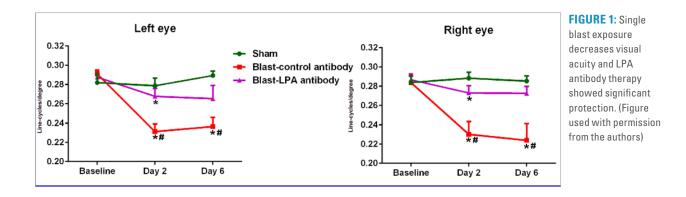


US DEPARTMENT OF DEFENSE BLAST INJURY RESEARCH PROGRAM COORDINATING OFFICE

## **Treatments for Neurotrauma** Potential Treatment for Protection against Blast-induced Neurotrauma and Ocular Injuries

Blast overpressure exposure may lead to severity-dependent brain injury. Lysophosphatidic acid (LPA) is a bioactive lysophospholipid released from activated platelets, astrocytes, choroidal plexus cells, and microglia and is reported to play major roles promoting inflammatory processes through signaling events mediated through specific G-protein coupled LPA receptors (LPARs) (Eichholtz et al. 1993, Moolenaar 1995). In particular, LPA is reported to be involved in blood brain barrier disruption, Tau protein phosphorylation and neuroinflammation leading to neurite retraction (Sayas et al. 2006, Sun et al. 2011). Prompted by recent reports of elevated LPA and up-regulation of LPARs in both mice and humans following brain injury, and neuroprotective efficacy of LPA antibodies (Lpathomab) in the former, researchers at the Walter Reed Army Institute of Research (WRAIR; Silver Spring, Maryland) in collaboration with Lpath, Inc., (the developer of Lpathomab) (San Diego, California), are evaluating the role of LPA in ameliorating the deleterious effects of blast-induced neurotrauma and ocular injuries (Crack et al. 2014, Frugier et al. 2011). Findings to date reveal that a single anti-LPA antibody treatment (25 milligrams per kilogram body weight, intravascular) at one-hour post-blast exposure significantly improved visual acuity and electroretinography and reduced retinal neuropathological changes in rats after blast exposure, reinforcing other indications that therapies targeting LPA may provide effective countermeasures to blast injury. These preclinical findings identify potentially efficacious countermeasures that may in the future be used to treat blast induced ocular injuries and vision dysfunction (Figures 1, 2, 3, and 4).

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-20

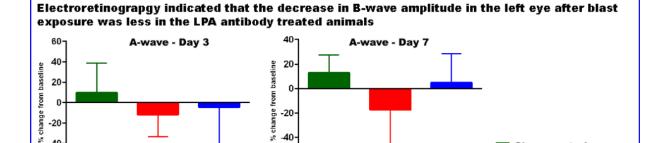
-40

-60

40

B-wave - Day 3

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Sham control

Blast-control antibody

**Blast-LPA antibody** 

-40

-60

40

20 20 % change from baseline % change from baseline 0 -20 -20 -40 -40 -60 -60

B-wave - Day 7

FIGURE 2: Electroretinography indicated that the decrease in B-wave amplitude in the left eye after blast exposure was less in the LPA antibody treated animals. (Figure used with permission from the authors)

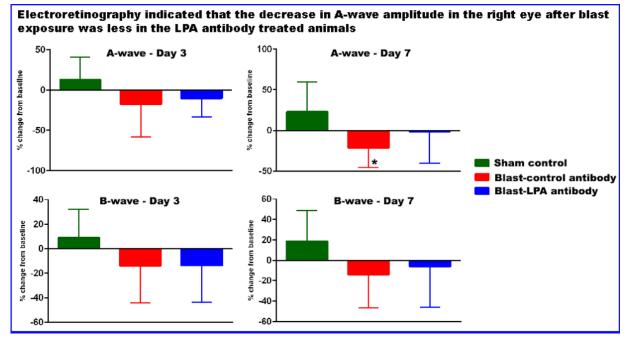


FIGURE 3: Electroretinography indicate that the decrease in A-wave amplitude in the right eye after blast exposure was less in the LPA antibody treated animals. (Figure used with permission from the authors)





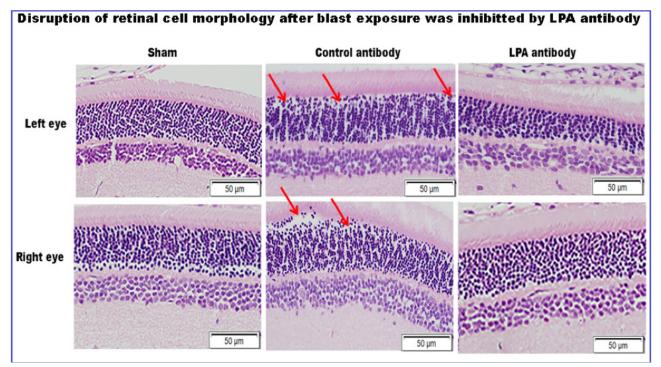


FIGURE 4: Disruption of retinal cell morphology after blast exposure was inhibited by LPA antibody. (Figure used with permission from the authors)

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