

A Monoclonal Antibody Blocking Interleukin-1 Receptor Accessory Protein Reduces Acute Viral Myocarditis Severity

Diego A. Lema¹, Monica V. Talor¹, Sara Rattik², Caitriona Grönberg², David Liberg², Daniela Čiháková *^{1,3}

1 Department of Pathology, School of Medicine, Johns Hopkins University, Baltimore, MD 21205, USA 2 Cantargia AB, Scheelevägen 27, SE-223 63 Lund, Sweden 3 W. Harry Feinstone Department of Molecular Microbiology and Immunology, Bloomberg School of Public Health, Johns Hopkins University, Baltimore, MD 21205, USA * Corresponding author

Introduction

- Canakinumab (anti-IL-1 β) reduces recurrence of cardiovascular events in MI patients with elevated inflammatory markers.
- Evidence shows that complementary IL-1, IL-33 and IL-36 have pro-inflammatory roles in myocarditis.
- We hypothesized that blockade of shared co-receptor for IL-1, IL-33 and IL-36, IL-1 receptor accessory protein (IL1RAP; Cantargia AB), would reduce Coxsackievirus B3 (CVB3) myocarditis severity and preserve cardiac function.

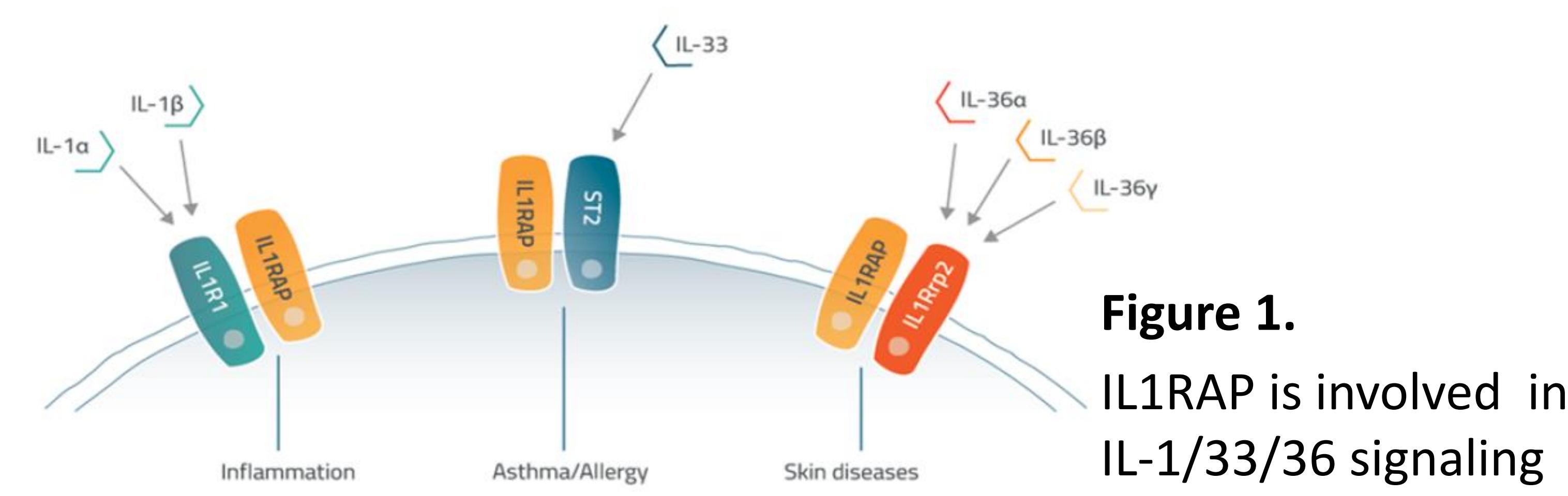


Figure 1.

IL1RAP is involved in IL-1/33/36 signaling

Objectives

To study the effect of an IL1RAP-blocking antibody on severity of acute CVB3 myocarditis.

