

## Review Article

# Dopamine-synthesizing neurons: An overview of their development and application for cell therapy

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## Abstract

Cell-gene therapy is a dynamic constituent of novel medical biotechnology. Neurodegenerative disorders in which damage to or demise of specific brain cell types plays central role, are clear examples of disease candidate for cell replacement therapy. Dopaminergic (DAergic) neurons biosynthesize dopamine, a vital neurotransmitter in the central nervous system. Due to the involvement of dopamine in a number of critical physiological functions in human and other mammals, disturbed dopamine neurotransmission resulting from DAergic neuron death or damage causes a few known disorders most prominently Parkinson's disease (PD). DAergic cell replacement therapies proposed as promising approaches for PD treatment have prompted scientists to thoroughly investigate the embryonic development of DAergic neurons and their function in ordinary life. This review summarizes past and current findings in DAergic neuron development and survival. It also briefly looks at the future prospect of DAergic neuron generation *in vitro* aiming at clinical applications *in vivo*.

**Keywords:** dopamine; dopaminergic; Parkinson disease; cell therapy

## INTRODUCTION

Cell-gene therapy requires thorough understanding of biology of disease candidates and, in the first place, the normal physiology of the affected cells/tissues. In line with this notion, cell replacement strategies may, in

some diseases, need imitation of developmental steps physiologically occurring *in vivo* in order to generate fresh batches of functional cells for transplantation (Wijeyekoon and Barker 2009; Korecka *et al.*, 2008).

Dopamine is an important catecholamine neurotransmitter found in both vertebrates and invertebrates (Dunnett *et al.*, 2005). Dopamine is synthesized by DAergic neurons (Chinta and Andersen 2005) and functions via its specific receptors found in most brain cells (Vallone *et al.*, 2000; Missale *et al.*, 1998). Deregulated DAergic system can cause a wide range of neurological conditions some of which have devastating impact on human life. Abnormal dopamine receptor signaling is the main cause for attention-deficit hyperactivity disorder (Heijtz *et al.*, 2007), Schizophrenia (Takahashi 2006; Reynolds 1996), genetic hypertension (Banday and Lokhandwala 2008) and addiction (Volkow *et al.*, 2007).

A number of important psychiatric and movement disorders most notably Parkinson's disease (PD) in the human are caused by the demise or dysfunction of DAergic neurons in the CNS (Hirsch *et al.*, 1997; German *et al.*, 1996). This highlights the importance of DAergic neurons for health and explains why these cell types are the subject of extensive investigation. Although the main cause of DAergic neuron death in PD and related disorders remains unknown, oxidative stress that is accelerated as age increases is amongst intrinsic contributors to DAergic cell death in these aging disorders. Neuroprotective strategies are actively explored and applied; however, substitution of dead or dying neurons would conceivably be more effective in the long-term prospect of treatment. Such strategies clearly demand a wide range of investigation on the

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source of new cells, safety and efficacy of cell transplantation, and functionality of replacing neurons upon their integration into the neural network within the patient's brain. To initiate a search for a viable external source for DAergic neuron generation, endogenous steps of DAergic neuron development at embryonic stages have to be taken to account. Numerous studies have clarified these steps at cellular and molecular levels although not the role of all elements involved in the process is fully understood yet. This review compiles data available from studies on the cell/ molecular events leading to DAergic neuron generation *in vivo* and presents a glimpse of how to apply this knowledge for PD cell replacement therapy.

**Dopamine:** Dopamine is one of the most intensively-studied neurotransmitters due to its critical roles in a diverse range of physiological activities. These activities are mostly related to behavior and cognition including voluntary movement, motivation and reward, inhibition of prolactin production, sleep, mood, attention, and learning (see Dunnet *et al.*, 2005 for a comprehensive review).

DAergic neurons are the main source of dopamine biosynthesis and release. The neurons express a series of enzymes specifically involved in biosynthesis of the neurotransmitter (Nagatsu 1991). Tyrosine hydroxylase (TH) promotes hydroxylation of the amino acid L-tyrosine to dopamine precursor dihydroxyphenylalanine (L-DOPA) (Nagatsu *et al.*, 1964). TH is found in the cytosol of all cells containing catecholamines and, therefore, widely considered for DAergic neuron characterization. Aromatic L-amino acid decarboxylase (AADC) converts L-DOPA to dopamine. Downstream catecholamines, namely norepinephrine and epinephrine, are catalysed by dopamine  $\beta$ -carboxylase and phenylethanolamine, respectively (Nagatsu 1991).

Dopamine exerts its functions via interactions with its receptors. These G protein-coupled receptor sub-

types are divided into two main groups: D<sub>1</sub>-like subtypes of D<sub>1</sub> and D<sub>5</sub>, and D<sub>2</sub>-like subtypes of D<sub>2</sub>, D<sub>3</sub> and D<sub>4</sub> (Callier *et al.*, 2003; reviewed in Missale *et al.*, 1998). Dopamine receptors are widely expressed in the CNS, reflecting their involvement in various brain activities. In the periphery, dopamine receptors are present more prominently in kidney, vasculature, and pituitary, where they affect mainly sodium homeostasis, vascular tone, and hormone secretion (Missale *et al.*, 1998). The structural and functional aspects of dopamine receptors have been extensively covered elsewhere and will not be discussed further in this review.

**DAergic neurons: classification and specific characteristics:** A traditional definition of DAergic neurons that is still applied to these cells was introduced by Dahlstrom and Fuxe in 1964 when they first observed them (Dahlstrom and Fuxe 1964). DAergic neuron subdivisions they defined were based on three different criteria: (1) cytoarchitectonic features observed by non-specific staining such as the Nissl staining, (2) the DAergic phenotype of neurons and (3) the organization of midbrain DAergic neurons in dorsal and ventral tiers.

