



Alzheimer`s disease and brain insulin resistance:

The diabetes inducing drug streptozotocin diminishes adult neurogenesis in the rat hippocampus – an *in vivo* and *in vitro* study

Alzheimer-Krankheit und Insulinresistenz im Gehirn:

Streptozotocin, das Änderungen im Insulinstoffwechsel hervorruft, reduziert die Neubildung von Neuronen im Hippocampus von adulten Ratten - *In vivo*- und *In vitro*-Untersuchungen

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Julius-Maximilians-Universität Würzburg,
Section Neuroscience

submitted by

Ping Sun

from

Zhejiang, China

Würzburg, 2015

Submitted on:

Office stamp

Members of the *Promotionskomitee*:

Chairperson: Prof. Dr. Michael Sendtner

Primary Supervisor: PD Dr. Angelika Schmitt

Supervisor (Second): Prof. Dr. Wolfgang Rössler

Supervisor (Third): Prof. Dr. Jürgen Deckert

Supervisor (Fourth): Dr. Camelia-Maria Monoranu

Date of Public Defence:

Date of Receipt of Certificates:

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Summary

Alzheimer's disease (AD) is the most prevalent neurodegenerative disease of the brain, which is characterized by a progressive loss of memory and spatial orientation. Only less than 5-10% of AD sufferers are familial cases due to genetic mutations in the *amyloid precursor protein (APP)* gene or *presenilin (PS) 1* and *2* genes. The cause of sporadic AD (sAD) which covers > 95% of AD patients is still unknown. Current research found interactions between aging, diabetes and cognitive decline including dementia in general and in AD in particular. Disturbances of brain glucose uptake, glucose tolerance and utilization and impairment of the insulin/insulin receptor (IR) signaling cascade are thought to be key targets for the development of sAD.

In the brain of AD patients, neural plasticity is impaired indicated by synaptic and neuronal loss. Adult neurogenesis (AN), the generation of functional neurons in the adult brain, may be able to restore neurological function deficits through the integration of newborn neurons into existing neural networks. The dentate gyrus of the hippocampus is one out of few brain regions where life-long AN exists. However, there is a big controversy in literature regarding the involvement of AN in AD pathology. Most animal studies used transgenic mice based on the Amyloid β (A β) hypothesis which primarily act as models for the familial form of AD. Findings from human post mortem AN studies were also inconsistent. In this thesis, we focused on the possible involvement of AN in the pathogenesis of the sporadic form of AD. Streptozotocin intracerebroventricularly (STZ icv) treated rats, which develop an insulin-resistant brain state and learning and memory deficits preceding A β pathology act as an appropriate animal model for sAD. We used STZ treatment for both parts of my work, for the *in vivo* and *in vitro* study.

In the first part of my thesis, my coworkers and I investigated STZ icv treatment effects on different stages of AN in an *in vivo* approach. Even if STZ icv treatment does not seem to considerably influence stem cell proliferation over a short-term (1

month after STZ icv treatment) as well as in a long-term (3 months after STZ icv treatment) period, it results in significantly less immature and newborn mature neurons 3 months after STZ icv treatment. This reduction detected after 3 months was specific for the septal hippocampus, discussed to be important for spatial learning. Subsequently we performed co-localization studies with antibodies detecting BrdU (applied appr. 27 days before sacrifice) and cell-type specific markers such as NeuN, and GFAP, we found that STZ treatment does not affect the differentiation fate of newly generated cells. Phenotype analysis of BrdU-positive cells in the hilus and molecular layer revealed that some of the BrdU-positive cells are newborn oligodendrocytes but not newborn microglia.

In the second part of my thesis I worked with cultured neural stem cells (NSCs) isolated from the adult rat hippocampus to reveal STZ effects on the proliferation of NSCs, and on the survival and differentiation of their progeny. Furthermore, this *in vitro* approach enabled me to study cellular mechanisms underlying the observed impaired neurogenesis in the hippocampus of STZ-treated rats. In contrast to our findings of the STZ icv *in vivo* study we revealed that STZ supplied with the cell culture medium inhibits the proliferation of NSCs in a dose-dependent and time-dependent manner. Moreover, performing immunofluorescence studies with antibodies detecting cell-type specific markers after triggering NSCs to differentiate, we could show that STZ treatment affects the number of newly generated neurons but not of astrocytes. Analyzing newborn cells starting to differentiate and migrate I was able to demonstrate that STZ has no effect on the migration of newborn cells. Trying to reveal cellular mechanisms underlying the negative influence of STZ on hippocampal AN, we performed qRT-PCR and immunofluorescence staining and thus could show that in NSCs the expression of glucose transporter (GLUT)3 mRNA as well as IR and GLUT3 protein levels are reduced after STZ treatment. Therefore, the inhibition of the proliferation of NSCs may be (at least partially) caused by these two molecules. Interestingly, the effect of STZ on differentiating cells was shown to be different, as IR protein expression was not

significantly changed but GLUT3 protein levels were decreased in consequence of STZ treatment.

In summary, this project delivered further insights into the interrelation between AN the sporadic form of sAD and thus provides a basis of new therapeutic approaches in sAD treatment through intervening AN. Discrepancies between the results of the two parts of my thesis, the *in vivo* and *in vitro* part, were certainly caused to a certain extent by the missing microenvironment in the *in vitro* approach with cultured NSCs. Future studies e.g. using co-culture systems could at least minimize the effect of a missing natural microenvironment of cultured NSCs, so that the use of an *in vitro* approach for the investigation of STZ treatment underlying cellular mechanisms can be improved.

Zusammenfassung

Die Alzheimer-Krankheit (AK) ist die häufigste neurodegenerative Erkrankung weltweit. Nur etwa 5 bis 10% der Betroffenen leiden an der familiären Form, die auf bestimmten Mutationen in einzelnen Genen, wie z.B. dem *Amyloid precursor protein* (*APP*)-Gen, zurückzuführen ist. Die Ursache der sporadischen Form der AK (sAK), die mehr als 95% der Betroffenen ausmacht, ist hingegen noch weitgehend unbekannt. Jüngste Erkenntnisse weisen auf eine Wechselwirkung von hohem Alter, Stoffwechselkrankheiten wie z.B. Diabetes, und kognitiven Defiziten, welche eine Demenz im Allgemeinen und die Alzheimer-Krankheit im Besonderen kennzeichnen, hin. Deshalb werden Störungen in der Glukoseaufnahme, in der Glukosetoleranz, und in der Funktion des Insulin/Insulinrezeptorsignalweges als Schlüsselemente für die Entstehung einer sAK angesehen.

Die neuronale Plastizität der Gehirne von AK-Patienten ist stark eingeschränkt, was sich vor allem durch den Verlust von Synapsen als auch durch den Verlust ganzer Nervenzellen zeigt. Die adulte Neurogenese (AN), die Neubildung von Neuronen im Gehirn von erwachsenen Individuen, könnte durch den Einbau neu gebildeter Neurone in existierende neuronale Netzwerke eine wichtige Rolle bei der Regenerierung neurologischer Defizite spielen. Der Gyrus dentatus im Hippocampus ist eine der wenigen Gehirnregionen, in welcher lebenslang AN stattfindet. Jedoch ist noch unklar, ob eine veränderte AN an der Pathogenese der AK beteiligt ist. Es wurden bereits viele Untersuchungen zur AN in Tiermodellen durchgeführt, wobei die überwiegende Anzahl von bisher verwendeten Tiermodellen auf der Amyloid β -($A\beta$) Hypothese basieren, und somit primär Modelle für die familiäre AK darstellen. Studien mit humanem *post mortem*-Gewebe gaben bisher jedoch auch noch keine klaren Hinweise auf die mögliche Bedeutung einer veränderten AN für die AK.

In dieser Thesis sollte die Rolle der AN für die Pathogenese der sAD untersucht

werden. Dafür wurden Ratten mit Streptozotocin intracerebroventrikulär (STZ icv) behandelt. Diese so behandelten Ratten gelten als Tiermodell für die sAK, da sie bereits kurze Zeit nach ihrer STZ icv-Behandlung kognitive Defizite zeigen, ihr Gehirn eine Insulin-Resistenz entwickelt, und etwas später dann auch erste Anzeichen einer A β -Pathologie nachweisbar sind.

Im ersten Teil dieser Arbeit wurde in einem *in vivo*-Ansatz der mögliche Einfluss einer STZ icv-Behandlung auf die verschiedenen Stadien der AN untersucht. Wir konnten zeigen, dass 1 Monat nach STZ icv-Behandlung weder die Proliferation neuraler Stammzellen (neural stem cells, NSCs) noch die Bildung junger Neurone verändert war, dass aber nach 3 Monaten signifikant weniger junge unreife und auch reife Neurone entstanden sind. Diese reduzierte Anzahl neu gebildeter Neurone konnte nur im septalen Teil des Hippocampus, dem eine bedeutende Rolle beim räumlichen Lernen zugesprochen wird, nachgewiesen werden. Durch eine quantitativ ausgewertete Ko-Lokalisationsstudie mit Antikörpern gegen Bromodesoxyuridin (BrdU) (mehrmalige i.p.-Gabe 27 Tage vor Gewebeentnahme) und zelltyp-spezifischen Markern wie dem Neuronenmarker NeuN und dem Marker für Astrozyten GFAP konnten wir zeigen, dass die STZ icv-Gabe nur die Anzahl der neu gebildeten Neuronen, aber nicht die Differenzierungsrichtung der neu gebildeten Zellen verändert. Eine qualitative Phänotypanalyse BrdU-positiver Zellen ergab außerdem, dass im Hilus und in der Molekularschicht des Gyrus dentatus lokalisierte BrdU-positive Zellen neu gebildeten Oligodendrozyten, aber nicht neu gebildeten Mikrogliazellen, zugeordnet werden konnten.

Im zweiten Teil meiner Arbeit habe ich NSCs aus dem adulten Hippocampus isoliert und kultiviert, um auch auf diese Art und Weise mögliche Effekte von STZ auf die Proliferation von NSCs als auch auf das Überleben und die Differenzierung von neu geborenen Zellen zu untersuchen. Ziel dieser *in vitro*-Studie war eine genauere Analyse der durch STZ-Gabe ausgelösten grundlegenden zellulären Mechanismen. Im Widerspruch zu den Ergebnissen der *in vivo*-Studie konnte ich einen Dosis- und

Zeit-abhängigen negativen Effekt von STZ auf die Proliferation der NSCs zeigen. Darüber hinaus führte die Zugabe von STZ zum Medium letztendlich zu einer verringerten Bildung von Neuronen, die Neubildung von Astrozyten zeigte sich jedoch unverändert. In einem Test zur Untersuchung der Migration neu gebildeter Zellen konnte ich keinen Einfluss von STZ auf die Migration nachweisen. Weitere Analysen ergaben, dass die verringerte Proliferation der NSCs im Zusammenhang mit einer reduzierten mRNA- als auch Protein-Expression des Glukosetransporters(GLUT)3 und mit reduzierten Insulinrezeptorkonzentrationen stehen könnte. In sich differenzierenden Zellen jedoch wurde neben einer ebenfalls reduzierten GLUT3- Proteinexpression keine veränderte Insulinrezeptorenausstattung detektiert.

Zusammenfassend gibt die vorliegende Arbeit mithilfe des *in vivo*- als auch *in vitro*-Ansatzes Hinweise auf eine Bedeutung der hippocampalen AN für die Entstehung der sAK und bietet dadurch Ansatzpunkte für neue therapeutische Ansätze. Die im *in vivo*- und *in vitro*-Ansatz erzielten unterschiedlichen Resultate, die sicherlich zum Teil durch die fehlende Mikroumgebung der NSCs und sich differenzierenden Zellen im *in vitro*-Ansatz verursacht wurden, können in Zukunft z.B. durch Ko-Kulturen zumindest verringert werden, so dass mithilfe von *in vitro*-Ansätzen grundlegende zelluläre Mechanismen einer STZ-Effekts in Zukunft besser untersucht werden können.

Abbreviations

5-HT	5-hydroxytryptamine
A β	Amyloid- β
ABC	Avidin-biotin complex
AD	Alzheimer's disease
AICD	APP intracellular domain
AN	Adult neurogenesis
ANOVA	One way analysis of variance
APC	Adenomatous polyposis coli
APP	Amyloid precursor protein
APOE	Apolipoprotein E
asf	Area sampling fraction
ATP	Adenosine triphosphate
BACE	β -secretase
BDNF	Brain-derived neurotrophic factor
bHLH	Basic helix-loop-helix
BrdU	Bromodeoxyuridine
BSA	Bovine serum albumin
CA	Cornu Ammonis
cAMP	Cyclic adenosine monophosphate
ChAT	Choline acetyltransferase

CREB	cAMP response element-binding protein
DAB	3,3'-Diaminobenzidine
DAPI	4',6-diamidino-2-phenylindole
DCX	Doublecortin
DG	Dentate gyrus
DMF	Dimethylformamide
D-PBS	Dulbecco's Phosphate-Buffered Saline
EGF	Epidermal growth factor
fAD	Familial Alzheimer's disease
FGF-2	Fibroblast growth factor-2
GABA	Gamma-Aminobutyric acid
GCL	Granule cell layer
GFAP	Glial fibrillary acidic protein
GLP-1	Glucagon-like peptide-1
GLUT	Glucose transporter
Iba-1	Ionized calcium-binding adapter molecule 1
icv	Intracerebroventricular
IDE	Insulin degrading enzyme
IGF-1	Insulin-like growth factor-1
ip	Intraperitoneal
IR	Insulin receptor
IRS	Insulin receptor substrate

iv	Intravenous
Ki67	Ki-Kiel67
MCM2	Mini-chromosome maintenance protein 2
ML	Molecular layer
MRI	Magnetic resonance imaging
NSCs	Neural stem cells
NeuN	Neuronal Nuclei
NeuroD	Neurogenic differentiation
NMDA receptor	N-methyl-D-aspartate receptor
NFT	Neurofibrillary tangles
NO	Nitric oxide
NT-3	Neurotrophin-3
PARP	PolyADP-ribosepolymerase
PB	Phosphate buffer
PBS	Phosphate buffered saline
PDGF	Platelet derived growth factor
PFA	Paraformaldehyde
PKB	Protein kinase B
PI3-K	Phosphatidylinoditol 3 kinase
PPD	Papain-Protease-DNase
PS	Presenilin
PSA-NCAM	Polysialylated-neural cell adhesion molecule

ROS	Reactive oxygen species
RT	Room temperature
sAD	Sporadic Alzheimer's disease
sAPP α	Soluble fragment of APP
SD	Standard deviation
SEM	Standard error of the mean
SGZ	Subgranular zone
SODs	Superoxide dismutases
SSC	Saline sodium citrate
ssf	Section sampling fraction
STZ	Streptozotocin
SVZ	Subventricular zone
T1DM	Type 1 diabetes mellitus
T2DM	Type 2 diabetes mellitus
TBS	Tris buffered saline
tsf	Thickness sampling fraction
VEGF	Vascular endothelial growth factor
WT	Wild type

1. Introduction

1.1 Alzheimer's disease

1.1.1 Alzheimer's disease, its classification and prevalence

Alzheimer's disease (AD) is the most prevalent neurodegenerative disease of the brain which affects people in several ways, including memory (Ballard et al., 2011), judgment (Marson et al., 2000), language (Murdoch et al., 1987), problem-solving (Willis et al., 1998), executive ability (Binetti et al., 1996) as well as personality (Bozzola et al., 1992). AD typically develops slowly and gradually gets worse over the course of several years. In early stages, symptoms can be observed by friends, family or colleagues including greater difficulty performing tasks in social interaction, increasing trouble with planning or organizing and hard learning new skills. Many people in the early stage also change mood, like experiencing increased anxiety. Then cognitive impairment becomes evident with the disease development. With the symptoms continue to worsen, the ability to perform basic activities of daily life is decreased, major personality and behavioral changes were also found. AD is fatal and normally leads to death (Reisberg et al., 1982).

Only less than 5-10% of AD sufferers are familial cases due to genetic mutations in the *amyloid precursor protein (APP)* gene or *presenilin (PS)* 1 and 2 genes, and inheriting any of these genetic mutations ensures the development of AD (Correia et al., 2011). Mutations in the *PS1* and *PS2* genes account for as much as 50% of all familial AD (fAD) cases (Tandon and Fraser, 2002). More than 30 mutations in the *APP* gene and more than 180 mutations in *PS1* and *PS2* genes have been identified so far (Bi, 2010). All of these mutations cause overproduction of A β (Lemere et al., 1996, Eckman et al., 1997, Takeda et al., 2004). The disease symptoms with familial AD patients tend to develop before age 65, sometimes as early as age 30 (Reitz et al.,

2011). The cause of the late-onset sporadic AD (sAD) which affects > 95% of AD patients is still unknown. The symptoms of most of the sAD cases begin after 65 years of age (2014 Alzheimer's Disease Facts and Figures).

Worldwide, nearly 44 million people have AD or related dementia (Alzheimer's Disease International) and places a considerable burden on society (Qiu et al., 2009). North America and Western Europe exhibit the highest prevalence and incidence rate compared to other developed and developing countries (Alzheimer's Disease International). In the US, estimated 5.2 million Americans of all ages had AD in 2014 (2014 Alzheimer's Disease Facts and Figures).

1.1.2 Pathological features of AD

The two most prominent neuropathological hallmarks of AD are extracellular senile plaques which mainly consist of the amyloid- β ($A\beta$) and intracellular accumulation of tau protein (Braak and Braak, 1991). $A\beta$, peptides of 36-43 amino acids, is derived from the sequential cleavage of the APP by the β - and γ -secretases which form a multi-protein complex comprising PS, presenilin enhancer 2 (PEN-2), anterior pharynx-defective 1 (APH-1) and nicastrin (Nunan and Small, 2000). Depend on the different cleavage site for γ -secretases, varying lengths of $A\beta$ peptides have been observed, such as $A\beta_{40}$ and $A\beta_{42}$ (Fortini, 2002). $A\beta_{40}$ is relatively benign, but $A\beta_{42}$ aggregates more rapidly into neurotoxic oligomer with a β sheet structure and then form to plaques (Burdick et al., 1992, Bloom, 2014). Senile plaques consist of degenerating neuronal processes with tau paired helical filaments surrounding with deposits of $A\beta$ (Davies et al., 1988, Cras et al., 1991). Intracellular aggregates of the hyperphosphorylated microtubule-associated protein tau form insoluble tangles, and are thought to be causally related to neuronal apoptosis (Goedert et al., 1989). Even if the amyloid cascade hypothesis is considered to be most popular hypotheses in AD research, cognition and memory decline in AD is not correlated with plaques (Nelson

et al., 2012). The NFTs of AD have a relatively strong correlation with cognitive function than amyloid plaques, but it is not unusual to see tangles in the brain of healthy, even as young as thirty years of age (Braak and Del Tredici, 2011).

Recent evidence indicates that AD neuropathology begins in brainstem nuclei, that send diffuse projections to a variety of brain regions (Braak and Del Tredici, 2012). As shown by Braak and Del Tredicie proximal axons of some coeruleus neurons in the brain of remarkably young individuals already exhibit nonfibrillar abnormal tau (Braak and Del Tredici, 2011). Moreover, according to the previously proposed *seeded polymerization theory* intracellular oligomeric A β in brainstem neurons possibly acts as the initiator of plaque formation in other brain regions such as the cerebral cortex and hippocampus and thus initiates the production of plaques in AD brains (Muresan and Muresan, 2008). This hypothesis of is supported by the *in vitro* study of Muresan and Muresan (2008) who found that brainstem-derived neuronal cells – but not cortical or hippocampal neurons – show large amounts of A β accumulated at the terminals of their processes (Muresan and Muresan, 2008). The earliest stage of cortical neurofibrillary pathology emerges in the superficial entorhinal layer pre- α of the trans-entorhinal region (Braak and Braak, 1985). With the disease becomes worsen, the neurofibrillary pathology can be seen in all areas of the isocortex including sensory and motor cortex fields (Braak and Braak, 1991).

However, he level of synapse loss in AD brains demonstrates a higher correlation with decreased cognitive function than plaque and tangles development (Terry et al., 1991), suggesting disappearance of synapses is a key event in early cognitive decline (Gyls et al., 2004). Neurons in several brain regions are affected in AD, such as in the cerebral cortex which is involved in conscious thought and language, and hippocampus that is essential for the consolidation of information from short-term memory to long-term memory and spatial navigation. (Davies et al., 1980). The biochemical and molecular abnormalities which have been found in the AD patient's brain include increased activation of apoptotic genes and signaling pathways (Sajan

et al., 2007), impaired glucose utilization and energy metabolism (Fukuyama et al., 1994), mitochondrial dysfunction (Hirai et al., 2001), increased oxidative stress (Gibson et al., 1999), acetylcholine transmission dysfunction (Perry et al., 1978), altered Insulin/Insulin receptor (IR) signaling cascade (Ronnemaa et al., 2008), and DNA damage (Anderson et al., 1996).

1.1.3 Risk factors

Many factors contribute to the likelihood of developing AD and the greatest known risk factor is advancing age. The risk of developing this disease doubles every 5 years (Brentjens and Saltz, 2001) after the age of 65, and about one-third of people aged 85 and older have AD (2014 Alzheimer's Disease Facts and Figures). When AD runs in families, heredity, shared environmental and lifestyles factors may play a role (Donix et al., 2012).

Growing evidence suggests that the health of the brain is closely related to the overall health of heart and blood vessels. Many factors that increase the risk of cardiovascular disease are also associated with a higher risk of developing AD or other types of dementia (Newman et al., 2005) such as smoking (Merchant et al., 1999), alcohol consumption (Graves et al., 1991), obesity (Kivipelto et al., 2005), diabetes (Biessels and Kappelle, 2005), high cholesterol and hypertension in midlife (Kivipelto et al., 2002). The gene for Apolipoprotein E (APOE) protein, which mediates cholesterol metabolism (van den Elzen et al., 2005), but is also critically involved in the *vivo* conversion of “normal” A β into A β which contains high β -sheet content and associated with cellular toxicity (Holtzman, 2001) is an interesting candidate for AD research.

Already in 1993 Strittmatter et al showed that individuals which carry the ϵ 4 form of the Apolipoprotein E (APOE) gene have a higher risk for developing AD than carriers

of the $\epsilon 2$ and 3 alleles (Saunders et al., 1993, Strittmatter et al., 1993, Breitner et al., 1999). Researchers estimate that between 40 and 65 percent of people diagnosed with AD have one or two copies of the *APOE* $\epsilon 4$ gene variant (Hauser and Ryan, 2013). Interestingly, women with an *APOE* $\epsilon 4/\epsilon 4$ genotype have a 45% probability of developing AD by the age of 73, whereas men have only a 25% risk (Breitner et al., 1999). Up to now the role of *APOE* $\epsilon 4$ in AD pathogenesis is not fully elucidated.

In recent years it has been more and more accepted that disturbances of brain glucose uptake, glucose tolerance, glucose utilization and impairment of the insulin/IR signaling cascade are key targets for the neuropathology of sAD (Grunblatt et al., 2007, de la Monte, 2009, Salkovic-Petrisic et al., 2009, Correia et al., 2011, Talbot et al., 2012). As key energy source in the body, glucose is even more important in the brain and it acts as the primary source of energy for brain cells (Pardridge, 1983). It is taken up into cells by facilitated diffusion mediated by a series of glucose transporter family (Duelli and Kuschinsky, 2001). Glucose transport across the blood-brain barrier (BBB) into brain is facilitated by GLUT1 (Leybaert et al., 2007). Two different GLUT1 isoform, one with a molecular weight of 45 kDa and the other one with 55 kDa, exist in the brain (Cunnane et al., 2011). The 55 kDa GLUT1 isoform is located at the luminal and the abluminal membranes of the brain endothelium cells and is responsible for the glucose transport across the BBB (Gerhart et al., 1989). Then, Glucose is taken up by astrocytes, oligodendroglia, microglia as well as neurons. It is transported into astrocytes via the 45 kDa GLUT1 isoform and exhibits highest concentration in astrocytic end feet and astrocytic processes surrounding synapses (McCall et al., 1996). The 45 kDa form of GLUT1 is also localized in oligodendroglia but not microglia (Yu and Ding, 1998). On the other hand, GLUT3, another major important glucose transporter in the brain which displays higher transport rates than GLUT1 (Dienel, 2012), facilitates neuronal glucose uptake (Simpson et al., 2007). Astrocytes, oligodendrocytes and endothelial cells have not been found to express GLUT3 (Haber et al., 1993). GLUT5 is expressed in microglial cells (Payne et al., 1997). GLUT1, 3 and 5 are all insulin-independent glucose transporters (Banks et al., 2012).

GLUT4, on the other hand, is an insulin-regulated glucose transporter which is found to be expressed in some specific neuronal cells in the cerebellum, hypothalamus and hippocampus (Grillo et al., 2009). Insulin stimulates the translocation of GLUT4 to neuron membranes and increases in glucose uptake (Grillo et al., 2009). Radioactive in situ hybridization for GLUT3 combined with immunocytochemistry for GLUT4 demonstrates the presence of GLUT3 mRNA in GLUT4-positive cells in the cerebral cortex, hippocampus, medial septum and cerebellum (Apelt et al., 1999). It is believed that GLUT4 plays a role in the brain by rapidly providing additional glucose to neurons under conditions of high-energy demand (El Messari et al., 1998).

Numerous studies have found that individuals with diabetes, both type 1 diabetes mellitus (T1DM) and T2DM, have a lower level of cognitive function and are at higher risk for dementia than individuals without diabetes (Ott et al., 1999, J et al., 2009). The possible physiological and molecular mechanisms are linked to glycemia, insulin resistance, oxidative stress, advanced glycation endproducts, inflammatory cytokines, as well as macrovascular and microvascular disease (Whitmer, 2007). In the brain of T2DM patients, more hippocampal and amygdalar atrophy was shown compared to elderly subjects of the same age without T2DM using magnetic resonance imaging (MRI) (den Heijer et al., 2003).

Lots of studies suggest Alzheimer-like changes found in different animal models for diabetes such as the streptozotocin (STZ) ip injection rat model (Biessels et al., 1998), T1DM BioBreeding/Worcester (BB/W) rat model (Li et al., 2002), T2DM BBZDE/Wor rats model (Li et al., 2007), and high-fat diet feeding mouse model (Moroz et al., 2008). High-fat diet feeding T2DM mouse model shows AD-like neurodegeneration with histopathological, molecular and biochemical brain abnormalities like increased levels of tau and A β , brain atrophy, insulin resistance, oxidative stress (Moroz et al., 2008). Spontaneously type 1 diabetic BB/W rats show progressively impaired cognitive function associated with suppressed insulin/ insulin-like growth factor-1 (IGF-1) expression and increased neural apoptosis in hippocampus which can be

prevented by treating with insulinomimetic C peptide (Li et al., 2002). Neural loss also found in T2DM BBZDE/Wor rats is associated with increased dystrophic neuritis, APP, β -secretase, A β and decreased insulin and IGF-1 receptor expression (Li et al., 2007). In diabetic rats induced/produced by STZ ip injections impaired hippocampal plasticity as well as impaired cognitive performances has been found (Biessels et al., 1998).

Postmortem studies suggest disturbances of cerebral glucose metabolism and insulin receptor (IR) signal transduction in AD (Hoyer, 2004) which are pathophysiological features of T2DM (Goldstein, 2002). IR signaling impairment triggers a chain reaction, including the decreased level of insulin receptor substrate (IRS) and altered downstream signaling pathways (Salkovic-Petrisic et al., 2009). This altered IR signaling pathway could result in impairment of glucose/energy metabolism, phosphorylation of tau protein as well as accumulation of intraneuronal A β (see Fig. 1) (Salkovic-Petrisic et al., 2009). In brain, advanced AD is associated with strikingly reduced levels of insulin and IGF-1 polypeptide and receptor genes (Steen et al., 2005). The signaling pathways which mediate insulin/IGF-1-stimulated neuronal survival, energy metabolism and mitochondrial functions were disturbed in AD (Fig.1) (Steen et al., 2005). Peripheral insulin resistance without T2DM is a risk factors for AD within 3 years and after 3 years the risk is no longer increased (Schrijvers et al., 2010). In the brain of AD patients, glucose utilization abnormalities happen both, in fAD (Hoyer and Nitsch, 1989) and sAD cases (Hoyer et al., 1991). So, insulin resistance defined as reduced cellular responsiveness to insulin which is key feature of T2DM (Goldstein, 2002) also occurs in the AD brain. Abnormalities in insulin/IGF-1 pathways in AD were quite similar to the effects of diabetes. Besides, AD neuropathology is shown to be stronger in AD patients with diabetes compared to AD patients without diabetes, including larger plaques and more tau positive cells (Valente et al., 2010). All these findings suggest AD may represent a neuro-endocrine disorder and some researchers even name it "Type 3 diabetes" (Steen et al., 2005, de la Monte and Wands, 2008). According to this hypothesis, using antidiabetes drugs

may reduce or even prevent AD-type neurodegeneration. Some antidiabetes drugs are based on glucagon-like peptide-1 (GLP-1) that is an incretin hormone which can facilitate insulin signaling (Drucker et al., 2010). Liraglutide, a long-acting GLP-1 agonist for treatment of T2DM, can reverse memory impairment, synaptic loss and reduce plaque load in aged APP/PS1 mice, a transgenic model of Alzheimer's disease (McClellan and Holscher, 2014). Another GLP-1 analogue (Val8)GLP-1 is shown to enhance neuronal stem cells proliferation, whereas the GLP-1 receptor antagonist exendin (9-39) impairs spatial learning (McGovern et al., 2012).