Materials and Methods

We induced CVB3 myocarditis in 10 week-old Balb/c male mice. Animals were treated with mCAN10 (anti-IL1RAP, Cantargia) or controls according to the schedule in Table 1.

Echocardiography was performed at 9 d.p.i and mice were sacrificed and organs harvested 10 d.p.i.

Table 1.

Group	Dose	Schedule
mCAN10	10 mg/Kg (i.p)	Biweekly
Isotype	100 ul (i.p)	
PBS	100 ul (i.p)	
IL1Ra	25 mg/Kg (s.c)	Daily

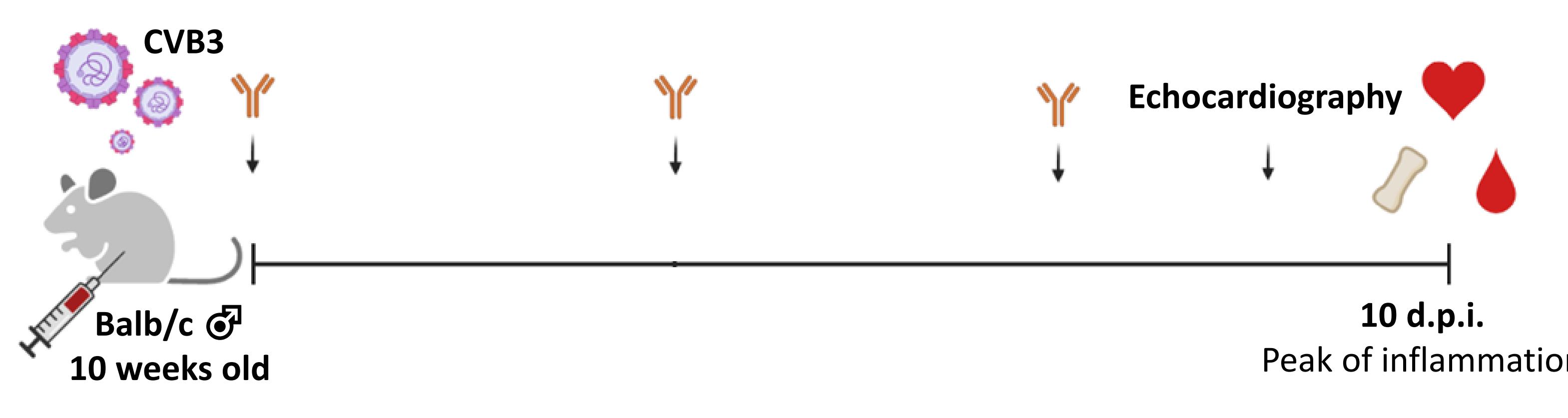


Figure 2- CVB3 myocarditis experimental design

Results

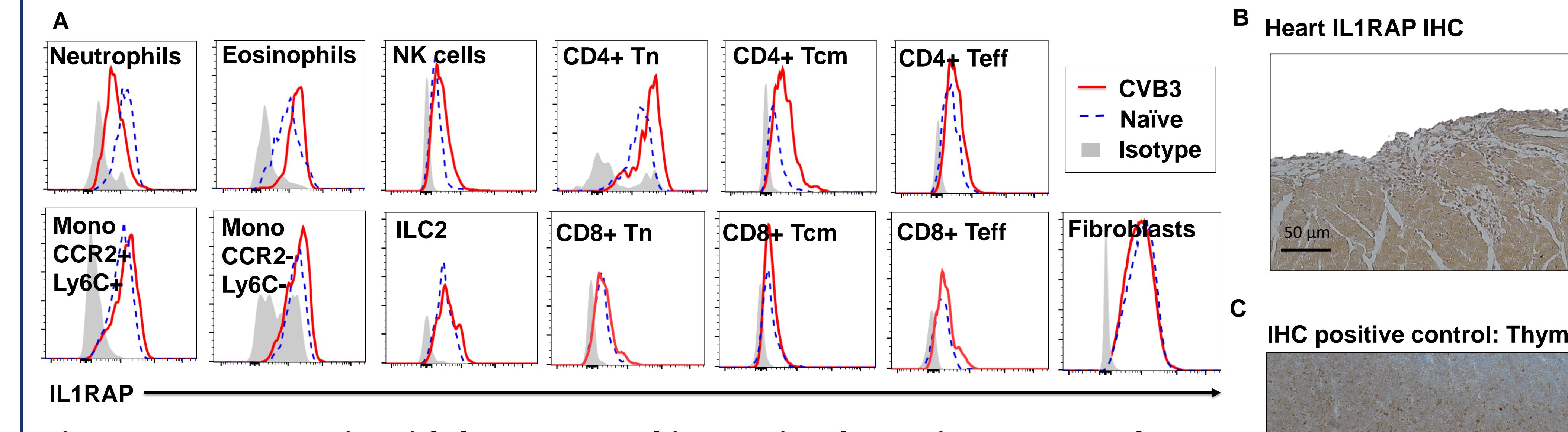


