

#### BIOL 342 Hemostasis and Thrombosis September 16, 2021

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## Hemostasis and Thrombosis Learning Objectives

# I: Background

- Blood
- Vessels
- Flow

# **II: Disorders**

- Hemostatic disorders
- Thrombotic disorders



### Definitions

- Hemostasis: maintaining blood as a liquid until an injury requires clot formation
- Clotting at inappropriate sites (<u>thrombosis</u>) or migration of clots (<u>embolism</u>) obstructs blood flow to tissues and leads to cell death (<u>infarction</u>).
- Hemorrhage: inability to clot after vascular injury
  - » Local bleeding can compromise regional tissue perfusion
  - » More extensive hemorrhage can result in hypotension and death

## The Components: Virchow's Triad (1856)

# Blood

- » Circulating clotting factors
- » Cells
  - Platelets
  - Leukocytes (white blood cells)
  - Erythrocytes (red blood cells)

# Vasculature

- » Endothelium
- » Subendothelium

### Flow





# Blood



Wolberg et al (2011) Anasth Analg



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		Diameter	Relative Scale	
	Fibrinogen	50 nm	1	
$\bigcirc$	Platelet	1 µm	20	
	WBC, RBC	5-9 µm	150	
	Capillary	5-8 µm	150	
	Artery	0.02-10 mm	200,000	



# **Blood:** Platelets



### **Platelets**



- Disc-shaped, anucleate
- Smallest of the blood cells
- Produced in bone marrow from megakaryocytes
- Lifetime ~7-14 days in blood
- Normal =  $150-400 \times 10^{9}/L$
- Play major roles in hemostasis:
  - Mechanically plug wound
  - Support blood clotting







#### Resting Platelet

- Designed to circulate
- Granule contents sequestered

#### Activated Platelet

- Designated to stick & promote coagulation
- Major reorganization of cytoskeleton
- Receptors are expressed on surface and armed to promote cellular interactions
- Negatively charged phospholipids exposed

### **Formation of a Platelet-rich Thrombus**



1. initial adhesion (tethering)

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2. activation

3. firm adhesion and thrombus growth

Slide from Dr. Bergmeier

# **Platelet Actions during Clot Formation**

- Platelet activation is a 3-step process:
  - » Adhesion: Platelets attracted to material in subendothelial matrix
    - Enhanced by vWF, adheres to platelet membrane glycoprotein lb (GPlb), fibrinogen binds to platelet integrin GPIIb/IIIa (αIIbβ3)
  - » <u>Secretion</u>: Stimulated platelets secrete materials from alpha and dense granules ("release reaction")
    - platelet surface becomes receptive to coagulation factor binding
  - » <u>Aggregation</u>: Thrombin, thromboxane A<sub>2</sub>, ADP stimulate/recruit more platelets
    - GPIIb/IIIa ( $\alpha_{IIb}\beta_3$ ) promotes platelet aggregation, mostly via fibrinogen
- Platelets plug the vascular hole, support fibrin formation, prevent blood loss

# **Platelets: Vascular First Aid Kits**

#### Alpha-Granules

Platelet membrane proteins: P-selectin

Adhesive proteins:

vWF, thrombospondin-1, multimerin, fibrinogen, fibronectin, vitronectin

Coagulation Factors/Proteins: fibrinogen, factor V, VIII, IX, PAI-1

Chemokines/Modulators of wound healing/angiogenesis: PF4, TGF $\beta$ , PDGF

Soluble proteins: from plasma (albumin, IgG, etc.) or made by megakaryocytes

#### **Dense Granules**

Substances that activate platelets: serotonin, ADP, epinephrine

Other nucleotides: GTP, ATP

Membrane proteins: CD63, P-selectin, others

Calcium, magnesium, phosphorous, pyrophosphate, polyphosphate

Lysosomes Enzymes CD63

## ...designed to activate at a moment's notice

Adapted from Catherine Hayward Smith et al (2006) PNAS 103:903; Smith et al (2008) Blood 112:2810



# **Blood:** Soluble Coagulation Proteins



### **Proteins Involved in Coagulation**

- Coagulation factors are plasma proteins synthesized primarily in the <u>liver</u>, except:
  - » vWF, FVIII (endothelial cells and megakaryocytes)
  - » Factor XIII (A-subunit in cells of megakaryocyte origin, B-subunit in liver)
- Designated by Roman numerals in order of discovery

