

NeuroproMiSe WP H1

- **Neuropathology Reference Center**
 - Determination of neuropathological phenotype of experimental models, created in the consortium
 - Expression of new target molecules in brain tissue
 - Genotype / pathology phenotype correlation in multiple sclerosis
 - DNA collection from MS autopsy tissue and MS biopsy patients

NeuroproMiSe WP H1

- **Determination of neuropathological phenotype of experimental models, created in the consortium**
 - Conventional neuropathology
 - Immunocytochemistry, confocal laser microscopy, immune electron microscopy
 - In situ hybridization
 - Morphometry
 - Established interaction (P3,6,8,12,14)

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- **Expression of new target molecules in brain tissue**

- Archival experimental material
 - Normal brain, EAE models (transfer, active, CD4 or CD8 mediated), brain trauma, ischemia, excitotoxicity, neurodegeneration;
- Archival human material
 - Normal, multiple sclerosis, other encephalitis, vasculitis, leukoencephalopathies, ischemia, neurodegeneration (AD, others)

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Partner 5 (MUW)

MS Material	Göttingen	Vienna	Rochester	Total
Biopsies	170	29	620	819
Early Autopsies	12	31	33	76
Chronic Autopsies	114	40	78	232

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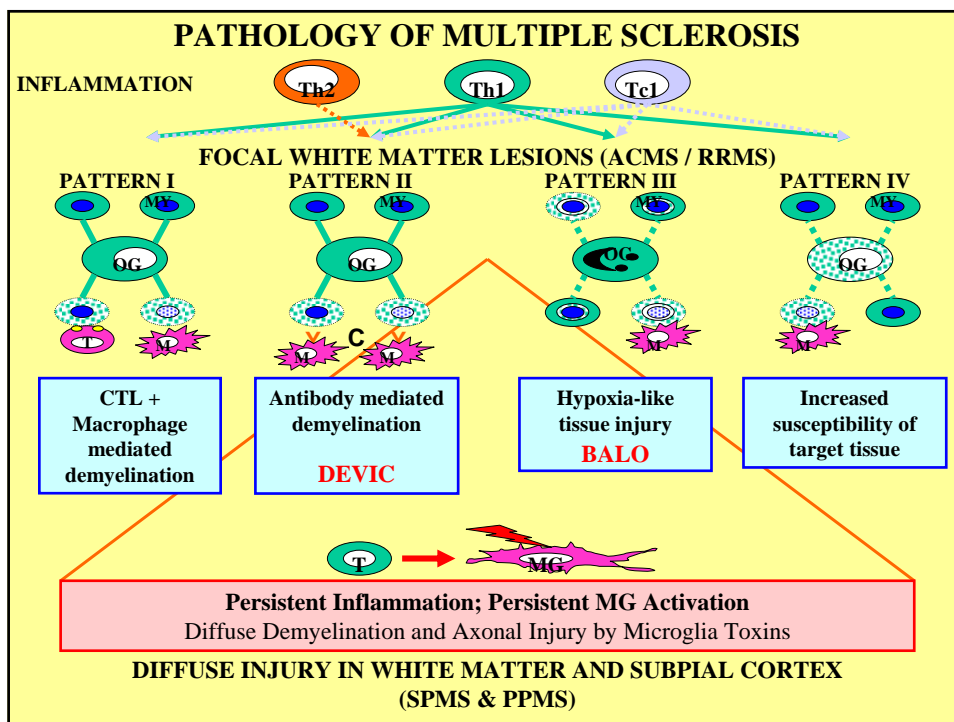
- **Genotype / pathological phenotype correlation**
 - Quantitative determination of pathological phenotype
 - Inflammation, patterns of demyelination, extent of remyelination, extent of axonal injury
 - Genotyping
 - PCR based
 - SNP screening (biopsies; P2b)

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- **Methods of genotyping:**
 - Biopsies:
 - Identification of biopsied patients
 - Genotyping from blood samples (SNP)
 - Genotyping of paraffin material
 - Autopsies:
 - Genotyping of paraffin material

