

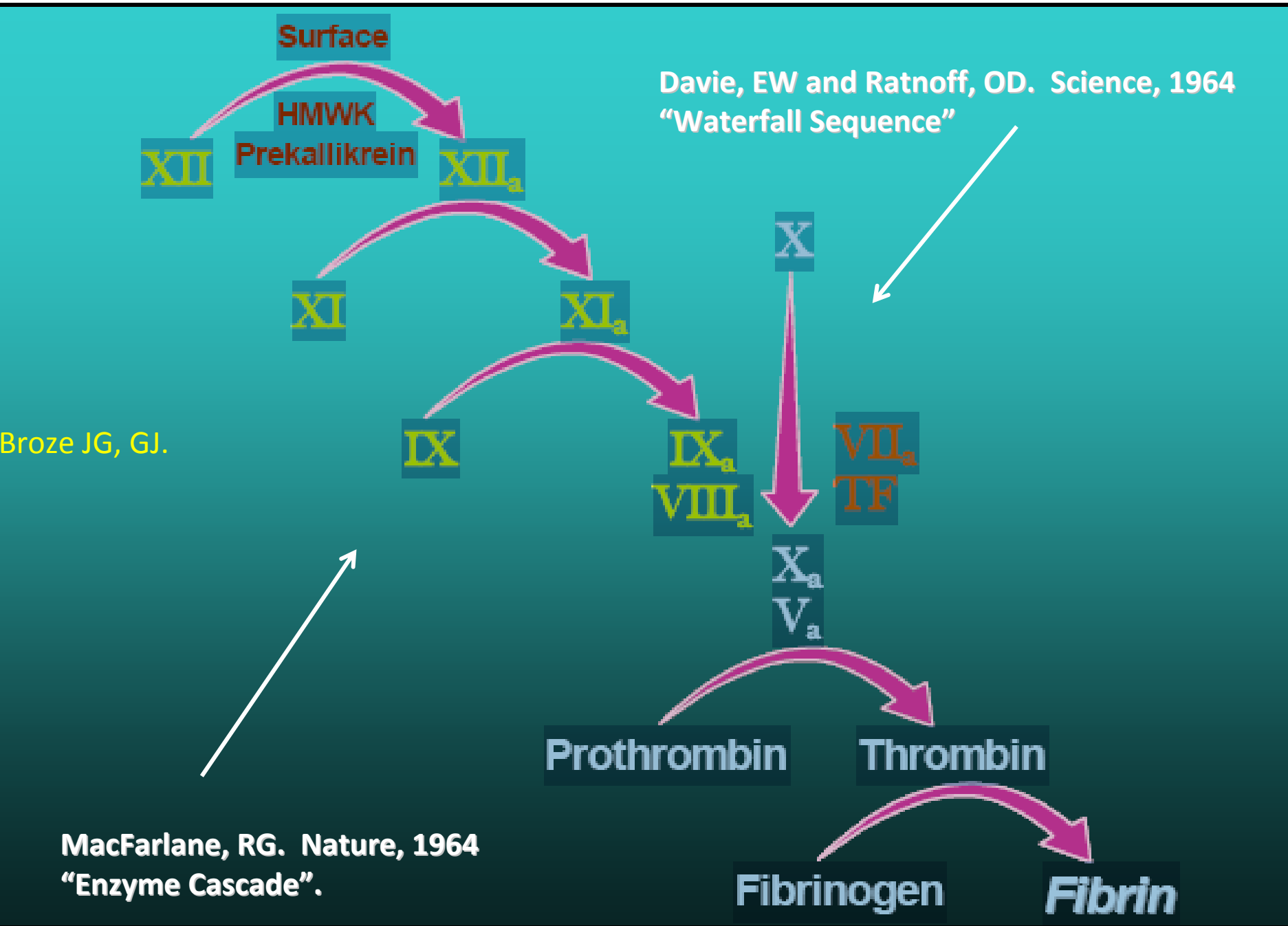


*XVI Congreso Chileno de Hematología  
VI Congreso de Medicina Transfusional  
Coquimbo, Septiembre 2008.*

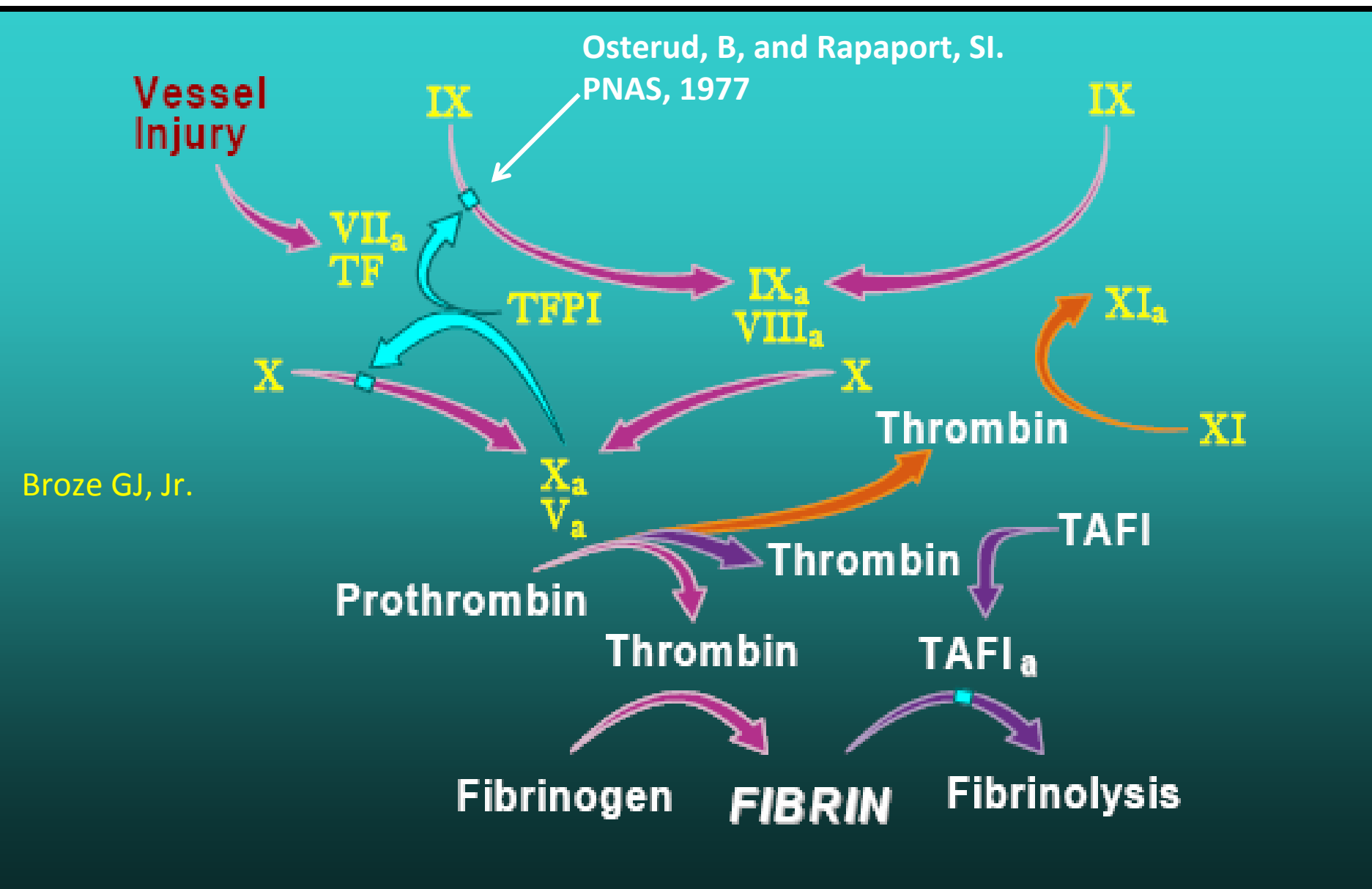
# **Hemostasia y Trombosis. ¿Hacia un Modelo Integrador?**

*Diego Mezzano  
Depto. Hematología-Oncología  
P. Universidad Católica de Chile*

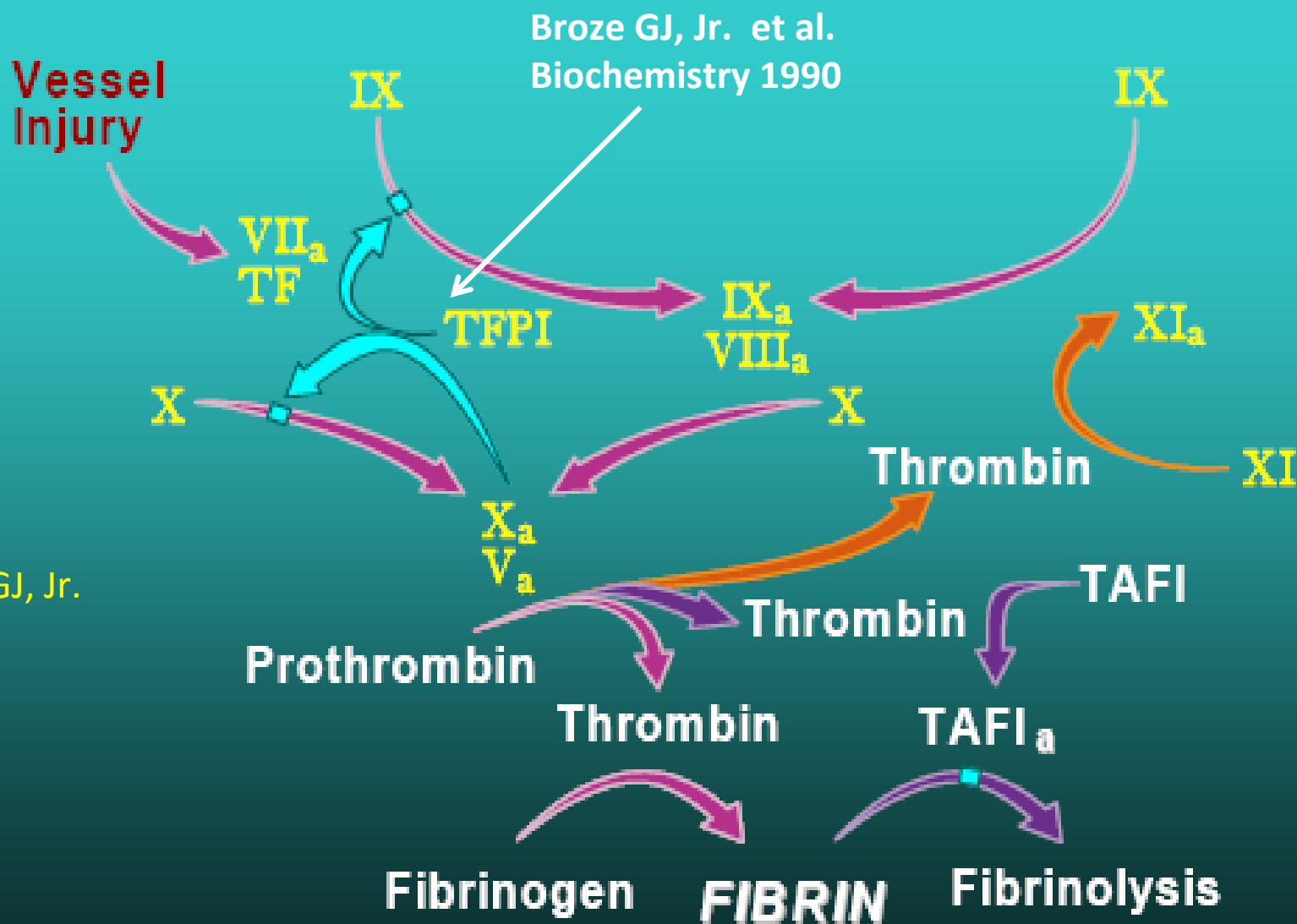
Figure 1 Cascade of Waterfall Hypothesis of Coagulation



