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***Molecular mechanism
in bone and tooth,
its clinical implication***

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Tokyo Medical and Dental University

Molecular mechanism in bone and tooth, its clinical implication

February 17th~18th, 2014

2014.2.17 (Mon)

9 : 00 – 9 : 10 President Address
Takashi Ohyama

Opening remark
Atsushi Okawa

Session 1 **Chairpersons : Bjorn R. Olsen, Atsushi Okawa**

9 : 10 – 10 : 25 **Henry M. Kronenberg**
Flexibility in the osteoblast lineage

10 : 25 – 11 : 40 **Shu Takeda**
Control of bone metabolism via organ crosstalk

Session 2 **Chairpersons : Benjamin A. Alman, Shohei Kasugai**

12 : 30 – 13 : 45 **Akira Yamaguchi**
Bone destruction by oral cancer

13 : 45 – 15 : 00 **Hiroshi Takayanagi**
Forefront of osteoimmunology

15 : 00 – 15 : 30 Poster Session, Coffee Break

Session 3 **Chairpersons : Ichiro Nishimura, Ichiro Sekiya**

15 : 30 – 16 : 45 **Vicki Rosen**
Regenerative potential of the knee meniscus

16 : 45 – 18 : 00 **Hiroshi Asahara**
Combinatorial approach to identify gene regulation of inflammatory signals at RNA level

18 : 30 – Reception

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Session 4 **Chairpersons : Henry M. Kronenberg, Keiji Moriyama**

9 : 00 – 10 : 15 **Bjorn R. Olsen**
Craniofacial dysmorphogenesis and infantile hemangioma –
the antrax toxin receptor connection

10 : 15 – 11 : 30 **Ichiro Sekiya**
Cartilage and meniscus regeneration with synovial stem cells

Session 5 **Chairpersons : Vicki Rosen, Takeshi Muneta**

12 : 20 – 13 : 35 **Benjamin A. Alman**
Fracture repair and beta-catenin in aging and disease :
implications for an approach to therapy

13 : 35 – 14 : 50 **Ichiro Nishimura**
Osteoclast as MDSC (myeloid-derived suppressor cell) and its role in
ONJ and tumor bone metastasis

14 : 50 – 14 : 55 Closing Remark
Atsushi Okawa

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Flexibility in the osteoblast lineage

Henry M. Kronenberg, M.D.

Professor and Director
Endocrine Unit, Massachusetts General Hospital and
Harvard Medical School



The classic view, based primarily on studies of cells in culture, is that mesenchymal progenitors in the bone marrow (called “mesenchymal stem cells” by some investigators) have the potential to differentiate into osteoblasts, chondrocytes, and adipocytes. Osteoblast precursors first express Runx2, then osterix, and then other transcription factors that direct these cells first to proliferate and then differentiate into mature osteoblasts. The fates of osteoblasts include their dying by apoptosis or, instead, becoming osteocytes or inactive bone lining cells. In vivo studies using cre recombinase, controlled by various promoters and sometimes requiring tamoxifen administration for activation (through activation of a cre recombinase linked to the ligand binding domain of a mutated estrogen receptor) (creERT), have allowed the marking and genetic manipulation of cells in the skeletal system at various stages of differentiation and at specific times. These studies have demonstrated unanticipated flexibility in the lineage program just outlined.

Here we will show that, after osteoblast precursors express osterix in vivo in mice, removal of β -catenin expression from these cells steers many of these pre-osteoblasts into the adipocyte lineage. We also show that many osterix-expressing cells become stromal cells that support hematopoiesis. Further we show that inactive bone lining cells can be reactivated to participate in bone formation as mature osteoblasts after PTH administration. Finally, we show that collagen II-creERT can mark stem cells that subsequently can become osteoblasts, chondrocytes, or adipocytes and continue to do so for months after one administration of tamoxifen. This promoter can be activated by tamoxifen to generate marked osteoblasts several months after birth. When PTH is given to these mice, the number of osteoblast precursors increases in the several days after PTH administration, as indicated by counting of the cells marked as expressing the collagen II promoter. Thus, both the number and the fate of early cells of the osteoblast lineage can be manipulated to serve the changing needs of the organism.

CURRICULUM VITAE**Education**

- 1962-1966 B.A. History and Literature Harvard College
 1966-1970 M.D. Medicine Columbia University

Position

- 1984-1997 Director, Endocrine Clinical Laboratories
 Massachusetts General Hospital
 1985- Medical Administrative Committee Massachusetts
 General Hospital
 1985-1987 Interim Chief, Thyroid Unit Massachusetts General
 Hospital
 1986-1989 Director, Endocrine Division Massachusetts
 General Hospital
 1997-2000 Co-Chair, Academic Council, Department
 of Medicine Massachusetts General Hospital
 1998-2007 Director, Endocrine Division Massachusetts
 General Hospital
 2007 Chair, Cartilage Biology and Pathology
 Conference Gordon Research Conferences
 2009-2010 Director, Endocrine Division Massachusetts
 General Hospital
 2013- Director, Endocrine Division Massachusetts
 General Hospital

Award and Honors

- 2000 Van Wyck Lectureship University of North Carolina
 2002 R.L. Creuss Lecturer McGill University, Montreal
 2002 Novartis Lecturer Canadian Society of Endocrinology &
 Metabolism
 2002 5th Annual John G. Haddad, Jr Distinguished
 Memorial Lecturer
 University of Pennsylvania School of Medicine
 2003 Transoceanic Lecture Prize
 European Federation of Endocrine Societies
 2003 William F. Neuman Award
 The American Society for Bone and Mineral Research
 (ASBMR)
 2006 Louis V. Avioli Memorial Lecturer
 The American Society for Bone and Mineral Research
 (ASBMR)
 2011 Michael & Irene Karl Visiting Professor
 Washington University School of Medicine
 2011 2nd Iain MacIntyre Memorial Lecturer
 4th New York Skeletal Biology and Medicine Conference
 2011 Gideon A. Rodan Award for Excellence in Mentoring
 The American Society for Bone and Mineral Research
 (ASBMR)
 2012 The Ninth Torsten N. Wiesel Distinguished Lecturer
 Hospital for Special Surgery, New York, New York
 2012 Triennial International Prize
 Austrian Bone and Mineral Society
 2013 John Baxter Memorial Lecturer

Publications

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 15. Tawfeek H, Bedi B, Li J-Y, Adams J, Kobayashi T, Weitzmann MN, Kronenberg HM, Pacifici R. Disruption of PTH receptor 1 in T cells protects against PTH-induced bone loss. *PLoS One*. 2010;5(8):e12290. Published online 2010 August. PMID: PMC2924900
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Control of bone metabolism via organ crosstalk

Shu Takeda, M.D., Ph.D.

