



Biology of aging and immunosenescence

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3 different ways to look at 'age'

An individual's physical appearance, functioning and biological health may differ from other persons of the same chronological age!!!



Body aging starts at the molecular level



Entangled molecular pathways drive the aging process



https://www.cell.com/fulltext/S0092-8674%2813%2900645-4



Telomeres, the 'end replication problem' and the Hayflick limit



- Hexanucleotide TTAGGG repeats capping the ends of eukaryotic (linear) chromosomes
- Maintain chromosome stability
- Ensure complete chromosome replication
- Shorten upon each cell division
- Cells stop dividing when chromosomes become critically short (Hayflick limit)
- Short telomeres resemble persistant dsDNA breaks





https://ta65-sciences.com/telomeres-cellular-aging/



https://brainly.com/question/11002481

Age-related epigenetic changes: DNA methylation and chromatin remodelling





Johnson et al., Rejuvenation Res 2012, 15(5):483-94

=> Loss and relocation of heterochromatin



Meiliana et al., Indones Biomed J. 2022; 14(1): 11-28

Chandra et al., Cell Rep 2015 Feb 3; 10(4): 471-483.

Oncogene Induced

Senescence

Detect Chromatin Structure Using HiC

Growing

Senescent

Loss of local interactions in

SAHF heterochromatin

Senescence

eterochromatic

Foci (SAHF)

Associated

EPIGENETIC CLOCK: using **DNA** methylation to determine biological age

Age-related mitochondrial dysfunction

- Increased leak => decreased membrane potential => less ATP production
- Altered stability of respiratory chain enzyme complexes => more ROS generated
- Decreased activity of anti-oxidant enzymes => ROS accumulation => more DNA damage (incl mtDNA)
- Less oxidation of NADH => depletion of NAD+ pool





Oxidative Phosphorylation

Figure adapted from https://www.premedhq.com/electron-transport-chain

Age-related mitochondrial dysfunction (2)

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Figure adatpted from https://www.nature.com/articles/nrm3013

The aging cell is facing a self-reinforcing and self-accellerating problem that can be considered as a 'biological battery breakdown'





NAD+ depletion, DNA repair and nutrient sensing



https://www.frontiersin.org/articles/10.3389/fcvm.2021.778674/full

Cellular senescence: a defensive mechanism

Cellular senescence = stable state of growth arrest in which cells remain metabolically active but are unable to proliferate (G1/S arrest) despite optimal growth conditions and mitogenic stimuli.

Quiescence = transient G0 arrest caused by lack of nutrients or proliferation signals



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Figure adapted from Sultana et al., Am J Obstet Gynecol 2018;218(2S):S762-S773

Cellular senescence : the dark side Senescence-associated secretory profile (SASP)



Davan-Wetton et al., Cell Mol Life Sci 2021, 78:3333-3354

•	SASP signals the presence of			
	senescent cells to the immune system			
	and promotes their elimination			

- Immune clearance becomes deficient with age
- Accumulation of senescent cells
- SASP becomes detrimental







Immunosenescence: aging of hematopoietic stem cells



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Bousounis et al., Cells 2021, 10(6), 1386



Conway et al., Br J Pharmacol.2022;179:1808-1824.

Immunosenescence: aging within the 2 branches of the immune compartment

INNATE IMMUNITY

- First-line defense against pathogens. It is the most conserved protection system in the animal kingdom!
- Recognizes and reacts to conserved pathogen-associated molecular patterns (PAMPS) via patternrecognition receptors (PRRs)
- Exhibits some capacity for memorylike responses: recognition of certain pathogenic features

ADAPTIVE IMMUNITY

- Attacking particular pathogens by specific antigen-recognition
- Building long-term memory



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FIGURE: https://www.thermofisher.com/be/en/home/life-science/cell-analysis/cell-analysis-learning-center/immunology-at-work/pattern-recognition-receptors-overview.html

Innate immune cell subsets and their functions



Crooke et al., Exp Gerontol 2019, 124:110632

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Abbreviations - TRM: tissue-resident macrophages; pDC: plasmacytoid dendritic cells; mDC: myeloid dendritic cells; fDC:follicular dendritic cells

