Molecular Changes in Normal Appearing White Matter in Multiple Sclerosis are Characteristic of Neuroprotective Mechanisms Against Hypoxic Insult

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Multiple sclerosis is a chronic inflammatory disease of the CNS leading to focal destruction of myelin, still the earliest changes that lead to lesion formation are not known. We have studied the geneexpression pattern of 12 samples of normal appearing white matter from 10 post-mortem MS brains. Microarray analysis revealed upregulation of genes involved in maintenance of cellular homeostasis, and in neural protective mechanisms known to be induced upon ischemic preconditioning. This is best illustrated by the upregulation of the transcription factors such as HIF-1 and associated PI3K/Akt signalling pathways, as well as the upregulation of their target genes such as VEGF receptor 1. In addition, a general neuroprotective reaction against oxidative stress is suggested. These molecular changes might reflect an adaptation of cells to the chronic progressive pathophysiology of MS. Alternatively, they might also indicate the activation of neural protective mechanisms allowing preservation of cellular and functional properties of the CNS. Our data introduce novel concepts of the molecular pathogenesis of MS with ischemic preconditioning as a major mechanism for neuroprotection. An increased understanding of the underlying mechanisms may lead to the development of new more specific treatment to protect resident cells and thus minimize progressive oligondendrocyte and axonal loss.

Brain Pathol 2003;13:554-573.

Introduction

The study of the pathogenetic mechanisms involved in lesion formation in multiple sclerosis (MS) is complicated by the multifactorial nature of disease susceptibility. Heterogeneity of clinical disease course and the

variety of the cellular pathology seen at post-mortem further complicate the picture. To date most of the studies designed to elucidate molecular mechanisms of lesion formation have focused on changes occurring in chronic demyelinated lesions (24, 25). In contrast, very little is known concerning the molecular changes taking place in the normal appearing white matter (NAWM) in MS, where one might expect to see the earliest changes relating to new lesion formation.

Magnetic resonance imaging studies (MRI) have demonstrated that there are abnormalities in the NAWM in a majority of MS cases (13). Axonal injury, blood brain barrier changes and reactive astro- and micro-gliosis have been reported (2, 14, 41). At the molecular level, however, little is known about the mechanisms leading to lesion formation and whether protective mechanisms involved in maintaining brain homeostasis could be exploited to develop new treatments.

Here, we have examined the molecular alterations that occur in NAWM of post-mortem tissues from MS patients in order to identify adaptive molecular changes. Thorough neuropathological and clinical examination of each MS and control case, and histological characterization of each analyzed brain tissue sample were used for validation and interpretation of the microarray analysis.

Material and Methods

Tissue collection and characterization. MS and control tissue samples were obtained from the UK MS Tissue Bank at Imperial College (UK Multicentre Research Ethics Committee, MREC/02/2/39). Tissue blocks $(2 \text{ cm} \times 2 \text{ cm} \times 1 \text{ cm}$, Figure 1D) representing normal (non-neurological) control white matter and normal appearing MS white matter (NAWM) were analyzed to exclude additional pathological alterations. Control tissue blocks were taken from corresponding brain areas (Table 1). Tissue blocks were snap frozen and

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Table 1. *Summary of clinical data.* Clinical and pathological information concerning the 10 MS and 7 control subjects studied are shown. 2 separate samples of brain tissues were analyzed from MS1, MS3, MS5 and CLo6. All brain tissues were rapidly frozen after retrieval and their RNA integrity verified. Full CNS pathological characterization was performed on all cases. All NAWM and control white matter samples were derived from sub-cortical white matter. Hybridization analysis was performed on the Atlas Human 1.2 Arrays I, II or III and by quantitative RT-PCR (LightCycler) as indicated. Abbreviations: NAWM, normal appearing white matter; wm, white matter; Fcx, frontal cortex; Ocx, occipital cortex; Ccx, cingulated cortex; Tcx, temporal cortex; Pcx, pariental cortex; f, female; m, male; LC, LightCycler; SP, secondary progressive; PP, primary progressive.

stored at -80°C. Additional tissue samples were collected at the Department of Pathology, University Hospital Basel (Ethics Committee of the University Hospital Basel). All brains were routinely screened by a neuropathologist to confirm diagnosis of MS and to exclude confounding pathologies. This information, together with a clinical summary of disease course and patient specific data are summarized in Table 1. Before extraction of RNA, immunohistochemical analysis for PLP (kindly provided by K.-A. Nave, Göttingen),

MOG, GFAP (Dako), CD68 and CD3 (Dako) expression was performed on cryostat sections $(10 \mu m)$ from each tissue block.

