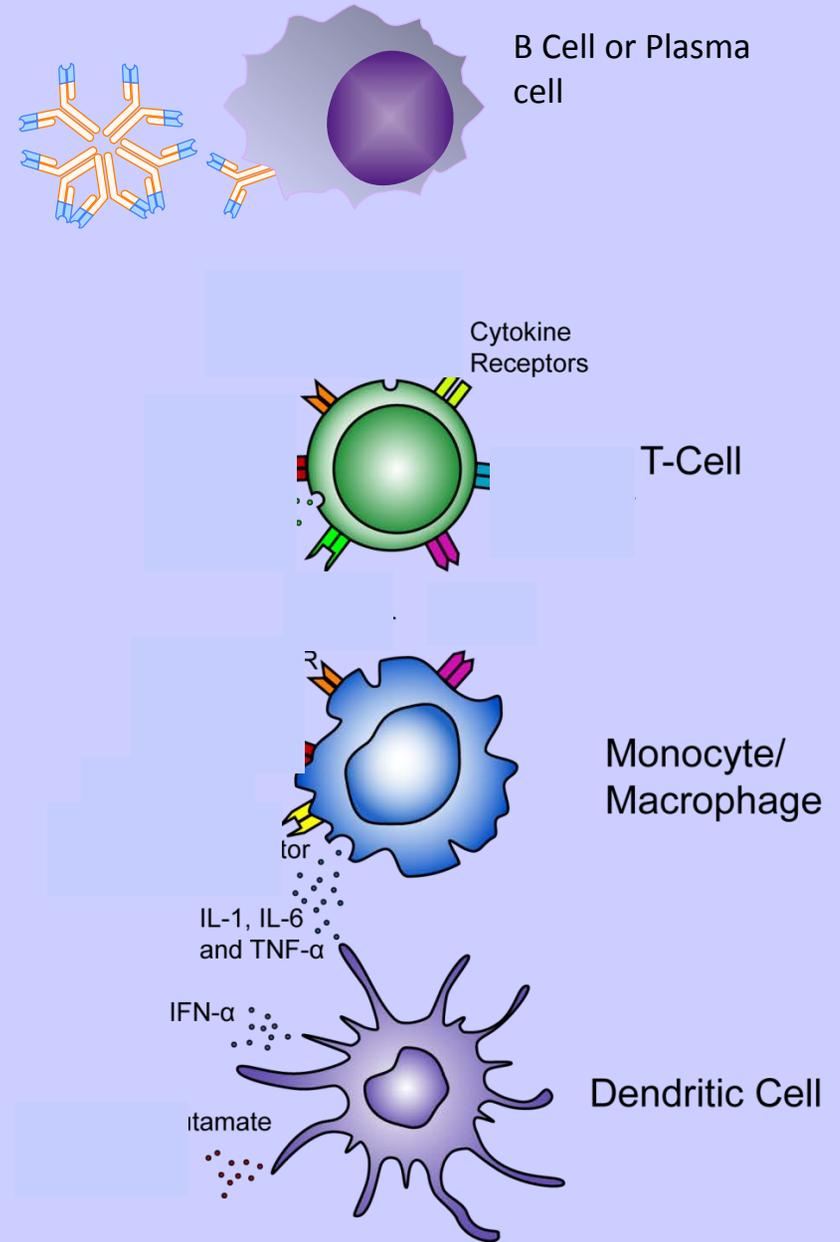
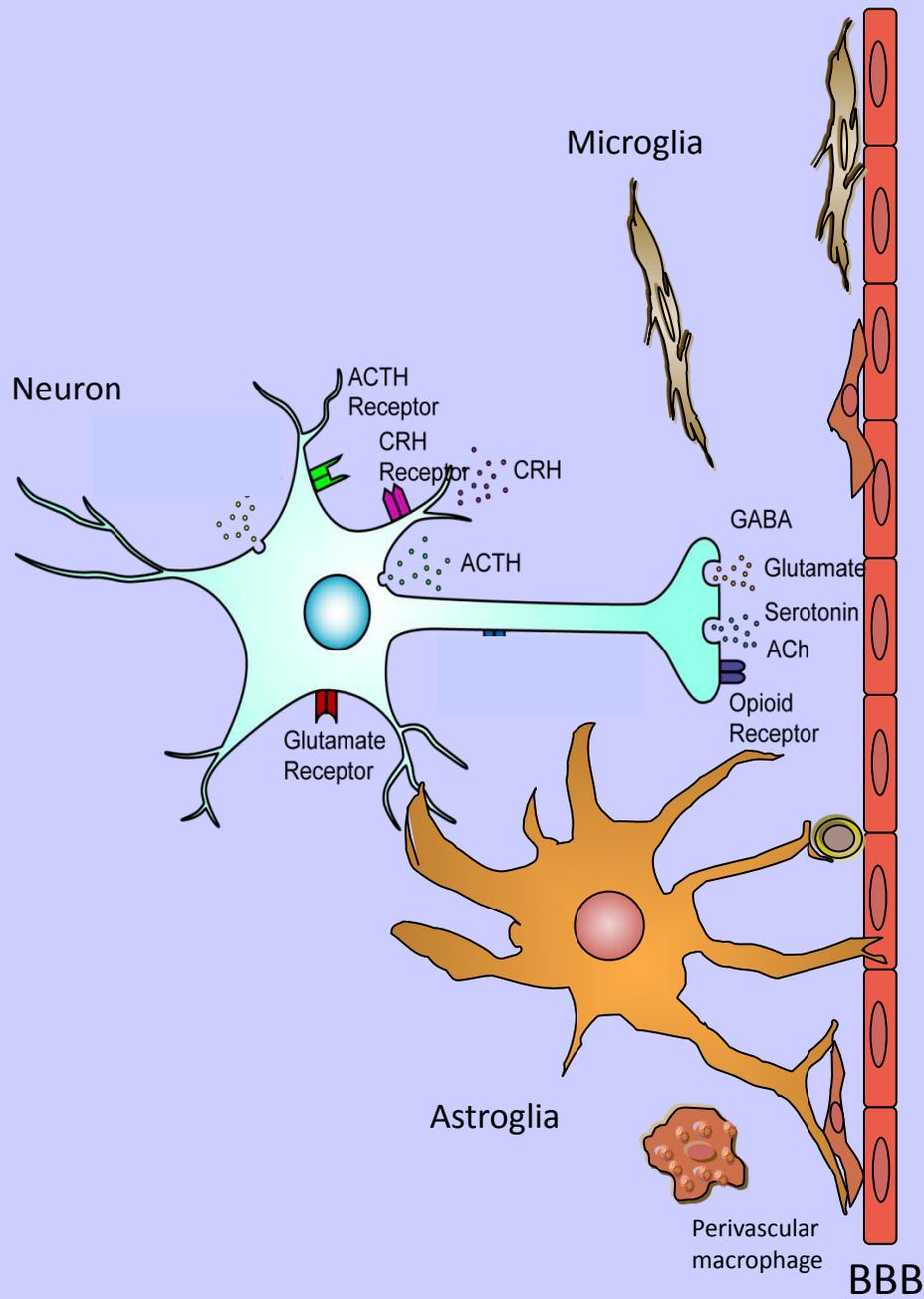


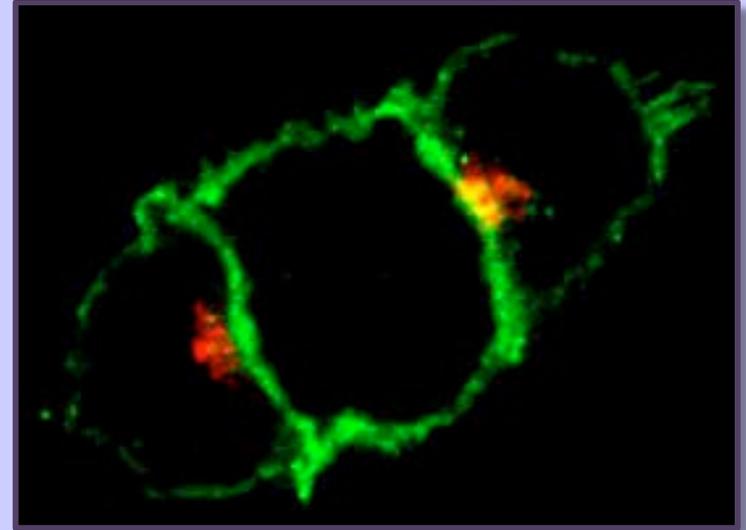
# Immunologic Factors in the Etiology of Autism

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# Neuro-immune interactions

- For the past 60 years, the central nervous system has been considered to be immune privileged.
- The classic paradigm was there is interaction between these two seemingly distinct systems only during disease.

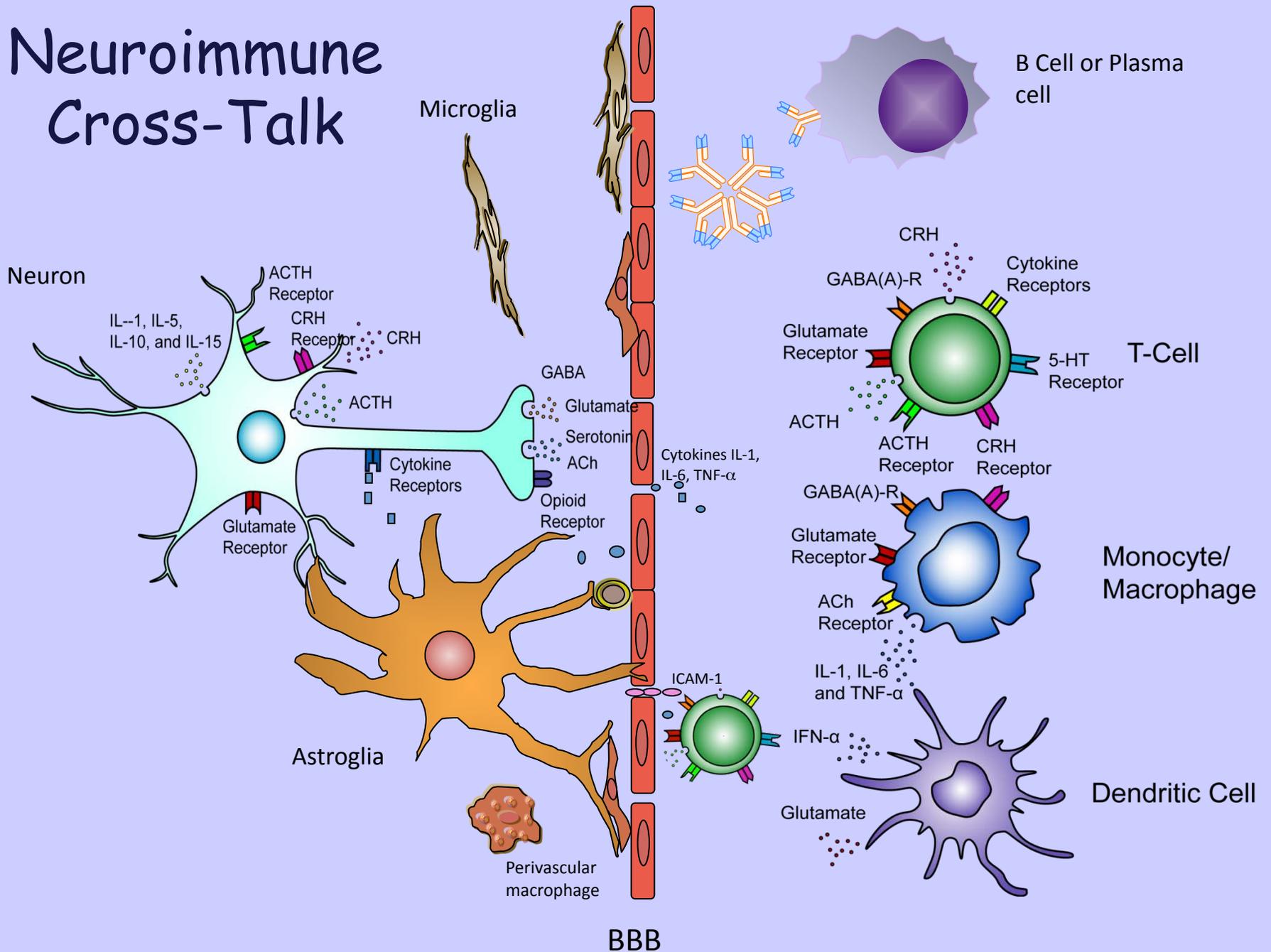




## Neuro-immune interactions

- Results from diverse fields now show clear and convincing evidence of bidirectional communication between the nervous and immune systems

