

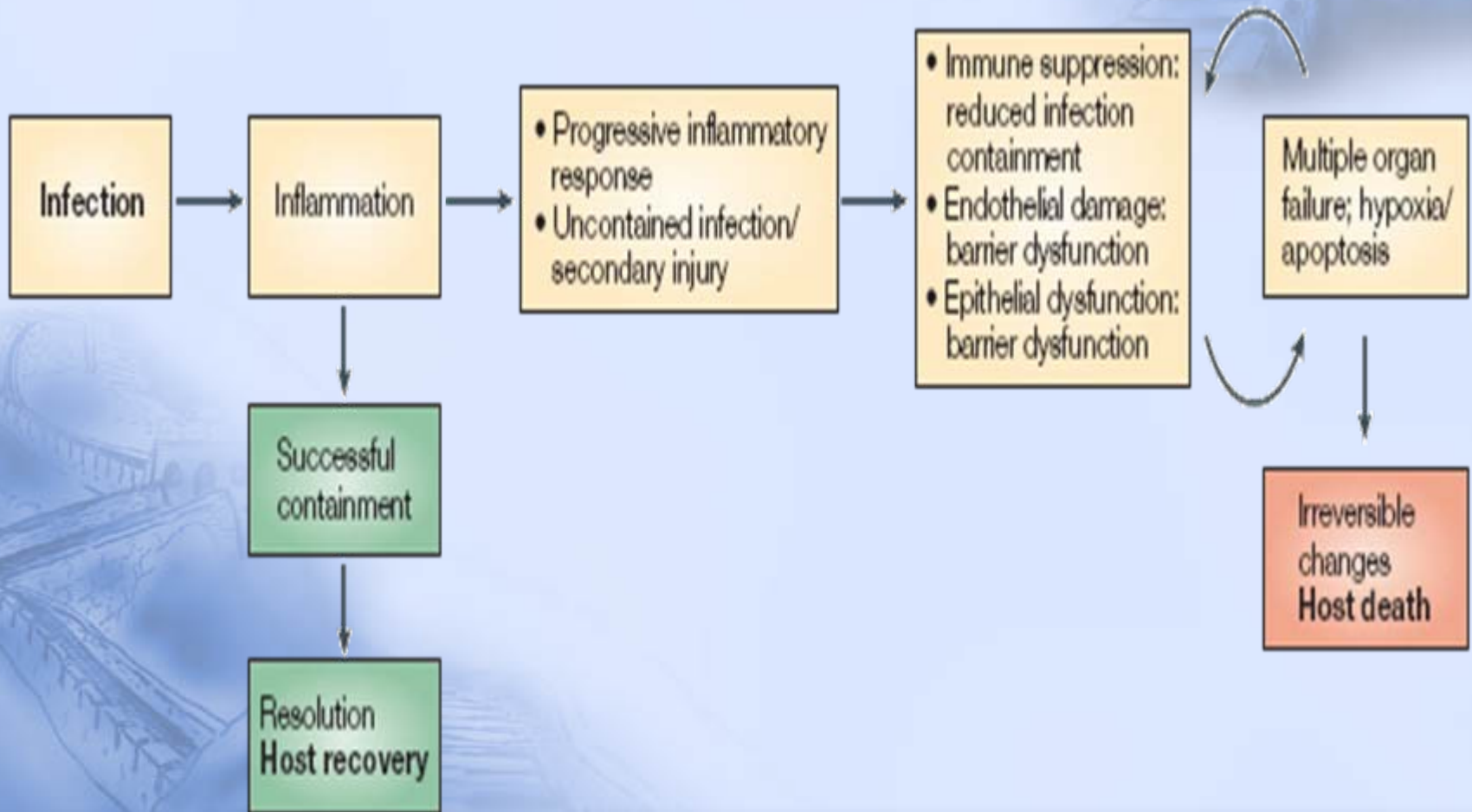
Animal models of sepsis

YANG Junwei

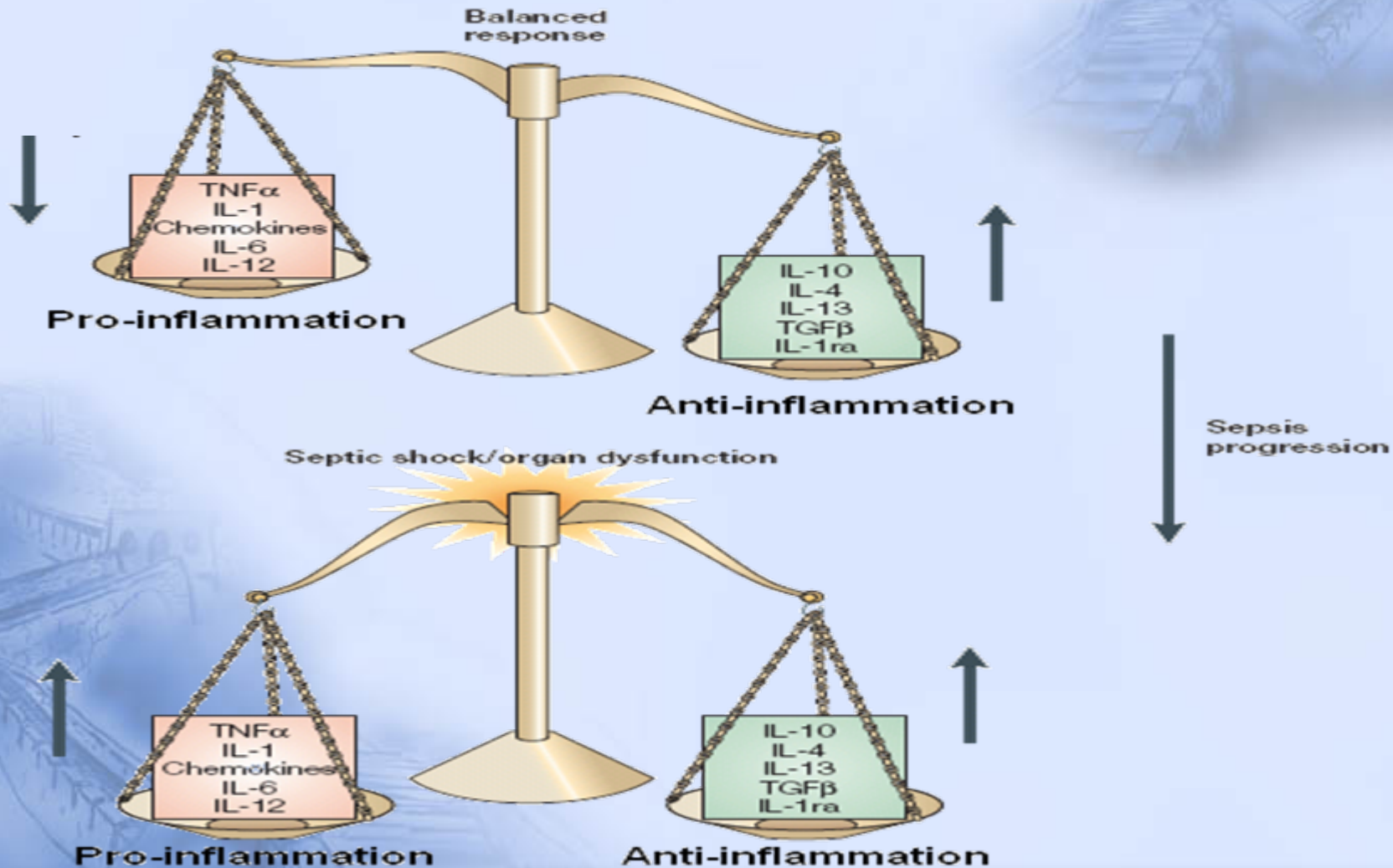
Supervisor: Prof. ZHAO Guoping

12/7/2010

Sepsis: systemic inflammatory response to infection