Total RNA preparation and Northern blot analysis. Total RNA isolation was performed by homogenization in guanidinium thiocyanate followed by a CsCl ultracentrifugation (5). This protocol provides the highest purity and quantity of total RNA from human brain tissues. Freshly isolated RNA was checked for integrity and for several representative transcripts by Northern blot analysis using DIG-labeled cRNA probes as described previously (36) .

Atlas™ cDNA Expression Array hybridization. The Clontech Atlas™ cDNA Expression Array 1.2 (I-III) contains 3528 selected cDNA sequences arrayed on 3 different nylon membranes (1176 per array). Radiolabeled single stranded cDNAs were generated by reverse transcription of 4 μ g total RNA with the gene-specific primer sets for each gene represented on the array and hybridization was performed following the manufacture's protocol (Clontech). Hybridization signals were detected and visualized with the phosphoimaging system (Molecular Dynamics). Array I was hybridized with 11 MS and 8 control samples, Array II with 7 MS and 5 control samples and Array III with 6 MS and 4 control samples (Table 1).

Data analysis and interpretation. Quantification of differential hybridization signal intensities was achieved with the AtlasImageTM 2.0 software program. For comparing the differential expression pattern between different experiments, we used the gene for the 60S ribosomal protein L13A (accession number X56932) for normalization of Array I and III and for the RNA binding protein fus (accession number X71428) for Array II. Hybridization signal intensities, which were in 75% of the cases below 4000 pixels were excluded from our analysis. This was the case for 595 cDNA sequences on array I. Normalized hybridization intensities from each MS sample were compared with the corresponding one from each control to provide foldchanges (ratio). Boxplot analysis of fold changes (ratios) were used to examine their distribution in one variable case, either MS versus all controls or one control case versus all MS. The median value of fold changes for each MS was evaluated against all controls. Three hundred thirty-four genes had median values of fold changes either below 0.7 (down-regulated in MS) or higher than 1.5 in more than half of the MS samples (Table 2), and these genes were used for further statistical analysis.

Quantitative RT-PCR. Real-time RT-PCR was performed using the LightCycler system (Roche). Primer sequences were either provided by Clontech or designed from unique site over exon-intron junctions to prevent amplification of genomic DNA. Real-time RT-PCR was performed according manufacturer's protocol (Roche). RNA amounts were calculated with relative standard curves for all mRNAs of interest and 60S ribosomal protein LA13 for normalization.

In situ hybridization. Generation of digoxigeninlabelled cRNA probes and in situ hybridization on cryosections of freshly frozen tissue were performed as previously described (36).

Statistics. Hierarchical cluster analysis was performed with the program "Cluster" and "TreeView" from Michael Eisen (11). To assess sample clusters the median values for each MS were imported into "Cluster" and converted into $log₂$ values (Figure 2A). According to the cluster analysis from the MS tissues all fold changes of MS versus every control (ratios) were sorted into the data sheet and hierarchical gene cluster analysis was performed (Figure 2B). Individual fold changes (ratios) of each MS sample are shown as medians (Table 2). Statistical significance is expressed by *p*-values generated by the non-parametric Mann-Whitney U-Test. For this, the hybridization signal intensities were normalized to one of the control samples.

Figure 1. (Opposing page) *Molecular and histopathological characterization of brain tissues.* Northern blot analysis for GFAP mRNA expression was performed with digoxigenin-labelled cRNA probes (**A**) for each tissue block for verification of the RNA integrity. 2mg totRNA was loaded per lane and stained with ethidium bromide (**B**). For illustration, tot RNA from some tissue blocks are shown (**C** for details). Control RNA was loaded from white matter (corpus callosum) and from cerebellum. Neuropathological characterization of the different cases revealed that most of the detected lesions were inactive chronic demyelinated lesions (**D**). In some lesions MOG positive oligodendrocytes were also observed (**F**). Immunohistochemistry of each tissue block (**D**) was performed to distinguish blocks with NAWM (red) from ones with lesions (blue) and to identify grey matter regions. Analysis of one tissue block is shown for PLP (E), CD68 (**G, H, L**) and CD3 (**I, K**). Arrows (in **E, G, I**) point to the lesion border (**D**). For the microarray analysis NAWM from tissue blocks without lesions (**D**, red) were dissected, excluding areas of grey matter. Control tissues were analyzed in comparable manner.