Madeira et al (2009) Blood 113: 5364-5

## **Blood Coagulation Factors**

#### Fibrinogen

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- II Prothrombin
- III Tissue thromboplastin (tissue factor)
- IV Calcium
- V Labile Factor, Proaccelerin
- VI
- VII Stable Factor, Proconvertin
- VIII Antihemophilic factor
- IX Christmas factor
- X Stuart factor
- XI Antihemophilic factor C
- XII Hageman factor
- XIII Fibrin stabilizing factor



Rufus and Ella Stuart in 1975 JB Graham (1988) NC Med J 49(6):328-331



# **Blood Coagulation Factors**

- Zymogens/active enzymes:
  - » Serine proteases (II, VII, IX, X, XI, XII)
  - » Transglutaminase (XIII)
- Cofactors
  - » V, VIII, TF, vWF
- Non-protein cofactors
  - » Calcium and phospholipids
- Fibrinogen
  - » Converted to fibrin by thrombin

# **Coagulation Cascade**

- "cascade" or "waterfall"
- Historically divided into two pathways:
  - » Intrinsic pathway FXII contacts thrombogenic surface
  - » Extrinsic pathway Blood exposure to tissue factor (TF)
- Thrombin generation is the most important step in clot formation and its subsequent stabilization
- Result: <u>thrombin</u> converts soluble <u>fibrinogen</u> into insoluble, polymerized <u>fibrin</u>



Davie and Ratnoff (1964) Science; Macfarlane (1964) Nature

## **Historical Coagulation Cascade**



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 Series of regulated proteolytic reactions leading to conversion of fibrinogen to fibrin and formation of a stable clot

Why?
Amplification
Control



#### Did you know...

There is enough clotting *potential* in 1 mL of blood to clot all the fibrinogen in the body.



# Vasculature





#### Vasculature

- Designed for smooth movement of blood from heart to tissues to heart
- Arteries: High flow; Large, elastic/muscular vessels control distribution of blood
- <u>Capillaries</u>: Very low flow; Small (essentially endothelial cells + pericytes); allow exchange of nutrients, O<sub>2</sub>
- Veins: Low flow; Return blood to heart; Help control blood volume; Valves prevent backflow

## **Endothelium - Multiple Functions**

#### **Procoagulant Activities**

- Pro-platelet:
  - » Produces and stores vWF, releases vWF during endothelial activation, which recruits platelets to wound site
- Procoagulant:
  - » Triggers clotting via tissue factor expression? (controversial)
- Anti-fibrinolytic:
  - » Suppresses fibrinolysis by secreting plasminogen activator inhibitors (PAIs)

#### **Antithrombotic Activities**

- Anti-platelet:
  - » ADPase inhibits platelet aggregation
- Anticoagulant:
  - » Inhibits initiation of coagulation (Tissue Factor Pathway Inhibitor)
  - » Inhibits coagulation with heparin sulfate proteoglycans that support anticoagulant activity of **antithrombin**
  - » Down-regulates coagulation with thrombomodulin that activates protein C system
  - » Separates blood component from collagen and TF expressing cells
- Fibrinolytic:
  - » tPA activates plasminogen to plasmin, which lyses fibrin



## **Envelope Theory – hemostatic TF**

#### **Blood Vessel**





Skin

#### Drake et al AJP 1989



# Formation and Lysis of a Clot



Mackman, ATVB. 2005

# **Endogenous Inhibitors of Blood Coagulation**

#### **Antithrombin:**

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- Inhibits serine protease coagulation factors
- Mainly targets factor Xa and thrombin
- Activity is increased by heparin and heparin-like molecules on the endothelial surface



## Endogenous Inhibitors of Blood Coagulation Protein C System:

- Thrombin binds to thrombomodulin on endothelial cells
- Thrombin/thrombomodulin complex converts protein C to activated protein C (APC)
- Activated protein C inactivates cofactors Va and VIIIa by proteolysis

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APC activity is enhanced by protein S



### **Endogenous Inhibitors of Blood Coagulation**

#### Fibrinolysis:

- <u>Tissue plasminogen activator</u> (tPA) and <u>urokinase</u> (uPA)
  - Produced in endothelial cells and leukocytes
  - Convert plasminogen into plasmin



