

Systemic Administration of Exosomes Released from Mesenchymal Stromal Cells Attenuates Apoptosis, Inflammation, and Promotes Angiogenesis after Spinal Cord Injury in Rats

Jiang-Hu Huang *et al.*,

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Tanja Wagner

Introduction

Spinal cord injury (SCI)

- lead to severe and often permanent disability
 - result in significant decrease in quality of life and heavy burden to the individuals and their families
 - many therapies but all of these approaches demonstrated limited efficacy
- compelling need to develop novel therapeutic strategies designed to improve functional recovery post-SCI

Mesenchymal stem cells (MSCs)

- subset of non-haematopoietic cells consisting of mesenchymal stem and progenitor cells
 - possess pluripotent features
 - obtained from different sources such as bone marrow, peripheral blood, umbilical cord blood, adipose tissue and skin of the human body
- Studies showed that MSCs can serve as a promising cell source for the preclinical cell therapy in treatment of SCI in rat model

Mesenchymal stem cells (MSCs)

However, there are several disadvantages

- After long-term culture, MSCs might become immortalized and spontaneously transform (enhanced chromosome instability, dysregulation of telomere activity and cell-cycle-related genes)
→ can result in tumorigenesis when injected in multiple organs
- Transplantation of short-term MSCs cultured into mice can form malignant tumors
- Intra-arterial MSCs administration may lead to occlusion in the distal vasculature (relatively large cell size)

Mesenchymal stem cells (MSCs)

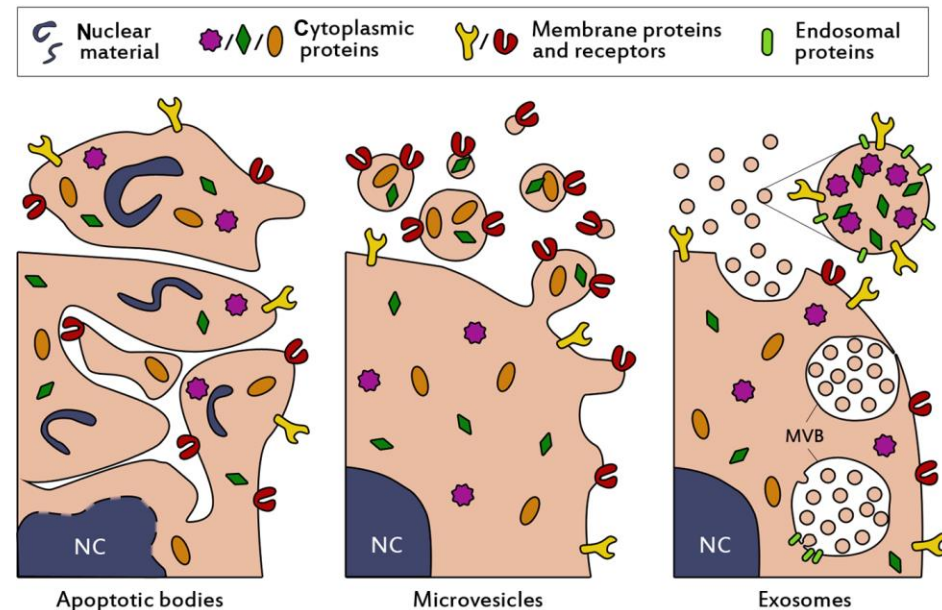
- Small proportion of transplanted MSCs actually survived and few MSCs an differentiate into neural cells in injured spinal cord tissues

- most of the biological and therapeutic effect of MSCs are attributed to paracrine mechanisms mainly through secreting molecules
 - growth factors
 - chemokines
 - cytokines
 - extracellular vesicles

Exosomes

- Endosomal origin small-membrane vesicles: diameter **30–120 nm**
- Originate from budding into the limiting membrane of large endosomal structures (multivesicular bodies =MVB) in the cytosol

→ MVB are able to fuse with the plasma membrane, causing the release of exosomes into the extracellular space



Kooijmans *et al.*, 2012

Exosomes

- generated by many cell types
- contain functional messenger RNAs, micro-RNAs and proteins
- pivotal role in cell-to-cell communication

- Exosomes derived from MSCs do not proliferate and are easier to store and deliver than MSCs
- Exosomes and microvesicles derived from multipotent MSCs have therapeutic promise in cardiovascular, liver and kidney diseases
- Systemic administration of MSCs-exosomes promoted neurovascular remodeling and functional recovery post-stroke

