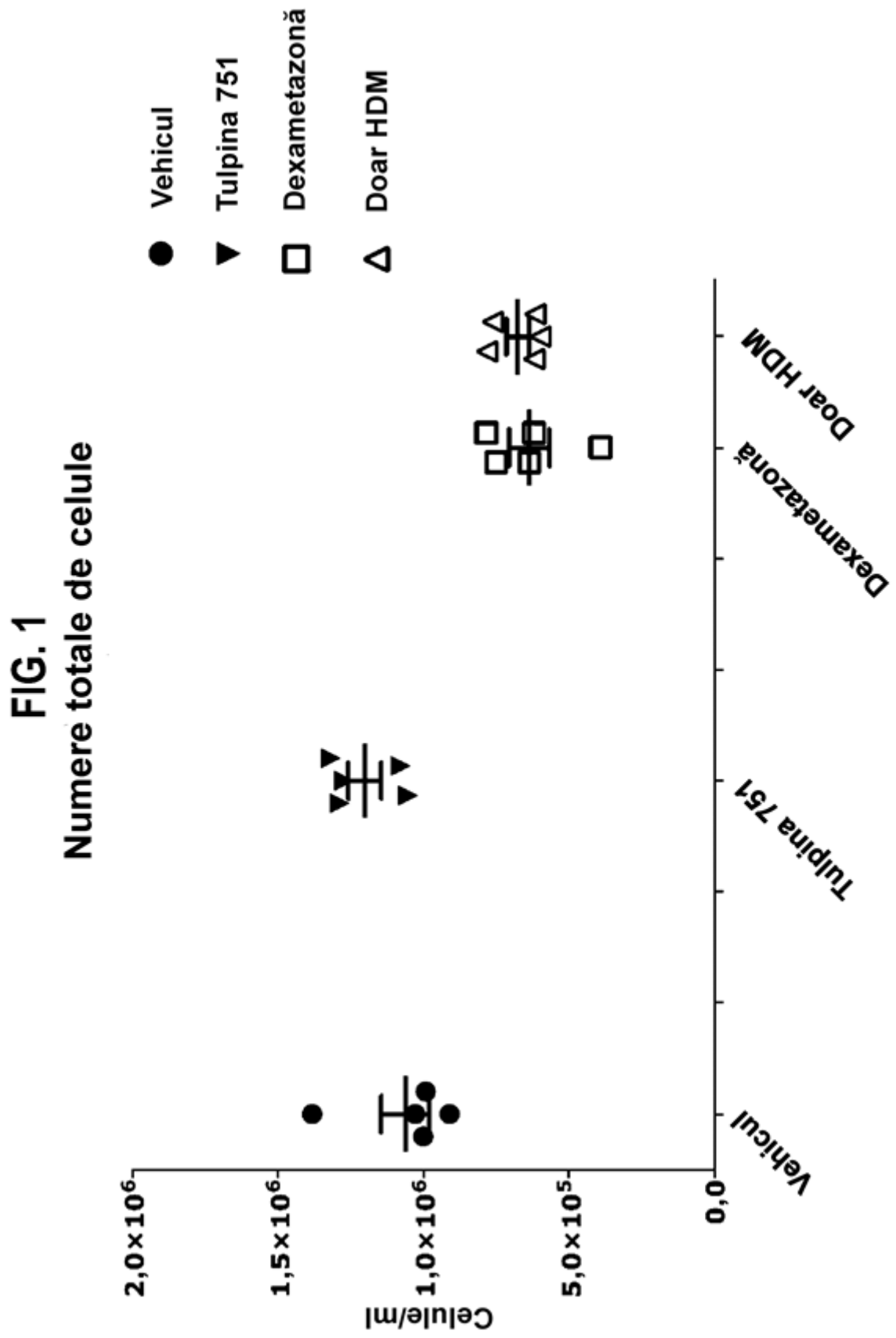




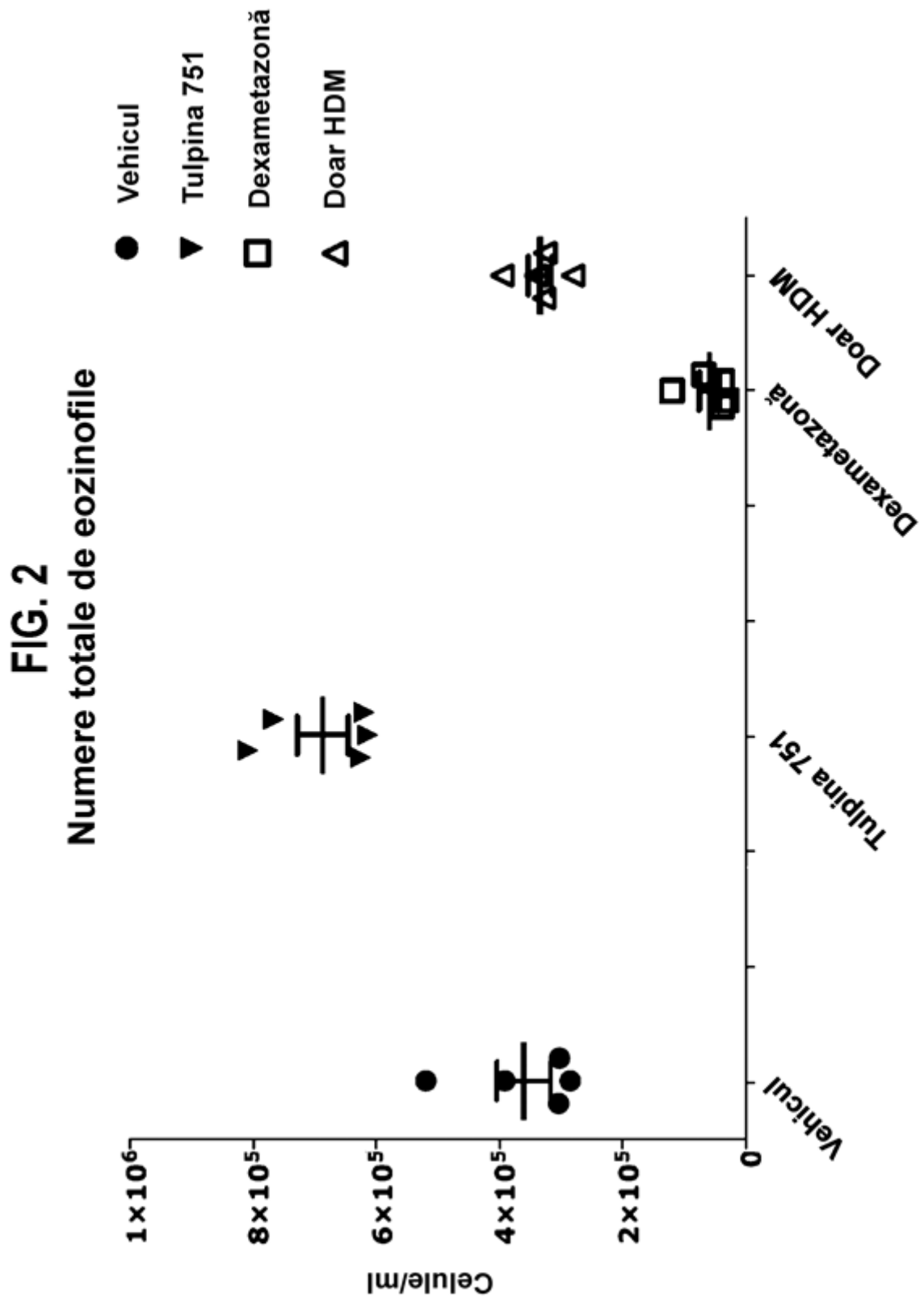


FIG. 3
Procente de eozinofile

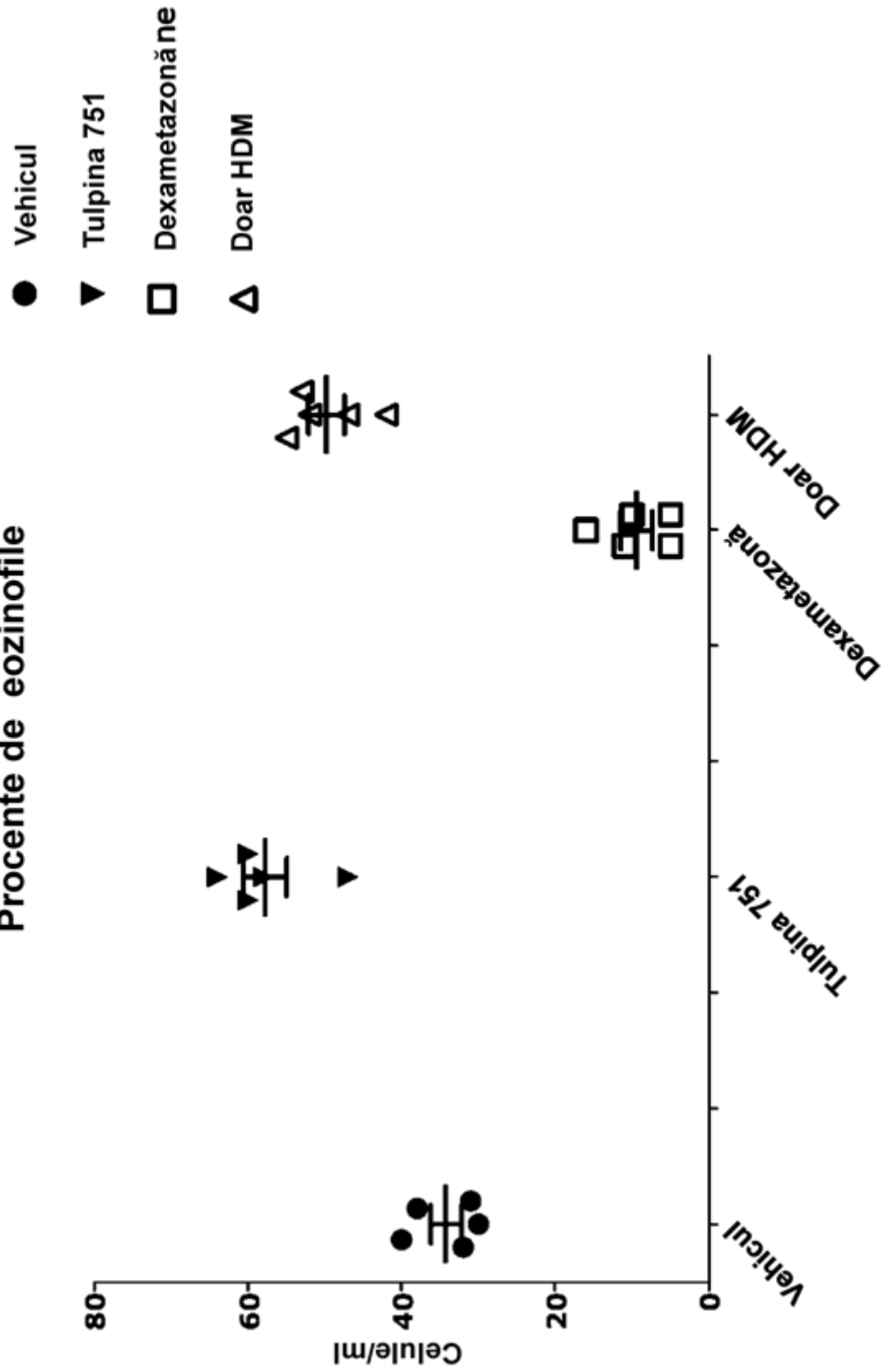


FIG. 4
Numere totale de macrofage

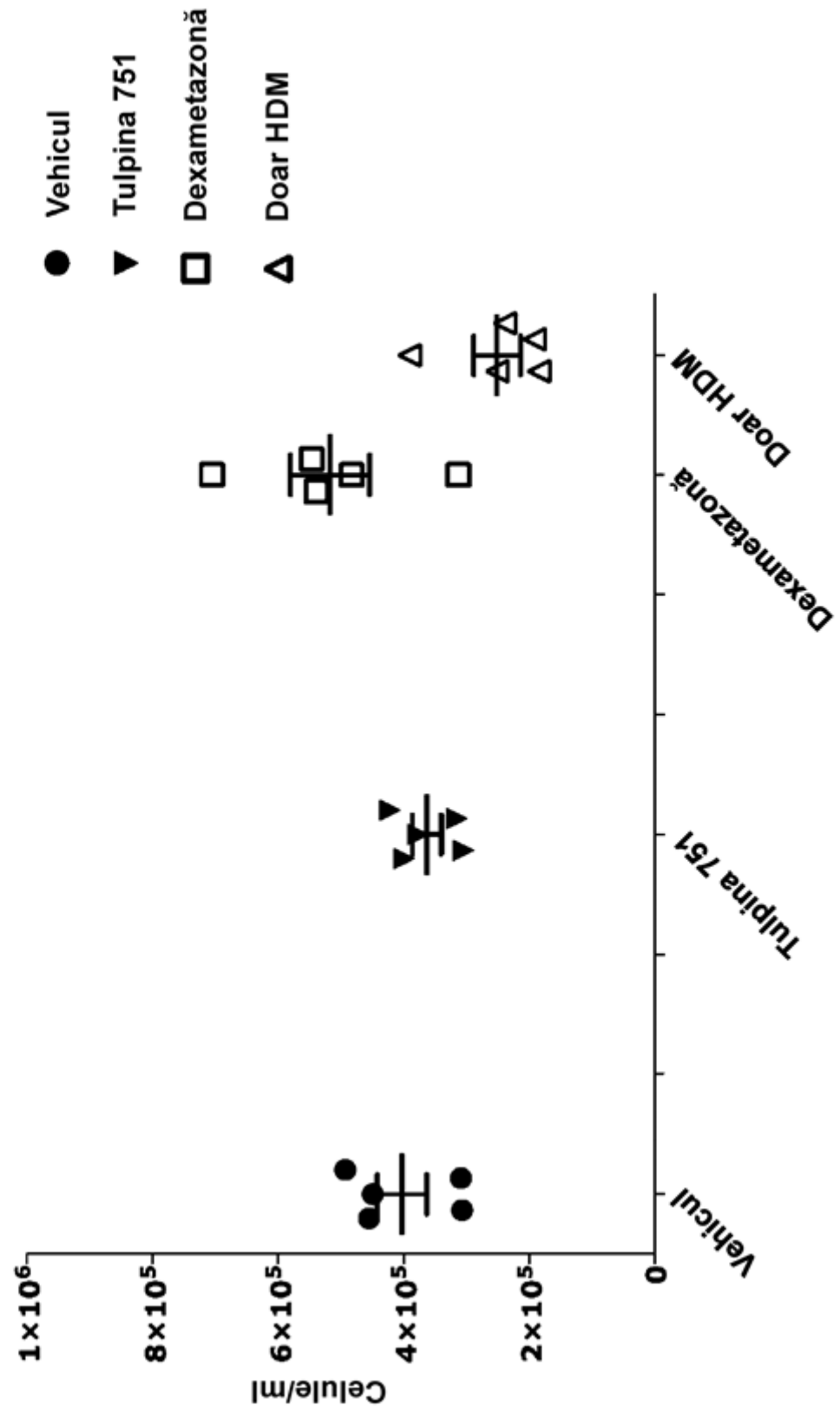
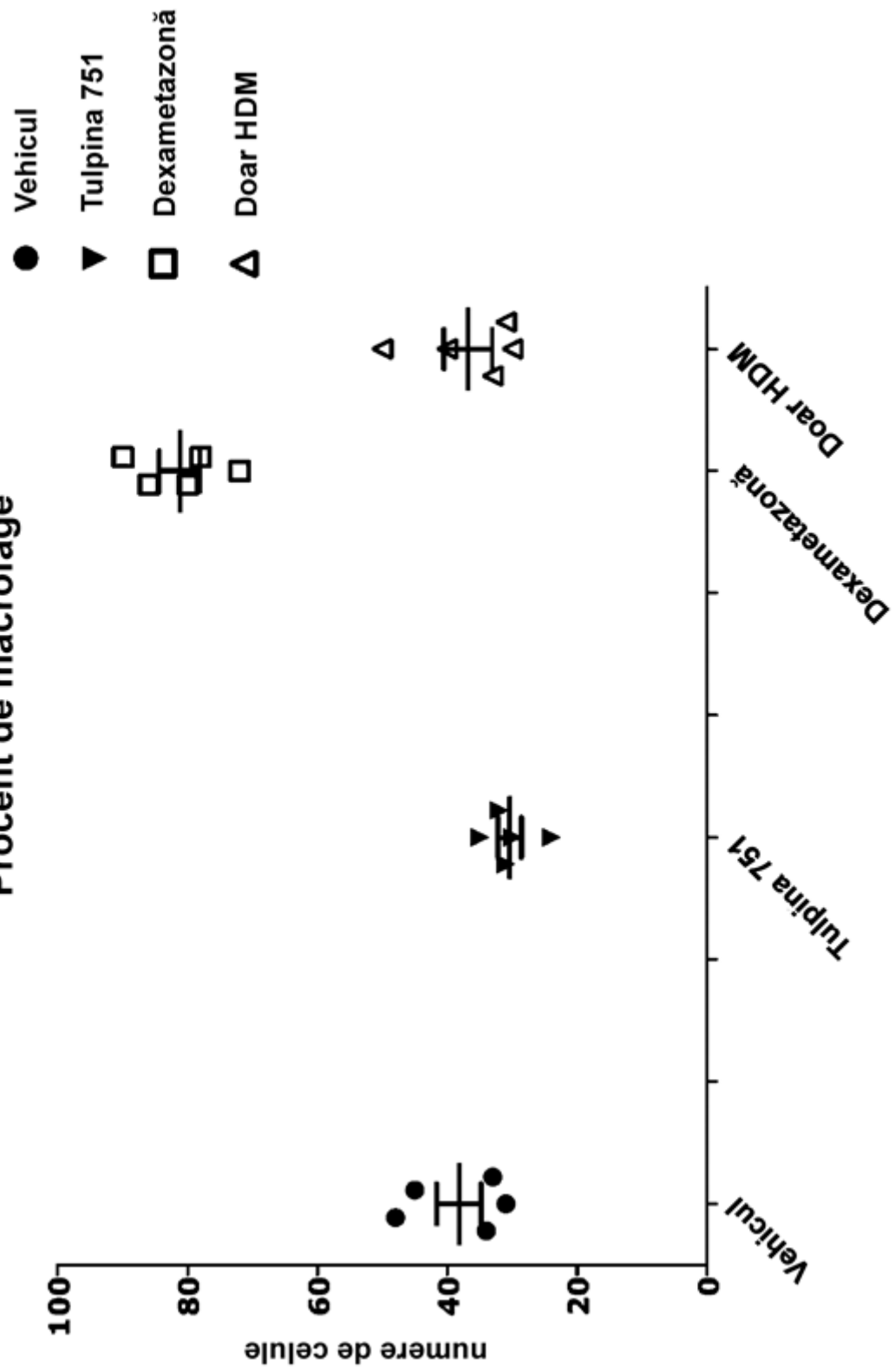


FIG. 5
Procent de macrofage



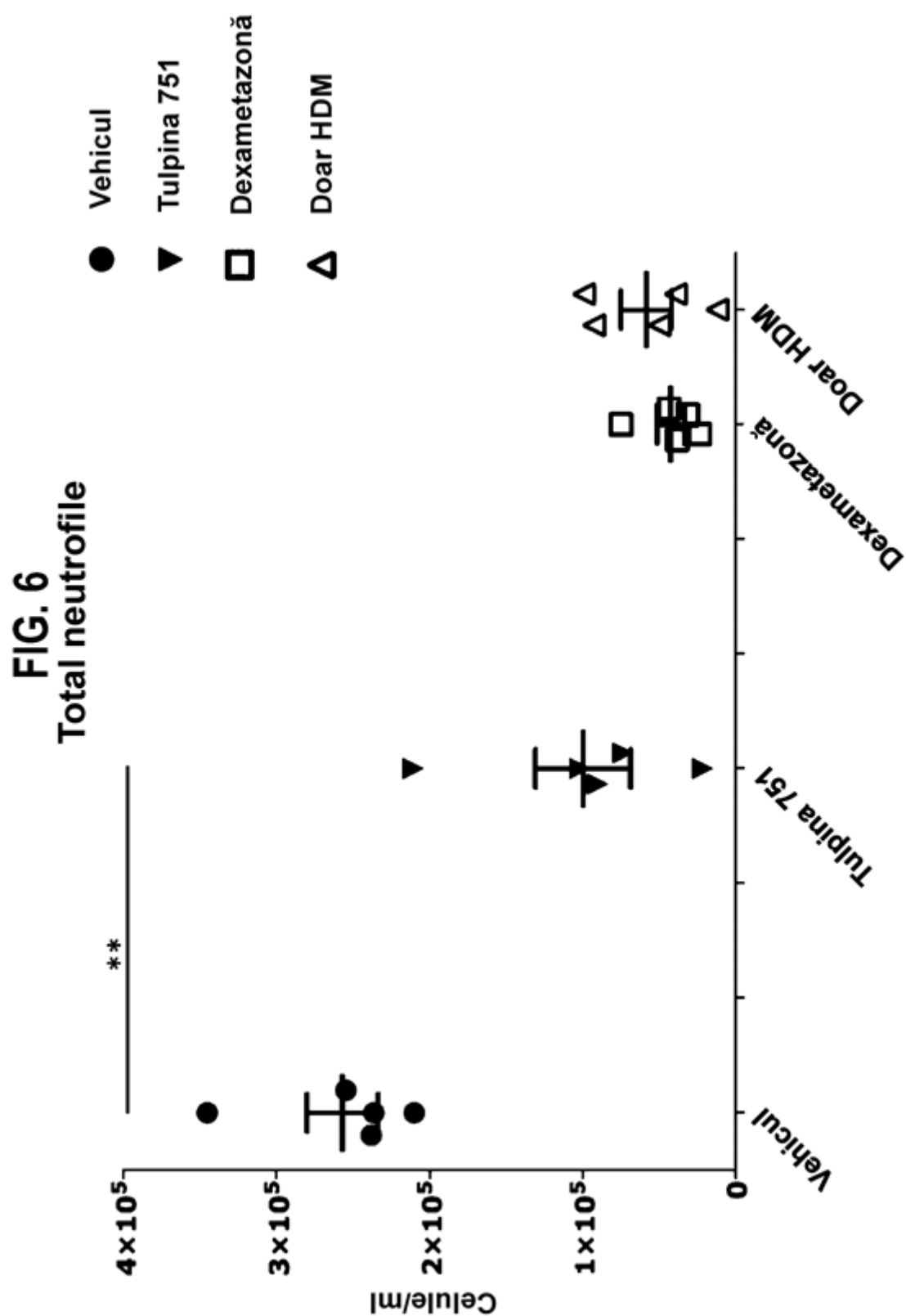


FIG. 7
% neutrofile

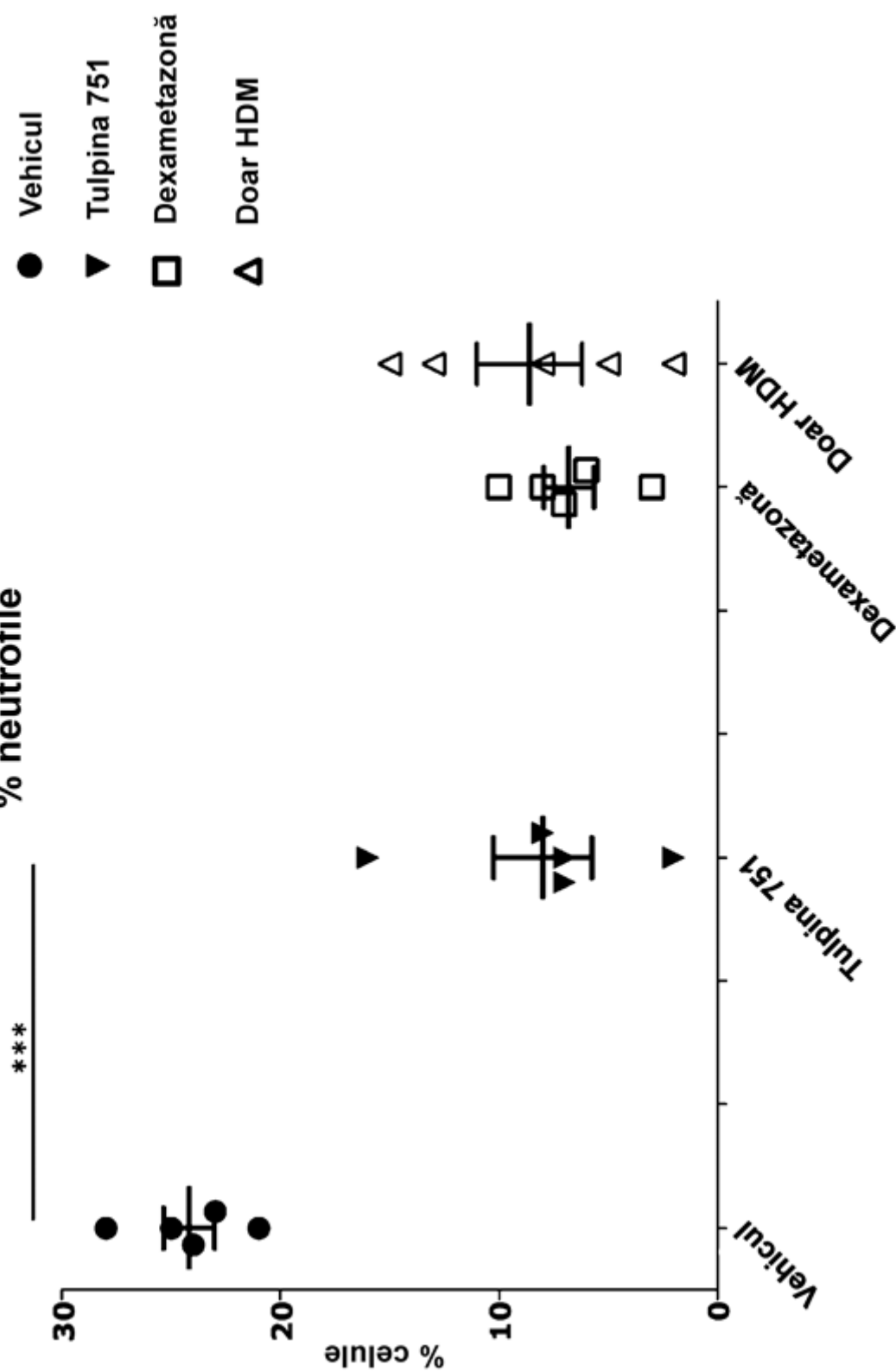


FIG. 8
Total limfocite

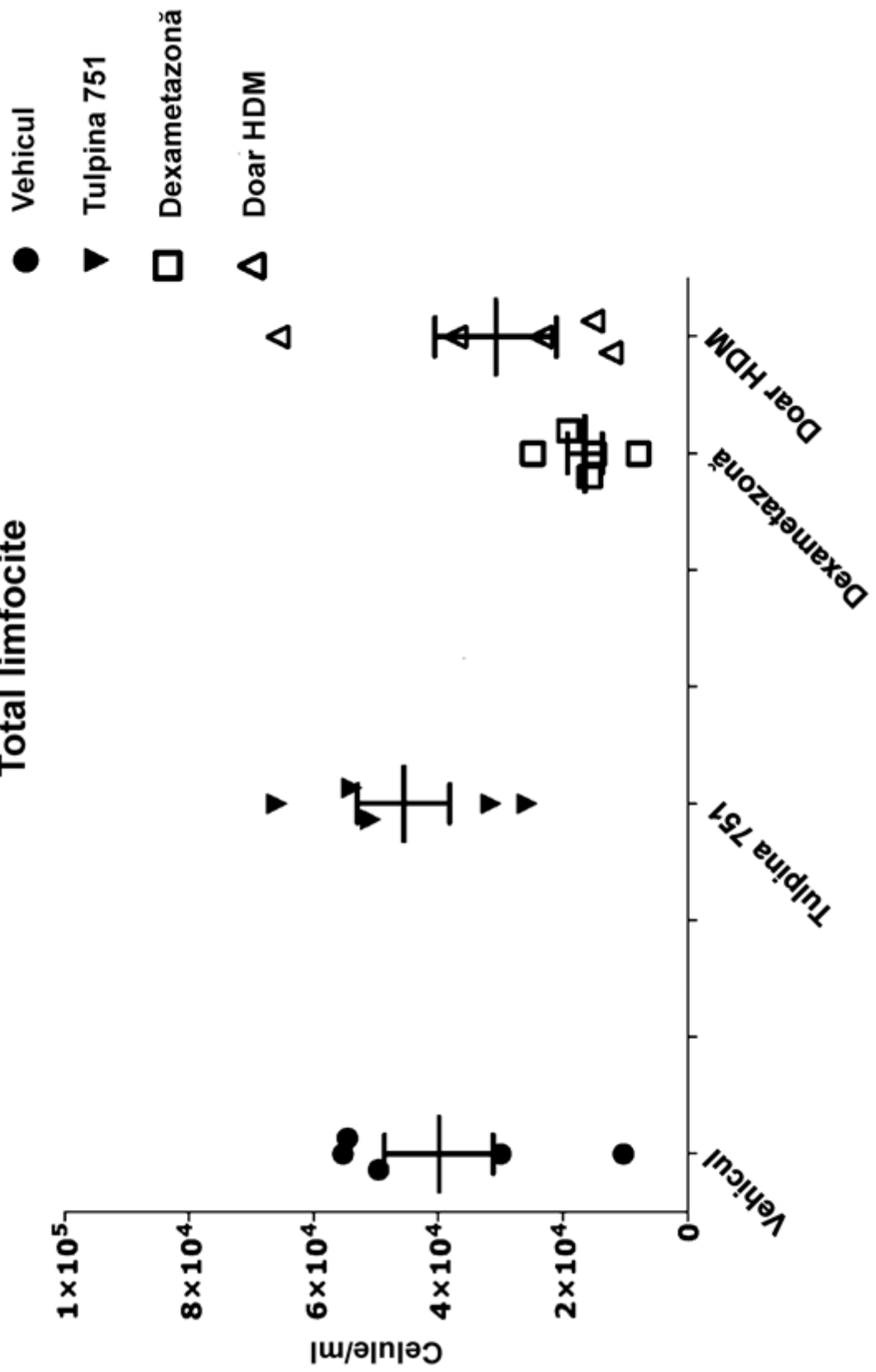
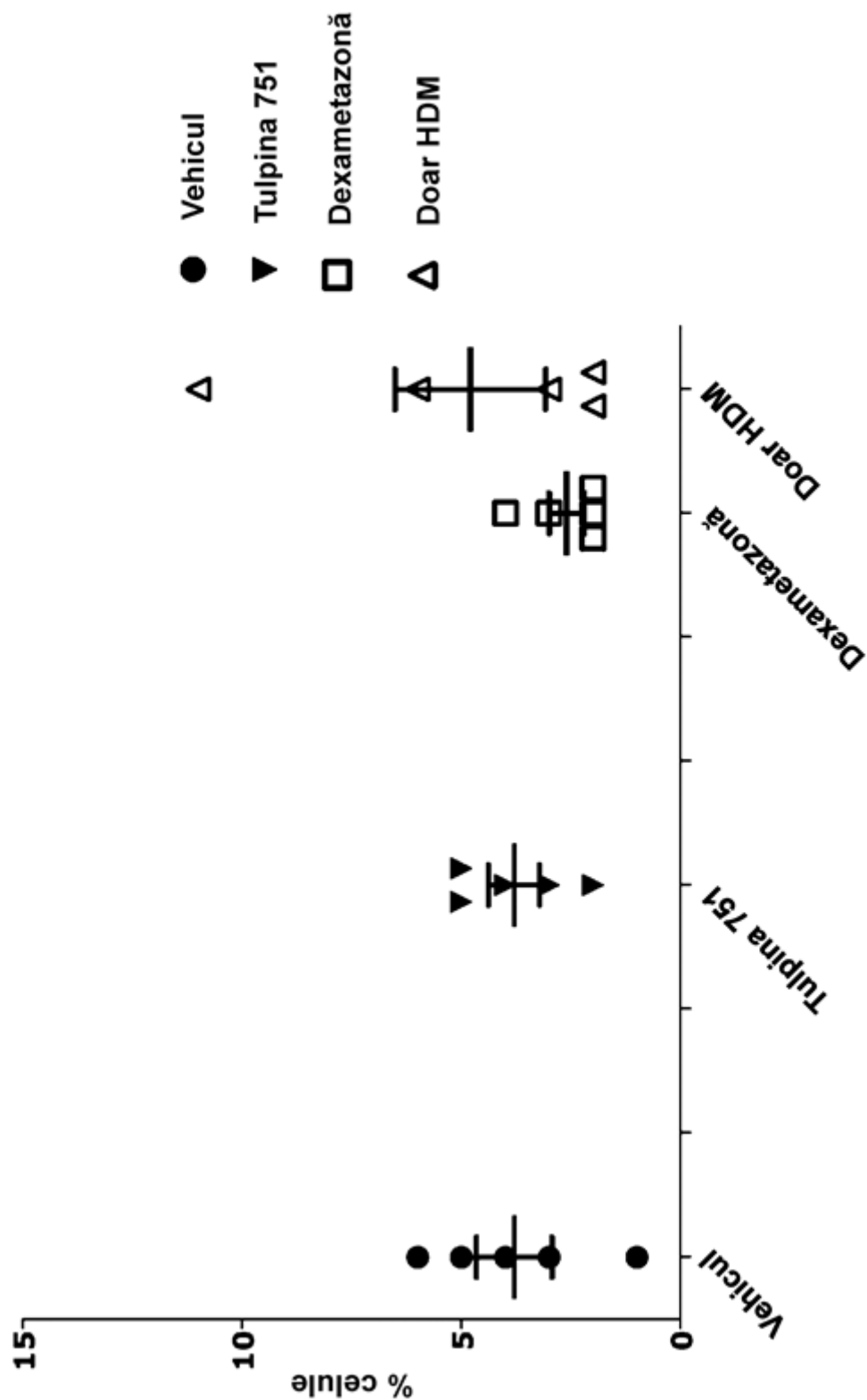


