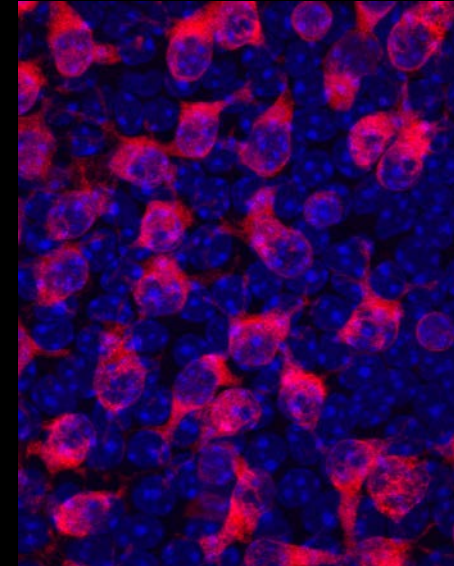
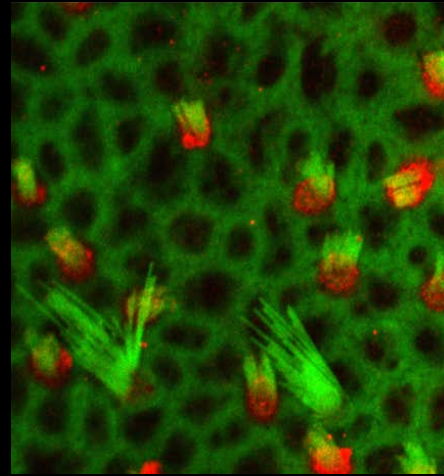
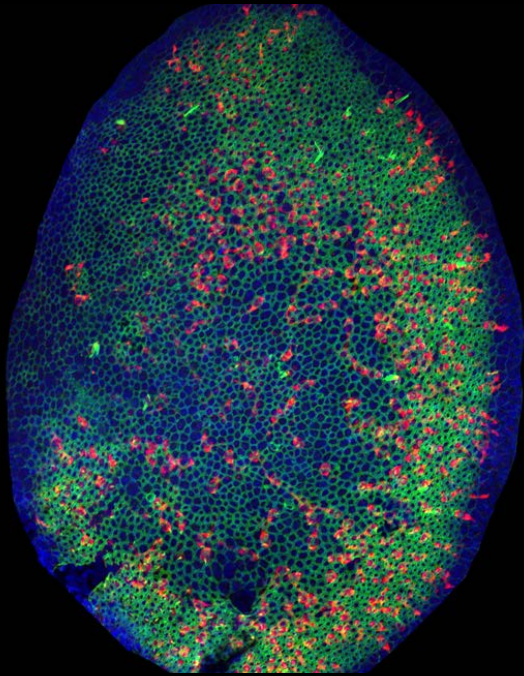


Current approaches to understanding vestibular hair cell regeneration using mouse models

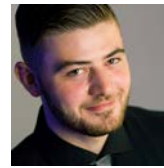
Jennifer Stone, PhD

Otolaryngology-Head and Neck Surgery
Virginia Merrill Bloedel Hearing Research Center
University of Washington, Seattle



Acknowledgments

Kelli Hicks, Manny Jauregui, Hans Baertsch, Hendrik Dorssers, Tot Nguyen, Jim Phillips, Rémy Pujol



Otolaryngology-Head and Neck Surgery
Virginia Merrill Bloedel Hearing Research Center
University of Washington School of Medicine

Brandon Cox (SIU-SOM)

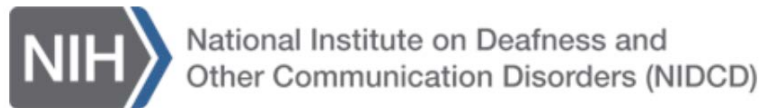


Ruth Anne Eatock (U. Chicago)



Toni Gonzalez Garrido
Omar Lopez

Funding



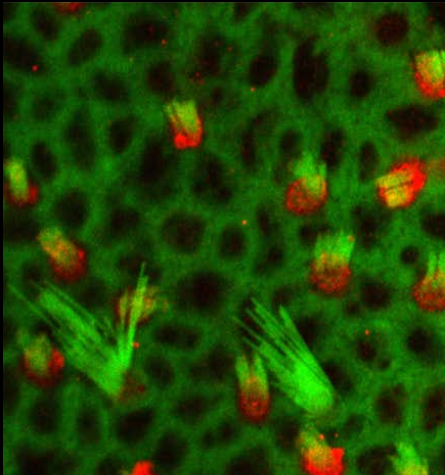
*The Hamilton & Mildred
Kellogg Charitable Trust*

The Whitcraft Family

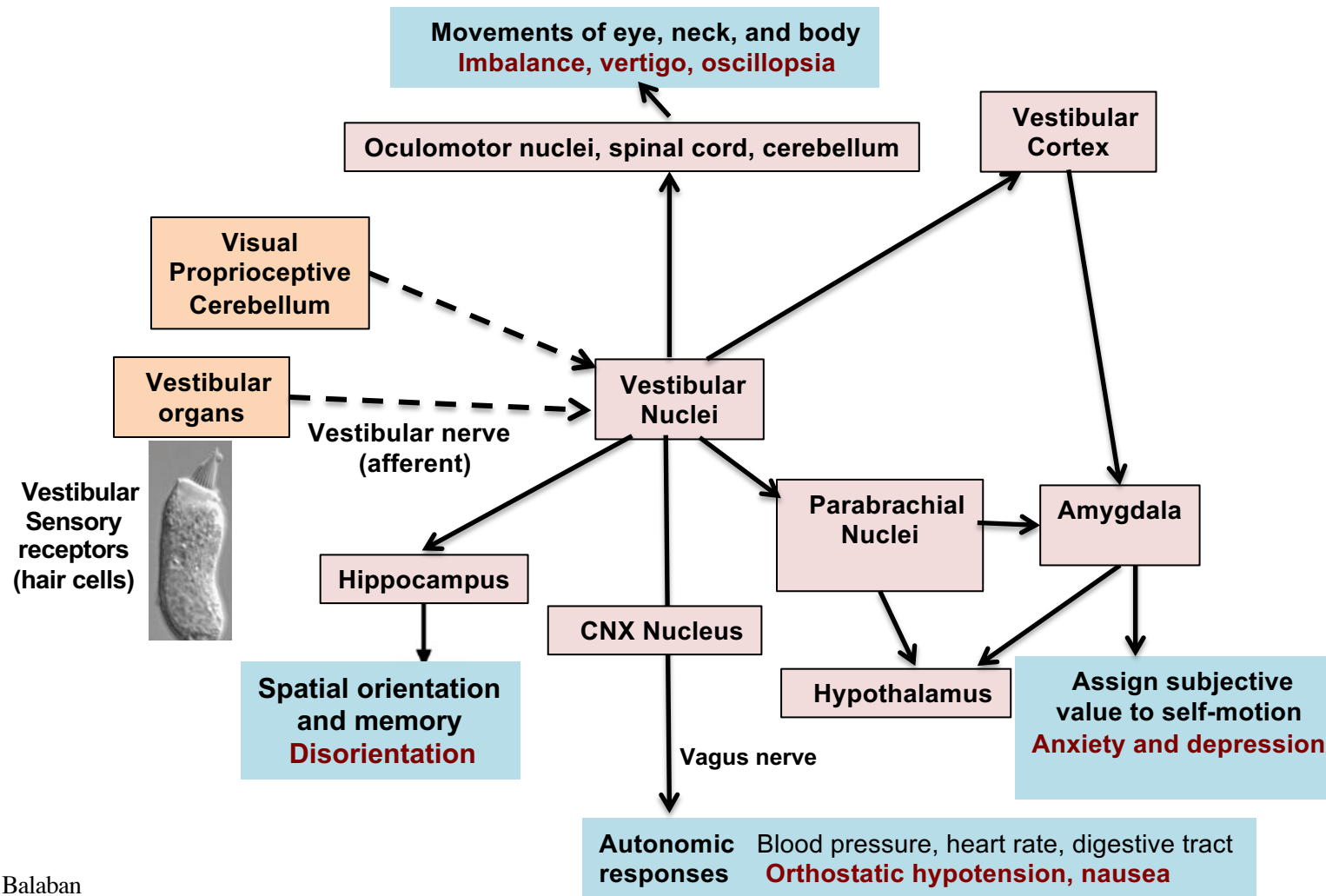
Regeneration in the Vestibular Periphery

Major points

- 1) Vestibular hair cells detect head motions, and vestibular afferent nerves relay signals to the brain that help us maintain our sense of well being
- 2) Vestibular sensory cells (hair cells) are impacted by different types of injury and by aging
- 3) Mature mice are good models to study regeneration. After damage, they replace key cell types (hair cells) and key structures (neurites & synapses) but this does not restore vestibulo-motor behaviors or reflexes
Note: Mature cochlea lacks any type of regenerative response
- 4) Our studies focus on understanding natural regeneration and on promoting functional recovery using mouse genetics, cellular imaging, and behavioral/physiological testing

