

Mitochondrial DNA Copy Numbers in Pyramidal Neurons are Decreased and Mitochondrial Biogenesis Transcriptome Signaling is Disrupted in Alzheimer's Disease Hippocampi

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Abstract. Alzheimer's disease (AD) is the major cause of adult-onset dementia and is characterized in its pre-diagnostic stage by reduced cerebral cortical glucose metabolism and in later stages by reduced cortical oxygen uptake, implying reduced mitochondrial respiration. Using quantitative PCR we determined the mitochondrial DNA (mtDNA) gene copy numbers from multiple groups of 15 or 20 pyramidal neurons, GFAP (+) astrocytes and dentate granule neurons isolated using laser capture microdissection, and the relative expression of mitochondrial biogenesis (mitobiogenesis) genes in hippocampi from 10 AD and 9 control (CTL) cases. AD pyramidal but not dentate granule neurons had significantly reduced mtDNA copy numbers compared to CTL neurons. Pyramidal neuron mtDNA copy numbers in CTL, but not AD, positively correlated with cDNA levels of multiple mitobiogenesis genes. In CTL, but not in AD, hippocampal cDNA levels of PGC1 α were positively correlated with multiple downstream mitobiogenesis factors. Mitochondrial DNA copy numbers in pyramidal neurons did not correlate with hippocampal A β ₁₋₄₂ levels. After 48 h exposure of H9 human neural stem cells to the neurotoxic fragment A β ₂₅₋₃₅, mtDNA copy numbers were not significantly altered. In summary, AD postmortem hippocampal pyramidal neurons have reduced mtDNA copy numbers. Mitochondrial biogenesis pathway signaling relationships are disrupted in AD, but are mostly preserved in CTL. Our findings implicate complex alterations of mitochondria-host cell relationships in AD.

Keywords: Laser capture microdissection, neural stem cells, PGC1 alpha, real-time PCR, TFAM

INTRODUCTION

Alzheimer's disease (AD) is the most common neurodegenerative disease of adults and the major cause

of age-related dementia. Memory loss first appears in the disorder known as "mild cognitive impairment" (amnestic MCI) that progresses into AD dementia at a rate of ~15% per year. Biomarkers of MCI include reduced cerebral glucose accumulation with preserved oxygen uptake and increased brain tissue markers of oxidative stress [1, 2]. Progression into AD dementia is associated with further reductions of cortical glucose accumulation and reduced brain oxygen consumption

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[1, 2]. These observations suggest that the AD brain may be “starving” metabolically [3].

Studies of postmortem tissue support impaired bioenergetic metabolism in AD that may play a role in the degenerative loss of hippocampal and cortical neurons. There is loss of activities of decarboxylase TCA enzyme complexes [2, 4–6] and reduced mitochondrial respiration, mitochondrial mass, and expression of mitochondrial biogenesis (mitobiogenesis) genes in postmortem AD brain tissue [5, 7]. Individual AD brain neurons have impaired cytochrome oxidase activity histochemically [6], are populated by deleted mitochondrial DNA (mtDNA) molecules [8], and have reduced expression of nuclear encoded respiratory genes [9]. Loss of cerebral glucose accumulation in MCI and later in AD dementia and direct indicators of impaired mitochondrial function in AD brains could occur from lowered glucose transport, impairment of glycolysis, reduced activities of mitochondrial oxidative decarboxylation in the TCA cycle, impaired mitochondrial respiration, or combinations of these processes.

Mitochondrial respiration involves many proteins encoded both from nuclear and mitochondrial DNA. A complex regulatory system ensures an appropriate coordinated expression from both genomes for both basal respiratory levels or stress-induced upregulation (for review, see [10–13]). Nuclear respiratory (transcription) factors 1 and 2 (NRF1 and NRF2) activate transcription of nuclear-encoded respiratory genes and transcription factor A from mitochondria (TFAM). TFAM initiates transcription of the mitochondrial-encoded respiratory genes and has a role in maintaining the mtDNA copy number and stabilizing the mtDNA. Peroxisome proliferator-activated receptor gamma coactivator 1 α (PGC1 α) is a coactivator for many mitobiogenesis-associated transcription factors including NRF1, NRF2, and estrogen-related receptor α (ERR α , associated with fatty acid oxidation). PGC1 α plays a key role in responding to environmental changes, through both post-translational modifications and increased expression, to turn on mitobiogenesis [14]. Although the exact mechanism of how PGC1 α upregulates expression of the nuclear transcription factors is not clear, increased expression of NRF1 and NRF2 and subsequent increased expression of TFAM are observed when PGC1 α is overexpressed [15]. Additionally, PGC1 α does bind with NRF1, NRF2, and ERR α and co-activates expression of their target genes resulting in significantly increased mitobiogenesis resulting in the label of the “master regulator”.

The present study examines in more detail the status of mtDNA and the expression levels of select mitobiogenesis genes from postmortem AD and control (CTL) tissue. We used laser capture microdissection (LCM) to isolate hippocampal pyramidal neurons, GFAP(+) glia and dentate granule neurons and quantitative real-time multiplex PCR (qPCR) to demonstrate decreased mtDNA copy number in pyramidal neurons from AD compared to CTL cases. We show a loss of correlation of mitobiogenesis factors cDNAs in whole hippocampal tissue compared to mtDNA copy numbers in AD pyramidal neurons, which is preserved in CTL cases. In CTL hippocampal tissue, PGC1 α expression levels significantly correlate or trend with expression of other mitobiogenesis genes, but this correlation is lost in AD tissue. Total hippocampal amyloid- β (A β)₁₋₄₂ peptide levels from postmortem tissue did not correlate with mtDNA copy numbers in any cell type in AD. Additionally, we could not induce the mtDNA copy number loss by exposing human H9 neural stem cells to the neurotoxic A β ₂₅₋₃₅ fragment.