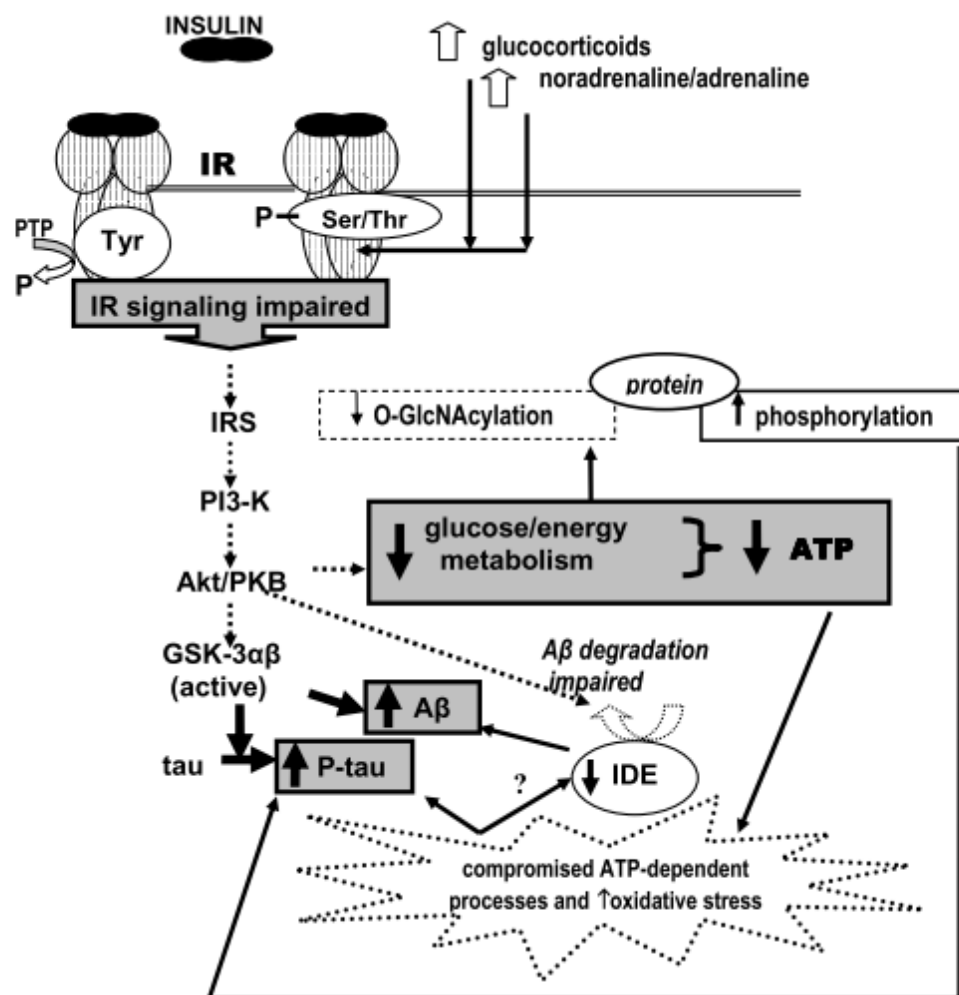


Fig.1. Proposed mechanism of the neuronal insulin receptor signaling cascade impairment (Salkovic-Petrisic et al., 2009).

Insulin receptor (IR) signaling impairment triggers a chain reaction, including the level of insulin receptor substrate (IRS) and downstream signaling pathway, like phosphatidylinositol 3 kinase (PI3-K) pathway. IR signaling pathway impairment induced PI3-K dysfunction leads to reduced

protein kinase B (Akt/PKB) which involved in glucose/energy metabolism regulation, insulin degrading enzyme (IDE) activity regulation as well as phosphorylation and inactivation of glycogen synthase kinase 3 α/β (GSK-3 α/β). Dashed lines/arrows represent reduction or inhibition of the processes while solid lines/arrows represent stimulation of the processes.

1.2 Animal models for Alzheimer's disease

1.2.1 Transgenic mouse models

As described in 1.1.2, AD is characterized by the accumulation of A β plaques and NFTs. As the amyloid cascade hypothesis and the tau protein hypothesis are considered to be most popular hypotheses for AD most animal models are based on them.

After the discovery of certain mutations in the *APP* gene of fAD patients, researchers tried to produce transgenic mouse models based on the overexpression of APP containing fAD mutations. Game et al. first reported a successful transgenic AD model using a platelet derived growth factor- β (PDGF) promoter driven human *APP* gene containing an FAD associated mutation (V717F) (Games et al., 1995). These PDAPP mice exhibit high human APP expression and exhibit extracellular A β deposition, dystrophic neuritis, reactive astrocytes, activated microglia, as well as loss of synaptic and dendritic density (Games et al., 1995). PDAPP mice showed cognitive deficits at a young age, including spatial working memory deficits at four months of age assessed by the Morris water maze (Hartman et al., 2005) and recognition memory deficit at six months of age assessed by novel object recognition (Dodart et al., 1999). Hsiao et al. overexpressed a human APP transgene containing the Swedish fAD mutation (K670N/M671L) driven by a hamster prion promoter (termed Tg2576 mice) (Hsiao et al., 1996). These mice develop numerous A β plaques by 11-13 months of age, and oxidative damage and synaptic plasticity changes could be found (Hsiao et al., 1996). Impaired learning and memory in Tg2576 mice have

been reported at less than six months (Hsiao et al., 1996). Subsequently, many other transgenic lines were developed with similar methods as used for the generation of PDAPP and Tg2576 mice such as TgCRND8 mice [carrying the human APP 695 (hAPP) including the “Swedish” and “Indiana” mutations (hAPPSw,Ind mice) controlled by the Syrian hamster prion promoter] (Chishti et al., 2001), APP 23 mice [carrying hAPP with Swedish mutation] (Sturchler-Pierrat et al., 1997). PS1 and PS2 fAD mutant transgenic lines were also developed, but single transgenic PS1 or PS2 mice do not develop A β plaques (Holcomb et al., 1998). PS1/APP double transgenic mice, generated by crossing human PS1 with A246E mutation and APP with Swedish mutation (APPSwe), show elevated A β 42 peptide and numerous plaques by nine months of age (Borchelt et al., 1997) earlier than PDAPP and Tg2576 mice. All these mice generate A β amyloidosis and show a variety of neuropathological and behavioral defects including neural and synaptic loss, activated astrocytes and microglia as well as learning and memory deficits. However, in these mice model, neurofibrillary tangles are not present, which is another hallmark of AD.

Besides the transgenic mice with fAD mutations in APP and PS1/2, AD models were also produced which are based on the tau protein hypothesis. The first tau transgenic mouse model expressed the longest human wild-type (WT) tau isoform in neurons where pre-tangle formations and hyperphosphorylation of tau was observed (Gotz et al., 1995). Then, other Tau models were produced by the expression of human mutant P301L and P301S Tau in mice which then develop NFTs, neural loss, brain atrophy, impaired spatial learning and memory (Lewis et al., 2000, Yoshiyama et al., 2007, Takeuchi et al., 2011). These tau transgenic models are valuable tools in AD research and their pathology such as synapse and neuronal loss, NFTs formation, impaired learning and memory or inflammation are features of AD. However, A β amyloidosis is not successfully present in Tau model.

In order to develop a mouse dealing with both AD hallmarks, amyloid plaques and NFTs, triple-transgenic mice were generated in 2003 harboring PS1_{M146V}, APP_{Swe} and

Tau_{P301L}(Oddo et al., 2003). Age-related, progressive neuropathology including amyloid plaques and tangles are presented successfully in these mice (Oddo et al., 2003, Billings et al., 2005). In triple-transgenic mice, synaptic dysfunction and cognitive impairment precedes the accumulation of pathological lesions (Oddo et al., 2003, Billings et al., 2005). However, triple-transgenic model are still based on fAD mutations which had been found in only less than 5% of AD sufferers. Most AD patients do not have any mutations in their *APP*, *PS1* and *PS2* genes.

1.2.2 The Streptozotocin intracerebroventricular rat model

As already discussed in 1.1.3, diabetes is a risk factor for AD and diabetes as well as AD share lot of similarities in molecular, biochemical and mechanistic abnormalities (Hoyer, 2004, Nicolls, 2004, Steen et al., 2005). Based on these facts, researchers developed an experimental animal model by intracerebroventricular (icv) application of streptozotocin (STZ) in order to mirror an insulin resistant brain state (Fig.2) (Lannert and Hoyer, 1998, Grunblatt et al., 2007, Salkovic-Petrisic et al., 2009). STZ [2-deoxy-2-(3-methyl-3-nitrosourea)-1-D-glucopyranose] is a naturally occurring compound produced by soil bacterium *Streptomyces achromogenes* which is particularly toxic to the insulin-producing β cells of the pancreas in mammals (Eileen Dolan, 1997). It is used in medicine for treating certain cancers of the Islets of Langerhans (Murray-Lyon et al., 1968, Brentjens and Saltz, 2001) and is used in research to produce animal models for T1DM applying high doses of STZ via i.p. injections (Like and Rossini, 1976) and T2DM with i.p. injection(s) of low STZ doses (Reaven and Ho, 1991, Wang and Gleichmann, 1998, Reed et al., 2000). High dose STZ treatment destroys β cells through methylating DNA, activating polyADP-ribosepolymerase (PARP) and then depleting intracellular NAD^+ (Szkudelski, 2001). Multiple low doses of STZ could reduce the expression of the glucose transport protein 2 (GLUT2) and this reduction results in the failure of β cells to respond to glucose, and causes peripheral insulin resistance by damage of IR

signaling (Kadowaki et al., 1984, Blondel and Portha, 1989, Wang and Gleichmann, 1998).

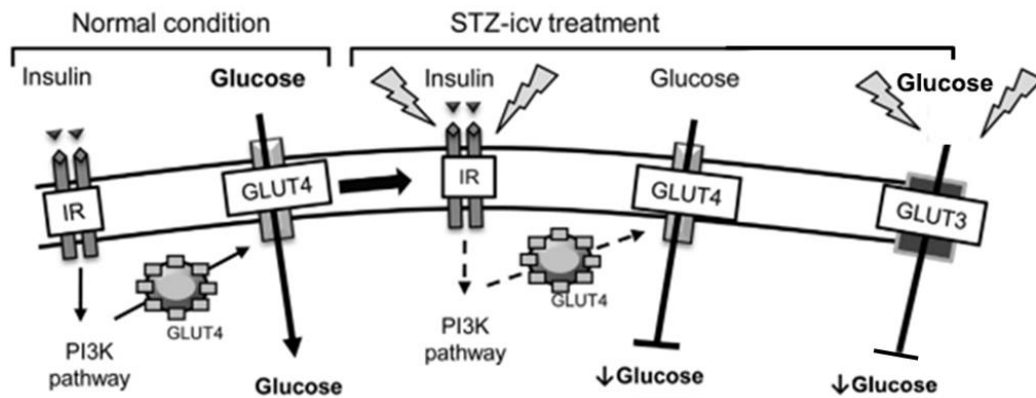


Fig.2. Insulin resistance in the brain after STZ icv treatment (modified from (Salkovic-Petrisic et al., 2013b))

Under the physiological condition, the uptake of glucose via glucose transporter GLUT4 is regulated by the insulin receptor (IR) signaling downstream the phosphatidylinositol-3 kinase (PI-3K) pathway. IR signaling as well as GLUT3 has been found damaged by intracerebroventricular administration of streptozotocin (STZ icv).

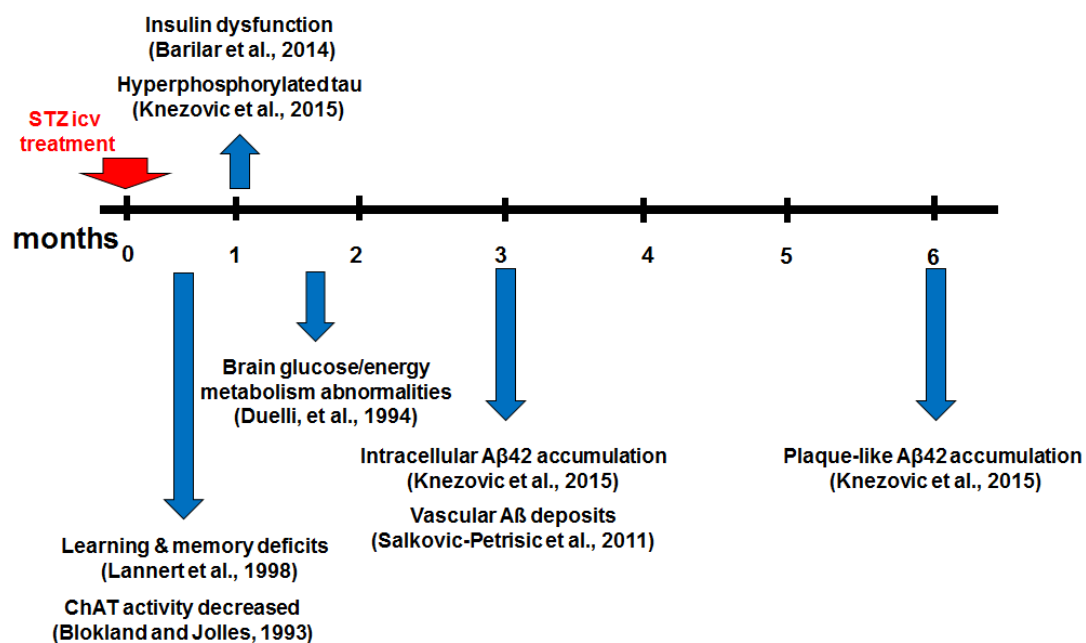
Regarding the close relationship between diabetes and AD as well as insulin resistance in the brain after STZ icv treatment (Fig.2), STZ icv treated rats are proposed to be an animal model for sAD (Lannert and Hoyer, 1998, Grunblatt et al., 2007, Salkovic-Petrisic et al., 2009). STZ icv treatment is shown to cause deficits in learning and memory already 2-4 weeks after STZ icv injections (Mayer et al., 1990, Lannert and Hoyer, 1998, Ishrat et al., 2006, Salkovic-Petrisic et al., 2006, Khan et al., 2012, Salkovic-Petrisic et al., 2014). Intracellular A β 42 accumulations and vascular A β deposits have been found in the parietal cortex 3 months after STZ icv treatment (Salkovic-Petrisic et al., 2011, Knezovic et al., 2015). Starting from 6 months up to 9 months, both intra- and extracellular primitive plaque-like A β 42 accumulations can be detected in the parietal cortex and subhippocampal thalamic region and to a lesser extent in the hippocampus (Knezovic et al., 2015). For hyperphosphorylated tau protein, AT8 immunoreactivity (tau protein phosphorylated at Ser202/Thr205 sites) was increased in a time-dependent manner, appearing first in neocortical regions 1 month after STZ icv treatment and

spreading to the hippocampal areas (Knezovic et al., 2015). After STZ icv administration, brain glucose/energy metabolism abnormalities have been found in all hippocampal subfields, such as decreased glucose utilization (Duelli et al., 1994) and reduced glycolytic key enzymes activity (Plaschke and Hoyer, 1993), diminished adenosine triphosphate (ATP) and creatine phosphate (Lannert and Hoyer, 1998) as well as decreased IR expression (Barilar et al., 2015).. Choline acetyltransferase (ChAT) activity in the hippocampus is shown to be decreased already 1 week after STZ icv treatment, which lasts at least until 3 weeks post-injections (Blokland and Jolles, 1993). Also these alterations of the cholinergic system in the STZ icv rat model resemble biochemical changes observed in Alzheimer's disease (Sharma and Gupta, 2001, Saxena et al., 2011). Most of Alzheimer-like alterations typical for AD patients were also shown to happen in the STZ icv treated rats as summarized in table 1. Moreover, in Fig.3 a timetable with brain metabolism changes as well as AD-like pathological characteristics observed in STZ icv rats are displayed.

Table 1. Summary of the similarities between human sAD and the STZ icv rat model

	STZ icv RAT MODEL	HUMAN sAD
Behavioral		
Cognitive deficits	learning & memory ↓	dementia
Biochemical		
Glucose/energy	metabolism ↓	metabolism ↓
Acetylcholine transmission	↓	↓
Oxidative stress	↑	↑
Mitochondrial	dysfunction	dysfunction
Insulin	altered I/IR signalling cascade	altered I/IR signalling cascade
Structural		
Tau protein	tau hyperphosphorylation	neurofibrillar tangles
A β	A β accumulation	amyloid plaques
Synaptic dysfunction	?	↑
Brain atrophy	?	↑
Neuronal plasticity		
e.g. Adult neurogenesis	?	≈

Note: Summarized from (Salkovic-Petrisic et al., 2006, Grunblatt et al., 2007, Salkovic-Petrisic et al., 2009, Salkovic-Petrisic et al., 2011, Salkovic-Petrisic et al., 2013a).

**Fig.3. Timetable of pathological characteristics in STZ icv rats**

In summary, the STZ rat model represents a feasible experimental approach to explore the underlying cellular and molecular mechanisms involved in the initial and late stages of sAD pathology.

1.3 Adult neurogenesis

The phenomenon of adult neurogenesis (AN), the generation of functional neurons in the adult brain, has been shown to be active not only in most of the animals tested, but also in humans (Altman and Das, 1965, Eriksson et al., 1998, Wiskott et al., 2006). Neural stem cells (NSCs) are responsible for the generation of new neurons and reside in two main locations in the adult mammalian brain: the subventricular zone (SVZ) of the lateral ventricle, and the subgranular zone (SGZ) of the dentate gyrus (DG) of the hippocampus (Fig.4) (Ming and Song, 2005, von Bohlen und Halbach, 2011). In other brain regions than the SVZ and the SGZ the birth of new neurons appears to be extremely limited in the adult mammalian. Only after pathological stimulation like brain insults, AN appears to occur in these other regions (Ming and Song, 2005). But even if we are always mentioning the generation of new neurons, it cannot be denied that the proliferation of NSCs also results in the production of a small number of astrocytes [1-13% ; (Malberg et al., 2000, van Praag et al., 2002, Schmitt et al., 2007)] and oligodendrocytes (Bribian et al., 2012).

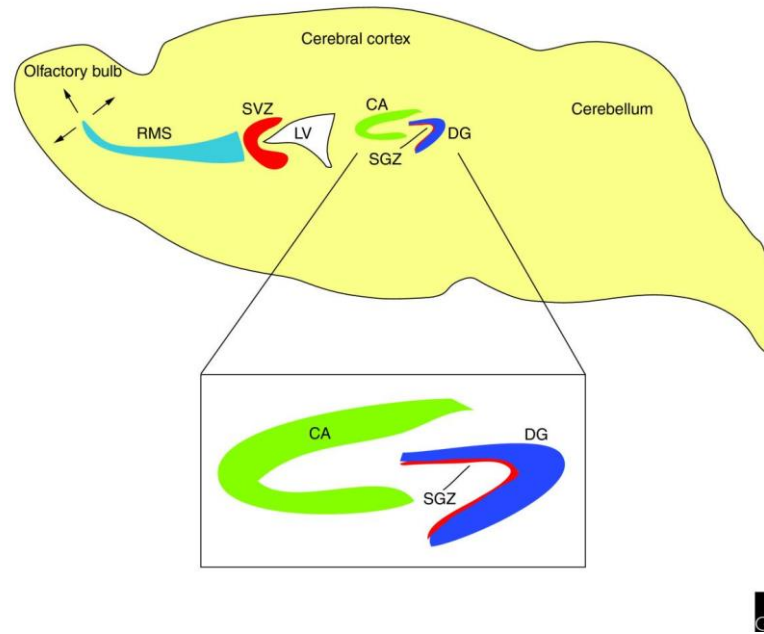


Fig.4. Neurogenic zones in the adult mouse brain (Pozniak and Pleasure, 2006).

Newborn cells are continually born throughout whole life in predominantly two regions of the brain: the subventricular zone (SVZ) of the lateral ventricle (LV), where newborn neurons migrate to the olfactory bulb via the rostral migratory stream (RMS); and the subgranular zone (SGZ) of the dentate gyrus (DG) of the hippocampus, where most of these newborn cells passing through several differentiation stage and finally become integrated into the local neuronal network as granule cells. Newly generated granule cells receive synaptic input from entorhinal cortex and extend axons along the mossy fibers tract that pass through the hilus and form synapses with pyramidal neurons from cornu ammonis (CA) section 3, another part of hippocampus.

From a functional point of view, hippocampal AN plays an important role in several brain functions such as learning and memory processes (Aimone et al., 2010) and stress responses (Snyder et al., 2011). Some mutant mice with decreased SGZ neurogenesis have impaired performance on hippocampus-dependent learning tasks, such as methyl-CpG binding protein 1 ($mbd1^{-/-}$) mice (Zhao et al., 2003), fibroblast growth factor receptor 1 ($fgfr1^{flox/-}$) mice (Zhao et al., 2007), neurotrophin-3 ($NT-3^{flox/-}$) mice (Shimazu et al., 2006). Using different models in which AN was chemically [systemic treatment with antimetabolic drugs like methylazoxymethanol acetate (MAM)] (Shors et al., 2001), physically (x-ray irradiation) (Saxe et al., 2006) or genetically [ablation of glial fibrillary acidic protein (GFAP)-positive neural progenitor cells] (Saxe et al., 2006) inhibited, impaired hippocampus-dependent learning and memory ability has been found. Besides other possible influences different performances in

the behavioral task could be related to the different age of mice analysed. For example, Raber and colleagues found that 2 months old mice with x-ray radiation in the hippocampus exhibited impaired spatial learning and memory in the Barnes maze but not in the Morris water maze (Raber et al., 2004). However, the study from Rola and colleague showed that 21-day-old mice which received x-ray radiation showed impaired spatial learning and memory performance in the Morris water maze but not in the Barnes maze (Rola et al., 2004). Additionally, the maturation stage of AN on learning and memory is revealed by Deng and coworkers that mice with a reduced population of adult-born DG neurons at the immature stage were deficient in forming robust, long-term spatial memory and displayed impaired performance in extinction tasks (Deng et al., 2009). The cascade of events linking the birth of new neurons to learning processes is unclear, as is the way in which new neurons are integrated into and/or removed from behaviorally relevant hippocampal neural networks. First insights into these issues were gained from a study of Dupret and co-workers on the effect of spatial learning in the Morris water maze on cell birth and death in the rodent hippocampus. This work revealed that spatial learning is associated with three different events: learning promoted survival of relatively mature neurons, apoptosis of more immature cells, and finally, proliferation of neural precursors (Dupret et al., 2007).

Recently, more and more studies of AN in memory formation have been focused on a specific function - pattern separation, which is a process of making similar representations more distinct (Snyder and Cameron, 2012). Both, mice with ablated neurogenesis due to focal x-ray radiation and mice with targeted lentiviral expression of dnWnt show impaired spatial discrimination for similar but not distinct spatial locations (Clelland et al., 2009). Until now, we only know little about the function of AN, so that future studies should highlight the precise functional relevance of newly born neurons.

1.3.1 Different stages of AN

AN is a complex multi-stage process during which proliferating stem cells as well as the differentiation and migration of their newborn progeny happens (Ming and Song, 2005). From which cells NSCs originate is still on debate and several cell types have been suggested to be the real NSCs including migratory neuroblasts with large nucleus co-expressing β -tubulin (Type A) (Bonfanti and Theodosis, 1994, Lois et al., 1996), astrocytes expressing GFAP (Type B) (Doetsch et al., 1999), transit amplifying cells (Type C), and multiciliated ependymal cells (Type D) (Johansson et al., 1999). The most popular view is that astrocyte-like cells which co-express GFAP are the real neural stem cells (Alvarez-Buylla and Lim, 2004). In the SGZ, several researchers suggested to divide AN in five stages which begin with a subset GFAP positive cells (Fig.5) (Seri et al., 2001). These cells, their cell bodies locate in the SGZ and have radial processes going through the granule cell layer (GCL) and short processes extend along the border of the GCL and hilus (Ming and Song, 2005). In the end of this stage these cells give rise to transit amplifying cells, and then get into stage 2 when transit amplifying cells differentiate into immature neurons during about 4 days (Ming and Song, 2005). Newly generated neurons migrate only a short distance to the inner GCL to become granule neurons (Ming and Song, 2005). In stage 4, immature neurons extend their axonal projections along mossy fiber pathways to the CA3 pyramidal cell layer and their dendrites toward the molecular layer (ML) (Ming and Song, 2005). Then the immature neurons receive inputs e.g. from the entorhinal cortex and send output to the CA3 region and form connections with CA3 pyramidal cells (Ming and Song, 2005). It takes about 2 months for the maturation of newborn cells in the hippocampus (Piatti et al., 2011).

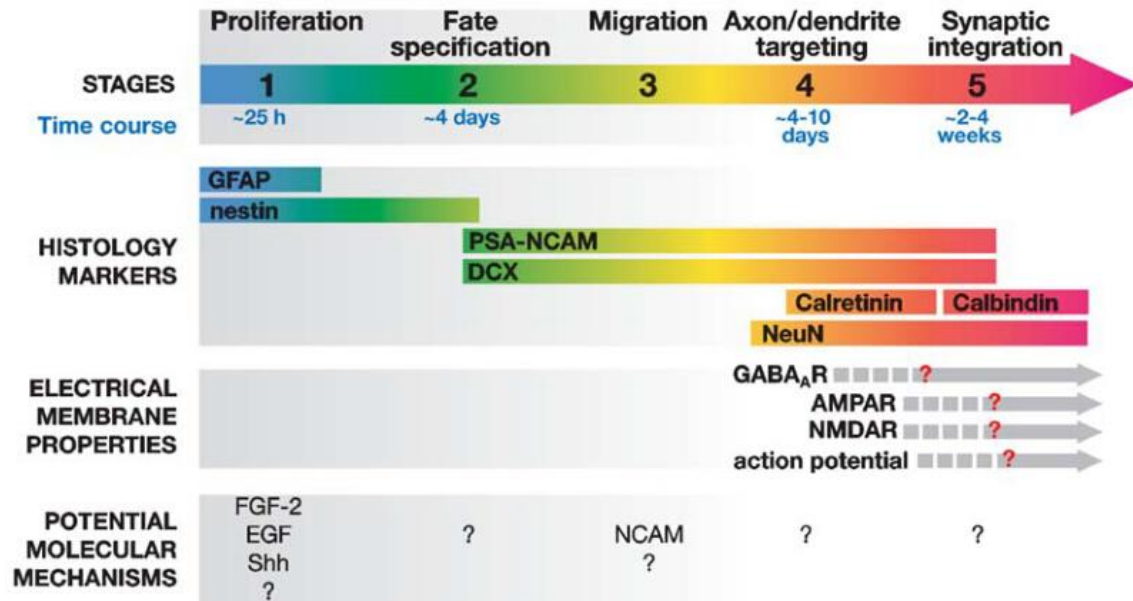


Fig.5. Different stages of AN in dentate gyrus (Ming and Song, 2005)

Adult neurogenesis in dentate gyrus is suggested to be divided into five stages. Stage 1 (blue). Proliferation: the cell bodies of neural stem cells (NSCs) locate in the SGZ and have radial processes going through the granule cell layer (GCL) and short processes extend along the border of the GCL and hilus. In this stage, these cells could be stained with GFAP antibody and nestin antibody and regulated by basic fibroblast growth factor (FGF-2), epidermal growth factor (EGF), sonic hedgehog (Shh). Stage 1 lasts about 25h and in the end of stage 1 NSCs give rise to transit amplifying cells. Stage 2 (green). Fate specification: transit amplifying cells differentiate into immature neurons during about 4 days. In this stage, newborn cells start to express markers like polysialylated-neural cell adhesion molecule (PSA-NCAM) and doublecortin (DCX). Stage 3 (yellow). Migration: Immature neurons migrate a short distance into the inner granule cell layer. Stage 4 (orange). Axon/dendrite targeting: immature neurons extend their axonal projections along mossy fiber pathways to pyramidal cells of the cornu ammonis region 3 (CA3) and their dendrites toward the molecular layer (ML). In this stage, cells express calretinin for a short time and start to express the neuron marker neuronal nuclei (NeuN). This stage takes about 4-10 days. Stage 5 (purple). Synaptic integration: newborn cells receive inputs e.g. from the entorhinal cortex and send output to the CA3 region and form connections with CA3 pyramidal cells. In this stage, the cells start to express calbindin and form action potentials.

1.3.2 The phenomenon of adult neurogenesis is tightly regulated

AN in the hippocampus is a dynamic process that could be regulated at different stages by both, intrinsic and extrinsic factors (Fig.5) (Ming and Song, 2005). Aging is the most important factor influencing AN, as it declines rapidly with aging (Kuhn et al., 1996). Chronic stress elicits a negative regulation of AN (Gould et al., 1997) while

acute stress enhances hippocampal AN (Kirby et al., 2013). On the other hand, increased environmental complexity (Kempermann et al., 1997) and physical activity (Gould et al., 1999, van Praag et al., 1999) leads to an increase of AN. Most brain injuries lead to increased NSC proliferation in the SGZ and induce newborn cells to migrate to the injury site, such as ischemic brain injury (Arvidsson et al., 2002), mechanical lesions (Gould and Tanapat, 1997) and prolonged seizures (Parent and Lowenstein, 1997).

Intrinsic hormones, for example, adrenal steroids may contribute to the aging-associated AN decline (Cameron and Gould, 1994). Other hormones, including estrogen (Tanapat et al., 1999), thyroid hormone (Desouza et al., 2005), and progesterone (Shingo et al., 2003) also regulate AN. Beside hormones, many neurotransmitters were also found to influence AN, including neurotransmitters like dopamine, serotonin (5-hydroxytryptamine, 5-HT), acetylcholine, gamma-Aminobutyric acid (GABA), glutamate, and the gaseous neurotransmitter nitric oxide (NO) (Ming and Song, 2005). Experimental depletion of dopamine in rodents decreased the cell proliferation and survival of NSCs in SGZ (Hoglinger et al., 2004) and a *postmortem* study showed that number of NSCs was reduced in SGZ in Parkinson disease patients (Borta and Hoglinger, 2007). An *in vitro* study found that dopamine increased the number of NSCs via D1-like but not D2-like receptor as D1-like receptor antagonist R-SCH23390 but not D2-like receptor antagonist sulpiride could attenuate dopamine induced increase of NSCs (Takamura et al., 2014). Interestingly, another dopamine receptor antagonist haloperidol could increase cell proliferation in a dopamine D2 receptor-dependent manner (Kippin et al., 2005). 5-HT is shown to have a stimulating effect on AN in the DG (Brezun and Daszuta, 2000) and mice lacking the 5-HT transporter which exhibit higher 5-HT levels in the synaptic cleft also have higher levels of hippocampal AN (Schmitt et al., 2007, Karabeg et al., 2013). Acetylcholine positively influences stem cell proliferation in the SGZ, whereas cholinergic pathology *per se* may have a detrimental influence on neurogenesis (Perry et al., 2012). In SVZ, ChAT expressing neurons have been

found to exhibit an activity-dependent control of NSCs` proliferation (Paez-Gonzalez et al., 2014). Glutamate promotes proliferation of SVZ-derived progenitor cells *in vitro* (Brazel et al., 2005), whereas in the DG activation of N-methyl-D-aspartate receptor (NMDA receptor), a glutamate receptor, results in diminished hippocampal AN and treatment with NMDA receptor antagonists increases the birth of neurons (Cameron et al., 1995). GABA released by parvalbumin expressing interneurons depolarizes progenitor cells and inhibits proliferation via GABA-receptor activation (Song et al., 2012). Under physiological conditions, NO inhibits stem cell proliferation (Packer et al., 2003), but after focal cerebral ischemia the expression of inducible nitric oxide synthase (iNOS) which catalyzes the production of NO could stimulate AN (Zhu et al., 2003).

