

Responses to Fresh Aerosols in Sensitive Subjects

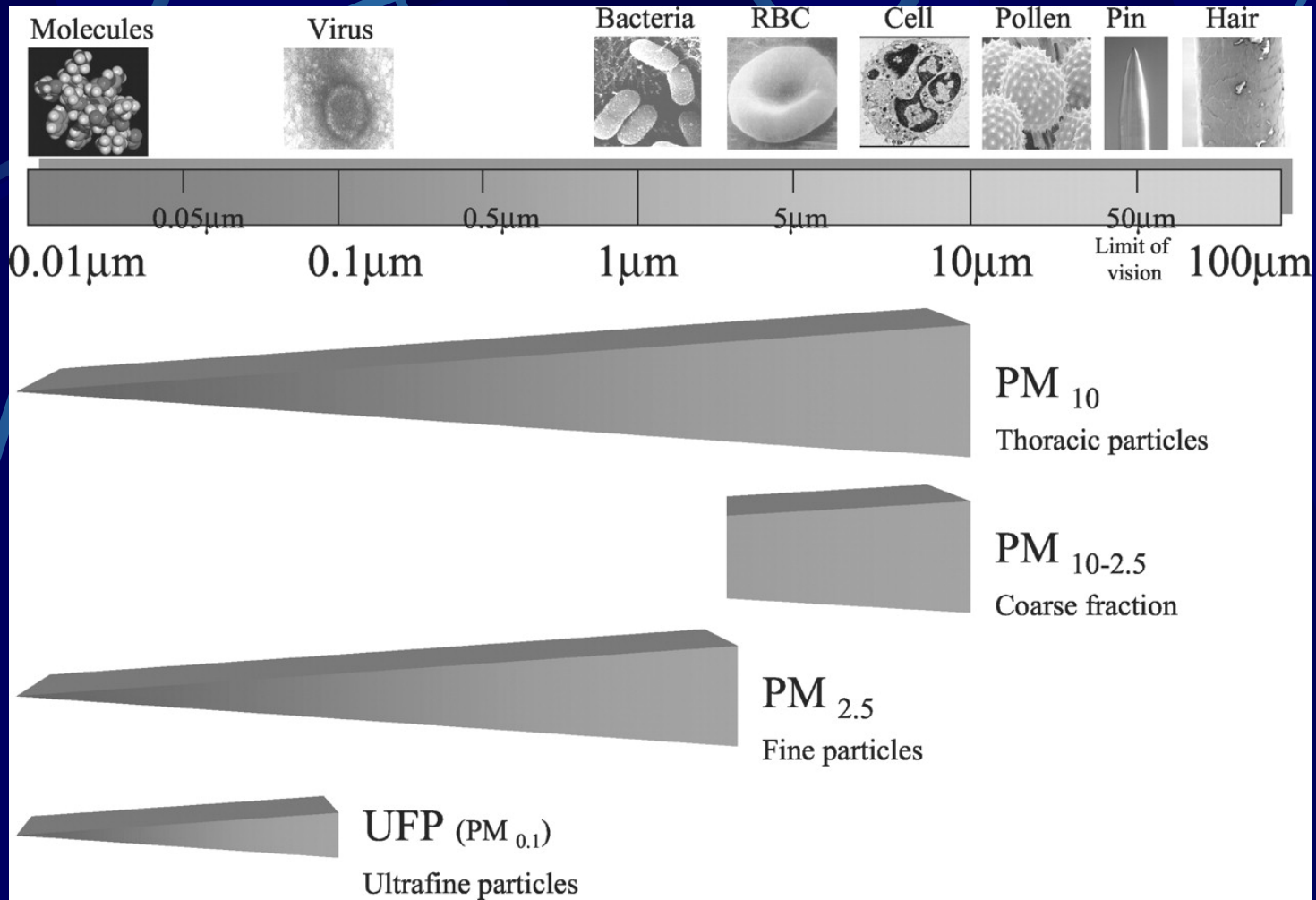
Mechanisms of Particle-Induced Cardiac Ischemia



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ROBERT WOOD JOHNSON THE STATE UNIVERSITY OF NEW JERSEY
MEDICAL SCHOOL
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University of Medicine & Dentistry of New Jersey



Brook et al. Air Pollution and Cardiovascular Disease. *Circulation* 109(21):2655-2671.

