

14th Annual Texas Conference on Health Disparities
(Fort Worth, TX, 6-7-19)

**Early-life Environment and Exposures at the
crossroads of Epigenetics**

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Editor-in-Chief: 'Current Alzheimer Research'

EiC: 'Current Aging Science'

Disclosures



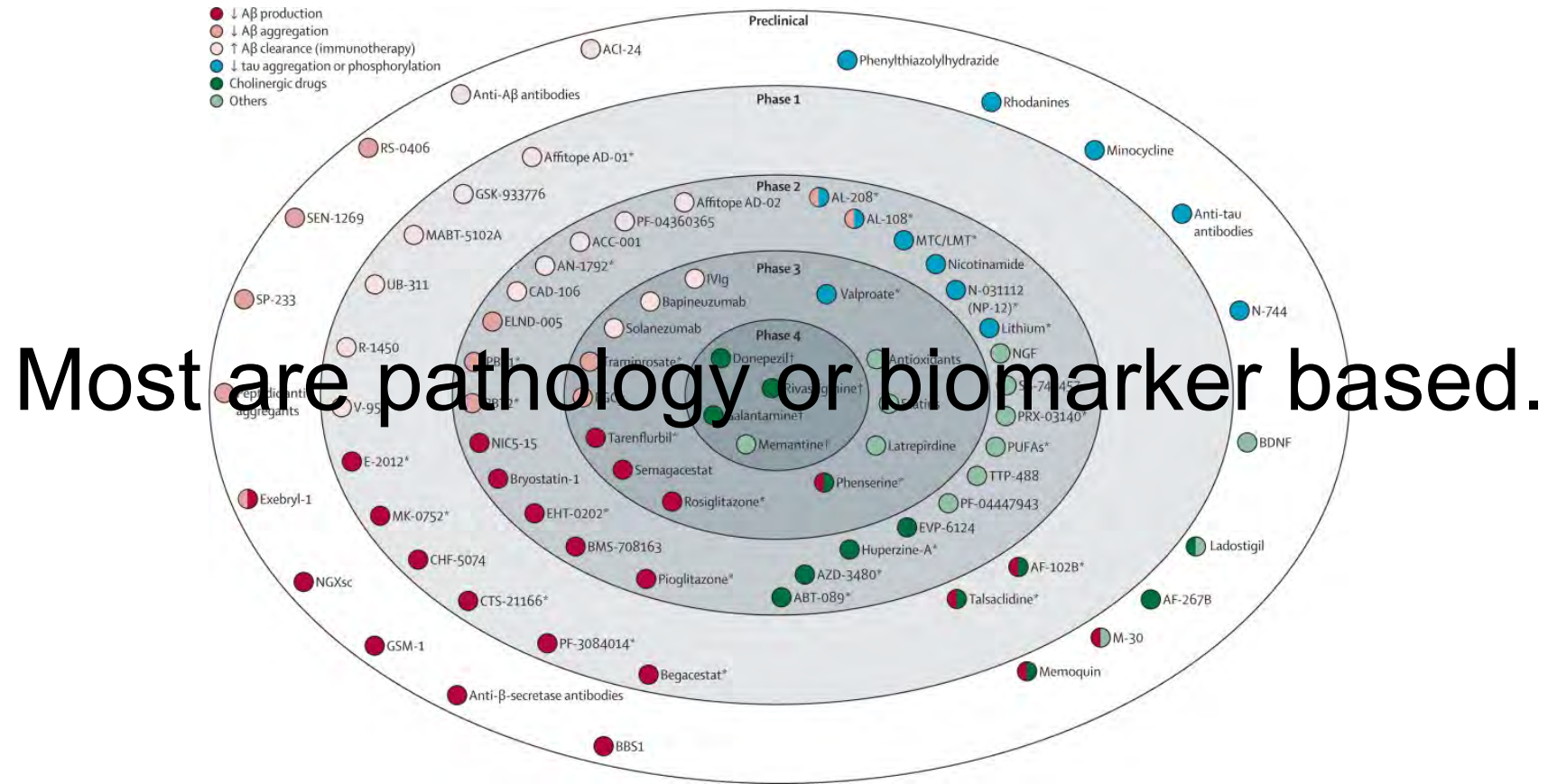
- **Research Support:**

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- Drug Discovery and Therapy World Congress, Boston, MA

Alzheimer's Disease (AD) Drugs in Development



Drug Development is not Developing.



FierceBiotech
BIOTECH RESEARCH IT CRO MEDICAL DEVICES

Biotech

Alzheimer's hopes dashed as Lilly gives up on amyloid drug solanezumab

by Phil Taylor | Nov 23, 2016 8:08am

Lilly presents detailed results from failed late-stage study of solanezumab in people with mild Alzheimer's-related dementia

Dec. 9, 2016 6:55 AM ET | By: Douglas W. House, SA News Editor

HEALTH

Eli Lilly's Experimental Alzheimer's Drug Fails in Large Trial

By PAM BELLUCK NOV. 23, 2016

Health

Hopes for new Alzheimer's drug dashed



Fergus Walsh
Medical correspondent

23 November 2016 | Health



**MIT
Technology
Review**

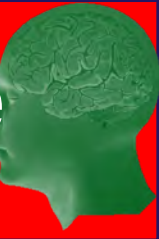
Topics+ The Down

Rewriting Life

Amyloid-Busting Drugs for Alzheimer's Keep Failing, but So Does Everything Else

Drug failures may be telling us that we don't know what causes Alzheimer's disease.

Pathology and biomarkers: Only *part* of the picture



“While participating in the study, both Marge and another subject, ‘Mary’, took annual tests of their cognition. Although the two women had similar levels of [post-mortem] pathology, Marge’s scores remained high and ‘Mary’s’ steadily declined... [‘Mary’] actually had less beta-amyloid and fewer tangles than Marge did.”

The “pathology” was wrong.
Is the problem one of process?

Try a Different Direction?



Revisiting AD Pathogenesis Pathway(s)?

♦ *Prior to Amyloid β -peptide formation*

Prusiner SB. Cell biology. A unifying role for prions in neurodegenerative diseases. Science 336(6088):1511-3

♦ *Post-Amyloid β -peptide?*

Lahiri DK. Prions: a piece of the puzzle? Science. 7;337(6099):1172

Genetics: Also only *part* of the picture



- The *APOE* $\epsilon 4$ allele is the most influential known genetic risk factor for sporadic AD.¹
- In an African-American population, $\epsilon 4$ frequency was over twice as prevalent for AD patients as for age-matched non-AD controls.²
- However, in African populations, the $\epsilon 4$ /AD association was absent, very weak, or depended on cholesterol levels.³⁻⁵
- Cell lines derived from both populations appear to show less mitochondrial DNA damage following oxidative challenge than do cell lines derived from caucasians.⁶

1. <https://www.alz.org/alzheimers-dementia/facts-figures>

2. Hendrie et al. 1995. *Ann Neurol.* 37:118-20

3. Gureje et al. 2006. *Ann Neurol.* 59:182-5

4. Hendrie et al. 2014. *Int Pscyhogeriatri.* 26:977-85

5. Hall et al. 2006. *Neurology.* 66:223-7

6. Lahiri et al. 1999. *Ann NY Acad Sci.* 893-331-6

Don't Fool Ourselves



- It is tempting to call this a “disparity” effect.
- Not every *difference* is a *disparity*.

Real Disparity and Dementia



- Air pollution can alter to DNA methylation.¹
- Combustion-derived nanoparticles found in human brains, including in children.²
- Air pollution contributes to AD incidence and aggravation.³⁻⁵

1. Plusquin et al. 2017. *Environ Int.* 108:127-136
2. Gonzalez-Maciel et al. 2017. *J Alzheimers Dis.* 59:189-208
3. Paul et al. 2019. *Annu Rev Public Health.* 40:203-220
4. Lee et al. 2019. *Sci Total Environ.* 668:411-418
5. Shou et al. 2019. *Ecotoxicol Environ Saf.* 174:344-352

Real Disparity and Dementia



- Exposure to air pollution in the USA differs by race, with African Americans suffering greatest exposure.⁶
- Prevalence of AD differs by race, with African Americans having greatest prevalence.⁷

1. Tessum et al. 2019. *PNAS*. 116:6001-6006
2. Matthews et al. 2019. *Alz Dement* 15:17-24

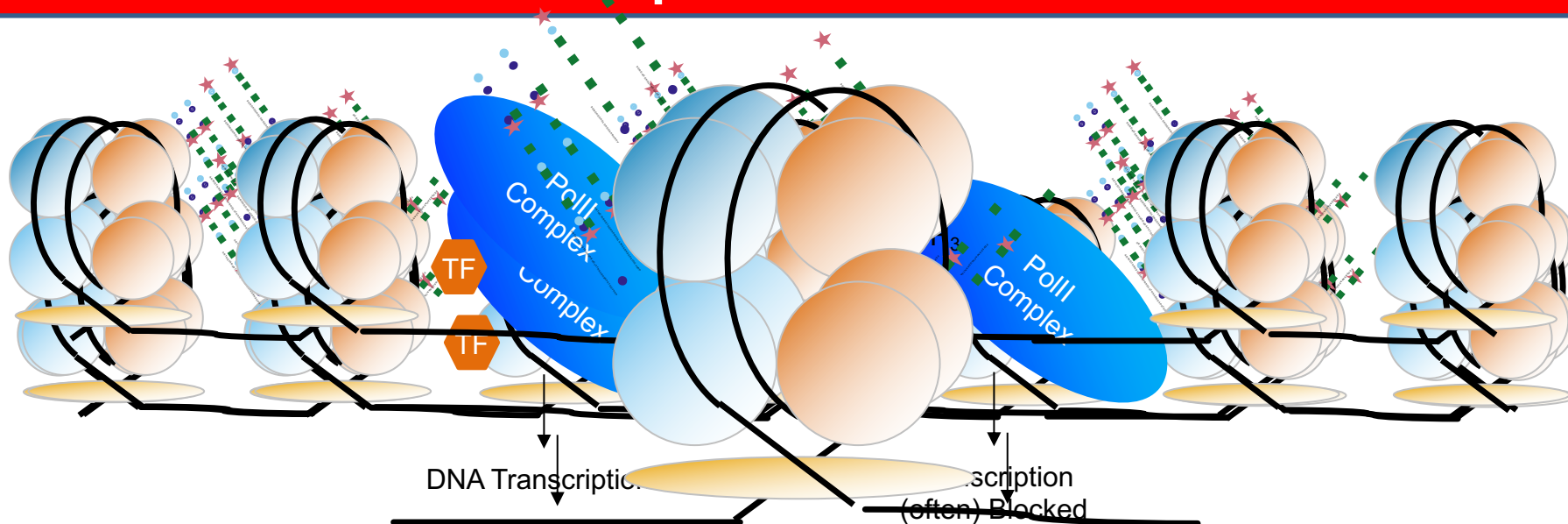
What's happening? E2E



- Exposures can pathogenically alter Epigenetics.
- *Social disparity* can determine Exposures.

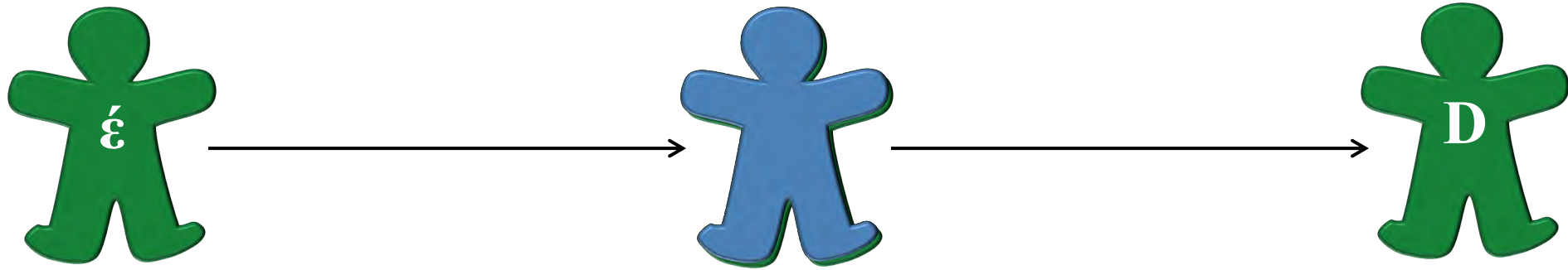
Basics of Epigenetic Regulation of Gene Transcription

[Maloney B & Lahiri DK. Lancet Neurol. 15:760-74].