FIG. 9
% limfocite



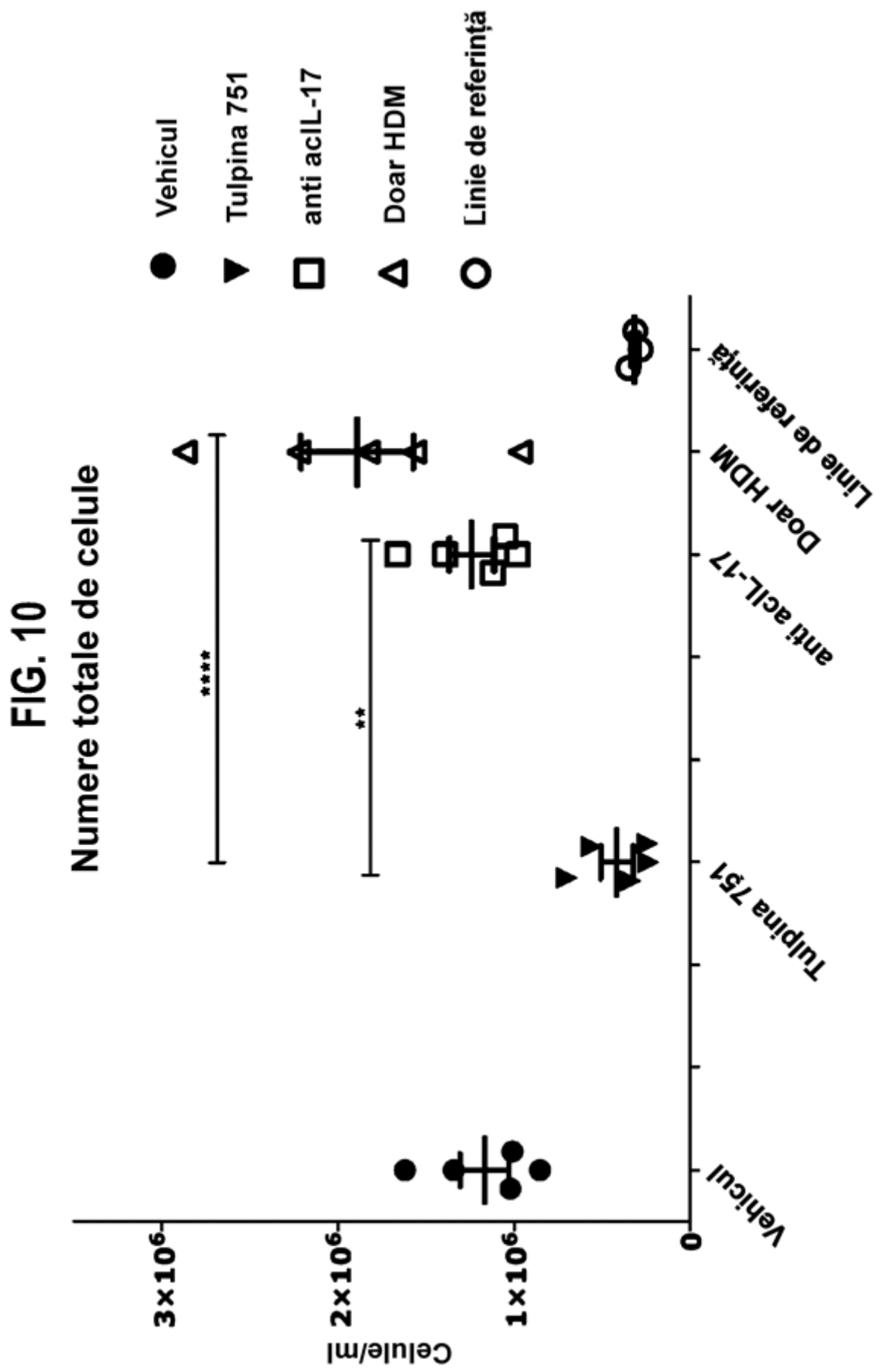


FIG. 11
Total eozinofile

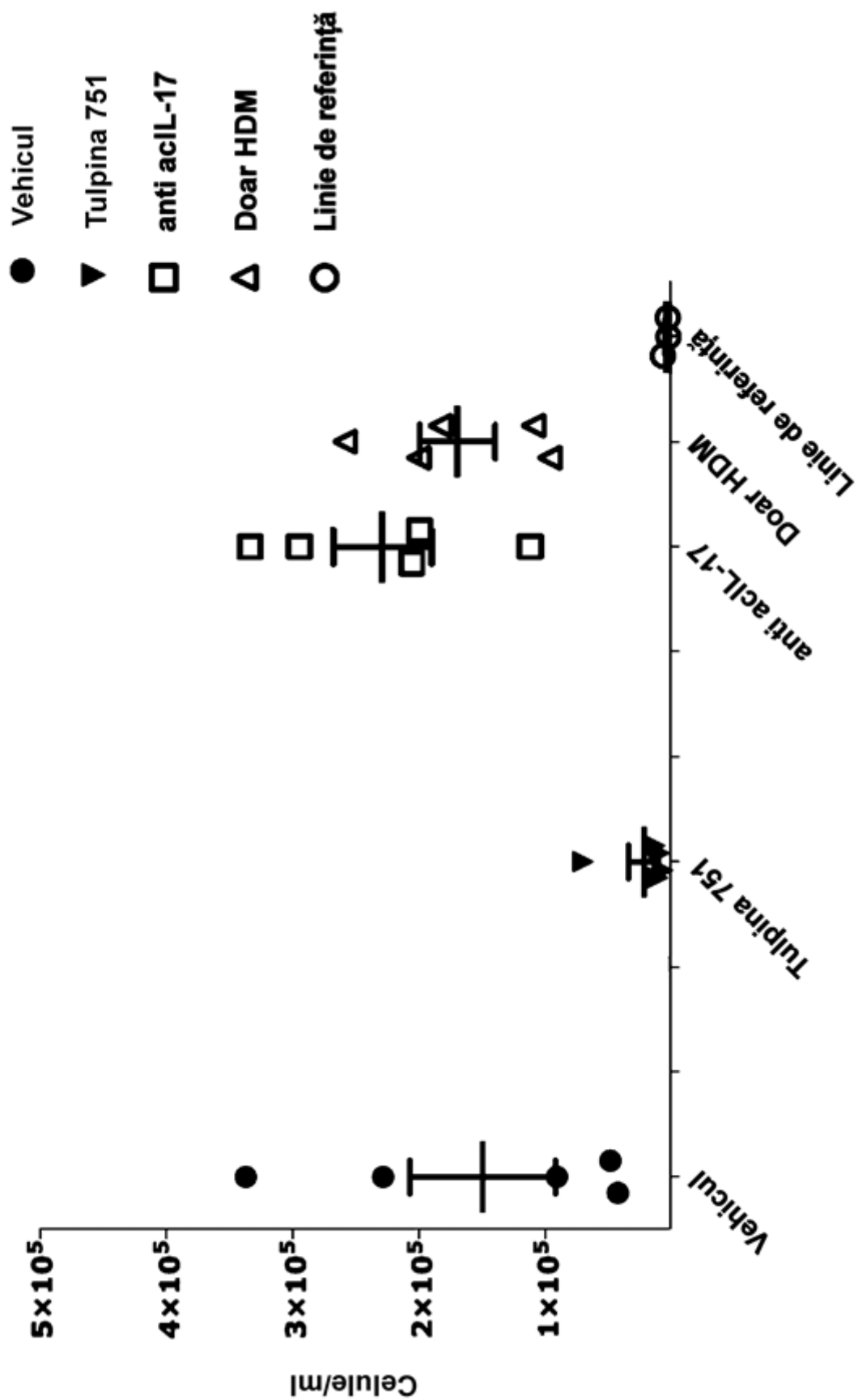


FIG. 12
Procent eozinofile

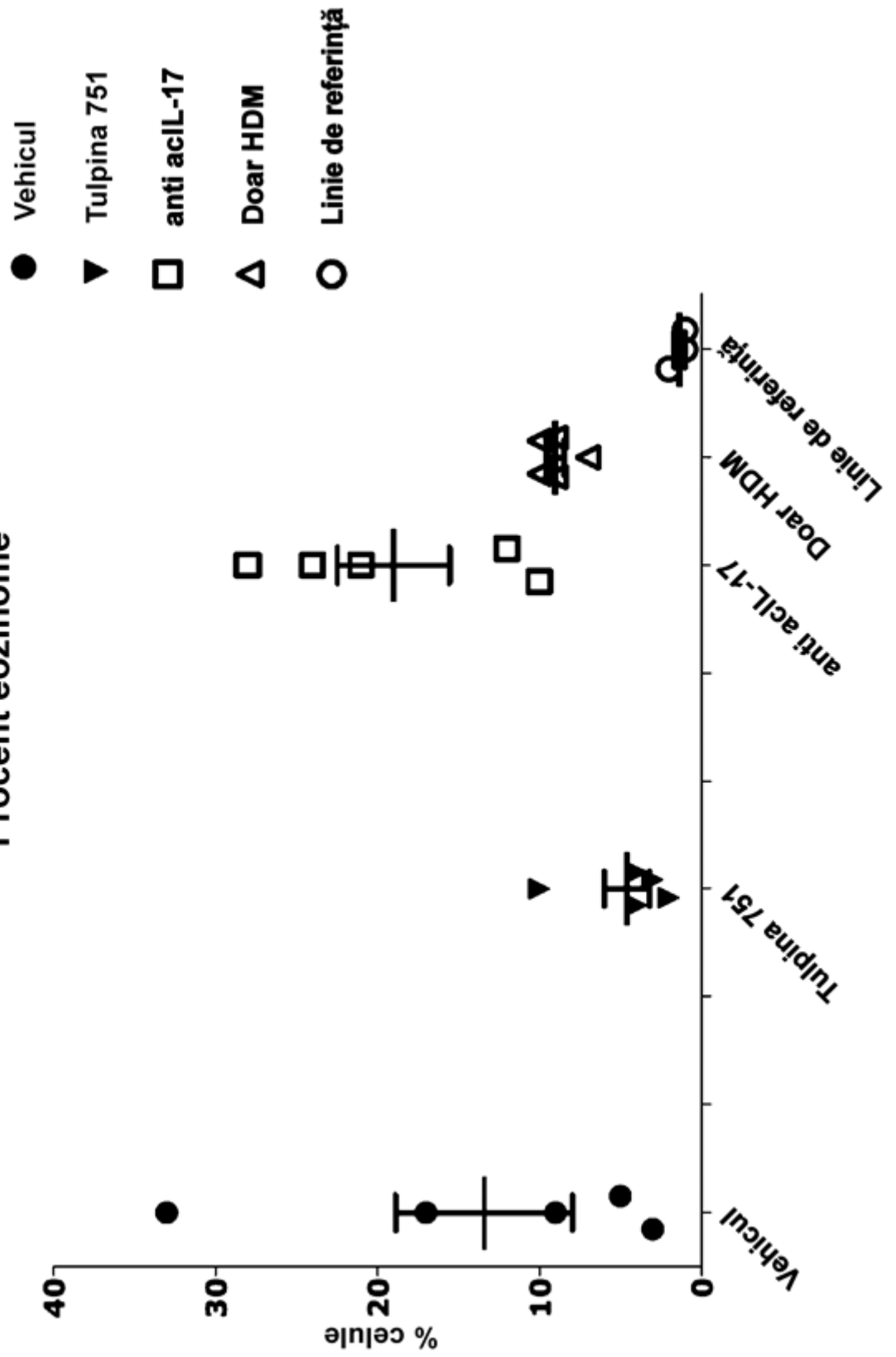


FIG. 13
Total macrofage

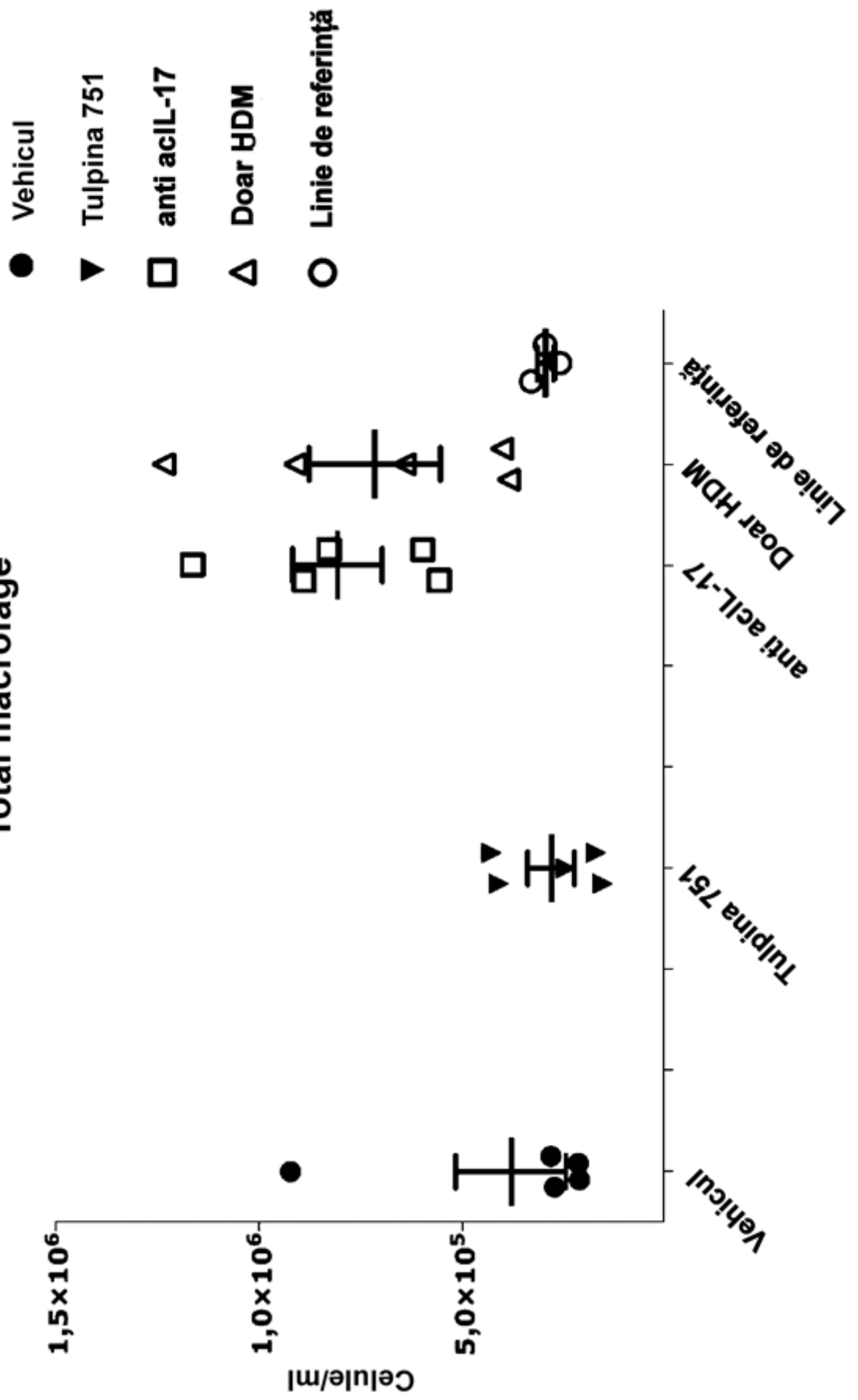


FIG. 14
Procent macrofage

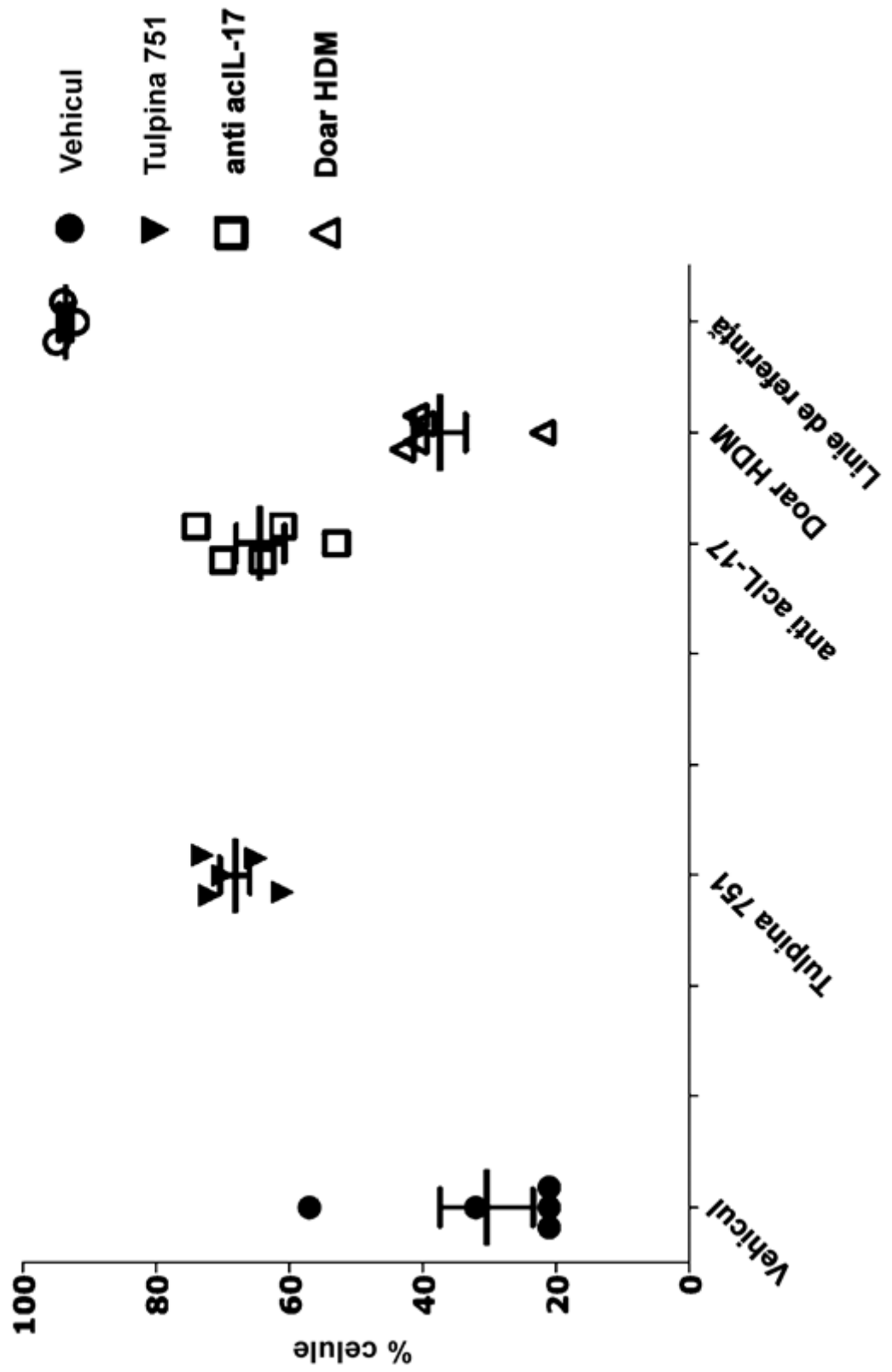


FIG. 15
Total neutrofile

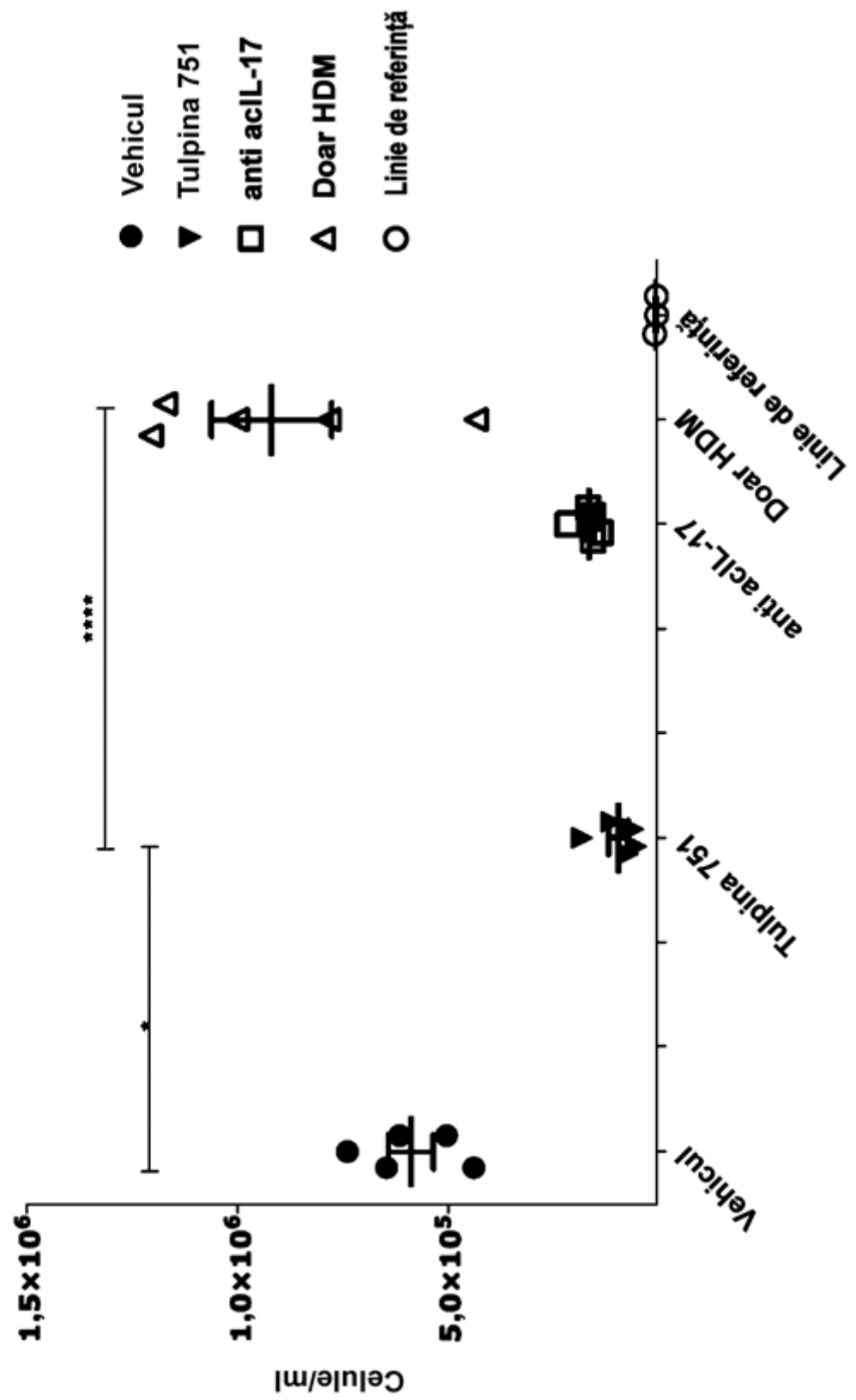


FIG. 16
Procent neutrofile

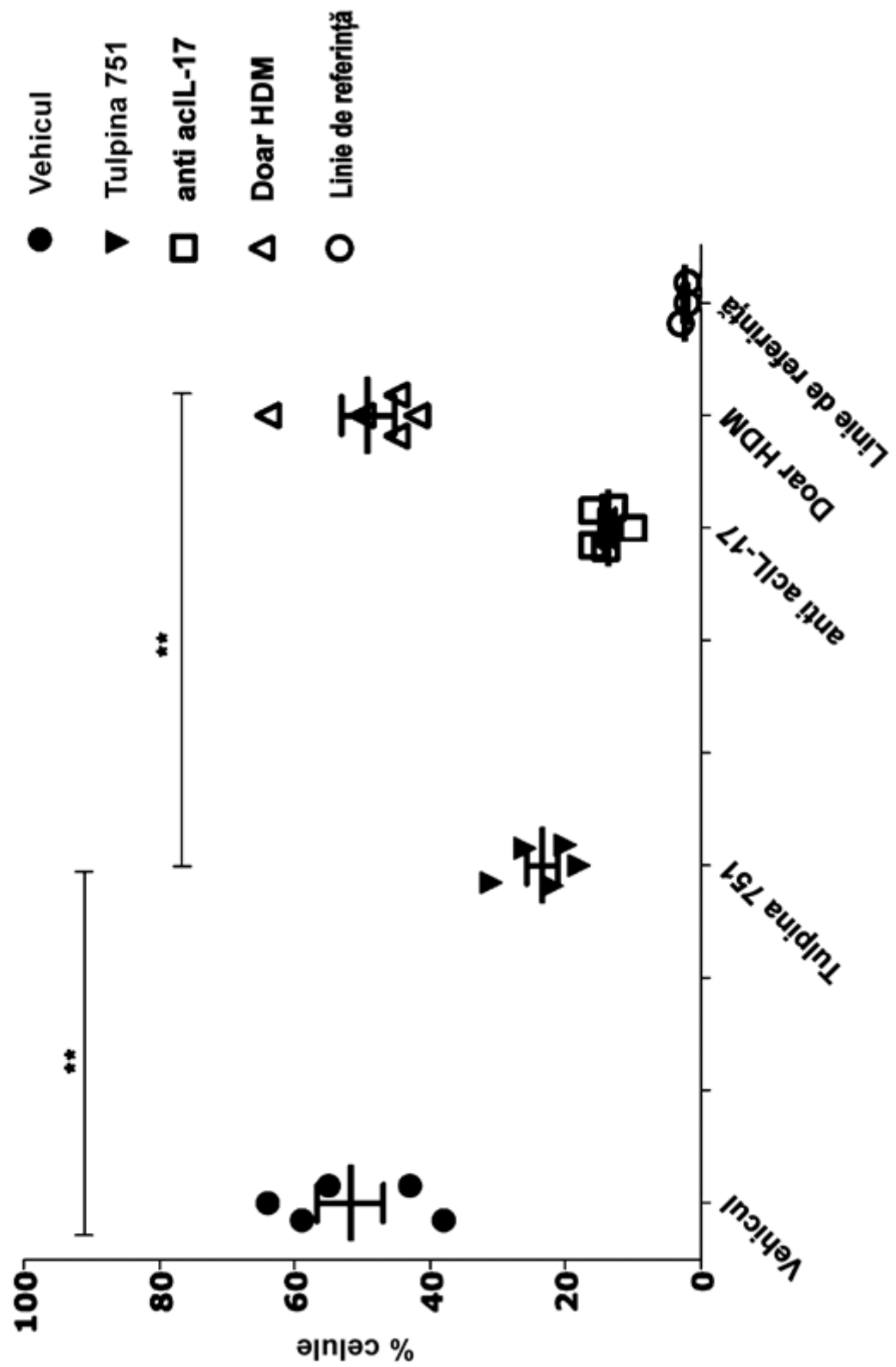


FIG. 17
Total limfocite

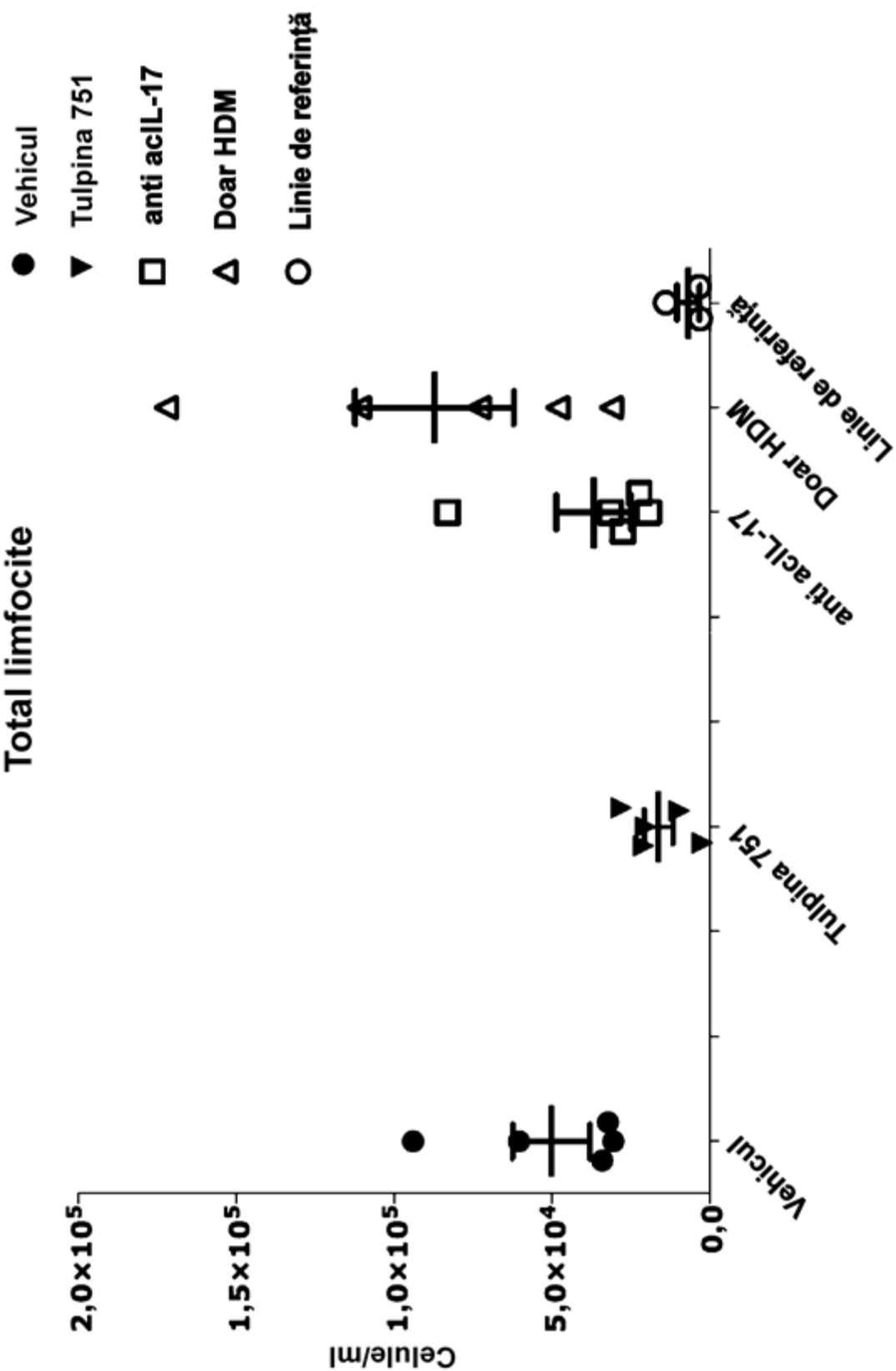


FIG. 18
Procent limfocite

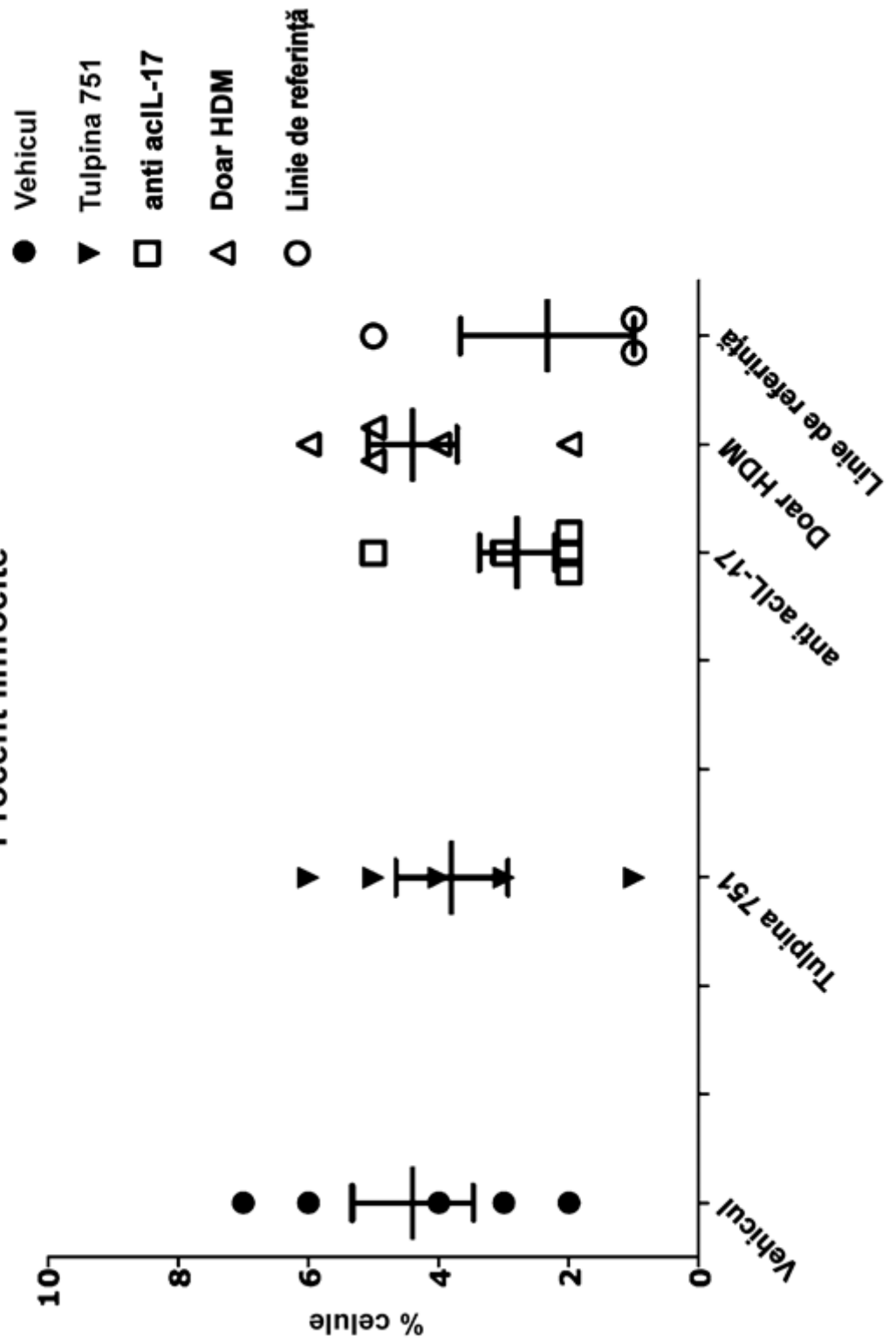


FIG. 19
Mase corporale

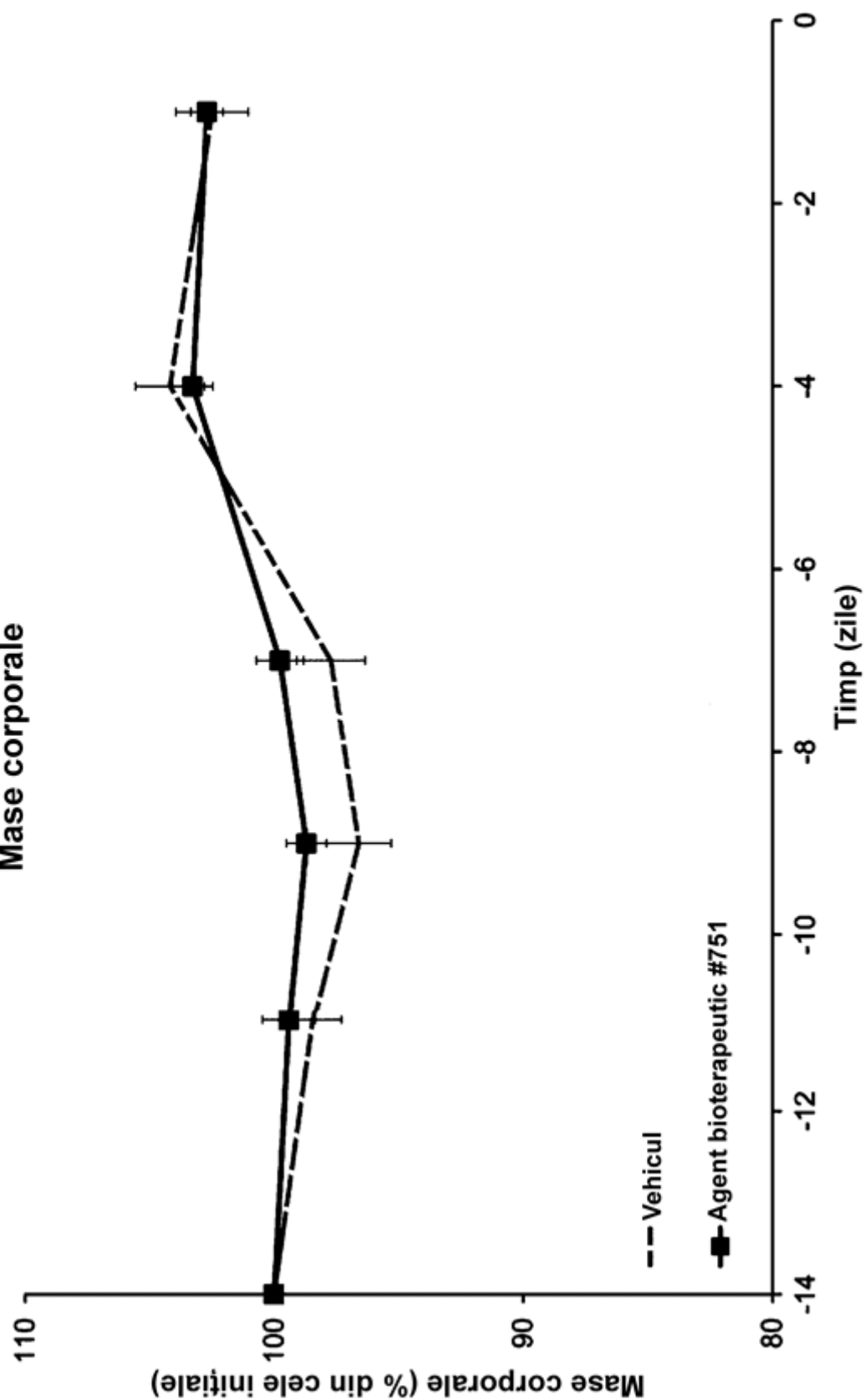


FIG. 20
Mase corporale

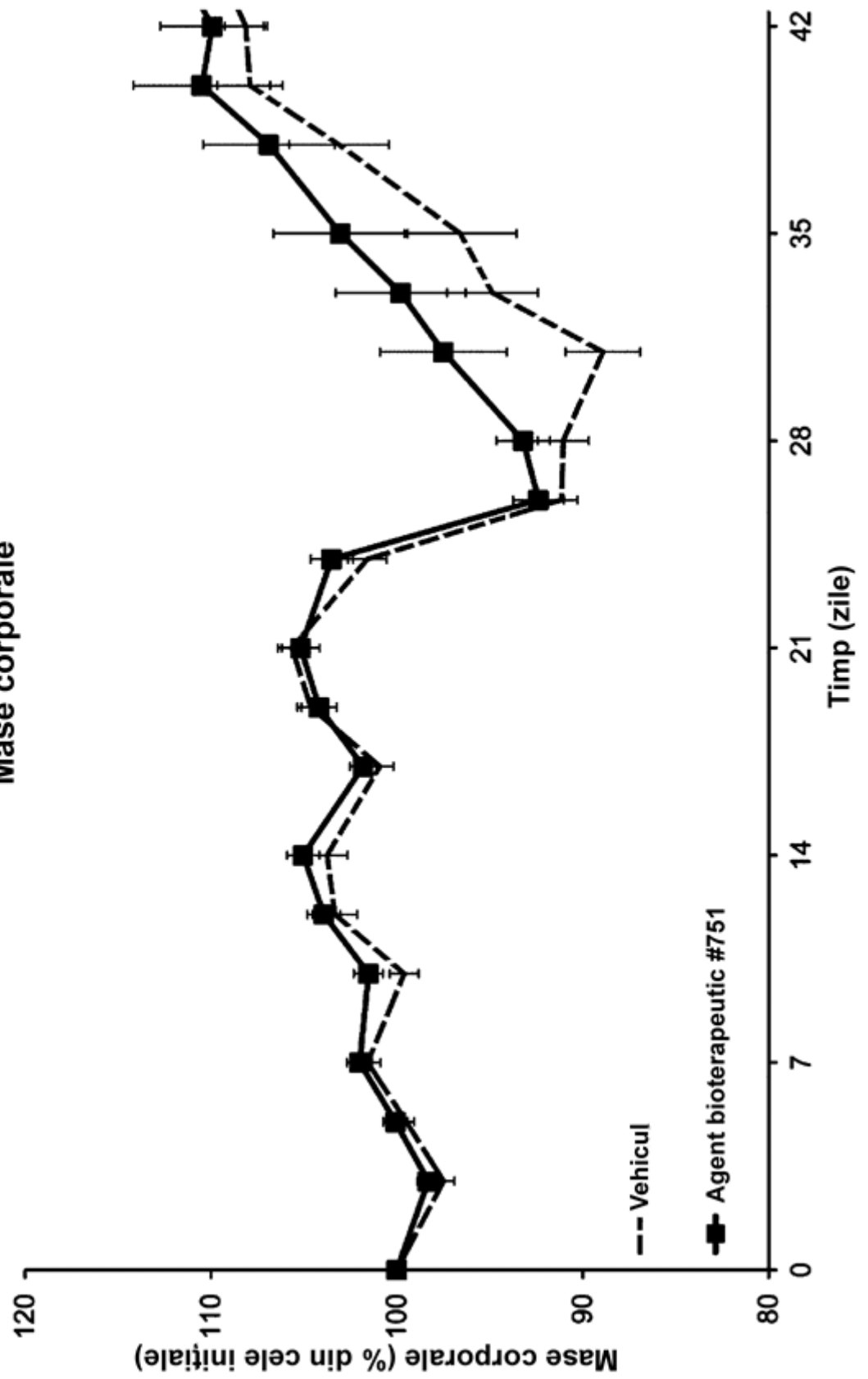


FIG. 21
Scoruri clinice

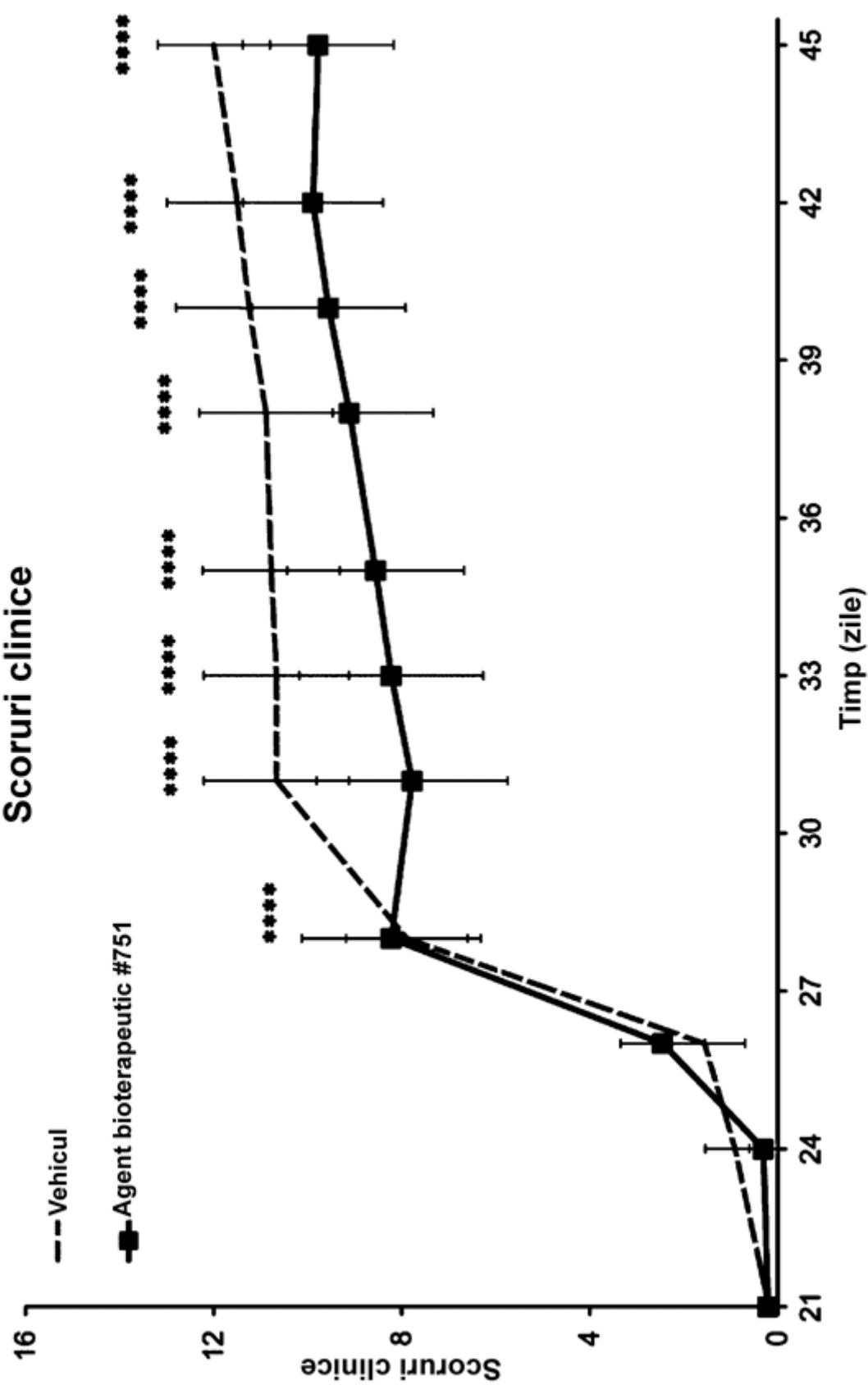


FIG. 22
Proliferarea splenocitelor cu Colagen II

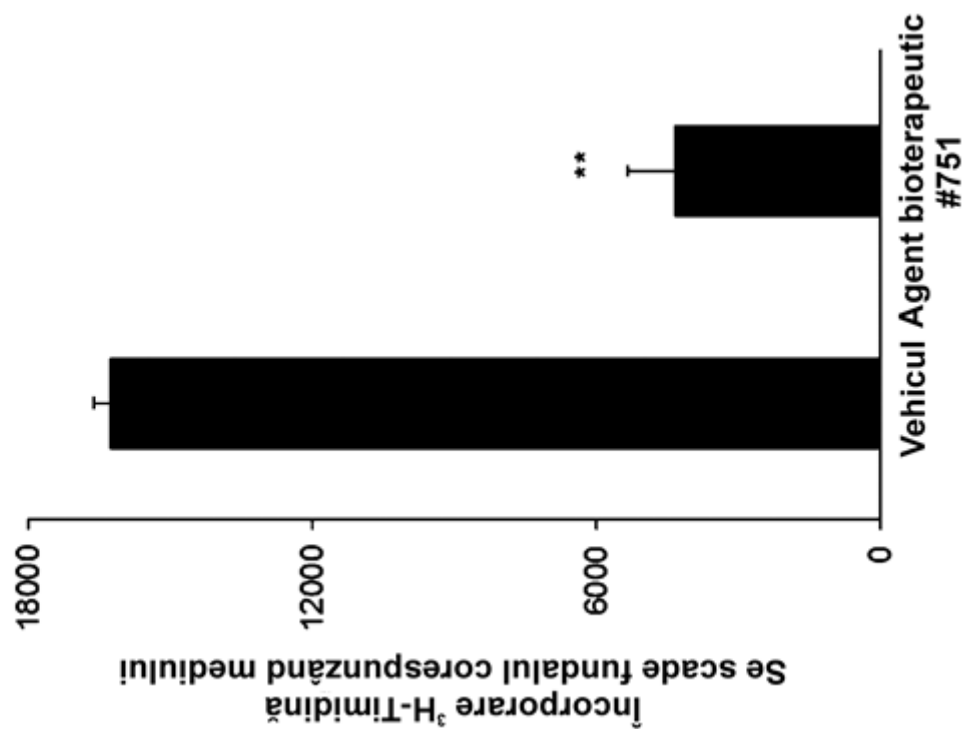
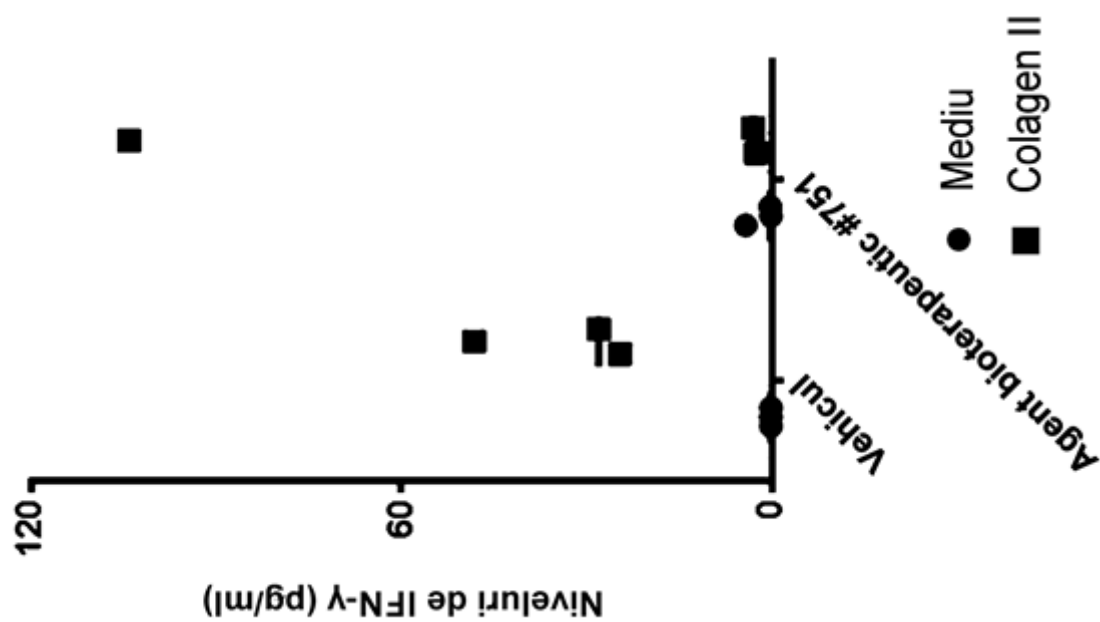


FIG. 23



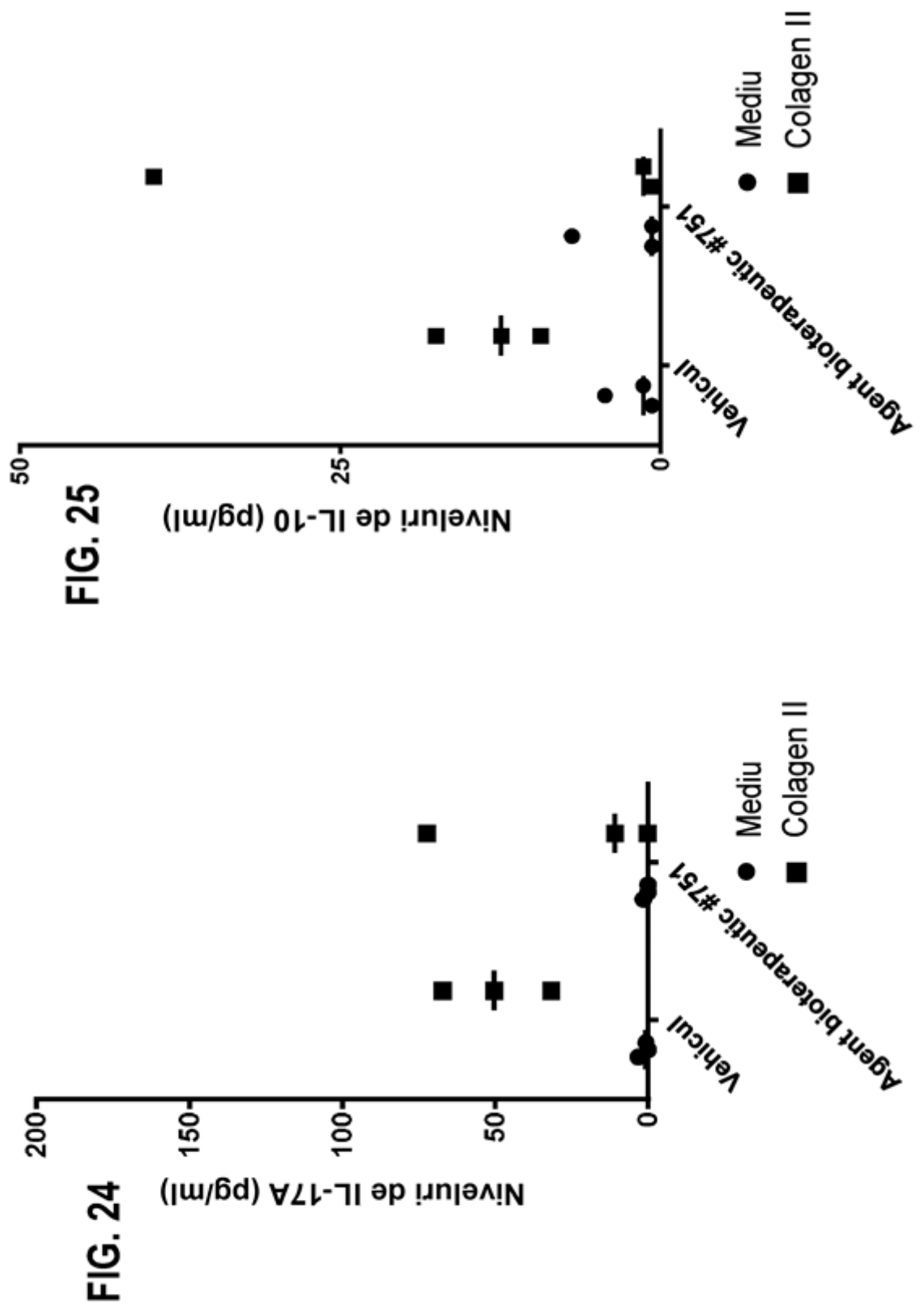


FIG. 26

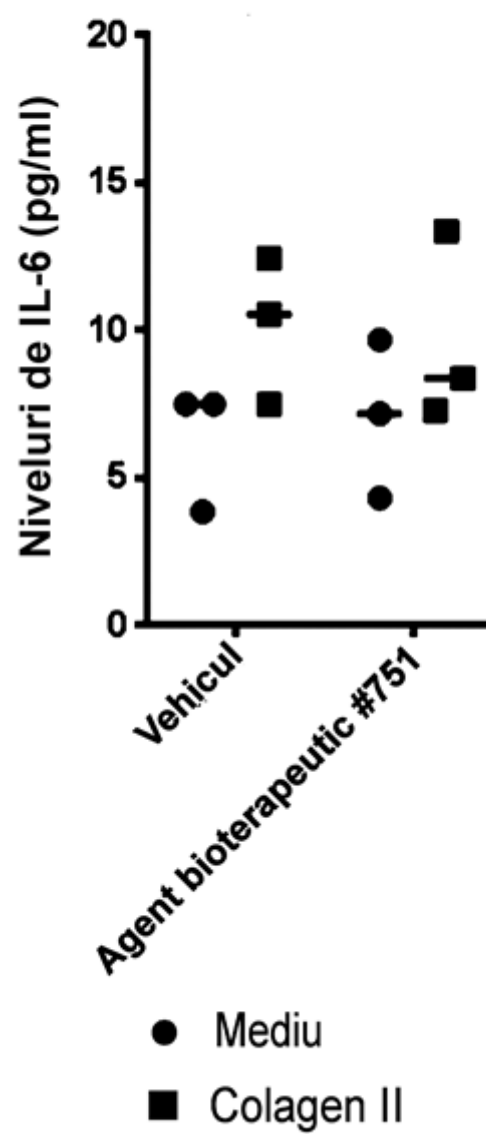


FIG 27

Sistem de evaluare histopatologică

Grad	Descriere
Informație	
0	Articulație normală.
1	Hiperplazie sinovială ușoară cu inflamație dominată de neutrofile. Numere mici de neutrofile și macrofage în spațiul articular.
