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# The role of mTOR in Multiple Sclerosis pathophysiology: a protocol for a systematic review

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# ADMINISTRATIVE INFORMATION

Support - There is no financial support for this systematic review.

Review Stage at time of this submission - Data extraction.

Conflicts of interest - None declared.

**INPLASY registration number: INPLASY202450101** 

**Amendments** - This protocol was registered with the International Platform of Registered Systematic Review and Meta-Analysis Protocols (INPLASY) on 21 May 2024 and was last updated on 21 May 2024.

# **INTRODUCTION**

Review question / Objective The aim of this systematic review is to assess the influence of mTOR on neuroinflammation (including autophagy and T cells), growth factors, neurodegeneration, oligodendrocyte development, and myelination in MS. To this end, this systematic review will compare and summarize in vitro, in vivo, and clinical scientific evidence to assess the importance of mTOR in MS pathophysiology. The broad research question of this review is: "How is mTOR involved in the pathophysiology of Multiple Sclerosis?"

This broad research question is subdivided into multiple subquestions based on the main processes through which the mechanistic Target of Rapamycin (mTOR) affects Multiple Sclerosis (MS) pathology.

Sub-research questions:

1. In which manner does mTOR contribute to neuroinflammation in MS?

- What is the role of mTOR-mediated autophagy in MS pathophysiology?

- To what extent does mTOR influence the mechanism of action of T cells in MS?

2. How does mTOR influence growth factors that contribute to MS pathophysiology?

3. How is mTOR related to neurodegeneration in MS?

4. How is mTOR involved in oligodendrocyte development and myelination in MS?

**Rationale** The mTOR complex is a kinase that plays a key role in regulating important processes including cell proliferation, protein synthesis, autophagy, and transcription. Therefore, modulation of mTOR has been researched in relation to several different pathologies including Multiple Sclerosis (Vakrakou et al. 2022). However, a comprehensive evaluation of the influence of mTOR in MS, utilizing a combination of in vitro, in vivo, and clinical data, has yet to be conducted in existing literature. The utilization of in vitro, in vivo, and clinical studies allows the assessment of the consistency and translatability of the results. Both InPlasy and Prospero were searched for registered reviews about similar topics but none were found. Additionally, Google Scholar, PubMed, and Scopus were searched for systematic reviews with the same research question, and here also none were found.

**Condition being studied** This systematic review studies MS, a chronic autoimmune disorder affecting neuronal myelin sheaths (Vakrakou et al. 2022). This includes in vitro and in vivo models for MS and studies performed in patients with either Relapsing-Remitting Multiple Sclerosis (RRMS) or Secondary Progressive Multiple Sclerosis (SPMS).

# **METHODS**

**Search strategy** In this systematic review, the databases PubMed and Scopus are used to retrieve papers. The following search terms were used in both Scopus and PubMed:

Remyelination AND mTOR AND Multiple Sclerosis Remyelination AND mTOR AND Multiple Sclerosis AND Rapamycin Remyelination AND mTOR AND Multiple Sclerosis **AND** Tuberin Remyelination AND mTOR AND Multiple Sclerosis AND FKBP12 Remyelination AND mTOR AND Multiple Sclerosis AND Rheb Remyelination AND mTOR AND Multiple Sclerosis AND FKBP38 Autophagy AND mTOR AND Multiple Sclerosis Autophagy AND mTOR AND Multiple Sclerosis AND Rapamycin Autophagy AND mTOR AND Multiple Sclerosis AND Tuberin Autophagy AND mTOR AND Multiple Sclerosis AND FKBP12 Autophagy AND mTOR AND Multiple Sclerosis AND Rheb Autophagy AND mTOR AND Multiple Sclerosis AND FKBP38 Oligodendrocyte AND mTOR AND Multiple Sclerosis Oligodendrocyte AND mTOR AND Multiple Sclerosis AND Rapamycin Oligodendrocyte AND mTOR AND Multiple Sclerosis AND FKBP12 Oligodendrocyte AND mTOR AND Multiple Sclerosis AND Tuberin Oligodendrocyte AND mTOR AND Multiple Sclerosis AND Rheb