Particles and MI

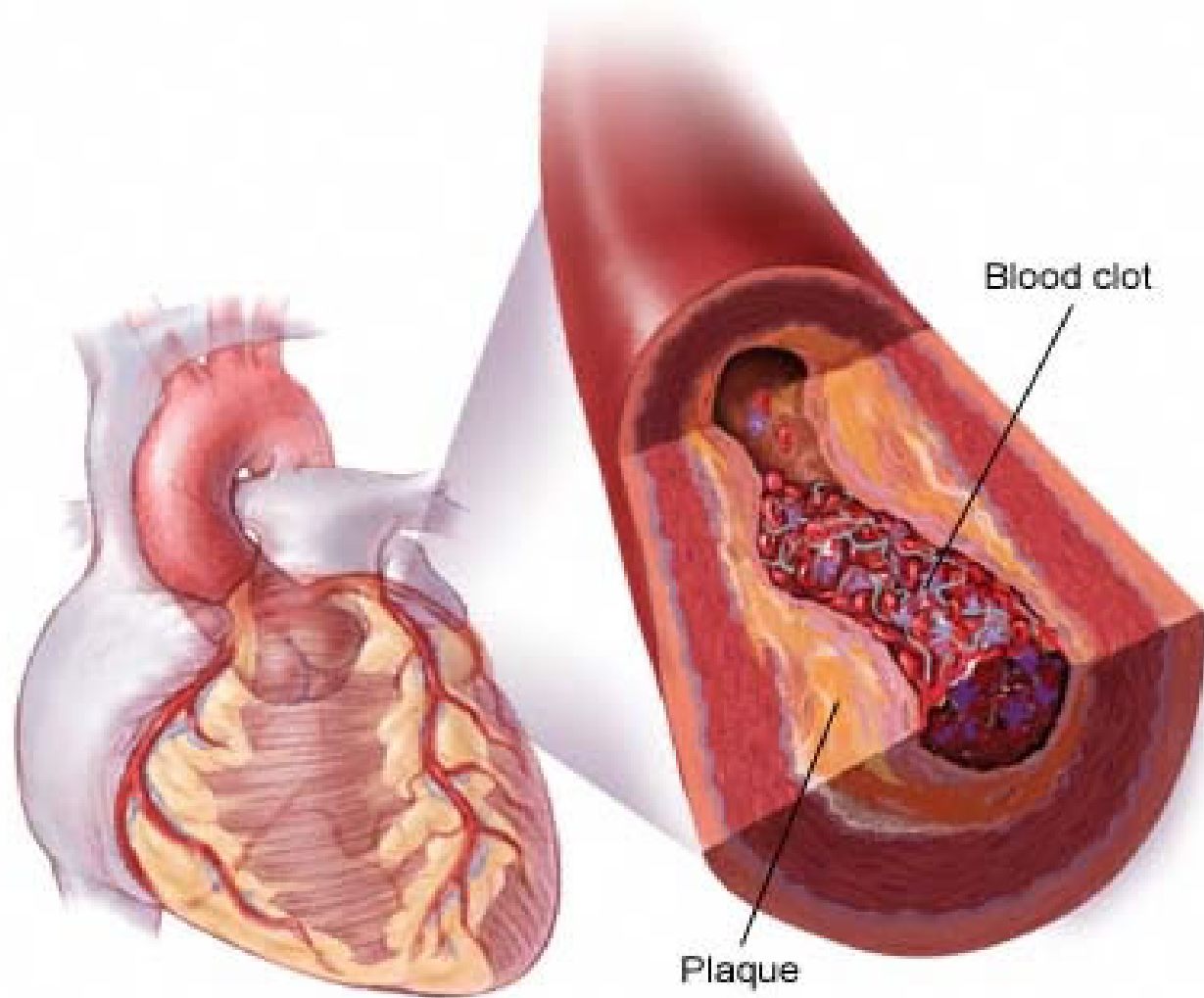
- MI risk increased 50% for 25 mcg/m³ PM_{2.5} elevations in 2 hours preceding onset of symptoms. ¹
- UF particles increase thrombosis within one hour of intratracheal instillation by platelet activation.²
- These effects occur too quickly for lung inflammation to manifest and explain