Professor

Department of Physiology and Cell Biology, Graduate School of
Medical and Dental Sciences, Tokyo Medical and Dental University



It was believed that cytokines and hormones are main regulators of bone remodeling. However, this view has been challenged. Organ network has been shown to play a major role in homeostasis, recently. Bone is not the exception.

Clinically, it is well known that head trauma accelerates fracture healing. Advances in molecular genetics revealed that neurons and neuropeptides, including sympathetic nervous system, are intimately involved in bone remodeling.

Semaphorin 3A (Sema3A) is a diffusible axonal chemorepellent that plays an important role in axon guidance. Previous studies have demonstrated that Sema3A is an osteo-anabolic autocrine and, accordingly, Sema3A-KO mice develop a low bone mass due to decreased bone formation. However, recently, we demonstrated that osteoblast-specific Sema3A-KO mice had normal bone mass, even though the expression of Sema3A in bone was substantially decreased. In contrast, mice lacking Sema3A in neurons had low bone mass similar to Sema3A-KO mice, indicating that neuron-derived Sema3A is responsible for the bone abnormalities independent of the local effect of Sema3A in bone. Indeed, sensory innervations of trabecular bone were significantly decreased in neuron-specific Sema3A-KO. Moreover, ablating sensory nerves decreased bone mass in wild-type mice, whereas it did not deteriorate low bone mass phenotype in neuron specific Sema3A-KO mice, further indicating the essential role of sensory nervous system in normal bone homeostasis. Thus, we demonstrated that sensory nervous system is also a critical regulator of bone remodeling.

In this lecture, I would like to discuss novel regulators of bone remodeling.

CURRICULUM VITAE**Education**

- 1992 M.D. University of Tokyo, School of Medicine
 2002 Ph.D. University of Tokyo, Graduate School of Medicine

Position

- 1999 Postdoctoral Fellow, Baylor College of Medicine, Houston
 2003 Clinical Fellow, Dept of Endocrinology and Metabolism Mishuku Hospital, Tokyo
 2004 Associate Professor (Junior), Department of Orthopaedic Surgery, 21 Center of Excellence Program, Graduate School, Tokyo Medical and Dental University
 2005-2008 Associate Professor (Senior), Department of Orthopaedic Surgery, 21 Center of Excellence Program, Graduate School, Tokyo Medical and Dental University
 2008 Associate Professor, Department of Orthopaedic Surgery, 21 Center of Excellence Program, Graduate School, Tokyo Medical and Dental University
 2009- Associate Professor, Associate Professor, Section of Nephrology, Endocrinology and Metabolism, Department of Internal Medicine, School of Medicine, Keio University
 2013-present Professor, Dept. of Physiology and Cell Biology, Graduate School of Medical and Dental Sciences, Tokyo Medical and Dental University
 2013-present Principle Investigator, CREST, Japan Science and Technology Agency

Award and Honors

- 1997 President Book Award of American Society for Bone and Mineral Research
 1997 Young Investigator Award of Japanese Society for Bone and Mineral Metabolism
 2000 Young Investigator Award of American Society for Bone and Mineral Research
 2007 Corresponding author for the presentation: Most Outstanding Abstract Award for the 29th American Society for Bone and Mineral Research annual meeting
 2008 Research Award of Japanese Society for Bone and Mineral Metabolism
 2010 Research Award of Japanese Endocrine Society
 2011 Japan Society for the Promotion of Science Prize
 2011 Best Reviewer of "Bone"
 2012 Academic Award of Japanese Society for Bone and Mineral Metabolism
 2013 Member of the American Society for Clinical Investigation

Publications

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- in chondrocyte differentiation and intervertebral disc degeneration: Findings in murine models and in human disease. *Arthritis Rheum* 58:2764-75.
13. Takeda, S. 2008 Central control of bone remodelling. *J Neuroendocrinol* 20:802-7.
 14. Takeda, S. and P. Ducy, *Regulation of Bone Remodeling by Central and Peripheral Nervous Signals*, in *Principle of Bone Biology*, J.P. Bilezikian, L.G. Raisz, and T.J. Martin, Editors. 2008, Elsevier. p. 1059-1068.
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 20. Itoh, T., S. Takeda, and Y. Akao 2010 MicroRNA-208 modulates BMP-2-stimulated mouse preosteoblast differentiation by directly targeting V-ets erythroblastosis virus E26 oncogene homolog 1. *J Biol Chem* 285:27745-52.
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 24. Takeda, S., *Skeletal Regulation of Energy Metabolism*, in *Bone and Development in Topic in Bone Biology*, F. Bronner, H. Roach, and M. Farach-Carson, Editors. 2010, Springer. p. 267-278.
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 26. Meguro, S., M. Tomita, T. Katsuki, K. Kato, H. Oh, A. Ainai, R. Ito, S. Takeda, T. Kawai, Y. Atsumi, H. Itoh, and H. Hasegawa 2011 Plasma 25-hydroxyvitamin d is independently associated with hemoglobin concentration in male subjects with type 2 diabetes mellitus. *Int J Endocrinol* 2011:362981.
 27. Nagao, M., T.N. Feinstein, Y. Ezura, T. Hayata, T. Notomi, Y. Saita, R. Hanyu, H. Hemmi, Y. Izu, S. Takeda, K. Wang, S. Rittling, T. Nakamoto, K. Kaneko, H. Kurosawa, G. Karsenty, D.T. Denhardt, J.-P. Vilaridaga, and M. Noda 2011 Sympathetic control of bone mass regulated by osteopontin. *Proceedings of the National Academy of Sciences*.
 28. Ogata, N., Y. Shinoda, N. Wettschureck, S. Offermanns, S. Takeda, K. Nakamura, G.V. Segre, U.-i. Chung, and H. Kawaguchi 2011 $G\alpha_q$ Signal in Osteoblasts Is Inhibitory to the Osteoanabolic Action of Parathyroid Hormone. *Journal of Biological Chemistry* 286:13733-13740.
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Bone destruction by oral cancer