- Plasmin degrades fibrin into small fragments (D-dimer)
- tPA, uPA are inhibited by plasminogen activator inhibitor-1 (PAI-1)
- Plasmin is inhibited by  $\alpha$ 2-antiplasmin ( $\alpha$ 2-PI)



# Flow



## **Flow (Shear) Influences Clotting**

#### Blood flow

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- » supplies procoagulants
- » promotes cell adhesion
- » removes products

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- » dictates local thrombin concentration
- » produces anisotropic fibrin





Campbell, Aleman et al (2010) Thromb Haem



# Fitting it all together...



## Primary hemostasis: Interactions of vessel wall (endothelial and subendothelial cells) and <u>platelets</u> to form initial hemostatic plug

Secondary hemostasis: Process of blood coagulation involving enzymes and cofactors





# **Bleeding Disorders: Hemophilia**

Reduced factor VIII (Hemophilia A) or factor IX (Hemophilia B) or reduced factor XI (Hemophilia C)

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- Symptoms: deep muscle and joint hemorrhage, hematomas, posttraumatic bleeding, intracranial bleeding
- Hemarthroses, synovial hypertrophy, erosion of joint cartilage and bone
- Hemorrhage can be severe and lifethreatening
- Treatment by clotting factor replacement or bypassing therapies



Haemophilia A: gross swelling due to acute haemarthroses of the knee joints.



Haemophilia A: acute haemarthrosis of the left knee joint, with swelling of the suprapatellar area. There is wasting of the quadriceps muscles, particularly on the right







### Thrombosis

- Thrombosis: pathological process in which clotting is activated inside a blood vessel
- Rudolph Virchow (1856)
- Abnormalities in:
  - Blood composition
  - Vasculature
  - Blood flow





Fig 1. Rudolf Virchow, 1902, the year of his death at the age of 81 (Adapted from: http://commons.wikimedia.org/wiki/Image: Grab\_rudolf\_Virchow.jpg).

Bagot and Arya (2008) Brit J Haem 143:180-90; Wolberg et al (2012) Anesth Analges 114:275; Wolberg et al (2015) Nat Rev Dis Pri 1:15006



#### **Arterial thrombosis**



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- Most common cause of death in Western industrialized countries
- Associated with vascular injury and altered flow, most commonly secondary to atherosclerosis
- White thrombus" reflects high platelet content

### **Venous thrombosis**





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#### UNC Formation of a Deep Vein Thrombus

#### Red clot (RBC-rich, fibrin-rich)





Bovill Ann Rev Physiol 2011; Moll and Mackman ATVB 2008

#### DICINE **Composition of Clots in Arteries and Veins Arterial Thrombosis Venous Thrombosis** (white clot) (red clot) Fibrin Plt Plt Plt Plt Plt **RBC** Plt **Fibrin-rich Platelet-rich** Anti-platelet drugs Anti-coagulant drugs Anti-coagulant drugs Anti-platelet drugs





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- 1. Smoking
- 2. Overweight
- 3. High cholesterol
- 4. High blood
  - pressure
- 5. Diabetes

Vein Clots

- 1. Immobility
- 2. Overweight
- 3. Surgery, trauma
- 4. Estrogens, pregnancy
- 5. Cancer
- 6. Clotting disorders

(= thrombophilia)



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#### Treatment

- Treatment and prevention of thrombosis differs depending on whether it involves arterial or venous circulation
- Fibrinolytic enzymes (e.g. tPA) used to treat acute thrombosis in both <u>arteries and veins</u>
- Anti-platelet drugs (e.g. aspirin) used to prevent <u>arterial</u> <u>thrombosis</u>
- Anticoagulant drugs ("blood thinners", e.g. heparin, warfarin) used to prevent <u>venous thrombosis</u>

## Existing & Emerging Anticoagulant Drugs



Nature Reviews | Disease Primers

Wolberg et al (2015) Venous thrombosis. Nat Rev Dis Primers





### **Take Home Messages**

- Hemostasis is the physiological balance between bleeding and clotting
- Blood coagulation involves contributions from the blood cells and plasma proteins, the vasculature, and the flow of blood in the vessels
  - Each of these is designed to be anticoagulant in the resting state and activation induces a procoagulant state
- Arterial thrombosis relies on platelets whereas venous thrombosis relies on coagulation proteins