

Probing Spatial Myeloid Heterogeneity in Glioblastoma

Derek L. Chien¹, Mohammad F. Zaman^{2,3}, Fatma B. A. Yasar², Daniel B. Zamler², Ailiang Zeng², Jian Hu²

School of Arts and Sciences, University of Rochester, Rochester, NY, USA.¹

Department of Cancer Biology, The University of Texas MD Anderson Cancer Center, Houston, TX, USA.²

Cancer Biology, The University of Texas MD Anderson Cancer Center UTHealth Graduate School of Biomedical Sciences, Houston, TX, USA.³



Introduction

- Glioblastoma, the most common type of malignant brain tumor, has evaded conventional adaptive immunotherapeutic efforts.¹
- Little is understood about the myeloid composition in the glioma microenvironment. Modulating glioma-associated macrophage (GAM) activity presents an alternative immunotherapeutic strategy.
- $Qk^{L/L};Pten^{L/L};Trp53^{L/L}$ (*QPP*) mice develop glioma with immune environments resembling that of human glioma.²⁻³ They are thus ideal in determining myeloid composition across a tumorigenic brain.
- We sought to probe the following:
 1. Myeloid cell morphology in non-tumor and tumor regions
 2. Distinction between resident microglia and circulation-derived macrophages (CDMs)
 3. Presence of pro- or anti-phagocytic markers

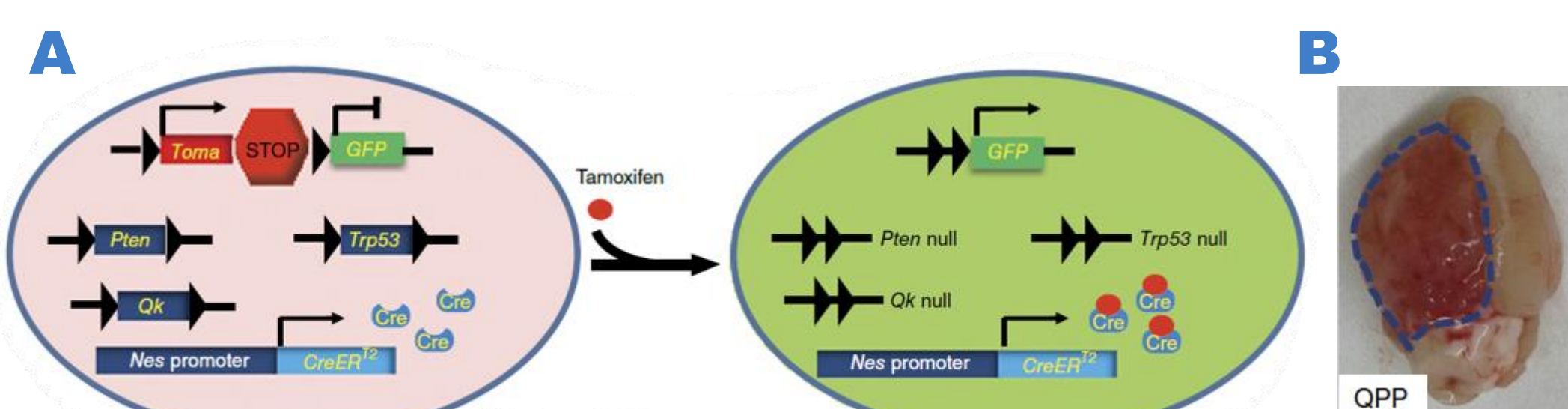


Figure 1. A. Design of *Nes-CreER²;Qk^{L/L};Pten^{L/L};Trp53^{L/L}* (*QPP*) mouse model. **B.** Representative image of *QPP* murine brain after harvesting.²

Methods

Mouse models:

- *QPP7* (genetic tumors), injected with tamoxifen at P7, and harvested when moribund
- *Cx3cr1-CreER²* adult mice injected with *QPP7* tumor cells (implanted tumors), harvested when moribund

Slide preparation: Following euthanasia, brains were removed, fixed in 4% paraformaldehyde, embedded in paraffin, and sectioned at 5 μ m via microtome.

