

# Journal of Visualized Experiments

## A cell-based assay to study antibody-mediated tau clearance by microglia

--Manuscript Draft--

Article Type:	Invited Methods Article - JoVE Produced Video
Manuscript Number:	JoVE58576R1
Full Title:	A cell-based assay to study antibody-mediated tau clearance by microglia
Keywords:	Alzheimer's, tauopathy, tau, aggregation, microglia, BV-2, uptake, clearance; Alzheimer's, tauopathy, tau, aggregation, microglia, BV-2, uptake, clearance
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Additional Information:	
Question	Response
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**TITLE:**

Cell-Based Assay to Study Antibody-Mediated Tau Clearance by Microglia

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**KEYWORDS:**

Alzheimer's, tauopathy, tau, aggregation, microglia, BV-2, uptake, clearance.

**SHORT ABSTRACT:**

Here we describe a cell-based assay to quantitatively assess tau uptake by microglia with the aim of creating an investigational tool to better characterize the mechanisms of action of anti-tau antibodies.

**LONG ABSTRACT:**

Alzheimer's disease (AD) is a progressive neurodegenerative condition in which aggregated tau and amyloid proteins accumulate in the brain causing neuronal dysfunction which eventually leads to cognitive decline. Hyperphosphorylated tau aggregates in the neuron are believed to cause most of the pathology associated with AD. These aggregates are assumed to be released into the extracellular compartment and taken up by adjacent healthy neurons where they induce further tau aggregation. This "prion-like" spreading can be interrupted by antibodies capable of binding and "neutralizing" extracellular tau aggregates as shown in preclinical mouse models of AD. One of the proposed mechanisms by which therapeutic antibodies reduce pathology is antibody-mediated uptake and clearance of pathological aggregated forms of tau by microglia. Here, we describe a quantitative cell-based assay to assess tau uptake by microglia. This assay

uses the mouse microglial cell line BV-2, allows for high specificity, low variability and medium throughput. Data generated with this assay can contribute to a better characterization of anti-tau antibody effector functions.

## **INTRODUCTION:**

Alzheimer's disease (AD) is a progressive neurodegenerative condition characterized by the conformational change and self-assembly of amyloid  $\beta$  peptide and tau protein into pathological aggregates. The normal soluble amyloid  $\beta$  peptide is converted into oligomeric and fibrillar amyloid  $\beta$ , while abnormally phosphorylated tau accumulates as oligomers and neurofibrillary tangles<sup>1, 2</sup>. These protein aggregates cause neuronal death leading to memory loss and subsequent progressive cognitive decline. Other factors, including non-productive neuroinflammation and a reduced ability to clear misfolded proteins, may exacerbate and accelerate disease. Currently, intervention strategies against AD provide largely symptomatic relief, but there is no disease-modifying cure or prevention.

Increasing evidence suggests a key role of hyperphosphorylated tau aggregates in the pathology of AD. In its non-pathological state, tau is a natively unfolded protein that binds to microtubules and promotes their assembly into the neuronal cytoskeleton. When tau becomes hyperphosphorylated, it detaches from the cytoskeleton and clusters into tau aggregates in the neuron, which are believed to cause most of the pathology associated with AD<sup>3</sup>. Aggregated tau starts accumulating first intracellularly, but as disease progresses, it is assumed to be released from affected neurons into the extracellular space, from which it can be taken up by adjacent or synaptically connected healthy neurons in a "prion-like manner". Once internalized, the tau aggregate induces further tau aggregation *via* templated conformational change<sup>4</sup>.

According to this hypothesis, therapies capable of interrupting tau seeding might slow down or reverse the course of tau-mediated neurodegenerative disease. In support of this, mice made susceptible to tauopathy by genetic mutation and passively injected with anti-tau antibodies show reduced tau pathology and improved cognitive function<sup>5-9</sup>. However, the mechanisms by which therapeutic antibodies reduce pathology still remain elusive.

One of the proposed mechanisms is antibody-mediated uptake and clearance of pathological aggregated forms of tau by microglia, the brain's resident immune cells. Recent publications suggest that microglia can efficiently internalize and degrade pathological tau species and this ability is enhanced by anti-tau antibodies *via* an Fc-dependent mechanism involving Fc receptors expressed on the surface of microglia and receptor mediated phagocytosis<sup>10, 11</sup>. These data identify microglia as potentially important effectors of therapeutic antibodies.

We describe herein a cell-based assay to quantitatively assess tau uptake by microglia. Data generated with this assay can help elucidating the mechanisms of action of anti-tau antibodies thus representing a useful tool to advance anti-tau antibodies to further the steps of their development as potential AD treatment.

## **PROTOCOL:**

## 1. BV-2 Cells Culture

Note: Handle BV-2 cells under Biosafety Level 2 containment. The BV-2 cell line produces an enveloped recombinant ecotropic retrovirus (capable of infecting murine cells only)<sup>12</sup>; such viruses are known for their *in vitro* transforming ability and *in vivo* tumorigenic potential.

1.1. Culture BV-2 cells in high glucose Dulbecco's modified eagle medium (DMEM) supplemented with 10% fetal bovine serum (FBS), 100 U/mL penicillin, 100 µg/mL streptomycin and 2 mM L-Glutamine (referred to as culturing medium from now on) by seeding cells at  $4 \times 10^4$  cells/mL.

1.2. Maintain cultures in a humidified atmosphere of 5% CO<sub>2</sub> at 37 °C.

Note: the cells grow loosely attached and in suspension.

## 2. Label Recombinant Tau Aggregates with pH-Sensitive Fluorescent Dye

Note: Tau aggregates were prepared as described in Apetri *et al.*<sup>13</sup> with the difference that no Thioflavin T (ThT) was added to the reaction buffer. Aggregated samples were collected in 1.5 mL centrifuge tubes. Final fluorescence signal was checked by mixing 118 µL of the pool sample with 12 µL of a 50 µM ThT solution. Aggregates were separated by centrifuging the aggregation reaction mixture at 20,000 x *g* for 1 h at 4 °C. The supernatant was analyzed by S MALS to confirm that all the monomeric tau was converted into aggregates. Pellets (tau aggregates) were snap frozen and stored in a freezer at -80 °C.

2.1. Resuspend tau aggregates in 0.1 M sodium bicarbonate buffer (NaHCO<sub>3</sub>) at pH 8.5 to a concentration of 1 mg/mL (~ 20 µM).

Note: Concentration of tau aggregates is based on the initial monomers concentration as assessed by the absorption of tau monomers at 280 nm using an extinction coefficient of 0.31 mLmg<sup>-1</sup>cm<sup>-1</sup>.