Oligodendrocyte AND mTOR AND Multiple Sclerosis AND FKBP38

Neuroinflammation AND mTOR AND Multiple
Sclerosis Neuroinflammation AND mTOR AND Multiple
Sclerosis AND Rapamycin* Neuroinflammation AND mTOR AND Multiple
Sclerosis AND Tuberin Neuroinflammation AND mTOR AND Multiple
Sclerosis AND FKBP12 Neuroinflammation AND mTOR AND Multiple Sclerosis AND Rheb
Scierosis AND Rheb Neuroinflammation AND mTOR AND Multiple Sclerosis AND FKBP38
Neurodegeneration AND mTOR AND Multiple Sclerosis
Neurodegeneration AND mTOR AND Multiple Sclerosis AND Rapamycin
Neurodegeneration AND mTOR AND Multiple Sclerosis AND Tuberin
Neurodegeneration AND mTOR AND Multiple Sclerosis AND FKBP12
Neurodegeneration AND mTOR AND Multiple Sclerosis AND Rheb
Neurodegeneration AND mTOR AND Multiple Sclerosis AND FKBP38
<ul> <li>Growth factors AND mTOR AND Multiple Sclerosis</li> <li>Growth factors AND mTOR AND Multiple Sclerosis</li> <li>AND Rapamycin</li> <li>Growth factors AND mTOR AND Multiple Sclerosis</li> <li>AND Tuberin</li> <li>Growth factors AND mTOR AND Multiple Sclerosis</li> <li>AND FKBP12</li> <li>Growth factors AND mTOR AND Multiple Sclerosis</li> </ul>
AND Rheb Growth factors AND mTOR AND Multiple Sclerosis AND FKBP38
T cells AND mTOR AND Multiple Sclerosis T cells AND mTOR AND Multiple Sclerosis AND
Rapamycin T cells AND mTOR AND Multiple Sclerosis AND Tuberin
T cells AND mTOR AND Multiple Sclerosis AND FKBP12
T cells AND mTOR AND Multiple Sclerosis AND
Rheb T cells AND mTOR AND Multiple Sclerosis AND FKBP38
For all the search terms above in the actual data search synonyms for the same concept were included. Additionally, the different components of

the subcomplexes of mTOR are included to make

sure all relevant literature is retrieved. Synonyms included:

#### mTOR

mTOR OR "Rapamycin target protein" OR "Mammalian Target of Rapamycin" OR MTORC1 OR MTORC2 OR FRAP OR FRAP1

#### Multiple Sclerosis

"Multiple sclerosis" OR "Sclerosis Multiplex" OR "Multiple cerebral sclerosis" OR "Multiple cerebrospinal sclerosis" OR "Disseminated sclerosis" OR "Encephalomyelitis disseminata"

#### Remyelination

Remyelination OR Myelination OR "Myelin repair" OR "Myelin regeneration" OR "Myelin restoration" OR "Myelin sheath recovery" OR Demyelination

#### Autophagy

Autophagy OR Autophagosome OR Autophagic OR "Autophagic processes" OR Autolysis OR Autophagocytosis OR Self-degradation OR "Intracellular recycling"

#### Oligodendrocyte

"Oligodendrocyte" OR "Oligodendroglia" OR "Oligodendroglia cell" OR "Oligodendroglial cell" OR "Oligodendroglia precursor" OR "Oligodendroglial precursor" OR "OPC" OR "OPCs" OR "neurogliacyte" OR "oligodendria"

#### Neuroinflammation

Neuroinflammation OR "Pro-inflammatory response" OR "Neuroimmune response" OR "Immunological response" OR Inflammation OR Neuroinflammatory OR Inflammatory OR "Perivenular inflammation" OR ''neuroimmunological response''

