National Center for Emerging and Zoonotic Infectious Diseases



CDC Myalgic Encephalomyelitis/Chronic Fatigue Syndrome Stakeholder Engagement and Communication (MECFS-SEC) Webinar/Conference Call

September 23, 2020

National Center for Emerging and Zoonotic Infectious Diseases



AGENDA

- Welcome Christine Pearson
- CDC Program Overview Dr. Beth Unger
- Guest Speaker Dr. Maureen Hanson
- Questions and Answers

Federal Relay Event ID: 4537697 For closed captioning, please visit https://www.captionedtext.com/client/event.aspx?EventID=4537637&C ustomerID=321

The findings and conclusions in these presentations are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.



Immune Dysfunction in ME/CFS

Maureen Hanson Department of Molecular Biology and Genetics

Cornell Center for Enervating Neuroimmune Disease



The Reality of ME/CFS

- Few people with the illness are able to work full-time
- At least 25% are housebound or bedbound
- The most severely ill victims cannot speak, eat, nor tolerate light and sound
- Prognosis is poor; fewer than 5% of adults recover most of their prior function
- No FDA-approved drug for treatment
- A majority of patients indicate onset after a viral-like illness

Pendergrast T, Brown A, Sunnquist M, et al. Housebound versus nonhousebound patients with myalgic encephalomyelitis and chronic fatigue syndrome. *Chronic Illness*. 2016;12:292-307. https://www.nap.edu/catalog/19 012/beyond-myalgicencephalomyelitischronicfatigue-syndrome-redefiningan-illness



Outbreaks of ME/CFS implicate one or more infectious agents

Elk Grove, California	1990	
Lyndonville, NY (between Rochester and Buffalo)	1985	
Incline Village, Nevada	1984	
Chapel Hill, NC (NC Orchestra)	1984	
West Otago, New Zealand	1982-1984	
Mercy San Juan Hospital, Sacramento, California	1975	
Lackland Air Force Base, Texas	1970	
Royal Free Hospital, England	1955	
Adelaide, Australia	1949-1951	
Frohburg Hospital, St. Gallen, Switzerland	1937	Not
Los Angeles County Hospital	1934	com Scier Ence

Not a complete list: see large compilation in *The Clinical and Scientific Basis of Myalgic Encephalomyelitis - Chronic Fatigue Syndrome*, 1992 Byron Hyde et al., ed. What could cause continued symptoms following an acute infection?