Stoorvogel W. *et al.*, Traffic (2002)
Thery, C. *et al.*, Nat. Rev. Immunol. (2002)

Hypothesis

Whether systemic administration of exosomes generated from MSCs can promote the function recovery on the rat model of SCI *in vivo*

Methods

Experiment design

- SCI rats were randomly divided into 2 groups:
 - PBS group (control group)
 - MSCs–exosomes treatment group (exosomes group)
- Rats were subjected to SCI, then half an hour later followed by tail vein injection of MSCs–exosomes (precipitated in 0.5ml PBS, approximately 1×10^{10} particles) or an equal volume of PBS (0.5ml)

Establishment of contusion spinal cord injury model in rats

- rats were anesthetized with intraperitoneal injection
- a laminectomy was performed at thoracic vertebra level 10 (T10)
- a moderate contusion injury was induced using a modified Allen`s weight drop apparatus (8g weight at a vertical height of 40mm) on the exposed dura of the spinal cord

MSCs–exosomes generation and collection

- Bone marrow from adult male rats was mechanically dissociated
→ cells were washed and suspended in culture medium
(modified Eagle`s medium +20% fetal bovine serum +penicillin/streptomycin)
- For exosome isolation: culture medium was replaced with an exosome depleted FBS–contained medium when cells reached 60%–80% confluence →MSCs were cultured for additional 24h
- Supernatants collected from cultured MSCs
 - filtered 0.2µm filter to remove large debris and dead cells
 - small–cell debris removed by centrifugation at 10,000g for 30min
 - supernatants recentrifugated at 100,000g for 3h

Basso, Beattie, Bresnahan scores (BBB score)

- Locomotor activity was evaluated at 1, 3, 7, 14, 21 and 28 days post-injury using the BBB score, which measured locomotor ability for 4min

- 0 No observable hindlimb (HL) movement
- 1 Slight movement of one or two joints, usually the hip and/or knee
- 2 Extensive movement of one joint
or
extensive movement of one joint *and* slight movement of one other joint
- 3 Extensive movement of two joints
- 4 Slight movement of all three joints of the HL
- 5 Slight movement of two joints *and* extensive movement of the third
- 6 Extensive movement of two joints *and* slight movement of the third
- 7 Extensive movement of all three joints of the HL
- 8 Sweeping with no weight support
or
plantar placement of the paw with no weight support
- 9 Plantar placement of the paw with weight support in stance only (i.e., when stationary)
or
occasional, frequent, or consistent weight supported dorsal stepping and no plantar stepping
- 10 Occasional weight supported plantar steps, no forelimb (FL)–HL coordination
- 11 Frequent to consistent weight supported plantar steps *and* no FL–HL coordination
- 12 Frequent to consistent weight supported plantar steps *and* occasional FL–HL coordination
- 13 Frequent to consistent weight supported plantar steps *and* frequent FL–HL coordination
- 14 Consistent weight supported plantar steps, consistent FL–HL coordination; *and* predominant paw position during locomotion is rotated (internally or externally) when it makes *initial contact* with the surface as well as just before it is *lifted off* at the end of stance
or
frequent plantar stepping, consistent FL–HL coordination, and occasional dorsal stepping
- 15 Consistent plantar stepping and consistent FL–HL coordination; *and* no toe clearance or occasional toe clearance during forward limb advancement; predominant paw position is parallel to the body at initial contact
- 16 Consistent plantar stepping and consistent FL–HL coordination during gait; *and* toe clearance occurs frequently during forward limb advancement; predominant paw position is parallel at initial contact and rotated at lift off
- 17 Consistent plantar stepping and consistent FL–HL coordination during gait; *and* toe clearance occurs frequently during forward limb advancement; predominant paw position is parallel at initial contact *and* lift off
- 18 Consistent plantar stepping and consistent FL–HL coordination during gait; *and* toe clearance occurs consistently during forward limb advancement; predominant paw position is parallel at initial contact and rotated at lift off
- 19 Consistent plantar stepping and consistent FL–HL coordination during gait; *and* toe clearance occurs consistently during forward limb advancement; predominant paw position is parallel at initial contact *and* lift off; and tail is down part or all of the time
- 20 Consistent plantar stepping and consistent coordinated gait; consistent toe clearance; predominant paw position is parallel at initial contact and lift off; tail consistently up; *and* trunk instability
- 21 Consistent plantar stepping and coordinated gait, consistent toe clearance, predominant paw position is parallel throughout stance, consistent trunk stability, tail consistently up

