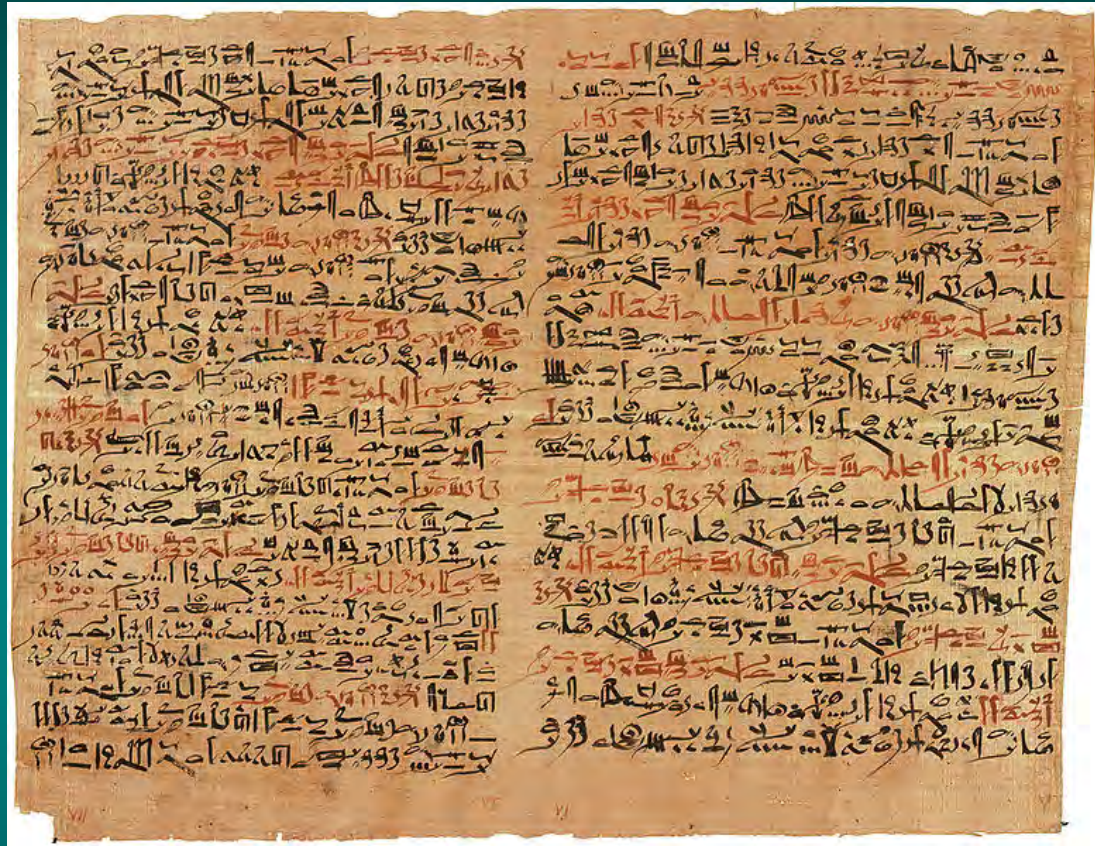


Repairing spinal cord nerves

Ronald Schnaar

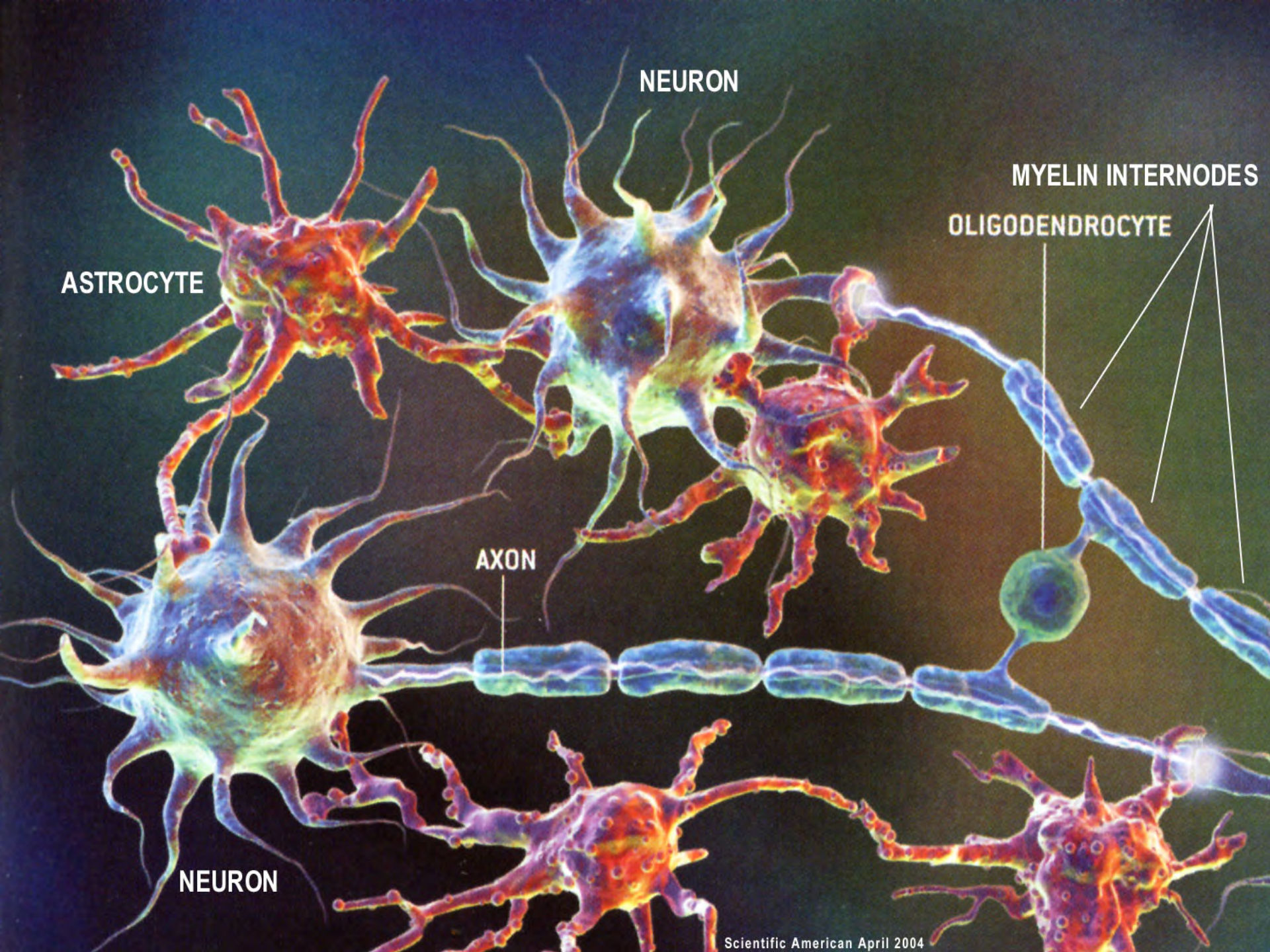
The Johns Hopkins School of Medicine

Traumatic spinal cord injury



Edwin Smith Papyrus, Egypt, circa 1500 BC

Earliest medical text on battlefield trauma, in which spinal cord injury was deemed: “An ailment not to be treated”



NEURON

MYELIN INTERNODES

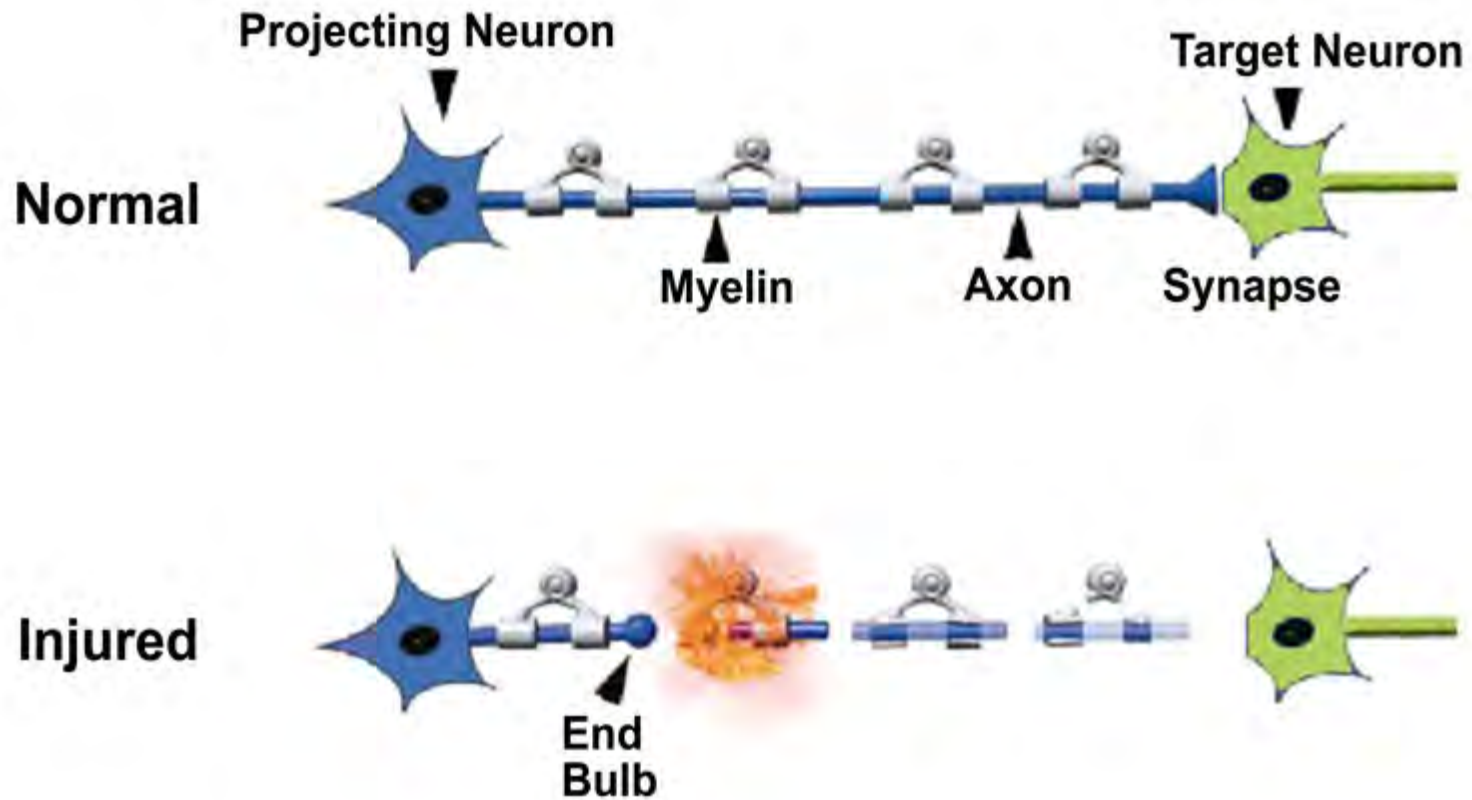
OLIGODENDROCYTE

ASTROCYTE

AXON

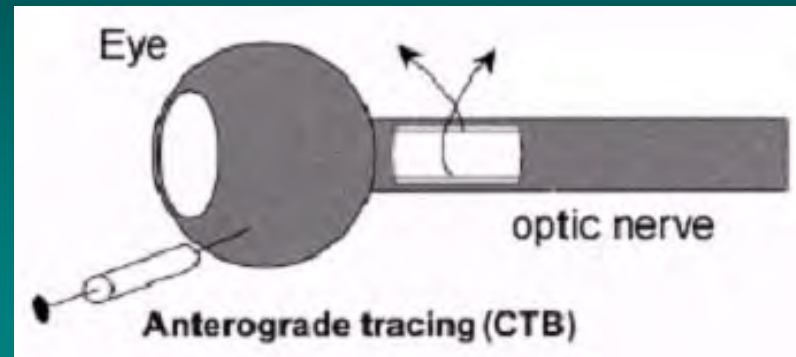
NEURON

Axon transection in traumatic nerve injury



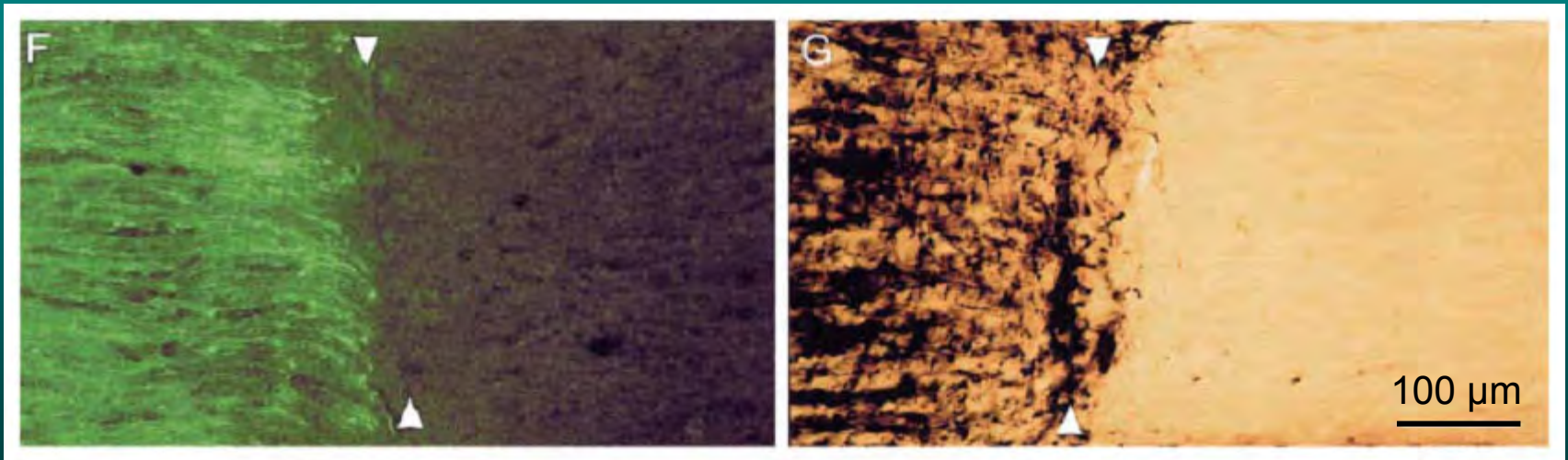
Even after a microcrush injury, nerve axons fail to regenerate after injury

optic nerve microcrush:

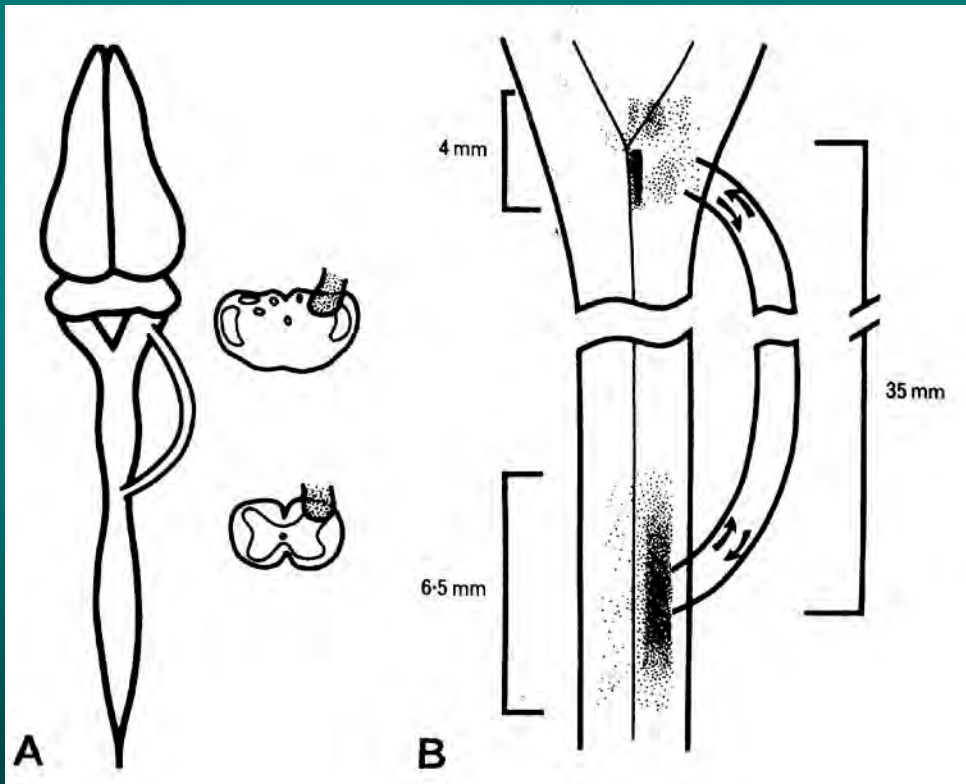


Axon retraction
24 h post-injury

Regeneration failure
2 wks post-injury

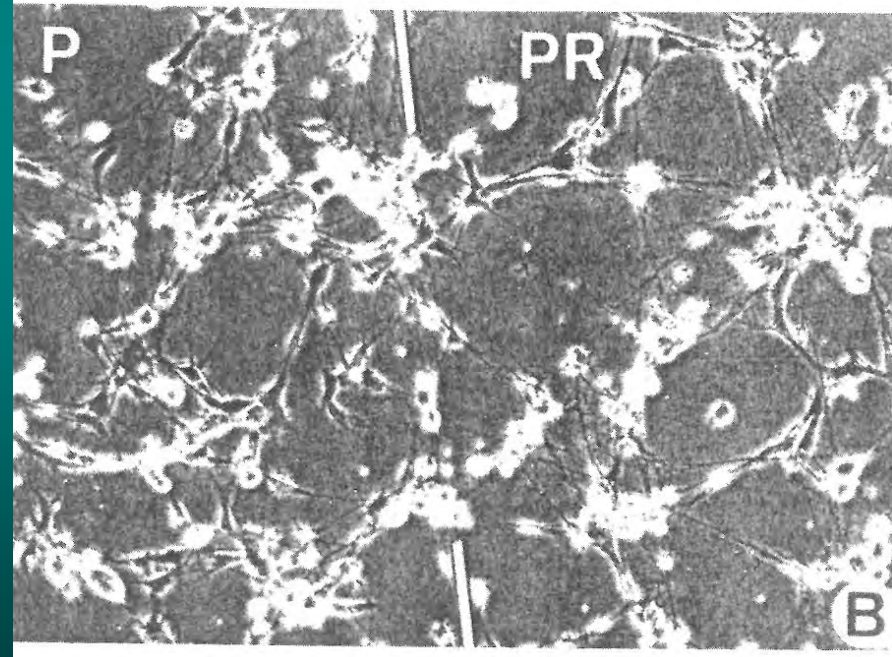
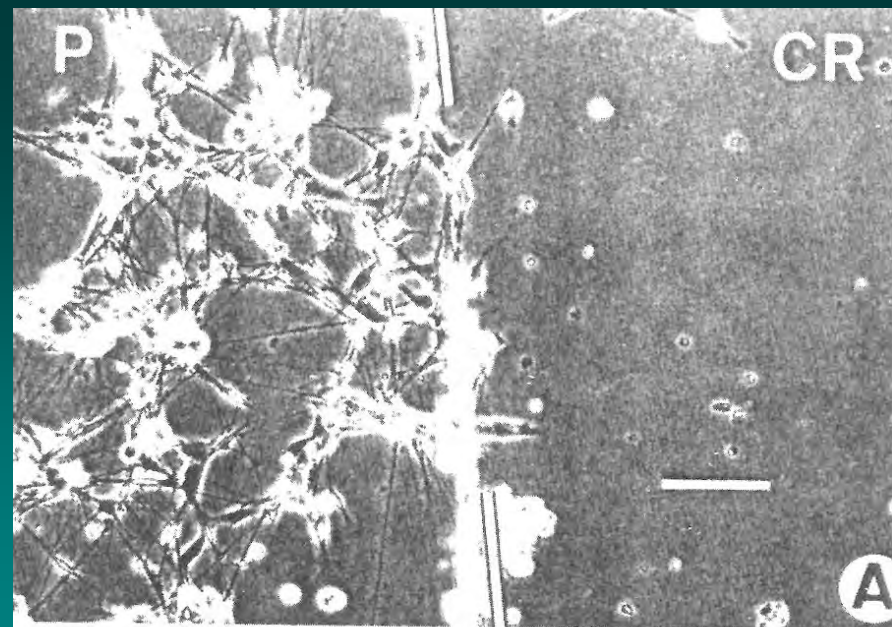


- The peripheral nervous system (PNS) is more permissive for axon regeneration than the central nervous system (CNS).
- When PNS nerve sheath is grafted into a CNS injury, some CNS axons regenerate through the graft

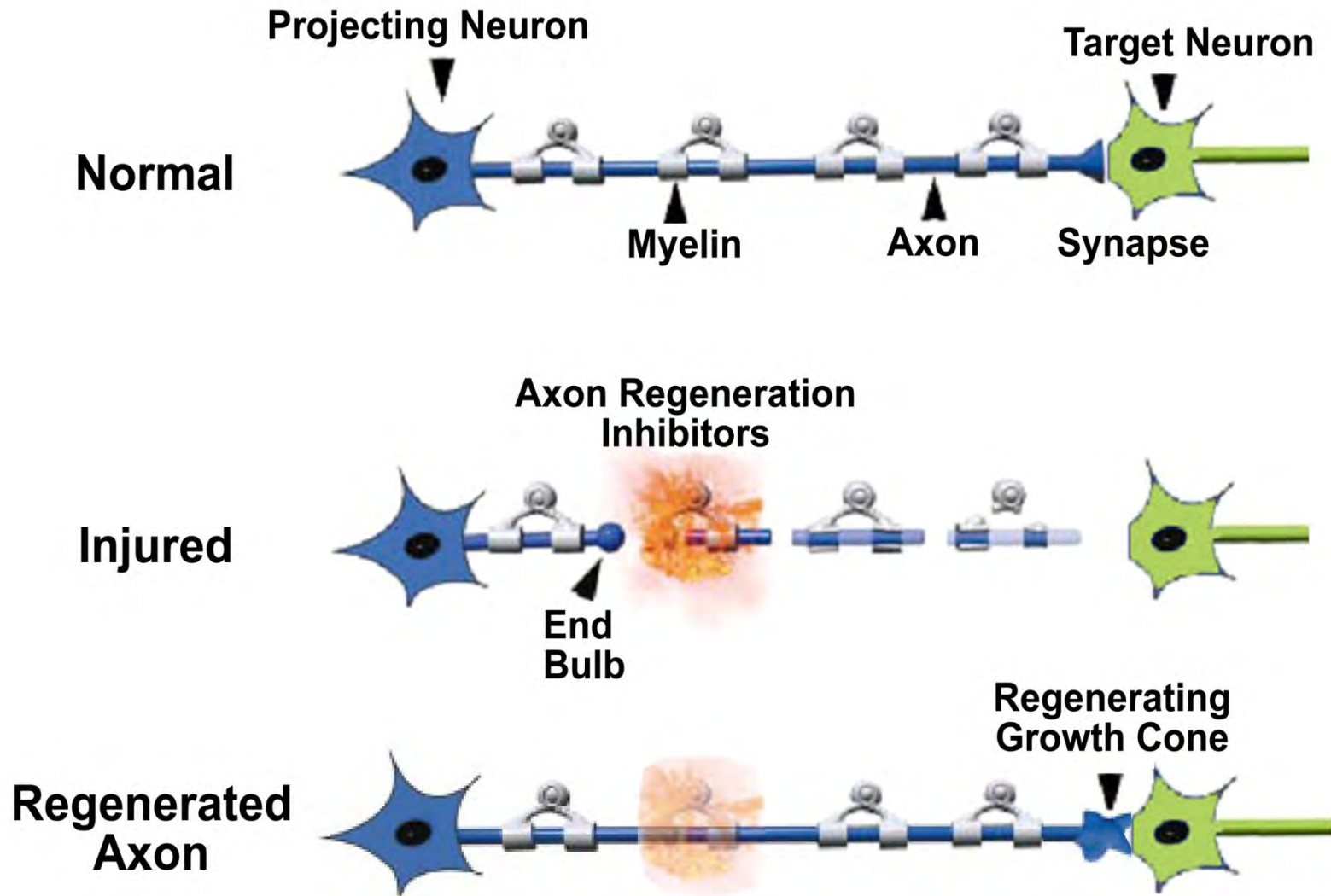


Adult Rat CNS axon regeneration
David & Aguayo (1981) *Science* 214,
931-933

In vitro, superior cervical ganglion neurites extend on a surface coated without myelin (P) or on PNS myelin (PR), but not on a surface coated with CNS myelin (CR)



Axon transection in traumatic nerve injury



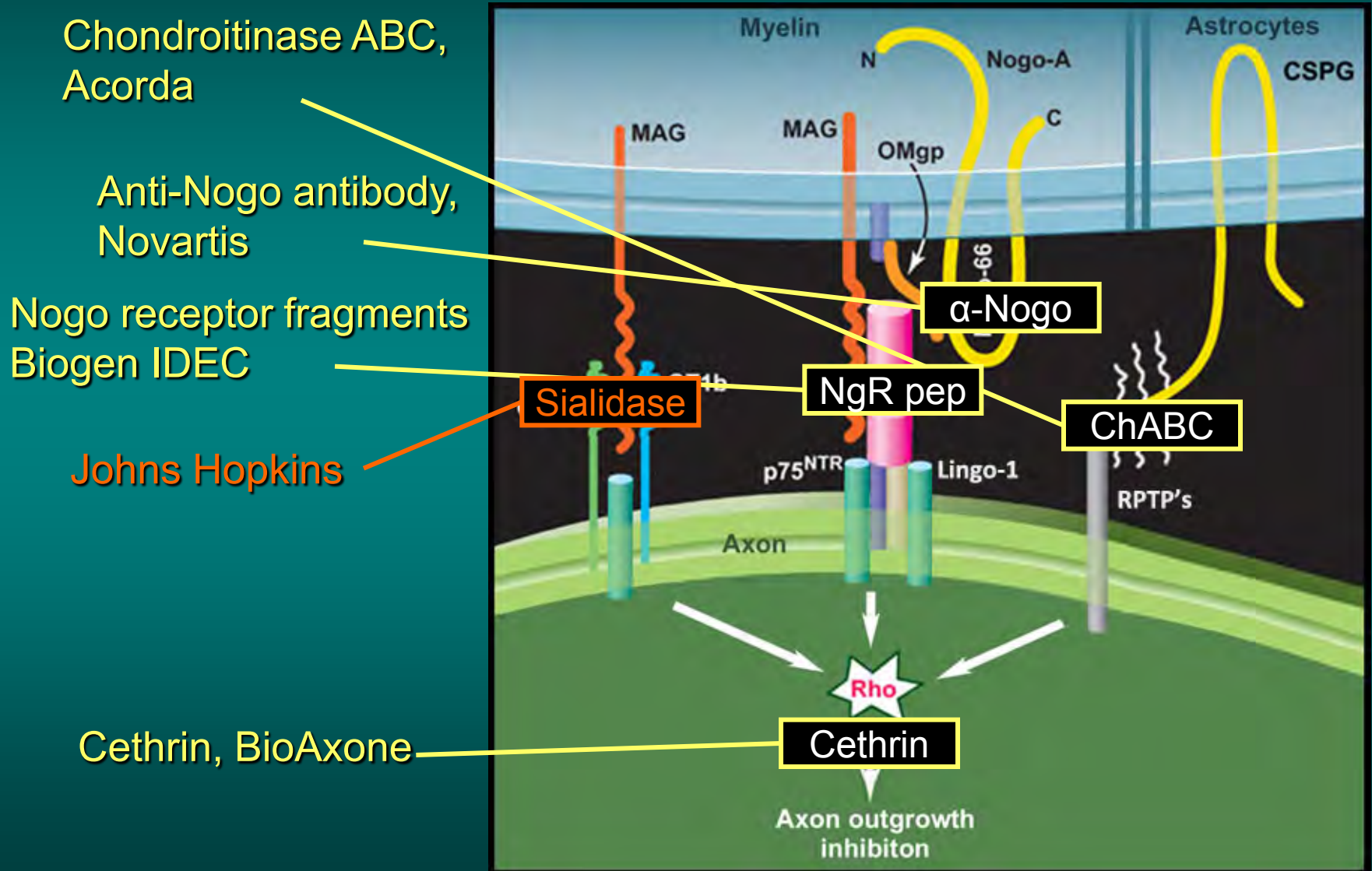
Multiple axon regeneration inhibitors (ARI's) accumulate at the site of a CNS injury