Chronic infection

either by inciting organism

or by loss of control of known chronic infections (e.g. EBV) or

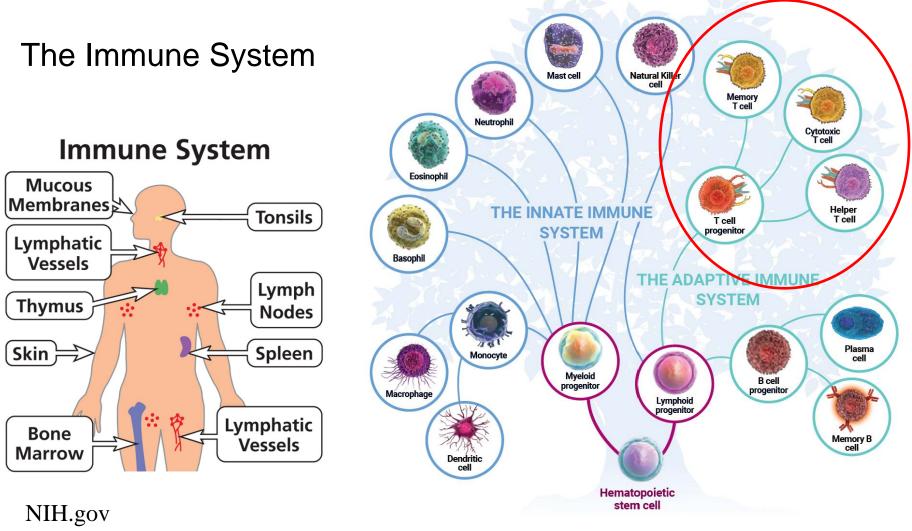
endogenous retroviruses

Damage from the acute infection

Epigenetic alterations in response to the infection

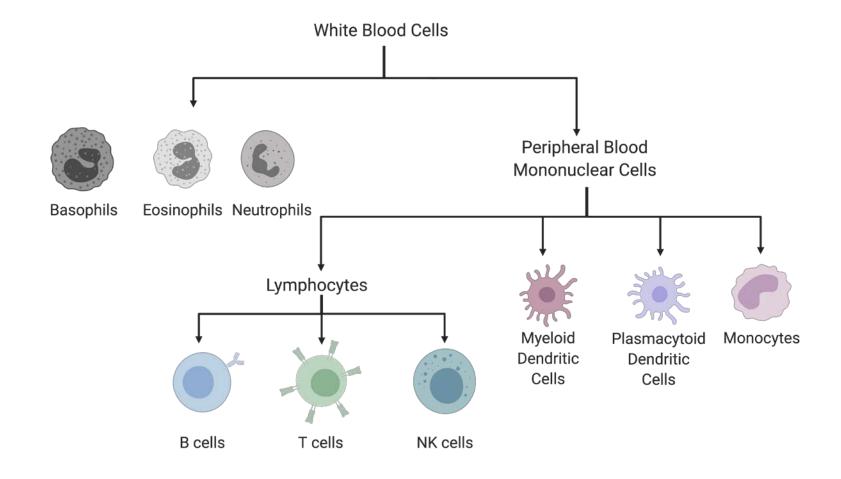
Autoimmunity

Disrupted microbiomes

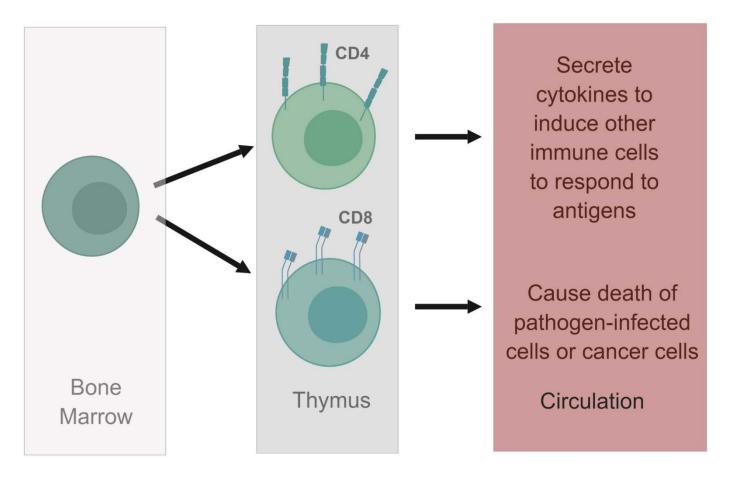


https://lab-a-porter.com/

Analyzing specific cell types in peripheral blood will reveal features that cannot be detected when mixed cell populations are assayed

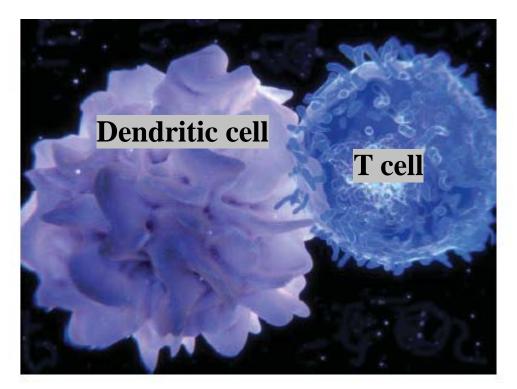


T cells are key elements of the immune system



BioRender

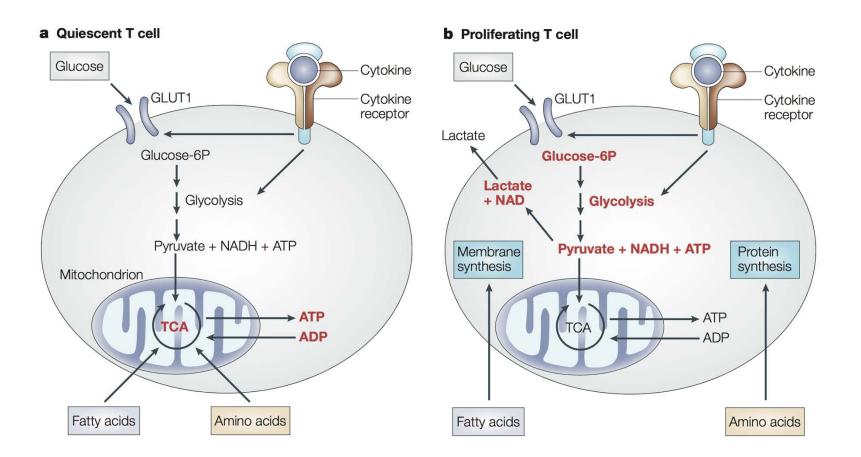
T cells become activated when they interact with a dendritic cell that informs them of the presence of a foreign antigen



Dendritic cell presenting an antigen to a T cell T cell made in the Thymus

Shutterstock: Juan Gaertner

T cells use various types of energy sources to maintain themselves and to respond to activation signals

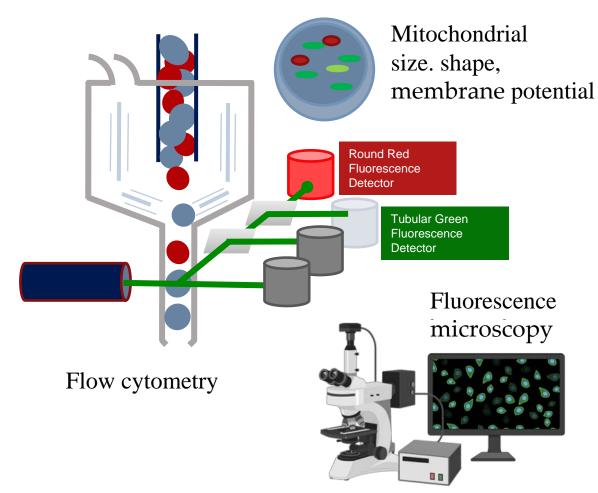


Fox et al. Nat. Rev. Immun. 2005

The energetic functioning of T cells can be examined by measures of metabolic pathways and mitochondrial characteristics

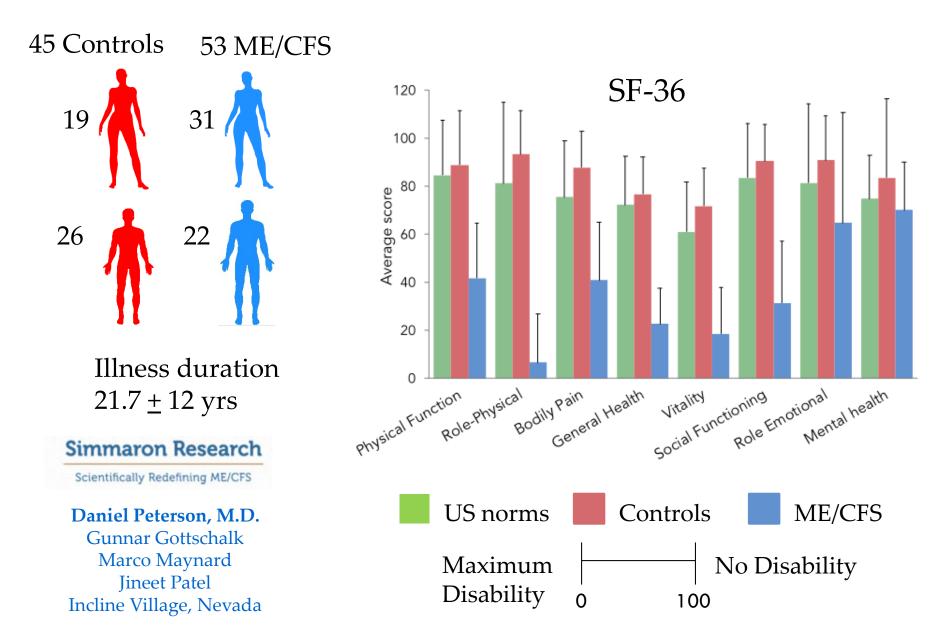


Agilent Seahorse assays to measure activity of: Oxidative phosphorylation Glycolysis Fatty acid oxidation

