

RNA干扰在系统性红斑狼疮治疗中的研究进展

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[摘要] 系统性红斑狼疮(SLE)是一种多器官受累的自身免疫性疾病,临床表现复杂多样,目前治疗药物不能达到完全缓解。RNA干扰(RNAi)技术在mRNA水平对基因转录进行抑制,进而阻断靶基因表达。RNAi由于其特异性和靶向作用,有可能成为治疗SLE的有效手段,并为SLE的治疗提供新的方法。本文对RNA干扰在SLE治疗中的应用进展进行综述。

[关键词] 系统性红斑狼疮;固有免疫;获得性免疫;RNA干扰

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系统性红斑狼疮(systemic lupus erythematosus, SLE)是以产生多种自身抗体和慢性炎症反应为特征的、多器官受累的、复杂的自身免疫性疾病^[1]。越来越多的证据^[2-4]表明,固有免疫反应和获得性免疫反应异常及相关的信号通路异常激活,在SLE的发病中发挥重要作用,可对机体多个器官造成不可逆的组织损害。由于SLE的临床异质性、疾病复发与缓解交替的特点,目前的治疗方法不能达到完全缓解。RNA干扰(RNA interference, RNAi)是一种在mRNA水平上的基因沉默技术,有外源性合成的短干扰RNA(small interfering RNA, siRNA)、短发夹状RNA(short hairpin RNA, shRNA)以及内源性的非编码RNA,这些干扰性小RNA链与mRNA结合后使得目标mRNA被降解或功能被抑制,沉默相关靶基因的表达^[5-6]。RNAi可沉默与免疫细胞功能和信号转导相关的调控基因,来降低SLE的发病和严重程度^[7]。本文就外源性shRNA和siRNA在SLE治疗中应用的相关研究进展进行综述。

1 RNAi对固有免疫细胞的影响

固有免疫细胞包括树突状细胞(dendritic cells, DCs)、巨噬细胞、自然杀伤细胞(natural killer cell, NK细胞)、嗜酸性粒细胞、肥大细胞等,是先天性免疫系统的重要组成部分^[8]。SLE患者体内部分固有免疫细胞出现代谢分化紊乱和功能缺陷^[9]。在SLE患者体内不耐受的成熟DCs比例增加,诱导产生自身免疫反应性T细胞,加重自身免疫反应^[10-11];同时巨噬细胞的抗原提呈功能减弱而活化增强,出现M1(促炎)型巨噬细胞和M2(抗炎)型巨噬细胞比例失调,患者体内IL-6、TNF-α等炎性细胞因子分泌增加,炎症反应增强^[12-13]。NK细胞通过抗体依赖的细胞介导的细胞毒作用(antibody dependent cell mediated cytotoxicity, ADCC)释放穿孔素、颗粒素等引起靶细胞凋亡,在机体先天性免疫防御中发挥作用^[14]。SLE外周血中NK细胞绝

对数量减少,出现特征型CD3-CD56^{dim}NK细胞,产生INF-γ能力增强,而ADCC作用减弱,自然细胞毒性改变,导致组织损伤^[15-16]。因此靶向抑制上述固有免疫细胞的代谢分化紊乱,可能成为治疗SLE的一种策略。

1.1 RNAi对树突状细胞的调控 RelB是核因子-κB(nuclear factor-κB, NF-κB)家族的成员,具有调节DCs分化的作用,在成熟DCs中表达上调^[17]。将慢病毒介导的RelB-shRNA导入MRL/LPR小鼠骨髓来源的DCs中,降低RelB分子水平,DCs成为耐受的半成熟DCs,诱导自身反应性T细胞出现功能缺陷,减轻了狼疮小鼠的自身免疫反应^[18]。17β-雌二醇与微小染色体维持蛋白(minichromosome maintenance, MCM)6相互作用,可上调CD40并诱导DCs成熟^[19]。将MCM6-siRNA转染至狼疮模型小鼠骨髓来源的DCs中,降低DC40表达,成熟DCs减少,自身反应性T细胞增殖减弱^[20]。Toll样受体(Toll-like receptor, TLR)7/9信号转导可诱导DCs过度分泌I型干扰素,驱动B细胞活化产生自身抗体,参与SLE的发病^[21-22]。异构酶Pin1通过调控TLR7/9-白介素1受体相关激酶1(interleukin-1 receptor-associated kinase-1, IRAK1)-干扰素调节因子7(interferon regulatory factor 7, IRF7)轴诱导DCs产生I型干扰素^[23-24]。将Pin1-shRNA转染至SLE患者外周单核细胞中阻断IRAK1的激活和IRF7核易位,可抑制I型干扰素在TLR7/9信号通路中的应答作用^[25]。以上研究表明应用RNA干扰技术调控DCs相关基因,抑制DCs异常分化,可减轻SLE的自身免疫反应,有望成为治疗SLE的新方法。