Results

Molecular and histopathological characterization of tissues obtained from post mortem MS and control cerebral cortex. Isolation and characterization of 52 tissue blocks from the cerebral cortex (37 MS and 15 controls) from 38 different patients (26 MS and 12 controls), with a post-mortem delay (PMD) of less than 26 hours, showed that in 24 out of 38 cases RNA was preserved (Figure 1A, B show a selection of representative cases). Although, there was a large variation in PMD time (Table 1), we did not identify a correlation between PMD and degree of RNA degradation (Figure 1C).

Data obtained from the analysis of gene array hybridizations are best interpreted together with a detailed knowledge of the cellular composition and pathological changes in the particular tissue sample being studied. Considerable variations occur from region to region depending on whether a demyelinated lesion is close to or distant from the NAWM block. Therefore, we performed an immunohistochemical analysis of each tissue block in order to identify white and grey matter regions and to exclude demyelinating lesions (Figure 1D). We used antibodies against proteolipid protein (PLP, Figure 1E) and myelin-oligodendrocyte glycoprotein (MOG, Figure 1F) for myelinated fibers, glial fibrillary acidic protein (GFAP, not shown) for reactive astrocytes, CD68 for activated macrophages and microglia (Figure 1G, H, L) and CD3 for the identification of infiltrating T-lymphocytes (Figure 1I, K). From this analysis we chose only NAWM tissue from tissue blocks without any histological evidence of demyelinating lesions or inflammatory activity. In subcortical NAWM tissues, only few CD3 positive lymphocytes were observed within blood vessels (Figure 1K, arrowhead) and very seldom within the white or grey matter (Figure 1I). In most of the NAWM tissues we detected a considerable number of reactive CD68 positive cells throughout the tissues (Figure 1H, arrowhead), occasionally accumulated around blood vessels (Figure 1L, arrowhead).

Microarray analysis of differentially expressed genes in NAWM of MS tissues. We performed differential screening with 11 total RNA samples from subcortical NAWM of 9 different MS cases and 8 total RNA samples from subcortical white matter of 7 control cases (Table 1). Hierarchical cluster analysis with the programs "Cluster" and "TreeView" (11) was used for identifying groups of genes with a common expression pattern within the MS samples (Figure 2A). This revealed 4 major gene clusters representing analogous differential expression patterns in NAWM tissues. Genes identified to be differentially expressed in MS NAWM are listed according to their gene cluster (Table 2). The median of fold changes for each gene for each MS sample is given and similarities as well as differences illustrated. We also used hierarchical cluster analysis to group experimental samples on the basis of similarities in their expression pattern: this revealed one major group within the MS cases (Figure 2B). The cluster analysis illustrates a molecular portrait of both similarities and differences in expression patterns among the MS cases. For example, the expression pattern profile of MS18 represented a control profile rather than a MS (Table 2). This is in line with the neuropathological observation that MS18 had no cortical lesions (Table 1). From the cases MS1 and MS5 we have used two NAWM tissue blocks from different brain regions. In both cases comparable results were obtained. In the case of MS1 both tissue samples showed strong overlapping differential expression patterns (Table 2, MS1 A3B2 and MS1 A3D1), whereas in the case of MS5 differential expression of tissue block A3C7 was more modest than of that of A4B4. Overall, the cluster analysis did not show a difference between primary and secondary progressive MS.