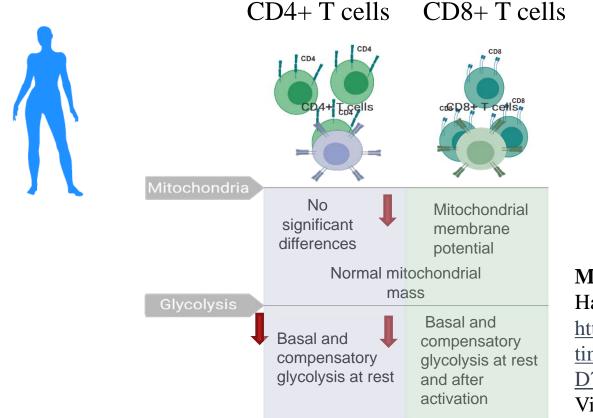


Created with Biorender: Jessica Maya

Patient population for T cell study



Dysfunction of CD4+ and CD8+ T Cells in ME/CFS

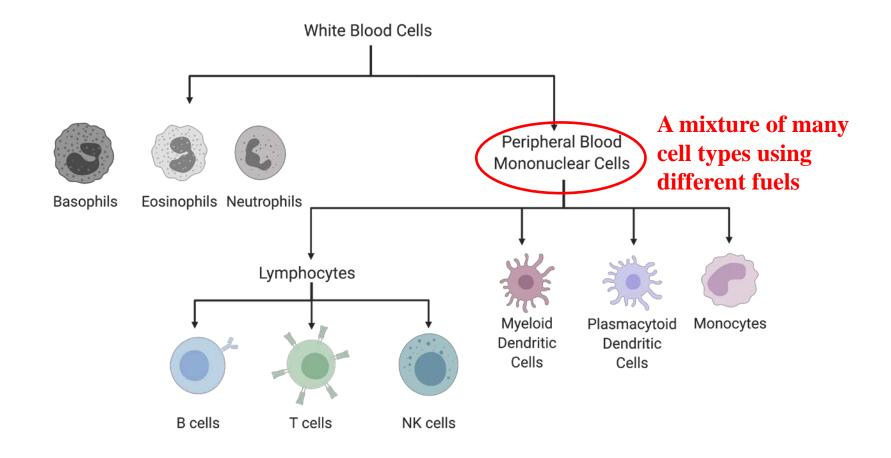


Myalgic encephalomyelitis/chronic fatigue syndrome patients exhibit altered T cell metabolism and cytokine associations

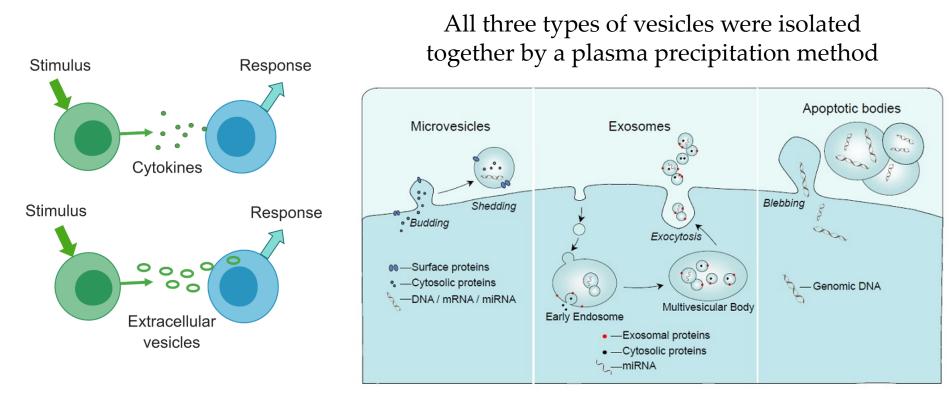
Alexandra H. Mandarano,¹ Jessica Maya,¹ Ludovic Giloteaux,¹ Daniel L. Peterson,² Marco Maynard,³ C. Gunnar Gottschalk,³ and <u>Maureen R.</u> Hanson¹

J Clin Invest. 2020;<u>130(3)</u>:1491-1505.

More in: Harvard OMF Symposium https://www.youtube.com/watch? time_continue=1&v=QAdZNU6 D7Gs Videos from InvestinME Conference and the April NIH Conference at https://neuroimmune.cornell.edu/ news/ Assays of metabolism of immune cells tell about the functioning of the immune system: not necessarily applicable to other tissues and organs in the body



Immune cells also communicate through both release and uptake of both plasma cytokines and extracellular vesicles

