BOSTON BIOMEDICAL RESEARCH INSTITUTE

disease models

ANNUAL REPORT 2004

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#### Who We Are

The Boston Biomedical Research Institute (BBRI) is an independent, not-for-profit institution dedicated to basic biomedical research to promote the understanding, treatment and prevention of specific human diseases, and to the training of research scientists. Investigations focus on structure and function of proteins that control cellular communication, muscle contractility, cell movement, growth and differentiation and on the underlying causes of human disease from the study of disease models and development of novel therapeutics. In a uniquely collaborative environment that fosters innovative, multidisciplinary research, our mission is to advance the frontiers of human knowledge in the biomedical sciences and to develop cures for disease.

# Message from the President

John R. Layton



We must all champion the excellence of the Institute and bring wider attention to the importance of the discoveries being made here.

Enthusiasm for excellence. Not only does this phrase characterize what goes on in the labs at BBRI, it also can be used to frame the year just past. Our most notable achievement last year was to bring on as Director, Dr. Charles Emerson. As Charlie indicated at our 2003 Annual Meeting, his attraction to taking the position grew the more he learned about the excellence of the science at BBRI, and as he witnessed the enthusiasm for basic science, and for BBRI specifically, that characterizes the BBRI community.

In his first year as Director, Charlie has focused on developing various avenues building on our existing scientific excellence. One example has been the development of the Postdoctoral Fellows Association, a program that improves the postdocs' experience by giving them broader exposure to different aspects of scientific research.

Charlie's enthusiasm for BBRI has been infectious and has led to many important discussions about our future, and what will need to be done to secure it. These discussions have encouraged Charlie to lead a strategic planning process for the Institute, in order that we can plan appropriately for the longer term. It is likely that a key element of the outcome of this process will be an ambitious long-term goal to build on BBRI's existing excellence by attracting new scientists of the highest caliber to join our faculty.

The recruitment of Dr. Eric Sundberg from the Keck Center for Structural Biology at the University of Maryland is a major step in this direction. Eric joined BBRI on July 1, following a faculty search led by Celia Harrison. Eric's expertise revolves around how proteins interact, so his work will directly benefit many of our existing research programs. We are very pleased to welcome him onto the team. Page four of this report goes into greater detail about Eric's research.

Communicating our enthusiasm about BBRI is absolutely vital if we wish to enhance its reputation for scientific excellence. To attract the highest caliber of postdoctoral candidates, we must all champion the excellence of the Institute and bring wider attention to the importance of the discoveries being made here. This can be a daunting task, especially for those of us who are somewhat scientifically-challenged. Going beyond the notion that our scientists all seek innovative solutions to improving human health can suggest the need for a depth of knowledge that non-scientists lack.

One way that may help all of us to communicate our mission better is through understanding BBRI's work on disease models. Five such disease models currently under investigation at BBRI are highlighted in this year's Annual Report. This year's featured group all relate to Degenerative Disease and Injury, and we look forward to presenting other areas of disease model research at BBRI in future reports.

Enthusiasm for excellence certainly characterizes our increasing involvement in the local community. Our firstever Walk for Science raised \$20,000 to help cover a variety of programs designed to foster an appreciation for science in the larger community. The Walk concluded with a Science Expo for Watertown High School students, who presented posters on their science projects. It was invigorating to see these young scientists interact with each other and with our scientists. Their enthusiasm for science was unmistakable, and Board member Jillian Darling deserves special recognition as the driving force behind this very successful

Further evidence of an enthusiasm for excellence at BBRI can be found in the fact that BBRI received \$470,595 from 147 donors last year. The average individual donor gift of \$770 speaks volumes about the commitment that our donors have to furthering basic research. On behalf of everyone at BBRI, I thank each and every one who gave so generously to BBRI last year. I could not perform the President's job without enthusiastic support from members of the Board, committee members, and the people who work at BBRI - scientists and non-scientists alike – who make my job a real pleasure. A very heartfelt thanks from me to all who have contributed so much to the betterment of the Institute and the health of mankind. Keep it up, team!

# Message from the Director

Charles P. Emerson, Jr., Ph.D.



Disease research at BBRI is growing naturally, based on an evolving interest in using disease models to uncover basic mechanisms and our strength in protein research.

My first year at BBRI has been one of the most exciting and challenging of my career as I have moved my lab and family to the Boston area and assumed the directorship of this special Institute. During this transition, I have especially appreciated the warm welcome that we have received from the entire BBRI community of scientists, postdoctoral fellows, administrators and trustees. This has allowed me to devote time to learning about the research activities of the Institute's scientists. In this report, I want to share with you some highlights of this past year and some of the important, and in some cases unexpected, discoveries I have made about BBRI.

Much of my time during this past year has been devoted to better understanding the strengths, accomplishments and ambitions of this Institute. I have drawn on my scientific and research administrative experience at other institutions to identify areas for improvement and strategic opportunities to strengthen our ongoing research to build our scientific excellence. I have learned a great deal about BBRI and the aspirations of our scientists by organizing bi-weekly faculty and postdoc research lunches, which provide a forum for discussion and critique of existing and newly-brewing ideas. Additionally, I have met individually with all of our scientists to learn about their research programs, funding, and goals. The scientific discourse that has emerged over the year has highlighted areas of existing research excellence at BBRI, and identified many new research opportunities for our scientists. The interdisciplinary, collaborative research environment at BBRI is very different from those prevalent in academic institutions with department-based programs and provides our scientists with the flexibility, freedom and time to creatively pursue innovative basic and disease research. The level of technical and intellectual collaboration at BBRI is impressive and is a major driver of our research programs. I am also discovering opportunities for our scientists to develop new collaborative programs based on shared interests not previously recognized. One important challenge during the coming years will be to encourage our scientists to build new interactions and collaborations in areas of mutual interest

and to identify sponsored and private funding sources to support these new research areas.

This year also has highlighted for me the excellence of protein research at BBRI in the fields of protein structure and conformational dynamics, protein modification, and protein-protein interactions. Work being done at BBRI is directed towards understanding key cellular and physiological mechanisms that regulate muscle contractility, cell movement, embryonic development, and metabolism. The Human Genome Project has provided us with a remarkable dictionary of all of the 30,000 genes and their encoded proteins in our genome, and more than half these encoded proteins were previously unknown. BBRI scientists now have great opportunities to investigate how newly discovered proteins interact with already known proteins to control key cellular and physiological processes as well as to discover their functions in the body and to investigate the underlying causes of human disease, and to develop cures.

Another exciting discovery I made at BBRI this year is that disease research activity at BBRI is growing naturally, based on an evolving interest in using disease models to uncover basic mechanisms and our strength in protein research. This interest also is greatly nurtured by our unique interactive and interdisciplinary research environment that favors innovative work, and by the extraordinary advances in knowledge of genes and basic biological mechanisms that have occurred over the past 20 years. These rapid advancements in our knowledge are propelling discoveries of the biological basis of human diseases and providing the technology and knowledge for development of novel therapeutics. I have experienced the power of this transition period in my own research, which has led me into areas of cancer therapeutics based on research to identify genes that control tissue formation and regeneration.

BBRI is becoming a leader in developing the basic and disease "Discovery Research Engine," which is a theme of this year's Annual Report. This report highlights for the first time the disease model research ongoing at BBRI in the area of Degenerative Disease and Injury as well as provides an

overview of the broad base of excellent basic, disease and therapeutic research ongoing at BBRI. This report has been a platform for me to crystallize my thoughts and ideas about BBRI, its current research and the possibilities we have to define our future.

