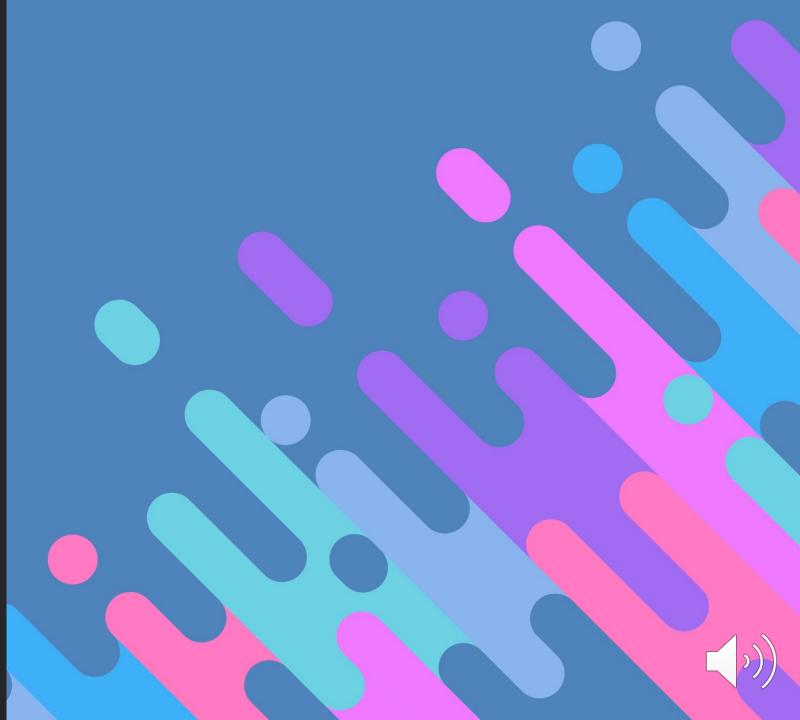
Examining Drug Intervention on optic stress responses after Traumatic Brain Injury

ROHAN BELLARY



### Background

Traumatic Brain Injury (TBI) is a major health concern caused by major blows or trauma to the brain or skull

- Approximately 2.9 million cases yearly
- Leads to primary injuries (acute injury) and secondary injuries (Changes in cellular physiology)

Traumatic Optic Neuropathy (TON) refers to the effects of TBI on the optic nerve

- 50-60% of all TBI injuries results in visual deficits
- 2-3% of Visual deficits are caused by TON



### Significance

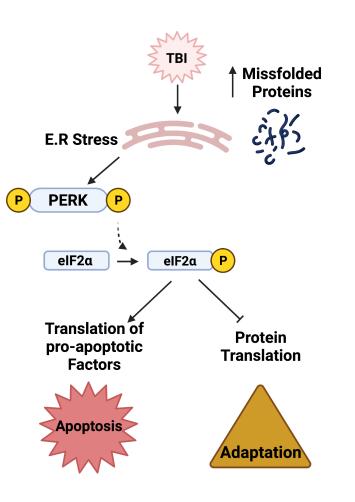
Our lab has shown in previous studies that TBI induced TON leads to Endoplasmic Reticulum (E.R) Stress

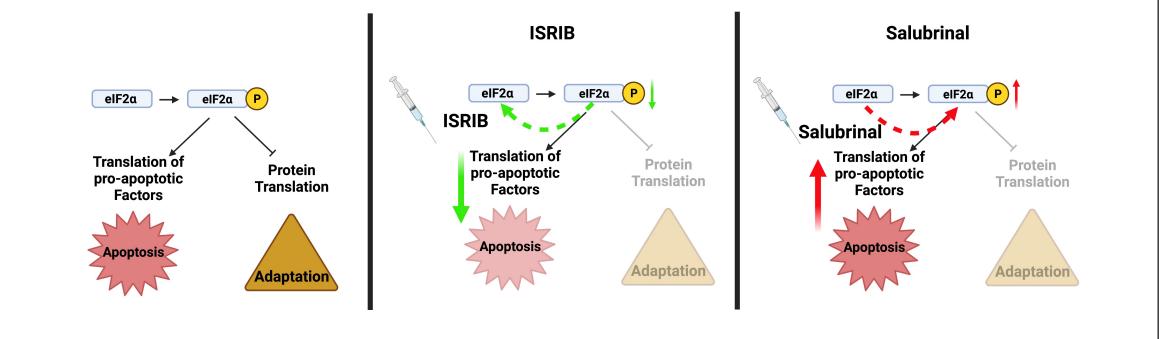
- The E.R is the protein manufacturing center of our cells – E.R homeostasis is vital to cellular functioning
- Unbalanced cells will not function appropriately

Currently there are no drug treatments for TBI induced TON

- Unsure of the effects of drug intervention
- Can we find a drug that prevents retinal dysfunction following TBI?