METHODS

Tissue/Samples

Human brain tissue was obtained following autopsy and flash frozen. Hippocampi were obtained from the Brain Resource Facility at the University of Virginia. Cases consisted of 10 AD by clinical and pathological diagnosis (mean age: 79.9 y; mean postmortem interval: 6 h; 6 female, 4 male) and 9 CTL clinically considered normal with no pathological abnormalities (mean age: 63.2 y; mean postmortem interval: 8.45 h; 6 female, 3 male). Tissue was embedded in Cryostat mounting media and sliced at 10 μ m. Ten to twelve slices were processed for RNA extraction using the miRNeasy kit from Qiagen following the manufacturer’s instructions. RNA integrity was evaluated using the BioRad Experion capillary electrophoresis system. RNA quality index (RQI) values were between 6.7 and 9.5 [16]. Representative electropherograms are presented in Supplementary Figure. 1. The RNA was converted to cDNA using BioRad i-script cDNA synthesis kit following the manufacturer’s instructions. These samples are referred to as whole tissue cDNA. Approximately 15 slices were processed for protein isolation for sandwich ELISA for A β ₁₋₄₂ using the kit from Invitrogen and following the manufacturer’s instructions. Additional slices were melted on uncoated slides for laser capture microdissection of hippocampal pyramidal neurons, glia and dentate granule cells.

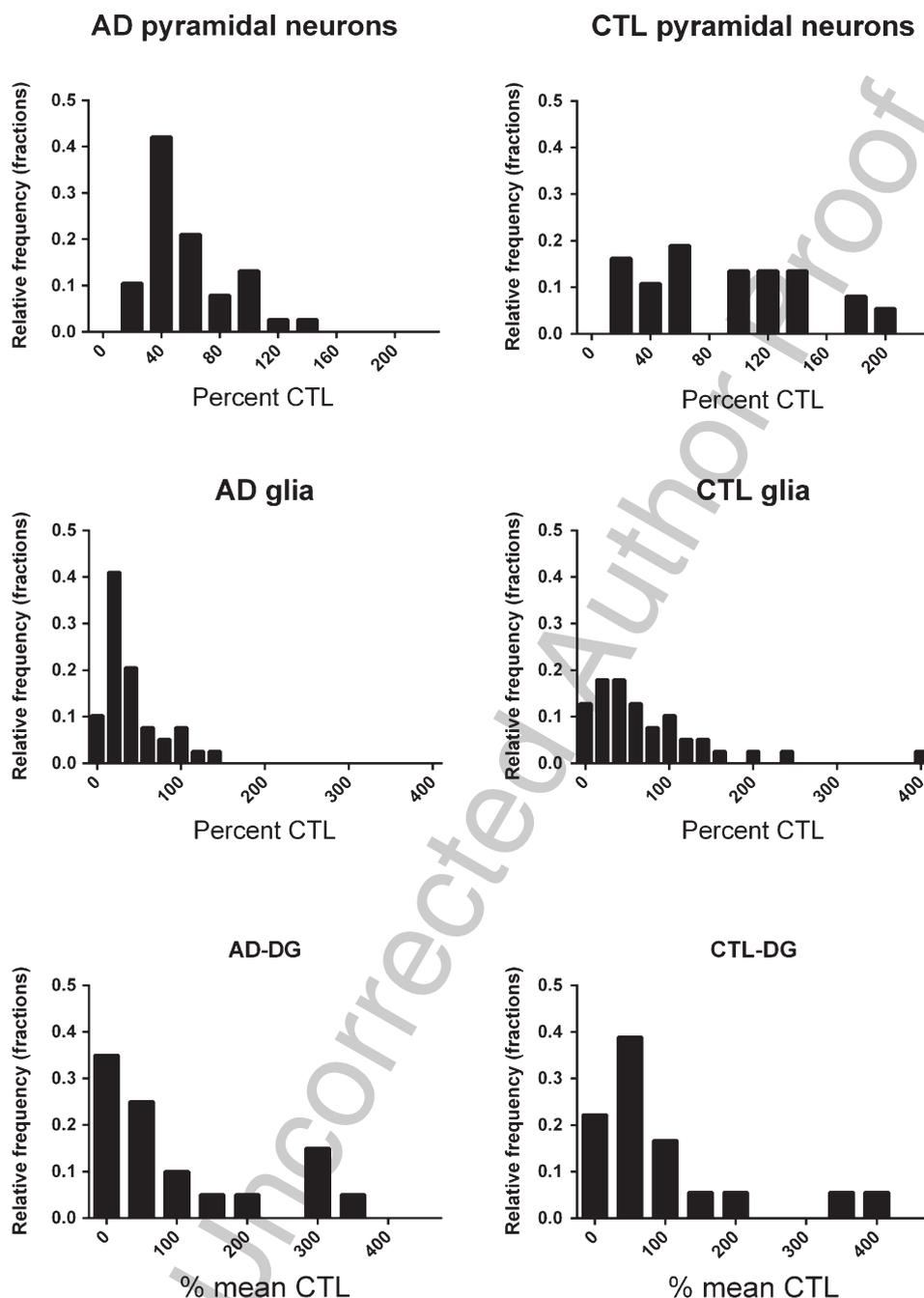


Fig. 1. Mitochondrial DNA copy numbers in genomic DNA isolated from groups of 20 pyramidal neurons, 20 GFAP(+) astrocytes, or 15 dentate gyrus granule cells from AD or CTL hippocampal sections. Shown are histogram distributions of mtDNA copy numbers (average of gene copy number of 12 S rRNA, ND2, COX III, and ND4) expressed as a % of mean CTL mtDNA copy number levels. Approximately 4 caps of 15–20 cells each were isolated/case.

138 *Laser capture microdissection*

139 Slices were fixed in 70% ethanol, hydrated, stained
140 with methylene blue, dehydrated, and cleared in xylene

141 for identifying and capturing hippocampal pyramidal
142 neurons and dentate gyrus granule cells. Hippocampal
143 glia were identified immunohistochemically using
144 anti-GFAP (Millipore AB5804) at 1 : 100 followed by

145 Alexa-488-anti-rabbit at 1 : 100 for LCM (1 h each at
146 room temperature). The Arcturus XT system was used
147 for capturing specific cell types.

