CHRNA5 links chandelier cells to protection against amyloid pathology in human aging and Alzheimer's Disease

Jonas Rybnicek[1], Yuxiao Chen[2], Milos Millic[2], JoAnne McLaurin[3], Philip L De Jager[4], Julie A Schneider[5], Yanling Wang[6], David A Bennett[6], **Shreejoy Tripathy*[1, 2, 7, 8], Daniel Felsky*[2, 7, 8], Evelyn K Lambe*[1, 7, 9]**

1. Department of Physiology, University of Toronto, Toronto ON, Canada

2. Krembil Centre for Neuroinformatics, Centre for Addiction and Mental Health, Toronto ON, Canada

3. Biological Sciences, Sunnybrook Research Institute, Toronto, ON M4N 3M5, Canada.

4. Center for Translational & Computational Neuroimmunology, Department of Neurology and the Taub Institute for Research on Alzheimer's Disease and the Aging Brain, Columbia University Irving Medical Center, New York NY, USA

5. Department of Pathology, Rush University, Chicago IL, USA

6. Department of Neurological Sciences, Rush University, Chicago IL, USA

7. Department of Psychiatry, University of Toronto, Toronto ON, Canada

8. Institute of Medical Science, University of Toronto, Toronto ON, Canada

9. Department of OBGYN, University of Toronto, Toronto ON, Canada

*Co-corresponding authors

Co-Corresponding Authors email addresses:

Shreejoy Tripathy: shreejoy.tripathy@camh.ca

Dan Felsky: daniel.felsky@camh.ca

Evelyn Lambe: evelyn.lambe@utoronto.ca

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<u>Abstract</u>

Changes in high-affinity nicotinic acetylcholine receptors are intricately connected to neuropathology in
Alzheimer's Disease (AD). Protective and cognitive-enhancing roles for the nicotinic α5 subunit have
been identified, but this gene has not been closely examined in the context of human aging and
dementia. Therefore, we investigate the nicotinic α5 gene *CHRNA5* and the impact of relevant single
nucleotide polymorphisms (SNPs) in prefrontal cortex from 922 individuals with matched genotypic
and *post-mortem* RNA sequencing in the Religious Orders Study and Memory and Aging Project
(ROS/MAP). We find that a genotype robustly linked to expression of *CHRNA5* (rs1979905A2) predicts
significantly reduced β-amyloid load in prefrontal cortex. Yet, co-expression analysis shows a clear
dissociation between expression of *CHRNA5* and other cholinergic genes, suggesting a distinct cellular
expression profile for the human nicotinic α5 subunit. Consistent with this prediction, single nucleus RNA
sequencing from 22 individuals reveals disproportionately-elevated *CHRNA5* expression in chandelier
cells. These interneurons are enriched in amyloid-binding proteins and also play a vital role in
excitatory/inhibitory (E/I) balance. Cell-type proportion analysis demonstrates that chandelier cells have
increased amyloid vulnerability in individuals homozygous for the missense *CHRNA5* SNP (rs16969968A2)
that impairs function/trafficking of nicotinic α5-containing receptors. These findings suggest that
CHRNA5 and its nicotinic α5 subunit exert a neuroprotective role in aging and Alzheimer's disease
potentially centered on chandelier interneurons.
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20 **Keywords**: Alzheimer's disease, prefrontal cortex, acetylcholine, nicotinic receptors, chandelier cells,
21 interneurons, amyloid, attention

Introduction

The cholinergic system plays a critical role in the pathology of Alzheimer's disease (AD) (1), a neurodegenerative disease marked by the accumulation of β-amyloid peptide (β-amyloid) and neurofibrillary tangles of phosphorylated tau in the brain (2). In AD, there are well-characterized disturbances in the excitation/inhibition (E/I) balance in cerebral cortex (3,4) arising from the disruption of inhibitory signalling. The shift toward higher excitation in the cortex is associated with cognitive impairment in AD.

The cholinergic system is an important regulator of E/I balance in the prefrontal cortex (PFC) (5,6) and is central to one of the first mechanistic explanations of cognitive deficits in AD; the so-called *cholinergic hypothesis* (7). In AD, there is a decrease of cortical nicotinic acetylcholine receptor binding (8,9), and β-amyloid binding to nicotinic receptors has been postulated as a potential mediator of AD pathology (10,11) possibly via blockade of these receptors (12,13). By contrast, stimulation of nicotinic receptors has been found to improve neuronal survival in AD pathology (14), promote neurogenesis, and improve cognition (15,16). Promoting nicotinic signalling using acetylcholinesterase inhibitors is one of the mainstay AD treatments (17).

High-affinity nicotinic acetylcholine receptors are hetero-pentamer cation channels most commonly composed of α4 and β2 subunits (α4β2) (18). Deep layer PFC pyramidal cells express nicotinic receptors also containing the auxiliary α5 subunit (18,19). Nicotinic α5 subunits do not contribute to the acetylcholine binding site and cannot form functional receptors on their own (19), requiring the binding sites provided by partner subunits α4 and β2, and forming the α4β2α5 nicotinic receptor. The α5 subunit alters the kinetics of nicotinic receptors (20) and increases their permeability to calcium ions (21,22). Importantly, β-amyloid binds less readily to α4β2α5 than α4β2 nicotinic receptors (12), which raises the question of a possible protective role of the α5 subunit in AD pathology.

The nicotinic α5 subunit has previously been linked to cognitive performance, with loss or disruption of this subunit impairing performance in attentional tasks in rodents (23,24). In humans, single nucleotide polymorphisms (SNPs) affecting the expression and function/trafficking of the *CHRNA5* gene, which codes for the α5 subunit, have been linked to attentional and cognitive deficits (25,26). These SNPs are also linked to smoking (27), a major AD risk factor (28). However, the role of *CHRNA5* in aging and AD is unknown.