Quantitative RT-PCR analysis. In order to verify the array data we performed quantitative RT-PCR on several selected genes (Figure 3A). This analysis is in excellent agreement with the corresponding array results, using Snap25 (synaptosomal associated protein 25), MAL (myelin and lymphocyte protein), MOG and MAG (myelin associated glycoprotein) as examples (Figure

Figure 2. (Opposing page) *Hierarchical cluster.* Cluster analysis was performed to sort genes by similarities in their expression pattern within MS samples compared to each control, which revealed 4 clusters (A). For each gene 88 comparisons (11 MS versus 8 controls) are depicted in color-coded squares representing each fold ratio. Comparisons to each control were arranged in the following order: CBS1, 2, 4, 5, CLo6', 6², 7, 8 from left to right. This pattern shows the heterogeneity between controls. Red shows upregulation, whereas green downregulation. Genes are listed in Table 2 accordingly. Hierarchical cluster analysis to group MS samples (median value versus all controls) on the basis of similarities in their expression pattern is shown in B (GABABR2, Snap25 and 14-3-3 are shown as example). Note, that the differential expression pattern of MS26, 1, 5, 3, 2 are very similar, whereas MS20, 18 and 10 show a distinct pattern.

Figure 3. *Quantitative RT-PCR analysis.* Quantitative RT-PCR analysis (**A**) shows the differential gene expression of selected genes: the values represent the medians of all ratios of one MS versus all controls. The result from Real-Time-PCR (LC) and Array 1.2 I are compared for Snap25, HSP70.1, MAL, MAG and MOG. In addition, hybridization signals at saturated levels (MBP, PLP and GFAP) and genes not represented on the Array I (MOBP, CNP and NSE) were analyzed. Red shows upregulation, whereas green downregulation. Statistical significance is expressed as p-value; values below 0.05 are shown in yellow. The expression intensities measured by LightCycler analysis of MBP (**B**) and NSE (**C**) for each case are shown as example. (LC, lightCycler, n.d., not done).

A

3A). However, the RT-PCR results revealed a greater fold difference, indicating that differential expression is under- than overestimated from the array analysis. This was especially the case for genes expressed at high levels such as Snap25, Hsp70.1 (heat shock protein 70.1), MBP, PLP and GFAP, due to the saturation limit of the hybridization signal. In addition, we analyzed the expression level of two additional oligodendrocyte specific genes, MOBP (myelin/oligodendrocyte-specific protein) and CNP $(2', 3'$ -cyclic nucleotide $3'$ -phosphodiesterase), which were not present on array I (Figure 3A). In view of the fact that many of the upregulated genes are thought to be predominantly expressed in neurons, we analyzed the expression level of the neuronal house keeping gene neuron specific enolase (NSE), which turned out to be upregulated in all MS cases (Figure 3A, C).

Differential expression of genes in NAWM. A number of genes were clearly upregulated in MS NAWM in the majority of the cases. These changes represent alterations in intracellular "housekeeping" metabolism as well as in receptor mediated signalling pathways and transcriptional regulation. The cellular specificity for many of the identified genes is not known, and we have to assume that some genes are expressed in several cell types. For this reason, we first analyzed the data with respect to cell type and then used hierarchical cluster analysis for identifying groups of genes with a common expression pattern (Figure 2A; Table 2). It should be noted that downregulation of genes has been observed but only in single cases (Table 2; Figures 2, 3).

One point of interest was the expression pattern of oligodendrocyte specific genes. Although from a morphological point of view myelin appeared normal, myelin maintenance was altered at the transcriptional level. A striking feature was the downregulation of MBP in many cases (Figure 3A, B). However, in 2 cases (MS 20 and 10), strong upregulation was detected, a feature consistent with remyelinating activity. Remyelinated areas (eg, shadow plaques) were observed in both of these cases (Table 1). MOBP showed a comparable expression pattern to MBP. MAG and MAL showed a tendency for upregulation in some of the NAWM cases, whereas PLP and CNP were mostly unaltered. In contrast, MS2 showed a downregulation of all the myelin genes analyzed, indicating that this case might be affected by an oligodendrogliopathy.

A major feature of MS is inflammatory cell infiltration. Microarray studies of demyelinating lesions showed a whole pattern of changes in inflammatory mediator genes (24). In contrast, in our study an overall analysis of inflammation related genes did not show significant alterations in NAWM of MS patients (data not shown). The expression patterns of pro-inflammatory markers such as cytokines (eg, TNF α , interleukins, IFN_{γ}), chemokines and complement factors were not generally altered, which correlated well with our immunohistochemistry data showing that T-lymphocytes were scant or absent. In contrast, we found that activated macrophages/microglia were present throughout the NAWM tissues in all MS cases (Figure 1G). This finding correlates well with the increased levels of the transcription factor STAT6 in all MS cases (Table 2, Cluster I) and the chemoattractant cytokine endothelial-monocyte activating polypeptide II (EMAPII, Table 2, Cluster IIB). High levels of STAT6 in all MS cases may suggest that there is a persistent activation of macrophages/ microglia in MS.