Growth factors also play an important role in the regulation of AN, such as fibroblast growth factor-2 (FGF-2), epidermal growth factor (EGF) (Kuhn et al., 1997), brain-derived neurotrophic factor (BDNF) (Waterhouse et al., 2012), vascular endothelial growth factor (VEGF) (Cao et al., 2004), insulin (Arsenijevic et al., 2001) and IGF-1 (Aberg et al., 2000). Several drugs regulate AN including antidepressants (Malberg et al., 2000) and Lithium (Chen et al., 2000) (up-regulation), opiates (Eisch et al., 2000) and methamphetamine (Teuchert-Noodt et al., 2000) (down-regulation).

1.3.3 Energy metabolism influence proliferation and differentiation of neural stem cells

That energy metabolism, especially glucose metabolism, could have an influence on AN is substantiated by microarray studies performed by Geschwind et al. (Geschwind et al., 2001) and Ivanova et al. (Ivanova et al., 2002). They showed that proliferation of NSCs and the transition from a newborn undifferentiated cell to a differentiated neuron, astrocyte, or oligodendrocyte is accompanied by many changes of the expression of metabolism related genes such as *IGF binding protein 3*, *cytochrome c*

oxidase (Geschwind et al., 2001), *enolase 1*, *acetyl-coenzyme A synthetase 1* and *pyruvate dehydrogenase E1 alpha subunit* (Karsten et al., 2003).

The Insulin/IGF-1 signaling pathway is central in coordinating energy taking and expenditure (Rafalski and Brunet, 2011). Although IGF-1 mRNA was detected in all regions of the neonatal brain, there is considerable regional variation in the level of expression with highest expression levels in regions where neurogenesis persists after birth such as the hippocampus and the subventricular zone (Bartlett et al., 1991). The association of AN and insulin signaling pathways is substantiated by the fact that adult NSCs express the IGF-1 receptor (Aberg et al., 2003). Both, insulin and IGF-1, have mitogenic effects (Hofmann et al., 1989). For insulin, it is shown that it promotes the function of FGF 2 and activates stem cell proliferation (Arsenijevic et al., 2001). Han and colleagues found that high insulin concentration could induce NSCs differentiation into neurons (Han et al., 2008). For IGF-1, Aberg and coworkers found that high doses could promote NSCs proliferation and a low IGF-1 dose gives an instructive signal to cultured NSCs to become neurons (Aberg et al., 2003). That is why it is not surprising that the size of the brain in mice overexpressing IGF-1 are 55% larger than those of controls (Carson et al., 1993). Interestingly, IGF-1 could stimulate NSCs differentiation into oligodendrocytes in an animal model (Ye et al., 1995) and in cell culture (Hsieh et al., 2004).

Several signaling pathways downstream of the insulin/IGF-1 receptor may be involved in the proliferation of NSCs and the differentiation of newborn cells (Fig.6). IGF-1 is known to promote cell proliferation by activating the phosphoinositide 3-kinase/Protein kinase B (PKB, also called Akt) (PI3K/Akt) pathway (Blakesley et al., 1996). IGF-1 enhances the phosphorylation of Akt in NSCs and using 2-(4-morpholinyl)-8-phenyl-4H-1-benzopyran-4-one, an inhibitor for PI3K, could inhibit the IGF-1-induced survival of NSCs (Kalluri et al., 2007). Mice with brain-specific deletion of the *pten* gene, a negative regulator for PI-3K/Akt signaling, exhibit an increased number of embryonic NSCs (Groszer et al., 2001). Furthermore,

PI3K/Akt signaling also is shown to regulate the differentiation of neuroal precursor cells by IGF-1 (Otaegi et al., 2006). The PI3K-Akt-FoxO (Forkhead box protein O) signaling pathway, a branch of PI3K/Akt signaling, plays a prominent role in NSC proliferation and renewal. FoxO-deficient mice show initial increased brain size and proliferation of neural progenitor cells during early postnatal life, followed by precocious significant decline in the NSC pool and accompanying neurogenesis in adult brains (Paik et al., 2009). PI3K-Akt-mTOR signaling, another branch of PI3K/Akt pathway, may also play a role in the regulation of NSCs as inhibition of mTOR (mammalian target of rapamycin)-containing complexes by rapamycin reverses insulin-dependent enhancement of neurogenesis (Han et al., 2008).

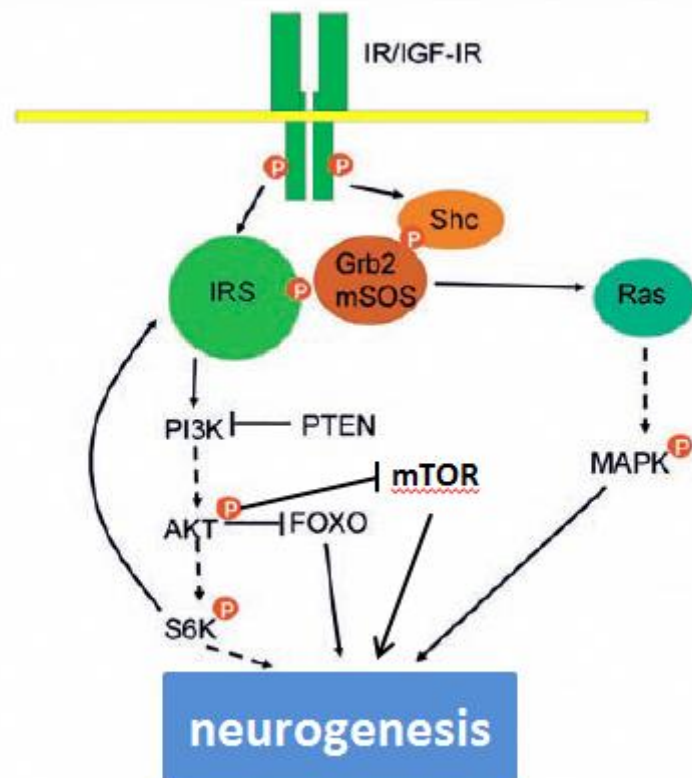


Fig.6. Potential pathways by which insulin/IGF signalling can regulate neurogenesis [modified from (Bateman and McNeill, 2006)]

Abbreviation: AKT: also called PKB (Protein kinase B); FOXO: Forkhead box protein O; Grb2: Growth factor receptor-bound protein 2; IR: Insulin receptor; IGF-1R: Insulin-like growth factor-1 receptor; IRS: Insulin receptor substrate; mSOS: mammalian homologues of son of sevenless; MAPK: Mitogen-activated protein kinase; mTOR: mammalian target of rapamycin; PI3K: phosphoinositide 3-kinase; PTEN: phosphatase and tension homologue; Ras: Rat sarcoma; shc: Src homology 2 domain containing transforming protein.

1.3.4 Different methods to analyze adult neurogenesis

In vivo studies commonly use thymidine analogs which could incorporate DNA of dividing cells during the S-phase of the cell cycle to monitor cell proliferation (Taupin, 2007). Decades ago, [3H]-thymidine autoradiography had been used for AN studies (Sidman et al., 1959, Kaplan and Hinds, 1977), but now BrdU (5-bromo-2'-deoxyuridine) has replaced it because of many advantages as it can be quickly detected via immunohistochemistry and combined with other antibodies it can be used to perform immunofluorescence double stainings (Gratzner et al., 1975, Gratzner, 1982, Nowakowski et al., 1989, Magavi and Macklis, 2008). Since BrdU can cross the blood-brain barrier (BBB), it may be delivered to the brain by intracerebro-ventricular (icv), intraperitoneal (ip), intravenous (iv) injection, or even orally (Taupin, 2007). Different BrdU labeling paradigms are used to determine cell proliferation, migration, maturation as well as the fate of newborn cells by varying the period between the BrdU injection(s) and the sacrifice of the animals (Miller and Nowakowski, 1988, Taupin, 2007). A short-term survival of animals (between 1 and 3 hours) after BrdU application could be used for the detection of NSCs proliferation (Palmer et al., 2000). The fate of newly generated neuronal cells and maturation stages can be determined with a somehow long-term survival of the animals after BrdU application up to ca. 4 weeks (Kuhn et al., 1996, Duman et al., 2001, Taupin, 2007). Via immunofluorescence double stainings and the use of antibodies detecting BrdU and other cell-type specific marker [such as neuronal nucleus (NeuN), adenomatous polyposis coli (APC) as well as GFAP] the cellular fate of a newborn cell can be verified.

Besides BrdU incorporation, staining with different markers has been proposed to assay different stages of AN. Proliferating NSCs express proteins such as Ki-Kiel67 (Ki67), mini-chromosome maintenance proteins 2 (MCM2). MCM2 is one of the highly conserved mini-chromosome maintenance proteins that are involved in the initiation of eukaryotic genome replication and is commonly used as a marker for

proliferating cells (Kneissl et al., 2003). Newborn cells with a neuronal fate express markers such as neurogenic differentiation (NeuroD), doublecortin (DCX) and neuronal nucleus (NeuN). NeuroD, a basic helix-loop-helix (bHLH) transcription factor, is exclusively expressed in mitotic neuroblasts (Miyata et al., 1999). The microtubule binding protein DCX labels mitotic active neuroblasts as well as postmitotic immature neurons, which extend their dendrites into the molecular layer of the DG (Brown et al., 2003). NeuN is a neuronal nuclear antigen that is commonly used as a marker for mature neurons (Mullen et al., 1992).

Living organisms are extremely complex systems and it is hard to explore their basic biological functions. In order to simplify research work, *in vitro* methods have been established for studying proliferation and differentiation signaling pathways in AN. Numerous investigators have isolated NSCs from the mouse and rat neurogenic brain regions and used a variety of mitogenic growth factors to stimulate cell proliferation, such as EGF and FGF-2 (Gage et al., 1995, Gritti et al., 1996, Svendsen et al., 1997, Gritti et al., 1999). Under different conditions, NSCs grow as monolayers or as so-called neurospheres. When mouse CNS-derived NSCs were plated on uncoated plates and cultured in medium containing EGF, FGF-2 and heparin, the cells form a monolayer of cells (Ray and Gage, 2006). However, if the NSCs were exposed to EGF or FGF-2 alone or EGF+FGF-2 (together) without heparin, they form neurospheres (Ray and Gage, 2006). For rats, in the presence of FGF-2, EGF and heparin, cells proliferate within neurospheres, but if these cells were plated on uncoated plates in serum and then let them grow in N2+FGF-2 medium, they will form a monolayer (Ray and Gage, 2006). NSCs proliferation can be detected by counting the number of neurospheres, measuring the size of neurospheres or analyzing the absolute number of proliferating cells by the incorporation of BrdU with subsequent BrdU-Immunohistochemistry (Stafford et al., 2007, Karkkainen et al., 2014). Different markers could be used like in *in vitro* studies to detect the fate of NSCs, such as neuron-specific class III beta-tubulin (Tuj-1) and GFAP (Karkkainen et al., 2014).

1.4 Adult neurogenesis in Alzheimer's disease

There is a big controversy in literature regarding the possible involvement of AN in AD etiopathology (Table 2). The study of Jin and coworkers demonstrated increased AN (marked by DCX) in hippocampus of AD patients (Jin et al., 2004). However, Boekhoorn and coworkers couldn't detect significant changes in cell proliferation (marked by Ki67) in the human DG of AD brains compared to controls (Boekhoorn et al., 2006).

Table 2. Neurogenesis in human *postmortem* tissues and in animal models of AD

	Neurogenesis assessment	References
post mortem brain		
	↓ in the SVZ	Ziabreva et al. 2006
	↑ in the DG	Jin et al. 2004a
	→ in the DG	Boekhoorn et al., 2006
transgenic animals		
APP23 mice	↑ in the DG	Ermini et al. 2008
TgCRND8 mice	↓ in the DG	Herring et al., 2009
APP/PS1 mice	↓ in the DG	Demars et al.2010
APP _{Sw,Ind} mice	↑ in the DG	Jin et al. 2004a;
3xTg-AD mice (APP, PS1,tau)	↓ in the DG	Rodriguez et al. 2008
Tg2576	↓ in the DG	Haughey et al.2002
PDAPP mice	↓ in the DG	Donovan et al. 2006
in vivo and in vitro exposure to Aβ1-42		
	↑ in the SVZ	Sothibundhu et al. 2009

Note: DG: Dentate gyrus; SVZ: Subventricular zone

The tissue samples used in the Jin et. al. study were from senile AD patients, which

points to increased AN in patients with sAD compared to normal group (Jin et al., 2004). However, the samples that showed no significant changes in AN were from presenile AD (fAD) cases (Boekhoorn et al., 2006). The controversy of AN changes in above mentioned studies may due to different types of disease analysed, fAD and sAD.

Using animal models for studying AN is an alternative. Most animal models used for studying AN are based on the amyloid cascade hypothesis by promoting A β plaques production in the brain. However, AN studies using transgenic mice which overexpress hAPP and/or PS1/2 could also not answer this question of a possible involvement of AN in the etiopathogenesis of AD (Marlatt and Lucassen, 2010, Mu and Gage, 2011). Just to give some examples: Some research groups revealed impaired AN, e.g. in the TCRND8 (TG) mice carrying the human APP 695 (hAPP) including the “Swedish” and “Indiana” mutations (hAPPSw,Ind mice) controlled by the Syrian hamster prion promoter (Herring et al., 2009), whereas other studies using APP23 mice with Swedish mutation (Ermini et al., 2008) as well as PDGF-APPSw,Ind mice, which also express the Swedish and Indiana APP mutations but under the control of a PDGF promoter (Jin, et al., 2004a) revealed increased AN in the hippocampus.

Many molecules involved in A β production and metabolism have been found to be linked to AN (Mu and Gage, 2011). Cleavage of APP by β - and γ -secretase as amyloidogenic pathway yields the APP intracellular domain (AICD) fragment in addition to A β , but the activity of α - and γ -secretase as a part of the non-amyloidogenic pathway generates the soluble fragment of APP (sAPP α) (Mu and Gage, 2011). Both, AICD and sAPP α , could influence AN. AICD expression decreases hippocampal progenitor cell proliferation and survival (Ghosal et al., 2010) and sAPP α protects neurons and AN (Han et al., 2005). Mutations of PS1 which is a component of γ -secretase decrease the production of new neurons (Wen et al., 2004). For A β itself, the role in regulating AN is complex. Low concentrations of

monomeric A β exerts a neurotrophic function on undifferentiated hippocampal neurons (Yankner et al., 1990) and stimulates primary neural progenitor cells' proliferation (Chen and Dong, 2009). A low micromolar concentration of oligomeric A β increased the proliferation of adult NSCs and high concentration was shown to be neurotoxic (Heo et al., 2007).

1.5 Hippocampus functional dissociation

The hippocampus, one of the neurogenic brain region in the adult brain, is a heterogeneous brain area, extends dorso-ventrally from the septal nuclei of the basal forebrain to the temporal lobe (Fig.7) (Tanti and Belzung, 2013). Along the septo-temporal (also called dorso-ventral, anterior-posterior or rostro-caudal) axis, the hippocampus is shown to have different functions (Tanti and Belzung, 2013, Strange et al., 2014). It's important to note that septal hippocampus in rodents represents the posterior hippocampus in humans and rodent temporal hippocampus represents the anterior hippocampus in humans (Fig.7) (Strange et al., 2014). The septal part of the hippocampus primarily plays a role in spatial learning based on the following evidences. Moser and colleagues found that septal hippocampal lesions consistently impaired spatial learning in a Morris water maze and the degree of impairment correlated with the lesion volume (Moser et al., 1993). In contrast, lesions of the temporal hippocampus spared both the rate and the precision of learning (Moser et al., 1993). The study of Vann and colleagues suggests that increased c-fos activation, an indirect marker of neuronal activity, was found in both septal and temporal hippocampus, but relative increase was significantly greater in the septal part after performing spatial tasks (Vann et al., 2000). The temporal hippocampus is more integrated into networks dealing with stress and emotion (Henke, 1990, Fanselow and Dong, 2010) and temporal hippocampal but not septal hippocampal lesions enhanced cold/restraint stress ulcers

(Henke, 1990). Temporal hippocampus seems to be preferentially involved in anxiety-like behavior studied in various tests like tone fear conditioning (Maren and Holt, 2004), social interaction test (McHugh et al., 2004), as well as contextual fear conditioning (Maren and Holt, 2004). Using brain tissue oxygen amperometry, McHugh et al. also confirm that septal hippocampus is associated with spatial processing and temporal hippocampus is associated with anxiety-related behavior (McHugh et al., 2011). These difference may due to the fact that septal hippocampus primarily receives afferents from the retrosplenial and from the anterior cingulate cortex (Cenquizca and Swanson, 2007), however, the temporal hippocampus receives inputs from areas linked with olfactory processing (Cenquizca and Swanson, 2007) and has reciprocal connections with the amygdala (Thierry et al., 2000).

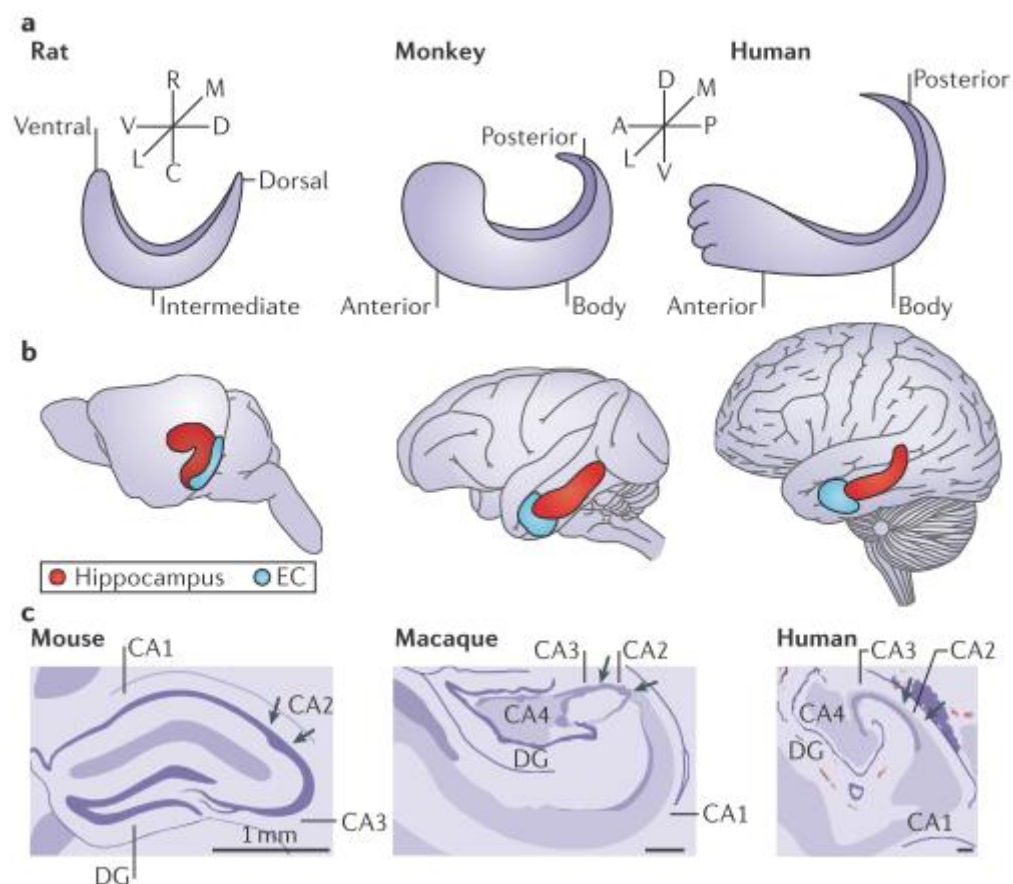


Fig.7. Schematic view of the orientation of the hippocampal axis in rats, macaque monkeys and humans (Strange et al., 2014)

The hippocampus is a heterogeneous brain area, extends dorso-ventrally from the septal nuclei of the basal forebrain to the temporal lobe. Septal hippocampus (also called dorsal hippocampus) in rodents represents the posterior hippocampus in humans and monkeys, and rodent temporal hippocampus (also called ventral hippocampus) represents the anterior hippocampus in humans and monkeys.

Interestingly, the characteristics of AN are also found to be different in the septal and temporal hippocampus (Piatti et al., 2011). The DG in septal hippocampus displays higher levels of basal network activity and faster rates of newborn neuron maturation than the temporal region (Piatti et al., 2011).

In recent years AD researchers started to analyze septal and temporal hippocampus separately (Fuster-Matanzo et al., 2011, Yiu et al., 2011). Fuster-Matanzo and coworkers demonstrated that increased neurodegeneration in consequence of GSK3 β overexpression in mice was detected exclusively in septal hippocampus (Fuster-Matanzo et al., 2011). In addition, locally and acutely increasing cyclic adenosine monophosphate (cAMP) response element-binding protein (CREB) function in the CA1 of septal hippocampus in TgCRND8 mice was sufficient to restore function in neuronal structure, network activity as well as learning and memory (Yiu et al., 2011).

1.6 Objective of the thesis

As STZ icv treated rats mirror an insulin resistant brain state and exhibit cognitive deficits resembling memory deficits in AD patients, they are proposed to be an animal model for sAD. Until now only very few studies have been reported on AN in STZ icv rat model and they analyzed AN exclusively in brains up to 3 weeks following STZ icv administration (Arabpoor et al., 2012, Qu et al., 2012). In this study, our goal was to examine short-term (1 month) and long-term (3 months) effects of STZ icv treatment on adult hippocampal neurogenesis. We performed a quantitative

immunohistochemistry study and double/triple immunofluorescence stainings using antibodies detecting different AN stages, e.g. proliferation of stem cells, differentiation and survival of adult-generated neurons. As it is suggested that the hippocampus is functionally different along its septo-temporal axis, we analyzed the septal and temporal part of the hippocampus separately.

In order to explore the mechanism of STZ effects on the proliferation of stem cells and the differentiation of newborn cells, I performed *in vitro* studies using cultured primary adult rat NSCs. The number and size of neurospheres in the presence of different concentrations of STZ as well as the migration of newborn differentiating cells was evaluated. Moreover, double immunofluorescence staining allowed us to detect whether STZ influences the differentiation fate of newborn cells. For the investigation of possible expression changes of molecules related to brain metabolism and/or especially to IR signaling pathways (such as GLUT1 and 3, IR, IGF-1) in consequence of STZ treatment quantitative real time polymerase chain reaction (qRT-PCR) for the detection of specific mRNAs was performed followed by immunofluorescence stainings for the detection of interesting proteins.

2. Material and Methods

2.1 Material

2.1.1 Brain tissue

Brain tissue of STZ icv treated rats – *in vivo* study. STZ icv treatment of rats for our *in vivo* study was performed by the research group of our collaboration partner Prof. Salkovic-Petrisic (Department of Pharmacology, School of Medicine, University of Zagreb, Zagreb, Croatia). Dissected and subsequently for 72 h in 4% PFA (dissolved in PBS, pH 7.5) fixed brains were then sent to the laboratory of the Department of Psychiatry, Psychosomatics and Psychotherapy of the University of Wuerzburg, Wuerzburg.

In brief, the STZ icv rat model was produced as described in the following: A total of 36 three- and five-month old male Wistar rats weighing 280–330 g were used for this study (Department of Pharmacology, School of Medicine, University of Zagreb, Zagreb, Croatia). Animals were kept in standardized cages (2-3 animals per cage) maintained under a 12/12h light/dark cycle and provided with standard food pellets and water *ad libitum*. Experiments were carried out under the guidance of the Principles of Laboratory Animal care (NIH Publication No. 86-23, revised in 1985), conformed to Directive 2010/63/EU, and in line with the actual national law, the Animal Protection Act (NN135/06). Experiments were approved by the Ethical Committee of the University of Zagreb School of Medicine and the national regulatory body responsible for issuing ethical approval, Croatian Ministry of Agriculture (licence No. UP/I-322-01/11-01/100 to MSP for research approved by Croatian Ministry of Science, Education and Sport, project 108-1080003-0020 to MSP).

STZ icv injections were performed according to the procedure described first by Noble et al (Noble et al., 1967) and applied afterwards by Salkovic-Petrisic and

co-workers (Salkovic et al., 1995, Grunblatt et al., 2007, Salkovic-Petrisic et al., 2011, Salkovic-Petrisic et al., 2013b). Briefly, rats were given general anaesthesia [chloralhydrate, 300 mg/kg ip], and STZ (1.5 mg/kg, dissolved in 0.05M citrate buffer pH 4.5) was injected into the left and right lateral ventricle (2 µl per ventricle) of the rat brain. STZ treatment was repeated on the 3rd day after the first injection. STZ was dissolved in 0.05 M citrate buffer, pH 4.5. Control animals received icv an equal volume of vehicle (citrate buffer). Additionally, a group of control animals was left intact without any icv treatment. Experimental rats were randomly divided into five experimental groups (see Fig. 8) with six to eight animals per group: Group 1 (control), intact rats without any icv treatment; Group 2 (vehicle 1 month), vehicle icv-treated rats at the age of 5 months; Group 3 (STZ 1 month), STZ icv-treated rats at the age of 5 months; Group 4 (vehicle 3 months), vehicle icv-treated rats at the age of 3 months; Group 5 (STZ 3 months), STZ icv-treated rats at the age of 3 months. Irrespective of treatment, all animals were sacrificed at the age of 6 months.

To label cells undergoing cell division, they used the exogenous marker 5-bromo-2'-deoxyuridine (BrdU), a thymidine analogue which incorporates into DNA during synthesis (Lehner et al., 2011). Each rat received ip injections of 50 mg/kg body weight BrdU (Roche Diagnostics, Mannheim, Germany; dissolved in PBS) and BrdU was applied once daily on 7 consecutive days. Rats were sacrificed 27 days after the first ip BrdU injection. The experimental timeline is provided in Fig.8.

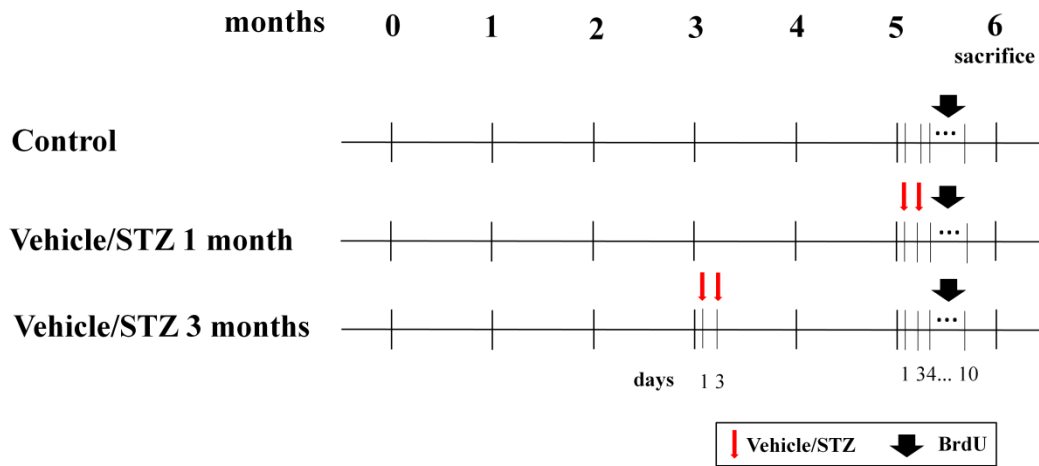


Fig.8. Experimental design

Rats were randomly divided into five groups (n=6-8 per group): two groups were STZ icv treated (STZ 1 month/STZ 3 months), two groups were vehicle icv treated (Vehicle 1 month/Vehicle 3 months) and one group was the absolute control group without any icv treatment. Vehicle/STZ 1 month: rats which received vehicle or STZ icv treatment at the age of 5 months. Vehicle/STZ 3 months: rats which received vehicle or STZ icv treatment at the age of 3 months. Rats were given general anesthesia (intraperitoneal (ip) injections of chloralhydrate 300 mg/kg body weight), and then STZ (1.5 mg/kg body weight) or vehicle (0.05 M citrate buffer, pH 4.5) was injected into the left and right lateral ventricle of the rat brain (indicated by a red arrow). STZ or vehicle treatment was repeated on the 3rd day after the first injection. Moreover, each rat received ip injections of 50 mg/kg body weight BrdU, which was applied once daily on seven consecutive days (indicated by an expanded black arrow). Rats were sacrificed 27 days after the first ip BrdU injection. Irrespective of treatment all animals were sacrificed with 6 months of age.

Brain tissue for the *in vitro* study. The 2 months old Wistar rats were bought from Charles River Laboratories (Sulzfeld, Germany). About 40 rats were used during our *in vitro* study. Animals were anesthetized by isoflurane and sacrificed by decapitation. Protocols fulfill the requirements of German law.

