

BACKGROUND

- Alzheimer's Disease (AD) impacts 6.5 million in the US¹ and is incurable despite its well-characterized pathology (Fig. 1A).
- AD studies show junctional weakening^{2,3} of the BBB that precedes development of amyloid plaques and tau tangles
- The mechanisms by which BBB progression contributes to AD is unknown because developing a model to control for the many cues of AD is difficult⁴

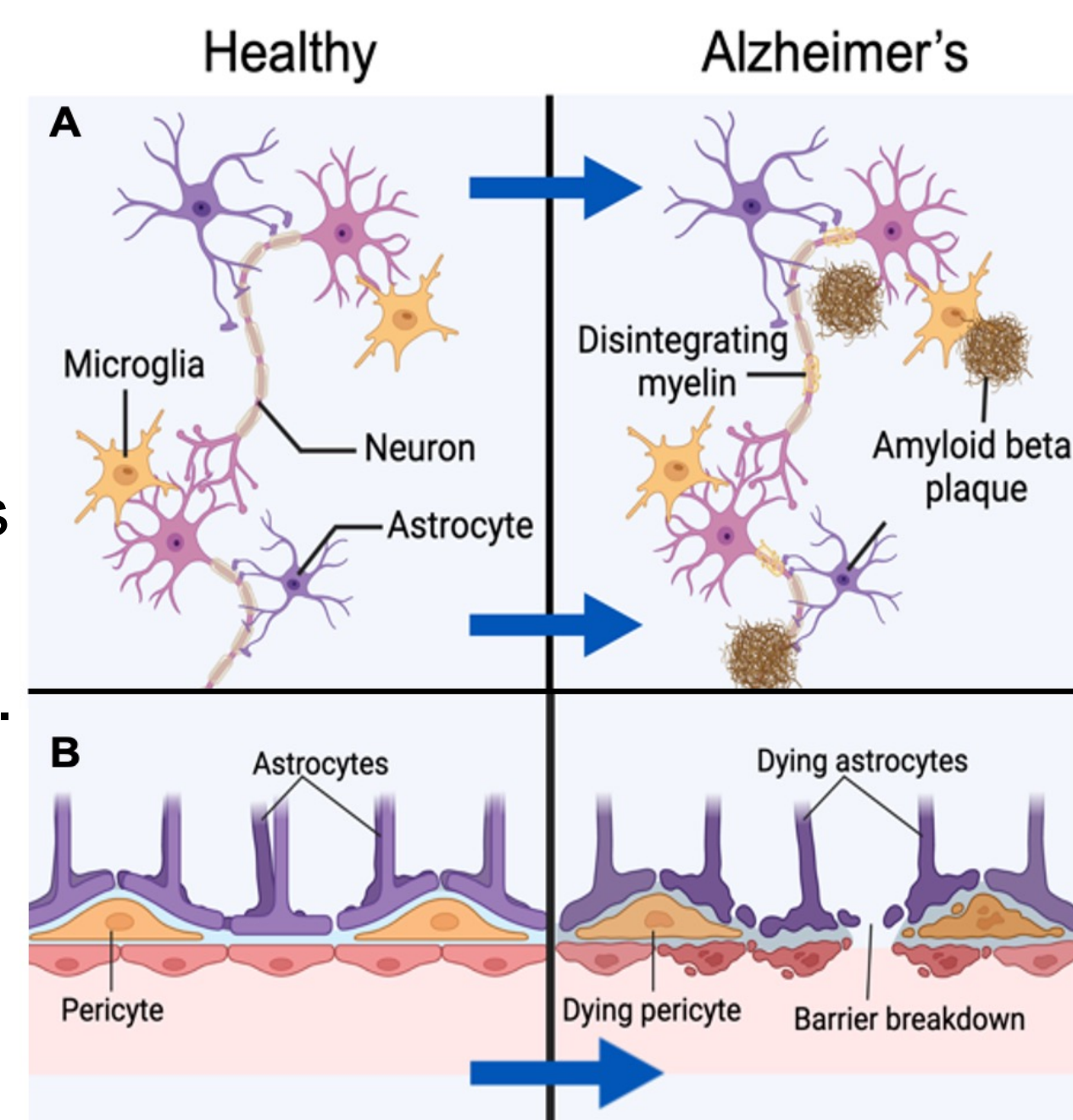


Figure 1: Contrast in healthy and AD pathologies. A) Myelin disintegration and the ensuing development of A β plaques. B) BBB astrocyte/pericyte death and barrier breakdown.

