

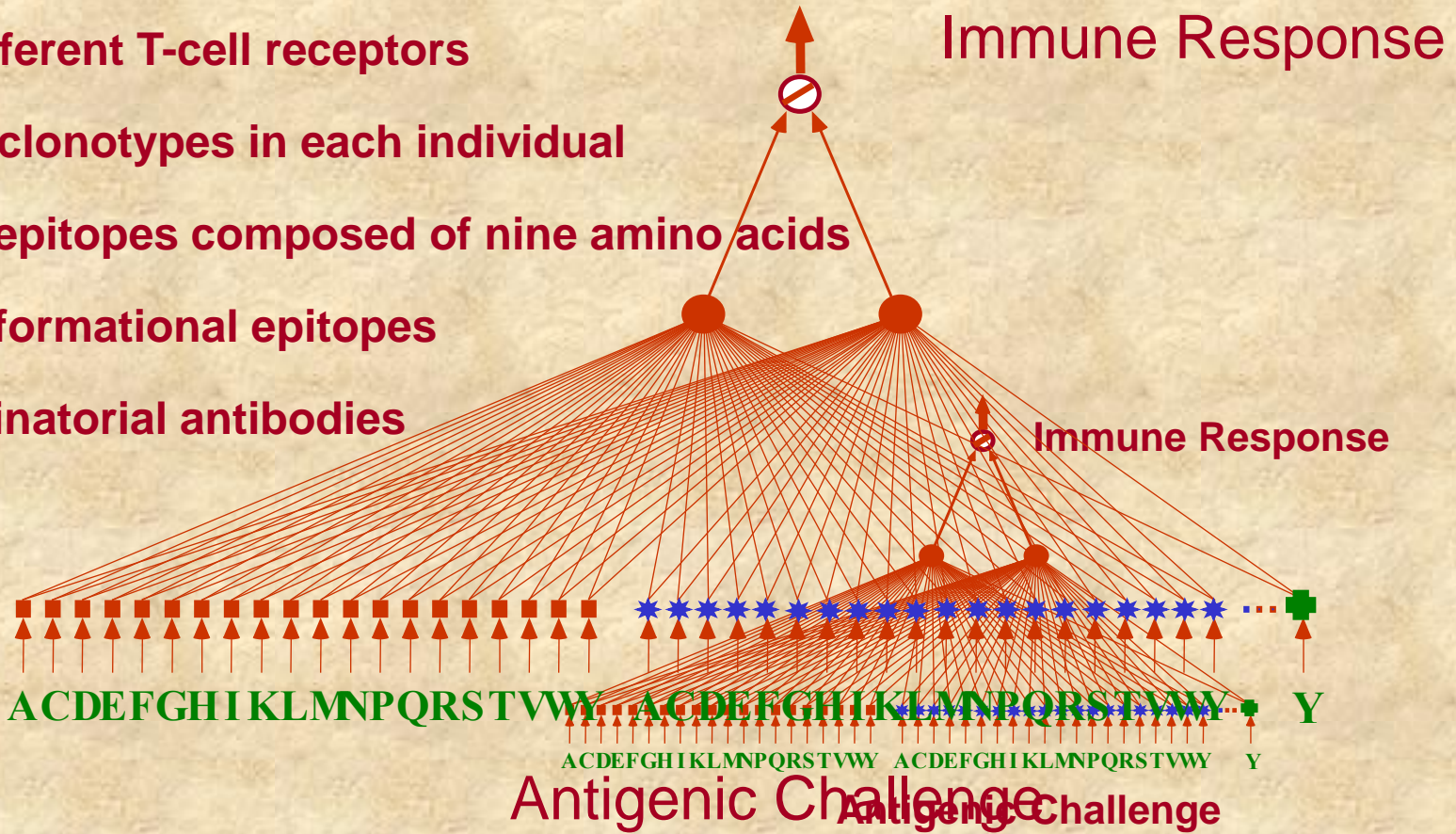
Improving Immunity in the Climacteric Years

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I declare no conflict of interest with the
content of this presentation

The enormous diversity in human immune system

- >10¹³ MHC class I haplotypes (IMGT-HLA)
- 10⁷-10¹⁵ different T-cell receptors
- 10¹² B-cell clonotypes in each individual
- 10¹¹ linear epitopes composed of nine amino acids
- >>10¹¹ conformational epitopes
- >10⁹ combinatorial antibodies



Lymphocytes and myeloid cells express **ERs and AR**

Oestrogen and testosterone directly modulate the function of cells involved in the immune response

