



« If it were not for the great variability among individuals medicine might as well be a science and not an art »

Sir William Osler, 1892

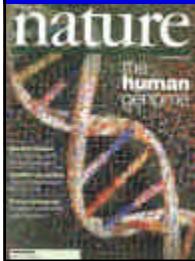
-1953-

2001-2003 →

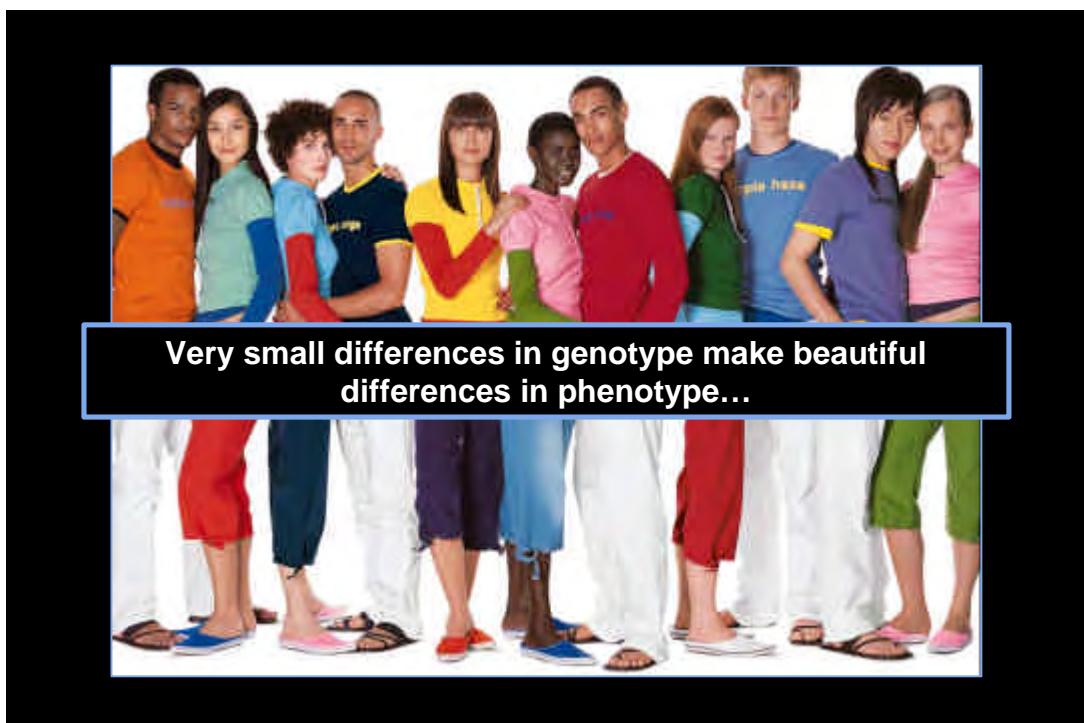
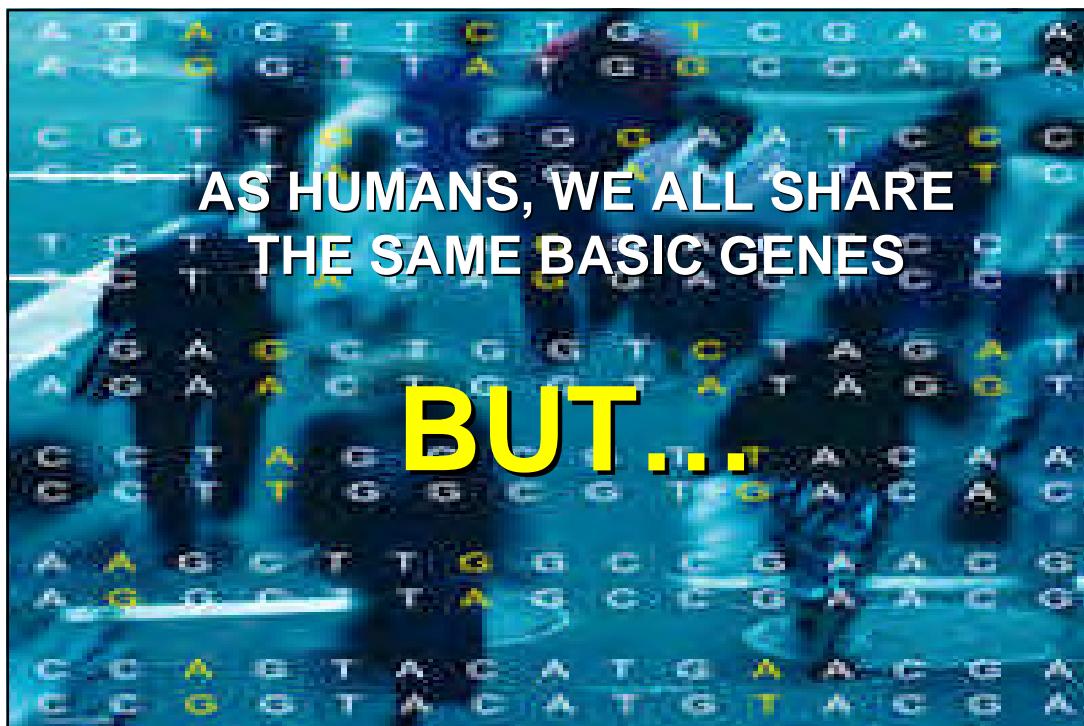
« Today we are learning the language in which God created life. It will revolutionize the diagnosis, prevention and treatment of most, if not all human diseases. »

William J. Clinton, June 26, 2000

From Watson and Crick to Human Genome

- | | | |
|--|---|--|
|  | <p>1953 Watson and Crick: double helical structure of DNA
1960s Role of RNA and Genetic Code
1970s Recombinant DNA technology
1977 Sanger and Gilbert: DNA sequencing
1983 Mapping of disorders by linkage (Huntington disease)
1986 Polymerase Chain Reaction
1990 Human Genome Project
1995 <i>Haemophilus influenzae</i> genome
2003 Mice and Human genome sequence
 Human SNP Map</p> |  |
|--|---|--|