# Neuroimmune Cross-Talk



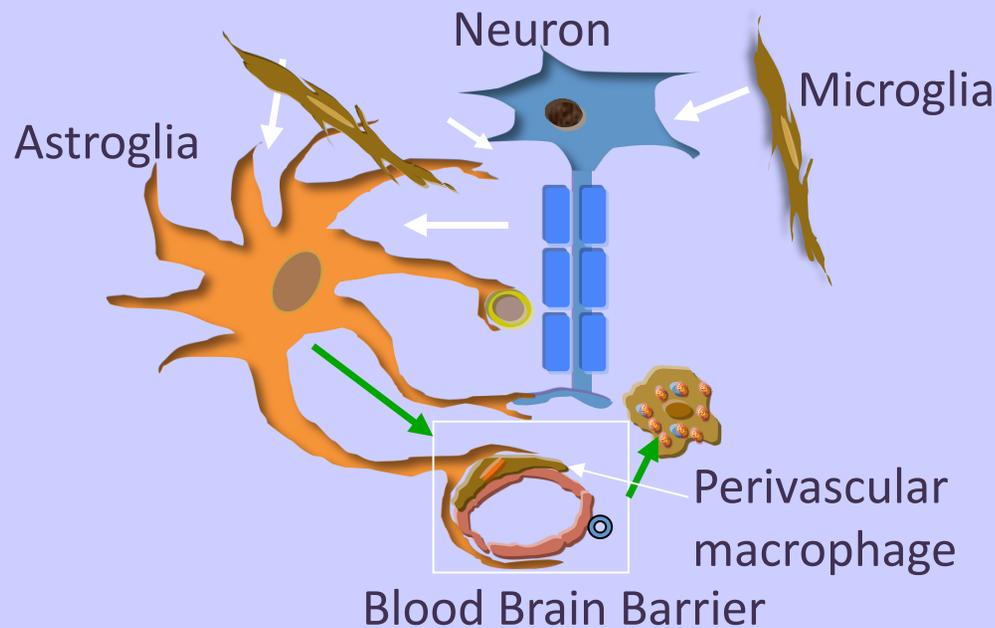
The health and development of the nervous system is largely dependent upon the health and function of the immune system

What are the factors that influence this cross-talk?

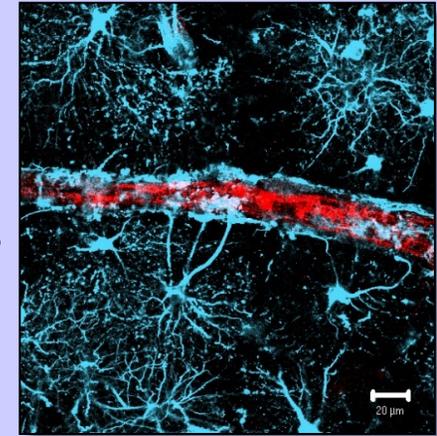
# Cross-talk between the Immune and Central Nervous Systems

- Communication between the cells of the immune and nervous systems is possible on several levels.
- Neurons, microglia, and astrocytes can produce cytokines and express cytokine receptors.
- This enables them to direct immune cells as well as respond to various immunological stimuli.
- Cells of the immune system are able to secrete various neurotransmitters and express receptors for many of these molecules.
- This allows immune cells to impact neural processes and respond to neural stimuli.

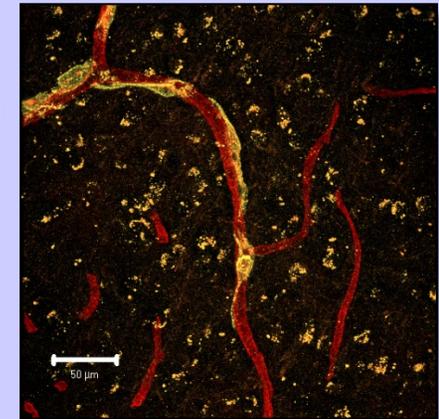
The neuroimmune system is comprised of different "immune" cells and governed by different mechanisms



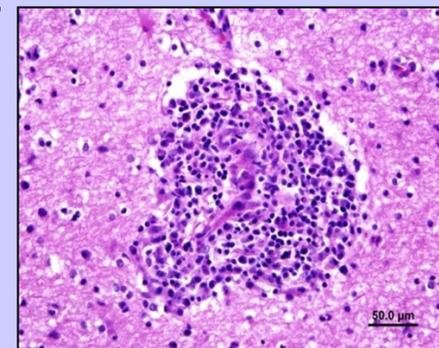
Perivascular microglia



Perivascular astrocytes



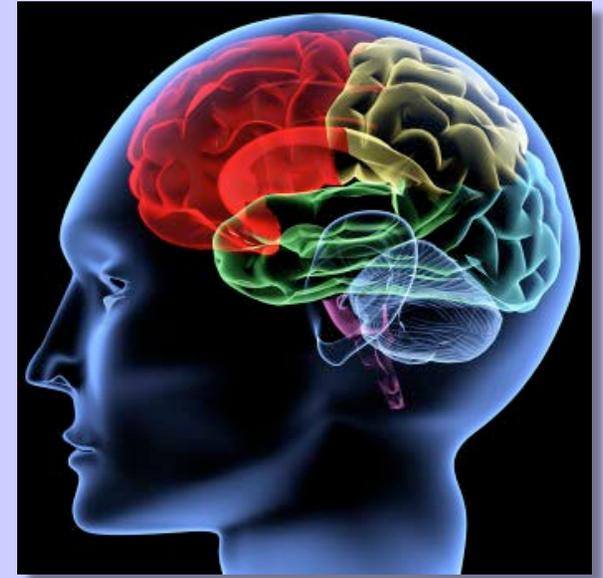
Perivascular infiltrate



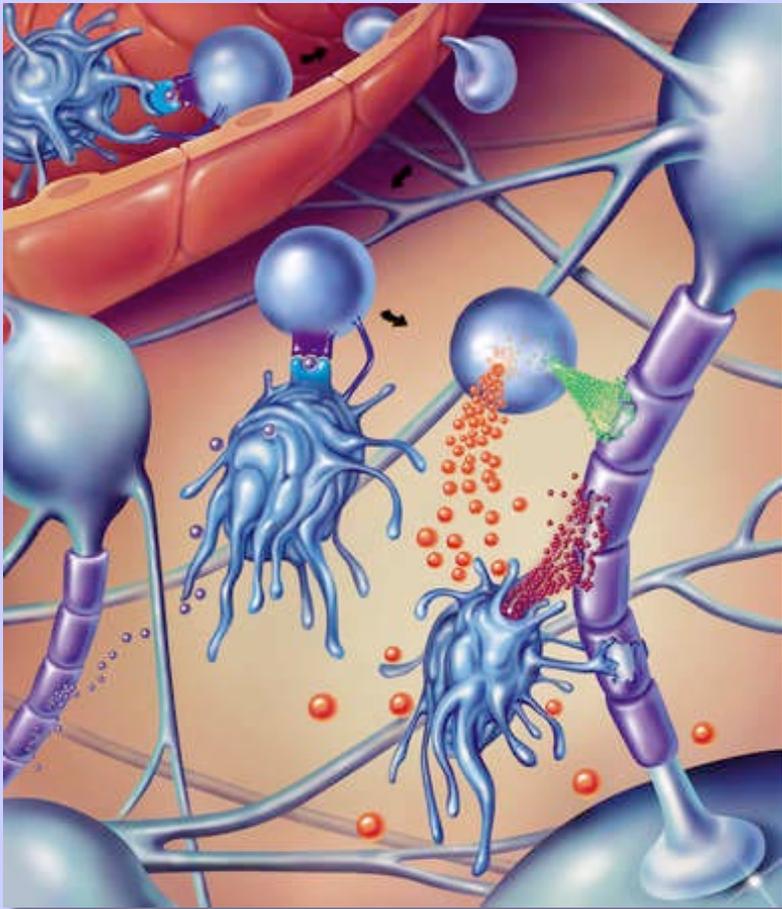
Modulation of immune responses  
Lymphocyte/monocyte trafficking

# What happens in the developing brain?

We are a long way from knowing everything about the neuro-immune interface during development.



