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Signal integration, crosstalk mechanisms and networks in the function of inflammatory cytokines $\stackrel{\scriptscriptstyle \ensuremath{\upsilon}}{\sim}$

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ABSTRACT

Infection or cell damage triggers the release of pro-inflammatory cytokines such as interleukin(IL)-1 α or β and tumor necrosis factor (TNF) α which are key mediators of the host immune response. Following their identification and the elucidation of central signaling pathways, recent results show a highly complex crosstalk between various cytokines and their signaling effectors. The molecular mechanisms controlling signaling thresholds, signal integration and the function of feed-forward and feedback loops are currently revealed by combining methods from biochemistry, genetics and *in silico* analysis. Increasing evidence is mounted that defects in information processing circuits or their components can be causative for chronic or overshooting inflammation. As progress in biosciences has always benefitted from the use of well-studied model systems, research on inflammatory cytokines may function as a paradigm to reveal general principles of signal integration, crosstalk mechanisms and signaling networks.

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1. Cytokines and their function

Cytokines have been discovered almost half a century ago as small proteins or polypeptides that orchestrate cellular communication. They may act in an autocrine, juxtacrine, paracrine, endocrine or intracellular fashion and can be grouped by common biological characteristics, as summarized in Table 1. Pathogen-associated patterns (PAMPs) or damage- or danger-associated molecular patterns (DAMPs) are sensed by specific receptors. In turn, activation of these receptors leads to the induced synthesis and release of inflammatory cytokines (interleukins (e.g. IL-1, IL-6, IL-33), tumor necrosis factor (TNF) α , chemokines and

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0167-4889/\$ - see front matter © 2011 Elsevier B.V. All rights reserved. doi:10.1016/j.bbamcr.2011.06.019 macrophage migration inhibitory factor (MIF). These cytokines coordinate the host cell response in order to combat the infection [88], as schematically displayed in Fig. 1A. PAMPs are generated from products of pathogenic microorganisms [133], while DAMPs are triggers for sterile inflammation by endogenous mediators or exogenous stressors [22,87]. Cytokines are not produced and secreted from discrete glands but can be in principle produced by all nucleated cells to regulate the immune response. Pro-inflammatory cytokines represent a paradigm for illustrating how basic research feeds in successful translational research. A number of novel inflammatory cytokines have been discovered in recent years (IL-32, IL-33, IL-34, IL-35, IL-36, IL-37) whose functions are being explored at the moment [27,32,34,67,96,119,154]. On the other hand, the "oldest" pro-inflammatory cytokines IL-1 α , IL-1 β and TNF α have been studied in patients for quite some time [48] and antagonistic biologicals are in clinical use (see below).

2. The importance of cytokine regulatory loops

Once cytokines have been released in response to initial signals from PAMPs or DAMPs, they can bind to their own receptors and thus help to potently amplify the innate immune response. Rapid mounting of the immune response is absolutely essential to counteract rapidly growing invading pathogens. Cytokine-triggered signal amplification employs several feed-forward signaling loops. Once the infection has been cleared, the inflammatory process is antagonized by strong negative feedback loops that ensure the controlled shut-down of the immune response (Fig. 1A). Recent

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Table 1

Functional classes of cytokines involved in inflammation (adapted from [32,35,97]. Blue colors indicate therapeutically used recombinant cytokines, purple colors indicate cytokines for which inhibitory drugs have been approved. Abbreviations: CD40L, CD40 ligand; CNS, central nervous system; Gro, growth-related; IFN, interferon; IL, interleukin, IL-1Ra, IL-1 receptor antagonist; MCP1, monocyte chemotactic protein-1; MIF, macrophage migration inhibitory factor; MIP1α, macrophage inflammatory protein-1α; RANKL, receptor activator of nuclear factor kappa-B ligand; Rantes, regulated upon activation, normal T-cell expressed; TGFβ, transforming growth factor beta; TNF, tumor necrosis factor.