It is now well known that DAergic neurons are mainly located in the diencephalon, mesencephalon and the olfactory bulb (Bjorklund and Dunnett 2007). Approximately 90% of total brain DAergic neurons reside in the ventral part of mesencephalon (Chinta and Andersen 2005). The mammalian mesencephalic DAergic (mes-DAergic) neurons are located in three distinct brain subregions: substantia nigra pars compacta (SNpc), ventral tegmental area (VTA), and retrorubral field (RRF). The historic classification by Dahlstrom and Fuxe has designated these neurons as A8 (RRE), A9 (SNpc) and A10 (VTA) (Dahlstrom and Fuxe 1964).

Mammalian species contain different numbers of

**Table 1.** DAergic neurons in mammalian species. See text for more details.

Species	DAergic neuron numbers	References
Mice	3000	German <i>et al</i> 1983
Rats	45000	German and Manaye
Macaca	16500	1993
Monkeys	590000	German <i>et al</i> 1983
Humans		Pakkenberg <i>et al</i> 1991; German <i>et al</i> 1983

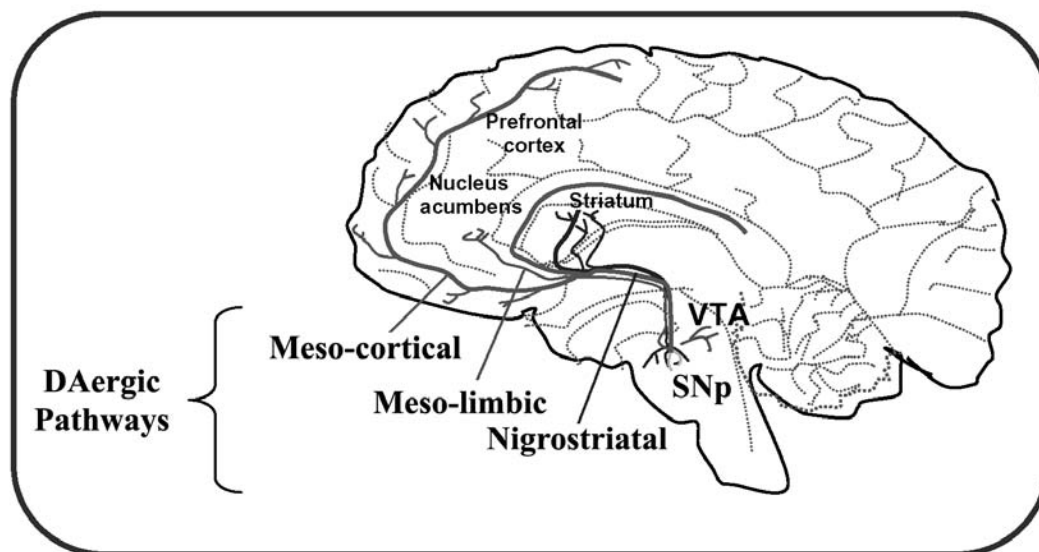
DAergic neurons in their mesencephalon (Table 1). For example mice and rats possess up to 30000 and 45000, respectively, whereas the number stands, respectively, at 165000 and 590000 in macaca monkeys and humans (German and Manaye 1993; Pakkenberg *et al.*, 1991; German *et al.*, 1983).

The best known DAergic subdivision is the nigrostriatal (SN-ST) system which originates in the the SNpc and projects its fibers into the dorsal striatum that includes caudate and putamen (Fig. 1) (Smith and Kieval 2000). The SN-ST system is well known for its crucial role in controlling voluntary motor movement. The mesolimbic DAergic system located more medial to the SN-ST system arises from VTA DAergic neurons and sends its projections mainly into the nucleus accumbens, olfactory tubercle as well as the septum, amygdale and hippocampus (Bjurklund and Dunnett 2007). These projections collectively form the mesolimbic DAergic system. Finally, the mesocortical DAergic system is constituted by DAergic neurons in the medial VTA that project to the prefrontal, cingulate and the perirhinal cortex (Bjurklund and Dunnett 2007). The mesocortical and mesolimbic DAergic systems are closely located and overlapped jointly forming the mesocorticolimbic system (Wise 2004). VTA DAergic neurons that collectively constitute the mesocorticolimbic system are involved in emotion-based behavior including motivation and reward (Phillips *et al.*, 2008).