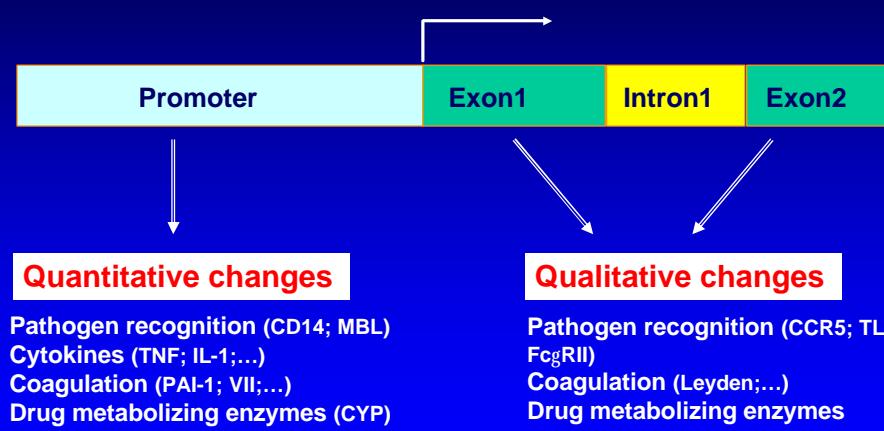


Genetic Polymorphisms



→ Human SNP Map

How single nucleotide polymorphisms influence human biology



Evidences for a genetic component to sepsis

Animal Studies

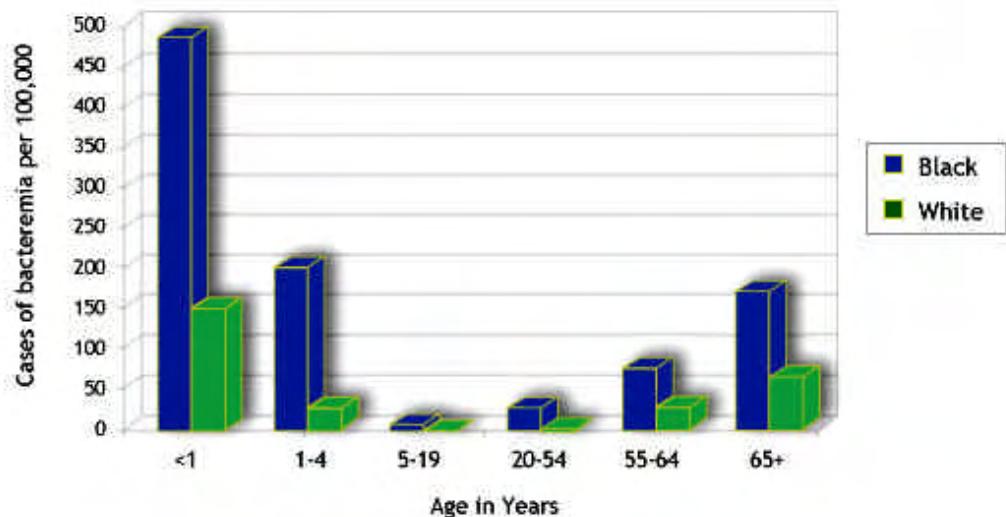
- Susceptibility/resistance to certain infection in mice
- Susceptibility/resistance phenotypes of knockout mice

Human Studies

- Clinical Evidences
- Ethnic Differences
- Twin Studies
- Adoptee Studies



Pneumococcal Bacteremia by Ethnicity and Age



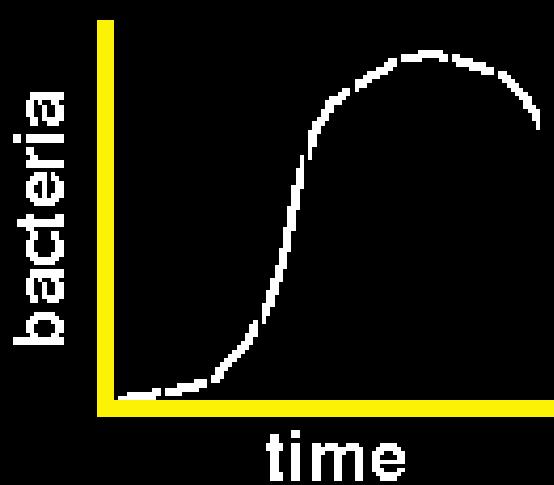
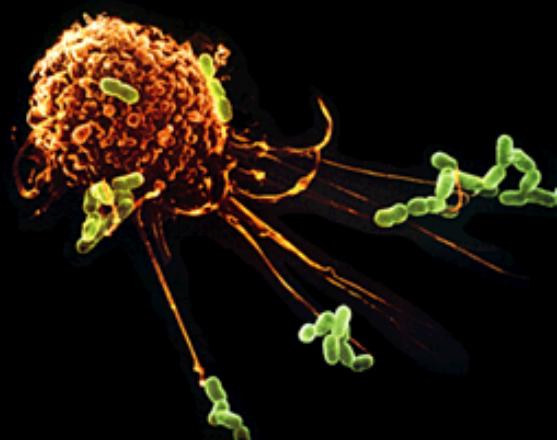
Monroe County, New York, 1985-1989

Bennet NM; Am J Public Health 1992;82:1513

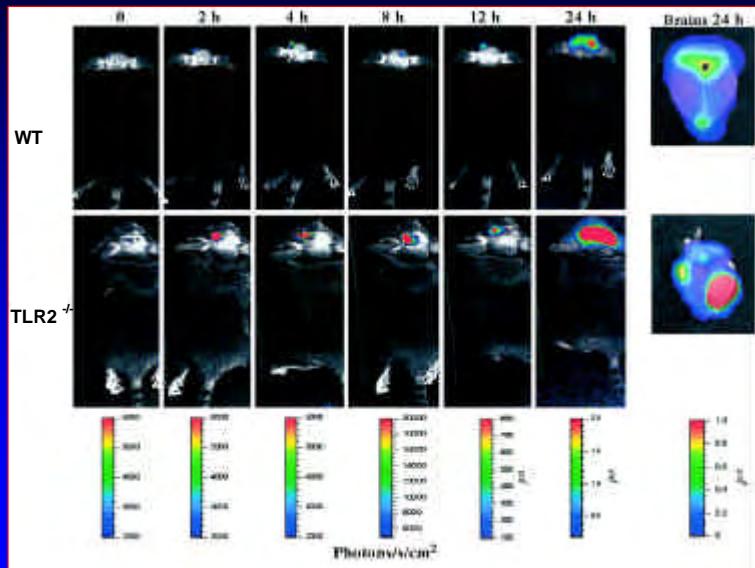
Genetic Polymorphisms and Severe Sepsis

Gene	Susceptibility and/or Outcome
Mannose Binding Lectin	Meningococcemia, Pneumococcemia Severe sepsis
Toll-Like Receptor 4/2	Gram negative/positive Septic Shock
Toll-Like Receptor 5	Legionnaire's Disease
CD14	Septic Shock
FCgRII Receptor	Meningococcemia; Pneumococcemia
TNF locus	Meningococcemia Septic Shock; Cerebral Malaria
IL-18	Severe Sepsis
IL-10	Severe Sepsis, Meningococcemia
IL-6	Severe sepsis
IL-1 locus	Severe Sepsis
IL-4	Viral Pneumonia
Caspase 12	Severe Sepsis
PAI-1	Meningococcemia; Severe sepsis
FactorV Leiden	Meningococcemia; Severe sepsis

