



Traumatic Brain Injury and Neuroinflammation

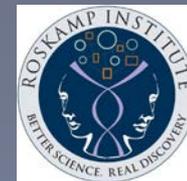
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Sarasota, Florida

NAS, DC

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Consequences of TBI

- Major cause of death and disability
- Physical disabilities
- Neurological deficits
- Visual Dysfunction
- Memory problems
 - Learning disabilities
 - Personality changes
- ²● Military and Civilian relevance



TBI



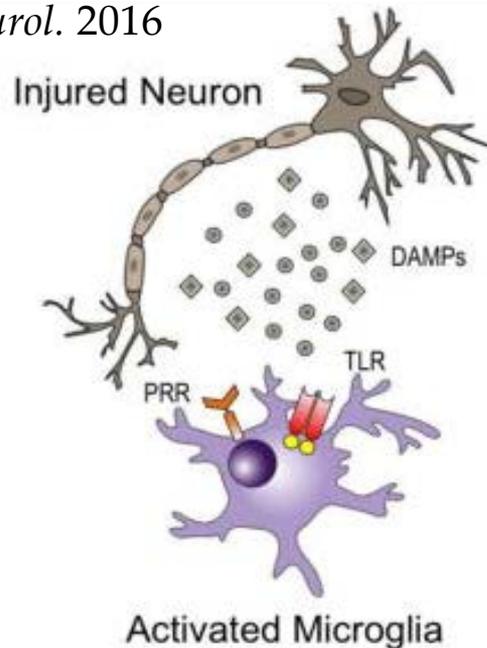
- Complex multi-modal disease process
- Structural and functional damage
- Primary Injury:
 - Immediate mechanical damage – neuronal/ glial damage, contusion, hemorrhage, axonal shearing
- Secondary Injury:
 - Cascades of molecular events – calcium homeostasis, glutamate excitotoxicity, mitochondrial dysfunction, free radical generation, apoptosis, neuroinflammation



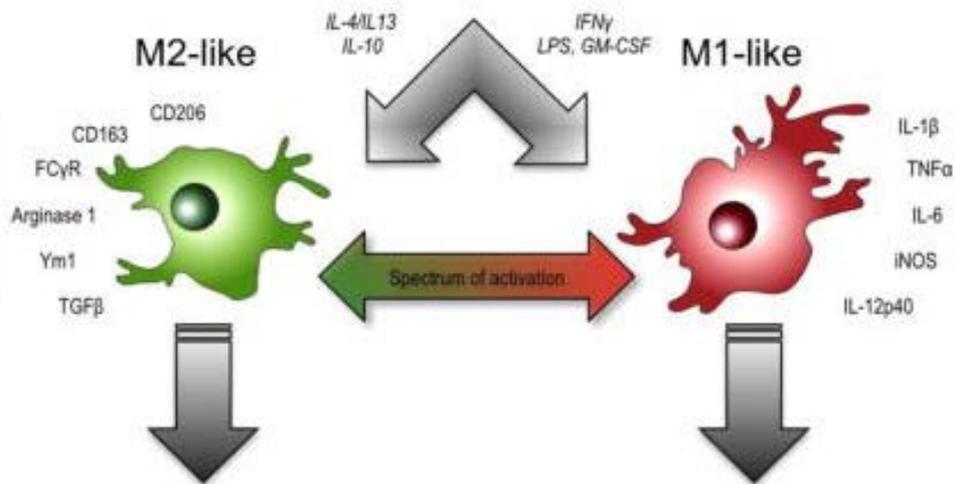
TBI



- Innate and adaptive immune responses
- Cytokines – IL1B, TNFa, IL18.....
- Chemokines – migration of neutrophils, attraction of monocytes/macrophages, recruitment of T-lymphocytes
- Activated macrophages and/or microglia
 - Multiple activation phenotypes
 - “M1-like vs M2-like”



- ↑ Neurotrophic factors
- ↑ Anti-inflammatory cytokines
- ↑ Protease secretion
- ↑ Phagocytosis

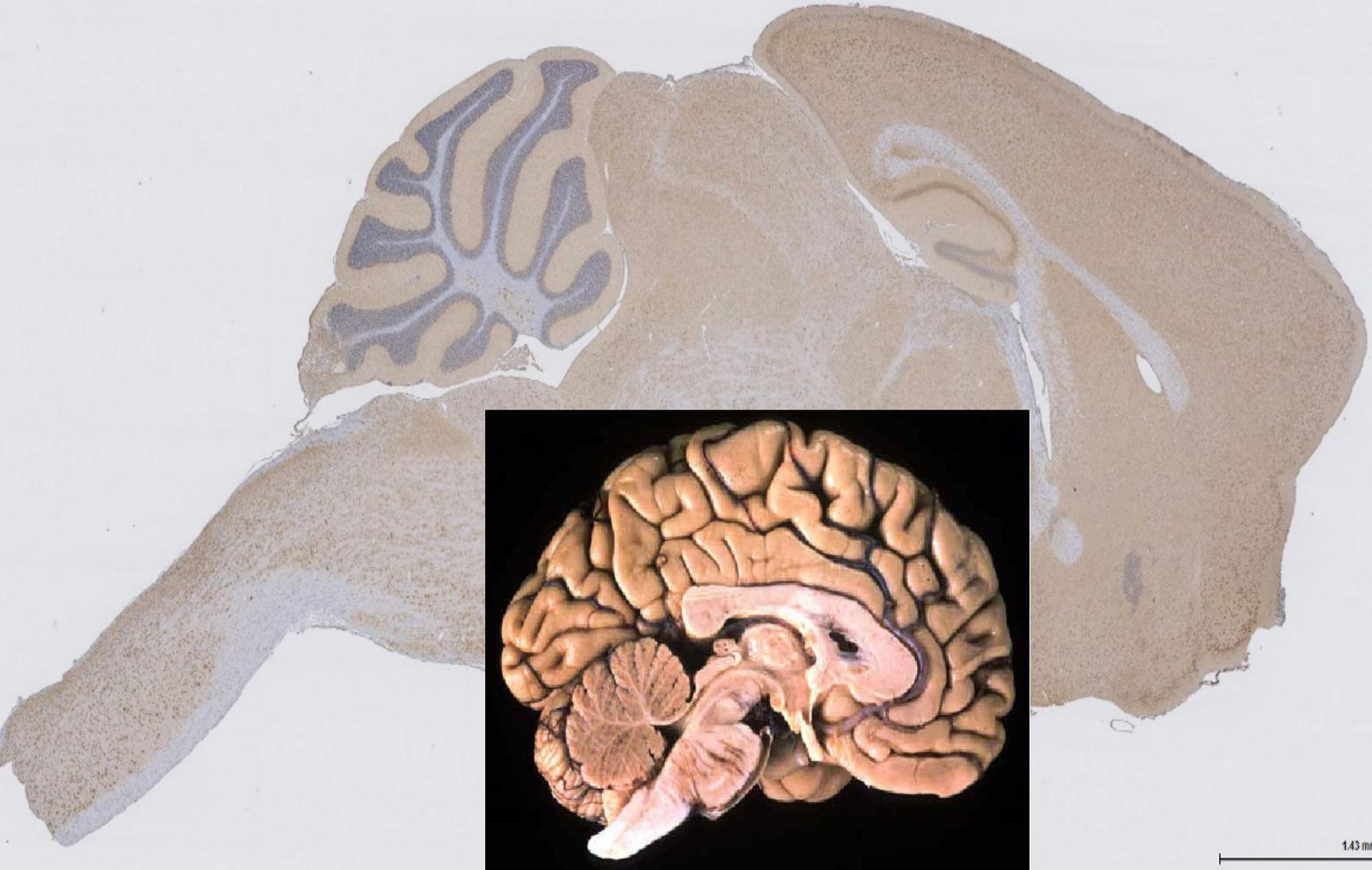


- ↑ Pro-inflammatory cytokines
- ↑ Chemokines
- ↑ ROS/RNS

- Resolution of inflammation
- Clearance of debris
- CNS remodeling and neural repair
- Neurogenesis and angiogenesis
- Oligodendrogenesis and remyelination

- Chronic neuroinflammation
- Oxidative stress
- Neuronal dysfunction

Pathology: Mouse and Man





TBI models used at Roskamp



- CCI model of TBI in APP^{sw} mouse model of Alzheimer's Disease (22mo old; moderate injury; 1 month timepoint), genomic analyses – significant differences in immune/inflammatory/cell death gene expression
- CCI in APOE transgenic mice (10mo; moderate injury; 1 month timepoint), genomic studies – significantly greater overall response in E3 versus E4 mice – immune/inflammatory/lipid
- CCI in APOE3 and APOE4 proteomic analyses (7mo old; moderate and severe injury; 24hr/1month/3month timepoints) using iTRAQ – immune/inflammatory changes



Other TBI models

- Diversity of preclinical research - Blast, CCI, FPI, Weight Drop, Rotational; animal age/genotype/gender; time of analysis – all demonstrate inflammation
- Closed head impact model of engineered rotational acceleration CHIMERA – 3 hits 24hr apart; Iba1 & GFAP at 6 months post-TBI Chen et al *J Neurotrauma* 2017
- CCI in wild type mice – Microglial activation at 24hrs post-TBI; Microglial-derived microparticles mediating neuroinflammation after TBI; seeding capability – Kumar et al *J Neuroinflammation* 2017

Incidence charts: DoD TBI Numbers



DoD Numbers for Traumatic Brain Injury Worldwide – Totals

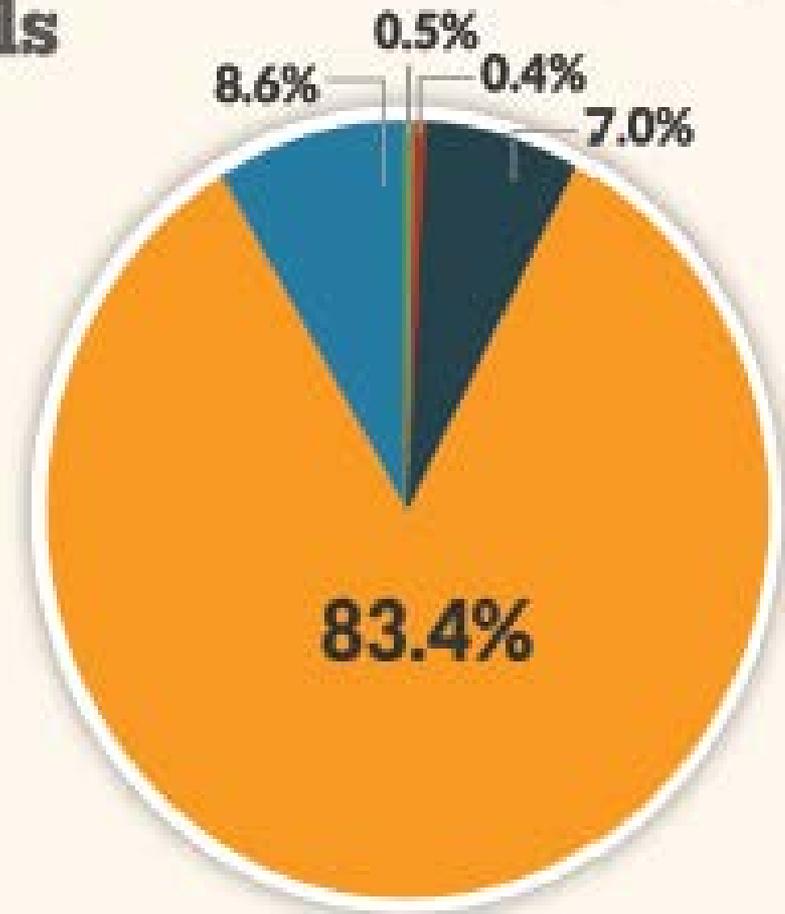
2014 (Q1-Q2)