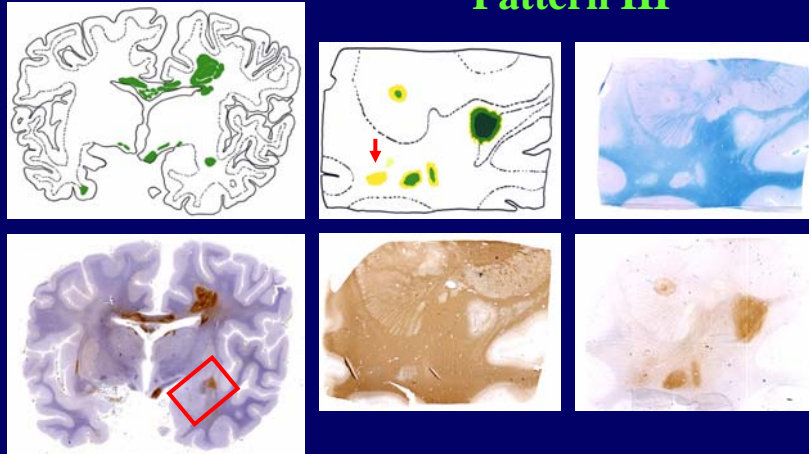
NeuroproMiSe WP H1

- Pathological Phenotype of MS
 - What is the initial lesion in acute and early MS
 - What are the mechanisms behind different patterns of demyelination in MS
 - Do the patterns of inflammation and tissue damage differ between early (RR) and late (progressive) MS
 - Interindividual differences in the extent of tissue damage (demyelination, oligodendrocyte damage, remyelination)

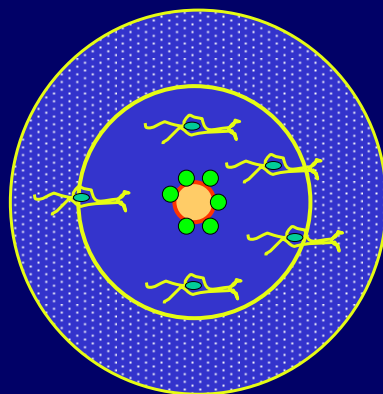


The Initial MS Lesion

Pattern III



THE INITIAL MS LESION: Pattern III



Mild BBB Damage

Edema

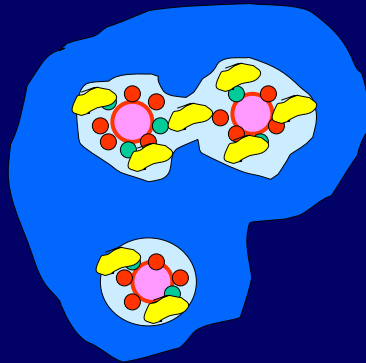
Acute Axonal Injury

DNA Fragmentation in
Oligodendrocytes

Intact Myelin

● CD8 T-cells I-NOS+ MG Fibrin deposition

THE INITIAL MS LESION: Pattern II



Edema, profound serum protein (fibrin) leakage

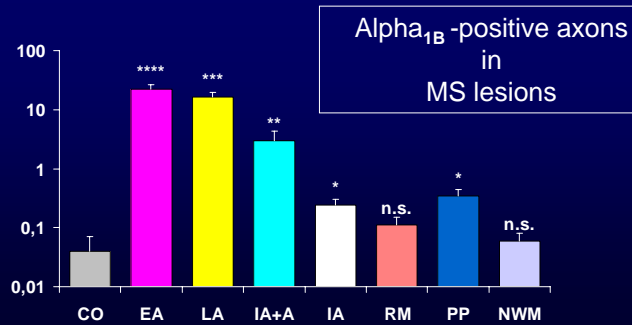
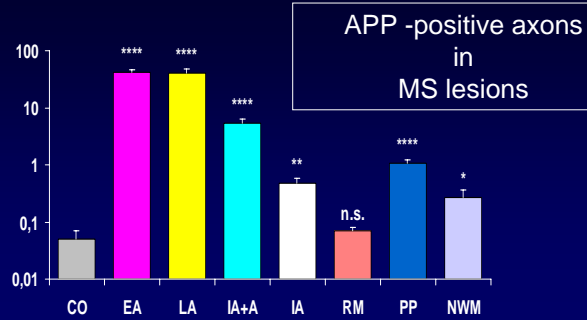
Massive BBB Damage

