

**INTERNATIONAL SOCIETY FOR HEART AND LUNG TRANSPLANTATION  
(ISHLT)**

**BASIC SCIENCE & TRANSLATIONAL RESEARCH  
CORE COMPETENCY CURRICULUM  
(ISHLT BSTR CCC)**

**SECOND EDITION**

THE EDUCATIONAL WORKFORCE OF THE  
ISHLT BASIC SCIENCE & TRANSLATIONAL RESEARCH COUNCIL

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# I. INTRODUCTION AND OVERALL GOALS

The purpose of this compendium is to provide a Core Competency Curriculum in Basic Science and Translational Research (BSTR) as it relates to heart and lung failure and transplantation. This curriculum does not replace a textbook, but intends to provide an outline of essential topics in the field of BSTR as well as references and hyperlinks that should be considered for individual study to develop competencies in various aspects of BSTR. The ISHLT BSTR Academy will focus on core competencies in Basic Science and Translational Research and will fill gaps in practice by assisting clinicians in improving their understanding of the scientific background behind clinical practice, updating basic and translational researchers on recent discoveries, encouraging interaction between basic/translational researchers and clinicians, and stimulating discussion about common basic topics in the fields of heart versus lung failure and transplantation. The Educational Workforce of the ISHLT BSTR Council recognizes the role of BSTR in every discipline of the ISHLT and acknowledges the challenges of accommodating all disciplines in this BSTR Core Competency Curriculum. This compendium and the ISHLT BSTR Academy will therefore focus on basic concepts in immunology and molecular biology related to heart and lung transplantation. Future developments and addendums of this Curriculum may integrate other disciplines. We welcome constructive feedback to further develop the scope and accuracy.

## Educational Goals

The educational goals of this activity are to provide a concise review of basic concepts in transplant-related immunology and molecular biology, to define and promote the clinical relevance of BSTR related to heart and lung transplantation, and to encourage interaction between basic scientists, translational researchers, and clinicians via a networking opportunity.

## Learning Objectives

After completing this curriculum, participants will have improved competency and professional performance in their abilities to:

1. Understand basic concepts in transplant-related immunology and molecular biology;
2. Recognize key analytical techniques and models used in transplantation research;
3. Understand basic mechanisms of immunosuppression;
4. Recognize key contributions from basic research in transplantation that improved clinical outcomes in heart and lung transplantation;
5. Recognize how clinical questions may inspire basic research;
6. Enable effective communication between research scientists and clinicians and health care professionals.

## II. BASIC IMMUNOLOGY

### Learning Objectives for Basic Immunology:

- 1) Understand the principles of inflammation and the role of the complement system;
- 2) Describe the cells of the innate and adaptive immune system and their mode of action;
- 3) Distinguish between properties of innate immunity and adaptive immunity;
- 4) Understand how immune cells recognize antigens;
- 5) Understand the processes of cell-cell interaction and activation;
- 6) Describe the immunoregulatory mechanisms for the control of (self-)reactive cells;
- 7) Understand the concept of immunologic memory.

#### **1. Innate immunity**

- A. Inflammation
- B. Complement system
- C. Innate immunity cells
  - i. Macrophages
  - ii. Dendritic cells
  - iii. Natural killer cells
  - iv. Neutrophils
  - v. Mast cells
- D. Toll-like receptors (TLR)
  - i. Diversity
  - ii. Ligands
  - iii. Signalling

#### **2. Adaptive immunity**

- A. Adaptive immunity cells
  - i. T cells
  - ii. B cells
  - iii. NKT cells
- B. Cell-cell interaction
  - i. Co-stimulation
  - ii. Cytokines/chemokines
- C. Antigen recognition
  - i. T cells
    - a. T cell receptor
    - b. Major histocompatibility complex (MHC)

- ii. B cells
  - a. B cell receptor
  - b. Antibodies
- iii. NKT cell
  - a. CD1d molecule
- D. Cell activation/signalling
- E. Cell regulation
  - i. Anergy
  - ii. Deletion
  - iii. Ignorance
  - iv. Active suppression
- F. Naïve versus memory
- G. Cell death
  - i. Programmed cell death/apoptosis
  - ii. Necrosis

### Selected References:

#### **Textbooks**

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- Abbas AK et al. **Basic Immunology**. 4th edition, 2014. Elsevier Health Sciences. ISBN-10: 1455707074, ISBN-13: 9781455707072.
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- Kaech SM et al. **Effector and memory T-cell differentiation: implications for vaccine development.** Nat Rev Immunol, 2002. 2: 251.
- Fink SL et al. **Apoptosis, pyroptosis, and necrosis: mechanistic description of dead and dying eukaryotic cells.** Infect Immun, 2005. 73: 1907.