148 *Quantitative real-time PCR*

149 A BioRad CFX96 thermocycler was used for all
150 qPCR experiments with BioRad power mix accord-
151 ing to manufacturer's recommendations for each type
152 of experiment. All samples were analyzed in triplicate.

153 *mtDNA copy number from specific cell types (as* 154 *done previously by our group [17])*

155 From pilot studies we determined that capturing
156 20 cells/cap (pyramidal neurons and GFAP+ glia) or
157 15 cells/cap (dentate gyrus granule cells) and four
158 caps/case we could minimize the variability that occurs
159 due to the 10 μ m slice being in different planes of each
160 cell (Supplementary Figure. 2). Caps were extracted
161 overnight at 65°C with 50 μ l tris buffered proteinase
162 K for DNA extraction [17]. The proteinase K was
163 heat inactivated and 200 μ l TE was added. Multiplex
164 qPCR was used to determine gene copy number for
165 four genes around the mitochondrial genome (12S
166 rRNA, ND2, ND4, and COX III) from LCM isolated
167 cells. The mtDNA copy number was determined/cap
168 of 15 or 20 cells by comparing to a standard curve
169 of circular human mtDNA run on the same plate.
170 The mtDNA standards were prepared as described
171 previously [18]. Since there was minimal variability
172 between the four genes, the average of the four genes
173 was used to estimate mtDNA copy number/LCM cap.
174 Primer and probe sequences are listed in the Supple-
175 mentary Table 1.

176 *Relative gene expression from whole hippocampal* 177 *tissue*

178 Whole tissue cDNA was analyzed for expression
179 of nuclear encoded mitobiogenesis genes. Relative
180 expression of PGC-1 α , NRF1, NRF2, TFAM, and
181 ERR α were determined using Sofast EvaGreen (Bio-
182 Rad) qPCR and primers we designed using Beacon
183 designer software. A panel of six reference genes
184 was assessed using Sofast EvaGreen qPCR to deter-
185 mine three with the least variability across all cases.
186 GAPDH, 14-3-3z, and CYC-1 were selected with
187 GeNorm analysis in qbase PLUS (Biogazelle) and their
188 geometric means in each cDNA sample were used
189 to normalize relative expression of the mitobiogene-
190 sis regulatory genes. All EvaGreen qPCR experiments
191 included a human fetal brain cDNA standard curve
192 for assessing relative expression of each gene. Melt

curves were run with each qPCR to ensure only a single
species was being amplified. Specific primer sequences
used are in the Supplementary Table.

196 *A β ₁₋₄₂ ELISA*

197 Slices were dissolved in 5 M guanidine, 50 mM Tris
198 (pH 8.0) plus protease inhibitor cocktail (Calbiochem,
199 set III). Protein concentrations were determined using
200 the Pierce BCA protein assay with BSA as the stan-
201 dard. Samples were diluted with 0.1 M phosphate (pH
202 7.4) to achieve 1 mg/ml. Sandwich ELISAs were ana-
203 lyzed using 50 μ l of each sample in duplicate following
204 the manufacturer's protocol (Invitrogen). Most AD
205 cases were much higher than the CTLs, so they were
206 re-analyzed shortening the time of the horseradish
207 peroxidase visualization step so the high end of the
208 standard curve and those samples had absorbance
209 values within the detection limits of the spectropho-
210 tometer.

211 *Cell culture H9 neural stem cells*

212 Human neural stem cells (H9-derived) (H9 NSCs)
213 were purchased from Gibco (Life Technologies)
214 and cultured according to the supplier's instructions.
215 Briefly, cells were grown in Knock Out DMEM/F12
216 with 2 mM GlutaMax-I, 20 ng/ml basic Fibroblast
217 Growth Factor, 20 ng/ml Epidermal Growth Factor,
218 and 2% StemPro Neural Supplement in CellStart
219 coated vessels. All medium components were pur-
220 chased from Life Technologies. Medium was changed
221 every 2 to 3 days and cells were kept at 37°C in
222 a humidified CO₂ incubator. H9 NSC cultures were
223 maintained between 50 and 90% confluence. A β ₂₅₋₃₅
224 and A β ₃₅₋₂₅ (Bachem, Torrance, CA) were diluted to
225 2 mM in water and aliquots stored frozen. 72 h before
226 treatment, aliquots were placed at 37°C to aggregate
227 [19]. 35 mm dishes of 90% confluent H9 NSCs were
228 treated with 10 μ M aggregated A β ₂₅₋₃₅ or A β ₃₅₋₂₅ in
229 growth medium. After 48 h cells were lifted with Accu-
230 tase, washed, and each pellet sonicated in 350 μ l RLT
231 Plus (Qiagen) with 1% 2-mercaptoethanol. DNA and
232 RNA were isolated from triplicate samples for each
233 treatment using an AllPrep DNA/RNA Mini Kit (Qia-
234 gen). Genomic DNA was quantified using a NanoDrop
235 2000c.

236 *Statistical analysis*

237 All analyses were performed using the statistical
238 software by GraphPad Prism.

239 *Frequency distribution of mtDNA copy numbers*

240 Frequency distribution of mtDNA copy numbers
 241 determined for each LCM cap from the qPCR exper-
 242 iments were divided by the average mtDNA copy
 243 number/cap of the control cases for each cell type.
 244 A frequency distribution of each cap as a percent of
 245 CTL was analyzed using Kolmogorov-Smirnov test
 246 for comparing cumulative distributions after outliers
 247 ($\pm 2 \times SD$) were excluded. Between AD and CTL for
 248 each cell type a Mann Whitney non-parametric *t*-test
 249 was used to obtain *p*-values. $p < 0.0167$ was considered
 250 statistically significant.

251 *Correlation analyses*

252 Correlation analyses were performed between rel-
 253 ative expression of the mitobiogenesis genes as
 254 determined by obtaining the relative expression of
 255 each gene normalized to the average of the three ref-
 256 erence genes used for each case. A non-parametric
 257 Kruskal-Wallis analysis was performed to assess the
 258 correlation between PGC1 α and the other mitobiogen-
 259 esis genes from AD versus CTL cases, between the
 260 average mtDNA copy number/case from hippocam-
 261 pal pyramidal neurons and the normalized relative
 262 expression of the mitobiogenesis genes and between
 263 the A β_{42} levels/case and the average mtDNA copy
 264 numbers/case.