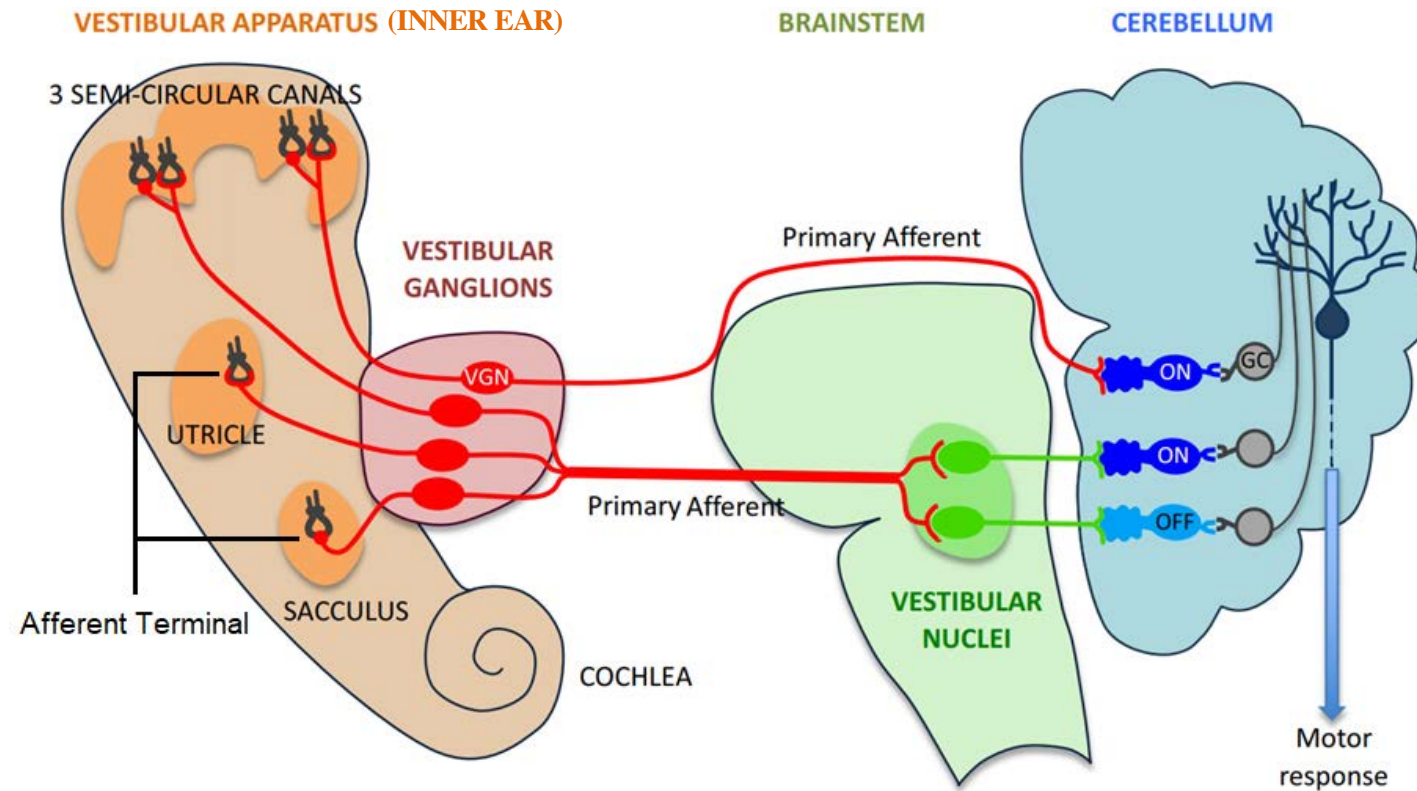


A functioning vestibular system is critical for our well being

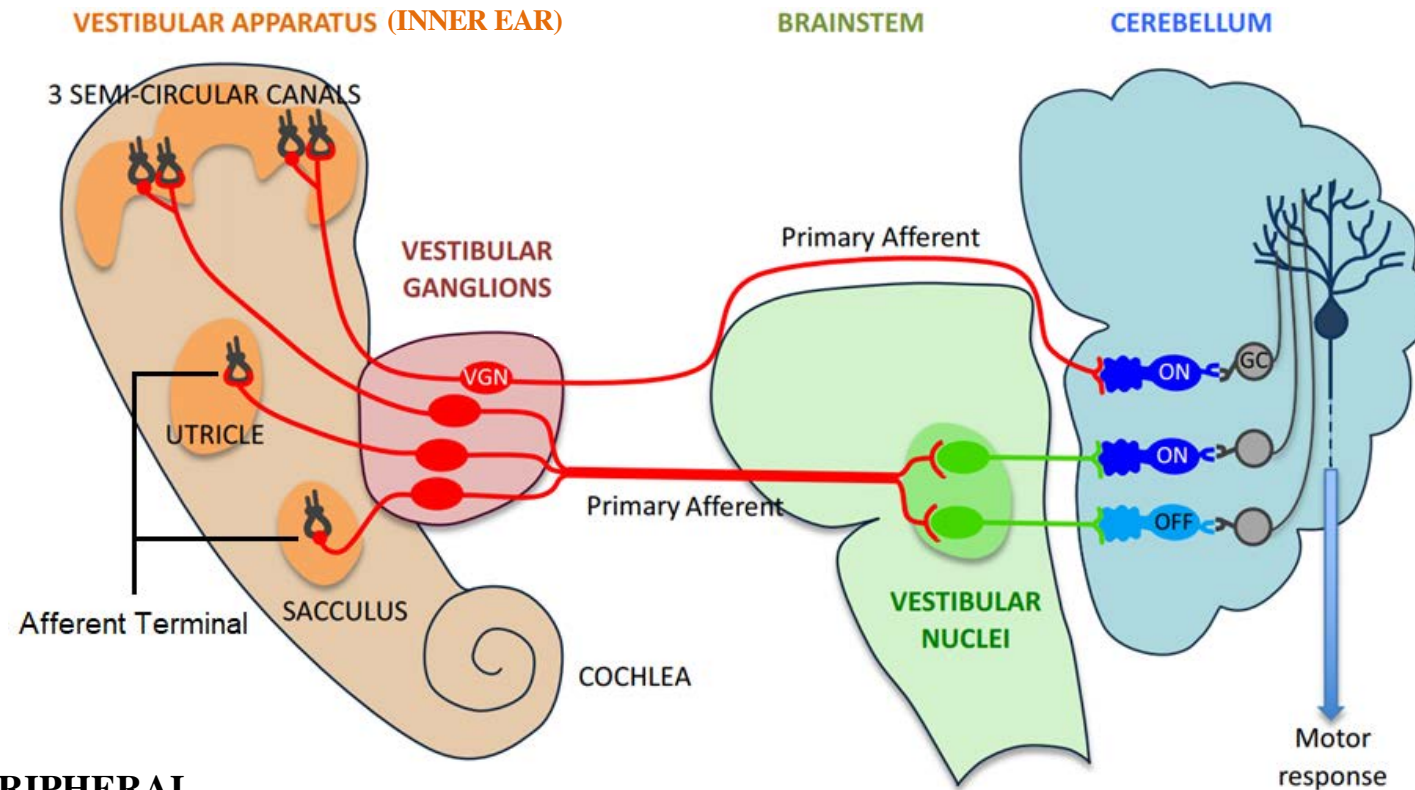


Modified from C. Balaban

Vestibular sensory pathway



Causes of vestibular deficits



PERIPHERAL

Developmental cochleovestibular anomalies

Infections

Tumors

Benign positional vertigo

Sensorineural damage (to hair cells, neurons, or both)

CENTRAL

Vascular events (e.g., stroke)

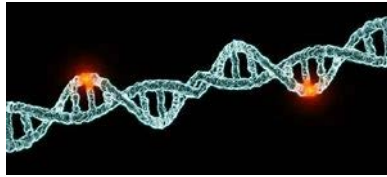
Concussive head trauma

Neurodegeneration

Ango & Dos Reis, 2019

Causes of sensorineural vestibular deficits

Gene mutations



Ototoxic drugs



Aminoglycoside antibiotics
Gentamicin, streptomycin
Anti-tumor drugs Cisplatin

Exposure to intense concussive sounds (?)



Microbial infections



CMV, Epstein Barr virus
Meningitis

Aging



Image Credits: EHA Rare
Cancer Society UK, National
Geographic, Sonic.Shield,
www.copperheightsblog.com
ClevelandClinic.scienceabc.com8

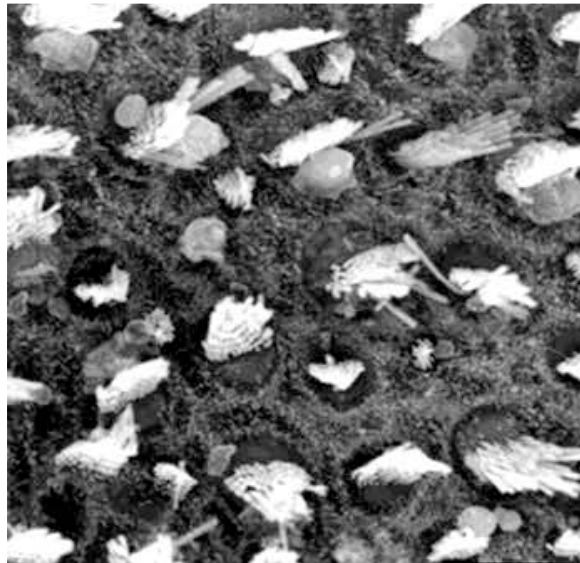
~ 35% of people over the age of 40 experience vestibular deficits (Agrawal et al 2009)

Human vestibular hair cells degenerate with age

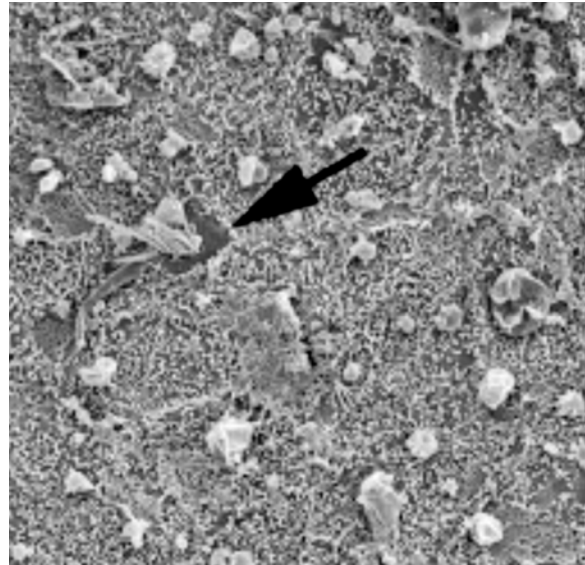
Temporal bone autopsies (e.g., papers by S. Merchant and S. Rauch)

Utricle biopsies (e.g., Taylor, Forge, et al 2015)

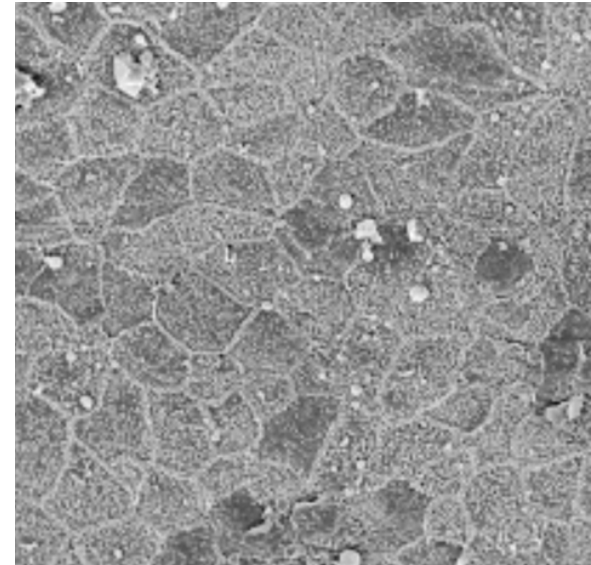
Guinea pig utricle



Human utricles



80 year-old
woman



65 year-old
man

Why pursue vestibular hair cell regeneration as a therapy?

