# Highlights of the Initial Feasibility Year of the Preclinical Studies

To Identify Mechanisms of the Chronic Neurological Effects of Gulf War Chemicals Against Which to Direct Treatment

> Robert W. Haley, M.D. For the Principal Investigators University of Texas Southwestern Medical Center Dallas, Texas

The behavioral dose-finding study by Sinton was supported by the U.S. Army Medical Research and Materiel Command grant number DAMD17-01-1-0741. The rest of the preclinical studies were supported by IDIQ contract VA549-P-0027, awarded and administered by the Department of Veterans Affairs Medical Center, Dallas, TX.

# **Preclinical Projects**

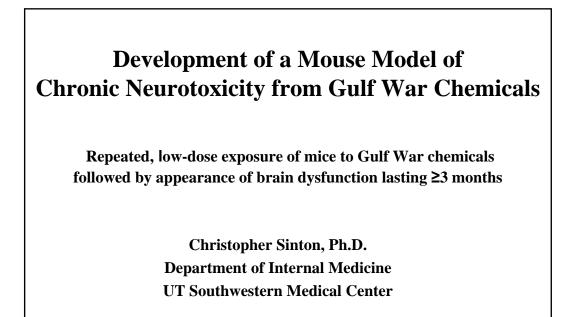
- Mechanistic neuroscience projects each focused on a condition or prior finding of ill Gulf War veterans.
- Preclinical purpose: to discover the mechanism causing the condition or symptom that can be exploited to develop treatment.
- Since projects were high risk (R21), a feasibility year was funded for ≤\$300K total cost, with understanding that those with promising findings would be extended for additional years.
- 18 projects submitted October 2006, 10 funded October – December 2008.
- Feasibility year is now ending.

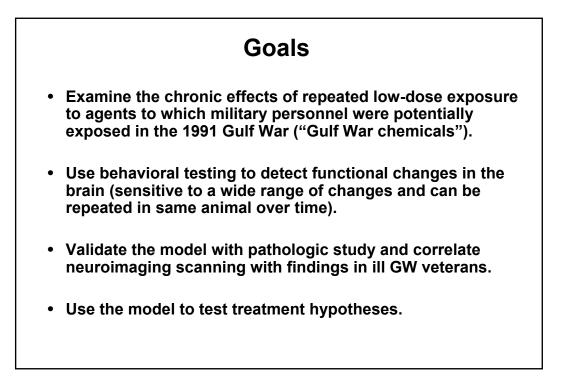
- Development of a Mouse Model of Chronic Neurotoxicity from Gulf War Chemicals
- Effects of Gulf War Chemicals on:
  - The Memory Circuits of the Brain
  - The Autonomic Nervous System
  - Brain Dopamine Turnover
  - Development of Lou Gehrig's Disease (ALS)
  - Development of Brain Cancer
- Possible Mechanisms of these Effects:
  - Neuroinflammation
  - Mitochondrial Damage
  - Intracellular Phosphorylation

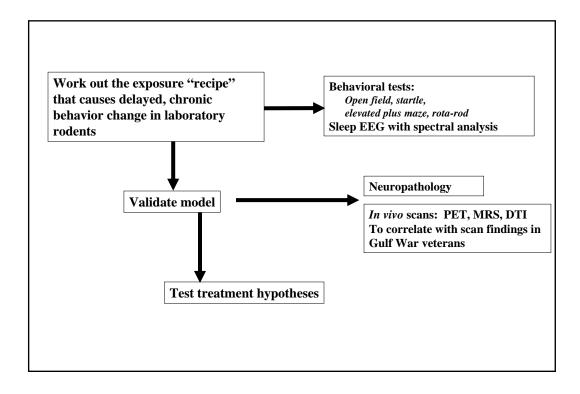
# "Gulf War Chemicals"

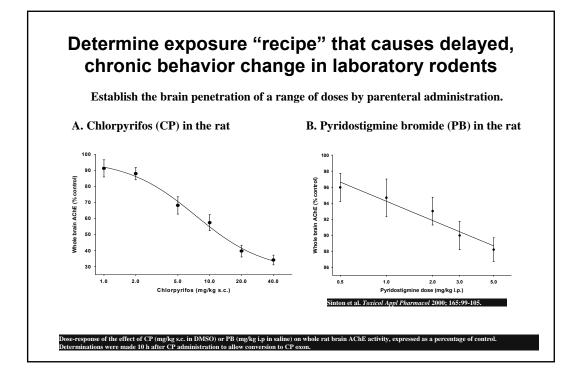
- Chlorpyrifos (CP, Dursban)
  - Most commonly used pesticide in early 1990s, heavy use in GW.
  - Chlorpyrifos (CP) is inert until converted to Chlorpyrifos-oxon (CPO) by P450 in the liver.
- Pyridostigmine Bromide (PB, Mestinon)
  - Medicine used to treat myasthenia gravis
  - Taken by Gulf War soldiers to reduce mortality from soman attack.
- Sarin (GB)
  - Chemical warfare nerve agent present in Kuwaiti Theater
  - DFP (diisopropyl fluorophosphate), surrogate for laboratory study.

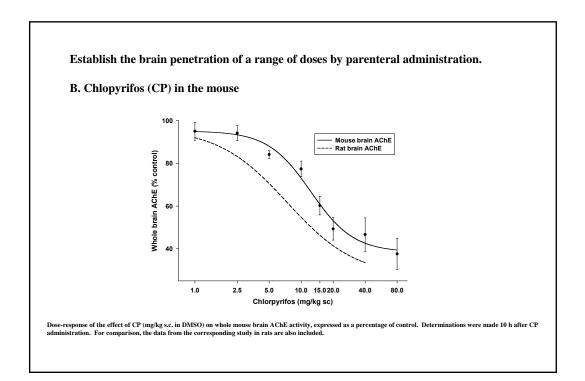
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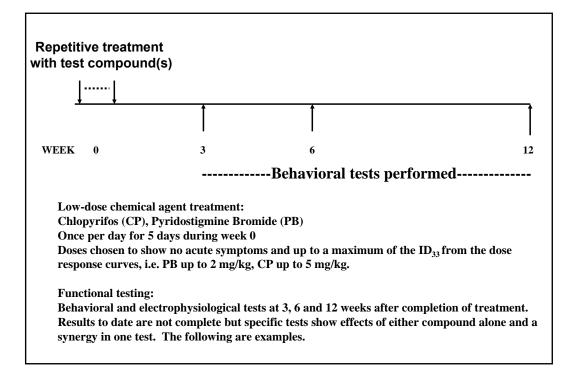


