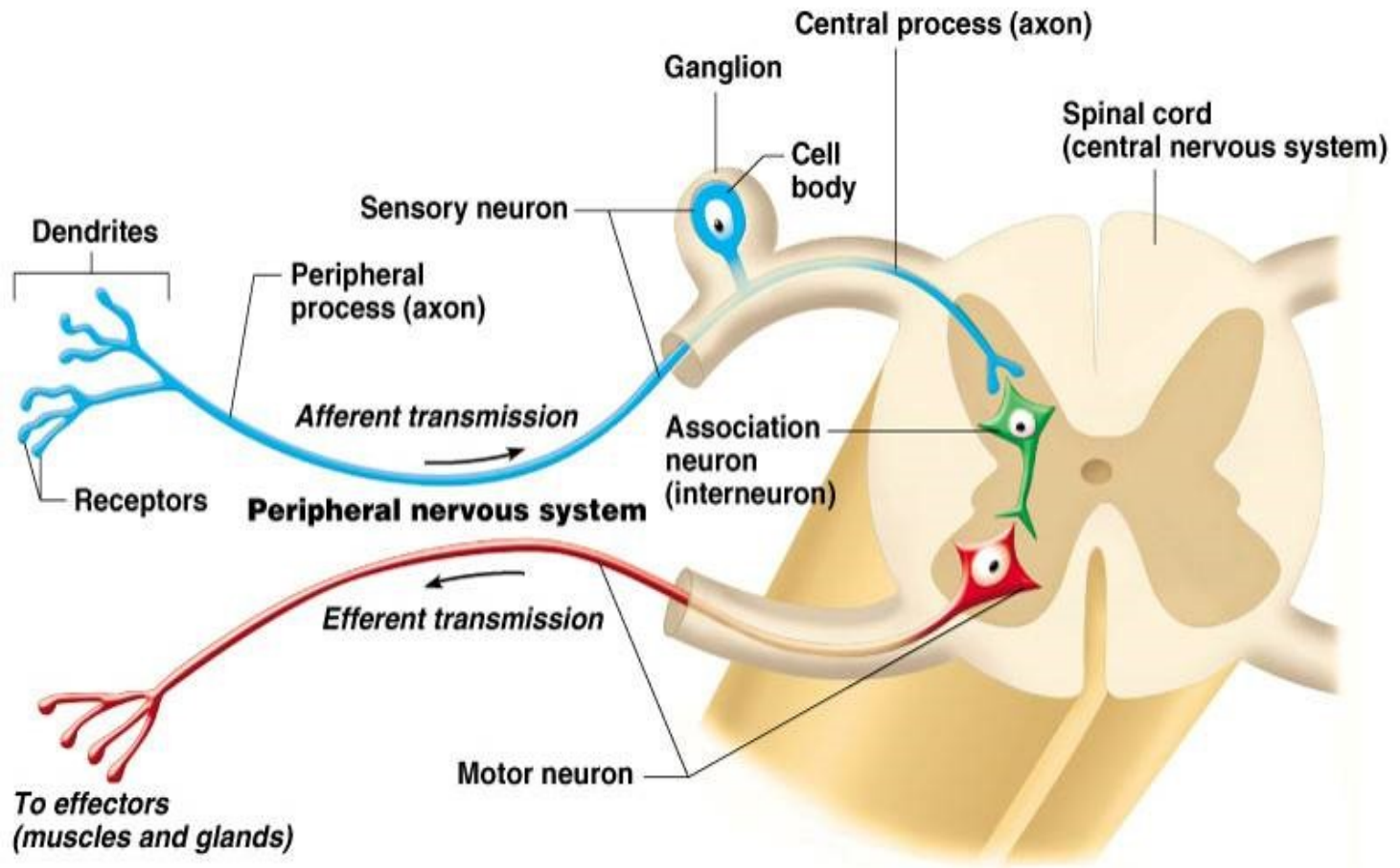
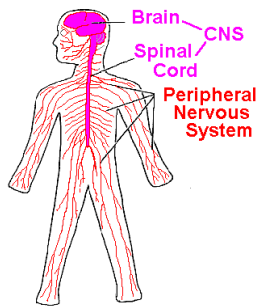


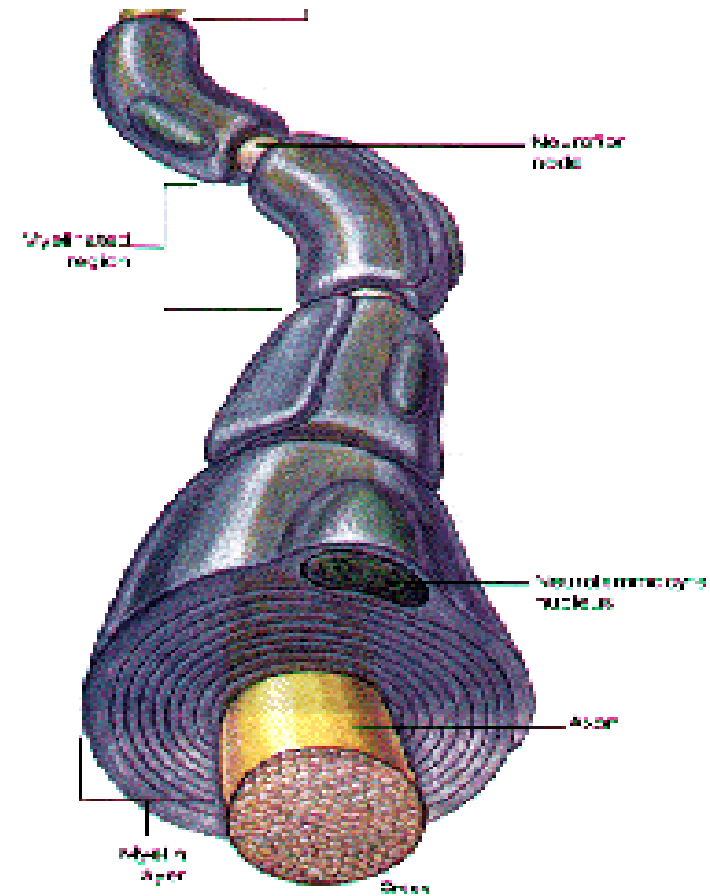
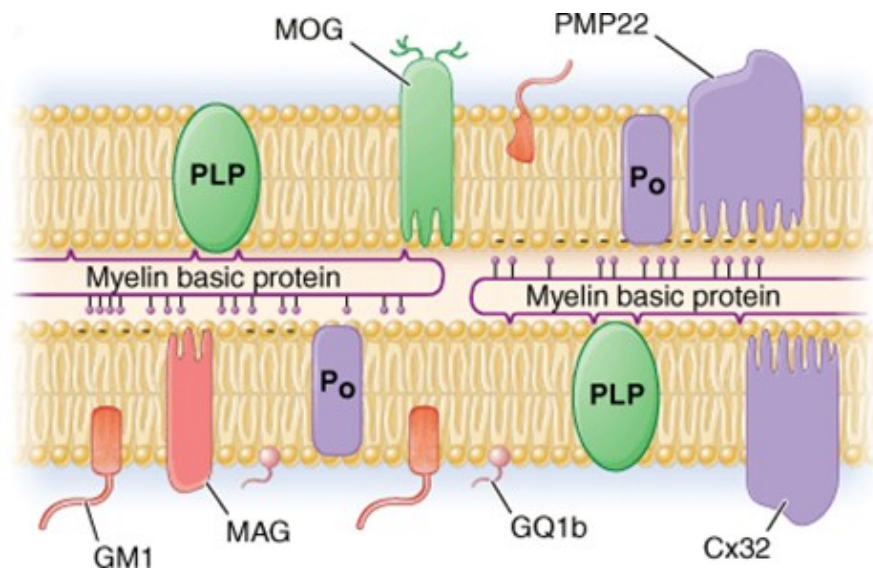
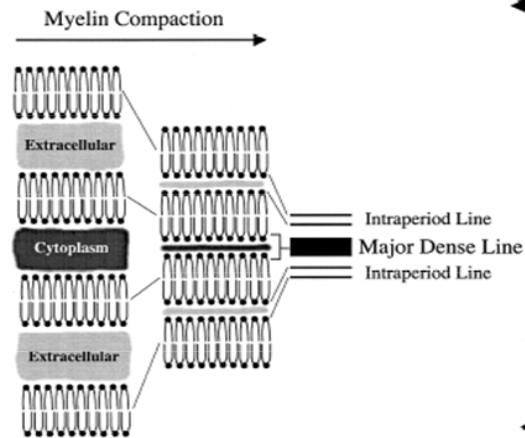
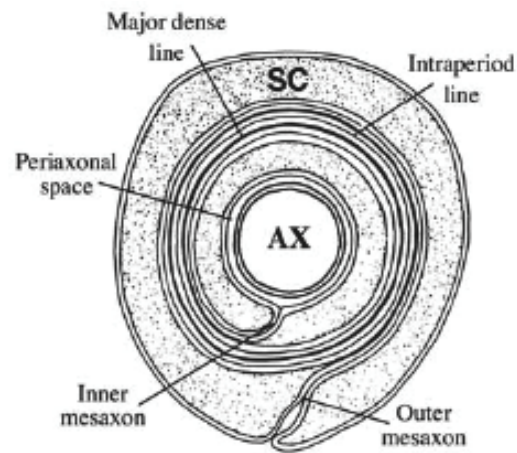


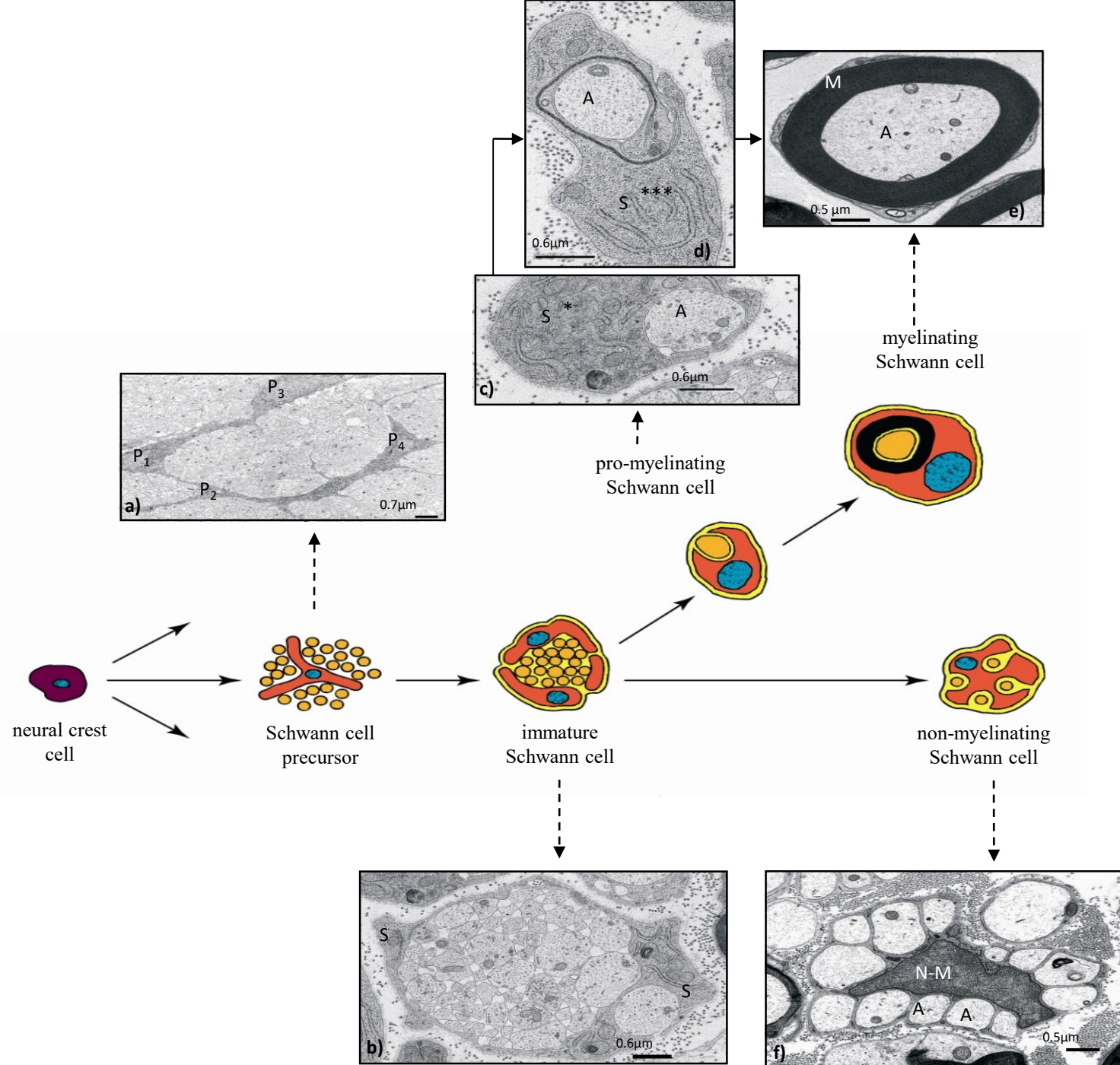
SCHWANN CELL, MICROENVIRONMENT AND TUMOR: shaping their role in vestibular schwannoma and schwannomatosis

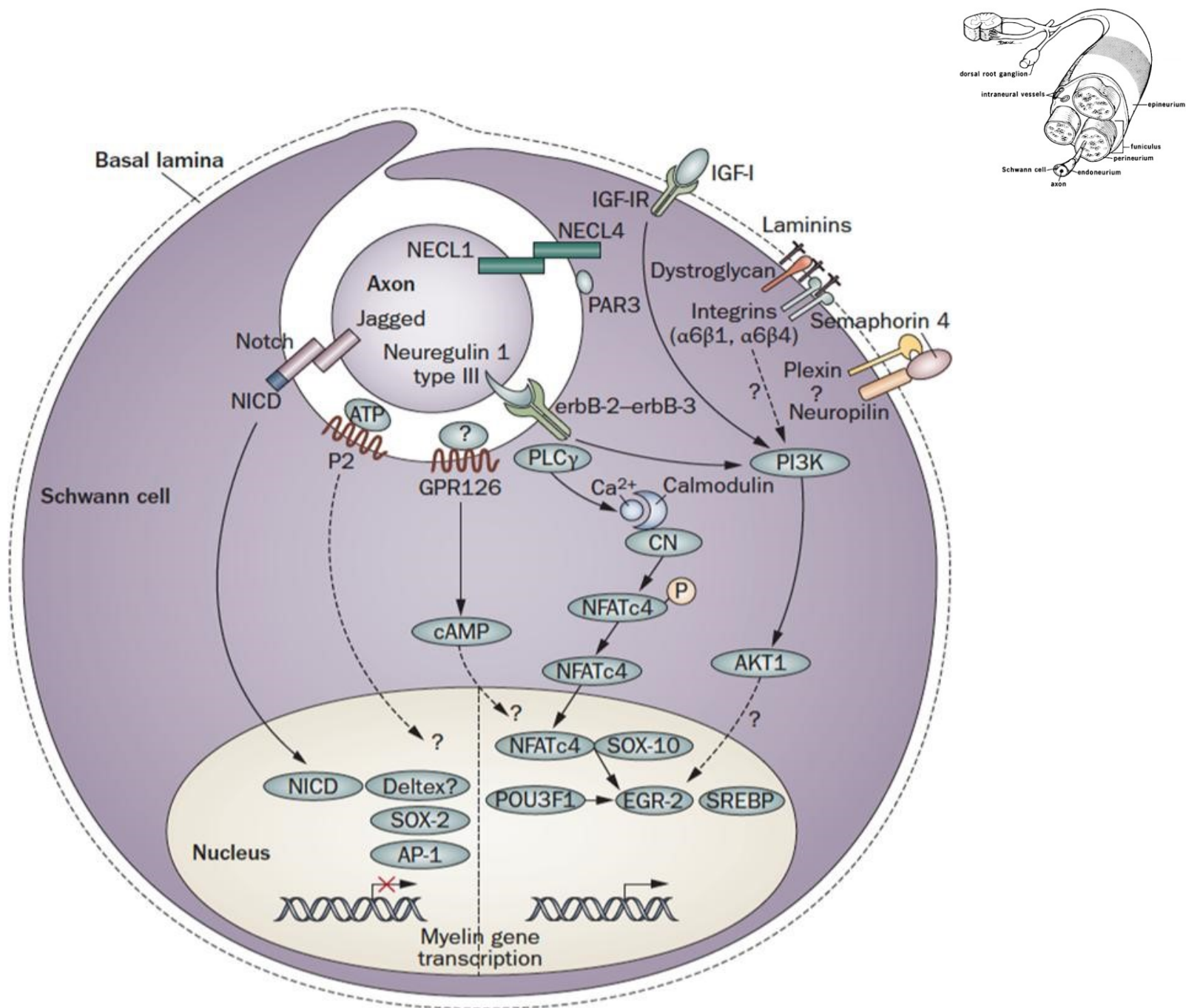
Valerio MAGNAGHI, PhD

*Lab. Endocrine Neurophysiology
Dept. of Pharmacological and Biomolecular Sciences
University of Milan, Italy*