- Modulate lymphoid and myeloid cell differentiation
- Cytokine production
- Helper T-cell polarization
- Nitric oxide production
- MHC class II expression
- APC recruitment and function

Bebo et al. (1999)
***J Immunol* 162: 35**
Komi and Lassila (2000)
***Blood* 95: 2875**

Components of the Immune System

Complex

Gonadal Steroids Influence Immune Response

Simple

Innate or Natural Immune System

Recognises structures specific for microbes

Effector cells : Monocytes, Macrophages, Granulocytes, Dendritic cells & NK cells

Produces cytokines to enhance non-specific as well as specific immune responses

Acquired or Adaptive Immune System

B lymphocytes

T lymphocytes

CD4+ cells - T helper

CD8+ or Tc/Ts cells

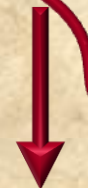


help other immune cells

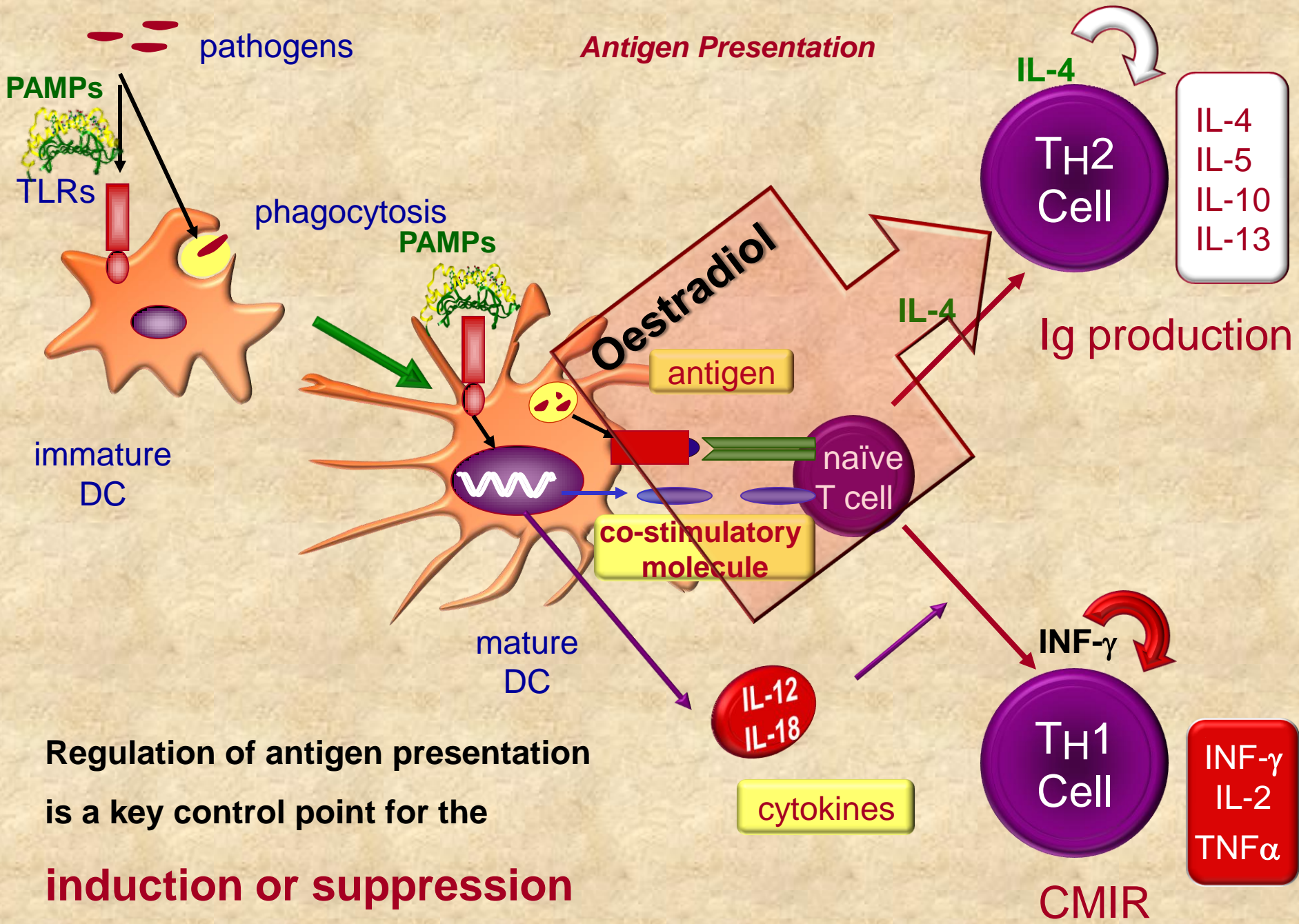
cytotoxic/suppressor



Ig-production



cytokines



Regulation of antigen presentation is a key control point for the **induction or suppression** of adaptive immune responses