When chromatin is condensed, transcription is blocked. When chromatin is relaxed, transcription is active. DNA methylation and histone modifications can "tighten" or "loosen" chromatin. But other transcription factors can bind to methylated DNA and have access. binding of many transcription factors. DNA can be transcribed.

Newfangled Complications: Epigenetic Markers



And we can still end up with epigenetic
disease.

which leads to disease



**Correspondence: Genes are not
our destiny: the somatic epitype
bridges between the genotype and
the phenotype**

Debomoy K. Lahiri & Bryan Maloney

Published online: 08 November 2006

10.1038/nrn2022-c1



Early-life Environment and Exposures at the crossroads of Epigenetics



- “E4” drives neural proteins in later-life disorders

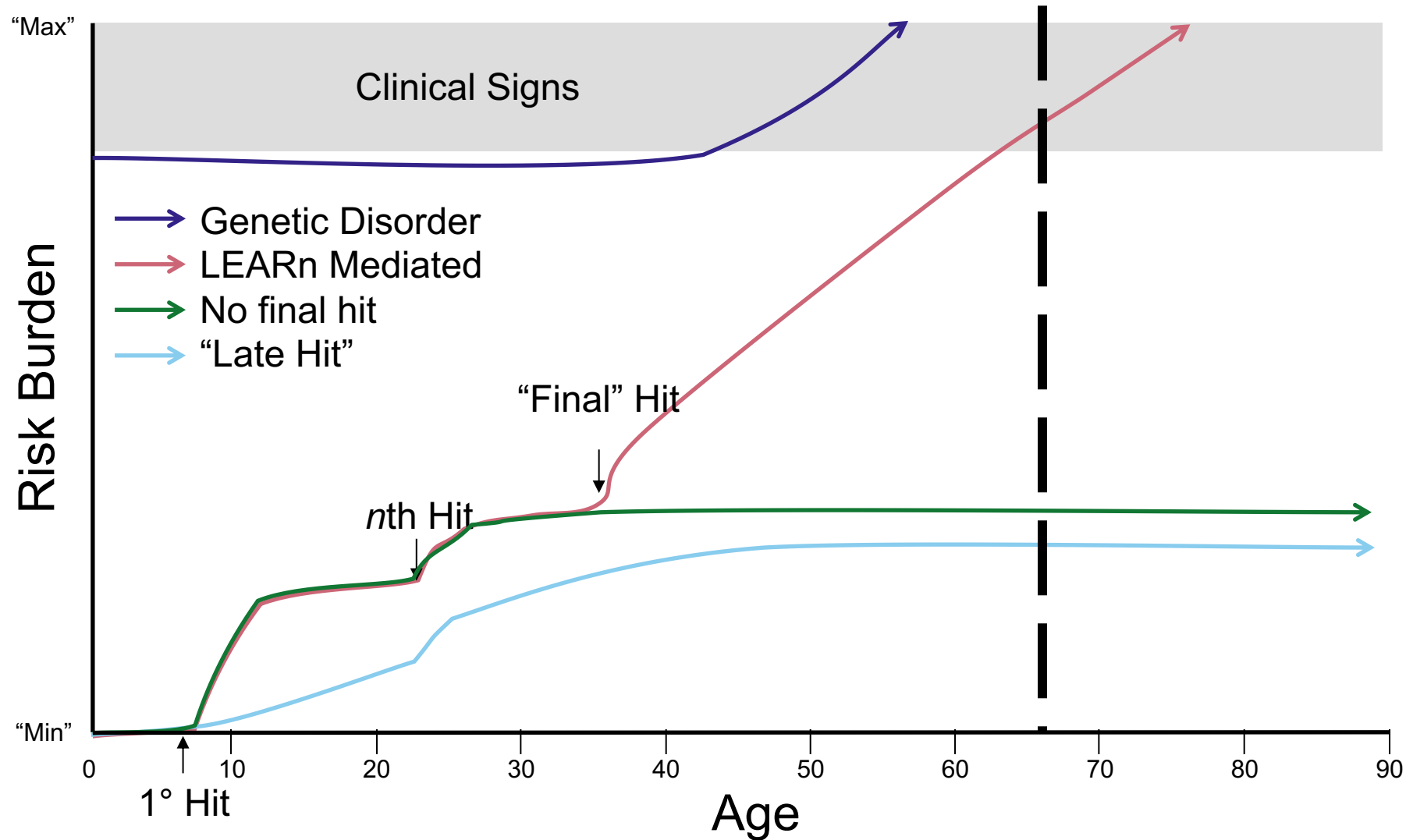
Via the

- LEARn pathway

(Latent Early-life Associated Regulation)

So let us LEARn?

The LEARn model is a unifying viewpoint.



The LEARn model is a unifying viewpoint.



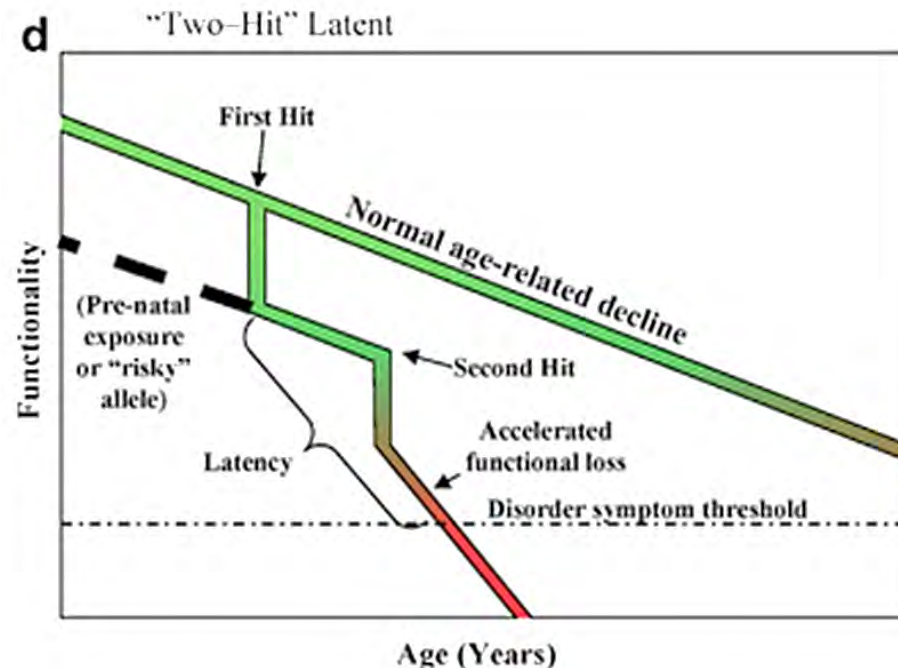
Molecular Psychiatry (2009) 14, 992–1003
© 2009 Nature Publishing Group All rights reserved 1359-4184/09 \$32.00
www.nature.com/mp

PERSPECTIVE

The LEARn model: an epigenetic explanation for idiopathic neurobiological diseases

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Special Report

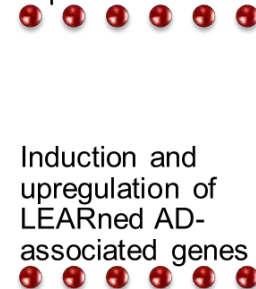
For reprint orders, please contact: reprints@futuremedicine.com

Transgenerational latent early-life associated regulation unites environment and genetics across generations

The origin of idiopathic diseases is still poorly understood. The latent early-life associated regulation (LEARn) model unites environmental exposures and gene expression while providing a mechanistic underpinning for later-occurring disorders. We propose that this process can occur across generations via transgenerational LEARn (tLEARn). In tLEARn, each person is a 'unit' accumulating preclinical or subclinical 'hits' as in the original LEARn model. These changes can then be epigenomically passed along to offspring. Transgenerational accumulation of 'hits' determines a sporadic disease state. Few significant transgenerational hits would accompany conception or gestation of most people, but these may suffice to 'prime' someone to respond to later-life hits. Hits need not produce symptoms or microphenotypes to have a transgenerational effect. Testing tLEARn requires longitudinal approaches. A recently proposed longitudinal epigenome/envirome-wide association study would unite genetic sequence, epigenomic markers, environmental exposures, patient personal history taken at multiple time points and family history.

First draft submitted: 6 October 2015; Accepted for publication: 11 December 2015; Published online: 7 March 2016

Early life exposure to toxin



Induction and upregulation of LEARNed AD-associated genes

Latency Period of Normal Gene Expression



disease-associated expression later in life

Epigenomics



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⁴Translational Gerontology Branch, National Institute on Aging, NIH, Baltimore, MD 21224, USA

LEARn as a Unifying Model



- Initial trigger
 - Latent period
 - Second trigger (or n-hits)
 - Manifestation of Disease
- Without the “second hit”, disease would not progress to the clinical level

The concept of ‘Somatic Epitype’

Where is the evidence for the LEARn Model?

