

Targeting neuroinflammation in Parkinson's disease

by Sarah Thomas Broome

Thesis submitted in fulfilment of the requirements for
the degree of

Doctor of Philosophy

under the supervision of Alessandro Castorina

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Certificate of Original Authorship

I, *Sarah Thomas Broome* declare that this thesis, is submitted in fulfilment of the requirements for the award of *Doctor of Philosophy*, in the *Faculty of Science* at the University of Technology Sydney.

This thesis is wholly my own work unless otherwise referenced or acknowledged. In addition, I certify that all information sources and literature used are indicated in the thesis.

This document has not been submitted for qualifications at any other academic institution.

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Impact of Covid-19 pandemic

Unfortunately, I commenced my PhD in a lab group that was not able to create a productive and supportive environment to complete my research and after one year I changed supervisors and projects. The data in my thesis is the product of the research done in the Laboratory of Cellular and Molecular Neuroscience (LCMN).

During the two remaining years of my PhD candidature the Covid-19 pandemic caused several disruptions. From March to June 2020 the lab was closed, as per government health order. As such no lab work could be conducted during this time. The next lockdown, from the end of June to October 2021 resulted in significant disruptions accessing and learning new techniques including immunohistochemistry and microscopy. During these lockdowns I focused on developing my writing skills, with previously collected data from the LCMN, as well as analysing and curating data I had already collected. The second lockdown resulted in a dramatic downscale of experiments planned for microscopy due to lack of access and technical support. Despite these obstacles, the resulting body of work, obtained within two years amid two lockdowns was possible due to the support of my supervisor and sacrifice of my family who did everything possible to keep our household virus free.

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List of Abbreviations

5-HT	Serotonin/5-hydroxytrptamine
5HT1a	Serotonin receptor 1a
5HT2a	Serotonin receptor 2a
6-OHDA	6-hydroxydopamine
A1	Classically activated astrocytes
A2	Alternatively activated astrocytes
ADNP	Activity-dependent neuroprotective protein
Arg1	Arginase-1
BBB	Blood brain barrier
BDNF	Brain derived neurotrophic factor
BW	Body weight
CNS	Central nervous system
COMT	Catechol-O-methyltransferase
CRISPR	Clustered regularly interspaced short palindromic repeats
CSF	Cerebrospinal fluid
D2R	Dopamine-2-receptor
D3R	Dopamine-3receptor
D4R	Dopamine-4-receptor
DBS	Deep brain stimulation
DR	Dopamine receptor
Drd3	Gene encoding the dopamine-3-receptor
DRT	Dopamine replacement therapy
FDA	Food and Drug Administration (United States of America)
Fizz1	Found in inflammatory zone/Retnla

GABA	Gamma-aminobutyric acid
GFAP	Glial fibrillary acidic protein
GIT	Gastrointestinal tract
Htr1a	Gene encoding serotonin receptor 1a
IBD	Irritable bowel syndrome
IFN- γ	Interferon-gamma
IL-1 β	Interleukin-1 beta
IL-4	Interleukin-4
IL-6	Interleukin-6
IL-10	Interleukin-10
iPSCs	Induced pluripotent stem cells
iNOS	Inducible nitric oxide synthase
KO	Knockout
L-Dopa	Levodopa
LPS	Lipopolysaccharide
M θ	Resting microglia
M1	Classically activated microglia
M2	Alternatively activated microglia
MAO	Monoamine oxidase
MPTP	1-methyl-4-phenyl-1,2,3,6-tetrahydropyridine
MPP+	1-methyl-4-phenylpyridinium
NMDA	N-methyl-D-aspartic acid
NMS	Non-motor symptoms
NO	Nitric oxide
NSAIDs	Non-steroidal anti-inflammatory agents