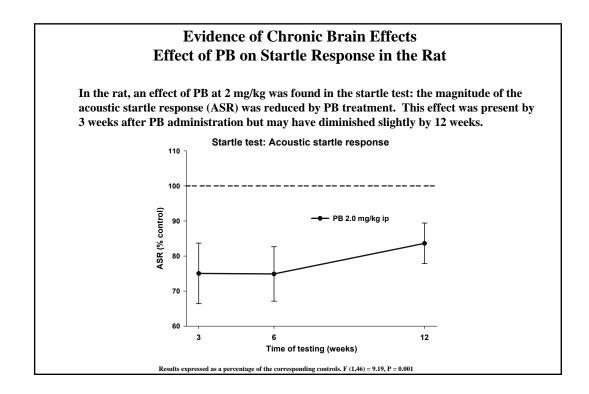


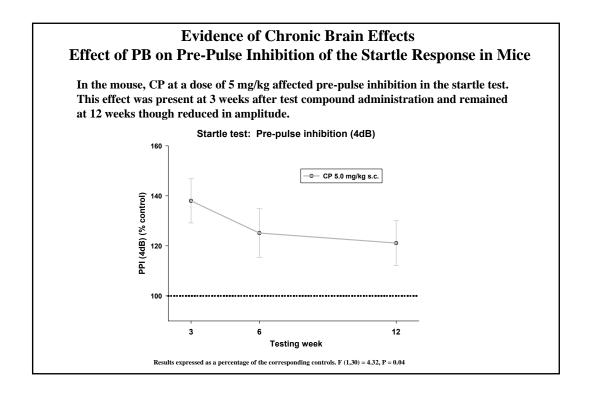


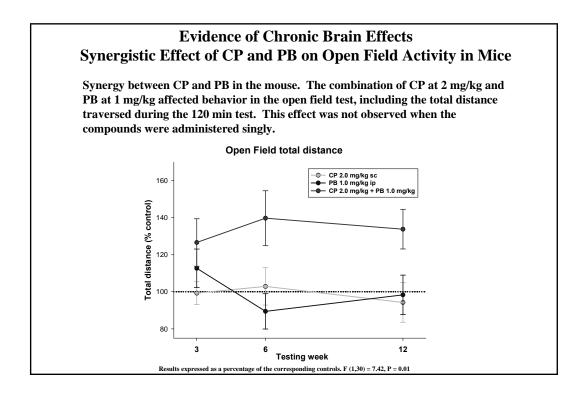


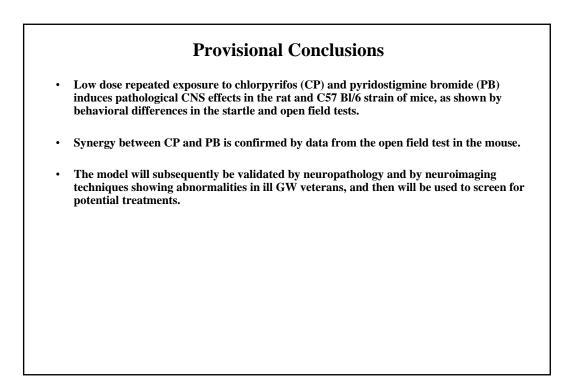




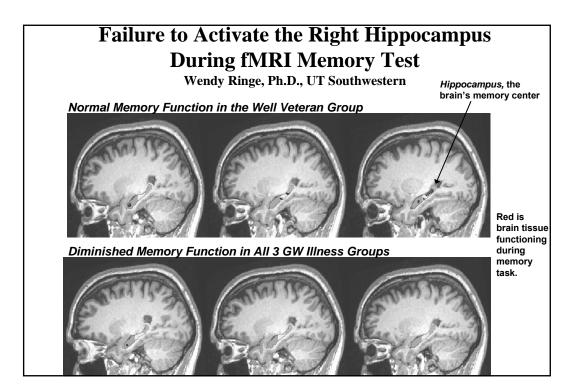








	Preclinical Projects
1	ent a Mouse Model of Chronic Neurotoxicity War Chemicals
• Effects of	Gulf War Chemicals on:
– The Men	nory Circuits of the Brain
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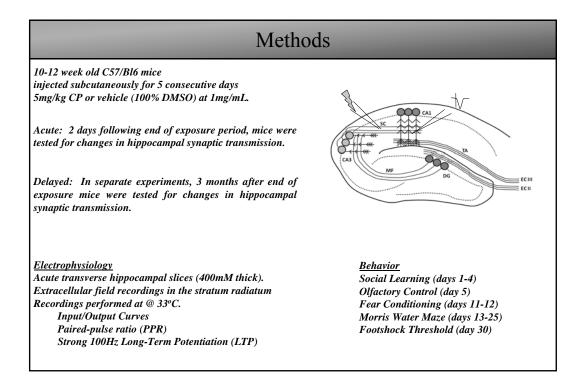


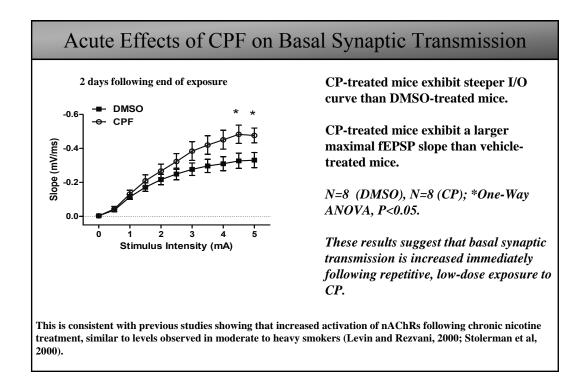
# Detrimental Effects of the Pesticide Chlorpyrifos (CP) on Hippocampal Synaptic Transmission

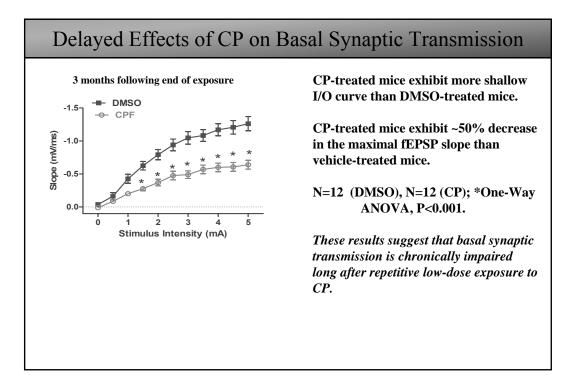
Haley Speed, PhD, Craig Powell, MD, PhD UT Southwestern Department of Neurology

