Parkinson's disease-derived α-Synuclein assemblies combined with chronic-type inflammatory cues promote a neurotoxic microglial phenotype

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Abbreviations:

ACM	astrocyte-conditioned medium
aSYN	alpha-Synuclein
DIV	day *in vitro*
DLB	dementia with Lewy bodies
DN	dopaminergic neuron
DAM	disease-associated microglia
$DMEM^S$	supplemented Dulbecco's modified Eagle medium
F^S	*de novo*-generated aSYN fibrils
F^{PD}	PD patient-derived aSYN fibrils
F^{DLB}	DLB patient-derived aSYN fibrils
iMG	induced microglia-like cell
L-15	Leibovitz's L-15 medium
LP	Lewy pathology
LPS	lipopolysaccharide
M1	type-1 macrophage
M2	type-2 macrophage
MCM	microglia-conditioned medium
MSA	multiple system atrophy
Nb^S	supplemented neurobasal-A medium
ND	nondifferentiated
NSC	nonstimulated cells
PD	Parkinson's disease
PGE_2	prostaglandin E_2
PMCA	protein misfolding cyclic amplification
ROS	reactive oxygen species

48	TEM	transmission electron microscopy
49	TLR	toll-like receptor
50	TNFα	tumor necrosis factor alpha
51	TPF^{PD}	TNFα, PGE$_2$, F^{PD}
52	TPP	TNFα, PGE$_2$, Pam3CSK4
53		

Abstract

Parkinson's disease (PD) is a common age-related neurodegenerative disorder characterized by the

aggregation of α-synuclein (αSYN) building up intraneuronal inclusions termed Lewy pathology.

Mounting evidence suggests that neuron-released αSYN aggregates could be central to microglial

activation, which in turn mounts and orchestrates neuroinflammatory processes potentially harmful

to neurons. Therefore, understanding the mechanisms that drive microglial cell activation,

polarization and function in PD might have important therapeutic implications. Here, using primary

microglia, we investigated the inflammatory potential of pure αSYN fibrils derived from PD patients.

We further explored and characterized microglial cell responses to a chronic-type inflammatory

stimulation combining PD patient-derived αSYN fibrils (F^{PD}), Tumor necrosis factor-α (TNFα) and

prostaglandin E$_2$ (PGE$_2$) (TPF^{PD}). We showed that F^{PD} hold stronger inflammatory potency than pure

αSYN fibrils generated *de novo*. When combined with TNFα and PGE$_2$, F^{PD} polarizes microglia toward

a particular functional phenotype departing from F^{PD}-treated cells and featuring lower inflammatory

cytokine and higher glutamate release. Whereas metabolomic studies showed that TPF^{PD}-exposed

microglia were closely related to classically activated M1 proinflammatory cells, notably with similar

tricarboxylic acid cycle disruption, transcriptomic analysis revealed that TPF^{PD}-activated microglia

assume a unique molecular signature highlighting upregulation of genes involved in glutathione and

iron metabolisms. In particular, TPF^{PD}-specific upregulation of *Slc7a11* (which encodes the cystine-

glutamate antiporter xCT) was consistent with the increased glutamate response and cytotoxic

activity of these cells toward midbrain dopaminergic neurons *in vitro*. Together, these data further

extend the structure-pathological relationship of αSYN fibrillar polymorphs to their innate immune

properties and demonstrate that PD-derived αSYN fibrils, TNFα and PGE$_2$ act in concert to drive

microglial cell activation toward a specific and highly neurotoxic chronic-type inflammatory

phenotype characterized by robust glutamate release and iron retention.

Introduction

Parkinson's disease (PD) is a common and multisystem neurodegenerative disorder characterized by

both motor and nonmotor symptoms. The neuropathological hallmark of PD is the progressive and

massive degeneration of dopaminergic neurons (DNs) in the *substantia nigra* associated with α-

Synuclein (αSYN)-rich deposits building up cytoplasmic inclusions known as Lewy pathology (LP). The

aggregation of αSYN may promote several molecular and biochemical defects affecting key cellular

functions and driving the progressive demise of DNs [1]. In addition to these toxic cell-autonomous

mechanisms, pathological αSYN assemblies can also spread from cell to cell to seed aggregate

formation in newly contaminated neurons. This prion-like mechanism is believed to contribute to the

progression of αSYN pathology across brain networks over time and to be linked to the progressive

clinical deterioration of patients [2, 3]. Accordingly, released extracellular αSYN aggregates may

directly interact with and activate surrounding glial cells including microglia to initiate a deleterious

inflammatory response. Indeed, evidence from epidemiological, *postmortem*, and animal studies

suggests that neuroinflammatory processes associated with glial and immune cell activation

participate in the progression of DN cell death [4].

Microglia, the most abundant tissue macrophages in the brain, execute numerous physiological

functions important for the maintenance of tissue homeostasis, synapse remodeling, neurotrophic

factor secretion and clearance of debris. However, under neurodegenerative conditions, and more

particularly upon chronic exposure to aberrant proteins, microglial cells mount persistent sterile (as

opposed to infectious) and proinflammatory immune responses [5]. In PD, major progress in our

understanding of microglial cell activation and related inflammation has shown that αSYN assemblies

behave as true molecular motifs associated with microbes (pathogen-associated molecular patterns

or PAMPs). These motifs are recognized by innate immune cells thanks to a panel of immune

receptors recognizing these molecular patterns (pattern recognition receptors or PRRs) such as Toll-

like receptors (TLRs). Thus, mounting evidence suggests that neuron-released αSYN assemblies could

be central to microglial cell activation and pathological inflammatory responses through the

activation of TLRs and other immune-related receptors including CD36 [6-9]. However, these studies

also revealed that the set of receptors involved in this activation crucially depends on the type of

αSYN assemblies used in the different experimental setups. Indeed, αSYN can assemble into

structurally distinct fibrillar assemblies (also termed polymorphs or strains) that exhibit different

phenotypic traits [10-12]. As we previously showed, these strains exhibit distinct spreading, tropism,

clearance, and neurotoxicity in cells and in the rodent brain, which might explain the pathological

and phenotypic diversity of different synucleinopathies such as PD, multiple system atrophy and

dementia with Lewy bodies [10-14]. Importantly, we recently strengthened this concept using

patient-derived αSYN strains generated by protein misfolding cyclic amplification (PMCA) [15].

Besides demonstrating a structure-pathology relationship we brought evidence for differences

between patient-derived and *de novo*-generated αSYN strains [15]. Taken together, these data

suggest that the intrinsic structure of fibrillar αSYN is a major determinant of its biological properties.

A likely explanation for this structure-function relationship is that differences in surface accessibility

contribute to the differential binding of distinct αSYN strains to partner proteins such as cell surface

receptors [12, 16]. Hence, whether patient-derived αSYN strains exhibit inflammatory activity similar

to or different from that of previously described *de novo*-generated αSYN polymorphs is unknown,

but their use in model systems has the potential to better model disease-associated microglial

activation and perhaps contribute to more relevant knowledge.

An often neglected, but important issue for understanding the pathomechanisms linked to innate

inflammation in PD is to comprehensively define the complex network of stimuli that drive microglial

cell activation and function. Most cell culture models for studying microglia-associated immunity in

PD have been developed upon exposure of microglia to the prototypical bacterial inflammogen

lipopolysaccharide (LPS) or, much elegantly, to different types of recombinant αSYN aggregates of

various purities as disease-specific triggers and TLR-activating pathological ligands [8, 9, 17, 18].

Although these models have brought invaluable knowledge about the molecular mechanisms and

pathways involved in microglial cell activation, they are limited in that they do not consider specific

aspects of PD-related neuroinflammation which is chronic in nature and most likely involves the

combined action of several mediators in the inflammatory milieu. It is now well established that the

phenotypes and functions that activated microglia can adopt are diverse and strongly depend on the

nature, intensity and complexity of stimulation in response to various cues [19]. Far from the original

idea that macrophages can be polarized into classically (M1) or alternatively (M2) activated cells

representing two polar extremes of molecular programming, there is now compelling evidence

suggesting that they can adopt a much larger spectrum of activation states associated with different

phenotypes and, presumably, functions [20, 21]. Notably, it has been shown that human

macrophages engage in a specific molecular program and adopt a unique phenotype when exposed

to a chronic-type inflammatory stimulus composed of Tumor necrosis factor (TNF)-α, prostaglandin

E_2 (PGE$_2$) and TLR2 ligands such as the synthetic molecule Pam3CSK4 (referred to as "TPP"

stimulation) [21]. These inflammatory factors are commonly found in chronic inflammatory

conditions such as *Mycobacterium tuberculosis*-associated granulomatous diseases or granulomatous

listeriosis [22-26]. Remarkably, the expression of these factors is elevated in the brains of PD patients

as well; αSYN aggregates being the most likely pathological ligand of TLR2 whose expression is tightly

linked to PD pathogenesis [27-29], suggesting that they may act in concert to shape microglial

activation into a unique disease phenotype. Yet, cell-specific immune properties might be important

and whether microglial cells behave similarly to peripheral macrophages upon chronic-type

inflammatory stimulation has not been explored.

In this study, using a model system of cultured primary microglial cells, we sought to document the

inflammatory properties of patient-derived αSYN strains and to determine whether microglia

exposed to PD-relevant inflammatory cues in a novel and original combinatory approach adopt a

specific molecular phenotype and function. We found that PD patient-derived αSYN fibrils hold

stronger inflammatory properties than αSYN fibrils assembled *de novo*. We also showed that,

compared to classical M1-shaped microglia (LPS-induced), cells simultaneously exposed to PD

patient-derived fibrils, TNFα and PGE$_2$ assume a unique chronic-type inflammatory molecular

signature associated with increased glutamate release and iron retention propensities as well as

higher neurotoxic activity.

Methods

Animals

Animal care and housing were conducted in accordance with the recommendations of the European

Union Council Directives (2010/63/EU). C57BL/6J mice were obtained from Janvier LABS (Le Genest

St Isle, France).