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Oral squamous cell carcinoma (OSCC) frequently invades the jaws, and this invasion is associated with a worse prognosis. The mechanism underlying the bone invasion remains poorly understood. We histopathologically investigated mandibular invasion patterns in 97 cases of primary OSCC, and showed that in all cases varying amounts of fibrous connective tissues intervened between the tumor cells and the bone. Immunohistochemistry revealed RANKL expression in the fibroblastic cells that were adjacent to the osteoclasts in the area of bone resorption. These results suggest that the fibrous stroma is involved in osteoclastic bone resorption. To explore the molecular mechanism, we conducted microarray analyses using 43 human OSCC specimens, and revealed that many of specimens overexpressed *PTHrP* mRNA, but a few overexpressed *IL-6* mRNA. Immunohistochemical analysis revealed that IL-6 was expressed not only in cancer cells but also in fibroblasts at tumor-bone interface. Conditioned media (CM) derived from the culture of oral cancer cell lines stimulated Rankl expression in stromal cells and osteoclast formation. Antibodies against both human PTHrP and mouse IL-6 receptor suppressed *Rankl* in ST2 cells and osteoclast formation induced by CM. Xenografts of OSCC cells onto the periosteal region of the parietal bone in athymic mice presented similar histology and expression profiles of RANKL and IL-6 as observed in bone-invasive human OSCC specimens. These results indicate that OSCC provides a suitable microenvironment for osteoclast formation not only by producing IL-6 and PTHrP but also by stimulating stromal cells to synthesize IL-6.

Recent reports indicated the synthesis of RANKL by OSCC cells as well as the tumor stromal cells. Indeed, HSC3 and HO-1-N-1, human OSCC cell lines, expressed *RANKL* and stimulated *Rankl* expression in UAMS-32 murine osteoblastic cell line. We discriminated the roles of RANKL synthesized by stromal cells and cancer cells in cancer-associated bone resorption by using species-specific RANKL antibodies against murine RANKL and human RANKL, respectively. Osteoclastogenesis induced by the conditioned medium of HSC3 and HO-1-N-1 cells in a co-culture of murine bone marrow cells and UAMS-32 cells was inhibited by the addition of antibodies against either mouse or human RANKL. HSC3-induced bone destruction was greatly inhibited by the administration of anti-mouse RANKL antibody in a xenograft model. HO-1-N-1-induced bone destruction was inhibited by the administration of either anti-mouse or anti-human RANKL antibody. Bone destruction induced by the transplantation of human *RANKL*-overexpressing cells (HSC3-R2) was greatly inhibited by the injection of anti-human RANKL antibody. The present study revealed that RANKL produced by both stromal and cancer cells is involved in oral cancer-induced osteoclastic bone resorption. These results provide important information for understanding the cellular and molecular basis of cancer-associated bone destruction and the mechanism of action underlying RANKL antibody (denosumab) therapy.

To explore the molecules that synthesized by OSCC cells and stimulate osteoclastic bone resorption, we established two clonal cell lines, HSC3-C13 and HSC3-C17, from the maternal oral cancer cell line, HSC3. The conditioned medium from HSC3-C13 cells showed the highest induction of *Rankl* expression in the mouse stromal cell lines ST2 and UAMS-32 as compared to that in maternal HSC3 cells and HSC3-C17 cells, which showed similar activity. The conditioned medium from HSC3-C13 cells significantly increased the number of osteoclasts in a co-culture with mouse bone marrow cells and UAMS-32 cells. Xenograft tumors generated from these clonal cell lines into the periosteal region of the parietal bone in athymic mice showed that HSC3-C13 cells caused extensive bone destruction and a significant increase in osteoclast numbers as compared to HSC3-C17 cells. Gene expression was compared between HSC3-C13 and HSC3-C17 cells by using microarray analysis, which showed that *CXCL2* gene was highly expressed in HSC3-C13 cells as compared to HSC3-C17 cells. Immunohistochemical staining revealed the localization of CXCL2 in human OSS. The increase in osteoclast numbers induced by the HSC3-C13-conditioned medium was dose-dependently inhibited by addition of anti-human CXCL2-neutralizing antibody in a co-culture system. Recombinant CXCL2 increased the expression of *Rankl* in UAMS-32 cells. These results indicate that CXCL2 is involved in bone destruction induced by oral cancer. This is the first report showing the role of CXCL2 in cancer-associated bone destruction.

CURRICULUM VITAE**Education**

- 1974 D.D.S. Tokyo Dental College
 1980 Ph.D. Tokyo Medical and Dental University

Position

- 1980-1988 Assistant Professor, Department of Oral Pathology,
 School of Dentistry, Showa University
 1985-1987 Visiting Assistant Professor, School of Dentistry,
 Washington University, Si. Loius, MO,USA
 1987-1988 Visiting Assistant Professor, Orthopedic Surgery,
 School of Medicine, St. Louis University
 1988-1998 Associate Professor, Department of Oral Pathology,
 School of Dentistry, Showa University
 1998-2004 Professor and Chair, Department of Oral
 Pathology, University School of Dentistry
 2004- Professor and Chair, Department of Oral Pathology
 Graduate School of Medical and Dental Sciences
 Tokyo Medical and Dental University
 2011- Council member, Science Council of Japan

Award and Honors

- 1993 The Japanese Society for Bone and Mineral Research:
 Academic Award
 1996 The Japanese Society of Pathology: Pathology Research
 Award
 2005 The Japanese Pathology Award

Publications

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Forefront of osteoimmunology

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The bone marrow is one of the primary lymphoid organs that harbor the immune cells. Under these microenvironments, bone cells interact not only with other bone cells but also with immune cells including hematopoietic stem cells. Thus, all the cells in the bone marrow are communicating with each other to maintain both skeletal and immune systems^(1,2). However, the molecules that mediate the communication among cells in the bone have been poorly identified. We have tried to explore the molecular basis for cellular communication in the bone marrow and found that osteocyte-derived RANKL plays a crucial role in adult osteoclastogenesis⁽³⁾, osteoclast-derived Sema4D inhibits bone formation⁽⁴⁾ and osteoblast-derived Sema3A functions as a potent osteoprotective cytokine inhibiting osteoclastogenesis and promoting osteoblastogenesis⁽⁵⁾. As semaphorins, major axon guidance molecules, have emerged as bone cell communication factors, we are facing a new stage of bone research including the bone, immune and neural systems. We have long worked on the interaction between T cells and osteoclasts, and recently found the origin of osteoclastogenic Th17 cells to be Foxp3 positive Tregs⁽⁶⁾. The recent advances in osteoimmunology field including the conversion of Treg to pathogenic T cells will be discussed.

