

Altered NKT cell populations in the airways of patients with IPF



cmm116@ic.ac.uk

Emily Calamita¹, <u>Christina Michalaki¹</u>, Philip L Molyneaux¹, Toby M Maher^{1,2}, Marc Hertz³, Albert Agro³, Adam J Byrne^{*1,4}, Vipin K Chaturvedi^{*3,5}

¹National Heart and Lung Institute, Imperial College London, SW7 2AZ, UK
²University of Southern California, Los Angeles, CA, USA
³GRI Bio, Inc., La Jolla, CA, USA
⁴School of Medicine and the Conway Institute of Biomedical Sciences, University College Dublin, Ireland
⁵UCSD, La Jolla, CA, USA



1. Introduction & Aims

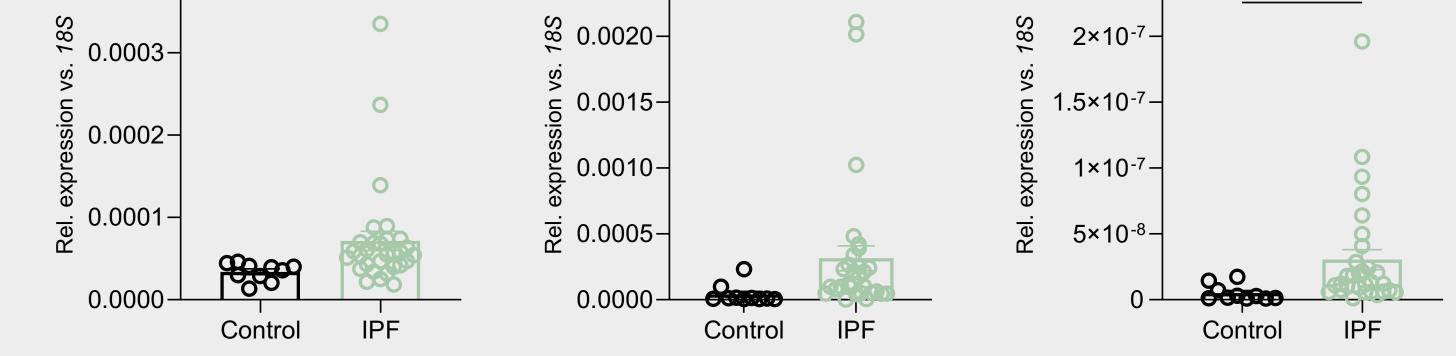
 Idiopathic pulmonary fibrosis (IPF) is the most common form of interstitial lung disease. It is characterised by the excessive deposition of extracellular matrix (ECM) in the lung parenchyma leading to impaired gas exchange¹ 4. Gene expression of TGFB1, Osteopontin and Collagen Type I α1 significantly increase in IPF patients



- Therapeutic options for IPF are limited, therefore there is an urgent need to understand the mechanism underlying IPF²
- Invariant natural killer T (iNKT) cells are a subset of T cells that express the T-cell receptor (TCR) Vα24/Jα18 chain in humans. Upon activation, NKT cells produce multiple cytokines, including those that have been implicated in IPF pathogenesis³
- NKT cells have been shown to drive IPF pathology in animal models of lung fibrosis³. However, their role in human IPF remains unknown.

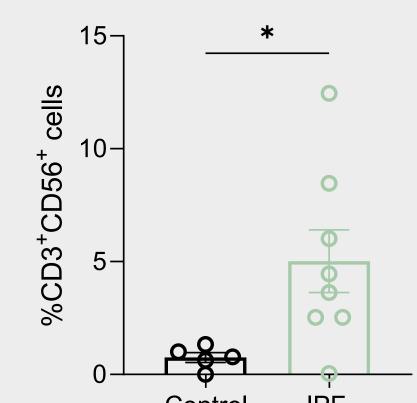
Aims:

- 1. Characterise the NKT population in IPF bronchoalveolar lavage (BAL)
- Investigate the phenotype of NKT cells and the relationship of these populations to disease parameters



Gene expression determined by real-time PCR of cells isolated from BAL of healthy controls and IPF patients (Kolmogorov-Smirnov test: **p= 0.01, ***p= 0.001)