Molecular pathogenesis

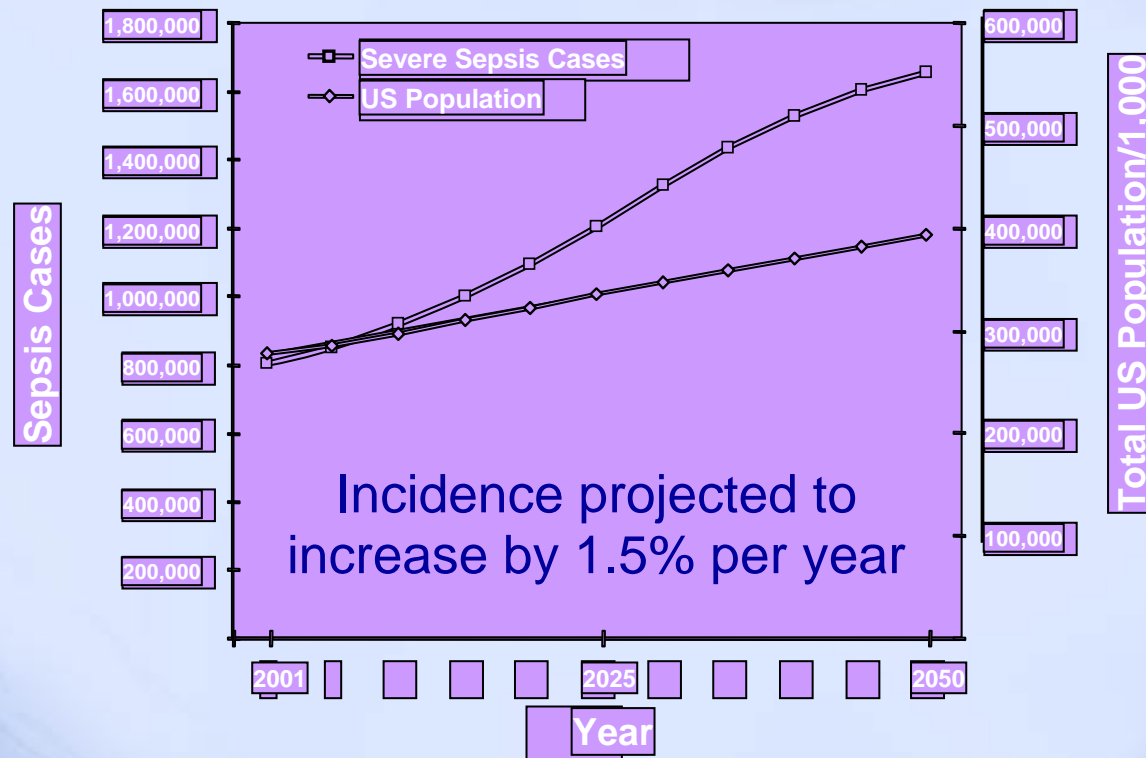


Incidence of sepsis

Today

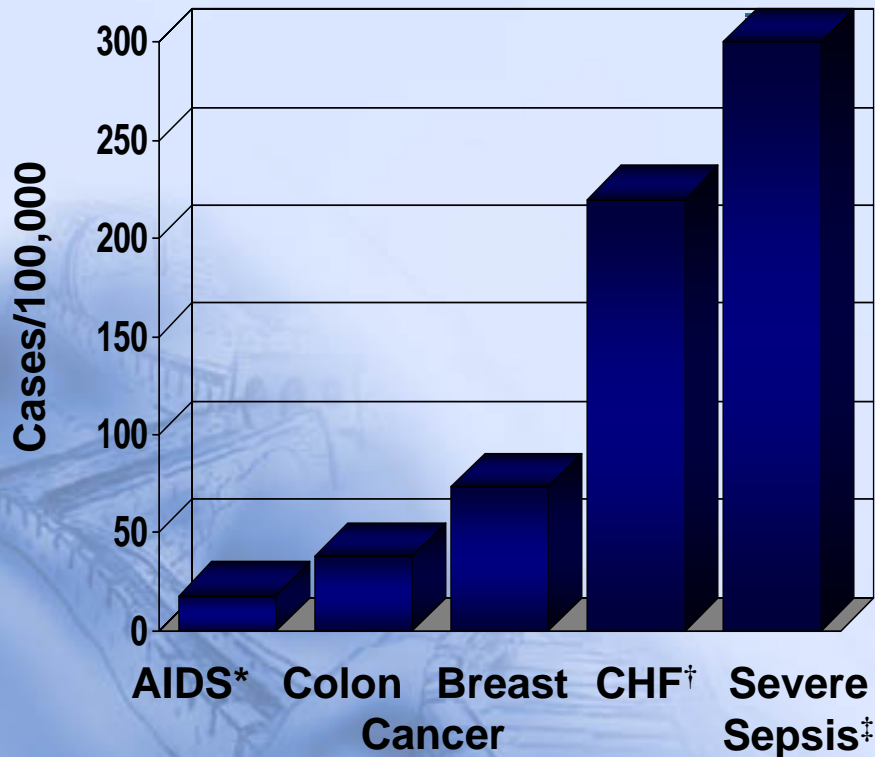
>750,000 cases of severe sepsis/year in the US