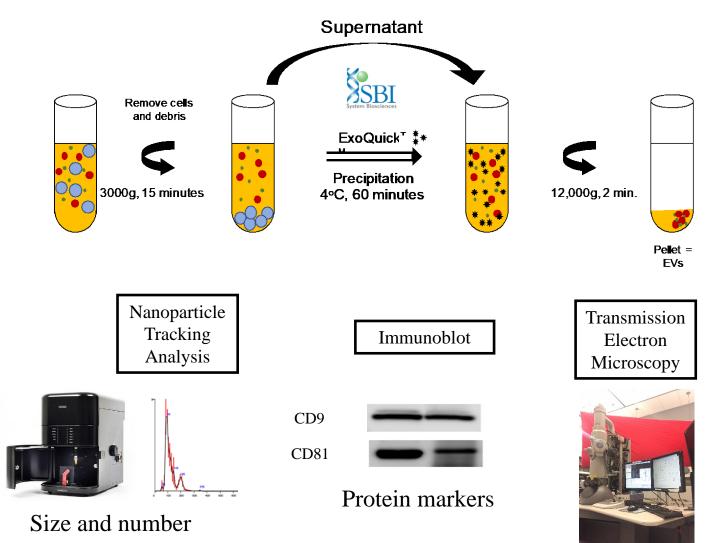


endocrinology.org

Cornell University

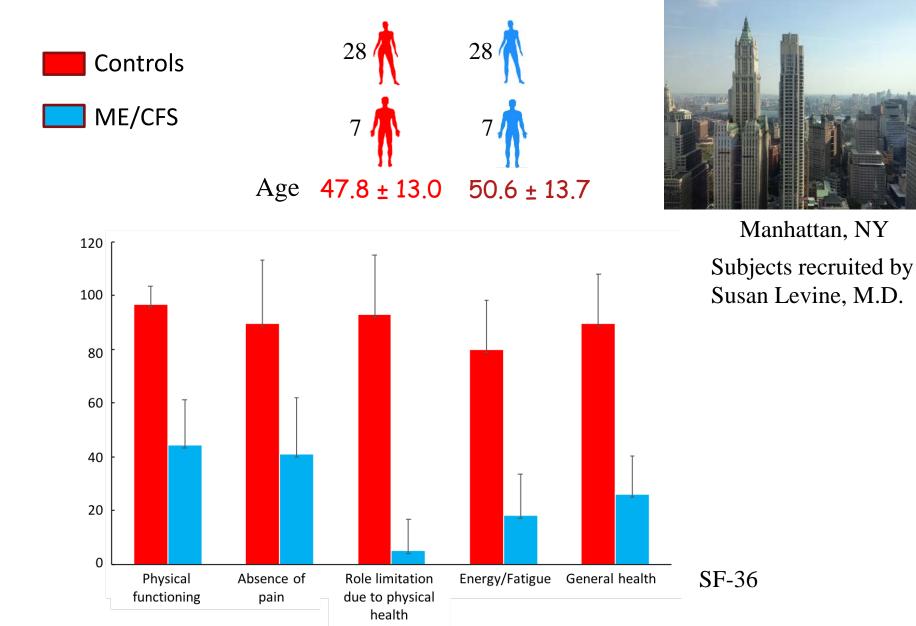
EV PRECIPITATION

Purification and characterization of EVs from plasma

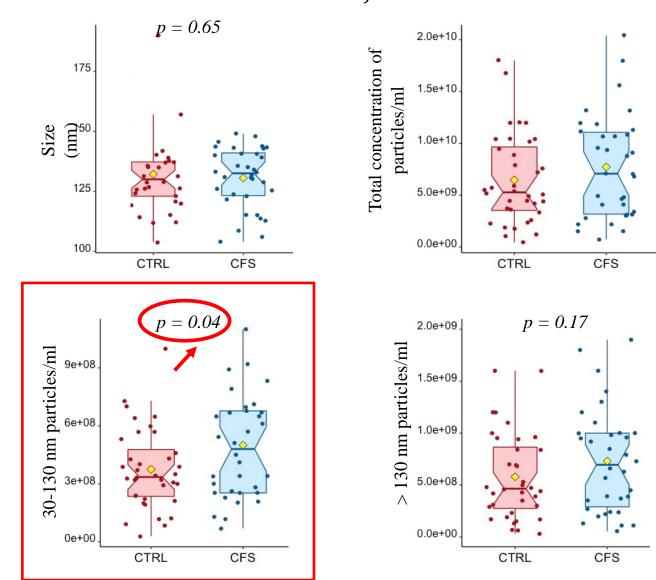


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Study Population for Extracellular Vesicle Study



Concentration of smallest particles (exosomes) is higher in ME/CFS subjects

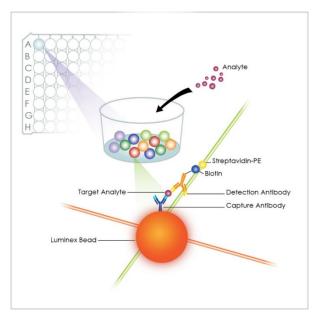


Samples from 38 subjects were analyzed for cytokines EVs and whole plasma

19 ME/CFS and 19 CTRLS in both EVs and whole plasma



Luminex Magpix



•G-CSF

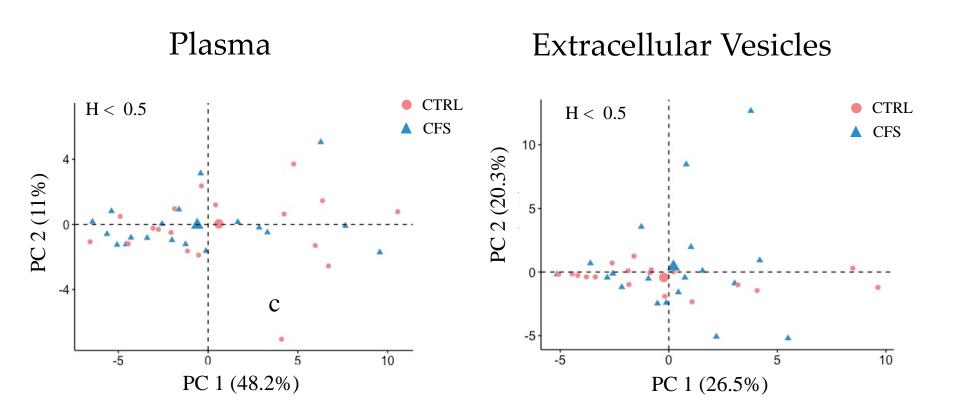
- •GM-CSF •Granzyme B
- •IFN-alpha
- •IFN-beta
- •IFN-gamma
- •IL-1 alpha •IL-1 beta
- •IL-1ra/IL-1F3
- •IL-2
- •IL-3
- •IL-4
- •IL-5
- •IL-6
- •IL-7