# Neurodegeneration

"Neurodegeneration" OR "neuronal loss" OR "Neuronal Atrophy" OR "Neural atrophy" OR "Neuronal death" OR "neural death" OR "neural degeneration" OR "nerve degeneration" OR "neurological degeneration" OR "neural deterioration" OR "nerve deterioration" OR "neurological deterioration" OR "neural decay" OR "neurological degeneration"

# Growth Factor

T cell

"Growth factor" OR "trophic factors" OR "neurothropic factors" OR "cytokines" OR "proliferation factors" OR "growth agent" OR "mitogen" "T cell" OR "T Lymphocyte" OR "Thymocyte" OR "T-lymphoid cell" OR "T-lymphoblast" OR "Tlymphocytic cell" OR "CD4+" OR "CD8+" OR "Regulatory T-cell" OR "T-regulatory cell" OR "Treg" OR "T-memory cell" OR "T-effector cell" OR "cytotoxic T-cell" OR "T-cytotoxic cell" OR "T helper cell" OR "T-helper lymphocyte" OR "Tsuppressor cell" OR "T-killer cell" OR "T-immune cell" OR "T-immunocyte" OR "T-lymphs" OR "Tleukocyte" OR "T-lymphoid lineage" OR "T-cell Precursor" OR "T-lymphoid precursor" OR "Tlymphoblastoid cell" OR "T-lymphocytic precursor" OR "T-precursor cell" OR "T-lymphoblastic cell" OR "T-lymphoid progenitor" OR "T-lineage cell" OR "T-immunocompetent cell" OR "T-immunoreactive cell" OR "T-immunoprotective cell"

#### Rapamycin

Rapamycin OR Sirolimus OR Rapamune OR AY22989 OR "AY 22989" OR Rapa

#### Tuberin

Tuberin OR TSC1 OR TSC2 OR "tuberous sclerosis complex"

#### FKBP38

FKBP38 OR FKBP38r OR mLST8 OR GBL OR LST8 OR POP3 OR WAT1 OR GbetaL OR PRAS40 OR CG10109 OR CG46146 OR Dmel/CG46146 OR dPRAS40 OR Deptor OR DEP.6 OR DEPDC6 OR hDEPTOR OR Raptor OR XPLN OR "Protor 2" OR "Protor 1" OR Rictor OR PIA OR AVO3 OR hAVO3 OR mSIN1 OR MIP1 OR SIN1 OR JC310 or SIN1b or SIN1g OR Deptor OR DEP6 OR DEPDC6 OR hDEPTOR.

**Participant or population** In this systematic review, cellular models of MS, animal models of MS, and studies on patients with RRMS and SPMS will be included. Both the cellular and animal models have to be validated models to mimic MS pathology. Studies with patients diagnosed with Primary Progressive MS are excluded, due to the different nature of disease progression in this subtype of MS (Procaccini et al. 2015). There are no exclusion criteria concerning age or gender.

**Intervention** This systematic review does not study one specific intervention but includes all papers that research the role of mTOR in relation to neuroinflammation (including autophagy and T cells), growth factors, neurodegeneration, oligodendrocyte development, and myelination in in vivo and in vitro MS models and patients with MS.

Comparator Not applicable.

**Study designs to be included** In this systematic review, the following study designs published between 2014-2024 will be included: randomized controlled trials, observational study designs (cohort studies, case-control studies, crosssectional studies), in vivo studies, and in vitro studies. These types of study designs will be included to get a full perspective on the topic. This review aims to provide a broad summary of relevant literature and compare the results between the different hierarchies of studies.

**Eligibility criteria** Studies to be included have to fit within the following eligibility criteria. The PICOS eligibility criteria are as follows:

Population: Patients with RRMS, Patients with SPMS, validated in vivo MS models, and validated in vitro MS models.

Intervention: There is no specific intervention being studied. However, studies looking at the influence of an intervention on mTOR expression and the pathology of MS will be included.

