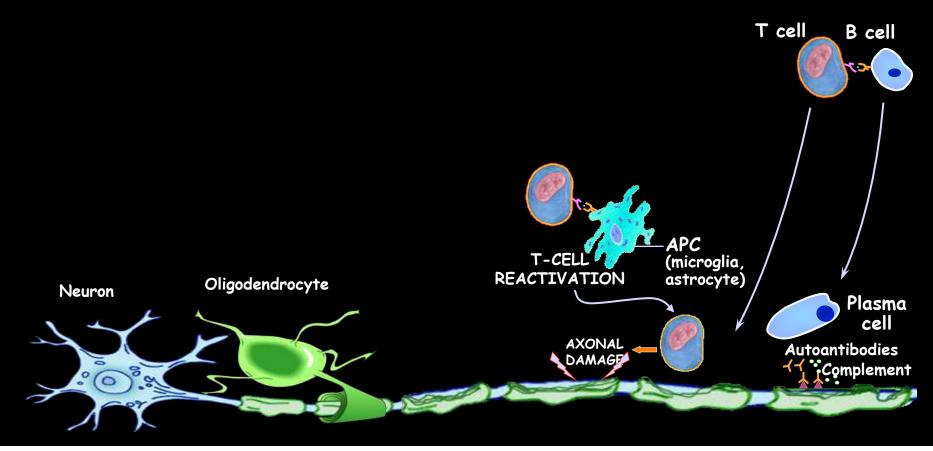
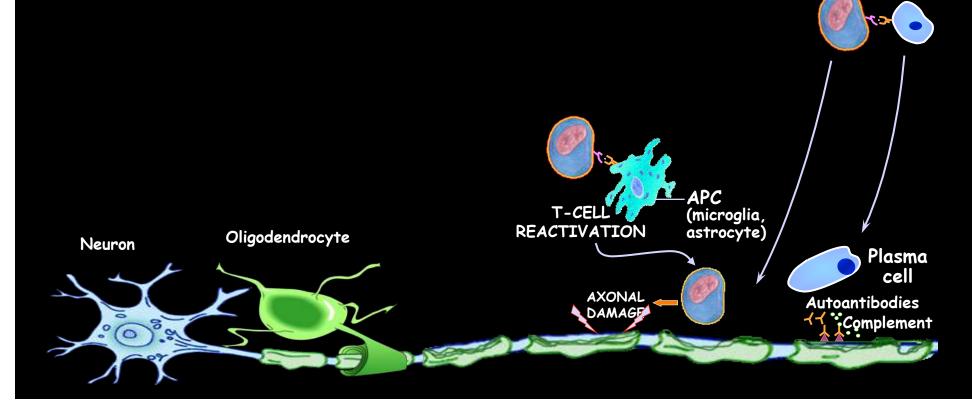
Dysregulation of B cells in Clinically Isolated Syndrome and Multiple Sclerosis

Nancy Monson, Ph.D. Associate Professor of Neurology and Neurotherapeutics Associate Professor of Immunology University of Texas Southwestern Medical Center Dallas Texas



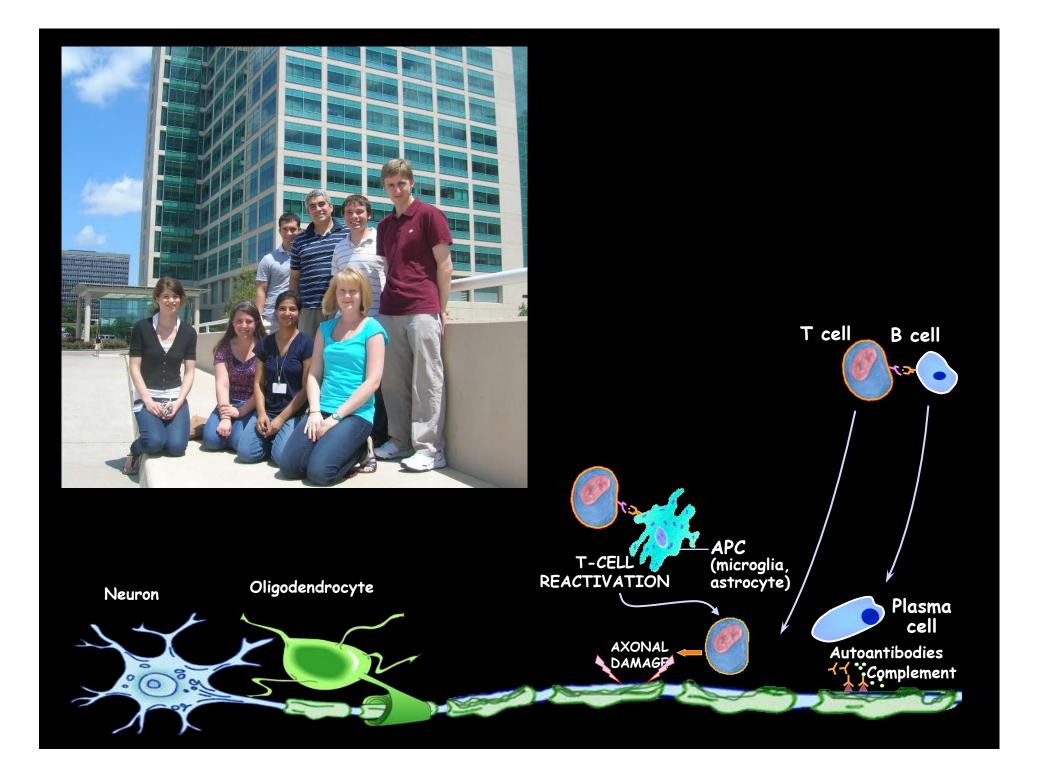
DISCLOSURES:

National MS Society: grant support Genentech, Inc.; Advisor TEVA Neuroscience; grant support DioGenix, Inc.; grant support MedImmune, Inc.; grant support



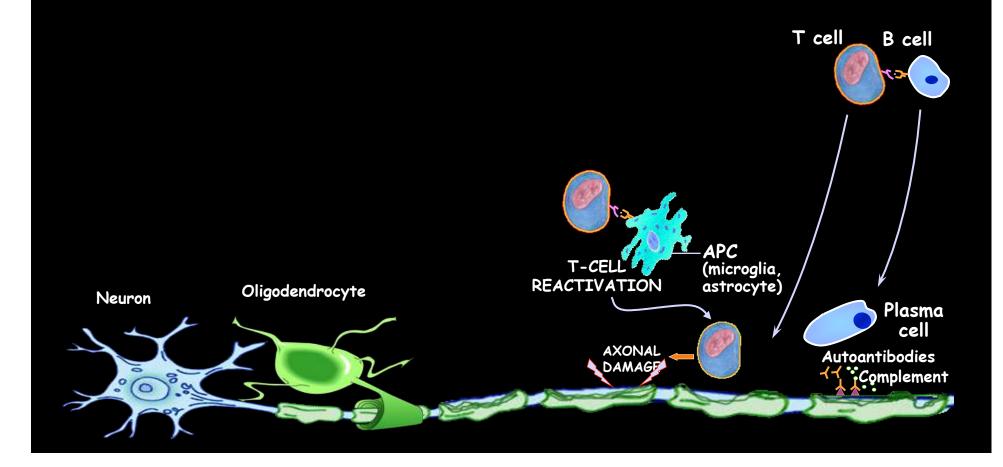
T cell

B cell



Objectives:

•What are some important features of TM from an Immunologist's perspective?
•Do TM patients have a different immune profile compared to ON patients?
•Can we use this information to identify patients that will develop MS?
•Do antibodies from B cells in the CSF bind to the brain?



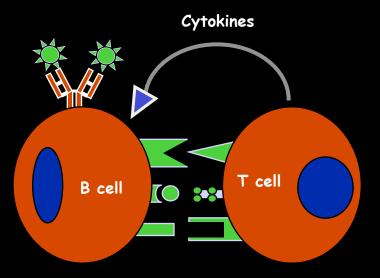
TRANSVERSE MYELITIS

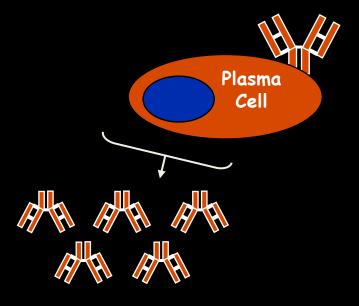
- Symptoms involve weakening of limbs or sensations of numbress due to demyelination occurring across short segments of the spinal cord
- The presence of lesions in the brain of TM patients also increases the risk of conversion to MS
- TM patients with brain lesions typically have a faster occurrence of a second attack than patients with optic neuritis (ON)
- ON patients have better long-term prognosis than other presentations including TM

These differences in progression to clinically definite MS and location of initial lesions between ON and TM patients may suggest different underlying biology.



WHAT ARE THE JOBS OF A B CELL?





Activate T cells that are involved in disease Produce antibodies that are involved in the disease

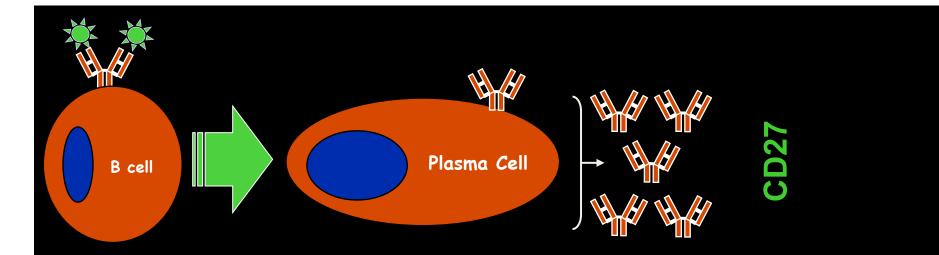
1. Are there highly activated B cells in the blood of TM patients?