Reagents and antibodies

Leibovitz's L-15 medium (Thermo Fisher Scientific, Illkirch, France, #11415049), Dulbecco's Modified

Eagle Medium/F-12 nutrient mixture (DMEM; Thermo Fisher Scientific, #31885023), Neurobasal-A

medium (Nb; Thermo Fisher Scientific, #10888022), B27 supplement minus antioxidants (Thermo

Fisher Scientific, #10889038), N2 mix (Thermo Fisher Scientific, #17502048), RPMI-1640 Glutamax

(Invitrogen, #61870010), RPMI-1640 (Thermo Fisher Scientific, #21875034), penicillin/streptomycin

(Thermo Fisher Scientific, #15140122), antibiotic/antimycotic solution (Invitrogen, #15240062),

Trypsin 0.05% EDTA (Thermo Fisher Scientific, #25300054), polyethylenimine (PEI; Sigma Aldrich,

#P3143), Histopaque-1077 (Sigma Aldrich, #10771-500M), fetal bovine serum (FBS; Biowest, #S1820-

500), Nitrotetrazolium Blue chloride (Sigma Aldrich, #N6876), Pam3CSK4 (Invivogen, tlrl-pms),

Lipopolysaccharides (LPS) from *Escherichia coli* O26:B6 (Sigma-Aldrich, #L8274), recombinant human

TNFα (Sigma Aldrich, #H8916), PGE$_2$ (Sigma Aldrich, #P6532), recombinant mouse IFNγ

(Immunotools, #12343537), recombinant mouse IL4 (Immunotools, #12340045), recombinant human

GM-CSF (R&D, #215-GM-010), recombinant human IL34 (R&D, #5265-IL-010), Sulfasalazine (Sigma

Aldrich, S0883), MK-801 (Tocris, #0924), Cytotoxicity Detection Kit (LDH; Roche, #11644793001),

Amplex Red Glutamic Acid/Glutamate Oxidase Kit (Thermo Fisher Scientific, #A12221), NucleoSpin

RNA XS, RNA purification kit (Macherey-Nagel, #740902.50), SYBR Green reactifs (LightCycler® 480

SYBR Green I Master; Roche, #04707516001), StraightFrom® LRSC CD14 MicroBead Kit (Miltenyi,

#130-117-026), MACS BSA Stock Solution (Miltenyi, #130⬚091⬚376), autoMACS® Rinsing Solution

(Miltenyi, #130⬚091⬚222). The following antibodies were used: anti-mouse CD25 (Bio-Rad,

MCA1260), anti-mouse CD11b (Bio-Rad, MCA74G), anti-human CCR2 (R&D Systems; MAB150-100),

anti-human CX3CR1 (Bio-Rad, AHP566). Mouse TNFα ELISA Kit (Thermo Fisher Scientific, BMS607-3),

Mouse IL6 ELISA Kit (Thermo Fisher Scientific, BMS603-2TWO), Mouse IL1β ELISA Kit (Thermo Fisher

Scientific, BMS6002), Mouse IL10 ELISA Kit (R&D Systems, M1000B), U-Plex (Meso Scale Discovery,

K15069L-1), Mouse Pro-Inflammatory 7-Plex Tissue (Meso Scale Discovery, K15012B-1), Mouse IL1α

ELISA Kit (Biolegend, #433404), Mouse CXCL5 ELISA Kit (R&D Systems, MX000), and Hoechst 33342

(Tocris, #5117).

Human brain tissue collection and preparation of αSYN assemblies

Brain tissues from patients suffering from PD (n=4) or DLB (n=4) were obtained at autopsy from the

UK Brain Bank (Imperial College London, UK). The clinicopathological description of the patients is

detailed elsewhere [15]. After histological identification of LP-rich regions, the cingulate cortex was

isolated from the brains and processed into brain homogenates. Patient-derived αSYN assemblies

were obtained by protein misfolding cyclic amplification (PMCA) as described elsewhere [15]. Briefly,

frozen brain tissues were diluted 1:5 (w/v) in PMCA buffer (150 mM KCl, 50 mM Tris–HCl pH 7.5) and

sonicated for 1 min, with 10 s pulses followed by 10 s pauses (SFX 150 Cell Disruptor sonicator

equipped with a 3.17 mm Branson microtip probe). Brain homogenates were further diluted in PMCA

buffer containing monomeric αSYN (100 µM) to a final concentration of 2% (w:v). PMCA

amplification (4 cycles) was performed using a Q700 generator and a 431MPX horn (Qsonica,

Newtown, CT, USA) with the following sequence: 15 s of sonication and 5 min pause at 31°C. Cycles

2, 3 and 4 were performed using 1% of the preceding cycle reaction as seeds. At cycle 4, the PMCA

reaction products were spun for 30 min at 50,000xg and the pelleted assemblies were resuspended

in phosphate-buffered saline (PBS) at a final concentration of 100 µM. Prior to usage, the assemblies

were fragmented by sonication for 20 min in 2-ml Eppendorf tubes in a Vial Tweeter powered by an

ultrasonic processor UIS250v (250 W, 2.4 kHz; Hielscher Ultrasonic, Teltow, Germany), aliquoted,

flash frozen in liquid nitrogen and stored at -80°C. Recombinant αSYN fibrils were prepared and

characterized as previously described (Bousset et al., 2013). We used the LALChromogenic Endotoxin

Quantitation Kit (Thermo Fisher catalog no. 88282) following manufacturer instructions and a

CLARIOstar Plus (BMG Labtech, Ortenberg, Germany) plate reader as described previously [13]. To

ascertain that the endotoxin levels were less than 0.015 endotoxin units/mg (EU/mg). In preliminary

studies, we observed similar inflammatory activities in cultured microglia from patient-derived αSYN

fibrils among patients in each disease group. Therefore, we prepared a single batch of PD and DLB

patient-derived αSYN fibrils by mixing equal amount of assemblies generated from the 4 patients in

each disease group.

Transmission electron microscopy

The morphology of the PMCA-amplified αSYN assemblies (3rd cycle) was assessed by transmission

electron microscopy (TEM) using a Jeol 1400 transmission electron microscope following adsorption

onto carbon-coated 200 mesh grids and negative staining with 1% uranyl acetate. The images were

acquired using a Gatan Orius CCD camera (Gatan, Elancourt, France).

Primary mouse microglial culture

Primary mouse microglia were isolated and cultured following a protocol previously described [30].

Newborn pups were sacrificed, and the whole brain was rapidly dissected. After mechanical

dissociation of the brain tissue, the cells in suspension were plated onto polyethyleneimine-coated T-

75 flasks with 12 ml of DMEM supplemented with 10% FBS and antibiotics (2 brains per flask). At

DIV2, the medium was completely changed to fresh medium, and the culture was subsequently left

to grow without changing the medium until microglial cell isolation was complete (DIV14–18). For

microglial-conditioned medium (MCM) transfer into neuronal culture media, microglia were grown

and stimulated in DMEM-based astrocyte-conditioned medium (ACM) prepared as described below.

Microglial cell seeding and stimulation

Cultured microglia were washed 3 times with DMEM and incubated for 5 min with 5 mL of prewarmed (+37°C) trypsin. DMEM containing 10% FBS (10 mL) was then added to abrogate trypsin activity, and the cells were collected in an ice-cold 50 mL falcon tube before centrifugation at 188 x g for 6 min at 4°C. The cell pellet was then resuspended in DMEM-1% FBS. The cells were plated at a density of 90,000 to 110,000 cells/cm^2 and incubated for 24 h at 37°C for complete settlement. Microglia were stimulated for 24 to 48 hours with LPS (10 ng/mL), Pam3CSK4 (1 μg/mL), TNFα (800 IU/mL), PGE$_2$ (1 μg/mL) or fibrillar αSYN assemblies at various concentrations. When indicated, stimulation factors were used in combination.

Astrocyte-conditioned medium

Astrocyte-conditioned medium (ACM) was prepared from primary cultures of astrocytes obtained from C57BL/6J mouse neonate (P0) brains as described elsewhere [31]. Briefly, brains were dissected and dissociated by mechanical trituration in L15 medium. After centrifugation, the cell pellet was resuspended in DMEM/F-12 plus 10% FBS, and the dissociated cells were distributed and allowed to grow on laminin-coated T-75 flasks. At DIV2, the medium was replaced with fresh DMEM/F-12 plus 10% FBS, and clodronate-loaded liposomes (2.6 μg/mL; Liposoma BV, Netherlands) were added twice weekly to remove residual macrophages. Twelve to fourteen days later (DIV14-16), the culture medium was completely removed and replaced with either DMEM or Nb supplemented with 2% B27, 1% N2 and 1% antibiotics (referred to as DMEM^S and Nb^S, respectively). After three additional days of culture, the DMEM^S- and Nb^S-based ACM were recovered, sterilized with 0.2μm syringe filters and frozen −20°C until use.

Primary mouse midbrain culture

Primary mouse midbrain cultures were prepared as described previously [31]. Briefly, embryos (E13.5) from pregnant C57Bl6 females (Janvier LABS, Le Genest St Isle, France) were collected in L15 medium, and the midbrain was dissected under a binocular microscope. Midbrain tissue was digested in Trypsin plus 0.05% EDTA (Thermo Fisher Scientific, #25300054) for 20 min at +37°C and

after neutralization of Trypsin with L15 supplemented with 10% fetal calf serum, predigested tissue

was then mechanically triturated by gentle pipetting (8–10 strokes) using a Gilson pipette fitted with

a sterile polypropylene blue tip with no filter (StarLab France, Orsay, France). After 10 min of

sedimentation on ice, the supernatant was collected, and the trituration and sedimentation steps

were repeated one more time. The collected supernatant was then centrifuged at 317xg for 5 min at

+4°C. The cell pellet was resuspended in L15 medium and dissociated cells were distributed in PEI-

coated Nunc 48-well plates (Roskilde, Denmark) in Nb^S at a density of 0.4 midbrains/well. After 1-2

hours incubation, ARA-C (1.2 µM; Sigma Aldrich, C1768) was added to curtail astrocyte proliferation.

At DIV 1, ARA-C was brought to a 1.6 µM final concentration and at DIV 2, the culture medium was

fully replaced by Nb^S-based ACM. The use of a conditioning step by astrocytes was shown to improve

the ability of Nb^S to promote the development and long-term viability of cultivated neurons [31, 32].

