

What is fibrosis?

Fibrosis, or scar formation, is a pathological condition characterized by excessive production and accumulation of collagen, loss of tissue architecture, and organ failure in response to uncontrolled wound healing.

Several cellular populations have been implicated, including **bone marrow-derived circulating fibrocytes, endothelial cells, resident fibroblasts, epithelial cells, myofibroblasts** and recently, perivascular cells called **pericytes**.

ECM: mostly collagen
and fibronectin

Myofibroblast

The recognized cellular conductor of fibrosis is the myofibroblast. This activated form of a fibroblast is induced by local conditions, including mechanical stress, growth factors, adhesion proteins, and cytokines. These highly contractile cells classically express α -smooth muscle actin (α -SMA) and **display increased migration and proliferation.**

Under normal physiological events, fibroblasts are activated and become myofibroblasts to promote wound healing; after epithelialization has occurred, they are lost through apoptosis.

Pei-Suen Tsou, Andrew J. Haak, Dinesh Khanna, Richard R. Neubig
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Cellular Mechanisms of Tissue Fibrosis. 8. Current and future drug targets in fibrosis: focus on Rho GTPase-regulated gene transcription

Genesis of a myofibroblast

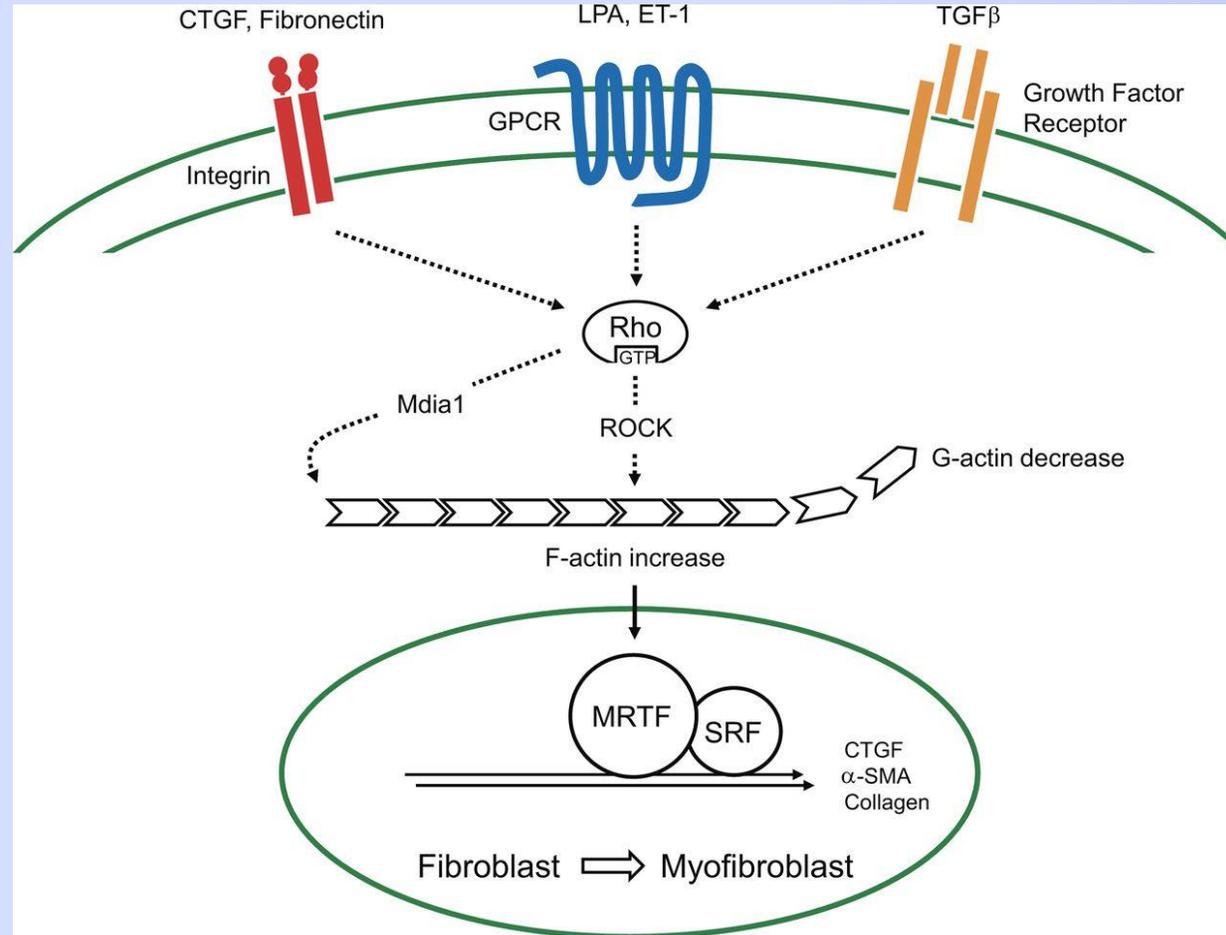
- Partial smooth muscle differentiation of a fibroblastic cell
- Activation of a stellate cell (e.g. hepatic Ito cells or pancreatic stellate cells).
- Loss of contractile phenotype (or acquisition of "synthetic phenotype") of a smooth muscle cell.
- Direct myofibroblastic differentiation of a progenitor cell resident in a stromal tissue.
- Homing and recruitment of a circulating mesenchymal precursor which can directly differentiate as above or indirectly differentiate through the other cell types as intermediates.
- Epithelial to mesenchymal transdifferentiation (EMT) of an epithelial cell.

