

1 **Title:** Expansion of a fly TBI model to four levels of injury severity reveals synergistic effects of
2 repetitive injury for moderate injury conditions

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10 **Running Title:** Expansion of a fly TBI model and synergistic effects

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12 **ABSTRACT**

13 Several million traumatic brain injury (TBI) events are reported in the United States annually.
14 However, mild TBI events often go unreported, and mild and repetitive mild TBI conditions are
15 challenging to model. Fruit flies have gained traction for the study of TBI. The best-
16 characterized fly TBI model is the high-impact trauma (HIT) method. We replicated the HIT
17 method and confirmed several previous findings at the standard level of injury severity. We then
18 expanded upon the HIT model by characterizing mortality across three reduced levels of injury
19 severity. Importantly, we found reduced mortality with reduced injury severity and synergistic
20 effects on mortality in response to repetitive TBI by our moderate injury conditions. Thus, we
21 have extended a well-characterized model of TBI in flies, and shown the utility of this model for
22 making unique insights into TBI at various severities and upon repetitive injury.

23

24 **Keywords:** traumatic brain injury, TBI, repetitive injury, mortality, flies, Drosophila,
25 injury severity

26 **INTRODUCTION**

27 In the United States, traumatic brain injury (TBI) annually accounts for greater than 2.5 million
28 emergency room (ER) visits, hospitalizations, and deaths combined (Taylor et al. 2017).
29 Additionally, half of all mild TBI events are estimated to go unreported (Cassidy et al. 2004).
30 Mild TBI events, including concussion and sub-concussive impacts, are commonly suffered
31 during sports participation and military deployment (Marar et al. 2012; Helmick et al. 2015; Kerr
32 et al. 2017; Baldwin et al. 2018). Individuals in contact sports such as football may experience
33 greater than one thousand mild head impacts per year, while approximately 10% of U.S. Army
34 soldiers reported multiple mild TBI events from a previous deployment (Crisco et al. 2010; Wilk
35 et al. 2012).

36 Severe TBI events are associated with long-term outcomes including greater risk for dementia,
37 and are associated with many hallmarks of neurodegenerative disease (DeKosky and Asken
38 2017; Nordström and Nordström 2018). Individual mild TBI events are not well-linked to long-
39 term outcomes, and most TBI-associated conditions resolve within months, particularly in
40 children (Holm et al. 2005). By contrast, repetitive mild TBI is associated with more prominent
41 impairment or disease, such as a greater risk of neurodegenerative disease in American football
42 players (Lehman et al. 2012; Bailes et al. 2013; Levin and Robertson 2013). Moreover, rodent
43 models of repetitive mild TBI result in neurocognitive deficits, and histological and morphological
44 changes associated with neurodegenerative disease (Mouzon et al. 2012; Ojo et al. 2016; Gold
45 et al. 2018). Importantly, additional TBI events suffered within days of the first injury result in
46 more negative outcomes due to the combination of primary and secondary injury mechanisms
47 (Laurer et al. 2001; Longhi et al. 2005; Friess et al. 2009; Meehan et al. 2012; Huang et al.
48 2013; Bolton and Saatman 2014; Weil et al. 2014; Bolton Hall et al. 2016).

49 Two models for studying TBI have been developed for the fruit fly (*Drosophila melanogaster*):
50 the high-impact trauma (HIT) method, which uses a spring-based device deflected to 90°, and
51 the Bead Ruptor homogenizer method, which uses a programmable homogenizer that can be
52 set to various speeds and durations (Katzenberger et al. 2013; Barekat et al. 2016). Importantly,
53 use of each method results in classic post-TBI symptoms including impaired locomotion,
54 shortened lifespan, neurodegeneration, intestinal barrier disruption, and activation of immune
55 and autophagy processes (Katzenberger et al. 2013; Barekat et al. 2016; Anderson et al. 2018).
56 While the Bead Ruptor method offers potential advantages in the ease of scaling primary
57 injuries and inter-experiment standardization, the HIT method is simple, cost-effective, and
58 better characterized to date (Katzenberger et al. 2013, 2015, 2016; Barekat et al. 2016;

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59 Anderson et al. 2018). We sought to standardize the HIT method across several levels of injury
60 severity, thereby extending this well-characterized method to the study of mild to severe TBI
61 events in an easily replicable manner. To this end, we installed fixed, selectable stopping points
62 that limited deflection of the HIT device to either 60°, 70°, 80°, or 90°. We found that reducing
63 the angle of deflection greatly reduced mortality, and that repetitive injury, particularly at
64 moderate levels of severity, resulted in a pronounced synergistic effect on mortality.

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65 **MATERIALS AND METHODS**

66 Fly Husbandry

67 Flies of genotype w^{1118} (BL 5905) and y^1w^1 (BL 1495) were obtained from the Bloomington
68 Drosophila Stock Center (Bloomington, Indiana, USA). Flies were maintained in a 25°C
69 humidified incubator on a 12H:12H light:dark cycle. Flies were maintained on a glucose-
70 cornmeal-yeast media with the following quantities per 1.25L of water: 7.66g agar (Apex), 14.4g
71 glucose (DOT Scientific Inc.), 50.3g cornmeal (Genesee), 15g yeast (Genesee), 5.66mL
72 tegosept (Genesee), 4.67mL propionic acid (99%, Acros Organics), and 0.47mL phosphoric
73 acid (85%, Matheson Coleman & Bell Inc.).

