

# Pathogenesis of vulnerable plaque

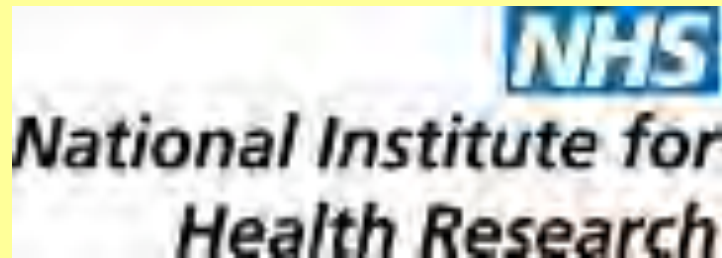
**Andrew Newby**

**Wei-chun Huang, Nick Jenkins, Sarah George,  
Jason Johnson, Karina di Gregoli, Buket Reel,  
Rebecca Salter, Graciela Sala-Newby**



**BHI**

Bristol Heart Institute



**British Heart  
Foundation**

# Questions

- **What is a vulnerable plaque?**
- **Is there an animal model?**
- **What effect does it have in patients?**
- **What can we do about it?**

# Atherosclerosis develops slowly over decades

0

10

20

40 years



I

Type II

Type III

Type IV

# LDL uptake and oxidation recruits foam cell macrophages

LUMEN

CD16-

Adhesion molecules

Mo

Foam cell

FC

CCL2

ox-LDL

++

SR

ox-LDL

INTIMA

SMC

SMC

MEDIA

SMC

SMC

SMC

SMC

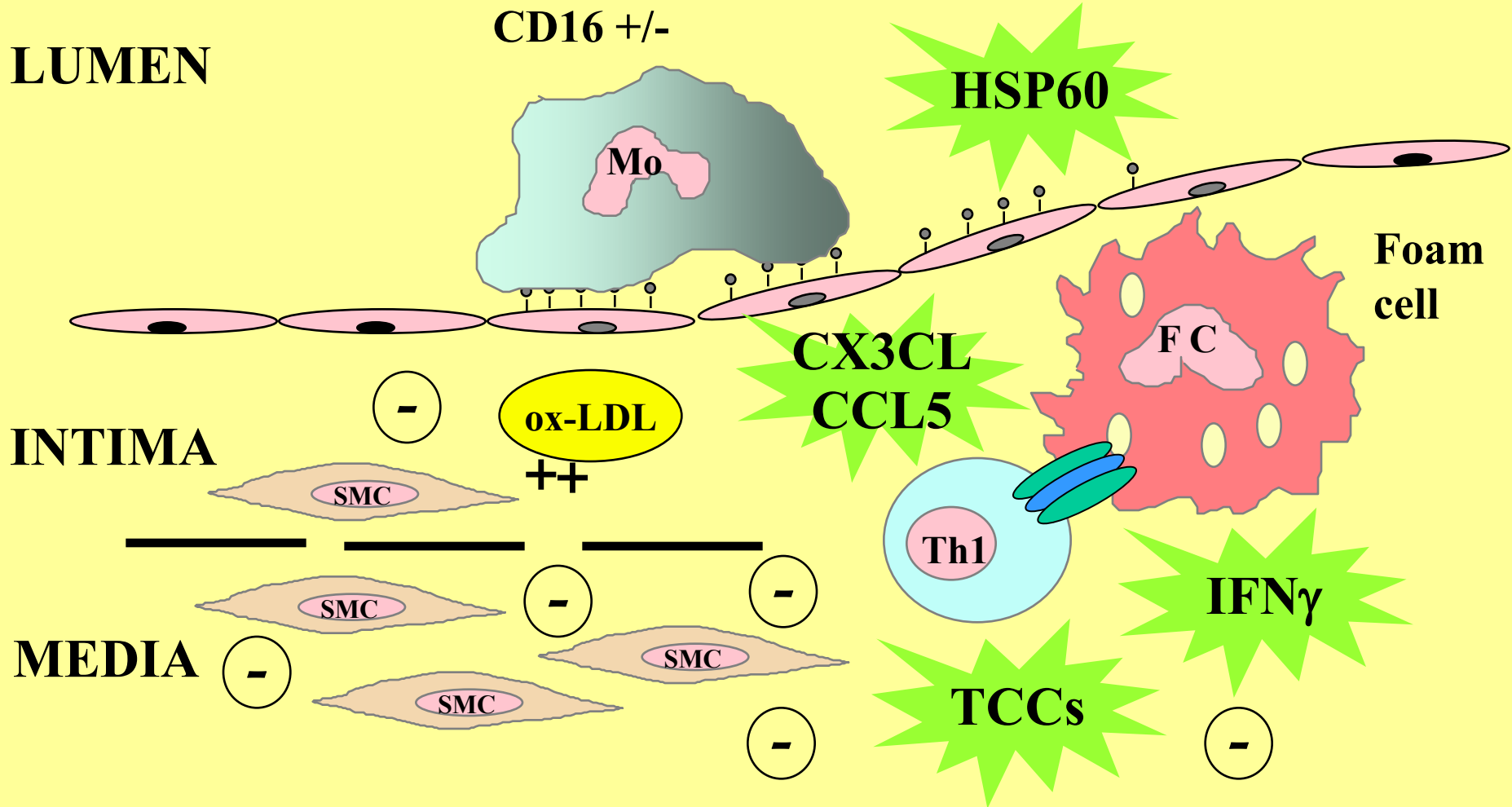
SMC

SMC

Growth factors, prostaglandins and leukotrienes

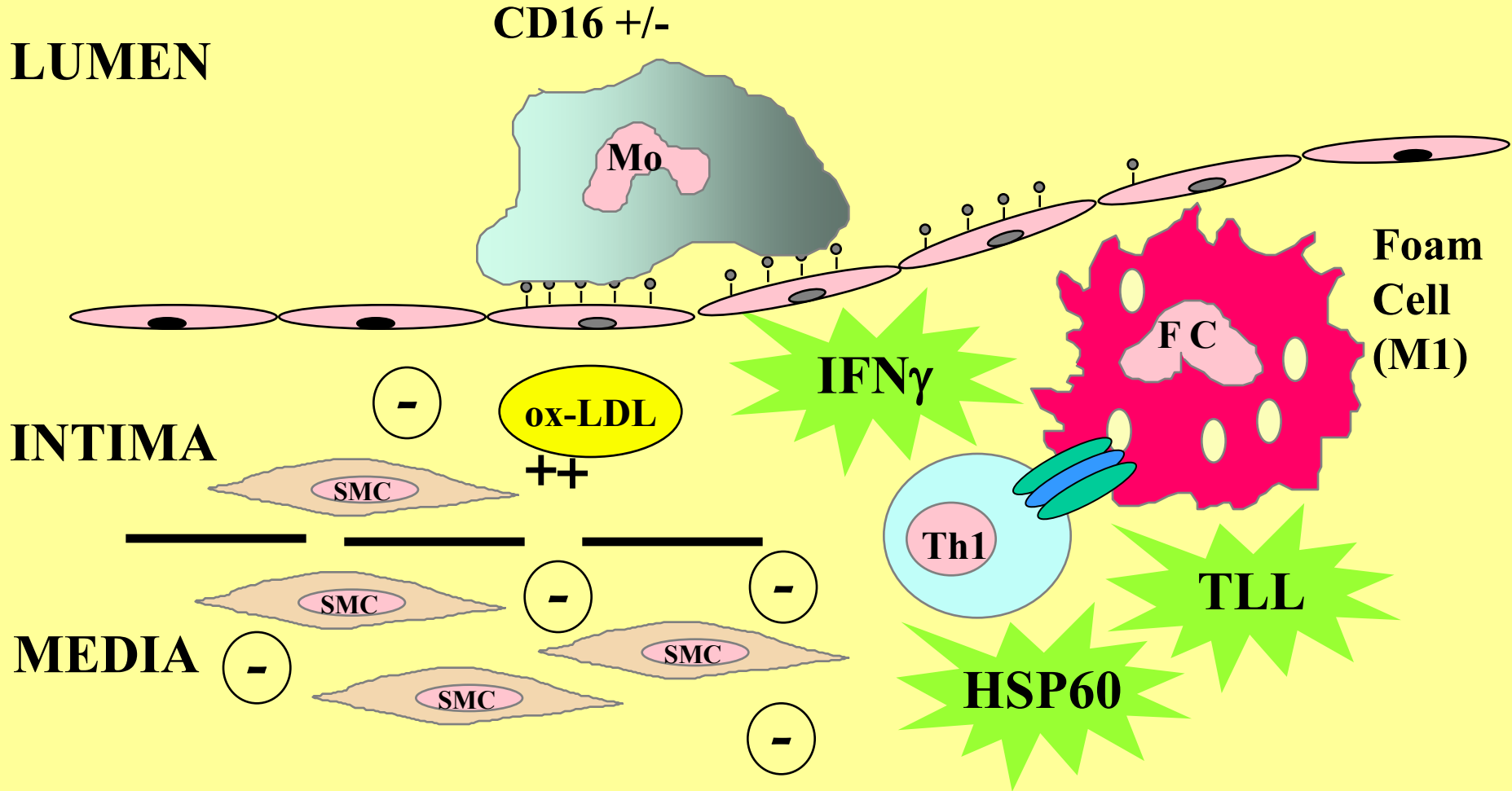


# Autoantigens promote T-cell activation



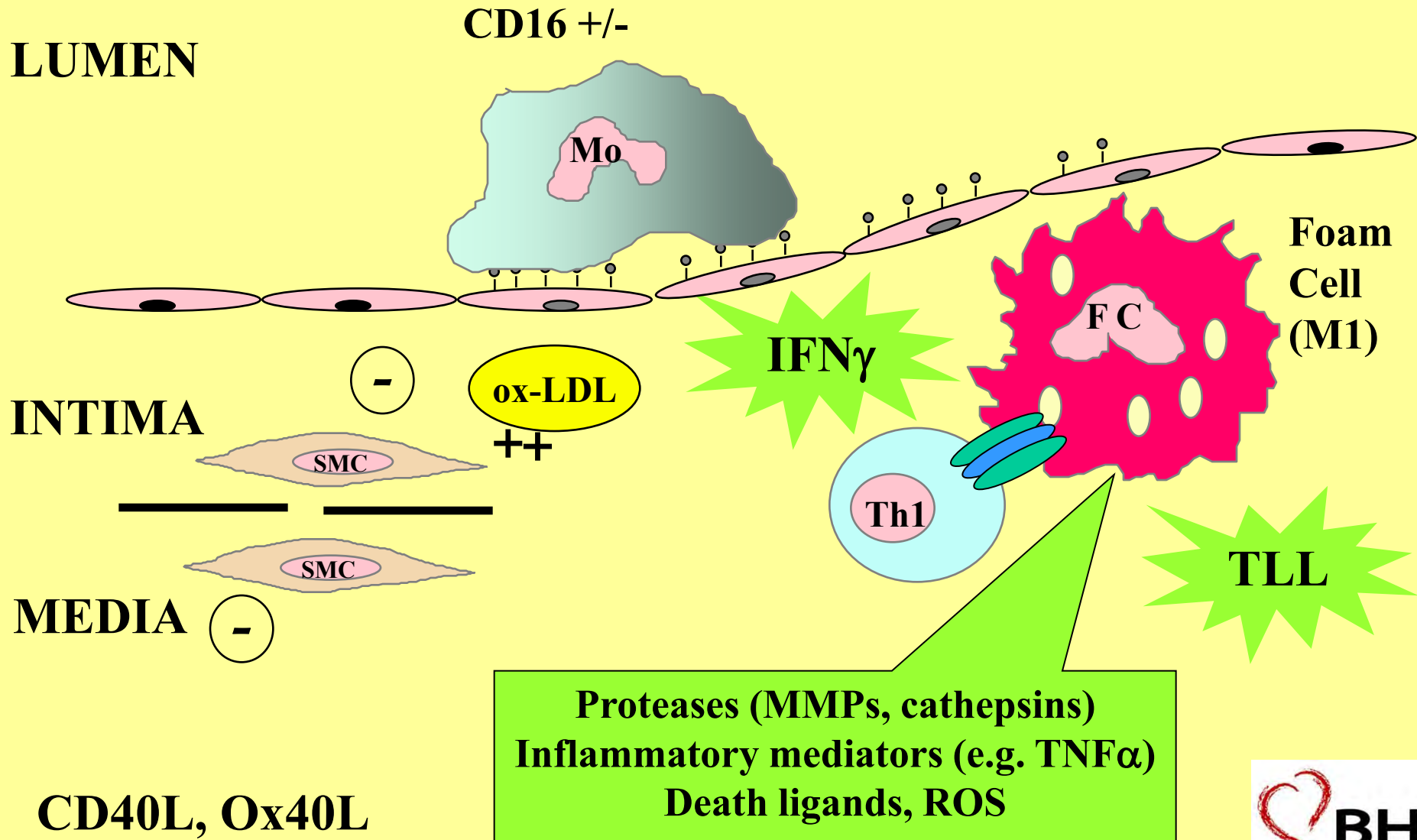
TCC, T-cell chemokines, CXCL9, 10, 11

# PAMPs amplify macrophage activation

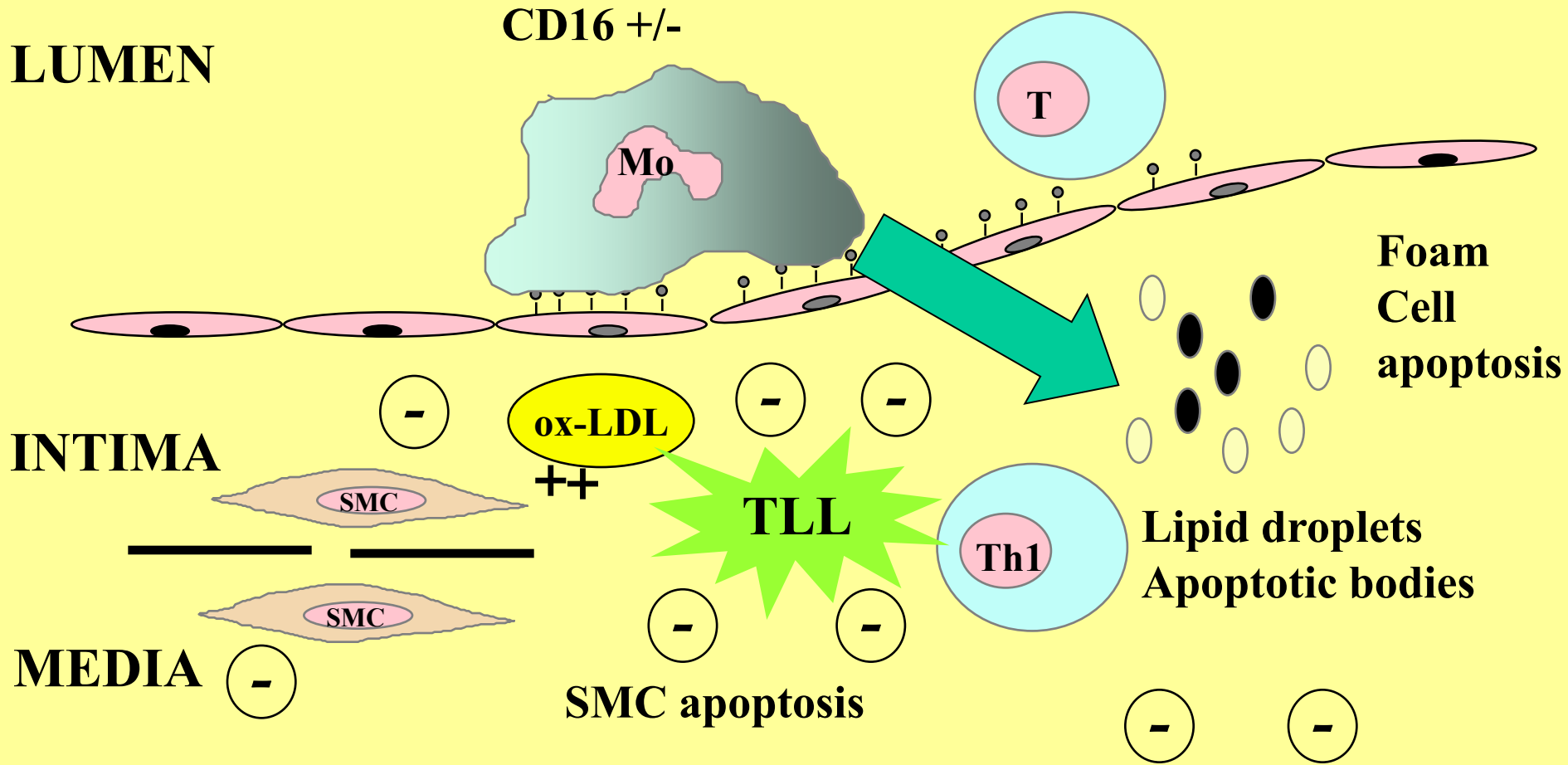


TLL, Toll-like ligands, Monaco C.  
Circulation. 2009;120(24):2462-2469.

