

# **Bacterial Toxin Repression of Nuclear Hormone Receptors: Host-Pathogen-Hormone Interactions and Implications for Therapy**

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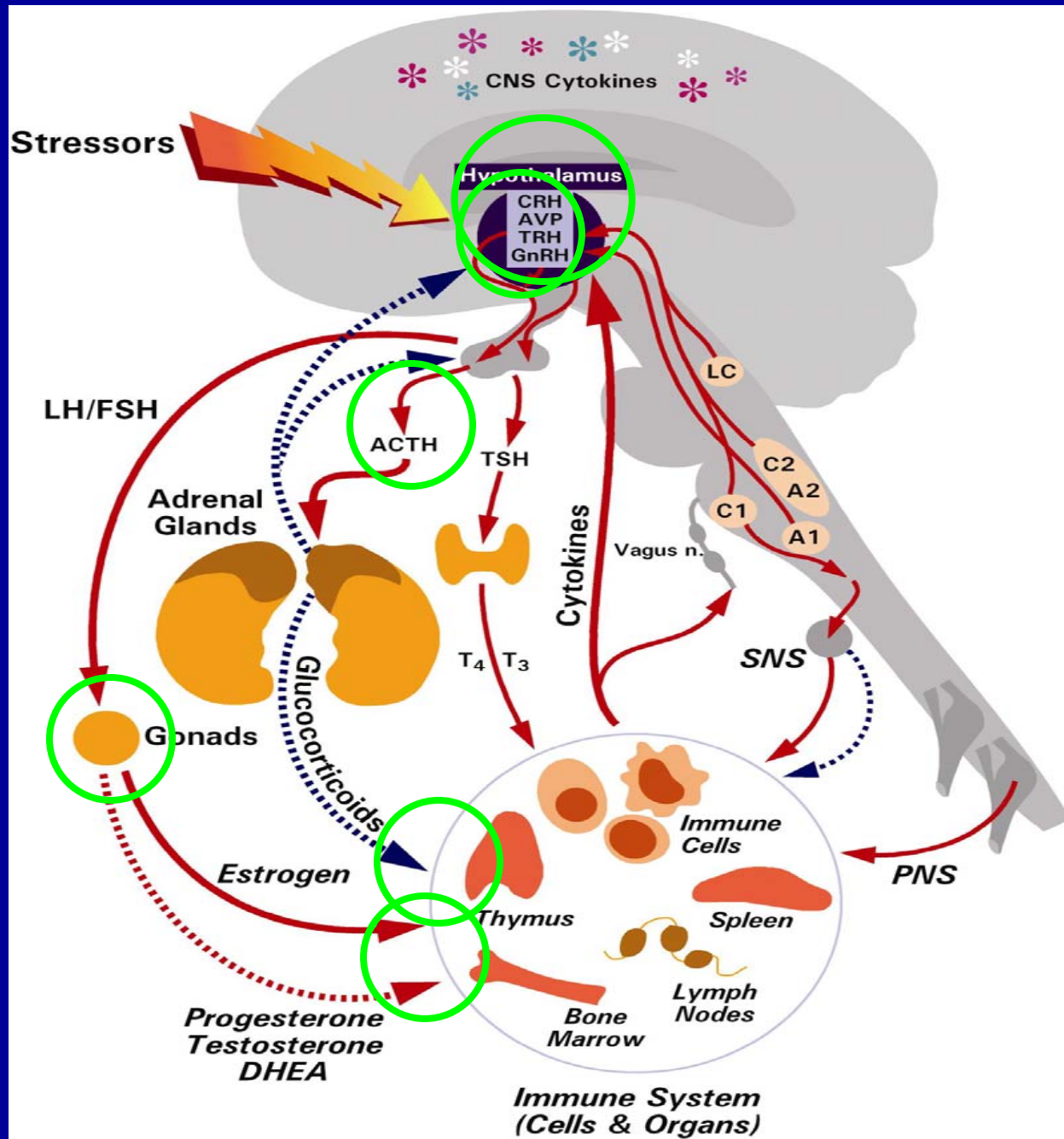


# Host Hormone-Immune-Bacterial Interactions: Implications for Susceptibility to Inflammatory Sequelae of Bacterial Infections

