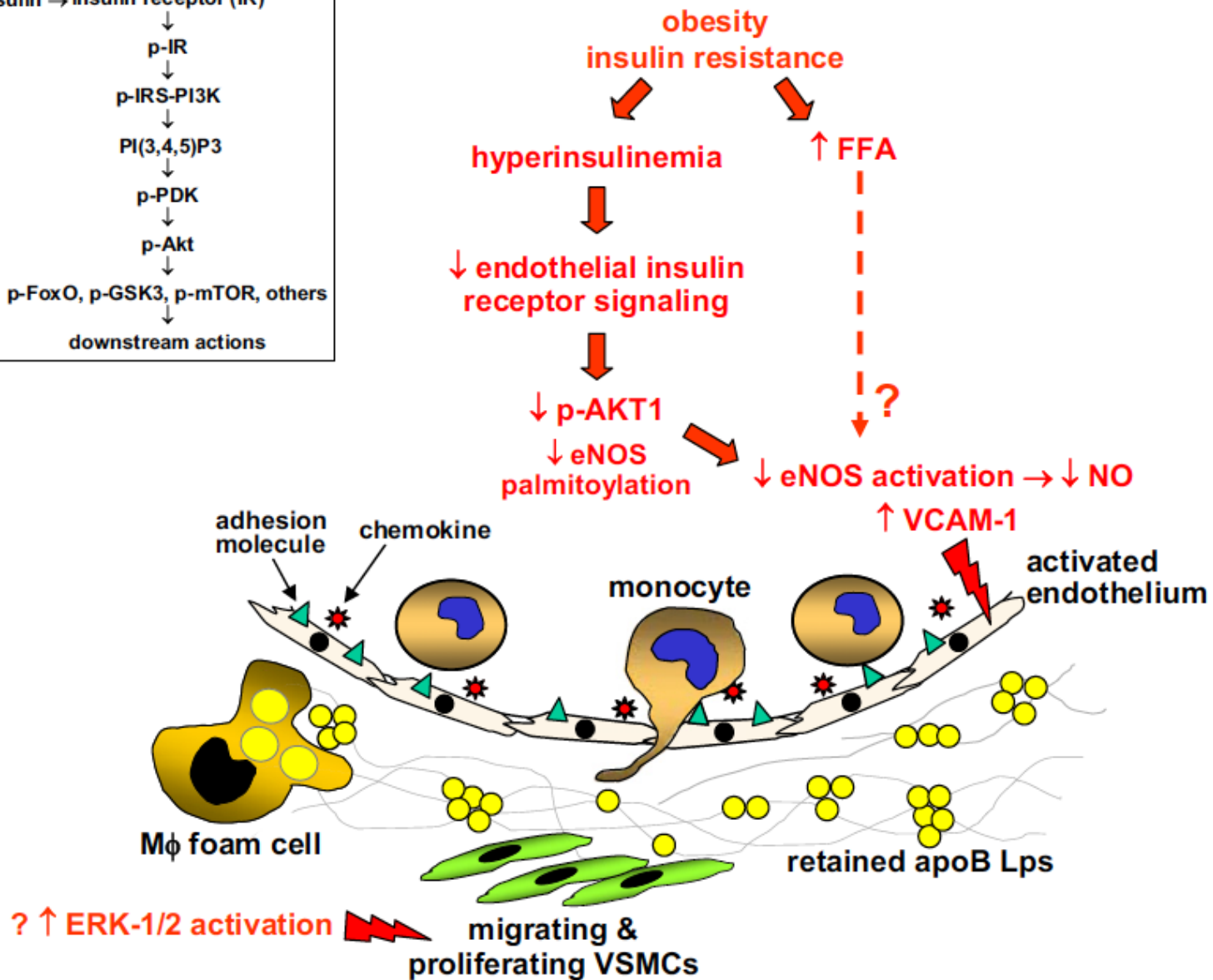
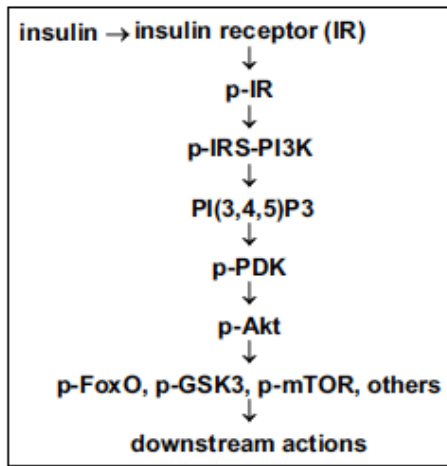


Cohen JC et al. *Cell Metab* 2014

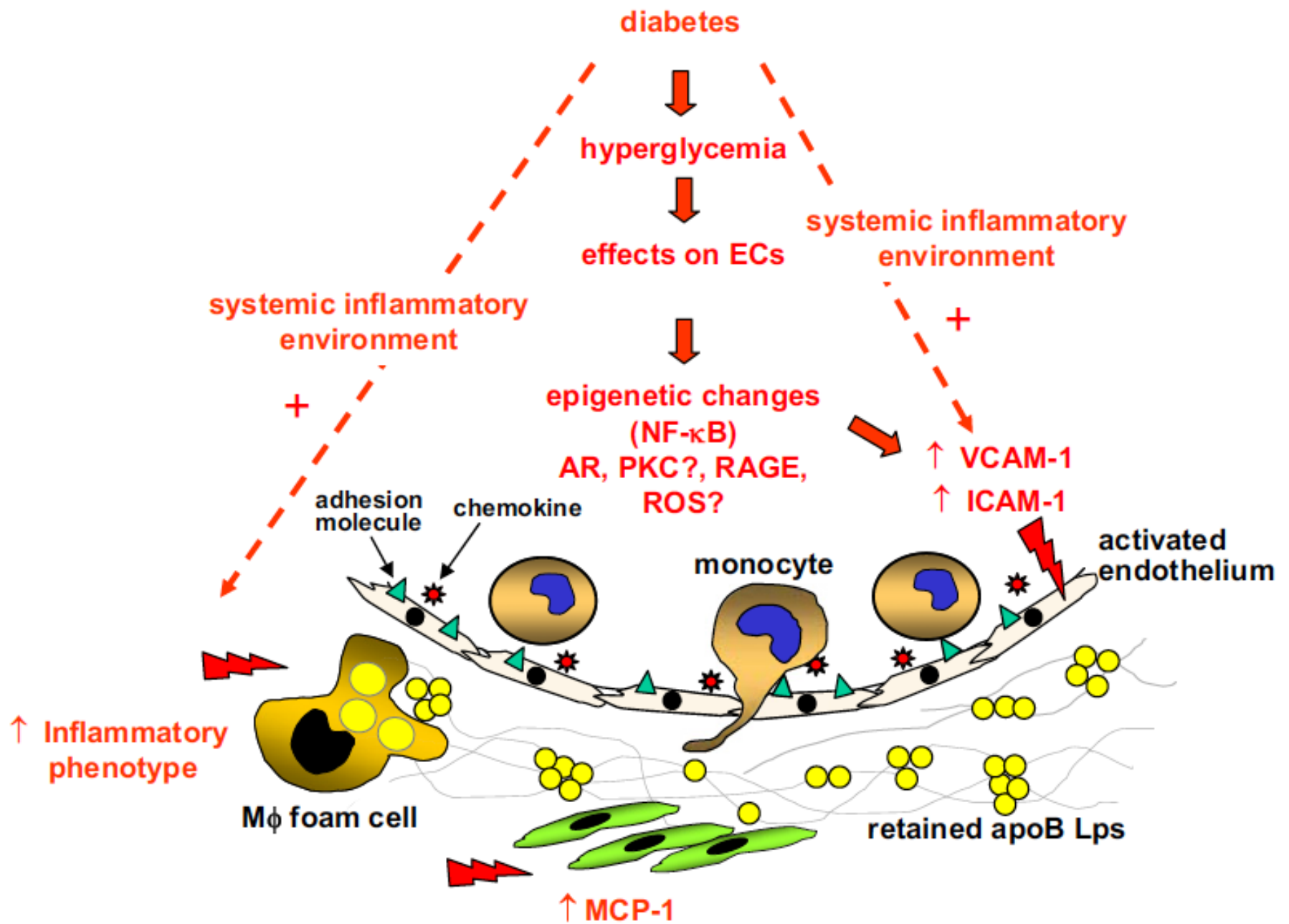
Composition of Atherogenic Sites in Fetal Aortas