# Activated foam cells produce proteases and other harmful mediators

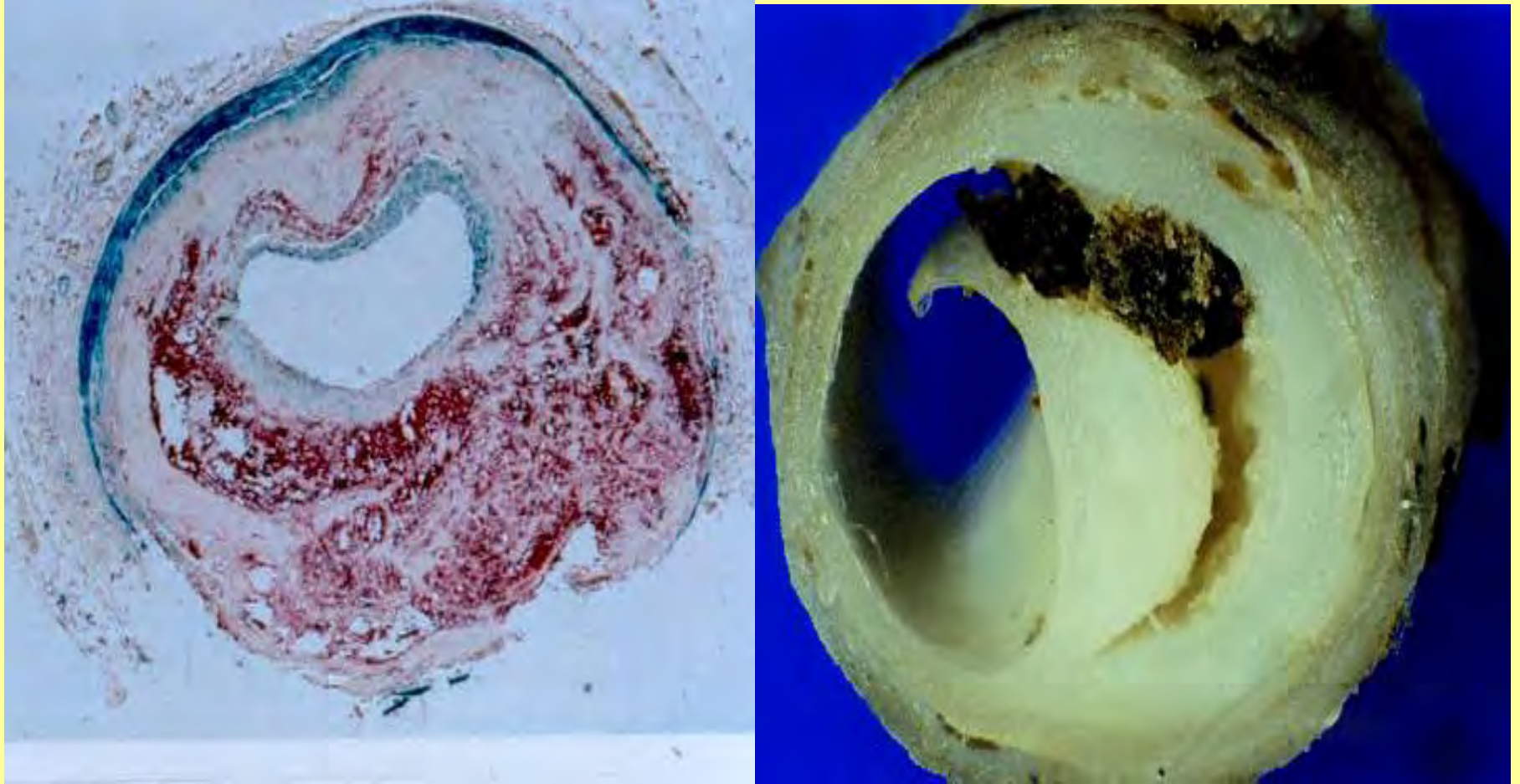


# Foam cell and smooth muscle apoptosis and matrix remodelling ensues



Free cholesterol and metabolites

# Plaques vulnerable to rupture

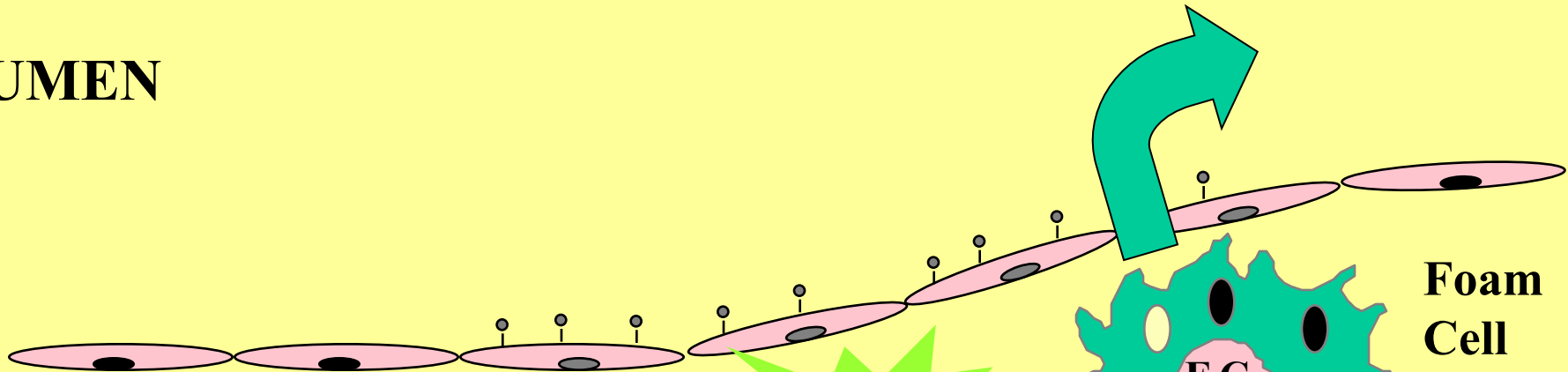


**Plaque Rupture accounts for 60-75% of MI**

**van der Wal Cardiovasc Res 1999;41:334-344; Davies Circulation 1996**

# The alternative pathway - Inflammation resolves

LUMEN



Foam Cell  
(M2x)

INTIMA

-

IL-10

FC

SR

Tr

TGFβ

MEDIA

-

IL-4

Th2

SMC

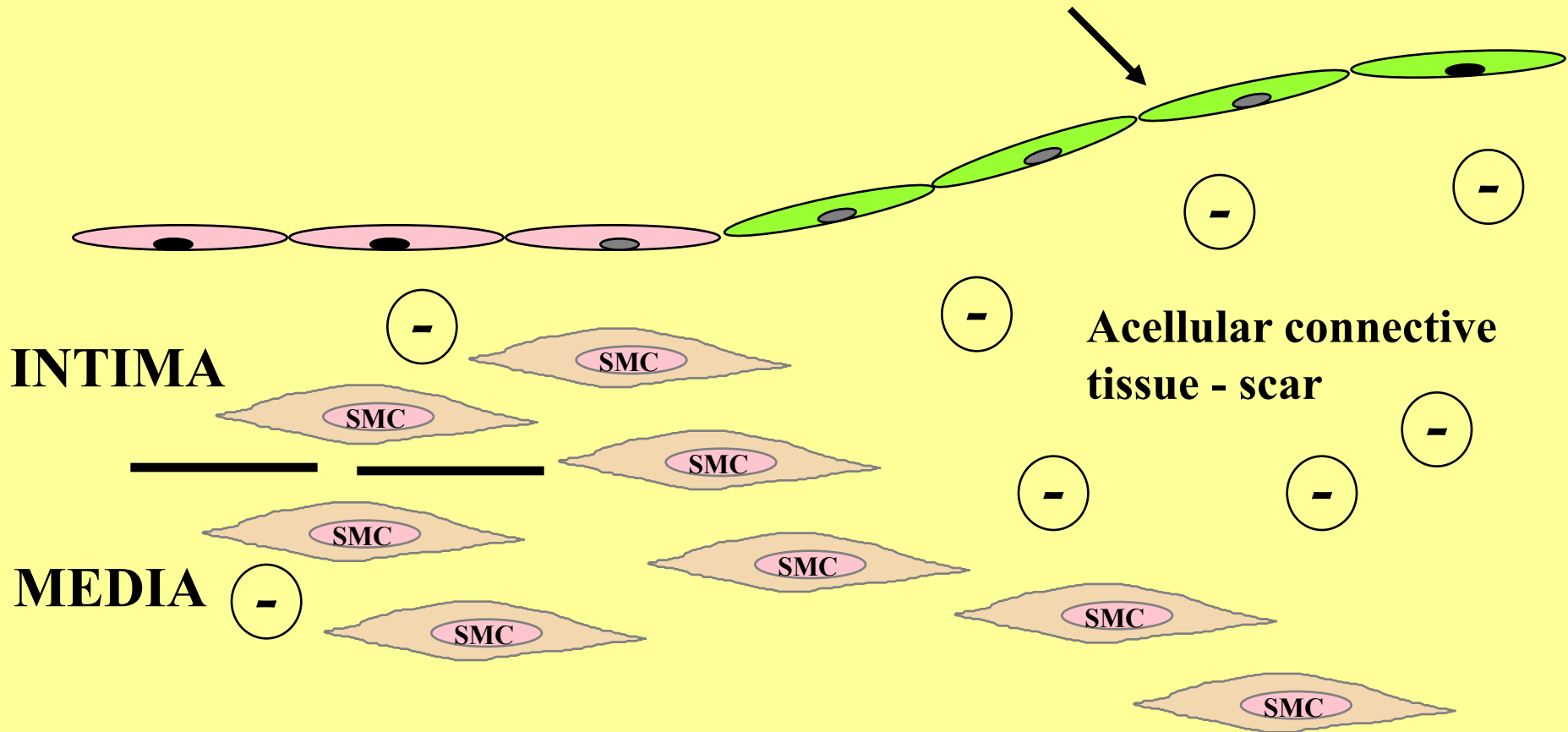
CCL 13, 14, 17, 18, 23

Nuclear hormones, e.g. estrogens, PPARγ agonists

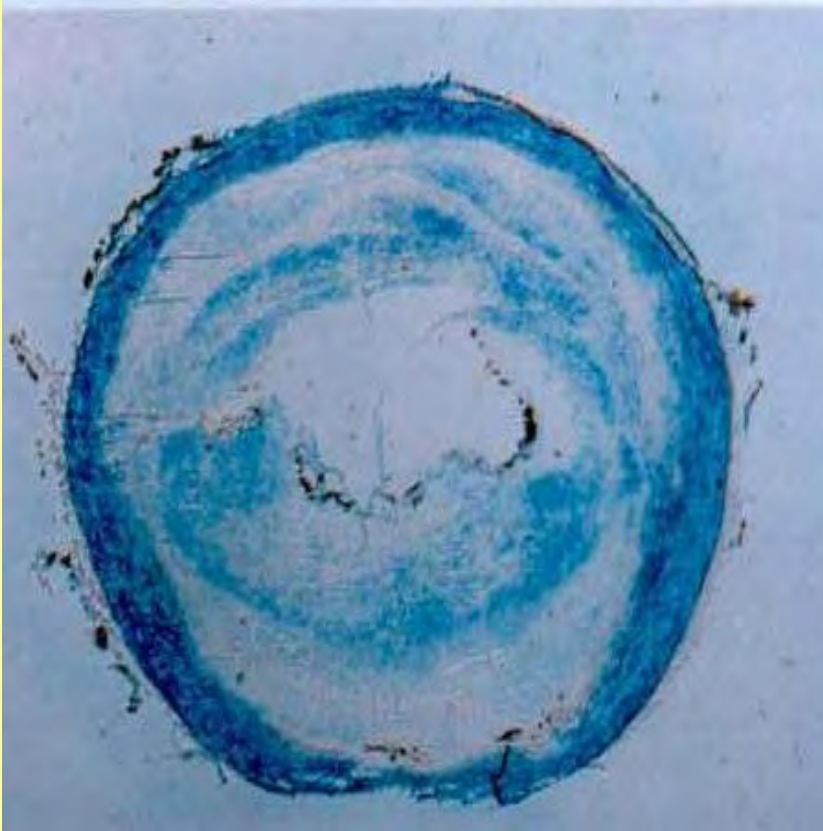
# Leaving stenosis, fibrosis and scar tissue