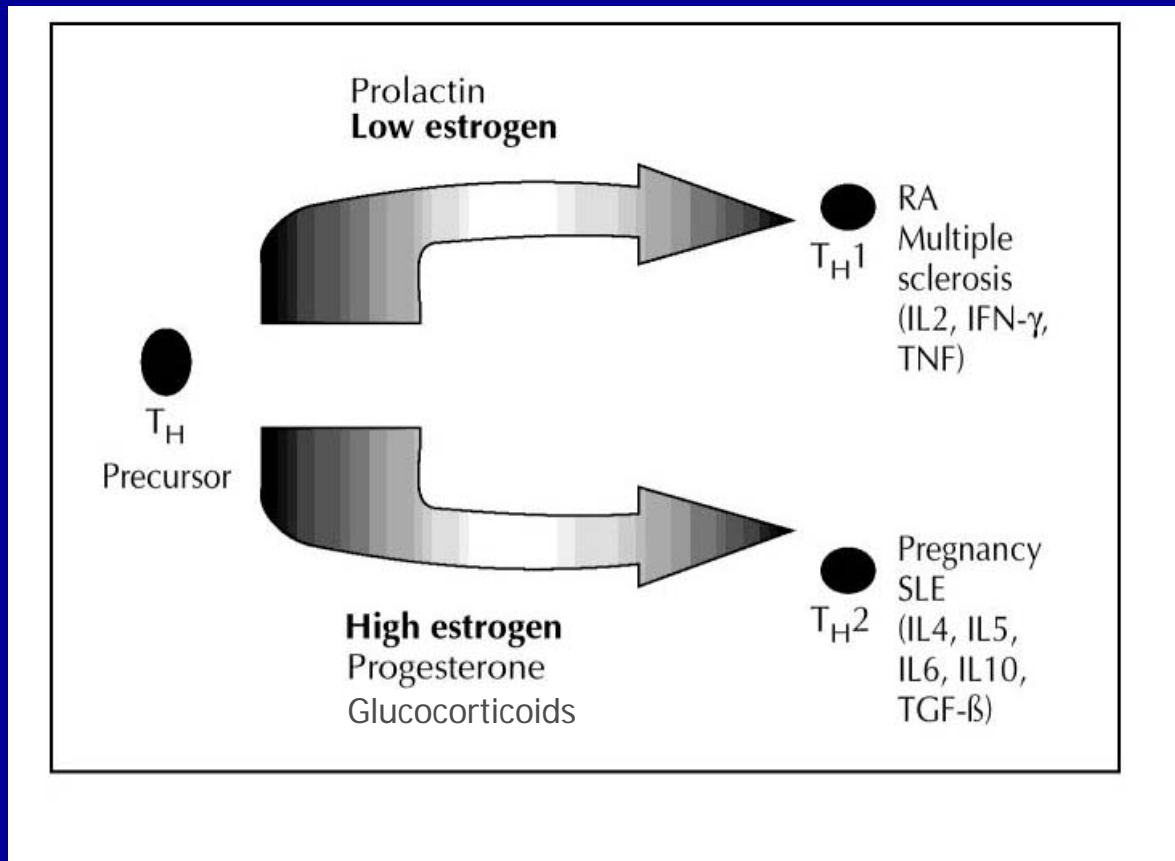
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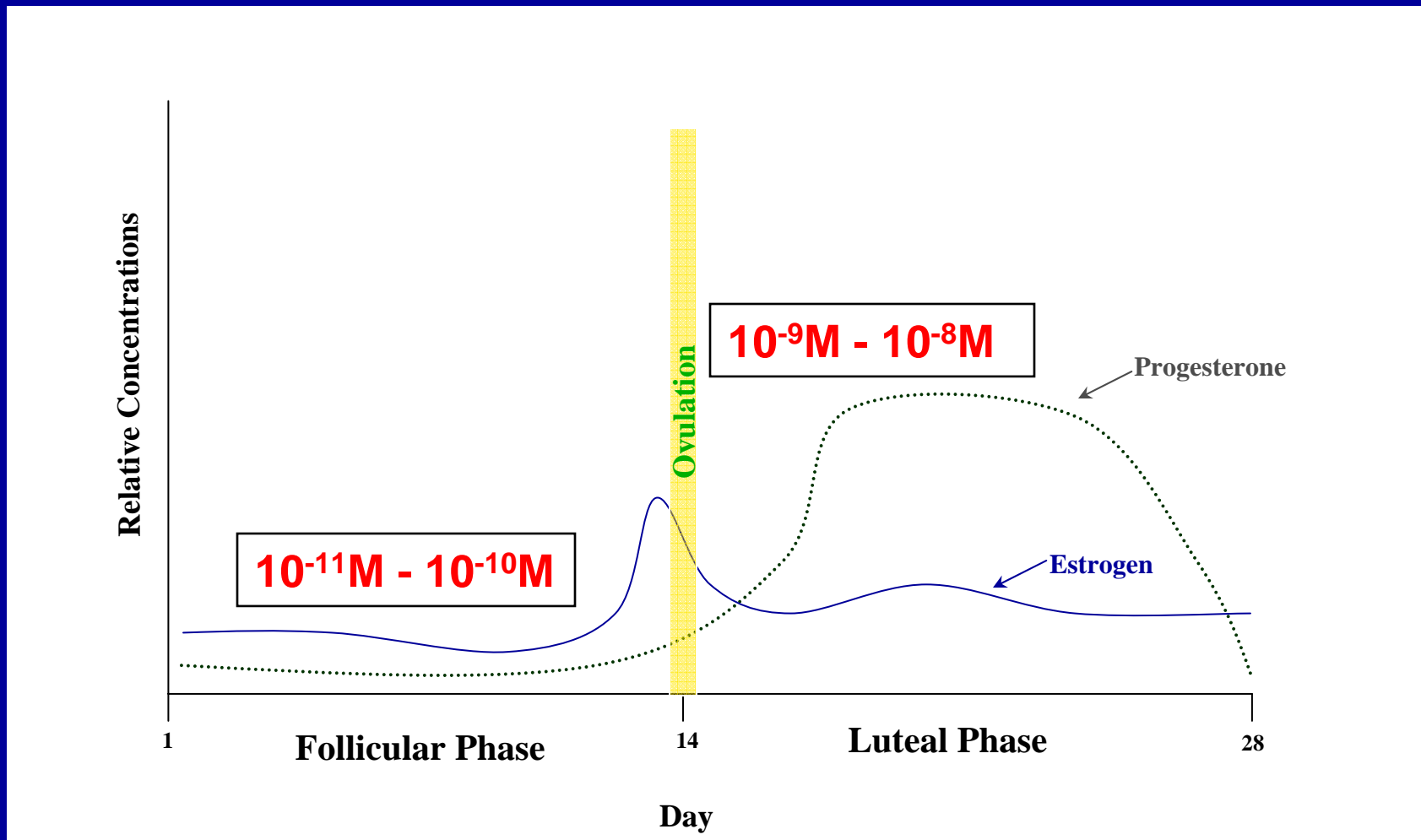
# Effects of Estrogen & Progesterone on T Helper Phenotypes:



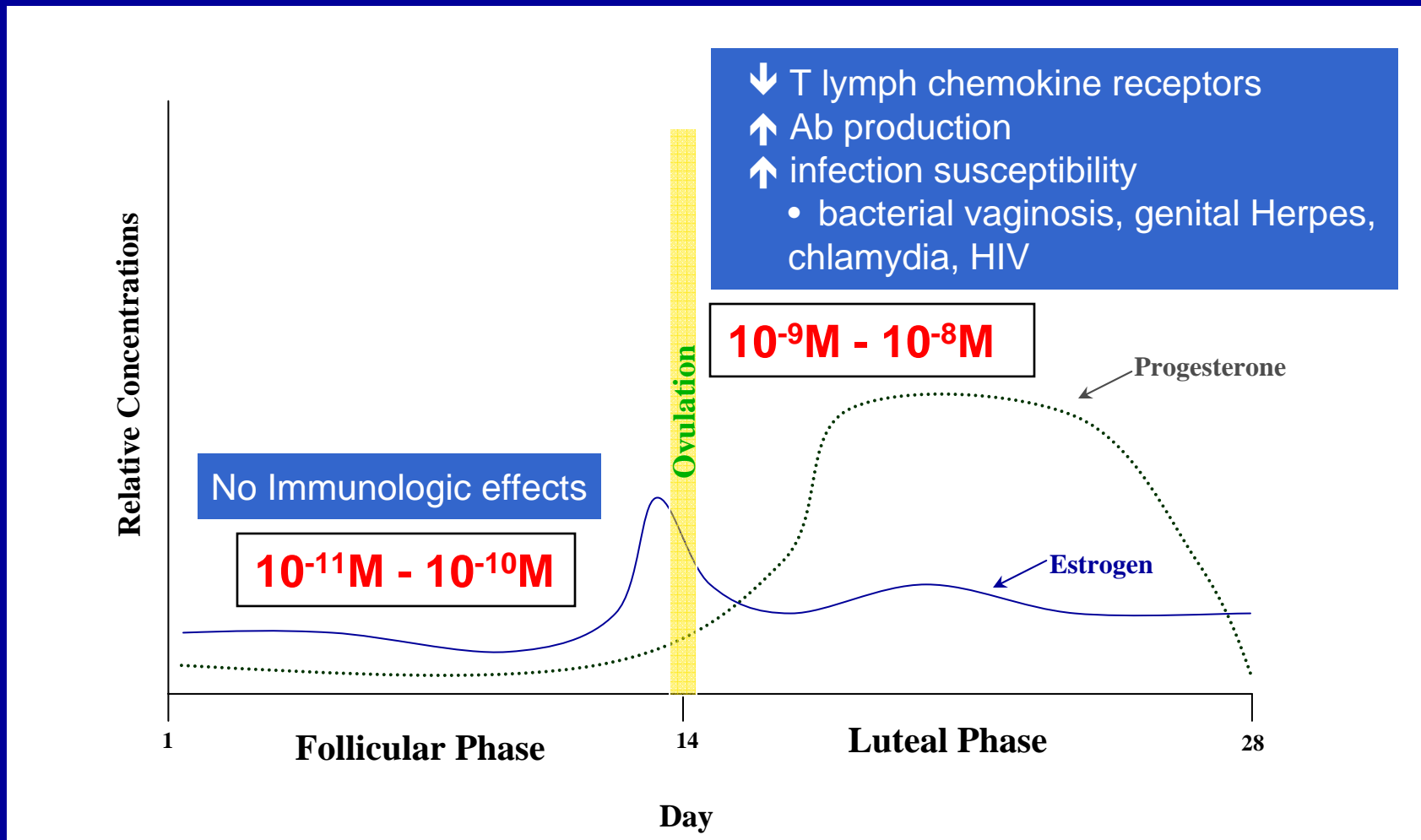
Cellular

Humoral

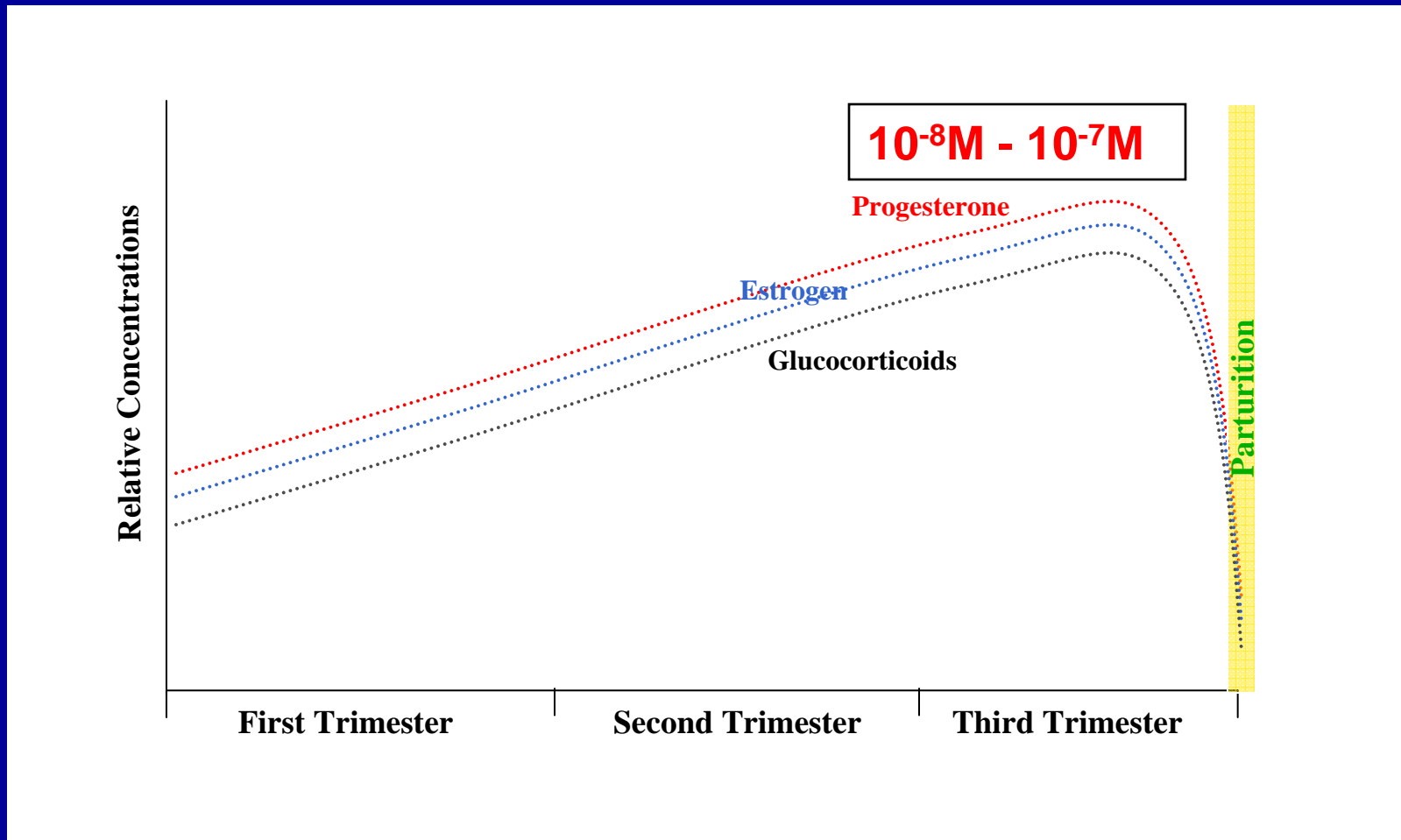
# Estrogen & Progesterone Vary during the Menstrual Cycle



