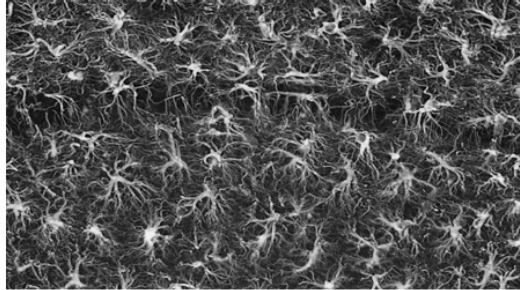


Presentation 5 – Jim O’Callaghan

**Biological Mechanisms Potentially
Associated with GWI:
Neuroinflammation/Cytokine Activation
in Response to Toxic Exposures**



James P. O’Callaghan, Ph.D.

Molecular Neurotoxicology Laboratory

Centers for Disease Control and Prevention-NIOSH



Outline

- GWI & Neuroinflammation: links/definitions
- Neuroimmune vs. Immune-neuro
 - “Hostage Brain” (McEwen)
 - Autonomic nervous system (Tracey)
- Glia as targets/mediators/modulators
 - Role of TNF- α
- Modulation of “inflammatory” signaling as therapy

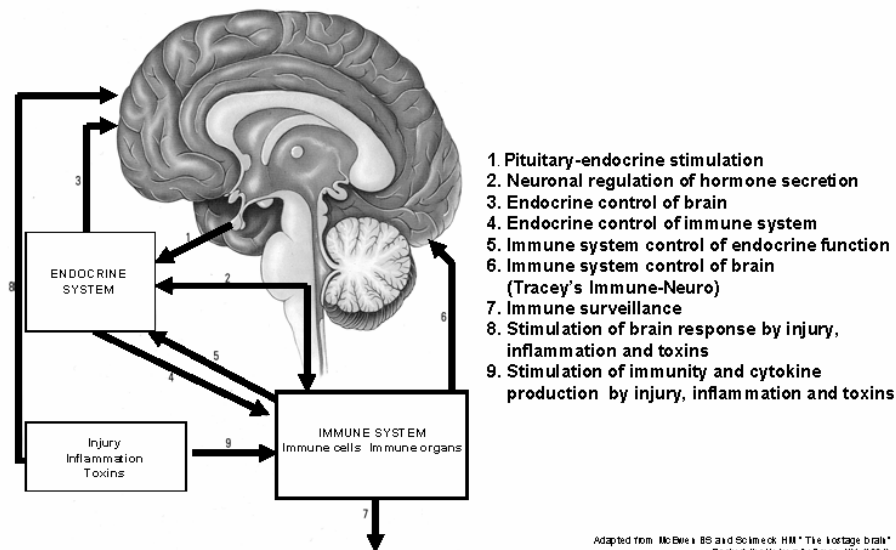


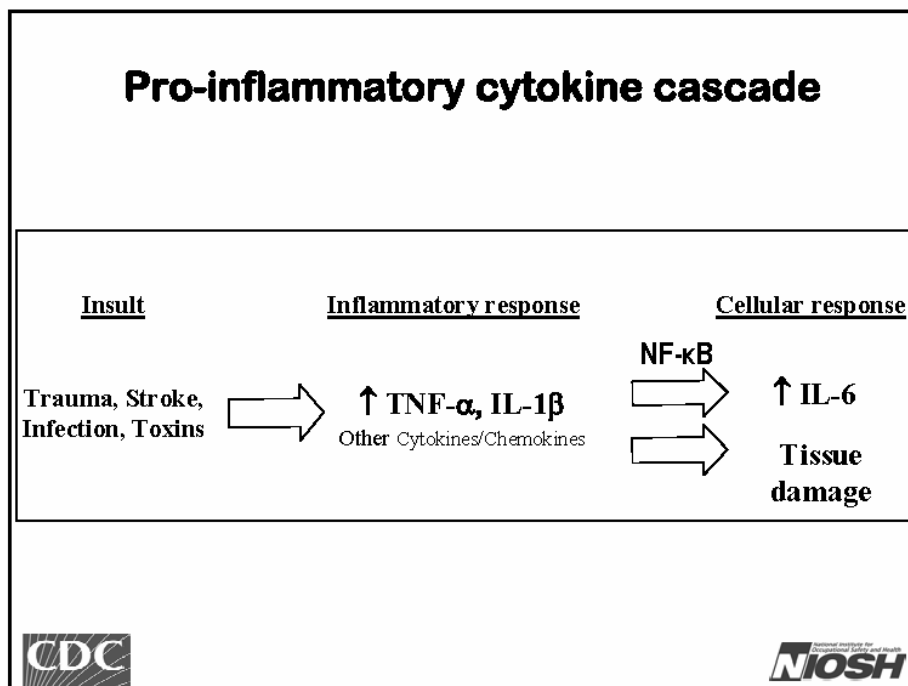
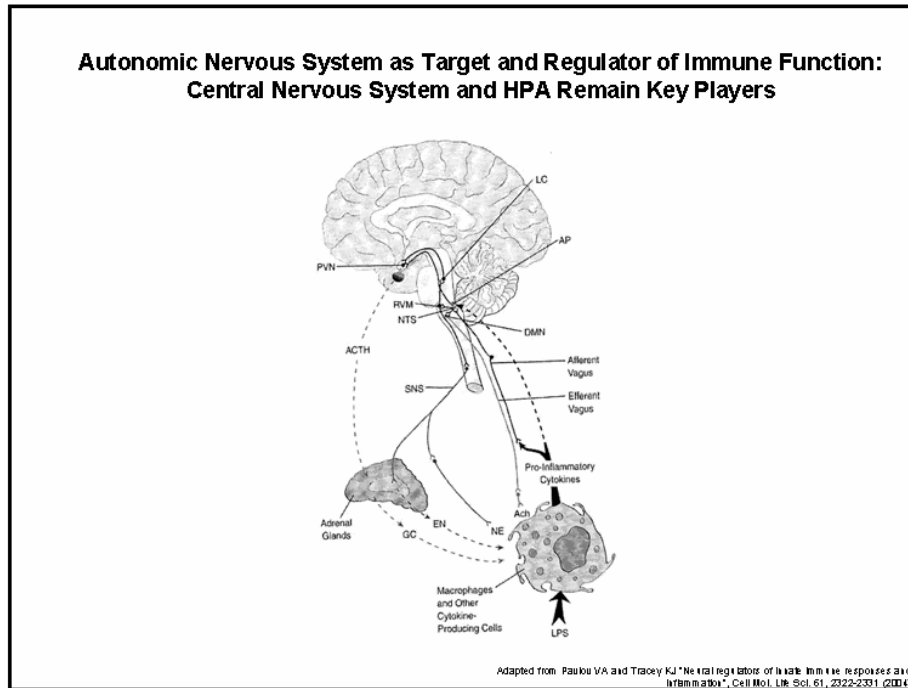
Definitions/Links