Basso D.M. *et al.*, J. Neurotrauma (1995)

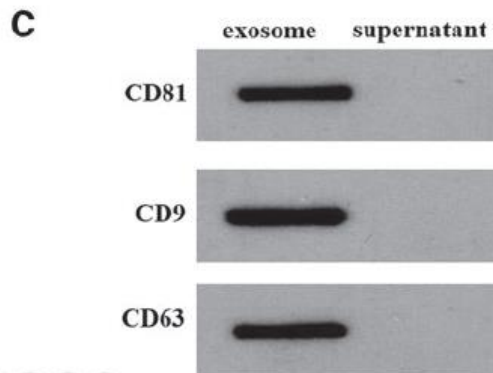
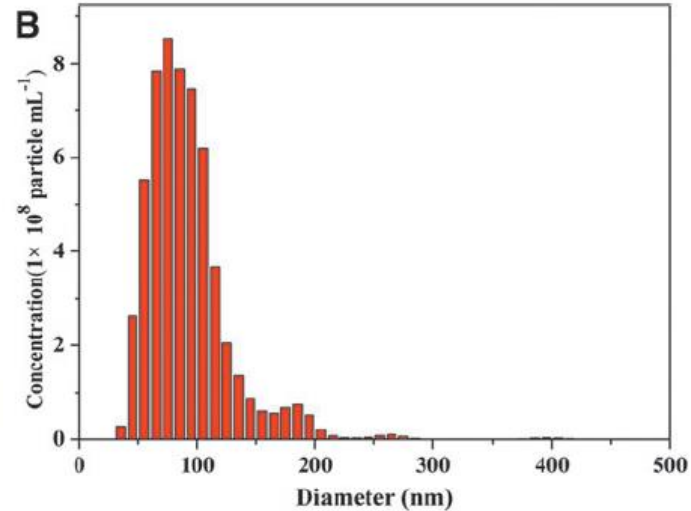
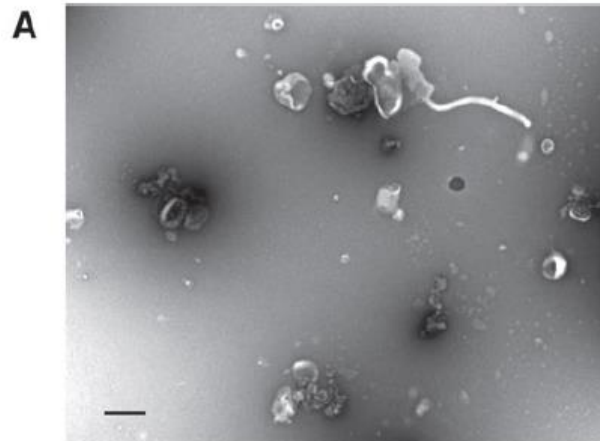
Terminal deoxynucleotidyl transferase–mediated dUTP nick end labelling assay (TUNEL assay)

- The hallmark of apoptosis is DNA degradation
- To detect DNA fragmentation caused by cell death in the injured spinal cord
- DNA breaks (nicks) can be detected by labeling the free 3′–OH termini with modified nucleotides (e.g., biotin–dUTP, fluorescein–dUTP) in an enzymatic reaction
- The enzyme terminal deoxynucleotidyl transferase (TdT) catalyzes the polymerization of deoxyribonucleotides (dUTP) to the 3′–end of single– and double–stranded DNA
 - named **TUNEL** (**T**dT–mediated **d**UTP–X **n**ick **e**nd **l**abeling)
- Labeled sections were scanned with a light microscope