2	Hiperplazie sinovială moderată cu inflamație marcată implicând atât neutrofile cât și macrofage. Neutrofile și macrofage în spațiul articular; pot exista unele deșeuri tisulare necrotice.
3	Hiperplazie sinovială cu inflamație marcată implicând atât neutrofile cât și macrofage. Pierderi ale căptușelii de sinoviocite. Inflamația se poate extinde de la sinovium către țesutul înconjurător, incluzând mușchiul. Numeroase neutrofile și macrofage în spațiul articular, împreună cu deșeuri tisulare necrotice semnificative.
Distrugerea cartilajului articular	
0	Articulație normală.
1	Cartilajul articular prezintă o ușoară schimbare degenerativă. Formarea timpurie de pannus poate fi prezentă periferic.
2	Cartilajul articular prezintă schimbare degenerativă moderată și pierdere focală. Formarea de pannus este prezentă focal.
3	Întrerupere și pierdere semnificativă a cartilajului.
Distrugerea osului metafizeal de bază	
0	Articulație normală.
1	Fără schimbare a osului metafizeal.
2	Poate exista necroză focală sau fibroză a osului metafizeal.
3	Întrerupere sau colaps al osului metafizeal. Inflamație, necroză sau fibroză extensive care se extind în spațiul medular al metafizei.

FIG. 28
Total IgE în ser

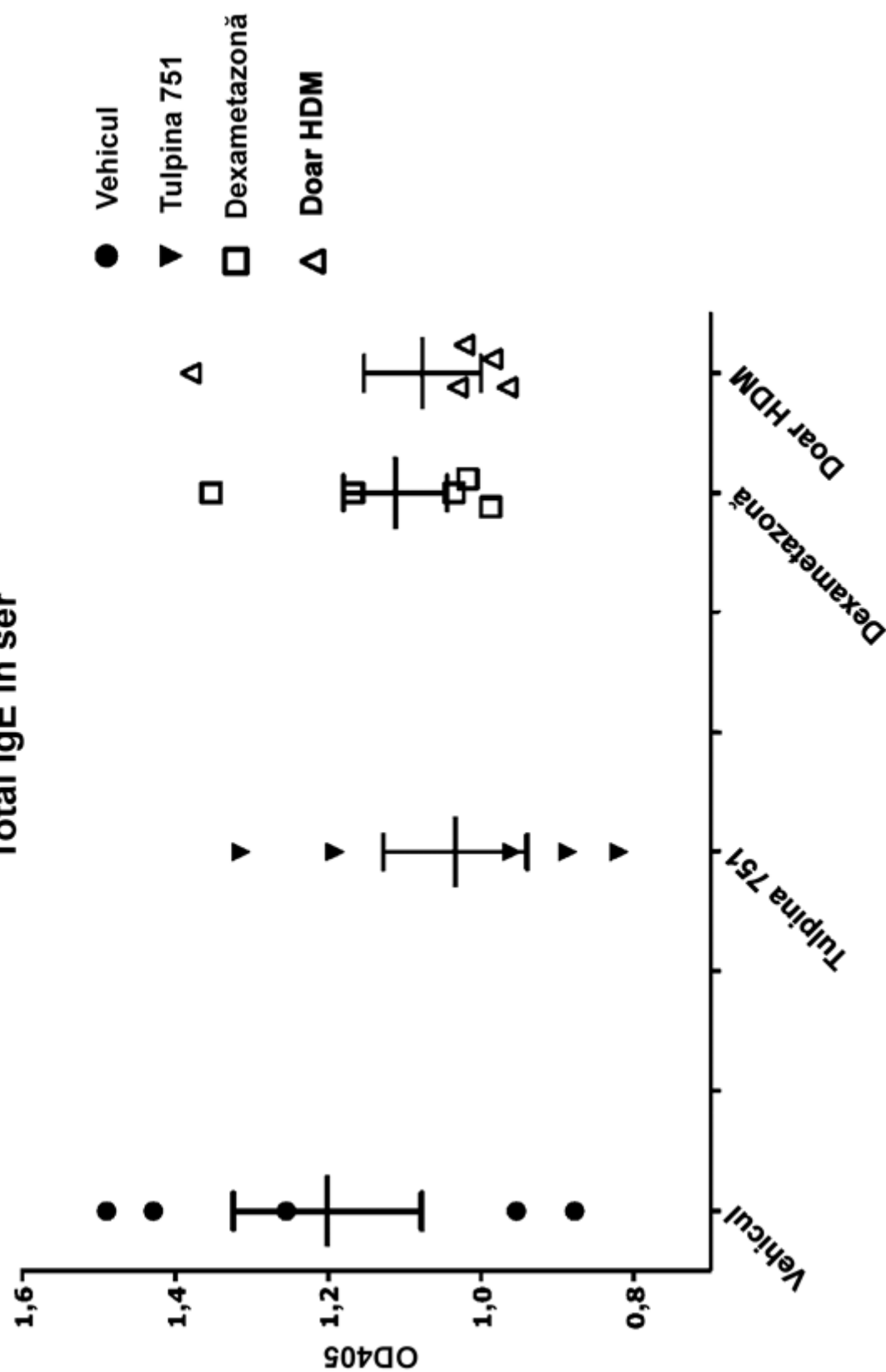
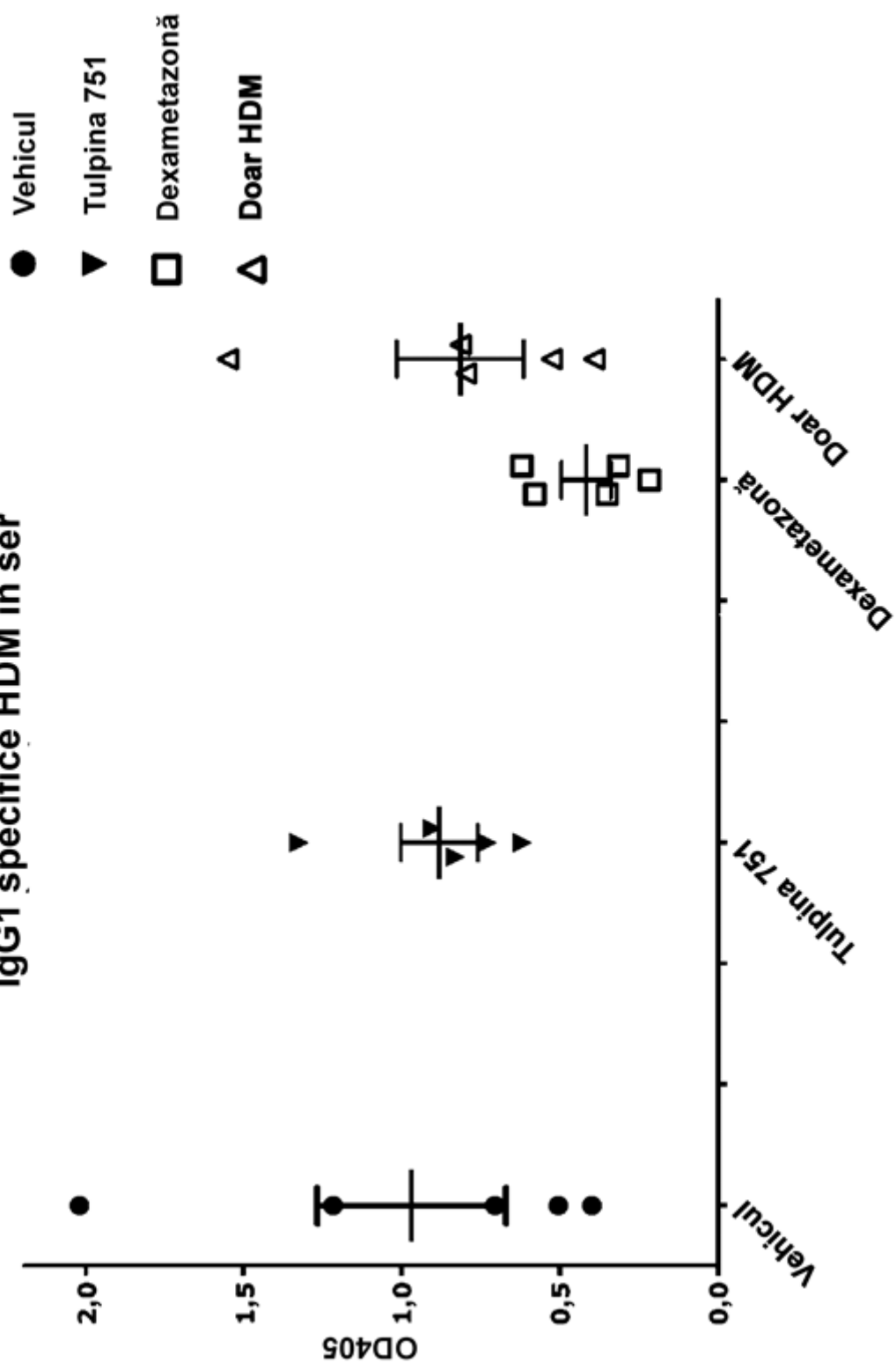