- **Neuroinflammation: hard to define**
 - Synthesis/release of proinflammatory mediators (cytokines/chemokines)
 - Monocytes/Neutrophils/Macrophages in the periphery/microglia in the CNS
- **Links to GWI symptoms????**
 - Chronic fatigue
 - Neurocognitive effects/depression
 - Chemical sensitivity
 - PTSD-like symptoms
 - Pain
 - Persistence after initiating event (“memory”)
- **Answer: yes...implicates cytokines and glia**
 - altered cytokine profiles already reported in GW vets



Neuro-Immune/Immune-Neuro Relationships





Cytokine Theory of Disease

- Immune and Nervous System Communicate Via Cytokine Signals
- Cytokines are “Proinflammatory” in nature (but some anti-inflammatory)
- Dysregulated Cytokine Signaling (usually viewed as an increase) leads to debilitating immune related disease
 - Rheumatoid arthritis as extreme example
 - Depression as a potentially more subtle example (sickness behavior)
- Regulation and termination of cytokine signaling is mediated via HPA
 - Glucocorticoids suppress cytokines (clinically and experimentally)
 - Dexamethasone suppression test used to test HPA axis



Cytokine Theory of Disease and GWI

- Is there a GWI cytokine “phenotype”?
- There Are Some Supporting Data:
 - Elevated IL-2, IL-10, TNF- α and IFN- γ (Th1 phenotype)
 - Th2 phenotype not prevalent (glucocorticoid responsive)
- Is it PTSD?
 - No, not associated with elevated serum IL-6



Cytokine Theory of Disease and GWI

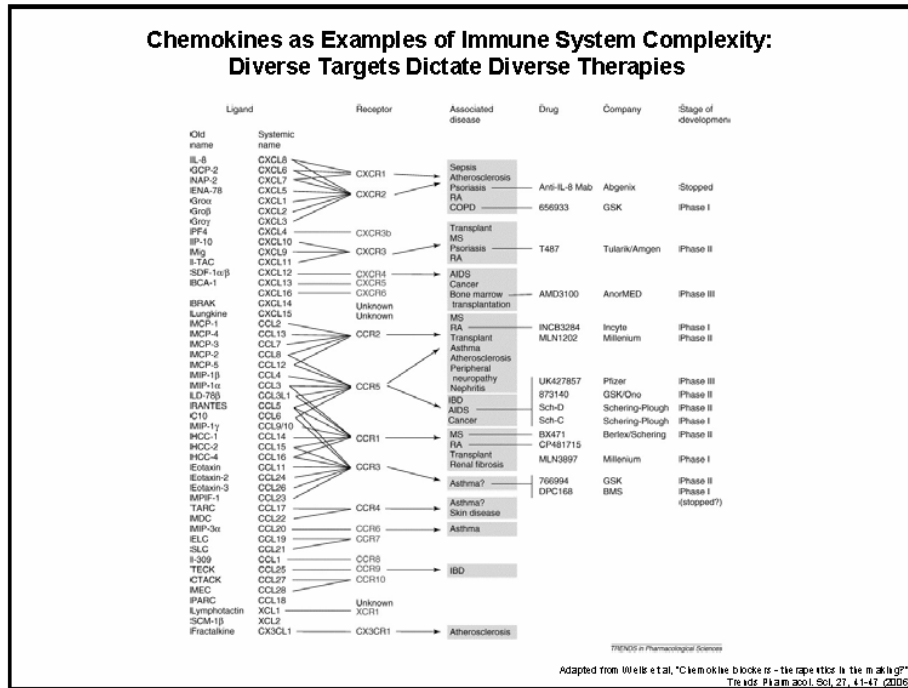
- **Data Gaps:**
 - **Complete serum cytokine profiles**
 - **Glucocorticoid Responsiveness (Dexamethasone Suppression Test)**



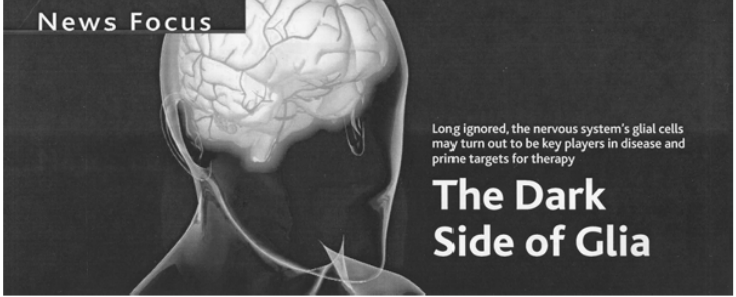
Cytokine/Chemokine Blockers as Therapeutics

1. **Original Hypothesis: One disease, one (“bad”) cell, one cytokine**
2. **Reality: many cells, many cytokines, many therapeutic targets**





Cytokine/Chemokines, Glia and Neurotoxicity





News Focus

Long ignored, the nervous system's glial cells may turn out to be key players in disease and prime targets for therapy

The Dark Side of Glia

Science 308: 778-781, 2005

More Background on the “Dark Side”

Meet the Glia

OLIGODENDROCYTES

These cells provide the fatty myelin sheaths that insulate axons, the long extensions that convey signals from one end of a neuron to the other. When they die off, as in multiple sclerosis, neural communication breaks down.