<http://www.sigmaaldrich.com>

Results

Characterization of mesenchymal stem cells exosomes



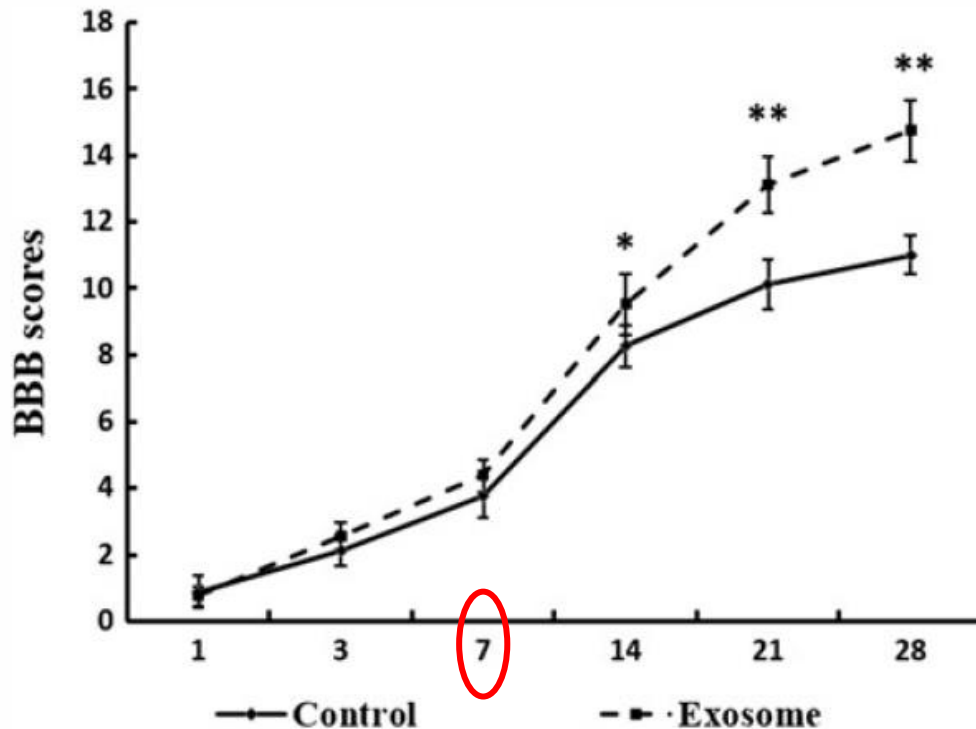
→ Spherical vesicles

→ Homogeneous population from 20 to 130nm

→ MSCs-exosomes expressed high levels of CD9, CD63, CD81

MSCs-exosomes improved function recovery after SCI

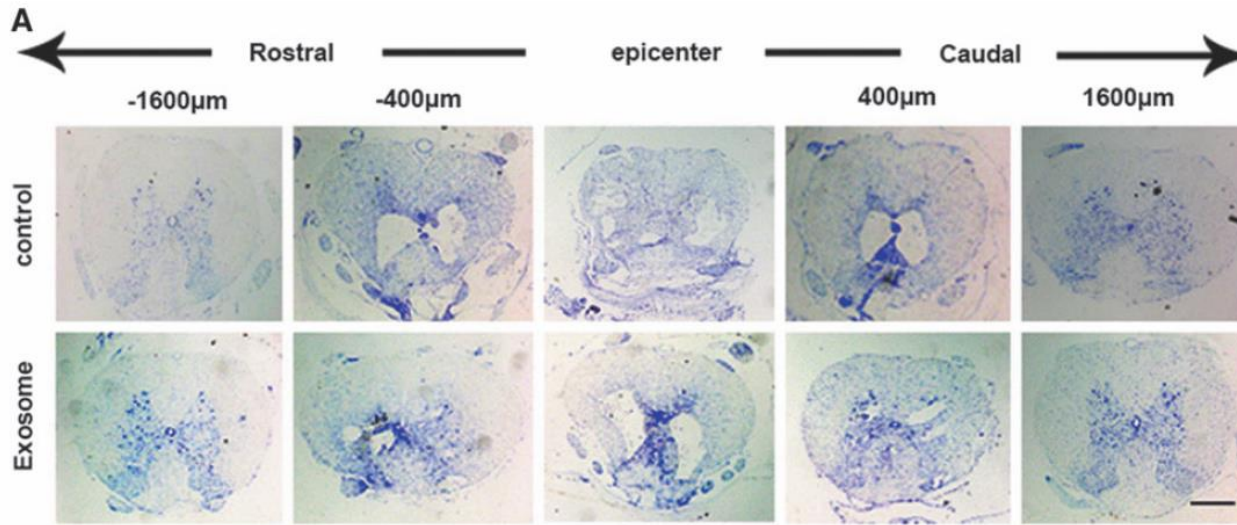
Post-SCI: starting all rats were paralyzed in both hindlimbs