Quantification of ROS levels

To determine the intracellular production of superoxide anions upon stimulation we used nitro-blue

tetrazolium chloride (NBT) reagent following a protocol adapted from [33]. In brief, 100 000 cells

were seeded in 48-well plates and stimulated as described above for 24 hours. One and a half hours

before the assay, NBT (500 µM) was added to each well and the cells were further incubated before

they were washed twice with warm PBS at 24 hours after stimulation. Then, 100 µL of absolute

methanol was added to each well and the culture plates were left under the fume hood until

methanol evaporation. After complete drying, 60 µL of 2 M KOH and 70 µL of DMSO were added to

the wells and incubated under mild agitation for 5-10 minutes after the absorbance at 620 nm was

measured. The results were normalized to those of the NSC experimental condition.

Cytokine and glutamate assays

Cytokine levels were measured using ELISA kits or MSD U-Plex plates (Meso Scale Diagnostics)

according to the manufacturer's instructions. Glutamate levels were measured using an Amplex Red

Glutamic Acid/Glutamate Oxidase Kit according to the manufacturer's instructions. Quantification

was carried out on 10 µl of culture medium samples. The fluorescent reaction products resulting

from glutamic acid oxidation were quantified using excitation and emission wavelengths of 545 and

590 nm, respectively. Absorbance and fluorescence were measured using a SpectraMax i3X

microplate reader (Molecular Devices, Sunnyvale, CA).

Transcriptomic analysis

To determine the transcriptomic changes evoked by the different inflammatory stimuli, 1×10^5

microglial cells were seeded in 48-well plates and then stimulated or not (NSC) with LPS (10 ng/ml) or

TPF^{PD} for 24 hours. Seven to eight biological replicates per condition from two independent

experiments were used. RNA was isolated using a NucleoSpin RNA XS Kit, and RNA quality was

evaluated with an Agilent 2100 Bioanalyzer (Agilent Technologies). All RNA samples had RNA

integrity numbers (RINs) greater than 7. We produced libraries for 3⊡-mRNA sequencing using 200 ng

of purified RNA per sample processed with a TruSeq Stranded RNA Kit (Illumina, San Diego, CA)

according to the manufacturer's protocol. Paired-end sequencing was subsequently performed on

the Illumina NextSeq 500 and NovaSeq 6000 platforms with a sequencing depth of 80 million reads

per sample (iGenSeq core facility, ICM, Paris France). All samples were assessed separately for overall

read quality using FASTQC. Reads were trimmed using the Trimmomatic tool (Illumina), and then

aligned to the mouse genome using Top-Hat (Illumina) and fragments were assigned to genes using

the FeatureCounts program (iCONICS core facility, ICM, Paris France). Differentially expressed genes

(DEGs) were analyzed using the open-source Bioconductor package DESeq2 in R software [34]

(log2FC > 0.5; FDR-adjusted *p* value < 0.05). Pathway enrichment analysis was performed using the

open-source gene enrichment analysis tool Enrichr [35-37]. Data visualization and biological

interpretation were performed with GraphPad Prism 7.0 software.

Metabolomic analysis

Metabolite profiling analysis was carried out on an Acquity UPLC system (Waters Corp, Saint-

Quentin-en-Yvelines, France) coupled to a hybrid Orbitrap- and Q Exactive-based instrument

(Thermo Fisher Scientific, Illkirch, France). To analyze and compare the microglial cell metabolome

under different inflammatory conditions, we performed an untargeted metabolomic analysis of cells

stimulated with or without LPS (10 ng/mL) or TPF^{PD} for 48 hours. Five biological replicates for each

condition were prepared. Approximately 1x10^6 cells grown in 25cm^3 flasks were lysed using a

methanol-based method consisting of adding 1 mL of frozen methanol (-20°C) followed by 5 min of

incubation on dry ice and 5 min of rest at room temperature. This incubation cycle was repeated 3

times before the cells were collected with the help of a cell scraper, after which the cells were

transferred to a 50 mL Falcon tube. The samples were kept frozen at -80°C until use. Sample

preparation for LC-MS analysis was as follows: Prior to extraction, cells were homogenized in 100 μL

of H$_2$0 containing 0.1% formic acid and internal standards (a mixture of 16 labeled amino acids at 10

μg/mL) to a final concentration of 2500 cells/μl. Six cycles of freeze-thaw cycling were applied for cell

lysis. Then, 4 volumes of frozen methanol (−20⬚°C) containing an equimolar (10 μg/mL) mixture of

internal standard [16 labeled amino acids and 3 labeled nucleotides (ATP,^{15}N$_5$; ADP,^{15}N$_5$ and

AMP,^{13}C,^{15}N$_5$)] were added to 100 μL of sample and vortexed. The samples were further sonicated

for 10⬚min before being centrifuged at 10,000×g and +4°C for 2 min and left for one hour (+4°C) for

slow protein precipitation. The samples were then centrifuged at 20,000×g (+4⬚°C) for 20 min, after

which the supernatants were transferred to new tubes and subsequently dried before being

reconstituted in a solution of water/acetonitrile (40:60; v-v). The chromatographic conditions and

experimental settings were previously described [38]. Briefly, LC-MS analysis was performed with a

ZIC-pHILIC chromatographic column (5 μm, 2.1 × 150 mm, Merck, Darmstadt, Germany). Full scan

positive and negative ionization modes with a resolution of 70.000 (FWHM) and a scan range of m/z

50–750 were used. The mass spectrometer was systematically calibrated in both ion polarity modes

with Pierce calibration solution. The injection volume was set to 10⬚μL. The mobile phase (flow rate

of 0.2⬚mL/min for 29 min) consisted of 10 mM ammonium carbonate at pH=10.5 (A) and acetonitrile

(B). MS data processing was performed using the XCMS R package with the CentWave algorithm and

CAMERA tools implemented in R software and the galaxy workflow4metabolomics [39-41]. The

processing steps included peak picking, peak grouping, retention time correction and annotation of

isotopes and adducts. Processed LC-MS data were further analyzed based on standard protocols [42,

43], which resulted in a data matrix in which each metabolomic feature was characterized by a

retention time (RT), a mass-to-charge ratio (m/z), its corresponding intensities and the isotope-

adduct annotation from the CAMERA tool. The metabolomics data matrix was then filtered,

normalized, curated and log-10 transformed based on a quality assurance (QA) strategy [44, 45].

Notably, peaks with more than 30% of missing values were discarded. Data visualization for biological

interpretation was performed with the Multi Experiment Viewer (MeV) statistical software package

(version 4.9.0; http://www.tm4.org/mev/) [44]. This software was used to perform principal

component analysis (PCA), heatmaps and tests to compute a p-value for each metabolic feature with

a threshold of significance set to 0.05. False discovery rates (FDRs) were corrected using the

Benjamini-Hochberg method [47] to adjust p-values for false discovery involving multiple

comparisons.

Quantitative real-time PCR

Total RNA was isolated using an extraction kit according to the manufacturer's instructions

(Macherey-Nagel). The RNA concentration was assayed with a NanoDrop (Thermo Scientific) and

adjusted with nuclease-free water to an equal concentration for all samples. RNA was then reverse

transcribed to cDNA using the Verso cDNA Synthesis Kit (Thermo Scientific) following the

manufacturer's instructions. In brief, RNA was denatured at 70°C for 2 min. Then, the kit mixture was

added to each tube. The samples were subjected to successive incubations at 25°C for 10 min, 42°C

for 1 h and 85°C for 5 min.

A quantitative PCR assay was designed to include three technical replicates per sample and two

reference genes (*Rab7* and *Sdha* for primary mouse microglia; *Ubc* and *Sdha* for human microglia-like

cells) which were selected upon analysis of gene expression stability across the different

experimental conditions (geNorm tool of qBasePlus software, Biogazelle) and among the 8-10 initial

gene candidates. Quantitative PCR was performed using a LightCycler® 480 System with compatible

SYBR Green reagents (LightCycler® 480 SYBR Green I Master). The PCR program was 95°C for 10 min,

45 cycles of 95°C for 15 sec and 60°C for 60 sec and cooling. All the generated data were further

processed and analyzed with qBasePlus.

363 Generation of human induced microglia-like cells

Blood samples were collected from a healthy donor (49-year-old male) who provided signed

informed consent and who was included in an INSERM-sponsored clinical study. Human induced

microglia-like cells (iMGs) were obtained following the protocol published by [48] with some

modifications. Briefly, 10 mL blood samples were collected in EDTA, and peripheral blood

mononuclear cells (PBMCs) were purified by density gradient (Histopaque-1077) centrifugation at

400xg for 30 min. After isolation, the cells were washed in RPMI-1640 medium and centrifuged at

300xg for 10 min. The cell pellet was resuspended in separation buffer (MACS BSA stock

solution/AutoMACS® Rinsing Solution at 1/20 dilution) and passed through MACS SmartStrainers (30

µm) to eliminate cell clumps. Monocytes were then isolated using 250 µL of MicroBeads-conjugated

human CD14 antibodies (StraightFrom LRSC CD14 MicroBead Kit; Miltenyi Biotec) added to 40 mL of

cell suspension. The cells and beads were incubated for 15 min at +4°C and centrifuged at 300xg for

10 min. The cell pellet was resuspended in the separation buffer and the labelled cells were

separated by LS columns on a QuadroMACS™ Separator and recovered in whole-blood column

elution buffer. After centrifugation at 300xg for 10 min, the cell pellet was resuspended in RPMI-1640

GlutaMAX supplemented with 10% FBS and 1% antibiotic-antimycotic solution. Monocytes were then

seeded at a concentration of $6x10^4$ cells/well in 96-well plates and incubated overnight at 37°C with

5% CO_2. To induce differentiation, the medium was changed at DIV1 with RPMI-1640 GlutaMAX

containing recombinant human GM-CSF (10 ng/ml) and recombinant human IL34 (100 ng/ml). The

differentiating medium was freshly renewed at DIV6. On day 27 following cell seeding, differentiated

iMGs were subjected to an inflammatory stimulation assay.