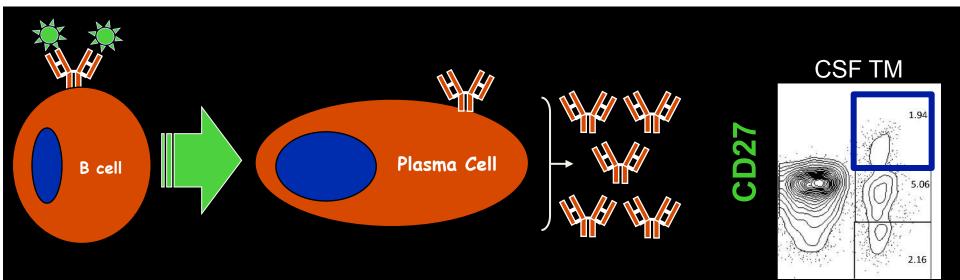
2. Can we use antibody genetics to determine which TM patients will convert to MS?

3. Do antibodies from TM patients bind to the brain?

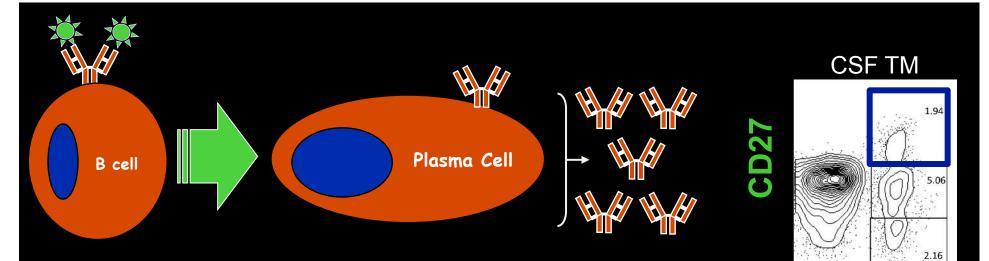
1. Are there highly activated B cells in the blood of TM patients?

- 2. Can we use antibody genetics to determine which TM patients will convert to MS?
- 3. Do antibodies from TM patients bind to the brain?