74 TBI Methodology

75 Flies were collected using light-CO₂ anesthesia. Flies were subjected to traumatic brain injury
76 on or before 5 days after eclosion (dae) using an adapted model of the high-impact trauma
77 (HIT) device (Katzenberger et al. 2013). Briefly, flies were transferred to an empty vial and the
78 vial was affixed to the end of a compression spring. The vial was deflected to a selectable, fixed
79 stopping point of 60°, 70°, 80° or 90°. The vial was released and allowed to collide with a foam
80 pad covered by a 1/16" rubber pad. Vial deflections were repeated every 15 seconds for the
81 total number of deflections indicated. Flies were immediately hand-transferred to a food vial
82 following the final injury. Uninjured flies were handled identically minus spring deflection and
83 injury. Flies were counted at 24-hours post-injury to determine the number of dead and living
84 flies for calculation of the mortality index at 24-hours (MI₂₄) (MI₂₄ = # flies dead at 24-hours post-
85 injury/total # flies * 100). The MI₂₄/HIT values were determined using the MI₂₄ divided by total
86 number of injuries for the condition.

87 Statistics

88 All statistical testing was conducted using GraphPad Prism 7 software (GraphPad Software,
89 Inc.). Categorical (dead:alive) count data were compared using a 2x2 Fisher's Exact test
90 between selected conditions. Bonferroni correction was used to correct for multiple testing and
91 corrected alpha levels are reported in figure legends. Comparisons of median MI₂₄/HIT values
92 were conducted via Kruskal-Wallis testing with multiple comparisons of mean ranks and Dunn's
93 correction at a level of $\alpha = 0.05$. Only vials containing at least 30 flies were used in median
94 MI₂₄/HIT comparisons. Full count data were used for comparisons of trends across MI₂₄/HIT
95 data; overall MI₂₄ values were divided by their respective HIT number, plotted across 1-4HITs,

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96 and fitted using the linear fit mode within the nonlinear regression analysis toolkit (GraphPad
97 Prism 7). Lines were fitted using the least squares fit mode, compared to a hypothetical slope of
98 zero via the extra sum-of-squares F test at a level of $\alpha = 0.05$, and the 95% confidence interval
99 (CI) determined asymmetrically.

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100 **RESULTS**

101 Replication of 90° HIT data

102 The primary measure of TBI outcomes in flies is the percentage of flies that die within 24-hours
103 post-injury (MI_{24}). We first set out to determine how our TBI system and resulting MI_{24} values
104 compared to existing models. We conducted experiments using a 90° angle of deflection and
105 two strains of fruit fly, w^{1118} and y^1w^1 , for which y^1w^1 was previously reported to suffer higher
106 MI_{24} (Katzenberger et al. 2013). Vials of flies were subjected to 0-4 high-impact traumatic
107 injuries (HITs) (see Table 1 for all categorical count data). Uninjured flies suffered little or no
108 mortality at 24-hours, while administration of 1-4HITs resulted in pronounced MI_{24} with
109 increased death upon increased HIT number (Fig. 1A, shared letters indicate statistical
110 significance between conditions). Comparisons across genotypes showed MI_{24} values of w^{1118}
111 and y^1w^1 flies were no different for uninjured controls, but y^1w^1 flies suffered greater mortality
112 than w^{1118} flies for each of the 1-4HIT datasets (Fig. 1A, (*) indicates differences between
113 genotypes).

114 It was previously reported that MI_{24} values divided by HIT number (MI_{24}/HIT) and compared
115 across HITs were no different from one another (Katzenberger et al. 2013). We carried out the
116 same comparisons for our datasets and found differences for median MI_{24}/HIT values for w^{1118}
117 (Fig. 1B, 1HIT vs 3HIT) and y^1w^1 (Fig. 1C, 1HIT vs 3HITs, and 1HIT vs 4HITs). The differences
118 in MI_{24}/HIT prompted us to look more closely at the pattern of change in mortality across HIT
119 numbers. If mortality is directly proportional to the number of flies which experience a critical
120 injury for each HIT then we would expect the MI_{24}/HIT values compared across HIT numbers to
121 have a zero slope. We used overall count data to determine MI_{24}/HIT values and then fitted
122 these points across 1-4 HITs with a linear best-fit model. At 90° we found that neither w^{1118} nor
123 y^1w^1 had slopes that significantly deviated from zero (Table 2).

124 Expansion to three levels of reduced injury severity

125 In order to expand the range of primary injury severities by the HIT method, we added
126 additional, fixed, selectable stopping points to reduce the angle of deflection to 80°, 70°, or 60°.
127 We again assessed MI_{24} outcomes by independently administering 1-4HITs at each of the three
128 new angles of deflection. We found lower MI_{24} values in each of the new deflection angles when
129 compared to 90° within both w^{1118} and y^1w^1 datasets at each of 1-4HITs (Fig. 2A-D respectively).
130 We also found significantly reduced MI_{24} with each reduction in deflection angle from 80° to 70°
131 and then 70° to 60° at each of 2-4 HITs within both w^{1118} and y^1w^1 datasets (Figs. 2B-D), while

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132 genotype-specific differences across deflection angle were seen at 1HIT (Fig. 2A). Moreover, in
133 both genotypes we found the MI_{24} from 1HIT at 60° , our most mild injury severity, was not
134 significantly different than the MI_{24} in uninjured animals using a significance level of $\alpha = 0.005$
135 after Bonferroni correction (Fig. 2A, p-values: $w^{1118} = 0.39$, $y^1w^1 = 0.03$). Last, we found y^1w^1
136 flies suffered greater mortality than w^{1118} flies at all deflection angles when 3 or 4 HITs were
137 administered (Figs. 2C and 2D). However, differences between genotypes were only statistically
138 different at the 80° and 90° deflection angles when injuries were limited to 1 or 2 HITs (Figs. 2A
139 and 2B). Nonetheless, y^1w^1 flies appeared comparatively more sensitive to TBI at less severe
140 primary injuries as the fold-difference in $y^1w^1:w^{1118}$ MI_{24} values progressively decreased from
141 3.84-fold at 60° to 1.53-fold at 90° for 4HITs (Fig. 2D), a pattern similarly observed for other HIT
142 numbers.

