

Global Alliance for NanoBioElectronic A European Union and USA program Project

Babak Kateb, MD

Chairman of the Board of Directors

Society for Brain Mapping & Therapeutics (SBMT) , CA

President and Scientific Director of Brain Mapping Foundation

Director of National Center for Nano-Bio-Electronics (NCNBE),

Director of Brain Technology and Innovation Park (BTIP)

Chairman CEO, Smart Microscopy Inc.





Mission of SBMT:

....improve the diagnosis, treatment and rehabilitation of patients afflicted with neurological disorders.

Approach Of SBMT

...multi-disciplinary collaborations with government agencies, patient advocacy groups, educational institutes and private sectors (industry) as well as philanthropic organizations.

www.WorldBrainMapping.Org

SBMT Annual Meetings and Symposia



World Congresses Held at:

1. USC-Keck School of Medicine, Los Angeles, CA-2004
2. University of Auvergne Clermont Ferrand-France-2006
3. The West in Pasadena Hotel, Pasadena, CA-2005
4. The Washington Plaza Hotel-2007
5. California NanoScience Institute-UCLA Auditorium-2008
6. Harvard Medical School, Conference Center, Boston, MA-2009
7. USUHS, Conference Center, Baltimore, MD, 2010
8. UCSF School of Medicine Conference Centre, 2011
9. Toronto Metro Convention Center, 2012
10. Baltimore Convention Center, 2013
11. Sydney Australia (March 17-19, 2014)
12. Los Angeles Convention Center (March 6-8, 2015)
13. Miami Florida, 2016
14. Silicon Valley, CA 2017 (March 30-April 1st 2017)

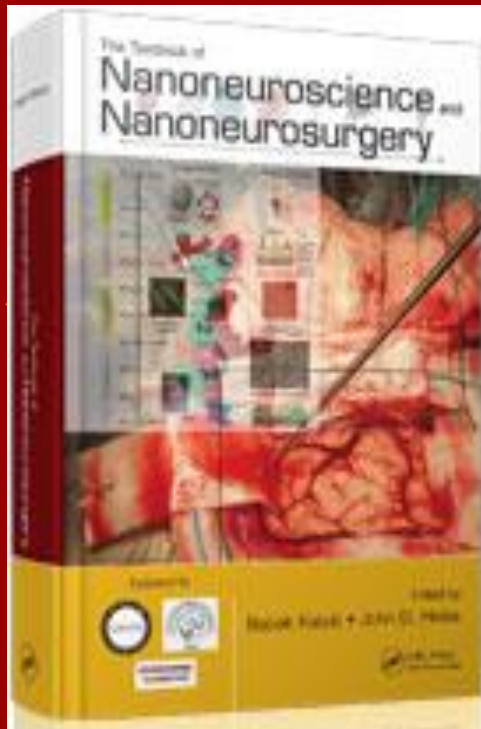
Satellite Symposium Held at:

2012 satellite Symposium-France & 2015 In DC



WWW.WORLDBRAINMAPPING.Org





THE WHITE HOUSE
WASHINGTON

November 21, 2013

Dr. Babak Kateb
West Hollywood, California

Dear Dr. Kateb:

This is just a quick note to thank you for your kind gift. Each day, I am moved and inspired by the generosity of the American people, and I appreciate your thoughtful gesture.

Thank you again for your wonderful gift. I wish you all the best.

Sincerely,

NEUROSCIENCE

Neurophotronics and Brain Mapping



Neurophotronics and Brain Mapping presents a state-of-the-art review of the field that will have a significant impact on precision and personalized medicine in less than a decade, providing current information about neurophotronics in relation to advanced brain mapping techniques and their application in neurosurgery, neurology, neuroscience, and neurobiology. This book reviews the latest regulatory guidelines that influence the translation of neurophotronics and brain mapping research from the laboratory to the clinic, as well as the most recent information on biodevices and therapeutics spinoffs.

Features

- Covers clinical and basic science aspects of neurophotronics in relation to advanced brain mapping techniques
- Discusses current initiatives in the field of brain mapping and neurophotronics
- Presents the latest clinical trials in the field as well as examples of translational clinical and basic science research and trials
- Includes both technology development and clinical translation and is suitable for a broad audience including neuroscientists, biomedical engineers, and clinicians

Neurophotronics and Brain Mapping highlights Neurophotronics and G20Neuroscience 20 World Brain Mapping and Therapeutics initiatives and programs that may significantly impact the field in the near future. Chapters discuss the latest science and technologies, which are applied to diagnosis and treatment of neurological disorders, as well as regulatory issues that impact product development. In addition, the book describes techniques, current research, and clinical advances that have already been translated to the clinic or hold significant promise for future application in neurophotronics and brain mapping.

As a full-color text, it contains contributions by more than 100 researchers, original and descriptive illustrations, and more than 2,000 references. Offering broad coverage of neurophotronics and brain mapping applications in diverse areas and addressing FDA regulation and healthcare policy, this book provides a foundation of ideas and methods for scientists, engineers, and physicians to devise successful, less invasive procedures for future treatment of nervous system disorders.

This book is endorsed by the Society for Brain Mapping and Therapeutics (www.WorldBrainMapping.org), Brain Mapping Foundation, California Neurosurgical Institute, National Center for Nanobiotechnology, College of Optometry at Western University Health Sciences, and the California Institute for Neuroscience. A portion of the proceeds of this book will be donated to Brain Mapping Foundation to fund neurophotronics and brain mapping research projects. For more information, please visit www.brainmappingfoundation.org.

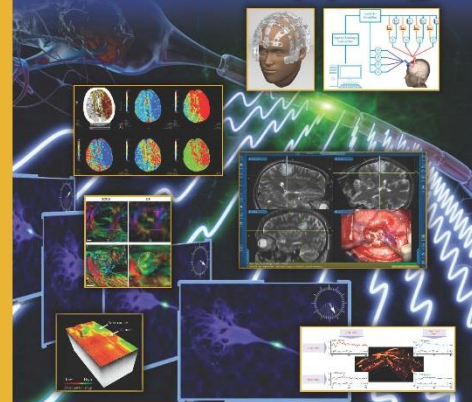


Chen | Kateb

Neurophotronics and Brain Mapping

CRC Press

Neurophotronics and Brain Mapping



Yu Chen
Babak Kateb

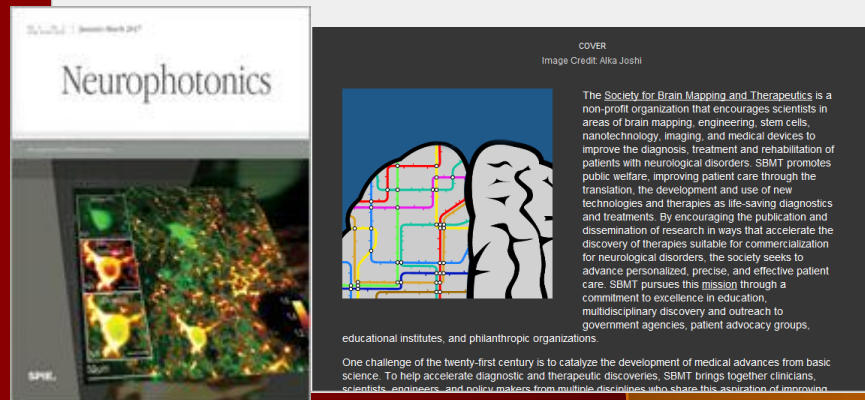


Endorsed by



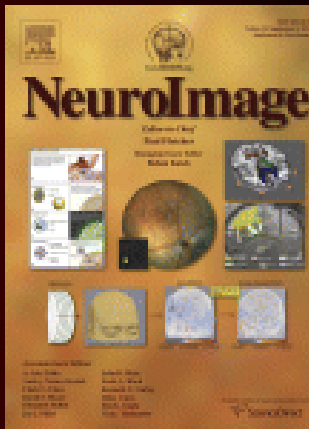
PLOS COLLECTIONS

Table of Contents: NeuroMapping and Therapeutics



educational institutes, and philanthropic organizations.