- Myelin-associated glycoprotein (MAG)
 - on residual myelin
- Nogo
 - on residual myelin
- OMgp
 - on residual myelin
- Chondroitin sulfate proteoglycan (CSPG)
 - on residual myelin and the astroglial scar

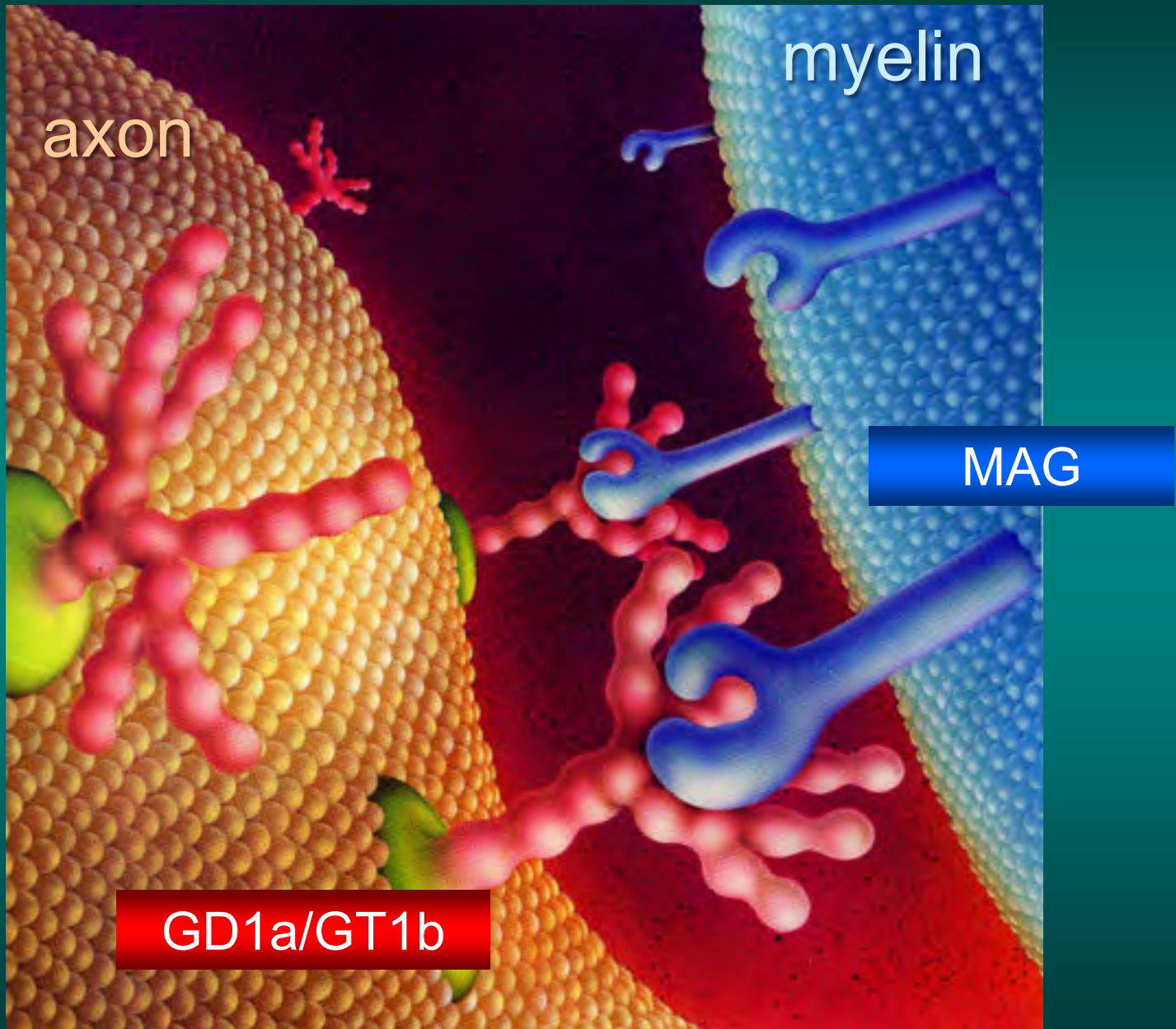
Blocking one or more ARI may enhance axon regeneration after spinal cord and other CNS injuries

AXON REGENERATION INHIBITORS

A working model with therapeutic opportunities

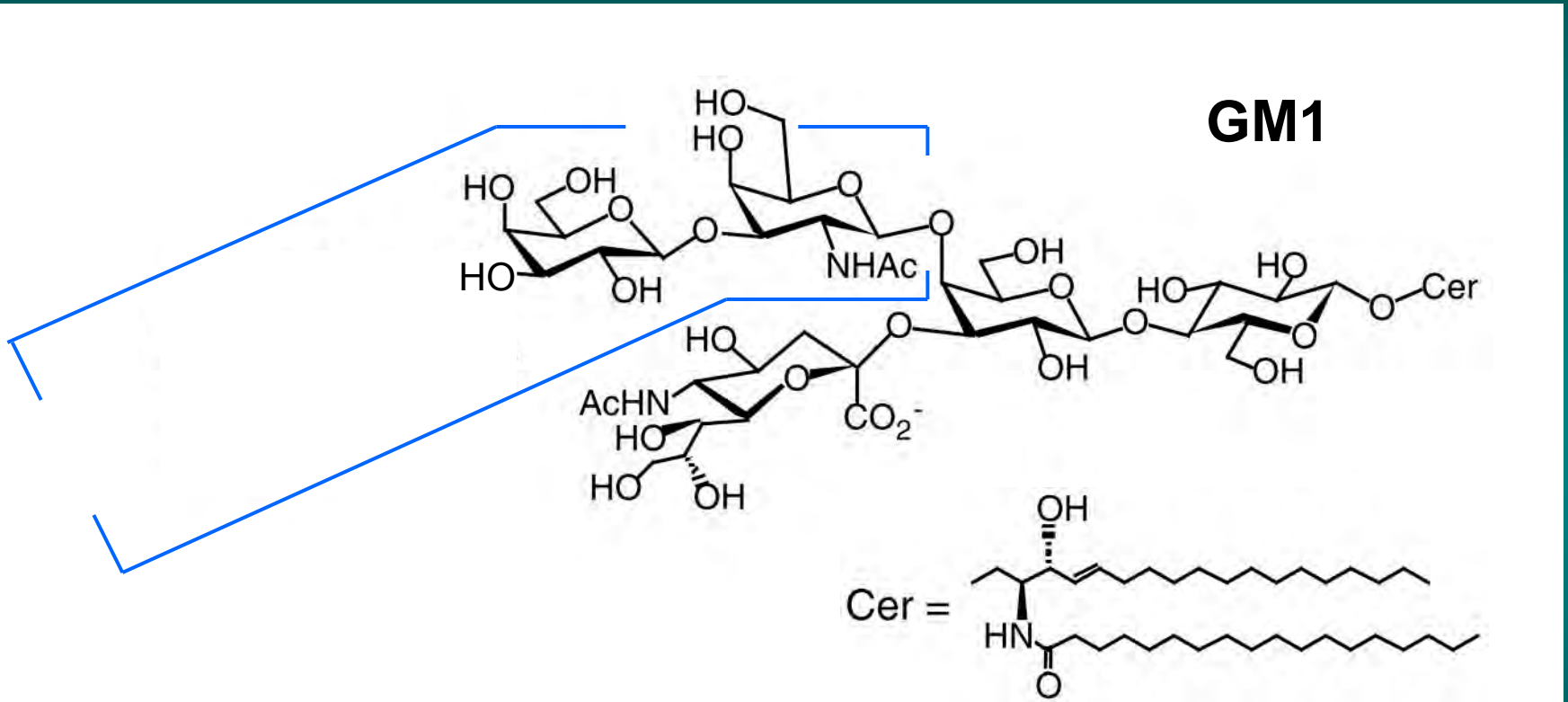


MAG on myelin engaging its receptors on axons



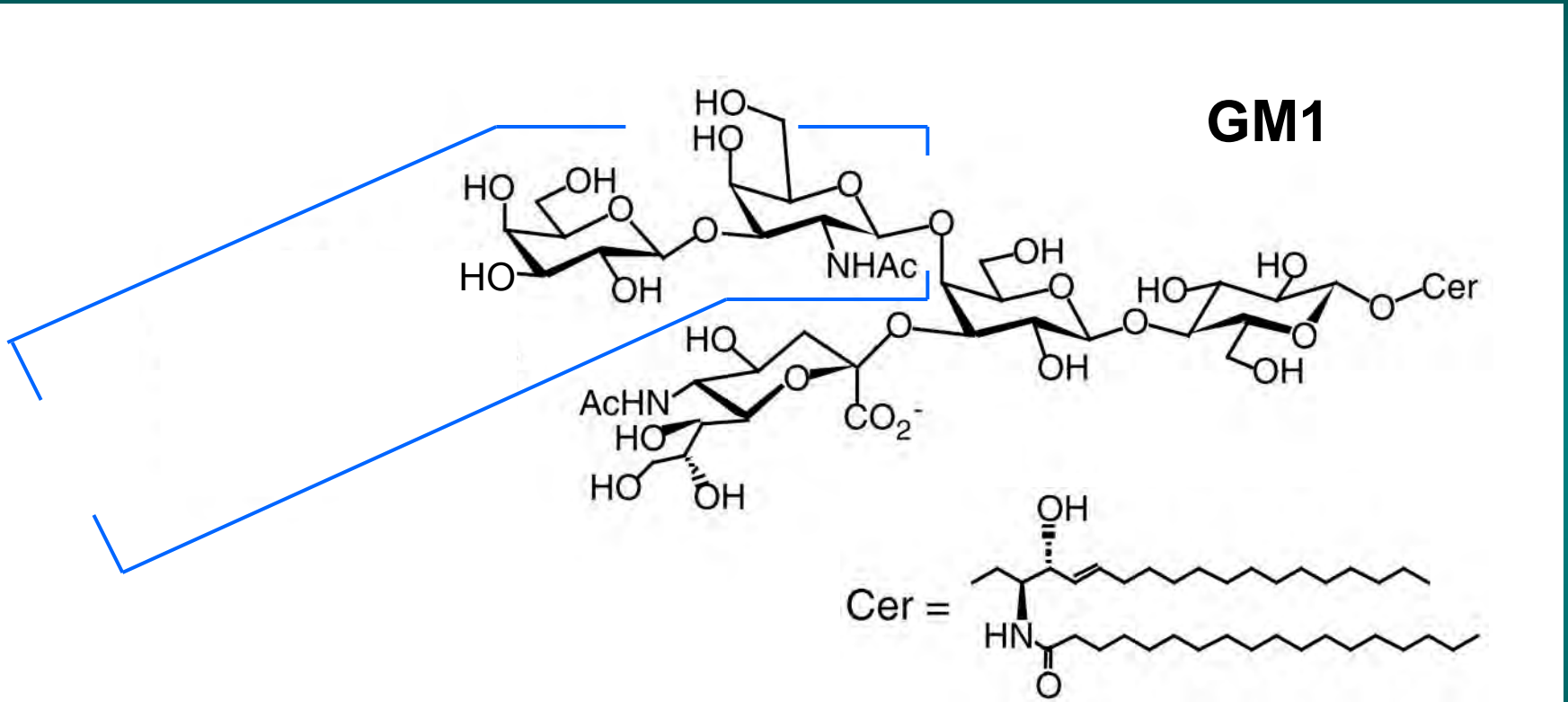
Modified from Sharon and Lis (1993) Scientific American

Sialidase cleaves the terminal sialic acid from GD1a



Gal β 3 GalNAc β 4 (NeuAc α 3) Gal β 4 Glc β Cer

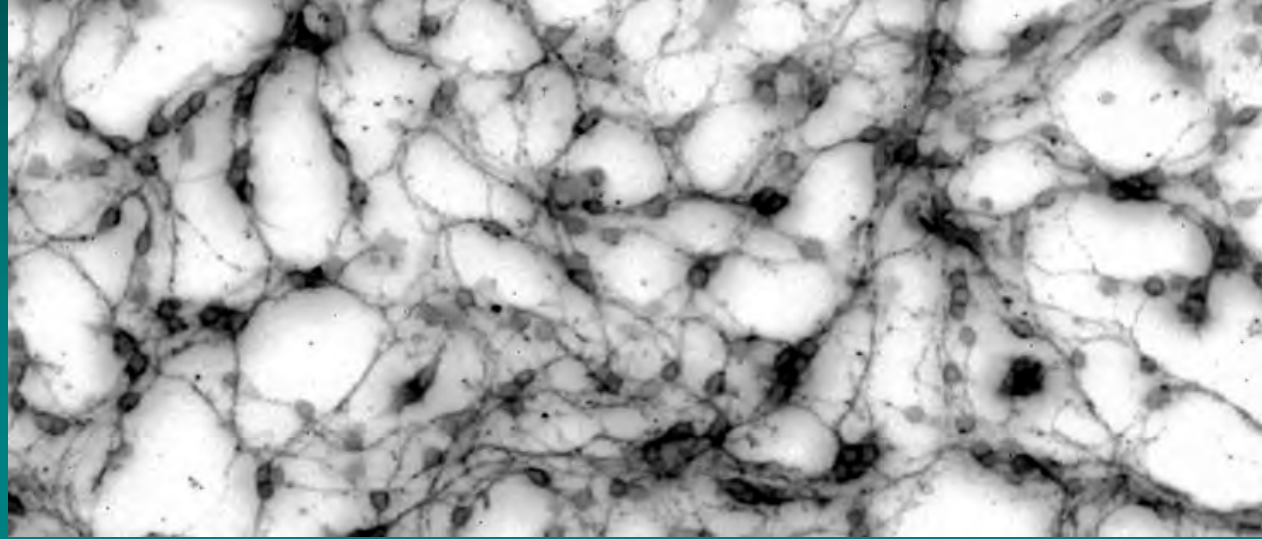
Sialidase cleaves the terminal sialic acid from GD1a



