

Developmental Neurobiology - Cortical Development Week 3

Monday May 18th

Lecture 3: Brain disease modelling for understanding neurodevelopmental disorders in humans.

14:00-16:00 - Lecture and questions

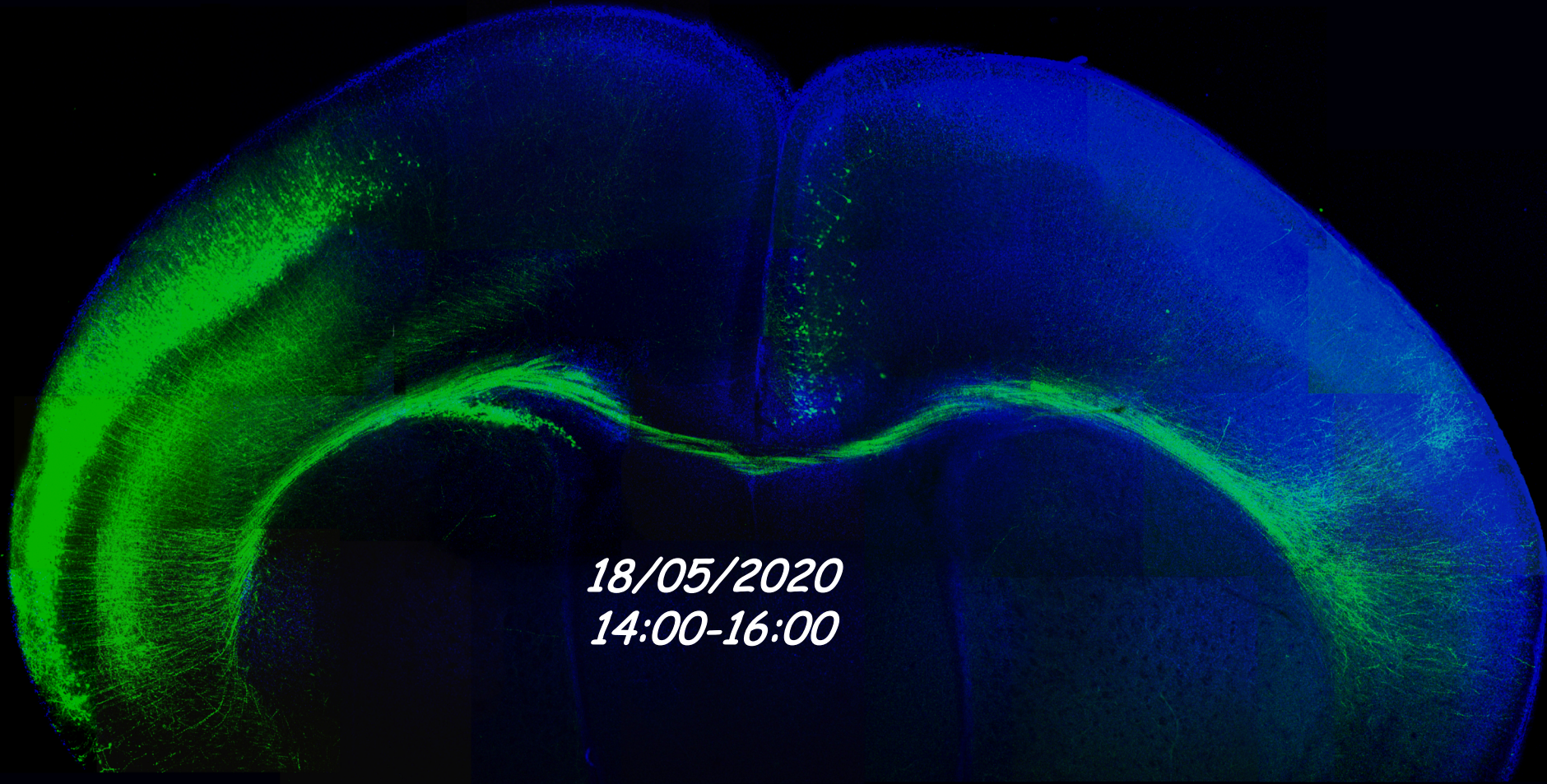
Tuesday May 19th

*11:00-13:00 - Student presentation on novel technologies
(5 groups - 2-3 per group → 15-20' per group + questions)*

Task for students:

Work on the fellowship proposal

Brain disease modelling for understanding neurodevelopmental disorders



*18/05/2020
14:00-16:00*

Michèle Studer

Neurodevelopmental disorders (or Intellectual Developmental Disorders -IDD) are impairments of the growth and development of the brain:

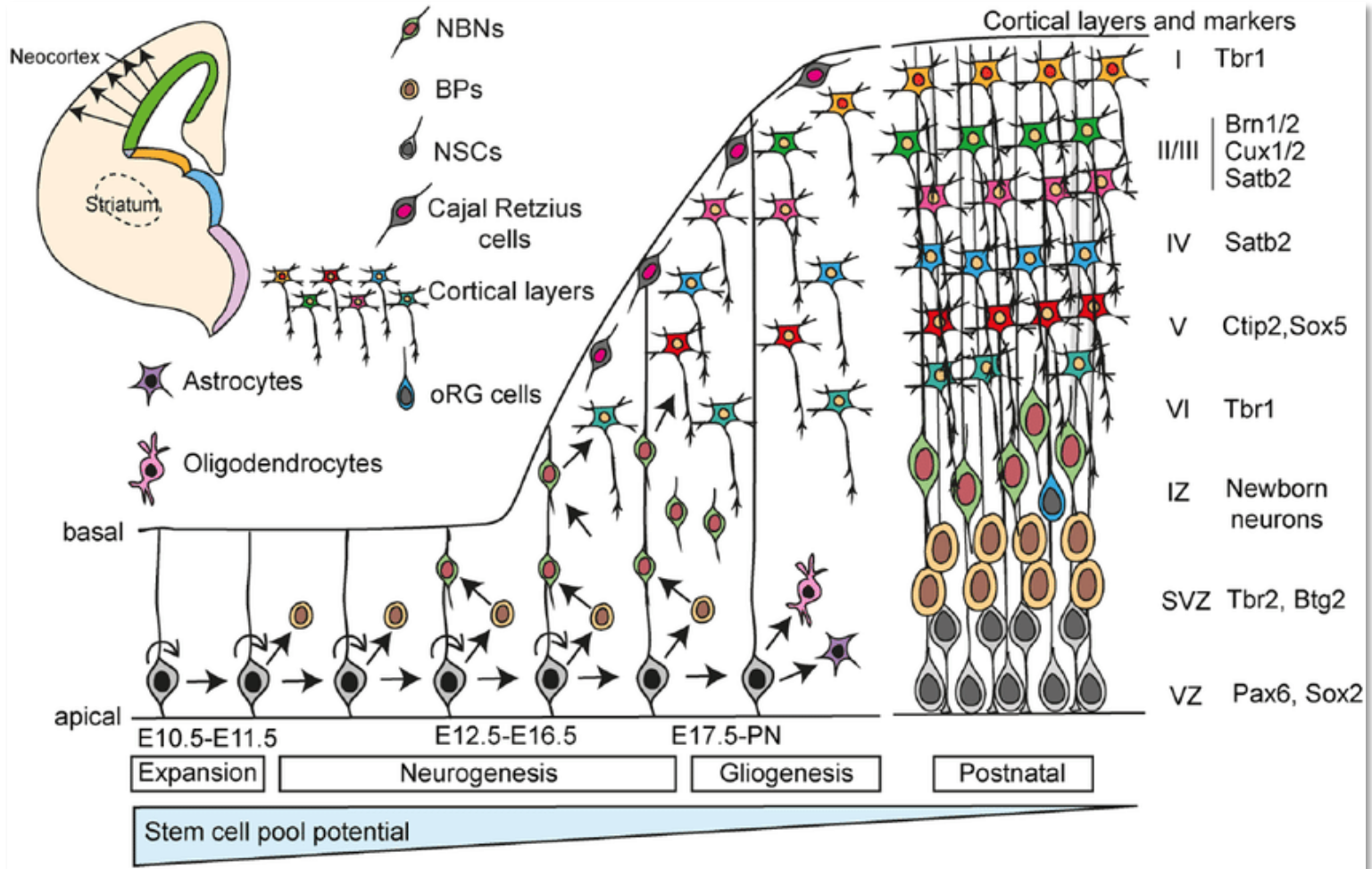
- affects emotion, learning ability and memory;*
- communication, speech and language;*
- unfolds in infancy and childhood.*

Neurodevelopmental disorders are associated with mental, emotional, physical, and economic burden to individuals, families and society in general.

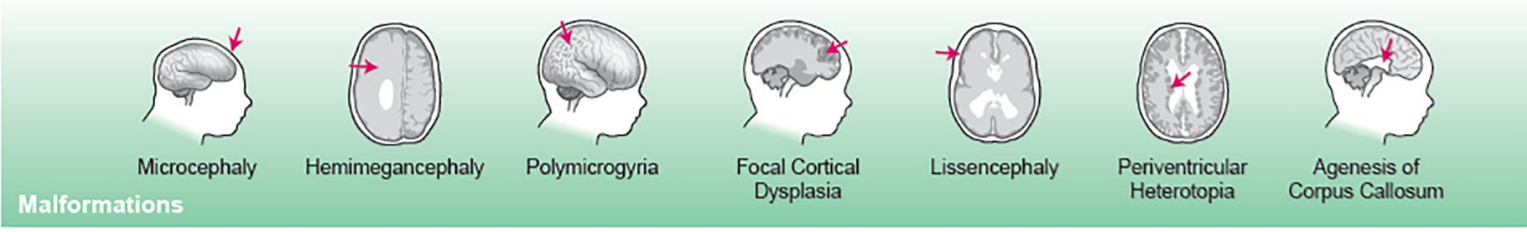
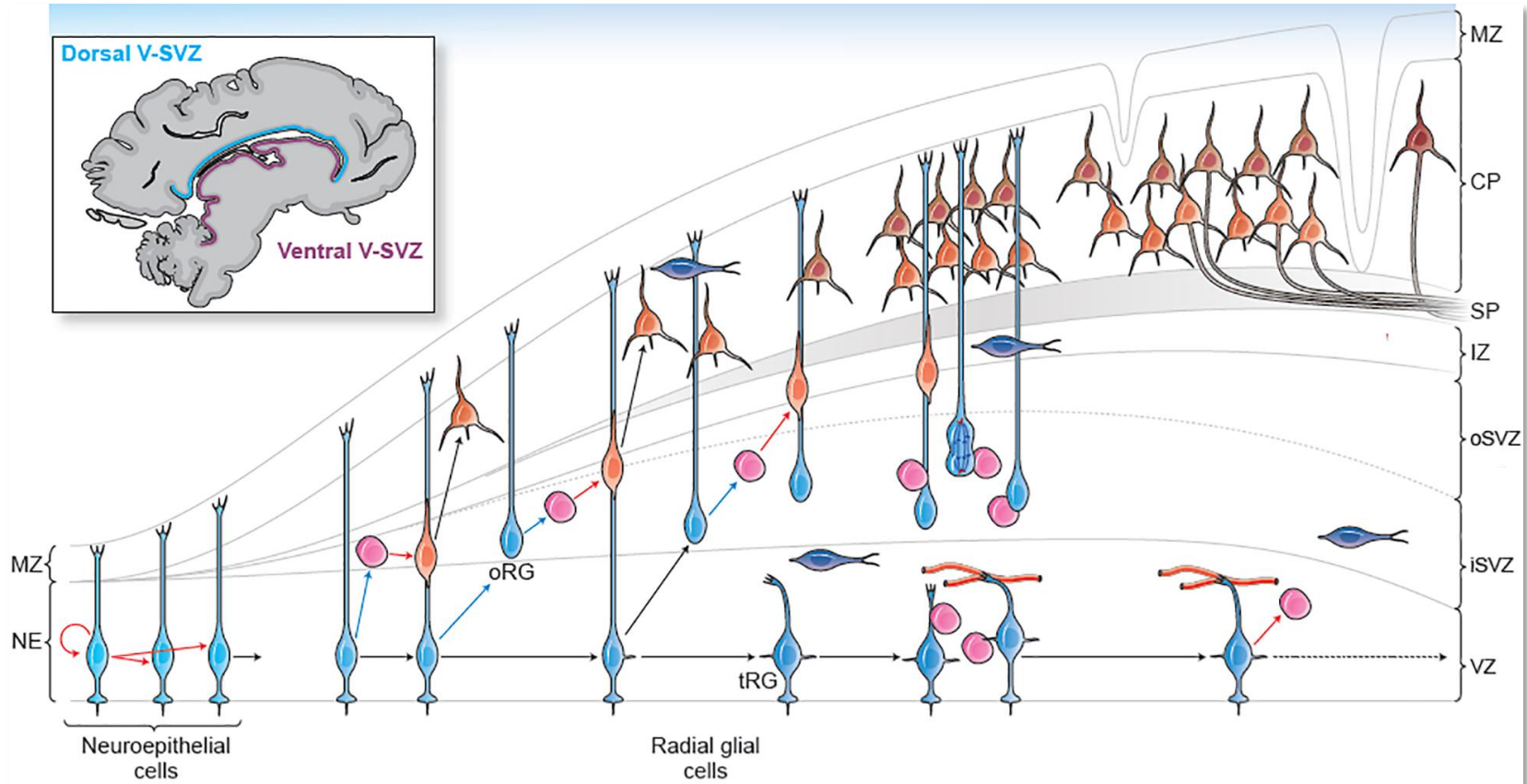
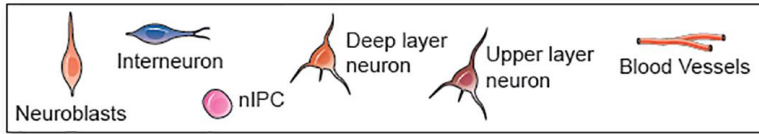
- Chromosomal disorders: Down syndrome, etc.*
- Genetic disorders: autism spectrum disorders (ASD), microcephaly, lissencephaly, etc*
- Traumatic brain injury*
- Fetal alcohol spectrum disorder*
- Viral infections, etc*

Neurodevelopmental disorders result from the disruption of normal cortical development processes.

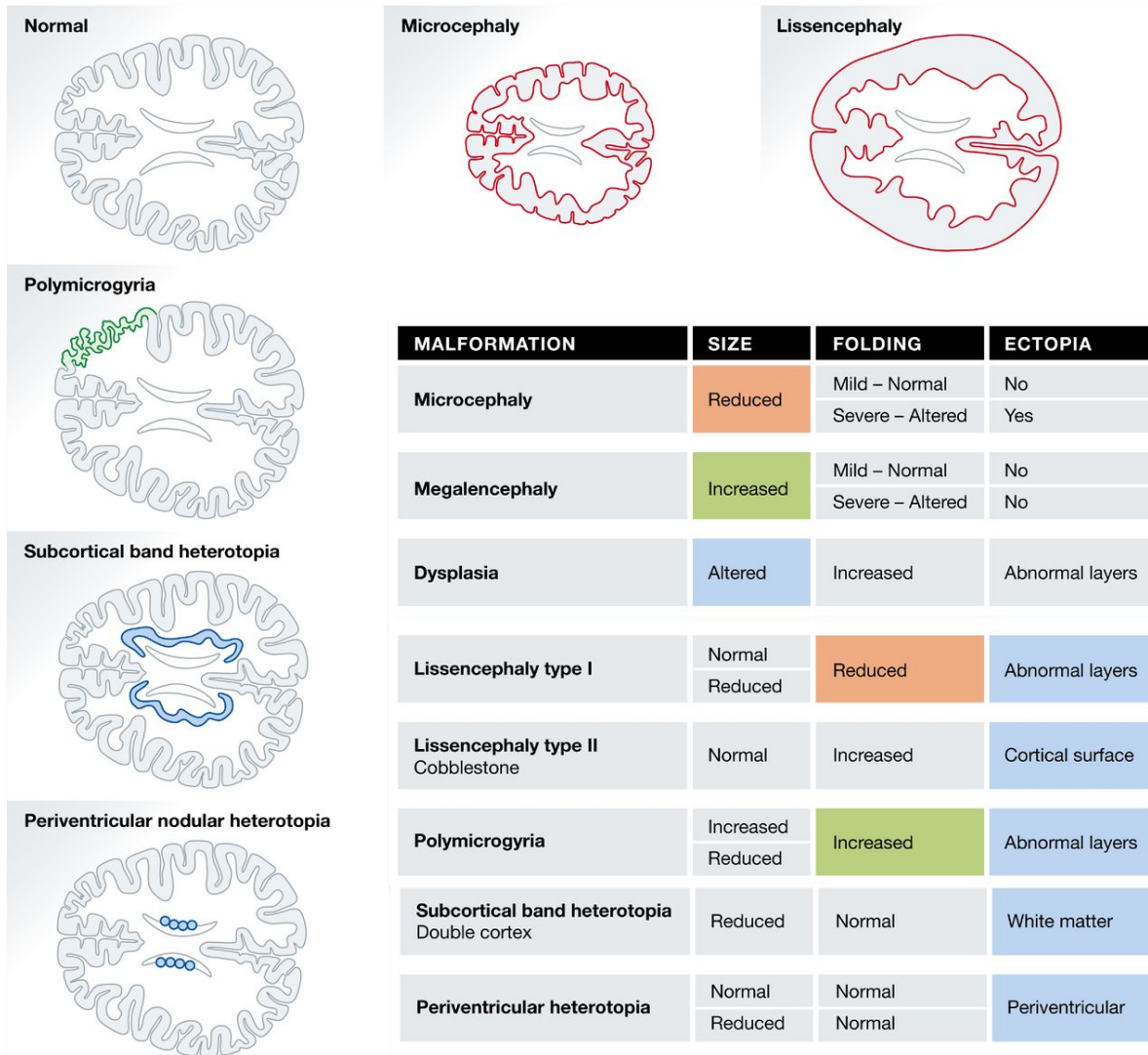
Different steps in mammalian corticogenesis (radial organization)



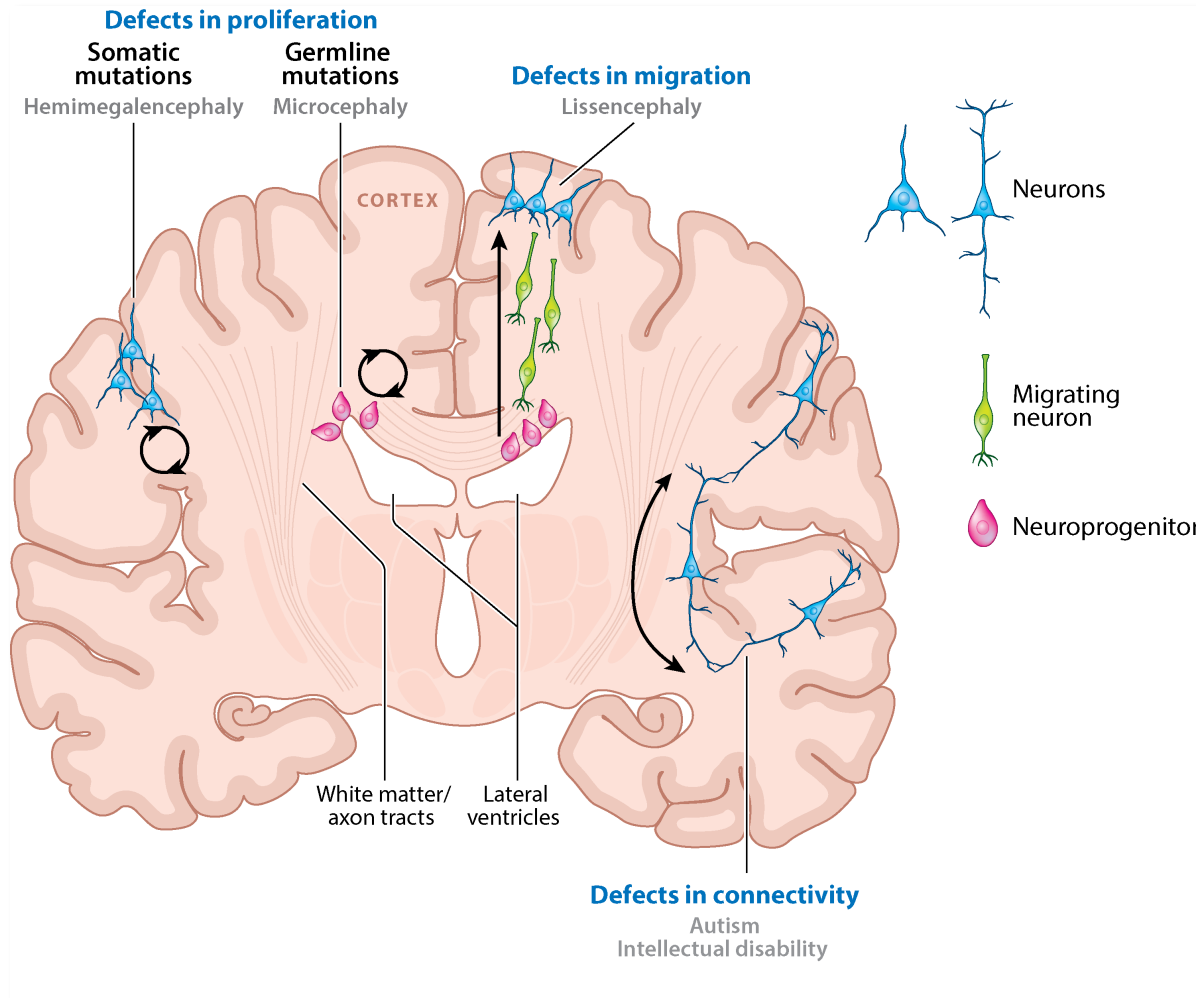
Human cortical development and stages of malformation