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5. Hayashi M. et al. *Nature* 485, 69-74 (2012)
6. Komatsu N. et al. *Nat Med*, in press

CURRICULUM VITAE**Education**

- 1990 M.D. The University of Tokyo, Tokyo, Japan
 2001 Ph.D. (Medicine) The University of Tokyo, Tokyo, Japan

Award and Honors

- 2002 Amersham Biosciences and Science Prize for Young Scientists
 2002 Novartis Japan Rheumatology Prize
 2004 Japan College of Rheumatology Award
 2004 Fuller Albright Award, ASBMR
 2005 Japan Society for the Promotion of Science Prize
 2005 Japan Academy Medal
 2006 International Research Prize, Austrian Society for Bone and Mineral Research and Ludwig Boltzmann Institute of Osteology
 2008 Academic Award of the Mochida Memorial Foundation
 2009 Inoue Prize for Science
 2009 JSBMR Distinguished Scientist Award
 2011 IBMS-BONE Herbert A. Fleisch Award

Publications

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2. Takayanagi H et al. *Nature* 416, 744-749 (2002)
3. Takayanagi H et al. *Dev Cell* 3, 889-901 (2002)
4. Koga T et al. *Nature* 428, 758-763 (2004)
5. Takayanagi H. *Nat Rev Immunol* 7, 292-304 (2007)
6. Asagiri M et al. *Science* 319, 624-627 (2008)
7. Shinohara M et al. *Cell* 132, 794-806 (2008)
8. Takayanagi, H *Nat Rev Rheumatol* 5(12), 667-76(2009)
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Regenerative potential of the knee meniscus

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Osteoarthritis (OA) affects over 200 million people worldwide. Joints most frequently affected by OA are the hands, hips, spine and knees, where breakdown and subsequent loss of articular cartilage results in pain, stiffness and swelling and leads to decreased joint function and loss of joint mobility. The knee joint is particularly susceptible to OA and meniscal injuries are the most common knee injury. Treatment of meniscal injuries has evolved dramatically in the past 30 years in response to an increased understanding of the role performed by the meniscus within the knee joint, and today, surgical procedures are aimed at repairing or replacing damaged menisci, depending on the size of the injury and its location. Unfortunately, damaged meniscal tissue rarely regains the structural integrity and mechanical strength of normal meniscus, and recent data indicate that surgical repair of meniscal tears cannot reliably prevent the progression of degenerative changes and clinical symptoms that presage the development of knee OA. Particularly striking is the lack of options for reversing the progressive debilitation of the knee in young, healthy individuals.

Evidence from recent studies links the signaling pathways directing embryonic development with those that mediate adult tissue regeneration, where they influence the migration, proliferation and differentiation of locally residing tissue-specific stem/progenitor cells. In this way, the specificity of the reparative response generated by a tissue is dependent on the activation of the resident tissue-specific stem/progenitor cell population and not on the signals that affect their behavior. For adult musculoskeletal tissues, resident-specific stem/progenitor cells have been identified and characterized in muscle, tendon and ligament, articular cartilage and bone. As a group, these tissue-specific stem cells possess some of the characteristics of mesenchymal stem cells (MSC) but more importantly, exhibit characteristic tissue-specific identities. Based on the hypothesis that cells necessary for meniscal repair are those that express a characteristic gene signature that is defined during meniscal morphogenesis we combined laser-capture micro-dissection (LCM) of embryonic joint tissues with the production of tissue-specific libraries and comparative gene array analysis to uncover the gene signature of meniscus forming cells and the signaling pathways that regulate expression of these genes. Current efforts are aimed at using information gained from the study of meniscus development in mice to query the reparative potential of cells collected from adult mouse and human meniscus.

CURRICULUM VITAE

Education

- 1975 B.S., Biology, State University of New York at Stony Brook
 1981 Ph.D., Cell Biology and Physiology, University of Connecticut

Position

- 1984-1988 Staff Scientist II, BMP Discovery Research, Genetics Institute
 1986-1988 Principal Scientist, BMP Discovery Research, Genetics Institute
 1988-1998 Senior Scientist, BMP Discovery Research, Genetics Institute
 1998-2001 Director, Tissue Growth and Repair, Genetics Institute
 2001 Distinguished Research Scientist, Genetics Institute/Wyeth Research
 2001-2005 Senior Member of the Staff, The Forsyth Institute
 2001-present Professor of Developmental Biology, Harvard School of Dental Medicine
 2005-present Chair, Department of Developmental Biology, Harvard School of Dental Medicine

Award and Honors

- 2001 Honorary MA, Harvard University
 2008 Kappa Delta Award, co-recipient, Orthopedic Research Society
 2010 Marshall Urist Award in Tissue Repair, Orthopedic Research Society
 2010 Basic Science Chair, 2010 ASBMR Meeting
 2012 Harvard- Australia Foundation Fellowship
 2012 Raine Medical Research Foundation Medal

Publications

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Combinatorial approach to identify gene regulation of inflammatory signals at RNA level

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miRNA is a member of ~ 22 nt non-coding RNA and play a critical role in the tissue or organ development and is also associated with human diseases. We recently found that miR-146 is highly expressed in rheumatoid arthritis synovium to regulate inflammation and that miR-140 is high in cartilage and important for tissue homeostasis against cartilage degradation.