Pathogen Detection

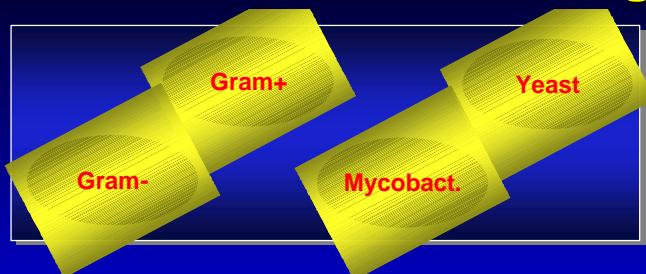


TLR2 and *Streptococcus pneumoniae* meningitis

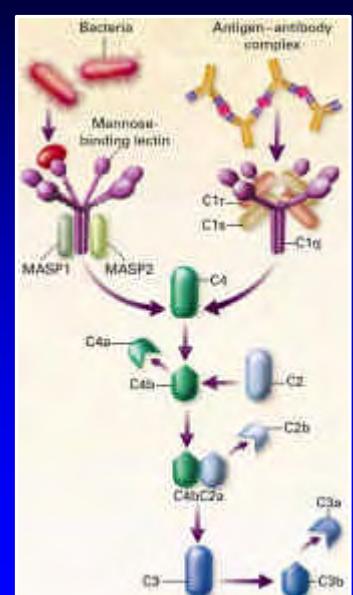


Echchannaoui H et al. JID 2002;186:798

Mannose-Binding Lectin



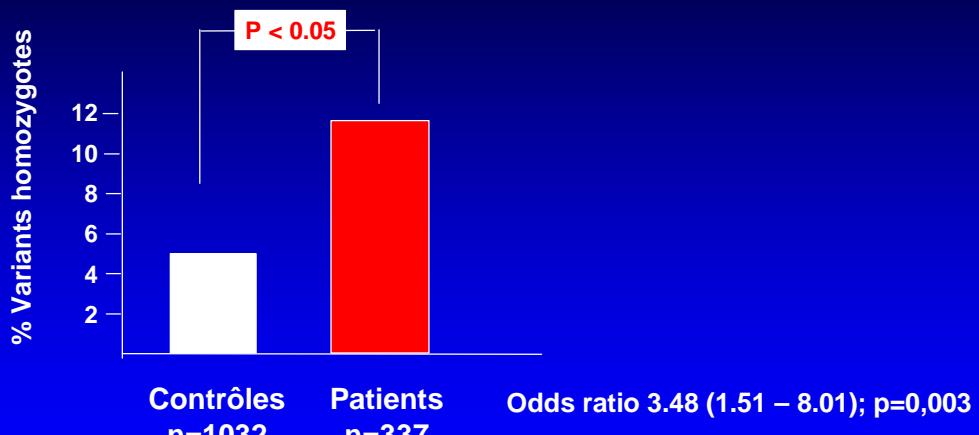
- Collectin
- Structural homology with C1q
- Associated to 2 serine proteases
- Variability:
 - Point mutations codons 52, 54, 57
 - Polymorphisms in the promoter



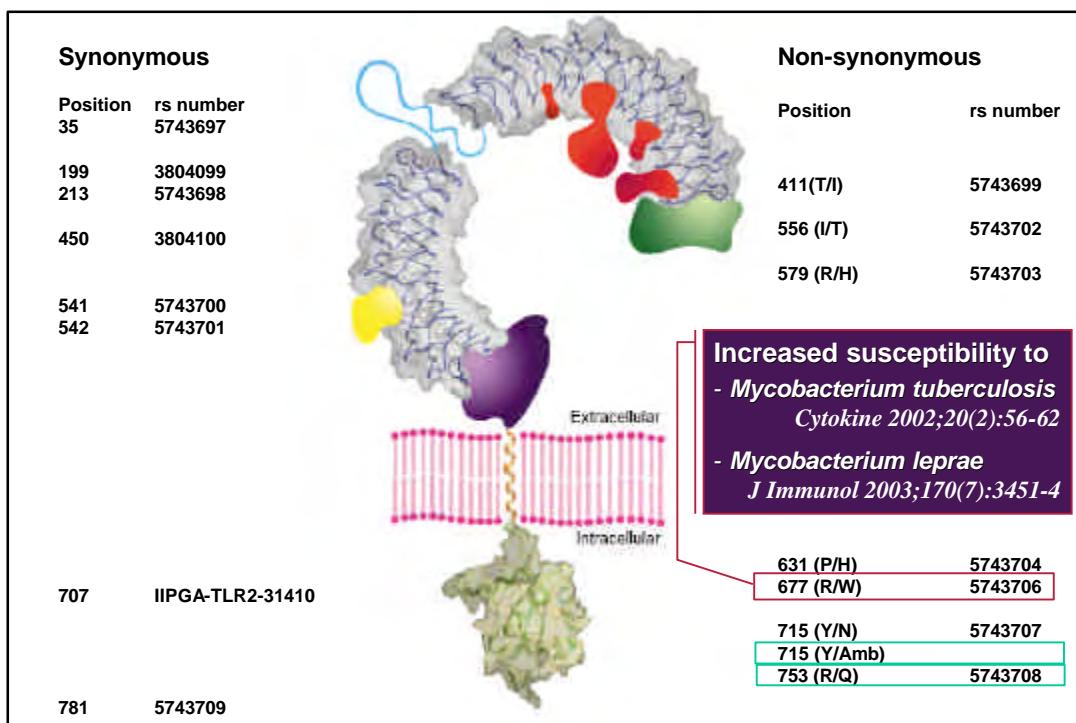
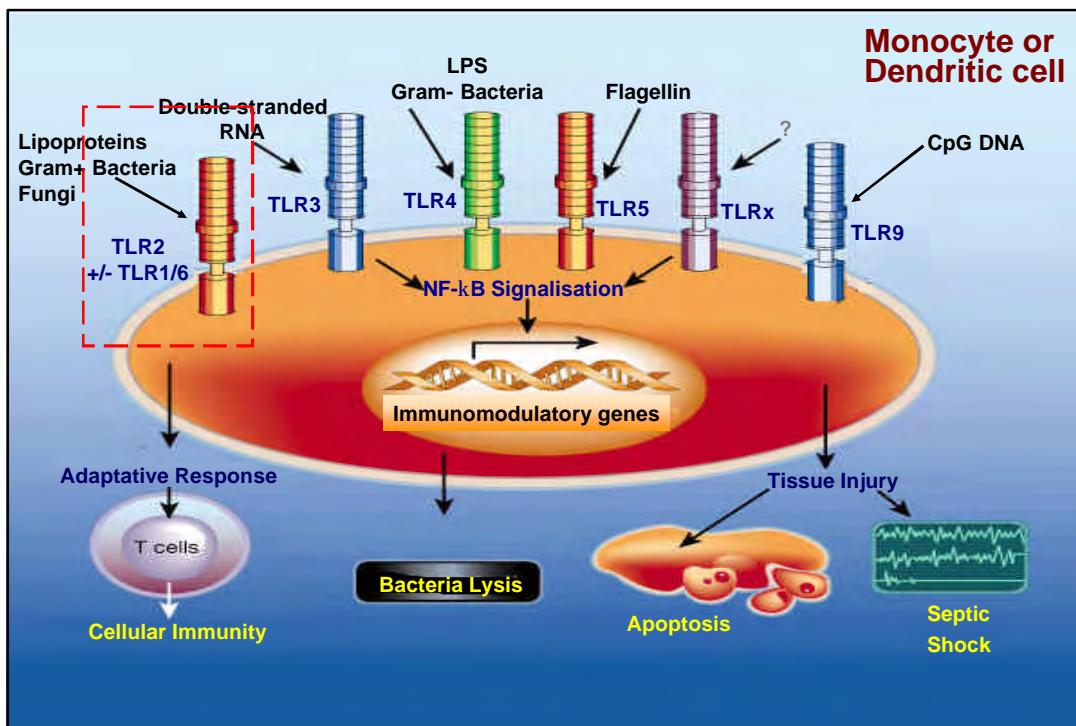
Mannose-binding Lectin Polymorphisms & The Risk of Infections

