



Hindawi Publishing Corporation

Cardiovascular Psychiatry and Neurology

Cardiovascular Psychiatry and Neurology
Volume 2009 (2009), Article ID 904836, 7 pages
doi:10.1155/2009/904836

Hypothesis

Matrix Metalloproteinase-9 (MMP9)—A Mediating Enzyme in Cardiovascular Disease, Cancer, and Neuropsychiatric Disorders

Janusz K. Rybakowski

Department of Adult Psychiatry, Poznan University of Medical Sciences

Received 1 May 2009; Accepted 30 June 2009

Academic Editor: Hari Manev

Copyright © 2009 Janusz K. Rybakowski. This is an open access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

Abstract

Matrix metalloproteinase-9 (MMP9) has been implicated in numerous disorders and cancer. Recently, MMP9 has been shown to be involved in nervous system activity. Furthermore, a pathogenic role for this enzyme in disorders such as schizophrenia, bipolar illness, and multiple sclerosis has been suggested. Molecular-genetic studies on MMP9 that have been performed in schizophrenia and bipolar disorder have shown that the *MMP9* gene is associated with these disorders. Furthermore, I hypothesize that the *MMP9* gene, as shown by functional studies, mediates the relationship of neuropsychiatric illnesses (schizophrenia and bipolar disorder) and are comorbid with cardiovascular disease and cancer.

1. Introduction

The matrix metalloproteinases (MMPs) are a large family of zinc-dependent enzymes that degrade a wide variety of substrates of which are proteins of the extracellular matrix and basement membrane. Matrix metalloproteinase-9 (MMP9), also known as gelatinase B, 92 kDa gelatinase, or 92 kDa gelatinolytic enzyme, is the most complex member of this family) has recently been a subject of intense research.

In recent years, MMPs have attracted interest as mediators of both system [2]. Concerning MMP9, a role for this enzyme in the p investigated in experimental studies [3]. Blocking of MMP9, eithe inhibits hippocampal late-phase long-term potentiation as well as t endogenous inhibitor of MMP9, abolished MMP9-dependent long-t moving rats [5]. In addition, a pathogenic role has been proposed [6] and temporal lobe epilepsy [7].

The human MMP9 gene was mapped to the chromosome region this gene were identified. The 1562 C/T polymorphism (rs391824 transcription. This single nucleotide polymorphism (SNP) at 1562 which results in the loss of binding of a nuclear protein to this r macrophages. In these cells, the C/C genotype leads to a low pro result in high transcriptional activity [9].

The molecular-genetic studies of the functional 1562 C/T interesting results in cardiovascular, cancer, and neuropsychiatric cancer showed that carriers of the T allele have an increased se cardiac mortality [11], and increased risk or more severe progr studies also demonstrated an association of this polymorphism w illness [15], and multiple sclerosis [16, 17].

Based on the results of these studies, hypothesize that the polymorphism, may mediate the epidemiological comorbidity of mood disorder, multiple sclerosis) with cardiovascular diseases and

2. MMP-9 in Cardiovascular Disease

In a large prospective study of middle-aged men (465 cases, 1076 of serum MMP9 with the incidence of coronary heart disease in t recently been performed in middle-aged population by Swedish r MMP9 levels not only with cardiovascular [19] but also with psychc depression) [20]. Related to these observations, an inverse relat and MMP9 was found in healthy subjects [21]. The higher level of been recently reported [22]. Higher MMP9 level was also a correlat increased mortality in patients with coronary artery disease [24].

The association of MMP9 status with a progression of coronary h genetic studies that used the functional 1562 C/T polymorphism the T allele had increased cardiac mortality [11], and more re infarction in patients with coronary heart disease was found [demonstrated between the T allele of the 1562 C/T polymorph compatible with higher transcriptional activity of this allele in expe plasma MMP9 and the T allele of the 1562 C/T polymorphism wa [26].

Recently, Konstantino et al. [27] pointed out the prominent role rupture, and postulated that MMP9 levels may serve as a biomark MMP9 levels with atherosclerotic changes has been previously fo artery [28] and with chronic periodontitis [29]. Higher levels cardiomyopathy, which correlated with a worse prognosis [30]. functional 1562 C/T polymorphism of the MMP9 gene, it was c increased severity of coronary atherosclerosis [10].