FIG. 29
IgG1 specifice HDM în ser



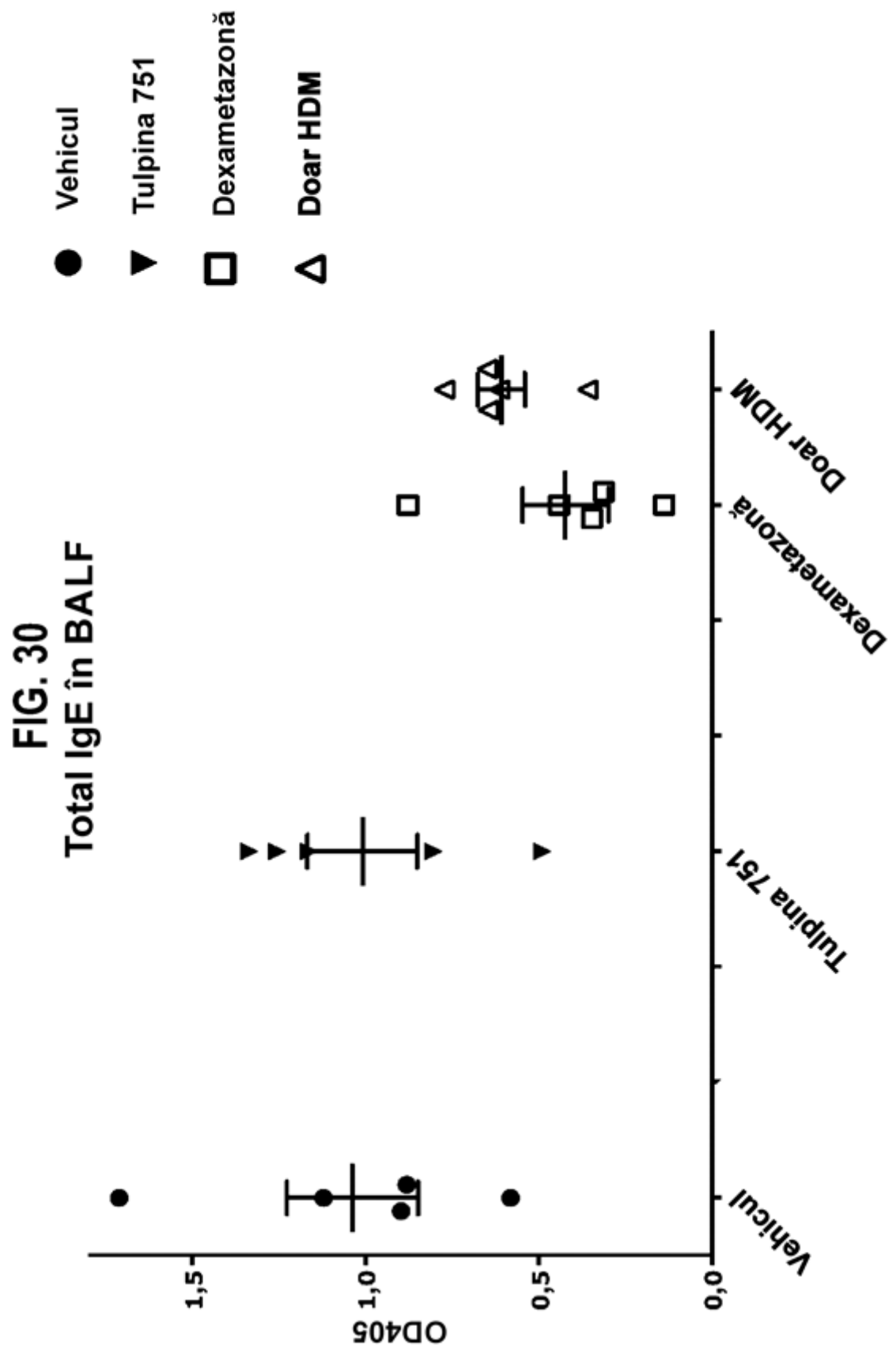


FIG. 31
IgG1 specifică HDM în BALF

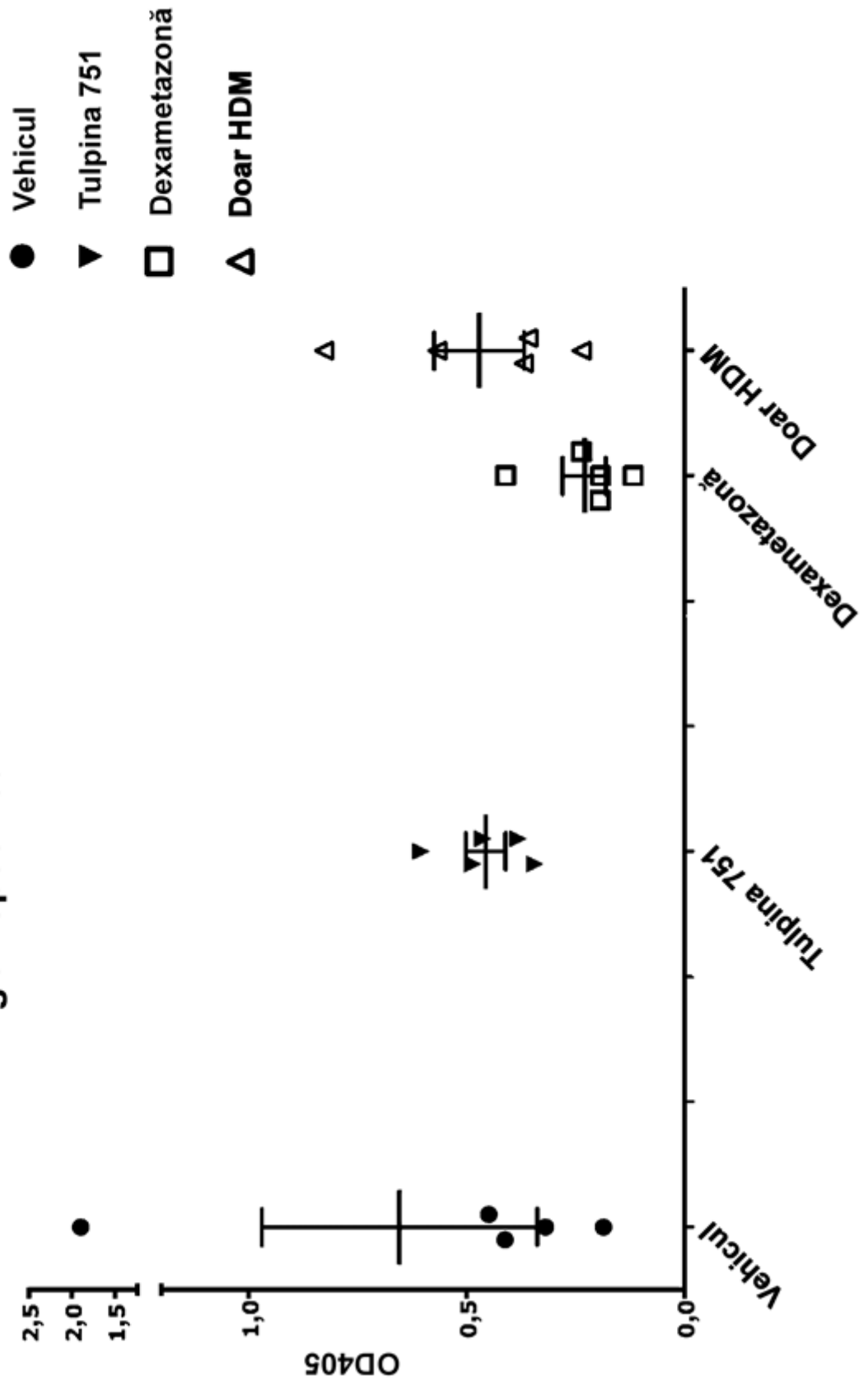


FIG. 32 Analiza histologică - scor mediu de înfilitare peribrohiară

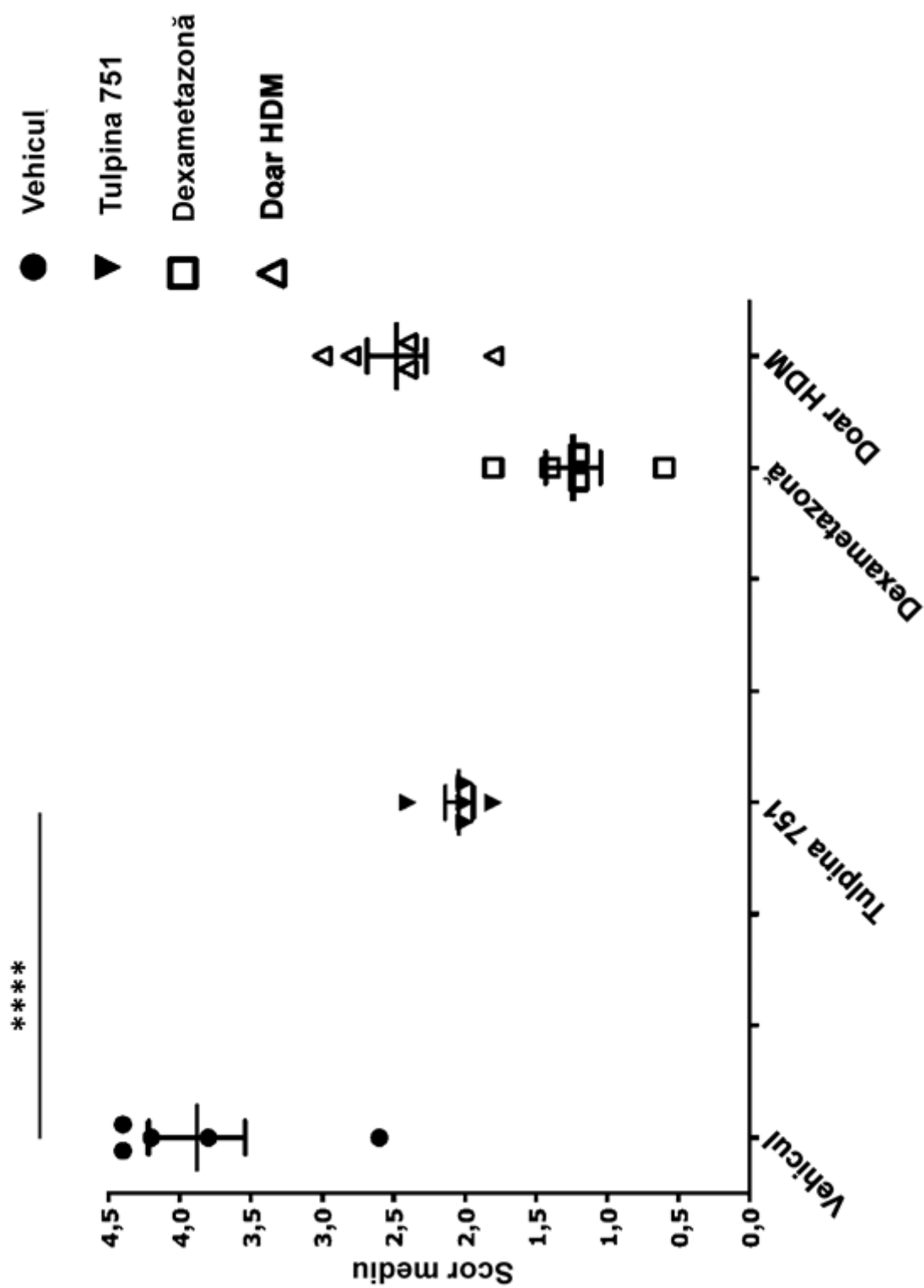


FIG. 33

Analiza histologică - scor mediu de infiltrație perivasculară

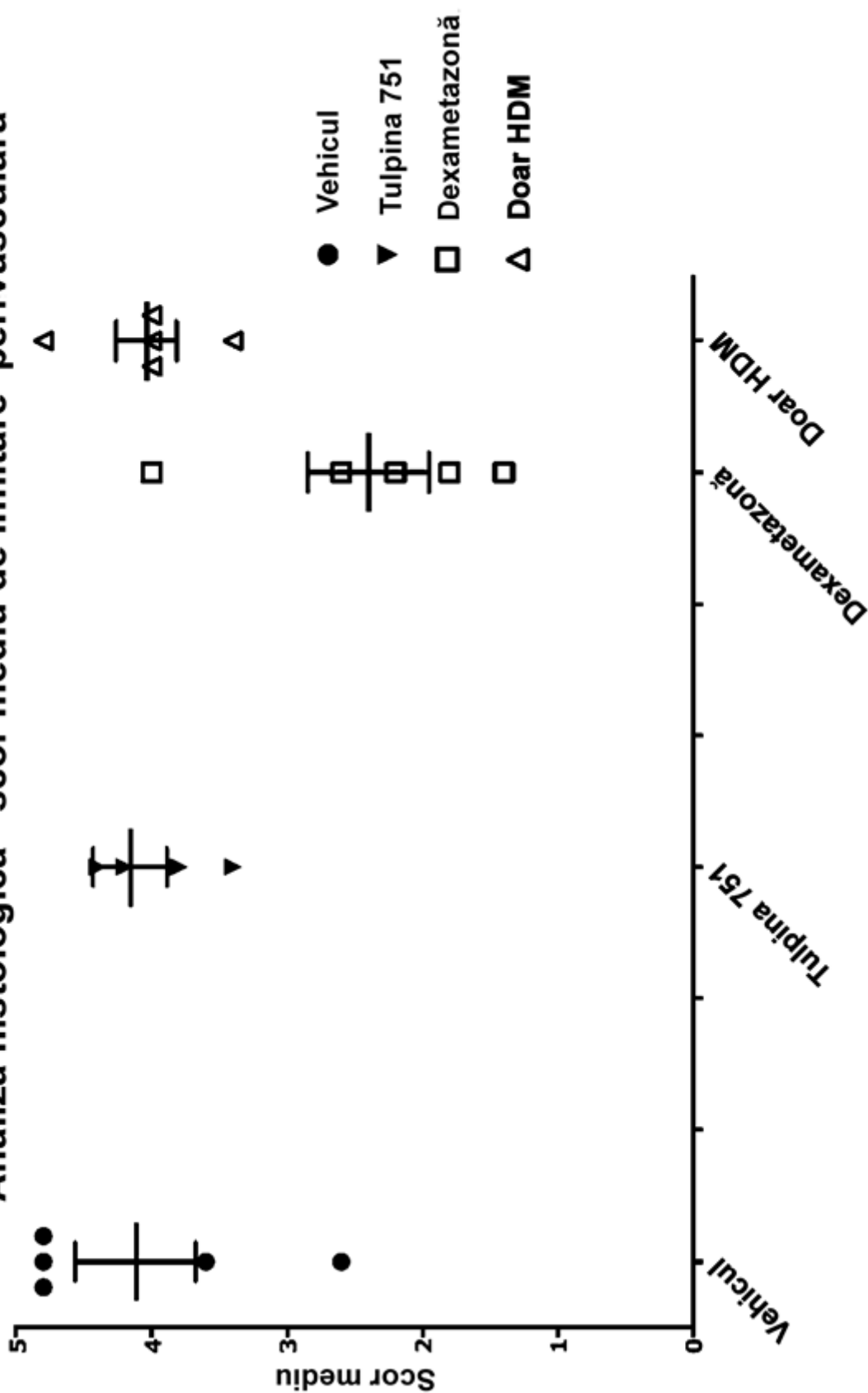


FIG. 34

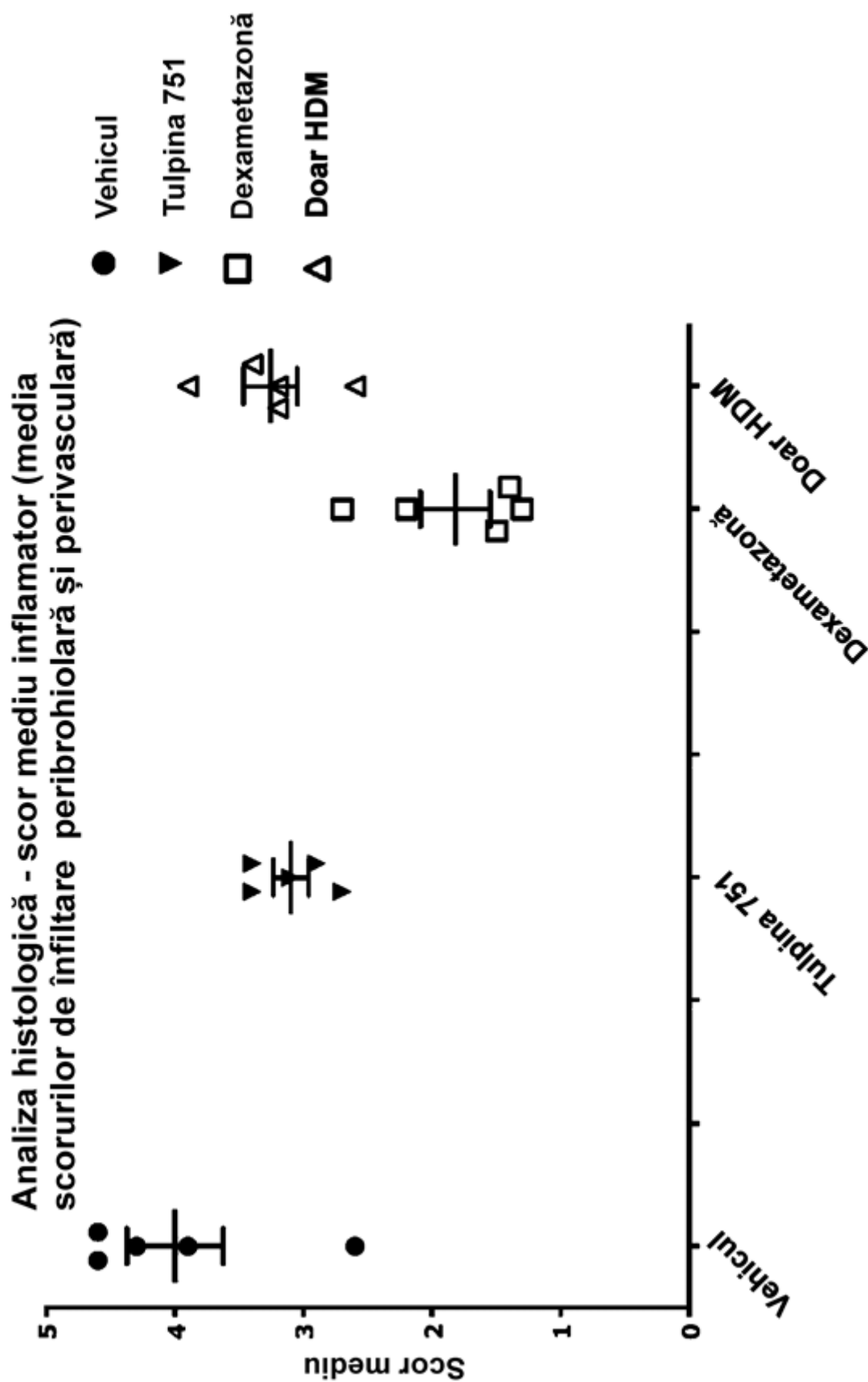


FIG. 35
Analiza histologică - scorul mucusului

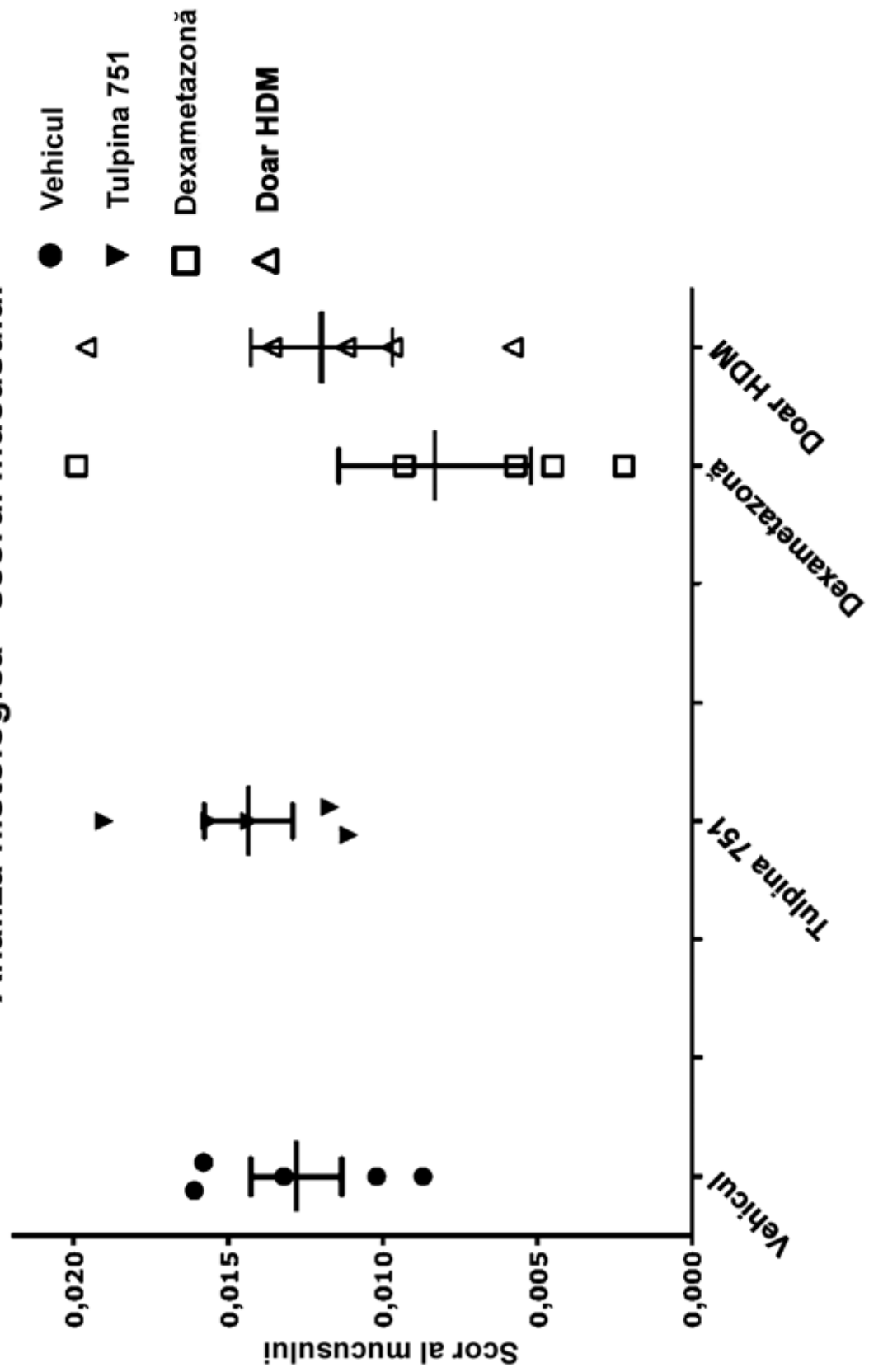


FIG. 36
Nivelul IL-9 în țesutul pulmonar

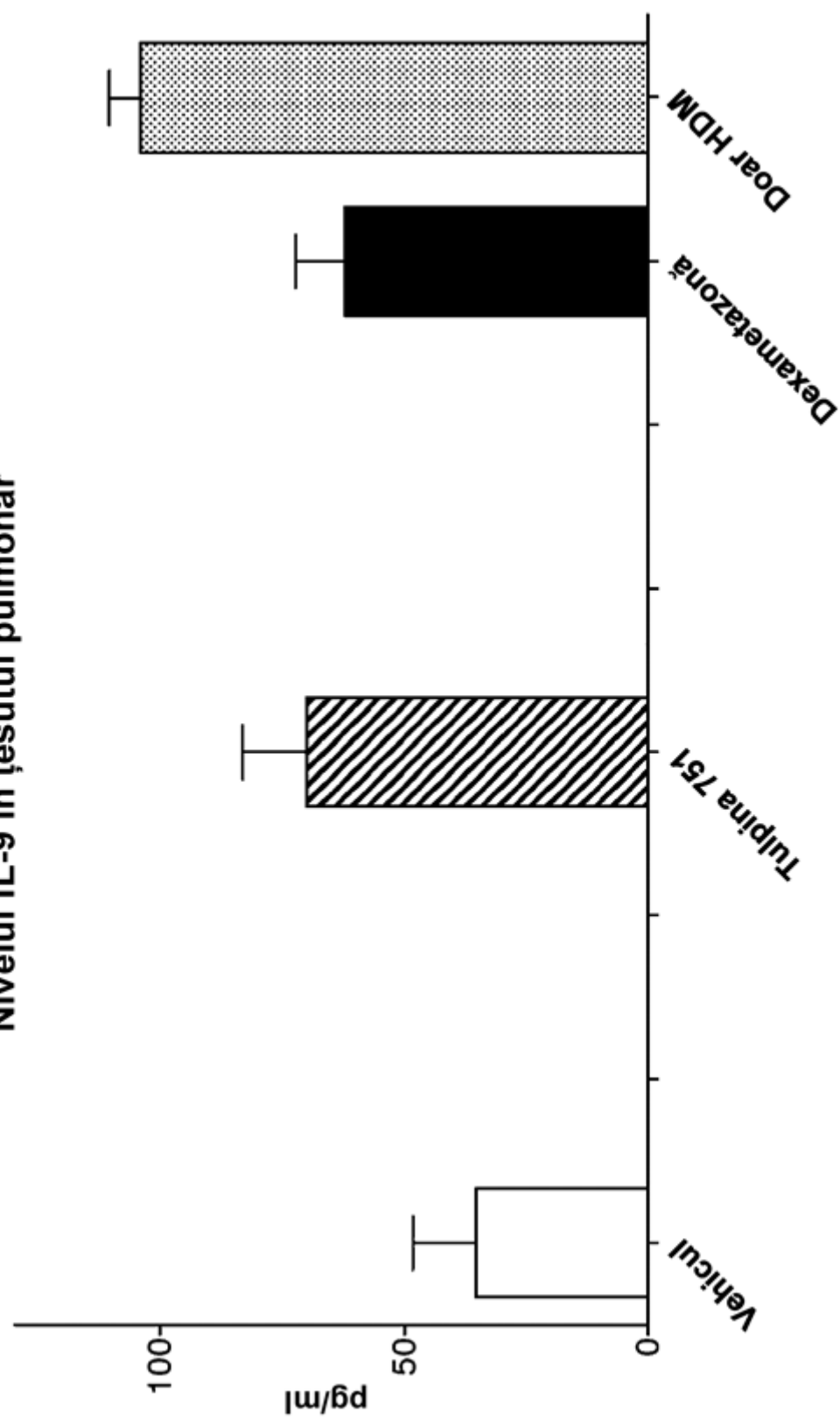


FIG. 37
Nivelul IL-1a în țesutul pulmonar

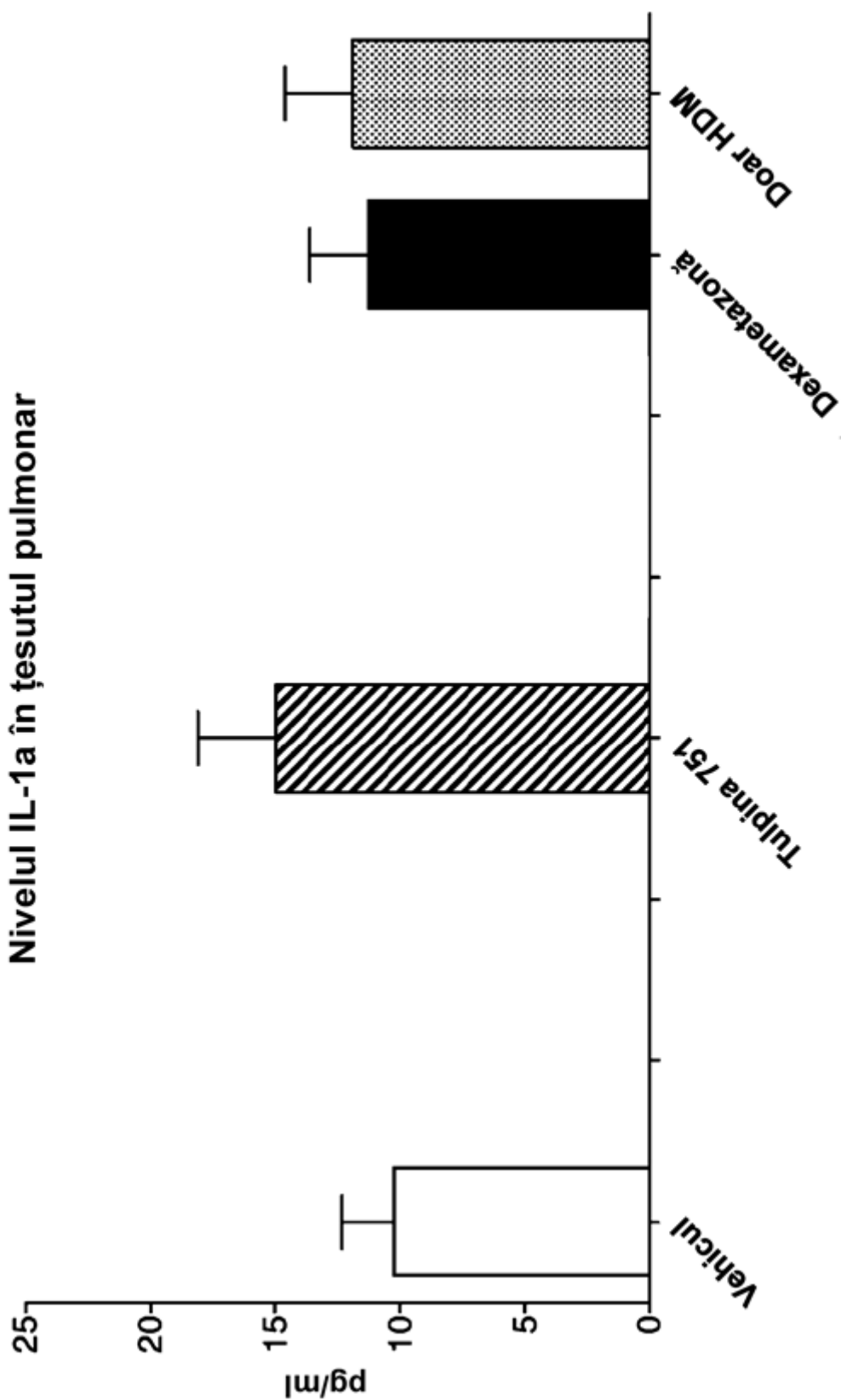


FIG. 38
Nivelul IFNg în țesutul pulmonar

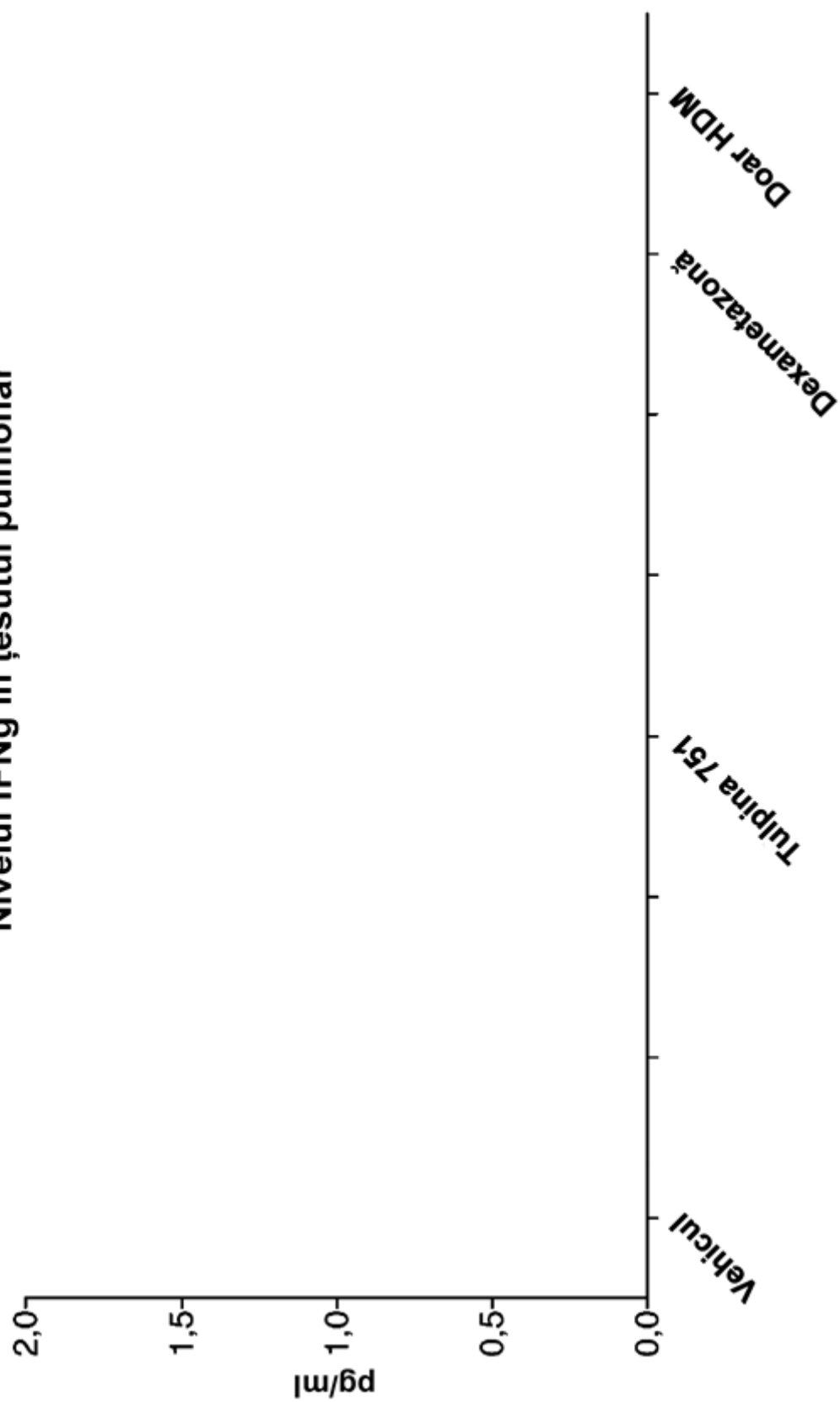


FIG. 39
Nivelul IL-17A în țesutul pulmonar

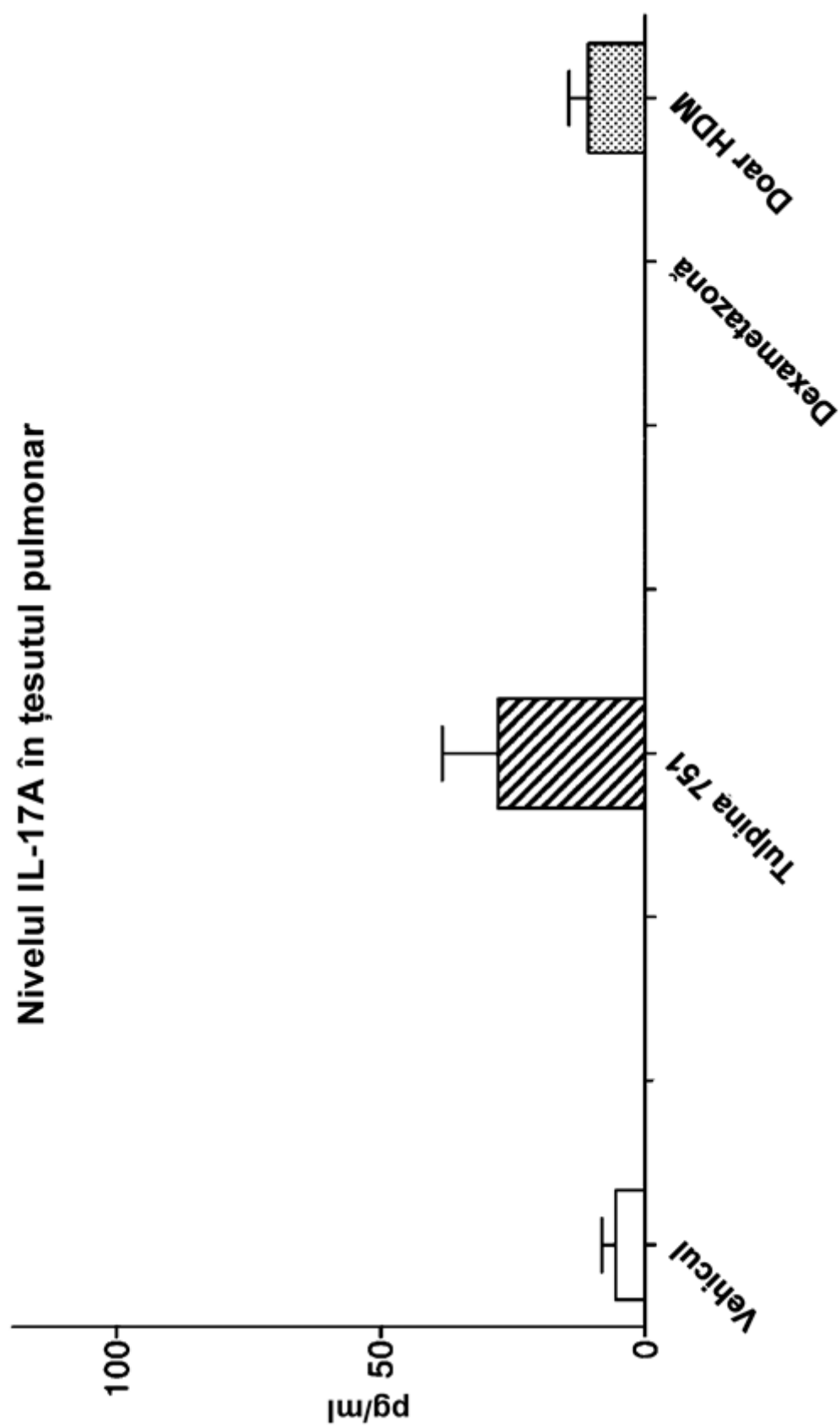


FIG. 40
Nivelul IL-4 în țesutul pulmonar

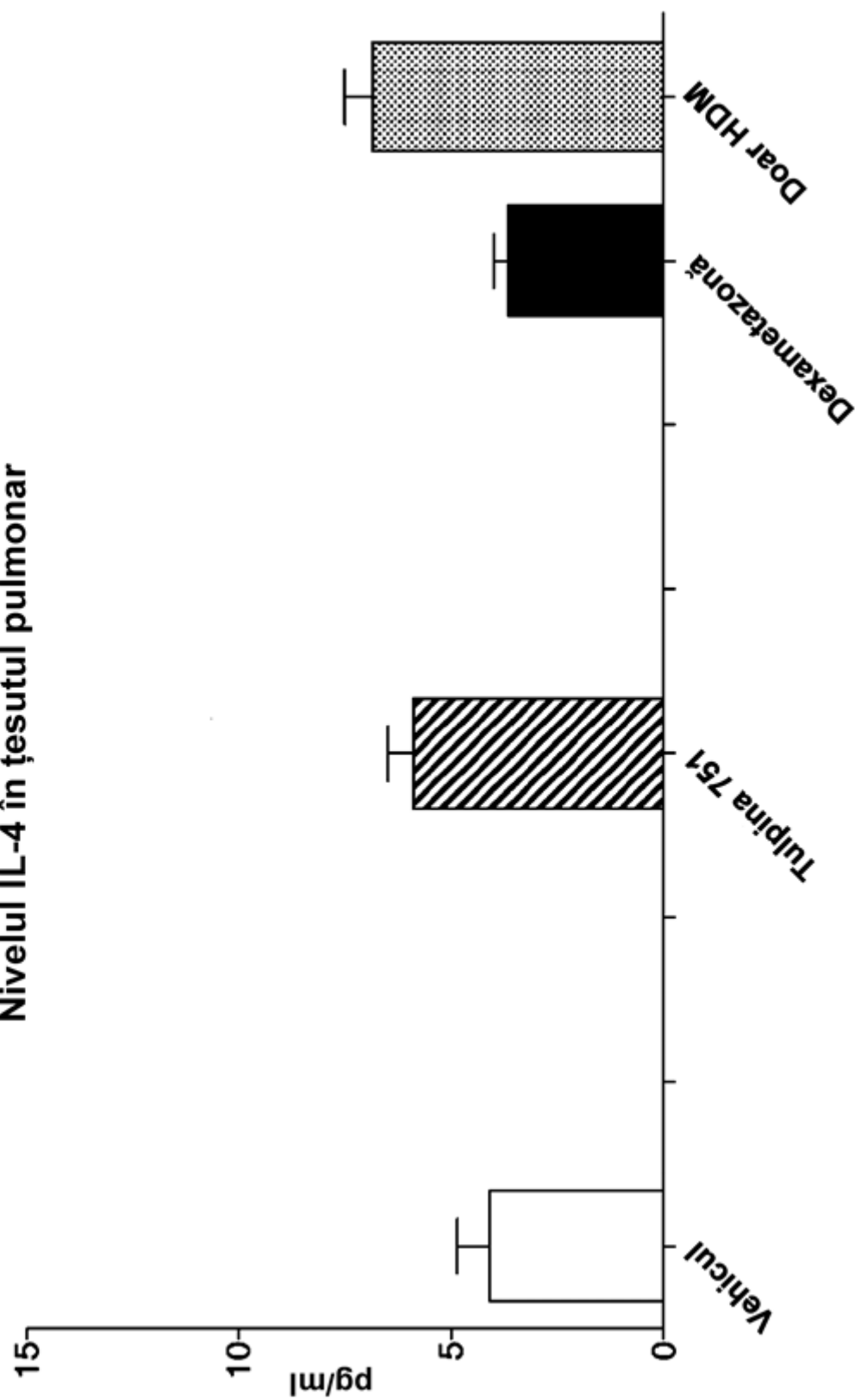


FIG. 41
Nivelul IL-5 în țesutul pulmonar

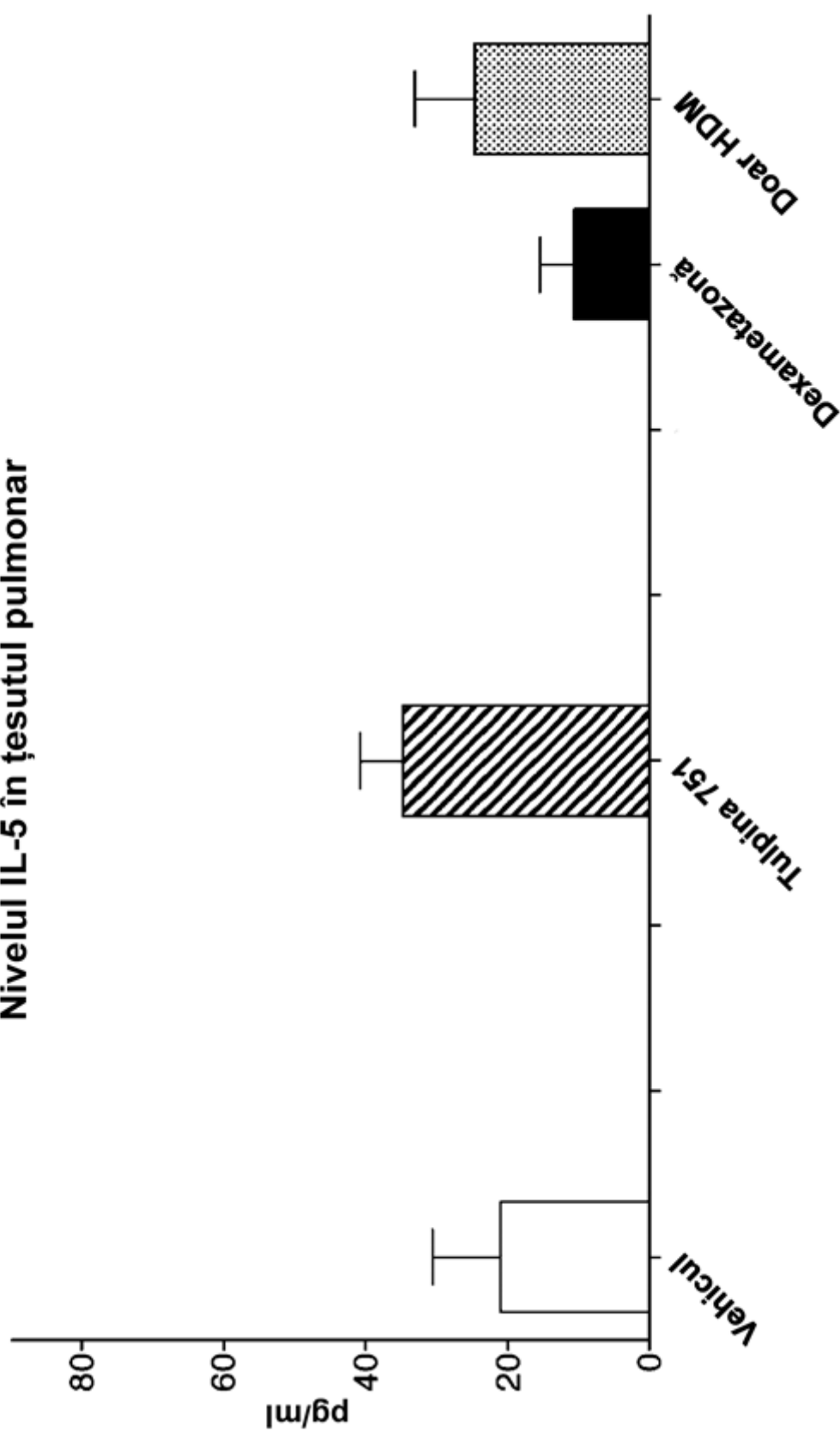


FIG. 42