Immunofluorescence (IF) staining or co-staining:

Sections were stained with 1:250 primary antibody dilution and 1:1000 secondary antibody dilution (488 nm or 594 nm). The following antibodies were used: Iba1, TMEM119, CD45, CD47, Arg1, and GFP. Images were taken via widefield microscopy.

Acknowledgments

The authors would like to acknowledge the American Brain Tumor Association (ABTA) for funding this project, as well as Marites Melancon, Chandra Bartholomeusz, and Nancy Strange for hosting and managing the MD Anderson Summer Undergraduate Research Program.

References

1. Garg A. D. et. al. *Oncoimmunology*. 2017; 6(4); e1295903.
2. Shingu T. et. al. *Nat. Genet.* 2017; 49(1); 75-86.
3. Zamler D. B. et. al. *JCI Insight*. 2022; 7(12); e148990.
4. Kenkhuis B. et. al. *Neurobiol Dis*. 2022; 167; 105684.

Results

- **Microglia change morphology based on location. Morphotypes have obvious but unexplained functional differences.**

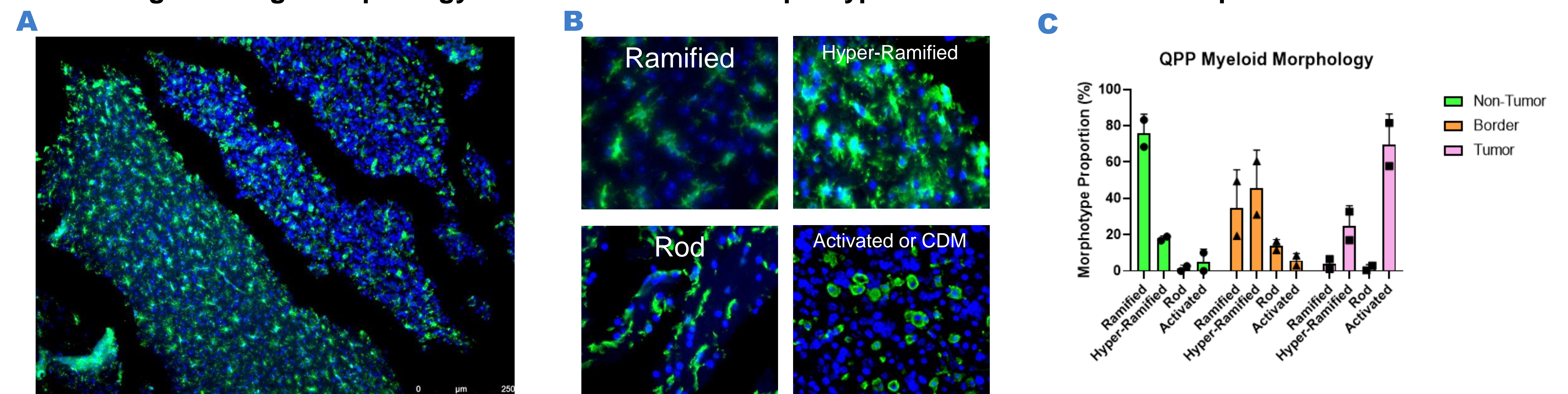


Figure 2. A. Representative 10x IF staining of implanted *QPP* with Iba1 (green). **B.** Classification of Iba1⁺ myeloid cells based on morphology. **C.** Proportion of myeloid cell morphotypes by brain region.