Adaptive immune cell subsets and their functions





Phases of the immune response



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https://www.maturitas.org/article/S0378-5122(21)00023-2/pdf

Immunosenescence: the causes



T cell development in the thymus



Zúñiga-Pflücker, Nat Rev Immunol 4: 67–72 (2004)



Age-related thymic involution

AGING:

- Less BM progenitors reach
 the tymus
- Thymus atrophy and replacement by adipose tissue



Singh et al, Front Immunol, 2020 (https://doi.org/10.3389/fimmu.2020.01850)

Immunosenescence: the causes



T cell differentiation upon antigen stimulation



T cell differentiation upon chronic antigen stimulation



Basic Immunology: Functions and Disorders of the Immune System, Chapter 6, 129-146

Figure adapted from Annu Rev Immunol. 2014 ; 32: 189–225. doi:10.1146/annurev-immunol-032713-120136.

Immunosenescence: the causes



Age-related changes in innate immune cell subsets

		Function	Age-related changes
<u>}</u>	Neutrophils	 Recruited to sites of infection by inflammatory cytokines produced by TRM Clearance of pathogens by phagocytosis Apoptosis 	 Disrupted migration (PI3K ↑) Impaired phagocytosis (CD16 ↓, ROS ↓) Increased susceptibility to apoptosis
	Monocytes and macrophages	 Phagocytic cells Circulating monocytes => TRM Polarization towards pro- or anti- inflammatory phenotypes (M1 vs. M2) 	 Decreased IL-6 and TNF-α production Decline in phagocytic function Decreased response to IFNγ => MHCII ↓ non-classical CD14+CD16+ monocytes ↑ Altered M2 macrophage phenotype
INATE II	NK cells	 Initial hours of immune response Orchestrate adaptive immune responses Cytotoxic cells; ~15% of lymphocytes CD56^{dim} subset: cytotoxic effector cells CD56^{bright}: immunoregulatory functions 	 Loss of CD56^{bright} subset => decrease in regulatory cyto/chemokine production Expansion of terminally differentiated CD56^{dim} subset with superior cytotoxic capacity
≤	Dendritic cells	 Main bridge between innate and adaptive immunity pDC: early response => massive IFNγ mDC: priming of naïve T cells fDC: Ag presentation to B cells 	 Decreased capacity of IFNγ production Reduced phagocytosis and chemotaxis Reduced Ag presentation PI3K signaling ↓ NFκB signaling ↑ => inflammation ↑

Crooke et al., Exp Gerontol 2019, 124:110632

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Abbreviations - TRM: tissue-resident macrophages; pDC: plasmacytoid dendritic cells; mDC: myeloid dendritic cells; fDC:follicular dendritic cells; ROS: reactive oxygen species; TNF: tumor necrosis factor; IFN: interferon; Ag: antigen

Age-related changes in adaptive immune cell subsets

		Function	Age-related changes
IMMUNITY	B cells	 Generation of long-lasting protective Ab responses Development of immunological memory 	 Reduced output of B-cells from BM (decreased IL7 production by stroma) Compensatory extension of B-cell life span Loss of BCR diversity Less responsive to BCR stimulation Less effective antibodies Production of dysfunctional (self)antibodies
ADAPTIVE	T cells	 Orchestrating humoral immunity (CD4+) Cytotoxic responses (CD8+) suppress immune response and maintain self-tolerance (Treg) 	 Dramatic shifts in composition : less naïve T cells (thymic involution) Expansion of memory compartment Latent viral infections (CMV): oligoclonal expansion of CMV-specific memory CD8+ T cells Loss of costimulatory receptor CD28 by increased TNFα context (inflammaging) Increase in Treg

The age-related alterations occur at different levels across multiple cell types involved in both innate and adaptive immunity. Alterations in innate immunity may affect priming of adaptive immunity. This crosstalk leads to perturbations throughout the entire immune response.