1.2 RNAi对巨噬细胞的调控 Zhang等^[26]用来源于活化淋巴细胞的凋亡DNA(activated lymphocyte-derived apoptotic DNA, apoDNA)建立了一种狼疮模型小鼠,并证明巨噬细胞活化可引发狼疮肾炎。黑色素瘤缺乏因子2(absent in melanoma 2, AIM2)在此狼疮模型小鼠肾脏巨噬细胞中表达增加,将AIM2-

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siRNA 导入至 apopDNA 诱导的巨噬细胞中,抑制其激活,降低 TNF- α 、IL-1 β 、IL-6、MCP-1 等炎症细胞因子水平,能够延缓狼疮肾炎进展^[27]。IRAK1 调控 NF- κ B 信号通路促进巨噬细胞释放炎症因子参与 SLE 发病^[28-29]。将 IRAK1-shRNA 导入 MPL/lpr 狼疮模型小鼠的腹腔巨噬细胞中,抑制 NF- κ B 信号通路,降低 TNF- α 、IL-6 水平,减轻了 SLE 的炎症反应^[30]。免疫球蛋白 Fc 段部分受体 I(receptor I for the Fc portion of IgG, FcgRI)在巨噬细胞中表达,与免疫复合物结合后可激活 NF- κ B 信号通路及下游分子 NLRP3,导致 NLRP3 相关炎症因子 4IL-1 β 和 IL-18 在组织中的释放增加,放大 SLE 的炎症损伤^[31]。将慢病毒包装的 FcgRI-RNAi 经尾静脉注射至 MRL/lpr 狼疮模型小鼠中,降低肾脏巨噬细胞中 FcgRI 表达,抑制 NF- κ B p65 核转位及 NLRP3 过度激活,下调肾组织中 IL-1 β 和 IL-18 的释放,可减轻 MRL/lpr 小鼠肾脏炎性损伤^[32]。He 等^[33]将 NLRP3-shRNA 经尾静脉注射至 MRL/lpr 小鼠体内,NLRP3 的表达降低,IL-1 β 、IL-18 释放减少,缓解狼疮模型小鼠的炎症损伤。因此,构建特异性干扰小 RNA 链,靶向抑制调节巨噬细胞活化的基因,对减轻 SLE 的炎症反应有巨大的潜力。

1.3 RNAi 对自然杀伤细胞的调控

CD3 ζ 是一种跨膜分子,主要在 NK 细胞和 T 细胞中表达^[34]。将 CD3 ζ -siRNA 以电击孔的方式体外导入 SLE 患者 NK 细胞系中,降低 CD3 ζ 水平,NK 细胞的自然细胞毒作用减弱,而促类型 NK 细胞增加,TNF- α 、INF- γ 水平上调,炎症反应放大,可加重组织损伤^[35]。抗 CD2 诱导 NK 细胞抑制 B 细胞分泌自身抗体,同时刺激 NK 细胞产生大量 TGF- β ^[36-37]。将 TGF β -siRNA 体外转染至抗 CD2 干预的 NK 细胞中,并将处理的 NK 细胞再转移至模型小鼠体内,可引发模型小鼠早期肾脏损伤;证明抗 CD2 诱导的 NK 细胞对 SLE 的保护作用可能需要依赖 TGF- β ^[38]。以上研究表明,应用 RNA 干扰技术检测 NK 细胞相关基因的功能,是探索 SLE 发病机制良好手段。

2 RNAi 对获得性免疫细胞的影响

获得性免疫细胞包括 B 淋巴细胞和 T 淋巴细胞,其中 B 细胞免疫耐受性丧失,过度活跃产生致病性自身抗体是引发和延续 SLE 的关键因素;B 细胞也可通过非抗体依赖的方式参与 SLE 的发病^[39-40]。T 细胞亚群比例和功能失调,引起 B 细胞过度活化在 SLE 的发生中也发挥关键作用,促炎性 Th17 细胞与抑制性 Treg 细胞比例失衡与 SLE 的疾病活动度相关^[41-43]。