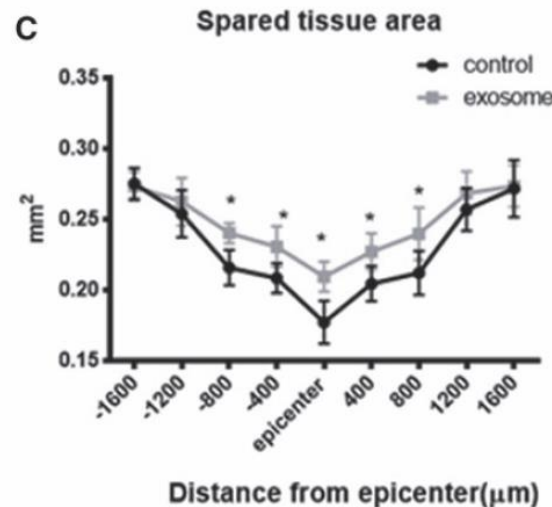
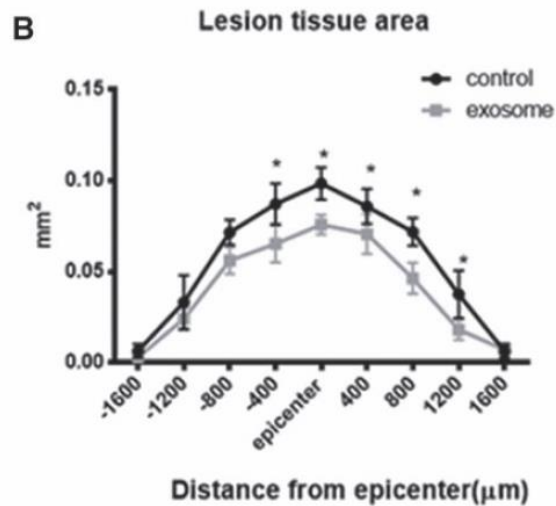
→ Hindlimb locomotor activity improved gradually over time (BBB scores gradually increased)

→ Exosome-group showed significantly improved hindlimb activity score from day 7 post-injury

