

AUSTRALIAN EQUINE SCIENCE SYMPOSIUM

GOLD COAST, QLD

13-14 June 2006

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EQUINE SCIENCE 2006

“Research for the 21st Century Horse Industry: From Genomics to the Winning Post”

The inaugural Australian Equine Science Symposium arose from discussions that were held at the Magic Millions Thoroughbred sales in January 2006. Following initial support from RIRDC, a committee was formed and **Equine Science 2006** planned.

The Committee hopes that the Symposium will become a biennial conference for equine scientists which:

- Promotes excellence in equine science
- Focuses on science, technology and innovation relevant to the Australian horse industry
- Provides a regular forum for exchange of research findings, ideas and information between Australian & New Zealand equine scientists and with their international colleagues
- Assists young equine scientists with their careers
- Encourages participation by members of the horse industry

Proceedings

Papers presented at this Symposium have been reviewed to meet editorial standards. However, the comments and views expressed in the papers are entirely the responsibility of the author or authors concerned.

Enquiries regarding the Proceedings should be addressed to:

Professor W.L. Bryden
School of Animal Studies
University of Queensland
Gatton Qld 4343

Tel: (07) 5460 1257
Email: hos@sas.uq.edu.au

THE EFFECT OF EQUINE HYPERIMMUNE SERA ON TNF α ACTIVITY IN A L929 CELL BIOASSAY

M. Kotiw^A, C. Raghaven^A, M. Johnson^A, I.A. Shiels^B and R.P. Wilson^C

^A Centre for Systems Biology, University of Southern Queensland, Toowoomba Qld 4350

^B School of Biomedical Sciences, University of Queensland, St Lucia, Qld 4072

^C Plavacc Pty Ltd, 6066 Cunningham Highway, Kalbar, Qld 4309

Adult equine endotoxaemia (AEE) remains a major cause of equine morbidity and mortality. The syndrome is common in horses presenting with acute abdominal disorders such as intestinal strangulation and severe colitis¹. Death may result from an endotoxin (also known as lipopolysaccharide or LPS) induced, cytokine mediated, hyperinflammatory cascade that can lead to hypovolemic shock, coagulopathy and catastrophic multiple organ failure². Endotoxin is a lipid A moiety located in the outer membrane of Gram negative bacteria such as intestinal *Escherichia coli*. The toxin may gain access to the systemic circulation through loss of gut mucosal integrity induced by events such as severe colitis, either by translocation of live bacteria or endotoxin leakage from the gut lumen³. Endotoxin is then rapidly bound to an LPS binding protein (LPB) in serum which potentiates its presentation to antigen presenting cells such as macrophages. Activated macrophages secrete inflammatory cytokines- predominantly TNF α and IL1 β which initiate the uncontrolled cascade leading to a potential for the catastrophic pathology⁴.

Because of haemodynamic instability and associated hypovolemia, fluid replacement therapy is generally applied to restore effective circulating volume⁵. The use of fresh frozen plasma has been recommended in cases of coagulopathies as it has been recognized to assist restoration of haemodynamic stability⁶.

In this pilot study we examined the effect of sera from a proprietary hyperimmune plasma product (Equiplas) on the activity of TNF α in an *in vitro* L929 cell bioassay⁷. In brief, we report observations from 2 accessions of sera. Accession 1 describes the antiTNF α activity of 3 hyperimmune sera and an untreated serum sample that were provided blind to the study. Accession 2 reports a comparison of antiTNF α activity found in 3 paired hyperimmune sera collected following a multiple endotoxin vaccination regimen.

Figure 1
AntiTNF α activity of Equine sera

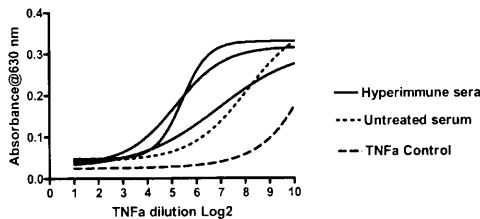


Figure 2.
Effect of Donor A 1st serum sample on TNF α activity

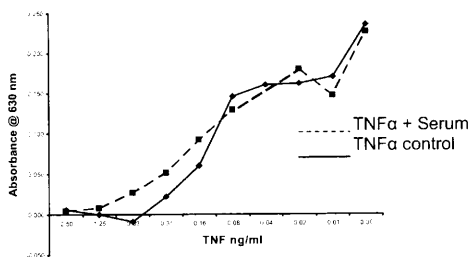
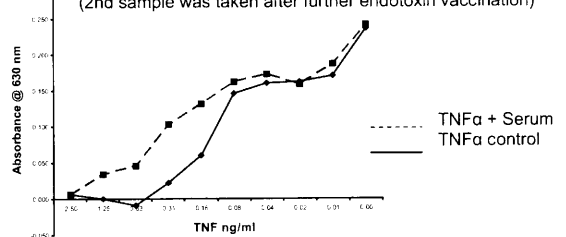


Figure 3.
Effect of Donor A 2nd serum sample on TNF α activity
(2nd sample was taken after further endotoxin vaccination)



We report here observations which we acknowledge require further work for statistical validation. **Figure 1** suggests that there is intrinsic antiTNF α activity in all equine sera (Accession 1), including the untreated equine serum. It also appears that the proprietary endotoxin vaccination regimen employed in the preparation of hyperimmune plasma (Equiplas) enhances the antiTNF α activity of serum, as all 3 hyperimmune samples appear to exhibit greater activity than the untreated serum (although one specimen of hyperimmune serum appears to be only marginally enhanced). **Figures 2 & 3** are representative of results for a donor subjected to a 2nd regimen of endotoxin vaccination. The results suggest that in some cases there may be further enrichment of antiTNF α bioactivity (**Figure 3**). However, only 2 of the 3 donors subjected to further vaccination (Accession 2) demonstrated such enhancement. If these results are indicative of what occurs, then it may not be too surprising to find that there is an intrinsic biological limit to the titre achievable for an active factor. Whilst it is known that TNF α is rapidly degraded at the cellular level by neutrophil derived proteases, there is increasing evidence that the cytokine is also modulated in the systemic circulation by solubilized TNF α receptors (sTNFR)⁸. The sTNFRs appear to be solubilised from parent cell membranes by proteases in the presence of excess TNF α and may be a host means for moderating the cytokine's systemic influences^{8,9}. Whilst our observations are preliminary and require confirmation, it does seem plausible that the endotoxin vaccination regimen used in the preparation of the hyperimmune plasma may similarly stimulate the systemic release of sTNFRs and so account, at least in part, for the apparent antiTNF α activity. Clearly, further work needs to be undertaken to confirm our observations and to determine the nature of the antiTNF α activity.

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