The Jak-STAT pathway in rheumatoid arthritis.

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The Jak-STAT Pathway in Rheumatoid Arthritis

The advent of biologic agents targeted against tumor necrosis factor-α (TNF-α) and interleukin 1 (IL-1) receptor has successfully suppressed inflammation in many individuals with rheumatoid arthritis (RA), but 60% of patients have at least some evidence of persistent disease\(^1\); moreover, the majority relapse when treatment is withdrawn. This has prompted research into alternative ways to suppress disease activity.

The hematopoietin family of cytokines, which includes several postulated to have roles in RA (e.g., interferons, IL-6, IL-2, IL-7, IL-12, IL-15) bind to Type I and II cytokine receptors and signal through the janus kinase-signal transducers and activators of transcription (Jak-STAT) pathway (Table 1)\(^2,3\). Therefore, a better understanding of Jak-STAT activation within the rheumatoid synovium may allow for development of novel therapeutic agents. In addition, these agents would have potential for oral bioavailability because they are targeted against small proteins\(^4\).

Only 4 mammalian Jak have been identified — Jak1, Jak2, Tyk2, and Jak3. The first 3 are widely expressed, while Jak3 expression is essentially limited to hematopoietic cell lines. The STAT family has 7 identified members (STAT1, 2, 3, 4, 5a, 5b, and 6), and their recruitment is a critical component of inducing cell-specific responses\(^2\).

Briefly, Jak-STAT signaling occurs when hematopoietins bind to cytokine receptors, initiating a conformational change in the receptor. This brings Jak into apposition, resulting in transphosphorylation and subsequent activation. Once activated, Jak mediate phosphorylation of specific tyrosine residues. STAT and other molecules that recognize these phosphorylated sites are recruited to the receptor and undergo activation by Jak-driven tyrosine phosphorylation. The activated STAT then dissociate, undergo dimerization in the cytoplasm, translocate to the nucleus, and bind to members of GAS (γ-activated site) enhancers (Figure 1)\(^2\). Recent studies have suggested that the predominant cytoplasmic distribution of STAT in resting cells may reflect a steady-state process\(^5\).

STAT activity generally peaks 5–30 minutes after cytokine stimulation and then declines to baseline over the next 1–4 hours, although there are examples of sustained STAT activation. These observations are consistent with a tightly regulated pathway, and constitutive inhibitory mechanisms (proteolysis, dephosphorylation, and protein inhibitors of activated STAT) as well as inducible mechanisms have been described. Inducible mechanisms mediated by downregulation of receptor expression include induction

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Bold type denotes molecules proven to be essential for cytokine signaling. GM-CSF: granulocyte-macrophage colony-stimulating factor; LIF: leukemia inhibitory factor; OSM: oncostatin M; EGF: epidermal growth factor; PDGF: platelet-derived growth factor.
of suppressors of cytokine signaling (SOCS) proteins, and
to date, most research into modulating STAT expression in
the field of inflammatory arthritis has centered on the SOCS
pathway, of which 8 members have now been identified.

SOCS family members can inhibit Jak-STAT signaling
by inhibiting Jak catalytic activity, competing with STAT for
receptor docking sites, and targeting cytokine receptors for
degradation by proteosomes. SOCS expression is upregulat-
ed in response to many types of cellular activation and func-
tions as a classical negative feedback loop, although differ-
ent family members exert their effects by different mecha-
nisms. For example, SOCS-1 binds directly to phosphory-
lated Jak2, while SOCS-3 binds to the activated receptor to
inhibit Jak activity.

Preliminary studies of Jak-STAT expression have been
performed in human inflammatory arthritis tissue, and ani-
mal models and results support their important role in regu-
lation of the inflammatory response.