1. Peters et al, Increased Particulate Air Pollution and the Triggering of Myocardial Infarction. *Circulation* 103:2810-2815 (2001).

2. Nemmar et al Diesel Exhaust Particles in Lung Acutely Enhance Experimental Peripheral Thrombosis. *Circulation* 107:1202-1208 (2003).

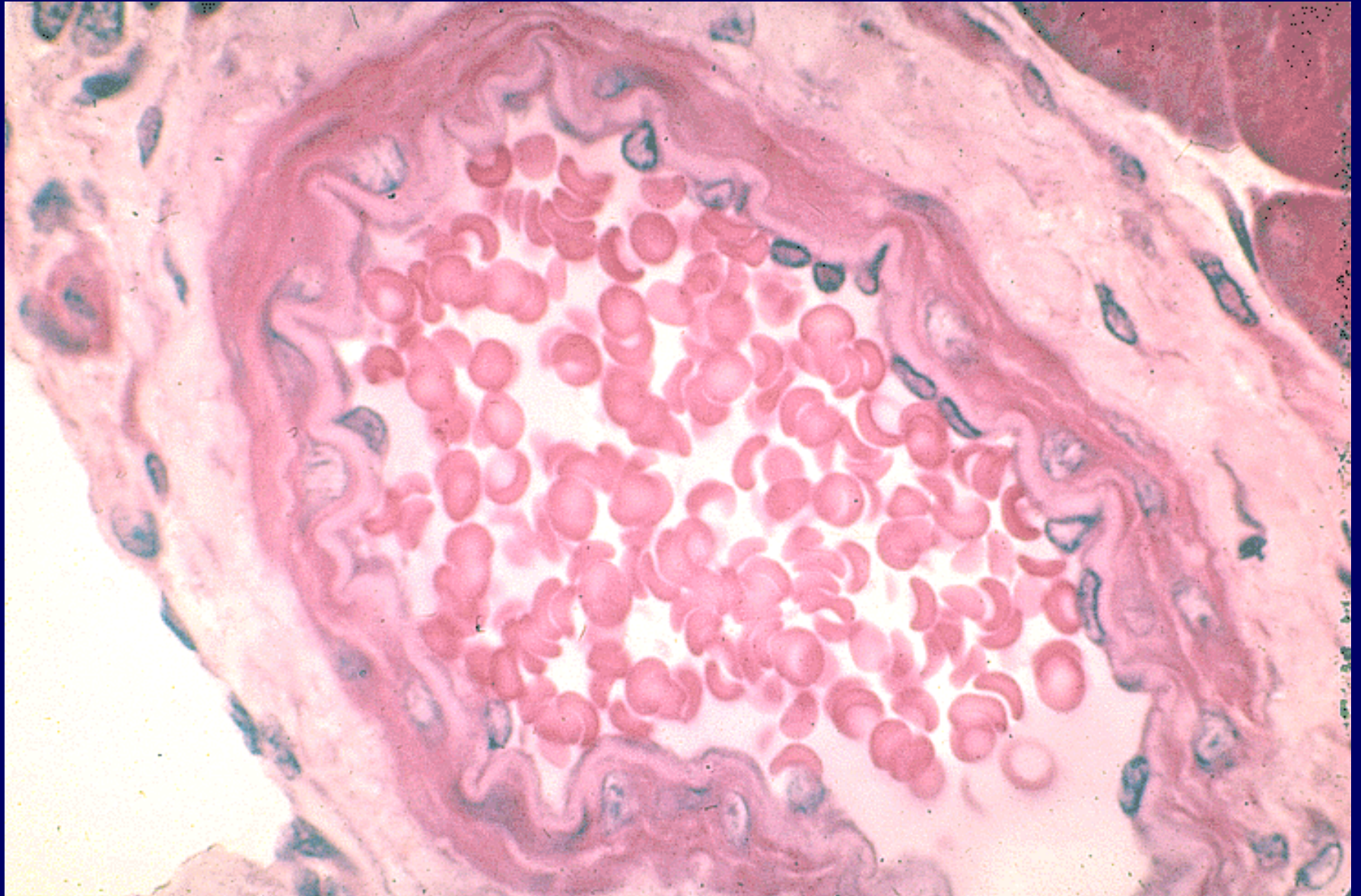
Current Knowledge

- MI's are felt to be due to inflammatory mechanisms
- UF and Fine particles provoke alveolar inflammation leading to increased blood coagulability over hours to days
- Measured as increases in viscosity, fibrinogen, Factor VII, plasminogen activator inhibitor, CRP, WBC, and platelet activation



GUIDANT

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Endothelial Function and ASCVD

- Endothelial dysfunction precedes plaque formation and may acutely promote abnormal reactions between vessel walls, platelets & WBC
- Can be assessed noninvasively by USG: brachial artery reactivity (flow mediated dilation) following ischemia
- Acutely responds to ascorbic acid, tea, ETS, or 150mcg/m³ PM_{2.5} + 120ppb ozone

Endothelial Susceptibility

- Low concentrations of NO are important to endothelial function; also inhibit platelet aggregation
- Variant eNOS (Glu298Asp) variably increases risk of ASCVD; +/- decreases FMD
- 10% homozygous prevalence in UK and Italy

Hypothesis

- The acute increase in risk of cardiac events following inhalation of ultrafine and fine particles is mediated by a rapid and direct passage of the particles from the lung into the blood, leading immediately to platelet activation and endothelial dysfunction.
- Individuals with genetically increased risk for ASCVD and endothelial dysfunction will be more sensitive to the effects of ultrafine and fine particles on the endothelium.

Specific Aims

- Determine if exposure of 50 healthy, young, non-smoking volunteers for two hours to freshly generated aerosols will lead to abnormalities in endothelial, platelet and cardiac function that are independent of pulmonary inflammation
- Determine if individuals with genetically increased risk for ASCVD and endothelial dysfunction exhibit enhanced sensitivity to freshly generated aerosols.

