

SCHOOL OF MEDICINE **Biochemistry and Biophysics**

Investigating a potential role for integrin activation and aggregation in immune thrombocytopenia

Background

Platelets are critical to hemostasis and wound healing through platelet plug formation via integrin activation and platelet aggregation. Engagement of platelet surface receptors induces various intracellular signals, which converge on activation of the small GTPase, Rap1. Activation of Rap1, in coordination with the cytoskeletal adapter protein, talin1, mediate activation of the integrin α IIb β 3. Platelets are first localized to the wound through the physical interaction between von Willebrand Factor (VWF) and the platelet receptor complex GPIb-IX. response to ligand binding under Interestingly, the alpha subunit of GPIb-IX

VWF Figure 1: (a) Illustration showing mechanotransduction via GPIb-IX ir

shear force¹.

(GPIb α) is a target in immune thrombocytopenia (ITP), where engagement of autoantibodies cause rapid platelet clearance from circulation. Studies suggest that the clearance mechanism does not proceed through Fc-mediated phagocytosis but is instead due to platelet activation. However, if and how Rap1 contributes to this process has not been well studied. To address this guestion, we use a polyclonal mixture of antibodies against GPIb α in combination with genetic knockout mice lacking various regulators of α IIb β 3 activation.







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Results

Anti-GPIbα antibodies injected into mice causes platelet depletion and clearance by liver macrophages



Figure 3: Confocal microscopy of fixed liver section (a) and still image from real-time intravital imaging (b) following platelet clearance induced by anti-GPIb α antibodies.

<u>Antibodies against GPIbα cause cohesion of quiescent platelets</u>



in vitro

Figure 4: Stills from confocal intravital imaging *in vivo* (a,b) and fixed platelets *in vitro* before (a,c) and after (b,d) administration of anti-GPIb α antibodies.



Figure 5: Platelet resuspension assay of platelets from wildtype or mutant mice lacking GPIbα.

respective controls.



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Summary and Conclusions

• GPIb-IX is important for hemostasis, especially under high shear conditions

• GPIb α is a major target of antibodies in immune thrombocytopenia

• Antibodies against GPIbα antibodies induce platelet cohesion in vivo, and in vitro with addition of centrifugal (mechanical) force

• Platelet cohesion is not mediated by activation of α IIb β 3

• Antibodies against GPIbα cause weak Rap1 activation, and reduced platelet cohesion at low concentrations

• Mice lacking primary and/or secondary positive regulators of Rap1 do not influence anti-GPIB α -mediated platelet cohesion

<u>Conclusion</u>: Administration of antibodies against GPIba causes platelet cohesion both in vivo and in vitro, providing a model to study platelet clearance in GPIb-IX-mediated ITP. Though this process occurs independently of α IIb β 3, loss of Rap1 has a mild effect on platelet cohesion. However, absence of positive Rap1 regulators has no effect. Further investigation is needed to determine if reduction in platelet cohesion in Rap1-null mice is due to signaling and/or structural defects.

Future Directions

• Determine if defect in Rap1 mice is due to diminished intracellular signaling or platelet size/receptor avidity

• Visualize platelet clearance during and after in select mice in vivo to analyze change in kinetics, extent of clearance, platelet/agglomerate morphology, and phagocytosis

Examine interaction between Rap1 and other small GTPases involved in cytoskeletal rearrangements

Explore α IIb β 3-independent mechanisms of platelet cohesion

Investigate how macrophages recognize and phagocytose platelet agglomerates and if Rap1 contributes to this process

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