

Transcriptomic characterization of GRN-associated frontotemporal dementia brain tissues

Emma Gerrits, Lucia Giannini, Nieske Brouwer, Shamiram Melhem, Danielle Seilhean, Isabelle Le Ber, Alwin Kamermans, Gijs Kooij, Helga de Vries, Erik Boddeke, Harro Seelaar, John van Swieten, Bart Eggen

State of the art

Frontotemporal dementia (FTD) is the second most prevalent form of early onset dementia affecting predominantly frontal and temporal cerebral lobes. Heterozygous mutations in the progranulin gene (*GRN*) cause autosomal dominant FTD (FTD-GRN), associated with pathological TDP-43 inclusions, neuronal loss, axonal degeneration and gliosis. Progranulin is a growth factor implicated in angiogenesis, wound healing, inflammation, brain development and lysosomal regulation. How heterozygous *GRN* mutations cause human FTD-GRN is largely unresolved.

Methodology

Here, we report bulk RNA-sequencing of neurons and oligodendrocytes and high-resolution single-nucleus RNA-sequencing (snRNAseq) of microglia, astrocytes and the neurovasculature in human FTD-GRN brain tissues.

Results

While microglia were only mildly affected in FTD-GRN frontal and temporal cortices, we identified major disease-associated changes in astrocytes and neurovascular cells. Expression of gene modules associated with blood-brain-barrier dysfunction was significantly enriched in FTD-GRN endothelial cells. Astrocytes adopted reactive profiles associated with hypoxia and interferon-signaling, with clusters of WDR49pos astrocytes in affected FTD-GRN parenchyma. Pericytes lost their vasculature-supportive signature. Increased and hypertrophic vascularization was detected in FTD-GRN tissue *in situ*, as well as an enrichment of perivascular T-cells and loss of pericyte coverage of capillaries. We identified similar neurovascular patterns in snRNAseq data of young *Grn*^{-/-} mice, before the onset of neurodegeneration and microgliosis, suggesting that the neurovascular changes reported here are underlying neurodegeneration in FTD-GRN.

Conclusion

Our results show that not microgliosis, but neurovascular changes are the most prominent feature of end stage FTD-GRN. We identified astrocytic and neurovascular changes as a novel defining pathophysiological feature of FTD-GRN.

Conflicts of interest

N/A