Basic and disease model research at BBRI has gained further momentum this year through the recruitment of two exceptional investigators with research programs in areas of protein research related to human disease. Dr. Eric Sundberg joins us as a newly appointed BBRI Scientist from the Keck Center for Structural Biology at University of Maryland (see Page 4). Eric's research combines the use of X-ray crystallography, biophysics and genetics to discover basic mechanisms that dictate how proteins interact, using the superantigens as a protein model. His work will lead to the development of drugs that can block the toxic activity of these proteins in the treatment of bacterial infections or exposure to toxins as bioterrorism agents. Dr. James Fessenden joins BBRI as a newly appointed Instructor from Harvard Medical School. He will investigate the ryanodine receptor to understand how this channel protein controls the

flow of calcium ions in and out of muscle cells to regulate muscle contraction as well as to develop drug therapeutics to treat a diversity of human genetic heart diseases resulting from mutations that disrupt the structure of this receptor. Eric and Jim's research programs will significantly enhance protein research at BBRI and our emerging research on disease models and therapeutics.

In addition to digging deeply into research at BBRI this year, I have greatly enjoyed and benefited from my work with Albert Wang, Deputy Director, Alan Kaye, CFO, and Simon Welsby, Director of Development, with whom I have worked to understand and enhance the administration of research and its support at BBRI. I also have enjoyed working closely with our Trustees, whose tireless energy and enthusiasm for the Institute and its research are constant reminders of the importance and value of our scientific mission.

We have had many notable successes at the Institute this year. The research productivity of our scientists has grown, as evidenced by the continued increase in sponsored research, which has doubled in the last five years. Also notable are the excellent publications of

our scientists, postdoctoral fellow and associates, which are highlighted for the first time in this Annual Report. We also launched a new website, www.bbri. org, designed by Walter Stafford and a team of faculty, postdocs and trustees, which better projects the research and training programs at BBRI as well as the science of our investigators. There have been many successes this year, but none so important as the newly established BBRI Postdoctoral Association, which is described below. The postdoctoral fellows at BBRI are remarkable in their accomplishments and enthusiasm. Support for our postdoc program and the recruitment of talented postdoctoral fellows is one of our highest priorities to support scientific excellence at BBRI.

I would like to thank all members of the BBRI community for their strong support and encouragement over the past year. As I enter my second year as Director, I look forward to the challenges ahead as we join together to develop a strategic plan to establish new programmatic and faculty recruitment initiatives and to identify the financial support that will be required to shape our future as a leading biomedical research institute.

#### **BBRI Postdoc Association**

With the guidance and encouragement of Dr. Emerson, this past year saw the creation of the BBRI Postdoc Association. The Postdoc Association (PDA) works to promote intellectual exchange and to enhance the educational and social experience of postdoctoral fellows at BBRI by sponsoring career development seminars, a scientific speakers program, and social outings and by providing a more formal conduit between the postdoctoral community and the administration and the faculty. During this inaugural year, the PDA sponsored seminars by Dr. Malcolm Gefter of Praecis

Pharmaceuticals, Dr. Judith Gallant of Wyeth Pharmaceuticals, Dr. Douglas Fambrough of Oxford Bioscience Partners and Judy Foreman, science writer for *The Boston Globe*, among others. To increase scientific interactions between postdocs, and between postdocs and faculty, the PDA also began a bi-weekly series of "chalk talks," when postdocs discuss their research in an informal setting. The PDA is lead by a Steering Committee, elected by the postdoctoral fellows. Currently the Steering Committee members are Dr. Marie-Annick Forget, Dr. Andrew Mazurkie and Dr. Atsuko Polzin.



Front (L-R) Renjian Alan Huang. Valerie Carricaburu, Andrew S. Mazurkie, Samudra S. Gangopadhyay, Alena Lieto, Xing-bin Ai, Eunhee Lee, George J. Dimopoulos. Center (L-R) William A. Marganski, Mark L. Bannister, Frederic Kerff, Stefan Girgenrath, David Hayes, Sung Haeng Lee, Ambrus Toth. Back (L-R) Philip Nickson, Marie-Annick Forget-Dubois, Atsuko N. Polzin, Malgorzata Anna Boczkowska, Steven Munevar, David Chereau, Grzegorz Rebowski, Jaya Pal Gangopadhyay, Mahasweta Girgenrath, Beenu Moza, Jolanta Kordowska, Yana Khalina.

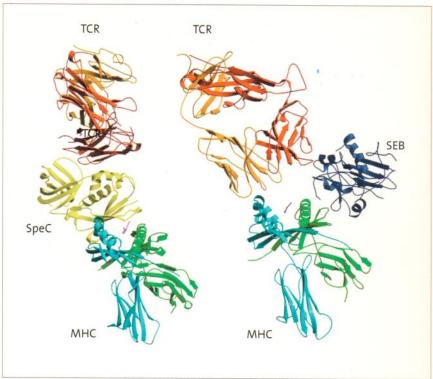
### **Our new Scientist**

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Eric J. Sundberg, Ph.D., Scientist

"Eric is an exceptionally talented new investigator whose studies complement and enhance BBRI's excellence in protein research."

Charles Emerson, Director



Two ways in which superantigens can interact with receptor molecules on the surfaces of immune system cells. The superantigens, streptococcal exotoxin C (SpeC) and staphylococcal enterotoxin B (SEB), crosslink T cell receptors (TCR) and class II major histocompatibility complex (MHC) molecules differently. Understanding the structural characteristics of the complexes formed between superantigens and their immune system cell surface receptors is crucial to the development of effective therapeutics.



Dr. Eric Sundberg comes to BBRI from the Center for Advanced Research in Biotechnology, part of the University of Maryland Biotechnology Institute, where he was a research assistant professor. This appointment followed postdoctoral work at the same institute during which he was a recipient of an Arthritis Foundation Postdoctoral Fellowship. He received his Ph.D. from Northwestern University.

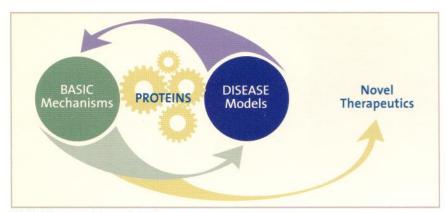
Eric aims to develop potent inhibitors of the superantigen disease pathway and investigate more effective cancer immunotherapies.

Eric's research focuses on understanding the molecular mechanisms by which superantigens, a family of bacterial toxins, cause disease and on the development of drugs that can counteract superantigen-mediated illness. Superantigens interact with receptor molecules on the surfaces of immune system cells to induce abnormally high levels of cellular proliferation and the subsequent release of immune signaling chemicals. This over-stimulation of the immune system has been implicated in numerous human diseases, including toxic shock syndrome, food poisoning

and autoimmune disorders. On account of these disease implications, some superantigens have been classified as bioterrorism agents. The development of therapeutics against superantigeninduced disease, against which no drug or vaccine is currently available, is therefore critical not only to the improvement of public health but also to our overall national defense against bioterrorism. Using structural, energetic and functional analyses combined with molecular evolution and protein design techniques, Eric aims to develop novel therapeutic molecules that serve as potent inhibitors of the initial steps in the superantigen disease pathway. Eric also plans to use structural approaches to investigate the design of more effective cancer immunotherapies by leveraging the immune system's responses to tumors.

### Introduction

Disease Models at BBRI: Degenerative Disease and Injury



Disease models are providing unprecedented opportunities to develop novel drug, stem cell and gene therapeutics for a diversity of diseases.

BBRI's Discovery Research Engine

BBRI scientists are dedicated to fundamental discovery research that aims to inform our understanding of the normal functions of the human body, as well as identify novel therapeutic approaches for treatment of human diseases. Our scientists accomplish this aim not only by studying the basic biological mechanisms by which our bodies function, but also by studying mechanisms which are not functioning properly, using experimental models of human disease. Disease models enable a scientist to simplify a problem and study it experimentally in a way that is not possible using human subjects. These models are providing a deeper understanding of how the body normally works as well as unprecedented opportunities for scientists to develop novel drug, stem cell and gene therapeutics for a diversity of diseases.

