

# I've Collected Blood, Now What?

## Incorporating Geroscience into Clinical Research

---

JEREMY D. WALSTON, MD

RAYMOND AND ANNA LUBLIN PROFESSOR OF MEDICINE

JOHNS HOPKINS UNIVERSITY

[WWW.FRAILTYSCIENCE.ORG](http://WWW.FRAILTYSCIENCE.ORG)



# Overview

---

- Modeling Physical Frailty and Resiliency
- Feasible Measures of Physiology and Biology
- Inflammatory/Immune System Measures
- Suggested Guidelines

# Scientific/Gerontological Models

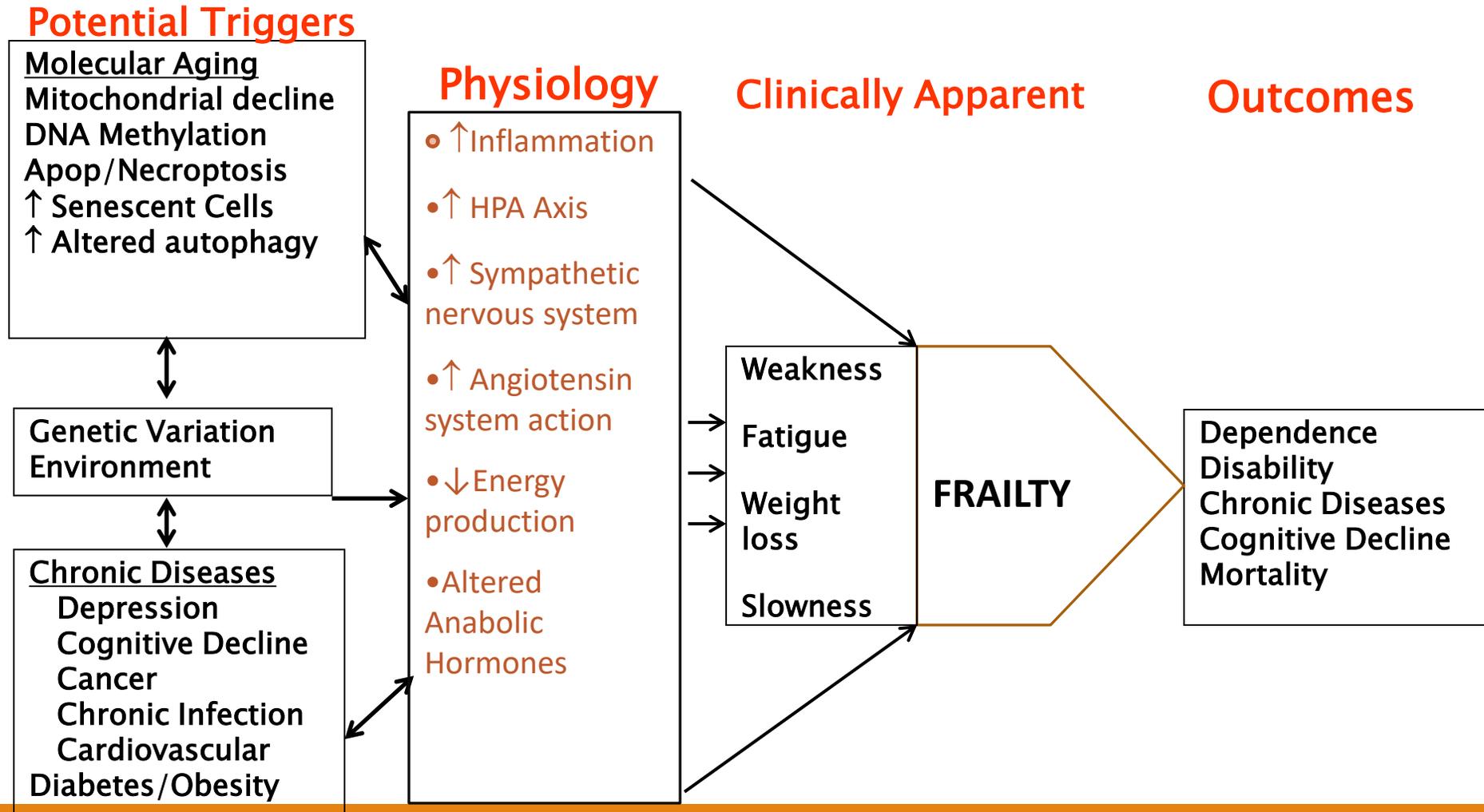