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How does a fibroblast become a myofibroblast?



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Why fibrosis?

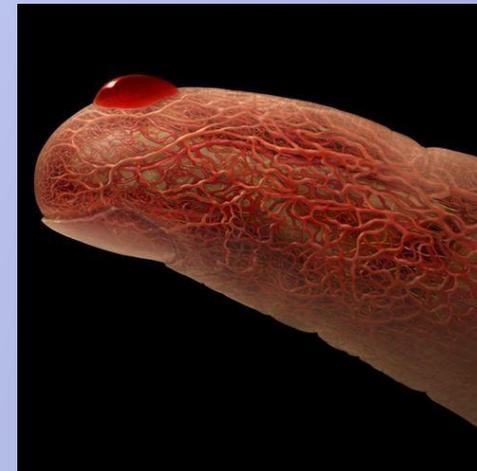
①

HOST DEFENSE AGAINST
PATHOGENS



②

WOUND HEALING IN RESPONSE
TO EPITHELIAL INJURY



Host defense against pathogens

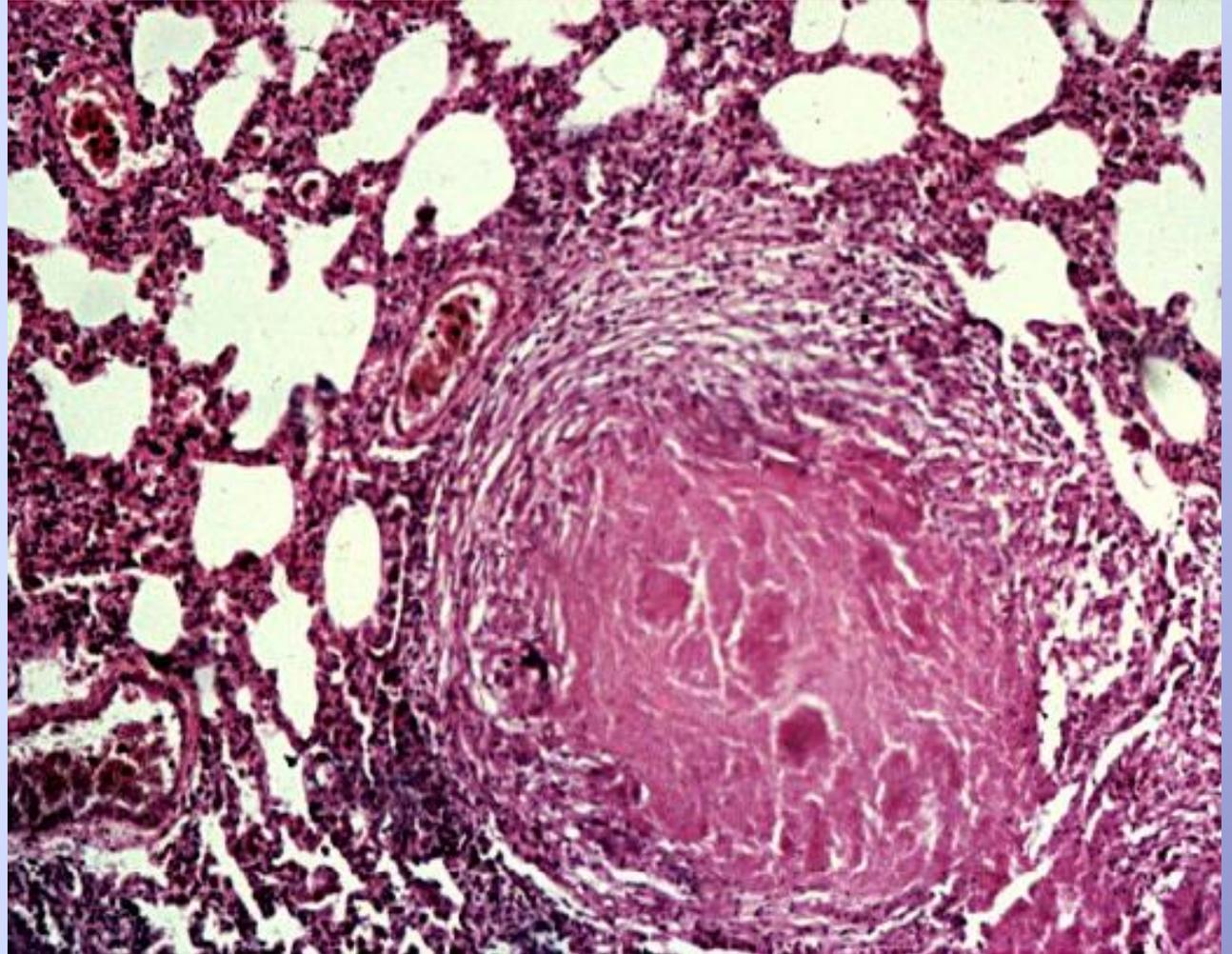
Formation of a fibrotic scar may serve a beneficial role to the host by preventing pathogen invasion and/or spread.

Examples:

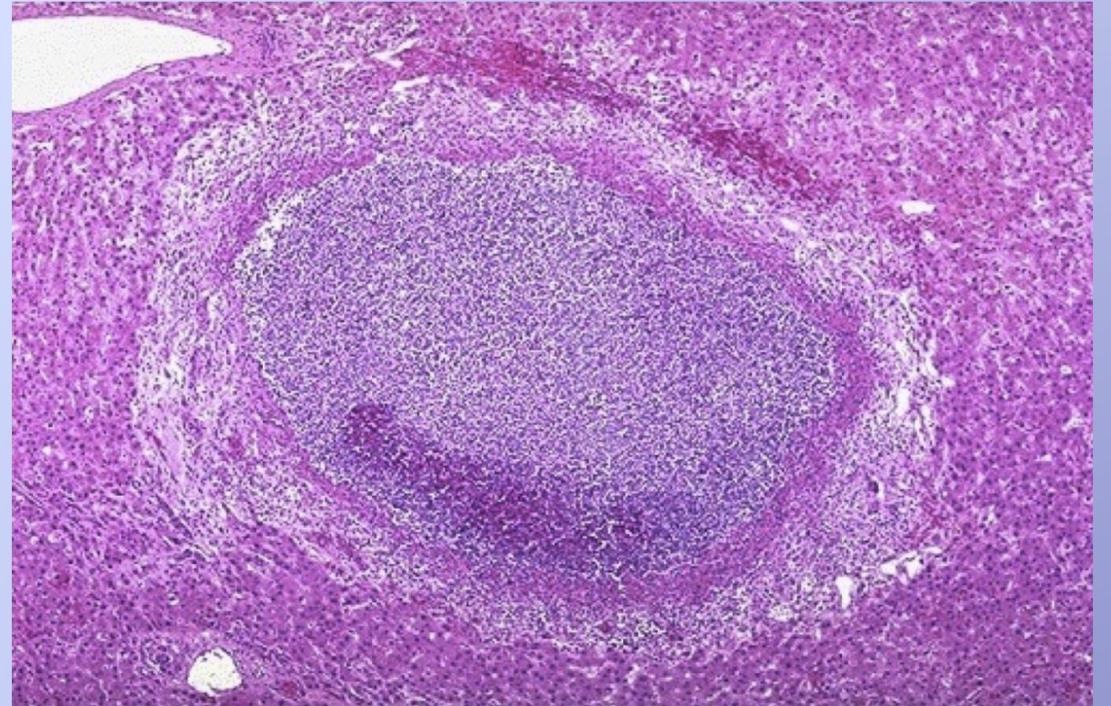
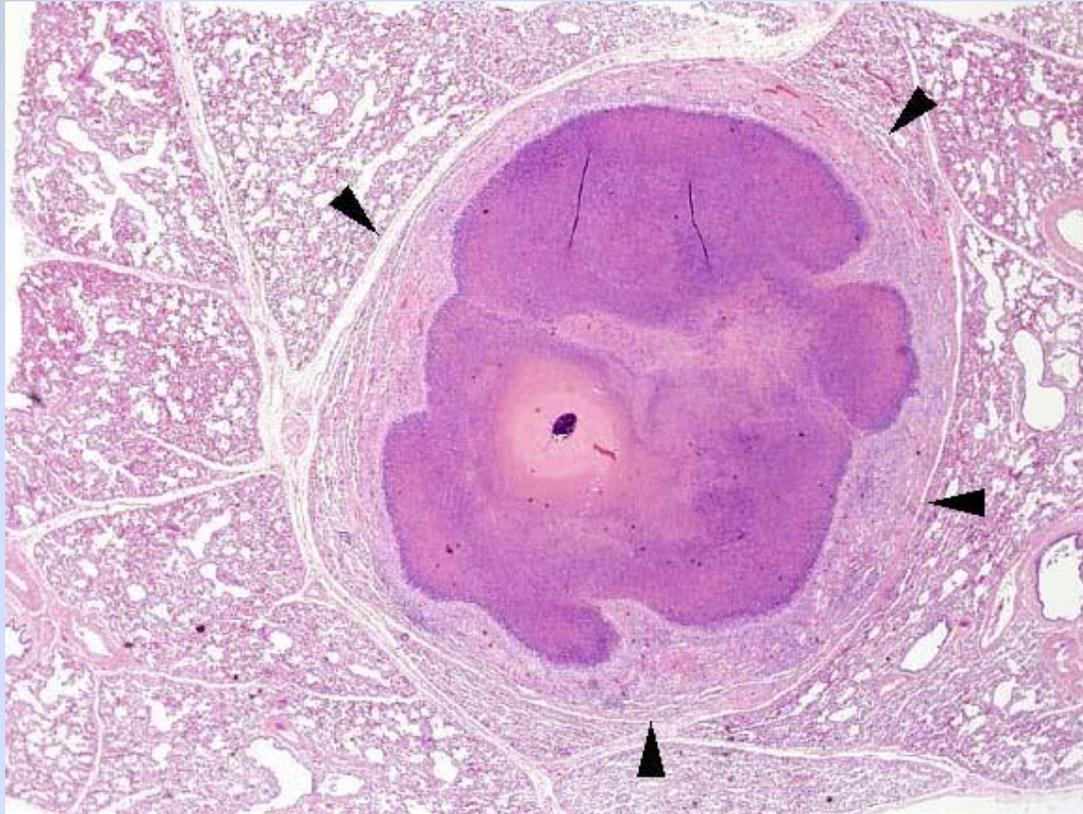
- The thick fibrotic walls surrounding bacterial abscesses*
- The fibrotic rim around granulomas that contain mycobacterial pathogens*

TB: an example

In this example, the excessive virulence of a particular microbe – *Mycobacterium Tuberculosis*- may not allow killing and eradication of the invading pathogen, and the survival of the host depends on containment of the pathogen by preventing its spread or dissemination.