To address this critical gap, we built a multi-step model of the connections between SNPs affecting the expression and function of *CHRNA5*, and age-related cognitive and neuropathological phenotypes using detailed clinical and post-mortem data from the Religious Order Study and Memory and Aging Project (ROS/MAP) (29). Next, we leveraged single-nucleus RNAseq to determine the cell-type expression pattern of *CHRNA5* in the PFC. We then used a gene ontology analysis of cortical patch-seq data (30) to elucidate the functional makeup of the cell type with the highest *CHRNA5* levels in the PFC, the chandelier cells. Finally, we probed an estimated cell type proportion dataset from the PFC (31) to assess the interaction effect of *CHRNA5* SNPs and Alzheimer's disease pathology on this *CHRNA5*-enriched cell type. The results of our study suggest a novel role for *CHRNA5* in maintaining the E/I balance in the forebrain and as a potential new target for therapies aiming to promote neuronal survival in AD.

Methods

Study cohort

We accessed data from 2004 deceased individuals from the ROS/MAP cohort study (29), of whom 1732
were autopsied. Both studies enrolled individuals without known dementia. ROS enrols elderly nuns,
priests, and members of clergy, whereas MAP enrols individuals from community facilities and individual
homes. Both studies were approved by an Institutional Review Board of Rush University Medical Centre.
Participants gave informed consent for annual clinical evaluation, completed a repository consent
allowing their resources to be shared, and signed an Anatomic Gift Act for brain donation at the time of
death. Most individuals assessed were female (68%). The average age at study entry was 80.5 ± 0.16
years and the average age at death was 89.2 ± 0.2 years. All data was retrieved from the Synapse AMP-
AD Knowledge Portal (Synapse ID: syn2580853).

Selection of candidate single nucleotide polymorphisms (SNPs)

Nicotinic α5 subunits (encoded by *CHRNA5*) do not contribute to the acetylcholine binding site and
cannot form functional receptors on their own (19). In prefrontal cortex, the nicotinic α5 subunits
participate in pentameric receptors with two binding sites contributed by partner subunits: α4 (encoded
by *CHRNA4*) and β2 (encoded by *CHRNB2*) (18). Together, these subunits form α4β2α5 nicotinic
receptors. While the current focus is *CHRNA5*, we also probed the impact of polymorphisms relevant to
its receptor partners *CHRNA4* or *CHRNB2* for perspective. The specific polymorphisms were selected
based on their reported effects on expression, coding, or clinical response. (*CHRNA5*:(27,32,33);
CHRNB2: (34,35),; *CHRNA4*: (36).

Genotype data preparation and imputation, quality control, generation of residuals

95 Details on the preparation and handling of ROS/MAP post-mortem samples have been previously
96 published (Jager et.al 2018) and are described briefly together with the quality control approaches and
97 generation of the residuals in **Supplement 1**.

Neuropathology and cognitive scores

The ROS/MAP neuropathology data used in our study included measurements of average β-amyloid
peptide load and density of paired helical filament tau tangles across 8 brain regions (hippocampus,
entorhinal cortex, midfrontal cortex, inferior temporal cortex, angular gyrus, calcarine cortex, anterior
cingulate cortex, superior frontal cortex). Amyloid beta protein was identified by molecularly specific
immunohistochemistry and quantified by image analysis. Neuronal neurofibrillary tangles were identified
by molecularly specific immunohistochemistry (antibodies to abnormally phosphorylated Tau protein,
AT8). As recommended by the ROS/MAP study authors, the square-root of the averages of β-amyloid
load and tangle density was used in all analyses in our study. Post-mortem neuropathology data was
available from 1694 individuals.

The global cognition score was calculated at each visit as the average of 19 tests assessing the
individuals' episodic, working, and semantic memory, and perceptual orientation and speed. The raw
score of each test were converted to Z scores and averaged to yield a global cognition score. The z-scores
have a mean of 0 and standard deviation of 1. A negative z-score means that someone has a global
cognition score lower than the cohort average at baseline. We used only the global cognition score

recorded at the subject's last recorded session before death for our analysis. Global cognition scores at
the last visit before death were available from 1853 individuals.

Smoking status

116 The smoking status of the ROS/MAP participants was determined at the baseline interview by
117 participants' answers to the following questions: 1. "Do you smoke cigarettes now?"; 2. "Did you ever
118 smoke cigarettes regularly". Question 1 was used to determine current smokers, and question 2
119 identified former smokers. Participants who answered "no" to both questions were categorized as
120 "never smoked".

Single-nucleus RNA sequencing and pre-processing
122
Details on the nucleus isolation and single nucleus RNA sequencing from the dorsolateral prefrontal
cortex of 24 ROS/MAP individuals performed by Cain et al. 2020 are available on the Synapse AMP-AD
Knowledge Portal (ID: syn16780177) and in the Cain et al. 2020 preprint. In brief, nuclei from an
individual sample were loaded on a single channel on the 10x Genomics Chromium chip. Library
construction was then performed as per the Chromium Single Cell 3' Reagent Kit v2 protocol (CG00052)
provided by the manufacturer. The described protocol produces Illumina-ready sequencing libraries. All
sequencing was performed on an Illumina HiSeq4000 machine. Generation of count files from the raw
sequencing data was performed using the Cellranger software package (version 2.1.1, chemistry V2, 10X
Genomics, for chemistry Single Cell 3'). For every nucleus, the number of genes for which at least one
read was mapped was quantified, all nuclei with fewer than 400 detected genes were excluded.