Neuron

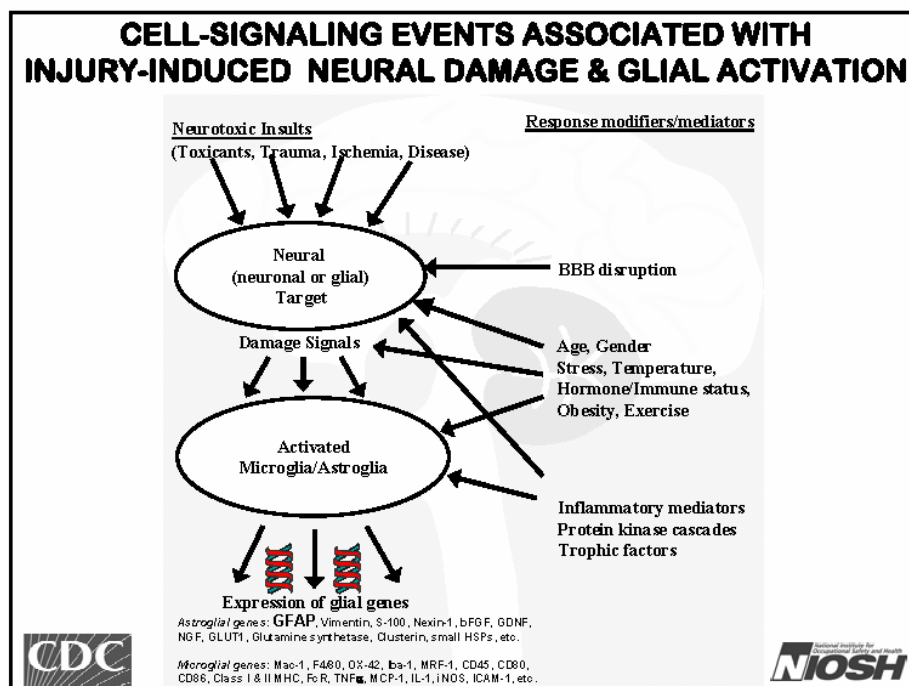
ASTROCYTES

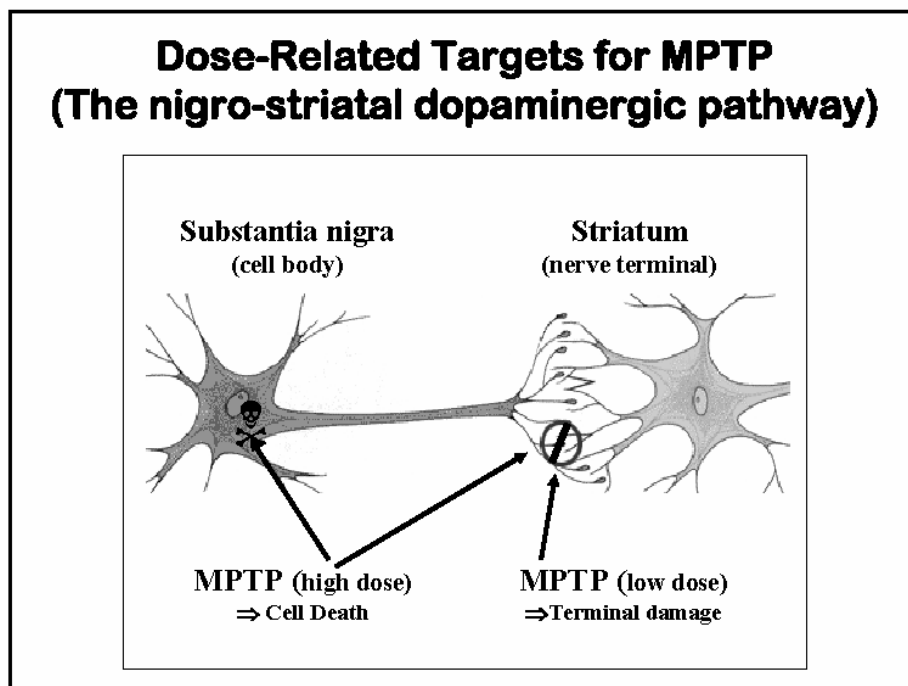
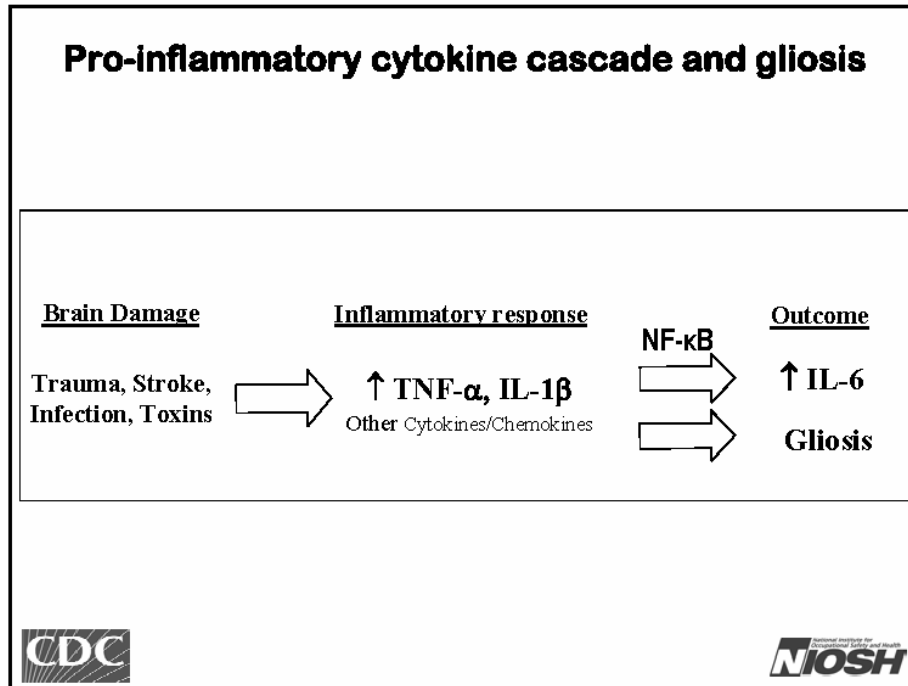
The most mysterious glia, astrocytes have many roles in the brain. They are integral parts of synapses, where they regulate many molecules important for communication between neurons, and they release neural growth factors. In response to injury, however, they take on vastly different personae.