- **TMEM119 is downregulated in glioma conditions, supporting its identity as a marker of homeostatic conditions.**⁴
- **Iba1⁺ CD45^{high} cells are increasingly found towards tumor core, suggesting higher likely CDM infiltration.**

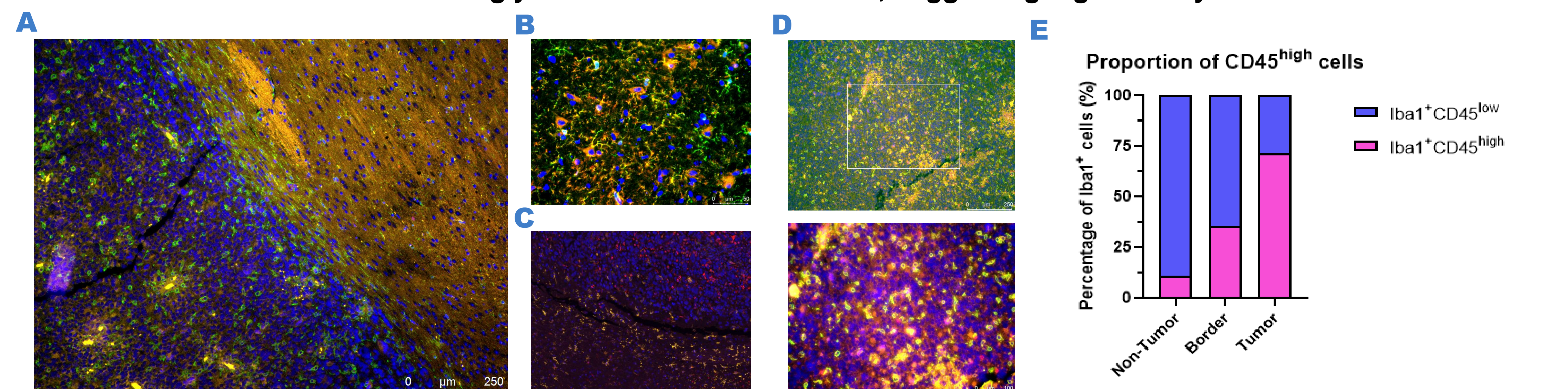


Figure 3. A. Representative 10x IF co-staining of implanted *QPP* with Iba1 (green) and TMEM119 (red), showing little co-localization. **B.** Positive control of 40x IF co-staining using genetic *QPP* brain harvested at 7 weeks with Iba1 (green) and TMEM119 (red). **C.** Representative 20x multiplex IF staining using Vectra Polaris slide scanner (more powerful imaging) of implanted *QPP* with 1:2000 CD11b (red) + TMEM119 solution (yellow), showing co-localization. **D.** Representative 10x (top) and 20x (bottom) IF co-staining of implanted *QPP* with Iba1 (green) and CD45 (red). **E.** Proportion of CD45^{high} cells by brain region.

- **Tumor cells are largely CD47⁺, indicating phagocytic suppression.**
- **Arg1⁺ expression increases towards tumor core, suggesting increasing myeloid polarization to “M2” subtype.**
- **GFP signal was found only in some Iba1⁺ cells, suggesting high phagocytic heterogeneity. It remains unclear whether there is downregulation of uptake and/or endolysosomal activity, and at what point of development.**