Single-nucleus RNA sequencing data processing

The single-nucleus gene counts and metadata available from Cain et al. 2020 on synapse (ID:
syn16780177) were converted into a Seurat object (37) in R Studio for further processing. Potential
doublets were removed by filtering out cells with over 2500 detected features, and potential dead or
dying cells were removed by excluding cells expressing over 5% mitochondrial genes. Cell type
annotations were indicated in the data as described in the metadata downloaded from the Cain et al.
2020 Synapse repository (ID: syn16780177). The snRNAseq data was log-normalized and matched with
genotype data (n = 22 individuals). *CHRNA5* expression was averaged per cell type per individual and
CHRNA5 levels in different cell types were then compared between cell types by one-way ANOVA with
Tuckey's post-hoc t-test. To prevent bias for rare cell types in calculating average *CHRNA5* expression per
cell type per individual, cell types with fewer than 100 individual cells represented in the original data
(not aggregated) were removed (the layer 5 FEZF2 ET cell type was excluded from analysis as only 93
cells of this type were present in the genotype-matched snRNAseq dataset).

Gene ontology of chandelier cell genes

147 A set of genes which are upregulated in PVALB+ chandelier cells versus PVALB+ chandelier cells was
148 previously generated by Bakken and colleagues (Bakken et. al. 2021, in their Supplementary table 20).
149 From this list we first excluded all genes not specifically upregulated in humans (final n = 222) To
150 determine the ontology of this gene set we used the Gene Ontology Resource (geneontology.org),
151 searching specifically for molecular function.

Estimates of relative cell type proportions from bulk DLPFC RNAseq

Estimates of cell-type proportions from bulk DLPFC RNAseq data from 640 ROS/MAP participants was
performed and described by Cain et al. 2020. In brief: The authors developed a custom regression-based
consensus model, CelMod, to extract cell cluster specific genes from the snRNAseq dataset from 24
ROS/MAP participants, and then used these genes to estimate the proportions of different cell subtypes
in the bulk DLPFC RNAseq dataset from 640 ROS/MAP individuals. The deconvolved cell-type proportion
data from the DLPFC was available on request from the research group (Cain et al. 2020 personal
communication). We matched the cell type proportion data with genotype, bulk DLPFC RNAseq, and
neuropathology (brain levels of β-amyloid and tau) data (final n = 549 individuals). At the time of analysis
full cell-type annotations (like that in the snRNAseq data) were only available for the different classes of
inhibitory neuron proportions. The proportions of Inh.5, a PVALB+/LHX6+/THSD7A+ cell type, were
determined (Cain et al. 2020 personal communication) to represent chandelier cell proportions in DLPFC.

Statistical approaches

A detailed description of the statistical analyses is provided in **Supplement 1**.

<u>**Results**</u>

Expression of α4β2α5 receptor component genes is affected by single nucleotide polymorphisms

To identify effects in aging and dementia of gene variants previously shown in younger adults to
influence *CHRNA5* expression (33) and α5 coding (21,38), we examined brain expression quantitative
trait loci (eQTL). The variants were in weak-moderate linkage disequilibrium in our European ancestry
sample (r^2=0.34), in agreement with previous work (33). We also found that dosage of the A allele of the
missense SNP rs16969968 (minor allele frequency (MAF) = 0.33) in the coding region of *CHRNA5* (**Fig 1B**)
was associated with lower *CHRNA5* expression (t = -13.93 *p* = $3.98*10^{-40}$), consistent with existing data
(39). A different SNP haplotype in the regulatory region upstream of *CHRNA5* (**Fig 1B**), denoted here by
the A allele of the tag SNP rs1979905 (MAF = 0.43), was associated with higher *CHRNA5* expression (t=
27.87, *p* = $5.94*10^{-124}$) (**Fig. 1C**). Furthermore, analyses of the coding-SNP rs16969968 and the regulatory-
SNP rs1979905 together (**Fig. 1D**) showed that *CHRNA5* expression is predominantly regulated by the
regulatory-SNP rs1979905 rather than the coding-SNP, rs16969968, as all rs1979905 A allele non-carriers
showed similar levels of *CHRNA5* mRNA regardless of the rs16969968 A allele (Nested one-way ANOVA:
F(2) = 229.6; Šidák's post-hoc test for multiple comparisons: rs1979905 A1 vs. A0 *p* = $8*10^{-6}$, A2 vs. A1 *p* =
0.004, A2 vs A0 *p* = $4*10^{-6}$). This was also demonstrated using a conditional eQTL model, where the effect
of rs16969968 A allele on *CHRNA5* expression was lost when co-varying for rs1979905 A allele
(rs16969968A: t = -1.068, p = 0.2815; rs1979905A: t = 21.931, *p* = $6.140*10^{-86}$). No trans-eQTL effects
were detected (**Fig. 1E**) between either of these SNPs and the expression of required partner nicotinic
subunit genes, *CHRNA4* and *CHRNB2*.

To assess the α4 and β2 nicotinic subunits required for the formation of α5-containing α4β2α5
receptors, we extended our eQTL analyses to SNPs in *CHRNA4* and *CHRNB2*, focusing on those associated
with altered gene expression or clinical effects(35,36,40). Without exception, eQTL SNP effects for these
genes were weaker than those of rs16969968 and rs1979905 for *CHRNA5*: the T allele of *CHRNB2*
intronic variant rs2072660 (MAF = 0.23) was associated with lower *CHRNB2* expression (t = -5, *p* =
$7.05*10^{-7}$), and a similar association with *CHRNB2* expression was seen with the T allele of the *CHRNB2*
non-coding variant rs4292956 (MAF = 0.07) (t = -5.244, *p* = $2.02*10^{-7}$) (**Fig. 1E**). For *CHRNA4,* the G allele
of missense variant rs1044396 (MAF = 0.45) in the coding region of *CHRNA4* was associated with higher
CHRNA4 expression (t = 3.67, *p* = 0.0003). We also used the Gene Query function of the xQTLServe online

tool (DLPFC of 534 ROS/MAP participants) to identify the T allele of the intronic variant rs45497800 as
associated with decreased *CHRNA4* expression (t = -6.92, *p* = 1.32 * 10^{-11}). We then replicated this
association in our larger cohort of 924 ROS/MAP individuals (MAF = 0.07) (t = -4.57, *p* = 5.54*10^{-6}) (**Fig.**
1E). No associations were found between these SNPs and the expression of other high-affinity nicotinic
receptor subunit genes (**Fig. 1E**).