LUMEN

Increased shear



# Plaques prone to endothelial erosion?



**Erosion accounts for 25-40% of MI**

# What do we want?



**Reproducible**

**Quick**

**Easy**

**Cheap**

**Publishable**



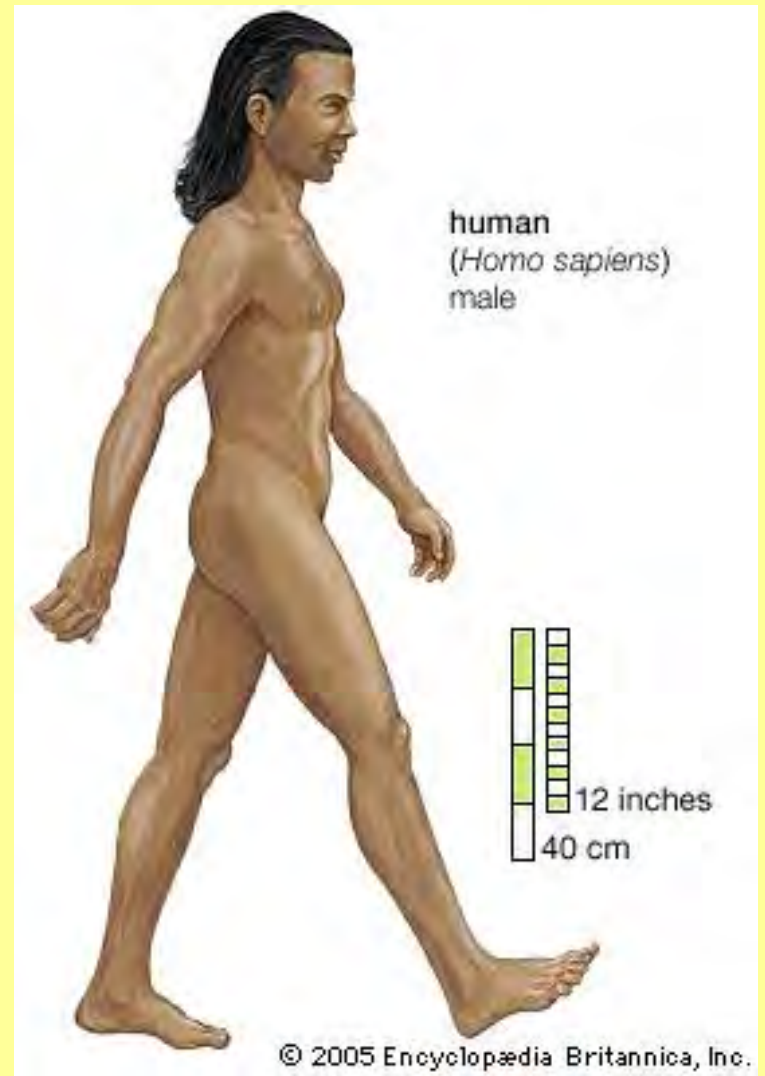
**Near to human**

**Highly predictive**

# Simple message

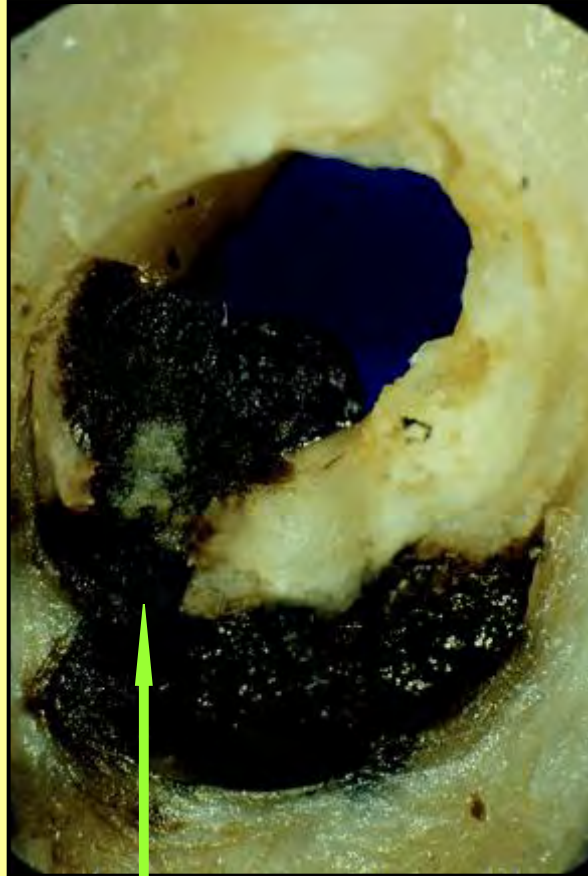


**Length x 10**  
**Area X 100**  
**Volume X1000**

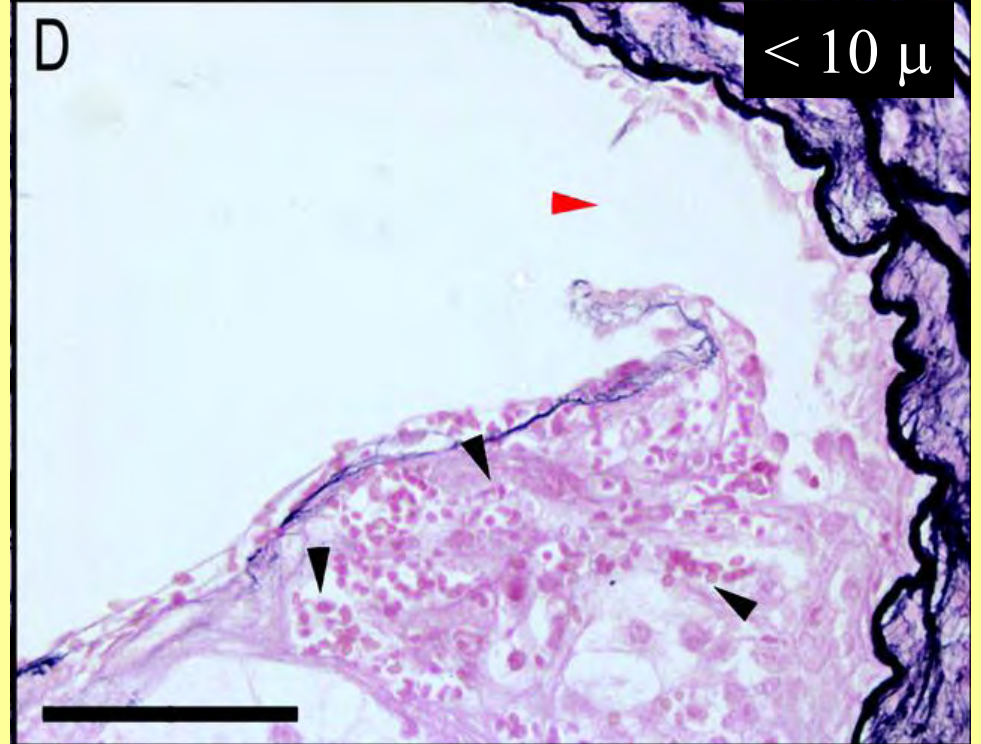


# Size matters!

3.5 mm



< 65  $\mu$



< 10  $\mu$

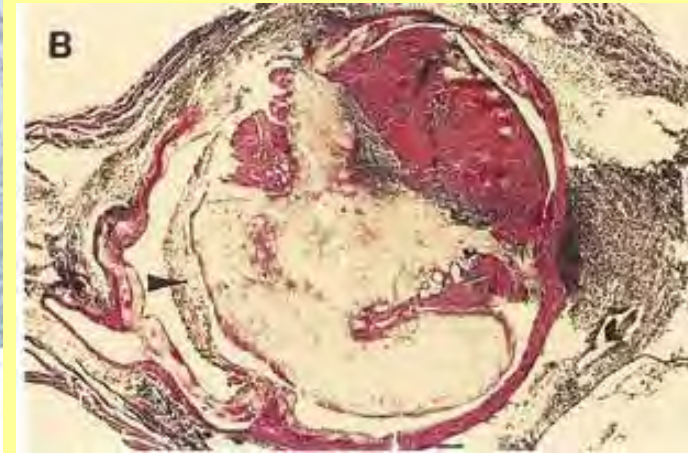
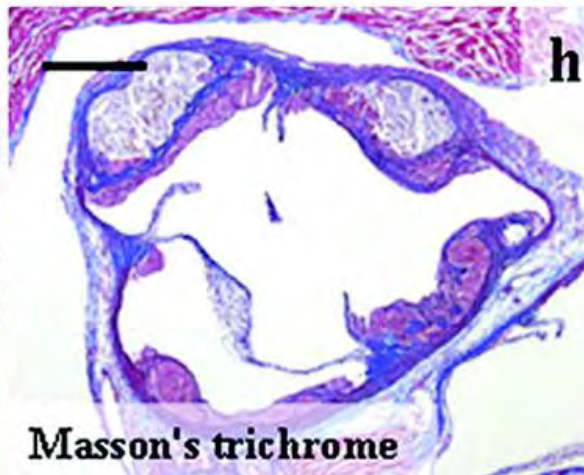
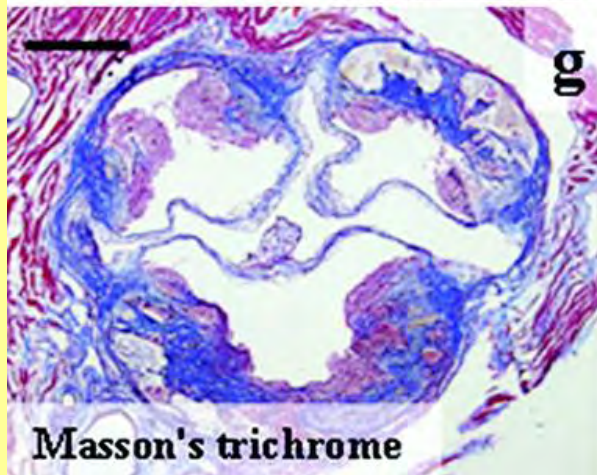
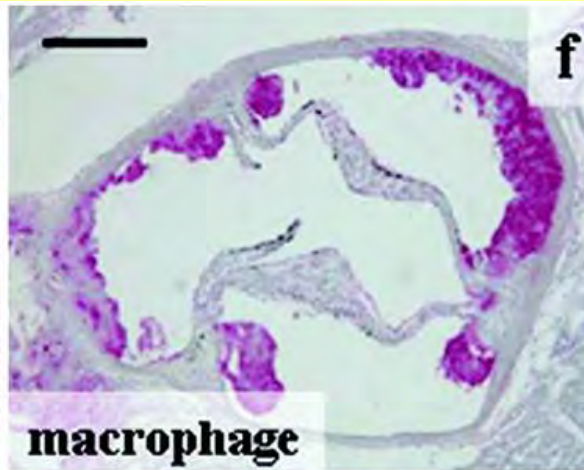
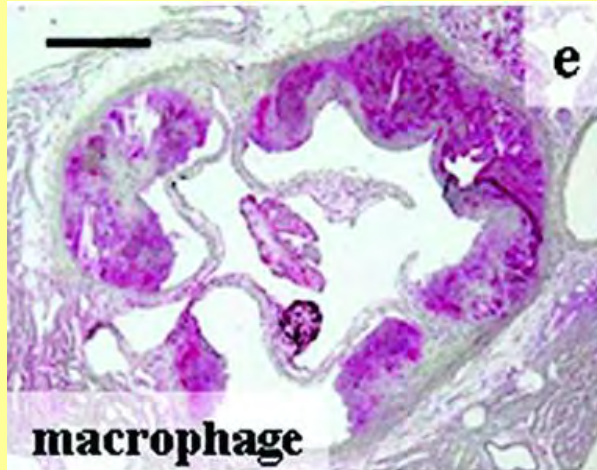
0.5 mm

**Thrombus volume 1000 times less  
Jackson et al ATVB 2007; 27:714**

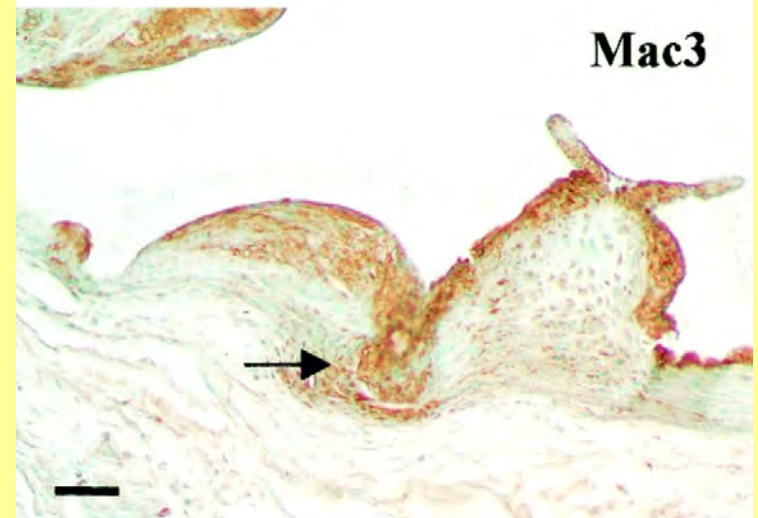
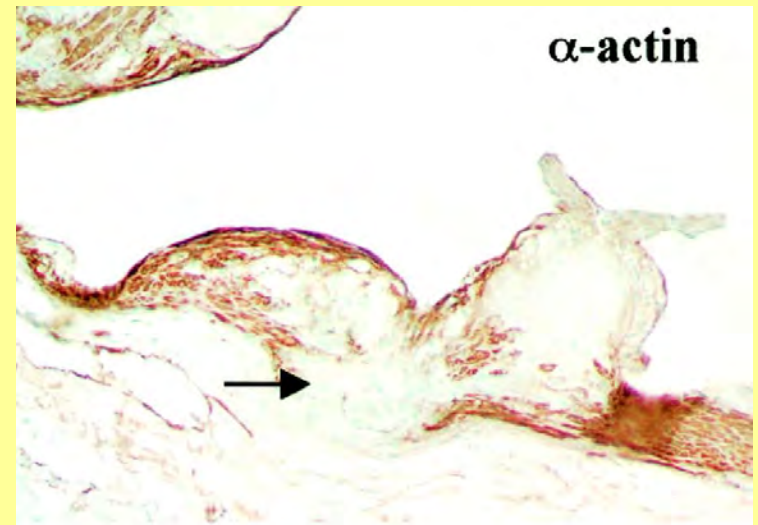
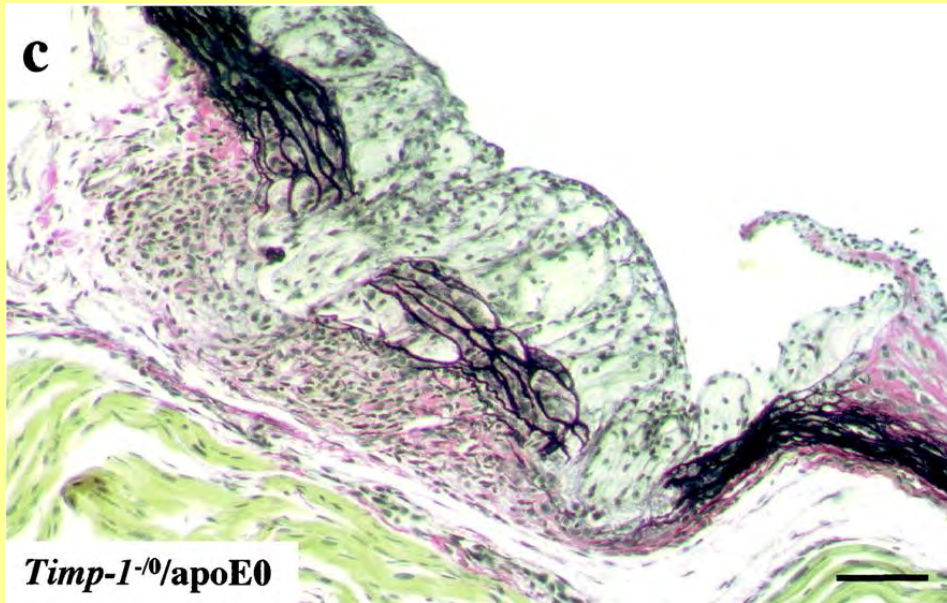
# **Many biochemical differences**

- **HDL rather than LDL**
- **SAA rather than CRP**
- **MMP-13 rather than MMP-1**