384 Cell immunostaining and quantification

Primary microglia and iMGs were fixed with 3.7% formaldehyde solution (Sigma Aldrich, 252549) for

12 min and then washed twice with PBS. Primary mouse microglia were then incubated overnight at

+4°C with rat anti-CD25 (1/100) or rat anti-CD11b (1/100) antibodies diluted in PBS. Then, cells were

washed three times with PBS and incubated with anti-rat IgG coupled with Alexa488 fluorophore

(1/300 dilution) for 2 hours at RT. For double immunofluorescence staining of iMGs, cells were

incubated overnight at +4°C with rabbit anti-CX3CR1 and mouse anti-CCR2 primary antibodies

(diluted 1/500 in PBS containing 0.1% Triton-X 100 and 5% NGS). The cells were then rinsed three

times with PBS and incubated with anti-rabbit IgG conjugated to the Alexa488 fluorophore and anti-

mouse IgG conjugated to the Alexa546 fluorophore (1/300 dilution) for 1 hour at RT. After two

washes with PBS, the immunostained cells were further stained with Hoechst (1/4000 dilution) for 10

min and rinsed three additional times with PBS. The ratio of CX3CR1 to CCR2 was calculated by

quantifying the fluorescent signal intensity using an automated quantitative imaging platform

(ArrayScan, Thermo Fisher). Representative images were acquired using an Axio Observer

7/Apotome microscope (Zeiss). For midbrain cultures, a similar immunodetection protocol was used

to assess tyrosine hydroxylase (TH), a dopaminergic neuronal marker. The cells were incubated at

+4°C for 24 hours in mouse anti-TH primary antibodies (LNC1; Immunostar, #22941) diluted 1/2500

in PBS plus 0.2% Triton-X 100. The cells were then rinsed three times and incubated for 2 hours at

room temperature in Alexa Fluor 488-conjugated goat anti-mouse secondary antibodies (1/300

dilution; Thermo Fischer Scientific). Following two washes in PBS, cells were stained with Hoechst

33342 (1/4000 dilution; Tocris, 5117) for 10 min. Neuron culture images were acquired with a Nikon

Eclipse Ti-U fluorescence inverted microscope (Nikon France, Champigny sur Marne, France)

equipped with a Hamamatsu's ORCA-D2 camera and HCImage software (Hamamatsu Photonics,

Massy, France). The number of TH+ neurons/culture well was estimated by visually inspecting

samples with a 10× objective over 10–15 visual fields that were randomly selected for each

treatment condition.

Statistical analysis

Statistics were analyzed using SigmaPlot 14.0 or GraphPad Prism 7.0 software. The results are

expressed as the means ± standard errors of the means (SEM). The normality of data distribution was

assessed with the Shapiro-Wilk test. Statistical significance of normally distributed data was assessed

using Student's t-test for comparisons between two groups and ANOVA followed by Tukey's post-hoc

test for multiple comparisons. When the data were not normally distributed, significance was

determined with Mann-Whitney U test for comparisons of two groups and Kruskal-Walli's test

followed by Dunn's test for multiple comparisons. The statistical significance level was set as follows:

* p value < 0.05, ** p value < 0.01, and *** p value < 0.001.

Results

Generation and characterization of patient-derived αSYN assemblies

To investigate the inflammatory properties of patient-derived αSYN aggregates we first generated

pure *in vitro* amplified αSYN fibrillar assemblies using a protein misfolding cyclic amplification assay

(PMCA) applied to LP-rich PD and DLB brain tissue homogenates as described elsewhere [15]. A

detailed structural and biochemical characterization of this PMCA-amplified pathological material

demonstrated that fibrillary assemblies derived from PD patients (F^{PD}) are structurally different from

those obtained from DLB patients (F^{DLB}). Thus, TEM analysis revealed disease-specific differences in

the shape of the fibrils with PD patient-derived αSYN fibrils exhibiting a relatively flat and twisted

appearance whereas those derived from DLB patients were cylindrical exhibiting no twists

(Additional File 1: Fig. S1). Furthermore, assemblies from individual PD or DLB patients had distinct

limited proteolysis patterns suggesting the existence of disease-specific αSYN strains [15].

PD-derived αSYN assemblies evoke robust inflammatory response in primary microglial cells

We evaluated and compared the inflammatory potential of PD patient-derived αSYN fibrils by

exposing primary microglial cells to equal concentrations (3µM) of either F^{PD} or well-characterized

αSYN fibrils generated *de novo* (F^S) [8, 10]. As a positive control for inflammatory microglia, cells

were treated with LPS (10 ng/ml), a prototypical inflammogen and ligand for TLR4 [49]. After 48

hours of treatment, stimulated microglia undergo morphological changes as compared to non-

stimulated control cells (NSC) (Fig. 1A). In particular, LPS-exposed cells lose their ramified and

spindle-shaped processes adopting more flattened and wider morphologies typical of inflammatory

induction [30]. Of note, F^S and F^{PD} treatment induced morphological changes similar to those

observed with LPS stimulation suggesting inflammatory activation by αSYN fibrillar assemblies. To

obtain further insights into the inflammatory potential of F^{PD}, we evaluated the production and

release of several inflammatory cytokines in response to increasing amounts of F^{PD} ranging from 0.01

to 3 μM. We observed a dose-dependent increase in the release of TNFα, IL6 and IL10 after 24 hours

of treatment (Fig. 1B), with efficient and significant cytokine release occurring at F^{PD} concentrations

of 1 μM and above (Fig. 1B). As inflammatory microglia, particularly when exposed to fibrillary

aggregates of αSYN, can release large amounts of glutamate [50], we measured glutamate

concentrations in microglial cell culture medium after exposure to F^{PD}. As shown in Figure 1B, F^{PD}

strongly promoted glutamate release from microglia in a dose-dependent manner within the F^{PD}

concentration range of 1.5 and 3 μM (3- and 11-fold increases, respectively, compared to those of

NSCs). Whereas both F^{PD} and F^S efficiently triggered inflammatory-associated morphological changes

in microglial cells (Fig. 1A), we found that F^{PD} was more potent than F^S at inducing cytokine and

glutamate release after 48 hours of stimulation. Indeed, at an equal concentration of αSYN

assemblies (3μM), F^{PD} induced 5-, 17- and 3-fold more TNFα, IL6 and IL10 than F^S, respectively (Fig.

1C). Similarly, the extracellular amount of glutamate following exposure to F^{PD} was twice as high as

that in F^S-stimulated cells (Fig. 1C). Interestingly, we observed that microglia-associated inflammatory

responsiveness toward F^{DLB} was even more important than that evoked by F^{PD} assemblies (Fig. 1C).

Together, our data not only show that F^{PD} has potent inflammatory effects on microglial cells but also

that PD-derived assemblies exhibit stronger and weaker stimulatory effects than αSYN fibrils

generated *de novo* and from F^{DLB}, respectively. Given the structural differences between F^{PD} and F^S,

and between F^{PD} and F^{DLB} [10, 15], our data also suggest a structure-function relationship regarding

the inflammatory properties of αSYN aggregates on brain tissue macrophages and argue for the use

of PD-derived material to better model disease-associated inflammatory mechanisms.

Figure 1. aSYN fibrils derived from PD patients hold more potent inflammatory properties than *de novo*-generated counterparts. (**A**) Representative images of CD11b immunostaining and Hoechst nuclear staining (blue) showing the morphological changes in microglial cells following inflammatory stimulation by the prototypal inflammogen LPS (10 ng/ml), *de novo* assembled human αSYN fibrils (3 μM; F^S) and fibrils derived from PD patients (3 μM; F^{PD}). Note that inflammatory stimulation results in cellular flattening and shortening of cell processes under all three inflammatory conditions. Scale bar: 50 μm. (**B**) Dose-response analysis of TNFα, IL6, IL10 and glutamate release by microglial cells exposed or not (NSC) to increasing concentrations (from 0.01 to 3 μM) of αSYN fibrils derived from PD patients (F^{PD}). The data are presented as the means ± SEM (n = 6). *$p < 0.05$; **$p < 0.01$ vs. NSC (Tukey's test). (**C**) Quantification of TNFα, IL6, IL10 and glutamate release by microglial cells exposed or not (NSC) to similar concentrations of F^S, F^{PD} or F^{DLB} (3 μM). The data are presented as the means ± SEM (n = 6). *$p < 0.05$; **$p < 0.01$; ***$p < 0.001$ vs. F^S (Tukey's test).

Chronic-type stimulation of microglia is associated with decreased cytokine levels but increased

glutamate release.

Chronic inflammatory conditions in humans are associated with sustained high tissue levels of TNFα,

PGE$_2$ and innate immune receptor-activating ligands that act in concert to shape the macrophage

response. Combinatory stimulation of human macrophages with these factors (the so-called TPP

stimulation) results in a specific molecular pattern and phenotype that departs from the well-

established classical M1 and alternative M2 activation state axis [21]. In particular, the cell-surface

markers CD25, CD14 and CD23 as well as the cytokine IL1α and, to a lesser extent, the chemokine

CXCL5 were found to be induced in TPP-specific conditions [21]. Remarkably, elevated levels of both

TNFα and PGE$_2$ have been documented in the *substantia nigra* of PD patients, suggesting that these

inflammatory mediators might act in concert with TLR-activating pathological αSYN aggregates to

drive microglial cell polarization toward a specific disease phenotype. Therefore, in an effort to

better model chronic-type PD innate immune response, we sought to integrate these disease-

relevant inflammatory cues together with αSYN fibrils, the presumed primary pathological trigger.

We first tested whether microglial cells would respond similarly to peripheral macrophages upon

chronic-type inflammatory stimulation as previously described [21]. Indeed, while peripheral

macrophages and microglia share an origin in the yolk sac, microglia are an ontogenetically distinct

cell population, so their responsiveness to chronic-type inflammatory stimulation may not exactly

mirror that of their macrophage relatives [51]. We thus investigated the expression of TPP-induced

immune markers in microglial cells exposed to a combination of TNFα (800 UI/ml), PGE$_2$ (1 µg/ml)

and the TLR2 agonist Pam3CSK4 (Pam3C; 1 µg/ml) compared to cells stimulated with conditions

linked to M1 (IFNγ; 20 ng/mL) or M2 (IL4; 10 ng/mL) polarization. Immunostaining for CD25 revealed

that, unlike peripheral macrophages, microglial cells not only express high basal levels of this cell-

surface marker but also exhibit unchanged expression under M2 and TPP stimulation, and

downregulation under M1 polarization (Fig. 2A). Similarly, whereas IL1α was specifically induced in

TPP-stimulated macrophages [21], it was only increased in M2-polarized (IL4-treated) microglial cells

(Fig. 2B). Finally, TPP-exposed microglia produced and released as much CXCL5 as did IL4-treated

cells, in contrast to the upregulation of this chemokine in both IFNγ- and TPP-stimulated human

macrophages (Fig. 2B). Notably, the poor or degraded biological activity of recombinant IFNγ was

unlikely to account for the apparent unresponsiveness of microglial cells to IFNγ-induced CXCL5 since

this treatment efficiently stimulated the intracellular production of reactive oxygen species (ROS) as

a consequence of NADPH-oxidase activation (Fig. 2C). Taken together, these data show that

microglial cells feature distinct TPP-associated gene regulation patterns compared to those of

peripheral macrophages.

