

IL-6 Signaling and Pathway Activation: Key Contributors to Manifestations in RA¹⁻³

Systemic manifestations

Pain²

Fatigue²

Cardiovascular effects⁴⁻⁶

Bone resorption³

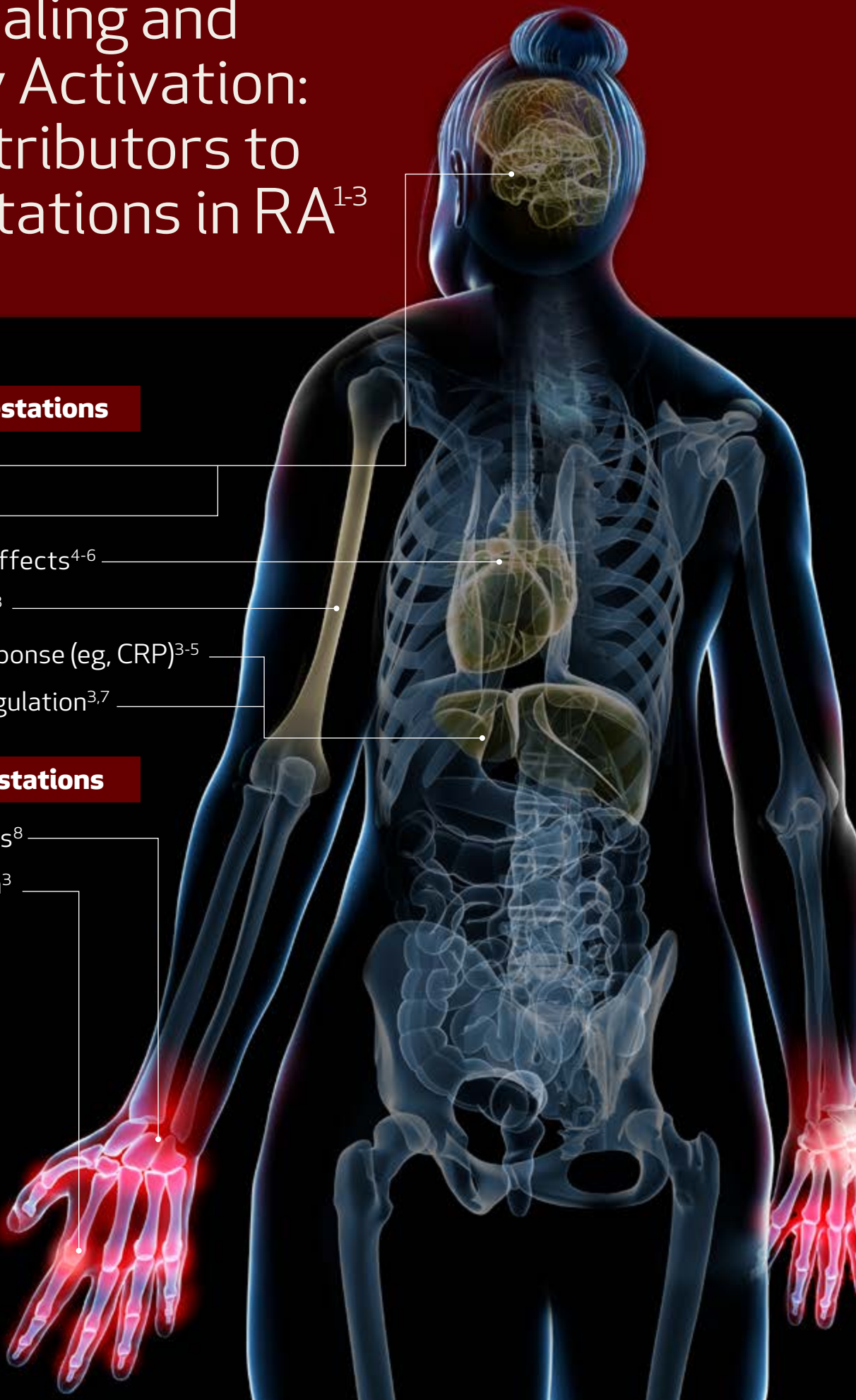
Acute-phase response (eg, CRP)³⁻⁵

Metabolic dysregulation^{3,7}

Articular manifestations

Morning stiffness⁸

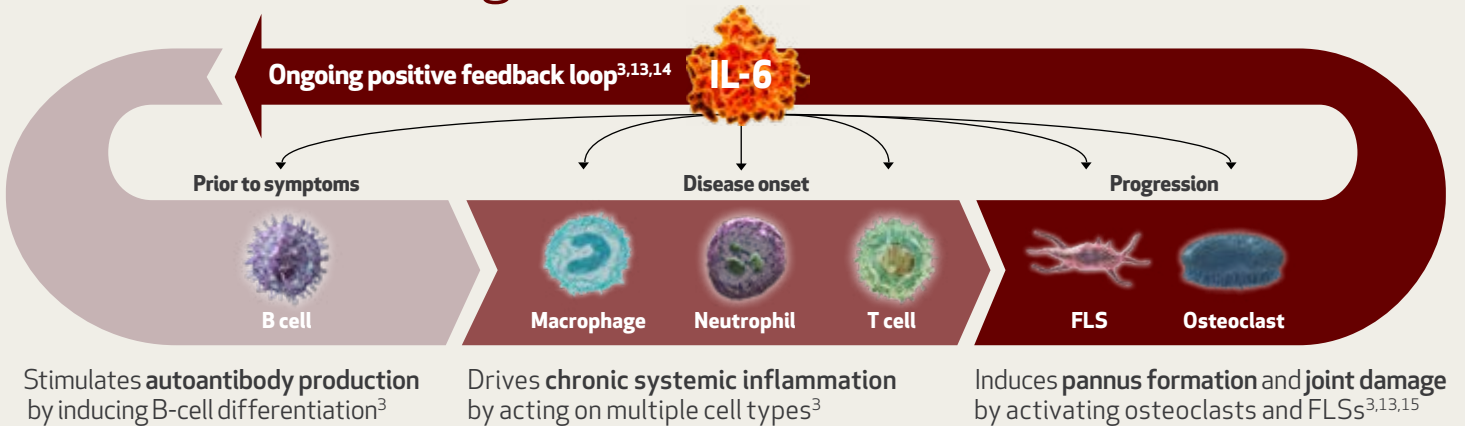
Joint destruction³



Serum levels of IL-6 can be up to 10x higher in patients with RA vs healthy controls^{9,10}

