Therapeutic Cell Replacement

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- Neurons are lost due to four main causes:
 - Trauma
 - Toxin
 - Hypoxia (typically loss of air or blood supply)
 - Neurodegenerative disease

- Most common cause of trauma:
 - Auto accident!
- Common toxins:
 - Alcohol!
 - Pesticides
 - [MPTP synthetic opiate]
- Common causes of hypoxia / loss of blood supply:
 - Heart attack
 - Local vascular obstruction (e.g. clot, arterial sclerosis)
 - Burst aneurism
 - Drowning
 - Alcohol!

- Common neurodegenerative diseases:
 - Parkinson's disease dopaminergic cell loss in pars compacta of the substantia nigra
 - Amyotrophic lateral sclerosis (ALS) motor neuron loss (upper & lower)
 - Spinocerebellar ataxia (SCA) cerebellar neuron loss
 - Huntington's disease (chorea) spiny neuron loss in the striatum (caudate & putamen) of the basal ganglia
 - Retinitis pigmentosa (RP) retinal rod cell loss
 - Age-related macular degeneration (AMD) retinal cone cell loss
 - Alzeheimer's disease cortical neuron loss

Neuronal Death

nigrostriatal

tract

SNc

 Degeneration of the dopaminergic neurons in substantia nigra pars compacta (SNc) causes Parkinson's disease.



• Death of certain neurons induces death of other neurons.

- Functional plasticity of surviving neurons.
- New neurons generated from endogenous sources. [minimally important if it happens at all]



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- There is tremendous need for therapeutic replacement of lost neurons.
- Transplantation offers a potential method to replace lost neurons.
- Greatest success in the laboratory and in early clinical trials has been achieved by transplanting developing neurons harvested from fetuses.
- Stem cells potentially offer an alternative source of neurons for transplantation.

- Definition of a stem cell:
 - 1. Capable of self renewal [indefinitely].
 - 2. Capable of generating multiple differentiated cell types



- Types of stem cells:
 - Embryonic stem cell (ESC)
 - Umbilical cord stem cell
 - Neural stem cell (NSC)
 - Other adult tissue derived stem cells
 - Induced pluripotent stem cell (iPSC)
 - Induced neurons (iN)



• Making neurons from ESCs:



Grow ES cells on fibroblast feeders

4 days



Formation of embryoid bodies in non-adherent dishes

4 days



Add retinoic acid to enrich neural progenitors

10 days



Monolayer culture in serum-free medium to induce neuronal differentiation • Neuralized ESCs typically are heterogeneous and often form teratomas in vivo.

Therapeutic Neuron Replacement – Adult Stem Cells

Brain

• Liver

Skin

Muscle

Testes

Intestine



Therapeutic Neuron Replacement – Adult Stem Cells

 Many types of adult stem cells have been induced to differentiate into cell types representative of each of the three primary germ layers.



Therapeutic Neuron Replacement – Adult Stem Cells

- Parts of the adult nervous system from which neural stem cells have been isolated:
 - · SVZ
 - SGZ
 - · Cerebellum
 - Midbrain
 - · Retina
 - Spinal cord
- Neural stem cells form neurospheres in culture and give rise to neurons, astrocytes and oligodendrocytes.









• IPSCs can be generated (possibly) from any differentiated cell type, but usually is done with skin cells



Therapeutic Neuron Replacement - iPSCs

• IPSCs can be generated (possibly) from any differentiated cell type, but usually is done with skin cells





 Differentiated fibroblasts have been directly converted to neurons without going through a pluripotent step by misexpression of the transcription factors Brn2, Ascl1 and Myt1L (BAM factors).

e.g. Zhang Y et al. (2013) Neuron 78:785





Therapeutic Neuron Replacement



- Successful neuron replacement will require:
 - appropriate donor cell type
 - purified donor cell population at the proper stage of development
 - delivery of new cells to the proper location
 - survival of afferent & target cell populations
 - growth of axons from new cells to appropriate targets
 - formation of new synapses between new axons & target cells
 - connection of original afferents to new cells
 - myelination of the new axons

totipotent Methods of inducing desired phenotype: ectoderm Stepwise recapitulation of development by culturing stem rostral neural plate cells in different cytokines. frontal eye field Transfect cells with the fate • determining transcription factors. neural retina photoreceptor competent retinal progenitor committed photoreceptor cell differentiating photoreceptor cell

Induction of Retinal Cell Phenotypes by Cytokines

- Cytokine treatments reported to induce retinal cell fates:
 - Taurine
 - Retinoic acid
 - Noggin + Dickkopf + IGF1 (3-7day), add bFGF (3wk)

Transcription Factors that Specify Photoreceptors



- Aim: Transplant dopaminergic neurons into the striatum, to replace the input from the degenerated midbrain cells that normally project to the striatum.
- Transplantation of embryonic mesencephalic tissue to the striatum is effective in eliminating Parkinsonian symptoms in animals, and has been used in over 400 patients over the past 20 years.

neurons is needed.



Generation of Dopaminergic Neurons from Stem Cells



Generation of Dopaminergic Neurons from Stem Cells

- Steps in generating dopaminergic neurons:
 - 1. Expand undifferentiated ESCs.
 - 2. Generate EBs in suspension culture for 4 days.
 - 3. Plate EBs in serum-free medium for 8 days to select neural progenitor cells.
 - 4. Grow cells in FGF2 + Shh + FGF8 on laminin for 6 days.
 - 5. Withdraw FGF2 to induce differentiation.



Generation of Dopaminergic Neurons from Stem Cells

- Grafted Nurr1+ cells derived from ESCs resulted in behavioral improvement in a rat model of Parkinson's disease.
- Similar results were obtained in MPTP treated monkey.
- Similar results were obtained using dopaminergic neurons produced from iPS cells.



Dopaminergic neurons produced from iPS cells were implanted into a person with Parkinson's disease. At Kyoto University, 2.4 million cells were injected into 12 sites in the striatum.

Press conference (as reported by Japan Times) 9 Nov 2018

- Glial cell failure/death is at the root of several diseases:
 - e.g. Multiple sclerosis lose of CNS myelin
- Inducing stem cells to acquire a glial cell fate for therapeutic use is an active area of research.

Injection of adult neurospheres induces recovery in a chronic model of multiple sclerosis

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Widespread demyelination and axonal loss are the pathological hallmarks of multiple sclerosis. The multifocal nature of this chronic inflammatory disease of the central nervous system complicates cellular therapy and puts emphasis on both the donor cell origin and the route of cell transplantation. We established syngenic adult neural stem cell cultures and injected them into an animal model of multiple sclerosis—experimental autoimmune encephalomyelitis (EAE) in the mouse—either intravenously or intracerebroventricularly. In both cases, significant numbers of donor cells entered into demyelinating areas of the central nervous system and differentiated into mature brain cells. Within these areas, oligodendrocyte progenitors markedly increased, with many of them being of donor origin and actively remyelinating axons. Furthermore, a significant reduction of astrogliosis and a marked decrease in the extent of demyelination and axonal loss were observed in transplanted animals. The functional impairment caused by EAE was almost abolished in transplanted mice, both clinically and neurophysiologically. Thus, adult neural precursor cells promote multifocal remyelination and functional recovery after intravenous or intrathecal injection in a chronic model of multiple sclerosis.

• A clinical trial, which is on-going, is to inject ESC derived oligodendrocytes into patients.

• Transplantation of stem cells slows the death of the remaining host neurons in several disease models.