functional class	major physiological or pathophysiological effects	examples
cytokines regulating adaptive immune functions	5	
lymphocyte growth and differentiation factors	clonal expansion of T-cells,↑Th1/TH2/TH17 responses, Th1/Th2/Th17 polarization, B-cell activation, 8-cell growth, auto-immune responses	IL-2, IL-4, IL-5, IL-6, IL-7, IL-12, IL-15, IL-17, IL-18, IL-23, IL-25, IL- 33, IL-35, IFNγ
cytokines positively regulating innate immune f	unctions	
pro-inflammatory cytokines	↑ inflammatory mediators,↑ innate immune responses, ↑ activation of most cell types, pro metastatic,↑ bone-resorption, ↑ acute phase proteins	IL-1 α, IL-1 β, TNFα, IL-6, IL-12, IL- 18, IL-23, IL-32, IL-33, IL-34, IL- 36, MIF, CD40L, RANKL
chemokines	↑ cellular emigration, ↑ leucoyte infiltration, ↑ neovascularization, ↑ activation of many cell types, pro-metastatic	IL-8 (CXCL8), MCP1 (CCL2), MIP1α (CCL3), Rantes (CCL5), Groα/β/γ (CXCL1,2,3), MIF, others
interferons		
type II IFN	macrophage activation, \uparrow MHC class II	ΙΕΝγ
type I IFN	anti-viral, ↑ MHC class I, anti-inflammatory, anti- angiogenic	IFNα, IFNβ
cytokines downregulating innate immune funct	ions	
anti-inflammtory cytokines	↓ inflammatory mediators, ↓ cytokine-mediated lethality, ↓ autoimmune and autoinflammatory disease, ↑ fibrosis, anti-tumor effects	IL-10, IL-13, ΤGFβ, IL-22, IL-37 IL-1 Ra, IFNa/β

evidence in the IL-1 system suggests that dysregulation of either feed-forward or of feedback loops can be causative for diseases. A small number of patients with genetic defects in positive and negative feedback loops in extracellular control of IL-1 have been identified [3,4,36,106]. These patients develop systemic sterile inflammation of varying severity. Constitutive activity of the inflammasome complex which controls processing and release of IL-1 results in periodic fever syndromes (Fig. 1B), whereas life-threatening disease results from lack of negative control by the IL-1 receptor antagonist IL-1Ra (Fig. 1C/D). Even though this type of positive and negative feedback control appears to be relatively simple, it is of great pathophysiological relevance and underscores the importance of studies on regulatory circuits in inflammatory cytokine action.

3. Levels of complexity of intracellular inflammatory cytokine signaling

Research on signal transduction of inflammatory cytokines has proceeded through several phases. The field has moved from the discovery of ligands, receptors and co-receptors (Fig. 2A) toward identification of complex cytosolic and nuclear signaling mechanisms. For about a decade, the NF-KB, JNK (c-Jun N-terminal kinase), p38 MAPK (mitogen activated protein kinase), STAT (signal transducers and activators of transcription) and PI3K (phosphatidylinositol-3kinase) pathways were viewed as separate "linear" cascades (Fig. 2B). However, an emerging theme is that separated linear pathways do not really exist. Rather, there is interconnected signaling at all levels of intracellular signal transduction resulting in the concept of complex signaling networks (Fig. 2C). This level of complexity by intracellular signaling networks can be typically exemplified by an IL-1 signaling map which covers the canonical components of IL-1 signaling that are used across various species [151]. It consists of 86 molecules involved in at least 186 reactions as shown in Fig. 3.

3.1. Modes of signal processing in inflammatory cytokine networks

Signal processing involves the study of pathways in which a cellular signaling response is accelerated or dampened in form of positive or negative feedback loops [122]. Multiple of these mechanisms are joined to form a network enabling signal integration at molecular, cellular and functional levels.