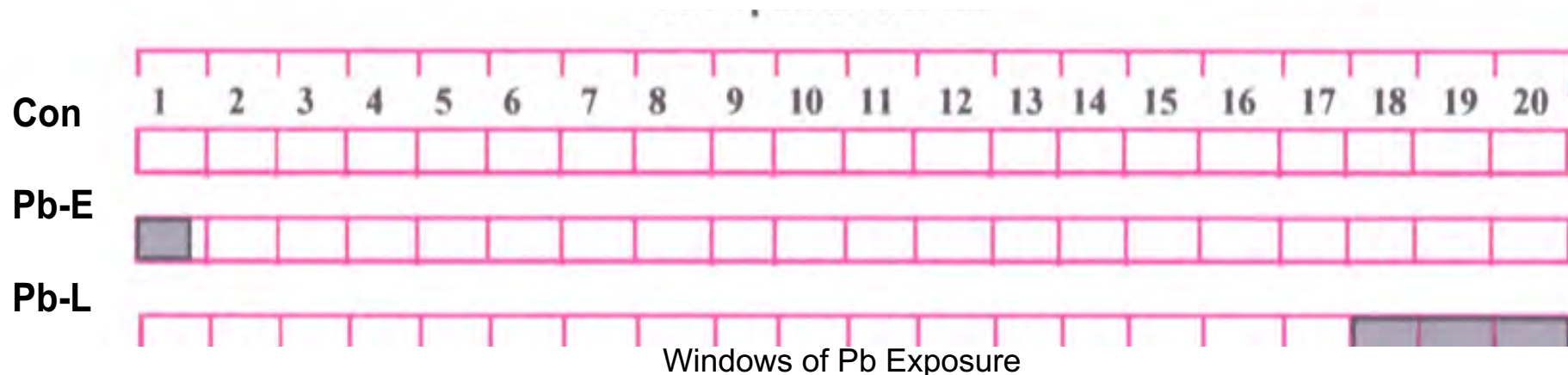


- Animal studies-Rodents**
- Non Human Primate (NHP) studies**
- Human studies**

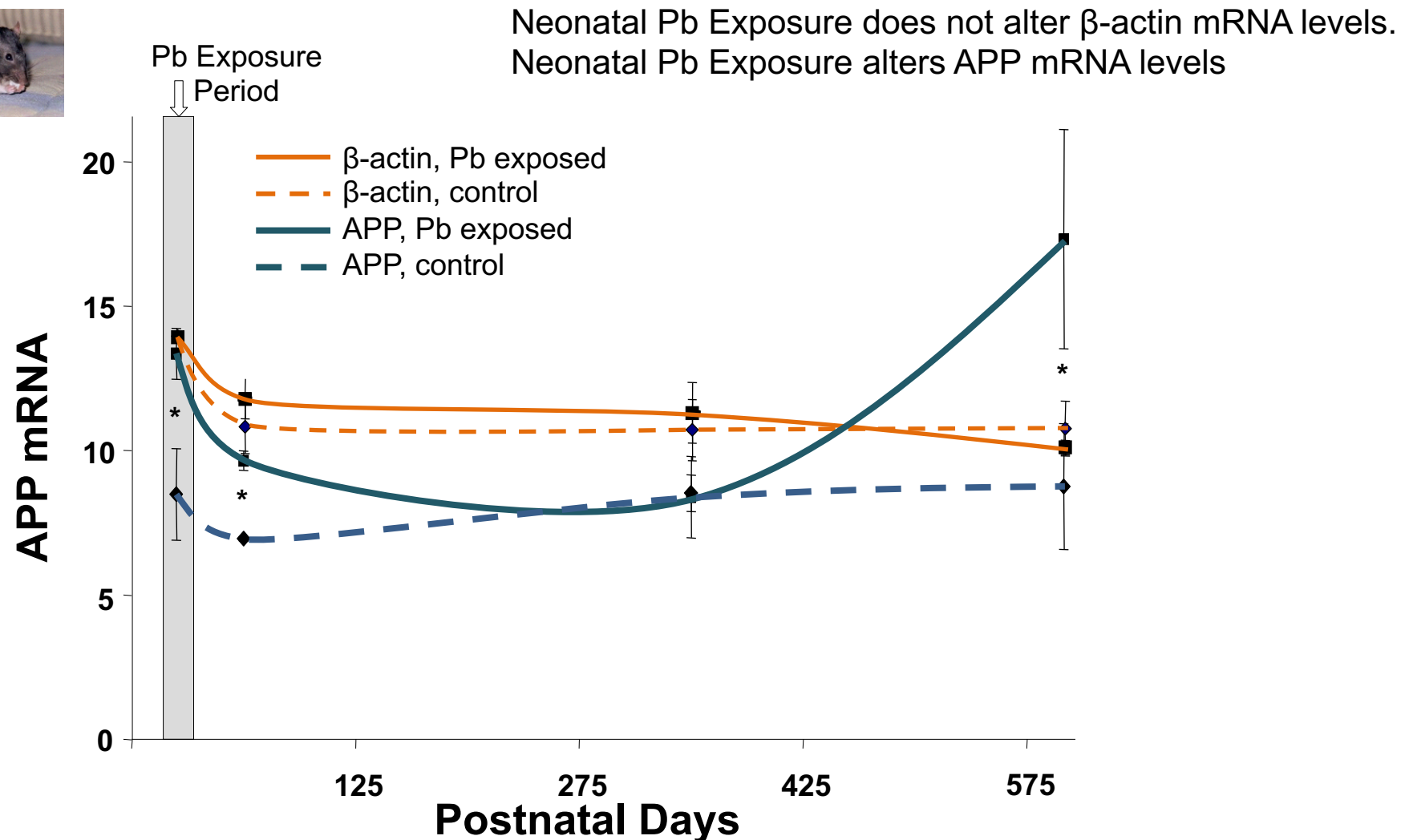
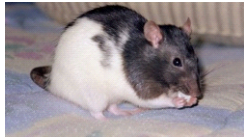
Evidence: Pb can play a role



- 1) Rat pups were pooled into three groups, Control (C), Pb-E(arly), and Pb-L(ate)
- 2) Pb-E pups exposed to 200ppm Pb-acetate via dams' milk.
- 3) Pb-L rats exposed to 200ppm Pb-acetate at 18–20 months.
- 4) mRNA of APP and transcription factors were profiled.
- 5) APP protein and mRNA, A β levels, and SP1 binding were profiled.



Neonatal exposure to Pb changes APP expression late in life

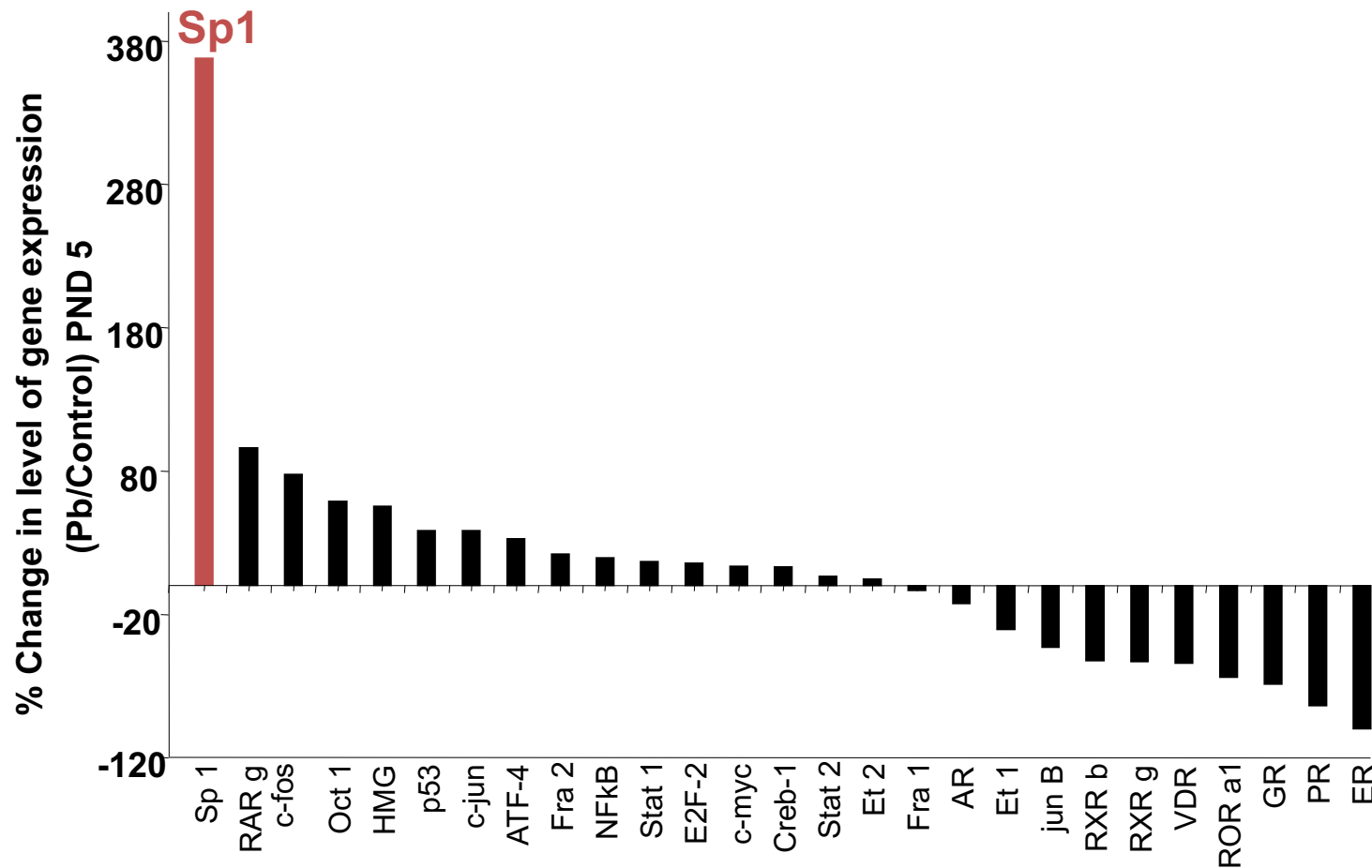


* Control and exposed results different at $p < 0.05$

Basha, Wei, Bakheet, Benitez, Siddiqi, Ge, Lahiri, and Zawia. 2005, *J. Neurosci.* 25:823-829

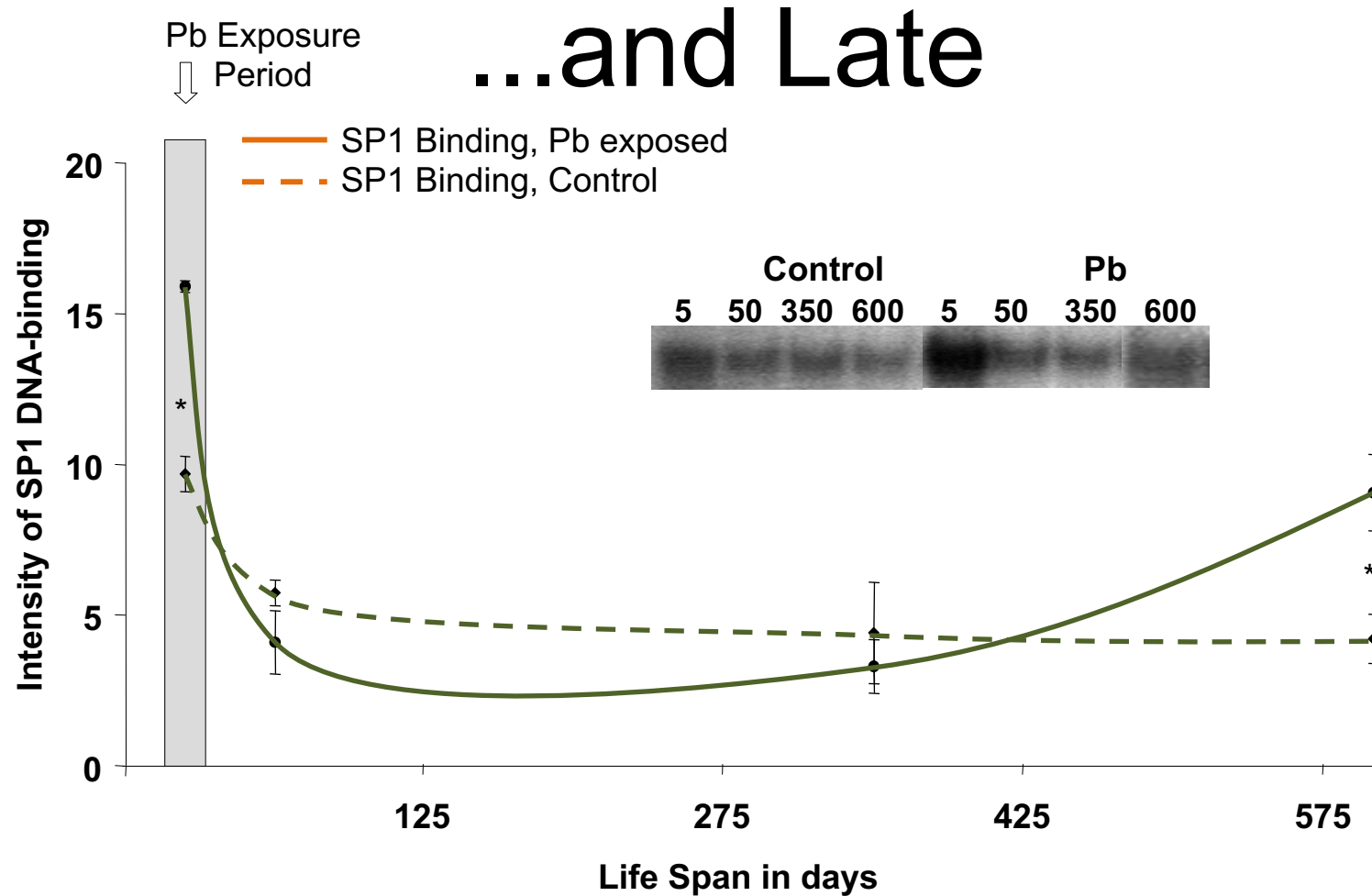
Neonatal exposure to Pb selectively upregulates SP1

Early...