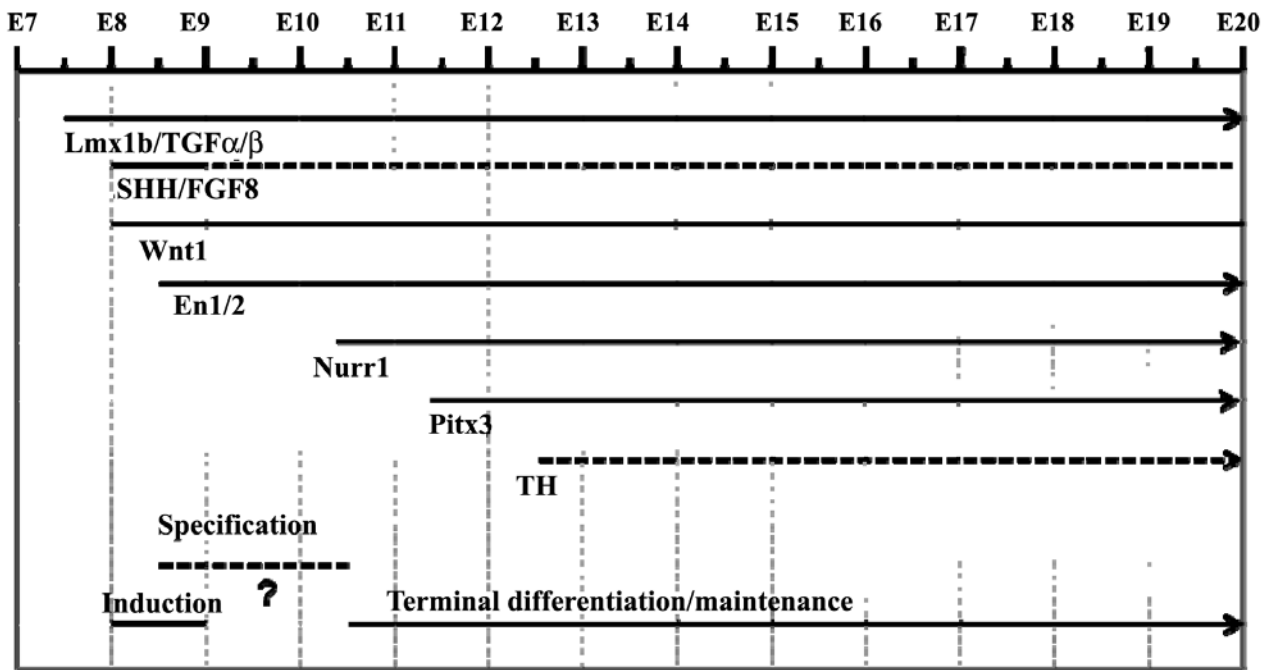
### DAergic neurons: embryonic development

**Early determinants:** DAergic neurons develop during embryonic life in a staged fashion via distinct events mediated by certain molecules. The neurons develop from a single cell group that originates at the mesencephalic-diencephalic junction during embryonic development and projects to different forebrain targets. Several factors have been identified that determine the fate of midbrain DAergic neurons in the embryonic brain (Fig. 2). Among these factors are two secreted signaling proteins that function as early determinants to specify the identity of early proliferating DAergic progenitors: sonic hedgehog (SHH) and fibroblast growth factor 8 (FGF8) (Ye *et al.*, 1998). SHH is derived from the floor plate in the ventral midline and plays essential role in the specification of different populations by controlling various transcription regulators (Placzek and Briscoe 2005; Ho and Scott 2002). FGF8 is released by the midbrain-hindbrain border (MHB) called isthmus or mid-hindbrain organizer (MHO) (Rhinn and Brand 2001). The floor plate exists throughout the entire length of the neural tube, but the MHO is a centralized organization playing a key role in controlling the size and relative location of mes-DAergic neurons (Prakash and Wurst 2006a).

Both SHH and FGF8 are necessary to induce DAergic progenitors (Ye *et al.*, 1998). This has been demonstrated by the observation that SHH induces ectopic DAergic neurons in areas of the brain express-



**Figure 1.** Dopamine projections to the forebrain: As described in the text, projections of A10 neurons extend from the ventral tegmental area (VTA) to the nucleus accumbens, and prefrontal cerebral cortex, of A9 neurons from SNpc to dorsal striatum (caudate nucleus and putamen).



**Figure 2. Chronological development of murine DAergic neurons at embryonic stages:** Inducing factors that have implications on this process are shown. The top scale represents embryonic days from a day before the start of neural development. At embryonic day 8 neurogenesis begins shortly after gastrulation while majority of mes-DAergic neurons are generated at E13 soon after onset of TH expression. The bars below the scale indicate the onset of expression of inducing factors (transcription factors or other proteins) according to the time-scale at the top, and the time interval during which the corresponding protein is assumed to play its role in mes-DAergic development. The time interval during which the presence of the corresponding molecule is necessary for the normal development of mes-DAergic neurons is indicated by solid bars. Arrows indicate that the corresponding protein is expressed beyond mid-gestation into later fetal and postnatal stages and may also be needed at these later stages. Wherever a direct involvement of the corresponding molecule has yet to be established or its absence has no effect on normal DAergic development is indicated by dotted bars. The bars at the bottom of the Figure indicate the time intervals for induction of mes-DAergic progenitors, specification of the mes-DAergic cell fate in precursors, and terminal differentiation/maintenance of postmitotic mes-DAergic neurons in the mouse ventral midbrain. It is still not quite clear what processes and factors link early inductive signals to the molecular network controlling the differentiation and maintenance of mes-DAergic neurons in the mammalian brain. The question mark points to this uncertainty. Abbreviations: Tgf, transforming growth factor; SHH, Sonic hedgehog; FGF, fibroblast growth factor; En, engrailed; TH, tyrosine hydroxylase. Adapted from Alavian *et al.*, 2008; Prakash and Wurst 2006b.

ing FGF8 (Hynes *et al.*, 1997) and that DAergic neuron numbers are reduced in SHH-null mutant animals (Blaess *et al.*, 2006). However, it is important to understand how SHH and FGF8 as two symmetric signals could provide sufficient information for conferring DAergic phenotype exclusively to cells that are destined to ventral midbrain. An asymmetric signal called *Wnt1* which appears at the same time of FGF8 expression and is expressed only at caudal midbrain is thought to act as mediator (Prakash *et al.*, 2006a). Panhuysen *et al.*, have shown that *Wnt1* is important for development of mid-/hindbrain region (Panhuysen *et al.*, 2004). Further studies using *Wnt1*-mutant forebrain cultures showed that *Wnt1* is essential for DAergic neuron induction by FGF8 (Joksimovic *et al.*, 2009; Castelo-Branco *et al.*, 2003) and so it might act as asymmetrical signal for specification of mes-DAergic progenitors (Prakash *et al.*, 2006a).

