

Microglia- Dependent Sex- Effect on Acute TBI Outcomes

Mecca B.A.R. Islam¹, Zhangying Chen^{1,2}, Kacie Ford¹, Booker T Davis IV¹, Steven J. Schwulst¹
 1 Department of Surgery, Division of Trauma and Critical Care, Northwestern University Feinberg School of Medicine, Chicago IL
 2 Driskill Graduate Program in Life Science, Northwestern University Feinberg School of Medicine, Chicago IL

BACKGROUND

In the United States there are 638 individuals are hospitalized every day secondary to traumatic brain injury (TBI)-related injuries resulting in 176 daily deaths. Men are disproportionately represented in most studies as trauma is male predominate. This has resulted in a critical unmet research need to determine whether there is a different pathophysiology of injury between men and women. In fact, the CDC has reported that 40% of TBI is sustained by women. Women TBI patients differ in severity of injury and mortality. Indeed, women are 1.5-2 time more likely to have long-term neuropsychiatric sequelae such as anxiety and PTSD than are men. Sex hormones such as estrogen and progesterone play a critical role in protecting glial cells and neurons which subsequently protects the brain from edema, necrosis, apoptosis and inflammation. Sex differences have been largely unexplored in both preclinical and clinical TBI studies remains understudied.

RESEARCH OBJECTIVES

Recent work in our laboratory has shown that female TBI mice are disinhibited as compared to male mice suggesting greater anxiety-like deficits after TBI as compared male mice. These data suggest a different pathophysiology of injury in female subjects as compared to male subjects after TBI. Microglia, the resident innate immune cell of the brain, are complicit in this process. **To this end we hypothesized that microglia would adopt divergent, sex-dependent TBI-associated transcriptional profiles following acute brain injury.**