Current treatment options for sensorineural vestibulopathy:

Prevent hair cell injury - Otoprotection

Rehabilitative therapy - Promote substitution and adaptation

Substitution uses other sensory systems – visual and somatosensory – to cope

Adaptation and compensation reprogram brain through experience to make use of
surviving vestibular pathway components

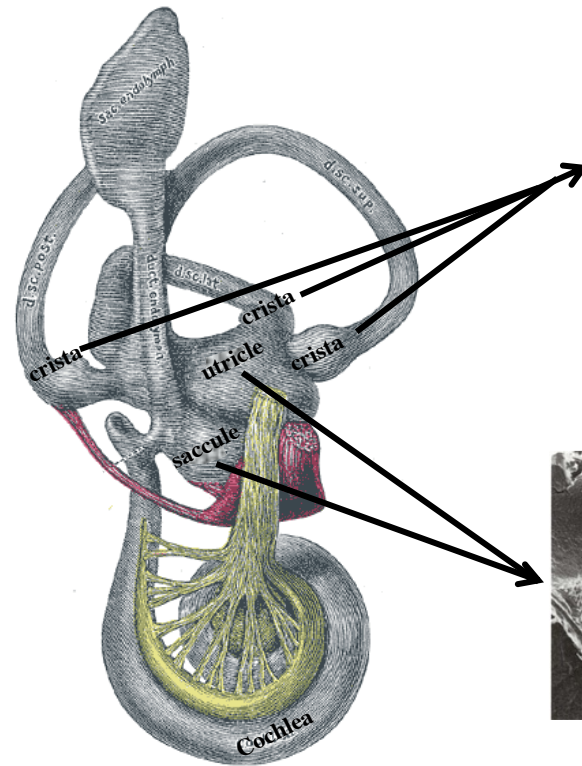
Shortcomings of these options

Insert vestibular implants - Directly stimulate vestibular nerves and bypass
injured vestibular organs (under development)

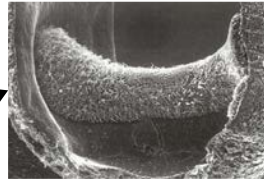
A potentially better option? Restore the sensory organ

- Organs evolved to sense a wide range of head motions in different directions, speeds, and amplitudes in order to control multiple important bodily functions
- Sensory organ “rebuilding”, if effective, would restore more function to people

Mammals have 5 sensory organs for the vestibular system on each side of the body



Membranous portion
of the inner ear

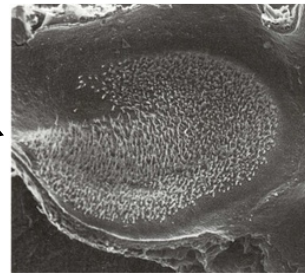


3 ampullae

- horizontal
- anterior
- posterior

Sense head rotations

Sensory epithelium = crista



2 otolithic organs

- utricle
- saccule

Sense head tilt and linear motions

Sensory epithelium = macula

How do vestibular organs sense head position and motion?

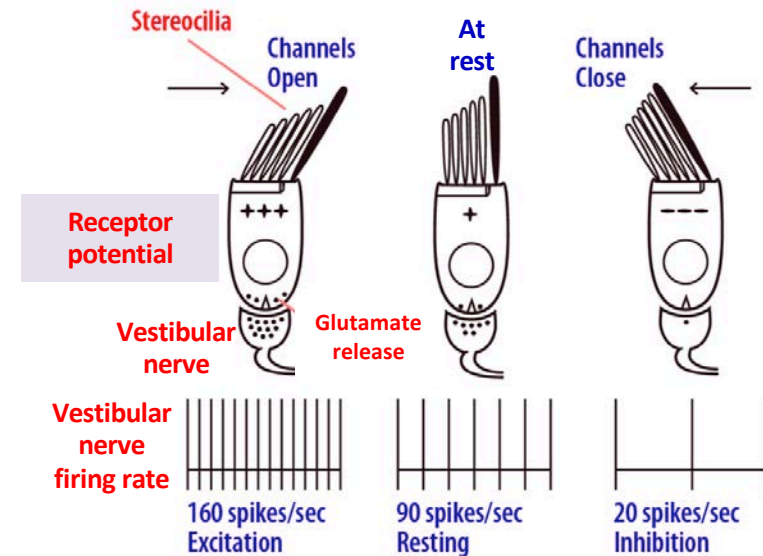
Stimulus:
Head
acceleration
(angular or
linear)

>>>>

Gross response in ear:
Movement of fluid of
semicircular canals or
of the otoconia

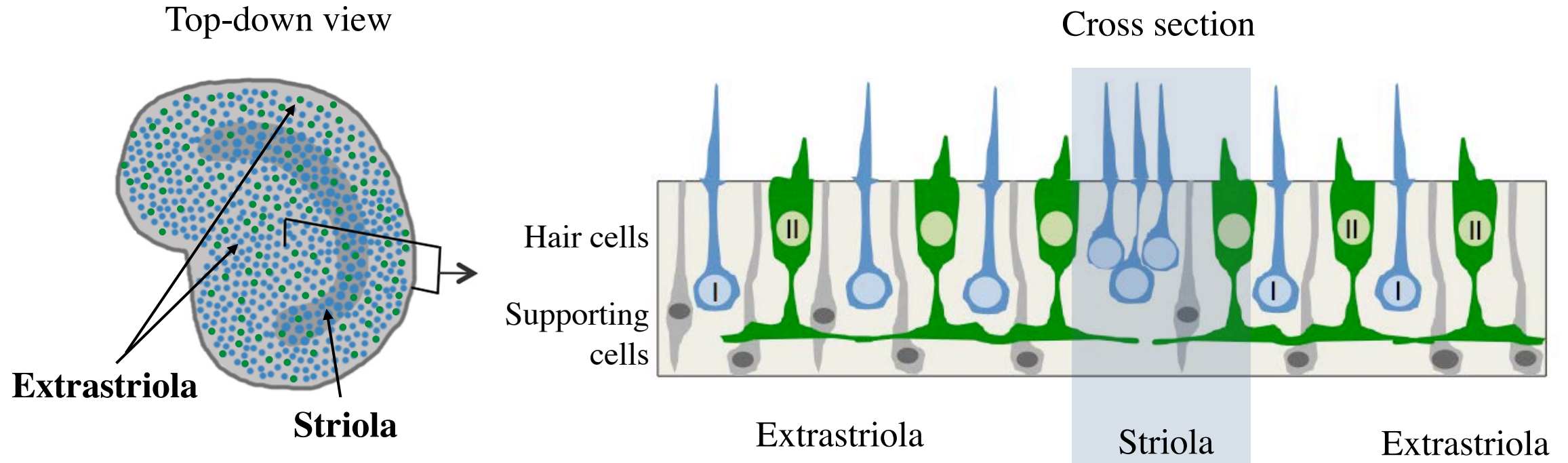
>>>>

Sensory epithelial response:
Hair bundle (stereocilia) displacement
Transduction currents > hair cell
depolarization
Synaptic transmission to vestibular afferent



Dickman & Angelaki

Vestibular sensory epithelial structure (utricle)

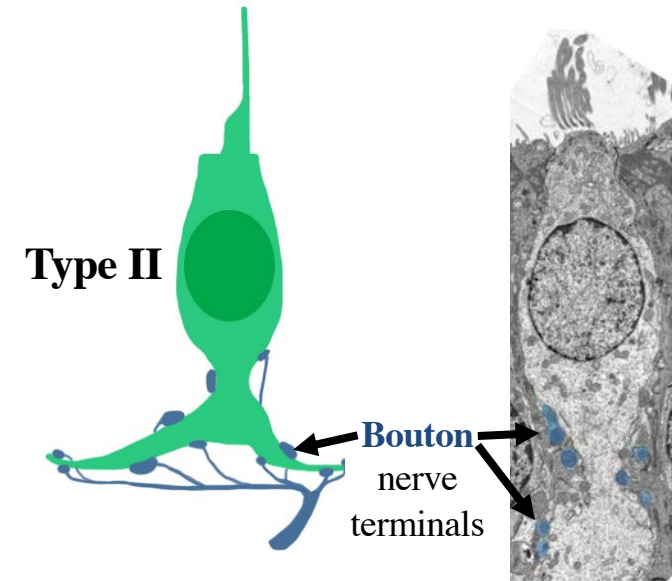
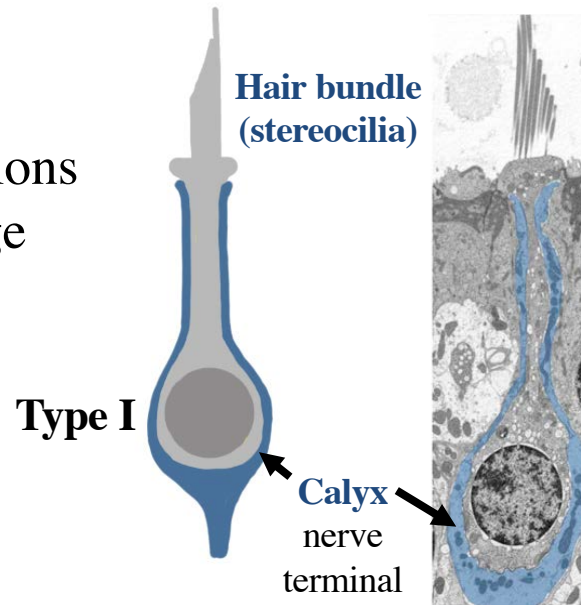


- Type I and II hair cells are
- Distributed across both zones
 - Present in similar numbers

Two types of vestibular hair cells: Type I and type II

Both types respond to head motions
Both types susceptible to damage

Important differences



Type I hair cells are better suited to sense fast head motions

Morphology

Hair bundle - more numerous stereocilia

Larger transduction currents

ePhysiology

Hair cell membrane conductances: gK_{LV} (low voltage)

