

Fig. 2. Dorfin ameliorates clinical phenotypes of G93A mutant SOD1 Tg mice. **A:** Survival rate (Kaplan-Meier). Dorfin/G93A SOD1 double Tg mice of both lines 513 and 526 (green) show significantly longer survival times than the G93A SOD1 Tg mice ( $P < 0.01$  log-rank). **B:** Rotarod task. Both 513 and 526 lines of Dorfin/G93A SOD1 double Tg mice perform significantly better on the Rotarod task than the G93A SOD1 Tg mice ( $P < 0.05$ , ANOVA). **C:** Left: Footprints of 526 line mice at 18 weeks of age. Front paws

are in red and hind paws in blue. Right: Dorfin/G93A SOD1 double Tg mice of both lines show longer strides than the G93A SOD1 Tg mice (513:  $P < 0.05$ , 526:  $P < 0.01$ , ANOVA). The number of mice was 513 line:  $n = 18$  (male = 10, female = 8) in Dorfin/G93ASOD1 double Tg and  $n = 22$  (male = 8, female = 14) in G93A SOD1 Tg; 526 line:  $n = 24$  (male = 12, female = 12) in Dorfin/G93ASOD1 double Tg and  $n = 25$  (male = 9, female = 16) in G93A SOD1 Tg. Values represents means  $\pm$  SEM.

### Dorfin Decreases the Amount of Mutant SOD1 in the Spinal Cord of SOD1 Tg Mice

As we reported previously (Niwa et al., 2002), the overexpression of Dorfin accelerated the degradation of mutant SOD1 protein by the ubiquitin-proteasome system. We investigated the ability of Dorfin to reduce the amount of mutant SOD1 protein using immunohistochemistry at 18 weeks of age and Western blotting of mice spinal cords from line 526 mice (Figs. 4, 5). In

transverse sections of the ventral horn (Fig. 4A), the SOD1-positive areas from Dorfin/G93ASOD1 double Tg mice were significantly smaller than those in G93ASOD1 Tg mice (Fig. 4B; Dorfin/G93ASOD1 double Tg at 2.66% vs. G93ASOD1 Tg at 3.45%,  $P < 0.01$ ). Immunohistochemistry with antiubiquitin antibody revealed that ubiquitin-positive protein accumulations were present in the cytoplasm of the residual motor neurons and also in the neuropil (Fig. 4C). The

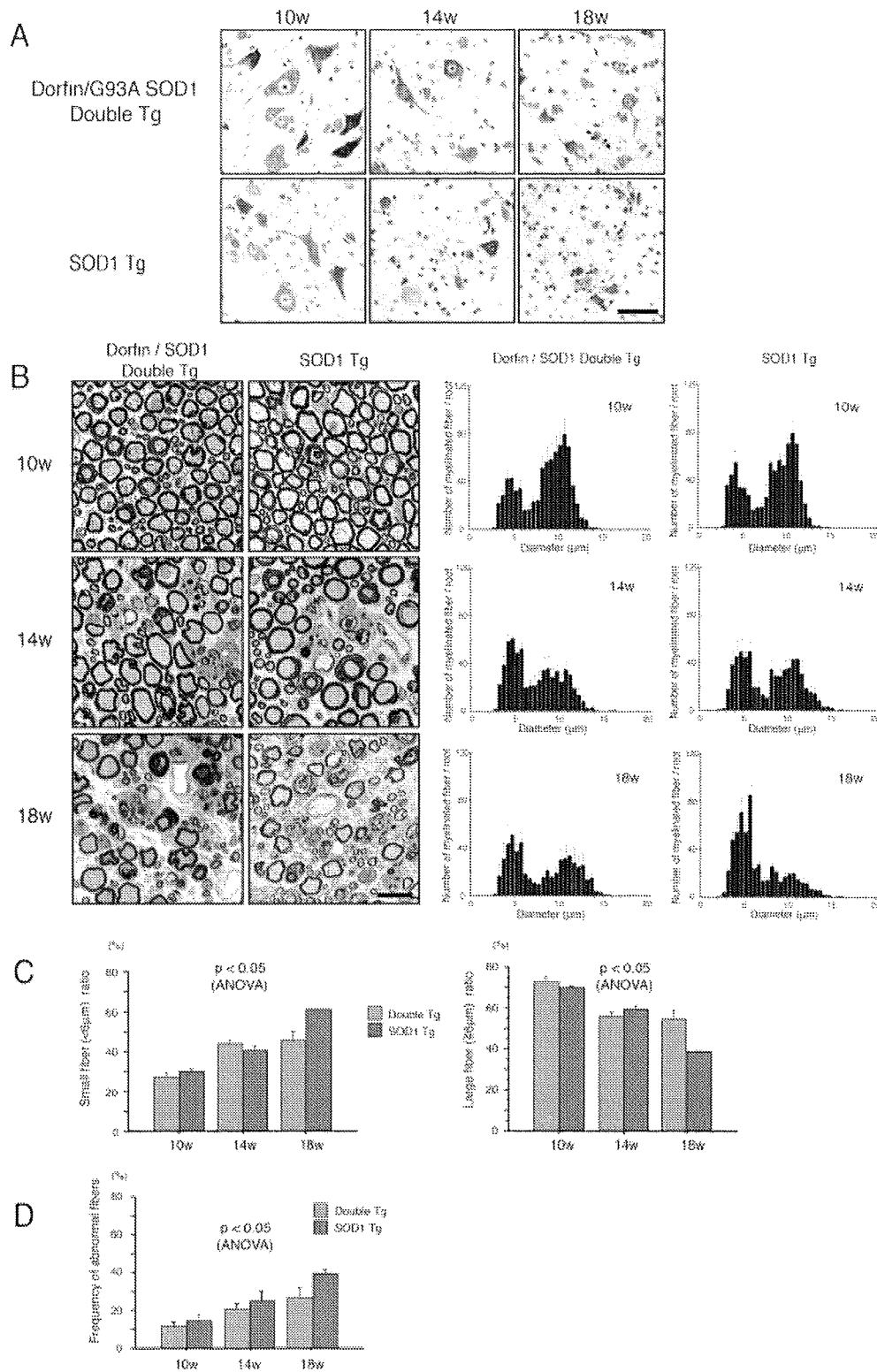


Fig. 3. Histopathological analysis of spinal cord and ventral roots of 526 Dorfin/G93A mutant SOD1 double Tg mice and G93A mutant SOD1 Tg mice. **A:** Transverse section of Nissl-stained L5 spinal anterior horns of 526 Dorfin/G93A mutant SOD1 double Tg mice and G93A mutant SOD1 Tg mice at 10 weeks, 14 weeks, and 18 weeks of age. **B:** Transverse, semithin section of L5 ventral roots stained with toluidine blue at 10 weeks, 14 weeks, and 18 weeks of age. Histograms of the diameters of myelinated fibers in the ventral roots show that the progressive decrease in the number of large

myelinated fibers was suppressed in Dorfin/G93A SOD1 double Tg mice compared with G93A SOD1 Tg mice at 18 weeks ( $n = 3$ ). **C:** Bar graphs of the small fiber ratio (%) of the ventral root ( $P < 0.05$ , ANOVA) and bar graphs of the large fiber ratio (%) of the ventral root ( $P < 0.05$ , ANOVA). **D:** The frequency of abnormal fibers. Dorfin/G93A SOD1 double Tg mice show a significantly lower frequency of abnormal fibers than G93A SOD1 Tg mice ( $P < 0.05$ , ANOVA). Scale bars = 50  $\mu\text{m}$  in A; 20  $\mu\text{m}$  in B. [Color figure can be viewed in the online issue, which is available at [www.interscience.wiley.com](http://www.interscience.wiley.com).]

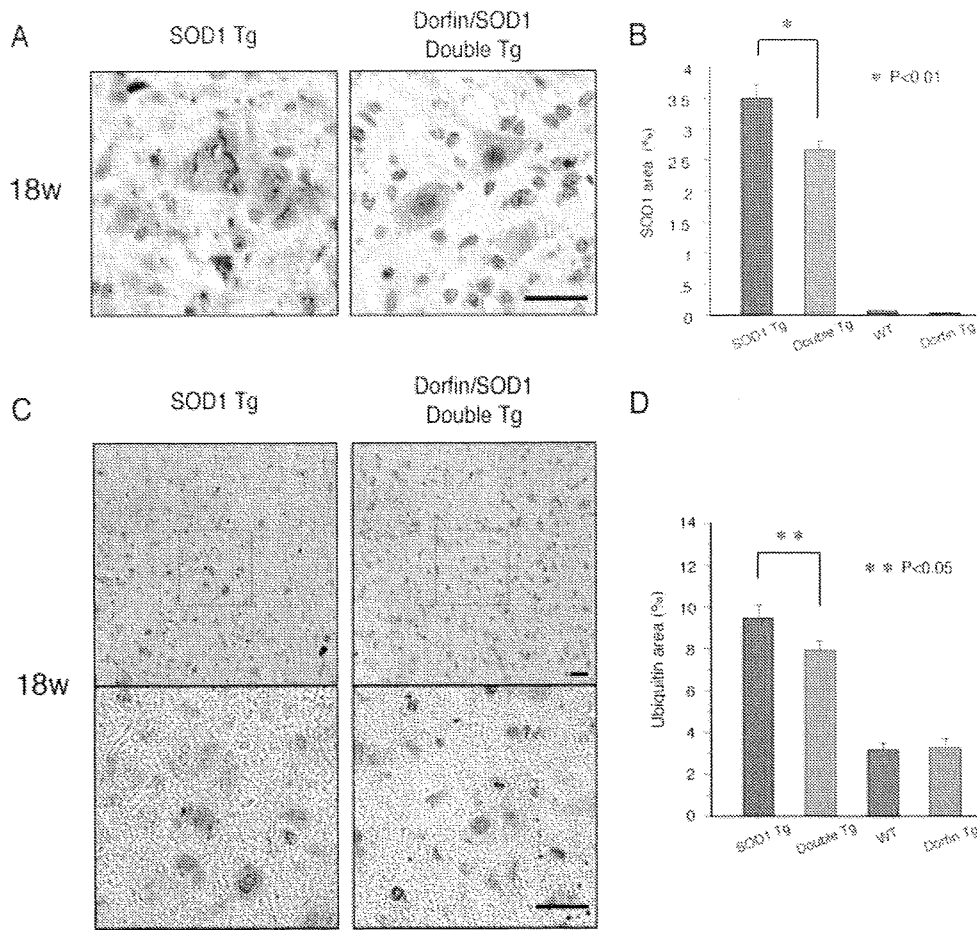


Fig. 4. Dorfin/G93A SOD1 double Tg mice show a decreased amount of mutant SOD1 protein and ubiquitin-positive aggregates under overexpression of Dorfin. Immunohistochemistry of the spinal cord of 526 Dorfin/G93A SOD1 double Tg mice and G93A SOD1 Tg mice with antibodies against SOD1 (A), ubiquitin (C); low magnification in upper column; square indicates the area

magnified in high magnification in lower column). Bar graphs of the relative sizes of SOD1-positive (B) and ubiquitin-positive (D) areas in the L5 spinal anterior horn at 18 weeks of age compared with the total areas of gray matter. \* $P < 0.01$ , \*\* $P < 0.05$ . WT, wild-type mice, Dorfin Tg; dorfin Tg mice. Scale bars = 20  $\mu$ m.

accumulations of ubiquitin-positive proteins were less in the Dorfin/G93A SOD1 double Tg mice than in the G93A SOD1 Tg mice (Fig. 4D; Dorfin/G93ASOD1 double Tg at 7.99% vs. G93ASOD1 Tg at 9.56%,  $P < 0.05$ ).

**Glial Pathology in the Spinal Cord of Tg Mice**

We investigated the glial cell pathology using anti-GFAP antibody. The findings from confocal microscopy showed no striking differences in the degree of gliosis between SOD1 Tg and Dorfin/SOD1 double Tg mice (Fig. 5). Double immunofluorescence staining showed that SOD1-positive inclusion was not observed in the cytoplasm of astrocytes in the spinal cords of both SOD1 Tg and Dorfin/SOD1 double Tg mice.

**Western Blot Analysis in the Spinal Cord of Tg Mice**

Results from Western blotting analysis showed that the level of mutant SOD1 in the soluble fraction of spinal

cord from the Dorfin/G93A double Tg mice was significantly less than that of spinal cord from the G93ASOD1 Tg mice (Fig. 6A;  $P < 0.01$  ANOVA). The decrease in SOD1 levels was most prominent at 18 weeks of age. We observed the same tendency in the insoluble fraction, but the decrease was not significant (Fig. 6B; ANOVA). These decreases of mutant SOD1 proteins were observed under Dorfin overexpression (Fig. 1F).