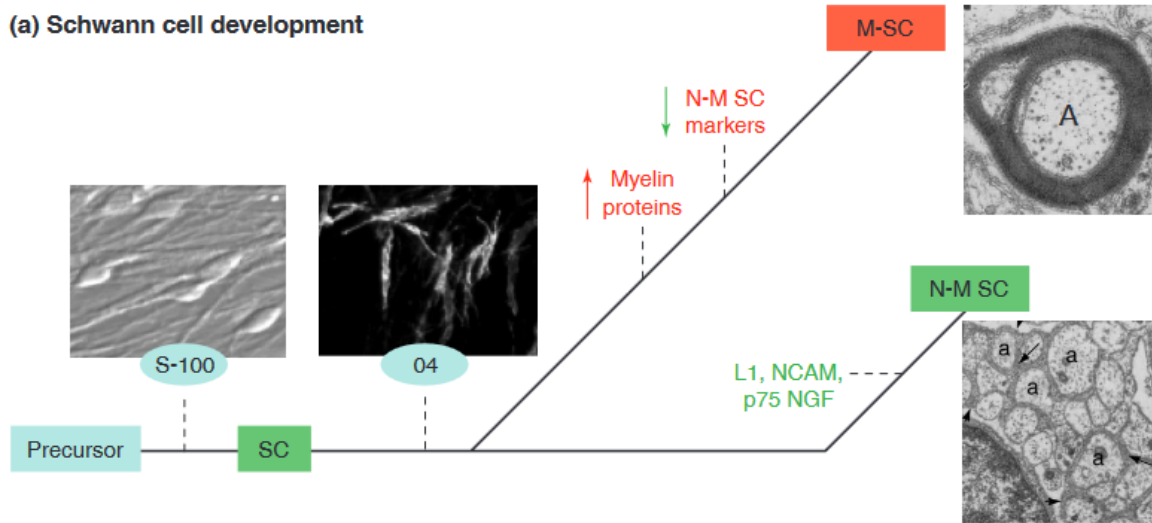




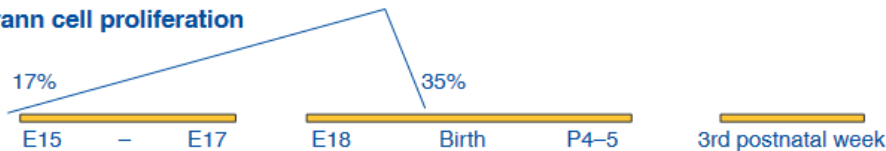




(a) Schwann cell development



(b) Schwann cell proliferation



(c) Action potentials



trends in Neurosciences

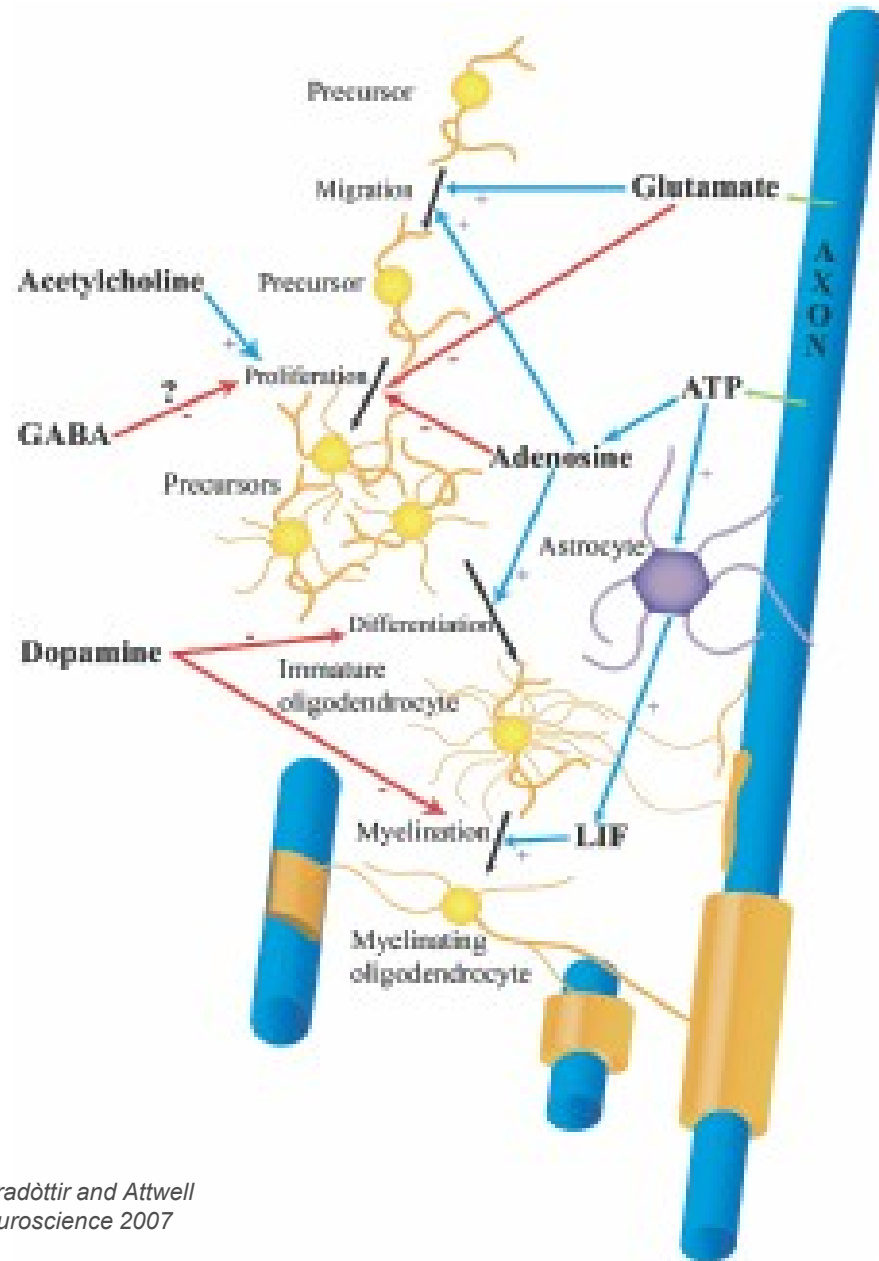
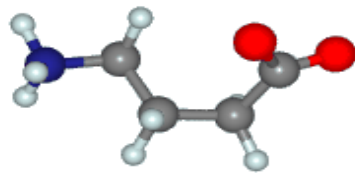
ATP: an extracellular signaling molecule between neurons and glia

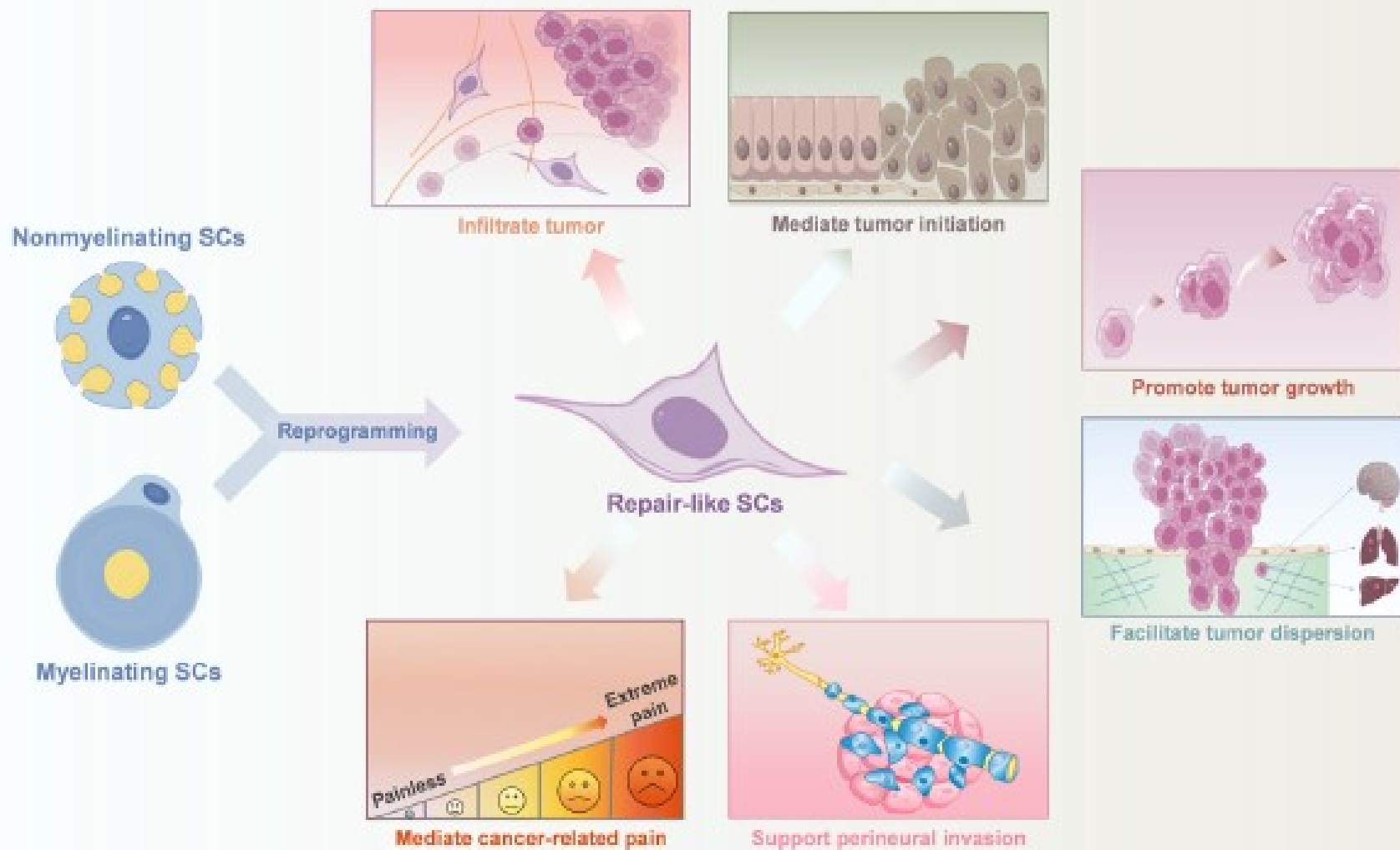
R. Douglas Fields and Beth Stevens

Recent studies on Schwann cells at the neuromuscular junction and non-synaptic regions of premyelinated axons indicate that extracellular ATP can act as an activity-dependent signaling molecule in communication between neurons and glia. Several mechanisms have been observed for the regulated release of ATP from synaptic and non-synaptic regions, and a diverse family of receptors for extracellular ATP has been characterized. The findings suggest functional consequences of neuron–glial communication beyond homeostasis of the extracellular environment surrounding neurons, including regulating synaptic strength, gene expression, mitotic rate, and differentiation of glia according to impulse activity in neural circuits.

Trends Neurosci. (2000) 23, 625–633

Fig. 2 Correlation between Schwann cell development and changes in neural impulse activity in dorsal root ganglion neurons of mouse during the perinatal period. (a) Schwann cell precursors migrate out with the neural crest and begin to express the S-100 antigen. As they develop into immature Schwann cells, they begin to express the O4 antigen, and then differentiate into either myelinating (M-SC) or non-myelinating phenotypes (N-M SC). (b) The rate of Schwann cell proliferation increases in late fetal development and begins to decrease near the time of birth. (c) Action potentials from dorsal root ganglion (DRG) neurons show the onset of active spontaneous and sensory-evoked activity in DRG neurons coincides with the decrease in Schwann cell proliferation and differentiation. ATP that is released by DRG neurons in culture inhibits Schwann cell proliferation and arrests development at a stage before development of the O4 antigen. These correlations have yet to be tested in vivo, but suggest that impulse activity could stop proliferation and prevent terminal differentiation of Schwann cells until exposure to appropriate neuron-specific differentiation signals. Adapted, with permission, from Ref. 51 and Ref. 68.





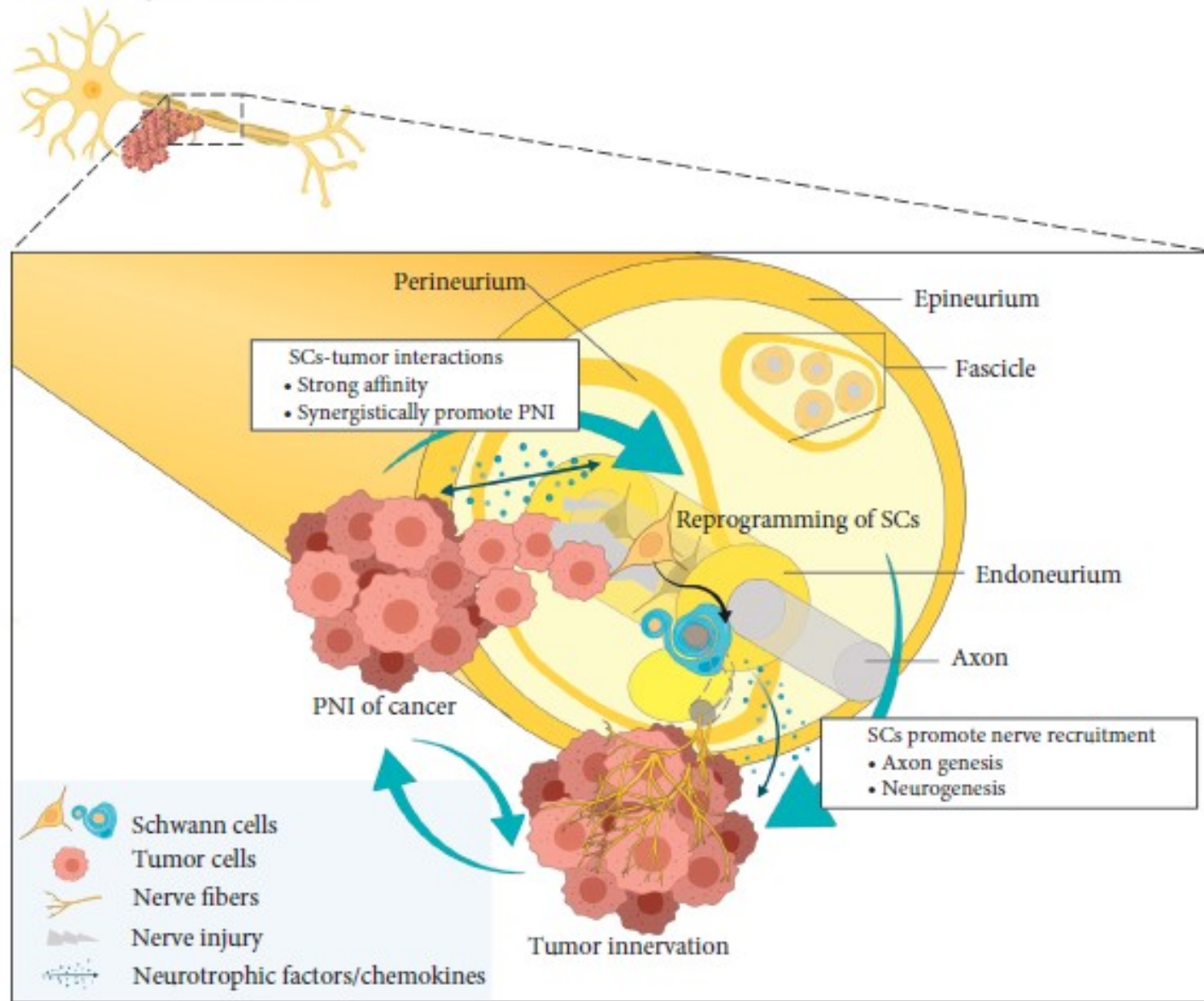


FIGURE 1: Schematic diagram of how Schwann cells (SCs) undergo reprogramming and facilitate perineural invasion (PNI) and tumor innervation. SCs show a strong affinity with cancer cells, even in the early stage of tumorigenesis. Tumors attracted by SCs (nerve) or developed actively invaded the nerves to form the tumor-nerve niche, and SCs in this microenvironment undergo reprogramming. Reprogrammed SCs further promote nerve recruitment through axonogenesis and follow neurogenesis, which finally induce the tumor innervation. Reprogrammed SCs can also synergistically promote PNI, thus constituting positive feedback of cancer-nerve crosstalk. Abbreviation: PNI, perineural invasion; SCs, Schwann cells.