MICROGLIA

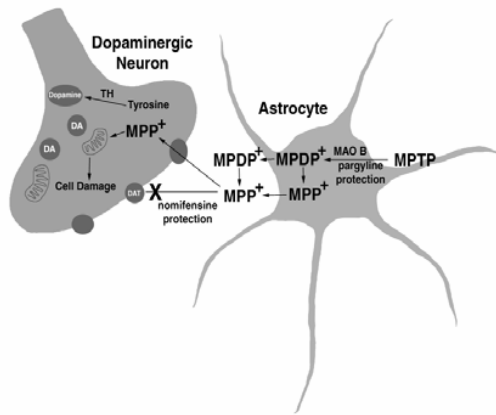
Closely related to macrophages, microglia are the immune system’s ambassadors to the brain. They fight infections, but in response to injury, they release a slew of compounds that may damage neurons.

Science 308: 778, 2005





CARTOON REPRESENTATION OF THE MECHANISM OF MPTP-INDUCED NEUROTOXICITY



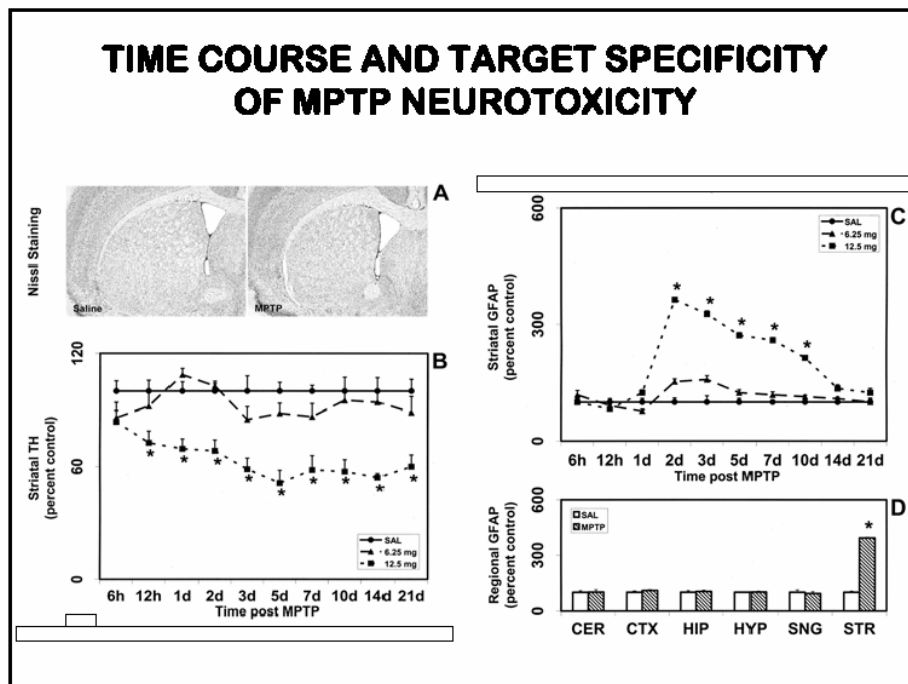
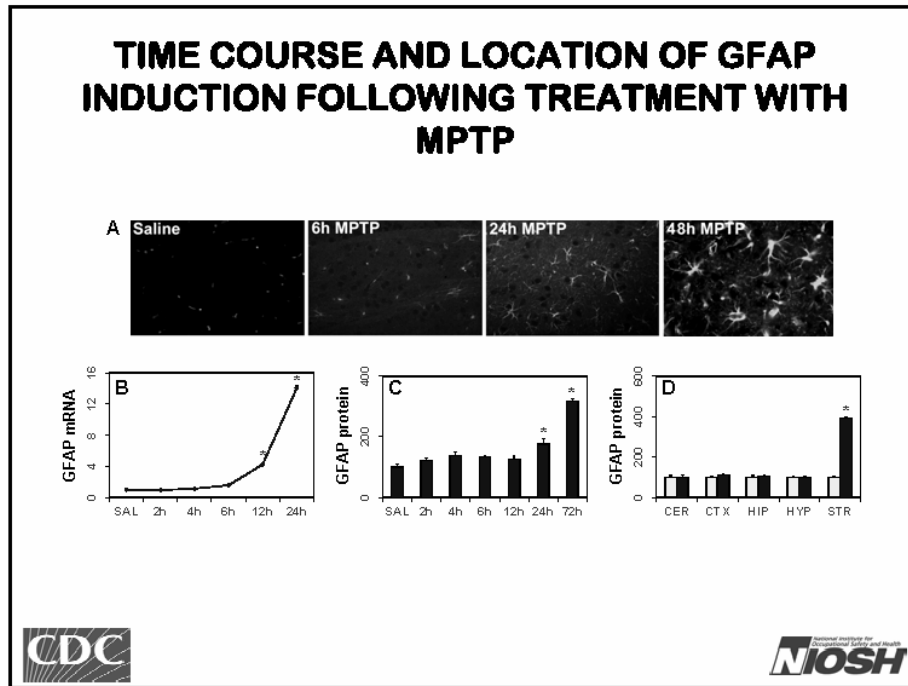
Adapted from R.E. Heikkila

