### Identification of an allergen and

# identification of possible genetic predispositions by clinical data

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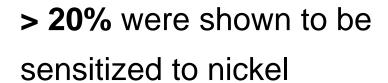
IDEA Workshop Characterization & Categorization of Fragrance Allergens; September 23-25, 2014; Genval, Belgium

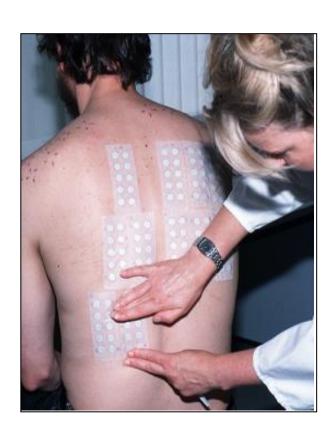
### Face evidence



> 80% of young women are pierced

### Face evidence







### Face evidence



<< 5% develop manifest disease

#### **Genetics in ACD**

The outline

I. Traditional Studies in the Genetics of ACD

II. The phenotype to be studied

III. Genetic variation in ACD

IV. Perspectives

#### I. Traditional Studies in the Genetics of ACD

Family studies

Forsbeck, Skog, Yterborn (1966/1971) Fleming, Burden& Forsyth (1999) Walker, Smith, Maibach (1967)

Twin studies

Forsbeck, Skog, Yterborn (1968) Menné and Holm (1983) Bryld et al (2004)

Immunogenetic markers (HLA-Polymorphisms)

Many studies, no convincing picture

#### Family studies

#### Walker, Smith, Maibach (1967)

Experimental induction with NDMA (p-nitroso-dimethylaniline)

and

DNCB (2,4-dinitro-chlorobenzene)

(99 Families; 301 Individuals)

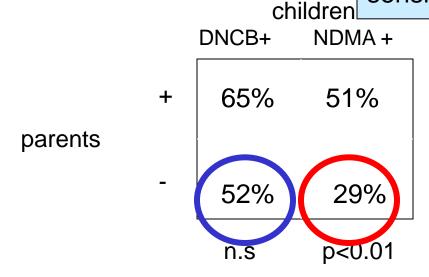
#### Family studies

#### Walker, Smith, Maibach (1967)

Experimental Sensitization to NDMA and DNCB

Children were sensitized to DNCB regardless of sensitization in parents

Children were sensitized to NDMA more often if parents were also sensitized



NDMA: p-Nitro-dimethylanilin; DNCB: Dinitrochlorbenzol

#### Family studies

#### Walker, Smith, Maibach (1967)

Experimental Sensitization to NDMA and DNCB

#### **Conclusion explaining the difference:**

A very potent allergen (e.g. DNCB) can "overpower" genetic influences.

In contrast, genetic factors seem to play a more prominent role in sensitization to weaker allergens (e.g. NDMA)

#### Twin studies

Menné und Holm (1983)
(Danish Twin Register)
115 pairs with Nickel allergy
were investigated

Among MZ and DZ pairs concordance rate for Ni-allergy differed significantly

→ genetic influence!

#### Twin studies

Menné und Holm (1983)
(Danish Twin Register)
115 pairs with Nickel allergy
were investigated

Among MZ and DZ pairs concordance rate for Ni-allergy differed significantly

→ genetic influence!

**Bryld** et al (2004)

(Danish Twin Register) 630 twins (females) / 146 Ni + Only

" ... A small tendency for larger OR among MZ..."

(OR: 1.28, 95% CI 0.33-5.00)

→ No genetic influence!

#### How to explain the diverging results?

#### **Different exposures?**

Menné und Holm (1983)

Genetics: +

suspenders

Bryld et al **(2004)** 

Genetics: -

ear piercing





How to explain the diverging results?

#### Different exposures ?

Menné und Holm (1983)

Genetics: +

suspenders

Nickel is a <u>medium potent sensitizer</u>.
 Genetic factors should play a role

Bryld et al (2004)

Genetics: -

ear piercing

2. But intense exposure may overrule genetic influences

#### I. Traditional Studies in the Genetics of ACD

Core message

Family studies

Twin studies

genetic factors may play a role in CA

Particularly in sensitization to **less potent** allergens and less intense exposure?