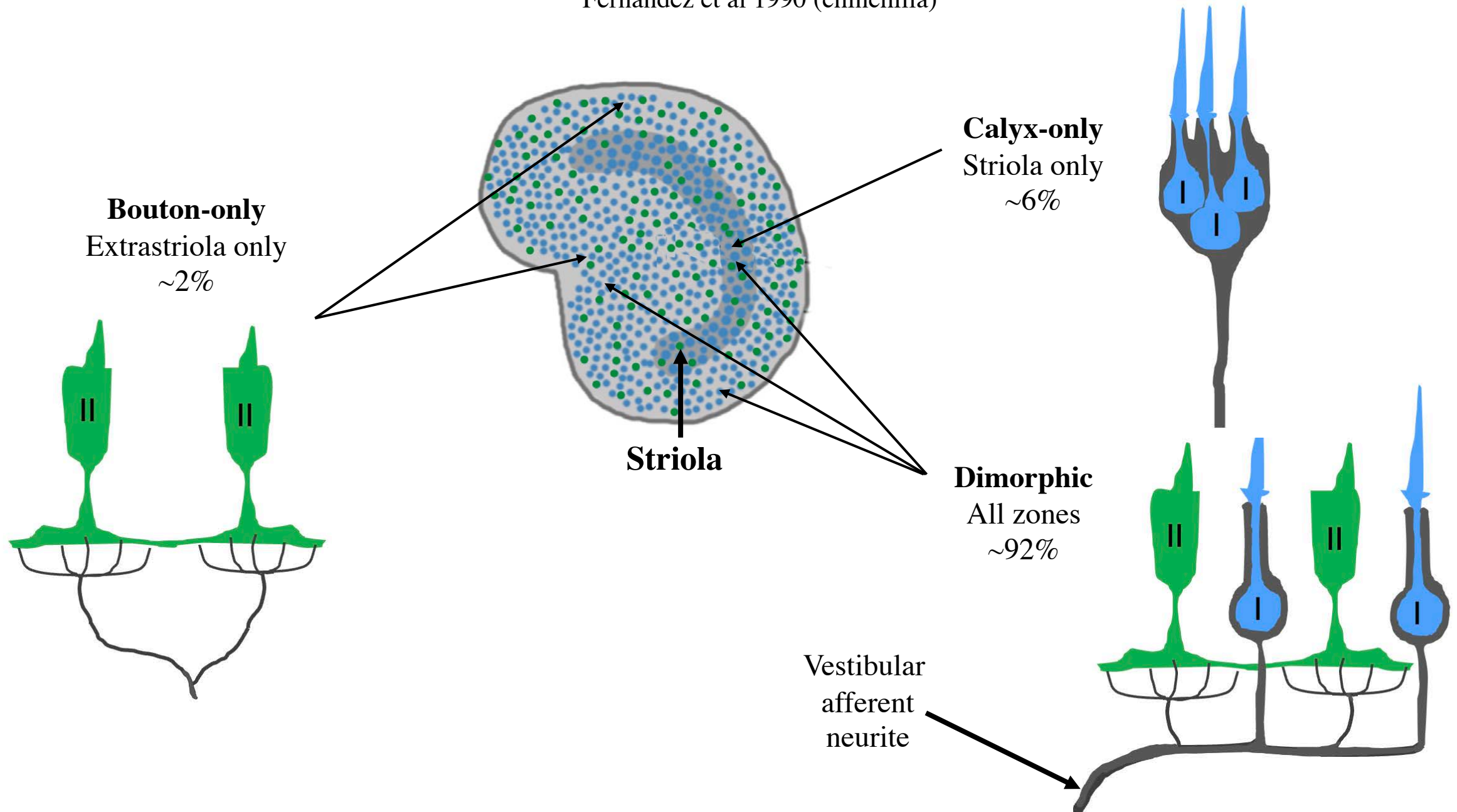
Larger K^+ conductances at lower membrane voltages

Synaptic transmission: Quantal (glutamate) and non-quantal (ionic)

Faster synaptic transmission

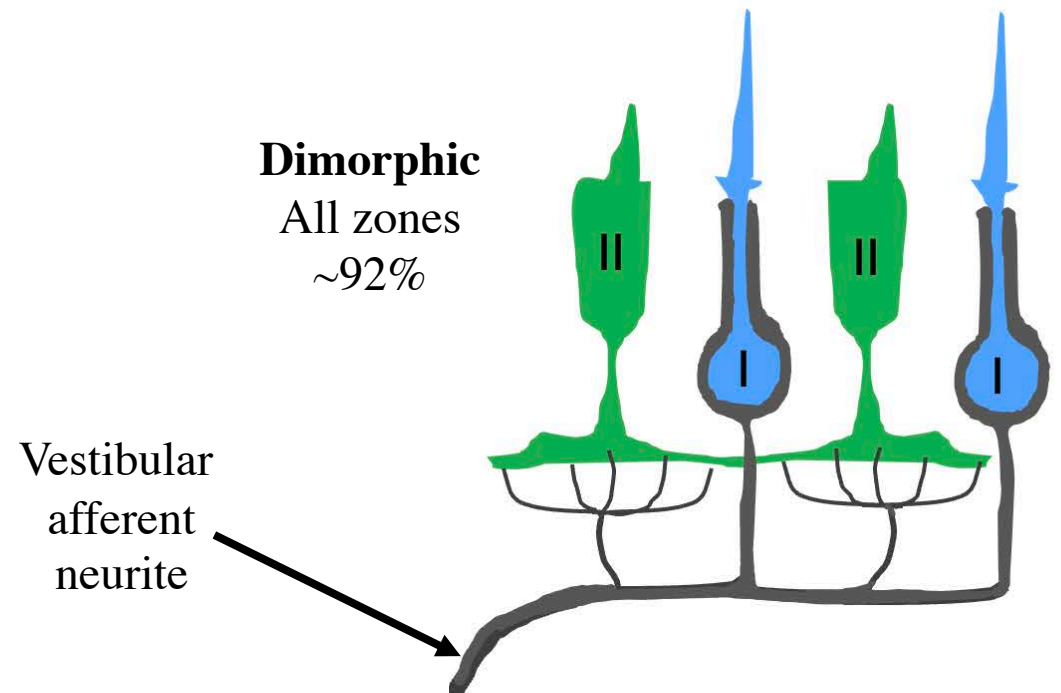
Morphology of vestibular afferents varies across zones in sensory organs

Fernandez et al 1990 (chinchilla)



Morphology of vestibular afferents varies across zones in sensory organs

The predominance of dimorphic afferents makes it difficult to discern the specific functions of type I vs type II hair cells!



Steps toward developing hair cell regeneration as a therapy

Define the natural capacity for regeneration in adult mammals

Determine the extent to which natural regeneration restores function

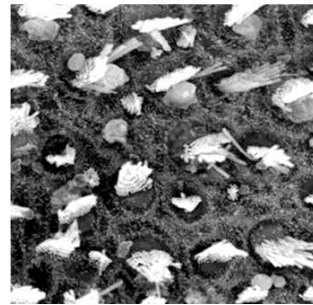
It is likely that new hair cells must:

- acquire mature properties (mechanotransduction currents, bundle orientations, etc)
- establish ample numbers of mature synapses with afferent neurons
- be present in good numbers and in all zones of the organs

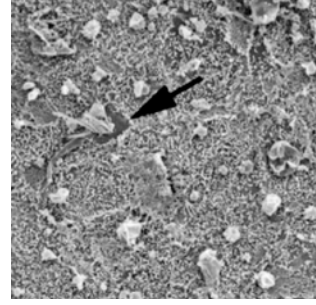
It is likely that both type I and II hair cells will need to be replaced

Identify ways to overcome the shortcomings of our natural regenerative ability to promote full functional recovery

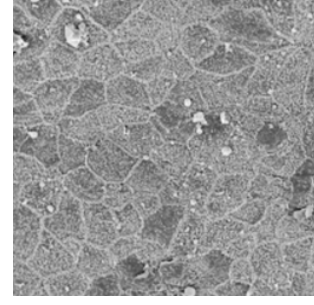
Anatomical evidence suggests humans can regenerate some vestibular hair cells



Young adult
guinea pig

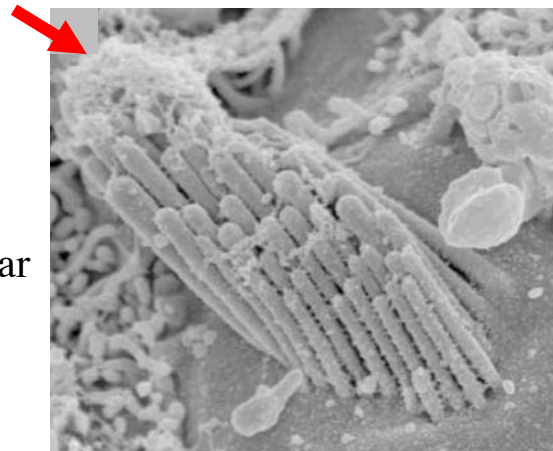


80 year-old
woman



65 year-old
man

Human vestibular
hair cells

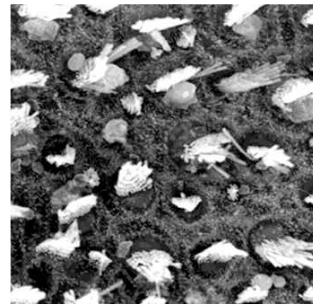


Normal

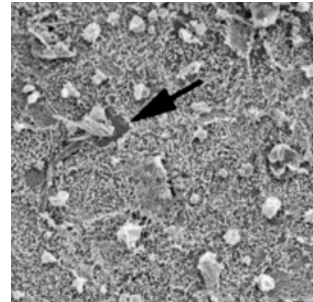


Regenerated?

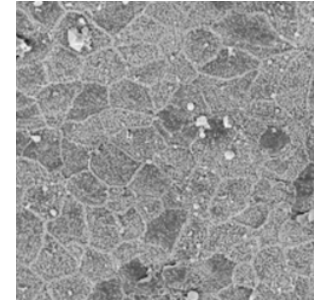
Anatomical evidence suggests humans can regenerate some vestibular hair cells



Young adult
guinea pig



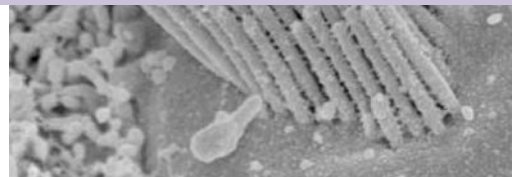
80 year-old
woman



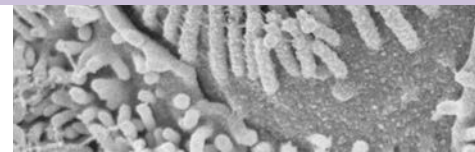
65 year-old
man



Natural regeneration in humans must be very limited, though;
people do not recover
from substantial hair cell loss



Normal

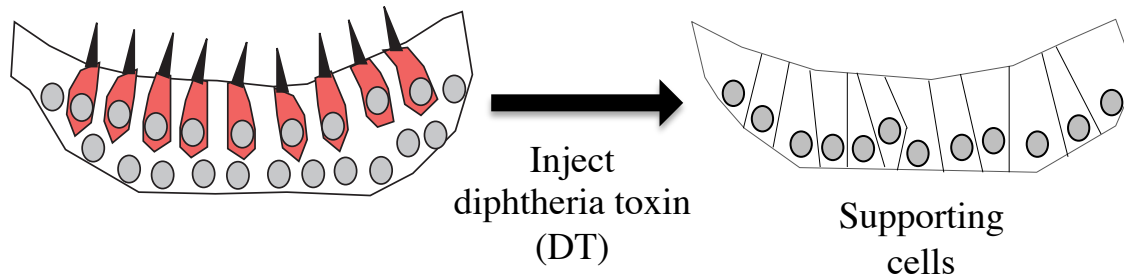
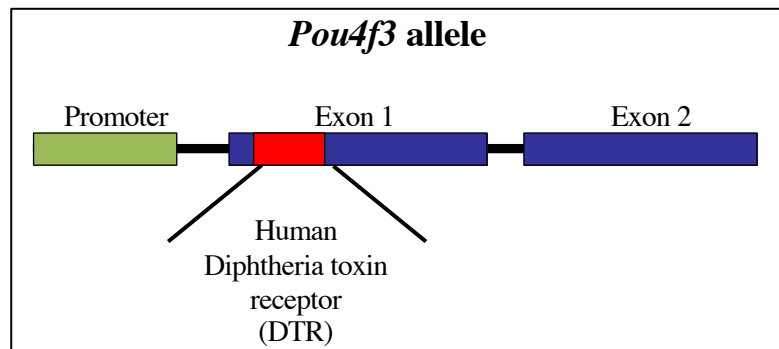


Regenerated?