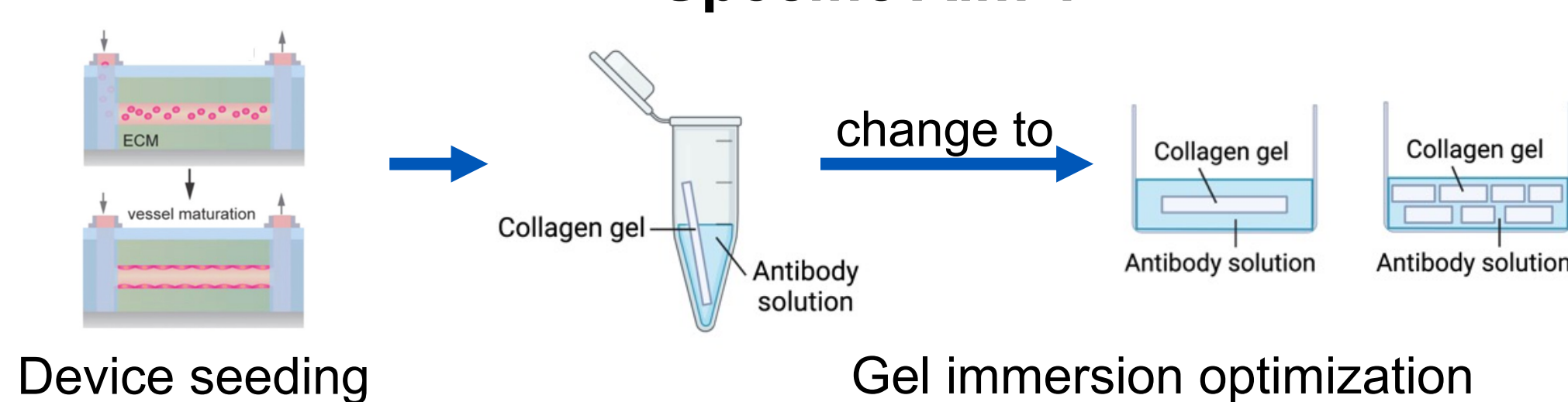
OBJECTIVES

Specific Aim 1: Optimize the current 3D microfluidic system to be representative of AD brain microvessels

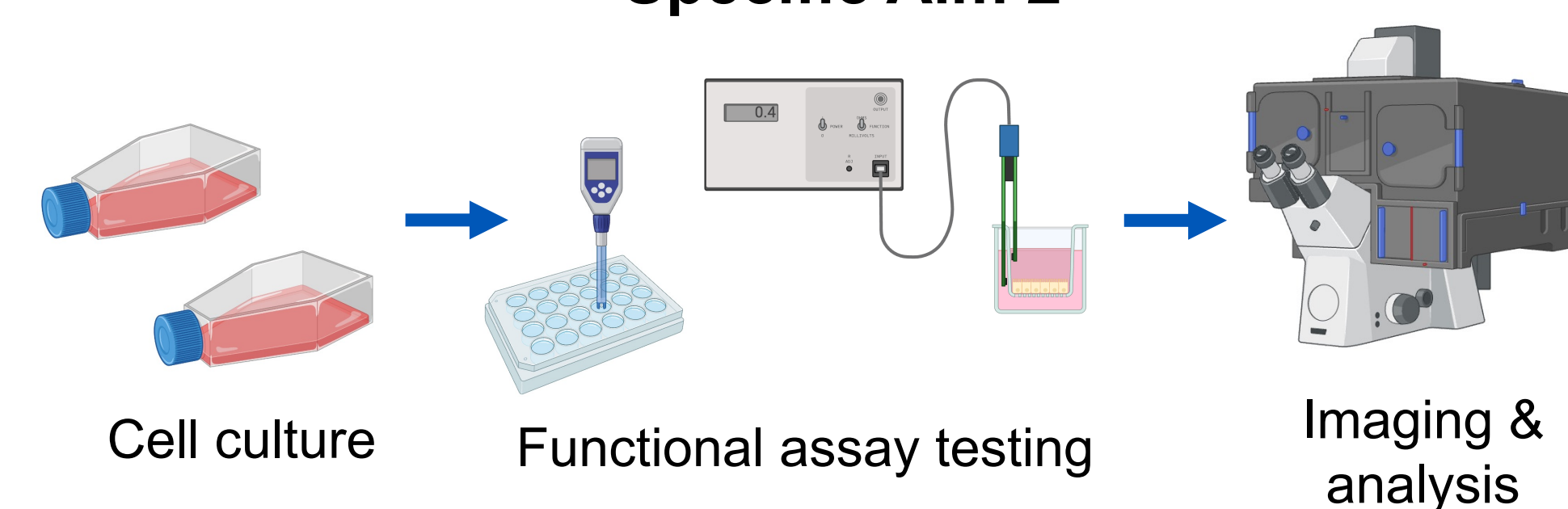
- Modify seeding density and alter antibody submersion
- Specific Aim 2:** Create a process to quantify changes in barrier function during AD progression
- Design a functional assay for A β 40 and A β 42 transport
- Specific Aim 3:** Assess BBB identity and changes in barrier function in response to PSEN M146V and APPswe familial AD mutations