Penetrating	66
Severe	53
Moderate	849
Mild	10,081
Not Classifiable	1,034

Total - All Severities **12,083**

Source: Defense Medical Surveillance System (DMSS),
Theater Medical Data Store (TMDS) provided by the
Armed Forces Health Surveillance Center (AFHSC)

Prepared by the Defense and Veterans Brain Injury Center (DVBIC)
Percentages may not add to 100% due to rounding



2014 (Q1-Q2), as of Aug 19, 2014

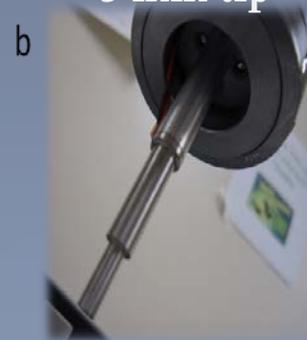


Animal model of TBI:

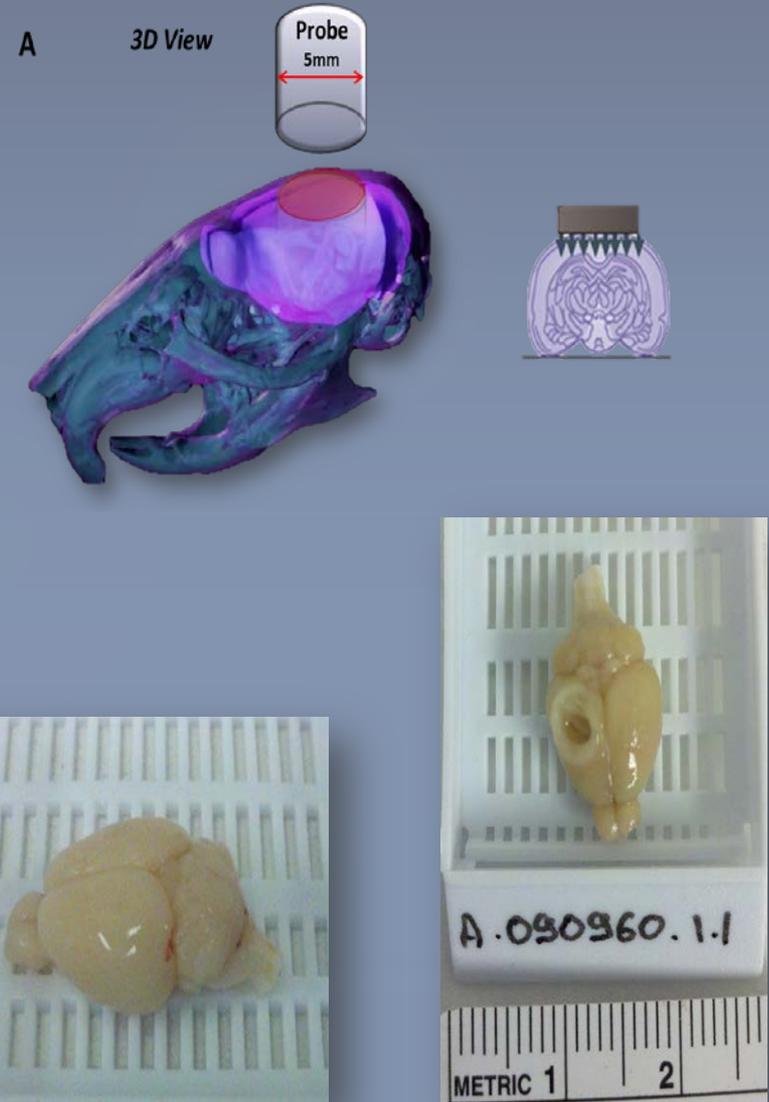
Electromagnetic impactor



Focal injury with a 5 mm tip



Modified CCI apparatus



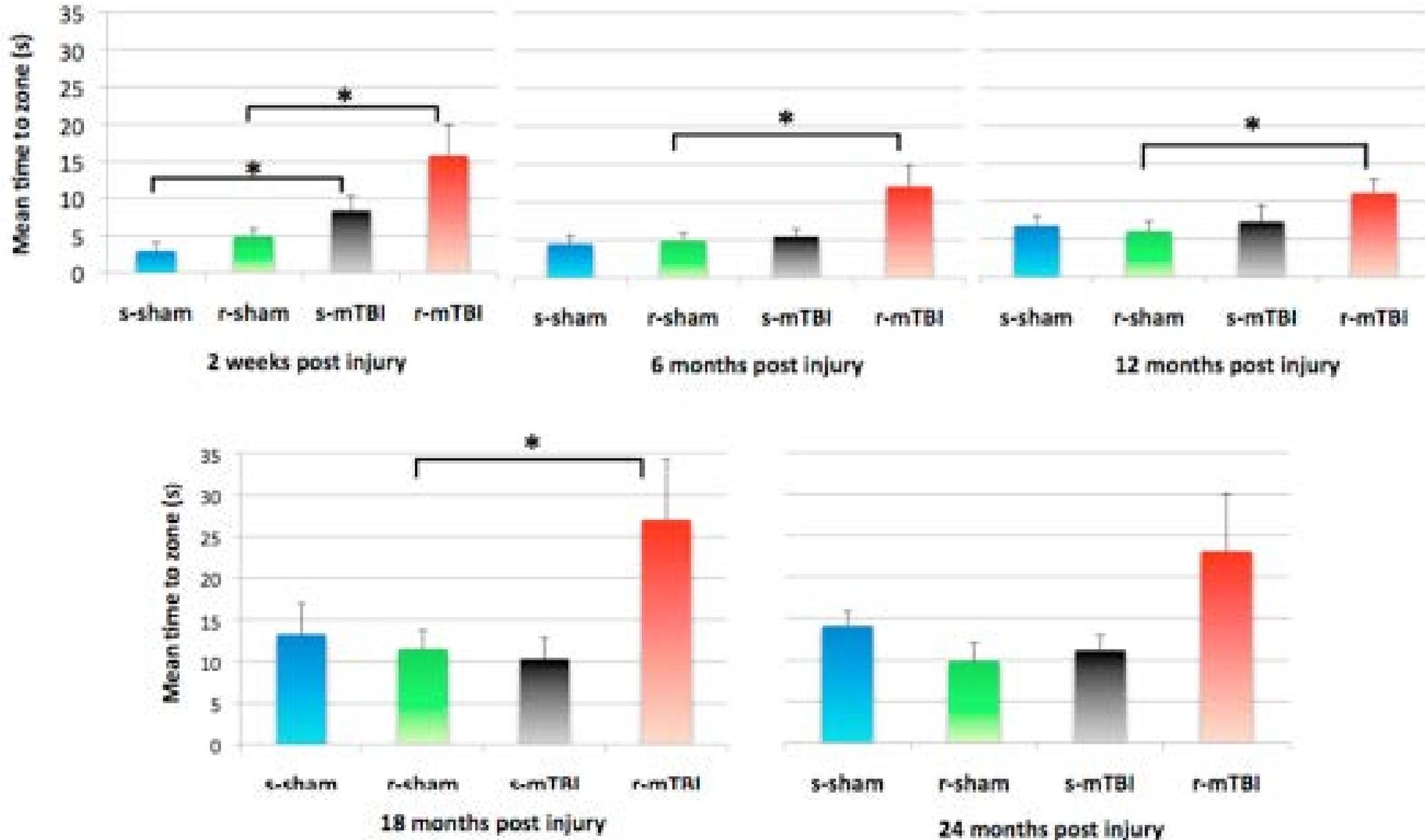


Roskamp mTBI model



- Closed head injury - 1mm depth midline hit
- no fracture, no bleed
- single hit (s-mTBI) and relevant sham (s-sham) repetitive hit (r-mTBI) - 5 hits with an inter-injury interval of 48 hrs - and relevant sham (r-sham)
- Neurobehavioral and neuropathological characterization to 24 months post-injury