Future

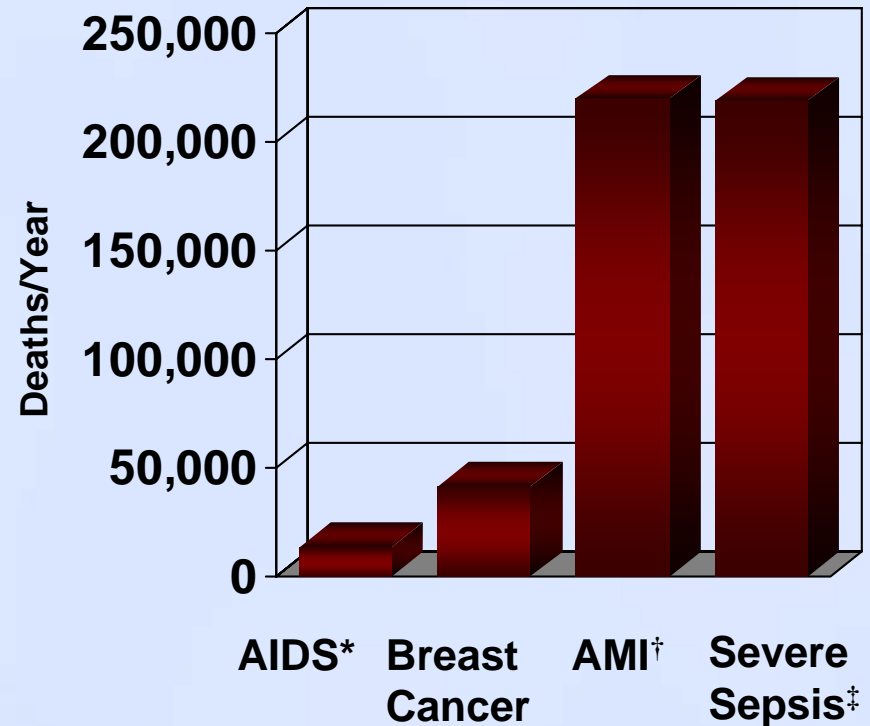


Comparison with other major diseases

Incidence of Severe Sepsis

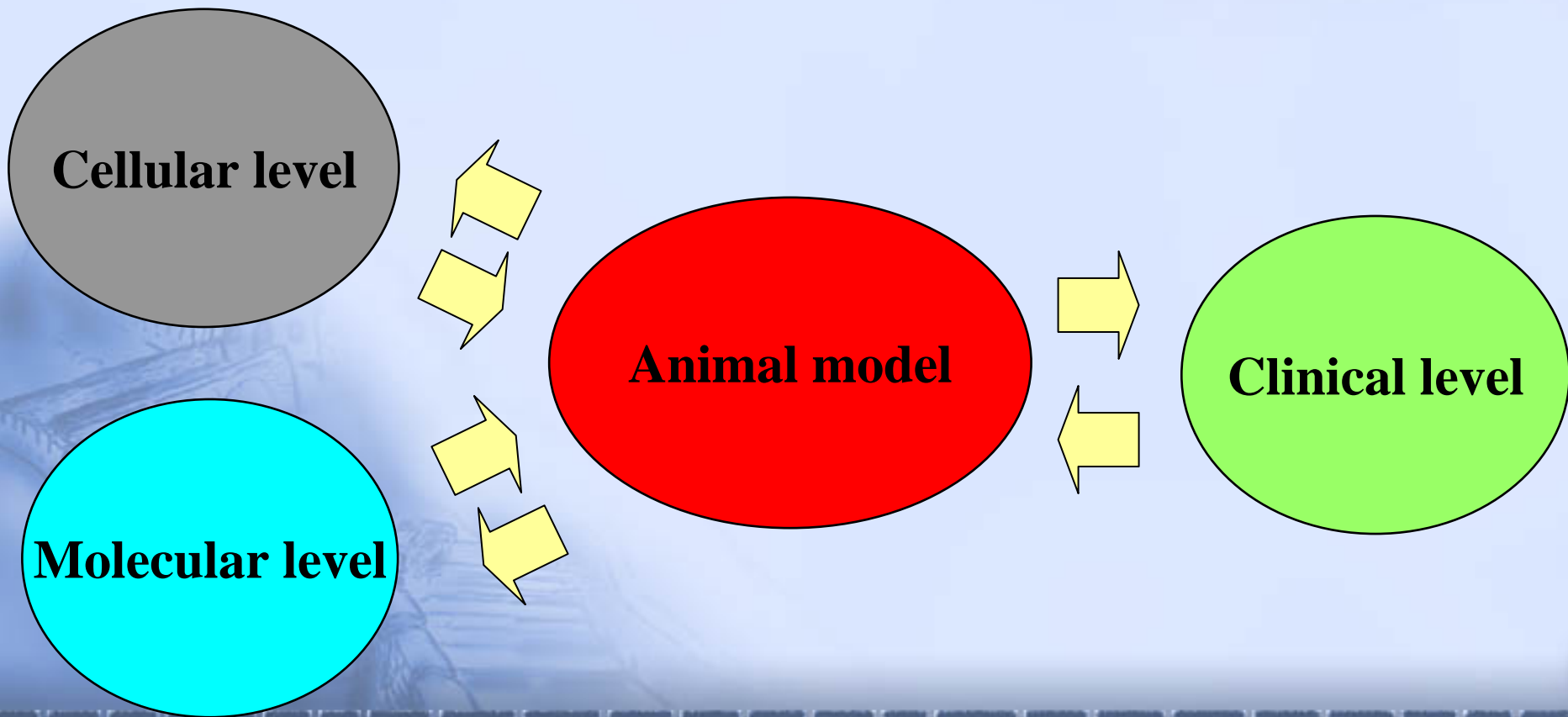


Mortality of Severe Sepsis



National Center for Health Statistics, 2001. American Cancer Society, 2001. American Heart Association, 2000. ‡Angus DC et al. *Crit Care Med.* 2001;29(7):1303-1310.

Central role of animal model in sepsis study, particularly for pre-clinical trials