Oestrogen and Antigen Presentation

- ❖ Experimental Auto-immune Encephalomyelitis
- ❖ Multiple Sclerosis

Experimental Autoimmune Encephalomyelitis (EAE)

- a mouse model of multiple sclerosis (MS)
- develops by the induction of myelin basic protein (MBP)-specific T cells with a T helper 1 (Th1) cytokine profile that mediate spinal cord injury
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 - develops by the induction of myelin basic protein (MBP)-specific T cells with a T helper 1 (Th1) cytokine profile that mediate spinal cord injury

Pretreatment of mice with oestradiol **significantly reduced**

- ✓ DC numbers in the brain
- ✓ Number of DC-producing $\text{TNF}\alpha$ and $\text{IFN}\gamma$
- ✓ DC's ability to present antigen to MBP-specific T cells

Multiple Sclerosis

More prevalent in women

Symptoms improve during pregnancy

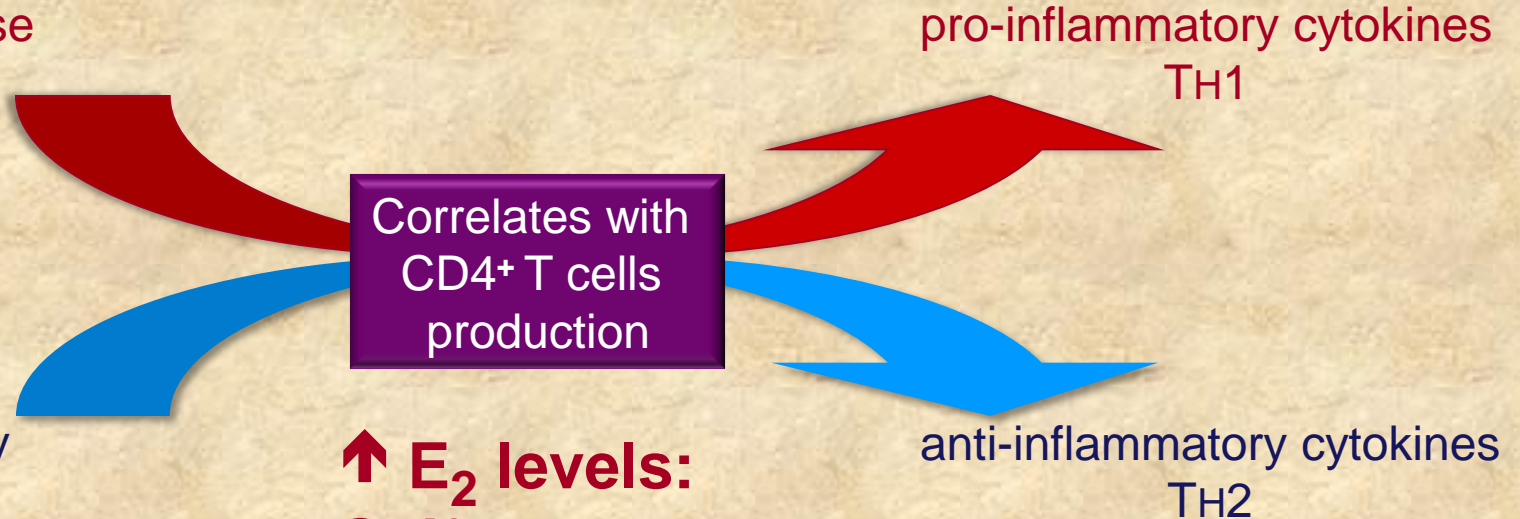
Symptoms may worsen in the post-partum period