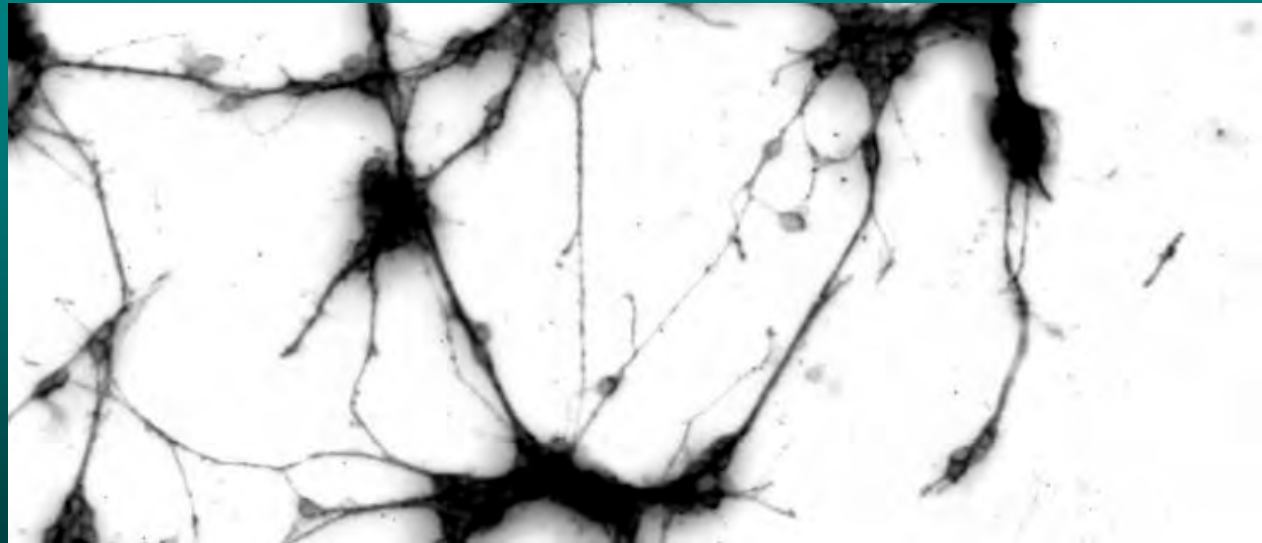
Gal β 3 GalNAc β 4 (NeuAc α 3) Gal β 4 Glc β Cer

MAG inhibits axon outgrowth from nerve cells *in vitro*

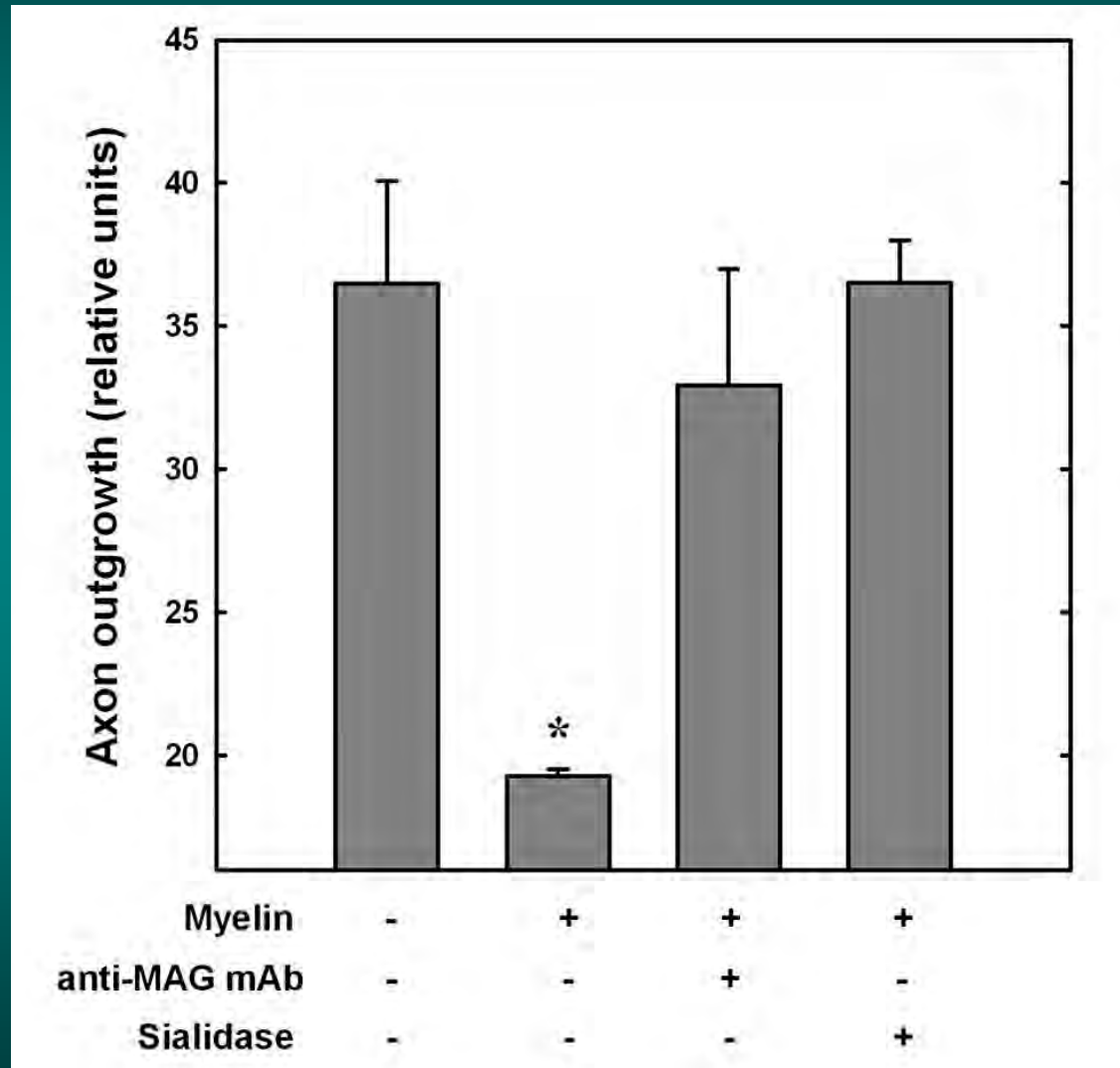
Control surface



Myelin-derived MAG



Myelin-derived MAG inhibition of axon outgrowth is reversed by anti-MAG antibody and by sialidase



SIALIDASE PRECLINICAL STUDIES

- Brachial Plexus injury
- Contusion SCI



SIALIDASE PRECLINICAL STUDIES

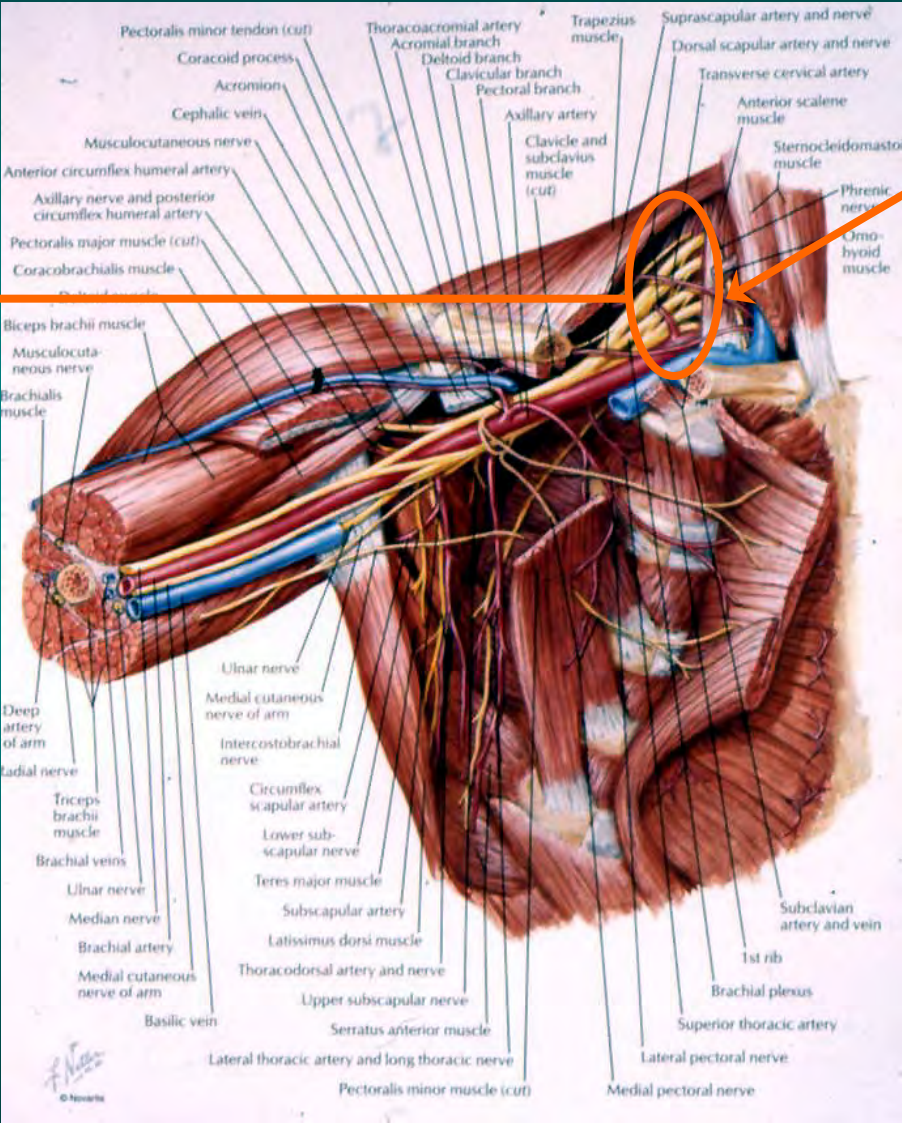
- Brachial Plexus injury
- Contusion SCI



BRACHIAL PLEXUS

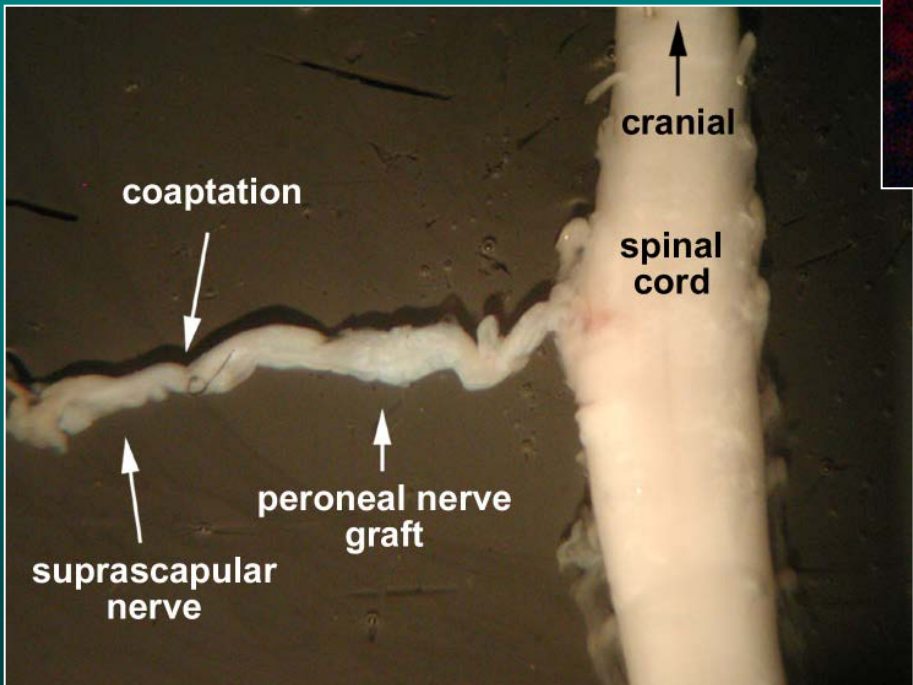
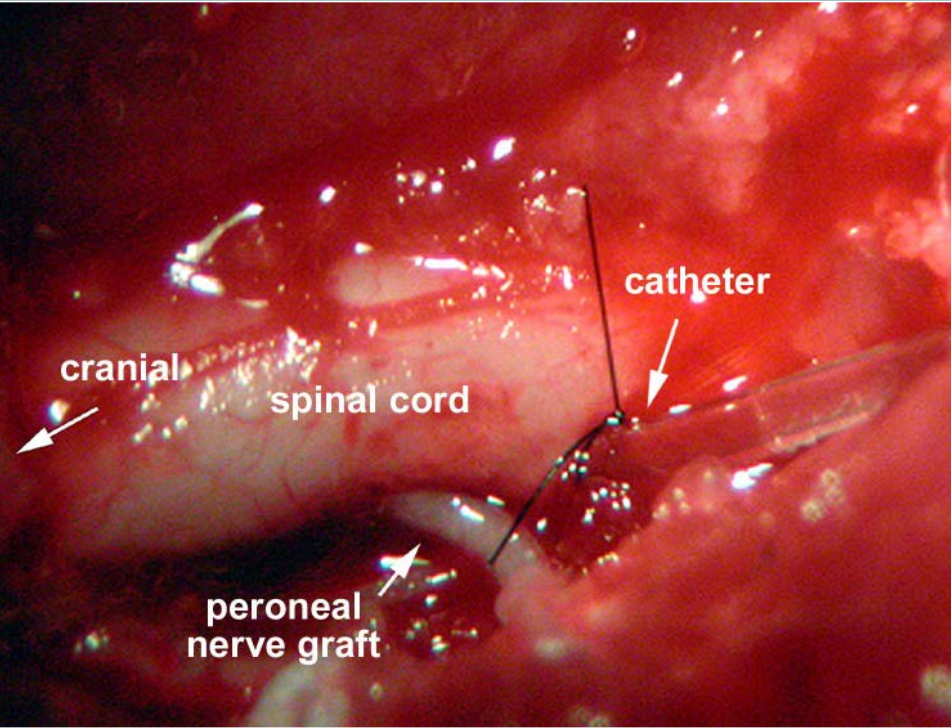
brachial plexus nerves