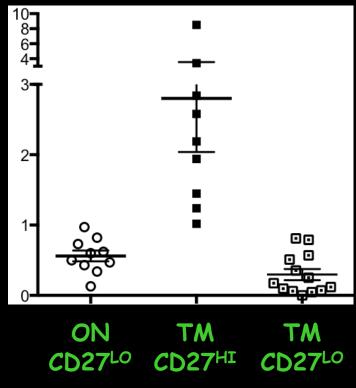




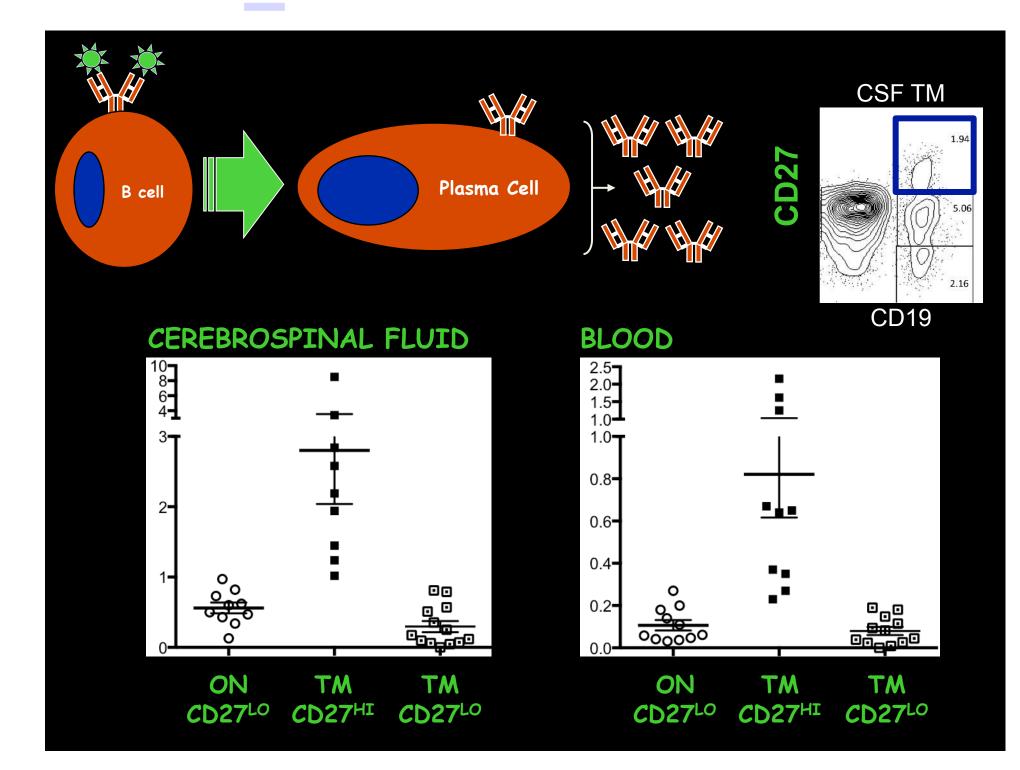
CD19



CEREBROSPINAL FLUID



CD19



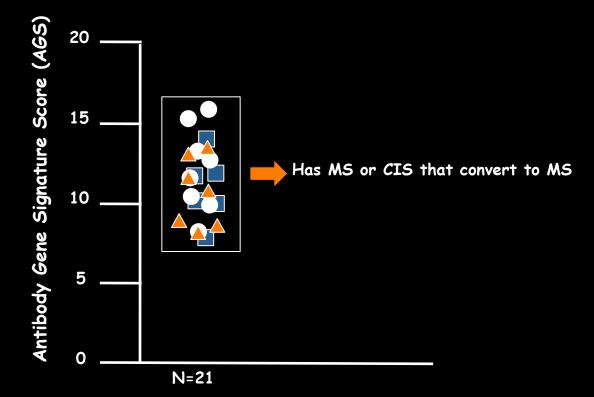
1. Are there highly activated B cells in the blood of TM patients? YES. And they are not detected in ON patients.

2. Can we use antibody genetics to determine which TM patients will convert to MS?

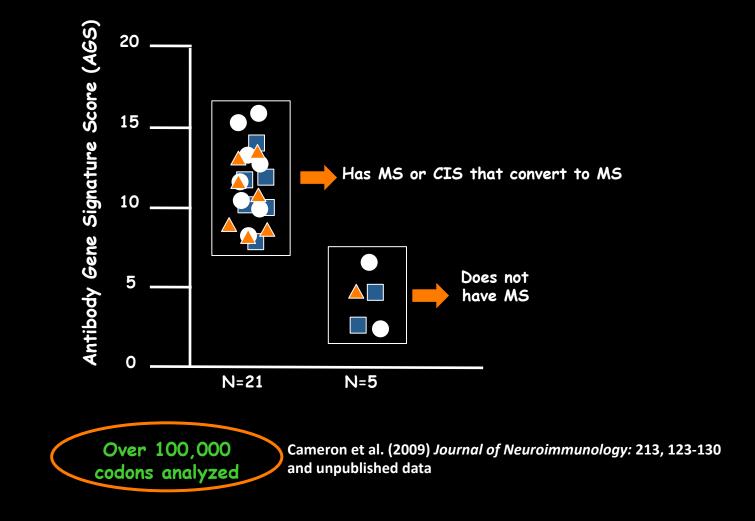
3. Do antibodies from TM patients bind to the brain?

- 1. Are there highly activated B cells in the blood of TM patients? YES. And they are not detected in ON patients.
- 2. Can we use antibody genetics to determine which TM patients will convert to MS?
- 3. Do antibodies from TM patients bind to the brain?

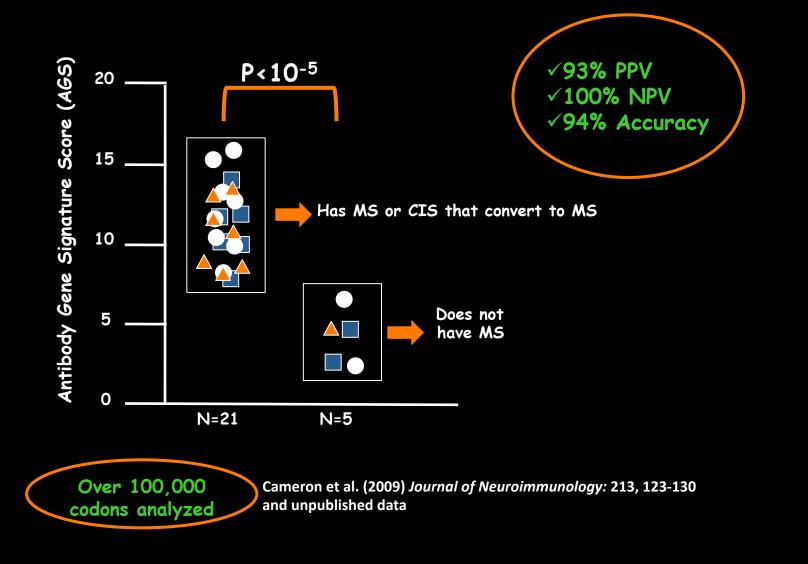
B cell antibody genetics can be used to classify important disease groups