METHODS

Figure 1. Vaginal Smear for Estrous Cycle Staging Identification

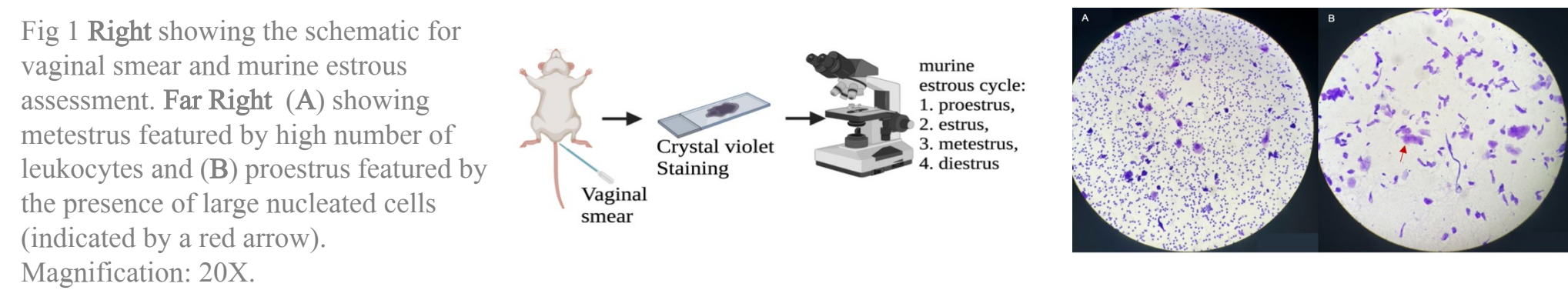


Figure 2. SSC Analysis

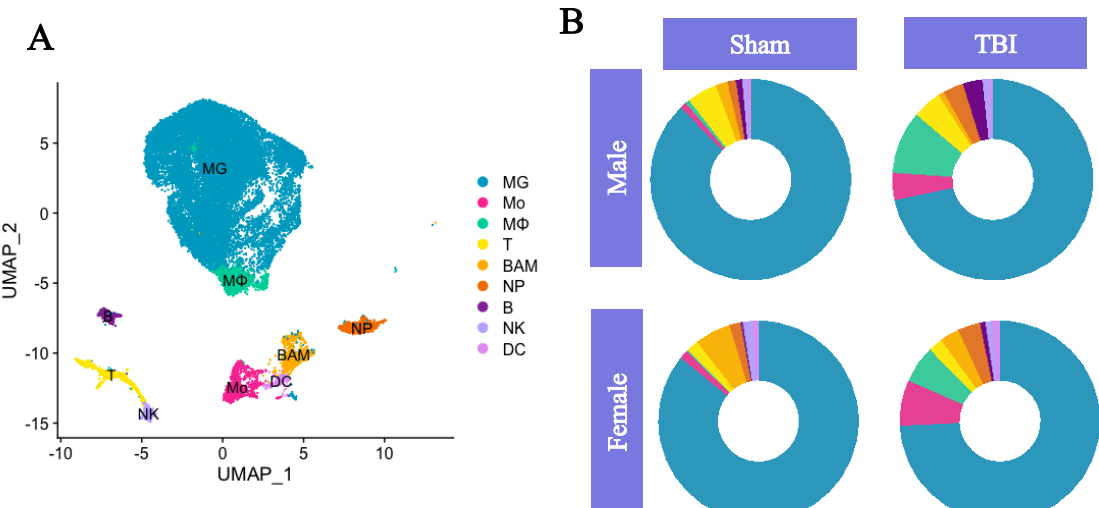


Figure 2 (A) UMAP showing population of immune cells in all samples. (B) Top Male Groups donut plot indicating the distribution of sequenced immune cells types Bottom Female Groups donut plot indicating the distribution of sequenced immune cells types

Figure 3. Dim Plot

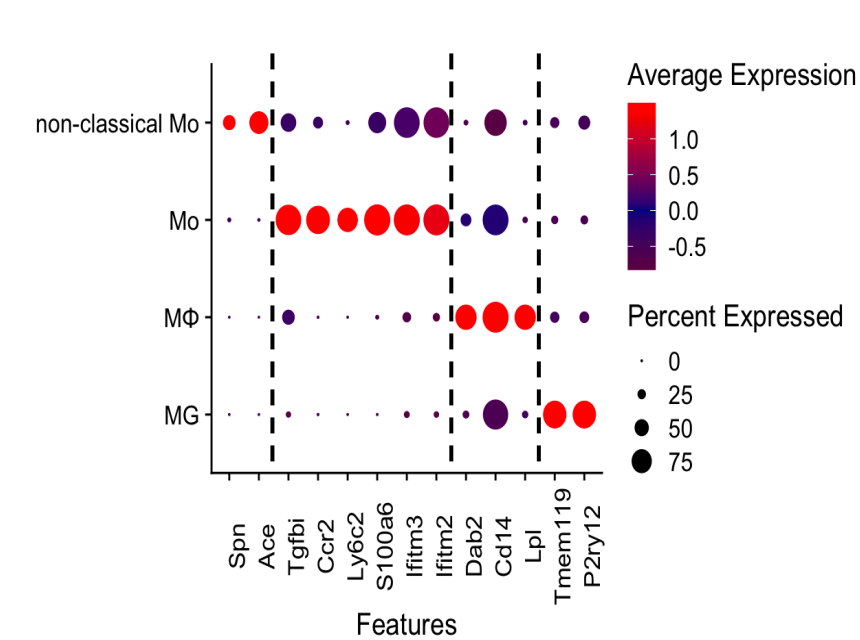


Fig 3. Dim plot showing curated markers identifying each cell type in the samples

