

Characterization of human iPSC-derived microglial activation using high-content immunofluorescence

INTRODUCTION

Microglia, the native immune cells of the brain, are keen responders and critical players in numerous neurological conditions including an increasingly recognized role in pathology and (AD) Alzheimer's disease neurodegeneration (1). In particular, triggering receptor expressed on myeloid cells 2 (TREM2) is a receptor protein localized at the membrane of microglia that has been genetically linked to late-onset AD and has become an interest as a therapeutic target (2-5). Loss of TREM2 through frameshift and nonsense mutations has also been associated with frontotemporal dementia (FTD) and Nasu-Hakola disease (NHD) (6). Investigating the role of microglial TREM2 and downstream signaling cascades within human-relevant *in vitro* models has been historically challenging but is now accessible using human induced pluripotent stem cell (iPSC) technology and protocols for differentiating these into microglia.

In this study we used commercially available iPSC-derived microglia (iCell® Microglia) to investigate mechanisms of TREM2 signaling using high-content immunofluorescence analysis (HCA) and specific monoclonal antibodies. We first validated iPSC-microglia by staining for established microglial markers (Iba1, SHIP1, CD45, PU.1), showing that the cells were highly pure, correctly differentiated, and absent of markers for neurons (NeuN) and astrocytes (GFAP). TREM2, upon ligand binding and activation, interacts with the tyrosine kinase-binding protein DNAXactivating protein 12 (DAP12, TYROBP) to form a receptor-signaling complex (7-8). DAP12 then recruits protein tyrosine kinase Syk and phosphorylation within the activation loop (Tyr 525 and 526) can be used as a reliable readout of this signaling (9). To investigate TREM2 signaling in microglia in more detail, we compared TREM2 and DAP12 localization in apparently healthy normal (AHN) iPSC- derived microglia with and without stimulation with lipopolysaccharide (LPS) or pro-inflammatory cytokines (IFN γ / TNF α) and looked at readouts of TREM2 activation. We then compared the effects of TREM2 on microglial activation using AD-relevant iPSC-microglia, engineered with a homozygous frameshift deletion of TREM2 (AD TREM2 HO KO).

The identification and implementation of antibodies for neuroscience research is not a trivial task. The antibodies used and validated in this study can be leveraged to further characterize iPSC-derived human cultures, especially within the context of inflammation. Together, these data demonstrate the utility of HCA and iPSCderived microglia for investigating the TREM2-signaling cascade and can be applied to AD therapeutic research, targeting the benefits of upregulating or downregulating TREM2-dependent microglial activation to attenuate AD pathology.

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METHODS

- Human iPSC-derived neural cells: iCell[®] Microglia (Catalog #C1110, #C1136), iCell[®] Astrocytes 2.0 (Catalog #C1247), and iCell[®] GlutaNeurons (Catalog #C1033) were acquired from FUJIFILM Cellular Dynamics. Cells were grown according to manufacturer's protocol and fixed in formaldehyde at 3DIV or 7DIV.
- Recombinant monoclonal antibodies against various cellular markers and signaling pathways were analyzed in iPSC-derived microglia by immunofluorescence utilizing the CST Immunofluorescence Protocol.
- Images were captured at 630X and 200X using the Operetta CLS HCA system in confocal and widefield mode. Additional images were captured at 630X using the Leica SP8 confocal.
- Image quantification was performed using Harmony high-content analysis software as well as Cell Profiler [3].