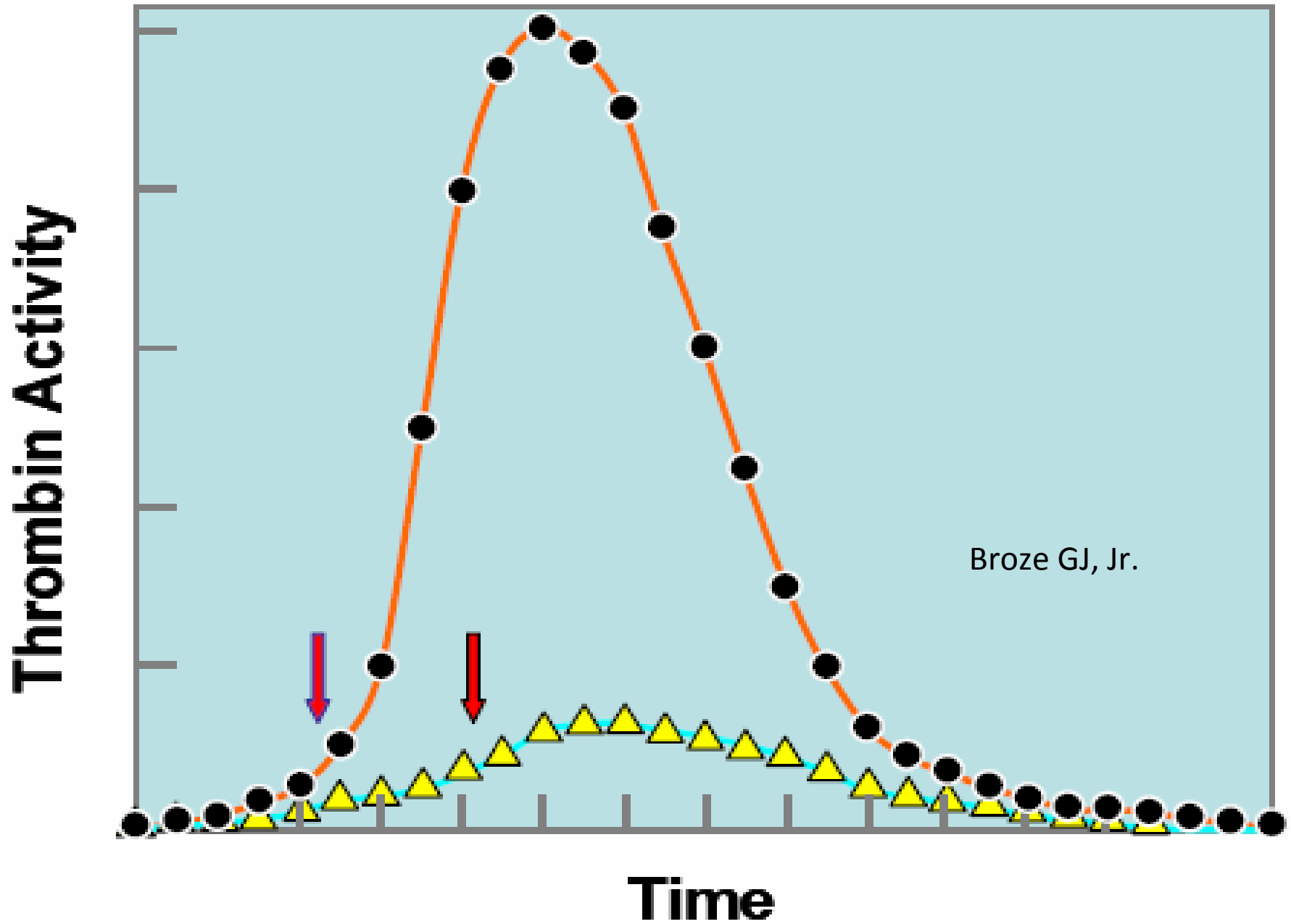
**Figure 2** Tissue Factor Pathway of Coagulation



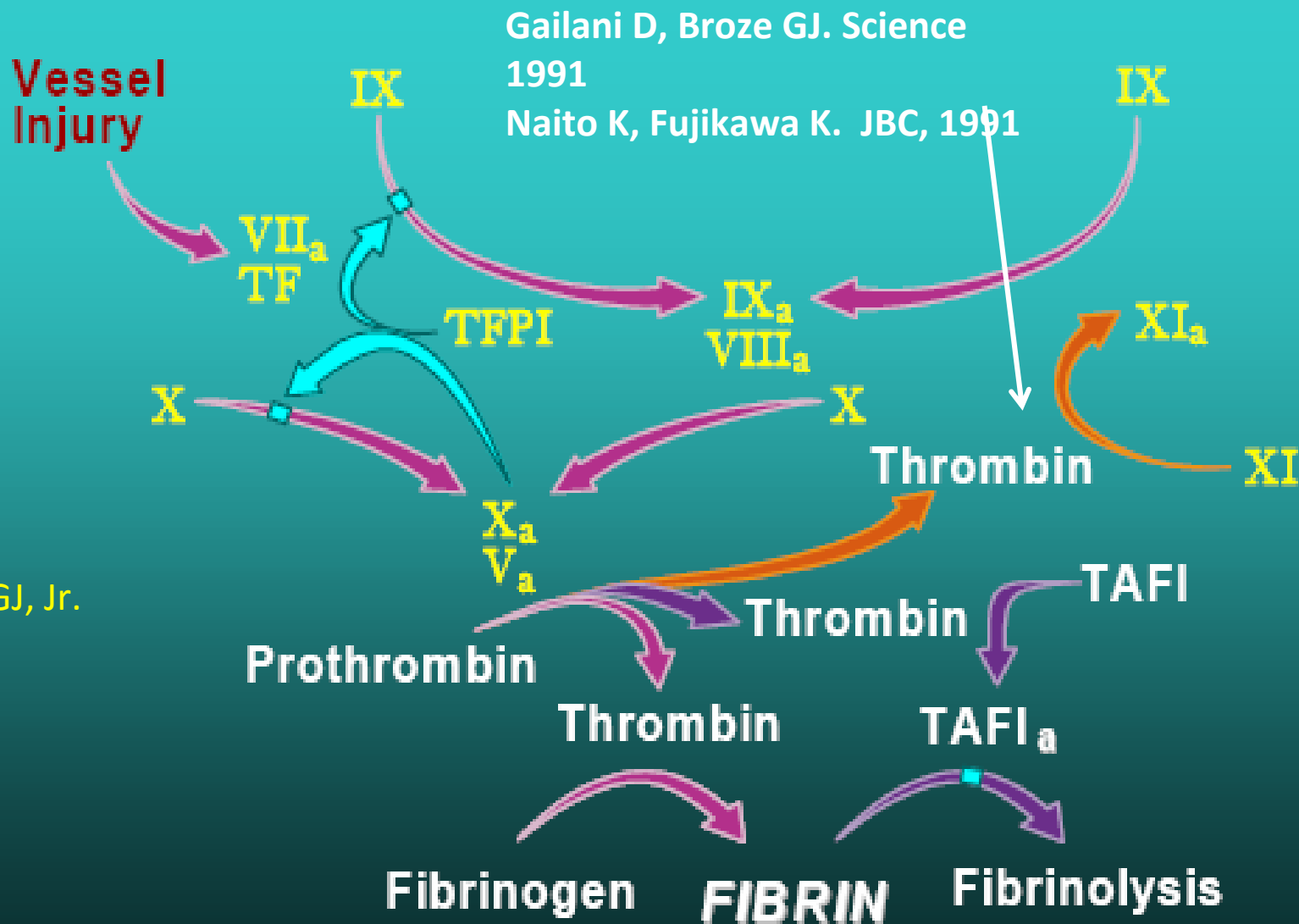
**Figure 2** Tissue Factor Pathway of Coagulation



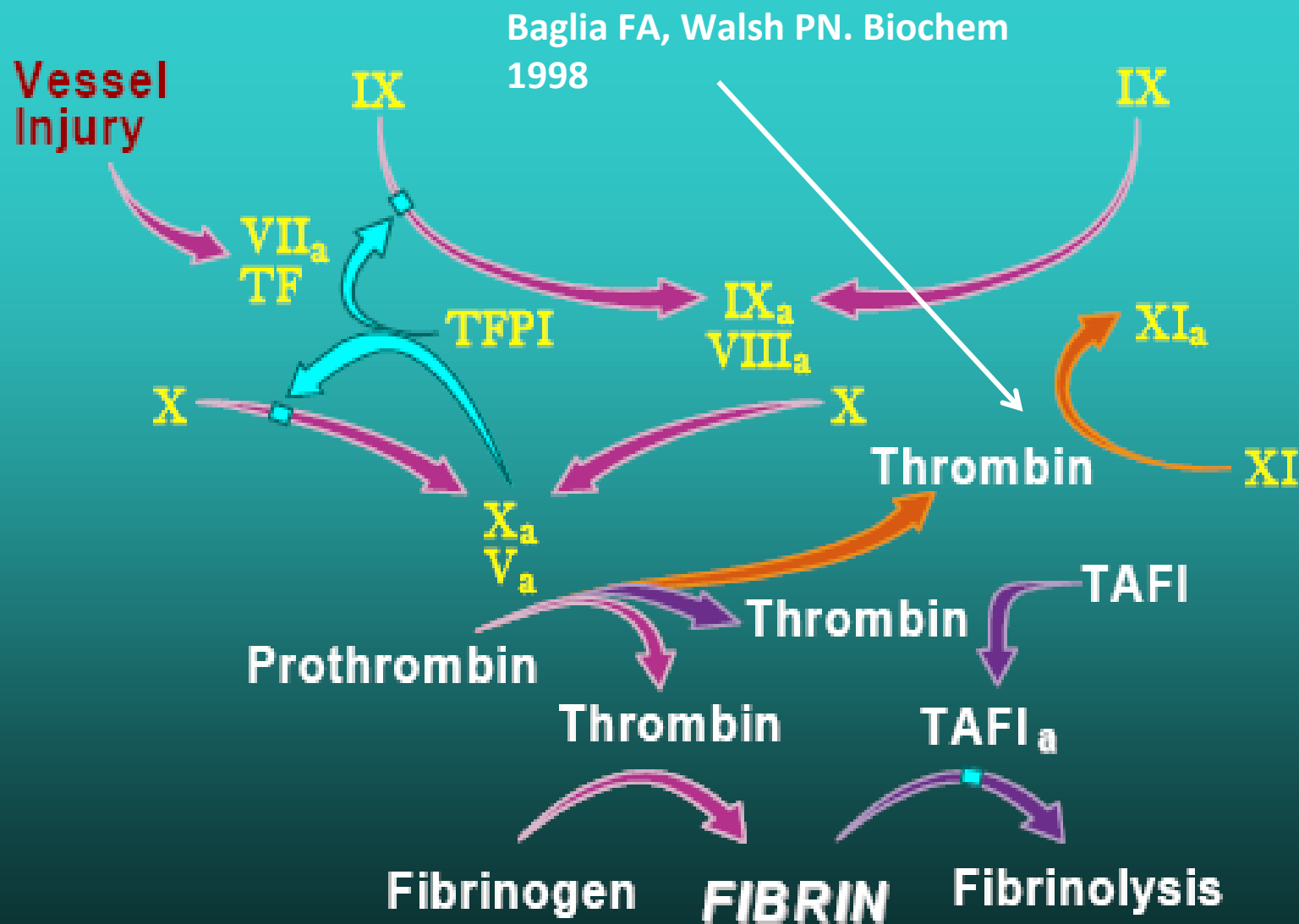
**Figure 3** Initiation & Amplification Phases of Coagulation