---

Physical Frailty

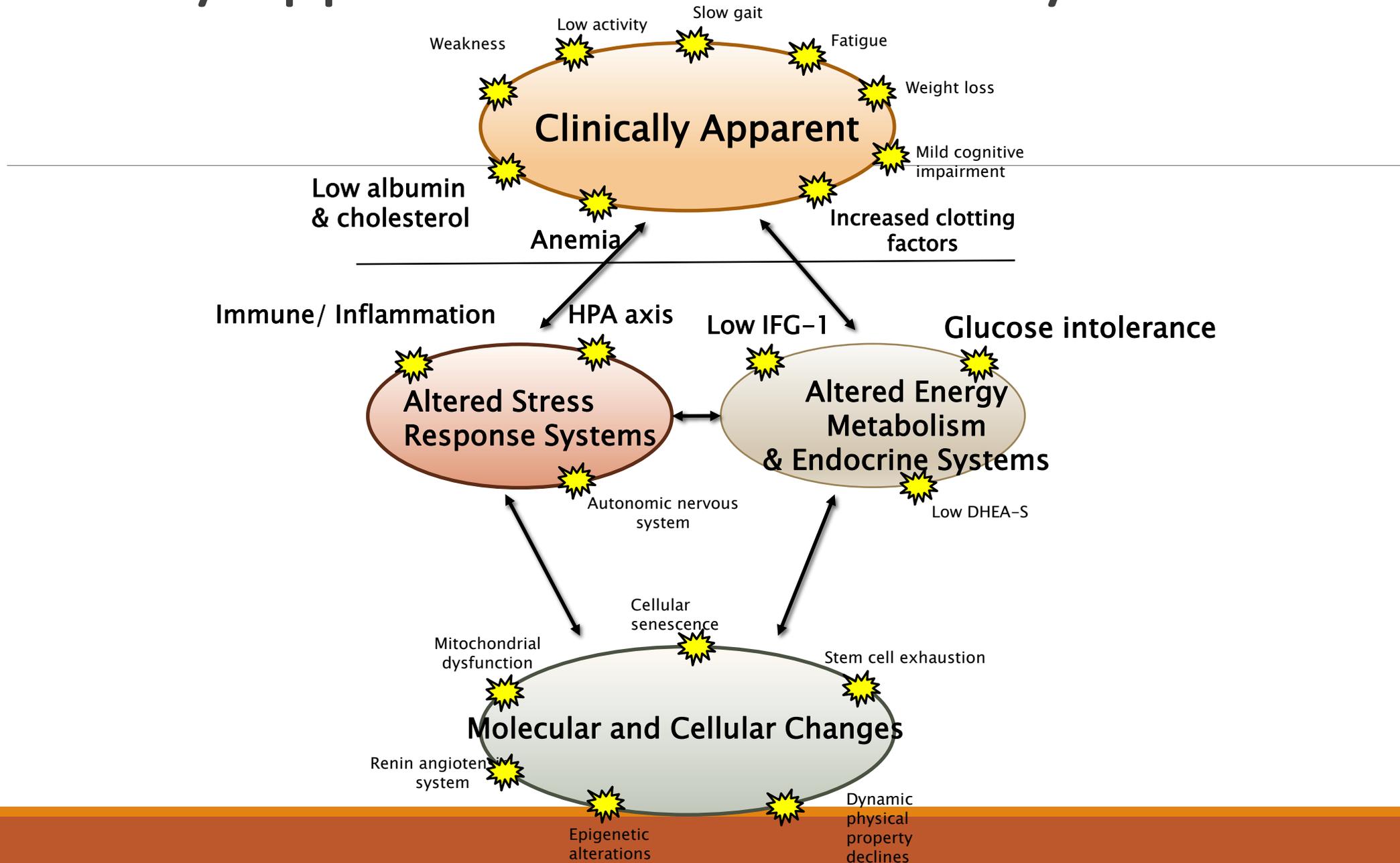
Physical Resiliency

Chronic Inflammation

# Complex Pathway to Physical Frailty



# Clinically Apparent vs. Invisible Frailty Measures



# Biomarkers from Stimulus-Response Experiments in Physical Resiliency

---

- ACTH Stimulation
- Diurnal Salivary Cortisol Profile
- Oral Glucose Tolerance Test
- Holter Monitoring
- Dynamic ex-vivo response of immune cells
- Orthostatic Blood Pressure



