#### **The Complement System**

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### Learning Objectives

# By the end of this lecture you will be able to:

- Recognize the biological functions of the complement cascade
- ② Identify the components of the complement system
- ③ Describe the three pathways of complement activation

#### The Complement System

- A family of more than 20 plasma proteins that include enzymes, proenzymes (zymogens), enzyme inhibitors, and glycoproteins
- They interact in cascade and assist in resolution of microbial infection
- The name was coined because they were thought to "complement" the antibacterial activity of antibody

#### **Complement Functions**



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#### The Complement System

- Synthesized mainly by liver hepatocytes and other cell types (monocyte, macrophage, GI epithelial cells)
- Circulate as inactive proenzymes
- Proteolytic cleavage removes inhibitory fragment and exposes the active site of the complement molecule

#### **Complement Nomenclature**

(1) Designated by numerals (C1-C9), letter symbols (factor D), or trivial names (homologus restriction factor)

(2) Peptide fragments made by activation of a component are denoted: C4a

- For example, activation of C4 results in
  - "a" for smaller fragment C4a
  - "b" for larger fragment C4b
- Exception: C2a fragment is larger than C2b

C3 convertase

C<sub>2</sub>b

#### **Complement Nomenclature**

 Larger fragments bind to the target near the site of activation, while smaller fragments diffuse from the site of activation and can initiate localized inflammatory response

3 Complexes with enzymatic activity have bar over the number or symbol C4b2a

#### **Complement Activation**



Figure 2-24 Immunobiology, 7ed. (© Garland Science 2008)

- Begins with the formation of antigen-antibody complex (immune complex) or by binding of Ab on bacterial surface
- IgM and IgG can activate the classical complement pathway
- Early stage involves C1, C4, C2, and C3



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C1q binds antigen-bound antibody. C1r activates auto-catalytically and activates the second C1r; both activate C1s.



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C1s cleaves C4 and C2. Cleaving C4 exposes the binding site for C2. C4 binds the surface near C1 and C2 binds C4, forming C3 convertase.



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C3 convertase hydrolyzes many C3 molecules. Some combine with C3 convertase to form C5 convertase.



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## The C3b component of C5 convertase binds C5, permitting C4b2a to cleave C5.



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5 C5b binds C6, initiating the formation of the membrane-attack complex.



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### Membrane Attack Complex (MAC)



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#### The Lectin Pathway

- Lectins such as mannose-binding lectin (MBL) binds to mannose residues on the surface of microorgnisms
- Early stage involve MASP1, MASP2, MBL, C2, C4, and C3
- Sugars recognized by MBL in human cells are covered with sialic acid

#### The Lectin Pathway



Figure 2.16 Janeway's Immunobiology, 8ed. (© Garland Science 2012)



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#### The Alternative Pathway

- It generates active products similar to those of the classical pathway but without antigenantibody complex
- Early stage involve C3, factor B, factor D, and properdin
- Gram negative and gram positive bacterial cell wall can activate the alternative pathway



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#### **Activation Consequences**



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#### Lysis

• MAC can lyse broad spectrum of cells

 Gram positive bacteria are generally more resistant to MAC because of their thick peptidoglycan layer

 Some cells have developed ways to evade MAC such as cancer cells

#### Lysis



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Figure 7-12b Kuby IMMUNOLOGY, Sixth Edition © 2007 W. H. Freeman and Company



Figure 7-12c Kuby IMMUNOLOGY, Sixth Edition © 2007 W. H. Freeman and Company

#### Scanning electron micrograph of *E. coli* before and after complement lysis

#### Some microbes develop mechanisms to evade complement lysis

#### Inflammatory Response

 C3a and C5a (anaphylatoxins) bind to basophils and mast cells



#### Inflammatory Response

- C3a and C5a increase vascular permeability
- C3a and C5a mediate chemotaxis by inducing monocytes and neutrophils to adhere to vascular endothelium, extravasation, and migration to the site of complement activation in the tissue i.e. inflammation

#### Opsonization

- C3b and C4b binding facilitates phagocytosis
- Phagocytic cells express complement receptors CR1, CR3, and CR4

 Activation of phagocytic cells increase the number of expressed complement receptors

#### Opsonization



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#### Virus Neutralization

- Binding of Ab to viral structures causes:
  - Complement fixation (classical, alternative, and lectin pathways)
  - Viral neutralization and aggregation by complement components e.g. C3b
  - Formation of thick protein coat around the virus
- These mechanisms blocks attachment to susceptible host cells

### **Clearing Immune Complexes**

- Immune complexes can damage tissues
- C3b coats immune complexes
- RBC have capability of binding C3b coated complexes and carrying them to liver and spleen to be cleared



### **Activated Complement Regulation**

 Activated complement components are able to harm normal tissues. Therefore, they get spontaneously inactivated if they are not stabilized by other components

 C3 convertase is a central amplification step in all pathways. Regulatory proteins control C3 convertase activity

#### **Regulation of the Complement System**

(a) Before assembly of convertase activity

C1 inhibitor (C1Inh) binds C1r<sub>2</sub>s<sub>2</sub>, causing dissociation from C1q.

Association of C4b and C2a is blocked by binding C4b-binding protein (C4bBP), complement receptor type I, or membrane cofactor protein (MCP).

Inhibitor-bound C4b is cleaved by factor I.

In alternative pathway, CR1, MCP, or factor H prevents binding of C3b and factor B.

Inhibitor-bound C3b is cleaved by factor I.



#### (b) After assembly of convertase

C3 convertases are dissociated by C4bBP, CR1, factor H, and decay-accelerating factor (DAF).

C4bBP, CR1, factor H, DAF Dissociation of convertase; remaining C4b or C3b cleaved by factor I.



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#### **Complement Deficiencies**

- Paroxysmal Nocturnal Hemoglobinuria (PNH)
  - Somatic mutation in the pig-A gene that synthesizes GPI proteins
  - Mutated GPI cannot bind to DAF and CD59
  - This results in hemolytic anemia, iron deficiency, and thrombosis



#### **Complement Deficiencies**

#### Paroxysmal Nocturnal Hemoglobinuria (PNH) – Treatment

Problem	Management
Lack of RBC	RBC transfusion
Deficient erythropoietin	Recombinant erythropoietin
Increased thrombosis	Heparin and anticoagulants
Loss of iron	Iron supplementation
Persistent complement activation	Eculizumab to block C5

#### You are now able to:

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- ✓ Identify the components of the complement system
- ✓ Describe the three pathways of complement activation