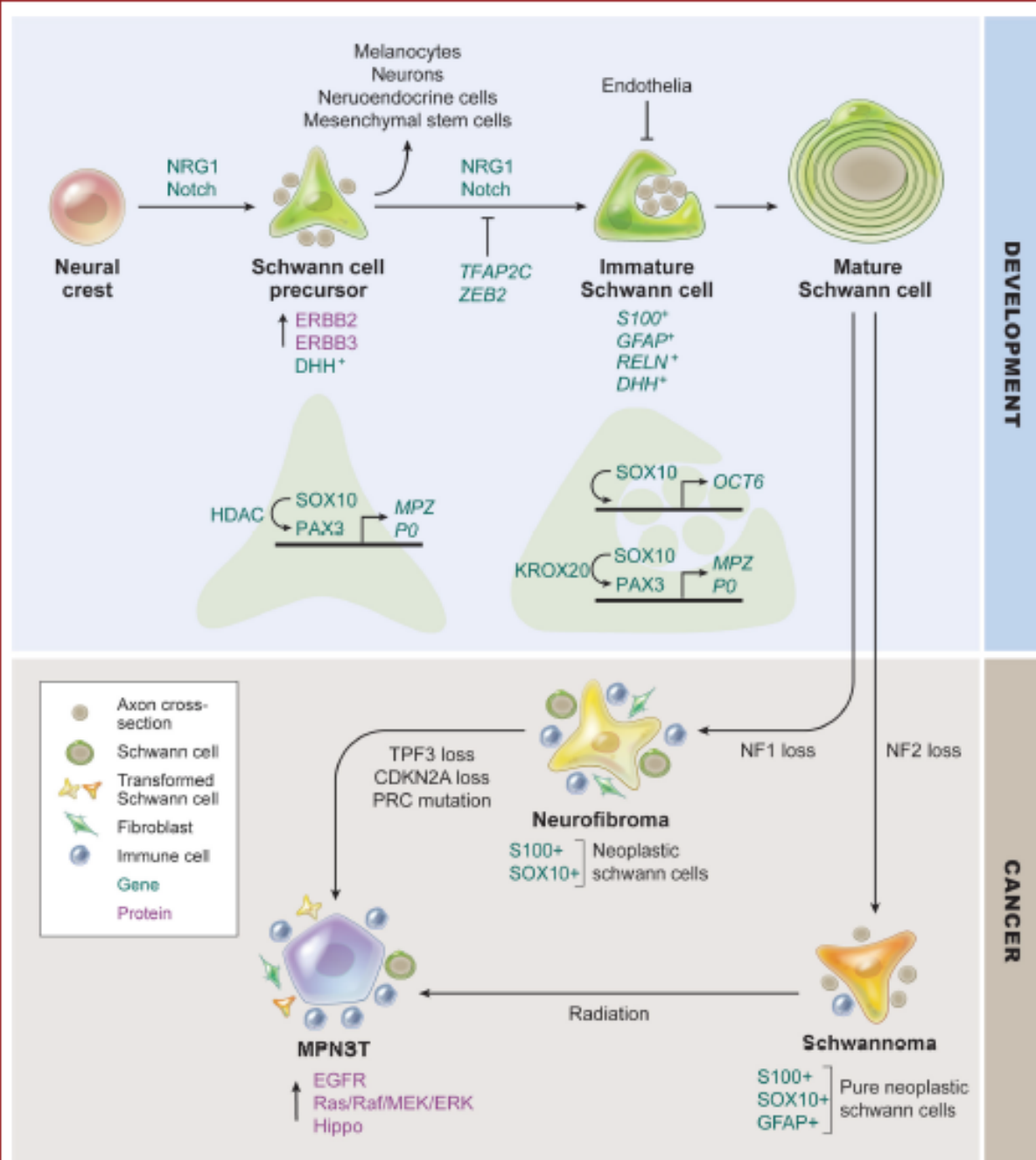
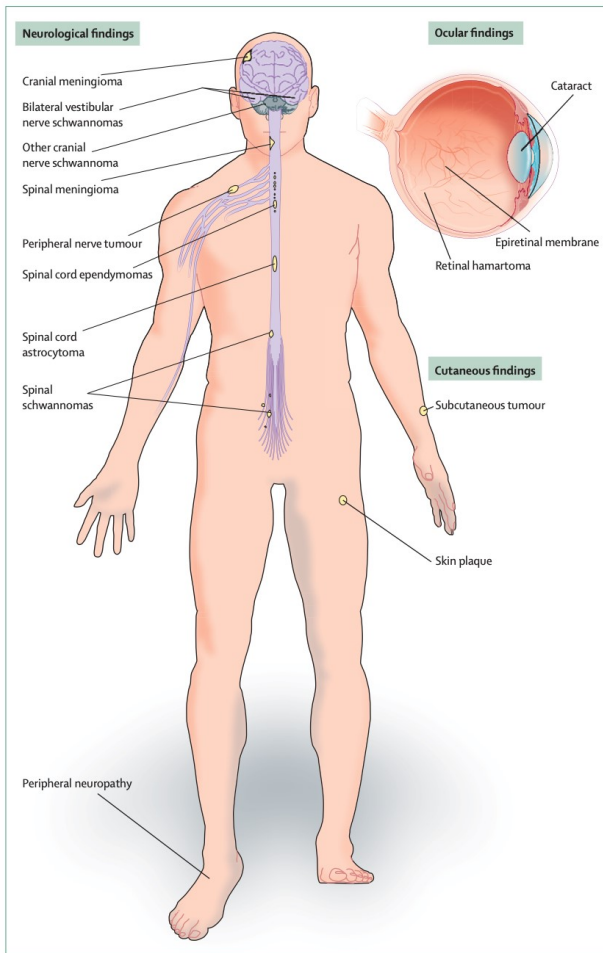


FIGURE 1. Overview of normal Schwann cell development and transformation to peripheral nerve tumors.

Neurofibromatosis Type 2 (NF2)



Clinical manifestations of neurofibromatosis type 2 (Asthagiri et al., 2009)

NF2 is characterized by the development of multiple schwannomas, meningiomas and spinal cord ependymomas.

Defects in the *NF2* gene located on chromosome 22q12 and the consecutive loss of its protein **merlin**.

Hallmark of NF2 is **bilateral VESTIBULAR SCHWANNOMA**, present in almost all patients.

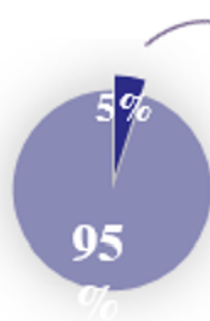
Symptoms: **hearing loss**, tinnitus, imbalance, dizziness, nausea, vomiting, or vertigo.

Mutations of the NF2 gene include non-sense (29–39%), splice-site (25%), frameshift (25–27%), and missense (5–7%) mutations (Evans DGR et al., 1999).

Treatment: surgery is the preferred therapy for VS with a diameter greater than 3 cm.

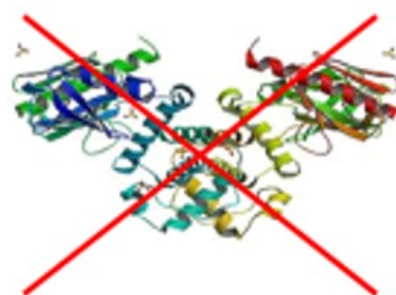
Not **applicable** in cases where the risk of paralysis of the facial nerve and hearing loss is high.

VS

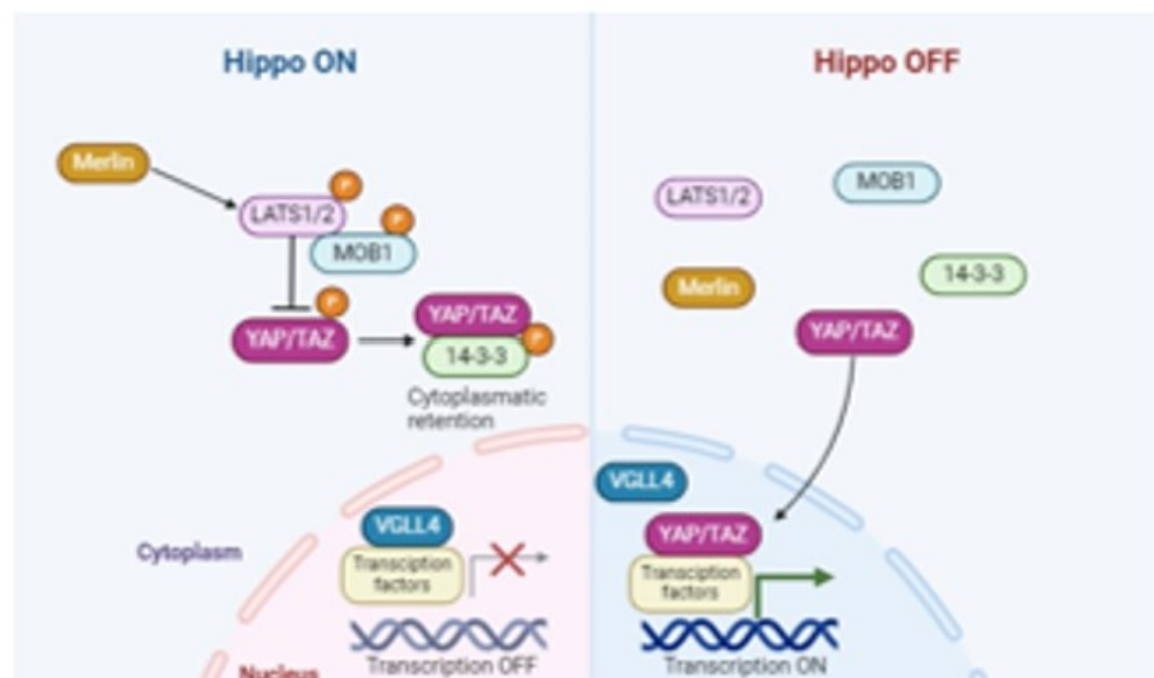


NeuroFibromatosis type 2 (NF2)

■ Bilateral

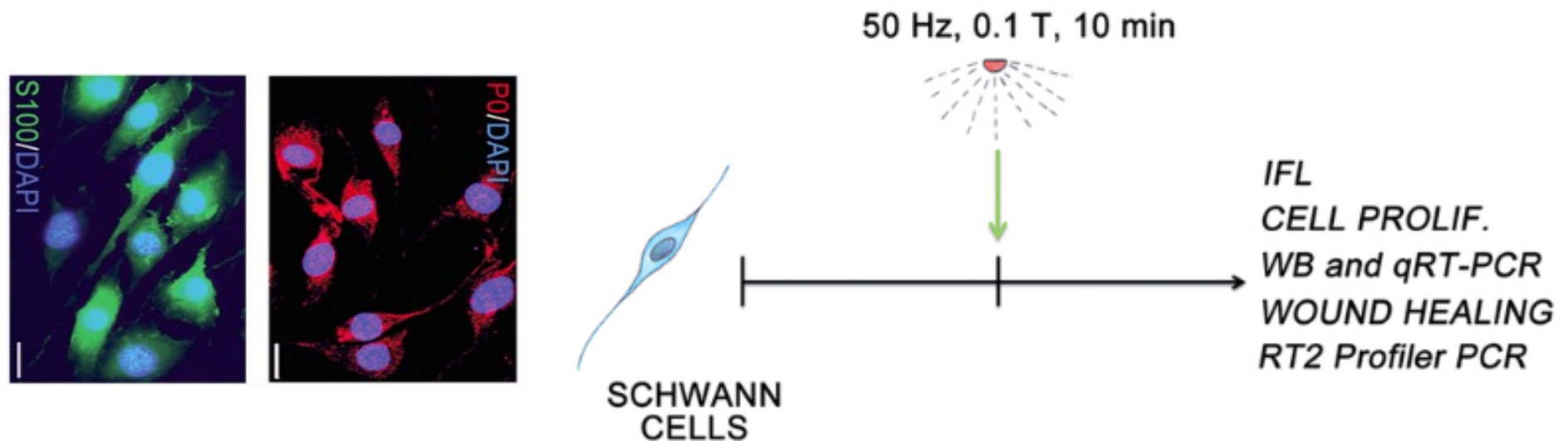


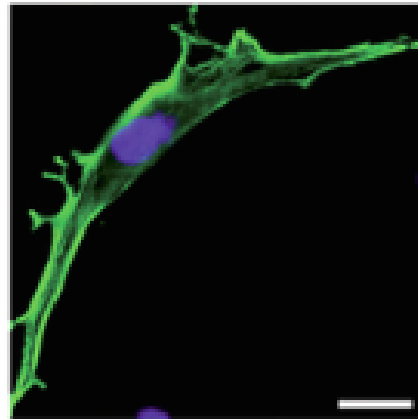
Merlin



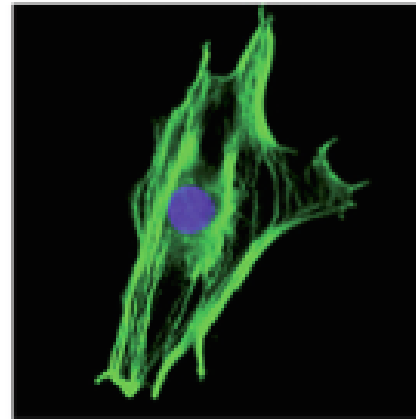


In vitro Schwann cells exposed to EMF

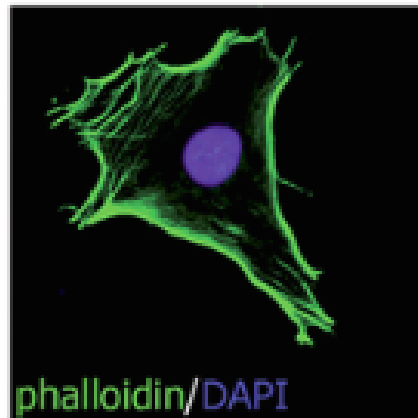




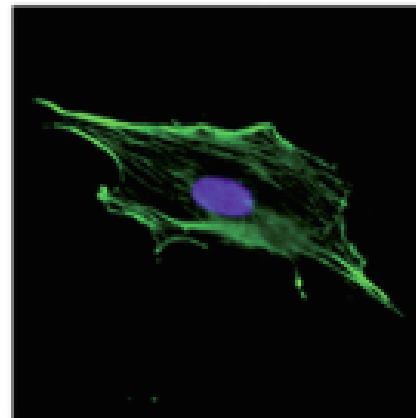
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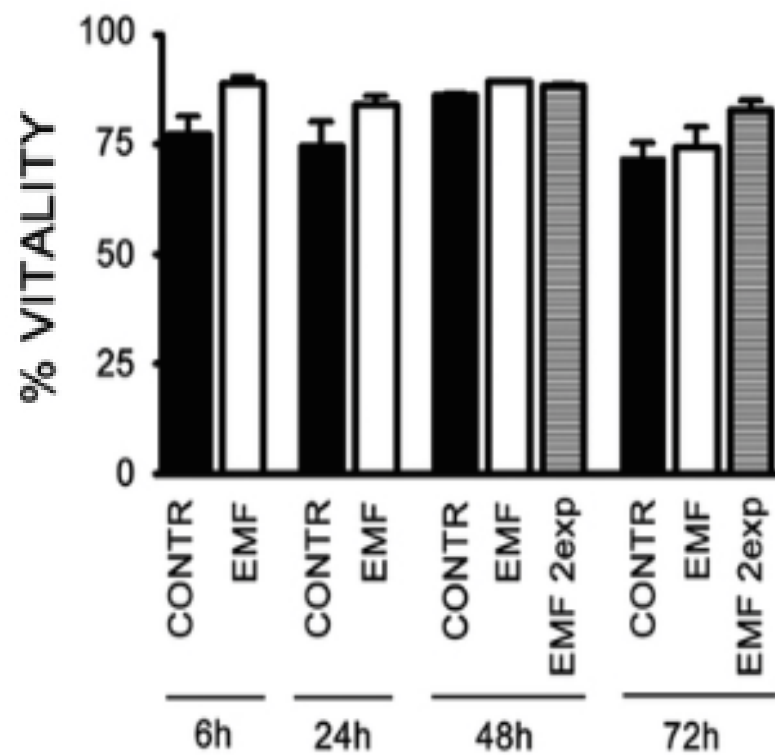
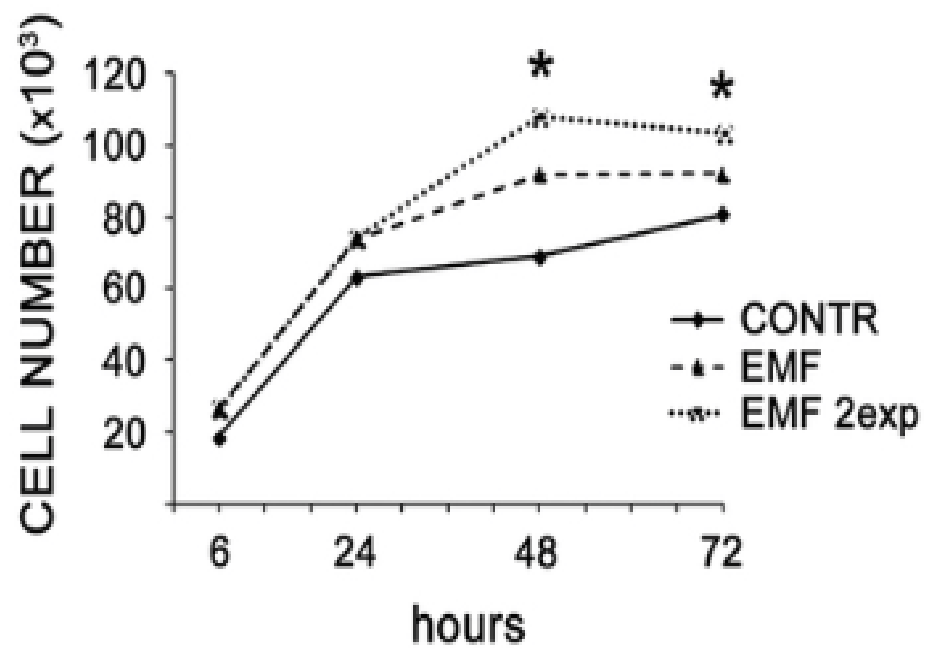
EMF