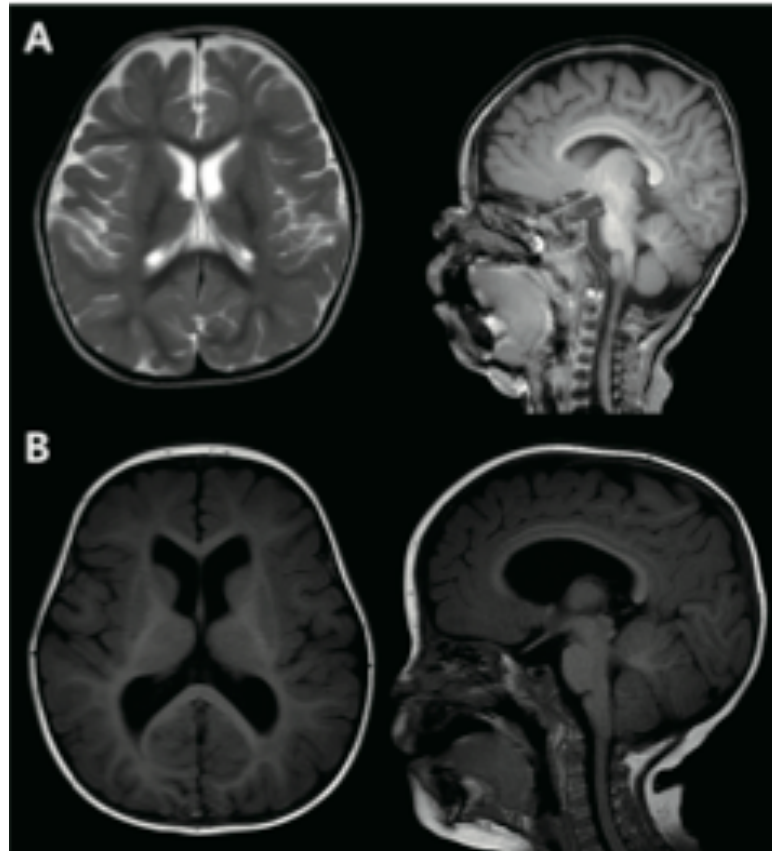
Human cortical malformations and their phenotypic manifestations



Defects affecting different steps of neurodevelopment



Malformations of cortical development: clinical features

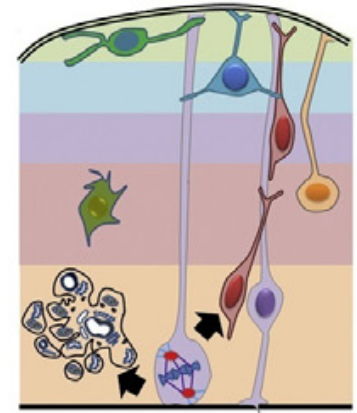
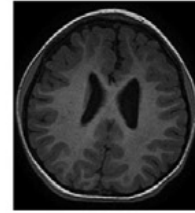
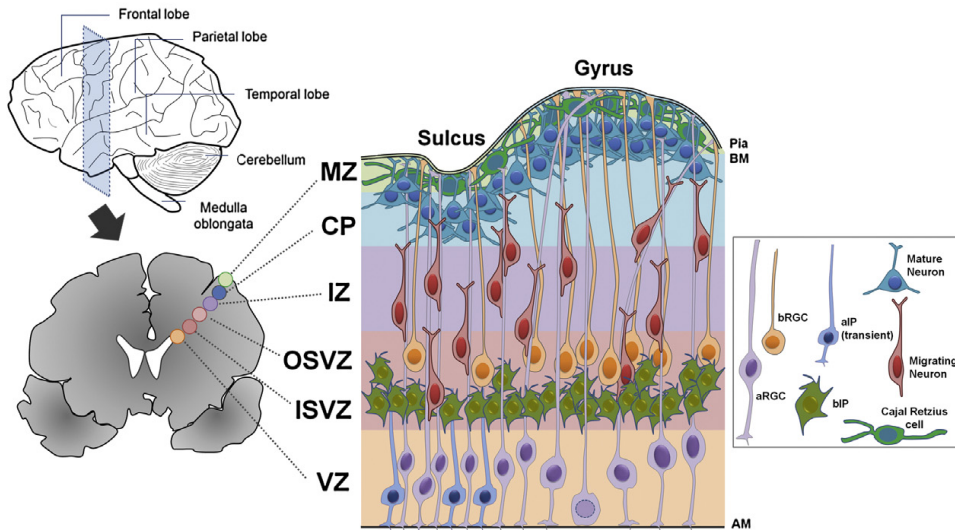


Microcephaly
(small brain)

Megalencephaly
(large brain)

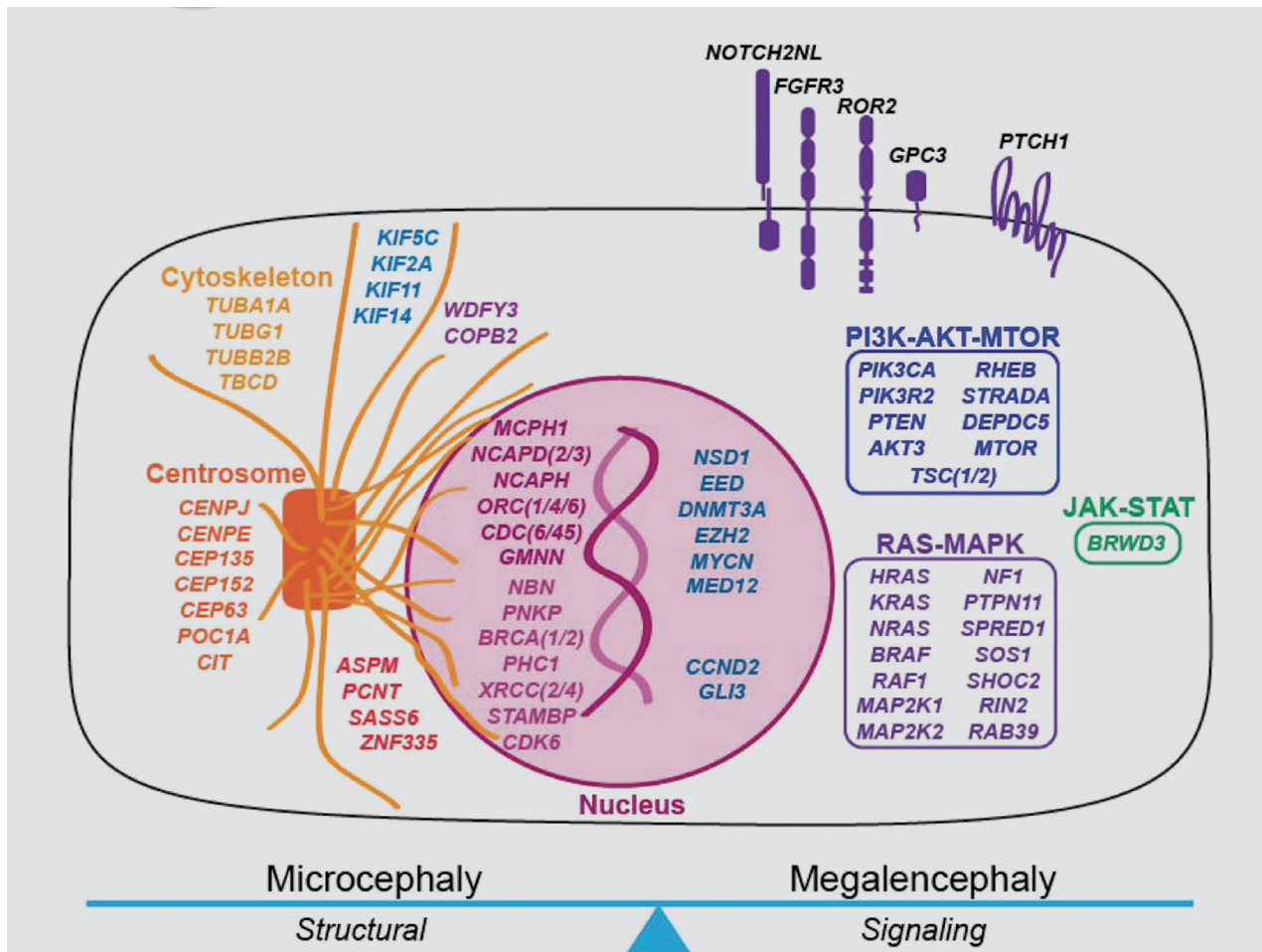
Congenital Microcephaly

A. Human cortical development



***ASPM, CK5RAP2,
MCPH1, CENPJ,
WDR62, STIL,
KNL1, CEP135,
CDK6, CEP152,
CEP63, KIF2A,
TUBB, TUBB3,
DYNC1H1, RTTN,
EOMES, PAX6,
RAB3GAP1,
RAB3GAP2, RAB18***

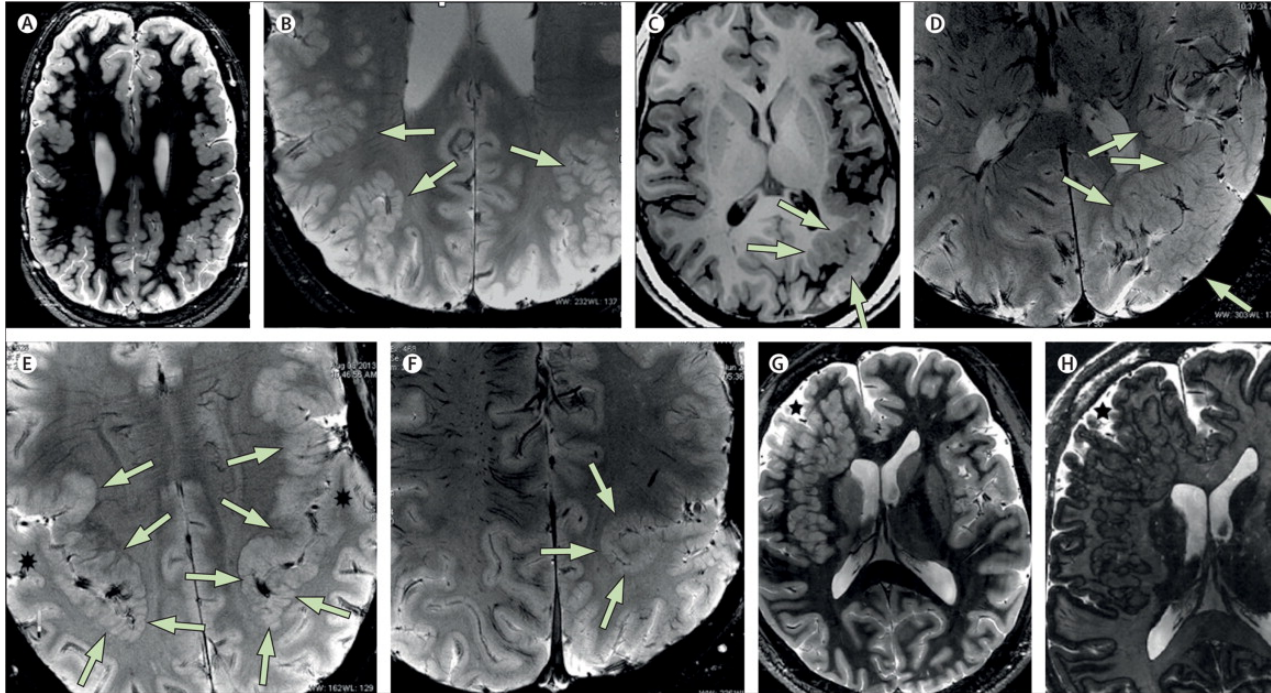
Cell cycle, proliferation and/or survival



→ organization, maturation and distribution of the centrosome and spindle fibers
 → plane of division, aRG vs bRG

→ cell growth, cell cycle progression, proliferation, decreased apoptosis in oRG

Different morphological aspects of polymicrogyria



Thick and overfolded brain (small gyri and sulci)

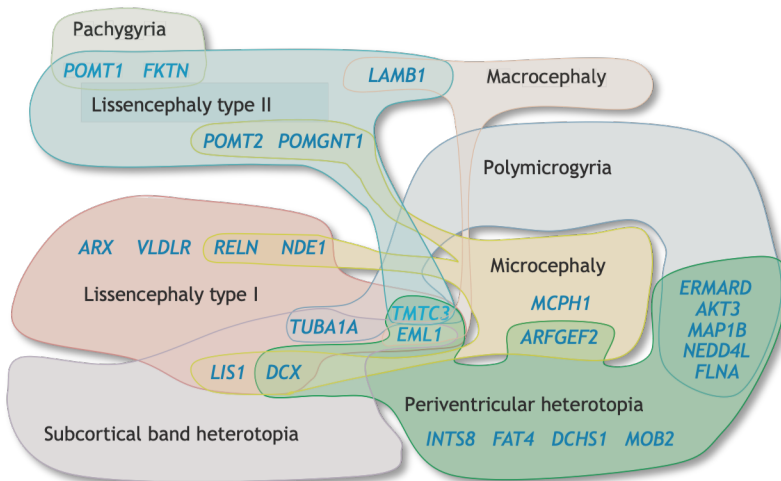
- GPR56 (adhesion G-protein-coupled receptor) regulates pial basement membrane integrity and cortical lamination
- Growth factor signaling pathways (PTEN-AKT cascade)

Neuronal migration malformations

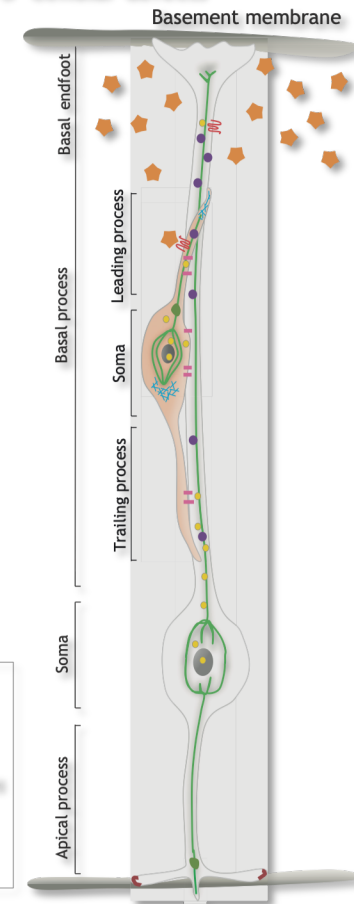
	Normal/ Control	Cobblestone Lissencephaly	PVH Heterotopia	Subcortical Band Heterotopia (SBH)	Agyria Lissencephaly
MRI					
CM schema					
Genes		FKTN, POMT1, POMT2, POMGNT1, POMGNT2, POMK, FKRP, LARGE, LAMB1, TMTC3, ISPD, TMEM5, B4GAT1, GPR56, B3GALNT2, DAG1	FLNA, ARFGEF2, C6orf70, FAT4, DCHS1, LRP2, NEDD4L	DCX, KIF2A, LIS1, TUBA1A, TUBG1 (EML1-atypical)	LIS1, DCX, ARX, TUBA1A, TUBB3, TUBG1, CDK5, VLDLR, ACTG1, ACTB With microcephaly: DYNC1H1, RELN
General mechanism					

Heterogeneity of neuronal migration disorders at the genetic, cellular and clinical levels

A Causative genes

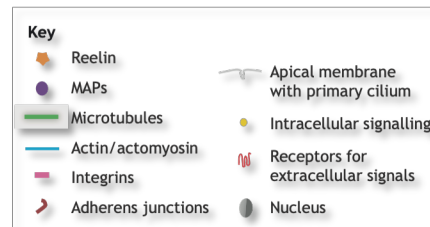


B Cellular defects



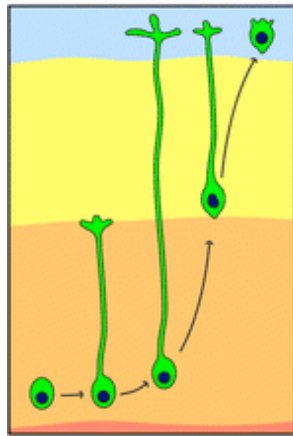
C Clinical features

Epileptic seizures
Intellectual disability
Developmental delay
Dysmorphic features



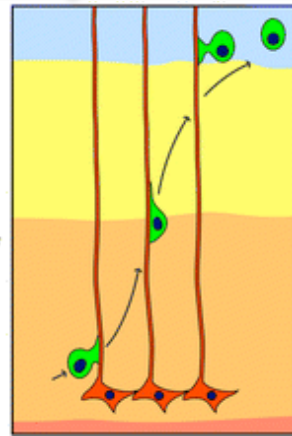
Radial-directed cortical neuronal migration

Somal translocation

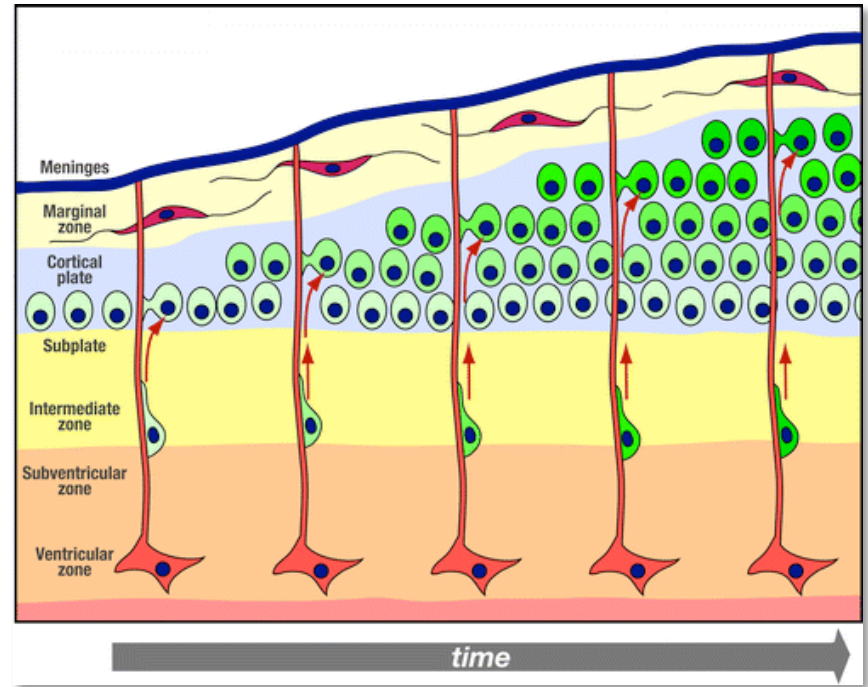


Early-born neurons
(lower layers)

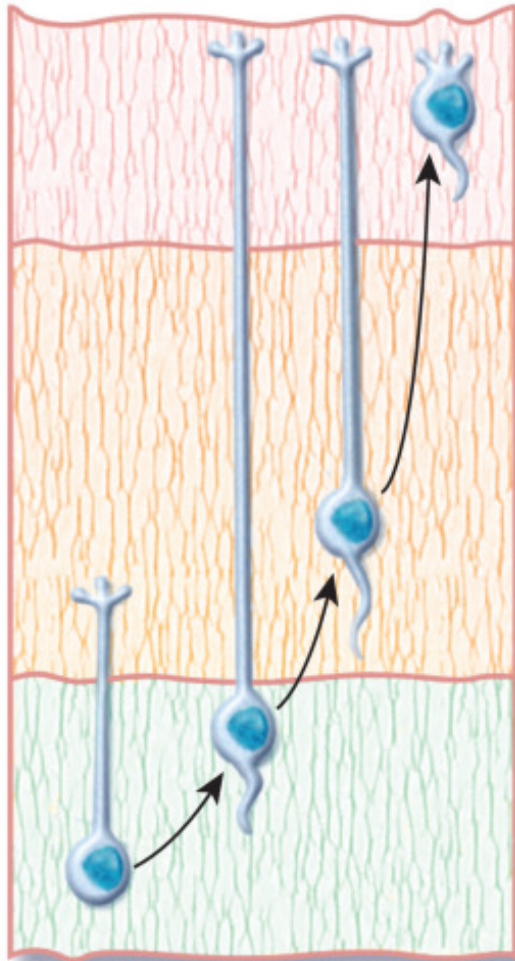
Glia-guided locomotion



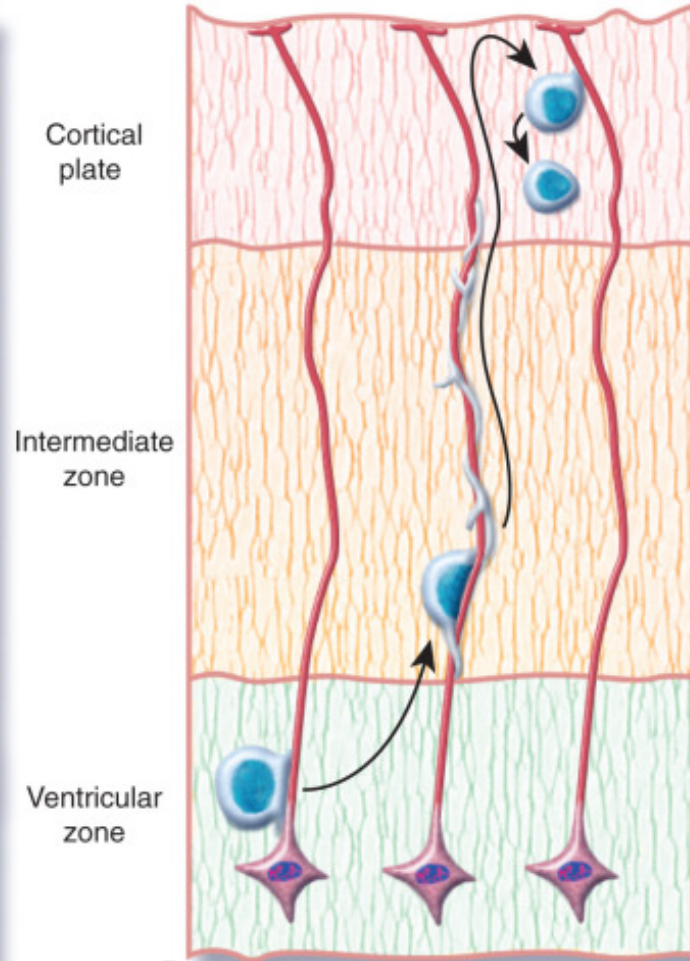
Late-born neurons
(upper layers)