Today, translating fundamental biomedical discoveries to therapeutics for disease is becoming more and more streamlined, thanks to the development of new technologies, such as high throughput screening and the Genome Project, which has provided for the first time a lexicon of all of the 30,000 or more human genes, the majority of which were previously unknown. Each of these genes encodes a unique protein that carries out a specialized function in the body. The exciting challenge ahead is to translate this wealth of gene information into an understanding of the functions of proteins in specific biological processes and in disease.

BBRI scientists have recognized expertise in the fields of protein structure and conformational dynamics, protein modification and protein-protein interactions. Indeed, at the core of BBRI's science is our excellence and breadth in protein research. Thus, as the focus of much biomedical research shifts from gene discovery to investigations of protein function in this post-genome era, BBRI scientists have the expertise and facilities to investigate key cellular and physiological mechanisms in a way not possible at most institutions. Discovery research at BBRI is further enhanced by the Institute's unique, multidisciplinary environment, which encourages scientists to interact and collaborate, heightening creativity and promoting an environment ripe for innovation.

The study of proteins is critically important to diseased-based research because proteins carry out all of life's functions and as such are targets of therapeutics for disease. The focus of BBRI research on proteins and their biological functions using basic and disease model approaches, therefore, provides opportunities for us to rapidly translate our discoveries into novel therapeutics.

Understanding proteins and how they function drives the "Discovery Research Engine" at BBRI, as graphically represented in the above figure. Today the work of BBRI scientists centers on understanding how specific genes and their encoded proteins function in five specific fundamental biological processes: muscle contraction, cell shape and movement, embryonic development and tissue regeneration, protein function and modification, and cellular communication, as illustrated in the overview of BBRI Today at the end of this report. In this report, we highlight the research of five laboratories, each focused on the area of Degenerative Disease and Injury. The scientists featured employ a range of disease models to conduct their work: two animal models, a molecular model, a cell culture model, and an organ model. These models are shedding light on the mechanisms of cell death, tissue injury, repair, and remodeling, opening the door to new therapeutics for muscular dystrophy, cardiac ischemia, Alzheimer's disease, malignant hyperthermia, cardiac myopathy, cancer and wound healing.

We hope you will enjoy learning about these five innovative projects currently underway at BBRI. Each provides an excellent example of how disease model research can both inform our understanding of the normal functions of proteins in the body as well as identify novel therapeutic approaches for treatment of human disease. Yet the projects in this report are just the tip of the iceberg. Degenerative Disease and Injury is just one of five areas of disease research at BBRI – including Cancer, Reproductive Health, Bacterial Pathogenesis, and Metabolic Disorders — where our "Discovery Research Engine" is producing novel therapeutic approaches to disease.

# Congenital Muscular Dystrophy, Type 1A

Jeffrey Boone Miller, Ph.D., Senior Scientist



The congenital muscular dystrophies are caused by genetic defects that can lead to severe muscle weakness, with symptoms

often beginning in infancy or very early childhood. Dr. Jeffrey Miller's laboratory at BBRI is studying one of these diseases, Congenital Muscular Dystrophy Type 1A, or CMD1A, which is a devastating, recessive genetic disease that prevents normal neuromuscular function from the time of birth and usually leads to death in the first few years of life. The disease is caused by mutations in a human gene called Lamaz. Human Lamaz encodes the az subunit of laminin, which is an extracellular signaling protein that is found on the extracellular surfaces of nerve, skeletal muscle and skin cells.

Dr. Miller's laboratory is conducting experiments designed to identify therapies for CMD1A, with a focus on interventions that inhibit a type of cell death termed apoptosis, or programmed cell death (see Figure 2). Though apoptosis is a normal process that is used to remove damaged cells from the body, as well as to shape tissues and organs in the embryo during development, an excess of apoptosis, as occurs in some diseases, can cause excessive tissue loss and be deleterious. Preventing such excessive programmed cell death might thus restore the normal balance of cell life and death and ameliorate disease.

As a disease model for human CMD1A, Dr. Miller's laboratory is studying mice in which the Lama2 gene has been made nonfunctional. In their preliminary work, Dr. Miller's lab has shown that muscle disease in the Lama2-deficient mice is ameliorated by genetic alterations that inhibit programmed cell death. Specifically, both the growth (Figure 1A) and the survival (Figure 1B) of Lama2-deficient mice are greatly improved when apoptosis is inhibited by genetically removing a protein termed Bax, which

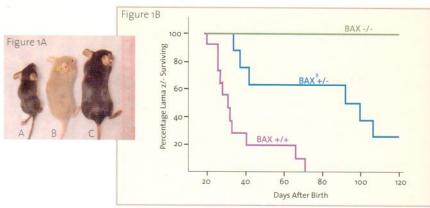


Figure 1A: Improvement of muscle function in Congenital Muscular Dystrophy by genetic inactivation of the Bax cell death gene. Mouse A is a six week old mouse that lacks Lamaz and is a model for human Congenital Muscular Dystrophy Type 1A (CMD1A). The CMD1A dystrophic Mouse A is smaller and has a paralyzed left hind limb, compared with Mouse C which is a normal mouse. Mouse B also lacks Lamaz, but is genetically modified to be less susceptible to cell death by genetic inactivation of Bax. As a result, the genetically-modified Mouse B is larger and has greatly improved neuromuscular function.

Figure 1B: Improvement of the life span of mice with Congenital Muscular Dystrophy by genetic inactivation of the Bax cell death gene. Mice that are Lama2- deficient (Lama2-/-) but have normal Bax genes (Bax +/+) are dystrophic and die within 70 days after birth (red line). Lama2-deficient mice that have no functional Bax genes (Bax -/-) (green) or one functional Bax gene (Bax+/-) (blue) however, survive much better and live much longer.

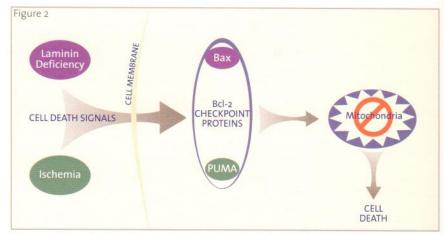


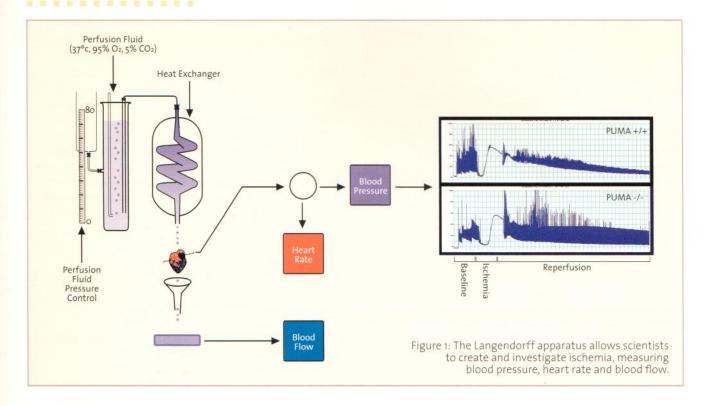
Figure 2: In apoptosis, cell death signals such as laminin deficiency and ischemia relay a message through the cell membrane to mobilize Bcl-2 checkpoint proteins such as Bax and Puma to deplete the energy production and nutrients in the cell mitochondria, resulting in cell death.

promotes cell death. These findings provide new insight into the normal function of laminin-a2 as a signaling protein that instructs muscles that they are healthy and identify Bax as a drug target for the development of pharmacological therapeutics to treat CMD1A muscular dystrophy. This work will appear in the *Journal of Clinical Investigation*.

Dr. Miller's laboratory is now working to screen for Bax drug inhibitors to treat CMD1A in the Lama2-deficient mouse model as well as to determine if additional neuromuscular degenerative diseases, such as Limb-Girdle Muscular Dystrophies, can be ameliorated by targeted alterations of Bax and other Bcl-2 checkpoint proteins.