143 Synergistic effects are apparent for repetitive injury at moderate TBI severity

144 We continued our analysis of the additional deflection angles to comparisons of MI_{24}/HIT values.
145 We found differences in MI_{24}/HIT values when comparing 1HIT and 4HITs in both w^{1118} and y^1w^1
146 at each of the sub- 90° deflection angles (Fig. 3). Additionally, differences between both 1HIT
147 and 3HITs, and 2HITs and 4HITs were also seen for w^{1118} at 80° (Fig. 3A) and y^1w^1 at 70° (Fig.
148 3D). We again investigated trends in MI_{24}/HIT data from 1-4HITs via analysis of slopes from
149 best-fit lines. If mortality was strictly additive for each HIT then the trend across MI_{24}/HIT data
150 should generate a zero-slope line. However, at both 80° and 70° , but not 60° , both w^{1118} and
151 y^1w^1 had positive, significantly non-zero slopes, indicating a synergistic effect on mortality
152 (Table 2). The positive slopes and synergistic effects were most evident at moderate severity
153 injuries of 80° for w^{1118} (1.82 ± 0.05 (SE)) and 70° for y^1w^1 (2.08 ± 0.42 (SE)) (Table 2).

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154 **DISCUSSION**

155 Fruit flies offer an accessible model to study TBI. Two models of conducting TBI studies in fruit
156 flies are the high-impact trauma (HIT) method and the Bead Ruptor method (Katzenberger et al.
157 2013; Barekat et al. 2016). One advantage to the Bead Ruptor method is the ease of scaling the
158 primary injuries (Barekat et al. 2016). We addressed this gap in methodology and expanded
159 upon the original HIT method by adding selectable stopping points to reproducibly perform injury
160 at four levels of injury severity.

161 Several of our main findings are in agreement with the established TBI models. First, we found
162 that increasing the injury number results in dose-dependent increases in mortality (Figs. 1 and
163 3) (Katzenberger et al. 2013; Barekat et al. 2016; Anderson et al. 2018). Second, we found that
164 y^1w^1 flies suffer greater mortality than w^{1118} flies subjected to the same injuries, and we
165 extended this finding to our mild and moderate TBI conditions (Figs. 1 and 2) (Katzenberger et
166 al. 2013). Third, we found that reducing the angle of deflection resulted in less severe primary
167 injuries as indicated by decreased mortality, and extended this finding across the four levels of
168 deflection tested (Fig. 2) (Anderson et al. 2018).

169 Our main findings were consistent yet not identical to published literature. Published reports
170 show MI_{24} values of less than ~30% and ~50% for w^{1118} and y^1w^1 flies, respectively, when
171 subjected to 4HITs at 90° (Katzenberger et al. 2013; Anderson et al. 2018). By our analogous
172 studies at 4HITs and 90°, we calculated MI_{24} scores of 53.3% and 81.6% for w^{1118} and y^1w^1 flies
173 respectively (Fig. 1 and Table 1). These differences across studies are likely due to lab-specific
174 variation in the force generated by the spring and/or the features of the collision surface.
175 However, it is notable that we reproduced the data showing increased sensitivity of y^1w^1 flies
176 (Katzenberger et al. 2013). The mechanisms underlying the differences between w^{1118} and y^1w^1
177 MI_{24} values are unknown, but are likely due to multiple quantitative trait loci, though precise
178 genetic factors have remained elusive (Katzenberger et al. 2015). Thus, while absolute MI_{24}
179 values may vary between labs, genetic background effects are strong enough to be conserved,
180 which speaks to the reproducibility of this TBI model.

181 A notable advance by our TBI model is identification of the synergistic effect of additional HITs
182 on mortality by our moderate TBI conditions (Table 2). It was previously reported that dividing
183 the MI_{24} by the number of HITs resulted in no differences when comparing across HIT number
184 (Katzenberger et al. 2013). This result was used as evidence that the main factor influencing
185 MI_{24} across multiple HITs was the likelihood of suffering a critical injury for each HIT, and that

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186 secondary injury mechanisms were negligible for injuries spaced closely together (Katzenberger
187 et al. 2013). By contrast, we found differences when comparing median MI_{24}/HIT values (Figs.
188 1B, 1C, 3A-F). Additionally, we looked more closely at the pattern of MI_{24}/HIT values across HIT
189 number. If only primary injuries, and not secondary injuries or increased susceptibility to
190 mortality due to preceding strikes, were responsible for observed MI_{24} values then the MI_{24}/HIT
191 values across HIT number should generate a zero slope line. At 90° neither w^{1118} nor y^1w^1 had
192 significantly non-zero best-fit line slopes, consistent with properties of the primary injury being
193 most responsible for MI_{24} at these severe injury levels and short inter-injury interval (Table 2).
194 By contrast, for our moderate severity injuries at 80° and 70° , both w^{1118} and y^1w^1 MI_{24}/HIT data
195 generated positive, significantly non-zero slopes, indicating a synergistic effect of HIT number
196 on mortality. This result suggests that secondary injury mechanisms, or increased susceptibility
197 to injury due to preceding injuries, contributed to MI_{24} (Table 2). A non-zero trend in MI_{24}/HIT
198 data was not observed for injuries at 60° , though it is possible that such a trend would be
199 evident if injury number was further increased as the MI_{24} value increased noticeably between 3
200 and 4 HITs for both w^{1118} and y^1w^1 (Table 2).