CHRNA5 polymorphisms are not associated with smoking status in this largely nonsmoking population

202   To investigate previously-reported (25,41) associations between genotype for the *CHRNA5* SNPs and
203   smoking status at baseline (current/former/never smoked), we used a Chi-squared test and found no
204   relationship (rs1979905_A : χ2(4) = 1.575, p = 0.813; rs16969968_A: χ2(4) = 1.317, p = 0.858) in this
205   largely nonsmoking population. Smoking status was not used in further analysis, unless specifically
206   indicated.

A *CHRNA5* polymorphism is negatively associated with brain β-amyloid levels

To address interrelationships among nicotinic subunit expression, nicotinic SNPs, and neuropathological
and cognitive phenotypes, we used clinical and post-mortem data in a multi-step model. As illustrated in
Fig. 1F, both β-amyloid and tau pathology were negatively associated with global cognitive performance
proximal to death (tau: t = -21 *p* = 2.46*10^{-84}; amyloid: t = -10.4, *p* = -3.14*10^{-24}) and positively associated
with each other (t = 17.68, *p* = 6.96*10^{-63}). Of the nicotinic receptor subunits and SNPs examined, only
the SNP increasing *CHRNA5* expression had a significant association with AD neuropathology, with the A
allele of the regulatory-SNP rs1979905 negatively associated with β-amyloid load (t = -2.551, *p* = 0.011).
This association remained significant after FDR correction (p_{FDR} = 0.032). By contrast, the expression of
the major nicotinic subunit genes *CHRNA4* and *CHRNB2* showed significant positive associations with the
last global cognition score, which remained significant after false discovery rate (FDR) correction for
multiple comparisons (*CHRNA4*: t = 2.98, p_{FDR} = 0.01; *CHRNB2*: t = 3.71, p_{FDR} = 0.0009). Conversely, the
rs2072660 T allele, associated with lower *CHRNB2* expression, was negatively associated with the last
global cognition score (t = -2.14, *p* = 0.032). A similar negative association with the last global cognition
score (t = -2.46, *p* = 0.014) was found for the T allele of the *CHRNB2* SNP rs4292956, and this association
remained significant after FDR correction (p_{FDR} = 0.039).

CHRNA5 expression does not tightly correlate with other components of the cholinergic system

To further investigate the interrelationships among *CHRNA5* and the major nicotinic subunits as well as
other components of the cholinergic system, we performed a series of expression correlation analyses.
Most of the major components of the cholinergic system which were detected in bulk DLPFC data of the
ROS/MAP individuals (*CHRNA2*, *CHRNA4*, *CHRNA7*, *CHRNB2*, *CHRM3*, *CHRM1* and *ACHE*) showed
significant positive correlation with each other (**Fig. 1G**). By contrast, *CHRNA5* stood out as showing no
positive correlation with any of the other major cholinergic genes and only weak negative correlations
with the expression of *CHRNB2* and *CHRM1* (**Table 1**). Considering that the expression of *CHRNA5*,
CHRNB2, and *CHRNA4* are required for the assembly of the high-affinity α4β2α5 nicotinic receptor, it was
surprising to see that *CHRNA5* expression was not positively correlated with either *CHRNA4* or *CHRNB2*
(**Fig. 1G** and **Table 1**). Therefore, we next investigated whether this lack of correlation may arise from
differences in the cell-type specific expression of *CHRNA5* compared to the major nicotinic receptor
subunits, *CHRNA4* and *CHRNB2,* which are more broadly expressed.

CHRNA5 shows stronger expression in chandelier interneurons than most other cell classes

To assess the cell-type specificity of *CHRNA5* expression in the ROS/MAP cohort, we calculated the
average *CHRNA5* expression per cell type per individual using the genotype-matched single-nucleus
RNAseq data available from the DLPFC in a subset of 22 ROS/MAP participants (31)(2 individuals lacked
genotyping data). In this small dataset, *CHRNA5* was expressed at a low level across a number of
different excitatory, inhibitory, and nonneuronal cell types (**Fig. 2A**), with significantly higher expression
in inhibitory PVALB+ chandelier cells (as identified by Cain et al. 2020). Chandelier cells had significantly-
higher expression of *CHRNA5* compared to most other cell types (One-way ANOVA: F(21) = 3.439, *p* =
$6.1*10^{-7}$; Tukey's post-hoc t-test Chandelier cells vs. 18 out of 19 other cell types: *p* < 0.05) (**Fig. 2A**). By
contrast, chandelier cell expression of *CHRNA4* and *CHRNB2* were at a similar level in chandelier cells to
their expression levels in many other cell types (**Fig. 2B**).