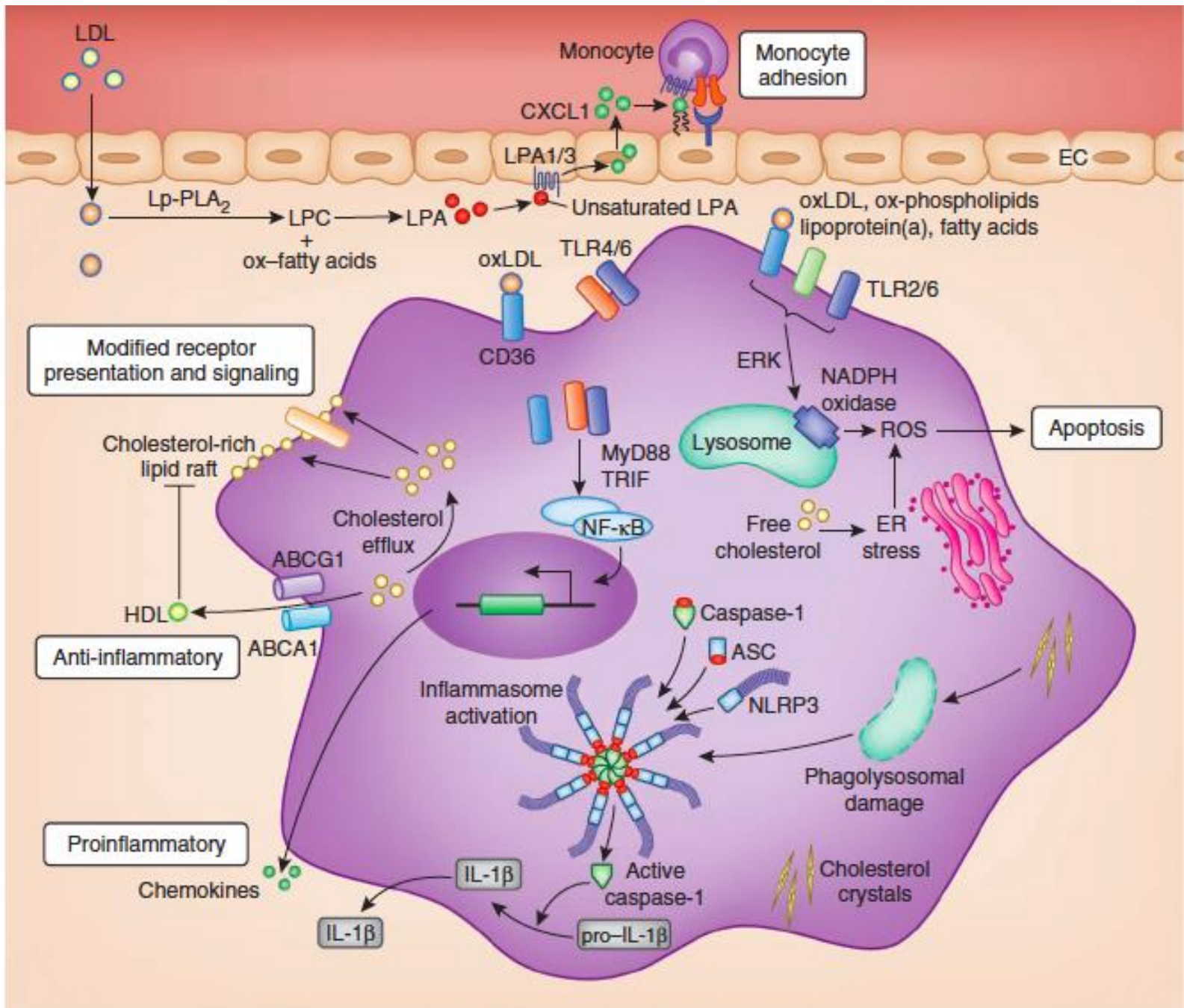






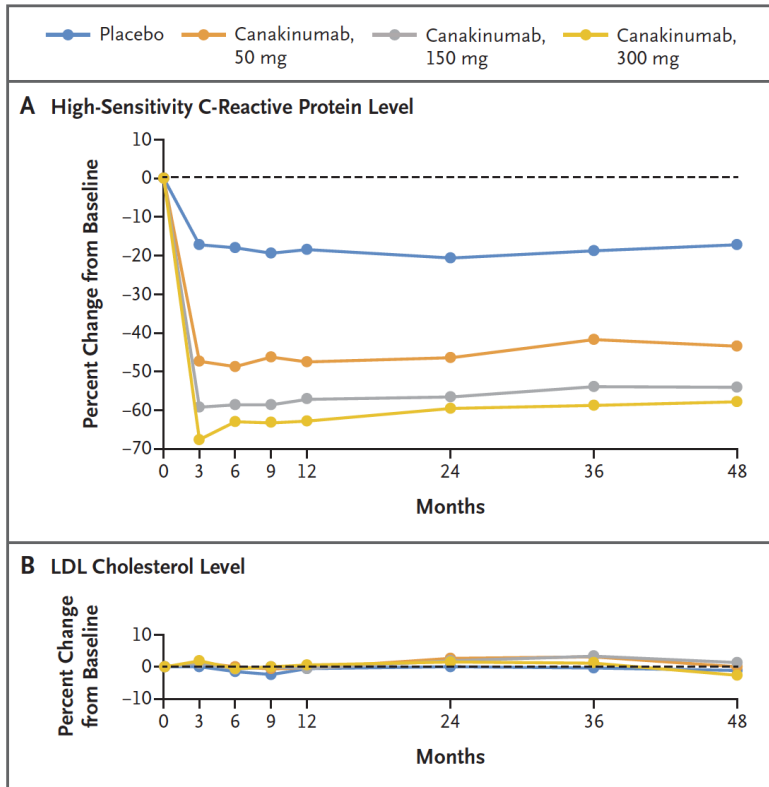
Early atherogenesis—Insulin resistance



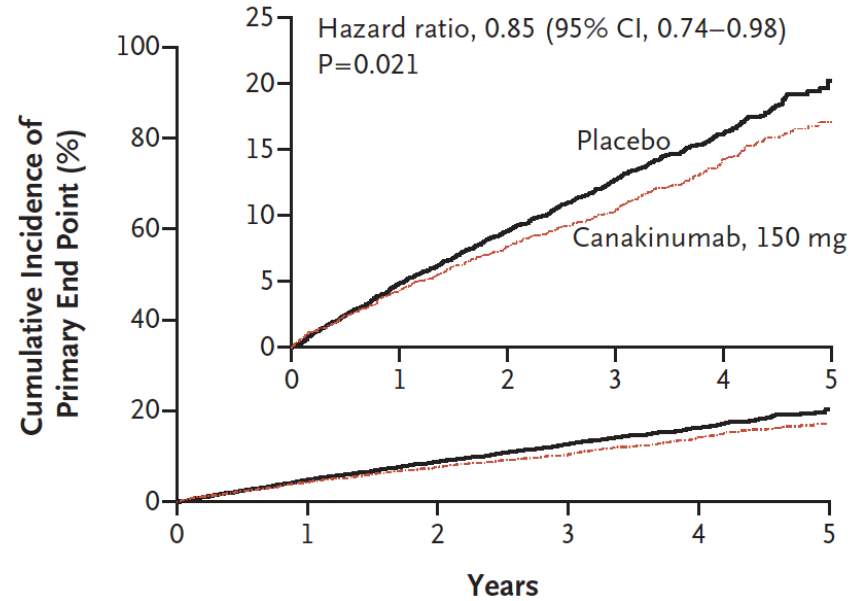


Antiinflammatory Therapy with Canakinumab for Atherosclerotic Disease

P.M. Ridker, B.M. Everett, T. Thuren, J.G. MacFadyen, W.H. Chang, C. Ballantyne, F. Fonseca, J. Nicolau, W. Koenig, S.D. Anker, J.J.P. Kastelein, J.H. Cornel, P. Pais, D. Pella, J. Genest, R. Cifkova, A. Lorenzatti, T. Forster, Z. Kopalava, L. Vida-Simiti, M. Flather, H. Shimokawa, H. Ogawa, M. Dellborg, P.R.F. Rossi, R.P.T. Troquay, P. Libby, and R.J. Glynn, for the CANTOS Trial Group*



Primary End Point with Canakinumab, 150 mg, vs. Placebo

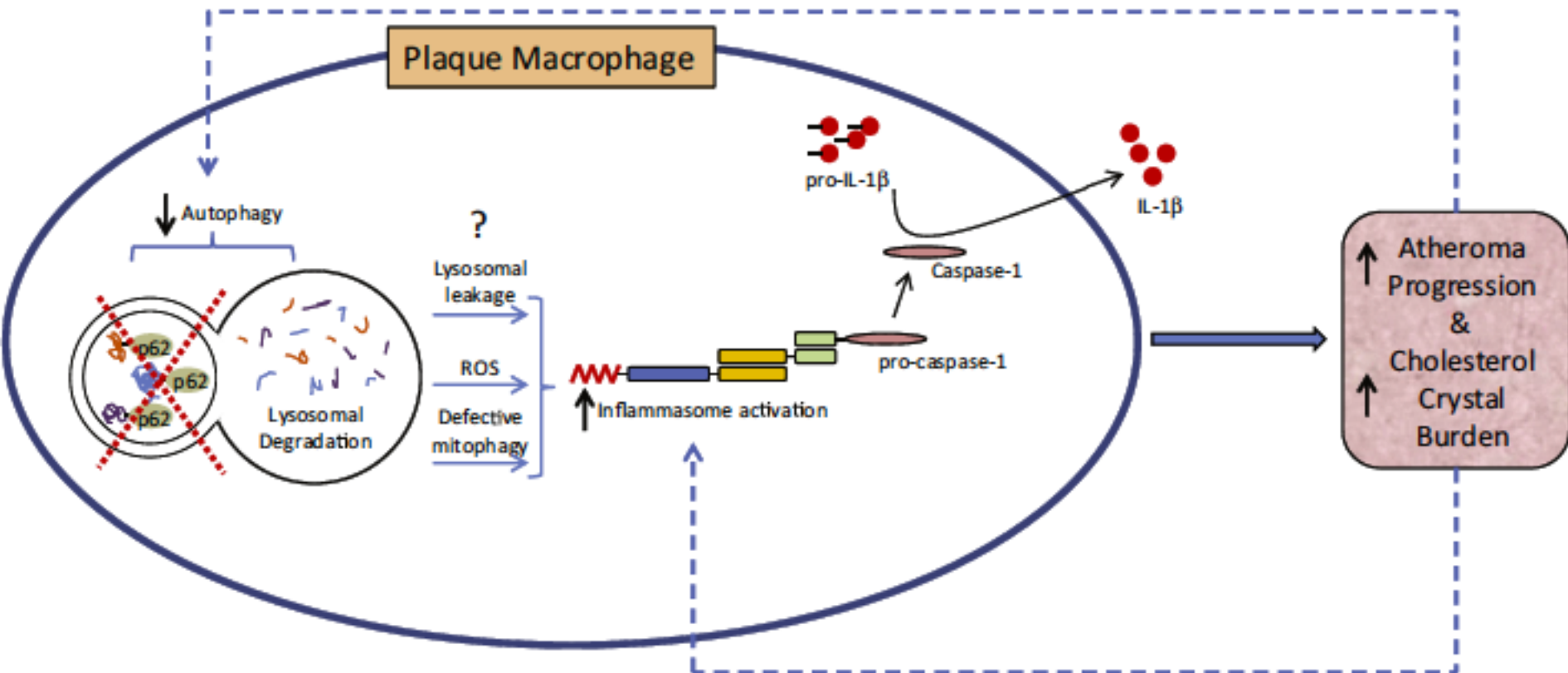


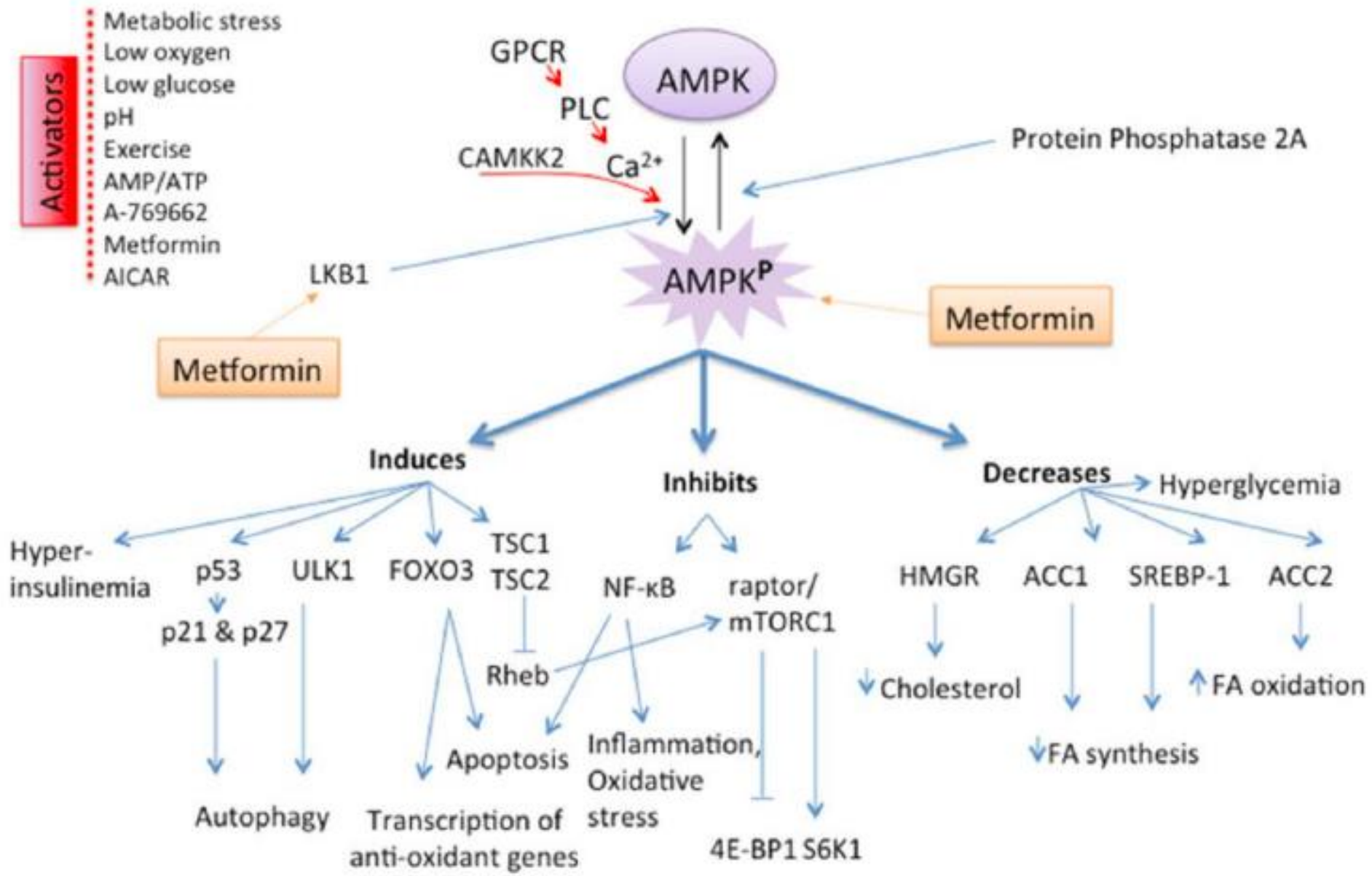
No. at Risk

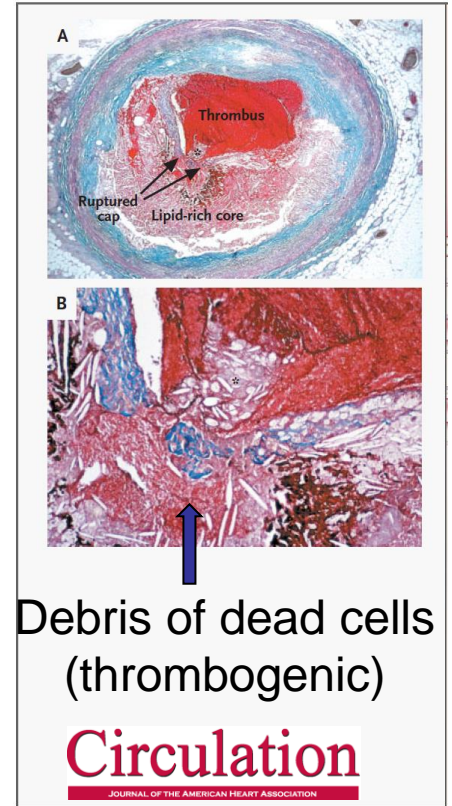
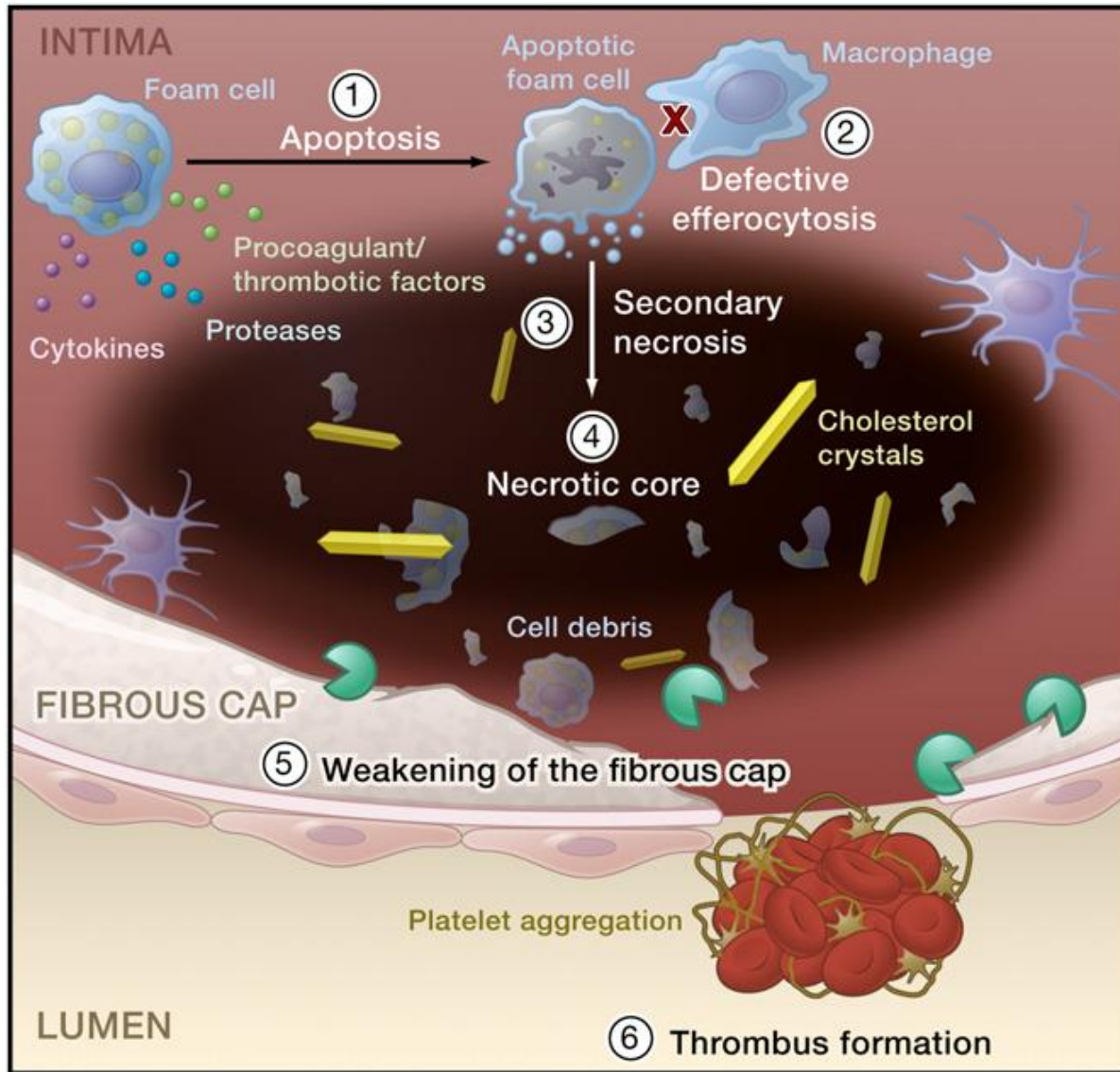
	0	1	2	3	4	5
Placebo	3344	3141	2973	2632	1266	210
Canakinumab	2284	2151	2057	1849	907	207