Immunogenetic markers (HLA-Polymorphisms)

No further insights

II. The appropriate **phenotype** in contact allergy:

**Polysensitization** 

#### Polysensitization

#### In a large patch test population (IVDK)

Number of positive reactions in 126.943 patients



25 000 55.2 20 000 ~ 10% with 3 or more reactions Number of patients 23.5 5000 10 mber of positive reactions

Schwitulla J, Gefeller O, Schnuch A, Uter W: Risk factors of polysensitization to contact allergens.

British Journal of Dermatology 169, 611-617 (2013)

#### Polysensitization

Background

The study on genetics of complex diseases focus on **extreme phenotypes** (genetic influences more pronounced).

In hypertension it would be very high blood pressures

In ACD it could be polysensitization as a sign of increased susceptibility

#### II. The appropriate **phenotype** in contact allergy:

**Polysensitization** 

=/> 3 sensitizations

in experimental settings (see Peter Friedmann)

**DNCB** 

Diphenylcyclopropenone

In large patch test populations

Copenhagen/Gentofte

**IVDK** 

Clinical profile of the PS subgroup

#### Polysensitization

#### In large patch test populations

Polysensitization is associated with:

- An increased risk for further sensitization (INDUCTION)
- Stronger allergic reactions (ELICITATION)
- Sensitization to even **weak allergens** (e.g. parabens)
- increased response to the irritant SLS

and with a number of clinical characteristics (age, sex,
 AD, site of eczema)\*

\* B. Carlsen et al (Gentofte); J Schwitulla et al (IVDK)

#### II. Polysensitization

#### Based on

- Experimental studies (Clin Exp Immunol 1985; 61: 232-41; Contact Dermatitis 2010; 63:10-14)

- Clinical epidemiology in > 100,000 patients (Gentofte, IVDK)

Polysensitization can be regarded as a clinical sign of increased susceptibility

#### III. Genetic variation in ACD

#### Some basic explanations

•Mutations e.g. insertion, deletion, duplication or single base pair substitution occur in less than 1%

- •A **polymorphism** is a genetic variation located in specific DNA sequences **found in > 1%** in the population e.g.
  - a "SNP" = single nucleotide polymorphisms

In the case of the *TNF* –308 G→A polymorphism, the "G" (guanosine) at position –308 of the DNA sequence normally present in the TNF gene is replaced by "A" (adenosine)

#### Genetic variation in ACD

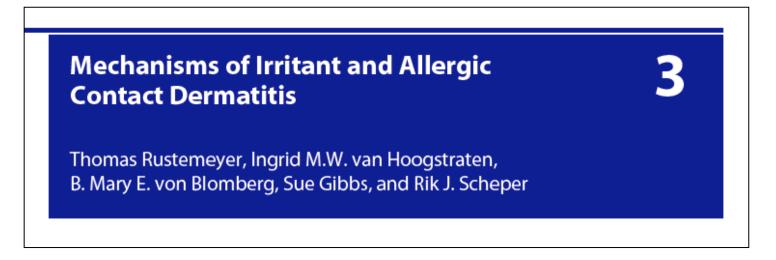
#### Two main approaches:

#### 1. 'candidate gene approach'

The gene products (e.g. cytokine) suggest from a pathogenetic point of view a role in ACD - thus hypothesis-driven research.