Persistent cognitive deficits in wild type mouse model of mild TBI



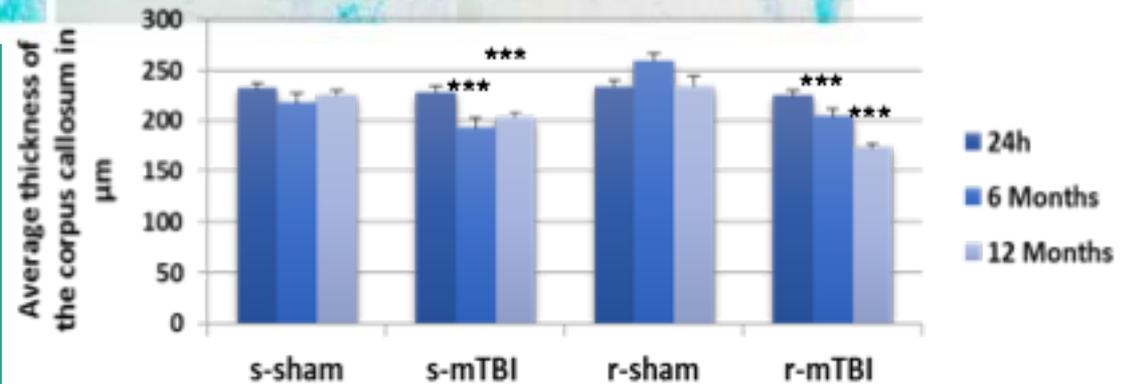
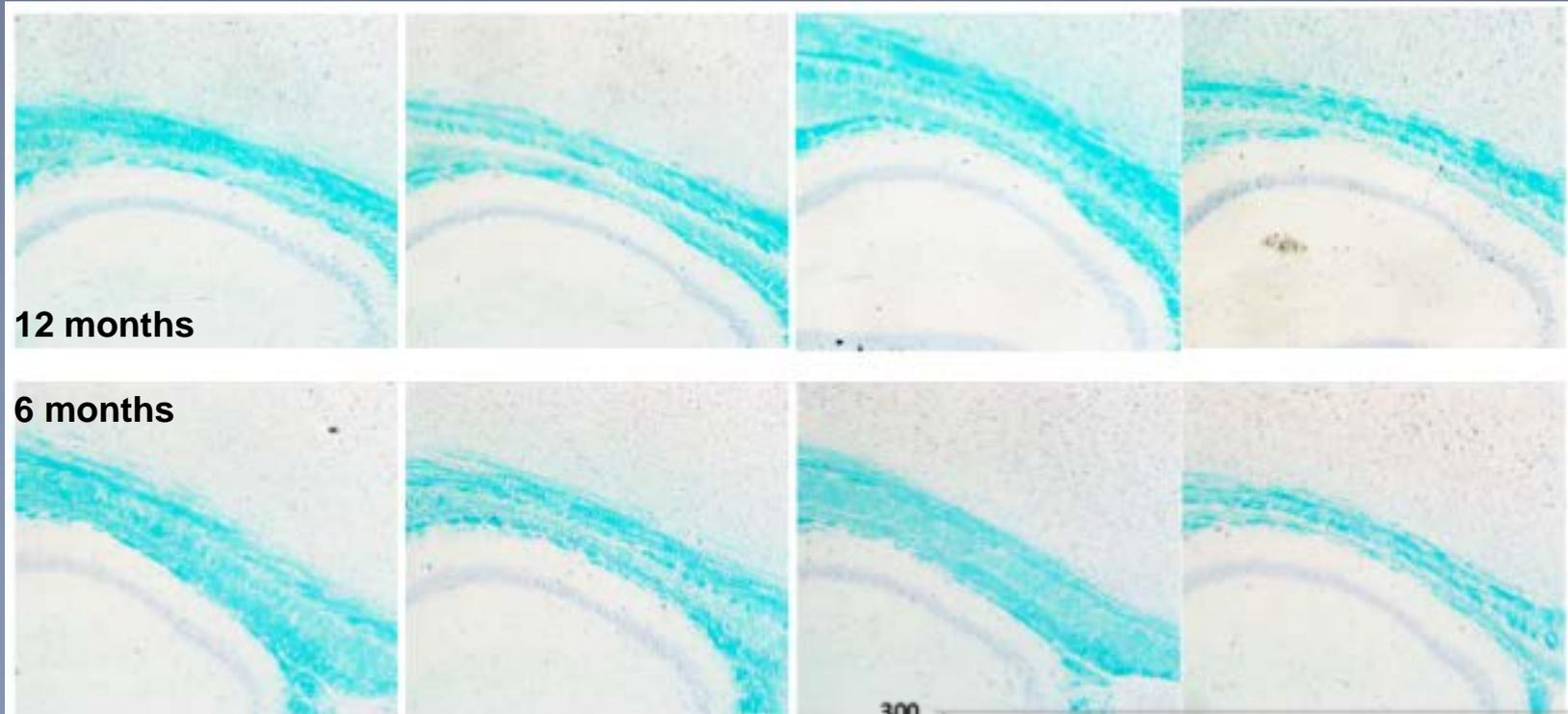
White matter changes in wild type mouse model of mild TBI

s-sham

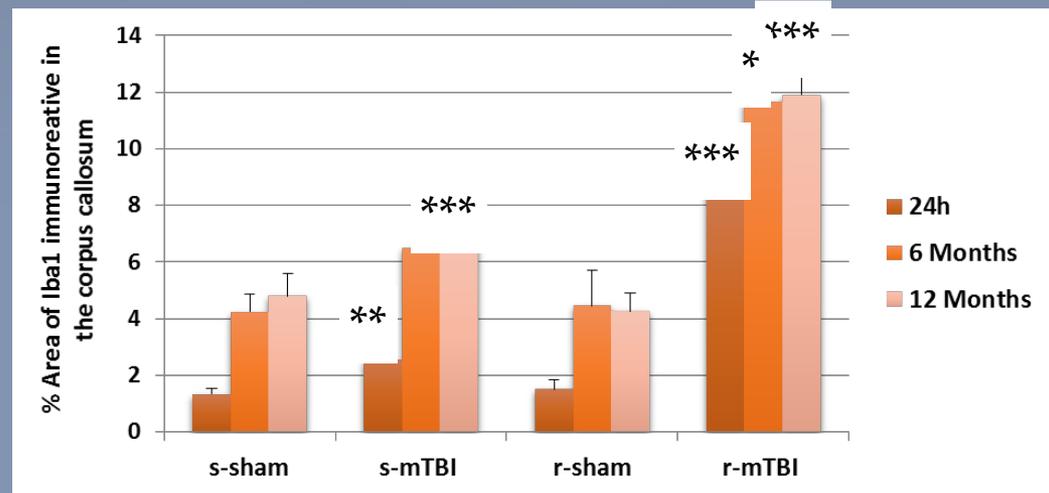
s-mTBI

r-sham

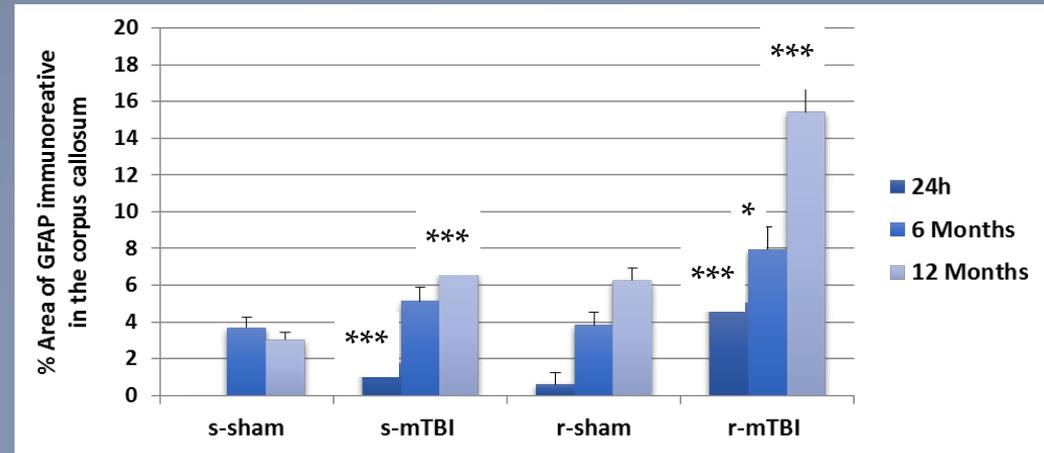
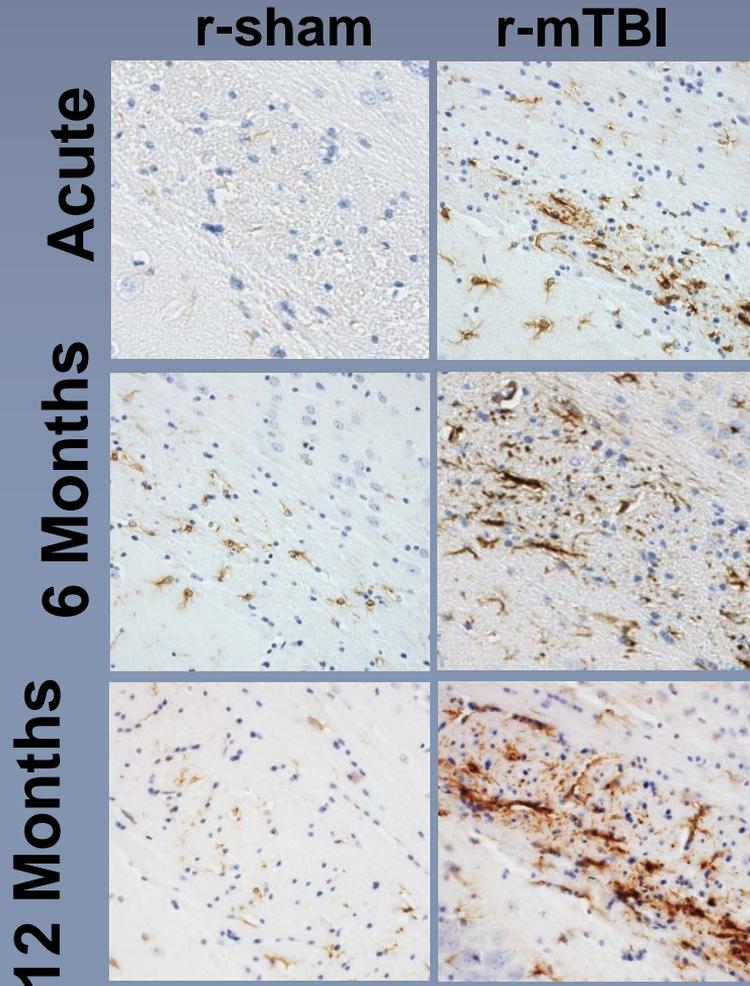
r-mTBI