# Changes in Immune Function during Menstrual Cycle

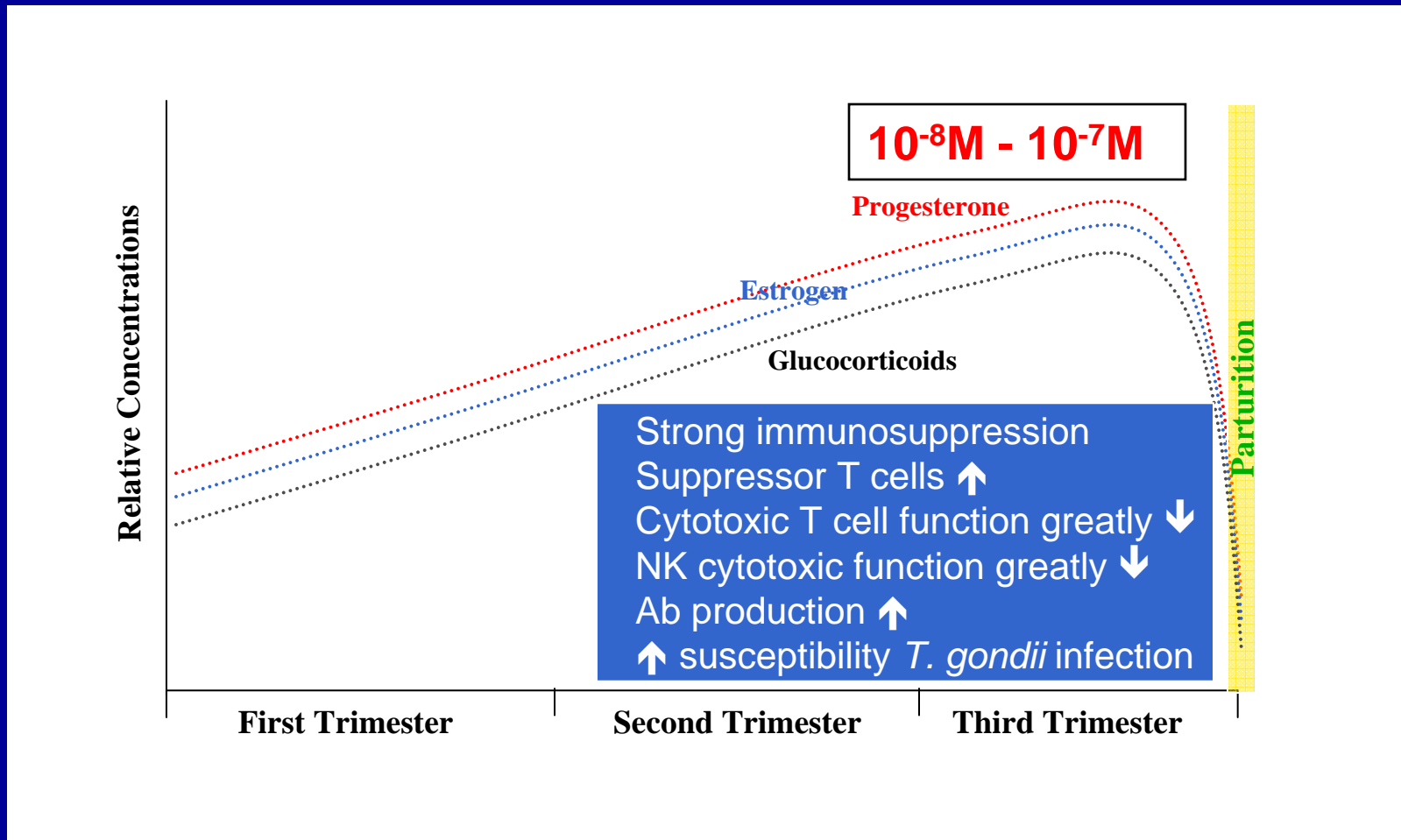


# Progesterone, Estrogen, Glucocorticoids during Pregnancy

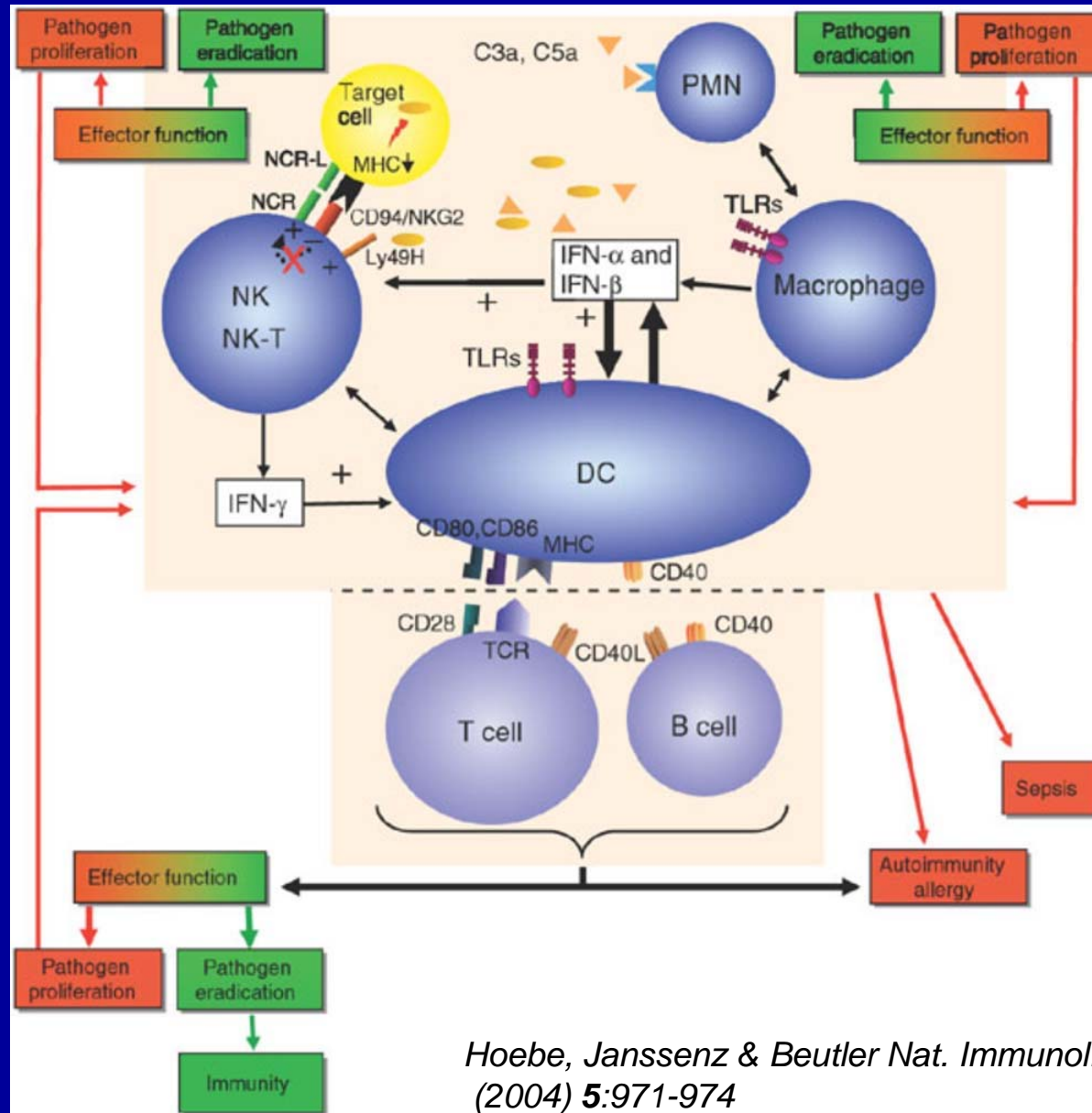




# Changes in Immune Function during Pregnancy



# Dendritic Cells: bridge between innate inflammation and adaptive immune responses

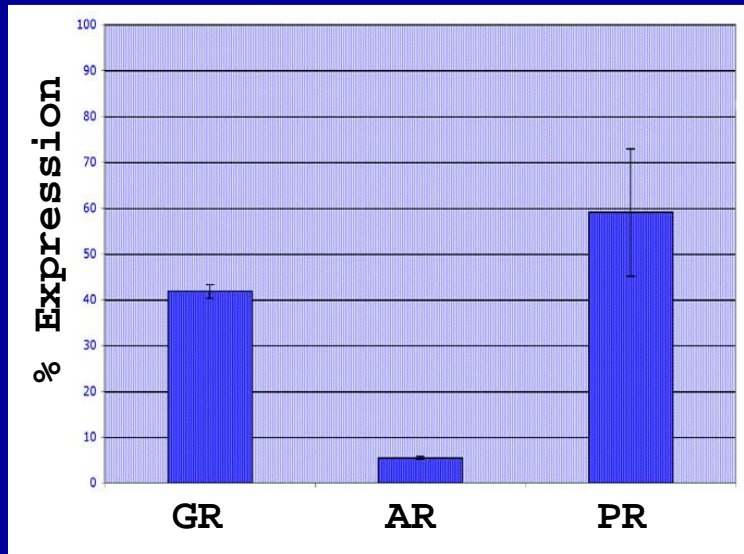


Innate

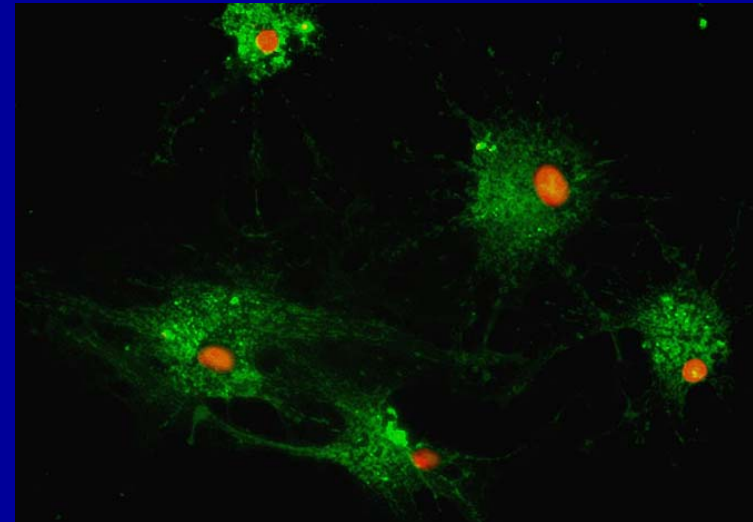
Adaptive

Hoebe, Janssens & Beutler *Nat. Immunol.* (2004) 5:971-974