3.1.1. Signal integration at the molecular level

Positive and negative feedback mechanisms do not operate as separated entities. Rather, they are intimately linked at multiple levels by signal integration. This term refers to the phenomenon that two or more pathways downstream of a common receptor or effector converge on the same signaling node. This signaling node can be any molecular entity ranging from lipids or proteins to nucleic acids. Signal integration occurs at the molecular level by means of multiple combinatorial posttranslational modifications such as phosphorylation, ubiquitination, sumoylation, acetylation or ADP-ribosylation [12,25]. A typical example for such a molecular signal integration point serving as a signaling hub is the MAP3K TAK1 (TGFB-activated protein kinase 1), which receives inputs from a plethora of upstream receptors [113,114,121] as shown in Fig. 4A. TAK1 activation depends on TAB (TAK1-binding protein) adaptor proteins 1–3 which can bind to K63-linked polyubiquitin chains and thus allows the transient recruitment of ubiquitinated partner proteins that can activate TAK1. TAK1 further requires sequential phosphorylation in its catalytic domain, but also the attachment of K63linked polyubiquitin chains by the E3 ligase TRAF6 for activation [31,63,90,95,113,121,132,138,147,149,160]. Once assembled this way, the TAK1-TAB complex determines the output signal and mediates activation of NF-KB or the MAP2Ks MKK4 and MKK3/6 [156]. TAK1dependent NF-KB activation involves phosphorylation-dependent K48linked ubiquitination and subsequent degradation of $I \ltimes B\alpha$ (Fig. 4A). Activation of NF-KB in response to pro-inflammatory cytokines or tolllike receptor (TLR) agonists also requires ubiquitination of NEMO (NF-KB essential modulator), a regulatory subunit of the IKB kinase



Fig. 1. Deregulation of cytokine loops as a major cause of inflammatory diseases. A) The discovery of IL-1 β [9] revealed a major role of these cytokines in innate immune reactions in response to infection (PAMP signals) or damage (DAMP signals) [33,36]. It was also found that IL-1 induces its own expression as a positive feed-forward loop [40] as well as expression of its antagonist IL-1Ra in a negative feedback loop during inflammatory reactions [47]. A sophisticated balance between IL-1 β release and counter-acting IL-1Ra levels suppresses spontaneous inflammation, but also ensures correct termination of IL-1-dependent inflammation [37,39]. B) Discovery of an IL-1-processing multi-protein complex (called inflammasome) and identification of patients with gain-of-functions mutations in inflammasome proteins revealed a number of auto-inflammatory diseases that are driven by excess IL-1 β production as a result of dominant positive feed-forward loops. As symbolized by the thickness of the arrows and by additional arrows, the spontaneous release of preformed IL-1 β overrides the balance of systemic IL-1Ra [85,86]. C) Recently, a few patients were identified that lack the IL-1Ra protein due to frame-shift mutations or gene deletions [4,37,106]. As shown, this lack of negative feedback control results in life-threatening systemic inflammation and osteopathy due to spontaneously released IL-1 β (and IL-1 α , not shown). D) The clinical features of patients with genetic deletion or mutation of the IL-1Ra comprise sterile pustulosis and skin inflammation (a, b), massive epiphyseal ballooning of long bones (c), radiographically visible enlargement of ribs and clavicles (d), ossification of the proximal femoral metaphysis and periosteal elevation of the diaphysis (e), and an osteolytic lesion with a sclerotic rim (f). Fig. 3D and the information described in the legend was reproduced with permission from [4] and the New England Journal of Medicine.