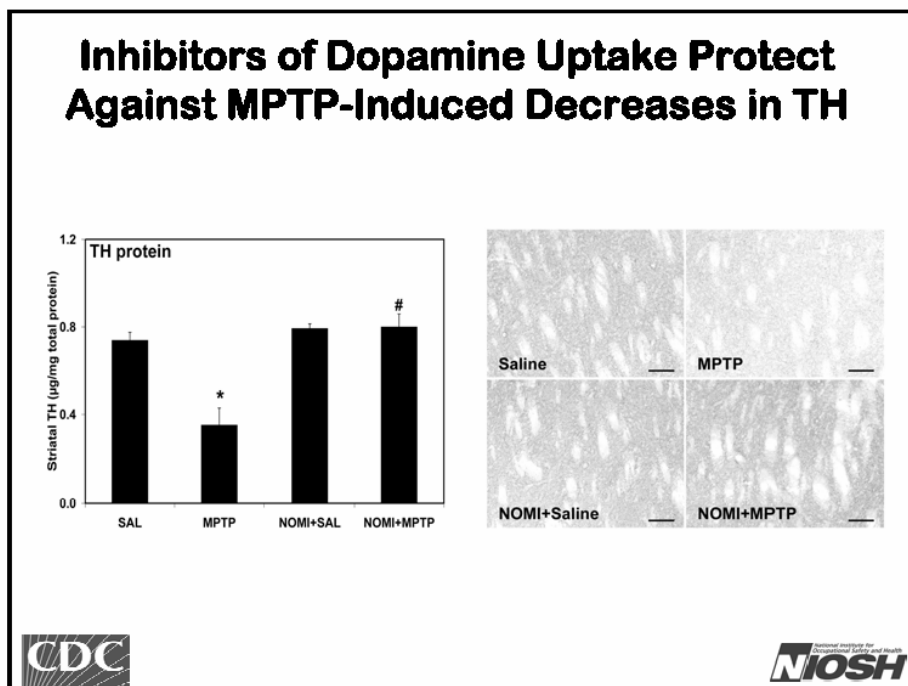
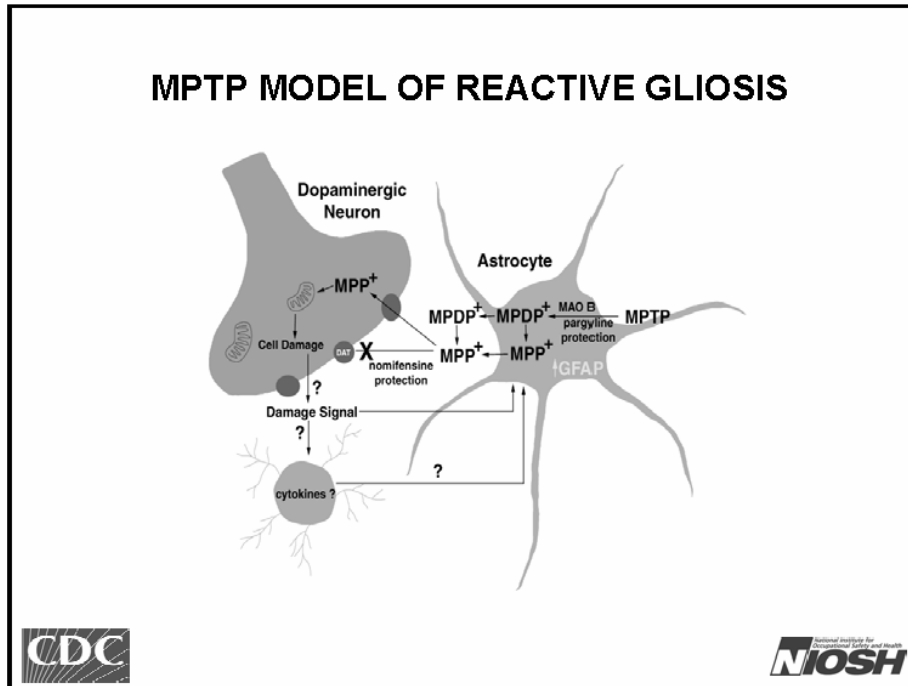