201 Our analysis showing synergistic effects of multiple injuries at a short inter-injury interval (15
202 seconds) is novel. The secondary injury window in flies reportedly peaks between 1 and 8 hours
203 (Katzenberger et al. 2016). In mammals the secondary injury window is typically reported as
204 within days post-injury (Laurer et al. 2001; Longhi et al. 2005; Friess et al. 2009; Meehan et al.
205 2012; Huang et al. 2013; Bolton and Saatman 2014; Weil et al. 2014; Bolton Hall et al. 2016).
206 However, the number of sub-concussive events suffered by individuals across a short time-
207 scale, a single American football game, correlated with short-term blood-brain-barrier damage
208 (Marchi et al. 2013). Thus, mild TBI events suffered in number across a short time-scale may be
209 an important factor to consider for brain health, especially considering the large number
210 (> 1,000) of sub-concussive injuries suffered during football participation across a season of
211 play (Crisco et al. 2010).

212 What are the mechanisms by which closely spaced, mild or moderate injuries synergistically
213 affect TBI outcomes? Secondary mechanisms might include autophagy-related pathways and
214 stress granule formation (Anderson et al. 2018). In fly larvae, stress granules were not apparent
215 after single TBI events at 60° , minimally increased after 4HITs, and substantially increased after
216 8HITs in an apparently synergistic fashion (Anderson et al. 2018). Alternatively, glutamate
217 release and elevated extracellular potassium are observed immediately or within minutes of TBI
218 (Faden et al. 1989; Katayama et al. 1990). Moreover, extracellular potassium scaled with injury

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219 severity until plateauing for severe injuries, and changes in extracellular potassium were
220 blocked by addition of tetrodotoxin for moderate but not severe injuries (Katayama et al. 1990).
221 Thus, dysregulation of neuronal excitability and extracellular potassium operate on short time-
222 scales and are responsive to injury severity, which are compatible with our observed synergistic
223 effects for injuries at short inter-injury intervals and for moderate, but not severe TBI.
224 Downstream consequences of misregulated neurotransmission and extracellular potassium are
225 varied, but may include changes in oxidative stress and inflammation (Guerriero et al. 2015;
226 Fehily and Fitzgerald 2017; Khatri et al. 2018).

227 The exact secondary mechanisms underlying the fast synergistic effects we observed are thus
228 far unknown. Moreover, we do not know if synergistic effects at mild to moderate TBI conditions
229 in our model drive other TBI-related consequences observed in flies such as changes in
230 lifespan, motor function or inflammation (Katzenberger et al. 2013, 2015, 2016; Barekat et al.
231 2016; Anderson et al. 2018). However, our fly model offers an unparalleled platform for rapidly,
232 and systematically, testing candidate factors or pathways for their involvement in TBI outcomes
233 across injury severities, number, and inter-injury interval. Recognition and elucidation of cellular
234 and molecular differences in response to mild vs moderate, and single vs multiple TBI events,
235 will be important in determining optimal disease-intervention strategies. Our extended model will
236 be central to these efforts going forward.