2.1 RNAi 对 B 淋巴细胞的调控

B 淋巴细胞诱导成熟蛋白-1(B-lymphocyte-induced maturation protein-1, Blimp-1)是促进成熟 B 细胞向浆细胞末端分化的关键调节剂^[44]。将 Blimp-1 siRNA 通过尾静脉注射到 NZB/WF1 狼疮小鼠体内,抑制 B 细胞向浆细胞的末端分化,降低血清 dsDNA 水平,可减轻模型小鼠的狼疮样症状,延缓疾病进展^[45]。B 淋巴细胞刺激因子(B lymphocyte stimulator, BLYSS)属于肿瘤坏死因子配体超家族中的一种跨膜糖蛋白,主要在 B 细胞的成熟中发挥作用^[46]。对

24 周龄 NZB/WF1 小鼠,腹膜内注射 BLYSS-siRNA,可减少外周和脾脏中 B 细胞亚群及肾脏组织中 B 细胞浸润,降低血清中 dsDNA 含量,减轻肾脏病理损伤;BLYSS-siRNA 和干扰素调节因子 5(interferon regulatory factor 5, IRF5)-siRNA 同时腹膜内注射至 NZB/WF1 小鼠体内,发现双重 siRNA 比单一 BLYSS-siRNA 的治疗效果更加明显^[47]。以上研究表明,构建调控 B 细胞的特异性干扰 RNA 链,抑制 B 细胞活化,减少 B 细胞过度分泌自身抗体,可能成为治疗 SLE 有效手段。

2.2 RNAi 对 T 淋巴细胞的调控

低氧诱导因子-1 α (hypoxia-inducible factor-1 α , HIF-1 α)是影响细胞代谢的关键转录因子,通过调控视黄酸受体相关孤儿受体 γ t(retinoic acid receptor-related orphan receptor γ t, ROR γ t)影响 Th17 细胞的发育^[48]。将慢病毒包装的 HIF-1 α -shRNA 经尾静脉注射小鼠体内,血清中 IL-17、抗核抗体水平降低,尿蛋白含量减少、肾脏病理损伤减轻,狼疮模型小鼠病情进展被延缓,表明 HIF-1 α -shRNA 通过影响 Th17 细胞发育,对狼疮模型小鼠具有治疗作用。IRAK1 可选择性激活 STAT3 并使 NFAT 失活,诱导 CD4 $^+$ T 向 Th17 细胞分化,减弱向 Treg 细胞分化,使得促炎细胞因子释放增加,引起组织损伤。将 IRAK1-siRNA 转染至 SLE 患者外周血分离培养的原始 CD4 $^+$ T 细胞中,减弱原始 CD4 $^+$ T 细胞向 Th17 细胞分化和 IL-17A 的产生,可减轻炎症反应^[49]。冷休克蛋白 Y 盒结合蛋白 1(Y-box binding protein 1, YB-1)的表达与 T 细胞的存活能力呈正相关,在 SLE 患者 T 细胞中存在特征性功能障碍^[50]。将慢病毒包装的 YB-1-shRNA 转染至 SLE 患者 CD4 $^+$ T 细胞中培养,下调 YB-1 后,SLE 患者 CD4 $^+$ T 细胞的凋亡分子 Bcl-xL、Bcl-2 及 Akt 的表达减少,CD4 $^+$ T 细胞凋亡增强,提示 YB-1 是决定 SLE 患者活化 T 细胞稳态的关键因素^[51]。上述研究表明,通过 RNA 干扰技术靶向调控 T 细胞的分化及功能,可减轻 SLE 的自身免疫反应及炎症反应。

3 RNAi 药物在 SLE 中的应用

RNAi 药物在 SLE 的临床应用中面临着稳定性差、沉默效率低等技术问题。研究^[52]发现,脂质纳米颗粒包装 siRNA 可避免 siRNA 在体内快速降解,其稳定性及沉默效率高于裸体 siRNA。siRNA 与细胞表面的受体配体偶联可提高 RNAi 药物靶向传递的效率。由于基因特异性高,对鼠基因沉默效率高的干扰性 RNA 链,可能出现人体内脱靶的情况,需要在合理的靶点周围进行广泛的经验性靶序列筛选,以确定最佳候选 RNAi 药物。此外,依据 RNAi 药物的给药剂量和给药方式来提高沉默效率仍需深入研究。RNAi 药物在 SLE 的临床应用中同时面临着诸多安全性问题,如外源性小 RNA 链在体内引起的免疫原性反应,载体引起的毒性反应,对非靶向器官产生 RNA 干扰而引起不良反应等。因此,RNAi 药物在 SLE 的临床应用中仍然面临着许多挑战,还需进一步深入研究。

综上所述, RNAi 目前主要在体外实验和动物实验中探索 SLE 发病机制和治疗方法,但作为一种高效的基因功能检测手段,在 SLE 疾病的防治中仍具有巨大的潜力,值得进一步探讨。

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