Bacterial abscesses



Wound healing in response to epithelial injury

- 1) prevention of excessive blood loss
- 2) barrier function against the entry of microbes
- 3) formation of a provisional matrix to facilitate regeneration damaged epithelium



FIBROSIS PATHOGENESIS

- 1) Microbial pathogens es. Trypanosoma cruzi, HCV
- 2) Non microbial pathogens es. silice, asbesto
- 3) Autoimmune diseases. TC CD8+, TC CD4+, autoantibodies, NK cells, cytokines es. Sistemic sclerosis

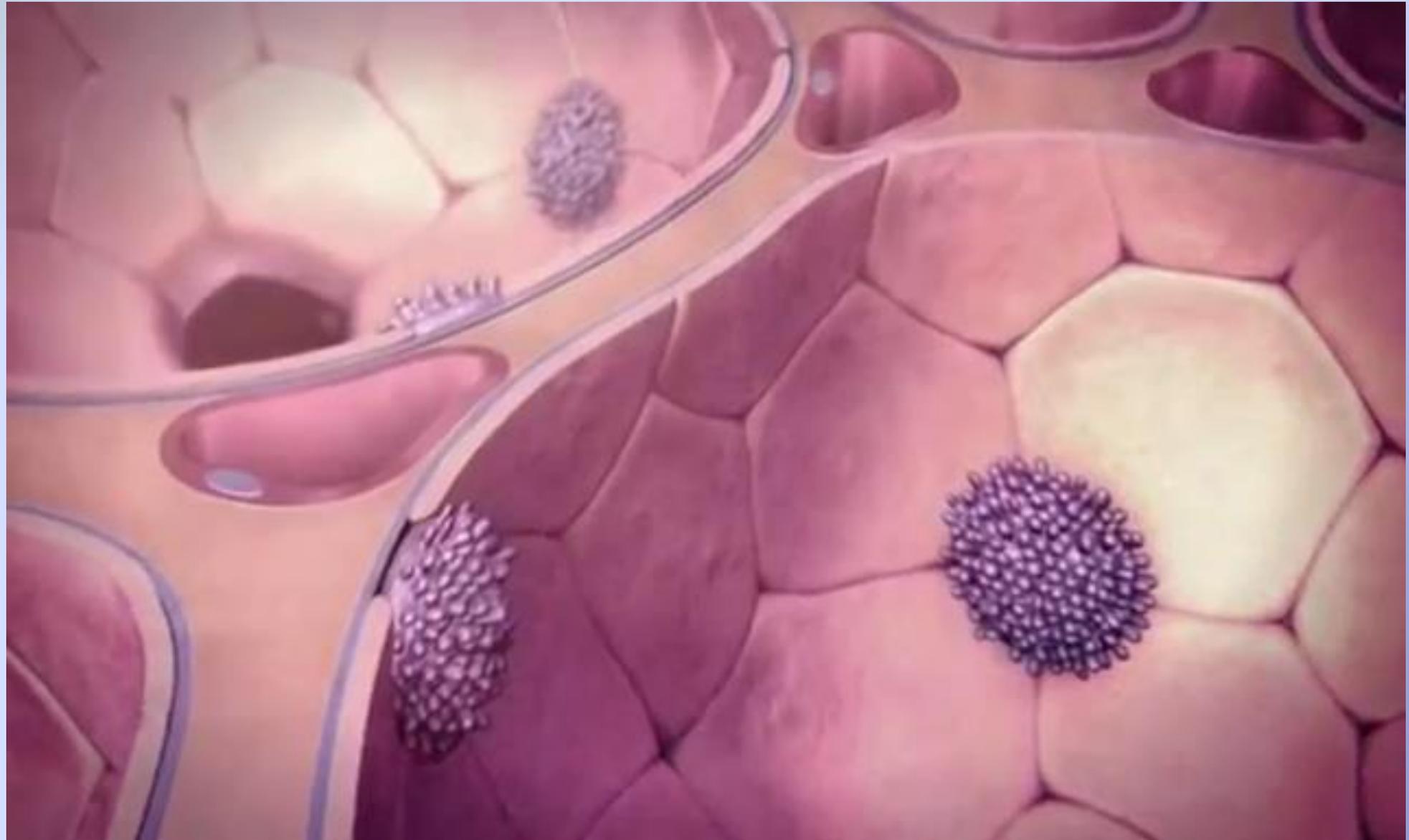
4) Loss of epithelial integrity +

Iperactivation of fibrotic pathways



**Idiopathic
Pulmonary
Fibrosis**

Normal lung



Loss of epithelial integrity

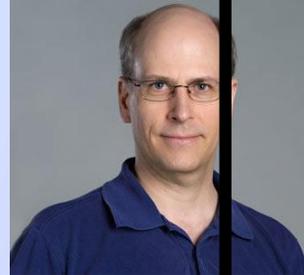


Hyperactivation of fibrotic pathways



Loss of epithelial integrity

Hyperactivation of fibrotic pathways



Genetic predisposition

Somatic mutations

Loss of epithelial integrity: evidences

GENOME WIDE STUDIES

- DSP gene (desmoplakin) polymorphisms
- Catenin cadherin-associated protein alfa3 polymorphisms
- MUC5B rs35705950_T allele

