Evaluation of tau seeding, spreading, and cytotoxicity using *in vitro* and *in vivo* models of tau pathology

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EVALUATION OF TAU SEEDING, SPREADING, AND CYTOTOXICITY USING IN VITRO AND IN VIVO MODELS OF TAU PATHOLOGY

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Abstract

Abnormal folding, hyperphosphorylation, aggregation, and subsequent deposition of the microtubule-associated protein tau, is the hallmark of a group of devastating neurodegenerative diseases known as tauopathies, including Alzheimer’s disease. One striking aspect of Alzheimer’s disease is that the presence of tau-related lesions in the brain occurs in a systematic, sequential manner, maintaining a predictable distribution pattern between synaptically connected neurons that varies very little among individuals. Increasing evidence suggests that the progression of tau pathology in the diseased brain behaves like a prion. The “prion-like” hypothesis suggests that “pathological” tau engages in self-seeded fibrillization and propagates through cell-to-cell spreading. However, despite intensive research, the cellular and molecular mechanisms involved and the pathological processes linking neuronal death and tau dysfunction are not fully understood.

Although Alzheimer’s disease was first described in 1906 and has an increasing prevalence in the aging population, there is currently no treatment to prevent or cure this or any other tauopathy. Progress limitations are partially explained by the lack of appropriate models to study human tauopathies. Indeed, tau-targeting therapies that had demonstrated an improvement in the pathology in several models (i.e., in vitro and in vivo) were unable to produce positive results in clinical trials. These incongruences could be related to the fact that most experimental models rely on the over-expression of mutated tau species and the use of recombinant tau fibrils, which do not reproduce the sporadic nature of most human tauopathies.

Through this doctoral thesis, we examined various aspects of tau pathology, including tau seeding, spreading, and cytotoxicity, by implementing experimental approaches that better mimicked sporadic tauopathies. Nevertheless, at the beginning of this work, the reliability of the only commercially available cell line designed to be used as a cell-based assay to detect and report proteopathic seeding in biological samples was questioned in one publication. Given that this cell-based assay was central to the validation of the samples employed in this thesis, we conducted a thorough characterization of this cell line, known as the Tau biosensor cell line, and its ability to produce fluorescent tau aggregates. Our results show that the Tau biosensor cell line is a reliable cell-based assay that forms amyloid-like inclusions upon the addition of extracellular seed-competent tau species.
Next, we investigated the impact of extracellular seed-competent tau on the neuronal activity of primary cortical cultures derived from wild-type mice. We established an experimental setup that included microfluidic devices and calcium imaging, which allowed us to specifically treat the axons with tau, as well as monitor changes in spontaneous neural activity in a time-course manner. Although we demonstrate that cortical neurons in our microfluidic platforms display typical patterns of neuronal network activity, we do not detect changes after treating them with seed-competent tau. We then investigated how the presence of various extracellular seed-competent tau may affect neural metabolism (i.e., as an indicator of cellular viability) also in primary cortical cultures. Nevertheless, similar to what we observed in the analysis of neuronal activity, within the course of 10 days, no differences between tau-treated and untreated cells are found.

Finally, recent evidence suggests that the cellular prion protein is involved in the pathology of other prion-like proteins, such as amyloid-β and α-synuclein; however, much less is known about its role in tauopathies. We inoculated human Alzheimer’s disease-derived samples into the hippocampus of transgenic mouse models with different expressions of the cellular prion protein. We found that all mice, regardless of their genotype, have similar profiles of tau-related lesions in their brains. Hence, our findings indicate that the cellular prion protein does not have a paramount role in the onset, seeding, or spreading of tau pathology.

Taken together, our work underscores the need for more pathologically relevant models to study certain aspects of sporadic human tauopathies, which could lead to the development of effective therapeutic strategies.
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Abbreviations
2D: Two-dimensional
3D: Three-dimensional
3R-tau: 3-repeat tau
4R-tau: 4-repeat tau
AAV: Adeno-associated virus
Aβ: Amyloid-β
AD: Alzheimer's disease
AGD: Argyrophilic grain disease
ARTAG: Aging-related tau astrogliopathy
α-syn: α-synuclein
ATCC: American Type Culture Collection
a.u: Arbitrary units
BCA: Bicinchoninic acid assay
BSA: Bovine serum albumin
CBD: Corticobasal degeneration
CC: Charged cluster
CEEA: Ethics Committee on Animal Experimentation
CFP: Cyan fluorescent protein
ChR2: Channelrhodopsin-2
CJD: Creutzfeldt-Jakob disease
CO₂: Carbon dioxide
Cryo-EM: Cryogenic electron microscopy
CSF: Cerebrospinal fluid
CTE: Chronic traumatic encephalopathy
DAB: 3,3′-diaminobenzidine
DIV: Days in vitro
DMEM: Dulbecco’s Modified Eagle Medium
DMSO: Dimethyl sulfoxide
DOT: Day of treatment
DTT: Dithiothreitol
E16.5: Embryonic day 16.5
EDTA: Ethylenediaminetetraacetic
EGTA: Ethylene glycol-bis(β-aminoethyl ether)-N,N,N′,N′-tetraacetic acid
EtOH: Ethanol
FBS: Fetal bovine serum
FRET: Fröster resonance energy transfer
FTD: Frontotemporal dementia
FTDP-17: Frontotemporal dementia with parkinsonism linked to chromosome 17
FTLD: Frontotemporal lobar degeneration
GECI: Genetically encoded calcium indicator
GFP: Green fluorescent protein
GGT: Globular glial tauopathy
Glu: Glutamic acid
GPI: Glycosylphosphatidylinositol
GSS: Gerstmann-Straußler-Scheinker syndrome
HEK293: Human embryonic kidney 293
HR: Hydrophobic region
HRP: Horseradish peroxidase
HSPG: Heparan sulfate proteoglycan
IBI: Inter-burst interval
IHC: Immunohistochemistry
iPSC: Induced pluripotent stem cell
ISF: Interstitial fluid
kDa: Kilodaltons
KO: Knock-out
Leu: Leucine
LRP1: Low-density lipoprotein receptor-related protein 1
LTD: Long-term depression
LTP: Long-term potentiation
MAPT: Microtubule-associated protein tau
MAPT: Human microtubule-associated protein tau
m.p.i: Months post-inoculation
MSA: Multiple system atrophy
Abbreviations

MT: Microtubule
MTBD: Microtubule-binding domain
N2a: Neuro-2a cell line
NaHCO₃: Sodium bicarbonate
ND: Neurodegenerative disease
NFT: Neurofibrillary tangle
NGS: Normal goat serum
NHS: Normal horse serum
n.s: Not significant
PART: Primary age-related tauopathy
PBS: Phosphate-buffered saline
PD: Parkinson's disease
PDMS: Poly(dimethylsiloxane)
PFA: Paraformaldehyde
PFF: Preformed fibril
PHF: Paired helical filament
PiD: Pick's disease
PMD: Post-mortem delay
PrD: Prion disease
PRNP: Human prion protein gene
Prnp: Murine prion protein gene
PrP: Prion protein
PrP°C: Cellular prion protein
PrPSc: Scrapie prion protein
PSP: Progressive supranuclear palsy
PTM: Post-translational modification
RD: Repeat domain
ROI: Region of interest
ROS: Reactive oxygen species
SD: Standard deviation
SDS-PAGE: Sodium dodecyl sulfate polyacrylamide gel electrophoresis
Ser: Serine
Abbreviations

SN: Supernatant
TEM: Transmission electron microscope
Thr: Threonine
ThT: Thioflavin T
TIF: Triton X-100 insoluble fraction
TNT: Tunneling nanotubes
Tris: Tris(hydroxymethyl) aminomethane
TSF: Triton X-100 soluble fraction
TTBS: Tris-buffered saline supplemented with 0.1% Tween 20
WB: Western blot
WT: Wild-type
YFP: Yellow fluorescent protein
ZH3: Zürich-III-Prnp/-
General Introduction
1.1 Introduction: Brief Overview

Over 25 different neurodegenerative diseases (NDs) are classified as tauopathies, including Alzheimer’s disease (AD), aging-related tau astrogliopathy (ARTAG), argyrophilic grain disease (AGD), primary age-related tauopathy (PART), progressive supranuclear palsy (PSP), chronic traumatic encephalopathy (CTE), Pick’s disease (PiD), corticobasal degeneration (CBD), and globular glial tauopathy (GGT) (Cleveland et al., 1977; Ballatore et al., 2007; Sanders et al., 2014). Despite significant efforts to overcome the pathophysiological aspects of tauopathies, there are still no viable treatments.

Tauopathies are defined by the gradual accumulation and deposition of the microtubule (MT)-associated protein tau (MAPT) (i.e., encoded by the MAPT gene), along with neuronal loss and cognitive decline. Age is the primary risk factor for most sporadic tauopathies, although they can also be caused by rare genetic mutations (Habes et al., 2016; Hickman et al., 2016). For instance, mutations in the MAPT gene on chromosome 17 produce hereditary frontotemporal dementia with parkinsonism linked to chromosome 17 (FTDP-17) (Goedert & Jakes, 2005; Kovacs, 2017).

Tau has predominantly been identified as an MT-binding protein mainly localized in the axons of all neurons, where its primary function is the regulation of MT dynamics (Binder et al., 1985; Guo et al., 2017). It is believed that, under pathological conditions, tau detaches from MTs, causing significant MT-related instability and decreasing axonal transport, which contributes to severe synaptic dysfunction (e.g., (Guo et al., 2017; Laurent et al., 2018)). Eventually, tau aggregates into highly insoluble, hyperphosphorylated amyloid fibrils (Montejo de Garcini et al., 1986; Alonso et al., 1994) via a process known as self-seeded polymerization. Consequently, tau aggregates are the most common histopathological hallmark of all tauopathies. It is relevant to note, however, that the brain areas damaged by tau-related lesions, the primarily affected cell types, and the aggregates’ structures, are all specific to each tauopathy. Despite this, the etiology of this clinical and pathological diversity of human tauopathies is currently unknown.

In sporadic AD, the most prevalent tauopathy, tau aggregation occurs in a predictable spatiotemporal manner across neuroanatomically connected brain regions (Braak & Braak, 1991). Multiple studies now suggest that the spreading of “pathogenic” tau between synaptically connected neurons underlies the progression of tau pathology (e.g., (Clavaguera et al., 2009; Frost et al., 2009)). Because these observations match
the established mechanisms of propagation described for prion diseases (PrDs), human tauopathies are now classified into a group of NDs known as "prion-like" diseases. However, the exact cellular pathways involved in this process are unknown. In sporadic tauopathies, the presence of tau aggregates and cognitive decline are strongly correlated. Additionally, the fact that FTDP-17 mutations are directly related to neurodegeneration indicates a causal link between neurodegeneration and tau dysfunction. Nevertheless, the exact pathological mechanisms by which tau may be cytotoxic to neural cells are still unclear.

Despite AD being first described in 1906, to date, there is no treatment for it or any other human tauopathy. The lack of pharmacological approval is usually attributed to clinical trial failure, even though most drugs clearly demonstrated dramatic improvements in preclinical studies using experimental models. There is a need for more reliable and better models to be used not only as platforms for testing drug efficacy but also for understanding the fundamental mechanisms of these diseases.

1.2 Tau Protein

1.2.1 Tau Splicing

In humans, tau is encoded by a single gene (i.e., MAPT), which consists of 16 exons, and locates on the long arm of chromosome 17 at band position 17q21.31. Importantly, mutations in the MAPT gene are known to cause hereditary frontotemporal dementia (FTD) associated with frontotemporal lobar degeneration (FTLD) (Hutton et al., 1998; Poorkaj et al., 1998; Spillantini et al., 1998; Ghetti et al., 2015). In the healthy adult human brain, there are six tau isoforms ranging from 352 to 441 amino acids in length, resulting from the alternative splicing of exons 2, 3, and 10 (Goedert et al., 1989; Avila, 2006b). Exons 2 and 3 encode 29 amino acid inserts, each located at the N-terminal of the protein. Although exon 3 cannot be transcribed without exon 2, the latter can be expressed even in the absence of exon 3. Therefore, 0N-tau isoforms result from excluding both exons 2 and 3, 1N isoforms result from including exon 2, and 2N isoforms arise from expressing both exons. In parallel, exon 10 encodes the second (R2) of four highly conserved imperfect repeats; the rest are expressed by exons 9, 11, and 12. Thus, the inclusion of exon 10 results in tau isoforms with four repeats (4R), while its exclusion produces isoforms with three repeats (3R). Hence, all possible tau isoforms are 0N3R, 1N3R, 2N3R, 0N4R, 1N4R, and 2N4R (Figure 1). The distribution of spliced isoforms varies among species, is regulated by the brain development stage, and exhibits unique temporal and spatial expression patterns (Goedert & Jakes, 1990; Hanes et al., 2009;
Liu & Gotz, 2013). It is worth mentioning that in healthy adults, 3R and 4R isoforms are found at equivalent ratios (Avila et al., 2016); however, in most tauopathies, save for AD and CTE, this proportion is not maintained. Consequently, human tauopathies can be categorized as 3R, 4R, or 3R/4R (e.g., PiD, GGT, and AD, respectively) based on the tau isoforms present in the large, insoluble aggregates (Kovacs et al., 2022).

Figure 1 Schematic representation of tau isoforms: In the adult human brain, there exist six tau isoforms resulting from alternative splicing. In all six isoforms, tau protein can be divided into four domains with different biochemical properties: an acidic N-terminal domain, a proline-rich domain, the repeat domain (RD) with three to four repeat sequences (i.e., 3R- or 4R-tau, respectively), and a C-terminal domain. Image obtained from (Sala-Jarque et al., 2022).

1.2.2 Tau Structure

As already indicated, tau's primary function is the regulation of MT dynamics, maintaining cytoskeleton stability, promoting axonal outgrowth, and regulating axonal trafficking (Medina et al., 2016). Tau is a soluble hydrophilic and intrinsically disordered protein that lacks a well-defined tertiary structure, whose conformational remodeling often depends on different binding partners (Schweers et al., 1994; Mandelkow & Mandelkow, 2012; Avila et al., 2016). Importantly, it does not have any potential signal peptides, transmembrane helices, lipidation, or glycolipidation sites that may allow it to be incorporated into cell membranes. As a result, tau is commonly regarded as a cytoplasmic-soluble protein. Furthermore, very little is known about the secondary structure of tau, although it is thought that in solution, it acquires a shape known as the “global hairpin conformation.” In this context, the C-terminus of the protein folds over the region with the previously mentioned imperfect repeats, and the N-terminus folds over
the C-terminus (Jeganathan et al., 2006; Jeganathan et al., 2008; Jeganathan et al., 2012).

Tau can be divided into four functional domains (Figure 1): a) the N-terminal domain, also known as the “projection domain,” as it extends out from the MT, allowing tau to interact with other proteins, such as cytoskeletal components, cytosolic organelles, or the plasma membrane (Pooler & Hanger, 2010; Liu et al., 2016). Moreover, it regulates the distance between MTs, influencing axon diameter (Chen et al., 1992). b) The proline-rich mid-domain is characterized by having different phosphorylation residues. This domain also interacts with receptor proteins, playing a variety of critical roles in signal transduction pathways (Hwang et al., 1996; Lee et al., 1998). c) Next, the MT-binding domain (MTBD) or repeat domain (RD) mediates the binding of tau to the MTs network through the four imperfect repeat domains (i.e., encompassing 31-32 residues) encoded by exons 9-12. (Goedert et al., 1989; Lee et al., 1989). Consequently, three (i.e., R1, R3, and R4) or four (i.e., R1-R4) MT-binding repeats, due to the absence or presence of exon 10, respectively, promote MT assembly (Goedert & Jakes, 1990). Notably, given that 4R-tau species have an extra MT-binding repeat, these isoforms bind and stabilize MTs more efficiently than 3R variants (Goedert & Spillantini, 2011). d) Finally, the C-terminal domain, which is known to have an overall basic charge.

1.2.3 Post-Translational Modifications of Tau

The physiological functions of tau are predominantly regulated by at least 12 distinct types of post-translational modifications (PTMs), such as phosphorylation, glycosylation, isomerization, truncation, glycation, deamination, nitration, methylation, and sumoylation (Gong et al., 2005; Martin et al., 2011).

Phosphorylation is the most well-studied PTM of tau protein, as it negatively modulates its binding affinity to the MTs (Avila et al., 2004a). Therefore, under physiological conditions, tau phosphorylation and dephosphorylation levels are tightly regulated by multiple kinases and phosphatases (Biernat et al., 1993; Wagner et al., 1996; Martin et al., 2013a; Martin et al., 2013b). However, hyperphosphorylated tau is the major component of neuronal and glial inclusions in human tauopathies (Grundke-Iqbal et al., 1986). Hence, in disease, the kinase/phosphatase balance is thought to be disturbed, resulting in tau hyperphosphorylation (Avila et al., 2004b). Consequently, tau loses its ability to bind to MTs, leading to destabilization and disruption of axonal transport (Wagner et al., 1996; Wang et al., 2007). Additionally, the phosphorylation of tau at certain key residues affects its propensity to aggregate (Alonso et al., 1994; Alonso
et al., 2001). For instance, experimental evidence has demonstrated that phosphorylation of Ser396 and Ser404, as well as Ser205, Thr205, and Thr212, triggers tau aggregation (Abraha et al., 2000; Necula & Kuret, 2005; Rankin et al., 2005). Notably, in diagnostic practice, antibodies against tau phosphorylation epitopes are often used (e.g., anti-AT8 (pSer202/pThr205), anti-CP13 (pSer422), and anti-PHF-1 (pSer396/pSer402) antibodies, where “p” indicates phosphorylated) (Kovacs, 2015).

Nevertheless, hyperphosphorylation is not always a synonym for neurodegeneration, as highly phosphorylated tau is found during physiological development (Avila et al., 2004a) and hibernation (Arendt et al., 2003) without the formation of amyloid aggregates. Therefore, whether tau phosphorylation is a prerequisite for tau aggregation or even tau pathology is still unclear (Avila, 2006a; Goedert et al., 2017a; Mudher et al., 2017).

1.3 Tauopathies

NDs are extremely complex multifactorial diseases that require in-depth knowledge of several scientific disciplines only to grasp some basic concepts related to their nature. Tauopathies are no different. First and foremost, human tauopathies are a set of NDs characterized by their clinical variability. In this regard, a spectrum of tau pathologies can be distinguished based on the distinct involvement of anatomical areas with tau lesions, different cellular pathology (e.g., neurons and/or glial cells), specific microscopic lesions (e.g., globular astroglial inclusions, spherical inclusions), the presence of 3R-, 4R-, or 3R/4R-tau isoforms in the inclusions, and the morphology of the aggregates (Kovacs, 2015; Kovacs et al., 2022). For instance, AD patients display two kinds of fibril morphology: straight filaments and paired helical filaments (PHFs), which comprise the building blocks of large deposits known as neurofibrillary tangles (NFTs). In PiD, however, tau inclusions are assembled, resulting in a distinct type of aggregate known as Pick Bodies (Falcon et al., 2018a). In addition to phenotypic variability, the stereotypical progression of tau-related lesions in the central nervous system characterizes human tauopathies (Braak & Braak, 1991; 1995). Despite this, the pathological mechanisms underlying these phenomena are still unclear.

Most of the unknowns related to NDs in general, and tauopathies in particular, seem to be associated with protein aggregation during disease progression. Protein aggregates are common in most NDs, and yet, very little is known about how they relate to the pathological process involved. And again, because protein aggregates are common in most NDs, it appears that there must or should be some underlying basic mechanism shared by all of them. Therefore, researchers have focused on these
aggregates in an attempt to provide a rational explanation of why NDs are so prevalent but still incurable. In this endeavor, scientists have been able to demonstrate that, indeed, these diseases share some pathological mechanisms. Nevertheless, acquiring and producing scientific knowledge is not always a linear journey, and sometimes it may take the shape of a network. In this context, tauopathies are now better understood in the realm of amyloids and PrDs. However, what was once limited to PrDs (e.g., strains), now seems to be a property of amyloids in general (e.g., polymorphs), although the terminology has not changed. Consequently, introducing the fundamental principles required to describe the current state-of-the-art knowledge on tau pathology can be challenging.

In the following section, we will present some of the leading notions relevant to the prevailing understanding of human tauopathies. We emphasize that, although some concepts will appear linearly in the text, they are all interconnected and depend on one another. Having said this, we will first describe “amyloids” in the context of amyloid diseases. Next, we will proceed to explain the “prion-like” hypothesis by introducing the terms “seeding,” “spreading,” and “strains.” We will then summarize the main aspects of tau-related cytotoxicity and focus on how this protein may also affect neuronal activity. Finally, we will provide some information on the role of the prion protein (PrP) in NDs and, more specifically, in tauopathies.

1.3.1 Tauopathies Are Amyloid Diseases

All tau aggregates are amyloids despite displaying unique morphologies in the different human tauopathies. Amyloids are notoriously known for their connection to NDs, such as PrDs and α-synucleinopathies. Before proceeding to examine the molecular characteristics of amyloids, it is necessary to clarify several terms related to tau amyloids that will be used throughout this thesis. First, “aggregate” refers to the deposition of many amyloid fibrils, which sometimes become visible under a light microscope. Second, the term “oligomer” has been used in the literature to describe small and soluble (i.e., although sometimes insoluble) protein assemblies with an overall globular conformation (Ren & Sahara, 2013; Maeda & Takashima, 2019). However, as we will discuss in future sections, “oligomer” is a rather nebulous term and will be handled with caution throughout this work.

Amyloids are lengthy assemblies of peptides or proteins stacked upon one another, forming protofilaments. These protofilaments are intertwined with each other and arranged in a two-fold helical symmetry (Willbold et al., 2021). In detail, amyloid fibrils
have a recurring substructure made up of β-strands that run perpendicular to the fibril axis, generating cross-β-sheets running parallel to the fibril axis. Of note, the capability to form cross-β-structure seems to be inherent to all known proteins, despite their primary structure (Chiti & Dobson, 2006). Nevertheless, the precise arrangement of β-strands and β-sheets, as well as their supramolecular architecture, appear to be highly dependent on the amino acid sequence, fibrillization conditions, and presence of cofactors during the amyloid formation. Although amyloids have been known for over a century (Sipe & Cohen, 2000), it was not until 2017 that researchers were able to obtain the first atomic or near-atomic resolution of amyloid tau fibrils, thanks to technical advances in cryo-electron microscopy (EM) (Fitzpatrick et al., 2017; Zhang et al., 2019; Scheres et al., 2020; Goedert, 2021).

The fact that tau aggregates are amyloids is not trivial. Although the following section focuses on the prion-like properties of tau, most of these are features shared by amyloids in general. Indeed, PrDs appear to be just a category of a much wider phenomenon known as amyloidosis (Sipe & Cohen, 2000; Chiti & Dobson, 2006; Willbold et al., 2021). However, for clarity, we have decided to stick to the current trends and terminologies in the literature used to discuss human tauopathies.

1.3.2 Tauopathies Are Prion-Like Diseases

It is pertinent to note that S. Prusiner introduced the word “prion” to describe amyloid fibrils made up of the PrP in a β-sheet-dominated conformation (Prusiner, 1991). As the basis for PrDs, these fibrils grow and self-replicate by recruiting their endogenous monomeric counterparts (i.e., self-seeded polymerization). According to the “protein-only” hypothesis, PrDs are a group of NDs caused solely by an infectious protein known as the proteinase K-resistant prion protein or scrapie prion protein (PrPSc) (Prusiner, 1998), which is the pathogenic variant of the cellular prion protein (PrPC) (Prusiner, 1982), encoded by the PRNP gene. PrDs, like many other NDs, can develop sporadically (e.g., Creutzfeldt-Jakob disease (CJD)) or be inherited (e.g., fatal familial insomnia and Gerstmann-Sträussler-Scheinker syndrome (GSS)) (Colby & Prusiner, 2011). However, PrDs are the only NDs acknowledged to be contagious in mammals and humans (e.g., kuru and bovine spongiform encephalopathy). Although PrPSc is to blame for all these diseases, there is considerable diversity of clinical symptoms among PrDs (Collinge & Clarke, 2007), such as different incubation times, specific brain lesion profiles, distinguishable amyloid distribution, and horizontally stable spreading. To explain these phenomena, scientists adopted the term “strain” from the research fields of viral and bacterial infections, in which strains are genetic polymorphisms that account
for the variation in pathology and transmissibility observed in infected organisms. In the case of PrDs, prion strains are distinct aggregate conformations of the prion protein, resulting in unique associated pathologies (Bessen & Marsh, 1994). In the brain, prions spread trans-cellularly from diseased neurons to healthy surrounding cells. Although the specifics of this spreading are not entirely understood, several mechanisms have been proposed (Gousset et al., 2009; Colby & Prusiner, 2011; Abounit et al., 2016).

Mounting evidence suggests that NDs characterized by amyloid deposition (e.g., tauopathies, α-synucleinopathies, and Huntington’s disease) and PrDs share pathological mechanisms (Clavaguera et al., 2009; Frost et al., 2009; Iba et al., 2013; Wu et al., 2013). Despite some of these shared characteristics being amyloid features rather than prion-specific traits, it is common practice to refer to these proteins as “prion-like.” However, prion-like proteins are not currently regarded as bona fide prions (Del Rio et al., 2018; Goedert, 2020; Vascellari & Manzin, 2021) since, unlike PrPSc, there is no definitive evidence of interindividual transmissibility (Coca et al., 2021). Hence, the term “prion-like” has been used to describe proteins with replication and propagation mechanisms similar to PrDs, but whose infectivity has not been proven.

As previously mentioned, human tauopathies are characterized by the presence of tau aggregates in the central nervous system. However, their existence is not limited to specific brain regions, as they appear to spread across the brain during disease progression. Braak and Braak conducted a cross-sectional neuropathological examination of the brains of AD-deceased individuals and reported that tau pathology follows a predictable, stereotyped, and hierarchical pattern along neuroanatomically connected brain areas (Braak & Braak, 1991) (Figure 2). Their findings demonstrated that the presence of NFTs in the diseased brain does not occur at random. Instead, tau lesions consistently begin in the locus coeruleus and proceed to the temporal lobe transentorhinal region, then to the allocortex and neocortex (i.e., initially in associational areas and eventually in the primary sensory cortex and primary motor cortex) (Braak et al., 2013). These observations have recently been validated using positron emission tomography (Scholl et al., 2016).

To date, the underlying pathological mechanisms related to the progression of tau pathology in human patients are not yet fully understood. In this regard, it has been proposed that tau pathology spreads from cell to cell in a manner analogous to that of misfolded PrP in PrDs (Krammer et al., 2009; Prusiner, 2012). Consequently, this rationale has been termed the “prion-like” hypothesis. The pathogenic mechanisms underlying the prion-like nature of tau have been postulated to include both the “seeding"
and trans-cellular “spreading” of proteopathic seeds (Clavaguera et al., 2009; Frost et al., 2009; Kfoury et al., 2012). More recently, experimental evidence has also provided evidence of the existence of tau “strains” (Sanders et al., 2014).

Figure 2 Schematic representation of tau pathology progression in AD patients: The red shaded areas indicate the affected regions by tau pathology. Initially tau lesions appear in the locus coeruleus and from there it spreads to the temporal lobe before further progressing into the allocortex and neocortex (Braak & Braak, 1991).

1.3.2.1 Tau Seeding

Similar to PrDs, the formation of tau aggregates is based on the conversion of monomeric soluble tau into amyloid fibrils. In tauopathies, tau misfolds and acts as a template, recruiting its healthy counterparts via a mechanism akin to crystal formation known as nucleation-dependent polymerization (Jarrett & Lansbury, 1993), by which tau initiates a self-amplifying cascade and forms amyloid fibrils. Importantly, nucleation-dependent polymerization is not exclusive to amyloid formation, as it is also present in many well-studied physiological processes (e.g., MT assembly and filamentous actin polymerization). Nevertheless, replication of the misfolded state is a distinctive feature of amyloid-forming proteins. We will be referring to one such process as “seeding,” and the term “seed” will imply the smallest unit required to template tau’s misfolded state.

Once formed, the seed displays nucleation properties and starts the process of self-seeded fibrillization, in which monomeric tau is progressively recruited and incorporated into the growing fibril. Large tau aggregates can then be disrupted, resulting in new fibrils or seeds, thereby amplifying tau pathology. The kinetics of nucleation-dependent polymerization have long been studied and modeled in vitro in cell-free systems. Briefly, to generate an amyloid fibril, the building blocks (i.e., identical proteins or peptides) must
be present, in addition to specific cofactors (e.g., heparin, RNA) that may aid in the process (Willbold et al., 2021). For years, thioflavin T (ThT) binding assays have been the gold standard for monitoring the kinetics of amyloid aggregation in vitro. ThT is an amyloid-sensitive fluorescent dye that increases its fluorescence intensity upon binding to cross-β structures. Hence, ThT fluorescence reflects an increase in the sample’s cross-β sheet content.

In a fibrillization experiment, the time-dependent ThT fluorescence intensity adopts the form of a sigmoidal-shaped curve, which is typical of any nucleation-dependent process (Figure 3). In this regard, the sigmoidal curve can be divided into three main phases: the lag phase, the exponential growth phase, and the saturation, steady or plateau phase. The lag phase (i.e., also known as the nucleation step) is the period required for the aggregating material to reach a concentration detectable by ThT. During this phase, monomers undergo conformational changes (i.e., misfolding), and self-associate with one another to form more complex assemblies rich in β-sheets. This first step is followed by the growth phase, in which monomeric tau is incorporated into the

![Figure 3](image)

**Figure 3 Schematic representation of the nucleation-dependent polymerization model of amyloid fibril formation**: The thioflavin T (ThT) fluorescence kinetics displays a sigmoidal-shaped kinetic curve (blue). The lag phase, or nucleation step, is a rate-limiting step in which monomers aggregate into soluble “oligomers” until a nucleus is formed. During the growth phase, the nucleus grows as monomers are incorporated into fibrils. Finally, the final plateau, or steady phase, is when there are no more monomeric substrates available as they have all been incorporated into the amyloid fibril (Willbold et al., 2021).
growing fibril, resulting in more cross-β sheet content, thus increasing fluorescence intensity. Finally, the fluorescent signal reaches a plateau phase, indicating that every monomeric substrate has been converted into amyloid (Schmitz et al., 2016). Notably, the duration of each phase provides insightful information about the characteristics of the initial seed.

It is worth mentioning that the morphology of the resulting fibrils highly depends on the preparation and solution conditions. For instance, it is necessary to minimize the presence of preformed tau aggregates or “oligomers,” as they heavily influence the outcome of the reaction (Willbold et al., 2021). However, the addition of fibrillated tau can bypass the rate-limiting nucleation step by accelerating the polymerization of its monomeric form, as occurs in other fibrillation processes (Del Rio & Ferrer, 2020). Additionally, concentrations of monomeric tau 1000-fold greater than those present in the brain are required reduce the lag phase and observe aggregate formation within hours in vitro (Noji et al., 2021). Nevertheless, because full-length tau is highly soluble, this process may require a few days to complete, often in the presence of polyanionic cofactors (e.g., heparin, RNA) (Kampers et al., 1996; Ramachandran & Udgaonkar, 2011; Fichou et al., 2018; Scheres et al., 2020).

In living organisms, under physiological conditions, amyloid formation is a rare event that takes place at a slow pace. This may explain why age is the greatest known risk factor for human sporadic tauopathies (Hickman et al., 2016; Datki et al., 2020). Importantly, tau disease-associated mutations (e.g., FTDP-17-related mutations) produce species that are prone to aggregation and slightly increase the rate of primary nucleation, resulting in a heightened probability of amyloid formation (von Bergen et al., 2001; Allen et al., 2002; Fischer et al., 2007). The fact that tau mutations can promote the formation of amyloids partially explains why the onset of familial tauopathies occurs earlier than in sporadic cases. Consequently, as will be further addressed in the following sections, given their innate propensity to aggregate, mutated tau isoforms are widely used in experimental models. Given the complexity of studying nucleation-dependent polymerization and self-seeding polymerization in living organisms, the exact mechanisms by which monomeric tau misfolds and aggregates are still unclear.

1.3.2.1 Tau Seeding Occurs through Tau RD and Tau Repeats Are Required for Amyloid Fibrillization

During the seeding process, full-length tau assembles into amyloid filaments through its RD, which forms the core of the fibril, while the N- and C-terminal domains constitute
the so-called “fuzzy coat” (Goedert et al., 1988; Wischik et al., 1988a; Wischik et al., 1988b). Noteworthy, tau RD is also the region that directly binds to MTs, suggesting that the physiological function of tau and the aggregation state are incompatible with one another. Hence, tau RD constitutes the core of the amyloid fibril and is both necessary and sufficient for amyloid fibrillization. Interestingly, tau RD alone aggregates faster than full-length tau in vivo and in vitro (Wille et al., 1992; Khlistunova et al., 2006; Seidler et al., 2018), probably because the presence of the N- and C-terminal regions complicates the nucleation step, probably through steric impediments. It is worth mentioning that some familial mutations that increase the propensity of tau to aggregate (i.e., as stated in the previous section) are located in the RD (Barghorn et al., 2005; Akoury et al., 2013).

Importantly, tau’s ability to generate amyloids resides in its structure and is thought to lie in two hexapeptide amino acid sequences (i.e., 306VQIVYK\textsuperscript{311} and 275VQIINK\textsuperscript{280}) located at the beginning of the R2 and R3 in tau RD (von Bergen et al., 2000), termed “PHF6” and “PHF*6,” respectively. Several in vitro assembly studies have shown that these peptides are prone to the formation of β-sheet structures (von Bergen et al., 2000; von Bergen et al., 2001; Li & Lee, 2006). Moreover, disruption of these motifs (e.g., amino acid substitution by proline residues) results in tau’s incompetency to form aggregates. In contrast, as previously indicated, some FTDP-17-related mutations (e.g., ΔK280, P301S, or P301L) increase the propensity of these peptides to form β-structures, resulting in accelerated tau aggregation (Allen et al., 2002; Khlistunova et al., 2006; Fischer et al., 2007). Tau assembly is reduced upon deletion of either hexapeptide motif; however, only PHF6 is essential for the formation of amyloid fibrils (Li & Lee, 2006; Ganguly et al., 2015). Consequently, there has been an increasing interest in developing therapies targeting tau RD that function as inhibitors of tau aggregation (Seidler et al., 2018; Seidler et al., 2019).