Autophagy Links Inflammasomes to Atherosclerotic Progression

Babak Razani,^{1,2} Chu Feng,¹ Trey Coleman,¹ Roy Emanuel,¹ Haitao Wen,⁵ Seungmin Hwang,⁴ Jenny P. Ting,⁵ Herbert W. Virgin,⁴ Michael B. Kastan,⁶ and Clay F. Semenkovich^{1,3,*}





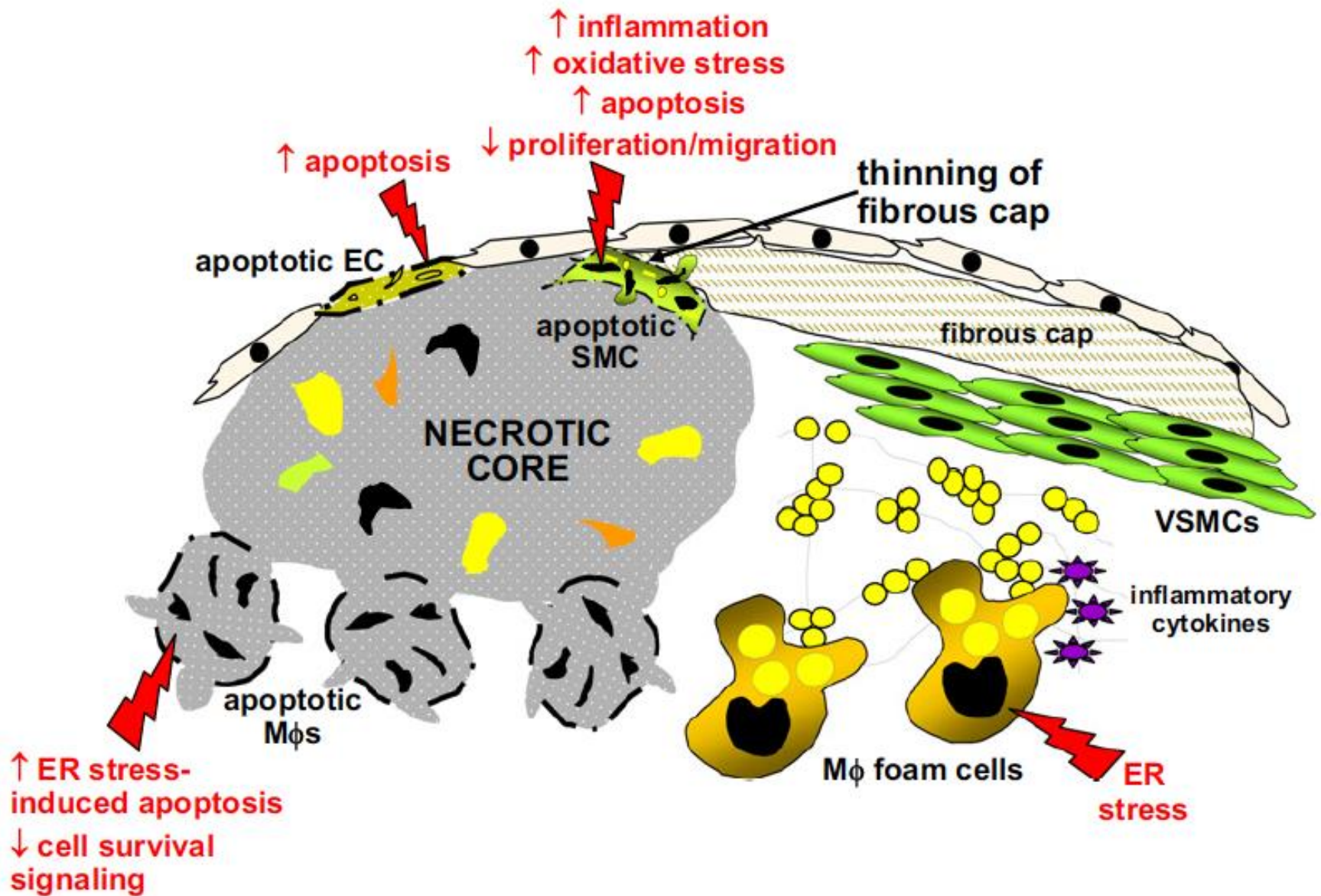


Debris of dead cells (thrombogenic)

Circulation

JOURNAL OF THE AMERICAN HEART ASSOCIATION

Mallat et al. 1999, 2000



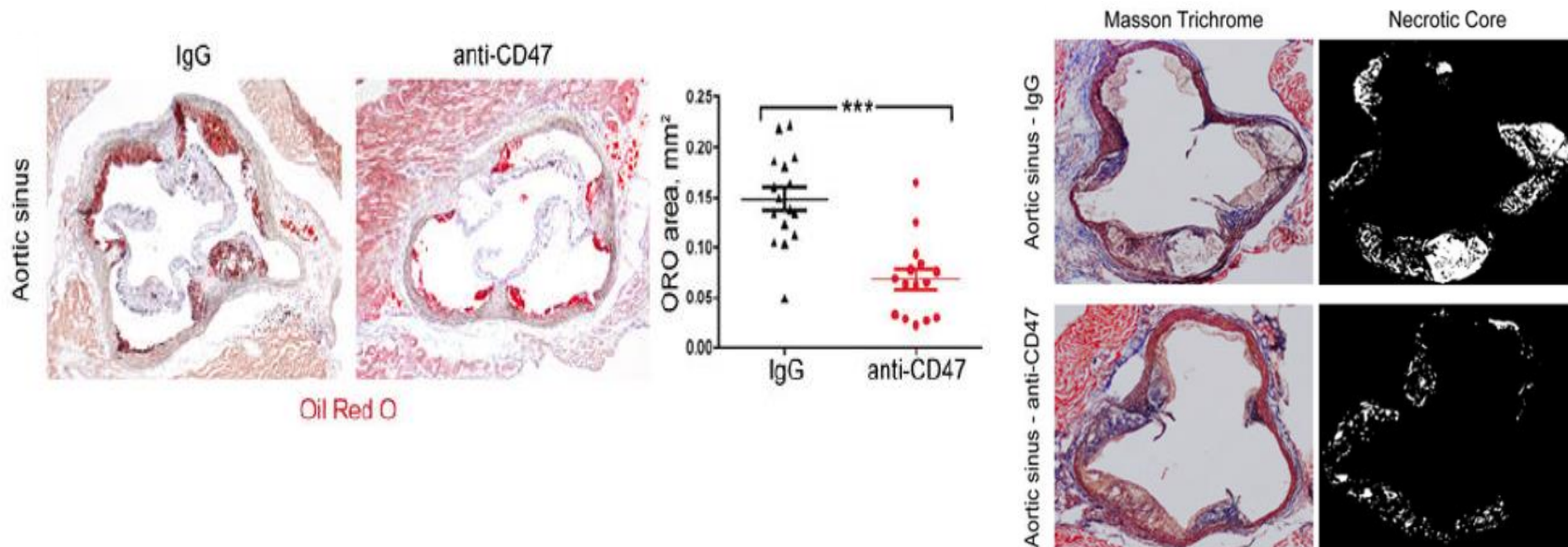
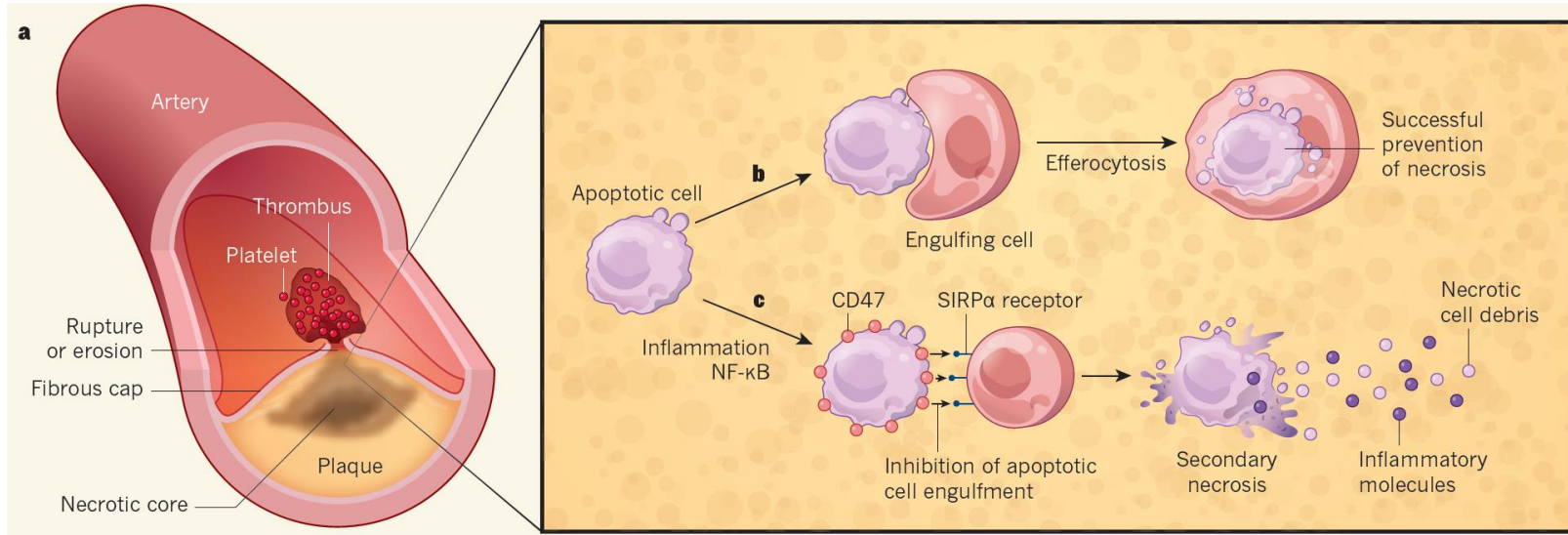
Advanced plaque progression—Insulin resistance

CD47-blocking antibodies restore phagocytosis and prevent atherosclerosis

NATURE

LETTER RESEARCH

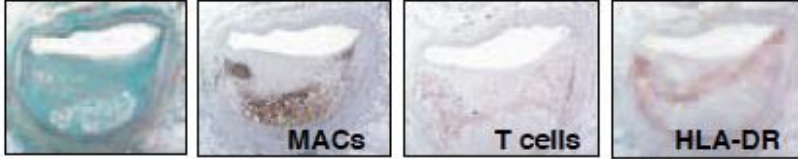
Yoko Kojima¹, Jens-Peter Volkmer², Kelly McKenna², Mete Civelek³, Aldons Jake Lusis³, Clint L. Miller⁴, Daniel Dizenzo¹, Vivek Nanda¹, Jianqin Ye¹, Andrew J. Connolly⁵, Eric E. Schadt⁶, Thomas Quertermous⁴, Paola Betancur², Lars Maegdefessel⁷, Ljubica Perisic Matic⁸, Ulf Hedin⁸, Irving L. Weissman² & Nicholas J. Leeper^{1,4}



Morphological characteristics of coronary atherosclerosis in diabetes mellitus

Renu Virmani MD¹, Allen P Burke MD², Frank Kolodgie PhD¹

Insulin-dependent



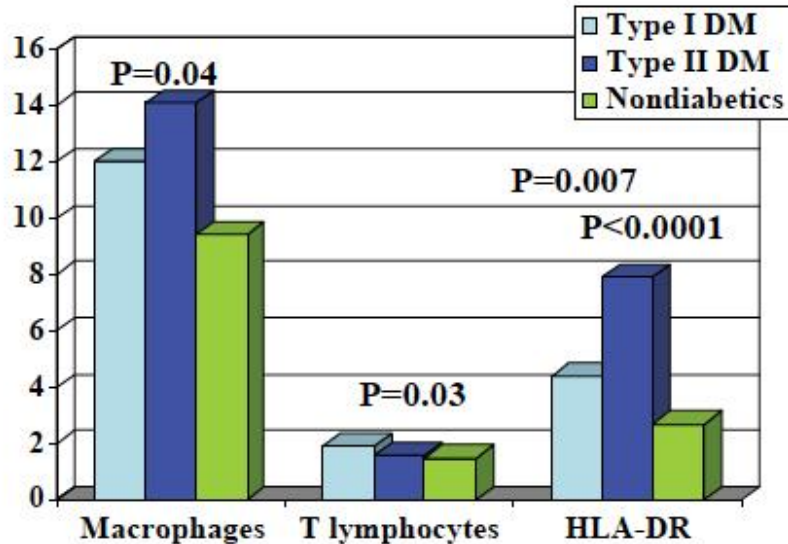
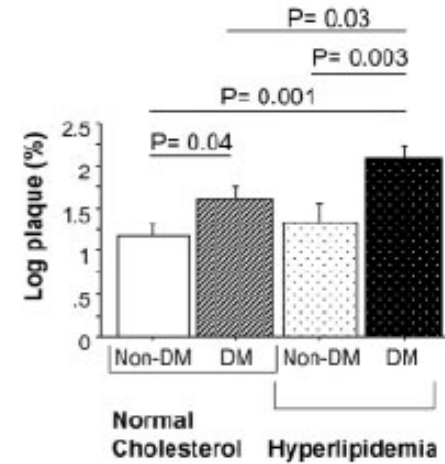
Glucose-intolerant