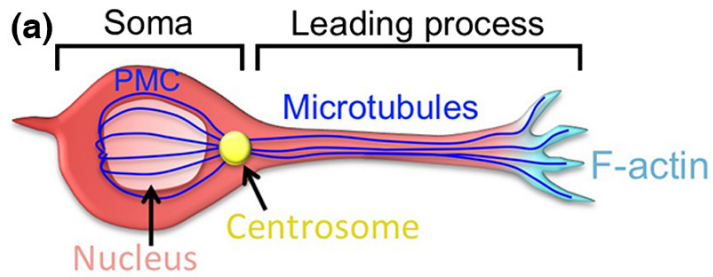


Somal translocation



Glia-guided cell migration

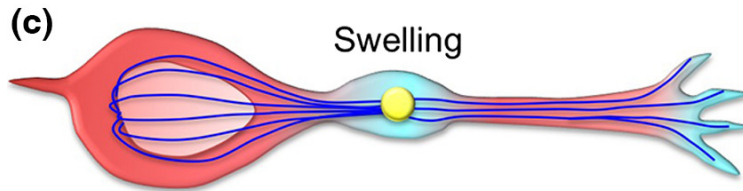
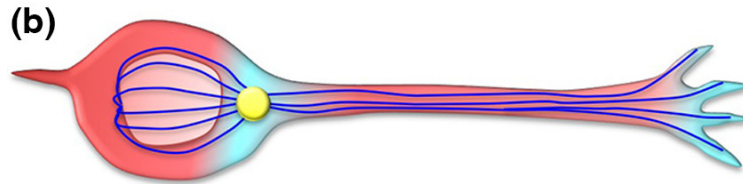




Leading process extension

Actin regulation: Rac1, Vav3, WAVE1, Drebrin, Fascin

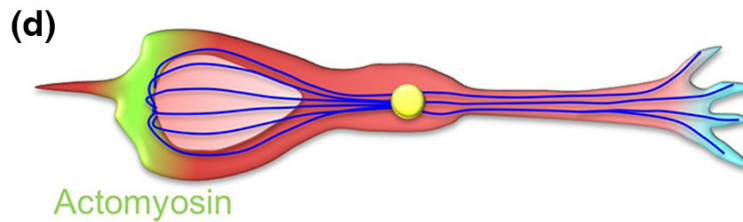
Microtubule organization: Cdk5, Dcx



Swelling formation and centrosome migration

Swelling formation: RhoA, Gmip

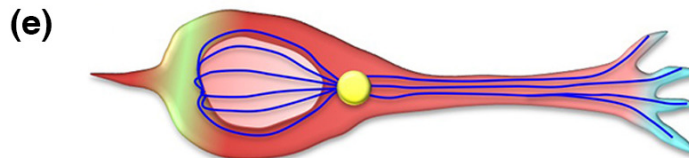
Centrosomal migration: RhoA, mDia



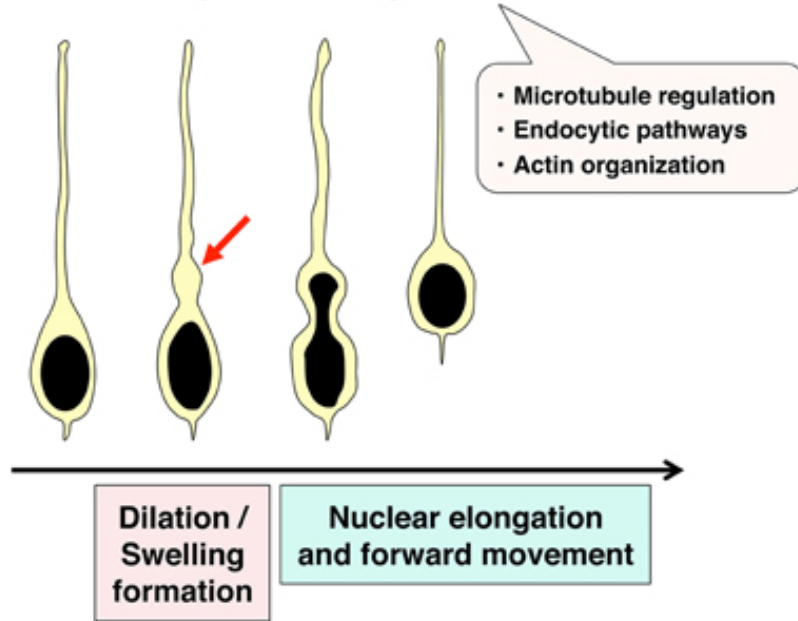
Somal translocation

Actomyosin contraction: RhoA

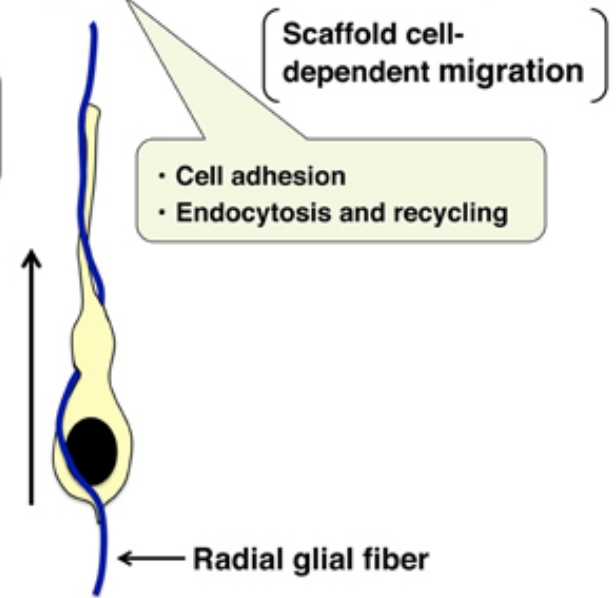
Microtubule regulation: Dcx



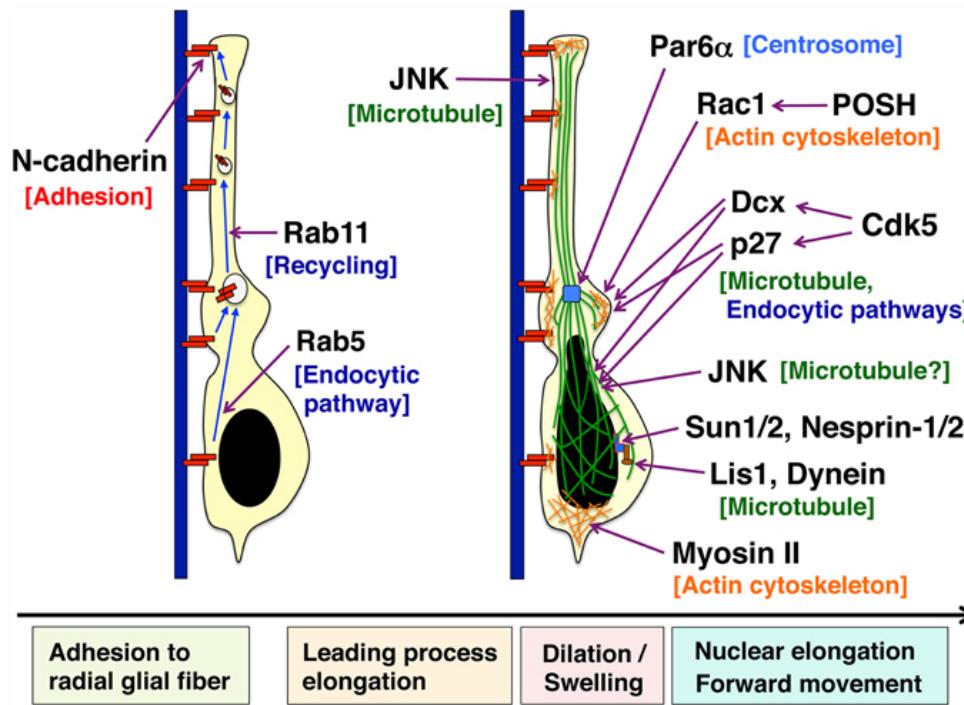
Neuron-specific migration mode



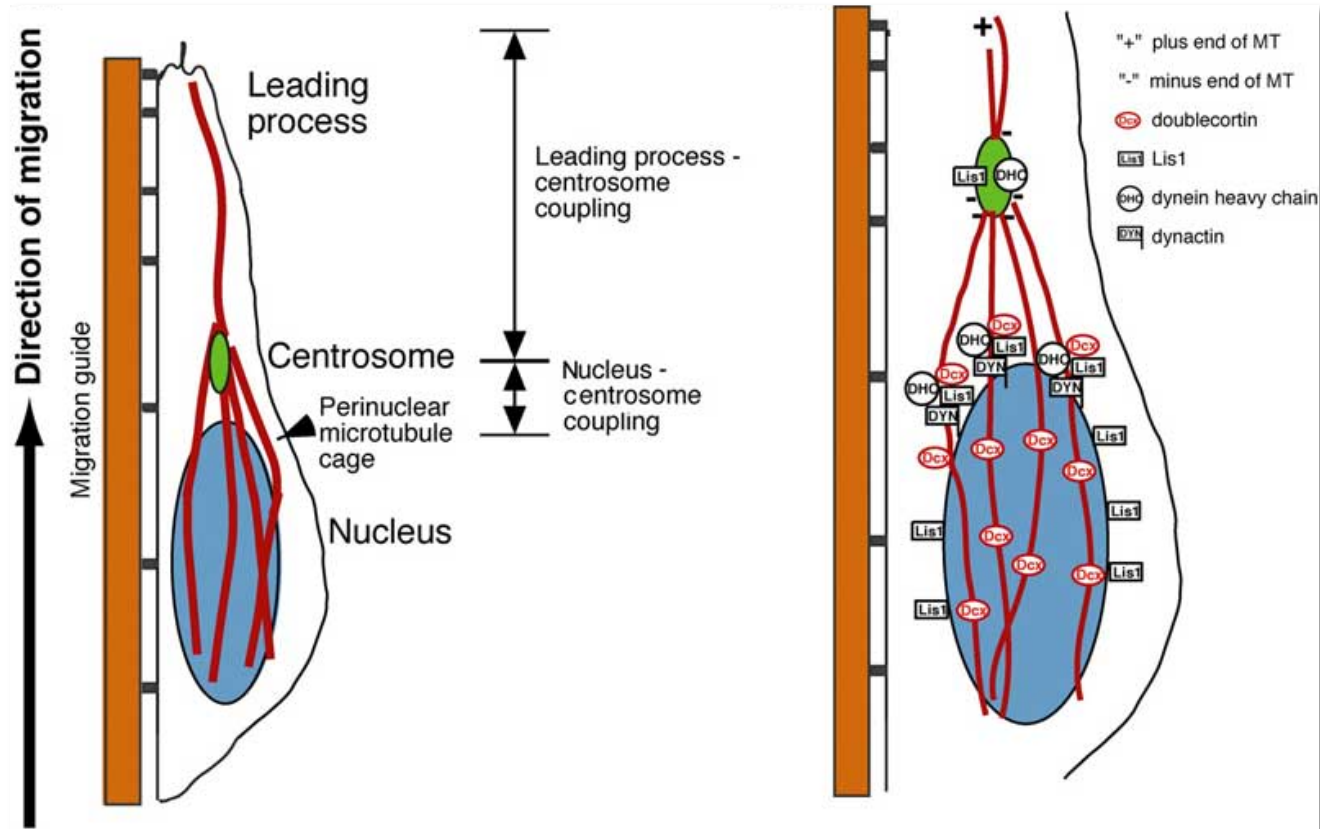
Radial glial fiber-dependent migration



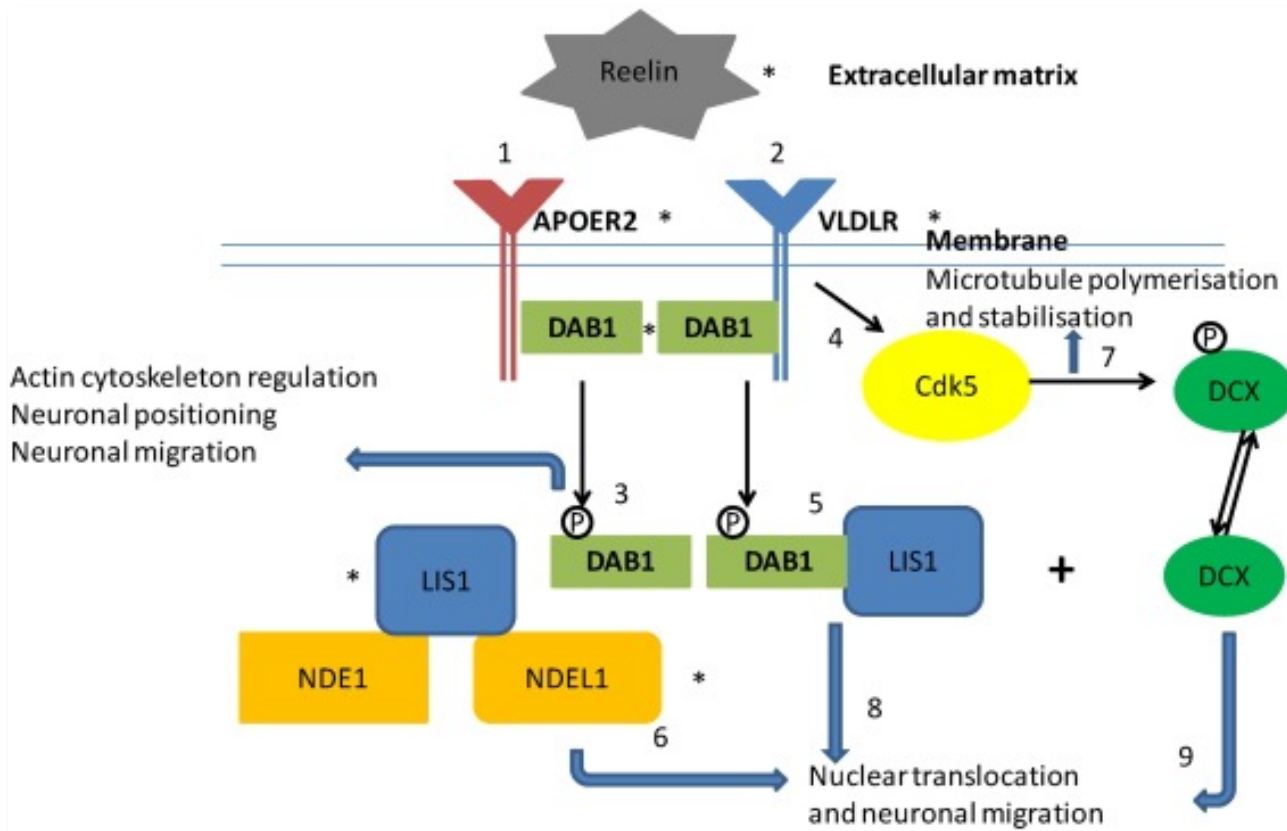
Molecular control of radial-glia fiber-dependent migration



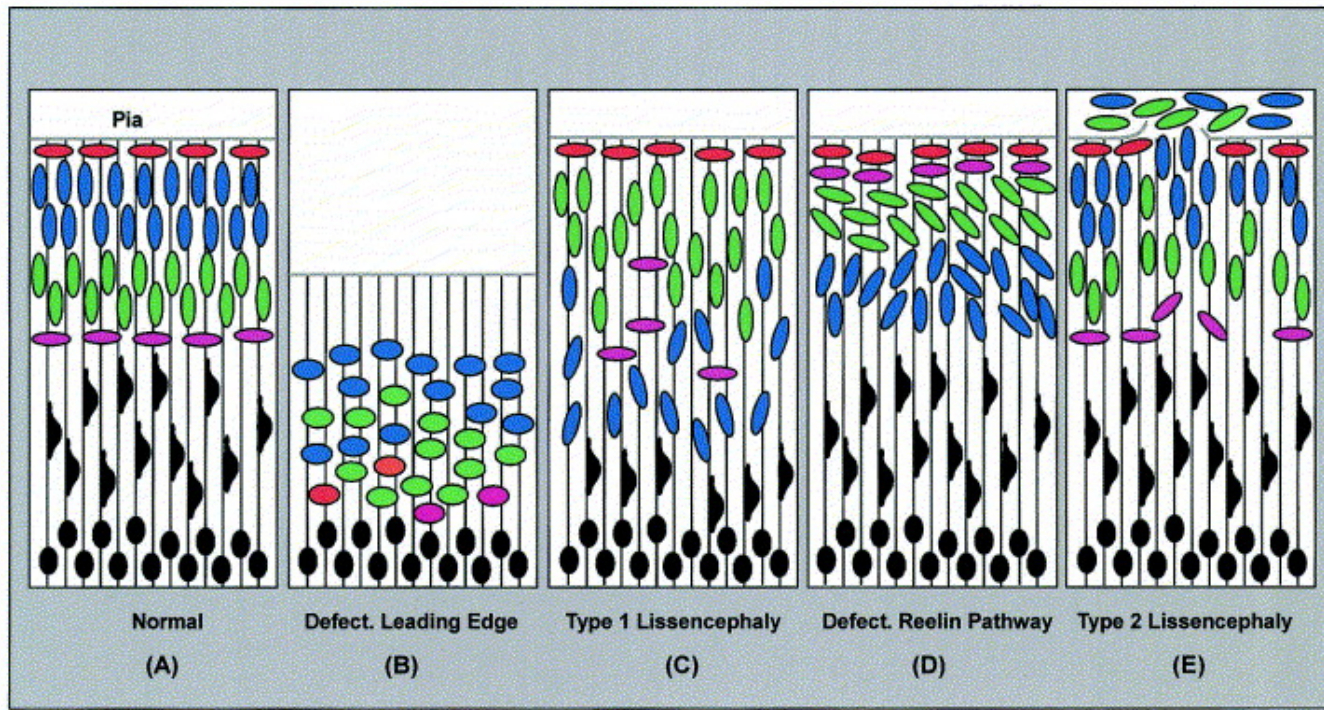
Molecular control of radial-glia fiber-dependent migration



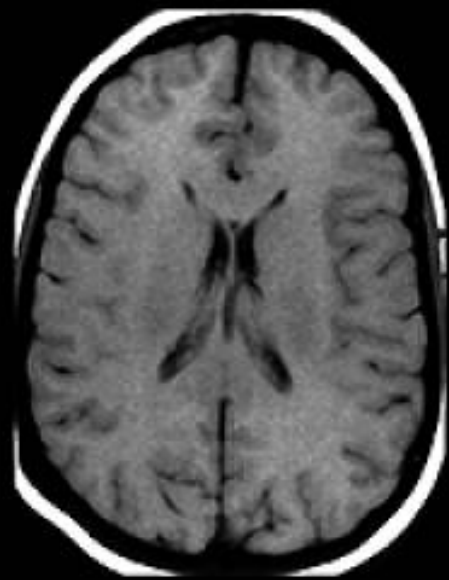
Reelin signalling pathway in neuronal migration



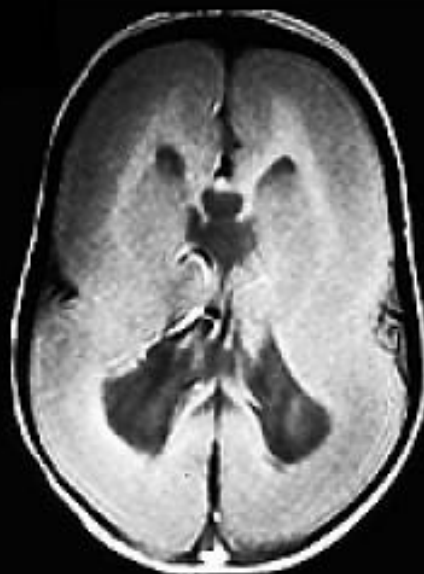
Defects in neuronal migration lead to altered lamination



Normal



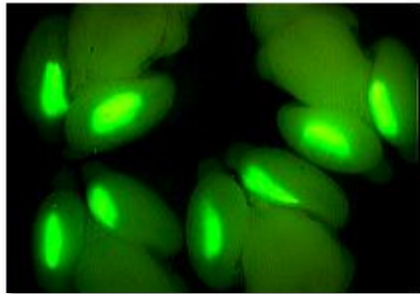
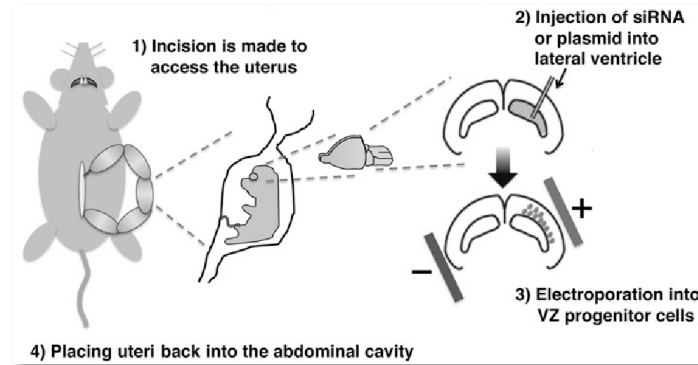
Lissencephaly



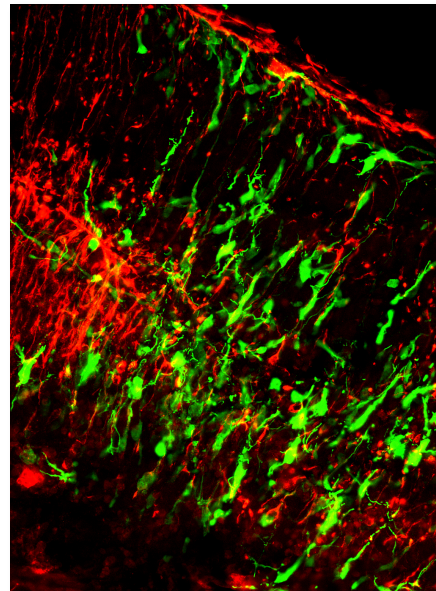
How do we study cell migration in experimental models?