2.2. Sonicate the resuspended aggregates using a probe sonicator while keeping on ice to avoid over-heating.

2.2.1. Use an amplitude of 65% (with sonicator of power 250 W).

2.2.2. Perform 8 pulses of 3 s with pauses of 15 s between pulses to avoid overheating.

2.3. Prepare an 8.9 mM stock solution of pHrodo dye (henceforth reference to as pH dye) in dimethyl sulfoxide (DMSO) following manufacturer's instruction.

Note: Always prepare a fresh solution and use it only on the day it is prepared.

- 2.4. Add 10 moles of dye per mole of protein to a final dye concentration of 0.2 mM.
- 2.5. Mix by gently pipetting up and down.
- 2.6. Incubate the reaction mixture for 45-60 min at room temperature, protected from light.
- 2.7. In the meantime, assemble a cross-linked dextran gel desalting column following manufacturer's instructions.
- 2.8. Equilibrate the column with 25 mL elution buffer (100 mM NaHCO<sub>3</sub> pH 5, 3% DMSO). Discard the flow through.
- 2.9. Add the product of the tau aggregate labeling reaction to the column in a total volume of 2.5 mL. If the sample is less than 2.5 mL, add buffer until a total volume of 2.5 mL is achieved.
- 2.10. Let the sample enter the packed gel completely, discard the flow-through.
- 2.11. Elute with 3.5 mL elution buffer and collect the eluate in 4 equivalent fractions in 2 mL tubes.
- 2.12. Determine protein concentrations of the 4 fractions by bicinchoninic acid (BCA) assay.
- 2.13. Store the labeled protein in a -20 °C freezer.

### **3. Uptake Assay with Fluorescence-Activated Cell Sorting (FACS) Read-Out**

#### **3.1. Day 1 – Seed the Cells**

##### **3.1.1. Wash BV-2 cells in the flask with phosphate-buffered saline (PBS) 1x.**

Note: Washing volume will vary based on the size of the cell flask used. For example, for a T175 flask, wash with 10 mL of PBS 1x.

##### **3.1.2. Detach cells by incubating with trypsin-ethylenediaminetetraacetic acid (EDTA) 0.05% at 37 °C and 5% CO<sub>2</sub> until the cells detach from the flask (approximately 5 min).**

Note: Volume of trypsin-EDTA 0.05% depends on the size of the cell flask used. For example, for a T175 flask, use 2 mL of trypsin-EDTA 0.05%.

##### **3.1.3. Resuspend cells in culturing medium containing 200 µg/mL heparin to a final concentration of 1 x 10<sup>5</sup> cells/mL.**

##### **3.1.4. Plate 250 µL of cell suspension (2.5 x 10<sup>4</sup> cells) per well in a 96-well tissue culture flat bottom plate.**

177  
178 3.1.5. Incubate plate overnight at 37 °C with 5% CO<sub>2</sub>.  
179

## 180 **3.2. Day 1 – Prepare Immunocomplexes**

181  
182 3.2.1. Thaw pH dye-tau on ice.  
183

184 3.2.2. Prepare a 250 nM solution of pH dye-tau aggregates in serum-free medium (SFM) (high  
185 glucose DMEM supplemented with 100 U/mL penicillin, 100 µg/mL streptomycin and 200 µg/mL  
186 of heparin).  
187

188 3.2.3. Dilute antibodies in 250 nM pH dye-tau solution to desired concentrations in a 96-well  
189 plate. Seal the dilution plate and incubate over night at 37 °C.  
190

## 191 **3.3. Day 2 – Immunocomplexes Uptake**

192  
193 3.3.1. Remove culturing medium from BV-2 cells. Wash cells once with 100 µL room temperature  
194 PBS 1x.  
195

196 3.3.2. Transfer 125 µL of immunocomplexes to the cells using a multichannel pipette. Incubate  
197 the cells with the immunocomplexes for 2 hours at 37 °C with 5% CO<sub>2</sub>.  
198

199 3.3.3. Remove the incubation medium from the cells and discard it. Wash cells once with 100 µL  
200 room temperature 1x PBS.  
201

202 3.3.4. Treat cells with 50 µL trypsin-EDTA 0.25% for 20 min at 37 °C with 5% CO<sub>2</sub>.  
203

204 3.3.5. Add 200 µL of culturing medium and resuspend well to detach the cells. Transfer cells to a  
205 96-well U-bottom plate. Centrifuge plate at 400 x *g* for 5 min at 4 °C.  
206

207 3.3.6. Put the plate on ice, remove culturing medium and resuspend the cell pellets in 150 µL ice  
208 cold 1x PBS.  
209

210 3.3.7. Centrifuge plate at 400 x *g* for 5 min at 4 °C.  
211

212 3.3.8. Put the plate on ice and wash cells by adding 150 µL cold PBS. Centrifuge plate at 400 x *g*  
213 for 5 min at 4 °C.  
214

215 3.3.9. Put cells on ice and wash them by adding 150 µL cold FACS buffer (1x PBS, 0.5% bovine  
216 serum albumin (BSA), 2 mM EDTA). Centrifuge plate at 400 x *g* for 5 min at 4 °C.  
217

218 3.3.10. Put cells on ice and resuspend them in 200 µL cold FACS buffer.  
219

3.3.11. Analyze samples immediately by FACS acquiring  $2 \times 10^4$  events in the live cells gate (see step 4.1).

#### 4. FACS analysis

Note: Refer to **Figure 1** for the gating strategy.

4.1. Using the forward scatter area (FSC-A) versus side scatter area (SSC-A) density plot, gate on live cells by excluding events with lower forward scatter levels (*i.e.*, debris and dead cells).

4.2. Within the live cell population, use FSC-A versus forward scatter height (FSC-H) to exclude cell doublets and aggregates. This is the singlet gate.

4.3. Using the events in the singlet gate, generate a pH dye single parameter histogram.

4.4. Determine mean fluorescence intensity. Determine percentage of pH dye-tau positive cells by excluding negative cells as determined using BV-2 only control.

#### 5. Day 2 – Immunocomplexes Uptake with Microscopy Read-Out

##### 5.1. Day 1 – Seed the Cells

5.1.1. Wash BV-2 cells in the flask with PBS 1x. Detach cells using trypsin-ethylenediaminetetraacetic acid (EDTA) 0.05% and incubating at 37 °C with 5% CO<sub>2</sub> until the cells detach from the flask (approximately 5 min).