2.1.2 Antibodies

Antibodies	Company	Dilution
Goat anti-DCX	Santa Cruz	1:500
Goat anti-MCM2	Santa Cruz	1:1000
Goat anti-NeuroD	Santa Cruz	1:500
Mouse anti-APC	Calbiochem	1:200

Mouse anti-BrdU	Roche	1:400 (in vivo)/1:500 (in vitro)
Mouse anti-insulin receptor	Abcam	1:250
Mouse anti-Iba-1	Wako	1:1000
Mouse anti-Tuj-1	Abcam	1:250
Mouse anti-NeuN	Chemicon	1:250
Rat anti-BrdU	Serotec	1:300
Rabbit anti-GFAP	Dako	1:1000 (in vivo)/1:500 (in vitro)
Rabbit anti-Glucose transporter 3	Abcam	1:500
Rabbit anti-Nestin	Abcam	1:250
Alexa 350 donkey anti-rabbit antibody	Life technologies	1:500
Alexa 488 donkey anti-rat antibody	Life technologies	1:500
Alexa 555 donkey anti-mouse antibody	Life technologies	1:500
Biotinylated anti-goat IgGs antibody	Vector laboratories	1:1000
Biotinylated anti-mouse IgGs antibody	Vector laboratories	1:1000

2.1.3 Kits

Kits	Source	Application
3,3'-Diaminobenzidine (DAB) substrate kit	Roche	IHC
First strand cDNA synthesis kit With the following component: a: 5 × iScript reaction mix b: iScript reverse transcriptase c: Nuclease-free water	Bio-Rad	Real time PCR
NeuroCult™ NS-A Differentiation Kit (Rat) With the following	Stemcell	Cell culture

component: a: Neurocult NS-A differentiation supplement b: Neurocult NS-A basal medium		
NeuroCult™ NS-A Proliferation Kit (Rat)	Stemcell	Cell culture
With the following component: a: Neurocult NS-A proliferation supplement b: Neurocult NS-A basal medium		
Papain Dissociation System	Worthington	Cell culture
With the following component: a: Earle's Balanced Salt Solution (EBSS) b: Papain c: Deoxyribonuclease I (Dnase I) d: Ovomuroid protease inhibitor with bovine serum albumin		
Qiagen RNeasy Kit	Qiagen	Real time PCR
SYBR Select Master Mix for CFX	Thermo Fisher Scientific	Real time PCR
VECTASTAIN Elite ABC Kit	Vector laboratories	IHC

2.1.4 Primers

Primer	Sequence	Manufacturer	Source
GAPDH forward	5'-tcaccaccatggagaaggc-3'	Metabion	(Bonfeld et al., 2008)
GAPDH reverse	5'- gctaagcagttggtggtgca-3'	Metabion	(Bonfeld et al., 2008)

GLUT1 forward	5'-agtatcgtggccatctttgg-3'	Metabion	(Weisova et al., 2009)
GLUT1 reverse	5'-cccacgatgaagtttgaggt-3'	Metabion	(Weisova et al., 2009)
GLUT3 forward	5'-cgcctgattattggcatctt-3'	Metabion	(Weisova et al., 2009)
GLUT3 reverse	5'-tccaaaccaaagacctgagc-3'	Metabion	(Weisova et al., 2009)
IR forward	5'-gctgtgtaaacttcagcttctgcc-3'	Metabion	(Nakazawa et al., 2005)
IR reverse	5'-aatgacgtattggtgacagcca-3'	Metabion	(Nakazawa et al., 2005)
IGF1 forward	5'-aggcgtagttgtagaagagttcc-3'	Metabion	(Steen et al., 2005)
IGF1 reverse	5'-tacttgctgctgttccgagtgg-3'	Metabion	(Steen et al., 2005)

2.1.5 Chemicals, reagents and solutions

Chemical/reagents	Source	Application
2x the saline-sodium citrate (SSC)	Sigma	IHC
4',6-diamidino-2-phenylindole (DAPI)	Molecular Probes	Marks nuclei
5-bromo-2'-deoxyuridine (BrdU)	Roche	Indicates DNA synthesis and therefore proliferative events
Basic fibroblast growth factor (FGF-b)	Peptotech	Cell culture
Bovine serum albumin (BSA)	Sigma	IHC/ICC
Dimethylformamide (DMF)	Molecular Probes	Cell culture

Dulbecco's Phosphate-Buffered Saline (D-PBS)	Gibco	Cell culture
Epidermal growth factor (EGF)	Peprotech	Cell culture
Ethylenglycol	Sigma	IHC
Fluoro mount	Dako	IHC/ICC: mounting medium
Formamid	Sigma	IHC
Glucose	Sigma	Cell culture
Glycerin	Applichem	IHC
H₃BO₃	Sigma	IHC/ICC
HCl	Applichem	IHC/ICC: adjust PH/break DNA double helix
Hydrogen peroxide	Sigma	IHC: blockade of endogenous peroxidase
KCl	Sigma	Buffer/solution preparation
KH₂PO₄	Sigma	Buffer/solution preparation
Laminin	Sigma	Coat coverslips
Isoflurane	Forene	For anesthesia
NaCl	Sigma	Buffer/solution preparation
NaH₂PO₄	Sigma	Buffer/solution preparation
Na₂HPO₄	Sigma	Buffer/solution preparation
NaOH	Applichem	Adjust PH
Neutral Protease (Dispase)	Worthington	Cell culture
Normal goat serum	Vector	IHC/ICC
Normal horse serum	Vector	IHC/ICC
Paraformaldehyde (PFA)	Sigma	Fixation of tissue/ cells
Penicillin/Streptomycin	Life technologies	Cell culture
Poly-L-Ornithine	Sigma	Coat coverslips
Tris	Sigma	IHC/ICC
Tris-EDTA (TE) buffer solution	Sigma	Real time PCR
Triton X-100	Sigma	IHC/ICC
Vitro Clud	R.Langenbrinck	IHC: mounting medium

2.1.6 Buffer and media

Buffer/medium	Source	Application
0.1 M borate buffer	Dissolve 3.09 g of boric acid (H_3BO_3) in 500 mL of water. The pH of the final solution will be 8.5	IHC
0.1 M phosphate buffer (PB)	Add 3.1 g of $NaH_2PO_4 \cdot H_2O$ and 10.9 g of Na_2HPO_4 (anhydrous) to distilled H_2O to make a volume of 1 L. The pH of the final solution will be 7.4. This buffer can be stored for up to 1 month at 4°C	IHC/ICC: Buffer/solution preparation
1x Phosphate buffered saline (PBS)	Dissolve the following in 800 ml distilled H_2O : 8 g of NaCl; 0.2 g of KCl; 1.44 g of Na_2HPO_4 ; 0.24 g of KH_2PO_4 . Adjust pH to 7.4. Then adjust volume to 1L with distilled H_2O	IHC/ICC
1x Tris buffered saline (TBS)	0.15 M NaCl and 0.1 M Tris-HCl, pH 7.5	IHC/ICC
4% PFA	Pour 40 g PFA into a flask+500 ml of 1x PBS, and begin to stir. Place a thermometer into the solution to obtain continuous readings of temperature in the solution. Gradually start heating, but do not allow temperature to rise above 60°C. After solutions cleared up, add the remaining 500 ml 1x PBS PBS solution. Then filter the solution and adjust the pH of filtered solution to 7.5	Fixation of cultured cells and tissue
Blocking buffer I	5% normal goat (or horse) serum, 0.25% Triton X-100 and 2% BSA in TBS, pH 7.5	IHC/ICC
Blocking buffer II	2% normal goat (or horse) serum, 0.25% Triton X-100 and 2% BSA in TBS, pH 7.5	IHC/ICC
Sodium Citrate Buffer	Add 2.94 g Tri-sodium citrate to 1000 ml distilled H_2O to make a volume of 1 L. The pH of the final solution will be 8.5. This buffer can be stored for up to 3 month at 4°C	Antigen retrieval

Cryoprotectant solution	30 ml ethylenglycol and 25 ml glycerin, 45 ml 1x PBS	Long-term storage of brain sections at -20°C
DAPI stock Solution	10 mg DAPI, 2 ml DMF, mix to dissolve. Aliquot and store in -20°C	Immunofluorescence stainings
Differentiation cell culture medium	5 ml Neurocult NS-A differentiation supplement + 45 ml Neurocult NS-A basal medium + 500 µl penicillin/streptomycin	Cell culture
EGF stocking solution	50 µg EGF diluted in 5 ml PBS and 0.1% BSA and stored as aliquots at -20°C	Cell culture
FGF stocking solution	50 µg FGF-b diluted in 5 ml PBS and 0.1% BSA and stored as aliquots at -20°C	Cell culture
Inhibitor stock solution	32 ml EBSS reconstituted in a vial of ovomucoid protease inhibitor (10 mg) with bovine serum albumin (10 mg)	Cell culture
Inhibitor working solution	2.7 ml EBSS + 300 µl Inhibitor stock solution	Cell culture
Proliferation Cell culture medium	5 ml Neurocult NS-A proliferation supplement + 45 ml Neurocult NS-A basal medium +10 µl EGF stocking solution+5 µl FGF stocking solution +5 µl heparin +500 µl penicillin/streptomycin	Cell culture
PPD solution	Consisted of papain (2.5 U/ml) Neutral protease (1 U/ml Dispase), Dnase I (250 U/ml) in EBSS	Cell culture: Cell isolation

2.2 Methods used for the *in vivo* study

2.2.1 Immunohistochemistry as well as double- and triple-immunofluorescence stainings

Cutting of serial brain tissue sections. Fixed brains were transferred to 10 and 20% sucrose in PBS. Subsequently, brains were frozen in precooled isopentane and stored

at -80°C. Serial coronal sections of one hemisphere were cut at 50 µm on a freezing microtome (Microm, Germany) and placed in 24-well plates each well filled with 1x TBS. These free-floating sections were collected in a one-in-sixth series. For long-term storage, brain sections of one series were placed into cryoprotectant solution (30ml ethylenglycol and 25ml glycerin, 45 ml PBS) and could be stored at -20°C until further processing.

Single immunohistochemistry.

BrdU immunohistochemistry. In order to process brain slices for immunohistochemistry, brain sections were washed three times for 5 min with 1x TBS and subsequently incubated with 0.6% hydrogen peroxide in TBS for 30 min to inhibit endogenous peroxidases. After another washing step with 1x TBS, sections for quantitative detection of cells that incorporated BrdU were incubated in 50% formamid/2×SSC at 65°C for 2h. Then, sections were placed in 2 N HCl for 30 min at 65°C in order to break the hydrogen bonds and therefore denature the DNA double-helix. After rinsing the sections in 0.1 M boric acid (pH 8.5) for 10 min to neutralize the hydrochloric acid and washing them with 1x TBS, they were incubated in blocking solution I for 1.5 h at room temperature (RT). Thereafter, sections were incubated in blocking buffer I containing the monoclonal anti-BrdU antibody produced in mouse for 48 h at 4 °C. Afterwards, sections were washed again three times for 5 min in 1x TBS and incubated for 1.5 h in biotinylated anti-mouse IgGs made in goat diluted 1:600 in blocking solution II at RT for 2 h. Sections were then washed and processed with avidin-biotinylated horseradish peroxidase complex (ABC) in 1x TBS for 1 h at RT. After another washing step the binding sites of the antibodies were visualized using 3,3'-Diaminobenzidine (DAB Substrate Kit). The reaction was stopped by transferring the slices into 1x TBS. Subsequently, sections were mounted on slides, were left to dry at least overnight and were coverslipped with VitroClud.

MCM2, NeuroD and DCX immunohistochemistry. MCM2 indicated proliferating

cells, NeuroD is expressed in mitotic active cells of the neuronal lineage and DCX is primarily expressed in post mitotic immature neurons. The staining protocol resembles the BrdU immunohistochemistry protocol above with some changes as described in the following. After sections had been incubated in 0.6% H₂O₂ in 1x TBS for 30 min and washed with 1x TBS, an antigen retrieval was performed. For the detection of NeuroD and MCM2, sections were incubated with 10 mM sodium citrate buffer (pH 8.5) for 15 min at 90°C twice. For the detection of DCX, sections were incubated with 10 mM sodium citrate buffer (pH 8.5) for 35 min at 80°C. The primary antibodies used were polyclonal anti-MCM2 antibodies made in goat (1:1000), polyclonal anti-NeuroD antibodies produced in goat (1:600), and polyclonal anti-DCX antibodies made in goat (1:500). For all blocking solutions inclusive the antibody solution normal horse serum was used instead of normal goat serum. Subsequently, sections were incubated with biotinylated anti-goat IgGs made in horse (for NeuroD 1:500, MCM2 1:1000 and DCX 1:1000) (Vector Laboratories, Burlingame, CA, USA).

Double- and triple-immunofluorescence staining.

In order to study the final cell type, we performed a double and triple-immunofluorescent labeling of BrdU with neuronal nucleus (NeuN) as a marker for mature neurons, with GFAP as a marker for astrocytes, with adenomatous polyposis coli (APC) as a marker for oligodendrocytes and with ionized calcium binding adaptor molecule 1 (Iba-1) as a marker for microglia. Brain sections were incubated in 50% formamid/2×SSC at 65°C for 2 h and then placed in a 2 N HCl solution for 30 min at 65°C. After rinsing of sections in 0.1 M boric acid (pH 8.5) for 10 min and washing with 1x TBS, sections were incubated then in blocking solution I for 60 min. Thereafter, sections were incubated in blocking buffer I containing a mixture of three different antibodies produced in different species (monoclonal rat anti-BrdU, monoclonal mouse anti-NeuN and polyclonal rabbit anti-GFAP) or mixture of two different antibodies produced in different species (monoclonal rat anti-BrdU and polyclonal rabbit anti-GFAP; monoclonal rat anti-BrdU and monoclonal mouse

anti-APC; monoclonal rat anti-BrdU and polyclonal rabbit anti-Iba-1) for 72h at 4°C. After removing the primary antibodies by washing the sections three times with 1x TBS, sections were incubated in blocking buffer II containing a mixture of three different secondary antibodies (Donkey anti-rat IgG conjugated with Alexa Fluor 488; Donkey anti-mouse IgG conjugated with Alexa Fluor 555 anti-mouse and Donkey anti-rabbit IgG conjugated with Alexa Fluor 350).

2.2.2 Quantification of immunolabeled cells

Cells immunolabelled for light microscopy by applying the ABC method and DAB as substrate of the peroxidase were counted in different layers of the DG [MCM2, NeuroD and DCX: in the subgranular zone (SGZ) and in the granule cell layer (GCL) (SGZ-GCL); BrdU: in the SGZ-GCL, molecular layer (ML), and in the hilus] using an unbiased stereology procedure (Stereo Investigator from MBF Bioscience). In more detail, immunoreactive (ir) cells were counted using the optical fractionator method (with a counting frame of 150 by 150 µm and a sampling grid of 150 by 150 µm). First section was randomly selected and every 6th succeeding section throughout the septal-temporal axis of the hippocampus was analyzed. To estimate the total number of new cells, the cell count for each hippocampus was multiplied by 6 since as only 1/6 of all sections were analyzed. We also analyzed the volume of hilus, SGZ-GCL and ML on the septal and temporal DG separately when counting the number of BrdU-positive cells with Stereo Investigator automatically.

Using *Stereo investigator* to perform the quantitative analysis allows an accurate, unbiased estimation of the number, length, area, and volume of cells in certain tissue (Keuker et al., 2001). We estimated cell number according to the following equation (West et al., 1991):

$$N = \sum Q^{-} \times \frac{1}{ssf} \times \frac{1}{asf} \times \frac{1}{tsf}$$

In this equation, N is the estimate of total cell number; Q^- is the number of units counted; the section sampling fraction (ssf) corresponds to the ratio between the sections we analysed and the total number of sections needed to section the entire tissue; And the area sampling fraction (asf) represents the proportion of the sectional area which is investigated within the sampled sections; The thickness sampling fraction (tsf) is the ratio between the height of the disector and the section thickness. In our study, we chose the ssf according to the method mentioned in Keuker's paper (Keuker et al., 2001). In details, 15-20 sections at equally spaced intervals along the hippocampal formation should be selected and one hippocampus is on average of 115 sections, so every 6th section was selected and about 20 sections for one study. Then the ssf was 1/6. The asf is the ratio of the counting frame area and the area between the optical disector positions in the x and y directions: $asf = a(\text{frame}) / A(x, y \text{ step})$ (see Fig.9). In our case, $a(\text{frame})$ was equate to $A(x, y \text{ step})$, so asf in our experiment is 1. The measured section thickness in our experiment was between 17 and 21 μm and we used an optical disector height of 15 μm . When we count the number of cells, we excluded the cell which touched the exclusion sides of the optical disector: the top, the front and the left side. In Fig. 9, no. 1 cell is not counted because it touches the left exclusion side. The cell of no. 2 is counted because it lies completely within the optical disector and no. 3 cell is counted because it is partly inside the optical disector.

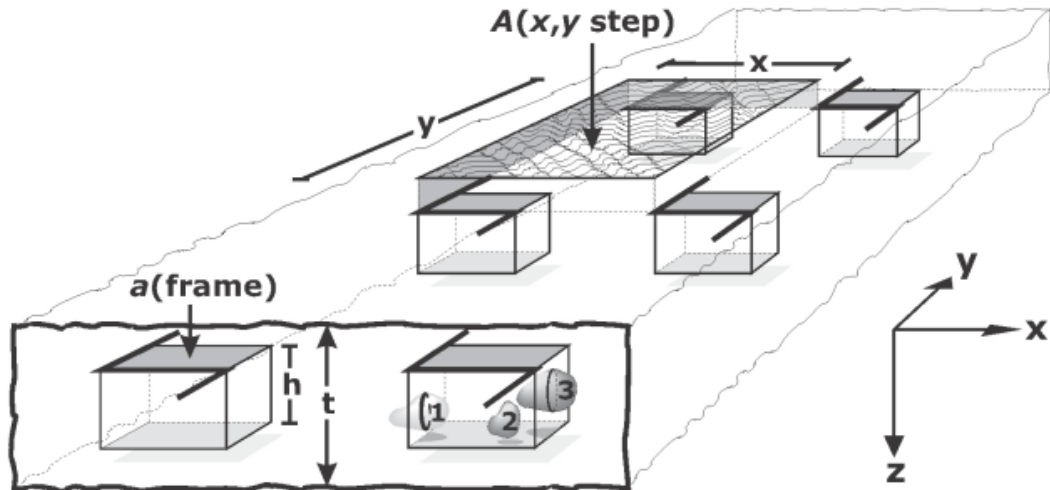


Fig.9. Schematic representation of a section with optical disector counting locations (Keuiker et al., 2001)

For the quantification of BrdU/NeuN double stained cells, we counted BrdU-positive cells in the ML, SGZ, GCL and hilus which were co-labeled with NeuN or not. From each animal, 20 BrdU-positive cells within hilus, 20 BrdU-positive cells within SGZ, 10 BrdU-positive cells within GCL and 20 BrdU-positive cells within ML were randomly chosen and analyzed using a BX40 microscope from Olympus (Tokyo, Japan) equipped with a motorized stage controller and pictures were captured with the program “Cell” (Olympus). Then, the percentage of cells which were co-labeled with NeuN was calculated. All assessments were done by experimenters blind to the treatment group of each brain section.

2.2.3 Statistical Analysis

Data were expressed as mean \pm standard error (SEM). As group size was limited to 6-8 rats and first analyses of results showed that obtained data were not normally distributed and variances of groups were not equal, we carried out statistical analyses using non-parametric tests (SPSS 16.0 software). Group-wise comparisons using the Mann-Whitney U-test were performed only

if a p-value of <0.1 in the Kruskal–Wallis test had indicated the presence of differences between the five experimental groups. P-values of <0.05 were considered to be statistically significant and $0.05 < p < 0.1$ were defined as a trend.

2.3 Methods used for the *in vitro* study

2.3.1 Isolation and identification of the neural stem cells

Both hippocampi of Wistar Rat were dissected mechanically under Stereomicroscope (Olympus, Japan) and transferred to a 55 mm plate (CellStar, Carrollton, TX, USA) containing pre-cooled (using water ice) Dulbecco's Phosphate-Buffered Saline (D-PBS) plus 2% glucose. After dissections of all hippocampi had been completed, tissue was transferred in Papain-Protease-DNase (PPD) solution into a 15 ml conical tube and a 1 ml pipettor with sterile plastic tips was used to triturate tissue pieces approximately 50 times until a “milk”-like solution was formed. During titration, the pipettor was pressed against the bottom in order to generate resistance for a better breaking up of the tissue, and to avoid the production of bubbles. Then, we incubated the milk”-like solution in a 37°C water bath (the optimal working temperature of the PPD solution) for 30 min in order to break the tissue completely. Next, the tube was left for about 5 min undisturbed to allow the undispersed pieces of tissue to settle. Then, the supernatant was transferred to a new sterile 15 ml conical tube and one ml Inhibitor working solution was added to stop PPD digestion. Afterwards, we centrifuged this supernatant at 110 g (800 rpm using a centrifuge from Bio-Rad Laboratories, Hercules, CA, USA) for 7 min and discarded the supernatant. Pellets were then resuspended with 5 ml pre-warmed proliferation culture medium and cell suspension were let flow through a 40 μ m cell strainer (without pressure) (BD Falcon, Durham, NC, USA). Next, additional 2 ml culture

medium were added and aspirated in total volume to a T25 flask (Corning, Tewksburg, MA, USA). Incubation was done in a 37°C incubator.

Cells were passaged every 7 days as described in the following: We pipetted media into a 15 ml conical tube and washed back down the flask to harvest as many spheres as possible with 1 ml fresh pre-warmed proliferation culture medium. Solution was centrifuged at 110 g for 7 min and supernatant was discarded. Pellet was re-suspended with 1ml pre-warmed PPD solution and incubated for 10 min at 37°C Water Bath. After adding 1 ml inhibitor working solution, solution was centrifuged at 110 g for 7 min at RT and supernatant was discarded again. Then, pellet was re-suspended with 5 ml fresh pre-warmed proliferation culture medium to get a single cell suspension. We transferred all of the solution into a T25 flask (Corning, NY, USA), added additional 2 ml fresh culture medium and cells were incubated at 37°C and 5% CO₂.

To identify cultured cells, we stained neurospheres for nestin (a marker for neural stem cells) and studied whether cultured cells have pluripotent ability to differentiate into different types of cells (the method of differentiation see 2.3.5 Differentiation assay). After the neurospheres had been formed after approximately 2 days of incubation in proliferation medium, they were plated on poly-L-ornithine/laminin-coated coverslips and we let them grow in proliferation culture medium. After neurospheres had been attached on the coverslips (about 2h), they were fixed with 4% PFA and immunostained for nestin.

The method of coating coverslips is described as follows: we diluted poly-L-ornithine with D-PBS from the stock concentration (10 mg/ml) to yield 50 µg/ml working solution. 250 µl working solution was added per well in 24 well plate containing 12 mm round cover glass (Neuvitro, El Monte, CA, USA)

and incubated overnight. Then, coverslips were rinsed twice with D-PBS and incubated with laminin (Sigma, St Louis, MO, USA) solution for at least 30 min. Laminin used for that had been pre-diluted to a final concentration of 5 µg/ml with D-PBS. After rinsing twice with D-PBS, we let them dry.

2.3.2 Treatment of NSCs with STZ

STZ was diluted in 0.1 M citrate buffer (pH 4.5) to a 0.5 M stocking solution. After cells had been passaged 2 times, they were incubated with STZ at concentrations of 0, 1, 2.5, 5 and 10 mM. With four days incubation in STZ containing medium the number of neurospheres was counted with the help of a BX40 microscope from Olympus (Tokyo, Japan). For further experiments, we selected a suitable concentration of STZ to study its effects on proliferation, differentiation as well as insulin/IGF signaling pathway changes.

2.3.3 Proliferation assay

In order to study the effect of STZ on the proliferation of NSCs, the number and size of neurospheres (size > 5 cells) and the absolute number of NSCs have been evaluated. After passaging the cells for 2 times, NSCs were seeded into Cellstart™ substrate-coated 96-well plates (Life Technologies, Gaithersburg, MD) with the density of 2,000 cells per well. For estimating the number of neurospheres per well, they were counted using the BX40 microscope at 10× magnification. Then, for evaluating the mean size of neurospheres, they were imaged (about 40 images per group) by the microscope equipped with a motorized stage controller and pictures were captured with the program “Cell” (Olympus) and then analyzed with Image-Pro-Plus 5.0 software (Media Cybernetics, Rockville, MD, USA).

Proliferation of the NSCs was also studied by using a BrdU incorporation assay. We dissected the neurospheres with PPD solution into single cell suspension and seeded these cells on poly-L-ornithine/laminin-coated coverslips at the density of 10,000 cells per well with or without 2.5 mM STZ. After two days incubation, 10 μ M BrdU was applied to the cultured cells for 4 h to label proliferating cells. Before incubation was started, BrdU stocking solution (10 mM) had been diluted with D-PBS. Then, cells sticking on coverslips were fixed with 4% PFA and immunostained with mouse anti-BrdU antibody as described in the following: Coverslips were washed three times with TBS for 5 min and then were placed in 1 N HCl for 10 min at 37°C in order to break the hydrogen bonds and therefore denature the DNA double-helix. After rinsing the coverslips in 0.1 M boric acid (pH 8.5) for 10 min to neutralize the hydrochloric acid and washing the coverslips with 1x TBS for three times, they were incubated in blocking solution I for 1.5 h at RT. Thereafter, coverslips were incubated in blocking buffer I containing the monoclonal anti-BrdU antibody produced in mouse for 48 h at 4°C. Afterwards, coverslips were washed again three times for 5 min in 1x TBS and incubated for 1.5 h in Alexa 555 anti-mouse IgGs made in donkey diluted 1:600 in blocking solution II at RT for 2 h. After washing coverslips with 1x TBS three times, they were incubated with 300 nM DAPI for 5 min at RT, and then washed again. Finally, coverslips were mounted to slides with Fluoro mount.

2.3.4 Migration assay

We collected rat neurospheres and centrifuged at 110 g for 7 min. After removing all of the supernatant, the pellet was re-suspended with 5 ml differentiation culture medium. About 10-15 neurospheres/well were plated on poly-L-ornithine/laminin-coated coverslips in a 24-well plate (Sarstedt, Nümbrecht, Germany) and were incubated in differentiation culture medium. After neurospheres were attached on the coverslips (about 2 h), medium was

aspirated and changed to differentiation cell culture medium with or without 2.5 mM STZ. Two days later, pictures were taken using the BX40 microscope and then analyzed with Image-Pro-Plus 5.0 software.

In order to quantify the migration of newborn cells, we traced the outermost area, where to newborn cells had migrated to (starting from the neurosphere, which was located in the middle as shown in Fig.10A). Using the Image-Pro-Plus 5.0 software the average diameter (D1) of this area defined as S1 was estimated (Fig.10B). Then, we traced the area of the respective neurosphere (S2), the average diameter D2 could be calculated automatically by our program (Fig.10B). The average migration distance (R) for one neurosphere can be calculated according to following formula:

$$R = (D1 - D2)/2$$

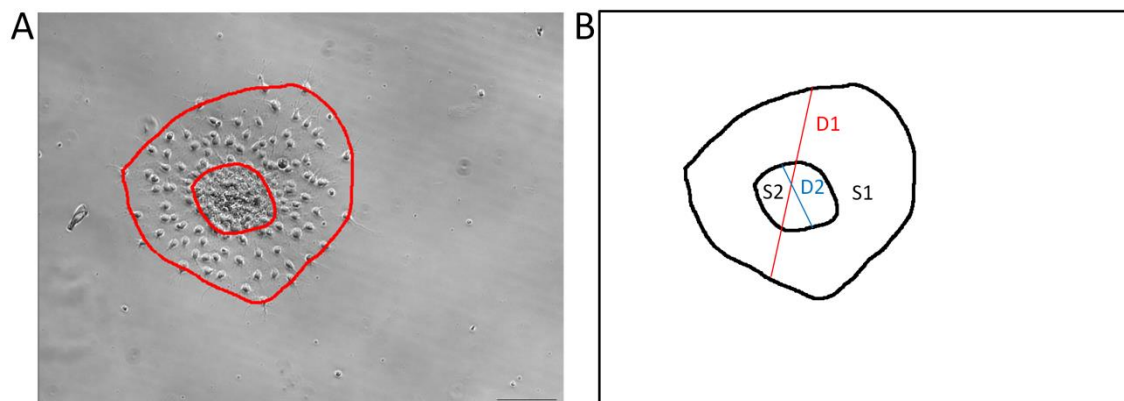


Fig.10. Method of estimation of newborn cell migration

The picture of neurosphere together with the cells migrated from the neurosphere was taken up by microscope (A). The area of neurosphere and migrating cells were traced by Image-Pro-Plus 5.0 software (A) and generated to trace image (B). The average diameter of neurosphere and migrating cells can be calculated automatically by program. The average migration distance (R) for one neurosphere was estimated according to following formula: $R = (D1 - D2)/2$. S1: the area of migrating cells. S2: the area of the neurosphere. D1: the average diameter of the area of migrating cells. D2: the average diameter of the area of the neurosphere.

2.3.5 Differentiation assay

To characterize the phenotype of differentiating NSCs and the effect of STZ on this differentiation process, NSCs were collected and then promoted to differentiate into different types of cells. In detail, after passaging for two times in proliferation culture medium, we collected rat neurospheres and centrifuged at 110 g for 7 min and discarded the supernatant. The pellet was re-suspended with 5 ml differentiation culture medium. Neurospheres were then transferred onto pre-coated cover glasses in a 24-well plate with the density of 10-15 neurospheres per well. After neurospheres were attached on the coverslips (about 2 h), the culture medium was exchanged to differentiation cell culture medium with or without 2.5 mM STZ. After cells were incubated in differentiation culture medium for 2 days, medium was removed from each well and .5 ml of the fixative 4% PFA was added. After an incubation for 30 min at RT in the fixative cells were immunostained using Tuj-1 and GFAP antibodies.

2.3.6 Detection of insulin receptor and glucose transporter 3 protein

We immunofluorescently stained the IR and GLUT3 proteins in both, NSCs and differentiated cells. For analyzing differentiated cells, the methods used are the same as in protocol above (2.3.5 Differentiation assay) and immunostained for IR as well as GLUT3. For the staining of NSCs, we generated a single cell suspension out of neurospheres with the help of PPD solution and seeded these cells on poly-L-ornithine/laminin-coated coverslips at the density of 10,000 cells per well with or without 2.5 mM STZ. Two days later, we fixed these cells with 4 % PFA and performed immunofluorescence stainings.

