



# Inflammasomes and the fine line between defense and disease

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Recognition of invading pathogens and execution of defensive responses are crucial steps in successfully combating infectious diseases. Inflammasomes are a group of diverse, signal-transducing complexes with key roles in both processes. While the responses mediated by inflammasomes are vital to host defense, aberrations in inflammasome regulation or activity can lead to the development of autoimmune and sterile inflammatory diseases, including cancer. The field of inflammasome research has rapidly expanded to identify novel regulatory pathways, new inflammasome components, and the mechanistic details of the activation of these complexes. In this review, we discuss recent insights into the regulation of inflammasomes by interferon regulatory factor proteins, newly discovered mechanisms of activation for the NLRP1b and NLRP6 inflammasomes, and recent studies exploring the viability of inflammasome-modulating immunotherapies.

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## Introduction

Inflammasomes are indispensable mediators of the innate immune response to infection [1]. Upon activation, these multimeric death complexes assemble to function as activation platforms for caspase-1 (CASP1) autoproteolysis [1]. The most well-established inflammasomes are NLRP1 (nucleotide-binding domain leucine-rich repeat-containing [NLR] family, pyrin domain [PYD]-containing 1), NLRP3 (NLR family, PYD-containing 3), NLRC4 (NLR family, caspase activation and recruitment domain [CARD]-containing 4), AIM2 (absent in melanoma 2), and pyrin. Evidence suggests other NLR family proteins, including NLRP6 and NLRP9b, may also form functional

inflammasomes [2]. Activation of inflammasomes triggers a cascade of responses, including release of interleukins 1 $\beta$  (IL-1 $\beta$ ) and 18 (IL-18) and the induction of pyroptotic, or inflammatory, cell death through cleavage of gasdermin D (GSDMD) [3,4]. The responses governed by inflammasome signal transduction lead to protection from infectious diseases. However, dysregulation in inflammasome signaling can lead to a hyperinflammatory state, culminating in the development of autoinflammatory disorders, neurodegenerative diseases, and cancer progression [5–9]. To protect against aberrant inflammation, numerous pathways in the cell regulate inflammasome activation [10]. In this review, we highlight recent studies examining novel regulation and mechanisms of inflammasome activation and the growing interest in inflammasome-targeting therapies.

## Inflammasome signal transduction

Infection or injury leads to the release of immunostimulatory molecules known as pathogen-associated or damage-associated molecular patterns (PAMPs or DAMPs, respectively). Recognition of these molecules is vital to mounting a defensive response [11,12]. Pattern recognition receptors, including Toll-like and nucleotide-binding oligomerization domain-like receptors (TLRs and NLRs, respectively), initiate several innate immune responses, including activation of inflammasomes [13].

As would be expected for such a vital process, inflammasome activation is tightly regulated [2]. Type I interferon signaling and interferon regulatory factor proteins (IRFs) have emerged as key regulators of optimal inflammasome activation [14,15,16\*,17\*\*,18,19]. IRF1 regulates the expression of components necessary for NLRP3 and AIM2 activation after infection, including z-DNA-binding protein 1 (ZBP1) and guanylate-binding proteins (GBPs) [14,18,19]. Kayagaki *et al.* found that IRF2 regulates expression of the pyroptotic executioner GSDMD and that pyroptosis and IL-1 $\beta$  release could be abolished by mutation of an IRF2-binding site within the GSDMD promoter sequence [17\*\*]. Karki *et al.* identified IRF8 as a novel regulator of the NLR family apoptosis inhibitory protein (NAIP)-NLRC4 inflammasome [16\*]. Depletion of IRF8 impaired transcription of ligand-sensing NAIPs, resulting in an inadequate response to NLRC4-activating bacteria [16\*].

Inflammasome assembly subsequently induces pyroptosis. Mechanistically different from apoptosis and necroptosis, pyroptosis leads to the formation of pores in the cellular membrane and release of proinflammatory cytokines [20]. The execution of pyroptosis is mediated by GSDMD, a

bipartite protein comprised of an N-terminal effector and C-terminal regulatory domain [4]. After activation by the inflammasome, CASP1 cleaves GSDMD, liberating the effector domain. The N-terminal region of GSDMD then self-oligomerizes and creates a pore-forming complex, allowing for cytokine release and effectively executing pyroptotic cell death. While the role of other gasdermins in pyroptosis remains less clear, most exhibit pore-forming capabilities [21], and recent studies have established a role for gasdermin E in mediating cell death [22–24].