Figure 2. Regulation of human macrophage-associated TPP-specific inflammatory markers in

microglial cells. (**A**) Representative images showing CD25 immunostaining with Hoechst nuclear stain

(blue) in nonstimulated microglial cells (NSC) and cells exposed to IL4 (10 ng/mL), IFNγ (20 ng/mL) or

a combination of TNFα (800 UI/ml), PGE$_2$ (1 μg/ml) and Pam3C (1 μg/ml) (TPP stimulation). Scale bar:

60μm. (**B**) Quantification of CXCL5 and IL1α release by microglial cells exposed or not (NSC) to the

indicated treatments. Data are means ± SEM (n = 4). *p < 0.05 vs. TPP (Tukey's test). (**C**)

Quantification of ROS production measured via the NBT reaction in microglial cells exposed or not

(NSC) to the indicated treatments. The data are represented as the means ± SEM (n = 4).

*p < 0.05 vs. TPP (Tukey's test).

We next investigated the microglial cell response to chronic-type inflammatory stimulation by

implementing PD patients-derived αSYN fibrils (F^{PD}) to the treatment cocktail assuming that F^{PD}

would efficiently bind and activate microglial TLRs as demonstrated for αSYN fibrils made *de novo* [8,

52-55]. Using ELISA assay, we found that unlike LPS and F^{PD}, TNFα and PGE$_2$, alone or in combination

(TP), were ineffective at stimulating the release of TNFα, IL6, IL1β and IL10 after 48 hours of

treatment (Fig. 3A and B). Remarkably, cotreatment of F^{PD}-exposed cells with TNFα and PGE$_2$ (TPF^{PD}

stimulation) significantly suppressed cytokine released compared to that in cells treated with F^{PD}

alone, suggesting that chronic-type inflammatory stimulation is associated with a significantly but

less intensive inflammatory state. To determine whether TPF^{PD} stimulation is associated with an

overall reduction in the inflammatory grade of microglial cells, we measured and compared

intracellular ROS levels following the different treatments. Figure 3C shows that, unlike its effects on

cytokine production/release, TP did not mitigate F^{PD}-induced ROS generation in microglial cells. To

further investigate the inflammatory properties associated with TPF^{PD} stimulation, we analyzed

microglial glutamate release under these conditions. We observed that, unlike cytokine (decrease)

and ROS (unchanged) production, TPF^{PD} treatment was associated with a significant increase in

extracellular glutamate levels compared to F^{PD} treatment alone (Fig. 3D). Overall, our data show that,

upon chronic-type inflammatory stimulation, microglial cells adopt a nonconventional phenotype

rather than the classical proinflammatory M1 state.

Figure 3. TPF^{PD}-related chronic-type inflammatory stimulation of microglia is associated with lower

cytokine but increased glutamate release. (**A**) Representative images of CD11b immunostaining and

Hoechst nuclear staining (blue) of microglial cells following inflammatory stimulation by PD patient-

derived αSYN fibrils (1.5 μM; F^{PD}) or TPF^{PD} as compared to nonstimulated cells (NSC). Note that F^{PD}

and TPF^{PD} induce similar morphological changes of microglial cells. Scale bar: 50μm. (**B**)

Quantification of TNFα, IL6, IL10 and IL1β release by microglial cells exposed or not (NSC) to TNFα

(800 IU/mL), PGE$_2$ (1 μg/mL), TNFα+PGE$_2$ (TP), F^{PD} (1.5 μM), TNFα+PGE$_2$+F^{PD} (TPF^{PD}) or LPS (10

ng/mL). The data are represented as the means ± SEM (n = 3-6). *$p < 0.05$; **$p < 0.01$; ***$p <$

0.001 vs. F^S (Student's t-test). (**C**) Quantification of ROS production measured by the NBT reaction in

microglial cells exposed or not (NSC) to F^{PD} (1.5 μM), TPF^{PD} or LPS (10 ng/mL). The data are expressed

as a % of the NSC control. The bars are the means ± SEM (n = 6). *$p < 0.05$ vs. NSC (Student's t-

test). (**D**) Quantification of glutamate release by microglial cells exposed or not (NSC) to F^{PD} (1.5 μM),

TPF^{PD} or LPS (10ng/mL). The data are expressed as a % of the NSC control. The bars are the

means ± SEM (n = 3-6). *$p < 0.05$ vs. TPF^{PD} (Tukey's test).

Chronic-type inflammatory stimulation of microglia is associated with a specific genomic signature.

The above data showing specific inflammatory features of microglia subjected to TPF[PD] stimulation

might indicate unique molecular pathway engagement and transcriptional programming as

previously exemplified in peripheral macrophages [21]. To elucidate the molecular signature of this

inflammatory polarization, we conducted unbiased transcriptomic analysis through RNA-sequencing

(RNA-seq) performed on nonstimulated cells (NSCs), LPS-polarized cells as a reference for the M1

proinflammatory state, and TPF[PD]-activated microglia. To examine the effect of stimulation, we

initially performed unsupervised principal component analysis (PCA). As expected, the samples were

separated well by activation status (NSC vs stimulated) on the first principal component but also by

type of stimulation (LPS vs TPF[PD]), which drove the second component of the variability (Fig. 4A). By

using differentially expressed genes (DEGs; log2FC > 0.5, false discovery rate [FDR] adjusted P value <

0.05) between TPF[PD], M1 (LPS) and NSCs we identified 554 upregulated and 456 downregulated

genes in TPF[PD]-exposed cells. Unsupervised cluster analysis of the top 413 DEGs (by P-value) revealed

a striking difference between the transcriptomes of M1-polarized and TPF[PD]-treated microglia (Fig.

4B). To obtain insights into how differential gene regulation translates into pathway modulation we

first processed expression data with the Pathifier algorithm, which transforms gene-level information

into pathway-level records [56]. Principal component analysis of the newly generated pathway-

related dataset indicated that both the stimulation and type of stimuli drove strong pathway

variability (Fig. 4C). To document in detail the pathways and biological functions altered by chronic-

type inflammatory stimulation, we performed pathway enrichment (KEGG) and gene ontology (GO)

term analyses. We found that among the most significantly enriched KEGG pathways in TPF[PD]-

stimulated cells were ribosome biogenesis, glutathione metabolism, steroid biosynthesis,

spliceosome, ferroptosis and RNA transport (Fig. 4D). The results from GO analysis confirmed the

pathway enrichment data for the most part. Yet, they also revealed additional features related to the

regulation of the inflammatory response and primary metabolic and lipid processes (Additional File 1:

Fig. S2). Notably, increased glutathione metabolism in TPF[PD]-stimulated microglial cells might be

possible under conditions of high cysteine supply and glutamate levels provided that the expression

and/or activity of the rate-limiting enzymes glutathione cysteine ligase (GCL) and glutathione

synthase (GSS) increase. One possible mechanism that could increase microglial cysteine levels upon

inflammatory stimulation is the activation of xCT, a transmembrane cystine-glutamate exchange

transporter encoded by the *Slc7a11* gene [57]. Remarkably, the *Slc7a11*, *Gss* and *Gcl* genes (*Gclc* and

Gclm) were among the most upregulated genes in TPF^{PD}-stimulated cells (Fig. 4E). Increased *Slc7a11*

gene expression in TPF^{PD}-stimulated microglia was consistent with the increased capacity of these

cells to release glutamate (Fig. 3C).

Another interesting observation is the apparent link between TPF^{PD} stimulation and ferroptosis.

Ferroptosis is a type of redox-driven programmed cell death process distinct from classical apoptosis.

This process might occur because of uncontrolled iron metabolism, lipid peroxidation and thiol

regulation, three processes that are commonly found in the proinflammatory environment. Since

TPF^{PD}-stimulation does not induce microglial cell death under our experimental conditions

(Additional File 1: Fig. S3), it is likely that genes involved in iron metabolism contributed to the

ferroptosis term in our pathway enrichment list. Indeed, we found that iron transport- and storage-

related genes, including *Tfrc*, *Slc39a14* and *Fth1* (encoding for the Transferrin receptor, the zinc and

non-transferrin-bound iron transporter Zip14, and the Ferritin heavy chain, respectively) were

strongly and differentially upregulated in TPF^{PD}-treated cells (Fig. 4E). The genes encoding divalent

metal transporter 1 (DMT1) and the iron extruder Ferroportin (*Slc11a2* and *Slc40a1*) were similarly

expressed in LPS- and TPF^{PD}-exposed cells (Fig. 4E). Overall, our data suggest differences in microglial

iron handling under two distinct inflammatory conditions.

To validate our transcriptomic data, we performed qPCR expression analysis of gene candidates using

total RNA isolated from microglial cells exposed or not to LPS and TPF^{PD} in an independent

experiment. We confirmed the differential expression of *Gss*, *Gclc, Gclm* and *Slc7a11* in TPF^{PD}-treated

cells compared to that in nonstimulated and LPS-exposed microglia (Fig. 4F). Likewise, iron

metabolism-related genes (*Tfrc*, *Slc39a14*, *Fth1*, *Slc11a2* and *Slc40a1*) exhibited similar changes in

expression as identified via transcriptomic analysis (Fig. 4F). Overall, we identified genes and

pathways that define microglia polarized upon TPF^{PD} chronic-type inflammatory conditions.