1.3.2.2 Tau Spreading

Thus far, we have described the process of tau seeding as one of the two leading characteristics of the prion-like hypothesis. The second one is the steady proliferation of aggregates, which is called “spreading.” As previously mentioned, clinical findings suggest that tau pathology progresses through anatomically connected brain regions (Braak & Braak, 1991; Scholl et al., 2016). Importantly, experimental evidence from in vivo and in vitro models corroborates these observations (Clavaguera et al., 2009; Frost et al., 2009; Liu et al., 2012; Iba et al., 2015).
According to the prion-like paradigm, at the beginning of the disease, only a small proportion of localized neurons are responsible for tau aggregation. Seed-competent tau is then released into neighboring or synaptically connected healthy cells, spreading the disease (Mudher et al., 2017). Of note, tau is an intracellular protein, thus its progression is thought to occur in a four-step process (Figure 4): 1) There is one initial neuron (i.e., termed “donor cell”), which begins the process of self-seeded fibrillization, eventually resulting in tau aggregates. 2) Seed-competent tau is released from the donor cell into the extracellular environment. 3) Extracellular “pathogenic” tau is internalized by a nearby healthy cell (i.e., termed “receptor” or “naïve cell”). 4) Once inside, it recruits its endogenous counterparts, resulting in further pathological seeding. That being said, there are many unknowns in this hypothetical four-step process. Here, we discuss some of the most relevant aspects that have yet to be clarified.

The mechanism by which tau can be released and internalized by neural cells is unknown. Noteworthy, tau lacks any potential signal peptide that could locate the protein in the secretory pathway, which makes it more difficult to pinpoint a specific process involved in tau secretion. In parallel, increased neural activity can induce tau release both in vivo and in vitro, which may be critical for disease progression (Pooler et al., 2013; Yamada et al., 2014; Wu et al., 2016). Thus far, different mechanisms have been proposed for tau release (Figure 5): 1) exosome or ectosome release, 2) direct
translocation across the plasma membrane (e.g., via passive diffusion or by membrane disruption), 3) lysosomal exocytosis, 4) microvesicle shedding, and 5) tunneling nanotubes (TNTs) (Saman et al., 2012; Asai et al., 2015; Tardivel et al., 2016; Wu et al., 2016; Wang et al., 2017; Katsinelos et al., 2018; Brunello et al., 2020; Chastagner et al., 2020; Pellegrini & Lancaster, 2021). It is worth mentioning that, except for TNTs, in which intracellular tau would be directly transported from the donor cell to the receptor cell via physical connections, the other proposed mechanisms imply that pathological tau travels through the extracellular space (i.e., extracellular phase). This notion is supported by the presence of tau in the cerebrospinal fluid (CSF) and interstitial fluid (ISF) of transgenic mice (Barten et al., 2011; Yamada et al., 2011; Takeda et al., 2015) and human patients with AD (Kurz et al., 1998; Takeda et al., 2016).

In parallel, several cellular mechanisms have been proposed (Figure 5) to explain extracellular seed-competent tau internalization, including: 1) endocytosis, 2) passive diffusion, 3) membrane disruption, 4) TNTs, and 5) receptor-mediated internalization (e.g., low-density lipoprotein receptor-related protein 1 (LRP1), PrP<sup>C</sup>, and heparan sulfate proteoglycans (HSPGs) (Calafate et al., 2016; Rauch et al., 2018; De Cecco et al., 2020)). Although there have been contradictory findings involving the ability to take up extracellular monomeric tau (Mirbaha et al., 2015; Evans et al., 2018), aggregated tau has been shown to readily enter neurons and other cell types (Frost et al., 2009; Kfoury et al., 2012; Wu et al., 2013). In this context, several studies have shown that micropinocytosis or bulk endocytosis may be responsible for the internalization of exogenously added aggregated and “oligomeric” tau (Frost et al., 2009; Kfoury et al., 2012; Holmes et al., 2013; Wu et al., 2013), in which HSPGs play an active role (Holmes et al., 2013; Rauch et al., 2018). However, because most published results arise from different experimental models, as well as tau variants of distinct origins, the relevance of these mechanisms in vivo is still unclear.
Finally, the minimum size of tau assemblies or seeds that allow the transmission of tau pathology from donor neurons to receptor neurons via these cellular pathways is still unclear. One of the few accounts to investigate this issue is that of (Mirbaha et al., 2015), in which the authors determined that for spontaneous propagation of tau aggregation,
there was a minimum size of three units of tau seeds. In contrast, another group demonstrated that extracellular monomeric tau was sufficient to spread tau pathology (Michel et al., 2014). More recently, (Mirbaha et al., 2022) also indicated that monomeric tau can adopt a specific conformation that self-assembles into amyloid fibrils. Identifying the minimal tau seed required to propagate tau pathology is not trivial, as it could be a reasonable target for developing novel therapies to halt the progression of the disease.

1.3.2.3 Tau Polymorphs and Tau Strains

In humans, the tau pathology of each tauopathy occurs in specific brain areas (Arnold et al., 2013), affects different brain networks (Raj et al., 2012; Zhou et al., 2012), and features unique tau inclusions in various cell types (Adori et al., 2015). Strikingly, individuals with the same syndrome develop rapid or slow neurodegeneration (Armstrong et al., 2014). The basis for these diverse disease patterns is not well understood. Likewise, PrDs are heterogeneous diseases, and as previously stated, their variability is considered to be caused by the existence of different prion strains (Bessen & Marsh, 1994; Schmitz et al., 2016; Philiastides et al., 2019). For clarity, the term “strain” reflects an amyloid property known as “polymorphism,” which refers to multiple fibril folds with the same amino acid sequence. The various folds may differ in the polypeptide chain segments that form the β-strands or in the arrangement of β-strands in the protofilament, resulting in a different protofilament conformation (Zhang et al., 2019). Furthermore, the relative arrangement of protofilaments with one another can vary between polymorphs. However, a bona fide strain must be able to propagate its properties in vivo. Hence, not all polymorphs are strains, but all strains are polymorphs. Nevertheless, the literature is full of examples in which the term “tau strain” is used to describe tau polymorphs. Therefore, to avoid confusion, in this thesis, both terms will be used as synonyms.

It is believed that the specific presence of certain tau polymorphs in different tauopathies could partially explain the heterogeneity observed among human tauopathies. For instance, inoculations of various brain-derived materials from individuals affected by different tauopathies in animal models cause unique patterns of tau pathology, as well as cellular and neuropathological lesions (i.e., reminiscent of those observed in their respective human tauopathies) (Clavaguera et al., 2013; Kaufman et al., 2016). Additionally, in vitro, the transduction of extracellular seed-competent tau from diverse origins results in the production of various forms of inclusions (Sanders et al., 2014; Kaufman et al., 2016; Sanders et al., 2016). Importantly, each tau strain has a distinct relative resistance to proteolytic enzymes. More recently, thanks to cryo-EM, the near-atomic resolution of tau amyloids from diverse sources revealed that these
differences are observable at the molecular level (Falcon et al., 2018b; Falcon et al., 2019; Zhang et al., 2020). To date, however, there is no definitive proof that tau strains are the cause rather than the consequence of the variability of human tauopathies. Therefore, their clinical relevance is still under debate.

1.3.3 Tau-Related Cytotoxicity

The extent and distribution of tau lesions strongly correlate with the clinical phenotypes of tauopathy patients, including cognitive decline, neurodegeneration, and reactive gliosis (Braak & Braak, 1991; Arriagada et al., 1992; Kovacs, 2015). Moreover, the discovery of genetic abnormalities linked to familial AD and FTDP-17 has led to the idea that tau dysfunction and aggregation are both central to the neurodegenerative process. Hence, intracellular tau aggregates have been hypothesized to be directly toxic to neural cells. Additionally, because there is increasing evidence to suggest that extracellular tau plays an active role in the progression of the disease (Kfoury et al., 2012), it has been proposed that it may also be cytotoxic to neural cells (Gomez-Ramos et al., 2006). However, the link between tau aggregation, propagation, and neuronal dysfunction remains poorly understood, as are the direct consequences for the neurons and glial cells containing the aggregates. Moreover, the exact nature of tau toxic species (i.e., soluble tau vs. large insoluble aggregates) is not well understood. In this section, we will review some of the most relevant information regarding tau toxicity and its possible impact on neuronal activity.

1.3.3.1 Intracellular Tau Cytotoxicity

There appears to be double cytotoxicity associated with intracellular tau. First, because soluble monomeric tau is captured into aggregates, it is thought that loss of the MT-binding function destabilizes the cytoskeleton, leading to what is known as loss-of-function toxicity (Alonso et al., 1997). Second, the immense intracellular physical space usage of large tau amyloid fibrils is believed to result in toxic gain-of-function (Lee et al., 1994; Ballatore et al., 2007). However, the role of tau aggregates as toxic mediators of neuronal dysfunction remains unclear. Indeed, the association between large PHFs and pathology does not always imply a causal link (Tanzi & Bertram, 2001; Stamer et al., 2002; Gotz et al., 2004; Santacruz et al., 2005; Berger et al., 2007). Consequently, the emphasis has shifted towards finding toxic tau species through the fibrillization pathway, from soluble monomers to “oligomers,” to highly insoluble amyloid fibrils. In this context, the tau aggregation process has proven to be damaging in certain experimental models (Khlistunova et al., 2006; Bandyopadhyay et al., 2007). In addition, several studies have
shown that the addition of tau aggregation inhibitors reverses the cytotoxic effects caused by tau fibrillization (Khlistunova et al., 2006; Hosokawa et al., 2012; Mori et al., 2014; Harrington et al., 2015). Intermediate “oligomers” formed during amyloid fibrillization appear to be the culprits of tau-related cytotoxicity (Kumar et al., 2014; Tepper et al., 2014). Nevertheless, as previously stated, tau “oligomers” are still poorly characterized, and “oligomeric” preparations are heterogeneous and highly unstable (Maeda & Takashima, 2019). As a result, there is currently no agreement on the nature of neurotoxic species in tauopathies, which complicates the development of tau-directed therapies.

1.3.3.2 Extracellular Tau Cytotoxicity

Increasing evidence shows that seed-competent tau is present in the extracellular space under pathologic conditions (Bi et al., 2011; Yamada et al., 2011; Magnoni et al., 2012; Evans et al., 2018). In this regard, the existence of extracellular tau has been documented in both primary neuron culture medium (Karch et al., 2012) and immortalized mammalian cell lines over-expressing tau (Simon et al., 2012), as well as in the CSF of tau-transgenic mice (Magnoni et al., 2012) and humans (Yamada et al., 2014). At first, scientists thought that the source of extracellular tau came from dying cells (Medina & Avila, 2014b), as increased tau levels were found in the CSF of patients with AD (Kurz et al., 1998; Takeda et al., 2016). However, the prion-like hypothesis introduced the idea that extracellular tau could be released from neural cells independently of cell death (Pooler et al., 2013; Wu et al., 2016).

In AD patients, there is a significant synaptic loss (Masliah et al., 1989) that correlates with cognitive impairment (DeKosky & Scheff, 1990). It is now believed that the cell-to-cell spreading of pathological tau could be a major contributor to the synaptic dysfunction associated with AD (Sokolow et al., 2015). Consistent with this idea, the addition of extracellular tau “oligomers” impaired memory and long-term potentiation (LTP) in mice (Fa et al., 2016; Puzzo et al., 2017). Interestingly, after tau removal, lost memory and impaired synapses were recovered (Hochgrafe et al., 2013). Another study found that adding small “oligomeric” tau species to neurons in an in vitro setting changed the architecture as well as the density of dendritic spines and increased the production of reactive oxygen species (ROS), resulting in altered intracellular calcium homeostasis (Kaniyappan et al., 2017). Despite this, only limited progress has been made in determining the molecular mechanisms by which extracellular tau can be toxic to neural cells. One exception is the work of J. Ávila’s laboratory, which demonstrated that extracellular dephosphorylated tau interacted with the muscarinic receptors M1 and M3,
disrupting calcium homeostasis and eventually leading to cell death (Gomez-Ramos et al., 2006; Gomez-Ramos et al., 2008; Diaz-Hernandez et al., 2010).

1.3.3.3 The Unknowns between Tau Pathology and Neuronal Network Alterations

Either directly or indirectly, tau cytotoxicity may also affect neural functions and probably the ability to regulate brain activity. In this context, patients diagnosed with AD also exhibit neuronal network abnormalities, such as synaptic depression, altered oscillatory rhythmic activity, and hypersynchrony (Palop & Mucke, 2010; 2016). Consequently, neuronal excitability dysregulation, which precedes neurodegeneration in tauopathies, could be the underlying cause of cognitive impairment, although the exact role of tau and its accumulation in “pathogenic” forms, if any, in such processes is unclear (Dickerson et al., 2005; Olazaran et al., 2010; Vossel et al., 2013). However, theoretical and experimental evidence suggests that abnormal neural functions are associated with “pathogenically” related tau species. According to (Crimins et al., 2012; Garcia-Cabrero et al., 2013; Maeda et al., 2016), enhanced network excitability is detected in the brains of transgenic rodents expressing human FTD-related mutations. Moreover, in flies (Holth et al., 2013) and mice (Roberson et al., 2011; DeVos et al., 2013; Holth et al., 2013; Hall et al., 2015), decreasing the levels of tau expression results in the attenuation of neural network excitability. But again, how tau regulates neural excitability is unclear.

As previously mentioned, prior work focused on studying the effects of neuronal activity on the progression of tau pathology. Regardless, the consideration of how tau itself may modulate neural networks is rarely addressed, and most published results report on alterations resulting from over-expressing tau variants. In this regard, the question of whether extracellular tau also disturbs neuronal networks has received limited attention in the literature. There are, however, some experimental data showing that extracellular tau is toxic to cells and increases intracellular calcium via muscarinic receptors (Gomez-Ramos et al., 2006; Gomez-Ramos et al., 2008). More recently, Stancu and colleagues reported network dysfunction in models with over-expression of mutated tau isoforms upon treatment with extracellular tau using in vitro, ex vivo, and in vivo approaches (Stancu et al., 2015). In parallel, exposure to tau “oligomers” in transgenic mice expressing human tau resulted in almost instantaneous impairment of LTP and memory (Fa et al., 2016). Moreover, adding a truncated tau variant to mature primary neurons altered their normal synaptic function by directly interfering with depolarization-evoked glutamate release (Florenzano et al., 2017).
1.3.4 PrP<sub>C</sub> and Its Role in Tau Pathology

The prion-like hypothesis predicts the existence of several molecules that support the progression of protein misfolding pathology. Among different candidates (e.g., LRP1 and HSPG), increasing experimental evidence shows PrP<sub>C</sub> may be involved in various NDs (Resenberger et al., 2011), both in pathology spreading and mediating cytotoxic effects, although a protective influence has also been suggested (Gavin et al., 2020).

In humans, PrP<sub>C</sub> is a 253-amino acid glycosylphosphatidylinositol (GPI)-anchored protein encoded by the PRNP gene on chromosome 20, whereas in mice, P<sub>np</sub> is located on chromosome 2 (Aguzzi & Miele, 2004; Del Rio et al., 2018). The PRNP gene has a length of 20 kb and is composed of two exons in humans and three exons in mice. Nevertheless, in both cases, the PrP<sub>C</sub> protein is codified by only the last exon (Puckett et al., 1991). Mature PrP<sub>C</sub> has 209 residues (Figure 6) and can be glycosylated at two asparagine residues at positions 181 and 197 (i.e., human PrP<sub>C</sub>) (Haraguchi et al., 1989). Therefore, PrP<sub>C</sub> can be unglycosylated, monoglycosylated, or diglycosylated, which can be identified by different electrophoretic patterns (Wiseman et al., 2015). The 3D structure of PrP<sub>C</sub> consists of an unstructured N-terminal domain (i.e., amino acids 23-122), which contains five copies of an octapeptide repeat region. Notably, this region also contains two positively charged clusters (CC) known as CC1 (i.e., residues 23-30) and CC2 (i.e., residues 101-110) (Martinez et al., 2015). The C-terminal globular domain (i.e., amino acids 123-230) comprises three α-helices and two very short anti-parallel β-plated sheet regions (Pan et al., 1993; Zahn et al., 2000). Between the N-terminal and C-terminal domains, there is a hydrophobic region (HR) (i.e., residues 113-135) (Beland & Roucou, 2012), which is believed to be relevant during prion conversion (Giachin et al., 2015).

In the central nervous system, PrP<sub>C</sub> is extensively expressed during early development, as well as in adult neurons and glial cells. It has been proposed that PrP<sub>C</sub> plays several roles, such as ion balance homeostasis, neuritogenesis, cell signaling, cell adhesion, and stress-protective function (Legname & Moda, 2017; Legname & Scialo, 2020).

Turning now to the roles of PrP<sub>C</sub> in NDs, according to (Lauren et al., 2009), PrP<sub>C</sub> is necessary for Amyloid-β (Aβ)-induced cytotoxicity in hippocampal slices and memory impairment in vivo (Gimbel et al., 2010). In parallel, in Parkinson’s disease (PD), PrP<sub>C</sub> may act as a receptor for α-synuclein (α-syn) amyloids, promoting their internalization in
healthy cells, as well as modulating their cytotoxic influence through the activation of a signaling cascade (Aulic et al., 2017).

Remarkably, PrP\(^{C}\) has been found to be a tau interactor (Han et al., 2006; Wang et al., 2008; Schmitz et al., 2014), although the significance of this interaction is uncertain. In this regard, pull-down and co-immunoprecipitation experiments have proven the existence of an interaction between isolated monomeric and brain-derived tau and PrP\(^{C}\) (Han et al., 2006). Additionally, co-immunoprecipitation of PrP\(^{C}\) and phosphorylated tau variants has also been reported in lysates from HEK293 cells over-expressing PrP\(^{C}\) (Schmitz et al., 2014). Using more pathologically relevant samples, co-localization, and internalization of hyperphosphorylated tau and PrP\(^{C}\) were found in brain tissue from AD patients (Gomes et al., 2019). Importantly, NFTs are usually observed in PrDs, suggesting that PrP\(^{Sc}\) and tau may influence each other’s formation under certain pathological conditions (Ghetti et al., 1989; Tagliavini et al., 1993). Notably, these interactions seem to occur between the unstructured region of PrP, encompassing residues 23-91 (i.e., the N-terminal fragment), and the projection domain and RD of tau (Wang et al., 2008). In this regard, one study showed that in the neuroblastoma cell line N2a, over-expression of PrP\(^{C}\) enhanced the internalization of tau amyloid aggregates assembled only with the RD fraction (De Cecco et al., 2020). However, one major
drawback of this study was that the authors used heparin to facilitate tau aggregation. Consequently, increased tau internalization could have resulted from PrP<sub>C</sub> interacting with heparin molecules present in the fibrils rather than with tau.

Having said this, however, as previously stated, PrP<sub>C</sub> has also been proposed to play a protective role in AD (Guillot-Sestier et al., 2012; Hernandez-Rapp et al., 2014; Schmitz et al., 2014; Vergara et al., 2015; Gavin et al., 2020). In the case of tau, (Niezanska et al., 2021) demonstrated that the soluble N-terminal fragment of PrP<sub>C</sub> protects neurons against tau “oligomer”-induced toxicity. Furthermore, the presence of PrP<sub>C</sub> in HEK293 cells down-regulated the expression of tau (Schmitz et al., 2014). Given these contradictory results, the exact role of PrP<sub>C</sub> in tau pathology is still unclear.

1.4 Experimental Paradigms for Studying Tauopathies: Tau Seeding, Spreading, and Cytotoxicity

1.4.1 Intracellular Tau: Transgenic vs. Wild-Type Models of Tau Pathology

One of the most challenging aspects of studying tau pathology is that full-length tau is a highly soluble protein that does not readily aggregate under physiological conditions, neither in vivo nor in vitro (Chirita et al., 2005; Khlistunova et al., 2006; Bandyopadhyay et al., 2007). For years, this issue has been solved by inducing the over-expression of human tau alone or bearing aggregation-promoting mutations (e.g., P301L, P301S, ΔK280). Furthermore, the use of fibrillation agonists (Bandyopadhyay et al., 2007), as well as artificially causing certain PTMs, such as truncation or phosphorylation (Chun & Johnson, 2007), have also proven to be successful ways to trigger tau aggregation. However, transgenic models based on the over-expression of tau do not fully recapitulate the characteristics of sporadic human tauopathies. Consequently, the effectiveness of certain drugs in transgenic models contrasts with recent trial results. For example, in AD, out of more than 200 therapies that ameliorated AD-related pathology in genetically engineered models, only two have been approved as medications for humans (Zahs & Ashe, 2010). As a result, the field has seen a shift toward the use of wild-type models of tau expression, in which tau aggregation is usually triggered by the addition of extracellular seed-competent tau species.

1.4.2 Extracellular Tau: Recombinant vs. Brain-Derived Tau

As previously mentioned, in vitro, using cell-free environments, monomeric tau can be induced to form amyloid aggregates, often in the presence of cofactors. In this
context, adding fibrillated tau can accelerate the aggregation process by eliminating the rate-limiting nucleation step necessary for the amyloid formation. Analogously, the addition of exogenous seed-competent tau in living organisms (e.g., cells or animal models), especially those over-expressing aggregation-prone tau variants, accelerates the process of amyloid fibrillation. When designing an experiment, selecting the nature of the extracellular tau to be used is not a trivial issue, as different tau species may have distinct properties (Nam & Choi, 2019; Zhang et al., 2019). The origin of extracellular tau can broadly be classified into recombinant tau-preformed fibrils (PFFs) and brain-derived tau.

1.4.2.1 Tau PFFs

Tau PFFs are amyloid fibrils that can be easily formed in vitro in the absence of cellular systems. Importantly, this process must produce reliable and reproducible amyloids to exclude confounding factors in subsequent experiments. The literature is full of different protocols for generating tau PFFs, and their use is widespread and popular in the field (Li & Lee, 2006; Falcon et al., 2015; Nam & Choi, 2019). In most cases, Escherichia coli is used to produce a wide variety of recombinant monomeric tau species, such as full-length wild-type tau, and tau RD with or without aggregation-prone mutations (e.g., P301L P301S), which after purification are induced to aggregate in cell-free environments, often with the help of polyanionic cofactors (e.g., heparin or RNA) (Goedert et al., 1996; Friedhoff et al., 1998; Fichou et al., 2018). The resulting fibrils (i.e., fully formed PFFs) can be sonicated to obtain “oligomeric” species and stored at -80°C until use. Despite their advantages, recent investigations have revealed that the final fibril morphology does not resemble the ones observed in the diseased brain (Zhang et al., 2019). As a consequence, their translational relevance has been called into question.

1.4.2.2 Brain-Derived Tau

The use of brain-derived material obtained from rodent models of tauopathy or deceased human tauopathy patients is becoming increasingly common. However, when comparing brain-derived material to tau PFFs, there are two fundamental limitations. First, human samples are scarce, and the amount of tau retrieved is small, restricting the number of potential experiments. Second, as mentioned above, it is possible to obtain reproducible batches of tau PFFs, but brain-based materials are characterized by heterogeneity within and between samples, and therefore, the consistency of the produced data is highly affected. At the same time, the published protocols for sample acquisition are also diverse. Classically, researchers would sequentially extract
detergent-insoluble fractions (e.g., N-lauroyl sarcosinate (sarkosyl) or Triton X-100 detergent) as they are enriched in highly aggregated tau species. However, alternative protocols have been developed because it is now thought that soluble “oligomeric” species, rather than large insoluble tau aggregates, are the main culprits of the neurodegenerative process. Nevertheless, there is still no consensus on how to isolate tau “oligomers,” complicating, even more, the interpretation of the results in the literature.

1.4.3 Rodent Models of Tauopathy

The gold standard for generating tau pathology in rodent models has been to create transgenic mice over-expressing mutant versions of the human tau protein (Gotz et al., 2018). For example, mice expressing human tau bearing the mutations P301L or P301S under the control of neural promoters (e.g., Prnp or Thy-1) are known to robustly develop tau pathology as they age (Allen et al., 2002; Yoshiyama et al., 2007). As a result, these models have been helpful in elucidating particular pathogenic pathways involved in tau pathology (Dai et al., 2015; Dai et al., 2018). However, in these animals, practically all brain cells (i.e., or at least all neurons) over-express mutant versions of the MAPT gene, frequently in multiple copies. Hence, when studying tau spreading, distinguishing between cell-autonomous and non-autonomous mechanisms becomes nearly impossible (Medina & Avila, 2014a).

Consequently, several groups have investigated other ways of producing alternative approaches, such as mice lacking endogenous murine tau but over-expressing non-mutated human tau (Andorfer et al., 2003; Hu et al., 2016; Saito et al., 2019), as well as restricting the expression of tau-mutated species only to specific brain regions (Harris et al., 2012; Liu et al., 2012). Other alternatives include inoculating either viral particles to monitor the over-expression of tau (Osinde et al., 2008; Caillierez et al., 2013), or injecting seed-competent tau species from various sources (e.g., brain extracts from patients or tau PFFs), which are capable of inducing seeding and spreading of endogenous tau even in wild-type mice. Despite all these advancements, there are still a few drawbacks related to in vivo research, since working with animals is generally time-consuming and expensive, along with the potential ethical implications of animal testing (Kirk, 2018).

1.4.4 Cellular Models of Tauopathy

Various cellular models have been created in the last two decades to explore tau pathology. These models include basic unicellular organisms (e.g., yeast) (Vanhelmont
et al., 2010; Porzoor & Macreadie, 2013), immortalized mammalian cell lines (Frost et al., 2009; Guo & Lee, 2011), primary neuronal cell cultures (Wu et al., 2013; Calafate et al., 2015), and, more recently, induced pluripotent stem cells (iPSCs) and organoids (Usenovic et al., 2015; Gonzalez et al., 2018; Oakley et al., 2021). Certain restrictions apply to the reductionist perspective provided by *in vitro* techniques. For example, although it is simpler to identify intricate biological pathways that would otherwise be challenging to investigate, cellular models are far from reproducing the brain’s complexity, which implies the loss of many layers of information. They do, however, offer a few advantages over *in vivo* experimentation. For instance, *in vitro* models are easy to maintain and may be genetically engineered to over-express or silence genes of interest more quickly and easily.

1.4.4.1 *Mammalian Immortalized Cell Lines*

The use of mammalian immortalized cell lines (i.e., cell lines for short) to study specific aspects of tau pathology has proven invaluable over the years. Most of these models rely on the over-expression of mutated isoforms of the tau protein. However, high over-expression of tau over-stabilizes MTs and inhibits cell division, which is not well tolerated by dividing cultured cells (Kanai et al., 1989; Vogelsberg-Ragaglia et al., 2000). Consequently, some models regulate tau expression under the doxycycline-inducible promoter (Khlistunova et al., 2006). Compared to primary cells, cell lines are easy to culture and have rapid experimental turnaround times. Moreover, they are easier to transfect, allowing for the introduction of labeling techniques (e.g., fluorescently tagged tau variants), which are then used to monitor tau amyloid fibrillization with spatiotemporal resolution. Together, they make excellent platforms for high-throughput experimental approaches, such as drug screening for tau-directed compounds. Nevertheless, because most cell lines do not reproduce neuronal phenotypes (e.g., HEK293) or are tumor-derived cell lines (e.g., SH-SY5Y or N2a), specific aspects of tau pathology get lost in translation. Therefore, in most cases, they do not produce translationally relevant results, especially with regard to tau spreading research.

That being said, it is worth mentioning the existence of cell lines designed to be used as cellular assays to study some particular aspects of pathological tau. For instance, to date, there is only one commercially available cell line designed to detect seed-competent tau in biological samples. Commercialized by the American Type Culture Collection (ATCC), the Tau RD P301S FRET (Föster resonance energy transfer) Biosensor (i.e., Tau biosensor cell line, from now on) was first developed in 2014 in M. I. Diamond’s laboratory (Holmes et al., 2014). The authors genetically engineered
HEK293 cells to stably over-express the tau RD fragment bearing the P301S mutation, fused to either cyan fluorescent protein (CFP) or yellow fluorescent protein (YFP). Upon the addition of seed-competent tau (e.g., brain homogenates from patients with AD), tau RD-CFP and tau RD-YFP fragments are recruited to aggregate. Thus, both types of constructs are close enough (i.e., < 10 nm) to produce a detectable FRET signal. Flow cytometry can be used to measure the resulting FRET signal, providing precise quantification of all tau aggregates present in a well. Notably, the internalization step can be eliminated by delivering the tau aggregates mixed with Lipofectamine™ directly to the cells, increasing the assay sensitivity. In summary, the Tau biosensor cell line was developed as a cell-based assay to detect proteopathic seeding in a given sample.

By using the Tau biosensor cell line, M. I. Diamond’s group was able to demonstrate that tau proteopathic seeding correlates with disease progression, but more importantly, that it can be detected before the appearance of classical histopathological markers in both P301S mice and AD patients, proving that proteopathic seeding may be an effective biomarker for human tauopathies (Holmes et al., 2014; Furman et al., 2017; Kaufman et al., 2017). However, it is still under debate whether proteopathic seeding can be detected in the CSF of AD patients, as there exist contradictory findings on this matter (Takeda et al., 2016; Hitt et al., 2021).

Because the Tau biosensor cell line is commercially available, many groups have included and adapted this cellular assay to their own particular experimental designs. As a result, there is an increasing number of publications in which the use of the Tau biosensor cell line has been reported. For instance, using the Tau biosensor cell line, Wang and colleagues found that microglial cells, which were derived from a mouse model of tauopathy, processed and secreted highly seed-competent tau species (Wang et al., 2022), suggesting a critical role for microglial cells in tauopathies. In another example, the cell line was adapted to evaluate the performance of tau aggregation inhibitors (Louros et al., 2022). Others have used the Tau biosensor cell line to study the heterogeneity observed among patients with AD (Dujardin et al., 2021; Kamath et al., 2021). The authors employed the Tau biosensor cell-based assay to study the kinetics of tau aggregation induced by the addition of extracellular tau from different AD patients. S. Dujardin and co-workers could relate differences in the kinetic profiles to the concept of heterogeneity in association with AD patients. Finally, some researchers have also used the Tau biosensor cell line to investigate some biophysical properties of tau seeds (Hou et al., 2021; Kamath et al., 2021). Together, these different applications of the Tau
biosensor cell line explain the widespread adoption of this cellular model by multiple research groups.

1.4.4.2 Primary Neural Cell Cultures and Organotypic Slices

The specialized morphology of neurons as post-mitotic cells distinguishes them significantly from cell lines. Consequently, cellular pathways and specific protein expression patterns can differ between these two experimental models, which is not a trivial issue for studying tau pathology. As already stated, the primary role of tau, which is largely expressed by neurons, is to control MT dynamics in the axons (Avila et al., 2004a). In disease, tau can be detected in the perikaryon and distal dendrites. Therefore, because most cell lines do not have axons, they cannot mimic these pathological events. Recognizing such constraints has helped develop experimental methodologies based on rodent primary neural cell cultures (Gomez-Ramos et al., 2008) and, more recently, organotypic slices, which preserve the anatomical structures of the brain (Messing et al., 2013; McCarthy et al., 2021). In either case, the culture comes from embryonic or early postnatal mice or rats. Importantly, because both systems are much more sensitive to the protocols of gene transfection than cell lines, a wide variety of viral vectors have been designed to transduce these cultures to over-express different tau constructs. Noteworthy, it is also possible to directly culture primary neurons or organotypic slices from transgenic animals with tau pathology to accelerate and facilitate the aggregation process.

The field has also taken advantage of microfluidic devices to compartmentalize primary neural cell cultures and study the cell-to-cell spreading of pathological tau (e.g., see (Del Rio & Ferrer, 2020)). In this regard, the most frequently utilized microfluidic platforms comprise two or more fluidically isolated compartments interconnected by perpendicular microchannels (Figure 7) (Taylor & Jeon, 2010; Neto et al., 2016). With such a design, only the axons are able to grow through the microchannels and reach the distal chamber, allowing for individual treatment, as well as adjusting and monitoring the various compartments (Wu et al., 2013; Wu et al., 2016; Katsikoudi et al., 2020). Furthermore, neuronal populations may be co-cultured in isolation within discrete reservoirs, recreating neuronal connections known to be affected in NDs (Wu et al., 2016). These approaches are interesting, as they can aid in the investigation of tau
spreading among synaptically coupled neurons. Consequently, they could contribute to our understanding of how tau spreads among synaptically connected neurons.

![Figure 7 Schematic representation of microfluidic devices](image)

**Figure 7 Schematic representation of microfluidic devices:** Although there are multiple designs of microfluidic platforms, A, B, and C represent the most commonly used in the research field of tau pathology. Usually, these devices include two or more chambers where primary neural cell cultures are plated. Despite these compartments being fluidically isolated, they are interconnected through perpendicular microchannels, where axons are allowed to grow. Therefore, each reservoir can be treated independently, supporting the study of anterograde and retrograde transport. Image obtained from (Sala-Jarque et al., 2022).