Astrogliosis has been described to be a prominent feature in NAWM in MS (2). Although reactive astrocytes are depicted nearby demyelinating lesions, it is not a general phenomenon throughout the NAWM, as demonstrated by quantitative RT-PCR analysis of GFAP (Figure 3A) and confirmed by immunohistochemistry. Nevertheless, significant upregulation of TGF_{B2} and the taurine transporter in all MS cases suggests that some changes in transcriptional regulation in astrocytes occurred.

Since many of the genes found to be differentially expressed in our study are known to be expressed in neurons, we investigated the neuronal content in subcortical white matter tissues. RT-PCR for NSE demonstrated the presence of neurons in the subcortical white matter, and in controls NSE mRNA levels were comparable throughout the different cortical regions (Figure 3C). However, much higher expression levels for NSE were detected in NAWM of all MS cases (Figure 3A, C). In situ hybridization of cortical brain tissues showed strong expression of NSE (Figure 4A, B), Snap25 (Figure 4C, D) and GAP43 (not shown) in layer VI neurons as well as in the sub-cortical white matter (arrows). Immunohistochemistry for GFAP (Figure 4G), PLP and MOG (not shown) showed no colocalization with astrocytes or oligodendrocytes. Quantification did not reveal a difference in the total number of neurons in NAWM of the MS cases (data not shown), indicating higher expression levels of NSE mRNA in neurons from NAWM of MS patients. Upregulation of neuronal genes was not a general feature since GAP43 expression for example was not significantly altered (Table 2, Cluster IIC). In situ hybridization for PLP showed a

Table 2. *Genes differentially expressed in NAWM.* List of differentially expressed genes with median differences of 1.5 folds or more in NAWM of more than half of the MS cases. Upregulation is shown in red, whereas downregulation is shown in green. Genes were grouped according to their cluster localization shown in Figure 2A. Medians of ratios against all control samples are shown for each MS sample. The statistical significance is expressed as p-value determined by the non-parametric Mann-Whitney U-Test. *P*-values below 0.05 are shown in yellow.

comparable expression pattern between control and NAWM tissue (Figure 4E, F) supporting our RT-PCR analysis (Figure 3A).

Cluster analysis of differentially expressed genes in NAWM. Sorting of the differentially expressed genes in NAWM by their expression pattern within the MS cases revealed 4 clusters with highest significance in Cluster I and II (Table 2). We detected upregulation of Snap25, synaptophysin, RAB3A, presynaptic density protein 95 (PSD95), and distinct types of glutamate receptors such as the NMDA receptor 2B and the metabotropic glutamate receptor mGLUR5. We also detected upregulation of genes of the GABA system such as glutamate decarboxylase GAD67 and the GABA B receptor 1A, and 2 as well as GABA A receptor gamma-2. In addition, genes involved in metabolic homeostasis such as the brain glucose transporter 3, taurine transporter and ion transporters such as the Na^+/K^+ -transporting ATP α 1 and sodium/hydrogen exchanger 1 were significantly upregulated. Although most of the trophic factors were normally expressed, TGF_{B2} was significantly upregulated. Within this cluster, upregulation of the thyroid hormone and the trkB receptors was also evident, as well as the transcription factors Krox24, CREB/ATF2 and hepatic leukemia factor (HLF). Stress related genes such as glycogen synthase kinase 3beta (GSK3) and the NO receptor guanylate cyclase beta-1 were also significantly upregulated.

