

Cell Cycle Activation and Aneuploid Neurons in Alzheimer's Disease

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Abstract Alzheimer's disease (AD) is a chronic neurodegenerative disorder, characterized by synaptic degeneration associated with fibrillar aggregates of the amyloid- β peptide and the microtubule-associated protein tau. The progression of neurofibrillary degeneration throughout the brain during AD follows a predictive pattern which provides the basis for the neuropathological staging of the disease. This pattern of selective neuronal vulnerability against neurofibrillary degeneration matches the regional degree of neuronal plasticity and inversely recapitulates ontogenetic and phylogenetic brain development which links neurodegenerative cell death to neuroplasticity and brain development. Here, we summarize recent evidence for a loss of neuronal differentiation control as a critical pathogenetic event in AD, associated with a reactivation of the cell cycle and a partial or full replication of DNA giving rise to neurons with a content of DNA above the diploid level. Neurons with an aneuploid set of chromosomes are also present at a low frequency in the normal brain where they appear to be well tolerated. In AD, however, where the number of aneuploid neurons is highly increased, a rather selective cell death of neurons with this chromosomal aberrancy occurs. This finding adds aneuploidy to the list of critical molecular events that are shared between neurodegeneration and oncogenesis. It defines a molecular signature for neuronal vulnerability and directs our attention to a failure of neuronal differentiation control as a critical pathogenetic event and potential therapeutic target in AD.

Keywords Apoptosis · Brain development · Cell death · Chromosome segregation · DNA replication · Neuronal vulnerability

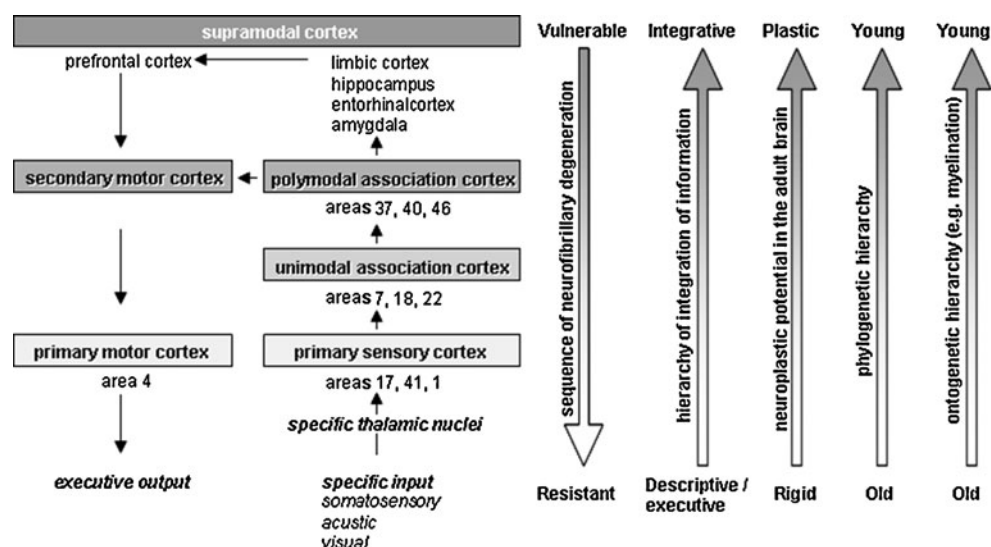
Neurodegeneration in Alzheimer's Disease Has a Developmental Dimension

Neurodegeneration in Alzheimer's disease (AD) is not a random process and its progression throughout the brain follows a predictive pattern that provides the basis for the neuropathological staging of the disease [1]. Due to systematic differences in selective neuronal vulnerability, certain cortical areas and types of neurons are more early and more constantly involved than others. In the cerebral cortex, neurofibrillary degeneration preferentially affects lamina III and V pyramidal neurons, leaving interneurons largely unaffected. Further, the limbic cortex and cortical association areas are most early and most severely affected while primary sensory and motor areas are spared until most advanced stages of the disease. This pattern in the distribution and progression of neurodegeneration provides a key to understand the AD pathomechanism, and several suggestions have been made to explain the underlying mechanisms [2, 3]. Of note, selective neuronal vulnerability against neurofibrillary degeneration matches the regional degree of neuronal plasticity and inversely recapitulates ontogenetic and phylogenetic brain development [2, 4, 5] (Fig. 1).