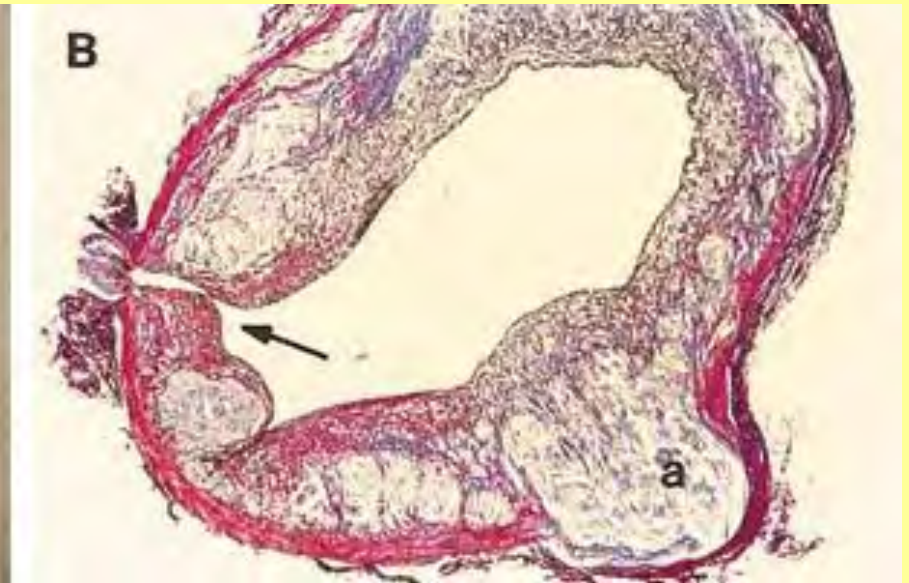
# Aortic sinus



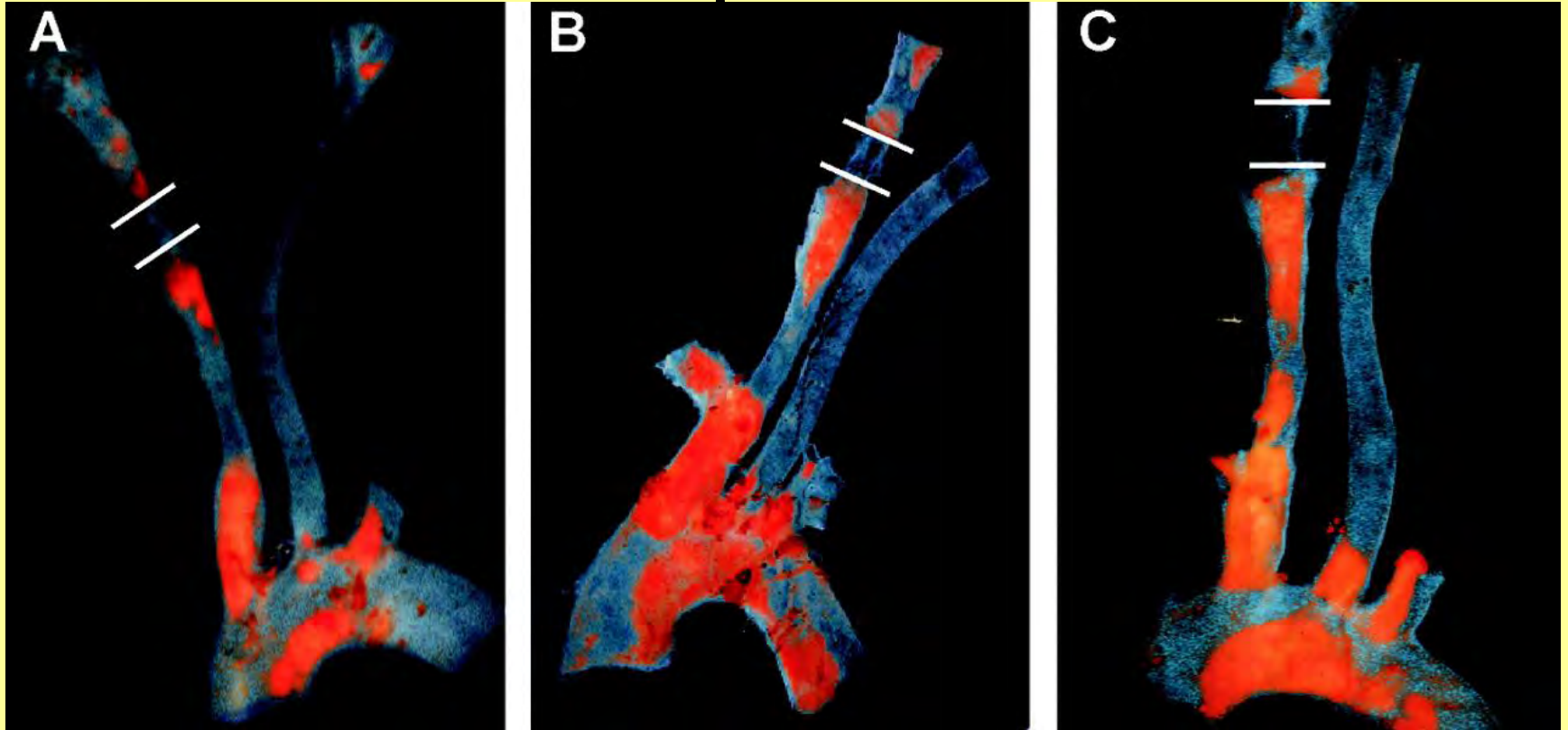
# TIMP null



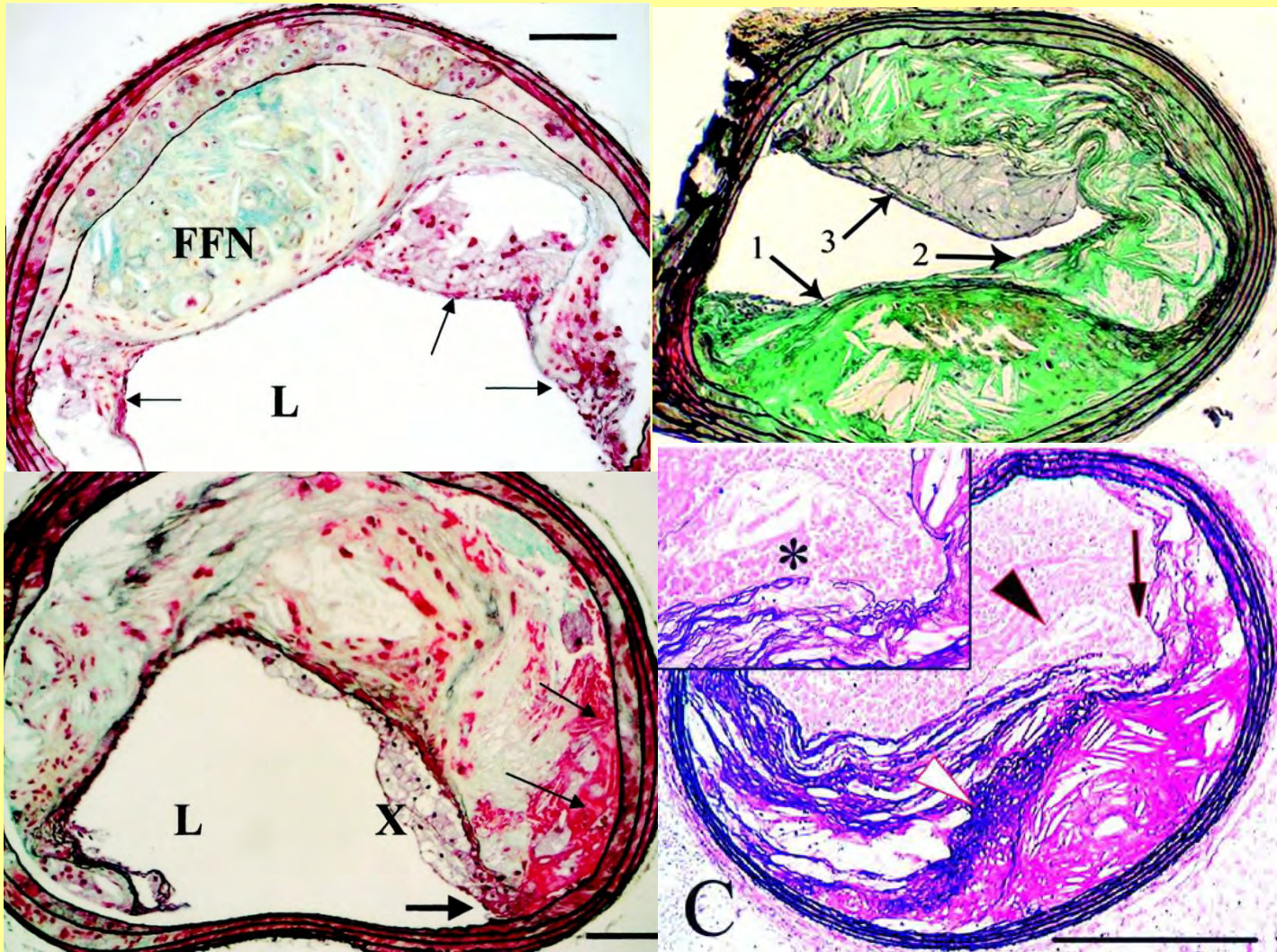
# Abdominal Aorta



# Sites of predilection



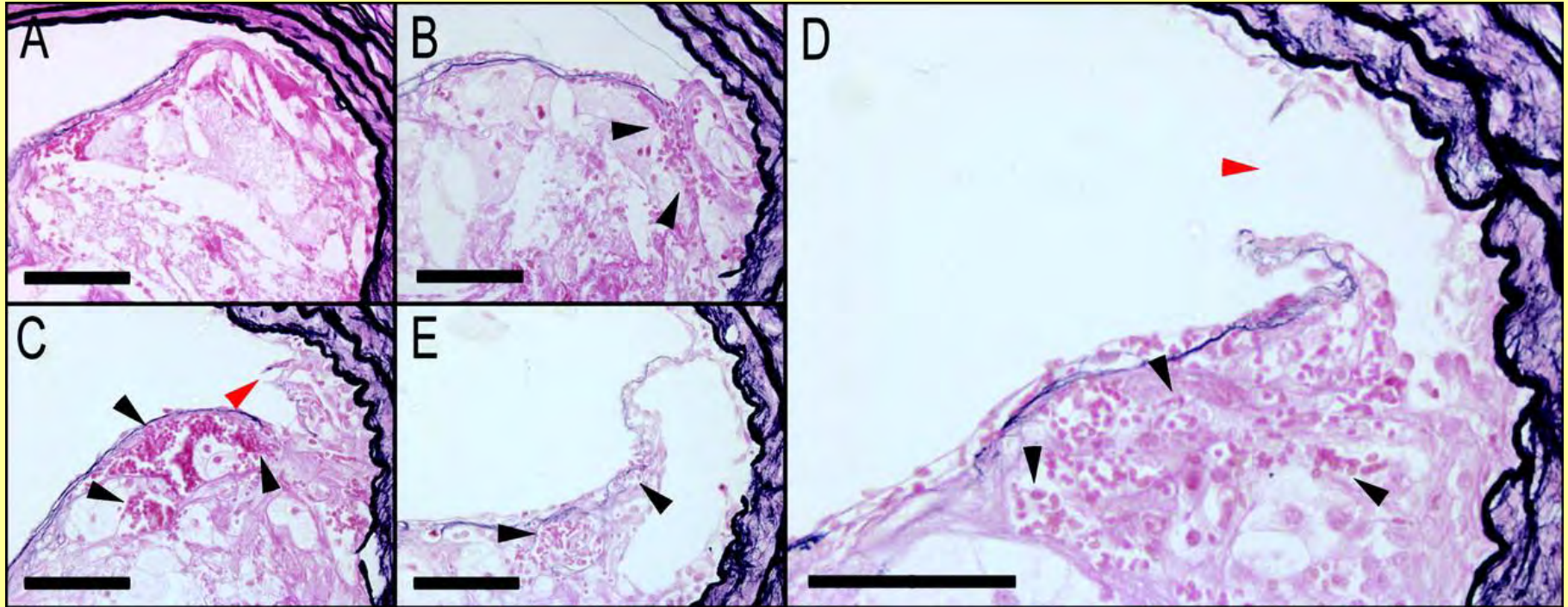
# Old mice brachiocephalic



Rosenfeld ATVB 2000;20:2587

Johnson Atherosclerosis 2001;154:399

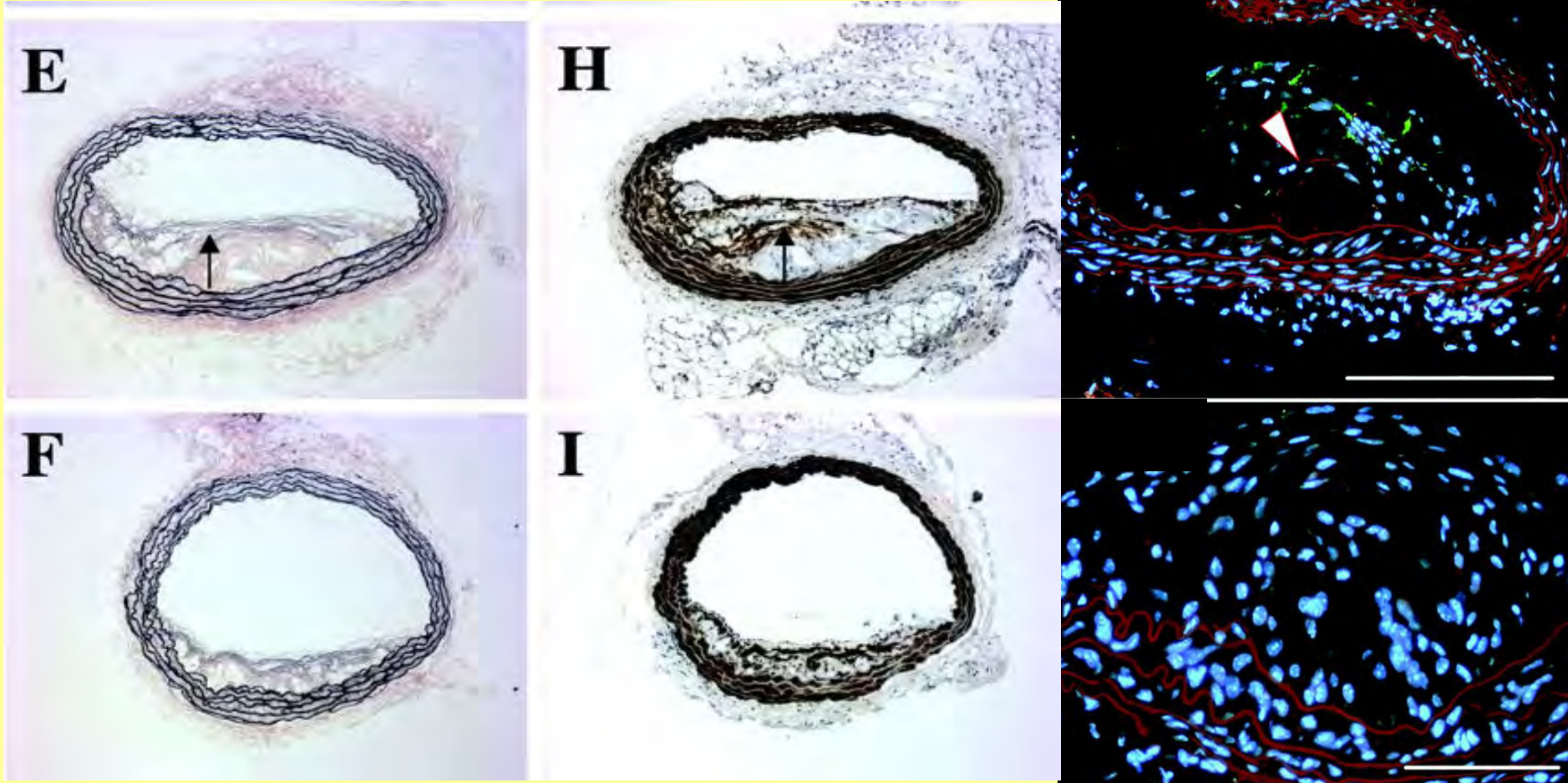
# Plaque rupture or intraplaque haemorrhage?



**‘The most worrisome difference between the pathology in the mouse and the pathology of human disease is the absence of fibrin formation either within the lesion or within the lumen’. Rosenfeld ATVB 2000;20:2587**

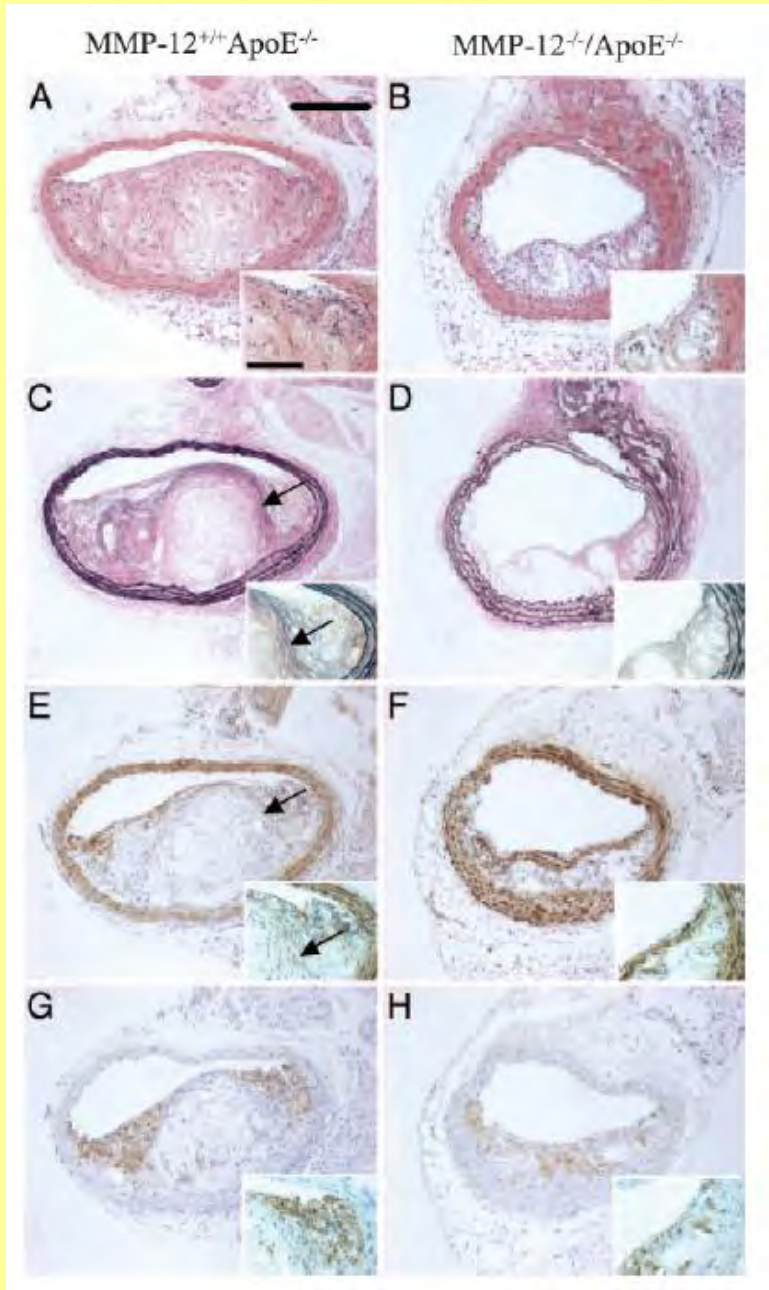
**200 times smaller, less PAI-1= quicker thrombolysis  
Jackson et al ATVB 2007; 27:714**

# BCA, 8 week high-fat diet



**62% of all animals: 1.05 buried caps/plaque**  
**Neither occur in aortic sinus**

**$p < .000001$**



# MMP-12 may reduce plaque stability by increased macrophage migration

	ApoE <sup>-/-</sup> : MMP-12 <sup>+/+</sup>	ApoE <sup>-/-</sup> : MMP-12 <sup>-/-</sup>
Plaque area (x10 <sup>3</sup> mm <sup>2</sup> )	116 ± 12	56 ± 7*
Buried fibrous layers	1.33 ± 0.21	0.55 ± 0.14*
SMC (%)	9 ± 1	23 ± 3*
Macrophage (%)	32 ± 4	15 ± 4*

# A TALE OF TWO CITIES

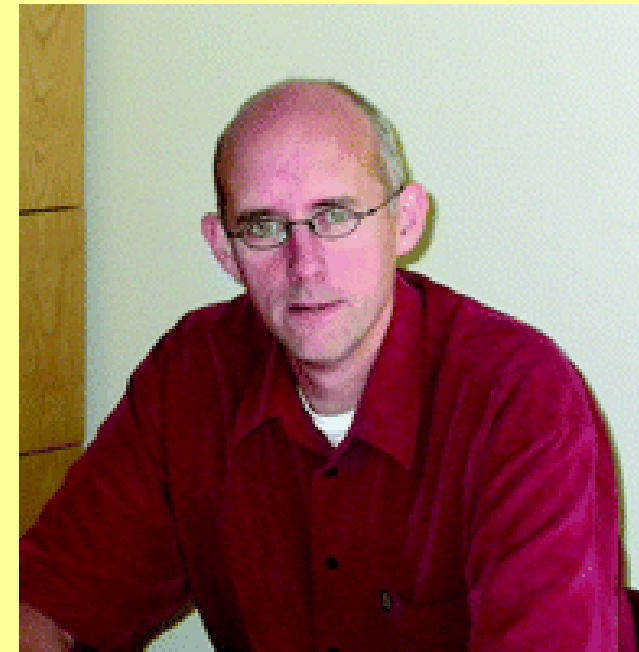
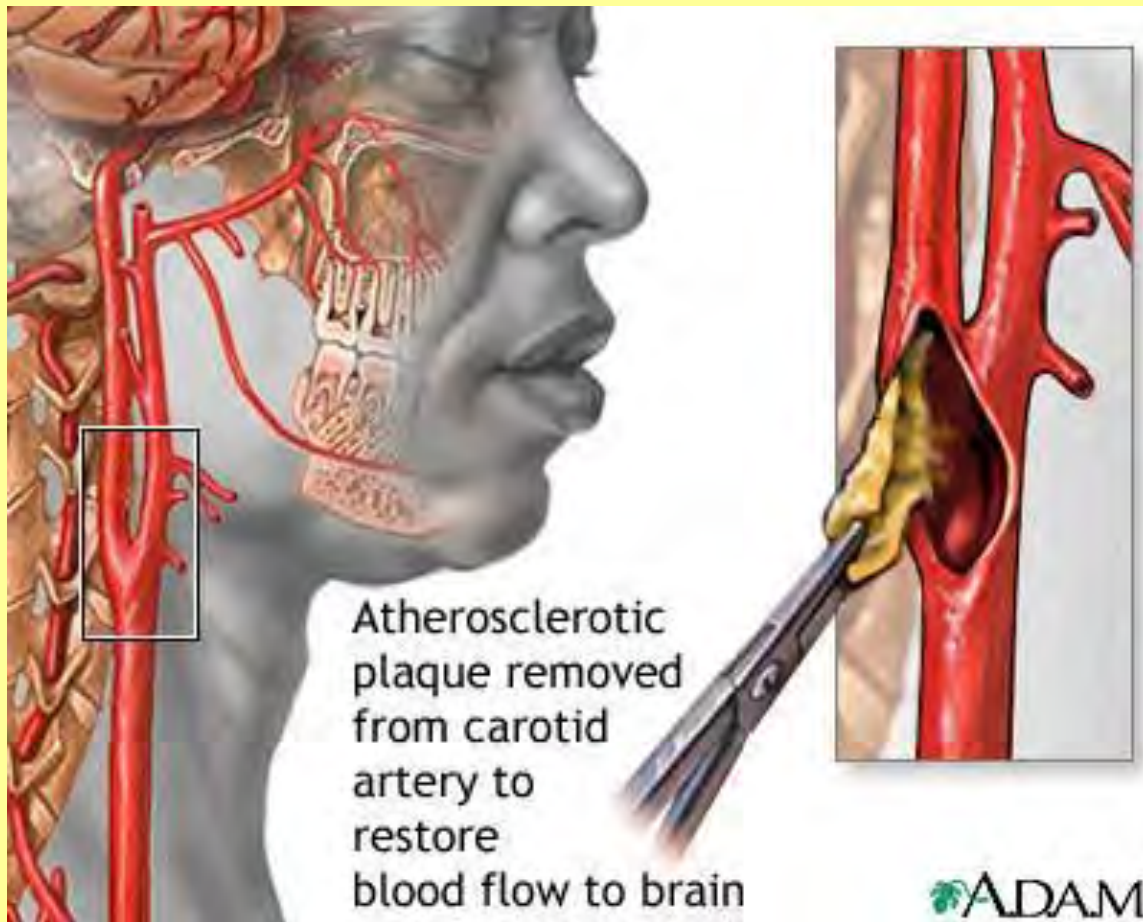
**Andrew Newby, Jason Johnson  
Wei-chun Huang, Nick Jenkins,  
Karina di Gregoli, Buket Reel,  
Graciela Sala-Newby, Rebecca Salter**