Mice are valuable models to study vestibular hair cell regeneration



Pou4f3^{DTR} (DTR) mouse -> selective ablation of hair cells

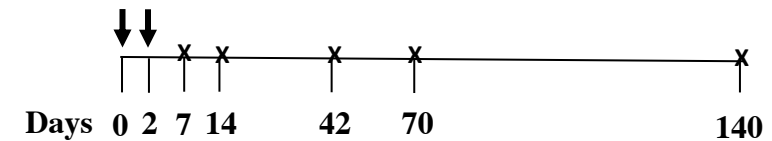


Experimental design

Adult (6-9 week old) mice - wildtype (WT) or *DTR* heterozygotes

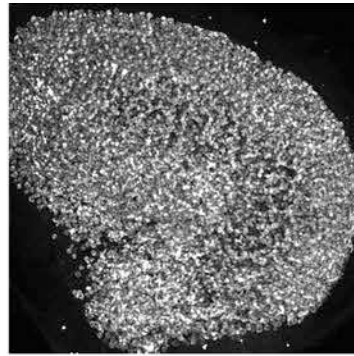
Two injections of DT @ 50 ng/g

x Analyzed utricles and horizontal cristae



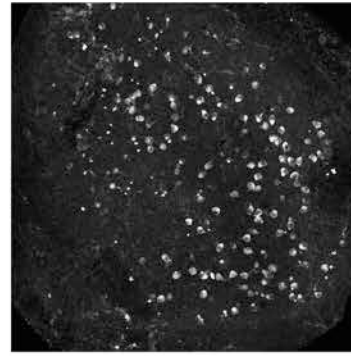
Many vestibular hair cells are naturally regenerated in adult mice

Whole utricle, top down view

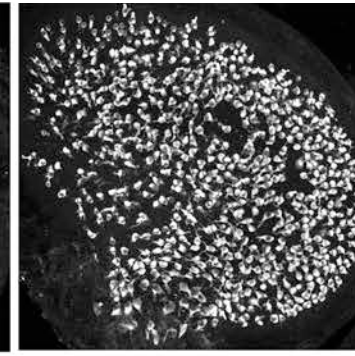


Myosin 7a

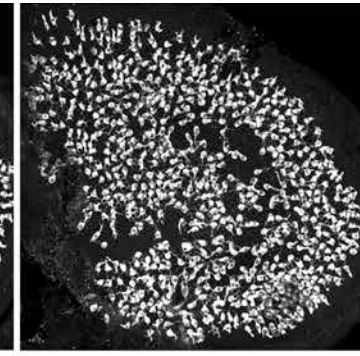
Undamaged control



14d post-DT

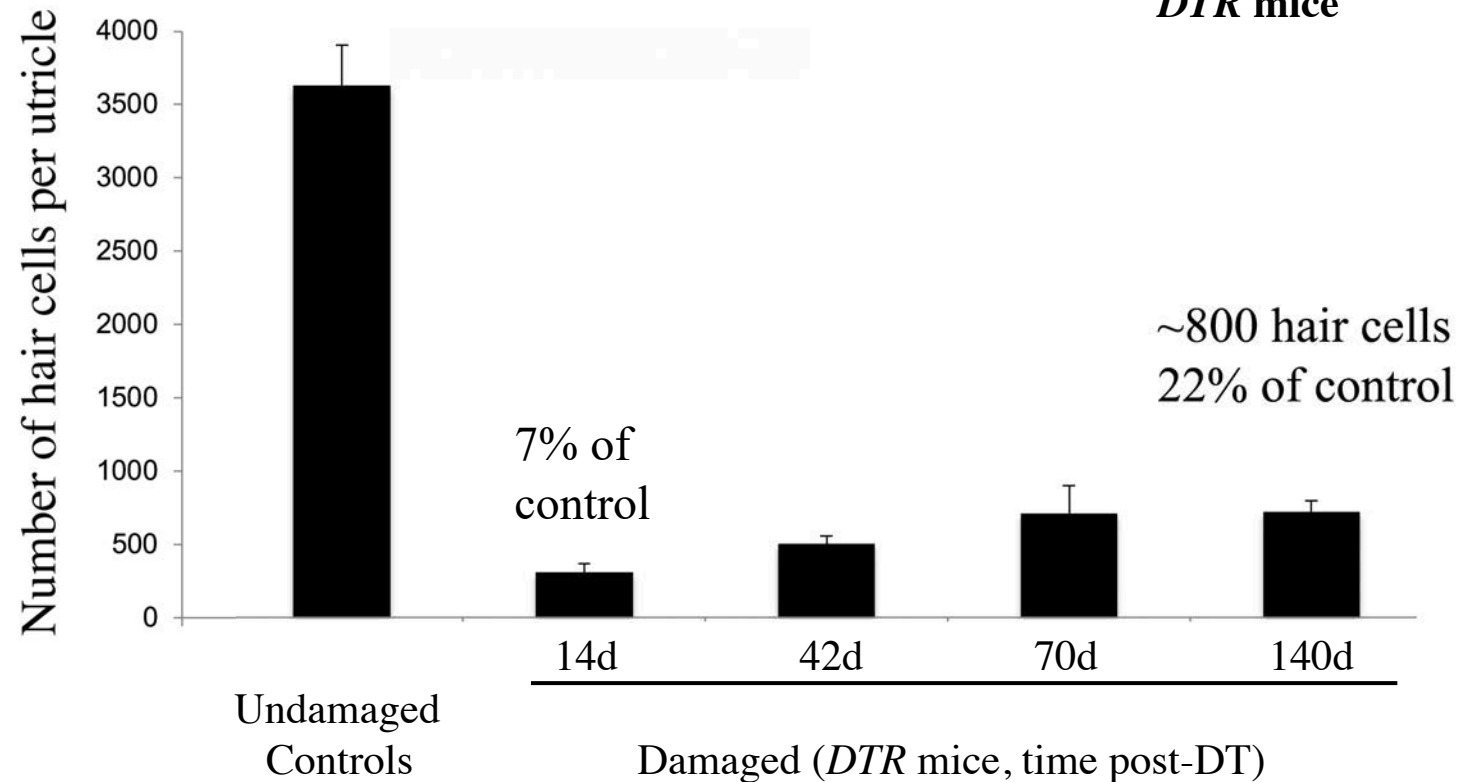


70d post-DT



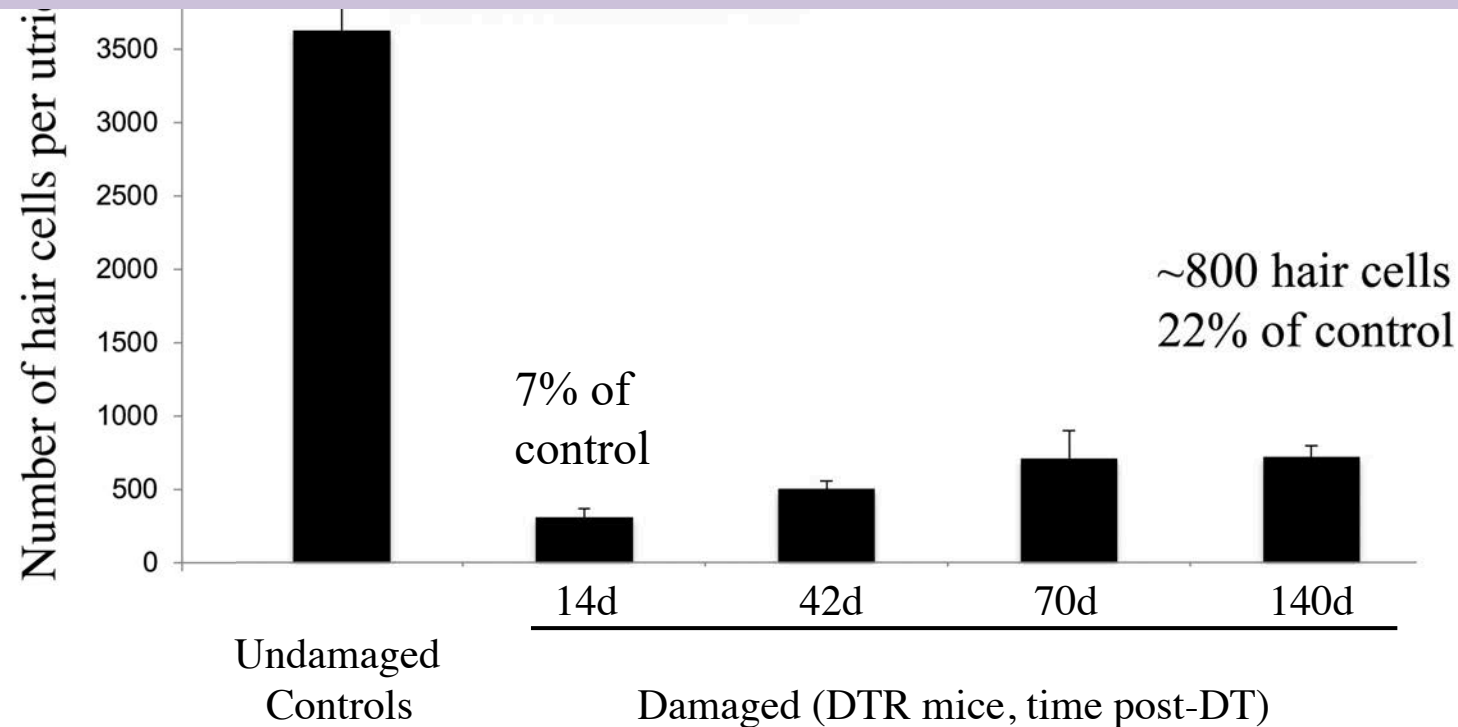
140d post-DT

DTR mice



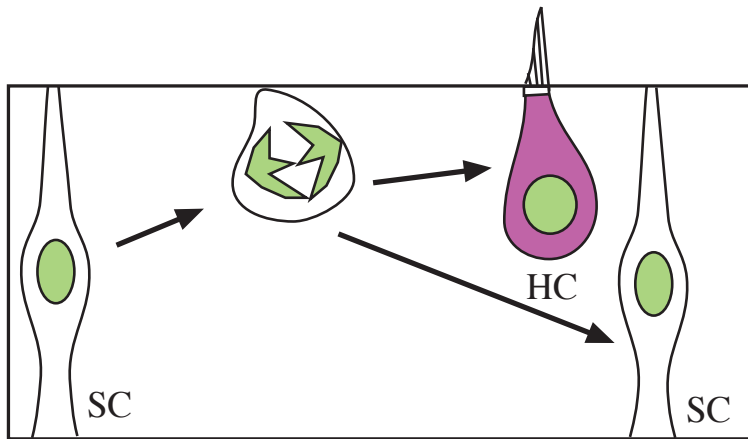
Many vestibular hair cells are naturally regenerated in adult mice