spinal cord

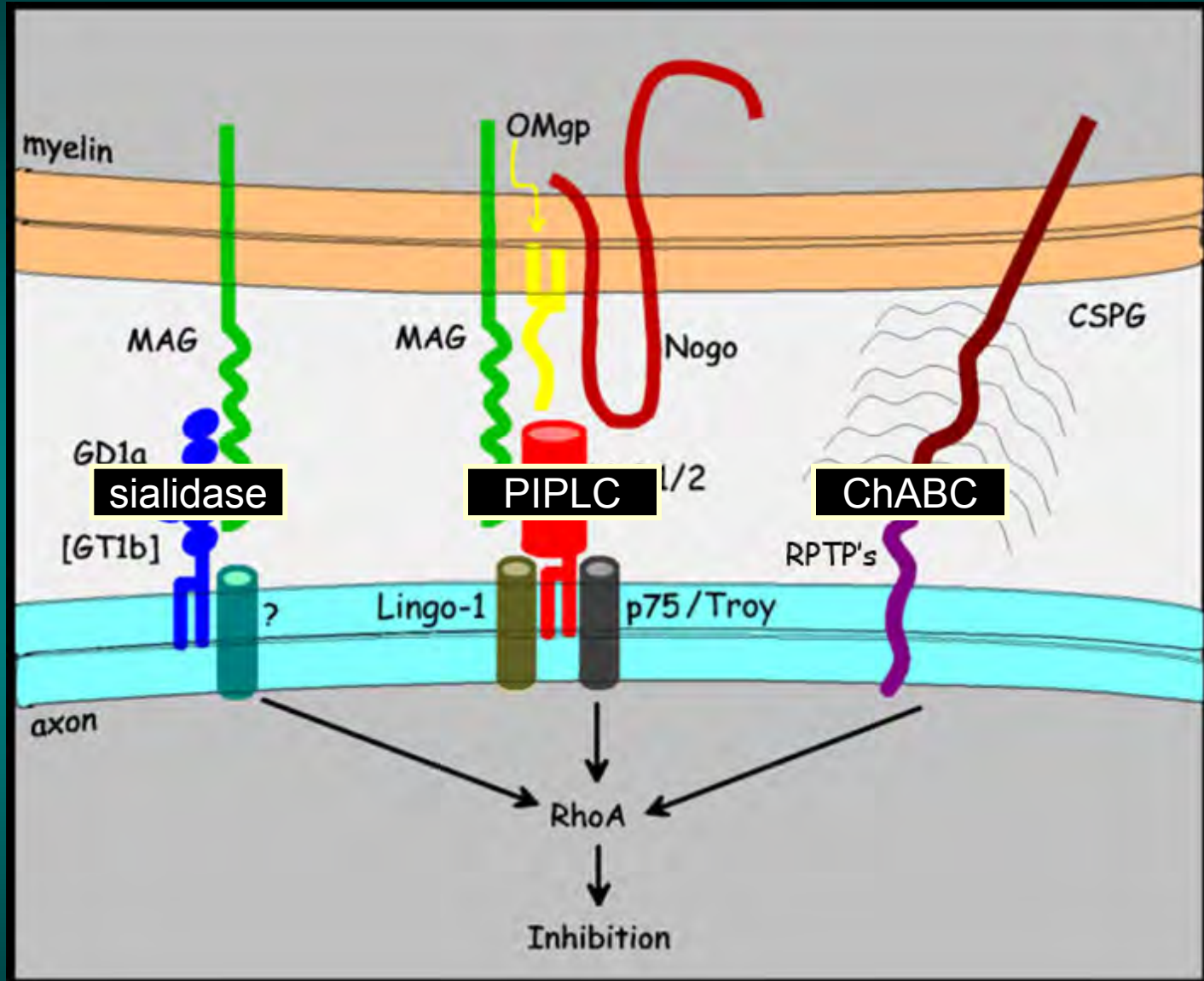


BRACHIAL PLEXUS INJURY & REPAIR MODEL

- Cut C8 ventral and dorsal roots
- Insert peroneal nerve graft into cord
- Deliver hydrolases to the site of injury
- After 4 wks cut graft 7 mm from cord
- Immerse cut end in Fluororuby dye
- After 3 d Fix, section, count retrograde labeled spinal neurons



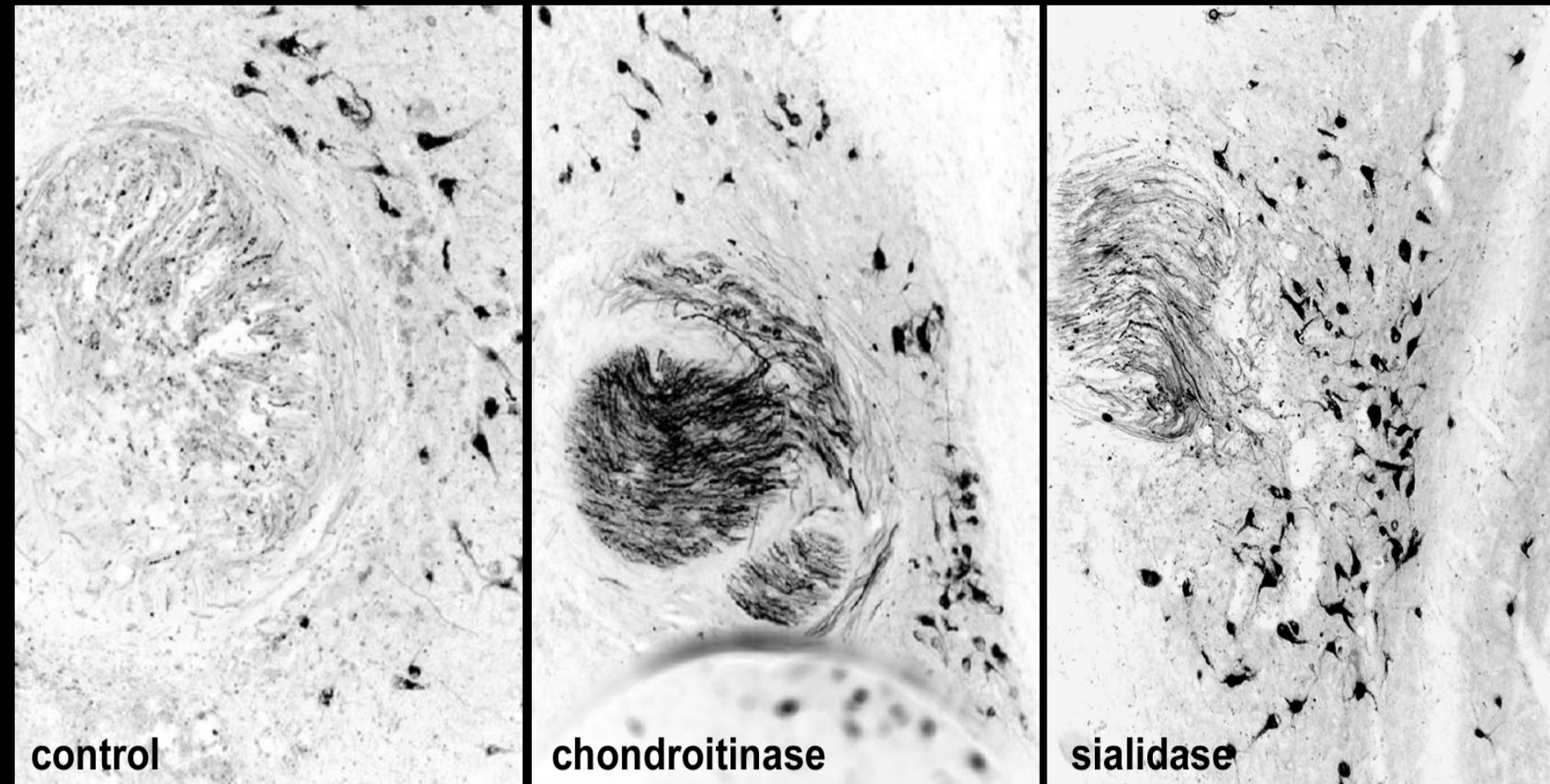
Axon regeneration inhibitors: reversal by bacterial hydrolases