CNS antigen-specific CD4+ TH1 cells secrete the
pro-inflammatory cytokines IFN γ , TNF α and IL-12

active disease

remission

or pregnancy



**↑ E₂ levels:
Shift to
TH2 cytokines**

Correale et al. (1998) *J Immunol* 161: 3365

Gilmore et al. (1997) *J Immunol* 158: 446

Gilmore et al. (2004) *J Neurol Sci* 224: 69

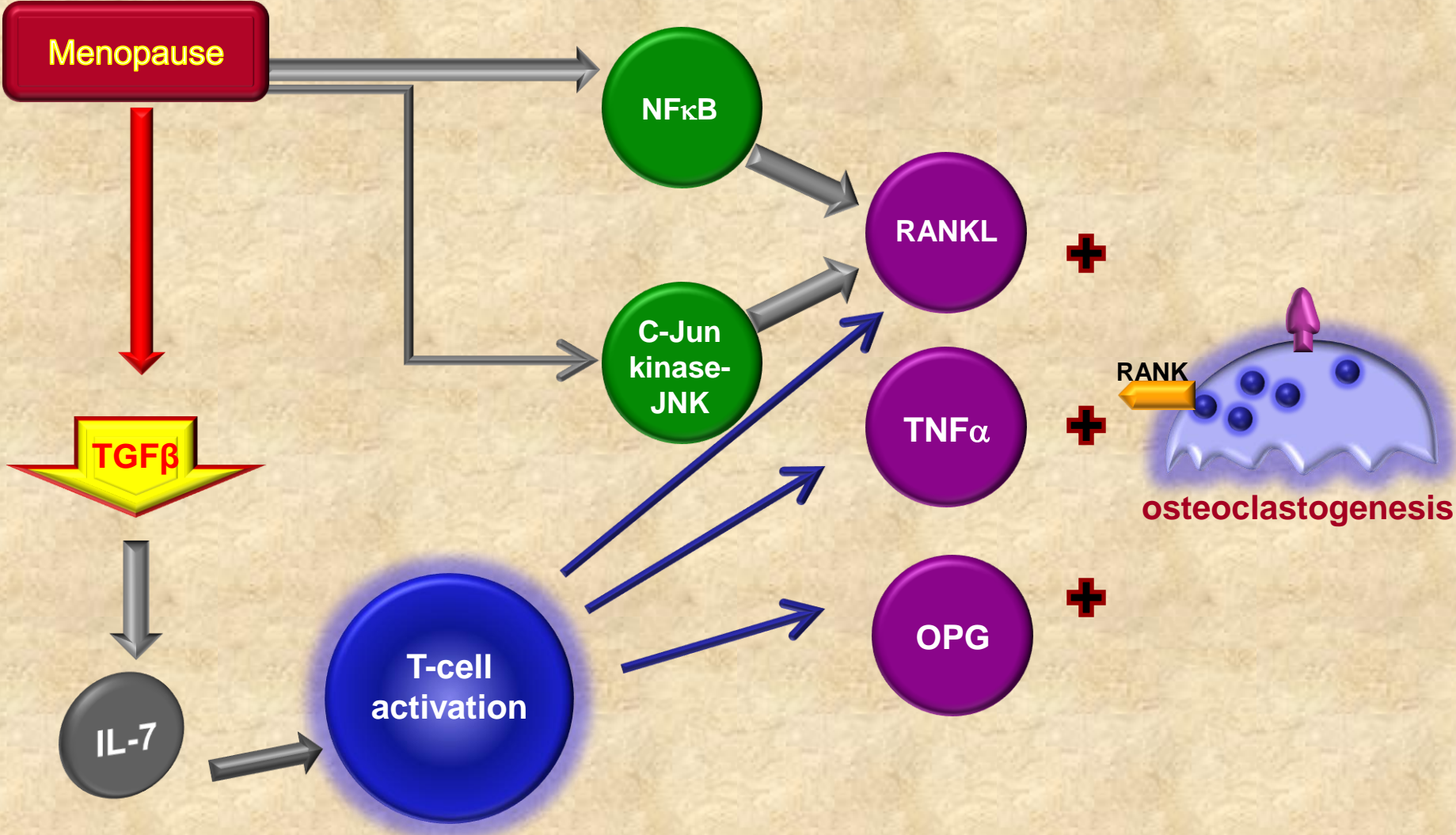
Components of the Immune System

Immune Responses and Degenerative Disorders