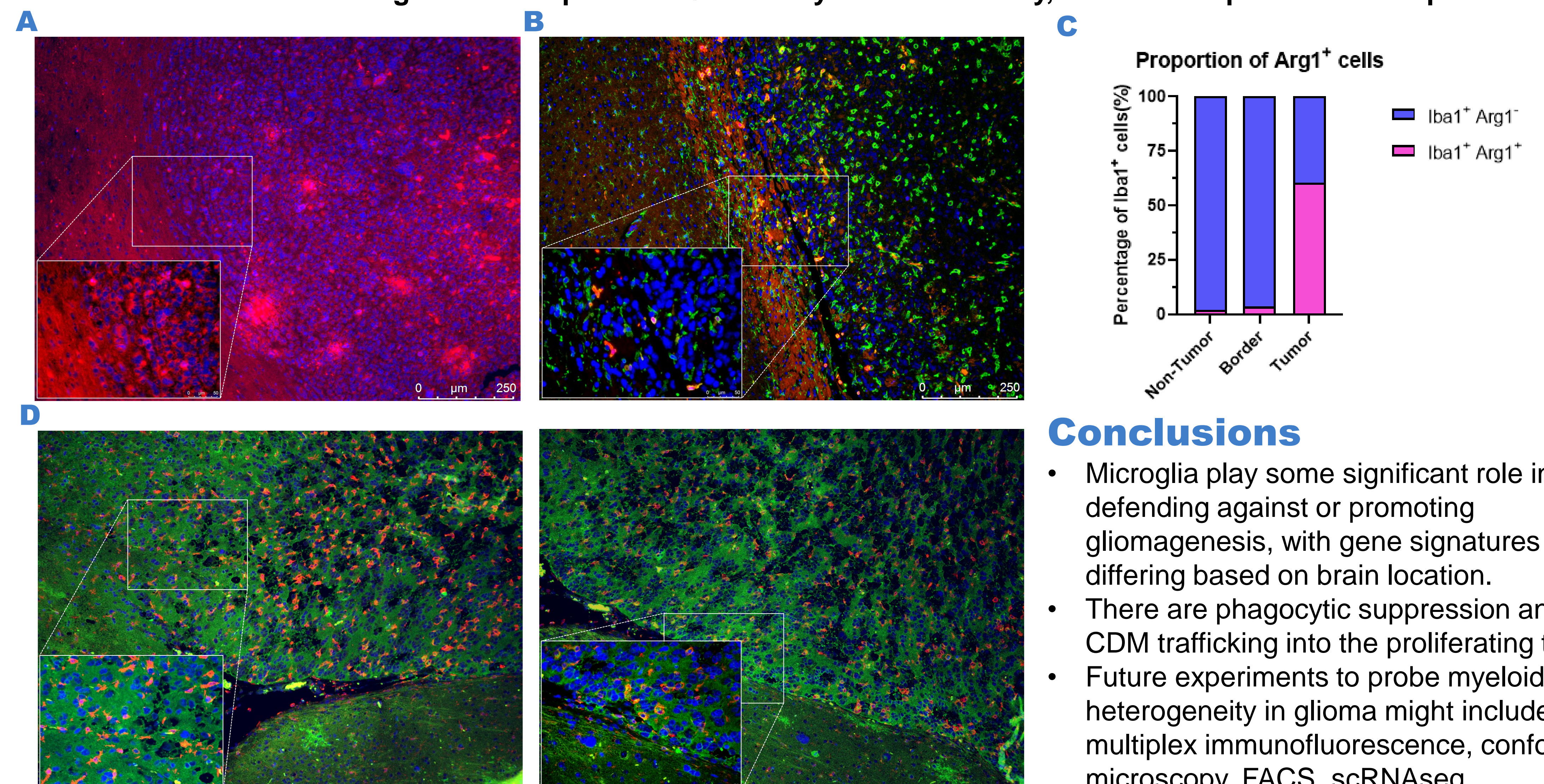


Figure 4. A. Representative 10x/40x IF staining of implanted *QPP* with CD47 (red). **B.** Representative 10x/40x IF co-staining of implanted *QPP* with Iba1 (green) and Arg1 (red). **C.** Proportion of Arg1⁺ cells by brain region. **D.** Representative 10x and 40x IF co-stainings of genetic *QPP* with Iba1 (red) and GFP (green).

Conclusions

- Microglia play some significant role in defending against or promoting gliomagenesis, with gene signatures likely differing based on brain location.
- There are phagocytic suppression and high CDM trafficking into the proliferating tumor.
- Future experiments to probe myeloid heterogeneity in glioma might include multiplex immunofluorescence, confocal microscopy, FACS, scRNAseq, secretomics, lineage tracing, *in vivo* tracking, and time course studies.