

Studying and Treating Neurodegeneration with iPSC models

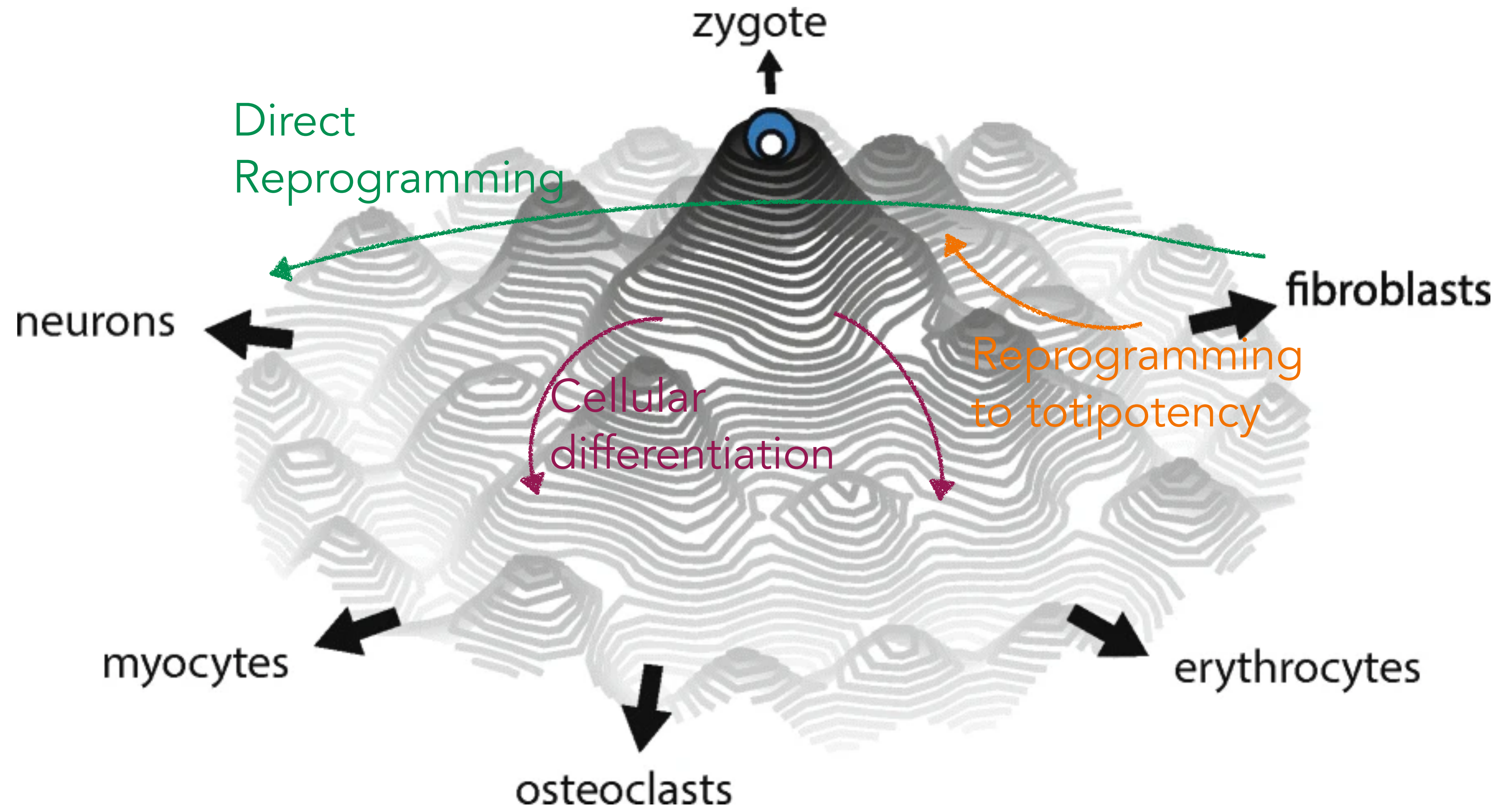
Fides Zenk

02.12.2023

Overview

Reprogramming and Generation of pluripotent cells
Cellular Differentiation and 2D vs. 3D models
Hallmarks of ageing
Developing relevant *in vitro* models
Somatic Reprogramming vs. Direct Reprogramming
iPSC based therapies

How do cells differentiate?

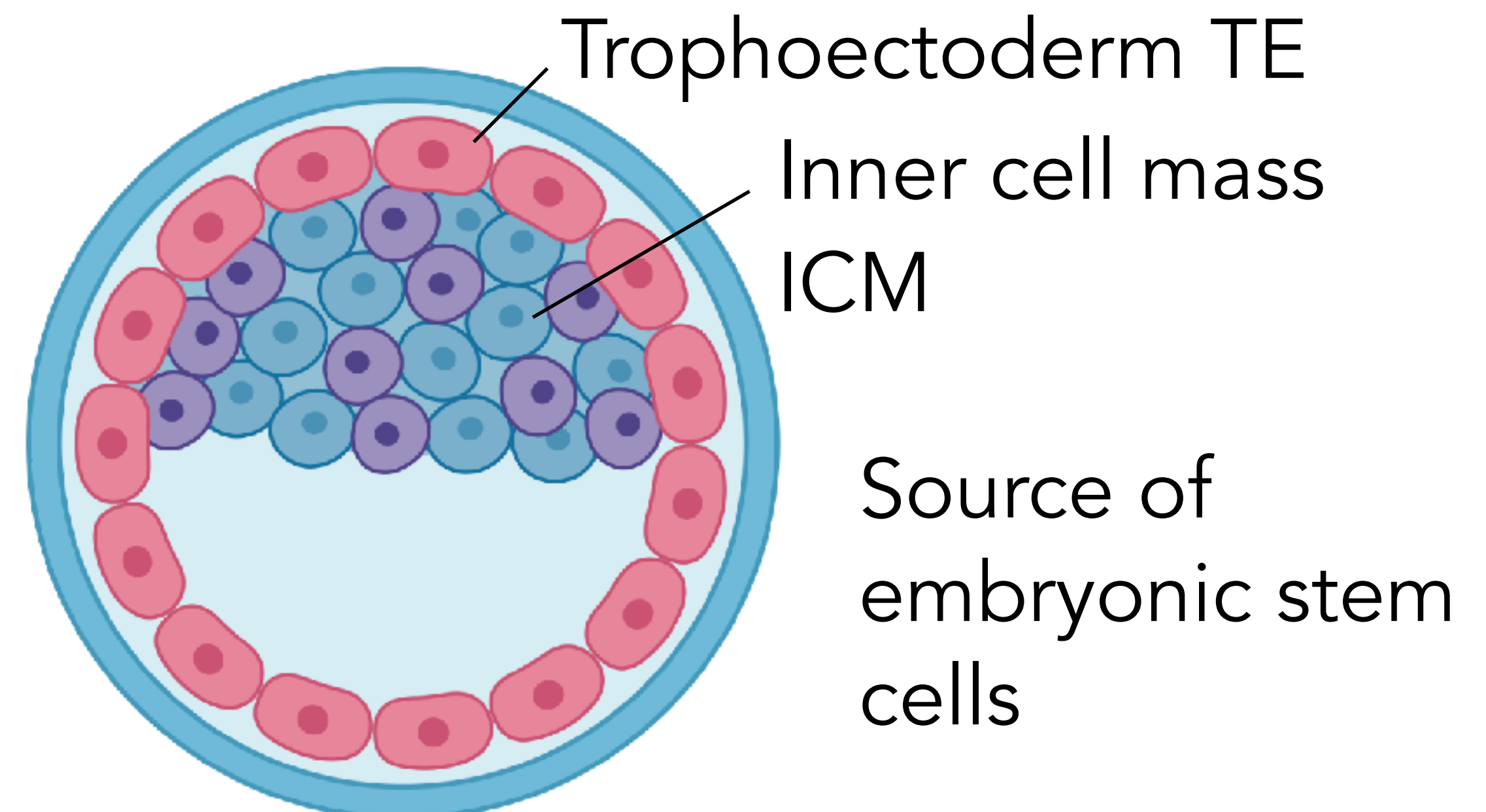
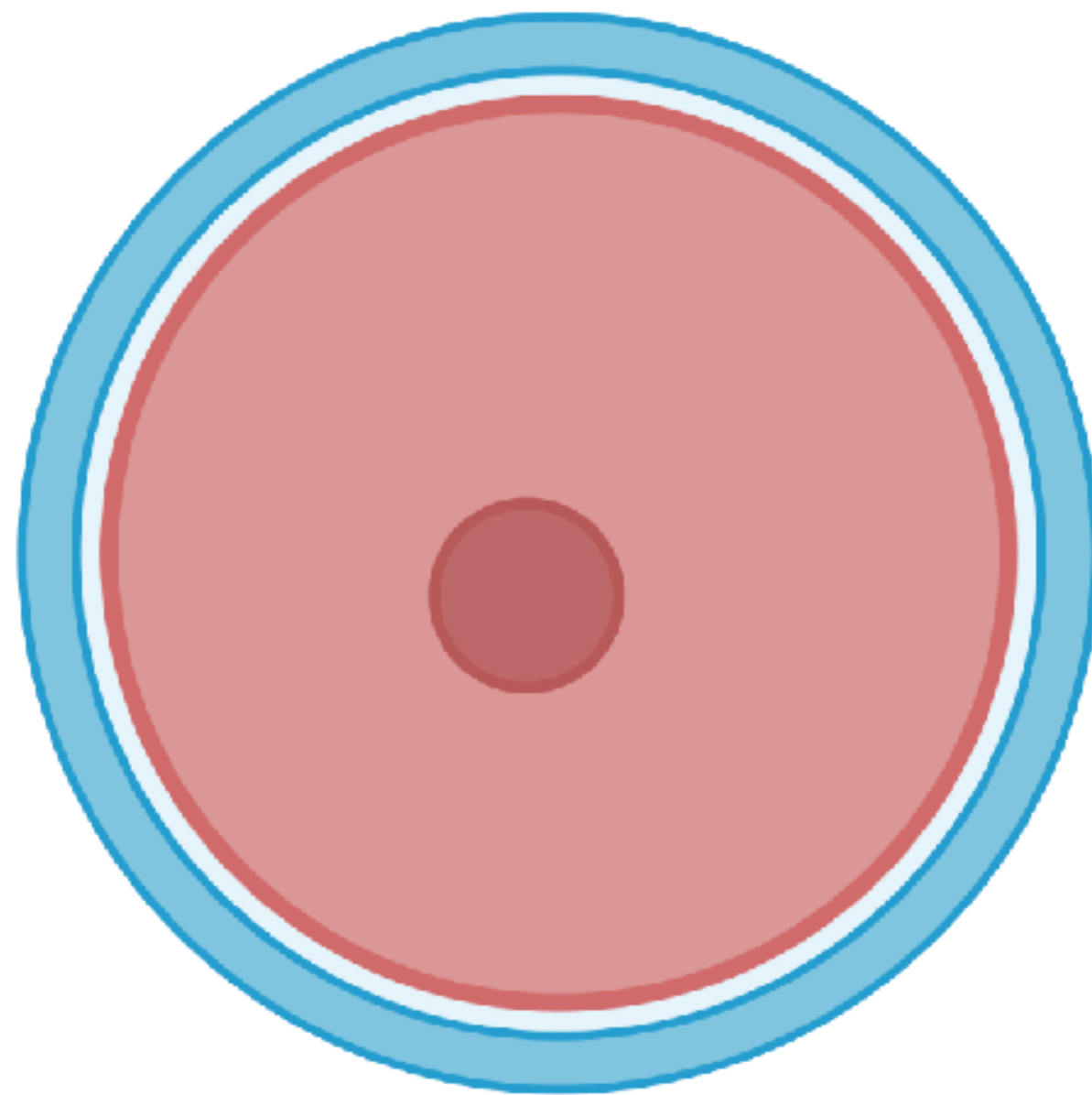


What totipotency/pluripotency?

A totipotent stem cell can give rise to all (toti) cell types of the body

A pluripotent stem cell can give rise to many (pluri) cell types of the body

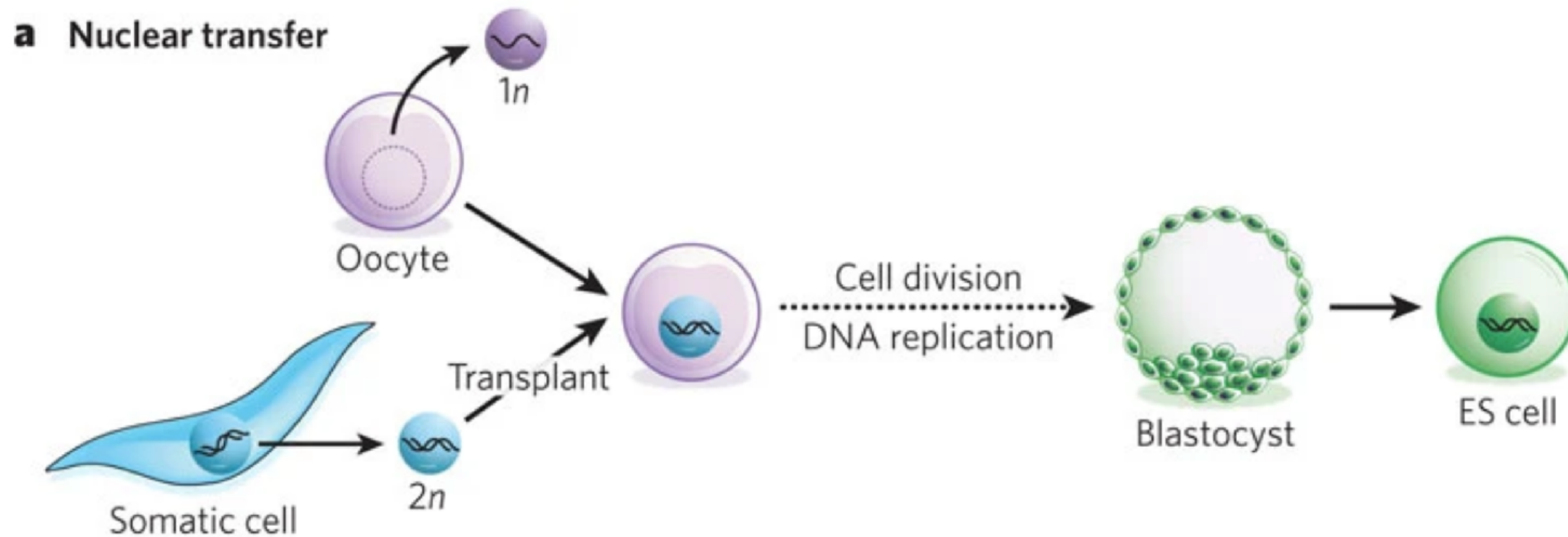
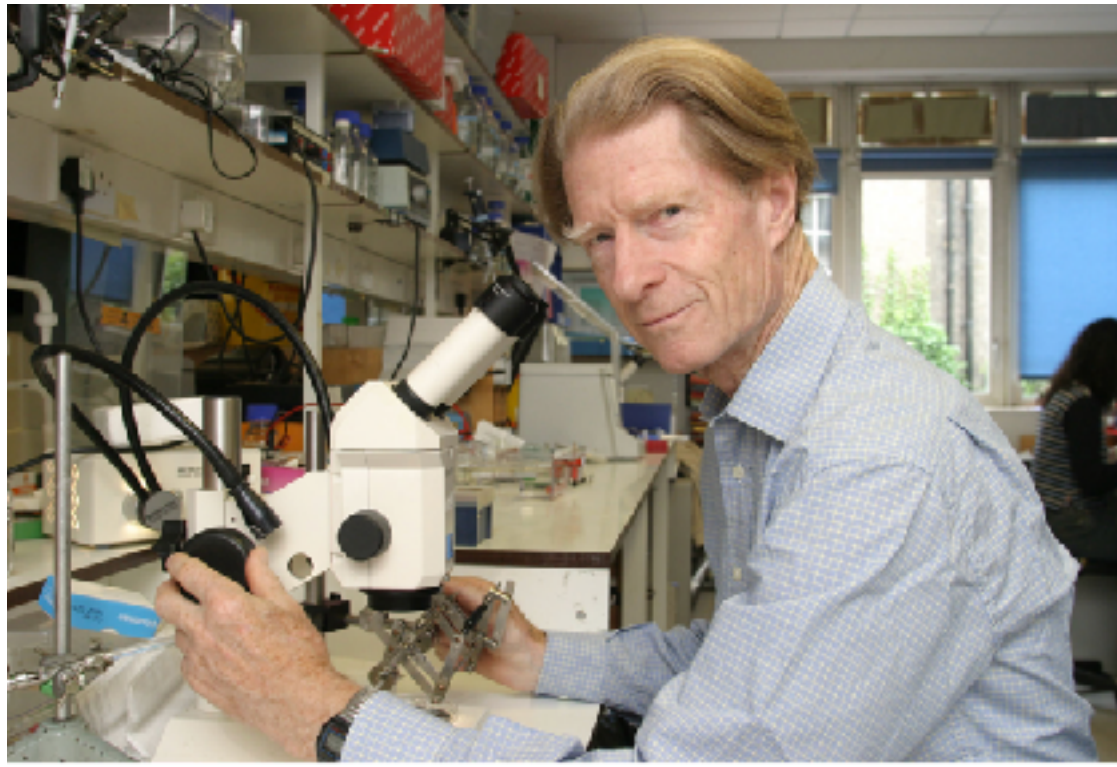
These cells exist in early embryos



