Serum Biomarkers For Verifying And **Predicting Multiple** Sclerosis Relapse

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Multiple Sclerosis – Clinical Definitions

- Multiple Sclerosis autoimmune inflammatory disease of the CNS.
- Relapsing Remitting (RRMS) the most common disease course.
- Relapse acute episode of new disease activity (CNS lesions).
 - It varies greatly between different patients.
 - Defined exclusively by clinical terms.
- How does it feel?



MS Relapse - Pathophysiology



- Studies show:
 - **10 new lesions** is required for a clinical symptoms.
 - New lesions are formed during remission.
- The lesions accumulates.
- Does the inflammation accumulate?



MS Relapse - Biomarkers

- Many biomarkers are suggested to be involved in relapse pathogenesis.
 - Cytokines, chemokines, vascular adhesion and permeability molecules, etc.



• However results were not reproducible.

MS Relapse - Biomarkers

- Suggestions for the inconstant results :
 - Variability in population between studies.
 - "The timeline" did we miss the peak of the inflammatory activity?



Motivation

- We refer to two major needs regarding relapse:
 - <u>Verification</u> borderline relapses place a challenge for physicians.

 <u>Prediction</u> - no tools for relapse prediction, leaving patients in a constant uncertainty.



100%

Hypothesis

- Relapse is a visible outcome of subclinical inflammation during remission.
- Inflammation biomarkers profile during remission might reflect disease activity.
- Monitoring patients during remission can help verify clinical relapse and might predict it.



Goal and Experiment Designing

- <u>The Goal</u> understand inflammation profile during relapse and remission in peripheral blood.
 - Observe inflammatory changes in patients with different time to upcoming relapse.
 - To find specific biomarkers which reflect disease activity.
- Experiment design:



First step – Gene Expression

Genes

Proteins

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Clinica App.

- Understand how blood gene expression changes throughout remission period.
- Data pool of gene expression from 70 MS patients.
- Patients were divided into groups by the time (months) to their next relapse.
- For every month, we calculated the average change in all the genes.





Gene Expression – Conclusions

Genes

Proteins

J

Clinical

App.

 Peak in inflammation gene expression 4 month prior to visible clinical relapse.

Intermediate Conclusions

- Relapse process begins long time before clinical symptoms.
- Different "cutoff" between relapse and remission a possible bias in prior studies.



Second Step – Protein Level

- Verify results using a different mechanism.
- The Luminex[®] system can measure the level of 50 proteins in up to 96 patients simultaneously.

Genes

Proteins

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Clinica App.



 We conducted a measurement of 50 highly expressed inflammatory proteins in 78 patients.

Protein Level Results

- 4 cytokines showed significant results:
 - IL-82 AR Stindelizings by nth physicity (Frez) and B
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Proteins

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IL-12

IL-17A

IL-8

IL-13

Third step – Clinical Application

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Clinical

App.

Next step - creating a clinical diagnostic tool.



 We measured the 4 cytokines in 93 patients using ELISA test plates.

ELISA Results

 The ELISA experiment showed some tendency, mainly regarding IL-12 and IL-17.



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Proteins

Technical challenges affected the quality of the results.

Outcome and Restrictions

- What can we do with that information?
 - Clinical monitoring patients throughout the remission period, will allow us to verify and predict relapse.
 - Research better understanding relapse mechanism.





Restrictions

- Previous relapses and unrelated inflammation can affect the protein and gene level.
- Confounding variables treatment, age, sex, disease state (EDSS), etc.



Further study is required to ratify the results before clinical application.