**DISCUSSION**

Recently, several E3s, including Dorfin, were identified that specifically recognize and reduce the levels of mutant SOD1 protein in an in vitro cell culture model (Niwa et al., 2002; Miyazaki et al., 2004; Urushitani et al., 2004). However, these results have not been verified in vivo. In the present study, we demonstrated for the first time that transgenically overexpressed Dorfin, as an E3, attenuates the accumulation of mutant SOD1 deposition, reduces neuronal death and axonal degeneration.

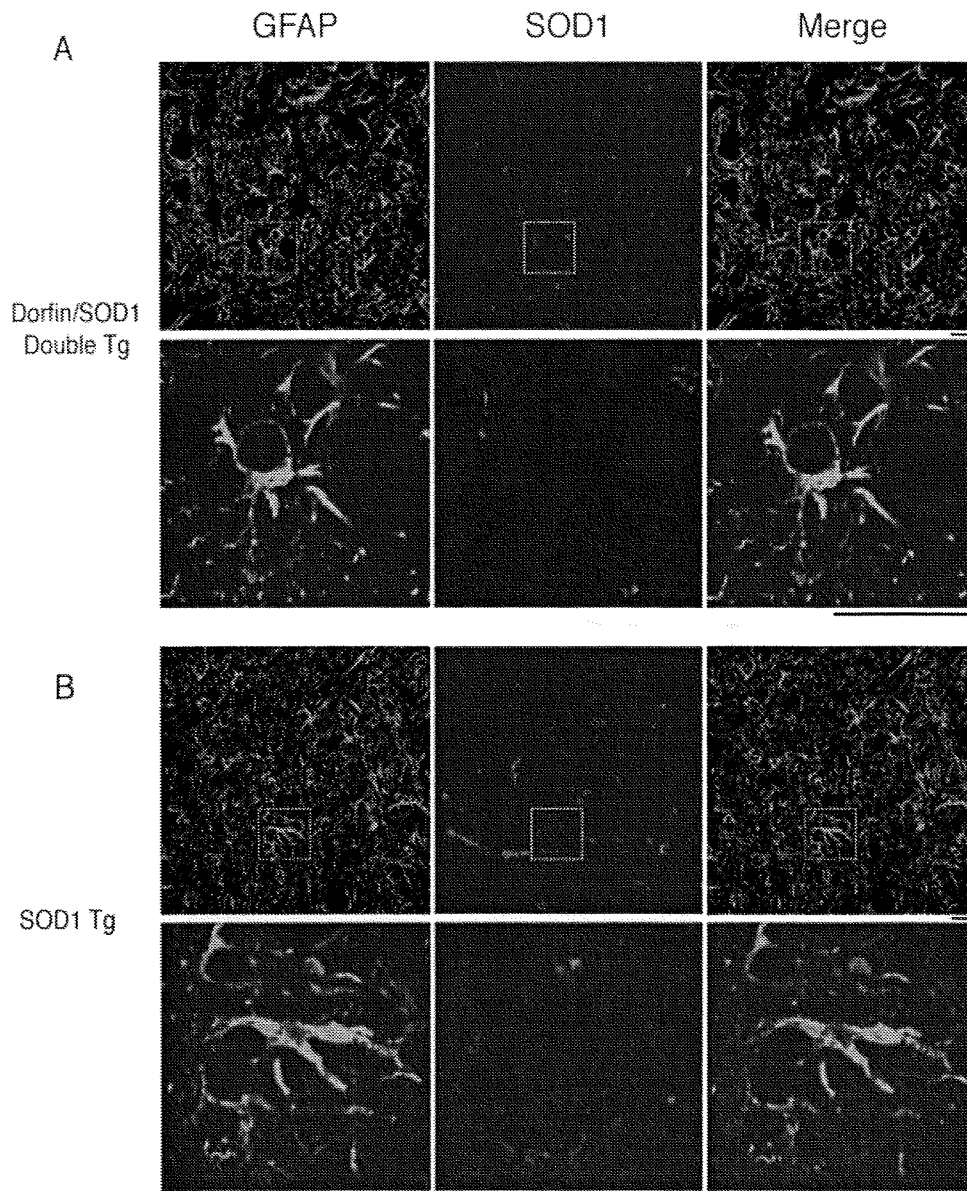


Fig. 5. Immunofluorescence study of the spinal cord of 526 Dorfin/G93A SOD1 double Tg mice (A) and G93A SOD1 Tg mice (B) using antibodies against GFAP and SOD1. Low magnification at upper column and high magnification in lower column (The square

indicates the area magnified in high magnification in lower column). The findings revealed no striking differences in the degree of gliosis between SOD1 Tg and Dorfin/SOD1 double Tg. SOD1 protein was not localized in astrocytes. Scale bars = 20  $\mu$ m.

tion of motor neurons, ameliorates motor performance deficits, and extends the life span of G93A SOD1 transgenic mice.

The E3 CHIP was reported to degrade toxic misfolded proteins associated with molecular chaperons Hsp70 and Hsp90 (McDonough and Patterson, 2003; Shin et al., 2005; Dickey et al., 2006) and to ameliorate the phenotypes of transgenic mouse (Adachi et al., 2007) and zebrafish (Miller et al., 2005) models of polyglutamine disease. These reports suggest that the overexpression of this E3 is beneficial for rescuing the phenotype of neurodegenerative disease.

As opposed to CHIP, Dorfin specifically recognizes mutant SOD1 molecules and degrades them via the ubiquitin-proteasome system (Niwa et al., 2001, 2002). This specific recognition suggests an advantage for using Dorfin as a therapeutic tool against mutant SOD1-mediated ALS.

SALS, FALS, and G93A mutant SOD1 Tg mice have been reported to present ubiquitin-positive aggregation (Murayama et al., 1990; Watanabe et al., 2001; Ardley and Robinson, 2004). In this study, we demonstrated a reduction in mutant SOD1 protein and ubiquitin-positive protein accumulation in the spinal cord

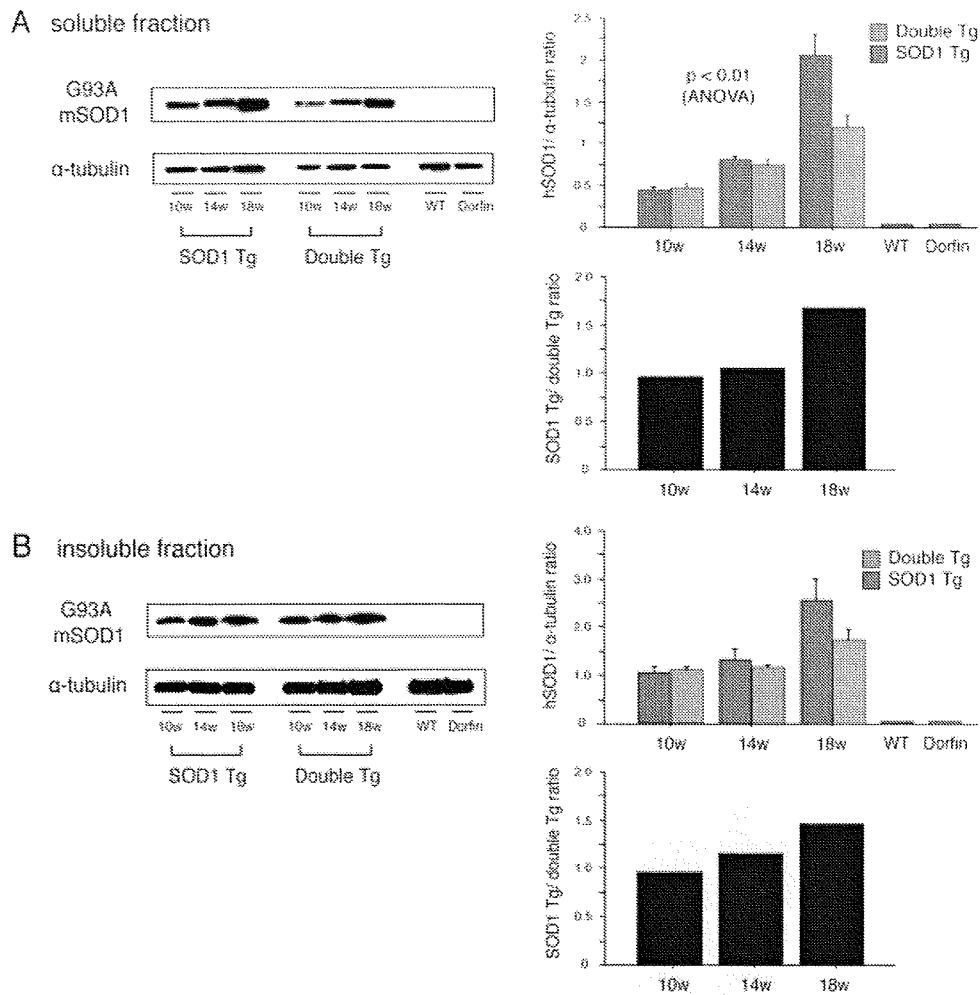


Fig. 6. Western blot analysis of the spinal cord protein extracts from 526 Dorfin/G93A SOD1 double Tg mice and G93A SOD1 Tg mice. Western blotting was performed at 10, 14, and 18 weeks of age using anti-Cu-Zn SOD1 antibody. Soluble fraction (A), insoluble fraction (B). Each lane contains 10  $\mu$ g protein. Bar graphs in each case represent the densitometric analysis of the standardized amount of SOD1

protein against endogenous  $\alpha$ -tubulin in each Western blot and the ratio of SOD1 Tg/Dorfin/SOD1 double Tg standardized data of at each age. Protein samples were prepared from each of five different mice and averaged in the quantification. Error bars represent SEM. WT, wild-type littermate; Dorfin, dorfin Tg. [Color figure can be viewed in the online issue, which is available at [www.interscience.wiley.com](http://www.interscience.wiley.com).]

resulting from Dorfin overexpression. On Western blots, the reduction of mutant SOD1 was more marked in the soluble fraction from end-stage mice than in the insoluble fraction. Thus, Dorfin overexpression may reduce more soluble mutant SOD1 protein. Dorfin also reduced the histopathological deposition of mutant SOD1 and ubiquitin-positive protein in the spinal cord at 18 weeks of age. Overaccumulation of ubiquitinated, misfolded proteins may adversely affect the proteasome machinery and impair normal protein degradation (Boillee et al., 2006). Thus, a reduction of this deposition may lead to reduced cytotoxicity of spinal neurons and, finally, to the amelioration of histopathological and clinical phenotypes.

These results were consistent with those of our previous study showing that Dorfin overexpression protected against the toxic effects of mutant SOD1 in neu-

ronal cell culture (Niwa et al., 2002). Dorfin overexpression reduced the levels of mutant SOD1 by recognizing and ubiquitinating mutant SOD1 proteins and by targeting them for proteasomal degradation, thereby protecting against neuronal cell death (Niwa et al., 2002, 2007).

Histopathological amelioration as assessed by observing the number of neurons in the anterior horn and ventral root was detected. The number of abnormal fibers was decreased, and the population of large fibers was well preserved in Dorfin/G93A SOD1 double Tg mice compared with G93A SOD1 Tg mice. From these results, we infer that Dorfin overexpression has a protective effect against axonal degeneration caused by G93A mutant SOD1 protein. These histopathological ameliorations may lead to the improvement of clinical phenotypes as indicated by improvements in the Rotarod tasks and foot strides reported here, although there was no

remarkable difference in the degree of gliosis in the spinal cords. Many reports have suggested that not only motor neurons but also other cell types, such as astrocytes, play an important role in neurodegeneration (Prattarova et al., 2001; Clement et al., 2003; Boillee et al., 2006). In our examination, we observed that SOD1 positive aggregates existed in the cell body of neurons, but there were no aggregates observed in astrocytes from either G93A SOD1 Tg or Dorfin/SOD1 double Tg mice. This result suggests that the overexpressed Dorfin was unable to ubiquitinate G93A mutant SOD1 protein in the astrocytes because there was no accumulation of G93A mutant SOD1 protein in the astrocytes of G93A SOD1 Tg mice. Consequently, Dorfin may have no beneficial effect on the astrocyte cell function impaired by mutant SOD1 protein.

Although many hypotheses for the pathogenesis of ALS have been proposed (Julien, 2001; Boillee et al., 2006; Kabashi and Durham, 2006; Van Deerlin et al., 2008), we suggest that a reduction in the levels of mutant SOD1 may have a beneficial effect on neuronal cell viability, including mitochondria function and a potential for therapeutic use (Niwa et al., 2002; Takeuchi et al., 2004).

