



Home Office

NON-TECHNICAL SUMMARY

Regenerative Neuroimmunology Applied to Progressive Multiple Sclerosis Research

Project duration

5 years 0 months

Project purpose

- (a) Basic research
- (b) Translational or applied research with one of the following aims:
 - (i) Avoidance, prevention, diagnosis or treatment of disease, ill-health or abnormality, or their effects, in man, animals or plants
 - (ii) Assessment, detection, regulation or modification of physiological conditions in man, animals or plants

Key words

Neuroimmunology, Progressive MS, Brain-Immune Interactions, Regenerative Medicine, Therapy

Animal types

Mice

Life stages

adult, aged

Retrospective assessment

The Secretary of State has determined that a retrospective assessment of this licence is required, and should be submitted within 6 months of the licence's revocation date.

Reason for retrospective assessment

This may include reasons from previous versions of this licence.

- Contains severe procedures

Objectives and benefits

Description of the projects objectives, for example the scientific unknowns or clinical or scientific needs it's addressing.

What's the aim of this project?

The aim of this project is to identify and manipulate important biological processes that control the coordinated actions of the immune system and the brain in the context of progressive multiple sclerosis (MS). The ultimate goal of this project is to increase the brain's own ability to heal the damage caused by MS, which will prevent the accumulation of disabilities and slow down the progression of the disease.

A retrospective assessment of these aims will be due by 08 January 2027

The PPL holder will be required to disclose:

- Is there a plan for this work to continue under another licence?
- Did the project achieve it's aims and if not, why not?

Potential benefits likely to derive from the project, for example how science might be advanced or how humans, animals or the environment might benefit - these could be short-term benefits within the duration of the project or long-term benefits that accrue after the project has finished.

Why is it important to undertake this work?

Multiple sclerosis (MS) is a lifelong disease that affects the brain and spinal cord of people of all ages. MS is an autoimmune disease. As such, MS starts when an unknown cause makes the immune system dysfunctional in a way that it would mistakenly attack the layer that surrounds and protects the nerves. This is called the myelin sheath and in MS this is repeatedly attacked by cells of the immune system, leading to damage and scarring. As a further consequence of these repeated attacks to the myelin sheath, further damage to the nerves the sheath protects occurs. This means that messages that travel along the nerves are slowed or stopped. This can lead to problems with vision, arm and leg movement, sensation, and balance issues.

The main role of the immune system is to protect against infections caused by bacteria, viruses, and parasites. However, we now know that the immune system is involved in the development of the brain and spinal cord. Here, the immune system helps with the maturation of new nerve cells and myelin sheath forming cells. Ultimately, the cells and molecules that make-up the immune system work to prolong the bad inflammation in the brain and spinal cord. This is what contributes to the large amount of tissue damage that occurs in MS.

After many years with MS, a large number of patients go on to develop a progressive form of the disease. This usually happens in people who are 50 and older. The progressive form of the disease is a result of continued bad inflammation that does not allow the healing of the brain. This is an important aspect to consider as the disease changes in patients getting older. In older patients, the symptoms become worse over time. This causes an increase in disability that is permanent. Unfortunately, there are no treatments available for these patients once they have reached this point in the disease. Therefore, the development of treatments for patients with progressive MS is important.

New information has shown us that immune cells that were once bad can be changed into good immune cells. These good immune cells can then be used to help heal the damaged brain and spinal cord. This will improve the quality of life for patients with progressive MS.

In fact, previous work in the lab has identified new ways to turn bad immune cells into good immune cells. These good immune cells have been shown to help heal the MS brain in laboratory mice.

We have also shown that when you put brain stem cells into mice with an MS-like disease they can turn bad immune cells into good immune cells. This reduces the damage in the brain caused by the bad immune cells. In addition, we have put these brain stem cells into mice with a damaged myelin sheath to help form a new myelin sheath. These experiments have shown that we are able to alter the interaction between the immune system and the brain in a way that it will eventually heal. This could be very important in helping to promote reduction of brain damage and slow down the accumulation of disabilities in the progressive form of MS.