Neonatal exposure to Pb selectively upregulates SP1

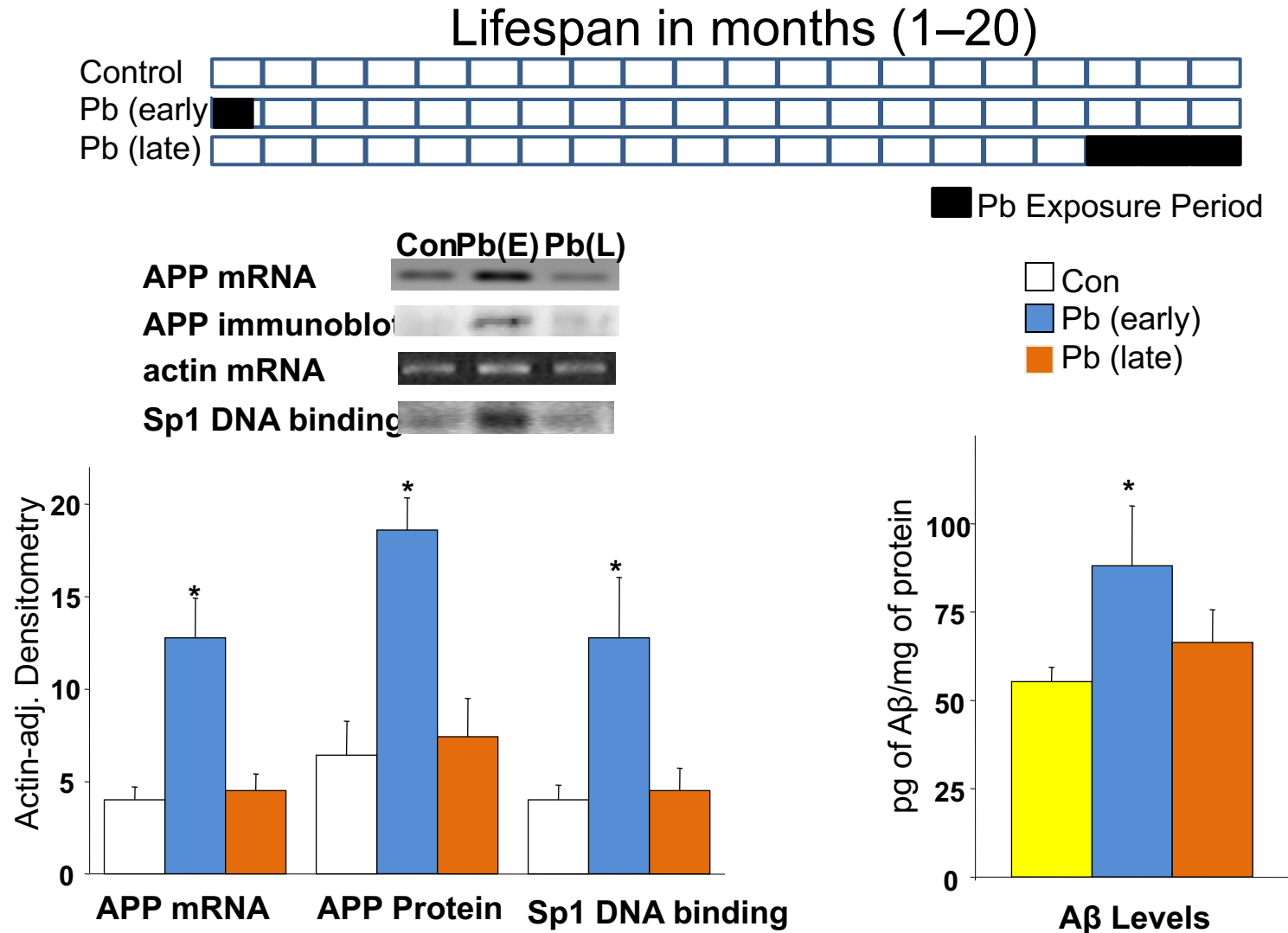
Early...



* Control and exposed results different at $p < 0.05$

Basha, Wei, Bakheet, Benitez, Siddiqi, Ge, Lahiri, and Zawia. 2005, *J. Neurosci.* 25:823-829

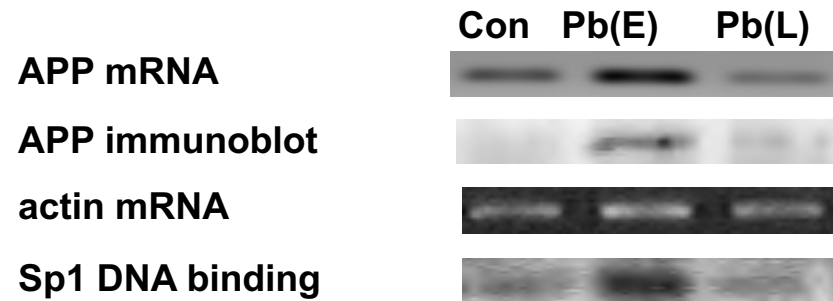
But it's not lead poisoning.



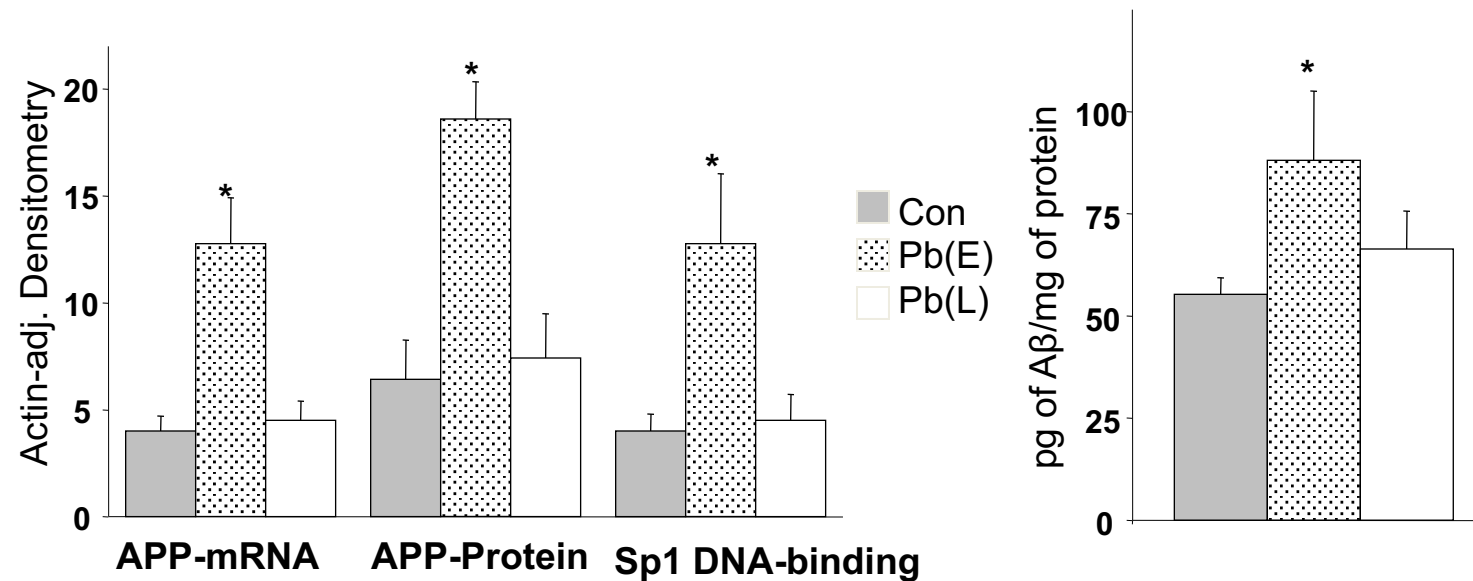
* Control and early exposed results different at $p < 0.05$

Basha, Wei, Bakheet, Benitez, Siddiqi, Ge, Lahiri, and Zawia. 2005, *J. Neurosci.* 25:823-829

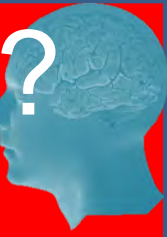
Late-life exposure to Pb does not elevate AD-related markers.



Sample	Blood μg/dL	Cortex μg/g wet wt. of tissue
Control (PND 20)	<2.0	<0.2
Pb (PND 20)	46.43±1.95*	0.41±0.04*
Control (20 month)	<2.0	<0.2
Pb-E (20 month)	<2.0	<0.2
Pb-L (20 month)	60.1±15.01*	0.32±0.03*

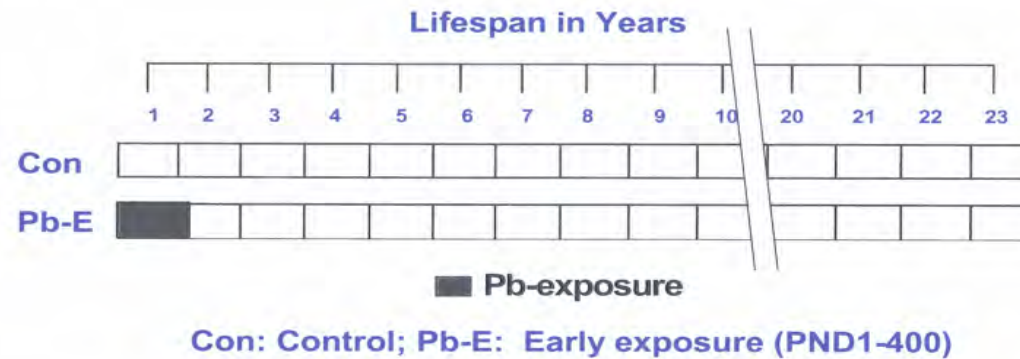


Where is the evidence for the LEARn model?

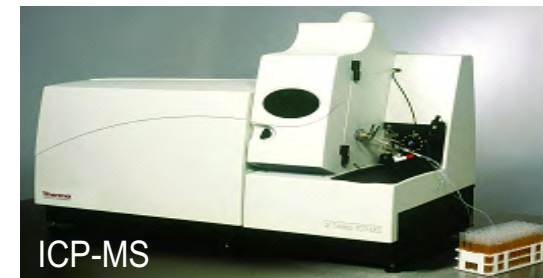


- Animal studies-Rodents
- Non Human Primate (NHP) studies**
- Human studies

Cynamolgus Monkey: Pb Exposure



Sample	Frontal Association Cortex ng/g wet wt. of tissue
Control (23 Years)	<0.1
Pb-E (23 Years)	<0.1



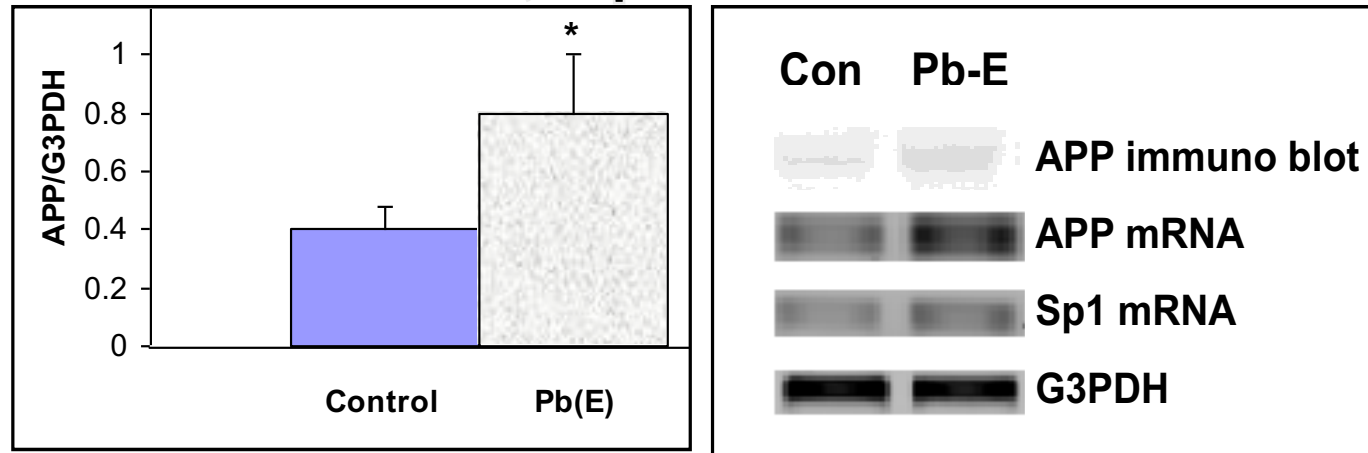
Exposure was done in 1980, animals sacrificed in 2003 at NIH.

