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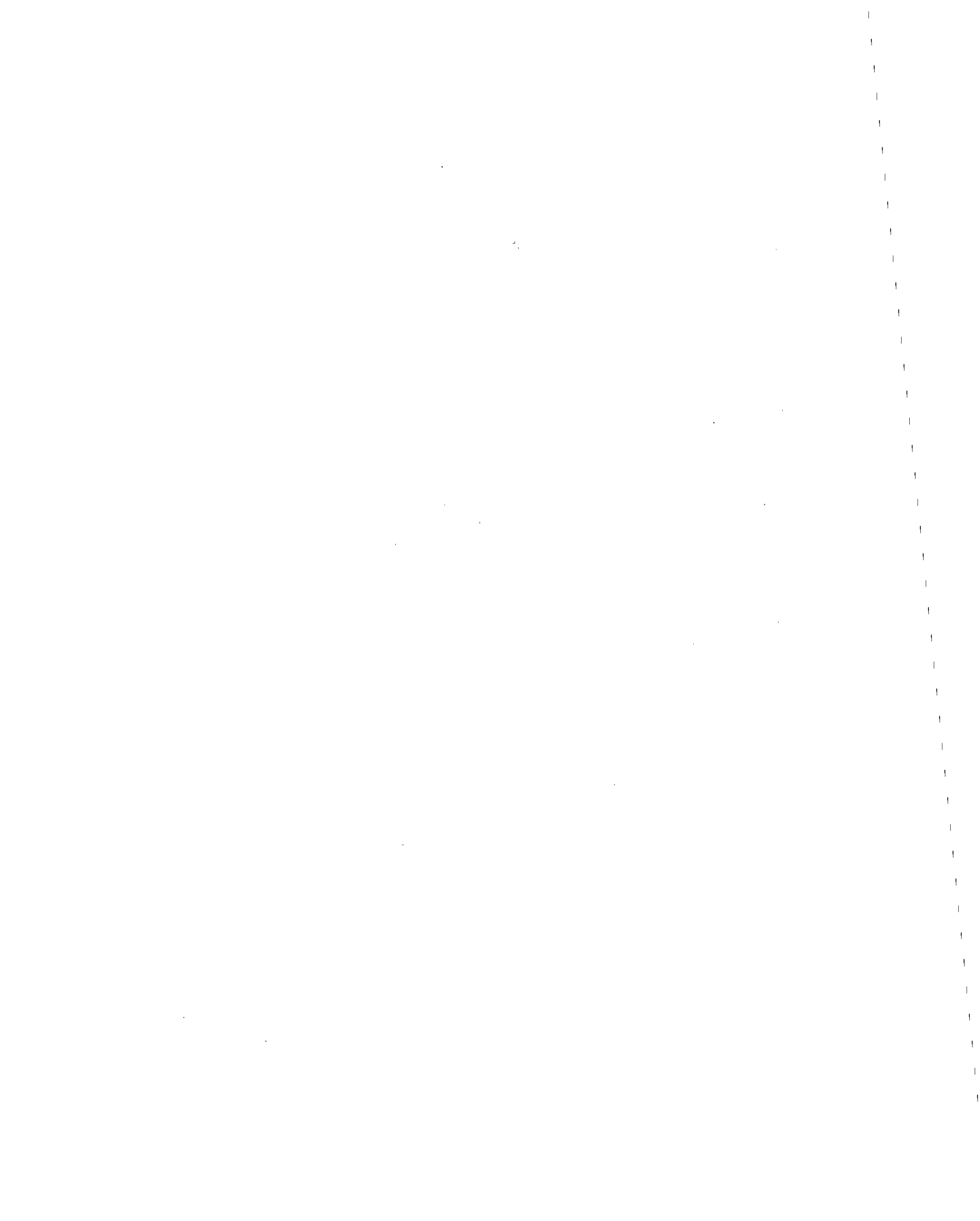


FINAL REPORT

Role of Alveolar Cell Interactions in the
Pathogenesis and Evolution of Silicosis

Biochemistry Section, LIB, DRDS, NIOSH

Project Director: Vincent Castranova, Ph.D.



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ROLE OF ALVEOLAR CELL INTERACTIONS IN THE PATHOGENESIS
AND EVOLUTION OF SILICOSIS

FINAL REPORT

IDENTIFICATION #: VKC BAB 118

PROJECT DIRECTOR: Vincent Castranova, Ph.D.

CO-INVESTIGATOR: William H. Pailes, M.S.

LIB UNIT/SECTION: Biochemistry Section

INTRODUCTION

The lung is composed of more than 40 different types of cells (1). Therefore, the lungs' response to any occupationally related dust exposure is the result of the sum of responses of individual cell types to the particulate as well as the effects of complex interactions among different types of pneumocytes in response to exposure. To date, the majority of toxicological studies with airborne pollutants have concerned the effects of particulates on single types of lung cells. It is clear that further understanding of respiratory disease processes requires investigation of interactions which occur among lung cells in response to exposure.

Upon contact with inhaled particulate, alveolar macrophages release reactive forms of oxygen (i.e., O_2^- , H_2O_2 , $\cdot OH$, etc.) and lysosomal enzymes which act to detoxify foreign particles and kill bacteria (2). Although activation of macrophages is a normal defense mechanism, hyperactivation can damage the lung. Such hypersecretion by macrophages has been demonstrated for exposures to cigarette smoke (3,4) and coal dust (5). Hypersecretion of reactive compounds would damage lung tissue and lead to emphysema (6,7). Particle-induced activation of alveolar macrophages can also result in secretion of fibrogenic factors (8,9). Therefore, interaction between macrophages and other lung cells may be involved in the development of pulmonary diseases such as emphysema and/or fibrosis.

Alveolar macrophages may also exhibit several other interactions with lung cells. Macrophages may secrete substances which are chemotactins for neutrophils (10). Macrophages also may secrete prostaglandins leading to inflammation (11), leukotrienes causing airway constriction (12), platelet activation factor (13), and phytohemagglutinin affecting lymphoid cells (14).

The role of these mediators in disease processes has not yet been completely defined.