In the present study, Dorfin overexpression was effective in ameliorating the ALS phenotypes of the G93A SOD1 Tg mouse but was not as efficient as treatment with VEGF or IGF-1 delivered via the lentivirus system (Kaspar et al., 2003; Azzouz et al., 2004). One reason for this reduced efficacy may be that transgenically expressed Dorfin does not clear sufficient amounts of mutant SOD1 protein to eliminate the phenotypes because of its short half-life (Ishigaki et al., 2007). Dorfin may be precisely regulated in its expression level in vivo, and, thus, exogenously expressed human Dorfin under the  $\beta$ -actin promoter may be degraded immediately. Moreover, as the pathology of the G93A SOD1 mouse progresses, the function of the proteasome gradually deteriorates (Kabashi et al., 2004; Cheroni et al., 2005; Boillee et al., 2006; Cheroni et al., 2009), and Dorfin may lose its E3 activity to clear the mutant SOD1 with advancing disease. Strategies to improve the activity of Dorfin include the utilization of a Dorfin-CHIP chimeric protein, which has the E3 activity of Dorfin and a longer half-life, as we reported previously (Ishigaki et al., 2007), and, alternatively, the crossing of the Dorfin Tg mouse with other mutant SOD1 Tg mouse showing milder symptoms with a slower progressive course than G93A. In these cases, Dorfin may exert a more marked amelioration of the phenotypes. In the present study, the gender balance of the mice was different to some extent between Dorfin/SOD1 double Tg and SOD1 Tg in both the 513 and the 526 lines (percentage of male mice 513: 55% for Dorfin/SOD1 double Tg, 36.3% for SOD1 Tg; 526: 50% for Dorfin/SOD1 double Tg, 36% for SOD1 Tg). The differences in SOD1 Tg motor function and survival between males and females has been reported previously (Mahoney et al., 2004; Stam et al., 2008). Female mice showed a longer survival and

better motor function, and the difference of gender balance may contribute to a modest difference of survival or motor function.

The important point of this study is that the overexpression of a toxic protein-specific E3 that reacts specifically and directly with mutant SOD1 ameliorated the clinical and pathological phenotypes of mutant SOD1-mediated motor neuron degeneration. Dorfin has been shown in previous studies to localize to various inclusions found in neurological tissue samples of human disease. For SALS, the Lewy body-like inclusions were immunoreactive for anti-Dorfin antibody, and, for FALS, the hyaline-like inclusions were positive for Dorfin (Hishikawa et al., 2003; Ito et al., 2003). These findings suggest that Dorfin may be involved in the pathogenesis of a broad spectrum of neurodegenerative disorders (Hishikawa et al., 2003; Ito et al., 2003) and may provide a clue to the treatment of these diseases. The activation or induction of the E3 Dorfin may be an effective therapeutic strategy for a wide range of neurodegenerative diseases.

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# TDP-43 Depletion Induces Neuronal Cell Damage through Dysregulation of Rho Family GTPases\*

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The 43-kDa TAR DNA-binding protein (TDP-43) is known to be a major component of the ubiquitinated inclusions characteristic of amyotrophic lateral sclerosis and frontotemporal lobar degeneration with ubiquitin-positive inclusions. Although TDP-43 is a nuclear protein, it disappears from the nucleus of affected neurons and glial cells, implicating TDP-43 loss of function in the pathogenesis of neurodegeneration. Here we show that the knockdown of TDP-43 in differentiated Neuro-2a cells inhibited neurite outgrowth and induced cell death. In knockdown cells, the Rho family members RhoA, Rac1, and Cdc42 GTPases were inactivated, and membrane localization of these molecules was reduced. In addition, TDP-43 depletion significantly suppressed protein geranylgeranylation, a key regulating factor of Rho family activity and intracellular localization. In contrast, overexpression of TDP-43 mitigated the cellular damage caused by pharmacological inhibition of geranylgeranylation. Furthermore administration of geranylgeranyl pyrophosphate partially restored cell viability and neurite outgrowth in TDP-43 knockdown cells. In summary, our data suggest that TDP-43 plays a key role in the maintenance of neuronal cell morphology and survival possibly through protein geranylgeranylation of Rho family GTPases.

The 43-kDa TAR DNA-binding protein (TDP-43)<sup>2</sup> has recently been identified as a major component of the ubiquitinated inclusions characteristic of amyotrophic lateral sclerosis (ALS) and frontotemporal lobar degeneration with ubiquitin-positive inclusions (1, 2). Subsequently several point mutations

located in the glycine-rich domain of TDP-43 have been identified as the disease-causing mutations of familial and sporadic ALS (3–7). TDP-43 has been shown to be a fundamental component of ubiquitin-positive neuronal cytoplasmic and intranuclear inclusions as well as that of neuronal dystrophic neurites in the affected neurons or glial cells in these neurodegenerative diseases. TDP-43 is known to regulate gene transcription, exon splicing, and exon inclusion through interactions with RNA, heterogeneous nuclear ribonucleoproteins, and nuclear bodies (8–12). Recently it has been reported that TDP-43 stabilizes human low molecular weight neurofilament mRNA through direct interaction with the 3'-untranslated region (13) and that it regulates retinoblastoma protein phosphorylation through the repression of cyclin-dependent kinase 6 expression (14). However, the physiological function of TDP-43 in the central nervous system has not been fully elucidated, and it remains unclear how this protein is implicated in the pathogenesis of neurodegeneration.

The Rho family of GTPases are members of the Ras superfamily and are known for regulating actin cytoskeletal dynamics (15–18). RhoA, Rac1, and Cdc42, the most studied proteins of this family, also modulate functions such as cell movement, motility, transcription, cell growth, and cell survival (18). In neurons, RhoA, Rac1, and Cdc42 have been shown to regulate neurite outgrowth (19–21).

Although TDP-43 is localized in the nucleus of unaffected neurons, nuclear staining of this protein is significantly reduced in neurons bearing ubiquitin inclusions (1, 2, 22), suggesting that loss of TDP-43 function may play a role in neurodegeneration. In this study, we used small interfering RNA (siRNA) to investigate the effect of TDP-43 loss of function on cell death and neurite outgrowth and elucidated a novel relation between TDP-43 and the activities of RhoA, Rac1, and Cdc42.

## EXPERIMENTAL PROCEDURES

**siRNA Oligonucleotides and Construction of Expression Vectors**—The oligonucleotide siRNA duplex was synthesized by Takara Bio (Shiga, Japan). The siRNA sequences were as follows: scrambled (control) siRNA-set1, 5'-GAAUCAGAUGCACAUGAGUTT-3'; -set2, 5'-ACGGCCUAAUCUAAACAGACTT-3'; TDP-43 siRNA-set1, 5'-GAACGAUGAACCCAUUGAATT-3'; -set2, 5'-CCAAUGCUGAACCUAAGCATT-3'. Unless otherwise mentioned, set 1 siRNA was used for TDP-43 knockdown throughout the experiments.

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<sup>2</sup> The abbreviations used are: TDP-43, 43-kDa TAR DNA-binding protein; ALS, amyotrophic lateral sclerosis; siRNA, small interfering RNA; MTS, 3-(4,5-dimethylthiazol-2-yl)-5-(3-carboxymethoxyphenyl)-2-(4-sulfophenyl)-2H-tetrazolium; GGPP, geranylgeranyl pyrophosphate; MVA, mevalonic acid; PI, propidium iodide; TUNEL, terminal deoxynucleotidyltransferase dUTP nick end labeling; GAPDH, glyceraldehyde-3-phosphate dehydrogenase.

## Dysregulation of Rho Families by TDP-43 Depletion

The pEGFP-Rac1 construct was produced as described elsewhere (23, 24). Mouse TDP-43 (GenBank<sup>TM</sup> accession number NM\_145556) cDNA was amplified by PCR from mouse brain cDNA using the following primers: 5'-GTGCTTCCTCCTTG-TGCTTC-3' and 5'-CCACACTGAACAAACCAATCTG-3'. The PCR product was cloned into the pCR-BluntII-TOPO vector (Invitrogen), and the entire coding region of mouse TDP-43 was inserted in-frame into either the KpnI and XbaI sites of the pcDNA3.1/V5His vector (Invitrogen) or the KpnI and BamHI sites of the pDsRed-Monomer-Hyg-N1 vector (Clontech). An siRNA-resistant form of the TDP-43 gene was generated by changing the targeted sequence of the siRNA to 5'-GAATGACGAGCCAATTGAA-3' (mutated nucleotides are underlined) using the KOD-Plus-Mutagenesis kit (Toyobo, Osaka, Japan).

**Cell Culture and Transfection**—Neuro-2a cells (American Type Culture Collection, Manassas, VA), a line derived from mouse neuroblastoma, were maintained as described previously (25). The transfection of siRNA into Neuro-2a cells was performed using Lipofectamine RNAiMAX (Invitrogen) according to the manufacturer's instructions. For the transfection of the intended plasmid and siRNA, cells were co-transfected using Lipofectamine 2000 (Invitrogen) according to the manufacturer's instructions. To differentiate the Neuro-2a cells, the medium was changed to Dulbecco's modified Eagle's medium containing 2% fetal calf serum and 20  $\mu$ M retinoic acid, and cells were cultured for 24 h. For the interventional studies, the cells were incubated for 24 h with differentiation medium containing *Clostridium difficile* toxin B (Sigma-Aldrich) or for 12 h with medium containing GGTI-298 (Calbiochem). Geranylgeranyl pyrophosphate (GGPP) (Sigma-Aldrich) was added to the differentiation medium at the indicated concentration 24 h after siRNA transfection, and cells were incubated for an additional 24 h.

**Quantitative Assessment of Neurite Outgrowth**—Neuro-2a cells cultured in 6-well dishes were photographed using an Olympus IX71 inverted phase-contrast microscope (Olympus, Tokyo, Japan). The length of the longest neurite was measured with Image Gauge version 4.22 software (Fujifilm, Tokyo, Japan). Averages of the lengths of over 100 transfected cells were analyzed. To confirm the efficacy of siRNA transfection, BLOCK-iT<sup>TM</sup> Alexa Fluor<sup>®</sup> Red Fluorescent Control (Invitrogen) was co-transfected with TDP-43 siRNA or control RNA. The efficacy of plasmid transfection was ensured using DsRed (Clontech). To assess neurite outgrowth in TDP-43 knockdown cells, we performed a time course analysis starting at 24 h after the siRNA transfection when the differentiation medium was changed.

**Cell Viability and Apoptosis Analysis**—The 3-(4,5-dimethylthiazol-2-yl)-5-(3-caboxymethoxyphenyl)-2-(4-sulfophenyl)-2H-tetrazolium (MTS)-based cell proliferation assay was carried out on the differentiated Neuro-2a cells 48 h post-transfection using the CellTiter 96 Aqueous One Solution Cell Proliferation Assay (Promega, Madison, WI) according to the manufacturer's instructions. Absorbance at 490 nm was measured in a multiple plate reader (PowerscanHT, Dainippon Pharmaceutical). The assays were carried out in 6 wells for each condition. To assess cell apoptosis, differentiated Neuro-2a cells were stained with Alexa Fluor 488-conjugated Annexin V

and with propidium iodide (PI) using the Vybrant Apoptosis Assay kit (Invitrogen) according to the manufacturer's instructions. TUNEL assays were performed using the APO-DIRECT<sup>TM</sup> kit (BD Biosciences). The extent of staining in 10,000 cells was monitored by FACSCalibur<sup>TM</sup> and CellQuest version 3.1.3 acquisition and analysis software (BD Biosciences) immediately after the staining.

**Caspase-3/7 Assay**—Neuro-2a cells were grown on black 96-well plates. The caspase-3/7 activity of differentiated Neuro-2a cells was analyzed using the Apo-ONE homogeneous caspase-3/7 assay (Promega) after 48 h of transfection or intended treatment according to the manufacturer's instructions. Fluorescence (485/528 nm) was measured in the multiple plate reader, and the assay was carried out in 6 wells for each condition.

**Quantitative Real Time PCR**—mRNA levels were determined by real time PCR as described before (26). Briefly total RNA from Neuro-2a cells was reverse transcribed into first strand cDNA, real time PCR was performed, and the product was detected by the iCycler system (Bio-Rad). For an internal standard control, the expression level of glyceraldehyde-3-phosphate dehydrogenase (GAPDH) was simultaneously quantified. The following primers were used: 5'-CCGCATGTCAGCCAAATACAAG-3' and 5'-ACCAGAATTGGCTCCAACAACAG-3' for TDP-43 and 5'-TGTGTCCGTCGTGGATCTGA-3' and 5'-TTGCTGTTGAAGTGCAGGAG-3' for GAPDH.