Wu, Basha, Brock, Cox, Cardozo-Pelaez, McPherson, Harry, Rice, Maloney, Chen, Lahiri, Zawia. *J Neurosci.* 28:3-9

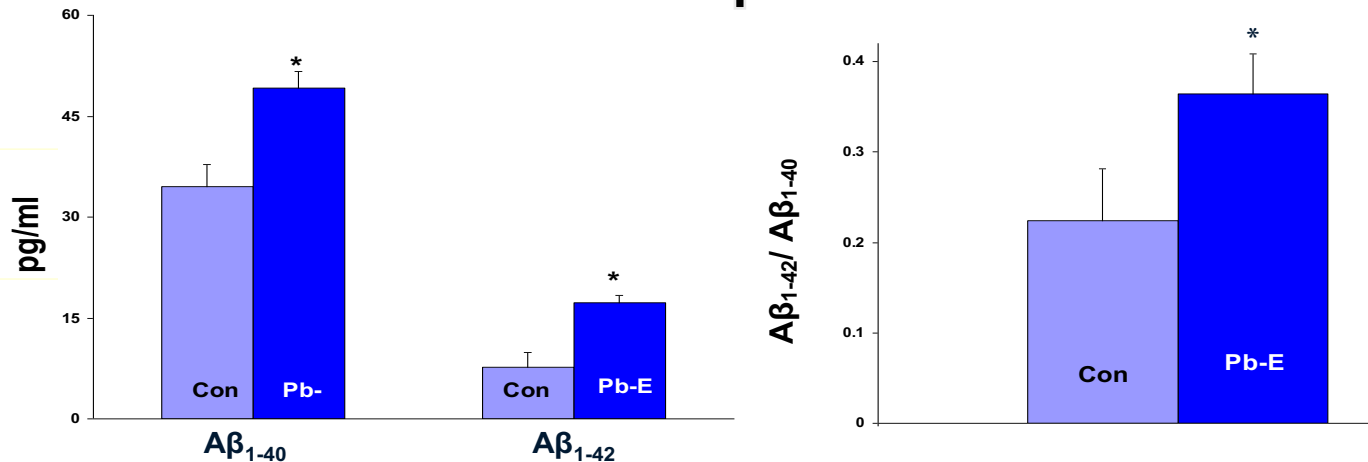
Cynamolgus Monkey: Pb Exposure



APP, Sp1 & G3PDH



A β



Molecular Psychiatry



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Report (Thomson Reuters,
2009)

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PERSPECTIVE

[The LEARN model](#)

ORIGINAL ARTICLE

[IL33 and Alzheimer's disease](#)

ORIGINAL ARTICLE

[Markers of iloperidone QT prolongation](#)

ORIGINAL ARTICLE

[First Incidence of Substance Use, Mood and Anxiety Disorders](#)

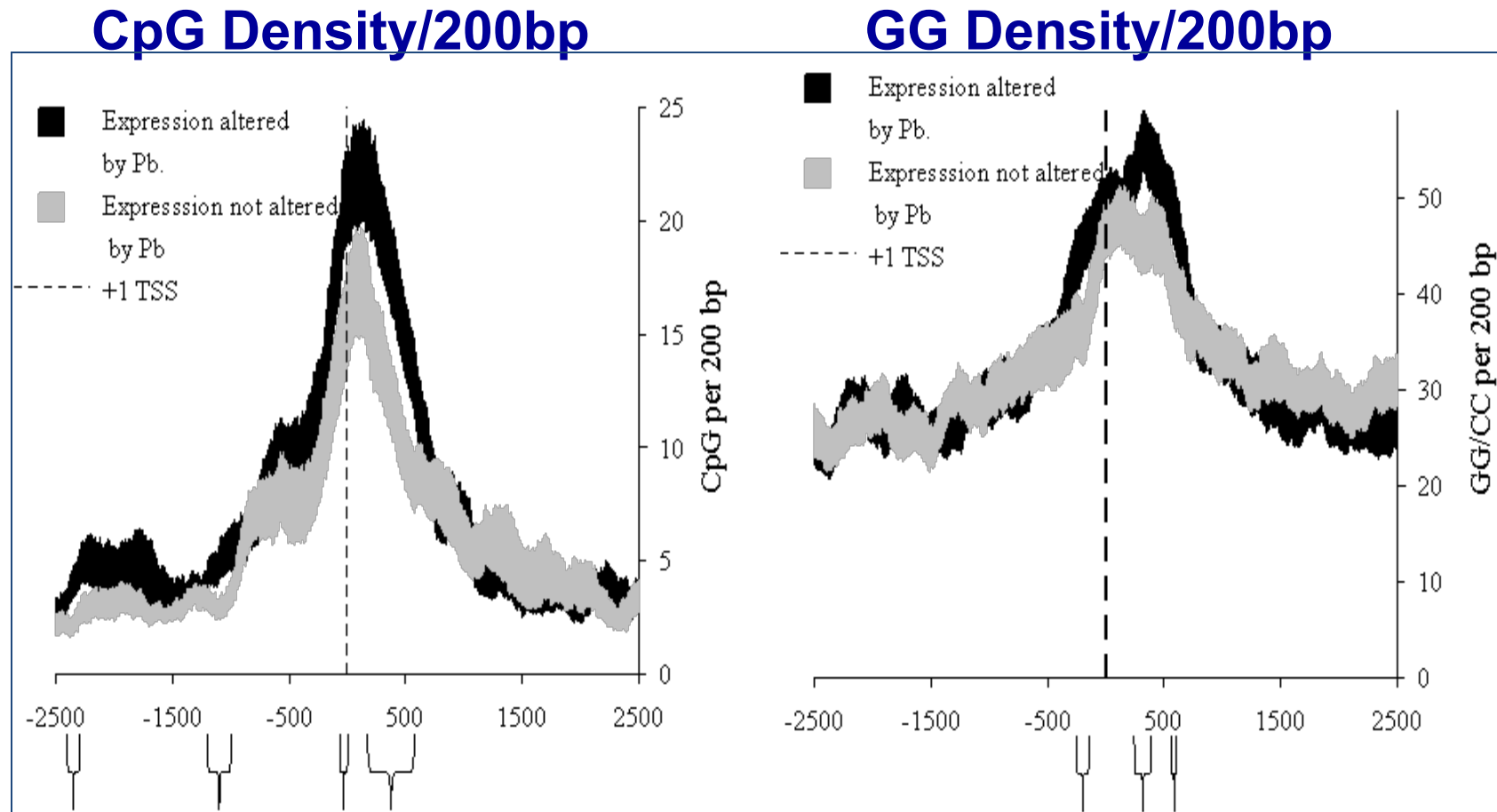
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**“LEARned”
vs.
“un-LEARned” Genes**

“LEARned” vs. “unLEARned” Genes: CpG or GG density



“LEARned” vs. “unLEARned” Genes: CpG Dinucleotides and Promoter Response to Pb



Non- Responding	Responding			
	Downregulated		Upregulated	
OGG1	AP2M1	IQGAP1	APP	NR4A3
PSEN1	ARHGD IA	KCNJ4	BACE1*	PLA2G2A
SOD1	CAPN3	OPRD1	CALM1	PLP1
SOD2	CLTC	OPRM1	GRIN1	SLC25A21
	DNM2	RAB32	HMOX2	SP1
	DRD1	RAB5A	LOC728609	STX7
	GDI2	RAB5C	MECP2	
	GNB1	ADAM17#		
	HTR1B			

*β-secretase

#α-secretase

Public Health Implications



Why bother to care about Pb, anymore?

Lead *does* still matter!

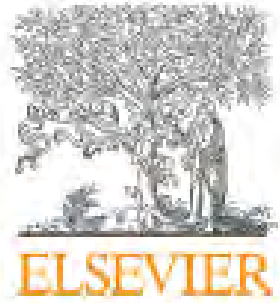


Then



Later

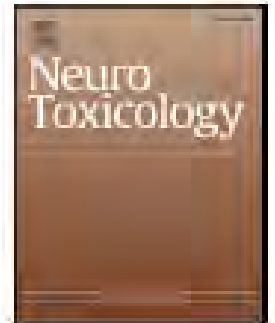




Contents lists available at ScienceDirect

Neurotoxicology

journal homepage: www.elsevier.com/locate/neuro



Commentary

Latent consequences of early-life lead (Pb) exposure and the future: Addressing the Pb crisis

Bryan Maloney^{a,c}, Baindu L. Bayon^{b,c}, Nasser H. Zawia^d, Debomoy K. Lahiri^{a,b,c,*}



Evidence for the LEARn Model?



- Animal studies-Rodents
- Non Human Primate (NHP) studies
- Human studies**

Human DNA methylation can change.



- Over 100 individuals were sampled at intervals averaging 11 years apart.
- Disease status was not measured in this sample.
- Changes were found in global DNA methylation over time within many individual subjects' genomes.

[Bjornsson et al. 2008. *JAMA*]

- This is a **major** step towards



[Ryu et al. 2009. *Alz & Dementia*]

Specific epigenetic associations exist in dementias

[Maloney B & Lahiri DK. Lancet Neurol. 2016;15:760-74].

Study Type	Subjects	Dementia Type	Target Genes (if specified)	Epigenetic Marker	Conclusion
Case Study	Monozyg. Twins	AD		DNA methylation DNA hydroxymethylation	DNA methylation and hydroxymethylation reduced in twin with AD.
Cohort	AD: 10 Cont:10	AD		DNA methylation DNA hydroxymethylation	DNA methylation and hydroxymethylation reduced in AD, negative correlations between quantified methylation & hydroxymethylation vs. amyloid plaque and τ tangle.
Cohort	AD: 13 Cont:8	AD		DNA hydroxymethylation	DNA hydroxymethylation decreased in AD samples in both brain regions.
Cohort	AD: 429 Cont:279	AD	ANK1; CDH23; DIP2A; KIAA0145; RHBDF2; RPL13; SERPINF1; SERPINF2	DNA methylation	Methylation of specific CpG dinucleotides was associated with histopathologic diagnosed AD.
Cohort	AD: 447 Cont:293	AD	SORL1; ABCA7; HLA-DRB5; SL24A4; BIN1	DNA methylation	Methylation of specific CpG dinucleotides associated w/histopath. diagnosed AD and $\uparrow$ A β .
Cohort	Cont:5 Braak I-II: 5 Braak III-IV: 5 Braak V-VI: 5	AD	DUSP22	DNA methylation	Hypermethylation of specific CpG dinucleotides in DUSP22 sequence and DUSP22 expression associated with AD Braak stages.
Cohort	ALS/FTD: 9 c9ALS/FTD: 10 Cont:8	FTD (ALS)	C9orf72	DNA methylation	DNA hypermethylation associated with ALS developing into dementia for C9orf72 carrier. C9orf72 ALS without hypermethylation did not show dementia.
Cohort	ALS/FTD: 9 c9ALS/FTD: 10 Cont:8	FTD (ALS)	C9orf72	Histone methylation	Trimethylation of Histone H3 linked to FTD and ALS in C9orf72 carriers. Carriers without trimethylation did not have ALS/FTD
Cohort	PD: 12 Cont:14	PD	SNCA	DNA methylation	PD patient samples were hypermethylated at specific sites of SNCA intron 1 vs. controls.
Cohort	2 cohorts: Leukocyte PD: 358 Cont:1084 Brain PD: 28 Cont:12	PD	MAPT	DNA methylation	Higher levels of leukocyte MAPT methylation associated with later age of onset for PD. Global PD cerebellum DNA hypermethylated and putamen DNA hypomethylated vs. controls.