B cell antibody genetics can be used to classify important disease groups



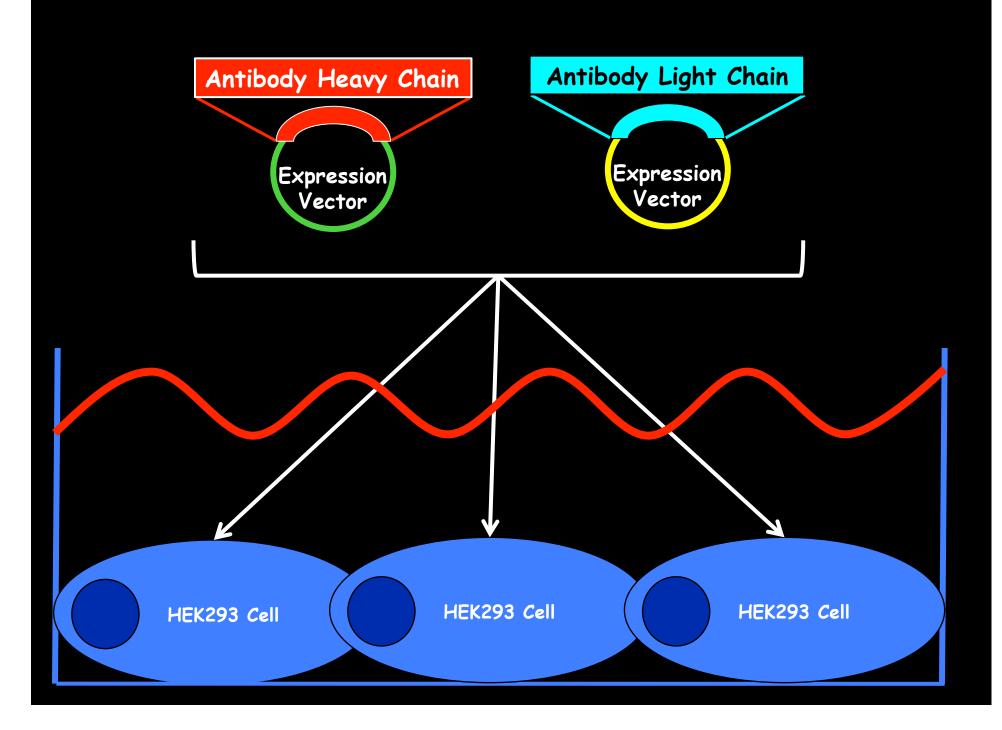
B cell antibody genetics can be used to classify important disease groups