To confirm the novel finding that chandelier cells show stronger *CHRNA5* expression compared to other
classes of neurons, we probed publicly available cell-type specific gene expression databases of human
brain tissue. Using the Allen Institute SMART-seq single-cell transcriptomics data from multiple cortical
areas (https://celltypes.brain-map.org/rnaseq/human_ctx_smart-seq), we found *CHRNA5* expression to
be highest in a PVALB+/SCUBE3+ inhibitory cell type (0.06 trimmed mean *CHRNA5* expression) likely
representing chandelier cells (42), and in a co-clustering PVALB+/MFI+ cell type (0.06 trimmed mean
CHRNA5 expression). In the Human Protein Atlas database (brain single cell tissue)
(https://www.proteinatlas.org/ENSG00000169684-CHRNA5/single+cell+type/brain), *CHRNA5* showed
highest expression in a PVALB+ inhibitory cell type (c-41) which also showed highest expression of
SCUBE3 (Inhibitory neurons c-41, 15.1 normalized *CHRNA5* transcripts per million), likely also
representing chandelier cells.

To investigate the cell type-specificity of the *CHRNA5* eQTL effects of the regulatory-SNP rs1979905 in
the single nucleus data from ROS/MAP, we stratified the averaged *CHRNA5* expression by genotype for
the rs1979905 A allele. We found that higher allelic dosage of the rs1979905 A allele was associated with
greater *CHRNA5* expression (**Fig. 2C**), and that this pattern was most pronounced in subtypes of layer 5
(L5 RORB IT: t = 2.460, *p* = 0.0249) and layer 6 (L6 IT THEMIS: t = 2.402, *p* = 0.028) excitatory neurons
(**Fig. 2D**). In the stronger *CHRNA5*-expressing PVALB+ chandelier cells, however, the additive pattern did
not reach significance. Other neuronal cell types appeared to diverge completely from the typical eQTL
pattern of rs1979905 (**Fig. 2C,D**). This analysis suggests that only a subset of cell-types contribute to the
stepwise expression pattern observed in the prefrontal cortex by rs1979905 genotype.

Cell type specific data from ROS/MAP and the Allen database supports the hypothesis that *CHRNA5*
possesses a distinctive expression pattern with enrichment in chandelier cell interneurons, compared to
its more abundant and widely-expressed subunit partners.

Chandelier cells are significantly enriched for genes interacting with β-amyloid

To investigate the potential contribution of chandelier cells to β-amyloid processing, especially one that
might be driven by nicotinic α5-containing receptors, we assessed the molecular function of genes which
differentiate the chandelier cells from a different class of PVALB+ interneurons (basket cells). For this
analysis we took advantage of a list of 222 such genes previously generated by Bakken and colleagues
(30), who investigated the cellular identities of chandelier neurons in the cortex across species, including
humans. Apart from neurotransmission-associated molecular functions, molecular functional pathway
analysis revealed this list to be significantly enriched for genes defined as "amyloid-beta binding" (fold
enrichment = 7.79, *p*(FDR) = 0.01) (**Fig. 3A**), including *SORL1,* an endocytic receptor that directs the
amyloid precursor protein away from the amyloidogenic pathway (43–45) and *EPHA4,* a receptor
tyrosine kinase involved in amyloid regulation (46). Since α5-containing nicotinic receptors are highly
permeable to calcium ions (21,22), we note that chandelier neurons are also significantly enriched for

genes with a "calcium ion binding" molecular function (fold enrichment = 3.77, p(FDR) = 4.12*10^{-6}) (**Fig.**
3B), including genes potentially protective against amyloid pathology such as *MME and SPOCK1*. Two
genes are at the intersection of these functional pathways in chandelier cells, *PRNP and CLSTN2*. The
former has been implicated in nicotinic receptor-mediated regulation of amyloid (47–50) and the latter is
essential for normal cortical levels of GABAergic neurotransmission (51) These findings underscore the
importance of investigating the relationship between the functional status of nicotinic α5 subunits and
chandelier neuron vulnerability to AD neuropathology.

A genotype-specific reduction in proportion of chandelier cells with increasing brain β-amyloid levels

To determine whether impaired function/trafficking α5-containing nicotinic receptors might promote
chandelier neuron vulnerability to neurodegeneration, we examined the interaction of rs16969968
genotype and AD neuropathology on estimated proportions of chandelier neurons in the bulk RNAseq
dataset. This investigation was based on cell type proportion estimates for chandelier cells and several
other interneuron subclasses, from sets of single-cell-informed marker genes, in a subset of 640
ROS/MAP participants Overall, β-amyloid levels were negatively associated with the proportion of
chandelier cells (t = -4.024, p = 7*10^{-5}). However, the missense rs16969968 A allele homozygotes showed
significantly lower chandelier cell proportions with increasing β-amyloid load (**Fig. 4A**), compared to
rs16969968 A allele non-carriers (interaction term t = -2.799, p = 0.005)(**Fig. 4B)**. In a secondary analysis,
a near-significant positive association of rs1979905 A allele and β-amyloid levels with chandelier cells
was observed (**Fig. 4C**), with rs1979905 A allele homozygotes showing a trend towards a smaller drop in
chandelier cell proportions with increasing β-amyloid, compared to rs1979905 A allele non-carriers
(interaction term t = 1.769, p = 0.078)(**Fig. 4D**). The observed relationships between chandelier cell
proportions, *CHRNA5* genotypes and amyloid were not altered by the inclusion of smoking status as a
covariate in the analysis. Chandelier cell proportions did not correlate with tau pathology (t = -0.307, p =
0.759), nor was there an interaction of *CHRNA5* genotype and tau pathology with chandelier cell
proportions (data not shown).

To assess whether the interaction between β-amyloid levels and *CHRNA5* SNPs was driven by the effects
of these SNPs on *CHRNA5* expression, we assessed the effect of the interaction of *CHRNA5* levels and β-
amyloid load on chandelier cell proportion but found no significant effect (t = 2.711, p = 0.544). This
suggests that the genotype-specific association between amyloid load and chandelier cell proportion is
more likely driven by changes in nicotinic α5 protein structure and/or trafficking (52) as a consequence
of having two copies of the missense SNP in *CHRNA5*.

