



Lab Resource: Single Cell Line



Generation and characterization of induced pluripotent stem cells from a Parkinson's disease patient carrying the digenic LRRK2 p.G2019S and GBA1 p.N409S mutations

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ABSTRACT

We describe an induced pluripotent stem cell (iPSC) line that was derived from fibroblasts obtained from a Parkinson's disease (PD) patient carrying the p.G2019S mutation in the *LRRK2* gene and the p.N409S mutation in the *GBA1* gene. iPSCs were generated via Sendai virus transduction of Yamanaka factors. The presence of *GBA1* p.N409S and *LRRK2* p.G2019S was confirmed by Sanger sequencing. The iPSCs express pluripotency markers, are capable of *in vitro* differentiation into the three germ layers and have a normal karyotype. The newly generated line will be used for *in vitro* PD modeling by investigating the role of each mutation in iPSC-derived dopaminergic neurons.

1. Resource Table

Unique stem cell line identifier	LCSBi013-A
Alternative name(s) of stem cell line	GL2
Institution	Luxembourg Centre for Systems Biomedicine (LCSB), University of Luxembourg, Esch-sur-Alzette, Luxembourg
Contact information of distributor	Prof. Dr. Rejko Krüger, rejko.krueger@uni.lu
Type of cell line	Induced pluripotent stem cell line (iPSC)
Origin	Human
Additional origin info required for human ESC or iPSC	Age at biopsy: 67 years Sex: Male
Cell Source	Dermal fibroblasts
Clonality	Clonal
Method of reprogramming	Sendai transduction of Yamanaka factors
Genetic Modification	YES
Type of Genetic Modification	Missense mutation in <i>LRRK2</i> (p.G2019S) and <i>GBA1</i> (p.N409S) genes
Evidence of the reprogramming transgene loss (including genomic copy if applicable)	PCR

(continued on next column)

(continued)

Unique stem cell line identifier	LCSBi013-A
Associated disease	Parkinson's disease (OMIM #168600)
Gene/locus	<i>GBA1</i> / chromosome 1q21 (GC01M156443, NM_000157) <i>LRRK2</i> /chromosome 12p11 (GC12P040196, NM_198578)
Date archived/stock date	01/06/2023
Cell line repository/bank	https://hpscereg.eu/cell-line/LCSBi013-A
Ethical approval	Informed consent was approved by the Ethics Committee of the Liguria Region, Italy (Approval n.8/2015 on 14/09/2015).

2. Resource utility

The p.N409S mutation in the *GBA1* gene (Usenko et al., 2021) and the p.G2019S mutation in the *LRRK2* gene (Pischedda et al., 2021) are genetic risk factors for PD. The iPSC line described here has been established from a PD patient carrying both mutations, and will be used to investigate underlying pathological mechanisms in iPSC-derived

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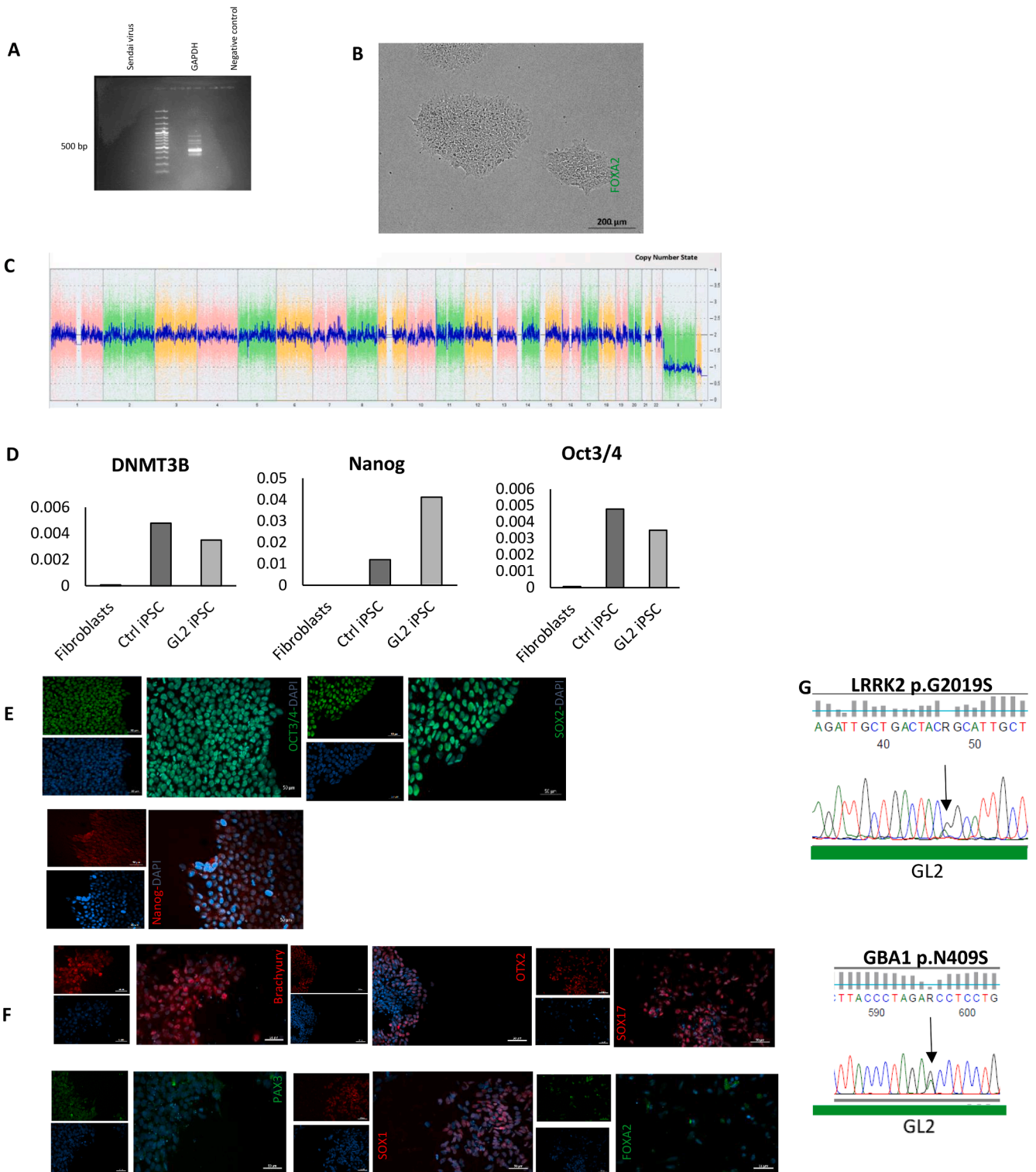