*LIM homeodomain family members:* *Lmx1a* is one of the transcription factors involved in DAergic neuron development whose expression relies on SHH. *Lmx1a* is expressed in the ventral midbrain in a spatio-temporal pattern correlating with the emergence of DAergic neurons in the mesencephalon (Andersson *et al.*, 2006). Unilateral transfection of retroviral expression vectors harboring *Lmx1a*-encoding cDNA into the midbrain chick embryos by in ovo electroporation ectopically induced DAergic neurons in the ventral midbrain as indicated by the induction of *Nurr1*, *Lmx1b*, and *TH* (Brisco *et al.*, 2000; Andersson *et al.*, 2006). *Lmx1a* seems to exert its effects through the induction of another homeobox gene *Msx1* (Andersson *et al.*, 2006).

*Lmx1b:* is another member of LIM family implicated in mes-DAergic neuron development in mouse brain

(Smidt *et al.*, 2000). *Lmx1b* appears at E7.5 in mice (Asbreuk *et al.*, 2002). *Lmx1b*<sup>-/-</sup> mice lack signals necessary for differentiation and survival of DAergic neurons in VTA (Smidt *et al.*, 2000). These findings led to the conclusion that *Lmx1b* is required for induction of another downstream factor *Pitx3* (Smidt *et al.*, 2000). Other reports indicate that *Lmx1b* can also induce ectopic expression of *Wnt1* (Matsunaga *et al.*, 2002; Adams *et al.*, 2000). Since *Pitx3* fails to show up in the absence of *Wnt1* (Prakash *et al.*, 2006a), *Lmx1b* is believed to induce *Pitx3* expression via *Wnt1* as a mediator.

**Engrailed genes:** Engrailed (EN)-1 and EN-2 regulate  $\alpha$ -synuclein a protein involved in familial forms of PD (Simon 2001). A single allele of EN-1 on EN-2<sup>-/-</sup> mice produces a wild type-like SN and VMT. A single allele of EN-2 on EN-1<sup>-/-</sup>, on the other hand, results in the survival of only a small proportion of DAergic neurons (Simon 2001). These findings show that EN-1 and EN-2 are differentially expressed in the brain and that the expression of the two genes continues through adulthood indicating their role in DAergic neuron survival though not in their specification. This notion is confirmed by a recent study that shows mice heterologous for both EN-1 and EN-2 (EN-1<sup>+/-</sup>EN-2<sup>+/-</sup>) have significantly reduced levels of striatal dopamine (Sgado *et al.*, 2009).

**Nurr1:** is a nuclear transcription factor expressed by over 95% of DAergic neurons in the SN and VTA (Bäckman *et al.*, 1999). In the mouse, *Nurr1* appears at embryonic day 10.5 (Saucedo-Cardenas *et al.*, 1998) which is a late stage compared to the emerging time of the signals mentioned earlier.

The fact that *Nurr1* expression is maximized during embryonic development and remains high throughout lifespan (Le *et al.*, 1999; Zetterstrom *et al.*, 1997) reflects its important role in DAergic neuron development and survival. Various studies implicate *Nurr1* in the regulation of dopamine neurotransmission. Dopamine synthesizing enzymes TH and AADC are both expressed under *Nurr1* regulation (Hermanson *et al.*, 2003; Smits *et al.*, 2003; Saucedo-Cardenas *et al.*, 1998; Zetterstrom *et al.*, 1997). TH expression in DAergic neurons appears a day after *Nurr1* (see below). Studies on TH promoter sequences have identified a number of *Nurr1*-binding motifs (Chu *et al.*, 2006; Kim *et al.*, 2003; Iwawaki *et al.*, 2000; Sakurada *et al.*, 1999). Deletion of dopamine receptor D<sub>2</sub> results in *Nurr1* gene overexpression in

mice suggesting a role for *Nurr1* in autoreceptor function in DAergic neurons (Tseng *et al.*, 2000). Finally, expression of factors involved in dopamine storage or reuptake such as dopamine transporter (DAT) and vesicular monoamine transporter 2 (VMAT2) has been shown to be regulated by *Nurr1* (Hermanson *et al.*, 2003; Smits *et al.*, 2003; Sacchetti *et al.*, 2001, 1999). *Nurr1*-mediated regulation of DAT and VMAT2 as well as its other contributions discussed below indicate that beside its role in embryonic stages, *Nurr1* also functions as survival factor in DAergic neurons in adult brain.

**Growth factors: TGF- $\alpha$  and - $\beta$ :** Transforming growth factor- $\alpha$  has been implicated in DAergic neuron development and later in their survival. Almost half the number of DAergic neurons was reduced in the SNpc of TGF $\alpha$ -null mice but not in their VTA (Blum 1998). A similar role has been discovered for TGF- $\beta$  in chicken embryos (Farkas *et al.*, 2003). Application of TGF-neutralizing antibodies in these studies revealed that TGFs are amongst early determinants of DAergic phenotype (Farkas *et al.*, 2003; Blum 1998).

**GDNF:** glial cell-derived neurotrophic factor (GDNF) is known primarily as survival factor for DAergic neurons and its neuroprotective effects have been studied by us (Sandhu, Gardaneh *et al.*, 2009) and several other groups (Akerud *et al.*, 2001; Kordower *et al.*, 2000; Rosenblad *et al.*, 1998; Gash *et al.*, 1996; Tomac *et al.*, 1995). In addition, other reports indicate GDNF role in development of DAergic phenotype (Hellmich 1996; Wood *et al.*, 2005). GDNF injection to the mid-brain results in increased TH expression in DAergic neurons (Buytaert-Hoefen *et al.*, 2004) whereas reduced TH levels occur in GDNF<sup>+/-</sup> mice (Boger *et al.*, 2006). Human embryonic stem cells cultured with GDNF show increased potential to differentiate to TH neurons (Buytaert-Hoefen *et al.*, 2004).