With this license, we wish to further explore new ways to experimentally manipulate the interactions between the brain and the immune system. This will create new opportunities to test new therapies that can stop bad inflammation. This will help to promote the regeneration of the damaged MS brain.

We will focus our efforts on studying the way immune and brain cells produce energy to carry out their complex activities called metabolism. In fact, early evidence exists that interfering with the metabolism of brain or immune cells is a promising new approach to treat MS.

What outputs do you think you will see at the end of this project?

The main output of this project will be new information on the function and therapeutic potential of mechanisms that lead to continued brain inflammation. Additional outputs will include the publication of data from experiments in scientific journals. Datasets containing a large amount of information will be made accessible. We will use these datasets to apply for funds for future projects. These datasets will also be useful for other scientists and doctors studying progressive MS. Additional products from this project will be (1) patents to protect the main discoveries, (2) tools to study immune and brain cell function or deliver therapies, and (3) technologies to identify if the therapies are effective.

Ultimately, our approach will lead to the identification of new and important interactions of the brain and immune system. We can then use new experimental methods to target these interactions. These experimental methods could then be tested in patients with progressive MS.

Who or what will benefit from these outputs, and how?

In the short term, the main beneficiaries of this project's outputs will be scientists from academic institutions and from pharmaceutical companies. In the medium term, the outputs generated by this project will help the NHS and the patient community. These outputs will advance treatments for progressive MS that are aimed at slowing down disease progression and promoting brain repair. In the long term, these outputs will help us to better understand how to slow the damage to brain caused by ageing and help the ever-growing senior population maintain healthy brain function.

How will you look to maximise the outputs of this work?

The outputs of this work will be distributed to academic scientists throughout the duration of the license. We will communicate regularly with organized research networks and laboratory groups in the field of progressive MS and beyond. These networks will allow us to share workloads and ideas. This depends on the expertise of each group, avoiding repeat experiments, and accelerating the progress in these fields.

Preliminary data will be shared at national and international conferences and/or workshops in order to gain valuable feedback of the work from peers. This will also provide us the opportunity to build new collaborations locally and internationally. This will improve the quality and rigor of our research for the duration of the licence. We will also present our findings ahead of publication on preprint servers (such as arXiv, bioRxiv, or PeerJ).

When finalized, all our data will be published in peer-reviewed scientific journals. This data will include gene, protein, and metabolic datasets. We will also make these datasets available on appropriate databases for other research groups to access freely.

We are committed to publishing both positive and negative results. This will increase awareness and inform the community of how our findings fit into the wider field of study. It will also help in determining which experimental outputs are worth pursuing further and those we feel would not be worth further exploration.

Finally, we will ensure that the published results are made available to the general public. This will maximize their impact and increase global awareness to both the public and fellow scientists.

Species and numbers of animals expected to be used

- Mice: 2000

Predicted harms

Typical procedures done to animals, for example injections or surgical procedures, including duration of the experiment and number of procedures.

Explain why you are using these types of animals and your choice of life stages.

We are using new-born mice that have been produced on a different licence to collect cells to grow and keep in a dish to do experiments.

We are using mice because currently they are the most commonly used animal in human disease research. It is extremely difficult to accurately and fully model the complexity of MS using cells in a dish. Therefore, using mice we can study many of the changes caused by MS disease in the patient's cells and tissue. These include the formation of scar tissue, the presence of inflammatory immune cells, and damaged nerve fibres. Additionally, the possibility to use genetically modified mice to study target proteins and pathways involved in the MS disease process is particularly useful.

Since MS is 2 to 3 times more common in women than men, our studies will reflect this. Here, we will use an increased proportion of female mice to male mice in our experimental protocols. We will also use both young and old mice. This will allow us to investigate the biological impact of human adulthood and human ageing more accurately on the progression of brain and spinal cord inflammatory damage. This is highly relevant as progressive MS affects older adults more and is a chronic, life-long disease. Additionally, we now know that ageing plays a significant role in the ability of the brain to heal itself. This further emphasizes the need to study the disease using both young and aged adult mice.