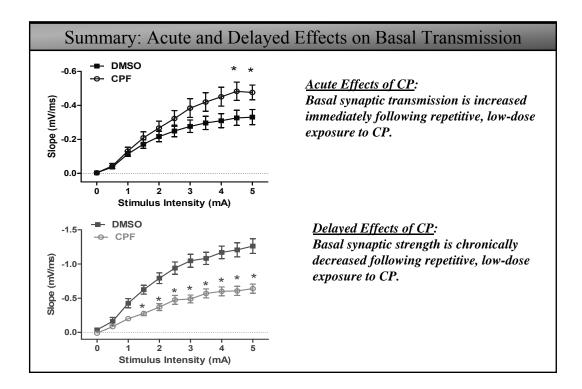
#### Hypotheses:

- 1. Repetitive exposure to low doses of the Chlorpyrifos (CP) would result in impaired hippocampal synaptic transmission, as well as learning and memory deficits.
- 2. Short-term and long-term effects of CP exposure on hippocampal function and learning and memory would be very different.









### Summary of Delayed Effects

#### **Conclusions**

- Basal synaptic transmission in the CA3-CA1 region of the hippocampus was dramatically decreased with CP treatment compared to control, indicating a decrease in overall excitatory synaptic strength.
- Paired-pulse ratio was not significantly affected by CP treatment at the late time point, indicating that changes in presynaptic function are not likely to contribute to increased excitatory transmission.
- Long-term potentiation was not significantly affected by CP at the late time point, indicating that the increase in excitatory transmission and contextual fear condition is due to some other mechanism.

#### Potential Mechanisms Underlying Decreased Excitatory Transmission

- \* Decreased number of synapses due to neuronal cell death.
- **\*** Decreased size of postsynaptic densities, reducing synaptic efficacy.
- \* Decreased neuronal excitability, leading to reduced synaptic efficacy.
- \* Decreased amount of neurotransmitter released.

### **Future Directions**

#### General

- Get funding
- ✤ CP + PB + Sarin
- \* Try slightly higher dosage, increase treatment period to 2 weeks
- Observe later time points, 6 months/9 months/1 year

#### Electrophysiology

- \* Miniature Excitatory Postsynaptic Currents (mEPSCs)
- Theta-Burst LTP
- \* Membrane Properties/Firing Properties

#### **Behavior**

- \* Radial arm maze/ T-maze
- \* Histology/Pathology
- ✤ Golgi stain
- \* Immunohistochemistry with specific markers for excitatory and inhibitory synapses

• Development a Mouse Model of Chronic Neurotoxicity from Gulf War Chemicals

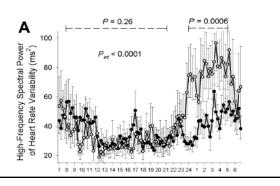
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# Abnormality of Parasympathetic Autonomic Function in Ill Gulf War Veterans

Embargo Date: September 27, 2004, 500 a.m. EST October 1, 2004, The American Journal of Medicine, Volume 117, No. 7 Blunted Circadian Variation in Autonomic Regulation of Sinus Node Function in Veterans with Gulf War Syndrome

Robert W. Haley, MD, Wanpen Vongpatanasin, MD, Gil I. Wolfe, MD, Wilson W. Bryan, MD, Roseanne Armitage, PhD, Robert F. Hoffmann, PhD, Frederick Petty, PhD, MD, Timothy S. Callahan, PhD, Elizabeth Charuvastra, RN, William E. Shell, MD, W. Wesley Marshall, MD, Ronald G. Victor, MD

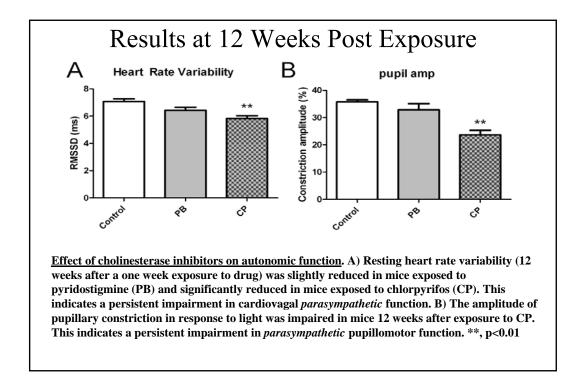


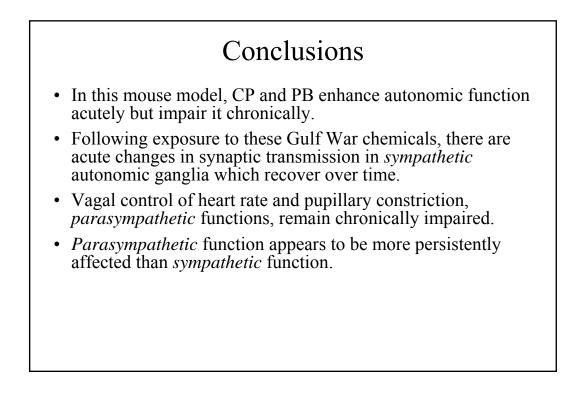


Steven Vernino, MD, PhD Associate Professor Director, Autonomic Function Laboratory Department of Neurology, UT Southwestern

# Methods

- C57/Bl6 mice exposed to cholinesterase inhibitors for 5 days (PB at 1 mg/kg/day and/or CP at 5 mg/kg/day)
- Interval before testing: 12 weeks
- Physiological studies of autonomic function:
  - Measurement of Heart Rate Variability (HRV) using ambulatory ECG
  - Quantitation of pupil light reflex
  - Measurement of sympathetic ganglionic transmission
  - Assessment of gastric motility



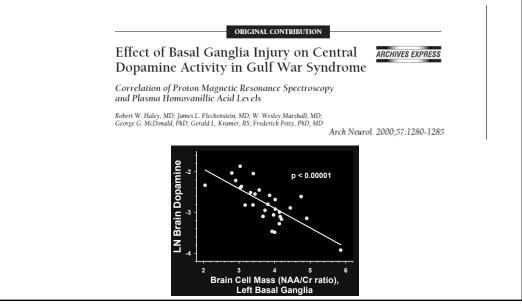


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# Abnormal Increase in Brain Dopamine Production in Ill Gulf War Veterans



# Exposure to Chlorpyrifos and Pyridostigmine Bromide Causes Neurotransmitter Abnormalities

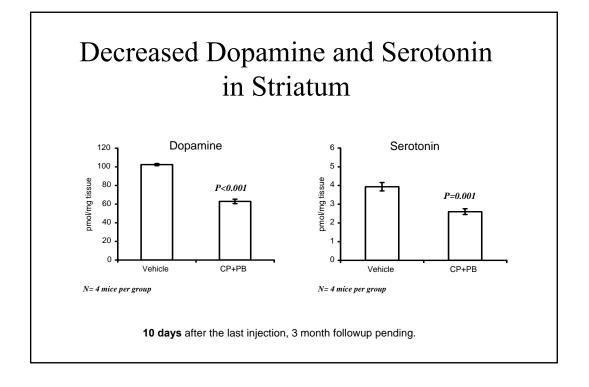
Matthew S. Goldberg, Ph.D.