Acute (somatic) manipulation of cell identity and cell behavior

In utero electroporation



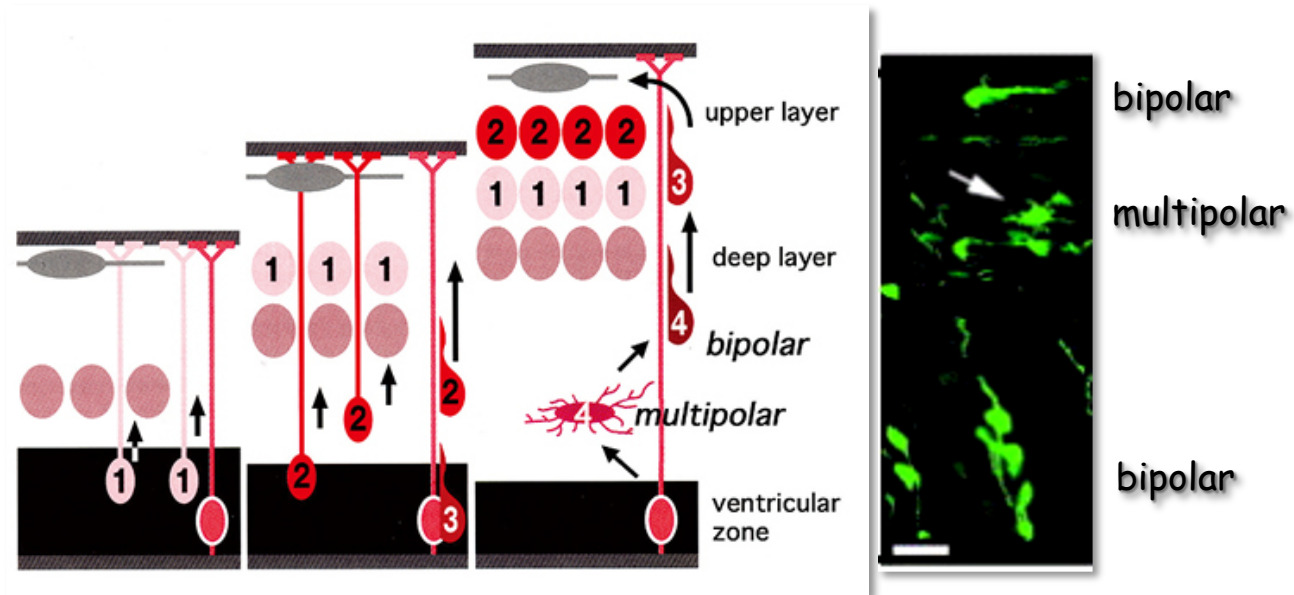
normal pregnancy
and birth



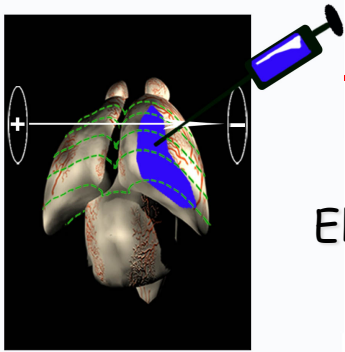
Cell migration
Cell morphology
Cell specification
Genetic interactions
Single cell recording
Connectivity

organotypic culture
of brain slices
(up to 4 days)

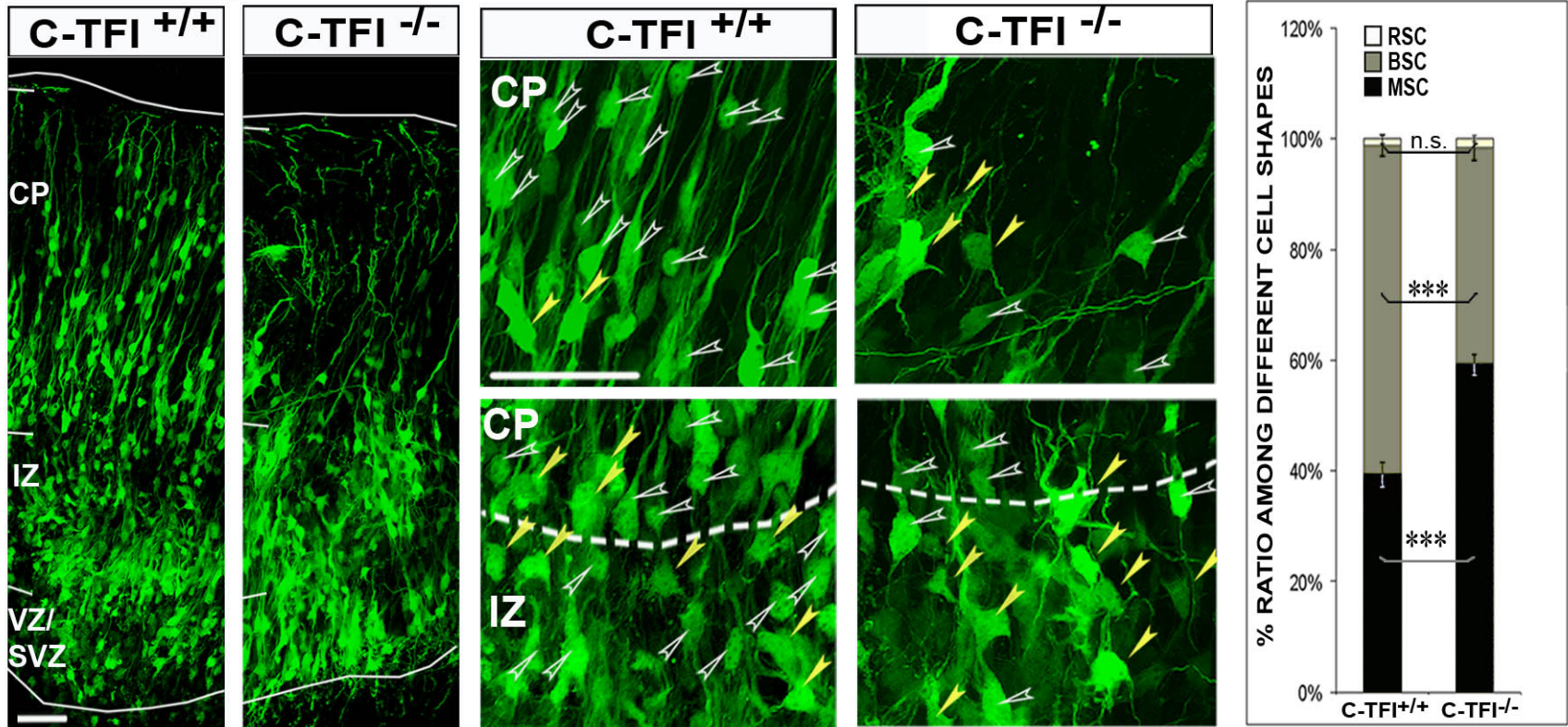
Radial migration and morphological transition



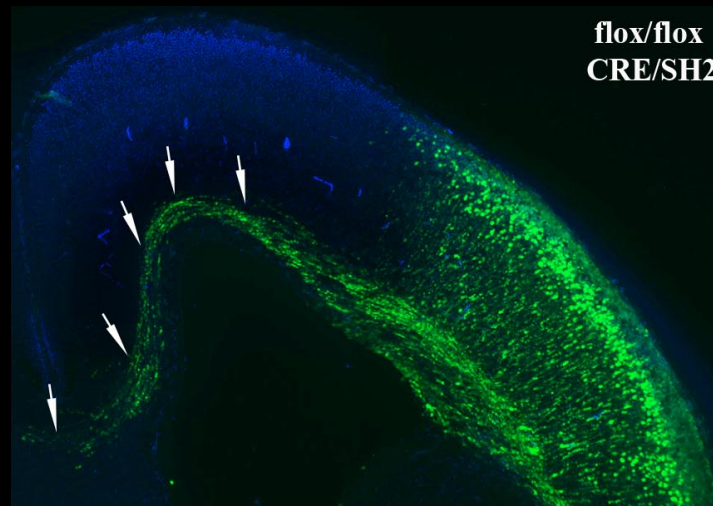
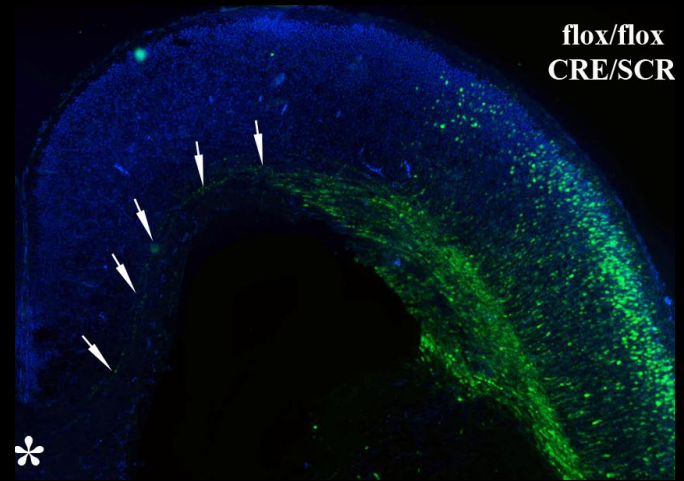
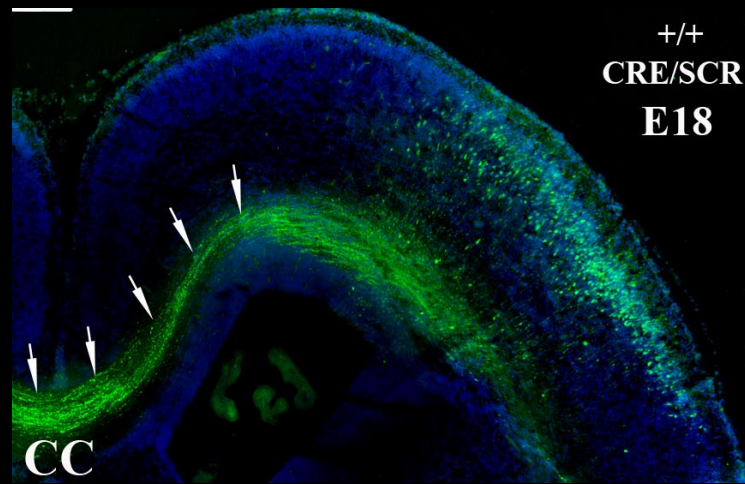
Accumulation of multipolar-shaped cells in the IZ



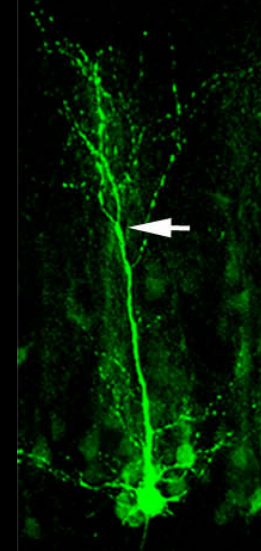
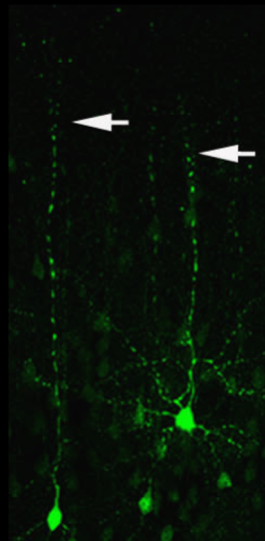
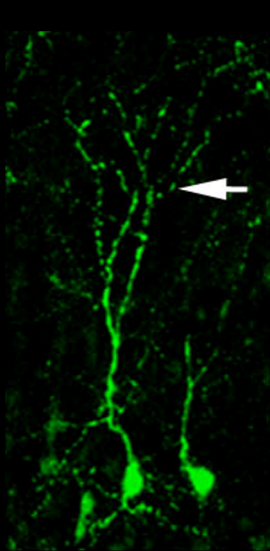
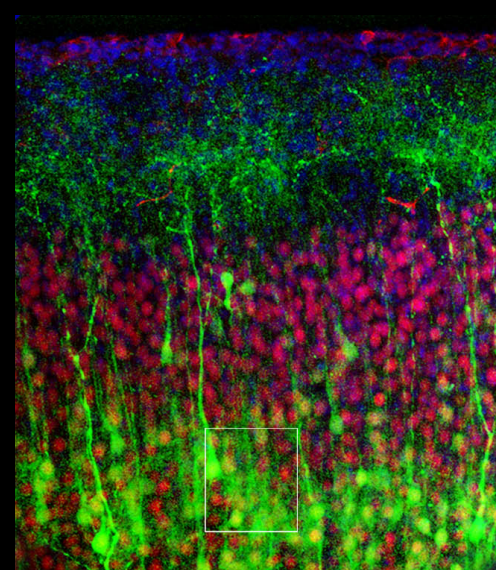
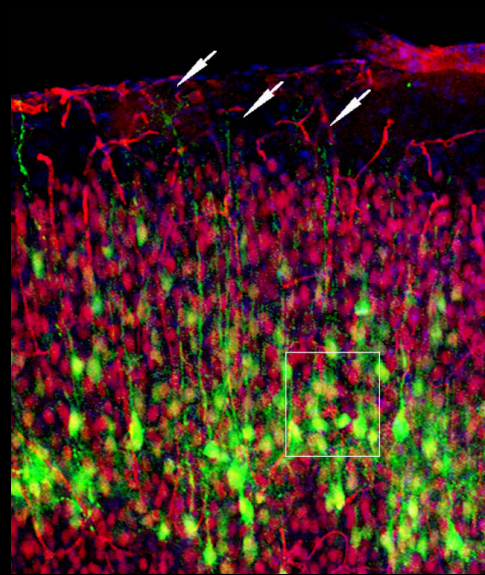
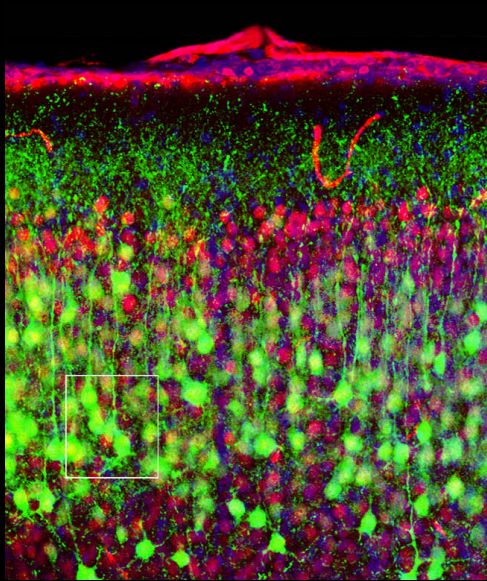
Electroporation of a GFP-expressing vector at E14.5 + 4 DIV in culture



Restored cell migration rescues axonal elongation

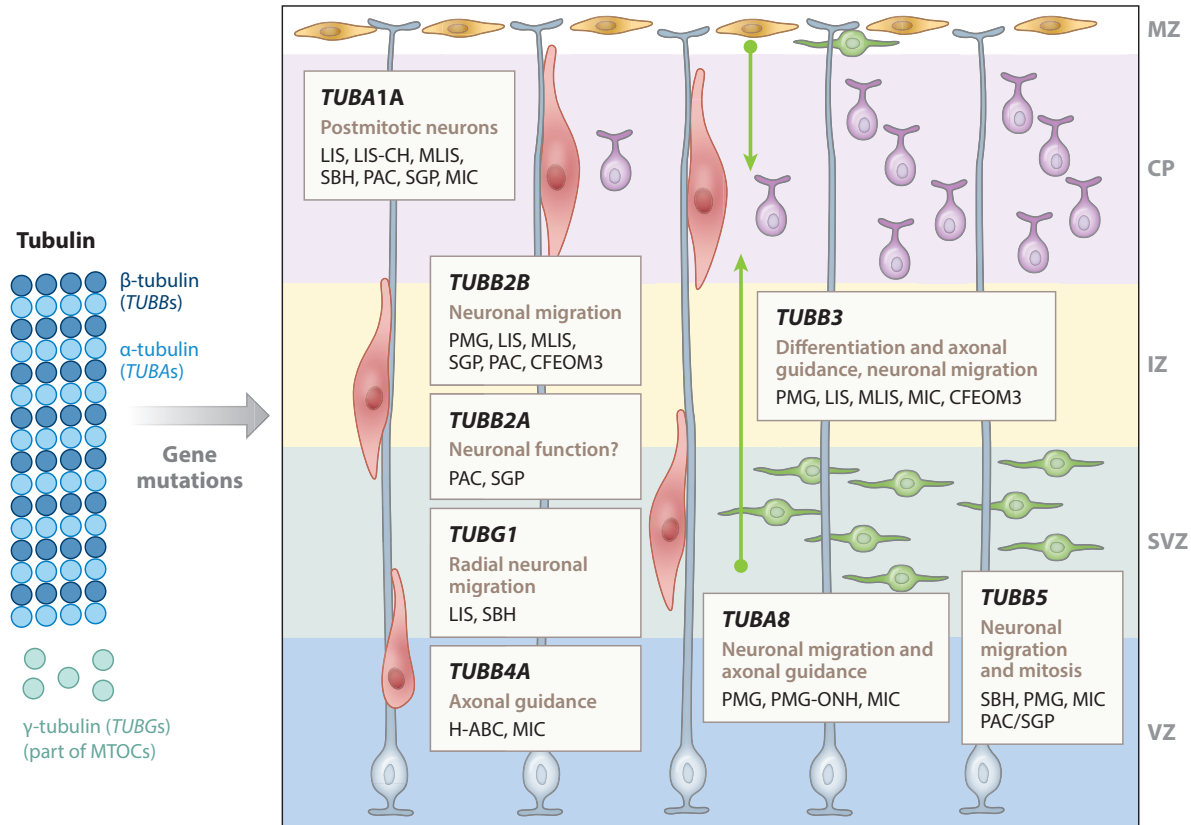


Restored cell migration rescues neuronal maturation

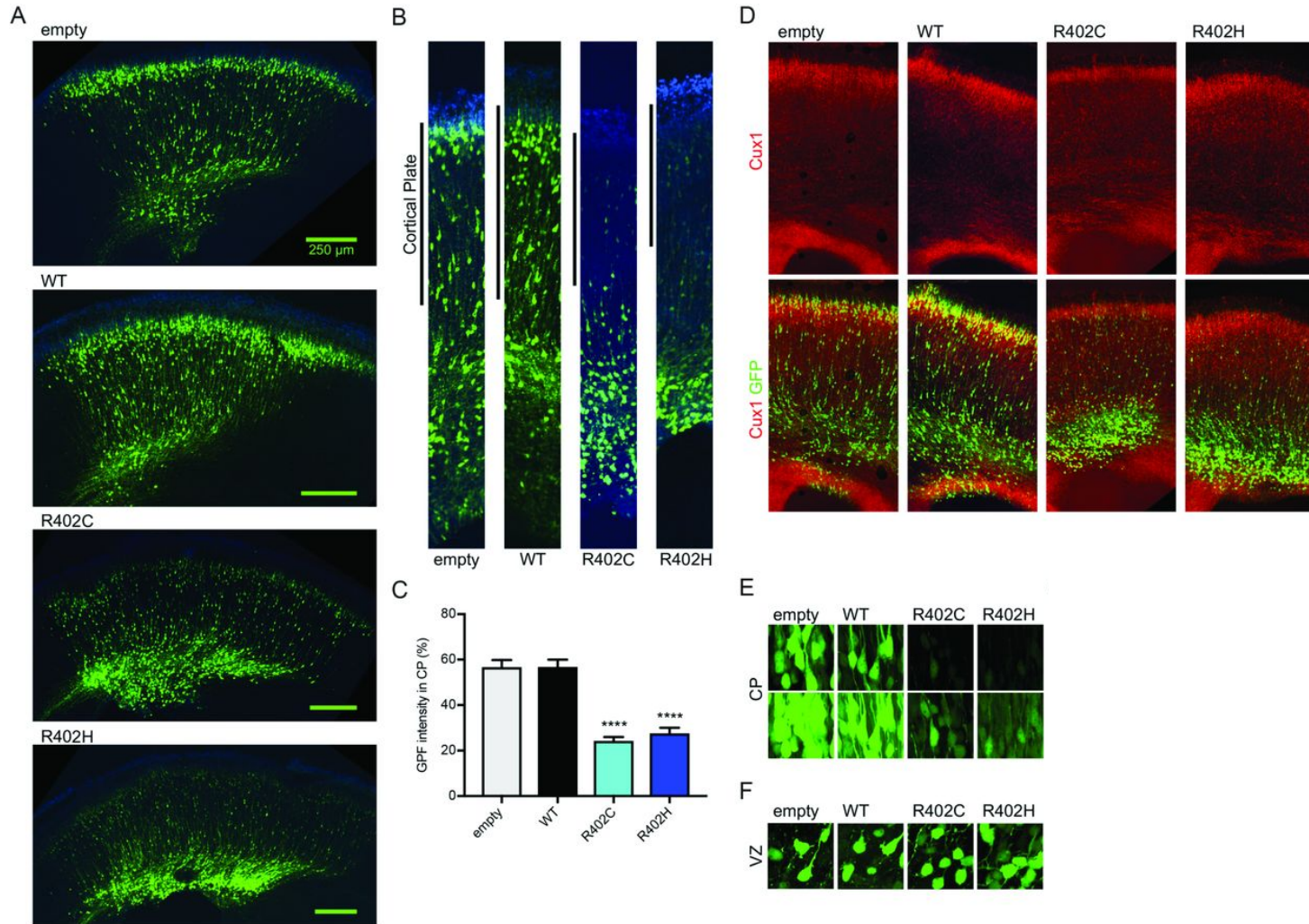


The appearance of glia-guided migration, unique to mammals, is linked to axonal growth and maturation of late-born pyramidal neocortical neurons.