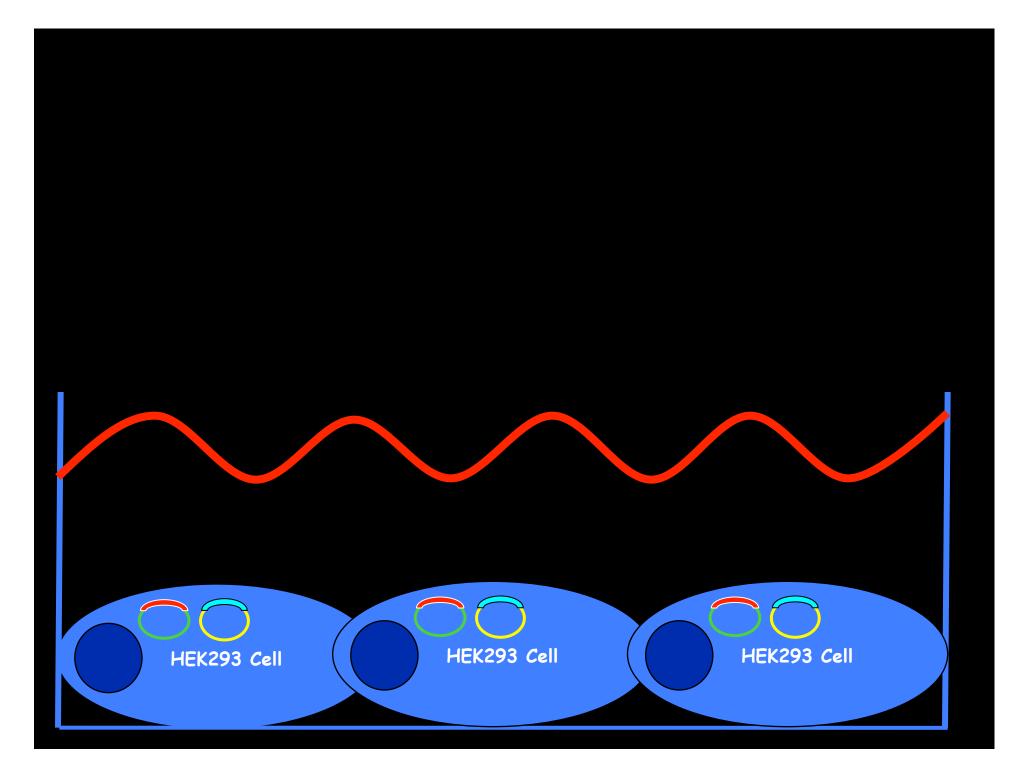


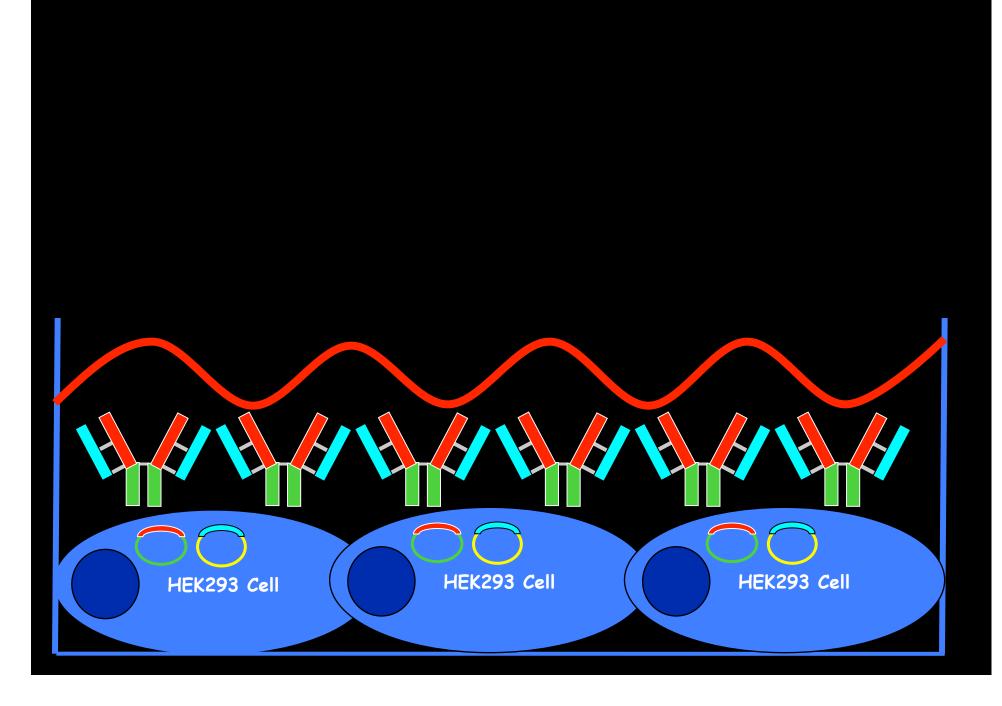
MSPrecise/DioGenix

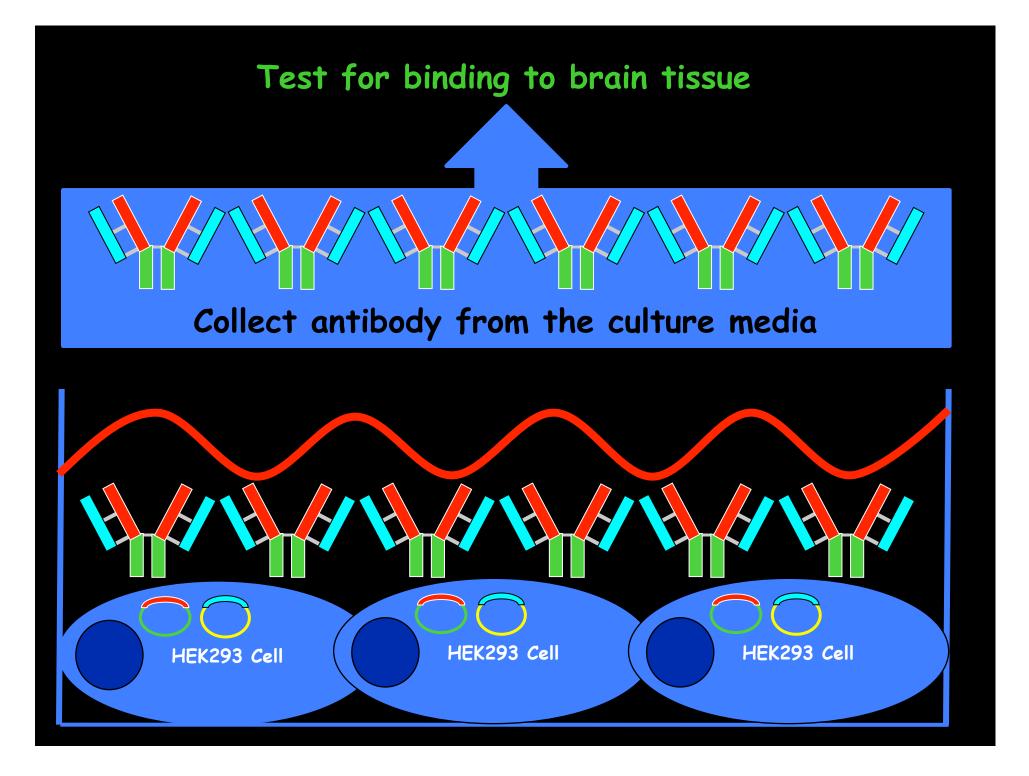
- 1. Are there highly activated B cells in the blood of TM patients? YES. And they are not detected in ON patients.
- 2. Can we use antibody genetics to determine which TM patients will convert to MS? YES. Just as well as we can determine which ON patients will convert.
- 3. Do antibodies from TM patients bind to the brain?