# Immune and Nervous System Interactions

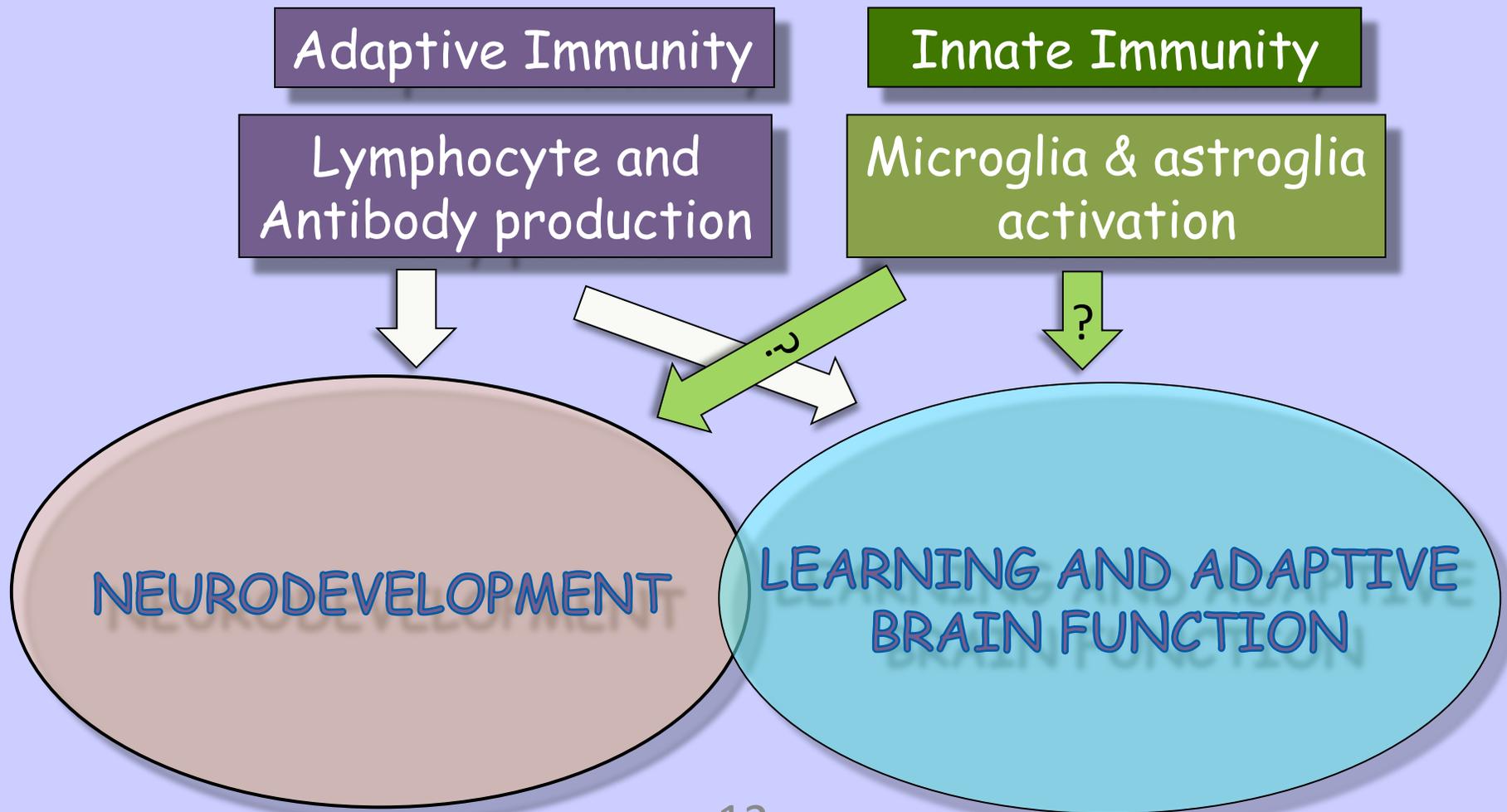


- An altered immune response may impact other biological systems including the neuroendocrine and nervous systems, and vice versa.

# The neuroimmune interface is critical during gestation and the early post-natal period

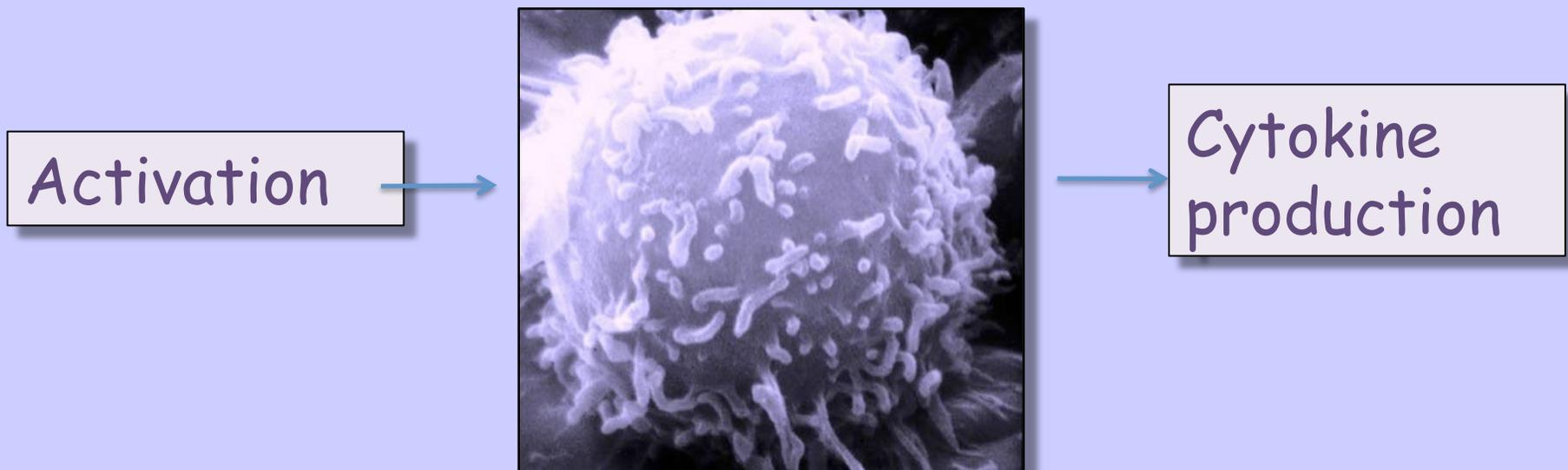
- Data suggests that altered cytokine profiles affect neurodevelopmental outcome
  - Both schizophrenia and autism are thought to result in part from changes in the maternal immune profile during gestation.
- These changes include increased inflammatory cytokines and autoantibodies to proteins in the developing fetal brain.

# Are neuroimmune mechanisms involved in pathogenesis of ASD?



# What is the status of the cellular immune response?

- To analyze this, we look at cytokine levels in the blood, and in culture supernatants after stimulation.



# What are cytokines? Molecules that tell other cells what to do.

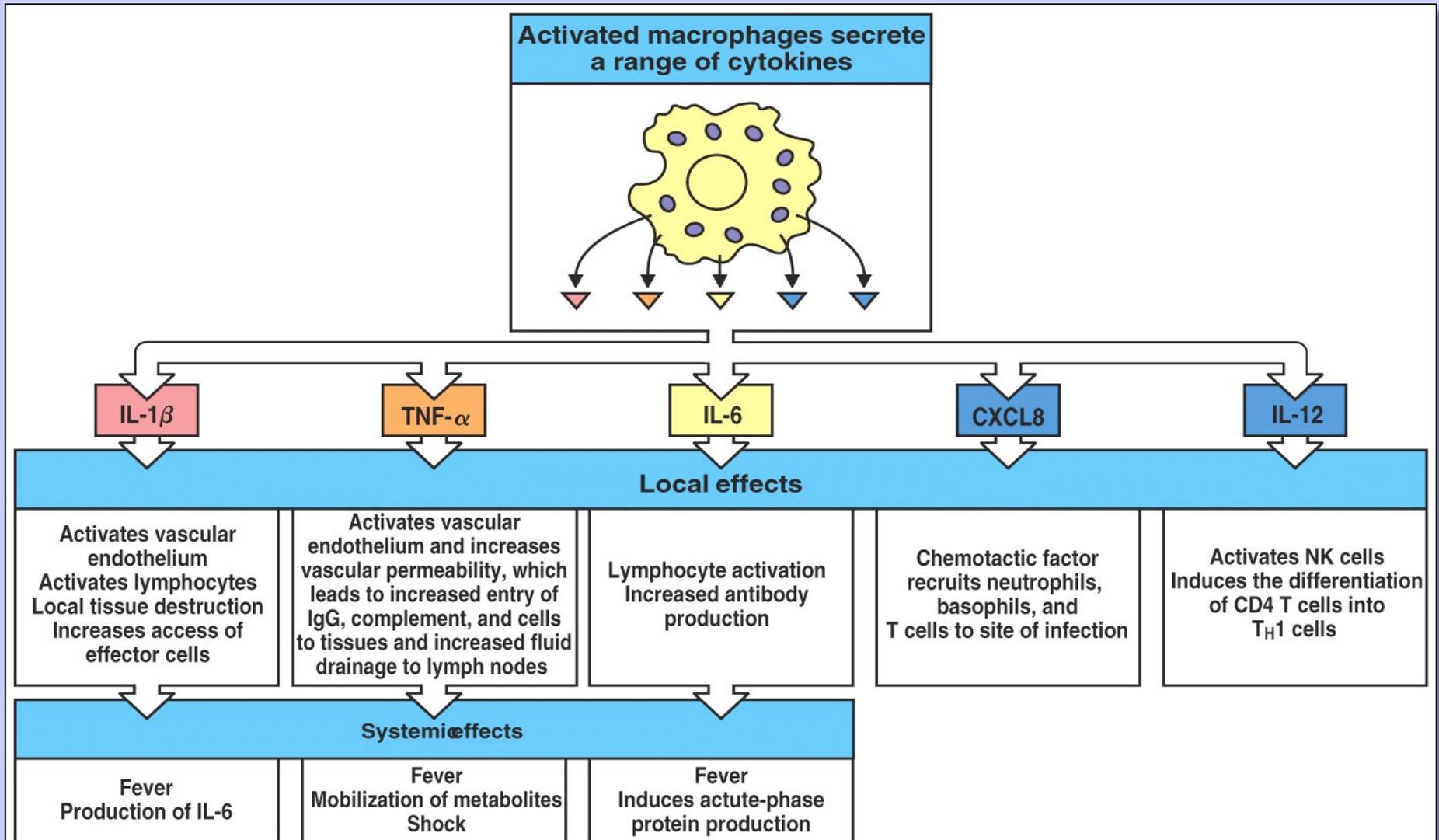
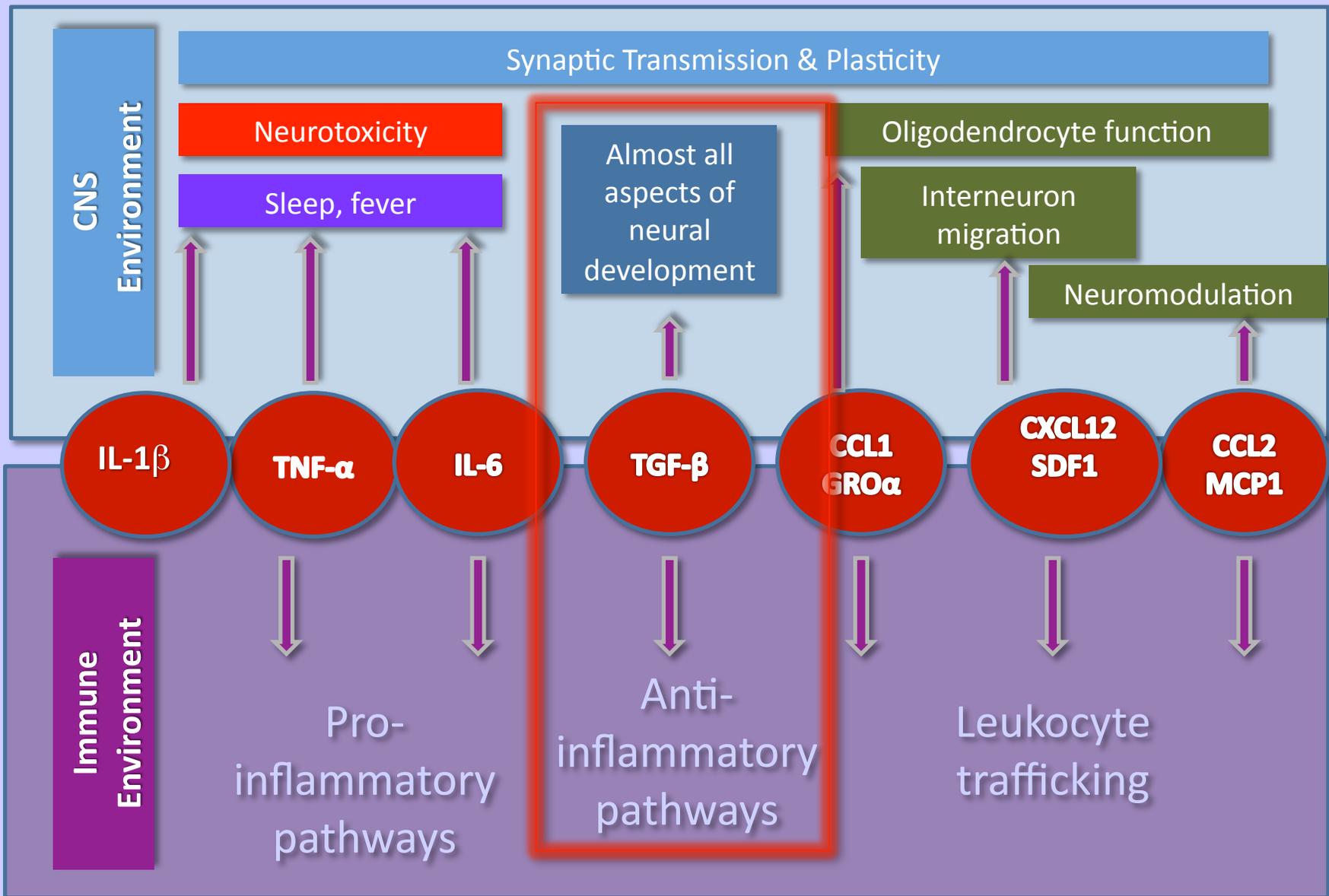