# Steroid Hormone Receptor Expression in Cultured Dendritic Cells (CD11c+)



**FACS Analysis:**  
% DCs expressing steroid hormone receptors (female rats).



**Fluorescent micrograph**  
cultured DC cells expressing  
**PR** in cytoplasm

**Progesterone Receptor**  
**Nucleus**

# Progesterone Effects on DC Cell Function:

( C. Butts et al., submitted 2006)

**Progesterone has functional effects on mature but not immature DCs:**

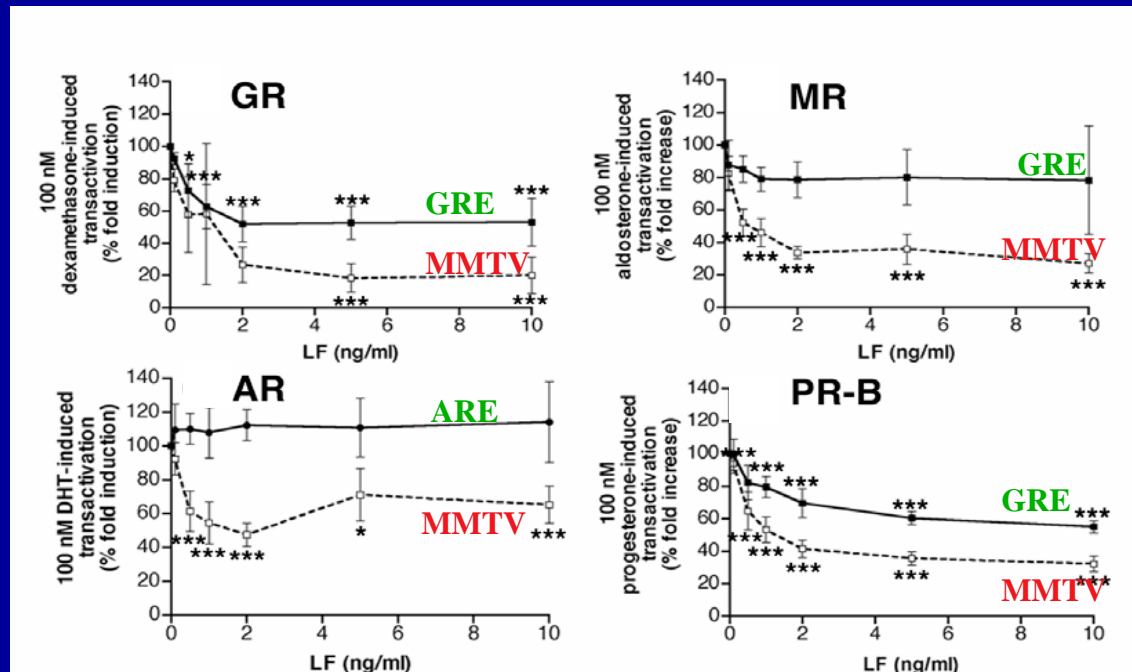
- Does not affect Ag uptake by immature DCs
- Suppresses pro-inflammatory (TNF $\alpha$ ) but not anti-inflammatory (IL-10) cytokine production
- Down-regulates co-stimulatory molecule expression (MHCII & CD80)

**Overall effect of progesterone on DCs is anti-inflammatory**

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# Selective *B. anthracis* LeTx repression of nuclear hormone receptors is both receptor and promoter dependent



Webster & Sternberg *Mol. Cell Endocrinol.* (2005) 241. 21-31

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# Mortality in Animal Models where HPA Axis is Interrupted