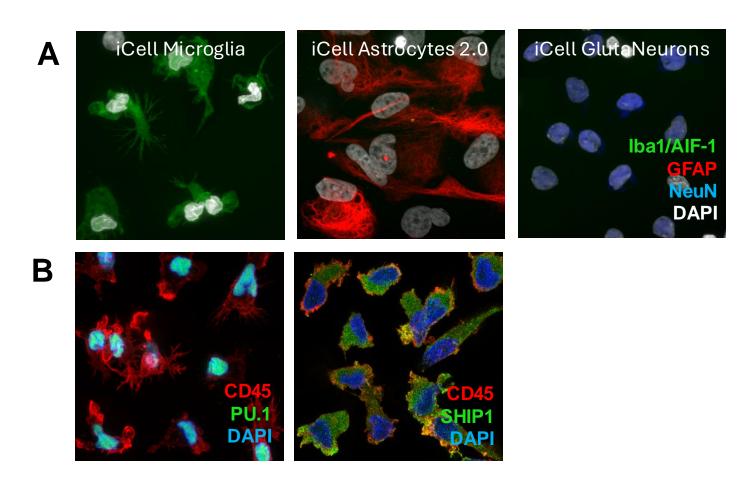


Figure 1: Validation of iPSC-derived Neural Cells using Cell-specific Antibodies.

(A) Validation that only iCell Microglia and not iCell Astrocytes or iCell GlutaNeurons express the microglia-specific marker, Iba1. Similarly, iCell Astrocytes and iCell GlutaNeurons are solely positive for the astrocyte marker, GFAP, and the neuron marker, NeuN, respectively. Cell nuclei are labeled with DAPI. (B) iCell Microglia also express microglia markers PU.1 and SHIP1. CD45 and DAPI are provided for additional cellular context.

Key Products Used

PU.1 (9G7) Rabbit mAb

- CD45 (Intracellular Domain) (D9M8I Rabbit mAb (Alexa Fluor[®] 555 Conjug Iba1/AIF-1 (E4O4W) XP® Rabbit mA (Alexa Fluor[®] 647 Conjugate)
- NF-κB p65 (D14E12) XP[®] Rabbit mA Phospho-Syk (Tyr525/526) (C87C1) Rabbit mAb
- TREM2 (E4F5G) Mouse mAb
- PathScan[®] RP TREM2 (Extracellular Amino-terminal Antigen) Sandwich E
- DAP12 (E7U7T) Rabbit mAb
- SHIP1 (C40G9) Rabbit mAb
- Additional antibody markers can b

We continue to develop a comprehensive portfolio of monoclonal antibodies to further characterize disease-associated cellular processes to understand the cellular changes in microglial activation in neurodegenerative diseases, such as AD and PD.

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Inducing inflammation in iPSC-derived microglia