The responsible genes can be considered as candidate genes

2. Genome-wide association studies (**GWAS**), an *a priori* 'agnostic' approach regarding the genes involved

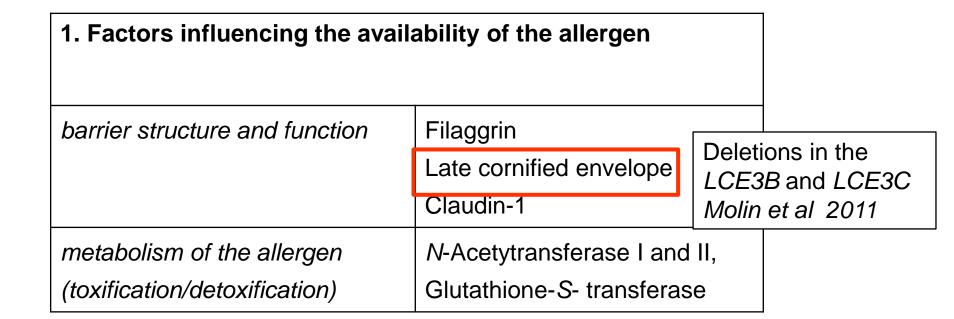


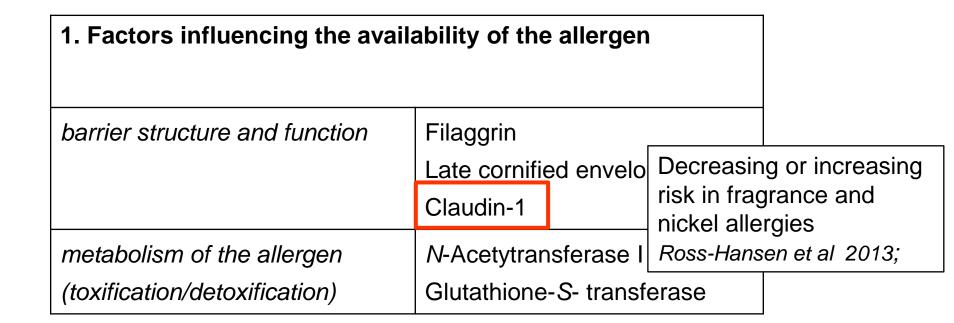
In: Jeanne Duus Johansen, Peter J. Frosch, Jean Pierre Lepoittevin (eds.) **Contact Dermatitis**, Fifth Edition, Springer, Berlin 2011

Contact dermatitis: from pathomechanisms to immunotoxicology

Stefan F. Martin

Exp. Dermatol. 2012; 21: 382





Filaggrin null mutations\*
 (combined genotypes for R501X and 2282del4)

#### Results inconclusive:

#### In several studies not associated with ACD

Lerbaek A, et al Br J Dermatol 2007; 157: 1199-204. Brown SJ, et al Br J Dermatol 2008; 158: 1383-4. deJongh CM, et al Br J Dermatol 2008; 159: 621-7. Novak N, et al J Invest Dermatol 2008; 128: 1430-5. Ross-Hansen K. et al Contact Dermatitis 2010; 64: 24 Carlsen B. et al Contact Dermatitis 2010; 63: 89 Thyssen JP, et al Br J Dermatol 2010; 162: 1278-1285 Carlsen B. et al Br. J. Derm. 2011; 36: 467.

Filaggrin null mutations\*
 (combined genotypes for R501X and 2282del4)

#### ...But the risk of Ni allergy was increased in specific situations:

in combined allergic and irritant contact dermatitis (Molin S et al Br.J Derm 2009; 161:801)

- in women with nickel dermatitis (!) and without ear piercing (Thyssen et al 2010)

...and the risk of contact sensitization (other than Ni and thiomersal) increased in individuals with "dermatitis" (unspecified hand eczema and / or atopic dermatitis) (Thyssen J. et al Contact Dermatitis 2013; 68; 273)

 Filaggrin null mutations (combined genotypes for R501X and 2282del4)

#### The risk was increased:

- in women with nickel dermatitis and without ear piercing

#### Hypothetical explanations:

In piercing nickel is *,bypassing* the Ni-chelating action of filaggrin (Thyssen / Ross-Hansen), thus blurring genetic differences)

Or, compatible with our more general concept, that genetic factors play a role in less intensive allergen exposure....

See twin studies (Menné & Holm (1983) versus Bryld et al (2004))

Filaggrin null mutations
 (combined genotypes for R501X and 2282del4)

The risk for contact sensitization was increased:

- in **combined** allergic and irritant contact dermatitis (Molin S 2009)
- in individuals with "dermatitis" (Thyssen J 2013

#### Hypothetical explanation:

The risk conferred by *FLG* mutations is increased by additional risk factors:

→ Mutations plus inflammatory state

1. Factors influencing the availated acetylators (4 publications)
Schnuch et al 1998, Westphal et al 2000,
M. Nacak et al 2006), Najim RA, et al (2005)

barrier structure and function
No associations
Blömeke et al 2009

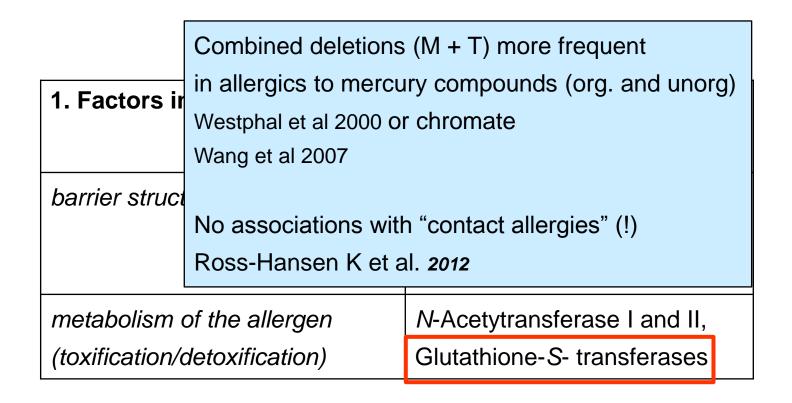
metabolism of the allergen
(toxification/detoxification)

Risk increased in rapid
acetylators (4 publications)

Schnuch et al 1998, Westphal et al 2000,
M. Nacak et al 2006), Najim RA, et al (2005)

No associations
Blömeke et al 2009

M-Acetytransferase I and II,
Glutathione-S- transferase



Evidence that polymorphisms of xenobiotic metabolizing enzymes may act as **substance-specific (!) risk factors** with probably no impact on contact allergy in general

#### Glutathione S-transferase M1 and T1

#### Comment on:

B.J. Wang et al Contact Dermatitis 57: 309 (2007)

Possible consequences of not considering exposure (see also Westphal et al 2003):

Individuals with high susceptibility but without allergen exposure (and thus not sensitized) may be allocated to the control group

In Wang's et al study all were

- exposed to cement and had
- the same chance (risk) to become sensitized.
- the different outcome (sensitization to Cr) was probably due to different susceptibility (identified as a GST polymorphism

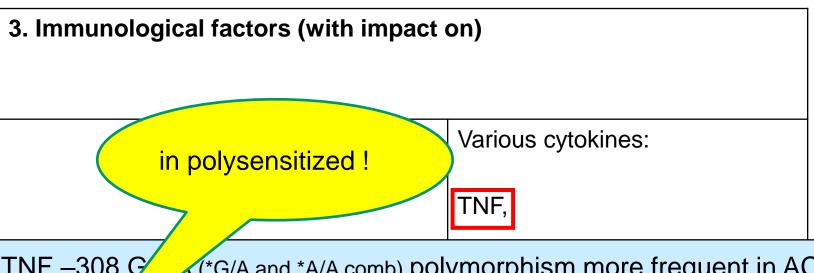
### 

2. Factors interfering with inflammatory pocesses	
Reactive oxygen species (ROS)	Manganese superoxide dismutase
Metabolism of inflammatory (neuro)peptides	Angiotensin Converting Enzyme
(Heuronbennues	

cleaves substance P, beta-endorphins and other peptides modulate Langerhans cells and T-lymphocyte functions. Risk increased in the variant (I/I) with low levels of ACE (= less inactivation)

Nacak M, et al. 2007;

### 3. Immunological factors (with impact on) Various cytokines: antigen processing migration and maturation of APC TNF, IL1β, IL1β RA, IL4, IL6, presentation of the allergen (MHC), IL10, IL16 chemotaxis of lymphocytes. T-cell subpopulations (activating or regulating)



TNF –308 G (\*G/A and \*A/A comb) polymorphism more frequent in ACD (para- group and Chromate)