Comparison: There is no direct comparison between studied interventions.

Outcome: The main outcome used is the influence of mTOR on the pathophysiology of MS. This can be further defined as the influence of mTOR on neuroinflammation (including autophagy and T cells), growth factors, neurodegeneration, oligodendrocyte development, and myelination.

Study designs: Randomized controlled trials, observational study designs (cohort studies, case-control studies, cross-sectional studies), in vivo studies, and in vitro studies.

Additional inclusion and exclusion criteria outside of PICOS:

The PICOS eligibility criteria as described are applied for all papers, however, for the subresearch questions specific inclusion and exclusion criteria are defined as outlined in the section below.

A validated MS model is defined as a validated in vitro MS model and/or in vivo MS model and/or patient with RRMS and/or patient with SPMS

Research question: In which manner does mTOR contribute to neuroinflammation in MS?

Inclusion criteria:

Relates mTOR directly/indirectly to pro/antiinflammatory factors that play a key role in a validated MS model

Exclusion criteria:

Does not directly/indirectly investigate the role of mTOR-mediated inflammatory factors in a validated MS model

Does not directly/indirectly link the role of pro/antiinflammatory factors to mTOR in a validated MS model

Research question: What is the role of mTORmediated autophagy in MS pathophysiology? Inclusion criteria:

A direct/indirect link between mTOR and autophagy in a validated MS model

A direct/indirect link between autophagy and subsequent mTOR modulation in a validated MS model

Exclusion criteria:

Does not relate mTOR-mediated autophagy to a validated MS model

No direct/indirect link between autophagy and at least one intermediate in the mTOR pathway

Research question: To what extent does mTOR influence the mechanism of action of T cells in MS?

Inclusion criteria:

Directly/indirectly describes the association of at least one type of T cell to mTOR in a validated MS model

Investigates proliferation markers of T cells in response to mTOR modulation in a validated MS model

Exclusion criteria:

Only investigates the association of innate immune cells to mTOR in a validated MS model

Does not directly/indirectly measure proliferation markers of T cells in response to mTOR modulation in a validated MS model

Only investigates the association of B cells to mTOR in a validated MS model

Research question: How does mTOR influence growth factors that contribute to MS pathophysiology? Inclusion criteria:

Relates one or more growth factors directly/ indirectly to both mTOR and a validated MS model Describes disturbance of one or more growth factors directly/indirectly to both mTOR and a validated MS model Exclusion criteria: Does not directly/indirectly indicate the relationship between one or more growth factors and mTOR Does not directly/indirectly indicate the relationship

between one or more growth factors and a validated MS model

Research question: How is mTOR related to neurodegeneration in MS?

Inclusion criteria:

Relates mTOR directly to one or more neuronal/ glial/astrocyte/synaptic/myelin degeneration pathways that play a key role in a validated MS model

Exclusion criteria:

Does not relate degeneration markers to mTOR in at least one cell type relevant to the pathology of MS, in a validated MS model.

Research question: How is mTOR involved in oligodendrocyte development and myelination in MS?

Inclusion criteria:

Study investigates the role of the mTOR pathway in at least 1 stage of the oligodendrocyte growth cycle

Investigates a direct/indirect link between mTOR and remyelination in at a validated MS model Exclusion criteria:

Does not involve the mTOR pathway in the oligodendrocyte cell cycle.

**Information sources** Within this systematic review, the databases Scopus and PubMed will be used to retrieve papers. No additional databases or data sources will be used.

**Main outcome(s)** Within this review, the effect of mTOR on MS pathology will be assessed regarding neuroinflammation (including autophagy and T cells), growth factors, neurodegeneration, oligodendrocyte development, and myelination.

A validated MS model is defined as a validated in vitro MS model and/or in vivo MS model and/or patient with RRMS and/or patient with SPMS

Therefore the main outcomes are:

The effect of mTOR on neuroinflammation in validated MS models, this outcome can be measured through different methodologies as long as the techniques and outcomes are scientifically validated.