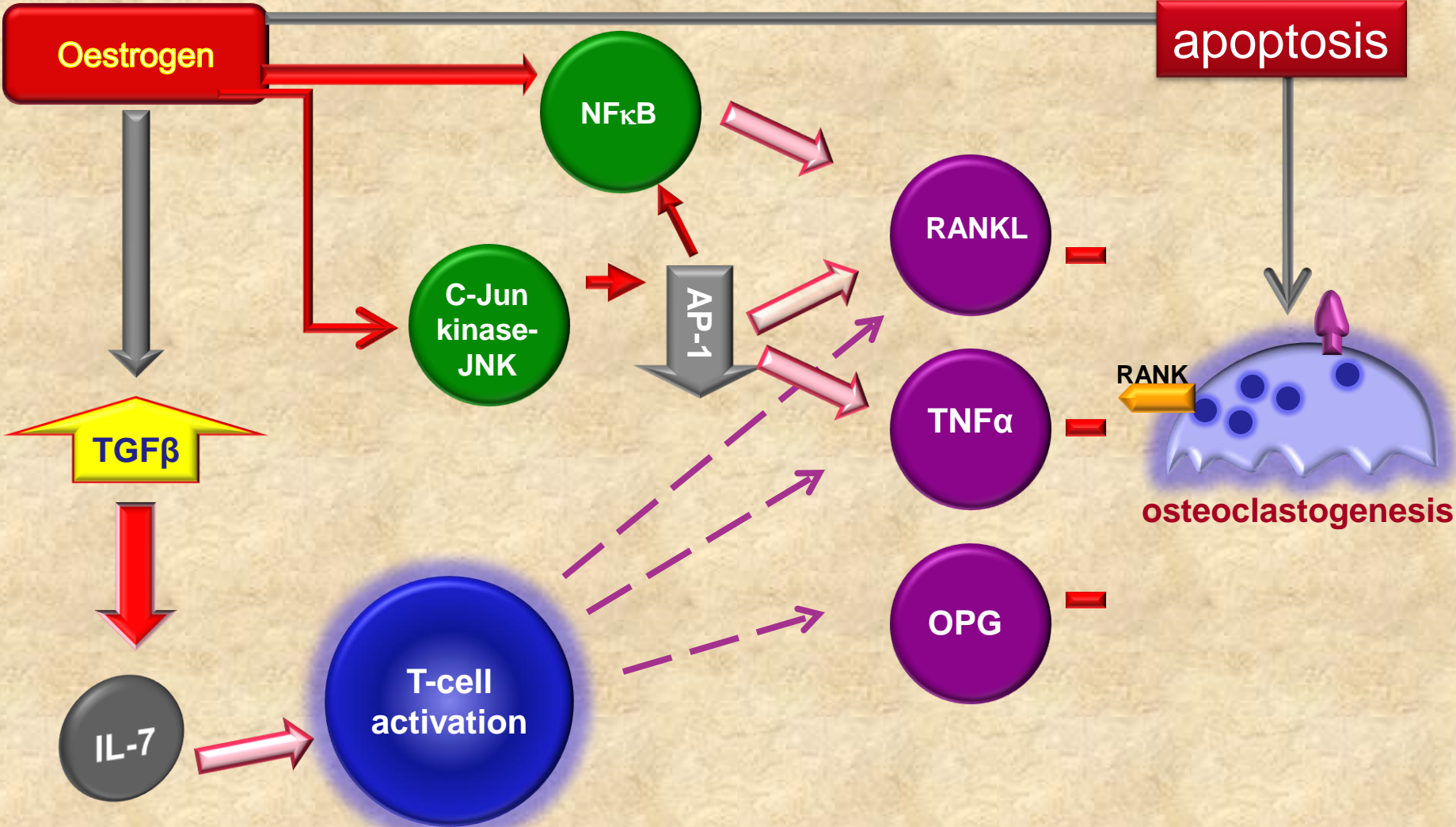
- Bone resorption
- Atherosclerosis and plaque instability
- Neuro-inflammatory disorders
- Effect of progestogens and progestins on
immunity of the female reproductive tract (FRT)

Oestrogen deficiency augments bone loss

Activated T-cells are key regulators of osteoclast formation



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Oestrogen deficiency augments bone loss