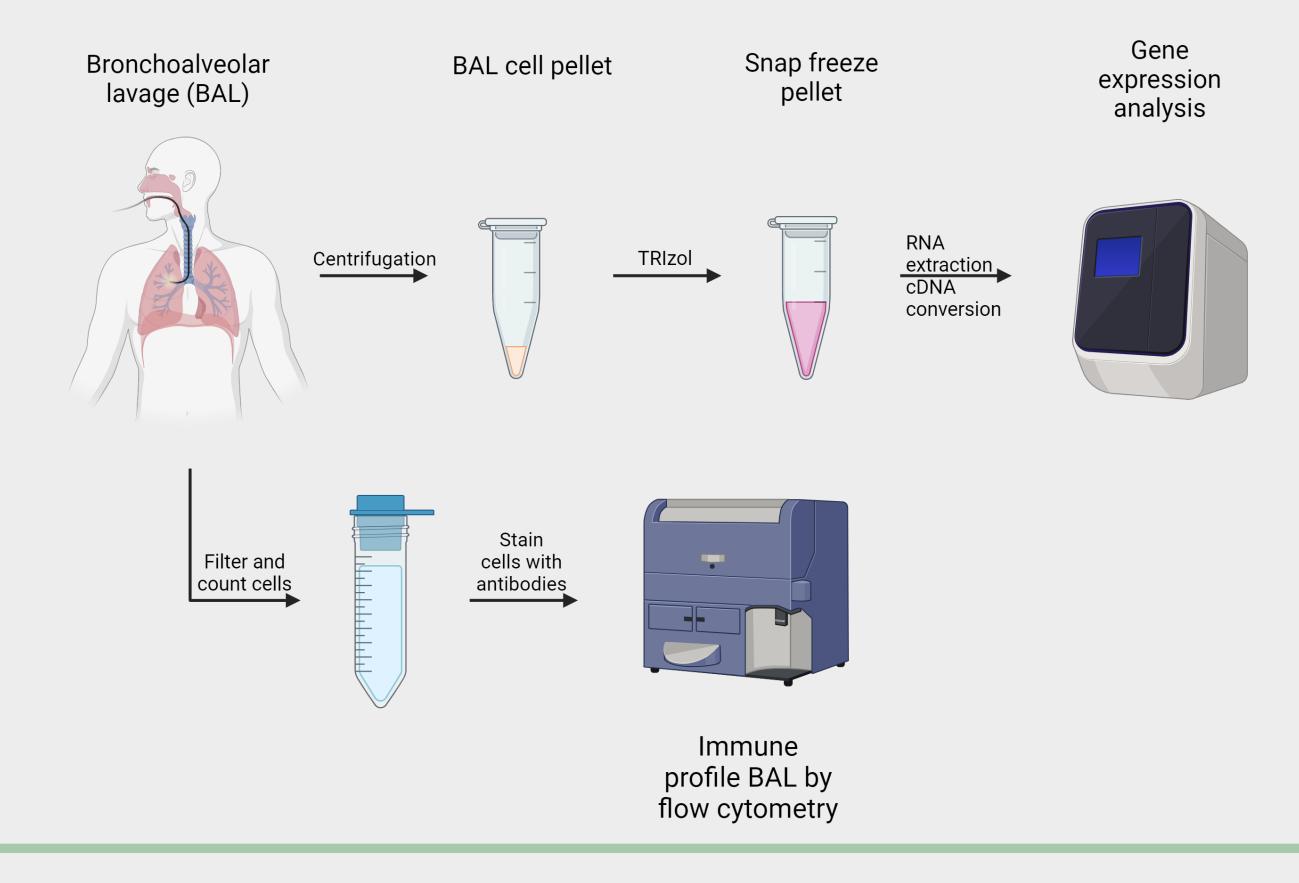
5. IFN-γ⁺ NKT cell expression increases in BAL of IPF patients