Modified from Woolf & Bloechlinger, Science (2002) 297, 1132

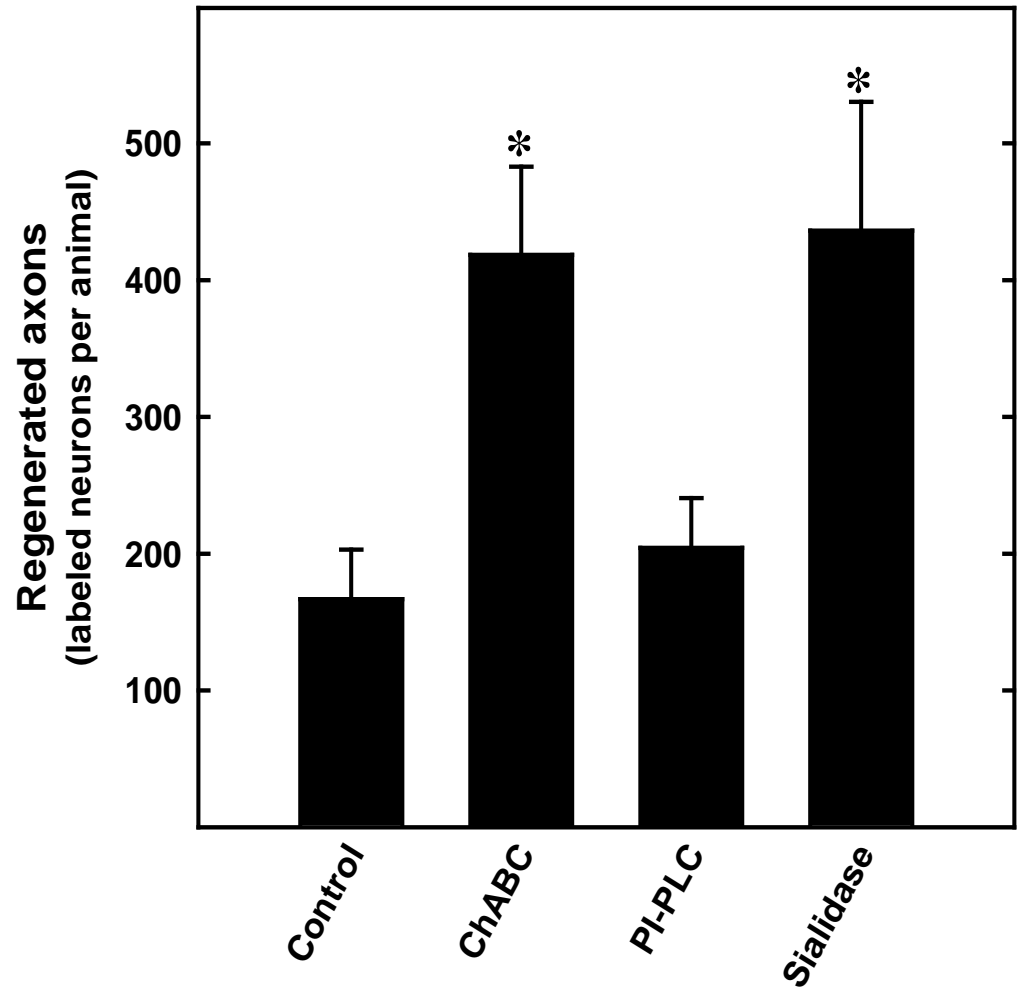
BRACHIAL PLEXUS RESULTS

Sialidase and chondroitinase (but not PIPLC) enhance spinal axon regeneration



BRACHIAL PLEXUS RESULTS

Sialidase and chondroitinase (but not PIPLC) enhance spinal axon regeneration



SIALIDASE PRECLINICAL STUDIES

- Brachial Plexus injury
- Contusion SCI

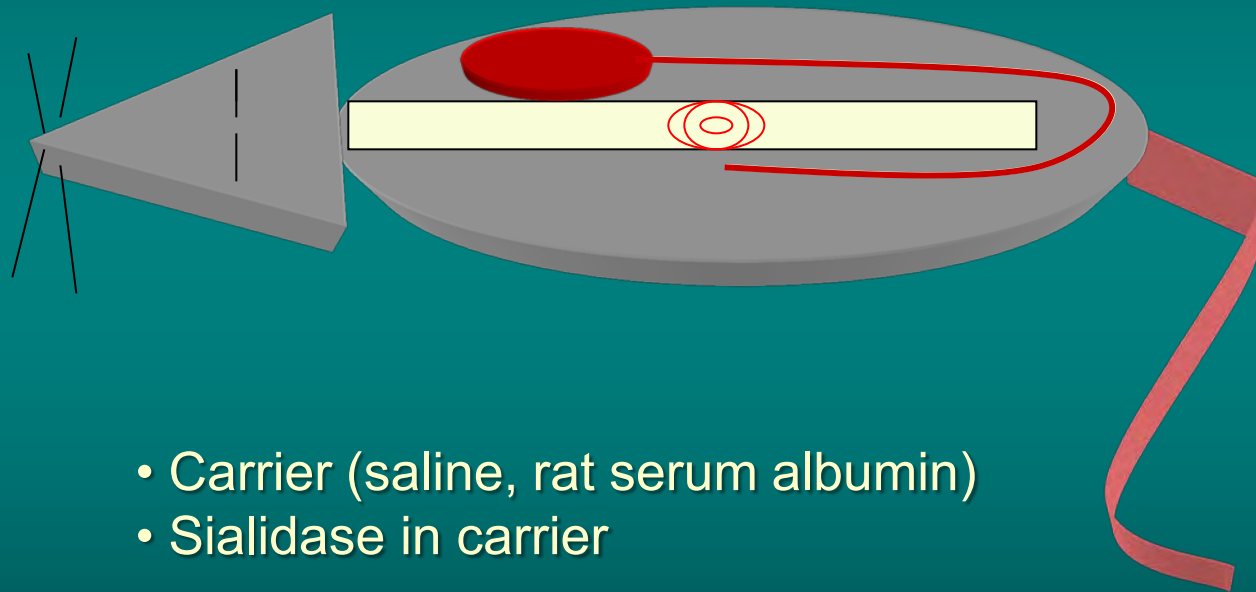


SIALIDASE PRECLINICAL STUDIES

- Brachial Plexus injury
- Contusion SCI



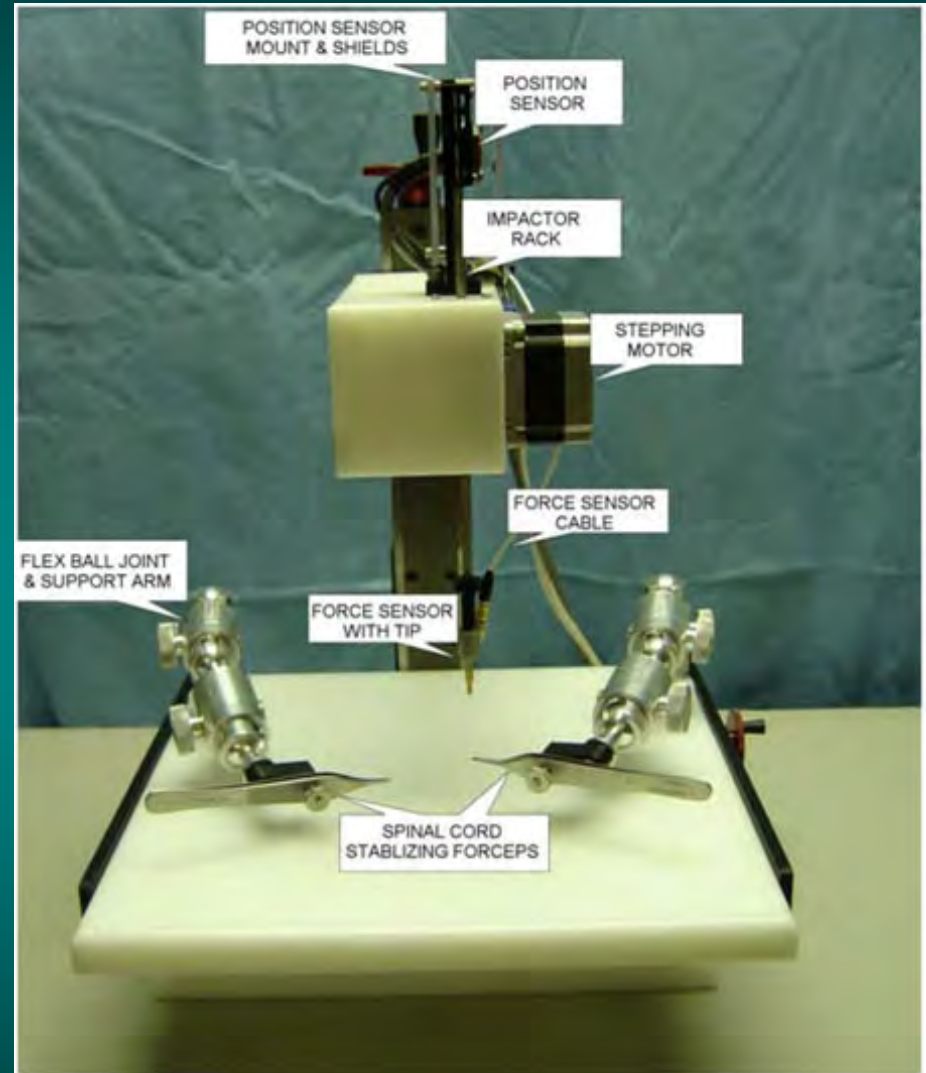
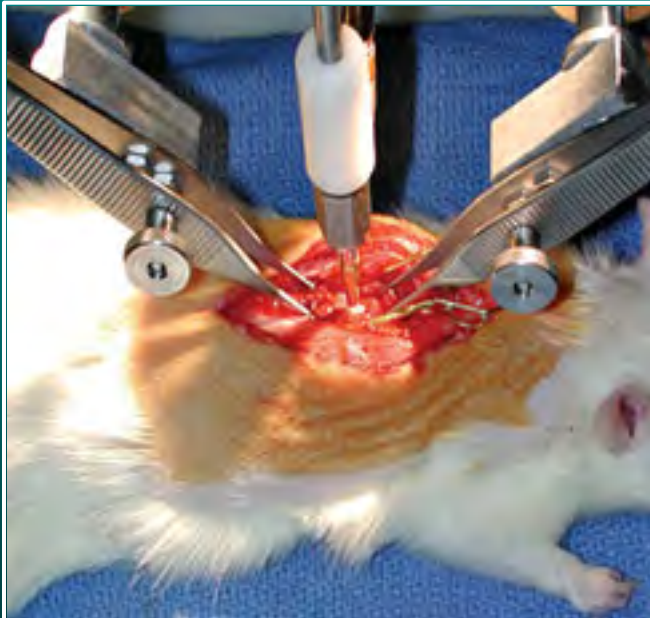
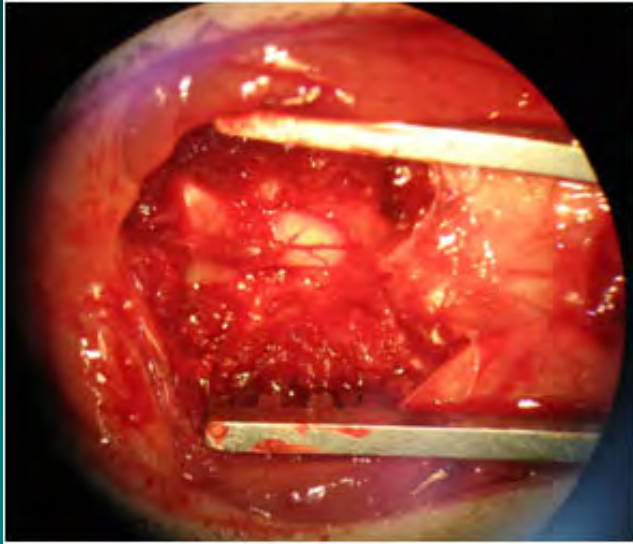
Intrathecal sialidase delivery to treat spinal cord contusion injury in the rat



- Carrier (saline, rat serum albumin)
- Sialidase in carrier

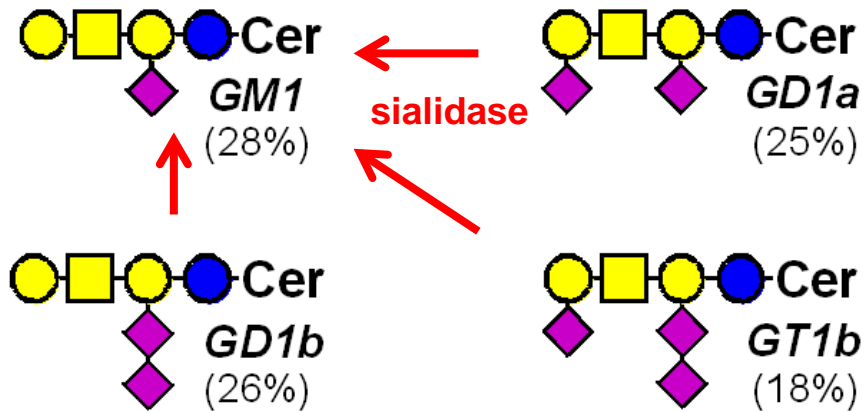
Recombinant *V. cholerae* sialidase plasmid kindly provided by G. Taylor, St. Andrews, UK
2 U/ml delivered intrathecally – 50 μ l initial dose then 0.4 μ l/h for 14 days via osmotic pump

Spinal cord contusion injury model

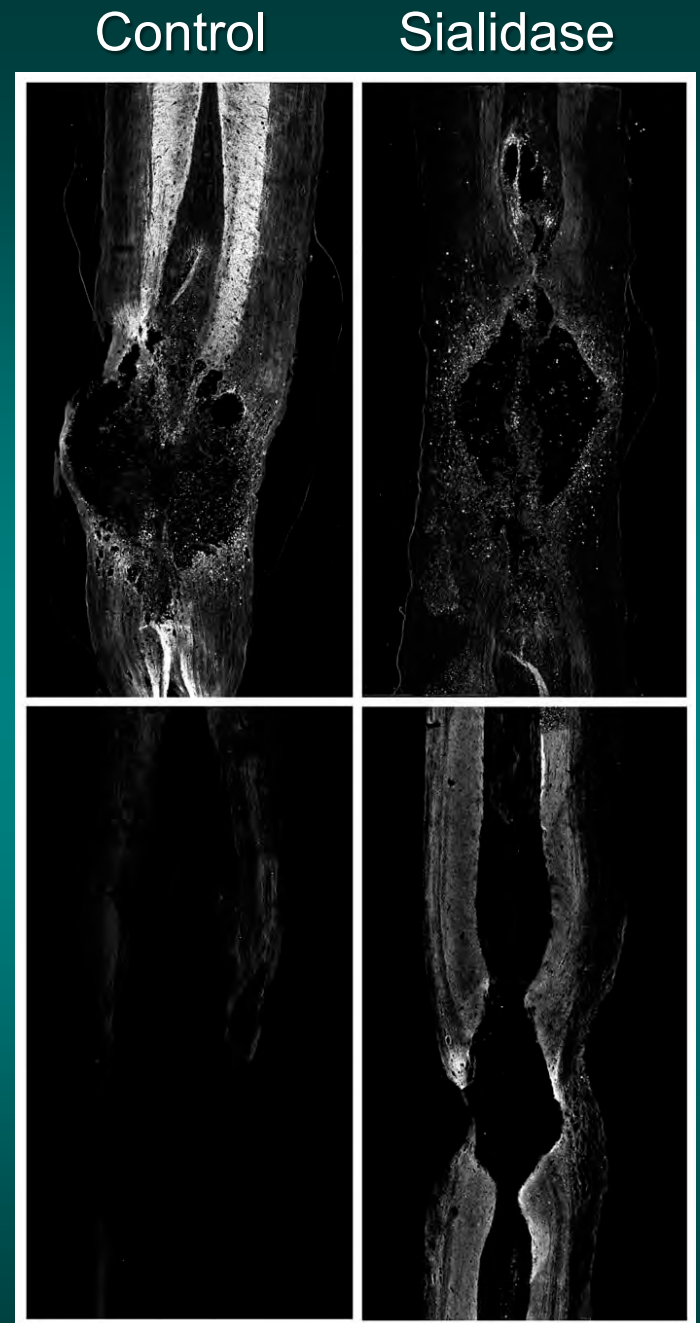


Infinite Horizons Impactor, Precision Scientific & Instr.
Scheff, et al. (2003) J. Neurotrauma 20, 179

Sialidase efficacy on spinal tissue *in vivo*

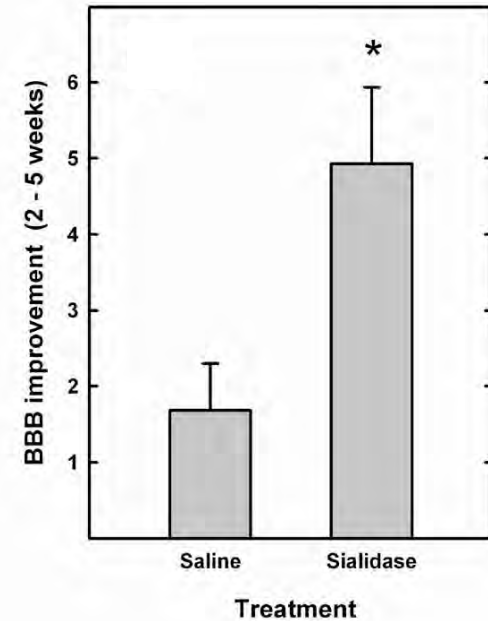
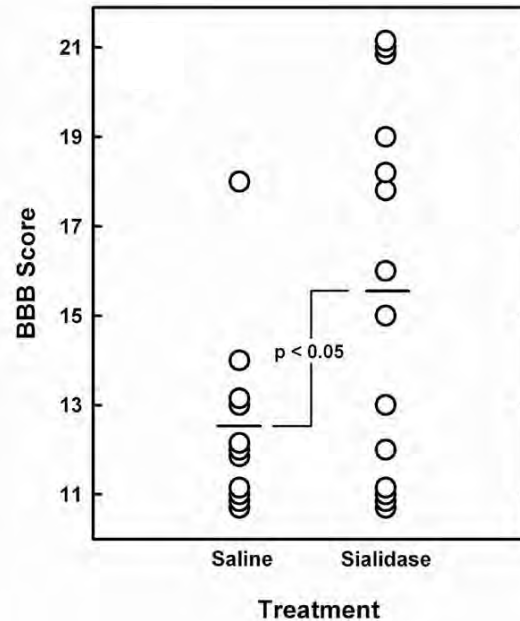
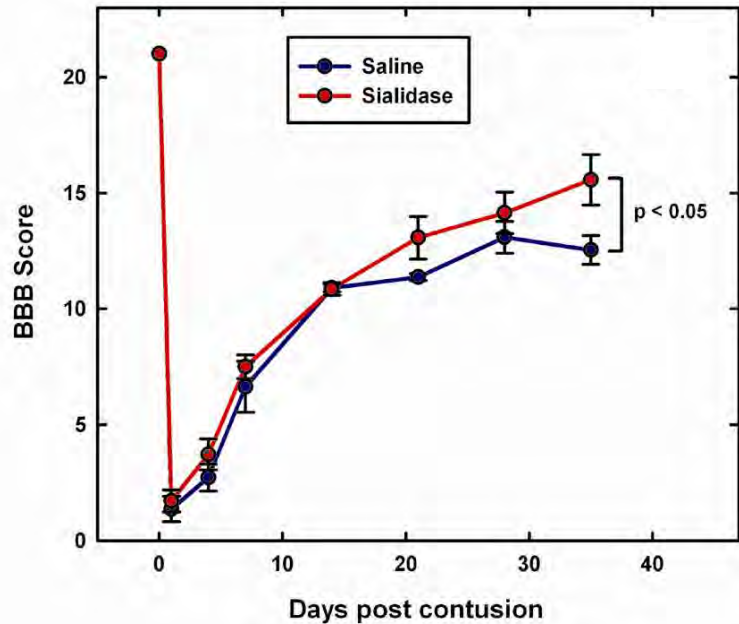