MSCs–exosomes promoted tissue sparing and reduced lesion tissue after SCI



28 days post-injury:
 cresyl- violet-stained
 section

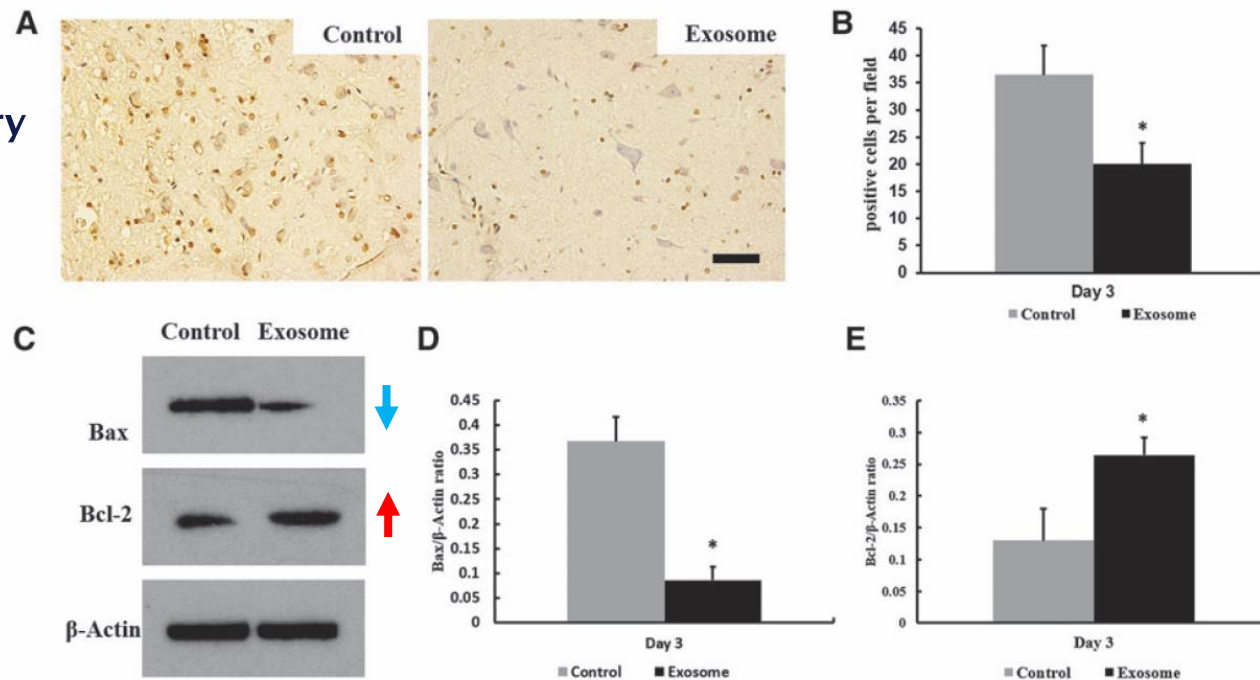


→ Lesion area was smaller in the exosomes-treated group

→ Exosome-treated group had significantly larger spared tissue areas

MSCs–exosomes attenuated cell death after SCI

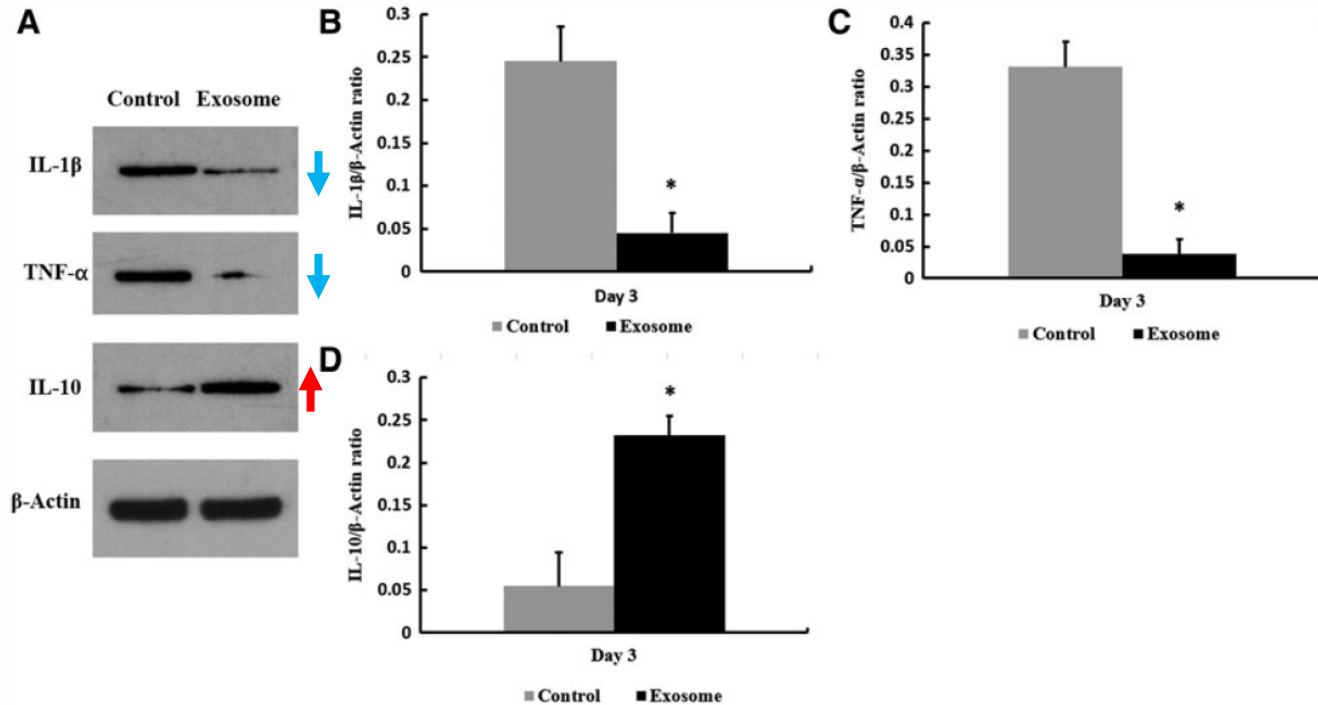
3 days post-injury



- MSCs–exosomes significantly decreased the number of TUNEL–positive cells
- MSCs–exosomes **reduced Bax (pro–apoptotic)** expression
- MSCs–exosomes **upregulated Bcl–2 (anti–apoptotic)** expression