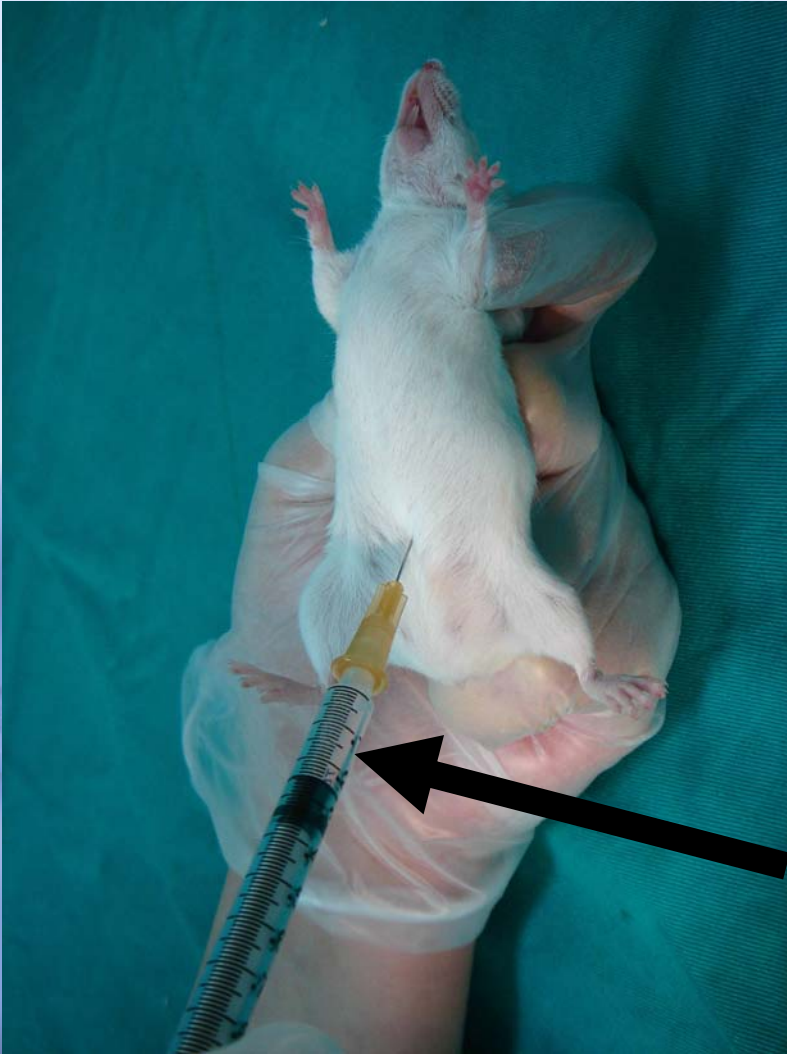


Types of sepsis models

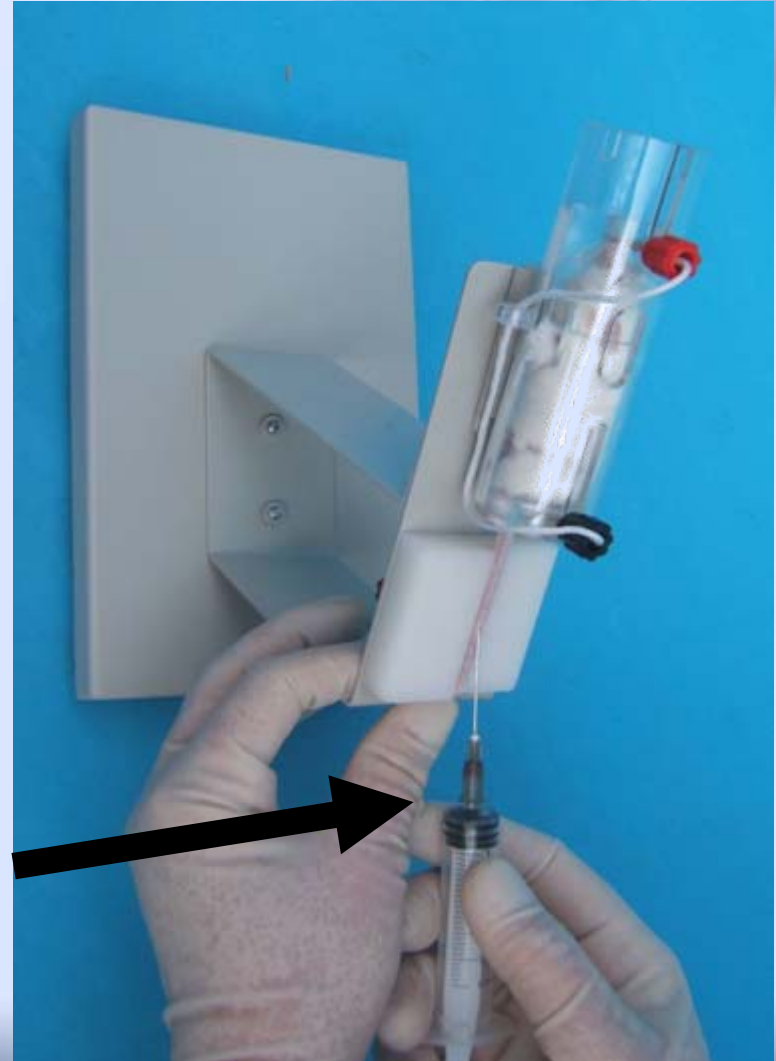
- **Toxaemia models**
- **Bacterial infection models**
- **Host-barrier disruption models**



Toxaemia models: LPS model



LPS



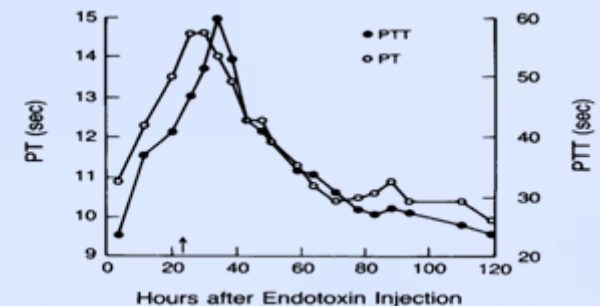
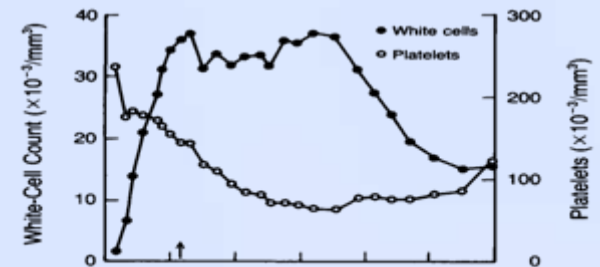
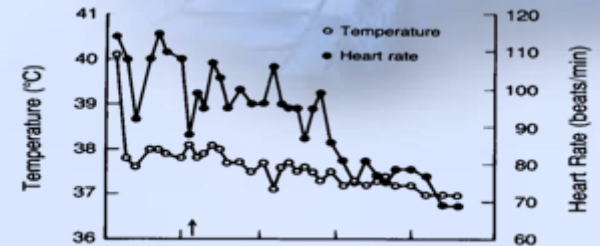
LPS induces sepsis in human

Table 1. Hemodynamic Measurements and Vasopressor Administration after the Injection of *S. minnesota* Endotoxin.*