Progressive neuroinflammation - Iba1 in wild type mouse model of mild TBI

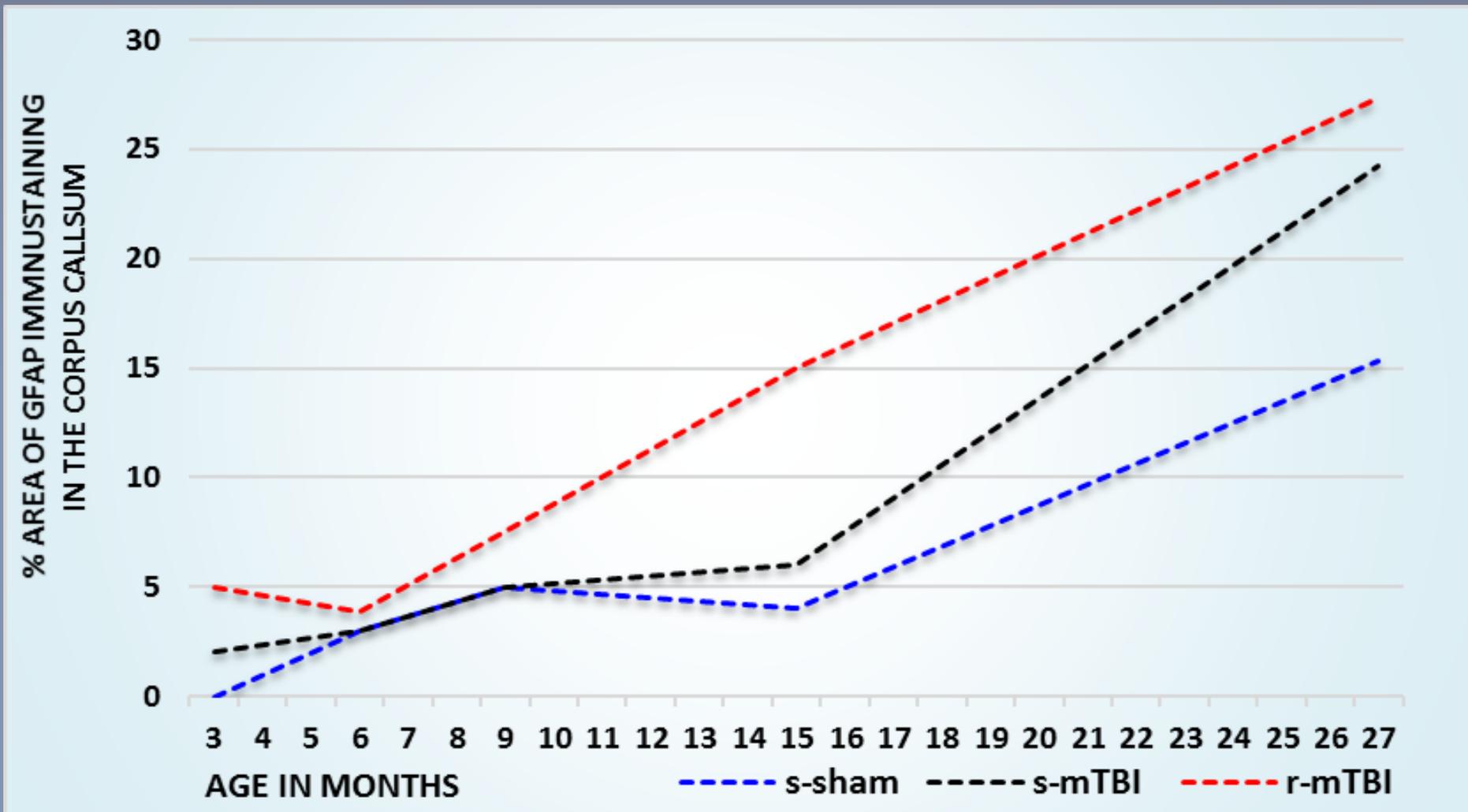


Progressive neuroinflammation - GFAP in wild type mouse model of mild TBI





Lifelong changes in GFAP – astrocyte activation - in wild type mouse model of mild TBI



Lifelong changes in Iba1 – microglial activation - in wild type mouse model of mild TBI

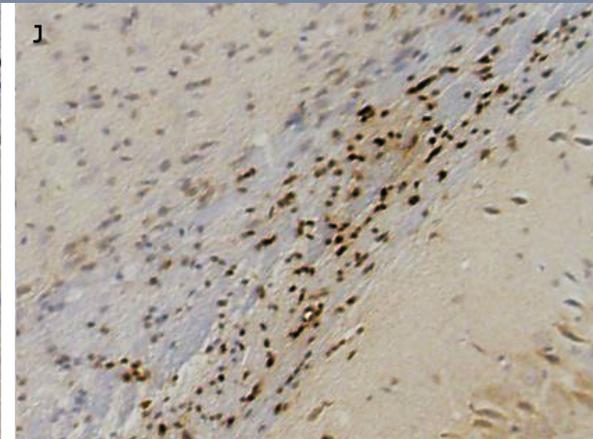
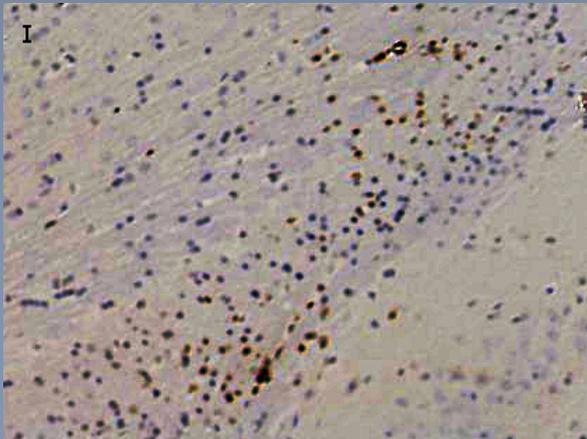


Progressive neuroinflammation – Phospho-STAT3

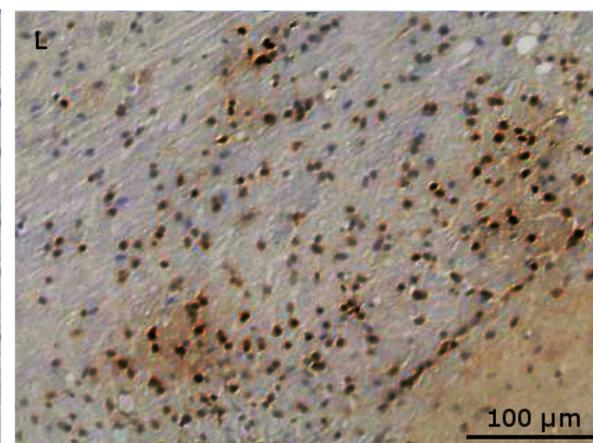
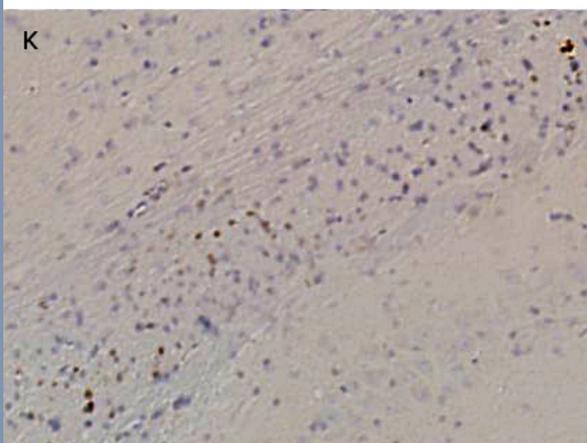
12 months post-r-mTBI

24 months post-r-mTBI

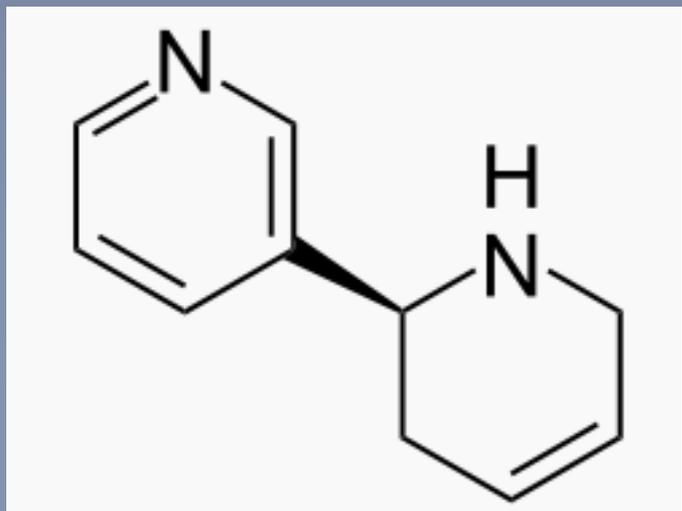
r-mTBI



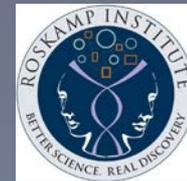
r-sham



Anatabine

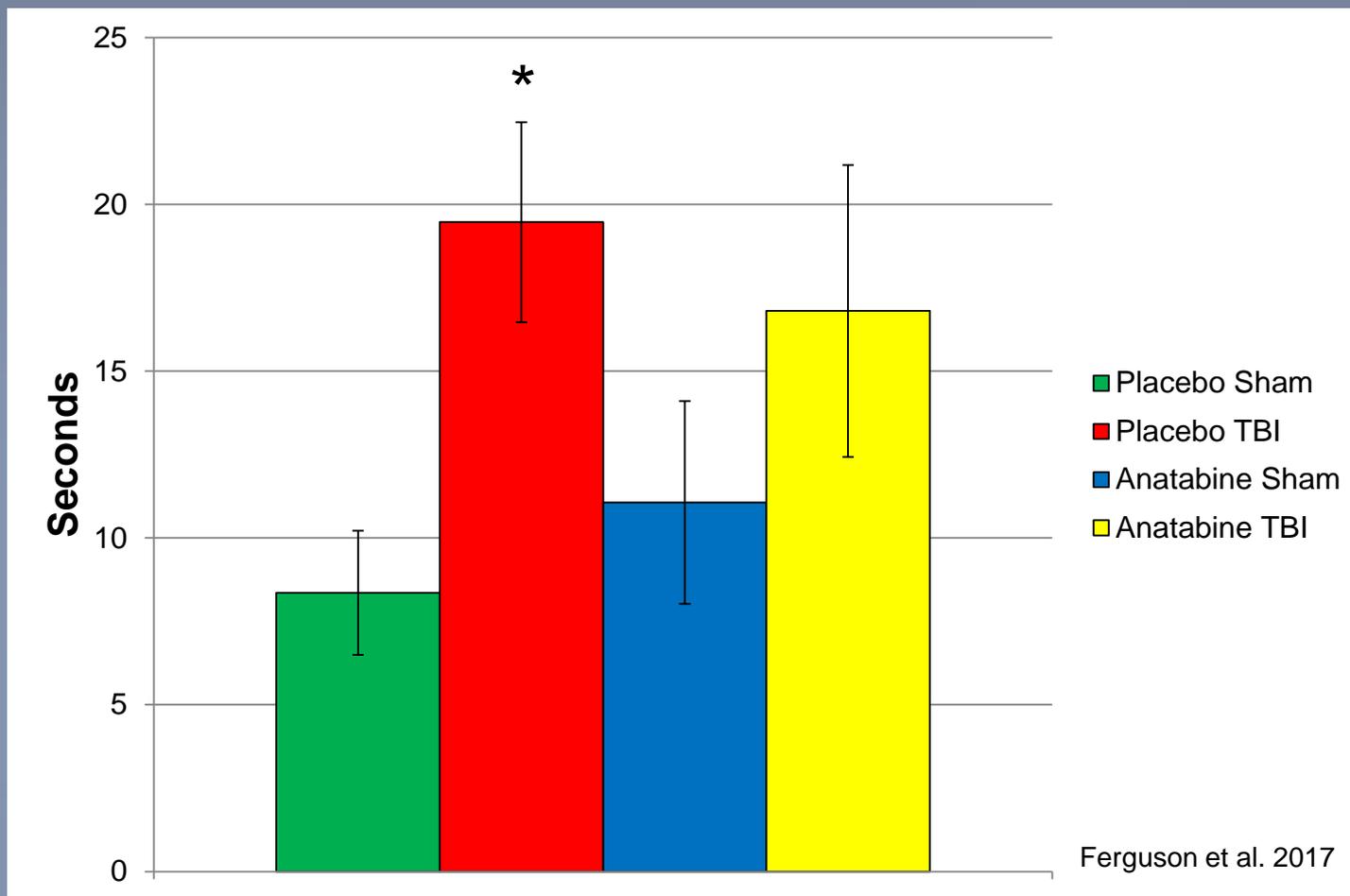


- Alkaloid derived from tobacco and plants of solenaceae family
- 3 year history of safe use as a dietary supplement
- Potent anti-inflammatory – inhibitor of STAT3 and NFkB
- Efficacy in mouse models of AD, EAE model of Multiple Sclerosis, Tauopathy