Therefore, primary neural cell cultures are better than cell lines at studying tau pathology for translationally relevant results. However, they are more laborious to prepare, maintain, and require specific skills (e.g., dissection and isolation of the embryonic brain). Of note, high levels of variability characterize primary neural cell cultures, even within different wells, in the same experiment. Moreover, because, in most cases, cells are seeded in 2D, they lack the 3D anatomical architecture of the brain. Additionally, some protocols purposely include the addition of certain factors to the culture media to reduce the population of glial cells (e.g., AraC). These limitations are partially solved with the use of organotypic slices. Nevertheless, primary neural cell cultures and organotypic slices are obtained from immature murine brain tissue, and thus they mainly express 3R-tau isoforms, contrasting with the 1:1 ratio of 3R/4R tau species present in the brain of a human AD patient (McMillan et al., 2008; Bullmann et al., 2009).

### 1.4.4.3 iPSCs and Organoids

Although this last group is beyond the scope of the present thesis, we would like to summarize some relevant aspects of iPSCs and organoids, as they may represent cutting-edge models of patient-specific cell lines. iPSCs can closely reproduce the characteristics of neurons found in patients, as they may be obtained from any cell type and differentiated into several sorts of neurons and glial cells (Harasta & Ittner, 2017; Kuhn et al., 2021). Notably, the emergence of patient-derived iPSCs provides...
unprecedented tools for understanding tau pathology in physiologically relevant models and has the potential for high-throughput drug screening, alongside promising advances in personalized medicine and clinical trials in the future. However, \textit{in vitro} differentiation of iPSC-derived neurons produces important levels of heterogeneity, which limits the ability to obtain consistent results. Additionally, analogous to primary neurons, iPSCs are mostly cultured in 2D, which does not recreate the complexity of the human brain (Sala-Jarque \textit{et al.}, 2022).

To overcome this limitation, some groups have started developing 3D cerebral organoids from iPSCs, as they have all the advantages of the latter, with the superiority of a close recapitulation of the laminar organization observed in the developing human cortex (Dubey \textit{et al.}, 2019; Pellegrini & Lancaster, 2021). Another advantage of organoids is that they last much longer than 2D neural cell cultures, which permits addressing the potential long-term effects of tau pathology. However, to date, an increasing number of culture protocols have resulted in a lack of consistency in the reported results (Bang \textit{et al.}, 2021). Furthermore, most protocols do not allow for the proper formation of oligodendrocytes or microglial cells. Moreover, like iPSCs, organoids are highly variable, and even tau expression may not be consistent between cultures. Importantly, both iPSCs and organoids do not represent the state of a mature brain, since most neurons retain the expression of immature neuronal markers (e.g., SOX2 or Nestin). Finally, both methodologies are laborious and time-intensive to generate and characterize and require a certain level of expertise.
General Objectives
The prion-like hypothesis proposes that tau pathology is transferred trans-cellularly, contributing to the progression of the disease in the brain. Because tau is an intracellular protein, understanding the exact mechanisms involved in cell-to-cell spread may be relevant to developing novel therapies. However, the precise mechanisms involved and the possible impact of extracellular seed-competent tau on neuronal function and cytotoxicity in healthy cells are still unclear. All these aspects have been studied for decades using in vitro and in vivo models of tau pathology based on the over-expression of tau-bearing aggregation-prone mutations. Nevertheless, the necessity for more pathologically relevant methods for studying human tauopathies has been undermined by the failure of therapeutic strategies developed with these models in later clinical investigations. The main aim of the present thesis is to systematically address the basic mechanisms underlying tau pathology using more pathologically relevant approaches, including brain-derived material from human tauopathy patients, wild-type murine primary cortical cultures, and mouse models expressing wild-type tau.

**Chapter 1:**

At the beginning of this thesis, the reliability of the cell-based assay that we were using to evaluate whether our samples were seed-competent, known as the Tau biosensor cell line (Holmes et al., 2014), was put into question in a publication by E. Mandelkow’s laboratory (Kaniyappan et al., 2020). Therefore, the credibility of our and others’ results obtained using this cell line was compromised. Consequently, due to the implications of these claims, we decided to conduct a thorough validation of the Tau biosensor cell line.

- **Objective 1:** To evaluate the reliability of the Tau biosensor cell line by characterizing the fluorescent inclusions observed upon the treatment with seed-competent tau.

**Chapter 2:**

In the past, other research groups have taken advantage of microfluidic devices to culture primary neurons and add exogenous tau PFFs or extracts from brains with tauopathies to neurons to investigate the mechanisms underlying tau pathology transmission (Holmes et al., 2013; Wu et al., 2016; McCarthy et al., 2021). Most of them proved that tau aggregates were internalized by neurons, trafficked both anterogradely and retrogradely along axons, and spread to and between connected cells (Wu et al., 2013). However, no one has examined the functional outcome of extracellular seed-competent tau in healthy neurons. Here, we sought to determine whether the presence...
of extracellular seed-competent tau, added into the axonal compartment of microfluidic
devices cultured with primary neurons, could alter neural activity.

- **Objective 2:** To study the impact of extracellular seed-competent tau on the
  neural activity of wild-type primary cortical cultures by establishing a microfluidic
  platform suitable for calcium imaging and morphological analyses.

**Chapter 3:**

The toxicity of tau has been addressed multiple times in the past (Gomez-Ramos *et al.*, 2006; Bandyopadhyay *et al.*, 2007; Tian *et al.*, 2013). However, in most cases, researchers have opted for experimental approaches based on using immortalized cell lines over-expressing mutated tau variants. Very little is known about the toxicity of extracellular seed-competent tau in healthy primary neurons, although the latter represents a more pathologically relevant situation than the former. Therefore, we treated primary cortical cultures with a variety of seed-competent tau to evaluate their impact on cellular viability.

- **Objective 3:** To evaluate the cytotoxicity of different extracellular seed-
  competent tau in primary cortical cultures through the determination of alterations
  in their metabolic activity.

**Chapter 4:**

Finally, there has been an increasing interest in the role of PrP<sup>C</sup> in NDs in general. However, at the beginning of this thesis, there was scarce information regarding its role in tauopathies. Therefore, we inoculated brain-derived material from an AD patient into the hippocampus of four mouse models with different expressions of the PrP<sup>C</sup> protein.

- **Objective 4:** To evaluate the role of PrP<sup>C</sup> in the uptake, seeding, and spreading
  of tau pathology *in vivo* in wild-type and transgenic PrP<sup>C</sup> mice.
Chapter 1: Addressing the Tau Biosensor Cell Line’s Reliability
3.1 Introduction

The Tau biosensor cell line was first developed in M. I. Diamond's laboratory in 2014 to be used as a cell-based assay to detect seed-competent tau in brain-derived samples (Holmes et al., 2014). As mentioned in the Introduction chapter, this cell line is based on genetically engineered HEK293 cells to over-express the tau RD fragment bearing the P301S mutation and fused to either CFP or YFP proteins. Briefly, these cells are characterized by a high fluorescent background under normal conditions, as the tau RD-CFP/YFP fragments remain soluble in the cytoplasm. However, the addition of extracellular seed-competent tau recruits these tau fragments, leading to the formation of intracellular fluorescent inclusions, which can subsequently be quantified via flow cytometry or fluorescence imaging.

The reliability of the Tau biosensor cell line was recently questioned in a publication from E. Mandelkow's group (Kaniyappan et al., 2020). In the original publication of the Tau biosensor cell line from M. I. Diamond's laboratory, the authors assume that the fluorescent inclusions observed in the cells are the result of self-templated aggregates assembled from tau RD-CFP/YFP (Holmes et al., 2014). Thereby, the increased FRET signal directly reports on the levels of intracellular tau aggregation. Conversely, Kaniyappan et al. argue that the observed FRET signal may be explained purely by the proximity of tau RD-CFP/YFP constructs in the already crowded cytoplasm, without the necessity for amyloid-like aggregates to develop. To support their claims, the authors propose other mechanisms, such as liquid-liquid phase separation, as plausible causes for the increased FRET signal. Moreover, they believe that RD-CFP/YFP fragments are unable to aggregate due to steric hindrances. However, a serious limitation of Kaniyappan's study is that in their experimental approach, the authors failed to use the Tau biosensor cell line or the tau RD-CFP/YFP constructs employed in the original publication (Holmes et al., 2014). Instead, the experiments were conducted in an in vitro cell-free model of tau fibrillization using their own designed tau constructs. Despite these inadequacies, it is true that, in the original paper, Holmes and colleagues do not prove that the fluorescent inclusions are tau amyloid-like fibrils (Holmes et al., 2014). Therefore, if the claims made by Mandelkow's group are correct (Kaniyappan et al., 2020), that would imply that all previous publications based on the Tau biosensor cell line are irrelevant or even misleading.

3.2 Objective
The central objective of this chapter is to evaluate the reliability of the Tau biosensor cell line by characterizing the fluorescent inclusions observed upon the treatment with seed-competent tau. Our primary motivation is to address the claims made by (Kaniyappan et al., 2020) to determine whether the Tau biosensor cell line is a reliable cell-based assay.

3.3 Materials and Methods

3.3.1 Ethical Statement

All animals were kept in the animal facility of the Faculty of Pharmacy at the University of Barcelona under controlled environmental conditions and were provided with food and drink ad libitum. Animal care and experimental protocols were performed in compliance with the Ethics Committee on Animal Experimentation (CEEA) of the University of Barcelona. All housing, breeding, and procedures were performed under the guidelines and protocols OB47/19, C-007, 276/16, and 47/20 of CEEA.

3.3.2 Reagents

The tau aggregation inhibitor IN-M4 was purchased from GenScript as a lyophilized powder (Standard peptide, Lot: U902YFl230-1/PE6574). The fragment tauK18, which corresponds to the amino acids Leu243-Glu372, was purchased from R&D Systems (i.e., recombinant human tauK18/tau PHF core protein; R&D Systems, catalog no. SP-496-100).

3.3.3 Mice

All animals used in this study were P301S (+/-) mice and their non-transgenic littermates, P301S (-/-). P301S (+/-) are transgenic mice over-expressing the shortest human tau isoform with the P301S mutation, under the mouse prion promoter (Prnp) (Allen et al., 2002), which causes inherited frontotemporal dementia. Importantly, P301S (+/-) mice develop severe filamentous tau aggregation at approximately 9 months of age. The non-transgenic P301S (-/-) mice were used as controls and will be referred to as P301S (-/-). In these experiments, we used 3-month-old P301S (+/-) and P301S (-/-) mice for stereotactic experiments because P301S (+/-) animals had not yet developed tau pathology. Mice of 12-month-old P301S (+/-) and P301S (-/-) mice for brain homogenate and sarkosyl-insoluble extractions because P301S (+/-) animals had a high burden of tau aggregates.
3.3.4 Human Samples

This chapter included frozen material from autopsy-proven, neuropathologically well-characterized cases of AD (n = 3), AGD (n = 2), PiD (n = 3), FTD-tau (n = 1), ARTAG (n = 2) GGT (n = 3), multiple system atrophy (MSA) (n = 2), PD (n = 1), and healthy controls (n = 2) obtained from the HUB-ICO-IDIBELL tissue bank. Table 1 summarizes the basic information about all patients. The institutional research ethics board approved the protocol and gave us consent for the use of all tissues.

Table 1 Human cases used to obtain sarkosyl-insoluble tau extracts

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<th>PDM (h)</th>
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<td>9.1</td>
<td>Control</td>
<td>Male</td>
<td>39</td>
<td>9</td>
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<tr>
<td>9.2</td>
<td>Control</td>
<td>Female</td>
<td>46</td>
<td>14</td>
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Abbreviations: AD: Alzheimer’s disease, AGD: argyrophilic gran disease; ARTAG: aging-related tau astrogliopathy; FTD: frontotemporal dementia; GGT: globular glial tauopathy; MSA: multiple system atrophy; PD: Parkinson’s disease; PiD: Pick’s disease; PMD: post-mortem delay
3.3.5 Assembly of Recombinant tauK18 Fibrils

tauK18 fibrillization reactions were prepared in a 96-well plate to a final volume of 200 μL/well. Briefly, to monitor tauK18 fibrillization in real-time, 10 μM tauK18 was incubated with 0.5 mg/mL heparin, 1 mM dithiothreitol (DTT), 0.1 M phosphate-buffered saline (PBS), and 30 μM ThT. The plate was covered with sealing tape and incubated at 37°C under linear shaking for 60 s of shaking at 1,080 rpm and an amplitude of 1.5 mm. Fluorescence was monitored every 30 min for 24 h through bottom reading at 445 nm excitation and 485 nm emission using an Infinite M200 PRO multimode microplate reader (Tecan, Switzerland). Newly formed aggregates were pelleted by ultracentrifugation at 50,000 xg for 20 min at 4°C. Finally, pellets were resuspended in 10 μL of 0.1 M PBS and stored at -80°C until use. Fibrillization reactions were done in duplicate, and their average values are displayed for each condition.

3.3.6 Transmission Electron Microscopy Imaging

For transmission electron microscopy (TEM) experiments, 5 μL of the sample was placed on 200-mesh carbon film-coated copper grids (S160, Agar Scientific, United Kingdom) for 1 min and washed three times with distilled water. Grids were then negatively stained for 1 min with sterile filtered 2% uranyl acetate. Pictures were taken with a JEOL JEM 1010 TEM at an acceleration voltage of 100 kV and pictures were obtained using a CCD Megaview 1k x 1k camera.

3.3.7 Preparation of Total Mouse Brain Homogenates

Frozen brain tissue from 9-month-old P301S (+/-) or P301S (-/-) mice, was weighted, and 1 mL of 0.1 M PBS supplemented with protease inhibitors (Roche, Switzerland) was used per 20 mg of tissue. Each brain was homogenized for 10 min, using a polytron, and 50 μL aliquots were then stored at -80°C until use. Protein concentrations were determined using the Pierce™ Bicinchoninic Acid Protein (BCA) assay kit (Sigma-Aldrich, Germany), and equal amounts of protein were analyzed by immunoblot.

3.3.8 Preparation of Sarkosyl-Insoluble Fractions from Mice and Human Samples

Sarkosyl-insoluble tau was extracted from frozen brains of P301S (+/-), P301S (-/-) at 9 months of age, or human brains of deceased patients. Briefly, brain tissue was weighed and then homogenized using a Dounce homogenizer in 10 volumes of fresh homogenization buffer [0.8 M NaCl, 1 mM EGTA, 10% sucrose, 0.01 M Na₂H₂PO₄, 0.1 M NaF, 2 mM Na₃VO₄, 0.025 M β-glycerolphosphate, 0.01 M Tris-HCl, pH 7.4] containing
protease inhibitors (Roche, Switzerland). After centrifugation at 16,000 rpm for 22 min at 4°C, the supernatant was reserved (SN1). The pellet was resuspended in 5 volumes of homogenization buffer and centrifuged again at 14,000 rpm for 22 min at 4°C. The resulting supernatant (SN2) was then combined with the SN1, and the mixture (SN1 + SN2) was incubated with 0.1% sarkosyl (Sigma, Germany) and placed on a rotating shaker for 1 h at room temperature. The mixture was centrifuged at 35,000 rpm for 63 min at 4°C. Next, the supernatant was discarded, and the remaining pellet (sarkosyl-insoluble fraction) was washed and resuspended in 50 mM Tris-HCl, pH 7.4 (200 µL/g starting material). Finally, 100 µL aliquots were stored at -80°C until use. Protein concentrations were determined using the Pierce™ BCA assay kit (Sigma-Aldrich, Germany), and equal amounts of protein were analyzed by immunoblot.

3.3.9 Biochemical Analysis

3.3.9.1 Dodecyl Sulfate-Polyacrylamide Gel Electrophoresis

All samples were characterized by dodecyl sulfate-polyacrylamide gel electrophoresis (SDS-PAGE), followed by western blot (WB). Samples were mixed with 2X Laemmli sample buffer (Bio-Rad) and denatured for 10 min at 100°C. Next, samples were resolved on 10% SDS-PAGE gels and electrophoresed at a constant voltage of 60 V for approximately 15 min, followed by 100 V for 1 h.

3.3.9.2 Western Blot

Proteins were transferred to nitrocellulose membranes via electrophoretic transfer, run at 100 V for 1 h. The membranes were then blocked in 5% fat-free milk in Tris-buffered saline supplemented with 0.1% Tween 20 (TTBS) for 1 h at room temperature. Membranes were probed with primary antibodies in a buffer containing TTBS and 0.02% azide overnight at 4°C on a shaker. The following day, the membranes were rinsed in TTBS three times and incubated with the appropriate secondary antibody conjugated with horseradish peroxidase (HRP) diluted 1:1,000 in 5% fat-free milk in TTBS for 1 h at room temperature. The membranes were washed three times with TTBS for 10 min each. Membranes were revealed with the ECL-plus chemiluminescence western blot kit (Amersham-GE Healthcare, United Kingdom).

Primary antibodies used were, mouse anti-4R-tau (1:1,000) (Merck Millipore, catalog no. 05-804), mouse anti-β-Tubulin (1:10,000) (Biolegend, catalog no. 801201), rabbit anti-GFP (1:500) (Invitrogen, catalog no. A11122).
3.3.10 Tau Biosensor Cell Line

The Tau RD P301S FRET Biosensor [ATCC® CRL-3275™] (i.e., Tau biosensor cell line) was purchased from ATCC. Cells were grown in maintenance medium made of Dulbecco’s Modified Eagle Medium (DMEM; ThermoFischer Scientific) supplemented with 10% fetal bovine serum (FBS; ThermoFischer Scientific), 1% GlutaMax (Gibco), and 1% penicillin/streptomycin (ThermoFischer Scientific) in 75 cm² culture bottles (Nunc, Denmark). Cells were maintained at 37°C and 5% CO₂ in a humidified incubator and split every 3 days when confluent.

3.3.11 Tau Biosensor Cell Line Seeding Assays

3.3.11.1 Tau Treatments

Samples analyzed included: fibrillated or monomeric tauK18 at a final concentration of 0.01 µM. Increasing concentrations, 100, 10, 1, and 0.1 mM H₂O₂. Human and murine α-syn PFFs (a generous gift from Dr. Masato Hasegawa, Tokyo Metropolitan Institute of Medical Science, Japan), both 0.1 µg/µL. Monomeric 2N4R human tau labeled with sulfoindocyanine Cy5 dye (TauCy5) (kindly provided by Dr. Jesús Ávila, CBM-UAM, Madrid), at a final concentration of 100 nm. Total brain homogenates and sarkosyl-insoluble fractions of P301S (+/-) and P301S (-/-) were used at a final concentration of 0.003 µg/µL total protein. Sarkosyl-insoluble fractions from human brains were used at a final concentration of 0.003 µg/µL total protein. Triton X-100 insoluble fractions derived from the Tau biosensor cell line were used at a final concentration of 0.03 µg/µL total protein. Concentrations for each sample were determined using the results of preliminary experiments.

3.3.11.2 Standard Tau Biosensor Cell Line Seeding Assay

Tau biosensor cells were plated in 96-well poly-D-lysine (Merck Millipore) (0.1 mg/mL) -coated plates at a density of 35,000 cells/well (i.e., total volume 130 µL) in maintenance medium and cultured at 37°C in a 5% CO₂ incubator overnight. The transduction mixture was prepared following the manufacturer’s protocol (Holmes et al., 2014). Briefly, 1.5 µL of the sample was combined with 8.5 µL of Opti-MEM medium (ThermoFischer Scientific). Next, a mixture of 1.25 µL of Lipofectamine-2000™ reagent (Invitrogen) and 8.75 µL of Opti-MEM was added to the sample mixture to a final volume of 20 µL and incubated for 1 h at room temperature. Mixtures with empty liposomes were included as negative controls. Tau biosensor maintenance medium was gently removed and replaced with 130 µL of pre-warmed Opti-MEM before 20 µL of the transduction
mixture was added to the cells. Twenty-four hours later, cells were washed once in pre-warmed 0.1 M PBS and fixed in 4% paraformaldehyde (PFA) for 15 min at room temperature. Next, 4% PFA was removed, and cells were washed three times 5 min each with 300 μL of 0.1 M PBS. Finally, 300 μL of 0.1 M PBS with 0.02% azide was placed in each well, and the plate was sealed with sealing tape and kept at 4°C until analysis. For seeding assays, each sample was added in triplicate (i.e., technical replicates), and at least three independent experiments in different days were conducted with that same sample to confirm the results.

3.3.11.3 Tau Biosensor Cell Line Seeding Assay Followed by Sequential Extraction and Biochemical Analysis

The following protocol is summarized in Figure 8. Tau biosensor cells were plated in 60 mm² well poly-D-lysine (0.1 mg/mL) -coated plates at a density of 200,000 cells/well in maintenance medium at 37°C and 5% CO₂ in a humidified incubator. On the following day, cells were transduced using the same transduction protocol described in the previous section, always using total brain homogenates of P301S (+/−), P301S (−/−), and empty liposomes as the vehicle control condition. Twenty-four hours later, the transduction reaction was removed, and cells were washed once in pre-warmed sterile 0.1 M PBS and further maintained with fresh maintenance medium. Forty-eight hours later, cells were washed twice with pre-warmed sterile 0.1 M PBS. Next, cells were scraped from the plate surface in Triton X-100 lysis buffer [0.05% Triton X-100 in sterile 0.1 M PBS supplemented with 1X protease inhibitors] and pelleted at 500 xg for 5 min at 4°C. Supernatants were then centrifuged at 1,000 xg for 5 min at 4°C. Next, 10% of the supernatant volume of each sample was kept as the Triton X-100 soluble fraction (TSF). Importantly, each case was named based on the sample used in the transduction of the Tau biosensor cells. Thereby, the homogenate P301S (+/−) produced TSF-P+, the homogenate P301S (−/−) produced TSF-P−, and the empty liposomes (vehicle) condition produced TSF-V. The remaining Triton X-100 soluble fraction was centrifuged at 50,000 rpm for 30 min at 4°C. After that, the pellets were washed in 0.1 M PBS and further centrifuged at 50,000 rpm for 30 min at 4°C. The resulting pellet was resuspended in 50 μL of 50 mM Tris-HCl, pH 7.4 and reserved as the Triton X-100 insoluble fraction (TIF), referred to as TIF-P+, TIF-P, and TIF-V. Aliquots of all fractions were stored at -80°C until further use. Protein concentrations were determined using the Pierce™ BCA assay kit (Sigma-Aldrich, Germany), and equal amounts of protein were analyzed by immunoblot.
Figure 8 Sequential extraction of the Tau biosensor cell line in Triton X-100: Schematic diagram summarizing the main steps for the sequential extraction of Triton X-100 soluble and insoluble fractions (i.e., TSF and TIF, respectively) from the Tau biosensor cell line treated with P301S (+/-) (P+), P301S (-/-) (P-), or empty liposomes (V). White arrowheads indicate the fluorescent inclusions. The term "H." stands for homogenate.
3.3.11.4 Tau Biosensor Cell Line Seeding Assay with IN-M4 Inhibitor of Tau Aggregation

IN-M4 is a small peptide designed to inhibit tau aggregation (Seidler et al., 2019). Lyophilized IN-M4 was prepared by dissolving it in dimethyl sulfoxide (DMSO) to make a 10 mM stock solution, then filter-sterilized through a 0.22 µm sterile syringe filter (Merck Millipore, Germany). Finally, the stock was aliquoted into 100 µL or 50 µL portions and stored at -20°C until further use.

Tau biosensor cells were plated in 96-well poly-D-lysine (0.1 mg/mL) -coated plates using the same protocol described above and incubated for 18 h before treatment. On the same day of plating, the IN-M4 peptide was diluted in sterile H₂O to 1 mM (i.e., from the 10 mM stock solution) and further diluted in Opti-MEM at a final concentration of 0, 5, 10, 20, and 50 µM per well (i.e., final reaction volume 100 µL). Next, 2.5 µL of tau samples were added to each IN-M4 dilution to a final volume of 20 µL and incubated for 18 h at 4°C. The next day, the tau samples mixed with or without IN-M4 were left for 10 min at room temperature. Next, samples were mixed with 1 µL of Lipofectamine-2000™ diluted in 19 µL of Opti-MEM. The final mixture was further incubated at room temperature for 1 h. Maintenance medium from the plated Tau biosensor cells was carefully removed, and cells were rinsed in 90 µL of pre-warmed Opti-MEM. Finally, 10 µL of the final mixture was added to the cells to a final volume of 100 µL. Twenty-four hours later, cells were fixed in 4% PFA for 15 min at room temperature. Cells were washed three times 5 min each, with 300 µL of 0.1 M PBS. Finally, 300 µL of 0.1 M PBS with 0.02% azide was placed in each well, and the plate was sealed with sealing tape and kept at 4°C until analysis. Each sample was added in triplicate (i.e., technical replicates), and at least three independent experiments in different days were conducted.

3.3.12 Imaging

For imaging, we used an inverted Olympus fluorescence microscope IX71 (Olympus) equipped with a sensitive, high-speed camera (Hamamatsu ORCA Flash 4.0) and an LED light source (CoolLED’s pE-300white, Delta Optics, Spain). Images were acquired with the camera software Olympus cellSens™ (Olympus Corporation; https://www.olympus-lifescience.com/en/software/cellsens/) and saved in 8-bit “.tiff” files. To observe fluorescent inclusions, samples were excited at 488 nm, and a green fluorescent protein (GFP) filter set was employed for signal detection. For aggregated tau quantification in the Tau biosensor cell line, we used the 10x objective. At least six different pictures were randomly taken for each well, for a total of three technical replicates.
3.3.13 **Image Processing and Data Acquisition Using ImageJ/Fiji Software**

Of note, the levels of FRET signal in the Tau biosensor cell line can be easily quantifiable by flow cytometry, although the fluorescent inclusions can also be seen using standard fluorescence microscopy. Consequently, we developed an ImageJ/Fiji script (Schindelin et al., 2012) (National Institute of Health) to quantify the levels of tau aggregation. Prior to batch processing, we empirically determined the parameters of the macro in a sample of randomly selected images.

The Tau biosensor cell line exhibits green background fluorescence, allowing observation of individual cells without the need for nuclear labeling. Nevertheless, when tau aggregation occurs, inclusions emit a strong fluorescence signal, which can be easily distinguished from the cellular background. Therefore, our ImageJ/Fiji macro was coded to differentiate the signal emitted by the inclusions from that produced by the cells in a two-step process. Briefly, the first step computed the area occupied by the Tau biosensor cells. The objective of the second step was to calculate the area represented by the fluorescent inclusions. Both areas were stored in a “.csv” file with the result of the following equation:

\[
\frac{\text{Area occupied by the aggregates}}{\text{Area occupied by the Tau biosensor cells}} \times 100
\]

A diagram showing the first step is summarized in Figure 9. In detail, the script started by duplicating the original image and temporarily storing it as “Picture1.” Next, the contrast of “Picture1” was enhanced to further differentiate the background from the cells. Then, the image was thresholded by applying the “Huang dark” algorithm, resulting in a binarized mask. The binary mask was then used to obtain the area occupied exclusively by the cells, and the results were saved as “Area1.”
The second step, summarized in Figure 10, was programmed to first duplicate the original image twice, resulting in “Picture2” and “Picture3.” Then, “Picture3” was used to retrieve and store the image’s information regarding the area, mean intensity, minimum intensity, maximum intensity, standard deviation, and the intensity histogram. Importantly, maximum intensity values of the fluorescent inclusions were always higher than the background fluorescence. Thus, “Picture3” was used to generate a new image in which the maximum intensity value was reduced to the mean intensity value multiplied by 3.5 units. As a result, fluorescent inclusions were removed from the modified “Picture3.” The latter was then subtracted from “Picture2,” generating a new image labeled “Result of Picture2,” in which the cellular bodies were no longer present because the mean fluorescence had been removed and only the outstanding fluorescent puncta were visible. After that, “Result of Picture2” was thresholded by applying the “Max entropy dark” algorithm, and a binary mask was created. The area occupied by the aggregates was computed, and the results were stored in the “.csv” file labeled “Area2.” Finally, the program automatically calculated value of (Area2/Area1) x 100.
Figure 10 Customized ImageJ/Fiji macro used to quantify the area occupied by the fluorescent inclusions (Step II): The original image is duplicated to protect it from further modifications, resulting in “Picture2” and “Picture3.” “Picture3” is then used to produce a newly created image that maintains the name “Picture3,” with the adjusted maximum intensity value equal to the image’s mean multiplied by 3.5 units. The resulting image does not display fluorescent inclusions within the Tau biosensor cells. A new image labeled “Result of Picture2” is generated by subtracting “Picture3” from “Picture2,” in which only fluorescent puncta are visible. The background of “Result of Picture2” is eliminated to reduce residual noise. The image is then thresholded by applying the “Max entropy dark” algorithm and subsequently converted into a binarized mask (red and black). Finally, the program uses this mask to obtain the black area from the image, which is exclusively occupied by fluorescent inclusions, and stores it as “Area2.”
3.3.14 Stereotaxic Surgery

For surgery, 3-month-old P301S (+/-) and P301S (-/-) mice were deeply anesthetized with 1.5% isoflurane and placed in a stereotaxic apparatus (Kopf Instruments, California, United States of America). Unilateral stereotaxic injections were performed into the right hippocampus (AP: -1.4 mm from bregma; LM: + 1.5 mm; DV: -1.5 mm), and 2.5 µL of TIF-P+ was inoculated using a Hamilton syringe. Following the injection, the needle was kept in place for an additional 3 min before withdrawal. The surgical area was cleaned with sterile saline, and the incision was sutured. Mice were monitored until recovery from anesthesia and were checked regularly following surgery.

3.3.15 Tissue Processing and Immunohistochemistry

After 3 months of incubation, mice were terminally anesthetized and transcardially perfused, using a peristaltic infusion pump, with 0.1 M PBS, followed by 4% PFA. Next, brains were removed and post-fixed in 4% PFA overnight at 4°C. Finally, brains were changed to 70% ethanol and stored at 4°C until inclusion. Following paraffin embedding, 10 µm coronal sections were cut from the brain tissue of seeded mice and mounted on glass slides.

For immunohistochemistry (IHC), paraffin-embedded tissue sections were deparaffinized in xylene for 20 min and rehydrated through a series of ethanol solutions from 100%, 90%, 80%, and 70%, followed by H2O, submerging the sections for 5 min each step. Antigen retrieval for IHC was performed with a PT link machine (Pre Treatment Link, DAKO, Agilent, Santa Clara, United States of America), following the manufacturer’s instructions. Briefly, sections were treated for 20 min at 97°C with high-pH Tris-EDTA, pH 9 antigen retrieval buffer. After rinsing sections in 0.1 M PBS, endogenous peroxidase activity was quenched with 2% H2O2 and 10% methanol for 15 min and blocked for 1 h in blocking solution [10% normal horse serum (NHS), 0.1% Triton X-100, and 0.015 g/mL glycine in 0.1 M PBS containing 1% bovine serum albumin (BSA)]. Sections were incubated the primary antibody anti-AT8 pSer202/pThr205 (1:50) (ThermoFischer Scientific, catalog no. MN1020) in antibody solution [5% FBS, 0.1% Triton X-100, and 0.02% azide in 0.1 M PBS] at 4°C overnight. Sections were then washed in 0.1 M PBS and incubated with the secondary antibody Alexa Fluor 568 anti-mouse (1:300) (Life Technologies) for 2 h at room temperature. The tissues were incubated with 1 µg/mL Hoechst 33342 (Invitrogen) diluted in 0.1 M PBS for 10 min at room temperature. Stained sections were viewed using an Olympus BX43 Upright Microscope (Olympus) equipped with a DP12L-cooled camera.
3.3.16 Statistical Analysis

Quantitative data were analyzed using one-way ANOVA, followed by Dunnett’s post hoc test was used for comparisons. Statistical significance was set at $p < 0.05$. The data are expressed as means ± SD. GraphPad Prism 8 (version 8.02; GraphPad software Inc., California, United States of America) was used to perform statistical tests and produce graphs. For all statistical analysis in this chapter: *$p < 0.05$, **$p < 0.01$; ***$p < 0.001$, ****$p < 0.0001$.

3.4 Results

3.4.1 Specificity of the Tau Biosensor Cell Line

3.4.1.1 The Tau Biosensor Cell Line Is Sensitive to the Presence of Fibrillated Tau but Not to Monomeric Tau

Our aim in this chapter was to evaluate the specificity of the Tau biosensor cell line for seed-competent tau species by challenging the cell line with samples that had not been evaluated in the original paper (Holmes et al., 2014). Thus, we first wanted to determine whether the Tau biosensor cell line could discriminate between monomeric and fibrillated tau. For this purpose, we used tauK18, a shortened wild-type variant of tau containing only the four MT-binding repeats of the tau RD region. It should be noted that we specifically chose tauK18 for our initial experiments because it is comparable in length and sequence to that expressed by the Tau biosensor cells.

First, samples with monomeric tauK18 were incubated with heparin (tauK18 + Hep), without heparin (tauK18 - Hep), or heparin alone (Hep). The extent to which each condition would form fibrils was determined using the ThT assay (Figure 11A). ThT analysis showed no amyloid formation for the conditions tauK18 - Hep (Figure 11A, blue) or Hep (Figure 11A, purple). On the contrary, tauK18 + Hep exhibited strong ThT fluorescence (Figure 11A, orange). In fact, it is clear from Figure 11A that after 7 h of incubation, the fluorescent signal emitted by the tauK18 + Hep condition exceeded the detection limits of the microplate reader, indicating increased content of β-sheet structures. The presence of fibrils in the tauK18 + Hep condition was confirmed using TEM and negative staining technique (Figure 11B). As expected, we did not find any fibrillated structures in the tauK18 - Hep condition (Figure 11C).
Having proved that we had both monomeric and fibrillated tau samples, we assessed the seeding potencies of both conditions in the Tau biosensor cell line via the standard seeding assay (i.e., see Chapter 1, Materials and Methods, Section 3.3.11.2). Thus, Tau biosensor cells were transduced with Lipofectamine-2000™ mixed with the same tauK18 samples previously used to monitor the fibrillation process for 24 h. As seen in Figures 11D and E, regardless of the treatment, all Tau biosensor cells showed high levels of
background fluorescence signal diffused in the cytosol. However, in cells treated with tau18 + Hep, we observed the presence of fluorescent inclusions (Figure 11D), which were completely absent in cells treated with tauK18 - Hep (Figure 11E), suggesting that the Tau biosensor cell line only recognizes fibrillar structures. Nevertheless, because tauK18 is a truncated construct, we were concerned that the Tau biosensor cell line was unable to identify it as a monomeric tau species, resulting in a false-negative signal. Therefore, we transduced the cell line with a human full-length 2N4R tau isoform labeled with Cy5 dye (TauCy5). As shown in Figure 11F, no fluorescent inclusions were formed (Figure 11F, left panel) despite the abundant presence of TauCy5 (Figure 11F, middle and right panels). Taken together, these results indicate that fibrillated tau, but not monomeric tau, is recognized as seed-competent by the Tau biosensor cells. Therefore, what triggered the formation of fluorescent inclusions was the presence of structurally “pathogenic” tau rather than the tau protein itself.