Nivelul IL-1b în țesutul pulmonar

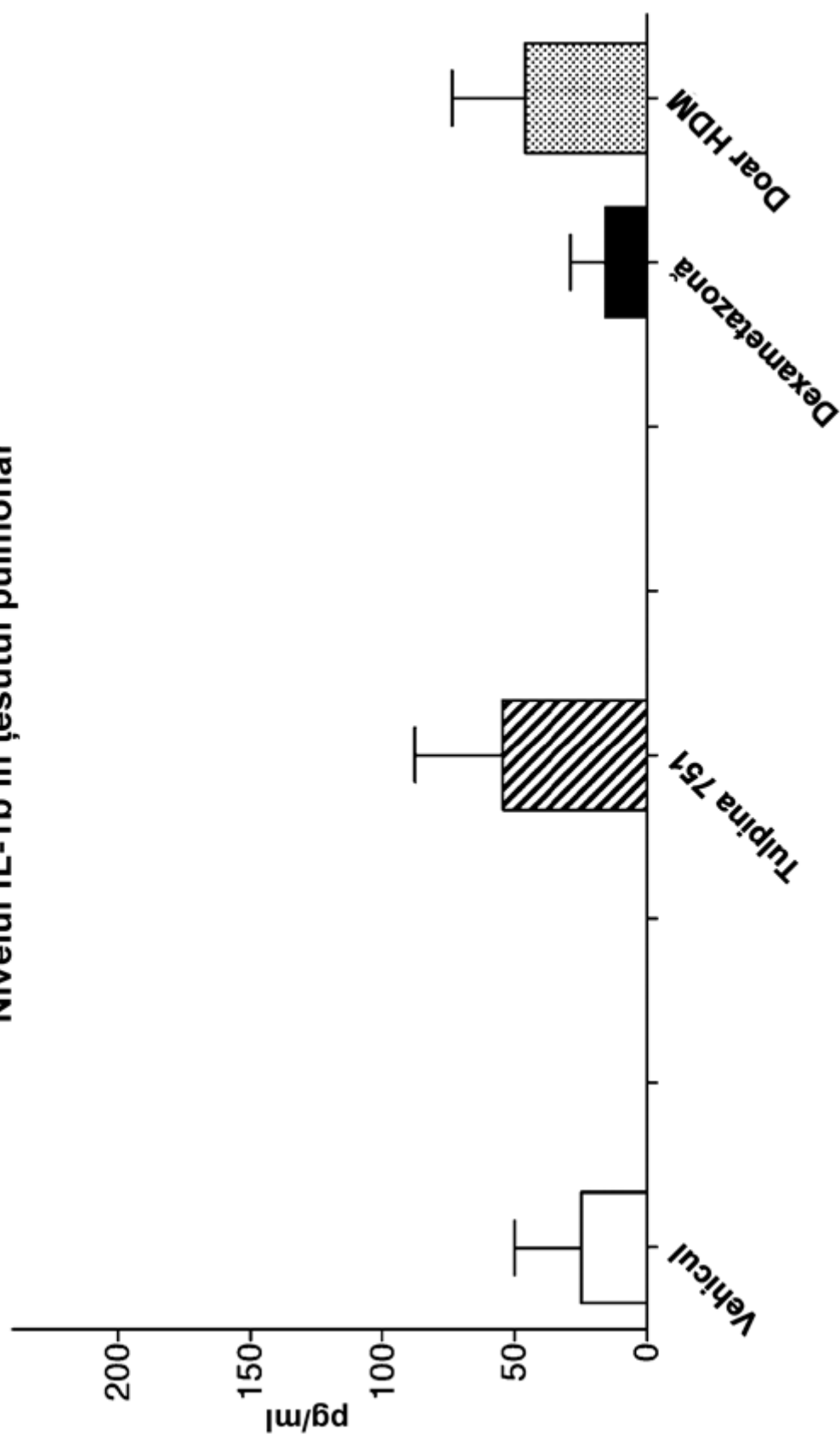


FIG. 43
Nivelul RANTES în țesutul pulmonar

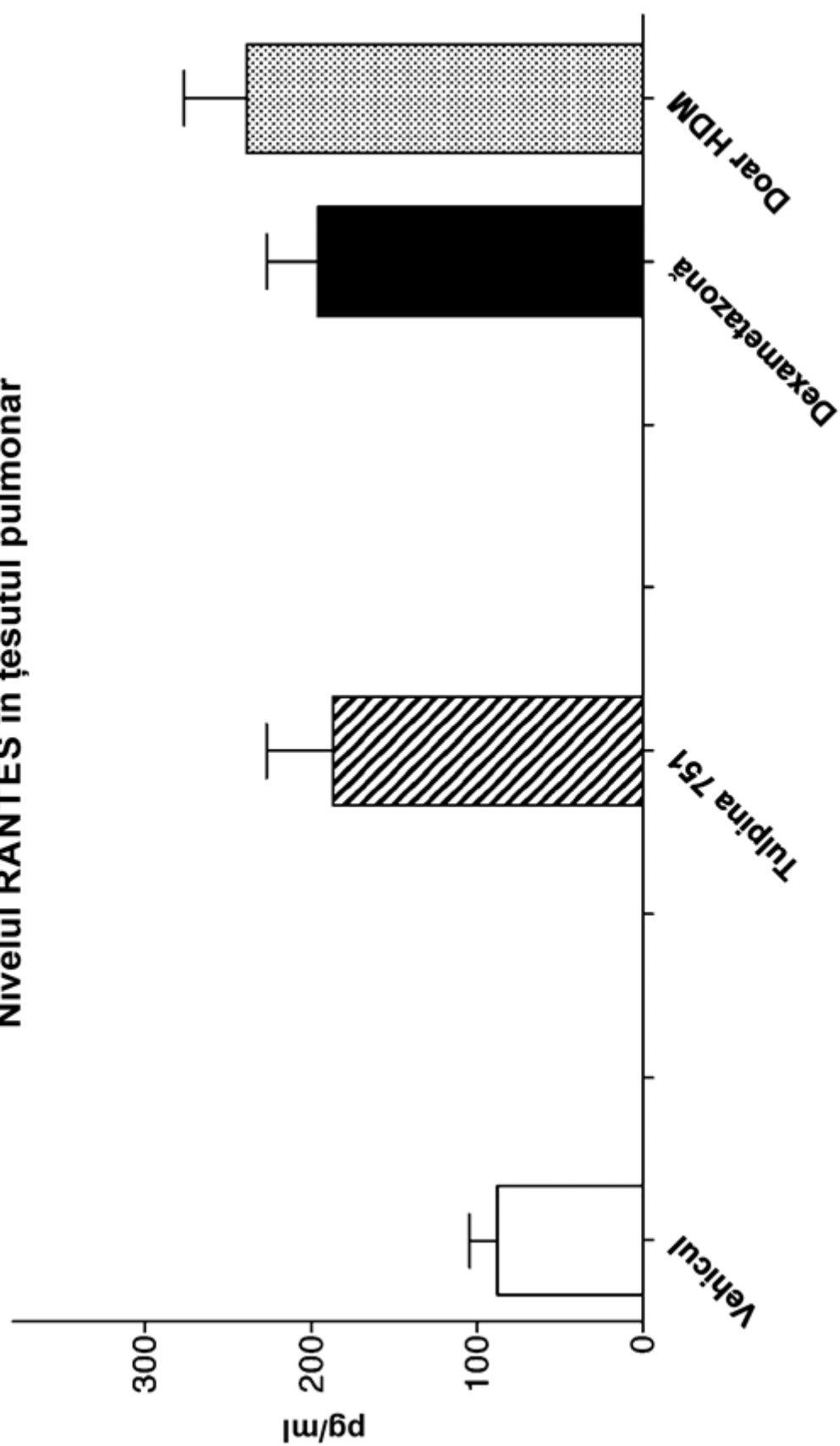


FIG. 44
Nivelul MIP-1a în țesutul pulmonar

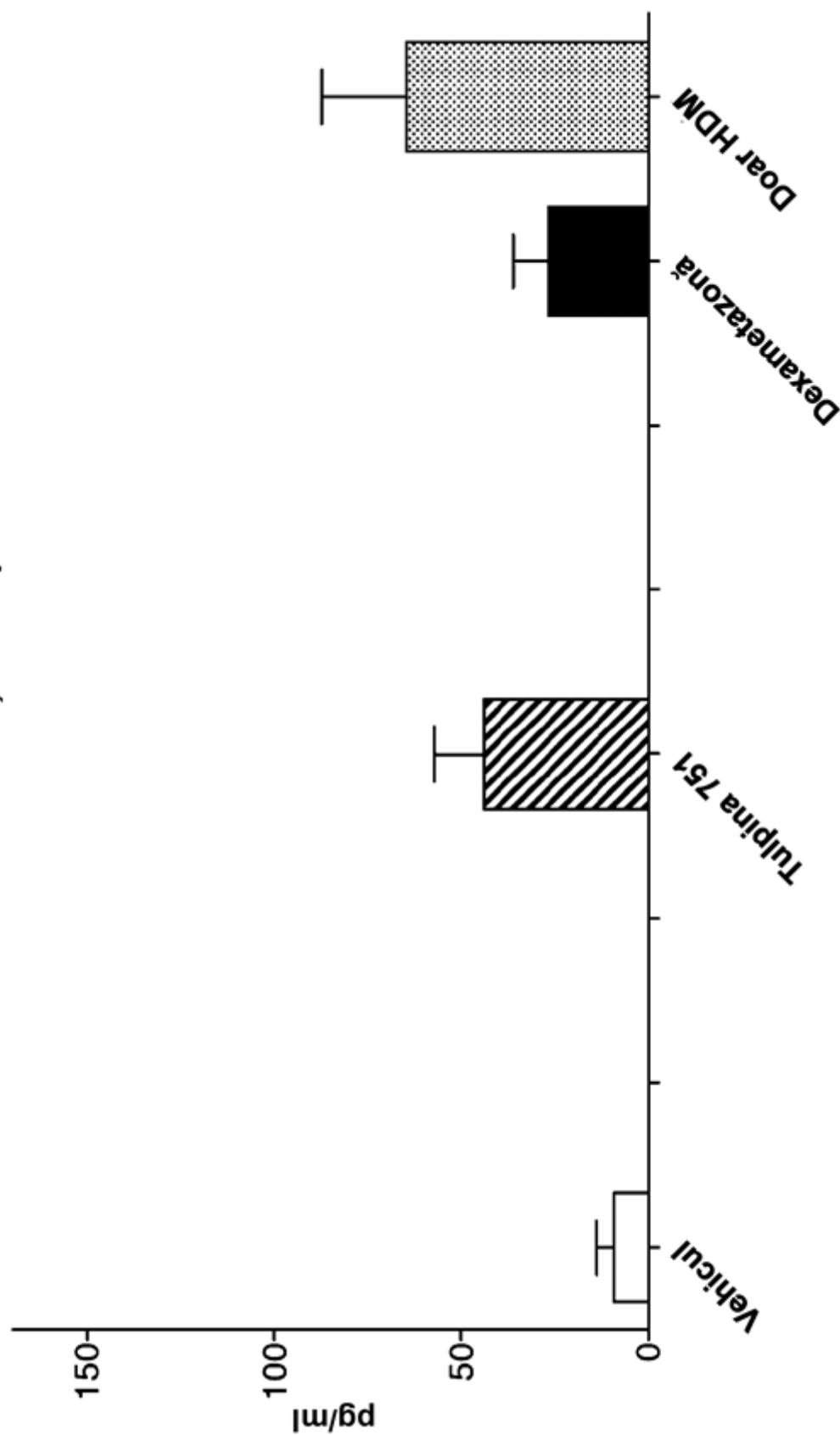


FIG. 45
Nivelul KC în țesutul pulmonar

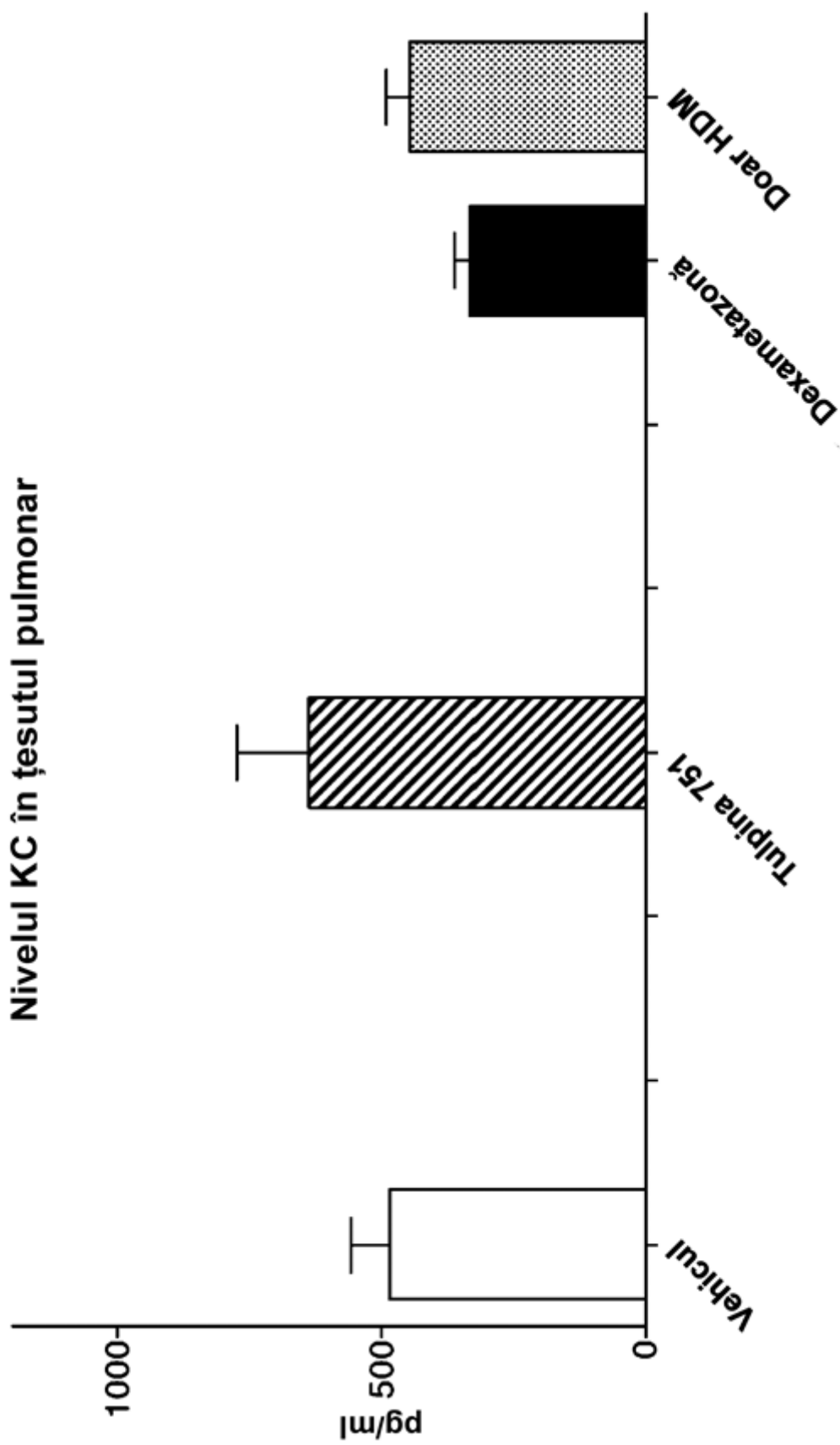


FIG. 46
Nivelul MIP-2 în țesutul pulmonar

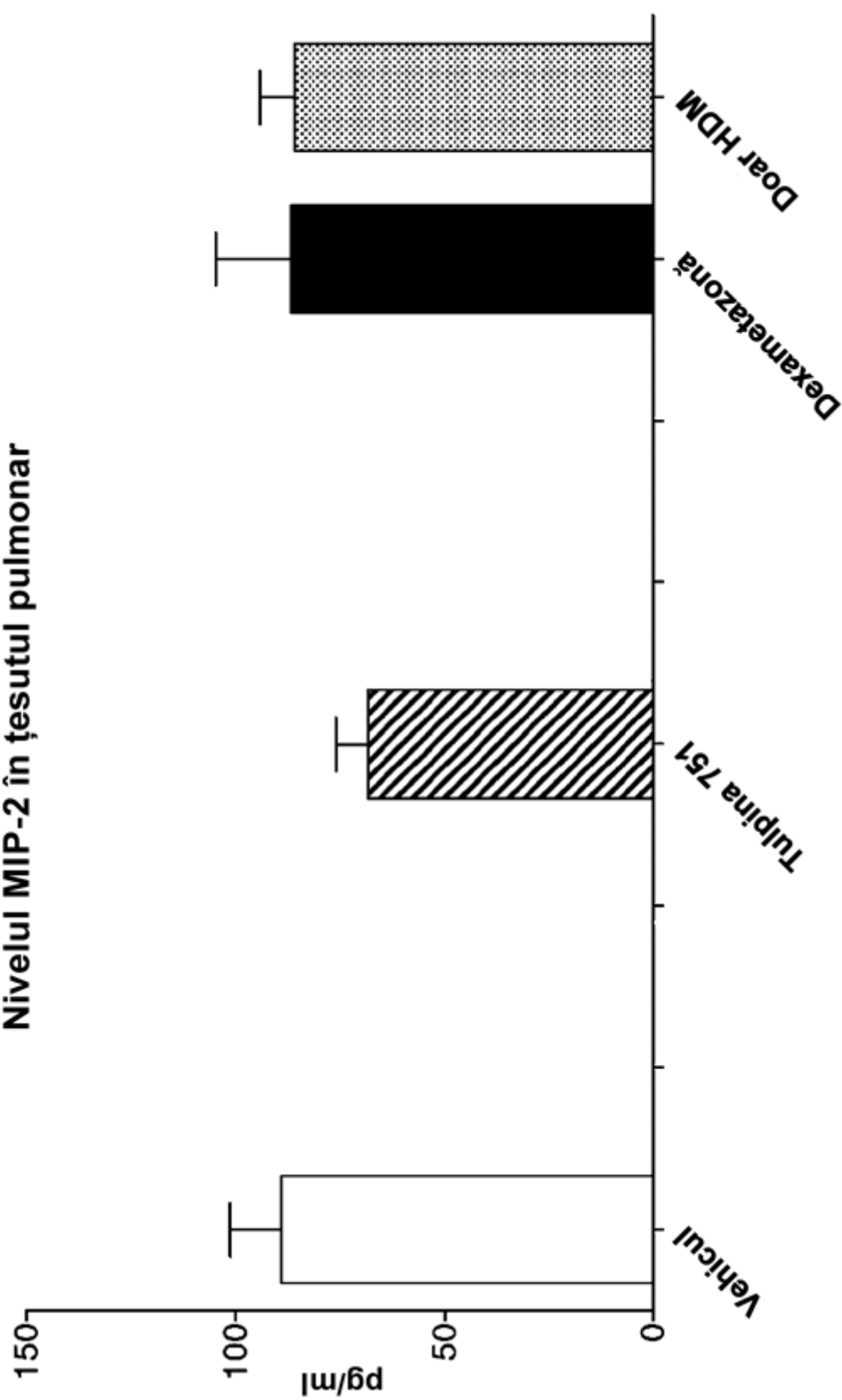


FIG. 47 IgG1 specifică HDM în ser

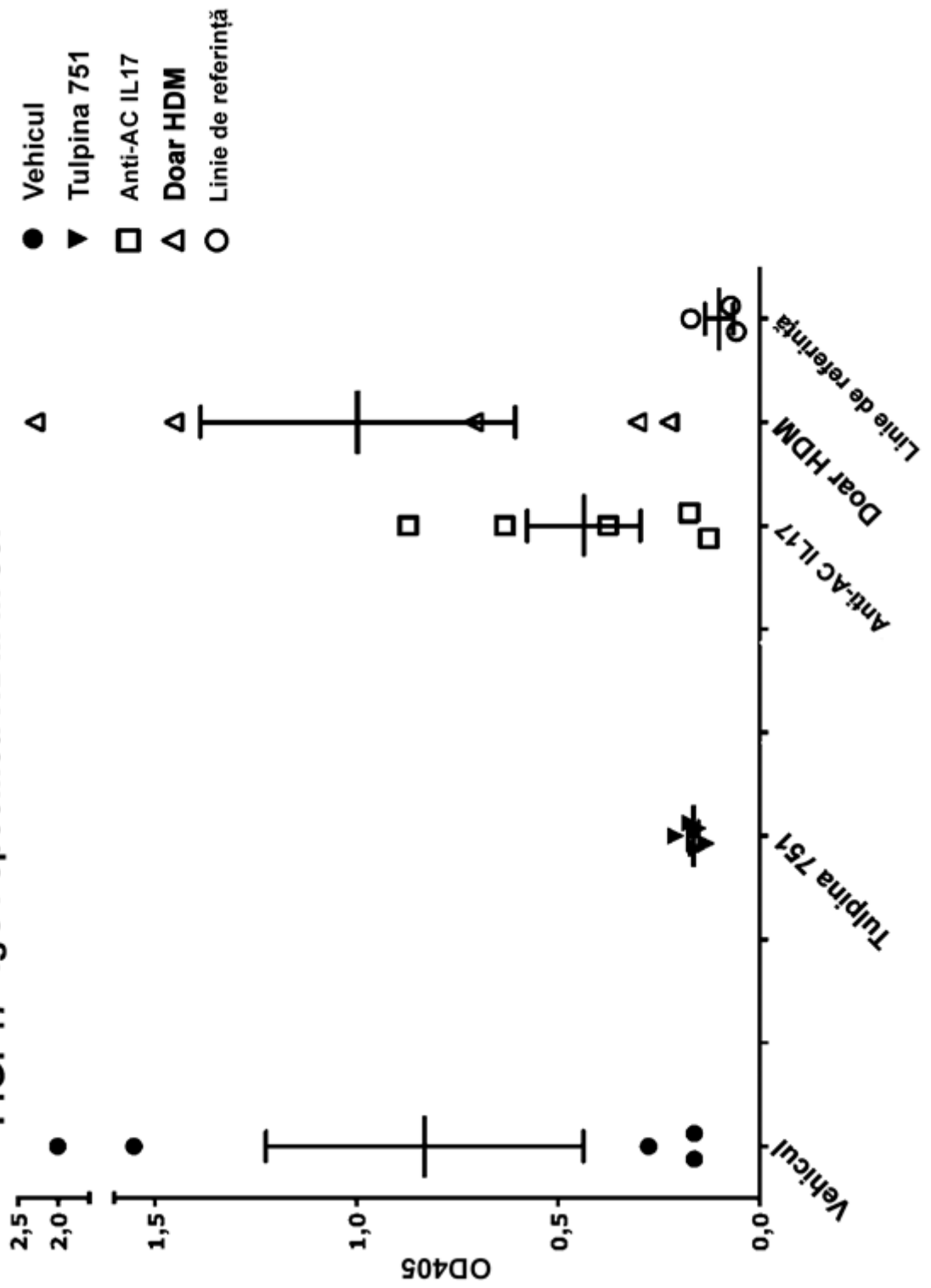


FIG. 48 IgG2a specifică HDM în ser

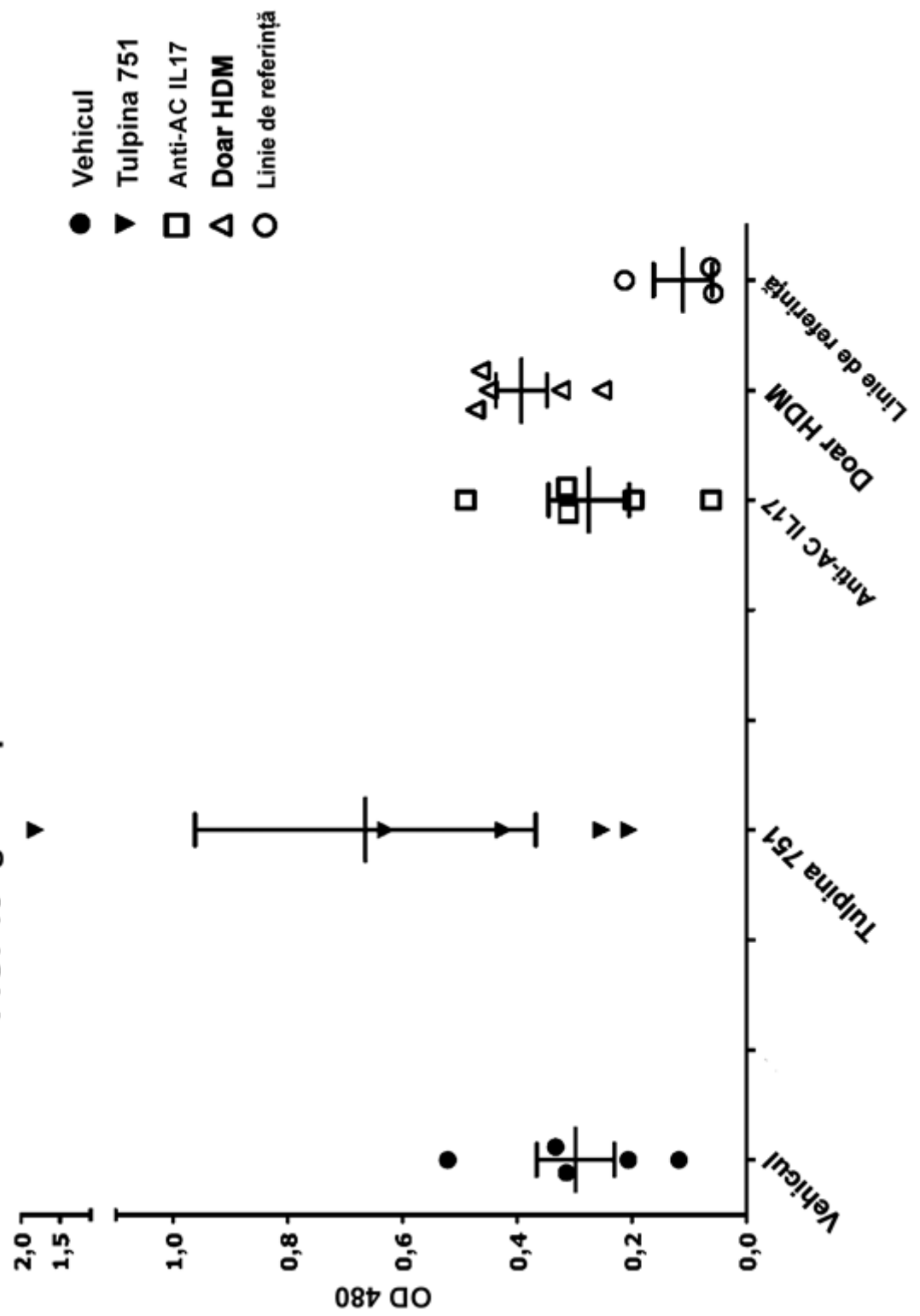


FIG. 49 IgG1 specifică HDM în BALF

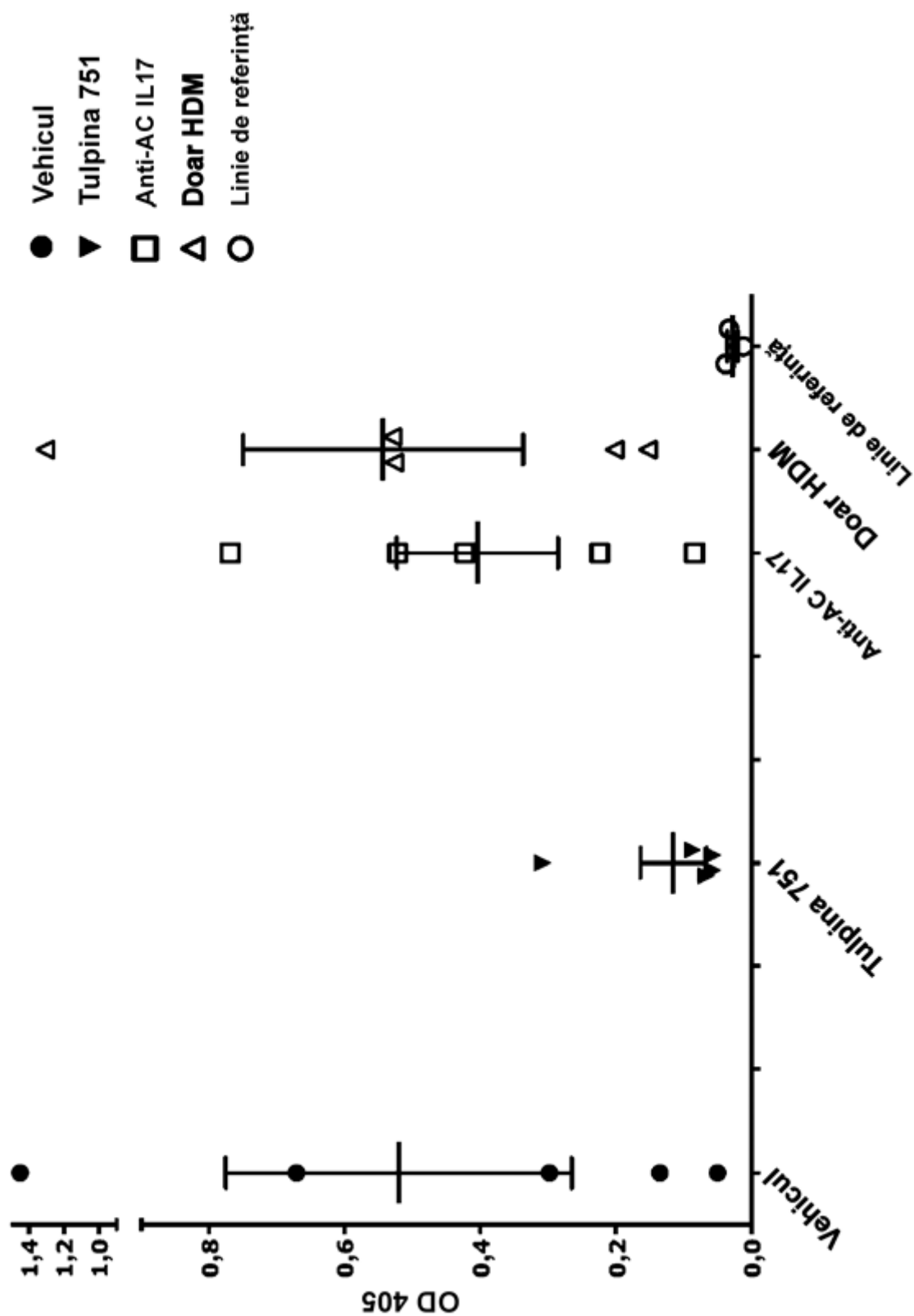


FIG. 50 IgG2a specifică HDM în BALF

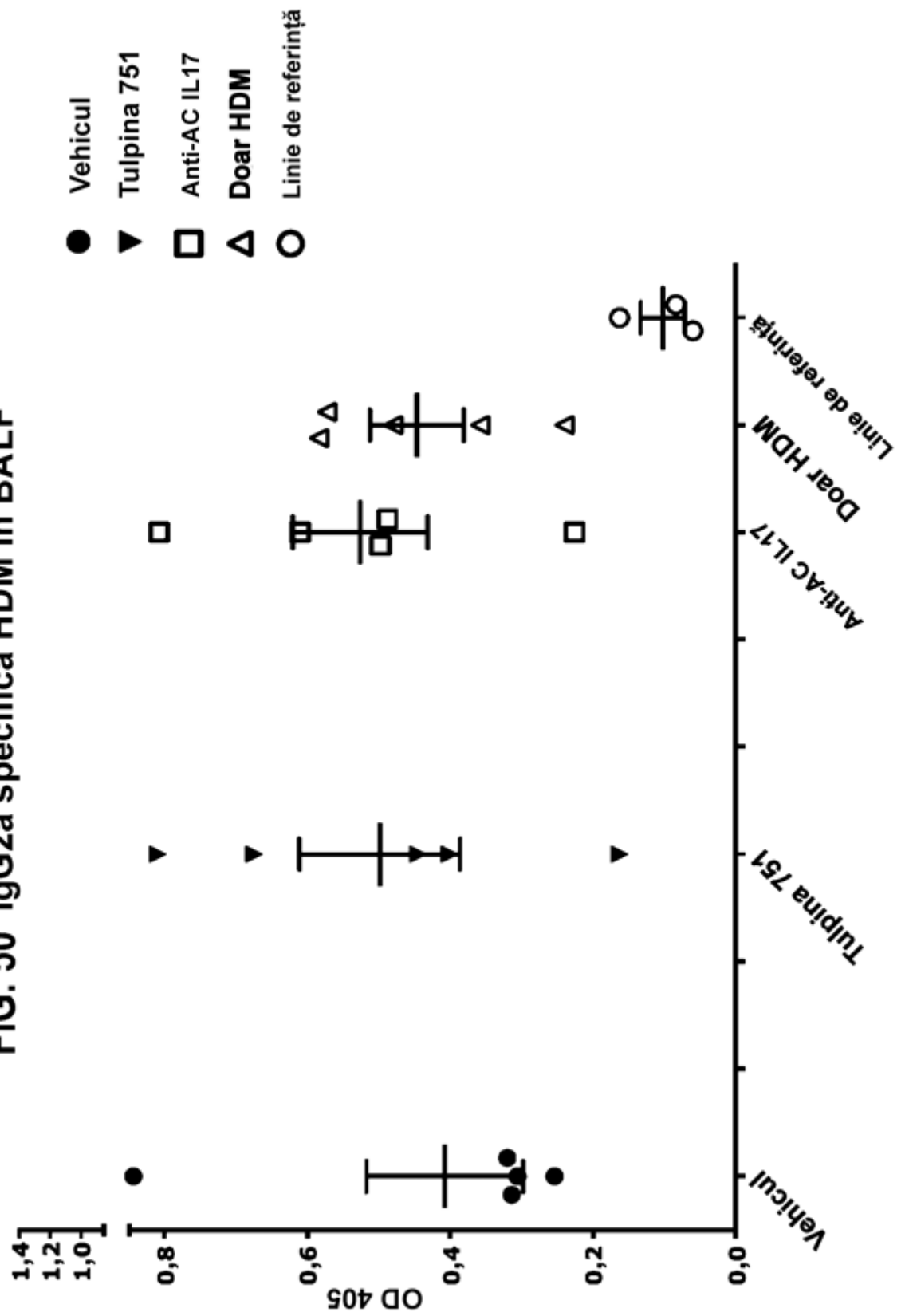


FIG. 51 Analiza histologică - scor mediu de infiltrare peribronhiolară

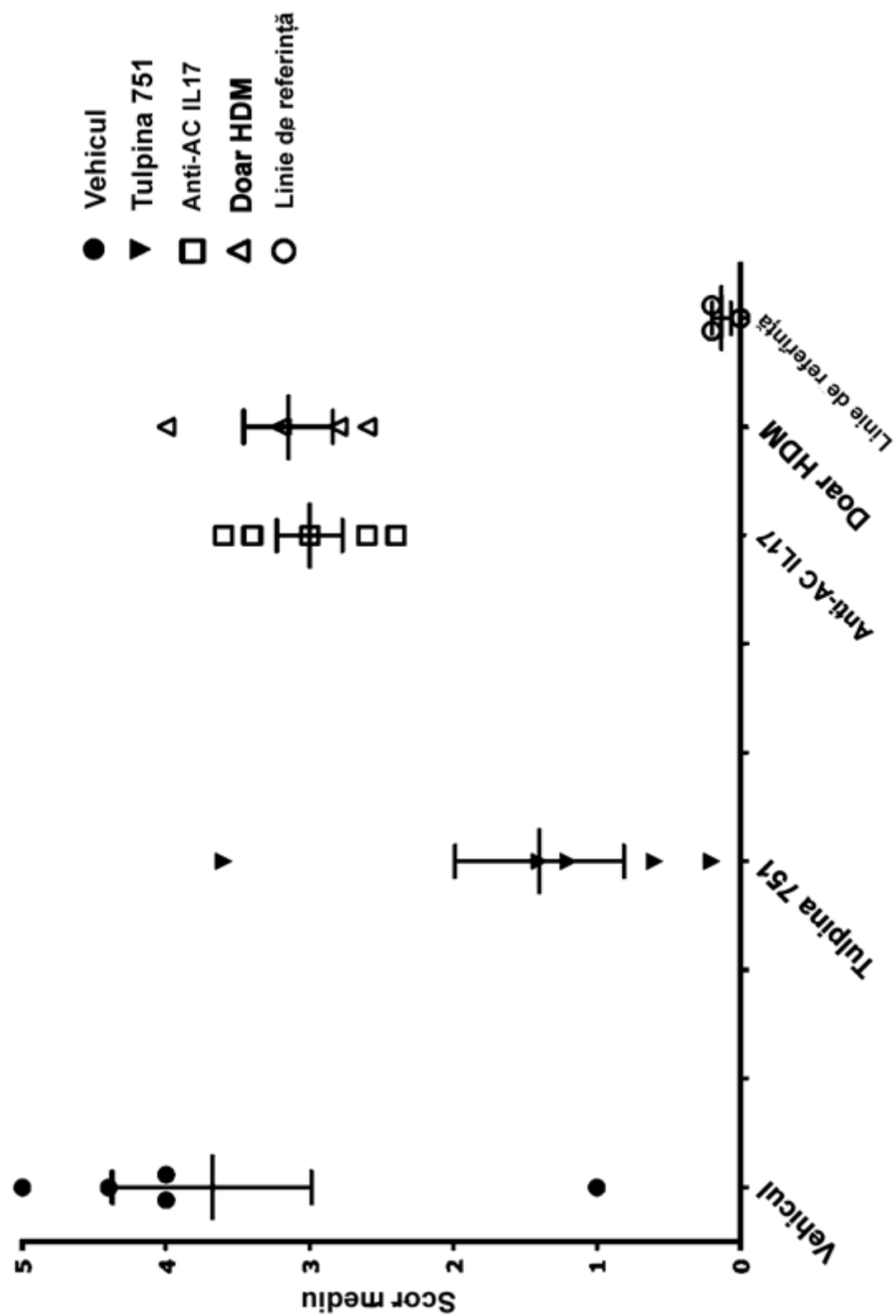


FIG. 52 Analiza histologică - scor mediu de infiltrare perivasculară

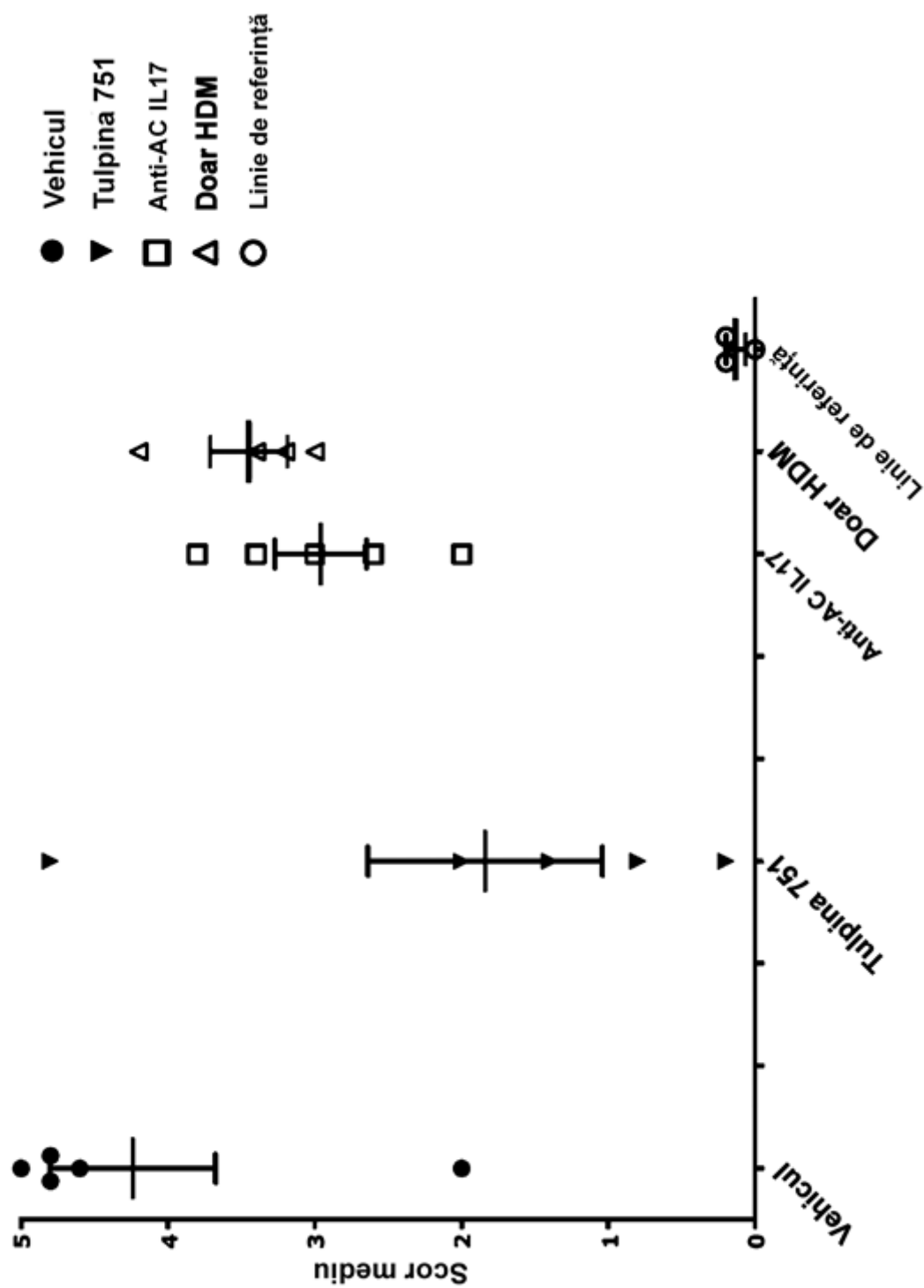


FIG. 53 Analiza histologică - scor mediu inflamator (media scorurilor de infiltrare peribronhiolară și perivasculară)