**Vincent Scholtes,  
Gerard Pasterkamp**

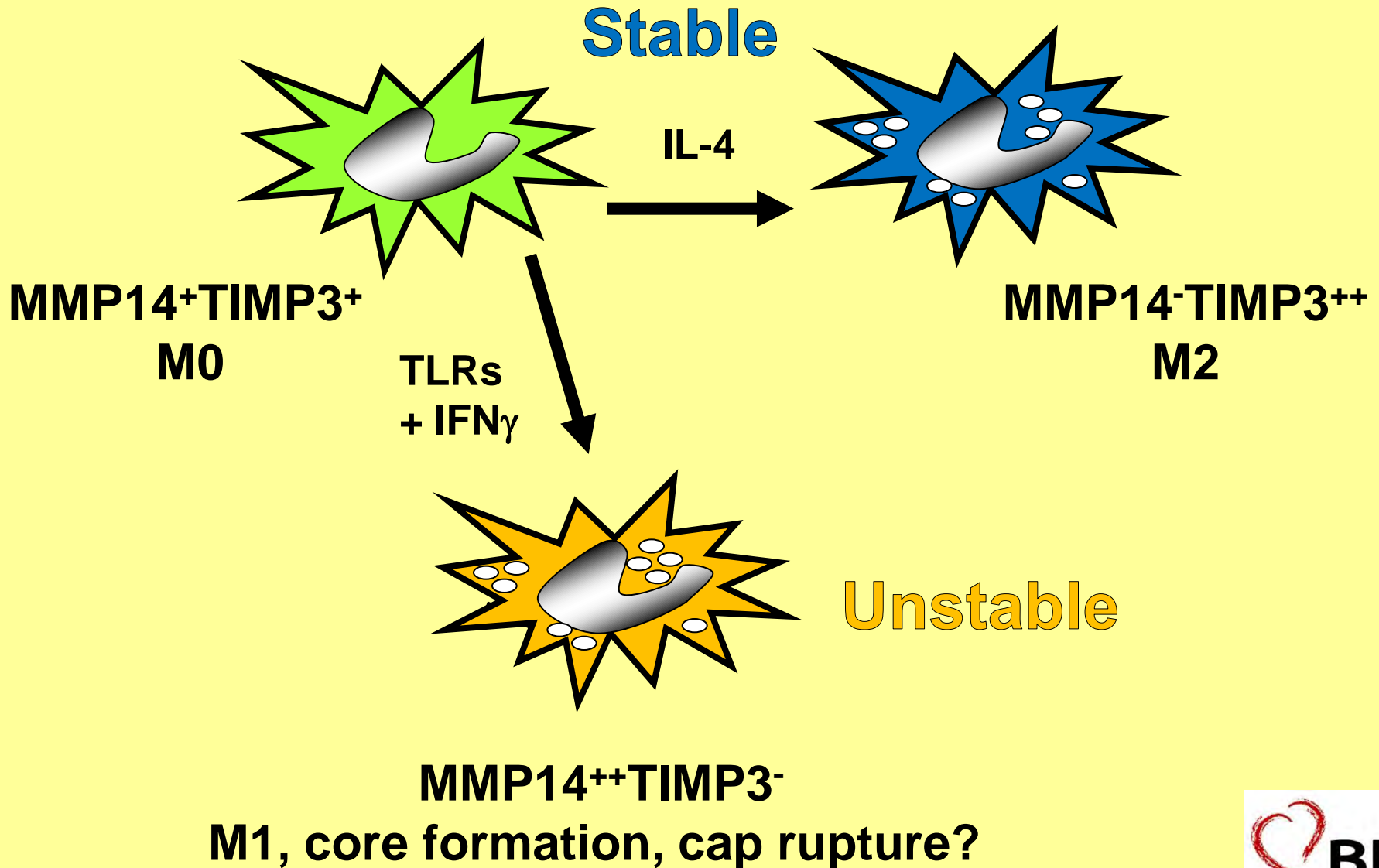


# AtheroExpress Biobank (n>2000)



**Gerard Pasterkamp**

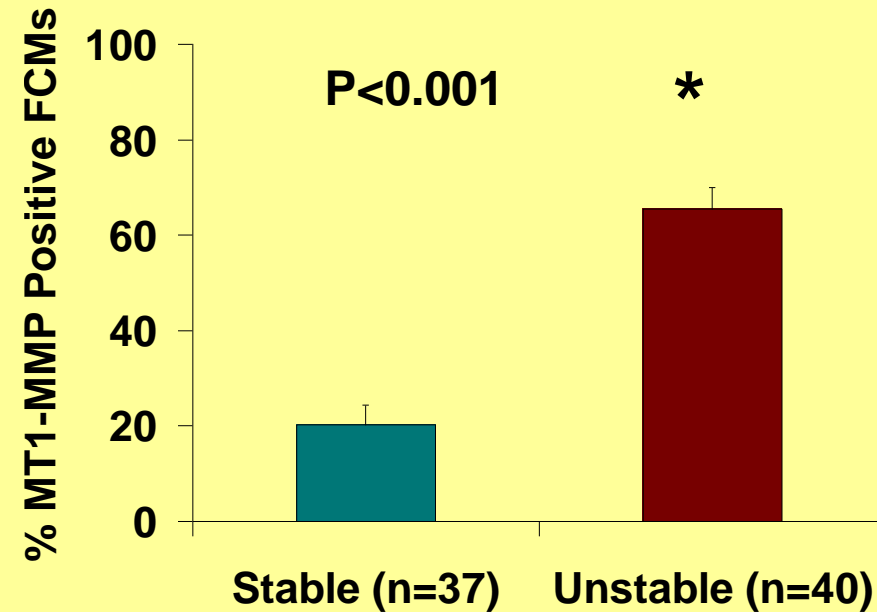
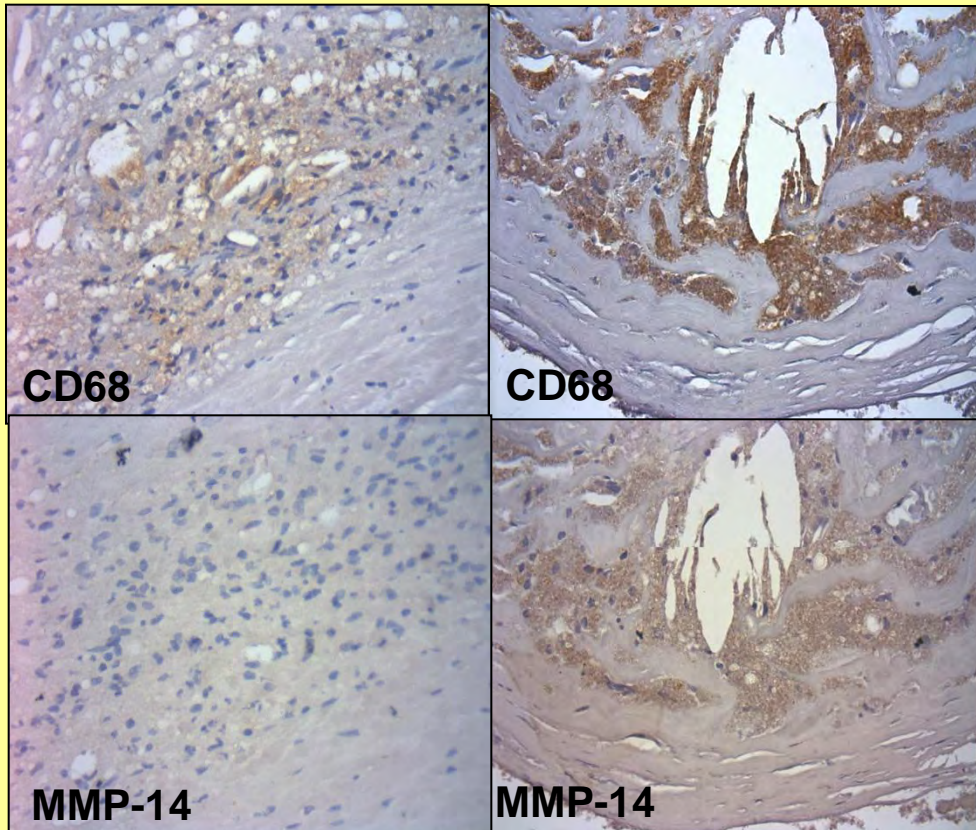
# Current hypothesis



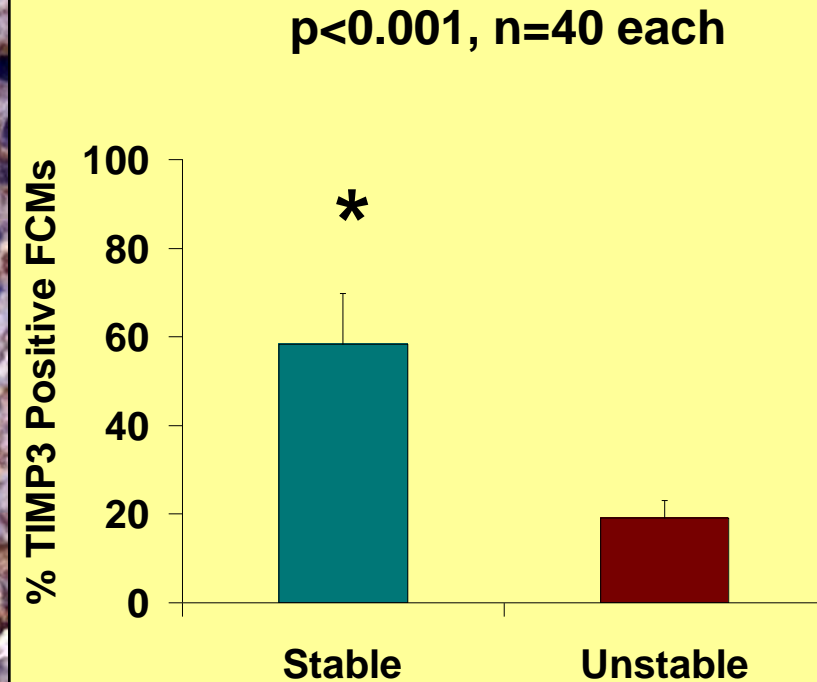
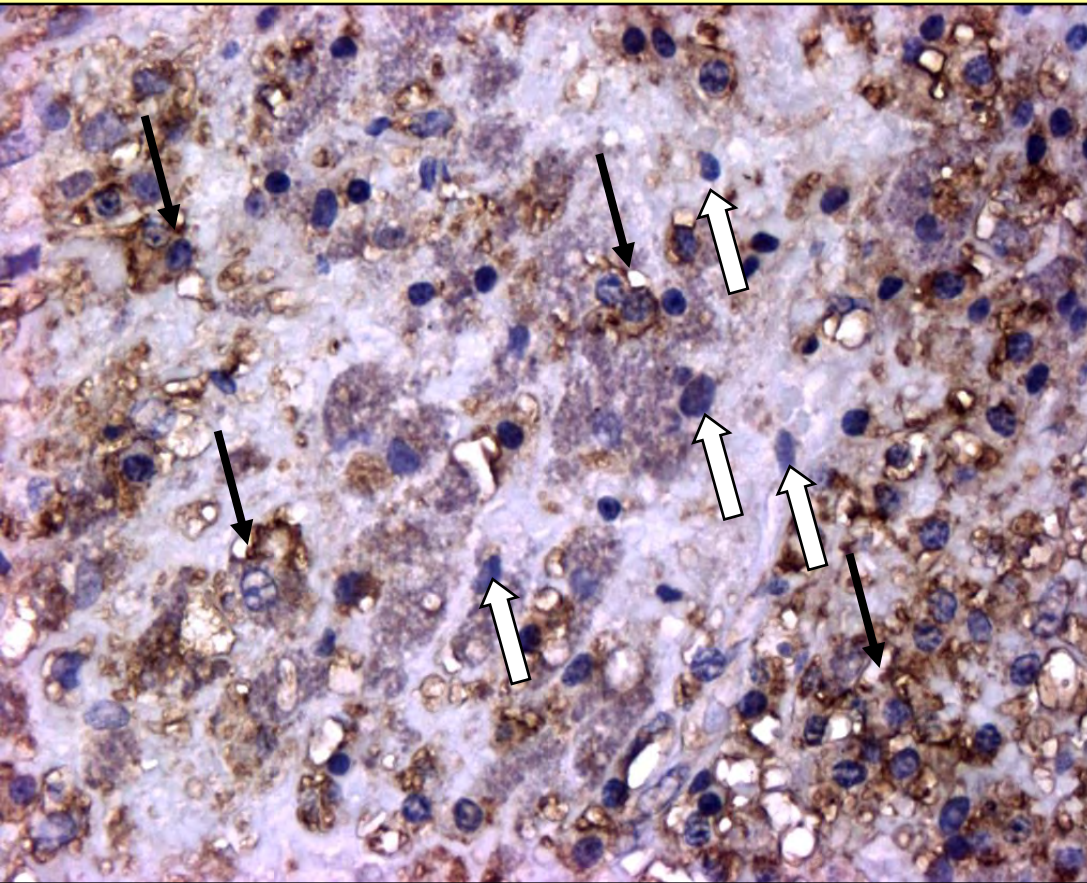
# AtheroExpress - MMP-14<sup>+</sup> macrophages in carotid plaques

Stable

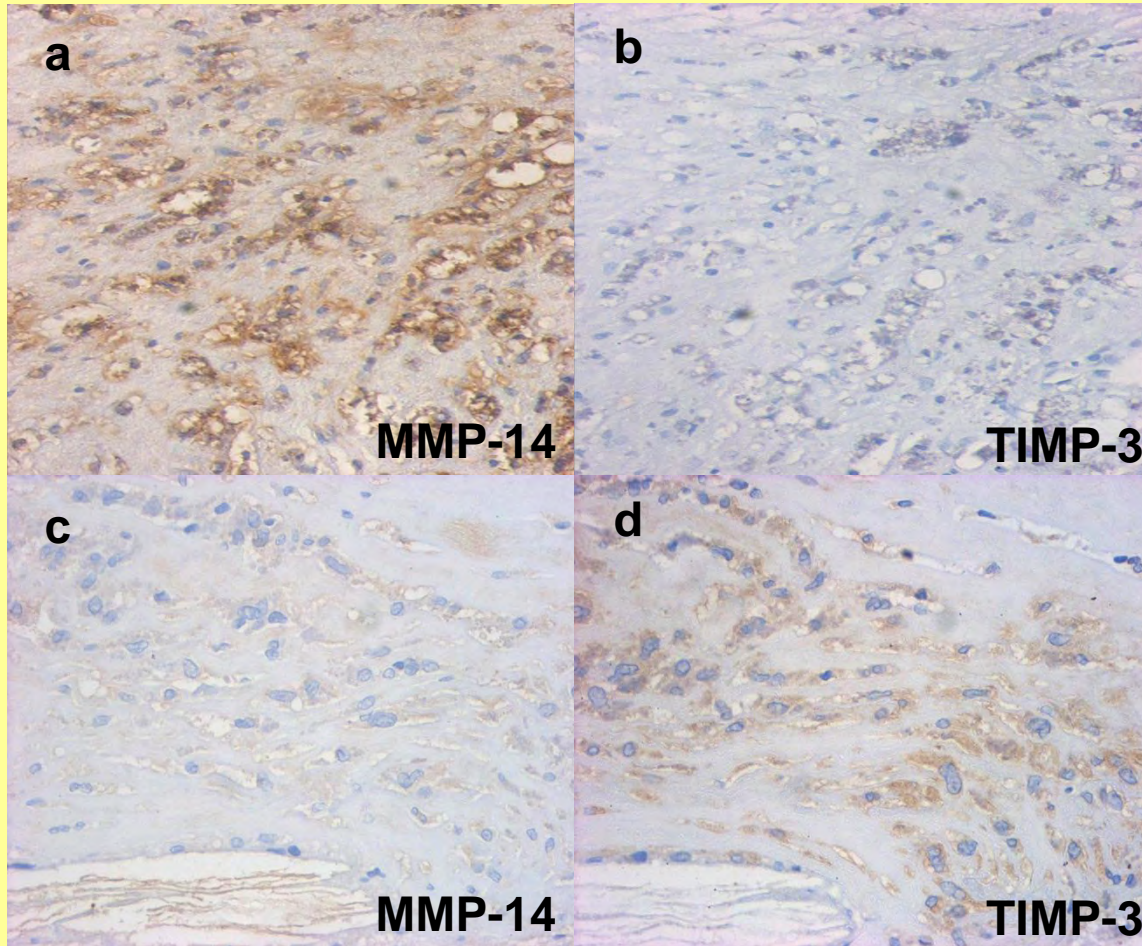
Unstable



# TIMP-3 +ve Macrophages in Human Carotid Plaques



# MMP-14 and TIMP-3 don't co-localise



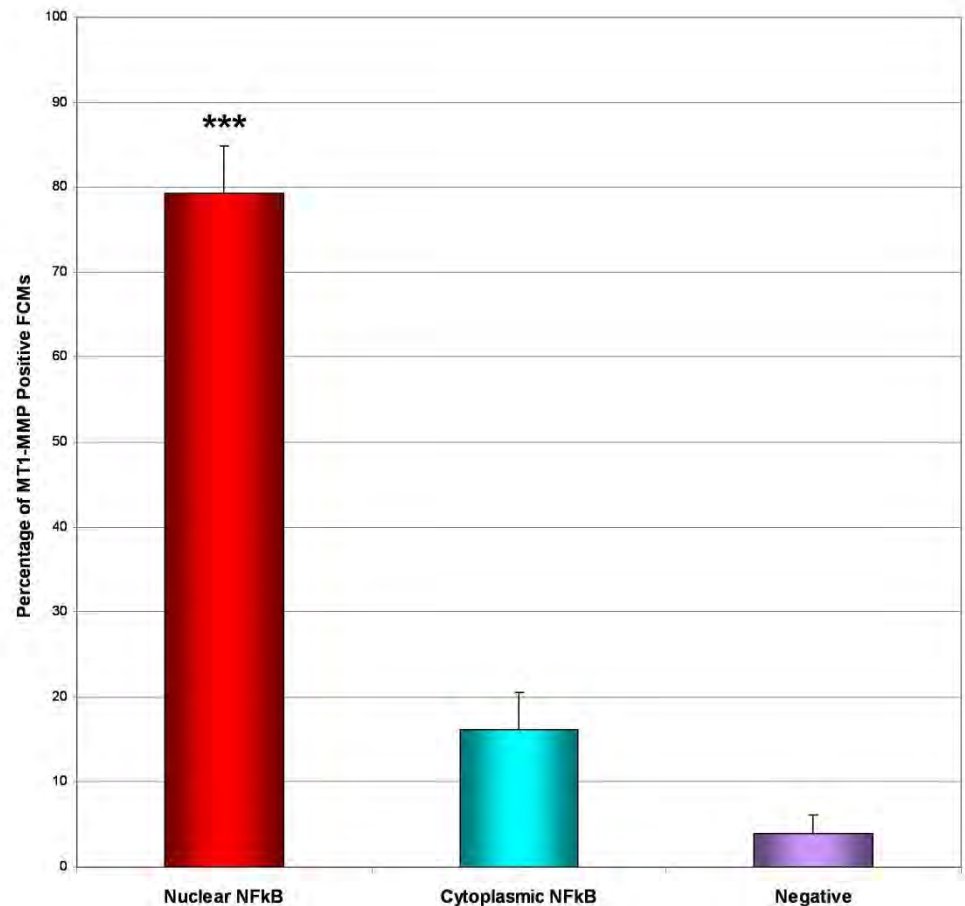
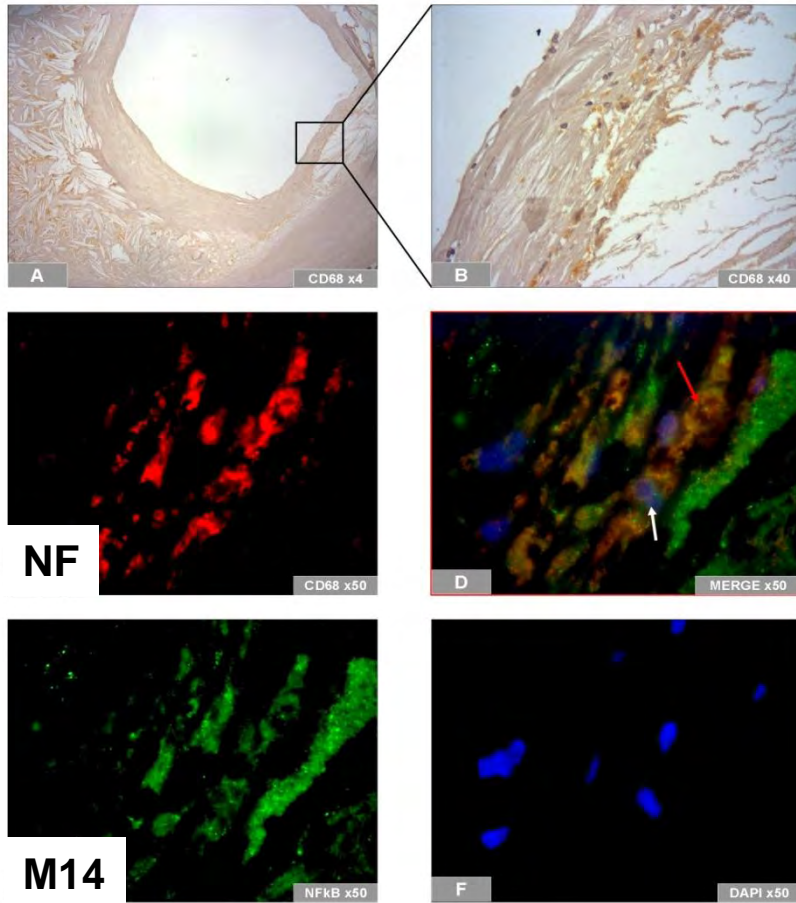
# Correlation between parameters