265 **RESULTS**

266 *mtDNA gene content is reduced in AD* 267 *hippocampal pyramidal neurons*

268 To determine if the mtDNA copy number was
 269 reduced in hippocampal pyramidal neurons, GFAP(+)
 270 astrocytes or dentate gyrus granule cells in AD cases
 271 compared to CTL cases, we isolated specific cell types
 272 using LCM and analyzed for mtDNA gene copy num-
 273 ber for four genes around the mitochondrial genome
 274 (12 S rRNA, ND2, ND4, COIII; see Methods). Ratios
 275 of mtDNA protein coding genes to 12 S rRNA were all
 276 ~ 1.0 (Supplementary Figure. 3), did not suggest any
 277 significant level of mtDNA deletions in our populations
 278 and demonstrated that we were only assessing DNA
 279 (not RNA) from our extraction. The mtDNA copy num-
 280 ber reported is the average copy number of these four
 281 mitochondrial genes/LCM cap. Mitochondrial DNA
 282 copy number values were divided by the mean of the
 283 CTL cases for each cell type and presented as a percent-
 284 age of mean CTL values. Figure 1 depicts a histogram
 285 of the fraction frequency (in bins of 20) of mtDNA
 286 copy number for each LCM cap as the percentage of

287 the mean of the CTL group for each cell type. The
 288 AD pyramidal neurons (Fig. 1A) are shifted to a larger
 289 proportion being less than 100% compared to CTL
 290 (Fig. 1B) indicating significantly decreased mtDNA
 291 copy numbers in hippocampal pyramidal neurons from
 292 AD cases ($p = 0.0086$, non-parametric Kolmogorov-
 293 Smirnov test). Mitochondrial DNA copy numbers in
 294 glia from AD (Fig. 1C) were not statistically sig-
 295 nificantly different from CTL (Fig. 1D), although
 296 there was a trend toward significance ($p = 0.0899$, non-
 297 parametric Kolmogorov-Smirnov test). Mitochondrial
 298 DNA copy numbers in dentate granule cells were not
 299 significantly different in AD compared to CTL (Fig. 1
 300 E, F). A *t*-test of the raw values of the mtDNA copy
 301 numbers from hippocampal pyramidal neurons also
 302 indicated a statistically significant decrease of 17%
 303 ($p = 0.0475$) in AD compared to CTL (data not shown).

304 *mtDNA copy number in CTL but not in AD* 305 *pyramidal neurons correlates with cDNA levels of* 306 *mitobiogenesis factors NRF2, ERR α , NRF1, and* 307 *TFAM*

308 To determine if the decreased mtDNA copy numbers
 309 in AD pyramidal neurons were related to the relative
 310 expression of the mitobiogenesis genes, we extracted
 311 total RNA from frozen sections of the same tissue
 312 block used for the specific cell isolation and generated
 313 cDNA using random hexamer priming. The relative
 314 expression of each gene was normalized to reference
 315 genes with the least variability across all samples (See
 316 Methods). Figure 2 shows the relatively linear relation-
 317 ships among levels of pyramidal neuron mtDNA gene
 318 copy numbers (average/case) and the reference-gene
 319 normalized expressions of the mitobiogenesis factors
 320 NRF2, NRF1, ERR α , and TFAM in CTL (Fig. 2B,
 321 D, F, H), but not AD pyramidal neurons (Fig. 2 A,
 322 C, E, G). PGC1 α showed a trend toward a linear
 323 correlation, but did not reach statistical significance
 324 (Supplementary Figure. 4). These experiments indi-
 325 cate that in postmortem hippocampal tissue from CTL
 326 cases the relationship between mitobiogenesis factors
 327 and mtDNA copy number in pyramidal neurons is pre-
 328 served, whereas this relationship is lost in AD cases.

329 *Mitobiogenesis signaling relationships are* 330 *preserved in CTL but not AD hippocampi*

331 To determine if the relationship between PGC1 α ,
 332 the “master” upstream co-activator of mitobiogenesis
 333 signaling factors, and expressions of NRF1, NRF2,
 334 TFAM, and ERR α were preserved in each case, we