The effect of mTOR on autophagy in validated MS models, this outcome can be measured through

different methodologies as long as the techniques and outcomes are scientifically validated.

The effect of mTOR on T-cell levels and behavior in validated MS models, this outcome can be measured through different methodologies as long as the techniques and outcomes are scientifically validated.

The effect of mTOR on growth factors in validated MS models, this outcome can be measured through different methodologies as long as the techniques and outcomes are scientifically validated.

The effect of mTOR on neurodegeneration in validated MS models, this outcome can be measured through different methodologies as long as the techniques and outcomes are scientifically validated.

The effect of mTOR on the myelination of neuronal sheaths and the development of oligodendrocytes in validated MS models, this outcome can be measured through different methodologies as long as the techniques and outcomes are scientifically validated.

Additional outcome(s) Not applicable.

Data management The data search using the search terms mentioned in item 11 is assessed by two reviewers independently and the number of papers extracted is compared to avoid mistakes in the searching stage. The exact search terms used and amount of papers extracted per search query are saved in EndNote and documented in an Excel sheet which will be handed in at the publication stage, to allow reproducibility of the results. Moreover, the screening of the abstracts against the eligibility criteria is also performed by two reviewers independently and compared. In case of disagreement concerning the inclusion or exclusion of a study, this will be discussed with all three writers and discussed until a consensus is reached. Additionally, the data extraction will also be documented in Excel and will be checked by two assessors independently. Throughout the whole screening process, a PRISMA flow chart will be updated to track the number of included and excluded articles, along with their respective reasons for exclusion.

Quality assessment / Risk of bias analysis The quality of the included studies will be assessed using the GRADE approach, in order to transparently indicate the quality of evidence. Furthermore, the risk of bias in the selected studies will be performed using specific bias assessments tailored for the type of study design used. The risk of bias for the in vitro studies will be performed using the Quality Assessment Tool for In Vitro Studies (QUIN) (Vidhi et al. 2022). The risk of bias for the in vivo studies will be performed using the Systematic Review Center for Laboratory Animal Experimentation (SYRCLE) and the risk of bias for the included clinical studies will be assessed using the Quality Assessment Tool for Quantitative Studies (QATS) (Armijo-Olivo et al. 2012, Hooijmans et al. 2014). The risk of bias and quality assessment of the papers will be performed independently by two reviewers and compared.

**Strategy of data synthesis** The data extracted from the studies will be extracted in Excel and the outcomes used will be compared and summarized per subquestion. This review will not include a meta-analysis and therefore no statistical techniques will be used.

Subgroup analysis Not Applicable.

Sensitivity analysis Not Applicable.

**Language restriction** This systematic review will be written in English and all included papers must be written or translated into English as well.

Country(ies) involved The Netherlands.

**Other relevant information** The authors Floor Koks, Femke Reubens, and Hymke van der Zee contributed equally to this work. The author Assistant Professor Jacco J. Briedé provided feedback and guidance throughout the writing process.

**Keywords** Multiple Sclerosis, mTOR, neuroinflammation, myelination, and growth factors.

**Dissemination plans** The paper is expected to be published upon completion.

# **Contributions of each author**

Author 1 - Floor Koks - Full contribution in the design of the review, determination of the research question, defining of the search terms, data screening, data extraction, and writing of the review.

Email: f.koks@student.maastrichtuniversity.nl Author 2 - Hymke van der Zee - Full contribution in the design of the review, determination of the research question, defining of the search terms, data screening, data extraction, and writing of the review. Email: h.vanderzee@student.maastrichtuniversity.nl Author 3 - Femke Reubens - Full contribution in the design of the review, determination of the research question, defining of the search terms, data screening, data extraction, and writing of the review.

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Author 4 - Jacco J. Briedé - Guidance and feedback throughout the searching, writing, and publishing phases.

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