Adstock Science Club

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PhD student/Research Assistant
Clore Laboratory
University of Buckingham

My Background...

- Finished school education in India
- Completed A-Levels in London
- BSc Biotechnology (2005-2008), University of Westminster
- MSc Molecular Genetics (2008-2009), University of Leicester
- Research Assistant (2010-), University of Buckingham
- On going PhD in Biomedical Science (2011-), University of Buckingham

Clore Laboratory, University of Buckingham

- Internationally recognized research group
 - Led by Prof Mike Cawthorne and Prof Jon Arch
 - Track record in drug discovery, including insulin sensitizer rosiglitazone
- Main focus of the lab: physiology of metabolic diseases, particularly diabetes and obesity
- Our group: research focused on skin complications
 - Molecular aspects of dermatological states
 - Understanding skin integrity in diabetic and obese animal models
 - Understanding the role of human dermal fibroblast in processes such as wound healing, ageing etc.
 - Understanding the etiology of a rare disease





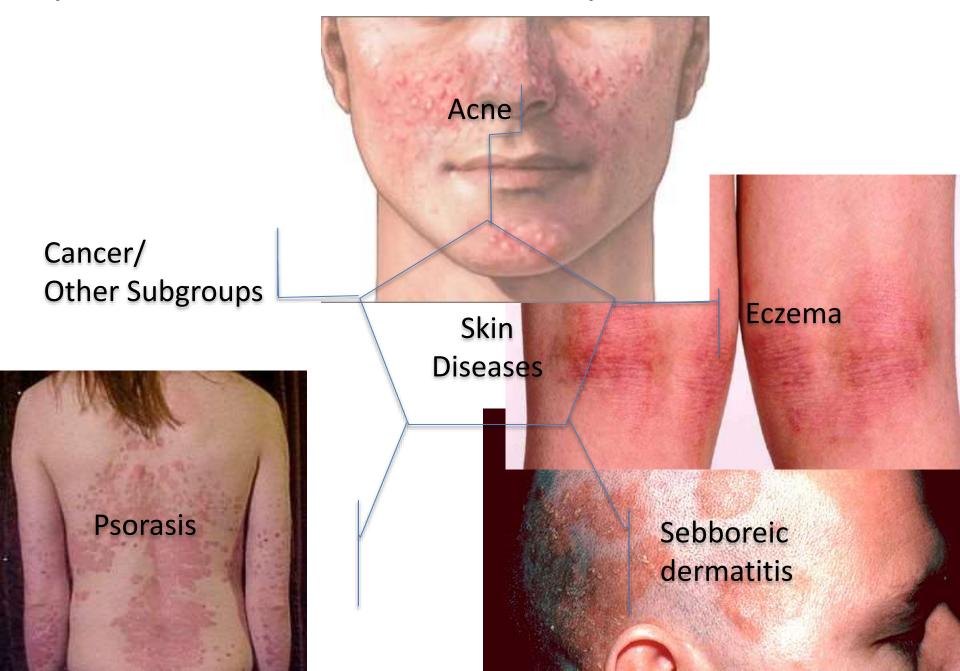








Topic of interest: Cutaneous Complications









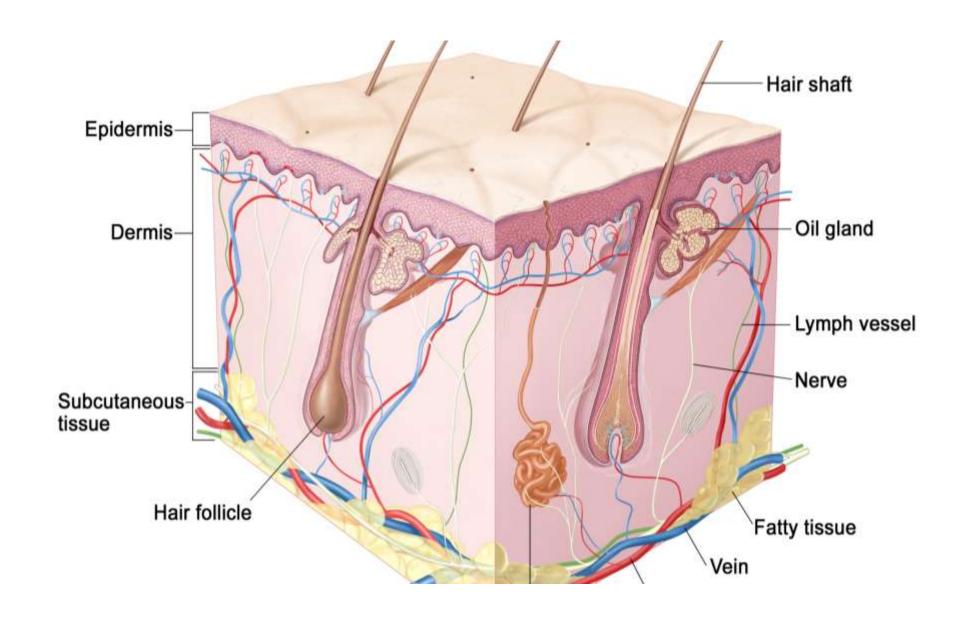
Squamous Cell Carcinoma

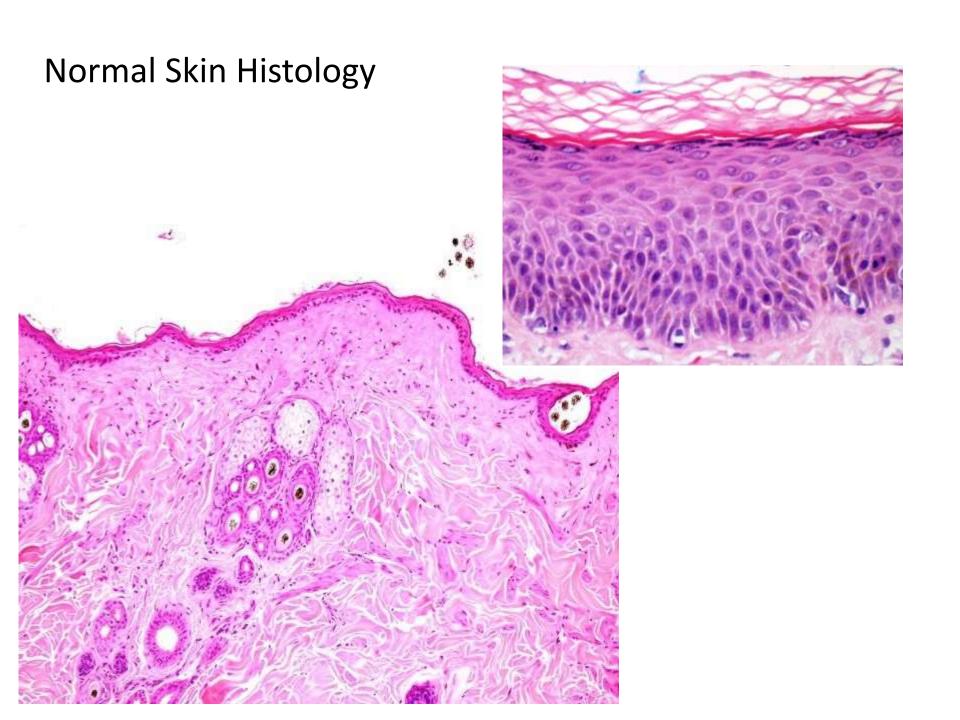
Disease of interest: Langerhans Cell Histiocytosis (LCH)