Occupational exposure to crystalline silica is associated with both chronic and acute pulmonary disease. Chronic silicosis becomes manifest 20-40 years after initial exposure and is characterized by the development of concentric hyalinized nodular lesions in the lung and by dyspnea. Acute silicosis, on the other hand, occurs within a few years following exposure and is characterized by the accumulation of amorphous granular lipoprotein material in the air spaces and by the rapid development of respiratory disability (15-17). Acute silicosis is commonly associated with sandblasting, rock drilling, tunnelling, and silica mill operations (15-18).

It is clear that the fibrotic reaction of chronic silicosis and the lipidotic response in acute silicosis result from complex interactions among various pulmonary cell types. To date the responses of individual cell types to silica exposure as well as the interactions among cell types has not been completely understood. Therefore, the objectives of this project were to:

- 1) develop assays to monitor various functional parameters of several types of lung cells, i.e., alveolar macrophages, neutrophils, and alveolar type II epithelial cells;
- 2) characterize variables which modify the phagocytic activity of alveolar macrophages and neutrophils and the functions of alveolar type II cells;
- 3) construct dose-response curves for the response of alveolar macrophages to silica exposure;
- 4) test the response of neutrophils to a possible mediator, platelet activating factor (PAF), released from silica-exposed macrophages.

OUTPUTS

This project was scheduled to begin on 10/1/83. However, due to congressional delays in the budget, headquarters did not approve funds for this project until well into the 3rd quarter of FY'84. In addition, FY'87 funding for this project was so low that allocations were expended after the 2nd quarter. Therefore, work on this 4 year project was in reality limited to 3 years, i.e., the normal span for an LIB project. In spite of allocations for this project being far below requested levels, all milestones were met. This was made possible by collaboration with WVU and the use of WVU-supported personnel, equipment, animals, and supplies. In addition, we were able to collaborate with Dr. Chaolin Li from the Peoples Republic of China. His expertise enabled us to investigate the actions of tetrandrine, a Chinese anti-fibrotic drug, on silica-induced activation of alveolar macrophages.

This project resulted in the publication of 40 manuscripts and 22 abstracts which were presented at national and international meetings.

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RESULTS

I. Development of functional assays for alveolar macrophages -

Our laboratory has developed the expertise to isolate and identify alveolar macrophages (publication - 27). We have developed techniques to harvest alveolar macrophages by pulmonary lavage from rats, guinea pigs, rabbits, and humans. We have mastered techniques to identify the cells by light microscopy using an elastase stain and by transmission or scanning electron microscopy.

We have perfected several functional assays for determining the toxicity of various agents on alveolar macrophages. These techniques include measurement of particle-induced activation of these cells [publication - 22, 24 (chemiluminescence); 12 and 20 (oxygen consumption, superoxide anion release, and hydrogen peroxide secretion)]. We have also determined that alveolar macrophages harvested by pulmonary lavage are heterogeneous with regard to morphology, size, and phagocytotic activity (publications - 23,30). Older macrophages are more vacuolated, larger and less active than younger macrophages. They are also most easily removed from the lungs by lavage.

II. Toxicity of non-silica material on alveolar macrophages -

During the course of this project, we were able to test the effects of several non-silica materials on alveolar macrophages.

- 1) Dose-response curves were obtained for the effects of a variety of metal ions on oxygen consumption, trypan blue exclusion, and chemiluminescence of alveolar macrophages as well as on oxygen consumption and membrane integrity of alveolar type II cells (publication - 19). In general, metals decreased oxygen consumption

and membrane integrity of both types of lung cells as well as particle-stimulated chemiluminescence of alveolar macrophages. Type II cells seemed more resistant to the harmful effects of metals than were alveolar macrophages.

- 2) Exposure of alveolar macrophages to asbestos in tissue culture results in a decrease in the viability of these cells. The time course of this decline in viability was monitored over 4 days in the presence of various doses of asbestos by measuring trypan blue exclusion, or the release of cytosolic and lysosomal enzymes. Wollastonite, a possible asbestos substitute, was not toxic to alveolar macrophages (publication - 10).
- 3) Fungal mycotoxins have been shown to decrease viability of alveolar macrophages (publication - 11,29). Such mycotoxins can contaminate grains and be associated with air conditioning or humidification systems.
- 4) In vivo exposure to coal dust has been shown to increase the phagocytotic activity of alveolar macrophages measured as increased secretion of reactive forms of oxygen and increased surface ruffling and cellular spreading. In contrast, in vivo exposure to diesel exhaust decreases phagocytotic activity (publication - 9, 15). These data are consistent with coal exposure leading to emphysema and diesel exposure leading to susceptibility to pulmonary infection.
- 5) The effects of cotton dust and chemicals associated with the cotton plant on alveolar macrophages was tested (publication -16, 33). In vitro exposure of macrophages to gossypol, rutin, and catechin decreased the viability and activity of these phagocytes. In

contrast, in vivo exposure to cotton dust increased the phagocytotic activity of alveolar macrophages and increased the number of neutrophils in the air spaces. These responses were both time and dose dependent.

III. Characterization of stimulus-secretion coupling in neutrophils -

Influx of neutrophils into the airspaces and the activation of these cells is a common response to inhalation of dusts. This inflammation and increased oxidant burden could result in pulmonary damage to the lung.

We have developed methods to isolate neutrophils by centrifugal elutriation and identify these cells by light (peroxidase stain) and electron microscopy (publication - 27). We have found that oxidants can be generated by stimulated neutrophils. These oxidants may be due to the secretion of reactive forms of oxygen, myeloperoxidase (publication - 4) or arachidonic acid metabolites (publication - 8). A good deal of effort has been spent in characterizing the cellular events which occur during stimulus-secretion coupling (publication - 5,7,28) and the cellular responses to chemoattractants, immune complexes and inflammatory agents have been investigated (publications - 17, 25,35,36).

IV. Characterization of alveolar type II cells -

It is well documented that type II cells synthesize and secrete pulmonary surfactant which decreases the surface tension of the air-liquid interface of the lung. Therefore, type II cells may be involved in the lipidotic response to silica exposure.