Crooke et al., Exp Gerontol 2019, 124:110632

Hallmarks of immunosenescence



The duality of immune aging



'INFLAMMAGING'

Age-related immunodeficiency

- Shrinking naïve T and B cell compartments
- Contraction in T and B cell receptor diversity
- Decreased TCR sensitivity to respond to stimuli

Age-related inflammatory syndrome

- Preponderance of myeloid over lymphoid lineages
- Excess production of inflammatory cytokines (IL-6, TNF)
- Failing self-tolerance with production of autoantibodies

Goronzy et al., Front Immunol. 2013; 4: 131

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Immune aging: clinical implications





Figure adapted from https://www.frontiersin.org/articles/10.3389/fimmu.2020.585655/full



Auto-immunity and autoimmune disease



creased autoimmunit



Adapted from Villar-Alvarez et al., Open Respiratory Archives 4 (3) 2022, 100181

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Mortality : the 'immune risk profile' (IRP)

Pawelec, Ferguson and Wikby (2001) The SENIEUR protocol after 16 years. Mech Ageing Dev 122:132-134



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ncreased incidence of solid cance

ecreased response to vaccination

creased incidence and severity of infectious dis

ncreased autoimmunity

reased mortality

Can immunosenescence and inflammaging be controlled/reversed?

- Diet
 - Mediterranean, less animal proteins (red meat) => attenuation of inflammation and oxidative stress
 - Micronutrients:
 - Vit E, Vit C: counteracting age-related oxidative stress and inflammaging
 - Zinc: important for proper immune functioning
 - Pro-biotics: immunomodulators (gut microbiota influence the host's immune system)
 - Caloric restriction
 - Metformin (= caloric restriction mimetic): activator of AMPK
- Senolytic drugs
 - o e.g.TK inhibitor dasatinib, flavonoid quercetin, mTOR inhibitors (rapamycin, everolimus)

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- Selective apoptosis induction in senescent cells
- Growth factors: IL-7
 - Produced by thymic epithelial cells and BM stroma => survival and proliferation of developing lymphocytes
 - High expression of IL-7R on naïve T cells => maintenance of the pool
 - Beneficial effect smaller than initially hoped (loss of thymic structure)

Can immunosenescence and inflammaging be controlled/reversed? (continued)

- Immune checkpoint inhibitors
 - PD-1/PD-L1: important role in inhibition and fine-tuning of T cell responses
 - $_{\circ}$ PD-1 expression on T cells increases with age
 - PD-L1 is expressed by APC, tumor cells BUT ALSO senescent cells ! THUS : PD-L1/PD-1 immune checkpoint is partially responsible for defective clearance of senescent cells !
 - PD-1 blockade partially restores the cells' functional competence
 - Cancer immunotherapy: significant benefit in older patients up to 75 years (selective proliferation of CD28+ cells)
 - $_{\circ}$ >75 years: too much CD28 loss
 - Elimination of senescent cells in vivo?? Improvement of senescent phenotype??
 - Balance of enhanced immune clearance, tolerance of acute inflammation and risk of auto-immune diseases.



FIGURE: Ramon Andrade de Mello, Onco Targets Ther. 2017; 10: 21-30.

Improving vaccination efficiency

- Increasing the **dose** of antigen (e.g. hemagglutinin in influenza vaccine)
- Addition of liposomal- and emulsion-based adjuvants
 - \Rightarrow Establishment of antigen-depot
 - \Rightarrow Slow relase of antigen
 - \Rightarrow APC recruitment to site of injection
 - \Rightarrow Enhanced antigen uptake and presentation
- Addition of TLR agonists: direct stimulation of early response pathways
- Addition of PAMPs, triggering pattern-recognition receptors
- Senolytic drugs
- Immunomodulatory drugs
- New vaccine technologies: mRNA

Weak vaccines conspire with weaker immunity in older adults to reduce vaccine efficiency, but improved vaccine formulations are able to overcome these deficits



https://www.benaroyaresearch.org/blog/post/11-things-know-about-mrnavaccines-covid-19

Thank you !!!