Microelectrode array (MEA) for assessing neuronal network restoration in PTEN knockdown primary hippocampal neurons

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Abstract

PTEN hamartoma tumour syndrome (PHTS) is a rare disease (incidence 1:200,000) arising from germline PTEN. Approximately 25% patients with PHTS may develop symptoms of autism spectrum disorder (ASD) and ~2% patients with idiopathic ASD have been found to harbour PTEN mutations. PTEN an upregulation of PI3K-Akt-mTOR signaling that has been associated with macrocephaly and structural and functional changes in hippocampal and cortical neurons in both human and murine CNS. with PTEN loss show neuronal hyperexcitability and seizure development. Our PTEN EN KD) hippocampal neuron cell model showed upregulation of PI3K-Akt-mTOR signaling. array (MEA) in vitro assays offer valuable insights into cellular behavior, particularly in neasuring electrical activity noninvasively across a cell population over time using electrodes. AAV shRNA mediated PTEN KD neurons exhibit a consistent increase (e.g., burst duration and network burst duration) and decrease (network burst frequency) over time for a subset of neurona network parameters linked to neuronal excitability. Rapamycin, an inhibitor of mTOR restored these functional parameters in PTEN KD cells in the direction of non-target shRNA control cells. A structured statistical framework was applied to evaluate the activity of Rapamycin, accounting for experimental variability and potential neurotoxicity over time. Applying the MEA assay to complement other measures of PTEN loss in neurons provides data that may further discriminate between inhibitors of PI3K signaling as drug repurposing candidates.

Introduction

The PTEN phosphatase and PI3K signaling play a significant role in neuron development and function. PI3K pathway components are intimately linked with neuron stem cell growth, dendritic outgrowth and branching, and neurotransmitter release. Germline mutations in PTEN were identified as the causative agent for a number of syndromes now collectively known as the PTEN hamartoma tumor syndrome (PHTS), and the PI3K pathway appears to be a point of convergence for a number of genetic syndromes having autism spectrum disorder (ASD) as a component, including Fragile X, TSC and Rett. In PHTS PTEN loss of function mutations lead to an upregulation of PI3K signaling that is manifest as macrocephaly in virtually all patients, and as ASD in ~25% patients. In animal models, loss of PTEN leads to an increased cortical thickness, enhanced neurite growth and branching, dysregulates synaptic plasticity characterized by changes in long-term potentiation and long-term depression (1).

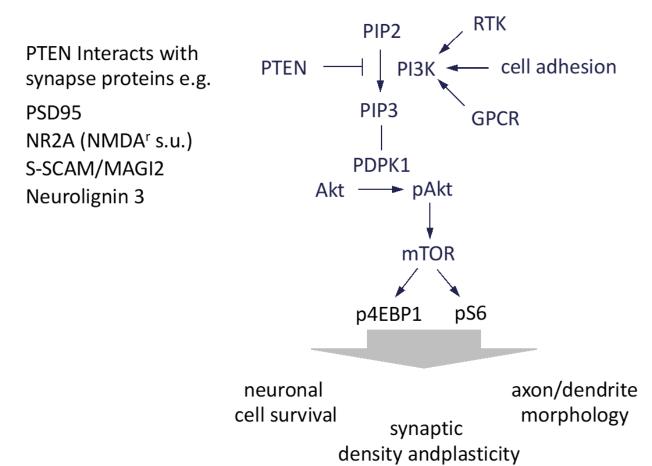
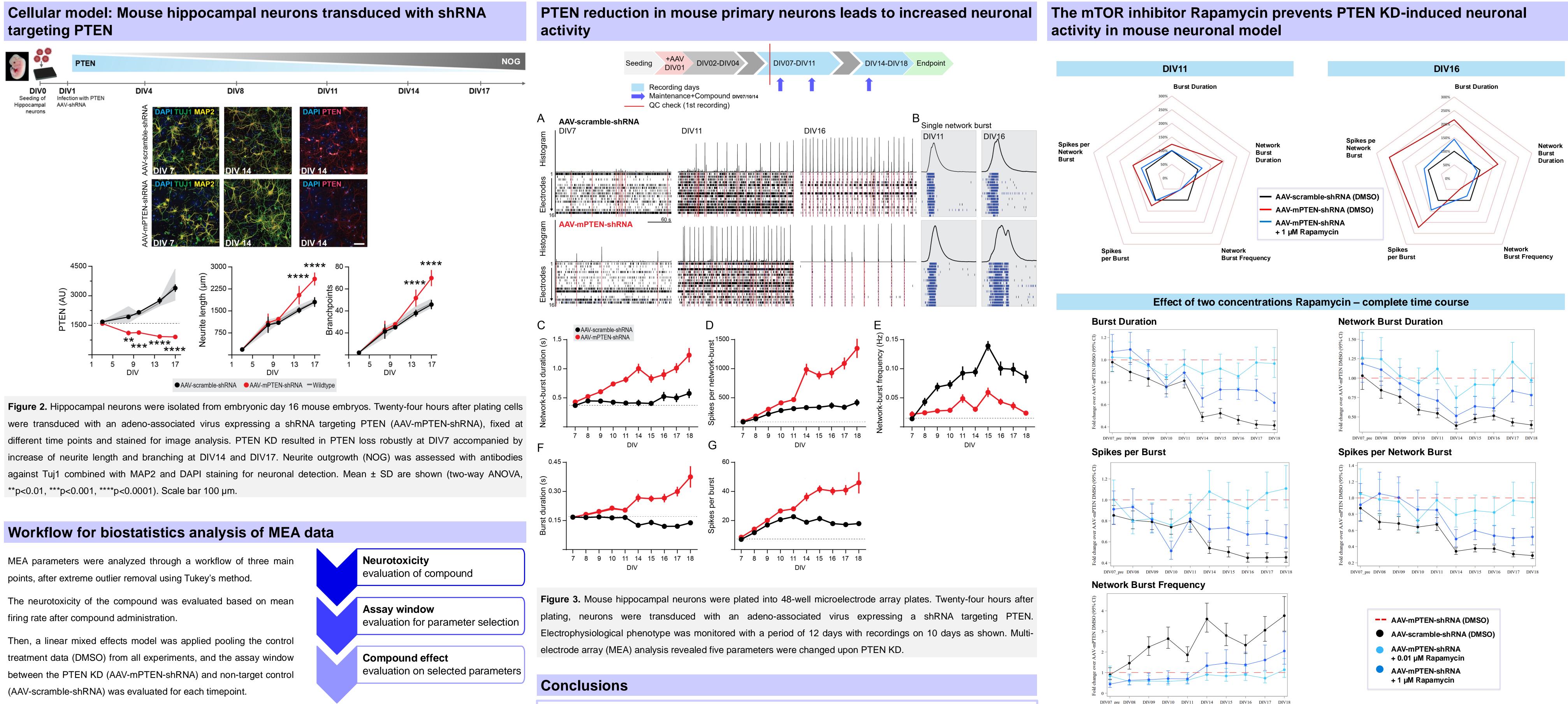