Two Different Fresh Fine and Ultrafine Aerosols

- Diesel Exhaust

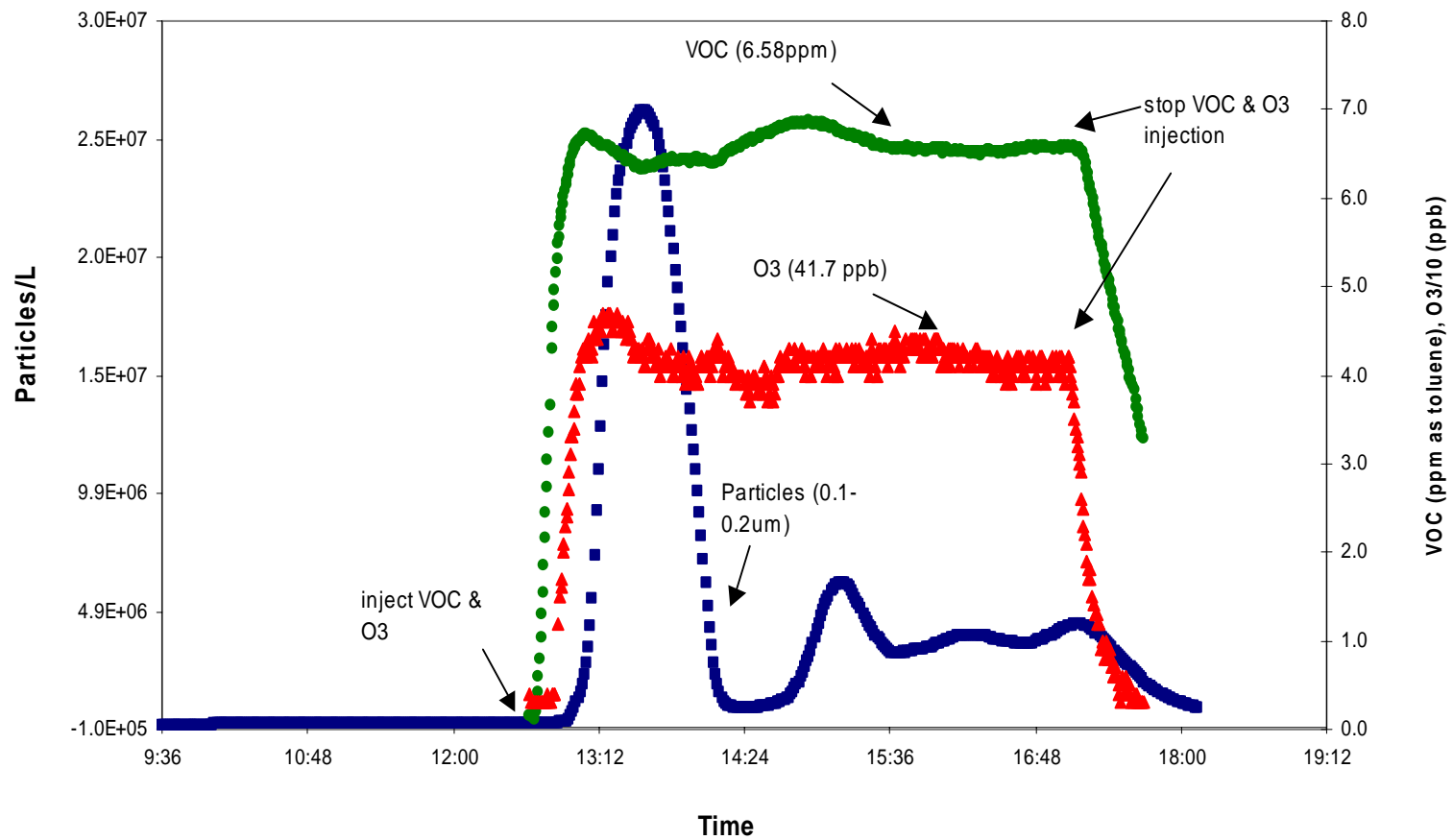
- 200 mcg/m³

- Secondary Organics

- 200mcg/m³

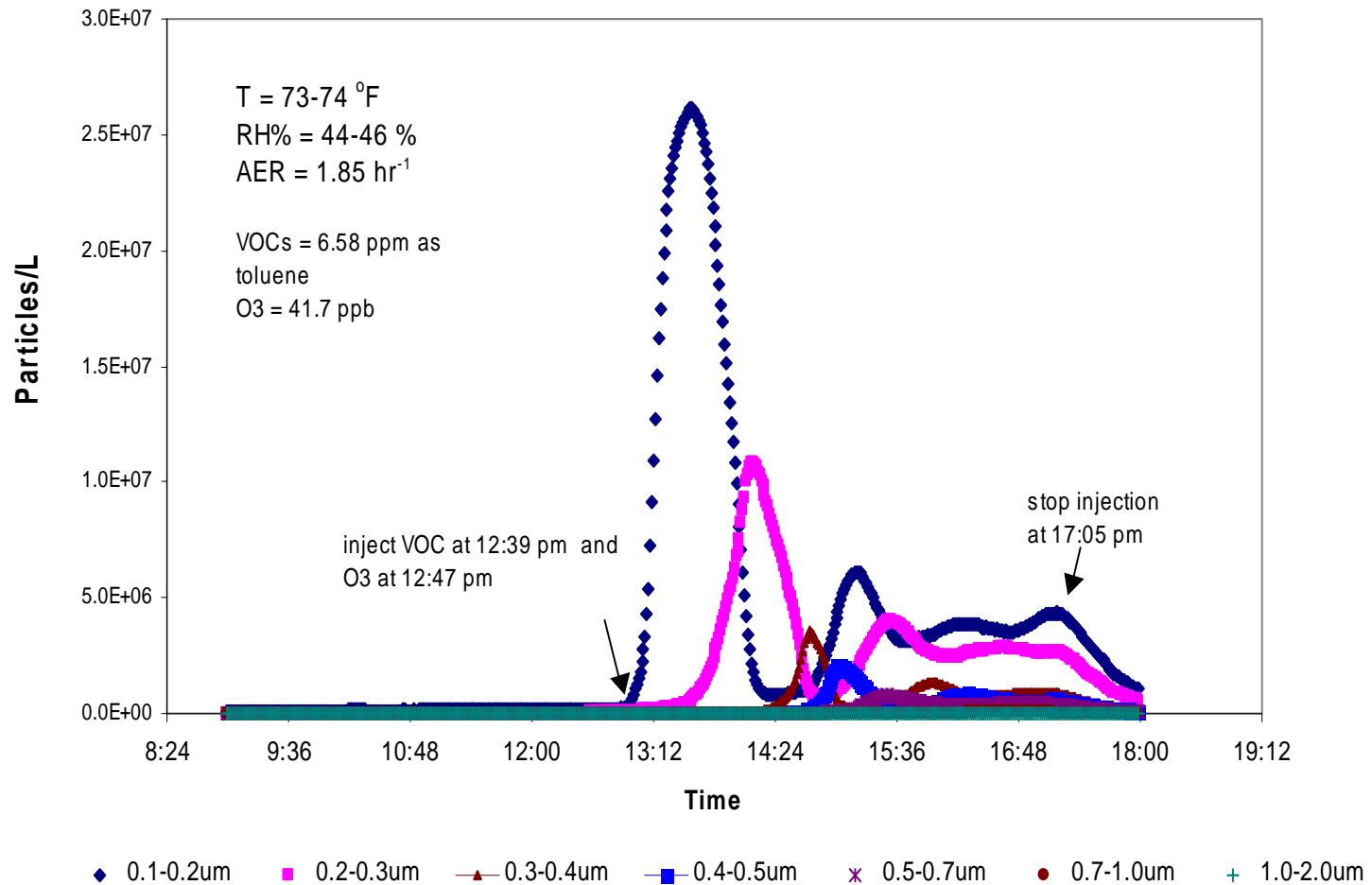
RESULTS:

Particle, VOC and Ozone in the Chamber



RESULTS:

Particle Concentrations in Different Sizes



Two Different Subject Groups

- Healthy, Young, Random Volunteers
- Independent of Cardiac Risk Factors
- Healthy, Young, Volunteers
- Carrying 2 Alleles for endothelial Nitric Oxide Synthase (eNOS) Single Nucleotide Polymorphism (SNP)

Controlled Environmental Facility at EOHSI



Outcomes

- ***IMMEDIATELY (2h)****

- Platelet Activation
- Vascular Reactivity Dec
- Pulmonary / Systemic Inflammation

- Induced Sputum (inc WBC, IL-1, IL-6, TNF-a)
- Blood (inc WBC, IL-1, IL-6, TNF-a)