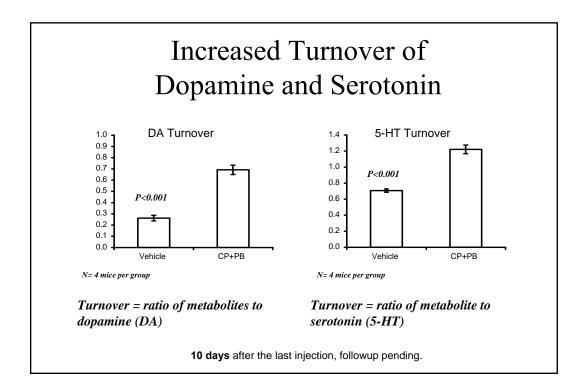
Xiaodong Ding, Ph.D.

#### Marian Marvin

UT Southwestern Departments of Pathology and Neurology

once per day for <b>5 c</b> dose of <b>5 mg/kg</b> in I	eived injections of chlorpyrifos (CP) and pyridostigmine bromide (PB) onsecutive days. Chlorpyrifos was administered subcutaneously at a DMSO. Pyridostigmine bromide was administered intraperitoneally at
a dose of <b>0.5 mg/kg</b>	in sterile saline. Control mice received vehicles alone.
Brain tissues were h	arvested for analysis 10 days after the last injection was analyzed by Hig
1	Chromotography (HPLC) and levels of neurotransmitters were quantifie
by electrochemical d	letection.
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# Significant Increase in ALS in GW Veterans Demonstrated by Two Studies

Articles

# Occurrence of amyotrophic lateral sclerosis among Gulf War veterans

R.D. Horner, PhD; K.G. Kamina, PhD; J.R. Feussner, MD, MPH; S.C. Grambow, PhD; J. Hoff-Lindquist, MStat; Y. Harati, MD; H. Mitsumoto, MD, DSci; R. Pascuzzi, MD; P.S. Spencer, PhD; R. Tim, MD; D. Howard, MSPH; T.C. Smith, MS; M.A.K. Ryan, MD, MPH; C.J. Coffman, PhD; and E.J. Kasarakia, MD, PhD

> Excess incidence of ALS in young Gulf War veterans

> > Robert W. Haley, MD

Neurology 2003;71:742-749, 750-756

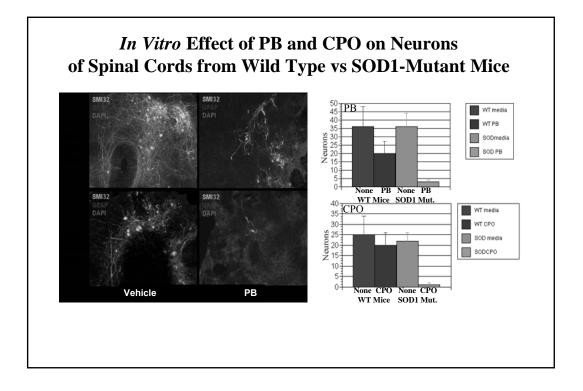
# Effects of Chlorpyrifos and Pyridostigmine on Mouse Models of Lou Gehrig's Disease (ALS): *In Vitro* and *In Vivo* Studies

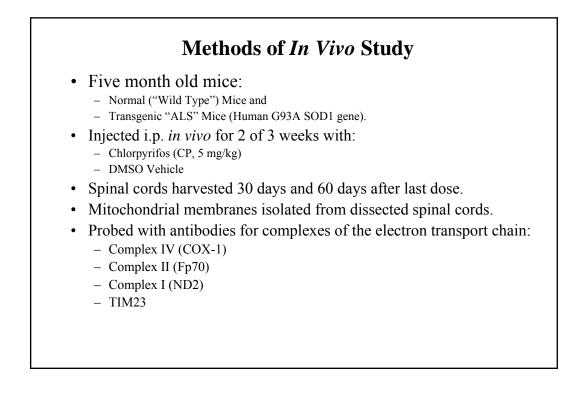
Krishna Puttaparthi, Christina Luther, Jeffrey L. Elliott

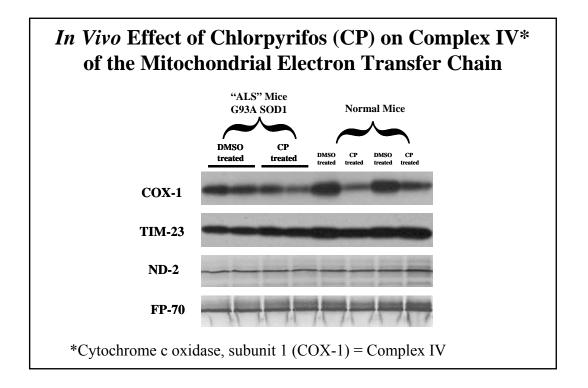
Department of Neurology, University of Texas Southwestern Medical Center, Dallas, Texas 75390

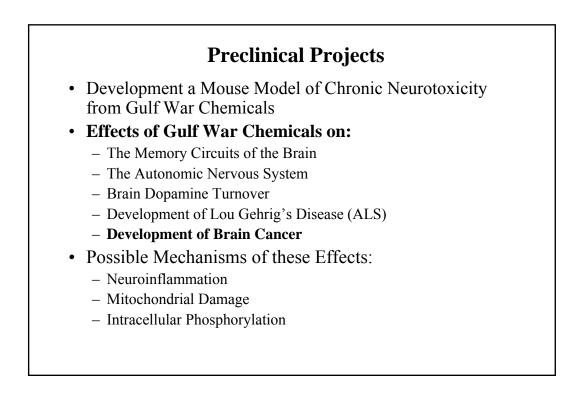
### Methods of In Vitro Study

- Spinal cord slices removed from:
  - Normal ("Wild Type") Mice and
  - Transgenic "ALS" Mice (Human G93A SOD1 gene).
- Treated *in vitro* for 4 weeks with:
  - Chlorpyrifos oxon (CPO, 50 μm or 1 μm)
  - Pyridostigmine (PB, 10 μm or 2.5 μm)
  - Vehicle
- Immunohistochemical staining to quantify the numbers of neuronal cell bodies (SMI-32 antibody).