Figure 2-39 Immunobiology, 6/e. (© Garland Science 2005)



# Study population at UCD



- In 2002, we began to collect samples from families as part of the Childhood Autism Risk from Genetics and the Environment (CHARGE) study.
- The CHARGE study population was sampled from three strata of children, ages 2-5 yrs:
  - 1) Children with autism (currently includes over 800 families)
  - 2) Typically developing children selected from the general population without autism or other developmental disabilities (currently over 500 families enrolled)
  - 3) Children with developmental disabilities without autism (currently 350 families enrolled)

## Do we see changes in cytokines in the plasma of children with ASD?

- Several studies have described alterations in cytokine profiles associated with autism.
- The regulatory cytokine TGF $\beta$  has been linked to ASD in multiple studies.
  - Other studies describe decreased levels of TGF $\beta$  in blood samples from individuals with ASD.
  - Ashwood *et al* found that lower TGF $\beta$  correlated with more severe behavioral scores in ASD children.
  - Lower TGF $\beta$  in peripheral blood, TGF $\beta$  levels in post-mortem brain and cerebrospinal fluid samples were higher in ASD subjects than controls.

## Other cytokine/chemokines altered in ASD

- MIF (macrophage inhibitory factor) a pro-inflammatory immune regulator that is constitutively expressed in brain tissues, and has important impacts on neural and endocrine systems.
  - Autism subjects with the highest levels of plasma MIF were found to have the most severe behavior.
  - Grigorenko EL, et al. Pediatrics 2008

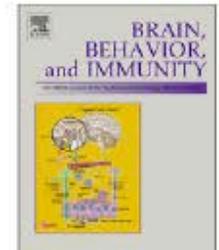
Brain, Behavior, and Immunity xxx (2010) xxx–xxx



Contents lists available at ScienceDirect

## Brain, Behavior, and Immunity

journal homepage: [www.elsevier.com/locate/ybrbi](http://www.elsevier.com/locate/ybrbi)



### Short Communication

Elevated plasma cytokines in autism spectrum disorders provide evidence of immune dysfunction and are associated with impaired behavioral outcome

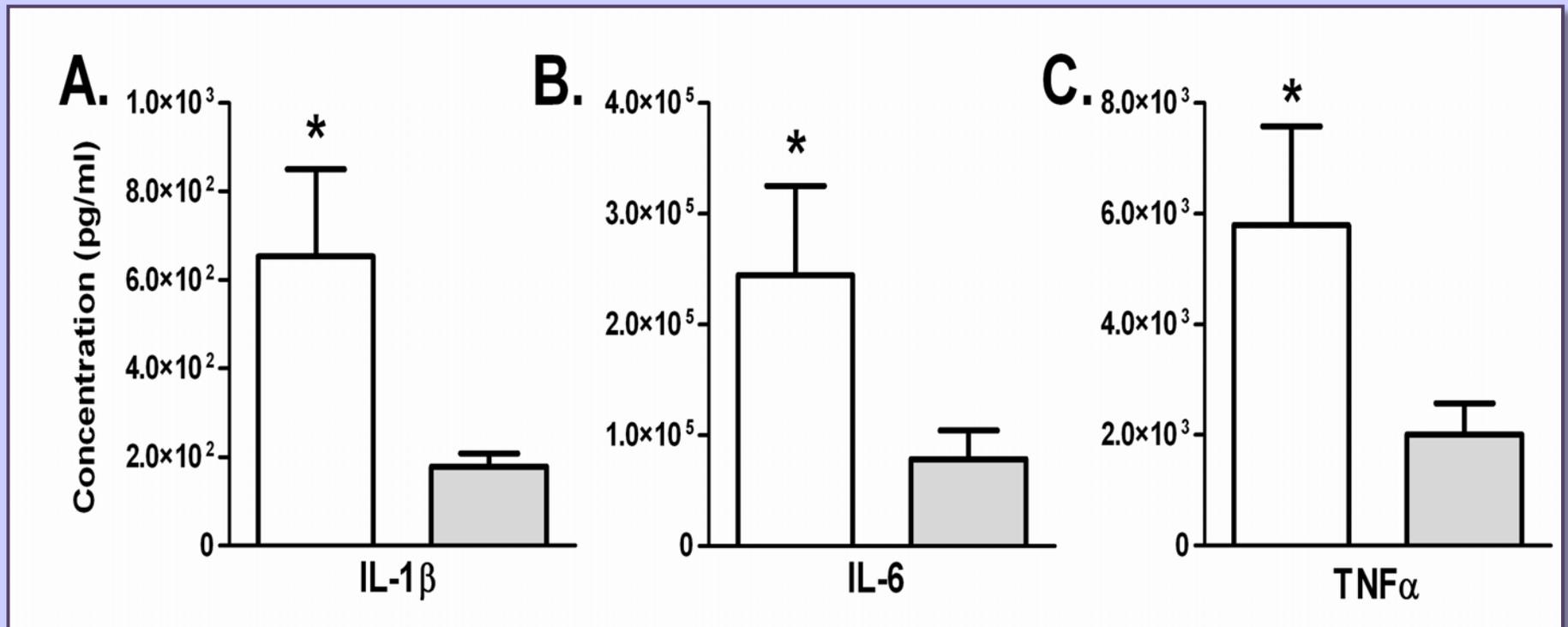
Paul Ashwood<sup>a,f,\*</sup>, Paula Krakowiak<sup>b</sup>, Irva Hertz-Picciotto<sup>b,f</sup>, Robin Hansen<sup>c,f</sup>, Isaac Pessah<sup>d,f</sup>,  
Judy Van de Water<sup>e,f</sup>

- Plasma levels of IL-6, IL-8, IL-1 $\beta$  and IL-12p40 are significantly higher in the ASD (n=97) group when compared to TD (n=87) and DD (n=39) controls.

## Altered T cell responses in children with autism: association with behavior

- When peripheral blood T cells were stimulated, GM-CSF, TNF  $\alpha$ , and IL-13 were significantly increased whereas IL-12p40 was decreased in ASD relative to TD controls.
- **Increased pro-inflammatory** or TH1 cytokines were associated with **greater impairments** in core features of ASD as well as aberrant behaviors.
- In contrast, production of GM-CSF and TH2 cytokines were associated with **better cognitive and adaptive function**.
- Ashwood P, Krakowiak P, Hertz-Picciotto I, Hansen R, Pessah IN, Van de Water, J.  
Brain Behav Immun. 2010 Sep 9. [Epub ahead of print]

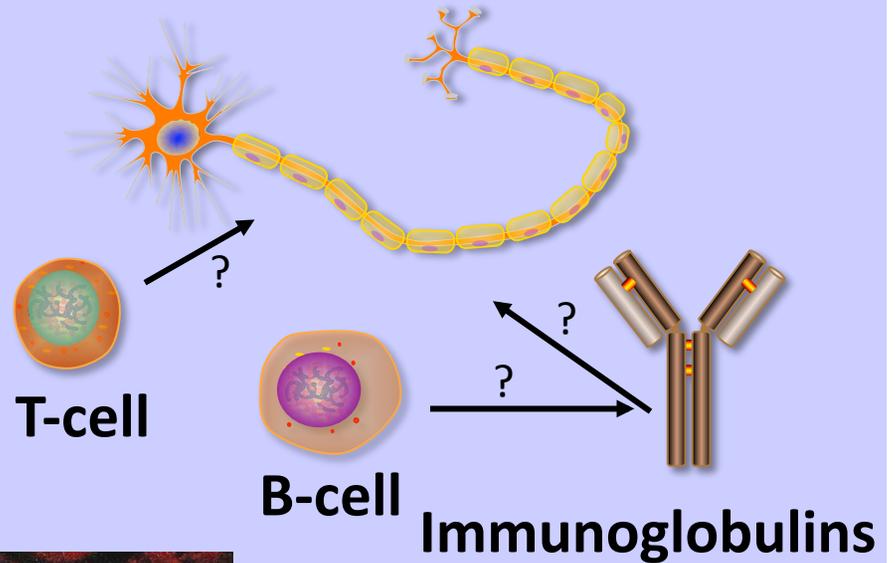
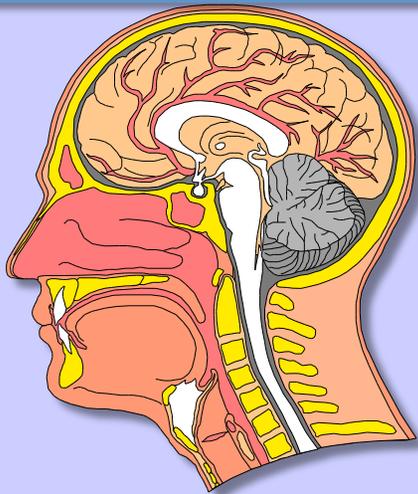
# Differential monocyte responses to TLR ligands in children with autism spectrum disorders. Enstrom, et al *Brain Behavior and Immunity* 2010; 24(1):64-71



•Concentration (log-scale) of IL-1 $\beta$  (A), IL-6 (B), and TNF $\alpha$  (C) in monocyte cell culture supernatants following stimulation with TLR 2 ligands.

•Autism (white bars); typically developing controls (grey bars). \*  $P < 0.05$ .