Typically, what will be done to an animal used in your project?

Mice will be subjected to a disease called experimental autoimmune encephalomyelitis (EAE). EAE is widely used to investigate aspects of the human disease multiple sclerosis. In mice, EAE disease results in immune cells normally found outside the brain and spinal cord, collectively called the central nervous system (CNS), invading the CNS. Here, immune cells interact with cells of the CNS to create an environment that is destructive to the tissue. This results in the mice displaying clinical signs of disability similar to those observed in MS patients. These include impairment in walking, paralysis of limbs, and issues with bladder control and output. These mice also display tissue level signs of the human disease such as the accumulation of inflammatory immune cells normally found outside the CNS, damage to nerve fibres, and destruction of the protective wrapping (i.e., myelin sheath) of nerve fibres.

EAE disease induction in mice is as follows. On day 0, mice will be maintained under light anaesthetic and loosely restrained and positioned for injections. A protein of the myelin sheath will be mixed with an oil based solution that has been supplemented with a heat-inactivated version of a disease-causing bacteria. This will create a dense mixture that will be injected under the skin of the mouse. This mixture will produce a local autoimmune response that results in the generation of inflammatory immune cells. These immune cells eventually enter the brain and spinal cord and start a neurological disease like in MS. The mixture will be injected under the skin at three separate locations on the mouse: 1) in front of the base of the tail, 2) in two sites near the left and right shoulder blades. Mice will also receive two consecutive doses into a vein of a solution containing a bacterial toxin. These doses will be given on the day of the mixture injection (day 0) and two days later (day 2). Following each of these injections, mice will be closely observed while they recover from the light anaesthetic until fully awake and responsive. The weight and overall condition of the body of the injected mice will then be monitored daily throughout the length of the study.

Lysophosphatidylcholine (LPC)-induced MS-like lesion model is as follows. Mice will be anaesthetised and remain unconscious throughout the surgery. Mice will be given both pre- and post-surgery pain

relief. Anaesthetised mice will then be securely fixed in a device to maintain a stable body position. Then, a small portion of the thin membrane covering the upper and middle part of the spinal cord will be exposed to reveal the underlying tissue. This way we can cause the localized destruction of the myelin sheaths. This is done by slowly injecting a small volume of a chemical that is known to be toxic to myelin sheath forming cells only (i.e., lysophosphatidylcholine-LPC) into the spinal cord tissue through a syringe and ultra-fine needle. Following the injection, the needle will be slowly removed. Mice will receive post-surgery care that includes pain medication, soft bedding, and access to (wet) mashed food.

Depending on the experiments, EAE and LPC-lesioned mice may receive additional injections. These injections can be intravenous (e.g., into a vein), intraperitoneal (e.g., into the abdomen), subcutaneous (e.g., under the skin), intrathecal (e.g., into the fluid filled spaces of the spinal cord), intracerebroventricular (e.g., into the fluid filled spaces of the brain), intraparenchymal (e.g., into tissue), and local into the spinal cord. Injections will include either substances (such as drugs, beneficial small molecules, and agents to induce gene modification), viruses (as a vehicle to artificially carry foreign genetic material into cells of the mice), and cells. These substances are all meant to encourage the interactions between the immune system and the brain in a way that results in regeneration or less damage of the brain and the spinal cord.

Finally, to validate and identify biomarkers of brain and spinal cord damage and their role in the regenerative process, we may also collect bodily fluids from live mice. These include blood and cerebrospinal fluid (CSF). CSF is a clear fluid that surrounds and cushions the brain and spinal cord from injury. These fluid samples are important for verification or discovery research using technologies that enable the rapid testing of large numbers of substances and molecules for activity. Blood is obtained from a surface vein observable to the naked eye using a fine needle. CSF is obtained via a quick, minimally invasive surgical procedure under general anaesthetic so that the mouse is unconscious.