### Ischemic Heart Disease

Peter Erhardt, M.D., Ph.D., Scientist





Ischemic heart disease is one of the leading causes of morbidity and mortality. It is elicited by the narrowing or blockade of the heart's own arteries, the coronary arteries. As a consequence, blood flow becomes insufficient to supply the heart muscle with

oxygen and nutrients, a condition that results in chest pain (angina pectoris) and death of heart muscle cells, ultimately leading to heart attack (myocardial infarct). The extensive cell loss in ischemic heart disease, also known as coronary artery disease, ultimately leads to heart failure, where the heart can no longer pump enough blood to supply other tissues.

A research project in Dr. Peter Erhardt's laboratory at BBRI aims to prevent irreversible cardiac cell loss caused by ischemic heart disease, thereby salvaging heart muscle and allowing recovery of heart function. The project focuses on a protein called PUMA – p53 upregulated modulator of apoptosis. Apoptosis is a form of cell death that is regulated by the Bcl-2 group of checkpoint proteins, including PUMA (see Figure 2, page 6), PUMA is believed to play a critical role in the death of cardiac muscle cells after an ischemic episode. Dr. Erhardt's hypothesizes that by blocking PUMA after the re-institution of blood flow to the heart muscle, cardiac cell death will be significantly attenuated.

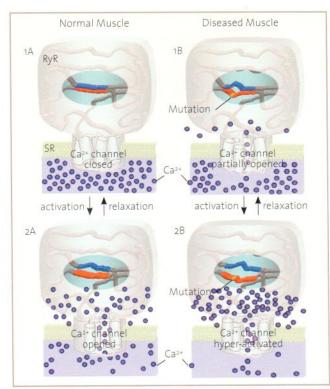
To test this hypothesis, Dr. Erhardt's lab is using a disease model system known as the Langendorff heart in which

blood substitutes are pumped through isolated mouse hearts. The Langendorff apparatus (see Figure 1, this page) allows scientists to create and investigate ischemia (blocked blood flow) and reperfusion (re-introduction of blood flow) in a mouse heart. To assess the role of PUMA in cardiac cell death, Dr. Erhardt is comparing a normal or "wild-type" mouse heart during ischemia and reperfusion with a mouse heart in which the PUMA gene has been mutated or "knocked out". The hearts are subjected to a brief 20-minute period of ischemia followed by several hour recovery period of reperfusion. The left ventricular performance of both hearts is monitored during the experiment by a data acquisition system that measures blood pressure, heart rate, and blood flow.

In his studies, Dr. Erhardt has found that in a normal mouse heart, only 30% of cardiac muscle function is recovered after reperfusion, while in the PUMA "knockout" heart the recovery of function is as high as 90-100%. The striking recovery of PUMA "knockout" hearts to ischemic damage identifies PUMA as a primary target for therapeutic intervention to block heart muscle damage following heart attacks. Potential therapies based on Dr. Erhardt's work include drugs designed to inhibit PUMA function in cardiac muscle cells during ischemia and reperfusion as well as restoration of damaged cardiac muscle by the implantation of stem cells in which PUMA has been "knocked out."

### Malignant Hyperthermia and Cardiac Myopathy

Noriaki Ikemoto, Ph.D., Senior Scientist



A molecular model for calcium channel disease.



Calcium ion controls many cellular processes, including muscle contraction, and is stored inside a vesicle called the sarcoplasmic reticulum (SR). The release of calcium from the SR must therefore be carefully controlled to avoid abnormal calcium signaling. Many

muscle diseases are caused by defects in the control of calcium release. One of these is malignant hyperthermia, which is a condition provoked by inhalable anesthetics leading to uncontrolled muscle contraction and overheating of the body. Malignant hyperthermia has been the cause of many tragic deaths in the dentist's chair and on the operating table.

Dr. Noriaki Ikemoto's laboratory at BBRI is using a molecular model to research the underlying physiological defect in this disease, which they have discovered to be the aberrant release of calcium through a calcium channel protein called the ryanodine receptor (RyR). In the resting state of normal muscle, the RyR calcium channel is closed (Figure 1A). In diseased muscle, however, the RyR calcium channel is partially open even in the resting state (Figure 1B). This leads to leaky calcium channels and abnormally elevated calcium concentrations in the muscle cell. Muscle contraction is induced when physiological activators open the muscle channel so as to rapidly release calcium into the muscle cell (Figure 2A). The opening of RyR calcium channels from malignant hyperthermia patients is hypersensitive to activators of muscle contraction (Figure 2B). Malignant hyperthermia is

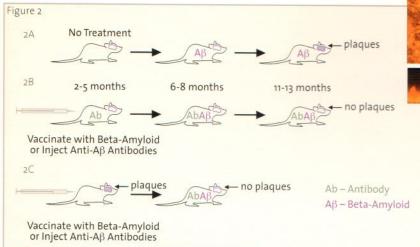
caused by mutations in the gene encoding the skeletal muscle type RyR. The aberrant calcium release through a mutant RyR calcium channel is also the underlying mechanism of some types of cardiac disease, such as arrhythmogenic ventricular cardiomyopathy and stress-induced polymorphic ventricular tachycardia: two potentially fatal cardiomyopathies, and also reveals how the channel normally works.

In searching for critical domains of RyR involved in the pathogenic mechanism of these diseases, Dr. Ikemoto's lab paid particular attention to the fact that the reported sites of malignant hyperthermia mutations are not randomly distributed in the RyR molecule. Instead, they are localized to two rather restricted regions: the terminal and central domains (see Figures 1 and 2). Based on this observation, Dr. Ikemoto proposed a 'domain-switch' model that involves interactions between the so-called terminal and central domains of RyR as the mechanism for calcium channel regulation. The model assumes that in the resting or non-activated state of normal muscle, the terminal and central domains make close contact, i.e. they are in a "zipped" or "off" configuration (Figure 1A). If a mutation should occur in one of the domains, the interaction of this domain with its mating domain will weaken, causing a partial "unzipping", and creating a partially open calcium channel. Calcium leaking through the open channel results in abnormally high concentrations of calcium in the muscle cell. (Figure 1B). When normal muscles receive a signal to contract, the interdomain contacts are weakened, leading to an "unzipped" or "on" configuration of the domain switch. This leads to calcium channel opening, calcium release, and muscle contraction (Figure 2A). In diseased muscle, the domain switch that is already partially unzipped (cf. Figure 1B) is turned to the fully open configuration even by very weak stimuli, such as inhalable anesthetics, or to an abnormally open configuration by normal stimuli, causing the hyperactivation effects that are seen in individuals genetically disposed to malignant hyperthermia (Figure 2B).

According to the Ikemoto lab's recent work in collaboration with groups in Japan, Australia and Great Britain, an essentially identical domain switch-based mechanism can explain the pathogenesis of some cardiac diseases, such as cardiac hypertrophy. Fortunately, it is now possible, thanks to scientists' understanding of the mechanism of calcium release, to treat these conditions with drugs. The most widely used drug for treating malignant hyperthermia is dantrolene. Recently, research showed that dantrolene stabilizes the zipped configuration of the domain switch and prevents unwanted domain unzipping caused by mutations. In collaboration with a group at Yamaguchi University, Dr. Ikemoto's group also recently found that a new chemical compound, JTV519, prevents abnormal unzipping of the domain switch of cardiac RyR and the subsequent calcium leak. JTV519 has shown promise as a treatment for the early stages of heart failure, thereby preventing severe heart failure.

### Alzheimer's disease

Victor A. Raso, Ph.D., Senior Scientist





Alzheimer's disease is a progressive form of dementia which involves the parts of the brain that control thought, memory and language.

This devastating disease affects 4.5 million Americans today and will afflict 14 million Americans by the middle of this century unless a way for preventing or curing the disease is found.