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246 **LITERATURE CITED**

- 247 **Anderson EN, Gochenaur L, Singh A, Grant R, Patel K, Watkins S, Wu JY, Pandey UB.**
248 Traumatic injury induces stress granule formation and enhances motor dysfunctions in ALS/FTD
249 models. *Hum Mol Genet* 27: 1366–1381, 2018.
- 250 **Bailes JE, Petraglia AL, Omalu BI, Nauman E, Talavage T.** Role of subconcussion in
251 repetitive mild traumatic brain injury. *J Neurosurg* 119: 1235–1245, 2013.
- 252 **Baldwin GT, Breiding MJ, Dawn Comstock R.** Epidemiology of sports concussion in the
253 United States. In: *Handbook of clinical neurology*, p. 63–74.
- 254 **Barekat A, Gonzalez A, Mauntz RE, Kotzebue RW, Molina B, El-Mecharrarie N, Conner CJ,**
255 **Garza S, Melkani GC, Joiner WJ, Lipinski MM, Finley KD, Ratliff EP.** Using *Drosophila* as an
256 integrated model to study mild repetitive traumatic brain injury. *Sci Rep* 6: 25252, 2016.
- 257 **Bolton AN, Saatman KE.** Regional Neurodegeneration and Gliosis Are Amplified by Mild
258 Traumatic Brain Injury Repeated at 24-Hour Intervals. *J Neuropathol Exp Neurol* 73: 933, 2014.
- 259 **Bolton Hall AN, Joseph B, Brelsfoard JM, Saatman KE.** Repeated Closed Head Injury in
260 Mice Results in Sustained Motor and Memory Deficits and Chronic Cellular Changes. *PLoS One*
261 11: e0159442, 2016.
- 262 **Cassidy JD, Carroll LJ, Peloso PM, Borg J, von Holst H, Holm L, Kraus J, Coronado VG,**
263 **WHO Collaborating Centre Task Force on Mild Traumatic Brain Injury.** Incidence, risk
264 factors and prevention of mild traumatic brain injury: results of the WHO Collaborating Centre
265 Task Force on Mild Traumatic Brain Injury. *J Rehabil Med* : 28–60, 2004.
- 266 **Crisco JJ, Fiore R, Beckwith JG, Chu JJ, Brolinson PG, Duma S, McAllister TW, Duhaime**
267 **A-C, Greenwald RM.** Frequency and Location of Head Impact Exposures in Individual
268 Collegiate Football Players. *J Athl Train* 45: 549–559, 2010.
- 269 **DeKosky ST, Asken BM.** Injury cascades in TBI-related neurodegeneration. *Brain Inj* 31:
270 1177–1182, 2017.
- 271 **Faden AI, Demediuk P, Panter SS, Vink R.** The role of excitatory amino acids and NMDA
272 receptors in traumatic brain injury. *Science* 244: 798–800, 1989.
- 273 **Fehily B, Fitzgerald M.** Repeated Mild Traumatic Brain Injury. *Cell Transplant* 26: 1131–1155,
274 2017.
- 275 **Friess SH, Ichord RN, Ralston J, Ryall K, Helfaer MA, Smith C, Margulies SS.** Repeated
276 traumatic brain injury affects composite cognitive function in piglets. *J Neurotrauma* 26: 1111–
277 21, 2009.
- 278 **Gold EM, Vasilevko V, Hasselmann J, Tiefenthaler C, Hoa D, Ranawaka K, Cribbs DH,**
279 **Cummings BJ.** Repeated Mild Closed Head Injuries Induce Long-Term White Matter Pathology
280 and Neuronal Loss That Are Correlated With Behavioral Deficits. *ASN Neuro* 10:
281 175909141878192, 2018.
- 282 **Guerriero RM, Giza CC, Rotenberg A.** Glutamate and GABA imbalance following traumatic
283 brain injury. *Curr Neurol Neurosci Rep* 15: 27, 2015.
- 284 **Helmick KM, Spells CA, Malik SZ, Davies CA, Marion DW, Hinds SR.** Traumatic brain injury
285 in the US military: epidemiology and key clinical and research programs. *Brain Imaging Behav*
286 9: 358–366, 2015.

Expansion of a fly TBI model and synergistic effects

- 287 **Holm L, David Cassidy J, Carroll L, Borg J, Neurotrauma Task Force on Mild Traumatic**
288 **Brain Injury of the WHO Collaborating Centre.** Summary of the WHO collaborating centre for
289 neurotrauma task force on mild traumatic brain injury. *J Rehabil Med* 37: 137–141, 2005.
- 290 **Huang L, Coats JS, Mohd-Yusof A, Yin Y, Assaad S, Muellner MJ, Kamper JE, Hartman**
291 **RE, Dulcich M, Donovan VM, Oyoyo U, Obenaus A.** Tissue vulnerability is increased
292 following repetitive mild traumatic brain injury in the rat. *Brain Res* 1499: 109–120, 2013.
- 293 **Katayama Y, Becker DP, Tamura T, Hovda DA.** Massive increases in extracellular potassium
294 and the indiscriminate release of glutamate following concussive brain injury. *J Neurosurg* 73:
295 889–900, 1990.
- 296 **Katzenberger RJ, Chtarbanova S, Rimkus SA, Fischer JA, Kaur G, Seppala JM, Swanson**
297 **LC, Zajac JE, Ganetzky B, Wassarman DA.** Death following traumatic brain injury in
298 *Drosophila* is associated with intestinal barrier dysfunction. *Elife* 4, 2015.
- 299 **Katzenberger RJ, Ganetzky B, Wassarman DA.** Age and Diet Affect Genetically Separable
300 Secondary Injuries that Cause Acute Mortality Following Traumatic Brain Injury in *Drosophila*.
301 *G3 (Bethesda)* 6: 4151–4166, 2016.
- 302 **Katzenberger RJ, Loewen CA, Wassarman DR, Petersen AJ, Ganetzky B, Wassarman DA.**
303 A *Drosophila* model of closed head traumatic brain injury. *Proc Natl Acad Sci U S A* 110:
304 E4152-9, 2013.
- 305 **Kerr ZY, Roos KG, Djoko A, Dalton SL, Broglio SP, Marshall SW, Dompier TP.**
306 Epidemiologic Measures for Quantifying the Incidence of Concussion in National Collegiate
307 Athletic Association Sports. *J Athl Train* 52: 167, 2017.
- 308 **Khatri N, Thakur M, Pareek V, Kumar S, Sharma S, Datusalia AK.** Oxidative Stress: Major
309 Threat in Traumatic Brain Injury. *CNS Neurol Disord Drug Targets* 17: 689–695, 2018.
- 310 **Laurer HL, Bareyre FM, Lee VMYC, Trojanowski JQ, Longhi L, Hoover R, Saatman KE,**
311 **Raghupathi R, Hoshino S, Grady MS, McIntosh TK.** Mild head injury increasing the brain's
312 vulnerability to a second concussive impact. *J Neurosurg* 95: 859–870, 2001.
- 313 **Lehman EJ, Hein MJ, Baron SL, Gersic CM.** Neurodegenerative causes of death among
314 retired National Football League players. *Neurology* 79: 1970–1974, 2012.
- 315 **Levin HS, Robertson CS.** Mild traumatic brain injury in translation. *J Neurotrauma* 30: 610–7,
316 2013.
- 317 **Longhi L, Saatman KE, Fujimoto S, Raghupathi R, Meaney DF, Davis J, McMillan B S A,**
318 **Conte V, Laurer HL, Stein S, Stocchetti N, McIntosh TK.** Temporal window of vulnerability to
319 repetitive experimental concussive brain injury. *Neurosurgery* 56: 364–74, 2005.
- 320 **Marar M, McIlvain NM, Fields SK, Comstock RD.** Epidemiology of Concussions Among
321 United States High School Athletes in 20 Sports. *Am J Sports Med* 40: 747–755, 2012.
- 322 **Marchi N, Bazarian JJ, Puvenna V, Janigro M, Ghosh C, Zhong J, Zhu T, Blackman E,**
323 **Stewart D, Ellis J, Butler R, Janigro D.** Consequences of Repeated Blood-Brain Barrier
324 Disruption in Football Players. *PLoS One* 8: e56805, 2013.
- 325 **Meehan WP, Zhang J, Mannix R, Whalen MJ.** Increasing Recovery Time Between Injuries
326 Improves Cognitive Outcome After Repetitive Mild Concussive Brain Injuries in Mice.
327 *Neurosurgery* 71: 885–892, 2012.