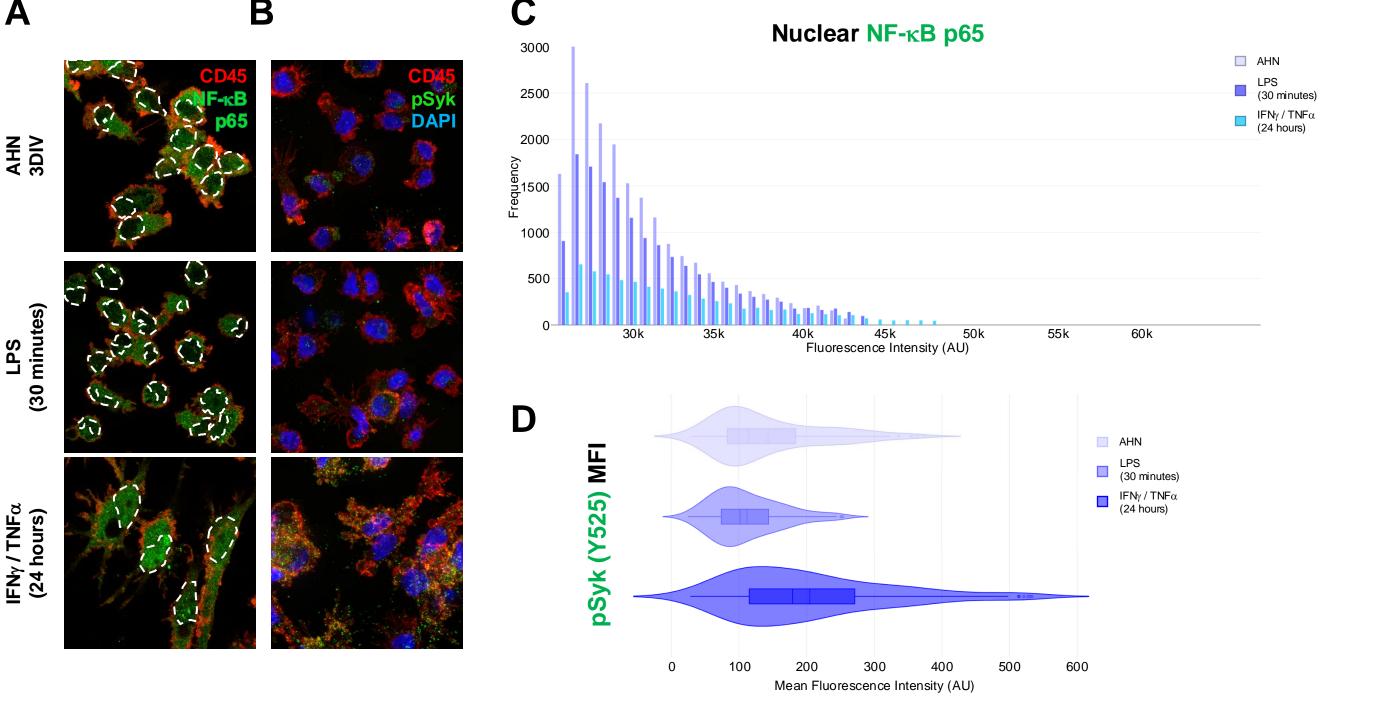
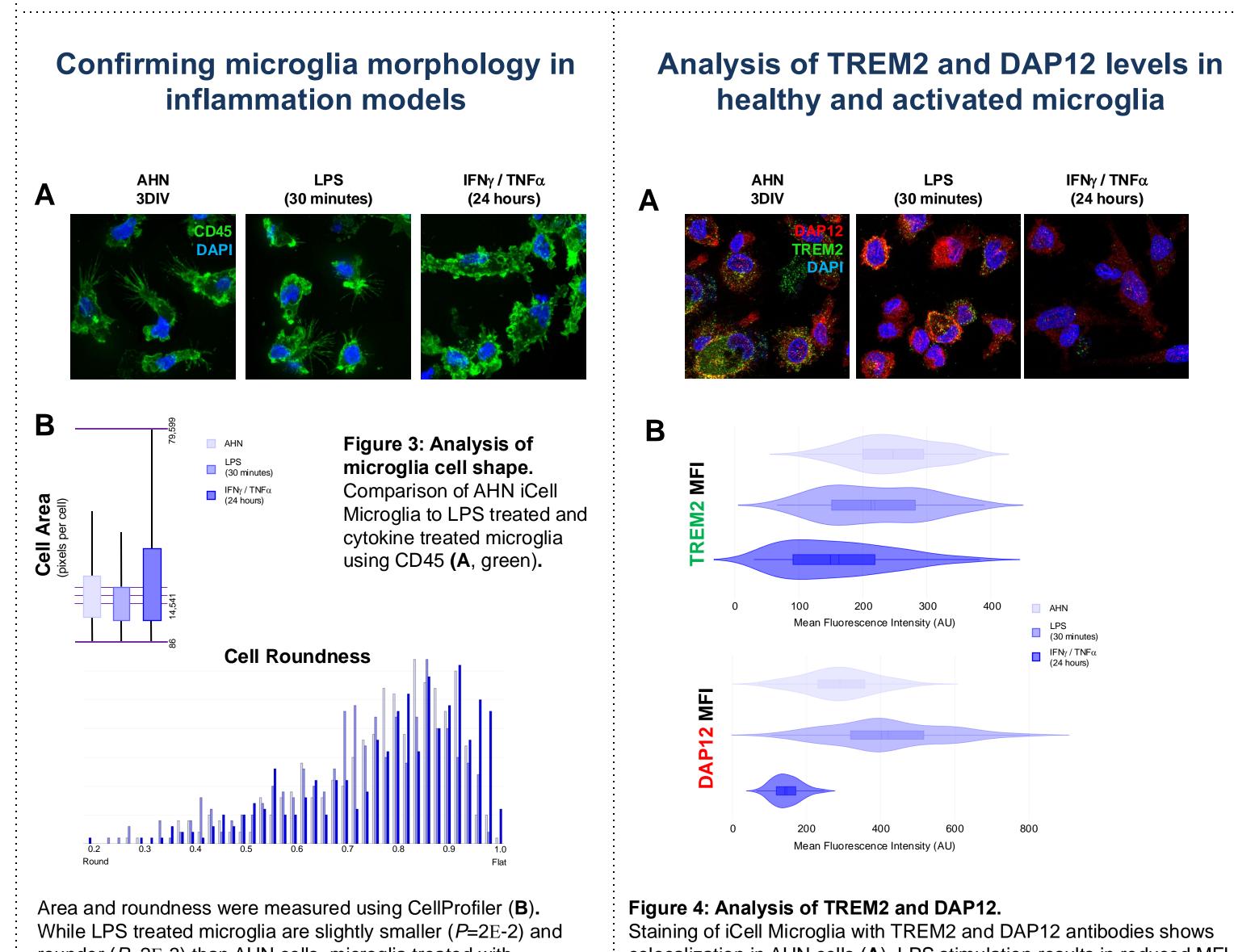