To further complicate our understanding of the regulation of inflammasomes and pyroptosis, several molecules participate in multiple cell death pathways previously considered to be autonomous. In the absence of GSDMD, cells treated with pyroptotic stimuli have been shown to undergo a caspase-8 (CASP8)-dependent form of cell death [23]. Another recent study described the involvement of transforming growth factor- $\beta$  activated kinase 1 (TAK1) and receptor-interacting serine/threonine-protein kinase 1 (RIPK1), proteins involved in apoptosis and necroptosis, in NLRP3 inflammasome activation [25]. Gurung *et al.* described the roles of CASP8 and FADD (Fas-associated protein with death domain), proteins normally associated with apoptotic cell death, in inflammasome regulation [26]. As evidence of crosstalk between apoptosis, necroptosis, and pyroptosis and the concept of PAN-optosis have become increasingly apparent [60–63], study of the intricate connections and complex interplay between the pathways regulating cellular death signaling is swiftly becoming an area of major research interest.

### Mechanisms of inflammasome activation and assembly

Though each of the inflammasomes contributes to host defense, they are distinct in terms of ligand recognition, complex composition, and mechanism of activation (Figure 1). Activation can be achieved through direct binding between the inflammasome sensor and the ligand (AIM2, NAIP-NLRC4, NLRP6) or through indirect sensing of cellular homeostasis (NLRP1, NLRP3, pyrin).

While our understanding of inflammasome composition is still developing, the basic structure of an inflammasome complex includes a sensor, adaptor molecule(s), and an effector molecule, typically CASP1. Complex assembly is mediated through homotypic interactions between the domains of the component proteins (Figure 1). Inflammasomes can interact directly with the inflammatory effector CASP1 through CARDs or by utilizing the adaptor apoptosis-associated speck-like (ASC) protein to mediate the interaction between PYD-containing sensors and CARD-containing CASP1.

#### NLRP1

NLRP1 was the first inflammasome discovered, but its mechanism of activation has remained elusive. Recently,

a mechanism of ‘functional degradation’ controlling murine NLRP1b activation has been described [27<sup>\*\*</sup>,28<sup>\*\*</sup>,29]. Cleavage of NLRP1b within its function-to-find (FIIND) domain and proteasome activity are both required for this inflammasome’s activation [30,31]. After cleavage, the N-terminal fragment of NLRP1b continues to interact with the remainder of the protein. Sandstrom *et al.* and Chui *et al.* recently demonstrated that activators of the NLRP1b inflammasome, including anthrax lethal toxin, cleave the N-terminal fragment of NLRP1b, targeting it for ubiquitination and degradation [27<sup>\*\*</sup>,28<sup>\*\*</sup>]. This frees the CARD-containing C-terminus of the protein to form the inflammasome complex. Strikingly, the authors showed that the sequence of the N-terminal region is immaterial for NLRP1b activation, dispelling notions of a sequence-specific autoinhibitory role for the N-terminus [28<sup>\*\*</sup>]. These findings present intriguing possibilities for the activation of other FIIND-domain-containing proteins, such as CARD8.