METHODS

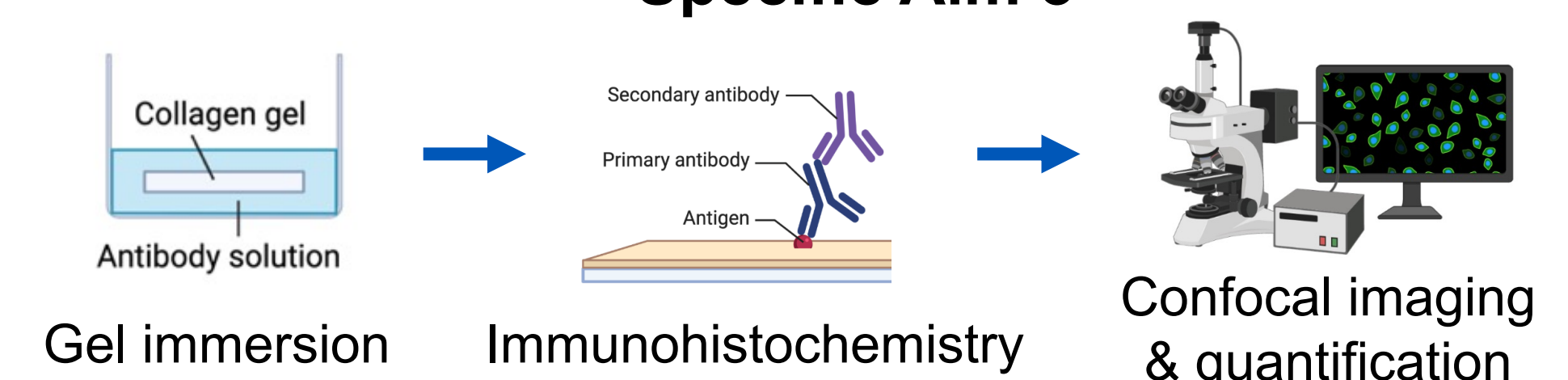
Specific Aim 1



Specific Aim 2



Specific Aim 3



RESULTS

A. Foundational Testing

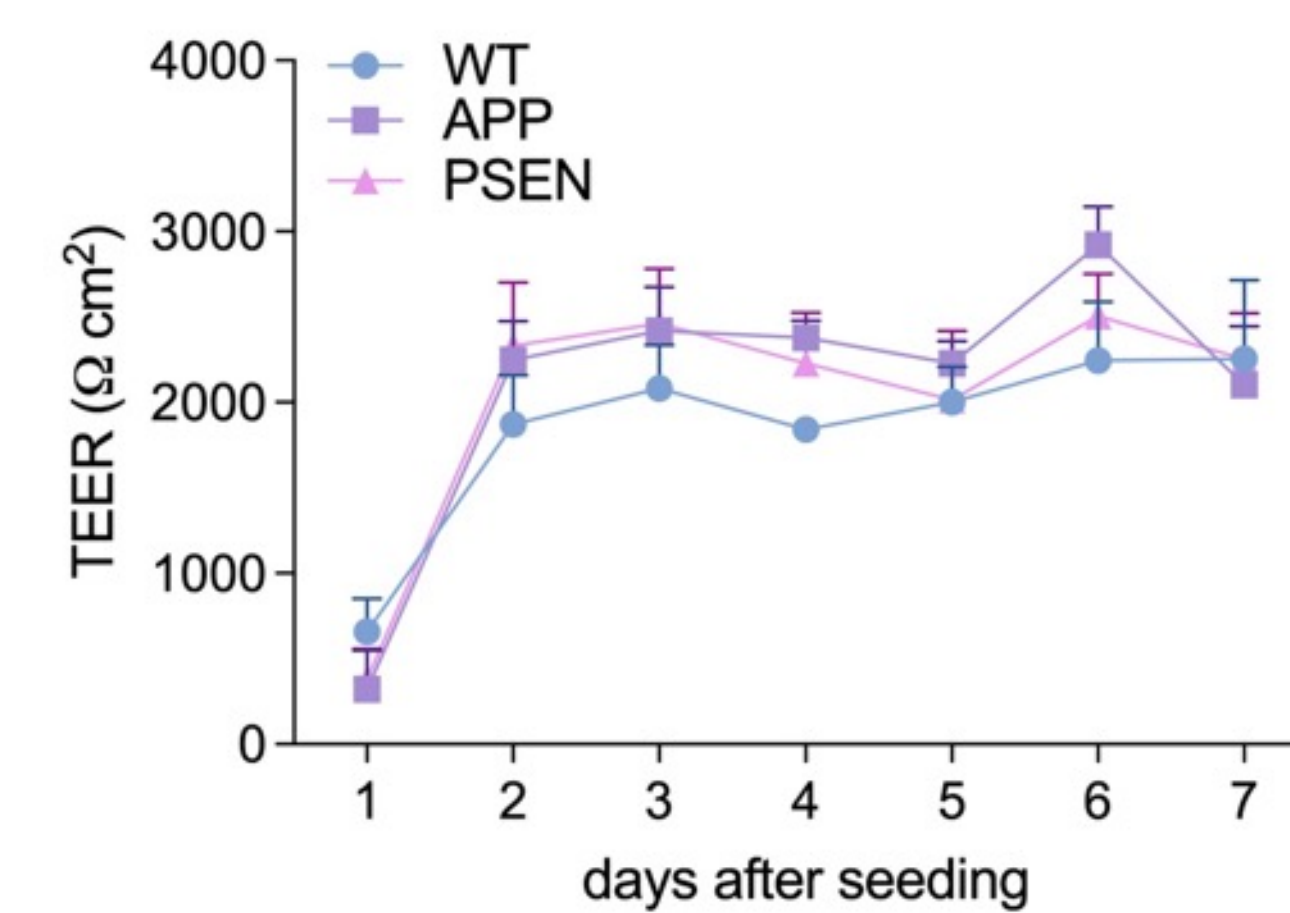


Figure 2. Transendothelial electrical resistance testing (TEER) of all cell lines to confirm endothelial identity and find baselines.