EXPERIMENTS

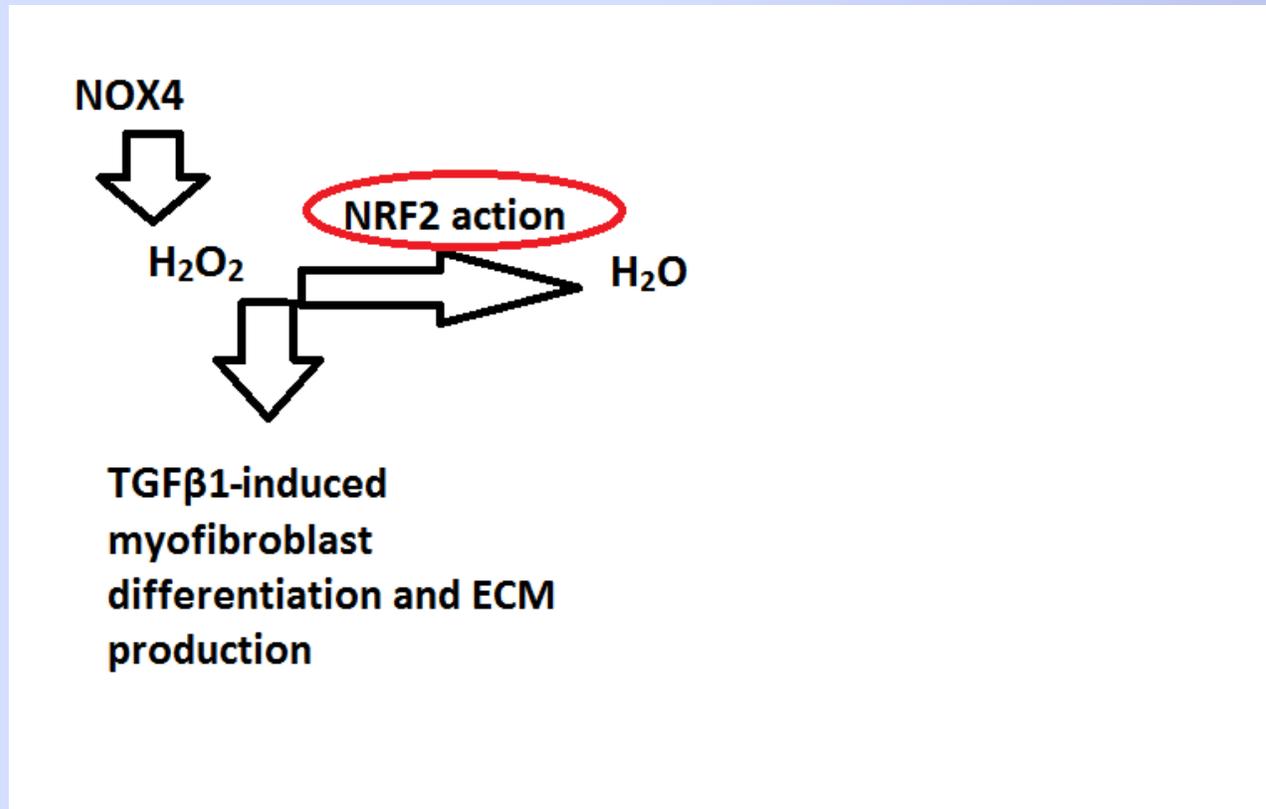
- CD151 deficiency

Hyperactivation of fibrotic pathways: evidences

- It would explain the three clinical forms of IPF:
 - stable
 - slowly progressive
 - rapidly progressive
- Consistent with IPF main risk factors pathogenesis, since aging and tobacco smoking may promote DNA mutations.
- Consistent with histological findings: fibroblastic foci

Hyperactivation of fibrotic pathways: evidences

NOX4/NRF2 imbalance



Loss of
epithelial
integrity

Hyperactivation
of fibrotic
pathways

0

10

20

30

40

50

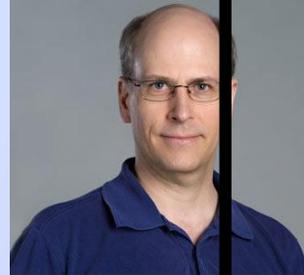
60

70

80

90

Years



Genetic predisposition

Somatic mutations

FIBROSIS: AN EVOLUTIONARY PERSPECTIVE

1

Why fibrosis has been chosen instead of regeneration?

- **Bioenergetic investment in complete regeneration of a limb/organ was too great for complex organisms**
- **To limit the attendant risk of oncogenic transformation of a relatively small number of tissue-resident stem.**

2

Why would aging be conserved throughout evolution?

- **Mutational theory:** Aging is NOT a beneficial factor for evolution.

The mechanism of action involves random, detrimental germline mutations of a kind that happen to show their effect only late in life. Unlike most detrimental mutations, these would not be efficiently weeded out by natural selection. Hence they would 'accumulate' and, perhaps, cause all the decline and damage that we associate with aging.

Medawar, P.B. (1952). An Unsolved Problem of Biology (PDF). London: H.K. Lewis. Edney, E.B. and Gill, R.W. 1968.

Edney EB, Gill RW (October 1968). "Evolution of senescence and specific longevity". Nature 220 (5164):.