Note: Volume of trypsin-EDTA 0.05% depends on the size of the cell flask used (*e.g.*, for a T175 flask, use 2 mL of trypsin-EDTA 0.05%).

5.1.2. Resuspend cells in culturing medium to a final concentration of  $2.6 \times 10^4$  cells/mL.

5.1.3. Plate 150 µL of cell suspension ( $3.9 \times 10^3$ ) per well in a poly-D-Lysine coated 96-well black plate with clear flat bottom.

5.1.4. Incubate plate overnight at 37 °C with 5% CO<sub>2</sub>.

##### 5.2. Day 3 – Prepare Immunocomplexes

Note: Mild sonication of labelled tau aggregates prior to incubation with antibody, was performed to improve microscopy results.

5.2.1. Thaw pH dye-tau on ice and sonicate using a probe sonicator while keeping on ice. Use an amplitude of 15% (sonicator power of 250 W). Perform 30 pulses of 2 s and wait 20 s between pulses.

5.2.2. Prepare a 250 nM solution of pH dye-tau aggregates in SFM.

5.2.3. Dilute antibodies in 250 nM pH dye-tau solution to the desired concentrations in a 96-well plate. Seal the dilution plate and incubate over night at 37 °C.

5.2.4. Remove medium from cell plate and replace with 150 µL of culturing medium supplemented with 200 µg/mL heparin.

5.2.5. Incubate plate overnight at 37 °C with 5% CO<sub>2</sub>.

### 5.3. Immunocomplexes Uptake

5.3.1. Remove culturing medium from the BV-2 cells. Transfer 125 µL of immunocomplexes to the cells using a multichannel pipette.

5.3.2. Incubate the cells with the immunocomplexes for 1 h and 45 min at 37 °C with 5% CO<sub>2</sub>. Stain cell nuclei and acidic organelles with Hoechst and LysoTracker Red respectively. Incubate the cells 15 min at 37 °C with 5% CO<sub>2</sub>.

Note: Dilute the dyes in SFM.

5.3.3. Perform live-cell imaging using a high content screening confocal system. Set temperature set to 37 °C and 5% CO<sub>2</sub>. For high quality images, use a 63X water immersion objective and acquire 0.5 µm planes (20 per Z-stack) per imaged field.

### REPRESENTATIVE RESULTS:

Aggregated recombinant tau was covalently labelled with pHrodo green dye. This dye dramatically increases its fluorescence upon its internalization in acidic organelles, thereby allowing for intracellular quantification. Labeled tau aggregates were incubated with anti-tau monoclonal antibodies. In particular, we used a chimeric version (mouse IgG1 Fc region) of CBTAU-28.1. This human antibody binds to the N-terminal insert region of tau and is able to bind *in vitro* generated tau fibrils<sup>13</sup>. In this assay, we also tested an affinity-improved version of CBTAU-28.1 – dmCBTAU-28.1. Fab fragments of CBTAU-28.1 in the parental and high-affinity mutant format and a mouse IgG1 isotype control were used as controls.

BV-2 cells were incubated with the pre-formed immunocomplexes or aggregated tau alone for 2 h in the presence of heparin to block antibody-independent uptake. After incubation, cells were trypsinized to remove the tau bound to the extracellular membrane, and were analyzed for tau uptake by flow cytometry. As we recently described<sup>13</sup>, we observed that CBTAU-28.1 variants promoted uptake of tau in BV-2 cells in a dose-dependent manner. The uptake was Fc mediated since CBTAU-28.1 Fab fragments did not increase basal tau uptake (**Figure 2**). Moreover, the high affinity dmCBTAU-28.1 antibody mediated tau uptake into BV-2 cells to a higher extent than the wild-type antibody (**Figure 2**).



Antibody-mediated tau uptake and localization of tau aggregates in the endolysosomal compartment was confirmed by confocal microscopy (**Figure 3**) where the acidic cellular compartment was stained using the LysoTracker dye. Intracellular puncta of green pH dye labeled tau aggregates were observed inside the cells that were incubated with CBTAU-28.1. Moreover, intracellular tau aggregates often colocalized with LysoTracker red thus suggesting presence of tau aggregates in the acidic organelles. CBTAU-28.1 Fab fragments did not increase tau uptake again indicating an Fc-receptor mediated internalization mechanism (**Figure 3**).

#### FIGURE LEGENDS:

**Figure 1. Gating strategy used in flow cytometry analysis to detect tau internalization by BV-2 cells.** Sample data from BV-2 only control (**A-C**), isotype control (**D-F**) and dmCBTAU-28.1 (**G-I**) are shown. BV-2 cell population was gated on a FSC-A vs SSC-A density plot excluding debris and dead cells (**A, D**). BV-2 cells were then further gated on a FSC-A vs FSC-H density plot to exclude cell doublets and aggregates (**B, E**). Single cell gate was used to generate a pH dye (FITC in these representative results) single parameter histogram and determine geometric mean fluorescence intensity. Alternatively, percentage of pH dye-tau positive cells was calculated excluding negative cells as determined by using BV-2 only control.

**Figure 2. CBTAU-28.1 mediates uptake of tau aggregates into microglial BV-2 cells.** Aggregated recombinant tau was covalently labelled with green fluorescence pH-sensitive dye and incubated with a mouse chimeric version of the human anti-tau antibody CBTAU-28.1, its affinity improved format, dmCBTAU-28.1, the corresponding Fab fragments, a mouse IgG1 isotype control antibody or no antibody (tau aggregates alone). Immunocomplexes were subsequently incubated with BV-2 cells for 2 h in the presence of heparin to block antibody-independent uptake. Uptake of immunocomplexes was assessed by flow cytometry and expressed as the geometric mean (GM) of fluorescence intensity (**A**) or percentage of tau positive (tau+) cells (**B**). Error bars in (**A**) indicate the standard deviation of two independent experiments, while (**B**) shows a single experiment.

**Figure 3. Tau aggregates are internalized by BV-2 cells and localize in cellular acidic organelles.** Preformed tau/antibody immunocomplexes were incubated with BV-2 cells for 2 h in the presence of heparin to block antibody-independent uptake. After incubation, nuclei were stained with Hoechst (blue) and the acidic cellular compartment with LysoTracker Red dye. Live-cell imaging revealed intracellular puncta of labeled tau aggregates (green) inside the cells that were incubated with CBTAU-28.1 and dmCBTAU-28.1, but not with the isotype control. Moreover, intracellular tau aggregates often colocalized with the red dye (yellow) thus suggesting presence of tau aggregates in the acidic cellular compartment. CBTAU-28.1 Fab fragments did not increase tau uptake indicating an Fc-receptor mediated internalization mechanism. Images represent maximum intensity projections of a 20 planes Z-stack (0.5  $\mu$ m planes) acquired with a 63X water immersion objective.