- Repeated bacterial and fungal infections
 - Sumiya et al., Lancet 1991
 - Summerfeld et al., Lancet 1995
 - Garred et al., Lancet 1995
 - Summerfeld et al., BMJ 1997
- Infections after chemotherapy
 - Neth et al., Lancet 2001
 - Peterslund et al., Lancet 2001
- Increased severity of lung disease and low survival in cystic fibrosis
 - Garred et al., J. Clin. Invest. 1999
- Meningococcal disease
 - Hibberd et al., Lancet 1999

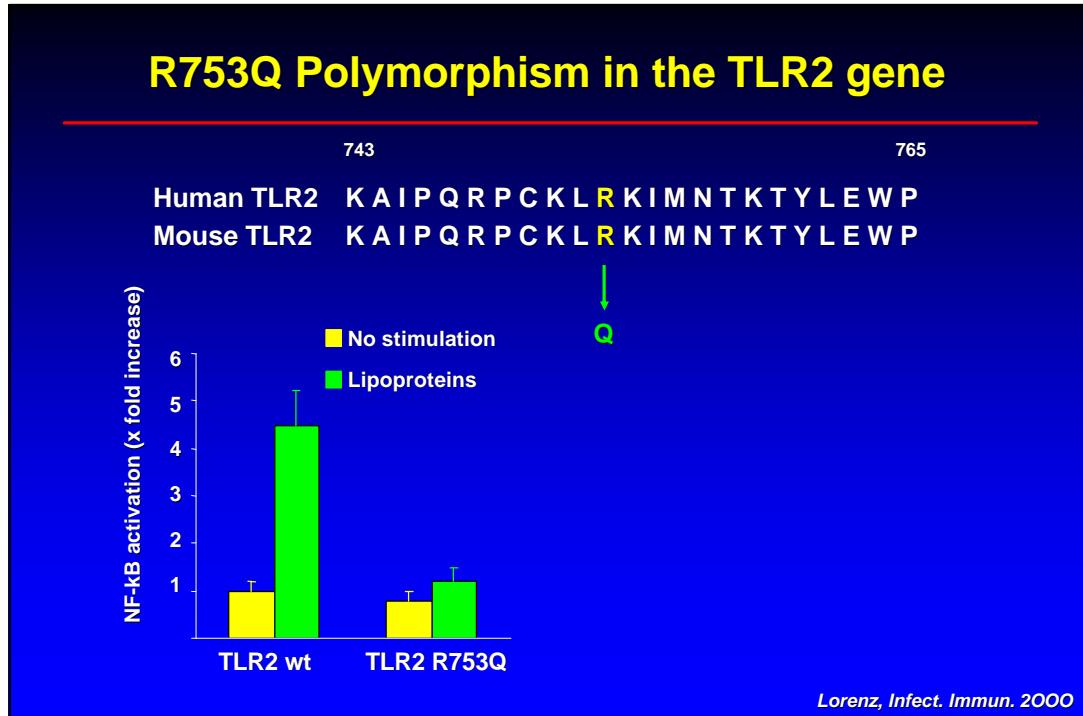
MBL genotype and risk of invasive pneumococcal disease