Based on this phenotypic link between vulnerability and plasticity, we have hypothesized that adult neurons with a high plastic potential rest in a labile state of differentiation which is prone to a loss of differentiation control and a subsequent de-differentiation which renders these neurons highly vulnerable for neurodegeneration [2, 6]. This concept is supported by observations on the neuronal expression of

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Fig. 1 Hierarchy of cortical vulnerability to neurofibrillary degeneration in Alzheimer's disease. The progression of neurofibrillary degeneration throughout cortical areas follows a defined sequence that represent systematic differences in vulnerability, which matches inversely the hierarchic pattern of complexity of cortical information processing, structural plasticity, and phylogenetic and ontogenetic age. (Modified after Arendt et al. [4, 9] and [182])



developmentally regulated genes in AD which corresponds to a condition of de-differentiation and links neurodegeneration to cell cycle-related events [7, 8]. The re-expression of a multitude of cell cycle regulators known to control the activation and progression of the cell cycle in dividing cells has been observed in degenerating neurons in AD [9–17], suggesting a reactivation of the cell cycle in the process of neurodegeneration [18–20] (Fig. 2).

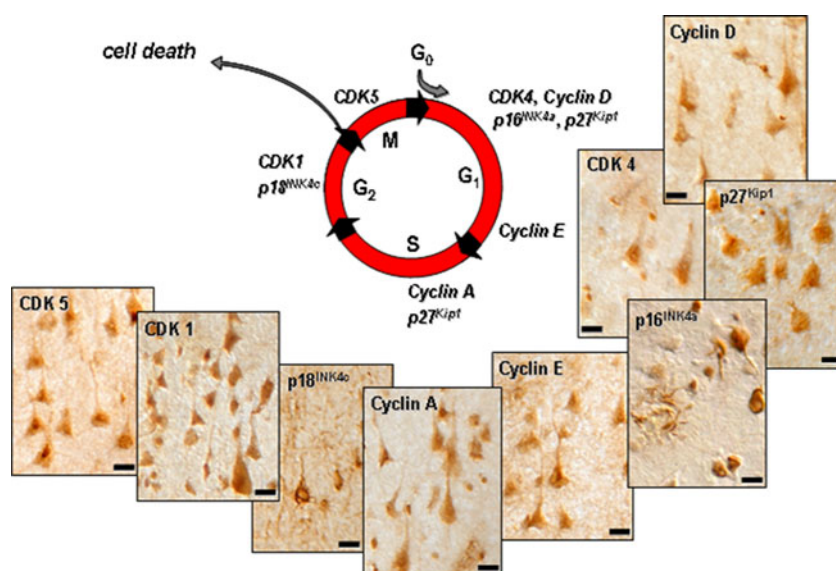
Still, a number of recent studies indicate that, contrary to classical beliefs, molecules known to be involved in activation and progression of the cell cycle are not entirely repressed in differentiated neurons. As multifunctional proteins, they might subserve alternative “non-canonical functions” such as regulation of plasticity, depending on the cellular context [21–24]. After having withdrawn from the cell cycle, differentiated neurons are, thus, able to use molecular mechanisms primarily developed to control proliferation alternatively to control synaptic

plasticity [18]. The existence of these alternative effector pathways within a neuron might put it at risk to erroneously convert signals derived from plastic synaptic changes into positional cues that will activate the cell cycle. This cell cycle activation potentially links synaptic plasticity to cell death.