We have developed methods to isolate and identify alveolar type II cells. We have characterized the ionic transport properties and membrane potential of

their plasma membrane (publication - 2). We have found that these ionic transport properties play an important role in prevention of edema (publication - 6) and the accumulation of vitamin C by type II cells (publication - 1). This ability to accumulate vitamin C may explain the resistance of type II cells to oxidant injury. In addition, we have developed methods to study xenobiotic metabolism in type II cells (publication - 39). In this system, cytochrome P₄₅₀ enzymes act to detoxify inhaled organic chemicals. Lastly, we have characterized the synthesis and degradation of surfactant (publication - 3, 32).

V. Effects of silica on lung cells (published data) -

In vitro exposure of alveolar macrophages to silica can decrease membrane integrity and release lysosomal enzymes. These enzymes may damage the alveolar walls, and lead to fibrosis. Evidence suggests that lecithin, the major component of pulmonary surfactant, decreases the toxicity of silica. This effect can be reversed when lipid-coated quartz was treated with phospholipases (publication - 26, 34, 37). Data also suggest that radicals associated with fresh cleavage planes may be particularly damaging to lung cells (publication - 40). Lastly, intratracheal instillation of silica does not affect the ability of alveolar type II cells to metabolize organic chemicals (publication - 34).

VI. Investigation of possible mediators -

Interaction among lung cells may be critical to the disease process. Recently, investigators have described a lipid secreted from activated alveolar macrophages which can stimulate a number of lung cells. We have

shown that this lipid mediator, platelet activating factor (PAF), is a potent stimulant of neutrophils (publication - 13,14,36). Therefore, PAF may play an important role in increasing the oxidant burden in lungs exposed to silica.

VII. Effects of silica on lung cells (unpublished data) -

Alveolar macrophages were exposed in vitro to various doses of silica and dose-response curves constructed for oxygen consumption (Fig. 1), superoxide anion release (Fig. 2), hydrogen peroxide release (Fig. 3), and chemiluminescence (Fig. 4). In general exposure of alveolar macrophages to low-doses of silica increased the phagocytotic activity of these cells. This hypersecretion of oxidants may play a role in silica-induced lung injury. At silica exposures above 2 mg/ml, there were decreases in secretory activity consistent with cell death. The superoxide assay was the least sensitive for monitoring these effects.

Tetrandrine is a drug currently being used in China to treat fibrosis. Therefore, we tested the effects of in vitro treatment of alveolar macrophages with this drug on the cellular responses to in vitro exposure to silica. Tetrandrine, at doses up to 75 µg/ml, was not toxic to alveolar macrophages; i.e., tetrandrine did not inhibit oxygen consumption of otherwise untreated alveolar macrophages (Fig. 5). However, tetrandrine did depress the activation of alveolar macrophages by zymosan particles or silica. Tetrandrine decreased silica-induced oxygen consumption by 95% (Fig. 6); decreased zymosan-induced superoxide anion secretion by 90% (Fig. 7); decreased zymosan-induced hydrogen peroxide release by 80% (Fig. 8); and decreased silica-induced hydrogen peroxide release by 87% (Fig. 9).

Tetrandrine was also effective in vivo. That is, oral administration of tetrandrine for 1 month (7.5 mg/day) effectively inhibited activation of alveolar macrophages in response to intratracheal instillation of silica (40 mg/rat prior just prior to drug treatment) (Table 1).

SUMMARY

- 1) Assays have been developed to monitor membrane integrity, viability, phagocytotic activity, and oxidant release by alveolar macrophages.
- 2) Assays have been developed to monitor viability and oxidant release in neutrophils.
- 3) Assays have been developed to monitor H₂O movement, surfactant synthesis, and xenobiotic metabolism of alveolar type II cells.
- 4) In vitro exposure to silica causes the release of potentially harmful oxidants and lysosomal enzymes from alveolar macrophages.
- 5) In some cases, intratracheal instillation of silica also activates oxidant production by alveolar macrophages.
- 6) Surfactant can coat silica and make it less toxic.
- 7) Part of the toxicity of silica is due to radicals of the surface of freshly cut quartz.
- 8) Intratracheal instillation of silica does not alter the activity of cytochrome P450 enzymes in alveolar type II cells. These enzymes have been associated with detoxication of carcinogens.
- 9) An anti-fibrosis drug used in China, i.e., tetrandrine, inhibits the production of oxidants from alveolar macrophages. This drug is effective both in vitro and in vivo.

- 10) PAF, platelet activating factor, enhances the activity of leukocytes and alveolar macrophages. Therefore, it may be a mediator which stimulates the release of oxidants by these cells.
- 11) Assays developed in this project have been used to determine the toxicity of coal dust, diesel exhaust, cotton dust, mycotoxins, asbestos, wollastonite, and metal ions in addition to determining the toxicity of silica.

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TABLE 1

Effects of In Vivo Treatment
with Tetrandrine^{*}

<u>Treatment</u>	<u>Hydrogen Peroxide Secretion</u>
Unexposed - Untreated	4.86 $\pm$ 1.68
Unexposed - Drug treated	4.72 $\pm$ 1.74
Silica Exposed - Untreated	9.72 $\pm$ 3.84
Silica Exposed - Drug Treated	5.90 $\pm$ 1.62

* Tetrandrine (7.5 mg/day) administered orally for month following intratracheal instillation of silica (40 mg/rat).