3.4.1.2 Neither Oxidative Stress nor Fibrillated α-Syn Induces the Formation of Fluorescent Inclusions in the Tau Biosensor Cell Line

To further validate the Tau biosensor cell line’s specificity for seed-competent tau, we challenged the cell line with two additional treatments devoid of aggregated tau. The production of ROS has been related to the induction of tau aggregation (Du et al., 2022). Therefore, we first examined whether inducing oxidative stress by exposing the Tau biosensor cell line to H₂O₂ resulted in the formation of fluorescent inclusions. We treated cells with four different concentrations of H₂O₂ (100, 10, 1, or 0.1 mM) for 24 h. As illustrated in Figure 12A, after exposure to the higher doses of H₂O₂ (i.e., 100 mM and 10 mM), most cells died and were detached from the wells. Regardless, the few remaining ones did not display fluorescent agglomerates. The two lowest concentrations
of H$_2$O$_2$ (i.e., 1 mM and 0.1 mM) did not result in marked cell death, although we did not observe the formation of fluorescent inclusions.

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<th>H$_2$O$_2$</th>
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<td>100 mM</td>
<td>10 mM</td>
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![Figure 12 Assessment of H$_2$O$_2$ and α-synuclein (α-syn) effects on the Tau biosensor cell line: A) Tau biosensor cells incubated with 100, 10, 1, or 0.1 mM H$_2$O$_2$ do not result in the formation of fluorescent puncta. Scale bars, 50 µm. B) Tau biosensor cells transduced with either murine or human fibrillated α-syn do not trigger fluorescent inclusions. Scale bars, 50 µm.](image)

Similar to ROS production, previous investigations have suggested that α-syn aggregates can induce the formation of tau aggregates (Giasson et al., 2003; Waxman & Giasson, 2011). Thus, we transduced the Tau biosensor cell line with α-syn PFFs from murine or human sequences for 24 h. We did not observe the formation of fluorescent agglomerates under either condition (Figure 12B). Together, the inability of H$_2$O$_2$ and α-syn to trigger fluorescent inclusions further demonstrated the specificity of the Tau biosensor cell line for seed-competent tau species.

3.4.1.3 The Tau Biosensor Cell Line Specifically Detects “Pathogenic” Tau from Sarkosyl-Insoluble Fractions Derived from P301S (+/-) Mice

Next, we tested the specificity of the Tau biosensor cell line by transducing the cells with more disease-relevant samples. For that, we used sarkosyl-insoluble fractions from the brains of 12-month-old P301S (+/-) or P301S (-/-) mice or empty liposomes as the
control vehicle. As shown in Figure 13, only the P301S (+/-) treatment triggered the formation of fluorescent inclusions, whereas the P301S (-/-) and the vehicle treatments did not. These observations were confirmed by the transduction of three independent sarkosyl-insoluble extractions of both P301S (+/-) and P301S (-/-) mice. Together, these results support our prior findings that the Tau biosensor cell line detects only “pathogenic” species of the tau protein.

![Figure 13 The Tau biosensor cell line specifically detects pathogenic tau from sarkosyl-insoluble fractions derived from P301S (+/-) mice](image)

**Figure 13 The Tau biosensor cell line specifically detects pathogenic tau from sarkosyl-insoluble fractions derived from P301S (+/-) mice:** Representative fluorescence microscopy micrographs of the Tau biosensor cell line transduced with sarkosyl-insoluble fractions from P301S (+/-) or P301S (-/-) mice, or empty liposomes as the vehicle control. Fluorescent inclusions are only visible in cells treated with P301S (+/-). Fluorescent puncta are marked with white arrows. Scale bars, 50 µm.

### 3.4.1.4 Only Human Tauopathies Induce the Formation of Fluorescent Inclusions in the Tau Biosensor Cell Line

Finally, we challenged the Tau biosensor cell line with sarkosyl-insoluble fractions of post-mortem human-derived samples from patients with diagnosed tauopathies (i.e., ARTAG (n = 2), PiD (n = 3), FTD-tau (n = 1), and GGT (n = 3)), patients with α-synucleinopathies (i.e., MSA (n = 2), and PD (n = 1)), or healthy controls (n = 2). Cells transduced with the different human tauopathies studied are shown in the upper panel of Figure 14. Importantly, all tested cases led to the formation of fluorescent inclusions. Previously, others have used the Tau biosensor cell line to test for the presence of seed-competent tau species in human-derived samples (Furman et al., 2017; Kamath et al., 2021). However, to our knowledge, we are the first to describe tau proteopathic seeding in ARTAG-derived samples using a cell-based approach. This result suggests that, despite tau lesions in ARTAG patients being only found in astrocytes, the “pathological” tau derived from their brains displays seed competency comparable to that observed in other tauopathies. The lower panel of Figure 14 shows representative images of cells treated with either α-synucleinopathy patients- or healthy controls-derived samples, for which we did not observe fluorescent accumulation for any tested cases. To confirm our
findings, samples from each patient were tested in at least three independent experiments, with three technical replicates per case. Again, our results show that the formation of fluorescent inclusions in the Tau biosensor cell line is specific to samples containing “pathogenic” tau species and other amyloids, such as α-syn, do not result in false positives.

3.4.1.5 Formation of Tau Strains in the Tau Biosensor Cell Line

While conducting these last experiments, we realized specific samples tended to produce aggregates with similar shapes. Therefore, we decided to transduce the Tau biosensor cell line with AD (n = 3), GGT (n = 3), AGD (n = 2), or PiD (n = 3), to further address these observations. We found fluorescent inclusions adopted different morphologies depending on the origin of the extracellular seed-competent tau (Figure 15). Although all tested cases induced the formation of more than one type of inclusion morphology, they also displayed one or two predominant fluorescent structures, which were specific to the exogenous seed. AD patient samples consistently produced fibril-like inclusions, although some cells exhibited dot-like shapes (Figures 15a and b). Of note, AD samples were the most homogeneous regarding the type of inclusion formed. Cells treated with GGT produced rounded aggregates across the cytoplasm (Figures 15c and d). In contrast, AGD samples triggered the formation of multiple shiny speckles.
(Figures 15e and f). Surprisingly, PiD-derived samples were the most heterogeneous, producing a wide variety of shapes, although the most frequent ones resembled those observed for GGT (Figures 15g and h). These observations are consistent with the idea that different seeds can trigger the formation of morphologically different tau aggregates. Similar to the previous section, all samples were tested in at least three independent experiments, with three technical replicates per condition. The findings point to the Tau biosensor cell line’s potential to generate disease-specific strain aggregates, suggesting its potential as a future diagnostic tool.

![Figure 15](image)

**Figure 15** Different human tauopathies produce unique morphologies in the Tau biosensor cell line: AD samples (n = 3) induced the formation of fibril-like fluorescent shapes (a, b). GGT (n = 3) samples triggered multiple rounded inclusions (c, d). AGD (n = 2) samples produced multiple shiny speckles and often one big spherical fluorescent structure (e, f). PiD (n = 3) caused the formation of spherical fluorescent accumulations similar to those observed for GGT (g, h). Scale bars, 25 µm.

### 3.4.2 Evaluation of Amyloid-Like Properties of the Fluorescent Inclusions Formed in the Tau Biosensor Cell Line

From the previously presented results, it is clear that the Tau biosensor cell line has a high specificity to produce intracellular fluorescent puncta only in the presence of seed-competent tau. Therefore, contrary to the findings of (Kaniyappan et al., 2020), we hypothesized that endogenously expressed tau RD-CFP/YFP formed fluorescent aggregates with amyloid properties. Amyloid fibrils share several unique properties, such as detergent insolubility, fibril-like morphology, and seeding potency. Hence, we employed a variety of experimental procedures to comprehensively describe the
fluorescent inclusions with the intention of proving their amyloid-like properties for the first time.

3.4.2.1 The Tau Biosensor Cell Line Forms Detergent-Insoluble Tau Aggregates upon Treatment with Seed-Competent Tau Species

To demonstrate the amyloidogenic nature of the fluorescent inclusions, we needed to prove that they were resistant to detergent treatment. For that purpose, we transduced the Tau biosensor cell line with brain homogenates from P301S (+/-) or P301S (-/-) mice or empty liposomes. After 24 h, cells were switched to maintenance medium to remove the treatments and left for another 48 h. Subsequently, cell lysates were sequentially extracted using 0.1% Triton X-100, resulting in the Triton X-100 soluble and insoluble fractions (i.e., a detailed description of this method can be found in Materials and Methods of this chapter). The presence of tau in both fractions was analyzed by immunoblotting and probed with anti-4R-tau (Figure 16A).

We detected 4R-tau migrating at 43 kDa in all tested samples (Figure 16A), consistent with tau RD-CFP/YFP species. Identical levels of 4R soluble tau were observed for the TSF-P+, TSF-P-, and TSF-V samples, suggesting that tau expression was not affected by the transduction of seed-competent species. However, in the Triton X-100 insoluble fraction, we consistently detected higher tau levels in TIF-P+ samples compared with TIF-P- and TIF-V (Figure 16A), indicating the formation of detergent-resistant tau species. The presence of insoluble tau in all Triton X-100 insoluble fractions suggests that “oligomeric” detergent-resistant tau forms are spontaneously generated in the Tau biosensor cell line. Nevertheless, the conformation adopted by these “oligomeric” species may be unable to produce fluorescently visible aggregates, as we did not observe fluorescent inclusions in cells treated with these fractions. Regarding the increased levels of insoluble tau in the TIF-P+ condition compared with TIF-P- and TIF-V, we concluded that the treatment with seed-competent tau increased the formation of insoluble tau RD-CFP/YFP aggregates. To confirm this, we assessed the immunoreactivity of all samples for the anti-GFP antibody (i.e., as it also recognizes YFP but not CFP) (Figure 16B). As expected, all fractions were positively identified by the anti-GFP antibody at 43 kDa, as expected for tau RD-CFP/YFP fragments. In excellent agreement with 4R-tau immunolabeling, we detected similar levels of soluble “GFP-tau” (i.e., RD-YFP) in the Triton X-100 soluble fractions, and TIF-P+ samples showed higher
levels of detergent-resistant RD-YFP than those of TIF-P- and TIF-V. Notably, four different extractions produced identical results.

Next, we further characterized the Triton X-100 insoluble fragments by TEM to analyze their ultrastructure at higher resolution levels (Figure 16C). Negative staining of all fractions revealed that TIF-P+ samples contained fibril-like structures (Figure 16C, left), whereas the TIF-P- and TIF-V samples only displayed small and amorphous constructs, consistent with the existence of small "oligomeric" species (Figure 16C, middle and right). Taken together, these results indicate that seed-competent tau, derived from P301S (+/-) brain homogenates, recruits the RD-CFP/YFP tau into Triton X-100 insoluble species that are detergent-resistant and adopt fibril-like shapes, thereby revealing specific features of amyloid aggregates.
Figure 16 Characterization of the tau present in the Triton X-100 soluble (TSF) and insoluble (TIF) fractions: A) Western blot (WB) analysis of the TSF and TIF fractions of the Tau biosensor cell line treated with P301S (+/-) (P+), P301S (-/-) (P-), or empty liposomes (V), for 4R-tau, with tubulin as a loading control. A 43 kDa band, corresponding to 4R-tau, is detected under all conditions. A band of 55 kDa, corresponding to tubulin, is only present in the TSF fractions, demonstrating that soluble proteins are not present in the TIF samples. Identical results were observed in three independent extractions. B) The same samples reveal a band of 43 kDa when probed with the anti-GFP antibody. C) Representative transmission electron microscopy (TEM) images of the three TIF samples. Abundant negatively stained fibrils can be seen in the TIF-P+ condition, whereas TIF-P- and TIF-V samples only display amorphous structures. Scale bars, 1 µm.
3.4.2.2 Tau Species Present in the TIF-P+ Fractions Retain Their Seeding Potency

Having found that the fluorescent inclusions were made of insoluble tau RD-CFP/YFP fragments forming fibril-like structures, we next wondered whether the TIF-P+ fraction was also seed-competent. To test this, we transduced the Tau biosensor cell line with TIF-P+, TIF-P-, or TIF-V for 24 h and examined the formation of fluorescent puncta (Figure 17). We found that only cells treated with TIF-P+ samples generated fluorescent cytoplasmic inclusions, while the other two fractions did not. Overall, these findings show that the tau contained in the TIF-P+ fraction is seed-competent, further suggesting that the Tau biosensor cell line forms amyloid-like aggregates.

![Figure 17](image)

Figure 17 The TIF-P+ fraction triggers the formation of fluorescent inclusions in the Tau biosensor cell line: Representative fluorescence microscopy images of the Tau biosensor cell line transduced with TIF-P+, TIF-P-, or TIF-V samples. Fluorescent inclusions can only be seen in cells treated with the TIF-P+ fraction, indicated by white arrows in the high-magnification image. Scale bars, 50 µm.

3.4.3 The Inhibitor IN-M4 Reduces the Formation of Fluorescent Inclusions in the Tau Biosensor Cell Line

Considering our previous results, we hypothesized that transducing seed-competent tau with an aggregation inhibitor would reduce the presence of fluorescent inclusions in the Tau biosensor cell line. In other words, if the fluorescent accumulations were not tau aggregates, as suggested by (Kaniyappan et al., 2020), adding an inhibitor of tau aggregation should not affect the formation of fluorescent accumulations. To prove our hypothesis, we chose the IN-M4 peptide, since it had previously been described to limit tau aggregation in vitro (Seidler et al., 2019). For clarity, IN-M4 is a peptide-based inhibitor of tau-seeded aggregation designed to block the formation of tau aggregates by preventing the incorporation of additional molecules into growing amyloid fibrils. Consequently, although IN-M4 does not eliminate preexisting aggregates, it may prevent the formation of novel aggregates.
To test whether IN-M4 could reduce the formation of fluorescent inclusions, we co-transduced the Tau biosensor cell line with different concentrations of IN-M4 (0, 5, 10, 20, and 50 µM) along with TIF-P+, sarkosyl-insoluble P301S (+/-), or sarkosyl-insoluble GGT \( (n = 1) \) samples. After 24 h, all cells treated with seed-competent tau species (i.e., TIF-P+, P301S (+/-), or GGT) in the absence of the inhibitor (i.e., 0 µM IN-M4) displayed abundant fluorescent accumulations (Figure 18A). In contrast, increasing concentrations of IN-M4 peptide resulted in the dose-dependent reduction of fluorescent inclusions produced by all tested samples (i.e., TIF-P+, P301S (+/-), and GGT) (Figure 18A). To quantitatively report on the inhibition levels, we used a customized ImageJ/Fiji macro (i.e., a complete description of the one such macro can be found in Materials and Methods of this chapter). All quantifications were performed for three independent experiments, with three technical replicates per experimental condition, and six pictures per replicate. We found a significant decrease in the area occupied by fluorescent puncta as the IN-M4 increased for all tested samples (Figure 18B). The addition of 10 µM IN-M4 mixed with TIF-P+ significantly reduced the formation of aggregates compared to the 0 µM condition \( (p = 0.0401; n = 3 \text{ experiments}) \) (Figure 18Ba). In contrast, only 5 µM of inhibitor significantly reduced the percentage of fluorescent accumulations compared to the 0 µM condition for the P301S (+/-) \( (p = 0.0213; n = 3 \text{ experiments}) \) (Figure 18Bb) and GGT \( (p = 0.0024; n = 3 \text{ experiments}) \) (Figure 18Bc) compared with their respective control conditions (i.e., 0 µM IN-M4). Together, our results show that the formation of fluorescent inclusions is sensitive to the presence of tau aggregation inhibitors.
Figure 18 The inhibitor IN-M4 reduces the formation of fluorescent inclusions in the Tau biosensor cell line: A) Representative fluorescence microscopy images of the Tau biosensor cell line treated with TIF-P+, P301S (+/-), or GGT mixed with increasing concentrations of the inhibitor IN-M4 (0, 5, 10, 20, and 50 µM). B) All graphs (a, b, and c) represent the percentage of the area occupied by the fluorescent inclusions compared to the area occupied by the Tau biosensor cells. Data were derived from three independent experiments, with three technical replicates and six pictures per replicate. The results are expressed as mean ± SD. Statistically significant differences were calculated by one-way ANOVA followed by Dunnett’s post hoc test was used to determine the significance compared to 0 µM (*p < 0.05; **p < 0.01; ****p < 0.0001). Scale bars, 50 µm.
3.4.4 The TIF-P+ Fraction Induces Tau Seeding and Spreading In Vivo

The inoculation of tau PFFs into animal models of tau pathology can induce the formation of pathological tau aggregates close to the injection area and synaptically connected regions (Iba et al., 2013). Knowing that TIF-P+ samples were seed-competent in vitro, we wanted to examine their seeding potency in vivo. Therefore, we conducted a preliminary experiment in which we injected 2 µL of TIF-P+ into the hippocampus of 3-month-old P301S (+/-) (n = 2) and P301S (-/-) mice (n = 3). The animals were euthanized 3 months later and processed for IHC analysis. To evaluate the presence of pathological tau, we used the anti-AT8 antibody, which recognizes phosphorylated tau at residues Ser202 and Thr205 (i.e., known to be phosphorylated in AD’s NFTs). We were unable to observe AT8-positive staining in the brains of P301S (-/-) mice (Figure 19A). In contrast, examination of P301S (+/-) animals revealed strong AT8-positive staining not only close to the inoculation area but also in the corpus callosum and, though milder, in the contralateral hippocampus, consistent with tau spreading to the principal anatomical connections of the ipsilateral hippocampal neurons (Figure 19B). These preliminary findings show that TIF-P+ triggers the onset of tau pathology in P301S (+/-) mice, along with its progression to synaptically connected brain areas.
Figure 19 TIF-P+ fraction induces AT8-positive inclusions in P301S (+/-) mice: 3-month-old P301S (-/-) (n = 2) mice and P301S (+/-) (n = 3) mice were unilaterally injected into the right hippocampus with TIF-P+ samples (AP: -1.4 mm from bregma; LM: + 1.5 mm; DV: -1.5 mm). Three months later, mice were sacrificed and analyzed by immunohistochemistry (IHC) for AT8 inclusions (red). Nuclei (blue) stained with Hoechst. Ipsilateral and contralateral to the inoculation site. **A)** The upper panel depicts the inoculation site (green dot). The lower panels are representative images of the ipsilateral and contralateral hippocampus and the corpus callosum. No obvious AT8-positive labeling is observed. **B)** The upper panel depicts the inoculation site (green dot) and the areas in which AT8-labeled tau pathology was detected (pink). The lower panels are representative images of the ipsilateral and contralateral hippocampus and the corpus callosum. White arrows indicate inclusions stained with AT8 (red). Scale bars, 100 µm.
3.5 Discussion

The Tau biosensor cell line has been widely used in tau pathology research since it was first commercialized (Chung et al., 2019; Shin et al., 2019; Kamath et al., 2021). Although it was initially designed as a cell-based assay to examine proteopathic seeding in biological samples, it has now been adapted for other purposes, such as screening drug platforms (Louros et al., 2022). Despite this, a recent publication (Kaniyappan et al., 2020) questioned the reliability of the Tau biosensor cell line as a cell-based assay. The authors of the study claimed that this cell line is incapable to generate tau aggregates because of steric hindrance between the CFP and YFP molecules of the tau RD-CFP/YFP constructs. However, Kaniyappan and co-workers did not use the Tau biosensor cell line nor the same tau RD-CFP/YFP constructs as in the original publication (Holmes et al., 2014). Consequently, it is unclear whether their results can be translated into a real cause for concern. Regardless, it is also true that, in their original paper, Holmes and colleagues did not fully address some critical aspects regarding the nature of the fluorescent inclusions formed in the Tau biosensor cell line. Therefore, as previously mentioned, if Kaniyappan’s claims were valid, much of the conducted research using the Tau biosensor cell line would not only be irrelevant but also misleading. Given this situation, we wanted to clarify whether the fluorescent formations observed in the Tau biosensor cell line are RD-CFP/YFP aggregates with classic amyloid properties. Our findings indicate that the Tau biosensor cell line is a reliable cell-based assay of proteopathic seeding, specifically detecting seed-competent tau species that induce the formation of tau RD-CFP/YFP aggregates, which have amyloid properties and trigger seeding in vitro and spreading in vivo.

The initial objective of this chapter was to validate the specificity of the Tau biosensor cell line to “pathogenic” or seed-competent tau species. The cells were challenged with monomeric and fibrillated recombinant tau, resulting in the formation of fluorescent inclusions only in the presence of tau PFFs, suggesting that the shape rather than the sequence contains “pathogenic” information. However, we thought it was possible that cells would respond differently to the internalization of monomeric tau or PFFs. For instance, it may be that the larger size of the internalized PFFs forced soluble RD-CFP/YFP fragments to be close enough to produce an intense fluorescence signal perceived as a false positive. To eliminate that possibility, we tested whether other conditions mimicking cellular stress resulted in the formation of fluorescent inclusions. For this purpose, the Tau biosensor cell line was exposed to either oxidative stress or α-syn PFFs. As previously stated, the production of ROS has been linked to the induction
of tau aggregation (Du et al., 2022). Regardless, in the Tau biosensor cell line, increasing concentrations of H$_2$O$_2$ did not prompt the formation of fluorescent puncta. These findings demonstrate that, at least in this cellular model, cellular stress is not sufficient to initiate tau aggregation. Additionally, our results ensure the specificity of fluorescent inclusions in situations in which the Tau biosensor cell line may be unwillingly exposed to oxidative stress (e.g., testing particular tissue-derived samples).

Moving now on to consider α-syn PFFs, they have also been proposed to cause tau to aggregate (Giasson et al., 2003; Waxman & Giasson, 2011). However, the transduction of α-syn PFFs into the Tau biosensor cell line did not result in the formation of fluorescent agglomerates. These results corroborate the findings of (Holmes et al., 2014), who also noted that transduction in the Tau biosensor cell line with α-syn did not result in fluorescent inclusions. Nevertheless, in their paper, Holmes and colleagues do not specify the sequence used to produce recombinant α-syn. Consequently, in order to eliminate the possibility that alternative α-syn sequences could have different outcomes, we tested both murine and human α-syn PFFs, obtaining identical results. These findings suggest that the formation of fluorescent inclusions in the Tau biosensor cell line is supported by a seed-dependent mechanism that requires extracellular seeds, which apparently must resemble the tau protein (e.g., fibrillated tauK18). Consistent with previous studies using other cell lines (Nonaka et al., 2010), the Tau biosensor cell line does not seem to support a phenomenon known as cross-seeding of dissimilar amyloid proteins, in which different amyloidogenic proteins actively participate in each other's seeding process (Vasconcelos et al., 2016). However, the Tau biosensor cell line may bias the self-seeded fibrillization of tau, given that the RD-CFP/YFP fragments do not represent the full-length protein and contain the P301S mutation (Sharma et al., 2018). Therefore, its inability to be seeded by α-syn should not be generalized to what may occur in the brains of human patients. Finally, because α-syn PFFs do not trigger the formation of fluorescent puncta whereas tau PFFs do, it seems reasonable to conclude that the fluorescent inclusions in the Tau biosensor treated with tau PFFs were not the result of unspecific interactions but rather bona fide tau aggregates.

At this point, we demonstrated that the Tau biosensor cell line detects specifically the presence of aggregated tau. However, it could be argued that since PFFs may have different conformations than those from diseased brains (Zhang et al., 2019), more physiologically relevant samples could produce the opposite results. Therefore, we examined the Tau biosensor cell line specificity for seed-competent tau species from brain-derived material. Due to the limited availability of human samples, we first
transduced the cell line with sarkosyl-insoluble fractions from P301S (+/-) mice, which strongly induced fluorescent inclusions, whereas the P301S (-/-) and vehicle conditions did not, consistent with previous reports (Holmes et al., 2014; Kaufman et al., 2016; Kaufman et al., 2017). Notably, a novel aspect of our research is that we prove the cell line’s specificity using sarkosyl-insoluble samples, rather than whole brain homogenates. Hence, our findings indicate that tau aggregation can occur even without highly soluble “oligomeric” species, suggesting that larger insoluble aggregates also have seeding potency.

Having demonstrated that the Tau biosensor cell line discriminates between sarkosyl-insoluble fractions from transgenic and non-transgenic P301S mice, we next examined the specificity for human-derived samples. All tauopathies displayed potent seeding activity upon transduction into the Tau biosensor cell line. In contrast, no fluorescent inclusions were observed in cells treated with either α-synucleinopathies or healthy controls. These results are consistent with the original paper on the Tau biosensor cell line (Holmes et al., 2014), in which the authors noted that brain homogenates derived from Huntington’s disease patients could not trigger the development of fluorescent puncta. Notably, Holmes and colleagues did not evaluate samples from patients with α-synucleinopathies. Therefore, our work extends and generalizes the concept that the Tau biosensor cell line specifically detects “pathological” tau and that transducing aggregates from other NDs does not result in the formation of fluorescent inclusions.

Notably, the two tested ARTAG cases resulted in the formation of fluorescent inclusions in the Tau biosensor cell line. To our knowledge, no previous study has used this or any other cell-based assay to investigate the seeding capacity of tau derived from ARTAG patients. As a reminder, the tau protein is mainly expressed in neurons. However, ARTAG describes a rare and unique astrocytic tauopathy in which neurons are unaffected (Kovacs et al., 2016). At present, ARTAG is one of the less well-studied tauopathies, probably due to the absence of consensus regarding its diagnosis (Kovacs et al., 2017a; Ferrer et al., 2018). Therefore, much of the work in this area is still limited to histopathological descriptions of the disease. Despite studies on ARTAG being lacking in the literature, our observation that ARTAG-derived samples are seed-competent is consistent with that of (Ferrer et al., 2018). In their study, Ferrer and colleagues injected sarkosyl-insoluble fractions from patients diagnosed with ARTAG into the brains of wild-type mice and found induced tau-related lesions not only in astrocytes but also in oligodendroglia and neurons. Taking this into account, we speculate that astrocytes may
play a key role in tau seeding and spreading, as they are able to retain seed-competent tau species that trigger tau pathology both *in vivo* and *in vitro*.

When we first transduced the Tau biosensor cell line with samples from various tauopathy patients, we noticed fluorescent inclusions adopting distinct shapes depending on the origin of the seed. To confirm this observation and to better examine the various morphologies, we transduced the Tau biosensor cell line with AD, GGT, AGD, or PiD samples and compared the resulting fluorescent inclusions to each other. Importantly, different patients with the same tauopathy resulted in almost identical formations, with one or two predominant morphologies, suggesting the formation of tau strains in the Tau biosensor cell line. These findings are consistent with those of (Kamath et al., 2021), who discovered distinct fluorescent assemblies after transducing the Tau biosensor cell line with brain homogenates from either rTg4510 mice (i.e., a transgenic model of human tauopathy (Ramsden et al., 2005)) or AD patients. The idea that tau forms *bona fide* strains has previously been examined *in vitro* (Guo & Lee, 2011; Sanders et al., 2014; Kaufman et al., 2017; Falcon et al., 2018a; Sharma et al., 2018) and *in vivo* (Sanders et al., 2014; Kaufman et al., 2016; Narasimhan et al., 2017). Hence, our results suggest that the Tau biosensor cell line may be suitable for studying tau strains. However, it should be clear that the Tau biosensor cell line may bias the detection of strains, as has been reported for other cell lines (Sanders et al., 2014; Sharma et al., 2018). Hence, in the future, it would be interesting to further analyze the properties of these inclusions to confirm that they differ in other aspects than just their morphology (Sanders et al., 2014; Nam & Choi, 2019) and whether they share some features with the exogenous seeds. Finally, it is difficult to comprehend how seed-competent tau from patients with the same tauopathy would consistently induce the formation of fluorescent inclusions with the same shapes if they were not the result of templated-aggregation (i.e., as (Kaniyappan et al., 2020) defend).

Having observed that the formation of fluorescent inclusions was specific to seed-competent tau, we sought to prove that tau RD-CFP/YFP assembled into tau fluorescent aggregates with amyloid-like properties. For that purpose, we evaluated three fundamental features of amyloids: 1) detergent resistance, 2) fibril-like assemblies, and 3) self-seeding potency.

First, we escalated the Tau biosensor cell seeding assay to increase the number of fluorescent puncta in cells transduced with homogenates from P301S (+/-), P301S (-/-), or empty liposomes (i.e., vehicle condition). To determine whether the fluorescent inclusions had a biochemical correlate, we next performed detergent fractionation and
used biochemical analysis to determine whether tau was present in these fractions. We consistently observed that the TIF-P+ extraction displayed increased levels of detergent-resistant tau species that migrated to 43 kDa and were positive for anti-4R-tau and anti-GFP antibodies. It is worth mentioning that we also detected insoluble tau in the TIF-P- and TIF-V conditions, although to a much lesser extent. A possible explanation is that the Tau biosensor cell line spontaneously assembles tau RD-CFP/YFP fragments into “oligomers.” Based on the finding that tubulin was only found in the TSF fractions and not in the TIF fractions, proving that our extraction protocol excludes soluble proteins, we argue that “oligomeric” species were formed, even in the absence of extracellular seed-competent tau. Notably, spontaneous formation of “oligomeric” species without aggregation has been reported in other cell lines (Khlistunova et al., 2006; Chun & Johnson, 2007; Chun et al., 2007; Tak et al., 2013; Wegmann et al., 2016; Holzer et al., 2018; Lo et al., 2019), suggesting that it may also happen in the Tau biosensor cell line. Regarding morphological differences, we observed fibril-like structures only in the TIF-P+ samples, whereas “amorphous” agglomerates were seen in the TIF-P- and TIF-V fractions. This last finding is in excellent agreement with the notion that small, insoluble “oligomeric” species are spontaneously formed in the Tau biosensor cell line. Nevertheless, future research to determine their existence would be needed.

We then sought to determine whether the TIF fractions contained seed-competent tau species. Notably, our previous results revealed the presence of insoluble tau in all TIF conditions. Additionally, these non-soluble tau species were assembled from RD-CFP/YFP fragments bearing the P301S mutation. Therefore, we were unsure if all TIFs would trigger the formation of fluorescent inclusions upon their transduction into the Tau biosensor cell line. We consistently found that it was only cells treated with TIF-P+ that displayed fluorescent puncta, as TIF-P- and TIF-V had no effect. We hypothesize that the small insoluble “oligomeric” assemblies observed in the TIF-P- and TIF-V fractions do not have the proper conformation to trigger the process of amyloid fibrillization since, for five independent extractions, they never induced detectable fluorescent inclusions. In parallel, we also suggest that the insoluble tau present in the TIF-P+ has a specific aggregation morphology, probably shaped by the initial seed (i.e., sarkosyl-insoluble P301S (+/-)-derived tau), which ensures the observed seeding potency. Finally, to the best of our knowledge, our study constitutes the first thorough analysis of the fluorescent inclusions formed in the Tau biosensor cell line. No previous publications exist that examine the nature of these “aggregates” directly derived from the cell line to validate its reliability.
Next, we decided to use an alternative approach in addition to the biochemical analysis to further validate the reliability of the Tau biosensor cell line. We hypothesized that co-transducing the Tau biosensor cell line with seed-competent tau and an inhibitor of tau seeded-aggregation would reduce the presence of fluorescent inclusions. To this end, we chose the peptide IN-M4, as it has been reported to inhibit the formation of tau aggregates induced by homogenates from AD, CTE, CBD, and PSP patients in vitro (Seidler et al., 2019). Notably, although our ultimate purpose was to prove our hypothesis, we sought the opportunity to expand on the results of (Seidler et al., 2019) by challenging the IN-M4 with previously untested samples. In an attempt to corroborate the inhibitory effect of the IN-M4 peptide, we opted to use seed-competent tau species that had not been tested in the original paper (Seidler et al., 2019). Hence, we transduced the Tau biosensor cell line with TIF-P+, sarkosyl-insoluble fractions from P301S (+/-) mice, or one case of human GGT.

Our results show a dose-dependent inhibitory effect of IN-M4 on the aggregation induced by all tested samples, suggesting that seed-competent tau species from all three conditions have shared structural features recognized by the peptide. This observation adds to our hypothesis that the TIF-P+ fraction contains tau species that acquire amyloid-like properties similar to those of diseased brain-derived material. Hence, we suggest that the IN-M4 peptide reduces the number of tau aggregates because it directly inhibits the generation of tau RD-CFP/YFP amyloid fibrils. These findings support our hypothesis that the formation of fluorescent inclusions is a direct indicator of tau RD-CFP/YFP fragment assembly. However, it will be interesting to repeat these experiments using another inhibitor to corroborate our results. Finally, we find it difficult to explain why an inhibitor of tau aggregation would consistently reduce the presence of fluorescent puncta if the claims made by (Kaniyappan et al., 2020) were valid.