One challenge of the twenty-first century is to catalyze the development of medical advances from basic science. To help accelerate diagnostic and therapeutic discoveries, SBMT brings together clinicians, scientists, engineers, and policy makers from multiple disciplines who share this aspiration of improving

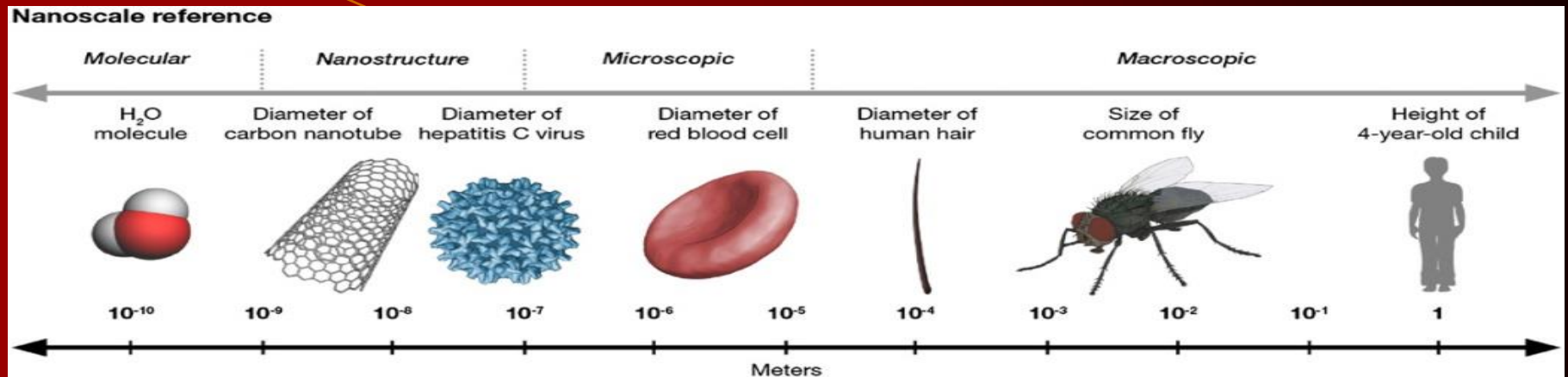


Global Brain Policy and Advocacy:

From scientist to: The President, Congress, Senate, Parliament, supreme Court justices, Ministers, Military leaders, ambassadors and Consul Generals, advocacy groups, Hollywood Stars and international coalitions



• **What is the Definition of Brain Mapping?** <http://vimeo.com/vc1/review/89547242/827ac5b020>
The study of the anatomy and function of the brain and spinal cord through the use of imaging (including intraoperative, microscopic, endoscopies and multi-modality imaging), immunohistochemistry, molecular and optogenetics, stem cell and cellular biology, engineering (Material, Electrical and biomedical), neurophysiology and nanotechnology.



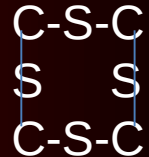
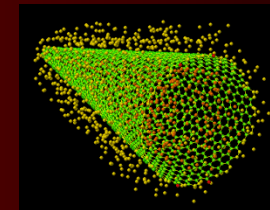
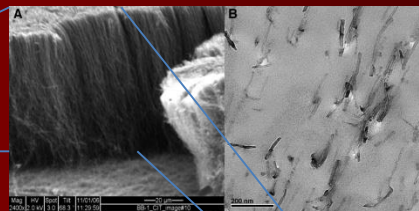
• **What is: Nanoneuroscience, Nanoneurosurgery and Nanobioelectronics?**

Application of nanotechnology in neuroscience is called nanoneuroscience

The therapeutics application of nanotechnology, which could enhance neurosurgical treatments is called nanoneurosurgery

Integration of nanotechnology, device, cellular therapy and imaging called nanobioelectronics.

Using NASA Carbon Nanotube for Drug Delivery to Brain Cancers: A NanoBioElectronic Approach



NeuroImage

www.elsevier.com/locate/ynimg
NeuroImage xx (2007) xxx–xxx

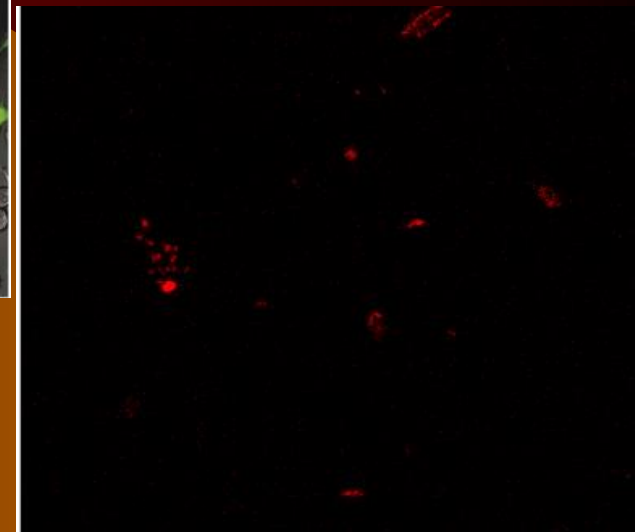
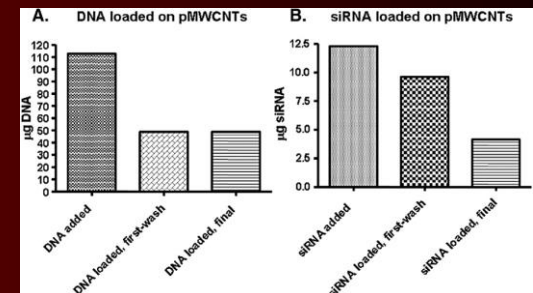
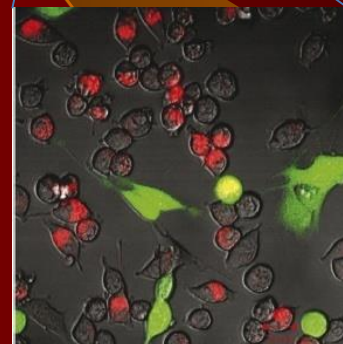
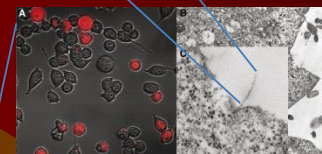
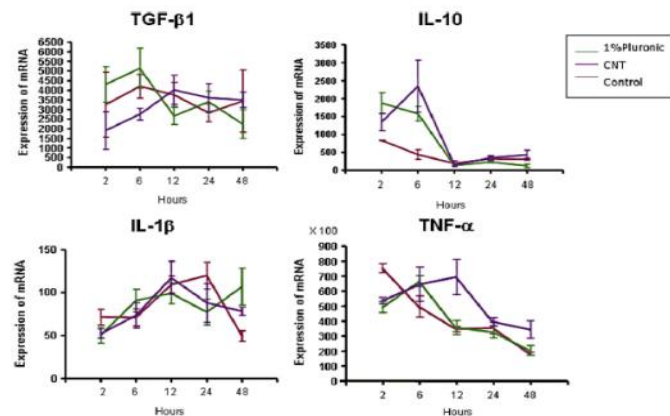
Internalization of MWCNTs by microglia: Possible application in immunotherapy of brain tumors

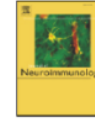
Babak Kateb,^{a,*} Michelle Van Handel,^a Leying Zhang,^a Michael J. Bronikowski,^b Harish Manohara,^b and Behnam Badie^{a,*}