Dr. Vic Raso's laboratory at BBRI is currently refining a novel approach for controlling Alzheimer's disease that holds great promise for conquering this presently incurable condition. Their approach involves the use of a unique antibody-based vaccine that targets the protein thought to be responsible for Alzheimer's disease, known as betaamyloid (ß-amyloid). Because Dr. Raso's research is focused on understanding how antibodies work to recognize and modify proteins, he became interested in designing antibodies that would interact with and destroy B-amyloid. This protein occurs normally in our bodies but its function has not yet been discovered. However, ß-amyloid molecules can stick to each other to form aggregates that can precipitate and form harmful deposits in the brain called plaques. These aggregates or plaques are the most likely cause of the memory loss and dementia that are the hallmarks of Alzheimer's and

they also play a role in numerous other neurological diseases (Figure 1).

To evaluate the effectiveness of using the body's own immune system to reduce B-amyloid plaques in the human brain, Dr. Raso's group began by adopting a transgenic mouse model of Alzheimer's that was developed elsewhere. They designed and produced specific vaccines and antibodies targeted to B-amyloid and administered them to the transgenic mice. Results from this and other laboratories showed that the immune response against ß-amyloid produced anti-ß-amyloid antibodies in these animals. As the scientists anticipated, the continued presence of these antibodies effectively decreased concentrations of ß-amyloid in the blood and brain, thereby preventing formation of ß-amyloid plagues in young mice (Figure 2B) and reducing the number or size of pre-established plaques in old mice (Figure 2C). These results suggest that vaccination might be used to prevent Alzheimer's in people who have a genetic predisposition or who show early signs and symptoms, and also for treating patients actually suffering from Alzheimer's.

Dr. Raso's lab next tested the Alzheimer's vaccines in pre-clinical studies in non-human primates at the New England Regional Primate Research Center. The primates mounted an unexpectedly strong immune response to a single injection of the vaccine. Most

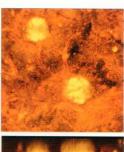


Figure 1. Confocal reconstruction of a Thioflavin stained section of a brain from a transgenic Alzheimer's mouse. The Alzheimer's plaques appear yellow while the surrounding

brain tissue and blood vessels are red. The panel below is a 90 degree tilt of the 3-dimensional reconstruction shown above.

Figure 2. Alzheimer's mouse model 2A received no treatment and developed brain plaques. But the injection of antibodies decreased concentrations of beta-amyloid in the blood and brain and prevented formation of plaques in young mice (2B) and reduced the number or size of preestablished plaques in old mice (2C).

importantly, the highly sensitive primates were perfectly healthy and showed no signs of autoimmune disease at the conclusion of the trials, proving to be compatible with the anti-ß-amyloid antibodies that had been circulating in their bodies.

The Alzheimer's vaccines are now being further tested in human clinical trials, and Dr. Raso's lab is working to refine the vaccine technology to solve problems of brain inflammation that arose during the first stage of the trials. This involves the production of miniaturized human antibodies that bind to and clear ß-amyloid plagues and are small enough to escape being recognized by the body's immune cells, which is thought to be the cause of the inflammation. A ß-amyloid vaccine that can safely be used in humans may help lower the incidence of Alzheimer's disease and reduce the terrible toll of suffering experienced by its victims and their families.

Dr. Raso has secured one U.S. patent (and others are pending) for this innovative and high impact approach to treating and preventing Alzheimer's disease. This patent and the pending patent applications have been recently licensed to a major pharmaceutical company who is committed to continue human clinical trials with the goal of gaining regulatory approval to offer this vaccine to those at risk for this devastating disease.

# **Wound Healing**

. . . . . . . . . . . . .

Steen Hansen, M.D., Ph.D., Scientist

These findings will expand our understanding of tissue and organ regeneration as well as identify the cellular processes that malfunction during tumor formation in cancer.



Life is dangerous. Few people make it through without physical injuries along the way. While the accomplishments of medical intervention are often considered noteworthy, the capacity of our bodies to regenerate is usually taken for granted.

Yet there is nothing trivial about the processes involved in the healing of wounds. Whether it is a simple skin cut, an intestinal infection, or major surgery, repair processes have to take place that involve proliferation and migration of cells as well as production of molecules that form scaffolds whereupon the cells rest. Moreover, the cells must be able to communicate with their neighbors and the local environment in order to regenerate the damaged tissue. Finally, the cells must be able to sense when to stop growth and migration once the damage has been repaired. Thus, the processes involved in wound healing and regeneration utilize mechanisms similar to those that build and shape tissues and organs in embryos and malfunction in cancer.

Dr. Steen Hansen's lab at BBRI, which includes Dr. Marie-Annick Forget-Dubois and Dr. Scott Frank, focuses on wound healing mechanisms in polarized epithelial cells. Such cells line the inner surfaces of most of our organs such as the lungs, gastrointestinal tract, liver, pancreas, and kidney, as well as the mammary and prostate glands. Using a cell culture model to conduct their studies, the Hansen lab simply grows epithelial cells in culture and creates "wounds" by scraping off lanes of cells with micropipettes (Figure 1). The complexity of these experiments lies not in generating the wound but in the manipulation of cells and their proteins prior to wounding and the methods used to study wound closure. By genetic means the scientists can either eliminate proteins of interest from the cells and/or produce an excess of proteins, which have been engineered to inhibit or increase their normal function. They then utilize a combination of biochemical and high resolution cellular imaging techniques to study how the wounds are filled and where the proteins are located as cells at the wound edge divide and migrate into the wounded areas. These experimental tools permit scientists to ascribe specific functions to given proteins in the wound healing process.

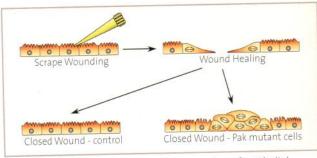


Figure 1: Cartoon illustrating scrape wounding of epithelial cells. Using a pipette tip (yellow), rows of cells are scraped away (upper left panel). This leads to a proliferative and migratory response in cells adjacent to the wound (upper right panel). In normal cells, the wound heals and the site of the wound is no longer distinguishable (lower left panel). In contrast, in cells in which Pak function is inhibited, the cells continue to proliferate after wound closure resulting in cells piling up on one another akin to what in observed in cancerous epithelial cells (lower left panel).

The proteins on which this research is focused were first identified as constituents of protein complexes on the inside of cell membranes contacting the surface below to attach cells to the extracellular matrix substrate. In collaboration with Dr. Zegers, at the University of Cincinnati, the Hansen lab has recently shown that two of these membrane-localized proteins, termed Pak and PIX, are also located at contact points between neighboring cells. In fact, they found that Pak and PIX shuttle back and forth from locations beneath the cell to between cells during wounding and wound closure. In cells adjacent to the initial wound, Pak and PIX shuttle from cell-cell junctions to contact points with the surface below them, and during wound closure, these proteins return to their original location at the contact junctions between neighboring cells as the cells reconnect with one another. Importantly, these scientists also found that inhibition of Pak function during wound healing causes cells to form abnormal cell-cell contacts during wound closure (see figure). Therefore, these findings, indicate that Pak and PIX have important functions in orienting cell movement and cell growth during wound healing.

Dr. Hansen and his lab members are currently expanding the scope of their research by investigating the roles of other components of the Pak and PIX protein complex in epithelial wound healing. They anticipate that their findings will expand our understanding of tissue and organ regeneration as well as identify the cellular processes that malfunction during tumor formation in cancer.

## **BBRI Today**

. . . . . . . . . . . . .



Zenon Grabarek, Ph.D



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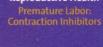


John Gergely, M.D., Ph.I





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James Fessenden,



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Cancer

Angiogenesis: Heparin-based tumor growth inhibitors & blood vessel growth inhibitors

Morgan, Ph.D.

Cellular Communication





Jonathan Goldberg, Ph.D.



Steen Hansen, M.D., Ph.D.



Janet Smith, Ph.D.



Sarkar, Ph.D.



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Embryonic | Development & Regeneration



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Emerson, Ph.D.





Paul Leavis, Ph.D.



Miller, Ph.D.

