From : dianne@aol.com
Date : Tue, 23 Aug 2005 09:56:17 EDT
Subject: CAPRI and NF2
To: smg8@columbia.edu

Dear Dr. Greenberg,

As I read more and more about NF2, and Rac, Ras and Cdc42, it would seem CAPRI would have some role in NF2. What are your thoughts about that? Could you email me your article on CAPRI? I was only able to access the abstract.

My son has NF2. He is half blind and half deaf and is fighting many more brain and spinal tumors, which are progressing.

I've been following Pak inhibitors for NF2.

Please help me save my son.

Dianne

NF2: Neurofibromatosis 2, an inherited autosomal dominant disease characterized by multiple CNS tumors (schwannomas, meningiomas, and ependymomas) resulting from mutations in *merlin*

Merlin: An actin binding protein that inhibits Ras-induced foci-formation and associated AP-1 activity. Merlin blocks Ras-induced Rb phosphorylation, and inhibits the increase in cyclin D1 levels.

Rac, Ras, Cdc42: GTPases involved in cell signaling. Ras activates the MAP kinase pathway. Rac and Cdc42 activate cytoskeletal alterations and activation of the protein kinase, PAK

PAK: A protein serine/threonine kinase

CAPRI: An adaptor protein for Rac

Analogy: Structural Programming

In 1968 computer scientist Edsger Dijkstra wrote a now-classic short note entitled: "*GOTO Considered Harmful*."
(Dijkstra (1968) *Comm. ACM* **11**(3):147-148).

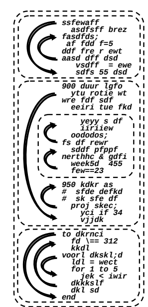
In it he criticized programming constructs that allowed undisciplined jumps in flow of control leading to so-called 'spaghetti code,' which made larger programs unwieldy

Courtesy: David Searls, Glaxo-Smith-Kline

The *NF2* Tumor Suppressor Gene Product, Merlin, Inhibits Cell Proliferation and Cell Cycle Progression by Repressing Cyclin D1 Expression

Analogy: Structural Programming

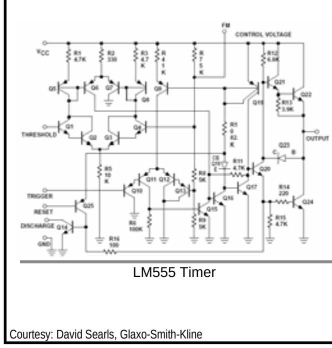
He helped to launch the structured programming movement, which enforced a strictly nested modularity for more manageable growth, debugging, modification, etc.



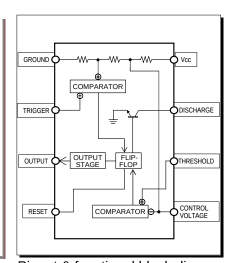
Courtesy: David Searls, Glaxo-Smith-Kline

The Problem of Biological Complexity and "Information Overload"

Analogy: Modular Design of Integrated Circuits



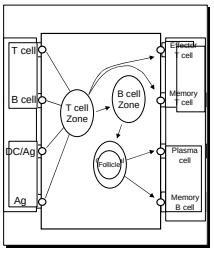
LM555 Timer



Pinout & functional block diagram

Courtesy: David Searls, Glaxo-Smith-Kline

The "Circuitry" of the Primary Immune Response



The "electronic lymph node"

Stages in the Development of a Primary Immune Response

Step 1. Lymphocytes develop in the bone marrow and thymus

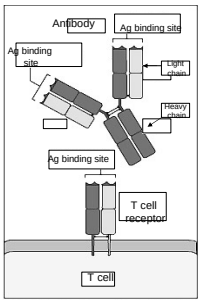
The immune repertoire develops

Lymphocytes develop early in life in the 1° lymphoid organs (bone marrow and thymus). They are competent to respond to a broad array of antigens. Diversity in antigen recognition is accomplished by random rearrangements of the **immunoglobulin (Ig) gene** in B cells and the **antigen receptor gene** in T cells (**TCR**).

Those lymphocytes that survive do so through **positive** selection. Unproductive or inefficient interactions between lymphocyte and antigen results in death by **negative selection**.