Fig 1

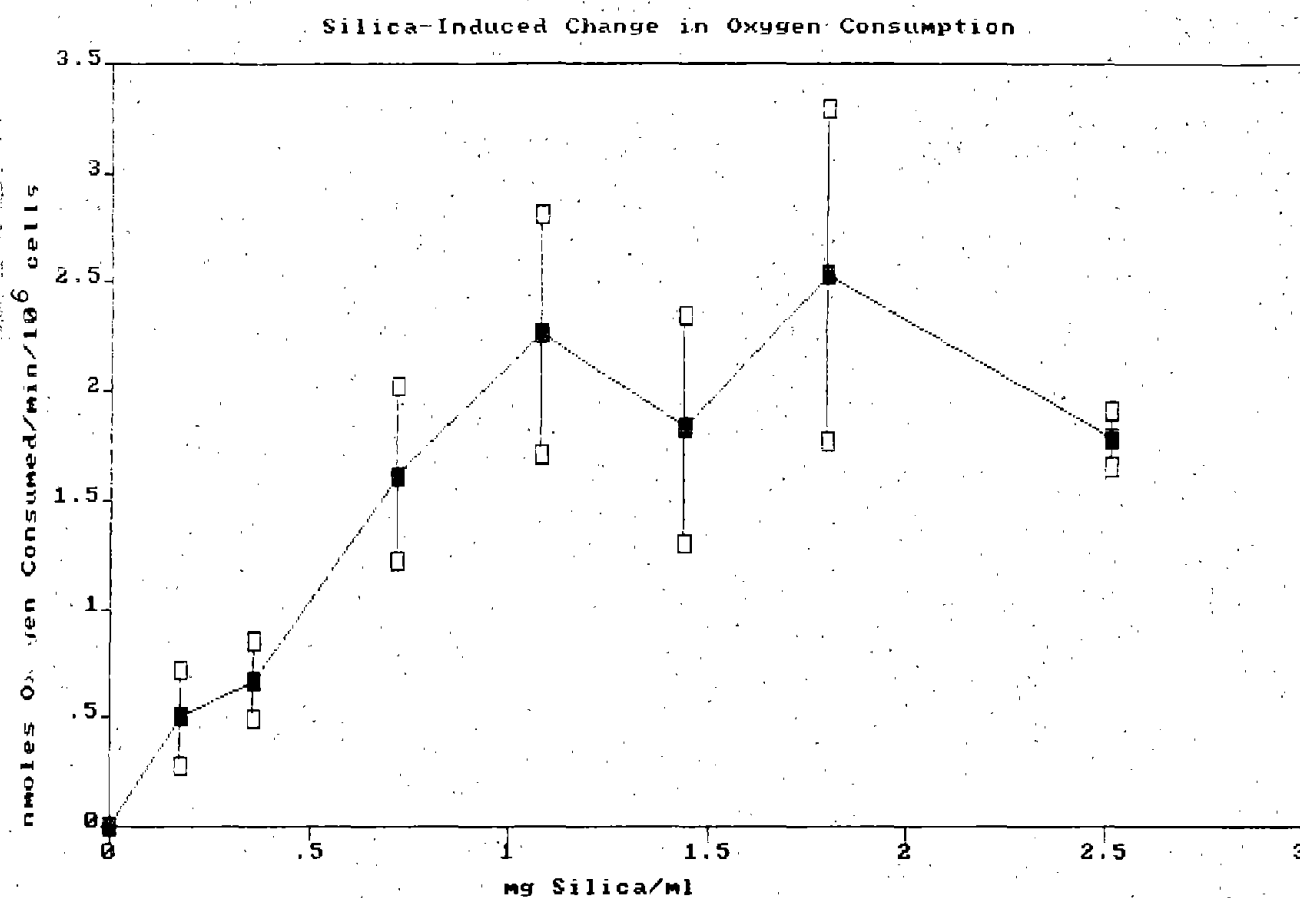


Fig 2

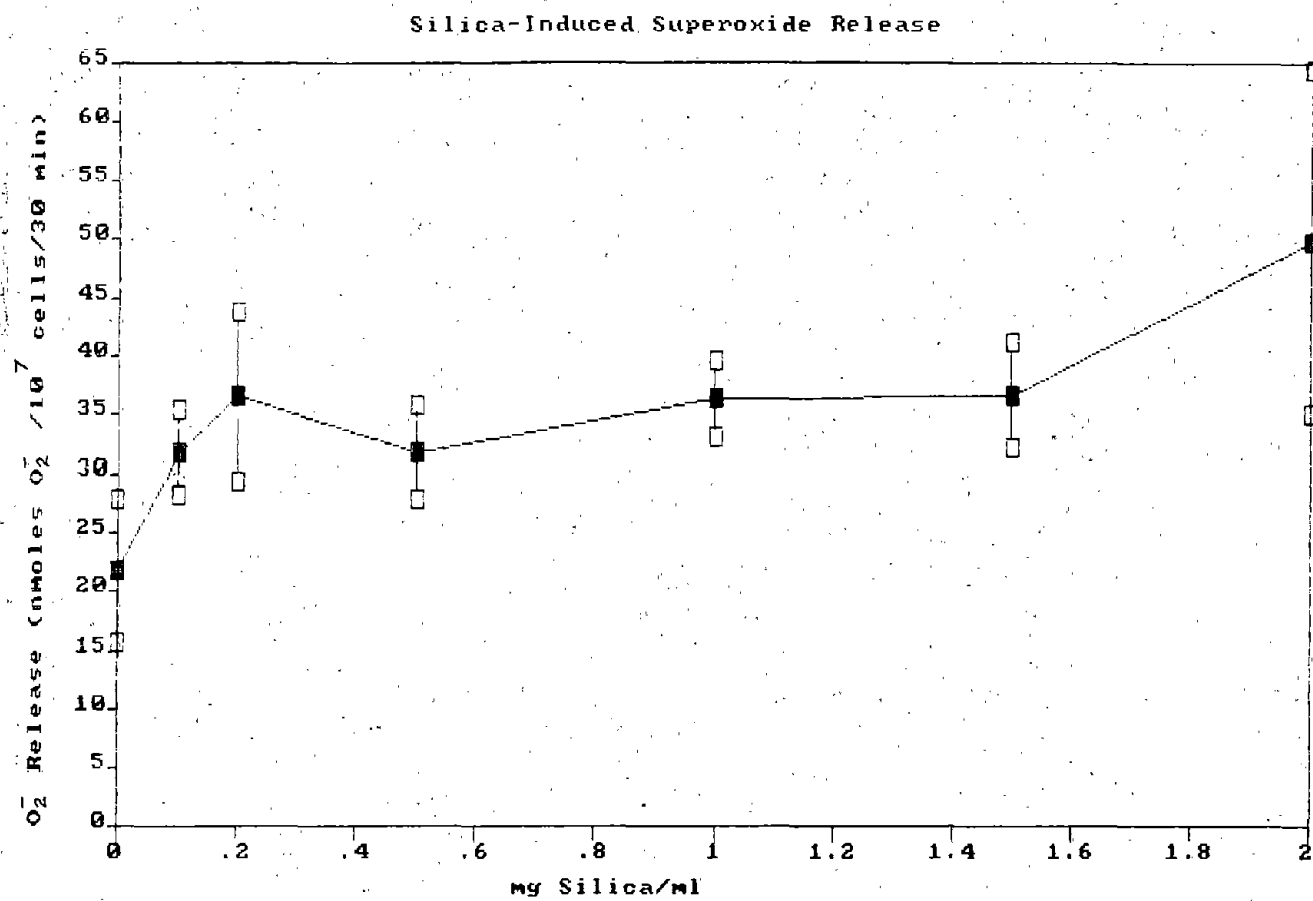