**Western Blot Analysis**—Western blot analyses were performed as described before (27). Briefly Neuro-2a cells were lysed in Cellytic lysis buffer (Sigma-Aldrich) containing a protease inhibitor mixture (Roche Applied Science) 48 h after transfection. For subcellular fractionation, we used the Proteo-Extract Subcellular Proteome Extraction kit (Calbiochem) according to the manufacturer's instructions. Cell lysates were separated by SDS-PAGE (5–20% gradient gel) and analyzed by Western blotting with ECL Plus detection reagents (GE Healthcare). Primary antibodies used were as follows: anti-TDP-43 rabbit polyclonal antibody (1:1000; ProteinTech, Chicago, IL), anti-Rac1 mouse monoclonal antibody (1:1000; Millipore, Temecula, CA), anti-RhoA mouse monoclonal antibody (1:1000; Cytoskeleton, Denver, CO), anti-Cdc42 rabbit polyclonal antibody (1:1000; Santa Cruz Biotechnology, Santa Cruz, CA), anti-phospho-myosin phosphatase targeting subunit 1 (Thr-853) rabbit polyclonal antibody (1:500; Millipore), anti-myosin phosphatase targeting subunit 1 rabbit polyclonal antibody (1:1000; Santa Cruz Biotechnology), anti-H-Ras rabbit polyclonal antibody (1:1000; Santa Cruz Biotechnology), anti-Rab5 rabbit polyclonal antibody (1:1000; Santa Cruz Biotechnology), anti-GAPDH mouse monoclonal antibody (1:1000; BD Pharmingen) as a cytosol marker, anti-integrin  $\beta$ 1 rabbit polyclonal antibody (1:1000; Santa Cruz Biotechnology) as a membrane marker, anti-green fluorescent protein mouse monoclonal antibody (1:2000; Millipore), anti-Rho GDP dissociation inhibitor rabbit polyclonal antibody (1:1000; Millipore), anti-geranylgeranyltransferase-1 $\beta$  mouse polyclonal antibody (1:1000; Abnova, Taipei, Taiwan), and anti-geranylgeranyl pyrophosphate synthase rabbit polyclonal antibody (1:1000; Abgent, San Diego, CA).

**Rho Family GTPase Activation Analysis**—To measure RhoA and Rac1/Cdc42 GTPase activities, we used the Rho binding domain (RBD) of the Rho effector protein with Rhotekin and Cdc42/Rac interactive binding (CRIB) region of the Cdc42/Rac effector protein with p21 activated kinase 1 (PAK), respectively. Pulldown assays were performed in the presence of glutathione *S*-transferase-tagged Rhotekin-RBD and PAK-CRIB protein-agarose beads (Cytoskeleton) according to the manufacturer's instructions.

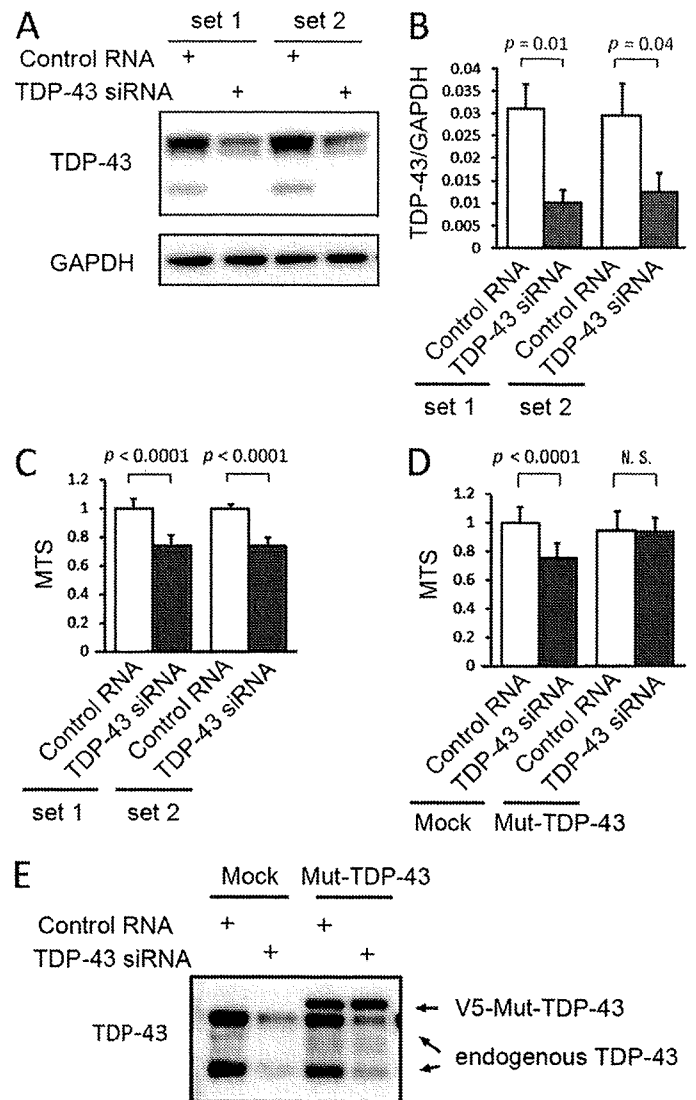
**Fluorescent Images of Neuro-2a Cells**—Neuro-2a cells, which were transfected with EGFP-Rac1, DsRed-TDP-43, and siRNA (TDP-43 siRNA or control RNA), were fixed by 4% paraformaldehyde with 0.1% Triton X-100 for extraction of cytosol components. After washing, samples were mounted with VECTASHIELD mounting medium (Vector Laboratories, Inc., Burlingame, CA) and then photographed with a Zeiss Axio Imager M1 (Carl Zeiss AG).

**Assay of Protein Geranylgeranylation**—Neuro-2a cells were transfected with siRNA on 10-cm<sup>2</sup> dishes. Twenty-four hours after the transfection, 20  $\mu$ M lovastatin (Sigma) was added to the culture medium. Twenty-four hours after the addition of lovastatin, the cells were labeled by adding fresh culture medium containing 6.25  $\mu$ Ci/ml [<sup>14</sup>C]mevalonolactone (50–62 mCi/mmol) (GE Healthcare) and 20  $\mu$ M lovastatin. Nineteen hours after labeling, the cells were harvested, and Rac1 was immunoprecipitated by incubating with 4 mg of anti-RhoA mouse monoclonal antibody (Santa Cruz Biotechnology) or anti-Rac1 mouse monoclonal antibody (Millipore) for 24 h followed by adding 20  $\mu$ l of protein G-Sepharose (GE Healthcare). Immunoprecipitated proteins were separated by electrophoresis on a polyacrylamide-SDS gel. The <sup>14</sup>C-labeled gels were fixed and soaked in Amplify Fluorographic Reagent (GE Healthcare) for 30 min. The gels were dried, and labeled proteins were visualized on a Typhoon 9410 Workstation (GE Healthcare) after exposure to a Storage Phosphor Screen (GE Healthcare) for 72 h. We validated this experiment using 20  $\mu$ M GGTI-298.

**Statistical Analysis**—Statistical differences (not including neurite length data) were analyzed by analysis of variance and Bonferroni post hoc analyses for three or more group comparisons and the unpaired Student's *t* test for two-group comparisons. Neurite length differences were analyzed using the Mann-Whitney *U* test (SPSS version 15.0, SPSS Inc., Chicago, IL). Two-tailed *p* < 0.05 was regarded as statistically significant.

## RESULTS

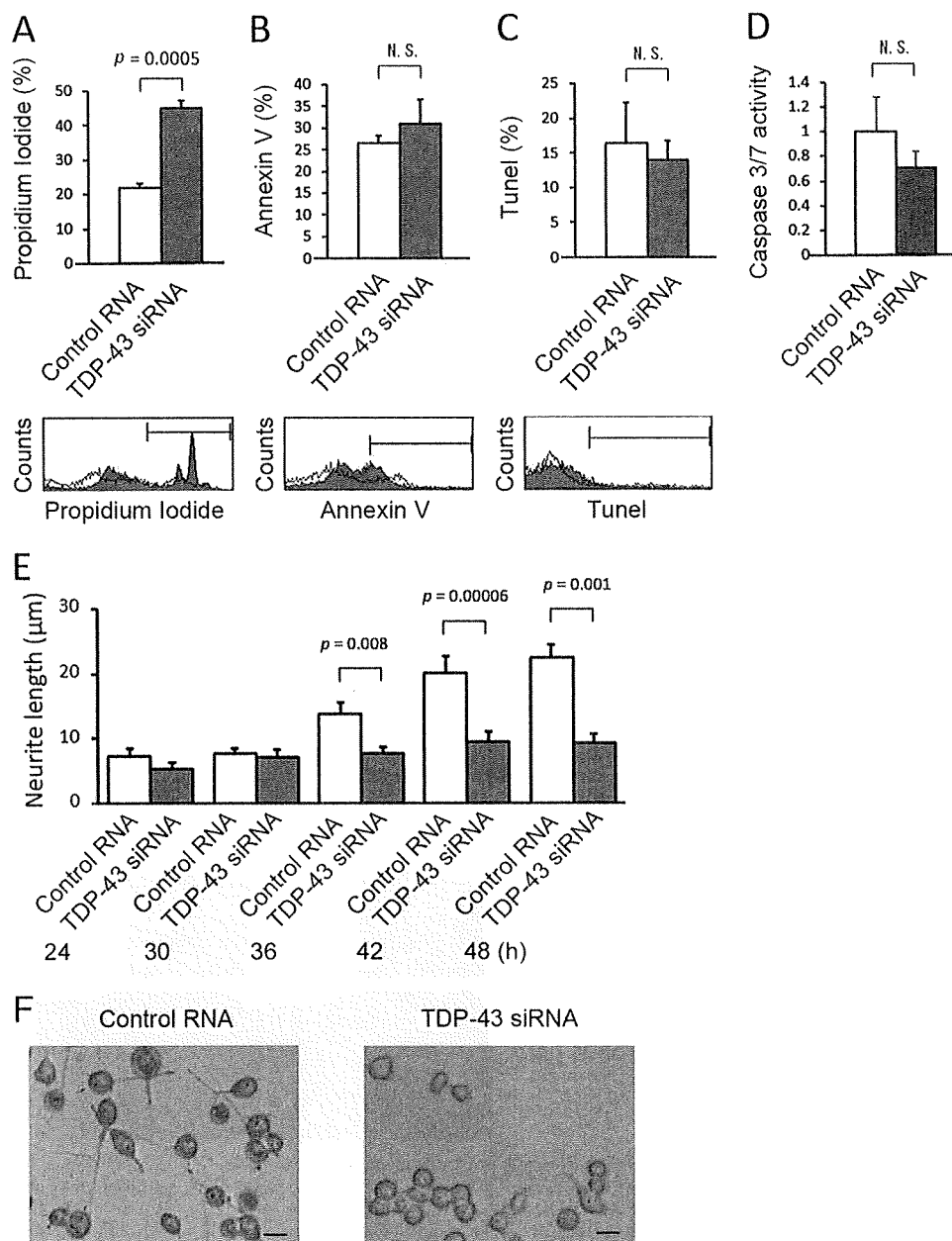
**TDP-43 Depletion Induces Cell Death and Inhibits Neurite Outgrowth**—To analyze the effect of TDP-43 depletion, two sets of siRNA oligonucleotides were transfected into Neuro-2a cells. The efficiency of TDP-43 siRNA transfection was confirmed by Western blotting and quantitative real time RT-PCR (Fig. 1, A and B). To assess cell viability, we carried out an MTS-based cell proliferation assay in differentiated Neuro-2a cells after 48 h of siRNA transfection. The viability of knockdown cells was significantly decreased by both sets of siRNA compared with each control (Fig. 1C). To exclude the possibility of an off-target effect, a plasmid carrying an siRNA-resistant form of TDP-43 was co-transfected together with set 1 siRNA.



**FIGURE 1. Effects of endogenous TDP-43 depletion on cell viability.** A, anti-TDP-43 Western blot of Neuro-2a cells transfected with siRNAs. B, the mRNA expression levels of TDP-43 measured by real time RT-PCR. Data are shown as the ratio of the mRNA level of TDP-43 to that of GAPDH. C, the viability of Neuro-2a cells quantified by the MTS-based cell proliferation assays. TDP-43 depletion significantly reduced cell viability. D, a rescue experiment using the MTS assay. Mock plasmid and an siRNA-resistant form of TDP-43 (*Mut-TDP-43*) were co-transfected into Neuro-2a cells together with TDP-43 siRNA or control RNA. *Mut-TDP-43* prevented the reduction of cell viability. E, Western blot of the cells transfected with mock plasmid or *Mut-TDP-43*. Error bars indicate S.D. N.S., not significant.