# What about in the brain itself?

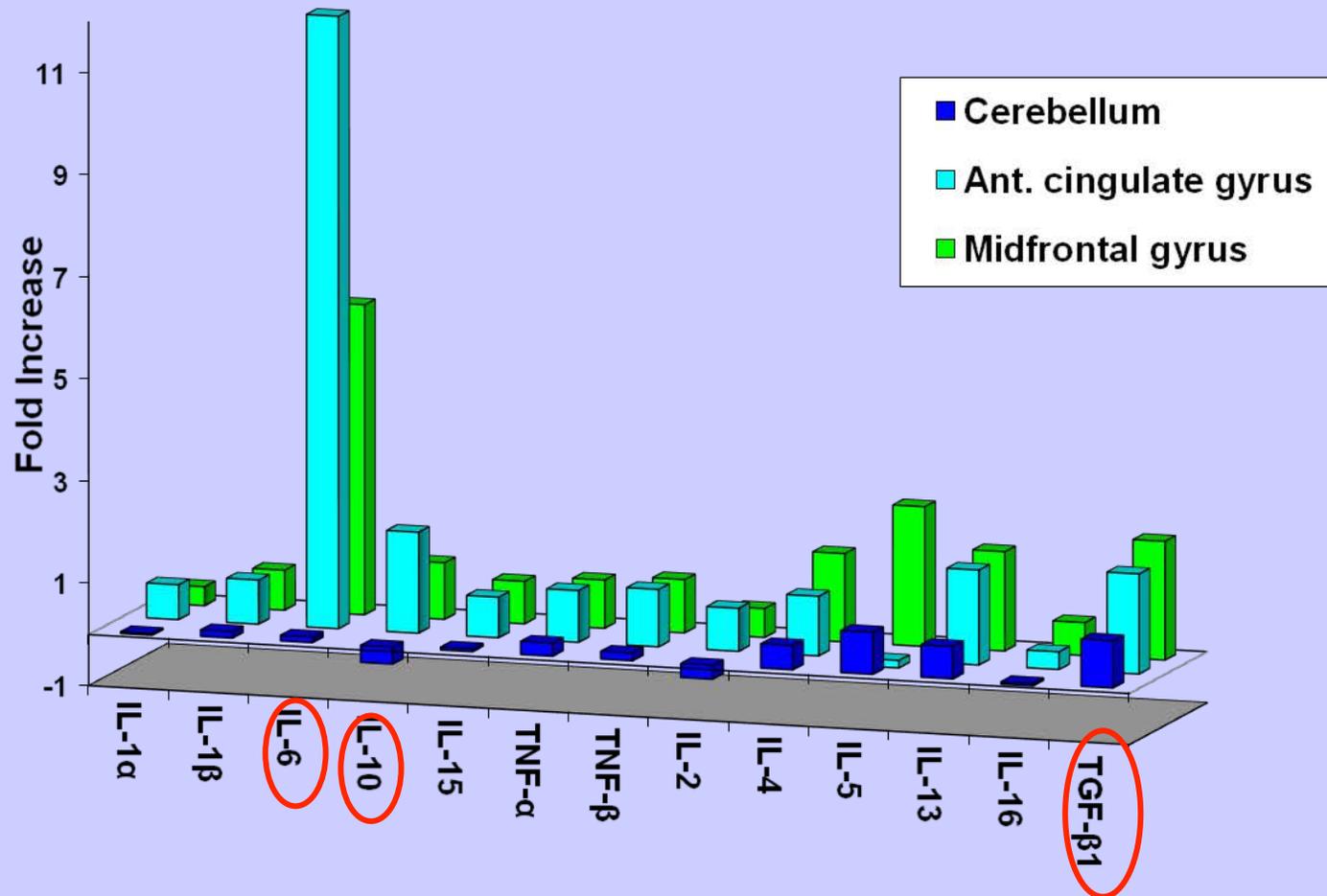


11 cases of autism  
12 controls

Assessment of  
Adaptive or specific  
immune reaction:  
Quantification of  
lymphocyte infiltration,  
immunoglobulin  
deposition or  
complement activation

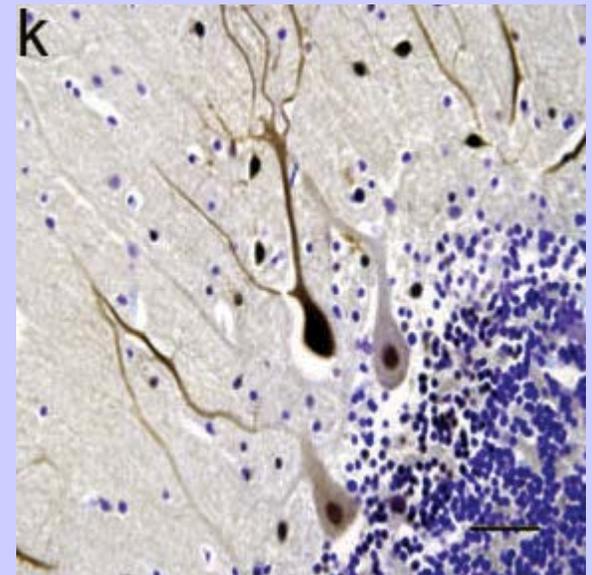
There was no evidence of any  
infiltration by T- or B-  
lymphocytes or immunoglobulin  
deposition in any of the brain  
regions studied.

# Autism: Cytokine Profile in Brain

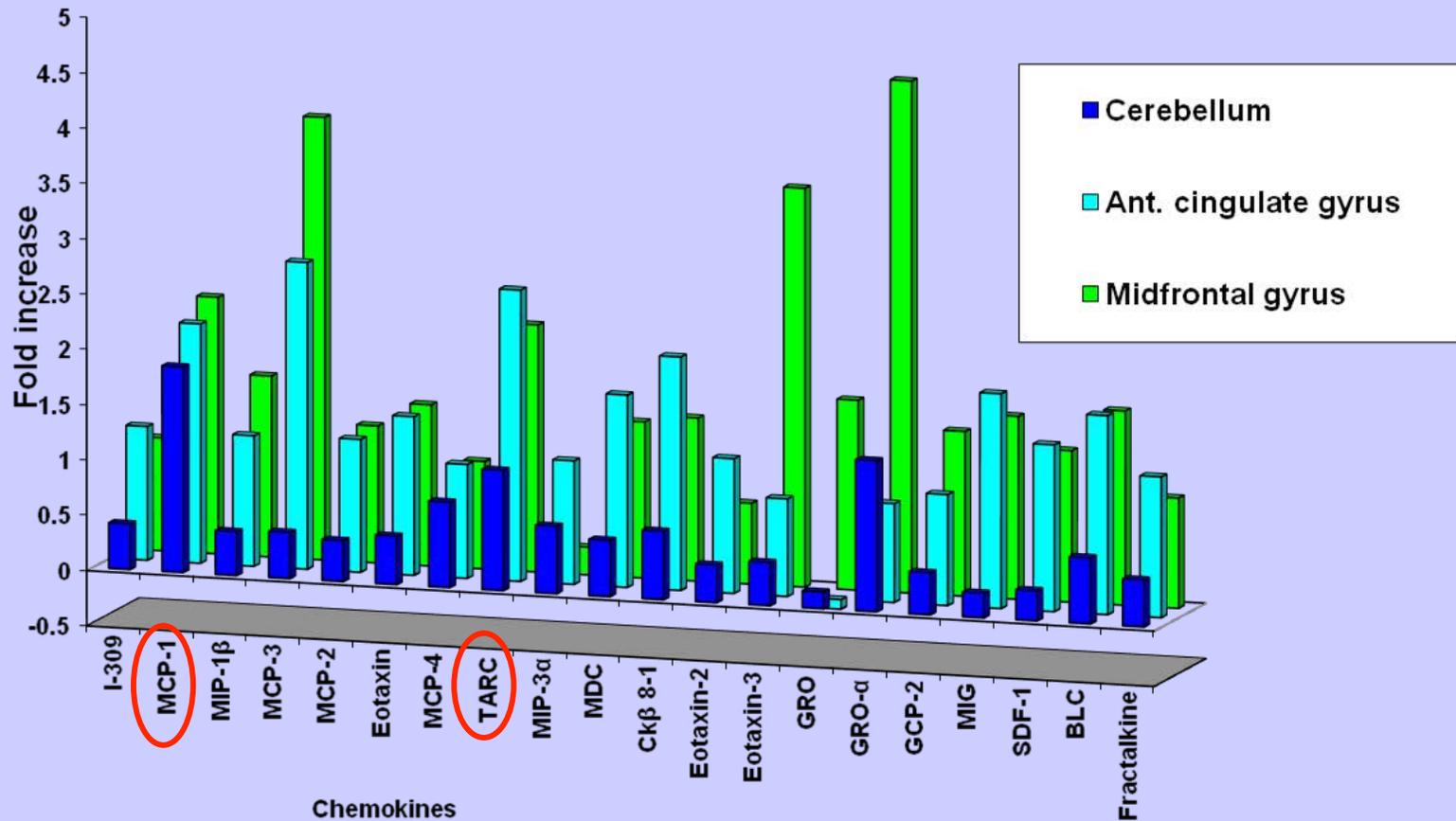


# Cytokine profile in autism

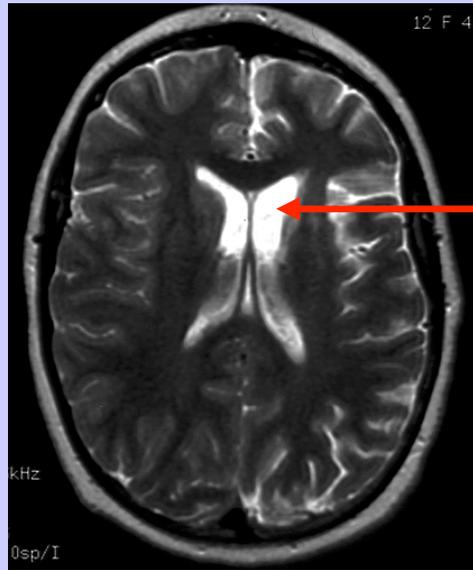
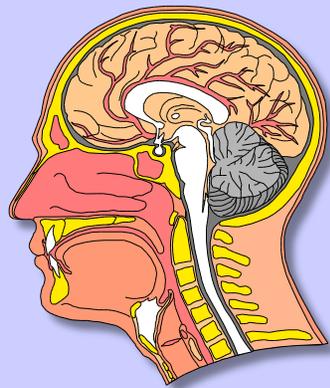
- Subsets of pro-inflammatory and anti-inflammatory cytokines are increased in the brain of autistic patients.
- Cytokines are produced in the brain by neurons and neuroglial cells