IFN-γ⁺ NKT cells

2. Methods

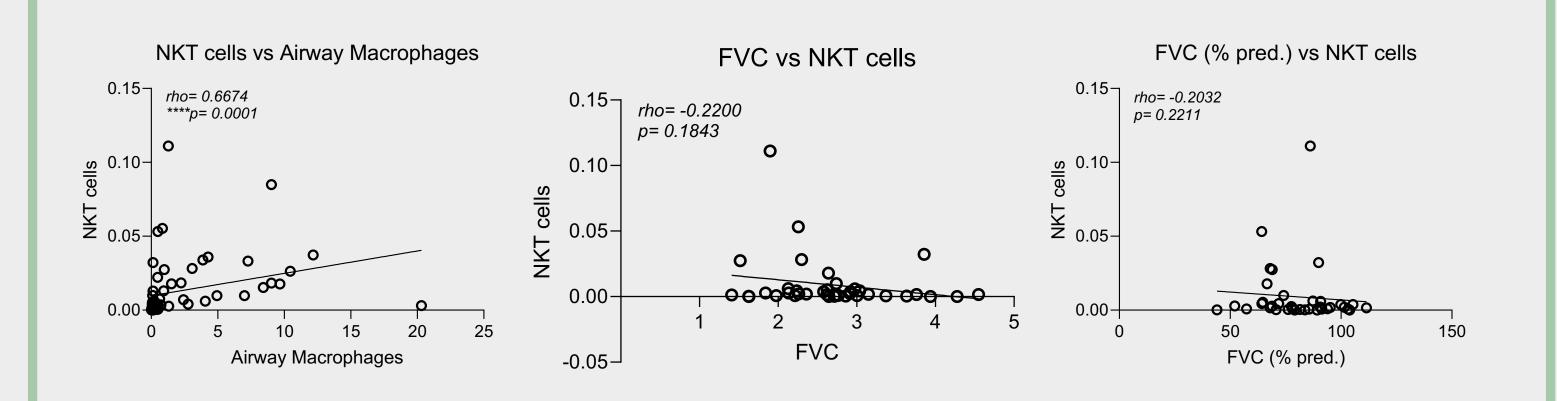
BAL from healthy controls and IPF patients was obtained. BAL cell pellet was collected, RNA was extracted from the cells and gene expression analysis was conducted by real-time PCR. Surface and intracellular flow cytometry of cells isolated from BAL of healthy donors and IPF patients was also conducted to characterise their NKT cell compartment.



Control IPF

Proportion of IFN- γ^+ NKT cells (CD3⁺, CD56⁺) present in BAL of healthy controls and IPF patients expressing IFN- γ (Mann-Whitney U test: *p= 0.05)

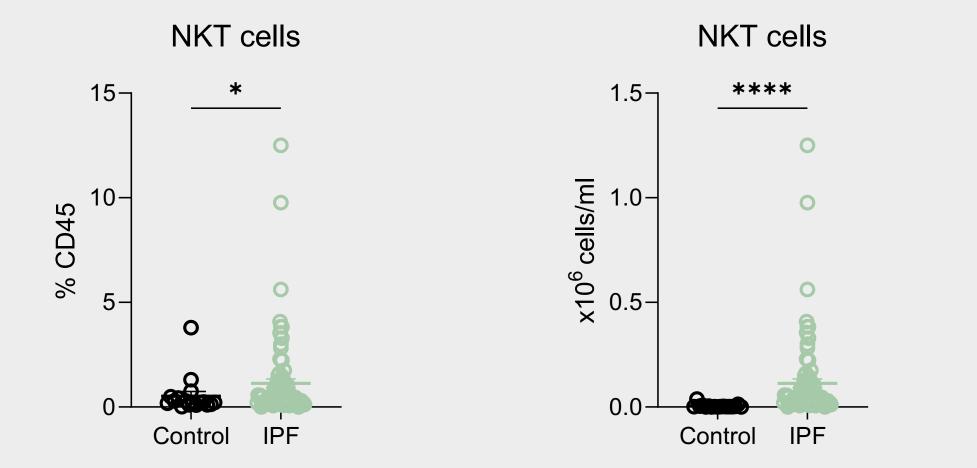
6. Total number of NKT cells correlates with total number of airway macrophages but not with lung function parameters in IPF



The total number of cells isolated from BAL of healthy controls and IPF patients positively correlates with the number of airway macrophages, however it does not correlate with lung function parameters (Spearman Rank correlation: ****p= 0.0001)

7. Conclusion

3. The proportion and number of NKT cells significantly increase in BAL of IPF patients



Proportion of live, CD45⁺ and total number of NKT cells isolated from BAL of healthy controls and IPF patients (Kolmogorov-Smirnov test: *p= 0.05, ****p= 0.0001)

- The number and proportion of NKT cells significantly increase in IPF BAL compared to healthy controls
- TGFB1, SPP1 and COL1A1 significantly increase in IPF patients
- IPF patients show increased expression of IFN- γ^+ NKT cells in their BAL
- The number of NKT cells positively correlates with the number of airway macrophages in IPF patients. However, there is no correlation with lung function parameters
- Our data implicate NKT cell populations in the pathogenesis of IPF

References

¹Ogger & Byrne 2021, *Mucosal Immunol.*, ²Spencer et al. 2020, *ERJ Open Research*, ³Kumar et al. 2023, *Front. Immunol*

Data or observed results in earlier studies or trials may not be indicative of results in later studies or trials.