(IKK) complex ([75,118,127,128,139,152] and Fig. 4A. Disturbing the balance of signal integration at the level of the TAK1-TAB or IKK-NEMO complexes can result in skin inflammation, liver inflammation, fibrosis and cancer [11,58,118]. Downstream of TAK1-TAB and IKK-NEMO, the NF-kB subunit p65 is also a prominent example of signal integration at the molecular level. Nuclear activity of p65 is regulated by multiple phosphorylations, polyubiquitination and acetylation [23,45,98,108] and Fig. 4A. Many viral proteins hijack signal integrators in order to manipulate central cellular functions, thus supporting the idea that signal integrators are of major relevance for the coordination of signaling events. This also applies to the TAK1/TAB1 complex, which is for example activated by the T cell leukemia virus type 1 (HTLV-1) Tax protein [153], by Kaposi's sarcoma-associated herpes virus (KSHV) G protein-coupled receptor (vGPCR) protein [14], or by latent membrane protein 1 of Epstein-Barr virus [142,148]. Signal integration also occurs at functional levels. A very prominent example is the upregulation of mRNAs during pro-inflammatory cytokine responses. Triggers such as IL-1, TNFα or LPS induce mRNA expression of secondary inflammatory mediators (e.g. IL-6, IL-8, cyclooxygenase 2) by simultaneously activating transcriptional and post-transcriptional pathways. Within the nucleus, this is provided by co-ordinated recruitment of transcription factors and co-activators in concert with chromatin-relaxing mechanisms at the level of gene promoters (reviewed in [89]). Many of these mRNAs bind destabilizing proteins in the cytoplasm and are maintained at low steady-state levels by sequential deadenylation, decapping and RNA-degradation [18]. Other cytokine mRNAs are kept translational silent probably by directing these molecules to particles, where ribosome-mediated protein biosynthesis is blocked. Efficient gene responses during inflammation thus require stabilization of mRNAs and translational derepression by signal-mediated processes through the p38–MK2-pathway [44]. The importance of these pathways can be deduced from the phenotype of mice lacking destabilizing proteins such as tristetraproline (TTP). These mice display enhanced inflammatory cytokine expression and systemic inflammation [52,135]. However, the components of post-transcriptional cytokine pathways, their subcellular localization, regulation by post-translational modifications and role in translation as well as their interplay with transcriptional pathways are still not completely understood (reviewed in [7,8]).

3.1.2. Positive feed-forward loops

Feed-forward loops proceed through several signaling intermediates to provide sustained or elevated stimulation of a response. Such powerful feed-forward loops are needed to amplify the immune response in order to antagonize the logarithmic growth of pathogens.



Fig. 2. Milestones of research on inflammatory cytokine signaling. (A) IL-1 family members and receptors were discovered more than 25 years ago [9,80,123]. (B) Research on signal transduction during the last decade has focussed on the concept of linear cascades primarily resulting in the activation of NF-KB, JNK, p38, ERK, STAT and PI3 kinase pathways (reviewed in [16,33,44,54,73,84]. (C) The current view describes a multitude of interactions and post-translational modifications interconnecting all known pathway components forming large signaling networks as shown in Fig. 3.

Multiple mechanisms ensure the efficient and rapid mounting of the inflammatory response including autocrine and paracrine feedforward and amplification loops. For example, many inflammatory cytokines such as IL-1 β or TNF α promote the expression of their own genes (Fig. 4B), or LPS-induced secretion of TNF α , thus mediating autocrine NF- κ B activation and amplification of pro-inflammatory signaling [29]. Other examples of this kind of signaling are the TNF α -induced induction of type I interferons [158] or the IL-1-induced secretion of IL-8 [83] which boost TNF α -or IL-1-responses, respectively (Fig. 4C). While IL-1, TNF α and LPS share many signaling components, the TNF α -induced IFN induction is also an example of crosstalk (see below), because IFNs signal through distinct JAK-STAT pathways [44]. This situation is similar for IL-8, which signals through G-protein-coupled CXCR1/2 chemokine receptors [150], as displayed in Fig. 4C).

3.1.3. Negative feedback loops

Many signals of the induction phase already initiate a default termination program that allows a temporally and spatially wellcontrolled deactivation of the inflammatory response by negative feedback loops. Multiple cellular and molecular mechanisms ensure the resolution of inflammation, including the production of antiinflammatory cytokines such as IL-1Ra, IL-10, TGF- β and IL-37, as schematically shown in Fig. 4D. The clearance of inflammation also involves further mechanisms such as the switch from prostaglandins/ leukotriens to anti-inflammatory lipoxins and the elimination of neutrophils by apoptosis [92,93]. At the level of intracellular signaling, this default termination program is exemplified by the stereotypical pro-inflammatory transcription factor NF-KB, which is deactivated by multiple mechanisms including the NF-KB-induced synthesis of the inhibitory IkB proteins (Fig. 4D) [53,105,131,155]. While IkBa terminates the fast NF-KB response, the late NF-KB activity is antagonized by proteins such as A20 [120], Cyld [17,72,141] and COMMD1 [45] (Fig. 4D). The latter is an example of a novel mechanism in signal termination as it involves degradation of p65 on specific promoters [134]. Proteolytic mechanisms to destroy host cell signaling effectors have also been adopted by certain bacterial proteases such as the NleC Protein of pathogenic *Escherichia coli* which cleaves p65 [159] but also JNK [10].