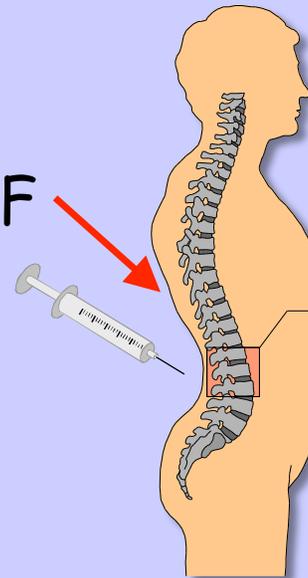
# Autism: Chemokine Profile in Brain



# How were they able to assess inflammatory markers in-vivo?



CSF



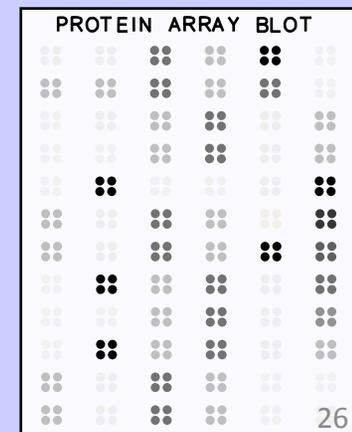
## Cerebrospinal fluid - CSF -

- Cells
- Proteins
- Immunoglobulins
- Oligoclonal bands

Cytokines  
Chemokines

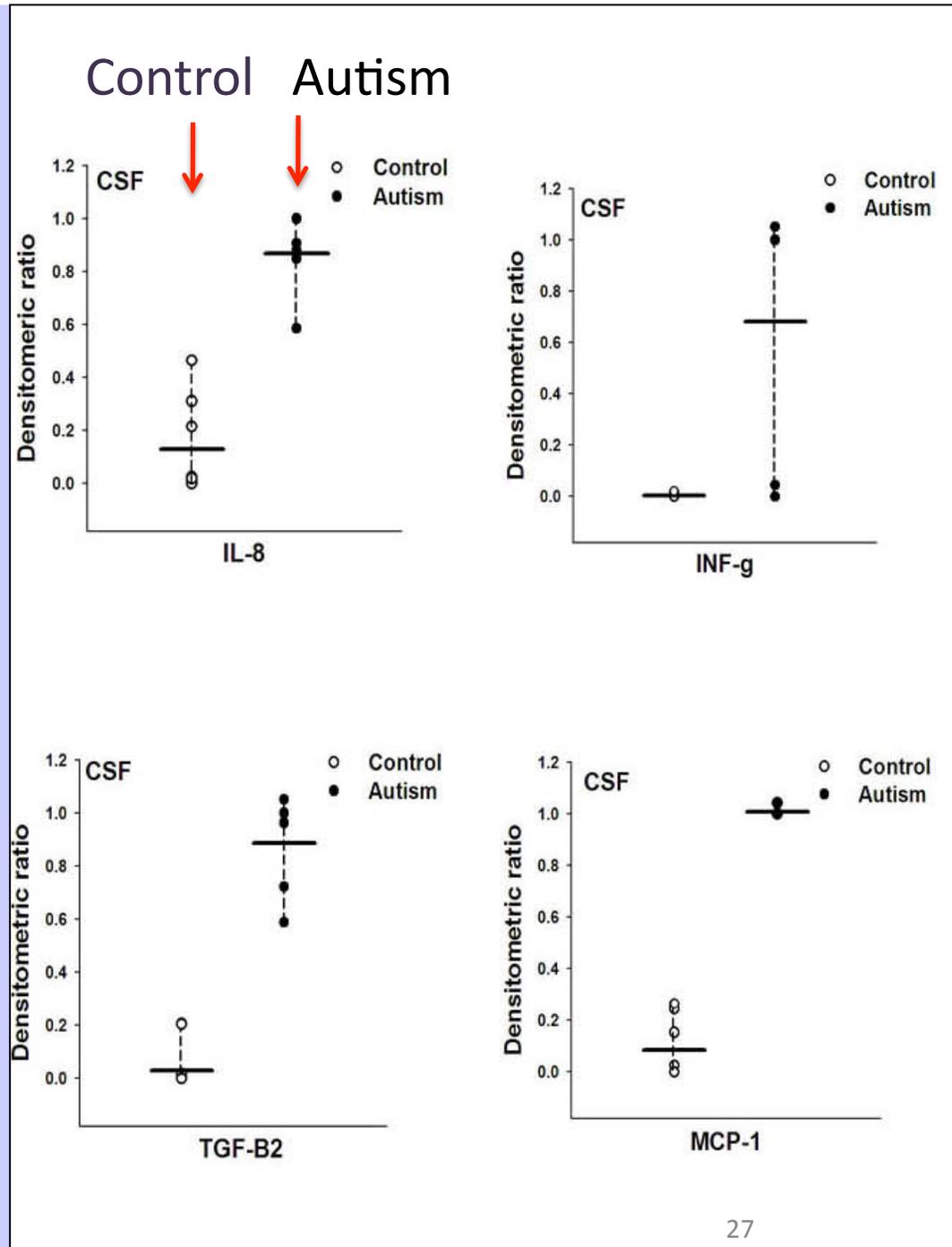
Assessment of  
cytokines and  
chemokines in CSF:  
Expression profile  
and quantification

7 autism cases  
7 control cases



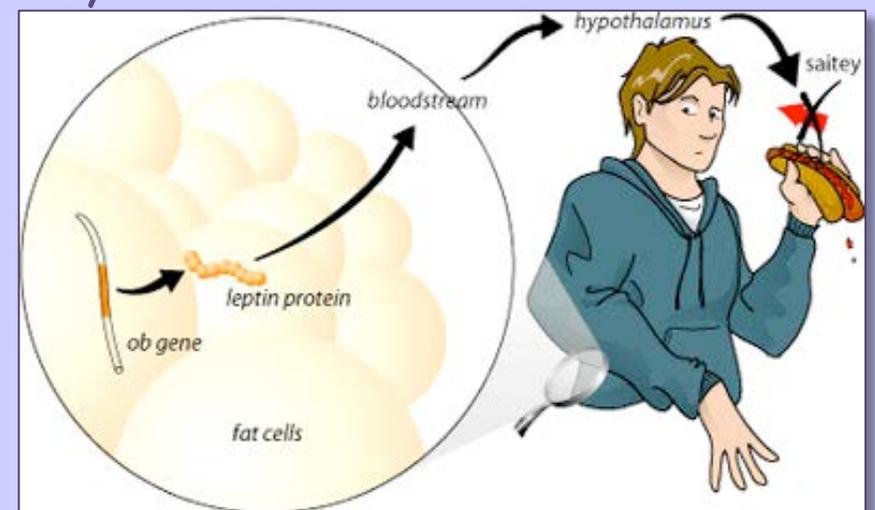
**Autism:**  
In-vivo markers  
of inflammation in  
the cerebrospinal  
fluid were found.

Vargas DL et al. Ann Neurol 2005



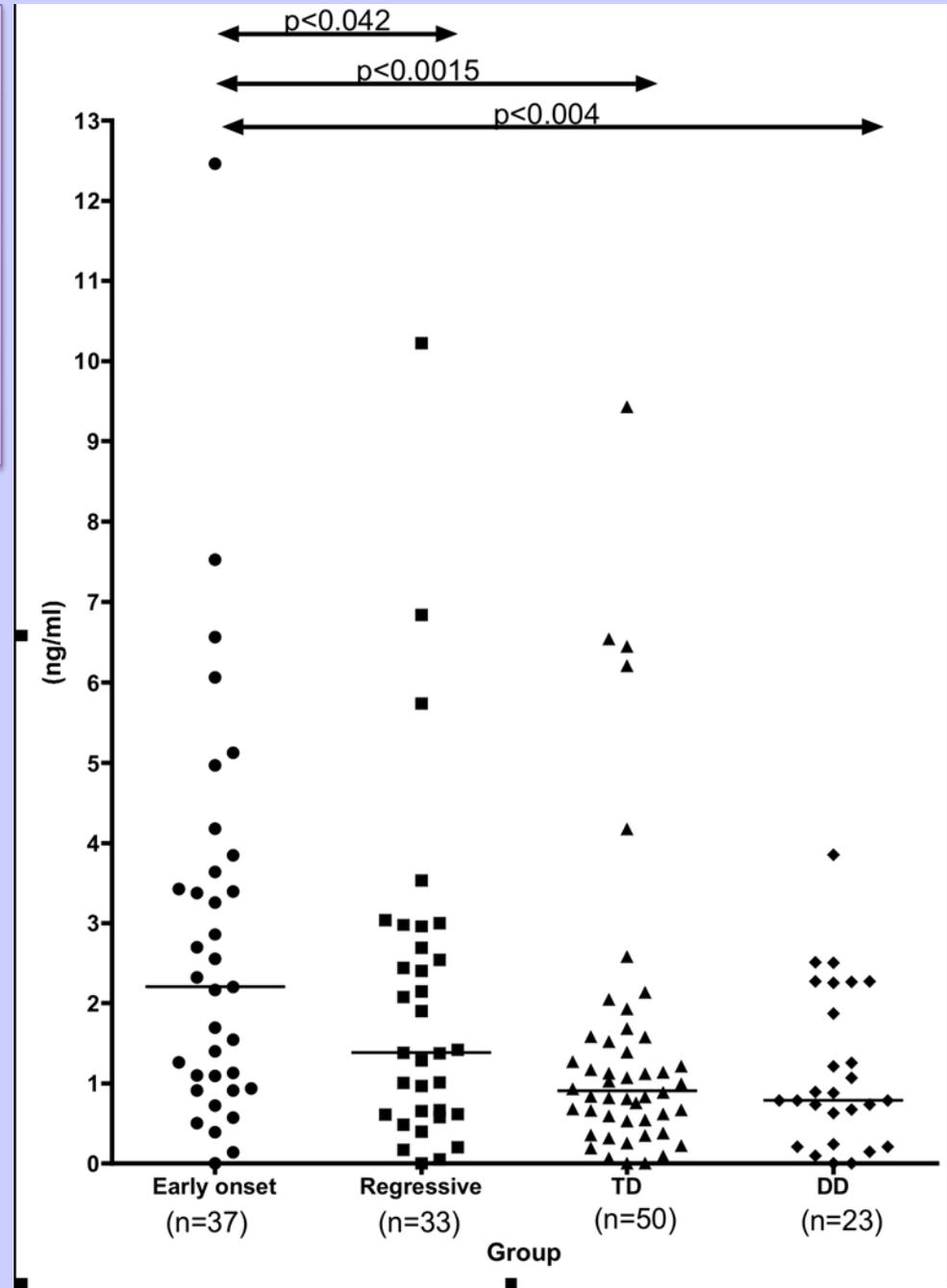
# Leptin, a newly discovered cytokine

- Adipokines such as leptin are an examples of molecules that interface between immune and metabolic regulation.
- Leptin signals the brain that sufficient food is stored as fat.
- In the following study, we compared plasma leptin levels in a population of well-defined children with autism and age-matched controls, with and without developmental disabilities.



Plasma Leptin Levels are Elevated in Autism: Association with an Early Onset Phenotype? Ashwood et al, JADD, 2008

- The cytokine leptin was analyzed in children with early onset vs regressive autism
- Can begin to separate phenotypes based on biologic outcomes

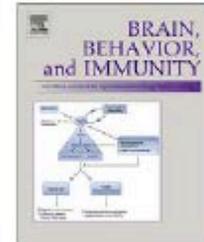
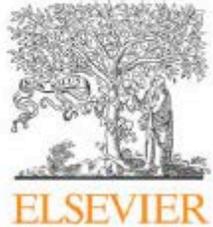


# What does this mean?

- Leptin controls intracellular metabolism.
- Decreased leptin leads to increased infections.
- Increased leptin, see increased frequency of autoimmunity.