### Increased Risk of Brain Cancer in Gulf War Veterans Exposed to Khamisiyah CW Release

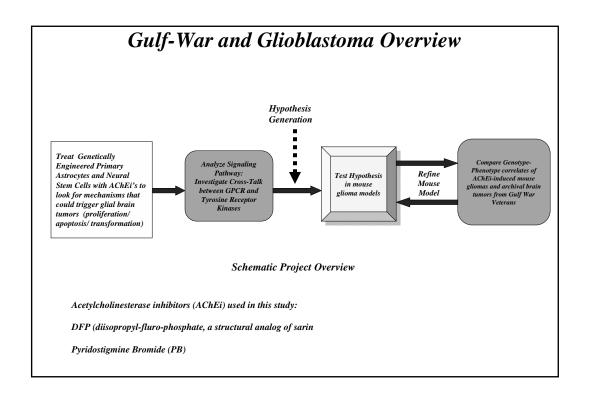
#### Mortality in US Army Gulf War Veterans Exposed to 1991 Khamisiyah Chemical Munitions Destruction

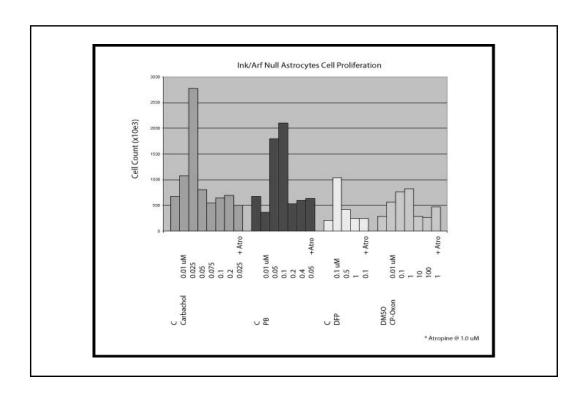
Tim A. Bullman, MA, Clare M. Mahan, PhD, Han K. Kang, DrPH, William F. Page, PhD

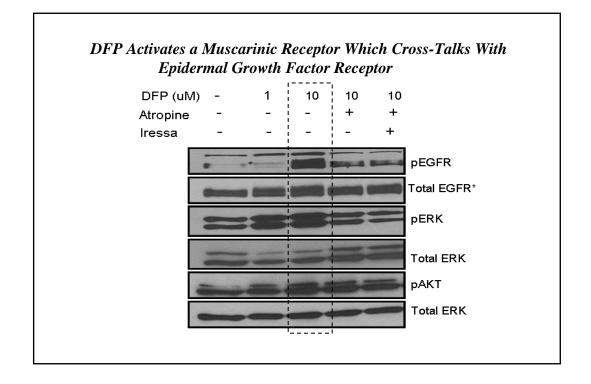
*Results.* The risks of most disease-related mortality were similar for exposed and unexposed veterans. However, exposed veterans had an increased risk of brain cancer deaths (relative risk [RR]=1.94; 95% confidence interval [CI]=1.12, 3.34). The risk of brain cancer death was larger among those exposed 2 or more days than those exposed 1 day when both were compared separately to all unexposed veterans (RR=3.26; 95% CI=1.33, 7.96; RR=1.72; 95% CI=0.95,3.10, respectively).

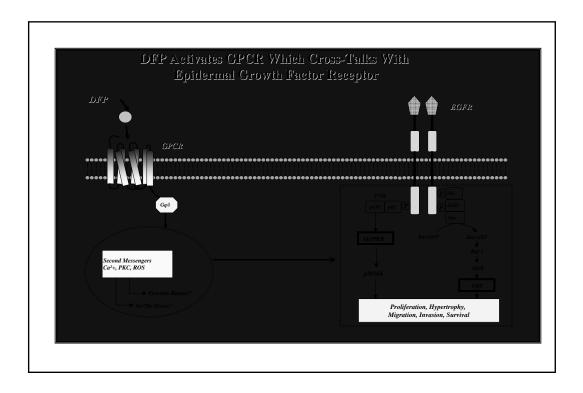
Conclusions. Exposure to chemical munitions at Khamisiyah may be associated with an increased risk of brain cancer death. Additional research is required to confirm this finding. (Am J Public Health. 2005;95:1382–1388. doi:10.2105/AJPH.2004.045799)

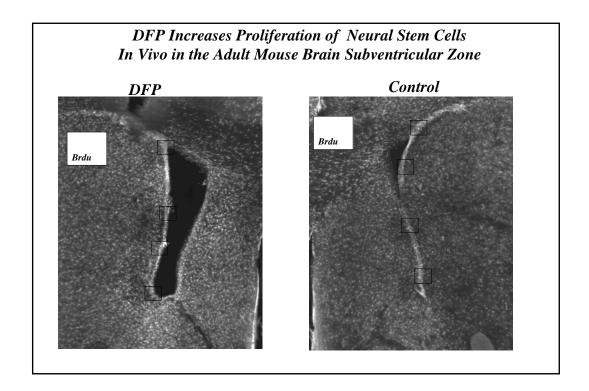
# **Can Gulf War Chemical Agents Trigger Glial Brain Tumors?** T Mashimo, V Vemireddy, S Sirasanagandla, S Nannepaga, X Yang, R Bachoo Annette G. Strauss Center for Neuro-Oncology, Simmons Cancer Center and Department of Neurology