Westphal GA, 2003, Wang BJ, et al 2007; Blömeke B et al 2009

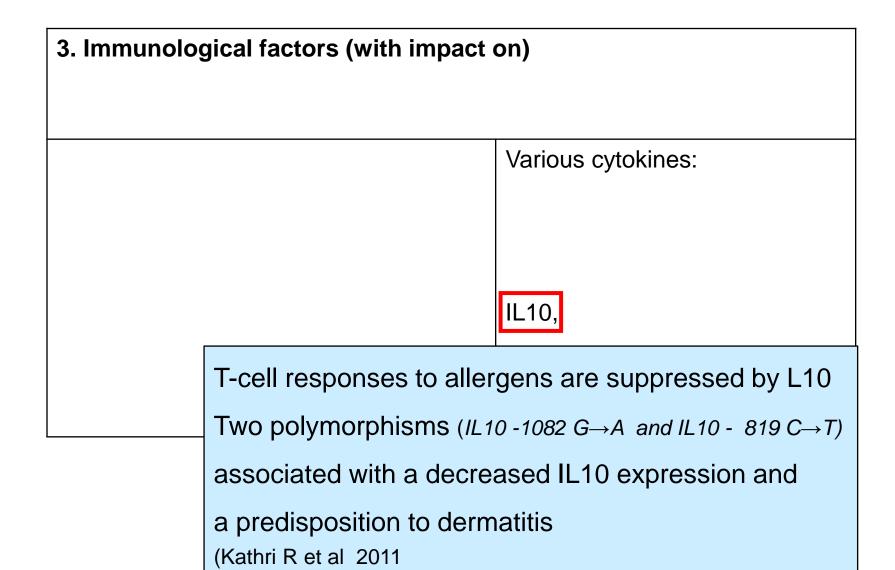
No association (parthenium dermatitis)

Khatri R et al 2011

# Functionally relevant steps in the pathogenesis of CA and candidate genes having been studied

3. Immunological factors (with impact on)						
	Various cytokines:					
<i>IL16-295 T→C</i> polymorphismore frequent Reich K., Westphal et al <i>2003</i>	m in ACD <b>(polysensitized !)</b>					

# Functionally relevant steps in the pathogenesis of CA and candidate genes having been studied



1. 'candidate gene approach'

"Breaking News"

Preliminary results from an ongoing study of the IVDK in collaboration with the IPA (Institute for Prevention and Occupational Medicine), Bochum/Germany

#### candidate gene approach

Ongoing study IVDK/ IPA

Database total:

n = 613

#### Minus:

- leg dermatitis
- cross reactions
- not identified

Total corrected:

n=542

- 345 Controls (Bood donors)
- 170 patients zero sensitization
- 372 Sensitized ,
- 133 Mono/Oligo (1 and 2 Sensitization)
- 239 Poly (3 and more)

#### Ongoing study IVDK/ IPA

One outstanding result: *CXCL11 G*→*A* in polysensitized

Lokus	Kontrollen (N=345)	_	Poly-Sensibilisierte (N=173)	Alle Sensibilisierten (N=288)
<u>CXCL11(rs6817952)</u>	N (%)	N (%)	N (%) p	N (%) p
GG	249 (72,2)	88 (76,5)	117 (68,8)	205 (71,2)
GA	94 (27,2)	24 (20,9)	47 (26,2)	71 (24,7)
AA	2 (0,6)	3 (2,6)	9 (5,2) 0,0012	12 (4,2) 0,0024
G	592 (85,8)	200 (85,9)	281 (81,2)	481 (83,5)
A	98 (14,2)	29 (14,1)	65 (18,8)	95 (16,5)

CXCL11 (interferon-inducible T-cell alpha chemoatractant)

a CXCR3 ligand expressed on - Th1 cells and on

- innate lymphocytes (e.g. NKT)

→ Infiltrate into inflamed tissues

#### Ongoing study IVDK/ IPA

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In genome expression analysis of ACD lesions (compared to AD and psoriasis) CXCL 11 (among others\*) was exclusively upregulated

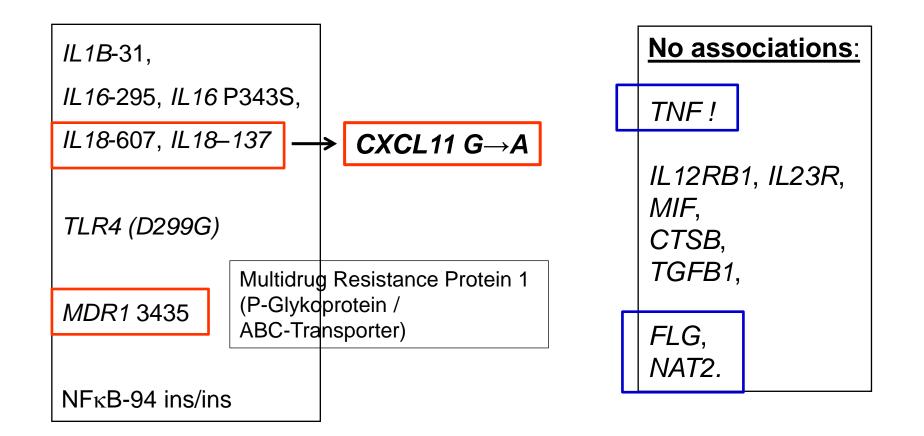
Quaranta M et al Sci Transl.Med 6, 244ra (2014)