Expansion of a fly TBI model and synergistic effects

- 328 **Mouzon B, Chaytow H, Crynen G, Bachmeier C, Stewart J, Mullan M, Stewart W, Crawford**
329 **F.** Repetitive Mild Traumatic Brain Injury in a Mouse Model Produces Learning and Memory
330 Deficits Accompanied by Histological Changes. *J Neurotrauma* 29: 2761–2773, 2012.
- 331 **Nordström A, Nordström P.** Traumatic brain injury and the risk of dementia diagnosis: A
332 nationwide cohort study. *PLoS Med* 15: e1002496, 2018.
- 333 **Ojo JO, Mouzon B, Algamal M, Leary P, Lynch C, Abdullah L, Evans J, Mullan M,**
334 **Bachmeier C, Stewart W, Crawford F.** Chronic Repetitive Mild Traumatic Brain Injury Results
335 in Reduced Cerebral Blood Flow, Axonal Injury, Gliosis, and Increased T-Tau and Tau
336 Oligomers. *J Neuropathol Exp Neurol* 75: 636, 2016.
- 337 **Taylor CA, Bell JM, Breiding MJ, Xu L.** Traumatic Brain Injury–Related Emergency
338 Department Visits, Hospitalizations, and Deaths — United States, 2007 and 2013. *MMWR*
339 *Surveill Summ* 66: 1–16, 2017.
- 340 **Weil ZM, Gaier KR, Karelina K.** Injury timing alters metabolic, inflammatory and functional
341 outcomes following repeated mild traumatic brain injury. *Neurobiol Dis* 70: 108–116, 2014.
- 342 **Wilk JE, Herrell RK, Wynn GH, Riviere LA, Hoge CW.** Mild Traumatic Brain Injury
343 (Concussion), Posttraumatic Stress Disorder, and Depression in U.S. Soldiers Involved in
344 Combat Deployments. *Psychosom Med* 74: 249–257, 2012.
- 345

Expansion of a fly TBI model and synergistic effects

346 **Table 1:** Full reporting of categorical count data for all TBI conditions.

Genotype	Angle of Deflection	HITs	Alive @ 24Hrs	Dead @ 24Hrs	MI₂₄
<i>w¹¹¹⁸</i>	0 – uninjured	0 – uninjured	1325	0	0.0
<i>y¹w¹</i>	0 – uninjured	0 – uninjured	1256	3	0.2
<i>w¹¹¹⁸</i>	60°	1	837	1	0.1
		2	1453	9	0.6
		3	1104	9	0.8
		4	864	33	3.7
<i>y¹w¹</i>	60°	1	806	8	1.0
		2	959	16	1.6
		3	807	29	3.5
		4	748	124	14.2
<i>w¹¹¹⁸</i>	70°	1	1108	15	1.3
		2	1391	55	3.8
		3	984	71	6.7
		4	797	138	14.8
<i>y¹w¹</i>	70°	1	887	18	2.0
		2	962	47	4.7
		3	773	164	17.5
		4	524	236	31.1
<i>w¹¹¹⁸</i>	80°	1	689	19	2.7
		2	1313	128	8.9
		3	887	201	18.5
		4	570	277	32.7
<i>y¹w¹</i>	80°	1	733	64	8.0
		2	718	156	17.8
		3	561	265	32.1
		4	334	343	50.7
<i>w¹¹¹⁸</i>	90°	1	568	66	10.4
		2	985	386	28.2
		3	602	512	46.0
		4	342	390	53.3
<i>y¹w¹</i>	90°	1	735	137	15.7
		2	607	312	33.9
		3	283	459	61.9
		4	105	467	81.6