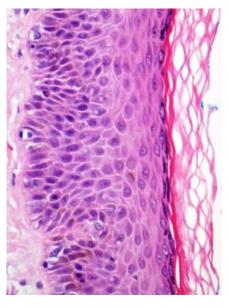


Organ/Tissue of Interest: Skin



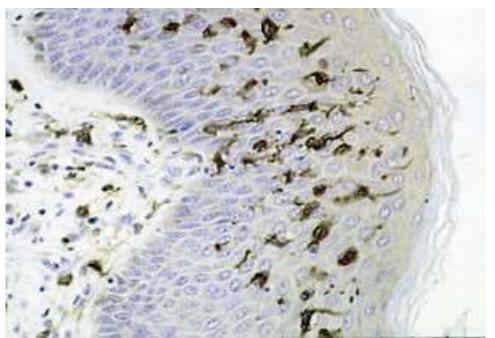


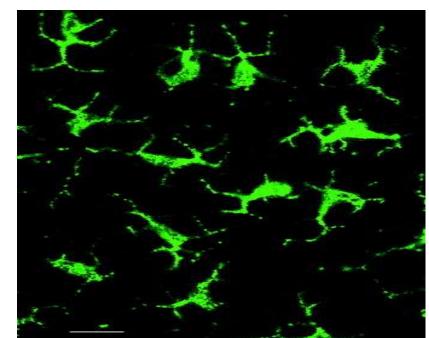
Cell of Interest: Langerhans cell

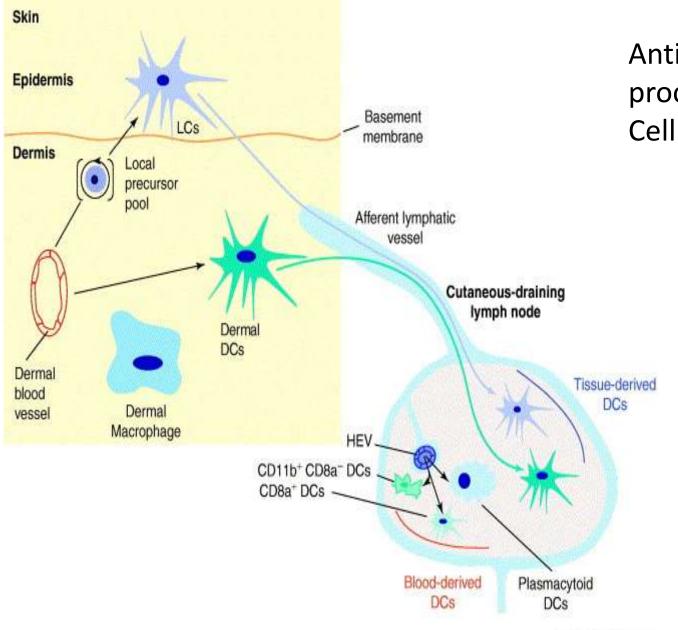


Normal LC

- Migrant of bone marrow origin
- Reside in the epidermis
- 2% of epidermal cells
- Dendritic, professional antigen presenting cell of the skin







Antigen presenting process of Langerhans Cell

Langerhans Cell Histiocytosis (LCH)

- LCH is a rare and potentially fatal disorder of unknown aetiology
- Overall incidence of LCH is estimated at 1 per 2 million children/ developed countries the estimates are higher at 2 per 200,000 births
- LCH can be observed in both infants and adults
- Disease Stage: Single system disease,
 Multisystem disease, Multisystem disease
 with evidence of vital organ dysfunction
- Skin involvement in LCH in adults is common and may be the first or only organ involved



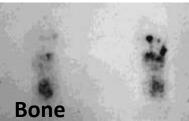




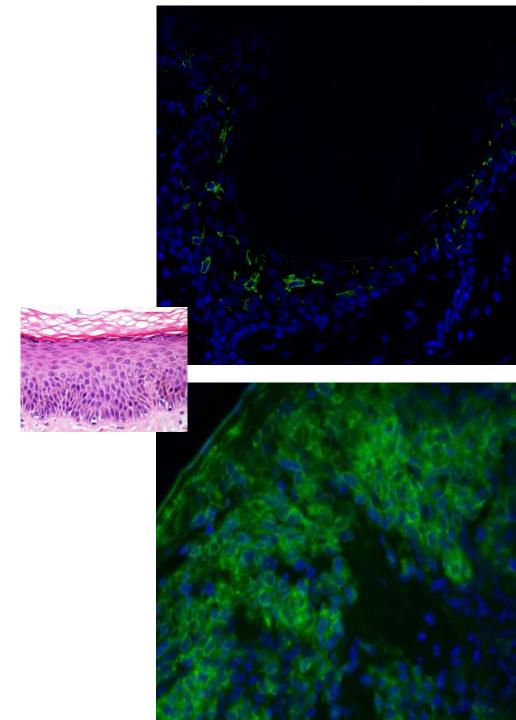








- LCH is not only found where LC are physiologically present:
 - LC epidermis/dermis, lymph nodes, bronchial epithelium, thymus
 - LCH skin, bone, lymph node, lung (in smokers), pituitary, liver, spleen, GIT, meninges, CNS
- LCH is characterised by the abnormal accumulation of CD1a-positive cutaneous Langerhans-like cells in various body sites, including skin
- Tissue damage and morbidity results from lesional cytokine release