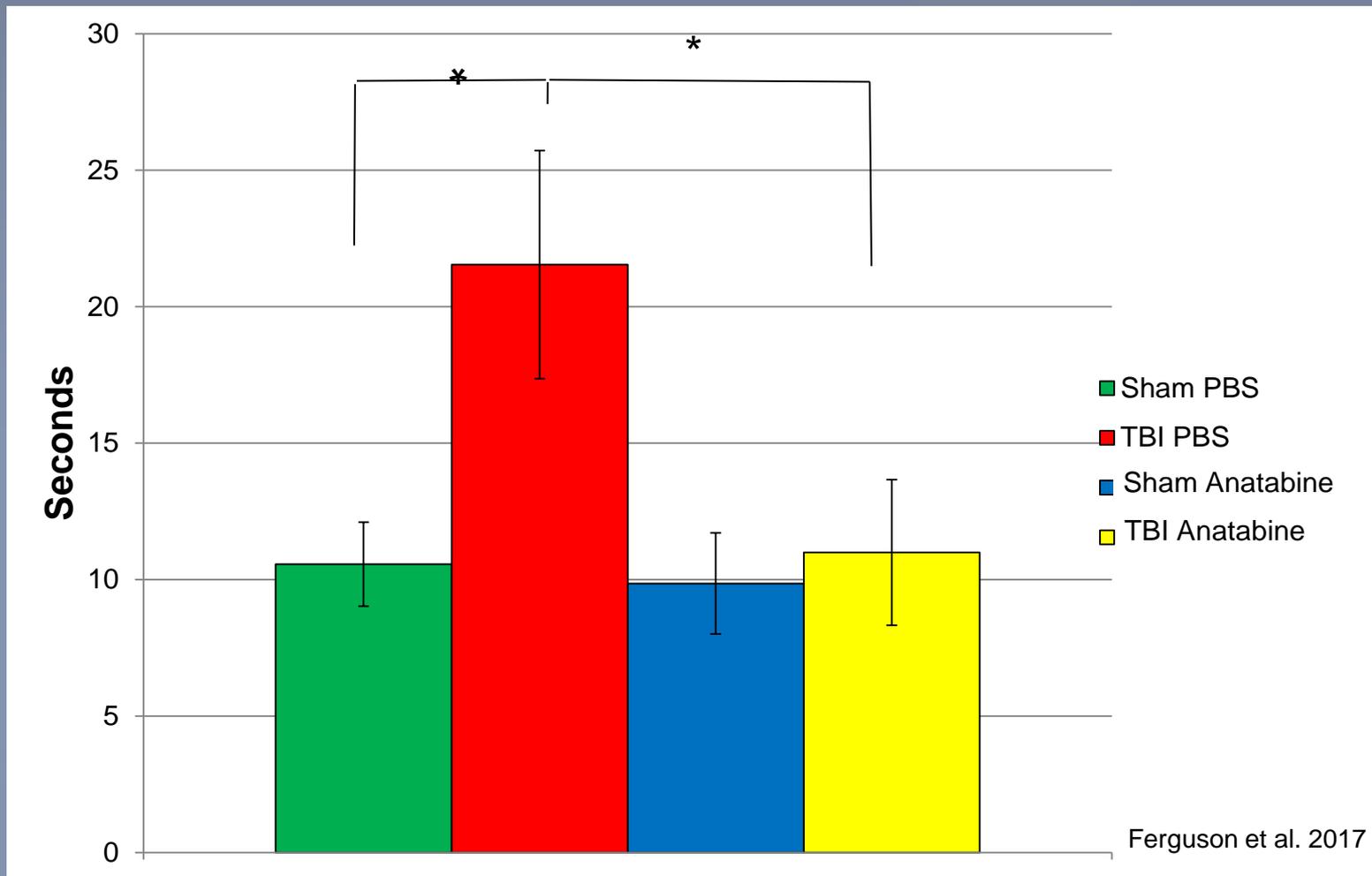


Acute effects of anatabine on

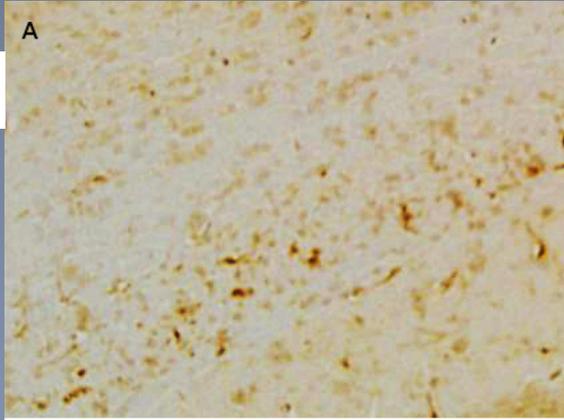
Barnes Maze performance in the r-mTBI model



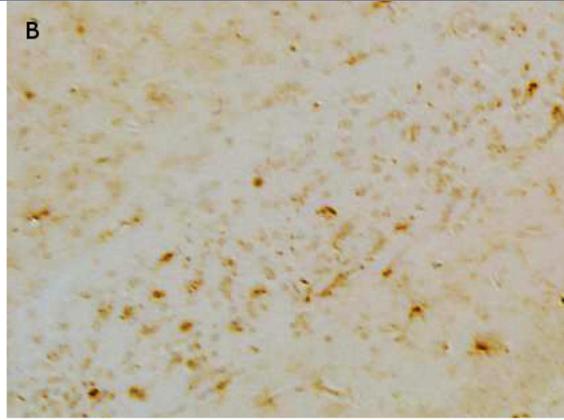
Chronic effects of anatabine on Barnes Maze performance 6 mo. after r-mTBI