For immunofluorescence staining with antibodies against IR and GLUT3 proteins, protocols were similar to the BrdU staining protocol (see 2.3.3), but without 1 N HCl

for 10 min and boric acid incubation steps. For differentiation studies, coverslips were incubated in blocking buffer I containing the monoclonal anti-Tuj-1 antibody (produced in mouse) and polyclonal rabbit anti-GFAP for 48 h at 4°C after rinsing coverslips in 1x TBS three times for 5 min. Then coverslips were washed again three times for 5 min in 1x TBS and incubated for 1.5 h with Alexa 488 anti-mouse IgGs made in donkey and Alexa 555 anti-rabbit IgGs made in donkey diluted 1:500 in blocking solution II at RT for 2 h. For the detection of Nestin, IR and GLUT3 protein expression in NSCs and differentiating cells (Nestin only used for immunostaining of NSCs), coverslips were incubated in blocking buffer I containing the monoclonal anti-Nestin produced in mouse, anti-IR antibody produced in mouse or polyclonal anti-GLUT3 antibody produced in rabbit for 48 h at 4°C. Then coverslips were washed again three times for 5 min in 1x TBS and incubated for 1.5 h with Alexa 555 anti-mouse IgGs made in donkey or Alexa 555 anti-rabbit IgGs made in donkey diluted 1:500 in blocking solution II at RT for 2 h.

2.3.7 Quantitative real time PCR

Rat neurospheres were incubated in 6-well plates (Corning, New York, USA) with or without STZ for 2 days. After collecting the neurospheres, total RNA was extracted using RNeasy kit from Qiagen following manufacturer's instructions.

cDNA was synthesized with a first strand cDNA synthesis kit from Bio-Rad.

For each reaction:

5 × iScript reaction mix	4 µl
iScript reverse transcriptase	1 µl
Nuclease-free water	variable
<u>RNA template (200 ng)</u>	<u>variable</u>
Total volume	20 µl

cDNA synthesis was performed in a PCR machine (e.g. Biometra, Göttingen, Germany) using following program: 25 °C, 5 min; 42 °C, 30 min; 85°C, 5 min and then 4 °C until further processing. Finally, cDNA was diluted 1:5 with TE buffer.

The PCR was performed in 384-well plates (life technologies, Gaithersburg, USA). For each reaction:

SYBR Select Master Mix for CFX (2 ×)	5 µl
Forward and Reverse Primers (5µM)	1 µl
cDNA	1 µl
<u>RNA template (200 ng)</u>	<u>3 µl</u>
Total volume	10 µl

The PCR reaction was carried out using a CFX384 Real-Time system from Bio-Rad using the following conditions: 95 °C, 2 min; 45 cycles of 95 °C, 5 sec; 60 °C, 30 sec; 95 °C, 10 min; lastly 65°C, 5 sec.

C_T values were calculated using the $2^{\Delta\Delta CT}$ method ($\Delta\Delta CT = \Delta CT_{\text{sample}} - \Delta CT_{\text{control}}$) for relative quantification. ΔC_T was calculated by normalized C_T values of samples minus C_T values of GAPDH (as a reference gene). C_T values were analyzed with the help of LinRegPCR software.

2.3.8 Statistical analysis

Data were expressed as mean \pm standard deviation (SD). For STZ concentration determination and migration study, the data were analyzed one way analysis of variance (ANOVA) followed by Bonferroni post hoc test using SPSS 16.0. For the others, we performed a Student's t-test. P-values of <0.05 were considered to be statistically significant. Statistical significance is indicated as *, p <0.05; **, p <0.01.

3.Results

3.1 *In vivo* study results

3.1.1 The effect of STZ icv treatment on proliferating stem/progenitor cells in the SGZ

To determine the effect of STZ icv treatment on proliferating progenitor cells in the SGZ of the DG, hippocampal sections were stained with an antibody against MCM2, which is a G1-S phase-specific marker of cellular replication and can be used as an endogenous marker for proliferating cells (Kneissl et al., 2003). MCM2-immunosignals were detected in cell nuclei and often appeared in cluster (Fig.11A). MCM2-positive cells in the SGZ were stereologically quantified using the Stereo Investigator software (MBF Bioscience). Our results did not reveal any significant difference of the number of MCM2-positive cells between all treatment groups neither in septal, temporal nor in total hippocampus (Fig.11B-D). Even if significant group differences were missing, Fig. 11C depicts that the number of MCM2-positive cells seems to be increased in the temporal hippocampus of rats 1 month after STZ icv treatment compared to the vehicle 1 month group. Moreover, 3 months after STZ icv treatment the number of MCM2-ir cells was shown to be reduced by 37.1% in the septal (Fig.11B) and by 24.1% in the total hippocampus (Fig.11D).

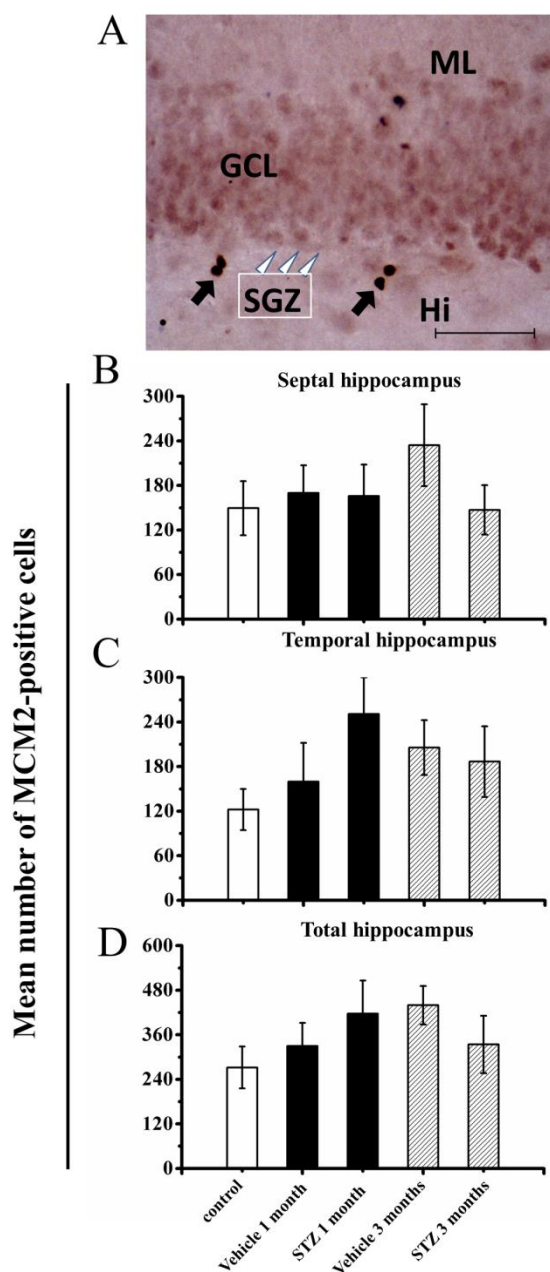


Fig.11. Effect of STZ icv treatment on the number of proliferating cells in the subgranular zone

A: Representative photomicrographs display MCM2-ir cells (indicated by arrows) in the dentate gyrus. Notice the subcellular distribution of the MCM2 in different cell nuclei. We quantified MCM2-positive cells which are localized in the subgranular zone (SGZ, indicated by arrowheads) of the septal (B), temporal (C) and total (D) hippocampus. Statistical analysis did not reveal any significant difference between groups ($n=6-8$ rats per group). Data are presented as the arithmetic mean of MCM2-positive cells per hemisphere \pm standard error of mean (SEM). Hilus, Hi; Molecular layer, ML; granule cell layer, GCL. Scale bar in A represents 50 μm .

3.1.2 The number of immature neurons is decreased in 3 months, but not 1 month after STZ icv treatment

To determine possible effects of STZ icv treatment on the differentiation of newborn cells to neurons, we analyzed intermediate stages of AN using two different markers for immature neurons, NeuroD and DCX. As shown in Fig.12A and 13A, NeuroD as well as DCX-positive cells were primarily located in the SGZ of the DG. The NeuroD-protein was exclusively detected in cell nuclei, whereas DCX-immunoreactivity was found in the cytoplasm of the cell body (without immunostaining of the nucleus) and the dendrites extending through the GCL into the ML. NeuroD is a marker for mitotic active cells of the neuronal lineage and DCX marks primarily post mitotic immature neurons. Quantitative immunohistochemistry using both AN markers resulted in significant group differences in the SGZ of septal (but not temporal) hippocampus with $p=0.04$ for NeuroD (Fig.12B) and $p=0.01$ for DCX (Fig.13B). In the total hippocampus, statistical analysis of DCX data revealed a trend for group differences ($p=0.062$; Fig.13D). As shown in Fig.12B, Fig.13C,D *post hoc* groupwise comparisons revealed that in the SGZ of the septal hippocampus STZ icv 3 months rats have significantly less NeuroD-ir cells (a decrease of 66.7%; $p=0.017$; Fig.12B) and highly significant less DCX-positive cells (a decrease of 72.5%; $p=0.002$; Fig.13C) than in vehicle icv 3 months rats. Besides these significant differences, a trend towards lower numbers of immunopositive cells in the STZ icv 3 months group compared to the STZ icv 1 month group could be shown for NeuroD in the septal hippocampus ($p=0.073$; Fig.12B) and for DCX in total hippocampus ($p=0.053$; Fig.13D). Comparing the data from the STZ icv 1 month rats with their appropriate vehicle control group and all other experimental groups, no significant differences could be revealed, neither analyzing NeuroD nor DCX.

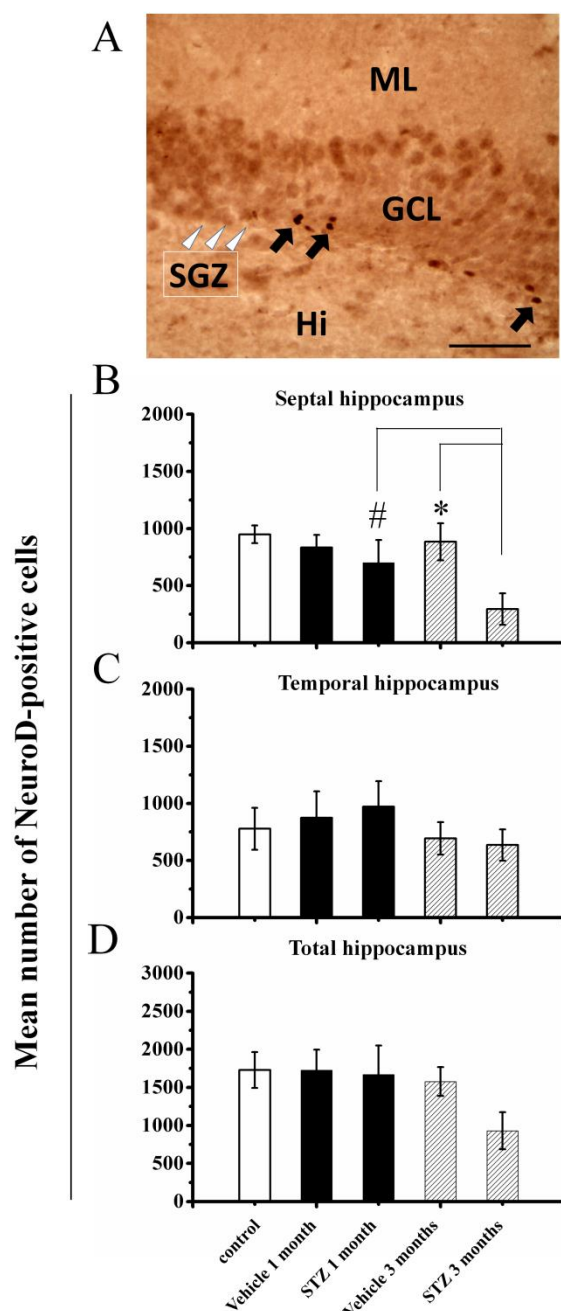


Fig.12. The number of NeuroD positive cells is reduced in the septal, but not in the temporal and total hippocampus, 3 months after STZ icv treatment

A. Representative microphotographs display NeuroD-ir cells (indicated by arrows) primarily located in the subgranular zone (SGZ, indicated by arrowheads) of the DG. Notice that the NeuroD-protein is exclusively detected in cell nuclei. We quantified NeuroD- (B,C,D) in the SGZ of the septal (B), temporal (C) and total (D) hippocampus using the StereoInvestigator software. Group differences were mainly revealed in the septal hippocampus for NeuroD ($p=0.04$). B: Groupwise comparisons showed that the number of NeuroD-ir cells in the septal hippocampus is significantly decreased by 66.7% ($p=0.017$) in rats sacrificed 3 months after STZ icv injections (STZ 3 months) compared to rats 3 months

after the vehicle icv treatment (Vehicle 3 months). A trend or tendency towards less NeuroD-ir cells in the STZ 3 months group compared to the STZ 1 month group could also be found. Data are presented as the arithmetic mean of NeuroD-positive cells per hemisphere \pm standard error of mean (SEM). #: p-value of Mann-Whitney U- test <0.1 and >0.05 ; *: p-value <0.05 ; **: p-value <0.01 . Hi, Hilus; Scale bar in A represents 200 μm .

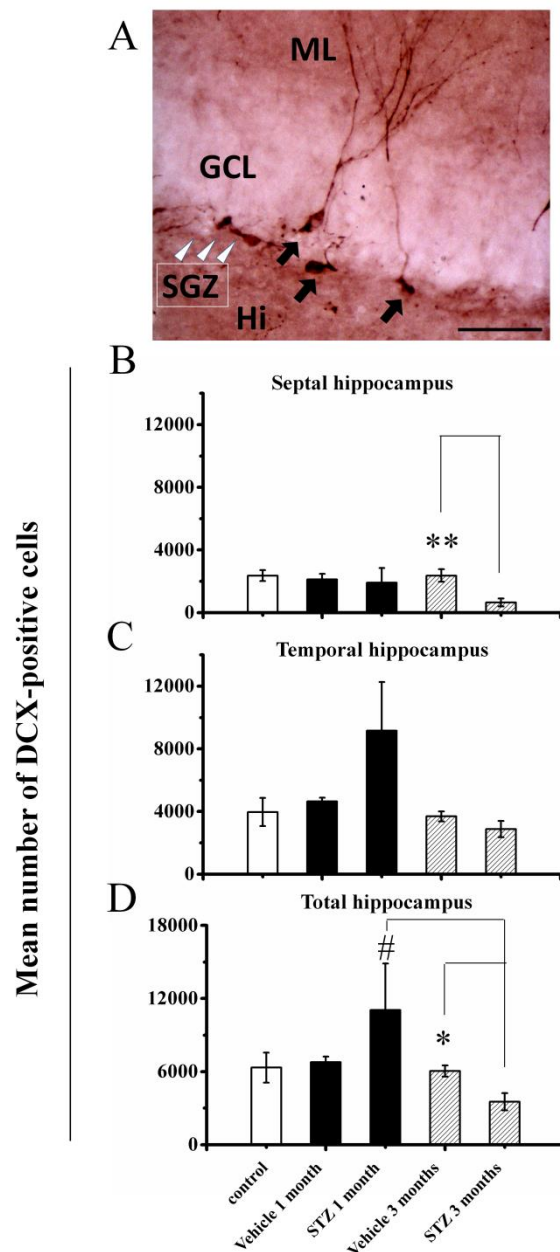


Fig.13. The number of DCX positive cells is reduced in the septal, but not in the temporal and total hippocampus, 3 months after STZ icv treatment

A: Representative microphotographs display DCX-ir cells (indicated by arrows) primarily located in the subgranular zone (SGZ, indicated by arrowheads) of the DG. Notice that the DCX-immunoreactivity is found in the cytoplasm of the cell body (without immunostaining of the nucleus) and the dendrites extending through the granule cell

layer (GCL) into the ML. We quantified DCX-positive cells in the SGZ of the septal (B), temporal (C) and total (D) hippocampus using the StereoInvestigator software. Group differences were mainly revealed in the septal hippocampus for DCX ($p=0.01$), and for DCX ($p=0.062$) also in the total hippocampus ($n=6-8$ rats per group). B: Groupwise comparisons revealed that highly significant less DCX-ir cells (up to 72.5% less; $p=0.002$) were detected in the STZ 3 months compared to the Vehicle 3 months group. C: Groupwise comparisons of the number of DCX-ir cells in the total hippocampus revealed significantly less DCX-ir-cells ($p=0.021$) in the STZ 3 month group in comparison to the Vehicle 3 months group. A trend or tendency towards less DCX-ir cells in the STZ 3 months group compared to the STZ 1 month group could also be detected ($p=0.053$). Even if significant group differences were missing, the number of DCX-positive cells seems to be increased in the hippocampus of rats of the STZ 1 month group compared to the Vehicle 1 month group (most pronounced in the temporal hippocampus). Data are presented as the arithmetic mean of DCX-positive cells per hemisphere \pm standard error of mean (SEM). #: p -value of Mann-Whitney U- test <0.1 and >0.05 ; *: p -value <0.05 ; **: p -value <0.01 . Hi, Hilus; Scale bar in A represents 200 μm .

3.1.3 STZ icv treatment differently impacts the survival of newborn cells in various dentate gyrus regions

Furthermore, we analyzed the effect of STZ icv treatment on the survival of newborn cells. For that, experimental rats received BrdU ip injections on 7 consecutive days (once daily) and were sacrificed 27 days after the first injection. As shown in Fig.14A and B immunohistochemistry using BrdU antibodies resulted in several immunopositive cell nuclei in the SGZ and GCL, the two main regions where AN happens, but also in the hilus and ML of the DG. As we detected many BrdU-ir cells in these latter regions, we quantified the number of BrdU-positive cells not only in the SGZ including the GCL (=SGZ/GCL), but also in the hilus and ML (Fig.14). Interestingly, we detected more BrdU-ir cells in the hilus and ML than in the SGZ/GCL irrespectively of the treatment group. In the SGZ/GCL (Fig.14 D,G,J) stereological quantification of BrdU-positive cell nuclei and applying the Kruskal-Wallis test resulted in significant group differences in the septal hippocampus with $p=0.049$ (Fig.14D), but not in temporal (Fig.14G) and total hippocampus (Fig.14J). Subsequent

post hoc groupwise comparisons revealed that in the septal hippocampus STZ 3 months rats have significantly less BrdU-immunoreactive (ir) cells (a decrease of 36.3%; $p=0.048$) than Vehicle 3 months rats (Fig.14D). Significant differences between the STZ 1 month rats and the Vehicle 1 month control group or the absolute control group (without any icv treatment) in the septal hippocampus were missing. In hilus (Fig.14C,F,I), a trend for a group difference applying the Kruskal-Wallis test was only found in the temporal hippocampus with $p=0.051$. As shown in Fig. 8F subsequent *post hoc*-analysis revealed a trend for more BrdU-positive cells in rats of the STZ 1 month icv group compared to the Vehicle 1 month icv group ($p=0.052$) and compared to the STZ 3 months icv group ($p=0.073$). In the ML (Fig.14E,H,K), significant group differences were found in the temporal ($p=0.039$; Fig.14H) and total hippocampus ($p=0.049$; Fig.14H). In the temporal hippocampus (Fig.14H), pairwise comparisons revealed a trend towards higher number of BrdU-positive cells in the STZ 1 month icv group compared to the Vehicle 1 month group ($p=0.052$) and compared to the STZ 3 months group ($p=0.051$). Moreover, a trend towards lower number of BrdU-positive cells in the Vehicle 1 month group compared to the absolute control group with $p=0.093$ was found (Fig.14H). In the total hippocampus (Fig.14K), pairwise comparisons revealed a trend towards higher number of BrdU-positive cells in the STZ 1 month group compared to the Vehicle 1 month group ($p=0.082$) and a trend towards lower number of BrdU-positive cells in the Vehicle 1 month group compared to the absolute control group with $p=0.093$. Notice, that in the hilus and ML much more BrdU-ir cells were detected than in the SGZ/GCL.

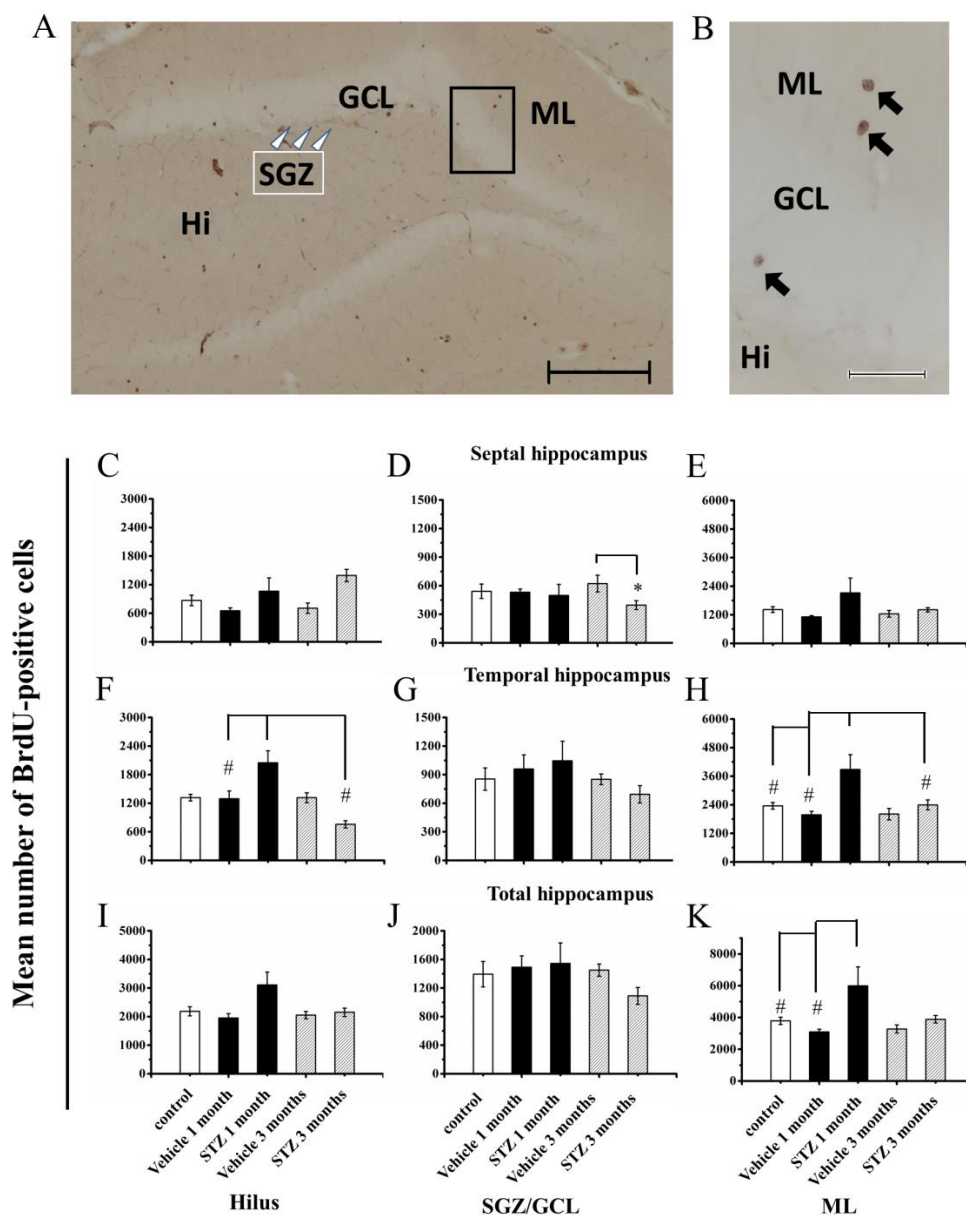


Fig.14. The effect of STZ icv treatment on the number of survived BrdU-positive cells in the dentate gyrus

A,B: Representative photomicrographs with different magnification of coronal sections through the DG immunostained with BrdU antibody. As experimental rats received daily BrdU ip injections on 7 consecutive days and were sacrificed 27 days after the first BrdU application, immunohistochemistry detection followed by quantification of BrdU-ir cells was performed to assess the effect of STZ icv treatment on surviving newborn cells. Notice that the BrdU is exclusively detected in cell nuclei (as indicated by arrows in B). BrdU-positive cells were found and quantified in the hilus (Hi; C,F,I), in the subgranular zone (SGZ, indicated by arrowheads) including the granule cell layer (SGZ/GCL; D,G,J) and in the molecular layer (ML; E,H,K) of the DG (n=6-8 rats per group). Moreover, we quantified BrdU-positive cells in the septal (C,D,E), the ventral (F,G,H), and the total hippocampus separately. Notice that we counted more BrdU-positive cells in the hilus and in the ML than in the SGZ/GCL layer, where stem cells are and neurogenesis primarily

takes place in the adult hippocampus. C,F,I: In Hilus, a trend towards more BrdU-positive cells in the STZ 1 month group compared to the Vehicle 1 month group as well as compared to the STZ 3 months group could be shown exclusively in the temporal hippocampus. D,G,J: Exclusively in the SGZ/GCL of the septal hippocampus, the STZ 3 month group possessed significantly less BrdU-positive cells than the Vehicle 3 months group ($p=0.048$). E,H,K: In the ML, only small differences could be revealed. In the temporal hippocampus a trend towards more BrdU-ir cells was detected in the STZ 1 month group compared to the Vehicle 1 month and compared to the STZ 3 months group. Additionally, a trend towards lower BrdU numbers in the Vehicle 1 month group compared to the absolute control group was shown. Data are presented as the arithmetic mean of BrdU-positive cells per hemisphere \pm standard error of mean (SEM). #: p-value of Mann-Whitney U- test <0.1 and >0.05 ; *: p-value <0.05 . Scale bar in A represents 200 μm and in B represents 50 μm .

3.1.4 STZ icv treatment did not alter the rate of neuronal differentiation in the subgranular zone and granule cell layer

Triple stainings using antibodies detecting BrdU, NeuN (a marker for mature neurons), and GFAP (a marker for astrocytes) were performed to analyze the final phenotype of newborn BrdU-ir cells which survived up to 27 days. As shown in Fig.15A-C, single stained BrdU-positive cells (Fig.15A,C) but also double stained BrdU/NeuN-positive cells (Fig.15B) could be found. In a quantitative approach we focused on the neuronal phenotype and exclusively analyzed the percentage of BrdU-positive cells that expressed NeuN (Fig.15D-K). Statistical analyses applying the Kruskal-Wallis test did not reveal any significant differences between experimental groups neither in Hilus, SGZ, GCL, and ML nor in septal or temporal hippocampus. Notice that BrdU-ir/NeuN-ir cells were almost exclusively found in the SGZ (Fig.15E,I) and GCL (Fig.15F,J), the neurogenic regions of the DG, and not in the hilus (Fig.15D,H) and ML (Fig.15G,K).

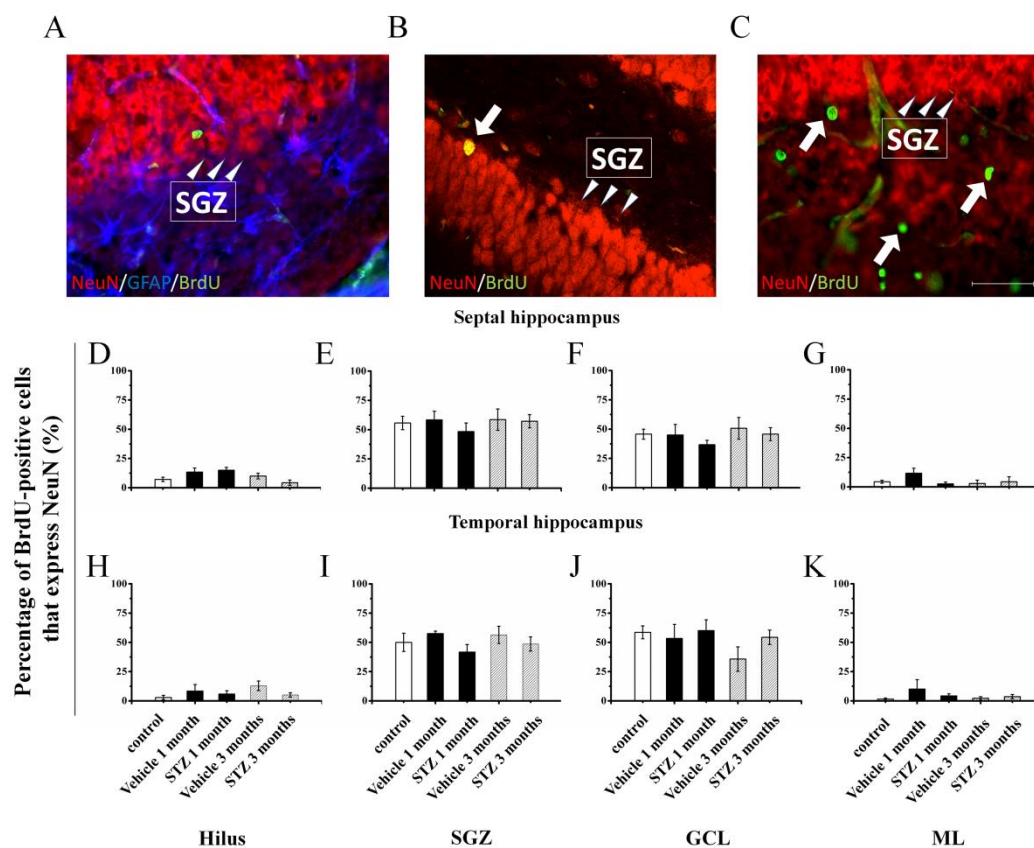


Fig.15. The percentage of newborn neurons in the dentate gyrus is not affected by STZ icv treatment

A-C: Phenotype analysis of BrdU-ir cell nuclei in the DG. Representative photomicrographs display BrdU/NeuN/GFAP triplestaining (A) and BrdU/NeuN double stainings (B, C). A: Merged image of BrdU (green), NeuN (red) and GFAP (blue) did not show any co-localization. B,C: Merged images display one cell in the subgranular zone (SGZ, indicated by arrowheads) double labeled for BrdU and NeuN (yellow cell nucleus in B, indicated by an arrow) and several BrdU-positive cells in the SGZ and the hilus without double labeling (green nuclei in C, indicated by arrows). D-K: Quantitative estimation of the percentage of BrdU-positive cells that express NeuN detected in hilus (D,H), SGZ (E,I), granule cell layer (GCL; F,J) and molecular layer (ML; G,K) didn't resulted in any differences between experimental groups (n=6-8 rats per group), neither in the septal hippocampus (D-G) nor in the temporal hippocampus (H-K). Notice that the highest number of BrdU/NeuN double stained cells was detected in the SGZ and GCL, where adult neurogenesis happens. Data are presented as mean percentage of BrdU/NeuN double stained cells \pm standard error of mean (SEM). Scale bar in C represents 50 μ m for A-C.