^aBrain Tumor Program, Department of Neurosurgery, 1500 East Duarte Road, Duarte, CA 91010, USA

^bJet Propulsion Laboratory, 4800 Oak Grove Drive, California Institute of Technology, Pasadena, CA 91109, USA

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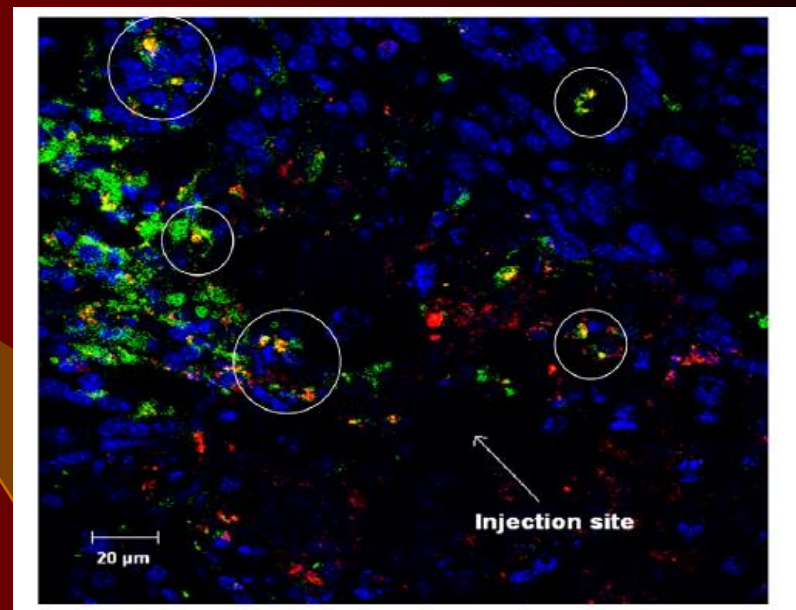
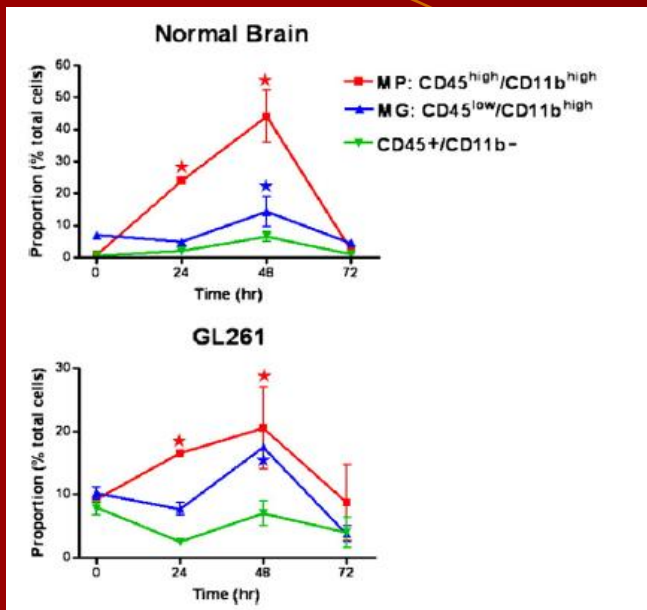
Selective uptake of multi-walled carbon nanotubes by tumor macrophages in a murine glioma model

Michelle VanHandel^a, Darya Alizadeh^a, Laying Zhang^a, Babak Kateb^{a,c}, Michael Bronikowski^b, Harish Manohara^b, Behnam Badie^{a,*}

^a Division of Neurosurgery, City of Hope Medical Center and Beckman Research Institute, 1500 East Duarte, Duarte, CA 91010, USA

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Effect of MWCNT on inflammatory cell infiltration

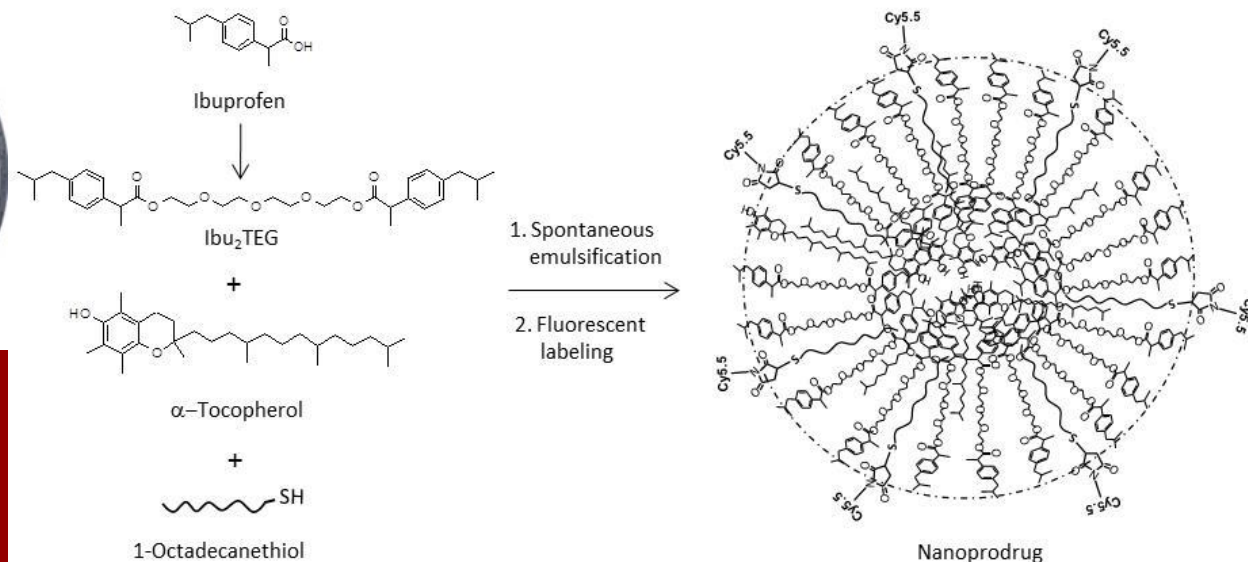
*PKH26: a non-toxic hydrophobic red fluorescent dye

- 2 days post Injection of 5pg of MWCT-PKH* intratumorally in mice
- MWCNTs are depicted in red (PKH),
- CD68+ cells (macrophage and microglia) in green (FITC), and
- tumor nuclei in blue (DAPI).
- MWCNT-PKH-positive CD68+ cells were noted throughout the tumor and tumor periphery (circles)
- MWCNTs can be detected in vivo

Reactive Oxygen Species-Activated Nanoprodrug of Ibuprofen for Targeting Traumatic Brain Injury in Mice