**Figure 2** Tissue Factor Pathway of Coagulation



**Figure 2** Tissue Factor Pathway of Coagulation



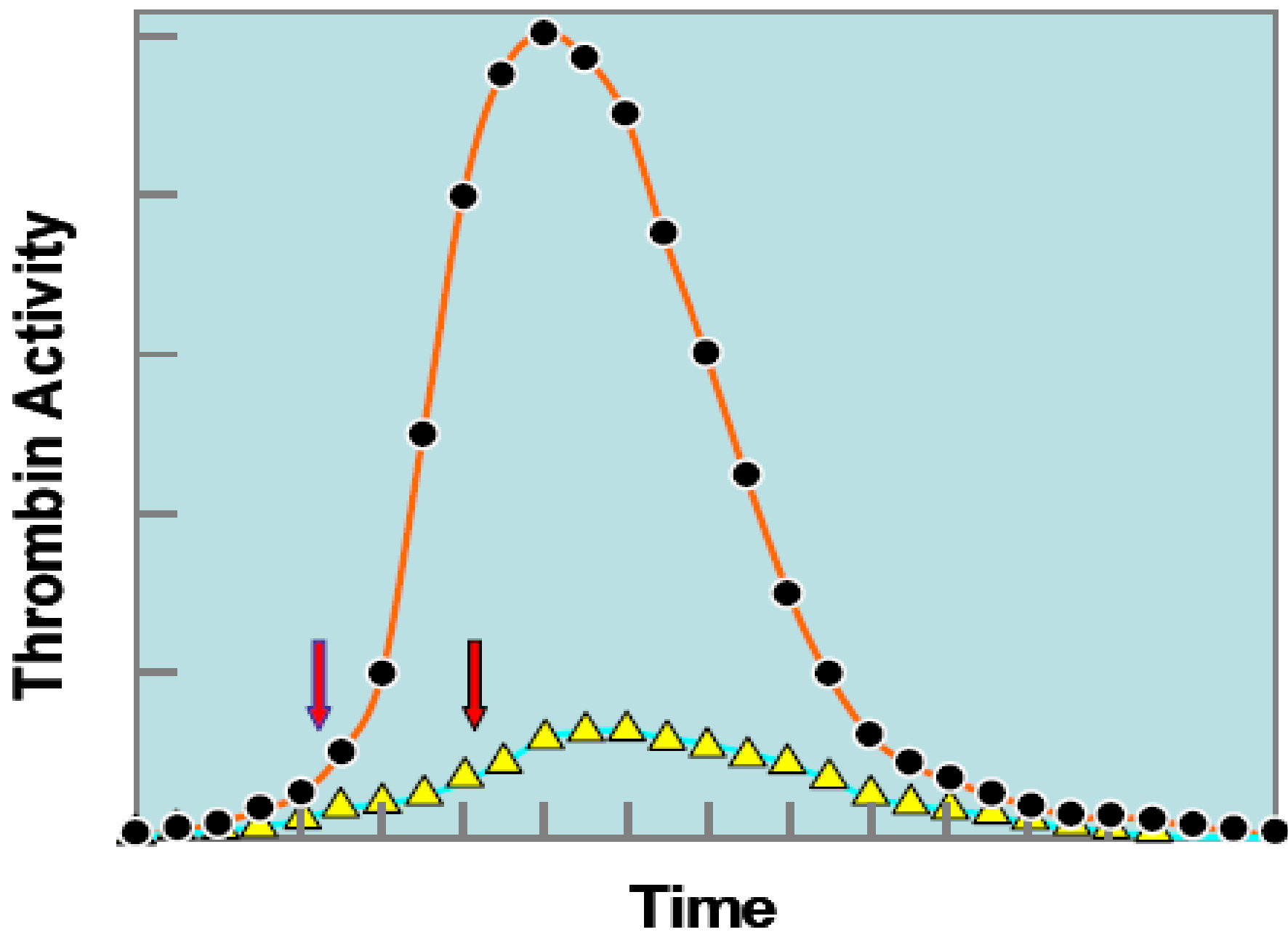
# Insuficiencias del Modelo

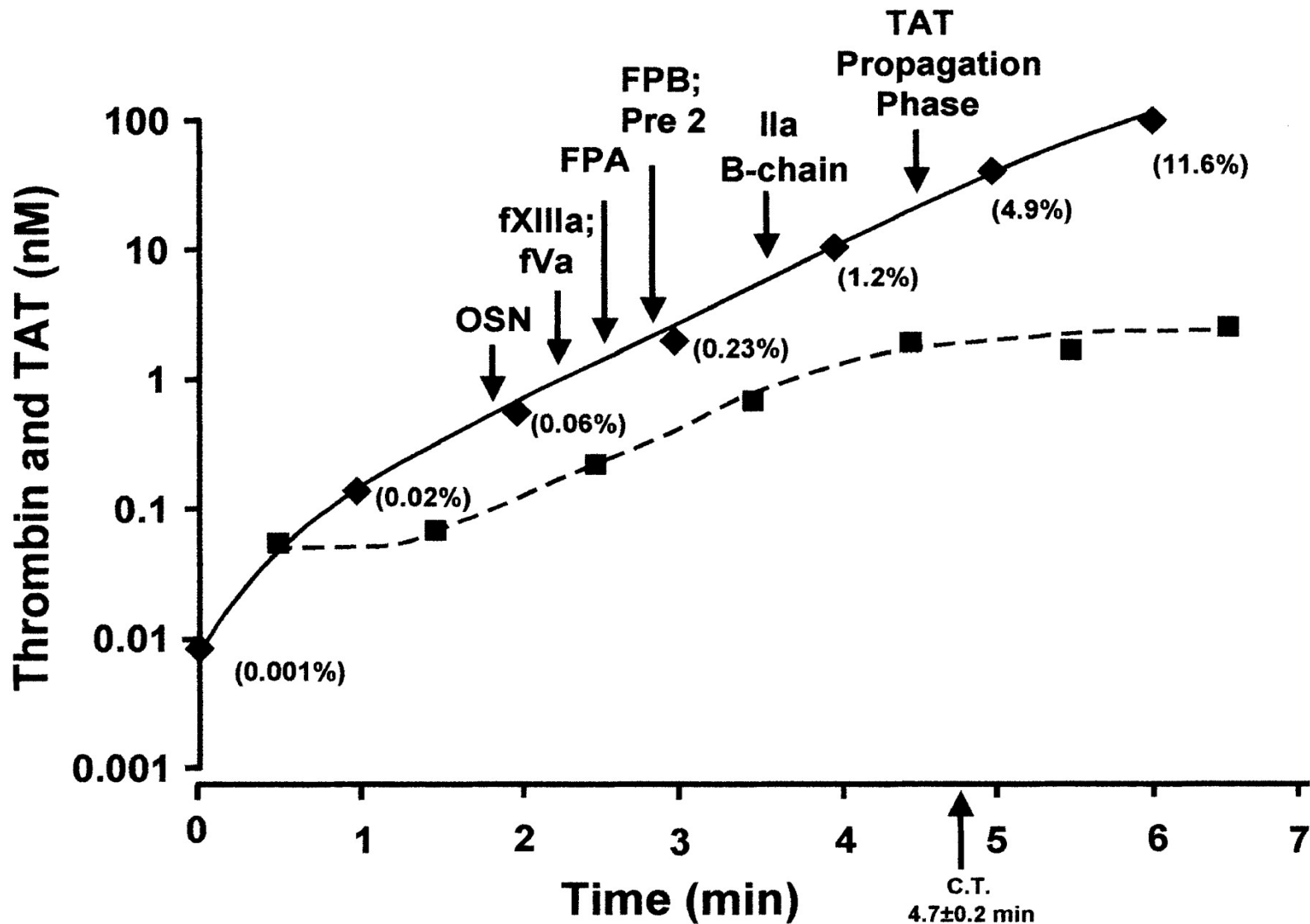
Experimentos in vitro usan fosfolípidos, que no replican resultados obtenidos con membranas celulares, ricas en factores adicionales.

Las plaquetas tienen una membrana rica en receptores y factores de la coagulación, superficie óptima para el ensamble de los complejos multimoleculares de la coagulación



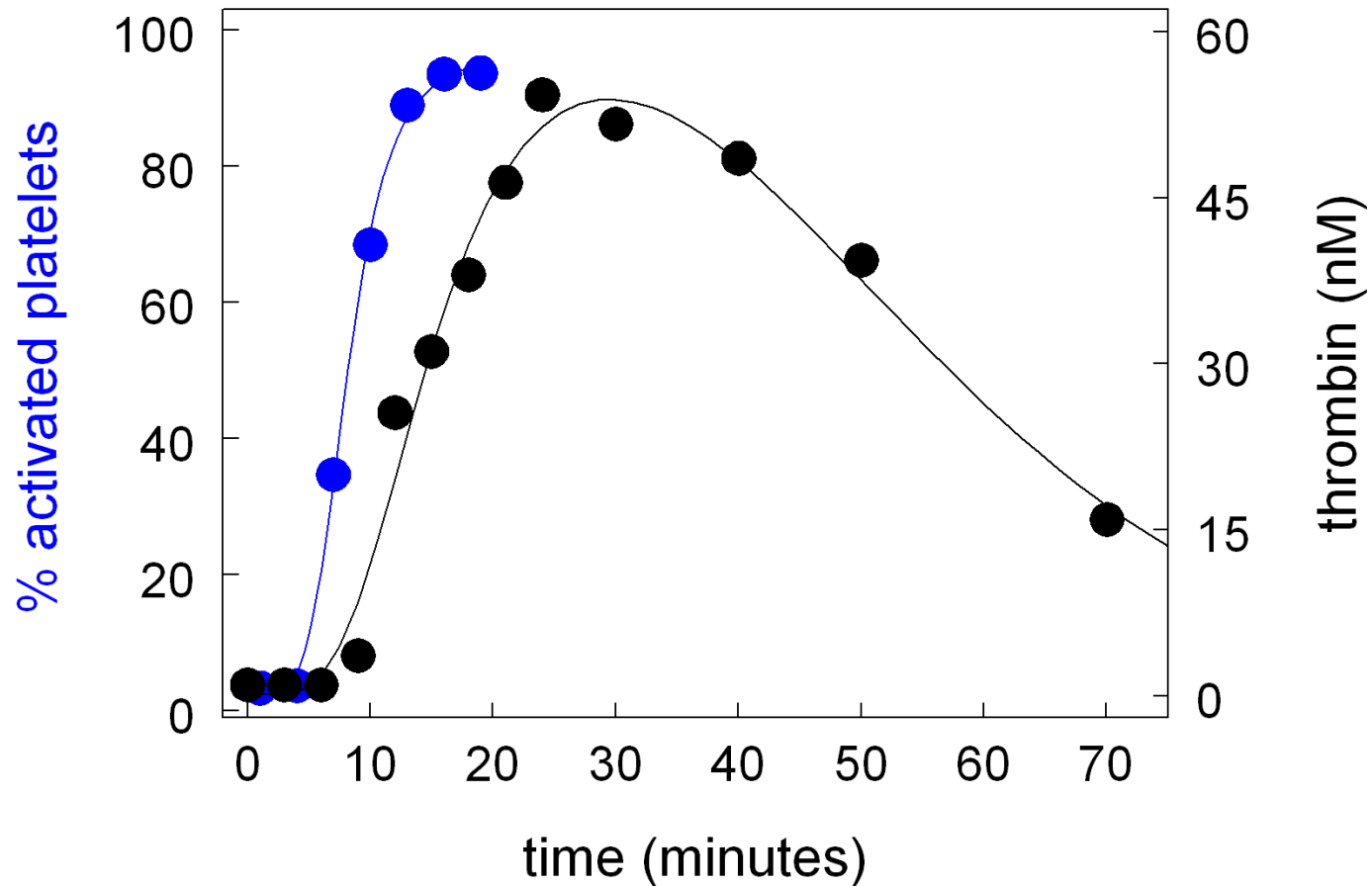
**Figure 3** Initiation & Amplification Phases of Coagulation