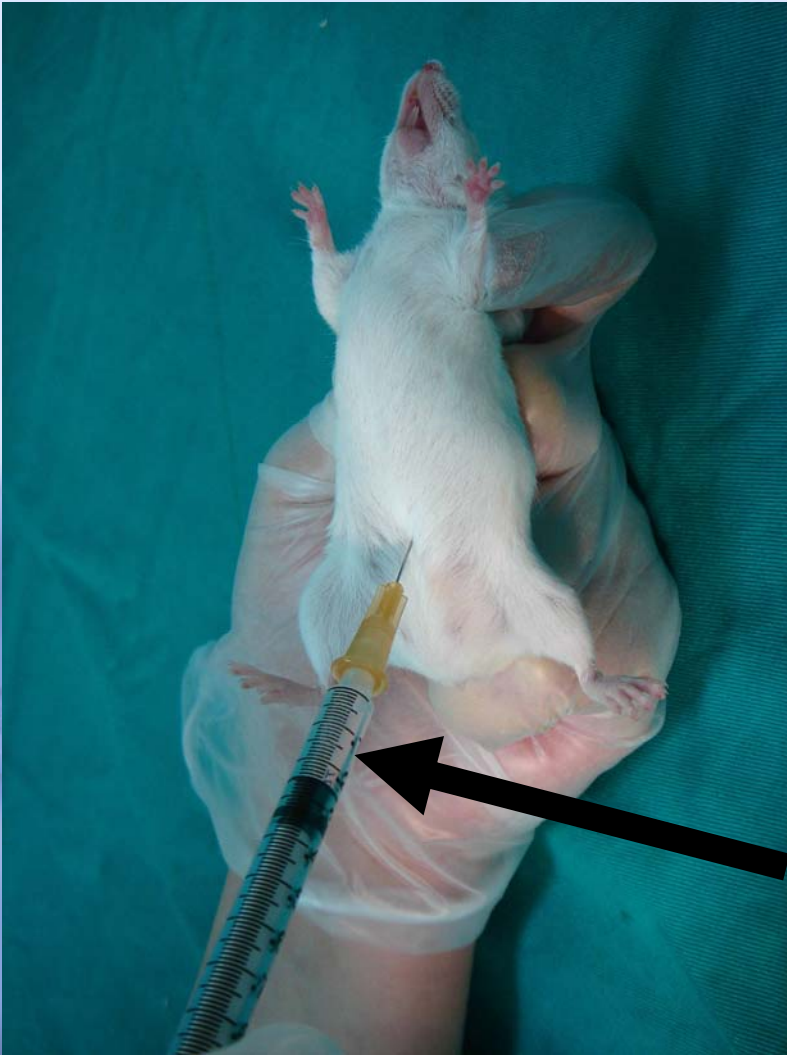
HOURS AFTER ENDOTOXIN INJECTION	WEIGHT	CUMULATIVE FLUID INTAKE IN EXCESS OF OUTPUT	DOPAMINE	NOREPINEPHRINE	MEAN ARTERIAL PRESSURE	PULMONARY- CAPILLARY WEDGE PRESSURE	CARDIAC INDEX	SYSTEMIC- VASCULAR- RESISTANCE INDEX	STROKE- VOLUME INDEX	LEFT VENTRICULAR- STROKE-WORK INDEX
5	66.4	4,000	5.0	—	47	—	—	—	—	—
12	—	5,000	12.4	9.4	60	3.0	5.0	800	46	29.4
17	—	6,900	12.4	9.4	77	4.0	4.6	1165	43	35.0
24	—	9,200	8.8	15.6	86	10.0	3.5	1896	40	47.8
28	—	10,300	4.4	15.6	78	12.0	3.3	1781	31	39.6
32	—	10,600	1.6	15.6	82	16.0	3.8	1560	40	42.4
44	—	14,600	1.6	2.1	71	21.0	4.9	933	46	44.4
50	76.5	14,900	1.6	—	78	15.0	4.3	1338	45	50.1
72	75.2	15,775	—	—	84	12.0	3.0	2000	39	44.5
Normal range†	—	—	—	—	70-105	2.0-10.0	2.6-4.2	1200-2800	30-65	30-90

Table 2. Serial Serum Concentrations of Endotoxin and Cytokines after the Injection of *S. minnesota* Endotoxin.*

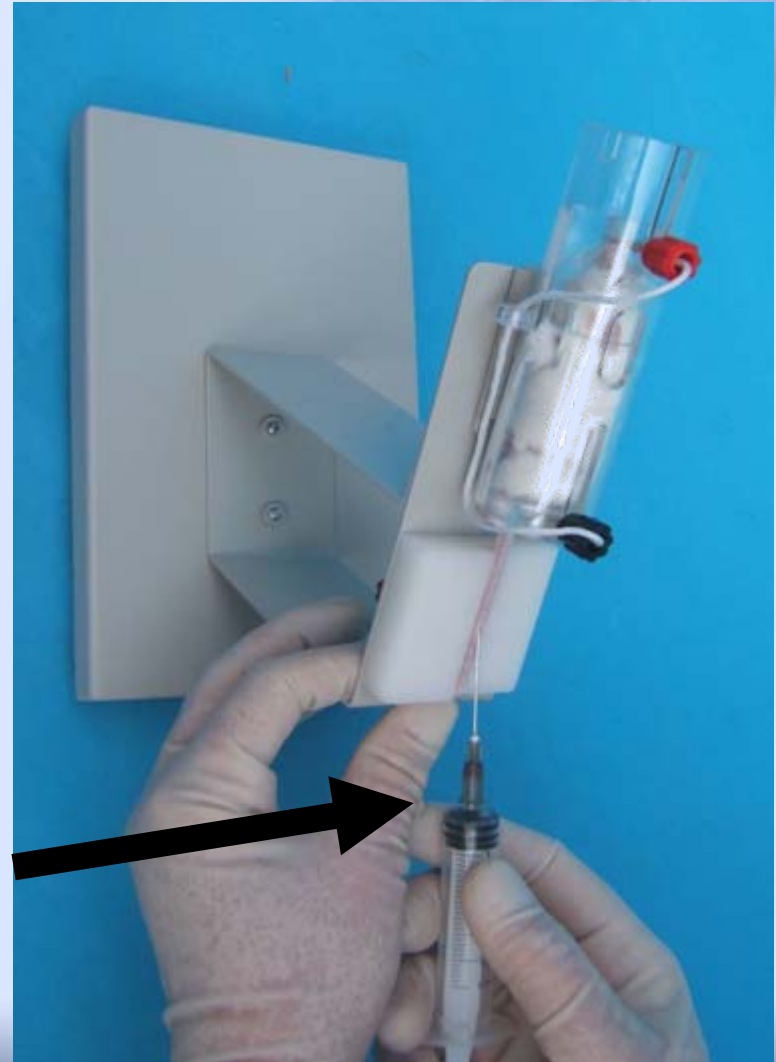
HOURS AFTER ENDOTOXIN INJECTION	ENDOTOXIN	TNF-α BY ELISA	TNF-α BY BIOASSAY	INTERLEU- KIN-6	INTERLEU- KIN-8	G-CSF
3.6	NA	14,630	9,157	NA	NA	NA
6.8	0.38	147	17	263,510	16,410	NA
11.5	<0.05	NA	NA	51,910	3,190	NA
22.5	0.19‡	NA	NA	1,620	520	277,070
24.0	0.80‡	22	<10	927	380	230,690
24.5	<0.05	NA	NA	489	230	174,200
25.5	<0.05	16	<10	480	210	164,870
26.5	NA	<10	<10	590	650	10,630
48.0	NA	<10	<10	NA	NA	NA
Normal values§	<0.05	<10	<10	<100	<50	<100