GT1b



GM1

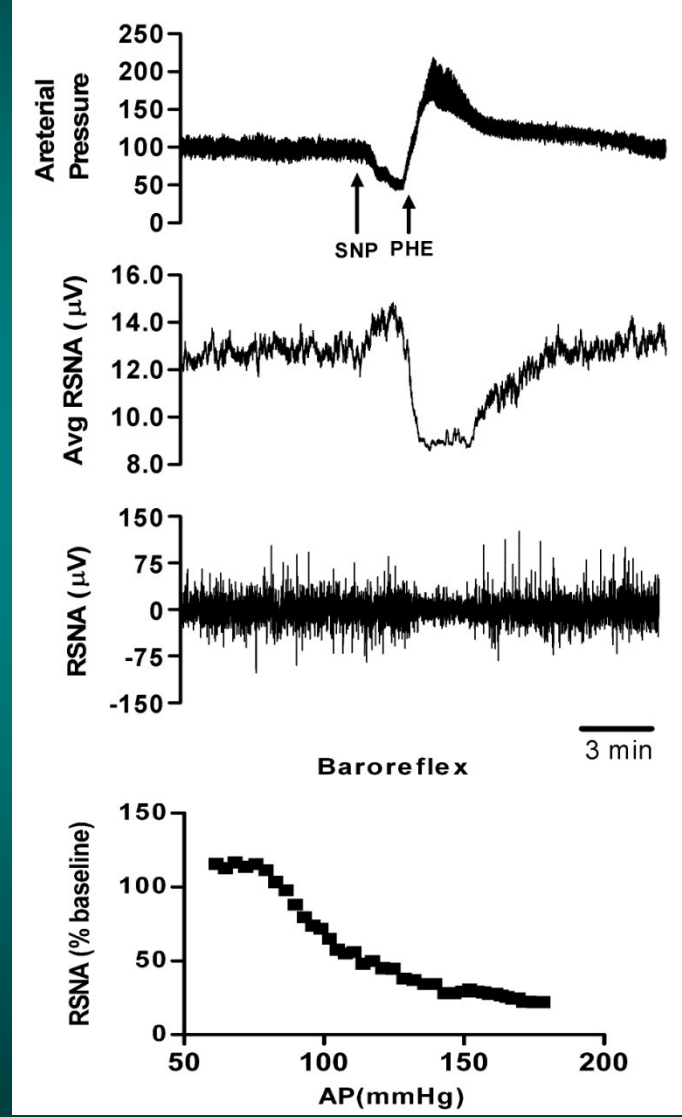
Sialidase promotes motor behavioral recovery after spinal cord contusion injury



Mountney et al. (2010) *Proc Natl Acad Sci USA* 107, 11561

Sialidase promotes cardiovascular reflex recovery after spinal cord contusion injury

Baroreceptor reflex



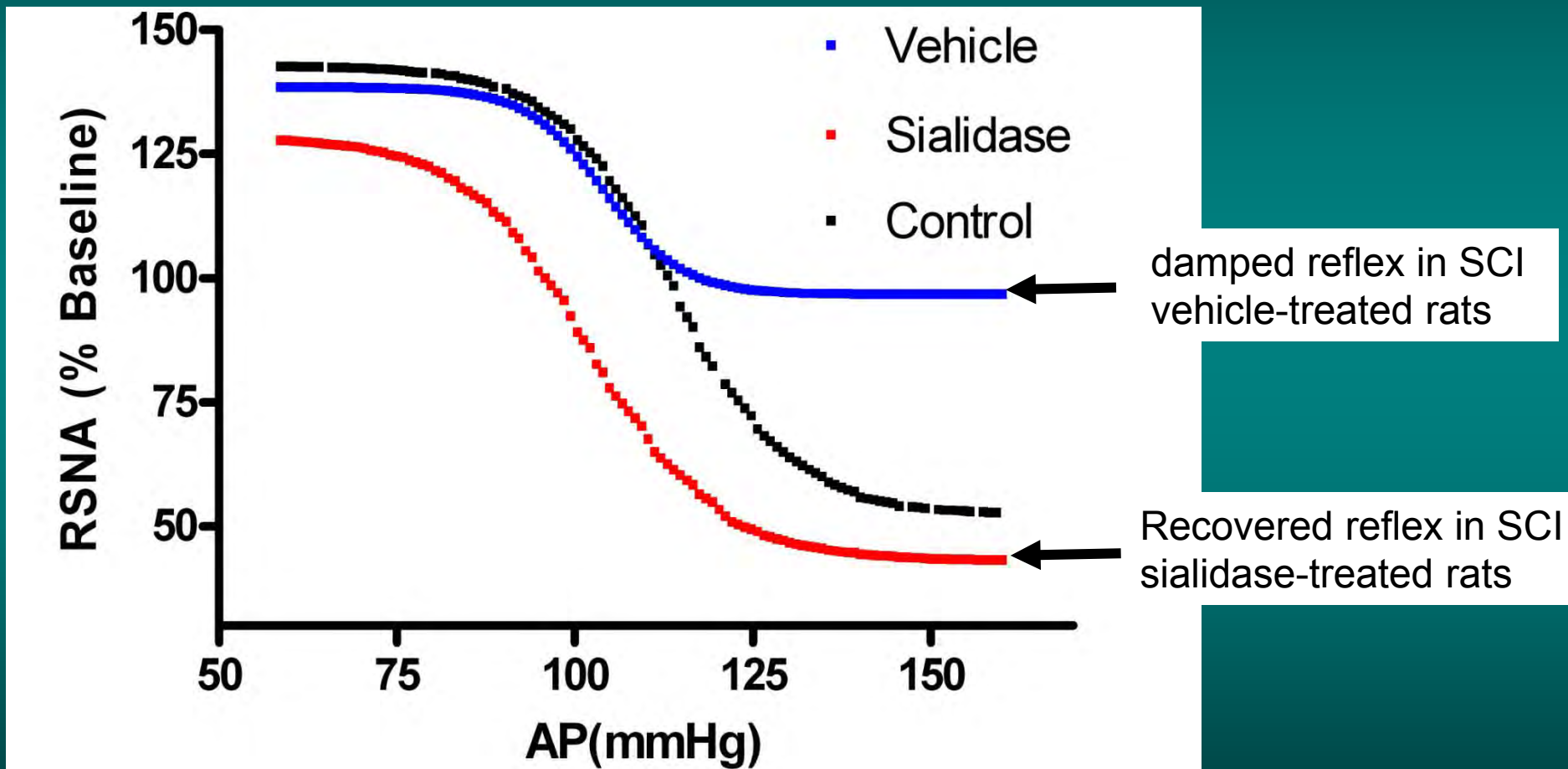
Arterial pressure is lowered and raised with drugs

Renal sympathetic nerve activity (RSNA) changes reciprocally.

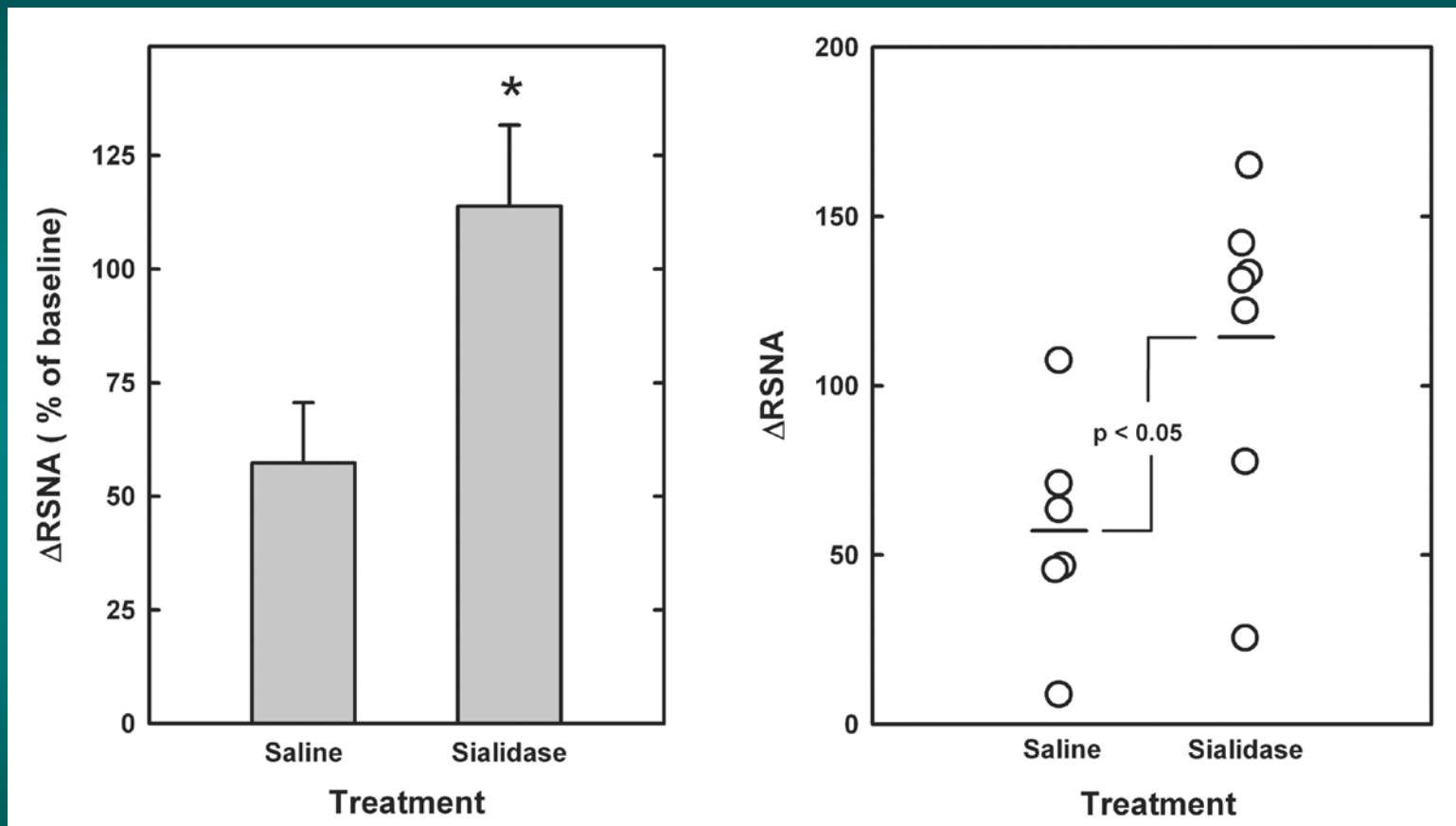
Normal relationship between blood pressure and RSNA

Sialidase promotes cardiovascular reflex recovery after spinal cord contusion injury

Exemplary results

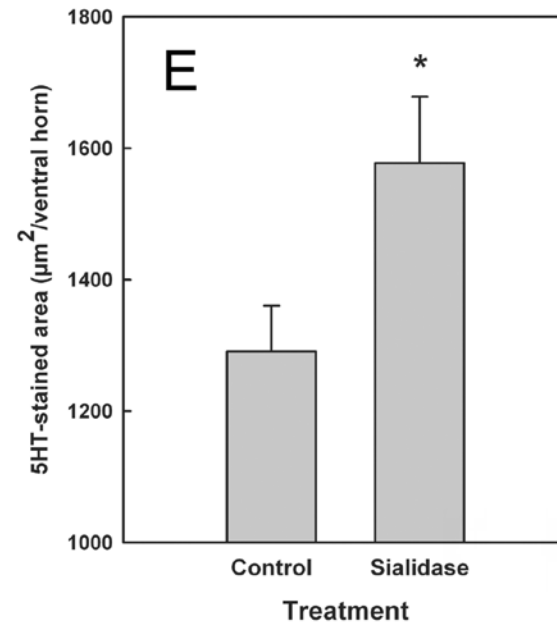
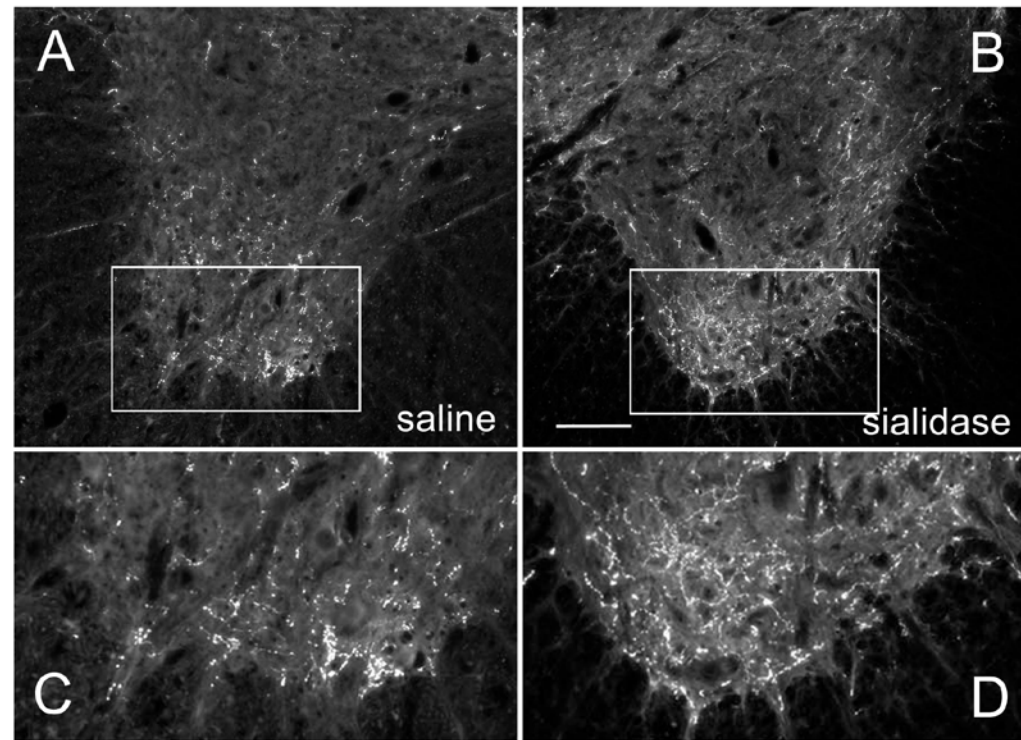


Sialidase promotes cardiovascular reflex recovery after spinal cord contusion injury