Perivenous confluent demyelination

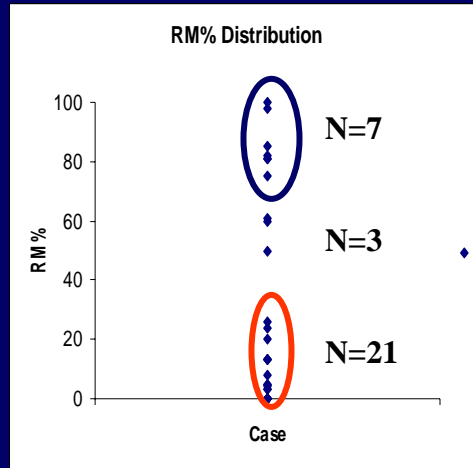
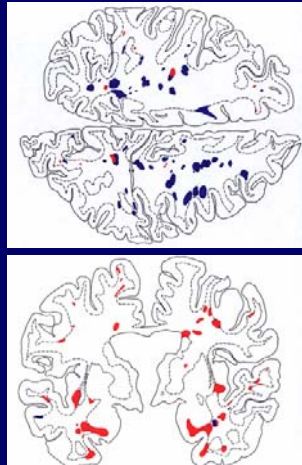
Axonal Injury

• CD8 & CD4 T-cells

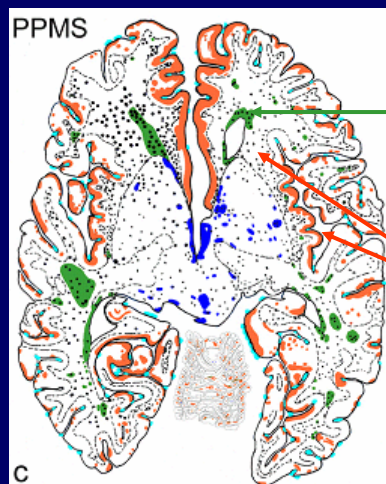
Act. MG: CD68, MHCII >> i-NOS



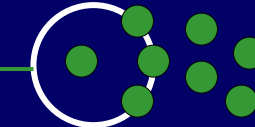
REMYELINATION IN MULTIPLE SCLEROSIS



Focal vs. Compartmentalized Inflammation in MS



Blood Vessel



Lymphatic like tissue

Lymphotoxin,
CXCL 12,
CXCL 13,
CCL 19, BAFF

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- **Workplan 18 Months:**
 - **Experimental:**
 - see WPs Identification, Validation
 - **Human studies**
 - Quantitative phenotypic characterization of MS lesions
 - Identify mechanisms of inflammation and tissue injury in situ
 - Validate methods of genotyping in archival material
 - Identification and clinical characterization of MS biopsy patients (Aim: inclusion of 100 MS biopsy patients)

Hellenic Pasteur Institute, Partner 14 Subproject Horizontal Integration WPH2

Pre-existing knowledge

•Differentially expressed genes staged during development of experimental MS (EAE, Tg6074), stroke (pMCAO) and Alzheimer disease (TgAPP23)

Neuropromise Workplan (5 year)

Generation & validation of algorithm

- Functional categorisation of differentially expressed genes for each disease.
- Identification of disease-unique and disease-common genes and pathways.
- Modification of algorithm sensitivity using blind data sets.

“Humanisation” of algorithm (collaboration with P5)

- Testing of relevance for corresponding human disease by expression analysis of selected disease-relevant genes/pathways in appropriate human samples

Effectiveness for evaluation of therapeutic regimens (collaboration within consortium)

- Testing of effectiveness for evaluation of experimental therapies