Source of
embryonic stem
cells

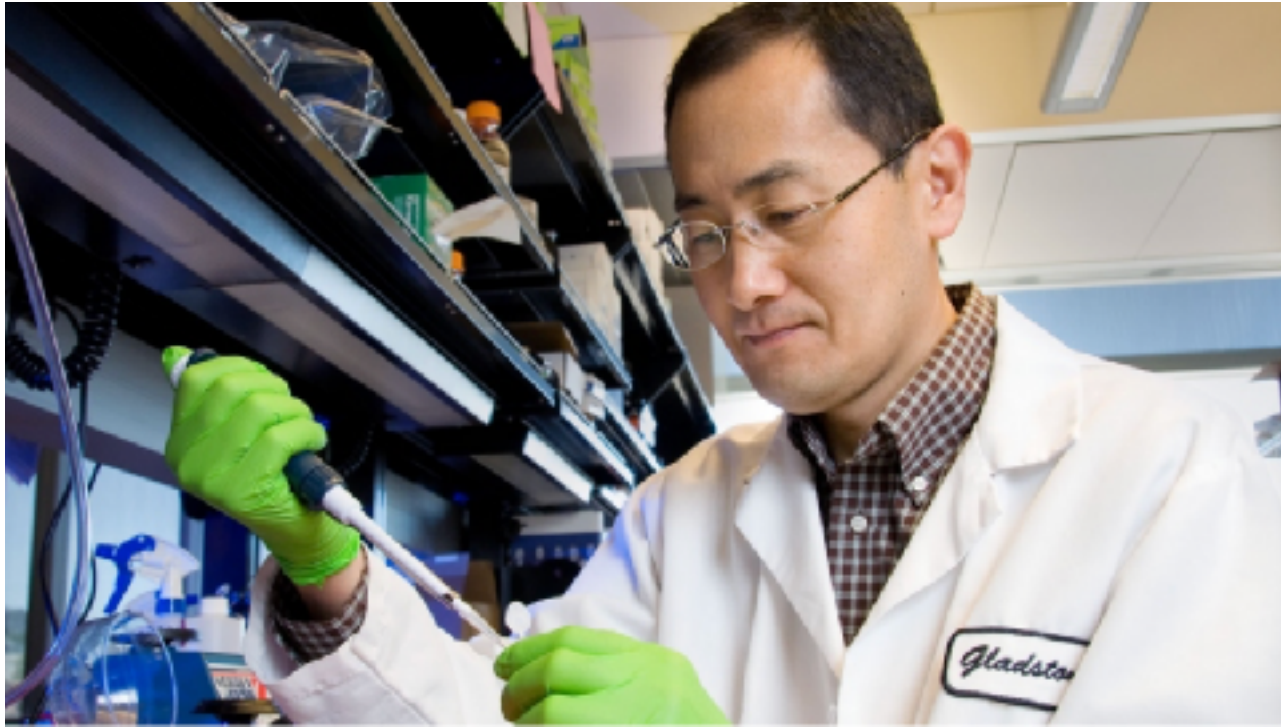
E3.5 Blastocyst

How can cells be reprogrammed to earlier Developmental stages?

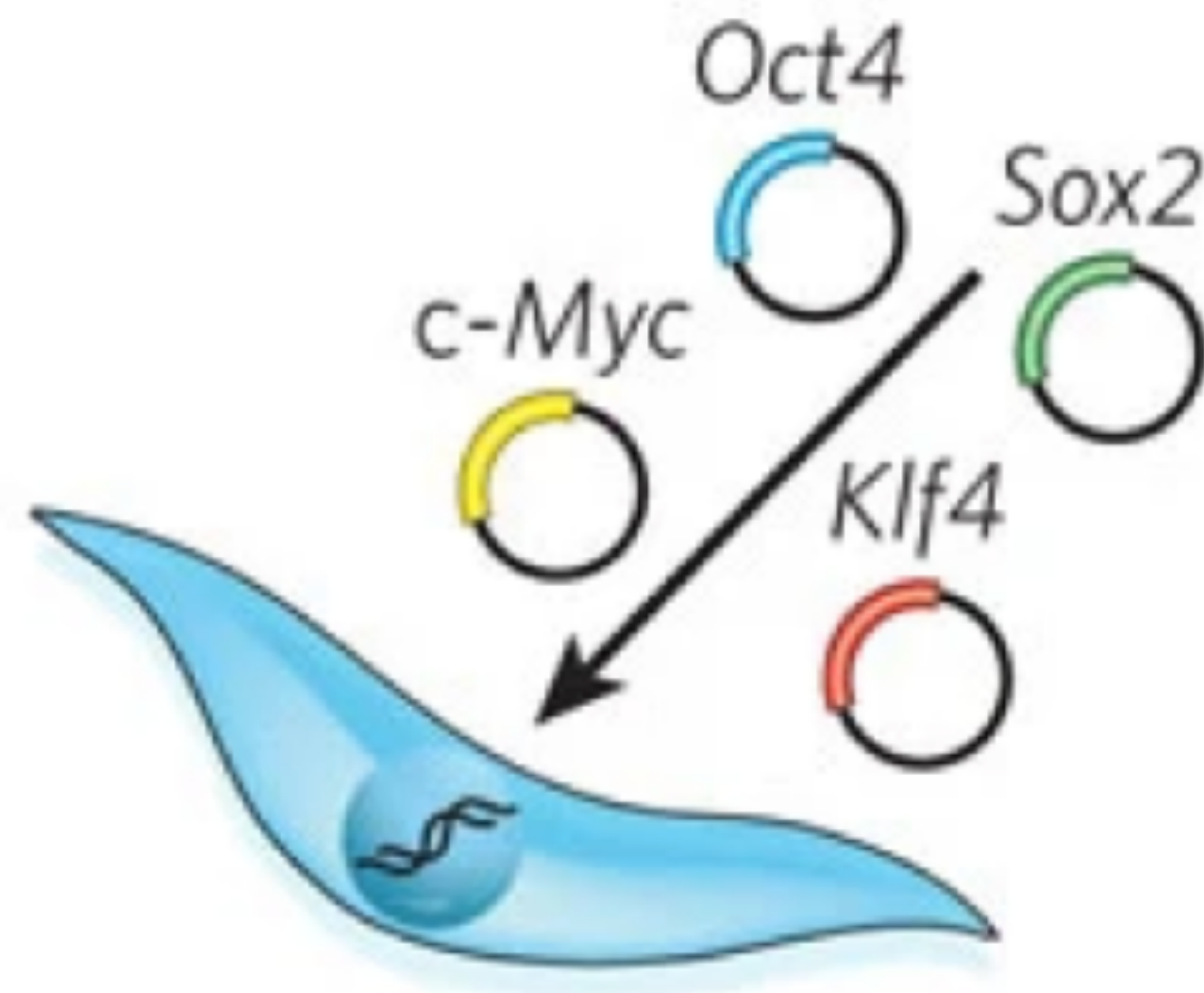


Somatic Cell Nuclear transfer into an enucleated oocyte

How can cells be reprogrammed to earlier Developmental stages?