As a result, the siRNA-resistant form of TDP-43 prevented the reduction of cell viability (Fig. 1D). The apoptotic process was quantified with Annexin V/PI staining and TUNEL labeling. The knockdown of TDP-43 significantly increased the number of PI-positive cells (Fig. 2A). However, the number of cells positive for Annexin V or TUNEL was not altered (Fig. 2, B and C). In the caspase-3/7 assay, there was no significant difference between knockdown and control cells (Fig. 2D). To clarify the effects of TDP-43 depletion on cellular morphology, we performed a time course experiment measuring the average length of neurites. Neurites of control cells extended over the course of 48 h, but neurite outgrowth was significantly inhibited in TDP-43-depleted cells (Fig. 2E).

## Dysregulation of Rho Families by TDP-43 Depletion



**FIGURE 2. Apoptosis analyses and quantitative assessment of neurite outgrowth in TDP-43-depleted Neuro-2a cells.** A, B, and C, the number of the cells positive for PI, Annexin V, and TUNEL staining. We counted 10,000 cells using flow cytometry. Knockdown of TDP-43 significantly increased the number of cells stained with PI but not that with stained with Annexin V or TUNEL. D, caspase-3/7 activity of Neuro-2a cells transfected with TDP-43 siRNA or control RNA. E, time course analysis of neurite outgrowth in Neuro-2a cells transfected with TDP-43 siRNA or control RNA. Averages of the longest neurite lengths of over 100 transfected cells were analyzed 24 h after the transfection of siRNA. Neurites of control cells extended over the course of 48 h, but in TDP-43-depleted cells, neurite outgrowth was inhibited. Error bars indicate S.D. (A–D) or S.E. (E). F, phase-contrast images of Neuro-2a cells 48 h after the transfection of control RNA or TDP-43 siRNA. Scale bar, 10  $\mu\text{m}$ . N.S., not significant.

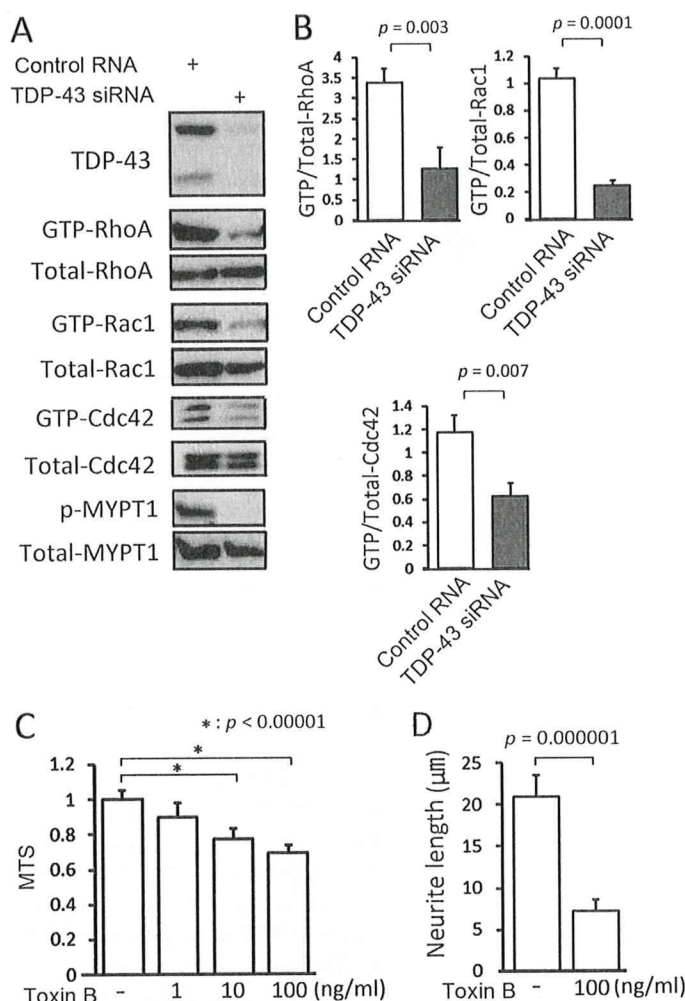
**Knockdown of TDP-43 Reduces Rho Family GTPase Activity—**To elucidate the pathophysiology of neuronal cell death and the morphological alteration caused by TDP-43 depletion, we focused on the Rho family GTPases, which are potent regulators of neurite outgrowth and cell survival. First RhoA, Rac1, and Cdc42 GTPase activities were investigated by pull-down assays. In TDP-43-depleted cells, the activities of RhoA, Rac1, and Cdc42 GTPase were all decreased compared with the controls (Fig. 3, A and B). Inactivation of RhoA GTPase was also

confirmed by a significant reduction in the level of the Thr-853 phosphorylation of myosin phosphatase targeting subunit 1, which is exclusively phosphorylated by Rho kinase (28) (Fig. 3A). To verify that inactivation of Rho family GTPases leads to neuronal damage, we tested the effects of *C. difficile* toxin B, a pan-inhibitor of Rho family proteins, on differentiated Neuro-2a cells. As a result, this toxin reduced cell viability and inhibited neurite outgrowth (Fig. 3, C and D).

Small G proteins, including Rho and Ras family members, must be able to localize at the cell membrane to exert their biological functions (29). We thus investigated the intracellular distribution of Rho family proteins to elucidate the mechanism by which TDP-43 regulates their GTPase activity. Western blots showed that the amounts of RhoA, Rac1, and Cdc42, but not H-Ras or Rab5, in the membrane fractions were decreased in the TDP-43 knockdown cells (Fig. 4A). The subcellular fraction of Rho GDP dissociation inhibitor, another regulator of Rho activity, was not altered by TDP-43 knockdown (Fig. 4A). The siRNA-resistant form of TDP-43 rescued the reduction in the amount of membrane-bound Rho family GTPases (Fig. 4B). The fluorescent images also demonstrated that membrane-localized Rac1 was significantly reduced in TDP-43 knockdown cells in comparison with control cells (Fig. 5).

**TDP-43 Regulates Rho GTPase Activity via Protein Geranylgeranylation—**For membrane localization to occur, members of the Rho family of GTPases have to be catalyzed by transferring GGPP to the C-terminal motif (geranylgeranylation), whereas Ras family members, such

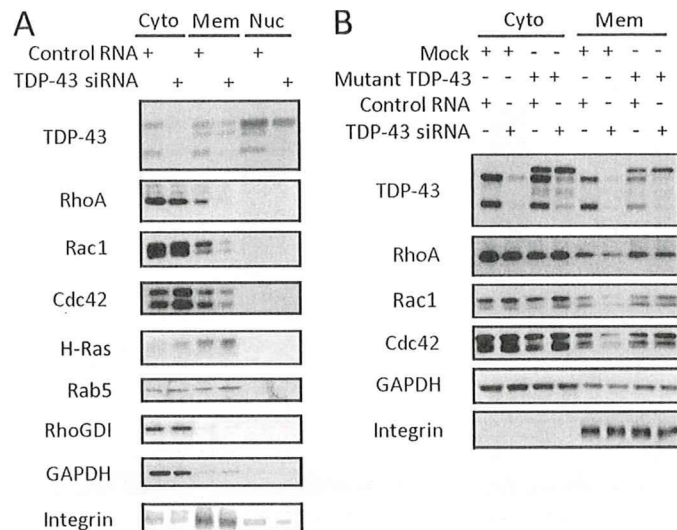
as H-Ras, require farnesyl pyrophosphate. We thus tested two agents that modulate geranylgeranylation of Rho family molecules. GGTI-298, a specific inhibitor of geranylgeranylation, has been shown to increase neural cell death through the inactivation of Rho family GTPases (30, 31). In differentiated Neuro-2a cells, GGTI-298 inhibited neurite outgrowth and reduced cell viability in a dose-dependent manner without any evidence of caspase-3/7 activation (Fig. 6, A–C). GGTI-298 also decreased the amount of membrane-



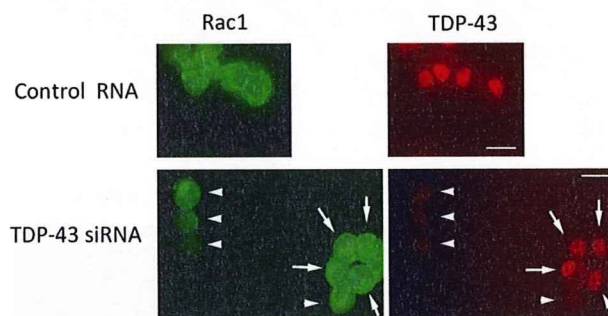
**FIGURE 3. Activities of Rho family GTPases in TDP-43-depleted Neuro-2a cells.** *A*, pulldown assays of RhoA, Rac1, and Cdc42 and Western blot using anti-phospho-myosin phosphatase targeting subunit 1 (*p-MYPT1*) in Neuro-2a cells transfected with TDP-43 siRNA or control RNA. TDP-43 knockdown significantly reduced Rho family GTPase activity. *B*, densitometric quantifications of three independent experiments. *C*, the viabilities of Neuro-2a cells incubated with the indicated concentrations of *C. difficile* toxin B. *D*, quantitation of neurite outgrowth in Neuro-2a cells incubated with 100 ng/ml toxin B compared with control. Error bars indicate S.D. (*B* and *C*) or S.E. (*D*).

bound Rho GTPases (Fig. 6D). In contrast, GGPP, the final substrate of geranylgeranylation, prevented the reduction in the amounts of membrane-bound RhoA, Rac1, and Cdc42 caused by TDP-43 knockdown (Fig. 6E). In addition, GGPP restored viability and neurite outgrowth in TDP-43-depleted cells (Fig. 6, F and G). These findings indicate that impaired geranylgeranylation appears to be the molecular basis of TDP-43 depletion-induced cellular damage. We next examined whether TDP-43 regulates geranylgeranylation of Rho GTPases. Fig. 7, A–C, shows that TDP-43 increased the amount of membrane-bound Rho GTPases, augmented neurite outgrowth, and increased cell viability in GGTI-298-treated cells.

Taken together, these observations suggest that TDP-43 regulates the activities of Rho family members through protein geranylgeranylation. We thus investigated the effect of TDP-43 depletion on protein geranylgeranylation using



**FIGURE 4. Intracellular distribution of Rho family GTPases in TDP-43 knockdown Neuro-2a cells.** *A*, Western blots of subcellular fractions (cytosol, membrane, and nucleus) of Neuro-2a cells transfected with TDP-43 siRNA or control RNA. The amount of Rho family members in the membrane fraction was significantly reduced in TDP-43 knockdown cells. This effect, however, was not observed with H-Ras or Rab5. Moreover the subcellular fraction of Rho GDP dissociation inhibitor (*RhoGDI*) was not altered by TDP-43 depletion. GAPDH and integrin  $\beta 1$  were used as a cytosol and membrane marker, respectively. *Cyto*, cytosol fraction; *Mem*, membrane fraction; *Nuc*, nuclear fraction. *B*, the effect of the siRNA-resistant form of TDP-43 (*Mut-TDP-43*) on the intracellular distribution of Rho family GTPases. *Mut-TDP-43* prevented the reduction of membrane-bound Rho family members.