Tubulinopathies affect multiple processes in cortical development and cause heterogeneous MCDs



TUBA1A-R402C/H mutants dominantly disrupt neuronal migration in the mouse cortex



Abnormal cell migration and neuronal heterotopia in mice and humans

DCHS1 & FAT4: protocadherins act as planar cell polarity genes

IUE E13-E16

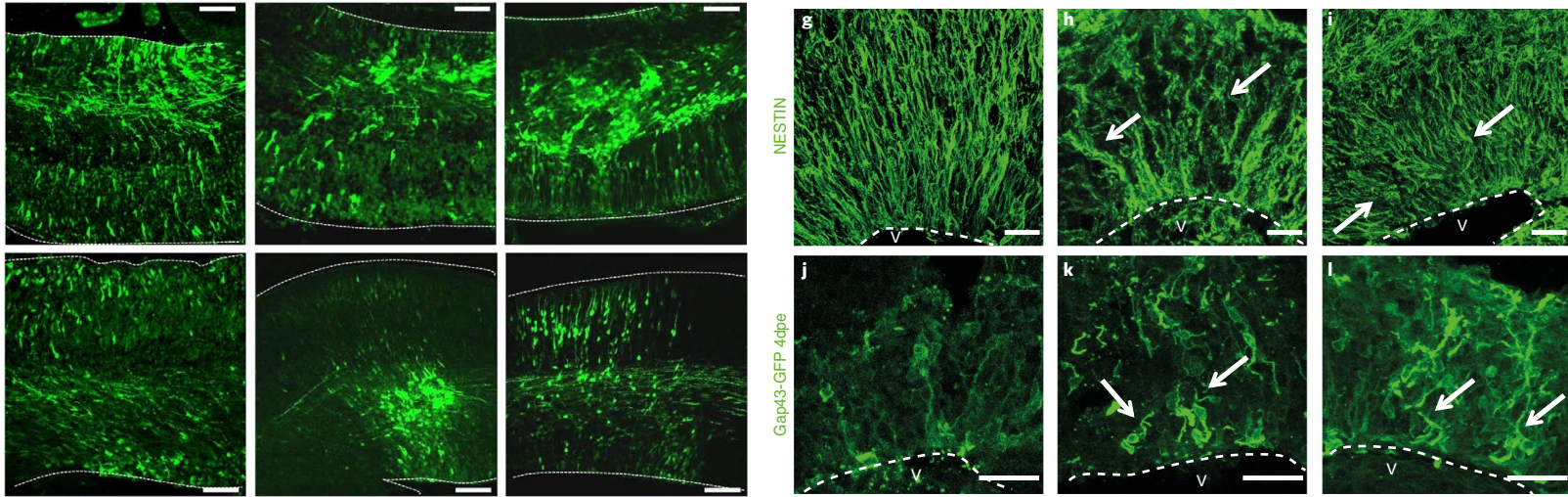
Mouse IUE

Dchs1 mutant forms

Human organoids

DCHS1

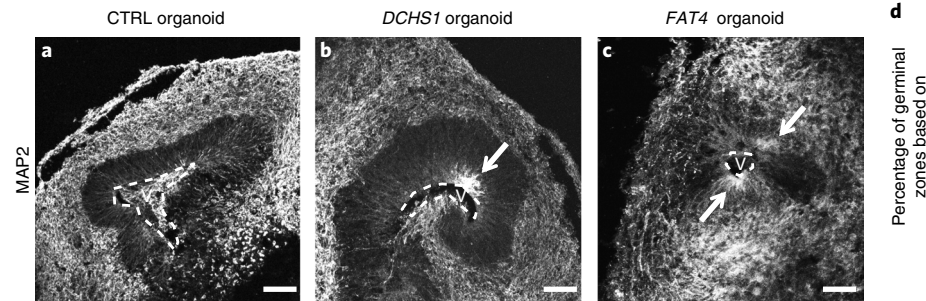
FAT4



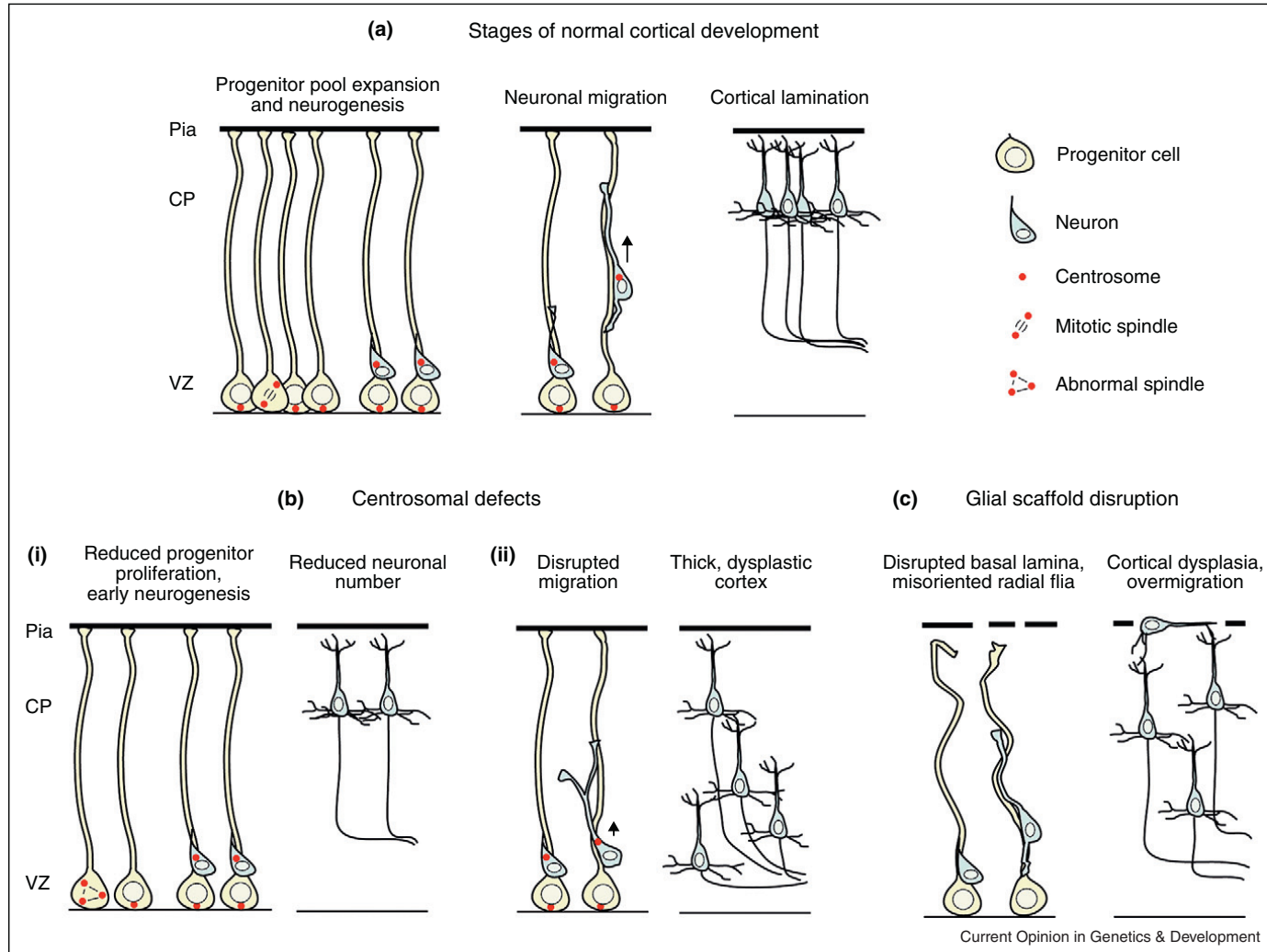
Fat4 mutant forms

Cappello et al., 2013

Klaus et al., 2019



Cellular mechanisms of abnormal cortical development leading to malformations



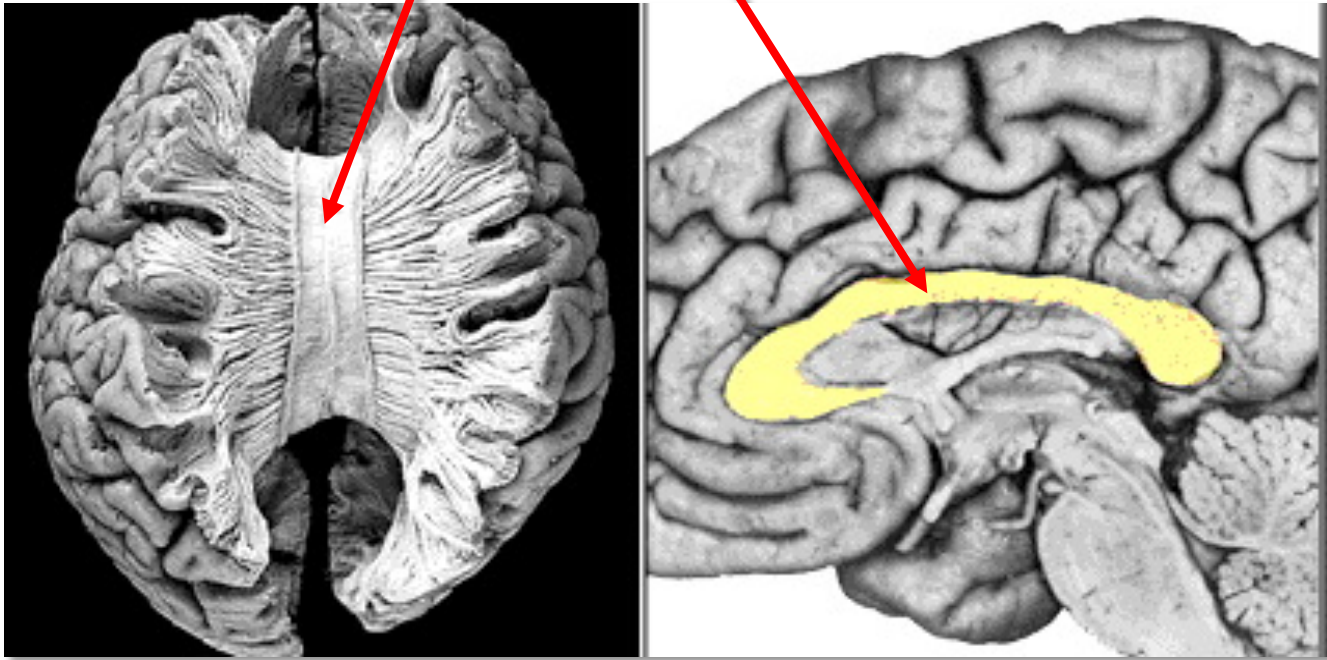
Different categories of Malformations of Cortical Development (MCD)



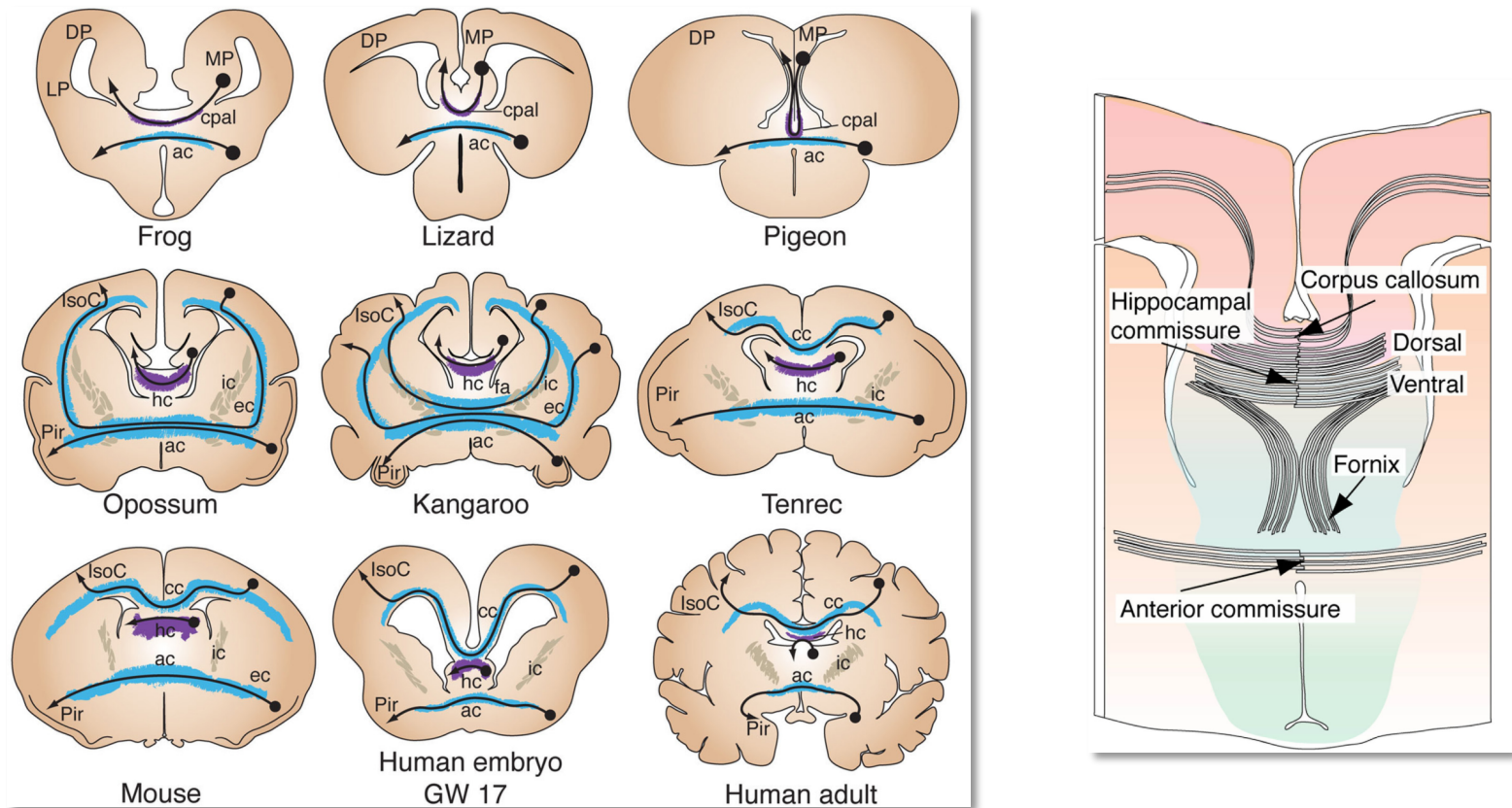
MCD group	MCD type	Morphologies	Related pathways
Disorders of proliferation, apoptosis, and/or differentiation	Microcephalies	Microcephaly, microlissencephaly Alobar, lobar, and variant holoprosencephaly	Tubulinopathies, microtubule-associated proteins Decreased RTK → PI3K → AKT → mTOR signaling Sonic hedgehog pathway Midline differentiation
	Cortical overgrowth disorders (focal and diffuse)	Megalencephaly, hemimegalencephaly, polymicrogyria, FCD-II	Overactive RTK → PI3K → AKT → mTOR signaling
Disorders of neuronal migration	Classic lissencephaly spectrum	Smooth lissencephaly, microlissencephaly, subcortical band heterotopia	Tubulinopathies, microtubule-associated proteins Variant lissencephalies (noncytoskeletal)
	Cobblestone malformations	Rough lissencephaly, polymicrogyria, leptomeningeal glioneuronal heterotopia	Dystroglycanopathies Other basement membrane–glia limitans interaction disorders
	Periventricular heterotopia	Nodular or linear periventricular heterotopia	Microtubule-associated proteins
	Dyslaminations without cytologic dysplasia or growth abnormality	FCD-I	Overactive RTK → PI3K → AKT → mTOR signaling Other rare forms (e.g., variant Rett syndrome)
Disorders of axon pathway formation	Isolated callosal defects	Agenesis, hypogenesis, dysgenesis of corpus callosum	Axon growth and guidance Midline differentiation
	Other isolated axon defects (putative)	Unknown	Axon growth and guidance

Abbreviations: FCD-I, focal cortical dysplasia type I; FCD-II, focal cortical dysplasia type II; MCD, malformation of cortical development.

Corpus Callosum

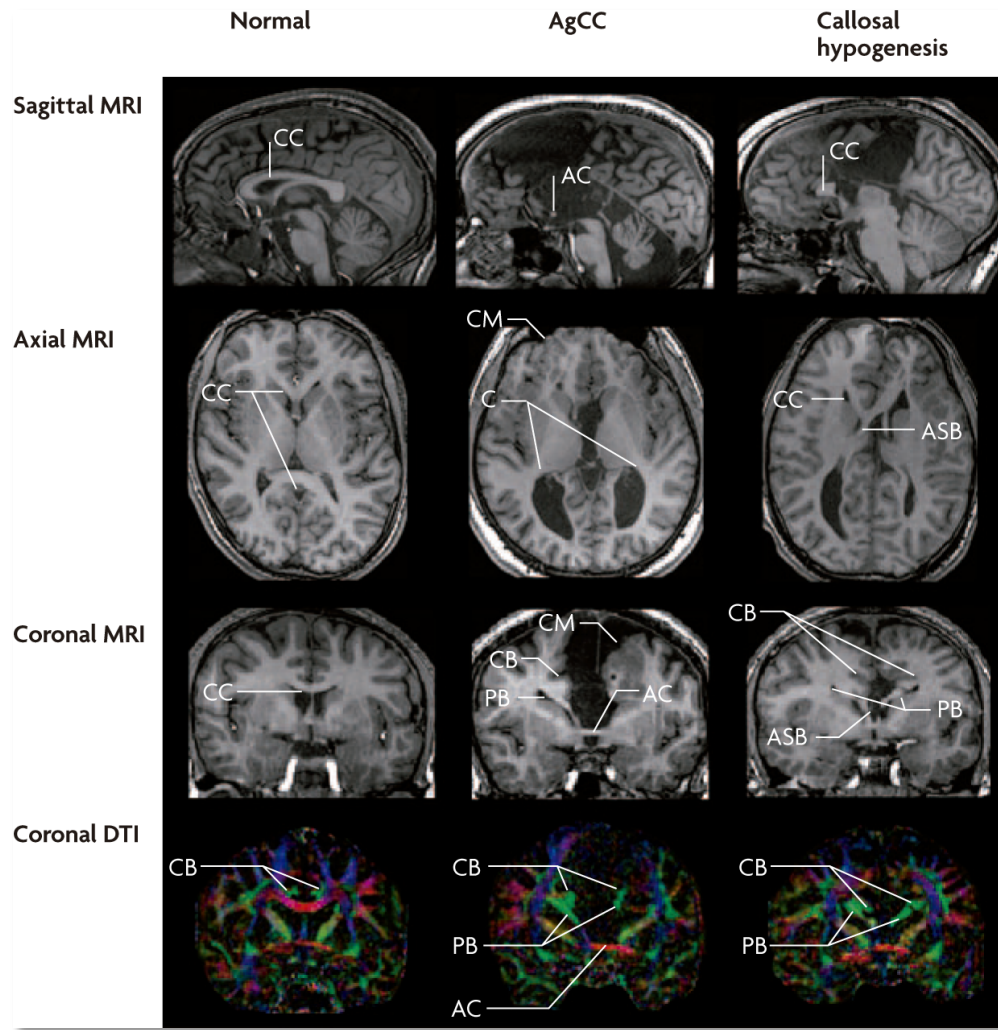


Cortical commissures - axonal connections between the two hemispheres



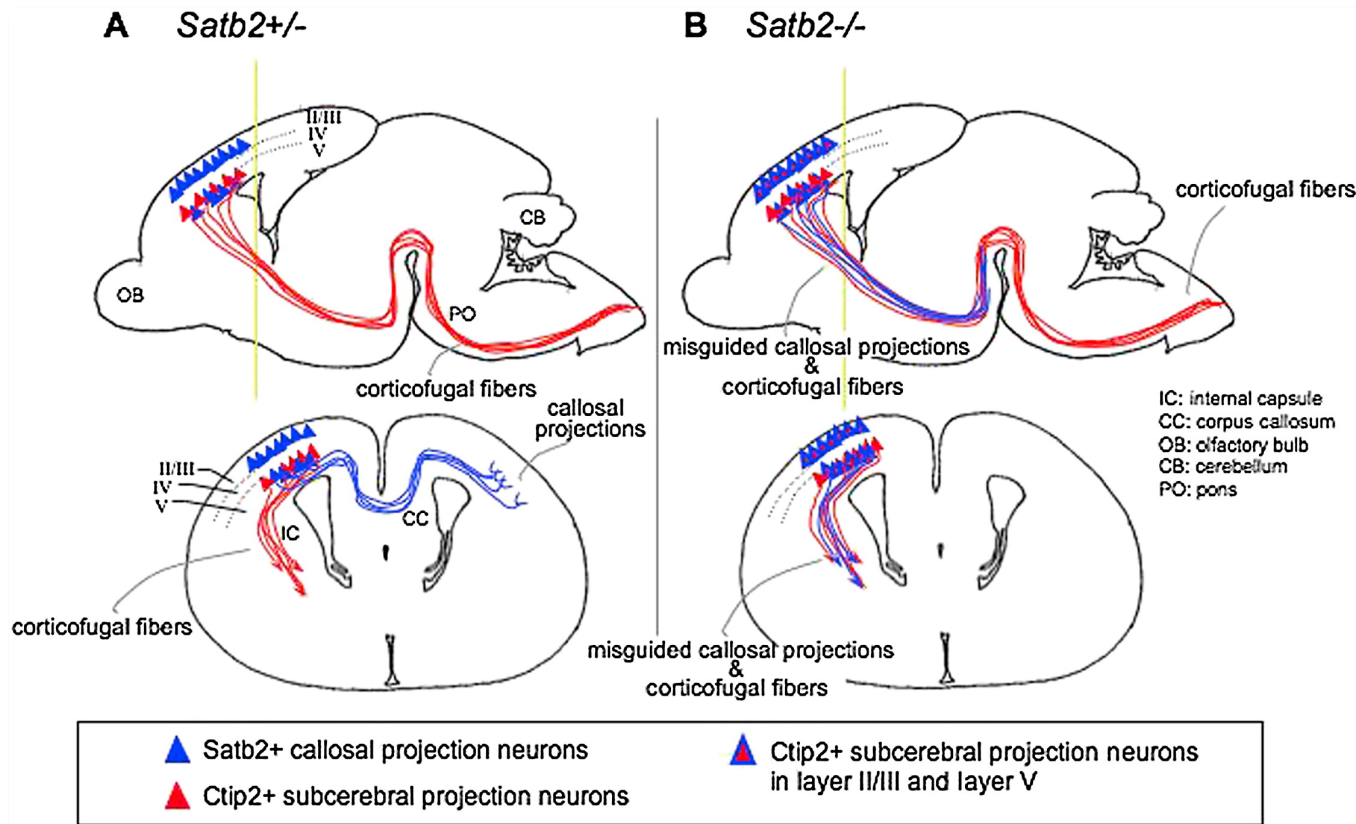
- ✓ Vertebrate evolution resulted in increased brain complexity;
- ✓ additional commissures to provide interhemispheric connections between pallial territories;
- ✓ increase in cortical volume is positively correlated with increase in CC area and number of callosal fibers