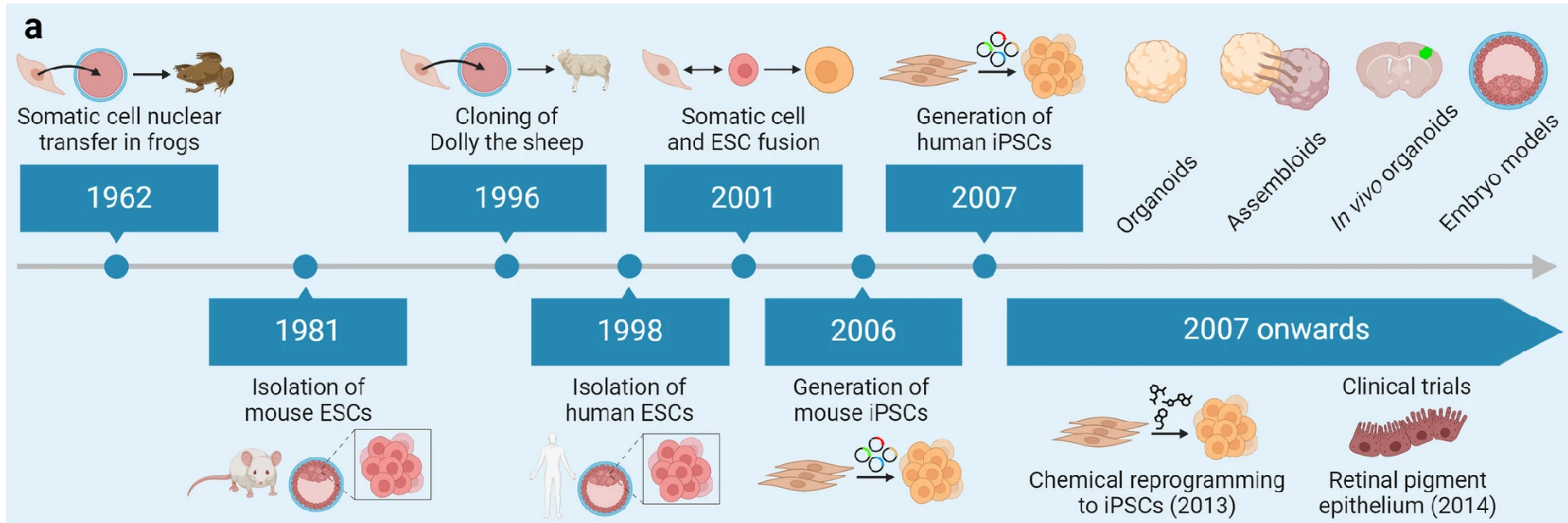
c Transcription-factor transduction



Cell division
DNA replication

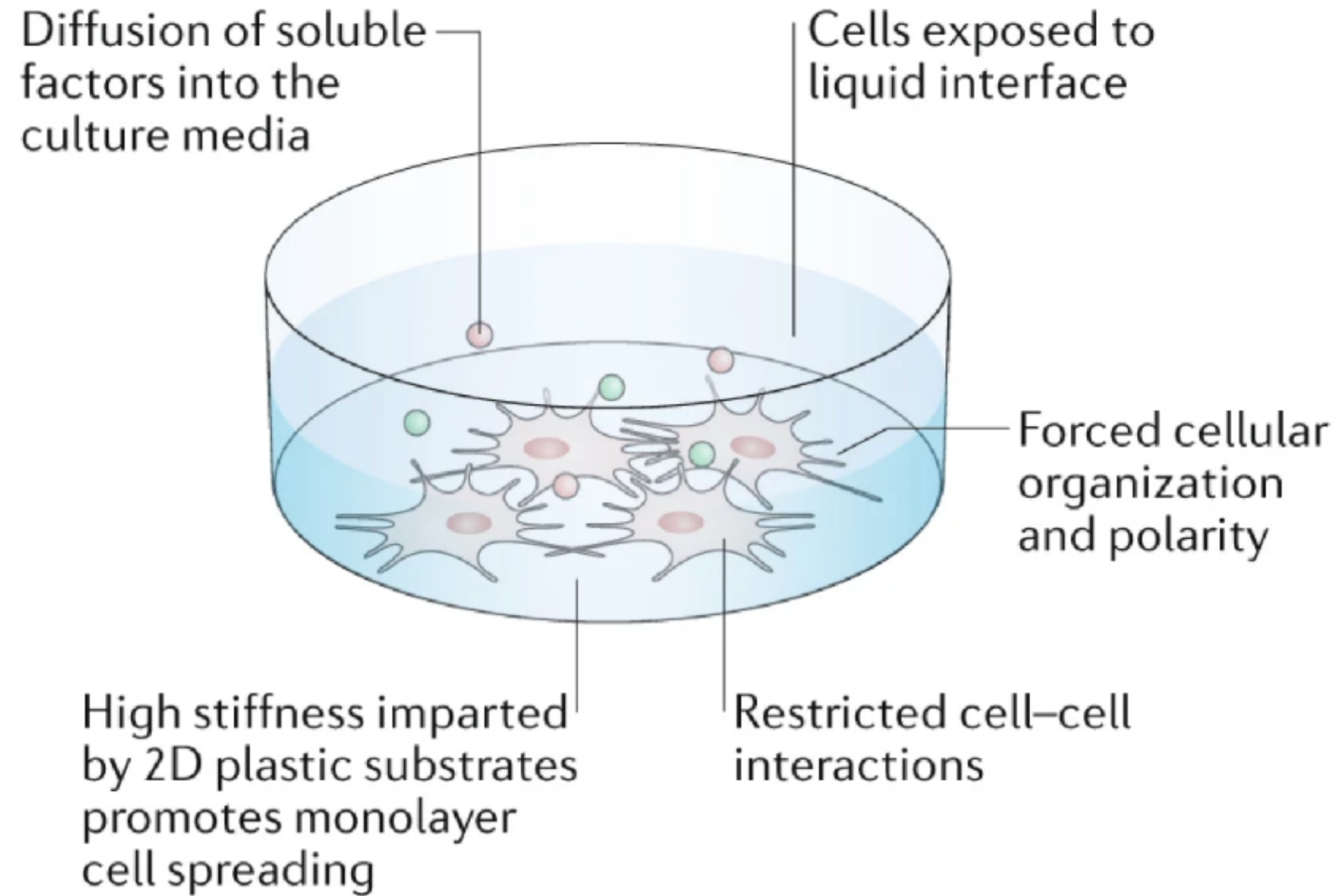


Timeline and application of iPSCs in research

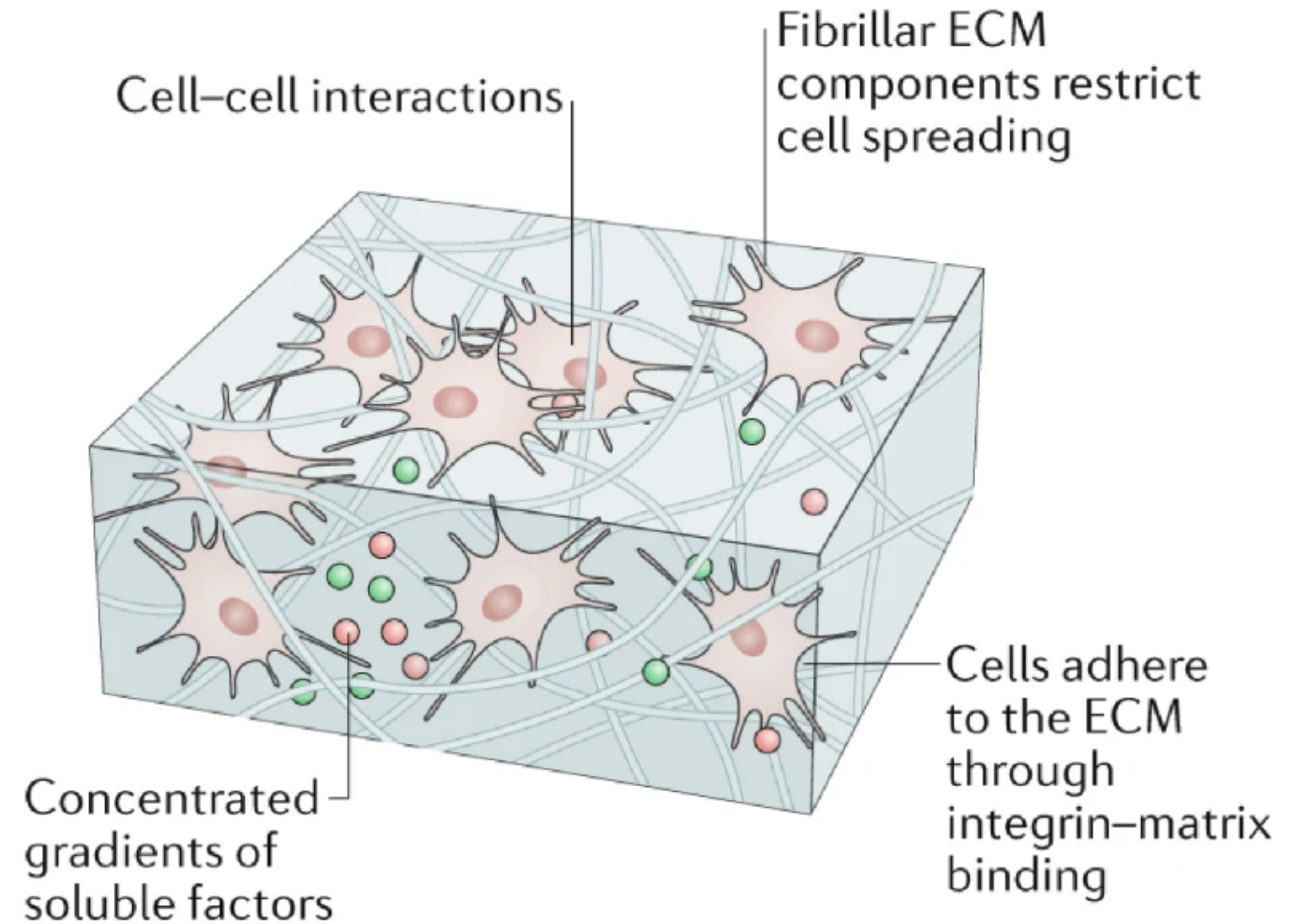


2D vs 3D cell culture

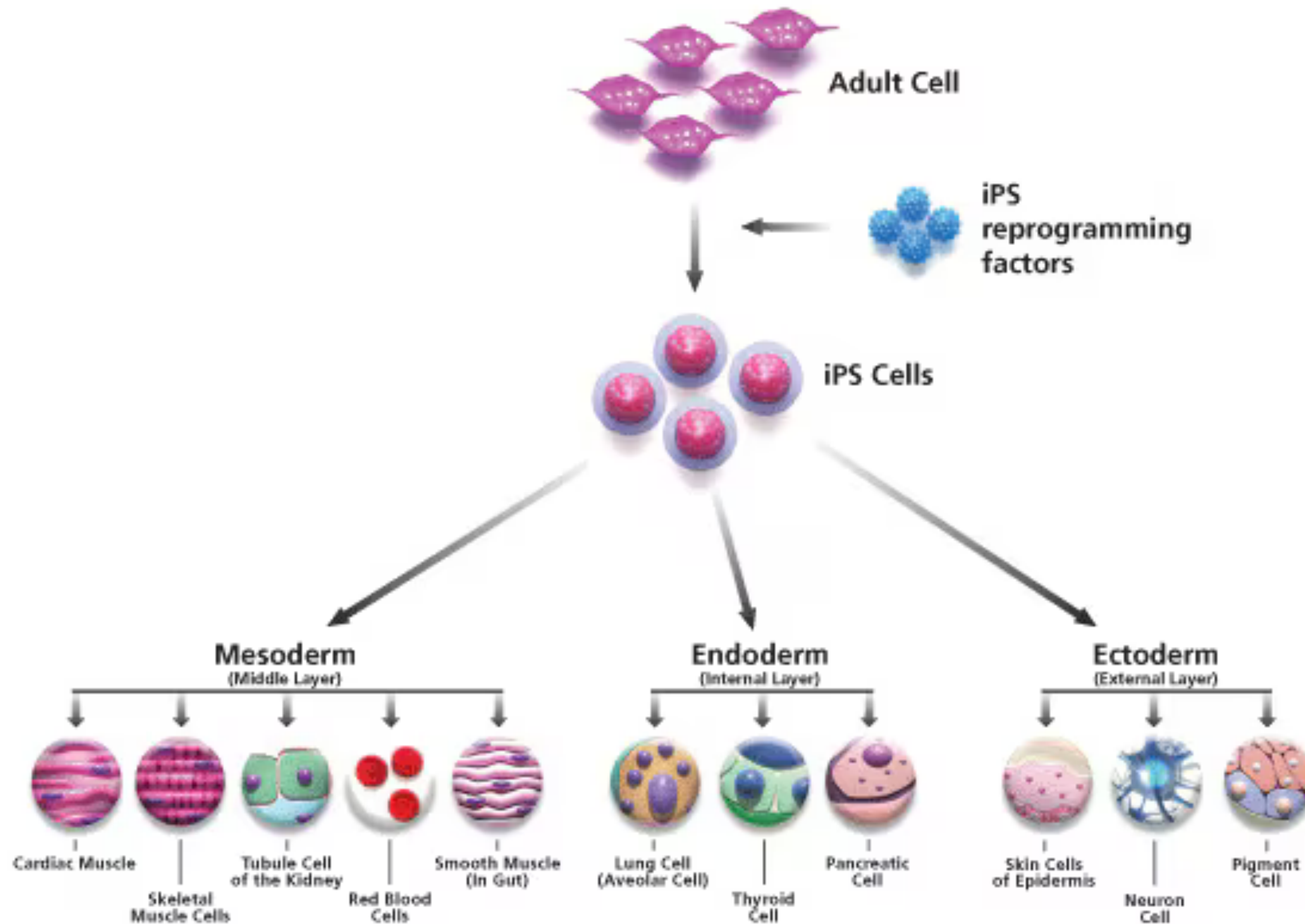
Cells growing on a 2D plastic dish



Cells growing in a 3D ECM

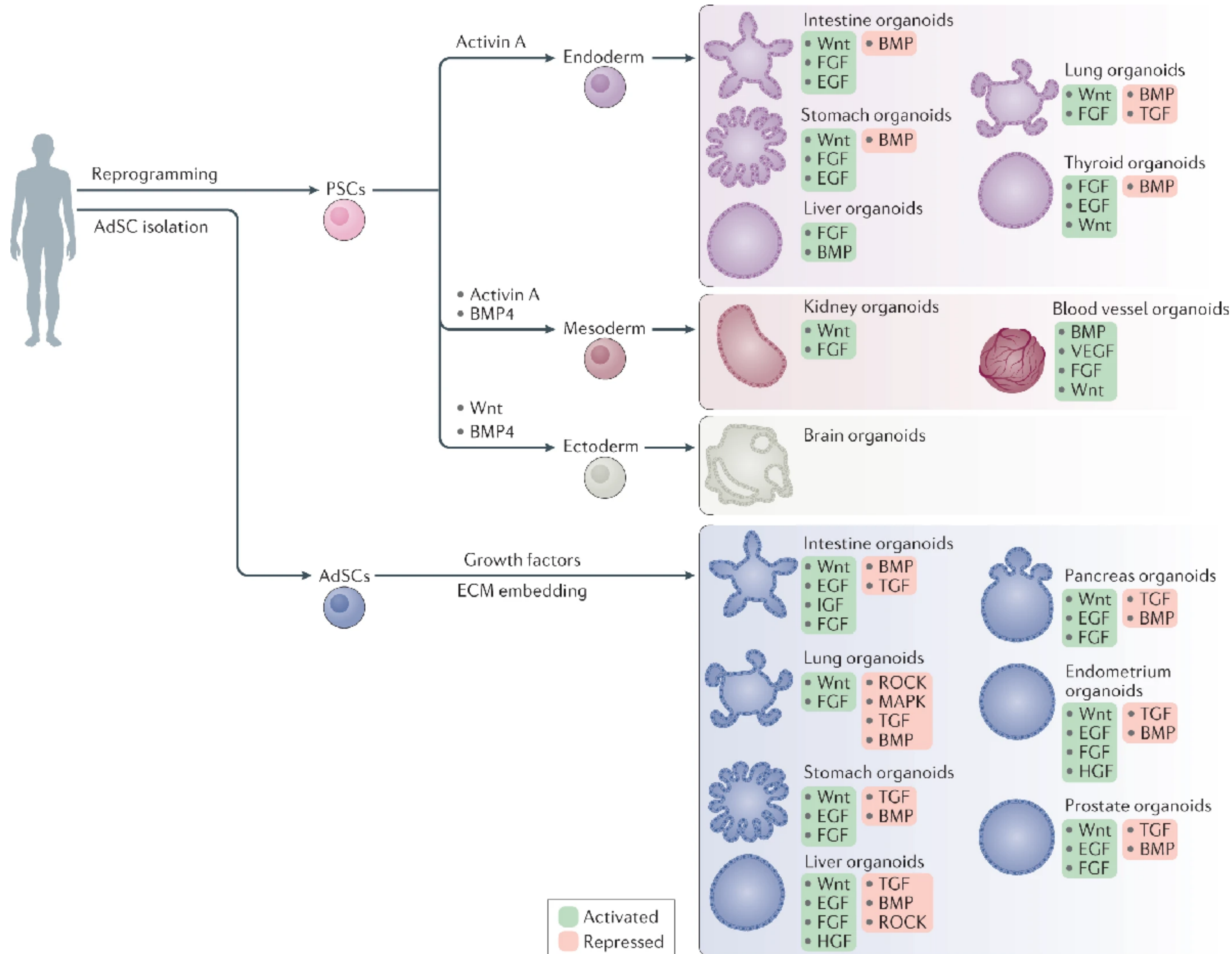


iPSCs can give rise to all cell types



Very pure individual cell types can be derived in 2D

iPSCs can be used to derive organoids



Organoids are 3D aggregates of cells that recapitulate the organotypic functions and morphology

Ageing is the biggest risk factor for neurodegeneration

How can we study ageing and neurodegeneration?

What are relevant models?

How can we identify molecular markers of ageing and neurodegeneration and develop models?

What happens to an ageing cell?

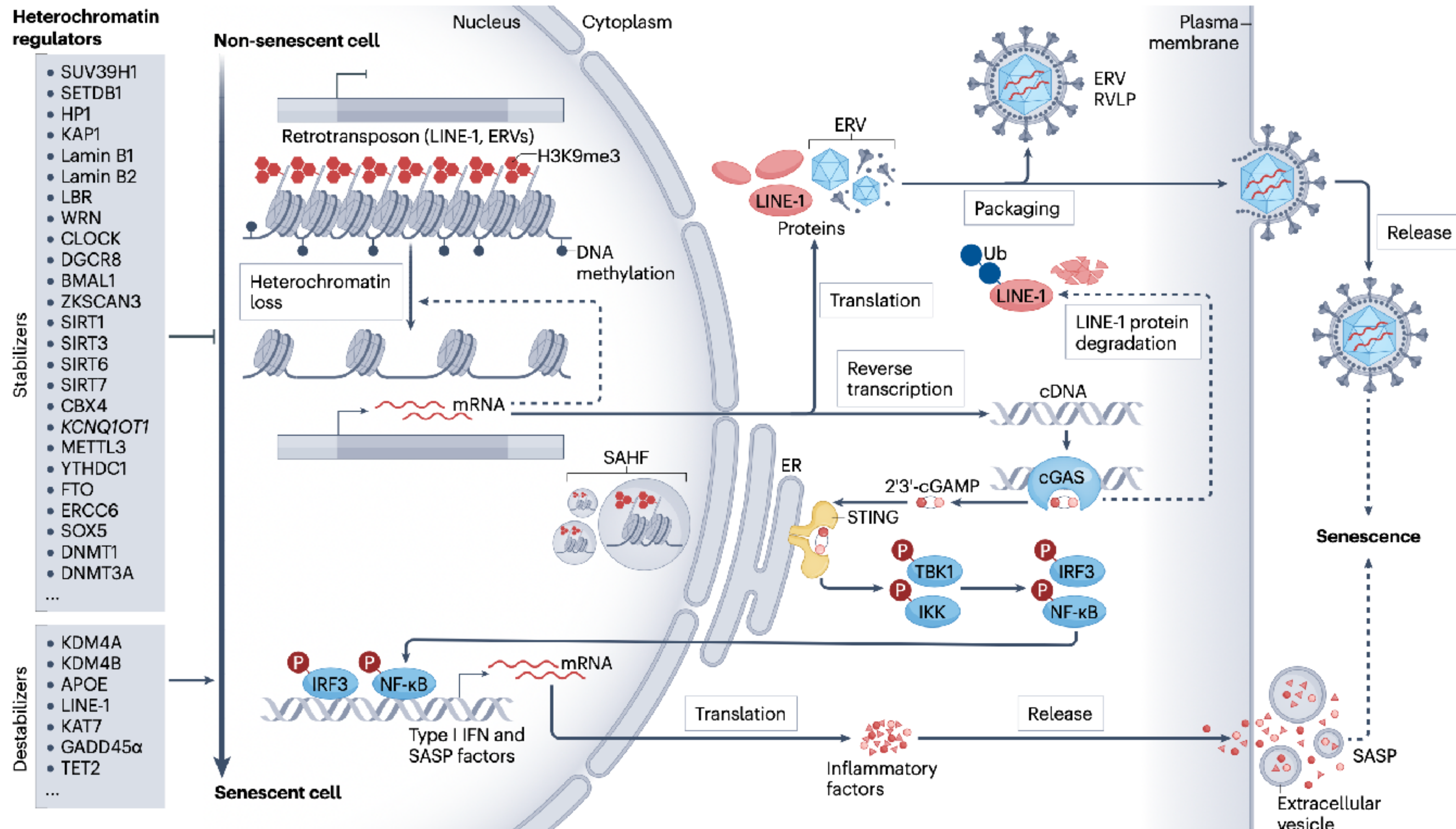
Loss of heterochromatin

Activation of Retroelements

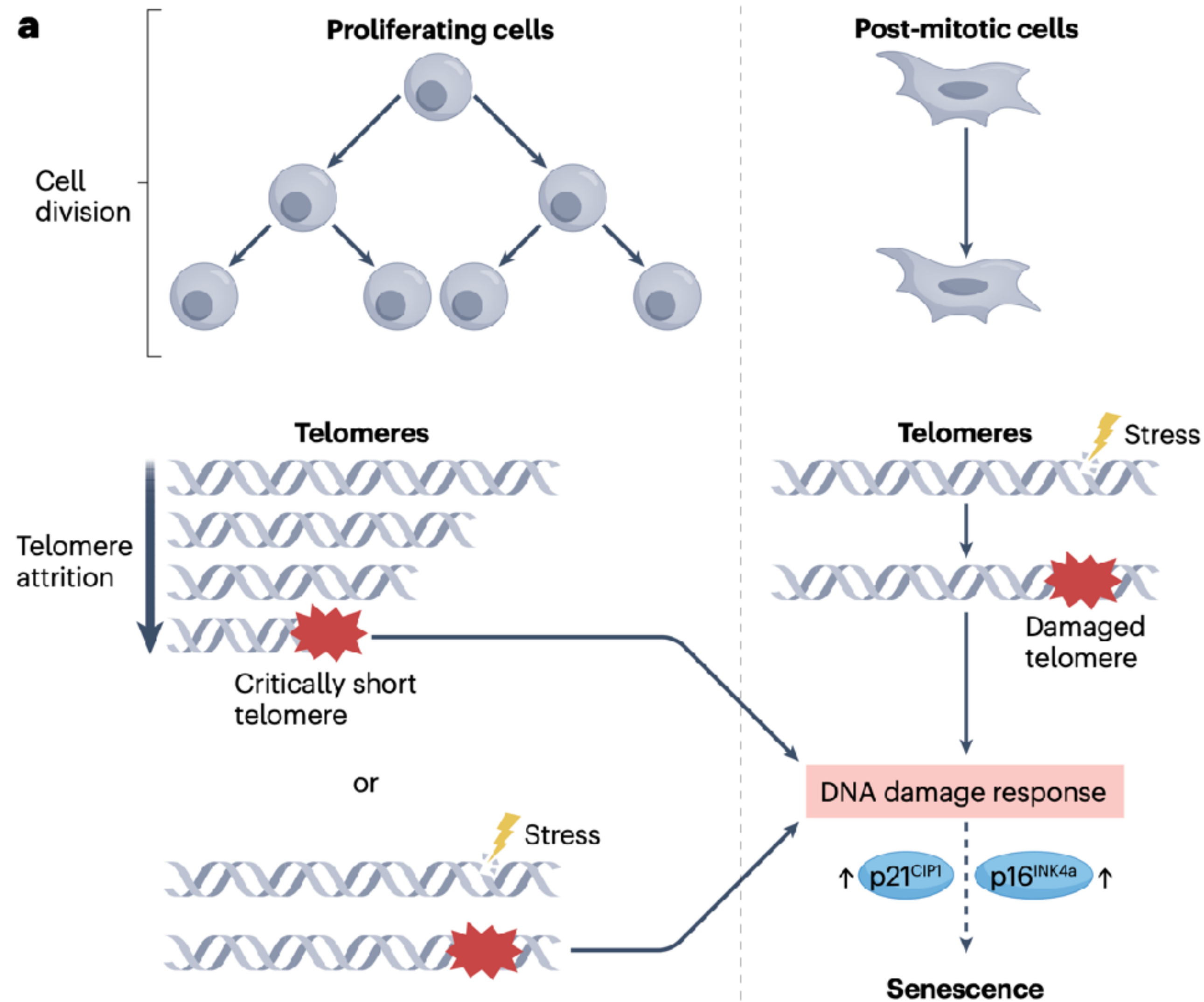
Inflammatory signalling through cGAS

Nuclear membrane/scaffold and nuclear pore change properties

Causes senescence associated secretory phenotype (SASP)



What happens to an ageing cell?