Cluster II represents the largest gene group analyzed, and within this cluster 3 subgroups could be identified. Interestingly, in Cluster IIA $HHF1\alpha$ and genes it induces, such as PDGF-B, transferrin receptor and insulin growth factor binding protein 1 (IGFBP1) are found (Tables 2, 3A). Additionally, genes encoding for proteins involved in signal transduction, such as LIMK-1, CAMKI, adenomatous poliposis coli protein (APC), insulin growth factor 1 receptor (IGF1R), ski oncogene and snoN were significantly upregulated. In Cluster IIB many genes involved in macrophage attraction are represented (eg, EMAPII, MCSF). In addition, FKBP- rapamycin-associated protein (FRAP), neuropeptide Y and the transcription factor activating the endothelin promoter DB1 are localized in this cluster. In cluster IIC, upregulation of PI3K and the receptors for PDGFB, FGF, EGF and IL-6 are depicted. Of considerable interest is the finding that Cluster II contains genes encoding for DNA repair enzymes (eg, xeroderma pigmentosa, REF-1) and the different members of the free radical scavenger system, glutathione-S-transferase.

In Cluster III some inflammation related genes such as ICAM1, TNFR1, MCP-1, LFA-1, and CSF-1-R are localized. Within this cluster a significant upregulation of hypoxanthine-guanine phosphoribosyltransferase, an enzyme important for the pyridine nucleotide metabolism, was observed.

In Cluster IV, genes related to vascular endothelial cells (eg, VEGF and VEGF receptor 1) and the heat shock factor protein 1 (HSF1) were detected.

Death promoting genes, including the caspases and death associated protein kinase 1 as well as anti-apoptotic regulating genes, eg, 14-3-3, BAG-1, bcl-x and bcl-w, are significantly upregulated and distributed throughout the different clusters. Two forms of calpains, proteases known to be involved in calciumdepending degradation and indicators of oxidative stress, are also found to be upregulated in the major MS group (Cluster IIC and III).

One striking observation from array II and III was the strong upregulation of the 2 neurofilament isoforms NF-L and NF-M as well as the neuron specific growth associated protein SCG10 in MS1, MS3, MS5, MS10 and MS26 (data not shown).

Discussion

The pathological hallmark of MS is the demyelinated plaque. The molecular and cellular mechanisms involved in lesion formation are still unknown. Most studies have concentrated on the characterization of actively demyelinating inflammatory lesions and little is known about molecular and cellular changes in the socalled pre-plaque tissue. To investigate alterations in transcriptional regulation that could lead to lesion for-

Figure 4. (Opposing page) *Localization of neurons in sub-cortical white matter.* In situ hybridisation of NSE (**A, B, G**), Snap25 (**C, D**) and PLP (**E, F**) were performed on fresh frozen tissue sections from control (**A, C, E**) and MS brain tissues (**B, D, F, G**). NSE and Snap25 are highly expressed in neurons of layer VI and in subcortical white matter (arrows). Colocalization studies (**G**) with NSE in situ hybridisation (blue, arrows) and GFAP immunohistochemistry (red, arrowheads) showed localization of neurons in subcortical NAWM of a MS case distant to cortical grey matter layer VI; note, no colocalization of NSE-expressing cells with GFAP immunohistochemistry (ICC) was observed. Fluorescent counterstaining with Hoechst detected all nuclei (white). (H) shows myelinated fibers (arrow as an example) by immunohistochemistry for MBP of a representative cortical tissue block of a MS case delineating layer VI in grey matter from subcortical white matter. In situ hybridization of PLP (**E, F**) shows a comparable number of oligodendrocytes in control white matter and NAWM. Abbreviations: wm, white matter; NAWM, normal appearing white matter. Bar in **E**: for **A-F**, **H** = 132 μ m; **G** = 33.7 μ m.

A Induced by HIF-1

mation or protect against it, we performed expression profiling of sub-cortical NAWM of MS brain tissue and control white matter using microarray technology.

The present study has revealed the upregulation of a significant number of genes in NAWM of MS brains. This appears to involve the upregulation of genes that reflect a higher energy metabolism as well as genes involved in endogenous neuroprotection, which may affect all neural cell types. Of particular importance is the finding of an upregulation of genes known to be induced upon oxidative stress and the triggering of long-term ischemic preconditioning. This is best illustrated by the upregulation of the transcription factor $HIF1\alpha$, CREB, the associated members of the PI3K/Akt signalling pathway, and their target genes such as VEGF, VEGF receptor1, hexokinase 1 and the glucose 3 transporter (Figure 5A; Table 3A). A general neuroprotective reaction against oxidative stress is suggested by the upregulation of the sodium and chloride dependent taurine transporter (35), adenosine A1 receptor (18) and GABA-A/B receptors (22) (Figure 5B; Table 3C). The induction of genes involved in protection mechanisms against apoptosis, such as 14-3-3, and in DNA repair mechanisms also support our hypothesis. In keeping with the histological analysis, molecular signs of active inflammation were not evident, yet upregulation of STAT6 in all MS cases may indicate that the residing macrophages/microglia in the normal appearing tissue in MS may be persistently activated. In contrast, little evidence was found of astrogliosis in the NAWM.