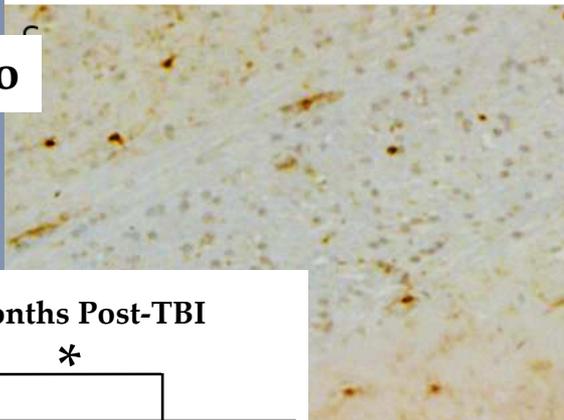
TBI-Placebo



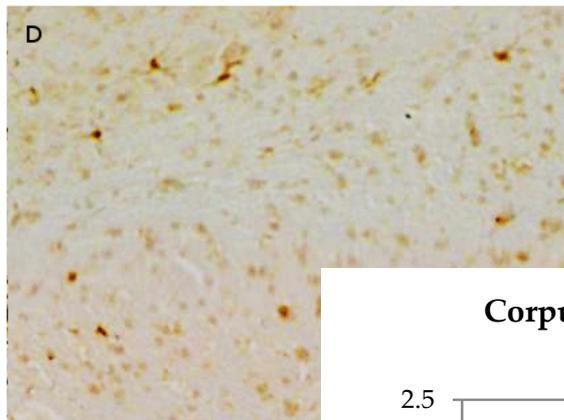
TBI-Anatabine



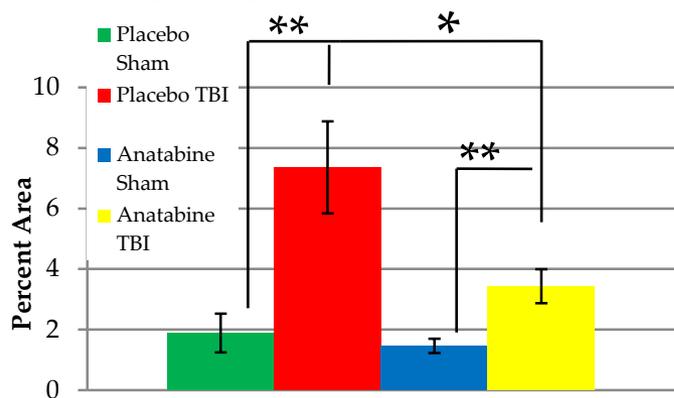
Sham-Placebo



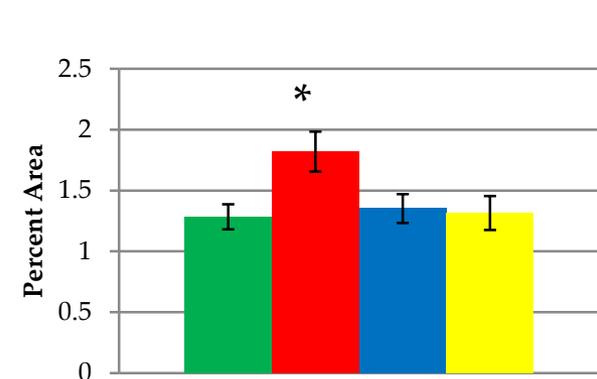
Sham-Placebo



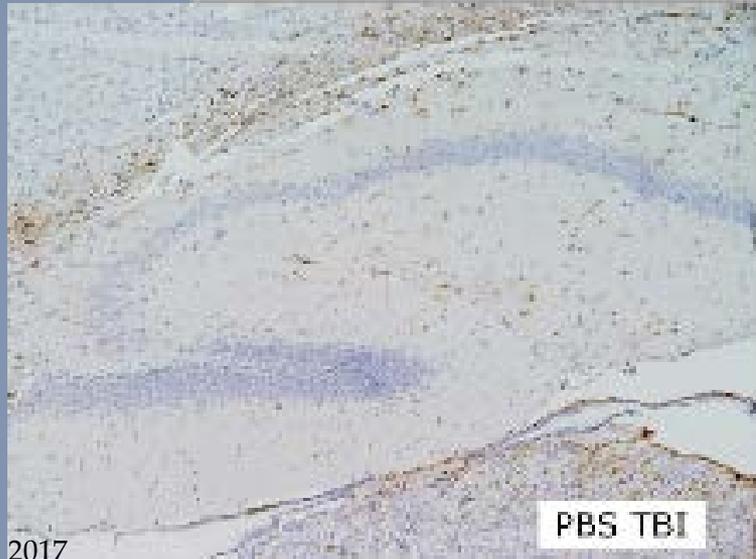
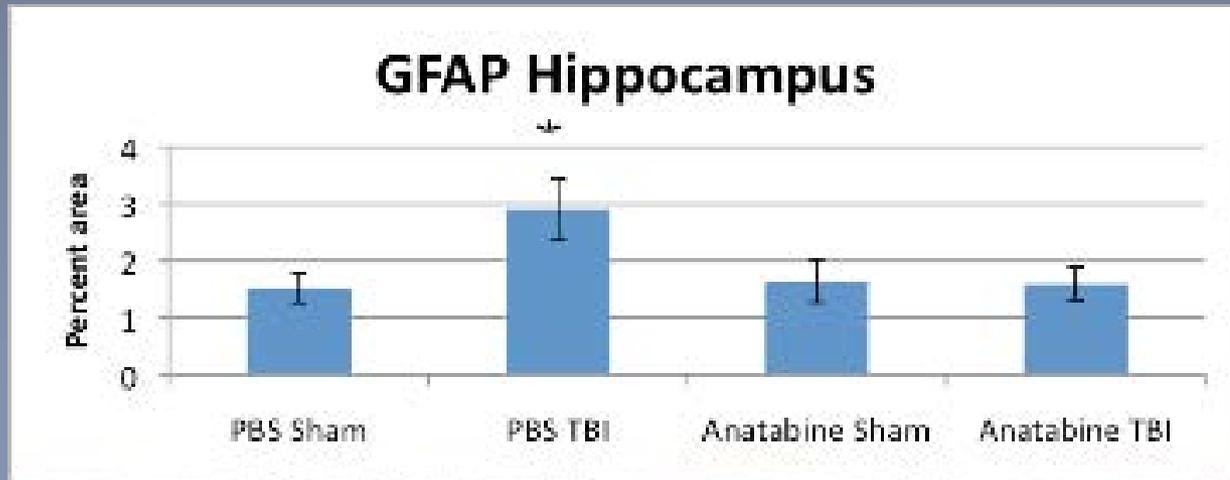
Hippocampus 9 Months Post-TBI



Corpus Callosum 9 Months Post-TBI

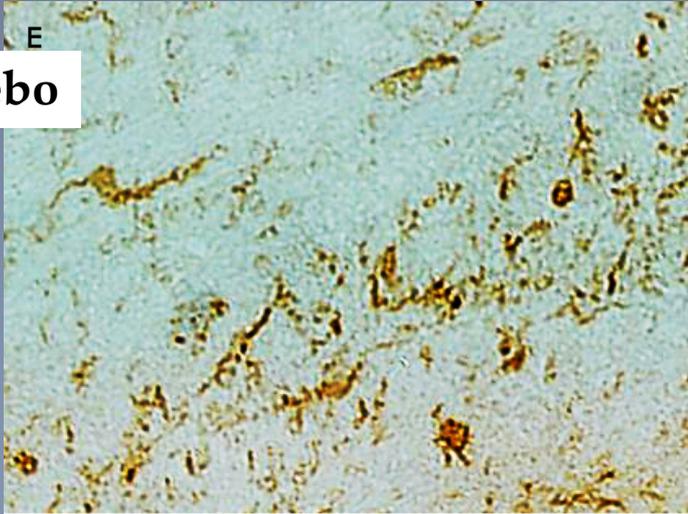


Effects of anatabine on GFAP staining 9 months after r-mTBI

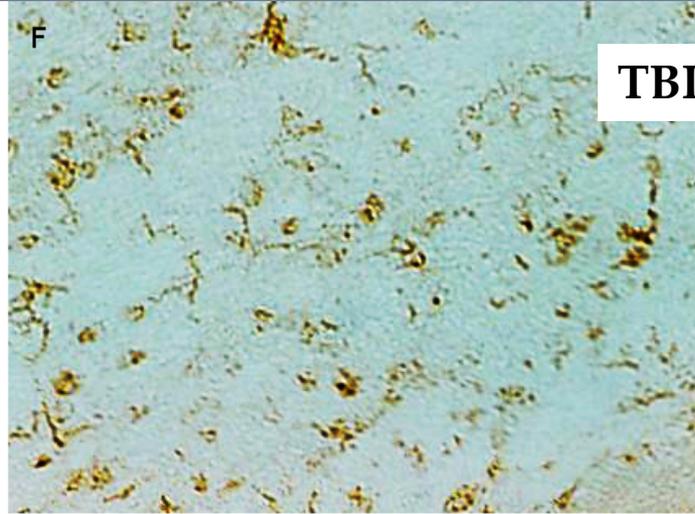


Anatabine crossover at 9 mo after r-mTBI; Iba1 in CC at 18 mo

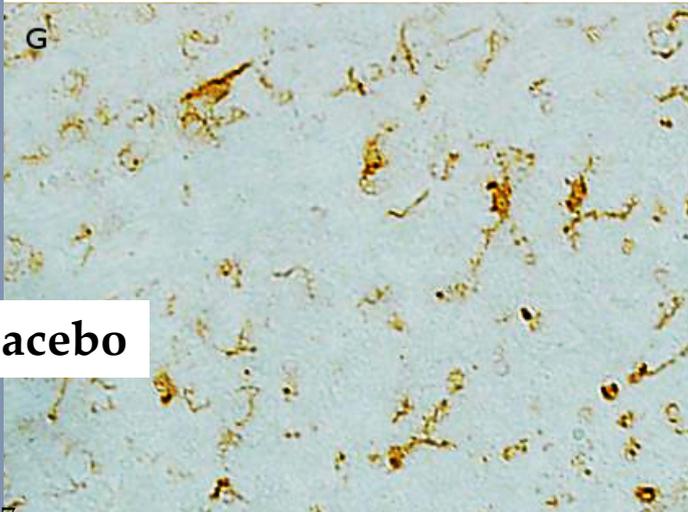
TBI-Placebo



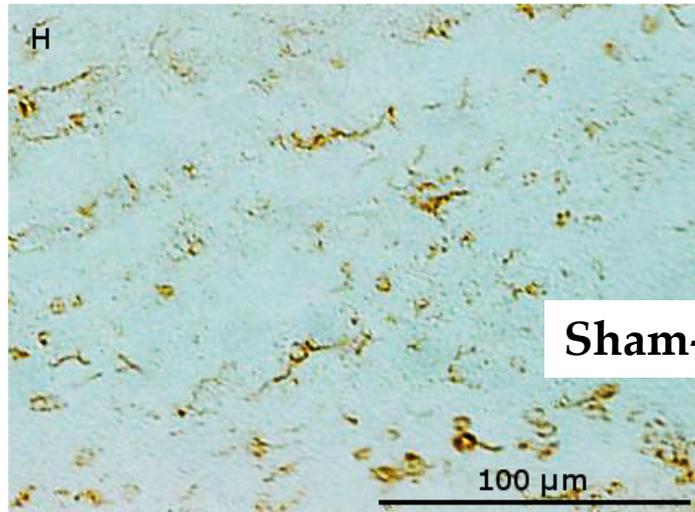
TBI-Anatabine



Sham-Placebo



Sham-Anatabine

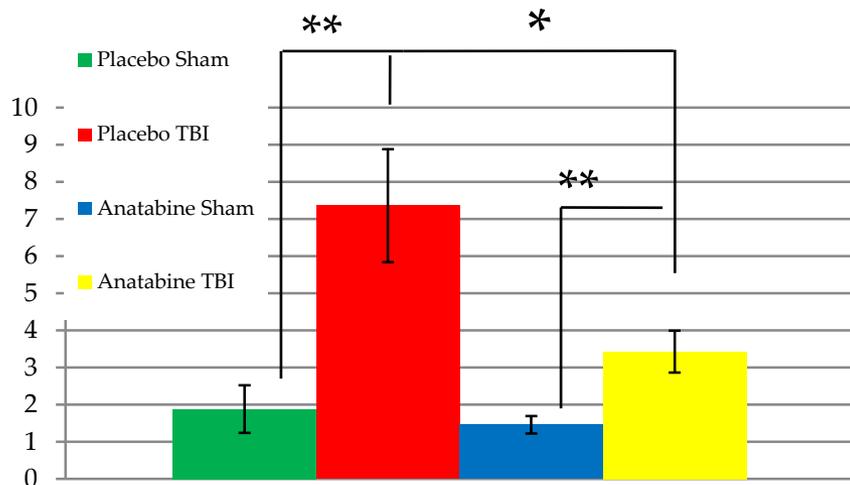




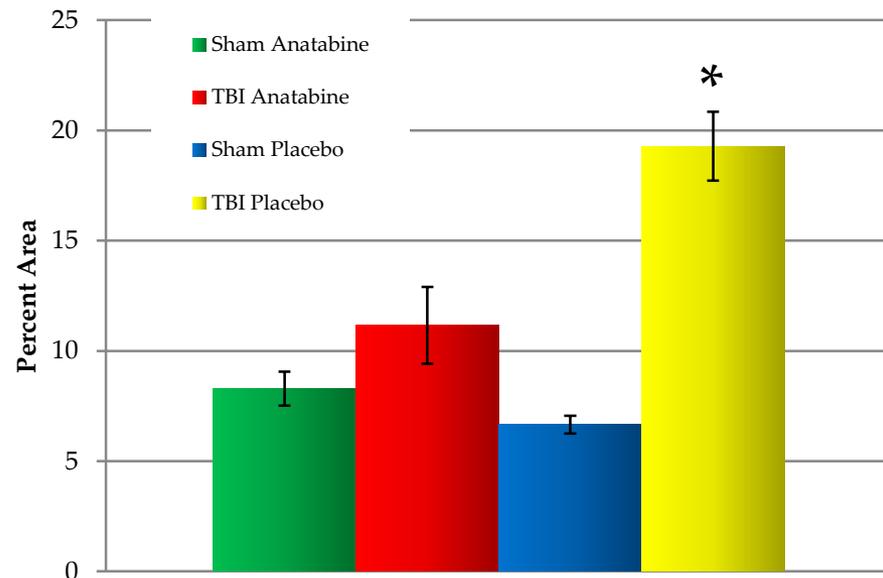
Delayed treatment with Anatabine mitigates microgliosis (Iba1)