DNA damage and
Telomere shortening

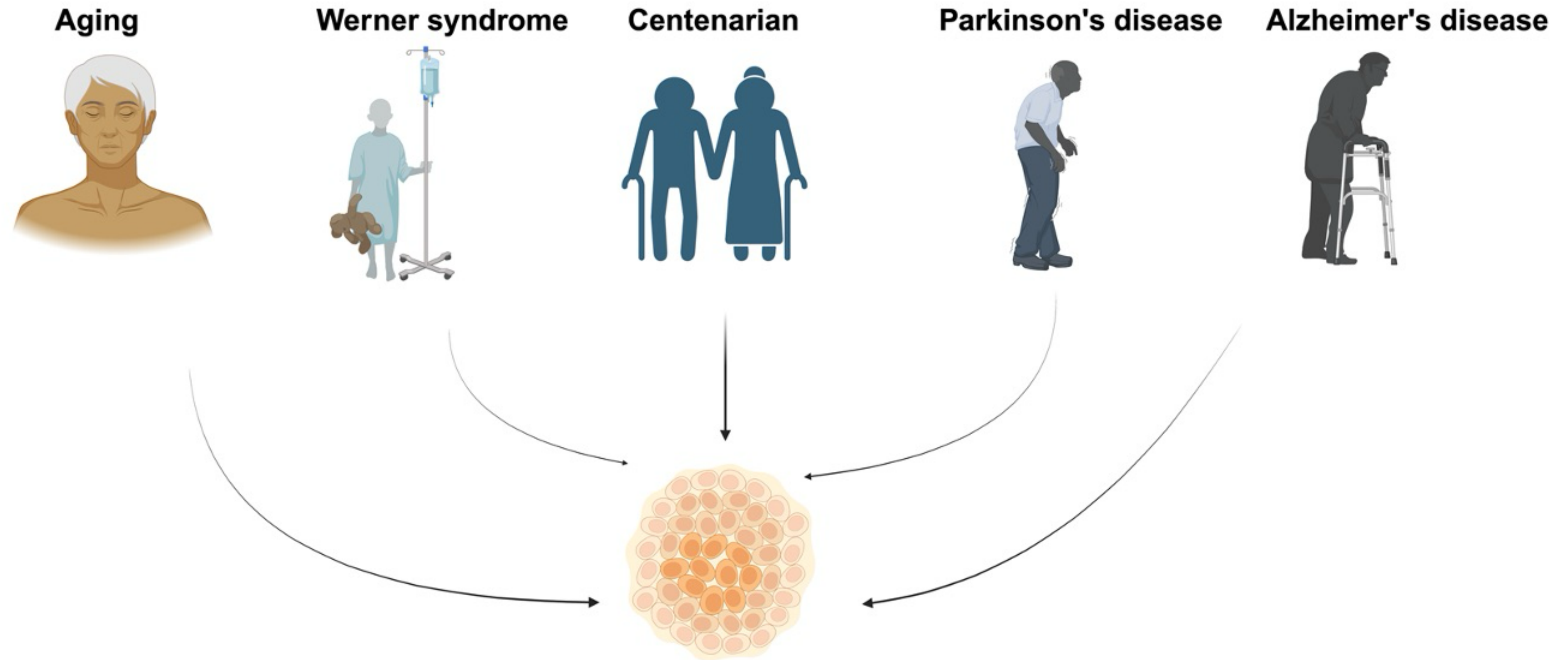
Radiation, chemical
reagents, ROS (reactive
oxygen species) and
infection cause damage
to DNA

How to identify a relevant model?

The maximum projected human life span is approximately 115 years!

Mice often do not develop ageing related diseases (without artificially generating human like mutations)

How to identify a relevant model?



General iPSC models of ageing

Aging



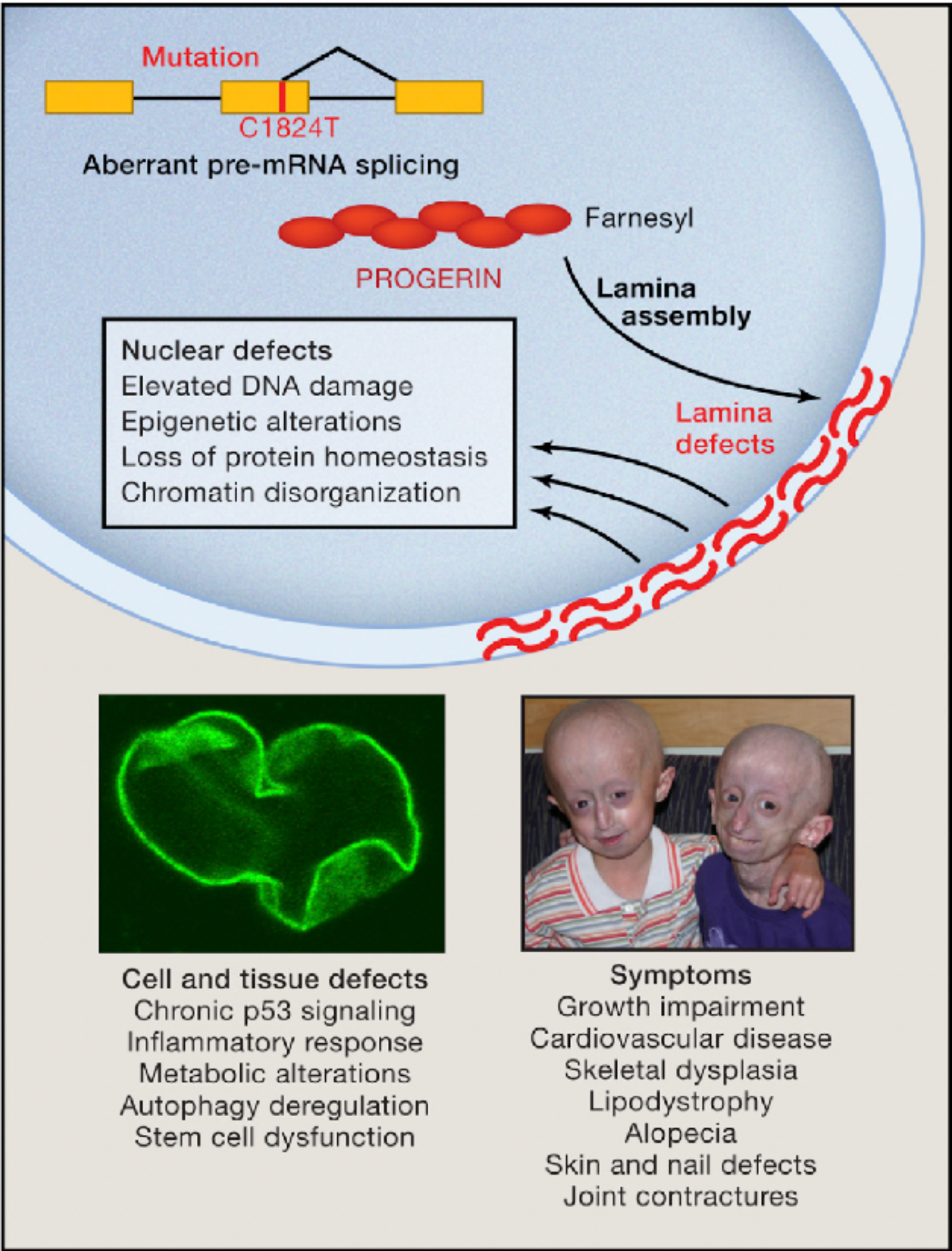
Modeling strategies

Aging

Progerin overexpression
Long-term culture
3D tissue models (with aged ECM/exposure to hypoxia/
exposure to ionizing radiation)
Telomere manipulation

Aging/disease phenotype

DNA damage↑
Mito-ROS↑
Telomere length↓
% short telomeres↑
Senescence/p21/p53↑
TH+ cells↓
lipofuscin accumulation
Inclusion bodies
Dendrite degeneration
cardiac beat velocity↓
BBB dysfunction
secretion of cytokines↑



Gordon, .., Misteli (2014) Cell

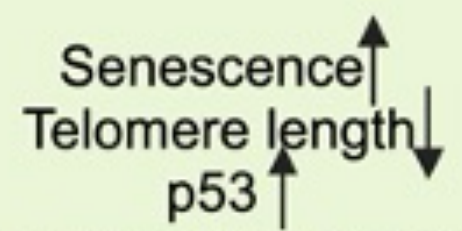
General iPSC models of ageing

Werner syndrome



Werner syndrome

Reprogramming by OSKM
+HDACi+TGFβ RI kinase i
hTERT overexpression and p53
knockdown in WS-MSC
Gene correction of WRN in WS
IPSC clones



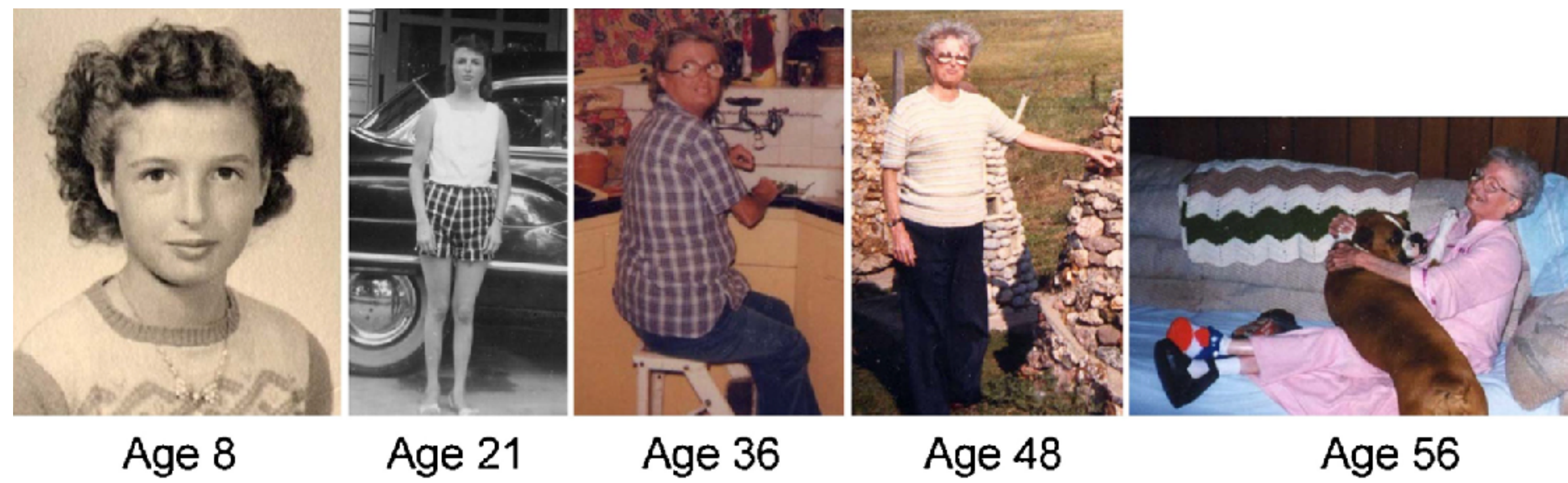
Rescues premature senescence
(upon hTERT knock in & WRN
gene correction)
Increased telomere length (upon
hTERT knock in)
Normal karyotype (upon WRN
gene correction)

WRN is a RecQ recombinase that contains an exonuclease domain

It is important for DNA repair, recombination, replication and transcription. WRN plays also a role in telomere maintenance.