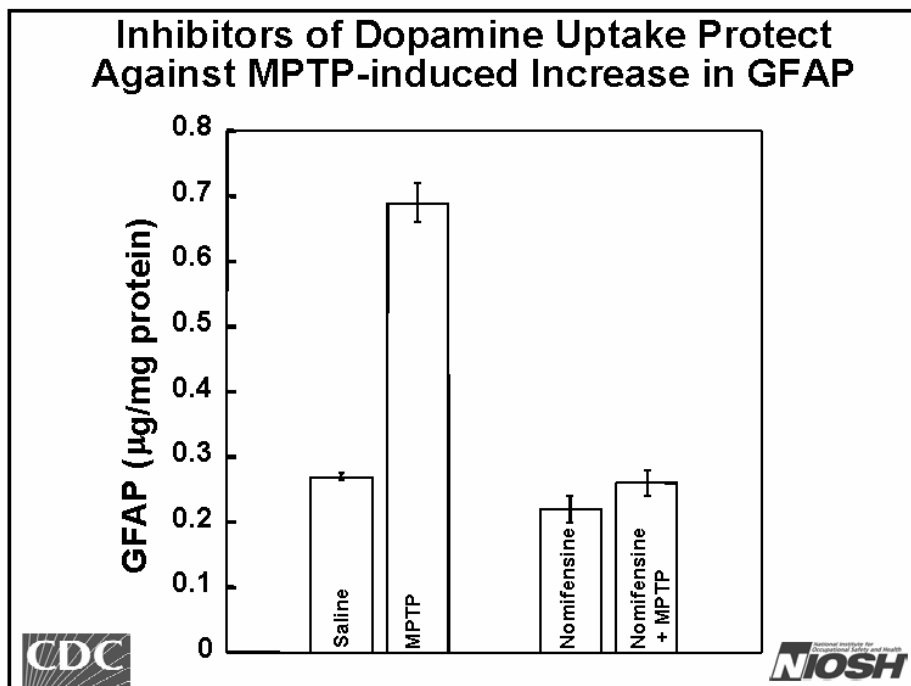
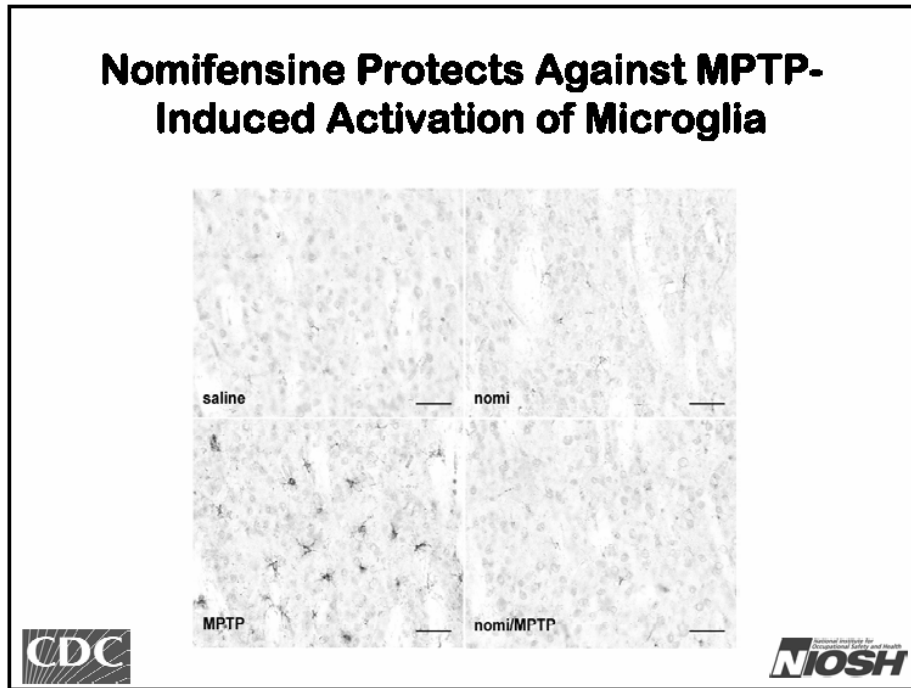
Indices of Neurotoxicity

- **Generic:**
Cell loss-NOT seen in our dosing models
Gliosis (GFAP assay/isolectin staining)
Silver degeneration/Fluoro-Jade staining
- **Dopaminergic (When combined with above):**
Dopamine
Tyrosine hydroxylase (levels, immunohisto)







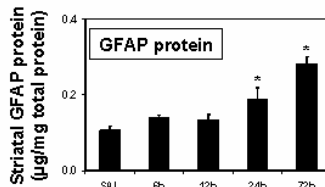
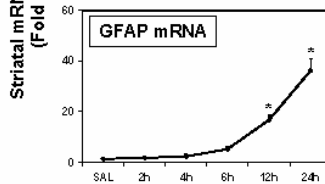
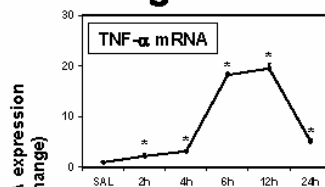


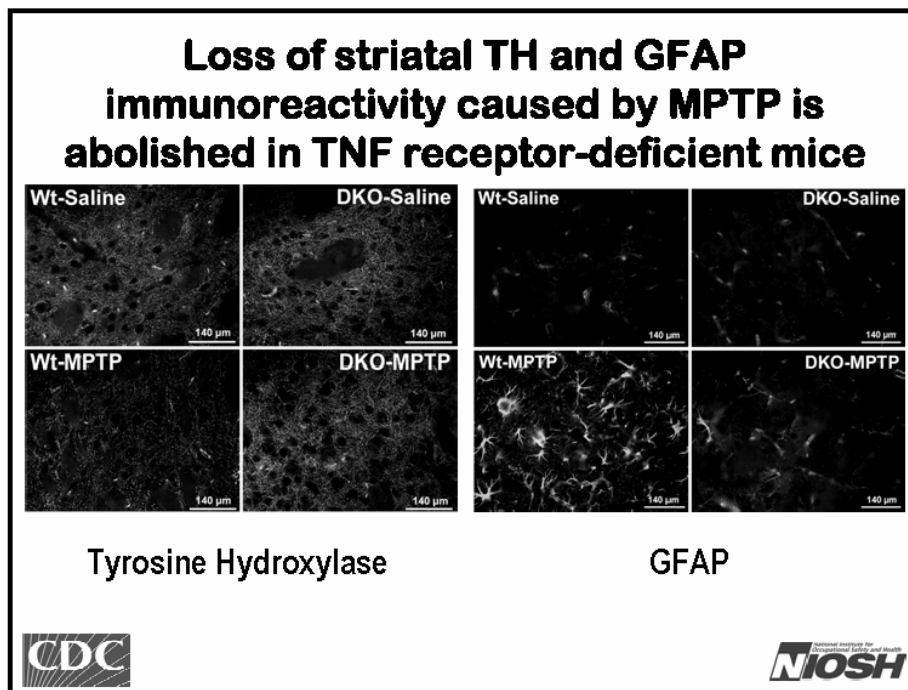
Tumor Necrosis Factor- α

- Proinflammatory Cytokine in the Periphery
- Effects Mediated through 2 receptors
- Role in CNS unknown
- Enhanced Expression in Brain Linked To:
 1. Parkinson’s Disease
 2. HIV-dementia
 3. Activation of Microglia