Alzheimer's Disease Pathology Is a Structural Reflection of Brain Ontogeny

Neurofibrillary degeneration in the cerebral cortex in AD typically occurs in clusters. Degeneration predominantly involves pyramidal neurons within supra- and infragranular layers with the clustering in these layers often being in register with each other [25] indicating a columnar organization of degeneration [26]. This NFT clustering is highly correlated with symptoms [27]. Also, plaques appear to

Fig. 2 Major regulators of the activation of the cell cycle and its orderly progression are re-expressed in pyramidal neurons in Alzheimer's disease prior to neurofibrillary degeneration. (Modified after [182, 184])



show a degree of vertical clustering between apical dendritic clusters [28].

The columnar cortical structure is disorganized in cortical areas affected by pathology in AD [29]. Cortical atrophy in AD, moreover, basically reflects a decrease in cortical length while cortical thickness remains largely unaffected which indicates a shrinkage or loss of columns [30, 31]. Also during normal aging, minicolumn width shrinks in those cortical regions that are potentially vulnerable to degeneration in AD [32].

This issue of columnar organization and clustering has been pursued with respect to other pathological structures. Disruption of the columnar organization of glial processes has been reported for AD [33]. Lewy bodies and Pick bodies [34, 35] also exhibit clustered distribution which reflect a modular structure. Thus, available evidence on the distribution of cortical pathology indicates a determination of the pattern of pathology through the modular organization of the cortex [36] which basically is a structural reflection of its ontogeny.

Phylogenetic Extension of Mitotic Activity During Neurogenesis Provides the Basis for a Higher Rate of Mitotic Errors

AD is a disorder that selectively affects the human brain, lacking any equivalent in other species including nonhuman primates. It is thus tempting to suggest that AD is specific to man because of molecular genetic events which promoted a rapid evolution of the hominid brain [37]. The phylogenetic expansion of the hominid neocortex most likely arose through a rapid multiplication of the fundamental columnar building blocks.

During embryonic development of the cerebral cortex, cells migrate towards the surface and form minicolumns of cells. They appear to be grouped into larger macrocolumns, which form the basis of the mapping of functions across the brain's surface. Pyramidal neurons, potentially vulnerable to neurofibrillary degeneration in AD, derive from radially migrating neurons that originate in the ventricular zone of the pallium (cortex). In the primate brain, they find their way to the distant cortex by using radially oriented glial fibers as guides. Recent studies of the embryonic brain have shown that about approximately one third of the dividing cells that arise from mitotic neural progenitor cells in the ventricular zone have genetic variability, manifested as chromosome aneuploidy [38–40]. On the contrary, cortical interneurons, unaffected by degeneration in AD, are born outside the cortex in the ganglionic eminence and reach their final position through tangential migration [41, 42].

Following the last mitotic division, immature neurons of the ventricular and sub-ventricular zones attach to an

adjacent set of glial guidance fibers. Thus, clonally related neurons generated serially in time at the same locus in the germinal epithelium migrate sequentially along the same or adjacent set of glial guidance fibers and settle in the inside to outside pattern aligned in a single vertical column [43–45]. Neurons of this radial column form an ontogenetic unit, the fundamental building block in the developing neocortex [46]. Thus, the basic columnar organization of the cortex reflects its mode of generation [47–49].