8- HOUR MALE VS. FEMALE ANNOTATION

Figure 4. 8 hr male vs female annotation myeloid cells clustering

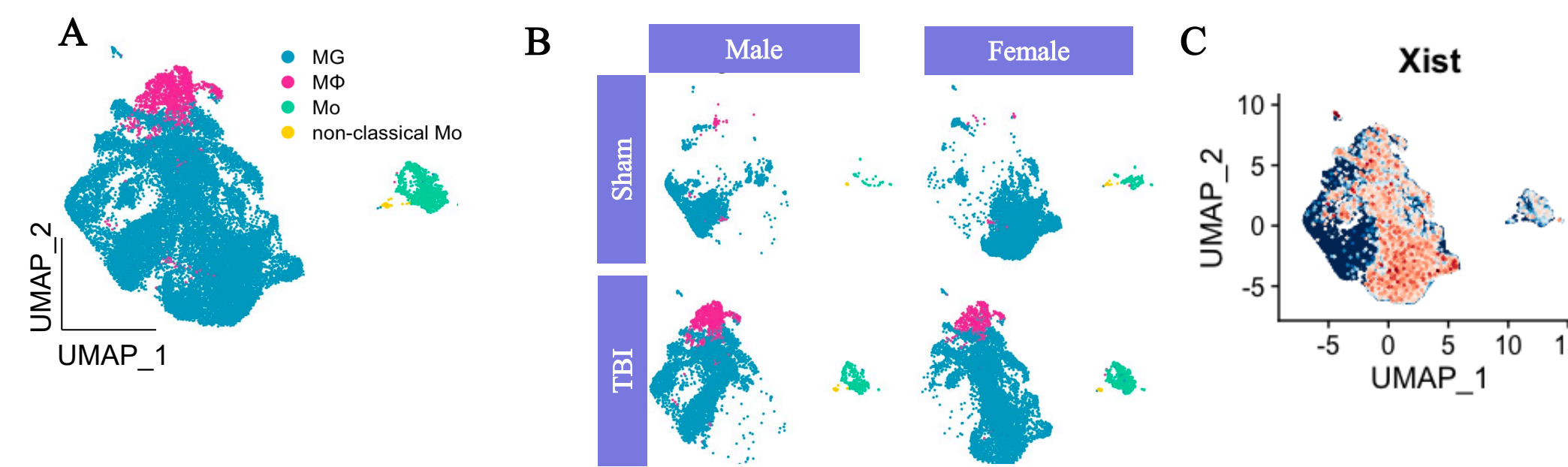


Fig 4 (A) UMAP of myeloid cell clustering of all samples ; (B) myeloid cell clustering of each group; (C) Disparate signature in microglia as female cells exclusively expresses *Xist*