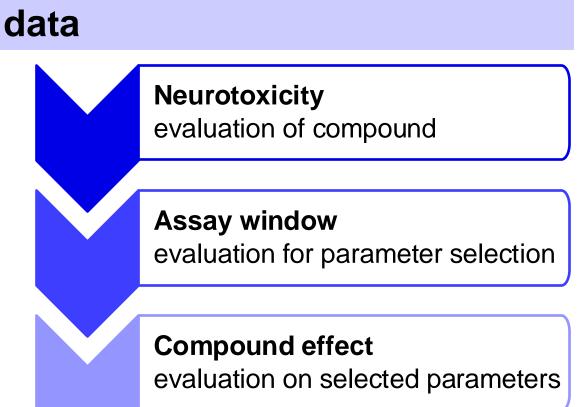
Figure 1. Schematic of PI3K signalling in neurons. PI3K kinases have been associated with specific aspects of CNS function including neuron growth, dendritic growth and branching. PTEN, the negative regulator of PI3K, also interacts directly with various proteins to further influence neuronal activity.

PI3K signalling has been shown to regulate receptor expression and neurotransmitter release and PTEN may have a scaffolding role at the synapse through protein-protein interactions with PDZ domain containing proteins e.g. PSD95 and NMDA receptors (2). In animal models, knockout of PTEN expression in cortical or dentate gyrus neurons leads to enhanced synaptic activity and we have followed neuronal activity in PTEN loss primary hippocampal neurons as a basis for characterising candidate drug repurposing molecules.

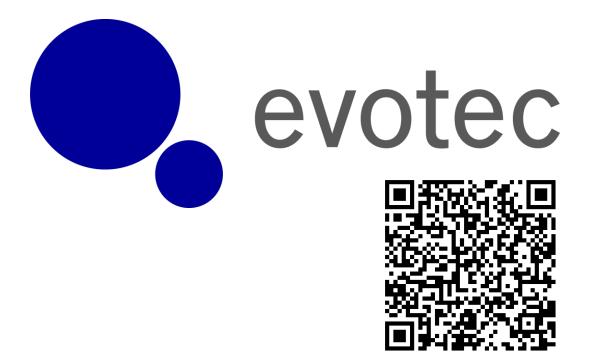
References

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Finally, the compound effect was investigated in five parameters that showed a consistent assay window, i.e., network-burst duration, spikes per network-burst, network-burst frequency, burst duration and spikes per burst. The effect of the compound was evaluated using a linear mixed effects model, comparing compound data with the PTEN KD condition.



PTEN RESEARCH

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• PTEN KD induces a robust electrophysiological phenotype in primary neurons.

• Electrophysiological changes were detected even before the "neurite overgrowth".

• Treatment with 1 μ M (but not 0.01 μ M) Rapamycin largely prevented the development of the PTEN KD-induced electrophysiological phenotype.

 MEA assessment of neuronal network changes therefore presents a robust method to screen for drugs with the potential to treat PHTS.

Figure 4. Neuronal activity of mouse hippocampal PTEN KD cells was monitored as described in Figure 3 and cultures were treated with with 0.01 µM or 1 µM Rapamycin (with media change on DIV07, DIV10 and DIV14). Treatment with 1 µM Rapamycin resulted in significant reduction/increase of five activity related parameters towards AAV-scramble-shRNA control levels, indicating that high concentration Rapamycin prevents the development of the PTEN KD phenotype. Upper panel shows results normalized to AAV-scramble-shRNA control, visualized in a spider web for 1 µM Rapamycin treatment at two individual days (DIV11 and DIV16). Lower panel shows the complete time course, with parameter values presented as fold change over AAV-mPTEN-shRNA. Confidence intervals (CI) that do not intersect y=1 represent statistically significant effects compared to the AAV-mPTEN-shRNA condition. Data are shown as mean ± 95% CI.

151.05