# CI Definition

---

Chronic inflammation (CI) is a heterogeneous, low grade activation of the innate immune system that remains 'on' after activation

Acute inflammation is high grade activation of innate immune system that targets specific acute injury or illness and shuts down after acute condition resolves

# Consequences of CI in Older Adults

---

Worsening Chronic Disease States

Functional decline

- Sarcopenia, fibrotic tissue replacement
- Satellite Cell Decline

Cognitive decline

- Neurodegeneration and MCI

Physical Frailty

- Poor response to vaccines
- Altered Stress Response Systems and Energy Metabolism

# Intrinsic or Age-Related Etiologies (Geroscience)

---

Necroptosis-related Cellular Debris (immune modulating)

Senescent Cells (fat, fibroblasts)

Altered Immune System (senescent, clonal cells)

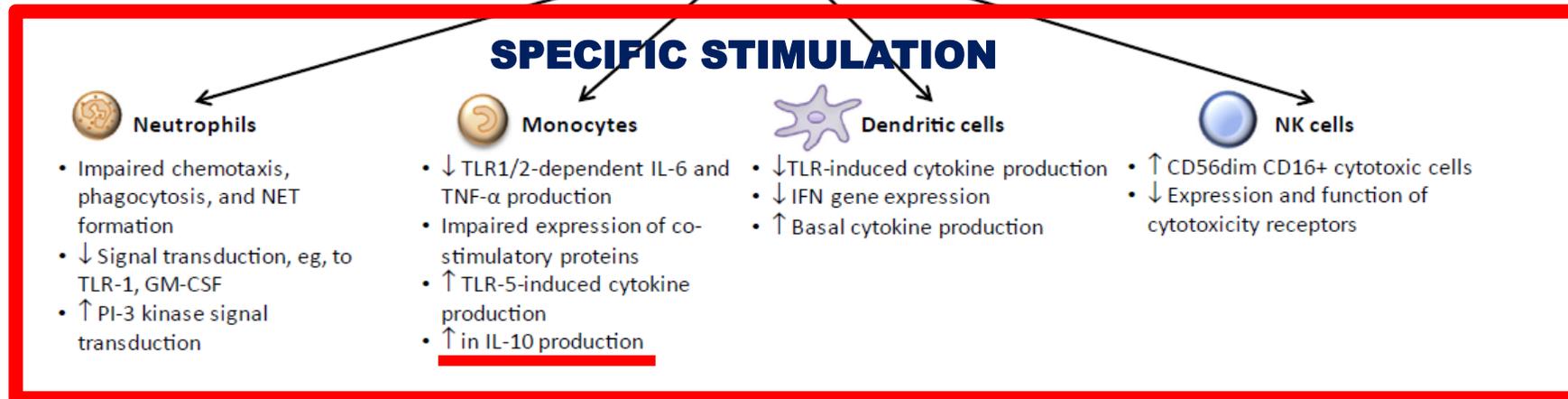
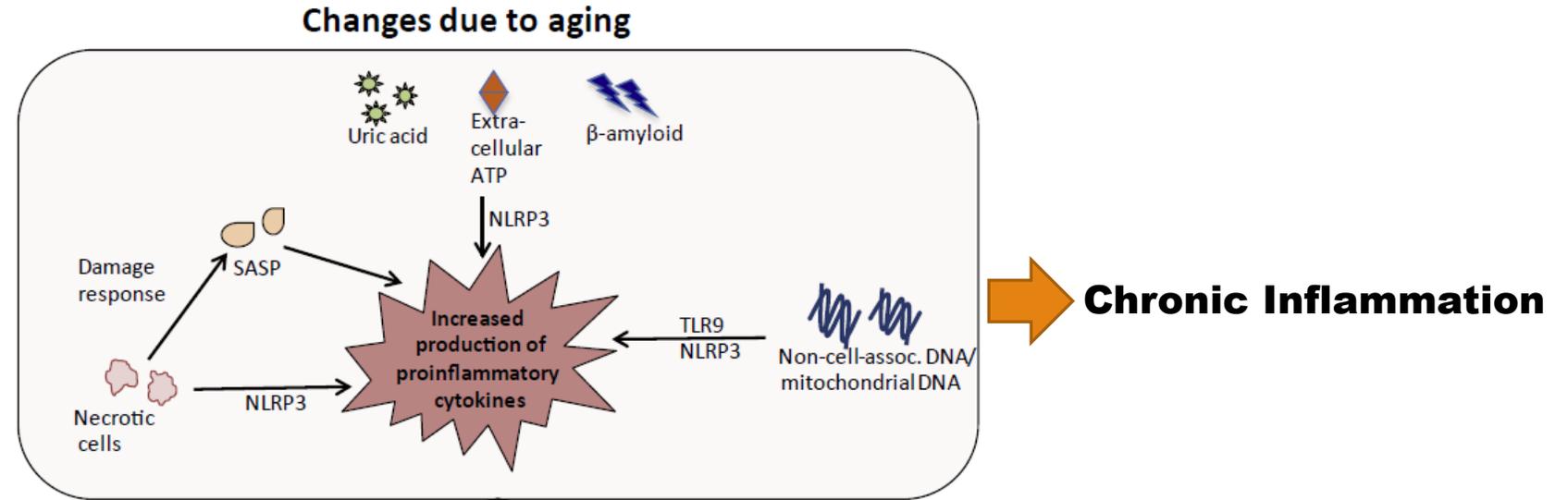
Altered Gut Wall and Microbiome