It is worth mentioning that we have also developed an ImageJ/Fiji macro. Notably. This macro presents an alternative approach to flow cytometry analysis, used to quantify the amount of aggregated tau. Because our method does not require the experimental setup of flow cytometry experiments, it may be advantageous for other laboratories with limited access to this technology. Moreover, since the cells can be imaged in life, our approach also permits the evaluation of the same cell culture over the course of different days, allowing for a time-course assessment of the seeding process. We hope that our macro will help others with their research.

The inoculation of tau PFFs into P301S mice rapidly induces pathology within weeks (Iba et al., 2013). Thus, we conducted a preliminary evaluation of TIF-P+ seeding
potency *in vivo*, to test whether the tau present in that fraction formed in cell culture would have similar effects. For that purpose, we injected the TIF-P+ fraction into the hippocampus of 3-month-old P301S (+/-) and P301S (-/-) mice. Three months after the inoculation, we detected the presence of pathological tau (i.e., AT8-positive inclusions) in the P301S (+/-) but not in the P301S (-/-) animals. Noteworthy, the AT8 antibody recognizes “pathologically” phosphorylated residues located in the proline-rich domain of the tau protein (i.e., Ser202 and Thr205). However, the TIF-P+ fraction only contains tau RD-CFP/YFP fragments, which lack the proline-rich domain recognized by the AT8 antibody. Consequently, the observed AT8-positive lesions must be the result of endogenous murine tau being recruited by the seed-competent tau present in the TIF-P+ sample. In addition, since we found AT8-positive labeling in distant but anatomically connected areas to the injection site, TIF-P+ may induce not only seeding but also the spreading of tau pathology (Clavaguera *et al.*, 2009; Iba *et al.*, 2013). Together, our results suggest that the TIF-P+ fraction induces tau pathology *in vivo*, which agrees with our previous *in vitro* findings.

Our findings are in line with previous studies in which the authors inoculated cell lysates from another cellular model of tau aggregation in P301S mice (Sanders *et al.*, 2014). Notably, similar to our observations, Sanders and colleagues found tau aggregates in P301S mice, but not in wild-type inoculated animals. There are multiple potential explanations for these results. For instance, it is possible that the inoculation of TIF-P+ requires more than 3 months to initiate tau pathology. Another possibility is related to the notion that brain-derived tau aggregates have proven to be ten times more seeding potency than their equivalent aggregates generated *in vitro* (Falcon *et al.*, 2015). As a result, while TIF-P+ are not fibrillated *in vitro* (i.e., cell-free environment), it is likely that their ability to initiate tau pathology *in vivo* is compromised because they do not resemble brain-derived material (Fichou *et al.*, 2018; Sharma *et al.*, 2018; Zhang *et al.*, 2019). Finally, it is also possible that wild-type mice never developed pathology because of a seeding barrier between inoculated tau RD and wild-type murine tau (Nizynski *et al.*, 2018).

The most obvious shortcoming of our *in vivo* preliminary study is that we did not inject TIF-P- nor TIF-V due to limitations in the number of animals available for injection. Although these two samples were unable to induce further tau aggregation in the Tau biosensor cell line, we cannot exclude the possibility that they may have had the opposite effect *in vivo*. Therefore, prospective studies are needed to confirm our results.
In conclusion, we believe that the results reported by Kaniyappan and colleagues (Kaniyappan et al., 2020) were biased, probably because they used different constructs than the ones expressed by the Tau biosensor cell line and also because their experiments were conducted in a cell-free environment, which does not recapitulate the physiological milieu of the cell. Our findings undermine the importance of addressing this and similar issues in cell-based assays (e.g., see Harrington et al., 2015)). Having said that, we have demonstrated that fluorescent aggregates derived from the Tau biosensor cell line display amyloid-like properties. Hence, we propose that our protocol for extracting the TIF-P+ fractions could be adapted by others to serve as a source for readily obtaining seed-competent tau species. Taken together, we believe we have provided enough evidence to prove that the fluorescent puncta observed in the Tau biosensor cell line are newly formed tau RD-CFP/YFP aggregates, rather than the result of non-related, unspecific events promoting these fragments to be close enough to produce a strong fluorescent signal. Therefore, the Tau biosensor cell line is a reliable model for evaluating the presence of seed-competent species in biological samples.
Chapter 2: The Impact of Extracellular Seed-Competent Tau on Neuronal Activity
4.1 Introduction

Neuronal networks are known to be altered in patients with AD, and neuronal hyperexcitability occurs early in the disease’s pathogenesis (Dickerson et al., 2005; Olazaran et al., 2010). Although the underlying source of AD-related neuronal hyperexcitability is unknown, similar phenotypes have been reported in AD transgenic rodent models characterized by increased expression of amyloid beta (Busche et al., 2008; Busche et al., 2012; Siskova et al., 2014). More recently, transgenic models of tau pathology have also been confirmed to have altered neural activity (Hall et al., 2015; Busche et al., 2019). In parallel, most researchers now accept that neural activity regulates the levels of extracellular tau both in vitro (Wu et al., 2016) and in vivo (Yamada et al., 2014) and increases tau pathology in vivo (Wu et al., 2016). Because accumulating evidence suggests that tau exhibits prion-like features and that tau pathology spreads through synaptically connected neurons, tau itself has been proposed to affect the brain circuitry (Seeley et al., 2009; Goedert et al., 2010; Raj et al., 2012; Guo & Lee, 2014). Nevertheless, the influence of extracellular seed-competent tau on neural activity has received limited attention in the literature, with a few exceptions (Gomez-Ramos et al., 2006; Gomez-Ramos et al., 2008; Stancu et al., 2015; Decker et al., 2016; Sohn et al., 2019; McCarthy et al., 2021). It is worth noting that these studies are mostly conducted with models characterized by the over-expression of mutated tau variants. Therefore, they do not represent most human tauopathies since they are sporadic in nature. In parallel, given the complexity associated with the data analysis of neuronal network activity (e.g., time-consuming and computation skills), this issue is rarely discussed in contrast to tau-related topics. Consequently, the impact of “pathogenic” tau on neuronal activity requires further investigation.

4.2 Objective

In this chapter, we aim to study the impact of extracellular seed-competent tau on the neural activity of wild-type primary cortical cultures by establishing a microfluidic platform suitable for calcium imaging and morphological analyses.

4.3 Materials and Methods

4.3.1 Ethical Statement

All animals were kept in the animal facility of the Faculty of Pharmacy at the University of Barcelona under controlled environmental conditions and were provided with food and
drink *ad libitum*. Animal care and experimental protocols were performed in compliance with the CEEA of the University of Barcelona. All housing, breeding, and procedures were performed under the guidelines and protocols OB47/19, C-007, 276/16, and 47/20 of CEEA.

4.3.2 Design and Fabrication of Microfluidic Devices

Our methodology included poly(dimethylsiloxane) (PDMS) microfluidic devices because they offer numerous advantages for calcium imaging, such as minimal autofluorescence and neuronal compartmentalization (Wu et al., 2016; Hallinan et al., 2019; Katsikoudi et al., 2020). Based on previously available layouts (Deleglise et al., 2013), we used CAD software to update and customize the design of a three-chambered microfluidic device for our experimental needs (Sala-Jarque et al., 2020). The resulting chrome masks were fabricated at the Microfabspace of the Institute for Bioengineering of Catalonia (IBEC). The microfluidic device included four 8-mm-diameter circular reservoirs interconnected in pairs by two cell seeding chambers. These two chambers were: the cell body or soma compartment and the axonal or distal chamber, which were interconnected by 100 microchannels of 100 µm (high) x 10 µm (wide) section and were 900 µm long. The microchannels were intersected perpendicularly by a third channel with two ports of 1.25 mm diameter each. This third channel was a perpendicular reservoir consisting of a 100 µm (high) x 100 µm (wide) section and was 12,000 µm long. A SU8 mold was used to fabricate the devices, which were made using standard photolithography and soft lithography techniques of PDMS (Dow Corning). PDMS, mixed at a 10:1 (w/w) base/curing agent ratio, was poured onto the mold and cured at 60°C for at least 4 h. The devices were then cut off from the mold and trimmed to the appropriate size. The ports were then formed with 1.25 mm and 7 mm diameter biopsy punches. Next, the devices were permanently bound to glass by oxygen plasma treatment. For calcium recording experiments, PDMS was bound to Nunc™ Glass Bottom 35 mm Dishes (ThermoFischer Scientific). Once ready, the microfluidic chips were sterilized by placing them under UV light inside the culture hood for 1 h.

4.3.3 Tau Biosensor Cell Line Culture and Seeding for Sequential TIF Extraction

Please see Chapter 1, Materials and Methods, Section 3.3.11.3.

4.3.4 Primary Cortical Cultures

Primary cortical neurons were prepared from embryonic day (E) 16.5 embryos of wild-type CD1 mice (Charles River Laboratories, France). In brief, brains were dissected
in ice-cold sterile 0.1 M PBS containing 6.5 mg/mL glucose (Merck Millipore); cerebral cortices were isolated, and meninges were removed. Afterward, we transferred the cortices into trypsin and digested them for 15 min at 37°C with gentle inversion every 3 min. After adding NHS (ThermoFischer Scientific) and centrifugation, cells were mechanically dissociated in sterile 0.1 M PBS containing 0.025% DNAse (Roche). For their culture, cells were plated onto the cell body compartment of poly-D-lysine (0.1 mg/mL)-coated microfluidic devices at a density of 170,000 cells/device by pipetting 10 µL of cellular suspension in plating medium [Neurobasal medium (ThermoFischer Scientific) supplemented with 5% NHS, 6.5 mg/mL glucose, NaHCO₃ (Merck Millipore), 1X B27 (ThermoFischer Scientific), 1% GlutaMax (Gibco), and 1% penicillin/streptomycin (ThermoFischer Scientific)]. The plated devices were kept at 37°C in a 5% CO₂ atmosphere for 30 min until the cells had adhered to the plates. To enhance the microfluidic isolation between reservoirs and prevent passive diffusion of subsequent treatments, 260 µL of plating medium was added to the soma compartment, whereas only 140 µL was placed into the axonal compartment. After 1 day in vitro (DIV), the plating medium was replaced with culture medium [Neurobasal medium (ThermoFischer Scientific) supplemented with 6.5 mg/mL glucose, NaHCO₃ (Merck Millipore), 1X B27 (ThermoFischer Scientific), 1% GlutaMax (Gibco), and 1% penicillin/streptomycin (ThermoFischer Scientific)]. The culture medium was changed every 2 to 3 days until the end of the experiment.

4.3.5 Viral Transduction

Viral transduction of neural cultures with a genetically encoded calcium indicator (GECI) was done at 1 DIV by the administration of an adeno-associated virus (AAV) carrying the gene of interest under the neuron-specific promoter synapsin (Syn). Specifically, we transduced RCaMP (AAV9.Syn.NES-RCaMP1b.WPRE.SV40, 2 x 10⁷ particles; Addgene). After 72 h, viral transduction was stopped by changing the culture medium.

4.3.6 Tau Treatment

Neural cultures in microfluidic devices were treated with TIF-P+ or TIF-P- fractions at 6 DIV. First, we aspirated the medium of both compartments and added 260 µL of freshly prepared maintenance medium to the cell body compartment. Next, we treated the axonal chamber with medium alone (i.e., untreated control) or TIF-P+ or TIF-P- fractions at a final concentration of 0.1 µg/µL in a final volume of 140 µL. Importantly, subsequent medium changes were done in the cell body chamber to avoid removing TIF treatments.
from the axonal compartment. Of note, calcium imaging was performed at 5, 8, 12, and 14 DIV, corresponding to days with no medium change.

4.3.7 Electrical Stimulation

For electrical stimulation, platinum electrodes were placed in the 8-mm-diameter circular reservoirs of the microfluidic device on each side of the cell body chamber. Neural cell cultures were stimulated by applying an electrical field using the electric stimulator A-M Systems 2100 model (A-M Systems, United States of America). Biphasic square waveform electric pulses of ± 2.5 V were applied at a frequency of 10 Hz with a pulse duration of 50 s.

4.3.8 Calcium Imaging and Recording Setup

For the calcium imaging setup, we used an inverted Olympus IX71 inverted fluorescence microscope (Olympus) equipped with a sensitive, high-speed camera (Hamamatsu ORCA Flash 4.0), an LED light source (CoolLED’s pE-300white, Delta Optics, Spain), and a customized plate incubator from OKO Lab (Izasa, Spain). The incubator kept the cell plates at 37°C and 5% CO₂ during the recordings. Images of 16-bits were acquired using the camera software Olympus cellSens™ (Olympus Corporation; https://www.olympus-lifescience.com/en/software/cellsens/) at 10 frames per second (fps) with a 50 ms exposure for 1 min to 5 min based on the type of experiment. The image size was 512 x 512 pixels, utilizing a 4x objective. The videos were stored as “.btf” files for further processing.

4.3.9 Calcium Image Analysis

Calcium image analysis was performed using the NETCAL software (Orlandi et al., 2014) (www.itsnetcal.com). NETCAL is a MATLAB-built, comprehensive framework for large-scale calcium imaging data analysis. Once the analysis was finished, we further processed the data with a custom-made package kindly provided by Dr. Jordi Soriano (University of Barcelona). Prior to calcium analysis, we uploaded the videos to ImageJ/Fiji (Schindelin et al., 2012) as “.btf” files, cropped to a final size of 228 x 509 pixels (i.e., corresponding to the cell body compartment), and saved as “.avi” files. The cropped videos were individually uploaded to NETCAL and preprocessed to obtain the “Average trace” and “Average image.”
4.3.9.1 Region of Interest Detection

Using NETCAL, we generated a grid of 100 rows x 100 columns covering the entire image to identify the regions of interest (ROIs).

4.3.9.2 Neuronal Activity Analysis

The set of raw fluorescence traces was computed by averaging the intensity pixels for each ROI for the entire recording. Afterwards, each trace was normalized (i.e., smoothed) and adjusted for global drifts and artifacts. To achieve this, the data were normalized to $\text{DFF}_i(\%) = 100 \times \frac{F_i(t) - F_{i,0}}{F_{i,0}}$ where $F_{i,0}$ is the average fluorescence of each ROI at rest.

4.3.9.3 Spike Identification

The normalized fluorescence signal was then used to determine the onset times of activation (i.e., spikes). We used the Schmitt Trigger algorithm to infer the timing of neuronal activation. Briefly, the Schmitt Trigger method identifies the existence of spikes when the fluorescence signal of a given ROI rises above an upper threshold and does not fall below a lower threshold for a pre-set minimum duration. For our videos, we determined ten as the upper threshold value and five as the lower threshold value. As a result, the program generated a raster file that plotted all spike events for each ROI over the length of the video. The detected spikes were then shown as raster plots of neuronal activity over time.

4.3.9.4 Averaged Neuronal Activity

The average neuronal activity was estimated by measuring the number of spikes per neuron per minute. Notably, neurons exhibiting at least 5 spikes throughout the recording were considered active.

4.3.9.5 Global Neuronal Network Activity Analysis

Network bursts are neuronal activations that occur at short time intervals, indicating the existence of coordinated neural activity. Thus, the network burst is also an indicator of network synchrony. We quantified the network bursts per minute by computing the signal of all spikes (i.e., from the previously acquired raster plots of neuronal activity) within time intervals smaller than 1 s, divided by the recording duration. We also computed the inter-burst interval (IBI) as the average time between consecutive network...
bursts. Importantly, we filtered the data by establishing a threshold so that only bursts involving 10% of the network, or more, were considered for analysis.

4.3.10 Immunocytochemistry

For immunofluorescence staining, cells in the microfluidic devices were fixed in 4% PFA for 15 min at room temperature. Afterward, cells were washed three times with 0.1 M PBS. The cells were then permeabilized and blocked with 0.1 M PBS, 5% normal goat serum (NGS), and 0.1% Triton X-100 for 1 h at room temperature on a shaker with low speed. After blocking, cells were incubated with primary antibodies diluted in antibody solution [1% NGS and 0.1% Triton X-100 in 0.1 M PBS] overnight at 4°C with gentle agitation. The following antibodies were used for immunostaining: mouse anti-MAP2 (1:200) (Sigma, catalog no. M1406) and mouse anti-TUJ1 (neuron-specific class III β-tubulin) (1:500) (BioLegend, catalog no. 801201). The following day, cells were rinsed with 0.1 M PBS five times before adding the secondary antibody Alexa Fluor 568 (Life Technologies) diluted in antibody solution (1:500) for 2 h in the dark. Next, cells were washed thrice with 0.1 M PBS, and nuclei were stained with 1 µg/mL Hoechst 33342 (Invitrogen) prepared in 0.1 M PBS for 10 min at room temperature. Cells were washed three additional times with 0.1 M PBS. Finally, 300 µL of 0.02% azide diluted in 0.1 M PBS was added to each chamber. The devices were kept at 4°C until imaging.

4.3.11 Statistical Analysis

Quantitative data were analyzed using one-way ANOVA, followed by Tukey’s post hoc test was used for comparisons between several independent groups. Statistical significance was set at $p < 0.05$. The data are expressed as means ± SD. GraphPad Prism 8 (version 8.02; GraphPad software Inc., California, United States of America) was used to perform statistical tests and produce graphs. For all statistical analysis in this chapter: *$p < 0.05$, **$p < 0.01$, ***$p < 0.001$, ****$p < 0.0001$.

4.4 Results

4.4.1 Characterization of Primary Cortical Cultures Plated in Microfluidic Devices

4.4.1.1 Time-Course Analysis: Evolution of Primary Cortical Cultures in Microfluidic Devices

For our experimental setup, primary cortical cultures were plated in our three-chambered PDMS microfluidic devices (Figure 20A) (Sala-Jarque et al., 2020). We
Conducted daily visual examinations of the devices to study the evolution of neural cells. After 6 DIV, most axons had reached the distal compartment, a sign of mature morphology, and neurons displayed an overall healthy appearance (Figures 20B, C, and D). Surprisingly, after 16 DIV, we observed a rapid decline in neuronal health, specifically in the axonal terminals (data not shown). Immunocytochemical analysis of the axonal marker TUJ1 confirmed mild degeneration of neuronal processes (data not shown). Moreover, at 21 DIV, we noted a substantial increase in pycnotic nuclei and some cytoplasmatic debris, implying a decrease in cell viability (data not shown). Because further efforts to improve neural survival were unsuccessful, we decided that future tau treatments should begin at 6 DIV and last up to 14 DIV (i.e., the maximum time point at which most neurons appear healthy).
Figure 20 Primary cortical cell cultures grow in microfluidic devices: A) Schematic diagram of primary neurons cultured in three-chambered microfluidic devices. Cells are seeded in the cell body compartment, from where axons grow through the microchannels, first reaching the middle chamber and finally the axonal compartment. This specific design allows for microfluidic isolation between reservoirs. B-D) Representative bright-field images of primary neural cell culture, showing the typical appearance at 6 days in vitro (DIV). Insets show magnifications of the area indicated in the main image. Note that only axons are allowed to grow from the soma compartment to the distal chamber. Scale bars, 100 µm.
4.4.1.2 Expression of Neuronal Markers in Primary Cortical Cultures Plated in Microfluidic Devices

Because we decided to initiate tau treatments at 6 DIV, we first wanted to verify that, by that time, cultured cells already displayed typical features expected in mature neurons. Therefore, by immunocytochemistry, we analyzed the presence of TUJ1 and MAP2, which are axonal- and dendritic-specific markers, respectively. Importantly, all devices stained positive for TUJ1 (Figure 21A) and MAP2 (Figure 21B) at 6 DIV, indicating proper maturation of the primary cortical neurons.

![Image of TUJ1 and MAP2 stained neurons](image.png)

**Figure 21 Primary neural cell cultures express neuronal maturity markers after 6 days in vitro (DIV) within microfluidic devices:** At 6 DIV, cells were fixed and immunolabeled for neuronal maturity markers. Nuclear staining was performed using Hoechst (blue). **A)** A representative image showing TUJ1-positive neurons (red). **B)** A representative image of neurons expressing MAP2 (red). Scale bars, 100 µm.

4.4.2 Calcium Imaging: Primary Neurons in Microfluidic Devices Are Functionally Active and Electrically Modulable

To fully understand this section, it is necessary to clarify that we opted for calcium imaging to analyze changes in spontaneous neural activity in our microfluidic devices in a time-course experiment. First, regarding calcium imaging, mature neurons display considerably low intracellular calcium concentrations (i.e., 100 nM), which rise by two orders of magnitude upon firing (Berridge *et al.*, 2000). Consequently, calcium-binding fluorescent molecules have been adapted to track calcium currents during neuronal activation, since imaging systems can detect them through sudden spikes in fluorescence signals, which can be recorded and analyzed. Calcium indicators can be classified into two major categories: chemical probes (e.g., Fura-2 AM) and GECIs (e.g., GCaMP or RCaMP). The former is not suitable for long-term imaging, whereas the latter
is characterized by its steady expression for weeks. Notably, because GECIs are proteins not naturally expressed by neurons, they must be encoded into DNA vectors and introduced into cells for expression. Since neural cells cannot tolerate transfection reagents well enough, viral gene transfer is usually preferred. For these reasons, viral transduction of GECI was our tool of choice. It is worth mentioning that although there exist multiple GECIs, the most effective are single-wavelength green indicators that use the original GCaMP sensor (Nakai et al., 2001), whose constituent molecules are calmodulin and GFP. However, because GFP is a typical marker in most rodent models of human tauopathies and is commonly employed to label fluorescently recombinant tau, GCaMP is considered to be an incompatible choice. Thus, our preference for using RCaMP (Akerboom et al., 2013), a red, single-wavelength GECI, appears to be a reasonable choice regarding future applications.

Turning now to time-course experiments, in general, previous in vitro research has typically only investigated changes in neuronal activity at a single time point, often following the addition of tau treatment. In the present work, we aimed at rectifying this by examining the time-course evolution of neural activity resulting from the presence of extracellular seed-competent tau.

Having said this, we first needed to address whether we could detect spontaneous neural activity in neural cell cultures expressing RCaMP within our microfluidic devices. Primary neurons were transduced with viral vectors expressing RCaMP at 1 DIV. Figure 22A shows representative fluorescence traces of spontaneous activity from one microfluidic device at 6 DIV, which was sustained at least until 14 DIV. Next, we sought to demonstrate that our system was responsive to external inputs, which translated into measurable variations in the emitted fluorescence. Hence, we electrically stimulated (i.e., 10 Hz, ± 2.5 V, for 50 s) five independent devices, consistently resulting in a stable peak calcium transient in response to the electrical stimulus (Figure 22B). Together, these data indicate that primary neural cell cultures in our microfluidic devices at 6 DIV are functionally active, viable, and sufficiently mature for studying parameters related to neuronal network activity.
Figure 22 Microfluidic devices and RCaMP expression are both suitable tools for studying neuronal activity: A) Representative spontaneous calcium transients from primary neurons at 6 days in vitro (DIV).
B) Electrical stimulation of one microfluidic device (10 Hz, ± 2.5 V, for 50 s - black arrow indicates the time of the stimulus addition) at 6 DIV. Calcium fluorescence increases when electrical stimulation is applied. 
Figure 22 continued on next the page
To verify the healthy maturation of primary neural cell cultures in our microfluidic devices, we examined how neuronal activity developed at 5, 8, 12, and 14 DIV. For the purpose of clarity, we present the data collected from a single microfluidic device. However, equivalent results were obtained for eight independent devices. Having said that, we first sought to determine whether RCaMP fluorescence intensity levels changed over time (Figure 22C). Consequently, we established that the most appropriate time window for signal analysis was between 12 DIV and 14 DIV since they featured comparable fluorescence intensity levels.

Next, we monitored changes in fluorescence intensity levels at 5, 8, 12, and 14 DIV. Figure 22D shows representative fluorescence traces of the same microfluidic device over 14 DIV. For clarification, fluorescence traces of firing neurons exhibit fast onsets, followed by either slow or fast decay, depending on the type of activation. The first occurrence of calcium transients was observed at 5 DIV, in which only a few simultaneous co-activation events were detected. This activity pattern is typical of young and immature neural connections, as has previously been reported (Chiappalone et al., 2006; Pasquale et al., 2008; Soriano et al., 2008). As the cell culture matured, the number of simultaneous events increased, indicating increasing levels of neuronal synchronization that culminated in almost fully synchronous activations by 14 DIV. Together, our findings show that primary neurons, plated in our microfluidic devices, display the patterns of activity maturation expected from a healthy neural cell culture (Tibau et al., 2013).

We then computed the fluorescence traces using the Schmitt Trigger algorithm to generate a spike profile for each ROI, represented as raster plots in Figure 22E, illustrating the global network dynamics of the primary cortical cultures. As a reminder,
bursts are episodes of collective neuronal activation in which neurons fire synchronously for short periods of time. Although we were not quantitatively evaluating these collective events, from Figure 22E, we can see an increasing number of neurons spiking in synchronization over time (i.e., probably in bursts). Together, these results corroborate our previous observations of calcium traces, which also showed an increase in synchronization events over the course of time.

Finally, we performed a preliminary analysis to examine whether the increased synchronization represented collective events that occurred in isolated groups of neurons or involved a substantial proportion of cells. Figure 22F shows the corresponding activity maps for each day. To understand the data, it is necessary to clarify that the activity map represents the number of times each ROI has fired. Initially, the number of regions with detectable calcium activity was low and dispersed throughout the whole recorded region. However, the number of active areas increased in a time-dependent manner. These findings suggest that at 12 DIV, most neurons show strong firing activity compared with earlier time periods. Therefore, we conclude that the synchronicity observed in the fluorescence traces and raster plots resulted from collective activations rather than just a tiny fraction of highly synchronized spiking neurons.

4.4.3 Seed-Competent Tau Has No Effects on Spontaneous and Bursting Neuronal Activity in Primary Cortical Cultures

Having characterized some relevant features of our model, we wanted to investigate the potential effects of extracellular seed-competent tau on neural network function in terms of spontaneous neural activity and bursting events in primary cortical neurons. At 6 DIV, cell cultures were either left untreated or treated with 0.1 μg/μL of either TIF-P+ or TIF-P- in the axonal compartment. Of note, before being used for treatment, the presence of seed-competent tau species in the TIF-P+ fraction and their absence in the TIF-P- fraction was evaluated by transducing both fractions into the Tau biosensor cell line using Lipofectamine-2000™ (data not shown). We then monitored spontaneous activity in n = 8 to 10 independent microfluidic devices for each condition at 5, 8, 12, and 14 DIV (Figure 23).
Figure 23 Extracellular seed-competent tau does not alter the neuronal activity network: A-B)
Representative raster blots of spontaneous neuronal networks at 12 days in vitro (DIV) and 14 DIV of primary neural cell cultures left untreated or treated with either TIF-P- or TIF-P+. Blue dots are neuronal activations. C-H) Analysis of n = 8 to 10 independent devices (i.e., from at least three different litters) at 12 DIV and 14 DIV was used to compare differences in global network characteristics between primary cortical cultures left untreated or treated with TIF-P- or TIF-P+ along 5 min recording. Figure 23 continued on the
To characterize and compare major network features, we quantitatively addressed four parameters: average network activity, average burst/min, and average IBI. However, we have only been able to evaluate the recordings from 12 DIV and 14 DIV due to the incredibly time-consuming nature of the data analysis. Importantly, we decided to analyze these two specific time points, mainly because: 1) Our previous findings showed that, at 12 DIV, primary cortical cultures exhibited mature (i.e., synchronous) neural activity, more closely resembling those from the adult brain. 2) We were interested in exploring long-term rather than punctual alterations of the network. In other words, we were not looking for activity changes that may have occurred at earlier time points (e.g., 5 DIV) but were endogenously resolved by the cell culture becoming undetectable at later time points (e.g., 14 DIV).

Figures 23A and B show representative raster plots of activity for each condition at 12 DIV (i.e., 6 days of treatment) and 14 DIV (i.e., 8 days of treatment). First, we estimated the average neural activity to infer the degree of spontaneous activity of our microfluidic devices. Surprisingly, devices treated with TIF-P+ did not display significant differences in mean neural activity compared with the TIF-P- and untreated conditions (Figures 23C and D), suggesting that even in the presence of seed-competent tau, neurons remain electrically functional. Next, we quantified the average network bursts per minute (i.e., average network activity). Importantly, when analyzing spontaneous activity, the number of random activations is relatively frequent. Consequently, raster plots of neural activity need to be filtered to operate exclusively with coordinated events. Here, we thresholded the size of coherent network activations to be within a time window of 1 s. When at least 10% of the network participated in a coordinated activity episode, we considered it to be a network burst. No significant differences between the three groups were evident at either 12 DIV or 14 DIV (Figures 23E and F). Finally, we analyzed the IBI network, defined as the average time between consecutive network bursts, whose
value describes the temporal structure of the activity events. Again, we did not detect statistically significant differences between treatments at either 12 DIV or 14 DIV (Figures 23G and H). Together, our findings show that, at least in our model and at these time points, the presence of extracellular seed-competent tau does not significantly affect the neuronal network activity of wild-type primary neurons.

4.5 Discussion

This chapter aimed to develop a suitable platform for examining changes in neuronal activity in response to extracellular seed-competent tau. We opted to employ three-chambered microfluidic devices to compartmentalize cell cultures and treat each reservoir independently. In the past, others in the field have successfully employed microfluidic devices to address tau spreading in primary neurons (Wu et al., 2013; Calafate et al., 2015; Wu et al., 2016). Here, we used primary neural cell cultures from wild-type mice, as they are more relevant to the study of sporadic tauopathies, and demonstrated that they grow within our microfluidic devices, displaying typical markers of mature neurons as early as 6 DIV. Moreover, our findings indicate that the viral transduction of RCaMP into primary neural cell cultures results in long-term expression of the protein, easily detected via fluorescence microscopy. Currently, the most widely used GECIs rely on the original GCaMP sensor (Nakai et al., 2001). However, the excitation spectrum of GCaMP overlaps with the action spectrum of channelrhodopsin-2 (ChR2), the gold standard for optogenetic manipulation. Having shown that RCaMP is a suitable calcium sensor, our model could be combined with optogenetic tools, such as ChR2. This would allow finer modulation of neural activity compared to pharmacological modulators, such as bicuculline or picrotoxin. In parallel, we found that primary neurons plated on our microfluidic devices are functionally active and display strongly synchronized bursting dynamics, matching those of non-pathological cortical tissue activity. Overall, we have proven that, although with some limitations, our experimental approach meets the purpose for which it was designed.

Having said that, concerning the effects of extracellular seed-competent tau on the neuronal activity network, we have been unable to identify significant differences between treated and untreated cells. In the following paragraphs, we will discuss some possible explanations as to why we may have failed to detect altered neuronal activity and provide suggestions for future work.

The relationship between spontaneous activity and proper brain function began less than 15 years ago (Deco et al., 2008; Honey et al., 2009). In this context, it has recently
been proposed that their alteration indicates disease-related circuit damage (Fornito et al., 2015). Therefore, understanding why and how spontaneous activity is impaired under pathological conditions is no trivial matter. Here, we have attempted to establish a relationship between extracellular seed-competent tau and altered dynamics in neuronal networks by using calcium imaging to infer the dynamics of neuronal activity. As a reminder, during action potentials, calcium levels within a firing neuron increase by two orders of magnitude (Berridge et al., 2000). Consequently, calcium transients can be monitored during neuronal activations using calcium-binding fluorescent proteins. Hence, calcium imaging is a powerful tool that allows us to address neural activity without the need for an electrophysiological setup. However, calcium imaging data analysis may be challenging in terms of image processing, data structure, downstream analysis, and availability (Kolar et al., 2021). Additionally, because it demands an important level of computing knowledge that is uncommon among biologists, most published research on tau pathology is limited to evaluating fluorescence changes. Hence, they lack the robust preprocessing and signal extraction steps that are needed to provide reliable results. Instead, most research merely compares data concerning calcium oscillations (e.g., changes in amplitude (Stancu et al., 2015; Florenzano et al., 2017)) and never provides information regarding network dynamics. Hence, they are likely to produce limited or even misleading results. In this work, we have attempted to overcome these limitations in collaboration with Dr. Jodi Soriano's laboratory (University of Barcelona), as they have ample experience with calcium imaging and their own specific software for calcium data analysis, NETCAL (Orlandi et al., 2014). Because of this, our experimental design, could be considered a step forward in the analysis of neuronal activity in the research field of tau pathology.

By evaluating our data with NETCAL, we demonstrated that our cell cultures display the typical progression of neuronal network dynamics, consistent with past research (Opitz et al., 2002; Tibau et al., 2013), which validates the methodology used in our experimental approach. However, contrary to our initial assumption that tau negatively affects neuronal network dynamics, we did not find significant differences in neural activity between tau-treated and control cells. Our results partially contradict previous studies in which tau has been shown to have a significant impact on calcium dynamics. We say “partially” because, as we will see, most published research has been conducted in experimental models over-expressing transgenic species of the tau protein, which is not comparable to our approach. Nevertheless, our findings agree with what several studies consider to be “controls,” defined as tau treatments in wild-type models.
An example is that of (Stancu et al., 2015), who treated primary neurons from wild-type and P301S mice with PFFs assembled from a truncated 4RD tau isoform carrying the P301L mutation. It is worth remarking here that, in our study, cells were treated with TIF-P+ fractions, which contained insoluble RD-CFP/YFP tau bearing the P301S mutation, comparable to the tau construct used by Stancu et al. Following tau treatment, the authors loaded Fura-2 AM to address calcium fluorescence variations. Notably, Stancu and colleagues reported statistically significant differences in the amplitudes of oscillations in primary neural cell cultures derived from P301S animals treated with exogenous tau. Remarkably, the same treatment in wild-type neurons did not result in any changes in neural activity. This last observation is consistent with our findings, suggesting that wild-type neurons are resistant to the presence of seed-competent tau. In the end, the authors concluded that extracellular “pathogenic” tau altered the neuronal network. We believe their conclusion is limited to transgenic models and underscores the need for more native and disease-relevant approaches, since the cause of the vast majority of human tauopathies is not related to tau over-expression or mutations of the protein.