Figure 3 – IL1RAP is widely expressed in murine heart immune and stromal cells at day 10 of CVB3 myocarditis

a) Flow cytometry determination of IL1RAP expression in select cardiac populations b,c)
Representative examples of IL1RAP IHC-stained slides in heart (b, 40x) and thymus (c, 10x). Scale bars= b: 50 μ m; c: 200 μ m

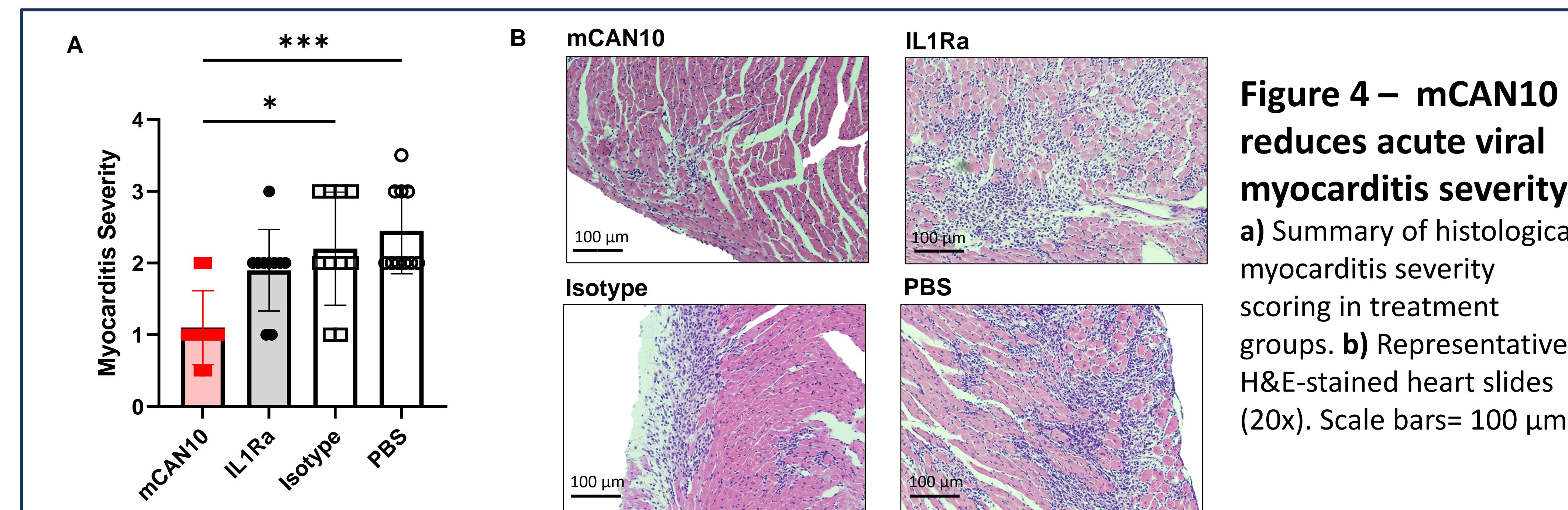


Figure 4 – mCAN10 reduces acute viral myocarditis severity

a) Summary of histological myocarditis severity scoring in treatment groups. b) Representative H&E-stained heart slides (20x). Scale bars= 100 μ m