#### NLRP3

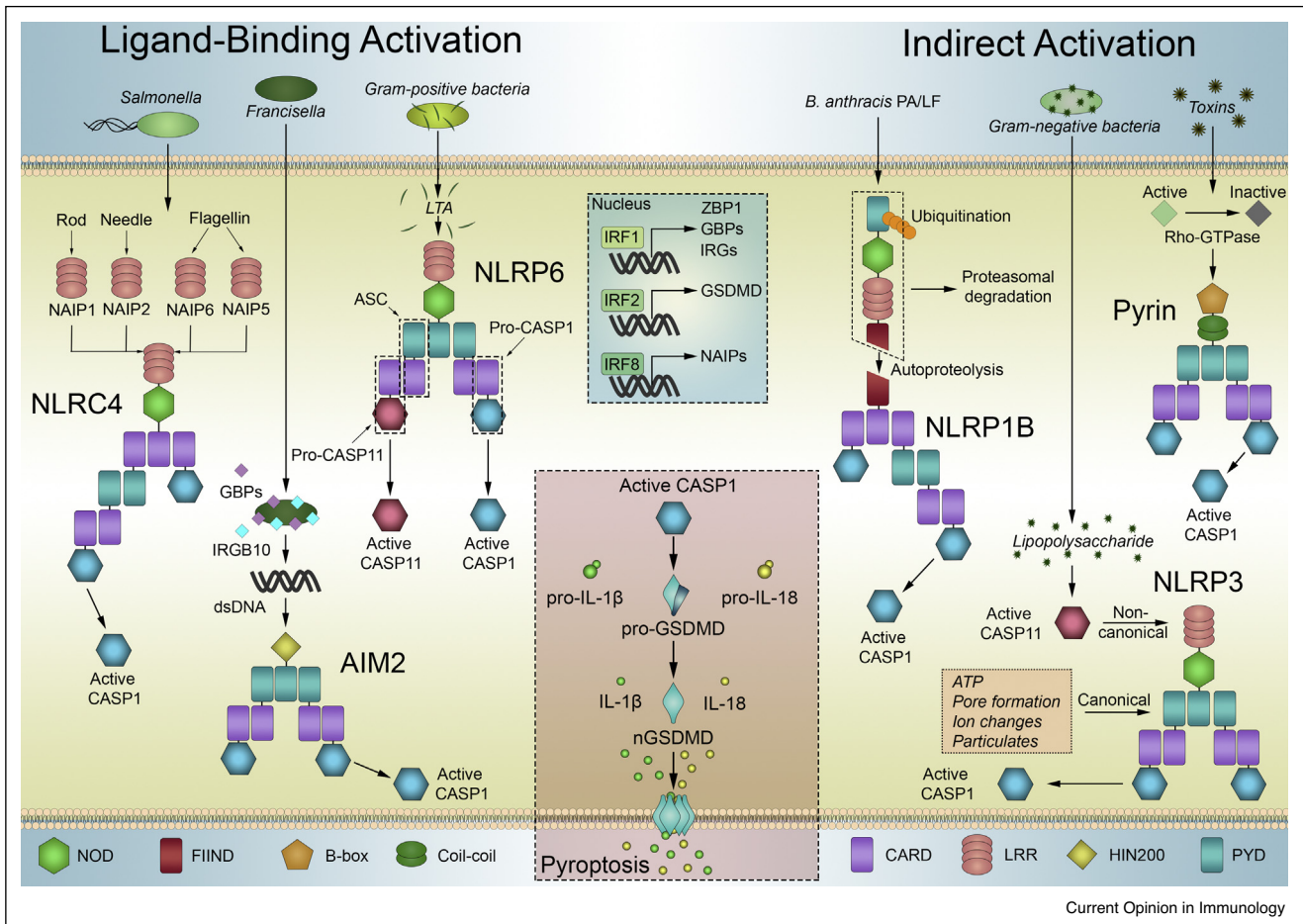
A clear, unified mechanism of activation for the NLRP3 inflammasome is currently unknown, though many have been proposed. The NLRP3 inflammasome assembles in response to several stressors, including destabilization of phagosomes due to particulate matter, changes in ionic flux, and ATP [32], and this inflammasome is implicated in a number of autoinflammatory diseases [7,8,33,34]. Mitochondrial DNA (mtDNA) synthesis has recently been found to contribute to NLRP3 activation. Zhong *et al.* showed that loss of mtDNA results in decreased activation of the NLRP3 inflammasome, with no effects on AIM2 inflammasome activity [35]. The authors further interrogated the mechanisms of TLR4-mediated and IRF1-mediated mtDNA synthesis after lipopolysaccharide (LPS) stimulation [35]. In addition, NEK7, a mitotic kinase, is implicated in NLRP3 activation [36,37]. The results of a recent structural examination of the NLRP3 and NEK7 complex by cryo-electron microscopy indicate that NEK7 may function as a bridge between NLRP3 monomers to facilitate assembly [38<sup>\*\*</sup>].