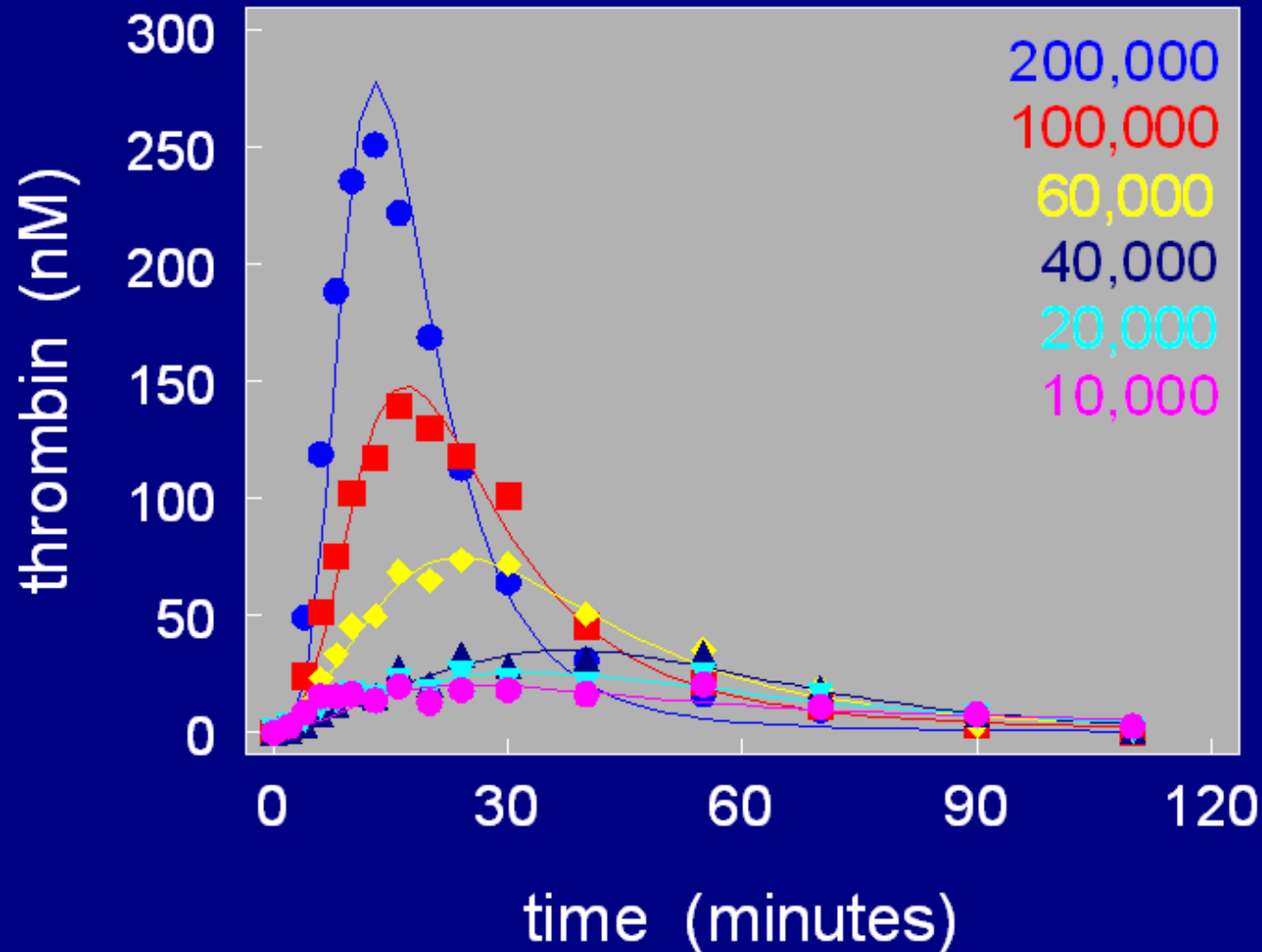


Brummel, K. E. et al. Blood 2002;100:148-152

# Platelets are activated prior to the burst of thrombin generation

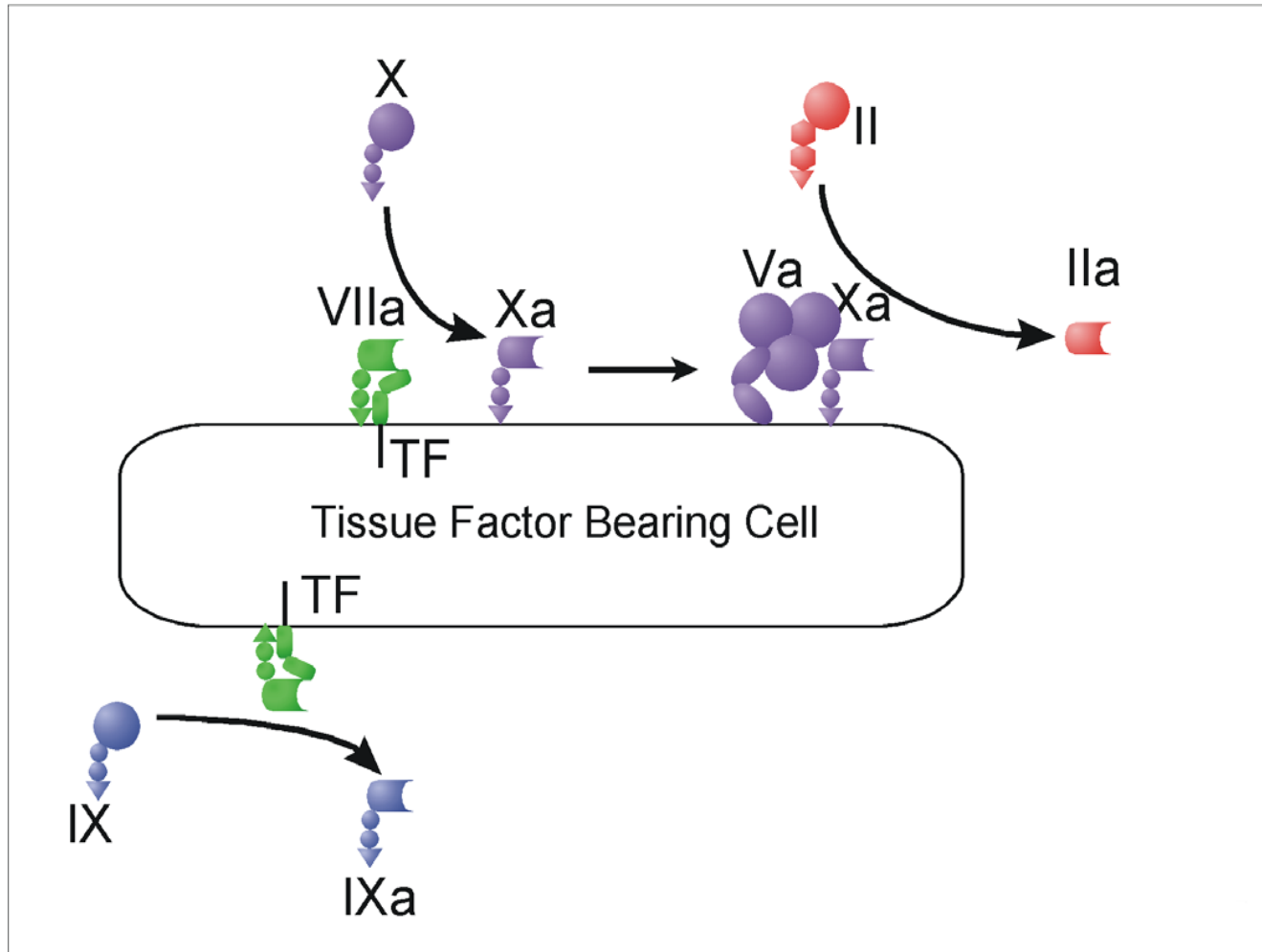


# Platelets are required for thrombin generation in the model system



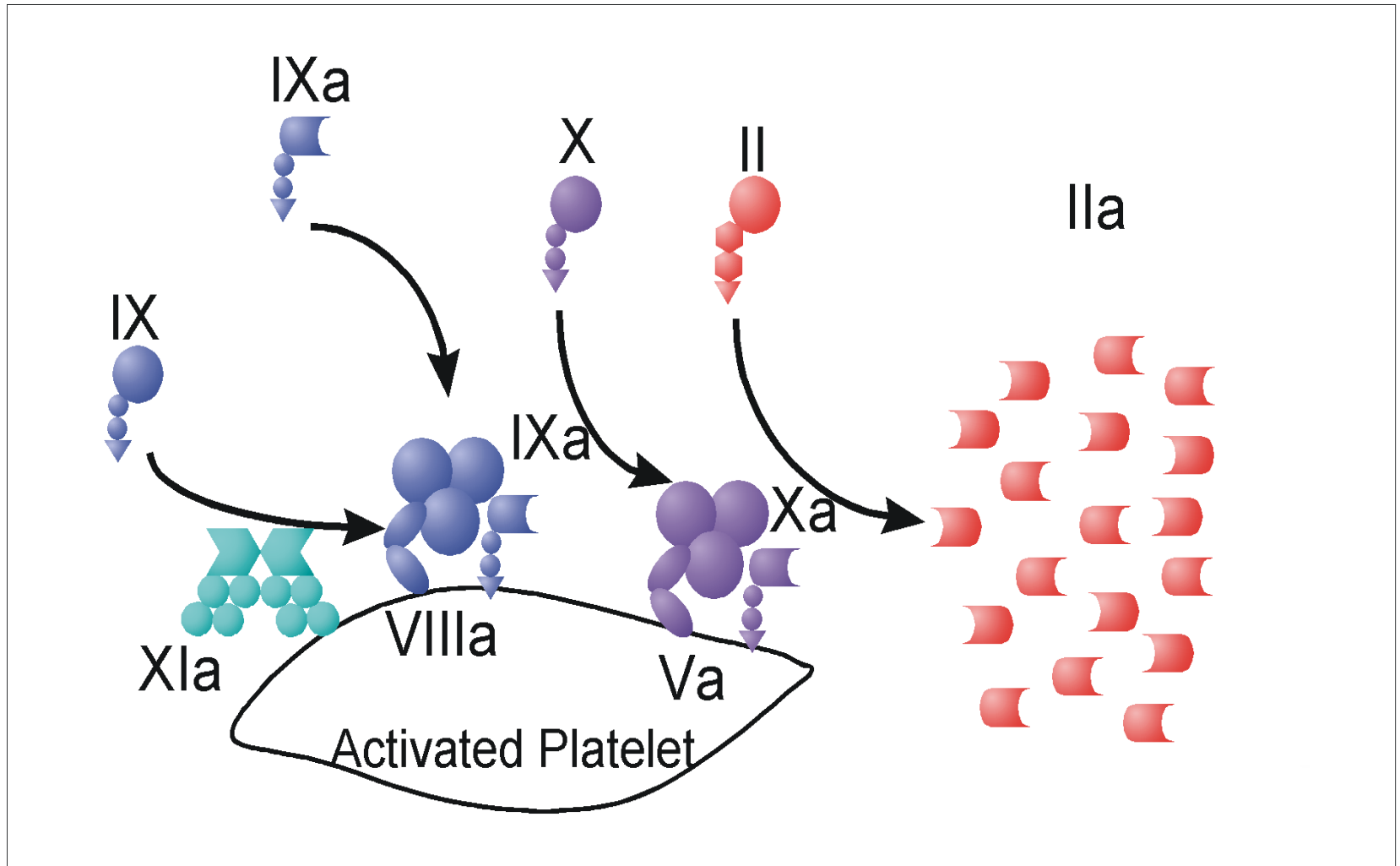
**Cell-based Model of Thrombin  
Generation  
Cell-based Model of Hemostasis**

# Initiation



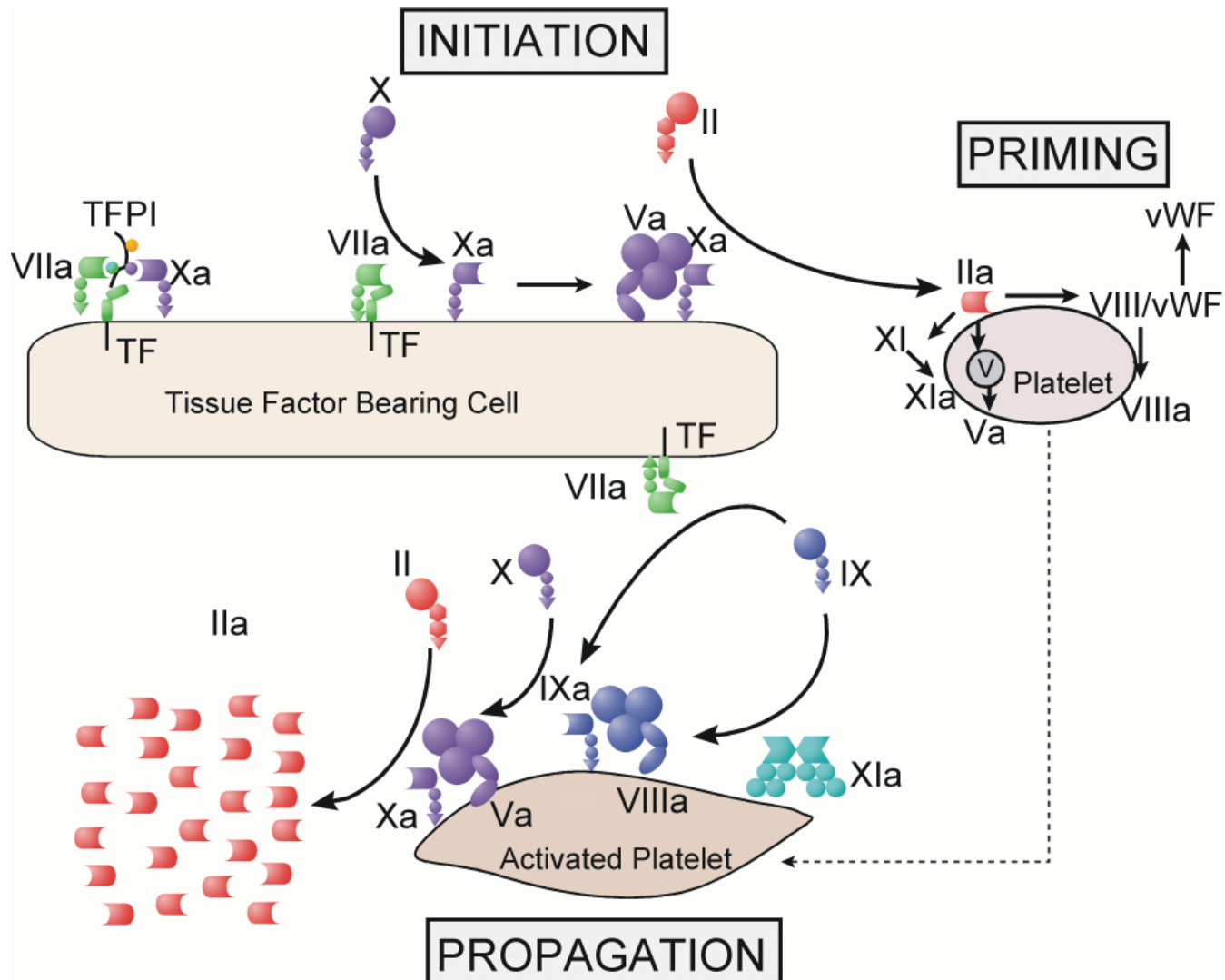


# Propagation





# Coagulation



*Proc. Natl. Acad. Sci. USA*  
Vol. 96, pp. 2311–2315, March 1999  
Medical Sciences

## **Blood-borne tissue factor: Another view of thrombosis**

PETER L. A. GIESEN\*, URSULA RAUCH\*, BERND BOHRMANN<sup>†</sup>, DOROTHEE KLING<sup>†</sup>, MERCE ROQUÉ<sup>‡</sup>,  
JOHN T. FALLON<sup>‡§</sup>, JUAN J. BADIMON<sup>‡</sup>, JACQUES HIMBER<sup>†</sup>, MARKUS A. RIEDERER<sup>†</sup>, AND YALE NEMERSON\*<sup>¶</sup>

\*Division of Thrombosis Research, Department of Medicine, <sup>‡</sup>Cardiovascular Institute, and <sup>†</sup>Department of Pathology, Mount Sinai School of Medicine, New York, NY 10029; and <sup>¶</sup>F. Hoffmann La Roche Ltd., Pharma Division, Preclinical Research, CH-4070, Basel, Switzerland



Giesen PLA, et al. PNAS  
1999

**ABSTRACT** Arterial thrombosis is considered to arise from the interaction of tissue factor (TF) in the vascular wall with platelets and coagulation factors in circulating blood. According to this paradigm, coagulation is initiated after a vessel is damaged and blood is exposed to vessel-wall TF. We have examined thrombus formation on pig arterial media (which contains no stainable TF) and on **collagen-coated glass slides (which are devoid of TF) exposed to flowing native human blood**. In both **systems the thrombi that formed during a 5-min perfusion stained intensely for TF**, much of which was not associated with cells. Antibodies against TF caused '70% reduction in the amount of thrombus formed on the pig arterial media and also reduced thrombi on the collagen-coated glass slides. **TF deposited on the slides was active**, as there was abundant fibrin in the thrombi. Factor VIIIa, a potent inhibitor of TF, essentially abolished fibrin production and markedly reduced the mass of the thrombi. **Immunoelectron microscopy revealed TF-positive membrane vesicles that we frequently observed in large clusters near the surface of platelets**. TF, measured by factor Xa formation, was extracted from whole blood and plasma of healthy subjects. **By using immunostaining, TF-containing neutrophils and monocytes were identified in peripheral blood; our data raise the possibility that leukocytes are the main source of blood TF**. We suggest that blood-borne TF is inherently thrombogenic and may be involved in thrombus propagation at the site of vascular injury.

# Blood-borne TF: ¿de dónde viene?

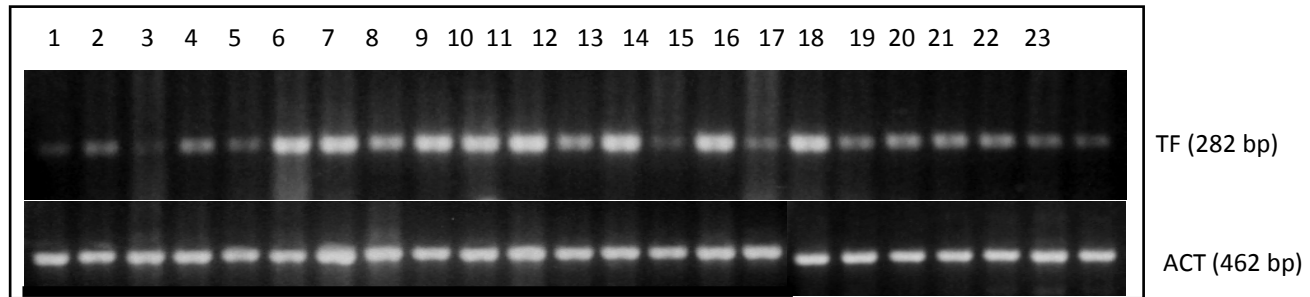
- Monocitos : √
- Granulocitos : ??
- Endotelio: ???
- Micropartículas : √
- Plaquetas : √-?