Recent studies point to *Nurr1* interactions with GDNF and its receptor Ret. *Nurr1* presence is critical for expression of Ret in DA neurons and brainstem (Wallen *et al.*, 2001). GDNF itself promotes differentiation and survival of DA neurons as shown in rats and primates (Ai *et al.*, 2003). In these experiments, GDNF injection into the putamen increased expression of *Nurr1* (and *Pitx3*) suggesting that *Nurr1* may influence GDNF function. *Nurr1* not only enhances Ret expression but also may induce expression of GDNF itself (Sonntag *et al.*, 2004; Backman *et al.*, 2003). A more recent study indicates enhanced GDNF expres-

sion occurs following Nurr1 up-regulation in teratocarcinoma NT2 cells regarded as a DAergic precursor line (Hara *et al.*, 2007). We are currently examining possible synergistic effects co-overexpression of Nurr1 and GDNF may have on DAergic differentiation of NT2 and other potential precursors.

*Pitx3*: is a homeobox gene and another player in the development and function of DAergic neurons. Indeed Pitx3 is expressed exclusively in DAergic neurons (van den Munckhof *et al.*, 2003) under control of Lmx1b mentioned above. Much of our knowledge about Pitx3 comes from studies on aphakia mice that are mutant animals lacking Pitx3. In these mice the mesencephalic dopamine system develops abnormal anatomical structures leading to loss of DAergic neurons in SN and their fibers constituting the SN-ST pathway (Hwang *et al.*, 2003; van den Munckhof *et al.*, 2003). In fact, in aphakia embryos at day E12.5 when TH expression is initiated, DAergic neurons are absent from SNpc (Smidt *et al.*, 2004a). Since Pitx3 expression is restricted to the developing ventral mid-brain, the molecule probably has no significant role in the proliferation of DAergic neuron precursors or their migration. This suggests that Pitx3 may be needed for the terminal stages of differentiation or for survival of DAergic neurons. NT2 cells express Nurr1 but not TH. Our preliminary observation in this cell line showed that ectopic Pitx3 expression induces TH expression to make the cells truly dopaminergic (Gardaneh and Sandhu; unpublished observation). In line with this observation, Pitx3 has been suggested to provide vitalizing signals for the precursors entering into primordial SNpc (Smidt *et al.*, 2004a). It also acts in specification of DAergic neurons strictly in SNpc compared to more general effect of Nurr1 on all midbrain DA neurons (Smidt *et al.*, 2004b).

*Pitx3*: appears at E11.5 a day after Nurr1 and a day before TH (Korotkova *et al.*, 2005). Studies on Nurr1-null mice show high-level expression of Pitx3 after E11.5 indicating that independent pathways induce Nurr1 and Pitx3. However, these mice gradually lose Pitx3 expression and show increased apoptosis in VTA neurons. This suggests Nurr1 might be important for restoring Pitx3 at the late stages of DAergic neuron development (Saucedo-Cardenas *et al.*, 1998).

It is not only Nurr1 but also Pitx3 that induces VMAT2 and DAT expression (Hwang *et al.*, 2009). Studies indicate further cooperative activities between Nurr1 and Pitx3 in DAergic neuron development and

transmission since VMAT2 and DAT are involved in both activities (Miller *et al.*, 1999). It is only in the presence of Nurr1 and Pitx3 that DAergic neurotransmission and neuron survival is fully restored. Lack of either transcription factor reduces induction levels of VMAT2 and DAT expression (Hwang *et al.*, 2009) indicating a synergistic interaction between the two.

*TH*: is the first and rate-limiting enzyme in biosynthesis of dopamine and, as mentioned above, appears at E12.5 in mouse embryo. Expression of TH is considered a firm indicator of catecholaminergic neurons due to the initiation of the catecholamine biosynthesis pathway. Indeed TH is widely used as a clinical marker in cells that originate from neural crest and form childhood cancer neuroblastoma spanning its applications from DAergic neuron survival in PD therapy to diagnosis of minimal residual disease in NB patients (Ootsuka *et al.*, 2008; Träger *et al.*, 2008; eg Ito *et al.*, 2004). Due to the specific pattern of TH expression in catecholaminergic neurons, we and others have shown TH promoter sequences are capable of directing DAergic-specific expression both in DAergic neurons for CNS applications (Gardaneh and O'Malley 2004) and in NB cell lines for applications in the periphery (Gardaneh *et al.*, 2000). TH specificity was shown capable of promoting DAergic neuron protection by directing BCL<sub>2</sub> expression both constitutively and inducibly (Gardaneh *et al.*, 2004). As discussed below, TH specificity has recently been applied for selecting DAergic neurons among mixed populations *in vitro* (Hedlund *et al.*, 2007).

TH is not involved in DAergic neuron development but confers a DAergic phenotype to these neurons. Without TH, there will be no synthesis of dopamine and downstream catecholamines. TH mutations cause tissue-specific decrease in dopamine in nigrostriatal regions (Zafeiriou *et al.*, 2009 and references therein). Mutations in TH gene have been detected in inherited forms of dystonia a disorder with symptoms similar to PD (Nagatsu and Ichinose 1999; Bautigam 1998). Degeneration of DAergic neurons in situations like PD would inevitably cause reduction or loss of TH mRNA expression (Nagatsu and Ichinose 1999).