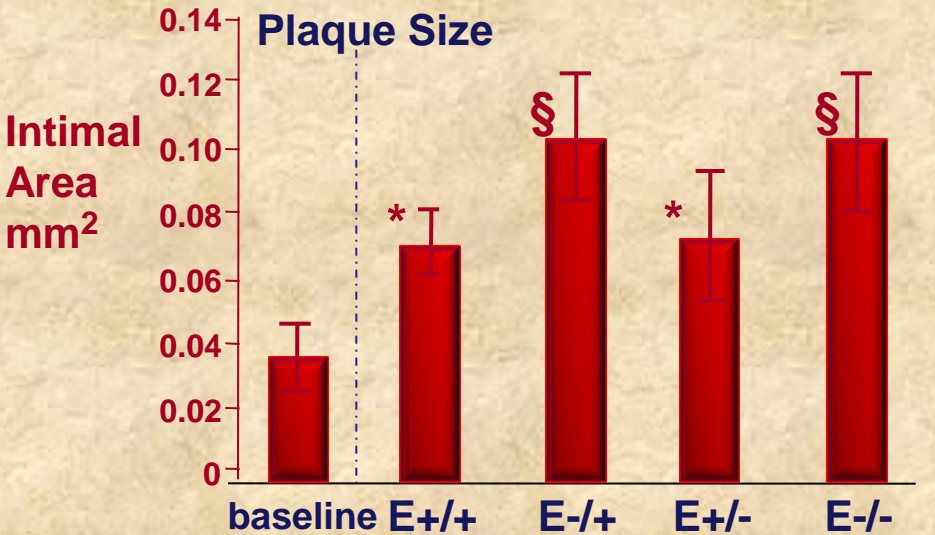
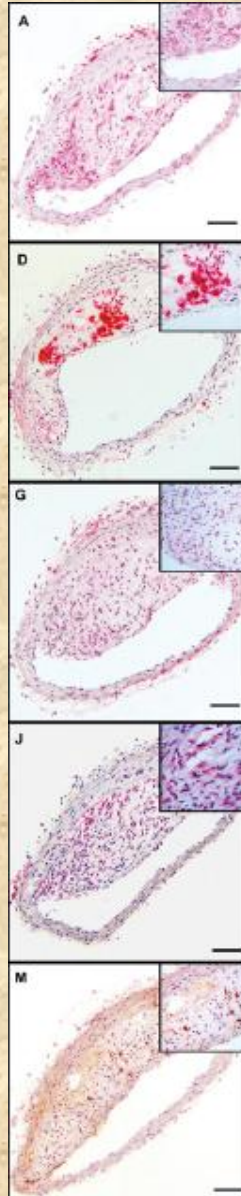
- **Increased osteoclast formation and recruitment to bone surfaces**
- **Increased erosion depth by prolonging the resorption phase of the remodeling cycle through increased osteoclast lifespan**
- **Increased production of inflammatory cytokines: IL-7 and TNF α :**
 - ✓ **limit the activity of mature osteoblasts**
 - ✓ **enhance osteoclast differentiation**

**Oestrogen is the best known restorer of
pre-menopausal bone homeostatic mechanisms**

Immunity and Atherosclerosis

Innominate artery

- **ApoE null mice** - atherogenic diet 20 weeks
- **Baseline Group:** sacrificed aged 20 weeks
- **Treatment Groups - Ovariectomy + implanted :**



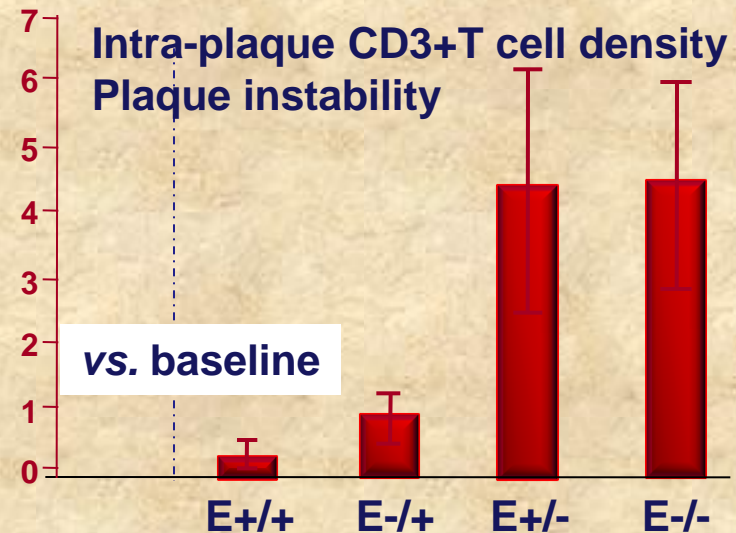
E +/+ = 90d E₂

E -/+ = 45d P + 45d E₂

E +/- = 45d E₂ + 45d P

E -/- = 90d P

% Intimal area



Timely administered oestrogen promotes:

- **Pre-menopausal protection against atherosclerosis**
- **Reverses immune-mediated instability of plaques**

Animal Models of Neuro-inflammation

Microglial cells are the inflammatory cells in the brain

E₂ inhibits microglial responses to acute injuries in specific brain regions

Microglia are direct targets of E₂ action in brain

E₂ reduces the expression of inflammatory mediators

- **monocyte chemo-attractant protein-1**
- **macrophage inflammatory protein-2**
- **lipo-polysaccharide-induced TNF α**