The other vestibular organs have a similar degree of damage and regeneration

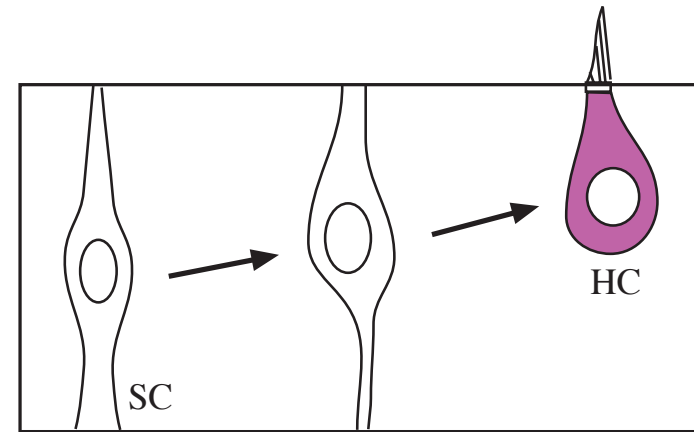


In rodents, new hair cells are formed by supporting cells via a non-mitotic mechanism

Mitotic regeneration



Non-Mitotic regeneration
(direct transdifferentiation)



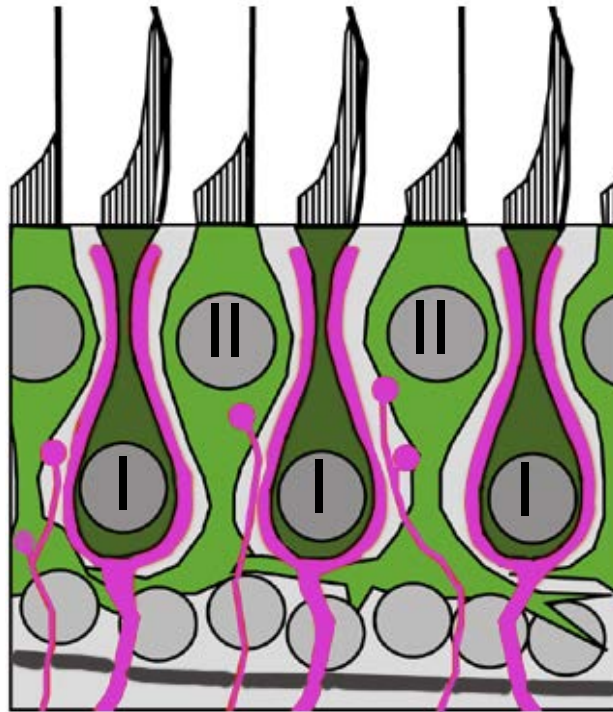
————— Birds and amphibians —————

————— Mammals —————

Depletion of supporting cells seems like a minor issue in adult mice

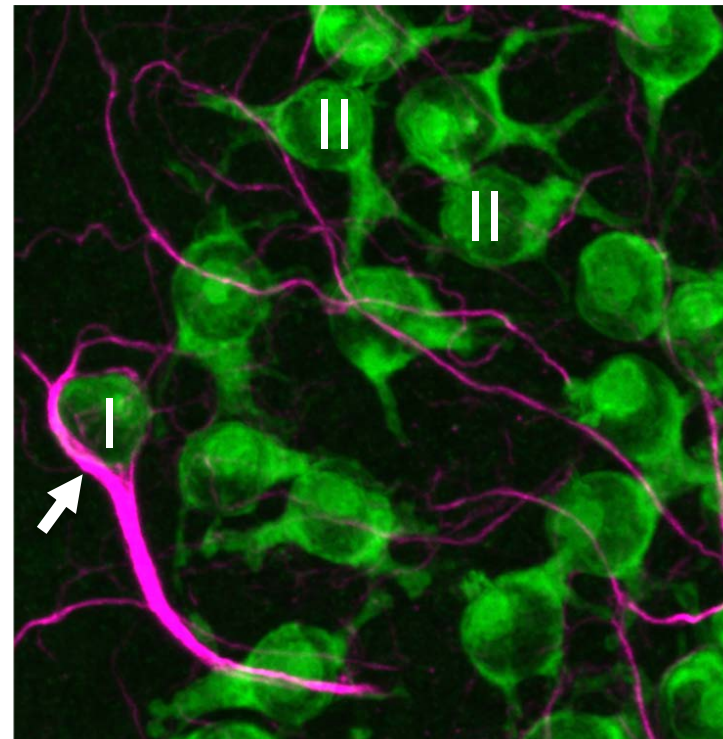
Regenerated hair cells are type II-like: Lack afferent calyx ending

Normal mice
(cross section)

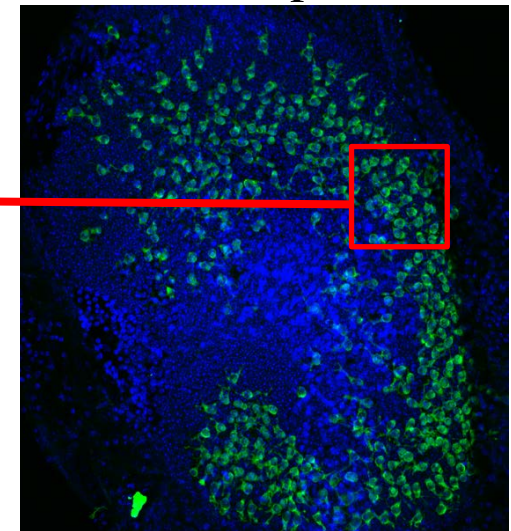


Myosin – hair cell
Neurofilament – afferent nerves

DTR mouse, 90 days post-DT
(top-down view)

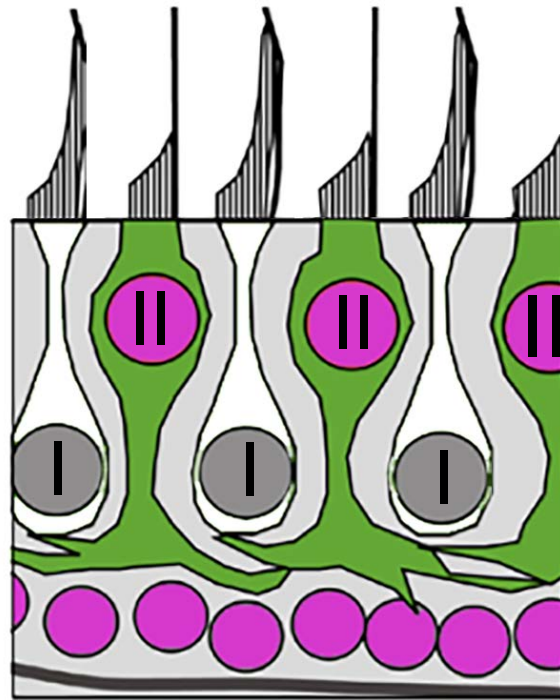


Utricle (top-down)



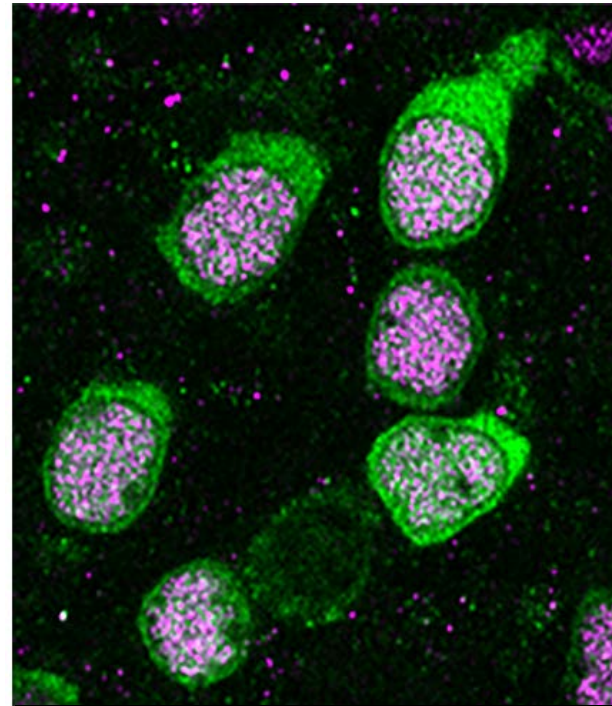
Regenerated hair cells are type II-like:
Express the markers Calb2 and Sox2