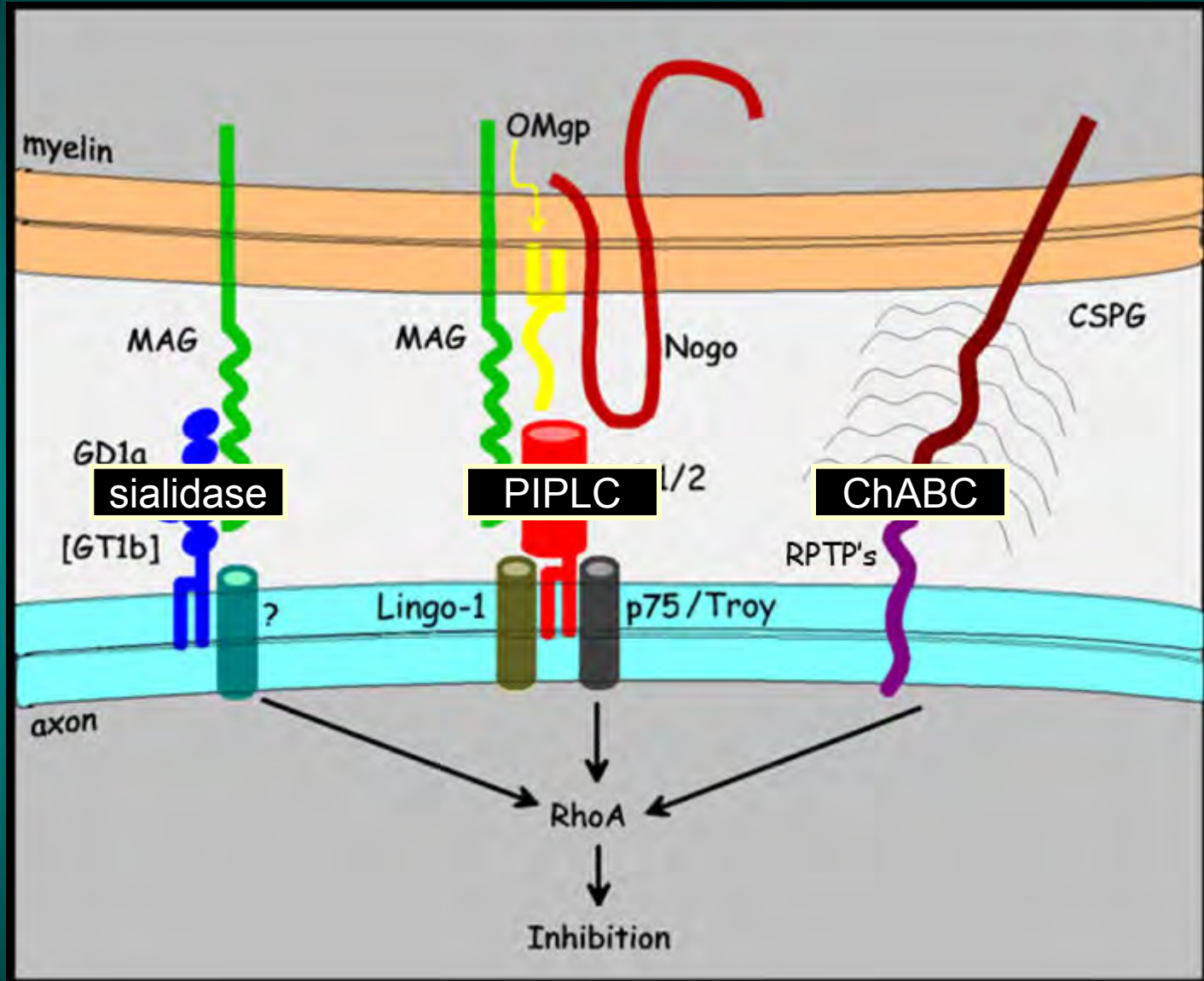


Mountney et al. (2010) *Proc Natl Acad Sci USA* **107**, 11561

Sialidase increases axon sprouting caudal to a contusion injury

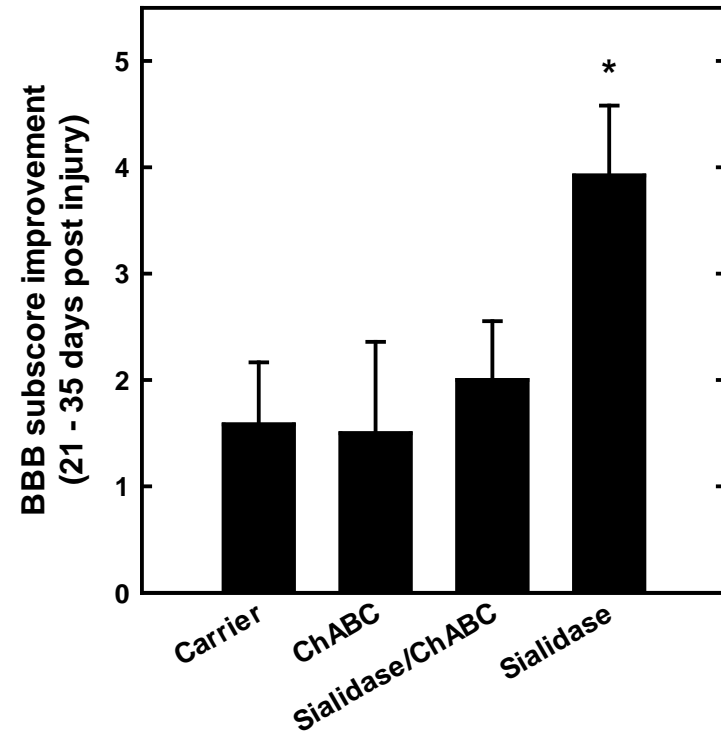
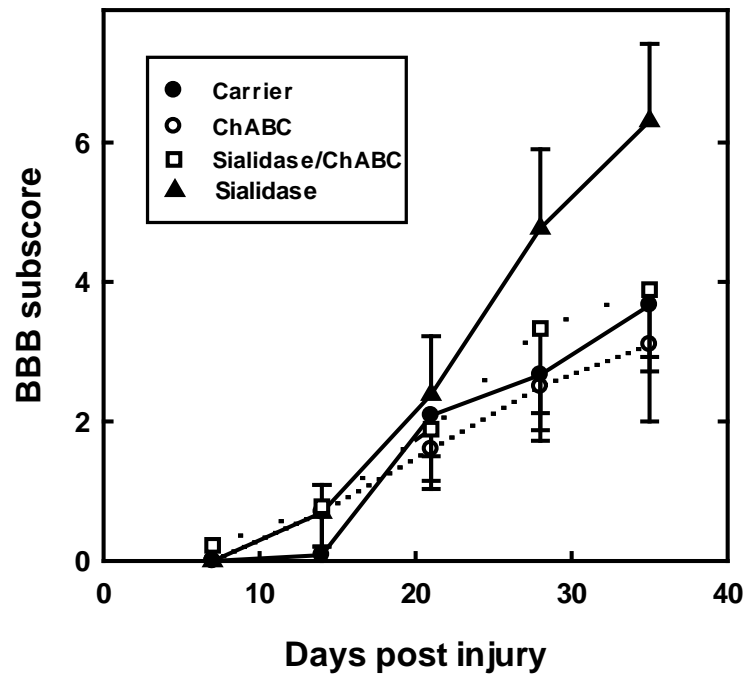


Axon regeneration inhibitors: reversal by bacterial hydrolases



Modified from Woolf & Bloechlinger, Science (2002) 297, 1132

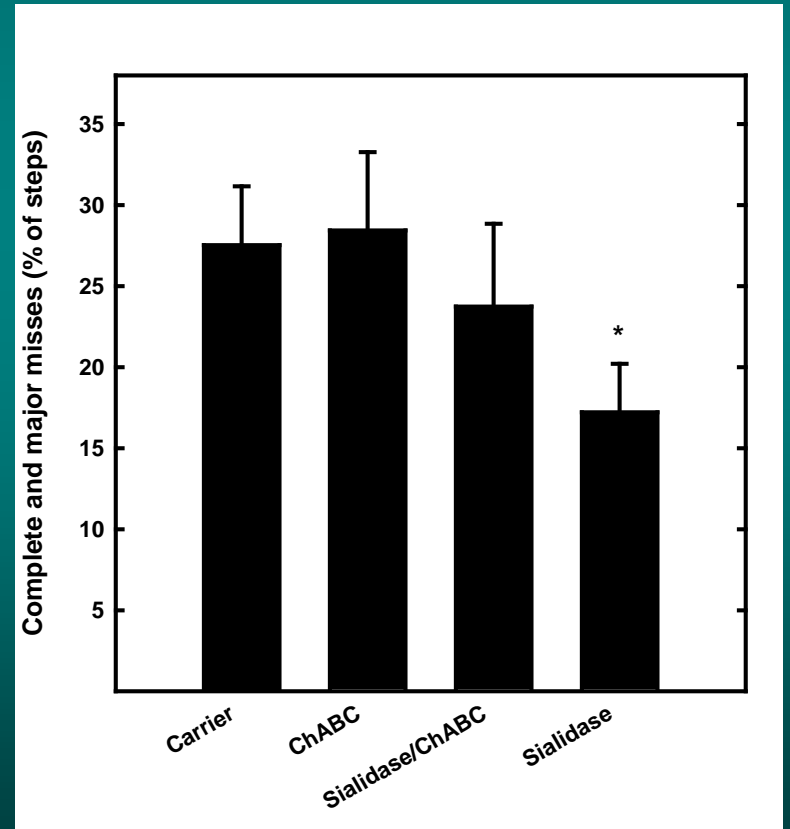
Sialidase alone enhances recovery of hindlimb mechanics after contusion spinal cord injury



Sialidase alone enhances grid walking



Mountney et al. (2013) *J Neurotrauma* **30**, 181



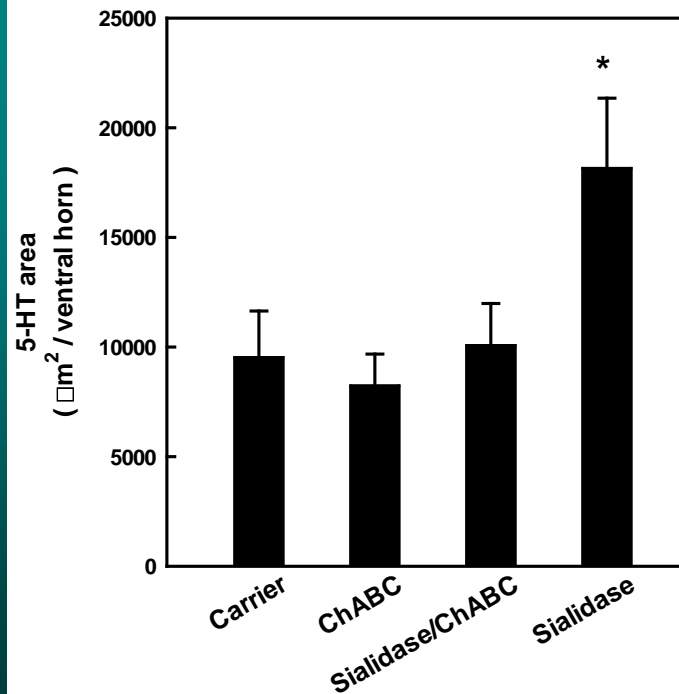
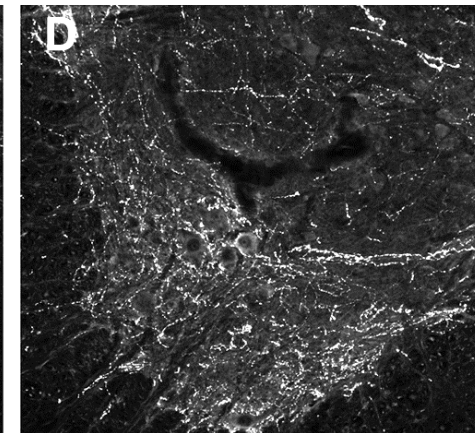
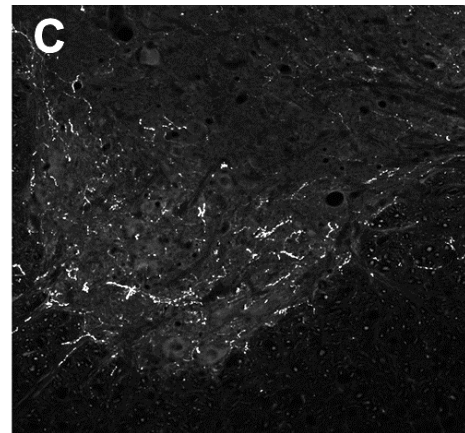
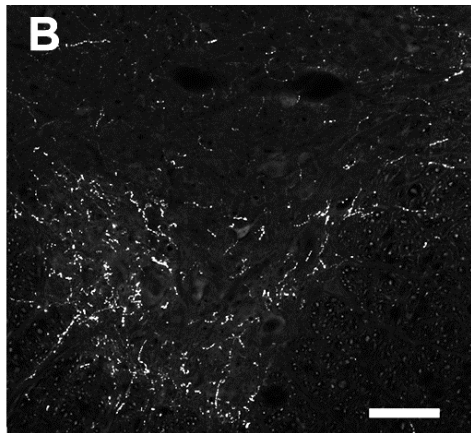
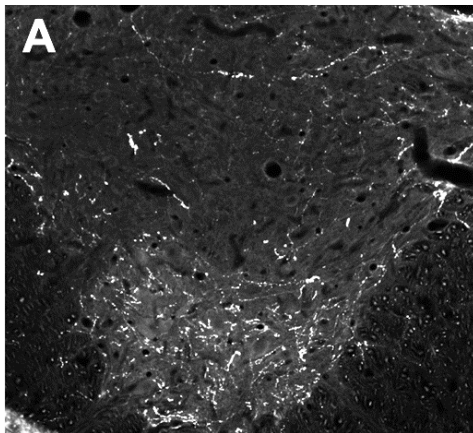
Sialidase alone enhances axon sprouting below the lesion (5-HT)

Carrier

ChABC

ChABC/sialidase

sialidase



- Spinal cord injury is no longer “untreatable”. Rehabilitation, electrical stimulation, and drug treatments are in use or on the horizon.
- Reversal of axon regeneration inhibitors may provide rationally-designed therapies to enhance recovery after traumatic spinal cord injury.

Collaborators

Schnaar Lab

- Jeff Aston
- Ileana Lorenzini
- Andrea Mountney
- Chris Riley
- Elizabeth Sturgill
- Katarina Vajn
- Lynda Yang

Neurology

- Andres Hurtado
- Martin Oudega

Biomedical Engineering

- Lawrence Schramm
- Matthew Zahner

Thanks to Garry Taylor (St. Andrews) for providing the sialidase plasmid, and to John McDonald and The International Center for Spinal Cord Injury Research (Kennedy Krieger Institute, Baltimore) for logistical support.