45 cytokines

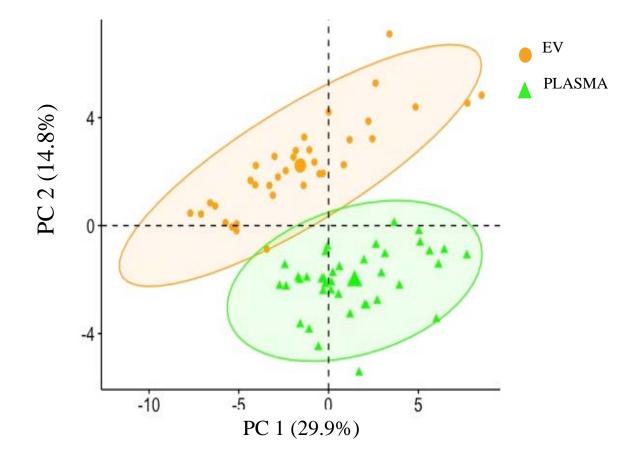
•CCL2/MCP-1
•CCL3/MIP-1 alpha
•CCL4/MIP-1 beta
•CCL5/RANTES
•CCL11/Eotaxin
•CCL19/MIP-3 beta
•CCL20/MIP-3 alpha
•CD40 Ligand
•CX3CL1/Fractalkine
•CXCL1/GRO alpha
•CXCL2/GRO beta
•CXCL10/IP-10
•EGF
•FGF basic
•Flt-3 Ligand

•IL-8/CXCL8 •IL-10 •IL-12 p70 •IL-13 •IL-15 •IL-17A •IL-17A •IL-17E/IL-25 •IL-33 •PD-L1/B7-H1 •PDGF-AA •PDGF-AB/BB •TGF-alpha •TNF-alpha •TRAIL •VEGF

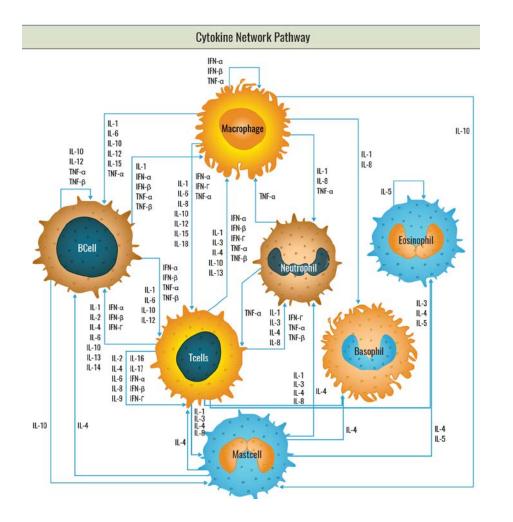
Principal component analysis does not separate cytokines present in patients vs. controls



Principal component analysis does separate cytokines present in plasma vs extracellular vesicles



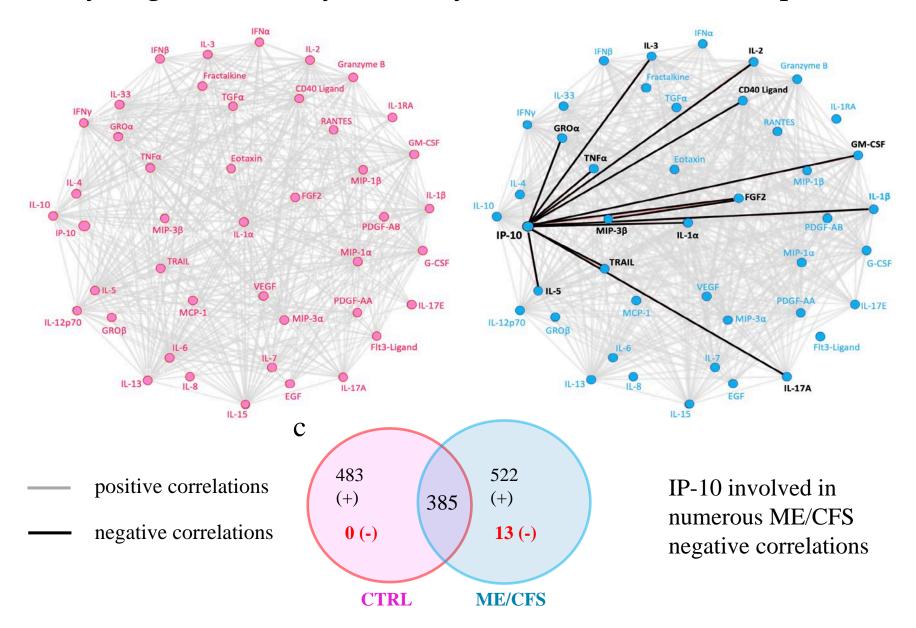
Are cells communicating normally through cytokines?



When a particular cytokine's level is high, is another cytokine's level also high?

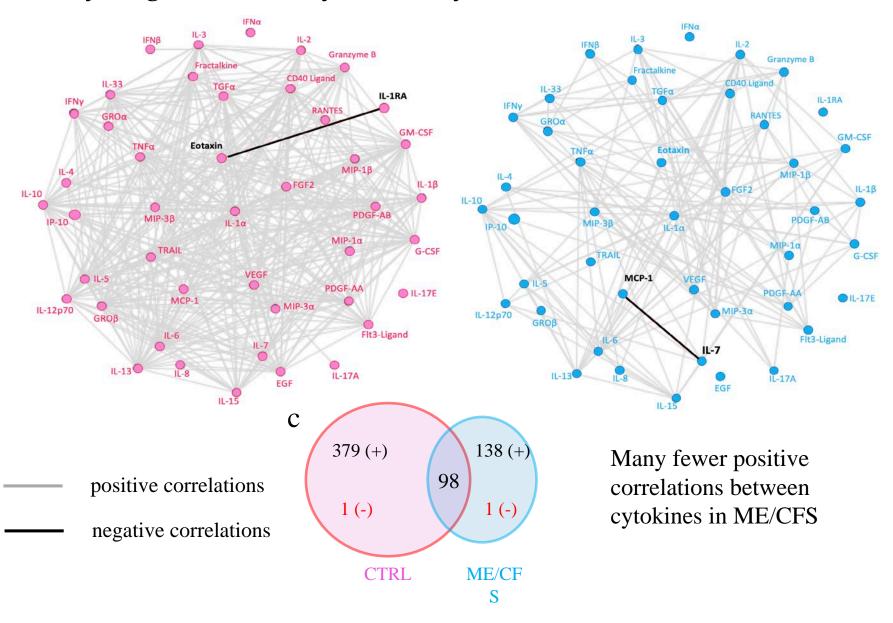
Or when a particular cytokine's level is high, is another cytokine's level low? **Cornell University**