Figure 2: Differential Activation of iCell Microglia from LPS or IFN γ / TNF α stimulation. Transcription factor NF-κB p65 (A) and activating kinase phospho-Syk (Y525/Y526) (B, pSyk) are imaged in AHN iCell Microglia, cells treated with 50 ng/ml of Lipopolysaccharides (LPS) for 30 minutes, or cells treated with cytokines (20 ng/ml IFNγ + 50 ng/ml TNF α) for 24 hours. The images are gated on positive nuclear signal (**C**) or quantified for mean fluorescent intensity (**D**).



rounder (*P*=2E-3) than AHN cells, microglia treated with cytokines are larger (P=3E-2) and flatter (P=3E-6) than AHN

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colocalization in AHN cells (A). LPS stimulation results in reduced MFI for TREM2 (P=2E-3) but not DAP12, while cytokine treatment results in decreased MFI for both (P=2E-8, P=1E-15) (**B**).

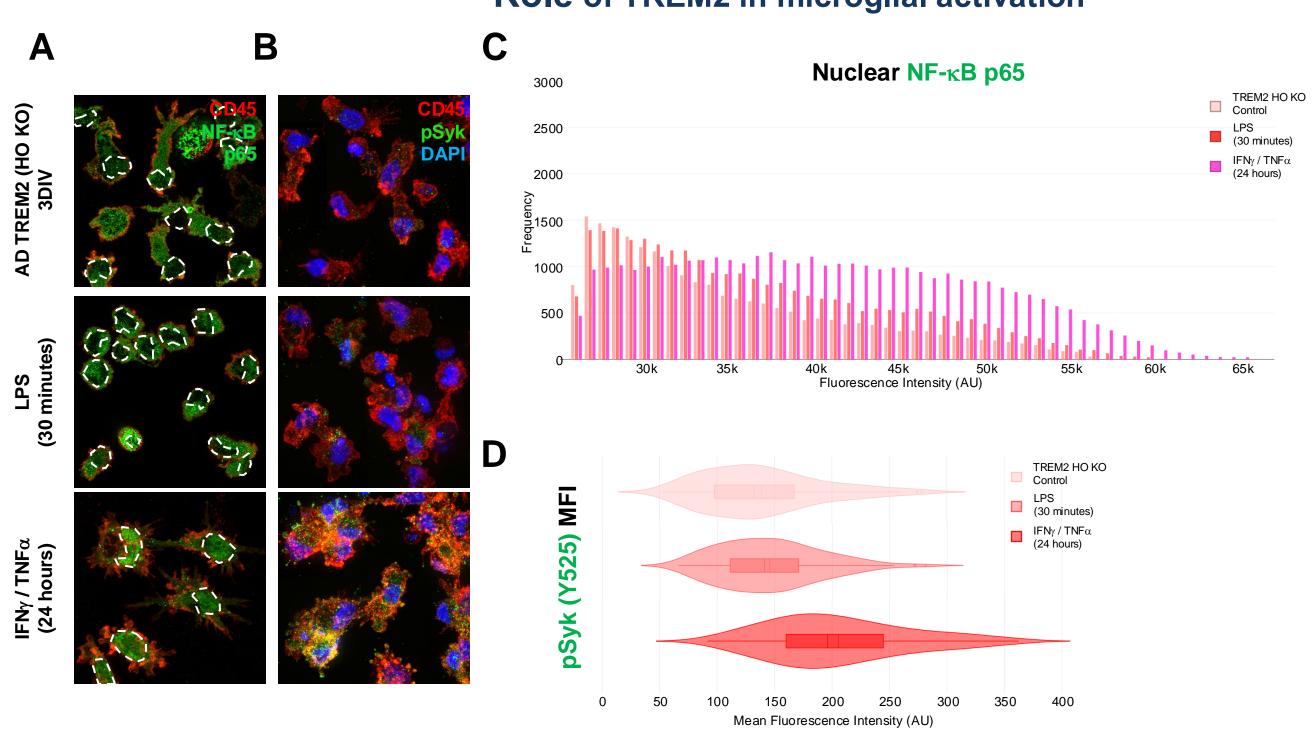


Figure 6: Loss of TREM2 does not prevent activation of microglia by LPS and IFN γ / TNF α treatments. iCell microglia and engineered TREM2 Homozygous Knockout (HO KO) microglia were treated with LPS or cytokines, to assess how lack of TREM2 impacts (A) NF-κB and (B) pSyk. The images are gated on positive nuclear signal (C) or quantified for mean fluorescent intensity(D).

TREM2 Knockout Microgli

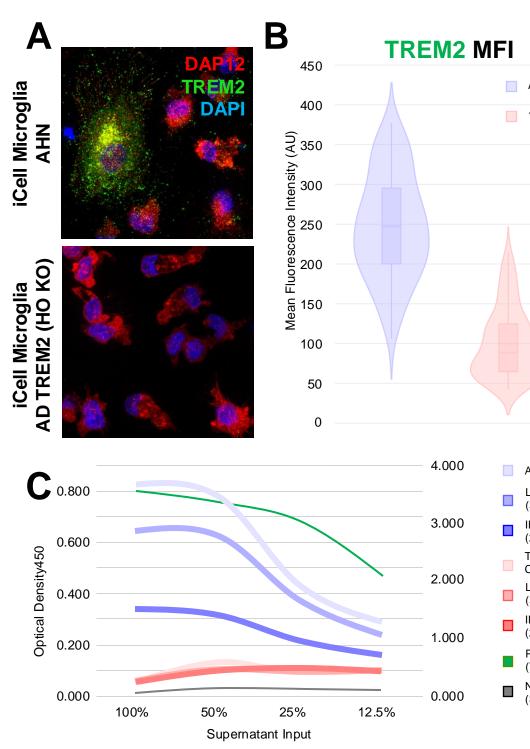