Roy et al. Lancet 2002; 359: 1569-1573



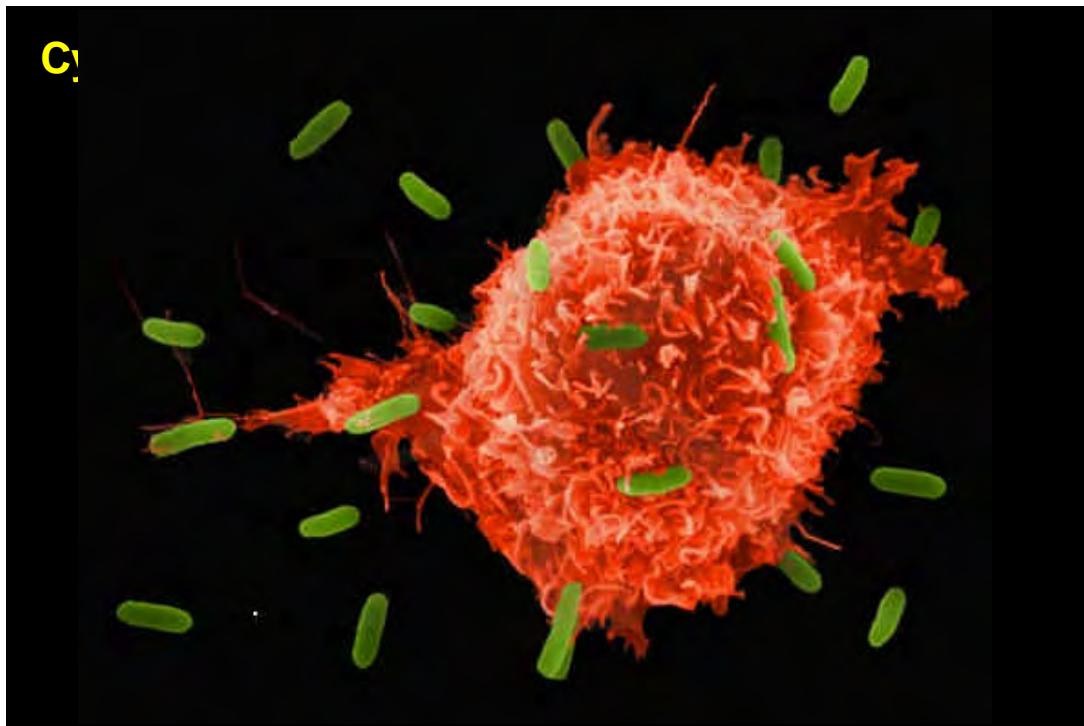
R753Q Polymorphism in the TLR2 gene



TLR2_{R753Q} in MICU

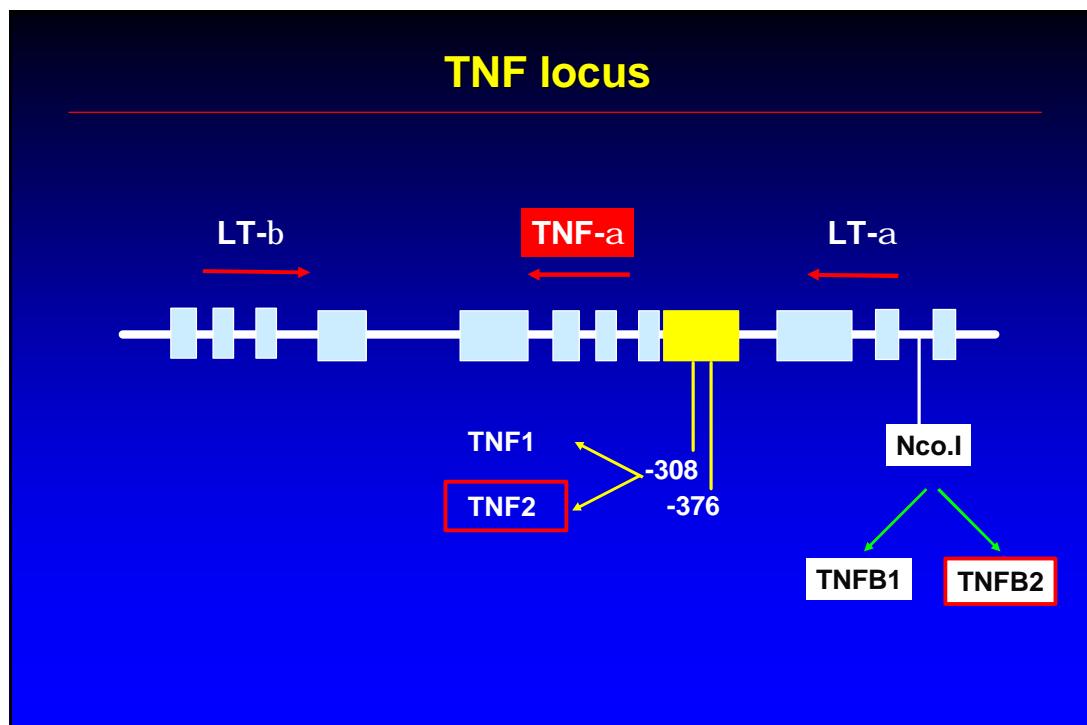
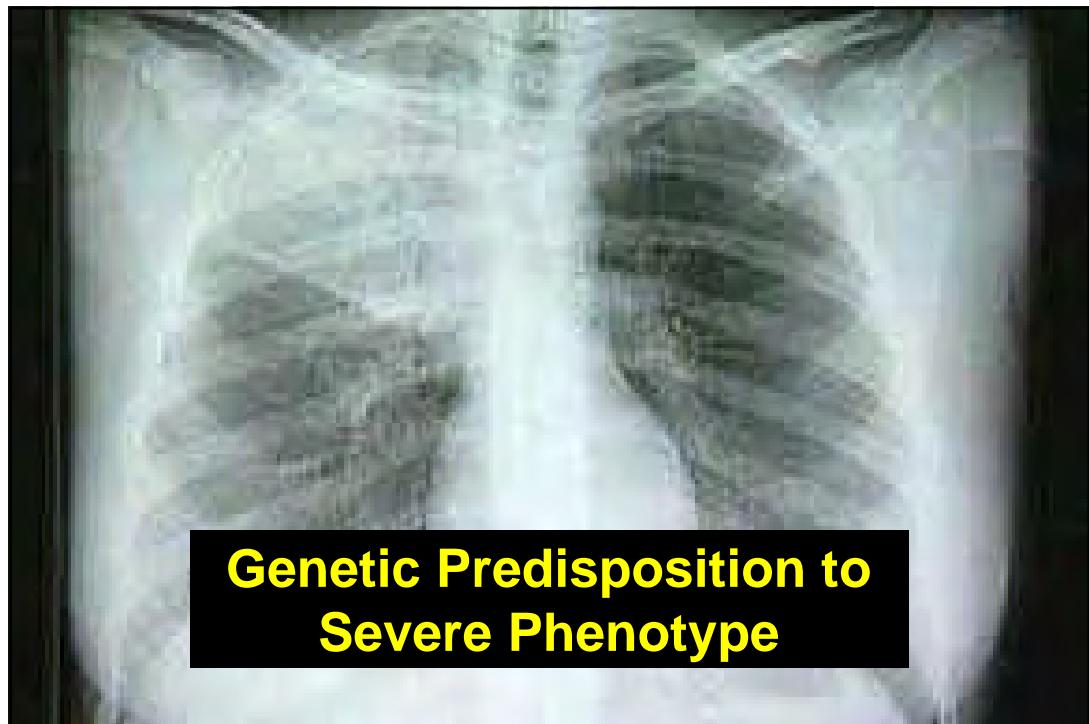
1103 Caucasian ICU Pts (322 SS) → 28 Pts TLR2_{R753Q} (2,5%)