3.1.5 Phenotype analysis of BrdU-positive cells in the hilus and molecular layer revealed newborn oligodendrocytes but not newborn microglia

As the quite numerous BrdU-positive cells localized in the hilus and ML, which had survived up to 27 days, were found to have no neuronal phenotype (see Fig.15D,H and G,K), double staining using antibodies detecting BrdU and APC (a marker for oligodendrocytes) and detecting BrdU and Iba-1 (a marker for microglia) were performed in addition to the already shown triple staining of BrdU/NeuN/GFAP (see Fig.15A) to further analyze their possible cellular phenotype. As shown in Fig.16, some BrdU-ir cells in ML displayed also APC immunoreactivity (Fig.16F), but we could not detect BrdU/GFAP-double stained cells (Fig.16C) and BrdU/Iba1 double stained cells (Fig.16I) in the ML. Thus, with exception of some newborn oligodendrocytes we could not identify the cell type of most of the BrdU-positive cells found in the ML.

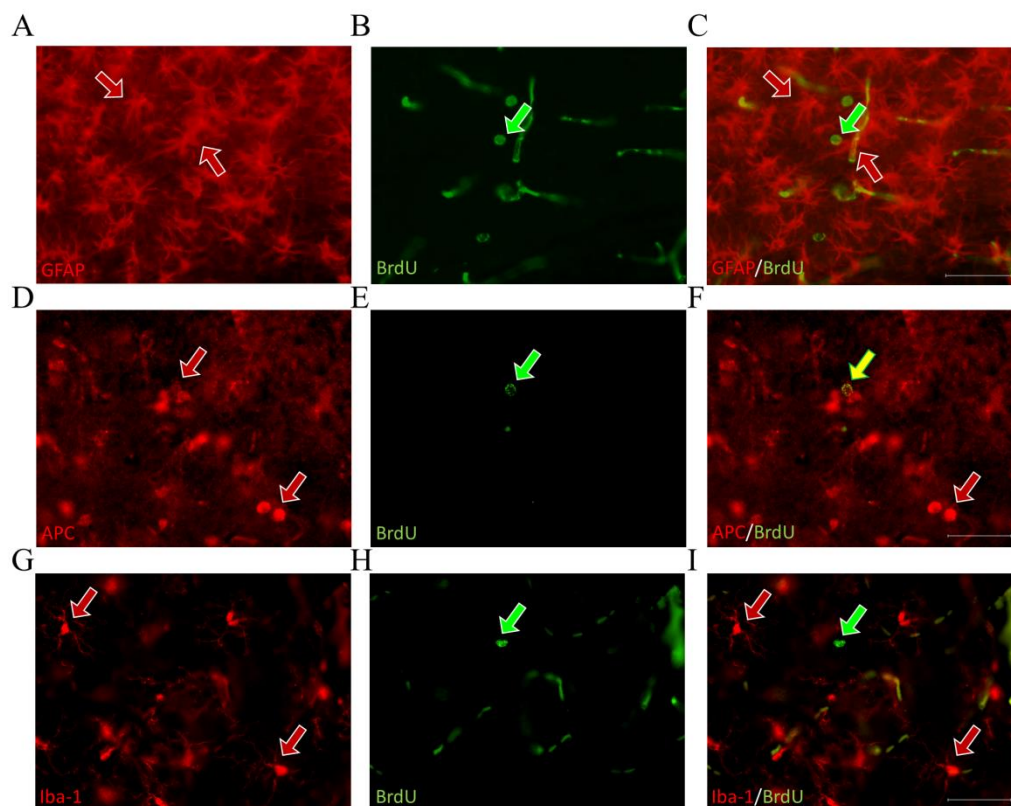


Fig.16. Some newborn cells in the molecular layer are oligodendrocytes

Phenotype analysis of BrdU-positive cells in the ML and in the hilus. Phenotype analysis

was performed for approximately 27 days survived cells using double labeling immunofluorescence staining. (A-C) Representative images display a section labeled for GFAP, a marker for astrocytes (A, red, indicated by red arrows) and BrdU (B, green, indicated by a green arrow). In B unspecific stained small vessels were visible. The merged image (C) shows that these newborn cells are located in close vicinity of both, GFAP-positive processes and small vessels (see unspecific labeling of small vessels in yellow), but BrdU+/GFAP+ cells were not observed. (D-F) Representative images show a section labeled for APC, a marker protein of oligodendrocytes (D, red, indicated by red arrows) and BrdU (E, green, indicated by a green arrow). The merged image (F) shows one cell double labeled for BrdU and APC (indicated by a yellow arrow) in addition to single stained APC-ir cells (indicated by red arrow). (G-I) Representative images show a section labeled for Iba-1, a microglia marker protein (G, red, indicated by red arrows) and BrdU (H, green, indicated by a green arrow). The merged image (I) does not show any double labeling (red arrows indicate single-stained Iba-1 positive microglial cells and the green arrow indicates the single-stained BrdU-ir cell nucleus).

3.1.6 The volume of different dentate gyrus subregions is not affected by the STZ icv treatment

In addition to the counting of BrdU-positive cells in all subregions of the DG (hilus, SGZ/GCL and ML), we estimated the volume of these subregions using stereological methods as outlined in Materials and Methods. Statistical analysis, however, did not reveal volume differences as depicted in Fig.17. Thus, STZ icv treatment did not produce overall changes in the volume of these different DG subregions, neither in the septal nor in the temporal hippocampus.

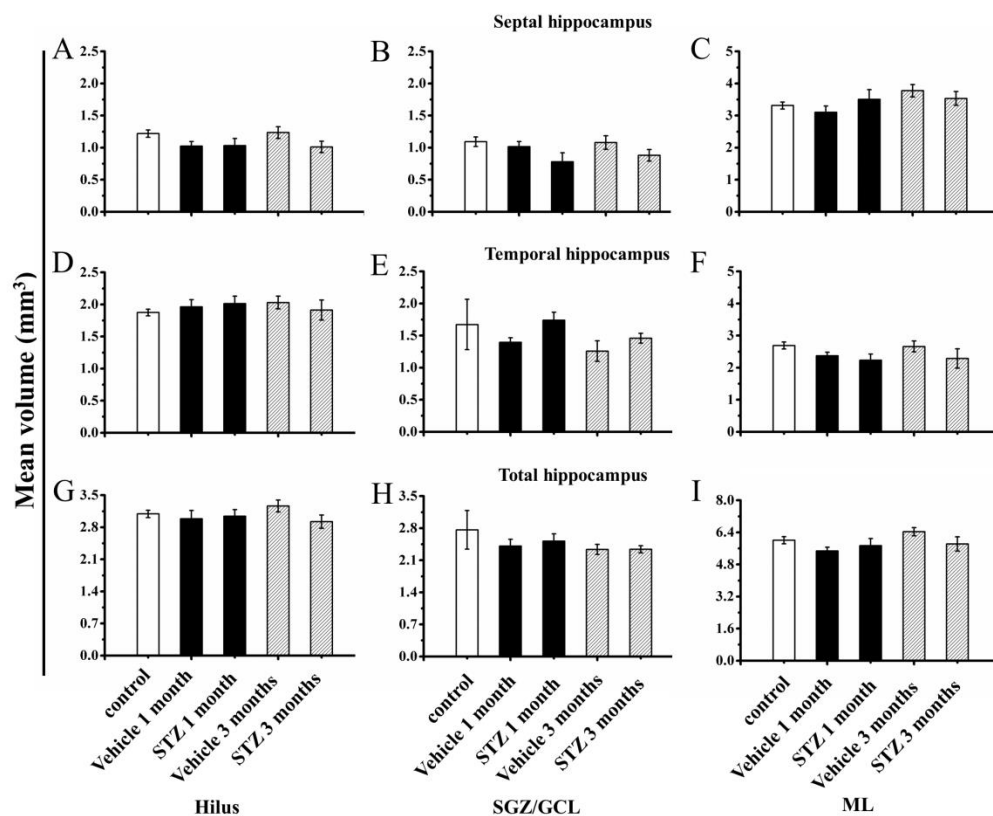


Fig.17. The volume of different dentate gyrus subregions is not affected by the STZ icv treatment

The volume of the hilus (A,D,G), subgranular zone including the granule cell layer (SGZ/GCL; B,E,H) and the molecular layer (ML; C,F,I) in the DG of each brain was assessed with the help of the StereoInvestigator software. Statistical evaluation of these measurements did not reveal any differences between experimental groups (n=6-8 rats per group), neither in the septal (A-C), the temporal (D-F), nor in the total hippocampus (G-I). Data are presented as the mean volume in mm³ per hemisphere \pm standard error of mean (SEM).

3.2 *In vitro* study results

3.2.1 *Identification of neural stem cells and their progeny*

In the presence of the “complete” proliferation cell culture medium, the hippocampus-derived NCSs proliferated quickly forming small free-floating clusters of NSCs first, and then forming larger so-called neurospheres after several days (Fig.18A). Neurosphere cells could be stained by an anti-nestin antibody (Fig.18B). Nestin is a marker for neural progenitor cells, which give rise to neurons as well as glial cells (Wiese et al., 2004). After replacing the proliferation cell culture medium to the differentiation cell culture medium, cultivation of neurospheres continued for 2 days. During this period of time differentiation and migration of these cells had been initiated and then verified via immunofluorescence staining using antibodies detecting for Tuj-1 (a marker for immature neurons) and GFAP (a marker for astrocytes) (Fig.18C).

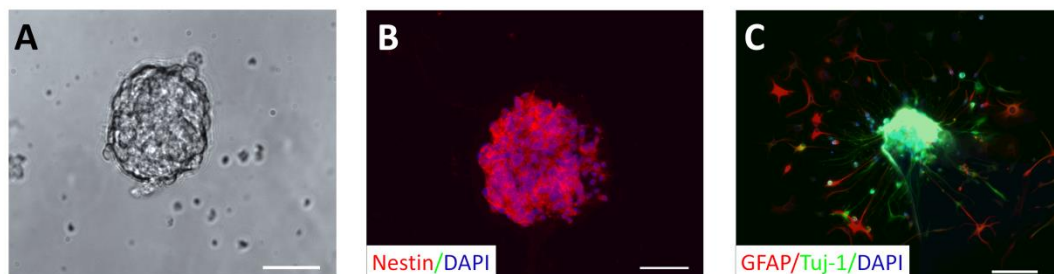


Fig.18. Identification of the cultured neural stem cells and their progeny

(A): Cells originating from adult rat hippocampus proliferated and formed free-floating neurospheres already one week after cultivating had started. (B): A representative neurosphere after the second passage shown to be immunoreactive for nestin, a marker for neural stem cells (red) and counterstained with 4',6-diamidino-2-phenylindole (DAPI) (blue). (C): A neurosphere after the second passage followed by cultivating in differentiation culture medium for 2 additional days. Some cells originating from the neurosphere display immunoreactivity of Tuj-1, a marker for immature neurons (green) and most of them display immunoreactivity for GFAP, a marker for astrocytes (red). DAPI was used for counterstaining (blue) (C). Scale bar in A, B and C represents 50 μm .

3.2.2 STZ reduces the proliferation of neural stem cells

To determine the STZ concentration with optimal effectiveness on the proliferation of neural stem cells *in vitro*, separated neural stem cells (after the second passage) were seeded in a 96 well plate and treated with different concentrations of STZ (0, 1, 2.5, 5 and 10 mM). After four days, dose-dependent effects of STZ on the number of neurospheres were analyzed (Fig.19). Compared to the control group (0 mM STZ) treatment with different STZ concentrations decreased the number of neurospheres in a dose-dependent manner (1mM: 29.3%; 2.5 mM: 53.3%; 5 mM: 67.3% and 10 mM: 79.0%) (Fig.19). Considering middle-sized effects of STZ trying to avoid toxic effects of STZ, we chose a concentration of 2.5 mM STZ for all subsequent experiments.

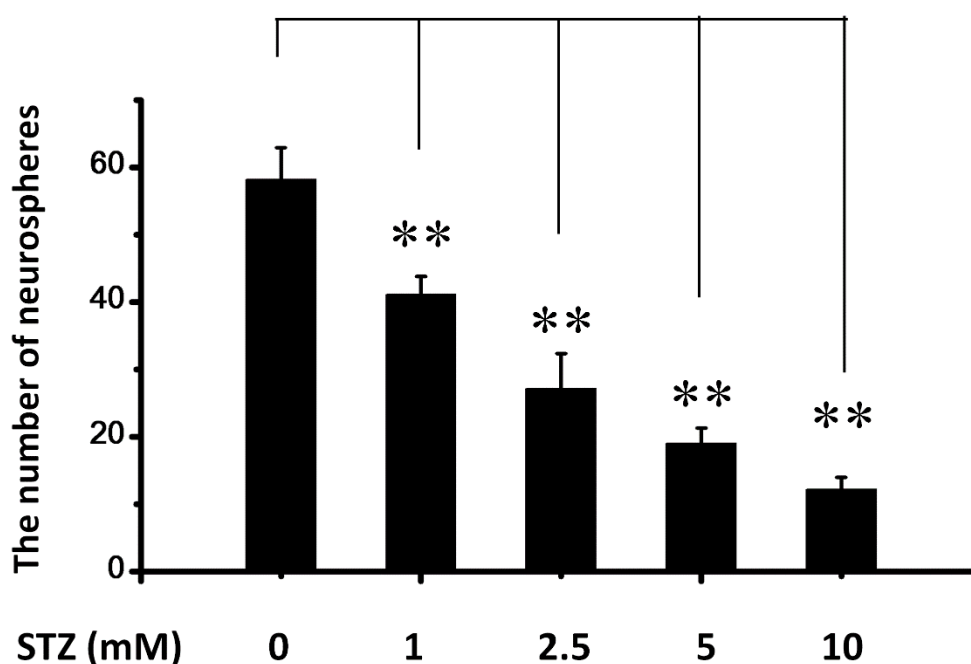


Fig.19. The number of neurospheres was decreased at various doses of STZ

Single cells separated from neurospheres after the second passage were incubated with various concentrations of STZ (0, 1, 2.5, 5 and 10 mM). After four days, STZ exhibits a dose-dependent effect on the form of neurospheres. Data are presented as the number of neurospheres per well \pm standard deviation (SD). *: p-value <0.05; **: p-value <0.01.

One experiment dealt with the time-dependency of the effectiveness of STZ on the

proliferation of these neural stem cells (=on the generation of new neurospheres). As shown in Fig.20, from experimental day 2 on highly significant less neurospheres were counted in the STZ-containing culture medium compared to neurospheres in medium without STZ, whereupon the difference in number between these two treatment groups increased with the number of days of incubation (2 days by 25.1%; 4 days by 53.85%; 6 days by 59.8%; 8 days by 62.8%).

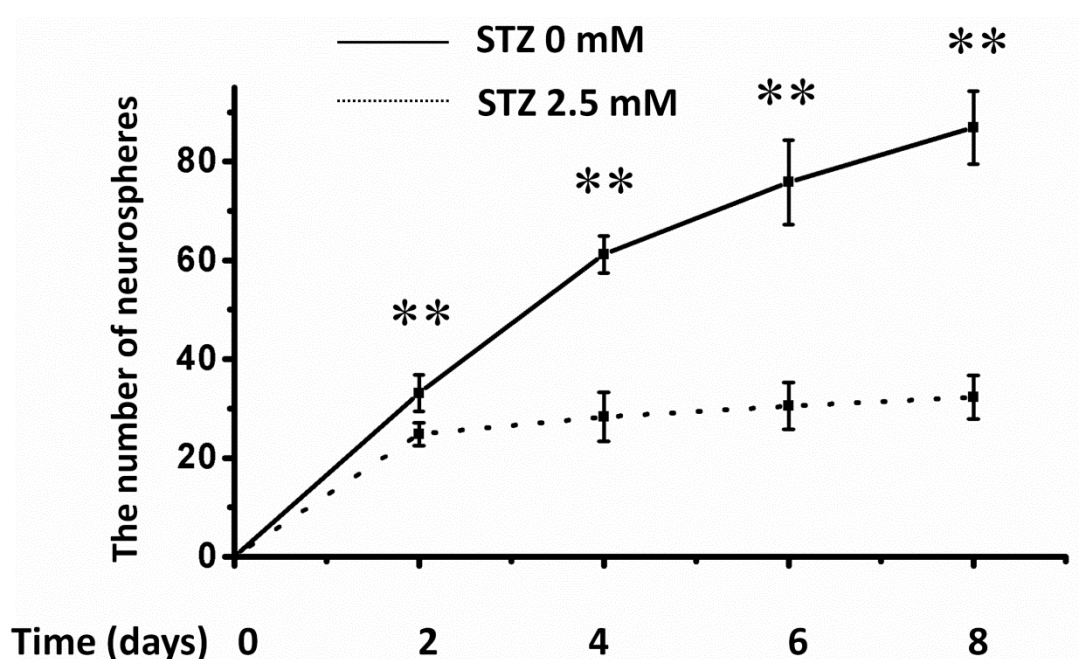


Fig.20. The number of neurospheres was decreased at various days of STZ

Single Cells separated from neurosphere after the second passage were incubated with 2.5 mM of STZ for different days. STZ exhibits a time-dependent effect on the form of neurospheres. Data are presented as the number of neurosphere per well \pm standard deviation (SD). *: p-value <0.05; **: p-value <0.01.

As the size of each neurosphere reflects the proliferative capacity of neural stem cells each neurosphere is composed of, we measured the diameter of neurospheres after 2 days of incubation with or without STZ. A dramatically reduced mean size (by 32.5%) of neurospheres incubated in medium containing STZ compared to neurospheres incubated in medium without STZ was observed (Fig.21).

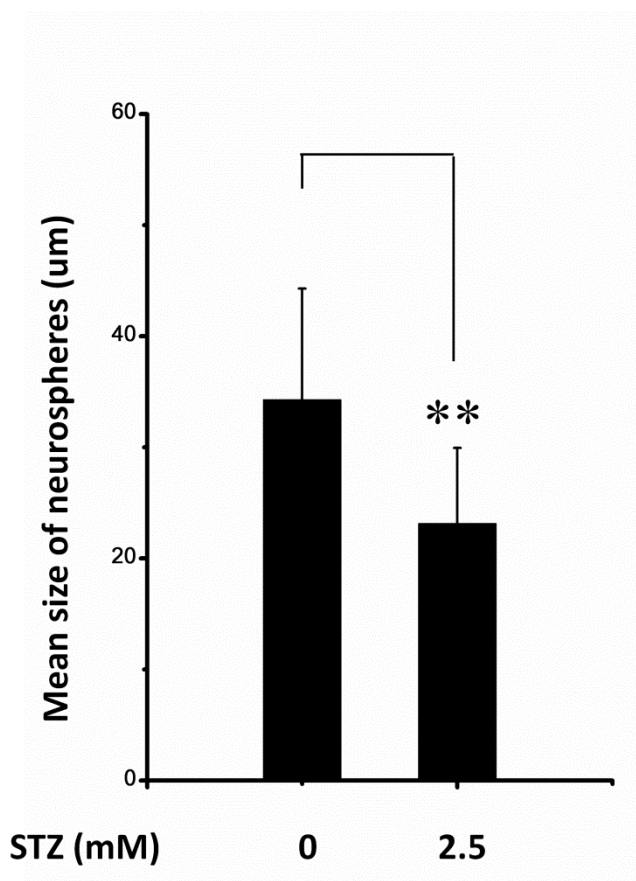


Fig.21. The diameter of neurospheres was decreased in consequence of STZ treatment

Single cells separated from neurospheres after their second passage were incubated in medium with 2.5 mM STZ for 2 days. Then, resulting neurospheres were pictured and the size of each neurosphere was analyzed with Image-Pro-Plus 5.0 software. Data are presented as the mean diameter of neurospheres \pm standard deviation (SD). *: p-value <0.05; **: p-value <0.01.

BrdU is widely used to monitor cell proliferation as given in excess it incorporates into the DNA of dividing cells during their S-phase (Taupin, 2007). Under control conditions (without STZ treatment) about 20% of neural stem cells incorporated BrdU in 4 h as verified by immunofluorescence staining using an antibody detecting BrdU and DAPI counterstaining (Fig.22). When treated with STZ for 2 days, the fraction of BrdU-positive cells was decreased significantly ($p=0.000661$) and only about 12.9% of all cultured stem cells incorporated BrdU in 4 h (Fig.22C).

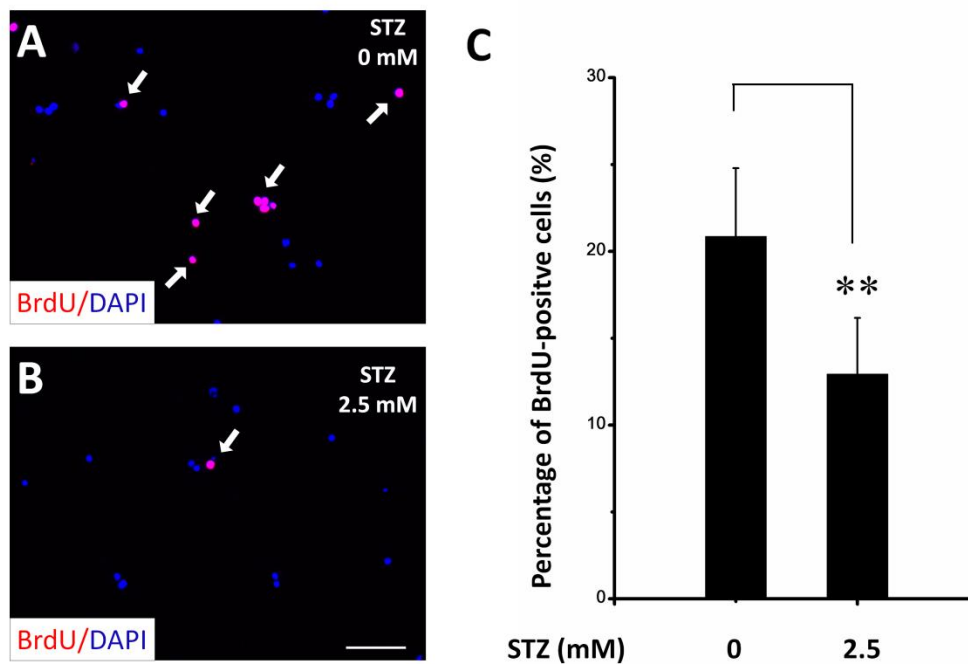


Fig.22. STZ treatment decreases the number of Bromodeoxyuridine (BrdU)-positive neural stem cells

Cells from neurospheres after their second passage were incubated in medium with (B) or without (A) 2.5 mM STZ for 2 days. These cells were then pulsed with BrdU (10 μ M) for 4 h and fixed in 4% PFA for immunofluorescence stainings. Then, cells were pictured and analyzed with Image-Pro-Plus 5.0 software. Proliferation of neural stem cells was measured by BrdU-immunopositive nuclei, which were shown by red fluorescent immunostaining. The total cells were shown by staining with 4',6-diamidino-2-phenylindole (DAPI) (Blue). (C): The percentage of BrdU-positive cells from 10 replicate images was determined from different areas. Data are presented as the percentage of BrdU-positive cells of DAPI-positive cells \pm standard deviation (SD). *: p-value <0.05; **: p-value <0.01. Scale=50 μ m.

3.2.3 Effect of STZ on the migration of newborn differentiating cells

In SGZ, neural stem cells are shown to differentiate into immature neurons and then newly generated neurons migrate a short distance to the GCL to become granule neurons (Ming and Song, 2005). In order to study whether STZ treatment influences the migration capabilities of cells starting to differentiate, 10-15 neurospheres were plated onto poly-L-ornithine/laminin-coated coverslips in 24 well plates and were incubated in differentiation culture medium with or without

different concentrations of STZ for 2 days. As shown in Fig.23, STZ treatment for 2 days did not significantly affect the migration of newborn cells.

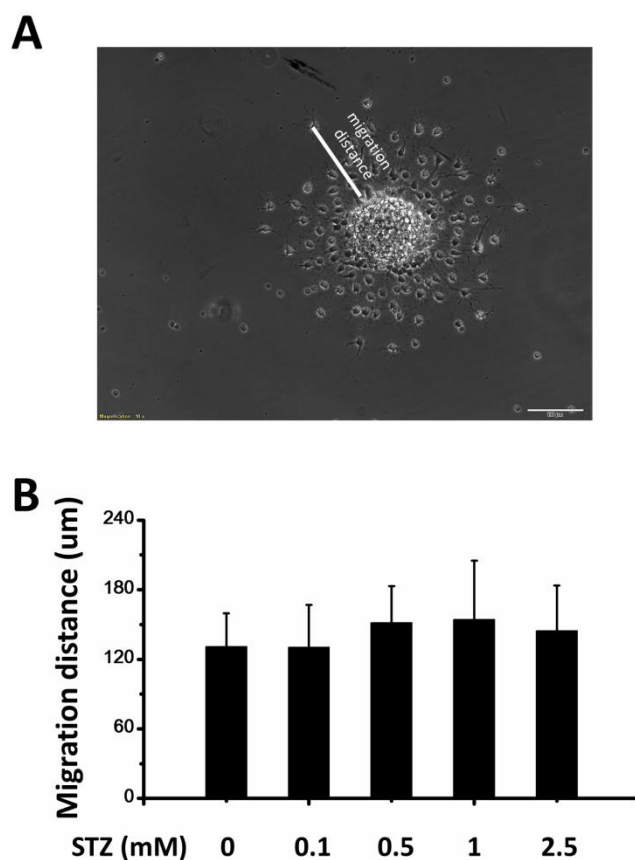


Fig.23. STZ does not influence the migration of differentiating cells

10-15 neurospheres were plated onto poly-L-ornithine/laminin-coated coverslips in 24 well plates and were incubated in differentiation culture medium with or without STZ for 2 days. Then microscope images were taken and analyzed with Image-Pro-Plus 5.0 software. (A): Representative image of migrating cells originating from a neurosphere. Scale bar represents 100 μm . (B): Average migration distances of neural stem cells with (0.1 mM, 0.5 mM, 1.0 mM and 2.5 mM) or without (0 mM) STZ treatment. Data are presented as the distance measured from the respective cell and the rim of the neurosphere \pm standard deviation (SD). *: p-value <0.05; **: p-value <0.01.

3.2.4 STZ affects the neuronal fate of newborn cells

The neuronal phenotype of differentiating cells was determined by using Tuj-1 as a marker of immature neurons and GFAP as a marker for astrocytes. After 2 days of incubation in the differentiation medium, Tuj-1- and GFAP-positive cells were found

in immediate vicinity of the neurospheres (Fig.18C). Our results demonstrate that the percentage of cells immunoreactive for Tuj-1 were significantly lower in the STZ treatment group in comparison to those in the normal control group (a decrease of 45.5%; $p=0.003$) (Fig.24C). However, the percentages of cells immunopositive for GFAP were not significantly different between the STZ treatment and the control group (Fig.24D).

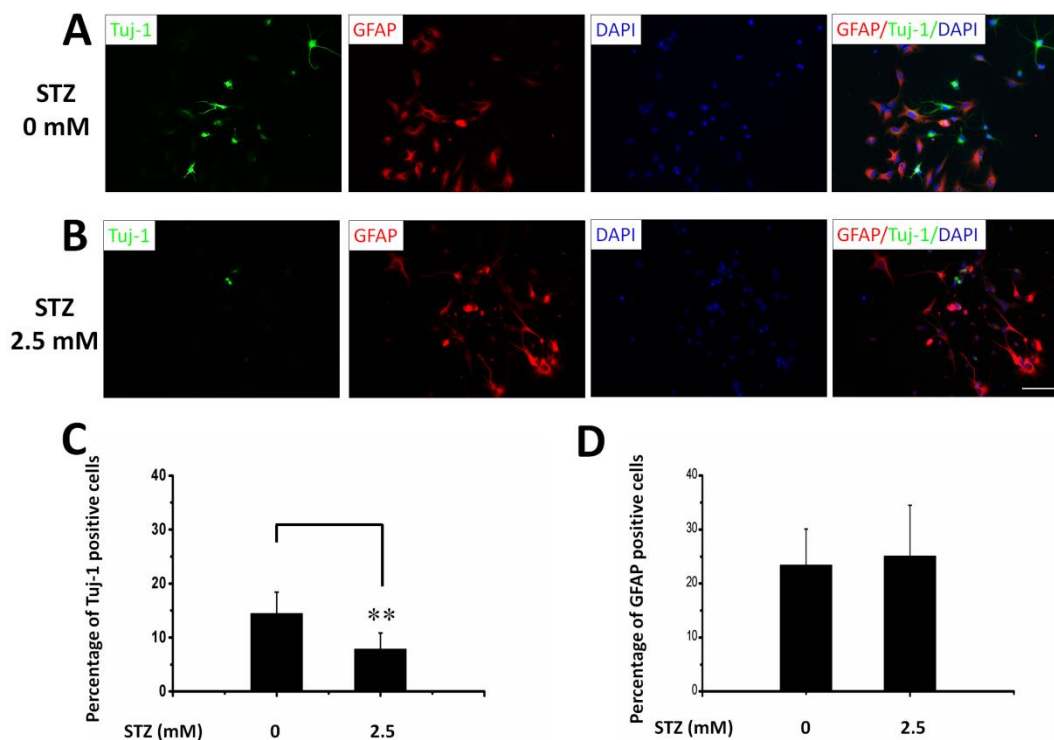


Fig.24. STZ decreases the number of newborn cells differentiating to neurons but has no effect on the differentiation to astrocytes

Cells originating from neurospheres (after the second passage) were incubated in differentiation culture medium with or without 2.5 mM STZ for 2 days, then stained with antibodies. Microscope images were taken and analyzed with Image-Pro-Plus 5.0 software. (A-B): Representative images of already differentiated cells as determined by Tuj-1 (green) and GFAP (red) immunocytochemistry after 2 days of incubation with (B) or without STZ (A). Nuclei of all cells were counterstained with 4',6-diamidino-2-phenylindole (DAPI) (blue). (C): The percentage of Tuj-1-positive cells using 10-12 replicate images was determined. (D): The percentage of GFAP-positive cells from 10-12 replicate images was determined from the periphery of the neurosphere colony area. In both cases, C and D, the analysed area comprises the periphery of the respective neurosphere. Data are presented as the percentage of Tuj-1 (C) or GFAP (D) positive cells of all DAPI positive cells \pm standard deviation (SD). *: p -value <0.05 ; **: p -value <0.01 . Scale bar represents 50 μ m.