The evolutionary expansion of neocortical size in mammals which is particularly prominent in anthropoid primates (i.e., monkeys, apes, and humans) reflects an increased number of cortical cells. According to the radial unit hypothesis, this phylogenetic expansion in cortical surface area results from an increase in the number of founder cells prior to neurogenesis. This increase in the number of cells is generated by two mechanism: (a) an increase in the size of the embryonic SVZ and (b) a prolonged period of cell cycle activity of progenitor cells during neurogenesis [50]. In macaque monkey, the period during which cell division occurs is ten times longer than in rodent and the cell cycle duration is two to five times longer than in mouse [51]. Substantially more total rounds of cell divisions elapse during the prolonged neurogenetic period of the monkey cortex, providing the basis for increased cell proliferation. Moreover, unlike the progressive slowing that occurs during cortical development in rodents, cell division accelerates during neurogenesis of the enlarged cortical layers in monkeys. These findings suggest that evolutionary modifications of the duration and number of progenitor cell divisions contribute to both the expansion and laminar elaboration of the primate neocortex [52]. The enlarged cortex of great apes reflects a longer period of neuronal formation during prenatal development, so that each dividing progenitor cell undergoes more cell cycles before stopping cell division [52]. Cortical progenitors undergo 11 rounds of cell division in mice [53], at least 28 in the macaque [52], and probably far more in human [54]. This phylogenetic prolongation of mitotic activity provides the basis for a potentially higher rate of accumulating mitotic errors during neurogenesis that might give rise to abnormal copies numbers of a genomic region.

Thus, loss or gain of copies of a genomic region occurs naturally during the course of evolution and might provide a mechanism of phylogenetic importance to regulate gene expression in the adult vertebrate brain. Recent studies of brain tissue from equivalent regions of different primate species suggest an upregulation of gene expression in the human cortex compared to chimpanzee cortex [55–58]. These upregulated genes tend to be enriched in genomic regions that have been recently duplicated in human evolution and can give rise to new genes [59, 60]

The Human Brain Is a Chromosomal Mosaic

With a very few exception [61, 62], all somatic mammalian cells have basically been assumed to contain identical genomes corresponding to a diploid set of chromosomes. Accordingly, cellular heterogeneity might largely be regulated by epigenetic mechanisms. More recent studies in the human brain, however, indicate that structural variations in the human genome due to loss or gain of whole chromosomes or fragments thereof might be an additional mechanism to generate neuronal diversity [39, 40, 63–70].

A more than diploid level of neuronal DNA was first reported about 50 years ago on rat Purkinje cells (Brodsky and Kusc [71]) and neurons of the cerebellar dentate nucleus in human brain [72]. These initial observations prompted a number of subsequent studies, reporting on similar findings for a large variety of neurons of different mammalian species, including cerebellar Purkinje cells of human [73, 74], cat [75], mice [76], rat [77–87], and chick [88], hippocampal and cortical pyramidal cells of cat [75, 89], rat [90–92], and guinea pig [93], nerve cells of the cervical superior ganglion in rabbit (Kut and Iarygin [94]), cat spinal motoneurons [75], and bat olfactory bulb [95].

After an ongoing controversy as to whether the DNA content of a very large part of neurons [77, 78] or even all neurons [80, 96, 97] exceeds the diploid level or not [98–103], a consensus was reached that the majority of neurons are diploid. Discrepant results were mainly attributed to various technical limitations and cytophotometric artifacts of heterochromatin in interphase nuclei of postmitotic neurons [104–106] but also to large individual variations [107]. Still, a small but constant fraction of a few percent of neurons continuously escaped the diploid DNA amount, irrespectively of the analytical method or other confounding factors of tissue sampling and preparation.

This argues in favor of the presence of a “low-frequency” DNA content variation of neurons deviating from the diploid content giving rise to mosaic aneuploidy in the brain [107–109].