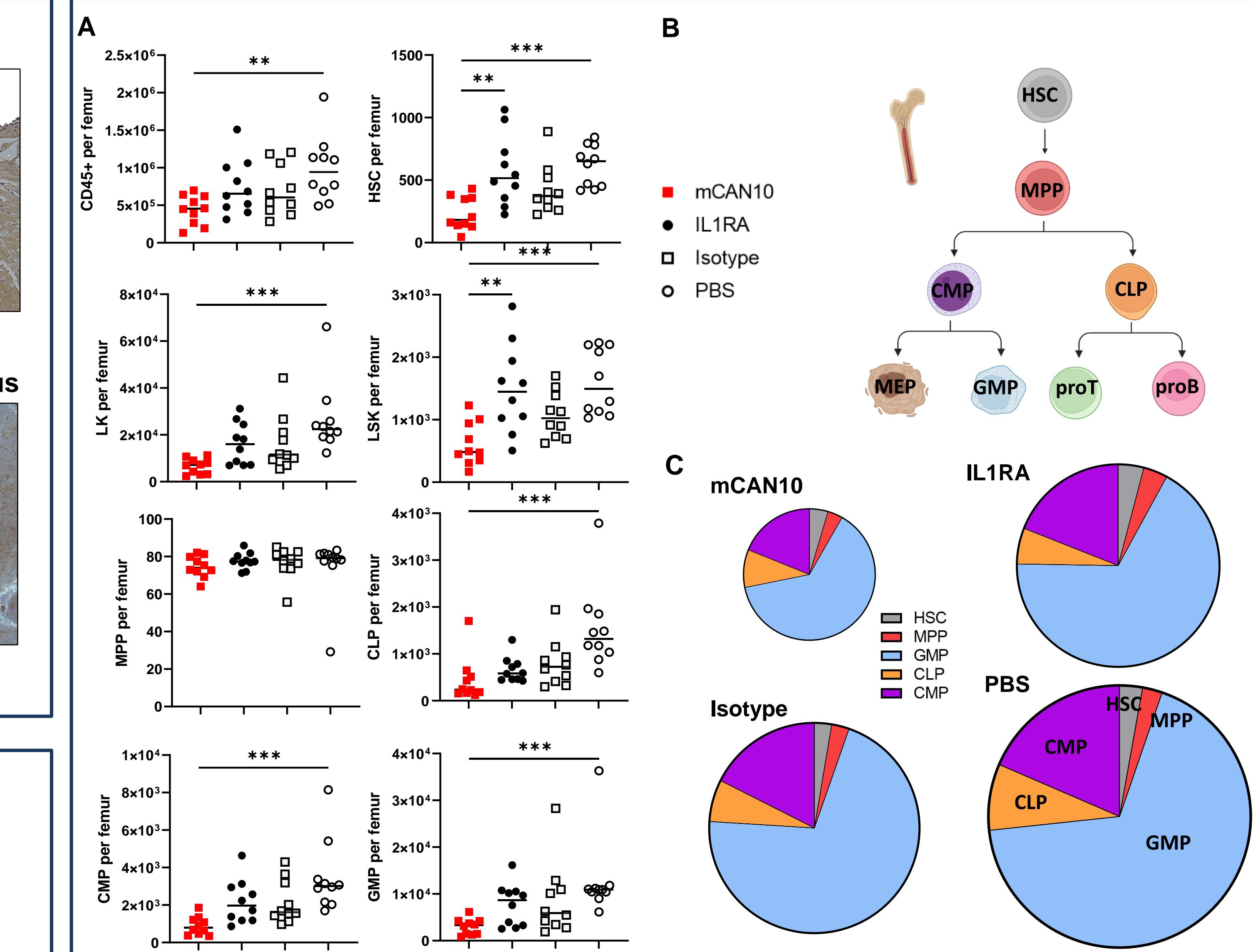


Figure 6 – mCAN10 reduces increased bone marrow leukocyte precursors

a) Graphs comparing bone marrow population between treatment groups. b) Schematic diagram of bone marrow differentiation lineages. c) Summary of (a), where graph size is proportional to number of cells per femur