The NLRP3 inflammasome can also be activated through non-canonical means by human caspase-4 and caspase-5 or murine caspase-11 (CASP11). Studies have demonstrated that CASP11 responds to intracellular LPS to cleave GSDMD [3,4], leading to pyroptosis and the activation of NLRP3.

#### NAIP/NLRC4

The NLRC4 inflammasome is the only known inflammasome to utilize NAIPs to sense pathogens. In response to flagellin and type III secretion system (T3SS) proteins, NAIPs recruit NLRC4 into an inflammasome complex [39–41]. Though mice have multiple NAIPs responsible for sensing different ligands, humans have only one NAIP. Murine NAIPs 1 and 2 recognize T3SS rod and

Figure 1



Inflammasomes can be activated through direct ligand binding or indirect mechanisms of activation. **Ligand binding activation:** NAIP proteins recognize ligands from *Salmonella* and other bacteria to activate the NLRC4 inflammasome. AIM2 binds to cytosolic DNA freed by GBP and IRG proteins to assemble the AIM2 inflammasome and initiate pyroptosis. The NLRP6 inflammasome is activated by cytosolic LTA from Gram-positive bacteria, including *L. monocytogenes*, to cleave CASP11 and CASP1, though CASP1 does not appear to cleave GSDMD when activated by NLRP6. **Indirect activation:** The FIIND domain of NLRP1b undergoes autoproteolysis but stays associated with the C-terminus of the protein. Anthrax protective antigen and lethal factor (PA/LF) lead to N-terminal NLRP1b cleavage, targeting it for ubiquitination and degradation and allowing the C-terminus to activate the inflammasome. The pyrin inflammasome becomes active after Rho GTPase inactivation by toxins. NLRP3 is activated through a variety of mechanisms. dsDNA, double-stranded DNA; LRR, leucine-rich repeat; NACHT, nucleotide-binding oligomerization domain; nGSDMD, N-terminal region of gasdermin D.

needle proteins, respectively, while NAIPs 5 and 6 recognize flagellin [39,40]. The presence of multiple murine NAIPs with no known ligand indicates that other currently unknown signals may activate the NLRC4 inflammasome. While the NLRC4 inflammasome protects against infections such as *Salmonella*, mutations resulting in hyperactivation of this inflammasome can also lead to autoinflammation and disease [42,43].

### AIM2

The AIM2 inflammasome recognizes and directly binds to cytosolic double-stranded DNA, resulting in activation [44–46]. After infection of murine macrophages with *Francisella novicida*, interferon signaling leads to the upregulation of interferon responsive genes. Several

resulting proteins, including GBPs and immunity-related GTPase family member b10 (IRGB10), localize to the invading bacteria and release the foreign DNA into the cytosol [47]. After binding to the DNA, AIM2 recruits ASC and CASP1, triggering pyroptosis and providing protection from *Francisella* infection [48].

### Pyrin

Like NLRP1b, the pyrin inflammasome does not directly bind to a ligand. Rather, activation is dependent upon modifications of host proteins by pathogenic factors. Under normal conditions, pyrin is kept inactive through phosphorylation. Bacterial effectors, including *Clostridium difficile* toxins A and B (TcdA/B), inactivate host RhoA, resulting in pyrin dephosphorylation and activation [49]. Mutations

within the *MEFV* gene encoding pyrin are linked to the development of the autoinflammatory disease familial Mediterranean fever [5,49]. GSDMD was recently found to be crucial in the pathogenesis of an experimental model of this disease [50].

### NLRP6

Beyond the well-established inflammasomes, further details are emerging regarding other, lesser-studied inflammasomes. Several recent studies have focused on NLRP6 (NLR family, PYD-containing 6), an intestinal NLR with diverse inflammatory roles [51]. Hara *et al.* identified lipoteichoic acid (LTA) from *Listeria monocytogenes* as the activator of a functional, non-canonical inflammasome by NLRP6 [52\*]. A subsequent structural study supported this finding, as the PYD of NLRP6 could achieve filamentous self-assembly and recruitment of ASC, hallmarks of an active inflammasome [53]. CASP11 is recruited by NLRP6 in an ASC-dependent manner, leading to CASP1 maturation and subsequent pro-IL-1 $\beta$  and pro-IL-18 cleavage. Utilizing immunoprecipitation and bio-layer interferometry, this study demonstrated a direct interaction between NLRP6 and cytosolic LTA. Furthermore, mice deficient in NLRP6 or CASP11 were protected from *L. monocytogenes*-induced death, and treatment with exogenous IL-18 restored susceptibility [52\*]. Moreover, the authors note no cleavage of GSDMD in response to LTA or *Listeria* infection, though CASP1 cleavage was observed.