Hippocampus 9 Months Post-TBI



Hippocampus 18 Months Post-TBI



Effects of anatabine on STAT3 after r-mTBI

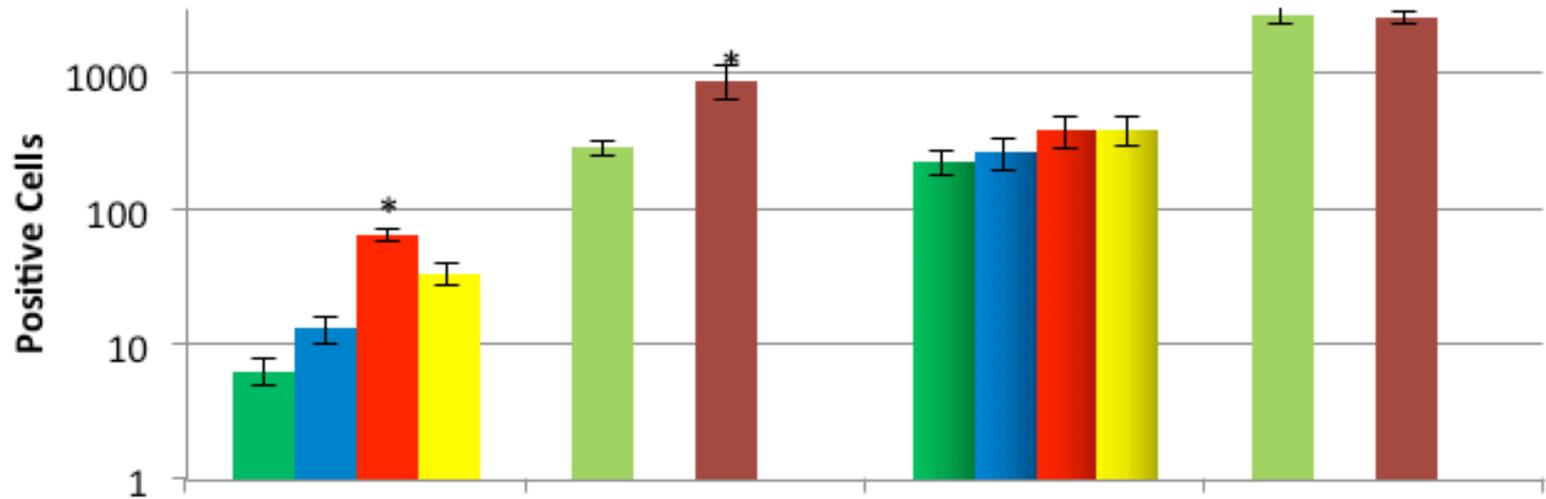


9 months after Treatment naïve mice after r-mTBI/r-sham (mo after crossover)

Quantification of p-STAT3 over time post-r-mTBI/r-sham

12 months post-r-mTBI

24 months post-r-mTBI



Months post-TBI

9

12

18

24

Early Anatabine

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Late Anatabine

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r-mTBI

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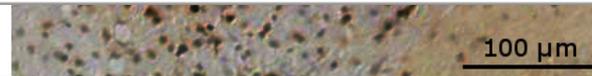
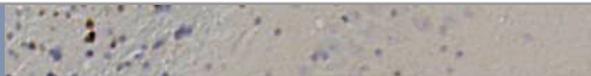
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100 μm



Tau in TBI models



- ◆ Published difficulties in recapitulating TBI-dependent tau pathology in mouse models
- ◆ Variables influencing tau pathology in preclinical models
 - ◆ Nature of the injury – *e.g. Goldstein 2012, Huber 2013*
 - ◆ Site of the injury – *e.g. Luo 2014*
 - ◆ Severity of injury
 - ◆ Frequency of injury – *e.g. Petraglia 2014*
 - ◆ Other injury paradigms
 - ◆ Age at injury – existing pathology *e.g. Ojo 2014*



Exploring additional r-mTBI paradigms

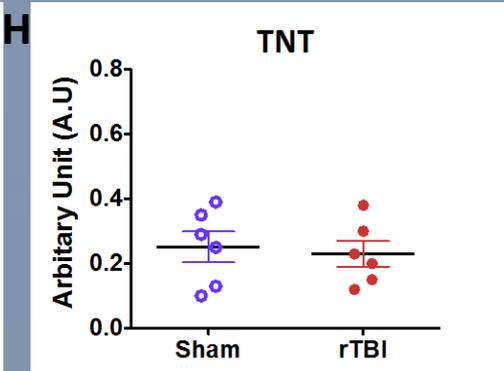
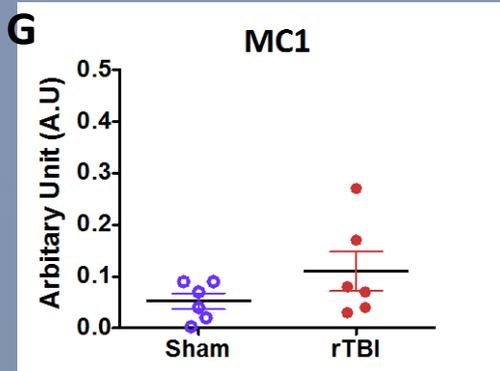
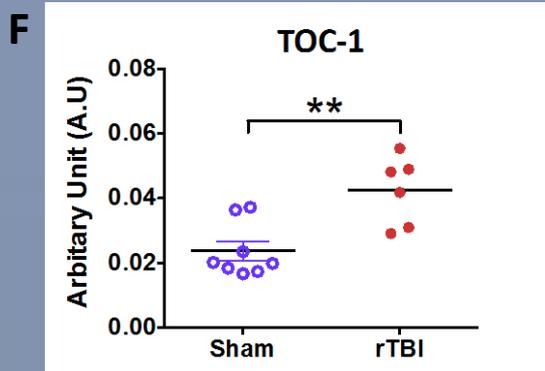
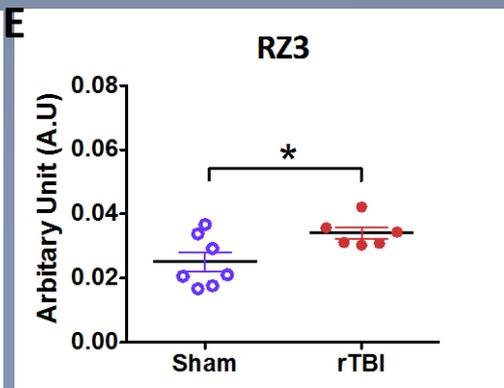
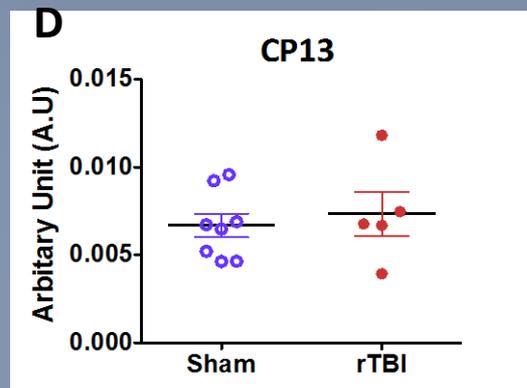
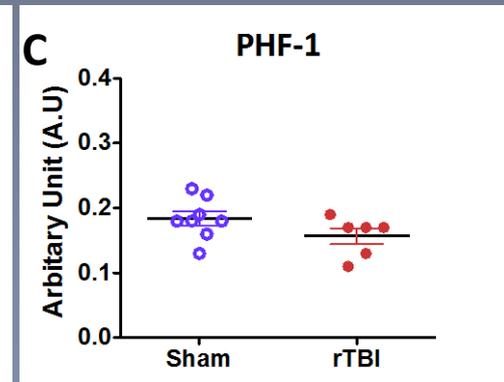
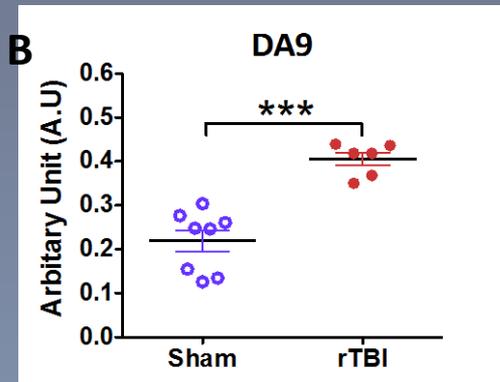
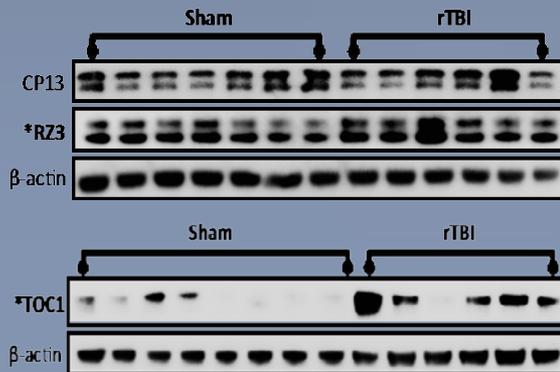
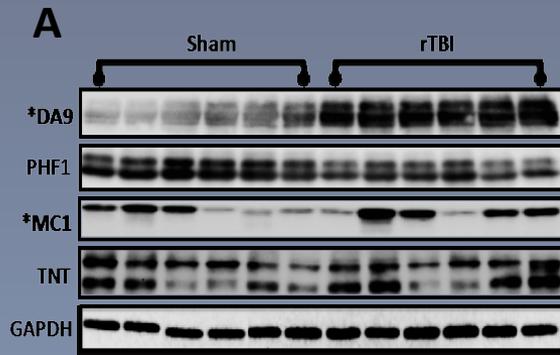