<sup>\*</sup> IL-1ß, AIM2, CXCL9, CXCL10

#### Ongoing study IVDK/ IPA

Further (significant) polymorphisms:

Will probably be lost after correction



#### Ongoing study IVDK/ IPA

IL18-607, IL18-137  $\longrightarrow$   $CXCL11 G \rightarrow A$ 

IL18 Serum levels are increased in patients with ACD (Gangemi et al J Dermaol Sci 2003; 33:187)

IL18 promotes allergen-induced migration of LCs (Antonopoulos et al J Leukoc Biol 2008; 83:361)

IL-18 enhances IFN-γ induced production of...CXCL11 in keratinocytes (Kanda N et al Eur J Immunol 2007; 37:338)

IL-18 (and IL-1ß) induced via inflammasome activation (Watanabe et al J Invest Dermatol 2007;127: 1956)

Only one Genome-wide association study (GWAS) has been done

#### A Genome-Wide Association Study in Koreans Identifies Susceptibility Loci for Allergic Nickel Dermatitis

Dae Suk Kim<sup>a</sup> Dong Hyun Kim<sup>b</sup> Hemin Lee<sup>a</sup> Hyunjoong Jee<sup>a</sup> Young Lee<sup>c</sup> Min-youl Chang<sup>d</sup> Taek-jong Kwak<sup>d</sup> Chul-Hong Kim<sup>e</sup> Young-Ah Shin<sup>f</sup> Jeung-Hoon Lee<sup>c</sup> Tae-jin Yoon<sup>g</sup> Min-Geol Lee<sup>a</sup>

Int Arch Allergy Immunol 2013; 162:184

24 Ni + and 52 Ni - were genotyped

Using Axiom Genome-Wide Assay Chip Plate ® (Affymetrix, Santa Clara)

Genome-wide association study (GWAS) (Kim et al 2013)

No SNPs with a significant association (p value <1 x 10<sup>-7</sup>) were detected

Two novel SNPs were found:

NTN4 (*netrin4*) (p3.7 x 10<sup>-6</sup>) (chromosome 12q22)

PELI1 (*Pellino homolog 1*) (7.7 x 10<sup>-5</sup>) (chromosome 2p.13.3)

PELI1 in **Ni ++**: 7.1 x 10<sup>-6</sup>

Genome-wide association study (GWAS) (Kim et al 2013)

NTN4 (netrin4) (p3.7 x 10<sup>-6</sup>)

Netrin-4: extracellular matrix molecule with homology to laminin amino-terminal domains

Biological relevance to Nickel dermatitis ??

Genome-wide association study (GWAS) (Kim et al 2013)

PELI1 (*Pellino homolog 1*) (**p value: 7.7 x 10**-5)

Not small enough to confirm an association with Ni allergy

Pellino-1: -ubiquitin ligase (attaches ubiquitin to a lysine on target proteins)

- involved in TLR/IL-1R (TIR) signalling.
- catalyzes polyubiquitylation of e.g. IL1 receptor associated kinase (IRAK) molecules and thereby regulates
  - activation of NF-κB (and other transcription factors) and MAPK (which in turn promote gene profiles tailored towards efficient removal of the invading microbe (activation of an IL1-/ IL18 pathway))

"a crucial element in the regulation of innate immune signaling"

# Genetics of allergic contact dermatitis Summary I

- 1. Genetics/ Polymorphisms may play a role in
- Sensitization to moderate/weak allergens (Potency)
- In lower exposure conditions (Dose)
- In combination with further risk factors

Potent allergens or high dose (e.g. through "intense" exposure) may overule genetic presdispositions

# Genetics of allergic contact dermatitis Summary II

- 2. Polymorphic genes of
- Structural proteins (Filaggrin)
- Xenobiotic metabolizing enzymes (NAT, GST)
- Factors interfering with inflammatory processes (ACE)
- Polymorphisms of relevant cytokines (e.g. TNF, IL-16) and chemokines (CXCL11)

may play a role

# Genetics of allergic contact dermatitis Summary III

#### 3. Polysensitized individuals

= phenotypically high degree of sensitization

appear to represent a

genetically ,high-risk group

(TNF-308 (?), IL16-295, IL18-607, CXCL11, NF-kB)