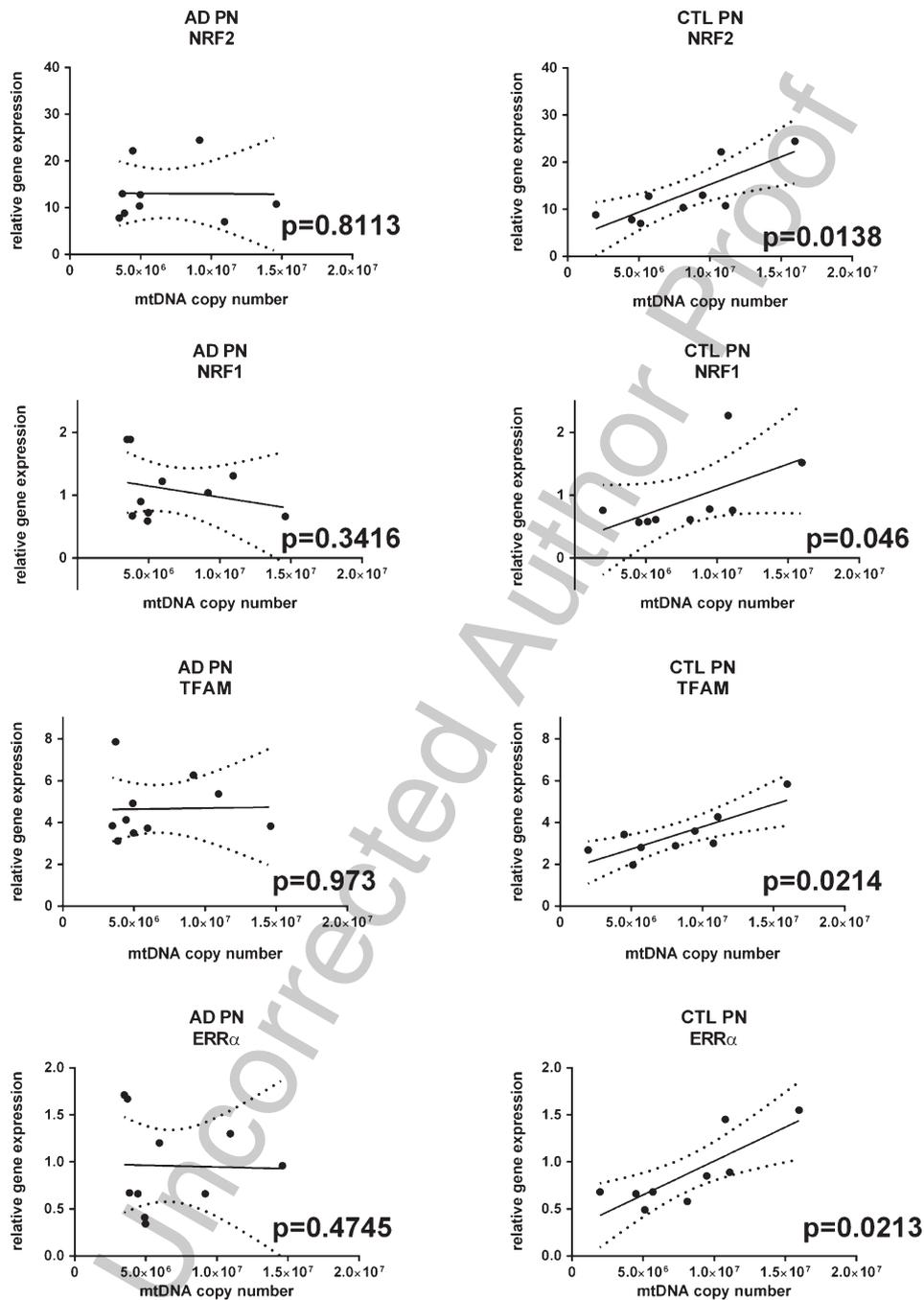


Fig. 2. Relationships among mtDNA copy numbers in genomic DNA isolated from groups of 20 hippocampal pyramidal neurons isolated from AD or CTL and expression of NRF2, NRF1, TFAM, and ERR α . cDNA in whole hippocampal tissue samples from same tissues. Linear regression lines and 95% confidence intervals are shown on each graph.

335 evaluated the correlation between the relative expres-
 336 sion of PGC1 α and each of the other genes/case.
 337 Figure 3 depicts the significant correlation between
 338 PGC 1 α and NRF2 and ERR α in CTL cases (Fig. 3B
 339 & H, $p = 0.017$ and 0.021 , respectively), but not in AD

cases (Fig. 3A & G). NRF1 also showed a positive trend
 in CTL cases (Fig. 3D), but did not reach statistical
 significance ($p = 0.085$). In both AD and CTL, TFAM
 trended toward a correlation with PGC1 α ($p \approx 0.2$).
 These experiments indicate the correlation between the

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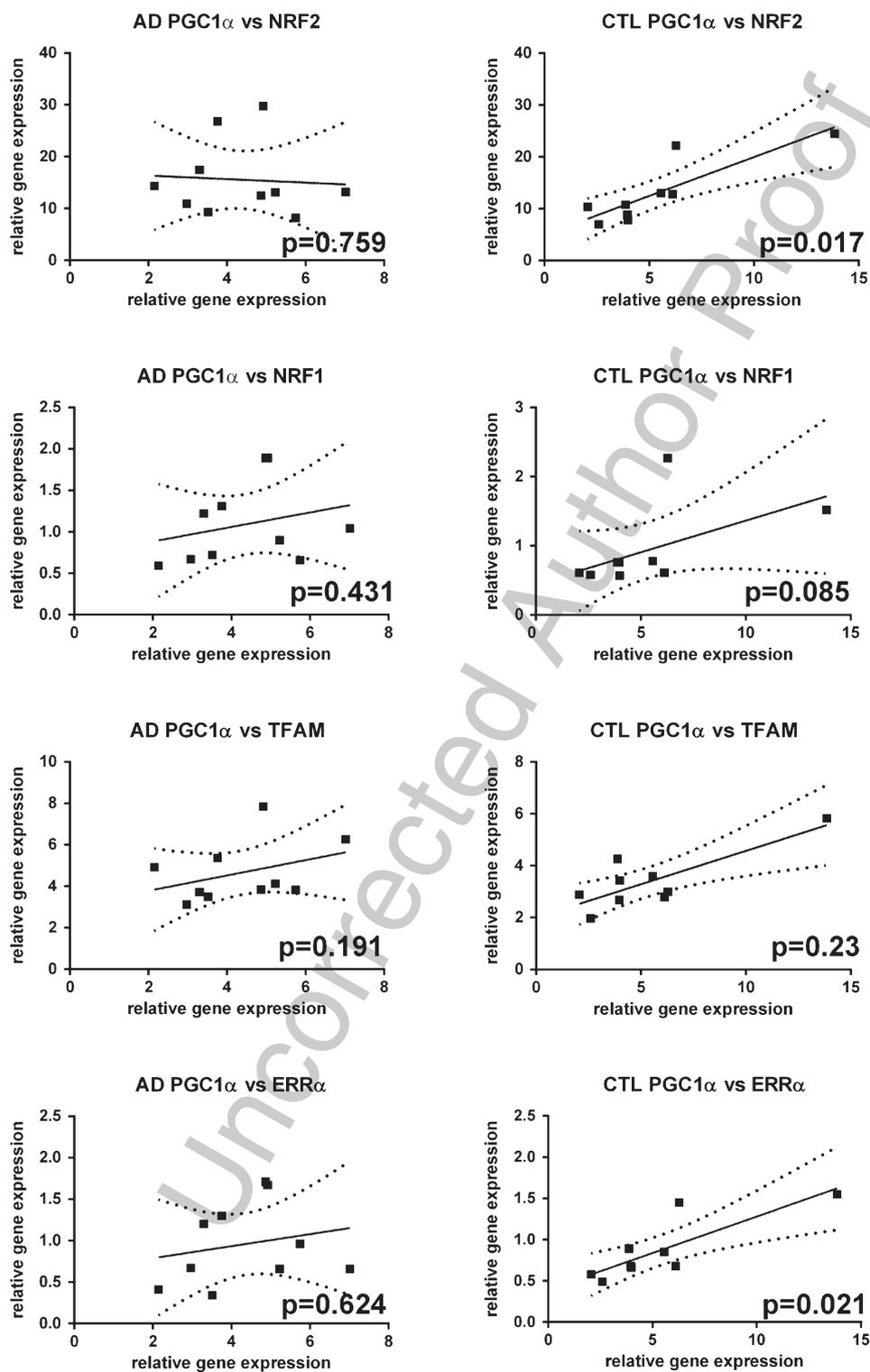