MS is a chronic progressive disease with repetitive influx of inflammatory cells into the CNS. This leads to changes in the cerebral vascular endothelium as well as nervous tissue damage due to release of various inflammatory mediators. Mediators such as IL-1, TNF α and reactive oxygen and nitrogen species (ROS/RNS) are suggested to be involved in the pathophysiology of MS (6, 42). Yet, in NAWM we found the induction of regulatory components involved in long-term ischemic preconditioning. Preconditioning against oxidative stress is induced by sublethal insults such as hypoxia, endotoxins, IL-1, $TNF\alpha$, ROS/RNS and adenosine, and protects against subsequent lethal ischemic attacks (4). In NAWM of MS tissues the persistent presence of activated macrophages/microglia could be one of the sources of ROS and RNS. It is notable that they have been found to produce more ROS than cells from controls (42). The deleterious effects of free radicals on the functional properties of myelin and axons in inflammatory demyelinated MS lesions are well described (for review see 42). Nitric oxide and its derivatives are cytotoxic, impair respiratory chain function and can cause axonal conduction block, to which demyelinated axons are more susceptible (42). Oligodendrocytes and neurons are more sensitive to free radical-mediated damage than astrocytes or microglia (27). Immature oligodendrocytes, which arise from progenitors following demyelination and become involved in remyelination, show an increased vulnerability to ROS due to their high demand for iron during myelination. This could lead to increased iron uptake via transferrin receptors, which are upregulated in NAWM. In situations of iron overload and low plasma pH that occur during oxidative stress, transferrin releases bound iron, and chelatable forms of Fe can escape sequestration in biological systems producing free radicals via the Fenton reaction. The free radicals may release even more iron by mobilizing it from ferritin (23, 46). Iron release and free radical production combined with relative low levels of antioxidant defense may lead to extensive cell damage (20). The low GSH levels in oligodendrocytes and neurons may predetermine a higher risk of lipid peroxidation. However, in most of our analyzed NAWM tissues we observed upregulation of several glutathione-S-transferases, which may indicate a protective mechanism against oxidative stress (34). Interestingly, the patient without pathological lesions in the brain (MS18) showed a rather "normal" expression pattern compared to those with lesions. However, several genes which are induced upon oxidative stress were upregulated (eg, brain glucose transporter 3, the sodium- and chloride-dependent taurine transporter, ICAM1 and VEGF). In addition, in this case the presence of activated macrophages/microglia was indicated by upregulation of MCSF and STAT6 which correlates well with our immunohistochemical data showing CD68 positive cells throughout the NAWM (data not shown).

Our analysis also uncovered the upregulation of many genes involved in neuronal function (Table 2). The upregulation of genes involved in axonal transport and synaptic transmission suggests functional alterations in neurons of the subcortical white matter in MS. In contrast to other mammalian species, neurons in the subcortical white matter in humans persist throughout life

Table 3. (Opposing page) *Differential expression of genes in NAWM related to oxidative stress.* List of genes known to be induced by HIF-1 α (A), or by hypoxia (B) or are involved in preconditioning pathways (C) and which are upregulated in NAWM are summarized. References are indicated for each gene.

and comprise both non-pyramidal inhibitory GABAergic neurons, expressing neuropeptide Y, somatostatin and vasoactive intestinal polypeptide (VIP), and also small numbers of glutaminergic pyramidal neurons that receive a thalamic input (8, 28). Alterations in transcriptional regulation in these neurons in subcortical NAWM may indicate a compensatory mechanism for stabilizing normal function, but may also suggest a predisposition towards axonal dysfunction leading finally to axonal loss, which has been described in NAWM (3, 14). Indeed, recent microarray studies of demyelinated lesions showed downregulation of neuronal genes such as GAP43, SCG10, synaptophysin, NF-L and NF-M (24), which were either not affected (eg, GAP43) or upregulated in our study (Table 2, cluster 1).