Epigenetic drugs in Clinical Trials



Polyphenols (DNMT inhibitor, HDAC inhibitor)

Category	Treatment	Activity	Condition	NCT #
Polyphenols	Epigallocatechin gallate	DNMTi, HDACi	Multiple System Atrophy	NCT02008721
	Flavonol		Cognitive Performance, Mood, Cardiometabolic Risk Markers	NCT02243956
	Grape Extract		Cardiovascular Diseases	NCT01449110
	Phenolic		Cardiovascular Disease, Endothelial Function	NCT01983943
	Polyphenols		Cardiovascular Diseases	NCT02520739
			Parkinson's Disease	NCT00461942
			Cardiovascular Risk Factors, Metabolic Syndrome, Lifestyle Modification, Coronary Artery Disease, Stroke	NCT00486993
			Cardiovascular Disease	NCT00795834
			Cardiovascular Disease	NCT02295878
			Cardiovascular Risk Factors	NCT01596309
			Cardiovascular Disease, Oxidative Stress	NCT01541826
			Cerebral Blood Flow	NCT01540123
			Cardiovascular Risk Factors	NCT02005939
			Neurodegenerative Disorders	NCT01589809
			Cardiovascular Function, Gene Expression	NCT01681394
			Cardiovascular Diseases	NCT01662232
			Vascular Diseases, Impaired Glucose Tolerance	NCT02158481
			Cardiovascular Diseases	NCT02292329
			Vascular Function	NCT02328339
			Stroke	NCT02442804
			Vascular Stiffness, Inflammation	NCT02497556
			Cognition	NCT01411631
			Mild Cognitive Impairment, Alzheimer's Disease	NCT02502253
			Mild Cognitive Impairment, Alzheimer's Disease	NCT02502253
			Memory, Gene Expression	NCT00972972
			Alzheimer's Disease	NCT00678431
			Alzheimer's Disease	NCT00743743
			Memory	NCT01126229
			Alzheimer's Disease	NCT01716637
			Alzheimer's Disease	NCT01716637
			Mild Cognitive Impairment	NCT01219244
			Sports Concussion	NCT01321151
			Cardiovascular Disease	NCT01564381
			Alzheimer's Disease	NCT01504854
			Vascular System Injuries, Lipid Metabolism Disorders, Endothelial Dysfunction	NCT01668836
			Memory Impairment	NCT01766180
			Vascular Resistance, Aging, Hypertension, Antioxidants, Aerobic Capacity	NCT01842399
			Mild Cognitive Impairment, Alzheimer's Disease	NCT02502253
			Aging	NCT02523274
			Cognitive and Cerebral Blood Flow Effects of Resveratrol	NCT01010009
	Trans-Resveratrol		Cognitive Performance, Mood	NCT01794351
	Cranberry Juice		Cardiovascular Disease	NCT01295684

ω 3 Fatty Acids, Curcuminols, Current Drugs, Other Fruit- derived, B Vitamins, Caloric Restriction, etc.

(DNMT inhibitors, HDAC inhibitors, TET
stimulants, Hcy, HMT inhibitors, Methyl Donors,
other)

Category	Treatment	Activity	Condition	NCT #
Currently-Used Drug	Levetiracetam	HDACi	Parkinson's Disease	NCT00461942
	Lithium	DNMTi, HDACi	Dementia	NCT00197834
	Quetiapine	DNMTi, TETs	Alzheimer Disease	NCT00071721
	Valproate	HDACi	Agitation, Dementia	NCT00315900
			Autism	NCT00211757
			Alzheimer Disease	NCT00071721
			Dementia	NCT00197834
			Alzheimer Disease	NCT00088387
			Autism	NCT00211756
			Agitation, Dementia	NCT00315900
			Alzheimer's Disease, Dementia, Behavioral Symptoms	NCT00375557
			Traumatic Brain Injury (TBI), Alcoholism	NCT01760785
			TBI, Alcoholism, Irritable Mood	NCT01326663
			Autism, Autism Spectrum Disorders	NCT01170325
			Alzheimer's Disease	NCT01728598
			Traumatic Brain Injury	NCT02027987
			Autism	NCT02094651
			Autism	NCT00065884
			Mild Cognitive Impairment	NCT01219244
			Parkinson Disease, Idiopathic Parkinson Disease	NCT02446551
			Alzheimer's Disease	NCT00164749
Curcuminoids	Curcumin	DNMTi, HMTi, HDACi	Mild Cognitive Impairment	NCT00595582
			Alzheimer's Disease	NCT01716637
			Alzheimer's Disease	NCT01716637
			Age-associated Cognitive Impairment, Mild Cognitive Impairment (MCI)	NCT01383161
			Vascular Aging	NCT01968564
			Mild Cognitive Impairment	NCT01811381
			Mild Cognitive Impairment	NCT01811381
			Parkinson Disease, Idiopathic Parkinson Disease	NCT02446551
			Vascular Stiffness	NCT02281981
			Alzheimer's Disease	NCT00099710
Apple	Curcumin C3			
	Apple Extract	Methyl Donor	Cardiovascular Disease	NCT01585519
B Vitamins	Apple pomace		Cardiovascular Diseases	NCT01141803
	Nicotinamide	Methyl Donor	Neurodegenerative Disorders	NCT01589809
Caloric restriction	Vitamins B6, B9, B12		Cardiovascular Risk Factors	NCT00708688
	Caloric Restriction	HDACs, DNMTs	Mild Cognitive Impairment	NCT01219244
Umbilical Cord Blood	Umbilical Cord Blood	Multiple supposed activities	Aging	NCT02418013



KA-CHING!
The robot called Zeus stamps out DNA drops by the thousand in an ultrafast search for new and more profitable drugs

the future of drugs

brave new PHARMACY

By MICHAEL D. LEMONICK

INSIDE AN OLD FACTORY BUILDING IN Cambridge, Mass., a remarkable machine with the improbable name Zeus is hard at work. Flexing its two robotic arms, the computer-driven device reaches again and again into a storage area the size of a toddler's crib, where thousands of individual samples of genetic material sit in tiny wells etched into plastic plates, each one identified by a unique bar code. One by one, Zeus searches for a particular code, dips into the corresponding well with a fine, quill-like probe and picks up a minuscule droplet of liquid DNA.

Then Zeus transfers each precious droplet to a nearby sheet of nylon, moistens a designated spot and pivots back to the glass plates to find the next sample on its list. When Zeus is done, the nylon sheet will be spotted with a grid of about 1,000 droplets, forming what researchers call a microarray. Once the machine has created a few dozen of these arrays, they will be rolled up, inserted into glass tubes and doused

Using high-speed robots
and the secrets of the human
genome, scientists are
changing forever the way
they discover new medicines

Photographs for TIME by Seth Resnick



Unexpected epigenetic drugs



Mithramycin (MTM/plicamycin)

Antineoplastic antibiotic

- Treatment of Testicular Cancer
- Treatment of Paget's Disease of Bone
- Possible metastasis inhibitor
- Inhibits SP1
- **Interacts with core histones***

Tolfenamic Acid (TA/clotam)

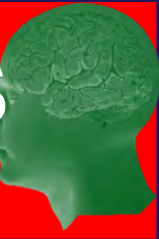
NSAID

- Cox inhibitor
- Treatment of Migraine (not in USA)
- Inhibits SP1 and SP3

SP1 regulates DNA methyltransferase 1, which participates in epigenetic modification of DNA.

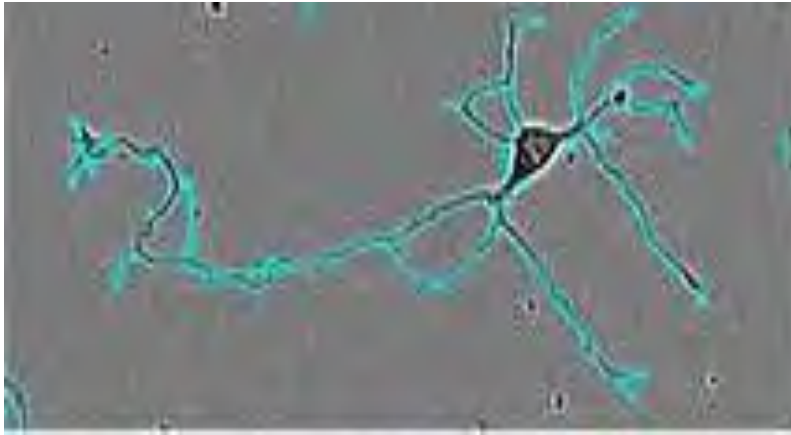
*Banerjee et al. 2014. *FEBS Open Bio*. 16:987-995