• IL-6 levels are highest in the early morning—correlating with the peak of joint pain and stiffness^{8,11,12}

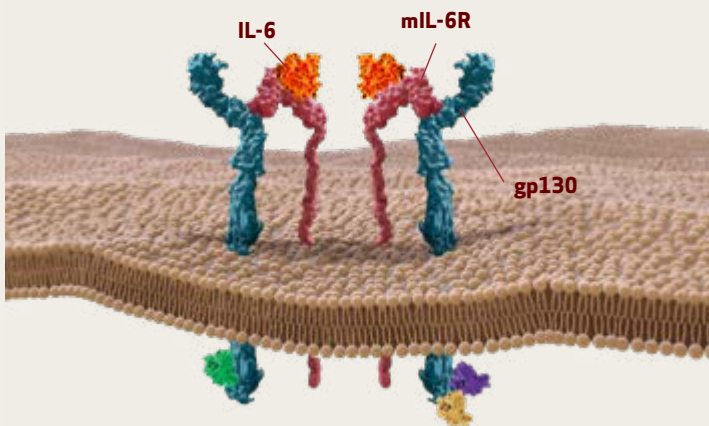
Elevated IL-6 stimulates multiple cellular processes throughout the course of RA^{3,13}



The unique dual-signaling mechanism of IL-6 allows for widespread biological effects^{2,7,16-18}

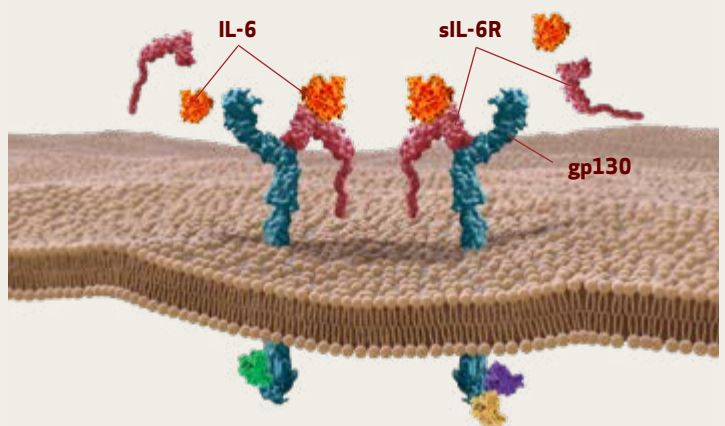
Cis-signaling^{1,3,7,19}:

IL-6 binds with membrane-bound IL-6 receptors (mIL-6Rs)
Limited to cells expressing mIL-6R
(eg, hepatocytes and some leukocytes)



Trans-signaling^{2,3,20}:

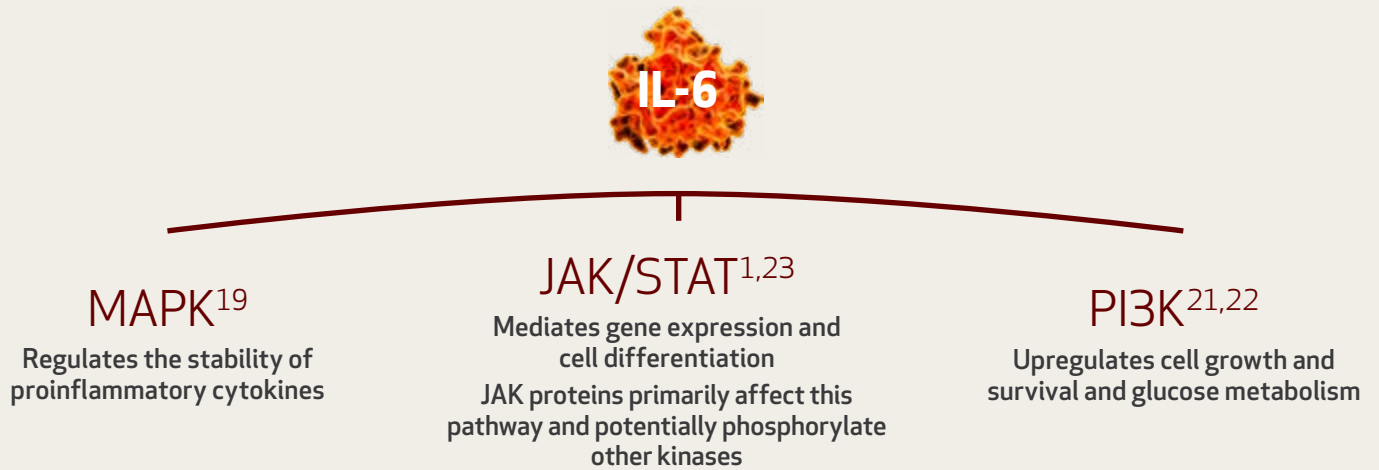
IL-6 binds with soluble IL-6 receptors (sIL-6Rs)
Enables interaction with all cells expressing gp130
(eg, osteoclasts, synoviocytes, neural cells)



The ubiquitous expression of gp130 allows IL-6 to act directly on almost all cell types^{2,3,18}

IL-6 activates 3 distinct downstream signaling pathways —each with unique functions in RA^{1,19,21-23}

- The interaction of IL-6 receptors with gp130 creates a functional signaling complex that then activates JAK proteins, initiating downstream signaling cascades^{1,17,19}

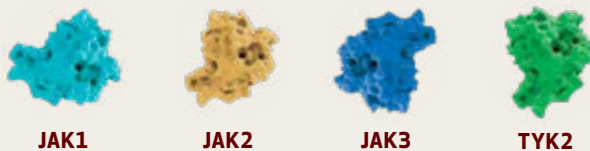


IL-6 and other mediators have distinct actions and effects in cell signaling and pathway activation^{1,18,23-27}

Effects of IL-6 and JAK proteins



- IL-6 signals through its **specific receptor** (IL-6R), promoting proinflammatory functions^{1,18}



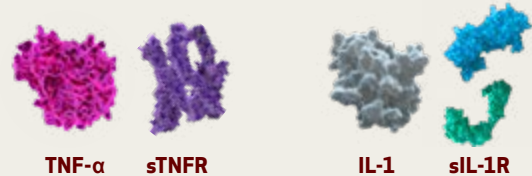
Other physiological functions

- JAK proteins mediate signaling of **many receptors** involved in both proinflammatory functions and other physiological functions—and therefore can have nonspecific downstream effects^{23,25}

Effects of IL-6, TNF- α , and IL-1



- The binding of IL-6 with its soluble receptor forms a **functional** complex that **activates** downstream proinflammatory signaling^{1,24}



Inhibit signaling

- Both TNF- α and IL-1 form **nonfunctional** complexes with their soluble receptors that **inhibit** proinflammatory signaling^{24,26,27}

Elevated IL-6 is a key driver of many systemic manifestations of RA that can impact patient quality of life^{2,3,28}



Bone

- Favors osteoclast over osteoblast function, promoting **bone resorption** that may manifest as **articular and systemic bone loss**^{3,7}



CNS

- Mediates **pain** through action on the nociceptive system²
- Contributes to **fatigue** and affects **mood** by activating the HPA axis²
- Has been linked to **sleep disruption**^{2,29,30}



Cardiovascular

- Contributes to **plaque development** and is associated with **atherogenesis** and **hypertension**^{6,31-34}



Liver

- Increases expression of **CRP** and **hepcidin**, proteins that are key to the **acute-phase response**³



Adipose tissue

- Affects metabolism, thereby contributing to metabolic dysregulation that may manifest as **dyslipidemia** and **insulin sensitivity**³⁻⁵

Systemic manifestations of RA such as pain, fatigue, poor sleep, and effects on mood impact a significant proportion of patients with RA and are often ranked among their top concerns^{2,35}

Abbreviations: CNS, central nervous system; CRP, C-reactive protein; FLS, fibroblast-like synoviocyte; gp130, glycoprotein 130; HPA, hypothalamic-pituitary-adrenal axis; IL-1, interleukin-1; IL-6, interleukin-6; IL-6R, IL-6 receptor; JAK, Janus kinase; MAPK, mitogen-activated protein kinase; mIL-6R, membrane-bound IL-6 receptor; PI3K, phosphoinositide-3 kinase; RA, rheumatoid arthritis; sIL-6R, soluble IL-6 receptor; STAT, signal transducer and activator of transcription; sTNFR, soluble tumor necrosis factor receptor; TNF- α , tumor necrosis factor α ; TYK, tyrosine kinase.

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