Fig 3

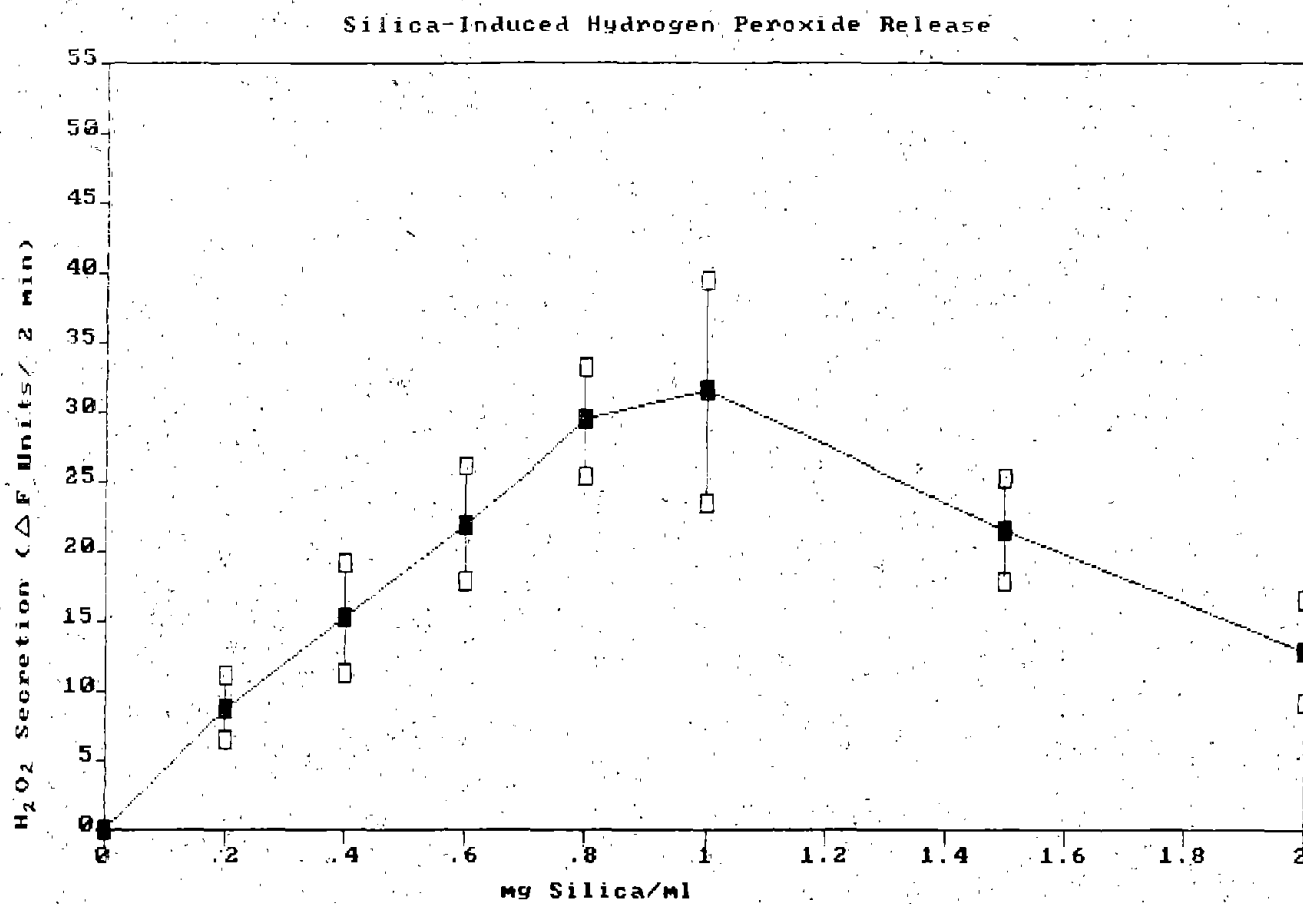


Fig 4