# What might be the outcome of immune dysregulation such as elevated inflammatory cytokines?

- One potential outcome is the increased susceptibility towards the generation of autoantibodies.
- We have examined plasma from children with an ASD for autoantibodies to brain proteins using:
  - Immunohistochemistry
  - Western blot analysis

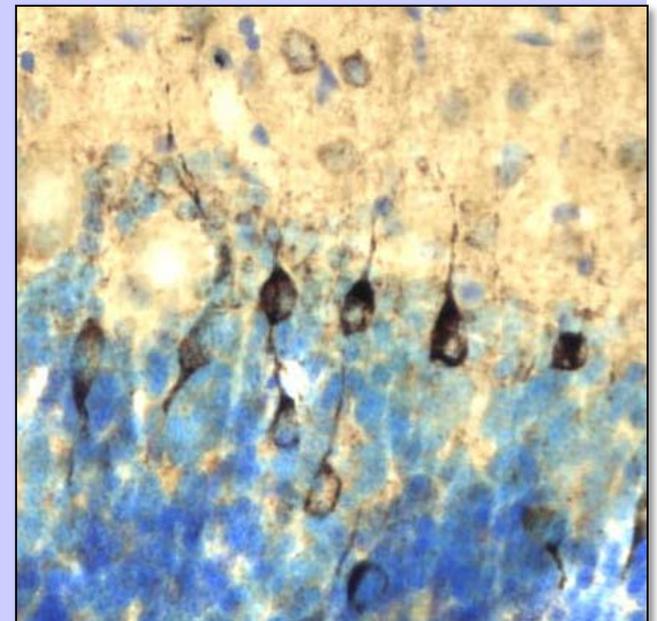


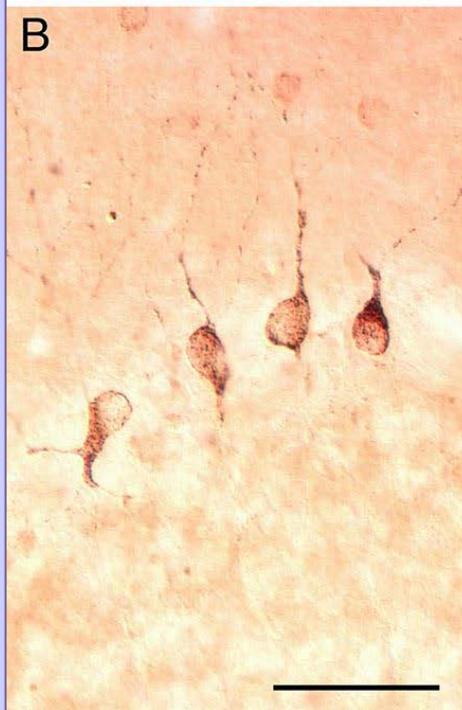
## Detection of autoantibodies to neural cells of the cerebellum in the plasma of subjects with autism spectrum disorders

Sharifia Wills<sup>a,e</sup>, Maricel Cabanlit<sup>a,e</sup>, Jeff Bennett<sup>b,d</sup>, Paul Ashwood<sup>c,d,e</sup>,  
David G. Amaral<sup>b,d</sup>, Judy Van de Water<sup>a,d,e,\*</sup>

Autoantibodies from children with ASD-

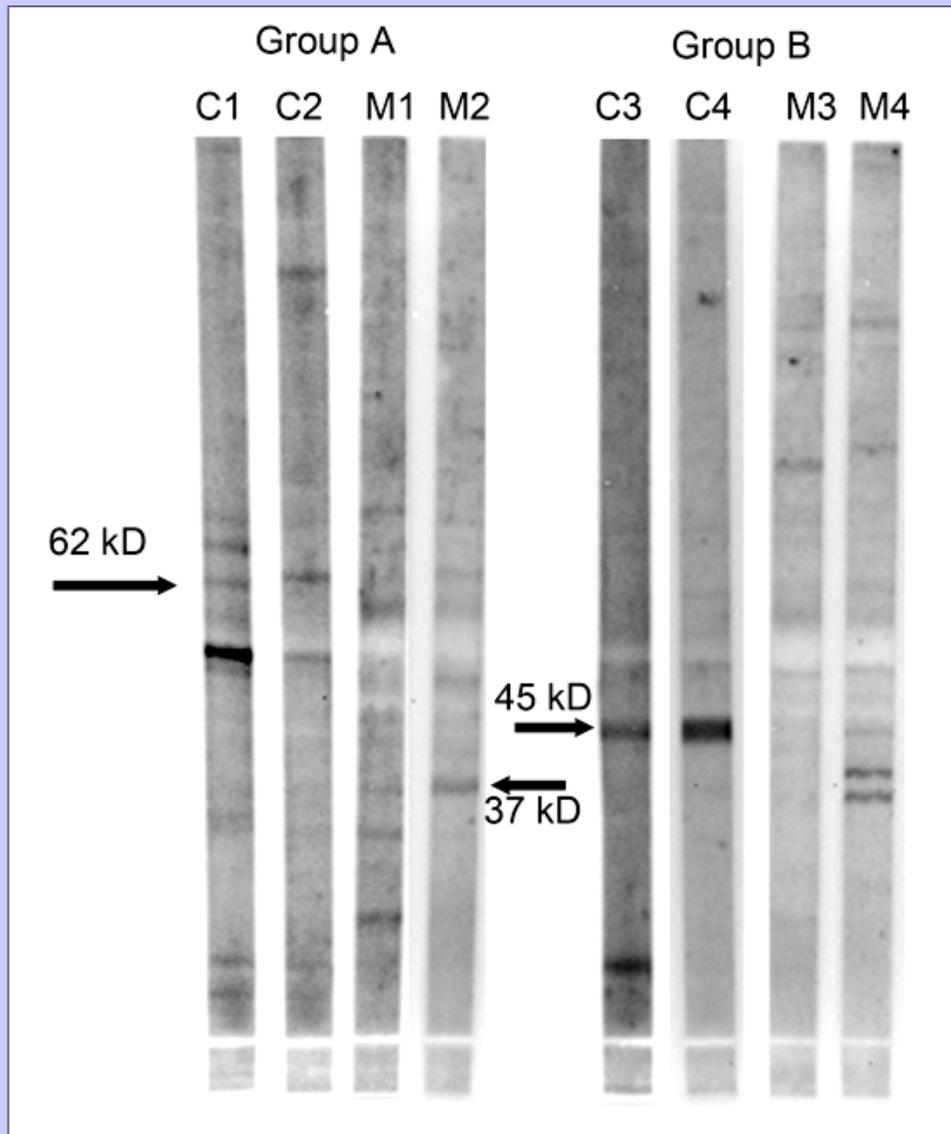
Immunohistochemical and Western blot analysis of autoantibody localization in cerebellum of Rhesus monkeys





- The golgi cell of the cerebellum was strongly reactive when probed with antibodies from children with autism.
- Intense golgi cell staining was observed in ~21% of patients with ASD compared with 0% of normal controls.

# Western blot of monkey cerebellum



- Blot was run with plasma from children with autism and the presence of bands determined

Goines, et al,  
Submitted BBI, 2010

# Western blot analysis of monkey cerebellum

	Child IgG Targets in Cerebellum				P values			
	ASD n=70	AU n=207	AU +ASD n=277	TD n=189	ASD vs. TD	AU vs. TD	AU +ASD vs. TD	AU vs. ASD
<b>45</b>	5 (7.1%)	20 (9.7%)	25 (9%)	7 (3.6%)	NS	0.017	0.025	NS
<b>62</b>	12 (16%)	17 (8.2%)	29 (10%)	16 (8.2%)	0.043	NS	NS	0.043

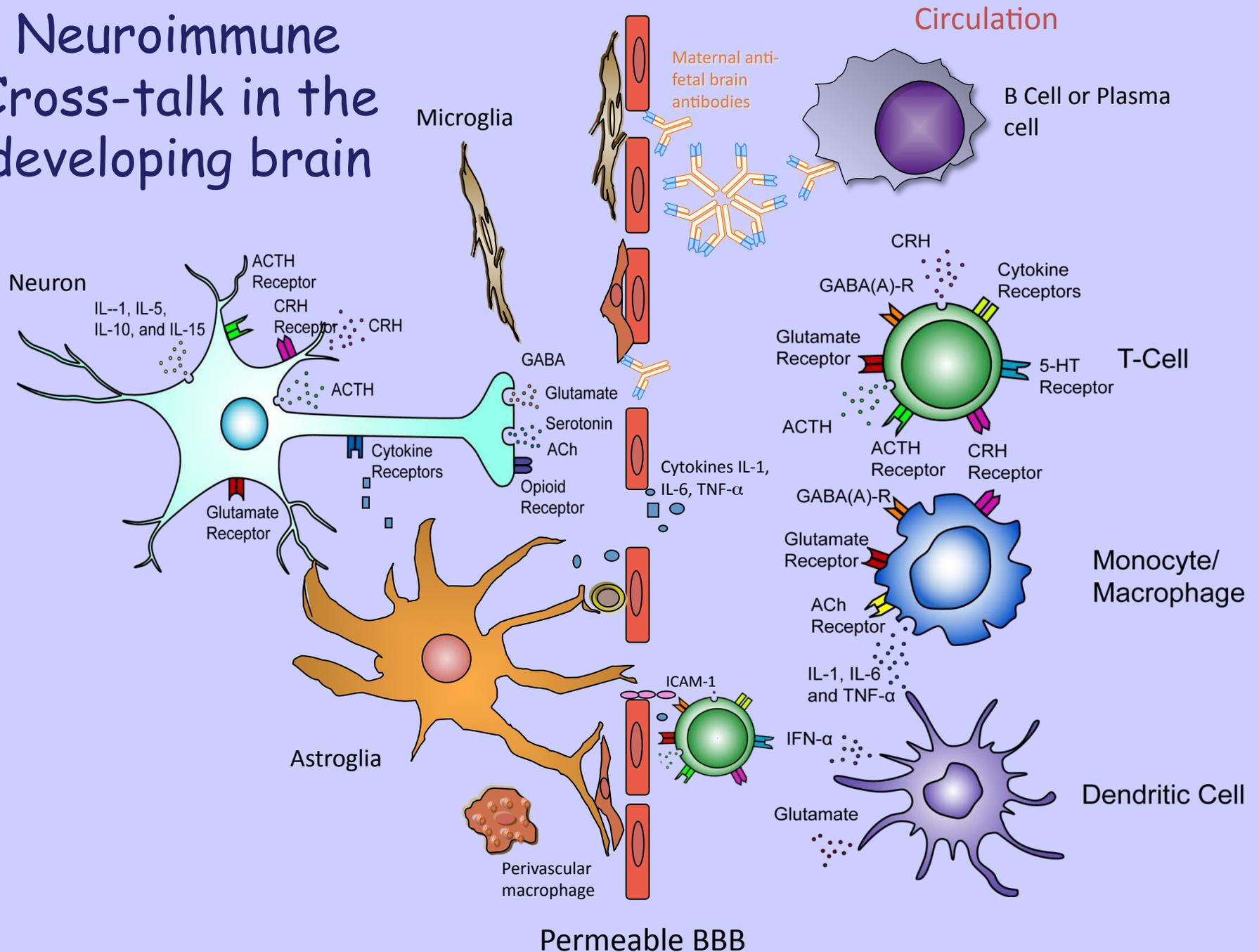
# Significant behavioral associations for children with and without IgG reactivity towards the 45 kDa protein.