The study lengths for experiments using EAE or the LPC-induced MS-like lesion model may be as short as 7 days or as long as 6 months (maximum limit) to study both early and delayed regenerative responses. The duration of each experiment is determined prior to the use of any mouse study and is variable in length. At the end of the experiment all mice will either be humanely killed or tissues and organs collected under deep, terminal anaesthetic unconsciousness. Tissue and organs collected this way will be stored in a solution that preserves their structure until follow-up analyses.

What are the expected impacts and/or adverse effects for the animals during your project?

Within the EAE protocol, mice will present with limb weakness that progresses to total paralysis. Total paralysis of a limb or limbs often leads to weakness in other functional limbs. The effects of EAE begin with weakness of the tail muscles that spreads towards the back legs. This weakness can also spread to the front legs. The severity of the weakness or paralysis can last from 10-35 days after the first sign of disease are observed. The first signs of disease are usually observed at 10-15 days following injection with the disease causing mixture. Within 21 days from the injection of the disease-causing mixture, over 90% of mice show a long-lasting and irreversible disease course. All mice with the disease gradually lose body weight following injection with the disease causing mixture. The amount of weight loss that occurs depends on the severity of the disease in each individual mouse. This weight loss is temporary.

All mice gradually gain back the weight that was lost. This recovery of weight occurs during the 2-3 weeks after the most severe effects occur.

Within the LPC-induced MS-like lesion protocol, mice are expected to display signs of pain after surgery. This can last for up to 10 days after surgery. Steps are taken to minimise the pain by providing pain medications to mice before and after surgery. Mice will also have temporary weight loss after surgery. The weight loss is expected to recover within 48 hours of the end of the surgery.

In mice that receive additional injections of substances, there could be temporary pain and discomfort. This will last for a maximum of 48 hours (depending on the route of injection). Collection of blood through the vein in the tail will only lead to temporary discomfort for the mouse (equivalent of a very fine needle jab). Collection of cerebrospinal fluid may cause changes in (1) food/liquid intake, (2) normal expected weight gain, and/or (3) temporary (max 48 hours) pain at the site of collection.

Within this license, some mice used within the EAE and LPC-induced MS-like lesion protocol will be aged. The majority (>90%) of adult mice remain healthy up to 15 months of age. Mice aged past this point (up to 24 months) may develop health problems due to their old age. This can include: (1) the growth of small, non-cancerous tumours under the skin (10%), (2) hair loss (10%), (3) loss of fur colour (i.e., greying of fur) (10%), and obesity (i.e., non-healthy weight gain) (10%). This should not cause any adverse effects or suffering in the mice.

Expected severity categories and the proportion of animals in each category, per species.

What are the expected severities and the proportion of animals in each category (per animal type)?

Mouse: Moderate 25%

Mouse: Severe 75%

What will happen to animals at the end of this project?

- Killed

A retrospective assessment of these predicted harms will be due by 08 January 2027

The PPL holder will be required to disclose:

- What harms were caused to the animals, how severe were those harms and how many animals were affected?

Replacement

State what non-animal alternatives are available in this field, which alternatives you have considered and why they cannot be used for this purpose.

Why do you need to use animals to achieve the aim of your project?

Progressive MS in humans leads to permanent and irreversible damage to the brain and spinal cord. This leads to a life-long decrease in the quality of life of patients and their carers. Therefore we need to develop treatments that are able to reduce the impact of non-stop inflammation on the human brain and spinal cord to promote its healing. This is a main unmet need for patients with progressive MS. However, no experimental treatment can be tested in humans without first testing its safety and effectiveness in relevant animal diseases that reproduce aspects of the human disease. Any treatment developed to work on cells grown in a lab dish has to be tested and refined in animals. This way we can see how the treatment works in the complex environment of the adult brain and spinal cord. We can also determine if the treatment causes a recovery of functions.