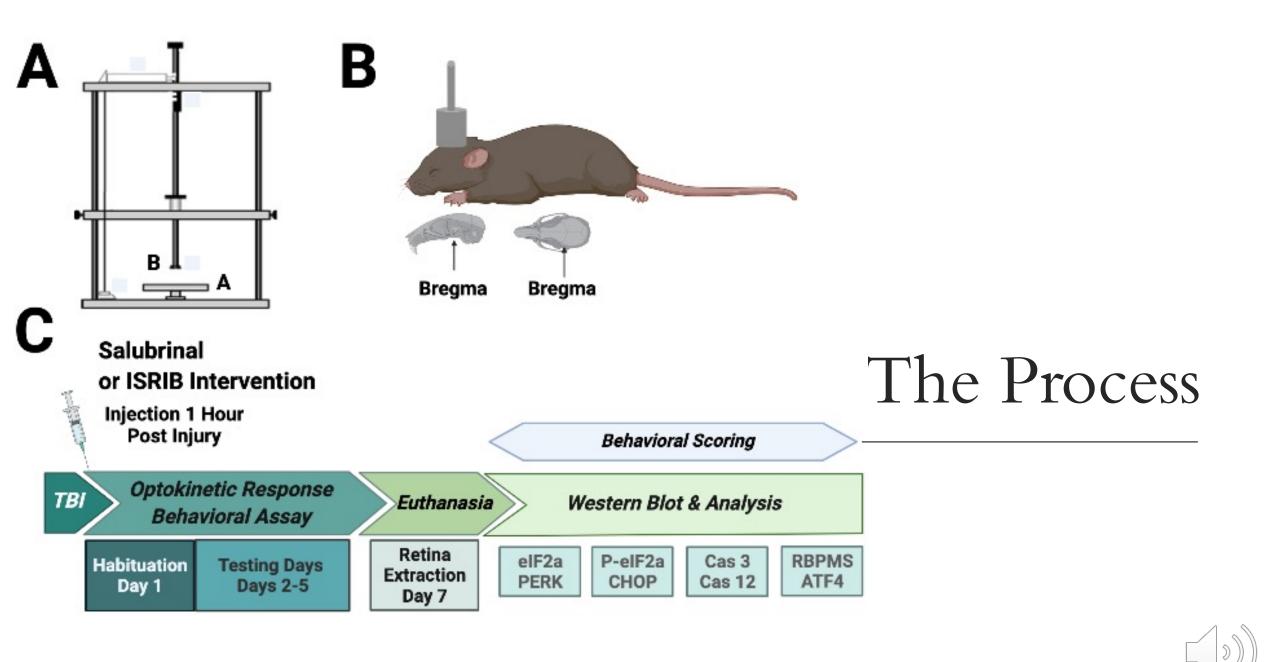




## Hypothesis

Manipulation of the PERK pathway via drug intervention of eIF2α phosphorylation and/or dephosphorylation will increase Retinal Ganglion Cell (RGC) survival/functioning and alter ER stress responses.



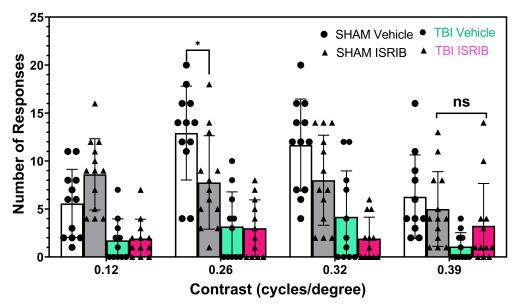


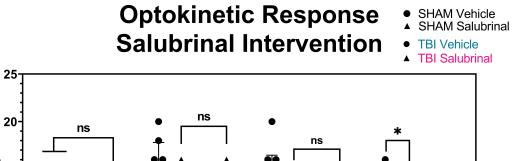
# What Happened?