## SCW Arthritis

*Sternberg et al. PNAS 89*

- RU-486 100% mortality (F344 rats)
- cort 13% mortality

## EAE

*MacPhee et al. J Exp Med 89*

- ADX 80% mortality
- cort 22% mortality

## Salmonella

*Edwards et al. PNAS 91*

- hypophysect 100% mortality
- cort 5% mortality

## MCMV

*Ruzek et al. J. Immunol. 99*

- ADX 100% mortality
- cort 20% mortality

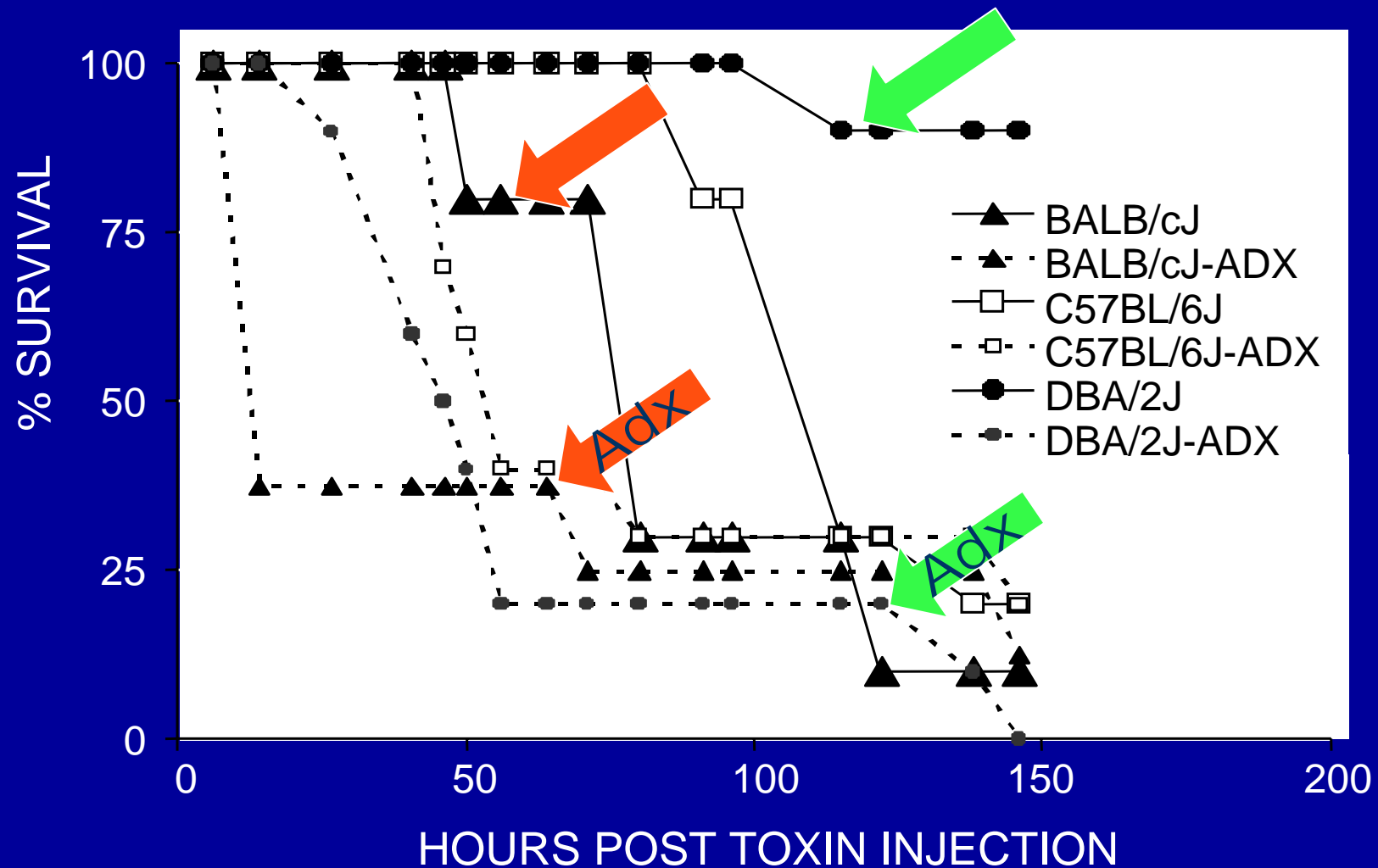
## Shiga toxin

*Gomez et al. Clin. Exp. Immunol.*

- ADX 60% mortality
- cort 10% mortality

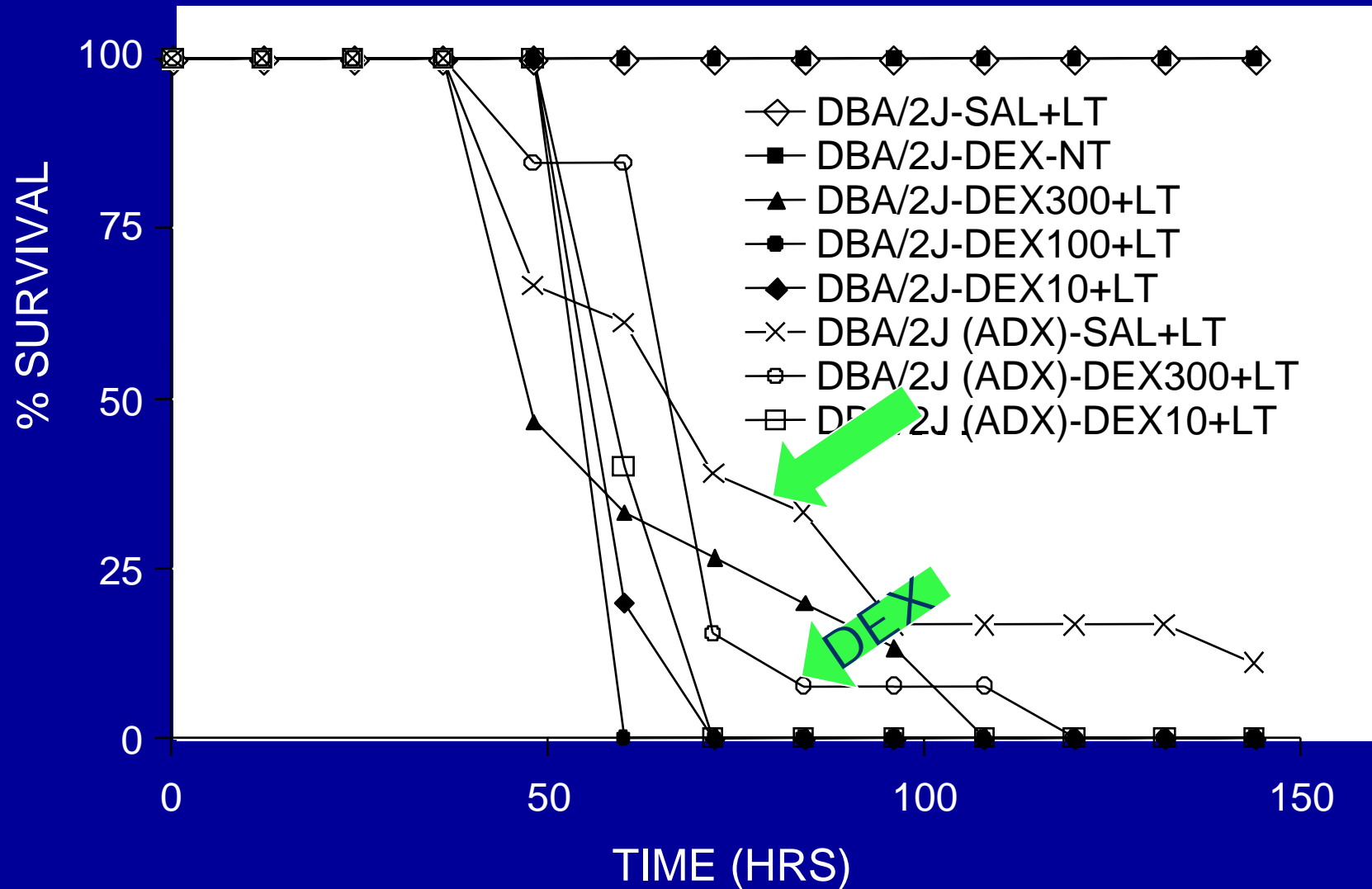


# Interruption of GC response affects LeTx mortality: Adx increases mortality in LeTx-resistant mice



M Moayeri et al, *Infect. Immunity*, 73 (7) 4238-4244, (2005)

# Dexamethasone did not Rescue Adrenalectomized LeTx-Treated Mice



M Moayeri et al, *Infect. Immunity*, 73 (7) 4238-4244, (2005)

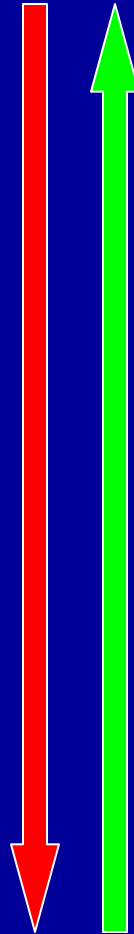
**RU-486 had variable effects on *B. anthracis* LeTx mortality, suggesting that adrenal factors other than GC may play a role.**

*M Moayeri et al, Infect. Immunity, 73 (7) 4238-4244, (2005)*