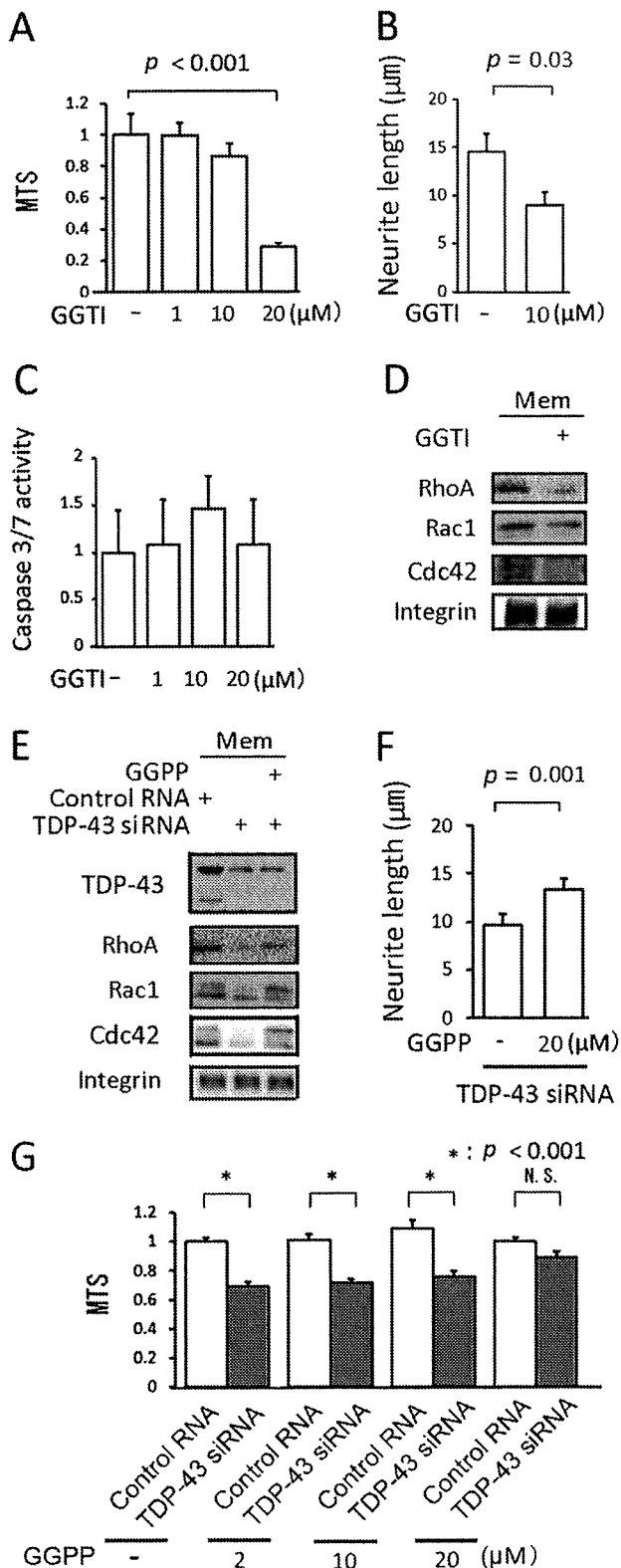


**FIGURE 5. Fluorescent images of Neuro-2a cells.** Neuro-2a cells co-transfected with EGFP-Rac1, DsRed-TDP-43, and siRNA (TDP-43 siRNA or control RNA) were fixed by 4% paraformaldehyde with 0.1% Triton X-100. Membrane-localized Rac1 was significantly reduced in the TDP-43 depleted cells (arrowhead) compared with the cells that escaped knockdown of TDP-43 (arrow) and with the control RNA-transfected cells. Scale bar, 10  $\mu$ m.

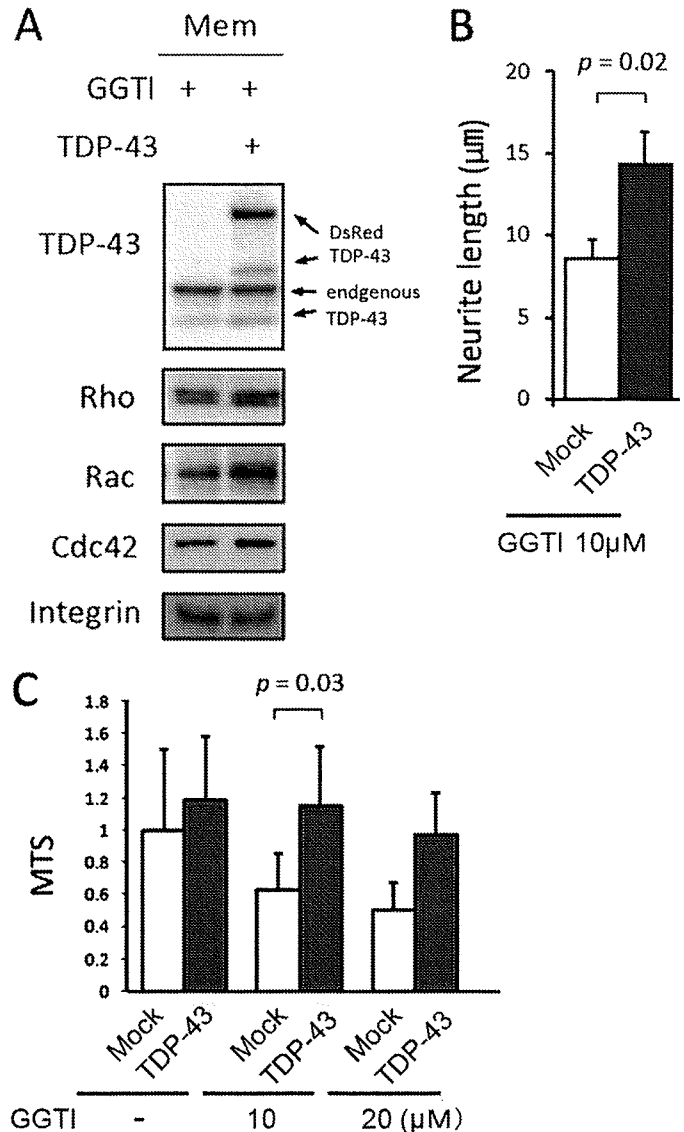
[ $^{14}$ C]mevalonic acid (MVA). Incorporation of [ $^{14}$ C]MVA into RhoA or Rac1 was significantly decreased in the TDP-43-depleted Neuro-2a cells (Fig. 8, A and B), suggesting that the knockdown of TDP-43 inhibits geranylgeranylation of Rho family members. GGTI-298 reduced incorporation of [ $^{14}$ C]MVA into Rac1, further confirming this conclusion (Fig. 8C).

Protein geranylgeranylation of the Rho family is regulated by specific enzymes: geranylgeranyltransferase-1 $\beta$  and geranylgeranyl pyrophosphate synthase-1, which is responsible for synthesis of GGPP. We therefore investigated the expression levels of these enzymes. However, the knockdown of TDP-43 did not alter the protein expression level of geranylgeranyltransferase-1 $\beta$  or geranylgeranyl pyrophosphate synthase-1 (data not shown).

## Dysregulation of Rho Families by TDP-43 Depletion



**FIGURE 6. The effect of modulation of geranylgeranylation on cell viability.** *A*, the viability of Neuro-2a cells incubated with the indicated concentrations of GGTI-298 (GGTI). *B*, averages of neurite length in Neuro-2a cells incubated with 20 μM GGTI-298 compared with control. *C*, caspase-3/7 activity in Neuro-2a cells treated with GGTI-298. *D*, Western blot of the membrane fraction from Neuro-2a cells incubated with 20 μM GGTI-298 compared with control. *E*, Western blot of the membrane fraction from Neuro-2a cells incubated with 20 μM GGPP in the presence of TDP-43 siRNA. *F*, measurement of neurite length of Neuro-2a cells incubated with 20 μM GGPP. The cells were transfected with TDP-43 siRNA or control RNA.

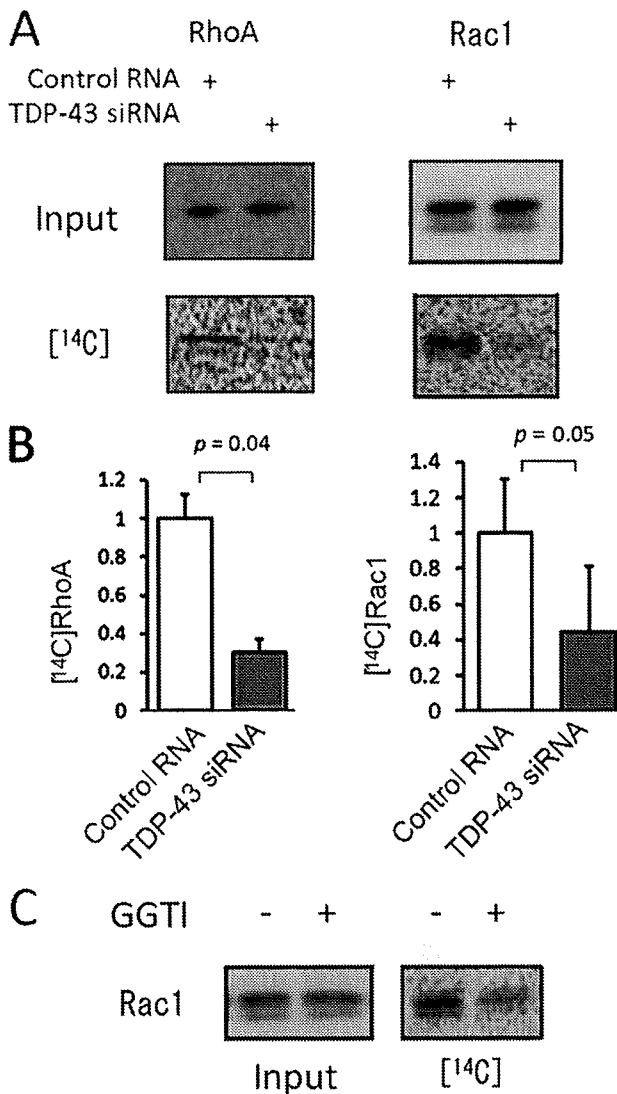


**FIGURE 7. Effect of TDP-43 in Neuro-2a cells on GGTI-298-induced cellular phenotype.** *A*, Western blot of the membrane (Mem) fraction of 10 μM GGTI-298 (GGTI)-treated Neuro-2a cells transfected with TDP-43 or mock vector. *B*, neurite length of GGTI-298-treated Neuro-2a cells transfected with DsRed-TDP-43 or mock vector. *C*, the viability of Neuro-2a cells incubated with the indicated concentrations of GGTI-298. Error bars indicate S.E. (B) or S.D. (C).

## DISCUSSION

**TDP-43 as a Regulator of Rho Family GTPases**—In the present study, we demonstrated that knockdown of TDP-43 inhibits neurite outgrowth and induces cell death in differentiated Neuro-2a cells, suggesting that loss of TDP-43 function plays a causative role in neurodegeneration. To elucidate the molecular mechanisms by which TDP-43 depletion causes neuronal cell damage, we examined the relationship between TDP-43 and Rho family GTPases. Neuronal morphology is determined in large part through the regulation of the cytoskeleton. One of the key regulators of the actin cytoskeleton is the Rho family of GTPases: RhoA, Rac1, and Cdc42 (15–17). Although each Rho

*G*, the viability of Neuro-2a cells incubated with the indicated concentrations of GGPP. Error bars indicate S.D. (A and C) or S.E. (B and F). *N.S.*, not significant.



**FIGURE 8. Protein prenylation of RhoA and Rac1 in Neuro-2a cells.** A, Neuro-2a cells were metabolically labeled with [<sup>14</sup>C]MVA: left, Western blot with anti-RhoA or Rac1 antibody of cell lysates; right, incorporation of [<sup>14</sup>C]MVA into RhoA or Rac1. B, densitometric quantitation of four independent experiments. Error bars indicate S.D. C, incorporation of [<sup>14</sup>C]MVA into Rac1 in Neuro-2a cells incubated with or without GGTI-298 (GGTI).

family member has a distinct effect on cell morphology and plays an important role in the regulation of neuronal survival, we demonstrated that pan-inhibition of Rho family proteins by *C. difficile* toxin B suppressed neurite outgrowth and reduced cell viability as reported previously (19–21, 32, 33). We demonstrated here that the activities of RhoA, Rac1, and Cdc42 were all decreased in TDP-43-depleted cells, suggesting that knockdown of TDP-43 induces inhibition of neurite outgrowth and cell death through the inactivation of Rho family GTPases. There was no evidence of apoptosis mediated by TDP-43 knockdown in the model we used perhaps because of the biological characteristics of Neuro-2a cells in which the induction of apoptosis is known to be difficult (34, 35). In support of this view, we confirmed that GGTI-298 had no effect on apoptosis in Neuro-2a cells under the present conditions (Fig. 6C), although this reagent has been shown to efficiently induce apoptosis in non-neuronal cells (36, 37).