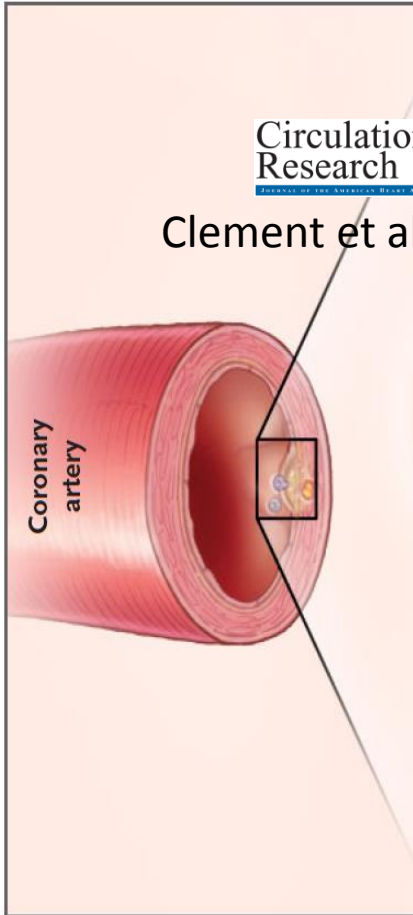
Nondiabetic



Necrotic core size



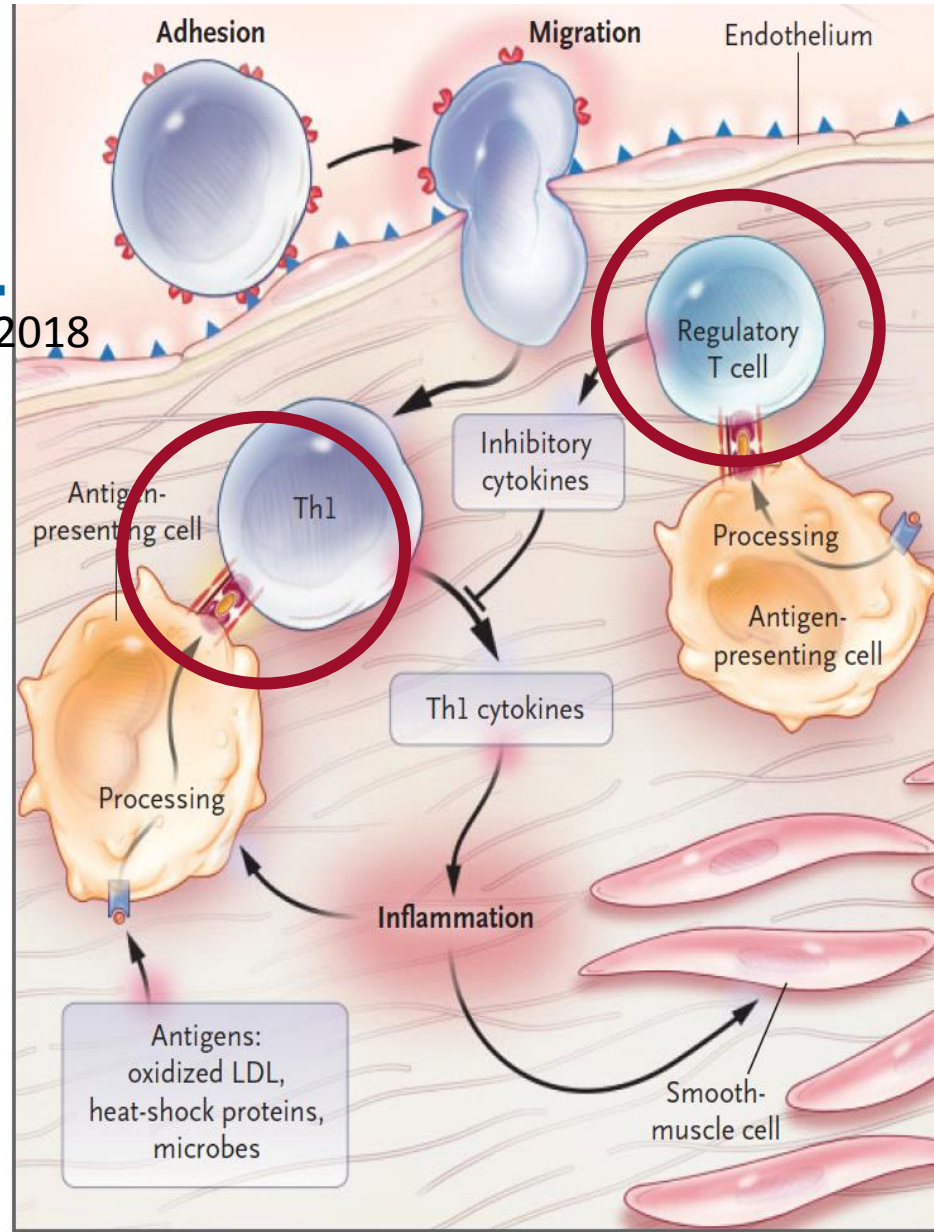
Pro-atherogenic Th1 vs atheroprotective Tregs



Circulation Research

Clement et al., 2018

Hanson GK.
N Engl J Med 2005



Circulation

Mallat et al.
2003

Tr1 cells: IL-10

nature
medicine

Ait-Oufella et al. 2006

nTreg and TGF- β

Arteriosclerosis,
Thrombosis, and
Vascular Biology

Herbin et al. 2012

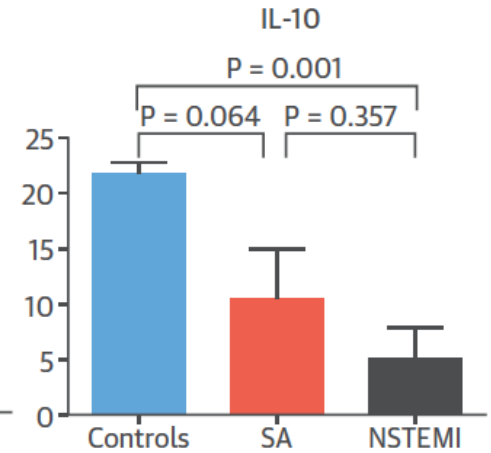
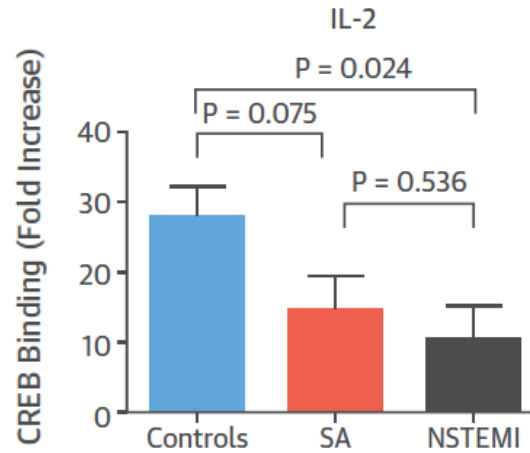
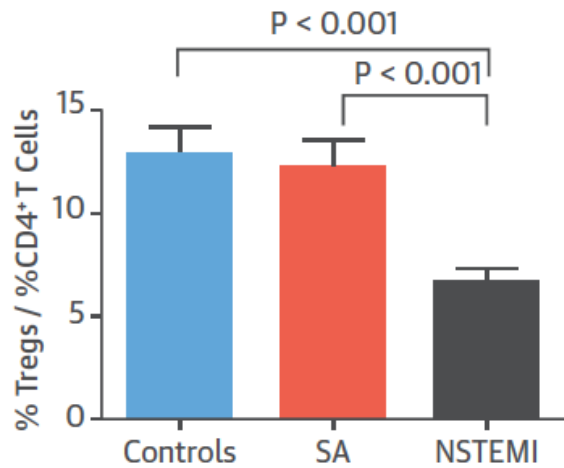
ApoB100-Tregs

Circulation
Research

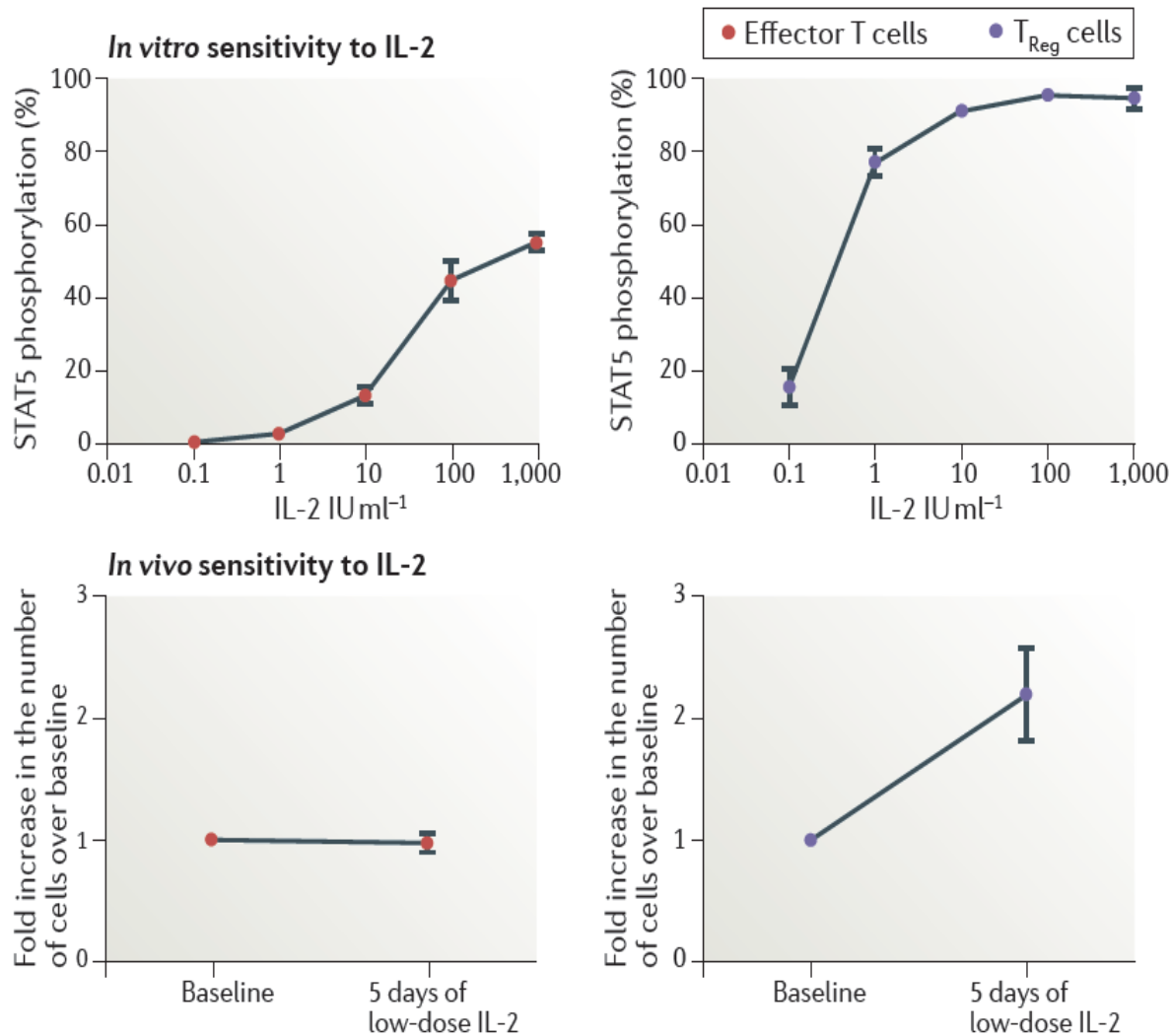
Mallat et al.
1999, 2001

IL-10 and TGF- β

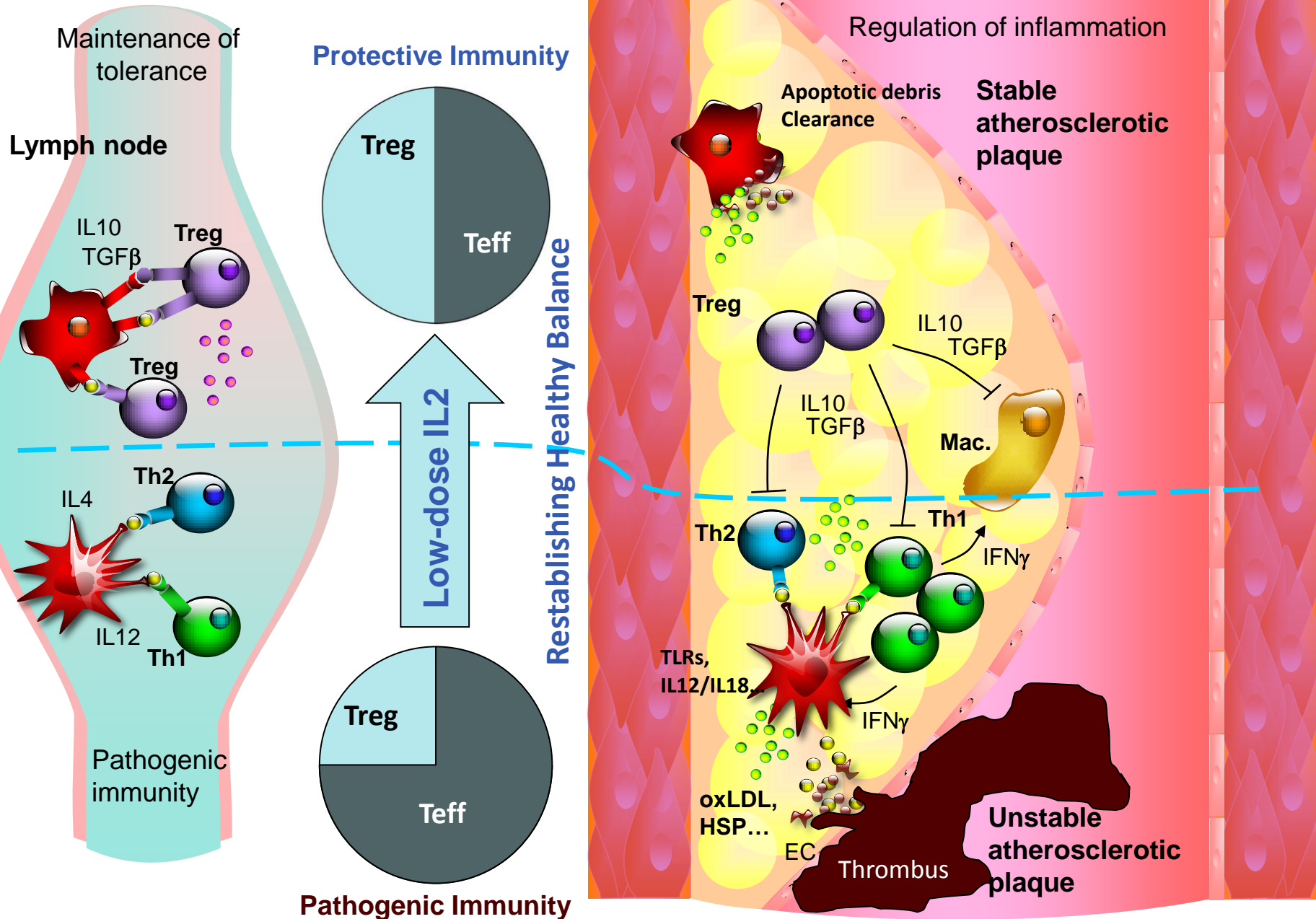
Increased PTPN22 Expression and Defective CREB Activation Impair Regulatory T-Cell Differentiation in Non-ST-Segment Elevation Acute Coronary Syndromes