B. Immunohistochemistry

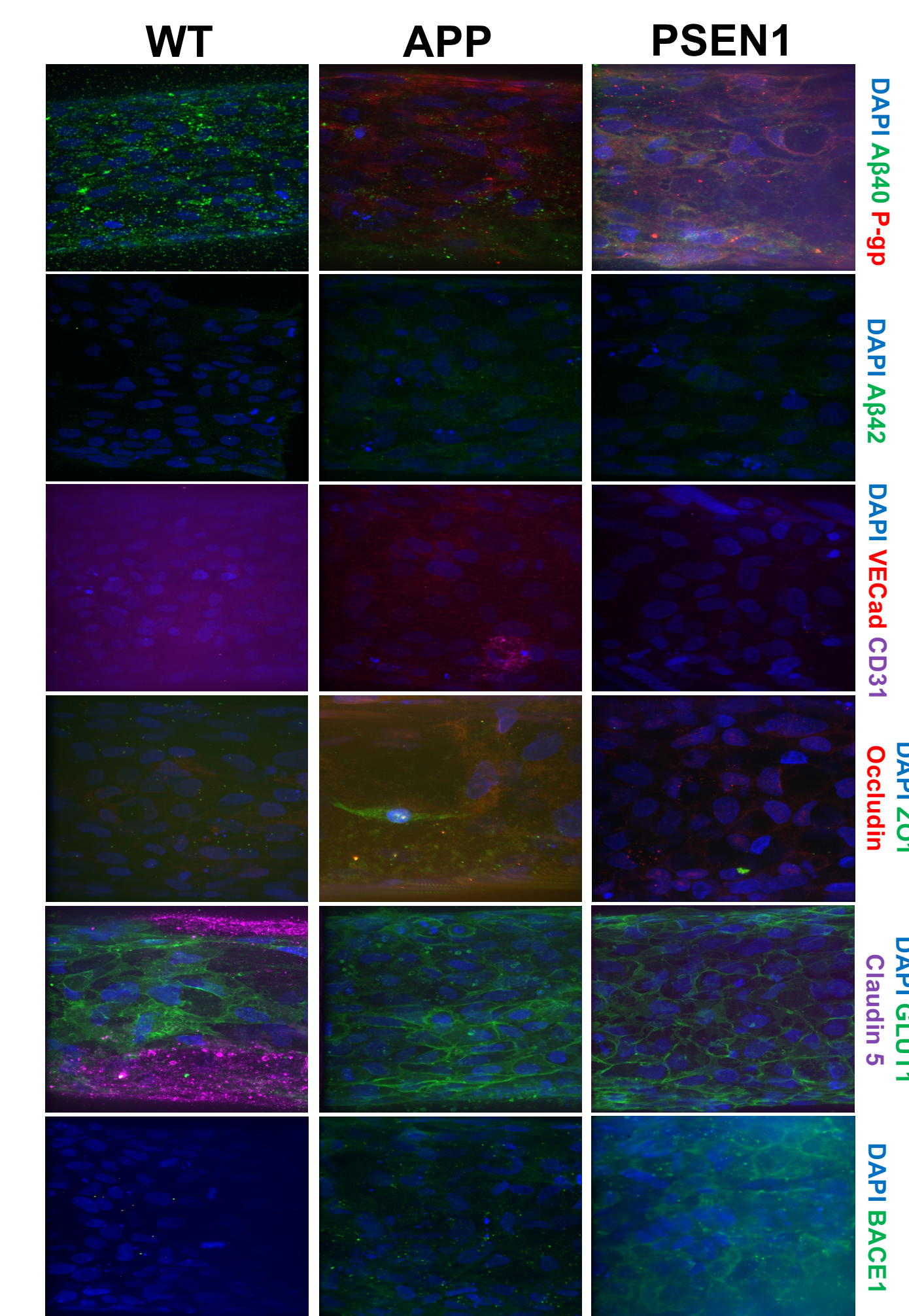


Figure 4. Representative images of maximum intensity z-stack projections of immunohistochemistry for nuclei (DAPI), junctional proteins (occludin, ZO-1), transport proteins (P-gp, GLUT1), endothelial identity markers (VE-cadherin, CD31), and AD-associated biomarkers (A β 40, A β 42, BACE1).

C. Functional Assay Testing

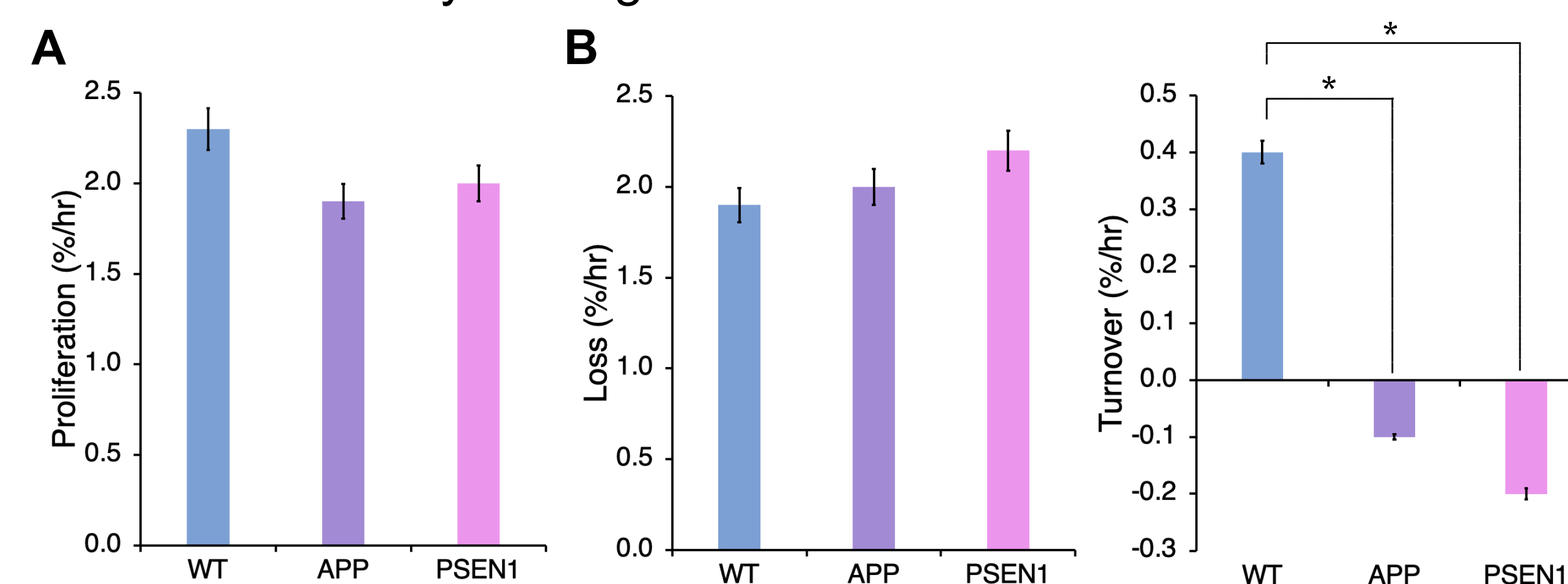


Figure 6. Cell turnover functional testing comparing proliferation (A), loss (B), and turnover (C) rates for all cell lines. (1-way ANOVA test; * $p \leq 0.05$)