Ovarian ablation in the animal model of Alzheimer's disease (APP23 mice)

- **increases microglial activation at β -amyloid deposits**
- **facilitates the progression of microglia toward a highly reactive state**

**Long-term administration of E₂
prevents the effects of ovariectomy
and**

↓ microglial reactivity compared with control animals

**Cognitive impairment in postmenopausal women is
reduced when oestrogen is replaced
in early menopause**

Components of the Immune System

Immune Responses and Degenerative Disorders

Genital Tract Immunity and Susceptibility to Infection

Immunity and Lower Genital Tract Infections

as modulated by

Gonadal Steroids and Progestogens

- 333 million new non-HIV STD cases p.a.
- Menopausal women are at high risk of STD
- Progestogens are being liberally administered to promote amenorrhoea

Chlamydia infections

Pretreatment of mice with progesterone or MPA

- ✓ Persistent *Chlamydia trachomatis* infection

Pretreatment of rats with progesterone or MPA

- ✓ Increases susceptibility to *C. trachomatis* infection
- ✓ Oestradiol treatment reduces the susceptibility to infection
- ✓ Untreated rats exposed to *C. trachomatis* at oestrus displayed a self-limiting infection

Herpes Simplex Virus-2 (HSV-2) in mice

**Progesterone
or
MPA**



**intra-vaginal
innoculation
of HSV-2**



Gallichan and Rosenthal (1998) *J. Infect. Dis.* 177:1155–1161

Milligan and Bernstein (1995) *Virology* 212:481–489

Parr et al. (1994) *Lab. Investig.* 70:369–380

**intra-vaginal
innoculation
of HSV-2**



Progestogens and viral infection in women

Human Papilloma Virus (HPV)

Progesterone but not oestrogen stimulates the expression and oncogenic transformation of HPV, *in vitro*

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- Matlashewski et al. (1987) *EMBO J* 6: 1741-6
Crook et al. (1988) *Proc Natl Acad Sci USA* 85: 8820-4
Chan et al. (1989) *J Virol* 63: 3261-9
Pater et al. (1990) *Am J Obstet Gynecol* 162:1099-1103
Schneider et al. (1987) *Int J Cancer* 40: 198-201
Smith EM et al. (1991) *Cancer Detect Prev* 15: 397-402

HPV detection increases in late pregnancy, when progesterone is elevated

- Schneider et al. (1987) *Int J Cancer* 40: 198-201
Smith EM et al. (1991) *Cancer Detect Prev* 15: 397-402

Long term use of COC in HPV-infected women increases the risk of cervical cancer

- Hildesheim et al. (1990) *Int J Cancer* 45: 860-4
Negrini et al. (1990) *Cancer Res* 50:4670-5
Brinton (1991) *Contraception* 43: 581-95

HPV detection is increased in long-term past users of combination HRT but not oestrogen-only users

- Smith et al. (2002) *Eur J Cancer Prev* 11:295-305

WHO Collaborative Study of Neoplasia and Steroid Contraceptives:
Invasive cervical SCC and COC: results from a multinational study

2361 cases and 13,644 controls

Adjustment for all known confounders

31% increase in invasive cervical SCC in COC users

WHO Collaborative Study of Neoplasia and Steroid Contraceptives 1979-1988

Adjusted RR of cervical adeno-carcinoma & adenosquamous carcinoma

<u>Progestin dose</u>	<u>Oestrogen dose</u>			
	High		Low	
	<u>RR</u>	<u>95% CI</u>	<u>RR</u>	<u>95%CI</u>
Low	0.82	0.24-2.86 (3, 27)§	1.38	0.96-2.00 (57, 317) §
High	1.26	0.89-1.79 (56, 328) §	2.61	1.27-5.36 (12, 37) §

187 cases and 1,447 controls

§ Numbers of cases and controls shown in parentheses

Explanation !



Progestogens and Retroviral Diseases

Progesterone enhances Simian Immunodeficiency Virus (SIV) transmission in macaque monkeys allowing more virions to move through the thinned vaginal epithelium

Marx, et al. (1996) *Nat Med* 2:1084–9

Oestrogen protects against vaginal transmission of SIV

Smith, SM et al. (2000) *JID* 182:708-15

Could this be the reason why postmenopausal women
have a **4-8 fold** increase
in the chance of being infected with HIV
compared to pre-menopausal women ?

Aaby et al. (1996)

AIDS 10: 1585–1590.