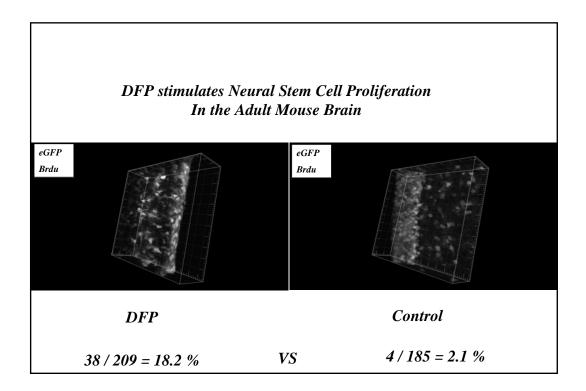






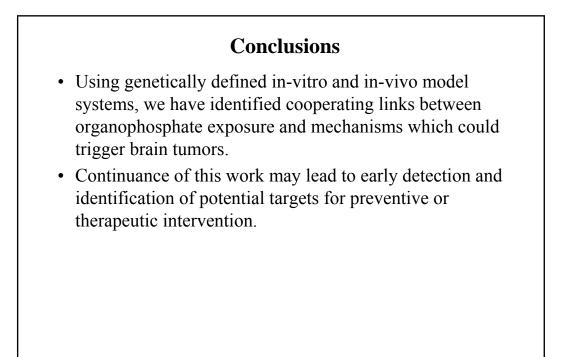






### Conclusions

- Using primary cultures of astrocytes and neural progenitor cells derived from both mouse and humans—presumptive cell types that give rise to gliomas—DFP and PB can transactivate classic oncogenic signaling pathways by directly activating muscarinic receptors.
- In-vitro, DFP and PB exposure can induce proliferation of astrocytes.
- In-vivo, mice treated with DFP show a marked increase in proliferation of stem/progenitors cells in the subventricular zone and in the hippocampus as well as a diffuse astrogliosis extending to cortical, subcortical and white matter tracks.



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# Neuroinflammation and GWI Cytotoxic Signature

Bioluminescence Imaging Day 2 to Week 12 post repeated CP/PB exposure

Malu Tansey, Ph.D. Department of Physiology, UT Southwestern

- <u>Objective</u>: To investigate if repeated organophosphate exposure induces acute, chronic, delayed or sustained neuroinflammation in mice.
- Experimental Approach:
  - TGFβ (SBE)-Luciferase promoter in brain microglia and other immune cells will emit light in response to inflammatory stimuli
  - Use SBE-Luc reporter mice for longitudinal whole-body bioluminescent imaging (BLI) studies to identify optimal timewindow for cellular and molecular analyses of brain tissue. Dissect out brain at peak response and localize inflammatory response (immunohistochemistry) and obtain gene expression signature for GWI neurototoxicity (real-time QPCR).

# **Experimental Design**

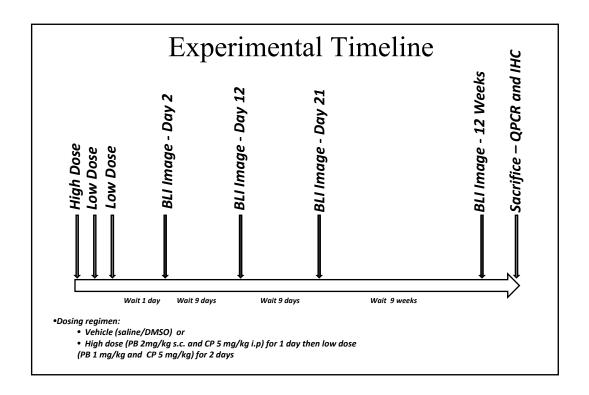
- All SBE-Luciferase mice were between 1-2 months old
- Dosing regimens
  - Vehicle (saline/DMSO) or
  - High dose (PB 2mg/kg s.c. and CP 5 mg/kg i.p) for 1 day then low dose (PB 1mg/kg and CP 5 mg/kg) for 2 days

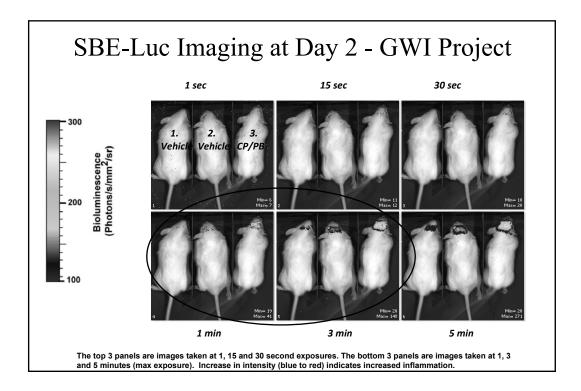
• For Bioluminescent Imaging, animals were anesthetized with 0.1 ml ketamine cocktail. If a booster was needed, 0.05 ml of ketamine was used.

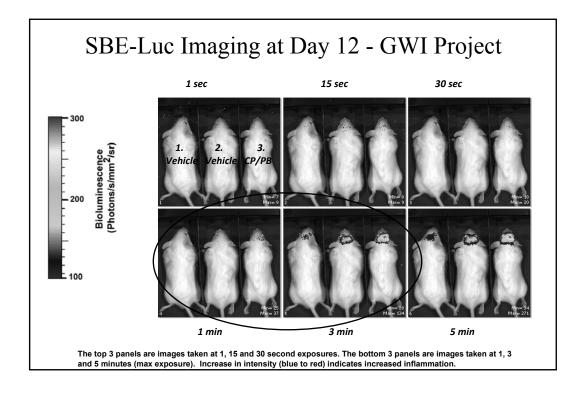
• Animals were weighed to determine amount of luciferin to be given subcutaneously

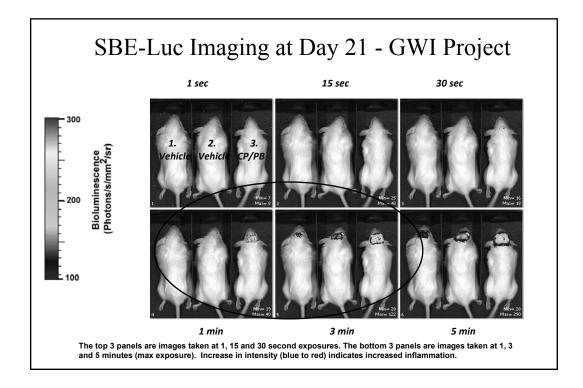
• 10 minutes prior to imaging, a 450mg/kg dose of 30mg/ml luciferin/saline mixture was injected (s.c.)

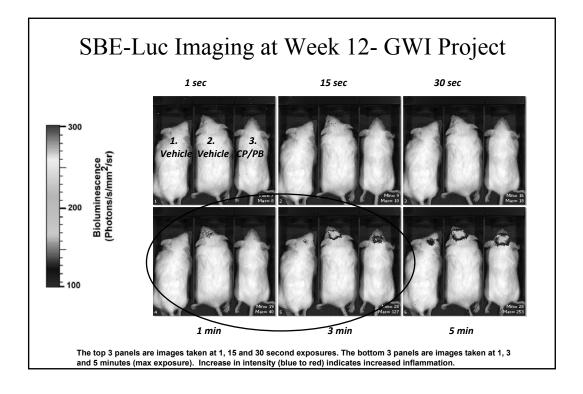
• After imaging, all mice were placed in a heating pad to recover and returned to their home cages.