- 1. Are there highly activated B cells in the blood of TM patients? YES. And they are not detected in ON patients.
- 2. Can we use antibody genetics to determine which TM patients will convert to MS? YES. Just as well as we can determine which ON patients will convert.
- 3. Do antibodies from TM patients bind to the brain?

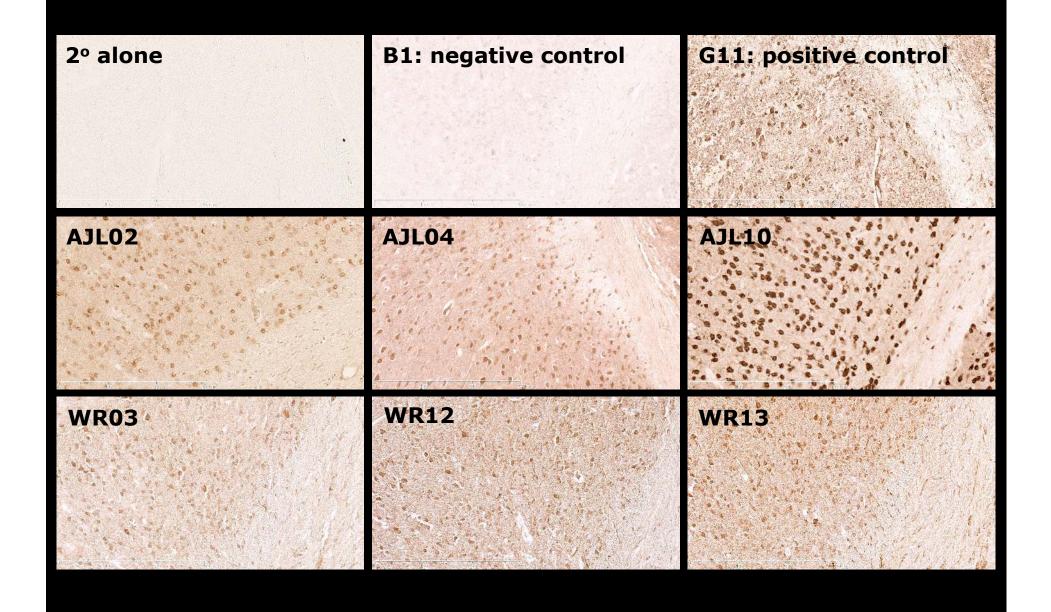




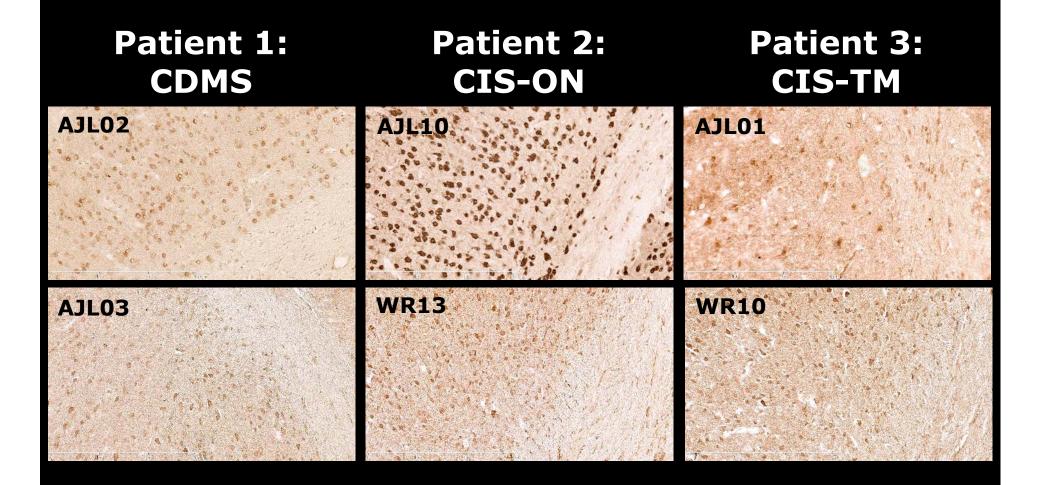




Monoclonal antibodies made by B cells in the CSF of MS patients and patients at high risk to develop MS bind to neurons and astrocytes



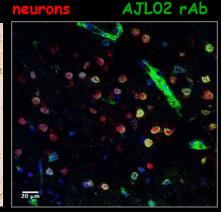
Monoclonal antibodies made by B cells in the CSF of MS patients and patients at high risk to develop MS bind to neurons and astrocytes