## Selected Hyperlinks:

### Posters

- **Innate immunity:** [http://www.nature.com/nri/posters/innate/nri0804\\_ii\\_poster.pdf](http://www.nature.com/nri/posters/innate/nri0804_ii_poster.pdf)
- **Dendritic cells:** [http://www.nature.com/nri/posters/dendriticcells/nri1107\\_dendriticcells\\_poster.pdf](http://www.nature.com/nri/posters/dendriticcells/nri1107_dendriticcells_poster.pdf)
- **NK cells:** [http://www.nature.com/nri/posters/nkcells/nri1012\\_nkcells\\_poster.pdf](http://www.nature.com/nri/posters/nkcells/nri1012_nkcells_poster.pdf)
- **T cell subsets:** [http://www.nature.com/nri/posters/tcellsubsets/nri1009\\_tcellsubsets\\_poster.pdf](http://www.nature.com/nri/posters/tcellsubsets/nri1009_tcellsubsets_poster.pdf)
- **B cell subsets:** <http://www.docstoc.com/docs/113396676/b-cell-poster>
- **Antigen processing:** [http://www.nature.com/nri/posters/antigenprocessing/nri0905\\_antigen\\_poster.pdf](http://www.nature.com/nri/posters/antigenprocessing/nri0905_antigen_poster.pdf)

### Videos

- **Complement system:** <http://www.youtube.com/watch?v=vbWYz9XDtLw>
- **Innate pathogen recognition:** <http://www.youtube.com/watch?v=gRKHeDzfh0Y&list=PL7D18C93964A61F67>
- **MHC class I processing:** <http://www.youtube.com/watch?v=vrFMWyJwGxw&list=PL7D18C93964A61F67>
- **MHC class II processing:** <http://www.youtube.com/watch?v=8JMVq7HF2Y&list=PL7D18C93964A61F67>
- **TCR-APC interaction:** [http://www.youtube.com/watch?v=Xt\\_y7f6Kivl&list=PL7D18C93964A61F67](http://www.youtube.com/watch?v=Xt_y7f6Kivl&list=PL7D18C93964A61F67)
- **Immunological synapse:** <http://www.youtube.com/watch?v=R4zuWO5krAw&list=PL7D18C93964A61F67>
- **Monoclonal and polyclonal antibodies:** <http://www.youtube.com/watch?v=I-QSlwyUly8>
- **Necrosis versus apoptosis:** [http://www.youtube.com/watch?v=4wPlw\\_Bdz7Q](http://www.youtube.com/watch?v=4wPlw_Bdz7Q)

### III. TRANSPLANT IMMUNOBIOLOGY

#### Learning Objectives for Transplant Immunology:

- 1) Define the mechanisms behind ischemia reperfusion injury;
- 2) Understand the concept of allorecognition;
- 3) Define the mechanistic differences and interactions between cellular and humoral, acute and chronic, rejection;
- 4) Recognize the basis for current controversies in the diagnosis and treatment of antibody-mediated rejection;
- 5) Describe major mechanisms of immunologic regulation and tolerance in transplantation.

#### 1. Ischemia reperfusion injury

##### A. Mechanisms

#### 2. Immune reactivity to alloantigens

##### A. Alloantigens

- i. ABO blood group system
- ii. HLA antigens and HLA antigen nomenclature
- iii. Non-HLA antigens

##### B. Mechanisms of allorecognition

- i. Direct
- ii. Indirect
- iii. Semi-direct
- iv. Role of intra-graft T cell activation and tertiary lymphoid organs

##### C. Antibody-mediated versus cellular rejection

- i. Critical concepts and controversies in detection and treatment of antibody-mediated and cellular rejection
- ii. Mechanisms of T cell-based rejection
- iii. Mechanisms of B cell-based / antibody-mediated rejection
- iv. Anti-HLA antibodies in rejection
  - ii. HLA antibody nomenclature
  - iii. HLA mismatch
  - iv. Eplet/epitope mismatch
- i. Auto-antibodies in rejection