Furthermore, now we are preparing series of genome wide analysis to examine the molecular mechanisms of inflammatory gene expression by non-coding RNA at the level of mRNA stability or translation.

Here, we introduce our recent results by next generation sequencing techniques, which revealed series of miRNAs involved in arthritis pathogenesis. To generate miRNA knockout mice in high-throughput way, we applied TALEN system to delete miRNA gene in mice genome, which successfully leads us to analyze miRNA functions in vivo. We also show our strategy; cell based comprehensive gene screening to screen new molecules that regulates inflammatory gene expression. Combination of above methods may provide the novel aspect of RNA regulatory system and should promote our understanding of inflammatory diseases pathogenesis.

CURRICULUM VITAE

Education and Position

- 1992 Graduate from Okayama University, Japan
- 1992 Resident, Department of Orthopaedic Surgery, Okayama Saiseikai General Hospital, Japan
- 1994 Graduate Fellow, Department of Neuroscience, Institute of Molecular and Cellular medicine, Okayama University Medical School, Japan
- 1995 Graduate Fellow, Division of Rheumatology and Immunology, Institute of Medical Science, St. University School of Medicine, Japan
- 1997 Assistant Professor, Department of Orthopaedic Surgery, Okayama University Medical School, Japan
- 1997 Postdoctoral Research Fellow, Department of Cell Biology, Harvard Medical School, MA, USA
- 2000 Staff Scientist, Peptide Biology Laboratory, The Salk Institute for Biological Studies, CA, USA
- 2001 Scientist (Principal Investigator), JST, Precursory Research for Embryonic Science and Technology, Japan
- 2002 Assistant Professor, Department of Molecular and Experimental Medicine, The Scripps Research Institute, CA, USA
- 2004 Head, Department of Regenerative Biology and Medicine, National Research Institute for Child Health and Development, Japan
- 2010 Department Head, Department of Systems BioMedicine, National Research Institute for Child Health and Development, Japan
- 2011-pres. Visiting Head, Department of Systems BioMedicine, National Research Institute for Child Health and Development, Japan
- 2011-pres. Professor, Department of Systems BioMedicine, Graduate School and Faculty of Medicine, Tokyo Medical and Dental University, Japan

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M E M O

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Craniofacial dysmorphogenesis and infantile hemangioma – the antrax toxin receptor connection

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Infantile hemangiomas are the most common tumors of infancy. Typically, they appear within a few days/weeks after birth and grow rapidly during a few months (proliferative phase). After about a year they start to involute (involution phase) and after a period of several months/years, they are replaced by fibro-fatty tissue. Hemangiomas are more common in females than in males and they occur most frequently in the head and neck region of affected infants. Our studies have demonstrated that the rapid proliferation of infantile hemangiomas is caused by defects in the regulation of vascular endothelial growth factor receptor 1 (VEGFR1) in endothelial cells of the tumor. When normal endothelial cells are stimulated by VEGF or activated by binding to extracellular matrix, expression of the VEGF decoy receptor VEGFR1 is stimulated and VEGFR2-dependent signaling constrained. In contrast, hemangioma endothelial cells in their proliferative phase exhibit constitutive low levels of VEGFR1 expression and high levels of VEGF-dependent VEGFR2 signal transduction. This is a consequence of defects that result in local loss of function of a cell surface integrin-like receptor known as Anthrax toxin receptor 1 (ANTXR1)/Tumor endothelial marker 8 (TEM8) in hemangioma endothelial cells. Mice that are homozygous for *Tem8* null alleles have changes in dermal blood vessels that are similar to those seen in hemangioma tumors. In addition, the mice exhibit growth retardation, bone loss and craniofacial defects similar to those seen in patients with the recessive GAPO syndrome. Patients with this syndrome are homozygous for loss-of-function mutations in *TEM8* and exhibit growth retardation, alopecia, pseudo-anodontia and optic atrophy, as well as other craniofacial defects, bone loss and hemangioma. *TEM8* is therefore a critical regulator of vascular endothelial and osteoblastic functions in addition to controlling the activities of growth plates and synchondroses at the skull base.

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CURRICULUM VITAE

Education

- 1967 Ph.D. University of Oslo, Norway
 1967 M.D. University of Oslo Medical School, Norway

Position

- 1990-1993 Chairman, Program in Cell and Developmental Biology, Harvard Medical School, Boston, MA
 1993- Hersey Professor of Cell Biology, Department of Cell Biology, Harvard Medical School, Boston, MA
 1996-2002 Professor of Oral Biology, Harvard School of Dental Medicine, Boston, MA
 1996-2002 Chairman, Harvard-Forsyth Department of Oral Biology, Harvard School of Dental Medicine, Boston, MA
 2002- Professor of Oral and Developmental Biology, Harvard School of Dental Medicine, Boston, MA
 2002-2005 Chairman, Department of Oral and Developmental Biology, Harvard School of Dental Medicine, Boston, MA
 2005- Dean for Research, Harvard School of Dental Medicine, Boston, MA

Award and Honors

- 2000 Honorary Doctor of Science Degree, University of Medicine and Dentistry of New Jersey
 2000 Honorary Doctor of Science Degree, University of Oslo, Norway
 2001 Distinguished Faculty Award, Harvard School of Dental Medicine
 2006 H.C. Jacobæus Prize and lecturer, H.C. Jacobæus' Forelæsnings Foundation, Sweden
 2006 Member, ScanBalt Academy
 2006 Senior Research Prize, American Society of Matrix Biology
 2007 Co-chairman, Gordon Research Conference "Cartilage Biology & Pathology"
 2009 Chairman, Gordon Research Conference "Cartilage Biology & Pathology"
 2009 Co-chairman, Gordon Research Conference "Bones and Teeth"
 2010 IADR Distinguished Scientist Award for Craniofacial Biology Research
 2010 ISMB Distinguished Investigator Award
 2010 American Association for the Advancement of Science Fellow
 2011 Henry Gray Award, American Association of Anatomists
 2011 Chairman, Gordon Research Conference "Bones and Teeth"
 2011 Fellow, American Association of Anatomists
 2011 Honorary Doctor Degree, Okayama University, Japan