Toxaemia models: LPS model



LPS



Variability factors of the model

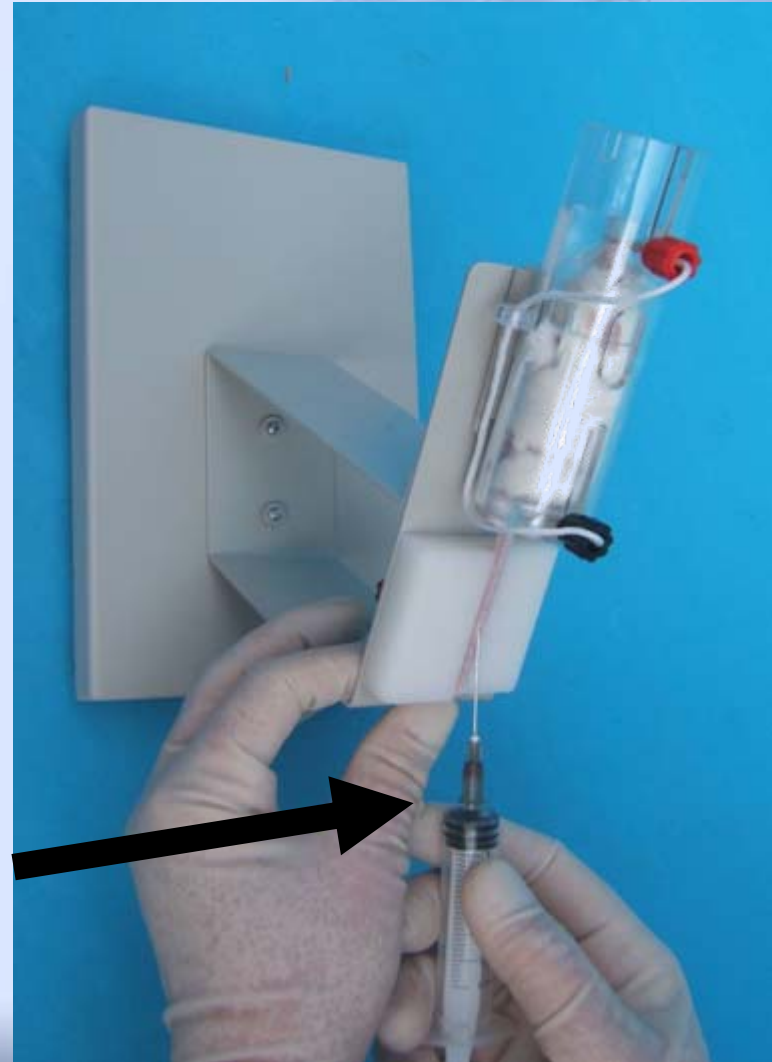
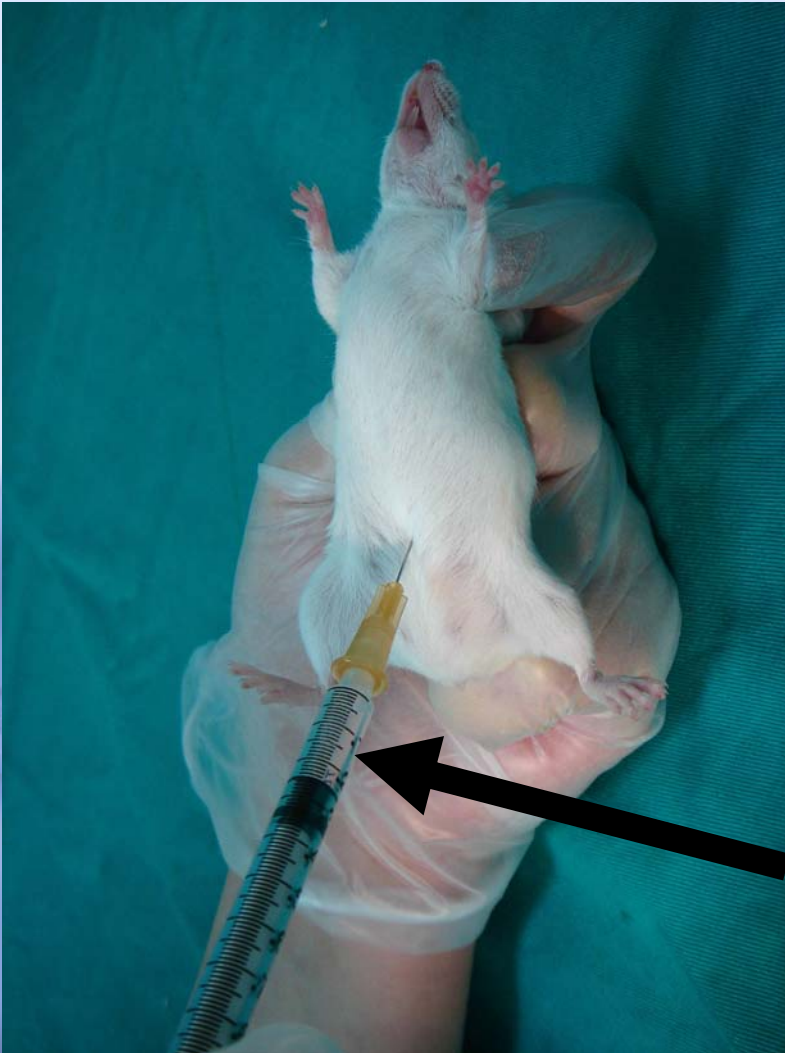
- Type of toxin utilized (LPS subtype or use of sensitizing agent [d-Gal])
- Host species and strain
- Lethal or sub-lethal dose
- Route of administration



Controversial results between LPS model and clinical trial of anti-IL-1 receptor

- **Mouse result:** an IL-1 receptor antibody has therapeutic efficacy against LPS induced sepsis
- **Human result:** There was not a statistically significant increase in survival time for anti-IL1 receptor treatment

