

A2AR. The 3rd class consists of the mutants that are involved in binding of the adenine moiety and have similar effects for adenosine and theophylline binding for the A2AR. Thus, our study provides evidence that amino acids serve different functions within the A1R and A2AR ligand binding pocket. In summary the different signal amplitudes and different activation kinetics are indicative for a different activation behavior of the A1R and A2AR and the data from the receptor mutants support these findings and gives new insight into the A1R- structure.

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**Keywords** Receptor dynamics, adenosine receptor, FRET

## L7

### Defining the organizational structure of dopamine and muscarinic acetylcholine receptors

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G protein-coupled receptors, including the M3 muscarinic acetylcholine receptor and the dopamine D3 receptor, can form homo-oligomers. However, the basis of these interactions and the overall organizational structure of such oligomers are poorly understood. Combinations of site-directed mutagenesis and homogenous time-resolved FRET studies that assessed interactions between receptor protomers at the surface of transfected cells indicated important contributions of regions of transmembrane domains I, IV, V, VI and VII, as well as intracellular helix VIII, to the overall organization. Molecular modelling studies based on both these results and an X-ray structure of the inactive state of the M3 receptor bound by the antagonist/inverse agonist tiotropium were then employed. The results could be accommodated fully by models in which a proportion of the cell surface M3 receptor population is a tetramer with rhombic, but not linear, orientation. This is consistent with previous studies based on spectrally-resolved, multi-photon FRET. Modelling studies suggest, furthermore, an important role for molecules of cholesterol at the dimer + dimer interface of the tetramer, consistent with the presence of cholesterol at key locations in many G protein-coupled receptor crystal structures. Mutants that displayed disrupted quaternary organization were often poorly expressed and showed immature N-glycosylation. Sustained treatment of cells expressing such mutants with the muscarinic receptor inverse agonist atropine increased cellular levels and restored both cell surface delivery and quaternary organization to many of the mutants. These observations suggest that organization as a tetramer may occur before plasma membrane delivery and may be a key step in cellular quality control assessment.

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**Keywords** Dopamine, acetylcholine receptor structure

## L8

### Investigation of GPCR allosterism and dimerization in single living cells using fluorescent ligands

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Previous work, using fluorescent adenosine receptor agonists and antagonists, has provided novel insights into the allosteric regulation of adenosine A3 (A3AR) and A1 (A1AR) receptors by allosteric ligands and receptor dimerization in single living cells [1,2]. We have also used a fluorescent analogue of CGP12177 to investigate ligand binding to the human  $\beta_1$ -adrenoceptor. This work has demonstrated that there is negative cooperativity between the two different ligand-binding conformations of the  $\beta_1$ -adrenoceptor activated by catecholamines and CGP12177 respectively [3]. Finally, we have used fluorescence correlation spectroscopy (FCS) to investigate ligand binding to A1AR and A3AR in small 0.2  $\mu\text{m}^2$  microdomains of single living cells [4]. FCS studies with a fluorescent A3-agonist have enabled high affinity

labeling of the active conformation (R\*) of the receptor [4]. We have also used a fluorescent adenosine A3-antagonist (CA200645) to study the binding characteristics of antagonist-occupied receptor conformations (R) in membrane microdomains of single cells [5]. Investigation of the dissociation kinetics of CA200645 provided further support for allosteric regulation of this receptor by homodimerization [5].

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**Keywords** Ligand binding, fluorescence, cooperativity

