SHORT REPORT

Dissecting signalling pathways associated with intrarenal synthesis of complement components in lupus nephritis

Desiree Tampe,1 Samy Hakroush,2 Björn Tampe

ABSTRACT

Lupus nephritis is one of the most common and serious complications of systemic lupus erythematosus, attributed to increased morbidity and mortality. The in situ deposition of intrarenal immune complexes promote the accumulation of inflammatory cells and cause kidney injury in lupus nephritis. Among potential sources of intrarenal complement deposits, the concept of intrarenal complement synthesis has been described more than three decades ago in experimental lupus nephritis. By using transcriptome datasets, we here identified accelerated intrarenal synthesis of distinct classical and alternative complement pathway components, most associated with impaired kidney function. Contrasting to this, no such induction of intrarenal complement synthesis was observed in disease controls, further supporting relevance of intrarenal complement synthesis especially in human lupus nephritis. Gene set enrichment identified that glomerular complement synthesis predominantly associated with interferon signalling and signalling by interleukins in human lupus nephritis, whereas tubulointerstitial complement synthesis with aberrant T-cell receptor signalling. Because the pathomechanistic involvement of complement system activation contributed to recent advances in targeted therapy in lupus nephritis, this study provides additional insights into signalling pathways associated with intrarenal synthesis of complement components in lupus nephritis that might be also affected by targeted therapy of the complement system.

WHAT IS ALREADY KNOWN ON THIS TOPIC

⇒ Lupus nephritis is one of the most common and serious complications of systemic lupus erythematosus, attributed to increased morbidity and mortality.
⇒ The in situ deposition of intrarenal immune complexes promote the accumulation of inflammatory cells and cause kidney injury.
⇒ Among potential sources of intrarenal complement deposits, the concept of intrarenal complement synthesis has been described more than three decades ago in experimental lupus nephritis.

WHAT THIS STUDY ADDS

⇒ We identified accelerated intrarenal synthesis of distinct classical and alternative complement pathway components, most associated with impaired kidney function.
⇒ Glomerular complement synthesis predominantly associated with interferon signalling and signalling by interleukins in human lupus nephritis, whereas tubulointerstitial complement synthesis with aberrant T-cell receptor signalling.

INTRODUCTION

Lupus nephritis is one of the most common and serious complications of systemic lupus erythematosus (SLE).1 Lupus nephritis is a major cause of kidney failure in patients with SLE, attributed to increased morbidity and mortality.2 The in situ deposition of intrarenal immune complexes promote the accumulation of inflammatory cells and cause kidney injury.3,4 Among them, complement system activation with decreased serum levels of complement C3 and C4 have been found in about 75% of patients with SLE with focal nephritis and 90% in patients with diffuse nephritis.5 In addition, co-localisation of immunoglobulin isotypes IgG, IgA and IgM along with C1q, C3 and C4 in the glomerular compartment is almost exclusively present in patients with lupus nephritis.6 Among potential sources of intrarenal complement deposits, the concept of intrarenal complement synthesis has been described more than three decades ago in experimental lupus nephritis.7 Complement system activation pathways, termed the classical, lectin and alternative merge into a final common pathway leading to assembly of the membrane attack complex. Previous studies have mainly focused on intrarenal synthesis of complement components C2, C3, factor B and C4 in lupus nephritis.8 We here expand our
current knowledge about signalling pathways associated with intrarenal synthesis of complement components in human lupus nephritis.

METHODS

Data extraction from publicly available array datasets

Transcriptome array datasets were used from Nephroseq (www.nephroseq.org, June 2022, University of Michigan, Ann Arbor, Michigan, USA). Particularly, median-centred log₂ mRNA expression levels (GSE32591, platform: Affymetrix Human Genome U133 Plus 2.0 Array, altCDF V.10) were extracted specifically from microdissected glomerular (14 healthy controls, 32 with lupus nephritis) and tubulointerstitial compartments (15 healthy controls, 32 with lupus nephritis, online supplemental tables 1,2). For validation, median-centred log₂ mRNA expression levels were extracted specifically from microdissected glomerular compartments (6 normal kidneys, 25 with lupus nephritis, online supplemental tables 3). In addition, disease controls including hypertensive nephropathy, diabetic kidney disease and minimal change disease were also extracted.

Gene set enrichment analysis

For gene set enrichment analysis, genes coexpressed with either glomerular or tubulointerstitial mRNA expression of C1QA (reporter ID: 218232_at), C1QB (202953_at), C2 (203052_at), C3 (2017767_at), C3AR1 (209906_at), C5 (205500_at), C5AR1 (220088_at), CFB (202357_s_at), CFD (205382_s_at), CFH (201890_at), CFP (206380_s_at), CR1 (206244_at) and CR2 (205544_s_at) were extracted. Candidate genes for either glomerular or tubulointerstitial mRNA expression with a correlation threshold of ≥0.5 were used. To identify coexpressed genes among all complement components, the Multiple List Comparator (http://www.molbiotools.com/listcompare.html) was used for comparisons to generate gene lists separated for glomerular and tubulointerstitial compartments. The final gene lists were used for pathway analysis with reactome (http://reactome.org) with a predefined entities value of p≤0.001 (online supplemental tables 4–7).