Bacterial infection models

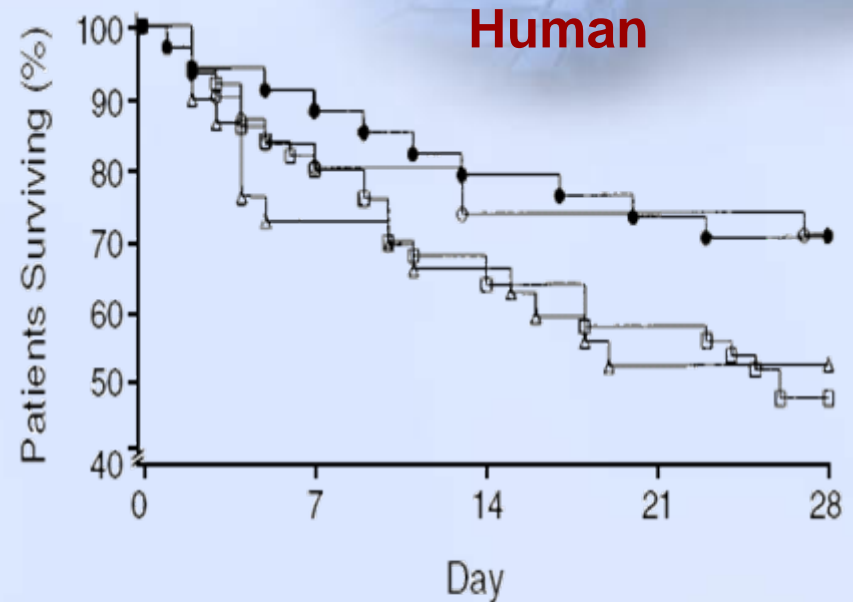
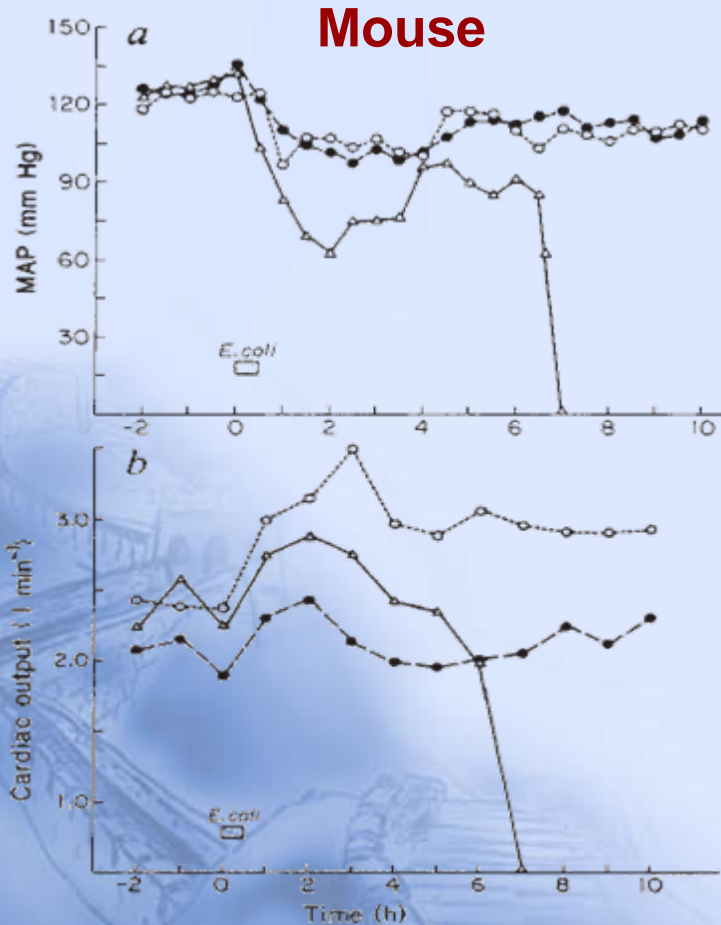


Bacteria

Variability factors of the model

- **Bacterial load**
- **Bacterial strain**
- **Host strain**
- **Route of administration**

Controversial results between this model and clinical trial of anti-TNF- α receptor



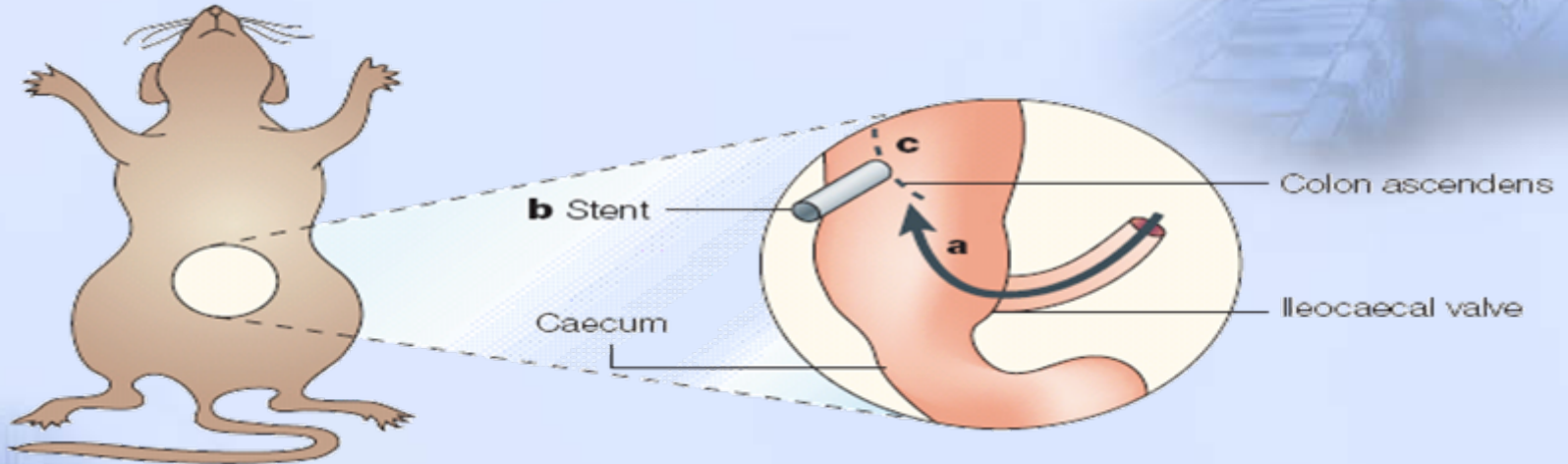
STUDY GROUP	NO. OF PATIENTS	NO. OF DEATHS
Placebo (●)	33	10
0.15 mg/kg (○)	30	9
0.45 mg/kg (△)	29	14
1.5 mg/kg (□)	49	26

Nature. 1987 Dec 17-23;330(6149):662-4.

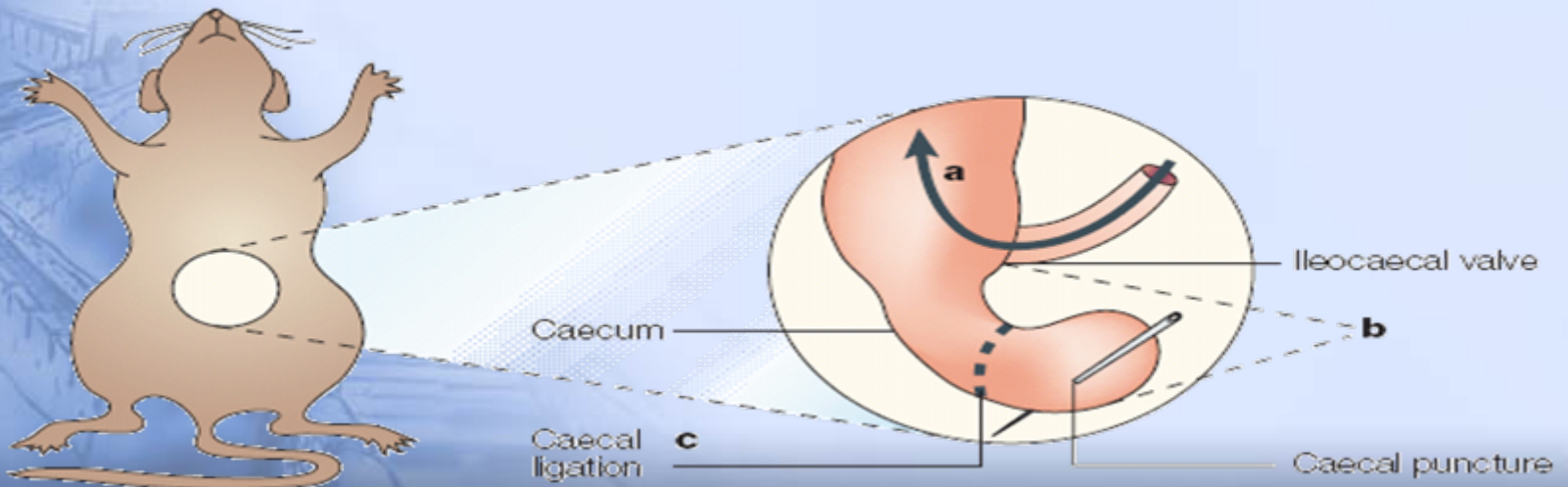
N Engl J Med. 1996 Jun 27;334(26):1697-702.