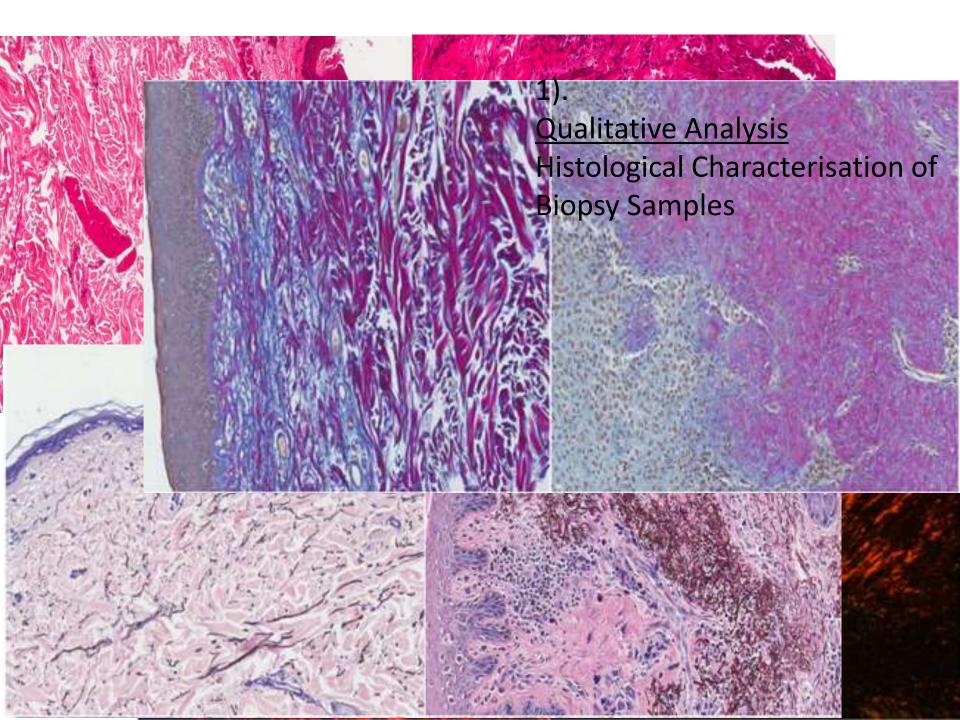
Problems faced in LCH research

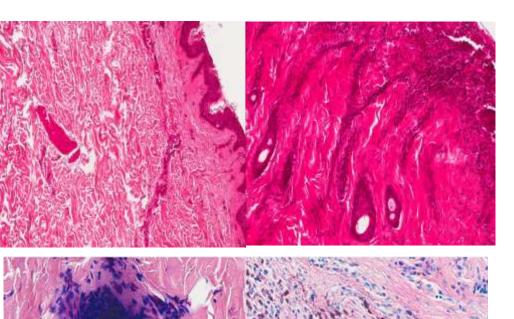
- Exact aetiology and pathogenesis remains unclear
- Disease probably under-reported due to difficulties in diagnosing the disease
- No prognostic biomarkers to facilitate disease stratification are known
- Treatment protocols vary between centres
- Studies hampered by scarcity of samples and lack of models

Project Aims

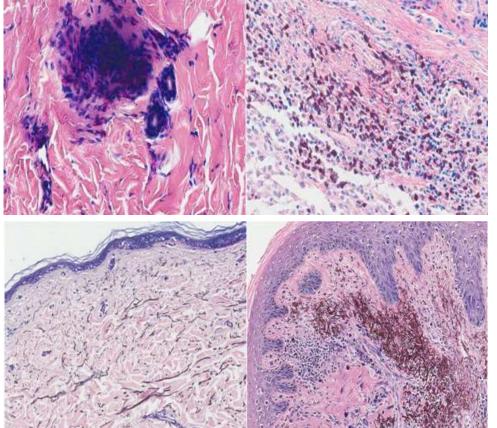
- •To provide diagnostic and prognostic markers of LCH for the clinic
- •To provide a 'fingerprint' of genes that can differentiate between the different LCH classifications to provide guidance for treatment
- •To provide insight into the aetiology underlying LCH through gene expression analysis

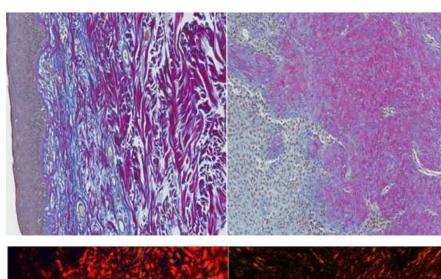
How are we approaching the problem??