**DAergic neuron generation: an *in vitro* opportunity for cell-replacement therapy:** Current treatments for disorders arising from DAergic neuron degeneration are mostly symptomatic. PD patients, in particular, are subject of administration of L-DOPA or dopamine receptor agonists and stereotaxic surgery mostly deep

**Table 2.** Stem and iPS cell sources for DAergic neuron generation *in vitro*.

Genes	Factors	% TH+ cells in dish	% TH+ cells survived <i>in vivo</i>	Rotational behavior test	Reference
Human embryonic stem cells					
-	pA6 feeder	7%	Not reported	Not tested	Zeng 2004
-	pA6 feeder	8%	<1%	No recovery seen	Brederlau 2004
-	MS5, MS5-Wnt, S2 FD,	24%	Not reported	Not tested	Perrier 2004
Sox1	FGF8, SHH, AA, cAMP,	30%	Not reported	Not tested	
-	BDNF, GDNF, TGF $\beta$ 3	40%	21%	Improved rotational behavior	Yan 2005
-	FGF8, SHH, AA, BDNF,	86%	2.7%	Improved rotational behavior	Roy 2006
-	GDNF	90%	<1%	Improved rotational behavior	Cho 2008
-	Immortalized astrocyte FD,	27%	1%	Improved rotational behavior	Song 2008
-	SHH FGF8, ITSF, BDNF,	27%	1%	Improved rotational behavior	Yang 2008
-	GDNF	78%	Not tested	Not tested	Yang 2008
-	FGF8, SHH, AA	<30%	Not tested	Not tested	Vazin 2009
-	SHH, FGF8, GDNF, TGF $\beta$ 3, ITS, cAMP, FGF FGF8, SHH, AA, cAMP, TGF $\beta$ 3, BDNF, GDNF, FGF8, SHH, AA, cAMP, BDNF, GDNF, TGF $\beta$ 3 pA6 CM elements: SPIE pA6 feeder FGF-2 + FGF-20				Shimada 2009
Mouse embryonic stem cells					
Nurr1	SHH, FGF8, ITSN	78%	<5%	Improved rotational behavior	Kim 2002
Nurr1	FGF8, SHH, AA	18%	Not tested	Not tested	Chung 2002
-	pA6 FD, FGF2	10%	4%	Not tested	Morizane 2006
Nurr1	pA6 FD, FGF8, SHH, AA	56%	Unclear	Test outcome unclear	Kim 2006
-	BMSC feeder, SHH, FGF8	32%	Unclear	Test outcome unclear.	Shintani 2008
Monkey embryonic stem cells					
-	pA6 FD	<9%	8%	Not tested	Kawazaki 2000
-	FGF-2, FGF-20	24%	27%	Improved movement	Takagi 2005
Neural Stem Cells					
Nurr1	FGF8, SHH	94%	Not tested	Not tested	Kim 2003
Nurr1	FGF-20	-	Few	Not clear	Grothe 2004
Nurr1, Mash1	BDNF, NT-3	24%	8%	Improved behavior	Shim 2007
-					
Induced Pluripotent Stem Cells					
-	-	5%	Unclear	Test outcome unclear	Wernig 2008
OCT4, SOX2, NANO, LIN28	ITSF, cAMP, FGF-2	6.5%	Few	No recovery seen	Cai 2009

brain stimulation (Rascol *et al.*, 2002; Fahn 2006; Kondo 2002; Montgomery 1999; Frost and Osborn 2009). In recent years, cell replacement/regenerative strategies consisting in the replenishment of dying

DAergic neurons by healthy substitutes have drawn much attention. Cell sources considered potential candidates to undergo differentiation and form DAergic neurons can be endogenous and exogenous (Table 2): endogenous candidates include VM primary cultures that contain DAergic precursors, neural stem cells from subventricular zone, SN and or ST (Madhavan *et al.*, 2009; Mohapel *et al.*, 2005; Cooper and Isacson 2004; Storch *et al.*, 2004; Fallon *et al.*, 2000). Exogenous sources, on the other hand, are embryonic and mesenchymal stem cells from bone marrow, amniotic fluid, sertoli cells, retinal pigmentous epithelia (RPE), and adipocyte (Glavaski-Joksimovic *et al.*, 2009; Levy *et al.*, 2008; McLaughlin *et al.*, 2006; Subramanian *et al.*, 2002). These cell sources have been subjected to treatment with several of inducing factors discussed above either by adding these factors to cell medium or by ectopic expression of their coding sequences within the cells to direct them toward DAergic fate. Table 2 lists reports on stem cell differentiation to DA neurons and their trial in animal models of PD.

In addition, several helper cell types have been identified that possess inducing potential. These include fibroblasts, pA6 stromal cell line, sertoli cells, RPE etc. (Falk *et al.*, 2009; Correia *et al.*, 2008; Shamekh *et al.*, 2008; Vazin *et al.*, 2008; Morizane *et al.*, 2006; Yue *et al.*, 2006). They appear to secrete to their medium specific growth factors capable of inducing DAergic phenotype when added to the target cells (*ibids*).

These study cases have been compiled based on their original cells sources and the year they were published. Columns labeled Genes and Factors represent inducing genes ectopically expressed in target cells and inducing/growth factors plus feeder cells/agents (shown as FD) added to their medium, respectively. References are shown by only first author and published year for space saving. Abbreviations: AA, ascorbic acid, BDNF; brain-derived neurotrophic factor; cAMP, cyclic AMP, FGF-2, fibroblast growth factor-2; FGF8, fibroblast growth factor-8, FGF-20; fibroblast growth factor-20; GDNF, glial cell line-derived neurotrophic factor; iPS, induced pluripotent; ITS, insulin-transferrin, selenium; ITSF, insulin-transferrin, selenium fibronectin; NT-3, neurotrophin-3; SHH, sonic hedgehog; TGF $\beta$ 3, tumour growth factor beta 3; TH, tyrosine hydroxylase.