Fig. 1.

neuronal models.

3. Resource details

To generate the presented iPSC line (aka: GL2), dermal fibroblasts from a PD patient carrying the digenic *LRRK2* p.G2019S and *GBA1* p.N409S mutations were obtained by the “Cell Line and DNA Biobank from Patients Affected by Genetic Diseases” and the “Parkinson Institute

Biobank”, member of the Telethon Network of Genetic Biobanks (project no. GTB18001). The fibroblasts were reprogrammed using Sendai virus transduction of human OCT4, SOX2, KLF4 and c-MYC Yamanaka factors. PCR analysis using primers against Sendai virus backbone confirmed that the selected clone was free of integrated viral DNA into the genome (Fig. 1 A). GL2 iPSCs displayed a typical stem cell morphology (Fig. 1 B), a normal karyotype (46, XY) (Fig. 1C), and genetic identity with the corresponding fibroblasts (Supplementary Fig. 1).

Table 1
Characterization and validation.

Classification	Test	Result	Data
Morphology	Photography	Typical iPSC morphology	Fig. 1 panel B
Phenotype	Qualitative analysis: Immunocytochemistry	Robust nuclear staining of the pluripotency markers Oct3/4, Sox2, and Nanog mRNA	Fig. 1 panel E
	Quantitative analysis: RT-qPCR	expression of the stemness markers <i>Nanog</i> , <i>Oct3/4</i> and <i>DMNT3B</i>	Fig. 1 panel D
Genotype	SNP array (KaryoStat +) Resolution: > 2 Mb for chromosomal gains; > 1 Mb for chromosomal losses; ~5 Mb for telomere ends and centromeres	arr(1-22)x2, (XY)x1 <i>No aneuploidies detected</i>	Fig. 1 panel C
Identity	Correlation analysis of 150 k SNPs across the genome	Identical genotype between patient's fibroblasts and newly generated iPSCs	Supplementary Fig. 1
Mutation analysis (IF APPLICABLE)	Sequencing	Heterozygous, <i>LRRK2 p. G2019S</i> , <i>GBA1 p.N409S</i>	Fig. 1 panel G
	Southern Blot OR WGS	<i>Not performed</i>	N/A
Microbiology and virology	Mycoplasma detection (colorimetric assay)	Negative	Supplementary Fig. 2
Differentiation potential	Directed differentiation	Proof of three germ layers formation	Fig. 1 panel F
Donor screening (OPTIONAL)	HIV 1 + 2 Hepatitis B, Hepatitis C	Not performed	N/A
Genotype additional info (OPTIONAL)	Blood group genotyping	Not performed	N/A
	HLA tissue typing	Not performed	N/A