Expansion of a fly TBI model and synergistic effects

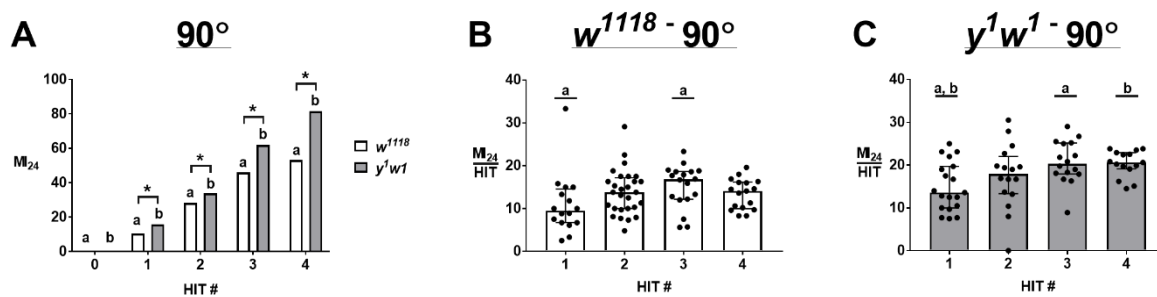
347 **Table 2:** Full reporting of line-fit slopes for MI₂₄/HIT data and resulting p-values.

<u>Genotype</u>	<u>Angle of Deflection</u>	<u>Slope +/- SE</u>	<u>95% CI of slope</u>	<u>Significantly non-zero slope?</u>	<u>p-value</u>
<i>w</i> ¹¹¹⁸	60	0.24 +/- 0.1	-0.18 to 0.66	no	0.136
<i>y</i> ¹ <i>w</i> ¹	60	0.81 +/- 0.42	-1.00 to 2.61	no	0.195
<i>w</i> ¹¹¹⁸	70	0.74 +/- 0.17	0.02 to 1.46	yes	0.048
<i>y</i> ¹ <i>w</i> ¹	70	2.08 +/- 0.42	0.28 to 3.89	yes	0.038
<i>w</i> ¹¹¹⁸	80	1.82 +/- 0.05	1.61 to 2.03	yes	0.001
<i>y</i> ¹ <i>w</i> ¹	80	1.57 +/- 0.18	0.81 to 2.33	yes	0.013
<i>w</i> ¹¹¹⁸	90	1.00 +/- 0.90	-2.87 to 4.86	no	0.382
<i>y</i> ¹ <i>w</i> ¹	90	1.77 +/- 0.50	-0.37 to 3.92	no	0.071