To our knowledge, no one else besides (Stancu et al., 2015) has examined the impact of extracellular seed-competent tau on neuronal network activity using primary neural cell cultures, at least to a level comparable to our experimental approach. Hence, our results, together with those of (Stancu et al., 2015) (i.e., from their tau-treated wild-type controls), suggest that extracellular seed-competent tau does not affect the network dynamics of primary neurons.

Having said that, it is pertinent to emphasize that our analyses were performed only using data from spontaneous activity (i.e., spiking events in the absence of external stimuli, such as picrotoxin, KCl, and bicuculline). In this context, many studies have reported alterations in neuronal activity related to pathological tau only in the presence of external perturbations (Messing et al., 2013; Stancu et al., 2015; Florenzano et al., 2017). However, induced network disturbances do not represent real patterns of activity changes in the brain, and thus results need to be viewed with extreme caution. Therefore, given the broader goals of our study to work with more pathologically relevant models (e.g., using non-transgenic primary neurons), we decided that external stimulation was an inappropriate choice for our aims.

As previously indicated, our findings are somewhat contradictory compared to previous research based on models over-expressing transgenic tau, in which the authors reported altered neuronal network activity (Hall et al., 2015; Stancu et al., 2015; Busche
et al., 2019; Sohn et al., 2019). Although there are a few possible explanations for these discrepancies (e.g., differences in extracellular tau seeds, disparate data analysis methods, etc.), we suspect that the key factor is that we have used wild-type primary neurons. For example, it may be that primary neural cell cultures from wild-type animals are unreliable models for studying neuronal activity dynamics in NDs. Estevez-Priego and colleagues showed that embryonic cortical cultures responded to externally induced perturbations by increasing their effective connectivity and eventually reaching a “hyperefficient” state (Estevez-Priego et al., 2020). The authors concluded that embryonic cell cultures are highly plastic and exhibit self-regulatory mechanisms in the presence of outside disturbances. Thus, based on this, it is possible that, in our experimental model, primary neurons were able to rapidly resolve seed-competent tau-induced activity changes, which were too subtle for us to detect. However, another possibility is that 14 DIV is not enough time to observe changes in neural activity, even in embryonic cells. Unlike other published studies (Wu et al., 2016; Katsikoudi et al., 2020), we were unable to maintain our primary neural cell cultures for more than 16-18 DIV. Therefore, we suggest that future directions should aim to improve cell culture to evaluate changes in neural activity over extended periods. Despite not finding differences between treated and untreated cells, probably due to the use of wild-type neurons, we firmly believe that this is where the strength of our approach lies.

Tau PFFs have been widely used to study the effects of seed-competent tau on multiple experimental models (Gomez-Ramos et al., 2006; Nonaka et al., 2010; Guo & Lee, 2011; Iba et al., 2013; Sanders et al., 2014; Stancu et al., 2015; McCarthy et al., 2021). These tau fibrils are usually assembled in the presence of polyanionic cofactors (e.g., heparin or RNA), as they help shorten the nucleation phase of the fibrillation process (Kuret et al., 2005; Zhang et al., 2017; Fichou et al., 2018; Ismail & Kanapathipillai, 2018). Nevertheless, it has recently been shown that the morphology of tau PFFs, assembled in the presence of heparin, largely differs from the aggregates obtained from AD and PiD patients (Zhang et al., 2019). Here, we treated our microfluidic devices with seed-competent tau present in TIF-P+ fractions. We chose to use these aggregates because of the limited availability of human and mouse-derived samples. Although TIF-P+ are not strictly classical tau PFFs (i.e., HEK293-derived vs. Escherichia coli-derived), we recognize that, despite being seed-competent, the tau present in these fractions may not represent pathologically relevant species. It is possible that different results would have been obtained if we had employed brain-derived material from patients with AD. Future directions include using more disease-relevant samples to address changes in neuronal network activity.
In the present work, we added seed-competent tau in the axonal compartment in an attempt to recreate the trans-synaptic spreading of tau pathology (Wu et al., 2013). It could be argued that adding the tau treatment to the cell body reservoir would have had different results. It is worth mentioning, however, that in a 3-year parallel collaboration with Dr. Jordi Soriano’s laboratory (University of Barcelona), 2D primary neural cell cultures treated with TIF-P+ fractions or sarkosyl-insoluble samples from P301S (+/-) mice, also led to negative results (not published). Therefore, we are confident that our negative findings are not directly related to our model, although we recognize that specific changes would improve our experimental design (e.g., using brain-derived tau from AD patients and/or examining neural activity beyond 14 DIV).

It should be noted that our experimental design differs from previous research in the sense that we have addressed the effects of extracellular tau on neuronal network dynamics from the same devices in a time-course experiment. Although we have not been able to analyze the data from all days (i.e., 5 DIV and 8 DIV), it has proved sufficient to meet the purpose of the present work. However, further investigation is needed to analyze these two earlier time points.

Taking everything into account, it is also possible that extracellular tau does not modify neuronal activity whatsoever. Noteworthy, most human tauopathies are sporadic and characterized by the aggregation of endogenous tau. Indeed, to our knowledge, no experimental data have so far shown that wild-type tau aggregation in wild-type models induces changes in neuronal network activity. It is possible that the increased hyperexcitability observed in human tauopathies is not directly related to tau aggregation and that other pathological mechanisms are the real reason (Siskova et al., 2014; Kazim et al., 2017).

In summary, although we have been unable to conclusively establish whether extracellular seed-competent tau affects neuronal activity, several areas of our work can be regarded as innovative and may be relevant to aiding the development of new therapies. First, we have used wild-type healthy primary neural cell cultures, since they represent a relatively better, translationally relevant approach compared to transgenic models. Second, we have taken advantage of microfluidic devices to implement an experimental platform that can be adapted to recreate and study brain connections. Third, we have successfully included the red, single-wavelength GECI-RCaMP protein, which could be combined with optogenetic tools, such as ChR2, or the use of GFP-tagged proteins, without interfering with the calcium fluorescence signal. Fourth, our approach involves a time-course evaluation of neuronal activity, which, to our knowledge,
has never been addressed before at this level. Finally, we have implemented a comprehensive pipeline for the analysis of calcium imaging by introducing the NETCAL software into our experimental design. Overall, we are confident that our innovations will be advantageous for future research on neuronal network analysis relevant to tau pathology.
Chapter 3: Evaluation of Extracellular Seed-Competent Tau Cytotoxicity in Primary Cortical Cultures
5.1 Introduction

The realm of tau toxicity is considerably complex and has been addressed in a wide variety of models, ranging from immortalized cell lines (Gomez-Ramos et al., 2006; Khlistunova et al., 2006), to murine primary neural cell cultures (Stancu et al., 2015), organotypic slices (McCarthy et al., 2021), iPSCs, organoids, and assembloids (Evans et al., 2018; Gonzalez et al., 2018), as well as in various model organisms in vivo (Kruger & Mandelkow, 2016). Most of these approaches rely on the over-expression of truncated or mutated tau species, although toxicity has also been studied in wild-type models referred to as “controls” in some publications (e.g., (Stancu et al., 2015; McCarthy et al., 2021)). Notably, the toxicity of tau can also be examined solely by over-expressing tau isoforms in cellular models or by adding extracellular tau to the system (i.e., endogenous vs. exogenous tau-induced toxicity). Moreover, treatment with exogenous tau differs in the origin and nature of the added variants. For instance, extracellular tau can be monomeric, “oligomeric,” truncated, or fibrillated, and it can be “synthetic” (i.e., tau PFFs) or derived from the brains of transgenic animals or sporadic human tauopathies. Therefore, it does not come as a surprise that there are multiple conflicting reports regarding the cytotoxicity induced by tau (Khlistunova et al., 2006; Guo et al., 2016a).

In Chapter 2, we examined the link between extracellular seed-competent tau and altered neuronal network activity. Likewise, in the present chapter, we were interested in the relationship between extracellular seed-competent tau and neurotoxicity in primary neural cell cultures. In this regard, tau-related lesions have long been associated with synaptic loss and cognitive decline in AD and other human tauopathies (Masliah et al., 1989; DeKosky & Scheff, 1990; Braak & Braak, 1991; Bierer et al., 1995; Coleman & Yao, 2003). Indeed, increased tau levels have been found in the CSF of AD patients (Buerger et al., 2006; Scholl et al., 2019). Additionally, as just mentioned, the association between extracellular tau and neurodegeneration is supported by recent results from many experimental models (Gomez-Ramos et al., 2006; Fa et al., 2016; Wu et al., 2016; Pampuscenko et al., 2021). Initially, pathogenic extracellular tau was thought to be related to neuronal death (Buerger et al., 2006). However, mounting evidence suggests that neurons actively secrete seed-competent tau into the extracellular milieu and that surrounding cells internalize it, resulting in cell-to-cell spreading of tau pathology in a prion-like manner (Clavaguera et al., 2009; Frost et al., 2009; Wu et al., 2013; Brunello et al., 2020; Chastagner et al., 2020). Therefore, addressing the potential toxicity of extracellular tau is critical for the development of therapeutic strategies and a better understanding of disease progression.
5.2 Objective

In this chapter, we aim to evaluate the cytotoxicity of different extracellular seed-competent tau in primary cortical cultures through the determination of alterations in their metabolic activity.

5.3 Materials and Methods

5.3.1 Ethical Statement

All animals were kept in the animal facility of the Faculty of Pharmacy at the University of Barcelona under controlled environmental conditions and were provided with food and drink ad libitum. Animal care and experimental protocols were performed in compliance with the CEEA of the University of Barcelona. All housing, breeding, and procedures were performed under the guidelines and protocols OB47/19, C-007, 276/16, and 47/20 of CEEA.

5.3.2 Mice

In this chapter, we used 12-month-old P301S (+/-) mice and their non-transgenic littermates, P301S (-/-). Non-transgenic P301S (-/-) mice were used as control mice and will be referred to as P301S (-/-).

5.3.3 Human Samples

This chapter included frozen material from an autopsy-proven, neuropathologically well-characterized case of AD. We used brain-derived material from one male patient, who was 93 years old, and a 3 h delay in post-mortem inspection.

5.3.4 Preparation of Sarkosyl-Insoluble Fractions from Mice and Human Samples

Please see Chapter 1, Materials and Methods, Section 3.3.8

5.3.5 Tau Biosensor Cell Line Culture and Seeding for Sequential TIF Extraction

Please see Chapter 1, Materials and Methods, Section 3.3.11.3

5.3.6 Standard Tau Biosensor Cell Line Seeding Assay

Please see Chapter 1, Materials and Methods, Section 3.3.11.2
5.3.7 Primary Cortical Cultures

Primary cortical neurons were prepared from E16.5 embryos of wild-type CD1 mice (Charles River Laboratories, France). In brief, brains were dissected in ice-cold 0.1 M PBS containing 6.5 mg/mL glucose (Merck Millipore), cerebral cortices were isolated, and meninges were removed. Thereafter, cortices were transferred into trypsin and digested for 15 min at 37°C with gentle inversion every 3 min. After adding NHS (ThermoFischer Scientific) and centrifugation, cells were mechanically dissociated in 0.1 M PBS containing 0.025% DNAse (Roche). Depending on the objective of the experiment, cells were cultured differently. For immunocytochemistry experiments, cells were cultured onto poly-D-lysine (0.1 mg/mL) -coated glass coverslips on 4-well plates. For cytotoxicity experiments, cells were plated onto poly-D-lysine (0.1 mg/mL) -coated 24-well plates. In both cases, cells were plated at a density of 250,000 cells/well in plating medium [Neurobasal medium (ThermoFischer Scientific) supplemented with 5% NHS, 6.5 mg/mL glucose, NaHCO$_3$ (Merck Millipore), 1X B27 (ThermoFischer Scientific), 1% GlutaMax (Gibco), and 1% penicillin/streptomycin (ThermoFischer Scientific)]. After 1 DIV, the plating medium was replaced with culture medium [Neurobasal medium (ThermoFischer Scientific) supplemented with 6.5 mg/mL glucose, NaHCO$_3$ (Merck Millipore), 1X B27 (ThermoFischer Scientific), 1% GlutaMax (Gibco), and 1% penicillin/streptomycin (ThermoFischer Scientific)]. The culture medium was changed every 2 to 3 days.

5.3.8 Viral Transduction and Biochemical Analysis

We transduced primary neurons at 1 DIV with $2 \times 10^7$ viral particles of AAV2retro encoding full-length human tau with the P301L mutation (AAV-P301L) under the control of the human SYN1 gene promoter (a kind gift from Dr. José Luis Lanciego, CIMA, Navarra). Two days later, the conditioned medium was replaced with an equal volume of fresh media. Biochemical analysis was used to confirm the proper expression of the tau construct P301L in primary neural cell cultures. Briefly, at 6 DIV, the culture medium was removed, and cells were resuspended in 2X Laemmlil sample buffer (Bio-Rad) and analyzed by SDS-PAGE, followed by WB (i.e., see Chapter 1, Materials and Methods, Section 3.3.9 for a detailed protocol). Immunoblots were probed with the human-specific anti-Tau-13 antibody (1:1,000) (Abcam, catalog no. ab19030), which specifically detects human tau.
5.3.9 Tau Treatments

To investigate the cytotoxic effects of extracellular seed-competent tau, primary neural cell cultures were treated with TIF, TauCy5, P301S mice, and human AD-derived samples at 6 DIV for 48 h. In brief, for TIF-P+, TIF-P-, TIF-V, and TauCy5 (a kind gift from Dr. Jesús Ávila, CBM-UAM, Madrid), 5 µg of total protein was diluted in 500 µL of the culture medium. For treatments with sarkosyl-insoluble P301S (-/-), P301S (+/-), or AD fractions, 20 µg of total protein was diluted in 500 µL of the culture medium. Likewise, primary neurons transduced with AAV-P301L were incubated with 20 µg of total protein from sarkosyl-insoluble fractions from P301S (+/-) mice, diluted in 500 µL of the culture medium. Untreated cells were used as controls. For cytotoxicity experiments, cells were plated in quadruplicate for each condition (i.e., 24-well plates). Initially, each culture plate had eight wells with untreated cells, four of which were used as untreated controls, and the other four were eventually used as positive controls for cell death. The remaining wells were treated with the above-mentioned tau samples.

5.3.10 Transmission Electron Microscopy Imaging

Please see Chapter 1, Materials and Methods, Section 3.3.6

5.3.11 alamarBlue™ Cell Viability Assay

Tau-related cytotoxicity was assessed by measuring the cellular metabolism integrity of primary neural cell cultures at 2, 5, 7, and 10 days of treatment (DOT) with alamarBlue™ Cell Viability Reagent (ThermoFischer Scientific), according to the manufacturer’s instructions. Briefly, on the day of the assay, positive cell death controls were prepared by replacing their culture medium with 300 µL of 70% ethanol for 15 min. Next, the media of all wells (i.e., tau-treated and controls) was aspirated and replaced with freshly prepared culture media. Following that, alamarBlue™ was directly added to each well at a final concentration of 10% (v/v), and the culture plates were returned to the incubator at 37°C with 5% CO₂ for 4 h. For fluorescence readings, we placed 100 µL of medium from each replica in triplicate into the wells of a 96-well black bottom plate (Costar) (i.e., three independent measurements were taken from four replicates from at least three independent experiments for each time point). Fluorescence intensity was quantified through top readings at 530 nm excitation and 570 nm emission using an Infinite M200 PRO microplate reader (Tecan, Switzerland). The reduction of the cell viability reagent was normalized relative to that of the untreated control cells, which were considered to have 100% metabolic integrity. For plates analyzed at 10 DOT, the
The alamarBlue™ assay was complemented by evaluating: 1) the total number of cells (i.e., determined by Hoechst staining), and 2) the ratio of neurons (i.e., NeuN-positive cells) relative to the total number of cells (i.e., determined by Hoechst staining).

5.3.12 Immunocytochemistry

For standard fixation, cultured primary neurons were washed once in pre-warmed 0.1 M PBS and then fixed in 4% PFA for 15 min at room temperature. For removal of soluble proteins, cells were washed once in pre-warmed 0.1 M PBS and then fixed in pre-chilled methanol for 15 min at -20°C (Guo et al., 2016b). Following fixation, cells were permeabilized and blocked for 1 h in blocking solution [5% NGS, 0.1% Triton X-100, 0.015 g/mL glycine in 0.1 M PBS containing 2% BSA]. After blocking, cells were incubated with primary antibodies diluted in antibody solution [2% NGS, 0.1% Triton X-100 in 0.1 M PBS] overnight at 4°C with gentle agitation. The following antibodies were used for immunostaining: mouse anti-HT7 (1:600) (ThermoFischer Scientific, catalog no. MN1000), rabbit anti-GFP (1:500) (Invitrogen, catalog no. A11122), or mouse anti-NeuN (1:500) (Merck Millipore, catalog no. MAB377). Secondary antibodies Alexa Fluor 488 or Alexa Fluor 568 (Life Technologies) of the appropriate species were diluted in antibody solution (1:500) and incubated for 2 h at room temperature, then subsequently washed three times in 0.1 M PBS. Nuclei were stained for 10 min at room temperature with 1 µg/mL Hoechst 33342 (Invitrogen).

5.3.13 Imaging

For imaging, we used an inverted Olympus fluorescence microscope IX71 (Olympus) equipped with a sensitive, high-speed camera (Hamamatsu ORCA Flash 4.0) and an LED light source (CoolLED’s pE-300white, Delta Optics, Spain). Images were acquired with the camera software Olympus cellSens™ (Olympus Corporation; https://www.olympus-lifescience.com/en/software/cellsens/) and saved in 8-bit ".tiff" files.

5.3.14 Image Processing and Data Acquisition

To quantify the ratio of neurons to nuclei (i.e., NeuN-positive/Hoechst or Neurons/Nuclei), we randomly selected 15 areas per well, and pictures for the UV and red channels were acquired at 20x magnification. Hence, for a total of three independent experiments, with four replicates per condition, we took 15 x 2 pictures per well. We used the same exposure settings across all experiments to ensure consistency and appropriate compatibility of the results. We took advantage of the open-source Cell Profiler v4.2.1 software (Stirling et al., 2021) to create a pipeline that allowed us to
compute the number of cell nuclei and NeuN-positive cells per field. The ratio of Neurons/Nuclei was calculated with Excel. Next, we used GraphPad Prism for statistical analysis.

5.3.15 Statistical Analysis

Quantitative data were analyzed using one-way ANOVA, followed by Tukey's post hoc test was used for comparisons between several independent groups. Statistical significance was set at $p < 0.05$. The data were expressed as means ± SD. GraphPad Prism 8 (version 8.02; GraphPad software Inc., California, United States of America) was used to perform statistical tests and produce graphs. For all statistical analysis in this chapter: $^* p < 0.05$, $^{**} p < 0.01$; $^{***} p < 0.001$, $^{****} p < 0.0001$.

5.4 Results

5.4.1 Effect of Extracellular Seed-Competent Tau Species on Primary Cortical Cultures

To date, few studies have addressed the impact on cellular viability produced by the presence of seed-competent extracellular tau in healthy primary neural cell cultures. Additionally, most of the published research on this particular topic have focused on measuring tau cytotoxicity at a single time point, often following the addition of tau. In the present study, we sought to rectify this by examining the time-course impact of extracellular tau on primary neurons derived from wild-type mice.

Given the large body of evidence reporting tau toxicity (Khlistunova et al., 2006; Flach et al., 2012; Wegmann et al., 2015), we hypothesized that the presence of exogenous seed-competent tau could negatively affect the viability of neural cells. However, it should be noted that cell cultures were treated at 6 DIV, but several medium changes were performed prior to the addition of alamarBlue™. Hence, before conducting the time-course analysis of cell viability, we sought to determine whether the extracellular seed-competent tau from the treatment was present in the cell culture at 10 DOT or whether it had been removed because of the culture medium exchanges. To evaluate this, we carried out a group of experiments in which cells were treated at 6 DIV, and we changed the medium at 2, 5, 7, and 10 DOT (i.e., identically as for the alamarBlue™ assays). Then, at 10 DOT, we fixed the cells in methanol to remove soluble tau (Guo et al., 2016b) and immunolabeled them with specific antibodies to detect the presence of insoluble tau.
The alamarBlue™ Cell Viability Reagent was then used to investigate the possible harmful effects of various tau samples on primary cortical neurons at 2, 5, 7, and 10 DOT. The alamarBlue™ is an oxidation-reduction indicator that changes from blue to red with cellular metabolic activity and is widely used to measure the reduction potential in living cells. In addition to the cell viability assay, since we were interested in long-term toxic effects (i.e., analogous to what we did in Chapter 2), we further evaluated the cell cultures at 10 DOT by quantifying the total number of nuclei as a readout for gross extracellular tau toxicity. Of note, when working with mixed primary neural cell cultures, the alamarBlue™ assay is unsuitable for identifying neuron-specific cell death. Moreover, in human tauopathies, the neurodegenerative process is intimately linked to the activation and proliferation of inflammatory cells (Millington et al., 2014; Spangenberg & Green, 2017; Yang, 2019). Therefore, we sought to exclude the possibility that extracellular tau was killing neurons and that, in response, glial cells were increasing in number, thereby masking the neurotoxic effect. We calculated the ratio of Neurons/Nuclei on the same plates used to analyze the alamarBlue™ reaction. To this end, at 10 DOT, immediately after collecting the medium for the alamarBlue™ measurements, cultures were fixed in 4% PFA. Cells were then immunolabeled with NeuN (i.e., to show only neurons) and Hoechst (i.e., to expose all nuclei).

For clarity, since we used different samples, we decided to divide the Results section into three experimental blocks corresponding to each set of tau treatments. In “Block 1,” the effects of TIF-P+, TIF-P-, TIF-V, and TauCy5 will be reported. In “Block 2,” we will present the results of treatment with sarkosyl-insoluble fractions from P301S (−/−), P301S (+/−), and one human AD-derived sample. Finally, in “Block 3,” we will show the outcome of sarkosyl-insoluble tau from P301S (+/−) mice on neuronal cells virally transduced to produce full-length human tau bearing the P301L mutation.

5.4.1.1 Block 1: Neither TIF-Derived Samples nor Monomeric TauCy5 Affects Primary Cortical Culture Viability

In Chapter 1, we show that the TIF-P+ fraction contains insoluble tau with fibril-like structures and that it is seed-competent in vitro and induces tau pathology in vivo. Here, we wanted to address possible toxic effects on primary neuronal cell cultures. For that purpose, we first treated primary neurons with TIF-P+, TIF-P-, TIF-V, or TauCy5 at 6 DIV and fixed them at 10 DOT. Cells incubated with TauCy5 were immunolabeled with the anti-HT7 antibody, as it detects specifically human tau (Figure 24, upper panel). Similarly, neural cultures treated with TIF fractions were immunolabeled with anti-GFP antibodies to recognize tau RD-CFP/YFP fragments (Figure 24, lower panel). Consistent
with our previous findings from Chapter 1, the TIF-P+ treatment resulted in detectable GFP-positive inclusions, whereas the other treatments did not. Of note, the specificity of both antibodies (i.e., GFP and HT7) was confirmed in untreated cells (Figure 24). Together, our results show that only the TIF-P+ fraction contains insoluble tau species, which are abundantly detected at 10 DOT.

![GFP / Hoechst](image)

![HT7/ Hoechst](image)

**Figure 24 Detection of extracellular seed-competent tau at 10 days of treatment (DOT) with TIF-P+, TIF-P-, TIF-V, or TauCy5:** Primary neural cell cultures were left untreated or treated with TIF-P+, TIF-P-, TIF-V, or TauCy5 after 6 days *in vitro* (DIV). At 10 DOT (i.e., 16 DIV), cells were fixed in methanol to remove soluble tau and immunostained. Nuclei (blue) were stained with Hoechst. In the upper panel, the anti-GFP antibody was used to detect tau RD-CFP/YFP (green) in cells treated with TIF-P+, TIF-P-, and TIF-V (green). Insoluble tau can be detected even at 10 DOT, but only in TIF-P+-treated cells. The anti-HT7 antibody, a human tau-specific antibody, was used to detect tau in cells treated with TauCy5, but no signal could be detected at 10 DOT. Pictures are representative of at least n = 3 independent experiments. Scale bar, 100 µm.

Next, we measured the possible cytotoxic effect on cellular metabolism by performing the alamarBlue™ assay at 2, 5, 7, and 10 DOT. As seen in Figure 25A, treatment with 70% ethanol resulted in massive cell death, confirming the validity of the assay. However, no significant differences were observed between treatments compared to untreated cells, even at the latest time point of the study (i.e., 10 DOT). After that, we looked at the number of nuclei at 10 DOT and found no significant changes (Figure 25B). Finally, we did not detect any differences in the proportion of NeuN-positive cells relative to the total number of Hoechst-positive nuclei (Figure 25C), indicating that neurons were not affected by tau treatments. Together, our findings show that extracellular seed-
Figure 25 Extracellular seed-competent tau derived from TIF-P+ is not toxic to primary neural cell cultures: Primary neural cell cultures were treated with TIF-P+, TIF-P-, TIF-V, or TauCy5 or left untreated. For positive controls of cell death, four extra seeded wells were left untreated until the day of the alamarBlue™ assay, when 70% ethanol (EtOH) was added for 15 min at 37°C to induce cell death. A) Time-course of alamarBlue™ reduction in primary neural cell cultures at 2, 5, 7, and 10 days of treatment (DOT). No changes in metabolic integrity are detected between conditions at any point in time. The results are expressed as mean ± SD from at least eight independent experiments. Statistical significance was calculated by one-way ANOVA with Tukey’s post hoc test for group comparisons. All conditions are statistically different from cells treated with 70% EtOH (**p < 0.001), but for clarity, this significance is omitted in the graph. Abbreviation n.s stands for not significant (p > 0.05). Figure 25 continued on the next page.
5.4.1.2 Block 2: Neither Sarkosyl-Insoluble Fractions from P301S (+/-) Mice nor AD-Derived Tau Affects Primary Cortical Culture Viability

Given the previous results, we considered that TIF-P+ could not have been the most appropriate model to study tau toxicity, as it may not fully mimic the type of aggregates present in the diseased brain (Sharma et al., 2018; Zhang et al., 2019). Therefore, we chose to investigate the toxicity of more physiologically relevant specimens in primary neural cell cultures. For this purpose, we opted for sarkosyl-insoluble samples derived from P301S (-/-), P301S (+/-), and one human AD case. First, we performed a seeding assay in the Tau biosensor cell line and confirmed that the P301S (+/-) and AD samples were seed-competent (data not shown). Accordingly, TEM analysis of both fractions revealed the existence of fibrillar structures (Figure 26A). In contrast, no fibril-like structures were observed for P301S (-/-) (data not shown). Next, primary cortical cultures were treated with P301S (-/-), P301S (+/-), or AD and fixed in methanol at 10 DOT before being immunolabeled with anti-HT7 for insoluble tau detection. As expected, only cultures treated with P301S (+/-) or AD samples were positively stained for HT7, proving the presence of tau seeds throughout the experiment (Figure 26B).
We then examined how these treatments affected cellular metabolism. Surprisingly, we did not observe tau-dependent increased cytotoxicity in the alamarBlue™ assay (Figure 27A). Likewise, no changes were found in the number of total nuclei at 10 DOT, corroborating the alamarBlue™ results (Figure 27B). Finally, the proportion of neurons relative to total cell nuclei also did not reveal any differences between treated and untreated cells (Figure 27C). These results show that sarkosyl-insoluble seed-competent tau, derived from either P301S (+/−) mice or human AD, does not result in an overall negative impact on the health of primary neural cell cultures. Furthermore, because the ratio of Neurons/Nuclei is similar between conditions, our findings suggest that glial cells are not activated, at least to the point of proliferation, by the presence of brain-derived tau.

Figure 26 Detection of extracellular seed-competent tau at 10 days of treatment (DOT) with sarkosyl-insoluble fractions from P301S (−/−), P301S (+/−), and human AD: A) Transmission electron microscopy (TEM) analysis by negative staining. The sarkosyl-insoluble fraction of P301S (+/−) mice and the AD patient contain numerous fibrils (white arrows). Scale bars, 200 nm. B) Primary neural cell cultures were left untreated or treated with sarkosyl-insoluble fractions from P301S (−/−), P301S (+/−), and human AD after 6 days in vitro (DIV). At 10 DOT (i.e., 16 DIV), cells were fixed in methanol to remove soluble tau and immunolabeled with the anti-HT7 antibody (green), and nuclei (blue) were stained with Hoechst. The insoluble tau is only observable in cultures treated with P301S (+/−) and human AD. Scale bar, 100 µm.
Figure 27 Extracellular seed-competent tau derived from sarkosyl-insoluble samples derived from P301S (+/-) mice and human AD is not toxic to primary neural cell cultures: Primary neural cell cultures were treated with sarkosyl-insoluble samples from P301S (-/-) or P301S (+/-) mice, or human AD or left untreated. For positive controls of cell death, wells were treated with 70% ethanol (EtOH) for 15 min. A) Time-course of alamarBlue™ reduction in primary neural cell cultures at 2, 5, 7, and 10 days of treatment (DOT). No changes in metabolic integrity are detected between conditions at any point in time. The results are expressed as mean ± SD from at least seven independent experiments. Statistical significance was calculated by one-way ANOVA with Tukey’s post hoc test for group comparisons. All conditions are statistically different from cells treated with 70% EtOH (**p < 0.001), but for clarity, this significance is omitted in the graph. Abbreviation n.s stands for not significant (p > 0.05). B) Effects of each treatment on the total number of nuclei at 10 DOT. No differences are observed between treatments. The results are expressed as mean ± SD; each symbol represents the average of 15 from at least seven independent experiments. Statistical significance was calculated by one-way ANOVA with Tukey’s post hoc test for group comparisons. Abbreviation n.s stands for not significant (p > 0.05). Figure 27 continued on the next page.
Figure 27 continued

C) Effects of each treatment on the number of neurons (i.e., NeuN-positive) expressed as a percentage of the total number of cells (i.e., Hoechst) at 10 DOT. No changes in the proportion of neurons relative to the total number of cells are observed. The results are expressed as mean ± SD; each symbol represents the average of 15 pictures from at least seven independent experiments. Statistical significance was calculated by one-way ANOVA with Tukey’s post hoc test for group comparisons. Abbreviation n.s stands for not significant (p > 0.05).

5.4.1.3 Block 3: Primary Cortical Cultures Expressing P301L Full-Length Human Tau Treated with Sarkosyl-Insoluble Fractions from P301S (+/-) Mice Do Not Show Reduced Cell Viability

At this point, we were surprised that none of the previous treatments had caused significant toxic effects on wild-type primary neural cell cultures. Consequently, we decided to modify our experimental approach by inducing the over-expression of a mutant tau isoform (i.e., P301L) to predispose the primary neurons to a more pathological scenario prior to treating them with seed-competent tau. To this end, we transduced primary cortical cultures with AAV-P301L and confirmed that they over-expressed P301L tau by biochemical analysis. Immunoblotting with the monoclonal anti-Tau-13 antibody revealed that only infected cultures produced human tau (Figure 28A). Our findings indicate that primary neurons strongly over-express P301L tau at 6 DIV, coinciding with the day of tau treatment.
Next, we examined whether endogenous expression of P301L tau sufficed to induce the formation of insoluble tau aggregates or whether extracellular seed-competent tau was required. To answer this question, we compared HT7 staining patterns at 10 DOT between primary neural cell cultures: a) treated with sarkosyl-insoluble samples from P301S (+/-) mice but not virally transduced; b) untreated cells but virally transduced to produce P301L tau; and c) treated with the sarkosyl-insoluble P301S (+/-) fraction and virally transduced to over-express P301L tau (Figure 28B). Cortical neurons incubated with P301S (+/-) samples revealed discrete HT7-positive staining. Surprisingly, untreated cells over-expressing P301L tau did not produce detectable HT7-specific fluorescence. In contrast, primary neurons over-expressing P301L tau and treated with sarkosyl-insoluble P301S (+/-) samples, on the other hand, showed HT7-positive staining comparable to that seen with P301S (+/-) treatment alone. Notably, extensive cytoplasmic staining was observed at around 5 to 10% of neuronal cells, meaning that despite elevated levels of P301L expression detected by immunoblotting, only a reduced number of neurons were triggered to form intracellular tau aggregates. Together, these results show that the over-expression of P301L tau alone does not lead to the formation
of insoluble inclusions even at 16 DIV (i.e., 10 DOT) in primary cortical neurons, suggesting that P301L tau remains soluble in the cytoplasm and that adding extracellular seed-competent species is required to induce the formation of insoluble aggregates.

Finally, we addressed the putative impairment of cellular metabolism using the alamarBlue™ assay. Surprisingly, no differences in viability were found in tau P301L over-expressing neurons compared to non-transduced neurons treated with P301S (+/−), neither under P301S (+/-) treatment alone nor compared to the untreated control (Figure 29A). Consistent with these results, at 10 DOT, we did not detect changes in the total number of nuclei (Figure 29B) or differences in the proportion of neurons relative to the overall number of cells (Figure 29C), indicating that glial cells were not induced to proliferate. Overall, these findings show that primary neural cell cultures over-expressing P301L tau do not have altered cell viability, even when seeded with P301S (+/-).
Figure 29 Extracellular seed-competent tau derived from sarkosyl-insoluble samples derived from P301S (+/-) mice is not toxic to primary neural cell cultures over-expressing P301L tau: Primary neural cell cultures were left untreated, treated with sarkosyl-insoluble fraction from P301S (+/-) mice, transduced with AAV-P301L without further treatment, or transduced with AAV-P301L and treated with sarkosyl-insoluble samples from P301S (+/-) after 6 days in vitro (DIV). For positive controls of cell death, wells were treated with 70% ethanol (EtOH) for 15 min. A) Time-course of alamarBlue™ reduction in primary neural cell cultures at 2, 5, 7, and 10 days of treatment (DOT). No changes in metabolic integrity are detected between conditions at any point in time. The results are expressed as mean ± SD from at least eight independent experiments. Statistical significance was calculated by one-way ANOVA with Tukey’s post hoc test for group comparisons. All conditions are statistically different from cells treated with 70% EtOH (**p < 0.001), but for clarity, this significance is omitted in the graph. Abbreviation n.s stands for not significant (p > 0.05). Figure 29 continued on next the page
5.5 Discussion

Interest in the role of extracellular tau in human tauopathies has recently grown, particularly in light of the prion-like manner in which tau pathology spreads throughout the brain. Here, we have examined the cytotoxicity of various extracellular seed-competent tau species in healthy primary neural cell cultures and found no significant differences between treated and untreated cells.