Dysregulation of cytokine-cytokine interactions in plasma



Cornell University

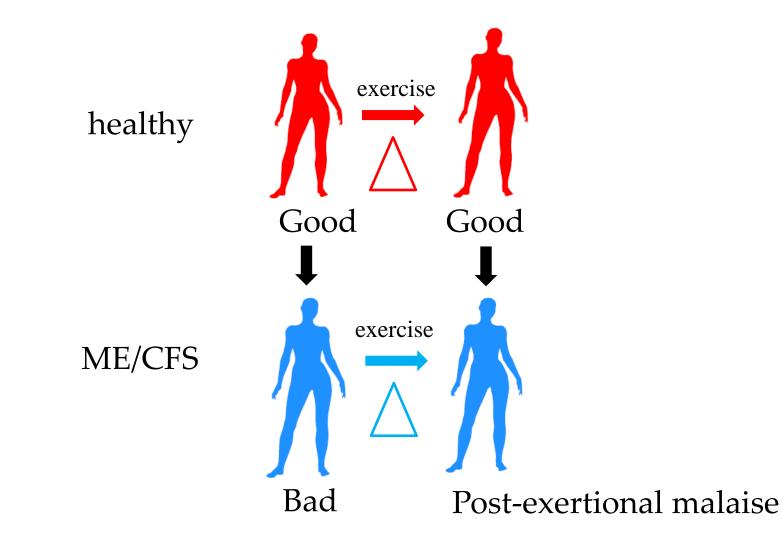
Dysregulation of cytokine-cytokine interactions in EVs



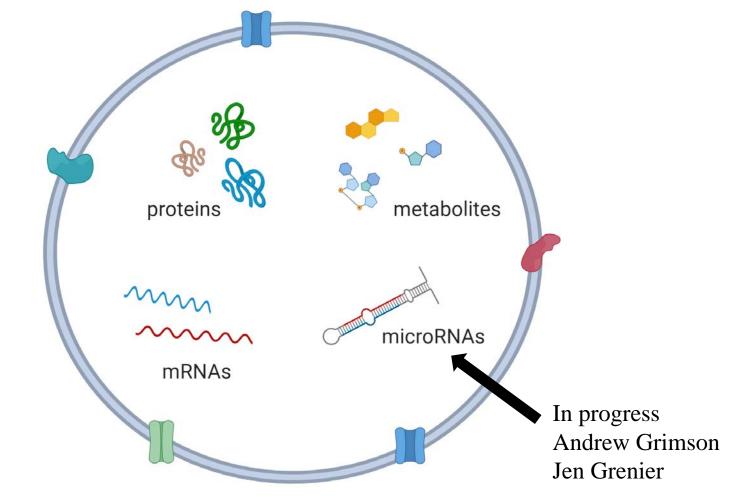
Conclusions of pilot extracellular vesicle study

- No difference in EV size between ME/CFS and controls
- Significant increase in the concentration of 30-130 nm particles in ME/CFS
- No significant differences in the cytokine levels in plasma and EVs between groups
- Dysregulation of intercytokine associations in both plasma and EVs

Cytokine profiling of extracellular vesicles isolated from plasma in Myalgic Encephalomyelitis/Chronic Fatigue Syndrome: a pilot study Ludovic Giloteaux, Adam O'Neal, Jesús Castro-Marrero, Susan M. Levine and Maureen R. Hanson Under Review Our current studies use samples before and after a provocation

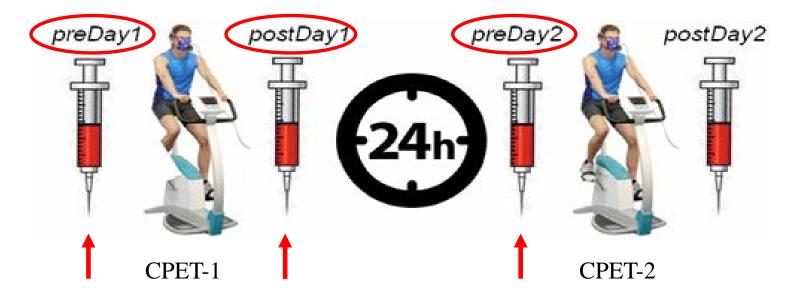


How does the cargo carried by extracellular vesicles change before and after exercise?