Furthermore, after two days of differentiation in the presence of STZ, the number and length of Tuj-1-positive cell processes seemed to be reduced compared to the number and length of cell processes of the control group (without STZ treatment) (Fig.25B).

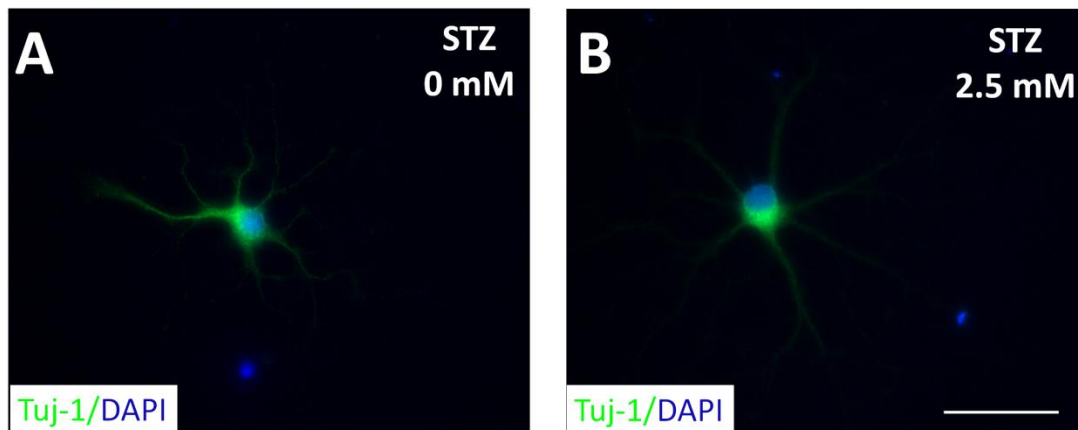


Fig.25. STZ impaired the growth of processes in Tuj-1 positive cells

Cells originating from neurospheres (after the second passage) were incubated in differentiation medium containing 0 or 2.5 mM STZ for 2 days, then stained with antibodies detecting Tuj-1. Representative image of processes in Tuj-1 positive cells (green) after 2 days of treatment with (B) or without STZ (A) counterstained with 4',6-diamidino-2-phenylindole (DAPI) (Blue). Scale=20 μ m.

3.2.5 Effect of STZ on insulin receptor, insulin-like growth factor 1 and glucose transporter 1 and 3 mRNA expression in neural stem cells

In the STZ icv treatment rat model (*in vivo*), brain glucose/energy metabolism abnormalities were found in all hippocampal subfields, such as decreased glucose utilization (Duelli et al., 1994). GLUT3 is most known for its specific expression in neurons and has originally been designated as the neuronal glucose transporter (Kayano et al., 1988). But, GLUT3 has been found to be expressed in adult NSCs, too (Maurer et al., 2006). Furthermore, in the STZ icv rat model, insulin system dysfunction was found and insulin receptor expression decreased significantly in hippocampus (Grunblatt et al., 2007). In order to study the effect of STZ on the expression of glucose metabolism related genes,

we collected neurospheres after incubation in proliferation medium for 2 days and then performed qRT-PCR for the detection of relative mRNA expression of IR, IGF1, GLUT1 as well as GLUT3. In Fig.26 the relative expression levels of GLUT3 mRNA is shown to be reduced by 46.4% ($p=0.041$) in consequence of STZ treatment. Besides this significant difference, a trend towards lower relative mRNA expression was found for IGF1 in the STZ treatment group compared to the control group ($p=0.057$; Fig.26). Other than these, the expression of IR, IGF1 and GLUT1 in NSCs seems to be unaffected by STZ treatment (Fig.26).

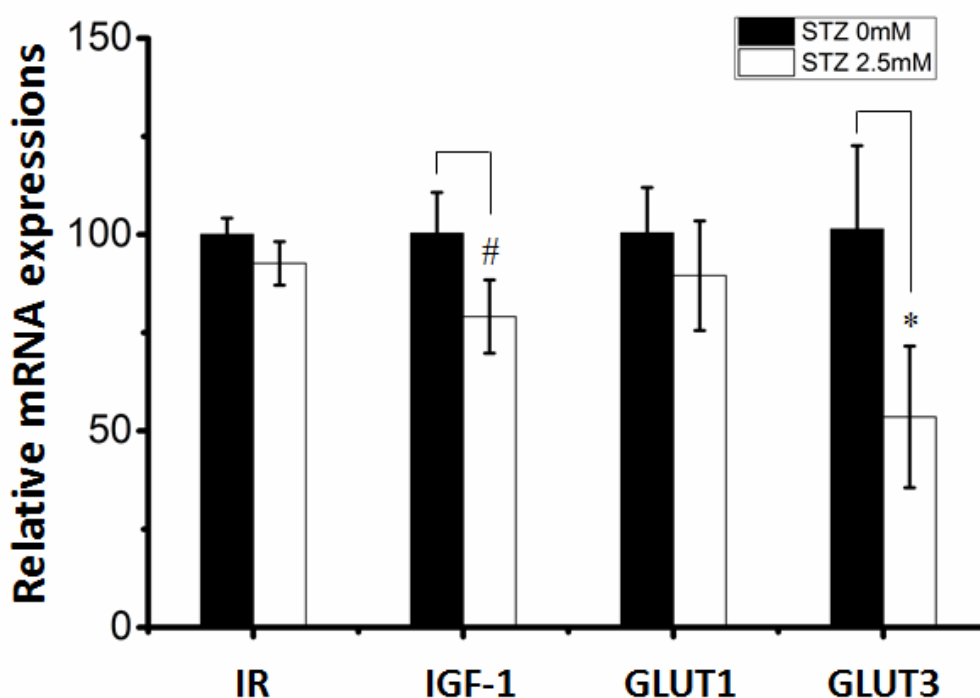


Fig.26. Effect of STZ on the gene expression of insulin receptor, insulin-like growth factor 1 and glucose transporter in neural stem cells

Cells originating from neurospheres (after the second passage) were incubated in proliferation culture medium in a 6-well plate with or without 2.5 mM STZ for 2 days, then cells were collected and analyzed via qRT-PCR. The relative mRNA expression of glucose transporter 3 (GLUT3) is reduced by 46.4% ($p=0.041$) in consequence of STZ treatment. No significant difference of the relative mRNA expression of insulin receptor (IR), insulin-like growth factor 1 (IGF1), glucose transporter 1 (GLUT1) in STZ treated cells compared to cells in the control medium without STZ was found. Data are presented as the relative mRNA expressions of IR, IGF1, GLUT1 or GLUT3 \pm standard deviation (SD); *: p -value <0.05 , #: $0.05 < p$ -value <0.1 .

3.2.6 Effect of STZ on the expression of insulin receptor protein in neural stem cells and differentiating cells

In order to study whether STZ could influence the expression of insulin receptor also *in vitro*, we stained NSCs (Fig.27) and NSCs after incubation in differentiation medium for 2 days (Fig.27) with antibodies detecting the insulin receptor and counterstained with DAPI. For the the investigation of NSCs, we separated neurospheres into single cells and seeded them in a 24-well plate with pre-coated coverslips at 20,000 cells/well. After 2 days of incubation in proliferation culture medium with or with 2.5 mM STZ, we stained them for IR. In Fig.27A it can be seen that most of the NSCs express IR, when STZ is absent in the culture medium. Thus, most NSCs express insulin receptor under normal conditions. However, incubation of NSCs culture medium with 2.5 mM STZ resulted in overall decreased number of NSCs and the percentage of NSCs with IR expression was decreased (to 42.2%; $p=0.003$) (Fig.27D, Fig.29).

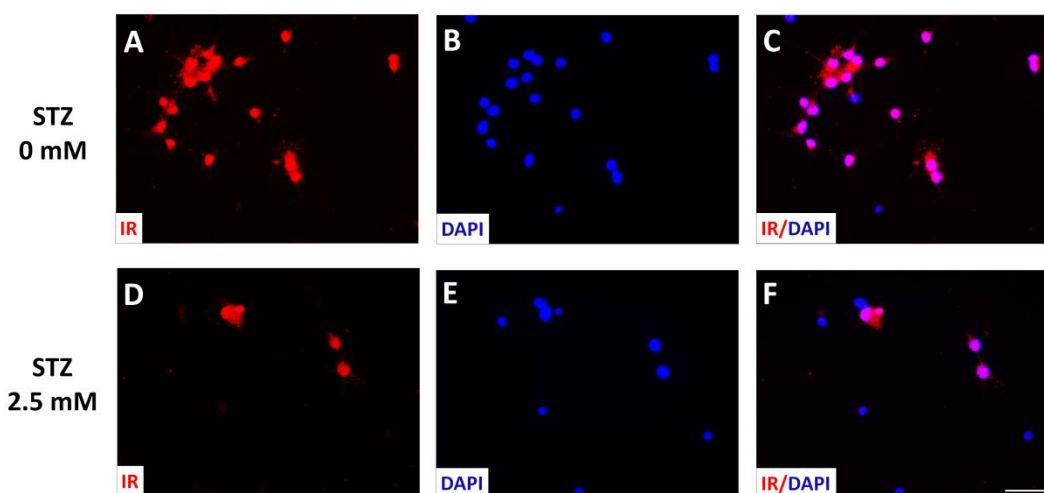


Fig.27. The effect of STZ on Insulin receptor expression in neural stem cells

We separated neurospheres into single cells and seeded them in a 24-well plate provided with pre-coated coverslips at 20,000 cells/well. After 2 days of incubation in proliferation culture medium without or with 2.5 mM STZ representative images (A-F) display that a high percentage of neural stem cells stained with 4',6-diamidino-2-phenylindole (DAPI) (B, Blue) were immunopositive for the insulin receptor (IR) (A, red; pink, C). After 2 days of incubation in medium containing 2.5 mM STZ not only the number DAPI-positive cells but also the number of double stained (IR and DAPI) cells is reduced. Scale bar in F=20 μm .

For the analysis of differentiating cells, 10-15 neurospheres were plated into poly-L-ornithine/laminin-coated coverslips in a 24-well plate and were grown/incubated in differentiation culture medium with or without 2.5 mM STZ for 2 days. Our results revealed that two days after differentiation had started, most cells still express IR (Fig.28A-C). Other than the effect of STZ on NSCs, the expression of IR in differentiating cells seems to be unaffected by STZ treatment (Fig.28A-F).

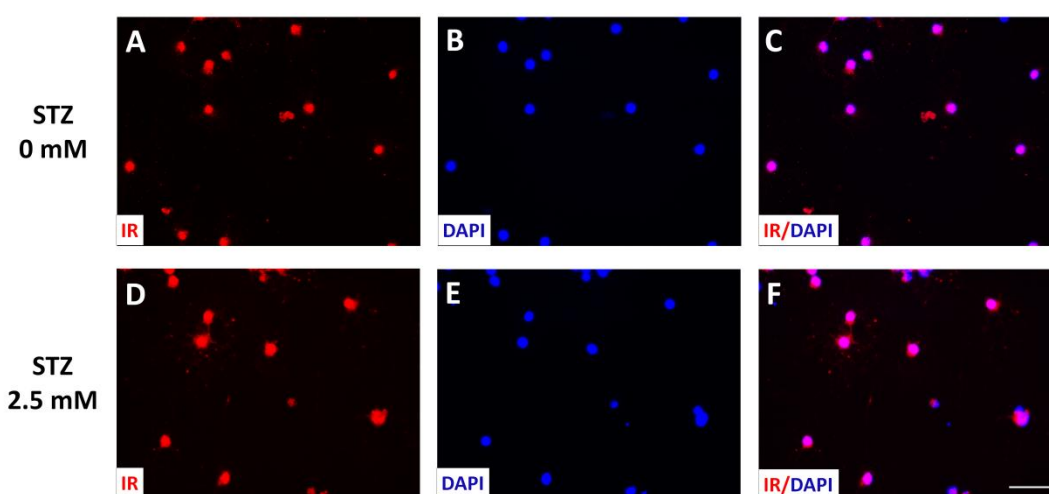


Fig.28. The effect of STZ on insulin receptor expression in differentiating cells

10-15 neurospheres were plated onto poly-L-ornithine/laminin-coated coverslips in a 24-well plate and were incubated in differentiation culture medium with or without 2.5 mM STZ for 2 days. We then immunostained them with insulin receptor antibody (IR, red) and counterstained with 4',6-diamidino-2-phenylindole (DAPI) (blue). A-F: Representative images show that the number of differentiating cells and the expression of IR was not changed in STZ treated cells (D-F) compared to untreated cells (A-C). Scale bar in F=20 μm .

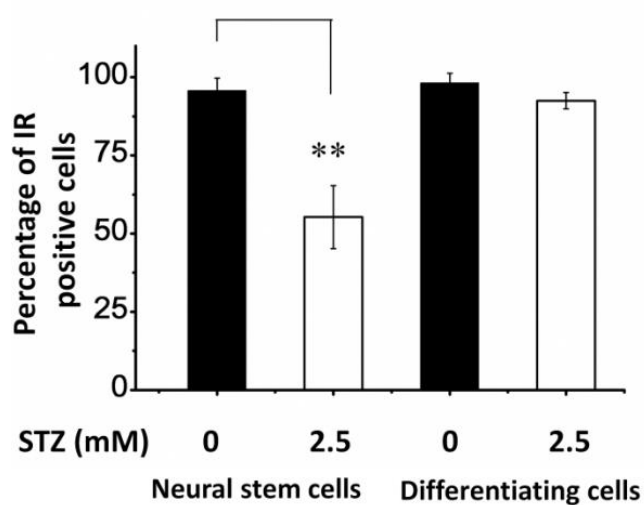


Fig.29. The impact of STZ on the percentage of Insulin receptor-positive neural stem cells and differentiating cells – a quantitative estimation

The percentage of insulin receptor (IR)-expressing neural stem cells is reduced by 42.2% ($p=0.003$) in consequence of STZ treatment. In differentiating cells, no significant difference of the percentage of IR expression in STZ treated cells compared to cells in the control medium without STZ was found. Data are presented as the percentage of IR-positive cells \pm standard deviation (SD); **: p -value <0.01 .

3.2.7 Effect of STZ on the expression of glucose transporter 3 protein in neural stem cells and differentiating cells

In our study, we stained GLUT3 using immunofluorescence staining in both, NSCs and differentiating cells, comparable to what we did in with antibodies detecting the insulin receptor above (see Fig.27 and 28). For NSCs, we separated neurospheres into single cells and seeded them in 24-well plates with pre-coated coverslips at 20,000 cells/well. After 2 days of incubation in proliferation culture medium with 0 mM or 2.5 mM STZ, we stained them for GLUT3 (Fig.30). As shown in Fig.30A, GLUT3 is expressed in nearly all NSCs. However, two days of incubation in cell culture medium containing 2.5 mM STZ resulted in dramatically decreased number of immunostained cells expressing GLUT3 (a decrease of 61.7%; $p=0.000064$) compared to the controls (Fig.30D, Fig.32).

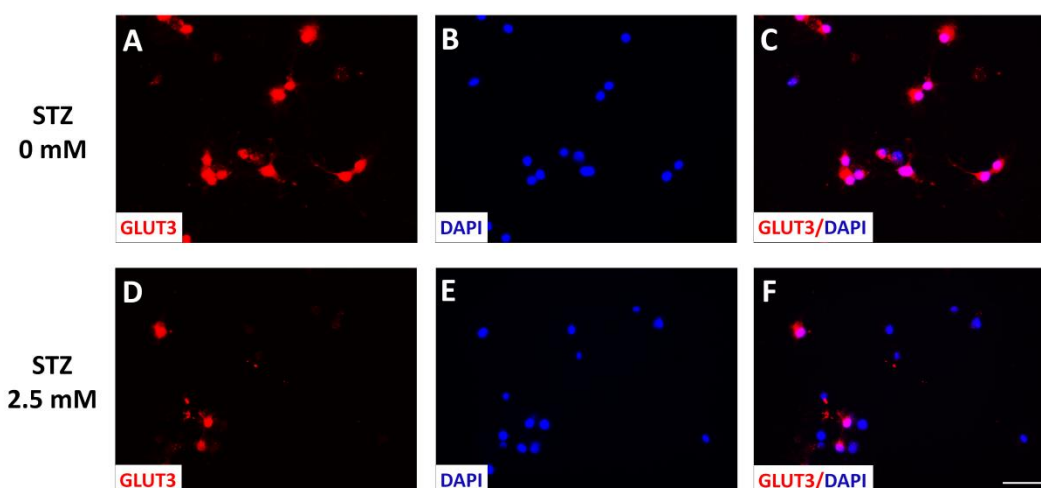


Fig.30. The effect of STZ on Glucose transporter 3 expression in neural stem cells

We separated neurospheres into single cells and seeded them in a 24-well plate provided with pre-coated coverslips at 20,000 cells/well. After 2 days of incubation in proliferation culture medium without (0 mM) or with 2.5 mM STZ we performed immunofluorescence staining using antibodies detecting the glucose transporter 3 (GLUT3; red) and counterstained with 4',6-diamidino-2-phenylindole (DAPI) (blue). Representative images of GLUT3-immunopositive NSCs display that under normal condition most neural stem cells express GLUT3 (A-C), and that STZ treatment did not only result in less GLUT3 expressing NSCs, the percentage of GLUT3 expressing NSCs cells is found to be reduced (D-F). Scale=20 μ m.

For the analysis of GLUT3 expression in differentiating cells, we performed an experiment similar to our IR study in differentiating cells (see 3.26). 10-15 neurospheres were plated onto poly-L-ornithine/laminin-coated coverslips in 24 well plates and we let them grow in differentiation culture medium with or without 2.5 mM STZ for 2 days. Our results show that GLUT3 express in every differentiating cells (Fig.31A) and not only express in the cell body but also in the process of differentiating cells (Fig.31A). With 2.5 mM STZ treatment, some differentiating cells could not express GLUT3 (a decrease of 47.3%; $p=0.015$) (Fig.31D, Fig.32).

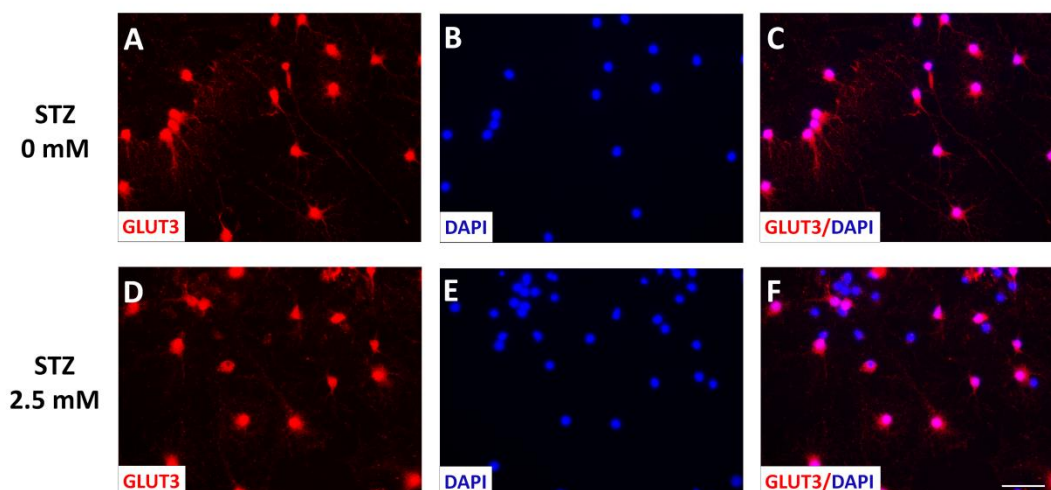


Fig.31. The effect of STZ on Glucose transporter 3 expression in differentiating cells

10-15 neurospheres were plated onto poly-L-ornithine/laminin-coated coverslips in a 24-well plate and were incubated in differentiation culture medium with or without 2.5 mM STZ for 2 days, so that the differentiation process started. These differentiating cells were then immunostained with glucose transporter 3 (GLUT3) antibodies (red) and counterstained with 4',6-diamidino-2-phenylindole (DAPI) (blue). Representative images of differentiating cells after GLUT3 immunofluorescence staining show that most of these cells express GLUT3 under normal conditions (A-C) and that STZ reduces the percentage of cells expressing GLUT3 (D-F). Scale bar =20 μ m.

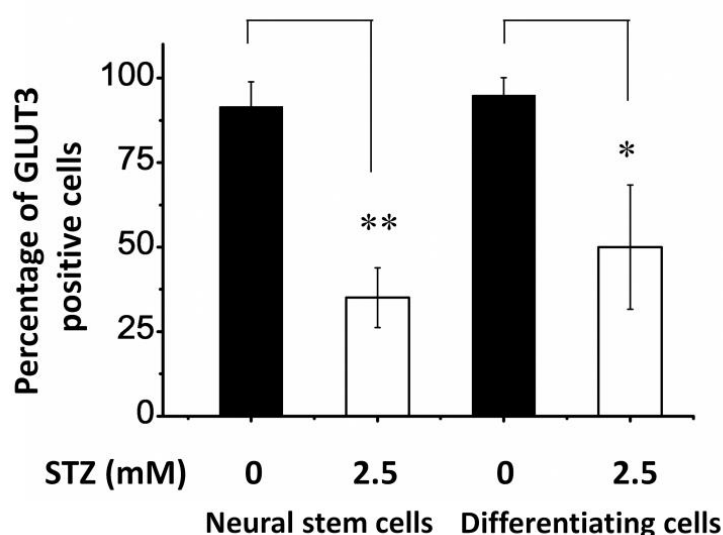


Fig.32. The impact of STZ on the percentage of Glucose transporter 3-positive neural stem cells and differentiating cells – a quantitative estimation

The percentage of Glucose transporter 3 (GLUT3)-expressing neural stem cells is reduced by 61.7% ($p=0.000064$) in consequence of STZ treatment. With regard to the percentage of differentiating cells a reduction of 47.3% ($p=0.015$) was found in STZ treated cells compared to cell in the control medium without STZ. Data are presented as the

percentage of GLUT3-positive cells \pm standard deviation (SD). *: p-value of t- test <0.05 ;
** : p-value <0.05 .

3.3 Summary

In summary, our *in vivo* study revealed, that even if STZ icv treatment does not seem to considerably influence stem cell proliferation in the hippocampus, neither over a short-term period (1 month after STZ icv treatment) nor in the long-term (3 months after STZ icv treatment), the generation of immature and adult neurons is diminished in the hippocampus of rats 3 months after STZ icv treatment. This reduction detected after 3 months was specific for the septal hippocampus, discussed to be important for spatial learning. Applying double immunofluorescence staining using antibodies detecting BrdU (applied approx. 27 days before sacrifice) and cell-type specific markers we found that STZ treatment does not affect the differentiation fate of newly generated cells. Phenotype analysis of BrdU-positive cells in the hilus and molecular layer revealed that some of the BrdU-positive cells are newborn oligodendrocytes but not newborn microglia.

However, results of our *in vitro* study showed that STZ in the cell culture medium affects AN at different stages, during the proliferation of NSCs and during differentiation of their progeny. In more detail, I could show that STZ inhibits the proliferation of NSCs in a dose-dependent and time-dependent manner. In addition to what we could show in the *in vivo* study, that STZ treatment affects the number of newly generated neurons, the *in vitro* approach showed that STZ treatment does not affect the generation of new astrocytes. Trying to reveal cellular mechanisms underlying the negative influence of STZ on hippocampal AN, we performed qRT-PCR and immunofluorescence staining and found that in NSCs GLUT3 expression was reduced at the mRNA as well as protein level, but that the IR was found to be diminished only at the protein level after STZ treatment. QRT-PCR using primer

pairs specific for the detection of IGF1 and GLUT1 didn't show mRNA expression differences between differently treated NSCs. Interestingly, the effect of STZ on differentiating cells seems to be different compared to the effect of STZ on proliferating NSCs, as in differentiating cells IR protein levels were not significantly changed in consequence of STZ treatment but GLUT3 protein levels were shown to be decreased, too.

4. Discussion

4.1 *In vivo* study

In our *in vivo* study, we analyzed hippocampal AN in STZ icv treated rats, an animal model for sAD. We focused on different AN stages, such as cell (e.g. stem cell) proliferation, neuronal differentiation and cell survival to determine whether these AN phases are differentially affected by STZ icv treatment.

4.1.1 *STZ treatment does not affect the cellular fate of newborn cells*

We verified the birth of new neurons via double staining of BrdU-positive cells, which had survived up to 27 days, with NeuN, a marker for mature neurons, irrespective of the neuronal phenotype (e.g. excitatory glutamatergic neurons or inhibitory GABAergic neurons). As the percentage of newborn neurons (BrdU+/NeuN+) cells in relation to the number of BrdU+ cells was similar in all treatment groups, we could not reveal short-term or long-term effects of STZ icv treatment on the differentiation outcome. We disclosed that about 50% of all BrdU+ cells in the SGZ and GCL of the dentate gyrus also expressed NeuN, a percentage similar to the percentage reported by other groups (Aberg et al., 2000, Malberg et al., 2000, Schmitt et al., 2007, Winner et al., 2012). Interestingly, irrespective of the treatment group we always detected more long-term survived BrdU-ir cells in the hilus and ML of the DG than in the GCL including the SGZ (=SGZ/GCL). This distribution pattern of long-term survived BrdU-positive cells in the rat DG (ML>hilus>SGZ/GCL) resembles the distribution pattern found by Mandyam and coworkers in mouse DG (ML>hilus>oGCL) (Mandyam et al., 2007). In contrast, Donovan and coworkers detected most of the surviving BrdU-positive cells in the SGZ, many cells in the ML and fewest in the hilus and oGCL (SGZ≥ML>oGCL≥hilus) (Donovan et al., 2006). However, this almost exclusive distribution of BrdU+/NeuN+-cells in the

SGZ and GCL, and not in ML and hilus, reassured that the birth of neurons primarily happens in these neurogenic regions SGZ and GCL in rodents (Yagita et al., 2001, Donovan et al., 2006) as also found in humans (Eriksson et al., 1998) and macaque monkeys (Kornack and Rakic, 1999). This regional distribution of AN is further supported by the fact that marker for immature neurons such as NeuroD (mitotic) and DCX (postmitotic), we also used in this study, are exclusively expressed in the SGZ/GCL in rodents (Takasawa et al., 2002, Donovan et al., 2006), humans (Anacker et al., 2011) and monkeys (Ma et al., 2008). Although in our study the results of NeuroD and DCX stainings are similar, these two markers represent neuronal cells of different developmental stages.

In the ML and hilus, we could show that some of these newborn and 28 days survived cells are oligodendrocytes using double immunofluorescence staining with antibodies detecting BrdU and APC, a marker for oligodendrocytes. In accordance with these findings, Kornack and Rakic detected some BrdU-labeled cells which also express two different markers for oligodendrocytes, O4 and CNP, in the hilus and ML of adult macaque monkeys (Kornack and Rakic, 1999). In a mouse study, cells co-labeled for BrdU and the oligodendrocyte marker NG2, were almost exclusively found in the ML (Bribian et al., 2012). This suggests that the birth of new oligodendrocytes in the ML and hilus may be a common phenomenon not only in our rat model, but also in mice (Bribian et al., 2012) and monkey (Kornack and Rakic, 1999). Loss of oligodendrocytes in the hippocampus in monkeys in consequence of STZ icv treatment has been found by Lee et al., whereas they did not show that STZ really affects the generation of new oligodendrocytes (Lee et al., 2014). In general, new oligodendrocytes can be generated from oligodendrocyte progenitor cells and NSCs in the adult brain, and several factors have been found to be involved in their production, such as EGF (Gonzalez-Perez et al., 2009), sonic hedgehog (Lu et al., 2000), platelet-derived growth factor

(Woodruff et al., 2004), chordin (Jablonska et al., 2010) and sirtuin 1 (Rafalski et al., 2013).

4.1.2 STZ icv treatment does not affect cell proliferation, but affects differentiation and survival of newborn cells, a later stage of adult neurogenesis

In our quantitative immunohistochemistry study using antibodies detecting the proliferation marker MCM2 we could not reveal statistically significant differences between cell proliferations in the SGZ of STZ icv treated rats and the respective controls, neither in STZ 1 month groups nor in STZ 3 months groups. In accordance with our results Arabpoor and coworkers didn't detect significant differences in the number of Ki67-positive cells, another frequently used marker for the detection of proliferating cells, 1 month after STZ icv treatment (Arabpoor et al., 2012). In contrast to our findings, Qu and coworkers showed that 20 days after STZ icv treatment the number of BrdU-positive cells was decreased (Qu et al., 2012). As they applied BrdU daily on 12 consecutive days before rats had been sacrificed their experimental design was not aimed solely at the analysis of stem cell proliferation, whereas their study results cannot be compared directly with our results.

