

Deciphering the Molecular, Cellular, and Brain-Level Impacts of Down Syndrome on Astrocytes



Grace Akatsu^{1,2}, Hiruy Meharena^{1,3}, and Li-Huei Tsai¹

1. The Picower Institute for Learning and Memory, MIT, Cambridge, MA | 2. University of Colorado Anschutz, Aurora, CO | 3. School of Biological Sciences, UCSD, San Diego, CA

Abstract

Down syndrome (DS) is a genetic condition caused by triplication of chromosome 21, which frequently results in atypical brain development, learning and memory deficits, and Alzheimer's disease. Astrocytes are non-neuronal central nervous system support cells that play a vital role in processes required for brain function and morphogenesis. A dysfunction in these cells has been observed in neurological disorders such as amyotrophic lateral sclerosis

Astrocyte Functions

- Angiogenic factor secretion
- Blood-brain barrier regulation
- Glycogen storage (brain energy reserve)
- Cytokine secretion (microglial activation)
- Antioxidant secretion
- Neurotrophic factor secretion
- Extracellular matrix regulation
- Growth factor secretion
- Neurotransmitter uptake and regulation
- Glutamate regulation
- Extracellular ion regulation

(ALS), epilepsy, and hepatic encephalopathy¹. In DS, astrocytes have been shown to exhibit higher levels of reactive oxygen species², decreased synaptogenic molecule expression², and overall greater numbers in the brain³. However, our genomewide transcriptional analysis of iPSC-derived astrocytes additional disrupted biological processes. Using human iPSC-derived astrocytes and a DS mouse model (Ts65Dn), our preliminary data suggests that these cells have a dysfunction in endocytosis, glutamate homeostasis, and angiogenesis, processes involved in learning and memory. Previous DS clinical trials have focused on modulating neuron development and function through avenues such as GABA inhibition or myo-inositol suppression⁴. Our results indicate that astrocytes may be a valuable therapeutic target for

S100b (yellow), vimentin (red), and DAPI (blue). c) Vimentin

staining (red) depicting star-like morphology of mature

treating DS. iPSC-derived Astrocytes FACS (using Induction media **GLAST** (N2+FBS+BMP4), split Maturation, antibody) 21 days 1x/week for 30 days 51 days **Astrocytes Neural Progenitor Cells** Trisomy Disomy Fig. 1 Astrocytes generated from an isogenic pair of iPSCs⁵. a) Induction and maturation timeline. b) Staining for GFAP (green),

astrocytes.

Genome-wide Transcription Disruption (b) # expressed: 14,771 # DEG: 1478 (927, 551)

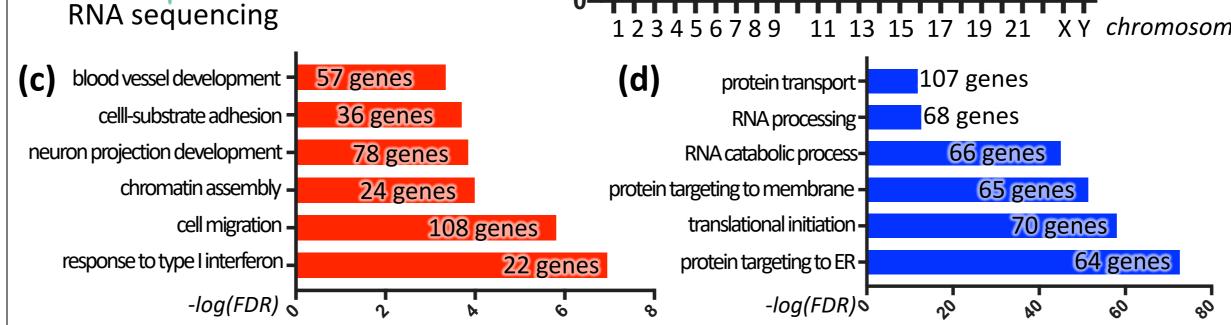
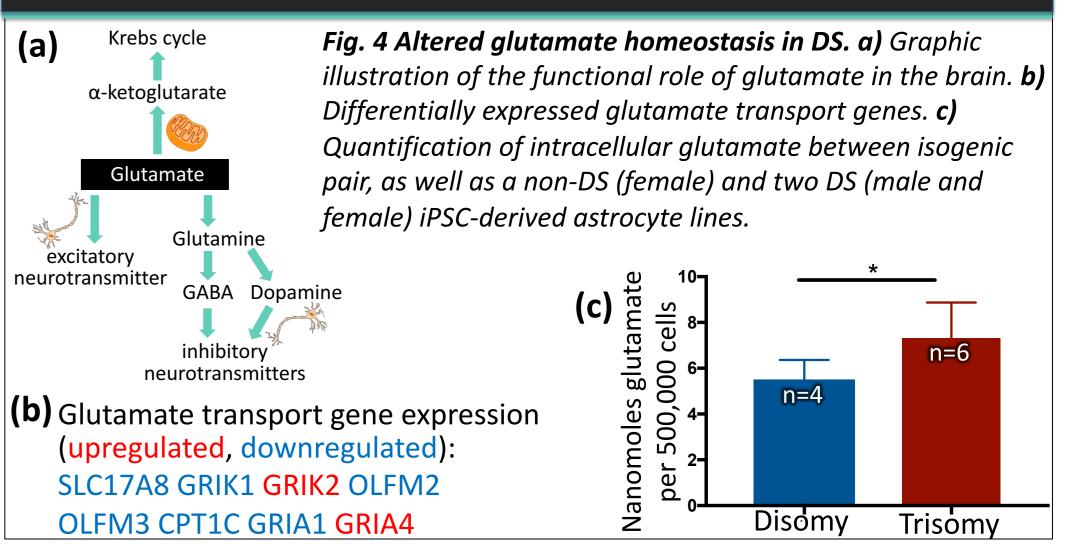