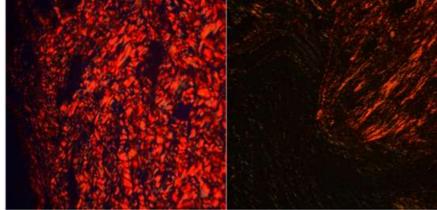


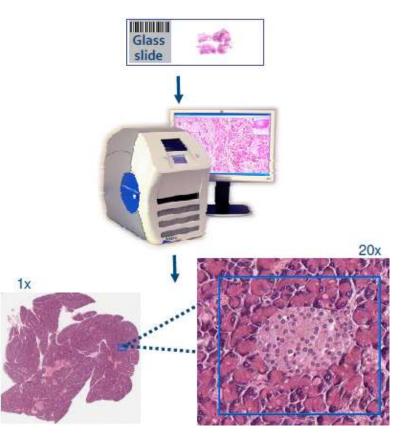


1).
Qualitative Analysis
Histological Characterisation of Biopsy Samples



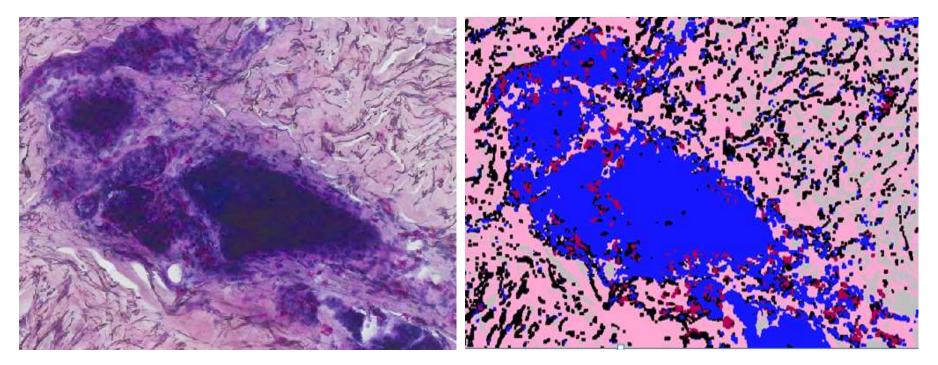


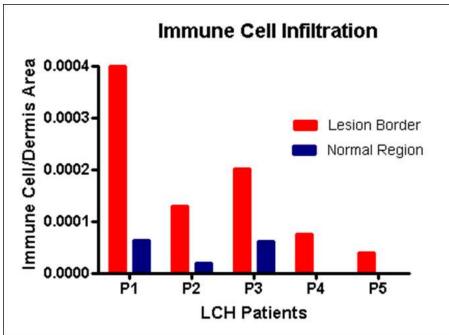


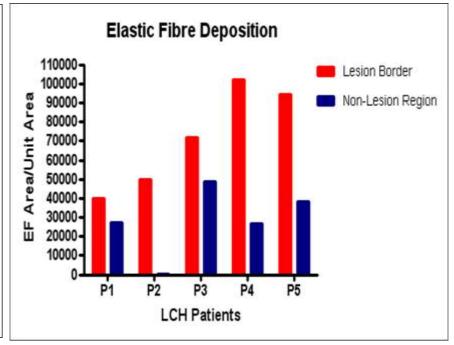


2).Quantitative AnalysisUsing Image Analysis

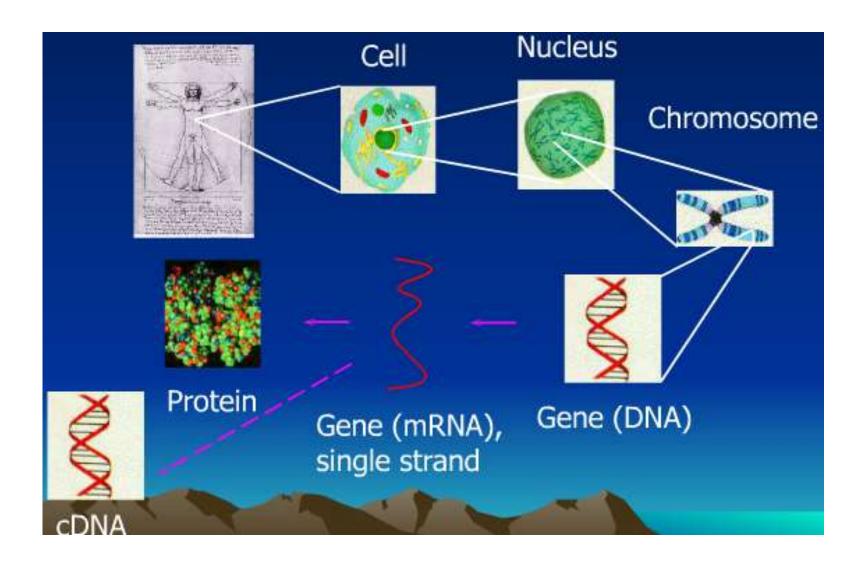




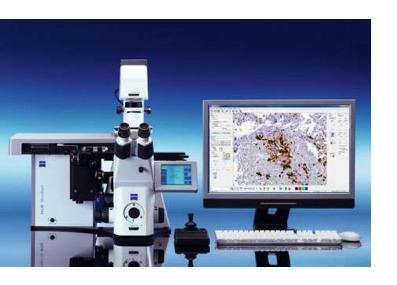


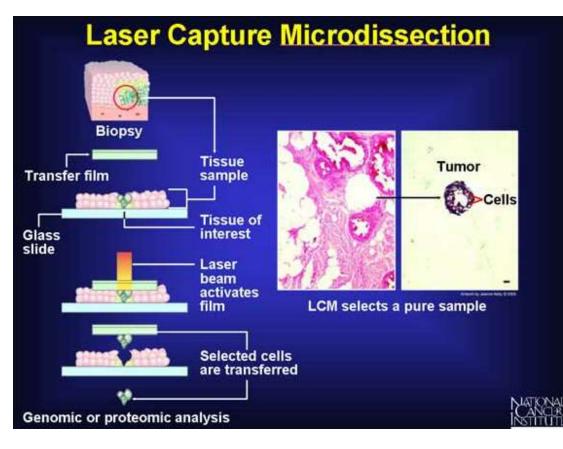