B. Optimization

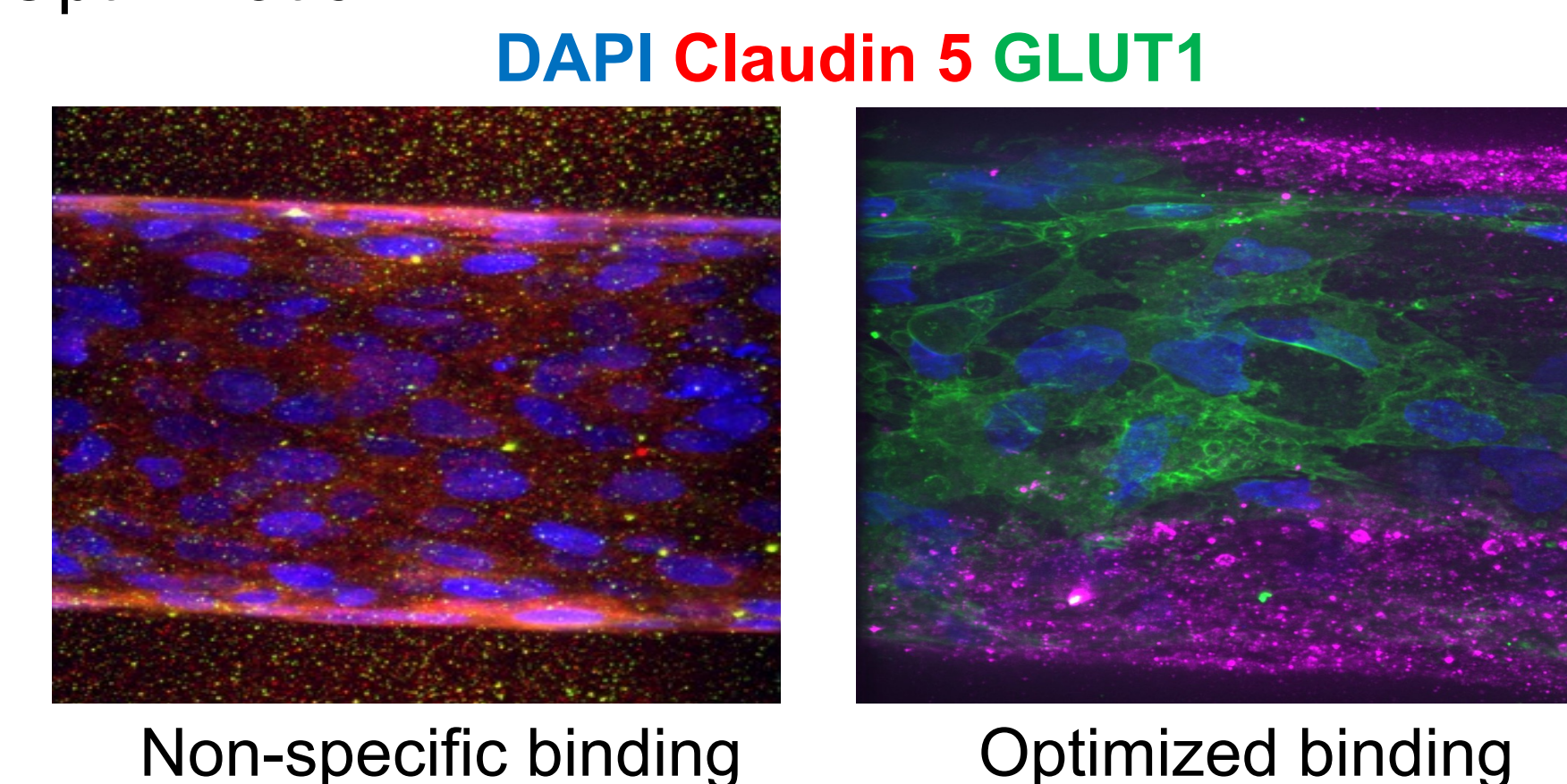


Figure 3. Modification of the gel immersion method during immunostaining replaced non-specific antibody fluorescence outside the microvessel (A) with targeted cell-antibody interactions (B).