**Table 3. Plasma markers of oxidative stress, endothelial activation/dysfunction and haemostatic activation in patients with chronic renal failure and healthy controls. (Kidney Int 2001; 60:1844-50)**

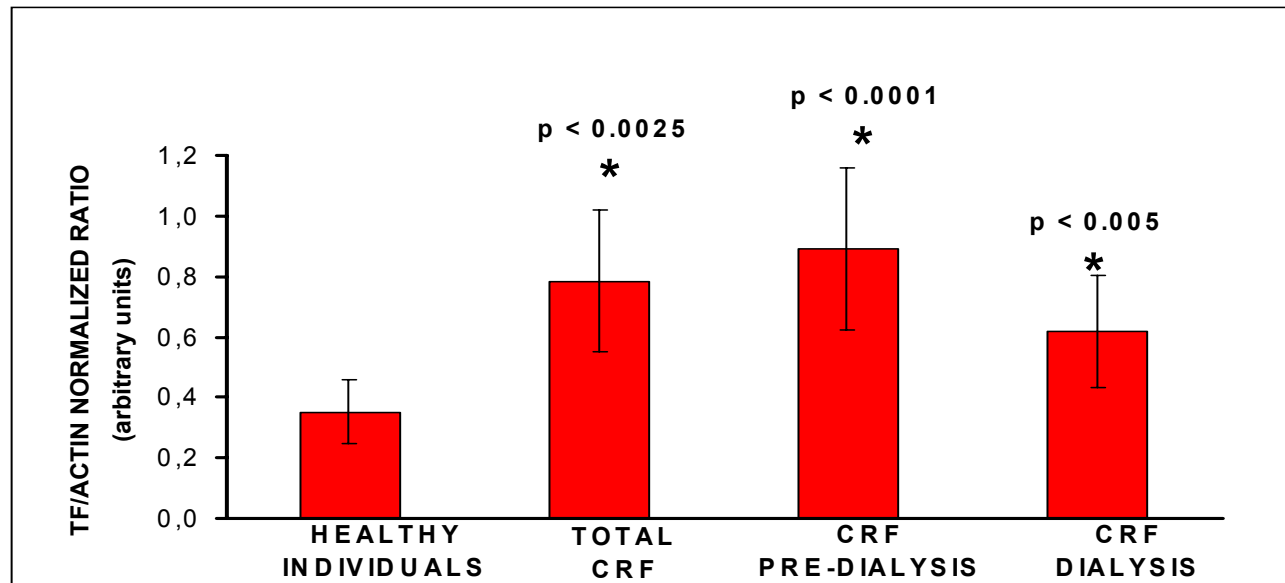
<b>Plasma concentration of:</b>	<b>Patients (n = 64)</b>	<b>Controls (n = 16 – 40)</b>	<b>p=</b>
<b>TBARS (<math>\mu\text{mol/L}</math>)</b>	<b><math>1.98 \pm 0.48</math></b>	<b><math>1.55 \pm 0.39</math></b>	<b>0.009</b>
<b>AOPP (mmol, eq. chloramine T)</b>	<b>281 (45-915)</b>	<b>121 (14-414)</b>	<b>0.0001</b>
<b>von Willebrand factor (%)</b>	<b><math>182 \pm 78</math></b>	<b><math>116 \pm 46</math></b>	<b>0.0001</b>
<b>Soluble thrombomodulin (ng/mL)</b>	<b><math>15.7 \pm 2.1</math></b>	<b><math>5.7 \pm 0.45</math></b>	<b>0.0001</b>
<b>Soluble ICAM-1 (ng/mL)</b>	<b>301 (174-508)</b>	<b>233 (179-275)</b>	<b>0.0001</b>
<b>TAT (<math>\mu\text{g/L}</math>)</b>	<b>3.3 (0.94-14.2)</b>	<b>2.1 (0.84-4.7)</b>	<b>0.03</b>
<b>PF<sub>1+2</sub> (nmol/L)</b>	<b><math>3.0 \pm 1.1</math></b>	<b><math>1.8 \pm 0.8</math></b>	<b>0.0001</b>
<b>PAP (<math>\mu\text{g/L}</math>)</b>	<b>874 (146-2302)</b>	<b>475 (321-805)</b>	<b>0.0001</b>
<b>FnDP (ngFE/mL)</b>	<b>675 (118-3622)</b>	<b>173 (9-543)</b>	<b>0.0001</b>
<b>FgDP (ngFE/mL)</b>	<b>391 (20-5875)</b>	<b>89 (20-236)</b>	<b>0.0001</b>

# BASAL MONOCYTE TF EXPRESSION IS INCREASED IN CRF PATIENTS COMPARED WITH HEALTHY INDIVIDUALS

**A**



**B**



**Platelet-associated tissue factor contributes to the collagen-triggered activation of blood coagulation. [Zillmann A, Luther T, Müller I, Kotzsch M, Spannagl M, Kauke T, Oelschlägel U, Zahler S, Engelmann B.](#) Biochem Biophys Res Commun. 2001 Feb 23;281(2):603-9.**

**Platelet activation induces cell-surface immunoreactive tissue factor expression, which is modulated differently by antiplatelet drugs. [Camera M, Frigerio M, Toschi V, Brambilla M, Rossi F, Cottell DC, Maderna P, Parolari A, Bonzi R, De Vincenti O, Tremoli E.](#) Arterioscler Thromb Vasc Biol. 2003 Sep 1;23(9):1690-6.**

## **Escaping the Nuclear Confines: Signal-Dependent Pre-mRNA Splicing in Anucleate Platelets .**

**Cell** , Volume 122 , Issue 3 , Pages 379 - 391

M . Denis , N . Tolley , M . Bunting , H . Schwertz , H . Jiang , S . Lindemann ,  
C . Yost , F . Rubner , K . Albertine , K . Swoboda

Este artículo dio sustento científico a otros previos que reportaban síntesis de IL1 $\beta$ , bcl-2 y PAI-1 por las plaquetas.





# OUTLINE

---

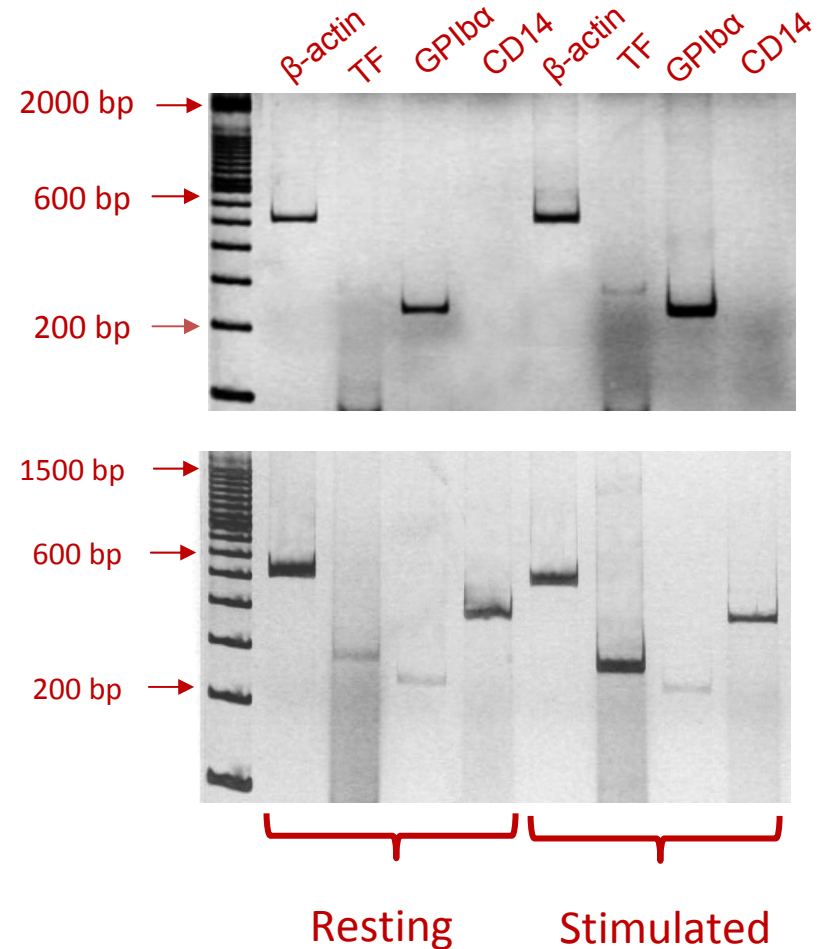
1. Evidence of TF synthesis by human platelets
2. Is TF present in non-stimulated, circulating platelets?
3. TF-dependent pro-coagulant activity of human platelets.  
Possible mechanisms of TF activation.
4. Is this TF hemostatically relevant?



# Classical RT-PCR reveals that human platelets express TF-mRNA

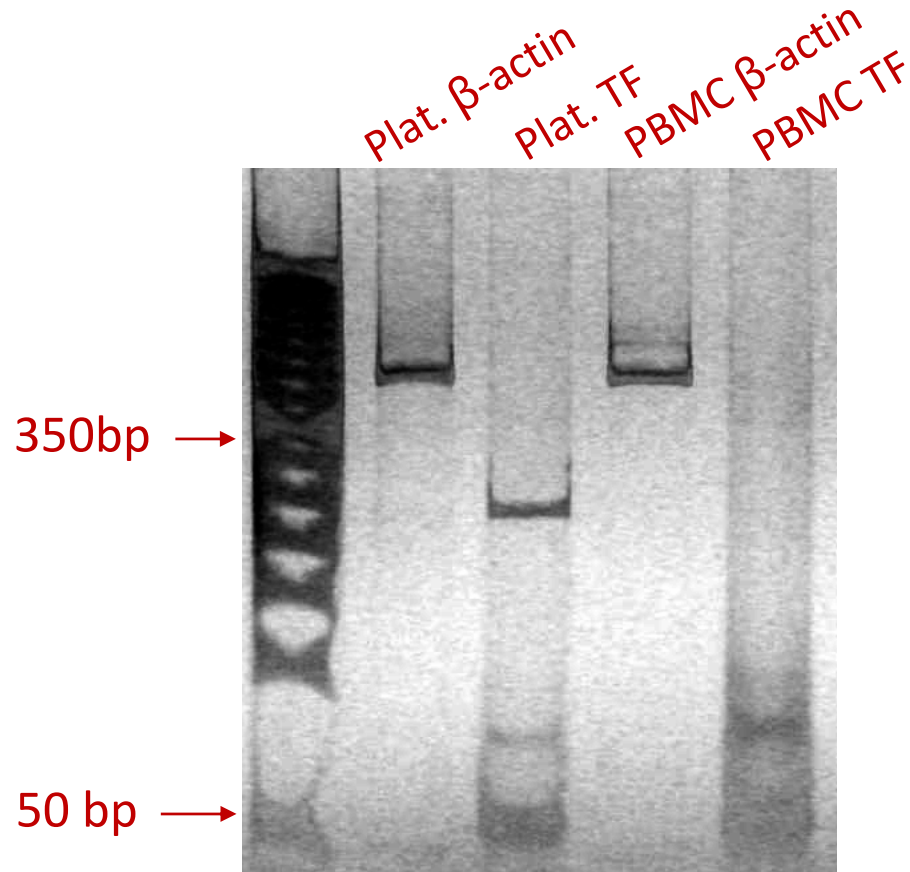
Stimulated (5mM TRAP, 15 min)  
**human platelets** free of monocytes,  
express TF-mRNA after activation,  
and frequently,..... even without  
stimulation

LPS-stimulated **PBMC** (2 h)  
increase dramatically TF-mRNA  
expression, but also contain GPIb $\alpha$ -  
mRNA, denoting contamination  
with platelets.



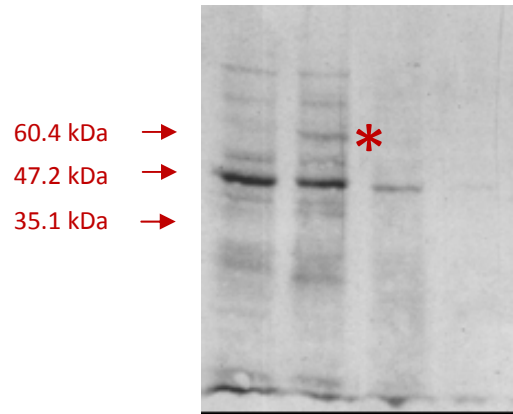


# RT-PCR: TRAP-activated platelets (15 min), but not PBMC of one individual express TF-mRNA



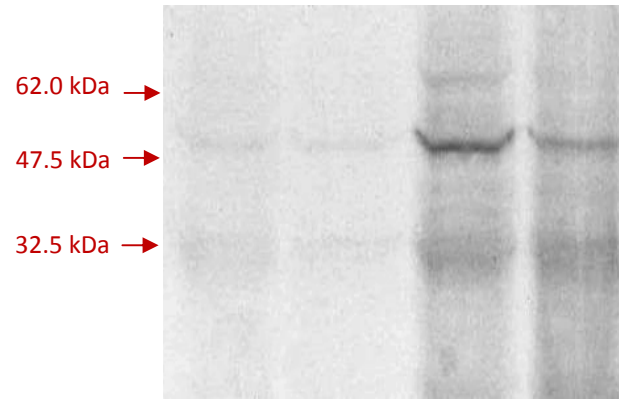


# Metabolic radio-labeling with $^{35}\text{S}$ -methionine demonstrates TF neo-synthesis by platelets.



TRAP	-	+	-	+
Puromycin	-	-	+	+

IP: polyclonal  $\alpha$ -TF



TRAP	-	-	+	+
Puromycin	-	+	-	+

IP: MoAb  $\alpha$ -TF  
(Am. Diag 4509)

TF synthesis ( $\approx 47$  kDa) by non stimulated platelets is enhanced with activation (band of  $\approx 60$  kDa\*), and inhibited by puromycin.