Figure 4. Specific transcriptional reprogramming of microglial cells upon TPF^{PD} chronic-type

inflammatory activation. (**A**) Principal component analysis (PCA) of gene expression data based on

the first two PCs shows, on the one hand, a clear distinction between nonstimulated (NSC) and

activated cells (LPS and TPF^{PD}) and, on the other hand, strong differences between M1-type (LPS) and

chronic-type (TPF^{PD}) inflammatory activation. (**B**) Hierarchical clustering and heatmap of differentially

expressed genes (DEGs; n=413) in TPF^{PD}-activated microglia versus nonstimulated (NSC) and LPS-

treated cells. The scaled expression value (Z-score transformed) is shown in a blue-red color scheme

with red indicating higher expression, and blue lower expression. Biological replicates are indicated

in brackets. (**C**) PCA analysis of pathway-related data generated by the Pathifier method (Drier et al.,

2013) demonstrates clear clustering and separation of stimulated and nonstimulated (NSC) cells and

of M1-type (LPS) and chronic-type (TPF^{PD}) inflammatory activation. (**D**) Bubble chart showing the

enrichment of the KEGG Pathway in TPF^{PD}-treated microglial cells (adjusted $p < 0.05$). The bubble size

indicates the number of genes annotated in the indicated KEGG pathway. The colors represent

pathway enrichment (% of overlapping genes) in TPF^{PD}-exposed cells. (**E**) Volcano plot depicting

individual DEGs ($|\text{Log}_2$ Fold Change$| > 2$) in TPF^{PD}-treated microglia versus M1-type (LPS) activated

cells. The red and blue dots show upregulated and downregulated genes in TPF^{PD}-treated cells,

respectively. Individual genes of interest are indicated. (**F**) Relative gene expression analysis (qPCR) of

individual gene candidates in nonstimulated- (NSC), LPS-activated and TPF^{PD}-exposed microglial cells.

The data are represented as the means ± SEM (n=5 biological replicates from independent

experiment). *$p < 0.05$ vs TPF^{PD} (Student's t test).

TPF^{PD}-related chronic-type inflammatory stimulation of microglia is associated with M1-related

metabolic changes.

The above transcriptome-based analysis revealed pathway enrichment linked to metabolic

processes. It is now well established that immune activation rapidly and substantially enhances

metabolic outputs that in turn regulate immune responses [58]. For instance, in macrophages,

including microglia, M1 phenotype polarization is accompanied by a shift from oxidative

phosphorylation to aerobic glycolysis for energy production [59]. To further investigate TPF^{PD}-

associated metabolic changes in microglia, we performed untargeted metabolomic analysis under

the same experimental conditions as above.

Our results revealed significant alterations in the levels of 248 metabolites in TPF^{PD}-treated cells.

Indeed, hierarchical clustering analysis of metabolite datasets and heatmap generation (Fig. 5A)

showed important differences between nonstimulated cells and microglia exposed to either LPS or

TPF^{PD}. The metabolome profile of TPF^{PD}-activated cells displayed only subtle differences from that of

LPS-treated microglia. Of the 248 metabolites showing significant changes, only 28 were annotated in

the databases. Unsupervised cluster analysis of these 28 known metabolites confirmed the close

relationship between the two inflammatory conditions (Fig. 5B). In particular, both stimulations

resulted in decreased α-ketoglutarate/succinate and fumarate/succinate ratios, which are indicative

of tricarboxylic acid (TCA) cycle breaks and metabolic switches from oxidative phosphorylation to

glycolysis, as previously reported [60]. Hence, these data suggest that from a respiratory point of

view, TPF^{PD}-polarized microglia behave as classical proinflammatory M1 cells. Moreover, although

TPF^{PD}-polarized microglia release more glutamate than LPS-activated cells (Fig. 3C), these two

inflammatory stimulations are characterized by comparable increases in glutamate and glutathione

disulfide levels (Fig. 5C). Hence, our data showed that metabolic changes associated with M1 and

TPF^{PD} microglial polarization are closely related.

Figure 5. Microglial metabolic reprogramming evoked by TPF^PD is closely related to M1-type polarized cells. (**A**) Hierarchical clustering analysis and heatmap visualization of 248 differentially regulated metabolites (28 annotated and 220 unknown/nonannotated metabolites) in stimulated cells (LPS and TPF^PD) compared to those in the NSC control group. The number of biological replicates is indicated in brackets. Clear changes in the metabolic profile between stimulated and nonstimulated cells are observed. (**B**) Hierarchical clustering analysis and heatmap visualization of the 28 annotated metabolites extracted from (A). Despite these subtle differences, the TPF^PD- and LPS-associated metabolic signatures are closely related. (**C**) Box plots showing the relative amount of a-ketoglutarate, succinate, fumarate, glutamate and glutathione disulfide (GSSG) in control (NSC) and in LPS- and TPF^PD-treated microglial cells. Similar decreases in the a-ketoglutarate/succinate and fumarate/succinate ratios were found in LPS- and TPF^PD-stimulated cells. Likewise, similar increases

in glutamate and GSSG levels were observed under both stimulatory conditions. $*p < 0.05$ (Kruskal-

Wallis & Wilcoxon test).

Conserved TPF^{PD}-specific induction of Tfrc and Slc7a11 gene expression in human induced

microglial-like cells.

Integration and comparison of human and murine transcriptome datasets indicate both divergent

and conserved gene expression regulation upon inflammatory stimulation between species [61]. Our

comparative study of TPP-induced inflammatory markers in mouse microglial cells clearly illustrates

such divergence indicating cell-type and/or species specificity (Fig. 2). To further determine the

relevance of our data generated from mouse microglia, we prepared and used induced-microglia-like

cells (iMGs) differentiated from human monocytes isolated from healthy donors [48]. Successful

differentiation of monocytes into iMGs was confirmed by investigating the expression of the CCR2

and CX3CR1 chemokine receptors. As shown in Figure 6A, monocyte differentiation into iMGs was

accompanied by a significant increase in the CX3CR1/CCR2 ratio indicating that differentiated cells

acquired a macrophage-/microglia-like phenotype [60]. After 24 days of differentiation, iMGs were

exposed or not (NSC) to LPS, F^{PD} or TPF^{PD} at concentrations equivalent to those used for mouse

microglia experiments and then collected after 48 hours of activation for assessment by qPCR of

candidate genes. We found that, similar to mouse microglial cells, TPF^{PD} chronic-type inflammatory

stimulation of iMGs resulted in specific upregulation of *Tfrc* and *Slc7a11* compared to that in

response to LPS or F^{PD} treatment (Fig. 6B). Likewise, although not significantly different, a clear trend

toward increased expression of *Slc11a2* was observed under both LPS and TPF^{PD} conditions. In

contrast, *Gclm* was found to be equally induced in LPS- and TPF^{PD}-exposed cells but not in cells

stimulated with F^{PD} alone. Interestingly, compared with LPS and F^{PD}, TPF^{PD} stimulation specifically

induced marked upregulation of *Tlr2* in iMGs in contrast to what we observed in mouse microglial

cells. Moreover, while *Tlr4* expression was reduced upon LPS and F^{PD} treatment compared to that in

control cells (NSC), it remained unchanged under TPF^{PD} conditions suggesting that the regulation of

TLR expression in human microglia highly depends on the type of inflammation and inflammatory

stimuli. Together, our data support previous findings showing species-dependent gene regulation in

macrophages and demonstrate conserved TPF[PD]-associated *Tfrc* and *Slc7a11* gene regulation

between mouse and human microglia. They further highlight that TPF[PD]-stimulated microglia may

acquire a unique phenotype characterized by increased iron retention capacity and glutamate

release.

Figure 6. Compared with mouse microglia, TPF[PD]-exposed human microglial-like cells exhibit both

conserved and distinct gene regulation. (**A**) Representative images showing CCR2 (red) and CX3CR1

(green) double immunostaining with Hoechst nuclear stain (blue) in nondifferentiated (ND) and GM-

CSF/IL34-differentiated human monocytes (iMG) after 16 days of culture. The right panel shows the

quantification of the immunosignal CX3CR1/CRR2 ratio in ND and GM-CSF/IL34-differentiated cells.

The data are presented as the means ± SEM (n = 4-5). **p < 0.01 vs. ND (Student's t-test). Scale

bar: 40 μm (**B**) Relative expression analysis (qPCR) of individual gene candidates in nonstimulated

(NSC), LPS-, F^PD- and TPF^PD-activated iMGs. The data are presented as the means ± SEM (biological

replicates n=3). *$p < 0.05$ vs. TPF^PD (Student's t test).

Chronic-type inflammatory stimulation of microglia results in xCT-dependent neurotoxicity on

dopaminergic neurons.

Our molecular and phenotypic analysis of microglial cells stimulated by chronic-type inflammatory

cues revealed that cells under such activation are more prone to release high amounts of glutamate

than classically activated (M1) proinflammatory microglia. This peculiar effector function of TPF^PD-

activated cells may be detrimental to dopaminergic neurons, which are particularly vulnerable to

glutamate-induced excitotoxicity [63]. We sought to test this hypothesis using an experimental

paradigm, allowing us to evaluate the neurotoxic potential of microglia-conditioned medium (MCM)

on dopaminergic neurons. Specifically, we tested and compared the survival of dopaminergic

neurons maintained in Nb^S-based ACM, 24 hours after they received MCM (30%, v/v) from F^PD- and

TPF^PD-stimulated microglia cultivated in DMEM^S-based ACM (Fig. 7A). To prevent any possible direct

neuronal effects of inflammatory stimulating factors (F^PD or TPF^PD), we implemented a washout step

6 h after initiating microglial stimulation and maintained activated microglial cells for an additional

24 hours in fresh DMEM^S-based ACM (Fig. 7A). At this time, MCM from F^PD- or TPF^PD-stimulated

microglia displayed higher glutamate levels than did those from NSC (Fig. 7B). Under such

experimental setup, we found that TPF^PD-stimulated MCM induced significantly more TH+

dopaminergic neuron loss than did F^PD-stimulated cells suggesting that chronic-type inflammatory

stimulation drives microglia toward a more aggressive phenotype than classically activated M1 cells

(Fig. 7C and D). Most interestingly, we observed that the rate of TH+ neuronal loss was strongly

correlated with the glutamate content in the MCM suggesting that xCT-dependent glutamate release

and glutamate-induced excitotoxicity may underlie key neurotoxic mechanisms supported by

chronic-type inflammatory microglial cells (Fig. 7E). Importantly, the transfer of DMEM^S-based ACM

from control microglial cultures to midbrain cells had no impact on dopaminergic neuron survival.