The most important finding of this study was the upregulation of gene expression in a number of signaling pathways related to oxidative stress and ischemic preconditioning. Two of the pathways are induced by activation of growth factor receptors signalling via MAPkinase (10, 38, 44) (Figure 5B). The activation of G protein-coupled receptors could induce short-term as well as long-term protection (33, 37) (Figure 4B). Preconditioning in neurons is dependent upon activation of the N-methyl-D-aspartate (NMDA) glutamate receptor leading to Ca^{2+} -influx and NO-production (15, 30) (Figure 5B). In addition, almost all members of the PI3/Akt-pathway were upregulated, which would be expected to protect against apoptosis (7, 38), and lead to the transcription of HIF1 α (40) (Figure 5A). HIF-1 α has been reported to suppress apoptosis in mild hypoxic experimental conditions (32, 43) and induces genes encoding proteins that mediate adaptive responses to reduced oxygen availability (39, 40) (Table 3A). It is to note that these growth factor receptor mediated signalling pathways do also play a vital role in oligodenrocyte survival. Their upregulation might indicate an increased effort to maintain oligodendrocyte function and myelin maintenance as well. Thus, we propose that in MS NAWM a balance has developed between oxidative stress and protective mechanisms. These mechanisms may counteract lesion formation to some extent, but do not abolish disease progression. This is in line with the very recent observation that hypoxia-like white matter

damage was detected in a subtype of MS cases (1). Indeed, in these cases nuclear localization of $HIF1\alpha$ in oligodendrocytes was observed. Microarray studies of demyelinating lesions, however, did not reveal differential expression of HIF-1 α and its induced genes (Table 3), with the exception of rac-1, which was downregulated (24), suggesting that ischemic preconditioning is not taking place in demyelinating lesions or has not been detected due to the low expression levels of the corresponding genes.

Our data clearly show that in MS the brain is mounting a global defense against oxidative stress in order to preserve cellular function, even in areas remote from active inflammatory and demyelinating lesions. Novel therapeutic treatments could address either supporting the ongoing endogenous autoprotective mechanism and/or inactivating the downstream deleterious effects of the oxidative stress. New therapeutic strategies can now take into account preconditioning as a major mechanism for neuroprotection in MS. An increased understanding of the underlying mechanisms of preconditioning against ROS /RNS could be exploited to develop more specific treatment to protect the different resident cell types and thus minimize progressive oligodendrocyte and axonal loss.

Acknowledgments

We thank B. Erne, J. Caduff, S. Zaugg and A. Graham for technical support. G. De Libero (Department of Research, University Hospital Basel, Switzerland), P. Magistretti (Institute of Physiology, University of Lausanne, Switzerland) and Ph. Lyrer (Neurology Department, University Hospital Basel, Switzerland) are thanked for helpful discussions and critical reading of the manuscript. MS and control tissue samples were supplied by the UK Multiple Sclerosis Tissue Bank, funded by the Multiple Sclerosis Society of Great Britain and Northern Ireland (registered charity 207495). Diagnostic confirmation of the UK cases was carried out by M. Graeber. We also thank A. Probst and M. Tolnay (Neuropathology, University Hospital Basel, Switzerland) for supplying post-mortem control brain tissues. This study was supported by grants from the Swiss Multiple

Figure 5. (Opposing page) *Schematic overview of the different pathways proposed to be upregulated in MS NAWM.* Preconditioning pathways leading to gene transcription in long-lasting protection against oxidative stress are shown. Symbols in red indicate significantly upregulated genes and in pink upregulated in some MS cases. Panel (**A**) summarizes the different PI3K signalling pathways leading to HIF1 α (39, 40) and CREB (26) transcriptional regulation as well as other down stream effects via Akt (7, 10) and LIM kinase (19). Neuronal preconditioning pathways via the NMDA-receptor (30) and GABA-B receptors (22) as well as adenosine receptors (18) are described in Panel (**B**). Furthermore, preconditioning pathways via activation of growth factor receptors (10, 38, 44, 45) and other G-protein coupled receptors were described in myocardium (4, 33, 37).

Sclerosis Society, the French MS Society (ARSEP) and the UK MS Society (grant 619/01).

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