The Future

#### 1. Candidate gene approach

#### 2. Genome-wide association studies (GWAS)

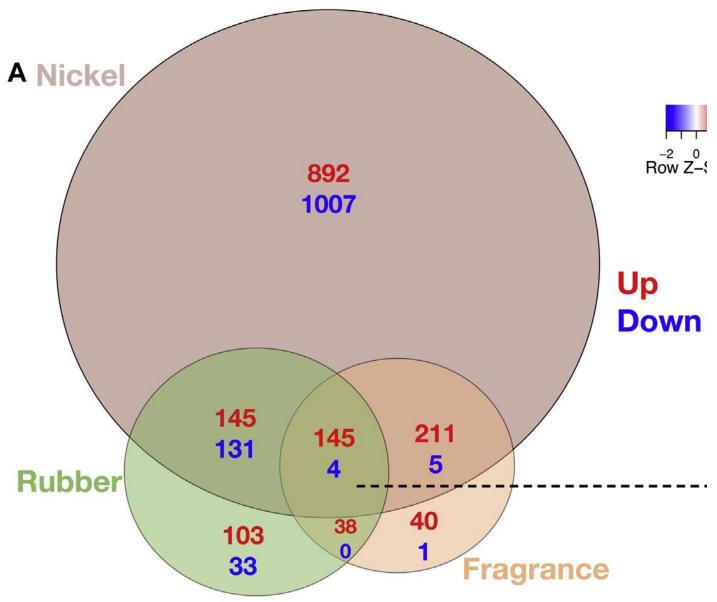
3. A combination of both:

Genomic profiling in lesions identifies common and allergen specific molecular responses.

They may (as candidate genes) be subject to studies of genetic variation

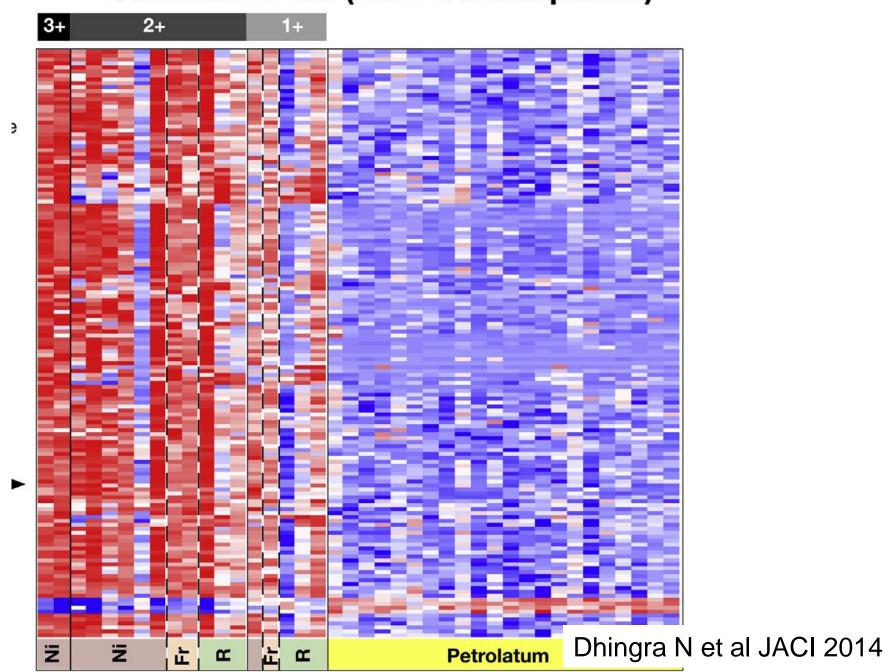
Molecular profiling of contact dermatitis skin identifies allergen-dependent differences in immune response

#### Differentially expressed genes



Dhingra N et al JACI 2014

# **Common DEGs (ACD Transcriptome)**



# Molecular profiling of contact dermatitis skin identifies allergen-dependent differences in immune response

149 genes were differentially expressed in all lesions induced by Nickel, rubber, and fragrances.