Why would aging be conserved throughout evolution?

- **Disposable soma theory:** Aging IS a beneficial factor for evolution.

Kirkwood's idea was that organisms only have a limited amount of energy that has to be divided between reproductive activities and the maintenance of the non-reproductive aspects of the organism (soma). It is not preferable for a species to utilize energy for maintenance of the soma that would lead to survival beyond the period of fecundity.

3

Why are pathology-causing genes such as NOX4 conserved?

- **Antagonistic Pleiotropy:**

If a particular gene mediates beneficial effects in early life but exerts detrimental effects after reproductive age, there will be evolutionary pressure to conserve that gene despite its potential disease-causing effects with aging.

NOX4

This explain the role of the **NOX4** (ROS-generating enzyme NADPH oxidase 4), which mediates the myofibroblast differentiation and normal wound healing in young subjects, but promotes persistent fibrosis with aging.

One explanation for the pleiotropic nature of NOX4 action is the lack of a counter-regulatory response involving NFR2 in aged animals; this NOX4/NFR2 imbalance leads to persistent fibrosis associated with the acquisition of a senescent and apoptosis-resistant myofibroblast phenotype in aged mice, whereas young mice demonstrate the capacity for fibrosis reversibility.

Finally, the **identification of antagonistically pleiotropic genes may be particularly attractive for therapeutic targeting** in chronic diseases of aging, including organ fibrosis

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