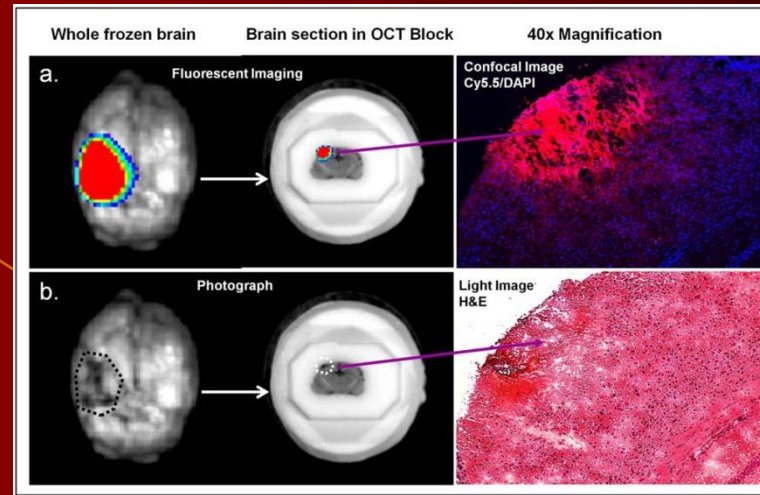
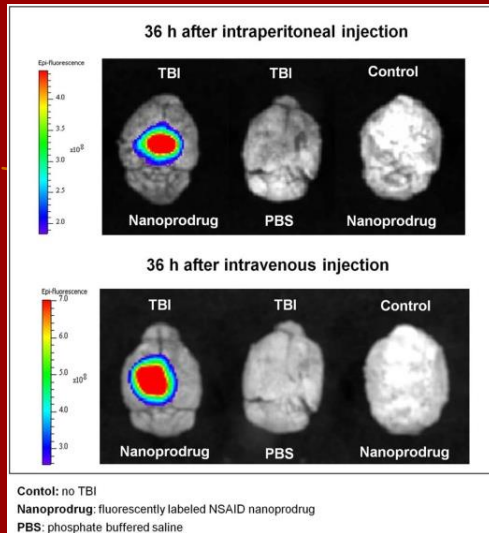
Morgan A. Clond¹, Bong-Seop Lee², Jeffrey J. Yu², Matthew B. Singer¹, Takayuki Amano², Alexander W. Lamb¹, Doniel Drazin², Babak Kateb², Eric J. Ley¹, John S. Yu^{2*}

¹ Department of Surgery, Division of Trauma and Critical Care, Cedars-Sinai Medical Center, Los Angeles, California, United States of America, ² Department of Neurosurgery, Cedars-Sinai Medical Center, Los Angeles, California, United States of America



Nanoprodrug preparation and characterization. This chemical schematic shows the molecular structures of the individual ibuprofen molecule, the Ibu₂TEG complex consisting of two ibuprofen molecules joined by a **tetraethylene glycol (TEG)** spacer, the anti oxidant **a-tocopherol**, and the **hydrophobic 1-octadecanethiol** which is joined to **Cy5.5 (maleimide fluorescent tracer)** after emulsification. The final product is represented on the right hand side of the schematic.

Reactive Oxygen Species Activated Nanoprodrug of ibuprofen for Targeting Traumatic Brain Injury in Mice



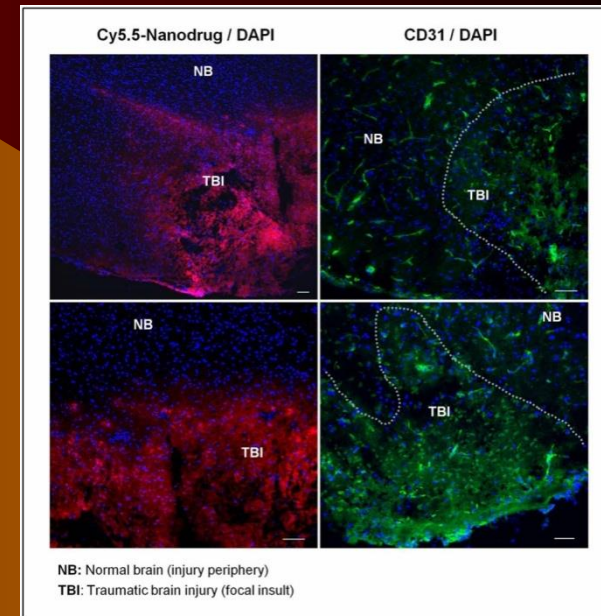
Drug accumulation in the area of injury. Accumulation of the drug in the left parietal area is visualized (a) using fluorescent imaging in the top panels and (b) by traditional photography and hemotoxylin and eosin staining in the lower pannels.

Comparing accumulation for IV and IP administration. The injection of nanoprodrug either IV or IP results in similar accumulation in animals with TBI, while normal animals given nanoprodrug and TBI animals **do not show any background fluorescence**. Brains are oriented with the rostral portion toward the top of the image.

Disorganized vascular structures at the region of nanoprodrug uptake.

Representative images from two brains showing nanoprodrug uptake on the left column and CD31 staining of vascular endothelial cells on the right.

Outside of the TBI region, vascular structures exist in normal tubular arrangements, but these are disorganized within the region of injury. The nuclei are stained with DAPI are displayed in blue. Scale bar, 50 μ m

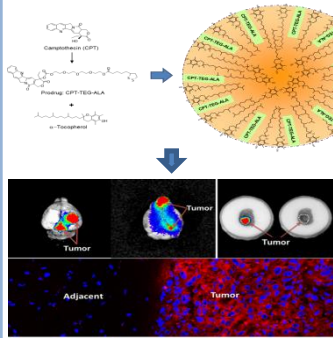


NanoProdrug

Bong Seop Lee^a, Lei Zhang^a, Takayuki Amano^a, Nam-Ho Kim^a, Hong Qiang Wang^a, Minzhi M. Liu^a, Paul Lapchak^a, Maya Koronyo-Hamaoui^a, Yosef Koronyo^a, Eric J. Ley^b, Morgan A. Clond^b, Jeffrey J. Yu^a, Matthew B. Singer^b, Alexander W. Lamb^b, Doniel Drazin^b, Babak Kateb^a, Keith L. Black^a and John S. Yu^a
^a Department of Neurology & Neurosurgery, Cedars-Sinai Medical Center. ^b Department of Surgery, Cedars-Sinai Medical Center

Targeted Chemotherapy

Chemotherapeutic nanoprodrug

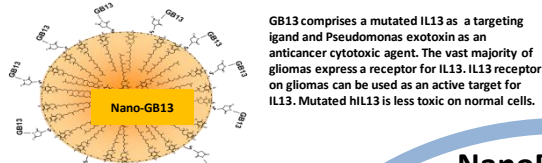


The in vivo study in mice demonstrated that the CPT nanoprodrug passed through the BBB and specifically accumulated in brain tumor tissue, but not in healthy brain tissue and other organs.

Multi-targeting nanoprodrug

Therapeutic agents (chemos, peptide, antisense, DNA, RNA, protein), imaging or diagnostic agents

Nanoprodrug of cytotoxic fusion protein GB13

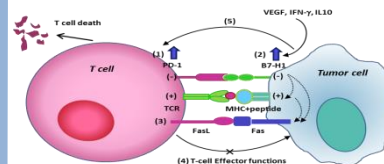


GB13 comprises a mutated IL13 as a targeting ligand and Pseudomonas exotoxin as an anticancer cytotoxic agent. The vast majority of gliomas express a receptor for IL13. IL13 receptor on gliomas can be used as an active target for IL13. Mutated hIL13 is less toxic on normal cells.

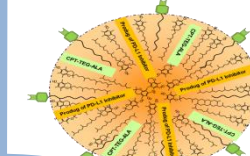
Chemo-Immunotherapy

B7-H1 induced immune suppression

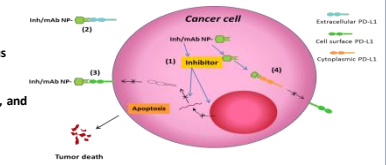
(1) Tumor microenvironment leads to up-regulation of the programmed death 1 receptor (PD-1) in tumor-reactive T cells. (2) B7-H1 is an immune suppressive molecule that is overexpressed in cancer cells. (3) B7-H1 positive cancer cells become resistant to Fas-mediated apoptosis despite of high expression of surface Fas. (4) Binding of B7-H1 on cancer cells to PD-1 on T cells induces resistance of cancer cells against T cell-mediated killing. (5) The activation of B7-H1/PD-1 pathway induces T cell anergy or promotes T-cell apoptosis.