Nickel induced innate immunity, Th1/Th17 and Th22 components

Fragrances (and rubber) demonstrated a strong Th2 bias and a smaller Th1/Th17 contribution

The future

Broadening the focus on pathology

Again back to candidate genes from a different perspective

#### Background:

One genomic interval may be associated with two or more diseases. They may share

Clinical symptoms,

Pathogenesis,

Genetics and

Epidemiology

Ichthyosis vulgaris, AD, ICD and filaggrin mutations

ACD may share e.g. symptoms, pathogenesis and epidemiology...

ACD was found to be associated with other diseases (phenotypes):

- Irritant contact dermatitis
- Leg (stasis) dermatitis

Respiratory symptoms



Result of an epidemiological study in Denmark:

Contact sensitization to nickel (and other unrelated, not airborne) allergens) was associated with an increased risk of respiratory symptoms

after exposure to various airborne chemicals (laser printer, drying paint, car exhaust, newspaper)

Elberling J, et al Airborne chemicals cause respiratory symptoms in individuals with contact allergy. Contact Dermatitis 2005; 52: 65-72

#### AND FURTHER:

The risk of respiratory symptoms increased with the number of positive patch tests

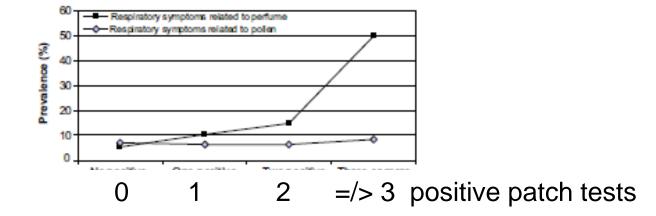
(polysensitization)

Elberling J, et al Airborne chemicals cause respiratory symptoms in individuals with contact allergy. Contact Dermatitis 2005; 52: 65-72

Prevalence of perfume-related respiratory symptoms and ACD

J. Elberling et al. / Int. J. Hyg. Environ. Health 212 (2009) 670-678

Prevalence



The risk increased with the number of positive patch tests (polysensitization)

Elberling J, et al A twin study of **perfume-related respiratory symptoms** Int J Hyg Environ Health 2009; 212: 670

#### Relation between respiratory symptoms and ACD:

Respiratory symptomy associated with CA (OR 1.54 (1.10 - 2.17)

(and also with hand eczema, atopic dermatitis and asthma) (Log. Regr)

The significant associations are **not** attributable to shared genetic or shared environmental/ familial factors (except for AD)

Elberling J, et al A twin study of perfume-related respiratory symptoms Int J Hyg Environ Health 2009; 212: 670

#### A hypothesis:

Polysensitization may be regarded as a phenotype of increased susceptibility to inflammatory diseases/states

Increased susceptibility to inflammatory diseases/states in general

might be a general trait (a genetically driven characteristic)

Elberling et al (2009) suggested (also) that an "intrinsic environment related to tissue inflammation increases the sensitivity to inhaled perfume chemicals"

Associations between

asthma and inflammatory bowel disease

Bjermer L. Time for a paradigm shift in asthma treatment: from relieving bronchospasm to controlling <u>systemic inflammation</u>.

J Allergy Clin Immunol 2007; 120: 1269-75

- psoriasis and systemic inflammatory diseases

Davidovici BB et al

Psoriasis and <u>systemic inflammatory diseases</u>:

potential mechanistic links between skin disease and co-morbid conditions.

J Invest Dermatol 2010; 30(7):1785-96

Associations between psoriasis and cardiovascular diseases

Prodanovich S, et al. Arch Dermatol 2008; 144: 1518-9.

Federman DG, et al. Br J Dermatol 2009; 160: 1-7

Thus, the genetics of CA is embedded in the larger context of the genetics of other diseases.

- The study of the genetics of ACD may contribute to reasearch in other diseases, and vice versa

- To find the *shared* molecular and genetic basis will be the challenge for the future

"The textbooks of medicine need to rewritten to account for the interconnectivity of the molecular basis underlying distinct diseases"

Frazer KA, SS Murray, NJ Schork, EJ Topol. Human genetic variation and its contribution to complex traits. *Nat Rev Genet* 2009; 10: 241-51. Greetings from
Göttingen

...to be kissed by every graduated student who finishes a doctorate