# 1. Conclusions

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Isolated human platelets express TF-mRNA and neo-synthesize the protein. These phenomena were observed in non-stimulated conditions, but mainly after activation.



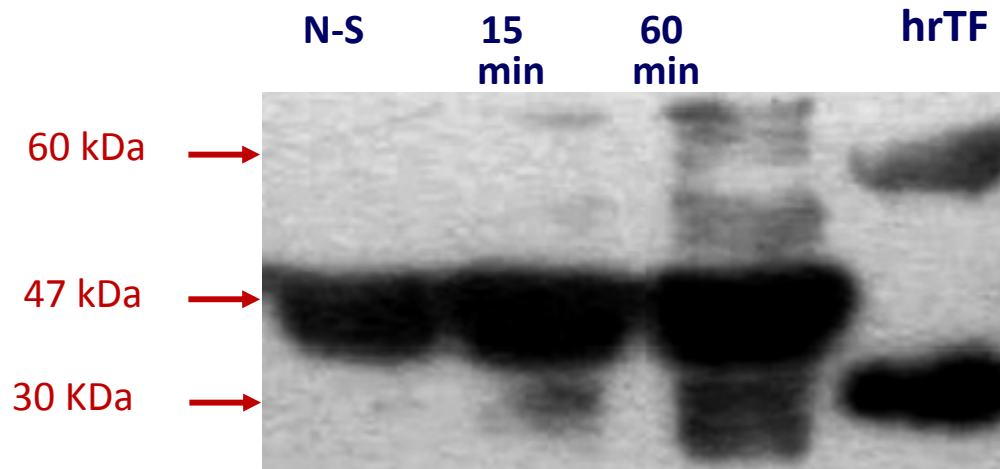
# OUTLINE

---

1. Evidence of TF synthesis by human platelets.
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Possible mechanisms of TF activation.
4. Is this TF hemostatically relevant?



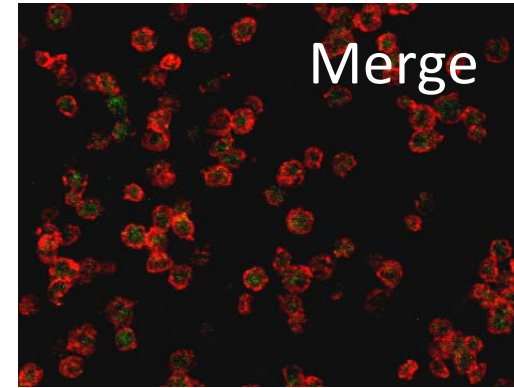
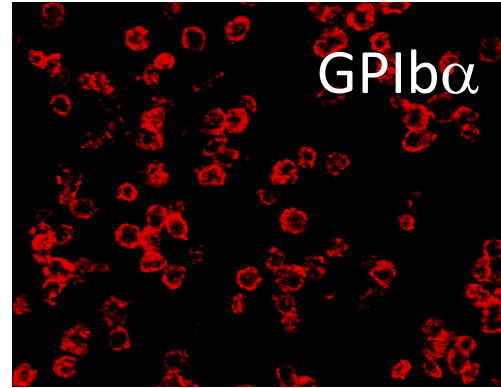
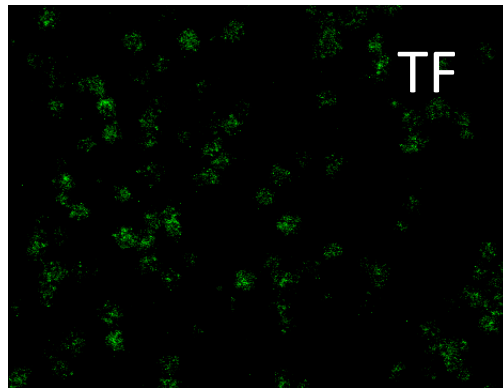
## Western Blot of membrane fractions of non-stimulated (N-S) and TRAP-activated platelets.



Consistently, TF protein was present in non-stimulated platelets.

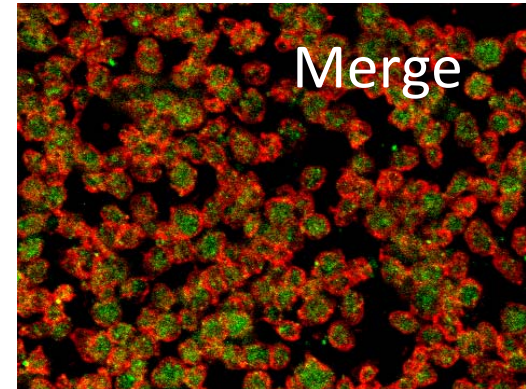
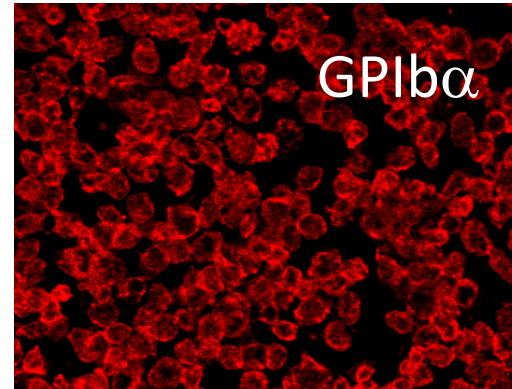
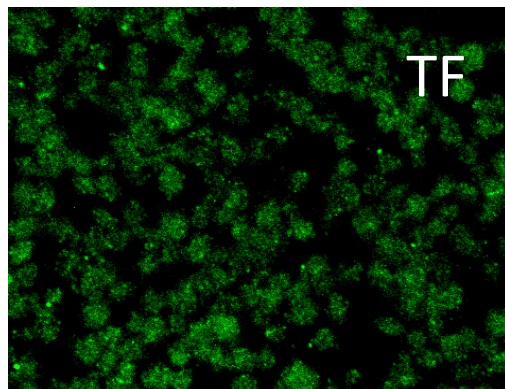


**Non-stimulated, non-permeabilized human platelets express TF protein, which appears centralized in relation to GPIb $\alpha$**



Pearson Coeff. : 0.1855

**TRAP-stimulation strikingly enhances the immuno-reactivity of TF and its co-localization with GPIb $\alpha$**

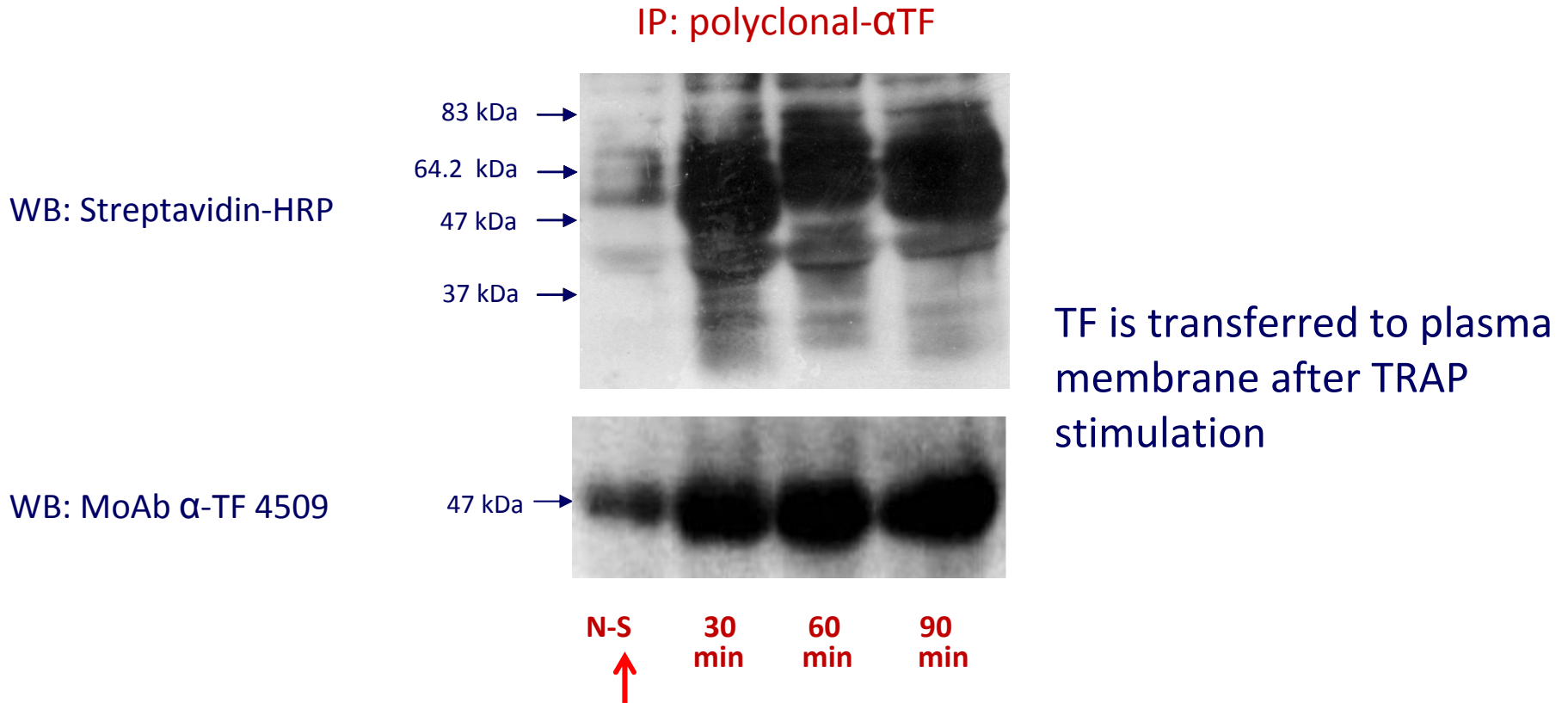


Pearson Coeff. : 0.3188





This apparent externalization of TF is also observed after membrane biotinylation and TF immunoprecipitation.



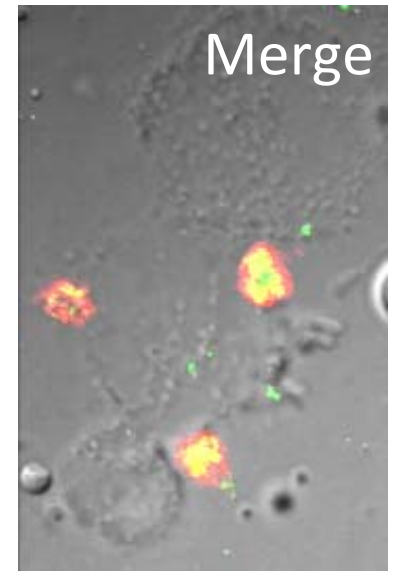
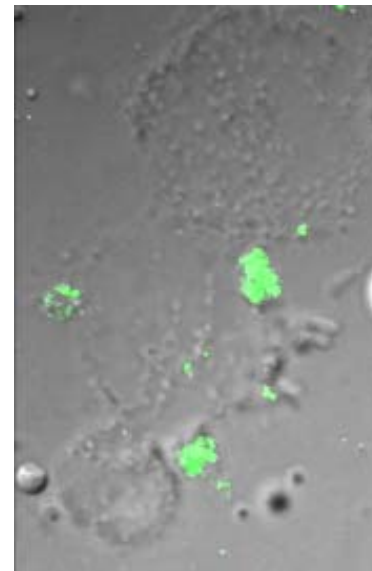
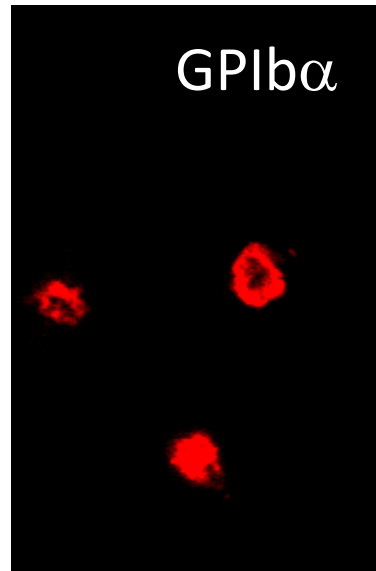
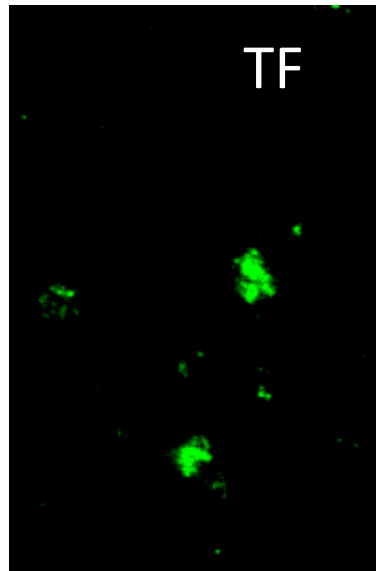
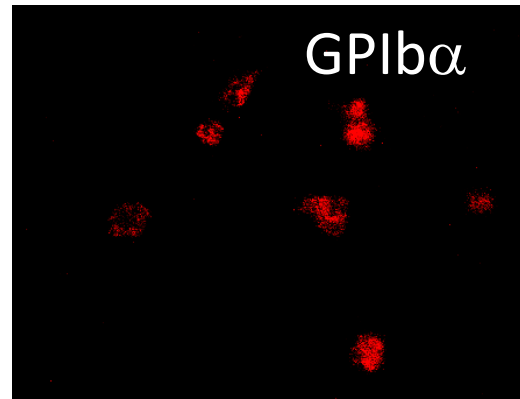
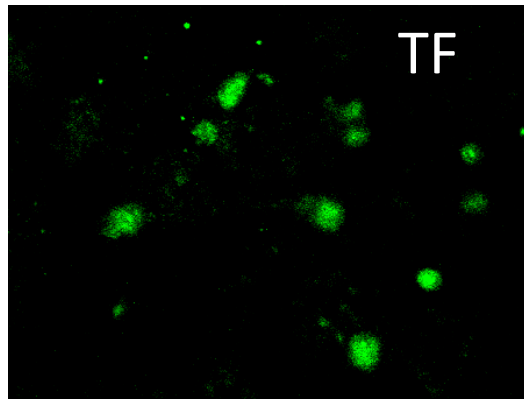
Again, TF is present in non-stimulated platelets