The schematic in **Fig. 5** illustrates a working model of the impact of the rs16969968 A allele
homozygosity for chandelier cell vulnerability, as well as example mechanisms enriched in chandelier
cells and known to alter β-amyloid processing.

Discussion

We examined human prefrontal cortical *CHRNA5* expression in aging, probing the connections between
SNPs affecting the expression and function/trafficking of the nicotinic α5 subunit gene and AD-related
neuropathology. The aging prefrontal cortex demonstrates strong eQTL effects of the regulatory-SNP
rs1979905, and we show that the A allele of rs1979905 is associated with lower levels of brain β-
amyloid. Single-nucleus RNAseq data revealed that chandelier cells have the greatest abundance of
CHRNA5 in human prefrontal cortex. These neurons are significantly enriched in amyloid-binding

proteins, including some that may be activated via nicotinic receptors. Lastly, we examined the impact of
AD neuropathology on the proportions of chandelier neurons and determined that the α5-altering
coding-SNP rs16969968 renders this interneuron population vulnerable to β-amyloid levels. Our findings,
summarized in the working model in **Fig 5**, suggest a potential cell-type specific neuroprotective role for
CHRNA5 to reduce β-amyloid levels and toxicity.

Inhibitory signalling is disrupted in Alzheimer's disease

The disruption of the excitatory/inhibitory balance in the cortex is a hallmark of AD pathology and is
associated with cognitive AD symptoms (3,4). Previous studies have shown disruption of cortical
inhibitory signalling in AD stems from the alteration of the activity of inhibitory neurons and inhibitory
cell loss (53–55). The susceptibility of inhibitory neurons to AD pathology is not uniform, however. While
studies have shown significant drops in somatostatin-positive interneurons in the cortex of AD patients
(56,57), the numbers of parvalbumin-positive cortical interneurons, including the PVALB+ chandelier
cells, appear comparatively more resilient to AD pathology (57,58). Our study expands on these findings,
demonstrating that the preservation of chandelier cells in AD pathology depends on the genotype of SNP
in a nicotinic receptor subunit. The rs16969968 SNP is a missense mutation found to functionally alter
the α5-containing nicotinic receptors in cell systems and *in vivo*, through altered channel biosynthesis,
trafficking, properties and/or modulation (21,38,52,59,60). Recent optophysiological work suggests that
the nicotinic α5 subunit accelerates the endogenous cholinergic response in prefrontal cortex and
protects it against desensitization (20), but little is known about endogenous cholinergic modulation of
chandelier neurons.

Chandelier cells are vulnerable to β-amyloid pathology

Chandelier cells are a specialized subtype of PVALB+ interneurons. They differ anatomically from the
PVALB+ basket cells by their large number of vertically oriented axonal cartridges, which specifically
innervate the axon initial segments of pyramidal neurons (61,62). New evidence suggests chandelier cells
regulate excitation dynamics of neuronal networks (63). Impairment of these neurons has been
implicated in diseases involving pathological excitation in the cortex, such as epilepsy (64,65) and AD
(3,4,58). Our RNASeq findings are in agreement with previous work showing that the inhibitory output of
chandelier cells is sensitive to β-amyloid pathology (66) but unaffected by tau pathology (67). Chandelier
cell axons near β-amyloid plaques have been found to show deformations, and pyramidal neurons
proximal to plaques show loss of inhibitory input onto their axon initial segments (66). Our findings
suggest that in people homozygous for A allele of the missense *CHRNA5* SNP rs16969968, this
vulnerability of chandelier cells to β-amyloid pathology may be exacerbated, possibly leading to cell
death.

Potential mechanisms for a neuroprotective effect of α5-containing nicotinic receptors

Our results suggest that polymorphisms affecting *CHRNA5* expression and function, may alter both the
total β-amyloid levels in the brain, and alter the susceptibility of specific *CHRNA5*-expressing cell types,
such as the chandelier cells, to β-amyloid-mediated toxicity. One possible explanation for these
observations may be the lowered binding of β-amyloid to the α4β2α5 nicotinic receptors (Lamb et al.
2005) expressed by these cells. This protection against β-amyloid binding and inhibition of the nicotinic
response (12) could promote resilience of nicotinic signalling in the chandelier cells, potentially leading
to improved cell survival (14) in AD pathology. Furthermore, since α4β2α5 nicotinic receptors support
higher conductance of calcium ions into the cell (21,22), another putative neuroprotective mechanism of

the α5 subunit may be through driving possible calcium-dependent neuroprotective pathways in the
neurons which express the α4β2α5 nicotinic receptors (68,69). Such calcium-regulated pathways may
include *MME*, *SORL1*, *SPOCK1* or *PRNP*, which are specifically enriched in PVALB+ chandelier cells
compared to PVALB+ non-chandelier cells (30), and which have been previously suggested to alter β-
amyloid production and clearance (44,47,48,70).

Caveats and opportunities for additional investigation

While the ROS/MAP database offered an opportunity to assess the impact of *CHRNA5* expression and
CHRNA5-related SNPs on AD pathology in a large sample, some caveats exist. As *CHRNA5* expression has
previously been shown to be important for animal performance in demanding attentional tasks (23,24),
one of the critical limitations of our study is that a robust attention assessment of the ROS/MAP
individuals was not part of the study design. While the ROS/MAP dataset presented an opportunity to
study the effects of rs16969968 on a background of an unusually-low smoking prevalence (71), future
work would benefit from more robust assessment of smoking history.