To confirm findings using our cells in a dish, we need to use validated and widely accepted mouse models of diseases that reproduce aspects of MS seen in humans. This allows us to test whether the responses of immune cells in a dish and the effect of treatments are similar to the effects that occur in a mouse with the disease. The response of immune cells in disease is very different in a mouse compared to cells in a plastic dish. In a mouse with MS-like disease, there are many responses by the cells, tissues, and organs of the body which directly impact the ability of the brain and spinal cord to recover. These include inflammation, the formation of scars, and loss of nerve fibres necessary for normal movement of the bodies limbs. It can also affect how well a treatment works. Further to this, injury to the brain and spinal cord and ageing also affects many other cell types that are present. This a further challenge that limits our ability to study cells in a dish.

We are using mice because currently they are the most commonly used animal in human disease research. It is extremely difficult to accurately and fully model the complexity of MS using cells in a dish. Therefore, using mice we can study many of the changes caused by MS disease in the patient's cells and tissue. These include the formation of scar tissue, the presence of inflammatory immune cells, and damaged nerve fibres. Additionally, the possibility to use genetically modified mice to study target proteins and pathways involved in the MS disease process is particularly useful.

Which non-animal alternatives did you consider for use in this project?

Over the years our team has refined and improved upon our models of cells grown in lab culture dishes. This has allowed us to test whether the treatments will be (1) safe for the cells and (2) how effective the treatments are before testing them in a mouse. Additionally, we have developed a new model of maintaining and expanding human immune cells and human stem cells in plastic dishes that does not involve the use of mice. This new system allows us to (1) capture the response of human cells in a dish and (2) design/perform experiments to test ideas about the response of cells without having to extract these cells from mice beforehand. After the identification of targets, we will then proceed to test our results in our mouse models of disease.

Why were they not suitable?

Immune and stem cells grown in lab culture dishes are useful for studying some aspects of progressive MS and ageing. However, they cannot replicate the complex changes that occur in the cells and tissues that support the function of the brain and spinal cord. These includes changes to the supporting cells of

the brain and spinal cord (called glia). This can lead to the formation of scar tissue, the recruitment of immune cells into the injury site, and damage to nerve fibres that is typical of progressive MS. Immune and stem cells grown in culture also behave differently to those found in a living organism. Here, they show loss of cellular heterogeneity (i.e., the unique identity of individual cells) and loss of communication with other cell types.

It is therefore necessary to use animal models. This allows us to assess the complexity of biological and behavioural responses in an animal both following an injury or disease and after treatment. There is also a requirement to demonstrate that a treatment is safe and effective in animal models before progressing to human application.

A retrospective assessment of replacement will be due by 08 January 2027

The PPL holder will be required to disclose:

- What, if any, non-animal alternatives were used or explored after the project started, and is there anything others can learn from your experience?

Reduction

Explain how the numbers of animals for this project were determined. Describe steps that have been taken to reduce animal numbers, and principles used to design studies. Describe practices that are used throughout the project to minimise numbers consistent with scientific objectives, if any. These may include e.g. pilot studies, computer modelling, sharing of tissue and reuse.

How have you estimated the numbers of animals you will use?

Mouse numbers were estimated based on a combination of the retrospective review, annual return of procedures, and estimated mouse usage for the duration of the project. With the new mouse colony management system in use, we now have access to our total mouse usage year-over-year.

For the experimental autoimmune encephalomyelitis (EAE) protocol, we are expecting to use 300 mice/year based on our usage over the last 5 years. Each study typically involves 50 mice and lasts approximately two months. Therefore, we can run six studies per year that includes 300 mice. Over the course of this five year licence we will use a maximum total of 1500 mice in this experimental protocol.

For the lysophosphatidylcholine (LPC)-induced MS-like lesion protocol, we are expecting to use 100 mice/year based on our usage over the last 5 years. This will provide us a maximum total of 500 mice used across in this experimental protocol.

What steps did you take during the experimental design phase to reduce the number of animals being used in this project?