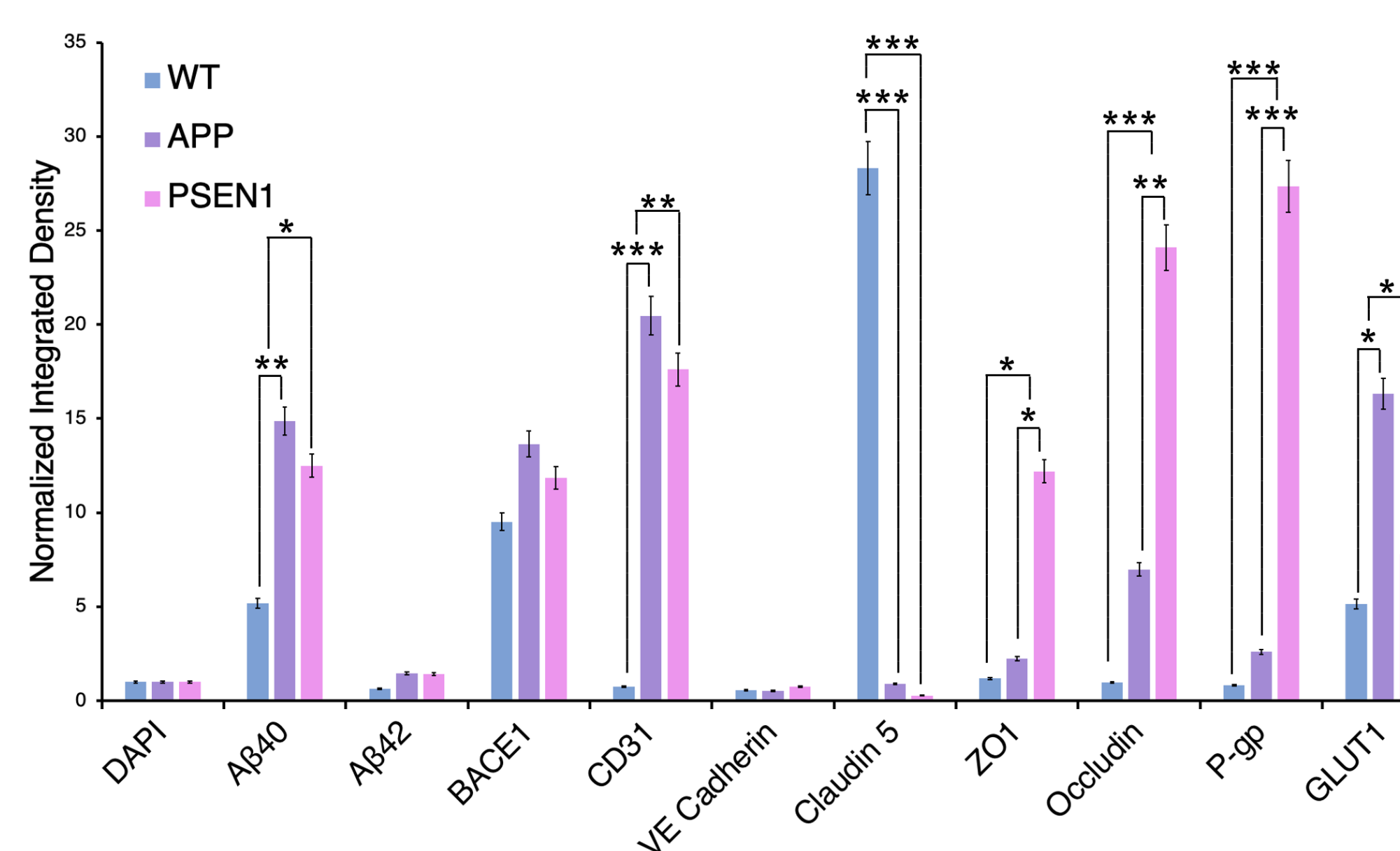


Figure 5. Immunohistochemistry fluorescence for each marker normalized to DAPI nuclear staining. (1-way ANOVA test; * $p \leq 0.05$, ** $p \leq 0.01$, *** $p \leq 0.001$)

- Fluorescence normalization of immunohistochemistry staining showed upregulation of CD31, GLUT1, P-gp, A β 40, ZO-1, and Occludin in AD models compared to the WT control
- Downregulation in AD models was only seen for Claudin 5, with A β 42 and VE-cadherin signaling appearing to be within error of fluorescence in WT control devices