The available data also show a possible association of MMP9 with disease. Higher MMP9 levels were found preclinically in spontaneously in women with gestational hypertension [32]. In the grand Offspring Study, higher MMP9 concentrations were related to high it was demonstrated that plasma MMP9 samples were inhibited by converting enzyme [34].

3. MMP-9 in Cancer

Sakata et al. [35] showed an overexpression of MMP9 in the lymph node metastases of ovarian carcinoma cells. Similarly, in patient expression of MMP9 was associated with a worse prognosis of the been reported in endometrial polyps, especially in those occurring MMP9 levels were also observed in pulmonary lymphangiogenesis proliferation [38].

Molecular-genetic studies of the functional 1562 C/T polymorphism association of T allele with an increased risk of some kinds of cancer and/or greater dynamics of metastases. Sugimoto et al. [12] endometrial carcinoma risk in a Japanese population. Other studies for oral squamous cell carcinoma in younger male areca users [3 cell carcinoma [40]. Kader et al. [41] demonstrated that some polymorphisms were associated with the risk of invasive cancer or has been found that the T allele of the 1562 C/T polymorphism phenotype of this tumor [42] and with a higher frequency of Przybylowska et al. [44] reported that the T allele of this polymorphism of tumors, and Hughes et al. [13] showed an association with the lymph node metastases in colorectal cancer was also found to be c

4. MMP-9 in Multiple Sclerosis

An upregulation of MMPs with a decrease of tissue inhibitors (TIMPs) in patients and in an animal model of the disease has been found in affecting MMPs for treatment of MS has been discussed [46]. A course of MS has been found [47]. Also recently, Shinto et al. supplementation decreased MMP9 levels in relapsing-remitting MS.

In recent years, molecular-genetic studies have focused on the TIMP1 gene in MS. In the first study performed in Serbia, it was found that severity of MS, and the T allele was found significantly less frequently performed in the Czech Republic confirmed these findings, showing MS compared to healthy subjects, especially females [17].

Recently, epidemiological studies investigating the comorbidity published. The first study was performed on 9949 hospitalizations in 2002. It was found that MS patients were less likely to be hospitalized for myocardial infarction. However, they were more likely to be hospitalized for ischemic stroke (MS population) [49]. A second study performed in Sweden estimated and 203 951 individuals without MS using Swedish general population a decreased overall cancer risk, however, an increased risk for brain

5. MMP-9 in Schizophrenia

Studies on the MMP9 levels in schizophrenia have not yet been published. In our study, in schizophrenia illness, we genotyped the functional 1562 C/T polymorphism in healthy control subjects. Since MMP9 influences hippocampal and prefrontal cortex activity and that a polymorphism of the *MMP9* gene is associated with the prefrontal cortex impairment is one of the most common pathologic findings in schizophrenia, the C/C genotype and C allele, and the diminished frequency of the T allele in schizophrenia subjects compared to healthy controls [14].

As shown previously, in both cardiovascular disease and cancer, the presence of the T allele is associated with manifestations of these conditions [10 - 13]. Although the risk of schizophrenia in T allele carriers is thought to be similar to that of the general population [52], some studies suggest an increased risk in such patients [53]. Also, compatible with our findings, a lower frequency of the T allele has long been postulated [54], and the results of some recent anal

6. MMP-9 in Bipolar Mood Disorder

Similar to schizophrenia, there are no studies measuring MMP9 levels in bipolar mood disorder. To investigate the status of the *MMP9* gene in this illness, we genotyped a group of 416 patients with bipolar mood disorder, including 75 patients with schizophrenia and 341 healthy subjects. This approach has been substantiated by previous reports showing that patients with bipolar mood disorder had a significant preponderance of the T allele in the prefrontal cortex activity and for aspects of brain functions such as working memory. Patients with bipolar mood disorder had a significant preponderance of the T allele in the *MMP9* gene compared to healthy control subjects. This finding was especially evident in a subgroup of patients with bipolar disorder type I.

Compatible with the finding that T allele carriers present more severe manifestations of cardiovascular disease and cancer [10 - 13] are findings from a recent epidemiologic study showing an increased mortality rate among patients with bipolar disorder [57]. A Swedish epidemic study showed an increased mortality rate from cardiovascular disease in bipolar patients with the T allele.