Inappropriate termination of NF-KB activity can be causative for chronic inflammation and several ailments ranging from rheumatoid arthritis (RA) to inflammatory bowel disease (IBD). Defect termination might be due to gene mutations for the proteins mediating the negative feedback loops or to defect signaling circuits that serve to wind down NF-KB activity [144]. The RNA-destabilizing protein tristetraproline is not only an inducible negative regulator which reduces mRNA steady state levels [15,20,52,74,82] but which also interacts with and negatively regulates NF-KB [78,116]. Most of the negative regulators in the NF-KB system are inducibly expressed [107]. Likewise, activation of the MAPKs JNK and p38 which occurs in parallel to activation of the NF-KB pathway is switched off by inducible expression of MAPK-specific phosphatases such as MAPK phosphatase 1 (MKP-1) [1,2,24,25,62,64,79,161] and Fig. 4D. The importance of negative feedback loops and mechanisms that control the thresholds of signaling is mainly derived from mouse models but also from genetic polymorphisms observed in humans. A recent survey of loss-of-function phenotypes listed 81 genes whose mutations lead to spontaneous emergence of persistent inflammation in humans living in normal conditions or in standard laboratory mice without a known evident autoimmune or inflammatory insult [93]. Thus, it takes a highly co-ordinated response of 81 (or more) genes to suppress spontaneous inflammation. All observations cited above suggest that the true number of anti-inflammatory genes is not known yet and will likely be much higher. It can be concluded that spontaneous inflammation may arise whenever there is a loss of a non-redundant component or of a mechanism that regulates proliferation or signaling in lymphoid, myeloid, or epithelial cells responding to antigens, microbes, or injury [49,81,88,92,124]. The mediators and molecular mechanisms employing these important signal processing events are incompletely understood and the number of regulators and reactions involved raises the need to combine experimental data with in silico pathway building.

Fig. 3. Regulatory loops, feed-forward and feedback mechanisms in the canonical IL-1 signaling network. The software PathVisio [65,104,143] was used to draw a structured schematic visualization of the canonical IL-1 signaling network as published in ref. [151]. The evidence for each interaction between signaling components was taken from 469 references and can be accessed at (http://stke.sciencemag.org/cgi/cm/stkecm;CMP_21286). In the depicted map activating feed-forward and inactivating feedback loops, important post-translational modifications and cellular translocations of signaling components are specifically highlighted as indicated in the legend box. In addition, as shown by blue circles and green boxes decision points in intracellular signaling were connected by logical operators to visualize the information flow through the signaling system by using the program CellNetAnalyzer [68,69]. This network forms a basis for future network reconstruction by mathematical modeling (see text for details).







Fig. 4. Prototypical mechanisms of regulatory loops, crosstalk and signal integration in cytokine pathways. The concepts are schematically shown and the effects on signal strength or the on-off status are given in the legend. Abbreviations: COMMD1, copper metabolism (Murr1) domain containing 1; Cyld, cylindromatosis; COX-2, cyclooxygenase 2; Gαβγ, small G proteins; IL-1R, IL-1 receptor; PG, prostaglandin; TNFR, TNF receptor.

3.2. Crosstalk

Mutual influences of signals generated from different pathways are referred to as crosstalk. This crosstalk occurs at all levels: between different inflammatory cells, cytokines and also intracellular signaling pathways. At the molecular level, there is recent evidence for crosstalk of "canonical" NF-KB/MAPK signaling with "non-canonical" tyrosine kinase pathways [44]. Other examples are the modulation of inflammatory gene expression by circadian clock pathways [66] or by prostaglandincAMP-PKA (protein kinase A) pathways [13,46,56,70,140,146] and Fig. 4C). Further examples are the peroxisome proliferator-activated receptor beta/delta (PPAR β/δ)-mediated inhibition of IL-1 signaling [26], the induction of TH2 cytokines by IL-1 and STAT5 activation [51], or the epidermal growth factor (EGF)-mediated inhibition of $TNF\alpha$ signaling [60]. The extent of crosstalk during inflammation is not known, but these few examples emphasize the need to imply and to study the influence of other pathways on basal and inducible activation states of inflammatory cytokine signaling pathways.