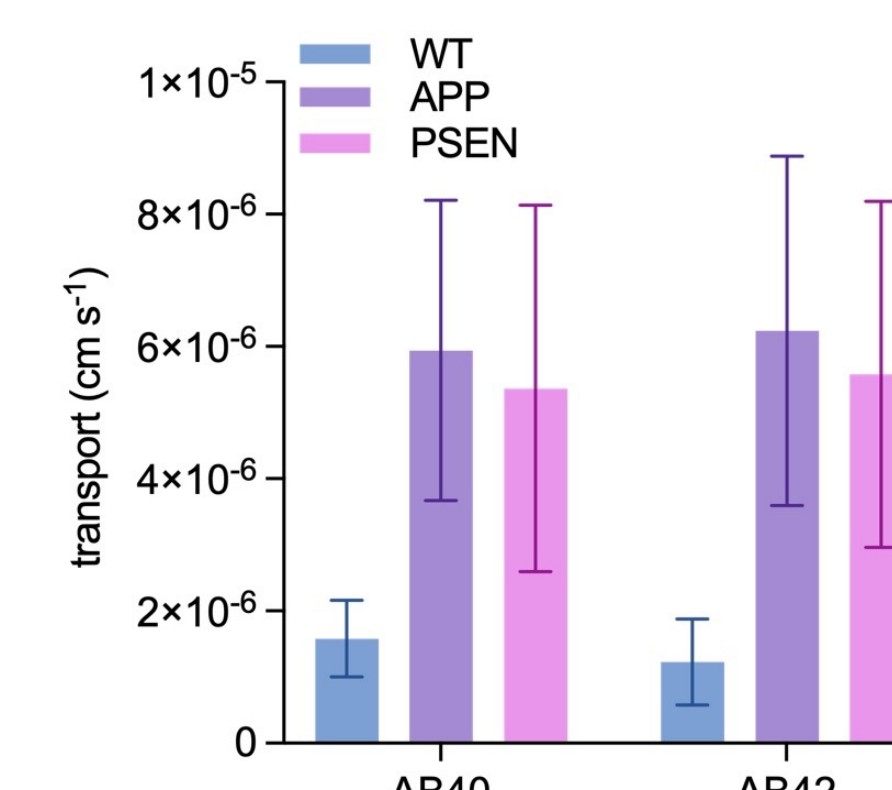
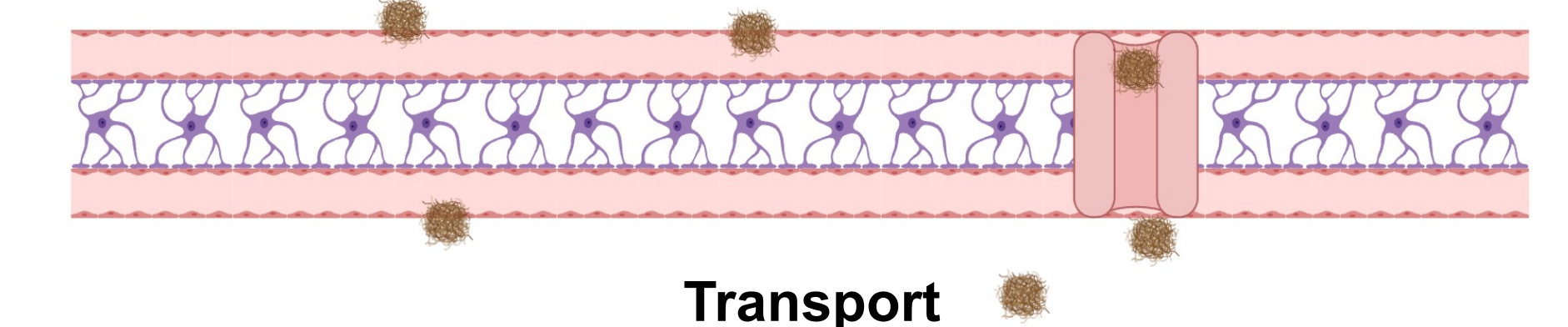


Figure 7. Preliminary transport assay testing.

CONCLUSIONS

- TEER testing established baselines for barrier function, **validating** the microfluidic model for AD studies with PSEN1 and APP mutations
- Modifying the collagen matrix immersion method during immunohistochemistry **optimized staining**
- Both APP and PSEN1 AD familial mutations showed **upregulation** of junctional and transport proteins relative to the WT control devices
- CD31 upregulation** suggests changes to the endothelial identity of brain microvascular cells in AD
- Cell turnover functional assay testing revealed **reduced cell turnover** in AD
- Transport assays found an **increase in transport of A β 40 and A β 42**, prompting further study

FUTURE WORK



- Continue transport assay testing to build a dataset of 9 total replicates, with 3 for each condition
- The receptor for advanced glycation end products (RAGE) is implicated in A β transport, conduct transport assay testing with RAGE inhibition and quantify any changes across the 3 models
- Implement extrinsic cues of AD, such as oxidative stresses, into the model and characterize any changes

REFERENCES

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