The National Centre for the Replacement Refinement & Reduction of Animals in Research (NC3Rs) experimental design assistant is a tool which we constantly use to help design and further refine our

experiments. We also reference the Planning Research and Experimental Procedures on Animals: Recommendations for Excellence (PREPARE) guidelines.

According to our lab standard operating procedures (SOPs), experiments are constantly assessed at the pilot stage first. This is when a first experiment is conducted with a reduced number of mice to adjust any aspects before running the full experiment. This guarantees that we are using the correct number of mice to achieve reliable statistical results when experiments are ready to be conducted in full. Mice are then placed in the experimental groups randomly, which helps to ensure treatment and non-treatment groups are evenly distributed. Treatments are given 'blind'. This means that either the person injecting a treatment (or a vehicle, as control) or the surgeon performing the injections have been given no access to the information related to the treatment they are giving. Blinding is also applied to post-mortem tissue and molecular studies. Unblinding is the responsibility of the principal investigator and it is done only after the experiment is concluded and results are analysed. This is to avoid any bias in the generation of the results.

What measures, apart from good experimental design, will you use to optimise the number of animals you plan to use in your project?

We will always perform pilot studies before undertaking a full experiment to ensure that larger studies are as accurate as possible. These pilot studies allow us to assess the experimental design and identify potential problems, as well as implement improvements early on in the licence. We are also coordinating with other groups to share animal tissues - including tissues from genetically modified mouse lines and post-mortem tissues - in order to further reduce overall mouse numbers.

A retrospective assessment of reduction will be due by 08 January 2027

The PPL holder will be required to disclose:

- How did you minimise the numbers of animals used on your project and is there anything others can learn from your experience?

Refinement

Give examples of the specific measures (e.g., increased monitoring, post-operative care, pain management, training of animals) to be taken, in relation to the procedures, to minimise welfare costs (harms) to the animals. Describe the mechanisms in place to take up emerging refinement techniques during the lifetime of the project.

Which animal models and methods will you use during this project? Explain why these models and methods cause the least pain, suffering, distress, or lasting harm to the animals.

Mice will be subjected to a disease called EAE. This is a widely- and consistently used method to investigate aspects of human MS disease. It has undergone continual refinements over decades of research. The induction of EAE disease is the most refined for the purpose to cause the least pain, suffering, and lasting harm to the mice. Despite these refinements, mice that develop physical signs of EAE inevitably suffer and are in pain. We minimise and manage pain by providing mice with pain

medications as needed throughout the course of the study. The substances used to induce EAE disease are certified as high-quality from trusted suppliers. The substances do not contain impurities and other potentially toxic components which could impact on the welfare of the mice. To reduce the chance of ulceration (i.e., open wounds forming) from injections, the area is wiped down with a sterile cleaning solution. The substances to induce disease are administered under the skin and into the vein and result in minimal and temporary discomfort.

The lysophosphatidylcholine (LPC)-induced MS-like lesion requires surgery to inject a toxin that damages the protective covering of nerve fibres. This injection is in the bottom part of the spinal cord. This model allows for the study of tissue damage (loss of protective covering of nerve fibres) and regeneration (regrowth of the protective covering of nerve fibres) in the spinal cord. The toxin-induced lesions very closely resembles the lesions observed in MS patients. This method induces moderate pain and suffering with no lasting harm. We minimise and manage pain by providing mice with pre- and post-surgery pain medications. Pain will be managed during the period of study by administering medication as needed. This MS-like lesion rarely results in mice developing clinical signs or complications from surgeries. This produces extremely limited suffering to the mouse.

Within our mouse models of MS and MS-like lesions we will also be using aged mice (i.e., older than 15 months). This is the closest way to study how increasing age impacts brain recovery. Mice will be naturally aged (i.e., no manipulations to the mouse to force accelerated ageing will be performed). This is the most refined for the purpose to produce the least suffering.

Why can't you use animals that are less sentient?