TA and MTM alter human neuronal cells



- Neurite Length
- Neurite Branch Points
- Cell bodies

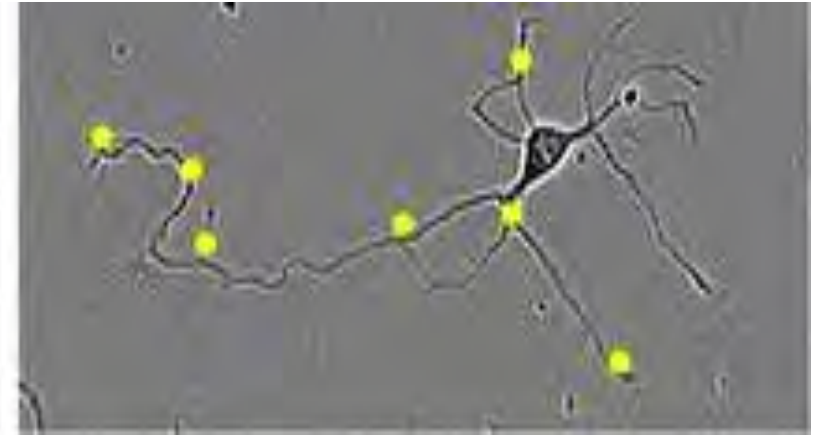
IncuCyte Visualization of Live Cultures



Neurite Length

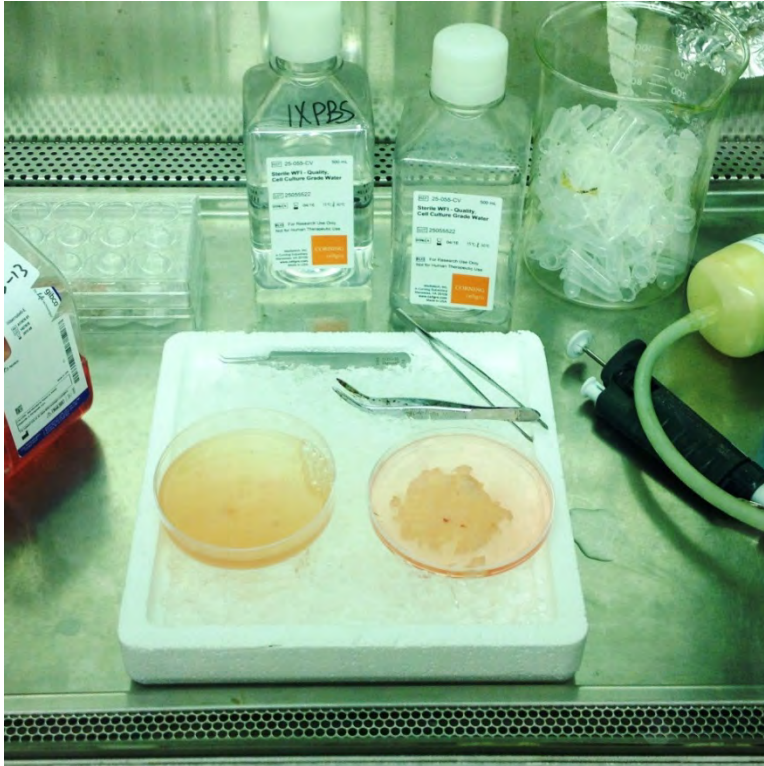


Cell bodies



Neurite Branch Points

Neurosphere (NSP) Isolation to Single Layer

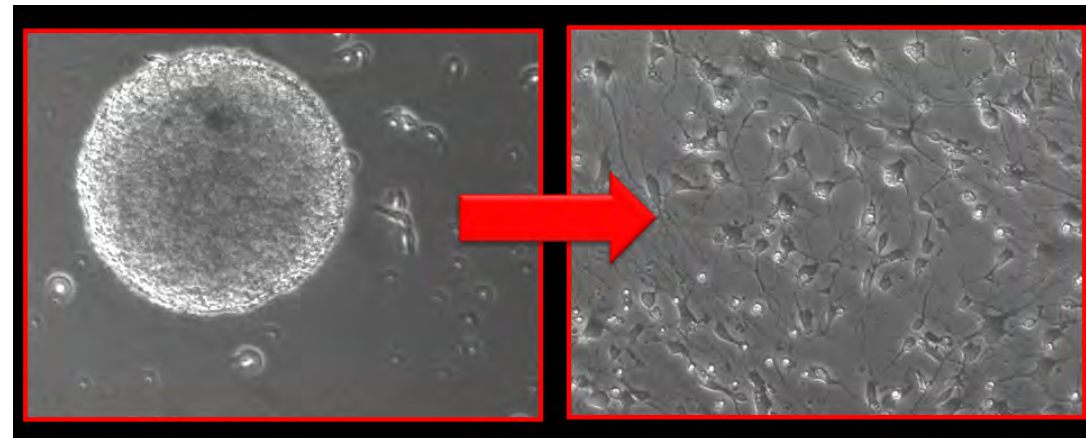


HFN to NSP

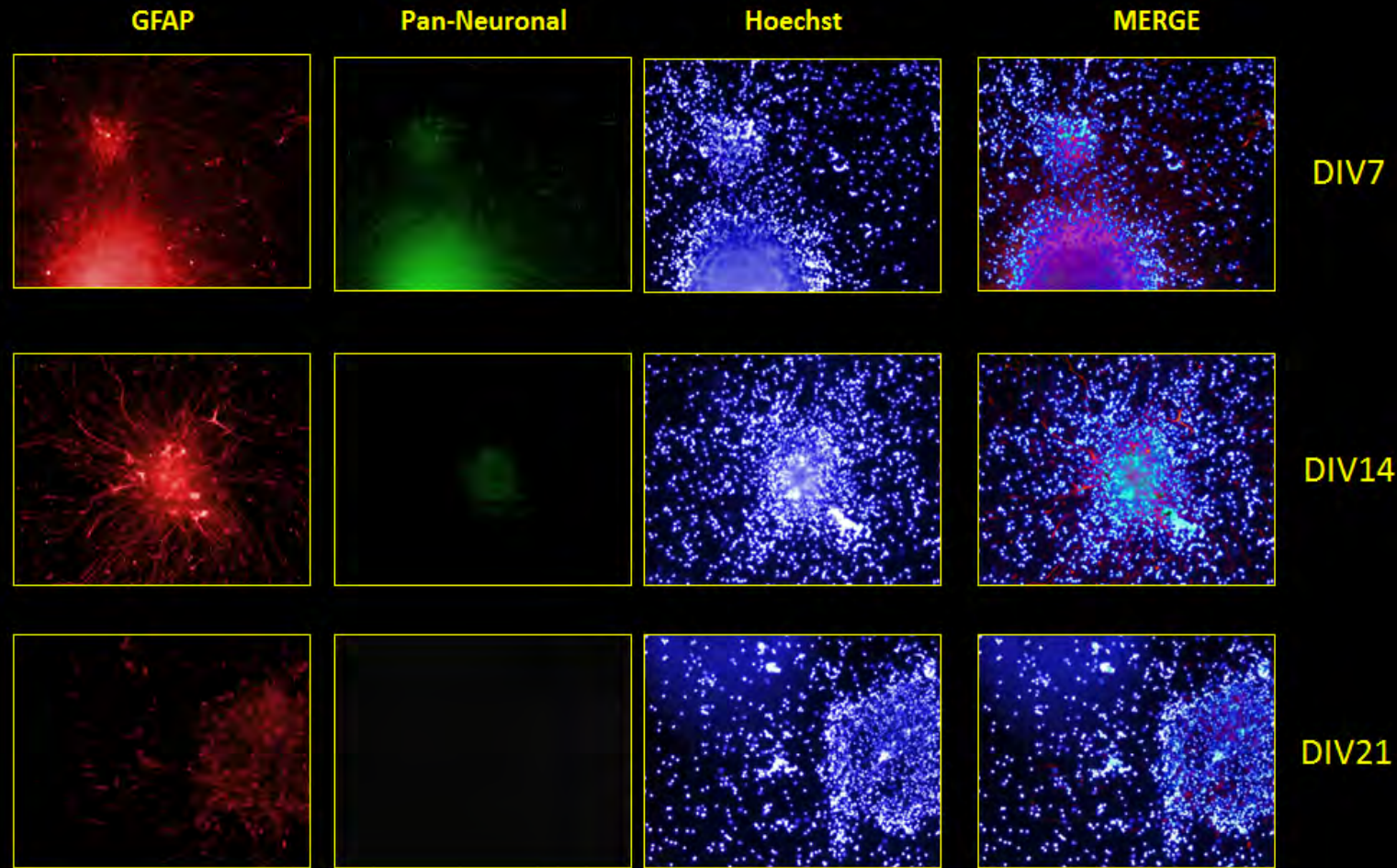
- Neural Stem Cells (NSC) derived from human fetal brain
- Neurospheres subcultured in proliferation media

Spheres to
Differentiated
CNS cells

- Spheres collected, cells counted, and plated in differentiation media on plates absent of growth factors and with adhesive properties (PDL)
- Incubate at 37°C