To further strengthen our hypothesis, we exposed F^{PD}- and TPF^{PD}-stimulated microglial cells to the

xCT inhibitor Sulfasalazine (250 µM) during the 24 hour of the washout step and subsequently

transferred the resulting MCM onto midbrain neurons. Sulfasalazine treatment of stimulated

microglial cells completely abrogated MCM-associated dopaminergic toxicity, suggesting an essential

role of xCT in the neurotoxic activity of chronic-type inflammatory microglial cells (Fig. 7D). Finally, to

establish that TPF^{PD}-activated microglial cells induce dopaminergic cell death through glutamate-

dependent excitotoxic mechanisms, we treated MCM-exposed midbrain cultures with MK-801 (2

µM), an inhibitor of the glutamate receptor *N*-methyl-D-aspartate receptor (NMDAR). As shown in

Figure 7D, MK-801 treatment fully protected against MCM-associated damage, indicating that

chronic-type inflammatory microglial cells promote dopaminergic neuronal death by excitotoxicity.

Figure 7. TPF^{PD}-stimulated microglial cells trigger more excitotoxic cell death than F^{PD}-exposed cells

on dopaminergic neurons. (**A**) Schematic representation of the experimental setup used to analyze

the neurotoxic potential of chronic-type inflammatory microglia. Microglial cell cultures were

maintained in DMEM^S-based astrocyte-conditioned medium (ACM) and exposed or not (NSC) for 6

hours to either F^{PD} or TPF^{PD}. Following inflammatory stimulation, the culture medium was fully

replaced with fresh DMEM^S-based ACM (washout step), and the microglial cells were left for 24

hours before the glutamate assay (**B**). Midbrain neuronal cultures were prepared from E13.5 mouse

embryos and maintained for 2 days in Nb^S. On day *in vitro* 2 (DIV2), the culture medium was fully

replaced with Nb^S-based ACM and the neurons were left to mature until DIV6. At DIV6, 30% (v/v) of

the Nb^S-based ACM media was replaced with microglia-conditioned media (MCM) and TH+

dopaminergic neuron survival was assayed 24 hours later. The data are presented as the

means ± SEM (biological replicates n=13; 3 independent experiments). ***$p < 0.001$ vs NSC and F^{PD}

(One-way ANOVA followed by Tukey's test). (**C**) Low- and high-magnification (dashed brown squares)

images of DIV7 midbrain cultures exposed for 24 hours to MCM from F^{PD} and TPF^{PD}-stimulated or

unstimulated cells (NSC). Brown arrows point to dystrophic cell bodies and processes with

varicosities. Scale Bar = 100 μm. (**D**) Survival of TH+ neurons in DIV7 midbrain cultures exposed for 24

hours to MCM from F^{PD} and TPF^{PD}-stimulated or unstimulated cells (NSC). In sister cultures, neurons

were exposed to MCM from F^{PD} and TPF^{PD}-stimulated microglial cells treated with the xCT inhibitor

Sulfasalazine (250 μM) during the 24 hours washout period. In additional sister cultures, neurons

exposed to MCM from F^{PD} and TPF^{PD}-stimulated microglial cells were cotreated with the *N*-methyl-D-

aspartate (NMDA) receptor pore blocker MK-801 (2 μM). The data are presented as the means ± SEM

(biological replicates n=5-8; 2 independent experiments). *** $p < 0.001$ vs. NSC or F^{PD} (One-way

ANOVA followed by pairwise multiple comparisons using the Holm-Sidak method). (**E**) TH+

dopaminergic neuron survival is inversely correlated with the concentration of glutamate within the

transferred MCM (linear regression analysis).

Discussion

In this study, we investigated the inflammatory properties of PD patient-derived αSYN fibrils on

microglial cells and explored their capacity to induce a unique immune response when combined

with TNFα and prostaglandin E_2 (PGE$_2$), two inflammatory cues commonly elevated in chronic

inflammatory diseases and in PD patients. We found that fibrils derived from the PMCA of PD patient

tissue have stronger inflammatory potency than recombinant human αSYN fibrils generated *de novo*

in cultured mouse microglia suggesting a relationship between the structure of aggregated αSYN and

the macrophage immune response. Importantly, the inflammatory response elicited by PD patient-

derived αSYN fibrils on microglia was profoundly modulated in the presence of TNFα and PGE$_2$ with

lower cytokine but higher glutamate release responsiveness. This "chronic-type" inflammatory

stimulation results in specific molecular reprogramming of microglial cells that depart from classically

activated and proinflammatory M1 microglia and is characterized by seemingly increased iron

retention and excitotoxic capacities.

Microglia, the most abundant resident macrophages of the central nervous system (CNS), play

important roles in the maintenance of tissue homeostasis [64-66]. However, upon neuronal injury,

microglia are rapidly activated and mount an inflammatory response that, if persistent, can prove

neurotoxic [67-69]. In PD, protracted microglial cell activation is a neuropathological characteristic

that accompanies neurodegeneration and deposition of pathological αSYN [70]. Protein aggregates

are common features of several age-related neurodegenerative diseases and have been linked to

microglial cell activation and the ensuing inflammatory response through ligation of pattern

recognition receptors (PRRs) [5]. Mounting evidence suggests that αSYN aggregates, which are

eventually released from neurons as part of the prion-like propagation mechanism of the

synucleinopathies across neuronal networks, are a major pathological trigger of microglial activation

and inflammation in PD [52, 71]. Yet, the importance of the respective PRRs in this process is still a

subject of debate. While some authors have noted a key role for TLR2, others have found that TLR4

may also be important [53, 72-74]. The discrepancy between these results is likely to stem from the

type and purity of the αSYN assemblies used in different studies. Recently, using distinct well-

characterized recombinant human αSYN assemblies generated *de novo*, we found that TLR2 and

TLR5, but not TLR4, were indispensable for monomeric and oligomeric αSYN to efficiently activate

the NOD-like receptor pyrin domain containing 3 (NLRP3) inflammasome and IL1β release from

microglial cells [8]. Equal concentrations of αSYN fibrillar polymorphs were unable to evoke IL1β

release during the same stimulation period [8]. Thus, these data strongly suggest that the structural

characteristics of αSYN assemblies are major determinants of their innate immunological properties.

In support of this view, we showed here that fibrils derived from PD patients (F^{PD}) elicited a greater

inflammatory response than fibrils assembled *de novo* but a lower response than fibrils amplified

from DLB patients (F^{DLB}). Strikingly, whereas F^S (2 μM) was unable to induce IL1β release in unprimed

microglial cells [8], we found that lower concentrations of F^{PD} (1.5 μM) induced a robust IL1β

response (Fig. 3B). Since F^{PD} are structurally different from F^{DLB} and F^S [75, 76], our data further

support the view that αSYN assemblies with different structures have distinct inflammatory potency

on microglial cells. The structure-function relationship depicted here for the microglia-associated

immune response is reminiscent of that documented for neuronal deposition of pathological αSYN

and toxicity [15, 77]. Indeed, we recently reported that structurally distinct αSYN fibrils assembled *de*

novo or derived from PD, DLB and MSA patients result in different synucleinopathy-associated

characteristics and toxicity in cultured cells and after inoculation in rodent brains [12, 14, 15]. The

different biological properties between patient-derived and *de novo* assembled fibrils may originate

from the different surfaces that distinct fibrillar polymorphs expose to the solvent which define their

differential binding to cell surface proteins, seeding propensity in cells and turnover [12, 16]. Hence,

it is likely that the capacity of the F^{PD} polymorph to evoke a stronger inflammatory response than its

recombinant counterpart might be linked to its ability to bind with higher affinity to innate immune

receptors or to activate different types of receptors. However, the binding capacity of F^{PD} to different

TLRs or other innate immune receptors has yet to be established.

A major contribution of our study is the demonstration that the F^{PD}-induced microglial inflammatory

response is profoundly altered when associated with the proinflammatory cytokine TNFα and PGE_2,

an arachidonic acid-derived lipid modulator of inflammation. As part of this study, we further showed

that under such combinatory stimulation (so called TPF^{PD}), microglial cells engage a distinct molecular

program from that of LPS-induced proinflammatory M1 cells. TNFα and PGE$_2$, are common immune-

related factors featuring chronic inflammatory conditions [78, 79]. In PD, a neurodegenerative

disease associated with chronic neuroinflammatory processes, the expression level of TNFα and the

PGE$_2$-producing enzyme cyclooxygenase 2 (COX2) were shown to increase [80-82]. Moreover,

compelling experimental evidence supports an independent pathogenic role of these inflammatory

factors, suggesting that in addition to being part of a large panel of effector molecules derived from

activated glial cells or injured neurons, these inflammatory cues are instrumental in neuronal cell

death [83, 84]. Hence, although αSYN aggregates are considered primary and master disease-

associated inflammatory triggers in PD, other immune-related factors, as part of a global network of

neuroinflammatory processes [4], may significantly contribute to regulating microglia-associated

inflammation and toxicity. Indeed, it is now well established that microglial cells, and tissue

macrophages in general, are very plastic and can adopt a wide variety of activation phenotypes

associated with specific functions. Analysis and network modeling of transcriptional regulation during

human macrophage activation elicited by a diverse set of stimuli have clearly established a spectrum

model of macrophage activation that reassesses and extends the prevailing M1 (proinflammatory or

classically activated) versus M2 (anti-inflammatory or alternatively activated) polarization model

[21]. Notably, macrophages exposed to the combination of chronic inflammation-associated factor

TNFα, PGE$_2$, and TLR2 ligands (the so-called "TPP" stimulation) feature specific molecular modules

not found in IFNγ- (M1) or IL4- (M2) stimulated cells and consequently express specific cell surface

markers and cytokines. However, the findings obtained in human macrophages might not be

generalizable to murine microglia. Indeed, we found that the regulation of TPP-specific markers

(CD25, CXCL5 and IL1α) in mouse microglial cells was markedly different from that in human

macrophages highlighting important macrophage identity- and/or species-related specificity, as

previously reviewed [85]. Yet, despite these differences, our results clearly show that, as

documented in human macrophages, chronic-type inflammatory stimulation of microglia is

associated with specific transcriptional reprogramming departing from classically activated M1 cells.