		MMP-14		TIMP-3	
		P value	rho	P value	rho
Stable	Collagen semiquantitative	<i>0.000</i>	<i>-.409</i>	<i>.019</i>	<i>.283</i>
	SMC semiquantitative	<i>0.000</i>	<i>-.623</i>	<i>.000</i>	<i>.475</i>
	SMC quantitative	<i>0.000</i>	<i>-.466</i>	<i>.021</i>	<i>.283</i>
Un-stable	% fat / atheroma	<i>0.000</i>	<i>.665</i>	<i>0.001</i>	<i>-.402</i>
	Macrophage semiquantitative	<i>0.000</i>	<i>.567</i>	<i>0.000</i>	<i>-.441</i>
	Macrophage quantitative	<i>0.026</i>	<i>.453</i>	<i>0.009</i>	<i>-.316</i>
	Thrombus	NS		<i>.018</i>	<i>-.286</i>

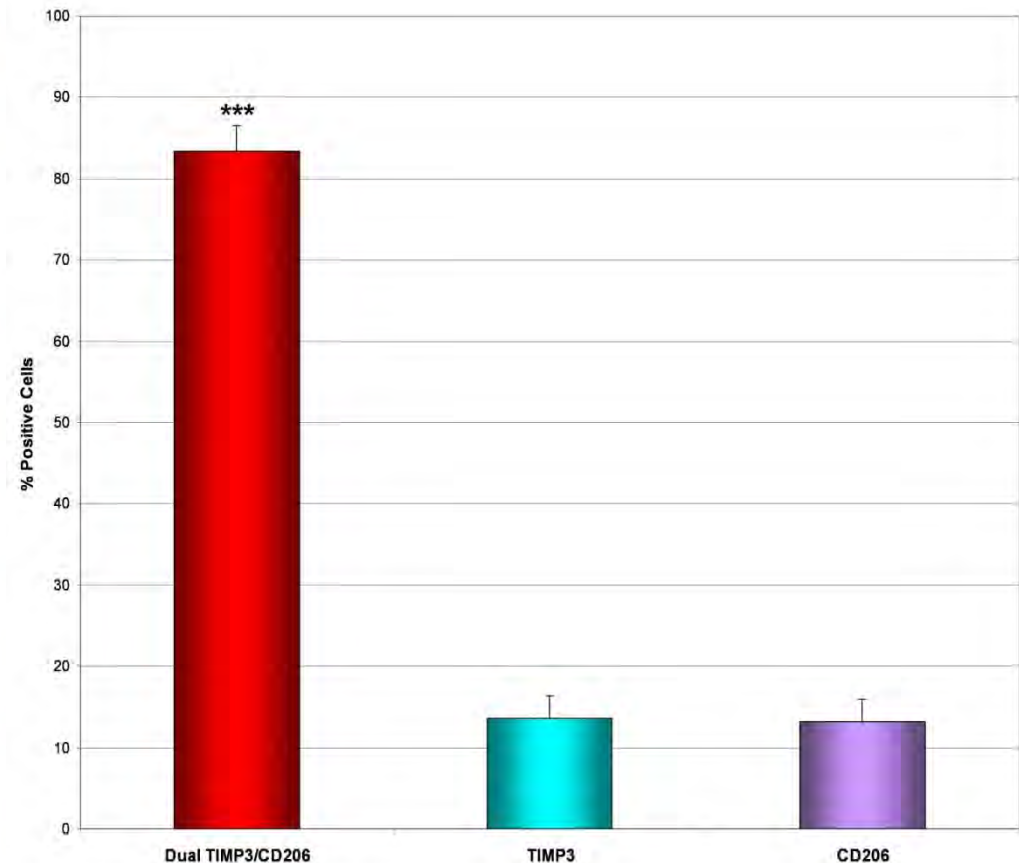
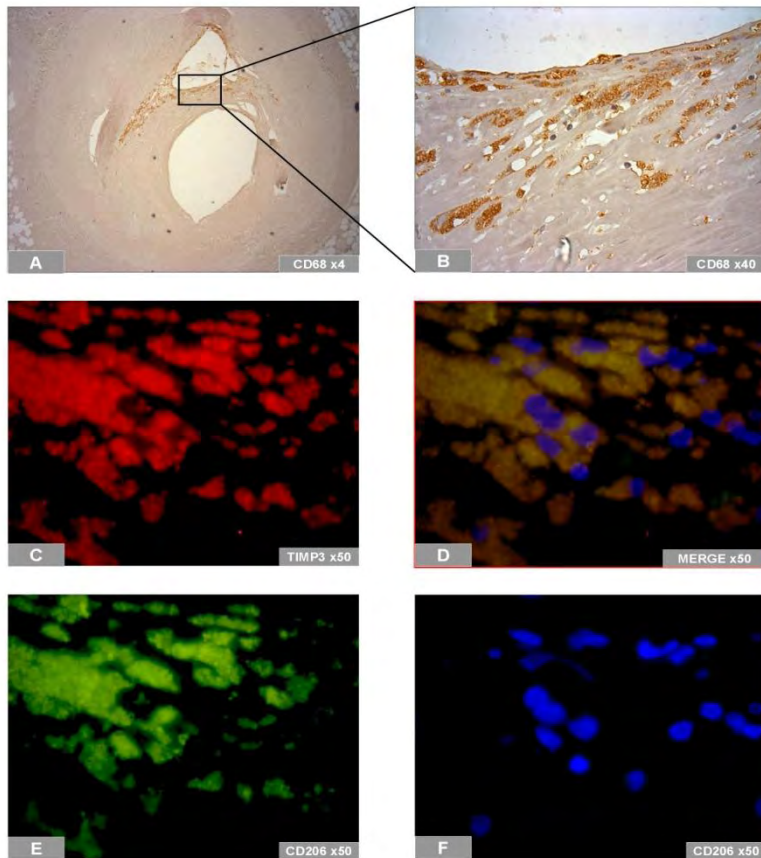
# Correlation (spearman) between markers

	MMP14	TIMP3
MMP14	x	Neg
TIMP3	Neg	X
COX2 (M1)	Pos	none
CD206 (M0/2)	None	Pos

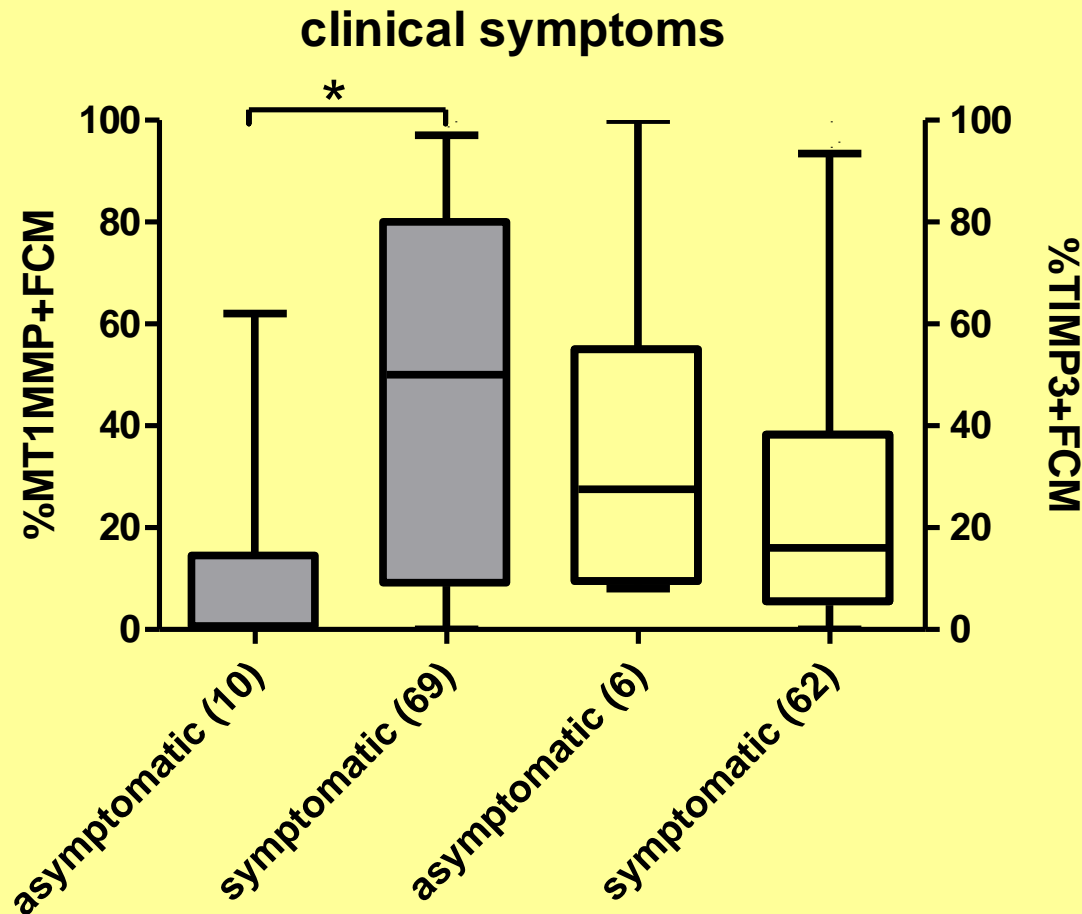
# Co-localisation of MMP-14 with nuclear localised NF- $\kappa$ B



# Co-localisation of TIMP-3 and CD206



# Does it matter to the patient?



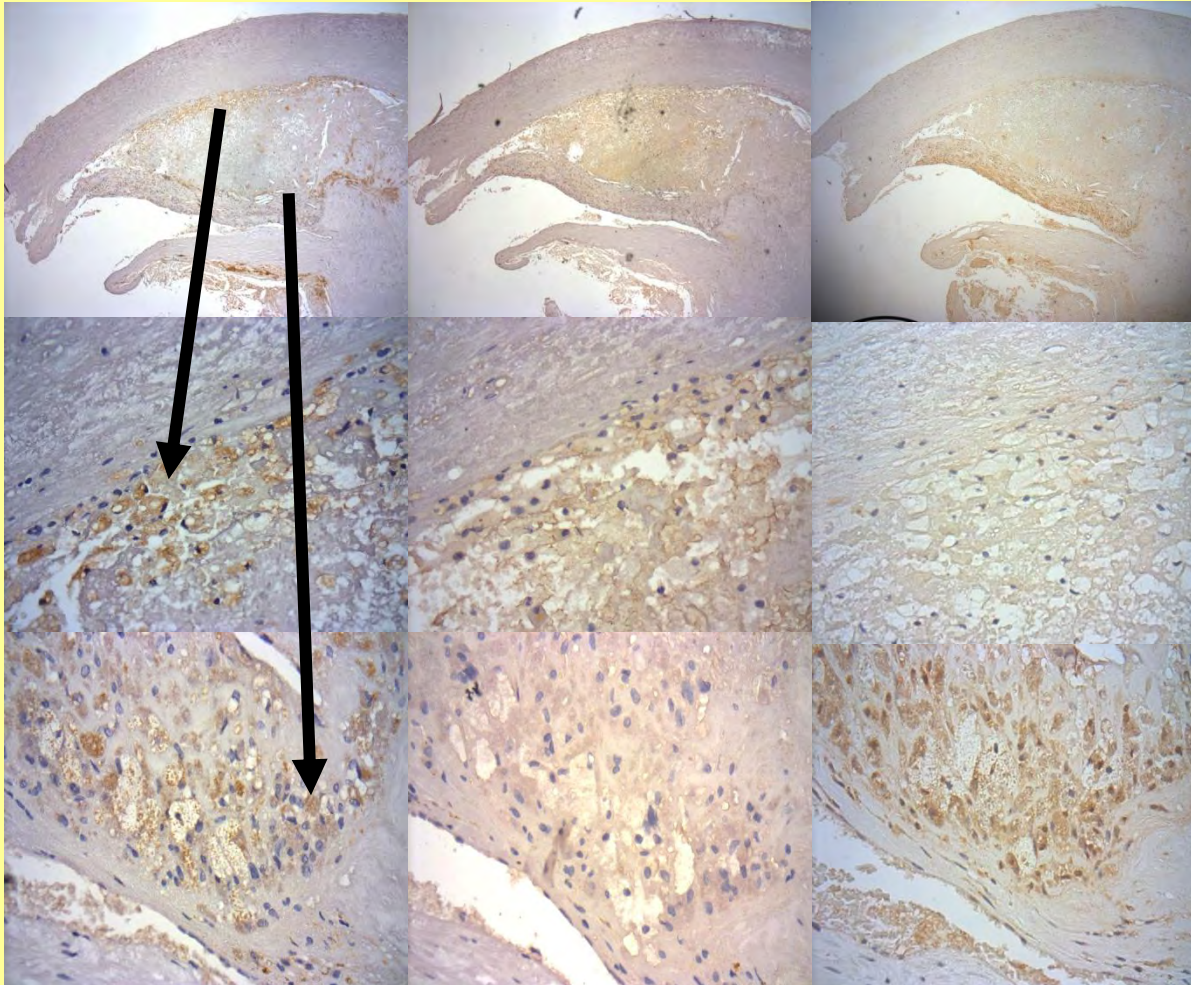


# Macrophage MMP-12 location in unstable plaques

CD68

MMP-14

MMP-12



# MMP-12 is expressed in advanced human atherosclerotic plaques

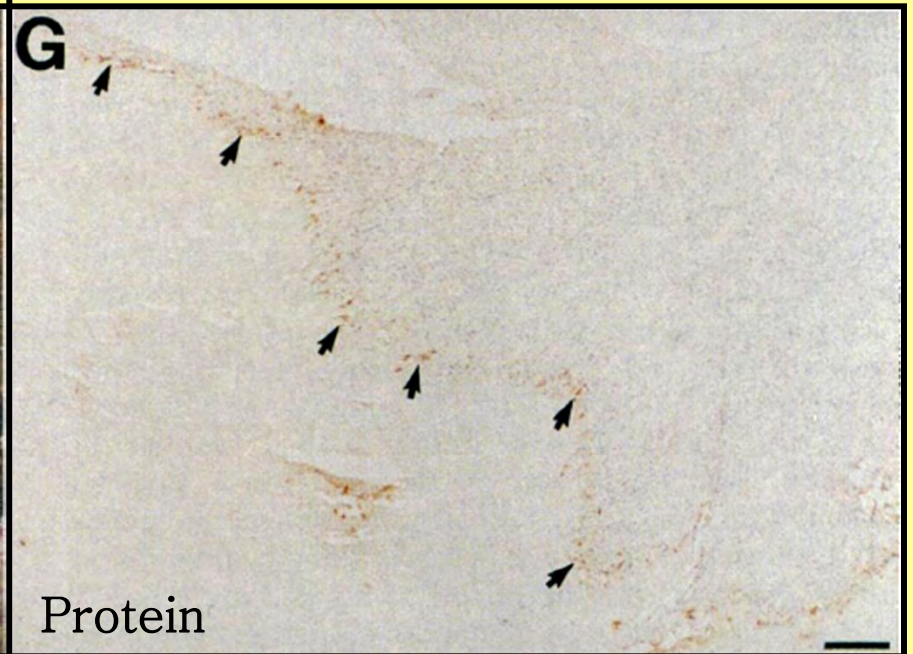
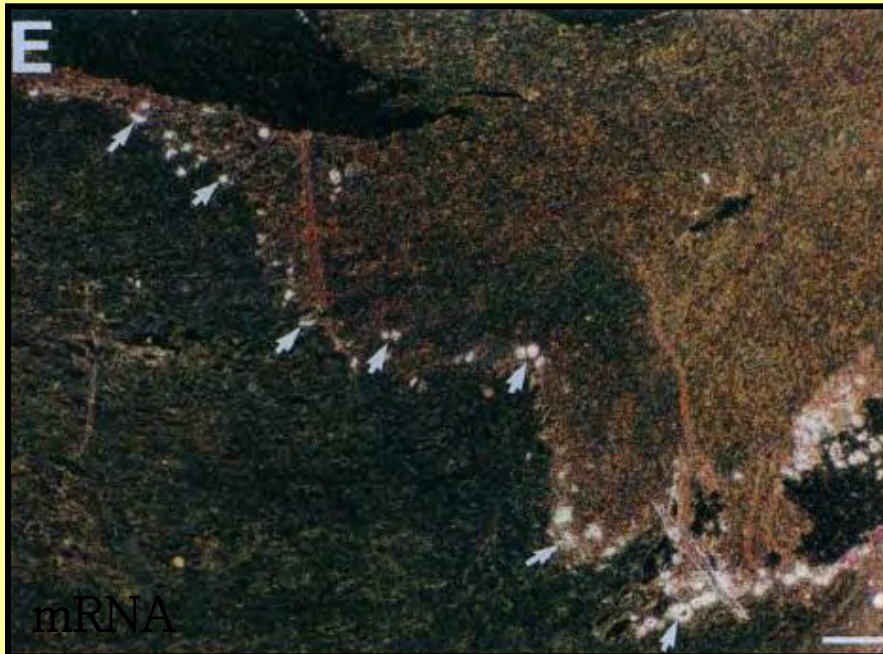
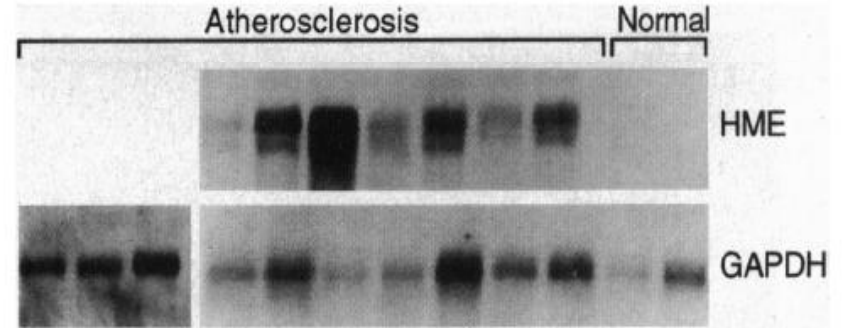
Proc. Natl. Acad. Sci. USA  
Vol. 93, pp. 9748-9753, September 1996  
Medical Sciences

**Matrilysin is expressed by lipid-laden macrophages at sites of potential rupture in atherosclerotic lesions and localizes to areas of versican deposition, a proteoglycan substrate for the enzyme**

(metalloelastase/metalloproteinase/chondroitin sulfate)