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M E M O

Cartilage and meniscus regeneration with synovial stem cells

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According to our previous studies, the number of mesenchymal stem cells (MSCs) in synovial fluid increase in knees with anterior cruciate ligament injury (Rheumatology 2008), meniscus injury (Clin Orthop Relat Res 2014), and osteoarthritis (J Orthop Res 2011). The morphology and gene profiles in synovial fluid MSCs were more similar to those in synovial MSCs than in bone marrow MSCs. Principal component analysis of gene profiles for various mesenchymal tissue-derived MSCs and chondrocytes demonstrated that MSCs from intraarticular tissues and chondrocytes were closer to each other than MSCs from extraarticular tissues (J Orthop Res 2008). Synovium may be a reservoir for MSCs to contribute to the intraarticular tissue repair. After intraarticular tissues, such as cartilage, meniscus, and ligament, are injured, MSCs may be mobilized from synovium to synovial fluid, adhere to the injured site, and contribute to the repair. However, the number of MSCs is limited, therefore, the injured tissues cannot be healed in the natural course. Transplantation of enough number of synovial MSCs to the injured tissues may promote intraarticular tissue healing.

MSCs are attractive cell source for cartilage and meniscus regeneration. Our *in vitro* and *in vivo* chondrogenic assay demonstrated that synovial and bone marrow MSCs had a higher chondrogenic ability than adipose and muscle MSCs (Arthritis Rheum 2005, Cell Tissue Res 2007, Cell Tissue Res 2008). Human synovial MSCs expanded more in human serum than bone marrow MSCs (Arthritis Rheum 2008). In rat, rabbit, and pig studies, transplantation of synovial MSCs promoted cartilage and meniscus regeneration (Stem Cells 2007, Stem Cells 2009, Cytotherapy 2012, Osteoarthritis Cartilage 2012, J Bone Joint Surg Am 2012, Biochem Biophys Res Commun 2013).

Current cell therapy for cartilage and meniscus regeneration requires invasive procedures. We have developed a novel implantation procedure with synovial MSCs. Cartilage or meniscus defect is filled with synovial MSC suspension for 10 minutes. According to our *in vitro* and *in vivo* studies, more than 60% cells adhered to the defect, and promoted cartilage and meniscus regeneration (Arthritis Res Ther 2008, J Orthop Res 2013).

We are currently doing clinical trial for cartilage regeneration. All patients have their cartilage defects filled with synovial MSCs arthroscopically. Favorable results are obtained by MRI imaging in many cases, by second look arthroscopies, and by biopsies. Our method has such advantages that no periosteal coverage or scaffold were required and that transplantation is possible arthroscopically. We are also trying to regenerate osteoarthritis of the knee with osteotomy or meniscus centralization (Arthrosc Tech 2012) by using synovial MSCs. We are going to start another clinical trial for meniscus treatment with synovial MSCs.

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Position

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- 2002-2008 Tokyo Medical and Dental University
- 2008-2011 Associate Professor, Cartilage Regeneration Tokyo Medical and Dental University
- 2011-2013 Professor, Cartilage Regeneration Tokyo Medical and Dental University
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Publications

1. Transplantation of neuronal cells induced from human mesenchymal stem cells improves neurological functions after stroke without cell fusion. Xu H, Miki K, Ishibashi S, Inoue J, Sun L, Endo S, Sekiya I, Muneta T, Inazawa J, Dezawa M, Mizusawa H. *J Neurosci Res.* 2010;88(16):3598-609.
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Fracture repair and beta-catenin in aging and disease : implications for an approach to therapy

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The pace of fracture repair slows with aging, but the critical mediators in this process are now known. Here we determined the relative contribution of mesenchymal progenitor cell age, hematopoietic cell age, and circulating factors on *in vivo* bone regeneration and *in vitro* osteoblast differentiation. Exposure to youthful circulation by heterochronic parabiosis reversed the slowed fracture repair characteristic of aging in mice. This rejuvenation resulted in increased mineralization and osteoblastic activity of old mesenchymal progenitor cells. To determine if circulating cells played a role in this rejuvenation, we examined the ability of old and young bone marrow cells in which we could delete cells with osteogenic potential to enhance the osteogenic capacity of old bone marrow cells. Conditioned media from an adherent population of young cells rejuvenated the osteogenic capacity of old cells. Similarly, engraftment of young hematopoietic cells into old animals rescued fracture repair and osteogenic potential in a mechanism that did not require osteoblasts from the donor animal. β -catenin signaling, a pathway important in bone regeneration and osteoblast differentiation, was shown to be modulated during rejuvenation. Reduction of β -catenin signaling during early fracture repair improved bone regeneration in old mice. These data demonstrate that the circulatory system carries within it a "youth factor" that is able to rejuvenate bone repair and osteoblast differentiation through modulation of β -catenin. This data raises the possibility that agents that modulate β -catenin can improve the quality of bone repair in the aging population.

CURRICULUM VITAE**Education**

High School Northeast High school, Philadelphia, Pennsylvania USA 1978 High School Diploma

College University of Pennsylvania, Philadelphia, Pennsylvania, USA 1982. BSc, Material Science and Engineering (Summa cum Laude)

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Position

2002 - present University of Toronto, Toronto, Ontario, Canada, Member, Collaborative Program in Developmental Biology

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2002 - present The Research Institute of the Hospital for Sick Children, Toronto, Ontario, Canada, Senior Scientist, Program in Developmental and Stem Cell Biology

2004 - present University of Toronto, Toronto, Ontario, Canada, Vice Chair Research, Surgery

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2005 - present The Hospital for Sick Children, Toronto, Ontario, Canada, Head, Division of Orthopaedics

2006 - present University of Toronto, Toronto, Ontario, Canada, A.J. Latner Professor and Chair of Orthopaedics

2011 - present University of Toronto, Toronto, Ontario, Canada, Interim Director, Toronto Musculoskeletal Centre (Extra-Departmental Unit)

Award and Honors

2013 2013 ASE Award for Excellence in Innovation, Association for Surgical Education, Los Angeles, California, United States. (Distinction) Awarded to the Toronto Orthopaedic Boot Camp. Annual award for exemplary performance in surgical education with the intent to recognize novel ideas and/or methods for improving teaching and learning.