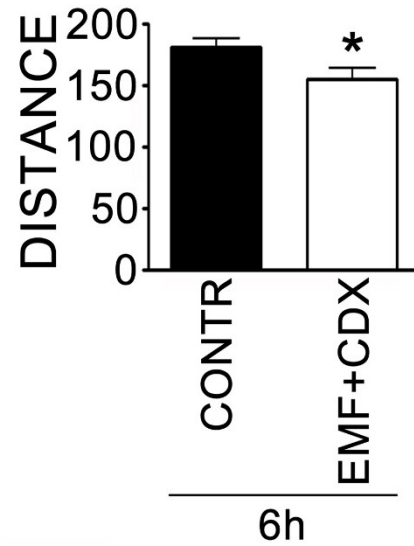
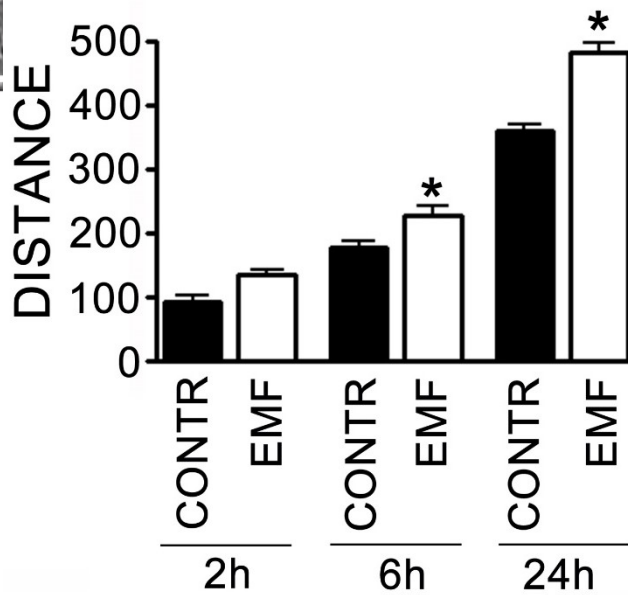
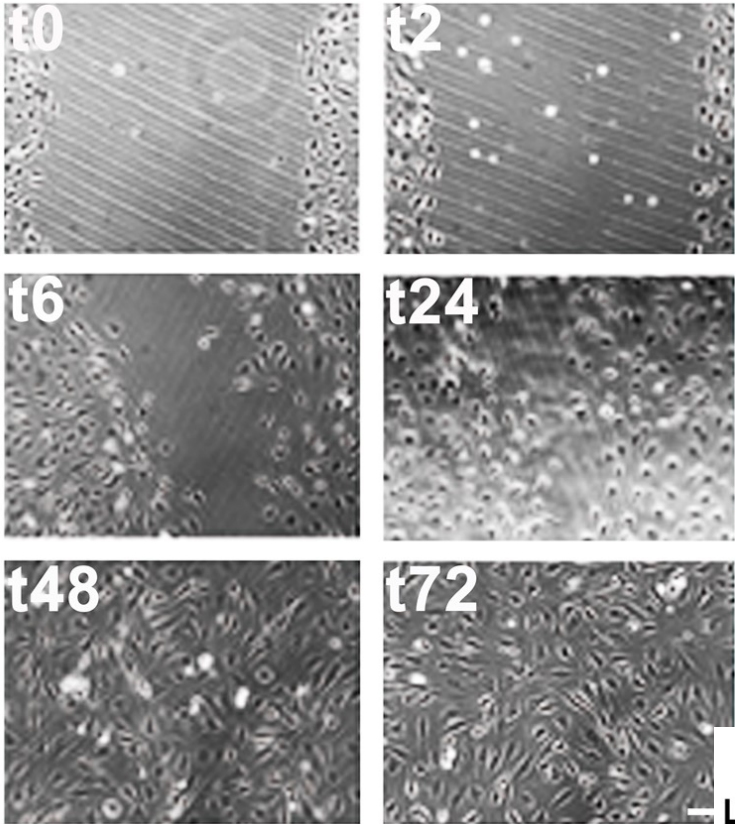


EMF

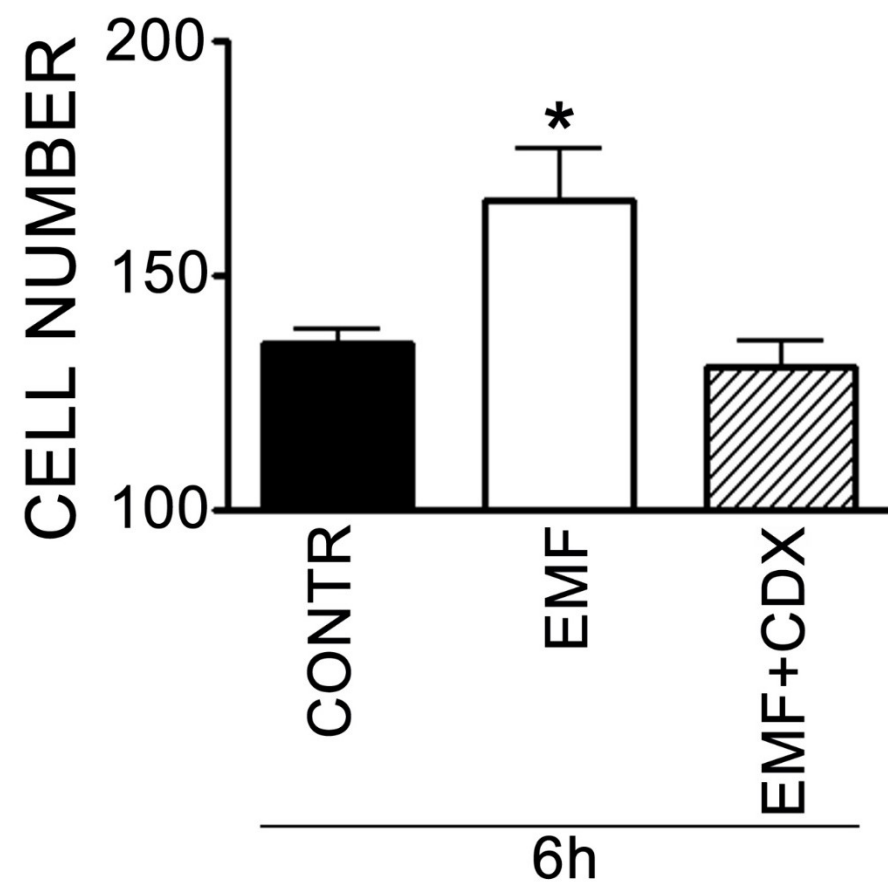
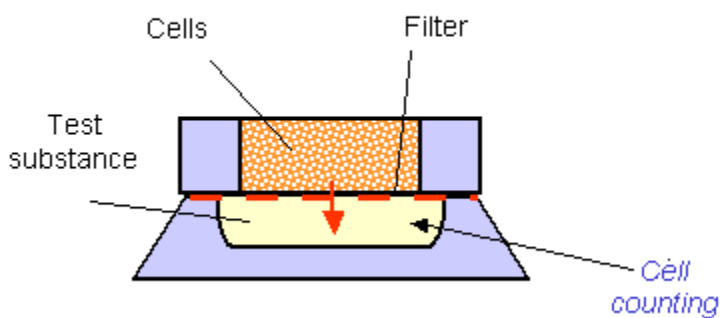


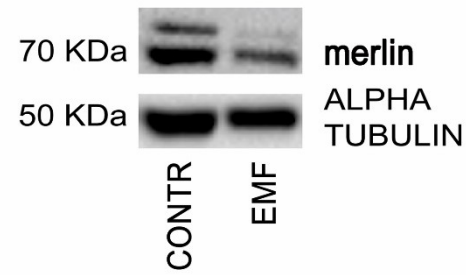
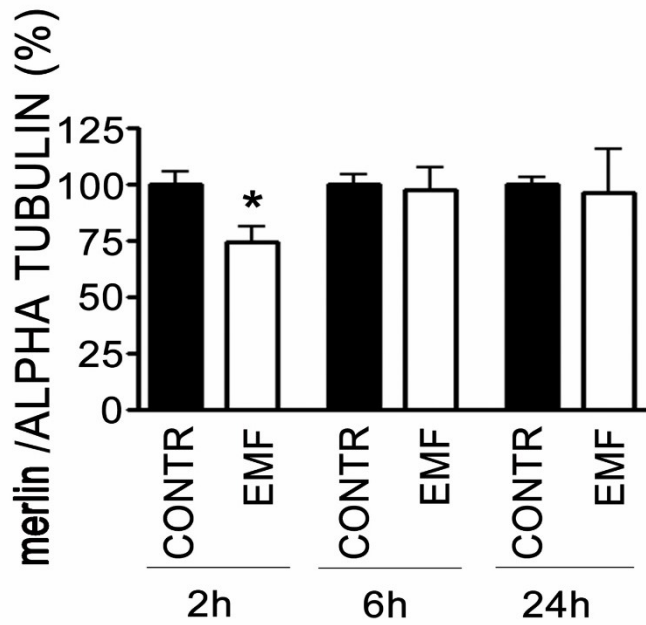
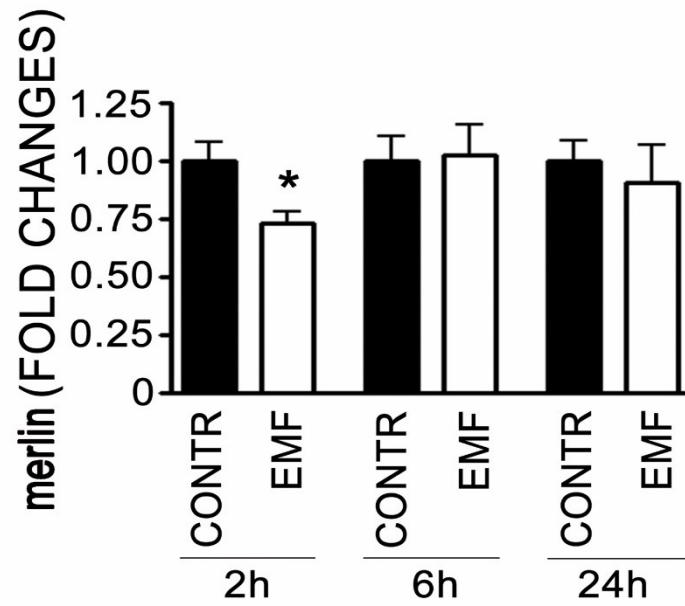
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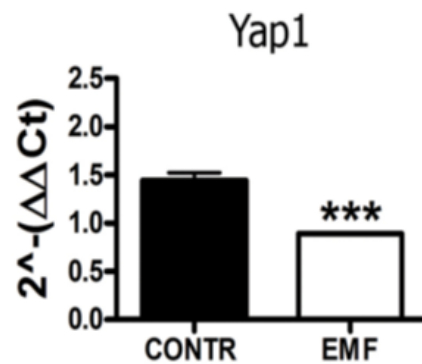
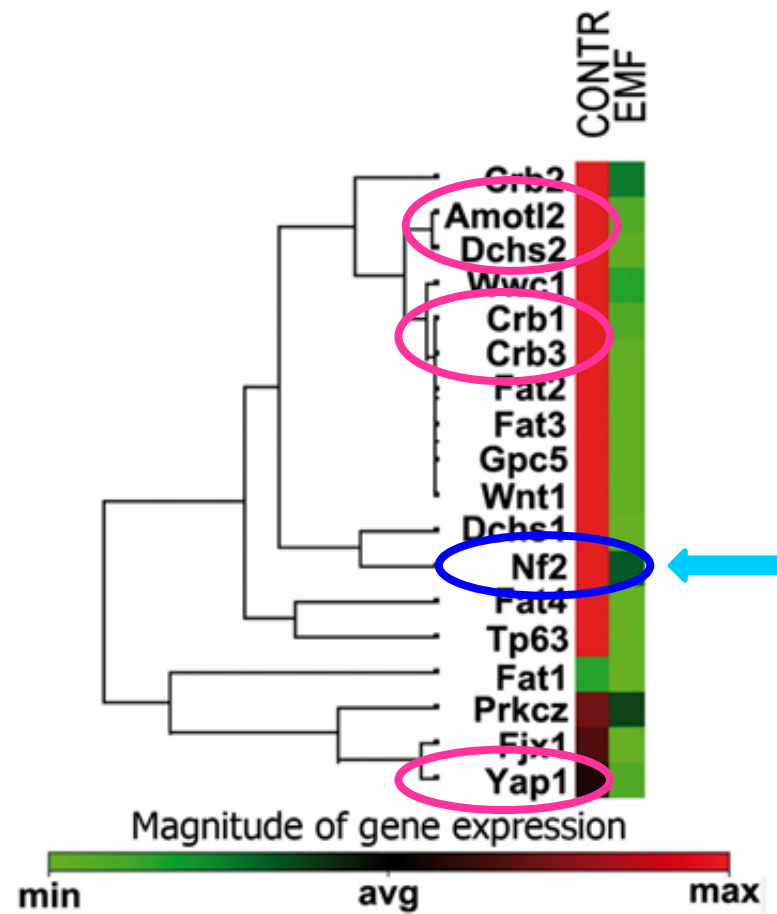
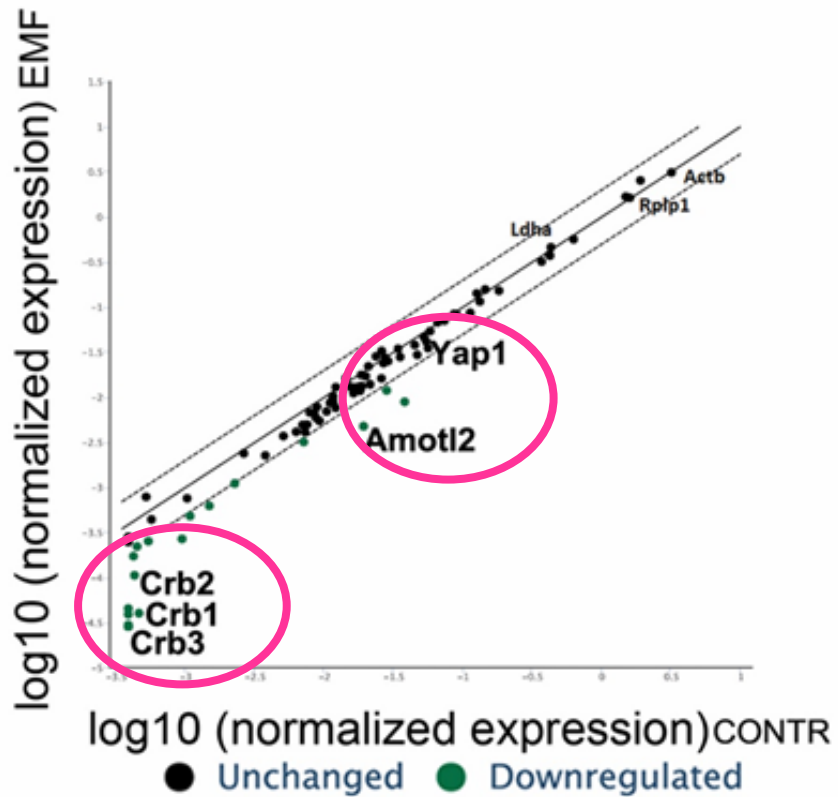