PACAP	Pituitary adenylate cyclase-activating polypeptide
PD	Parkinson's disease
PET	Positron emission tomography
ROS	Reactive oxygen species
<i>SNpc</i>	<i>Substantia nigra pars compacta</i>
TGF- β	Transforming growth factor beta
TH	Tyrosine hydroxylase
TNF- α	Tumour necrosis factor-alpha
VIP	Vasoactive intestinal peptide

Publications

Publications arising from thesis

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Other publications

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Invited oral presentations:

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Thomas Broome, S. My career journey and doctoral research, *Students of Brain Research* (2021)

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Oral presentations:

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Thomas Broome, S. and Castorina, A. Aspirin for Parkinson's disease, *Australian Society of Medical Research, Victoria Student Symposium*, Flash talk (2021), *Second place*

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Vice Chancellor's Conference Award (2021)

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Students of Brain Research (SOBR) Symposium.

First place PhD Student Presentation (2021)

Australian Society of Medical Research (ASMR) NSW Annual Scientific Meeting.

Second place flash talk (2021)

Australian Society of Medical Research (ASMR) Victoria Student Symposium.

First Place Three-minute-thesis (2019)

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Australasian Neuroscience Society, Student Committee

#ThisIsMyField Team member (2021)

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Australian Society of Medical Research	From 2020
Australasian Neuroscience Society	From 2020

Abstract

Parkinson's disease (PD) is a chronic neurodegenerative disease characterised by the progressive loss of midbrain dopaminergic neurons. No one knows how or why dopamine neurons are lost but several studies confirm the presence of neuroinflammation as a critical pathological component of the disease. As such, disease-modifying strategies that can reduce/halt neuroinflammation are likely to ameliorate PD progression and reduce severity.

Considerable evidence suggests that blockade of the dopamine D3 receptor (D3R) is neuroprotective and reduces inflammation in animal models of PD. However, to date there are no selective D3R antagonists in the market. Recently, computational analyses have demonstrated that buspirone, an FDA-approved anxiolytic drug with serotonin 1A (Htr1a) agonist activity, also functions as a potent D3R antagonist. Therefore, we aimed to test in cellular and animal models of PD if buspirone's D3R antagonism exerts anti-inflammatory and, therefore, neuroprotective activities.

In vitro, CRISPR-Cas9 gene deletion of the D3R and/or buspirone treatment in BV2 microglial cells attenuated microglial polarisation after LPS challenge. To determine if this result translated *in vivo*, we generated a rotenone mouse model of PD.

Systemic administration of rotenone replicated several pathogenic and behavioural features of PD, including significant locomotor and exploratory impairments, dopaminergic degeneration, widespread alterations of mitochondrial function, increased oxidative stress, glial activation and heightened expression of inflammatory mediators in the midbrain and several extra-nigral CNS sites.

Accordingly, we used this model to assess the ability of buspirone to mitigate rotenone-induced toxicity. Buspirone prevented rotenone-induced behavioural deficits and mitigated dopaminergic degeneration. Drug treatment also prevented astrocyte and microglial activation, which was paralleled by a global downregulation of pro-inflammatory markers and the upregulation of anti-inflammatory markers and neurotrophic factors in several brain regions.

Interestingly, throughout our studies we also report disruptions in the expression levels of the neuroprotective and immune modulatory peptides pituitary adenylate cyclase-activating polypeptide (PACAP) and vasoactive intestinal peptide (VIP) following rotenone intoxication, which were rescued by buspirone. This prompted us to test whether these neuropeptides elicited anti-inflammatory activities against rotenone toxicity in BV2 microglia. Both peptides reliably suppressed microglial activation, suggesting an indirect involvement in the anti-inflammatory machinery triggered by buspirone.

In conclusion, our findings indicate that buspirone mitigates rotenone-induced neurotoxicity and inflammation via the activation of multiple protective and anti-inflammatory pathways, perhaps including PACAP and VIP neuropeptides.

Altogether, these findings support the notion that targeting the D3R, PACAP or VIP may be a promising therapeutic strategy to reduce inflammation in PD.