##### B. Type of allograft rejection

- i. Hyperacute rejection
- ii. Acute rejection
- iii. Chronic rejection
  - a. Bronchiolitis obliterans syndrome (BOS) in lung transplantation and epithelial injury
  - b. Chronic allograft vasculopathy (CAV) in heart transplantation and endothelial injury
  - c. Fibrosis pathways

### **3. Immune regulation of alloantigen response**

#### A. Mechanisms of immune regulation

- i. Deletion
- ii. Active suppression by regulatory cells
  - a. Regulatory T cells
  - b. Regulatory B cells
  - c. Regulatory macrophages
  - d. Tolerogenic dendritic cells
  - e. Myeloid-derived suppressor cells
  - f. Stem cells
  - g. NK cells

#### B. Definition of tolerance

#### C. Definition and possible mechanisms of accommodation

### **4. Immunity against infectious agents**

#### A. Host-defense during post-transplant infections

- i. Colonization versus infection
- ii. Bacterial (e.g. Pseudomonas)
- iii. Mycobacterial
- iv. Fungal (e.g. Aspergillus)
- v. Viral
  - a. Latent (e.g. CMV, HSV)
  - b. Community acquired respiratory viruses

#### B. Effect of infections on alloreactivity, rejection, and outcomes

### **5. Microbiome and its interaction with the immune system**

#### A. Bacterial microbiome

#### B. Virome

#### C. Fungome

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### Selected Hyperlinks:

#### Posters

- **Regulatory T cells:** <http://www.nature.com/nri/posters/tregcells/index.html>
- **Myeloid-derived suppressor cells:** [http://www.nature.com/nri/posters/mdscs/nri1005\\_mdscs\\_poster.pdf](http://www.nature.com/nri/posters/mdscs/nri1005_mdscs_poster.pdf)

#### Videos

- **Transplant immunology and rejection: Fundamentals.** <https://www.youtube.com/watch?v=F9UWVSZ0E4g>
- **Memory cells and rejection: Improving transplant results.** By Dr. Alan Kirk at Emory. <https://www.youtube.com/watch?v=Ut5Q4XnZtnE>

## IV. IMMUNOSUPPRESSION AND IMMUNOMODULATION

### Learning Objectives for Immunosuppression:

- 1) Review the history of immunosuppression in heart and lung transplantation;
- 2) Recognize major categories of immunosuppressive agents used in heart and lung transplantation;
- 3) Describe the mode of action of immunosuppressive agents;
- 4) Discuss novel targets in immunosuppression and novel pathways and drugs in the pipeline;
- 5) Understand the principle of cell-based strategies to induce transplant tolerance.

#### **1. Overview of immunosuppressive agents and their mode of action**

##### A. Current immunosuppressive agents

- i. Calcineurin inhibitors
- ii. Cell-cycle inhibitors
- iii. Target-of-Rapamycin inhibitors
- iv. Steroid agents
- v. Monoclonal and polyclonal antibodies
- vi. Other agents

##### B. Novel immunosuppressive agents (in experimental use only)

#### **2. Systemic mechanical immunosuppression**

##### A. Total body irradiation

##### B. Total lymphoid irradiation

##### C. Plasmapheresis, immunoabsorption and photopheresis

##### D. Other

- i. Splenectomy
- ii. Thymectomy
- iii. Non-mainstream techniques

#### **3. Cellular therapy**

##### A. T cells

- i. Regulatory T cells
- ii. Car-T cells

##### B. Regulatory B cells

##### C. Regulatory macrophages

##### D. Tolerogenic dendritic cells

##### E. Myeloid-derived suppressor cells

F. Stem cells and progenitor cells

- i. Multipotent stem cells
- ii. Pluripotent stem cells
  - a. Embryonic stem cells
  - b. Induced pluripotent stem (iPS) cells
- iii. Progenitor cells

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#### Selected Hyperlinks:

- **Generic Drug Immunosuppression in Thoracic Transplantation: An ISHLT Educational Advisory:**  
[https://www.isHLT.org/ContentDocuments/JHLT\\_July2009\\_Generic\\_Concensus\\_Statement.pdf](https://www.isHLT.org/ContentDocuments/JHLT_July2009_Generic_Concensus_Statement.pdf)

## V. RESEARCH MODELS, ASSAYS, AND TECHNOLOGIES

### Learning Objectives for Research Models and Clinical Assays:

- 1) Review the different pre-clinical animal models in transplantation research;
- 2) Understand the role of animal models to answer specific transplant-related questions;
- 3) Discuss the advantages and disadvantages of pre-clinical animal models;
- 4) Describe major sources of human samples for translational research;
- 5) Understand key lab techniques to measure innate and adaptive immune responses and to monitor transplant recipients;
- 6) Recognize imaging techniques used to analyze organ function, cell survival and lymphocyte trafficking.