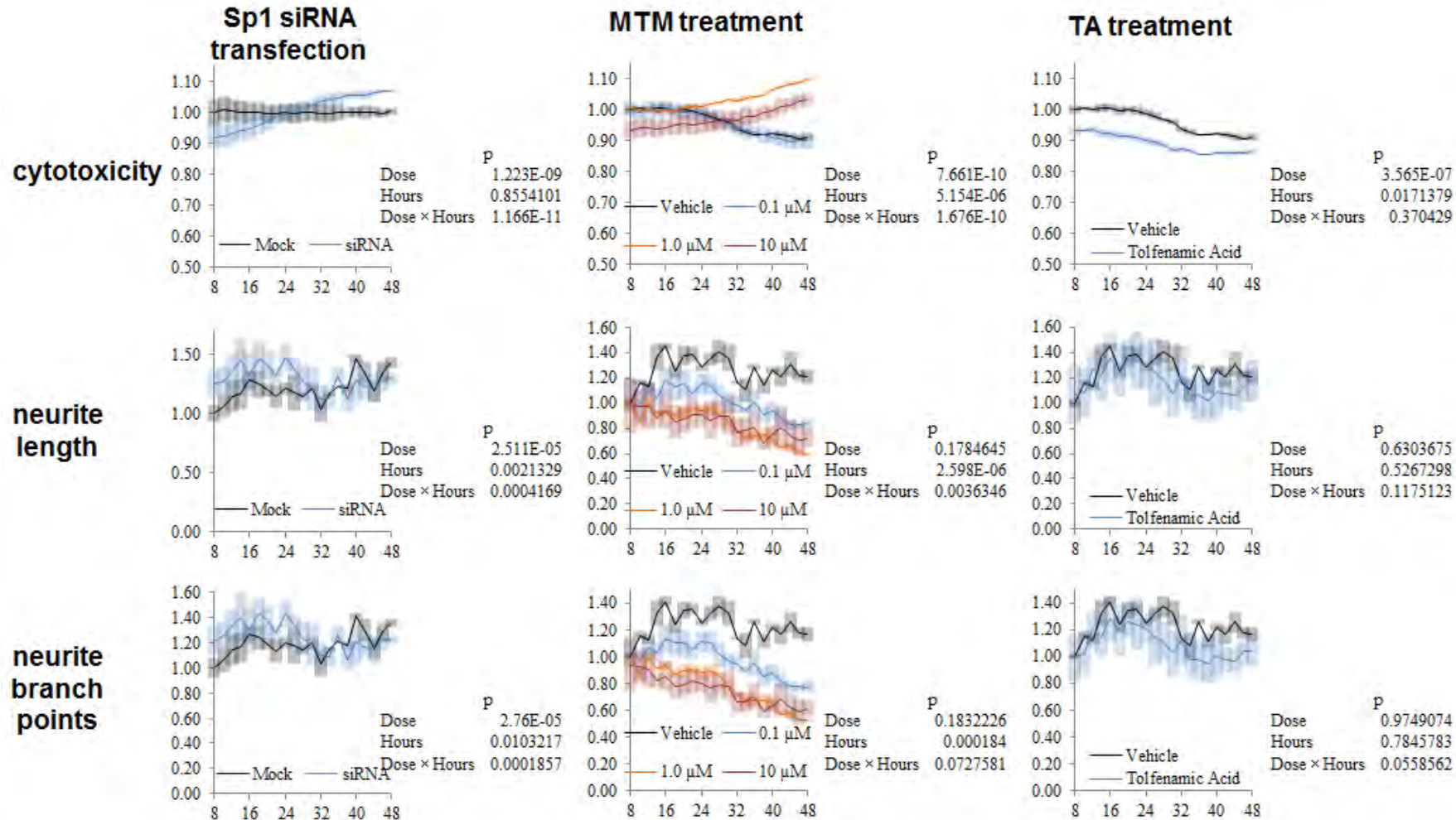


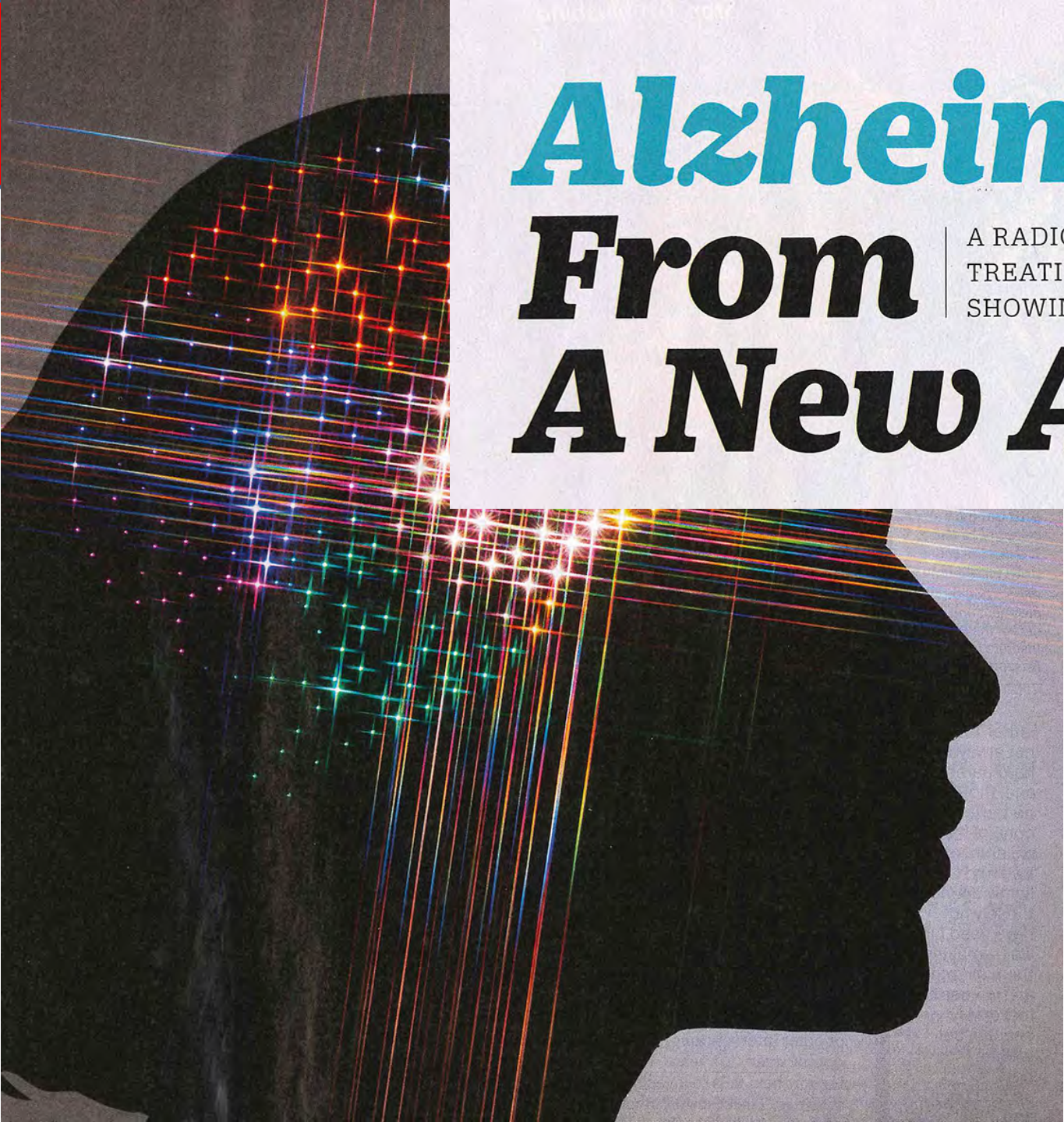
NSP Characterization



Astrocytic population seen through Day 21; Pan-Neuronal (somatic, nuclear, dendritic, axonal protein marker cocktail) decreases by Day 14

MTM & TA Effects on Cytotoxicity, Neurite Length, & Neurite Branch Points





Alzheimer's

From A New Angle

A RADICAL NEW APPROACH TO
TREATING THE FEARFUL DISEASE IS
SHOWING PROMISE **BY ALICE PARK**



Try an ounce first



DISEASE PREVENTION 
www.sciencemag.org/special/prevention

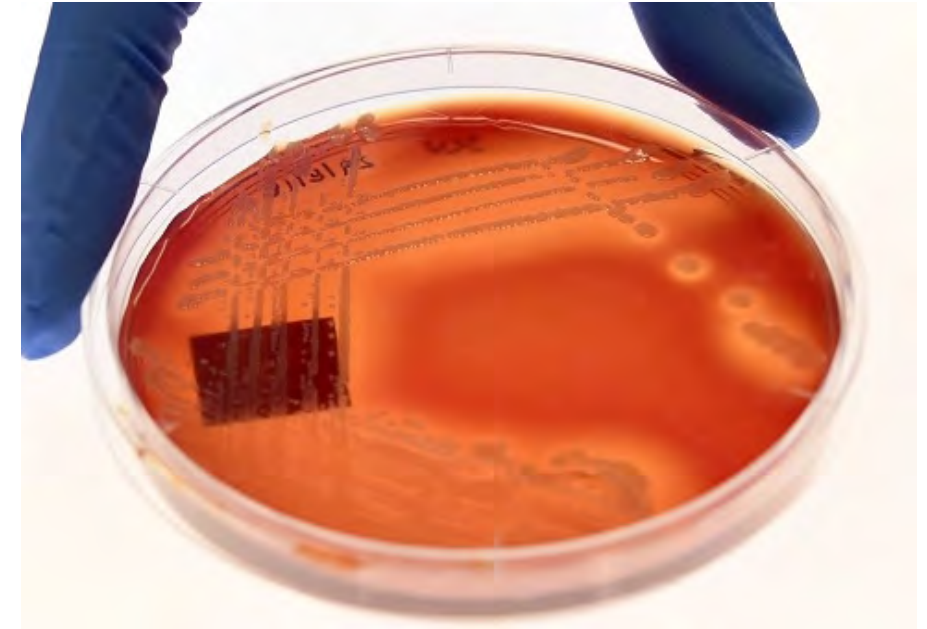
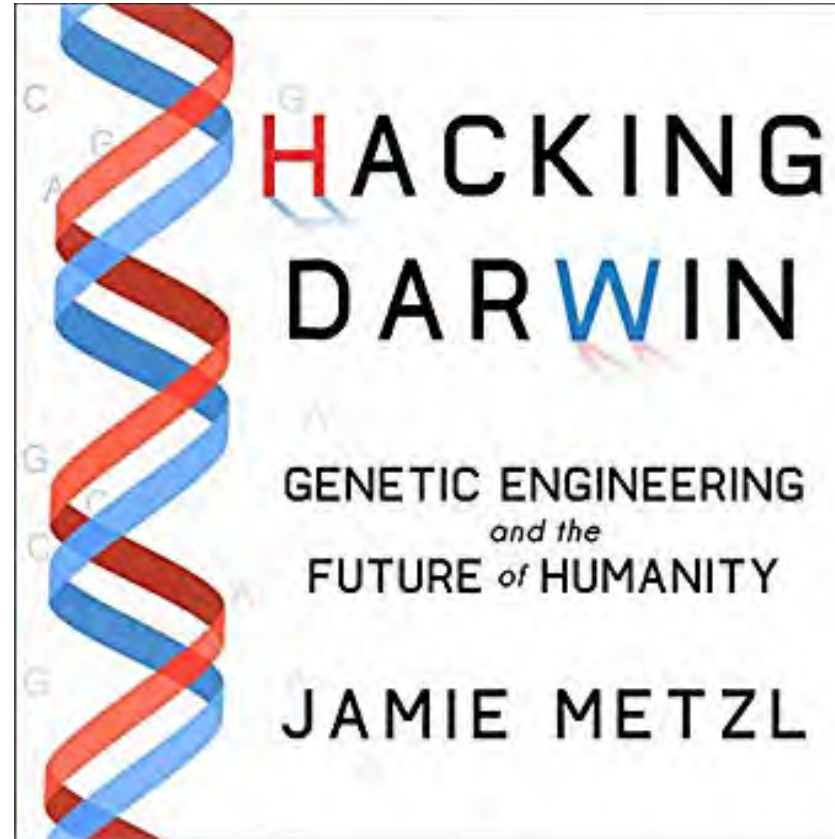
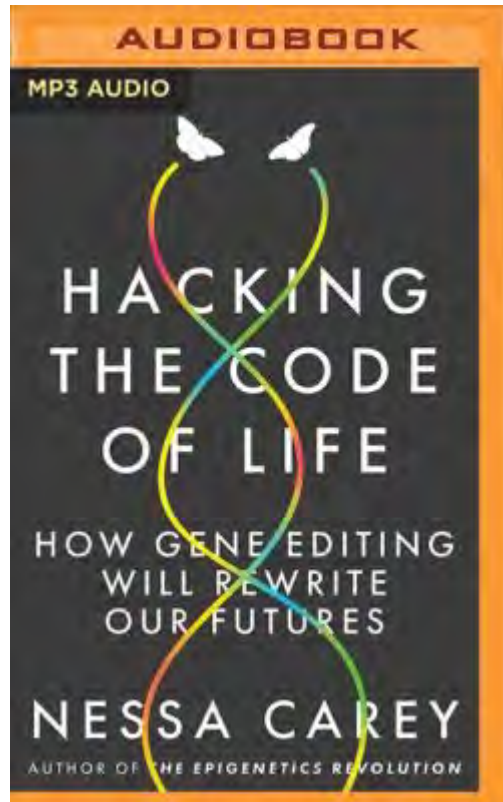
PERSPECTIVE

Preventing Alzheimer's Disease

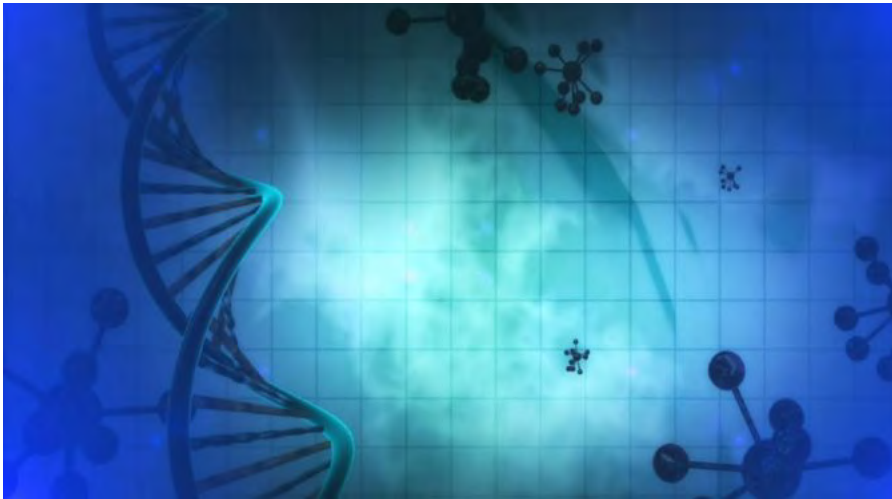
Dennis J. Selkoe

Despite intensive laboratory and clinical research over three decades, an effective treatment to delay the onset and progression of Alzheimer's disease is not at hand. Recent clinical trial failures suggest that we must treat the disease earlier than in its mild to moderate stages, and major progress in validating presymptomatic biomarkers now makes secondary prevention trials possible. We will learn more about the natural history of the disease and any partial therapeutic responses from detailed analyses of recent trial results. This process will likely position the field for success, but only with much greater investment in all aspects of Alzheimer research and with careful design of future trials.

We are Hackable!



Hacking your Genes through Epigenetics



Transcultural Studies



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Dementia as a Transformation



Epigenetics of dementia: understanding the disease as a transformation rather than a state

Bryan Maloney, Debomoy K Lahiri

Lancet Neurol 2016; 15: 760-74

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Alzheimer's disease and other idiopathic dementias are associated with epigenetic transformations. These transformations connect the environment and genes to pathogenesis, and have led to the investigation of epigenetic-based therapeutic targets for the treatment of these diseases. Epigenetic changes occur over time in response to environmental effects. The epigenome-based latent early-life associated regulation (LEARn) hypothetical model indicates that accumulated environmental hits produce latent epigenetic changes. These hits can alter biochemical pathways until a pathological threshold is reached, which appears clinically as the onset of dementia. The hypotheses posed by LEARn are testable via longitudinal epigenome-wide, envirome-wide, and exposome-wide association studies (LEWAS) of the genome, epigenome, and environment. We posit that the LEWAS design could lead to effective prevention and treatments by identifying potential therapeutic strategies. Epigenetic evidence suggests that dementia is not a suddenly occurring and sharply delineated state, but rather a gradual change in crucial cellular pathways, that transforms an otherwise healthy state, as a result of neurodegeneration, to a dysfunctional state. Evidence from epigenetics could lead to ways to detect, prevent, and reverse such processes before clinical dementia.

Lancet Neurol 2016; 15: 760-74

CONCLUSIONS: *Neuroconvergence*



- Adopt and integrate knowledge of epigenetics
- Apply via drugs and environmental modification.
- Environment *includes* diet, activity, lifestyle, social conditions, *anything not within the organism*.
- Integrate therapy and diagnostics into “theranostics”
- Move beyond epigenomics to metabolomics, miRnomics, ultimately to *Pantonomics*.

--Prevention is better than cure!



LEARn to

LEAN

**Lifestyle, Environment, Attitude & Nutrition to
combat AD?**

NeuroConverging approach

➤ Genomic level: Epigenomics
(methylation+acetylation+chromatin modifi.)

➤ LEARn to LEAN

➤ Theranostics (Therapeutics + Diagnostic):
Metabolomics+MiRonomics

➤ *(Adapted from Lahiri DK An integrated approach to genome studies.
Science 14;331(6014):147.*

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