Produced with Biorender

Preliminary cytokine data from exercise subjects

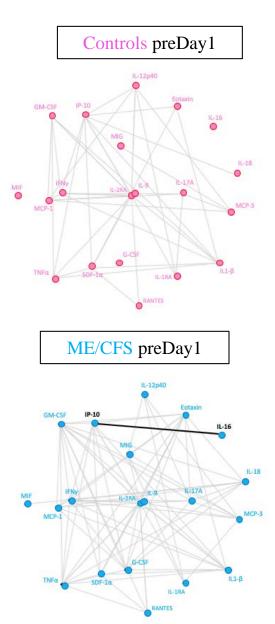


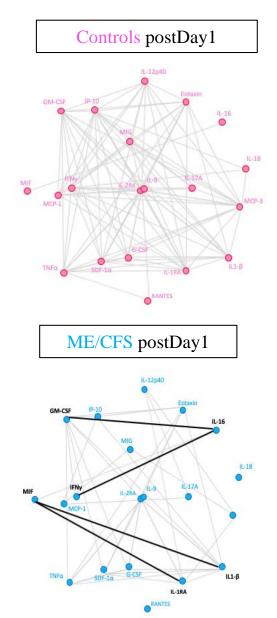
22 ME/CFS 17 Controls

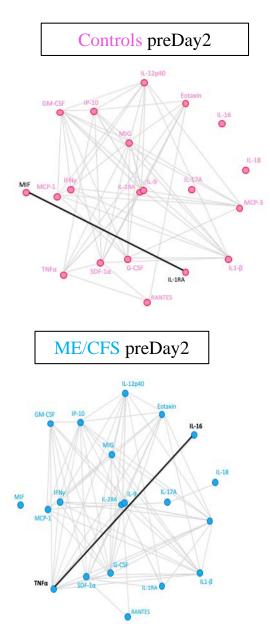


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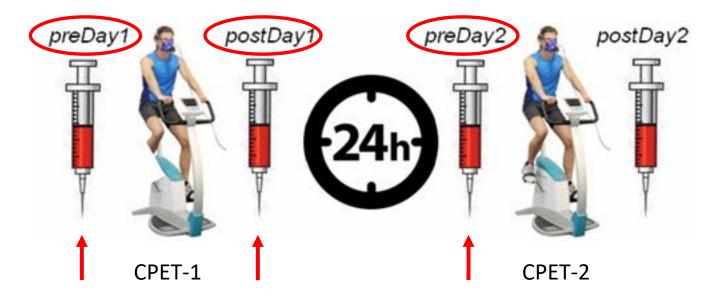
Exercise affects EV intercytokine cargo correlations

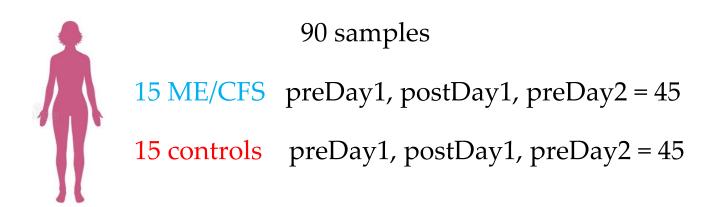






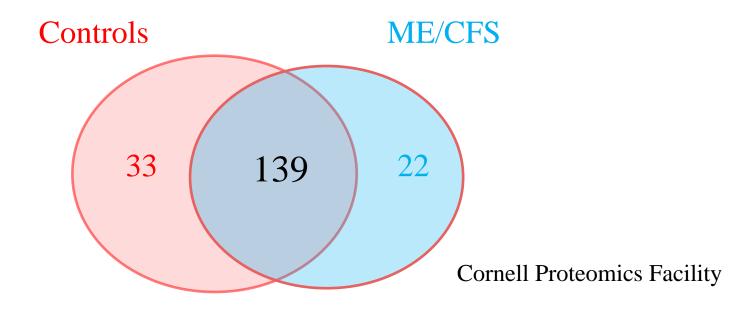
Other types of protein cargo are being analyzed by mass spectrometry



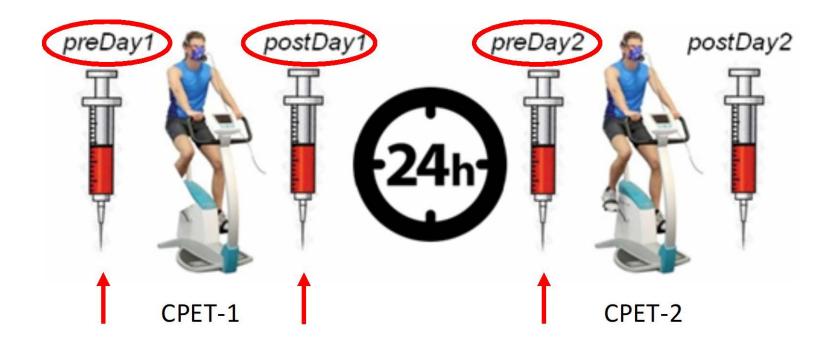


194 proteins total detected in EVs

139 in common33 in controls only22 in ME/CFS only



Differential protein content in control vs ME/CFS EVs increases with exercise



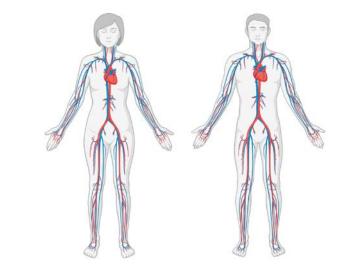
ME/CFS

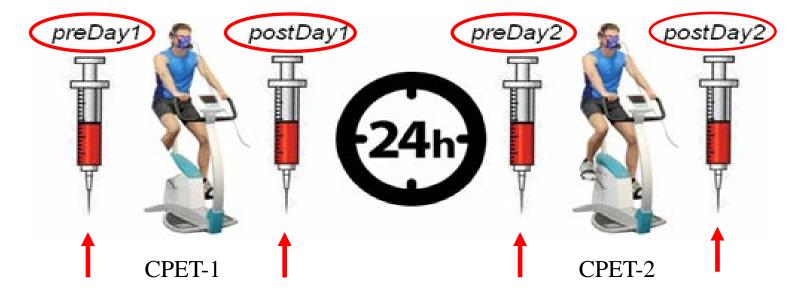
5 34 proteins lower than in controls 57 proteinslower than incontrols1 higher

73 proteins lower than in controls

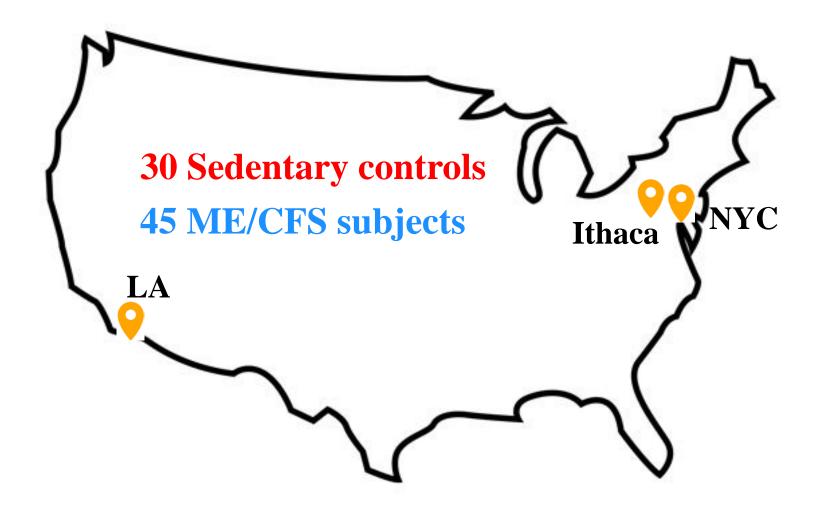
1 higher

Plasma metabolite comparisons may reveal differences in functioning of tissues and organs