Interestingly, some of the molecular pathways characterizing chronic-type inflammatory stimulation

were consistent with previously defined functional properties. In particular, the finding that TPF[PD]-

stimulated cells feature higher xCT-encoding *Slc7a11* gene expression is consistent with the

enhanced responsiveness of these cells to glutamate release. Importantly, a similar upregulation of

Slc7a11 was detected in human microglial-like cells (iMGs) exposed to TPF[PD] arguing that this

chronic-type inflammatory-associated regulation is conserved across mouse and human species.

While releasing glutamate, the xCT antiporter internalizes cystine, which is needed for glutathione

synthesis. In line with this scenario, we further observed that TPF[PD]-polarized microglial cells are

characterized by the specific upregulation of several genes (*Gss, Gclc* and *Gclm*) encoding rate-

limiting enzymes involved in glutathione synthesis. The cystine-glutamate antiporter xCT has been

previously shown to contribute to the proinflammatory phenotype of primary microglial cells and to

be involved in amyotrophic lateral sclerosis (ALS)- and Alzheimer's disease-related pathogenesis [86,

87]. In particular, decreased production of specific microglial proinflammatory/neurotoxic factors

including nitric oxide, TNFα and IL6 was observed in xCT-deleted microglial cells exposed to LPS [86].

Our data showing decreased TNFα and IL6 production concomitant with increased *Slc7a11* gene

expression and glutamate release in TPF[PD]-stimulated microglia suggest that the regulatory

mechanisms of proinflammatory cytokine expression induced by xCT differ between different

microglial activation states. Hence, the importance of our finding in the context of PD-related

neuroinflammation stems from the fact that glutamate has the potential to generate low-level

excitotoxic insults [88] that may contribute to neuronal cell death [89]. In line with this, we provide

compelling evidence that xCT-dependent glutamate release from chronic-type inflammatory

microglia results in NMDAR overactivation-mediated excitotoxic dopaminergic cell death. In the field

of PD, previous studies have reported an increase in xCT expression upon injection of 6-

hydroxydopamine (6-OHDA) in hemi-Parkinson rats [90]. Moreover, neuroprotection has been

documented in xCT-null mice injected with 6-OHDA [91]. Yet, inhibition of xCT by genetic targeting

does not protect mice from MPTP-induced dopaminergic cell loss [92]. Thus, although debated, the

role of xCT in PD pathogenesis is still unclear. Notably, its pathogenic role has never been

investigated in PD animal models featuring degenerative synucleinopathy.

Apart from glutathione metabolism, the identification of the TPF^{PD}-specific ferroptotic pathway in our

KEGG analysis was surprising given the fact that we did not observe microglial cell death upon

exposure to TPF^{PD}. It has been documented that macrophages display significant defiance against

ferroptotic stimulation and death, particularly when polarized into classically activated M1 state [93].

Yet, as part of the set of genes involved in this pathway, TPF^{PD} stimulation was associated with

elevated expression of iron-related transport proteins coupled with increased intracellular iron-

storage capacity. Increased iron retention is a well-known function of inflammatory macrophages

that serves as a primary defense mechanism against pathogens through extracellular iron starvation.

Yet, macrophage iron uptake fulfills additional important role as it is an essential metal that fine-

tunes metabolic changes associated with immune activation thereby contributing directly to

macrophage function and plasticity [94]. A previous report indicated that M1-type microglia

preferentially acquire iron from non-Transferrin-bound iron (NTBI), whereas M2 polarized cells

promote TBI uptake [95]. Our data are consistent with this general scheme since LPS-induced

microglial activation was associated with concomitant increases and decreases in the gene

expression of *Slc11a2* (encoding divalent metal transporter 1; DMT1) and *Tfrc* (encoding the

Transferrin receptor), respectively. Remarkably, however, TPF^{PD}-stimulated cells were characterized

by increased gene expression of both *Slc11a2* and *Tfrc*, indicating a unique iron transport phenotype

featuring both M1 and M2 properties. The presumably greater iron retention capacity of TPF^{PD}-

stimulated cells than of LPS-polarized microglia is further supported by the specific upregulation of

the gene encoding for ZIP14 (*Slc39a14*), a complex broad-scope metal-ion transporter of zinc and

non-transferrin-bound iron. Coupled with increased iron uptake capacity, TPF^{PD}-polarized microglia

further displayed a high decrease in *Slc40a1* gene expression (encoding the iron extruder

Ferroportin) as well as a robust increase in *Fth1*, which encodes the iron storage Ferritin heavy chain.

As for *Slc7a11* gene regulation, TPF^{PD}-elicited *Tfrc* and *Slc11a2* upregulated gene expression was

conserved in human iMGs confirming the relevance of our findings in humans. Taken together, these

data suggest that microglial cells polarized under TPF^{PD}-associated chronic-type inflammation feature

both M1- and M2-associated iron metabolism regulation and propose that they might be particularly

iron retentive compared to M1 and M2 inflammatory cells. Relevant to our findings, is the

observation that iron accumulates prematurely and preferentially in microglial cells rather than

dopaminergic neurons in a nonhuman primate model of degenerative synucleinopathy induced by

intranasal administration of human αSYN preformed fibrils (PFFs) [96]. Interestingly, recent data

obtained from a model of human induced pluripotent stem cell-derived microglia grown in a tri-

culture system with neurons and astrocytes have shown that iron-loaded microglial cells not only are

susceptible to ferroptotic cell death but also prone to inducing neuronal toxicity through a

mechanism that has yet to be determined [95]. Strikingly, single-cell transcriptomic and KEGG

pathway analyses in this model system demonstrated that ferroptosis and glutathione metabolism

were among the pathways most affected in microglial cells exposed to ferroptotic conditions [97].

These features are reminiscent of our data obtained in TPF^{PD}-stimulated primary microglial cells

suggesting that chronic-type inflammatory stimulation results in a microglial phenotypic shift toward

a strong iron-retentive state, which may eventually favor their ferroptotic death and neurotoxicity.

Alternatively, microglial iron loading could induce oxidative stress while decreasing their phagocytic

activity and release capacity of inflammatory mediators [98]. Altogether these data suggest that

chronic-type inflammatory microglia hold a particularly aggressive phenotype characterized by both

increased toxicity and loss of protective/healing properties.

It is now well established that in response to environmental cues, such as inflammatory stimuli,

microglia shift their metabolism as part of an adaptative mechanism that drives specific effector

functions. Notably, TLR-related proinflammatory stimulation (e.g., LPS) induces a metabolic shift

from oxidative phosphorylation to glycolysis, a phenomenon known as the Warburg effect initially

characterized in tumor cells [59, 99]. Consistent with this, we found that LPS stimulation of microglia

resulted in a decreased α-ketoglutarate/succinate and fumarate/succinate ratios, which are

indicative of tricarboxylic acid (TCA) cycle breaks. Importantly, the immune response evoked by TPF^{PD}

stimulation was associated with similar metabolic changes suggesting that from a respiratory point of

view this chronic-type inflammation shares common features with classical M1-polarized cells.

Surprisingly, even though TPF^{PD}-stimulated cells release more glutamate than LPS-exposed cells, we

observed similar intracellular levels of glutamate under these two inflammatory conditions.

Therefore, we posit that the greater capacity of TPF^{PD}-polarized cells to extrude glutamate is likely

linked to increased expression of xCT rather than enhanced glutamate synthesis pathway activity.

In summary, we documented that PD patient-derived αSYN fibrils hold robust inflammatory

properties on microglial cells. Furthermore, we showed that when combined with TNFα and PGE$_2$,

this disease-associated αSYN polymorph polarizes microglia into a specific "chronic-type"

inflammatory activation state and phenotype featuring both M1- and M2-related traits and

exhibiting overwhelming neurotoxic activities. Of note, composed M1/M2 polarization assignment

has been previously documented in animal models of traumatic brain injury, ALS and glioma-

associated neurological disease suggesting that our model system may, in part, recapitulate more

closely some of the complex innate inflammatory mechanisms *in vivo* [20, 100-102]. In support of

this view, we identified few overlaps between TPF^{PD}-stimulated microglia *in vitro* and the recently

characterized disease-associated microglia (DAM) isolated from mouse models of Alzheimer's

disease and ALS [103]. In particular, few of the genes assigned to DAMs, including B2m, Lyz2 and

Cst7, were found to be differentially expressed in TPF^{PD}-polarized microglia (data not shown).

Nonetheless, the global gene expression overlaps between the DAM transcriptome and that of LPS-

or TPF^{PD}-derived cells was modest (53 and 50 genes, respectively), highlighting significant differences

in genomic expression patterns between *in vitro* and *in vivo* microglia cells, as previously reported

[104]. Yet, although we are well aware that the model described here is not a phenocopy of activated

microglial cells in the brains of PD patients, it may serve as a general framework for exploring and

understanding the disease-associated mechanisms underlying complex inflammatory-induced signal

integration that shape microglial cell activation and function. Hence, such knowledge should facilitate

the identification of new potential therapeutic targets and may lead to the discovery of biomarkers.

Ethics approval and consent to participate

The protocol used for collecting human peripheral blood mononuclear cells was approved by an

ethical committee affiliated with French regulation authorities (CCPPRB Groupe Hospitalier Pitié-

Salpêtrière, Paris, France). Blood samples were collected from a donor who provided signed

informed consent and who was included in an INSERM-sponsored clinical study. Experimental

procedures in mice were authorized by the Committee on the Ethics of Animal Experiments Charles

Darwin N°5 under the registration number Ce5/2017/005.

Consent for publication

Not applicable.

Availability of data and materials

The datasets supporting the conclusions of this article are included within the article and its

additional file.

Competing interests

The authors declare that there are no conflicts of interest regarding the experimental part of this

study.

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Authors' contributions

C.Y. and S.H. designed all the experiments; C.Y., L.G., J.S.-D. and P.B. performed the experiments and

analyzed the data with the assistance of P.P.M. and S.H.; A.F. and R.M. generated and characterized

all the α-Synuclein assemblies and provided advice; and C.Y. and S.H. wrote the manuscript with

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