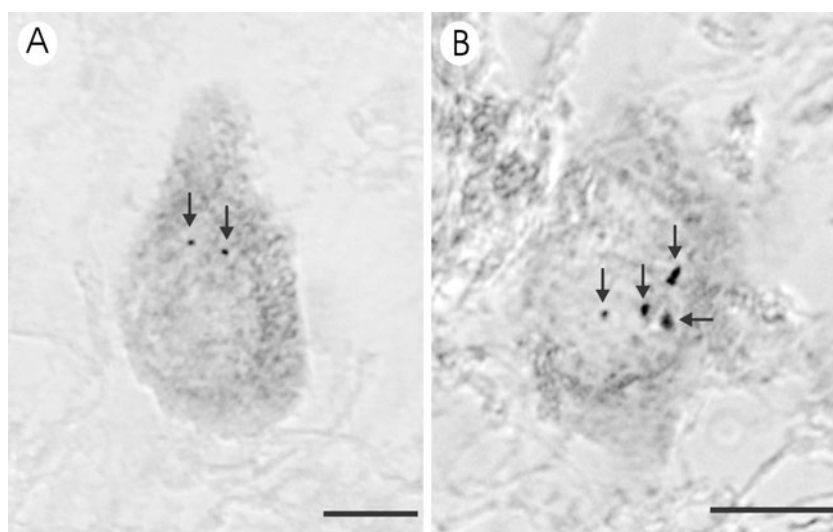
More recent studies applying state-of-the-art approaches for evaluating chromosome numbers in brain cells using multicolor fluorescence in situ hybridisation or chromogenic in situ hybridisation (CISH) with site-specific and centromeric DNA probes [39, 65–67] or interphase high-resolution chromosome-specific multicolor banding for the visualization of whole chromosomes [40, 63, 64, 68] constantly revealed a low frequency of aneuploid neurons in the human brain. This “low-frequency aneuploidy” which roughly amounts to about 10 % of all neurons [64, 66, 67] appears to be well tolerated in the normal brain, where it might contribute to genetically mosaic neuronal circuits [65, 110].

“High-Frequency Neuronal Aneuploidy” Might Trigger Apoptotic Clearance

While the rate of aneuploidy in proliferating neuroblasts has been reported as high as 33 % [39, 40], it decreases to about 10 % in the postmitotic cells in the adult brain [66, 111, 112]. This marked decrease in the rate of aneuploidy during ontogenetic brain development might indicate a higher rate of elimination due to higher susceptibility to cell death [39]. Alternatively, however, it could not be ruled out that aneuploid cells are less well able to proliferate and instead exit the cell cycle and terminally differentiate.

The apoptotic clearance of neuronal cells observed during cortical development [113] might be influenced by inherited mutations in genes implicated in the maintenance of chromosome stability. Alterations in mechanisms of apoptotic clearance may result in a lack of abnormal neuronal

Fig. 3 Chromogenic in situ hybridisation with a chromosome 17 probe in the entorhinal cortex in Alzheimer's disease, demonstrating the simultaneous presence of pyramidal neurons with a diploid set of chromosomes (a) and with a chromosome number above the diploid level (tetraploid; b). (Modified after [66])



clearance during early brain development, leading, therefore, to neurodevelopmental abnormalities. Because extensive apoptotic clearance should disturb the maintenance of the established neuronal cell content in the adult brain, delayed apoptotic clearance may be considered a cause of late-onset neurodegenerative diseases. Different types of chromosomal imbalances may relate to an uneven apoptotic signaling potential. Therefore, each type of chromosome complement abnormality might possess a different propensity for apoptotic clearance [112, 114, 115].

Chromosomal Mosaicism of the Brain During Aging and in Mental Disorders

The functional significance of a brain composed of an intermixed population of aneuploid and euploid neurons is currently unknown. One possibility is that aneuploidy serves a mechanism for generating cellular diversity within the CNS. Indeed, aneuploid cells display distinct gene expression profiles compared with euploid cells from the same lineage as shown in a mouse model of loss of heterozygosity [38]. This indicates that functional gene expression can be permanently altered in living cells by chromosomal aneuploidy.

As shown recently, moreover, human autosomes typically show a high rate of random monoallelic gene silencing, expressing only either the maternal or the paternal allele [116]. This can clearly lead to differences in expressed protein sequences and to differences in levels of gene expression, a mechanism that further enhances molecular diversity of individual cells. Repression of neuronal gene expression, furthermore, has recently been identified as a phylogenetically evolved feature of brain aging in primates [117]. Through alterations in gene dosage by chromosomal gain or loss, aneuploid cells may also increase susceptibility to disease, as has been suggested for germline mutations resulting in large-scale copy number polymorphisms [118] and locus triplications [119].

