

Introduction

Alagille syndrome (OMIM 118450; ALGS) is a multisystemic pediatric genetic disorder characterized by bile duct paucity and multiple associated symptoms present with different penetrance [1,2]. It is in majority of cases (~94%) caused by a mutation in Notch pathway ligand JAGGED1 (JAG1) [3–5], and to lesser extent by the NOTCH2 [4]. Chronic liver diseases are a key risk factor of hepatocellular carcinoma (HCC), fueling the required preceding steps of chronic hepatitis, fibrosis and cirrhosis, and a Notch "ON" signature was found in ~30% of HCC patients [6]. The role of JAG1 in these processes is unclear, only 56% of patients with ALGS and HCC had underlying fibrosis [7].

Interestingly, fibrosis in ALGS, when present, is atypical, with a perisinusoidal and/or pericellular "chicken-wire" appearance, rather than bridging fibrosis [8], suggesting the inflammation-fibrosis-cirrhosis-HCC axis is disrupted in ALGS. Further, only approximately 12-14% of Alagille patients develop cirrhosis, but only <1% HCC [7], or if the loss of functional JAGGED1 confer some protection against HCC. Notch regulates liver and immune system development, and immune system is compromised in patients with ALGS [9], but how these interact in ALGS is unknown.

Aim

Investigate the effects of Jag1 hypomorphism on the immune system, fibrosis, and liver disease progression.

Method

Mice - Jag1^{+/Ndr} mice were outbred to a C3H/C57bl6 background to produce a model for ALGS, dissociated liver tissue from P3 pups was used both for sc-RNA-seq and FACS analysis. Bulk and Single-cell RNA sequencing using Chromium 10x platform and analysis in Seurat packages following the ScTransform and Anchoring pipelines [11].

25-colour flow cytometry analysis on BD FACSymphony cytometer was followed by highdimensional post-processing using UMAP and PhenoGraph.

Adaptive immune cell transfer followed by recovery model of Dextran Sodium Sulphate (DSS)induced chronic ulcerative colitis; experimentally-induced cholestasis: (i) 3,5diethoxycarbonyl-1,4-dihydrocollidine (DDC)-induced primary sclerosing cholangitis, and (ii) bile duct ligation (**BDL**), a surgically-induced obstructive cholestasis.

Conclusions

Jag1 regulates hepatocyte differentiation, immune cell development and competence, and Jag1^{Ndr/Ndr} lymphocytes specifically inhibit biliary damage-induced periportal fibrosis, providing a mechanistic explanation of atypical fibrosis in ALGS. Transcriptomic analyses corroborate dampened inflammation, fibrosis and cirrhosis in patients with ALGS, as well as a low liver cancer signature compared to other liver diseases. In conclusion, Jag1 regulates immune system interaction with liver injury to modulate fibrosis in an insult-specific manner.



Immune cell incompetence and hepatocyte differentiation defects explain mild fibrosis in a model of Alagille syndrome

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Jag1^{Ndr/Ndr} mice display pericellular fibrosis and are protected from developing HCC. (A,A') Representative spontaneous Jag1^{+/+} liver tumor and a tumor-free Jag1^{Ndr/Ndr} liver, with quantification of liver tumor prevalence in Jag1^{+/+} and Jag1^{Ndr/Ndr} C3H/C57bl6 males. (B) CTNNB1, HNF4a and DAPI staining of non-tumor and tumor liver tissue of >1y old Jag1^{+/+} mice. Arrowheads indicate nuclei, and arrows indicate cytoplasmic CTNNB1 staining in the tumor. (C) H&E and Sirius red staining at P10 in Jag1^{+/+} and Jag^{Ndr/Ndr} livers. Black arrowheads indicate pericellular and perisinusoidal fibrosis, white arrowheads fibrosis



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