### **PD cell therapy: outstanding issues**

*Cell sources:* In general, human embryonic stem cells

amongst various candidates currently represent the most promising cell source for human cell therapy. They can produce amounts of medical grade, standardized and normally differentiable target cells for clinical use. However, their heterogeneity leading to tumor formation and production of undesired cell types must be overcome (Carson 2006). The crude mix of stem cells at various developmental stages and a number of cell lineages underline the necessity of cell selection approaches to eliminate unwanted cells and make target cells homogeneous. This homogeneity is important for PD cell therapy because serotonin cells mixed in the grafted sources appear to cause side effects (see below). Stem cells genetically transformed to express fluorescent markers under differentiation-specific promoters such as TH-GFP and Pitx3-GFP constructs (Hedlund *et al.*, 2008; Hedlund *et al.*, 2007) or use of DAergic surface antigens (Pruszek *et al.*, 2007) could help select purely DAergic neurons.

*Immunological problems:* Histocompatibility remains a significant barrier to stem cell applications in clinic. Stem cell xenografts are likely to induce the recipient's immune system leading to graft rejection (Lui *et al.*, 2009). In recent years powerful technologies have emerged to overcome immunogenicity of stem cell graftment. These technologies mainly include generation of 'self cells' using pluripotent cell lines, parthenogenesis, nuclear transplantation and induction of pluripotency in somatic cells. Derivation of human multipotent adult progenitors has not been definitive (Aranguren *et al.*, 2007), but alternative approaches have been reported to increase tolerance and minimize chance of rejection upon changes in defined genetic loci within a panel of stem cells (Robertson *et al.*, 2007). Embryonic stem cells have been produced from diploid blastocyst stage human embryos that were developed from parthenogenetically activated oocytes (Revazova *et al.*, 2007). The immunogenicity of these cells is unclear but NK cells may respond against cell lines that obtain a set of MHC-1 from only one parent. This prompted the same investigators to develop HLA homozygous parthenogenetic human stem cell lines applicable to clinical cell therapy (Revazova *et al.*, 2008).

Isolation of embryonic stem cells through nuclear transfer (ntES cells) has been proven successful in many species (reviewed in Gurdon *et al.*, 2003) but not in human. Even if this obstacle is eradicated, the potential immune responses could be directed towards mitochondrial histocompatibility antigens. In an ele-



giant study, Tabar *et al.*, isolated fibroblasts from PD-induced mice and, by injecting their nuclei into oocytes, derived murine embryos (Tabar *et al.*, 2008). They used the blastocysts from these embryos to isolate ES cells that were differentiated into DAergic neurons and injected back to the original fibroblast donor mice. The ntES self cells survived well post-transplantation and led to functional recovery. This ‘therapeutic cloning’ approach may help reduce immune rejection. Finally, self cells can be produced by reprogramming somatic cells using defined factors that induce pluripotency (Takahashi and Yamanaka 2006). This technology has proven useful in rat models of PD (Wernig *et al.*, 2008), and more recently using human-derived cell sources (Soldner *et al.*, 2009). Although iPS cells immunologically would be fully histocompatible with the donor, until practical steps of transplantation and functional assays were taken, it may still be too soon to make a conclusion given the novelty of this technology.

*Transplantation:* DAergic neuron sources have to meet certain criteria before being applied for transplantation in clinic (Hagell *et al.*, 2001): (1) they must have shown to alleviate parkinsonian symptoms in animal models, (2) over 100,000 of them as grafted genuine DAergic neurons have to survive in the long term, (3) they have to be able to improve reconstitution of neural circuits and integrate into host striatum. Therefore, successful cell therapy aiming at neuro-regeneration and neurorepair for neurodegenerative disorders such as PD owes to the elimination of technical problems surrounding cell transplantation to brain tissue and integration to the host’s neural network. PD patients have been subjected to tissue transplantation with a diverse allograft, xenograft and autograft sources. Allografts (that involve both the donor and recipient of the same species) consisting of cells from sources such as RPE of retina and fetal VM have been applied to transplantation in PD patients (Subramanian *et al.*, 2002; Doudet *et al.*, 2004). Xenografts (that involve the donor and recipient from different species) have been prepared and clinically applied mainly from VM tissue (Genezyme Press Release 2001; Schumacher *et al.*, 2000). Autografts can be prepared from endogenously self-renewing cell sources mentioned earlier in this review. In one case, autologous transplantation of endogenous adult neural precursors led to a significant recovery within a 12-month time window studied (Sayles *et al.*, 2004). However, the long-

term outcome of this trial has not been reported.

*Graft survival:* Despite the ongoing attempts outlined above, the long-term outcome of DAergic neuron transplantation is still unclear. This is due, at large, to the technical hurdles associated with transplantation procedures, the source of grafted tissues and methods applied to their storage, preparation and handling. Survival of grafted cells can be improved by pre-incubation/hibernation of the cells prior to transplantation with growth factors, such as GDNF and apoptosis inhibitors (Apostolides *et al.*, 1998; Mendez *et al.*, 2000; Cichetti *et al.*, 2002). VM cell suspension pre-incubated with Wnt1/WNT5a augments DAergic neuron number by increasing proliferation and terminal differentiation of DAergic precursors to mature DAergic neurons (Joksimovic *et al.*, 2009; Castelo-Branco *et al.*, 2003). For optimal recovery, specific regions of the ST need to be re-innervated (Mandel *et al.*, 1990; Dunnett *et al.*, 1983) and synaptic connections re-established. To achieve this goal, grafted DAergic neurons have to be distributed throughout the ST so that optimized axonal re-innervation can take place.

Heterogenous cell populations used as graft sources raise concern about graft survival and proper function. Graft-induced dyskinesia (GID) observed in several cases of transplantation was initially attributed to excessive release of DAergic from transplants enriched with DAergic neurons (Freed *et al.*, 2001; Olanow *et al.*, 2003). But further experiments using 6-OHDA-lesioned rat models showed that grafts containing a small proportion of DAergic compared to serotonin neurons develop a progressive worsening of L-DOPA-induced dyskinesia (LIP).