Contraceptive method and HIV-1 seroconversion

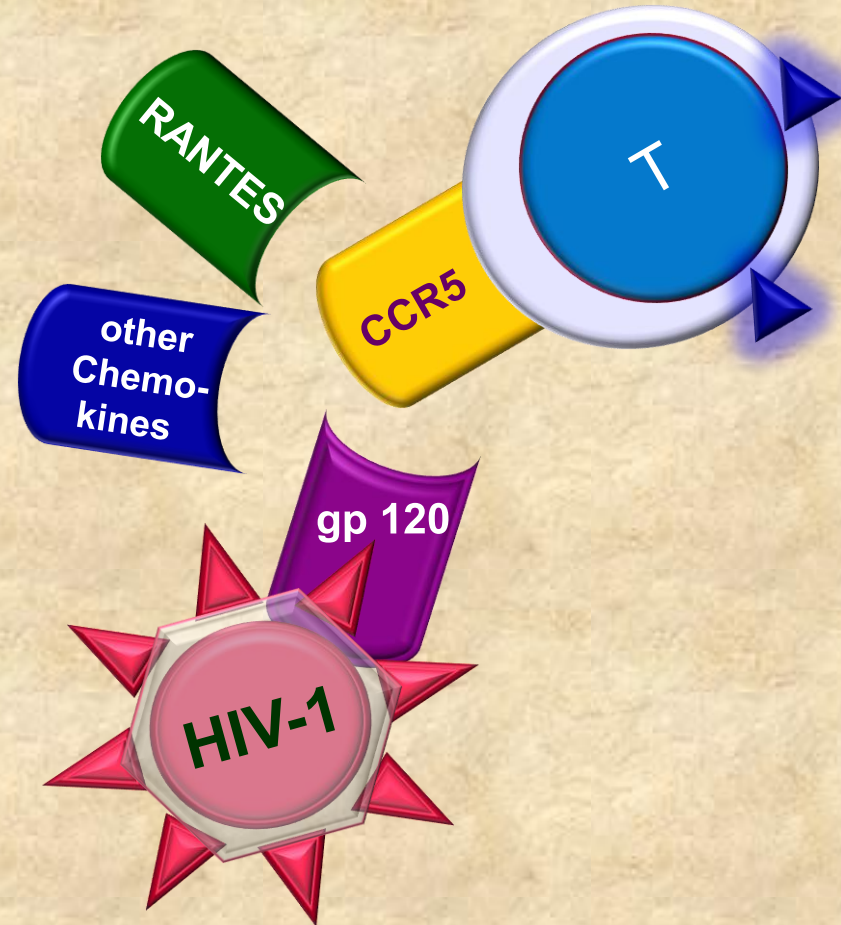
	<u>HR</u>	<u>95%CI</u>	<u>p</u>
None/tubal ligation	1.0		
IUD	1.2	0.4–3.9	0.7
DMPA	2.0	1.3–3.1	0.003
Oral contraceptives	1.3	0.8–2.2	0.3
Low-dose	1.3	0.7–2.4	0.4
30–35 µg EE + 150 µg of LNG or desogestrel or 250 µg of norgestimate			
High-dose	2.6	0.8–8.5	0.1
50 µg of EE + 250 µg of LNG or 500 µg of norgestrel			

Individuals who are homozygous for a **non-functional CCR5** allele (32-bp coding region deletion) are **resistant** to HIV-1 infection

Liu et al. (1996) *Cell* 86:367

Samson et al. (1996) *Nature* 382:722

Dean et al. (1996) *Science* 273:1856



- Level of expression of chemokine receptors used by the virus for cell entry – subversion of immune cells

Conclusions

Oestrogen Deficiency inflicts changes in the immune system that promote cellular and molecular mechanisms involved in

- **Osteoporosis**
- **Atherosclerosis plaque formation and instability**
- **Inflammatory and Microglial function within the CNS**

Timely administration of oestrogen reverses these processes

Hormonal milieu during the natural cycle modulates immune responses within the FRT

- **To maximise protection against infection**
- **To promote opportunities of successful conception**

Conclusions

Progestogens are not natural hormones and may use PRs, GRs and/or other pathways to exert membrane or genomic actions

Continuous administration of Progestogens :

- ✓ **Abnormal lipids handling**
- ✓ **Increased risk of breast cancer**
- ✓ **Increased susceptibility to viral infection of the FRT**

Sequential combined oestrogen-progestogen preparations offer lesser antagonism to the protective effects of oestrogen