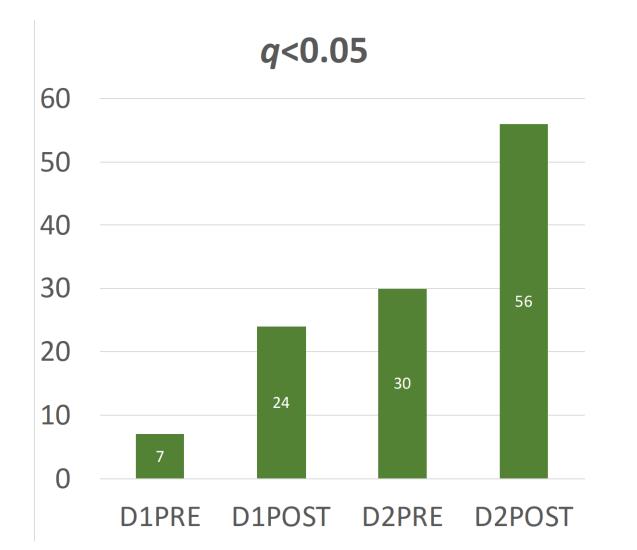




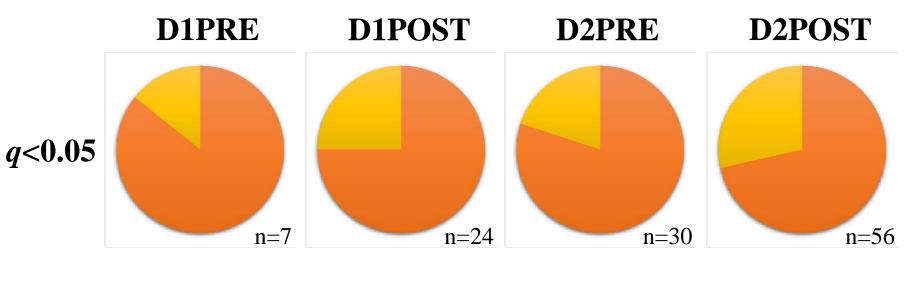
Plasma metabolites analyzed by Metabolon

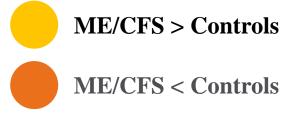


Exercise increases the number of metabolites significantly different between controls and patients

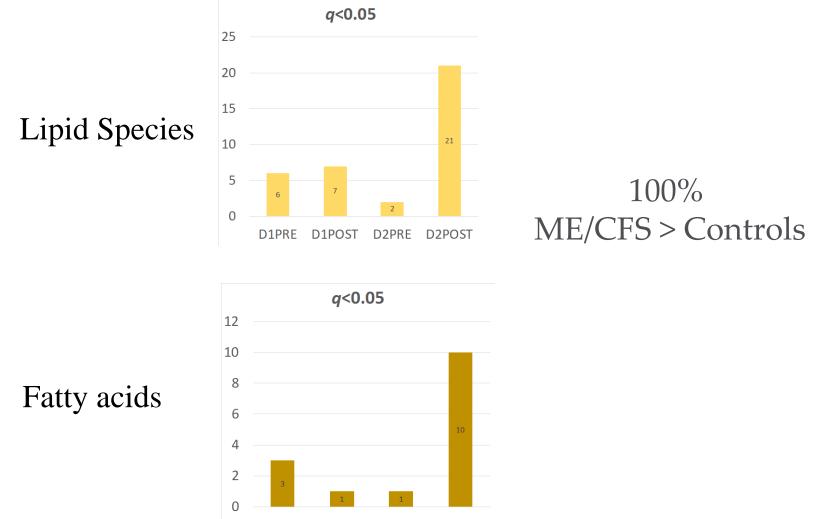


The majority of metabolites are lower in ME/CFS vs. Controls



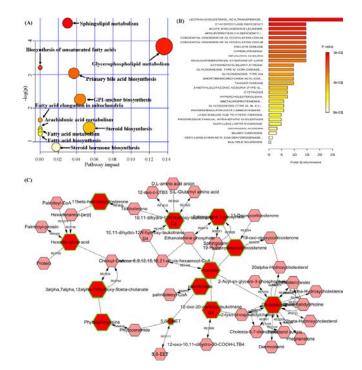


Number of lipids and fatty acids in ME/CFS that are higher than in controls greatly increases after the second CPET



D1PRE D1POST D2PRE D2POST

Work in Progress



Pathway Analysis

Integration of physiological measures and clinical information

Acknowledgments



The Hanson Lab Biomedical Group

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Cornell NIH Center

Betsy Keller Geoffrey Moore Susan Levine John Chia Staci Stevens Jared Stevens Dikoma Shungu Xiangling Mao

Center for Enervating NeuroImmune Disease



Center for Enervating NeuroImmune Disease



Cornell University in Ithaca, NY

Weill Cornell Medicine in Manhattan, NY

The Cambridge Dictionary defines "Enervating" as: adjective

causing you to feel weak and lacking in energy

About the Cornell ENID Center

Foremost among cryptic neuroimmune diseases is one variously known as Myalgic Encephalomyelitis or Chronic Fatigue Syndrome or Systemic Exertion Intolerance Disease. The Center's mission is to promote research to identify its cause(s), biomarkers, and pathophysiology in order to lead to prevention and effective treatments.

Patient-focused webinars available under News tab

National Center for Emerging and Zoonotic Infectious Diseases



Questions and Answers

If you have additional questions following the call, please email CDC at MECFSSEC@cdc.gov.