Fig. 3. Relationships among expression levels of PGC1 α and the expression of other mitobiogenesis factors NRF 2, NRF 1, TFAM, and ERR α from AD or CTL hippocampal tissue samples. Linear regression lines and 95% confidence intervals are shown on each graph.

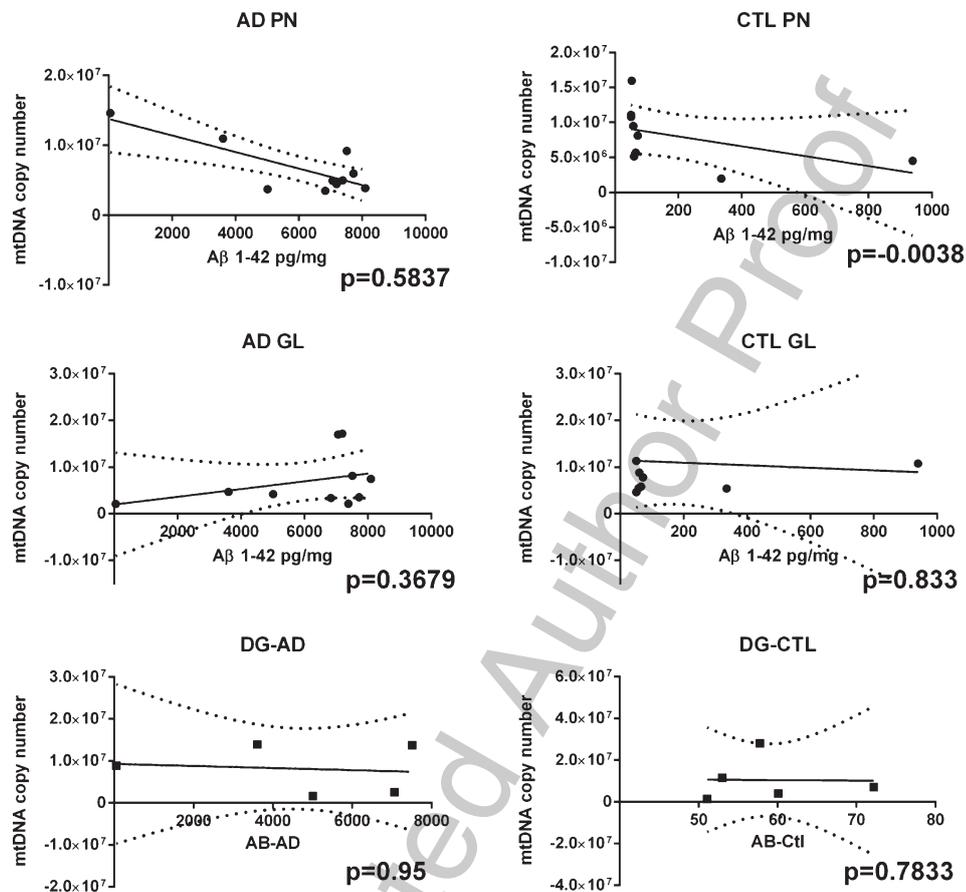


Fig. 4. Relationships between $A\beta_{1-42}$ peptide levels in hippocampal tissue and mtDNA copy numbers in pyramidal neurons, GFAP(+) astrocytes, and dentate gyrus granule cells from AD or CTL hippocampi. Linear regression lines and 95% confidence intervals are shown on each graph.

345 master regulator PGC 1 α and the downstream mito-
 346 biogenesis factors in postmortem tissue is preserved in
 347 CTL cases, but lost in AD cases.

348 *mtDNA copy number does not correlate to $A\beta_{1-42}$*
 349 *levels*

350 To determine if $A\beta_{1-42}$ levels were related to the
 351 decreased mtDNA copy numbers in AD pyramidal
 352 neurons, we prepared whole tissue homogenates from
 353 the same tissue blocks used to isolate specific cell
 354 types and analyzed for $A\beta_{1-42}$ levels using a sandwich
 355 ELISA. Figure 4 shows the lack of correlation
 356 of mtDNA gene levels in isolated pyramidal neurons,
 357 GFAP (+) astrocytes and dentate gyrus granule cells
 358 compared to $A\beta_{1-42}$ levels in AD. Interestingly, CTL
 359 hippocampal $A\beta_{1-42}$ levels positively correlated with
 360 the pyramidal neuron mtDNA copy number from each
 361 case ($p = 0.0038$; two cases had moderate $A\beta_{1-42}$
 362 levels). This correlation must be viewed in the context

363 that it is being driven by the two CTL cases with mod-
 364 erately elevated $A\beta_{1-42}$ levels. Additional correlations
 365 of $A\beta_{1-42}$ levels with mitobiogenesis gene expression
 366 levels were also not significant in AD cases. How-
 367 ever CTL cases showed significant correlations with
 368 $A\beta_{1-42}$ and NRF1 and ERR α and close to significance
 369 ($p = 0.055$) for NRF2 (Supplementary Figure. 5). The
 370 lack of correlations in the AD cases may be skewed by
 371 the one AD case with low $A\beta_{1-42}$ levels.