# Degenerative Disease & Injury

Muscular Dystrophies: Muscle stem cell & anti-apoptotic drugs Cardiomyopathies: Calcium channel inhibitors Alzheimer's disease: Amyloid plaque

Cardiac Ischemia: Anti-apoptotic drugs











Henry Paulus, Ph.D





Eric Sundberg,



Gonzalez, Ph.D.

Janice Dominov



Celia Harrison

#### **Bacterial Pathogenesis**

Tuberculosis: Protein splicing inhibitors

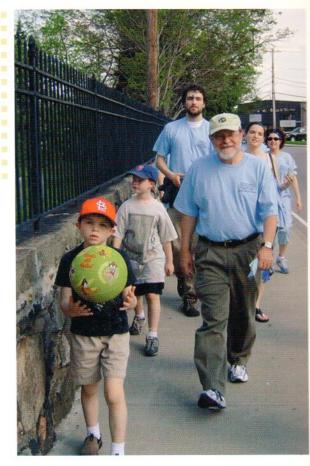
Discovery and Disease Research at BBRI

# **Community Outreach**

. . . . . . . . . . . . .

BBRI is committed to informing our community about the importance of basic biomedical research for improved human health. To accomplish this goal, BBRI offers a range of community outreach programs. These programs include Exploring Science lectures on topics of general scientific interest, Conversations in the Corridor, an open house where members of the community are invited to speak with the scientists about their latest research, and a range of Science Education Outreach programs, including student and teacher internships, scholarships and classroom visits, which aim to introduce young students to the broad career opportunities in the field of science. Through all of these efforts, BBRI shows its commitment to building the public's awareness of the excitement and promise of basic biomedical research.

BBRI's first ever Walk for Science and Science Expo was more than just a fundraiser. It was a chance for Watertown High School students to display their science projects to BBRI scientists and members of the community. At right, Dr. Charles Emerson BBRI's Director, participates in the Walk For Science with his sons and staff members.





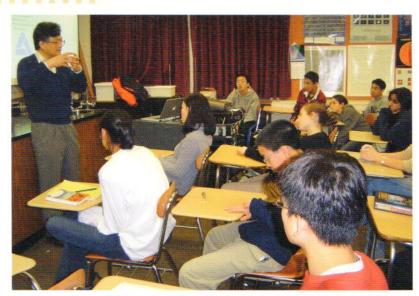
BBRI Trustee Stuart Watson (above left), and members of the community (center) enjoy an exhibit in BBRI's lobby Gallery by photographer Kwesi Budu Arthur (above).



As part of its Science Education Outreach Program, BBRI invites local students into the laboratories for internships each summer. Pictured above are the 2004 summer students who spent their vacation immersed in research and experiments alongside BBRI's scientists. Standing, left to right, are Tanina Bianchi, Debbie Sarkes, Jenny (or Ying) Jiang, Debbie Waung, Laura Leisinger, and Chen Bai. Seated, left to right, are Daiva Nevidomskyte, Sabah Malek, Diana Mujalli, Michael Riley, and Gauray Giri.

"This has been better than any after-school activity I've been involved in. There's no better way to learn science than being in a lab."

Andrew Bisbas, high school student intern



BBRI's Science Education Outreach Programs include visits to area high schools to teach the students about the type of research being conducted at the Institute. Above, Deputy Director Albert Wang speaks to the Belmont High School Science Club.



Above, Watertown High School student Andrew Bisbas (center) displays his project at the Science Expo with Watertown High School he appears with Acting Headmaster P. Michael Noftsker (left) and Watertown High School Science Coordinator George Buckley (right).

Each year two scholarships are awarded to students from Watertown High School who have an excellent academic record and an interest in studying science in college. The 2004 winners were Rachel Thornton, who will be studying Biology at Harvard University, and Andrew Bisbas, who will study Biology at Cornell.



# **Development Report**Jillian Hosford Darling, Chair



Philanthropy will play a central role in BBRI's ongoing efforts to become an epicenter of cutting edge basic scientific research from which springs new insight into potential therapies to treat human disease.

I am very pleased to share with you some highlights from BBRI's 2004 fundraising efforts. Dr. Charles Emerson joined our institute as Director in fiscal year 2004, bringing with him a wealth of enthusiasm and plans for new initiatives that will enhance BBRI's excellence in discovery research. Gaining financial support for Dr. Emerson's plans for growth in the areas of faculty recruitment, new technologies and educational outreach in the local community, as well as ongoing funding for our existing programs, is the task of the Development team comprised of BBRI's staff, faculty and trustees, who together work tirelessly to raise funds for BBRI. They have done an excellent job this year and I thank them wholeheartedly for their dedication to BBRI.

Strong teamwork and the generosity of our friends and supporters will be vitally important as we continue the tradition of scientific excellence at BBRI, shaping our future through a strategic planning effort led by Dr. Charles Emerson. The Institute's progress will require strategic collaborations and significant resources. Philanthropy will play a central role in BBRI's ongoing efforts to become an epicenter of cutting edge basic scientific research from which springs new insight into potential therapies to treat human disease. We are looking forward to engaging our donors in this process and keeping them informed as the plan develops.

2004 proved to be a banner year of support of BBRI's Educational Outreach Programs which continue to thrive and grow. I am pleased to report that a new donor, the Leon Lowenstein Foundation gave a generous grant to fund a new teacher internship program, in which high school science teachers spend the summer doing research in the lab of a BBRI scientist. The teachers then take the scientific techniques and approaches utilized during the internship and translate them into a classroom project to be conducted during the following school year. BBRI's 2004-2005 teacher intern is Mr. Thomas LaRocca from Watertown High School, who spent the summer doing research in the laboratory of Dr. Sam Lehrer. Many thanks to the Leon Lowenstein Foundation for making this unique collaborative educational project possible.

In May we held our first ever Walk for Science. This event attracted nearly 100 walkers and the support of local businesses including Acusphere, Inc. who closed their laboratories for the day enabling all of their employees to participate in the walk. Together we raised \$20,000 to be used to fund scholarships to local high school seniors, student and teacher internships and classroom visits from area schools to our laboratories.

Following the Walk for Science, Watertown High School held their Student Science Exhibition at BBRI, an engaging event where students displayed their science projects to the walk participants, discussed their projects and answered questions. Many thanks to George Buckley, WHS Science Coordinator, for his role in helping make possible this wonderful collaborative community event which aims to promote science as a career for young people.

Through the generosity of our loyal donors we raised \$470,595 in support of the 2004 Annual Fund. Thanks to the efforts of the Stewardship Committee, led by Allie Blodgett we are happy to report that we had a 14% increase in new donors. Annual Fund dollars are critical to the Institute as they provide vital unrestricted support which helps provide the infrastructure to BBRI scientists in their pursuit of new knowledge.

In July BBRI's faculty, staff and trustees gathered at the home of Jake Layton to honor Director of Development and Public Affairs, Simon Welsby with a BBQ and "roast." Our thanks go to Simon for seven dedicated years of service to BBRI, during which time he oversaw the raising of over \$10 million for BBRI and helped lead A Campaign for BBRI to success. We wish him and his family all the best as they 'cross the pond' and Simon settles into a new position at the University of Leeds in England.

My year as chair of the development committee was an immensely rewarding experience because I was able to be a party to wonderful friendships and the amazing generosity and sincerity of our donors. Thank you all for your generosity and support of BBRI!

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Members of the community enjoy the reception for Rich Wilson's Exploring Science lecture.



Each fall BBRI hosts Conversations in the Corridor, an open house where friends of the Institute come in and speak to the scientists about their research. Above, Dr. Charles Emerson discusses his research on cell signaling with BBRI President Jake Layton, Corporator Winston Henderson, and Vice President Ty Howe.