- Age 47,2 ± 18
- SAPS 2 40,5 ± 19
- Survivors 23/28
- Infections 16/28 → 16 Septic Shock (5.1% of SS group)
- Origin of Infections
 - Pneumonia 10
 - Meningitis 4
 - Septicemia 5
 - Others 4
- Microorganisms
 - *S. pneumoniae* 8
 - *S. aureus* 5
 - *Candida sp.* 2 → 11.1% of Gram positive SS group
 - *Aspergillus sp.* 2
 - Others 6



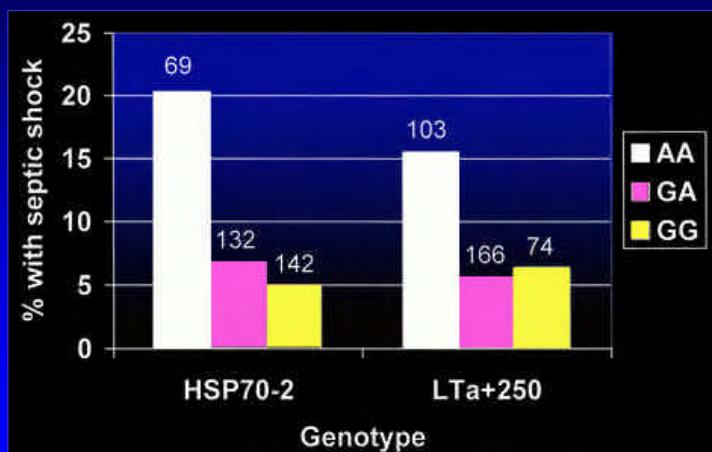
Cytokine Polymorphisms and Meningococcemia

Gene	Polymorphism	CsqS	Pts	Su	Severity	Outcome	Ref
ACE	DD (deletion)	- ACE	110			↑14% Death [OR]= 2.8	Harding D. 2002
TNF	-308 (TNF2)	- TNF α	98			[OR] =2.5 [CI]: 1.1-5.7	Nadel S. 1996
IL-6	-174 (G→C)	- IL-6	85		[OR]= 3.06	[OR] = 2.64 [CI]: 1.1- 6.2	Balding J. 2001
IL-1B	-511 (1+)	→ IL-1b	1106			[OR] = 0.61	Read RC. 2003
ILRN	+2018 (2+)	- IL -1b				[CI] 0.38-0.98	



Severity of Community-acquired Pneumonia, LTa & HSP70-2 Polymorphisms

343 Community-acquired pneumonias ; 30 SS No link with mortality



HSP70-2 +1267AA: OR = 3.5 (1.8–6.8); LTa+250 AA genotype OR= 2.7 (1.4 – 5.3)

Waterer GW. Crit Care Med 2003; 31: 1367

Perspectives and Conclusions

- ⇒ Screening of a high number of polymorphisms in large cohorte
 - ⇒ SNPs or haplotype
 - ⇒ Micro-arrays, Taqman, Mass Spectroscopy, ...

Yamada Y et al. N Engl J Med 2002; 347: 1916-23.

- ⇒ 2819 patients with myocardial infarction
- ⇒ 2242 controls
- ⇒ 112 polymorphisms of 71 candidate genes

PAI-1, connexin 37, stromelysin

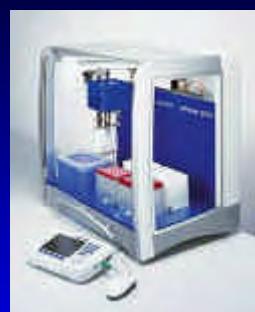
Perspectives et Conclusions

- Screening of a high number of polymorphisms in large cohorts
 - ⇒ UK: 1000 Patients – Peritonitis
 - ⇒ UK: 2000 Patients – Community-Acquired Pneumonia
 - ⇒ USA: 2000 Patients – Severe Sepsis
 - ⇒ USA: 1500 Patients – Severe Sepsis
 - ⇒ France: 3500 Patients – Nosocomial Pneumonia
 - ⇒ France: 3500 Severe Trauma
 - ⇒ Australia ?
 - ⇒ Japan ?

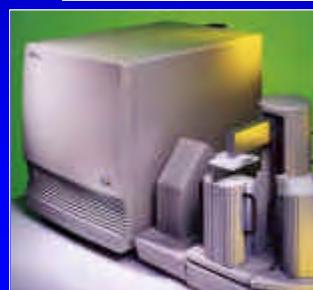
High Throughput Genotyping



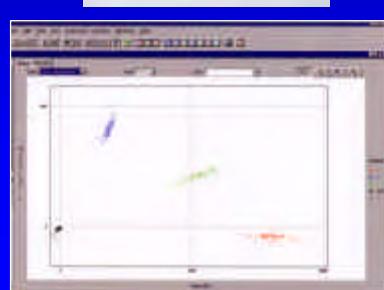
20'



30'



90'



Recurrent Purpura Fulminans

2002/01: 15 yo girl admitted in ICU

- Temperature 40°C; HR 125; BP 74/45; RR 38
- Meningitis with purpura fulminans
- MOF (Shock, ARDS, ARF, DIC, Lactic acidosis)
- Meningococcus type N in the skin biopsy
- Survival with multiple finger amputations and skin grafting
- 6 month hospitalization

2003/02:

- Temperature 39°C; HR 125; BP 83/48; RR: 33
- Meningitis with purpura fulminans
- Lumbar puncture → meningococcus type Y
- Shock and DIC
- Survival (Xigris) with new skin grafting
- 3 month hospitalization

Bohé J. Clin Infect Dis 2005

Recurrent Purpura Fulminans

Genetic predisposition?