#### DISCUSSION:

Microglia, the resident brain's immune cells, have been recently identified as important players in antibody-mediated therapeutic approaches for tauopathies<sup>10, 11</sup>. Antibody-mediated tau

clearance by microglia, together with blocking of neuronal uptake<sup>9</sup>, inhibition or destabilization of fibril formation<sup>13, 14</sup> and clearance of intraneuronal fibrils *via* the lysosomal pathway<sup>15</sup>, might all contribute to the anti-tau antibody efficacy observed in mouse model of tauopathy<sup>5-9</sup>.

We described here a cell-based assay to quantitatively assess tau uptake by microglia with the aim of creating an investigational tool to better characterize the mechanisms of action of anti-tau antibodies.

This assay, adapted from Funk *et al.*<sup>11</sup>, uses BV-2 cells, which are immortalized murine microglial cells. While they cannot fully be compared to primary microglial cells, they feature many of the characteristics of primary microglia, including the ability of robustly phagocytose both A $\beta$  and tau fibrils<sup>11, 16-19</sup>. Moreover, they showed a reproducible behavior *in vitro* which made them highly suitable for assay development and quantitative studies, which require minimal experimental variability. Beside this, immortalized cell lines allow higher assay throughput and eliminate the need for animal sacrifice compared to the use of primary microglia.

The tau aggregates we used in this assay were obtained using the highly reproducible *in vitro* aggregation procedure that we recently described<sup>13</sup>, and show similar morphology to paired helical filaments (PHFs) isolated from brains of AD patients. While we did not observe any unexpected results that might have been caused by tau aggregates adherence to plastic or glass surfaces, the use of stable and well characterized tau aggregates played a crucial role in the reproducibility of this assay.

Another aspect that significantly contributed to assay reproducibility was cell density. The numbers of cells per well described in the protocol represent the optimal cell density in the described conditions.

Differently than what Funk *et al.*<sup>11</sup> described, we labeled tau aggregates with a pH sensitive dye, pHrodo, which significantly increases its fluorescence upon internalization in acidic organelles, thus allowing for intracellular quantification. This, together with trypsin digestion of surface bound immunocomplexes and/or tau, guarantees that fluorescence signal measured by flow cytometry is the result of tau uptake rather than binding to the cellular surface. Moreover, the use of a pH sensitive dye eases detection of internalized tau aggregates in microscopy experiments without the need of digesting surface bound immunocomplexes/tau aggregates which would then requires cell re-plating and recovery.

We also further optimized the microscopy read-out of our assay, compared to what has previously been described<sup>11</sup>, by using a highly selective dye for acidic organelles (LysoTracker) in our microscopy experiments which allowed us not only to confirm antibody-mediated tau uptake, but also localization of tau aggregates in the endolysosomal compartment.

The assay we developed, has optimal specificity which results in a good experimental window allowing a strong separation between positive and negative samples. Interestingly, the assay

indirectly detects differences in antibody affinity thus representing a powerful tool to study anti-tau antibody effector functions.

#### ACKNOWLEDGMENTS:

We would like to thank Alberto Carpinteiro Soares for his valuable technical assistance.

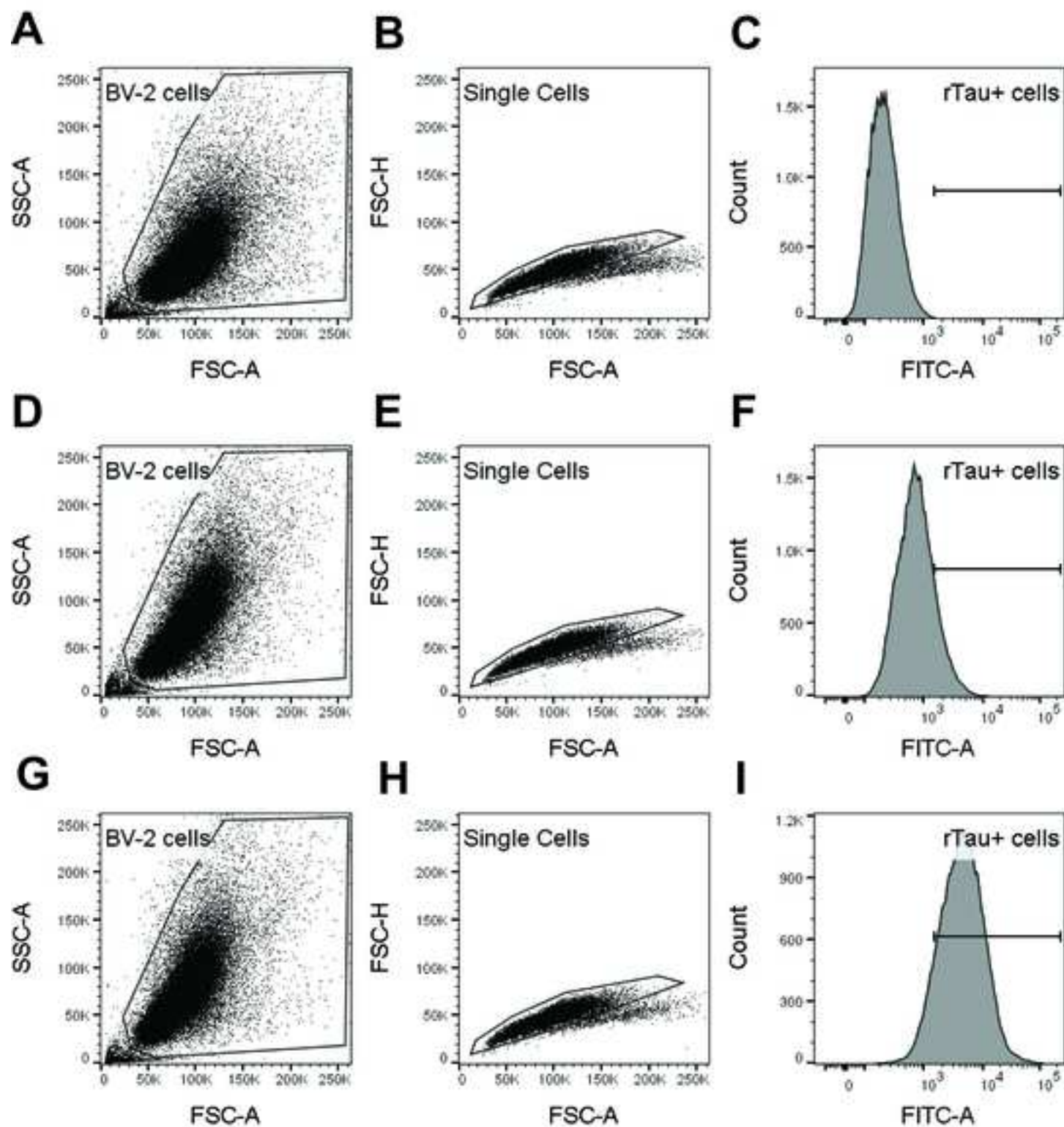
#### DISCLOSURES:

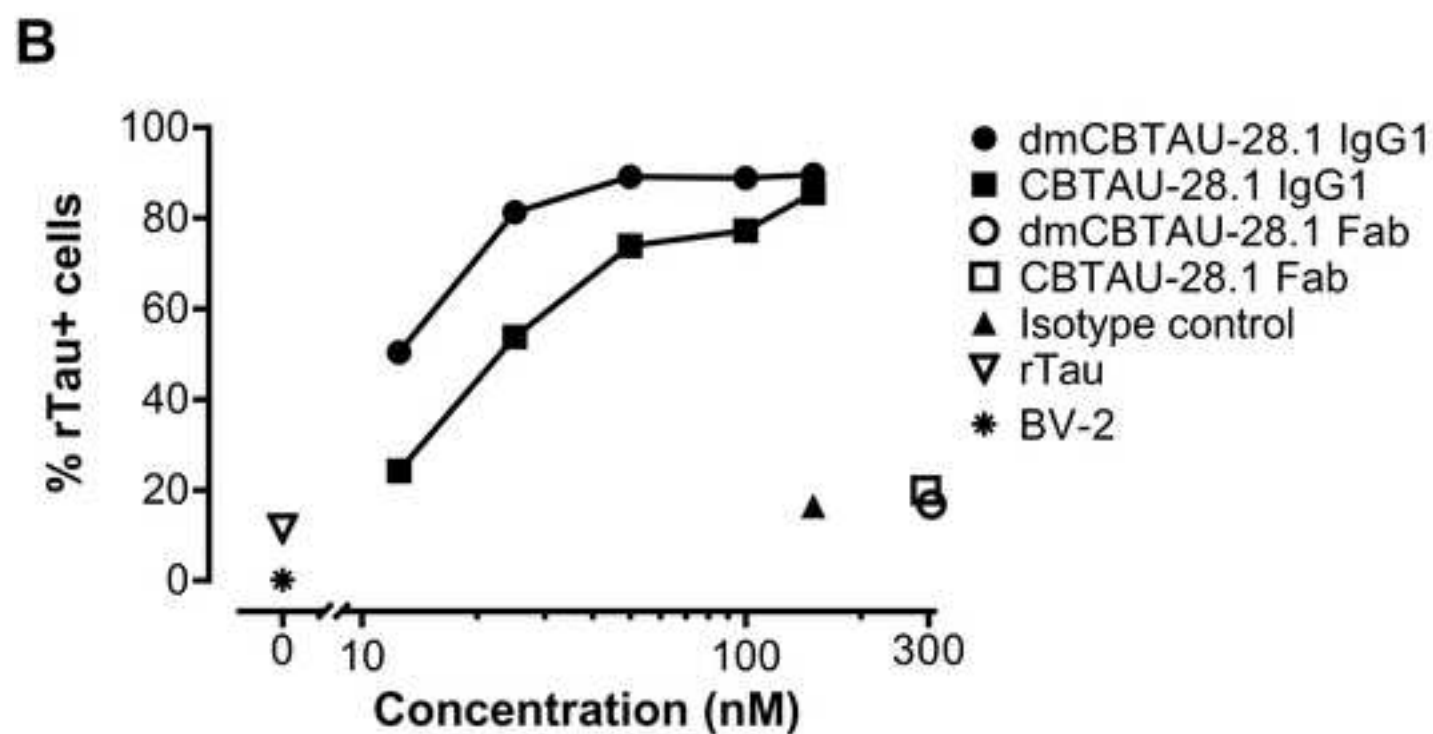
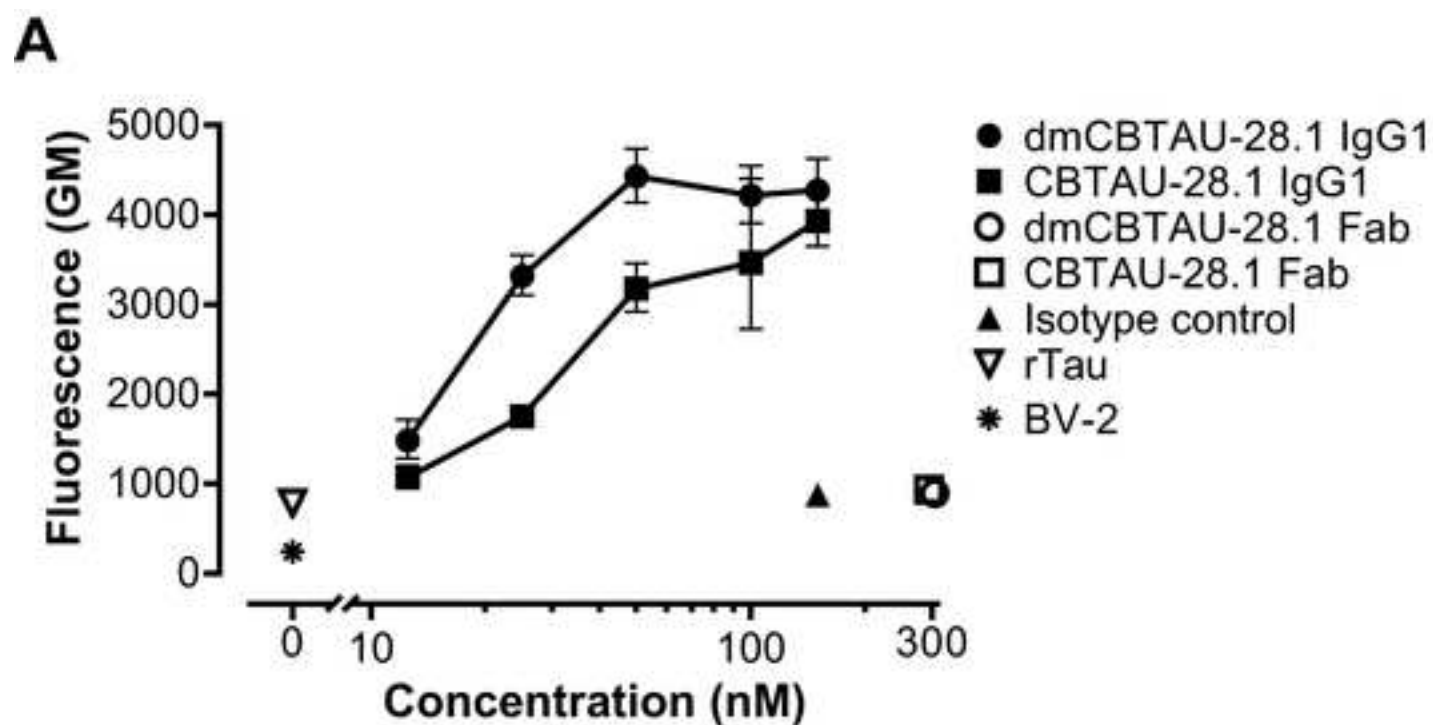
The authors have nothing to disclose.