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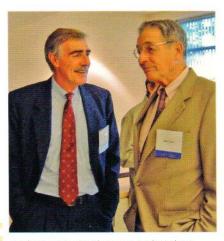
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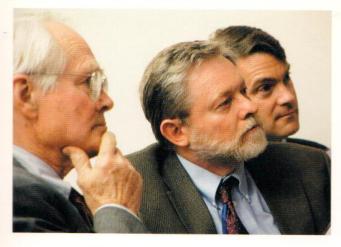
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Exploring Science lecturer Rich Wilson speaks with BBRI Overseer William Tyler.



BBRI Board Chairman Jack French (left) listens to remarks at the 2003 Annual Meeting, along with Director Charles Emerson (center) and Board President John Layton (right).

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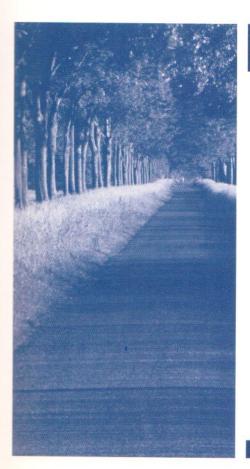
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The Discovery Society is a wills and bequests program formed in 2003 that encourages our close friends to consider including the Institute in their estate plans. We would like to recognize and thank the following individuals who have chosen to become members of the Discovery Society. Their generosity is greatly appreciated, and will help ensure that BBRI will be here for many years to come, performing innovative biomedical research for the better health of future generations.

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We hope that all of our supporters will consider including Boston Biomedical Research Institute in their estate plans. For information on joining The Discovery Society, please contact Virginia Sullivan, Associate Director of Development and Public Affairs at (617) 658-7711.

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# Message from the Treasurer

Geoffrey Nunes



These are truly "exciting times" at BBRI's state-of-the-art facility in Watertown MA. BBRI's collaborative research programs, led by Dr. Charles P. Emerson, Jr. continue to thrive and gain momentum. In fact, Dr. Emerson's accomplishments during his first year at BBRI were truly remarkable. Dr. Emerson has worked closely with the Boston area scientific community: he has fostered relationships with prominent biotech leaders, deans of universities and colleges and chief executive officers at other prominent independent research institutes; he has increased BBRI's visibility and begun positioning the Institute to increase its collaborative research initiatives and educational programs; he has put internal processes in place to help ensure that existing scientists will flourish; he has identified promising alternative funding opportunities; and last but not least he has provided strong leadership by implementing a formal mentoring program, which has fostered a team spirit. The Board of Trustees has embraced the collective vision of Dr. Emerson and the faculty, and looks forward to assisting BBRI to achieve the strategic initiatives required to position the Institute as a leader in cutting edge biomedical research while ensuring its financial strength for the future.

The Statements of Financial Position indicate that total assets at June 30, 2004 had increased to approximately \$45,379,000 from \$42,347,000 at June 30, 2003. This increase reflected a growth in grants receivable of \$1,573,000, or 20% over the prior year, to \$9,368,000 as of June 30, 2004. Investments approximated \$15,669,000 on June 30, 2004, an increase of approximately \$1,487,000 over the prior year. The investment portfolio had a solid year with an annual total return of 15.1%.

The Statements of Activities indicate that BBRI revenues from grants and contracts of approximately \$11,470,000 for the year ended June 30, 2004, reflected growth of 21% over the prior year. Revenue from federal agencies represents approximately 96% of such revenue. During the last fiscal year the Institute was awarded ten new grants from the National Institutes of Health and one new grant from the National Science Foundation.

Charitable giving remains a critical revenue source for BBRI. Philanthropic giving during the fiscal year was used to support the BBRI Scholars program as well as other research and educational initiatives. Fiscal year 2004's total contributions approximated \$558,000. Unrestricted, temporarily restricted and permanently restricted contributions approximated \$444,000, \$60,000 and \$54,000, respectively. BBRI appreciates each and every donor's generous support. We hope you will continue to assist BBRI in reaching its goal of expanding our friends, advocates and supporters. This will be a primary focus over the next few years as BBRI prepares to meet the challenges formulated by Dr. Emerson and his scientific colleagues in their strategic planning process that will enable it to continue to develop its excellence in basic and disease related research.

Unrestricted investment income of \$1,871,000 for the year ended June 30, 2004 increased \$1,478,000 over the prior year, due primarily to strong stock market performance.

Other income includes net royalty income of \$55,000 relating

to an Alzheimer's vaccine technology. The gross royalty revenue of \$100,000 was allocated in accordance with BBRI patent policy.

Total expenses of \$12,445,000 increased approximately \$1,205,000 or 10.7% over the prior year due primarily to growth in research initiatives. BBRI continued its cost containment efforts taking advantage of various purchasing consortiums and affiliation memberships. BBRI routinely solicits competitive bidding to ensure it receives the best price, service and quality from vendors and independent contractors.

BBRI significantly improved its operating performance for the fiscal year ended June 30, 2004, as the increase in unrestricted net assets was \$1,478,000, an increase of \$2,350,000 over the prior year. As previously noted, the investment portfolio generated a 15.1% return in fiscal year 2004 versus a 3.3% return in fiscal year 2003. BBRI easily exceeded its debt service coverage ratio requirement of 110% for the fiscal year ended June 30, 2004 and increased its liquidity ratio (a measure of unrestricted cash and investments available to satisfy outstanding bond debt) to 101% as of June 30, 2004 from 89% at June 30, 2003.

The Investment Committee's discipline and diligence in achieving the performance and asset allocation of our portfolio, with guidance from our investment advisor New England Pension Consultants, was reflected by the strong performance achieved. The Committee continued to reposition and diversify the portfolio during the year to help reduce risk and preserve principal with a goal of maximizing total return. Once again, I would like to thank Tom DiBenedetto for his leadership of the Investment Committee as well as the other members for continuing to share with us their expertise.

Respectfully submitted, Geoff Nunes, Treasurer

# Statements of Financial Position

June 30, 2004 and 2003

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ASSETS	2004	2003
Cash	\$ 1,180,636	\$ 921,496
Grants receivable	9,367,984	7,794,153
Unconditional promises to give	566,214	722,652
Investments	15,668,709	14,181,202
Prepayments, deposits and other receivables	223,663	150,861
Trustee-held funds	1,244,594	1,244,688
Property and equipment	14,971,033	15,517,841
Deferred compensation investments	2,155,693	1,813,629
Total assets	\$ 45,378,526	\$ 42,346,522
LIABILITIES AND NET ASSETS		
Accounts payable and accrued expenses	\$577,388	\$811,577
Accrued interest expense	379,056	385,202
Deferred income	9,074,340	7,608,262
Note payable	8,143	10,056
Bonds payable	15,895,000	16,190,000
Deferred compensation payable	2,155,693	1,813,629
Total liabilities	28,089,620	26,818,726
NET ASSETS		
Unrestricted	14,661,863	13,183,469
Temporarily restricted	485,930	82,541
Permanently restricted	2,141,113	2,261,786
Total net assets	17,288,906	15,527,796
Total liabilities and net assets	\$ 45,378,526	\$ 42,346,522

Copies of our complete, audited financial statements are available upon request from the Chief Financial Officer, Boston Biomedical Research Institute.