Statistical methods

For group comparisons, the Mann-Whitney U test was used to determine differences in medians unpaired t-test (*p<0.05, **p<0.01, ***p<0.001, ****p<0.0001, n.s. not significant).
filtration rate (GFR) according to modification of diet in renal disease, proteinuria and median-centred log₂ mRNA expression levels. Heatmaps reflecting the mean values of Spearman’s ρ are shown, the asterisks indicating statistical significance correlations. Data analyses were performed with GraphPad Prism (V.9.3.1 for macOS, GraphPad Software, San Diego, California, USA).

RESULTS

From transcriptome datasets, we first extracted mRNA expression levels of complement components C1QA, C1QB, C2, C3, C3AR1, C5, C5AR1, CFB, CFD, CFH, CFP, CR1, and CR2 specifically from microdissected glomerular (14 healthy controls, 32 with lupus nephritis) and tubulointerstitial compartments (15 healthy controls, 32 with lupus nephritis, online supplemental tables 1,2). As compared with healthy controls, we observed a significant induction of all complement components except C5, CR1 and CR2 mRNA expression levels in glomerular compartments of lupus nephritis (figure 1A). Accelerated intrarenal synthesis of complement components C1QB, C2, C3, C3AR1, CFB and CFD was independently confirmed in microdissected glomerular compartments of lupus nephritis (6 normal kidneys, 25 with lupus nephritis).

Figure 2 Intrarenal synthesis of distinct complement components associated with impaired kidney function in lupus nephritis. (A,B) Correlations between kidney function parameters and mRNA expression levels of indicated complement components separated for the glomerular and tubulointerstitial compartment in lupus nephritis are shown by heat map reflecting mean values of Spearman’s ρ, asterisks indicate significant associations. GFR, glomerular filtration rate; MDRD, modification of diet in renal disease.

Figure 3 Dissecting signalling pathways associated with intrarenal synthesis of complement components in lupus nephritis. (A,B) Entities −log₁₀ p values of signalling pathways separated for gene set enrichment associated with either glomerular or tubulointerstitial mRNA expression of complement components are shown (the dotted lines correspond to the predefined threshold value of p≤0.001). Glomerular complement synthesis showed the strongest association with interferon signalling and signalling by interleukins, tubulointerstitial complement synthesis with T-cell receptor signalling. (C) Signalling pathways associated with mRNA expression of complement components within the glomerular, tubulointerstitial or both compartments in lupus nephritis are shown.
nephritis, (online supplemental figure 1A) and online supplemental table 3). In the tubulointerstitial compartment, a significant induction of C1QA, C1QB, C2, C3, C3AR1, CFH, CFD, C5AR1, and C5a receptor correlated with impaired kidney function in lupus nephritis (figure 1B). Interestingly, no such induction of intrarenal complement synthesis was observed in disease controls including hypertensive nephropathy, diabetic kidney disease or minimal change disease (online supplemental figure 2A,B). As assessed by GFR, glomerular synthesis of complement components C3, CFB and CFH correlated with impaired kidney function in lupus nephritis (figure 2A). Contrasting to this, specifically glomerular CRI synthesis was associated with better kidney function and less proteinuria (figure 2A).

In the tubulointerstitial compartment, complement components C1QA, C1QB, C2, C3, C3AR1 and CFD correlated with GFR loss independent of proteinuria in lupus nephritis (figure 2B). To identify signalling pathways associated with intrarenal complement synthesis in lupus nephritis, we finally performed gene set enrichment identifying 476 common genes that were all associated with glomerular mRNA expression levels of complement components C1QA, C1QB, C2, C3AR1, C5AR1, CFD and CFP (online supplemental table 4). Signalling pathway analysis revealed the strongest enrichment of interferon signalling and signalling by interleukins associated with better kidney function and less proteinuria (figure 2A).

In the tubulointerstitial compartment of lupus nephritis, gene set enrichment identified 328 common genes that were all associated with mRNA expression levels of complement components C1QA, C1QB and C3AR1 (online supplemental table 6). These genes were most associated with T-cell receptor signalling including translocation of ZAP-70 to immunological synapse, phosphorylation of CD3 and TCR zeta chains, generation of second messenger molecules, costimulation by the CD28 family, PD-1 signalling, and cytokine signalling in immune system (figure 3B and online supplemental table 7). Most signalling pathways were enriched in both compartments, while there was also a subset of signalling pathways specific for the glomerular or tubulointerstitial compartment in lupus nephritis (figure 3C).