Oshima, Monnat (2017) Ageing Research Reviews

Mutations in WRN cause premature ageing



Age 8

Age 21

Age 36

Age 48

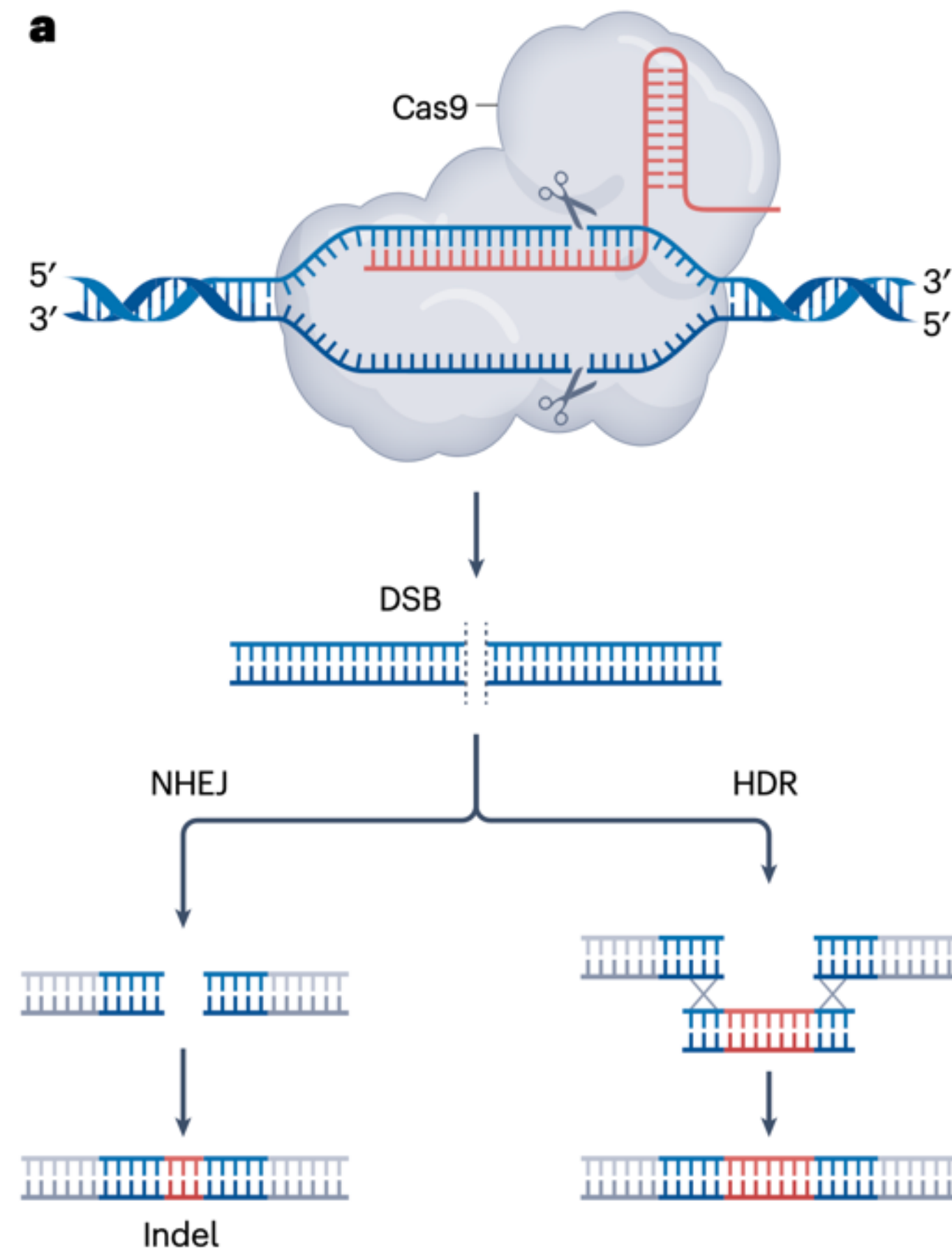
Age 56

Modeling strategies

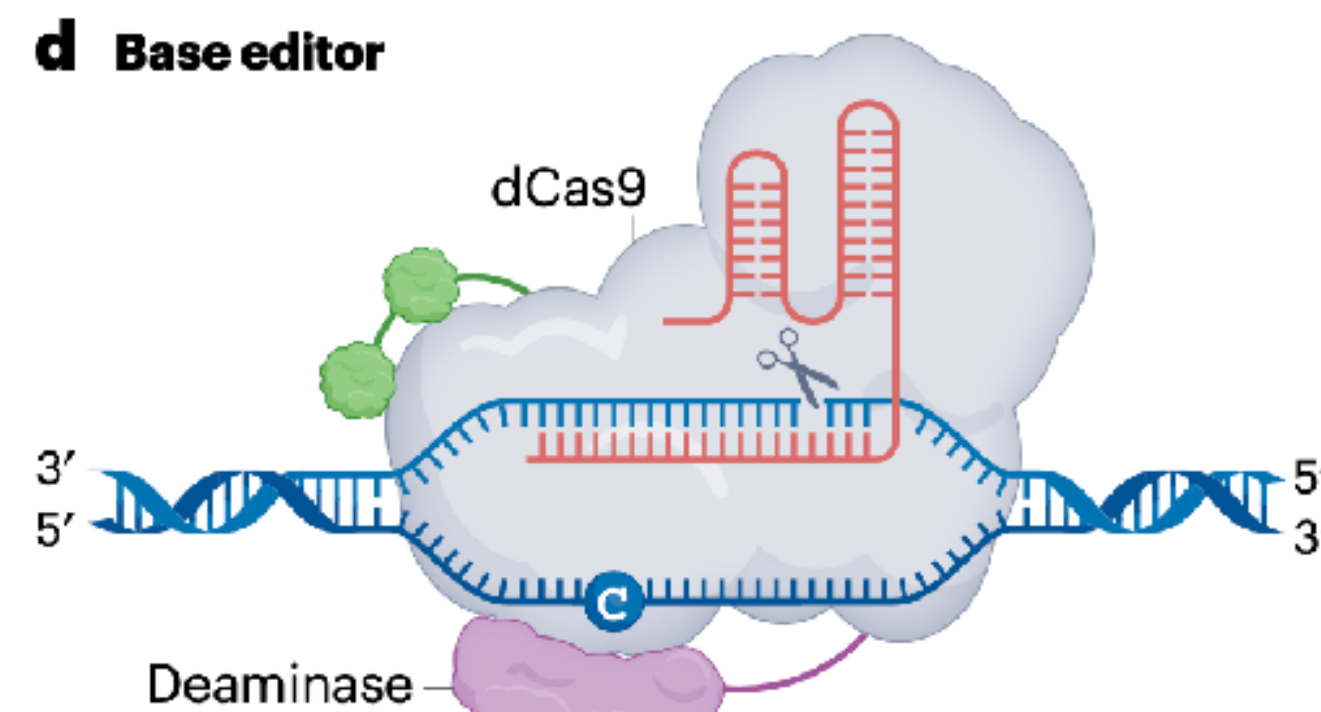
Aging/disease
phenotype

Using CRISPR to generate iPSC models

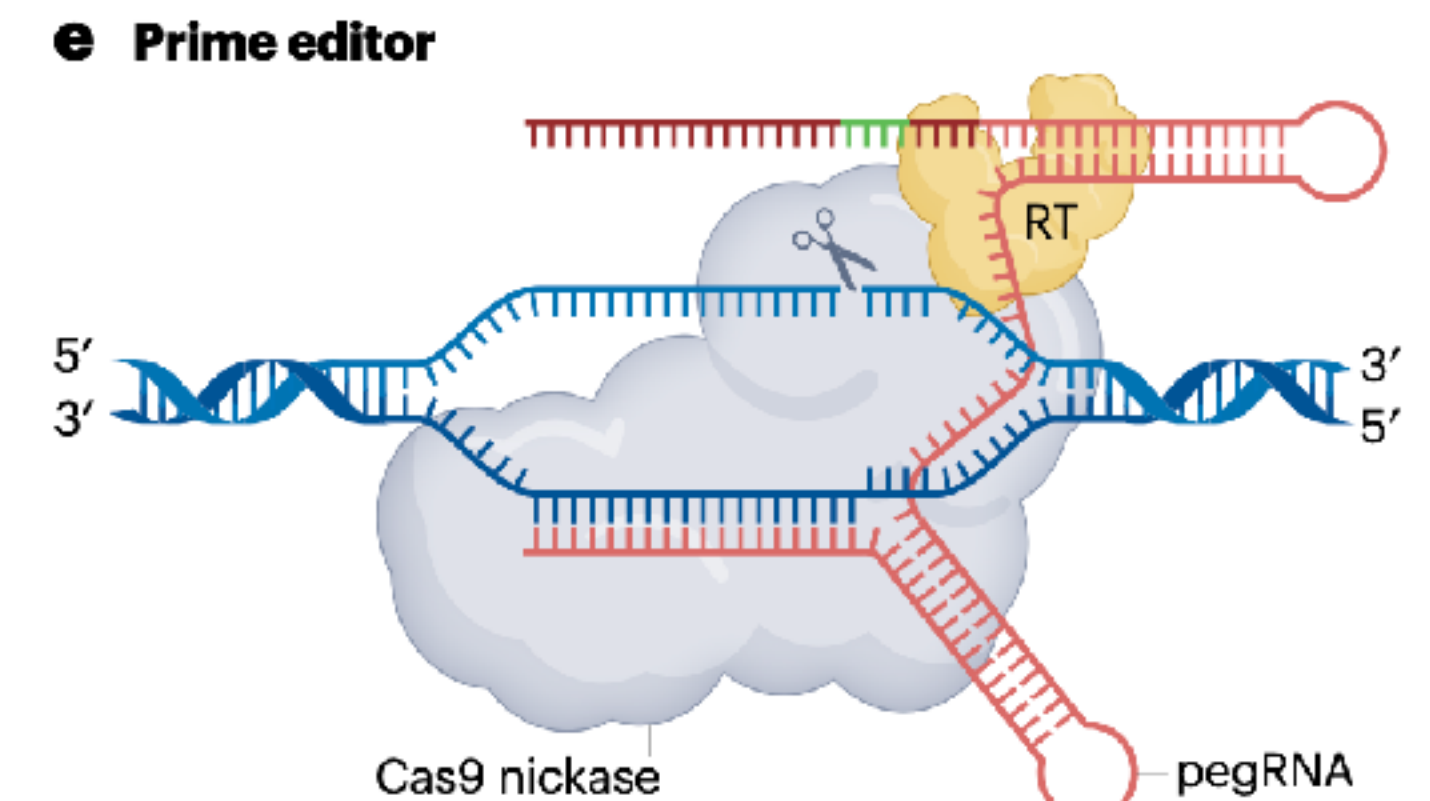
Generation of random mutations



C-T and A-G mutations



Any mutation



General iPSC models of ageing

Centenarian



Centenarian

Reprogramming by OSKM
/OSKMNL/p53i/p21CIP1i

Modeling strategies

**Aging/disease
phenotype**

long telomeres
normal karyotype
igf1, igf1r, sirt2, foxo1, sirt1↑
Senescence↓

Reprogramming fibroblast of members of the world's oldest populations (e.g. Okinawa) to iPSCs results in cells with high SIRT1 expression and little senescence

These factors could potentially play protective roles in the donors

Drawback: -No isogenic control!
-Loss of ageing features

Parkinson's disease

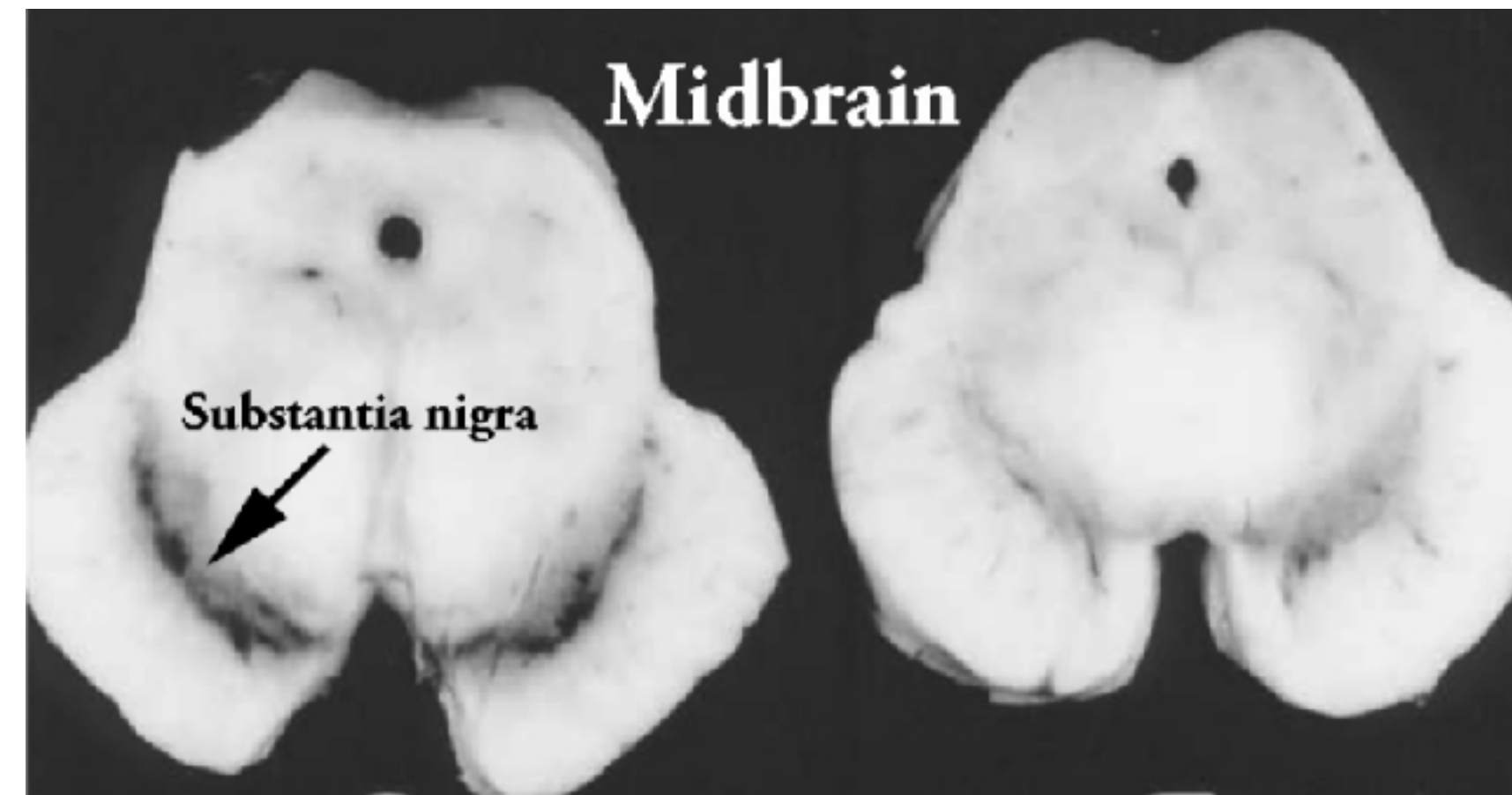


Parkinson's disease

Reprogramming by OSKM/OSK and differentiation by dual SMAD inhibition + Dorsomorphin/protocol by Kirks et al., 2011, Byers et al., 2011, Nyugen et al., 2011, Cooper et al., 2012, Chambers et al., 2009, Shaltouki et al., 2015, Hanss et al., 2021, Doi et al., 2014

α -synuclein ↑
oxidative stress ↑
mitochondrial dysfunction ↑
ROS ↑
synaptic dysfunction
Endosomal dysfunction
neuroinflammation
compromised BBB function

iPSC models of Parkinson's Disease (PD)



Control

Parkinson's

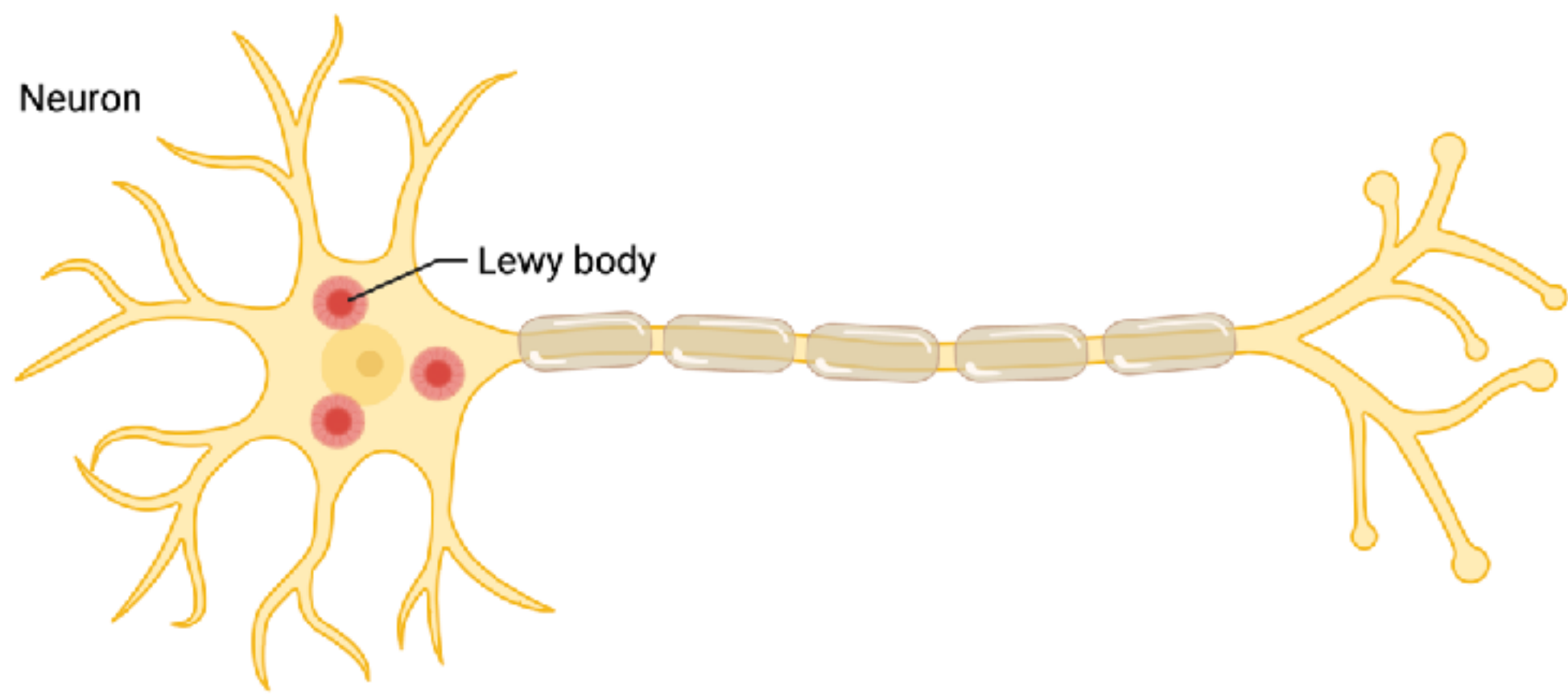
Selective loss of dopaminergic neurons in the midbrain (causes motor defects)

Use patient cells for reprogramming and repair mutations or induce patient mutations in commercial iPSCs

Common mutations: -Triplication of SNCA
-LRRK2
-PARK2
-PINK1

Modeling strategies

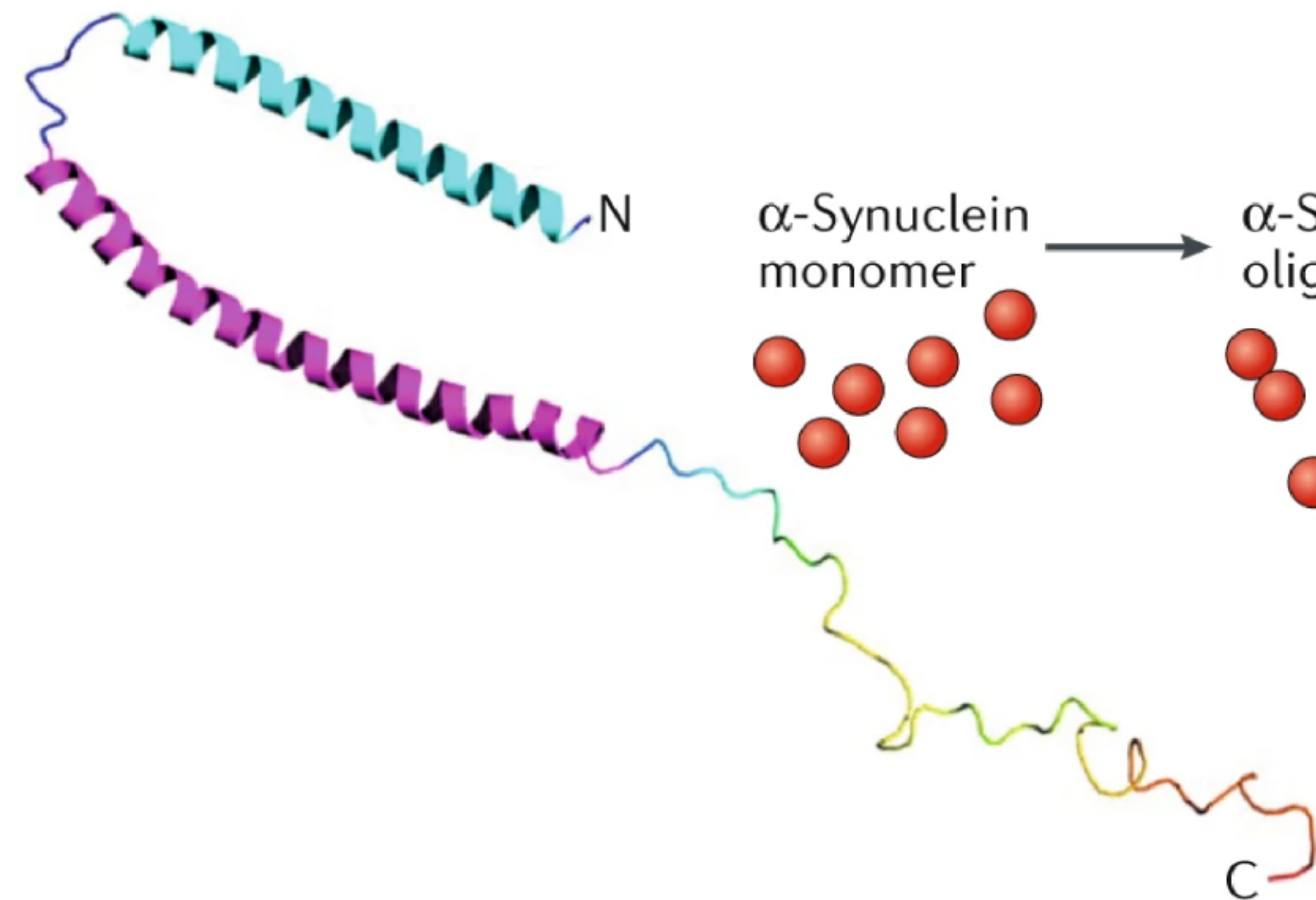
Aging/disease phenotype



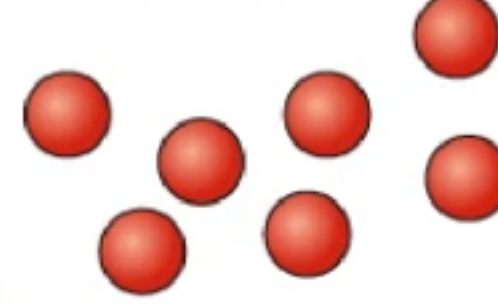
Formation of Lewy Body

iPSC models of Parkinson's Disease (PD)