2012 Fellowship in the Canadian Academy of Health Sciences, Canadian Academy of Health Sciences, Ottawa, Ontario, Canada. Fellows of the Academy are elected on the basis of their demonstrated leadership, creativity, distinctive competencies and commitment to advance academic health sciences.

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Osteoclast as MDSC (myeloid-derived suppressor cell) and its role in ONJ and tumor bone metastasis

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Current therapeutic strategies of catabolic bone diseases such as osteoporosis and metastatic tumors in bone target osteoclasts in order to reduce or normalize the elevated bone resorption activity. Both bisphosphonates and humanized monoclonal antibody against RANKL are such anti-resorptive agents achieving this therapeutic goal albeit through different pharmacokinetics.

Osteonecrosis of the jaw (ONJ) in maxilla and mandible has emerged, however, as a rare but severe side effect reported between 0.5% to 18% among those patients who were treated with anti-resorptive agents. While clinical presentations vary significantly, ONJ symptoms commonly demonstrate the lack of resolution in chronic inflammation of oral mucosa. Oral mucosa is composed of stratified epithelium and thin connective tissue, and considered one of the most protective tissue barriers from environmental stresses, chemical damage and bacterial infection. Barrier tissues are known to contain T cells expressing a canonical gammadelta T cell receptor. Immunosurveillance and prompt response to injury by the barrier tissue are thought to involve gammadelta T cells.

Our recent studies using Tcrd-H2BEGFP mice demonstrated the prolonged retention of gammadelta T cells in gingival/palatal tissue after maxillary molar extraction when mice were injected with zoledronate (ZOL). Furthermore, the development of ONJ-like lesion was significantly modulated in ZOL-treated Tcrd-/- mice. Thus, we postulate that the close approximation between jawbone and oral barrier immunity may, in part, contribute to the pathogenesis of ONJ.

It was noted that animal models of ONJ-like lesion revealed an unusual co-localization of inflammatory cells with ZOL-affected osteoclasts. Osteoclasts are differentiated from the monocytic lineage of myeloid immune cells with the presence of M-CSF and RANKL. Once differentiated, osteoclasts have been considered to function as bone cells. However, the unique and consistent observation on the distinct association between ZOL-affected osteoclasts and lymphocytes as well as neutrophils may suggest a yet uncovered function of osteoclasts as immune cells.

Our preliminary characterization of osteoclasts derived from human CD14+ monocytes suggested the secretion of a set of cytokines. Typically, osteoclastic cytokines exhibited a similar profile of myeloid-derived suppressor cells (MDSC). MDSC not only suppresses lymphocytes contributing to the resolution of inflammation; but further supports tissue repair by inducing vascular formation and secreting growth factors. This presentation will highlight a new concept of osteoclast activities as an immune cells, in particular, with MDSC-like characteristics. Contributions of osteoclasts to physiological bone remodeling and coupling with osteoblasts, as well as pathological contributions to ONJ and metastatic tumors in bone marrow will be discussed.

CURRICULUM VITAE**Education**

- 1981 D.D.S. Tokyo Dental College, Tokyo, Japan
 1986 D.M.Sc. Harvard University, Cambridge, MA (Ph.D. equivalent)
 1986 Certificate Postgraduate Prosthodontics (Board Eligible) Harvard School of Dental Medicine, Boston, MA
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Position

- 1990-93 Faculty Member, Committee of Cell & Developmental Biology Harvard Medical School, Boston, MA
 1994-97 Associate Professor of Prosthetic Dentistry Harvard School of Dental Medicine, Boston, MA
 1997-99 Associate Professor (with tenure) Advanced Prosthodontics, Biomaterials and Hospital Dentistry UCLA School of Dentistry, Los Angeles, CA
 1999-Present Professor (with tenure) Advanced Prosthodontics, Biomaterials and Hospital Dentistry UCLA School of Dentistry, Los Angeles, CA
 2000-Present Professor of Oral Biology (Joint Appointment) UCLA School of Dentistry, Los Angeles, CA
 2012-Present Affiliate Professor of Bioengineering Department of Bioengineering UCLA Henry Samueli School of Engineering and Applied Science

Award and Honors

- 2000 Fellow of Biotechnology: Policy Issues and Regulatory Frameworks Salzburg Seminar, Salzburg, Austria
 2000 Appreciation of Service U.S. Department of Health and Human Services, Public Health Service, NIH, National Institute of Dental Craniofacial Research
 2004 Distinguished Scientist Award in Prosthodontics and Implantology International Association for Dental Research
 2004 Theodore M. Hesburgh Certificate of Excellence for Faculty Development to Enhance Undergraduate Teaching and Learning UCLA Freshman Cluster Program Faculty member in Biotechnology and Society TIAA-CREF
 2005 Appreciation of Service U.S. Department of Health and Human Services, Public Health Service, NIH, National Institute of Dental Craniofacial Research

Publications

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9. Kelly J, Lin A, Wang CJ, Park S, Nishimura I: The effect of vitamin D insufficiency on implant osseointegration. *J Prosthodont*, 18(6):473-478, 2009.
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 15. Yuki I, Uchiyama N, Murayama Y, Nien YL, Lee D, Ebara M, Ishii A, Chiang A, Vinters HV, Nishimura I, Wu BM, Vinuela F: Intravascular tissue reactions induced by various types of bioabsorbable polymeric materials: correlation between the degradation profiles and corresponding tissue reactions. *Neuroradiology*, 52(11):1017-24, 2010.
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P o s t e r S e s s i o n

Retreat 2014

Poster Session List

Name	Grade
Ma Chengshan	4
Nurmaa Dashzeveg	4
Bijaya Haobam	4
Rumana Khanom	4
Duarte Puerto Carolina Lizeth	4
Zayar Lin	4
Junpei Shirakawa	4
Yukihiko Hashida	4
Md.Sofiqul Islam	4
Mayumi Ogita	4
Nadila Wali	4
Tadashi Hosoya	4
Naoki Kimura	4
Warunee Pluemsakunthai	4
Cheng Xu	4
Gerardo Jose Joves Mendez	4
Masayoshi Uezono	4
Dawud Abduweli	3
Gu Jie	3
Suphanantachat Supreda	3
Li Hui	3
Surapornsawasd Thunyaporn	3
Thanit Prasitsak	3
Rajapakshe Mudiyanseleage Anupama Rasadari Rajapakshe	3
Thanatvarakorn Ornnicha	3
Yusuke Matsuo	3
Yoko Yoshihashi	3
Maheswari Kuppusamy	3
Mohannad Issa Michael Nassar	3
Kenji Ogura	3
Kahaer Abula	3
Takayuki Yamada	3
Uehara Daniela Tiaki	2
Nuylan, Michelle Loyola	2
Alaa Abdulahad Turkistani	2
ALSAYED, EHAB ZAKI E	2