Gene Variation (contributory or preventative)

Mitochondrial damage and oxidative stress

# Intrinsic (Ageing) Alterations in the Innate Immune System

**Increased activity at the basal state**



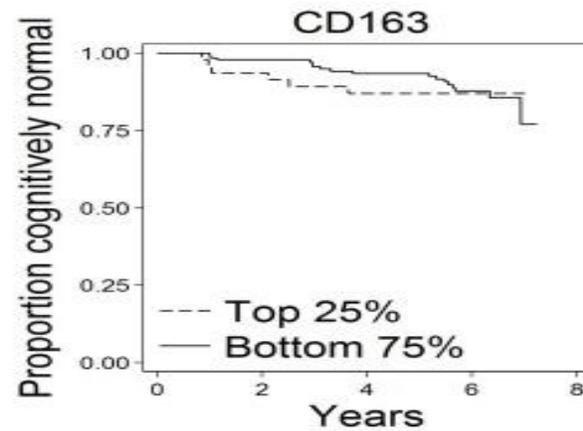
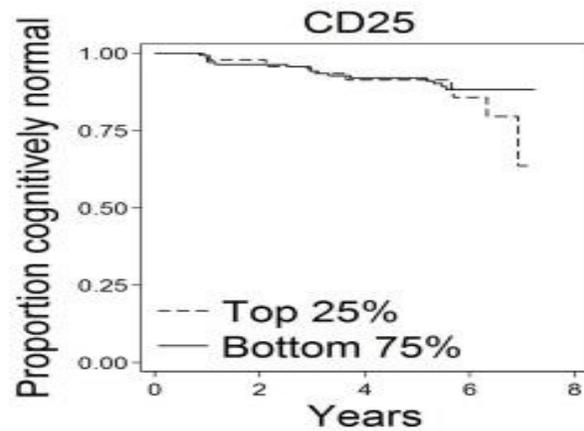
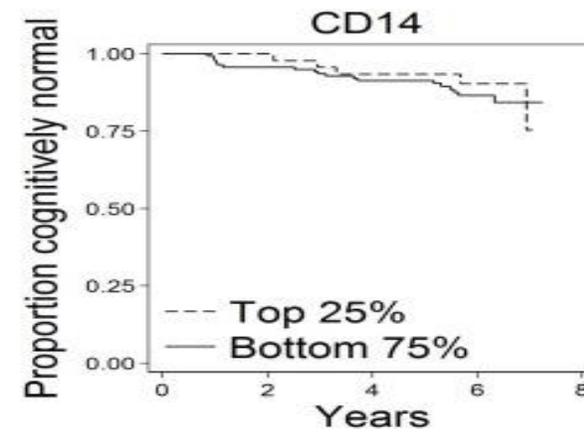
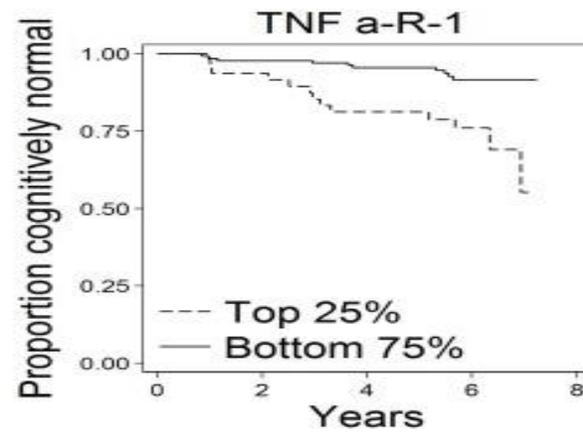
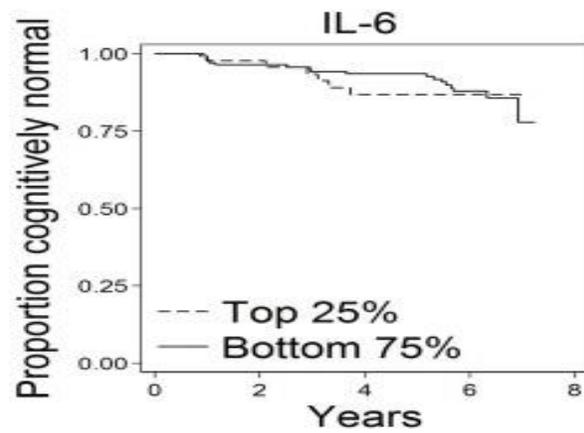
# Best Serum Markers of CI to Date

1. TNF-alpha R1\*\* (\*validated, less variable, biologically relevant)
2. IL-6 \*\* (\*validated, quite variable with illness)
3. CRP (utilized in clinical practice, distal signal, more vascular)

# Cytokines and Mortality over 10 Years in CHS

Parameter	Chi-Square	Pr > ChiSq	Hazard Ratio
logCRP	72	<.0001	1.22
<b>logIL6</b>	<b>287</b>	<b>&lt;.0001</b>	<b>1.44</b>
<b>logTNFRI</b>	<b>274</b>	<b>&lt;.0001</b>	<b>1.48</b>
logIL18	24	<.0001	1.12
logIL1RA	56	<.0001	1.19
age	772	<.0001	<b>1.80</b>
WSS	281	<.0001	1.47
PCS	237	<.0001	1.43
<b>IIS</b>	<b>433</b>	<b>&lt;.0001</b>	<b>1.64</b>

# Chronic Inflammation and Future MCI



# IL-6 and Multisystem Dysregulation

---

Rhesus monkeys injected with low dose IL-6 developed multisystem changes

- 10% lean body mass decline by DEXA within 30 days
- Anemia & osteopenia
- Decreased albumin & cholesterol
- Increased CRP, alkaline phosphatase