### Therapeutic targeting of inflammation

The relationship between host defense and deadly, unregulated inflammation is complex and nuanced, and interest in inflammation-modulating therapeutics, specifically those targeting members of the IL-1 family, is growing [54]. Both IL-1 $\alpha$  and IL-1 $\beta$  signal through the receptor IL-1R; however, these proinflammatory cytokines are not redundant. Rather, Lukens *et al.* showed that osteomyelitis development depends on IL-1 $\beta$ , but not IL-1 $\alpha$ , while a murine inflammatory disease resembling human neutrophilic dermatosis is dependent on IL-1 $\alpha$ , but not IL-1 $\beta$  [55,56]. This divergence in interleukin signaling pathways indicates that tailored therapeutics, targeting either inflammasome-dependent IL-1 $\beta$  or inflammasome-independent IL-1 $\alpha$ , will be more effective than total IL-1R blockade due to the minimization of off-target effects.

Recent studies have begun investigating the therapeutic effects of modulating inflammasome activation and IL-1 $\beta$  signaling. Segovia *et al.* recently provided evidence that inflammasome activation in the context of immune checkpoint inhibitor (ICI) therapy can have synergistic, protective effects [57\*\*]. The authors identified a negative regulator of NLRP3 inflammasome activity, the transmembrane protein TMEM176B, which is responsible for regulating internal Ca<sup>2+</sup> levels. Loss of TMEM176B led to increased NLRP3 activity, which enhanced the protective effects of ICI therapy [57\*\*].

Conversely, therapies that block IL-1 $\beta$  signaling have begun to gain prominence, as chronic inflammation can contribute to disease pathogenesis. In 2011, the Canakinumab Anti-Inflammatory Thrombosis Outcome Study (CANTOS) was initiated [58]. This large, phase 3 clinical trial aimed to examine the consequences of canakinumab-mediated IL-1 $\beta$  neutralization and to test the longstanding hypothesis that hyperinflammation contributes to cardiovascular disease. CANTOS demonstrated that neutralization of IL-1 $\beta$  reduced incidences of cardiovascular disease. Protection occurred independently of lipid content in patient plasma, directly implicating inflammation in disease pathogenesis. As many current treatments focus on reducing lipids within the cardiovascular system, this study opens up potential avenues for the development of novel therapeutics [58]. Further analysis of the data from the CANTOS trial revealed a decrease in lung cancer incidence in those treated with canakinumab, suggesting IL-1 $\beta$  blockade may be a potential therapeutic [59]. Taken together, these studies and others suggest that the role of IL-1 in promoting or preventing disease is complex and context-specific. As maturation of IL-1 $\beta$ , but not IL-1 $\alpha$ , is directly dependent on inflammasome activation, the complexes themselves also present intriguing therapeutic targets.

### Conclusions

The delicate balance between defense and disease is one that has evolved into a fine-tuned network of signaling pathways and molecules. Infection triggers numerous cellular responses, such as IRF-dependent transcriptional activity [16\*,17\*\*], that contribute to inflammasome activation. Inflammasomes can be activated through direct binding of pathogenic ligands, such as the NLRP6 response to LTA [52\*], or through indirect mechanisms, such as the functional degradation of NLRP1b [28\*\*,29]. Activation of inflammasomes triggers a cleavage cascade, resulting in pyroptotic cell death. This signaling network coordinates a robust and sturdy defense against damage and pathogenic invaders, but aberrations in this response promote the development of inflammatory disease. Modulation of inflammasome activation is being explored in the treatment of various diseases, including cancer immunotherapy [57\*\*,58]. In summary, numerous advances have been made in recent years in our understanding of inflammasome regulation, as well as the therapeutic potential of inflammasome-mediated processes, with more exciting discoveries to come as the lines between defense and disease become more refined.

### Declaration of interests

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.



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