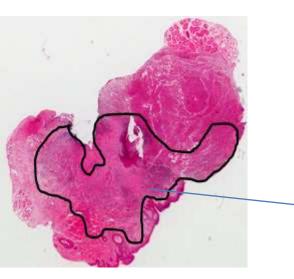
3). Gene Expression studies...



How do we get lesional cells from the biopsy?

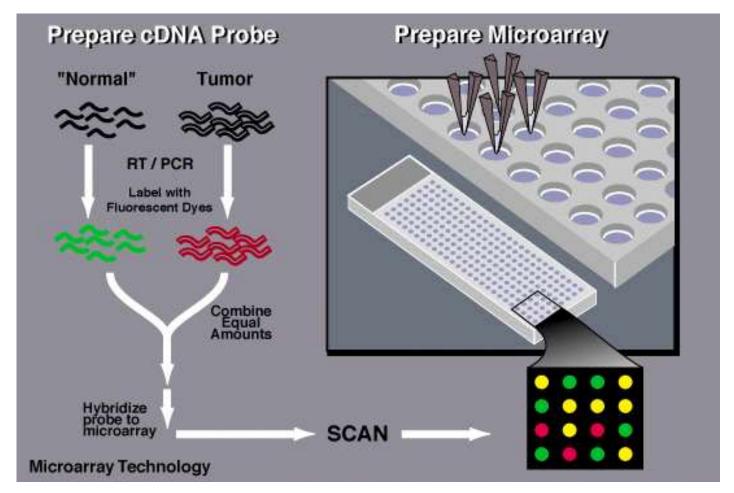






Lesional region

Microarrays to Measure Changing Gene Expression





Ultimate Goal of Gene Expression Studies:

 Understand expression level of genes under different conditions

Helps to:

- Determines genes involved in a disease
- Pathways to a disease
- Use as a screening tool