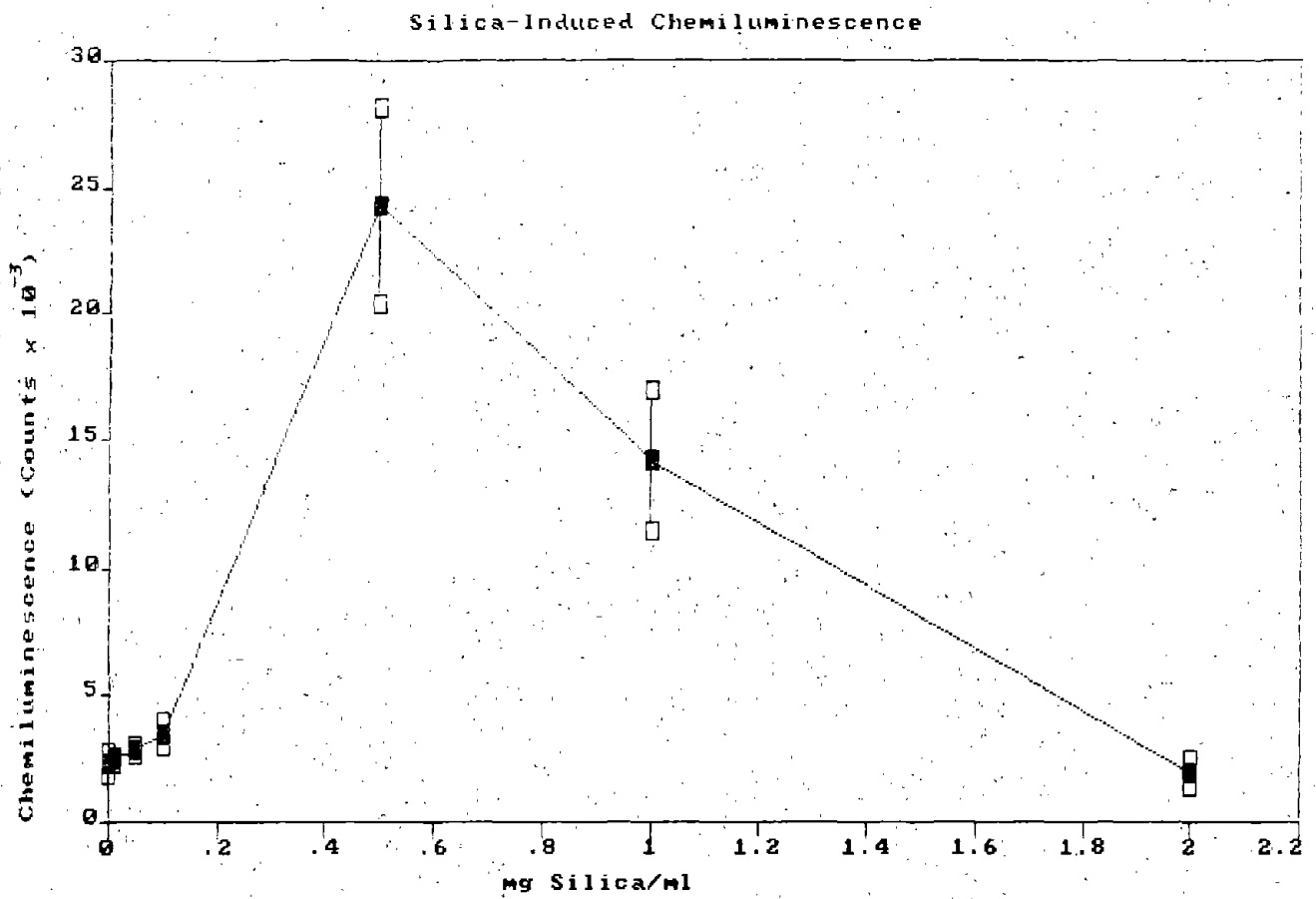


Fig 5

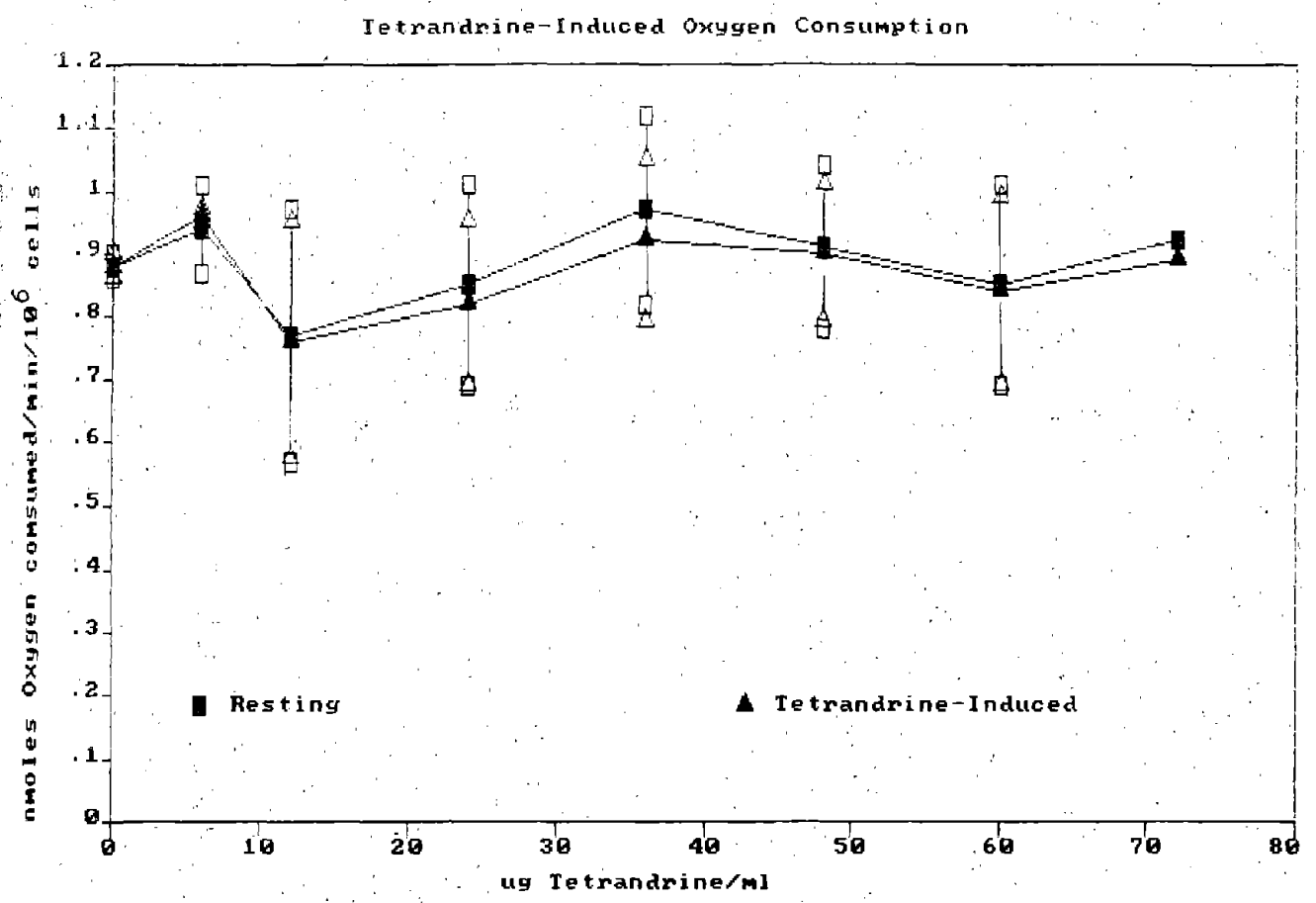