Agenesis of the corpus callosum in humans



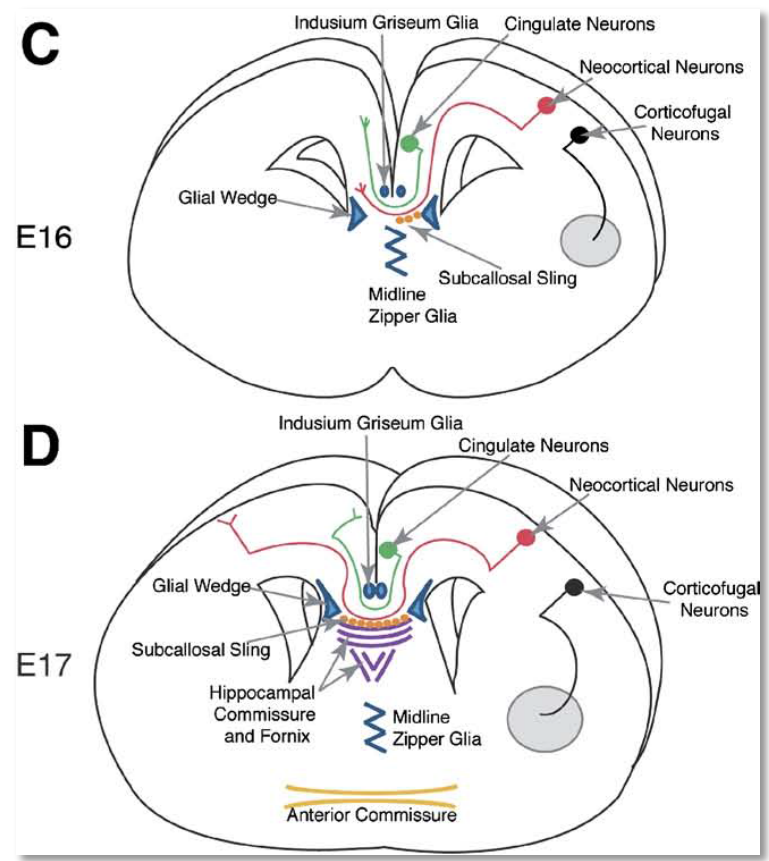
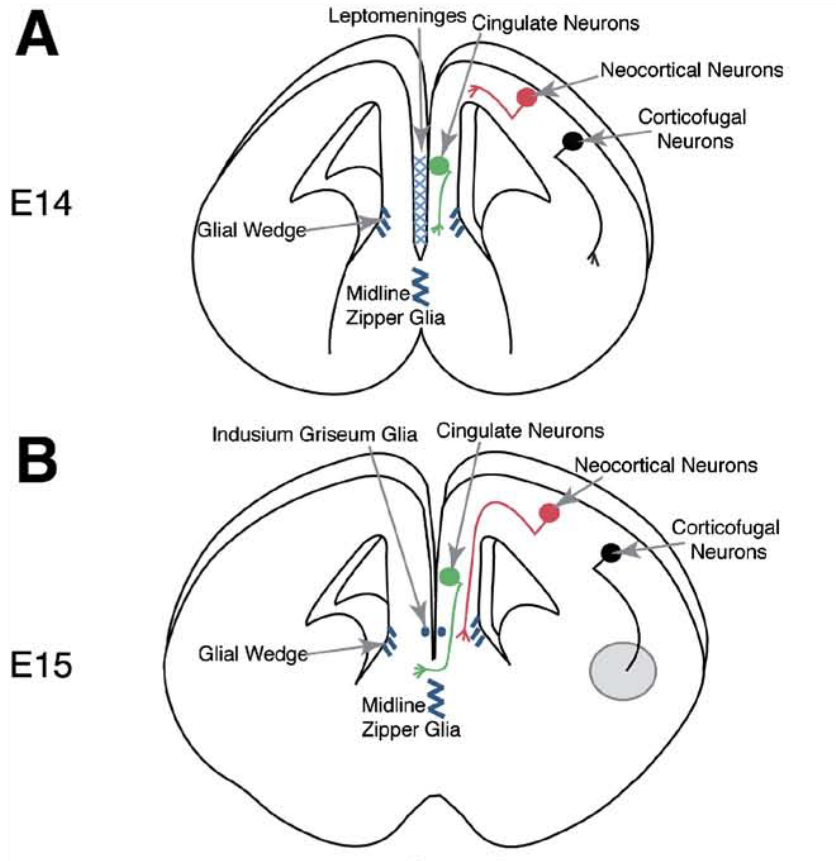
- Behavioural and cognitive impairments:
 - ✓ deficiency in bimanually coordinated motor activity;
 - ✓ deficits in cognitive processing time, arithmetic, abstract reasoning and short-term memory;
 - ✓ Social and language deficits.
- Single gene MENDELIAN mutation, sporadic mutations and complex genetics.
- Environmental factors: fetal alcohol syndrome (FAS).
- 75% of the cases with complete AgCC have recognizable genetic syndromes

Postmitotic specification of callosal projection neurons



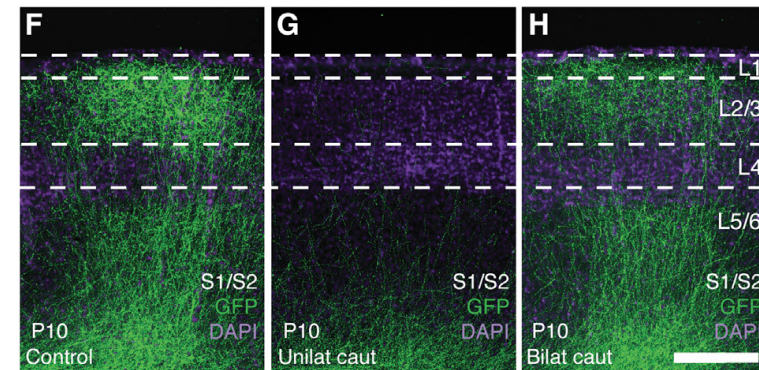
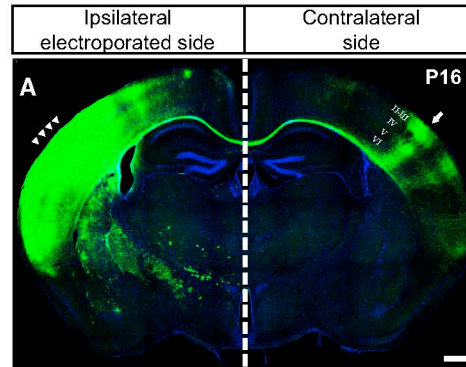
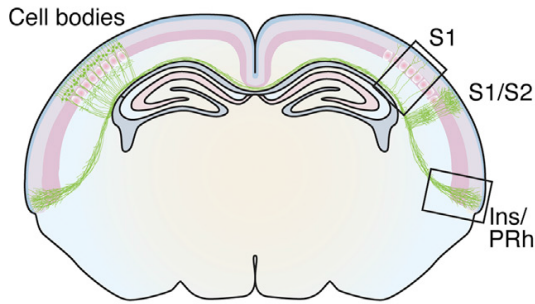
Fishell & Hanashima, 2008
Britanova et al., 2008
Alcamo et al., 2008

Corpus callosum development in the mouse



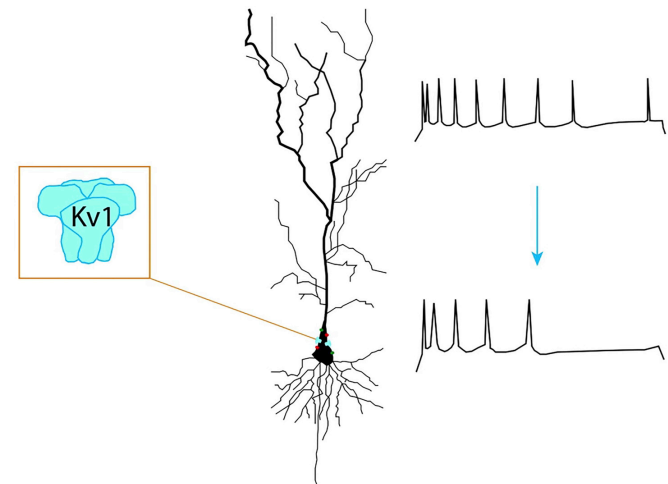
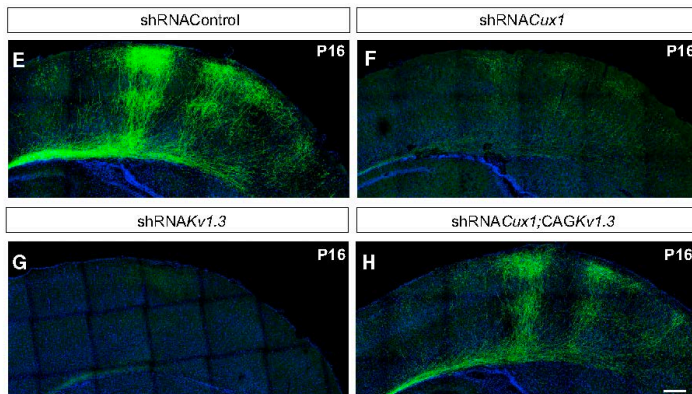
Postnatal neuron activity is essential for connecting the two halves of the brain

Balanced activity between the 2 hemispheres establish contralateral connectivity



Suarez et al., 2014

Cux1 controls contralateral innervation by regulating callosal intrinsic excitability



Rodriguez-Tournos et al., 2016

Function

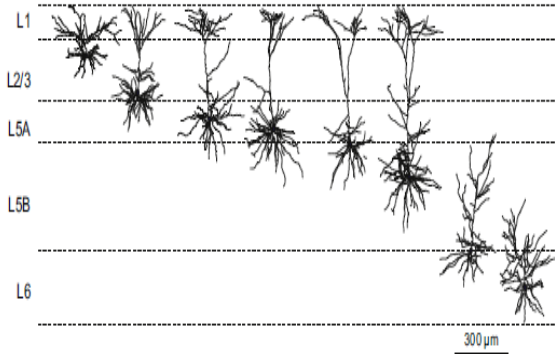
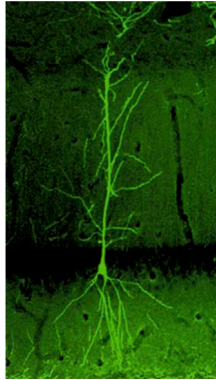
- ✓ CC present in placental mammals;
- ✓ largest fiber tract in the brain, connecting the two cerebral hemispheres;
- ✓ facilitates the integration of motor and sensory information from the two sides of the body;
- ✓ influences higher cognition associated with executive function, social interaction and language.

Development

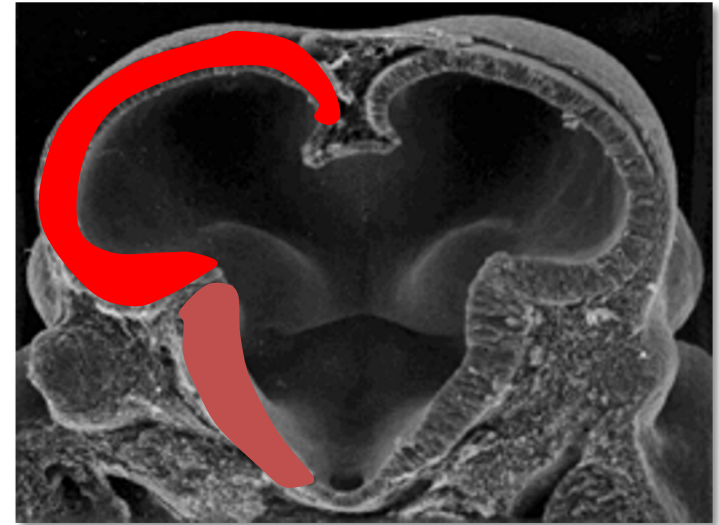
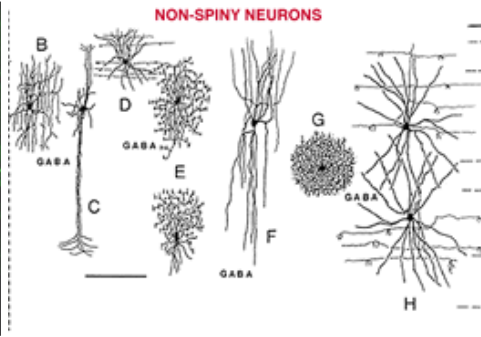
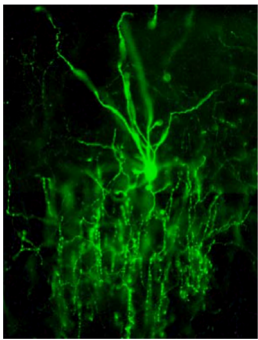
- ✓ Pioneers of the CC originate reach the midline around E15;
- ✓ neocortical callosal axons grow along the pathway defined by the pioneers by E17;
- ✓ midline cellular populations and extracellular cues assist in the turning and channeling of callosal axons across the midline;
- ✓ proper contralateral innervation is a postnatal activity-dependent process.

Cortical Projection neurons (PNs) and Interneurons (INs) are born from different D/V regions of the telencephalon

Glutamatergic projection neurons



GABAergic cortical interneurons



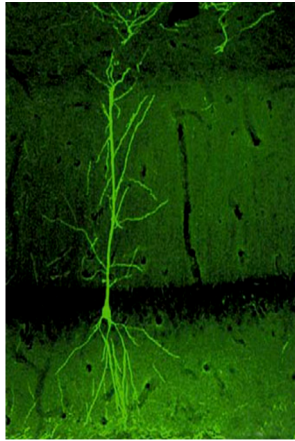
**Dorsal
(pallium)**



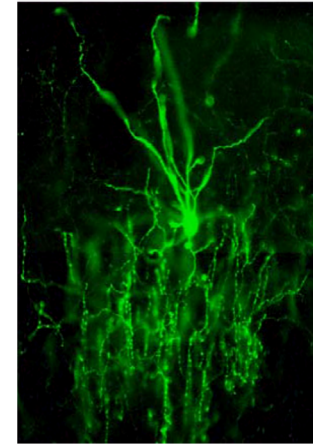
**Ventral
(subpallium)**

The cerebral cortex is controlled by a delicate balance of:

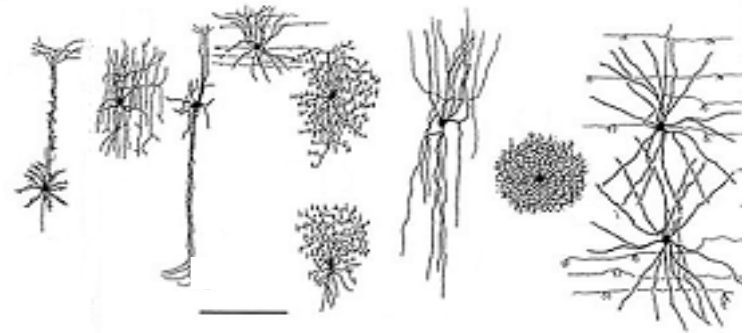
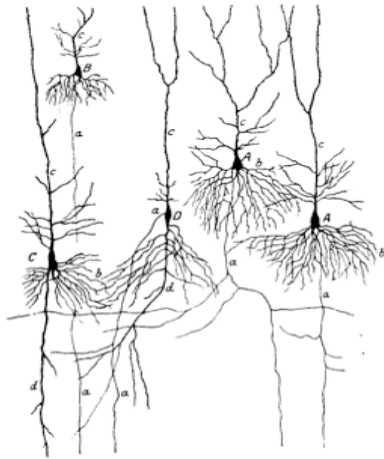
Pyramidal projection neurons
80% Glutamate



Inhibitory interneurons
20% GABA



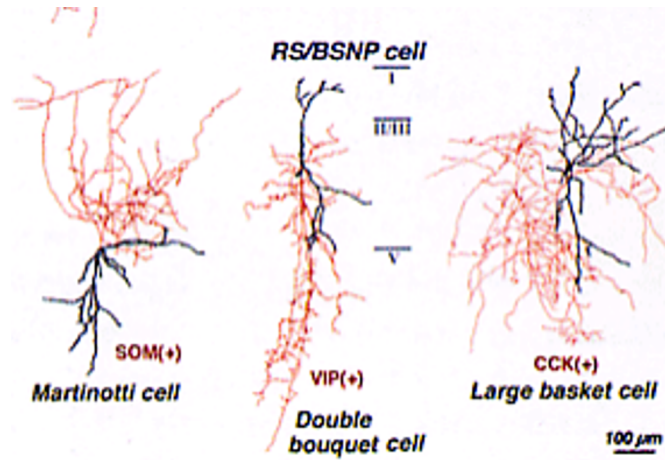
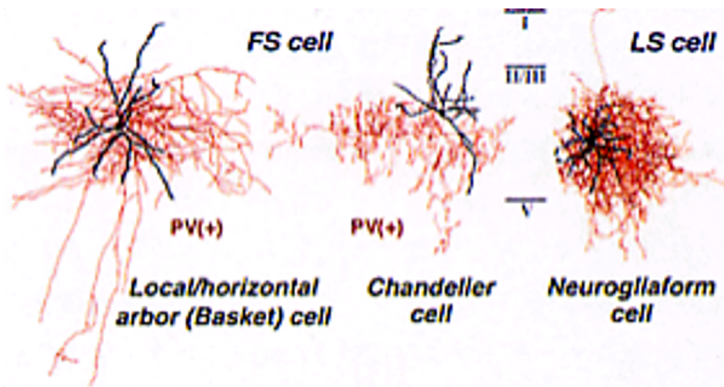
Excitation and **Inhibition**



*altered balance between excitation and inhibition
leads to epilepsy, autism or schizophrenia*

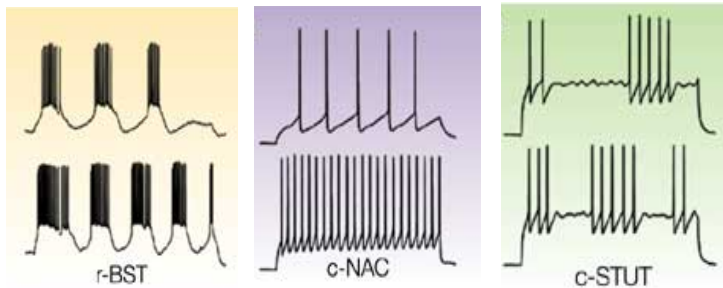
Petilla Interneuron Nomenclature (2008)

Morphological features (axon, soma, dendrite properties):



Physiological features

(action potential, firing pattern, postsynaptic responses).