A limitation of the single-nucleus RNA sequencing data (31) was its relatively low number of individuals,
limiting the robustness of comparing the effects of rs1979905 on *CHRNA5* expression across the
different cell types, and preventing a similar examination of cell-type specific effects of rs16969968
on *CHRNA5* expression.

Since cortical cell-type proportions were estimated using patterns of marker gene expression (31), the
decreased chandelier cell proportions may instead reflect reductions of chandelier cell cartridges in AD
(58). While the disruption of cortical E/I balance would remain similar, a different interpretation of our
data would be that the rs16969968 A allele homozygous genotype exacerbates chandelier cartridge loss
in AD, reducing their functional output, and resulting in lower expression of chandelier-cell-specific
marker genes in individuals with elevated β-amyloid.

Finally, RNA sequencing data may not fully capture the protein-level changes in AD brains (72). This
limitation should be considered when interpreting the findings of our study.

Summary and implications

A growing body of work suggests that cortical excitability is perturbed early in Alzheimer's disease
through impairment of inhibitory interneurons (53,73). *CHRNA5* is positioned to modulate the overall
excitability of the prefrontal cortex in two ways: through the excitation of a population of deep layer
cortical pyramidal neurons (20,74,75) that send projections throughout prefrontal cortex and, as
ascertained from our findings in this study, through the excitation of specific subsets of cortical
interneurons, the chandelier cells. Our findings suggest that *CHRNA5* is involved in Alzheimer's disease
neuropathology. The A allele of the *CHRNA5* regulatory-SNP rs1979905 is associated with higher
expression of *CHRNA5* and with reduced β-amyloid load in the brain. In parallel, the A allele of the
missense SNP, rs16969968, is associated with fewer chandelier cells in individuals with high β-amyloid
levels, suggesting that differences in the protein structure of *CHRNA5* contributes cellular resiliency to β-
amyloid pathology. This combination suggests neuroprotective roles of *CHRNA5* in β-amyloid pathology
and makes *CHRNA5* a target for therapies aiming to improve neuron survival in Alzheimer's disease.

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	Figure legends

Figure 1. **SNPs affecting expression of α4β2* nicotinic receptor subunit genes highlight a link between**
CHRNA5* and amyloid pathology. *A, Schematics illustrating different subunit compositions of prefrontal
α4β2* nicotinic receptors, with and without the α5 subunit. ***B,*** Localization of the rs16969968 and
rs1979905 SNPs in relation to the *CHRNA5* locus. ***C,*** The A allele of the missense SNP rs16969968 (left) in
the coding region of *CHRNA5* is associated with lowered *CHRNA5* expression, while the A allele of the
rs1979905 SNP (middle) upstream of the *CHRNA5* gene is associated with enhanced *CHRNA5* expression.
Data from the DLPFC of ROS/MAP individuals. ***D,*** *CHRNA5* expression appears to be controlled by the
zygosity of the rs1979905 A allele (colors) instead of the rs16969968 A allele (x-axis). Data shown as
CHRNA5 expression for each subject with means indicated. ***E,*** eQTL effects of SNPs in nicotinic subunit
genes on their respective gene expression. Shown as β-coefficient with significance (p) in brackets. **F,**
Network plot depicting the relationships between SNPs (black), gene expression (red), neuropathology
(blue), and last global cognition score (green). Only associations $p < 0.05$ before adjustment for false
discovery rate (FDR) are indicated in the plot. Solid and dashed lines indicate whether association was
significant after correction for FDR or not, respectively. **G,** Network plot depicting the correlations
present between the expression of select cholinergic genes in the DLPFC. Colour of lines indicates
direction of correlation (negative or positive) while the thickness indicates correlation strength. All
correlations shown are significant after adjustment for FDR.

Figure 2. *CHRNA5* **expression is elevated in chandelier cells and is affected by genotype for the**
rs1979905 A allele. *A,* Expression of *CHRNA5* averaged per cell type per individual, original gene count
values were normalized for each cell by total expression. F-test significance of ANOVA shown on graph,
with red asterisk denoting post-hoc tests demonstrating *CHRNA5* expression is stronger in chandelier
cells compared to all but one other cell type. Mean expression of *CHRNA5* in chandelier cells displayed
(red line). ***B,*** Expression of *CHRNA4* (left) and *CHRNB2* (right) across different cell types in the ROS/MAP
DLPFC snRNAseq dataset. Mean expression of *CHRNA4* or *CHRNB2* in chandelier cells displayed (red line)**.**
Data shown as mean + SEM of the data averaged per cell-type per individual. ***C,*** Expression of *CHRNA5*
across cell types in the PFC in individuals split by genotype for the rs1979905 A allele, expression
averaged per cell type per individual. Number of individuals per rs1979905 A allele genotype: 0, n = 5; 1,
n = 13; 2, n = 4. ***D,*** Effect of genotype for rs1979905 A allele on expression of *CHRNA5* in selected cell
types, data shown as *CHRNA5* expression averaged per cell type per individual. A pattern of increasing
CHRNA5 expression with increasing rs1979905 A zygosity is present in some cell types. Significance
shown for linear regression models for L5 and L6 excitatory neurons. Displayed as mean + SEM. Number
of cells per subtype indicated (n_{cell}).

Figure 3. **Chandelier cells are significantly enriched for genes interacting with amyloid. *A,*** Ontology
(molecular function) of gene set upregulated in cortical PVALB+ chandelier cells vs. PVALB+ non-
chandelier cells. Only molecular functions with significant fold enrichment after FDR are displayed.
"Calcium ion-binding" and "amyloid-beta binding" functions are highlighted. ***B,*** Venn diagram displaying
genes from ***A*** with either a "calcium ion-binding" or a "amyloid-beta binding" molecular function, and
their overlap.