**Inhibited Protein Geranylgeranylation of Rho Family Members in TDP-43-depleted Cells**—How does TDP-43 regulate the activities of the Rho family? Various molecules have been shown to regulate the activity of Rho, Rac, and Cdc42, but few are capable of regulating all three GTPases concomitantly. To elucidate the molecular mechanism by which TDP-43 regulates Rho, Rac, and Cdc42, we directed our attention to the fact that membrane localization is the key regulatory factor common to these molecules. Small G proteins, including members of the Rho and Ras families, act as molecular switches cycling between an active, GTP-bound state and an inactive, GDP-bound state (18, 38, 39). Post-translational modification with a C-terminal prenyl moiety allows small G proteins to associate with the membrane where they can interact with and activate their effectors (29). Proteins that require prenylation include the farnesyl group, such as the Ras family, and the geranylgeranyl group, such as the Rho or the Rab family (29, 40). In the present study, we showed that knockdown of TDP-43 decreased membrane-bound RhoA, Rac1, and Cdc42 but did not affect the intracellular distribution of H-Ras or Rab5. TDP-43 knockdown also inhibited the incorporation of [<sup>14</sup>C]MVA, a tracer of the mevalonate pathway, into RhoA and Rac1 in differentiated Neuro-2a cells. In contrast, the expression level of Rho GDP dissociation inhibitor, which functions by extracting Rho family GTPases from membranes and solubilizing them in the cytosol (41, 42), was not significantly altered by TDP-43 knockdown. In addition, inhibition of geranylgeranylation by GGTI-298 reproduced the cytotoxic effects of TDP-43 depletion, whereas GGPP, the substrate of the geranylgeranylation pathway, restored cell viability and neurite outgrowth in TDP-43-depleted Neuro-2a cells. Furthermore in GGTI-298 treated cells, overexpression of TDP-43 restored the membrane localization of Rho GTPases as well as cell viability and neurite outgrowth. These findings suggest that TDP-43 depletion inactivates Rho family GTPases through inhibition of protein geranylgeranylation.

Protein geranylgeranylation of Rho family members is catalyzed by geranylgeranyltransferase-I using GGPP produced by geranylgeranyl pyrophosphate synthase-1 as the substrate (43). Geranylgeranyltransferase-I consists of two subunits,  $\alpha$  and  $\beta$ , and the  $\alpha$  subunit is also a component of protein farnesyltransferase (44). We thus assessed the mRNA and protein expression of geranylgeranyltransferase-I $\beta$  and geranylgeranyl pyrophosphate synthase-1 in Neuro-2a cells. However, the expression levels of these enzymes were not altered by TDP-43 knockdown. These results imply that TDP-43 depletion decreases the activities of these enzymes.

**Loss of TDP-43 Function in the Pathophysiology of TDP-43 Proteinopathies**—Ubiquitinated cytoplasmic inclusions are a histopathological hallmark of ALS and frontotemporal lobar degeneration with ubiquitin-positive inclusions. Although the nature of these aggregates has not been fully elucidated, recent studies have identified TDP-43 as the major component of the ubiquitin-immunoreactive neuronal inclusions seen in ALS and frontotemporal lobar degeneration with ubiquitin-positive inclusions (1, 2). There has been a great deal of debate about whether loss or gain of function of TDP-43 causes neuronal dysfunction and eventual cell death. Although TDP-43 is a

## Dysregulation of Rho Families by TDP-43 Depletion

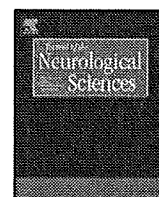
ubiquitously expressed, highly conserved nuclear protein, under the pathological conditions in ALS and frontotemporal lobar degeneration with ubiquitin-positive inclusions, TDP-43 completely disappears from the nuclei of the affected neurons (1, 2). These histopathological findings indicate that loss of nuclear TDP-43 may underlie neuronal degeneration, although it is also possible that neuronal inclusions possess cytotoxic properties. It has been reported that TDP-43 depletion leads to up-regulation of cyclin-dependent kinase 6 protein and transcript levels followed by misregulation of the cell cycle and apoptosis in cultured human epithelial cancer cells (14). In the present study, knockdown of TDP-43 inactivated Rho family GTPases and thereby induced cell death in differentiated Neuro-2a cells. Although this is not the model imitating the dislocation of TDP-43 from the nucleus to the cytoplasm, our findings suggest that loss of function of TDP-43 may induce neuronal degeneration probably through dysregulation of Rho family GTPases.

In summary, we have demonstrated that TDP-43 depletion inhibits neurite outgrowth and induces neuronal cell death. This phenomenon possibly results from a reduced membrane localization of Rho family GTPases due to the inhibition of protein geranylgeranylation.

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## Age at onset influences on wide-ranged clinical features of sporadic amyotrophic lateral sclerosis

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### ABSTRACT

**Purpose:** To profile the detailed clinical features of sporadic amyotrophic lateral sclerosis (ALS) on large-scale samples in Japan.

**Methods:** We assessed the clinical features of sporadic ALS patients in Japan, based on the nationwide registration system of the Ministry of Health, Labor and Welfare of Japan. We described 3428 new cases registered between 2003 and 2006 to analyze initial symptoms and related clinical features, 4202 cases registered in the single year of 2005 to describe the cross-sectional overview of the ALS patients, and a total of 2128 cases with tracheostomy positive pressure ventilation (TPPV) from all of the registration data from 2003 to 2006 to describe the features of ALS patients with TPPV.

**Results:** The patients with an older age at onset progressed more rapidly to the TPPV stage than those with a younger age at onset. The subpopulation of patients with long-standing TPPV showed ophthalmoplegia, while its appearance rate was less in the patients with an older age at onset than in those with a younger age at onset. Furthermore, age at onset strongly influenced the frequency of initial symptoms: dysarthria, dysphagia, neck weakness and respiratory disturbance were more frequent in patients with an older age at onset, while upper or lower limb weakness was observed more frequently in patients with a younger age at onset. In addition, those initial symptoms were still the most prominent at the follow-up stage, suggesting that the initial symptoms determine the major clinical features even in advanced illness.

**Conclusions:** Our present study demonstrated that symptomatic features of ALS are strongly influenced by the age at onset by the large scale of samples.

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### 1. Introduction

Amyotrophic lateral sclerosis (ALS) is one of the most devastating neurodegenerative diseases affecting upper and lower motor neurons preferentially, and shows progressive muscle wasting of the limb, bulbar and respiratory musculatures. Almost half of ALS patients

expire within three years of onset, primarily due to respiratory failure [1–6]. Approximately 5–10% of ALS patients show a familial trait, while more than 90% of the patients are sporadic, and the causal mechanism of the motor neuron degeneration is largely unknown. Although many clinical trials of potential therapeutic agents for the treatment of sporadic ALS have been performed [7], effective therapeutics against motor neuron degeneration in ALS except for riluzole [8,9] have not been developed. The clinical features of ALS have been established for the most part. However, many aspects of symptomatic manifestations such as the influence of age at onset on clinical features, the frequency of rare symptoms and many other symptomatic details have not been well characterized, particularly

**Abbreviations:** ALS, amyotrophic lateral sclerosis; TPPV, tracheostomy positive pressure ventilation.

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based on a nationwide scale sample. In Japan, the proportion of the ALS patients with TPPV is relatively higher than in other countries [10,11]. Rare symptoms such as ophthalmoplegia are more frequently seen in those who receive TPPV to prolong survival [12,13], so the clinical profile of ALS patients in Japan might have unique features. Data concerning the clinical features are important to establish an early diagnosis, treatment plan, and prognostic estimation, as well as to design clinical trials.

The aim of this study was to profile the detailed clinical features of sporadic ALS on large-scale samples in Japan.

## 2. Research design and methods

A nationwide registration of patients with intractable diseases including ALS has been conducted by the Ministry of Health, Labor and Welfare of Japan since 1974. When a patient is diagnosed as having ALS, the patient can apply for registration in this system, and receive financial support from the state for medical expenses incurred for the treatment of ALS, independent of the disease severity. In 2003, a data collection system was developed for research use of this registration system. Concurrently with that, the registration form for ALS was revised substantially. Since 2003, the annual renewal of registration of each patient has been conducted. The data from registration forms were input to the database in each prefectural office and consolidated in the Ministry of Welfare, Health and Labor of Japan. In the revised registration form, the overview of the clinical state is to be indicated, including the severity, neurological symptoms, activities of daily living and conditions of tube feeding or non-invasive positive pressure ventilation (NIPPV) and TPPV of ALS patients in Japan on a nationwide scale. Using the data accumulated from 2003 to 2006, we analyzed the clinical features of sporadic ALS patients in Japan. Clinical profiles of sporadic ataxias in Japan were previously described using this registration system [14].

The inclusion criteria of the registration system for ALS are: 1) adult onset, steady progressive course; 2) the presence of clinical or electrophysiological evidence of lower motor neuron (LMN) degeneration in at least two topographical anatomic regions (brainstem, cervical, thoracic or lumbosacral region), together with clinical evidence of upper motor neuron (UMN) degeneration in at least one region; and 3) the absence of electrophysiological and pathological evidence of other disease processes that might explain the signs of LMN and/or UMN degeneration, and neuroimaging evidence of other disease processes that might explain the observed clinical and electrophysiological signs. Therefore the patients registered in this system satisfy definite, probable or possible ALS based on the revised El Escorial Criteria [15] for the diagnosis of ALS.

The data collection system was developed in 32 of 47 prefectures in Japan. In proportion to the total population, 63% of total registered patients in Japan were integrated into the computerized database. The data were comprised of initial registration form and renewal registration form. When a patient was diagnosed as ALS, the initial registration form was used to apply for the system, and the renewal registration form was used in the following year. However, the information on the patients initially registered before 2003 was comprised of data from only renewal registration.

After 2003, 3694 ALS patients were newly registered in the system. Records were eliminated from the analysis if information was missing for age at onset and age at registration. Ninety-four patients were also excluded who had a family history of motor neuron disease or an abnormality of genes related to neurodegenerative disease such as the SOD1 mutation. The inclusion age range was above 20 years at onset. After these data clearing, the data from a total of 3428 patients were available. In order to analyze the age at onset, initial symptoms and related clinical features, we used this data set.

In a single year, 2005, 4546 ALS patients were registered using the initial registration form or renewal registration form. The number

included those initially registered before 2003. To describe the cross-sectional overview of the medical and social conditions of ALS patients in Japan, we used this data set. After the data described above were excluded, the data from 4202 patients were used.

From 2003 to 2006, 2440 ALS patients with TPPV were registered at least once, mostly using the renewal registration form. The number included those initially registered before 2003. To describe the conditions of ALS patients with TPPV, we analyzed this data set. After the data cleaning, the data from 2128 patients with TPPV were used.

All of the patients provided written informed consent for the research use of the data, and the anonymity of the data was strictly secured. We implemented the guidelines for research use of the data from the nationwide registration system of intractable diseases and the ethics guidelines for clinical studies endorsed by the Japanese government. The research project was approved by the Ministry of Health, Labor and Welfare, Japan, and by the ethics committee of Nagoya University Graduate School of Medicine.

### 2.1. Assessment of clinical features

Age at onset was considered as the time of the patient's initial awareness of weakness. As for the initial symptoms, six symptoms including dysarthria, dysphasia, respiratory disturbance, weakness of neck, weakness of upper extremities and weakness of lower extremities were noted. In most cases, one symptom was assessed as an initial symptom, however, two or more symptoms may be recorded. The activities of daily living and clinical symptoms were assessed by 6 items from the 12 items of ALSFRS-R (Speech, Swallowing, Handwriting, Dressing and Hygiene, Walking and Dyspnea). The Japanese version of ALSFRS-R was validated previously for ALS, showing that the assessment values are highly equivalent among well-trained neurologists, general physicians and nurses, and that intra-rater assessment values are also highly equivalent [16]. Intra-rater and inter-rater reliability of each item of the Japanese version of ALSFRS-R were also validated. The presence of oculomotor disturbance was assessed through a bedside neurological examination.

### 2.2. Data analysis

All variables were summarized using descriptive statistics, including mean, standard deviation (S.D.), and percentages. Correlations

**Table 1**  
Clinical features of patients newly registered from 2003 to 2006 ( $n=3428$ )

Age at onset (years, mean±S.D.)	65.4±10.7
Male/female (%)	57.8/42.2
Duration from disease onset to registration (years, mean±S.D.)	1.7±2.2
Symptoms at registration (%)	
Dysarthria	64.2
Dysphagia	57.8
Weakness of neck	70.0
Respiratory distress	34.2
Weakness of upper extremities	86.6
Weakness of lower extremities	76.2
Initial symptoms (%)	
Dysarthria	36.3
Dysphagia	21.1
Weakness of neck	7.1
Respiratory disturbance	6.3
Weakness of upper extremities	48.1
Proximal dominant	26.1
Distal dominant	50.8
Diffuse	23.0
Weakness of lower extremities	34.1
Proximal dominant	19.7
Distal dominant	42.6
Diffuse	37.8

**Table 2**  
Cross-sectional living conditions of patients registered in 2005 (n=4202)

Living condition	Frequency (%)
At work or school	6.7
Household work	6.5
Under home care	58.2 <sup>a</sup>
In hospital	27.5 <sup>a</sup>
In nursing-care facility	2.4

<sup>a</sup> 1.2% of patients overlap.

between age at onset and duration from disease onset to invasive procedures were analyzed using Pearson's correlation coefficient, and the cumulative incident curves of two age groups were assessed by the log-rank test. Difference of frequencies of symptoms between two age groups was assessed by the chi-square test. *p*-values <0.05 were considered to be statistically significant. Calculations were performed using the statistical software package SPSS 15.0J for Windows (SPSS Japan Inc., Tokyo Japan).