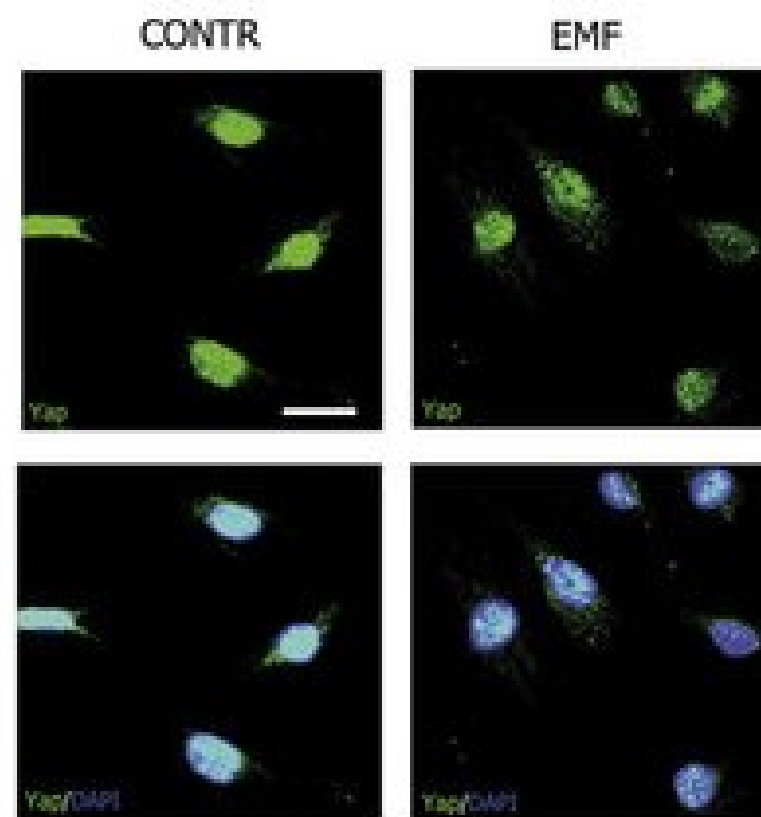
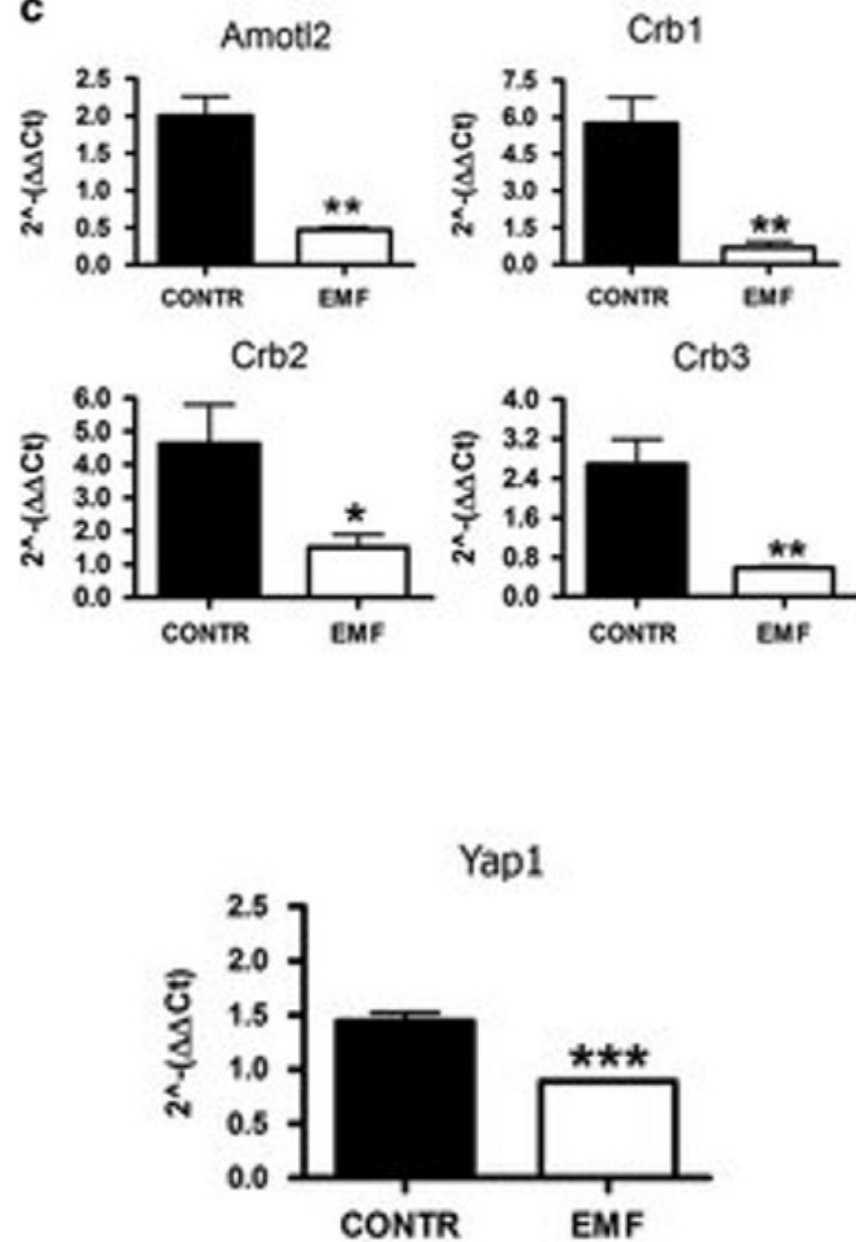


Boyden chamber

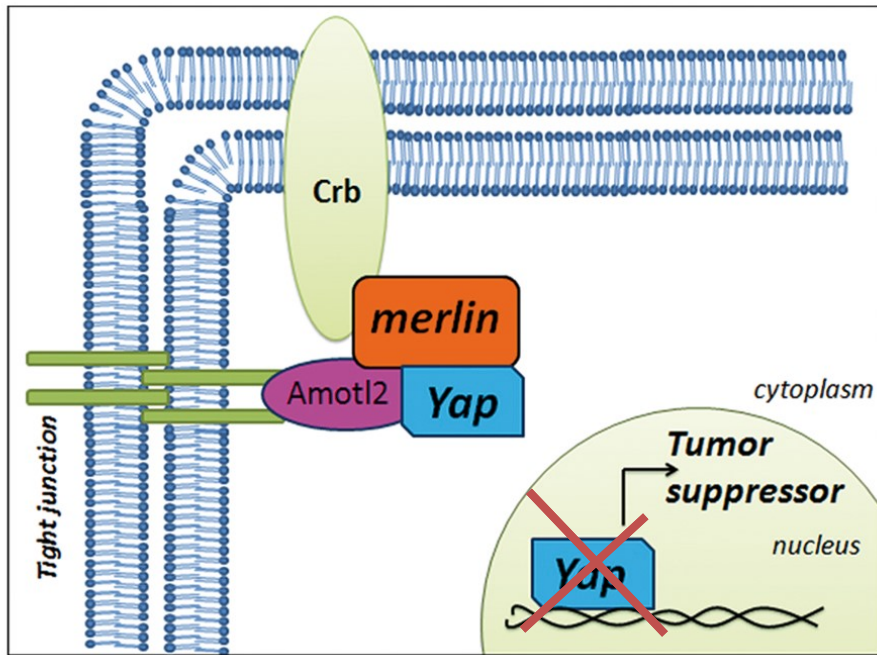




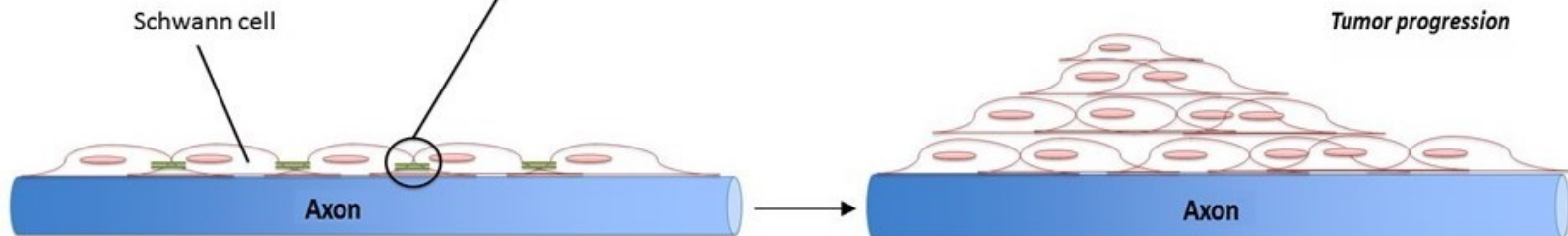
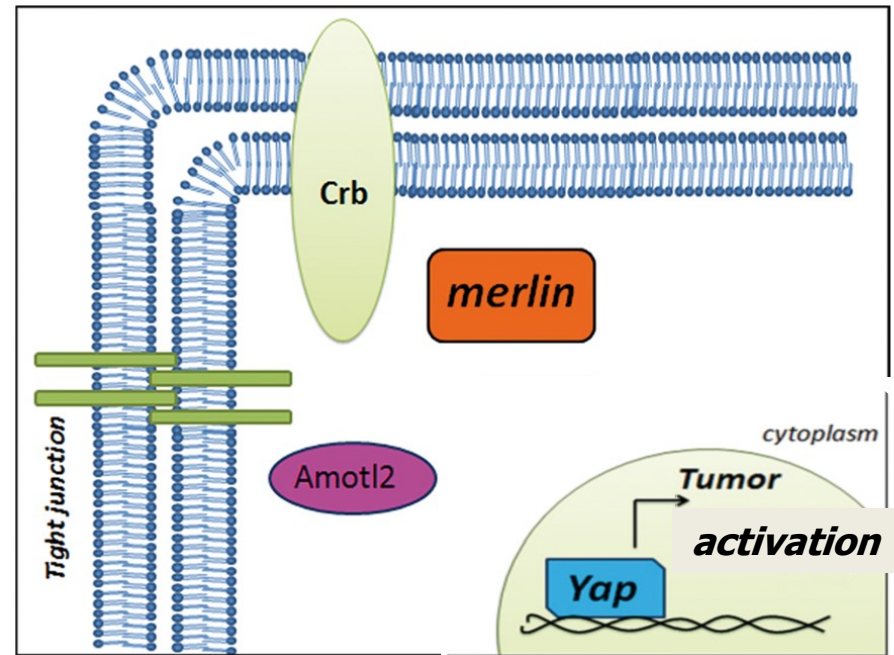


C

CONTR



EMF



Environmental challenge

rat SCs exposed to EMFs:

- the oncosuppressor *Nf2/merlin* is decreased, in turn changing the cell phenotype toward a **proliferative/migrating** state;
- the **MAPK/ERK** signalling, which is mainly involved in cell proliferation, is **activated**;
- the **Hippo** intracellular signalling is activated: transcription is OFF.....suppression is ON

We suggest:

....when SCs are altered by EMF exposure, the risk to develop a schwannoma might increase.

Cell Death Discovery

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CELL DEATH DISCOVERY | ARTICLE **OPEN**



Tumor suppressor Nf2/merlin drives Schwann cell changes following electromagnetic field exposure through Hippo-dependent mechanisms

A Colciago, S Melfi, G Giannotti, V Bonalume, M Ballabio, L Caffino, F Fumagalli & V Magnaghi

Cell Death
& Disease

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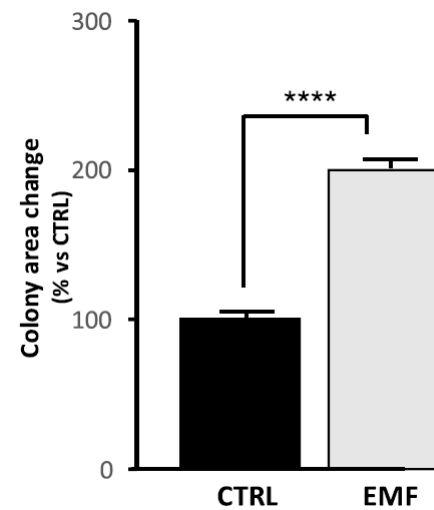
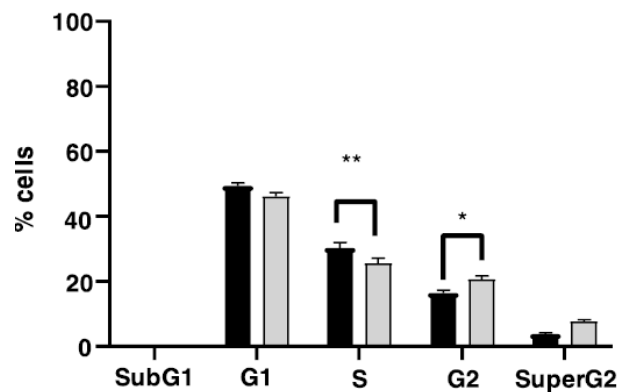
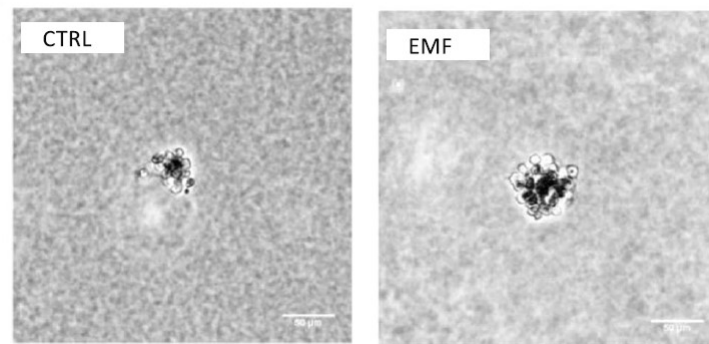
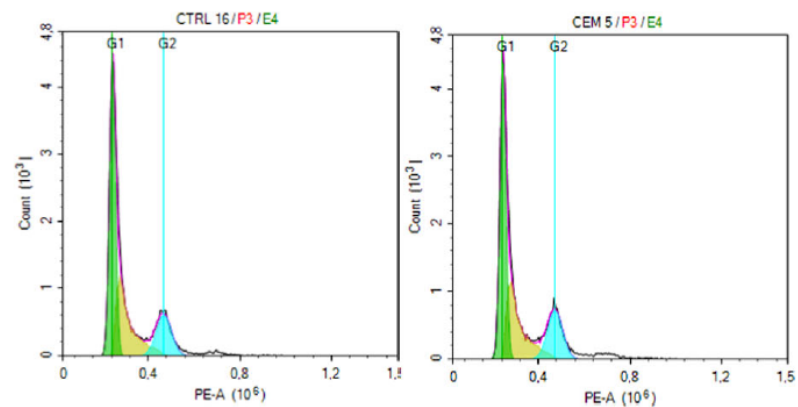
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Stressing out the Hippo/YAP signaling pathway: toward a new role in Schwann cells

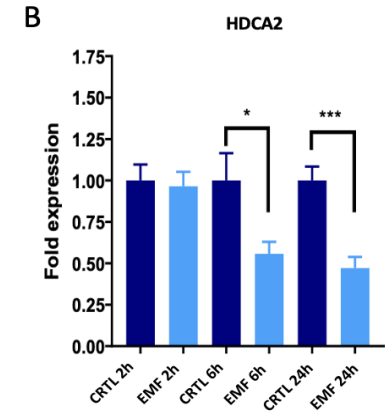
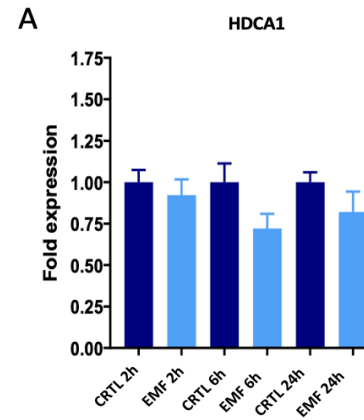
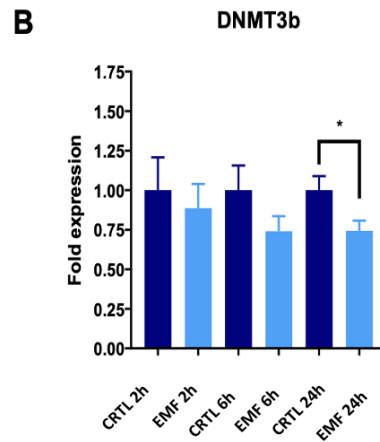
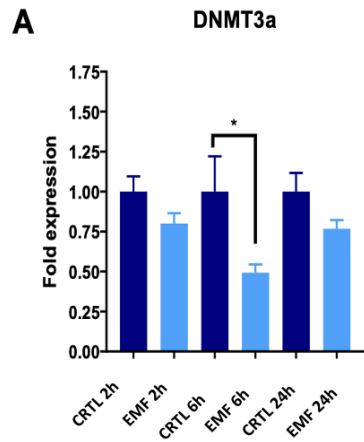
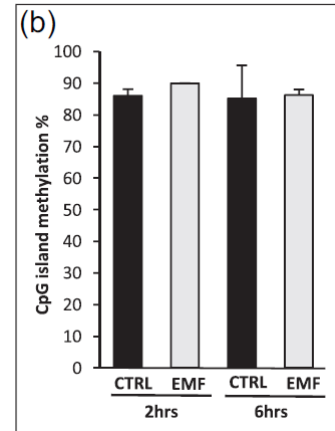
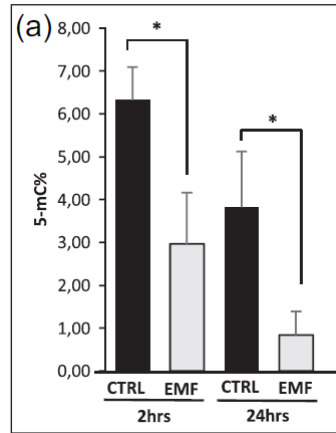
[S Melfi](#), [A Colciago](#), [G Giannotti](#), [V Bonalume](#), [L Caffino](#), [F Fumagalli](#) & [V Magnaghi](#) ✉

[Cell Death & Disease](#) **6**, e1915 (2015) | [Cite this article](#)