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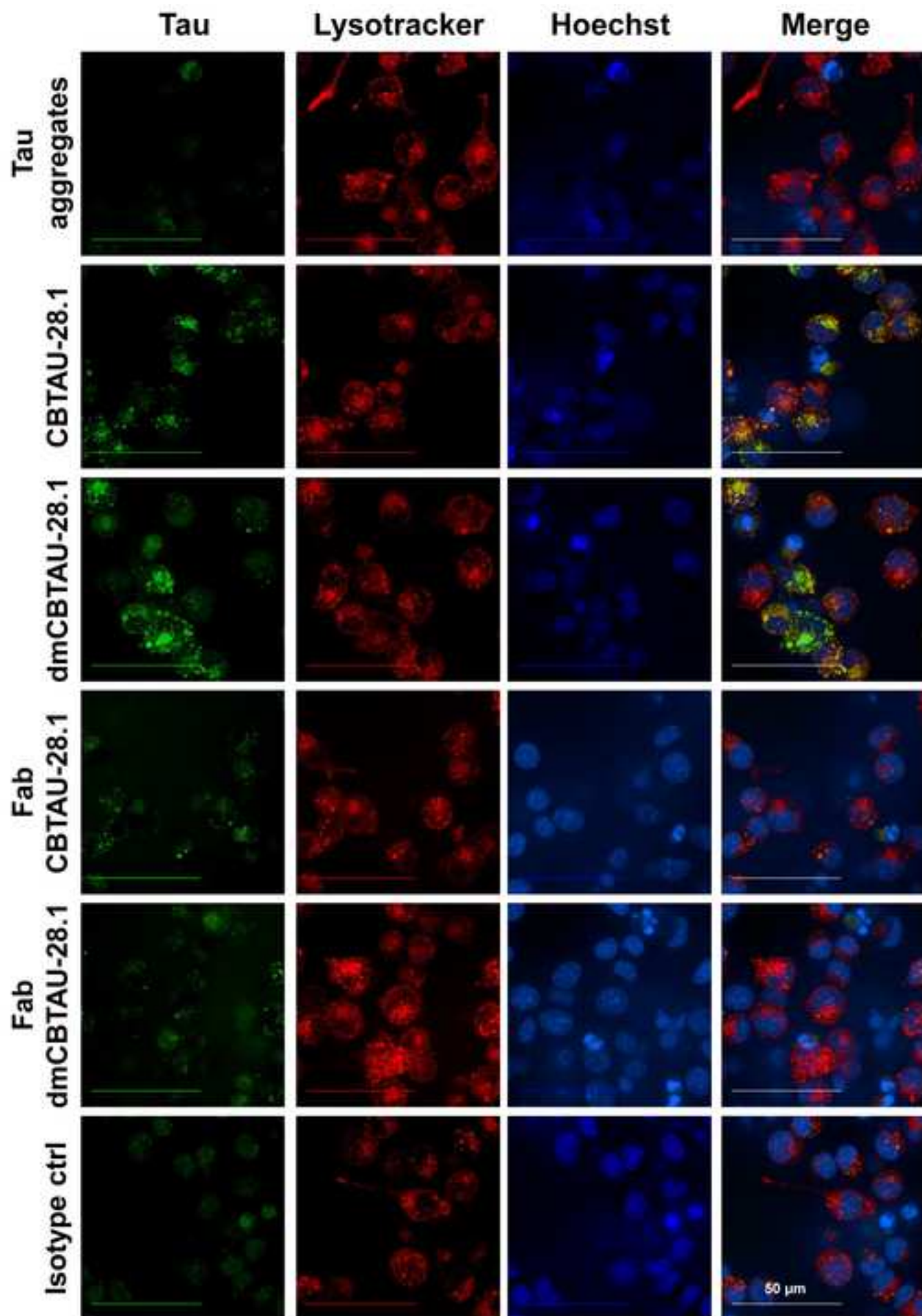
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**Name of Material/ Equipment****Company**

BV-2 cells

ICLC Interlab Cell Line Collection

Phosphate Buffered Saline (PBS) (1X)

Gibco

Trypsin-EDTA 0.05%

Gibco

DMEM 4.5 g/dl glucose

Gibco

Fetal Bovine Serum

Gibco

Penicillin-Streptomycin (10,000 U/mL)

Gibco

L-Glutamine 200mM

Lonza

EasYFlask

Nunc

pHrodo Green STP ester

Life Technologies

Sodium Bicarbonate pH 8.5 100 mM

Sodium Bicarbonate pH 5 100 mM

DMSO

Sigma

PD10 columns

GE Healthcare

BCA Protein Assay Kit

Thermo Fisher Scientific

Greiner CELLSTAR multiwell culture plates

Greiner

Falcon 96-Well Assay Plates

Falcon

Heparin

Sigma

Trypsin-EDTA 0.25%

Sigma

BSA

Sigma

EDTA 0.5M, pH8

FACS Canto II

BD

FlowJo

Hoechst 33342 Solution (20 mM)

Thermo Fisher Scientific

LysoTracker Deep Red

Thermo Fisher Scientific

Opera Phenix

Perkin Helmer



Catalog Number	Comments/Description
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10010-015	
25300-054	
41966-029	
10091-148	
15140122	
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156499 / 159910	
P35369	
D2650-100ml	
17-0851-01	
23225	
665180	
353910	
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T4049-100ml	
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62249	for flow cytometry data analysis
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A cell-based assay to study antibody-mediated tau clearance by microglia

Author(s):

Donata De Marco, Renske Taggenbrock, Rosa Crespo, Wouter Koudstaal, Elizabeth Ramsburg and Adrian C. Apetri

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The Netherlands

July 12<sup>th</sup>, 2018

Dear Dr. Nguyen,

Please find our revised manuscript entitled “A cell-based assay to study antibody-mediated tau clearance by microglia” [JoVE58576] that we hope is now acceptable for publication in Jove. We have taken into account the reviewers’ comments and have added the details requested for the protocol and provided clarifications in the text where requested.