To characterize tau-related cytotoxicity, we used: 1) the alamarBlue™ Cell Viability Reagent, to detect changes in neural metabolism; 2) the total cell count, to determine if the presence of seed-competent tau directly affected the number of viable cells; and 3) the proportion of neurons relative to all cells in the culture, to address whether tau was specifically toxic to neurons. Our results show that primary neural cell cultures, treated with TIF-P+ samples, contain insoluble GFP-positive tau species detectable at 10 DOT. However, it did not result in overt cellular damage at any tested time point. In Chapter 1 of this thesis, we show that TIF-P+ tau-insoluble species are seed-competent in vitro and trigger tau pathology in vivo. Taking this into account, our findings suggest that the mere presence of seed-competent tau species is not sufficient to trigger cytotoxic events, at least in our experimental model. Notably, the Tau biosensor cell line itself is not characterized by overt cellular toxicity, even in the presence of seed-competent tau (Holmes et al., 2014). Nevertheless, we recognize that insoluble tau present in TIF-P+ fractions does not necessarily resemble pathological tau derived from diseased human brains (Zhang et al., 2019). Therefore, it is possible that toxicity-related mechanisms associated with more physiologically relevant samples may not exist in tau species from TIF-P+ fractions.

Figure 29 continued

**B)** Effects of each treatment on the total number of nuclei at 10 DOT. No differences are observed between treatments. The results are expressed as mean ± SD; each symbol represents the average of 15 from at least eight independent experiments. Statistical significance was calculated by one-way ANOVA with Tukey’s *post hoc* test for group comparisons. Abbreviation n.s stands for not significant (*p* > 0.05).

**C)** Effects of each treatment on the number of neurons (i.e., NeuN-positive) expressed as a percentage of the total number of cells (i.e., Hoechst) at 10 DOT. No changes in the proportion of neurons relative to the total number of cells are observed. The results are expressed as mean ± SD; each symbol represents the average of 15 pictures from at least eight independent experiments. Statistical significance was calculated by one-way ANOVA with Tukey’s *post hoc* test for group comparisons. Abbreviation n.s stands for not significant (*p* > 0.05).
Unexpectedly, we observed similar results when the experimental approach was changed, and primary neurons were treated with sarkosyl-insoluble fractions from P301S (+/-) mice and human AD-derived samples. Hence, our findings show that extracellular seed-competent tau obtained from more disease-relevant sources is not overly toxic to primary neural cell cultures. It should be noted, however, that tau toxicity has recently been linked to soluble tau aggregates (i.e., soluble “oligomeric” species) rather than the filamentous aggregates found in sarkosyl-insoluble fractions (Kaniyappan et al., 2017; Lo et al., 2019; Lo, 2021). Therefore, since our experimental approach relies on utilizing detergent-insoluble fractions, it could be argued that our samples do not include toxic tau species. Regardless, our fractions are obtained using 0.1% sarkosyl instead of 1%, the latter being the current gold standard method for producing detergent-insoluble fractions. Hence, our less restrictive conditions permit the enrichment of tau-insoluble species, as well as the presence of more “soluble” ones (i.e., “oligomers”) (data not shown). Consequently, our protocol provides a more realistic ensemble of tau isoforms, despite favoring insoluble aggregates. Nevertheless, we would like to highlight that there exists a degree of uncertainty around the term “oligomer.” In fact, one can find multiple definitions and protocols in the literature (Ren & Sahara, 2013; Fa et al., 2016; Wegmann et al., 2016; Chen & Mobley, 2019; Lo, 2021; Pampuscenko et al., 2021). Therefore, we believe that generalizing that “oligomers” are more cytotoxic than monomeric tau or insoluble aggregates can be deceptive and misleading. Instead, we hypothesize that tau-induced toxicity is the product of several species acting simultaneously, and that numerous cellular pathways may contribute to neurodegeneration. Notably, recent studies have provided evidence that highly fibrillated tau rather than oligomers are toxic to the cells, proving that this issue is far from being solved (Chua et al., 2017; Esteras et al., 2021).

Initially, our experimental design excluded the over-expression of tau variants, since most sporadic tauopathies are not associated with increased tau protein levels, and the relevance of over-expression-mediated toxicity in transgenic systems has been debated. However, we were concerned that our inability to detect tau-related cytotoxicity was related to a “species-barrier” phenomenon between the endogenous murine tau, expressed by primary neural cell cultures, and the extracellular tau present in the P301S (+/-) and AD samples (Collinge & Clarke, 2007; Saito et al., 2019). Despite our worries, human tau has been shown to induce endogenous murine tau aggregation (Katsikoudi et al., 2020). Nevertheless, to eliminate that possibility, we decided to include an experimental design in which both endogenously produced and extracellular seed-competent tau were from the same organism. To this end, primary neural cell cultures
were virally transduced with AAVs to over-express full-length human tau bearing the P301L mutation and were treated or not with sarkosyl-insoluble samples from P301S (+/-) mice for comparison. Notably, primary neurons over-expressing P301L tau alone do not display insoluble tau inclusions at 16 DIV. Contrastingly, virally transduced cells treated with sarkosyl-insoluble fractions from P301S (+/-) mice result in a small number of neurons displaying a strong fluorescence signal filling their cytoplasm (i.e., recognized by the human-specific anti-tau antibody HT7). Hence, the over-expression of P301L tau is not sufficient to trigger the formation of non-soluble inclusions, and extracellular seed-competent tau is required for this to occur. This finding is consistent with previous research showing that primary neural cell cultures and organotypic slices derived from transgenic animals over-expressing aggregation-prone tau fail to develop insoluble aggregates unless cells are also treated with extracellular tau (Stancu et al., 2015; Wu et al., 2016; McCarthy et al., 2021).

It is worth remarking that transgenic rodent models of familial FTD-associated mutations, for instance, P301S (Allen et al., 2002) or P301L (Terwel et al., 2005), naturally exhibit robust tau pathology. Therefore, it could be surprising that we did not detect insoluble aggregates in neurons over-expressing P301L without any additional tau treatment. However, it should be noted that the detection of aberrantly phosphorylated tangle-like pathology (e.g., AT8-positive aggregates) in the brain of these transgenic mice starts at around 8 to 9 months of age (Allen et al., 2002; Iba et al., 2015; Jackson et al., 2016). Hence, our findings have been remarkably close to what is known to happen in vivo, and thus, it is possible that more time is needed to observe the formation of insoluble aggregates in these neurons transduced to over-express P301L tau.

Finally, contrary to our expectations, the integrity of cellular metabolism was not altered in cell cultures virally transduced to over-express P301L and treated with P301S (+/-) samples compared to the other conditions tested. Likewise, we did not find differences in the total number of cells or the proportion of Neurons/Nuclei at 10 DOT between treatments. Therefore, we conclude that cell viability is not affected by the combination of the over-expression of P301L and the addition of extracellular seed-competent tau. However, it is worth noting that we only detected considerable HT7 labeling in 5% to 10% of the cultured neurons. Notably, similar percentages were reported in a prior study in which the authors also combined endogenous over-expression of mutated tau with extracellular seed-competent species (Stancu et al., 2015). Remarkably, Stancu and colleagues found that these few neurons were sufficient
to cause significant changes in overall neuronal activity compared to untreated cells, which were not significantly altered. The authors concluded that only minute amounts of insoluble tau are required to impact the neuronal network of cultured cells. Taking this into account, it is possible that a small number of neurons with insoluble tau may be enough to generate neural activity alterations, but not to produce detectable changes in cell viability. Therefore, future research should focus on increasing the number of cells with insoluble inclusions to determine whether the presence of insoluble tau and cytotoxicity are related.

Despite our results contradicting previous research (Kuret et al., 2005; Bandyopadhyay et al., 2007; Messing et al., 2013), multiple, although not necessarily incompatible, reasons could explain these inconsistencies. However, it is pertinent to note that in the studies of tau-related cytotoxicity, there is a lack of uniformity regarding the experimental models employed, the standards for toxicity assessments, as well as the procedures and sources for obtaining seed-competent tau species. Therefore, it does not come as a surprise that even in the literature, there are conflicting results.

The toxic effects of extracellular tau have been shown in mammalian cell lines (e.g., SH-SY5Y, N2a, and HEK-293) (Gomez-Ramos et al., 2006; Khlistunova et al., 2006; Flach et al., 2012; Kaufman et al., 2016). However, although the use of immortalized cell lines is advantageous in certain experimental paradigms, we, and others (Crowe et al., 2020), believe that there may be some disparities regarding their cytotoxic vulnerability compared to primary neurons. While the physiological relevance of these findings is unclear, they are supported by more recent, albeit limited, results showing that extracellular tau is also toxic in primary neural cell cultures (Kim et al., 2015; Pampuscenko et al., 2021). Yet again, in most cases, the authors used recombinant tau, which, as previously stated, does not resemble the actual aggregates from diseased brains and, consequently, may exhibit unique biological activities (e.g., toxicity mechanisms) (Mocanu et al., 2008; Fichou et al., 2018; Zhang et al., 2019). Therefore, since most of our samples were obtained from diseased brains (i.e., from P301S (+/-) mice and human AD), we are confident that, despite the lack of conclusive results, our model represents a more translationally relevant approach.

Having said that, previous studies have shown that extracellular tau does not influence cell viability in their experimental models, which is consistent with the findings reported in this chapter. For instance, Kaniyappan and colleagues found that, even at high concentrations, seed-competent extracellular tau causes synaptotoxicity without apparent cell death in SH-SY5Y cells or primary cortical neurons (Kaniyappan et al.,
Likewise, (Takeda et al., 2015; Hallinan et al., 2019; Crowe et al., 2020; Katsikoudi et al., 2020) found no changes in neuronal viability following “pathological” tau treatment. More recently, similar results have been reported for organotypic slices (McCarthy et al., 2021). McCarthy and colleagues, for example, were unable to detect cell death employing even higher extracellular tau concentrations than those used in this thesis (McCarthy et al., 2021). Nevertheless, it is also possible that seed-competent tau is not necessarily neurotoxic to the cells and that other tau species are responsible for neuronal cell death (Jackson et al., 2016).

As discussed in Chapter 2, it is also possible that embryonic neurons are not suitable models for examining certain aspects of tau pathology, such as cellular toxicity; mainly because of their higher intrinsic resistance to external disturbances (Estevez-Priego et al., 2020). This argument is consistent with the findings of (Ferrer et al., 2022a), in which the authors found that 3 months after inoculating tau derived from patients with AD into newborn and 3-month-old wild-type mice, the former had minimal tau aggregates compared to the latter. Ferrer and colleagues concluded that variations in tau seeding could be attributed to differences in tau isoform expression, as well as neural connections in newborn mice. Taking this into account, it seems plausible that the inability to detect cellular toxicity originates in our experiments originates from the model itself. However, many of the alternative methods in the literature rely on the over-expression of aggregation-prone tau species, which may have limited reliability and validity given the lack of success in developing novel therapies. The publication bias to report statistically significant results may be partially responsible for that. We suggest that future studies should re-examine tau toxicity using wild-type expression models and samples derived from brain material.

In this regard, it should be mentioned that aging is the greatest risk factor for sporadic AD and other NDs, as most of them develop over years or even decades (Braak & Braak, 1991). Furthermore, the timing at which initial tau misfolding leads to cellular degeneration, tangle formation, and cytotoxicity is unknown. Therefore, the lack of neuronal toxicity observed by us and others may reflect the decade-long progression of tau disease in humans. Consequently, tau-induced toxicity may require extended incubation times to cause neurodegeneration, which is impossible to assess in the lifespan of primary neural cell cultures. Further work will be required the development of better disease-relevant cellular models with increased survival times to study the long-term effect of seed-competent extracellular tau on neural viability.
In summary, in this chapter, we discuss the potential cytotoxic effects of various seed-competent tau species in primary neural cell cultures and find no difference in cell viability compared to untreated controls. Our work is different from previous research in the sense that our experimental approach included healthy primary neurons, which more closely represents the sporadic nature of human tauopathies. We used tau seeds derived from diverse sources in an attempt to compare their effects. Notably, our experimental design involved a time-course examination of tau toxicity, which is rarely reported in the literature. Finally, we encourage others to include similar approaches to those used in the present study in their investigations, as we believe that, although they may not provide significant results, disease-relevant models may be a step forward in understanding the lack of success regarding tau-directed therapies.
Chapter 4: Involvement of the PrP$^C$ in Tau Uptake, Seeding, and Spreading: An *In Vivo* Approach
6.1 Introduction

As indicated in the Introduction, human tauopathies are clinically, biochemically, and heterogeneously NDs characterized by the deposition in specific brain regions of the abnormally misfolded and aggregated tau (e.g., (Braak & Del Tredici, 2015; Kovacs, 2017; Hoglinger et al., 2018; Shi et al., 2021). Each tauopathy has a unique clinicopathologic phenotype defined by: a) the types of tau deposits (i.e., 3R- or 4R-tau); b) the aggregation status of tau species (e.g., puncta, granular, diffuse, or fibrillar); and c) the affected brain regions and cells, the latter including neurons, astrocytes, and oligodendrocytes (Rohan et al., 2016; Kovacs, 2017; Hoglinger et al., 2018; Ferrer et al., 2019; Rosler et al., 2019; Shi et al., 2021). Tau aggregates are found in sporadic and familial AD, in association with Aβ; certain prion diseases, as in GSS; and in pure forms, either sporadic, as in PART, ARTAG, PSP, AGD, and GGT, or linked to familial mutations in the MAPT gene: FTLD-tau (Cervos-Navarro & Schumacher, 1994; Nishimiya & Yuasa, 1999; Probst & Tolnay, 2002; Kovacs, 2017; Kovacs et al., 2017b; Ferrer et al., 2018; Hoglinger et al., 2018; Kovacs et al., 2018; Matamoros-Angles et al., 2018; Forrest et al., 2021).

Human tauopathies are characterized by exhibiting a trans-regionally spreading proteinopathy, resulting in stereotyped spatiotemporal progression patterns (De Leon & Braak, 1999; Goedert et al., 2017b; Arnsten et al., 2021). In fact, a recent study suggests that the neuronal transmission of tau in 4R tauopathies is linked to synapses, whereas the oligodendroglial and astroglial tau inclusions may be linked to further uptake of tau released by degenerating neurons (Gilvesy et al., 2022). This notion contrasts with the active role of oligodendrocytes in tau phosphorylation shown in other studies (Ferrer, 2018; Ferrer et al., 2019). Far from this controversy, after the inoculation of “pathological”-containing samples in mouse brains, aberrantly phosphorylated tau aggregates (e.g., AT8-positive) emerged both at the injection sites and in connected brain regions (e.g., (Clavaguera et al., 2017; Del Rio et al., 2018)). Thus, this approach has been used to elucidate the mechanisms of cell uptake, seeding, and brain propagation of different tau species or strains, as well as the role of endogenous tau in these processes (Ferrer et al., 2014; Ferrer et al., 2020; Andres-Benito et al., 2022; Ferrer et al., 2022a). However, a complete explanation of these processes is unavailable for all tau isoforms and different tauopathies (Hoglinger et al., 2018), particularly when affected cells are other than neurons (Ferrer, 2022).
In view of the different mechanisms of uptake of misfolded proteins (i.e., see (Del Rio et al., 2018) and General Introduction for details), receptor-mediated uptake therapy is a current target of pharmacological and therapeutic research. In this regard, a recent study reported the existence of shared neuronal receptors for tau, Aβ, and α-syn (Ondrejcak et al., 2018). Among others, LRP1 (A et al., 2020; Rauch et al., 2020) and PrP<sup>C</sup> (Corbett et al., 2020; Legname & Scialo, 2020) have been identified as functional neuronal receptors of tau in some experimental models. The PrP<sup>C</sup> is a cell surface GPI-anchored protein expressed in several tissues with particularly high levels in the nervous system (Ford et al., 2002; Su et al., 2004), in which it is expressed by neurons and glial cells (Moser et al., 1995; Adle-Biassette et al., 2006; Lima et al., 2007; Bribian et al., 2012). PrP<sup>C</sup> is known for its crucial role in the pathogenesis of human and animal PrDs (Prusiner & DeArmond, 1994; Aguzzi, 2000; Baldwin & Correll, 2019). In these diseases, physiological PrP<sup>C</sup> is transformed into a misfolded, β-sheet-rich isoform known as the “infectious prion protein” (i.e., PrP<sup>Sc</sup>) (Prusiner & DeArmond, 1994).

The increasing knowledge of PrP<sup>C</sup> participation in prion pathogenesis contrasts with the puzzling data regarding its natural physiological role, probably related to its molecular pleiotropy or specific interactions (Griffoni et al., 2003; Linden et al., 2008; Legname, 2017; Wulf et al., 2017; Watts et al., 2018; Gavin et al., 2020). As mentioned in the General Introduction, the PrP<sup>C</sup> contains the HR, CC2, and CC1 (i.e., a schematic representation of PrP<sup>C</sup> can be found in the General Introduction, Section 1.3.4, Figure 6), which are thought to be involved in binding to different “oligomeric” species (i.e., scrapie prions and Aβ/α-syn, respectively) (Resenberger et al., 2011; Resenberger et al., 2012; Ferreira et al., 2017), reviewed in (Del Rio et al., 2018)). From histopathological studies, we know that PrP<sup>C</sup> is localized in dystrophic neurites and amyloid plaques in advanced AD (Takahashi et al., 2011; Takahashi et al., 2021; Zhang et al., 2021). Therefore, although the interaction between amyloid proteins and PrP<sup>C</sup> has been previously described (i.e., see for Aβ (Lauren et al., 2009), α-syn (Ferreira et al., 2017; Thom et al., 2022), or tau (Ondrejcak et al., 2018)), their participation in tau seeding and spreading is still elusive. In this regard, three recent studies suggest that PrP<sup>C</sup> may bind to tau, but its role in tau seeding and spreading was not analyzed (Corbett et al., 2020; De Cecco et al., 2020; Legname & Scialo, 2020). Finally, given that a subsequent study noted that PrP<sup>C</sup> cannot bind to α-syn (La Vitola et al., 2019) in contrast to prior research (Aulic et al., 2017; Ferreira et al., 2017; Urrea et al., 2018; Rosener et al., 2020; Thom et al., 2022), we consider that this putative interaction between PrP<sup>C</sup> and tau merits further study in vivo.
6.2 Objective

The principal objective of this chapter is to evaluate the role of PrP\textsuperscript{C} in the uptake, seeding, and spreading of tau pathology \textit{in vivo} in wild-type and transgenic PrP\textsuperscript{C} mice.

6.3 Materials and Methods

6.3.1 Ethical Statement

All animals were kept in the animal facility of the Faculty of Pharmacy at the University of Barcelona under controlled environmental conditions and were provided with food and drink \textit{ad libitum}. Animal care and experimental protocols were performed in compliance with the CEEA of the University of Barcelona. All housing, breeding, and procedures were performed under the guidelines and protocols OB47/19, C-007, 276/16, and 47/20 of CEEA.

6.3.2 Mice

The following mice were studied: a) Adult C57BL/6J (i.e., wild-type) mice were purchased from Charles River Laboratory. b) Tau knock-out (KO) mice (Dawson \textit{et al.}, 2001) (a kind gift from Dr. Jesús Ávila, CBM-UAM, Madrid). c) Zürich-III-Prnp\textsuperscript{-/-} (ZH3) mice (i.e., Prnp KO) (Nuvolone \textit{et al.}, 2016) (a generous gift from Prof. Adriano Aguzzi, Institute of Neuropathology, University Hospital of Zürich, Zürich). d) Tg44 mice over-expressing the secreted form of PrP\textsuperscript{C} lacking the GPI anchor (Chesebro \textit{et al.}, 2005) (kindly provided by Vincent Beringue, INRA UR892, Virologie Immunologie Moléculaires, Paris).

6.3.3 Human Samples

This chapter included frozen material from an autopsy-proven, neuropathologically well-characterized case of AD. We used brain-derived material from one male patient, who was 93 years old, and a 3 h delay in post-mortem inspection.

6.3.4 Preparation of Sarkosyl-Insoluble Fractions from Human Samples

Please see Chapter 1, Materials and Methods, Section 3.3.7.

6.3.5 Standard Tau Biosensor Cell Line Seeding Assay

Please see Chapter 1, Materials and Methods, Section 3.3.11.2.
6.3.6 Transmission Electron Microscopy Imaging

Please see Chapter 1, Materials and Methods, Section 3.3.6.

6.3.7 Biochemical Analysis

Please see Chapter 1, Materials and Methods, Section 3.3.9. The primary antibody used was the mouse anti-PrP 6H4 (1:5,000) (Prionics, catalog no. 01-010).

6.3.8 Stereotaxic Surgery

For surgery, 3- to 4-month-old wild-type (n = 11), Tau KO (n = 3), ZH3 (n = 7), and Tg44 (n = 14) mice were anesthetized with 1.5% isoflurane and placed in a stereotaxic apparatus (Kopf Instruments, California, United States of America). Mice were unilaterally injected with 2.5 μL sarkosyl-insoluble human-derived samples into the right hippocampus (AP: -1.4 mm from bregma; LM: +1.5 mm; DV: -1.5 mm) using a Hamilton syringe. Following the injection, the needle was kept in place for an additional 3 min before the withdrawal. The surgical area was cleaned with sterile saline, and the incision was sutured. Mice were monitored until recovery from anesthesia and were checked regularly following surgery.

6.3.9 Tissue Processing and Immunohistochemistry

After 3 (wild-type (n = 6), Tau KO (n = 3), ZH3 (n = 5), Tg44 (n = 7)) and 6 (wild-type (n = 5), ZH3 (n = 2), Tg44 (n = 7)) months post-injection (m.p.i), mice were terminally anesthetized and transcardially perfused, using a peristaltic infusion pump, with 0.1 M PBS, followed by 4% PFA. Next, brains were removed and post-fixed in 4% PFA overnight at 4°C. Finally, brains were changed to 70% ethanol and stored at 4°C until inclusion. Following paraffin embedding, 10 μm coronal sections were cut from the brain tissue of seeded mice and mounted on glass slides.

For IHC, paraffin-embedded tissue sections were deparaffinized in xylene for 20 min and rehydrated through a series of ethanol solutions from 100%, 90%, 80%, and 70%, followed by H2O, submerging the sections for 5 min each step. Antigen retrieval for IHC was performed with a PT link machine (Pre Treatment Link, DAKO, Agilent, Santa Clara, United States of America), following the manufacturer’s instructions. Briefly, sections were treated for 20 min at 97°C with high-pH Tris-EDTA, pH 9 antigen retrieval buffer. After rinsing sections in 0.1 M PBS, endogenous peroxidase activity was quenched with 2% H2O2 and 10% methanol for 15 min and blocked for 1 h in blocking solution [10%
NHS, 0.1% Triton X-100, and 0.015 g/mL glycine in 0.1 M PBS containing 1% BSA]. All primary antibodies were diluted in antibody solution [5% FBS, 0.1% Triton X-100, and 0.02% azide in 0.1 M PBS] overnight at 4°C. For bright-field visualization, tissue sections were then rinsed in 0.1 M PBS, and incubated for 2 h at room temperature with species-specific biotinylated secondary antibody (1:200) (Vector Laboratories) in 0.1 M PBS. To reveal immunoperoxidase labeling, sections were incubated with the avidin-biotin-peroxidase complex (ABC) kit (Vector Laboratories), followed by development with 0.03% 3-3′-diaminobenzidine (DAB) with the addition of H2O2. For fluorescence staining, sections were rinsed in 0.1 M PBS and incubated with species-specific secondary antibodies Alexa Fluor 488 or 568 (1:300) (Life Technologies) for 2 h at room temperature. Stained sections were viewed using an Olympus BX43 Upright Microscope (Olympus) equipped with a DP12L-cooled camera.

The following primary antibodies were used: mouse anti-AT8 (1:50) (ThermoFischer Scientific, catalog no. MN1020), rabbit anti-TauphosphoSer422 (pSer422) (1:75) (Life Technologies, catalog no. 44-764G), mouse anti-6H4 (1:1,000) (ThermoFischer Scientific, catalog no. 01-010), human tau-specific anti-Tau-13 (1:200) (Biolegend, catalog no. 835201), murine tau-specific antibody anti-T49 (1:200) (Merck Millipore, catalog no. MABN827), murine anti-3R-tau (1:50) (Merck Millipore, catalog no. 05-803), murine anti-4R-tau (1:50) (Merck Millipore, catalog no. 05-804), rabbit anti-Olig2 (1:400) (Merck Millipore, catalog no. AB9610), rabbit anti-GFAP (1:500) (Dako, catalog no. Z0334), rabbit anti-Iba1 (1:500) (FUJIFILM Wako, catalog no. 019-19741).

6.4 Results

6.4.1 Evaluation of Sarkosyl-Insoluble Fraction Derived from One Human Patient with AD

It is well known that the inoculation of seed-competent tau into the brain of murine models induces the formation of tau-related lesions near the injection site and into synaptically connected brain areas (Clavaguera et al., 2009; Iba et al., 2013; Ferrer et al., 2022a). Hence, it is possible to investigate what role different molecules may play in pathology. In the present work, we aimed to determine whether PrP<sup>C</sup> plays a leading role in the seeding and spreading of seed-competent tau. Analogous to the previous chapters of this thesis, here we employed an experimental approach that better mimicked the situation of sporadic tauopathies. Consequently, we used sarkosyl-insoluble fractions from one human patient with AD (i.e., from now on, AD-tau) and mouse models with a different burden of PrP<sup>C</sup> but with endogenous expression of the tau protein.
Our primary goal was to characterize AD-tau to demonstrate its suitability for inoculation. First, we decided to explore by immunoblotting the presence of aberrantly or “pathologically” phosphorylated tau in the sarkosyl-insoluble sample using the anti-tau pSer422 antibody. Figure 30A shows the classical bands between 55 kDa and 68 kDa expected for tau protein, indicating the existence of “pathological” tau in the sarkosyl-insoluble samples. Next, we confirmed the presence of NFT fibrils by negative staining at TEM (Figure 30B). Finally, we validated the seeding efficacy of the AD-tau inoculum using the Tau biosensor cell line (Figure 30C).

Figure 30 Characterization of the sarkosyl-insoluble fraction used for the inoculation: A) Western blotting (WB) analysis of AD-tau using the anti-pSer422 antibody. The typical discrete bands between 55 kDa and 66 kDa can be clearly recognized (e.g., see also (Ferrer et al., 2022a)). B) Transmission electron microscope (TEM) images after negative staining of AD-tau. White arrows indicate the presence of paired helical filaments (PHF) typical of AD-diseased brains. Scale bar, 200 nm. C) The Tau biosensor cell line was transduced with AD-tau to evaluate its seeding potency. The formation of fluorescent inclusions demonstrates that the sarkosyl-insoluble fraction contains seed-competent tau species. Scale bars, 100 µm.

6.4.2 Evaluation of the PrP<sup>C</sup> Expression in the Brain of Wild-Type, Tg44, and ZH3 Mice

As previously stated, in this chapter, we used four mouse strains to assess the role of PrP<sup>C</sup> in the seeding and spreading of tau pathology. Figure 31A illustrates the differential expression of PrP<sup>C</sup> in our murine models. Tg44 mice express PrP<sup>C</sup> lacking the GPI anchor, and so, the protein is found in the extracellular space. Since the ZH3 strain is PrP<sup>C</sup> KO, the protein is not produced at all. In wild-type and Tau KO animals, PrP<sup>C</sup> is expressed on the cell membrane, where it performs its physiological functions.
To validate our \textit{in vivo} models, we determined the expression of PrP\textsuperscript{C} in their brain tissue. First, we studied the localization of the PrP\textsuperscript{C} protein in each strain. Tg44 and ZH3 mice did not show positive labeling in IHC using the PrP\textsuperscript{C}-targeting 6H4 antibody, while a strong signal was seen in wild-type animals (Figure 31B). Tau KO mice revealed similar patterns to those detected in wild-type animals (data not shown). In detail, for Tg44 mice, pale homogeneous cell labeling was found in all hippocampal layers, including the hippocampal fimbria. In wild-type mice, robust neuropil labeling of PrP\textsuperscript{C} was observed in the CA1 region of the hippocampus proper, with lower levels in the CA3 and dentate gyrus. Notably, the most marked staining was found in the stratum lacunosum-moleculare of the CA1, with the hippocampal white matter exhibiting the highest staining levels. We confirmed our histological findings by immunoblotting using the anti-6H4 antibody. The results revealed the existence of the three typical bands in wild-type mice (Figure 31C), which correspond to the different glycosylated and unglycosylated forms of PrP\textsuperscript{C}. In contrast, the analysis of Tg44 mice exhibited only the two lower bands corresponding to PrP\textsuperscript{C} lacking the GPI anchor, previously described by (Chesebro \textit{et al.}, 2005), whereas no labeling was found for the ZH3 strain.
Figure 31 PrP<sup>C</sup> expression in the hippocampus of the different mouse strains used in this chapter:

A) Schematic representation of the differential PrP<sup>C</sup> expression in the mouse strains used in this chapter. In Tg44 animals, PrP<sup>C</sup> is located in the extracellular space. The ZH3 strain does not express PrP<sup>C</sup>. In WT and Tau KO mice, the protein is found in the cell membrane of brain cells. 

B) Representative low-power photomicrographs showing the distribution of PrP<sup>C</sup>. Brown DAB staining reveals the expression of PrP<sup>C</sup> only in WT, associated with the neuropil and absent in the principal layers. No detectable signal is observed in ZH3 and Tg44 tissue sections. Scale bar, 500 µm.

C) Western blot (WB) characterization of PrP<sup>C</sup> variants expressed by the three mouse strains. As expected, WT mice exhibit the typical three bands of unglycosylated or glycosylated PrP<sup>C</sup>. The characteristic GPI-less bands are seen for Tg44. Finally, there is no PrP<sup>C</sup>-positive signal for ZH3. Tubulin was used as a loading control on the same gel.
6.4.3 Uptake, Seeding, and Propagation of AT8-Positive Tau after AD-Tau Inoculation Is Not Affected by the Absence of PrP<sup>C</sup> nor by the Extracellular Presence of PrP<sup>C</sup>

At 3 m.p.i and 6 m.p.i, mice were sacrificed and processed for IHC using the anti-AT8 antibody to evaluate the levels of tau seeding and spreading induced by the presence of AD-tau (Figure 32). Except for the Tau KO mice, we observed AT8-positive labeling in all mouse strains at 3 m.p.i and 6 m.p.i. The lack of staining in the Tau KO strain indicates that endogenous murine tau is necessary for the seeding and spreading of exogenous human tau (Figure 32A). In parallel, for the other mice strains, most AT8-positive inclusions were observed in the ipsilateral hippocampus and corpus callosum of all AD-tau-injected mice. Nevertheless, extremely limited AT8 reactivity was detected in the ipsilateral hippocampus, where a few cells could be distinguished (data not shown). Notably, the distribution of AT8 labeling in the corpus callosum was similar between phenotypes and almost identical in all examined mice. Moreover, we found similar levels of AT8-positive inclusions at 6 m.p.i (Figure 32B) to those observed at 3 m.p.i (Figure 32A). There was, however, a slight decrease in the expansion of AT8-positive labeling in the white matter of some animals, perhaps related to phagocytic processing at extended times post-inoculation.