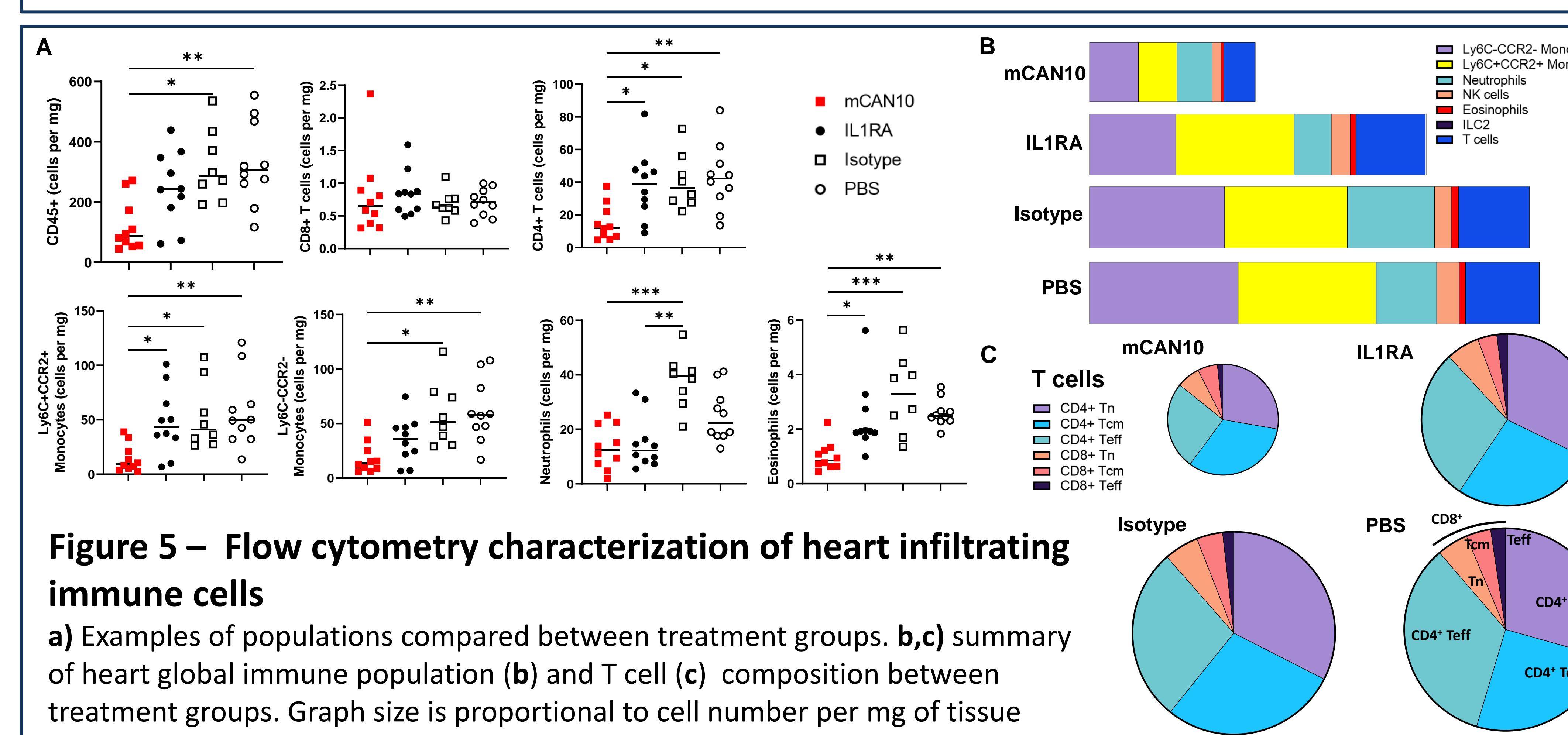


Figure 5 – Flow cytometry characterization of heart infiltrating immune cells

a) Examples of populations compared between treatment groups. b,c) summary of heart global immune population (b) and T cell (c) composition between treatment groups. Graph size is proportional to cell number per mg of tissue

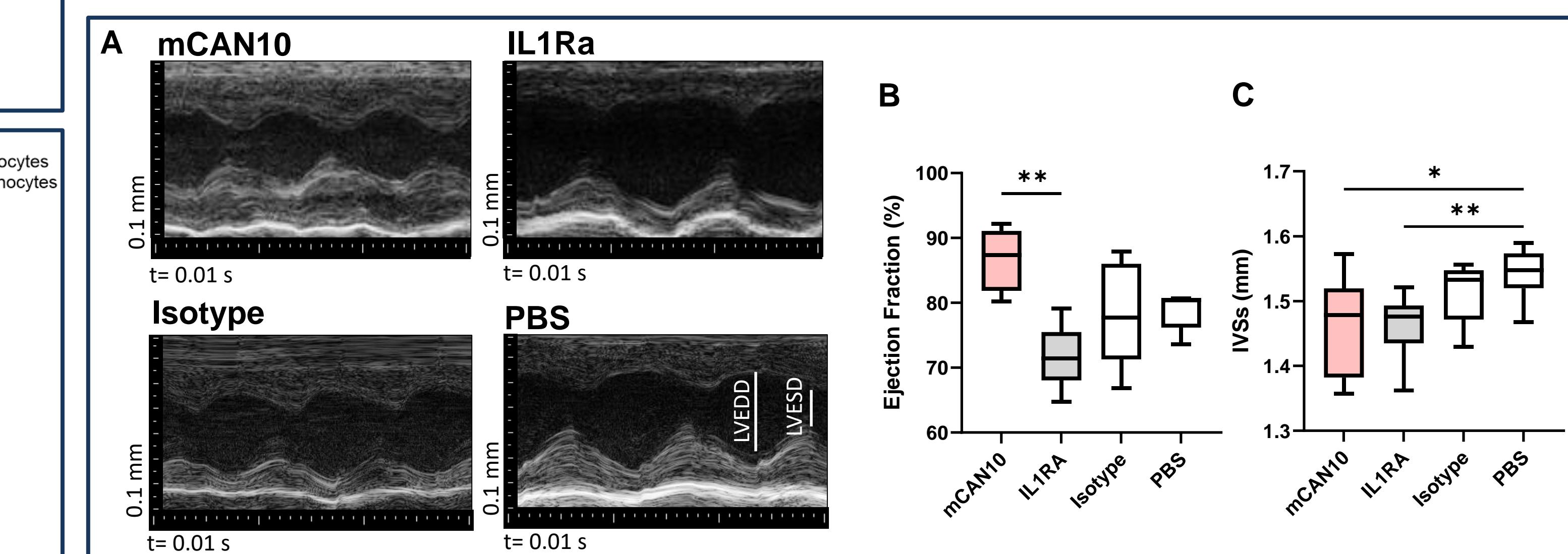


Figure 7 – mCAN10 preserves heart function in CVB3 myocarditis

a) Representative m Mode echocardiography strips. x-axis: time, ticks= 0.01 seconds; y-axis: diameter, ticks= 0.1 mm. b) ejection fraction, c) interventricular septum diameter

Conclusions

mCAN10 reduced the severity of acute CVB3-myocarditis by decreasing inflammatory leukocyte populations in the heart and bone marrow. This resulted in preserved cardiac function.