DISCUSSION

It is long known that complement components are produced by the liver, kidneys, brain, blood vessels and other organs. The in situ deposition of immune complexes from the circulatory system or kidney may promote the accumulation of inflammatory cells and cause kidney damage. Because protein-based detection methods of intrarenal deposits cannot disect between these sources of complement components, we here specifically analysed transcriptome datasets to systematically describe intrarenal synthesis of complement components in lupus nephritis. We identified accelerated intrarenal synthesis of distinct classical and alternative complement pathway components, most associated with impaired kidney function. Contrasting to this, no such induction of intrarenal complement synthesis was observed in disease controls further supporting relevance of intrarenal complement synthesis especially in human lupus nephritis. Interestingly, specifically glomerular CRI synthesis was associated with better kidney function and less proteinuria in lupus nephritis. This is in line with previous studies reporting that loss of CRI expression correlated with susceptibility to develop SLE and lupus nephritis. Furthermore, we here identified interferon signalling and signalling by interleukins to associate specifically with glomerular complement synthesis in human lupus nephritis. This is in line with observations in animal models reporting that interferon gamma signalling was required for development of experimental lupus nephritis. Finally, we here report that aberrant T-cell receptor signalling predominantly associated with tubulointerstitial complement synthesis. Abnormalities of various molecules in T-cell receptor signalling, including ZAP70, have been shown to result in the development of systemic autoimmune diseases including lupus nephritis. The role of the complement system in the pathogenesis of lupus nephritis has long been described, whereas its paradoxical effects on disease activity make it a challenging therapeutic target. Ongoing trials are testing efficacy and safety of anti-C5 antibody (NCT04564339) and C5a receptor (C5aR) antagonists (NCT02151409) in patients with lupus nephritis. This study provides additional insights into signalling pathways associated with intrarenal synthesis of complement components in lupus nephritis that might be also affected by targeted therapy of the complement system.

Correction notice This article has been corrected since it was first published online. Reference 15 has been added to the discussion section.

Contributors BT conceived the letter, analysed data and wrote the manuscript. DT performed gene set enrichment analysis. SH edited the manuscript. All authors reviewed and approved the manuscript’s content before submission.

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REFERENCES

1. Tsokos GC. Systemic lupus erythematosus. *N Engl J Med* 2011;365:2110–21.
2. Ocampo-Piraquive V, Nieto-Aristizábal I, Cañias CA, et al. Mortality in systemic lupus erythematosus: causes, predictors and interventions. *Expert Rev Clin Immunol* 2018;14:1043–53.
3. Dumestre-Pérard C, Clavario G, Collard S, et al. Antibodies targeting circulating protective molecules in lupus nephritis: interest as serological biomarkers. *Autoimmun Rev* 2018;17:890–9.
4. Flores-Mendoza G, Sansón SP, Rodríguez-Castro S, et al. Mechanisms of tissue injury in lupus nephritis. *Trends Mol Med* 2018;24:364–78.
5. Valentijn RM, van Overhagen H, Hazevoet HM, et al. The value of complement and immune complex determinations in monitoring disease activity in patients with systemic lupus erythematosus. *Arthritis Rheum* 1985;28:904–13.
6. Dalmasso AP. Complement in the pathophysiology and diagnosis of human diseases. *Crit Rev Clin Lab Sci* 1986;24:123–83.
7. Passwell J, Schreiner GF, Nonaka M, et al. Local extrahepatic expression of complement genes C3, factor B, C2, and C4 is increased in murine lupus nephritis. *J Clin Invest* 1988;82:1676–84.
8. Berthier CC, Bethunaickan R, Gonzalez-Rivera T, et al. Cross-species transcriptional network analysis defines shared inflammatory responses in murine and human lupus nephritis. *J Immunol* 2012;189:988–1001.
9. Peterson KG, Huang J-F, Zhu J, et al. Characterization of heterogeneity in the molecular pathogenesis of lupus nephritis from transcriptional profiles of laser-captured glomeruli. *J Clin Invest* 2004;113:1722–33.
10. Schmid H, Boucherot A, Yasuda Y, et al. Modular activation of nuclear factor-kappaB transcriptional programs in human diabetic nephropathy. *Diabetes* 2006;55:2983–3003.
11. Neusser MA, Lindenmeyer MT, Moll AG, et al. Human nephrosclerosis triggers a hypoxia-related glomerulopathy. *Am J Pathol* 2010;176:594–607.
12. Fabregat A, Sidiropoulos K, Viteri G, et al. Reactome pathway analysis: a high-performance in-memory approach. *BMC Bioinformatics* 2017;18:142.
13. Morgan BP, Gasque P. Extrahepatic complement biosynthesis: where, when and why? *Clin Exp Immunol* 1997;107:1–7.
14. Panda AK, Ravindran B, Das BK. CR1 exon variants are associated with lowered CR1 expression and increased susceptibility to SLE in a *Plasmodium falciparum* endemic population. *Lupus Sci Med* 2016;3:e000145.
15. Richards HB, Sato M, Jennette JC, et al. Interferon-gamma is required for lupus nephritis in mice treated with the hydrocarbon oil pristane. *Kidney Int* 2001;59:2173–80.
16. Matsuo T, Hashimoto M, Sakaguchi S, et al. Strain-specific manifestation of lupus-like systemic autoimmunity caused by Zap70 mutation. *J Immunol* 2019;202:3161–72.
Correction: Dissecting signalling pathways associated with intrarenal synthesis of complement components in lupus nephritis

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