Nanoprodrug for chemo-immunotherapy



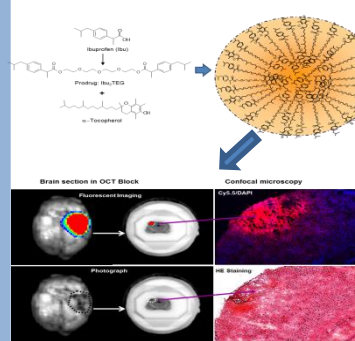
- The nanoprodrug can reverse cancer-induced immunosuppression, and thus enhance the efficacy of immunotherapy.
- The nanoprodrug can reverse chemotherapy-induced immunosuppression, and thus enhance the efficacy of chemotherapy.
- The nanoprodrug strategy can be used to combine chemotherapy and immunotherapy.



- PD-1/PD-L1 pathway plays a pivotal role in the ability of tumor cells to evade the host's immune system.
- Blockade of PD-1/PD-L1 pathway can reverse cancer-induced immunosuppression.

Traumatic Brain Injury (TBI)

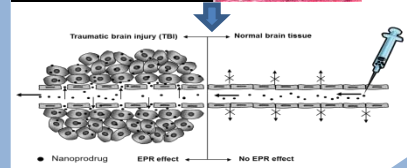
In industrialized countries, traumatic brain injury (TBI) is the leading cause of death in those under the age of 45 and traumatic injuries account for a greater number of potential years of life lost than all other causes of death.



Non-steroidal anti-inflammatory drugs (NSAIDs) are a promising candidate to circumvent the effects of inflammation after TBI. In order to circumvent the adverse side effects associated with NSAIDs and improve bioavailability, various NSAID prodrugs have been developed through the formation of bioreversible ester bonds. The hydrophobic NSAID prodrugs can be converted into nanoprodrug.

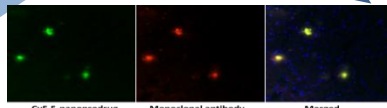
Blood brain barrier in TBI

In TBI, the integrity of the BBB is known to be severely compromised at the site of injury. The destruction of the BBB interface can be a direct result of the traumatic injury itself, as well as due to secondary consequences of inflammation-related mechanisms, metabolic disturbances, and astrocyte dysfunction. This permeability may represent a serendipitous opportunity to deliver drugs to the site of injury.



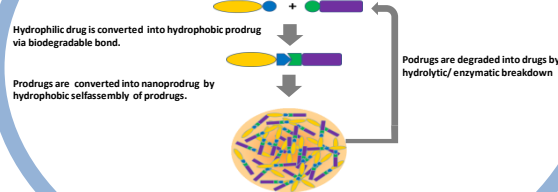
EPR effect in TBI

The phenomenon of failing vascular barrier activity has been described in oncology literature as the enhanced permeability and retention (EPR) effect. Although the etiology for the EPR effect is different in TBI than it is in tumor, the effect is the same.



NanoProdrug

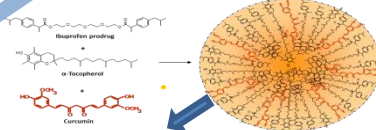
While most of the efforts to improve bioavailability and therapeutic efficacy of drugs have strived to develop a more water-soluble prodrug, we aimed to design a more hydrophobic prodrug that can be transformed into a nanoprodrug by spontaneous hydrophobic assembly.



The formation into nanoprodrugs generates a large reactive surface area on which the interaction between hydrolytic enzymes and prodrugs can take place.

Alzheimer

Alzheimer's disease (AD) is a progressive and invariably fatal degenerative dementia characterized by a progressive deterioration of cognitive and behavioral functions. The progressive accumulation of Aβ aggregates via a fibrillation process is widely believed fundamental to initialize the neurodegenerative pathology and trigger a cascade of events, which include neurotoxicity, oxidative stress and inflammation during the progression of AD.

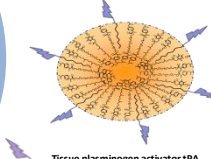


Studies have indicated that curcumin can interact with high affinity to oligomeric Aβ1-42, and inhibiting its aggregation and deposition, even disrupting the existing plaques, and partially restoring the distorted neuritis. As most neurodegenerative diseases, AD is characterized by excessive inflammation and production of reactive oxygen species (ROS).

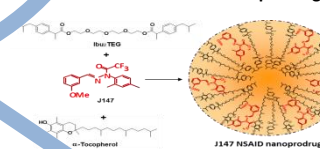
- The nanoprodrug is a ROS scavenger.
- The nanoprodrug is anti-inflammatory.
- The nanoprodrug has an anti-amyloid function.

Neurodegenerative disorders such as Alzheimer's disease and amyotrophic lateral sclerosis (ALS) are characterized by neurovascular dysfunctions and defective BBB function. We hypothesize that the defective BBB may facilitate the transport of the nanoprodrug through BBB into the brain and thus targeting Aβ aggregates and pathological conditions in the Aβ environment such as excessive inflammation and ROS.

tPA-NSAID nanoprodrug for the treatment of AIS



J147 NSAID nanoprodrug

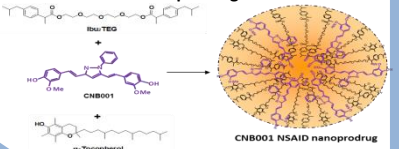


Stroke

Acute ischemic stroke (AIS) is the third leading cause of death and the leading cause of adult disability in the USA. Tissue plasminogen activator (tPA) (Alteplase) is currently the only FDA-approved treatment of acute ischemic stroke. tPA promotes thrombolysis by activating the endogenous fibrinolytic system: tPA catalyzes the conversion of plasminogen to plasmin, which in turn degrades fibrin and leads to clot lysis and cerebral reperfusion. Blood brain barrier in the ischemic brain is significantly leaky and permeable.

J147 has the ability to enhance memory in normal animals as well as to prevent memory deficits in AD transgenic mice. The neurotrophic and memory-enhancing activities of J147 are associated with an increase in brain derived neurotrophic factor (BDNF) levels and the expression of BDNF responsive proteins, the enhancement of LTP, synaptic protein preservation, the reduction of markers for oxidative stress and inflammation, the reduction of amyloid plaques, and lower levels of soluble Aβ1-42 and Aβ1-40.

CNB001 NSAID nanoprodrug



CNB-001 is neuroprotective in a variety of nerve cell toxicity assays, including excitotoxicity, oxidative stress, amyloid toxicity, and glucose starvation. It activates CaMKII via a cAMP-independent mechanism, facilitates the induction of hippocampal LTP, and is orally active in a rat object recognition test for memory.

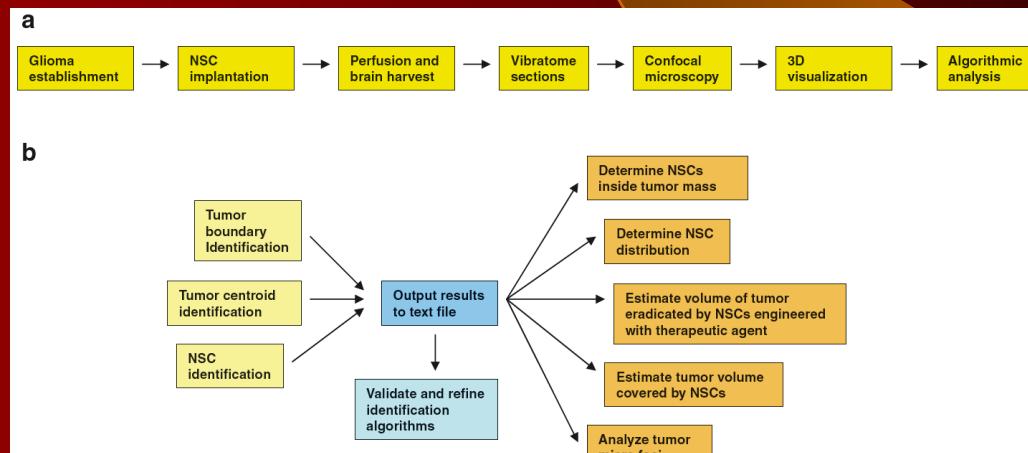
Novel method for visualizing and modeling the spatial distribution of neural stem cells within intracranial glioma