348

Expansion of a fly TBI model and synergistic effects

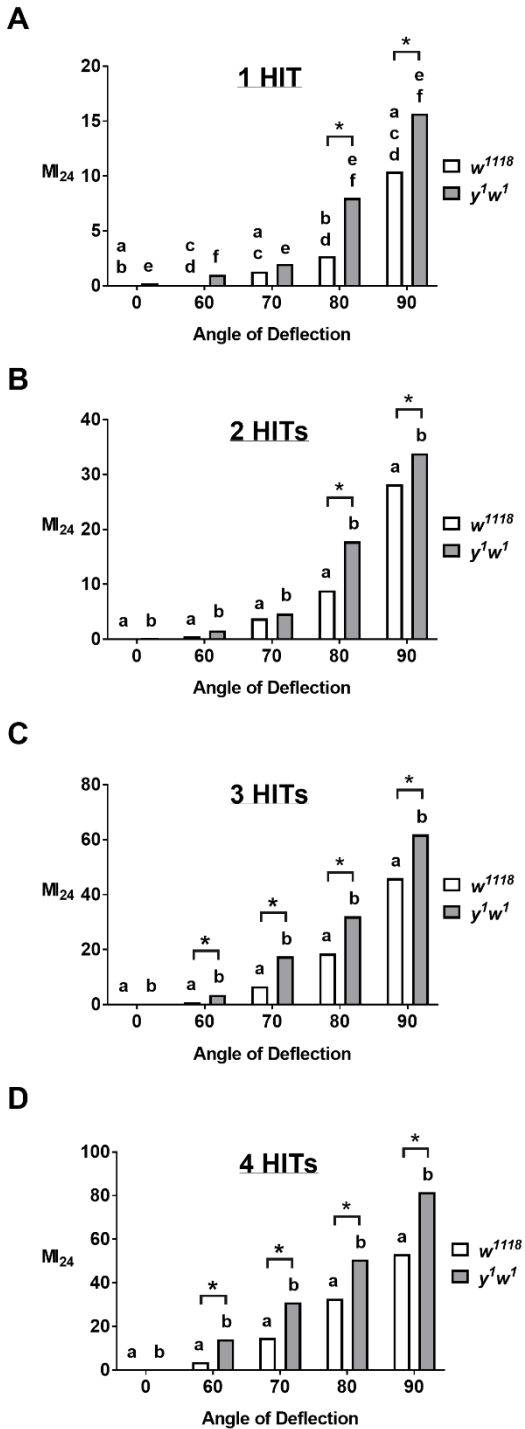
349 **Figure 1**



350

Expansion of a fly TBI model and synergistic effects

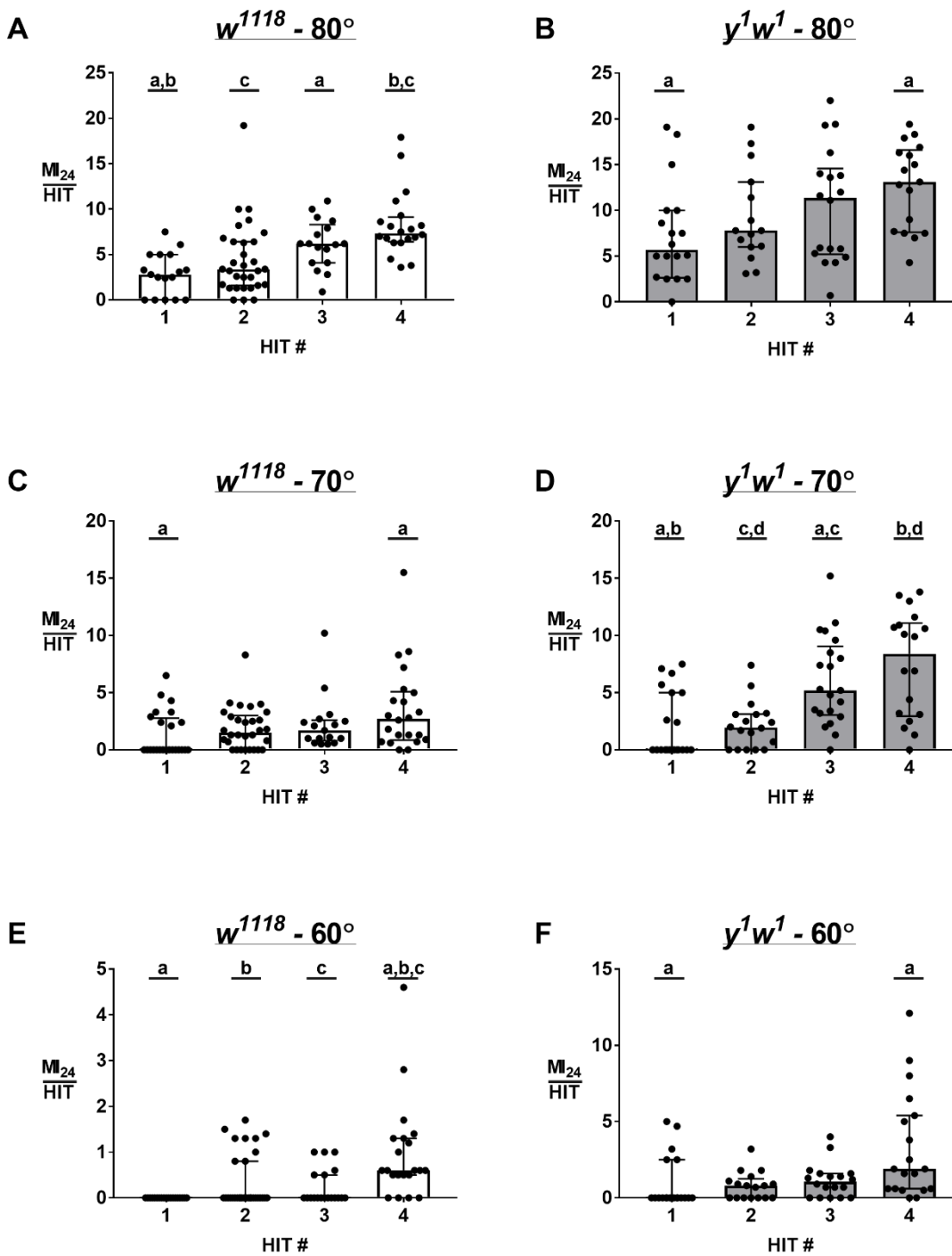
351 **Figure 2**



352

Expansion of a fly TBI model and synergistic effects

353 **Figure 3**



354

Expansion of a fly TBI model and synergistic effects

355 **Figure 1:** Increasing HIT number at 90° deflection increases MI_{24} and reveals differences in MI_{24}
356 per hit. (A) MI_{24} values increase with HIT number in both w^{1118} and y^1w^1 , with y^1w^1 suffering
357 greater MI_{24} across all HIT numbers. Zero HITs represents uninjured controls. Conditions that
358 share a letter are statistically different ($p \leq 0.0023$, $\alpha = 0.005$), while (*) indicates differences
359 between genotypes ($p \leq 0.0029$, $\alpha = 0.01$) by Fisher's Exact Test with Bonferroni correction. $n \geq$
360 572 flies for each condition. (B, C) MI_{24} values were divided by HIT number for w^{1118} (B) and
361 y^1w^1 (C). Data plotted are medians with interquartile ranges, with individual data points for each
362 vial of at least 30 flies. Conditions that share a letter are statistically different ($p < 0.05$, $\alpha = 0.05$
363 by Kruskal-Wallis with Dunn's correction, $n \geq 15$ vials for each condition).

364
365 **Figure 2:** Mortality is reduced at smaller angles of deflection. Flies were administered 1-4HITs
366 (A-D as indicated) at designated angles of deflection from 60° to 90°. Zero degrees represents
367 uninjured controls. Conditions that share a letter are statistically different ($p \leq 0.0042$, $\alpha =$
368 0.005), while (*) indicates differences between genotypes ($p \leq 0.0035$, $\alpha = 0.01$) by Fisher's
369 Exact Test with Bonferroni correction. $n \geq 572$ flies for each condition.

370
371 **Figure 3:** Differences in MI_{24} per hit are readily apparent for sub-90° injury conditions. MI_{24}
372 values were divided by HIT number for w^{1118} and y^1w^1 as indicated at angles of deflection of 80°
373 (A, B), 70° (C, D) and 60° (E, F). Data plotted are medians with interquartile ranges, with
374 individual data points for each vial of at least 30 flies. Conditions that share a letter are
375 statistically different ($p < 0.05$, $\alpha = 0.05$ by Kruskal-Wallis with Dunn's correction, $n \geq 15$ vials for
376 each condition).