Host-barrier disruption models: CASP and CLP

Colon ascendens stent peritonitis (CASP)



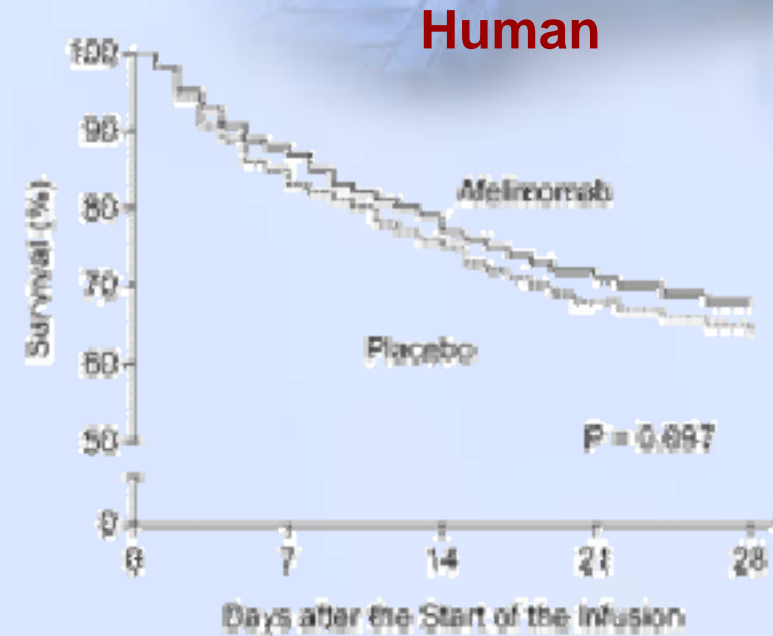
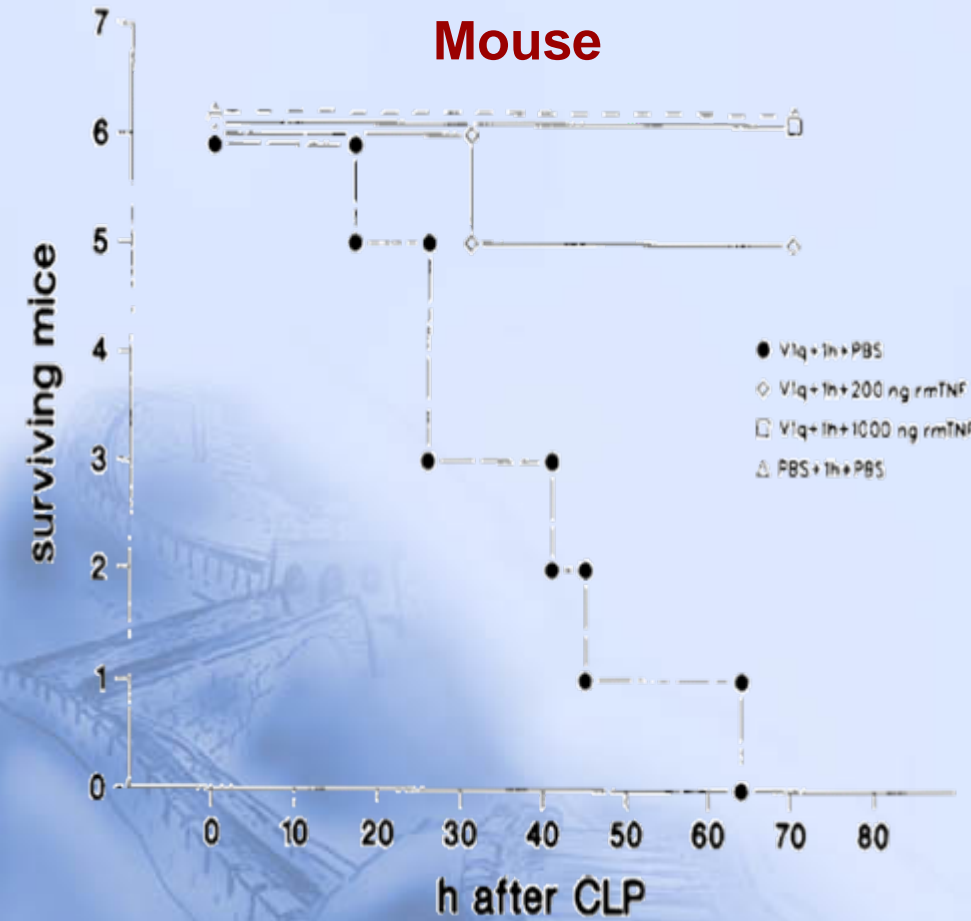
Caecal ligation and puncture (CLP)



Variability factors of the model

- **Needle size used for perforation**
- **Number of perforations**
- **Amount of caecum ligated/amount of necrosis induced**
- **Uncontrolled bacterial load (amount of stool milked into peritoneum)**
- **Sex, age and strain**

Similar results between CLP model and clinical trial of anti-TNF-a



No. at Risk

Afelimomab	1305	1150	1024	935	687
Placebo	1329	1129	1013	909	659

Advantage and disadvantage of different models

Animal model

LPS injection

Advantage

Simple, sterile; some similarities with human sepsis pathophysiology

Disadvantage

Early and transient increases in inflammatory mediators more intense than in human sepsis

Bacterial infection

Early hyperdynamic state

No change in intrarenal microcirculation; biosafety consideration

CLP and CASP

Early silent period; moderate and delayed peak of mediators; multiple bacterial flora

Age and strain variability; early hemodynamic period in some models

Problems of current models

- **A mouse is not a man**
- **Is the model of sepsis related to the clinical situation in humans?**
- **The model takes no account of human variability**
- **.....**

Thanks!!!