4. *In silico* reconstruction of inflammatory cytokine signaling networks

As evident from the arguments raised above, all mechanisms in inflammatory signaling act in an integrated fashion to form a biological signaling network. Signaling networks survey environmental conditions and make decisions to adapt cellular behavior. They convey information distinguishing them from metabolic networks, which convert extracellular material or recycle and dispose intracellular materials [57]. Signaling networks are built from components (proteins, nucleic acids, lipids) and their interactions. In a kind of retrograde approach a few inflammatory subnets have been delineated from transcriptome or proteome data sets [21,55,137,157]. However, a more sophisticated approach is to transfer current mechanistic knowledge into computer models, a process which is called signal network reconstruction. Reconstruction of signaling networks requires the generation of

carefully curated databases for warehousing available information on components and their interactions. It also needs tools for mapping, organizing and visualizing data base information and appropriate algorithms for mathematical analyses and network reconstructions. Mathematical modeling then allows to describe and analyze network functionally, or, to predict gaps and missing components or interactions [102,111]. This can be achieved quantitatively by stoichiometric approaches [101,103]. Alternatively, Boolean approaches can be used which utilize sets of active or inactive components connected by logical operators [69]. The latter approach is better suited for large networks and does not require quantitative information on component concentrations, modifications and reaction parameters [57].

At present no comprehensive signaling network reconstruction of an eukaryotic cell has been achieved [57]. The largest network consists of 909 components and 752 interactions [77] and was adapted from a map of toll-receptor signaling [99]. This network does not involve RNA components, such as target mRNAs, micro-RNAs or other non-coding RNAs, which may also modulate signals at many steps. Next-generation sequencing [91] will facilitate the genome-scale assessment of coding and non-coding RNA constituents in available networks. Information on regulated mRNA transcripts and RNA components of ribonucleoprotein complexes is needed to expand the existing knowledge contained in available inflammatory cytokine pathways.

Another example for a reconstructed network is the recently published map of IL-1 signaling components that was generated by reviewing 25 years of research on IL-1 which resulted in a manually curated data base containing approximately 500 carefully selected publications. The largest version at present incorporates information on 237 molecules and 564 reactions (A. Weber, P. Wasiliew, M. Kracht, unpublished data). The canonical part of the IL-1 signaling network contains 86 molecules and 189 interactions representing the core pathways, which are activated by the cytokine in many different cell types of mice and men [151]. A graphic representation of this network highlighting post-translational modifications, changes in subcellular localization and regulatory loops is shown in Fig. 3. We have started to transfer the information on the canonical IL-1-signaling network into a logical model by setting up Boolean equations (unpublished data) for all connecting edges and nodes of the map using CellNetAnalyzer [68,69]. The main nodes and operator settings have been superimposed on the map graphically as shown in Fig. 3. The underlying equations will facilitate computation of signaling network responses which can then be experimentally validated. In the long term, such reconstructed networks can be refined by a mutual process of virtual prediction and experimental verification to reflect as faithfully as possible the biological situation.

By the example described above, this overview displays the enormous complexity of signaling pathways that requires *in silico* analysis tools for the visualization of networks and the design of experiments to test experimental predictions.

There are only a few other networks of this type which, however, contain less information [5,19,59,61]. It can be concluded that reconstruction of inflammatory cytokine networks is still in its infancy and requires comprehensive analysis of protein and RNA components, expert-curated assessment of their interactions and network reconstruction by mathematical modeling.