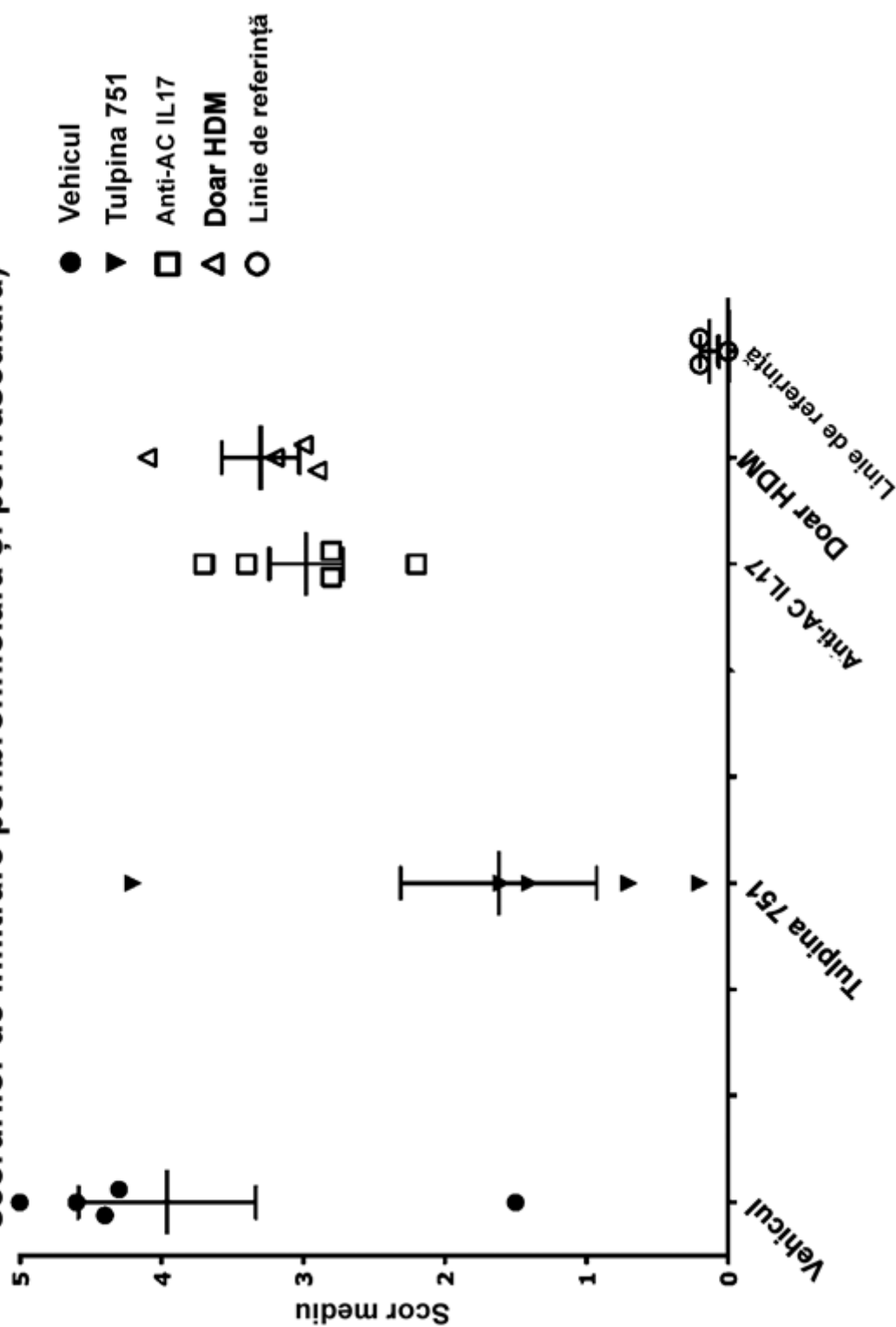


FIG. 54
Nivelul TNFa în țesutul pulmonar

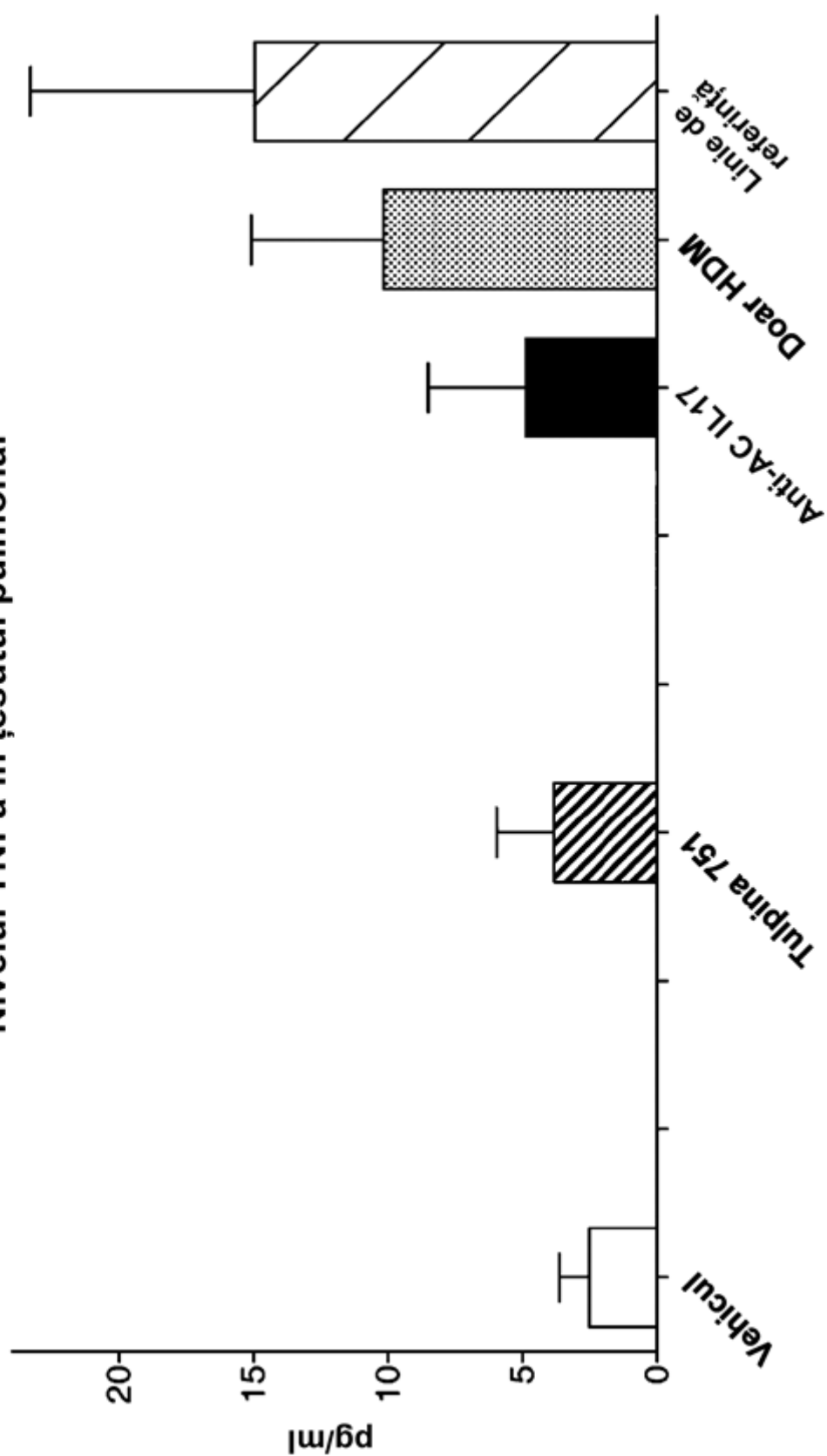


FIG. 55
Nivelul IL-1a în țesutul pulmonar

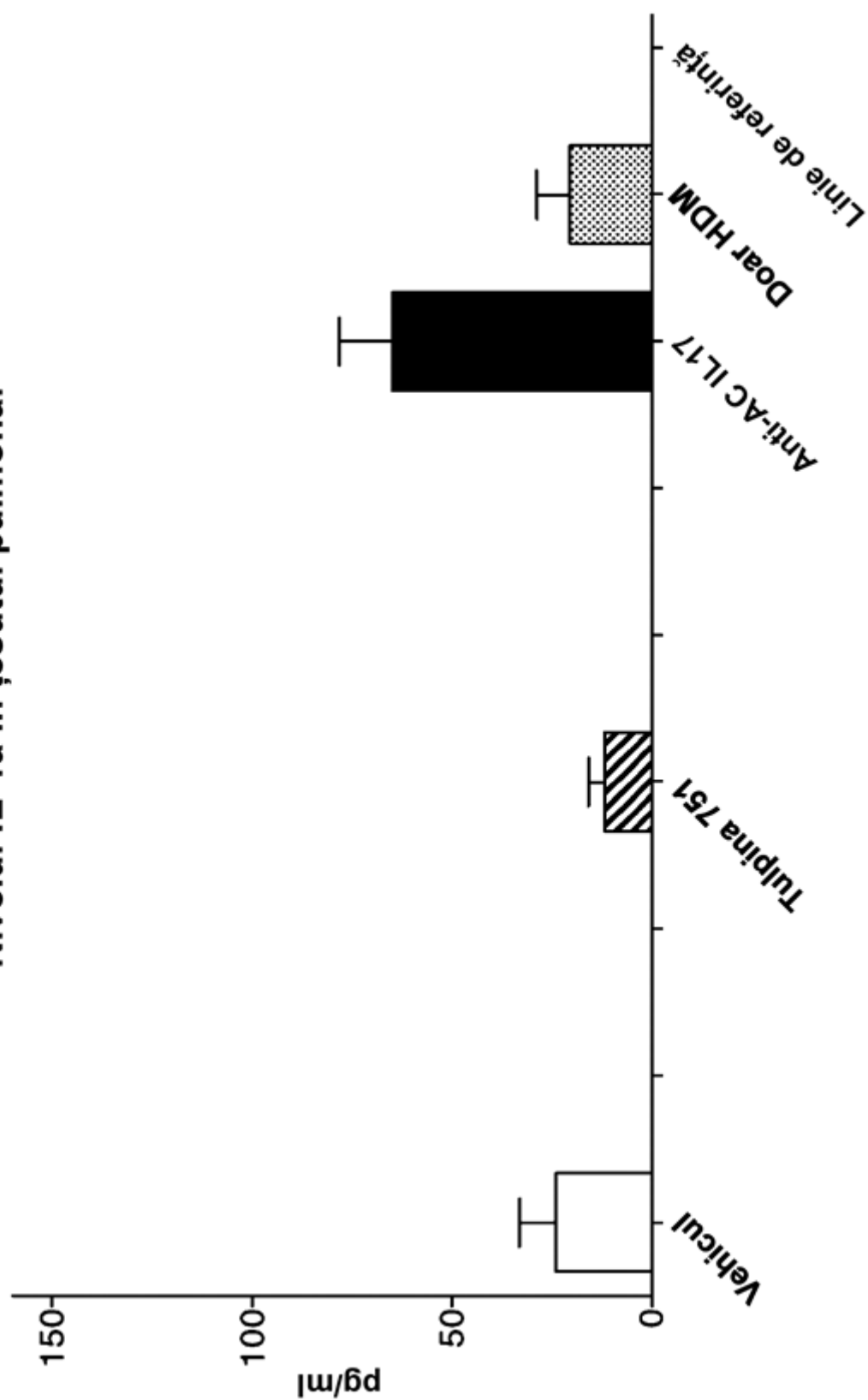


FIG. 56
Nivelul IFNg în țesutul pulmonar

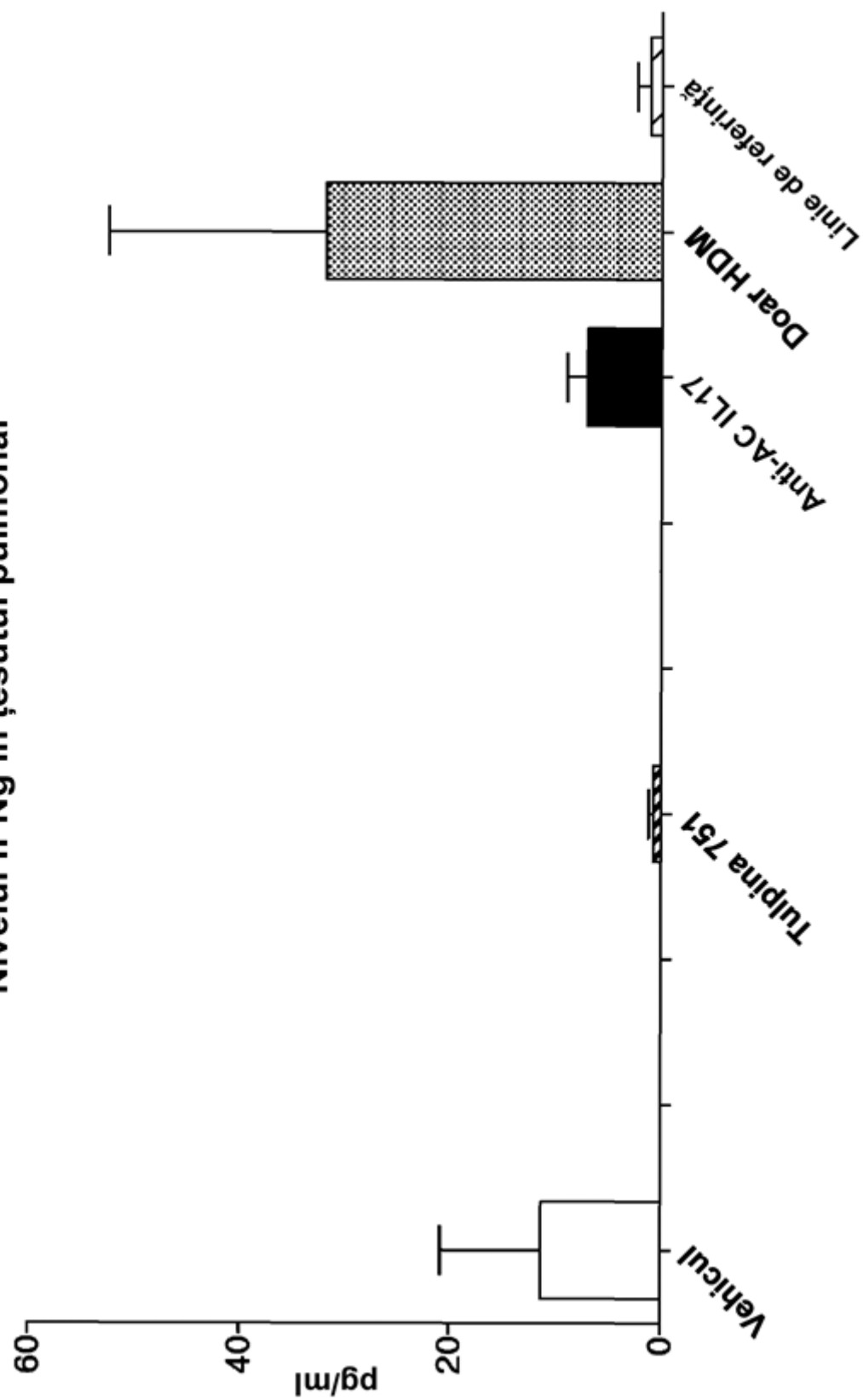


FIG. 57
Nivelul IL-17F în țesutul pulmonar

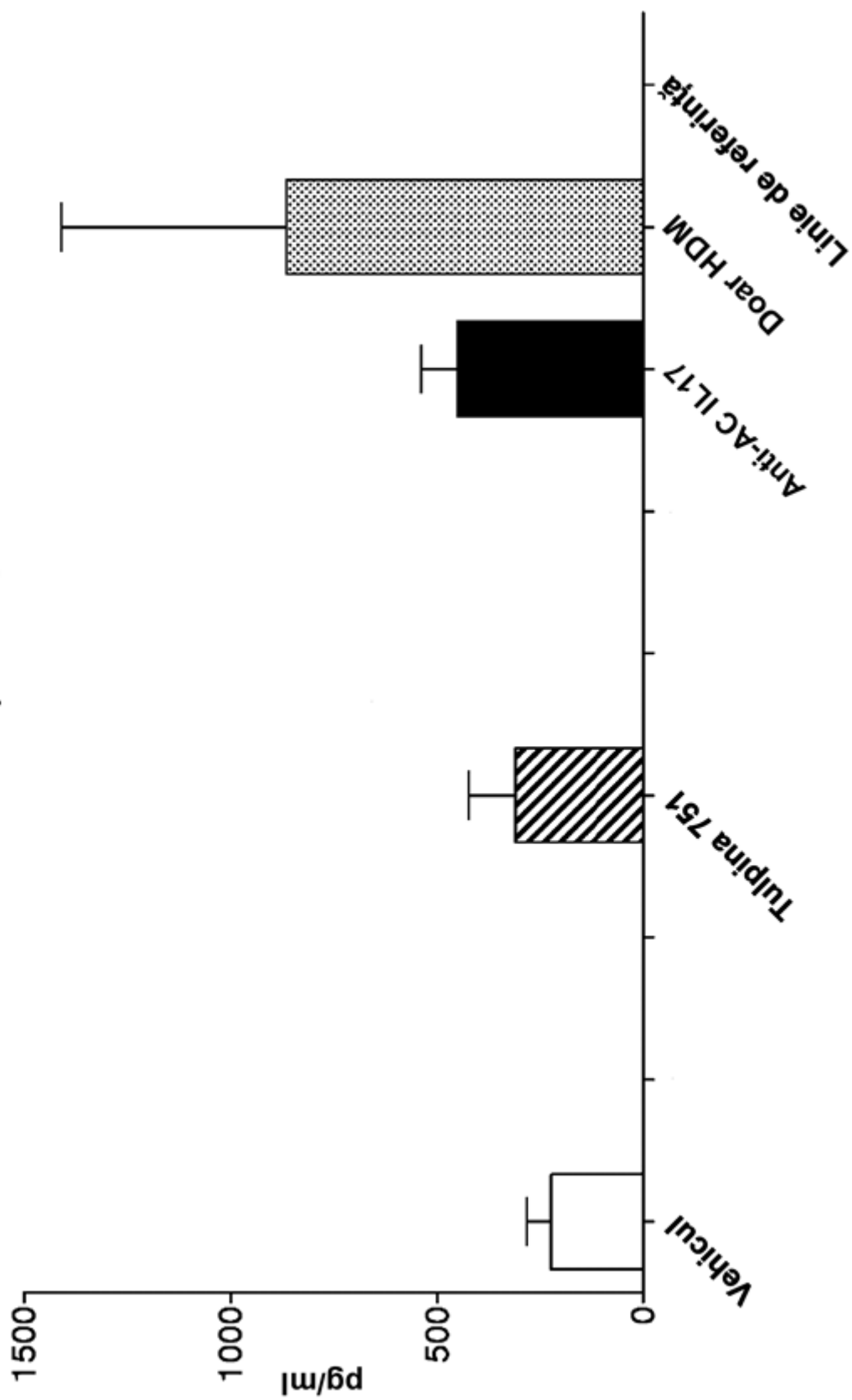


FIG. 58
Nivelul IL-1b în țesutul pulmonar

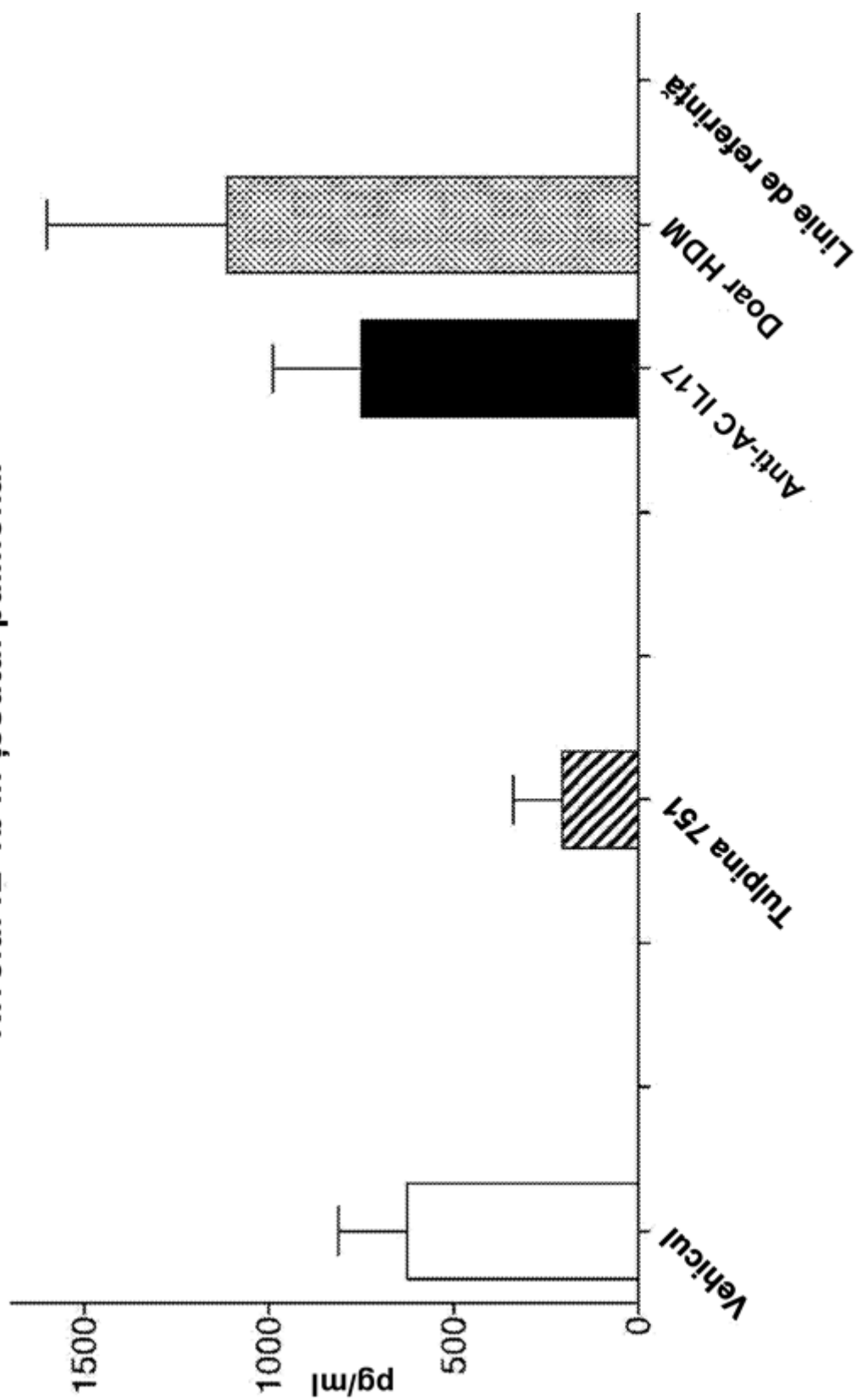


FIG. 59
Nivelul RANTES în țesutul pulmonar

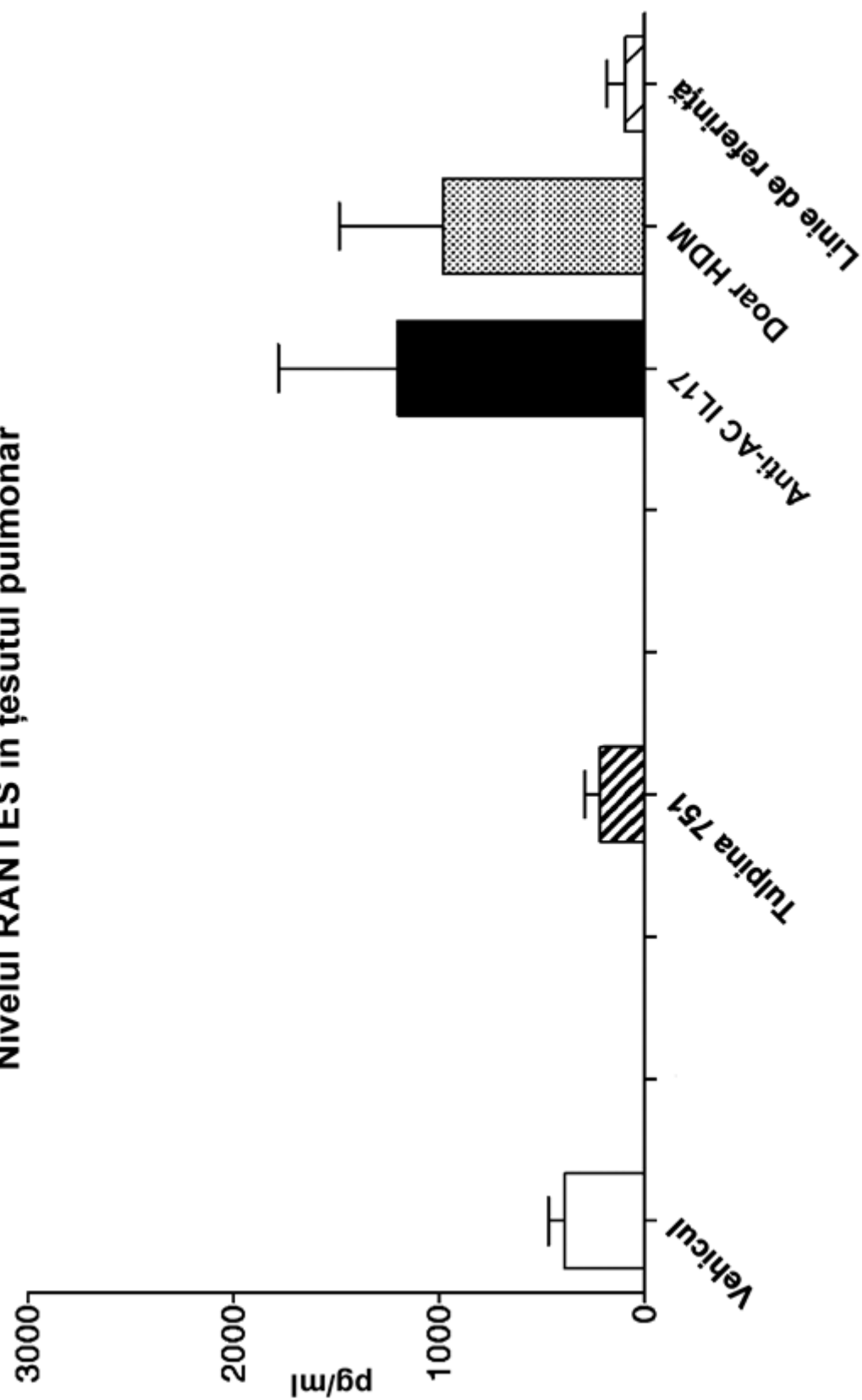


FIG. 60
Nivelul MIP-2 în țesutul pulmonar

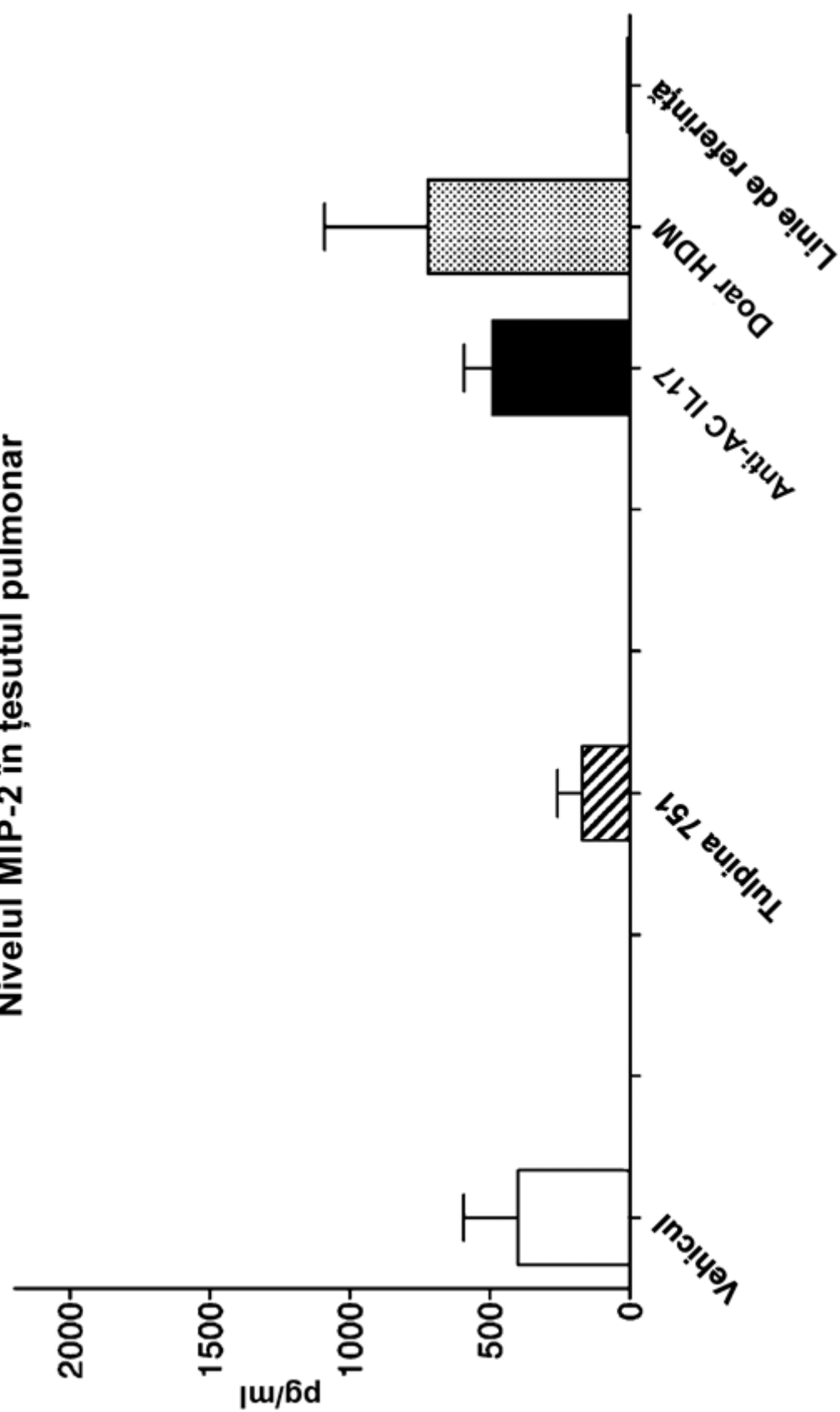


FIG. 61
Nivelul KC în țesutul pulmonar

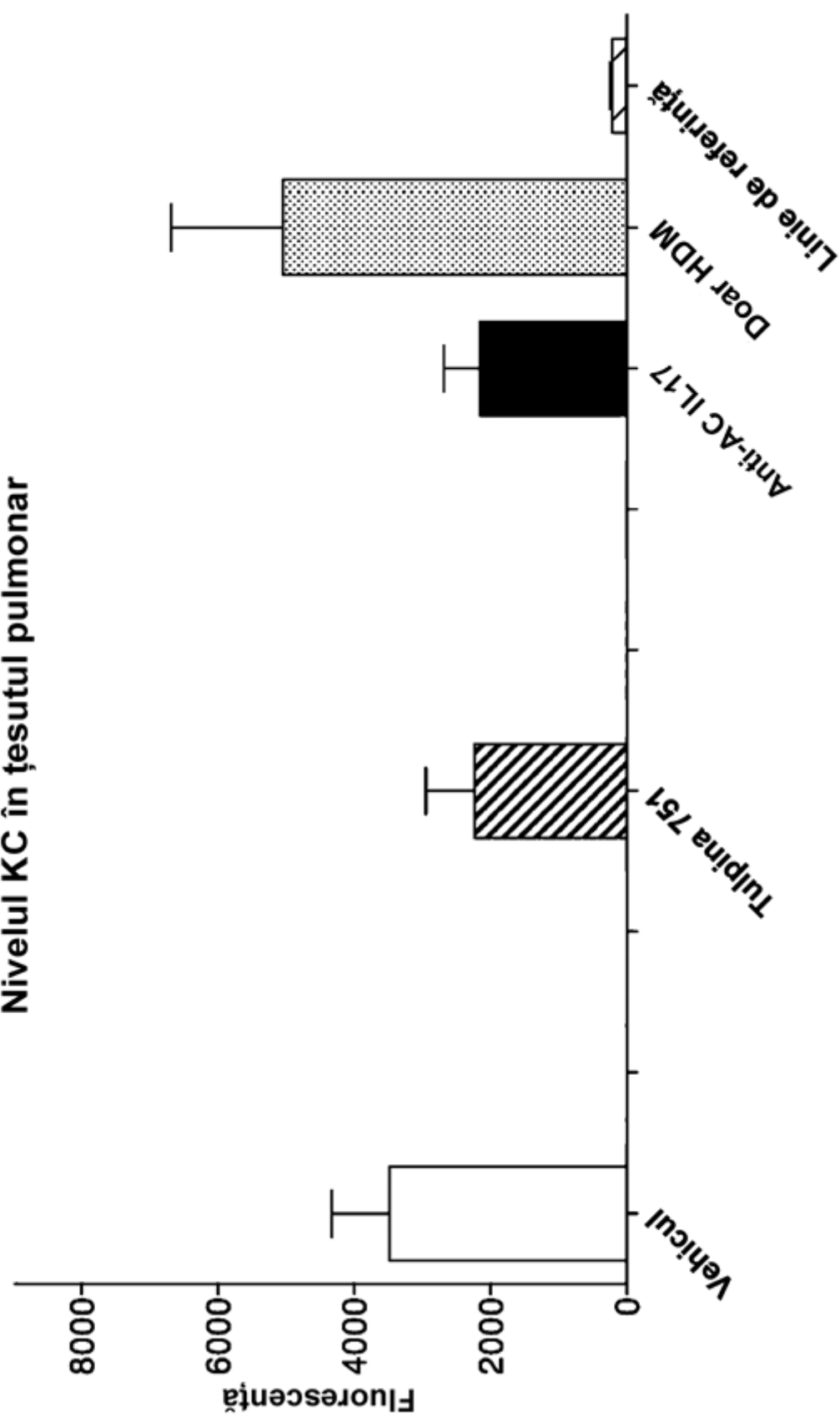


FIG. 62
Nivelul IL-17A în țesutul pulmonar

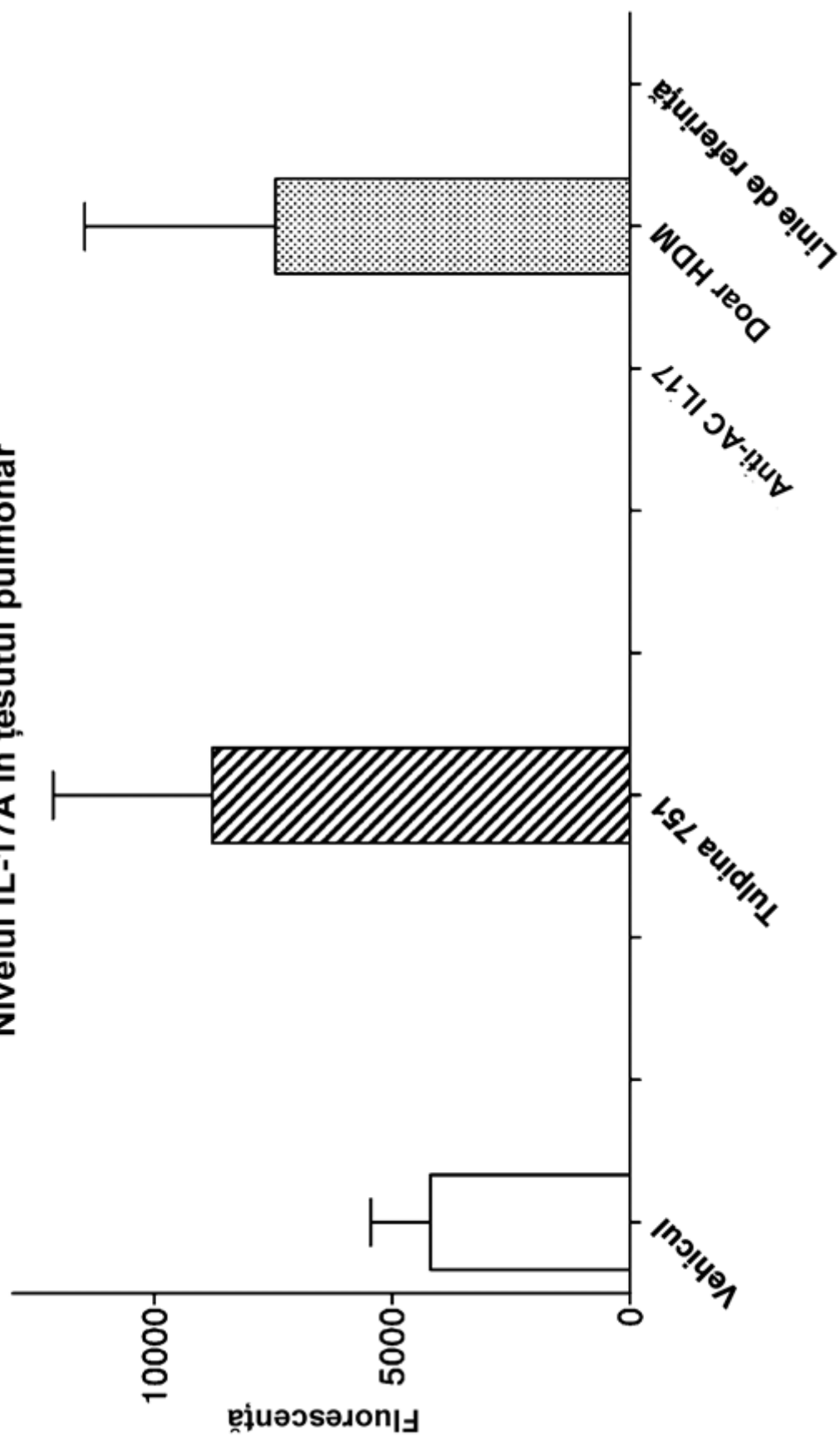


FIG. 63
Nivelul IL-17A în țesutul pulmonar

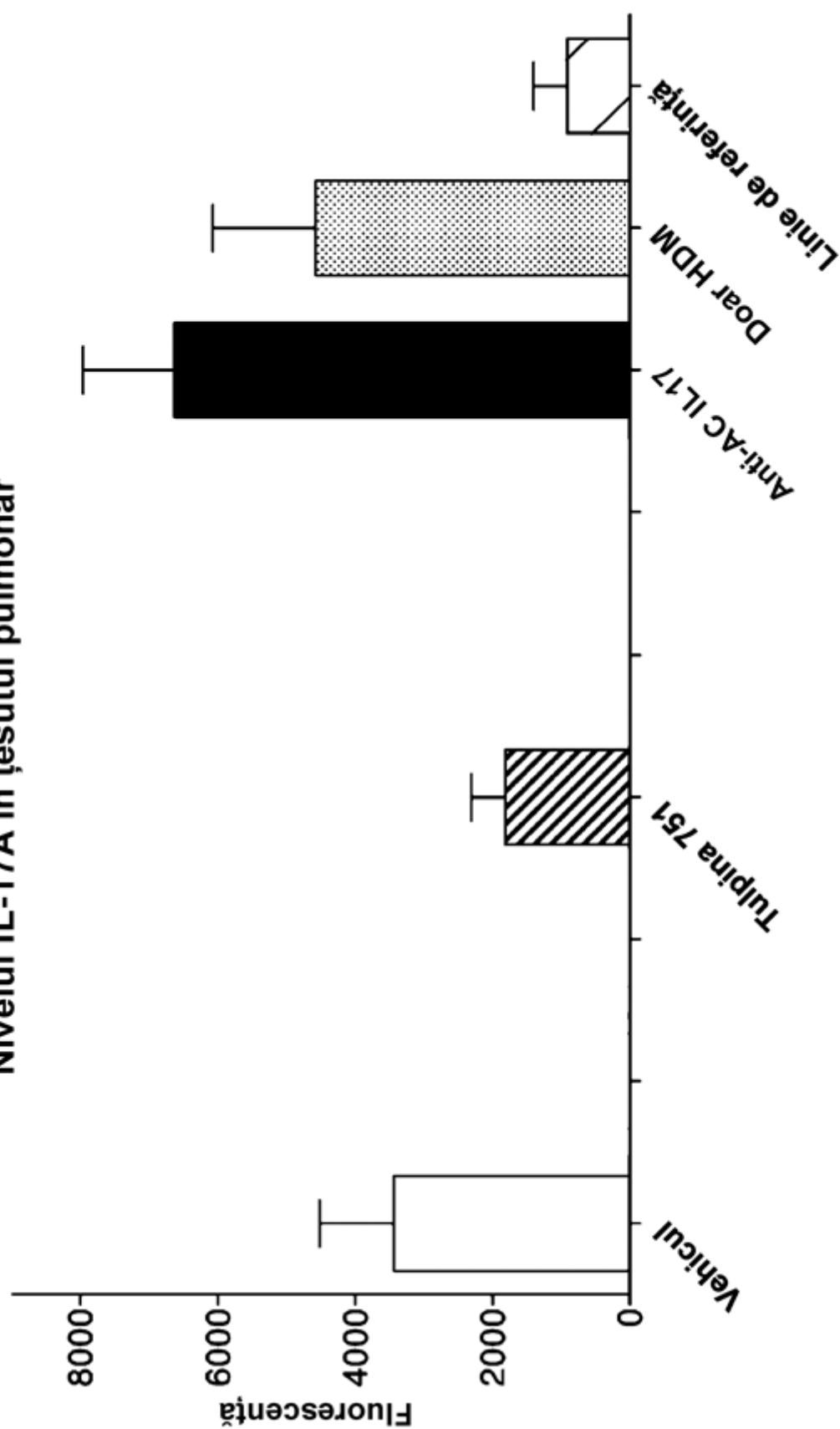


FIG. 64
Nivelul IL-33 în țesutul pulmonar