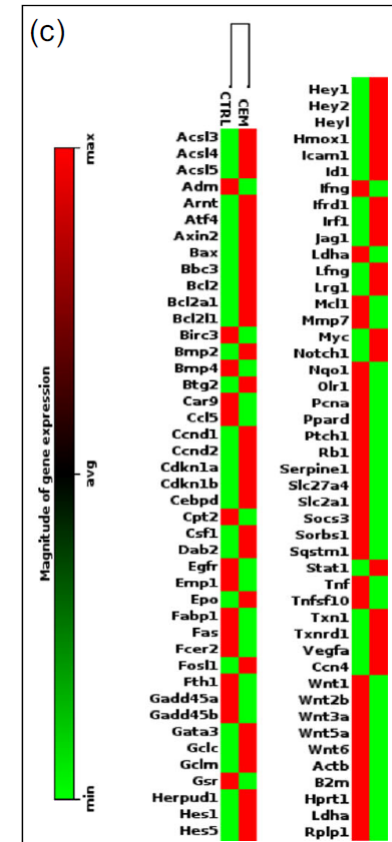
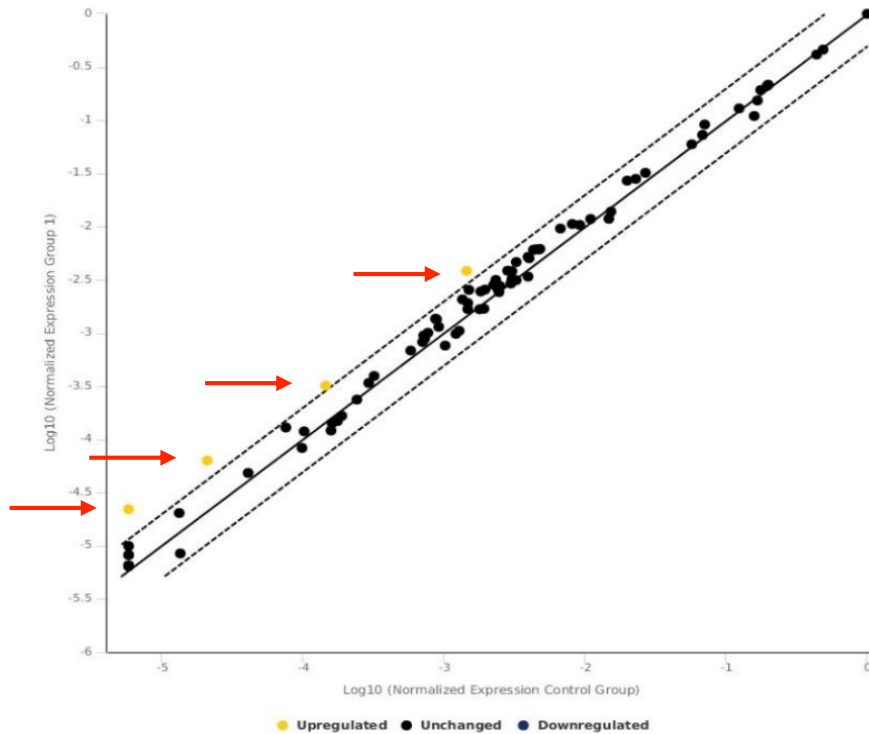
24 hrs



EMF effects on the epigenetic profile of SCs



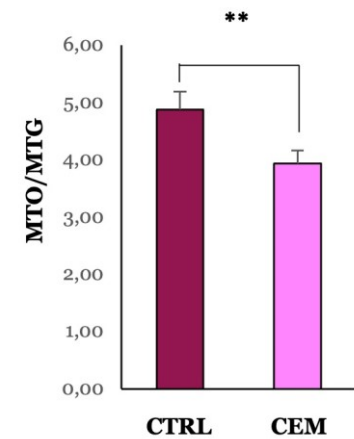
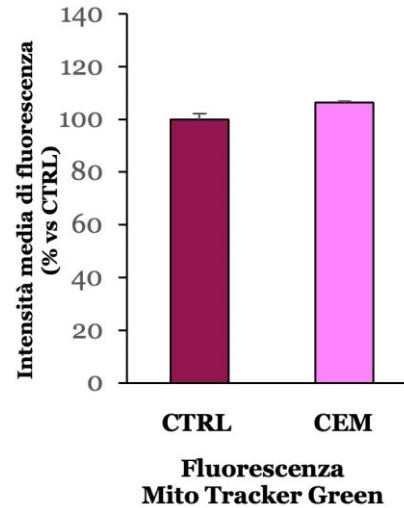
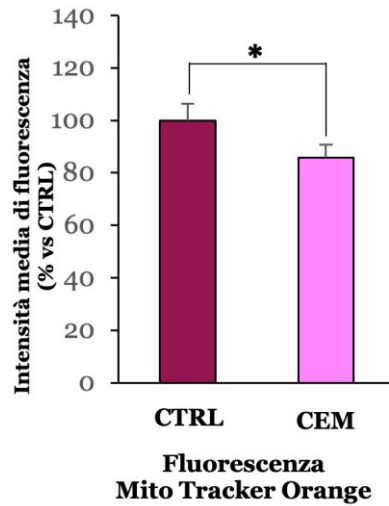
EMFs effects on the expression of some genes



Test group	Control Group	Fold Regulation Threshold	P-value Threshold
Group 1 (EMF)	CTRL	2	0.05

Position	Gene symbol	Fold Regulation
A11	Bcl2a1	2.68
D07	Hes5	3.38
D11	Hmox1	2.35

EMF effects on mitochondrial function



Summary

- Effects on cell growth: increased proliferation and anchorage-independent growth.
- Effects on epigenetic profiling: increased transcriptional activity and change in differentiation status.
- Effects on mitochondrial function: decreased mitochondrial function.



Received: 2 February 2024 | Accepted: 19 June 2024

DOI: 10.1002/jcp.31365

RESEARCH ARTICLE

Journal of
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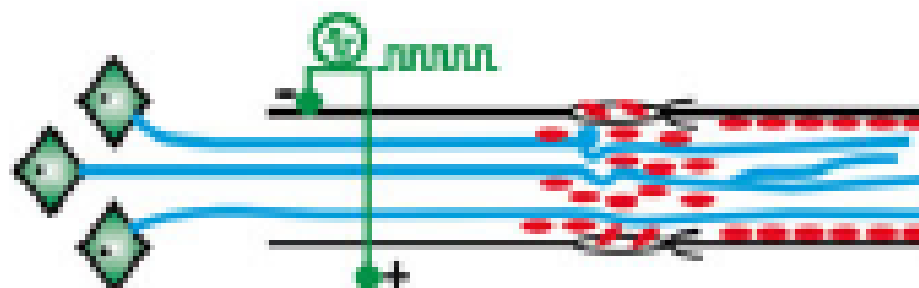
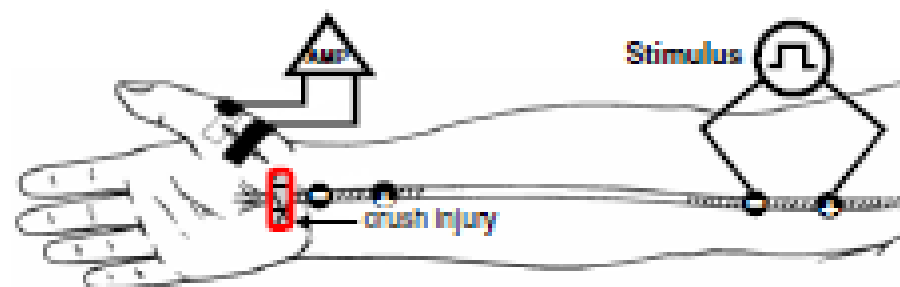
Electromagnetic field-induced adaptive response in Schwann cells through DNA methylation, histone deacetylation, and oxidative stress

Alessandra Colciago  | Tasnim Mohamed | Deborah Colleoni | Valentina Melfi |
Valerio Magnaghi 

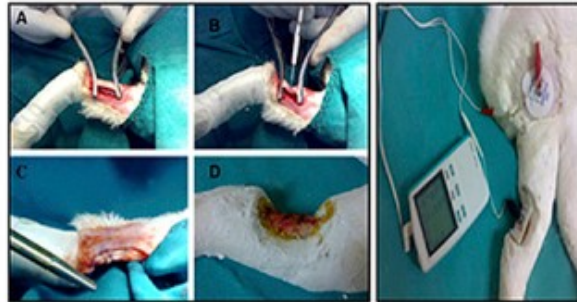
REVIEW

Electrical Stimulation to Enhance Axon Regeneration After Peripheral Nerve Injuries in Animal Models and Humans

Tessa Gordon¹

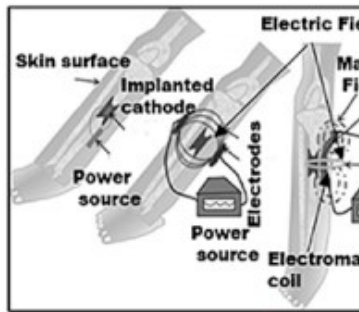
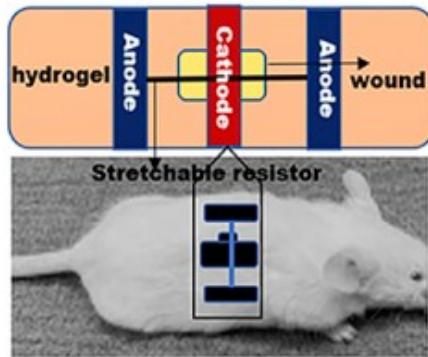


Tendons & ligaments



Ferrigno et al. Bio. Mat. 2020

Wound Healing



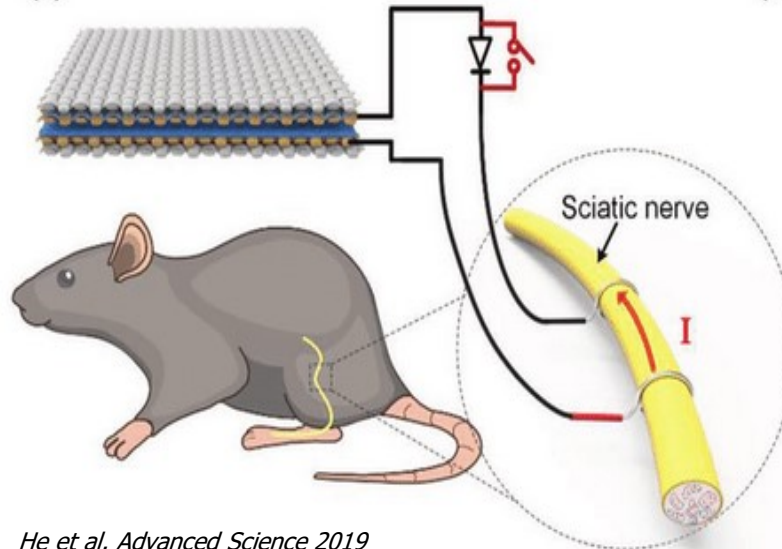
Bone

Electrical stimulation

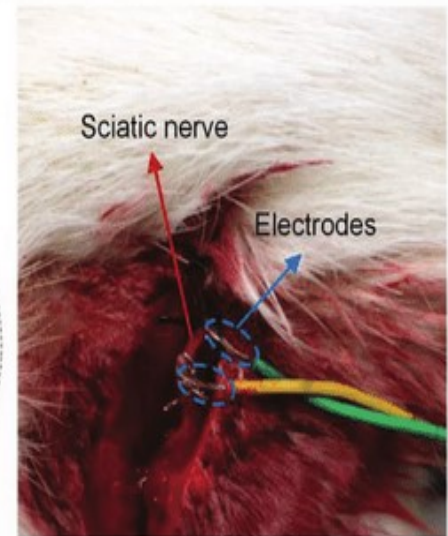
Muscle



(a)

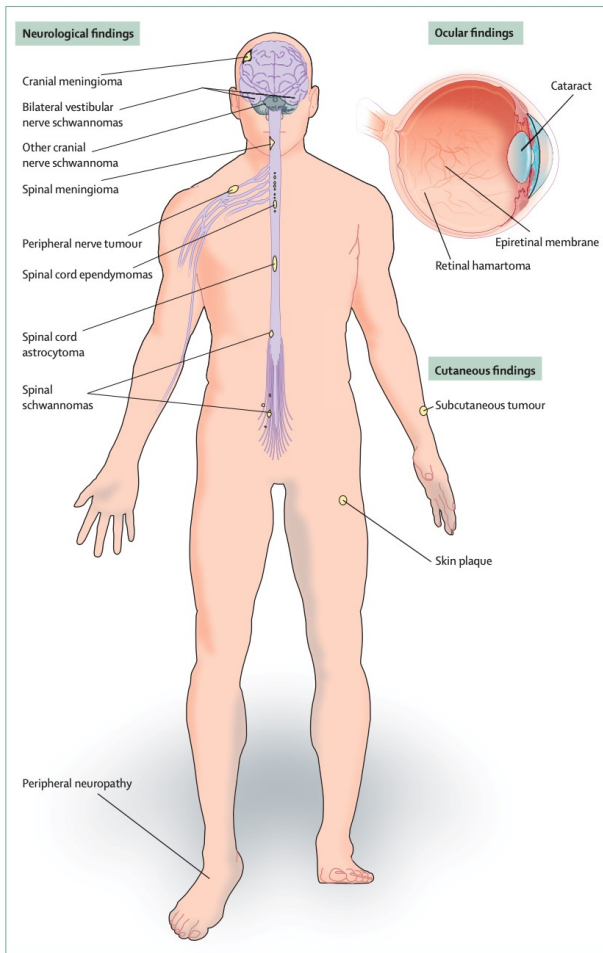


(b)



He et al. Advanced Science 2019

Neurofibromatosis Type 2 (NF2)

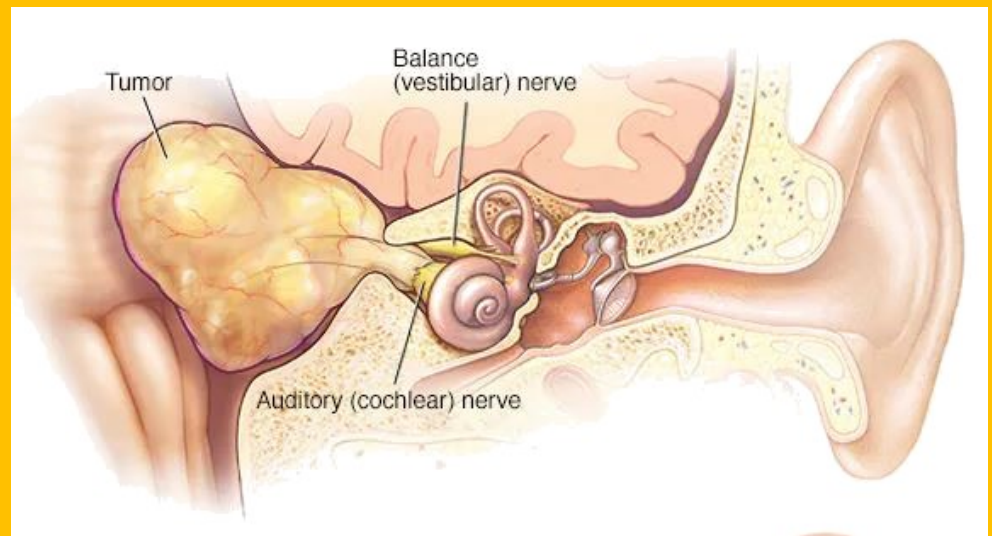


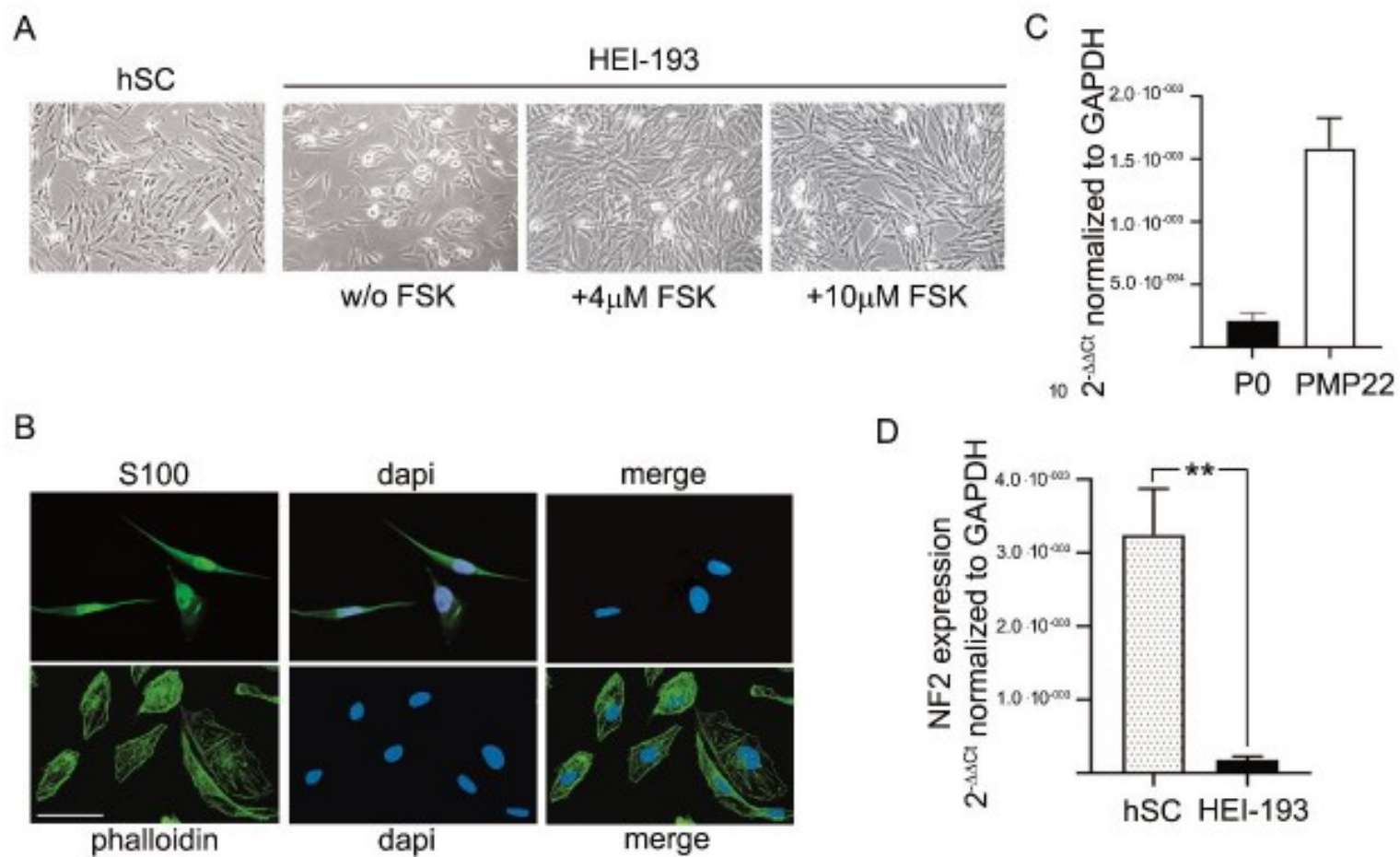
Clinical manifestations of neurofibromatosis type 2 (Asthagiri et al., 2009)

NF2 is characterized by the development of multiple schwannomas, meningiomas and spinal cord ependymomas.