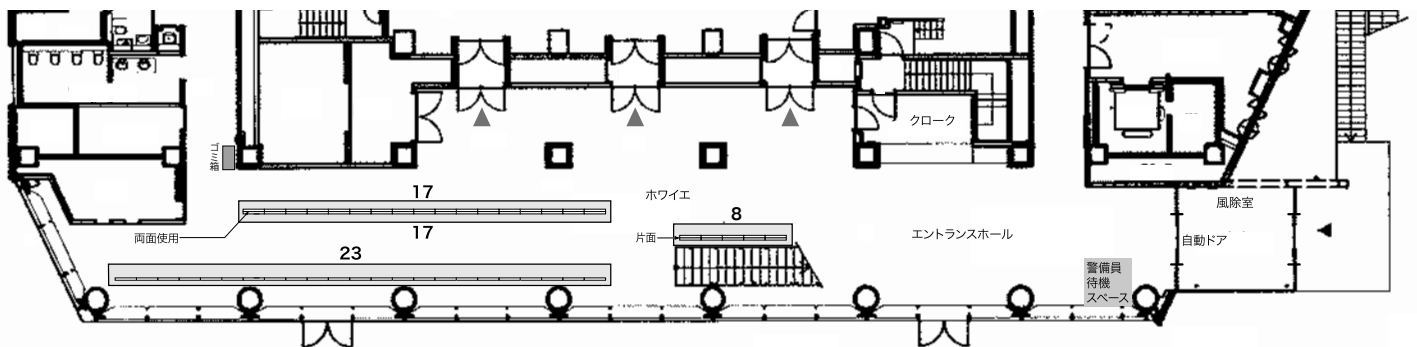
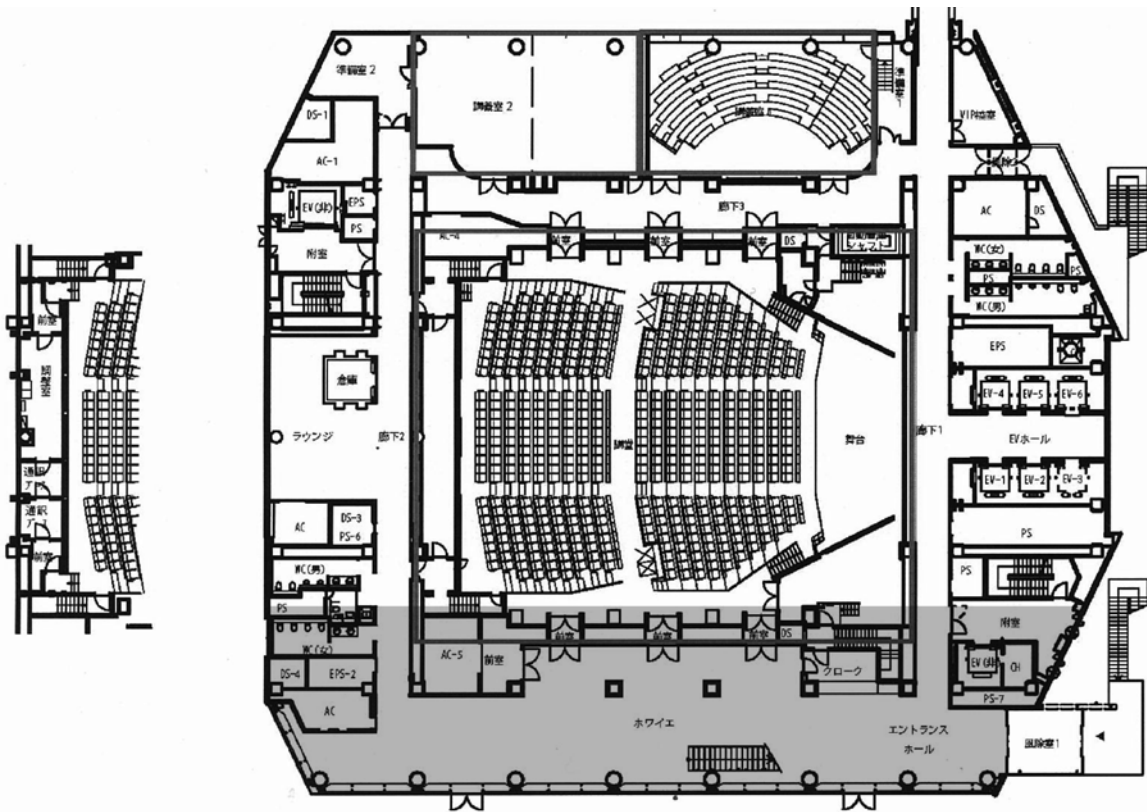
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Name	Grade
Hua Qiao	2
Khunkar, Sahar Jameel M	2
Kenchi Takenaka	2
Kong Kalyan	2
Baba Bista	2
Makiri Kawasaki	2
Natsuka Umezawa	1
Jun Yamada	4
Takashi Taniyama	4
Munetaka Iwata	4
Arata Yuki	4
Madoka Onuma	4
Nobutake Ozeki	4
Yu Matsukura	3
Yusuke Nakagawa	3
Hidetoshi Kaburagi	2
Masanori Saito	2
Satoshi Sumiya	2
Katsuaki Yanagisawa	2
Makiko Inoue	2
Mio Udo	2
Shinpei Kondo	2
Ryusuke Saito	2
Toshiyuki Ohara	2
Mikio Shioda	1
Kaori Nakamura	1
Hiroaki Yasuda	1
Jinying Piao	
Koji Fujita	

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