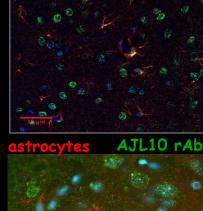
Monoclonal antibodies made by B cells in the CSF of MS patients and patients at high risk to develop MS bind to neurons and astrocytes

Patient 1: CDMS



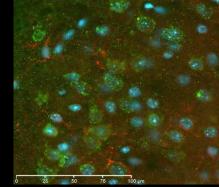


eurons AJL10 rAb

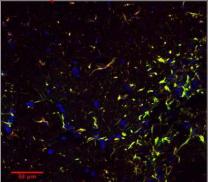


astrocytes

AJL02 rAb



<u>astrocytes WR13 rAb</u>



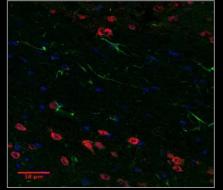
Patient 2:

CIS-ON

CIS-ON

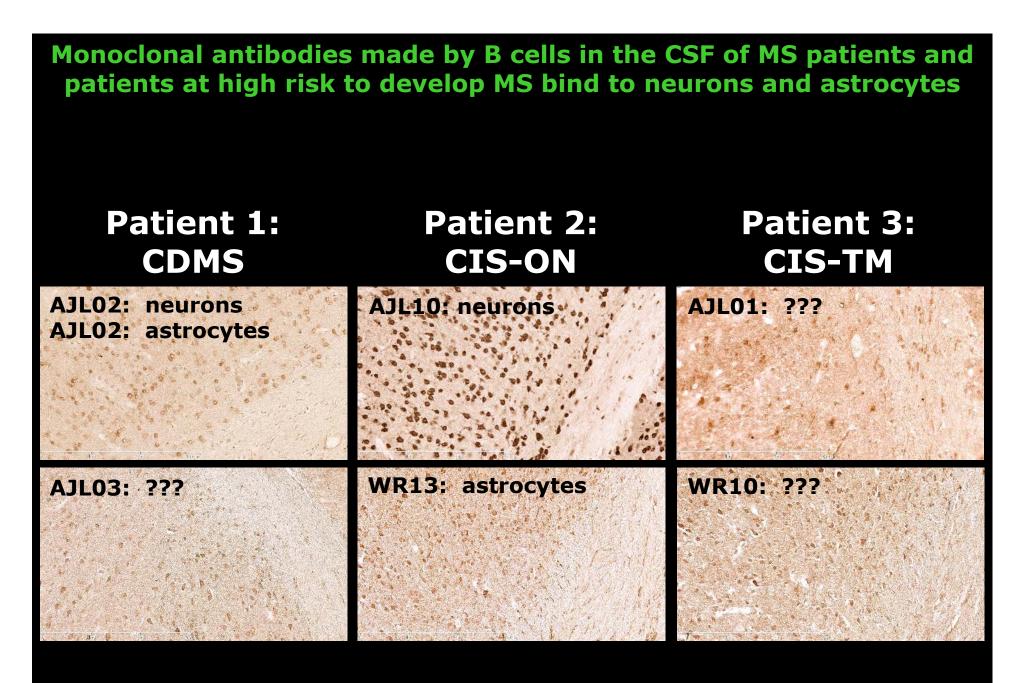
Patient 2: AJL10: neurons





neurons

WR13 rAb



- 1. Are there highly activated B cells in the blood of TM patients? YES. And they are not detected in ON patients.
- 2. Can we use antibody genetics to determine which TM patients will convert to MS? YES. Just as well as we can determine which ON patients will convert.
- 3. Do antibodies from TM patients bind to the brain? Still working on that...but we know antibodies from MS patients and ON patients bind to neurons and/ or astrocytes.

1. Are there highly activated B cells in the blood of TM patients? YES. And they are not detected in ON patients.

2. Can we use antibody genetics to determine which TM patients will convert to MS? YES. Just as well as we can determine which ON patients will convert.

3. Do antibodies from TM patients bind to the brain? Still working on that...but we know antibodies from MS patients and ON patients bind to neurons and/ or astrocytes. Monson Lab Ann Ligocki William Rounds Sara Ireland Ding Chen Jackie Rivas PJ Henson

Repository Team

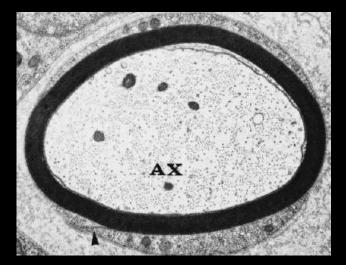
Ben Greenberg Paula Hardeman Parul Chaudhary Sam Hughes James Alewine

Antibody Genetics Collaborators

Elliot Frohman Sally Ward Ann Stowe Min Li

Antibody Genetics Support

Richard Scheuermann Lindsay Cowell Andy Fire Scott Boyd



Basic Neurochemistry, 6th ed., GJ Siegel et al, photo by C. Raine