A point-by-point response to the specific editorial comments and comments of the reviewers follows.

Sincerely Yours,

Donata de Marco, PhD  
Adrian Apetri, PhD

Janssen Prevention Center, Janssen Pharmaceutical Companies of Johnson & Johnson

## Response to comments

### Editorial comments:

Changes to be made by the Author(s):

*1. Please take this opportunity to thoroughly proofread the manuscript to ensure that there are no spelling or grammar issues. The JoVE editor will not copy-edit your manuscript and any errors in the submitted revision may be present in the published version.*

We proofread the manuscript.

*2. Please remove trademark (™) and registered (®) symbols from the Table of Equipment and Materials.*

We removed all trademark (™) and registered (®) symbols from the Table of Equipment and Materials.

*3. Please add more details to your protocol steps. Please ensure you answer the “how” question, i.e., how is the step performed? Alternatively, add references to published material specifying how to perform the protocol action.*

We improved the protocol by including more experimental details.

*4. 3.1.1: How much is used to wash?*

We added the volume (10 ml) used to wash as example since it depends on the size of the cell flask used.

*5. 3.1.2/5.1.2: What volume of trypsin is used? Reaction conditions?*

We added details on the volume of trypsin used (given as example, since it depends on the size of the cell flask used) and the exact reaction conditions.

*6. Please provide RRIDs or lot numbers for all antibodies.*

All antibodies used are Janssen proprietary antibodies that are not commercially available. Therefore, lot numbers are not relevant here.

*7. Please highlight 2.75 pages or less of the Protocol (including headings and spacing) that identifies the essential steps of the protocol for the video, i.e., the steps that should be visualized to tell the most cohesive story of the Protocol. Remember that non-highlighted Protocol steps will remain in the manuscript, and therefore will still be available to the reader.*

We highlighted the essential steps of the protocol in the revised manuscript.

*8. Please ensure that the highlighted steps form a cohesive narrative with a logical flow from one highlighted step to the next. Please highlight complete sentences (not parts of sentences). Please ensure that the highlighted part of the step includes at least one action that is written in imperative tense.*

We highlighted the essential steps of the protocol in the revised manuscript.

*9. Please do not abbreviate journal titles.*

We used the JoVE Endnote template to format the bibliography.

#### **Reviewers' comments:**

##### **Reviewer #1:**

###### *Manuscript Summary:*

*This manuscript provided a very detailed protocol about a cell-based assay to study antibody-mediated tau clearance by microglia. It can be very helpful for therapeutic development of tau antibody based immunotherapy for AD treatment.*

###### *Major Concerns:*

*-None*

We thank the reviewer for his/her enthusiasm for our assay.

###### *Minor Concerns:*

*-line 56, what does "non-productive" mean here for neuroinflammation?*

During a productive inflammation, the proliferative phase predominates causing an infiltrate to appear in the tissue. Such an infiltrate doesn't predominate in course of AD. This is common knowledge in the field.

*-It will be helpful to include the procedures for preparation of tau aggregation, a key experimental reagent in this assay, instead of Citation of the previous publication.*

We respectfully disagree with the reviewer. This protocol describes an assay in which tau aggregates are a reagent. Preparation of this reagent is described in detail in the referenced publication.

*-line 100, spread out ThT*

We spelled out Thioflavin T in the revised protocol

*-line 108, concentration of (~20?M)*

We added the right unit of measurement.

*-line 111, please specify the power in addition to 65%*

We have specified the sonicator power.

*-line 120, please specify the column as PD10?*

JoVe guidelines indicate to avoid using commercial names.

*-line 197, explain why using a different sanitation protocol*

We assumed that the reviewer meant “sonication protocol”. We explained that a mild sonication improves microscopy results.

*-Figure 3, it will greatly beneficial if there will be imaging quantification method or figure provided.*

Microscopy is not used as a quantitative assay, but merely as a means to support observations from FACS analysis.

*-In discussion, it will be very helpful for others if the potential influencing factors that are key for the success of this assay. Also discuss the most important step(s) that controls the variation of the data. For example, how much will the semi-attachment of BV2 impact on the results; is any concern associated with the sickness of tau aggregates to pipets or tubes?*

We added extra discussion on role of cell density in assay reproducibility together with the importance of using stable and well characterized tau aggregates.

## **Reviewer #2:**

*Manuscript Summary:*

*Dear Authors your paper is very interesting, some small clarifications are necessary before final full acceptance.*

*Major/Minor concerns:*

*-You should add "TM" or "(R)" when the name of the product is a commercial one*

The editorial policy of JoVE actually prevents use of trademark (™) and registered (®) symbols.



*-You should add full name of the products then put their acronyms between parenthesis and after that you can use the acronyms. For example "EDTA", "PBS" etc etc*

We spelled out the names the first time used in the text and then replaced with acronyms.

*-In the sentence "2.1. Resuspend tau aggregates in 0.1 M sodium bicarbonate buffer (NaHCO<sub>3</sub>), pH 8.5 to a 108 concentration of 1 mg/mL as assessed by initial absorption of tau monomers at 280 109 nm using an extinction coefficient of 0.31 mL mg<sup>-1</sup>cm<sup>-1</sup>" is not clear. Is there a temperature that should be maintained during this procedure? If yes, could you please explain how you preserve your cold temperature.*

We re-wrote this sentence to make it clearer. Concerning the temperature, we don't control it, but we avoid over-heating during sonication keeping the aggregates on ice.

*-Line 119: "RT", you mean room temperature? Follow my suggestion below. Furthermore later in your paper you write "room temperature". Please try to be consistent with your nomenclature, it is important for well understanding your paper.*

We replaced "RT" with "room temperature".

*-Line 125: remove "then", please*

We have removed the word "then".

*-Line 131: "Store the labeled protein at -20°C" Please say clearly where you store your product, fridge? refrigerator?*

We specified that both -20 and -80 are freezers.

*-Line 145: please add between parenthesis "SFM", I think that this is the acronym of serum-free medium*

We put "SFM" in parenthesis here and used it as acronym later on.