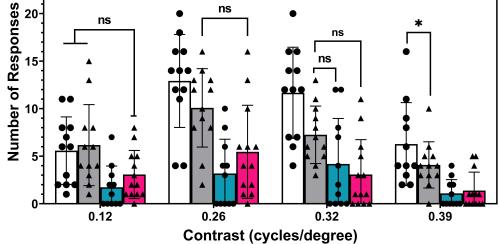
RESULTS

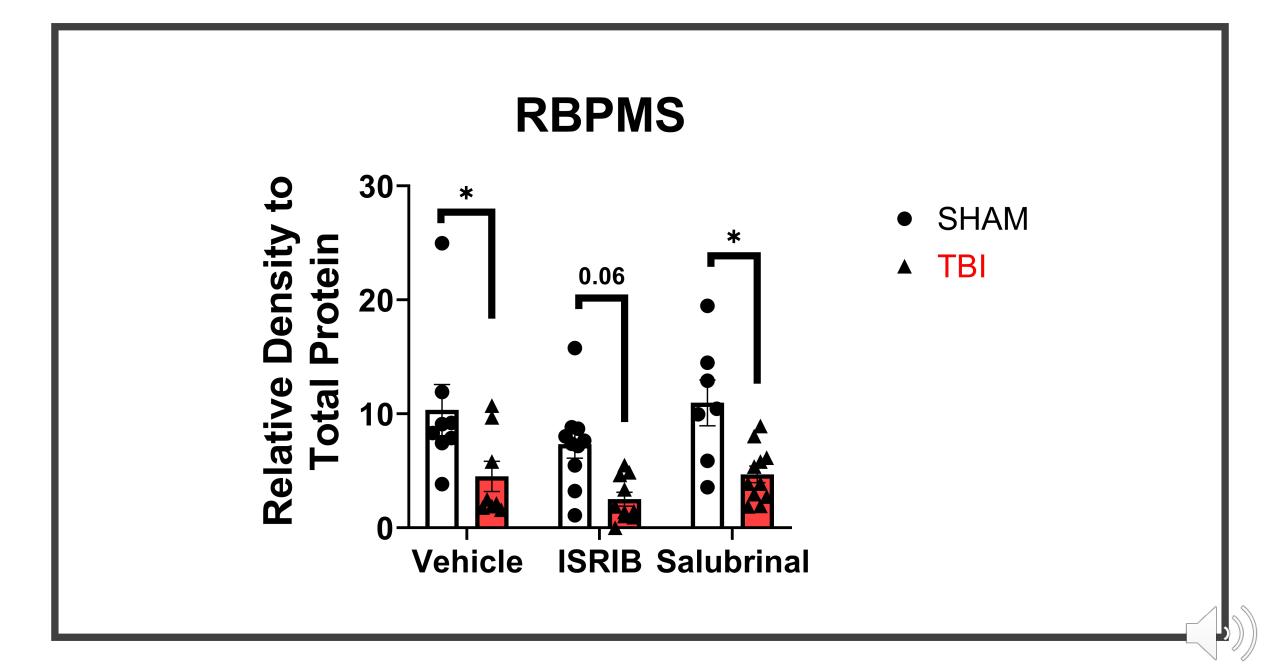


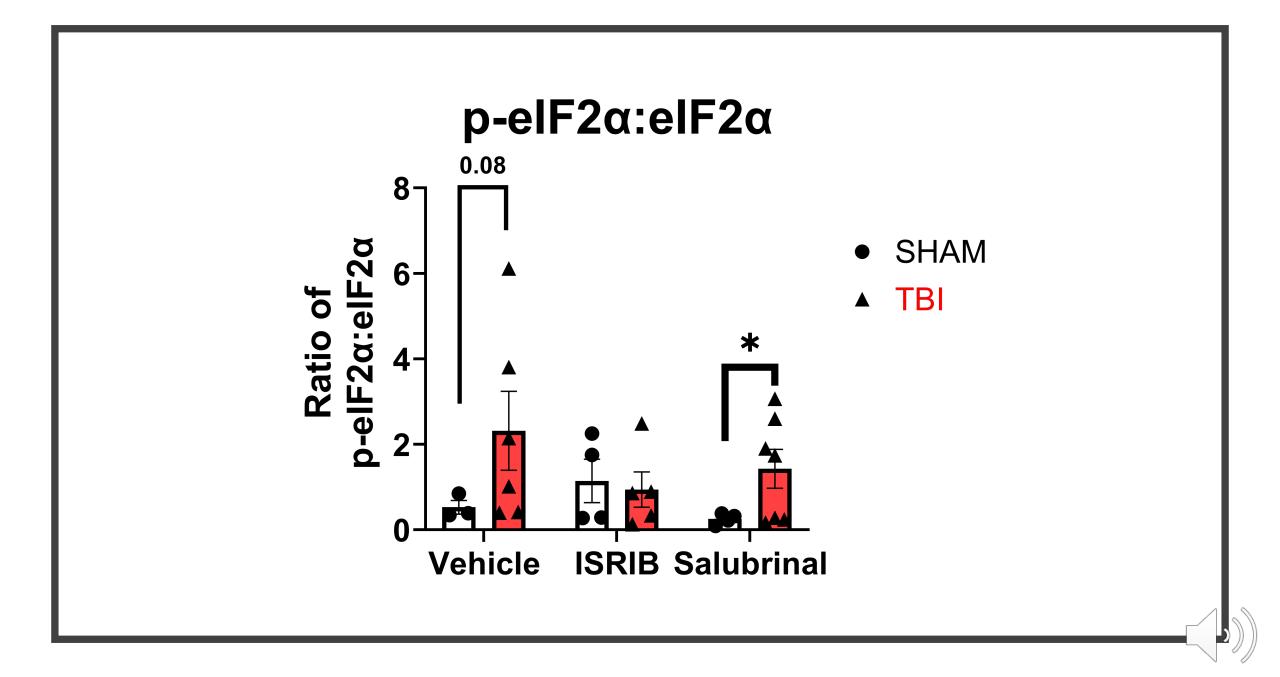
#### Optokinetic Response ISRIB Intervention











### What's next?

Further studies need to be completed in order to fully understand the effects of each therapeutic within the context of TBI

The dose response needs to be examined and retested

Further analysis of cellular death markers as well as other markers of varying E.R stress pathways outside of PERK need to be examined

While neither drug showed significant improvement in saving retinal cells, they should be examined further



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