Innate immunity

Inflammation

Coagulation

Innate Immunity

TLR4
CD14
FcgRIIa
FcgRIII
MBL
Complement
C7 deficiency

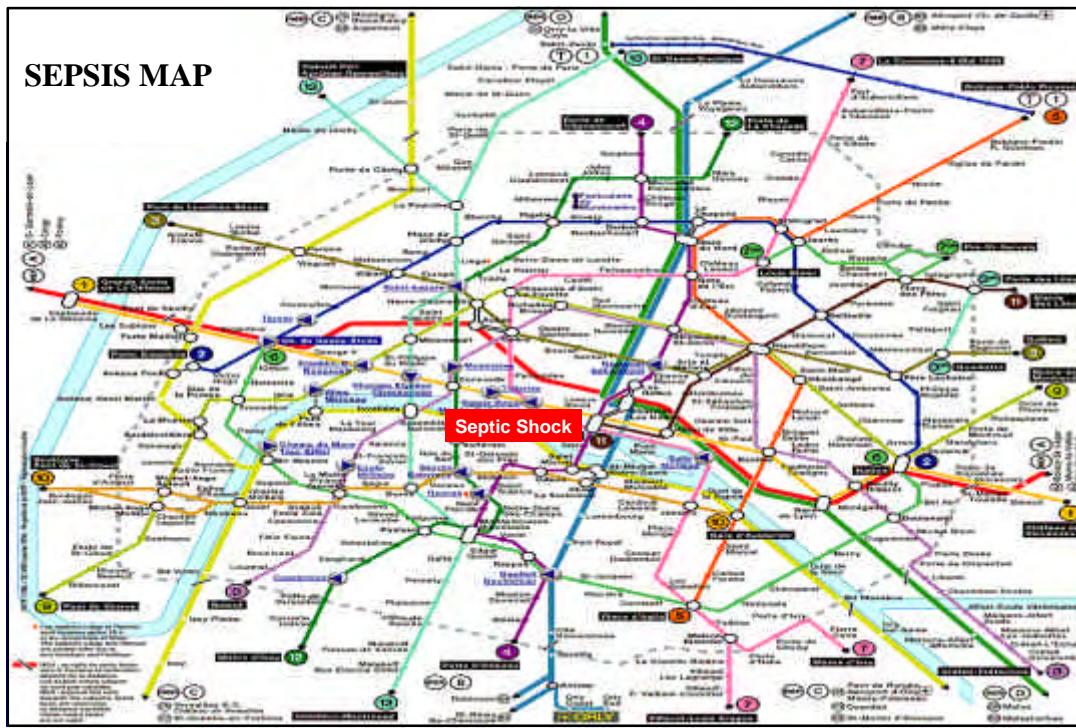
Inflammation

TNF α
LT α
IL-1
IL-6
IL-10
ACE

Coagulation

Tissue Factor
Prothrombin
Factor V
Factor VII
Factor XIII
PAI-1

Bohé J. Clin Infect Dis 2005



Perspectives and Conclusions

⇒ Screening of a high number of polymorphisms in large cohort

→ Effect of association of polymorphisms ?

P Identify potential markers of susceptibility, severity, and clinical outcome

→ Genetic profiling → Individual risk assessment

→ Prevention, Vaccination

→ To tailor prescriptions to each patient

► Stratification of patients by genotype in the design of treatment trials

→ Identify potential markers for responders vs non-responders

Use of regularly scheduled albuterol treatment in asthma: genotype-stratified, randomised, placebo-controlled cross-over trial

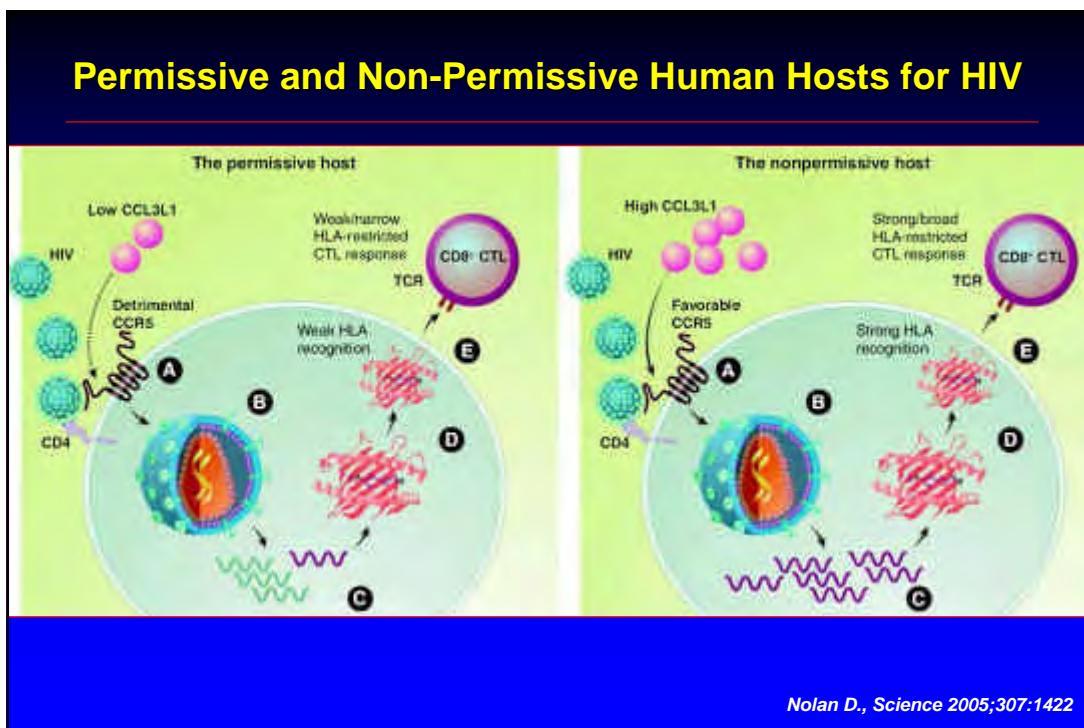
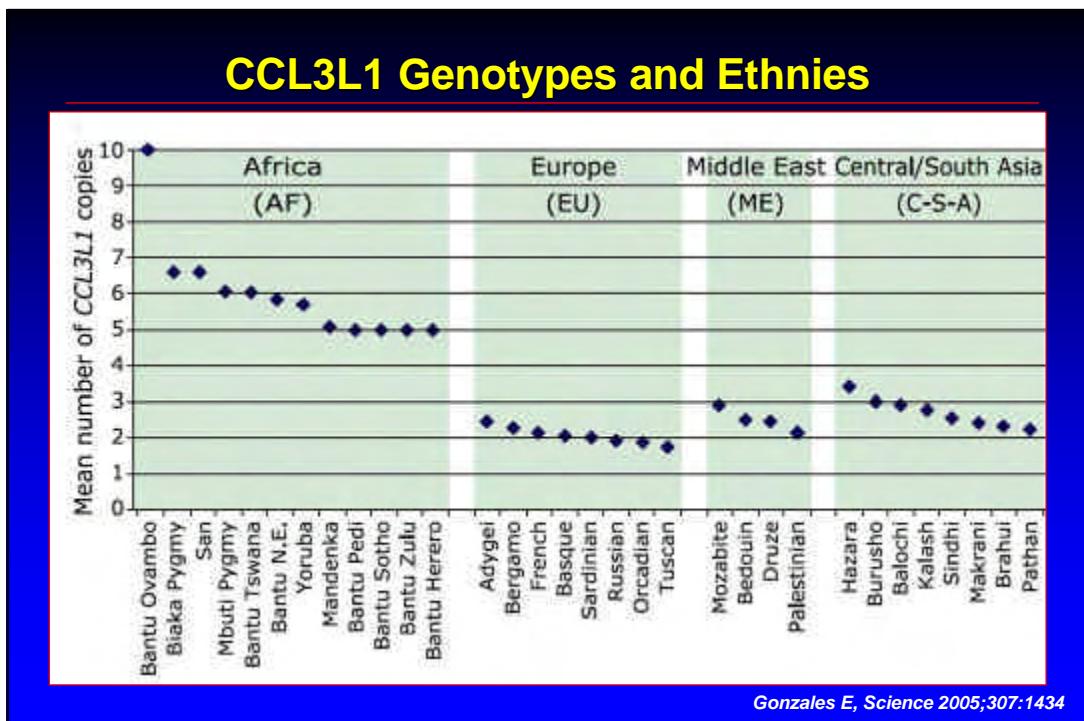
Elliot Hsu¹, Vernon M Churchill¹, Jean G Ford¹, Hamer A Bourque², Ruben Chernock³, Timothy J Craig⁴, Aaron Deykin⁵, Joanne K Fagan⁶, John V Fuhy⁷. *Chest* 2004; 126: 1105-12.