RT-qPCR assays demonstrated that, different from fibroblasts, GL2 iPSCs express the pluripotency markers *Nanog*, *Oct3/4* and *DMNT3B*, to a similar extent as in a previously characterized control line 17608/6, referred to as C1-1 in the publication (Schöndorf et al., 2014) (Fig. 1D). Expression of the stemness markers Oct3/4, Sox2 and Nanog was also confirmed at protein level by immunocytochemistry (Fig. 1E). *In vitro* differentiation of GL2 iPSCs, followed by immunofluorescence staining of mesoderm (Brachyury and Pax3), ectoderm (Otx2 and Sox1) and endoderm (Sox17 and FOXA2) markers (Fig. 1F), confirmed their ability to differentiate into the three germ layers. The presence of *LRRK2 p. G2019S* and *GBA1 p.N409S* mutations in the newly-generated GL2 line was confirmed by Sanger sequencing (Fig. 1G). Finally, we excluded any contamination of GL2 iPSCs by mycoplasma (Supplementary Fig. 2) (Table 1).

4. Materials and methods

4.1. Fibroblast cell culture and reprogramming

PD patient-derived fibroblasts were cultured in Dulbecco's Modified Eagle Medium (DMEM) supplemented with 10 % fetal bovine serum (FBS), 2 mM L-glutamine and 1 % penicillin and streptomycin (Pen/Strep). 150,000 fibroblasts were reprogrammed into iPSCs using the

CytoTune iPSC 2.0 Sendai Reprogramming Kit, following the manufacturer's instructions (Thermo Fisher Scientific). Undifferentiated iPSC colonies were grown on a geltrex-coated plate in mTESR medium (mTeSR™1) and identified by morphology using bright-field microscopy (Fig. 1B). The undifferentiated iPSC colonies were picked manually and re-plated on Geltrex-coated wells containing mTESR medium (mTeSR™1). Feedings were performed every day, and iPSCs passaged (1:3) once a week using EDTA 0.5 mM in PBS (Life Technologies). Both fibroblasts and iPSCs were maintained at 37 °C under 5 % CO₂ and humidified atmosphere.

4.2. RT-qPCR

Total RNA was extracted from the already characterized control fibroblasts, and control iPSCs and GL2 iPSCs using the RNeasy Mini Kit (Qiagen). Transcriptor High Fidelity cDNA Synthesis Kit (Roche) was used to synthesize cDNA. Quantification of pluripotency markers by multiplex qPCR was performed using the LightCycler® 480 Probes Master kit (Roche) and hydrolysis probes detecting NANOG-FAM (Hs02387400_g1, Thermo Fisher Scientific), OCT4-FAM (Hs00999632_g1, Thermo Fisher Scientific) and DNMT3B (Hs00171876_m1, Thermo Fisher Scientific). ACTB (Hs03023880_g1, Thermo Fisher Scientific) was used as a housekeeping gene (Table 2, Fig. 1D). cDNA from GL2 fibroblasts was used as a negative control.

4.3. Loss of reprogramming vector

To analyze the transgene-free status, genomic DNA was isolated using the DNeasy Blood and Tissue Kit (Qiagen), followed by PCR analysis using the SeV primers (Table 2). Amplification was performed using the GoTaq G2 Flexi (Promega; Annealing temperature 58 °C, 30 cycles) on a TProfessional Basic Gradient Thermocycler (Biometra). The negative control used was sterile H₂O.

4.4. Immunofluorescence

iPSCs were plated on Geltrex-coated coverslips and fixed at passage 13 with 4 % paraformaldehyde in PBS for 15 min. Cells were blocked and permeabilized for 1 h in PBS supplemented with 0.4 % Triton-X 100 (Carl Roth), 10 % goat serum (Vector Labs) and 2 % bovine serum albumin (Sigma-Aldrich). Primary antibodies (Table 2), diluted in PBS containing 0.1 % Triton-X, 1 % goat serum and 0.2 % bovine serum albumin, were incubated overnight at 4 °C. Next day, coverslips were washed three times with PBS and then incubated for 2 h at room temperature with secondary antibodies (Table 2). Nuclei were stained with Hoechst. Images were acquired using a Zeiss spinning disk confocal microscope (Carl Zeiss Microimaging GmbH). Scale bar: 50 μm (Fig. 1E).

4.5. Three-germ layer differentiation

The iPSC's ability to differentiate into the three germ layers was verified at passage 14, using the Human Pluripotent Stem Cell Functional Identification Kit (R&D Systems) and following the manufacturer's instructions. A Zeiss spinning disk confocal microscope (Carl Zeiss Microimaging GmbH) was used for image acquisition. Scale bar: 50 μm (Fig. 1F).

4.6. Karyotyping and identity analysis

Molecular karyotyping of GL2 iPSCs was performed at passage 12, using a CytoScan HT-CMA 96F array for Karyostat+ (Thermo Fisher Scientific, Madison, WI, USA) (Fig. 1C). Genetic identity between patient-derived fibroblasts and iPSCs was assessed through correlation analysis of 1.1 million SNPs between samples (Cell ID assay, Thermo Fisher Scientific) (Supplementary Fig. 1).