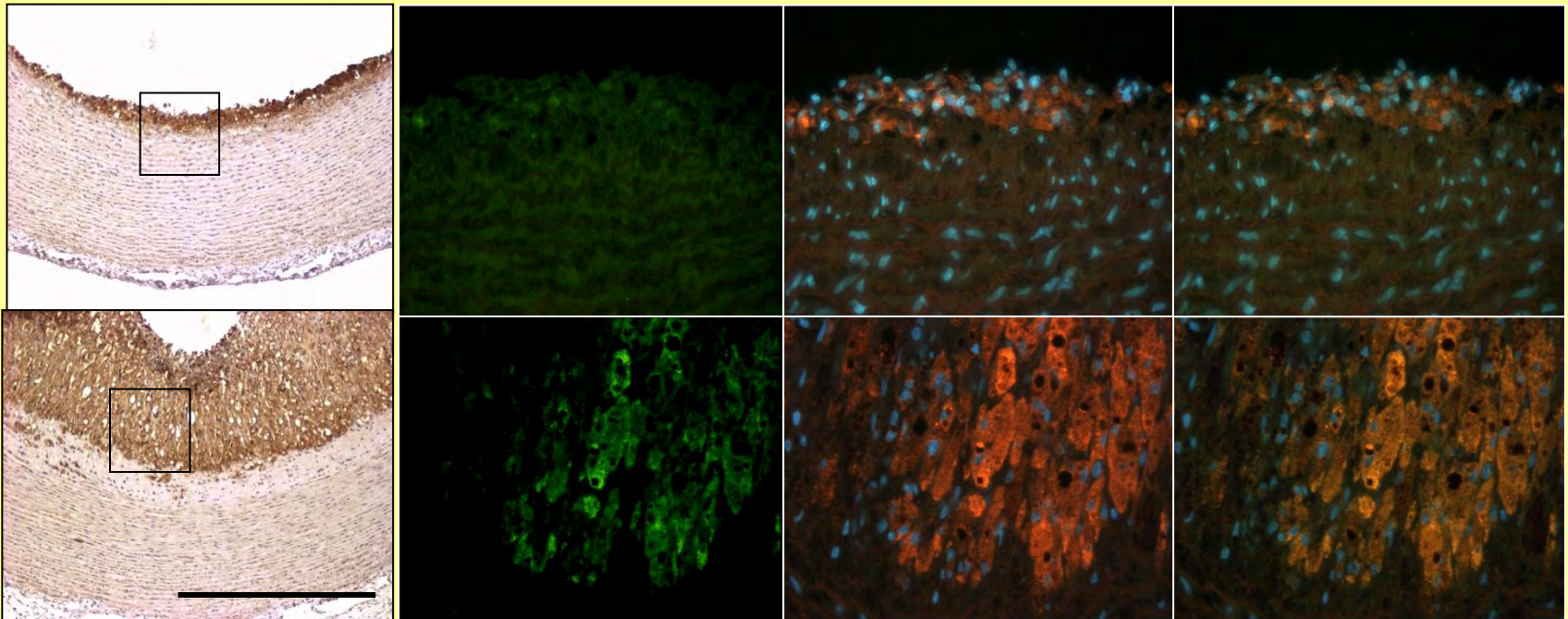
IGOR HALPERT\*, ULRIKE I. SIREŠ†, JILL D. ROBY†, SUSAN POTTER-PERIGO‡, THOMAS N. WIGHT‡, STEVEN D. SHAPIRO§, HOWARD G. WELGUS†, SAMUEL A. WICKLINE\*, AND WILLIAM C. PARKS†¶||

Divisions of †Dermatology, \*Cardiology, and ‡Respiratory and Critical Care, Department of Medicine, Barnes-Jewish Hospital, and §Department of Cell Biology and Physiology, Washington University School of Medicine, St. Louis, MO 63110; and †Department of Pathology, University of Washington School of Medicine, Seattle, WA 98195



# MMP-12 marks foam cells only in advanced plaques

4wk fatty streak



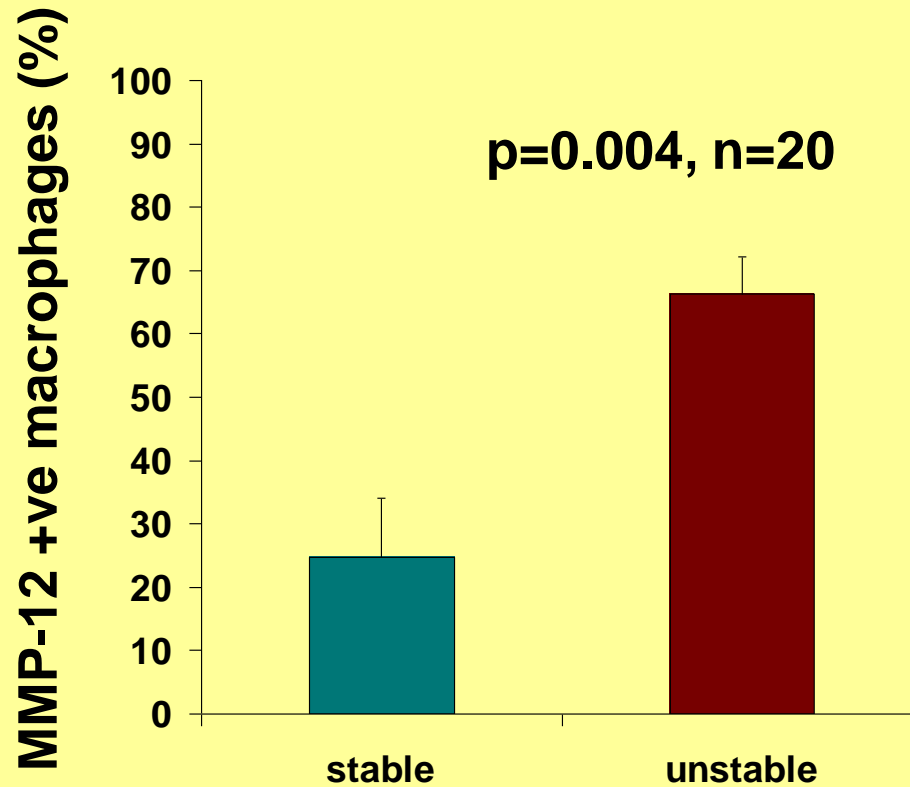
8wk advanced  
plaque

MMP-12

RAM11

RAM11/MMP-12

# Macrophage MMP-12 expression associates with unstable plaques



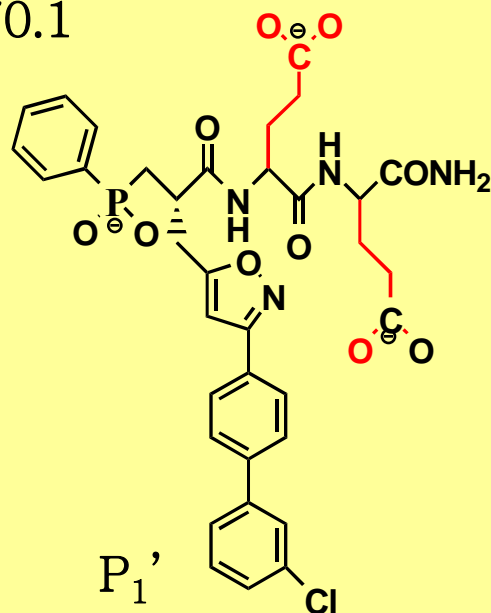
# Development of Selective Inhibitors and Substrate of Matrix Metalloproteinase-12\*

Received for publication, January 10, 2006, and in revised form, February 13, 2006 Published, JBC Papers in Press, February 15, 2006, DOI 10.1074/jbc.M600222200

Laurent Devel<sup>‡</sup>, Vassilis Rogakos<sup>§</sup>, Arnaud David<sup>‡</sup>, Anastasios Makaritis<sup>§</sup>, Fabrice Beau<sup>‡</sup>, Philippe Cuniasse<sup>‡</sup>, Athanasios Yiotakis<sup>§</sup>, and Vincent Dive<sup>‡1</sup>

THE JOURNAL OF BIOLOGICAL CHEMISTRY VOL. 281, NO. 16, pp. 11152–11160, April 21, 2006  
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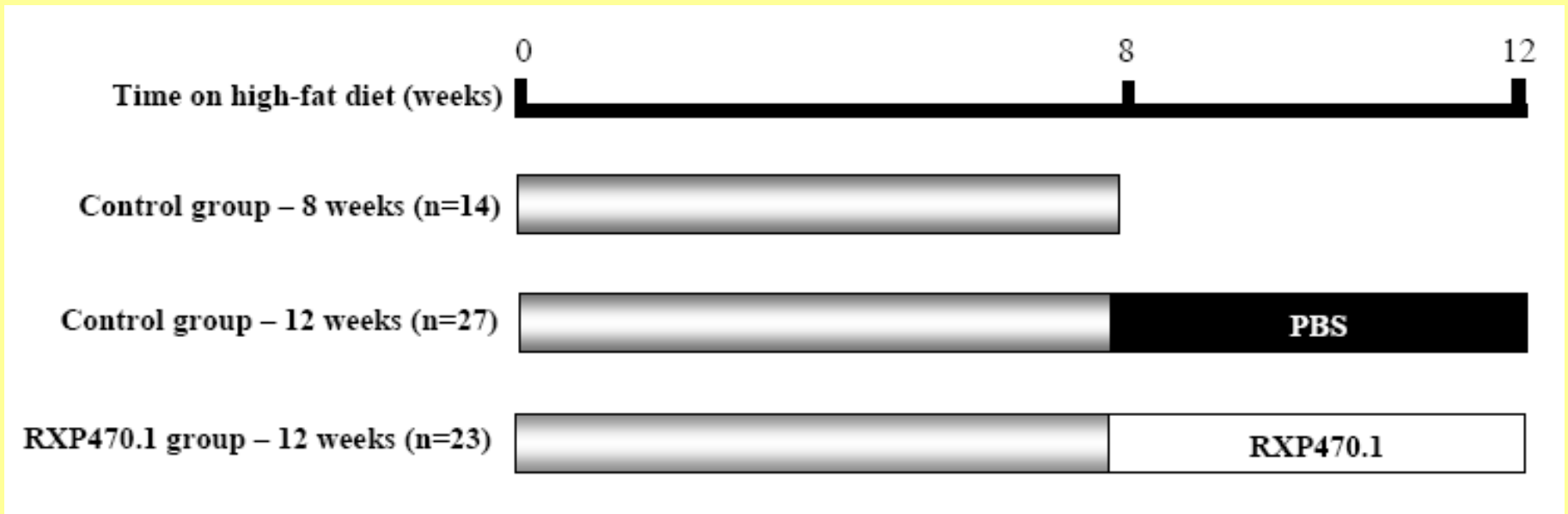
RXP470.1



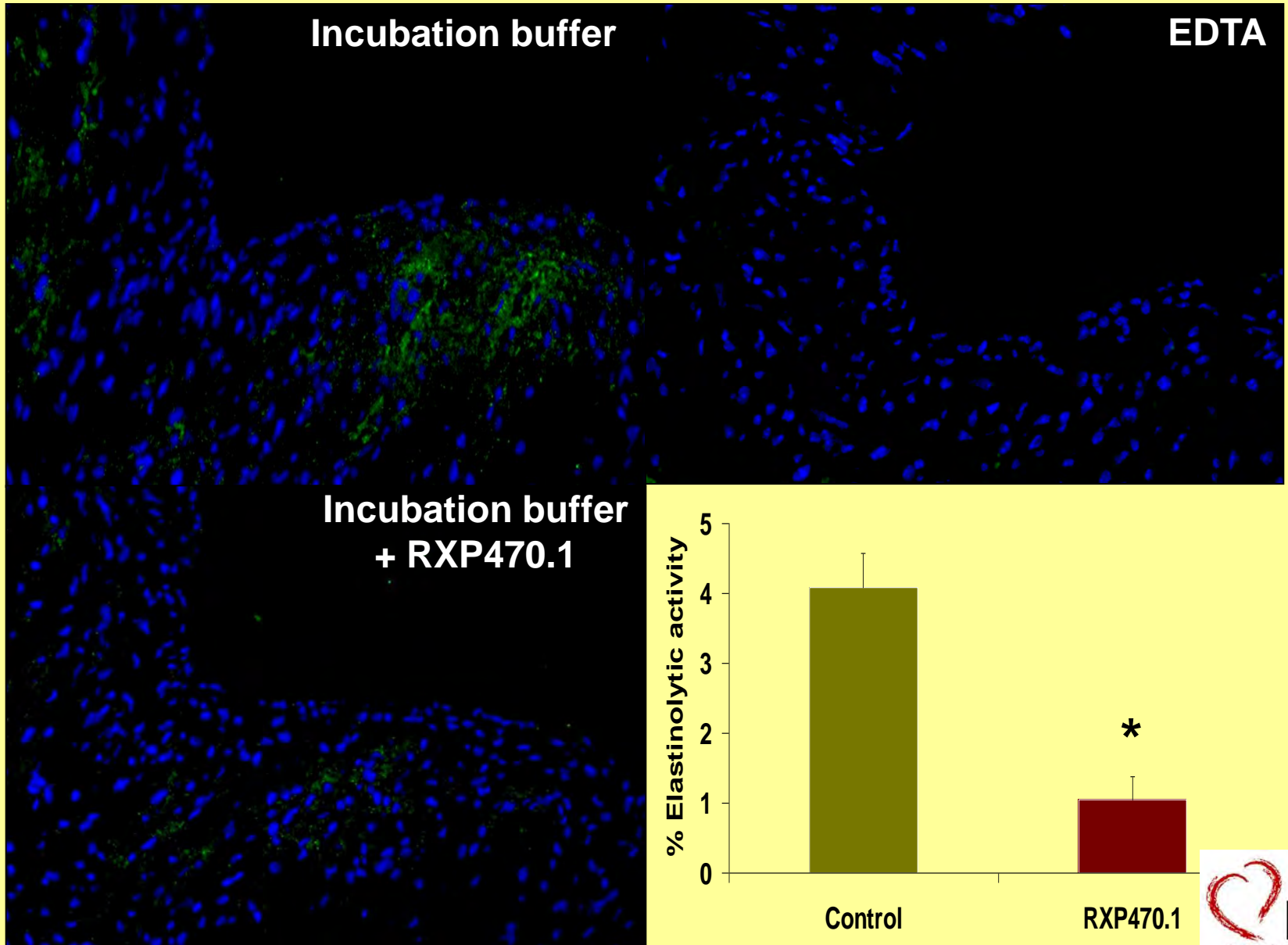
**Jason Johnson**  
**BHF, IRF**

		MMP-1	MMP-2	MMP-3	MMP-7	MMP-8	MMP-9	MMP-11	MMP-12	MMP-13	MMP-14	ACE	NEP	TACE
Compound 1 R=3	Ki (nM)	67000	192	40	626	271	1265	18400	0,19	49	140	>100000	>100000	>100000
	Selectivity/MMP-12	350000	1071	217	3293	1426	6038	96842	1	258	727	>500000	>500000	>500000

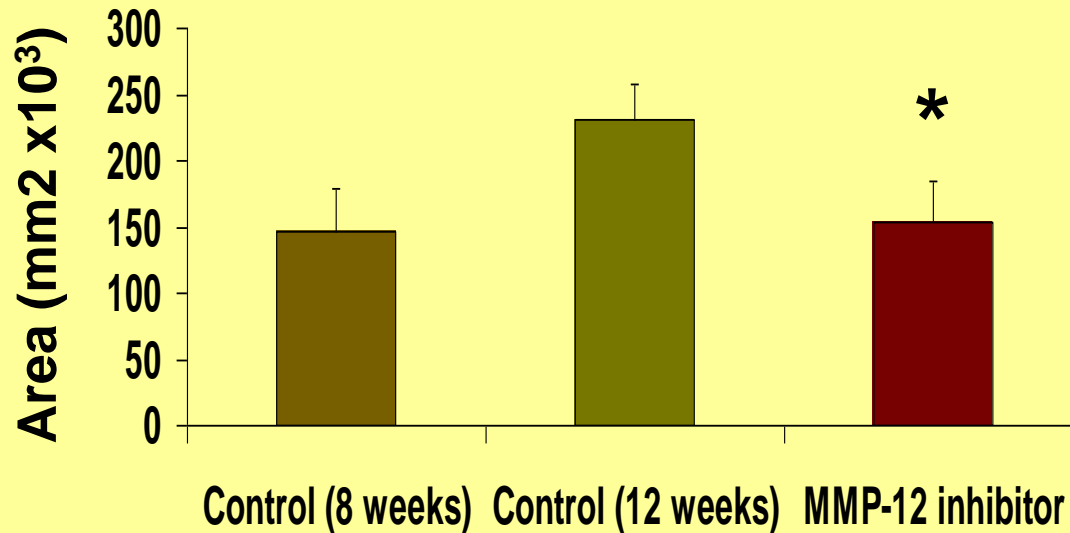
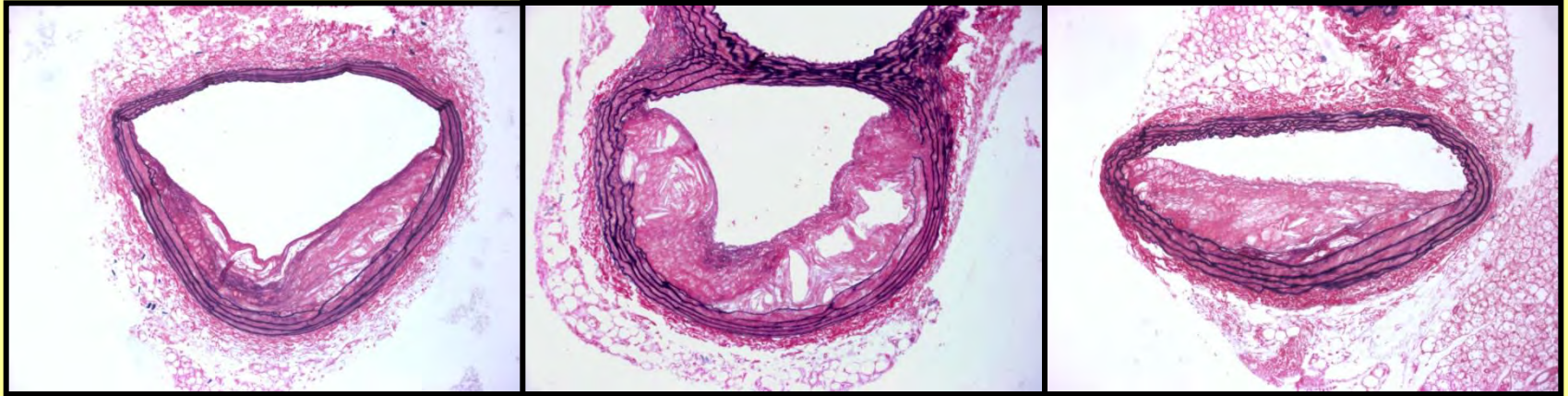
# Experimental protocol