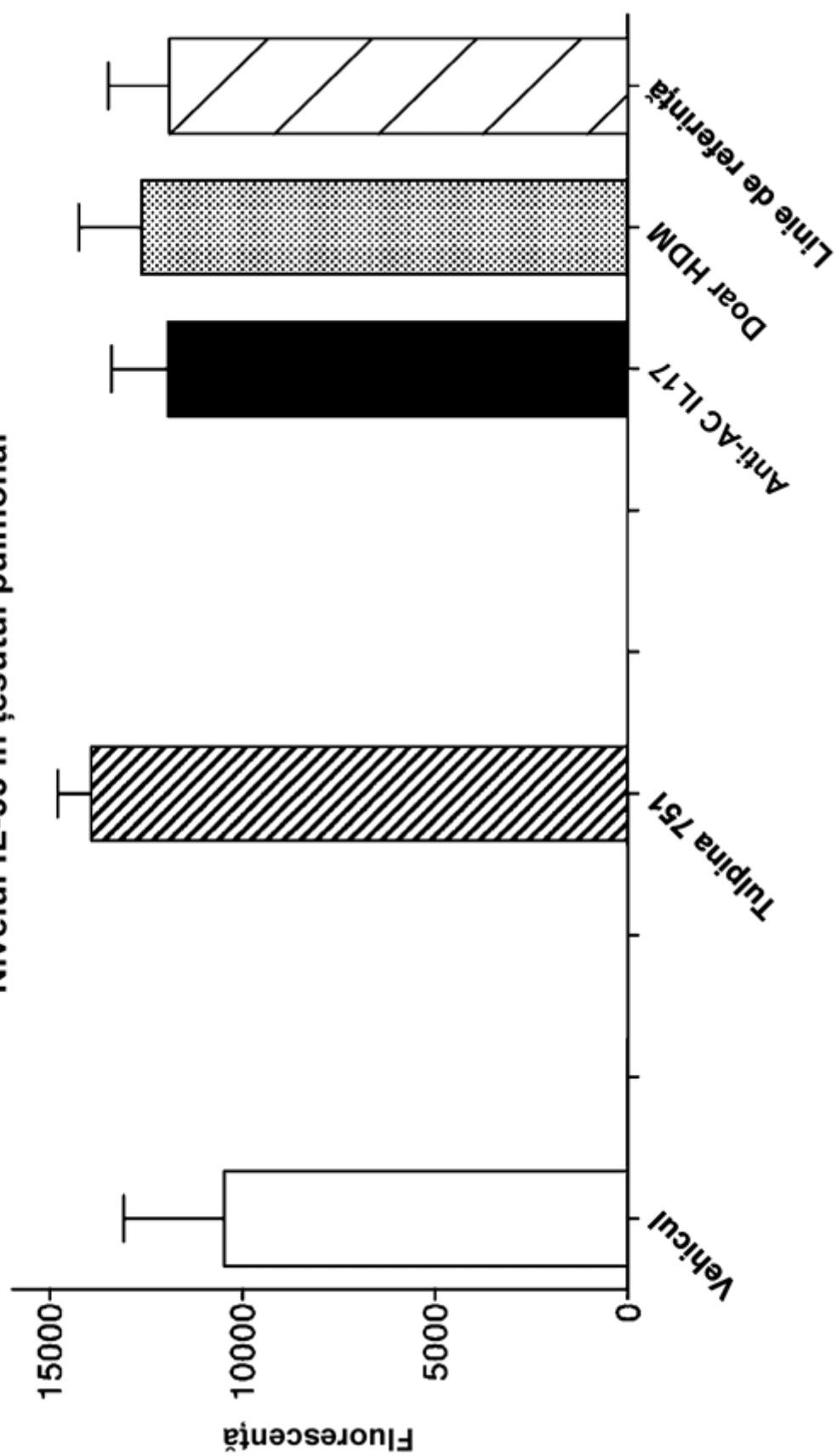
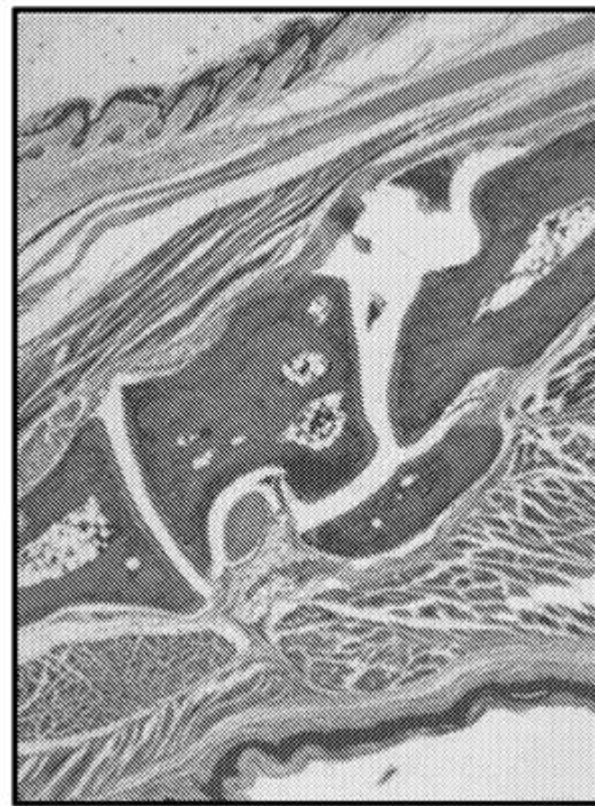
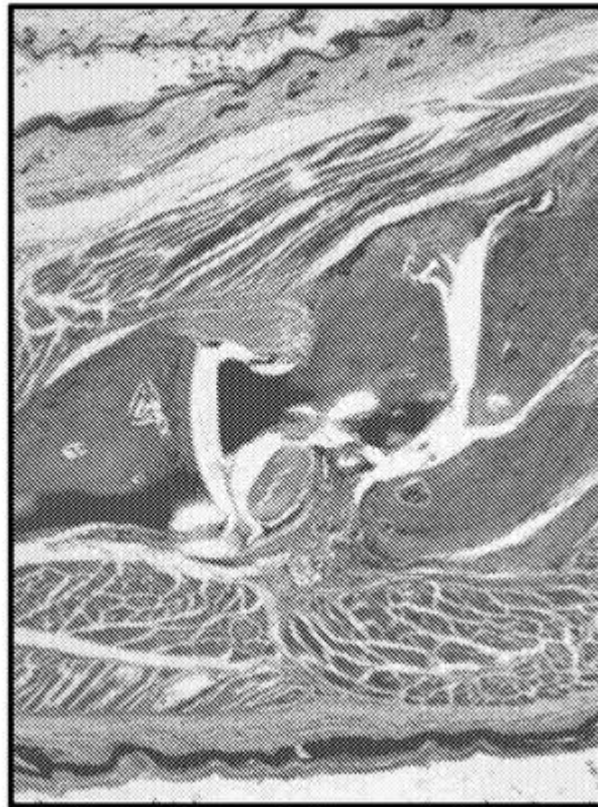


FIG. 65
Model vizual pentru evaluarea histopatologică



Gradul 0



Gradul 1

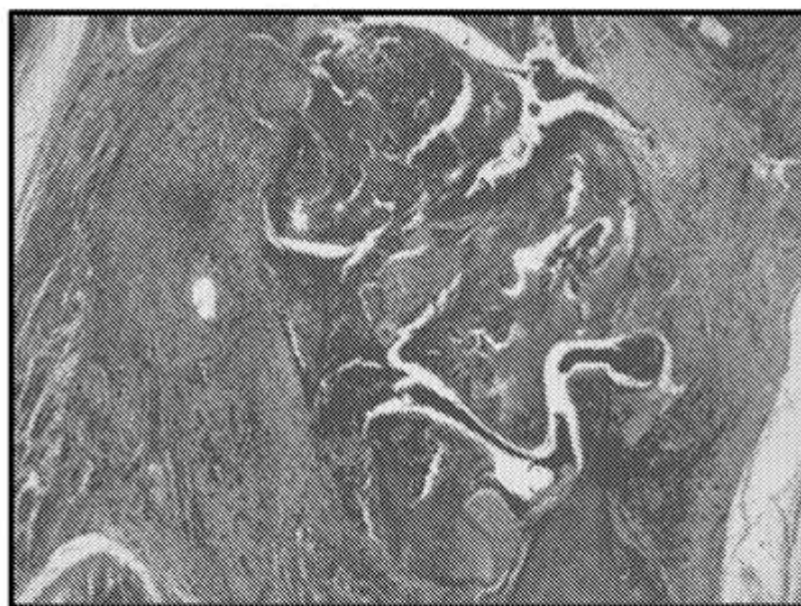
FIG. 65 (cont.)



Gradul 4



Gradul 7



Gradul 9

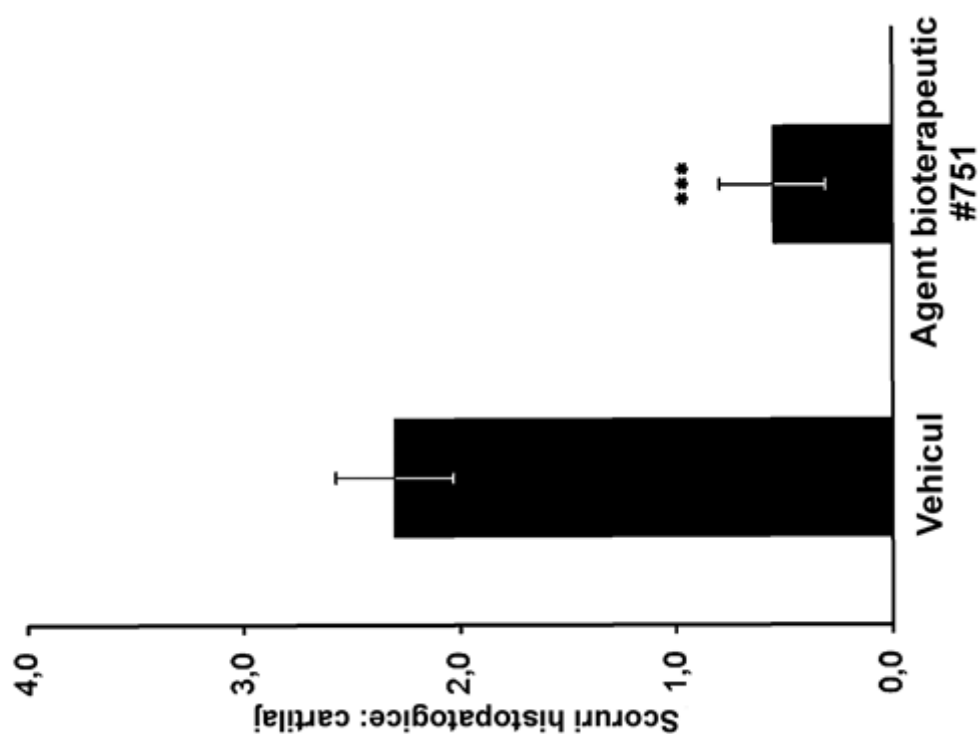
FIG. 65 (cont.)**FIG. 67**
Histopatologie: scoruri ale cartilajului

FIG. 69
Histopatologie: scoruri totale

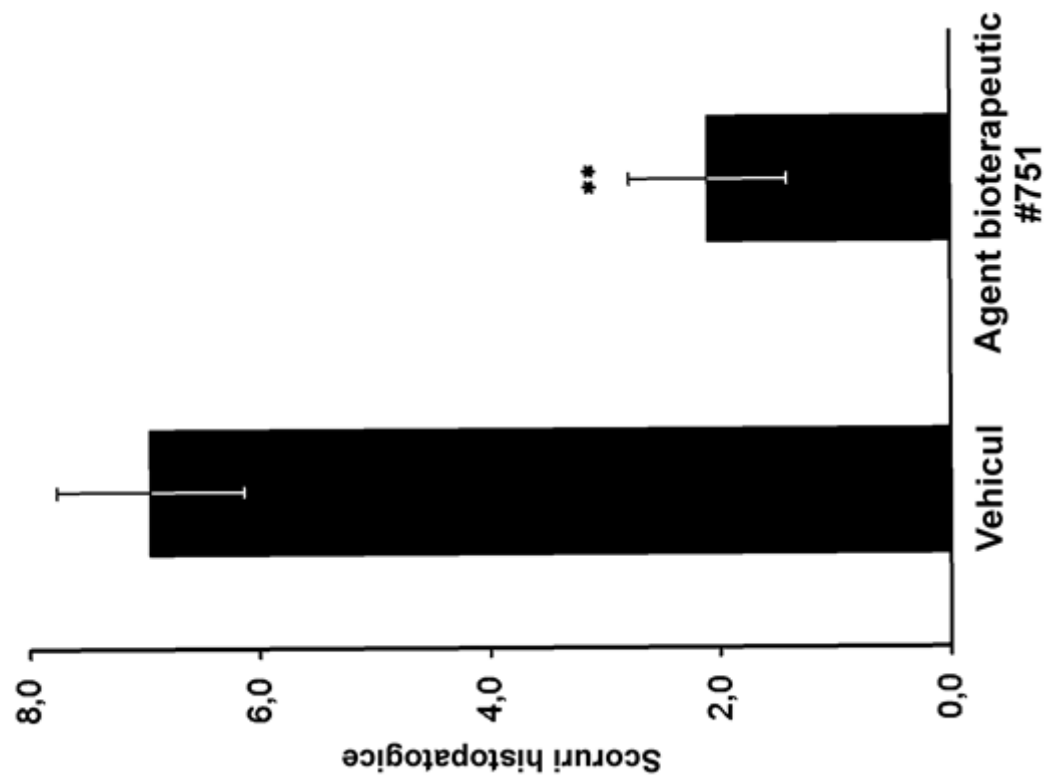


FIG. 66
Histopatologie: scoruri ale inflamației

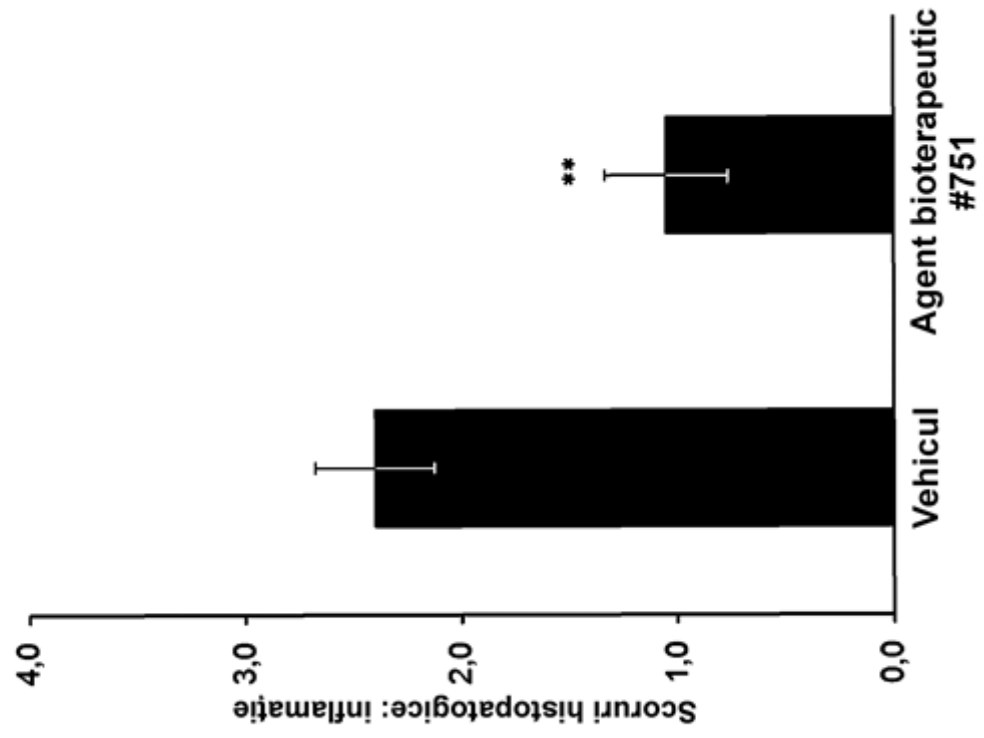


FIG. 68
Histopatologie: scoruri ale oaselor

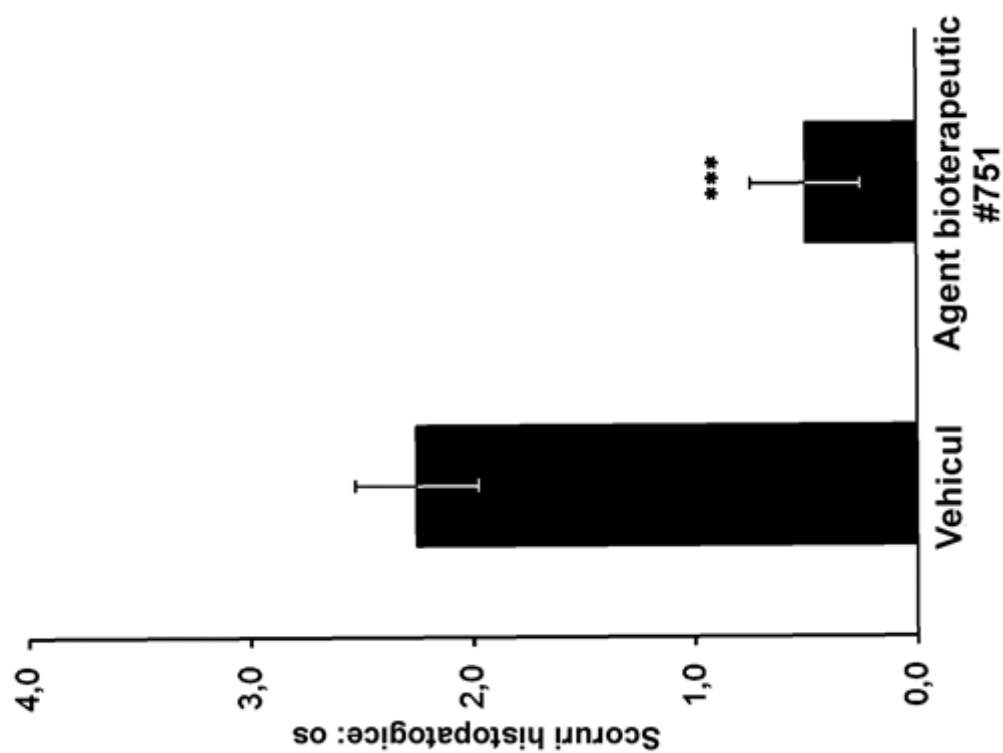
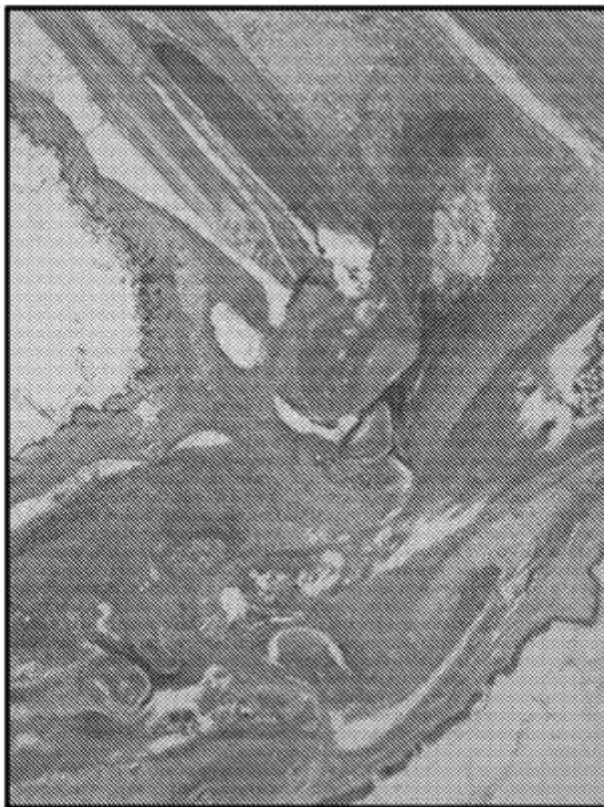
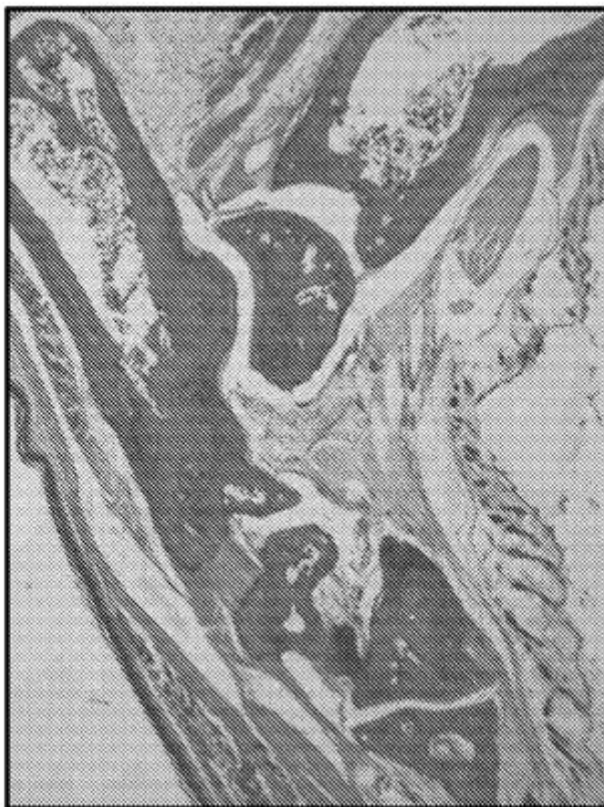


FIG. 70



Vehicul (#1, 1 1R, Gradul 9)



Tulpina #751 (#2, R, Gradul 0)

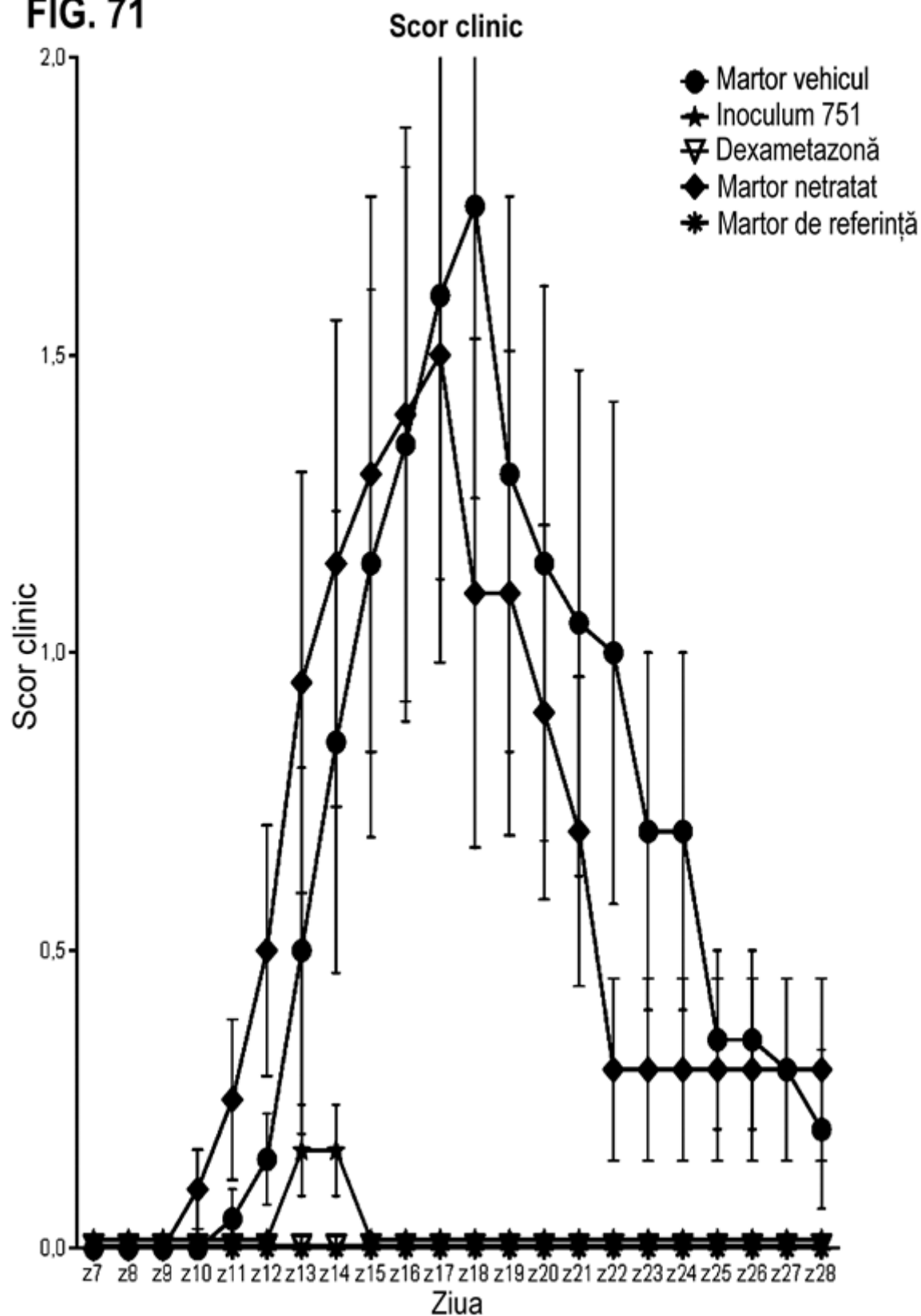
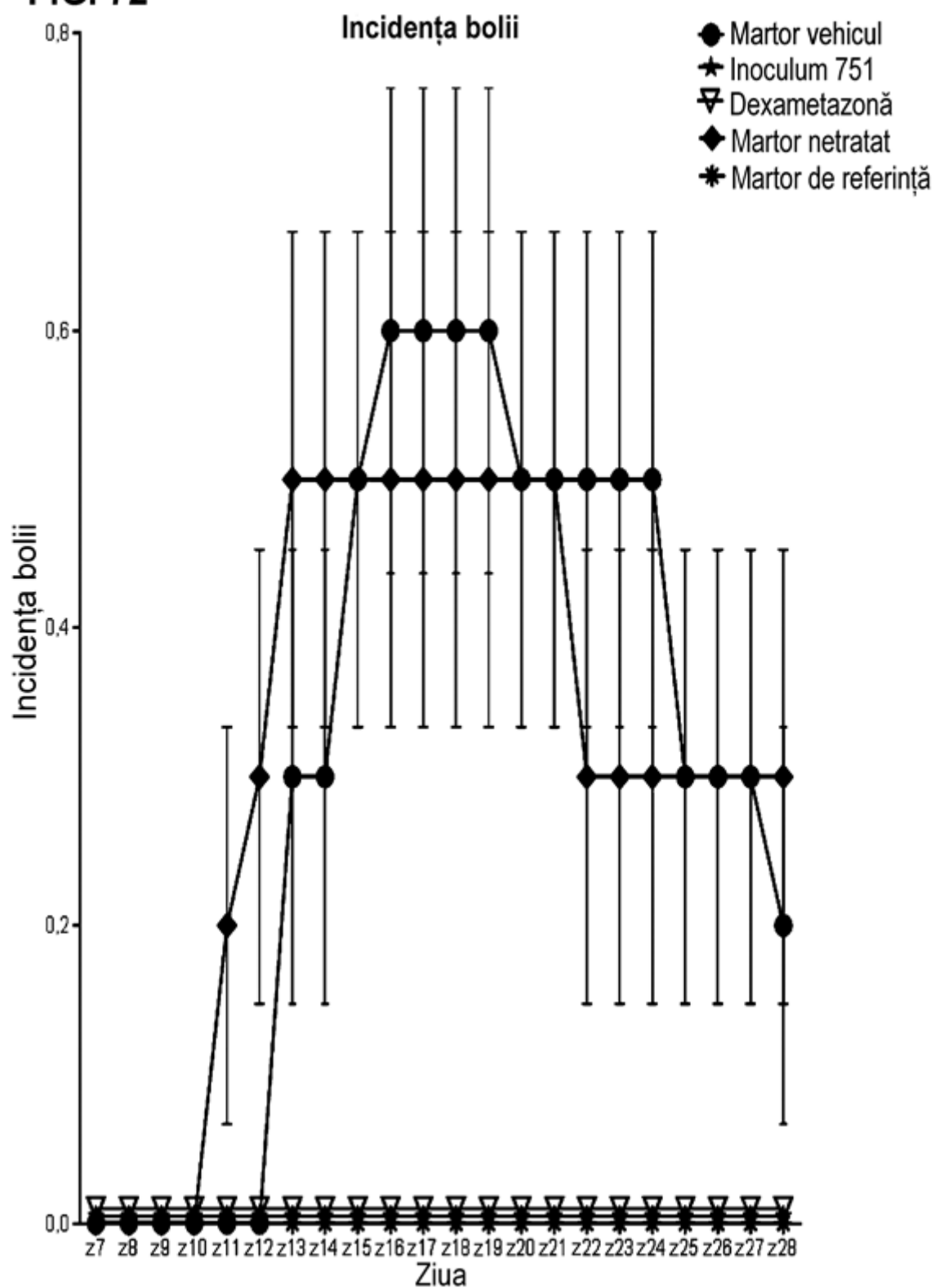
FIG. 71