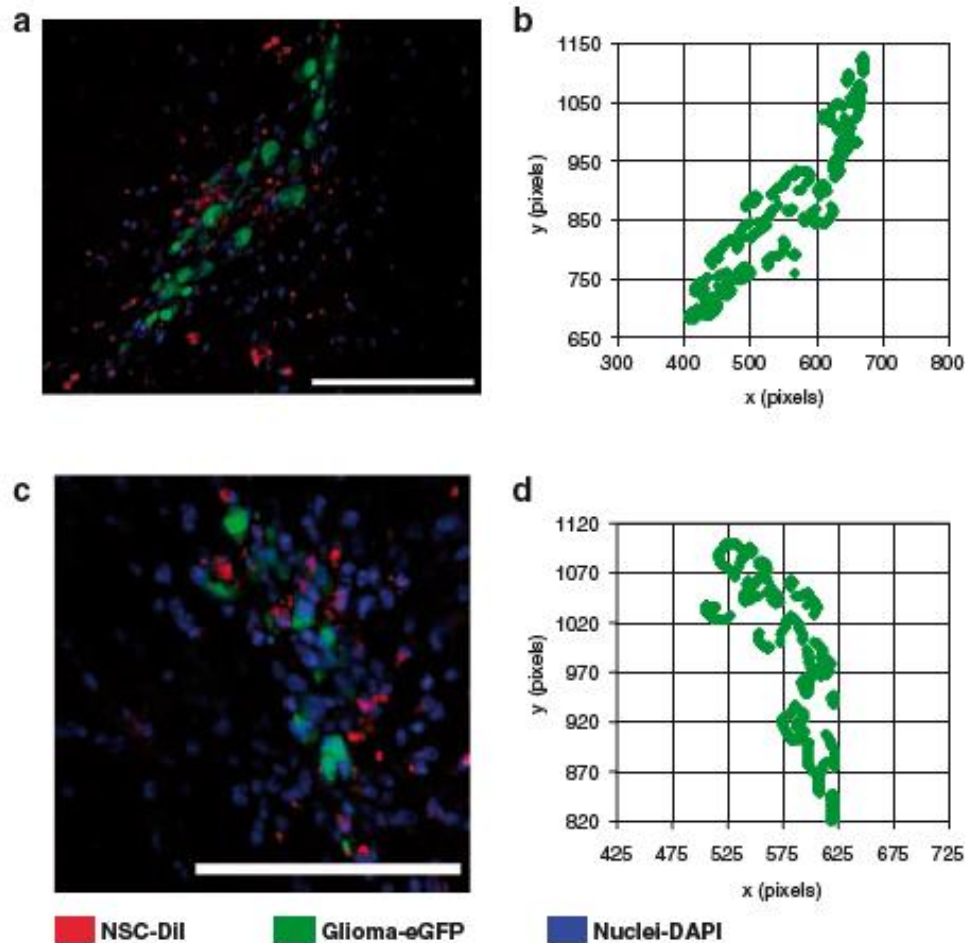
David Lin,^{a,b,c,1} Joseph Najbauer,^a Paul M. Salvaterra,^b Adam N. Mamelak,^{d,2} Michael E. Barish,^b Elizabeth Garcia,^a Marianne Z. Metz,^a Stephen E. Kendall,^e Marisa Bowers,^{a,b} Babak Kateb,^d Seung U. Kim,^{f,g} Margaret Johnson,^c and Karen S. Aboody^{a,b,*}

Neural Stem Cell have tumor-tropic properties

Analysis of visualization & quantification of the spatial distribution of Tumor-tropic NSC in mouse glioma model

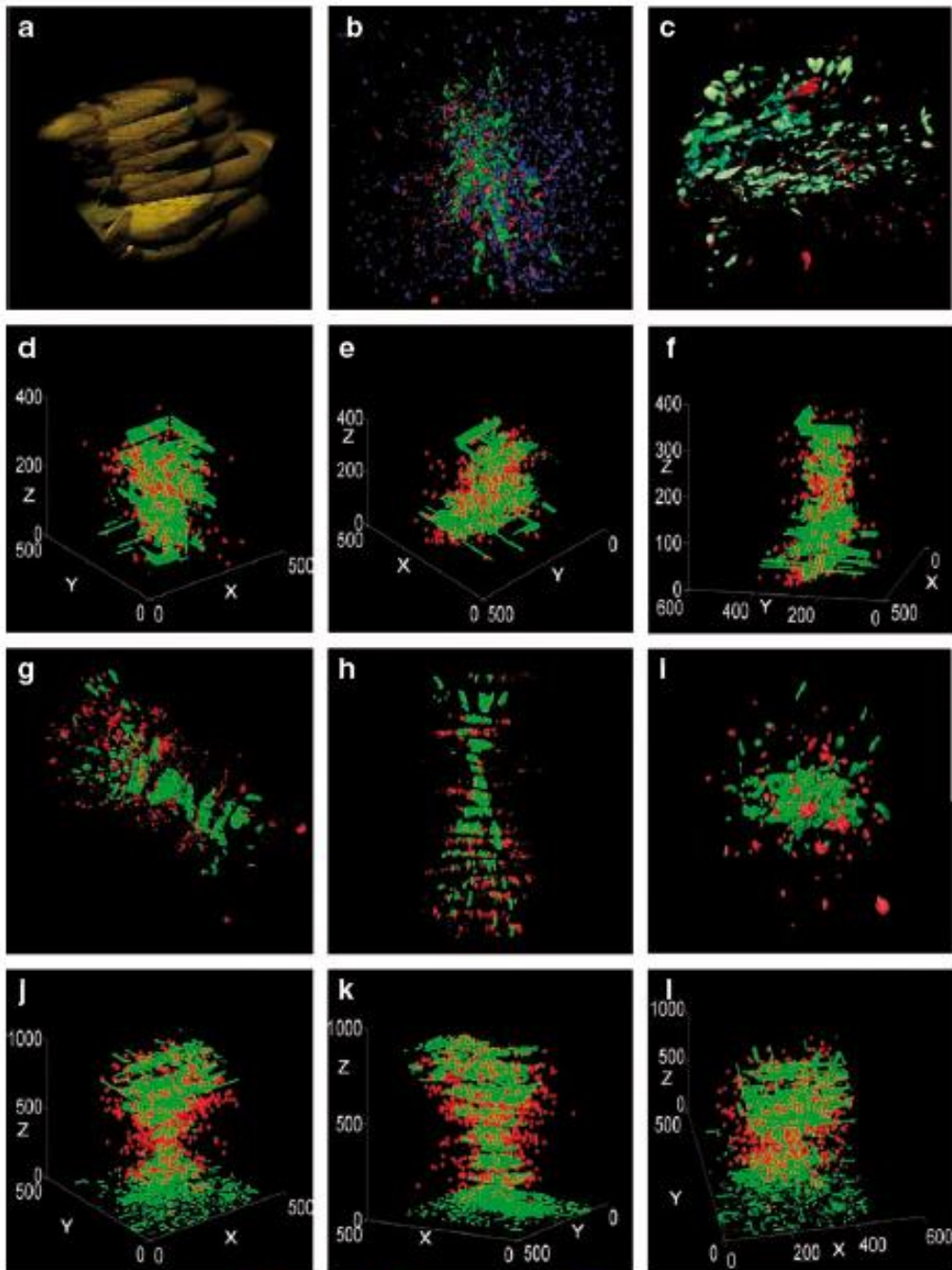
We used mathematical modeling in order to predict therapeutic efficacy of representation NSC based glioma therapy