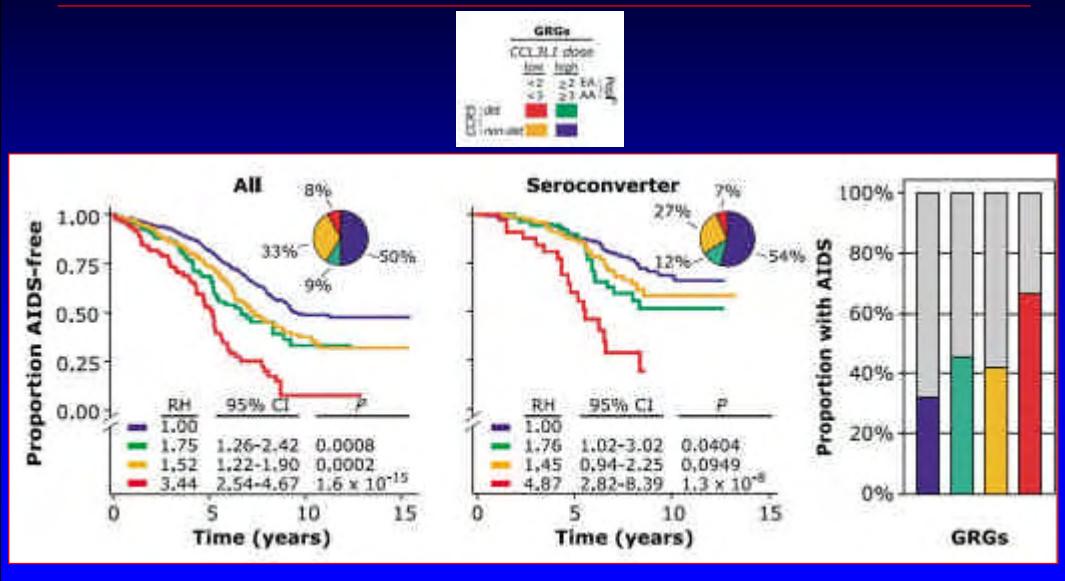
Interpretation Genotype at the 16th aminoacid residue of the β_2 -adrenergic receptor affects the long-term response to albuterol use. Bronchodilator treatments avoiding albuterol may be appropriate for patients with the Arg/Arg genotype.

Perspectives and Conclusions

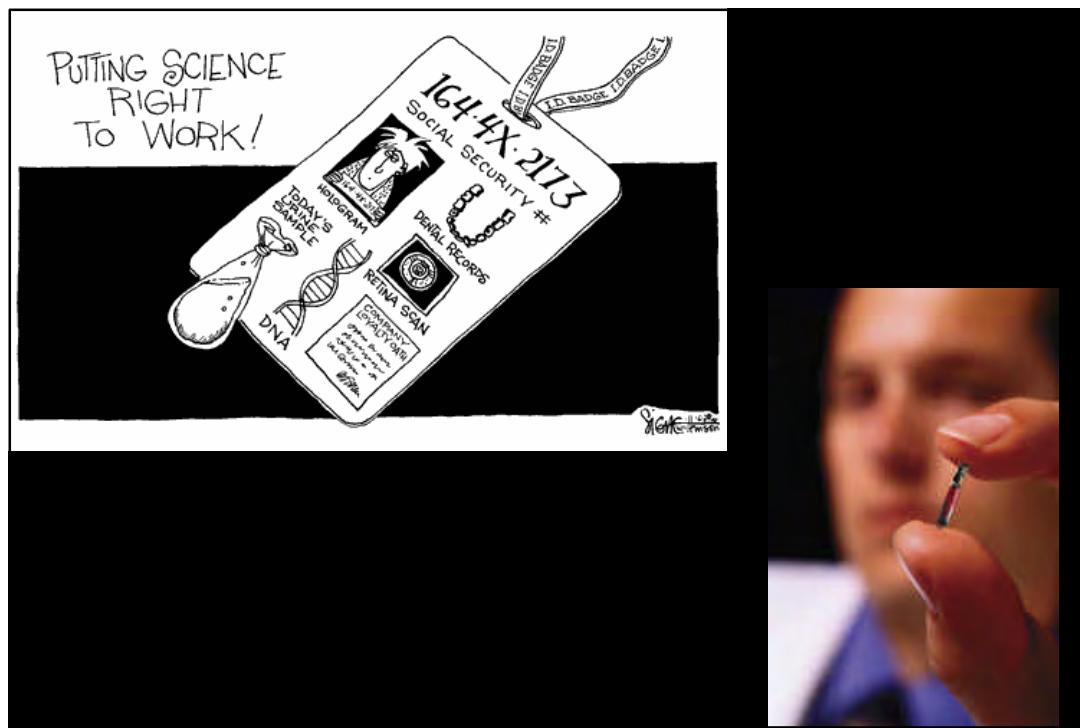
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- ▷ Stratification of patients by genotype in the design of treatment trials
 - Identify potential markers for responders vs non-responders
- ▷ SNPs of Pathogen Recognition Receptors leading to Host advantage
 - TLR4 D299G protects from Legionnaire's disease (Hawn TR., PNAS 2005)
 - SNPs from TLR4, CD14, or MBL are associated with low atherosclerosis risk
 - CCR5 and CCL3L1genotypes and HIV infection



CCL3L1 and CCR5 Phenotypes and HIV Risk



Gonzales E, Science 2005;307:1434



**FUNCTIONAL
GENOMICS OF**



**CRITICAL ILLNESS
AND INJURY**