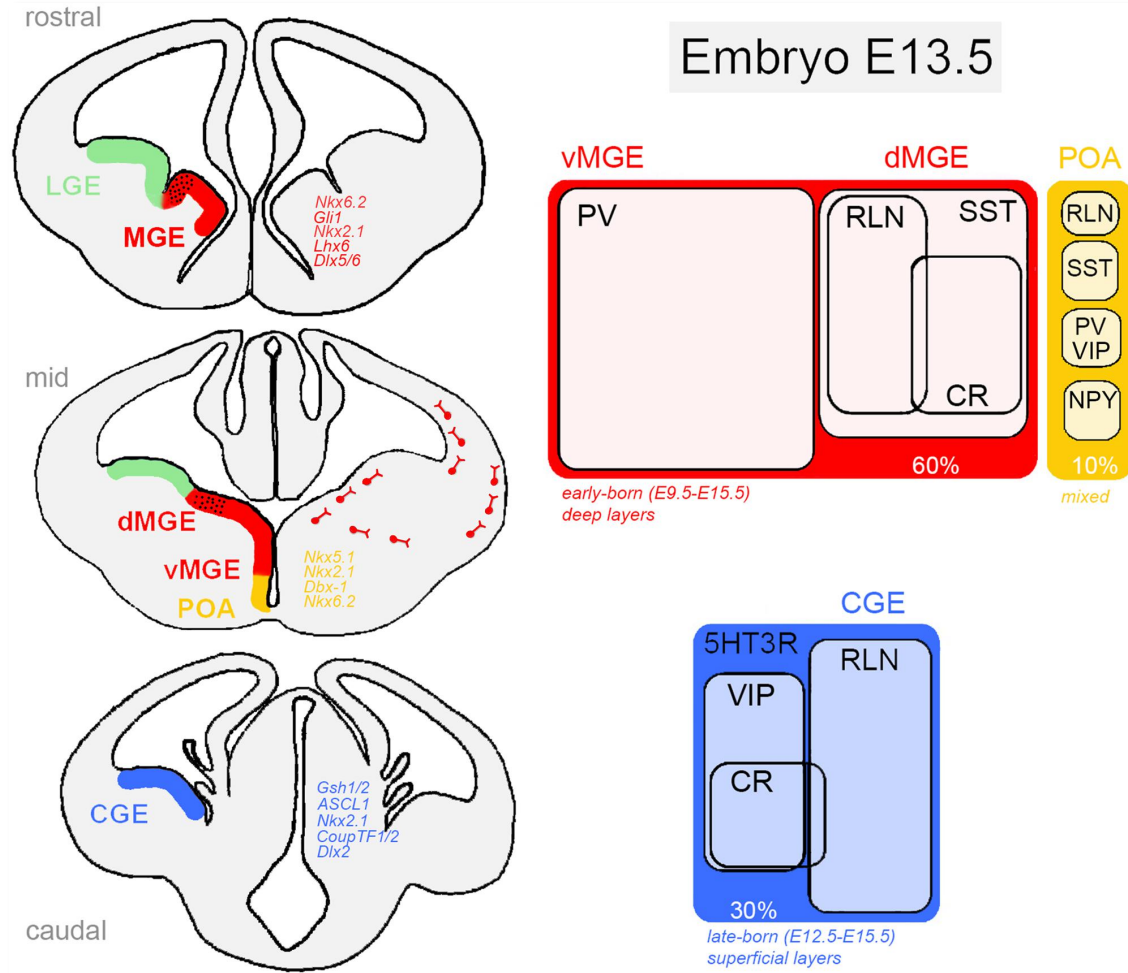


Neurochemical features

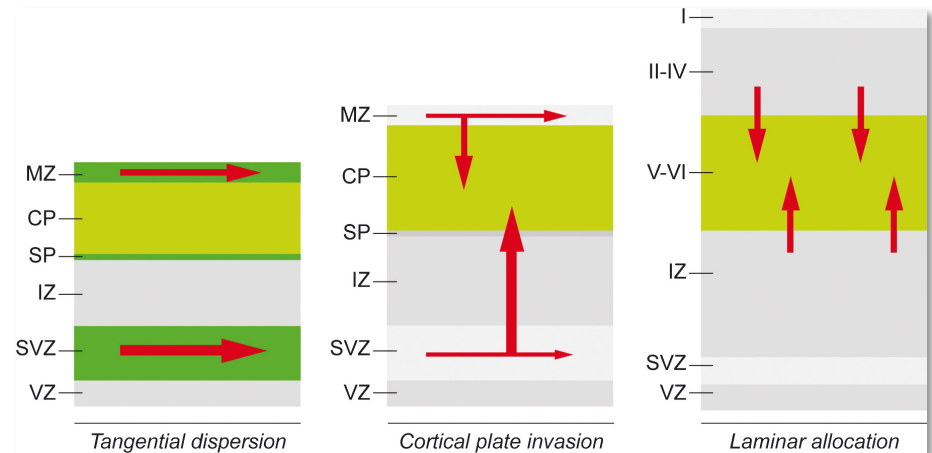
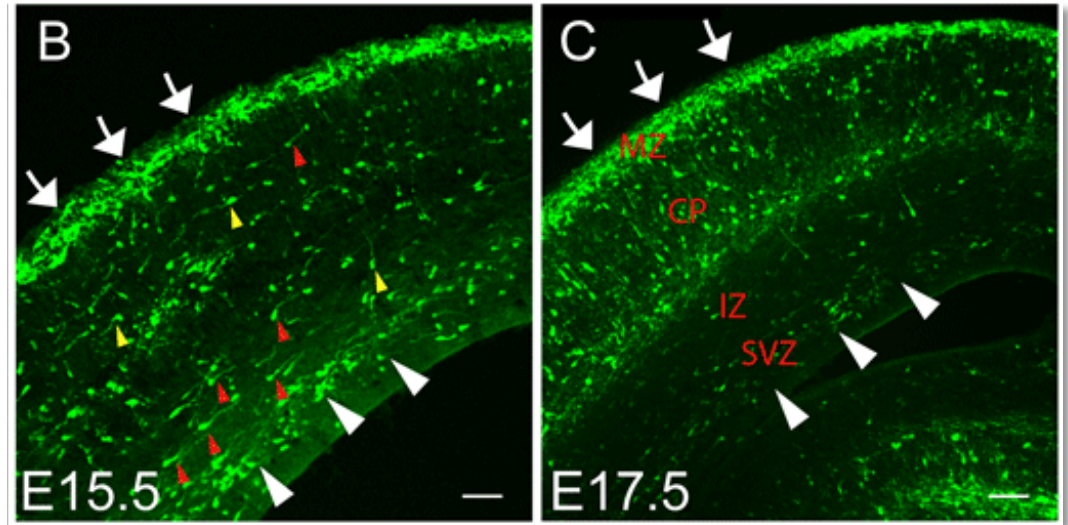
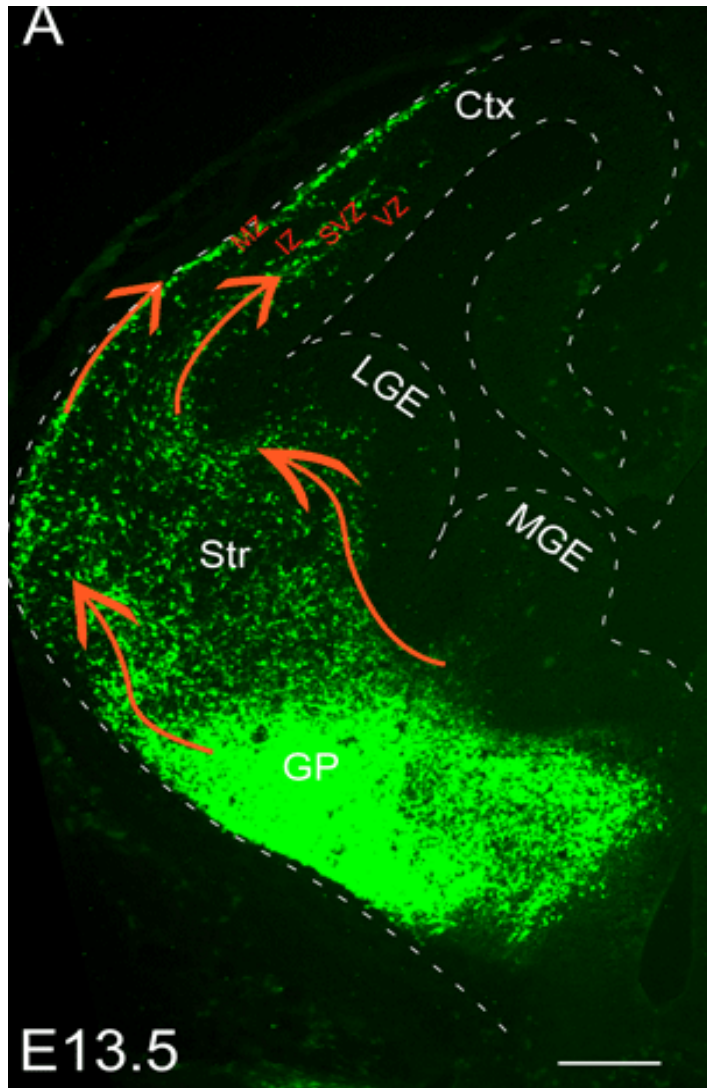
(Ca-binding proteins, neuropeptides):

- Parvalbumin (PV)
- Calretinin (CR)
- Somatostatin (SST)
- Neuropeptide Y (NPY)
- Vasointestinal Peptide (VIP)
- Cholecystikinin (CCK)

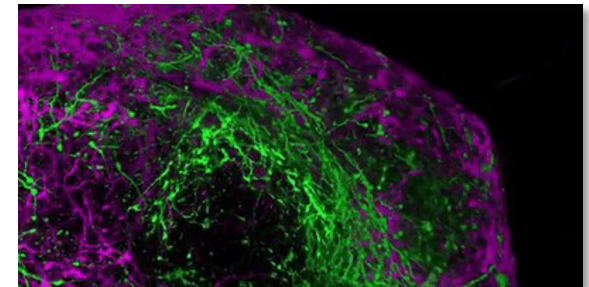
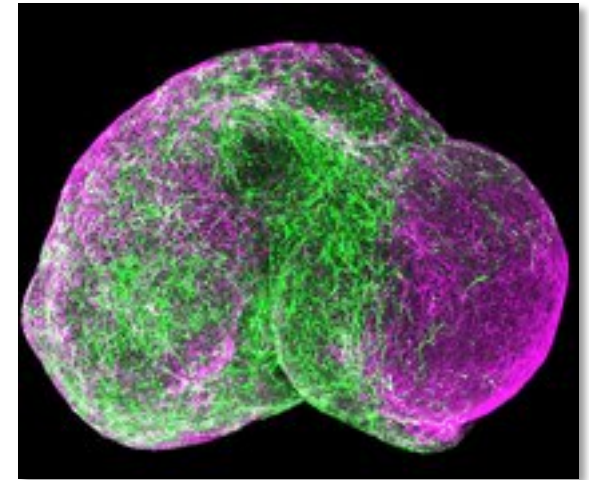
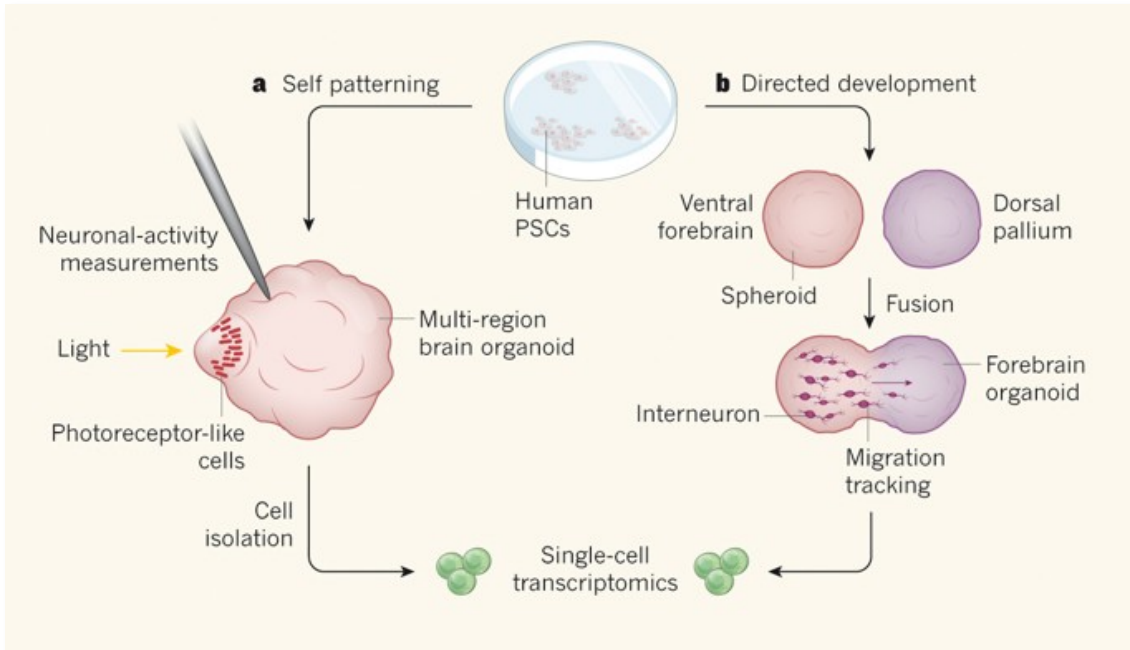
Subpallial origin of different subtypes of cortical interneurons



