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## Comment on “Impact of neurodegenerative diseases on human adult hippocampal neurogenesis”

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### Abstract

Terreros-Roncal *et al.* investigated the impacts of human neurodegeneration on immunostainings assumed to be associated with neurogenesis. However, the study provides no evidence that putative proliferating cells are linked to neurogenesis, that multipolar nestin<sup>+</sup> astrocytes are progenitors, or that mature-looking doublecortin<sup>+</sup> neurons are adult-born. Their histology-marker expression differs from what is observed in species where adult hippocampal neurogenesis is well documented.

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Work in juvenile and adult rodents has documented radial astrocytes (radial glia-like cells) that generate new neurons in the dentate gyrus (DG) of the hippocampus. Whether a similar process continues in the adult human brain remains controversial [see (2, 3)]. In their recent article (1), Terreros-Roncal *et al.* claim that neurogenesis is a robust process in aged humans, including patients with amyotrophic lateral sclerosis (ALS), Huntington’s disease,  $\alpha$ -synucleinopathies, or frontotemporal disorder (FTD). However, the authors do not acknowledge the limitations of their staining or discuss discrepancies with other studies that have observed immature neurons and proliferating progenitors rapidly decreasing during infancy, with few, if any, present in adults (4–6). Several claims of this study are based on inferences that remain speculative:

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1. The authors provide no evidence that doublecortin (DCX)<sup>+</sup> cells were born in adults. Multiple studies suggest caution interpreting DCX<sup>+</sup> neurons as evidence of neurogenesis: (i) DCX is expressed by neurons in non-neurogenic regions of the adult human brain (3, 7, 8); (ii) DCX can be reexpressed in neurons during aging or neurodegeneration (9, 10); (iii) transcriptomic data support the idea that mature neuron and glial cells can express DCX (3). DCX<sup>+</sup> cells presented are large and distributed throughout the granule cell layer, consistent with having been born during development. Note also that calretinin (CR) can be expressed by local inhibitory neurons and is not a marker of immature neurons.
2. Terreros-Roncal *et al.* present images of multipolar astrocytes [nestin<sup>+</sup>/S100 calcium-binding protein B (S100β)<sup>-</sup>], including some with thick and thin processes, as evidence of neural stem cells. These astrocytes have as many as seven processes, oriented in multiple directions, with none shown to cross the DG and ramify in the molecular layer [e.g., figure 1A and quantification in figure S3 of (1)]. These morphologies do not correspond to that of radial astrocytes. Several astrocytes identified as “radial” [e.g., figures 1A and 2A of (1)] display a rod-like expansion that does not traverse the granular cell layer or have other characteristics shown in the summary diagram [figure 6 of (1)]. Nestin<sup>+</sup> (unclear whether S100β<sup>-</sup>) astrocytes in neurodegenerative cases are also not radial [e.g., figures 3A or 4A of (1)]. Nestin<sup>+</sup>/S100β<sup>-</sup> cells could correspond to non-neurogenic astrocyte subtypes described in the DG (11, 12); this should be investigated and discussed. Were nestin<sup>+</sup>/S100β<sup>-</sup> astrocytes found in other brain regions outside the DG? The proliferative capacity of the majority of these astrocytes, including those quantified, remains unknown. Their summary illustration [figure 6 of (1)] uses a schematic of classical radial astrocytes in the rodent DG; on the basis of their observations and those of others (4–6), this does apply to adult humans.
3. The study claims ~25,000 DCX<sup>+</sup> cells/mm<sup>3</sup> of human DG (average age ~65 years). If these are all new neurons as suggested, a robust and proliferative niche should be present in older patients. However, their images are consistent with previous studies showing that the “subgranular zone” (SGZ) has a cell density similar to that of the rest of the hilus without a clear layer of dividing progenitors. Quantifications of phosphorylated histone H3 (pH3)<sup>+</sup> cells in the “SGZ” are presented as evidence for proliferating progenitors, but the cell types being counted are unidentified and most of their pH3<sup>+</sup> cells are not in the SGZ [figures 1B, 2C, and 3B of (1)]. pH3 is only expressed during G<sub>2</sub>/M phases of the cell cycle, so large numbers of pH3<sup>+</sup> cells suggest the presence of an even greater pool of progenitors. This is discordant with the cell density in the SGZ, or the few cells observed using Ki-67 (3), which labels cells in more stages of the cell cycle. If there are this many dividing progenitors in the DG of elderly patients, there should be a large population of immature migrating neurons, which is not evident in the data presented as the majority of DCX<sup>+</sup> cells have mature morphology. Terreros-Roncal *et al.* also use ELAV-like protein 4 (HuC/HuD) as

a marker of neuroblasts, but this marker can also be expressed in mature neurons and should also stain the cytoplasm (13).

4. FTD can result in a loss of granule neurons (14), but the FTD cases shown by Terreros-Roncal *et al.* appear to have preservation of DG and DCX<sup>+</sup> cells [figure 5, A and D, of (1)]. Yet the number of pH3<sup>+</sup> cells decreased by ~80%. Is this dysregulation of neurogenesis, as suggested, or evidence that pH3 staining is not linked to neurogenesis? For ALS, they report an increase in “radial glia-like” and DCX<sup>+</sup> cells, but no increase in the numbers of CR<sup>+</sup>, HuC/HuD<sup>+</sup>, or pH3<sup>+</sup> cells. These observations also strongly suggest caution interpreting CR<sup>+</sup> or HuC/HuD cells as new neurons or pH3 staining as a reflection of neuronal progenitor proliferation. An increase in nestin<sup>+</sup>/S100β<sup>-</sup> and sex-determining region Y-box 2 (SOX2)<sup>+</sup> cells in the DG of cases with α-synucleinopathies, with no effect on pH3 or DCX numbers, is again suggested to be due to dysregulation of neurogenesis. But this could indicate that nestin<sup>+</sup>/S100β<sup>-</sup> cells are not related to neurogenesis. Furthermore, their conclusion that “α-synucleinopathies differentially target the DG milieu and generate singular [adult hippocampal neurogenesis] signatures” is not supported by a large study with 95 cases of dementia with Lewy body showing no pathology in the DG (15). Given these limitations, it is premature to propose that neurogenesis continues in the adult human hippocampus or, if present, that it is affected by neurodegenerative diseases [figure 6 of (1)].

Whether adult neurogenesis continues in humans during adulthood remains of great interest to neuroscience and the general public. Terreros-Roncal *et al.* offer an intriguing cellular analysis of the DG in different neurodegenerative conditions but no evidence that the proteins investigated are markers of adult neurogenesis. Unless the human neurogenic niche is organized very differently, the absence of radial astrocytes and of a proliferative layer is consistent with the idea that proliferating neurogenic progenitors in the human DG are not present, or are very rare.

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