MPTP-mediated expression of TNF- α precedes gliosis

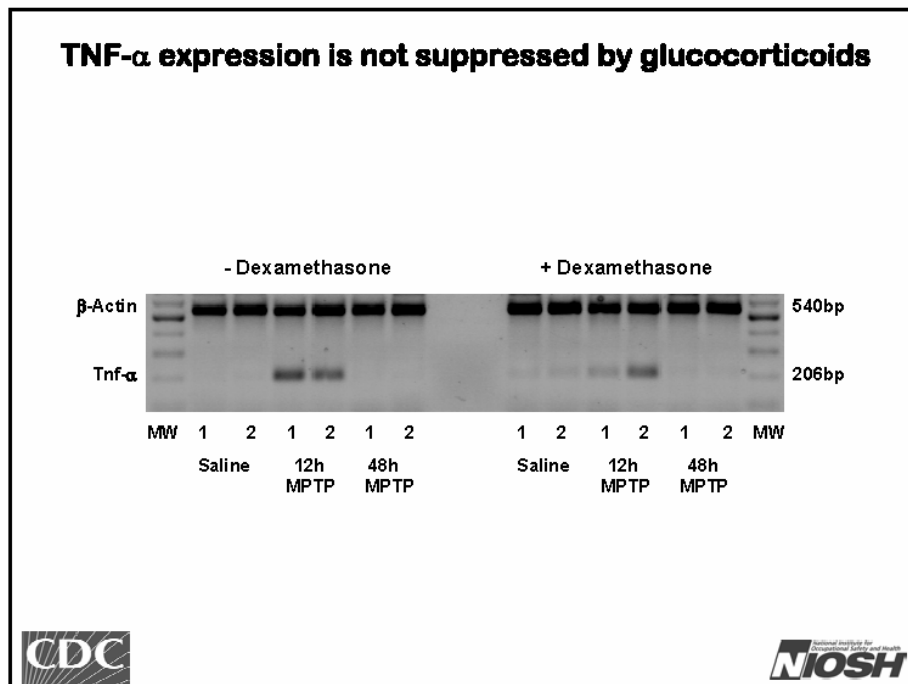
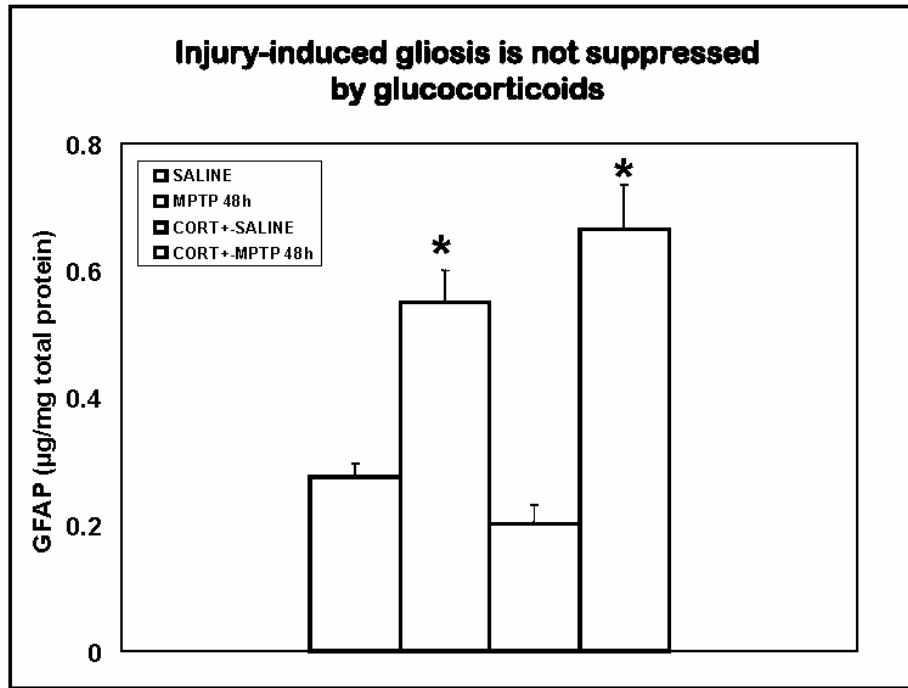




OK, TNF- α is “Bad” but can suppressed in the periphery by Glucocorticoids

Will Glucocorticoids suppress brain damage and TNF- α in the CNS?