#### 1. Pre-clinical models

##### A. Animal models – the pros and cons

- i. Murine
- ii. Pig
- iii. Primate
- iv. Ex-vivo conditioned organs

##### B. Diversity in models

- i. Transgenic models
  - a. Green Fluorescence Protein (GFP) models
  - b. Firefly luciferase (fluc) models
  - c. Other
- ii. Knock-out/in models
- iii. Humanized models

##### D. Key models of rejection in lung and heart Tx

#### 2. Samples for translational and clinical science

##### A. Human samples

- i. Blood, serum, plasma
- ii. Lung and heart tissue (biopsies)
- iii. Bronchoalveolar lavage (BAL): supernatant vs. cells
- iv. Explanted allografts (autopsy, retransplant)
- v. Explanted thymuses
- vi. Donor or recipient lymph nodes

##### B. Sample processing to answer specific research questions

- i. Centrifugation
- ii. Filtration

- iii. Preservation agents
- iv. Cryopreservation
- v. Biobanking

### 3. Key analytical techniques

#### A. Protein analysis

- i. Flow cytometry
  - a. Cell characterization
  - b. Antibody titres
  - c. Cell surface proteins
  - d. Intracellular proteins
- ii. Multiplex
- iii. Luminex
- iv. ELISA
- v. ELispot
- vi. Western Blot
- vii. Immunohistochemistry and immunofluorescence
- viii. Proteomics

#### B. DNA analysis

- i. Genomic PCR
- ii. DNA degradation

#### C. Gene expression analysis / transcriptomics

- i. Real-Time PCR
- ii. Gene expression arrays (microarrays)
- iii. Single-cell RNA sequencing
- iv. Epigenetics

#### D. MicroRNA analysis

#### E. Cellular Functional Assays

- i. MLR
- ii. CTL
- iii. Other

#### F. Histopathology

- i. Stains: Hematoxylin-Eosin, Masson Trichrome, PAS, EVG, others
- ii. ISHLT grading or rejection

iii. Immunostaining/immunofluorescence

G. Imaging

- i. Echo
- ii. Molecular Imaging
- iii. Bioluminescence imaging (BLI)
- iv. Coronary imaging
- v. Chest imaging
- vi. microCT

H. Novel technologies

**4. Novel technologies for improved diagnostics**

A. Biomarkers of rejection

B. Molecular microscope

C. Blood gene expression signatures

D. Graft-derived gene expression signatures

E. MicroRNA analysis

F. Circulating donor cell-free DNA

G. Intra-graft immune cell analyses

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## Selected Hyperlinks:

### Web pages:

- **The use of animal models to study genetic disease:** <http://www.nature.com/scitable/topicpage/the-use-of-animal-models-in-studying-855>
- **Transgenic mouse models of human disease:** <http://labs.medicine.ucsf.edu/chrislau/GFP.html>
- **What is PCR:** <http://www.genome.gov/10000207>
- **Guidelines for optimizing PCR – DNA analysis:** <http://www.agtsequencing.com/Articles/PCROptimize1.pdf>
- **Real-time PCR tutorial:** <http://pathmicro.med.sc.edu/pcr/realtime-home.htm>
- **ELISA:** <http://www.bio.davidson.edu/genomics/method/ELISA.html>
- **Western blotting:** <http://www.piercenet.com/method/overview-western-blotting>

### Videos:

- **DNA microarrays:** <http://www.youtube.com/watch?v=VNstHmNjKhM>
- **DNA microarrays:** <http://www.youtube.com/watch?v=9U-9mlOzoZ8>
- **Epigenetics overview:** [http://www.youtube.com/watch?v=Tj\\_6DcUTRnM](http://www.youtube.com/watch?v=Tj_6DcUTRnM)
- **Development of Obliterative Bronchiolitis in a Murine Model of Orthotopic Lung Transplantation:** <http://www.jove.com/video/3947/development-obliterative-bronchiolitis-murine-model-orthotopic-lung>