MSCs-exosomes reduced inflammation after SCI

3 days post-injury

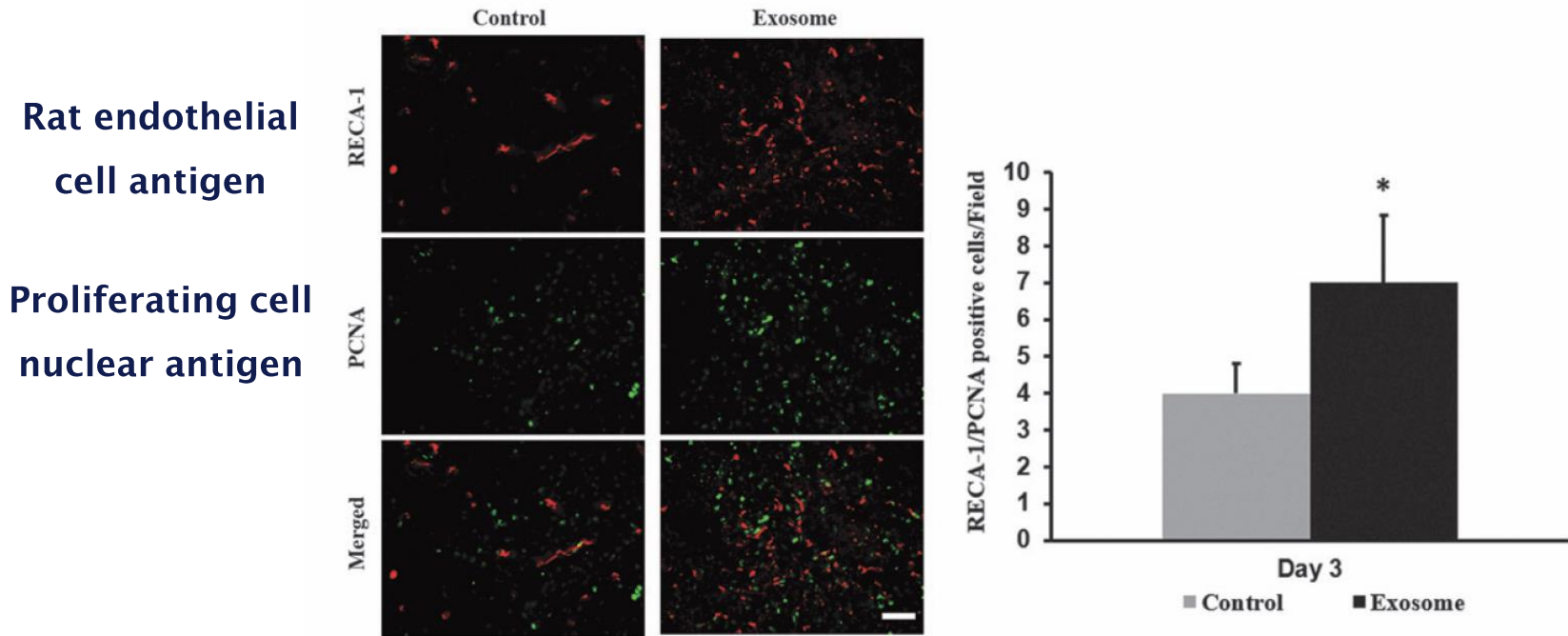


- Pro-inflammatory cytokines (IL-1 β and TNF- α) were downregulated after exosomes treatment
- Anti-inflammatory cytokine (IL-10) was upregulated in the exosome-treated group

MSCs–exosomes promoted angiogenesis after SCI

3 days post–injury

THE PROTECTIVE EFFECT OF MSCs-EXOSOMES ON SCI



- Number of proliferating vessels was significantly increased in the exosome–treated group
- MSCs–exosomes increased endothelial cell proliferation post–SCI

Discussion

Mesenchymal stem cells

MSCs derived from different tissues appears to have neuroprotective effects on the spinal cord post-injury

→ on the hypothesis that it homes and engrafts into injured spinal cord tissues then differentiates into cells to replace damaged cells

→ HOWEVER, <1% of transplanted MSCs actually migrated to their target tissue and a large proportion of MSCs were trapped in the liver and lung after intravenous administration