Immunology-- The Whirlwind Tour

Antibody (Ig) and TCR are the Only Genes that Undergo Somatic Cell Recombination



Ontogeny of the Acquired Immune System

Step 1. Lymphocytes develop in the bone marrow and thymus

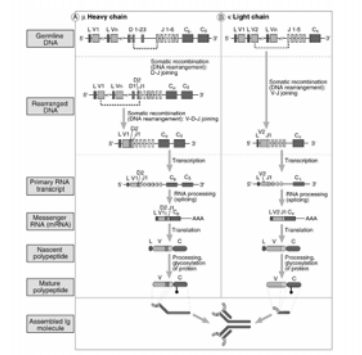
Step 2. Naïve lymphocytes circulate in the blood and lymph

Step 3. The primary immune response occurs in the lymph nodes and spleen

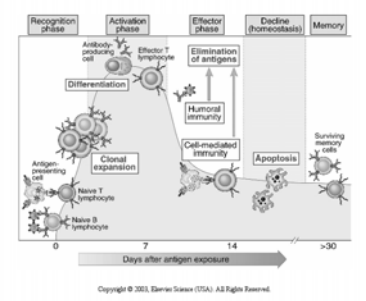
Step 4. Lymphocytes exit the lymph nodes and spleen and become effector lymphocytes--they produce antibody (B cell-derived plasma cells) and become competent to produce cytokines, particularly CD4+ T cells, and kill (CD8+ T cells)

How is Diversity in Antigen Recognition Achieved?

Ig Maturation



Phases of the Primary Immune Response



What Happens in the Thymus?

Ordered TCR gene rearrangement and TCR expression

Ordered expression of surface molecules, including the TCR, CD4 and CD8

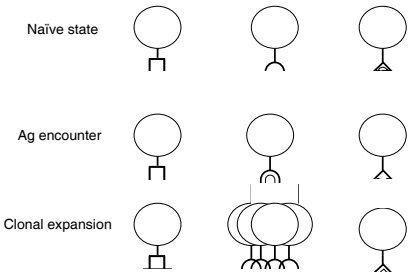
Thymocyte Education: Selection of the T cell repertoire through negative selection and positive selection

How Do the Relevant Lymphocytes "Know" to be Activated?

The Primary Immune Response

Input: Ag-loaded APCs and naïve lymphocytes
Output: Effector and memory lymphocytes

The Clonal Selection Theory



Three Types of APCs

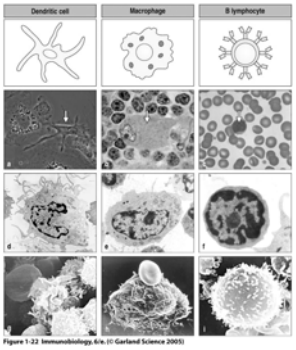


Figure 1-22 Immunobiology, 6/e. (© Garland Science 2005)

The Antigen "Vetting" Process: Who Decides Which Antigens are Presented

The Itinerant Dendritic Cell

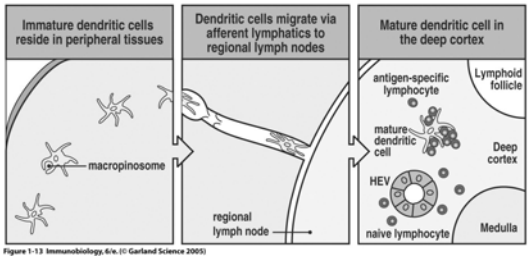
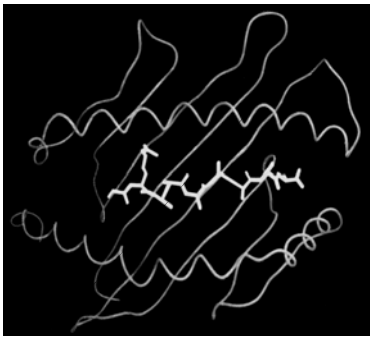
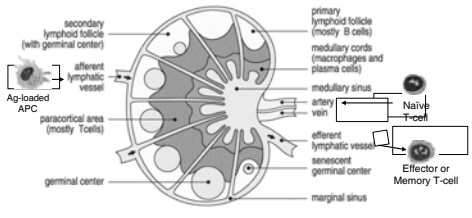


Figure 1-13 Immunobiology, 6/e. (© Garland Science 2005)

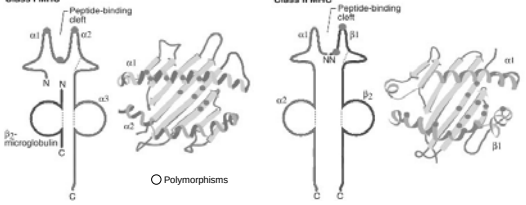
Structure of Peptide-binding Class I MHC Domains



Functional Anatomy of a Lymph Node



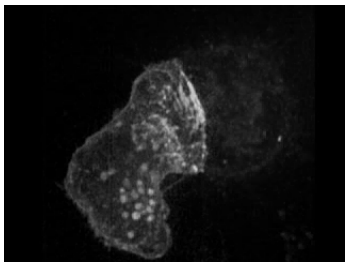
Contact Between the TCR and MHC/peptide: Not All MHC Molecules are Created Equal



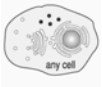
The "Fit" Between MHC Molecules and Peptide Defines MHC Restriction

Polymorphisms (allelic differences within a population) of the MHC loci account for the variability of the immune response between individuals