Moreover, aneuploidy due to meiotic errors is the most common cause of fetal death, stillbirth, and disorders associated with chromosome abnormalities in humans [120]. Apart from trisomy of chromosomes 13, 18, and 21, as well as additional supernumerary marker chromosomes, all remaining autosomal aneuploidy conditions are supposed to occur in live births as mosaic forms only. Mental impairment is a characteristic feature of all recognizable autosomal aneuploidy syndromes. It is frequently accompanied by morphological changes in the brain of affected children, supporting the contention that the presence of neuronal cells with a gained or lost autosome may be related not only to impaired functioning but to conspicuous morphological abnormalities [121].

The two best studied biological processes associated with numerical chromosome imbalances are tumorigenesis and aging. Brain tumors demonstrate aneuploid karyotypes in at least about 50 % of cases [122, 123]. The variation of chromosome complement observed at the cytogenetic level as a feature of human aging has been well documented [124–126]. More recently, this phenomenon was found to be likely explained by mitotic misregulation [127]. Although tissue-specific chromosome complement variation in human aging

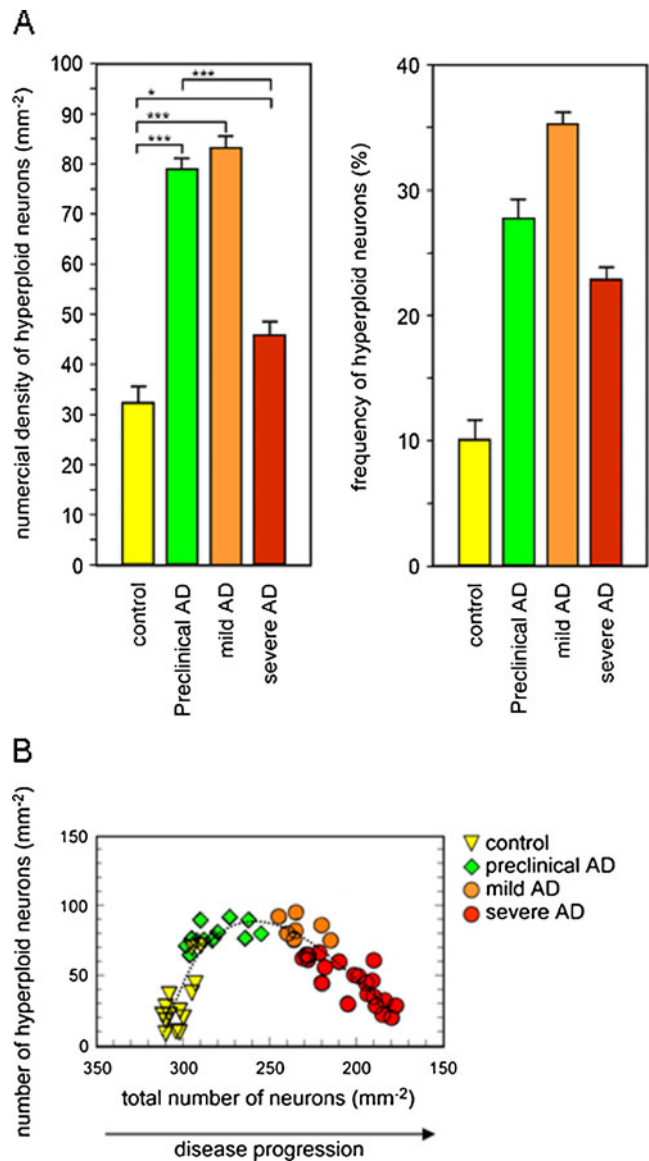


Fig. 4 Quantification of neurons with a DNA content above the diploid level (hyperplod) in the entorhinal cortex by slide-based cytometry in healthy controls, preclinical, mild, and severe Alzheimer's disease (a). The progression of the disease is paralleled by an inverse U-shaped curve in the number of hyperplod neurons with an initial increase in number during the transition from healthy controls towards preclinical and mild AD, followed a decrease during further disease progression (b). (* $p < 0.05$; *** $p < 0.001$; Student's t test). (Modified after [160])

is poorly understood, current data provide indirect evidence for an acquired aneuploidy in numerous tissues. In addition, the CNS possesses parts in which long-term production of neurons occur and, therefore, low-level chromosomal mosaicism in the human brain may also contribute to aging processes either through mitotic errors or the onset of expression of age-related genes in aneuploid mature neurons.