372 *Exposure of human H9 neural precursor cells to*
 373 *neurotoxic $A\beta_{25-35}$ does not reduce mtDNA gene*
 374 *copy number*

375 To determine if we could induce the decreased
 376 mtDNA copy number we observed in postmortem AD
 377 tissue, we attempted to replicate in a non-tumor, human
 378 neural stem cell model the loss of mtDNA copy number
 379 observed in LCM-isolated AD hippocampal pyramidal
 380 neurons. Human H9 neural stem cells (derived from a

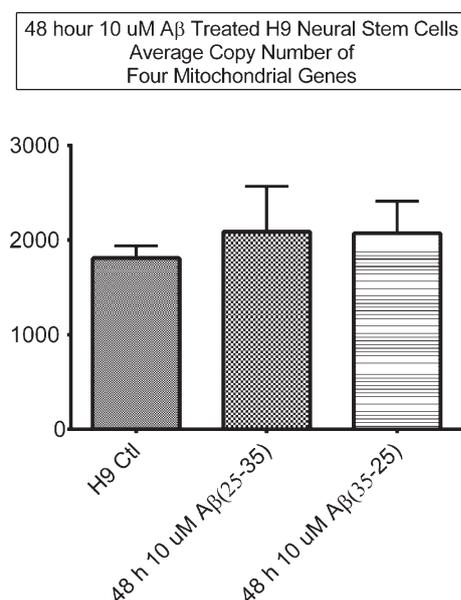


Fig. 5. Effect of 48 h of treatment of human neural precursor cells with vehicle, 10 μ M A β ₂₅₋₃₅, or 10 μ M A β ₃₅₋₂₅ on mtDNA copy number. Values are \pm SEM.

hESC line) were exposed to 10 μ M neurotoxic A β ₂₅₋₃₅ fragment for 48 h and \sim 50% loss of cells was observed. Figure 5 shows that this treatment did not significantly alter mtDNA copy numbers when compared to vehicle treated cells or cells treated with the inverse sequence A β ₃₅₋₂₅.

DISCUSSION

In our postmortem AD hippocampi we found that mtDNA gene copy numbers were significantly reduced in surviving pyramidal neurons compared to identical cell types in CTL hippocampi. This is consistent with the observation of reduced mtDNA copy numbers in whole hippocampi [7] and cortex [20] from AD cases. However, Hirai et al. [21] using *in situ* hybridization detected increased mtDNA in hippocampal pyramidal neurons from AD cases compared to CTL; from EM photos they determined many of these were in lipofuscin vacuoles and are likely from degrading mitochondria. Additionally, they did not detect mtDNA differences in the glia or granule cells by *in situ* hybridization, which is consistent with our observations in those cell types. They also comment that using PCR techniques, they did not detect an overall difference in mtDNA in AD compared to control tissue. Our cells were isolated by laser capture and only intact cells were selected, which could explain the difference

between our study and their study. Another factor that could be contributing to the decreased mtDNA copy number in AD in our study is that the control cases were younger (\sim 16 y) than the AD cases. Our group has previously demonstrated dramatically decreased (\sim 90% loss) mtDNA copy numbers in whole brain tissue from 21 month old mice compared to 5 month old mice [22]. Since our samples were isolated from selected intact cells, we would not expect as dramatic a difference due to age as is observed in whole tissue studies. A comparison of mtDNA copy number/LCM cap or mitobiogenesis genes versus age revealed no correlation in either AD cases or CTL cases in our cohort of samples (Supplementary Figure. 6). Additionally, unknown factors about the individual's pre-mortem status, such as medications they may have been taking, could also have affected the mtDNA copy number values we determined.

Recently, cell-free mtDNA copy numbers in cerebrospinal fluid (CSF) from AD subjects, asymptomatic at risk subjects, and pre-symptomatic subjects with a pathogenic PSEN1 mutation have been shown to be markedly reduced compared to age-matched control subjects, non-pathogenic PSEN1 mutation family members, or individuals with a different dementia pathology (FTLD). These findings indicate that the reduced mtDNA copy numbers both occur prior to clinical symptoms appearing in AD and appear to be selective for AD dementia [23]. The same authors reported that levels of mtDNA were reduced in cortical neurons derived from a transgenic (A β PP/PS1) mouse model of familial AD. They conclude that reduced CSF mtDNA levels appear to be a robust biomarker for pre-AD dementia. They also suggest that the significant loss of mtDNA copy numbers we observed in hippocampal pyramidal neurons and nearly significant loss of mtDNA in GFAP(+) astrocytes have clinical correlates in CSF and may represent early pathogenic events in AD.

Previous studies from our group have demonstrated decreased mRNA expression of mitochondrial encoded genes in cortical AD tissue homogenates from the same tissue sources used in the present study [5]. Decreased mRNA expression of many of the mitobiogenesis genes (PGC1 α , NRF1, TFAM, POL γ , and PPRC1) were also detected in the cortical AD tissue homogenates compared to CTL [5]. In hippocampal tissue homogenates from AD cases, Sheng et al. [7] observed decreased mitobiogenesis protein levels compared to control tissue (PGC1 α , NRF1, NRF2 α , NRF2 β , and TFAM). Subsequently, when they stably knocked down PGC1 α in a cell culture line, they

459 observed the expected decreases in protein levels as
460 well as reduced mtDNA levels relative to nuclear
461 DNA levels by about 50% [7], supporting the reg-
462 ulatory hierarchy of PGC1 α upregulating NRF1 and
463 NRF2 leading to increased levels of TFAM and sub-
464 sequently increased mtDNA levels. Our decrease in
465 mtDNA copy number in AD cases was not quantitated
466 the same way as Sheng et al. [7] and our decreased
467 AD pyramidal neuron mtDNA copy number was not
468 as dramatic as in their cell culture. Our results, obtained
469 from laser-captured, postmortem AD pyramidal neu-
470 rons complement those Sheng et al. [7] obtained in cell
471 culture.