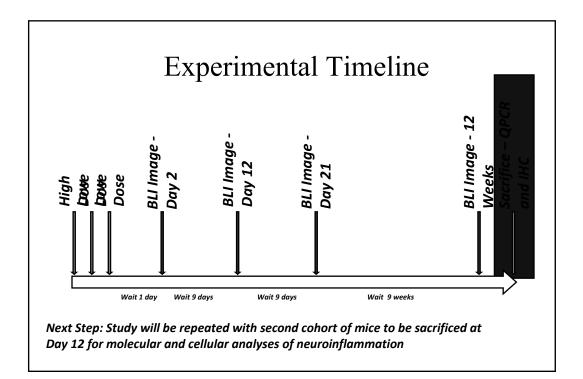






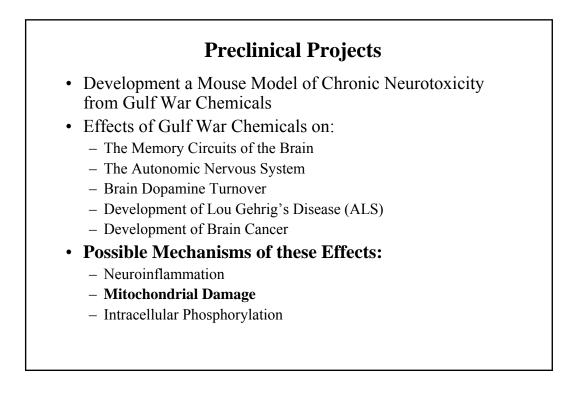






# Preliminary Summary

- We observed a good deal of variability in the neuroinflammatory responses among the mice which may not be dissimilar to the variability of symptoms reported among vet populations who were exposed to GWI toxins.
- Based on the imaging data, the peak of neuroinflammation in the responder mice occurs between Day 12 and Day 21 post CP/PB exposure, making this the optimal time window for detailed cellular and molecular analyses of the neuroinflammation response (Subsequent Projects). Therefore, we are repeating this study to confirm these findings and to sacrifice mice at Day 12 for molecular and cellular analyses of neuroinflammation.
- The objectives of Subsequent Projects are to harvest brain tissue to obtain a GWI signature of inflammatory gene expression by QPCR and to establish the spatial pattern of microglia activation by fluorescence immuhistochemistry.

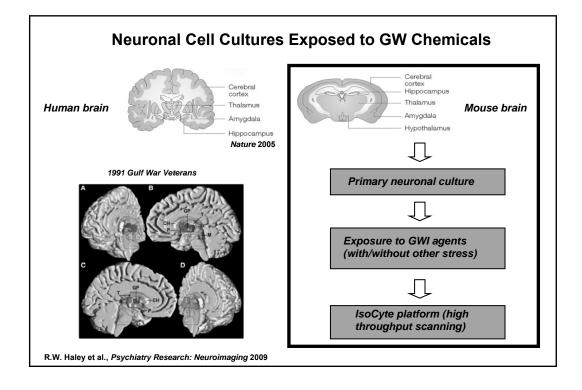


# Do Gulf War Chemicals Damage Mitochondria?

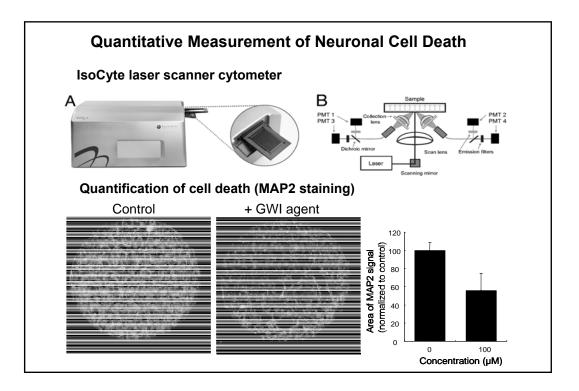
Jun Wu and Ilya Bezprozvanny Department of Physiology, UT Southwestern

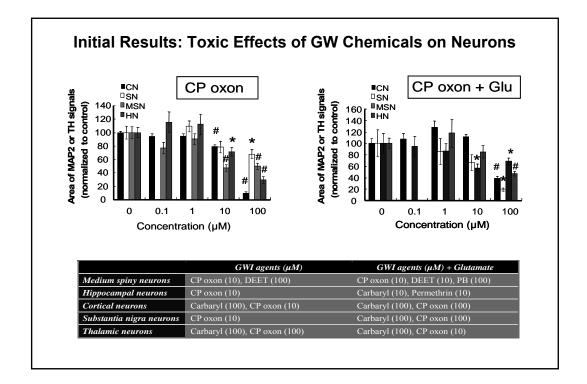
Hypothesis: GW chemicals damage neuronal mitochondria and make them susceptible to secondary stressors such as glutamate or aging.

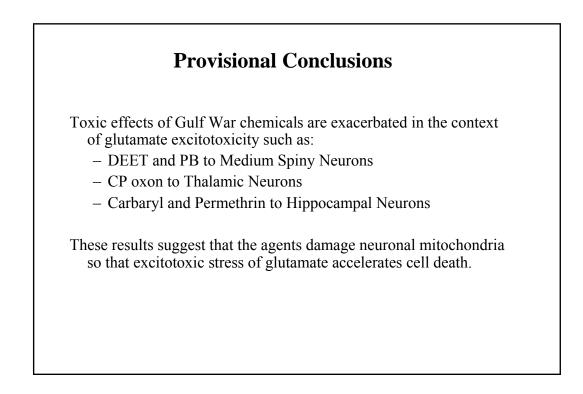
Step 1: Develop a <u>cellular</u> model of Gulf War Illness (GWI) Step 2: Test mitochondria damage by GWI agents Step 3: Evaluate CoQ10 as GWI therapeutic agent



GWI agent	Category Carbamate pesticide	Solvent DMSO
Carbaryl (Sevin)		
Chlorpyrifos (Dursban) & Chlorpyrifos oxon	Organophosphorous pesticide	DMSO
DEET	Insect repellant	DMSO
DFP (in lieu of sarin)	Nerve agent surrogate	anhydrous isopropanol
Permethrin	Pyrethroid insecticide	DMSO
Pyridostigmine bromide	Carbamate medication	DMSO