Table 2
Reagents details.

Antibodies used for immunocytochemistry/flow-cytometry				
	Antibody	Dilution	Company Cat #	RRID
Pluripotency Markers	Mouse anti Oct3/4	1:1000	Santa Cruz, Cat #: sc-5279	RRID: AB_628051
Pluripotency Markers	Goat anti SOX2 (Y-17)	1:250	Santa Cruz, Cat #: sc-17320	RRID: AB_2286684
Pluripotency Markers	Rabbit anti Nanog	1:1000	Abcam, Cat #: ab21624	RRID: AB_446437
Differentiation Markers	Goat anti Sox1	1:1000	R&D Systems, Cat #: AF3369,	RRID: AB_2239879
Differentiation Markers	Mouse anti FOXA2	1:1000	Santa Cruz, Cat #: sc-101060,	RRID: AB_1124660
Differentiation Markers	Mouse anti PAX3	1:1000	DSHB AB_528426	DSHB AB_528426
Secondary Antibody	Alexa Fluor 488 Goat anti Mouse IgG (H + L)	1:1000	Invitrogen, Cat #: A11029;	RRID: AB_138404
Secondary Antibody	Alexa Fluor 568 Goat anti Mouse IgG (H + L)	1:1000	Invitrogen, Cat #: A-11031	RRID: AB_144696
Secondary Antibody	Alexa Fluor 568 Goat anti Rabbit IgG (H + L)	1:1000	Invitrogen, Cat #: A11036;	RRID: AB_143011
Secondary Antibody	Alexa Fluor 568 Donkey anti Goat IgG (H + L)	1:1000	Invitrogen, Cat #: A-11057	RRID: AB_142581
Secondary Antibody	Alexa Fluor 647 Donkey anti Goat IgG (H + L)	1:1000	Invitrogen, Cat #: A-21447	RRID: AB_2535864
Primers				
	Target	Size of band	Forward/Reverse primer (5'-3')	
Targeted mutation analysis	<i>LRRK2</i> gene, exon 41	129 bp	AGACCTGAAACCCACAATG/GGTGTGCCCTCTGATGTTTT	
Targeted mutation analysis	<i>GBA1</i> gene, exon 9	1.6 kb	TGTGTGCAAGGTCCAGGATCAG/ACCACCTAGAGGGGAAAGTG	
Sequencing	<i>LRRK2</i> gene, exon 41	1210 bp	AGACCTGAAACCCACAATG	
Sequencing	<i>GBA1</i> gene, exon 9	1090 bp	TGTGTGCAAGGTCCAGGATCAG	
Sendai Virus Detection	SeV plasmid	181 bp	GGATCACTAGGTGATATCGAGC/ACCAGACAAGAGTTTAAAGAGATATGTATC	
Housekeeping gene	<i>GAPDH</i>	447 bp	CAGGCGTCTTTAACTC/AAGTTGTCATGGATGACCTTG	

4.7. Mycoplasma test

iPSCs were tested for mycoplasma contamination at passage 5 by using a colorimetric mycoplasma detection kit (InvivoGen) (Supplementary Fig. 2).

4.8. Sanger sequencing

Genomic DNA was purified from GL2 iPSC using the QIA Blood and Tissue kit (Qiagen). Using the primers listed in Table 2, the exon 41 of the *LRRK2* gene and the exon 9 of the *GBA1* gene was amplified by PCR and Sanger sequenced at Microsynth AG.

Declaration of Competing Interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

Acknowledgements

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Appendix A. Supplementary data

Supplementary data to this article can be found online at <https://doi.org/10.1016/j.scr.2023.103212>.

References

- Pischedda, F., Daniela Cîrnuș, M., Ponzoni, L., Sandre, M., Bioso, A., Carrion, M.P., Piccoli, G., 2021. *LRRK2* G2019S kinase activity triggers neurotoxic NSF aggregation. *Brain* 144 (5), 1509–1525.
- Schöndorf, D.C., Aureli, M., McAllister, F.E., Hindley, C.J., Mayer, F., Schmid, B., Deleidi, M., 2014. iPSC-derived neurons from *GBA1*-associated Parkinson’s disease patients show autophagic defects and impaired calcium homeostasis. *Nat. Commun.* 5 (4028), 1–17.
- Usenko, T., Bezrukova, A., Basharova, K., Panteleeva, A., Nikolaev, M., Kopytova, A., Pchelina, S., 2021. Comparative transcriptome analysis in monocyte-derived macrophages of asymptomatic *GBA* mutation carriers and patients with *GBA*-associated Parkinson’s disease. *Genes* 12 (10), 1–18.