7. MMP-9 and Neuropsychological Tests

In view of the experimental studies showing an involvement of MMP9 in schizophrenia, we also performed neuropsychological tests measuring this activity in schizophrenia patients and in control subjects in relation to 1562 C/T polymorphism of MMP9. In our study, 84 female patients with bipolar illness (mean age 29 years), 177 patients with schizophrenia (mean age 35 years), and 181 healthy subjects (86 male and 95 female), mean age 35 years, were tested with a computer version of the Wisconsin Card Sorting Test (WCST) to measure working memory and executive functions, depending primarily on prefrontal cortex activity. The WCST, A and B, and the Stroop test, A and B, were used.

In schizophrenia patients, no differences were found regarding neuropsychological test results in various genotypes of the polymorphism (data not published). Among bipolar patients, C/C homozygotes (n = 177) were better on all domains of the WCST than T/T homozygotes (n = 139). No differences were found in female patients. Bipolar males and females (mean age 29 years) and schizophrenia patients (mean age 35 years) or mean duration of illness (mean 10 years) and mean duration of the illness of C/C homozygotes were similar to those of T/T homozygotes.

In the only previous study measuring the impact of MMP9 gene polymorphism on episodic memory, an association between hippocampus-dependent episodic memory and the T allele of the *MMP9* gene in healthy subjects was found. Also, in control subjects studied in our study, the different genotypes did not reveal significant differences either in the working memory or executive functions.

difference was in Stroop test, part A, in male patients, where the than other genotypes combined (). This difference in perf obtained in male bipolar patients on WCST domains. Healthy mal years and years, resp.) [61].

These results suggest that in humans, neuropsychological function correlation. Thus, increased activity of the MMP9 system was ass experimental animals models [4, 5], also with neuropsychiatric il [16, 17] and The results obtained in males with bipolar illness on may suggest that under certain conditions, a correlation of higher (connected with lower transcriptional activity for the MMP9 gene) r

8. Matrix Metalloproteinase-9 (MMP-9)— A Putative Disorder, Cancer, and Neuropsychiatric Disorders

Because of the functional implications of the 1562 C/T polymr cardiovascular disorders, cancer, and such neuropsychiatric illness multiple sclerosis can be hypothesized (Figure 1).



Figure 1: Epidemiological relationships between multiple sclerosis, and bipolar mood disorder *MMP9* gene.

Hence, the T allele of the 1562 polymorphism of MMP9 gene is re and in cardiovascular illness and cancer to higher MMP-levels in bi carrying of the T allele and/or higher MMP9 levels are related to : heart disease (CHD) [25] increased atherosclerosis [10], an Interestingly, in neuropsychiatric disorders with a lower frequer suggest a more benign course of cardiovascular disease, for exam hospitalizations in MS [49]. On the other hand, the phenomenon mortality in patients with mood disorders (which have a higher observed [58]. The proposed mediating factors include impairme both in bipolar and unipolar depression [62] and, as hypothesized |

In oncology, the carrying of the T allele of the 1562 C/T MMP9 ge some kinds of cancer [12], more severe progression of tumor gro In neuropsychiatric disorders, some epidemiological studies s schizophrenia [56] and in MS [50] (both illnesses with a lower fr morbidity in bipolar mood disorder [57]. Interestingly, an associat been also found with respect to the levels of another metalloprot [63, 64].

Nevertheless, it should be emphasized that in the central nervous As Agrawal et al. [65] pointed out “the good guys may go bad” u to this hypothesis. The majority of referred molecular genetic re polymorphisms of MMP9 but the other polymorphisms have not human blood levels of MMPs used to develop this hypothesis wer [66]. Also, it should be acknowledged that there is a complex int environmental factors of MMPs family and with a host of other gen the *MMP9* gene is a mediating factor among cardiovascular disorc

and multiple sclerosis. This is may contribute to a better explanai neuropsychiatric illnesses.