Figure 4. **Association of chandelier cell proportions with β-amyloid load is dependent on the**
rs16969968 A allele genotype. ***A,*** Stratifying by rs16969968 A allele reveals a significant interaction
effect between rs16969968 A allele and amyloid load on chandelier cell proportions with rs16969968 A
allele homozygotes showing a significantly stronger association between brain amyloid load and

chandelier cell proportions compared to rs16969968 A allele non-carriers (t = -2.799, p = 0.005). Scatter
plots show 95% confidence intervals of linear model predictions, β-coefficients and p values of individual
linear regression models are displayed. **B,** Overlay of the linear models from A, showing 95% confidence
intervals. **C,** Stratifying by rs1979905 A allele reveals a near significant interaction effect between
rs1979905 A allele and amyloid load on chandelier cell proportions with rs1979905 A allele homozygotes
showing a less negative association between brain amyloid load and chandelier cell proportions
compared to rs1979905 A allele non-carriers (t = 1.769, p = 0.078). Scatter plots show 95% confidence
intervals of linear model predictions, β-coefficients and p values of individual linear regression models
are displayed. **D**, Overlay of the linear models from C, showing 95% confidence intervals.

<u>Figure 5.</u> A working model of the potential role of chandelier cells in β-amyloid processing, and of the
impact of *CHRNA5* genotype on chandelier cell (ChC) resilience and vulnerability. Top: Chandelier cells
are significantly enriched for multiple genes involved in β-amyloid processing and degradation including
for example neprilysin (NEP), a potentially *CHRNA5*-regulated degrader of β-amyloid, and SORL1, a vital
component of the APP-recycling pathway. Bottom: In coding-SNP rs16969968 non-carriers, the α4β2α5
nicotinic receptor is resistant to inhibition by β-amyloid, preserving nicotinic signalling even at high β-
amyloid levels that inhibit the α4β2 receptors. In coding-SNP rs16969968 homozygous individuals, the
disruption of the α5 subunit may reduce its representation in the receptors or block its protective
function against β-amyloid, leading to disrupted nicotinic signalling at higher β-amyloid levels, possibly

Table 1. Expression correlation of selected cholinergic genes.

Results of Pearson's correlation analysis of the expression of selected cholinergic genes using the bulk tissue RNAseq data from the DLPFC of ROS/MAP individuals.

Gene 1	Gene 2	r	p	FDR
CHRNA4	ACHE	0.556	<0.001	<0.001
	CHRM1	0.542	<0.001	<0.001
	CHRM3	0.242	<0.001	0.002
	CHRNA2	0.307	<0.001	<0.001
	CHRNA7	0.131	0.039	0.464
	CHRNB2	0.457	<0.001	<0.001
CHRNA5	ACHE	0.063	0.324	1.000
	CHRM1	-0.309	<0.001	<0.001
	CHRM3	-0.095	0.134	1.000
	CHRNA2	-0.045	0.477	1.000
	CHRNA4	-0.130	0.041	0.464
	CHRNA7	-0.061	0.342	1.000
	CHRNB2	-0.248	<0.001	0.001
CHRNB2	ACHE	0.472	<0.001	<0.001
	CHRM1	0.846	<0.001	<0.001
	CHRM3	0.645	<0.001	<0.001
	CHRNA2	0.283	<0.001	<0.001
	CHRNA4	0.457	<0.001	<0.001
	CHRNA7	0.359	<0.001	<0.001

A

(α4)2(α5)(β2)2   (α4)2(β2)3   (α4)3(β2)2

B

■ - UTR   ■ - Exon

CHRNA5

rs1979905   rs16969968

C

CHRNA5 expression   ****   rs16969968_A

CHRNA5 expression   ****   rs1979905_A

D

CHRNA5 Expression   ****   **   ****

rs16969968_A

rs1979905_A (0)
rs1979905_A (1)
rs1979905_A (2)

E

SNP/Gene	*CHRNA5*	*CHRNA4*	*CHRNB2*
rs1979905_A	1.083 (5.94*10⁻¹²⁴)	-	-
rs16969968_A	-0.713 (3.98*10⁻⁴⁰)	-	-
rs1044396_G	-	0.075 (0.0003)	-
rs4549700_T	-	-0.181 (1.32 * 10⁻¹¹)	-
rs4292956_T	-	-	-0.209 (2.02*10⁻⁷)
rs2072660_T	-	-	-0.128 (7.05*10⁻⁷)

F

Association significant after FDR?
— TRUE
--- FALSE

Association direction
— Positive
— Negative

G

Correlation strength
0.4
0.6
0.8

Correlation direction
— Positive
— Negative

A

Ontology of genes upregulated in chandelier vs. basket cells

Molecular function

- Cell-adhesion molecule binding
- Calcium ion binding
- Voltage-gated cation channel activity
- Transmembrane transporter binding
- Potassium channel activity
- Calmodulin binding
- Amyloid-beta binding
- Transmitter-gated ion channel
- Ionotropic glutamate receptor binding

Fold-enrichment (FDR $p < 0.01$)

0   10   20   30

B

Amyloid-beta binding

SORL1

GRA1   LDLRAD3

EPHA4

CLSTN2   GRA4

PRNP

Calcium ion binding

MME

CDH6

PCDH8

CDH12

PCDH18

CDH20   EDIL3

EDIL3   PCDH19   UNC13C

EML1

DGKB   CALN1   CABP1

PCDH20

NOTCH2   SPOCK1   SYT1

NPNT

DNER   SYT17

KCNIP1   TPD52

RYR1

KCNIP4   FAM20C

FSTL5   CABP1