# Summary

- **Glucocorticoids & progesterone suppress inflammatory responses.**
- ***Clostridia* bacterial toxins partially repress GR transactivation.**
- ***Clostridia* bacterial toxins partially reverse Dex suppression of  $\text{TNF}\alpha$  production.**

**HOST**



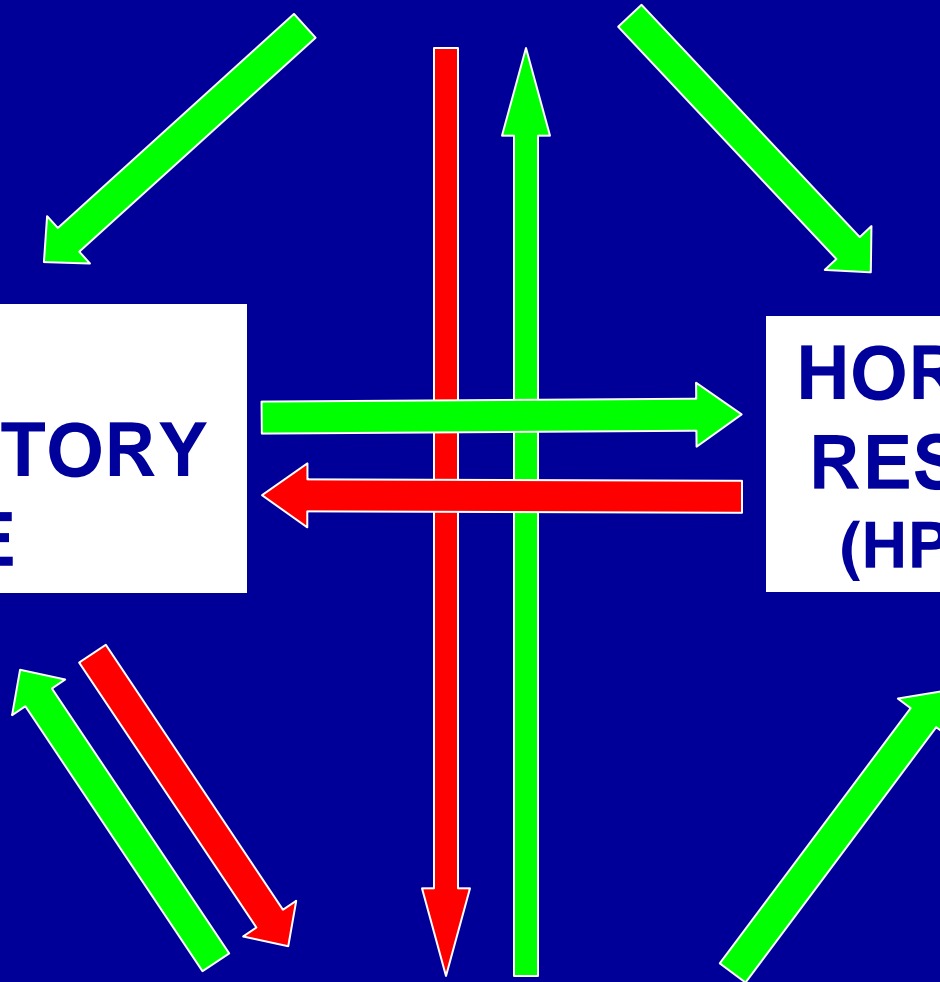
**BACTERIAL  
PRODUCTS**

**HOST**

**IMMUNE/  
INFLAMMATORY  
RESPONSE**

**HORMONAL  
RESPONSE  
(HPG, HPA)**

**BACTERIAL  
PRODUCTS**



# Future Directions

- What happens when these factors interact *in vivo*?
- Do GR/PR antagonists (e.g. RU-486) prevent GC/P suppression of inflammatory responses *in vivo*?
  - Time-course after exposure to bacterial products?
  - Dose response?
  - Interactions with other drugs (prostaglandin)?
- Are there host factors predisposing to susceptibility to infection/shock?
  - Hormone levels (pregnancy, menstrual cycle phase)
  - GR and PR resistance (receptor polymorphisms, mutations)

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