References

1. M. D. Sternlicht and Z. Werb, "How matrix metalloproteinases and Developmental Biology, vol. 17, pp. 463 - 516, 2001.
2. V. W. Yong, "Metalloproteinases: mediators of pathology ar Neuroscience, vol. 6, no. 12, pp. 931 - 944, 2005.
3. L. Kaczmarek, J. Lapinska-Dzwonek, and S. Szymczak, "Ma physiology: a link between c-Fos, AP-1 and remodeling of ne 24, pp. 6643 - 6648, 2002.
4. V. Nagy, O. Bozdagi, M. Matynia, et al., "Matrix metalloprol long-term potentiation and memory," *Journal of Neuroscier*
5. P. Okulski, T. M. Jay, J. Jaworski, et al., "TOMP-1 abolishes potentiation in the prefrontal cortex," *Biological Psychiatry,*
6. A. Szklarczyk, J. Lapinska, M. Rylski, R. D. G. McKay, and L. undergoes expression and activation during dendritic remodel Neuroscience, vol. 22, no. 3, pp. 920 - 930, 2002.
7. G. M. Wilczynski, F. A. Konopacki, E. Wilczek, et al., "Impo epileptogenesis," *Journal of Cell Biology,* vol. 180, no. 5, pp.
8. P. L. St Jean, X. C. Zhang, B. K. Hart, et al., "Characterizat collagenase gene (CLG4B), localization of CLG4B to chromos disease," *Annals of Human Genetics,* vol. 59, no. 1, pp. 17
9. B. Zhang, A. Henney, P. Eriksson, A. Hamsten, H. Watkins, i metalloproteinase-9 locus on chromosome 20q12.2-13.1," 1999.
10. B. Zhang, S. Ye, S. M. Herrmann, et al., "Functional polym gene in relation to severity of coronary atherosclerosis," *Cil*
11. F. Mizon-Gerard, P. de Groote, N. Lamblin, et al., "Prognosi polymorphisms in patients with heart failure according to the European Heart Journal, vol. 25, no. 8, pp. 688 - 693, 2004.
12. M. Sugimoto, S. Yoshida, S. Kennedy, M. Deguchi, N. Ohara 9 promoter polymorphisms and endometrial carcinoma risk i for *Gynecologic Investigation,* vol. 13, no. 7, pp. 523 - 529,
13. S. Hughes, O. Agbaje, R. L. Bowen, et al., "Matrix metallo haplotypes predict breast cancer progression," *Clinical Canc* 2007.
14. J. K. Rybakowski, M. Skibinska, P. Kapelski, L. Kaczmarek, a metalloproteinase-9 (MMP-9) gene in schizophrenia," *Schiz*
15. J. K. Rybakowski, M. Skibinska, A. Leszczynska-Rodziewicz, metalloproteinase-9 (MMP-9) gene and bipolar mood disorde 128 - 132, 2009.

16. M. Zivkovic, T. Djuric, E. Dincic, R. Raicevic, D. Alavantic, ar 1562 C/T gene polymorphism in Serbian patients with multi 189, no. 1-2, pp. 147 - 150, 2007.
17. Y. Benesova, A. Vasku, P. Stourac, et al., "Matrix metallopr polymorphisms in multiple sclerosis," *Journal of Neuroimmu*
18. P. Welsh, P. H. Whincup, O. Papacosta, et al., "Serum matr a prospective study in middle-aged men," *QJM*, vol. 101, n
19. P. Garvin, L. Nilsson, J. Carstensen, L. Jonasson, and M. Kris associated with cardiovascular risk factors in a middle-aged e1774, 2008.
20. P. Garvin, L. Nilsson, J. Carstensen, L. Jonasson, and M. Kris metalloproteinase-9 are independently associated with psych population," *Psychosomatic Medicine*, vol. 71, pp. 292 - 300
21. C. Demacq, I. F. Metzger, R. F. Gerlach, and J. E. Tanus-Sar nitric oxide formation and plasma matrix metalloproteinase- Acta, vol. 394, no. 1-2, pp. 72 - 76, 2008.
22. M. L. Muzzio, V. Miksztowicz, F. Brites, et al., "Metalloprote coronary patients," *Archives of Medical Research*, vol. 40, r
23. A. Dogan, N. Tuzun, Y. Turker, S. Akcay, D. Kaya, and M. O: inflammatory markers in coronary artery ectasia: their relati *Coronary Artery Disease*, vol. 19, pp. 559 - 563, 2008.
24. S. Blankenberg, H. J. Rupprecht, O. Poirier, et al., "Plasma metalloproteinase 9 and prognosis of patients with cardiova 1579 - 1585, 2003.
25. B. D. Horne, N. J. Camp, J. F. Carlquist, et al., "Multiple-po metalloproteinase and tissue inhibitor metalloproteinase gen coronary artery disease," *American Heart Journal*, vol. 154,
26. C. Demacq, V. B. Vasconcellos, A. M. Marcaccini, R. F. Gerla genetic polymorphism of matrix metalloproteinase 9 (MMP-9 induced by highly active antiretroviral therapy in HIV patient 265 - 273, 2009.
27. Y. Konstantino, T. T. Nguyen, R. Wolk, R. J. Aiello, S. G. Ter matrix metalloproteinase-9 in assessment and treatment of 2, pp. 118 - 129, 2009.
28. F. J. Olson, C. Schmidt, A. Gummesson, et al., "Circulating sampling methods, femoral and carotid atherosclerosis," *Jo 626 - 635, 2008.*
29. P. O. Söder, J. H. Meurman, T. Jogerstrand, J. Nowak, and E inhibitor of matrix metalloproteinase-1 in blood as markers f periodontitis," *Journal of Periodontal Research*, vol. 44, no.
30. V. Roldan, F. Marin, J. R. Gimeno, et al., "Matrix metalloprc cardiomyopathy," *American Heart Journal*, vol. 156, no. 1,
31. Y. Asano, S. Iwai, M. Okazaki, et al., "Matrix metalloproteir hyperlipidemic rats," *Pathophysiology*, vol. 15, no. 3, pp. 1