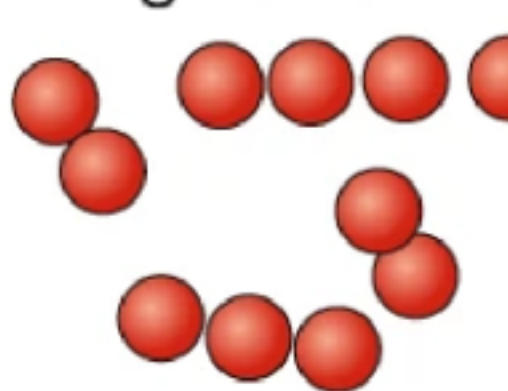
α -Synuclein monomer



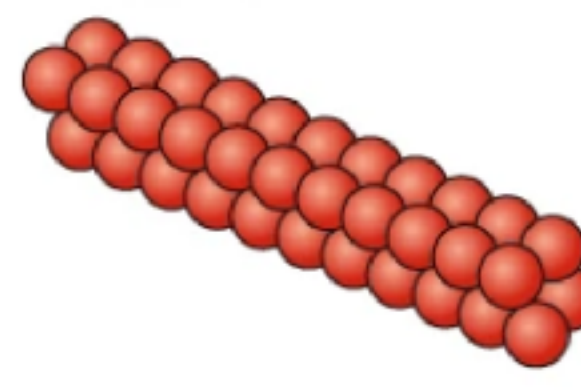
α -Synuclein monomer



α -Synuclein oligomer



α -Synuclein fibril



Neurofilaments

Ubiquitin

$\alpha\beta$ -Crystallin

Lewy body



Lewy bodies do not form readily in iPSC derived neurons
Only if the immune system is challenged at the same time

Bayati, ..., MacPherson (2024) Nature Neuroscience

Alzheimer's disease



iPSC models of Alzheimer's Disease (AD)

Accumulation of amyloid- β /tau plaques, increase in phosphorylated tau

Common mutations: -PSEN1
-PSEN2
-APO4

Only 5% of AD cases can be explained by genetics

Crosstalk with pericytes, astrocytes and microglia is very important in modelling the disease

iPSC derived AD neurons show premature differentiation but no aggregate formation

Modeling strategies

Alzheimer's disease

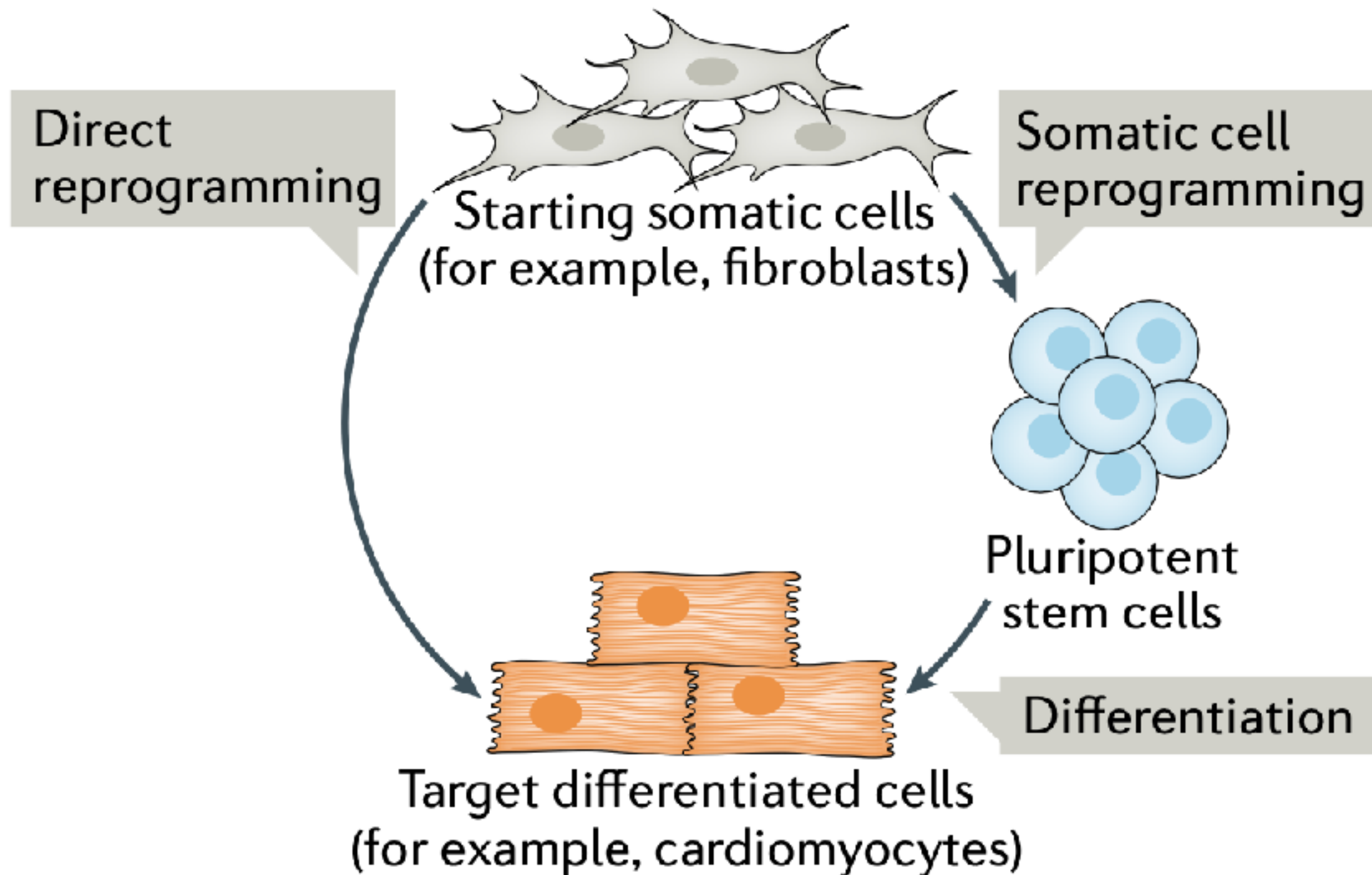
Reprogramming by OSKLN/
OSKM/OSKM+EGFP and
differentiation by medium w/o
bFGF, RA, dual-SMAD inhibition,
BDNF/GDNF/cAMP
3D brain organoid model protocol
as in Lancaster et al., 2014, Park
et al., 2021, Kadoshima et al.,
2013

Aging/disease phenotype

secretion of amyloid- β 42 ↑
A β 42/40 ratio ↑
premature differentiation ↑
GSK3 β /p-tau ↑
amyloid plaque deposition
endosomal abnormalities
mitophagy impairment
mitochondrial dysfunction
developmental defects

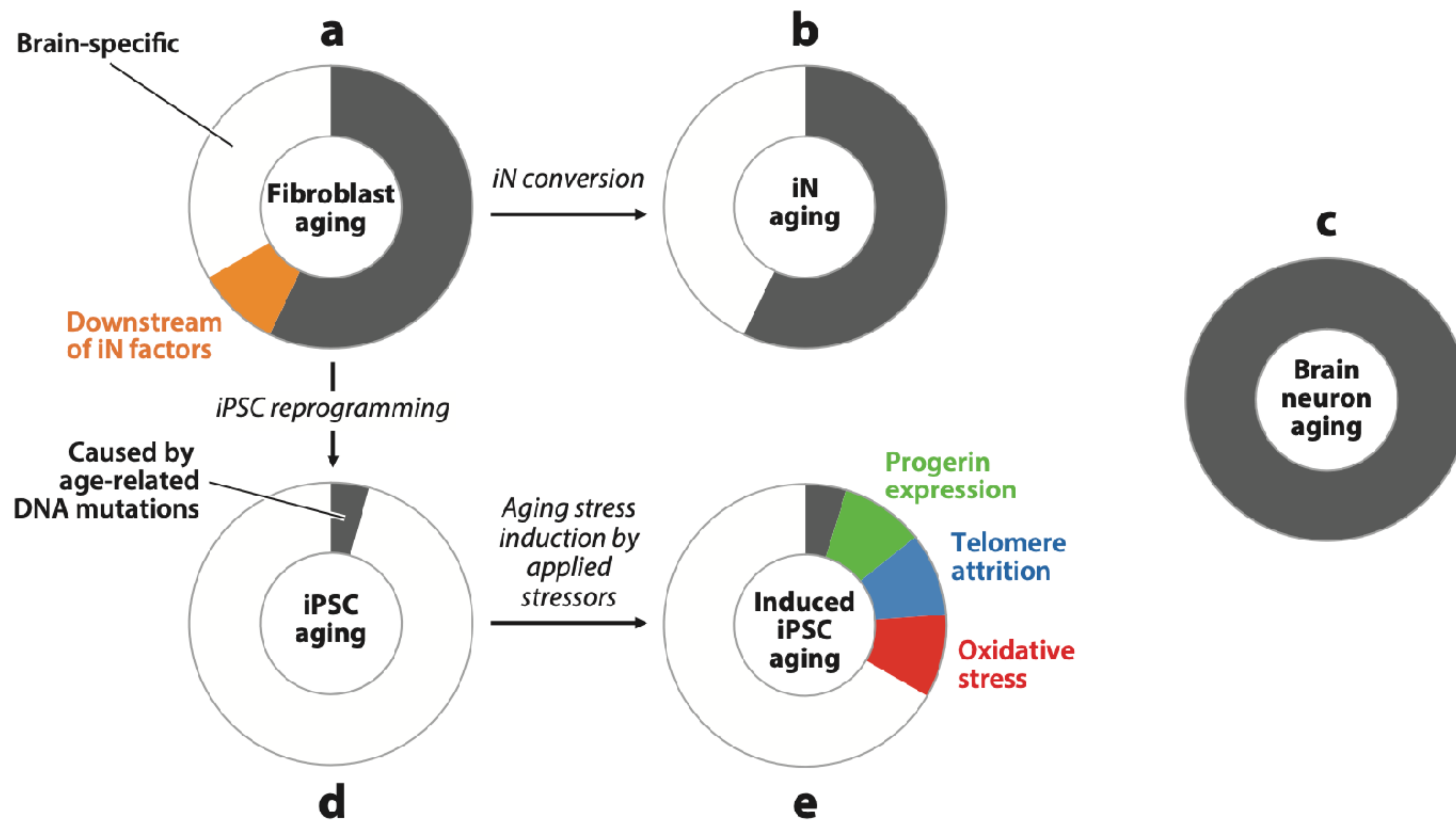
iPSC derived neurons resemble early developmental stages

- No intermediate pluripotent/multipotent cell state
- Fast and more efficient turnaround time to acquire reprogrammed cell
- Reduced tumorigenesis risk
- Suitable for in vivo tissue repair
- Epigenetic marks (such as ageing marks) of cell of origin are maintained

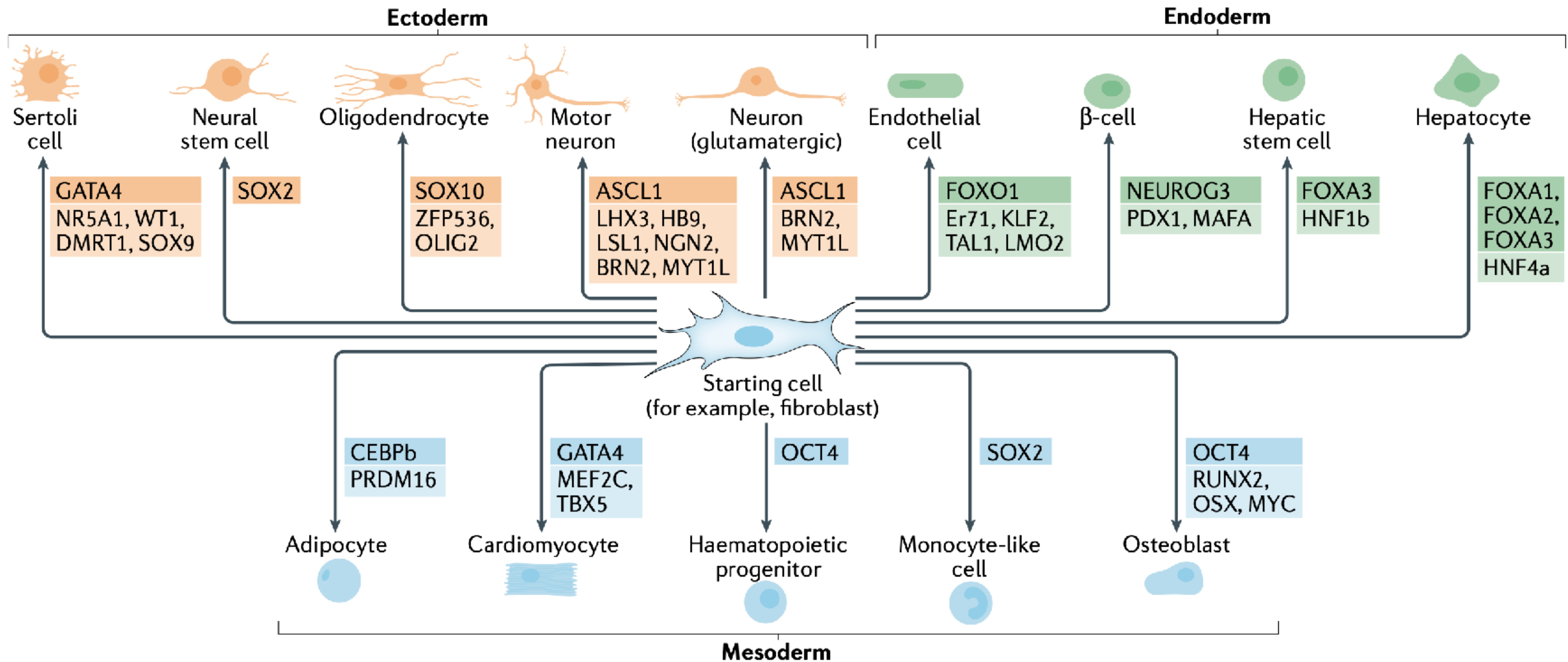


- Goes through an intermediate pluripotent or multipotent cell state
- Desired target cells can be in a large scale
- Reprogramming can only be performed in vitro
- Suitable for ex vivo manipulations
- Epigenetic marks (such as ageing marks) are erased in the reprogrammed cells

Direct reprogramming maintains cellular features associated with ageing



Direct reprogramming can give rise to multiple cell types

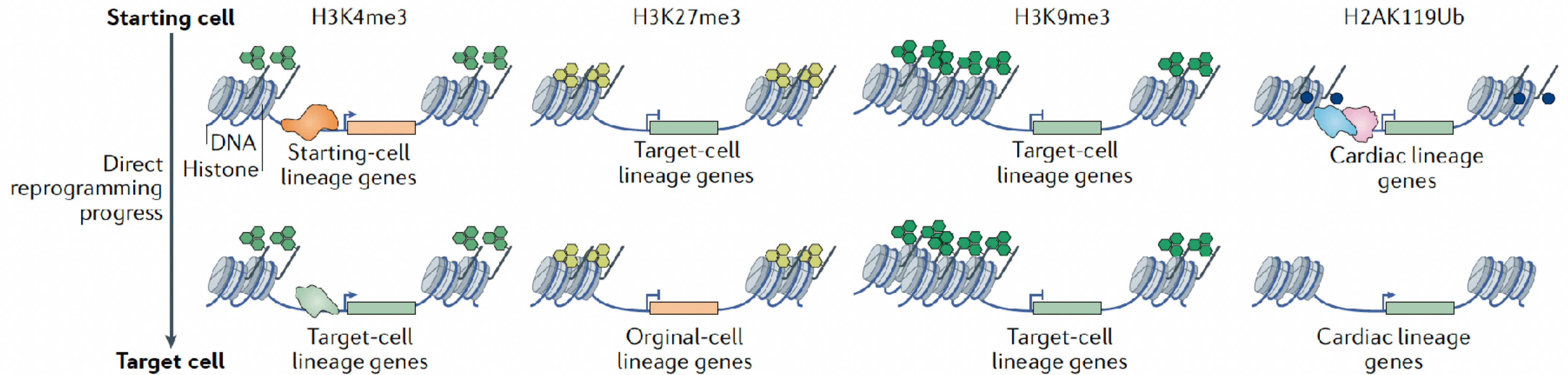


Delivery of reprogramming factors

Strategy	Lentivirus	piggybac	Adenovirus	Sendai Virus	Plasmid	RNA	Protein
Integration	Integrates into genome	Integrates into genome but is excisable	No Integration	No Integration	Might integrate	No Integration	No Integration
Efficiency	Fast and efficient	Medium efficient	Low efficiency	Medium Efficiency	Medium efficiency	Relatively efficient (multiple transfections)	Low efficiency
Safety	Low	Medium	Medium	Medium	Medium	High	High