Same mild injury but administered in different paradigms

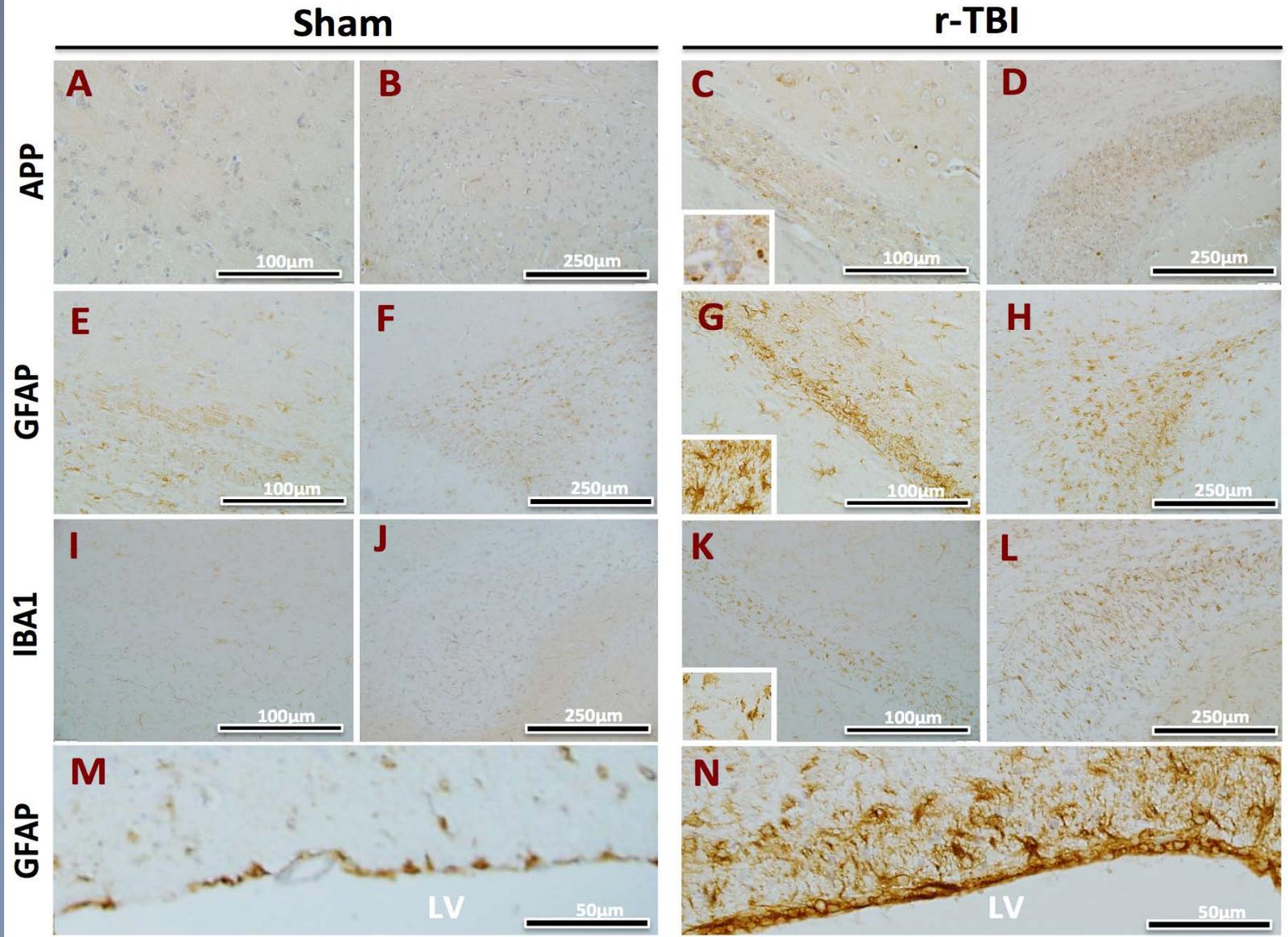
Roskamp Chronic r-mTBI

- ◆ 2 hits/week for 2-3 months
- ◆ Euthanasia at 6 months post-start of r-mTBI paradigm
- ◆ Relevant sham/anesthesia controls
- ◆ hTau transgenic mice, 10 r-mTBI, 12 r-sham

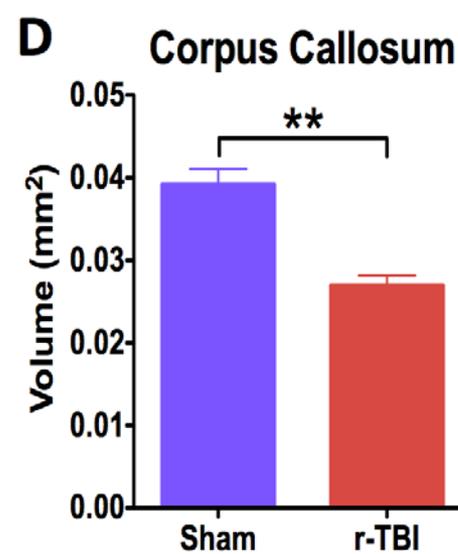
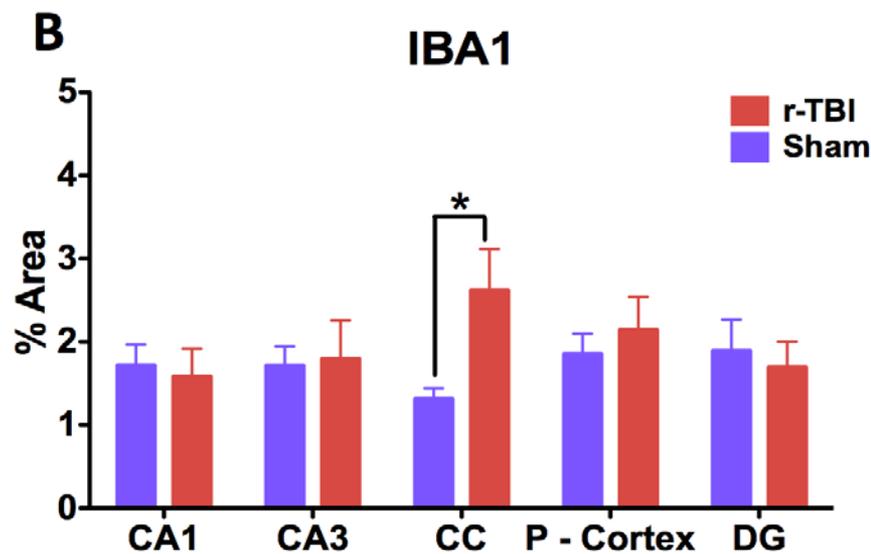
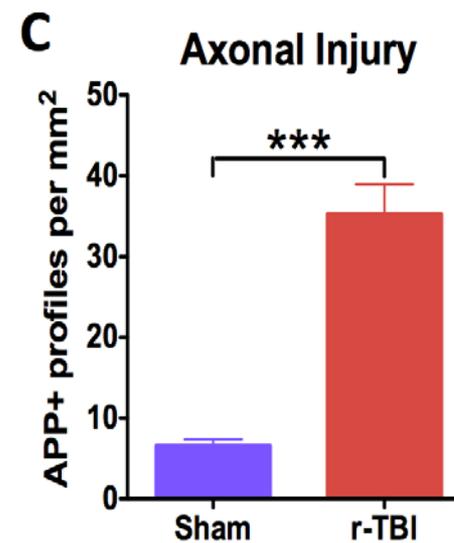
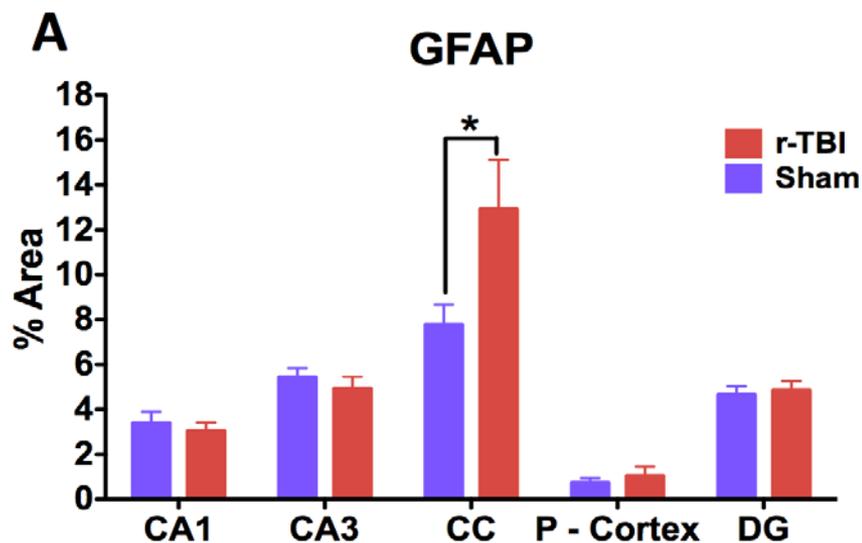
Cortical Tau Immunoblotting



Neuropathology in chronic r-mTBI

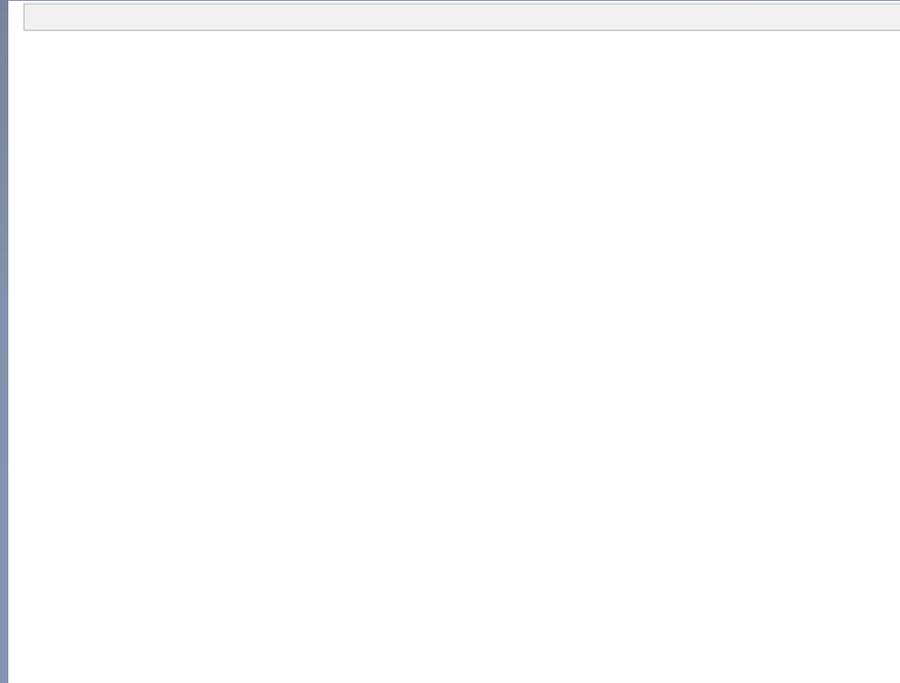


Neuropathology quantification





Mitigation of Tau pathology (PHF1) in CD40-deficient P301S mice





Conclusions



- Many variables influence TBI sequelae –
 - Nature and severity of injury, genotype, diet
- Inflammation represents a common denominator across all human TBI cases and all preclinical models of TBI
- Heterogeneity of human TBI
 - Requires investigation of multiple models of TBI
- The therapeutic window may be more favorable than originally anticipated
- Anatabine show promise as a TBI therapeutic - much more preclinical work to do for effective clinical translation

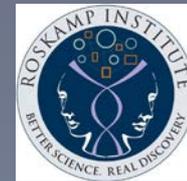


Conclusions & Future Directions



Targeting specific aspects of neuroinflammatory pathways with compounds demonstrating efficacy in multiple preclinical models

Understanding the mechanisms responsible for the persistence of neuroinflammation after TBI, and the timing and context of those responses, is critical to development of TBI therapeutics



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