Spirometry

- ***DELAYED (6h)***

- Platelet Activation
- Pulmonary / Systemic Inflammation

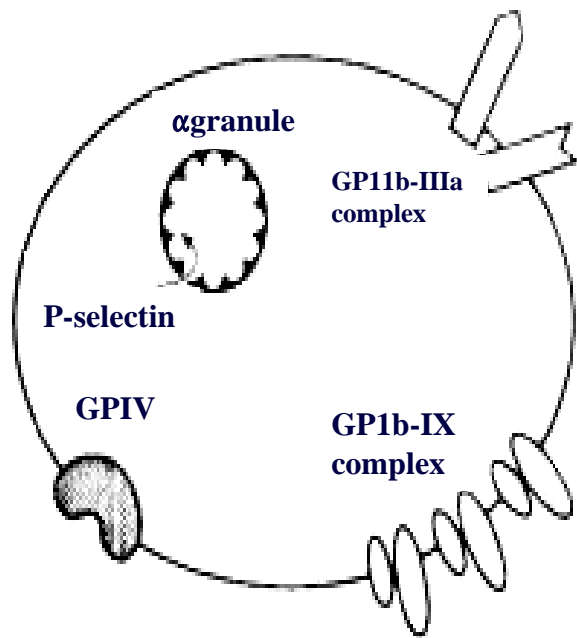
- Induced Sputum (inc WBC, IL-1, IL-6, TNF-a)
- Blood (inc WBC, IL-1, IL-6, TNF-a)

Spirometry

* Underline indicates an expected result

RESTING PLATELET

S12 (-) PAC1 (-)

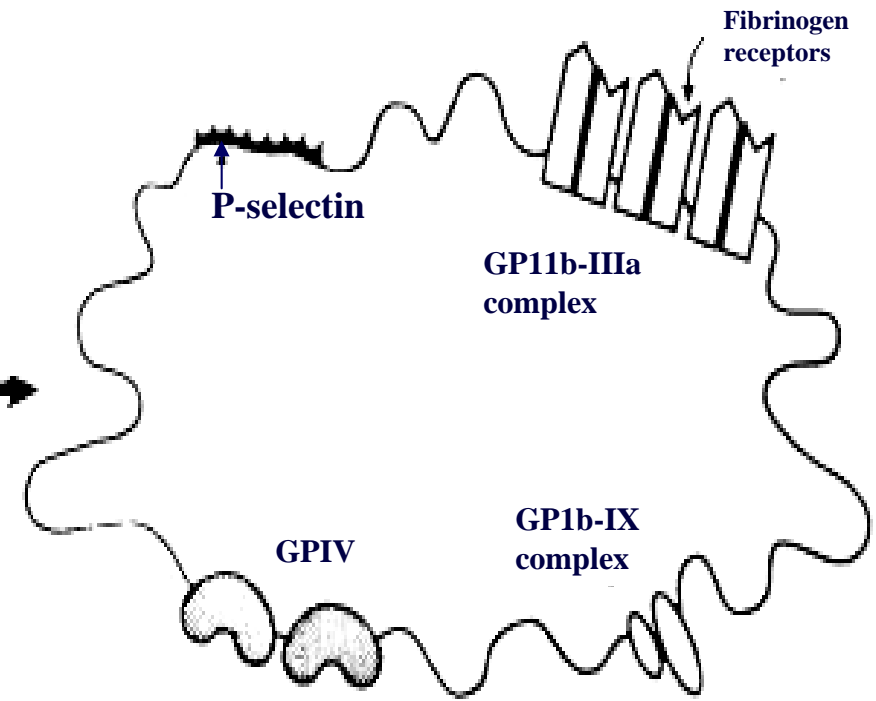


OKM5 (+) 6D1 (+)(+)(+)

ACTIVATED PLATELET

S12 (+)(+)(+) PAC1 (+)(+)(+)

Thrombin



OKM5 (+)(+) 6D1 (+)

Investigators

Howard M. Kipen, MD, MPH, EOHSI

Tina Fan, PhD, EOHSI

Debra Laskin, PhD, EOHSI

Paul Lioy, PhD, EOHSI

Pamela Ohman-Strickland, PhD, EOHSI

Claire Philipp, MD, RWJMS-Dept of Medicine

Daniel Shindler, MD, RWJMS-Dept of Medicine

Jim Zhang, PhD, EOHSI