32. A. C. T. Palei, V. C. Sandrim, R. C. Cavalli, and J. E. Tanus-S metalloproteinase (MMP)-2 and MMP-9, and their inhibitors, TIMP-2 in preeclampsia and gestational hypertension,” *Clin* 880, 2008.
33. R. Dhingra, M. J. Pencina, P. Schrader, et al., “Relations of progression and incidence of hypertension in the community 2009.
34. D. Yamamoto, S. Takai, and M. Miyazaki, “Inhibitory profile activity,” *European Journal of Pharmacology*, vol. 588, no.
35. K. Sakata, K. Shigemasa, N. Nagai, and K. Ohama, “Expres MT1-MMP) and their inhibitors (TIMP-1, TIMP-2) in common *Journal of Oncology*, vol. 17, no. 4, pp. 673 - 681, 2000.
36. Z. S. Wu, Q. Wu, J. H. Yang, et al., “Prognostic significance in breast cancer,” *International Journal of Cancer*, vol. 122,
37. E. Erdemoglu, M. Guney, N. Karahan, and T. Mungan, “Exp metalloproteinase-2 and matrix metalloproteinase-9 in prem polyps,” *Maturitas*, vol. 59, no. 3, pp. 268 - 274, 2008.
38. N. Odajima, T. Betsuyaku, Y. Nasuhara, H. Inoue, K. Seyam in blood from patients with LAM,” *Respiratory Medicine*, vol
39. H. F. Tu, C. H. Wu, S. Y. Kao, C. J. Liu, T. Y. Liu, and M. T. L matrix metalloproteinase-9 (MMP-9) promoter is associated younger male areca users,” *Journal of Oral Pathology and I*
40. J. Wu, L. Zhang, H. Luo, Z. Zhu, C. Zhang, and Y. Hou, “As polymorphisms with genetic susceptibility to esophageal squ 27, no. 10, pp. 553 - 557, 2008.
41. A. K. Kader, L. Shao, C. P. Dinney, et al., “Matrix metallopr *Cancer Research*, vol. 66, no. 24, pp. 11644 - 11648, 2006.
42. S. Matsumura, N. Oue, H. Nakayama, et al., “A single nucle tumor progression and invasive phenotype of gastric cancer, *Oncology*, vol. 131, no. 1, pp. 19 - 25, 2005.
43. Y. Tang, J. Zhu, L. Chen, L. Chen, S. Zhang, and J. Lin, “As polymorphisms with lymph node metastasis but not invasior 14, no. 9, pp. 2870 - 2877, 2008.
44. K. Przybylowska, A. Kluczna, M. Zdrozny, et al., “Polymorj metalloproteinases genes MMP-1 and MMP-9 in breast cance 95, no. 1, pp. 65 - 72, 2006.
45. L. L. Xing, Z. N. Wang, L. Jiang, et al., “Matrix metalloprote the risk of lymphatic metastasis of colorectal cancer,” *Work* 4626 - 4629, 2007.
46. V. W. Yong, R. K. Zabad, S. Agrawal, A. Goncalves DaSilva, metalloproteinases (MMPs) in multiple sclerosis and impact *Sciences*, vol. 259, no. 1-2, pp. 79 - 84, 2007.
47. Y. Benesova, A. Vasku, H. Novotna, et al., “Matrix metallopr biomarkers of various courses in multiple sclerosis,” *Multipl*