Normal mice



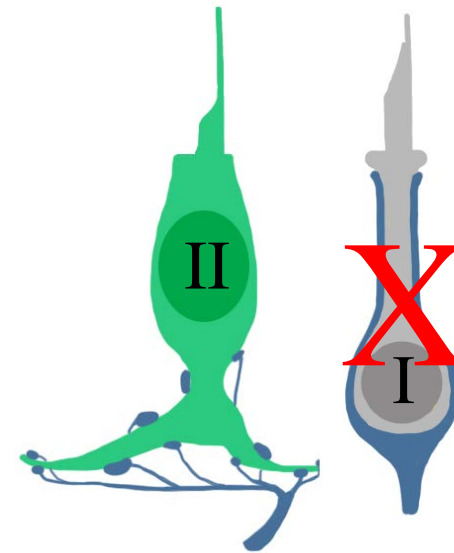
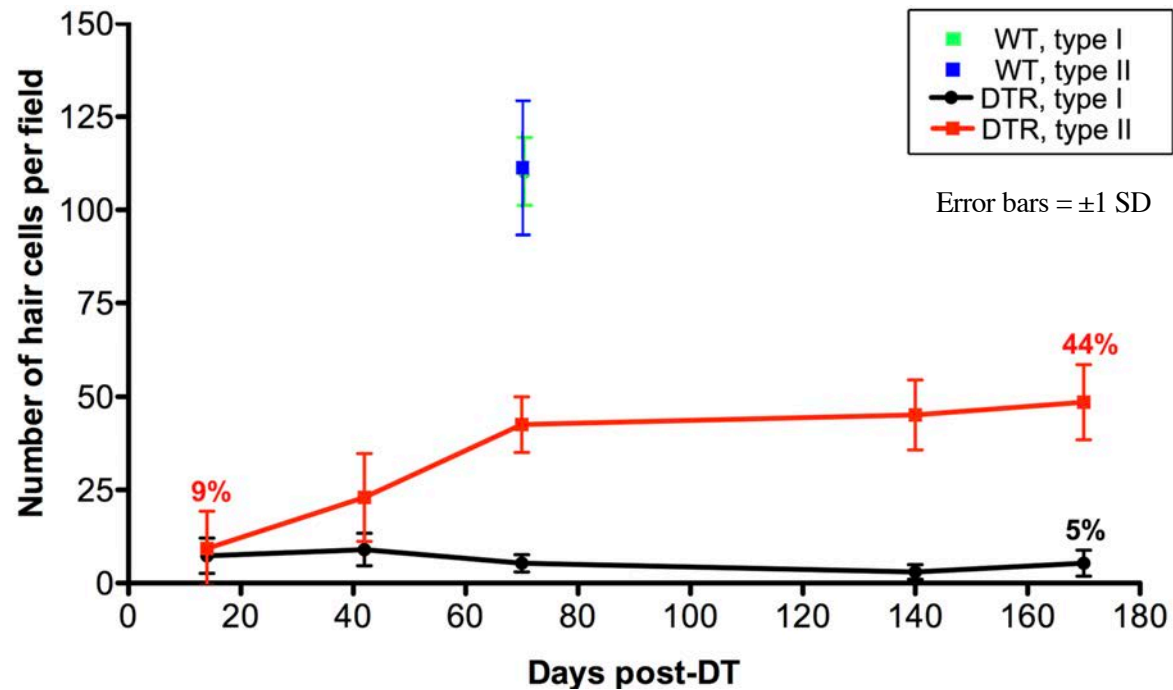
Calb2
Sox2

DTR mouse, 21 days post-DT

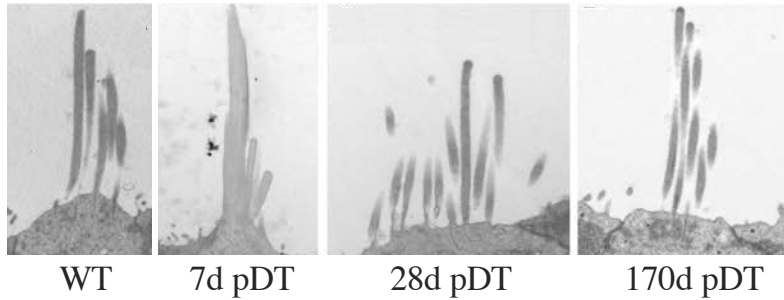


Calb2
Sox2

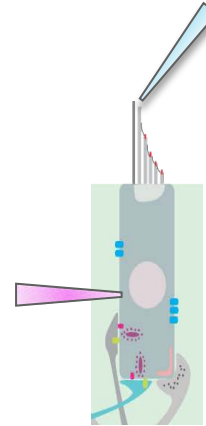
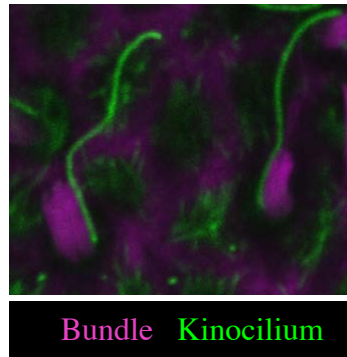
All regenerated hair cells are type II-like (utricle)



New hair cells acquire appropriate bundle structure, and they mechanotransduce (utricle)

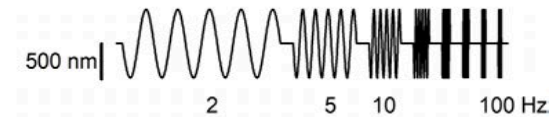


- Stereocilia height and diameter are within normal range
- Bundle asymmetry and orientations are normal
- Otoconial membrane and otoconia are intact

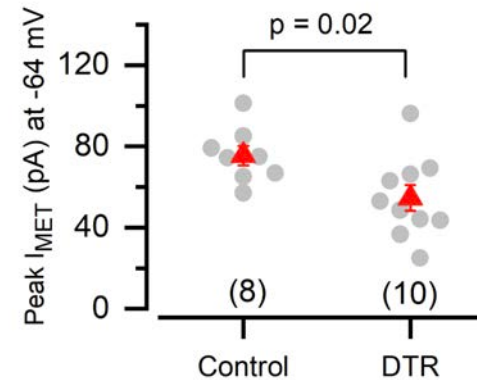
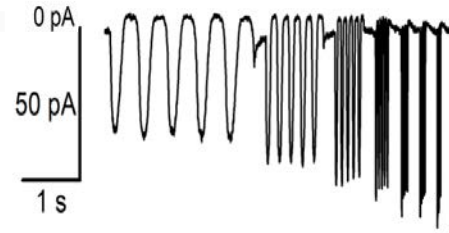


DTR mouse, 144d post-DT

Stimulus frequency



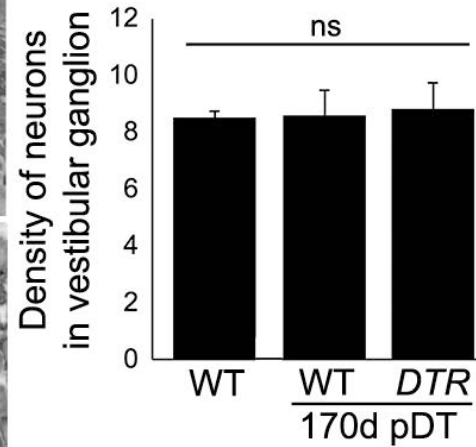
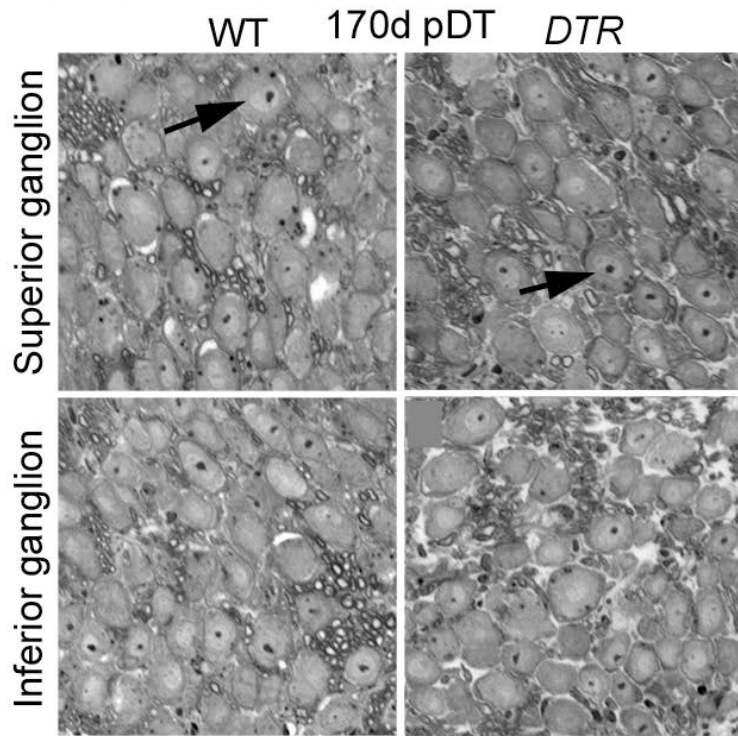
Transduction currents



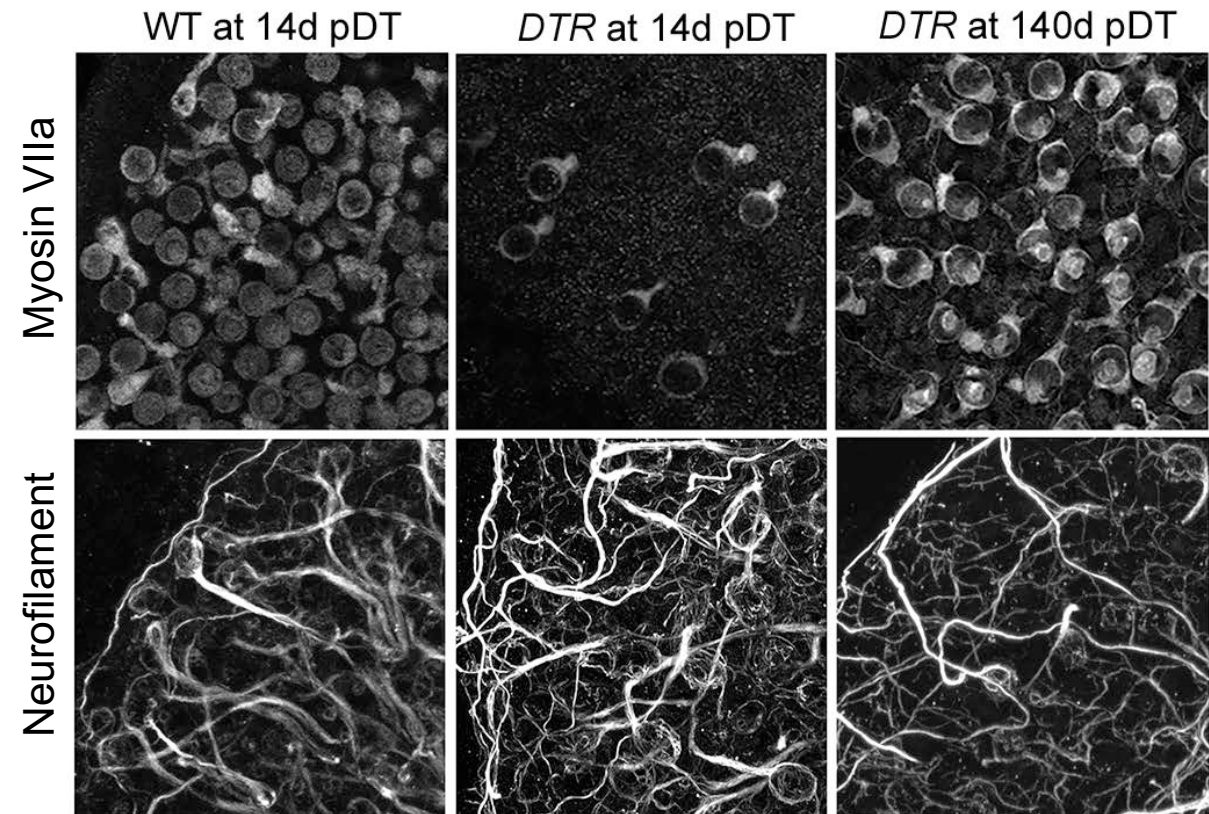
Transduction currents are smaller in regenerated hair cells