Studies in STAT1 −/− mice suggest that STAT1’s primary
role is in interferon-γ (IFN-γ) signaling. STAT1 mediates
both inflammatory and antiviral effects of IFN as well as
their antiproliferative and proapoptotic roles. This suggests
that STAT1 has the capacity to inhibit, as well as promote,
inflammation. STAT1 also has noninflammatory roles,
including the regulation of bone formation and destruction
under both homeostatic and pathological conditions. While
IFN-γ is the primary activator of STAT1, other candidate
cytokines include IL-6, IL-10, and IFN-α/β. Indeed, Yokota,
et al found that IL-6 was the main activator in synovial fluid
cells consisting mainly of neutrophils, suggesting differ-
ences in cell-specific activation pathways. Initial reports
described upregulation of STAT1 in rheumatoid tissue, but
its role and extent of activation remained uncertain. More
recently, van der Pouw Kraan, et al utilized microarray
analysis in 30 patients (21 with RA and 9 with OA) to look
at differences in expression of immune-related genes. They
found marked heterogeneity in expression, with data sug-
gesting involvement of 2 distinct disease processes in
rheumatoid pathogenesis. In the RA subgroup with high lev-
els of inflammation, genes were indicative of an activated
STAT1 pathway, with increased expression of STAT1 and
genes known to be regulated by STAT1. The pattern of gene
activation was most consistent with IFN-γ stimulation.
Kasperkovitz, et al demonstrated pSTAT1 expression and
increased STAT1 expression in patients with RA as com-
pared with osteoarthritis and reactive arthritis. The pattern
of expression was predominantly in T and B cells in inflam-
matory infiltrates and in fibroblast-like synoviocytes in the
intimal lining layer. Intriguingly, they found little STAT1
expression in synovial macrophages, even though a recent

Figure 1. The Jak-STAT signaling pathway. Upon ligand binding, Jak associated with cytokine
receptors undergo transphosphorylation and mediate phosphorylation of specific tyrosine
residues on the cytokine receptor. Cytoplasmic STAT recruited to these sites undergo phos-
phorylation and subsequent dimerization in the cytoplasm before translocation to the nucleus.
SOCS family members are induced by STAT and regulate signaling by a classical negative
feedback loop.
study has identified that small amounts of IFN-γ can sensitize macrophages to express STAT1 following appropriate stimulation. Taken together, these findings demonstrate increased activation and expression of STAT1 in RA synovium, possibly as a result of stimulation by IFN-γ.

However, the physiologic role of STAT1 remains uncertain. Krause, et al. found that STAT1 played a proapoptotic role in RA synoviocytes, suggesting a role in limiting inflammation and synovial hypertrophy. In summary, the evidence in human tissue and rodent arthritis models suggests that STAT1's antiinflammatory effects outweigh any stimulation of proinflammatory genes. Further, they raise the possibility of modulation of STAT1 or SOCS-1 as a method of controlling inflammation.

STAT3 has a variety of seemingly contradictory roles due to recruitment of distinct sets of target genes in different cell types. It is activated by a variety of cytokines including IL-6, IL-10, and IFN-α/γ and is postulated to be the major downstream regulator of gp130-like receptors. In T cells, STAT3 potentiates proliferation through IL-6-mediated suppression of apoptosis. Further, clinical trials of humanized anti-IL-6 receptor antibody have been promising, suggesting, indirectly, that suppression of STAT3 activation may alter inflammation. IL-10 signals through STAT3 to exert its antiinflammatory effects on macrophages. STAT3 has also been implicated in malignancy. Constitutive activation of STAT3 can lead to fibroblast transformation.

These diverse effects suggest that STAT3 may play a significant role in inflammatory arthritis. In 1995, Wang, et al reported predominant STAT3 but not STAT1 DNA binding activity in cells isolated from the synovial fluid of patients with inflammatory arthritis. This was soon followed by animal model studies suggesting that dysregulation of STAT3 may alter the course of inflammatory arthritis. Ernst, et al. generated mice with a gp130STAT4 knockout to identify biologic responses to leukemia inhibitory factor/IL-6 mediated by STAT in vivo, and observed that these mice developed joint pathology with synovial hyperplasia, chronic inflammation, and secondary cartilaginous metaplasia. Subsequent stimulation studies with cultured synovial fibroblasts from wild-type and mutant mice strongly suggested that the hyperresponsiveness of synovial cells arose from impaired STAT-mediated induction of SOCS. More recently, De Hooge, et al. showed that STAT3 may contribute to the chronicity of inflammation in a murine zymosan-induced arthritis model. Finally, periarticular SOCS-3 (a negative regulator of IL-6 -gp130-Jak-STAT3 signaling) suppresses murine collagen-induced arthritis.