5. Cytokines in the clinics

Frequently, attempts to apply recombinant inflammatory cytokines *in vivo* led to intolerable systemic side effects, as exemplified by IL-1 [94,125] or TNF α [30,117] which cause fever, nausea, and hypotension. However,

TNF α has found a niche for localized treatment of soft tissue sarcoma and melanoma by isolated limb perfusion in combination with chemotherapy [50]. Only a limited number of other cytokine family members can be routinely used in the clinic (e.g. erythropoietin, G-CSF, GM-CSF, IFNB, IFN_y). In contrast, protein-based drugs antagonizing individual cytokines or their receptors (antibodies, cytokine-traps) are much better tolerated than recombinant cytokines [35,41,42,100,112,115,130,136,145]. The largest group of these drugs targets pro-inflammatory cytokines. Since 1999, five agents directed against $TNF\alpha$ (Infliximab, Etanercept, Adalimumab, Golimunab, Certolizumab) and three agents neutralizing the effects of IL-1 α and IL-1 β (Anakinra, Canakinumab, Rilonacept) have been used to treat hundreds of thousands of patients suffering from diseases ranging from rare febrile syndromes (Muckle-Wells disease, neonatal-onset-multi-inflammatory disease) to common conditions such as rheumatoid arthritis, chronic IBD, psoriasis, gout [44,109,126] or even diabetes [76]. However, all antibodies and cytokine-traps currently in use do not cure chronic inflammatory diseases as symptoms re-occur immediately once therapy is ceased [38,71,93]. Moreover, one to two thirds of patients do not respond, loose response during therapy or develop non-tolerable side-effects [6,28,43,48,110]. Apart from this, protein-based drugs impose a heavy economic burden on society as they are very expensive [129]. Thus, there is an urgent need for identifying additional principles and targets to control cytokine action during disease [44,97]. Certainly, a better understanding of cytokine signaling networks is one of the prerequisites to achieve these goals.



Fig. 5. Physiological and pathological malfunctions of intracellular cytokine networks—options for multiple disturbances which can all result in chronic inflammation. (A) In healthy conditions, inflammatory signaling is suppressed by dominance of constitutively expressed negative regulators which ensure an efficient "off" state of the system. (B) In "normal" inflammation a rapid, boost–like response is initiated by the co-operative action of positive feed-forward signals. The parallel increased expression of negative regulators ensures rapid subsequent termination of signaling and the systems eventually returns to the off-state. (C) As outlined in Ref. [93], at least 80 different genes have been identified whose products act as negative regulators at multiple levels of the signaling network. Mutation or deletion of any of them results in "stereotypic" chronic inflammation in the absence of exogenous triggers. In the depicted example TTP is missing. (D) Chronic inflammation may also arise in the absence of exogenous triggers under conditions where the signal flow is disturbed by fluctuations in activity of signaling proteins display increased or reduced activity and the inflammatory phenotype is indistinguishable from the situation in (C).

6. Future directions

The inflammatory process is characterized by the co-ordinated release of many different cytokines that are used by cells to orchestrate immune and other complex responses. In the last decade it has become very clear that this enormous complexity is mirrored at the level of intracellular signal transduction. Apparently, evolution has generated signaling systems that are robust, because they are backed-up at multiple levels. At the same time the network architecture ensures rapid "switch-like" amplification of immune responses, but also their faithful terminations. The understanding of the underlying mechanisms of signal processing, signal integration and crosstalk is still in its infancy. Much insight has been derived by studying principles, mechanisms, regulation and overall consequences of signal transmission by cytokines in model systems that can be manipulated and analyzed in a quantitative manner. However, it will be equally important to study components, their post-translational modifications and their activity states in human individuals. Moreover, as we are dealing with networks. methods need to be developed to study and analyze as many signaling components as possible in individual patients. Antibody arrays or proteomics methods suiting this purpose have been developed; but unlike the analyses of nucleic acids, the comprehensive analyses of the regulatory proteome is far from being routine. However, at this point it can be speculated that sterile inflammation of any kind may be found in patients with no apparent abnormalities in the genes encoding negative or positive signal regulators. This scenario is schematically displayed in Fig. 5D, where such a situation is compared to other (patho) physiological situations of inflammatory gene expression (Fig. 5A-C). In this case, some kind of aberrant information flow may be maintained and might prevent resetting of signaling networks into their normal inactive state. Such events may happen stochastically, or as a result of slight, but cumulating fluctuations and disturbances of correct protein functions in space and time. In this case, there may be no "trackable" cause of sterile inflammation at the genetic level. Finally, we all know how easily computer programs break down, even though the hardware is perfectly fine. Searching for such "software" failures in inflammation remains one of the most interesting and challenging tasks for future research.

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