Inhibiting heterochromatin writers enhances reprogramming

a Single histone modification



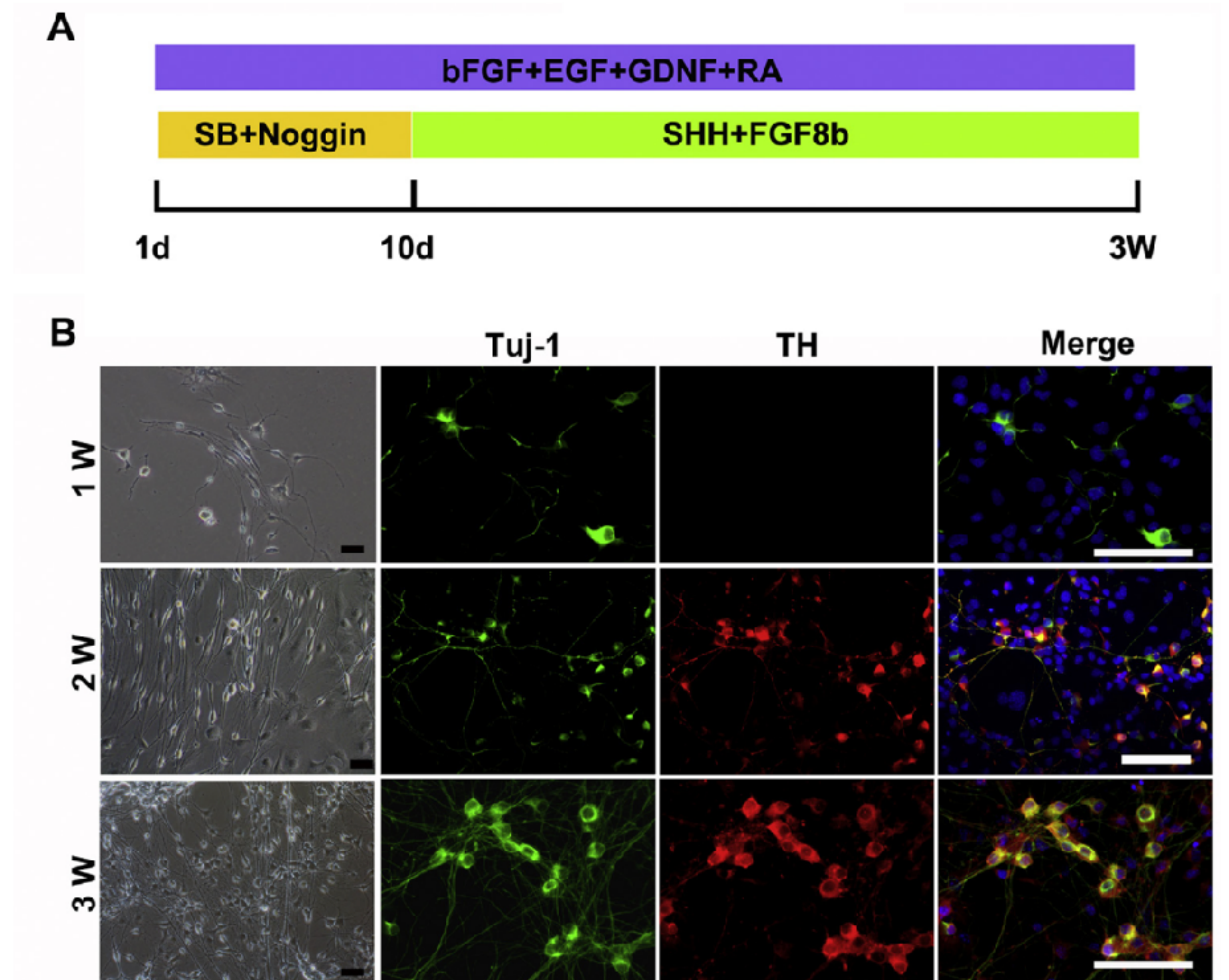
Perturbation of H3K4me3 makes reprogramming less efficient

Chemical reprogramming

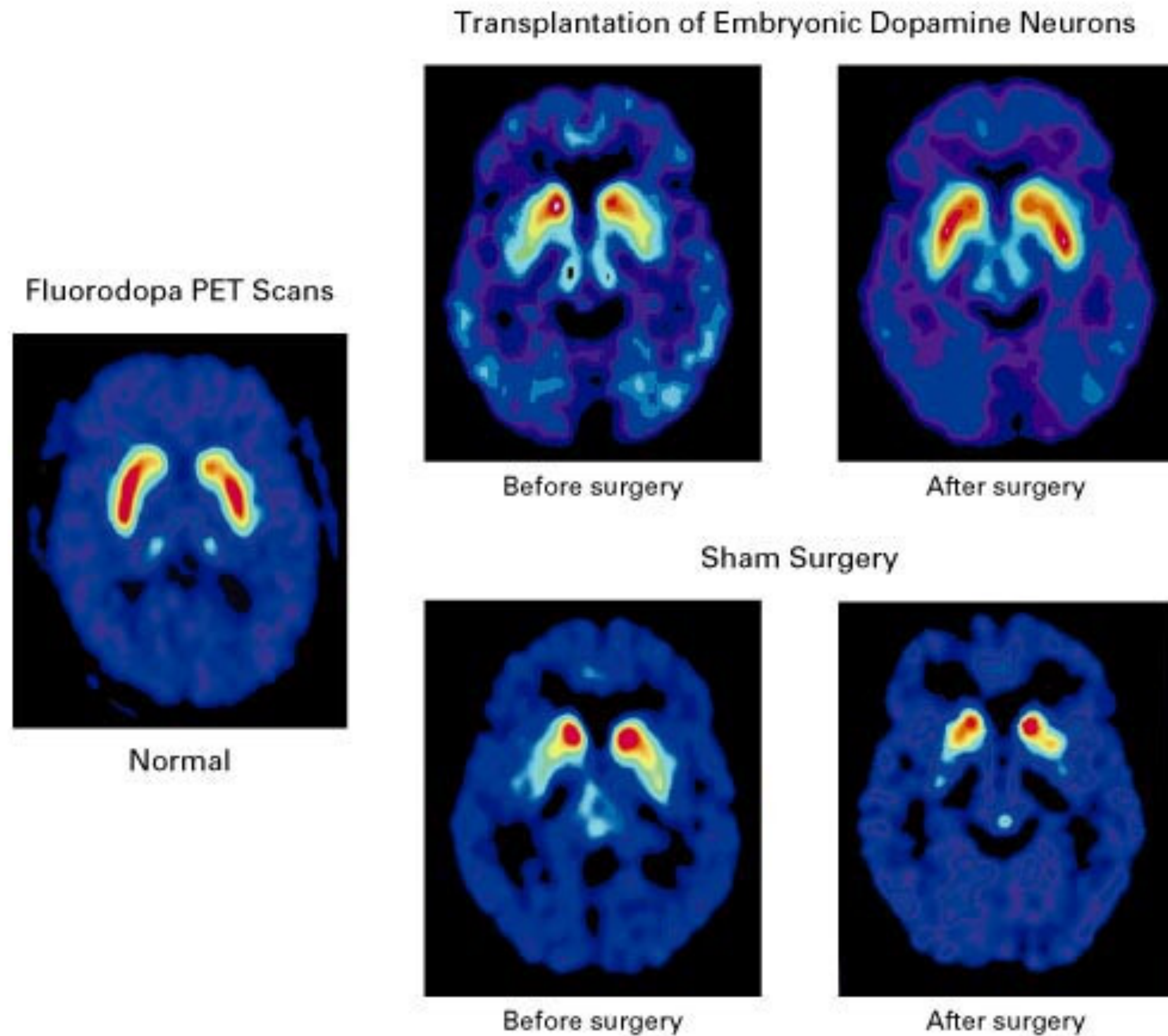
Small molecules have been used to reprogram cardiomyocytes or **fibroblasts to neurons**

Advantages:

- relatively fast
- scalable
- relatively safe for clinical application (no integration risk)



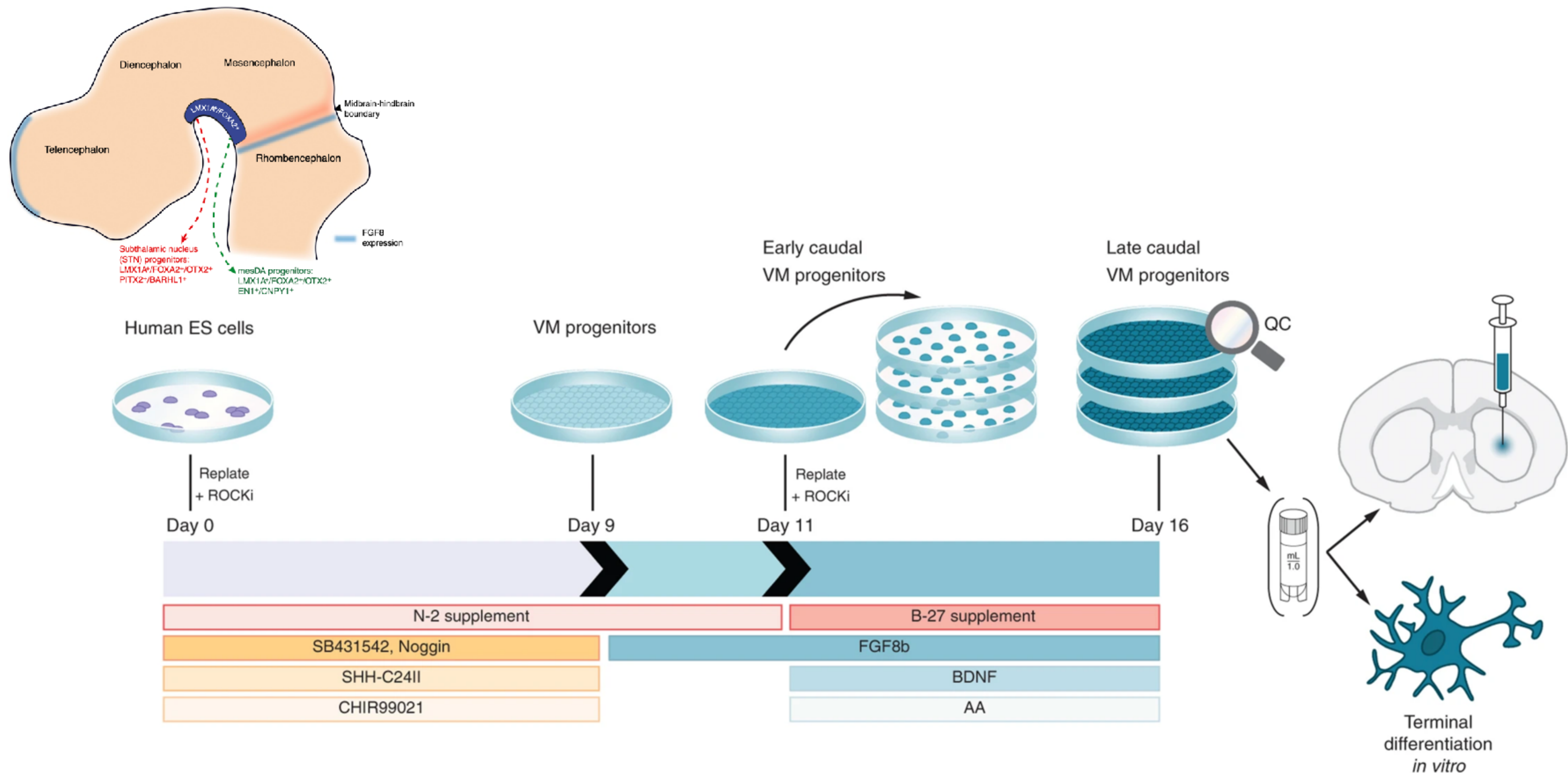
Stem Cell derived therapies



2001, first clinical trial to treat Parkinson's disease by implanting dopaminergic neurons from abortion tissue

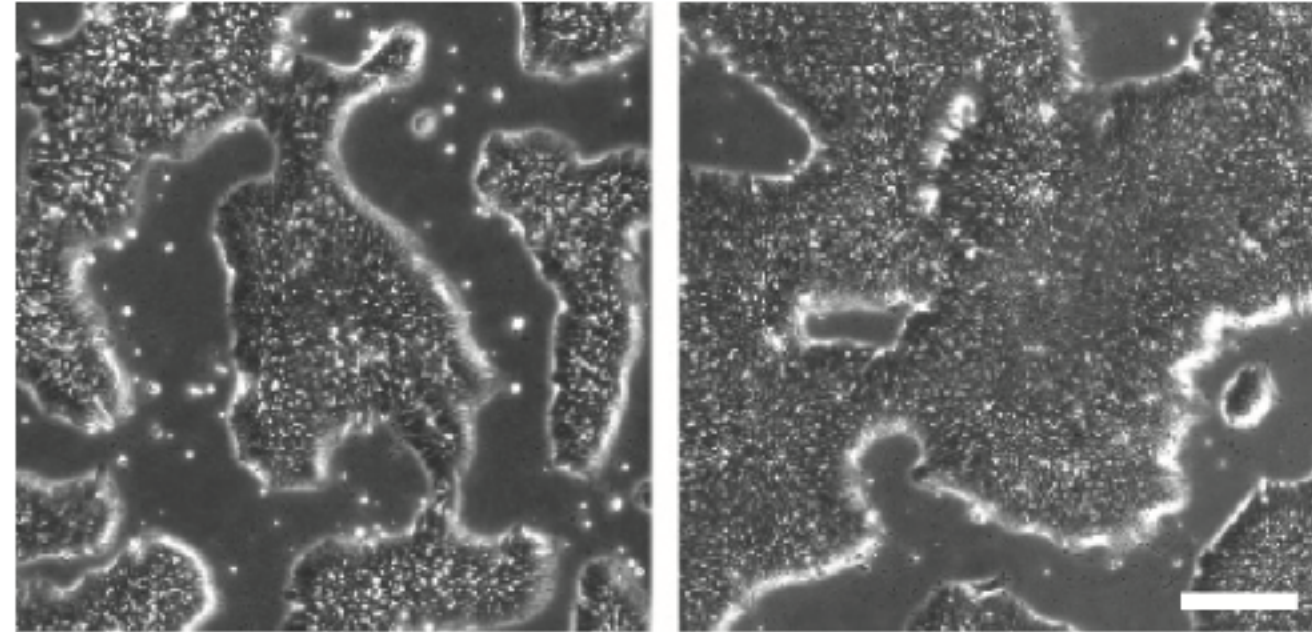
- low efficiency of the graft
- little material
- high variability
- effect too little