In vitro studies in human tissue support the role of STAT3 in contributing to the chronicity of inflammatory arthritis. Krause, et al. recently reported on the role of STAT3 in mediating the abnormal growth and survival properties of RA synoviocytes. Many studies have suggested that synoviocytes are pivotal in cartilage destruction in RA in addition to producing chemokines, cytokines, and angiogenic factors. Using retroviral-mediated gene transfer of a dominant negative mutant of STAT3 (STAT3-YF) in cell cultures, Krause's group found that ablation of STAT3 function converts epidermal growth factor from a growth/survival factor for RA synoviocytes to a death factor. Further experiments in synovial fibroblasts showed that STAT3 works, at least in part, by suppressing the proapoptotic effects of STAT1. Preliminary findings suggested that STAT3 may suppress additional proapoptotic pathways in RA, but these observations need confirmation. Taken together, these findings identify modulation of STAT3 expression, either by direct suppression or by altering expression of SOCS-3, as a potential therapeutic target in RA.

Less is known about the effects of STAT4 and STAT6 in inflammatory arthritis, although both of these are signal transduction targets for cytokines thought to play a significant role in inflammation. IL-12, a classical Th1-driven cytokine, signals through STAT4, and preliminary work has shown its presence in human rheumatoid synovium. In contrast, IL-4, a Th2-mediated cytokine, signals through STAT6. Altering the balance between Th1- versus Th2-driven processes may alter the clinical course of inflammation. Using a murine proteoglycan-induced inflammatory arthritis model, Finnegan, et al. found that arthritis severity appeared to be regulated by IL-4 through a STAT6-dependent mechanism. IL-4 −/− mice and STAT6 −/− mice demonstrated a more severe, rapidly progressive arthritis, suggesting that IL-4 mediates inflammation through STAT6 and that its predominant role is antiinflammatory. These changes were associated with elevated levels of the proinflammatory cytokines IL-12, TNF-α, and IFN-γ. In addition, IL-12 was found to regulate the magnitude of IFN-γ expression through a STAT4-dependent pathway, and both STAT4 −/− and IFN-γ −/− mice had reduced arthritis severity.

Modulation of STAT1, STAT3, STAT4, and STAT6 may therefore be an alternative means of altering arthritis severity. STAT do not have enzymatic activity and so any therapeutic agent would have to block STAT expression, cytokine receptor binding, dimerization, or DNA binding. While targeting these sites is theoretically possible, the successful design of small agents has proven difficult. An alternative therapeutic measure is to target the regulators of STAT activity such as SOCS-1 and SOCS-3. Work in murine models suggests that modulation in human disease may be effi-
cacious, but it is unclear how such drugs would be designed.

STAT activity may also be modulated through Jak, particularly Jak3 and Tyk2, as deficiencies in these kinases are nonlethal. Unlike other members of its family, Jak3 expression is relatively conserved, being largely limited to hematopoietic cell lines. It appears to interact uniquely with the common γ-chain (γc) receptor subunit used by a family of cytokines (IL-2, -4, -7, -9, -15) with important roles in lymphocyte function. An orally bioavailable Jak3 antagonist has been developed that was found to reduce transplant rejection in 2 animal models. As yet, there is no published work documenting expression on Jak3 in inflammatory arthritis. Tyk2 is involved in Type I IFN signaling, and mice with a mutation in Tyk2 have reduced susceptibility to collagen-induced arthritis. Therefore a specific antagonist to Tyk2 may have therapeutic potential.

The Jak-STAT signal transduction pathway is differentially regulated in inflammatory arthritis, with changes already documented in STAT1, STAT3, STAT4, and STAT6 expression. Modulation of STAT expression, either directly or through modulation of Jak or SOCS function, represents an alternative therapeutic target to cytokine antagonists such as TNF-α and IL-1. RA is a pleiotropic disease with inappropriate activation of a number of inflammatory pathways. Longterm disease suppression, at least in more severe cases, is likely to require targeting of a variety of inflammatory cascades. There is growing evidence that modulation of the Jak-STAT pathway may represent a viable alternative therapeutic target in the treatment of rheumatoid arthritis.

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