Fig 6

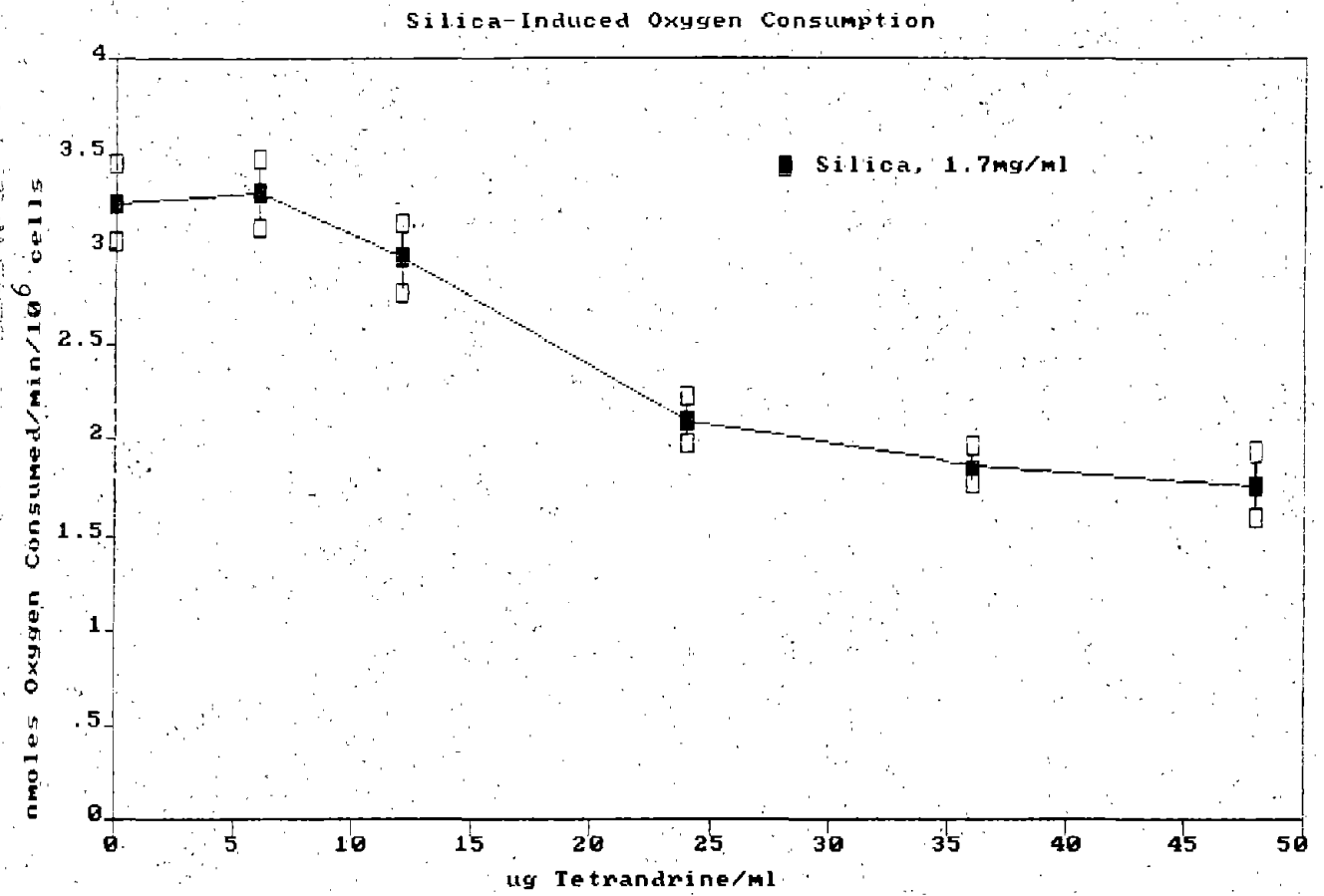


Fig 7