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## L9

### Gliomas and epilepsy: insights from neuropathological studies in humans

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Brain tumors represent a recognized cause of epilepsy in both children and adults. In principle, any tumor (extra-axial, intra-axial, benign or malignant, common or uncommon) can cause seizures. However, patients with supratentorial low-grade glial tumors are more likely to develop epilepsy. Several clinical studies emphasize that pharmacologically intractable epilepsy critically affects the daily life of patients with brain tumors, even if the tumor is under control. Recently, the term of long-term epilepsy associated tumour (LEAT) has been introduced. LEATs are low grade, slowly growing, cortically-based tumours which predominantly occur in young patients with long histories (often 2 years or more) of drug-resistant epilepsy. Glioneuronal tumors (GNT), including gangliogliomas (GG) and dysembryoplastic neuroepithelial tumors (DNTs), represent the most common tumor within the spectrum of LEAT. The advent of the neurosurgical treatment of epilepsy-associated brain lesions confirmed the strong epileptogenicity of these tumor entities. Understanding the mechanisms that underlie epileptogenesis in LEATs is essential to identify new treatment targets and to develop an effective therapy. Mechanisms such as alterations of the balance between excitation and inhibition and alterations in neuron-glia interactions might be involved. Astroglial cells express functional receptors for a variety of neurotransmitters and may critically modulate synaptic transmission. In addition, an increasing number of observations indicate that pro-epileptogenic inflammatory pathways are activated in GNT and may contribute to the onset and progression of seizures. The recent advances and likely candidate mechanisms and molecules involved in tumor-associated epileptogenesis will be discussed.

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**Keywords** Glioma, glioneuronal tumor, epilepsy

## L10

### Purinergic transmission in brain tumors and its impact on drug development

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Extracellular nucleoside and nucleotides acting via adenosine/P1 and nucleotide P2 (P2X/P2Y) purinoceptors are fundamental signaling molecules controlling the survival and proliferation of astrocytes and oligodendrocytes (Ceruti and Abbracchio, *Adv Exp Med Biol*. 2013;986:13). The malignant transformation of these cells to

progressively more aggressive tumors (respectively, astrocytomas and anaplastic glioblastoma, and glioblastoma multiforme, containing proliferating cells resembling Oligodendrocytes Precursor Cells, OPCs) confers growth advantage and chemoresistance. Characterization of the specific P1 and P2 receptors on these tumors may unveil new strategies to reduce cancer growth and/or promote differentiation to non-cancerous glial phenotypes. The adenosine A3 receptor (A3AR) has emerged as a potential target. Under hypoxia, a condition typical of gliomas' core, A3AR mediates chemoresistance via the PKB/Akt pathway (leading to inactivation of the pro-apoptotic Bad protein) and by upregulating matrix metalloproteinase-9, that degrades extracellular matrix and promotes migration of glioma cells towards healthy brain regions (Ceruti and Abbracchio, and ref therein). Thus, inhibition of A3AR with selective antagonists could represent an appealing therapeutic approach. More recently, the P2X7 receptor has been recently found to be over-expressed in grade IV human gliomas (Monif et al., *J Inflammation*. 2014;11:25) and its blockade with the synthetic antagonist Brilliant Blue G decreased tumour cell number. Finally, treatment of human glioblastoma multiforme cells with UDP, UDP-glucose or LTD4, that act as agonists at the new P2Y-like GPR17 receptor, reduced the formation of glioma spheres, suggesting that GPR17 stimulation on highly proliferating tumor OPCs may drive their differentiation to the oligodendroglial fate, negatively affecting both tumor proliferation and self-renewal (Dougherty et al., *Cancer Res*. 2012;72:4856).

**Keywords** Cell differentiation, purinoceptors, new targets in glioma

#### L11

##### Cannabinoid signalling in glioma cells

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Cannabinoids, originally derived from *Cannabis sativa*, as well as their endogenous and synthetic counterparts, were shown to induce apoptosis of glioma cells in vitro and tumour regression in vivo via their specific receptors, cannabinoid receptors CB1 and/or CB2. CB2 are abnormally expressed in human gliomas and glioma cell lines. Most of the analysed gliomas expressed significant levels of CB2 receptor and the extent of CB2 expression in the tumour specimens was related to tumour malignancy. A synthetic cannabinoid, WIN 55,212-2, down-regulated the Akt and Erk signalling pathways in C6 glioma cells that resulted in reduction of phosphorylated Bad levels, mitochondrial depolarization and activation of caspase cascade leading to apoptosis. We examined whether synthetic cannabinoids with different receptor specificity: WIN55,212-2 (a non-selective CB1/CB2 agonist) and JWH133 (a CB2-selective agonist) affect survival of four human glioma cell lines and three primary human glioma cell lines. WIN-55,212-2 decreased cell viability in all examined cell lines and induced cell death. Susceptibility of the cells to JWH133 treatment correlated with the CB2 expression. Cannabinoids triggered a decrease of mitochondrial membrane potential, cleavage of caspase-9 and effector caspases. Induction of cell death by cannabinoid treatment led to the generation of a pro-apoptotic sphingolipid ceramide and disruption of signalling pathways crucial for regulation of proliferation and survival. Increased ceramide levels induced ER-stress and autophagy in drug-treated glioblastoma cells. We conclude that cannabinoids are efficient inhibitors of human glioma cells growth, once the cells express specific type of cannabinoid receptor.