# **Statements of Activities**

For the years ended June 30, 2004 and 2003

CHANGES IN UNRESTRICED NET ASSETS	2004	2003
Revenues		
Grants and contracts	\$ 11,470,152	\$ 9,454,776
Contributions	443,962	406,723
Investment income	1,870,738	392,107
Other income including licensing fees, net	57,149	5,921
Total unrestricted revenues	13,842,001	10,259,527
Net assets released from restrictions	81,354	109,324
Total unrestricted support	13,923,355	10,368,851
Expenses		
Salaries and benefits	7,433,636	6,710,931
General support and services	2,069,051	1,661,649
Occupancy costs	1,061,271	947,199
Interest Expense	905,526	919,635
Depreciation	975,477	1,000,929
Total expenses	12,444,961	11,240,343
Increase (Decrease) in unrestricted net assets	1,478,394	(871,492)
CHANGES IN TEMPORARILY RESTRICTED NET ASSETS		
Contributions	60,000	50,000
Investment income	250,363	1,361
Net assets released from restrictions	(81,354)	(109,324)
Reclassification of prior years' net assets	174,380	_
Increase (Decrease) in temporarily restricted net assets	403,389	(57,963)
CHANGES IN PERMANENTLY RESTRICTED NET ASSETS		
Contributions	53,707	730,651
Investment income	_	30,640
Reclassification of prior years' net assets	(174,380)	_
Increase (Decrease) in permanently restricted net assets	(120,673)	761,291
Increase (Decrease) in net assets	1,761,110	(168,164)
Net assets at beginning of year	15,527,796	15,695,960
NET ASSETS AT END OF YEAR	\$ 17,288,906	\$ 15,527,796

# Grants & Fellowship Awards

June 30, 2004

National Institutes		2000	12,000
	Signaling Role of Osulf in Embryonic Neural Tube	9/03 - 5/05	87,000*
	Molecular Basis for Inhibition of Edema Factor	3/04 - 2/06	101,000*
Dr. Bohm Dr. Bohm	Functional Studies of the Yeast Poly (A) Polymerase	9/99 - 8/03	198,000
Dr. Bohm	Catalytic Mechanism and Regulation of Mammalian Adenylyl Cyclase	9/99 - 2/05	510,000
	Mechanism of Poly (A) Polymerase Processivity	7/02 - 6/07	1,839,000
Dr. Coluccio	Myosin-I Mediated Processes in Liver Cells	8/97 - 7/03	1,407,000
Dr. Coluccio	Molecular Mechanism of a Mammalian Class I Myosin Motor	2/04 - 1/08	1,500,000*
Dr. Dominguez	Atomic Structure of Smooth Muscle Caldesmon	3/00 - 2/05	1,761,000
Dr. Dominguez	Structure of the Smooth Muscle Myosin Phosphatase	9/03 - 11/08	2,465,000*
Dr. Dominov	Enhancement of Myoblast Chemotactic Migration	9/02 - 6/04	210,000
Dr. Erhardt	Prevention of Myocardial Ischemic Injury by RAF/ERK	4/03 - 3/07	1,471,000
Dr. Emerson	Control of Muscle Protein Synthesis during Myogenesis	9/03 - 6/05	1,336,000*
Dr. Emerson	Sonic Hedgehog Target Genes in Development and Cancer	12/03 - 11/06	1,900,000*
Dr. Gangopadhyay	CaMK II Variants and Vascular Smooth Muscle Function	4/04 - 3/07	156,000*
Dr. Graceffa	Smooth Muscle Thin Filament	8/01 - 7/05	1,892,000
Dr. Hansen	Rnd Effector Molecules in Epithelial Cell Transformation	3/03 - 2/08	2,365,000
Dr. Harrison	Structure-Function Study of Angiogenic Protein, Ephrin	7/01 - 6/05	1,261,000
Dr. Ikemoto	Structure and Function of Sarcoplasmic Reticulum	4/02 - 3/07	3,030,000
Dr. Ikemoto	Regulation of Normal and Diseased Cardiac Ca2+ Channels	4/03 - 3/07	1,682,000
Dr. Kitazawa	G Protein Mediated Ca2+ Sensitization in Smooth Muscle	4/02 - 11/03	320,000
Dr. Kitazawa	Mechanism of Ca2+ Sensitization in Smooth Muscle	6/02 - 5/07	2,876,000
Dr. Lehrer	Tropomyosin and the Regulation of Muscle Contraction	2/01 - 1/05	2,106,000
Dr. Miller	Molecular Physiology of Respiratory Muscles	11/01 - 6/05	1,921,000
Dr. Miller	Neurotoxicogenomics and Child Health	11/01 - 8/06	1,506,000
Dr. Miller	Pathogenesis of Laminin-Alpha2 Deficiency	9/02 - 8/06	1,291,000
Dr. Morgan	Regulation of Contraction and Growth of Blood Vessels	3/00 - 2/05	1,762,000
Dr. Morgan	Contraction of Vascular Smooth Muscle Cells	4/01 - 3/05	1,023,000
Dr. Morgan	Signaling & Uterine Contractility during Pregnancy	8/03 - 6/08	1,696,000*
Dr. Rameh Plant	The Role of PtdIns-5-P in Cell Function and Signaling	6/03 - 3/08	1,752,000
Dr. Raso	Immunotherapeutic Agents to Treat Alzheimer's Disease	9/00 - 8/05	1,958,000
Dr. Sarkar	Function of Polyadenylate Sequences in Bacterial RNA	9/98 - 8/03	1,567,000
Dr. Smith	Role of cGMP signaling in Dictyostelium chemotaxis	11/03 - 12/07	1,343,000*
Dr. Tao	Molecular Interactions of the Myosin Phosphatase Subunits	2/00 - 1/05	1,282,000
Dr. Tao	Mechanism of Calcium Regulation in Striated Muscle	6/03 - 5/08	3,109,000
Dr. Tao	A Stroboscopic Time-Resolved Spectrofluorometer	3/04 - 2/05	158,000*
Dr. Wang (Pro. Proj.)	Molecular Mechanism of Smooth Muscle Regulation	12/02 - 11/07	9,133,000
Dr. Wang	Regulation of Myosin Light Chain Kinase by Phosphorylation	1/02 - 12/04	96,000
National Science For		1/02 - 12/04	90,000
Dr. Erhardt	Mechanism of Call Survival Madiated by the D. Def King		
Dr. Stafford	Mechanism of Cell Survival Mediated by the B-Raf Kinase	6/00 - 5/04	309,000
Di. Stariold	Development of Software for Real-Time Display and Analysis of Sedimentation Velocity Data	1/04 - 8/05	44,000*
Department of the	Army		
Dr. Rameh Plant	The Role of Novel Phosphoinositide Pathways in Breast Cancer	10/01 - 7/04	473,000
U S Department of A	Agriculture		
Dr. Miller	Muscle Cell Growth and Development	11/01 - 4/04	236,000
American Heart Ass		11701 4704	250,000
Dr. Dominguez			
Di. Dollilliguez	X-Ray Study of Smooth Muscle Actin and its Complex with a Caldesmon Fragment	1/02 - 12/05	300,000
Dr. Janet Smith	Cyclic CMP Signaling by CPP A and P in Distress tolium		and a standard and a
	Cyclic GMP Signaling by GBP-A and B in Dictyostelium	1/02 - 12/05	260,000
CONRAD			
Dr. Gonzalez	Leptin Peptide Antagonists	12/02 - 11/04	260,000
<b>EMD</b> Pharmeceutica	ls	Neo-Marcel Williams	5.8500 A 5000 B 100
Dr. Stafford	Characterization of EMD72000	10/02 - 10/02	60.000
Museular Dustranto		10/02 - 10/03	60,000
Muscular Dystrophy Dr. Miller	Dysferlinopathy Model Studies		
		7/02 - 6/05	105,000
*New grants in Fiscal	year 2004		

### **BBRI Faculty Publications**

July 1, 2003 to June 30, 2004

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July 1, 2003 to June 30, 2004

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### **New Patents & Patent Applications**

#### Pending U.S. Patents

Development and biological effects of leptin peptide antagonists (LPA's), Ruben Rene Gonzalez, Paul Leavis, filed 5/7/2004 Methods for delaying or inducing labor, Kathleen Morgan, Yungpig Li, filed 7/15/03

Methods for preventing or reducing ischemia/reperfusion induced myocardial cell death, Peter Erhardt, filed 4/13/2004 Inhibition of FGF signaling, Charles Emerson, Xingbin Ai, filed 2/13/2004

Protein Phosphatase 1 for rational drug design, Roberto Dominquez, filed 5/26/2004

#### Issued U.S. Patents

US 6,582,945: Immunological control of ß-amyloid levels in vivo, Victor Raso, Issued 6/24/2003

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