Defects in the *NF2 gene* located on chromosome 22q12 and the consecutive loss of its protein **merlin**.

Hallmark of NF2 is bilateral **VESTIBULAR SCHWANNOMA**, present in almost all patients.





Proliferation of HEI-193 cells exposed to acute and chronic EMF

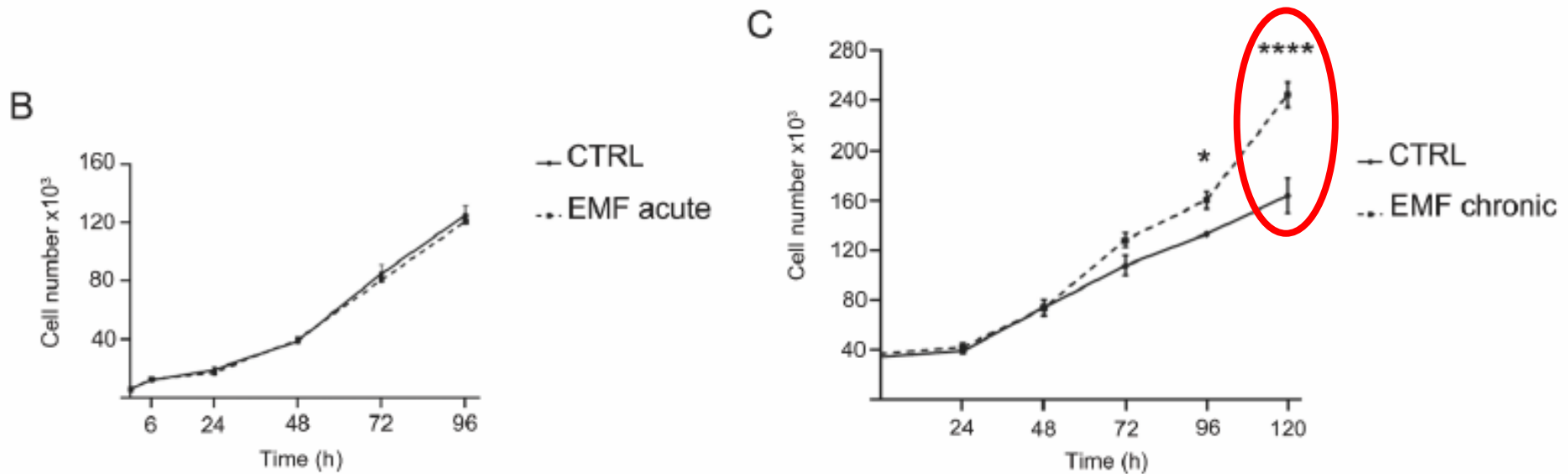


Figure 2. Proliferation effects on HEI-193 cells exposed to acute and chronic EMF. (A) Scheme of the experimental protocol applied. HEI-193 cells were exposed to EMF of 50 Hz, 0.1 T, for one 10-min single treatment (acute protocol) or for 10-min treatment/per day for five days (every 24 h at the same time; chronic protocol). Then, the cells were assayed for proliferation, migration, vitality, and NGS sequencing. (B) Proliferation was assessed at 6, 24, 48, 72, and 96 h, following a single acute EMF exposure. Experiments were repeated at least three times and data expressed as cell number \pm SEM of the mean. (C) Proliferation was assessed at 24, 48, 72, 96, and 120 h, following a five day chronic EMF exposure. EMFs produced a significant increase in cell proliferation at 96 (* $p < 0.05$) and 120 (**** $p < 0.0001$) h. Experiments were repeated at least three times and data expressed as cell number \pm SEM of the mean. Two-way ANOVA using Sidak's post-hoc test was used for statistical analysis.

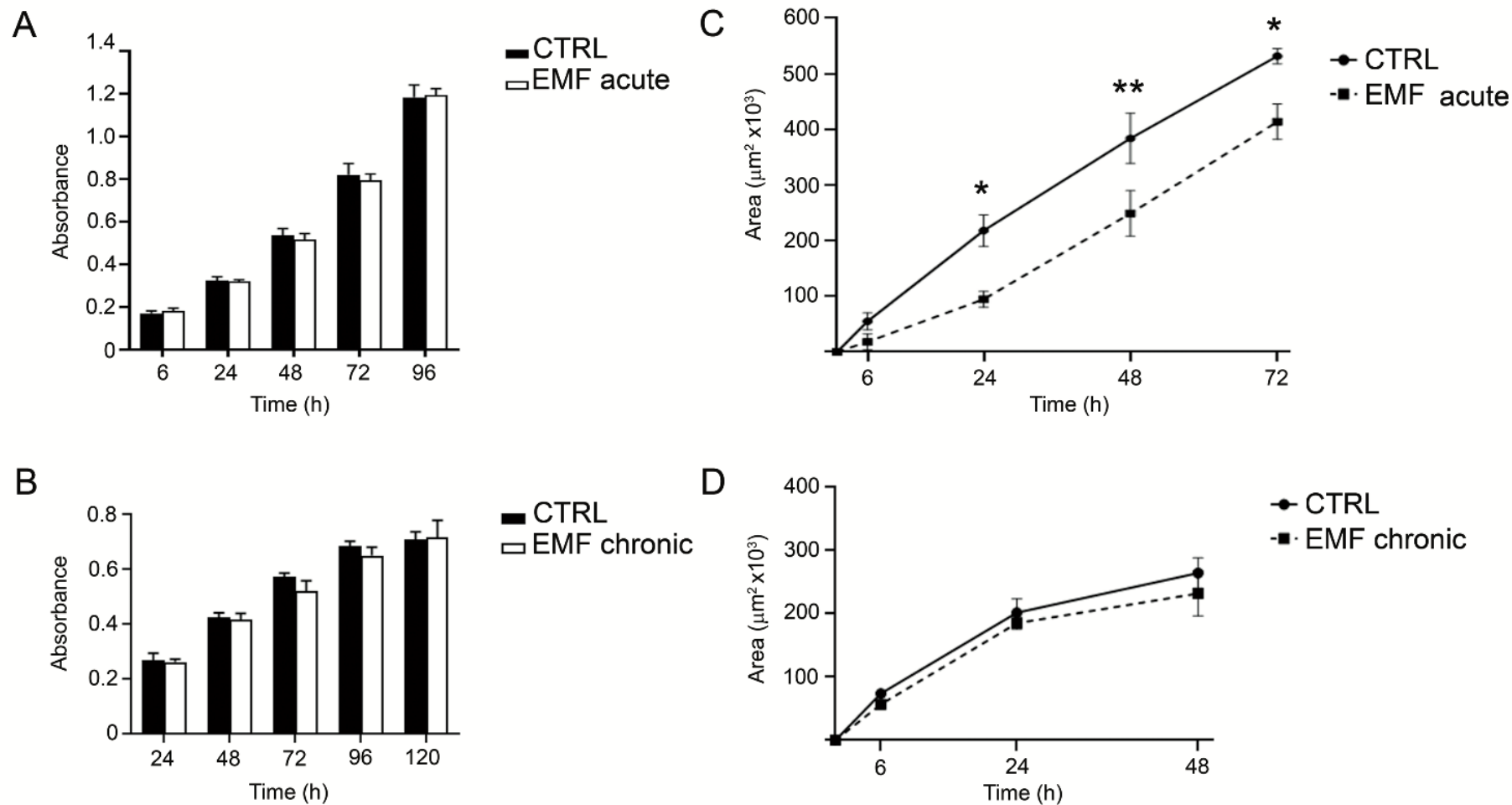
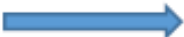




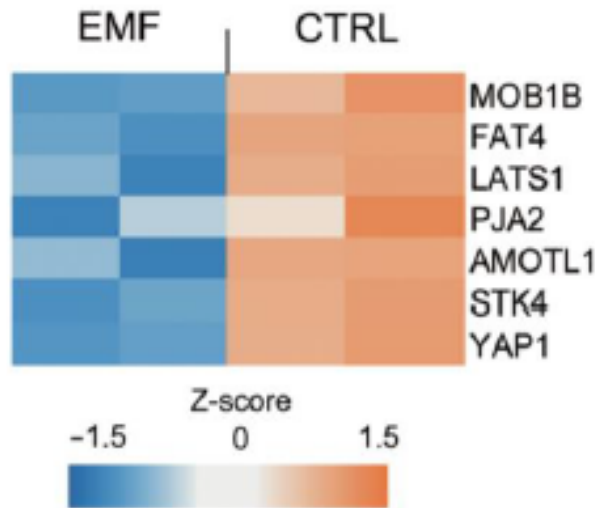


Figure 3. Migration and viability effects on HEI-193 cells exposed to acute and chronic EMF. (A) Cell viability was assessed by the MTT assay at 6, 24, 48, 72 and 96 h following a single acute EMF exposure. Each experimental point was in quadruplicate and experiments replicated at least three times; data were expressed as absorbance \pm SEM of the mean. (B) Cell viability was assessed at 24, 48, 72, 96, and 120 h, following completion of a 5-day chronic EMF exposure. Each experimental point was in quadruplicate and experiments replicated at least three times; data were expressed as absorbance \pm SEM of the mean. (C) Cell migration was assessed at 6, 24, 48, and 72 h, following a single acute EMF exposure. EMF treatment was associated with a significant decrease in cell migration at 24 (* $p < 0.05$), 48 (** $p < 0.01$), and 72 (* $p < 0.05$) h. Experiments were repeated at least three times. Each data point was calculated as the difference of the 2D scratched area (at time 0) minus the 2D remaining area at each specific time point, representing the 2D area covered by the cell migration. Data were expressed in $\mu\text{m}^2 \pm$ SEM of the mean. (D) Cell migration was assessed at 6, 24, and 48 following a chronic EMF exposure. Experiments were repeated at least three times. Each data point was calculated as the difference of the 2D scratched area (at time 0) minus the 2D remaining area at each specific time point, representing the 2D area covered by the cell migration. Data were expressed in $\mu\text{m}^2 \pm$ SEM of the mean. Two-way ANOVA using Sidak's post-hoc test was used for statistical analysis.

Table 1. Major signaling pathways upregulated in HEI-193 cells following chronic EMF exposure.

	Pathway	Direction	NES	<i>P</i> adj
	Cotranslational protein targeting to membrane	Up	7.859	5.30×10^{-10}
	Protein targeting to ER	Up	7.807	5.30×10^{-10}
	SRP dependent cotranslational protein targeting to membrane	Up	7.797	5.30×10^{-10}
	Establishment of protein localization to endoplasmic reticulum	Up	7.585	5.30×10^{-10}
	Mitochondrial translational elongation	Up	6.081	6.10×10^{-6}
	Mitochondrial translational termination	Up	6.022	6.70×10^{-6}
	Translational termination	Up	5.668	1.50×10^{-5}
	Mitochondrial respiratory chain complex assembly	Up	4.546	9.00×10^{-4}
	Mitochondrial ATP synthesis coupled electron transport	Up	4.404	1.20×10^{-3}
	Cytoplasmic translation	Up	4.360	1.50×10^{-3}
	ATP synthesis coupled electron transport	Up	4.234	1.90×10^{-3}
	NADH dehydrogenase complex assembly	Up	3.955	6.60×10^{-3}
	Mitochondrial respiratory chain complex I assembly	Up	3.955	6.60×10^{-3}
	Ribosomal large subunit biogenesis	Up	3.920	6.60×10^{-3}
	Respiratory electron transport chain	Up	3.858	6.60×10^{-3}
	Ribosome assembly	Up	3.414	3.10×10^{-2}

Clustering of Hippo path



B

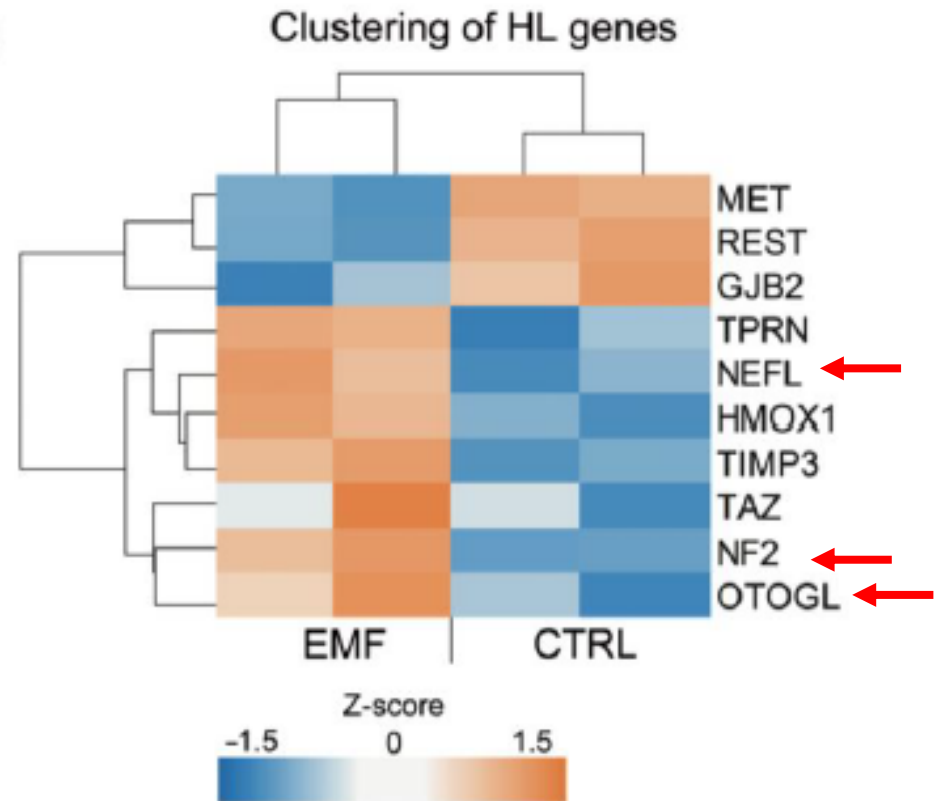










Figure 5. Identification of Hippo and HL-related DEGs in HEI-193 cells following chronic EMF. (A) Clustering of the Hippo-related genes that are deregulated in VS cells from control (CTRL) versus EMF exposed. (B) Clustering of the HL-related genes that are deregulated in VS cells from CTRL versus EMF exposed.

Summary

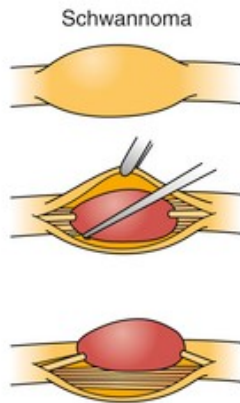
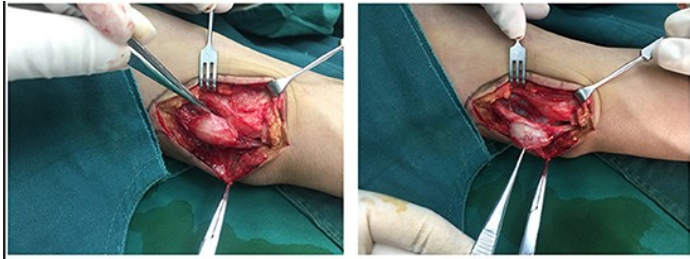
- **Chronic EMF exposure** modify rat SCs proliferation, in parallel with intracellular signaling
- Some metabolic pathways changes, mostly related to translation and mitochondrial activities
- Expression of HL-related genes (e.g. NEFL, TPRN, OTOGL, GJB2, and REST) deregulated in chronic EMF exposure.