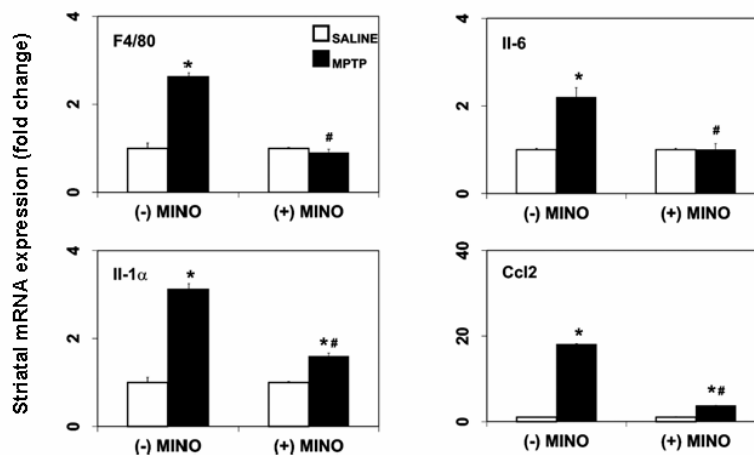


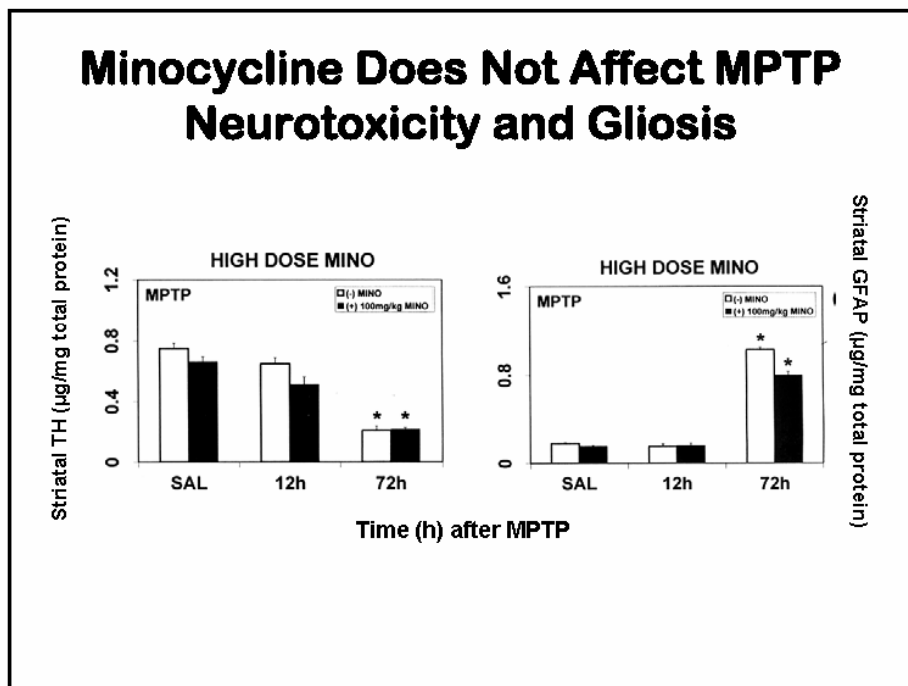
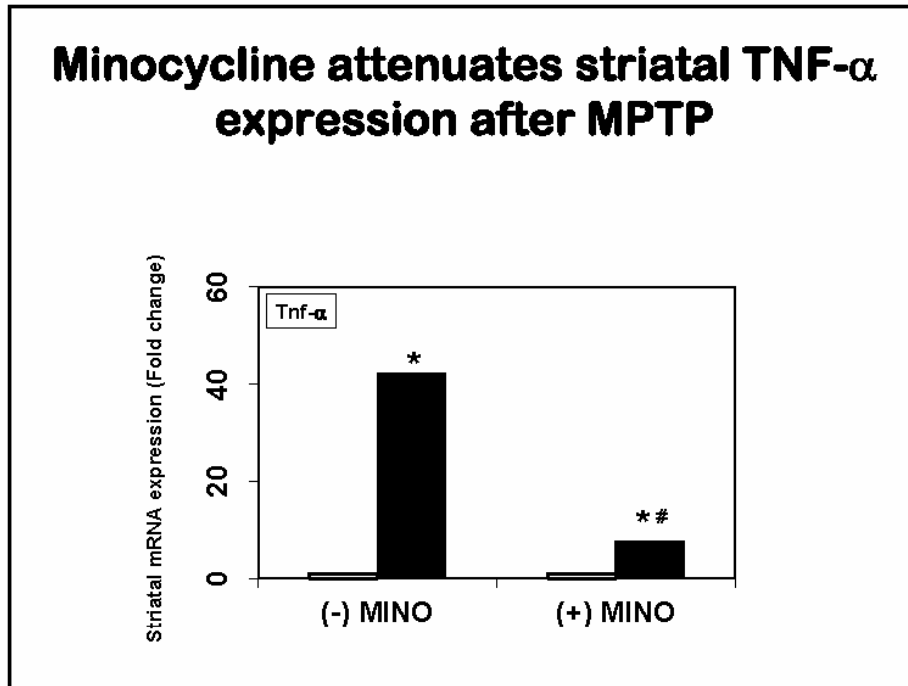
Use minocycline to block microglial activation?

- **Broad spectrum tetracycline derivative antibiotic**
- **Anti-inflammatory properties**
- **Reported to block microglial activation**
- **Reported to block nigral cell loss after (high dose) MPTP**



Minocycline suppresses the striatal expression of microglial factors following MPTP

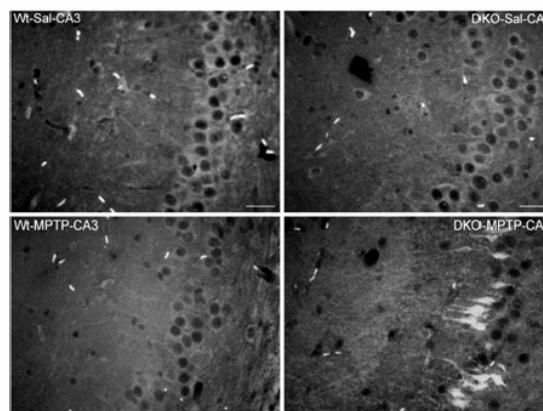




OK...TNF is bad but...not so fast..



Role of TNF- α in Neurodegeneration is *NOT* Simple: F-J Staining is seen in hippocampus of TNF receptor-deficient mice treated with MPTP



A few words from Richard Ransohoff on *in vivo* vs. *in vitro* cytokine data

“....comparisons of *in vitro* studies of explanted CNS cells with *in vivo* data (e.g. in-situ hybridization) show that tissue disruption and cell culture dysregulates the chemokine system. Therefore, it is Perilous to extrapolate the situation *in vivo* from results *in vitro*.”

Ubogu, et al., Trends in Pharmacol. Sci. 27: 49, 2006



Some take home messages

1. Data exist suggestive of involvement of dysregulated immune signaling in GWVI
2. Neuro-immune and immune-neuro interactions are complex and reciprocal; they pose multiple targets for diagnosis and therapy
3. Expanded serum cytokine profiling and immune function tests of GW veterans may aid in revealing the GWI phenotype
4. Therapeutics that affect immune signaling in the periphery may not modulate CNS immune signals or they may inappropriately disrupt normal beneficial effects of cytokine signals in the CNS