It is worth mentioning that for pathogenic prion propagation experiments, the presence of the extracellular form of PrP<sup>C</sup> (i.e., as in Tg44 mice) is linked to the blockage of the inoculated PrP<sup>C</sup>, with the appearance of PrP<sup>Sc</sup> inclusion but decreased neurodegeneration (Chesebro et al., 2005; Baumann et al., 2009). As previously stated, we aimed to determine whether, in Tg44, the extracellular presence of PrP<sup>C</sup> lacking its GPI anchor could change or modify the seeding and propagation of AD-tau. Surprisingly, the extracellular presence of the GPI-less PrP<sup>C</sup> was not robust enough to block the seeding and further spreading of exogenous seed-competent tau after inoculation (Figure 32). Although other possibilities can be considered when compared to PrP<sup>Sc</sup> spreading, the lack of blockage could be associated with a putatively low presence of extracellular PrP<sup>C</sup> in contrast to the inoculated sarkosyl-insoluble fraction.
Figure 32 Distribution of AT8-positive inclusions in AD-tau inoculated mouse strains at 3- and 6-months post-inoculation (m.p.i): Figure 32 continued on next the page
6.4.4 “Pathologically” Phosphorylated Tau in AD-Tau Inoculated Mice Is Composed of Endogenous Murine Tau

As discussed in the previous section, the absence of endogenously expressed murine tau impairs the formation of AT8-positive inclusions in the inoculated Tau KO strain (Figure 33). Notably, in the past, it has been proven that inoculated AD-tau is almost absent in the brains of injected mice two weeks after inoculation (e.g., see also (Ferrer et al., 2022a) for details). Nevertheless, to further eliminate the possibility that residual AD-tau was present in the brain tissue of the examined mice, we performed double-labeling using anti-pSer422 and the human-specific anti-Tau-13 antibody (Figure 33A) or the murine-specific anti-tau T49 antibody (Figure 33B). The results probed the absence of human tau in the phosphorylated inclusions, confirming that the aggregates were formed of endogenously expressed murine tau. Notably, we consistently observed colocalization between pSer422 and T49 (Figure 33B) in all tested cases. For clarity, the data presented in Figure 33 display the tissue derived from one wild-type mouse at 3 m.p.i; however, identical results were seen for all strains at both 3 m.p.i and 6 m.p.i (data not shown). We never observed positive labeling in Tau KO-derived samples (data not shown). Together, our findings indicate that the “pathologically” phosphorylated tau (i.e., either AT8- or pSer422-positive inclusions) detected in the brain tissue of inoculated mice is indeed endogenously expressed murine tau probably recruited by AD-tau. Interestingly, this suggests that the phosphorylation of newly formed inclusions is an active process that may involve several kinases.
6.4.5 “Pathologically” Phosphorylated Tau Is Composed of 3R- and 4R-Tau Isoforms in AD-Tau Inoculated Mice

In the following experiments, we sought to determine whether the observed AT8- or pSer422-positive inclusions are composed of 3R- and 4R-tau (Figure 34). To address this, we double-labeled tissue sections at 3 m.p.i with anti-pSer422 and antibodies specific to 3R or 4R isoforms of tau. For clarity, Figure 34 displays tissue immunolabeling from one inoculated wild-type mouse; however, identical results were seen for all strains at both 3 m.p.i and 6 m.p.i (data not shown). We did not detect positive labeling in the Tau KO strain (data not shown), in agreement with the results from the previous section. Our findings demonstrate that the pSer422-positive inclusions formed after AD-tau inoculation are composed of 3R (Figure 34A) and 4R (Figure 34B) isoforms of tau, similar to what is observed in human patients with AD (Hoglinger et al., 2018). Notably, 3R-tau isoforms do not exist in adult mice (Hernandez et al., 2020). Therefore, our results suggest that the presence of extracellular seed-competent tau containing 3R- and 4R-tau aggregates has the ability to induce the expression of 3R-tau in adult mice.
6.4.6 AT8-Positive Tau Does Not Colocalize with Glial Cells in AD-Tau Inoculated Mice, Irrespective of Their Genotype

Lastly, we were interested in determining whether “pathologically” phosphorylated inclusions formed after AD-tau inoculation were also localized in cells other than neurons (i.e., glial cells) (Figure 35). To accomplish this, we conducted double-labeling with AT8 and three different glial markers: a) Anti-Olig2, an antibody specific for the oligodendrocyte lineage (Figure 35A). b) Anti-GFAP, an astrocyte-specific marker (Figure 35B). c) Anti-iba1, an antibody that recognizes microglial cells (Figure 35C). For all tested antibodies, we found little to no colocalization with AT8-positive labeling. For clarity, Figure 35 only shows the IHCs pertaining to one wild-type animal at 3 m.p.i, although identical results were obtained for all mouse strains at both 3 m.p.i and 6 m.p.i. Taken together, our findings indicate that, since we found minimal colocalization with glial markers and AT8-positive inclusions, most “pathologically” phosphorylated tau is localized in neuronal cells.

Figure 34 AD-tau-derived pSer422-positive inclusions in inoculated mice are composed of 3R- and 4R-tau isoforms at 3 months post-inoculation (m.p.i): A) At 3 m.p.i, double-labeling with anti-pSer422 (red) and anti-3R-tau (green) revealed the colocalization of “pathologically” phosphorylated tau and 3R-tau isoforms. B) At 3 m.p.i, double-labeling with anti-pSer422 (red) and anti-4R-tau (green) revealed the colocalization of “pathologically” phosphorylated tau and 4R-tau isoforms. White arrows point to examples of positive double-stained inclusions. Scale bars, 100 µm.
PrP\textsuperscript{C} has been linked to the disease progression of various NDs, as it directly interacts with amyloid proteins, such as Aβ (Kostylev \textit{et al}., 2015; Scott-McKean \textit{et al}., 2016), α-syn (Ferreira \textit{et al}., 2017; Urrea \textit{et al}., 2018; Thom \textit{et al}., 2022). However, its role in tau pathology has rarely been addressed (Ondrejcak \textit{et al}., 2018; De Cecco \textit{et al}., 2020). Moreover, in these studies, the connection between PrP\textsuperscript{C} and the uptake, seeding, and spreading of tau is not reported. Herein, we show that AD-tau, inoculated into the hippocampi of three mouse strains expressing endogenous wild-type tau but with distinct presence of PrP\textsuperscript{C} (i.e., physiological, extracellular, or null), seeds and spreads irrespective of the mouse genotype. Therefore, our findings show that, although we

\textbf{Figure 33 AT8-positive inclusions do not colocalize with glial markers:} Double immunofluorescence of one wild-type animal at 3 months post-inoculation (m.p.i) with AD-tau. \textbf{A)} Olig-2 (red) and AT8 (green). \textbf{B)} GFAP (red) and AT8 (green). \textbf{C)} Iba-1 (red) and AT8 (green). In all cases, double-labeling shows no colocalization between glial markers and “pathologically” phosphorylated tau. Scale bars, 100 µm.

\section{6.5 Discussion}

PrP\textsuperscript{C} has been linked to the disease progression of various NDs, as it directly interacts with amyloid proteins, such as Aβ (Kostylev \textit{et al}., 2015; Scott-McKean \textit{et al}., 2016), α-syn (Ferreira \textit{et al}., 2017; Urrea \textit{et al}., 2018; Thom \textit{et al}., 2022). However, its role in tau pathology has rarely been addressed (Ondrejcak \textit{et al}., 2018; De Cecco \textit{et al}., 2020). Moreover, in these studies, the connection between PrP\textsuperscript{C} and the uptake, seeding, and spreading of tau is not reported. Herein, we show that AD-tau, inoculated into the hippocampi of three mouse strains expressing endogenous wild-type tau but with distinct presence of PrP\textsuperscript{C} (i.e., physiological, extracellular, or null), seeds and spreads irrespective of the mouse genotype. Therefore, our findings show that, although we
cannot rule out a possible interaction between these two proteins, PrP\textsubscript{C} is not required for either the initialization or progression of tau pathology.

In the current work, we decided to inoculate sarkosyl-insoluble fractions from one human patient diagnosed with AD that contained “pathological” tau species that better recapitulate the heterogeneity of aggregates found in sporadic human tauopathies. In this regard, we first analyzed the existence of typical pathogenic characteristics in these fractions by immunoblotting analysis to reveal the presence of “pathologically” phosphorylated tau residues with the pSer422 antibody. Next, we proved that AD-tau contained PHF via TEM. Finally, we determined the fraction’s seeding potency with the Tau biosensor cell line. Together, our results show that the sample used in our work featured three significant characteristics of what is generally defined as “pathological” tau (Kovacs, 2017).

Having validated the suitability of the AD-tau sample, we then moved to corroborate the differential expression of PrP\textsubscript{C} in our mouse strains. As expected, only wild-type and Tau KO mice exhibited detectable levels of PrP\textsubscript{C} in tissue sections revealed by IHC using the anti-6H4 antibody. These results were further corroborated by WB, in which wild-type and Tau KO animals produced the normal band pattern of unglycosylated, monoglycosylated, and diglycosylated PrP\textsubscript{C}, while Tg44 featured two lower bands (i.e., as previously described by (Chesebro \textit{et al.}, 2005)), and ZH3 did not display any bands at all (Nuvolone \textit{et al.}, 2016). Again, our results demonstrate that these mouse strains are suitable for addressing the role of PrP\textsubscript{C} in the seeding and spreading of tau pathology \textit{in vivo}.

We inoculated AD-tau into the hippocampus of all four mouse strains, and at 3 m.p.i and 6 m.p.i, animals were sacrificed and analyzed by IHC. First, we determined the presence of tau inclusions using the anti-AT8 antibody, which is widely used to detect “pathologically” phosphorylated tau. Surprisingly, we found AT8-positive aggregates in all mouse strains at 3 m.p.i and 6 m.p.i, except for Tau KO, for which we never observed positive labeling for any antibody against tau. These findings have several implications that will be introduced here and further discussed in the following sections. In this regard, our results show that PrP\textsubscript{C} is not central to the seeding and spreading processes, since there are no differences in the level and extent of tau-related lesions between genotypes. Furthermore, because tau inclusions are not seen in Tau KO animals, the expression of endogenous tau is mandatory for \textit{de novo} generation of aggregated tau. Notably, this last observation agrees with previously published data from I. Ferrer's laboratory in collaboration with our group (Ferrer \textit{et al.}, 2022a). However, our findings contradict those
of (Wegmann et al., 2015). Importantly, in this publication, the authors used mutated mice expressing human P301L tau that exhibited similar levels of tau aggregates and were able to spread even when tau expression was silenced. Yet again, this model does not represent the sporadic nature of human tauopathies, and the production of aggregation-prone tau isoforms may involve higher seeding potencies than those present in non-inherited tauopathies.

Although our results strongly suggested that the observed AT8-positive inclusions were composed of endogenous murine tau, we wanted to eliminate the possibility that remaining traces of the inoculated AD-tau were still present in the tissue. Double IHC with pSer422 and human-specific anti-Tau-13 or murine-specific anti-T49 revealed that all “pathologically” phosphorylated tau inclusions colocalized with T49. In contrast, we did not observe Tau-13-positive labeling for any examined animal inoculated with AD-tau at either 3 m.p.i or 6 m.p.i. Together, our findings show the absence of human tau in the brain tissue of the injected mice and prove that endogenously expressed murine tau forms inclusions, which are actively phosphorylated by the rodent’s kinases.

Let us now return to the notion that, at least in our experimental models, PrP$_C$ is not required for the seeding and spreading of tau pathology. As indicated previously, in the past, there have been a few attempts to elucidate the relationship between these two proteins. For instance, in 2018, Ondrejcak and colleagues showed that PrP$_C$ directly modulates the alteration of hippocampal synaptic plasticity induced by soluble tau using an in vivo approach (Ondrejcak et al., 2018). The authors demonstrate that AD brain-soluble extracts containing tau inhibit LTP in wild-type rats. Noteworthy, this alteration was reduced with the inoculation of PrP$_C$ antibodies. In a follow-up study, the same authors provided evidence that the injection of soluble tau into the rat hippocampus inhibits long-term depression (LTD) in a PrP$_C$-dependent manner (Ondrejcak et al., 2019).

Together, these two publications suggest a link between tau pathology and PrP$_C$. However, the authors did not address whether PrP$_C$ is also involved in tau seeding and spreading. In this regard, in recent work by (De Cecco et al., 2020), the authors used PrP$_C$ KO N2a cells and fluorescently labeled tauK18 to investigate the possible role of PrP$_C$ as a receptor for tau endocytosis. Interestingly, De Cecco and colleagues found that the lack of PrP$_C$ expression in these cells significantly decreased the number of internalized tauK18 compared to control cells (i.e., Prnp$^{+/+}$).
Having said that, our conclusion that PrP<sup>C</sup> is not required for tau internalization or spreading seems to be partially contradicted, especially by De Cecco and colleagues’ findings. Notably, because we did not address changes in LTP or LTD, we cannot rule out the possibility that PrP<sup>C</sup> modulates tau pathology by altering neural activity in the hippocampus. In other words, it is possible that PrP<sup>C</sup> and tau may be related in the context of extracellular tau cytotoxicity and how seed-competent tau modulates the neuronal network in a PrP<sup>C</sup>-dependent manner. In future work, it will be interesting to assess whether there are differences in LTP or LTD between the mouse strains following AD-tau inoculation compared to age-matched controls.

Nevertheless, our results are inconsistent with those of (De Cecco et al., 2020), but there may be several reasons for this. Let us emphasize that De Cecco and colleagues used an in vitro approach, and cells were treated with tauK18 PFFs to study the uptake process. As already discussed in this thesis, tau PFFs do not resemble the type of tau aggregates present in the diseased brain (Zhang et al., 2019). Therefore, when studying specific cellular mechanisms, it is essential to understand the limitations and translational value of models based on these approaches. Hence, we believe that our experimental design better reproduces the situation of sporadic tauopathies. However, since this issue has not been extensively addressed in the literature, further work using more disease-relevant approaches is needed.

Taking everything into account, it is worth mentioning that our results have certain commonalities with investigations of the relationship between Aβ and PrP<sup>C</sup>. In particular, (Gimbel et al., 2010) used an AD mouse model known as APPsw/PS1DE9 (Jankowsky et al., 2004), which is known to produce Aβ plaques in the cortex and hippocampus at 9 months of age. Gimbel and colleagues crossed this mouse model with a PrP<sup>C</sup> KO mouse strain (Manson et al., 1994), producing the APPsw/PS1DE9/Prnp<sup>−/−</sup> (Gimbel et al., 2010), to study whether the PrP<sup>C</sup> protein was related to Aβ-related neurotoxicity. Notably, the authors indicated that the absence of PrP<sup>C</sup> does not lead to a noticeable change in the burden of Aβ plaques compared with APPsw/PS1DE9/Prnp<sup>+</sup>/+ animals. However, they did find a significant impairment in spatial and learning memory in APPsw/PS1DE9/Prnp<sup>−/−</sup> but not in APPsw/PS1DE9/Prnp<sup>+</sup> mice. The authors concluded that, although PrP<sup>C</sup> does not regulate the levels of amyloid inclusions, its presence directly relates to behavioral impairment. This is only one of many publications in which PrP<sup>C</sup> has been shown to mediate Aβ cytotoxicity, primarily through the inhibition of LTP, which can be rescued by suppressing the PrP<sup>C</sup> expression (Lauren et al., 2009) or by inhibiting the interaction of PrP<sup>C</sup> and Aβ (e.g., with antibodies (Chung et al., 2010; Freir...
et al., 2011; Klyubin et al., 2014) or polymers (Gunther et al., 2019). It should be mentioned, however, that Aβ-related synaptic deficits have also been reported in the absence of PrP C (Balducci et al., 2010; Kessels et al., 2010).

Considering that in most of these publications, the burden of Aβ plaques in the presence or absence of PrP C was partially or not addressed, our group, in collaboration with E. Wandosell’s laboratory, conducted a thorough examination of this matter also using the APPsw/PS1DE9 strain (Ordonez-Gutierrez et al., 2013). Ordoñez-Gutierrez and colleagues generated several transgenic mouse lines with different expression levels of PrP C by crossing the APPsw/PS1DE9 mouse line with either PrP C KO mice (Manson et al., 1994) or the Prnp tga20 strain (Fischer et al., 1996), which over-expresses three to four times more PrP C than wild-type mice. The authors demonstrate that all strains exhibited an increasing burden of Aβ plaques with age, irrespective of the animal’s genotype. At 9 months of age, although no differences were detected between the APPsw/PS1DE9/Prnp tga20 and the APPsw/PS1DE9/Prnp+/+ strains, the APPsw/PS1DE9/Prnp tga20 displayed significantly higher levels of Aβ inclusions compared to the APPsw/PS1DE9/Prnp−/−, indicating that the over-expression of PrP C could be directly related to increased plaque formation levels.

Taking everything into account, comparing our results to what has been reported for Aβ, there are certain commonalities. To begin with, we have also observed that the lack of PrP C does not directly affect the burden of tau inclusions, similar to (Gimbel et al., 2010) and (Ordonez-Gutierrez et al., 2013). In this regard, in future work, it may be useful to include the Prnp tga20 strain in the experimental design in an attempt to replicate the results observed by (Ordonez-Gutierrez et al., 2013). It would be interesting to determine whether the over-expression of PrP C impacts the seeding and spreading of extracellular seed-competent tau. In parallel, given that the lack of PrP C did not alter the burden of Aβ plaques but impaired LTP, it further reaffirms our belief that future studies using our experimental approach should include this type of functional analysis.

Continuing with this line of thought, let us now consider the relationship between PrP C and α-syn and compare it to tau. In previous work from our laboratory, (Urrea et al., 2018) used three mouse strains with different PrP C expression levels to evaluate its role in the seeding and spreading of α-syn. The authors employed a PrP C KO strain known as Zürich-I (Bueler et al., 1992) (i.e., Prnp−/−), their control littermates (i.e., Prnp+/+), and the already mentioned Prnp tga20 model. Urrea and colleagues inoculated α-syn PFFs into the brains of these mouse lines and then examined the formation of α-syn inclusions 45 days later. Although α-syn pathology was observed in all strains, the authors discovered that
increased PrP$^C$ expression resulted in a significantly higher presence of α-syn inclusions in a dose-dependent manner (i.e., $Prnp^{<}$ $< Prnp^{+/+} < Prnp^{a20}$). This result contrasts with our findings, in which we did not observe any differences between the Tau KO (i.e., ZH3) and wild-type animals. Other publications have also shown that α-syn internalization and spreading are facilitated by PrP$^C$ (Aulic et al., 2017; Ferreira et al., 2017). Therefore, although it is possible that PrP$^C$ interacts differently with α-syn and tau, it is worth noting that the mentioned studies were conducted using α-syn PFFs, and we used brain-derived material.

Thus far, we have compared our findings on the interaction of tau and PrP$^C$ with previously published data on PrP$^C$'s association with Aβ and α-syn. In the following paragraphs, we will continue to discuss the characterization of the tau inclusions found in our experiments with a more detailed approach.

As previously mentioned, no differences in the type of tau aggregates were found between mouse strains or between m.p.i, indicating that the absence of a functional PrP$^C$ did not alter the process of tau aggregation. An intriguing aspect of our results is that all tau inclusions contain 3R- and 4R-tau. As previously stated, adult mice do not express 3R-tau isoforms (Hernandez et al., 2020). The formation of 3R- and 4R-tau inclusions in wild-type mice after inoculation with human-derived samples has recently been reported (Ferrer et al., 2020; Ferrer et al., 2022a; Ferrer et al., 2022b). Notably, in the past, PrP$^C$ has been suggested to regulate the 3R/4R tau ratio (Lidon et al., 2021). To our knowledge, we are the first to report that, despite the absence of PrP$^C$, no obvious changes can be detected in the ratio of 3R/4R tau isoforms present in the formed inclusions. Hence, the lack of functional PrP$^C$ does not alter the changes in the metabolism induced by AD-tau, as suggested by (Ferrer et al., 2020). Noteworthy, these metabolic changes are also associated with the activation of specific endogenous kinases involved in tau phosphorylation. Overall, there is no simple explanation for how extracellular tau changes the ratio of tau isoforms in the mouse brain. Notably, the formation of 3R/4R tau inclusions has only been reported in wild-type mice injected with brain-derived material. It would be interesting to see if tau PFFs or extremely purified brain-derived tau also change this proportion or if it is a combination of factors present in the sarkosyl-insoluble fractions.

At this point, it is worth mentioning that although we firmly believe that de novo inclusions observed after the inoculation of AD-tau are the result of self-seeded polymerization induced by seed-competent tau present in the sarkosyl-insoluble fraction, we cannot rule out the possibility that since other molecules exist in these fractions, they
could be the real inductors of the observed tau aggregates. In other words, we cannot ignore the fact that molecules other than tau may alter the metabolism of neural cells in the mouse brain, inducing endogenous tau misfolding, and eventually the formation of aggregates, independently of the presence of exogenous tau. In this regard, there are several studies in which immunodepleting tau from sarkosyl or homogenate samples derived from patients or transgenic rodent models did not trigger the formation of tau aggregates (Clavaguera et al., 2009; Takeda et al., 2015; Guo et al., 2016b), demonstrating that the observed tau pathology is a direct cause of the presence of seed-competent tau in the inoculated fractions.

The Tg44 mouse strain was included in our experimental design mainly because it represents a situation in which PrP$^C$ is present but unable to perform its physiologic functions. However, since it is present extracellularly and exposes its unstructured N-terminal domain, which has been suggested to interact with amyloid proteins, PrP$^C$'s putative ability to bind tau remains unchanged. It is, therefore, tempting to predict that, in the presence of extracellular tau aggregates, extracellular PrP$^C$ would bind to tau amyloids. This event would impair tau uptake and subsequent seeding and spreading. Regardless, in this work, we report that this is not the case, since Tg44 animals exhibited similar seeding and spreading patterns to those of wild-type and ZH3 mice.

It is worth mentioning that a recent paper has related the presence of soluble extracellular PrP$^C$, N-methyl-D-aspartate receptor (NMDA-R), and LRP1 to anti-inflammatory activity (Mantuano et al., 2020). Interestingly, current evidence points to LRP1 as a critical factor in tau uptake and transport in neural cells, and its absence reduces tau internalization in cultured cells (A et al., 2020; Rauch et al., 2020). Hence, it is possible to hypothesize that soluble PrP$^C$ (i.e., as in the Tg44 strain) modulates tau uptake by interacting with LRP1 (Rauch et al., 2020), which could, in turn, reduce an inflammatory response (Mantuano et al., 2020). Nevertheless, we did not observe obvious differences in the number of glial cells in the Tg44 strain compared with wild-type or ZH3 mice. Having said this, it would be interesting to determine whether molecules related to anti-inflammatory processes are up- or down-regulated in Tg44 compared to the other mouse strains.

In summary, although we cannot completely exclude the possibility that PrP$^C$ could be a minor regulator of tau pathology, we conclude that PrP$^C$ does not play a central role in tau uptake, seeding, and spreading, in contrast to other amyloids (Ordonez-Gutierrez et al., 2013; Urrea et al., 2018). Finally, we predict that various internalization processes
occur concurrently and probably through multiple cellular mechanisms and that future therapies should attempt to cover several targets simultaneously.
General Discussion
For the last 10 years, there has been increasing evidence supporting the hypothesis that tau pathology spreads along neural networks to drive the progression of human tauopathies (Clavaguera et al., 2009; Kfoury et al., 2012; Guo & Lee, 2014; Sanders et al., 2016). However, the exact mechanisms that underlie the phenotypic diversity, seeding, spreading, and toxicity of these diseases have remained elusive. Decades of research have suggested that tauopathies and other NDs share pathogenic mechanisms with PrDs, resulting in the terminology “prion-like” that refers to these proteins whose infectivity has not been proven. One of the most relevant aspects of the prion-like hypothesis is the theoretical existence of a step in which extracellular seed-competent tau progresses from one affected neuron to a neighboring healthy cell during cell-to-cell transmission. Notably, the presence of “pathological” tau in the CSF and ISF of human patients with AD has been confirmed (Kurz et al., 1998; Takeda et al., 2016), and more recently, in murine and cellular models of tau pathology (Barten et al., 2011; Yamada et al., 2011; Takeda et al., 2015). Consequently, it provides an attractive target for tau-directed therapies since it avoids treating pathological processes inside neural cells.

Despite the existence of multiple treatments showing positive results in vitro and in vivo (Khlistunova et al., 2006; Seidler et al., 2019; Crowe et al., 2020), there has been a persistent failure to reproduce this success in human clinical trials (Zahs & Ashe, 2010; Boxer et al., 2013). There are several possible explanations for these inconsistencies. In this regard, given that tau is a highly soluble protein that does not readily aggregate under physiological conditions, the gold standard for producing in vitro and in vivo models of tau pathology has been the over-expression of aggregation-prone tau isoforms (Allen et al., 2002; Khlistunova et al., 2006; Kfoury et al., 2012; Guo et al., 2013). However, most human tauopathies are sporadic, meaning that they are not associated with genetic mutations. Additionally, the relevance of using tau PFFs in other experimental approaches has now been questioned, given the growing evidence that these fibrils are far from reproducing the actual aggregates derived from diseased human brains (Sharma et al., 2018; Zhang et al., 2019). As a result, we believe there is a need for consistency in the methodologies and pathologically relevant experimental models used for research in the field of tauopathies.

The principal objective of this thesis was to study the effects of extracellular seed-competent tau species in vitro and in vivo. We were interested in using disease-relevant approaches (e.g., wild-type tau expression models and tau derived from brain material). In the following paragraphs, we summarize the most relevant findings of each chapter and discuss noteworthy aspects relevant to our work, as well as make suggestions for
future improvements. Finally, the scope of this section is focused on providing a global analysis, and a specific discussion can be found at the end of every chapter.

At the beginning of this thesis, the reliability of the Tau biosensor cell line (Holmes et al., 2014) was questioned (Kaniyappan et al., 2020), and therefore our and others’ work, which were based on this cellular assay. Hence, we decided to thoroughly characterize the fluorescent inclusions formed in the Tau biosensor cell line to address the claims of Kaniyappan et al. In Chapter 1, through different experimental approaches, we demonstrate that the Tau biosensor cell line assembles endogenously expressed tau RD-CFP/YFP into amyloid-like aggregates upon the addition of extracellular seed-competent tau. It is pertinent to remember that Kaniyappan and colleagues examined the reliability of the Tau biosensor cell line in a cell-free environment using different tau RD-CFP/YFP constructs than those used in the publication by (Holmes et al., 2014). Our findings demonstrate that it is imperative to address aspects of tau seeding in a cellular context. In other words, it is possible that the suggestions made by Kaniyappan and co-workers, claiming that tau RD-CFP/YFP fragments are unable to aggregate due to steric impediments, may be overcome in the context of the cellular milieu due to unknown reasons. In conclusion, we believe that the Tau biosensor cell line is a reliable cell model for examining the presence of seed-competent tau species in biological samples, and we therefore proceeded to use it for the rest of this thesis.

We then examined the role of extracellular seed-competent tau in primary cortical cultures. Notably, according to the prion-like hypothesis, tau pathology starts in a small number of neurons in the brain, and from there, it spreads trans-cellularly to healthy synaptically connected neurons. Hence, we decided to use primary neural cell cultures derived from wild-type mice to better represent the context of human sporadic tauopathies, and the effects of extracellular seed-competent tau were addressed through time-course experiments. Hence, our findings cannot be directly compared with previous research due to the paucity of available literature reporting studies using similar experimental approaches.

In Chapter 2, we successfully develop an experimental setup consisting of a microfluidic device plated with primary cortical neurons virally transduced to over-express the RCaMP GECI. The decision to use RCaMP instead of GCaMP was based on future adaptations in which calcium imaging could be combined with the use of GFP-expressing models without producing fluorescence interference. We demonstrate that neural cultures display highly synchronous activity patterns as they mature. However, we could not prove that the presence of extracellular seed-competent tau, which is
present in TIF-P+ fractions, affects neuronal networks compared to untreated cultures. Future experiments should aim to increase the survival of primary neurons plated on the devices to determine whether longer incubation periods result in detectable changes in neural activity. Additionally, it would be interesting to include disease-relevant tau species (e.g., brain-derived material from patients with AD) in the experimental design.

In Chapter 3, we examine possible tau-associated cytotoxicity of various seed-competent tau species (i.e., TIF-P+, sarkosyl-insoluble samples from P301S (+/-) mice and one human AD patient) in primary cortical cultures by addressing changes in cellular metabolism, the total number of cells, and the ratio of neurons relative to the total number of cells. Similar to Chapter 2, no differences between treated and untreated cells are found. Notably, primary neurons over-expressing P301L tau treated with sarkosyl-insoluble samples from P301S (+/-) mice are also not affected. Due to time limitations, we were unable to examine whether other cellular responses related to toxicity, such as the generation of ROS species, or altered morphology, were affected. Further investigations exploring these issues are necessary to clarify the impact of extracellular seed-competent tau on primary neural cultures.

Although our findings from Chapter 2 and Chapter 3 partly contradict previous research, it is pertinent to mention that most studies did not use wild-type primary neurons. Instead, the vast majority relied on the use of non-neuronal or neuronal *in vitro* models that over-express wild-type or mutant tau, frequently using non-physiological tau fragments to initiate aggregation (Guo & Lee, 2011; Kfoury *et al.*, 2012; Falcon *et al.*, 2015). We believe that the lack of success in translating positive results from these models underscores the need for the field to shift towards more pathologically relevant experimental approaches. However, it is also possible that embryonic cell cultures are not appropriate models for studying certain aspects of human tauopathies. The principal risk factor for most sporadic NDs is aging. Hence, it is more than likely that an embryonic cell culture does not replicate the complex structure of an aged brain (Estevez-Priego *et al.*, 2020). Indeed, one interesting factor that could have affected our results is the missing 3D organization of the nervous system when we plate primary cortical cultures in our microfluidic devices. It is possible that the loss of complexity associated with 2D cell cultures alters the susceptibility of primary neurons to be affected by the presence of extracellular seed-competent tau. Notably, this is a well-documented problem in the research field of PrDs, in which several reports demonstrate the lack of cytotoxicity in 2D prion-infected cultures (Falsig *et al.*, 2012; Matamoros-Angles *et al.*, 2018). Indeed, our laboratory determined that prion infection is unable to induce *de novo* prion formation in
treated 2D cell cultures (Matamoros-Angles et al., 2018). By contrast, translating these models into organotypic slice cultures with a large expression of PrP\(^C\) (e.g., cerebellar) has proven to reliably reproduce prion infection and neurodegeneration (Falsig et al., 2008; Falsig et al., 2012; Liu et al., 2022). Consequently, in recent years, there has been increasing research for new 3D models of cell culture that better represent the complexity of the nervous system (Messing et al., 2013; Stancu et al., 2015; McCarthy et al., 2021). In this context, there have also been several attempts at producing organoid-based AD models, since iPSCs can represent the genetic information of human patients, whereas organotypic slices do not. Currently, however, there are still very few studies using organotypic approaches or organoids generated from iPSCs from AD patients that are able to mimic tau seeding and spreading (Messing et al., 2013; Gonzalez et al., 2018; Madhavan et al., 2018; McCarthy et al., 2021; Shimada et al., 2022). Having said that, it is also true that when neural activity has been addressed in these systems for wild-type controls treated with tau, no cytotoxic effects or alterations in the neuronal network have been observed. Most of these approaches are still in the early stages of development, and further work is required to determine the role of extracellular tau.

There is another interesting possibility that may be relevant to explain the negative results observed by us and others when using either primary neural cell cultures or organotypic slices from fetal rodents. As previously mentioned, the ratio between 3R- and 4R-tau isoforms is determined by development. For instance, embryonic mice mainly express 3R-tau, whereas adult rodents express 4R-tau isoforms (Guo et al., 2017). Hence, since in Chapter 2 and Chapter 3, we used embryonic primary neural cell cultures derived from wild-type mice, it is safe to assume that neurons were solely expressing 3R-tau. Regardless, the treatments with extracellular seed-competent tau either contained 4R isoforms (e.g., TIF-P+ and sarkosyl-insoluble samples derived from P301S (+/-) mice) or 3R/4R aggregates (i.e., human AD-derived sarkosyl-insoluble fraction). Therefore, most of our exogenous tau seeds did not include the predominant isoforms endogenously produced by primary neurons. An interesting point to note here is that some prior studies have indicated the existence of an asymmetric seeding barrier between 3R and 4R isoforms (Dinkel et al., 2011; Woerman et al., 2016). In this regard, although we did not address whether extracellular seeds induce intracellular aggregation, it may be that incompatibilities between endogenously produced tau and extracellular seeds reduce or even prevent tau-mediated cytotoxicity. For instance, as indicated before, (Ferrer et al., 2022a) demonstrated seeding differences between newborn and adult wild-type mice upon inoculation of tau derived from AD patients. Notably, while adult animals displayed AT8-positive inclusions after the injections,
newborns did not, suggesting an incompatibility between isoforms and/or higher resistance related to newborns. However, the exact reasons for that are not yet clear. Hence, inducing the expression of 4R-tau in these \textit{in vitro} models and re-evaluating putative tau-related toxicity may be considered a potential area for future research.

Overall, it seems that despite being more relevant, embryonic approaches may have certain limitations in recreating aged brains. Nevertheless, we believe that it may be better to use healthy primary neurons than, for instance, N2a cells, since the latter may express tumor-related features that are even more distant from the brain state in the context of NDs. Although we recognize that a shift towards these models could come with a decrease in high-impact publications, given the publication bias for positive findings, we predict that with time, this change will produce better models and maybe even help in developing successful treatments.

In Chapter 4, we aimed to demonstrate whether the presence of PrP\textsuperscript{C} affected tau seeding and spreading \textit{in vivo}. Taking into account that the unstructured region (i.e., located at the N-terminal domain) of the PrP\textsuperscript{C} is able to bind to several amyloids (i.e., including tau) (Aulic \textit{et al.}, 2017; De Cecco \textit{et al.}, 2020), we used various mouse models with different expression of the PrP\textsuperscript{C} protein: a) wild-type mice that have a physiological expression of PrP\textsuperscript{C}, b) Tau KO mice that do not express tau protein, c) ZH3 mice that do not express PrP\textsuperscript{C}, and d) Tg44 mice that over-express PrP\textsuperscript{C}, although without the GPI anchor (i.e., located at the C-terminal domain), thus the protein is released into the extracellular space. Notably, the Tg44 model is characterized by increased levels of extracellular PrP\textsuperscript{C}, and therefore the unstructured region is thought to interact with tau (De Cecco \textit{et al.}, 2020). Consequently, we also sought to determine whether this domain could block tau pathology after inoculation. Our results suggest that, although possibly involved, PrP\textsuperscript{C} is not required for the spreading of tau \textit{in vivo}. 
Conclusions
Herein, we conclude:

1. The Tau biosensor cell line assembles tau RD-CFP/YFP into amyloid-like aggregates upon the addition of extracellular seed-competent tau

2. Insoluble tau species present in the TIF-P+ fraction trigger tau aggregation in vitro and in vivo

3. Primary cortical cultures in our microfluidic devices display mature patterns of neuronal activity

4. The presence of extracellular seed-competent tau does not alter the network dynamics of primary neurons

5. Seed-competent extracellular tau is not toxic to healthy primary cortical cultures

6. Seed-competent extracellular tau is not toxic to neurons endogenously over-expressing P301L tau

7. PrP\textsuperscript{C} does not play a central role in the uptake, seeding, or spreading of tau pathology in vivo
References
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activation precede tangles in a P301S tauopathy mouse model. Neuron, 53, 337-351.