Generating mid-brain dopaminergic neurons in vitro

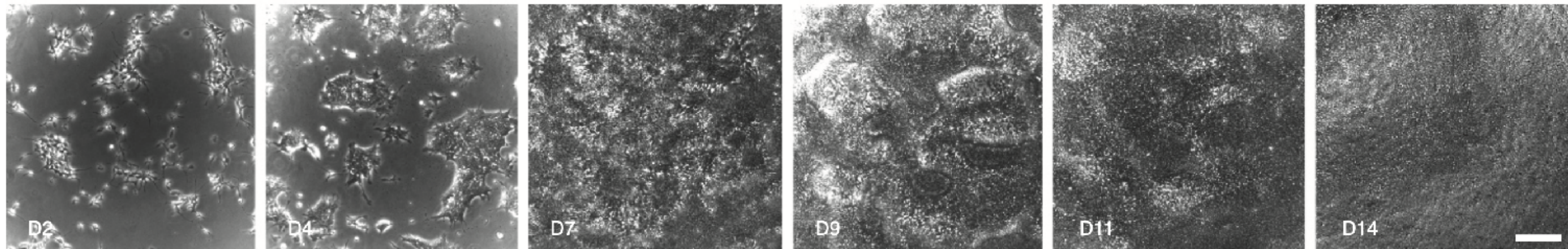


Generating mid-brain dopaminergic neurons in vitro

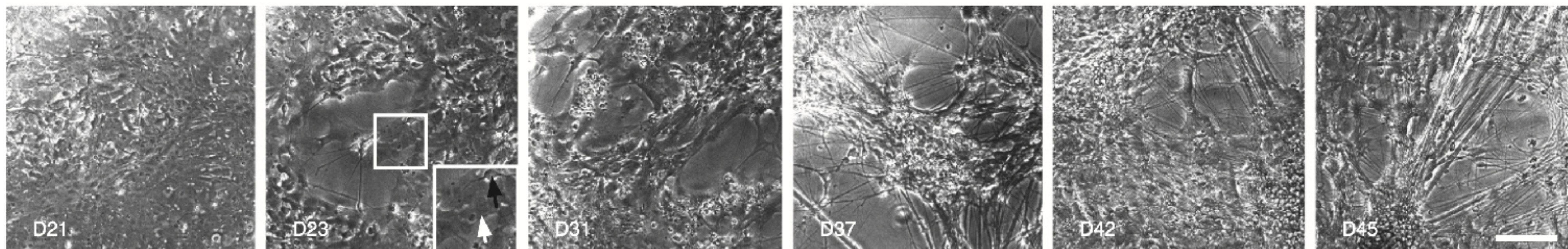
Undifferentiated stage



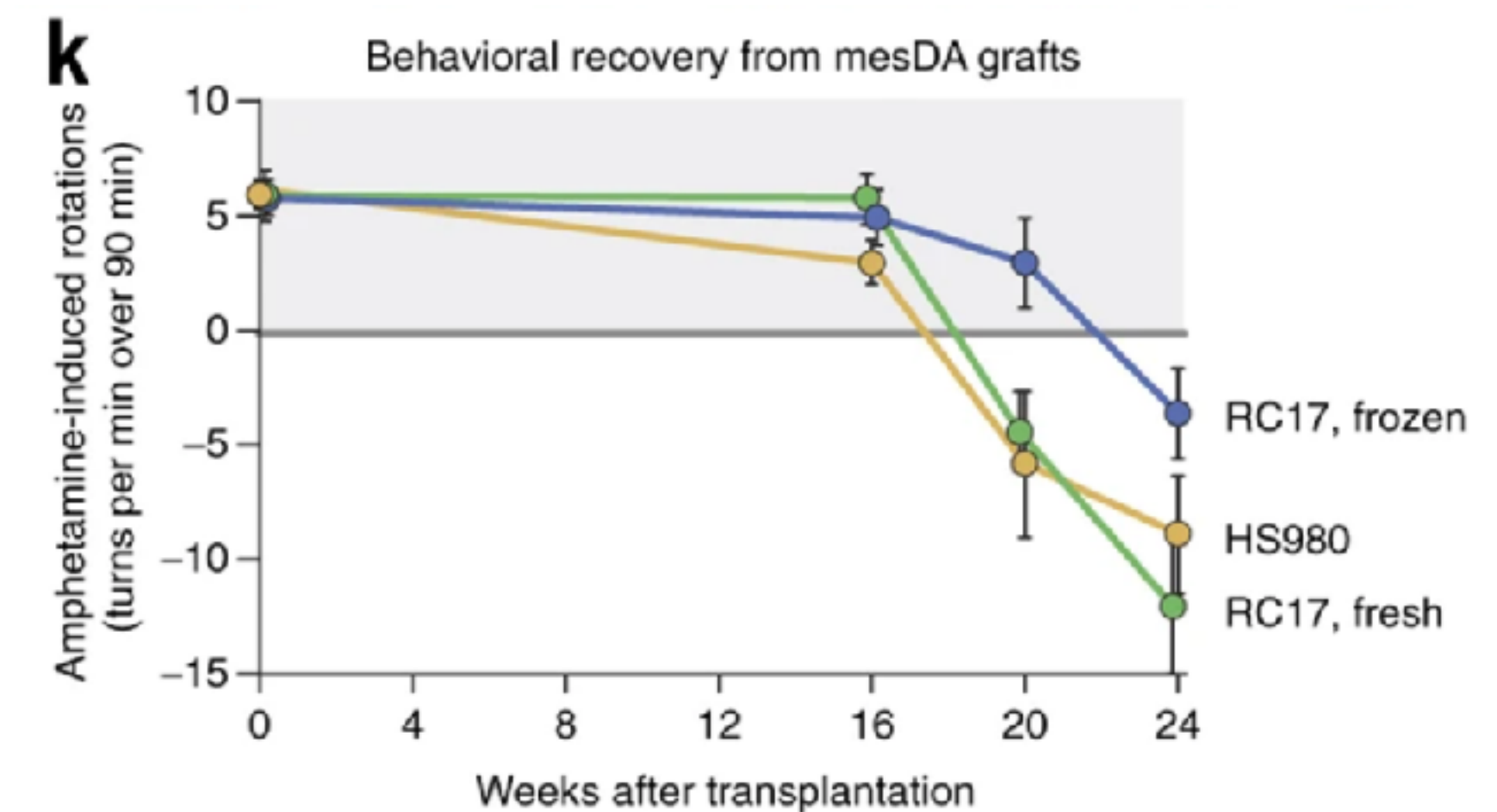
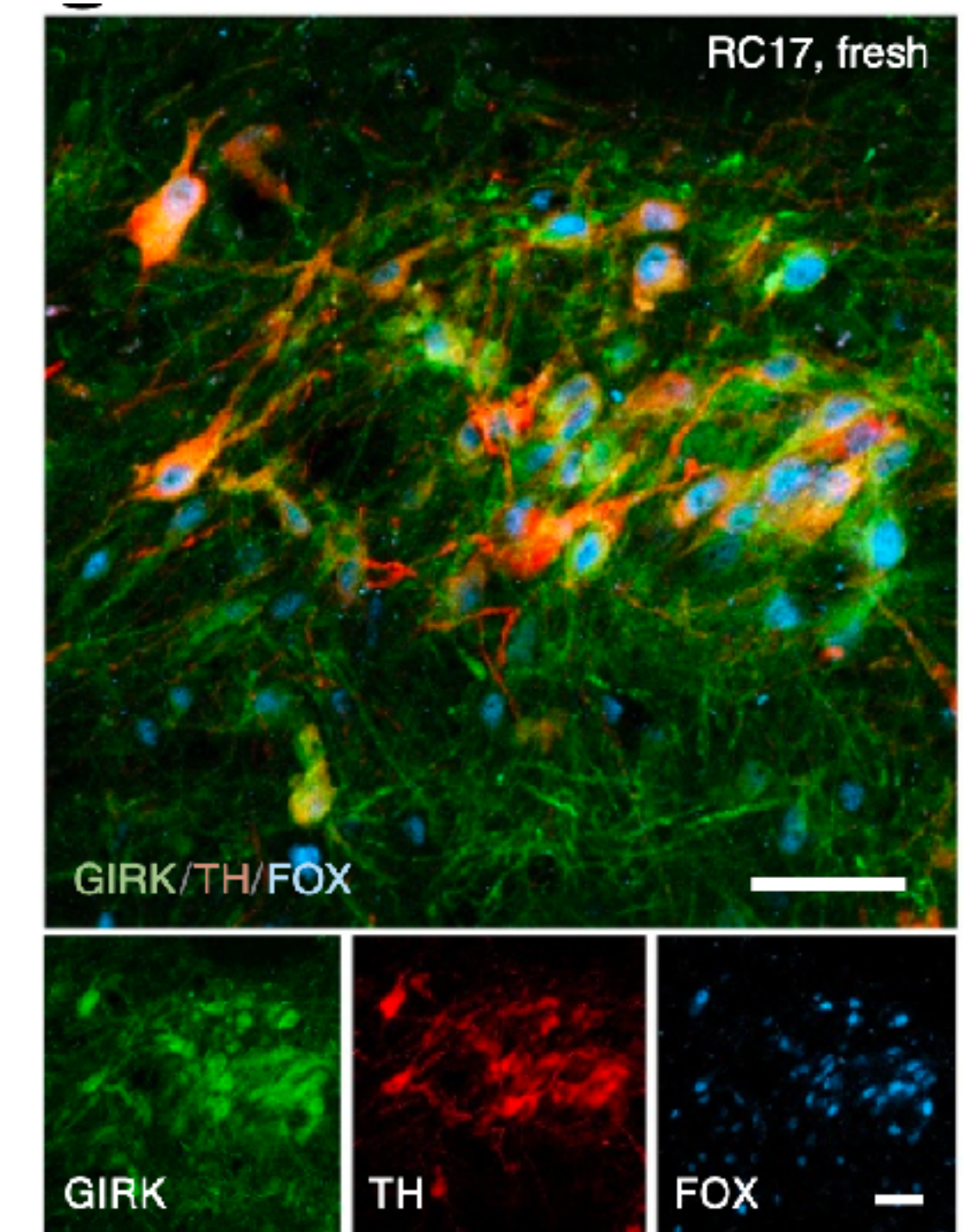
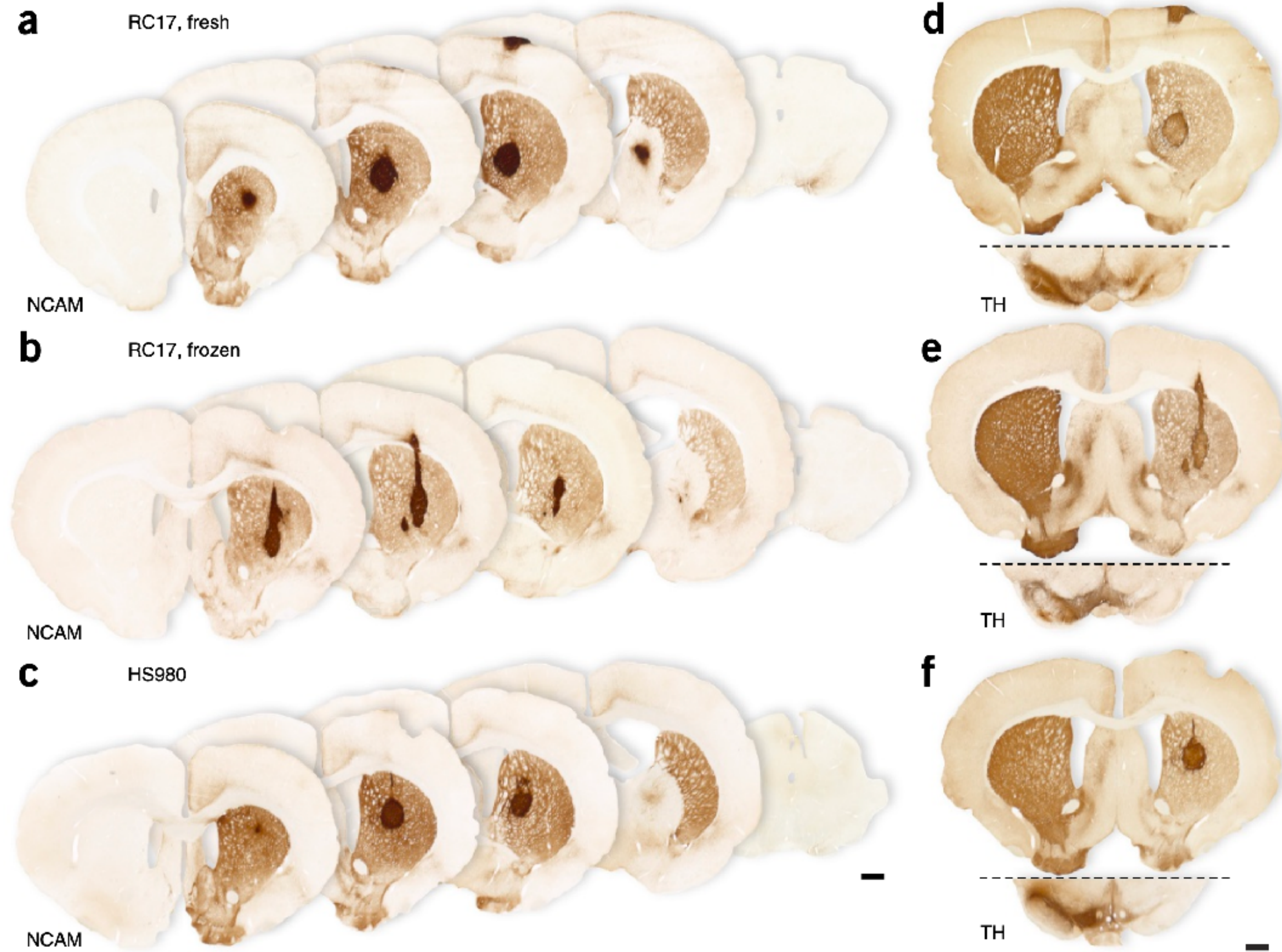
Progenitor stage



Maturation stage



Generating mid-brain dopaminergic neurons in vitro



Stem Cell derived therapies



Bayer // United States

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Pharmaceuticals

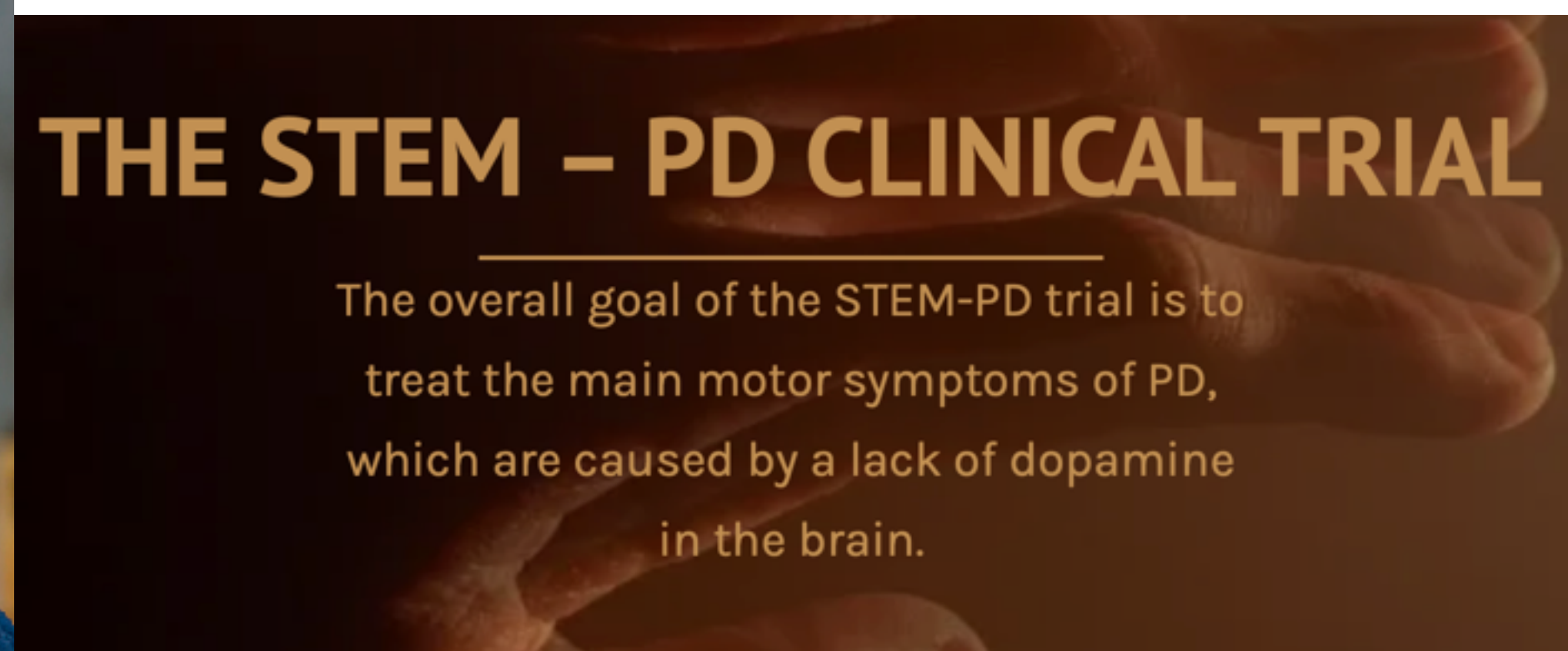
BlueRock Therapeutics' investigational cell therapy bemdaneprocel for Parkinson's disease shows positive data at 24-months



Viviane Tabar & Laurenz Studer



Agnete Kirkeby



Kirkeby, ..., Parmar (2023) Cell Stem Cell



Malin Parmar

Take Home - what you should know after the lecture:

What is the difference between hESC and iPSC?

How can cells be reprogrammed?

What is OKSM?

What is progerin and what is WRN and why are they used as ageing models?

What is an isogenic control line and how can it be obtained?

Choose two factors that can enhance reprogramming and explain why.

What is the difference between direct reprogramming and iPSCs?

Explain advantages and disadvantages of either and give examples how reprogramming factors can be delivered.

Exercises

1. Go through the questions of the lecture.
2. In groups, please select an aspect of ageing or a neurodegenerative disease and explain, based on your knowledge from the lecture, how iPSCs could be used to model it. What are the advantages and disadvantages?
3. Imagine you found a new and interesting phenotype in a neurodegenerative disorder.
 - How would you generate enough material to study it independently of the patient?
 - Which considerations would you take?
 - How would you try to revert the phenotype?