We are extremely limited in the use of invertebrates (e.g., worms), fish, or amphibia. These animals are not fully suitable for the development and testing of new treatments for humans with progressive MS. Some preliminary work on regenerative biology can be done in non-mammalian species. However, the complexity of the interactions between the immune system and the brain and spinal cord in the context of tissue damage and regeneration can only be studied in mammals. This is because they possess a body structure and immune system with similarities to the human brain, spinal cord, and immune system.

We also cannot rely completely on animals that have been terminally anaesthetised. This is because we need to assess the long term behavioural and pathological outcomes of our manipulations and interventions. We need to know if they promote regeneration of the damaged and diseased brain and spinal cord. Therefore, we need the animals to remain alive for several weeks-to-months after the onset of disease or after making a lesion in the spinal cord using a toxin.

Finally, we need animals with cells that have reached a mature stage of development. This is because we need the cells to be representative of the cellular make-up present in adult human disease. Therefore, we will use adult and/or aged animals for all pre-clinical animal models in this project. The use of animals during the immature stages of life will be restricted to the collection of cells to be grown in lab dishes where indicated and appropriate.

How will you refine the procedures you're using to minimise the welfare costs (harms) for the animals?

Before starting any study plan, we will discuss all experimental methods with the appropriate staff within the animal unit. This will guarantee that all the necessary equipment is in place to perform procedures under optimal conditions and/or supervision. This is to maintain the best health and welfare of the animals. Prior to running studies, we will determine if the necessary staff and expertise is available to successfully run the whole study. This way we can determine which skills are missing to guarantee the study is successful. As well, which relevant equipment is available to process samples under optimal conditions.

Once the study has started, we will rely on our established step-by-step care packages. This will minimise the harm to the mice and that the welfare of the mice is never compromised.

Over the years we have made significant refinements to our EAE mouse model. These refinements cause the least amount of pain, suffering, and distress to mice. As a result, we have put together a dedicated and comprehensive standard operating procedure (SOP) that provides a detailed step-by-step care package. Refinements to this model are centred around the housing of mice experiencing expected adverse effects and to the daily care and monitoring of the mice.

Refinements made to the housing of mice experiencing expected adverse effects include the following: (1) providing bedding that does not inhibit the free movement of these mice, (2) heating pads fixed to the bottom of the cages to maintain stable core body temperature, (3) placing wet mashed food on the cage floor to encourage eating and allow ease of access to disabled mice, and (4) providing cardboard houses to mice with ulcers to distract the mice from continuing to itch and re-open the wound.

For the daily care and monitoring of the mice we have made a number of improvements. We have increased the number of daily checks to ensure the health and welfare of the mice is maintained. We now use pain medications to ease disease complications, and perform fluid replacement through subcutaneous (i.e., under the skin) injections if dehydration is present. Mice can experience bladder dysfunctions such as increased frequency of urination with decreased urine output. Mice can also have issues with urinating that results in the build-up of urine in the bladder. Here, as part of our daily monitoring, mice will have their abdomen checked by an experienced user to identify signs of an obstructed bladder. If the bladder cannot be emptied by manual stimulation through the skin, a veterinarian will be contacted to provide immediate care.

Having a dedicated SOP ensures that the highest quality of care is provided to mice throughout the course of this severe study. The SOP also significantly minimises the suffering and improves the welfare of mice experiencing expected adverse effects. This SOP has been generated and further refined following recommendations from animal technicians, named animal care and welfare officers, and the named veterinary surgeon. The SOP and protocol for EAE induction are stored on a dedicated external storage device as a living document. The SOP and EAE induction protocol are constantly updated so that any refinement procedure that is found to be beneficial is kept and stored in our system for training (and access) by future users. For example, our new protocol for EAE induction has led to the reduced incidence of ulcer formation. It is now standard in our lab and is used by all new trainees and existing users.