# Chronic TNF-Alpha R1

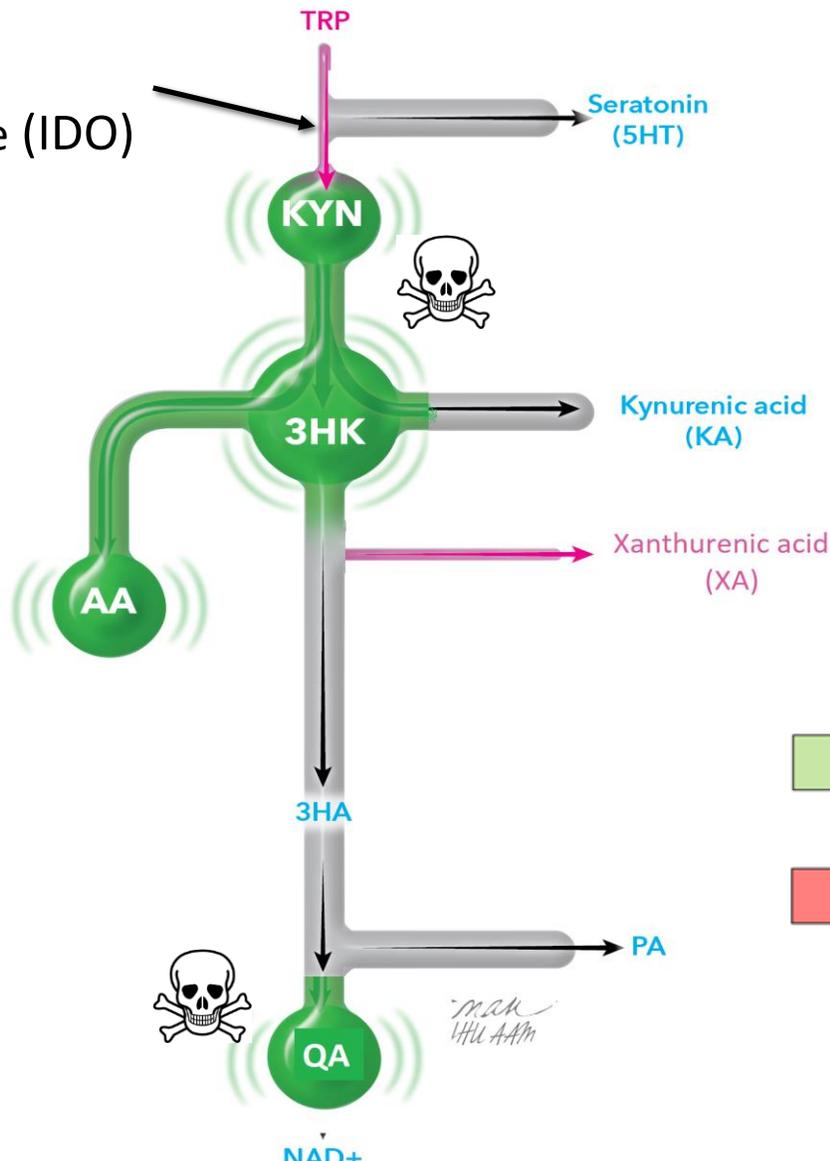
---

- Contributes to necroptosis signaling and DAMP release
- DAMP drives further inflammatory pathway activation
- Accelerates cell loss in frailty

# CI and Neurotoxic Tryptophan Metabolites: Sarcopenia and Frailty?

Indoleamine 2,3-dioxygenase (IDO)

↑ Chronic Inflammation  
IL-6, TNF $\alpha$ , INF $\gamma$



Increased relative to control  
Decreased relative to control



# Summary

---

- Use Modeling to Develop Clinical Connections to Aging Phenotypes and Measurement Priorities
- Consider Physiology and Biology Measures
- Think Feasibility and Tight Focus for Present Projects
- Absolutely Store Samples for Broader Future Opportunities
- Think Intervention Development!! (feasible diagnostics, treatment monitoring, in addition to clinical measures)

# Acknowledgments

---

JOHNS HOPKINS UNIVERSITY

✿ **OLDER AMERICANS** ✿  
**INDEPENDENCE CENTER**

**Claude D. Pepper Older Americans Independence Center**  
**National Institute on Aging, P30-AG021334**

**Characterizing Resiliencies to Physical Stressors in Older Adults: A  
Dynamical Physiological Systems Approach, UH3AG056933**

# Acknowledgements

---

Peter Abadir Taylor Bopp Tae Chung Neal Fedarko Jackie Langdon Sean Leng Thomas Laskow Huifen Li	Nick Miclik Lolita Nidadavolu Esther Oh Sadra Sapheri Jeremy Walston Reyhan Westbrook Yuqiong Wu