The promise of low-dose interleukin-2 therapy for autoimmune and inflammatory diseases

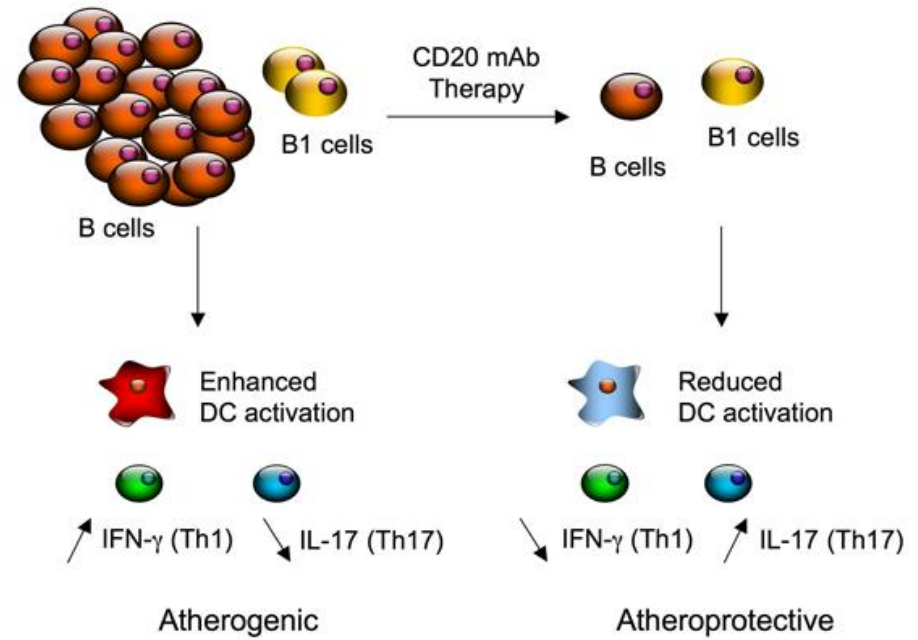
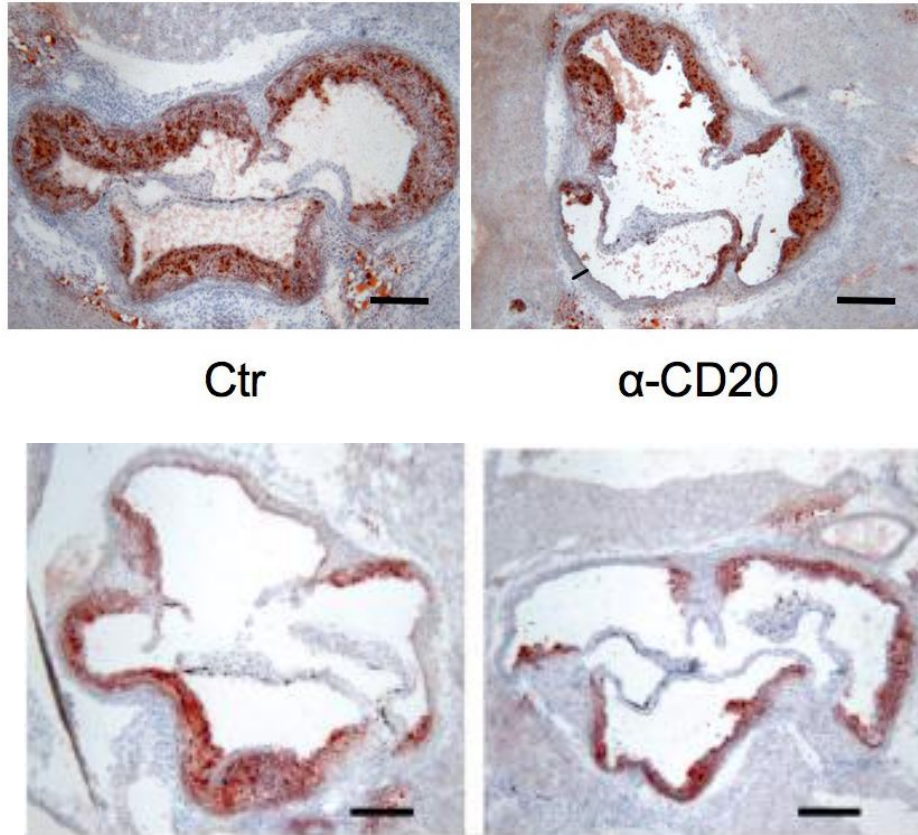


Low-dose IL-2 to limit plaque inflammation




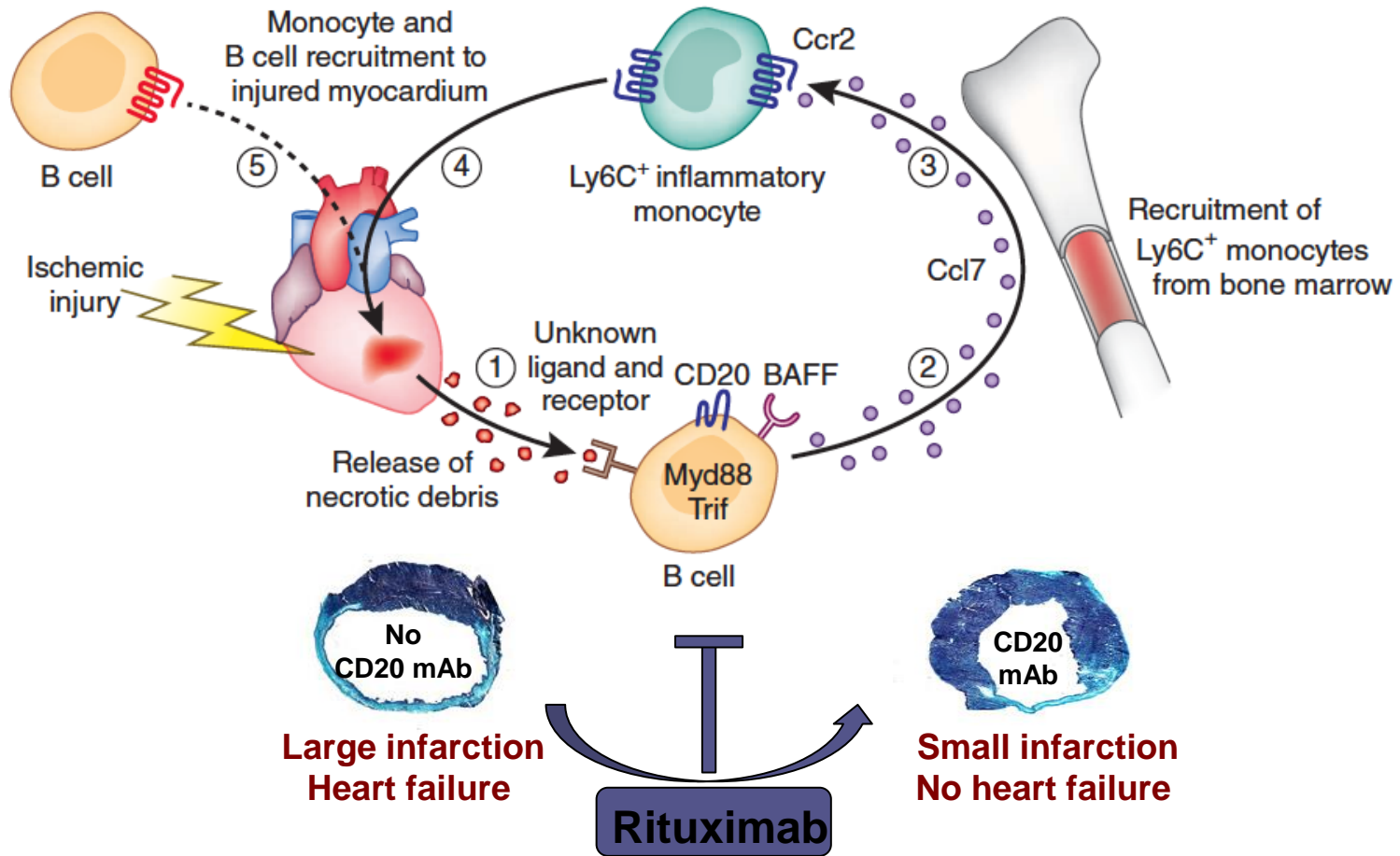
B cell depletion reduces the development of atherosclerosis in mice

Ait-Oufella et al. *JEM* 2010



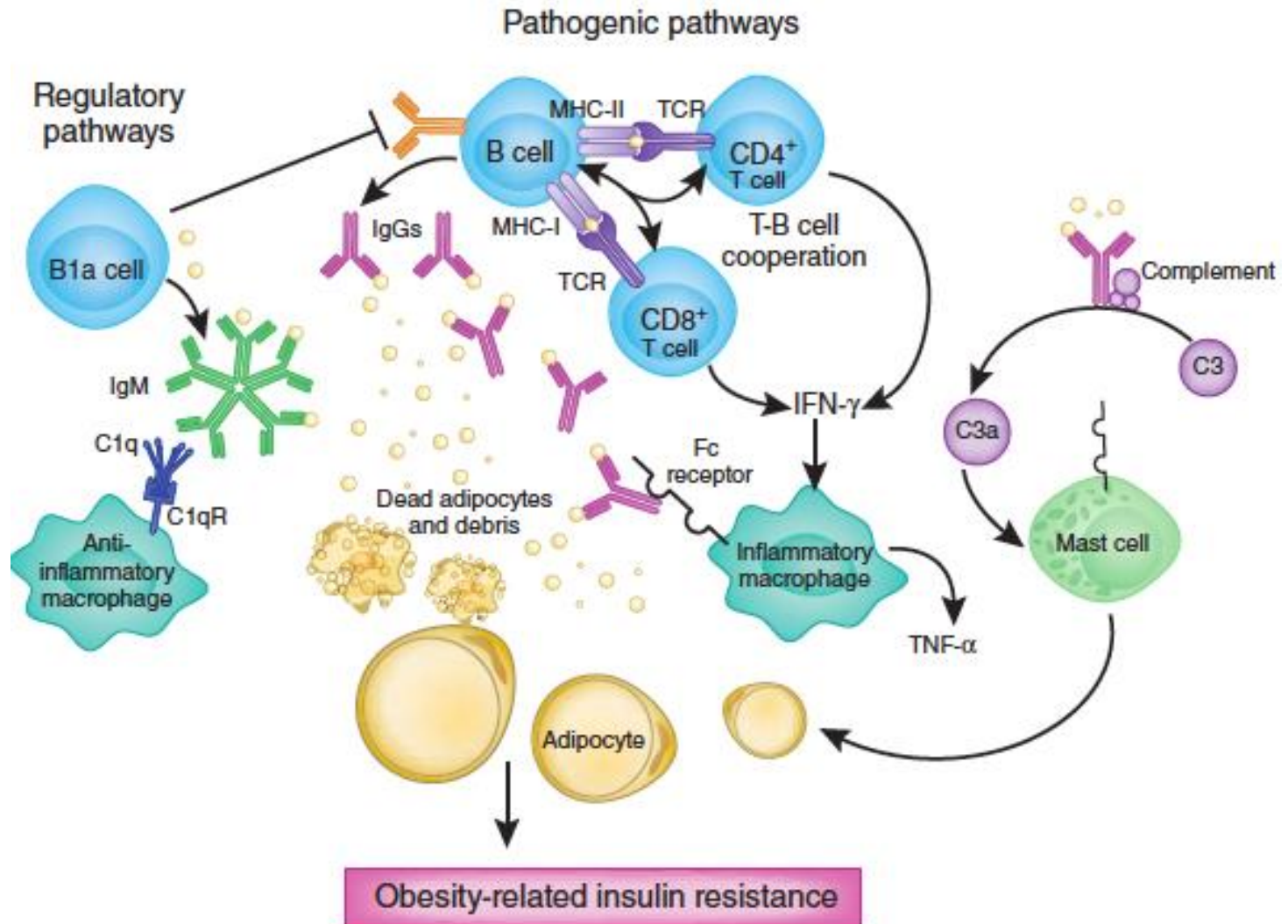
B lymphocytes trigger monocyte mobilization and impair heart function after acute myocardial infarction