Tangential and radial migration of GE-derived interneurons

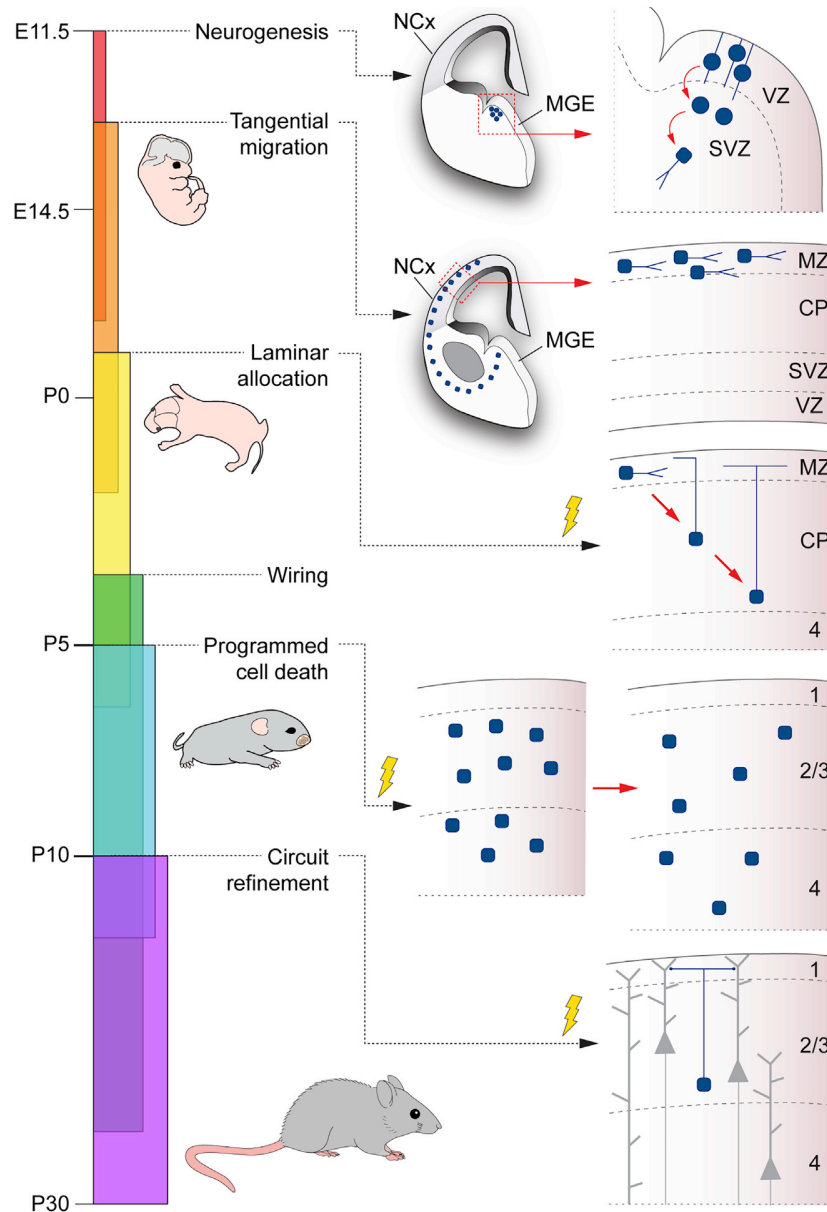


Self-organized organoids versus directed spheroids



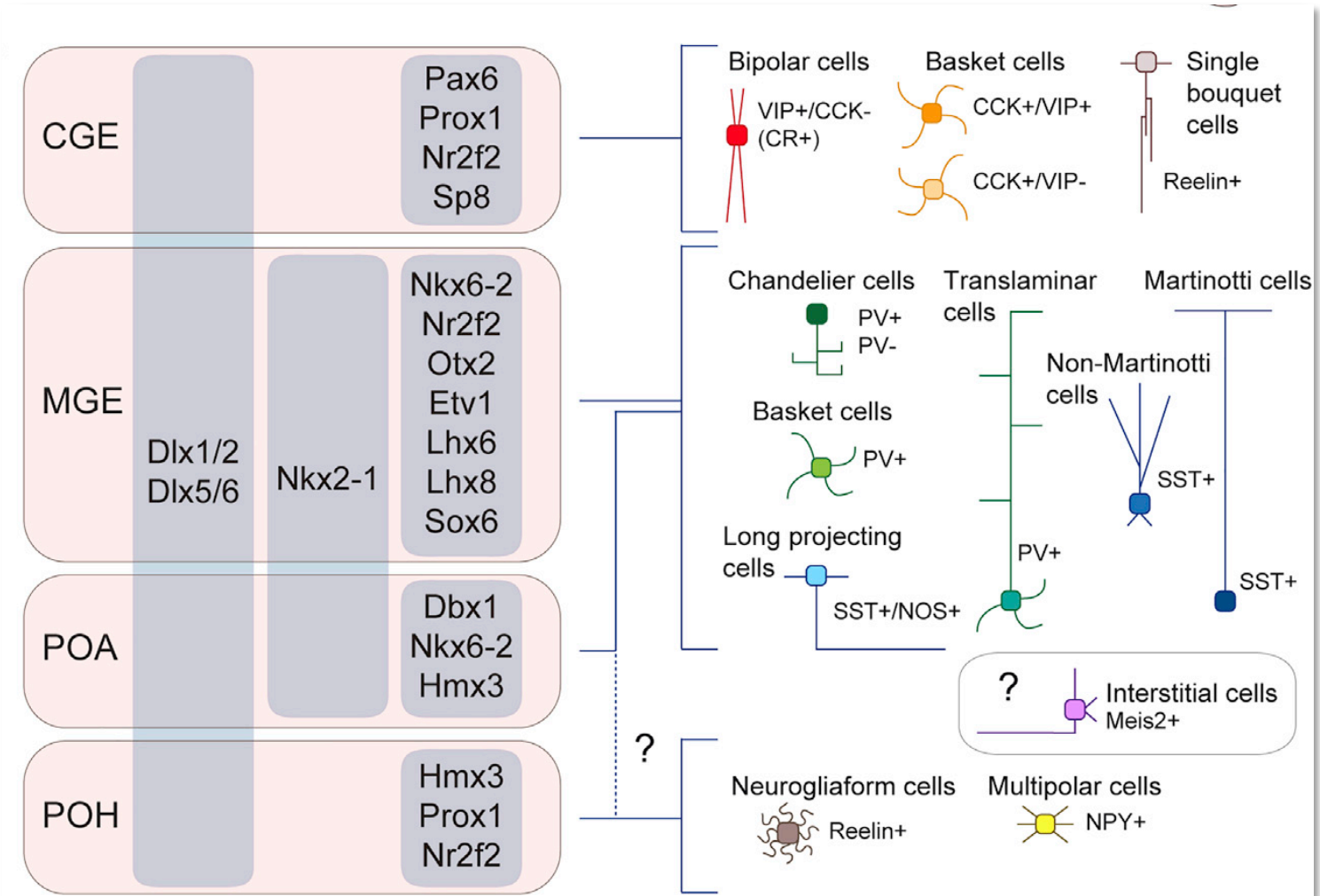
Birey et al., Nature, 2017

Milestones in the Development of Cortical Interneurons



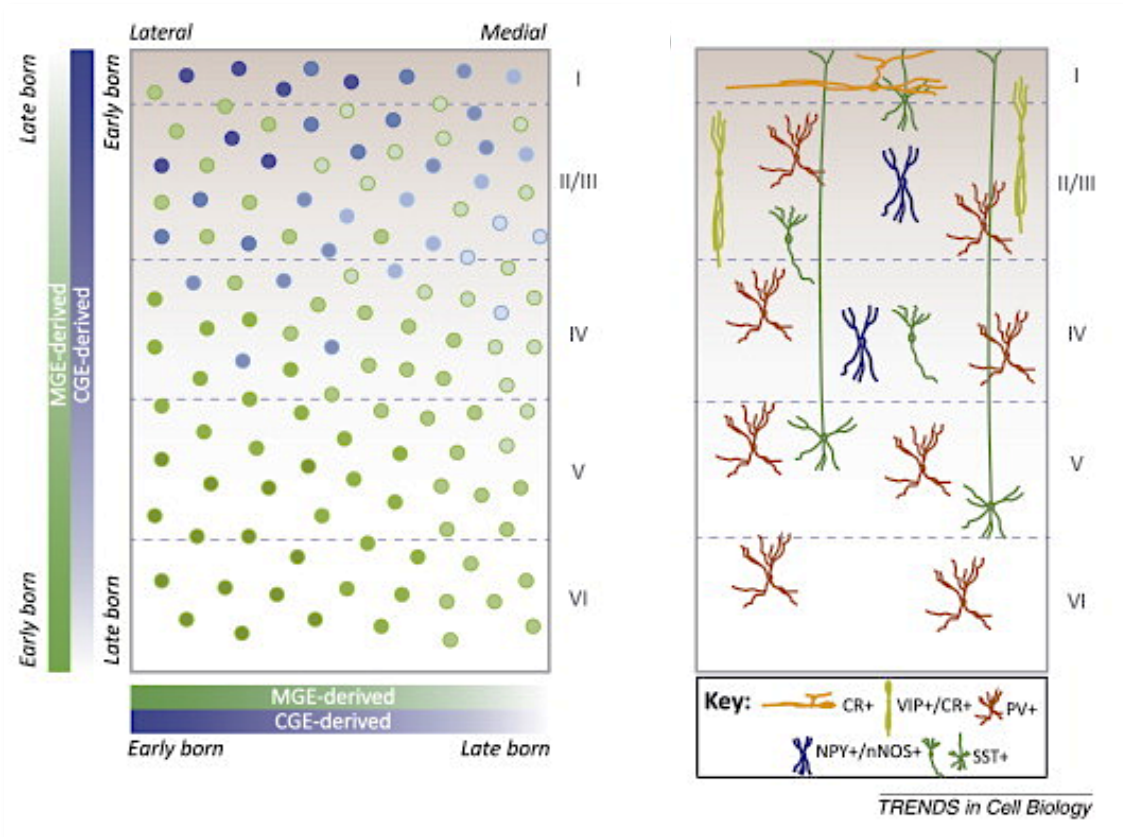
 Activity-dependent events

GE-specific molecular codes to specify distinct interneuron subtypes

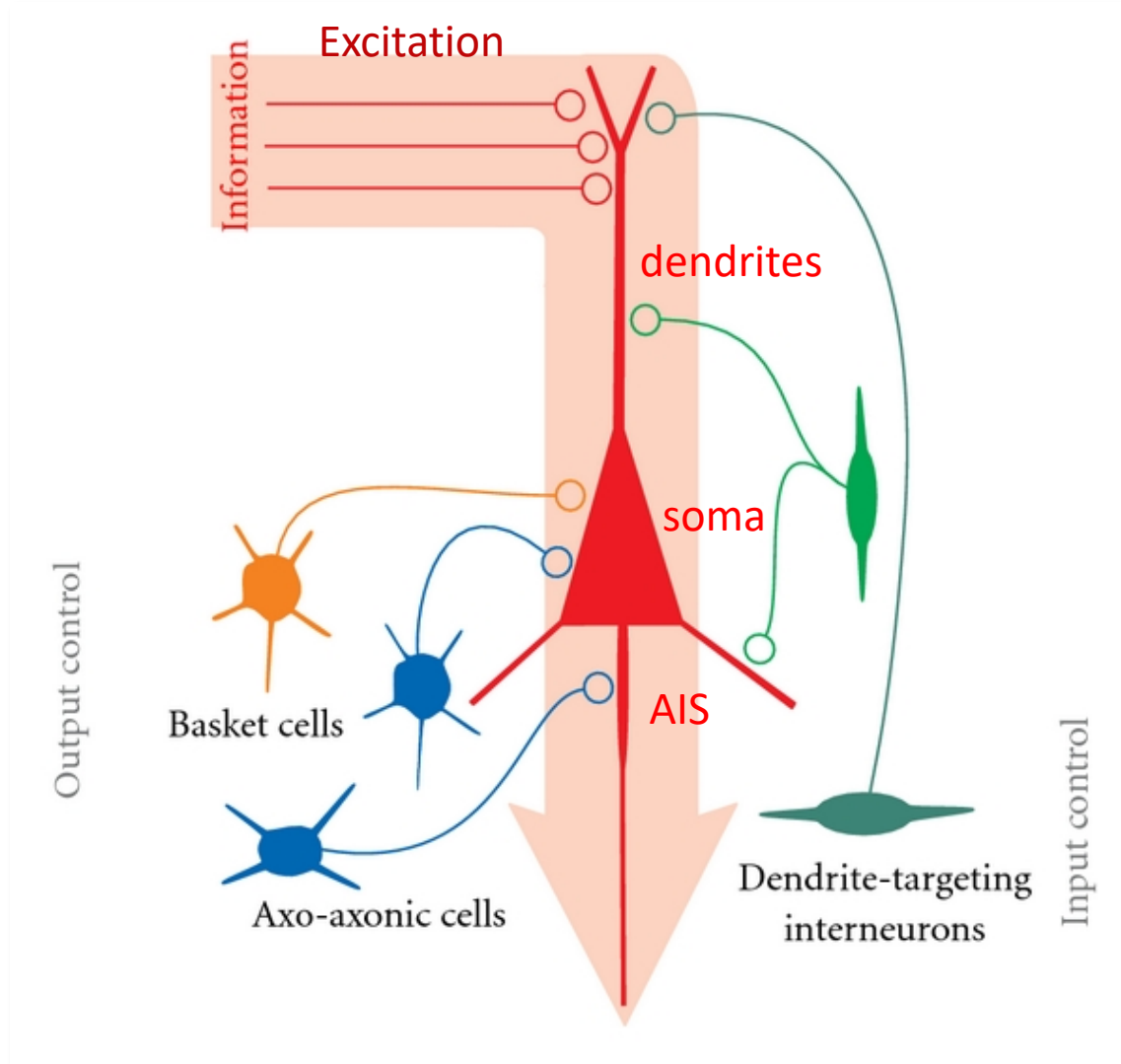


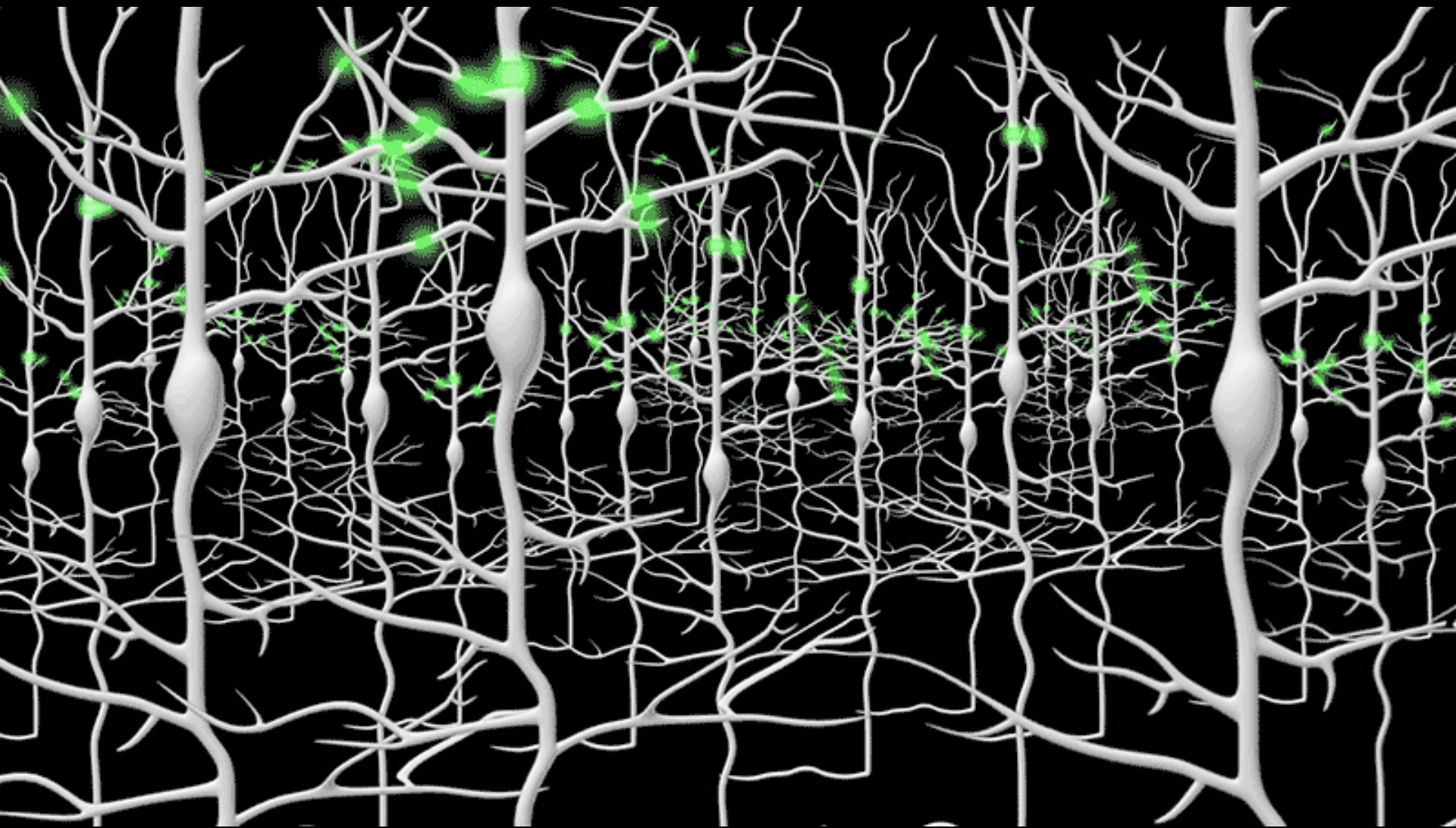
From Cauli et al., 2014
Lim et al., Neuron, 2018

Early and Late Development of Cortical Interneurons

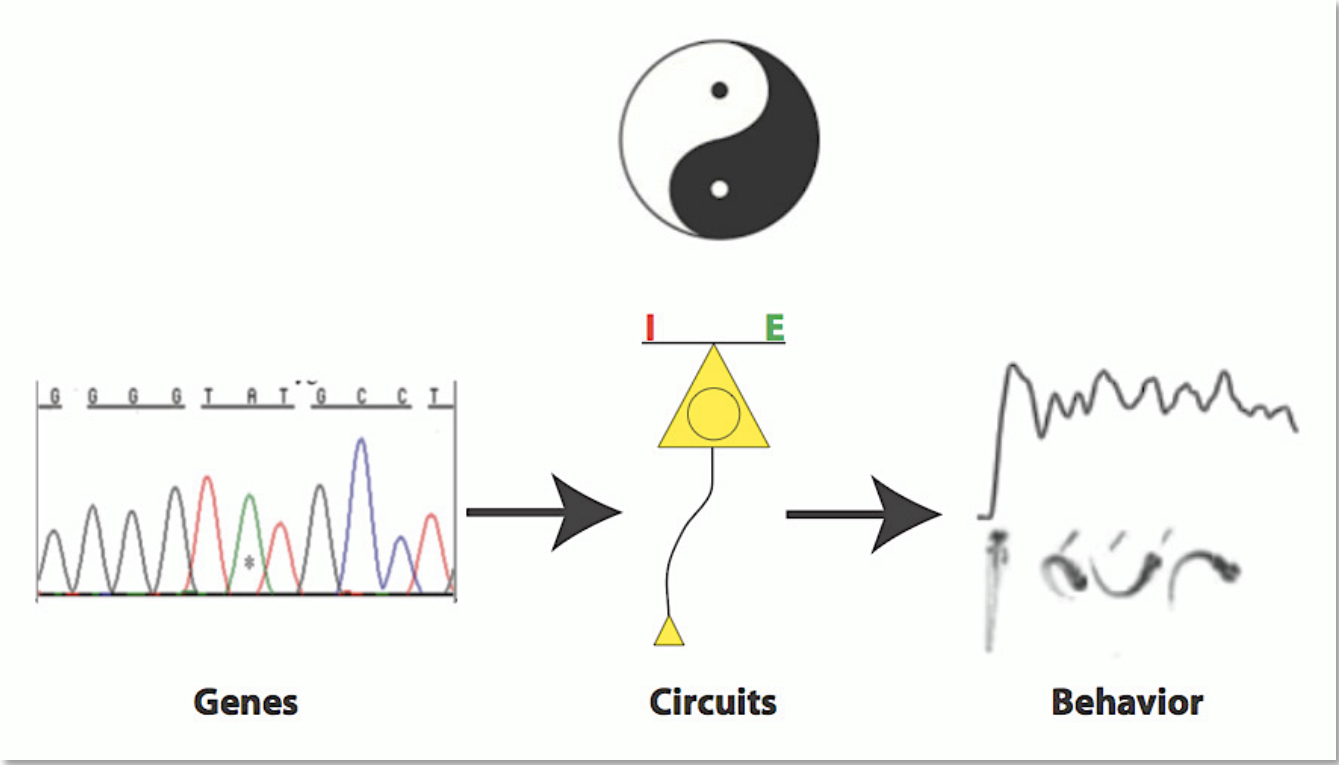


Inhibitory control of cortical pyramidal neurons by GABAergic interneurons

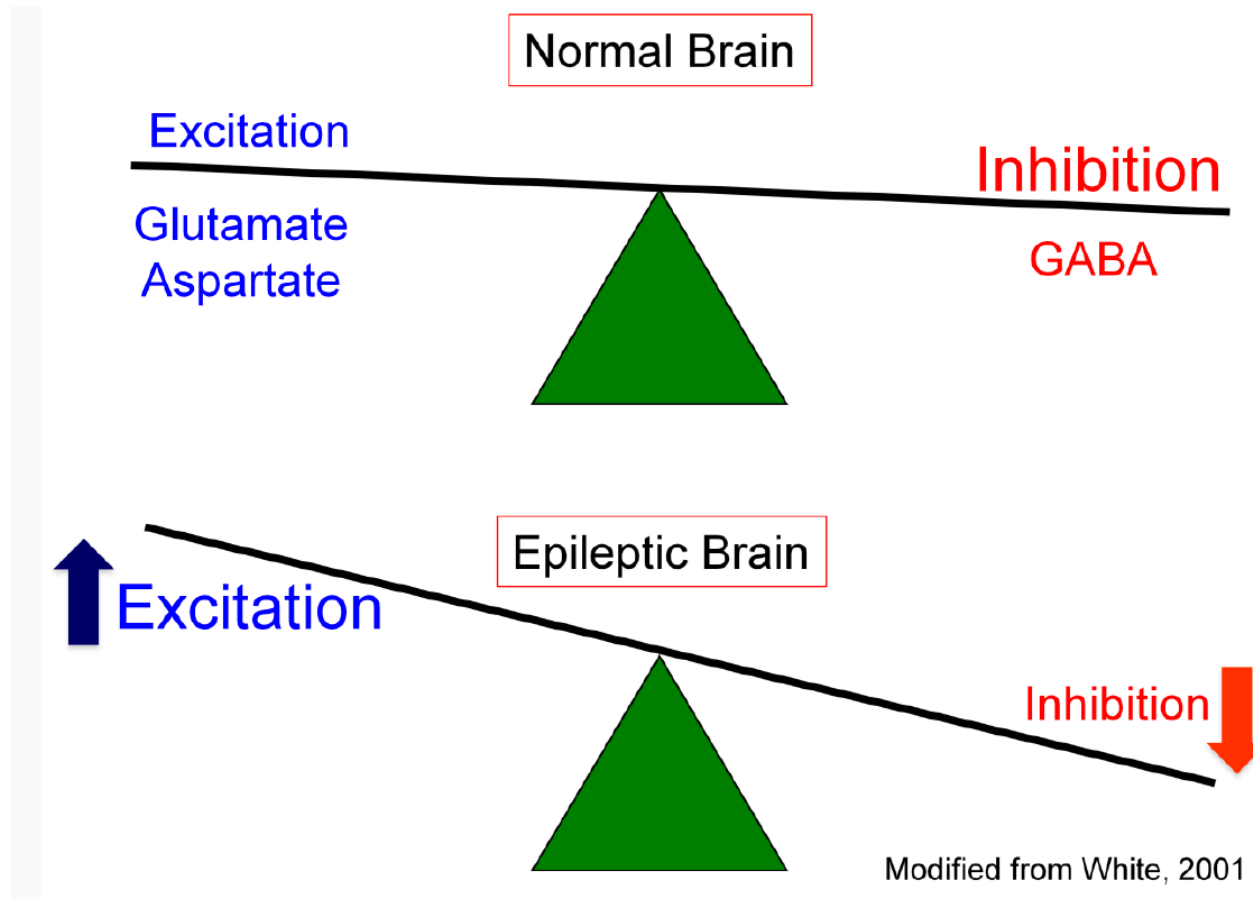




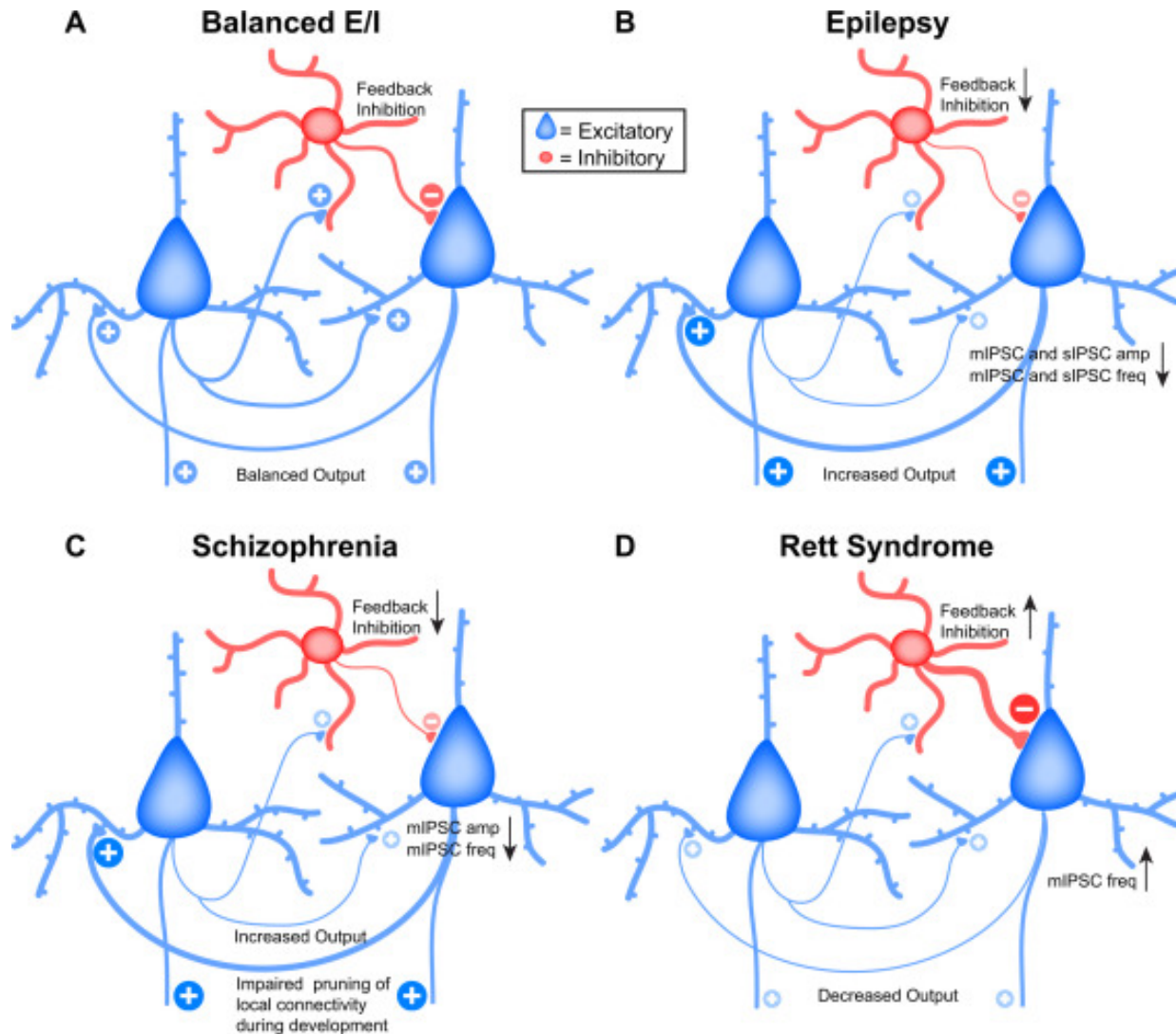
Balancing Neuronal Excitation and Inhibition for Functional Behavior



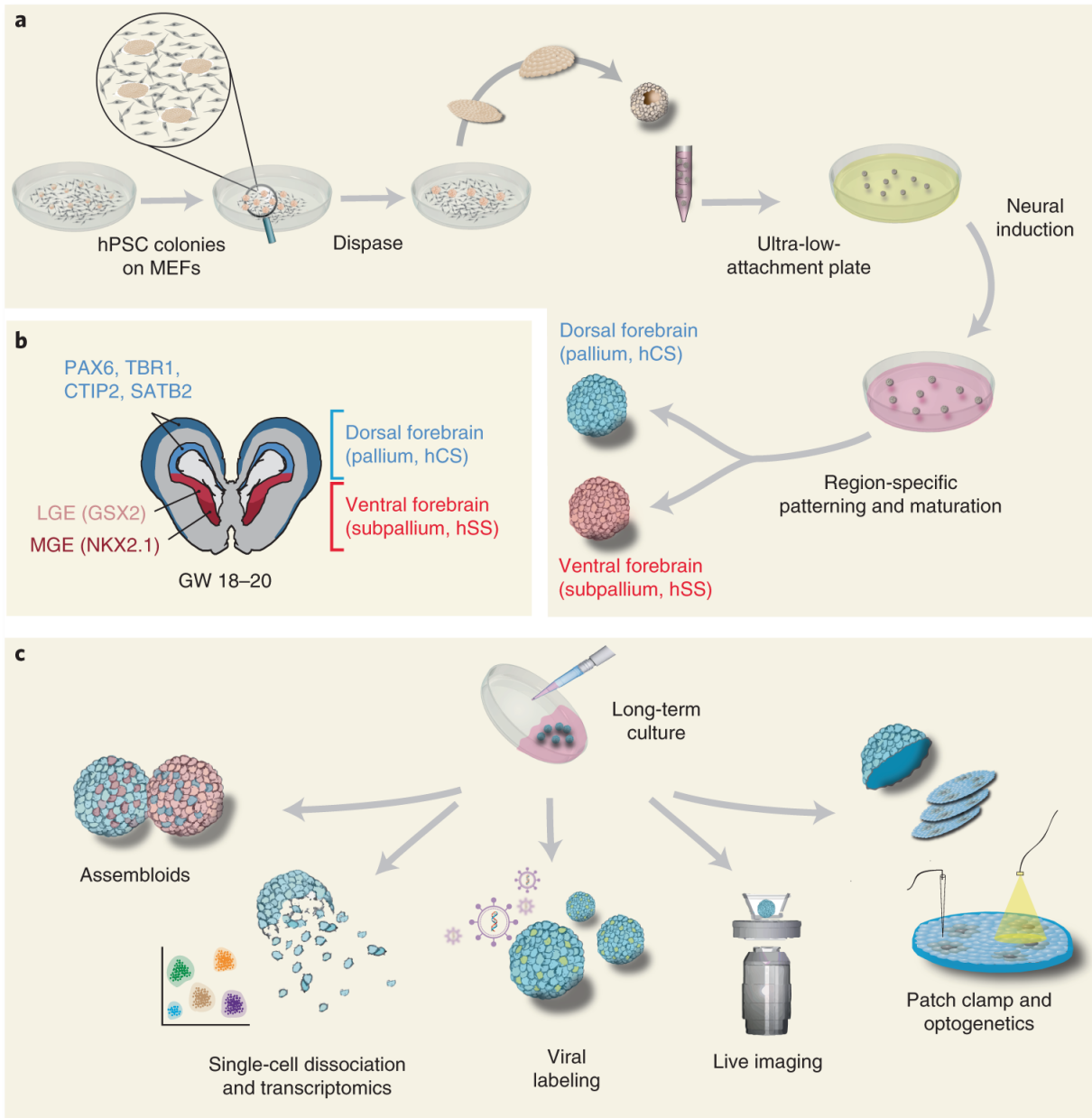
Balance of Neuronal Excitation and Inhibition for Proper Behavior



Changes in circuit excitability due to shifts in excitation/inhibition (E/I) balance



Can we reproduce E/I imbalance in cerebral organoids?





THANK YOU