In contrast, we detected significantly decreased number of newly generated mitotic neuroblasts and postmitotic immature neurons as detected by NeuroD and DCX immunohistochemistry, respectively, in the septal hippocampus of rats 3 months after STZ icv treatment. This phenomenon of less immature neurons probably represents the source for the reduced number of BrdU-ir cells (survived for approximately 27 days) we have detected in the same part of the hippocampus. Based on this we conclude that the STZ icv treatment primarily affects AN at the level of differentiation and survival of newborn

cells. However, one month survival after STZ icv injections did not affect the number of NeuroD and DCX positive cells. Therefore, cognitive deficits already shown in rats 2-4 weeks after STZ icv injections (see introduction) do not correlate with AN changes in the brain of rats 1 month after STZ icv treatment, and at this early stage must have other neurobiological correlates than the decreasing number of differentiating newborn cells in rats 3 months after STZ icv treatment. As the concentrations of glucose and ATP are shown to be decreased in the cerebral cortex from 3 weeks following STZ icv administration (Lannert and Hoyer, 1998), brain insulin receptor signaling dysfunction (Lannert and Hoyer, 1998), and a progressive increase of oxidative stress is also shown very early after STZ icv treatment (Ishrat et al., 2006, Khan et al., 2012, Mansouri et al., 2013, Zhou et al., 2013) these biochemical changes could be responsible for the early cognitive decline. However, Rai et al. (2014) suggested that post-synaptic neurotoxicity is one key factor in STZ induced memory impairment. They showed spatial memory deficits in rats 14–16 days after STZ icv administration accompanied by reduced expression of post-synaptic marker CaMKII α and PSD-95 in cortex and hippocampus, while pre-synaptic marker such as synaptophysin and SNAP-25 remained unaltered (Rai et al., 2014).

As AN is decreased in rats 3 months, and not 1 month after STZ icv treatment, these changes resemble the timeline of morphological changes as congophilic A β aggregates in meningeal capillaries and intracellular A β 42 accumulation in cerebral cortex were found not earlier than three months after STZ icv administration (Salkovic-Petrisic et al., 2006, Salkovic-Petrisic et al., 2007, Salkovic-Petrisic et al., 2011). Even more, diffuse A β 42-positive extracellular plaque-like formations in neocortex and hippocampus could not be detected earlier than 6 months (Knezovic et al., 2015). Therefore, only subtle effects of STZ icv treatment on A β and Tau pathology, but extensive biochemical and behavioral changes are detectable already one month after STZ icv treatment,

whereas structural changes including the appearance of A β 42 accumulation and altered AN are detectable not before 3 months after STZ icv treatment. Probably, an early stage of reversible cognitive impairment initially caused by synaptic dysfunction (Rai et al., 2014), energy deficits (Lannert and Hoyer, 1998) and increasing oxidative stress (Ishrat et al., 2006, Khan et al., 2012, Mansouri et al., 2013, Zhou et al., 2013) and paralleled by subtle effects of STZ icv treatment on A β and Tau pathology could become irreversible in association with decreased AN and more comprehensive A β 42 changes. Therefore, reduced AN may maintain the cognitive decline and may contribute to its general progressivity and irreversibility found in later stages of AD.

In mammals, stem cells in adult organs reside in specialized niches in close proximity to blood vessels - in so-called angiogenic niches (Palmer et al., 2000). Therefore, AN is controlled by factors derived from blood vessels and their microenvironment such as secreted neurotrophic and angiogenic factors (e.g. BDNF, VEGF, TGF- β) (Goldberg and Hirschi, 2009, Goldman and Chen, 2011). As congophilic A β aggregation in the meningeal capillaries as well as diminished AN was detected in brains of rats 3 months after STZ administration (Salkovic-Petrisic et al., 2011), cerebral amyloid angiopathy could be discussed to comprehensively impact the phenomenon of AN in this animal model of sAD. A possibly altered angiogenic niche in AD was pointed to by a study of Boekhoorn and coworkers using human post mortem tissue of presenile AD patients as they detected increased Ki67 immunoreactivity in endothelial structures of AD patients compared to respective controls (Boekhoorn et al., 2006). As vascular structure appears impaired in AD (Wu et al., 2005) increased Ki67 immunoreactivity in vascular cells may reflect an aberrant response that could contribute to vascular dysfunction. Boekhoorn and coworkers proposed that “vascular-associated Ki67 expression in the presenile AD hippocampus is either non-functional or even dysfunctional as vascular function is compromised in AD” (Boekhoorn et al., 2006).

That energy metabolism, especially glucose metabolism and insulin receptor signaling, could have an influence on AN is substantiated by microarray studies performed by Geschwind et al. (Geschwind et al., 2001) and Ivanova and coworkers. They showed that proliferation of neural stem cells (NSCs) and the transition from a newborn undifferentiated cell to a differentiated (mature) neuron, astrocyte, or oligodendrocyte is accompanied by many changes of the expression of metabolism related genes such as Insulin-like growth factor binding protein 3, Cytochrome c oxidase (Geschwind et al., 2001), Enolase 1, Acetyl-coenzyme A synthetase 1 and Pyruvate dehydrogenase E1 alpha subunit (Karsten et al., 2003). The Insulin/IGF-1 signaling pathway is central in coordinating energy taking and expenditure (Rafalski and Brunet, 2011). Although IGF-1 mRNA was detected in all regions of the neonatal brain, there is considerable regional variation in the level of expression with highest expression levels in regions where neurogenesis persists after birth such as the hippocampus and the subventricular zone (Bartlett et al., 1991). The association of AN and insulin signaling pathways is substantiated by the fact that adult NSCs express the IGF-1 receptor (Aberg et al., 2003) and that the insulin gene can be activated by the transcription factor NeuroD (also called Beta2) (Naya et al., 1995).

4.1.3 Hippocampal subregions were differently influenced by STZ icv treatment – which points to different connectivities and functions

We analyzed the septal and temporal part of the hippocampus separately, as it is suggested that the hippocampus is functionally different along its septo-temporal axis (Moser and Moser, 1998) and that septal regions are involved mainly in learning (especially in spatial learning) and memory processes (Moser et al., 1995). The most prominent cortical projections from the septal CA1 and the septal parts of the subicular complex are to the retrosplenial and anterior cingulate cortices in rats

(Cenquizca and Swanson, 2007) and monkeys (Kobayashi and Amaral, 2007). These two cortical regions have been found involved primarily in the cognitive processing of visuospatial information and memory processing as well as environmental exploration (Fanselow and Dong, 2010). The temporal parts of hippocampal-subiculum complex send its projections to olfactory bulb together with several other primary olfactory cortical areas, and share massive bidirectional connectivity with amygdalar nuclei (Cenquizca and Swanson, 2007). These regions regulate the impact of emotional experiences and to control general affective states (Fanselow and Dong, 2010). Strongest long-term effects of STZ icv treatment on hippocampal AN were found in the septal hippocampus and STZ icv treatment is shown to result in spatial learning deficits which resembles the spatial memory deficits in AD patients. Our results regarding the different involvement of the septal and temporal hippocampus in neuroplasticity phenomena are in line with findings obtained by other AD researchers. Fuster-Matanzo and coworkers showed increased neurodegeneration in consequence of GSK3 β overexpression in mice exclusively in septal hippocampus (Fuster-Matanzo et al., 2011). In addition, increased CREB function was revealed exclusively in the CA1 region of septal hippocampus in TgCRND8 mice which was sufficient to restore function in neuronal structure, network activity as well as learning and memory (Yiu et al., 2011).

The importance of AN for spatial learning is substantiated by the finding that the performance in a spatial learning test correlates with the number of NeuroD-positive cells, which are mitotic active neuroblasts, a pre-stage of the postmitotic immature neurons (Karabeg et al., 2013). Moreover, the study of human hippocampal neurogenesis by Coras and colleagues revealed that patients with low numbers of proliferating progenitor cells and newborn neurons showed more severe learning and memory impairments (Coras et al., 2010). As shown by the study of McClean and coworkers AN could not only play a role in the etiopathogenesis of AD, but also in the improvement of cognition (McClean et al., 2011). These authors were able to reveal improved learning and memory performances in TgAPP/PS1 mice after treatment

with liraglutide, a glucagon-like peptide-1 analog used for the treatment of diabetes, in parallel to an AN increase in the hippocampus. Similar effects were shown in TgAPP/PS1 transgenic mice after treatment with the neuroprotective Gingko biloba extract EGb 761 (Tchantchou et al., 2007).

In conclusion, as hippocampal AN is demonstrated to be diminished in STZ icv treated rats (Fig. 30), a non-transgenic animal model for sAD, this *in vivo* study provides further evidence that hippocampal AN could be involved in the etiopathogenesis of sAD.

4.2 *In vitro* study

In our *in vitro* study, we analyzed the effect of STZ on the hippocampus-derived NSCs. We focused on different AN stages, such as stem cell proliferation, cell migration and neural differentiation, whether these AN phases are differentially affected by STZ treatment. Besides, we analyzed mRNA as well as protein expression of the insulin receptor (IR) and glucose transporter 3 (GLUT3) in NSCs and differentiating cells.

4.2.1 *STZ treatment significantly decreases stem cell proliferation*

In our study, the number and size of neurospheres, the percentage of BrdU-labeled proliferating cells were shown to be dramatically decreased after STZ treatment. Although we could not exclude the possibility that the decreasing number and size of neurospheres are the results of cell death, the decreased number of BrdU marked cells indicate that at least the inhibition of proliferation is partly participating in the reducing of NSCs numbers. Our findings of a negative effect of STZ on proliferating cells is similar to the findings of Qu and colleagues, who detected significantly decreased number of

BrdU-positive cells in consequence of STZ treatment , but the concentration of STZ they used was 8 mM which is much higher than us (Qu et al., 2012).

The decreasing of NSCs following STZ treatment may be linked to increased oxidative stress. Qu and colleagues showed that STZ elicits a striking increase of cellular reactive oxygen species (ROS) in NSCs (Qu et al., 2012). Although proliferative NSCs maintain high endogenous ROS status and pharmacological or genetic manipulations that diminished cellular ROS levels interfered with normal NSCs function both in *in vitro* and *in vivo* studies (Le Belle et al., 2011), too high ROS loading could cause cell death and have anti-proliferative effects on NSCs (Limoli et al., 2006). The *in vitro* study of Prozorovski and coworkers showed that NSCs exposed to pro-oxidative buthionine sulfoximine, an inhibitor of glutathione synthetase, that cause intracellular accumulation of ROS, causes a reduction in the number of NSCs (Prozorovski et al., 2008).

4.2.2 STZ treatment does not affect the migration of differentiating cells

According to our results, STZ does not affect migration of newborn cells. NSCs migration is an essential process for the development of the central nervous system (CNS) as well as for AN in the CNS of mammals (Hatten, 1999). Little is understood about the mechanism of controlling the migration of NSCs or neural progenitor cells in the adult brain. Neural progenitors transplanted into the brain were shown to migrate toward either localized (like stroke) (Arvidsson et al., 2002) or diffuse (like glioblastoma) (Glass et al., 2005) areas of brain damage. These studies suggest that factors such as neuroinflammatory response like tumor necrosis factor- α (TNF- α), interferon- γ (IFN- γ) and monocyte chemoattractant protein-1 (MCP-1) (Belmadani et al., 2006), associated with damaged areas, can influence the migration of these differentiating NSCs. The level of TNF- α in hippocampus and cerebral cortex (Rai et al., 2014), and IFN- γ in peripheral blood lymphocytes (Pandey and Bani,

2010) were found to be increased in STZ icv treated rats. Whether these elevated TNF- α and IFN- γ levels affect the migration of NSCs is still uncertain. The results of our *in vitro*-investigations revealed that STZ in the culture medium did not affect the migration of new born cells. However, our assay measured migration of all of the new born and differentiating cells, irrespective of the final neural phenotype. However, we cannot exclude that STZ regulates migration of a particular cell type.

4.2.3 STZ treatment affects the cellular fate of newborn cells *in vitro*

We investigated whether STZ influences the differentiation process of *in vitro* cultivated NSCs to neurons and astrocytes via staining of Tuj-1 (a marker for immature neurons) and GFAP (a marker for astrocytes), respectively. In our quantitative study, STZ was found to dramatically reduce the number of Tuj-1-positive cells, but not the number of GFAP-positive cells. Therefore, in an *in vitro* approach STZ seems to affect the differentiation fate of newly generated cells. Similar to our results, Qu and colleagues found that STZ decreased the generation of new neurons via immunostaining with three neuronal markers, Tuj-1, microtubule-associated protein 2 (MAP 2) and neurofilament 150 (NF 150) (Qu et al., 2012). In our study we revealed that without any treatment about 15% of cells could be staining with Tuj-1 after two days of incubation in the differentiation medium, a percentage lower than the finding of Dong's (34%, differentiation for 3 weeks) (Dong et al., 2012) and Qu's (20%, , differentiation for 7 days) (Qu et al., 2012). However, besides different times for the differentiation process in these studies, NSCs used of both of these two research groups were obtained from much younger rats (Qu: newborn rats at postnatal day 0; Dong: E17 rats). That is why their study results cannot be compared directly with our results. As we had been interested in AN we had to use older (young adult) rats and not rats of an age

the other researchers used. Different from our results with Tuj-1 staining, our study revealed that STZ treatment has no significant influence on the percentage of GFAP-positive cells. About 20% GFAP positive cells are detected in both treatment groups, the STZ treatment group and the control group. Due to different ages of animals used, different percentages of GFAP-positive cells were detected. However, all known *in vitro* studies (including our *in vitro* study) reported about higher number of astrocytes compared to neurons (Tropepe et al., 1999, Horie et al., 2004, Schultz et al., 2011, Liu et al., 2014). As already mentioned above, STZ treatment increases ROS content in cultured NSCs (Qu et al., 2012). As increasing ROS content resulting from treatment with pro-oxidative bothionine sulfoximine or diethyldithiocarbamate was shown to decrease the proportion of neurons after 7 days of incubation of NSCs in differentiation medium (Prozorovski et al., 2008) ROS seem contribute to neural-fate decision.

4.2.4 *Insulin receptor and glucose transporter 3 is affected by STZ treatment*

Almost all NSCs incubated in culture medium without STZ were shown to express IR and GLUT3 proteins. However, NSCs incubated in culture medium containing 2.5 mM STZ resulted in a reduced number of cells exhibiting IR and GLUT3 protein expression. Interestingly, the gene expression of IR in NSCs was not significantly affected by STZ treatment. Thus, STZ may influence the process of IR protein translation, post-translational modification or distribution. It has been found that in the adult brain the insulin signal is needed to keep NSCs alive and keeping the IR expression in the brain prevents the die-off of NSCs in drosophila (Siegrist et al., 2010). Activation of the PI3K/Akt pathway downstream of the insulin/IGF receptors activation promotes the self-renewal of NSCs (Groszer et al., 2006). Thus, the inhibition of NSCs` proliferation after STZ treatment may be linked to the down regulation of IR as observed in our study. Adult NSCs express GLUT1 and

GLUT3 but not GLUT2 and GLUT4 (Maurer et al., 2006), so the “fuel” for NSCs depends on the transport of glucose via GLUT1 and GLUT3. Maurer and colleagues found that high glucose concentrations and hypoxia increase GLUT3 protein concentration but do not significantly change the expression of GLUT1 in NSCs (Maurer et al., 2006). Thus, GLUT3 may be more sensitive to environmental changes. There is only few literature available dealing with the topic of a relationship between NSCs` proliferation and GLUT3 expression. But, in non-small cell lung cancer, GLUT3 was found to be induced and to promote tumor cell proliferation (Masin et al., 2014). GLUT3 may also regulate NSCs proliferation through enhancement of the transport of glucose into the cells providing energy.

My immunostaining study with differentiating cells revealed that the expression of GLUT3 is decreased after STZ treatment, at least in some of the differentiating cells. This may be one out of several reasons why STZ affects the differentiation fate of NSCs. Both, GLUT1 and GLUT3, are expressed in NSCs (Maurer et al., 2006), however, GLUT1 is the main glucose transporter in the plasmamembrane of astrocytes, whereas GLUT3 is the main glucose transporter of neurons (McCall et al., 1996, Dienel, 2012). The decreasing of GLUT3 expression may reduce the potential of NSCs toward neuronal-oriented differentiation without affecting the differentiation to astrocytes.

4.3 The *in vivo* and *in vitro* study – similarities and differences of obtained results

Both, the *in vivo* as well as the *in vitro* study, point to the fact that STZ diminishes hippocampal AN. However, as displayed in Fig. 33 A, the *in vivo* study revealed that STZ icv treatment primarily affects the differentiation process and the survival rate of newborn cells, whereas the *in vitro* study, as displayed in Fig. 33B,

showed that STZ affects both, the proliferation of NSCs and the differentiation and survival of newborn cells.

Both approaches have their own advantages, e.g. in the *in vivo* study using hippocampal sections of the whole septal-temporal extension we were able to demonstrate that exclusively in the septal hippocampus (Fig. 33A) discussed to be important for spatial learning AN is hampered, and in the *in vitro* study cellular mechanisms underlying the observed impaired neurogenesis in the hippocampus of STZ-treated rats could be more easily studied. In this *in vitro* approach we were able to show that STZ inhibits the expression of IR in NSCs and GLUT3 in NSCs as well as in differentiation cells.

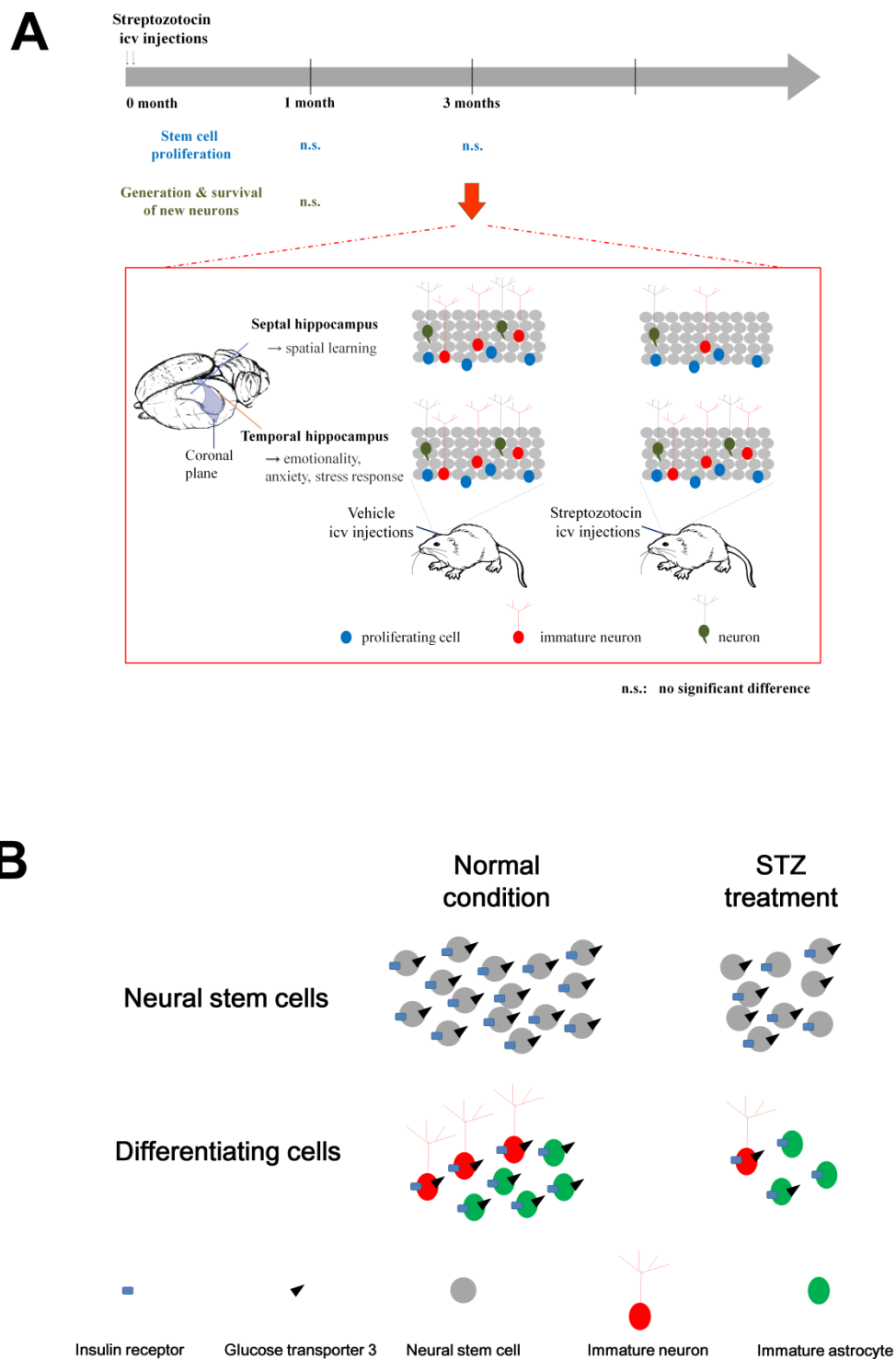


Fig.33 Schematic of *in vivo* (A) and *in vitro* (B) study results of streptozotocin treatment on adult neurogenesis in the rat hippocampus

A: The birth of new neurons in the adult hippocampus, is hampered in the hippocampus of rats 3 months, but not 1 month, after STZ icv treatment. Analyzing different AN-stages we revealed that STZ icv treatment primarily affects the differentiation process and the survival rate

of newborn cells. Both of long term and short term STZ icv treatment could not affect proliferating cells. We could also show that STZ exerts its biggest effects on the septal hippocampus, which is important for learning and memory processes and therefore is in line with spatial learning deficits obvious in AD patients.

B: In the *in vitro* approach STZ could inhibit AN in several different stages, including cell proliferation and differentiation. Moreover, we were able to show that STZ treatment seems to affect the differentiation fate of newly generated neurons but not of astrocytes. We could also show STZ inhibits the expression of IR in NSCs and GLUT3 in NSCs as well as in differentiation cells.

Different results from *in vivo* and *in vitro* studies are quite common in biological studies, especially in medical, pharmacological and toxicological research. Toxicological study revealed that non-genotoxic rat liver carcinogen methapyrilene alters the expression of the metabolizing genes sulfotransferase family, cytosolic, 1A, phenol-preferring, member 1 (SULT1A1) and 4-aminobutyrate aminotransferase (ABAT) as well as the growth arrest and DNA damage gene (GADD)34 *in vitro*, but not *in vivo* (Schug, et al., 2013). The observed *in vivo/in vitro* discrepancies always can be explained by different pharmacokinetics present *in vivo* and *in vitro* (Schug, et al., 2013). However, in other studies without involved in pharmacokinetics, discrepancy can also be found. For example, Desestret and coworkers showed that macrophages provided potent protection against neuron cell loss through a paracrine mechanism in the *in vitro* model of cerebral ischemia, however, in the *in vivo* model this cell-based treatment did not significantly improve any outcome measure compared with vehicle (Desestret, et al., 2013). The reason for the discrepancy in the studies like above may then be more complicated.

Discrepancy of our *in vivo* and *in vivo* results may originate in the different complexity of the NSCs proliferation and the growth and differentiation environment. In our rat model, STZ regulating AN may not target NSCs directly but also through effecting other cells, and influencing this micro-environment. However, for *in vitro* study, micro-environment for NSCs proliferation is almost missing and STZ targets NSCs and differentiating cells directly. In an *in vivo* condition, NSCs are surrounded by astrocytes, mature granule cells and resting

in close proximity to blood vessels and all these constitute a complex micro-environment for AN in the SGZ (Palmer et al., 2000). Micro-environment is important in the facilitation of the survival and self-renewing capacity of the stem cells (Kazanis et al., 2008) that depends on the change of vasculature (Palmer et al., 2000), growth and trophic factor (Anderson et al., 2002, Lee et al., 2002) and glial support cells (Morrens et al., 2012). In animal model studies, STZ does not only influence NSCs but also other type of cells like inducing neuronal apoptosis (Unsal et al., 2013), astrogliosis and microglial activation (Chen et al., 2013). Apoptotic neurons could secrete many factors [like high mobility group box 1 (HMGB1) and TNF- α (Kawabata et al., 2010)] and these factors are also shown to regulate AN. HMGB1 has been found to promote neurogenesis in later phases of intracerebral hemorrhage (Lei et al., 2015). Activated glial cells secrete cytokines like CD11b and TNF- α (Rai et al., 2014). Recently, It was reported that active microglia could enhance neurogenesis and pharmacological suppression of producing proinflammatory cytokines (i.e., IL-1 β , IL-6, TNF- α , and IFN- γ) significantly inhibited neurogenesis in the SVZ (Shigemoto-Mogami et al., 2014). Furthermore, growth and trophic factors such as insulin/IGF (Grunblatt et al., 2007), NGF (Hellweg, 1994) as well as BDNF (Shonesy et al., 2012) are shown to be altered in the STZ icv rat model, which dramatically influence AN already described in our introduction part.

In summary, we speculate the discrepancy found in our *in vivo/in vitro* study may due to the complex micro-environment of AN niche in our *in vivo* study but missing in our *in vitro* study.

4.4 Outlook

As neuropathological changes already observed 3 months following STZ icv treatment are shown to become more and more apparent in brains of rats with increasing survival times, the analysis of hippocampal AN in rats 6 and 9 months after STZ icv treatment seems to be mandatory for a more comprehensive understanding of the involvement of AN in the etiopathogenesis of sAD. Regarding the *in vitro* study, there are still many unresolved issues needed to be further clarified. For instance, we only clarified that proliferation, differentiation as well as the expression of IR and GLUT3 protein were affected by the treatment with STZ. But, a causal relationship between them is not proven, yet. In future, we could continue to study these through gene knockout/overexpression of IR and GLUT3 and/or pharmacological inhibition of the IR [such as: insulin receptor-specific tyrosine kinase inhibitor, HNMPA-(AM)3].

In order to solve the discrepancies between the results of the *in vivo* study and *in vitro* study, we could use for future *in vitro* work the rat as old as *in vivo* study. We also could perform multi-cells co-culture systems, for instance, NSCs co-cultured with neurons, astrocyte or microglia. Then, the influence of micro-environment for NSCs could be studied in the treatment of STZ.

As factors and mechanisms underlying the formation and survival of new neurons in the adult brain certainly are of potential therapeutic importance especially for the treatment of sAD, in future, we could use our *in vivo* and *in vitro* system to help discovering new drugs. It would be worth testing drugs already shown to prevent cognitive deficits in this STZ icv model and cell model [such as treatment with galactose (Salkovic-Petrisic et al., 2014); curcumin (Isik et al., 2009); selenium (Ishrat et al., 2009); rhodiola crenulata extract (Qu et al., 2009); cyclooxygenase inhibitors (Dhull et al., 2012) on their effectiveness on AN.

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Curriculum Vitae

Profile

Name: Ping Sun

DOB: December 4, 1985

Gender: male

Address: Department of Psychiatry, Psychosomatics and Psychotherapy, Fuchsleinstr. 15, 97080 Würzburg, Germany

E-mail: josp124@gmail.com / ping.sun@stud-mail.uni-wuerzburg.de

Education Resume

1. 2011.10 - present Ph.D., Neuroscience
 Department of Psychiatry, Psychosomatics and Psychotherapy
 University of Würzburg, Germany
 Advisor: PD Dr. Angelika Schmitt

2. 2008.9 - 2011.7 Master, The basis of Integrative Medicine
 Beijing University of Chinese Medicine, China
 Joint training in Institute of Biophysics, Chinese Academy of Science
 Advisor: Prof. Qian Hua

3. 2004.9 - 2007.7 Bachelor, Bioengineering
 Sichuan University, China
 Advisor: Prof. Yongkui Zhang

Conferences and Schools

1. 2014, GK-Emotions Spring School, GK-Emotions summer School; 2013, GK-Emotions Spring School, GK-Emotions summer School
2. 2014, the 9th FENS Forum of Neuroscience (Milan, Italy)
3. 2013, the Congress of the German Neuroscience Society (Göttingen, Germany)
4. 2012, Route 28 summits in neurobiology in Frauenchiemsee, Germany
5. 2009, The 8th Biennial Conference of the Chinese Society for Neuroscience (CSfN) (Guangzhou, China)
6. 2008, The Third ISN Special Neurochemistry Conference (Beijing, China)

Place, Date

Signature

Publications

Original contributions in international peer-reviewed journals

1. **Sun P**, Knezovic A, Parlak M, Cuber J, Karabeg MM, Deckert J, Riederer P, Hua Q, Salkovic-Petrisic M, Schmitt AG. Long-term effects of intracerebroventricular streptozotocin treatment on adult neurogenesis in the rat hippocampus. *Curr Alzheimer Res.* 2015 Jul 10.

3. **Sun P**, Ding H, Liang M, Li X, Mo W, Wang X, Liu Y, He R, Hua Q. Neuroprotective Effects of Geniposide in SH-SY5Y Cells and Primary Hippocampal Neurons Exposed to A β 42. *Biomed Res Int.* 2014;2014:284314.

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6. **Sun P**, Chen JY, Li J, Sun MR, Mo WC, Liu KL, Meng YY, Liu Y, Wang F, He RQ, Hua Q. The protective effect of geniposide on human neuroblastoma cells in the presence of formaldehyde. *BMC Complement Altern Med.* 2013 Jul 1;13:152.

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Review article

Sun P, Hua Q, Schmitt AG. Energy metabolism, adult neurogenesis and their possible roles in Alzheimer's disease: A brief overview. *Current Topics in Medicinal Chemistry.*

In preparation

Sun P, Deckert J, Riederer P, Hua Q, Schmitt AG. Streptozotocin impairs proliferation and differentiation of adult hippocampal neural stem cells going along with insulin receptor and glucose transporter 3 expression changes - an in vitro study

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Affidavit

I hereby confirm that my thesis entitled " Alzheimer`s disease and brain insulin resistance: The diabetes inducing drug streptozotocin diminishes adult neurogenesis in the rat hippocampus – an *in vivo* and *in vitro* study " is the result of my own work. I did not receive any help or support from commercial consultants. All sources and / or materials applied are listed and specified in the thesis.

Furthermore, I confirm that this thesis has not yet been submitted as part of another examination process neither in identical nor in similar form.

Place, Date

Signature

Eidesstattliche Erklärung

Hiermit erkläre ich an Eides statt, die Dissertation " Alzheimer-Krankheit und Insulinresistenz im Gehirn: Streptozotocin, das Änderungen im Insulinstoffwechsel hervorruft, reduziert die Neubildung von Neuronen im Hippocampus von adulten Ratten - *In vivo*- und *In vitro*-Untersuchungen" eigenständig, d.h. insbesondere selbständig und ohne Hilfe eines kommerziellen Promotionsberaters, angefertigt und keine anderen als die von mir angegebenen Quellen und Hilfsmittel verwendet zu haben.

Ich erkläre außerdem, dass die Dissertation weder in gleicher noch in ähnlicher Form bereits in einem anderen Prüfungsverfahren vorgelegen hat.

Ort, Datum

Unterschrift