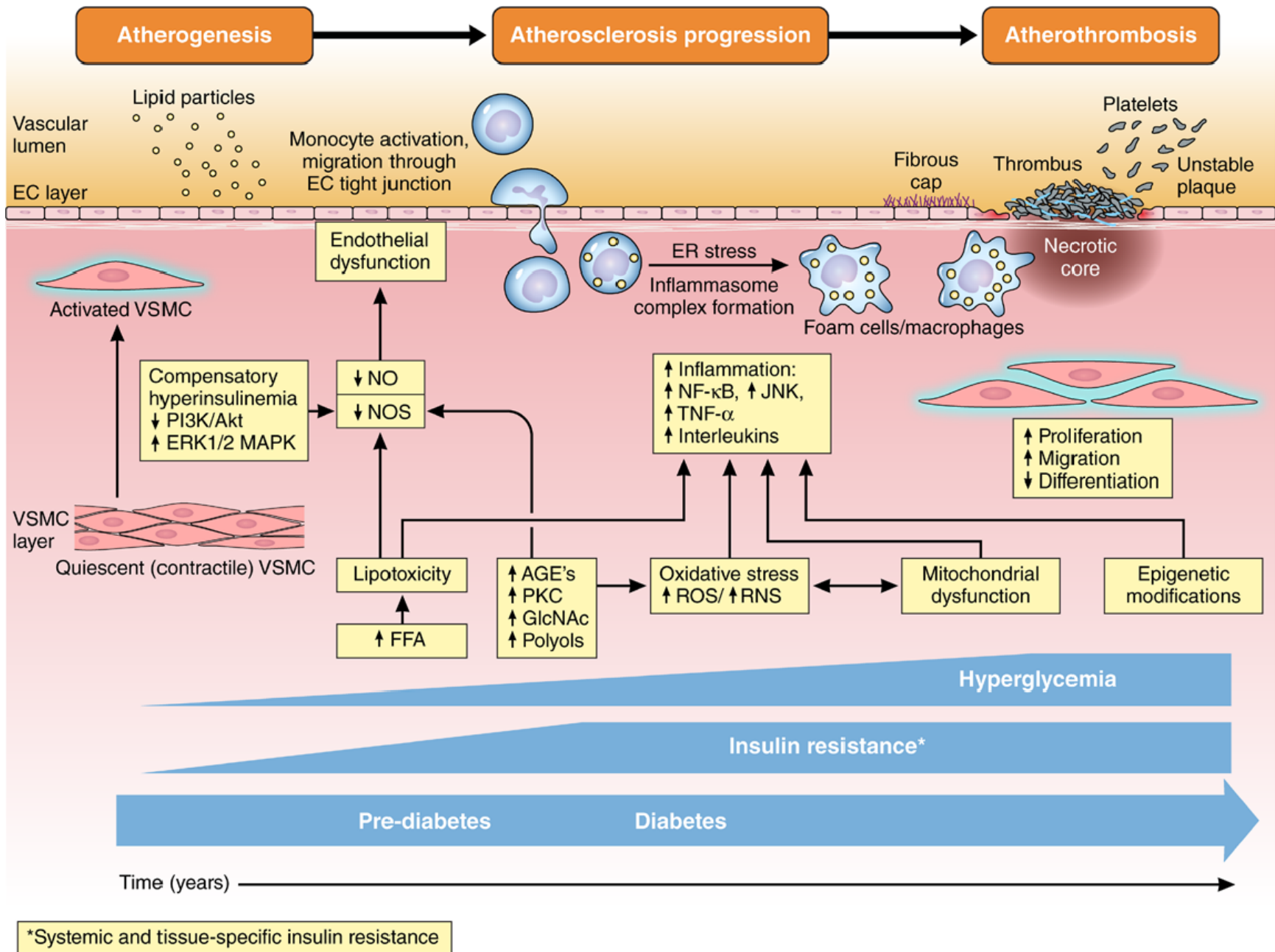
Yasmine Zougari^{1,2,13}, Hafid Ait-Oufella^{1-3,13}, Philippe Bonnin⁴, Tabassome Simon^{3,5}, Andrew P Sage⁶, Coralie Guérin^{1,2}, José Vilar^{1,2}, Giuseppina Caligiuri⁷, Dimitrios Tsiantoulas^{8,9}, Ludivine Laurans^{1,2}, Edouard Dumeau^{1,2}, Salma Kotti⁵, Patrick Bruneval^{1,2,10}, Israel F Charo¹¹, Christoph J Binder^{8,9}, Nicolas Danchin¹⁰, Alain Tedgui^{1,2}, Thomas F Tedder¹², Jean-Sébastien Silvestre^{1,2,13} & Ziad Mallat^{1,6,13} 



The B-side story in insulin resistance

Ziad Mallat





University of Cambridge
British Heart Foundation
Xuan LI
Andy SAGE
Marc CLEMENT

Inserm U970
Paris, France
Hafid AIT-OUFELLA
JS SILVESTRE
Alain TEDGUI

CeMM, Medical
University
of Vienna, Austria
CJ. BINDER

Duke University, USA
Thomas F. TEDDER

Patients with diabetes differ in atherosclerotic plaque characteristics and have worse clinical outcome after iliofemoral endarterectomy compared with patients without diabetes

Steven T. W. van Haelst, MD,^a Saskia Haitjema, MD,^b Jean-Paul P. M. de Vries, MD, PhD,^c Frans L. Moll, MD, PhD,^a Gerard Pasterkamp, MD, PhD,^{b,d} Hester M. den Ruijter, PhD,^b and Gert J. de Borst, MD, PhD,^a *Utrecht and Nieuwegein, The Netherlands*

Plaque characteristic	Beta value of DM (95% CI)	OR of DM (95% CI)	P value
Calcified plaque	NA	2.11 (1.43-3.12)	<.01 ^a
Collagen-rich plaque	NA	1.60 (0.93-2.74)	.09
Lipid core >10%	NA	0.98 (0.63-1.53)	.92
Presence of IPH	NA	0.73 (0.51-1.04)	.08
Macrophages ^b	-0.13 (-0.46 to 0.20)	NA	.44
Smooth muscle cells ^b	-0.06 (-0.35 to 0.22)	NA	.67
Vessel density ^c	0.08 (-0.17 to 0.33)	NA	.52

CI, Confidence interval; DM, diabetes mellitus; IPH, intraplaque hemorrhage; NA, not applicable; OR, odds ratio.

Model corrected for body mass index, hypercholesterolemia, current smoking, hypertension, history of coronary artery disease, total cholesterol, low-density lipoprotein cholesterol, glucose, and statin use.

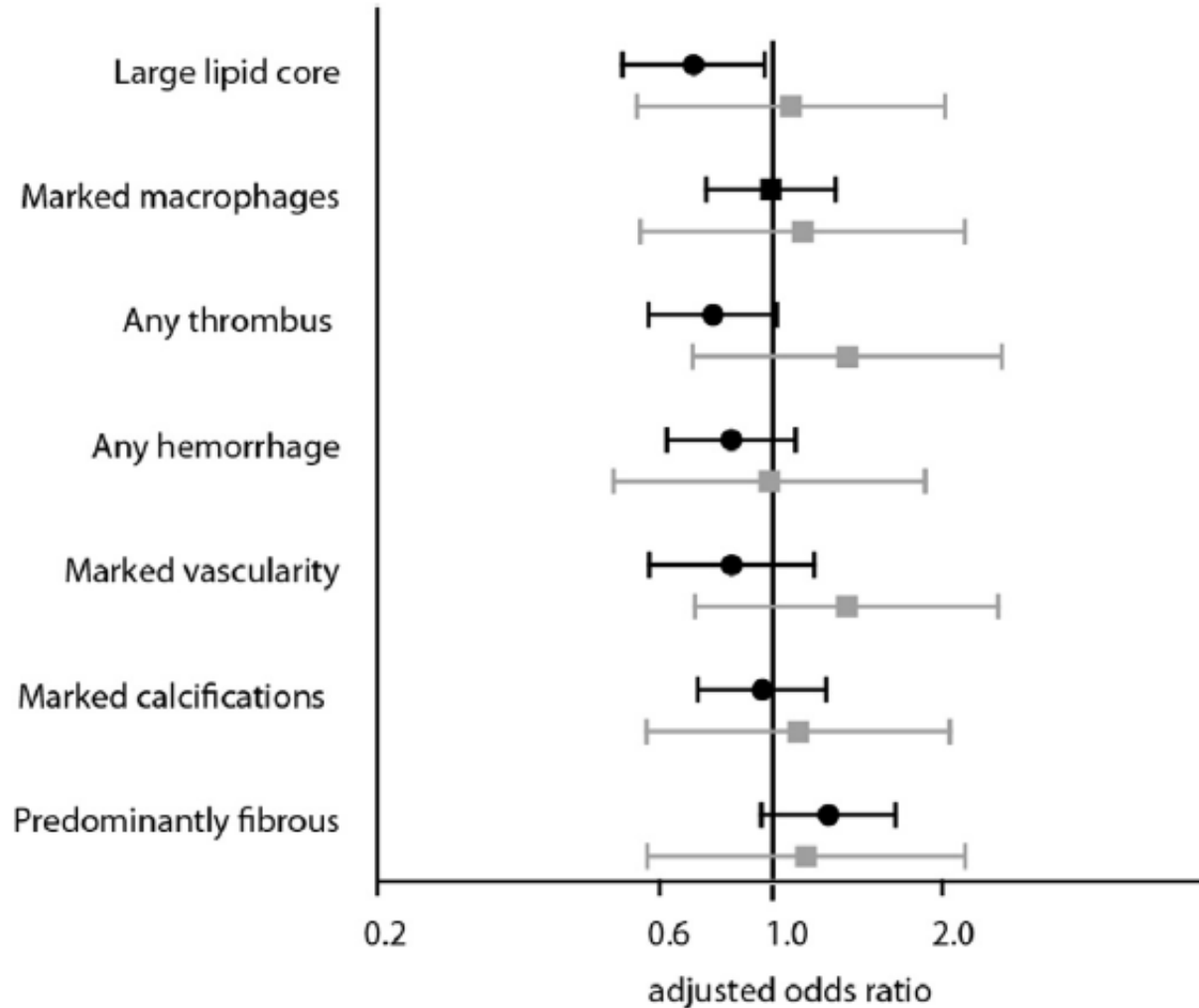
^aP < .05.

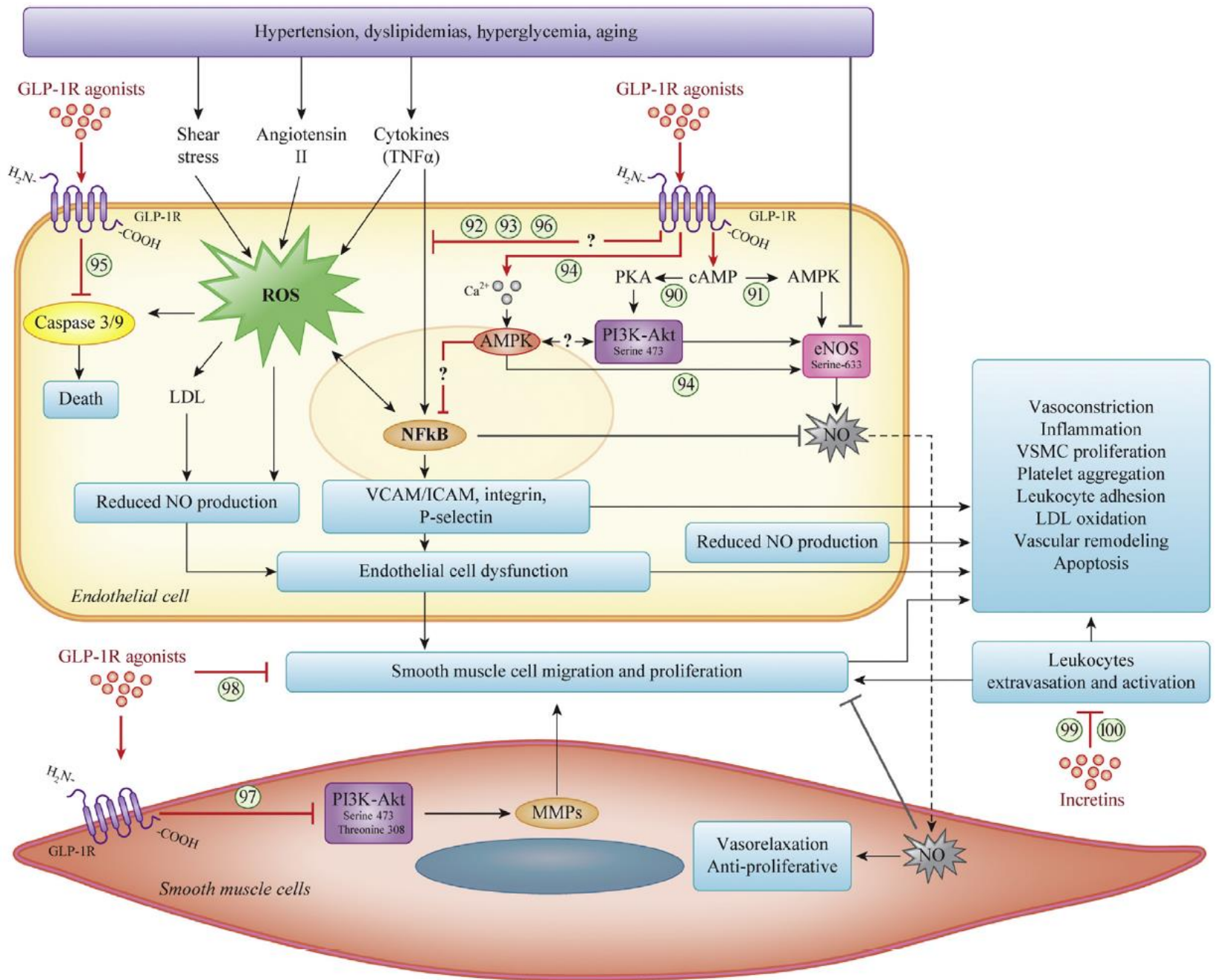
^bLog-transformed % of plaque area.

^cLog-transformed number of vessels per hotspot.