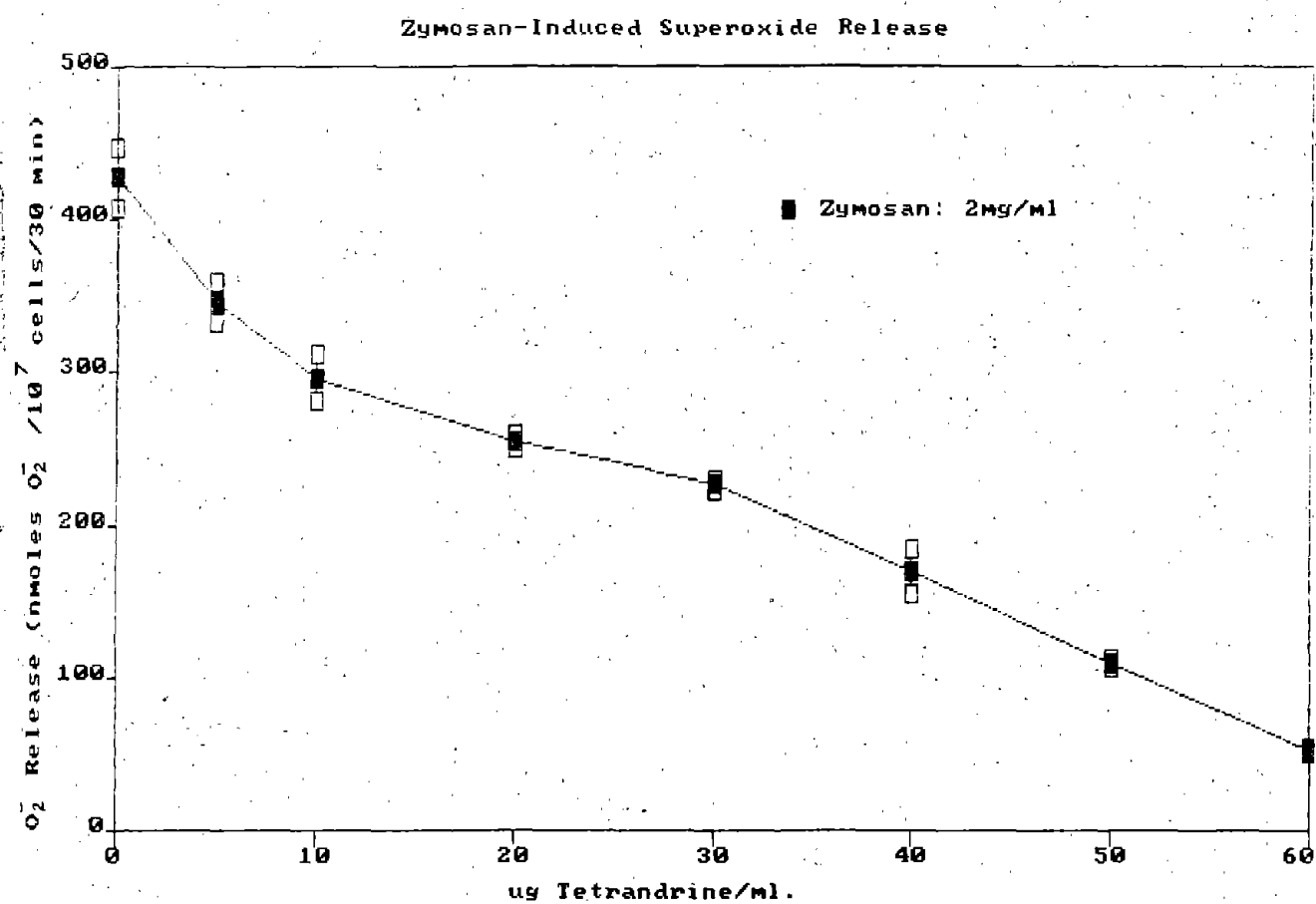


Fig 8

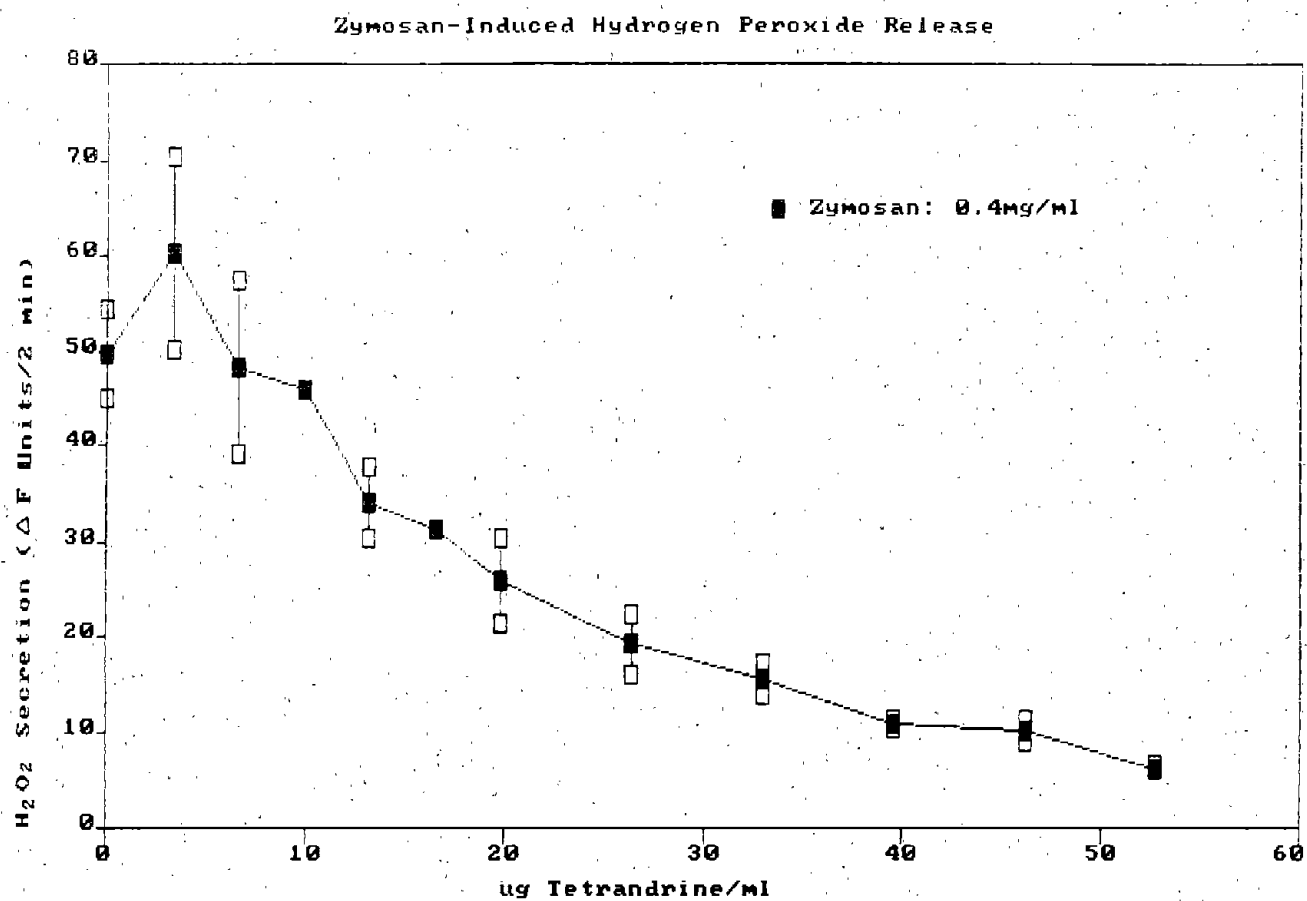


Fig 9