48. L. Shinto, G. Marracci, S. Baldauf-Wagner, et al., “Omega-3 fatty acid production in relapsing-remitting multiple sclerosis,” *Essential Fatty Acids*, vol. 80, no. 2-3, pp. 131 - 136, 2009.
49. N. B. Allen, J. H. Lichtman, H. W. Cohen, J. Fang, L. M. Brass, “Hospitalized multiple sclerosis patients,” *Neuroepidemiology*, vol. 27, no. 1, pp. 1 - 6, 2006.
50. S. Bahmanyar, S. M. Montgomery, J. Hillert, A. Ekbom, and M. S. Eklund, “Multiple sclerosis and their parents,” *Neurology*, vol. 72, no. 1, pp. 1 - 6, 2009.
51. W. E. Bunney and B. G. Bunney, “Evidence for a compromised dopamine system in schizophrenia,” *Brain Research*, vol. 31, pp. 138 - 146, 2000.
52. M. Davidson, “Risk of cardiovascular disease and sudden death in schizophrenia,” *Psychiatry*, vol. 63, supplement 9, pp. 5 - 11, 2002.
53. A. J. Tretiakov, “Arterial hypertension in schizophrenia as a pathologic pathology,” *Terapevticheskii Arkhiv*, vol. 78, pp. 51 - 56, 2006.
54. F. Odegaard, “Mortality in Norwegian mental hospitals from 1910 to 1990,” *Acta Psychiatrica Scandinavica*, vol. 111, pp. 323 - 356, 1936.
55. S. Leucht, T. Burkard, J. Henderson, M. Maj, and N. Sartorius, “The efficacy and safety of second-generation antipsychotics: a meta-analysis of the literature,” *Acta Psychiatrica Scandinavica*, vol. 116, no. 1, pp. 1 - 12, 2007.
56. V. S. Catts, S. V. Catts, B. I. O’Toole, and A. D. J. Frost, “Cognitive deficits in schizophrenia: their first-degree relatives—a meta-analysis,” *Acta Psychiatrica Scandinavica*, vol. 118, no. 1, pp. 1 - 12, 2008.
57. M. BarChana, I. Levav, I. Lipshitz, et al., “Enhanced cancer risk in schizophrenia: a meta-analysis,” *Journal of Affective Disorders*, vol. 108, no. 1-2, pp. 43 - 48, 2008.
58. U. Osby, L. Brandt, N. Correia, A. Ekbom, and P. Sparen, “Increased risk of cancer in schizophrenia: a population-based study in Sweden,” *Archives of General Psychiatry*, vol. 58, no. 9, pp. 900 - 906, 2001.
59. J. K. Rybakowski, M. Skibinska, A. Leszczynska-Rodziewicz, et al., “MMP-9 gene modulates prefrontal cognition in schizophrenia,” *Journal of Affective Disorders*, vol. 118, no. 1-2, pp. 108 - 109, 2009.
60. E. Vassos, X. Ma, N. Fiotti, et al., “The functional MMP-9 polymorphism is associated with memory in humans,” *Psychiatric Genetics*, vol. 18, p. 252, 2008.
61. J. K. Rybakowski, A. Borkowska, M. Skibinska, L. Kaczmarek, et al., “The matrix metalloproteinase-9 gene is not associated with schizophrenia,” *Psychiatric Genetics*. In Press.
62. J. K. Rybakowski, A. Wykretowicz, A. Heymann-Szlachcinska, et al., “MMP-9 gene polymorphism and its association with cognitive function in unipolar and bipolar depression,” *Biological Psychiatry*, vol. 63, no. 1, pp. 1 - 6, 2008.
63. C. Froöhlich, R. Albrechtsen, L. Dyrskjöt, L. Rudkjaer, T. F. Clausen, et al., “ADAM12 in human bladder cancer,” *Clinical Cancer Research*, vol. 14, no. 1, pp. 1 - 6, 2008.
64. C. Nadri, Y. Bersudsky, R. H. Belmaker, and G. Agam, “Eleutherotherium aphrodisiacum in treated bipolar patients,” *Journal of Neural Transmission*, vol. 116, no. 1, pp. 1 - 6, 2009.
65. S. M. Agrawal, L. Lau, and V. W. Yong, “MMPs in the central nervous system,” *Seminars in Cell and Developmental Biology*, vol. 19, no. 1, pp. 1 - 6, 2008.
66. F. Mannello, “Serum or plasma samples?” *Arteriosclerosis, Thrombosis, and Vascular Biology*, vol. 28, no. 1, pp. 611 - 614, 2008.