*-Line 162: "rcf": You should write it in extend and then cite by using the acronym ref*

We spelled out "rcf" the first time used in the text and then used it as acronym.

*-Line 217: "For high quality images, use a 63x water immersion objective and acquire 0.5 μm 217 planes (20 per Z-stack) per imaged field" Which type microscope do you use? I think that you use confocal but it better to clarify.*

Point 5.3.6 specifies that we used a confocal microscopy. The materials table gives also further info on vendor name and catalog number of the microscopy used.

*-Lines 224 to 226: "In particular, we used a chimeric version (mouse IgG1 Fc region) of CBTAU-28.1. This human antibody binds to the N-terminal insert region of tau and is able to bind in vitro generated tau fibrils" Sorry but i did not find this antibody cited in your experiment...Why you are talking about something that you did not use ?*

The protocol refers in a general way to the incubation of antibody and tau aggregates. In the representative results, we give an example of the kind of results obtainable using the described assay and in particular we described results for one of our ant-tau antibodies: CBTAU-28.1.

### **Reviewer #3:**

#### *Manuscript Summary:*

*The manuscript by De Marco et al., presents a detailed description of an in vitro based assay to examine the BV2 clearance of tau through antibody dependent mechanisms. They provide good descriptions of their assay with two different readouts (FACS vs. microscopy). While the majority of methodology employed is appropriate there are some methodological concerns. Finally, the use of BV2 cell line alone is inappropriate to achieve the goals stated in the abstract and discussion sections. If concerns are addressed I believe this manuscript will significantly add research and be of great interest to the Alzheimer's field.*

#### *Major Concerns:*

1. *-The use of BV2 cells as the only cells in the screening is significantly problematic. BV2 cells represented a significant advance in creating an easy to use microglia cell line resource when they were created in 1990. However in the nearly 3 decades since substantial technical and methodological innovations have made the isolation and culture of primary mouse cells significantly easier and new innovations have created protocols for human iPSC derived microglia like cells. Two recent studies (PMID: 29788964, PMID: 27400875) have shown what many in the field have known for years that BV2 baseline transcriptional signature and activation signature is dramatically different from primary microglia in vitro. No in vitro assay will be analogous to in vivo function but the microglial field in particular has realized the need to move towards better practices in order to get as close as possible to in vivo signatures. BV2 cells are sufficient for first pass analyses before proceeding to primary cells but not as sole analysis. The authors need to perform their assays in primary cells as well to recapitulate the results. If the results do not recapitulate in primary cells then the usefulness of this assay and the results obtained for development of future therapies is questionable. Finally validation of results is not sufficient to justify use of BV2 cells. The field needs to move beyond models simply because of ease of use when they do not significantly resemble their in vivo counterparts. Particularly concerning for this paper and the focus on Fc receptor dependent functions is that quick glance at the supplemental table in PMID 29788964 reveals large differences in the expression of Fc receptors between BV2 and primary cells.*

2. *The authors claims of learning from BV2 mouse cells about development of human therapies is also problematic because of the significant difference between human and mouse Fc receptors and their function. Several protocols have emerged in the past year for differentiation of human iPSC to microglia-like cells. Of these protocols the manuscript from Albud et al., 2017 (PMID 28426964) produces large numbers of cells from minimal starting cells. The protocols are quick and highly reproducible and avoid the cross-species comparison and allow for use of patient specific lines to test differential therapeutic efficacies.*

We thank the reviewer for these insightful comments. The reviewer's request to use alternatives for BV-2 cells is essentially a request to develop a different assay. Like any in vitro assay, it is a model of a more complex in vivo situation that will always require further study (ultimately in humans). As with any model, there is a balance between representativeness and practical applicability. While the relevance of any model system to answer a specific scientific question can be debated, the robustness of the current assay cannot be questioned. Nevertheless, in recognition of the limitations of the BV2 cells, we have revised the intro and discussion to narrow our claims.

3. *The FACS analysis either needs better description of controls and added controls.*
  - *Creating histogram gate directly off the singlet gate is problematic. It means that even cells that failed to uptake tau are included and fails to gate out autofluorescence prior to analyzing fluorescent intensity.*

In our analysis we don't create gates on the fluorescence histogram plot, but we show results as MFI of the singlet gate. This because we don't observe a two picks/populations histogram for partially positive samples, but rather a shift of the pick which varies based on level of uptake. Comparison to BV-2 cells alone allows exclusion of cell autofluorescence.

- *Analysis of percentage of fluorescent cells is important characteristic that should also be examined.*

We added an example of analysis showing the percentage of fluorescent cells. We updated figure 1 and 2 and corresponding legends to describe this analysis.

- *Following controls should be shown in methods and used to accurately quantify the internalized pHRedo signal:*
  - *BV2 cells without any immune complexes (elim autofluorescence)*

We added this control in the revised figure 2.

- *BV2 cells fed unlabeled tau immune complexes (elim autofluorescence)*

While this is a useful suggestion, we don't consider this a crucial control given our assay's good experimental window that allows a strong separation between positive and negative samples.

- *Figure 1 also fails to state what the difference is between the two sets of panels (different antibodies, different replicates of same thing, etc)*

We amended legend to figure 1 to provide the requested information.

- *Singlet gate looks little strange (should be pure rectangular and narrow gate along the diagonal and not odd shape it currently is).*

A rectangular gate rather than a freely shaped gate doesn't change the analysis as long as it excludes cells which follow outside the main population give their increased FSC area.

4. *The microscopy based assay has several issues. First and foremost, there is no quantification of the microscopy. This needs to be presented as comparison to the FACS based assay. Second, there is clearly significant autofluorescence in the microscopy assay (tau-Hoechst double labels with different pattern than tau that colocalizes with lysosomes).*

We don't use the microscopy in a quantitative way, but merely to support observations from FACS analysis. Using the microscopy for quantitative analyses would require development of a separate assay altogether.

*Additionally, the authors do not present the same crucial controls on Fab antibody fragments that they use with the FACS assay. These are important controls and need to be included.*

We added the requested additional controls to the revised version of our manuscript.

#### *Minor Concerns:*

1. *Cells should ideally be serum starved overnight or 24 hours before incubation with tau-immune complexes to avoid problems with serum presence in phagocytosis assays and aid cells normalization to serum-free conditions.*

Based on our experience, an overnight/24hrs serum starvation drastically affect BV-2 adherence to the plate, which is crucial for assay success especially in the microscopy read-out.

2. *Use of word proved should be avoided in scientific publications. Please replace with more appropriate word in abstract.*

We replaced the word "proved" with "shown"