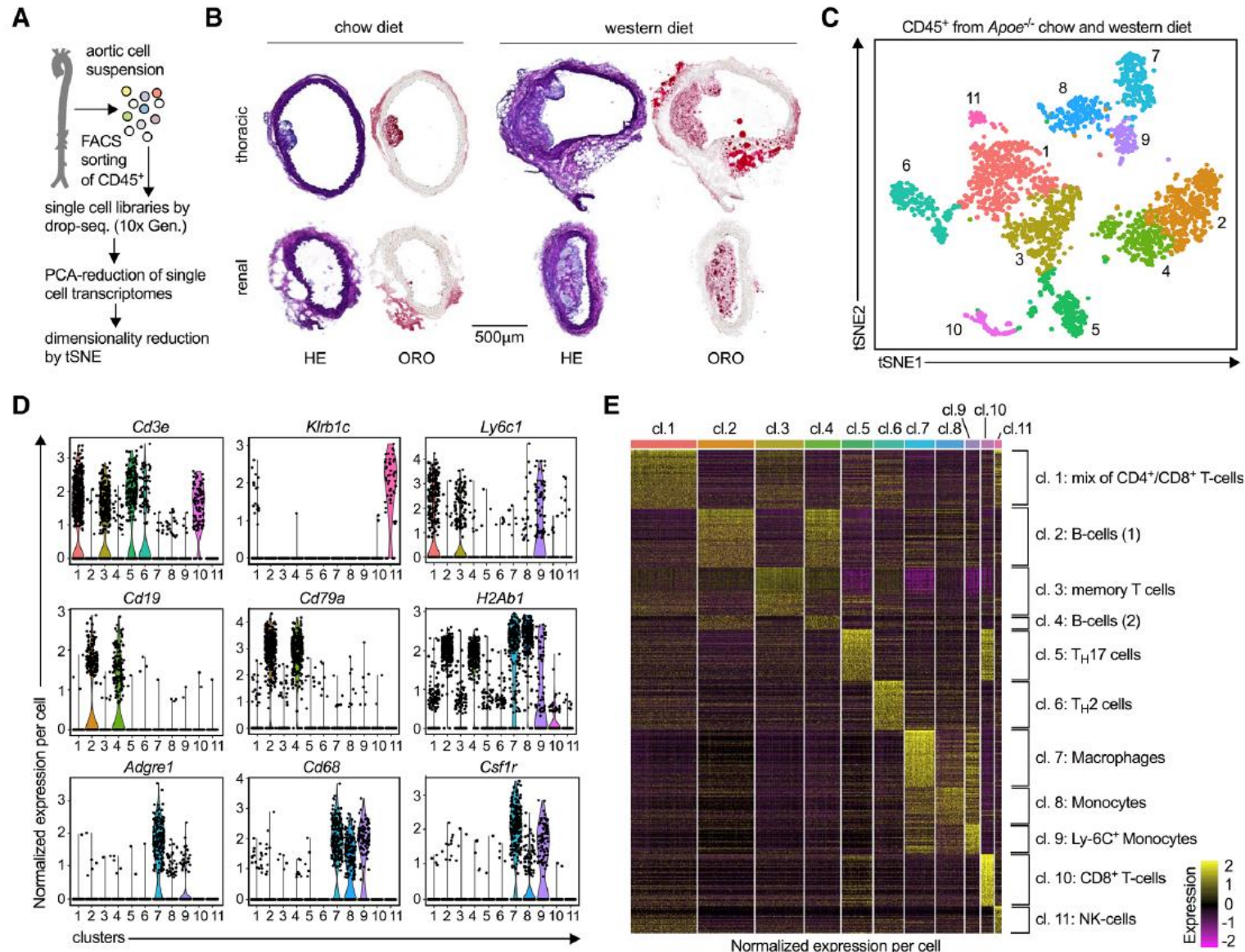
Type 2 diabetes is not associated with an altered plaque phenotype among patients undergoing carotid revascularization. A histological analysis of 1455 carotid plaques

Vincent P.W. Scholtes^a, Wouter Peeters^a, Guus W. van Lammeren^a,
Dominic P.J. Howard^b, Jean-Paul P.M. de Vries^c, Gert Jan de Borst^d, Jessica N. Redgrave^b,
Hans Kemperman^e, Casper G. Schalkwijk^{f,g}, Hester M. den Ruijter^{a,h},
Dominique P.V. de Kleijn^a, Frans L. Moll^d, Peter M. Rothwell^b, Gerard Pasterkamp^{a,*}



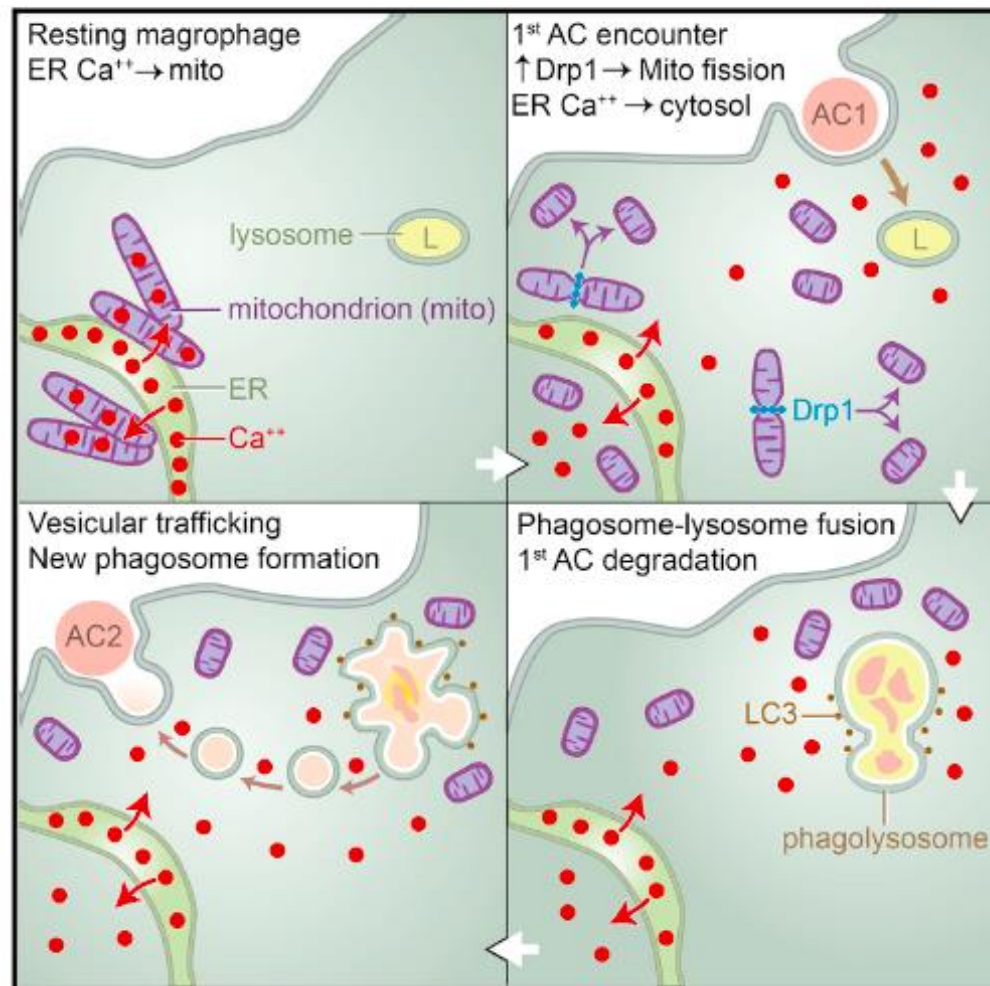


Atlas of the Immune Cell Repertoire in Mouse Atherosclerosis Defined by Single-Cell RNA-Sequencing and Mass Cytometry



Mitochondrial Fission Promotes the Continued Clearance of Apoptotic Cells by Macrophages

Graphical Abstract



Authors

Ying Wang, Manikandan Subramanian, Arif Yurdagul, Jr., ..., Masatoshi Nomura, Frederick R. Maxfield, Ira Tabas

Correspondence

iat1@columbia.edu

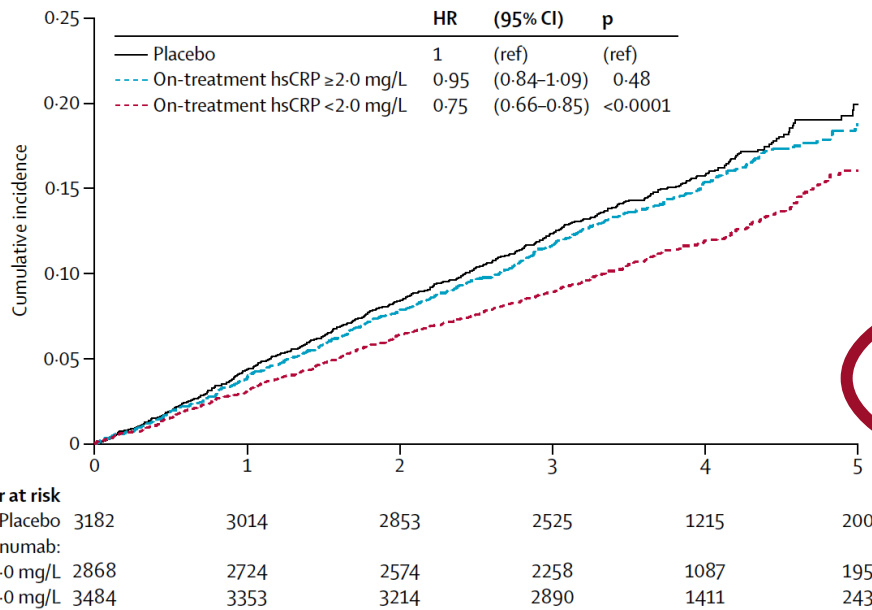
In Brief

How are dead cells in our bodies rapidly cleared by phagocytes in order to avoid inflammation and necrosis?

Relationship of C-reactive protein reduction to cardiovascular event reduction following treatment with canakinumab: a secondary analysis from the CANTOS randomised controlled trial

Lancet 2018; 391: 319–28

Paul M Ridker, Jean G MacFadyen, Brendan M Everett, Peter Libby, Tom Thuren, Robert J Glynn, on behalf of the CANTOS Trial Group*



	Placebo (n=3182)	Canakinumab, hsCRP ≥2 mg/L at 3 months (n=2868)	Canakinumab, hsCRP <2 mg/L at 3 months (n=3484)	p _{trend} across categories
Myocardial infarction, stroke, or death from any cause				
Incidence rate (n)	5.39 (614)	5.38 (553)	3.96 (508)	..
HR ^{adj} (95% CI)	1 (ref)	0.93 (0.83–1.05)	0.73 (0.65–0.82)	..
p value	Ref	0.25	<0.0001	<0.0001
Cardiovascular death				
Incidence rate (n)	7.1 (211)	6.83 (198)	5.3 (164)	..
HR ^{adj} (95% CI)	1 (ref)	0.99 (0.82–1.21)	0.69 (0.56–0.85)	..
p value	Ref	0.95	0.0004	0.0004
All-cause mortality				
Incidence rate (n)	2.79 (338)	3.14 (339)	1.96 (264)	..
HR ^{adj} (95% CI)	1 (ref)	1.05 (0.90–1.22)	0.69 (0.58–0.81)	..
p value	Ref	0.56	<0.0001	<0.0001

Incidence rates were calculated per 100 person-years of exposure. Covariates included in the adjusted multivariable model include age, sex, smoking status, hypertension, diabetes, body mass index, baseline concentration of hsCRP, and baseline concentration of LDL cholesterol. HR^{adj}=adjusted hazard ratio. hsCRP=high-sensitivity C-reactive protein.

Table 3: Incidence rates and adjusted hazard ratios for additional prespecified cardiovascular endpoints in CANTOS, according to on-treatment hsCRP concentrations at 3 months, <2 mg/L or ≥2 mg/L

Clinical trials - Cardiovascular system -

GLP-1R agonists

- ↑ Heart rate [66][74][75]
- ↑ Cardiac function after myocardial infarct [58] [61]
- ↓ Cardiovascular mortality [67-69]
- ↓ Blood pressure [66][71-76][78]
- ↓ Glycaemia [67-69]
- ↓ Intima-media thickening [73-77][23]
- ↓ Recruitment of inflammatory cells / release of inflammatory mediators [71-77][79]
- ↓ Atherosclerosis markers (BNP, CRP, PAI-1, Chol, LDL-Chol, TG) [23][77]
- ↓ Weight loss [35][72][76][78]

Stable fibrous cap and increased collagen [77]
Improved lipid profile [23][73-77]

DPP-IV inhibitors

- ↓ Atherosclerosis markers (BNP, CRP, PAI-1, Chol, LDL-Chol, TG) [84,85]
 - ↓ Glycaemia [68]
 - ↓ Intima-media thickening [86]
- Improved lipid profile [86]

Molecular Mechanism

Endothelium

GLP-1R agonists

- ↑ NO [88,89]
- ECM remodelling [96]
- ↓ Adhesion molecules (ET-1, VCAM-1, ICAM-1) [90-92]
- ↓ EC apoptosis [95]

DPP-IV inhibitors

- ↑ NO [105,106]
- ↓ Adhesion molecules (ET-1, VCAM-1, ICAM-1) [91] [100] [105]
- ↓ EC apoptosis [100]

Smooth muscle cells

GLP-1R agonists

- ↓ Activation, proliferation and migration [17] [98]
- ↓ ECM degradation [97]

Monocytes/Macrophages

GLP-1R agonists

- ↓ Infiltration/extravasation [99]
- ↓ Inflammation [94]
- ↓ Foam cell formation [100]