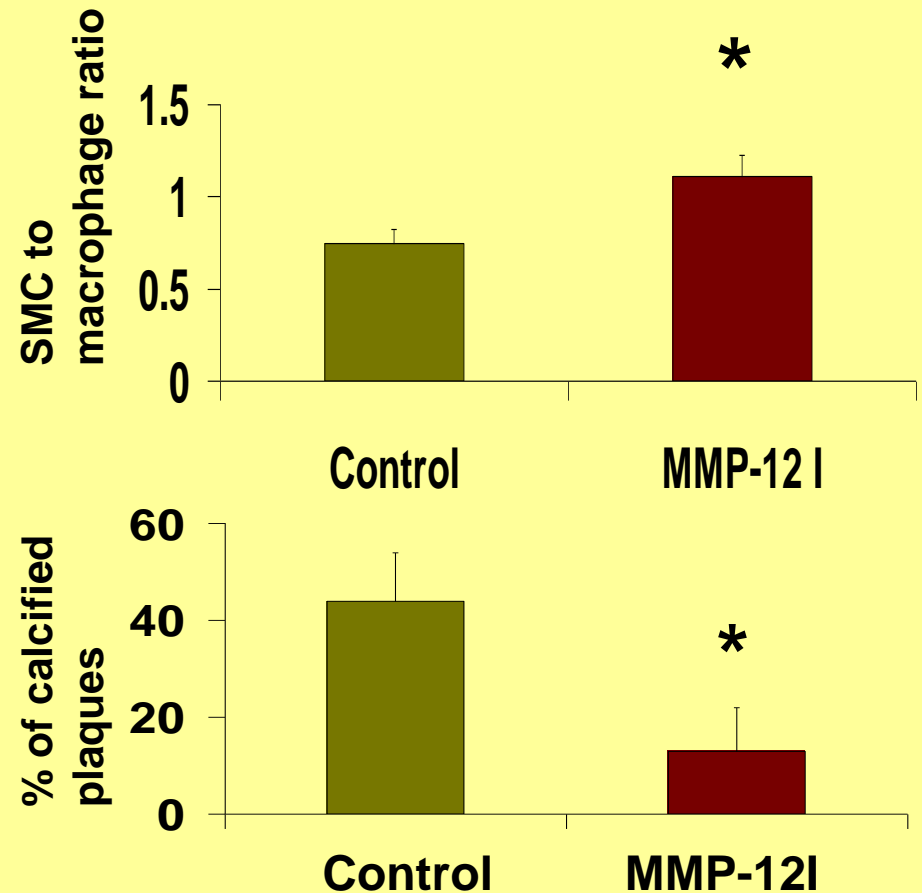
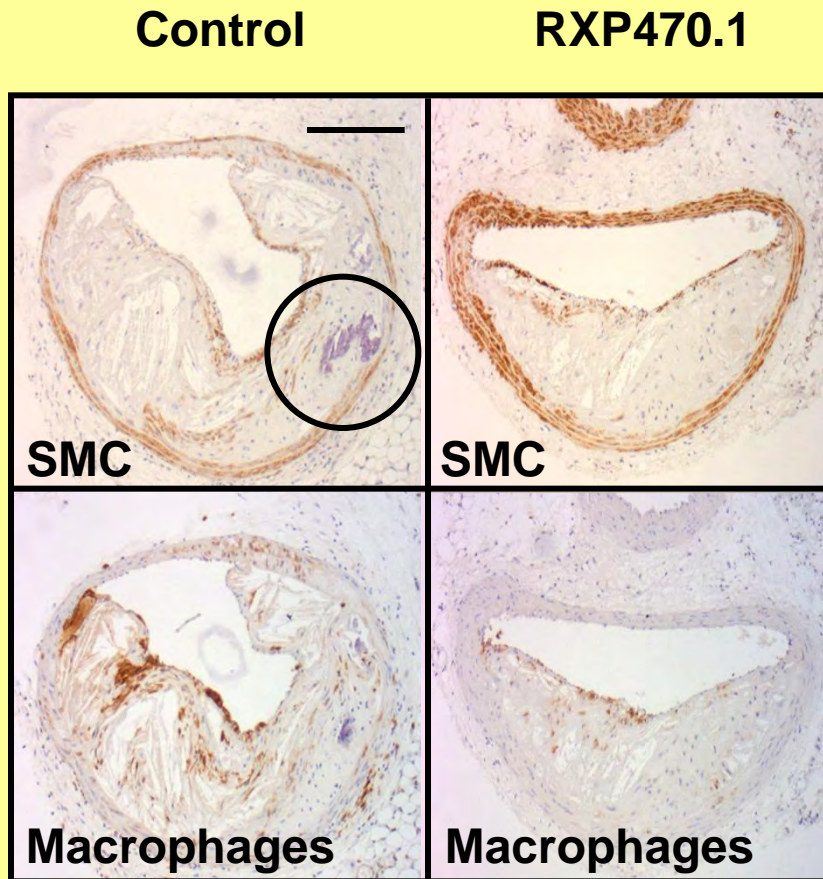
# RXP470.1 reduces elastinolytic activity



# Effect on plaque progression



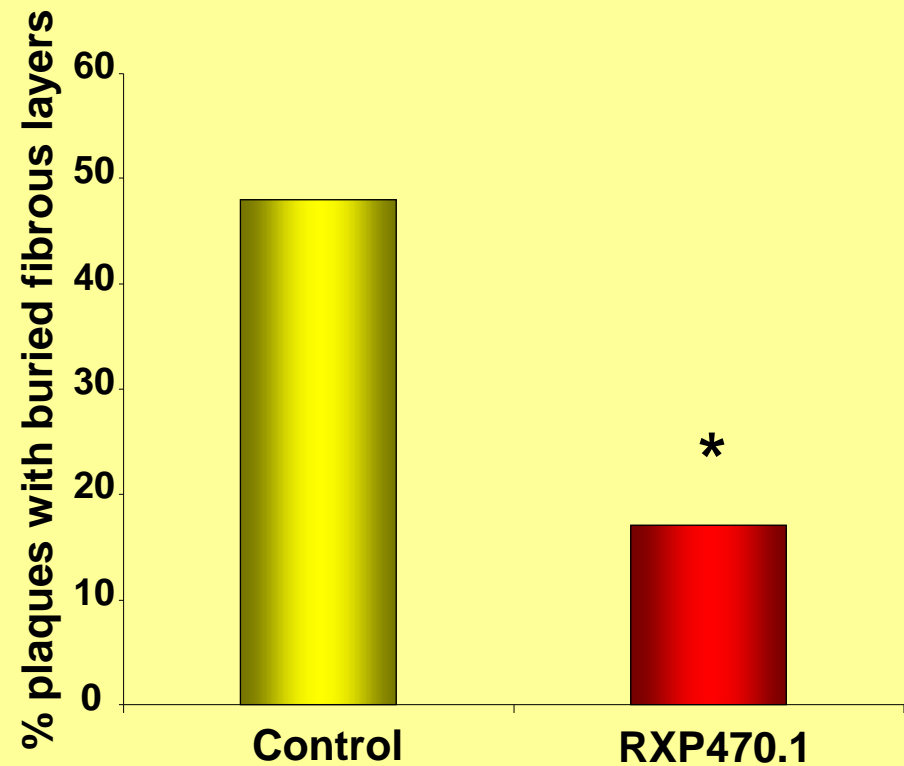
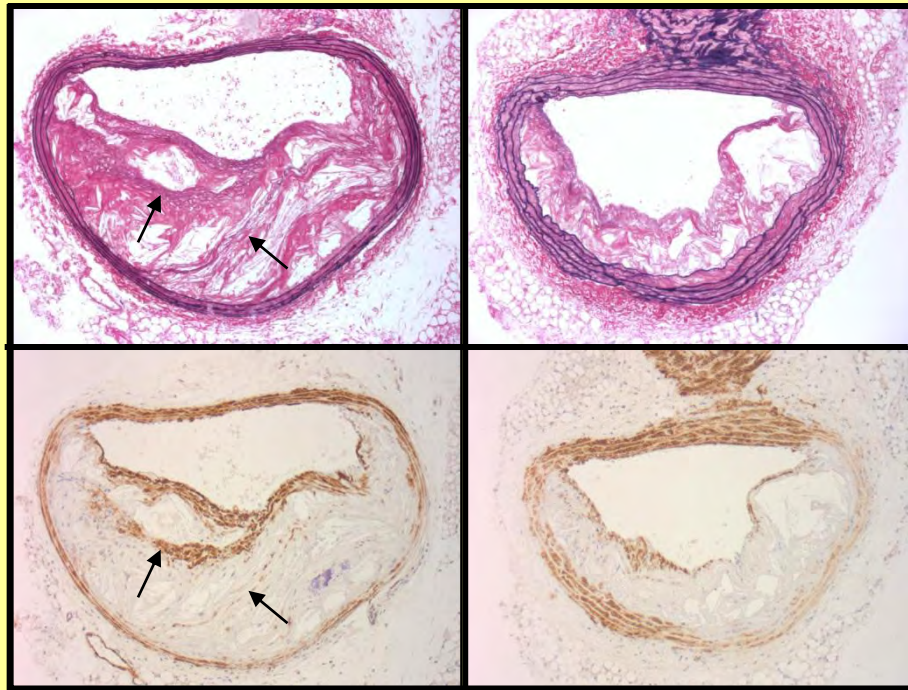
# RXP470.1 increases SMC/macrophage ratio and reduces calcification



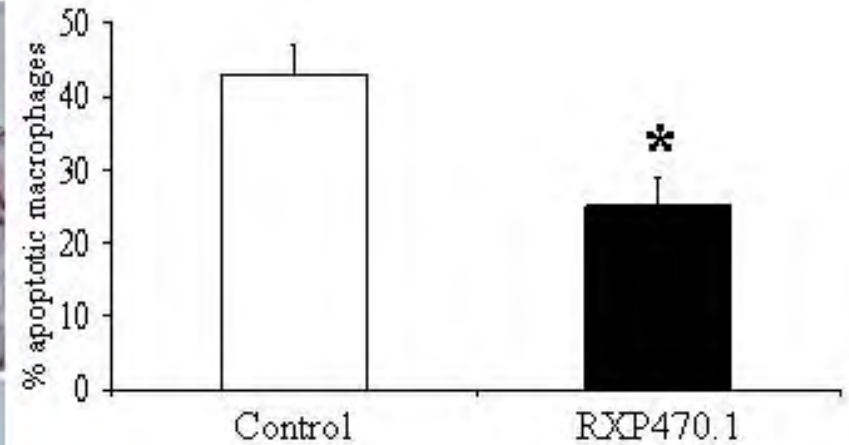
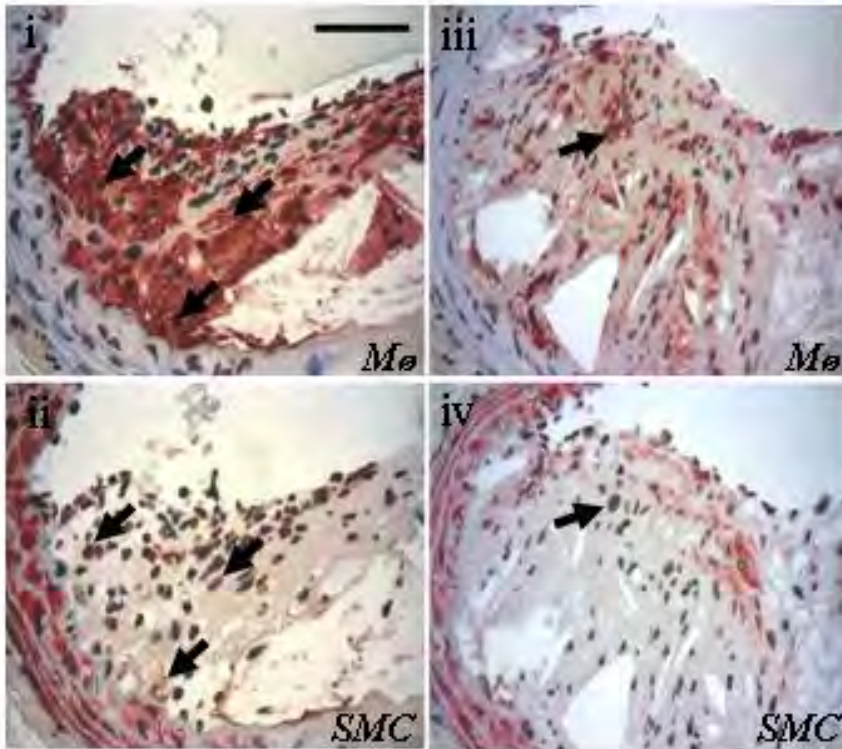
# RXP470.1 reduces buried fibrous layers

Control

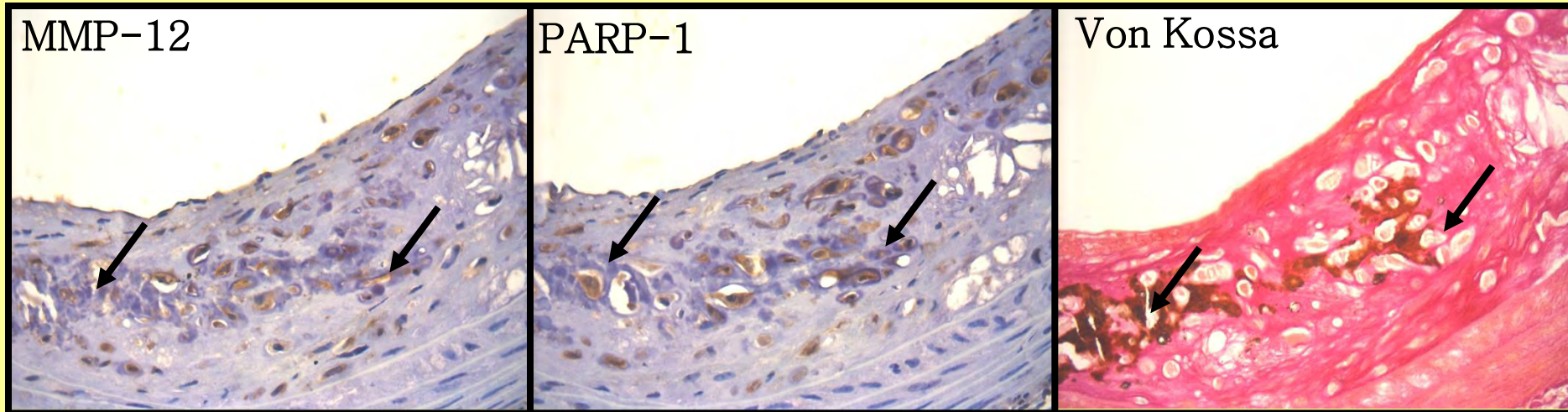
RXP470.1



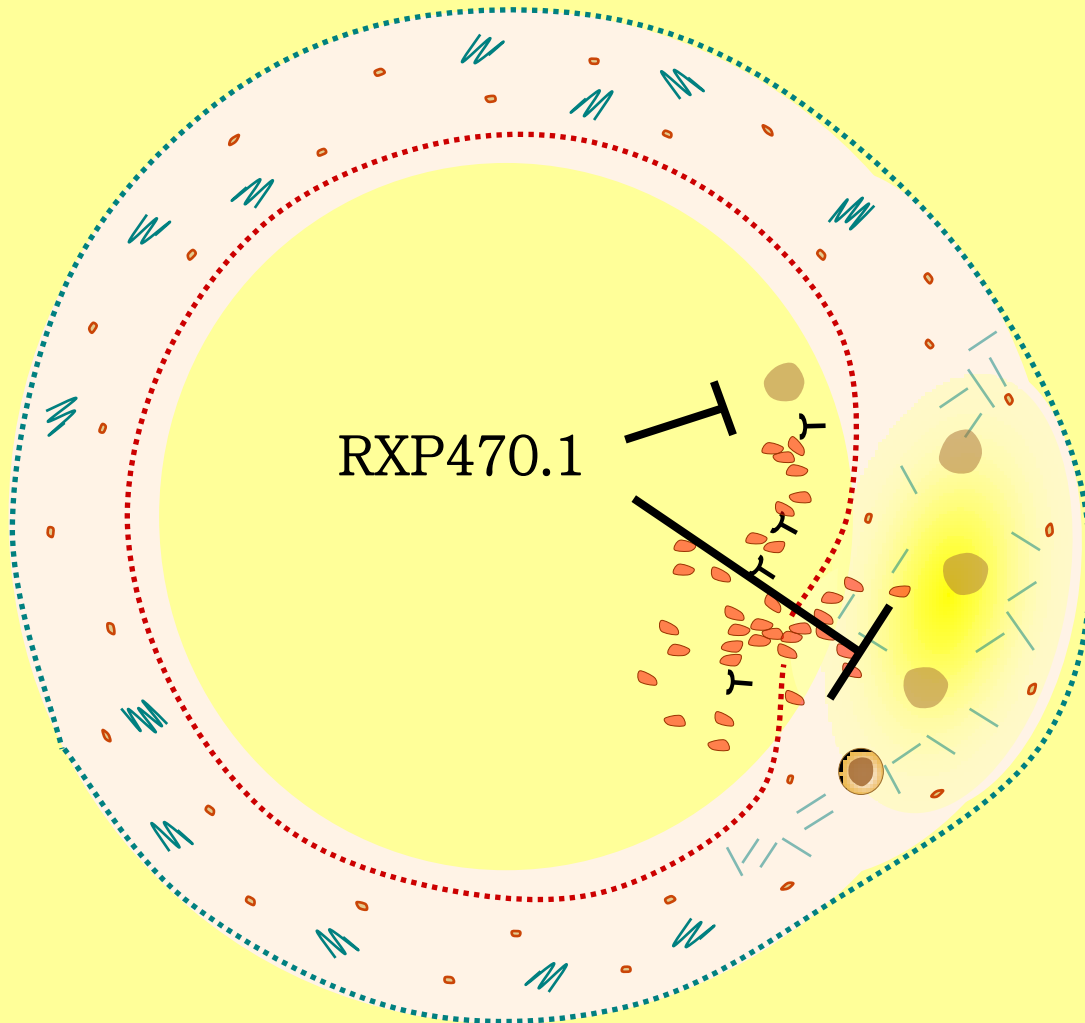
# RXP470.1 reduces macrophage apoptosis



# Co-localisation of MMP-12, apoptosis and calcification



# MMP-12 inhibition in advanced lesions



**Blocks:**  
**Macrophage invasion**  
**Elastin degradation**  
**Macrophage apoptosis**  
**Calcification**  
**Plaque instability**  
**(buried layers)**