472 We also observed a trend toward decreased mtDNA
473 copy number in laser-captured GFAP(+) glia. Even
474 though it only approached statistical significance, it
475 does demonstrate that the glia, while not thought to
476 be affected in AD, may in fact also be metabolically
477 impaired and contribute to the deficits other groups
478 observe in whole tissue homogenates. Additionally, we
479 observed no difference in mtDNA copy number in den-
480 tate gyrus granule cells, suggesting that they may not be
481 bioenergetically altered in AD, and adding cell speci-
482 ficity to our findings in pyramidal neurons. However,
483 we cannot confirm bioenergetic status in individual
484 postmortem cells isolated by LCM. Additionally, since
485 we only selected healthy appearing cells, we cannot
486 speculate what may be occurring in unhealthy or dying
487 cells or what may have led to the death of cells no longer
488 available for sampling.

489 We uncovered a more generalized defect in AD
490 hippocampi, that of a dysregulation of mitochondrial
491 biogenesis signaling. Using pyramidal neuron mtDNA
492 copy number as an indicator of mitobiogenesis, we
493 found in CTL hippocampi generally linear relation-
494 ships between expression of upstream mitobiogenesis
495 genes (NRF2, NRF1, TFAM, and ERR α) and mtDNA
496 gene copy numbers. The relationship between CTL
497 pyramidal neuron mtDNA copy numbers and PGC1 α
498 expression levels trended toward significance. Since
499 PGC1 α activity can also be modulated through post-
500 translational modification, its mRNA levels represent
501 only one level of regulation (transcriptional) that may
502 have limited correlation with the expression levels of
503 the other mitobiogenesis genes or with the mtDNA
504 copy numbers. These data indicate that in control tis-
505 sue from autopsy cases the hierarchy of mitobiogenesis
506 regulation appears to be intact. However, in AD tis-
507 sue this correlation was missing, supporting the idea
508 of impaired mitobiogenesis in AD as purported by
509 others [5, 7]. Microarray analysis of LCM isolated
510 hippocampal pyramidal neurons from AD cases has

511 shown decreased expression of nuclear encoded res-
512 piratory genes, which is also consistent with impaired
513 mitobiogenesis [9].

514 We also found in CTL, but not AD, hippocampal
515 cDNA significant linear relationships among expres-
516 sion of the “master” mitobiogenesis regulator PGC1 α
517 and multiple downstream mitobiogenesis factors it
518 co-activates (NRF2 and ERR α) and a trend toward
519 significance in others (NRF1) [11, 12]. Due to the
520 heterogeneity of human samples, had our n values
521 been larger, we may have achieved better correlations
522 between all the mitobiogenesis genes expression lev-
523 els. These studies also support an intact mitobiogenesis
524 hierarchy in CTL autopsy tissue that is lost in AD
525 tissue. Future studies will examine this relationship
526 specifically in pyramidal neurons.

527 A significant correlation between PGC1 α and two
528 key metabolism related proteins (pyruvate dehydroge-
529 nase A1 and complex III subunit UQCRH) has been
530 demonstrated in skeletal muscle biopsies from diabet-
531 ics (type II), and those with and without a family history
532 of diabetes mellitus [24]. In a model of muscle dis-
533 use atrophy, Cassano and colleagues [25] demonstrated
534 the expression level of PGC1 α significantly correlated
535 with both NRF1 and TFAM levels in the muscle atro-
536 phy acetyl-L-carnitine-treated animals, but only with
537 TFAM in the non-treated control group. Thus, mito-
538 biogenesis factors seem to maintain their hierarchal
539 correlation in other diseased tissues, while in AD hip-
540 pocampal tissue it does not.

541 The origins of this substantial dysregulation of
542 mitobiogenesis signaling in AD are not clear from
543 our experiments, likely are multifactorial and may
544 have different molecular origins among the AD cases.
545 PGC1 α mRNA and protein have been reported to be
546 decreased in AD brain, suggesting that dysfunction of
547 mitobiogenesis may be the origin of mitochondrial dys-
548 function observed by several groups [5, 7]. Speculation
549 as to potential mechanisms of mitobiogenesis disrup-
550 tion would incorporate many potential etiologies and
551 is beyond the scope of this discussion. Future studies
552 will investigate the potential role epigenetic regulation
553 may be playing.

554 While some studies correlate A β ₁₋₄₂ levels with AD
555 pathology, we found no correlation of A β ₁₋₄₂ levels
556 to the mtDNA copy number reductions in hippocam-
557 pal pyramidal neurons, glia, or dentate granule cells
558 from AD cases, which is similar to what our group
559 found previously in cortical tissue homogenates [5].
560 Our limited experiments with exposure of H9 neural
561 stem cells to A β ₂₅₋₃₅ peptide do not support a pri-
562 mary role for A β peptide mediating loss of mtDNA

gene copy numbers acutely. However, the limitations of this experiment include using a more neurotoxic fragment and not A β ₁₋₄₂ peptide itself, and short incubation times that were necessary given the degree of cell death produced in 48 h by A β ₂₅₋₃₅ peptide. Longer term exposure of human neurons to A β ₁₋₄₂ peptide, particularly oligomers at low concentrations, will help test the hypothesis that A β ₁₋₄₂ peptide is a pathogenic factor in loss of mtDNA genes. Future studies will examine this relationship in these human neural stem cells after they have been differentiated into neurons.

Our findings show that maintenance of normal mtDNA gene levels within individual pyramidal neurons or astrocytes is defective in AD, and that mitobiogenesis signaling at the transcriptome level is preserved in CTL but not AD hippocampi. Whether mitobiogenesis signaling is also disrupted in vulnerable AD pyramidal neurons remains to be studied by LCM approaches. Because postmortem studies can only find correlations and not test causal mechanisms, our findings support but do not prove the concept that abnormal mitobiogenesis signaling and disrupted downstream responses contribute to metabolic deficiencies observed in AD and may be primarily pathogenic. Furthermore, our cohort of samples is small and displays considerable variability, therefore we caution against generalizing our results to the sizable population of AD sufferers.

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SUPPLEMENTARY MATERIAL

Supplementary tables and figures are available in the electronic version of this article: <http://dx.doi.org/10.3233/JAD-131715>.

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