Method:
AMIRA Software
Mathematical Modeling
(MATHLAB)

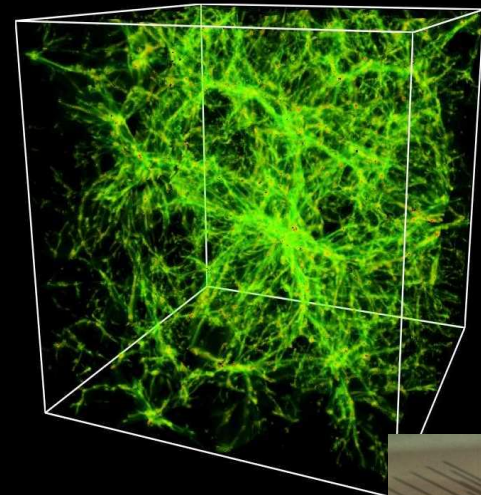
Fig. 3. Validation of tumor boundary estimation algorithm. (a, c) Single optical sections obtained from confocal microscope at 20 $\times$ showing CM-DiI-labeled NSCs (red), nuclei (blue), and eGFP-expressing tumor cells (green). Scale bar= 100 μ m. (b, d) Scatterplots of points marking the estimated tumor boundary outputted by the tumor boundary estimation algorithm in panels a and c, respectively. The shapes of these scatterplots matched the eGFP labeled tumor boundary in panels a and c.



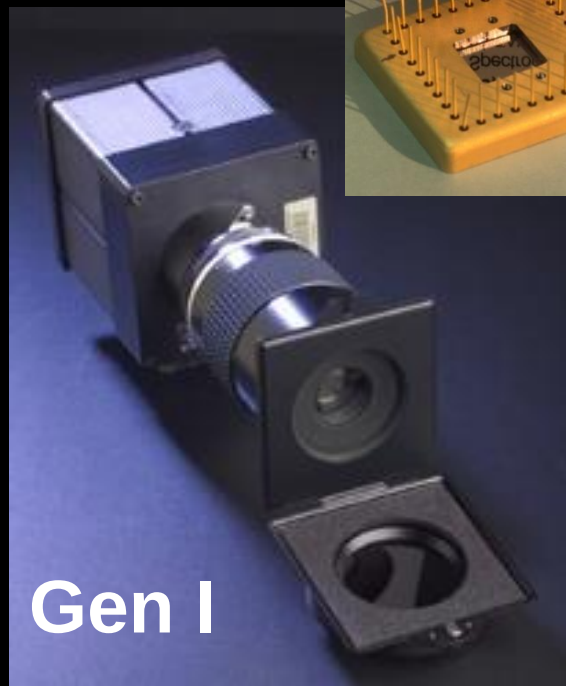
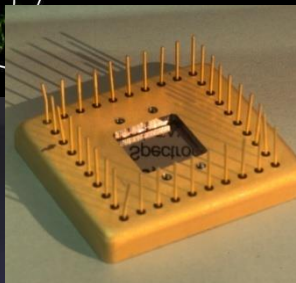
Visualization and quantification modeling of NSC distribution for brain mapping and therapeutics.



High Performance UV Imaging Technology: NASA-JPL's Delta doping Technology



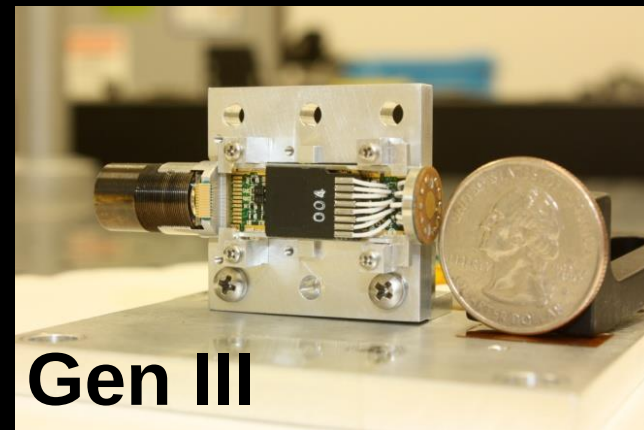
HRISE (NASA/JPL)



Gen I



Gen II



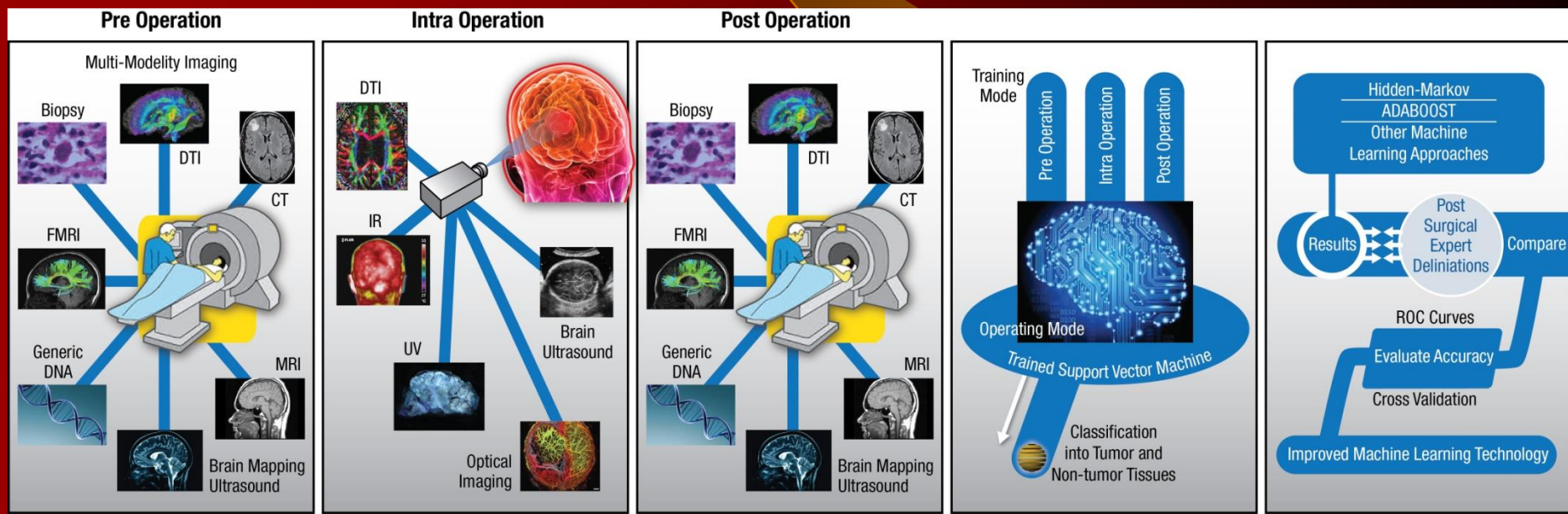
Gen III



Smart Microscope & Supercomputing Project:

Babak Kateb, Ray Chu, Lakshman Prasad, Frank Alexander, Shouleh Nikzad and Keith Black