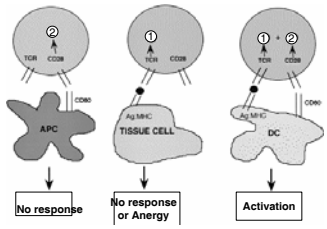
The "Immunologic Synapse"



Functions of MHC I and II

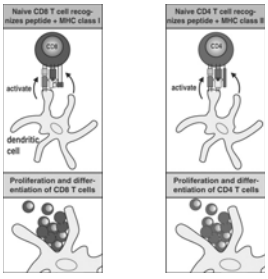
	Cytosolic pathogens	Intravesicular pathogens	Extracellular pathogens and toxins
			
Degraded in	Cytosol	Endocytic vesicles (low pH)	Endocytic vesicles (low pH)
Peptides bind to	MHC class I	MHC class II	MHC class II
Presented to	CD8 T cells	CD4 T cells	CD4 T cells
Effect on presenting cell	Cell death	Activation to kill intravesicular bacteria and parasites	Activation of B cells to secrete Ig to eliminate extracellular bacteria/toxins

The Two-Signal Theory of T-cell Activation



APC = Antigen-presenting cells
TCR = T cell receptor for antigen
DC = Dendritic cell
CD80 = Co-stimulatory receptor

Antigen Presentation at the Cellular Level



CD4+ T Cells Activate Macrophages and B cells

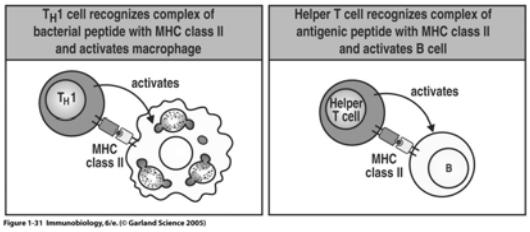
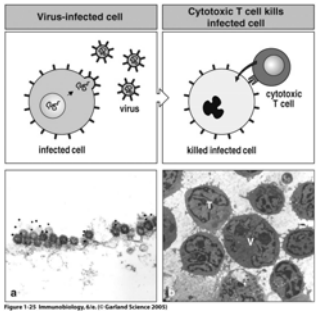


Figure 1-31 Immunobiology, 6/e. (© Garland Science 2005)

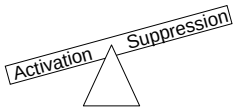
CD8+ CTLs Kill Viral-infected Cells



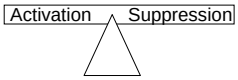
Regulation of the Immune Response: a Conceptual View

Autoimmunity — Immunodeficiency

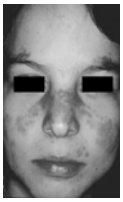
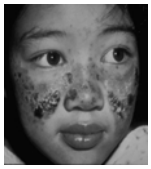
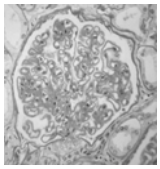
Immunity — Tolerance



Regulation of the Immune Response: a Conceptual View

Immunity  Tolerance

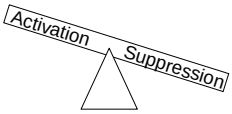
Systemic Lupus Erythematosis (SLE): An Autoimmune Disease

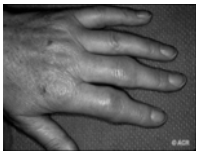
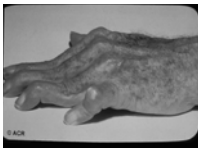
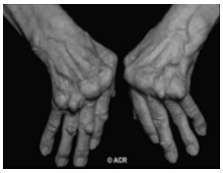
Regulation of the Immune Response: a Conceptual View

Autoimmunity — Immunodeficiency

Immunity — Tolerance



Clinical Manifestations of Rheumatoid Arthritis

Summary

1. The immune system is complex. Try to understand it in terms of specific functional modules.

2. Diversity in antigen recognition is accomplished, in part, by rearrangements in the Ig and TCR loci. This occurs in the bone marrow and thymus, respectively.

3. The T and B cell repertoire determines the spectrum of antigens that can be recognized in an individual's lifetime. The nature of this repertoire is determined by the Major Histocompatibility Complex (MHC), which binds peptide antigen.

4. In a primary immune response, antigen presenting cells (APCs) present antigen bound to MHC molecules to T cells in the lymph nodes and spleen. T cells "help" B cells to develop further and clonally expand in germinal centers of these organs.

5. Lymphocytes exit these organs to become effector or memory cells. Effector cells secrete Ab (plasma cells) or cytokines (CD4+ T cells) and kill virally-infected cells (CD8+ T cells). Memory cells re-circulate until they encounter Ag again.

6. The immune system is tightly regulated. It exists in a delicate balance of immunity and tolerance. A lack of tolerance to self antigen coupled to excessive immune activation (or inadequate immune suppression) can lead to autoimmunity.