Serotonin neurons can store and release dopamine but cannot regulate dopamine release in a normal way since they don’t have DAT and D<sub>2</sub> receptors. Also in the absence of extensive striatal dopamine innervations as occurs in advanced stages of PD, grafted serotonin neurons would aggravate LIP. Impurities like serotonin neurons are blamed for post-injection observations including formation of lewy bodies and over-expression of  $\alpha$ -synuclein that reportedly contribute to the poor outcome of treatments (Kordower *et al.*, 2008; Li *et al.*, 2008). These unwanted changes in the grafted neurons are suspected cause for reduced number of surviving grafted TH<sup>+</sup> neurons as well as for GID (Hagell *et al.*, 2002), that together with patients’ age and severity of their illness contribute to unexpectedly poor improvement of their behavioral motor conditions.

Novel technologies including graft enrichment (for example using specific promoter-reporter gene constructs mentioned earlier) and iPS-based cell sources for differentiation hold promise to improve the survival and functional integration of donor DAergic neurons in hosts' nervous system. It would be interesting, for example, to see the outcome of self-cell transplantation that, as outlined above, is a newly-emerging but vibrant area of replacement therapy including PD cell therapy.

*Efficacy:* Will cell replacement strategies alone be capable of halting disease progression and persistence? On top of the outstanding issues outlined above, initiators of DAergic neuron death that lead to PD symptoms remain unidentified. Despite studies on the application of early indicators as biomarkers, development of biomarker-based assays for PD are still in their infancy (Eller and Williams 2009; reviewed by Antoniadou and Barker 2008). Furthermore, possible sources of death signals including reactive oxygen species causing oxidative damage will persist as age grows. In this case, examination of patients who had received fetal tissue grafts revealed that some of the surviving neurons exhibit pathological changes linked to PD (Kordower *et al.*, 2008; Li *et al.*, 2008). These problems highlight the necessity of pursuing more comprehensive approaches than cell replacement alone.

Supportive strategies including neuroprotection combined with cell replacement is likely to enhance the efficiency of cell therapy. One such neuroprotective approach is to potentiate intrinsic properties of supporting cell sources such as astroglia as occurs *in vivo*. We and others have previously shown that GDNF-overexpressing astrocytes protect DAergic neurons against parkinsonian toxicity (Sandhu, Gardaneh *et al.*, 2009). Direct intrastriatal administration of GDNF has shown effective in improving daily living and dopamine metabolism of patients (Slevin *et al.*, 2006; 2005; Gill *et al.*, 2003). Direct relationships between Nurr1 and neuroprotecting molecules have been established as in the case of VIP a protecting neuropeptide (Luo *et al.*, 2007). Similarly, other reports indicate convergence between DAergic fate determinant Nurr1 and neurotrophic factor GDNF and its receptor Ret at some point in their signaling pathways (Li *et al.*, 2009; Hara *et al.*, 2007). Both Nurr1 and GDNF have shown to be life-span supporting elements of DAergic neurons (Pascual *et al.*, 2008; Perlmann and Wallén-Mackenzie 2004). We are currently exam-

ining if and how GDNF-secreting astrocytes assist neurogenesis when co-cultured with stem cell-derived DAergic neurons ectopically expressing Nurr1. Another avenue that we are actively pursuing to improve DAergic neuron protection is to equip stem cell sources with an anti-oxidant defense mechanism that will involve glutathione peroxidation mediated by glutathione peroxidase-1 (GPX-1). Finally, we have shown that GDNF and glutathione can synergistically protect DAergic neurons (Sandhu, Gardaneh *et al.*, 2009). The author hypothesizes that stem cell-derived GPX-1-expressing DAergic neurons co-cultured with GDNF-secreting astrocytes will enjoy better protection against toxicity (Gardaneh 2009). We are examining this hypothesis too. Such combination therapies would likely prove more effective when dealing with multifactorial complex disorders like PD where several endogenous and environmental toxins are suspected causes.

**Summary and future perspective:** DAergic neurons are developed *in vivo* in a step-wise fashion that involves specific molecular determinants in each step. Extensive studies have been carried out to dissect these molecular events; however, not all contributing determinants have been identified or fully resolved for their specific function. Despite dark spots that await clarification in DAergic developmental pathways, we can now rely on the main known players to produce these neurons from potential cell sources *in vitro*.

Disorders stemming from DAergic neuron degeneration would eventually require the lost cells to be compensated by their freshly prepared functional counterparts. Intrinsic and extrinsic cell sources have been identified and shown capable of becoming DAergic. To apply these sources to clinic on a routine basis, numerous problems need to be addressed. For graft cell survival and long-term function, a full set of inducing transcription/ growth factors may need to be expressed in precursors. The target cells would require purification and enrichment to maximize safety and efficacy *in vivo*. Integration to neural circuitry necessitates grafted cells to be readily traced, and, marking live cells for functional analysis is a technical challenge. Novel technologies such as iPS and ntES cell generation need to be routinely developed and fully examined for safe, non-immunogenic and non-tumorigenic source of graft supply for transplantation purposes.

It is inferable from available data that, due to complexity of PD nature, cell replacement therapy relying

only on DAergic neuron preparation and transplantation may not be a viable option in the long term. This prompts the idea of combination therapy where neurorepair and neuroprotection will be able to cooperatively restore lost cells, factors and functions and guarantee DAergic system integrity for the rest of life. This goal can only be achieved upon clarification of the entire DAergic neuron pathways and resolution of all problems that surround cell sources, transplantation procedures and immunological issues.

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