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**Keywords** Cannabinoids, signal transduction, cell death

#### L12

##### The role of integrins in glioma biology and anti-glioma therapies

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Integrins are a group of molecules expressed by various cells including glioma cells and endothelial cells within the tumor. There are 18

known alpha and beta integrin subunits which form a heterodimer. Integrins regulate different cellular processes such as proliferation, adhesion, motility and survival as shown in numerous preclinical models. Furthermore, integrins control the activity of the transforming growth factor (TGF)-beta pathway and are involved in the process of angiogenesis which is indispensable for continued tumor growth. Because of the high expression levels of some integrins on glioma cells and their numerous functions, inhibition of integrin signaling has been considered a promising strategy for the treatment of glioma patients. Besides blocking antibodies which are currently under clinical investigation in other cancer entities, the integrin inhibitor cilengitide has been tested within several trials in glioblastoma patients over the last years. Cilengitide is a cyclic RDG peptide which targets integrins alpha5beta3 and alpha5beta5. Based on the results of smaller, initial trials suggesting an activity of cilengitide against glioblastoma, 2 larger trials were subsequently performed. However, both trials, which combined temozolomide-based chemoradiation with cilengitide failed to demonstrate an improved outcome with the addition of cilengitide. Ongoing translational analyses suggest that integrin levels in the tumor tissue are neither prognostic nor predict response to cilengitide. While the clinical development of cilengitide has been stopped, integrin inhibition with more effective agents may still be a promising approach in clinical neurooncology.

**Keywords** Glioma, integrin, TGF-beta

#### L13

##### Drosophila modelling axonal transport in the face of tau pathology

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Alzheimer's disease (AD) is a devastating neurodegenerative disease causing irreversible cognitive decline in the elderly. There is no disease-modifying therapy for this condition and the mechanisms underpinning neuronal dysfunction and neurodegeneration are unclear. Compromised cytoskeletal integrity within neurons is reported in AD. This is believed to result from loss-of-function of the microtubule-associated protein tau, which becomes hyperphosphorylated and deposits into neurofibrillary tangles in AD. We have developed a *Drosophila* model of tauopathy in which abnormal human tau mediates neuronal dysfunction characterised by microtubule destabilisation, axonal transport disruption, synaptic defects and behavioural impairments. Here we show that a microtubule-stabilising drug, NAPVSIQ (NAP), prevents as well as reverses these phenotypes even after they have become established. Moreover, it does not alter abnormal tau levels indicating that it by-passes toxic tau altogether. Thus, microtubule stabilisation is a disease-modifying therapeutic strategy protecting against tau-mediated neuronal dysfunction, which holds great promise for tauopathies like AD.

**Keywords** Microtubule stabilisation, tau, NAP

#### L14

##### Recent developments in tau-based therapeutics for Alzheimer's disease and related dementias

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Current therapies for Alzheimer's disease (AD) and related disorders have demonstrated very modest, symptomatic efficacy, leaving an unmet medical need for new, more effective therapies. While drug development efforts in the last two decades have primarily focused on the amyloid cascade hypothesis, with disappointing results so far, tau-based strategies have received little attention until recently despite that the presence of extensive tau pathology is central to the disease. The discovery at the turn of the century of mutations within the tau gene that cause fronto-temporal dementia demonstrated that tau dysfunction was per se sufficient to cause neuronal loss and clinical dementia. Development of tau pathology is associated with progressive neuronal loss and cognitive decline and is the common