Figure 5: iCell Microglia AD TREM2 do not exp TREM2.

Staining for TREM2 confirms that iCell Microglia HO KO have little-to-no expression of TREM2 cor to AHN iCell Microglia (P=1E-4) (A,B).

Both healthy and disease microglia express DAP1 TREM2 ELISA on cell supernatant confirms lack of TREM2 (C). Endogenous controls for comparison axis).



Role of TREM2 in microglial activation

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CONCLUSIONS

- polkit has been developed for aracterizing inflammation in human iPSCrived microglia (iCell Microglia) through clear translocation of NF-κB p65 14E12), activation of Phospho-Syk r525/526) (C87C1), and decreased EM2 (E4F5G).
- uction of neuroinflammation through LPS atment results in subtle changes to croglia including decreased TREM2 and reased nuclear NF- κ B.
- rphological changes occur in microglia ated with cytokines IFN γ and TNF α for 24 urs. Both the morphological changes and TREM2 reduction are congruent with the rature (10). Cytokine treated cells also nibit more intense nuclear NF-κB staining, reased pSyk, and decreased DAP12
- ne absence of TREM2, both levels and uency of nuclear NF-κB is higher gesting that part of the response to se treatments are TREM2 independent.
- mplementary data interrogating iCell croglia using CST antibodies in multiplex stern blot can be found in SFN Poster 55.