Test	ASD		P	AU		P	TD		P	All Children		P
	Mean Score (SD)			Mean Score (SD)			Mean Score (SD)			Mean Score (SD)		
	45+	45-		45+	45-		45+	45-		45+	45-	
<b>ABC 2: Lethargy</b>	8.2 (7)	9 (7.9)	ns	12.9 (9.6)	12.3 (7.1)	ns	0.5 (1.22)	0.47 (1.6)	ns	9.3 (9.3)	6.7 (7.9)	0.05
<b>ABC 3: Stereotypy</b>	3.2 (2.8)	3.3 (3.5)	ns	7.8 (6.4)	5.7 (4.2)	ns	0 (0)	0.1 (0.4)	ns	5.2 (6)	2.9 (4)	0.01
<b>MSEL</b>	69 (26.1)	68.4 (17.8)	ns	53.5 (6.4)	59.5 (17.2)	ns	108 (13.8)	105.1 (17.7)	ns	67.1 (24.9)	80.6 (27.8)	0.005
<b>VABS</b>	68.5 (19.6)	70.2 (12.7)	ns	58.6 (7)	62.9 (12)	ns	100.8 (17.7)	104.9 (14.9)	ns	68.7 (20.4)	82 (24)	0.0008

## Significant behavioral associations for children with and without IgG reactivity towards the 62 kDa protein.

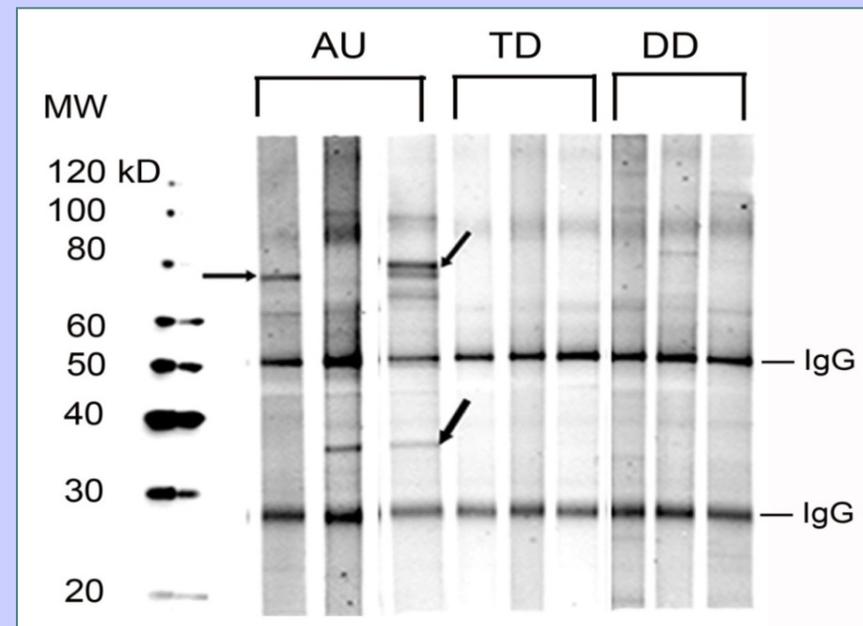
	ASD			AU			TD			All Children		
Test	Mean Score		P	Mean Score		P	Mean Score (SD)		P	Mean Score (SD)		P
	(SD)			(SD)								
	62+	62-		62+	62-		62+	62-		62+	62-	
Total ABC	68.1 (40.9)	38.7 (25.)	0.02	48.3 (25.6)	53.1 (26.1)	ns	10.9 (14.1)	7.1 (10)	ns	38.9 (35.1)	30.1 (29.5)	ns
ABC 2: Lethargy	16.6 (11.9)	7.5 (5.9)	0.01	10.3 (7.5)	12.6 (7.3)	ns	0.4 (0.8)	0.5 (1.7)	ns	8.4 (9.8)	6.7 (7.8)	ns
ABC 3: Stereotypy	5.6 (3.5)	2.9 (3.3)	0.01	5.2 (4)	6 (4.6)	ns	0.07 (0.3)	0.09 (0.4)	ns	3.5 (3.9)	3 (4.2)	ns
ABC 5: Inappropriate Speech	3.5 (3.4)	2.8 (2.8)	ns	3 (2.9)	2.8 (2.8)	ns	0.9 (1.5)	0.4 (0.9)	ns	2.4 (2.9)	1.8 (2.5)	0.04
VABS	67.7 (12.3)	70.5 (13.5)	ns	65.1 (15.8)	62.1 (11.1)	ns	97.5 (15.4)	105.5 (14.8)	0.02	76.9 (20.9)	81.5 (24.3)	ns

# Neuroimmune Cross-talk in the developing brain



# Results of First Study

Study population	Number 37 kD & 73 kD band positive (%)
AU (n=61)	7 (12%)
TD (n=62)	0 (0%)
DD (n=40)	0 (0%)



Neurotoxicology 29:226-231, 2008 E-Pub ahead of print (November 2007)

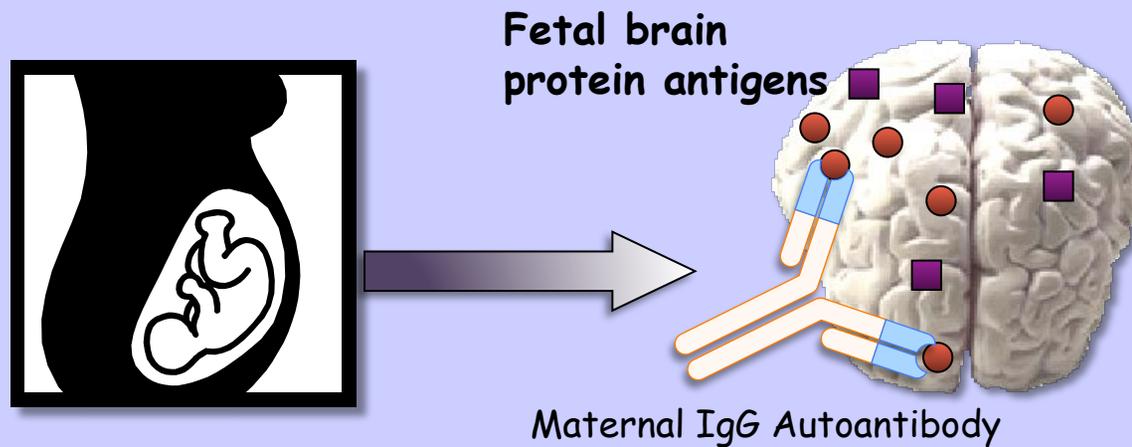
Abbreviations: AU = Autism; TD = Typically Developing; DD = Developmental delays

# Expanded Study: Specificity Remains

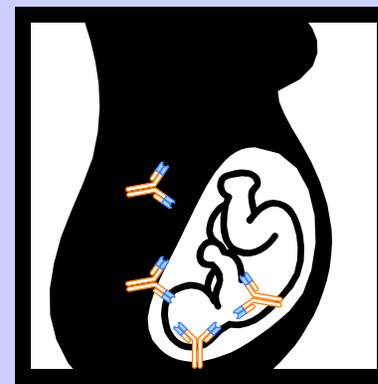
Study Population (n)	37&73kD or 37 & 39 & 73kD			
	37&73kD*	39&73kD	39&73kD	37 & 39 & 73kD
AU (n=204)	12 (6%)	10 (5%)	22 (11%)	6 (3%)
ASD (n=71)	3 (4%)	9 (13%)	12 (17%)	0 (0%)
AU and ASD (n=275)	15 (5%)	19 (7%)	34 (12%)	6 (2%)
TD (n=183)	0 (0%)	3 (2%)	3 (2%)	0 (0%)
Significance (p-value)	37&73kD	39&73kD	37&73kD or 39&73kD	37 & 39 & 73kD
AU vs TD	0.0005	0.093	0.0003	0.0314
ASD vs TD	0.0212	0.0007	<0.0001	NA
AU & ASD vs TD	0.0006	0.0124	<0.0001	0.0856
AU vs ASD	0.766	0.0525	0.209	0.344

Abbreviations: AU = Autism; TD = Typically Developing; DD = Developmental delays. Submitted: J. Autoimmunity

# The Maternal Autoantibody Model



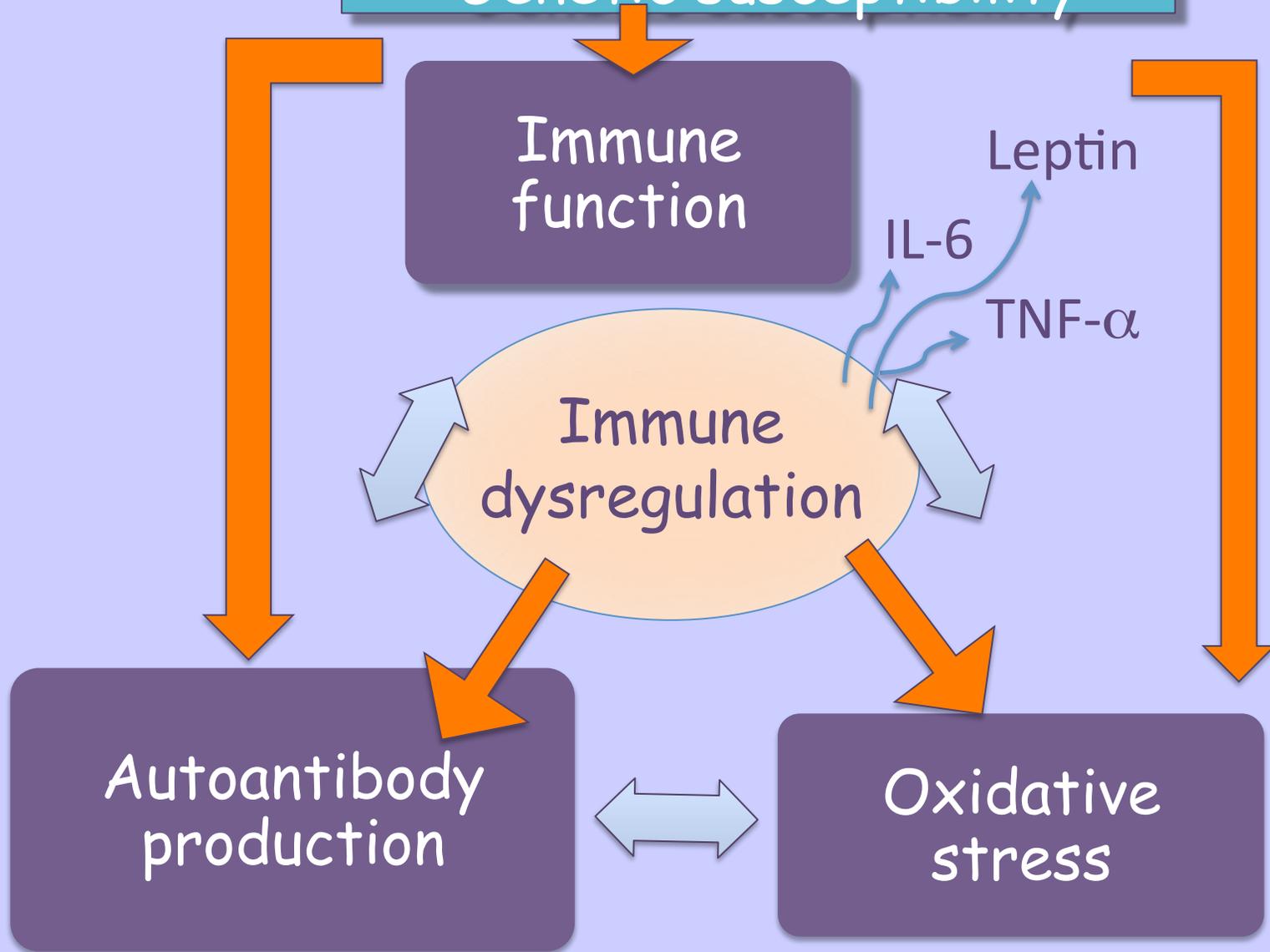
Autoantibodies can cross the placenta and bind to proteins present in the developing fetal brain.



Altered Neurodevelopment

Putting it all together....

- Environmental perturbation
- Genetic susceptibility



# The UC Davis Team

**Dr. Judy Van de Water**

**Dr. Paul Ashwood**

**Dr. David Amaral**

**Daniel Braunschweig**

**Luke Heuer**

**Robert Boyce**

**Paula Goines**

**Marjannie Eloi**

**Lori Haapanen**



**UCD Children's Health Center  
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**Dr. Isaac Pessah, Director**

**Dr. Irva Hertz-Picciotto**

**Dr. Robin Hansen**



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