### 3. Results

#### 3.1. Clinical features of sporadic ALS patients

The mean age at onset was 65.4±10.7 years, the male to female ratio was 1.37:1, and the mean duration from disease onset to registration was 1.5±1.4 years. The initial symptom was dysarthria in 36.3%, dysphagia in 21.1%, weakness of neck in 7.1%, respiratory disturbance in 6.3%, weakness of the upper extremities in 48.1%, weakness of lower extremities in 34.1%, when allowing overlapping descriptions (Table 1). When we analyzed these demographic clinical features between male and female patient groups, age at onset was slightly higher in the female patients. The proportion of the patients with bulbar symptom onset was higher in the female patients, whereas, the proportion of the patients with weakness of upper extremities was higher in the male patients (Supplemental Table 1).

The cross-sectional state of living conditions of ALS patients in Japan in 2005 is shown in Table 2. The proportion of the patients at work or school was 6.7%, 6.5% engaged in household work, 58.2% under home care, 27.5% in hospital and 2.4% in a nursing-care facility. The state of nutrition and respiratory support is shown in Table 3. The frequency of patients with a gastrostomy tube was 28.7%, and 7.8% were using a nasogastric tube. NIPPV was used by 7.2% of the patients, and 29.3% were under TPPV. The clinical profiles of the patients with TPPV were shown in Table 4. Mean duration from introduction of TPPV was 3.7 years, and 42.2% of the patients with TPPV were living under home care.

#### 3.2. Age at onset influences progression of disease assessed by duration from onset to introduction of TPPV

The mean interval between the onset of disease and the introduction of TPPV was 3.0 years. Intervals from the disease onset to the introduction of TPPV became shorter as the age at onset advanced (Fig. 1A). There was a significant correlation between the

**Table 3**  
Nutritional and respiratory support of patients registered in 2005 (n=4202)

Nutritional and respiratory support	Frequency (%)
Tube feeding	
Gastrostomy tube	28.7
Nasogastric tube	7.8
NIPPV <sup>a</sup>	
Intermittent use	2.0
All-night use	2.6
All-day use	2.6
TPPV <sup>b</sup>	29.3

<sup>a</sup> Non-invasive positive pressure ventilation.

<sup>b</sup> Tracheostomy positive pressure ventilation.

**Table 4**  
Clinical profiles of patients with TPPV (n=2128)

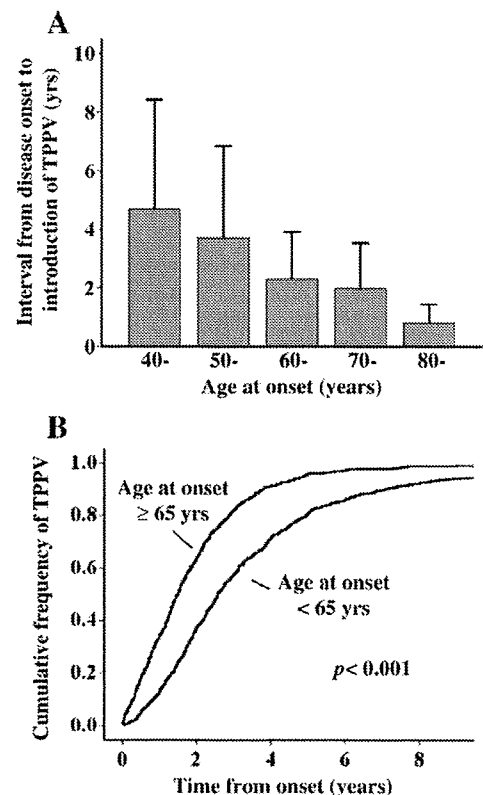
Male/female (%)	59.9/40.1
Age at onset (years, mean±SD)	59.8±11.7
Duration of disease (years, mean±SD)	6.7±5.0
Duration from disease onset to introduction of TPPV	3.0±3.2
Duration from TPPV introduction	3.7±3.5
Living conditions	
Under home care (%)	42.2 <sup>a</sup>
In hospital (%)	57.4 <sup>a</sup>
In nursing-care facility (%)	2.1

<sup>a</sup> 1.8% of patients overlap.

age at onset and the interval from disease onset to introduction of tube feeding or TPPV, when analyzed using Pearson's correlation coefficient ( $r=-0.39$   $p<0.001$ ). Since 65 years was the mean age of onset, we assessed the cumulative frequency of TPPV in subgroups of patients with an age at onset of 65 years or more and less than 65 years, showing that the duration from onset to introduction of TPPV was significantly shorter in patients with an onset age of 65 years or older ( $p<0.001$ ) (Fig. 1B). The age at onset influences the progression from onset to the advanced stage assessed by the introduction of TPPV.

#### 3.3. Appearance of ophthalmoplegia under TPPV influenced by age at onset

In the patients with long-standing TPPV, rare symptoms such as ophthalmoplegia were frequently observed. Ophthalmoplegia, which is particularly well assessed by bedside examination, was seen in only



**Fig. 1.** Relationship between age at onset and introduction of tube feeding and TPPV. Interval from disease onset to introduction of TPPV (A) is shown. An older age at onset strongly correlates to shorter intervals from onset to TPPV. Cumulative frequencies of patients with TPPV in the patient population with an onset age older or younger than 65 years are shown (B). Cumulative curves for patients with an onset age of 65 years or more show significantly shorter intervals between disease onset and introduction of TPPV than those with an onset age of under 65 years of age, suggesting that age at onset markedly influences the time from onset to introduction of TPPV.  $n=2128$ .

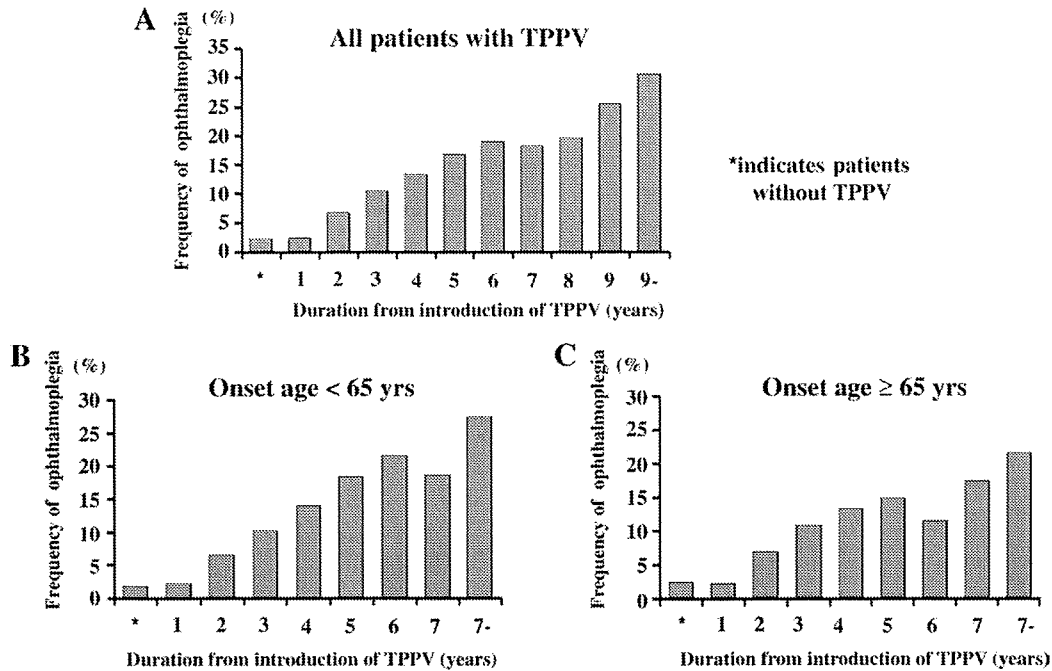


Fig. 2. Frequency of ophthalmoplegia in patients under TPPV, in terms of duration of TPPV and the influence of onset age on its appearance. Ophthalmoplegia rarely occurs in patients without TPPV (\*), while its occurrence gradually increases with advanced duration of TPPV (A). Following 9 years of TPPV, almost 30% of patients show ophthalmoplegia. Frequencies of ophthalmoplegia in the patient population with onset age older or younger than 65 years are shown in B and C. Ophthalmoplegia is less frequent in patients with an age at onset of 65 years or older (C). The total frequency of ophthalmoplegia in the patients with onset age older than 65 years or younger than 65 years is 8.3% and 15.1%, respectively. A significant difference exists between them by the chi-square test ( $p < 0.001$ ).  $n = 2128$ .

2.0% of the patients without TPPV. The frequency of ophthalmoplegia was increased with the advanced duration of TPPV (Fig. 2A). However, ophthalmoplegia was observed in 30% of patients under TPPV for more than 9 years.

The appearance of ophthalmoplegia under long-standing TPPV is also influenced by the age at onset (Fig. 2B,C). The patients with an age at onset under 65 years showed a higher frequency of appearance of oculomotor symptoms than those with an age at onset over 65 years (Fig. 2B,C). The total frequency of ophthalmoplegia in the patients under TPPV with an onset age of older than 65 years or younger than 65 years was 8.3% and 15.1%, respectively. A significant difference was found between them by the chi-square test ( $p < 0.001$ ). These observa-

tions suggest that a younger age at onset advances the appearance of ophthalmoplegia compared to patients with an older age at onset. The average time from onset to introduction of TPPV was, however,  $1.86 \pm 1.70$  years in the patients with an onset age over 65 years, and  $3.60 \pm 3.72$  years in those with an onset age of younger than 65. This difference influenced the appearance rate of ophthalmoplegia.

### 3.4. Age at onset influences the frequency of initial symptoms

We analyzed the relationships between the age at onset and the initial symptoms. Dysarthria and dysphagia as the initial symptoms were markedly increased in patients with an advanced age at onset

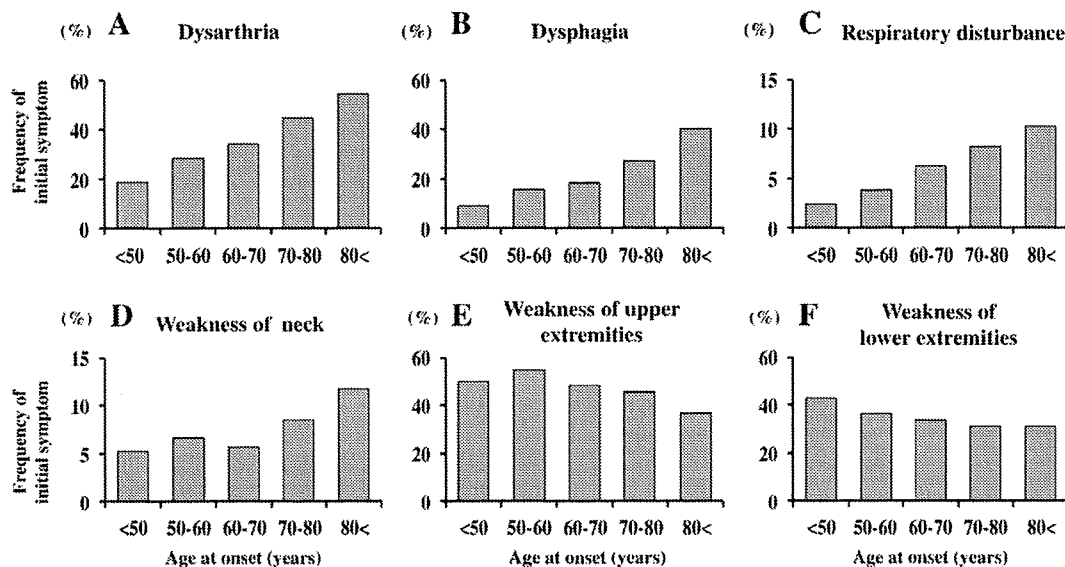


Fig. 3. Age at onset and frequency of initial symptoms. Dysarthria (A), dysphagia (B), respiratory disturbance (C) and weakness of neck (D) are increased in frequency as an initial symptom as the age at onset increases. In contrast, weakness of the upper extremities (E) or lower extremities (F) decreased as the onset age increases.  $n = 3428$ .