Article

Transcriptomic Profile Reveals Deregulation of Hearing-Loss Related Genes in Vestibular Schwannoma Cells Following Electromagnetic Field Exposure

Alessandra Colciago ¹, Matteo Audano ¹, Veronica Bonalume ¹, Valentina Melfi ¹, Tasnim Mohamed ¹, Adam J. Reid ^{2,3}, Alessandro Faroni ², Peter A. Greer ⁴, Nico Mitro ¹ and Valerio Magnaghi ^{1,*}

Schwannomatosis

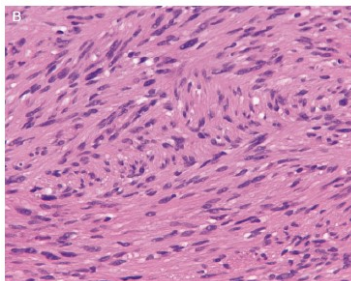


SWN is a tumor predisposition syndromes, that predispose to the development of multiple intracranial (~8%), spinal (~75%) and peripheral **schwannomas** (~90%)

Schwannomas might change into MPNST or induce other anaplastic tumor such as craniopharyngioma or meningioma

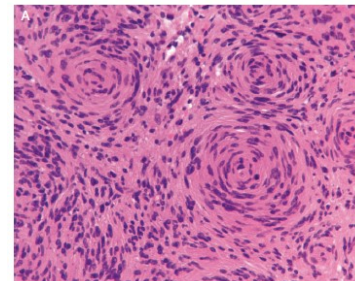
SWN is a rare disorder, estimated incidence of 1/40,000 to 1/60,000

Schwannomas are composed almost exclusively of Schwann cells



classic Antoni A cellular tissue
and whorl formation

(*Brain Pathology* 24 (2014) 205–220)

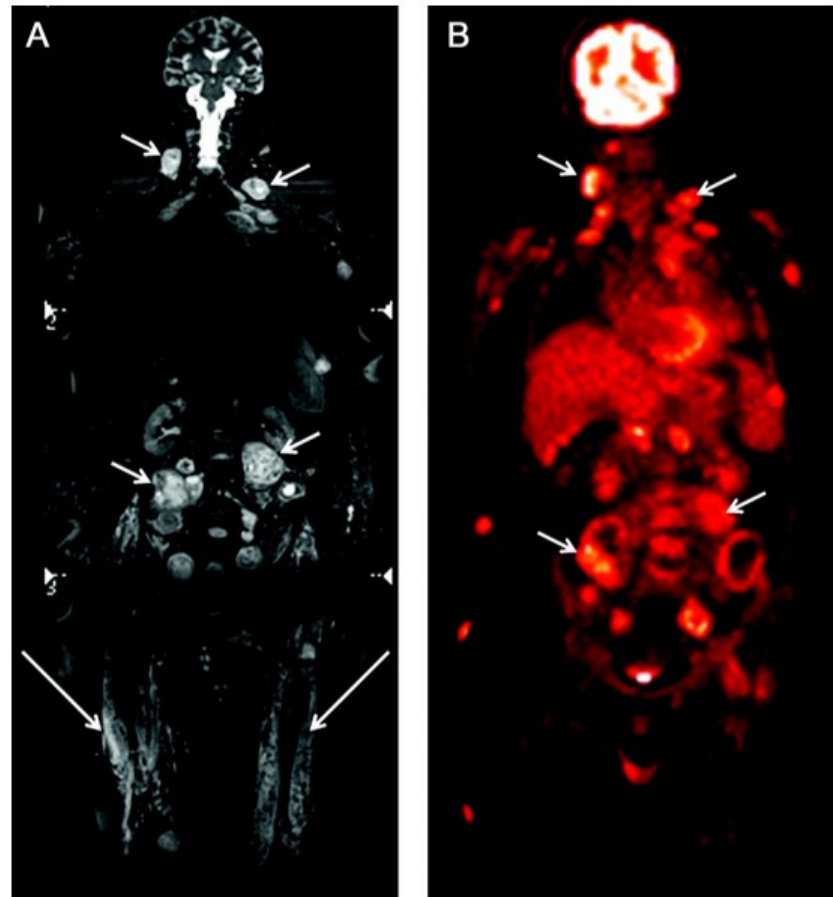
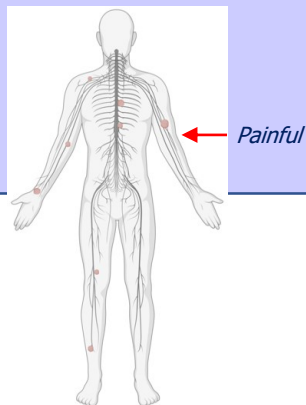


Whole-body imaging in schwannomatosis

Avneesh Chhabra, MD, and Jaishri Blakely, MD | [AUTHORS INFO & AFFILIATIONS](#)

June 7, 2011 issue • 76 (23) 2035 • <https://doi.org/10.1212/WNL.0b013e31821e55b0>

The most common symptom reported by SWN patients is pain, either local or diffuse



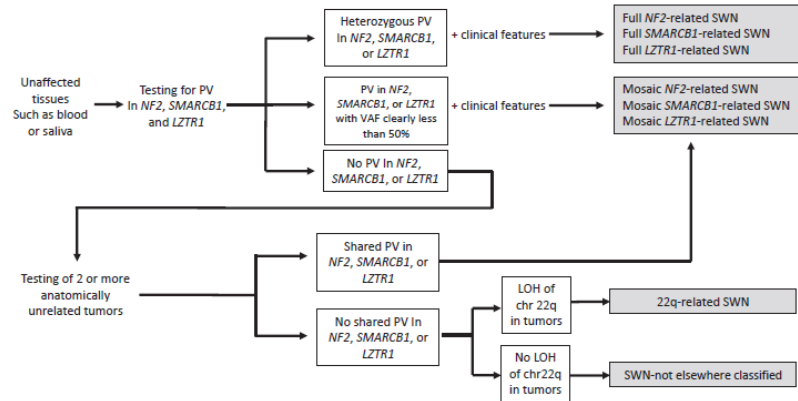
Coronal whole-body MRI (A) showing numerous mass lesions (short arrows) in a patient with schwannomatosis. FDG-PET (B) also shows the lesions, but MRI better depicts anatomy and displays lesions of any etiology regardless of FDG avidity. Muscle denervation (large arrows) is seen as edema-like T2 hyperintensity without perifascial edema on MRI.



ARTICLE

Updated diagnostic criteria and nomenclature for neurofibromatosis type 2 and schwannomatosis: An international consensus recommendation

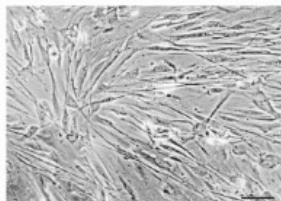
Scott R. Plotkin^{1,*}, Ludwine Messiaen², Eric Legius³, Patrice Pancza⁴, Robert A. Avery⁵, Jaishri O. Blakeley⁶, Dusica Babovic-Vuksanovic⁷, Rosalie Ferner⁸, Michael J. Fisher⁹, Jan M. Friedman¹⁰, Marco Giovannini¹¹, David H. Gutmann¹², Clemens Oliver Hanemann¹³, Michel Kalamarides¹⁴, Hildegard Kehrer-Sawatzki¹⁵, Bruce R. Korf², Victor-Felix Mautner¹⁶, Mia MacCollin¹⁷, Laura Papi¹⁸, Katherine A. Rauen¹⁹, Vincent Riccardi²⁰, Elizabeth Schorry²¹, Miriam J. Smith²², Anat Stemmer-Rachamimov²³, David A. Stevenson²⁴, Nicole J. Ullrich²⁵, David Viskochil²⁶, Katharina Wimmer²⁷, Kaleb Yohay²⁸, International Consensus Group on Neurofibromatosis Diagnostic Criteria (I-NF-DC), Susan M. Huson²⁹, Pierre Wolkenstein³⁰, D. Gareth Evans²²



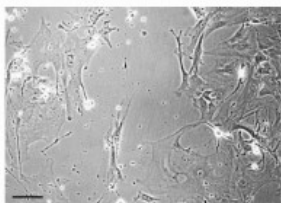
- NF2-related schwannomatosis (first NF2 or SWN type II)
- SMARCB1-related schwannomatosis (first SWN type III)
- LZTR1-related schwannomatosis (first SWN type III)
- 22q-related schwannomatosis (NO germline mutation)



purified cells

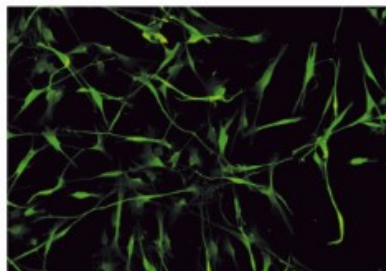


residual cells

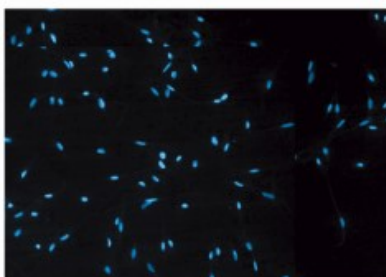


1wk

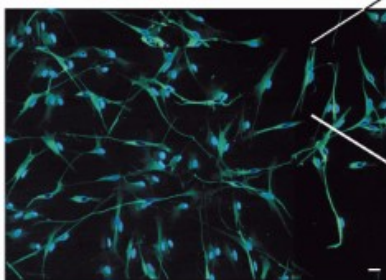
S100



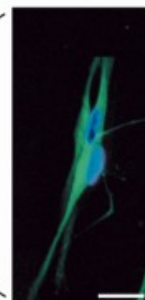
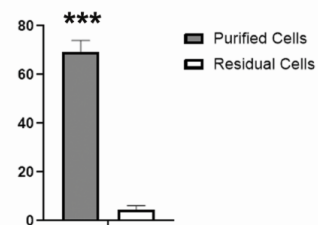
dapi



merge



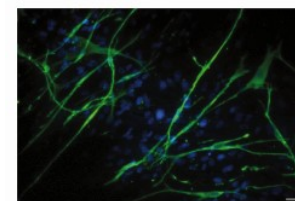
S100 positive cells



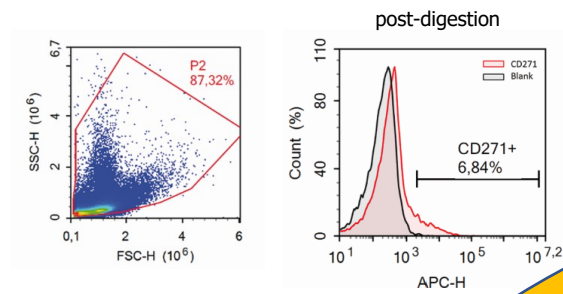
Thy-1



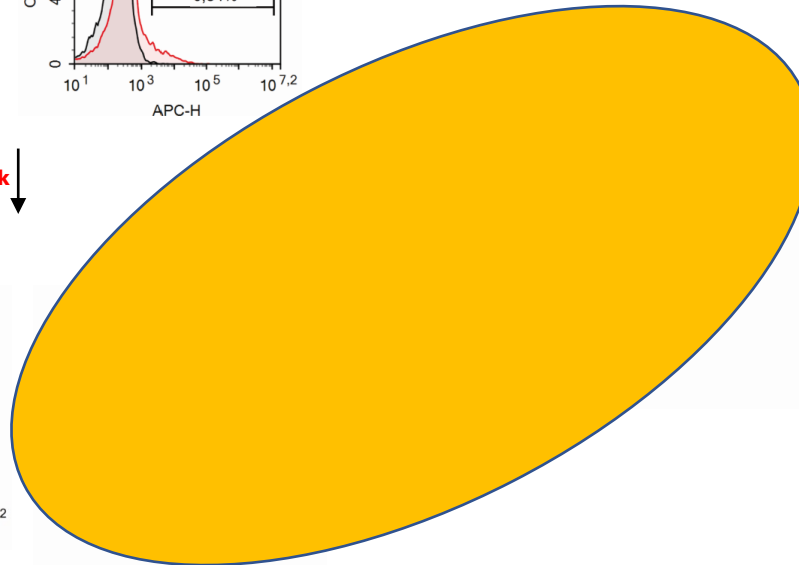
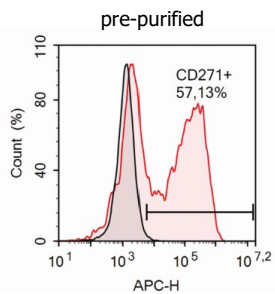
primary naive hSCs



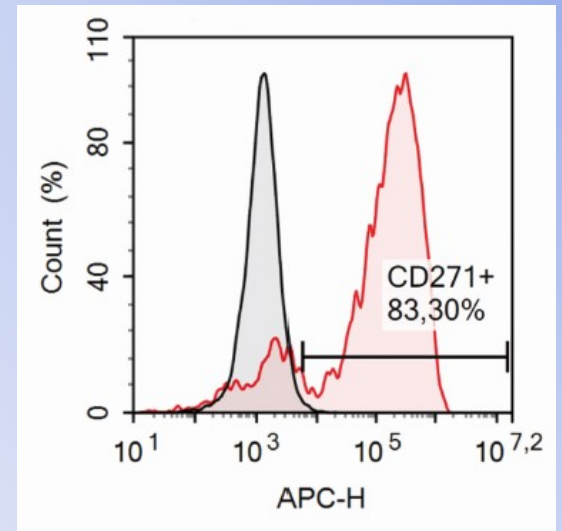
S100
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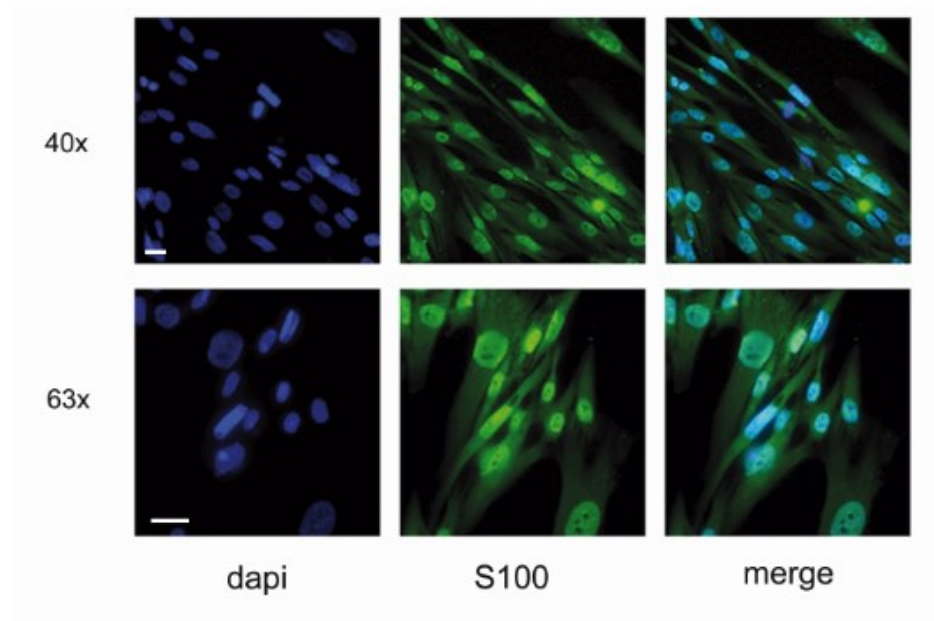
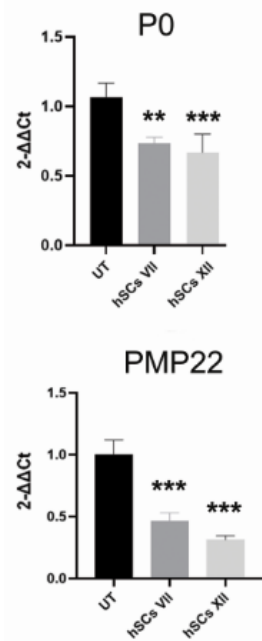


1wk
↓



purified hSCs





Summary

- The **hSC line obtained is an excellent *in vitro* tool of SWN**, for further studies: e.g. wide genome screening, genomic editing, etc.
- The hSC line obtained is unique, bearing **rare NF2/LTZR1** mutations
- The characterization of hSCs from patients with different genotype-phenotype allows the identification of other molecular pathw and/or genes of SWN
- The method is **replicable** and may be relevant for precision medicine and patient-tailored therapies



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Research article

Typical NF2 and LTZR1 mutations are retained in an immortalized human schwann cell model of schwannomatosis

Valentina Melfi^{a,1}, Tasnim Mohamed^{a,1}, Alessandra Colciago^a,
Alessandra Fasciani^b, Raffaele De Francesco^{a,c}, Daniela Bettio^d, Cristina Cerqua^d,
Francesca Boaretto^d, Elisabetta Basso^e, Stefano Ferraresi^e, Marco Montini^f,
Marica Eoli^g, Laura Papi^f, Eva Trevisson^{d,*,*}, Valerio Magnaghi^{a,*}



role of SCs in tumor-immune microenvironment