(Blood 2007; 109:5242)

(J Thromb Haemost 2007;5(Suppl 2): O-W-074)

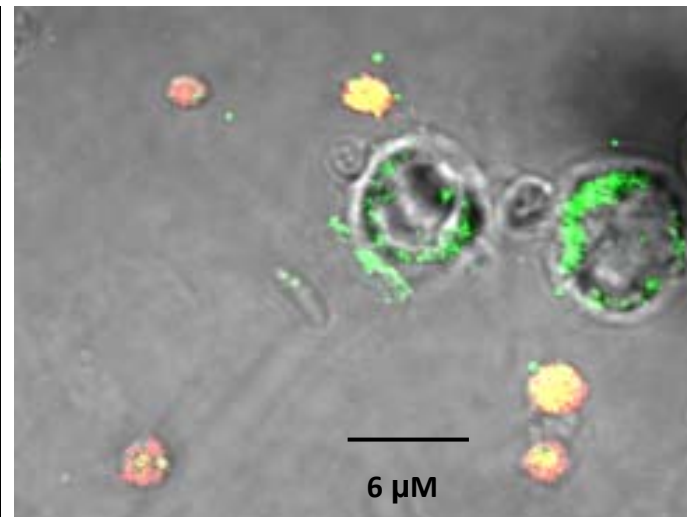
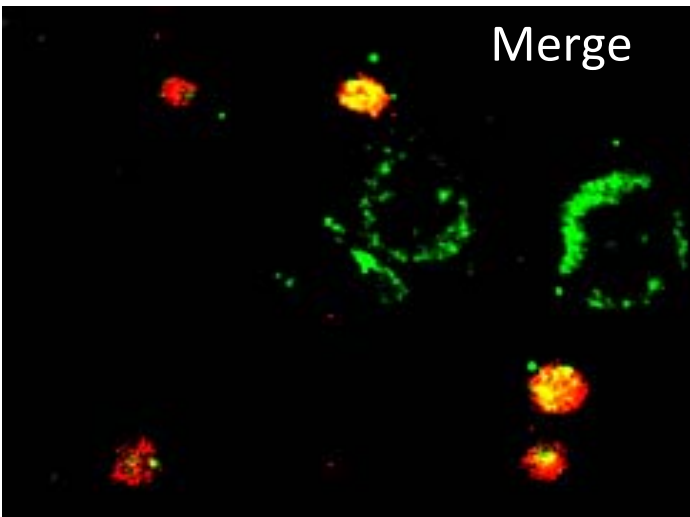
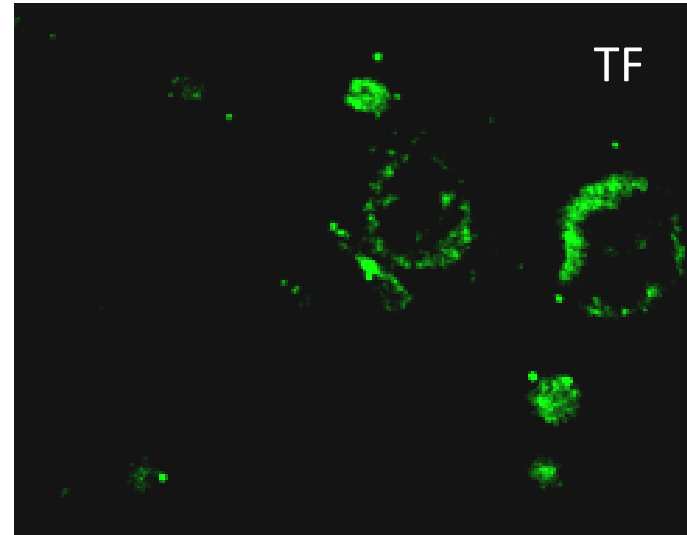
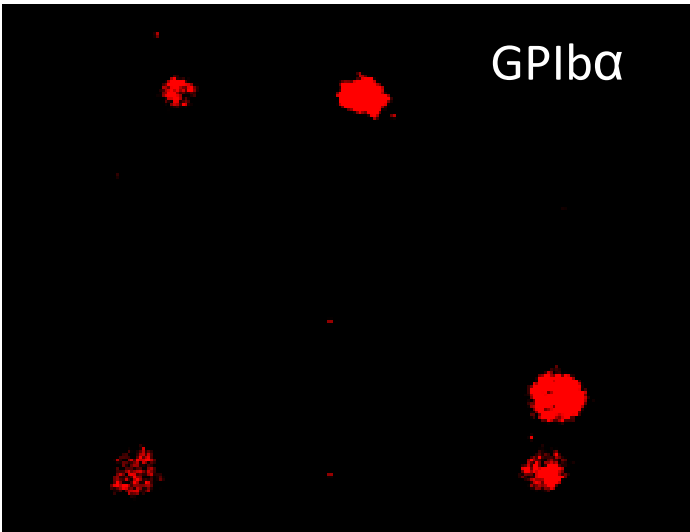


In contrast, resting, non-permeabilized PBMC do not exhibit membrane TF. Platelets, always present in these preparations, contain TF co-localized with GPIb $\alpha$



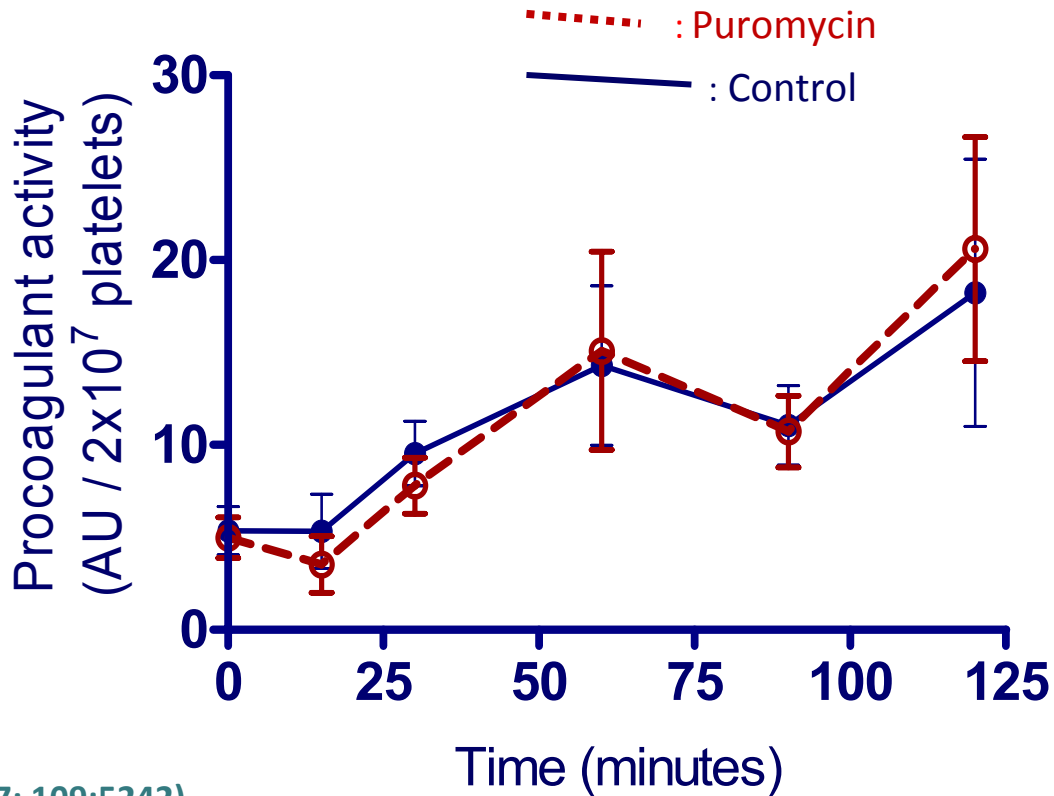


However, TF protein appears in LPS-stimulated PBMC (2 h). Again, high expression of TF-GPIIb/IIIa is observed in “contaminating” platelets.





TF-related pro-coagulant activity (PCA) is not inhibited by puromycin during a 2-h period, denoting that PCA depends on already stored TF in platelets.



(Blood 2007; 109:5242)

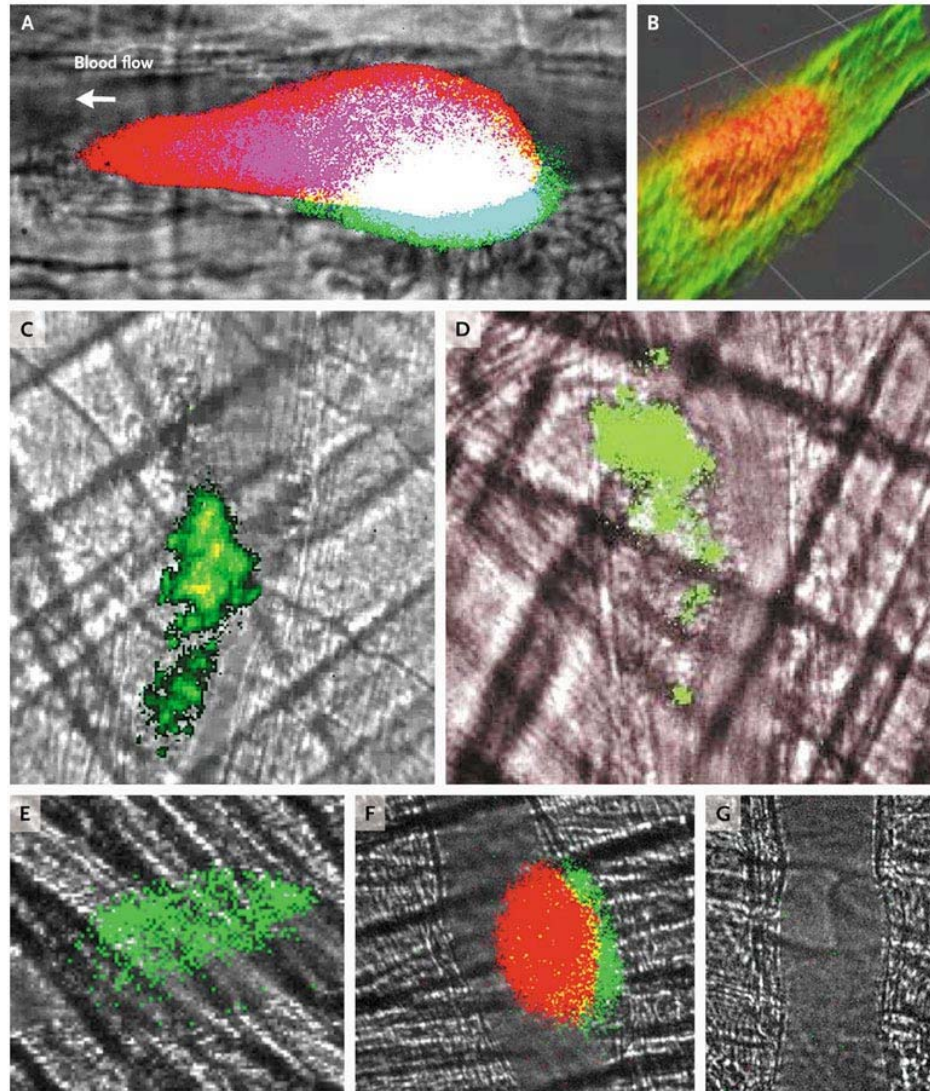


## 2. Conclusions

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- a. TF is demonstrated in N-S platelets by western blotting, membrane biotinylation with immunoprecipitation and immunofluorescence-confocal microscopy.
- b. In contrast, surface exposure of TF in PBMC is detected only after 2-hour stimulation with LPS.
- c. TF activity is not inhibited by simultaneous incubation with puromycin, suggesting that TF is already stored in platelets.
- d. These findings support the idea that human platelets contain stored TF, likely synthesized by circulating platelets or, alternatively, derived from megakaryocytes.