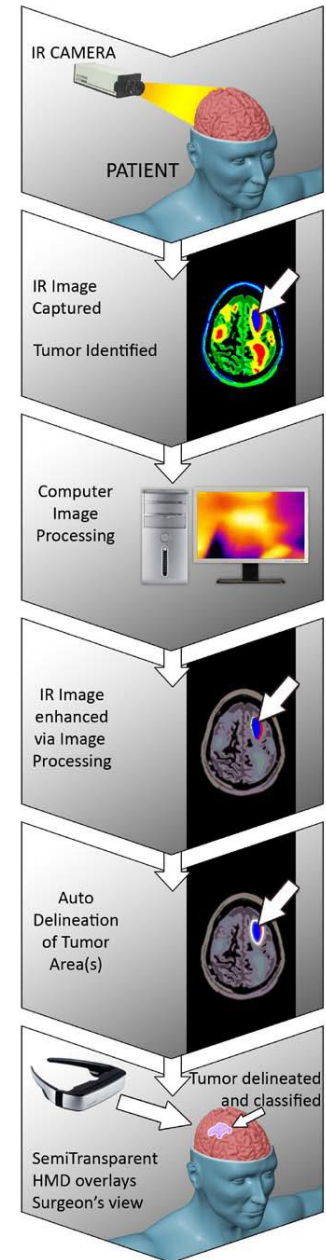
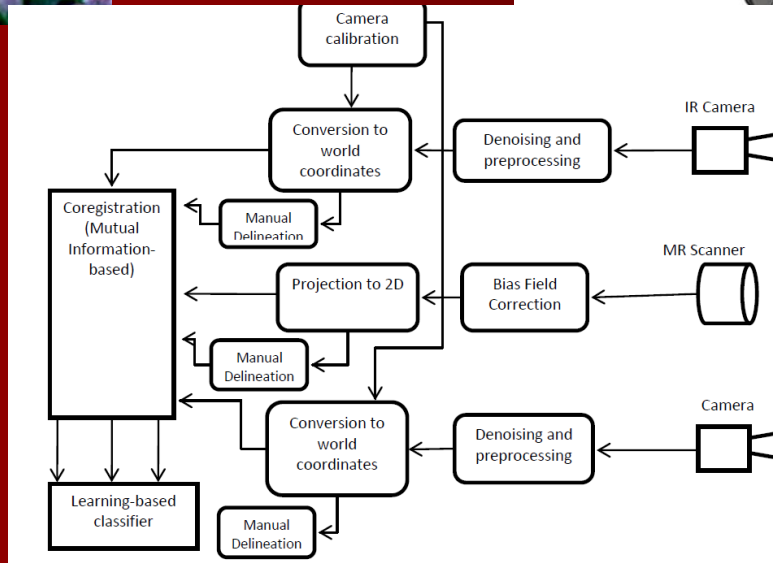
How surgical cases, artificial intelligence , Pattern Recognition and Meta Data, could help predict diseases behavior and response to a treatment

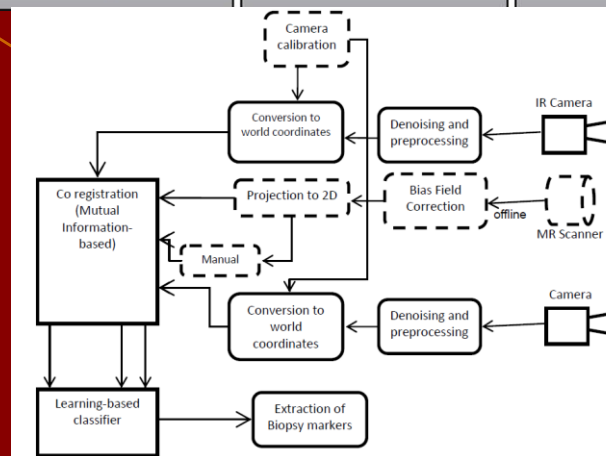
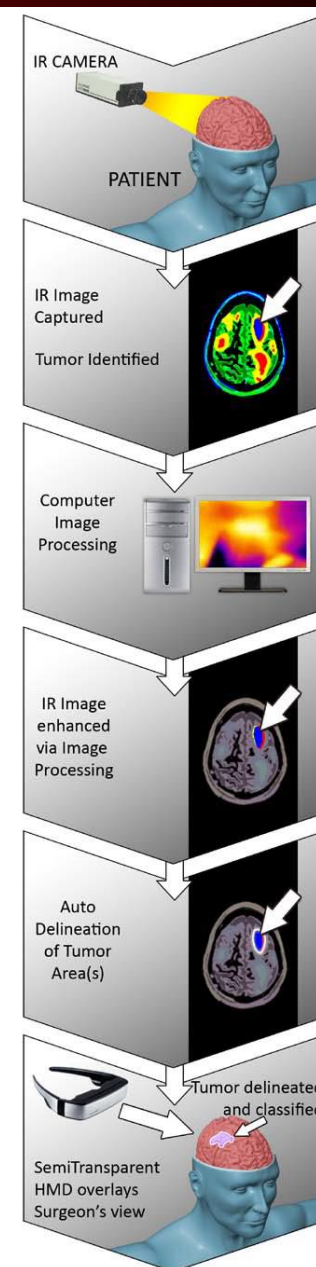
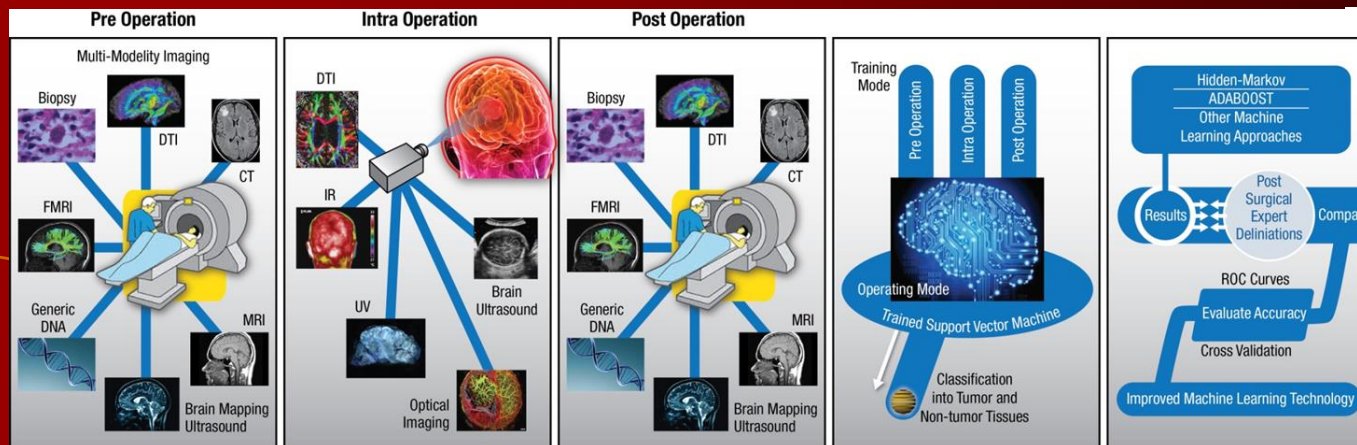


Auto-delineation Machine Learning



AUGMENTED REALITY





Smart Microscope Operational Phase

Multi-Modality Brain Mapping (pre, Per, Post Op/Procedure)
 Neurophotonic
 Intraoperative
 Big-data,
 Predictive modeling,
 Auto-Delineation and
 Upper computing



Conclusion:

1. Application of computer science in brain mapping and therapeutics, Nanoneuroscience, nanoneurosurgery and nanobioelectronic will be revolutionizing the field of clinical neuroscience in next decade though none/less invasive targeted therapies for the neurological disorder;
2. Advance therapeutics could ONLY be provided to the patients if government, academia, industry and private partnership take place.
3. Scientists must be involved in shaping brain policy and help standardize the neurotechnologies.
4. Development of advance therapeutics and intelligent microscopy only possible through partnership and collaborations.
5. We are advocating for funding and creation of Global Alliance for NanoBioElectronics between EU-USA (Horizon 2020 nanomedicine)

Thank you