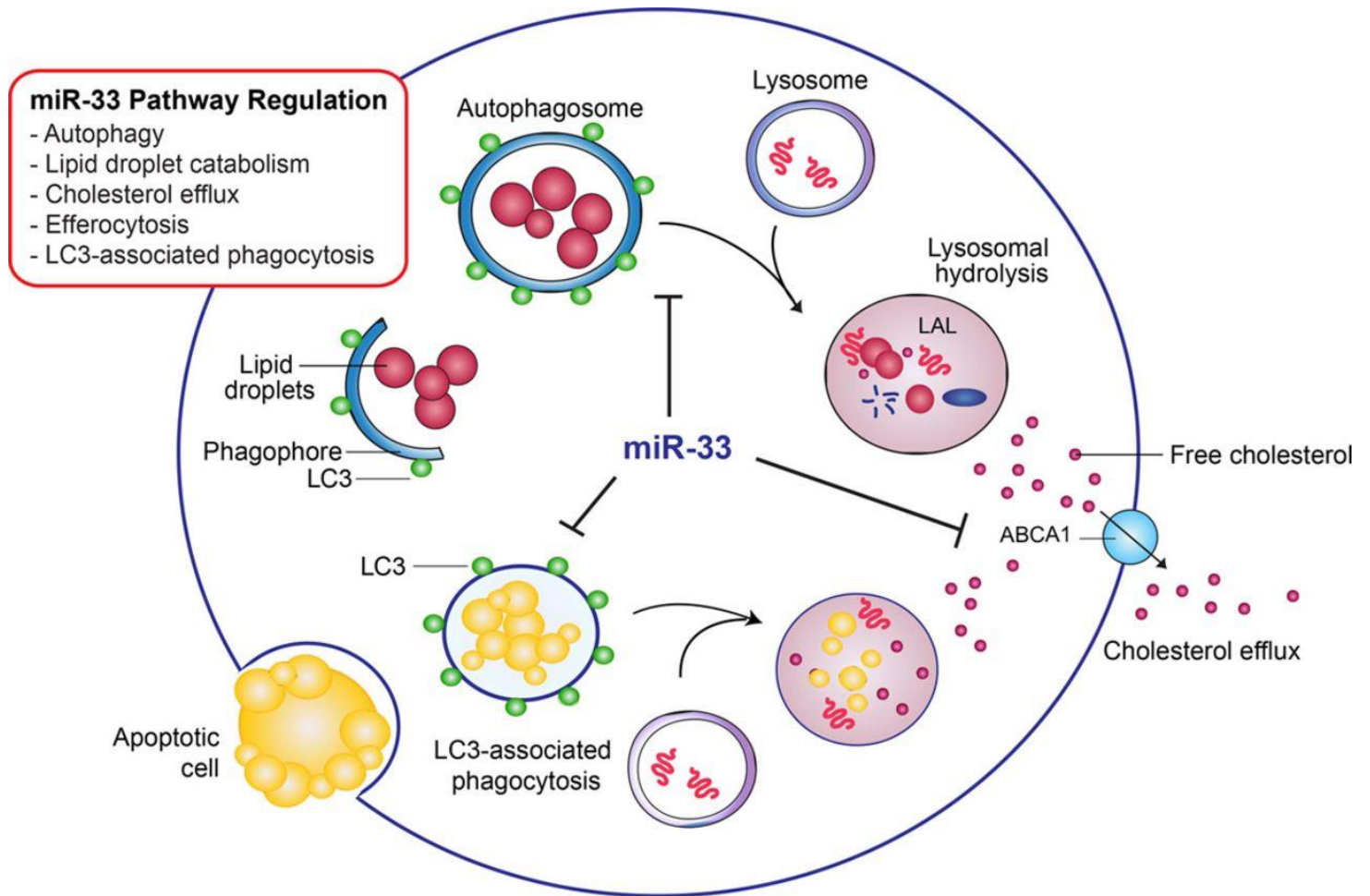
DPP-IV inhibitors

- ↓ Infiltration/extravasation [108][111]
- ↓ Inflammation [109] [111]
- ↓ Foam cell formation [110]

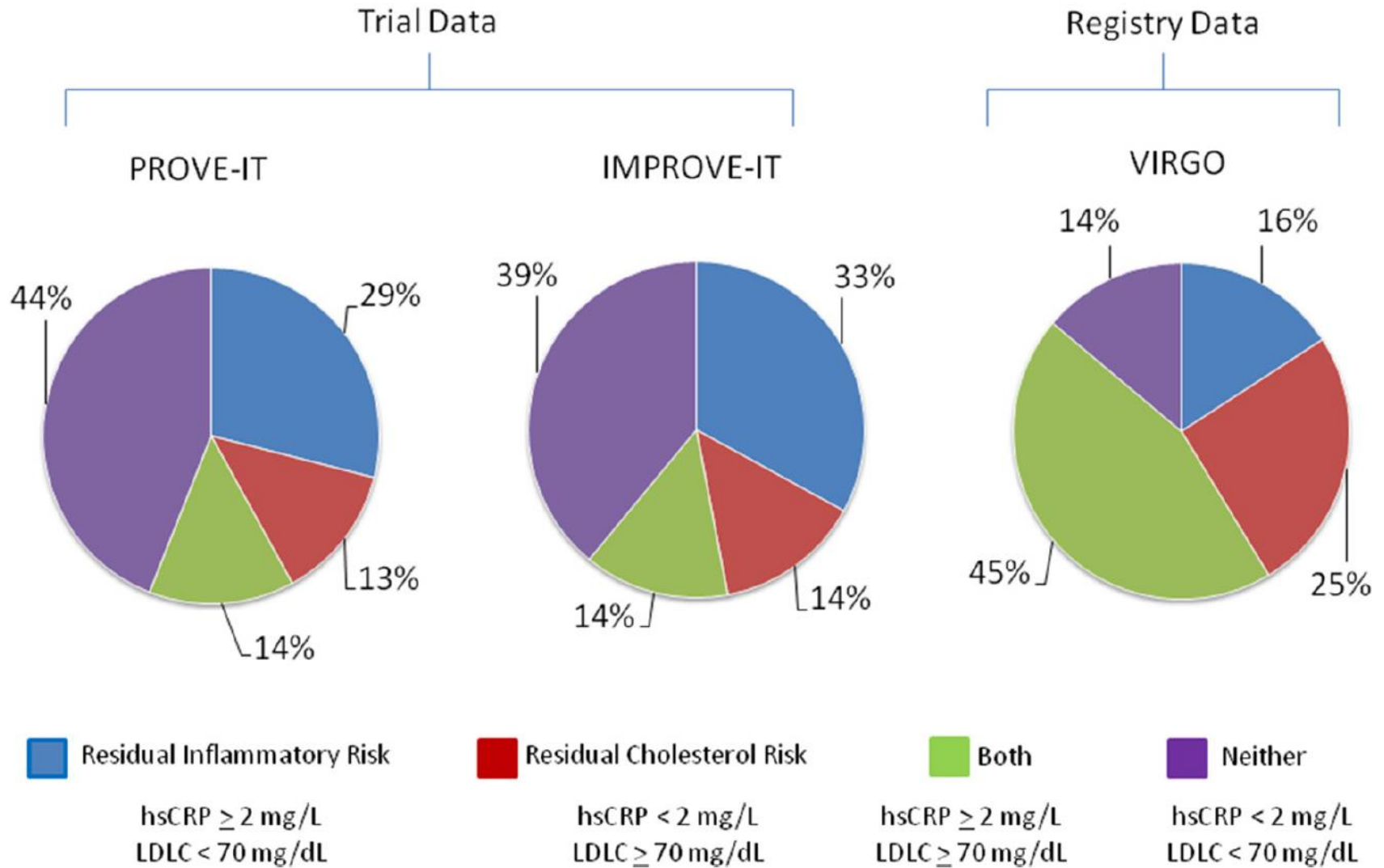
Adipose tissue

DPP-IV inhibitors

- ↑ Adiponectin [106]
- ↑ FA metabolism [106]

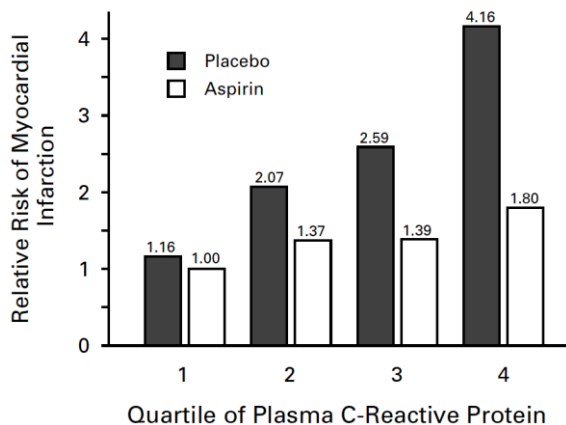


How Common Is Residual Cholesterol/Inflammatory Risk?



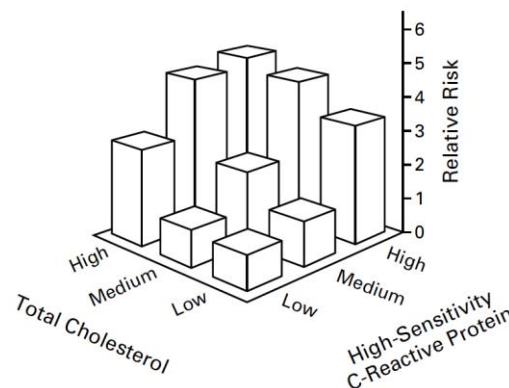
INFLAMMATION, ASPIRIN, AND THE RISK OF CARDIOVASCULAR DISEASE IN APPARENTLY HEALTHY MEN

PAUL M. RIDKER, M.D., MARY CUSHMAN, M.D., MEIR J. STAMPFER, M.D., RUSSELL P. TRACY, PH.D., AND CHARLES H. HENNEKENS, M.D.



C-REACTIVE PROTEIN AND OTHER MARKERS OF INFLAMMATION IN THE PREDICTION OF CARDIOVASCULAR DISEASE IN WOMEN

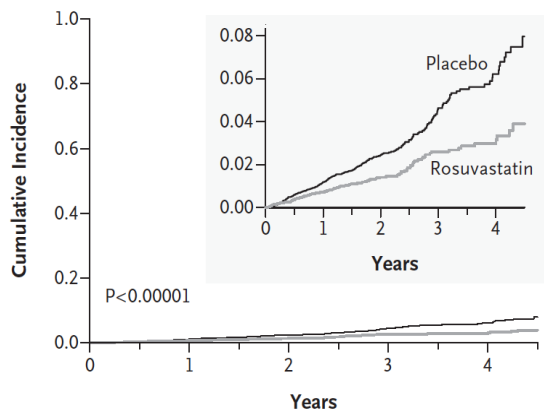
PAUL M. RIDKER, M.D., CHARLES H. HENNEKENS, M.D., JULIE E. BURING, Sc.D., AND NADER RIFAI, PH.D.



Rosuvastatin to Prevent Vascular Events in Men and Women with Elevated C-Reactive Protein

Paul M Ridker, M.D., Eleanor Danielson, M.I.A., Francisco A.H. Fonseca, M.D., Jacques Genest, M.D.,

A Primary End Point

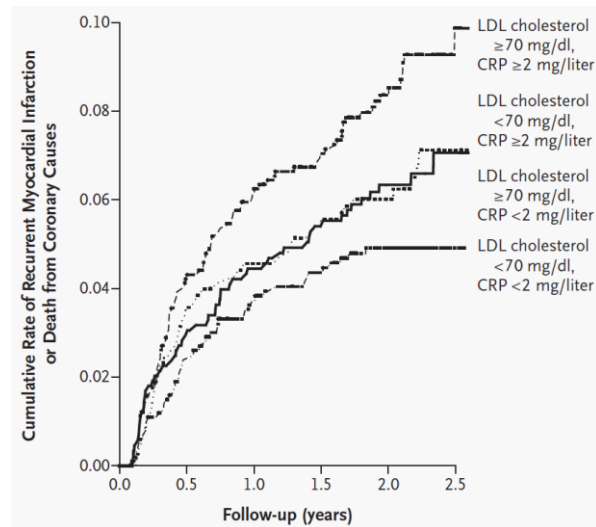


No. at Risk

	8901	8631	8412	6540	3893	1958	1353	983	538	157
Rosuvastatin	8901	8621	8353	6508	3872	1963	1333	955	531	174
Placebo	8901	8621	8353	6508	3872	1963	1333	955	531	174

C-Reactive Protein Levels and Outcomes after Statin Therapy

Paul M Ridker, M.D., Christopher P. Cannon, M.D., David Morrow, M.D.,

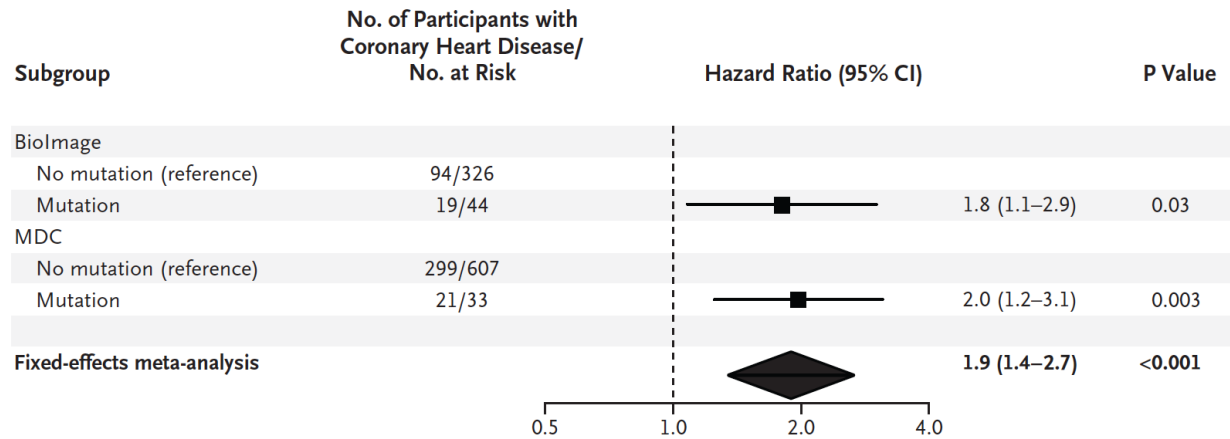


Clonal Hematopoiesis and Risk of Atherosclerotic Cardiovascular Disease



S. Jaiswal, P. Natarajan, A.J. Silver, C.J. Gibson, A.G. Bick, E. Shvartz, M. McConkey, N. Gupta, S. Gabriel, D. Ardissino, U. Baber, R. Mehran, V. Fuster, J. Danesh, P. Frossard, D. Saleheen, O. Melander, G.K. Sukhova, D. Neuberg, P. Libby, S. Kathiresan, and B.L. Ebert

A CHIP and Coronary Heart Disease



B CHIP and Early-Onset Myocardial Infarction