Human diseases with reported aneuploidy include Alzheimer's disease [39, 128–137], Down's syndrome [138–141], ataxia telangiectasia [63, 111], schizophrenia [115, 142–147], mosaic variegated aneuploidy [148–152], and various tumors such as gliomas [122, 153], glioblastomas [154, 155], and medulloblastomas [156]. To analyse the precise frequency and distribution of aneuploid neurons in AD, we developed a cytomic approach for single-cell DNA quantification in brain slices, combining slide-based cytometry after DNA staining with propidium iodide, CISH with chromosome-specific probes, and laser microdissection followed by quantitative PCR of *alu* repeats [66, 157–159]. With this technique, which allows to quantify the DNA content in single identified neurons within a preserved cytoarchitectonic context, we could obtain clear evidence for an increase in the number of neurons containing a more than diploid amount of DNA reaching about twice the frequency seen in controls (Figs. 3 and 4).

Aneuploidy in Alzheimer's Disease Is a Molecular Signature of Neurons Prone to Cell Death

Contrary to the “low-frequency neuronal aneuploidy” which appears to be well tolerated, numerical chromosome aberrancies might be detrimental if its abundance exceeds a certain threshold, leading to apoptotic clearance (see above). We could, thus, show recently that neurons with a chromosomal number above the normal diploid level are rather selectively affected by cell death at very early stages of Alzheimer's disease [160] (Fig. 4).

Neurodegeneration mediated by chromosome instability appears not to be unique to AD and has recently also been reported for cerebellar degeneration in patients with ataxia-telangiectasia [63]. These findings support previous suggestions that certain types of numerical chromosome abnormalities in the brain might contribute to neurodegenerative diseases [64, 66, 161–166]. Despite this clear evidence for the deleterious sequelae of numerical chromosome abnormalities in AD, there still is controversy about its modes of generation [167].

Potentially, these neurons might derive from a partial reinitiation of DNA replication that actively takes place in the adult brain shortly before cell death. Reasons for an incomplete replication of DNA could be an accumulation of DNA damage and a decreased expression and activity of replication enzymes [168–171]. Developmental deficiencies in

chromosome segregation [172] giving rise to aneuploid neuronal progenitors that have failed to undergo apoptotic clearance have also been suggested as a critical pathogenetic mechanism in AD [173, 174]. This “chromosome malsegregation hypothesis” is supported by a large body of evidence arising from cytogenetic studies carried out to assess structural and numerical chromosome aberrations in cultured peripheral cells of AD patients, as well as an increased risk to develop AD and show chromosomal malsegregation in lymphocytes in young mothers of patients with trisomy 21 [130, 137, 175–180]. In particular, mutations in the *presenilin* genes that cause AD also cause chromosome instability [161, 165, 181]. Further, neuronal aneuploidy might contribute to inflammation and amyloidogenic processing of APP which are critical features of AD [173].

Taken together, the data presented here provide direct evidence for an increased frequency in AD of neurons containing a DNA content above the normal diploid level and the deleterious consequences of this chromosomal aberrancy. These findings add aneuploidy to the list of critical molecular events that are shared between neurodegeneration and oncogenesis [182]. Irrespectively of whether aneuploidy results from a lack of apoptotic clearance during brain development or an aberrant attempt of cell cycle reentry [66, 114, 183], it defines a molecular signature for neuronal vulnerability and directs our attention to a failure of neuronal differentiation control as a critical pathogenetic event and potential therapeutic target in AD.

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