

Abstract

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Brain cathepsin B is elevated following trauma in both mild-closed and severe-penetrating traumatic brain injury models.

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Comprehensive analysis of key mediators involved in traumatic brain injury (TBI) is tantamount to understanding mechanisms involved in injury progression. Cathepsin B is a cysteine protease implicated in several neurodegeneration and TBI models, such as controlled cortical impact. The purpose of this preliminary study was to determine if brain cathepsin B is also up-regulated in penetrating ballistic-like brain injury (PBBI) or repeated projectile concussive impact (rPCI) in rodent models of severe or mild TBIs.

For PBBI and sham/craniotomy controls, coronal brain tissue sections were isolated at various time-points post-injury. Repeated (r)PCI was conducted once daily for 4 consecutive days (d); control groups received anesthesia alone. Righting-reflex (RR) was determined immediately and select brain tissue regions were collected 1d after the last incident. Both pro- (~37-43kDa) and mature (~20-25kDa) Cathepsin B protein levels were determined by western blotting and densitometry (mean \pm SEM arbitrary units (AU)). Enzymatic activity was determined by generation of amino-methyl coumarin (AMC) in a fluorescent micro-plate assay. Comparisons between injured and control groups are discussed (2-tailed, t-Test, $p\leq 0.05$) and correlative analysis is indicated (1-way, Pearson r).

Pro-cathepsin B upregulation in brain slices was monophasic and peaked 2-3d after PBBI (13.3 \pm 1.2 and 15.2 \pm 2.3 AU) compared to Sham (1.2 \pm 0.1 to 3.1 \pm 1.3 AU). Interestingly, mature cathepsin B was maximally increased 7d after PBBI (384.1 \pm 39.7 AU), and doubled compared to Sham (174.2 \pm 25.4 AU). In the prefrontal cortex, pro-cathepsin B was not detectable in sham/anesthesia controls, but was increased to (1.7 \pm 0.5 AU) after rPCI. In this brain region, the mature form was nearly 7-fold greater after rPCI (14.2 \pm 3.6 AU) compared to controls (2.2 \pm 1.5 AU) and proteolytic activity was marginally increased. Surprisingly, cerebellar activity increased by nearly 3-fold to rPCI (3.0 \pm 0.6 μ moles) from anesthesia alone (1.4 \pm 0.2 μ moles) and was positively associated with RR ($r = +0.65$, $p=0.12$). Conversely, decreased cerebellar activity in anesthesia controls was negatively correlated with RR ($r = -0.98$, $p=0.008$).

Overall, Cathepsin B was upregulated in severe and mild injury models. Furthermore, activity correlated to the inability to regain consciousness after concussion. These findings suggest that brain cathepsin B has a role in multiple TBI models and is linked to neurological deficits.

Keywords: brain injury, cathepsin B, concussion/PCI, penetrating ballistic-like brain injury