# Thrombus Formation In Vivo



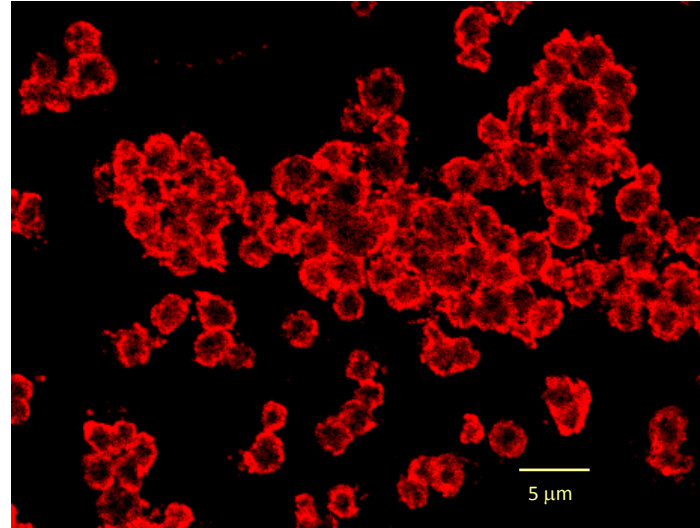
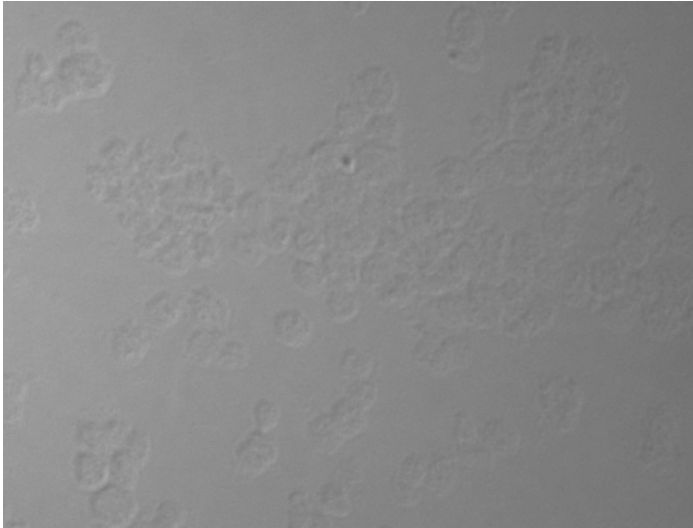
**Furie B and Furie B. N Engl J Med  
2008;359:938-949**



The NEW ENGLAND  
JOURNAL of MEDICINE



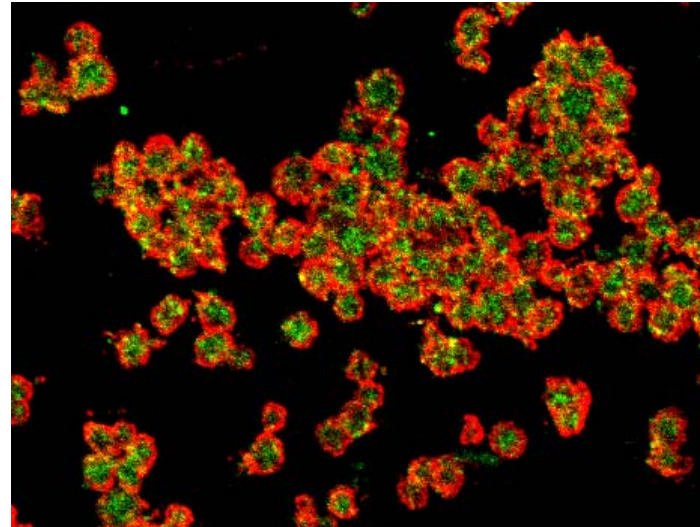
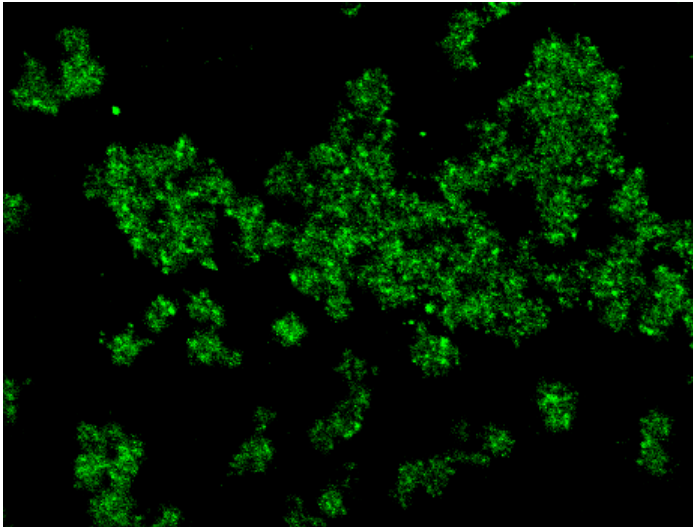
# Is this co-localization of TF and GPIb $\alpha$ in activated platelets functionally relevant?



GPIb $\alpha$

5  $\mu$ m

TF

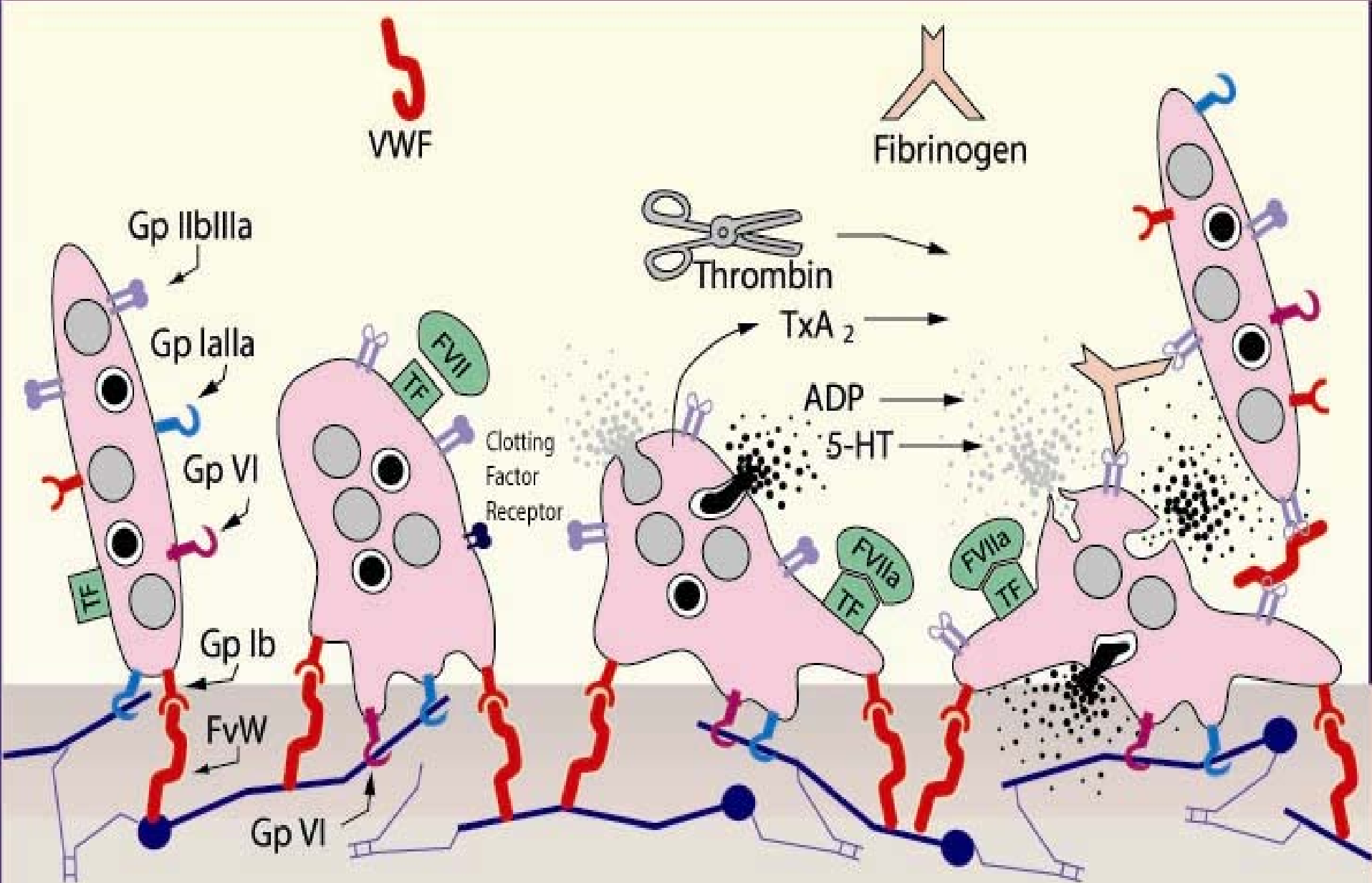


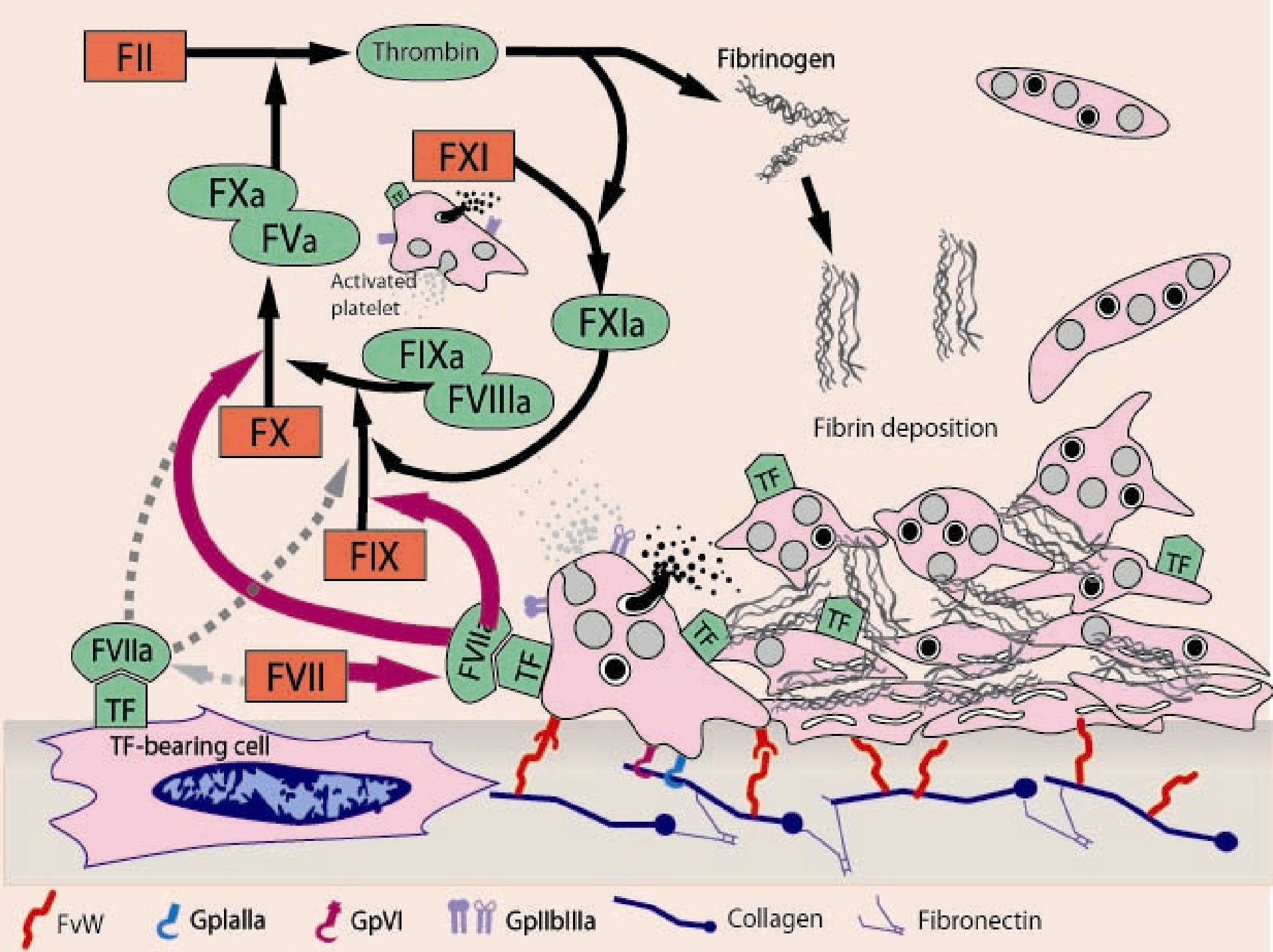
Merge

Pearson Coeff. : 0,57

# **PLATELET-BASED MODEL OF HEMOSTASIS: A PROPOSAL.**







FII

Thrombin

Fibrinogen

FXa  
FVa

FXI

Activated platelet

FXIa

FIXa  
FVIIIa

Fibrin deposition

FX

FIX

FVIIa  
TF

FVII

FVIIa  
TF

TF-bearing cell

FvW

Gplalla

GpVI

Gpllb/IIIa

Collagen

Fibronectin



# ACKNOWLEDGMENTS

Olga Panes, conceived the study as main author, performed the radiolabeling assays, WB's, IP's, biotinylation and pro-coagulant assays.



Valeria Matus, PhD: developed all the molecular biology studies.



Claudia Sáez, PhD: performed all the imaging studies.



Paula Ibarra, BQ thesist, did the lipid raft studies.



Jaime Pereira, MD: contributed in the design of the study, discussion and critical interpretation of data and provided original ideas along the study.



**Antibodies against TF and GPIIb $\alpha$  were kindly provided by Jim Morrissey, Bob Montgomery and W. Ruff**