In case of the LPC-induced MS-like lesion model, or any surgery, we have put in place post-operative assessment sheets specific to our model of injury or disease. These assessment sheets help the technicians and users to better monitor the recovery of the mice after surgery. This post-operative assessment sheet is constantly refined during our work, depending on our observations and in

collaboration with the animal unit staff. Incidence of pain during the post-surgery recovery period will be controlled by the administration of pain killers, as directed by the named veterinary surgeon. Surgeries will inevitably cause temporary pain that is gone within 48 hours. This temporary pain will be minimised by the use of pain medications. Regular discussion with a named veterinary surgeon will allow us to improve the management of pain if any new and more suitable recommendation appears during the work. In the case mice suffer from complications after surgery, appropriate guidelines are in place for humane endpoints.

Adult mice undergoing surgical procedures will rarely have complications 48 hours post-surgery. However old mice (15 months and older) may have an increased risk of complications. This includes a lack of recovery to normal baseline of activity levels and food intake. Proper precautions are in place to handle old mice after surgery. This includes daily welfare checks to ensure mice are not suffering, in pain, or distressed until fully recovered. If necessary, pain medications will be given either via (1) an injection under the skin by an experienced user or (2) as a voluntary treatment to be eaten by mixing pain medication via flavoured jelly, paste, or milk shake. Appropriate humane endpoints are defined if old mice are unable to recover.

Full training will be provided to new technicians who are unfamiliar with these procedures, as we have filmed previous study procedures to show how we expect our mice to recover. This helps new technicians to learn how to assess our mice correctly. This guarantees that mice recovering in our experiments receive the same high quality and consistent level of monitoring and care they need.

What published best practice guidance will you follow to ensure experiments are conducted in the most refined way?

We plan our experiments in accordance with the guidance provided in the Planning Research and Experimental Procedures on Animals: Recommendations for Excellence (PREPARE) guidelines. This will guarantee we use the minimal number of animals to answer our objectives and ensure our results are both robust and reproducible. We will follow the Animal Research: Reporting of In Vivo Experiments (ARRIVE) guidelines when preparing our data for publication. In so doing, we will ensure our published findings are complete and clearly presented and easily accessible to other groups. This will lead to a reduction in the unnecessary duplication of animal experiments.

Excellent information is available on our establishment website, which is routinely updated with new 3Rs information. The National Centre for the 3Rs (NC3Rs) website will be regularly consulted to be sure that we are applying the latest recommendations for the refinement of our experiments. The Laboratory Animal Science Association (LASA) website provides updated information, especially regarding best research practices to perform aseptic (i.e., germ free environment) surgeries. We will also consider any new publications in a peer-reviewed journal relevant to our field offers refinements to our protocols.

How will you stay informed about advances in the 3Rs, and implement these advances effectively, during the project?

Our establishment offers continuous training and recommendations via the animal facility and from animal care staff located within. We will keep informed of any changes to animal welfare guidelines by

regularly consulting the website they provide. This will ensure that we maintain compliance should any new updates be posted.

The National Centre for the 3Rs (NC3Rs) will be the main reference to assess whether our experiments match the highest standards of 3Rs. We will adapt our protocols if the recommendations evolve throughout the duration of this project. Regular consultations on the latest practical guidance from Laboratory Animal Science Association (LASA), Institute of Animal Technology (IAT), and the Royal Society for the Prevention of Cruelty to Animals (RSPCA) will provide additional sources of new recommendations and advances in animal techniques and clinically applicable models.

Training records for all personal licence holders will be kept up to date using a centralised database. Senior group members will provide extensive training on the relevant regulated surgical or non-surgical procedures to all new lab members who will be working with animals. Further, new lab members will be informed of the mandatory training services available to them. This will guarantee that general practices are firmly adhered to and will ensure the welfare of the animals is consistently upheld.

As a licence holder, it is my own responsibility to stay updated on published best practices. This will be done by consulting information for licence-holders provided by our establishment and by speaking to other project licence holders.

A retrospective assessment of refinement will be due by 08 January 2027

The PPL holder will be required to disclose:

- With the knowledge you have now, could the choice of animals or model(s) used be improved for future work of this kind? During the project, how did you minimise harm to the animals?