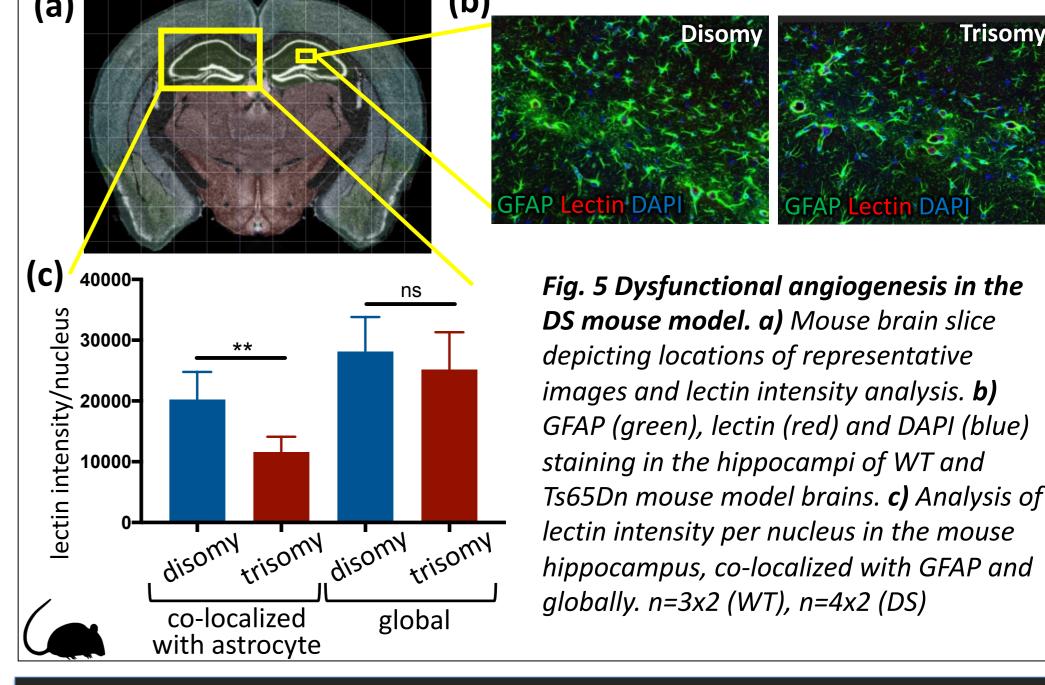
Fig. 2 Impact of DS on the transcriptome. a) Cartoon schematic of RNA sequencing experimental design. b) Percentage of differentially expressed genes (DEGs) per chromosome. c), d) Gene ontology terms and corresponding false discovery rates (FDR) of upregulated and downregulated DEGs, respectively.

Decreased Early Endosomes *p*=0.0139 n=196 600000-400000-200000 Early endosome Trisomy Disomy **EEA1** (early endosome) (c) Fig. 3 Impact of DS on 6×10⁶ endocytosis. a) Cartoon 6×10⁶*p=0.6787* schematic of the endocytic pathway. **b), c), d)** Immuno*fluorescence intensity* 2×10⁶ quantification of EEA1, ••• RAB11, and RAB7 staining using Imaris. Trisomy Disomy Disomy Trisomy RAB11 (recycling endosome) RAB7 (late endosome)

Increased Intracellular Glutamate



Dysfunctional Angiogenesis



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