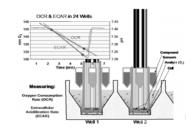






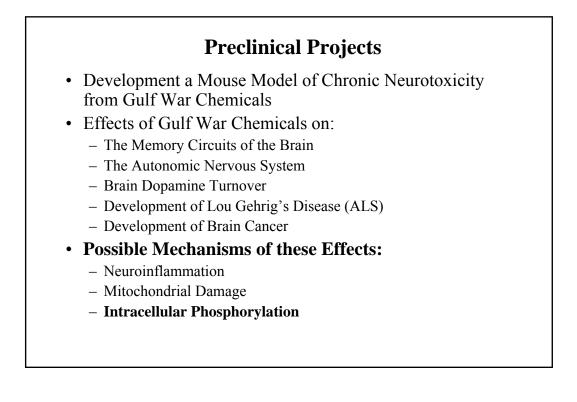
### **Future Direction**

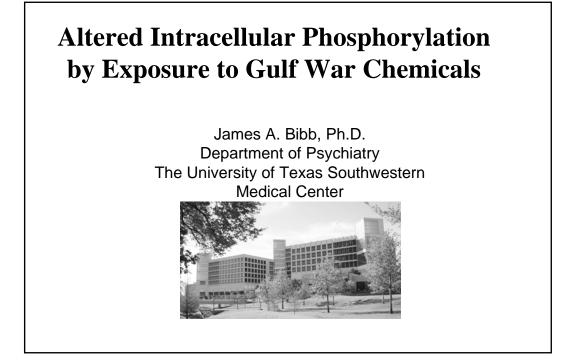
Directly determine damage to mitochondria induced by exposure to GWI agents

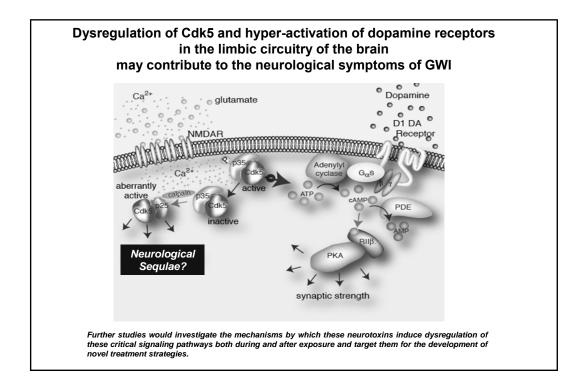


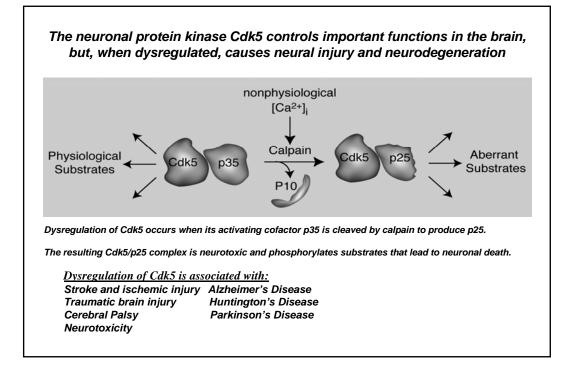
Method: Measurement of oxygen consumption rate (OCR) and extracellular acidification rate (ECAR) with Seahorse XF24 Extracellular Flux Analyzer to quantify mitochondrial function in neuronal cultures.

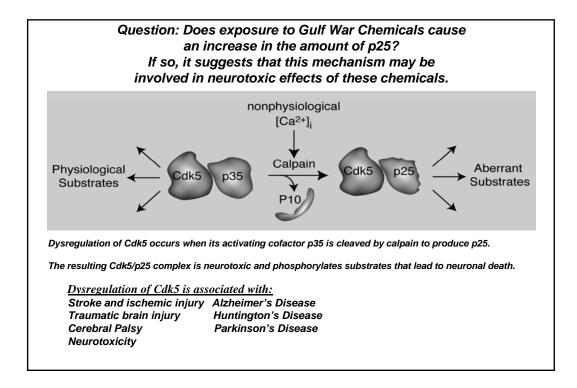
Evaluate potential neuroprotective agents such as mitochondrial supplement CoQ10 to treat or prevent GWI in the future. Use cellular model of GWI as readout.

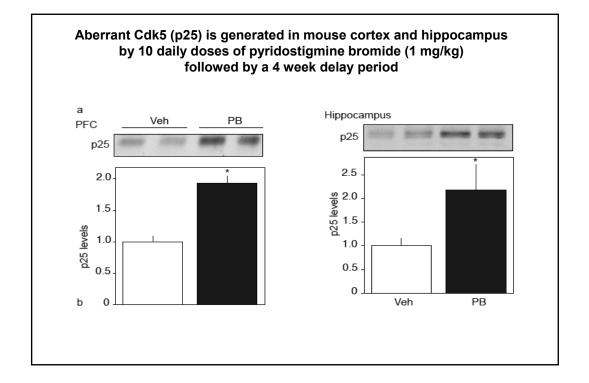


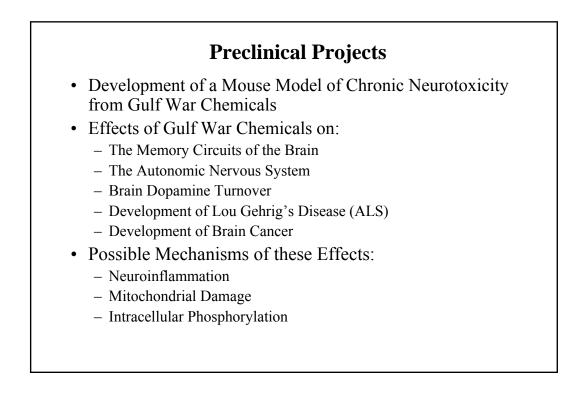












# **Principal Investigators** of the Preclinical Projects

Steve Vernino, MD, PhD Malu Tansey, PhD Christopher Sinton, ph.D. Craig Powell, MD, PhD Amyn Habib, MD Matthew Goldberg, PhD Jeffrey Elliott, MD Donald Cooper, PhD James Bibb, PhD Ilya Bezprozvanny, PhD Robert Bachoo, MD, PhD

From the

Departments of Neurology, Psychiatry, Physiology, Pathology and Medicine University of Texas Southwestern Medical Center, Dallas, Texas