Vestibular ganglion neurons survive after hair cell destruction, and neurites remain in/return to the sensory epithelia

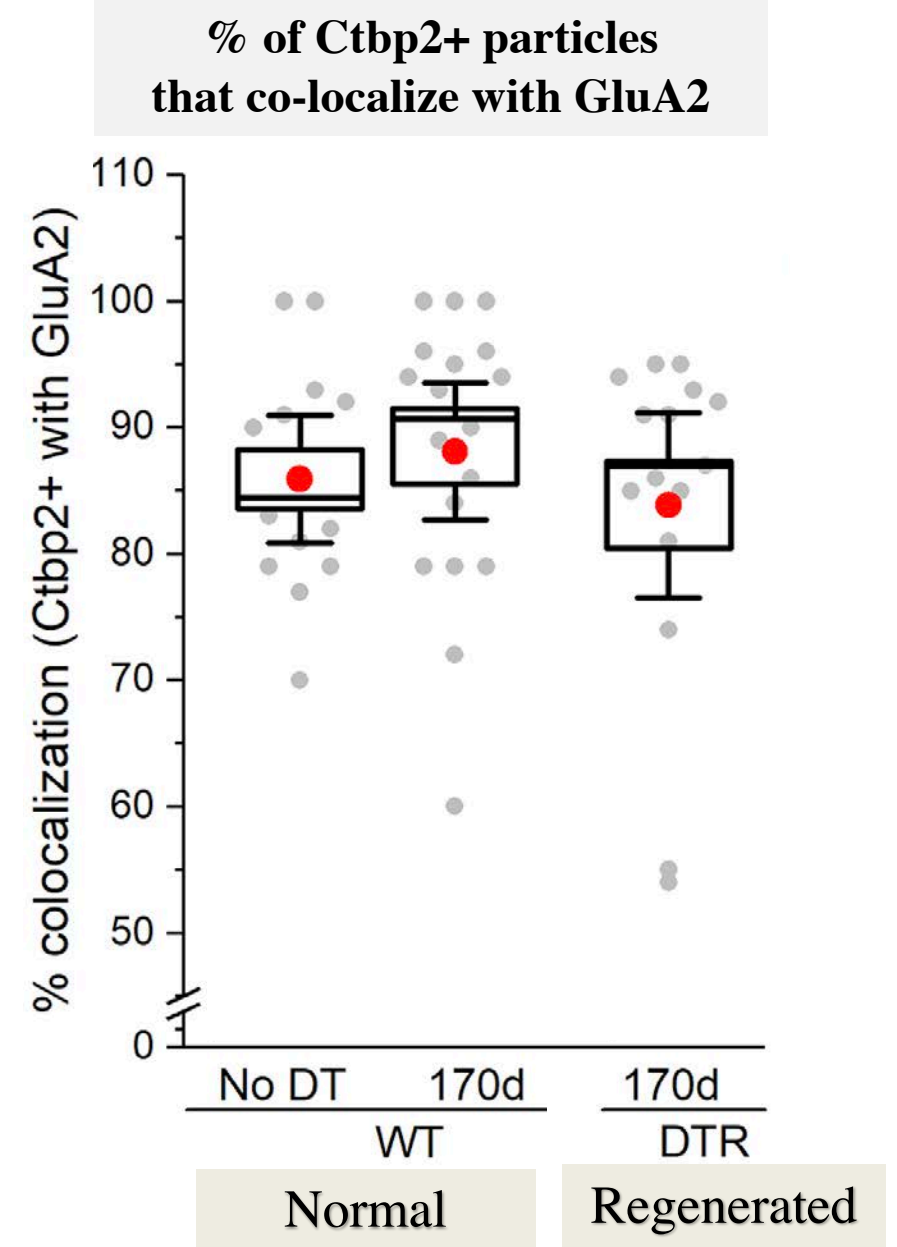
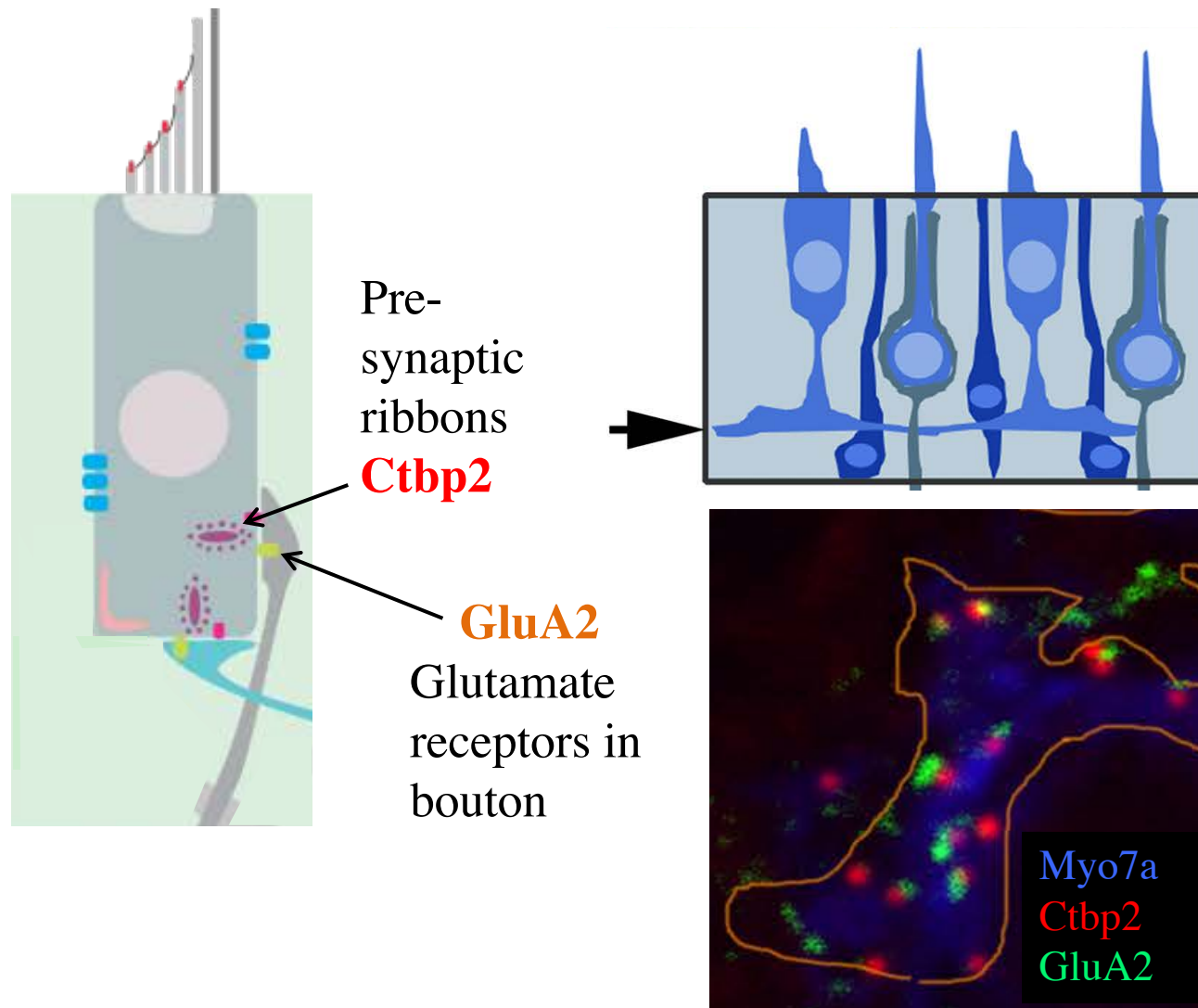
Vestibular ganglion



Utricle



Regenerated hair cells make ribbon synapses with vestibular afferents



This degree of hair cell replacement does not restore vestibulomotor function



No recovery of vestibulo-motor behaviors

Circling

Head bobbing

Failure to climb

Why does natural regeneration fail to restore balance function?

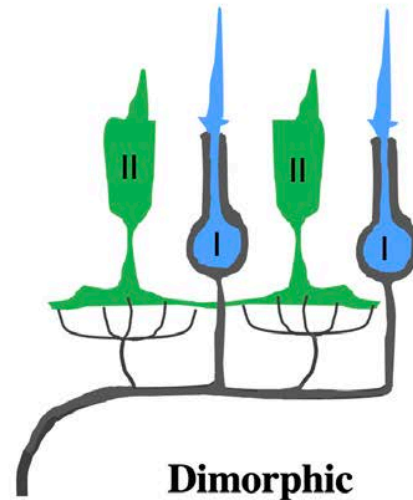
Regenerated hair cells:

- May be present in insufficient numbers

- May be too immature

- May not form functional synapses with vestibular afferents

- Only type II hair cells are replaced – no new type I hair cells



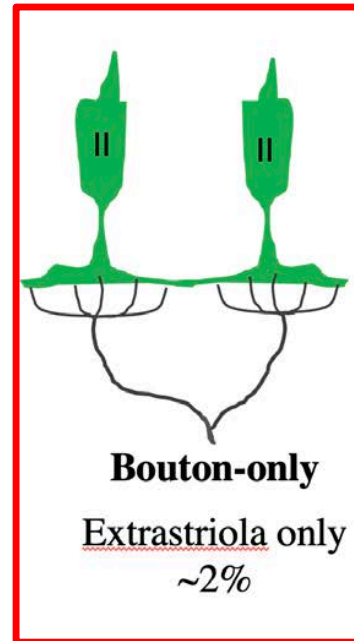
Dimorphic

All zones
~92%



Calyx-only

Striola only
~6%



Bouton-only

Extrastriola only
~2%