Morita T. *et al.*, Neuroscience (2016)
Aras Y. *et al.*, Neurosurg. (2016)
Melo F.R. *et al.*, Neurobiol. (2017)
Phinney, D.G. *et al.*, Stem Cells (2007)

→MSCs exerted their effects by secretion a broad spectrum of molecules (paracrine effect)

→MSCs secreted growth factors, cytokines, chemokines, and extracellular microvesicles into their surrounding microenvironments, which subsequently benefited cell regeneration or angiogenesis

Ratajczak M.Z. *et al.*, Pol. Arch. Med. Wewn. (2014)
Kwon H.M. *et al.*, Vasc. Pharmacol. (2014)

MSCs–exosomes treatment after SCI

- attenuated cell apoptosis and inflammation
 - promoted angiogenesis
 - downregulated pro–apoptotic (Bax) mediator and pro–inflammatory cytokines (IL–1 β and TNF– α)
 - upregulated anti–apoptotic (Bcl–2) and anti–inflammatory cytokine (IL–10)
- ➔ MSCs–exosomes could improve the pathological hallmarks induced by trauma and promote functional recovery after SCI

- MSCs–exosomes shows great potential as a cell–free strategy with promising therapeutic effects on SCI
 - to trace and measure that the substantive numbers of MSC–exosomes actually reach the spinal cord that aid to elucidate their superiority
- These findings suggest that MSCs–derived exosomes is a potential new therapeutic intervention for SCI**

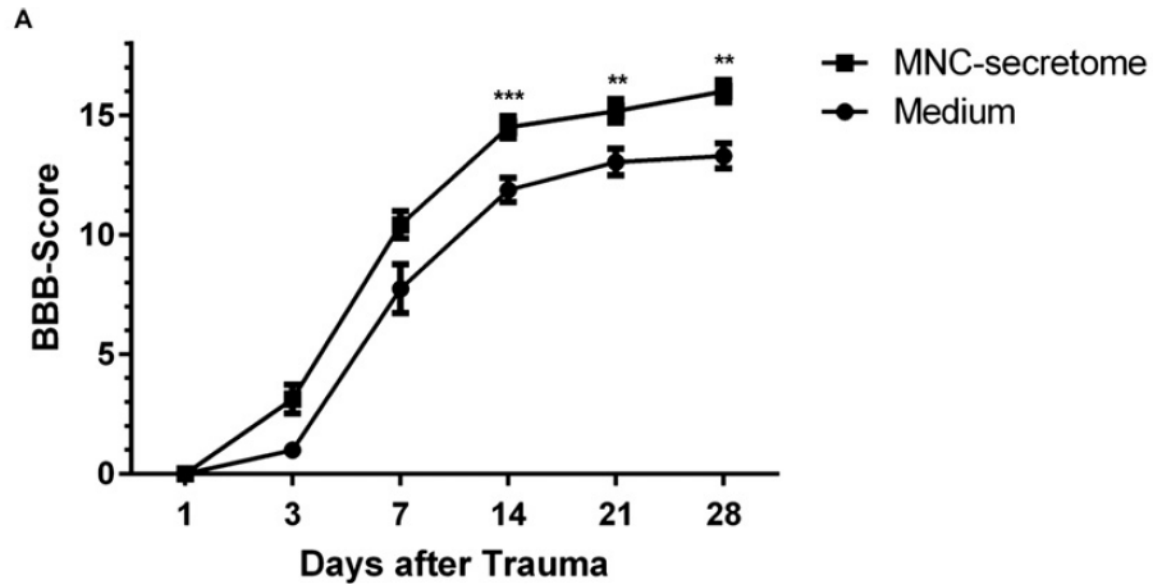
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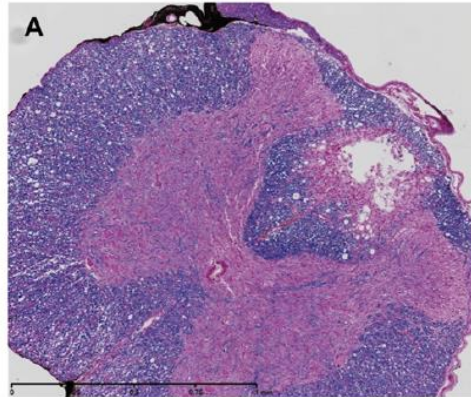
Thank you for your attention!

Secretome from apoptotic PBMCs



Secretome from apoptotic PBMCs

medium treated



secretome treated