FIG. 72

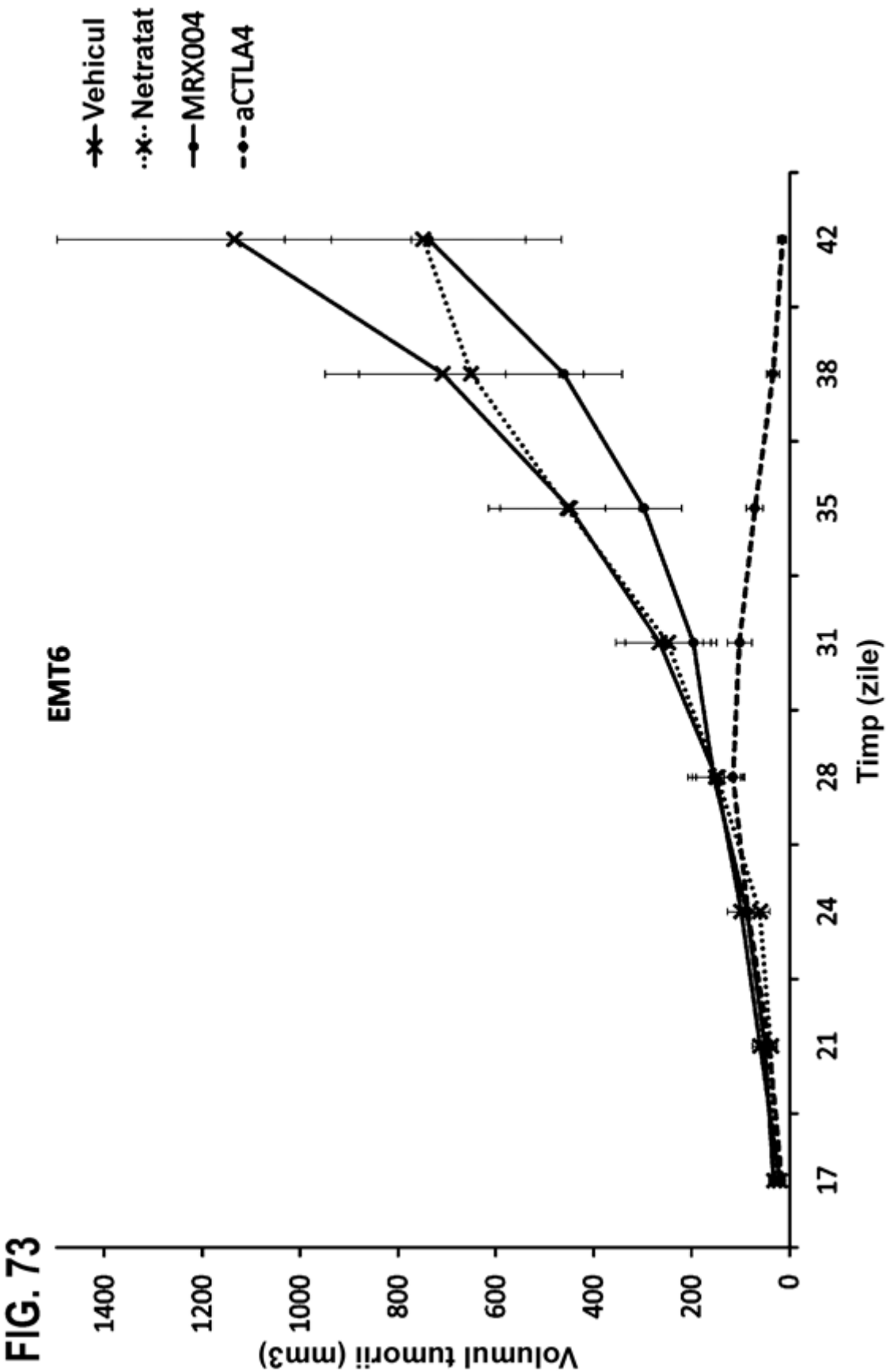


FIG. 74
LLC

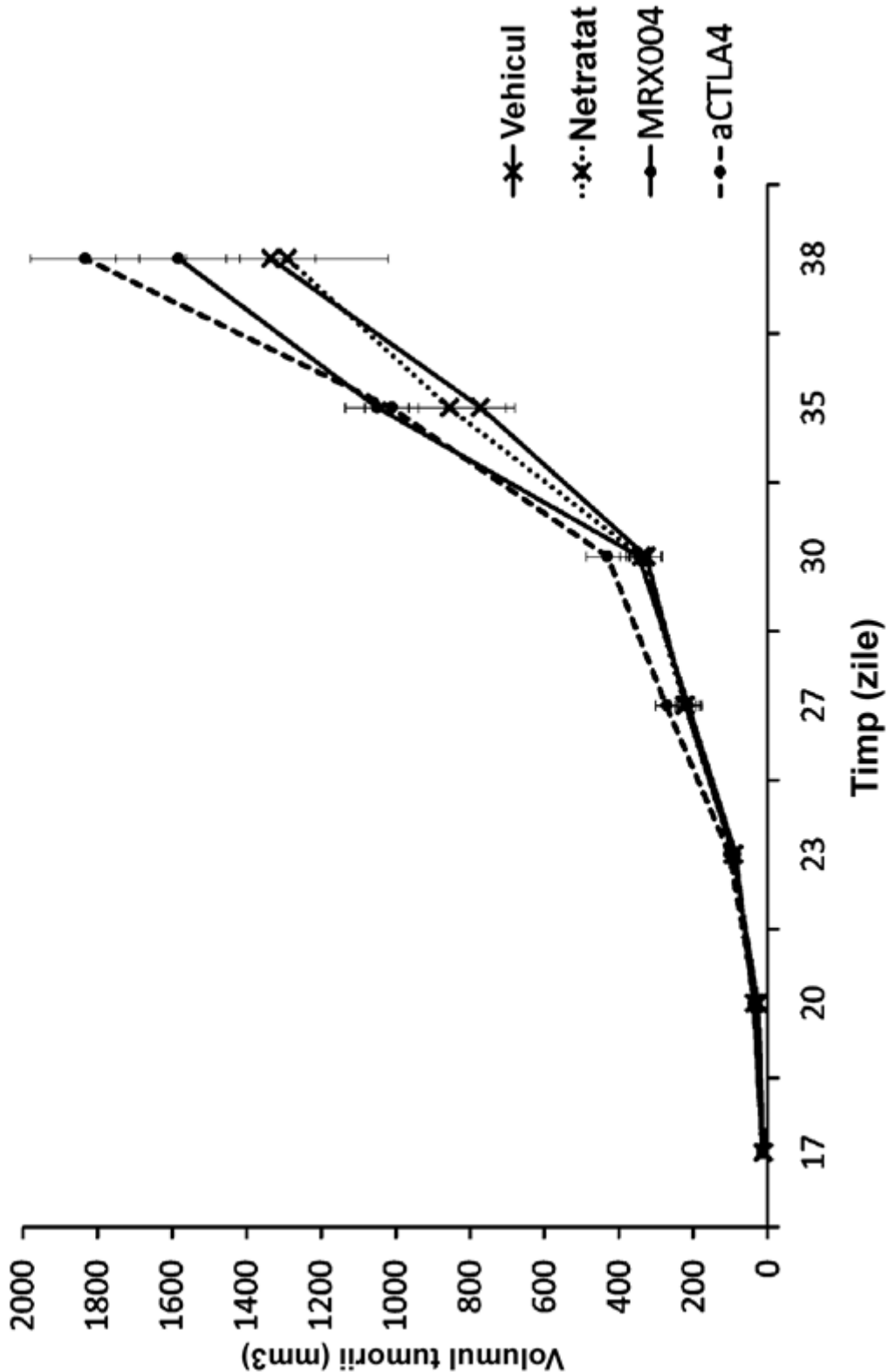
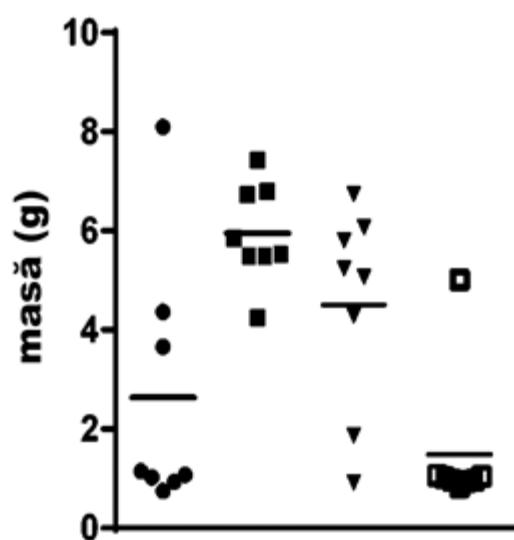


FIG. 75**Masa ficatului la eutanasi** (g)

- G1 Netratat
- G2 Vehicul (mediu) PO Q1Dx42
- ▼ G4 Tulpină bacteriană #2 (MRX004) 2x10e8bacterii PO Q1Dx42
- ▣ G7 Anti-CTLA4 10 mg/kg IP TWx2

FIG. 76 Atașarea la celulele umane
Atașarea în YCFA (2 replicări biologice, normalizate)

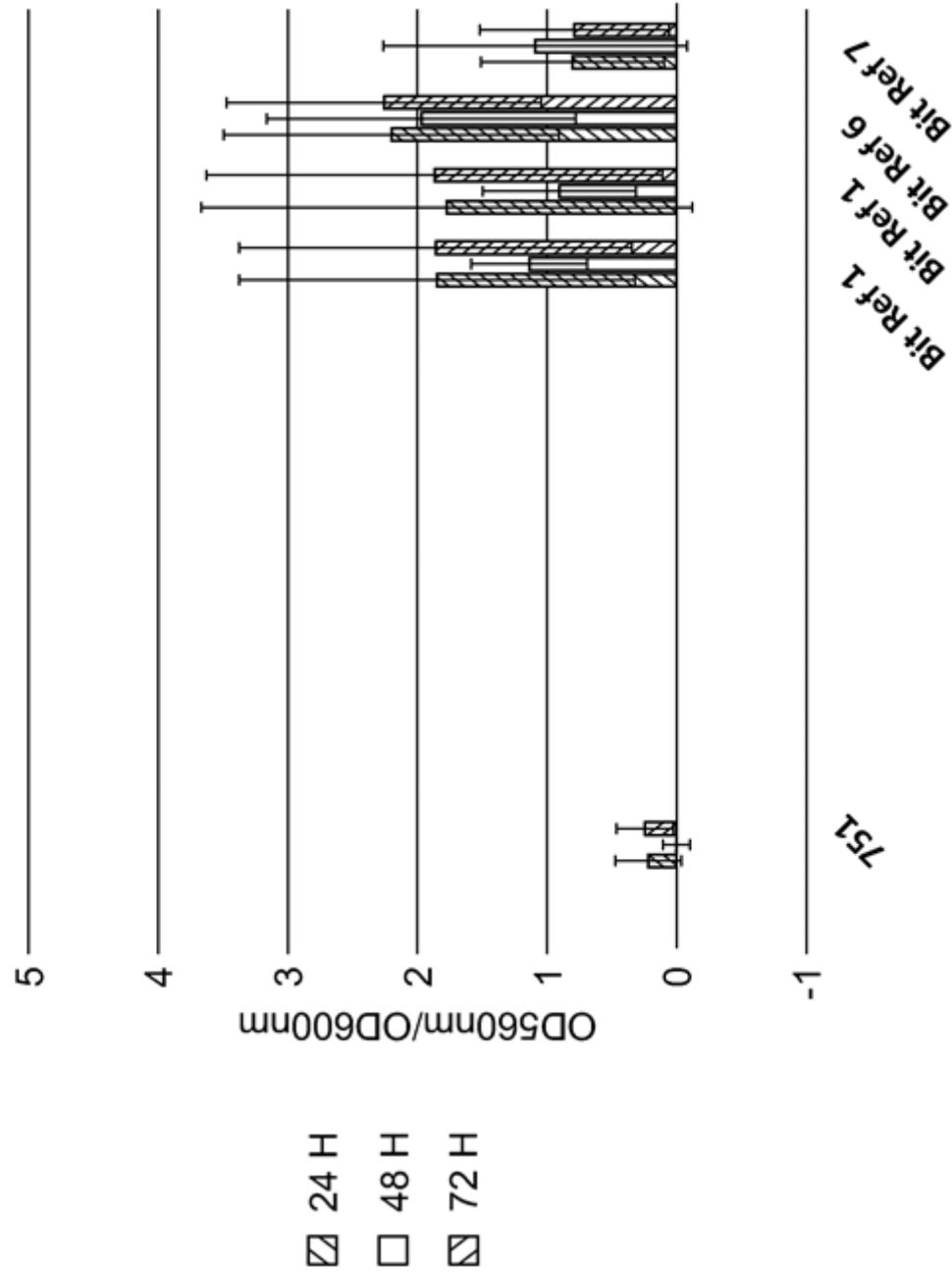
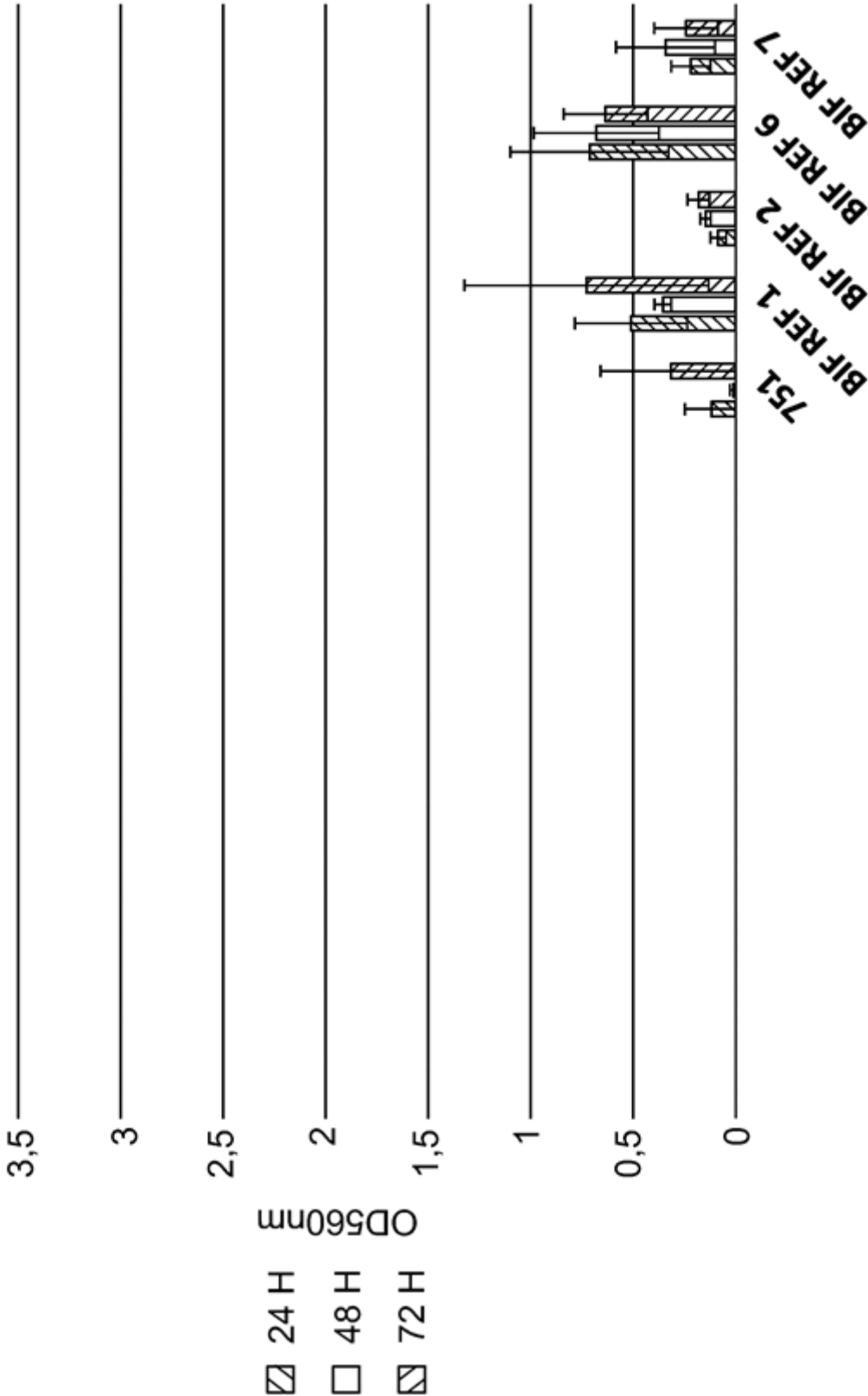


FIG. 76 (cont.) Atașarea la celulele umane
Atașarea în YCFA (2 replicări biologice, normalizate)



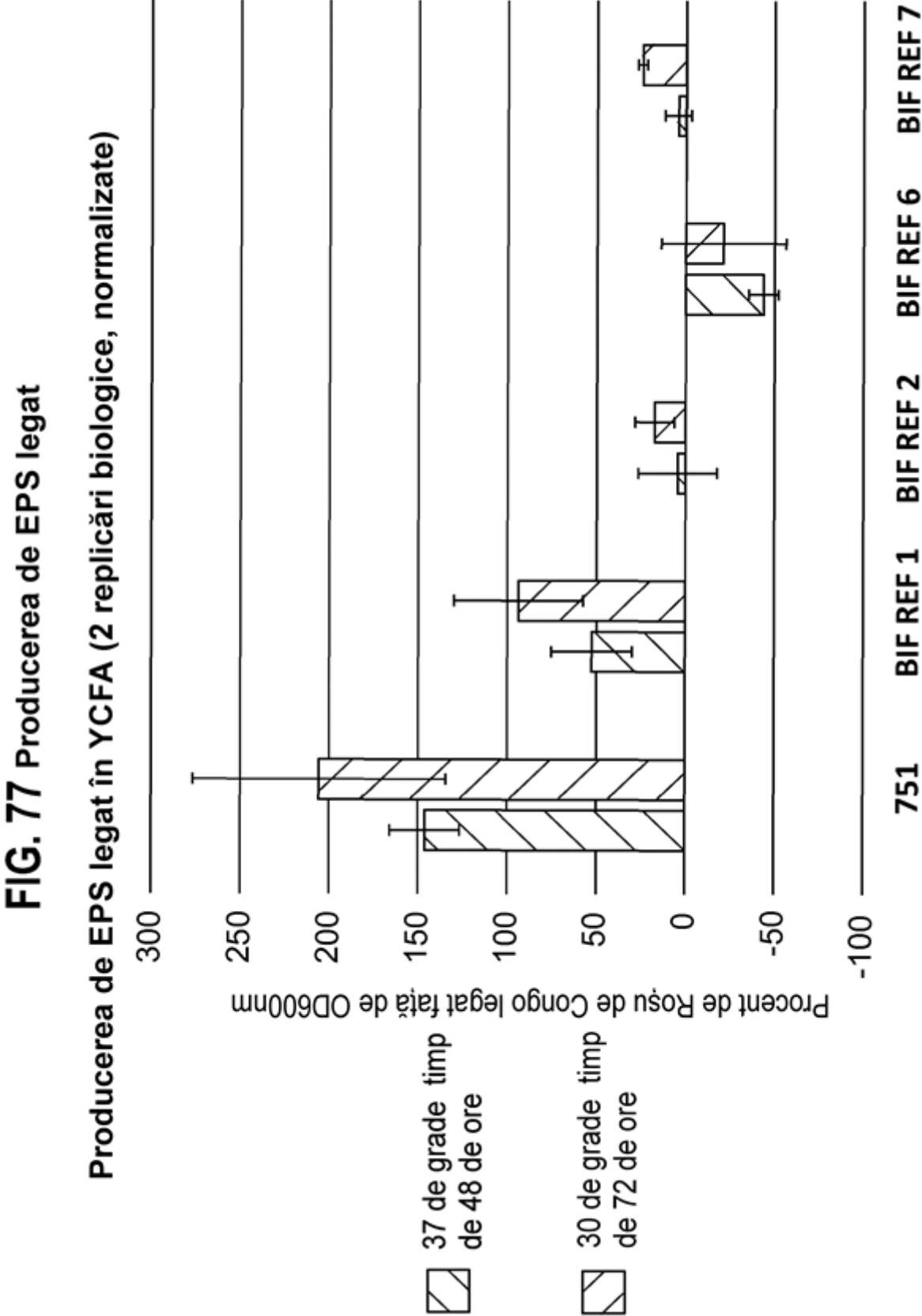


FIG. 77 (cont.) Producerea de EPS legat
Producerea de EPS legat în YCFA (2 replicări biologice, normalizate)

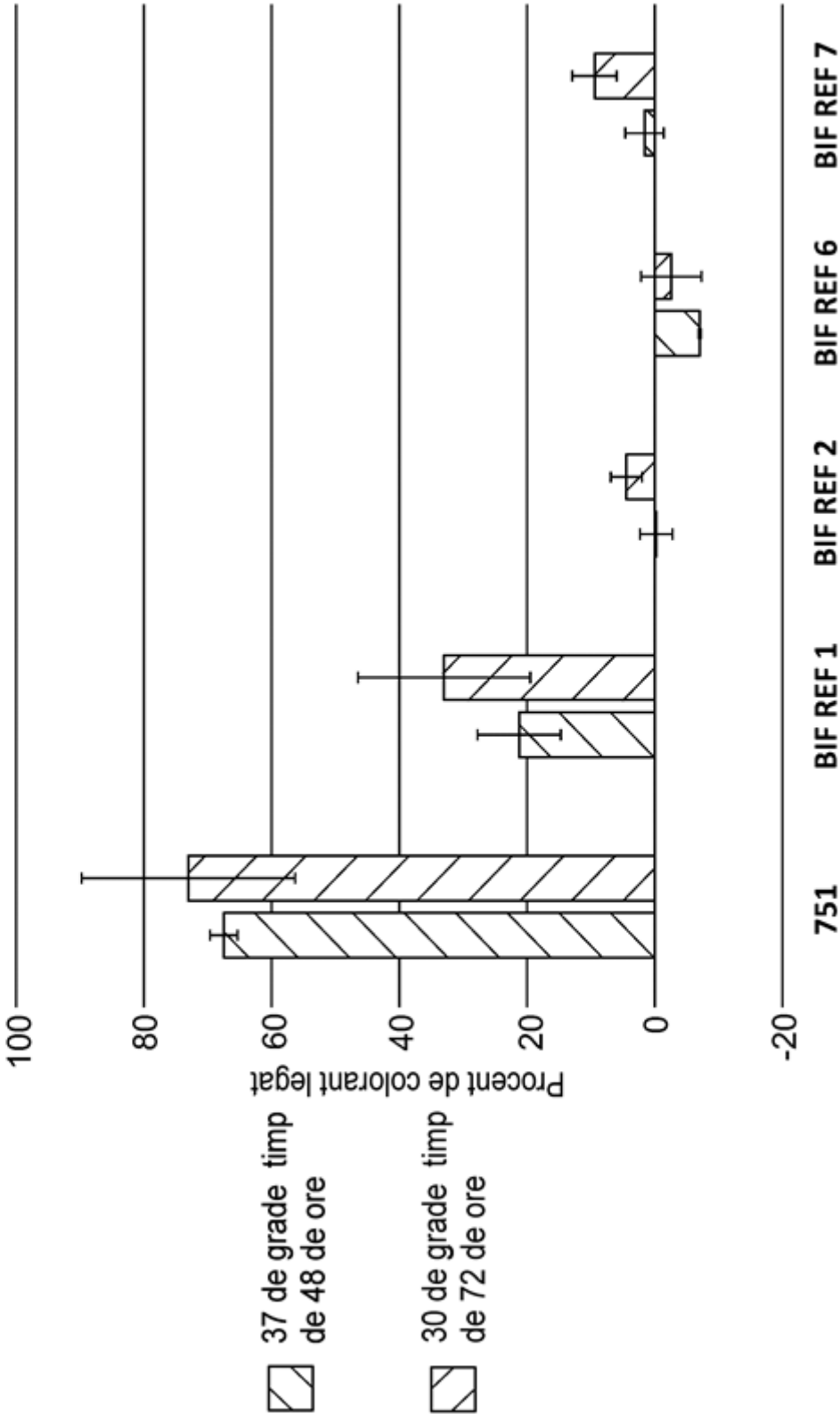


FIG. 78 Producerea de
exopolizaharidă legată și eliberată de către MRX004

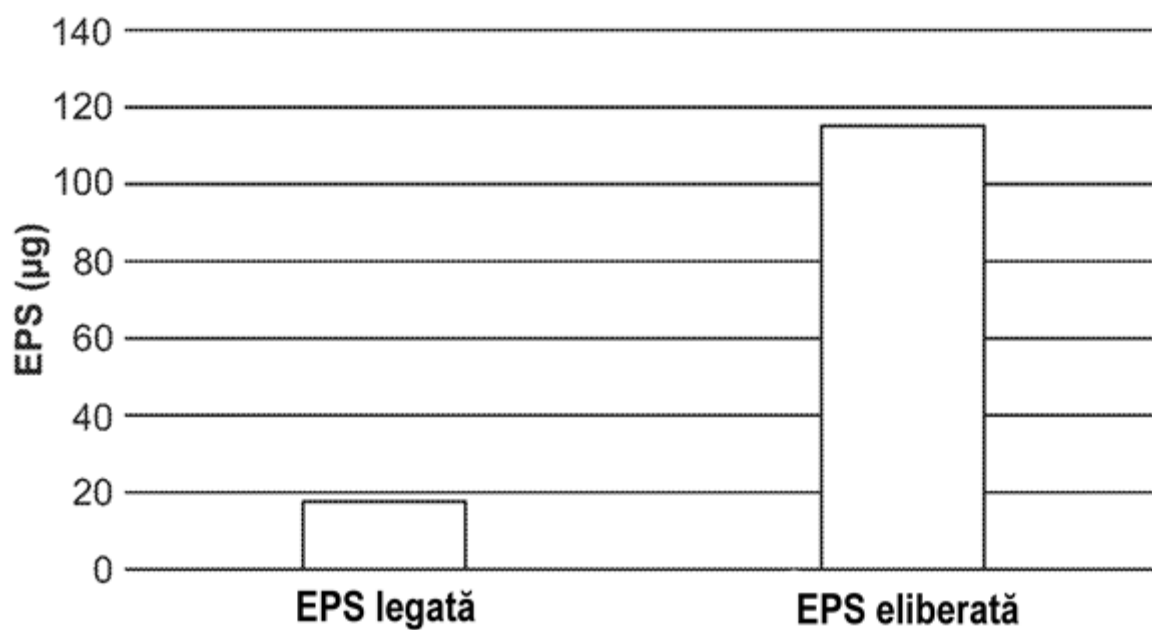


FIG. 79 Atașarea MRX004 la celulele Caco-2

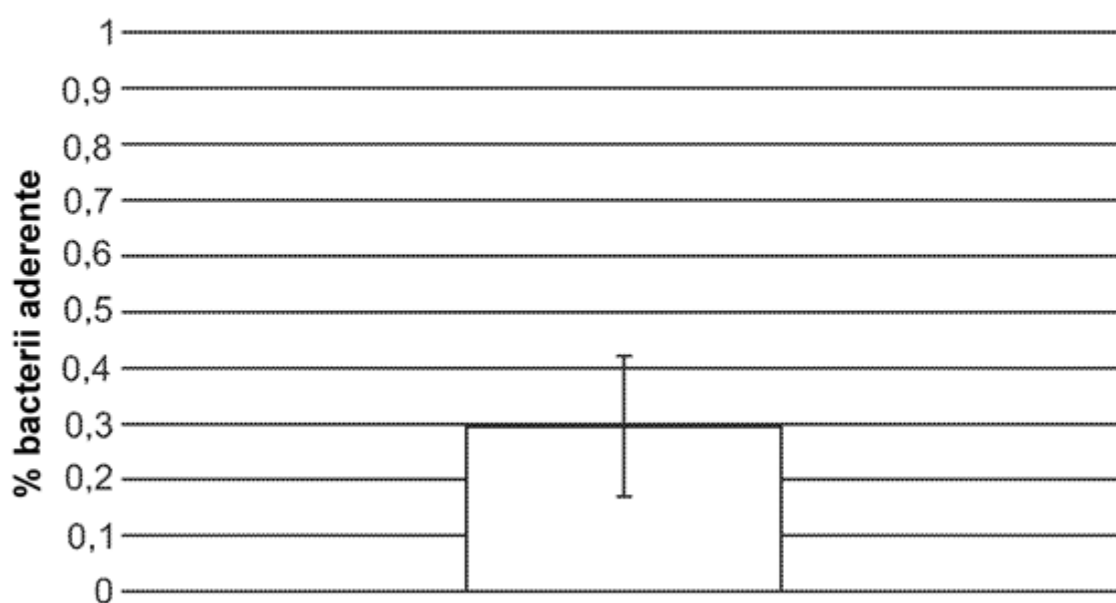


FIG. 80 Profilul ID 32 A rapid al MRX004 față de tulpini de tip *Bifidobacterium breve*

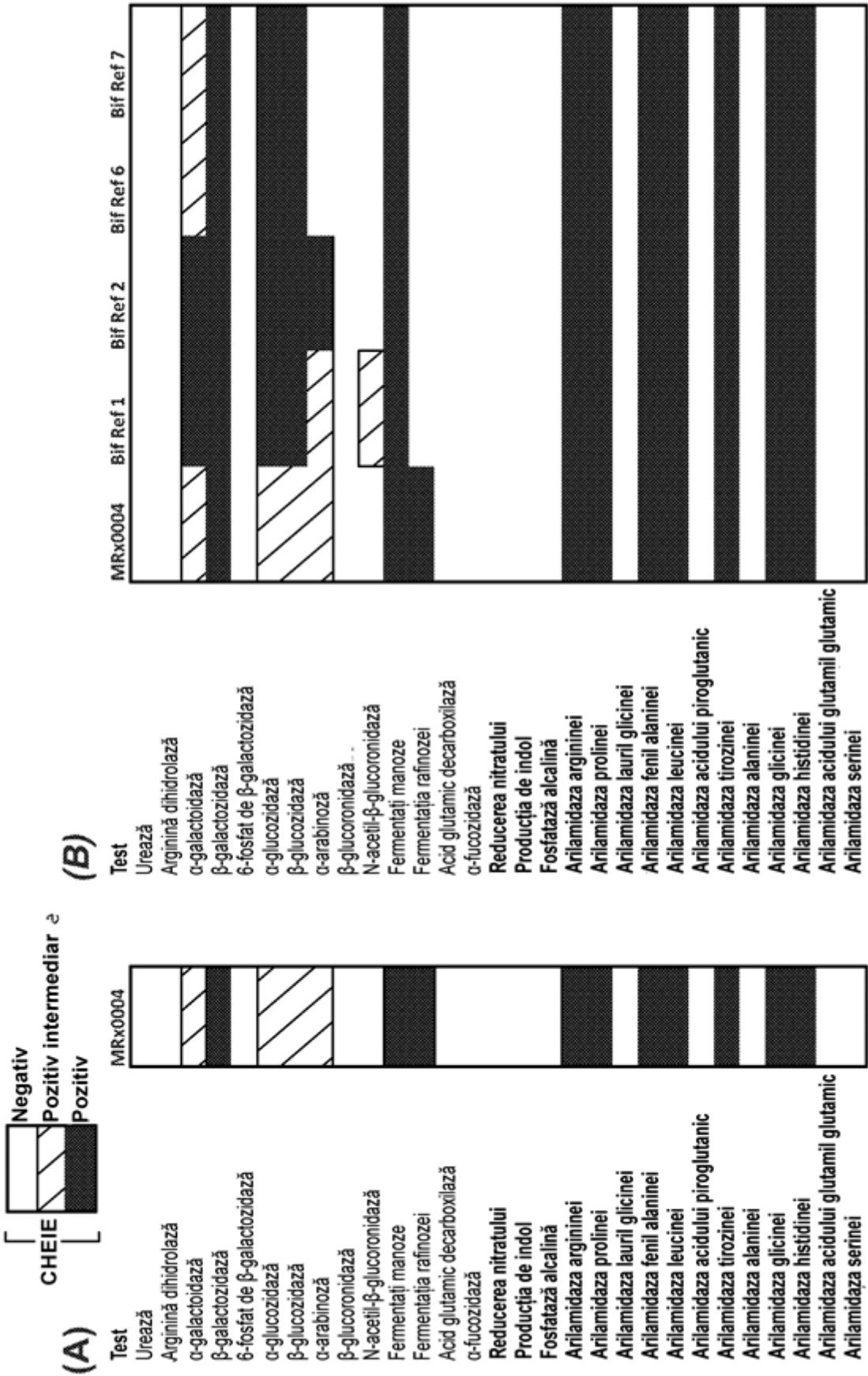


FIG. 81 Analiza API® pe 50 de canale a MRX004