MICROGLIA SCORING

Figure 5. 8 Hr Scoring Based On Function And Sex- Specific Markers

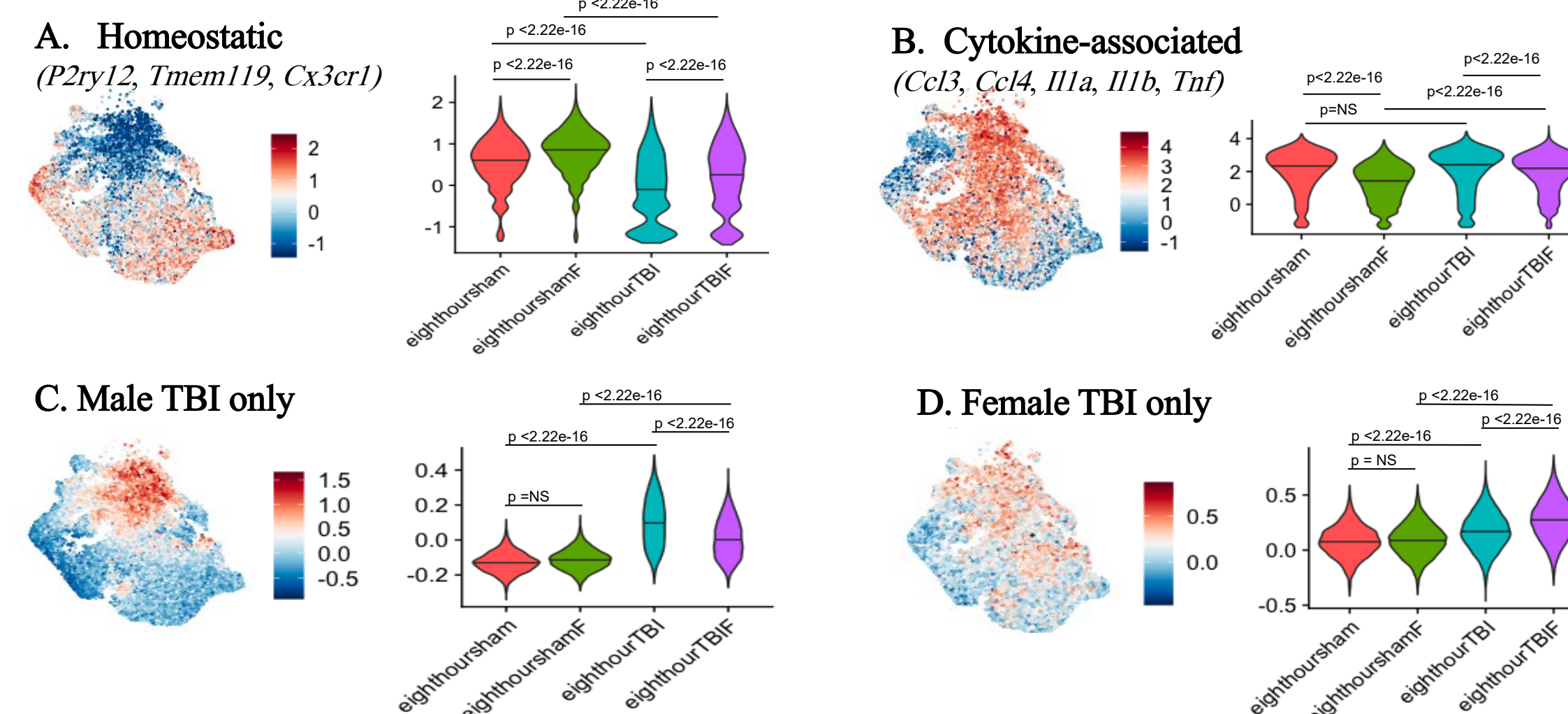


Fig 5 (A) microglia expressing level of homeostatic markers(right) and expression level of each group (left); (B) microglia expressing level of cytokine-associated markers(right) and expression level of each group (left); (C) group microglia expressing male TBI specific markers(right) and expression level of each group; (D) group microglia expressing female TBI specific markers(right) and expression level of each group.

Figure 6. Differential Expressed Genes In Microglia Between Male TBI vs Female TBI

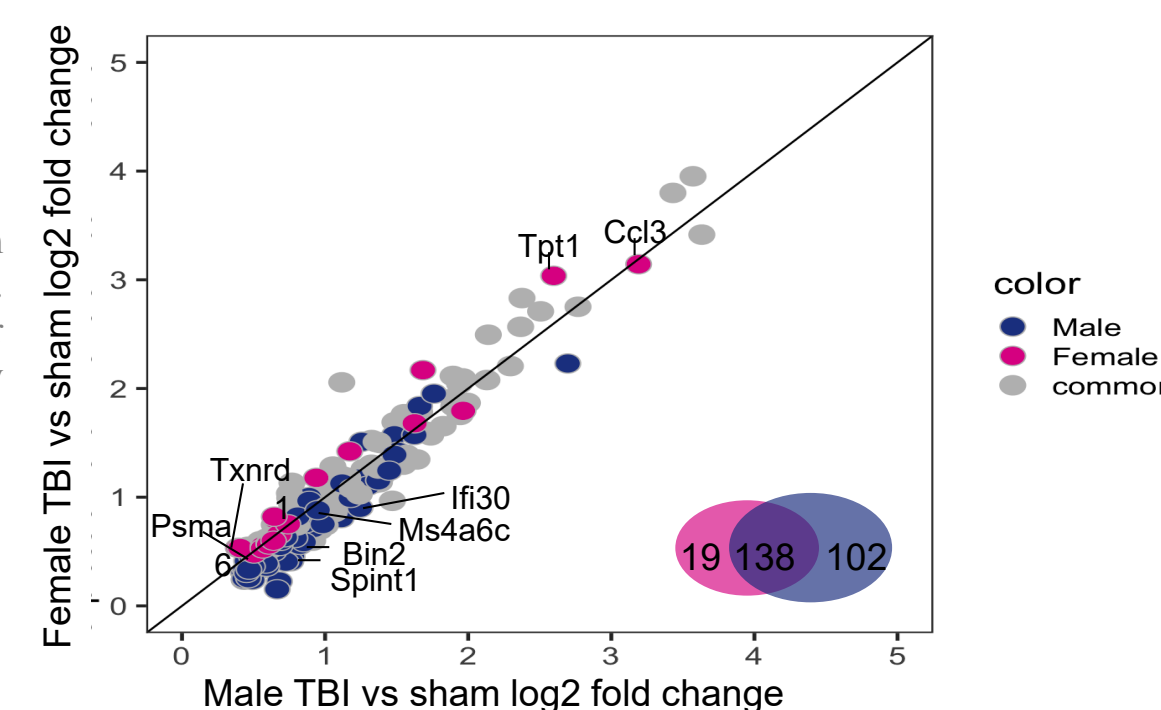


Fig 6. Scatter plot depicting the DGE. Both groups expressed 138 of the same genes. However, Male TBI expressed 102 other genes. Whereas Female TBI expressed only 19 genes

TOP 10 DIFFERENTIAL EXPRESS GENES

Figure 7. 8 hr male vs female annotation myeloid cells clustering

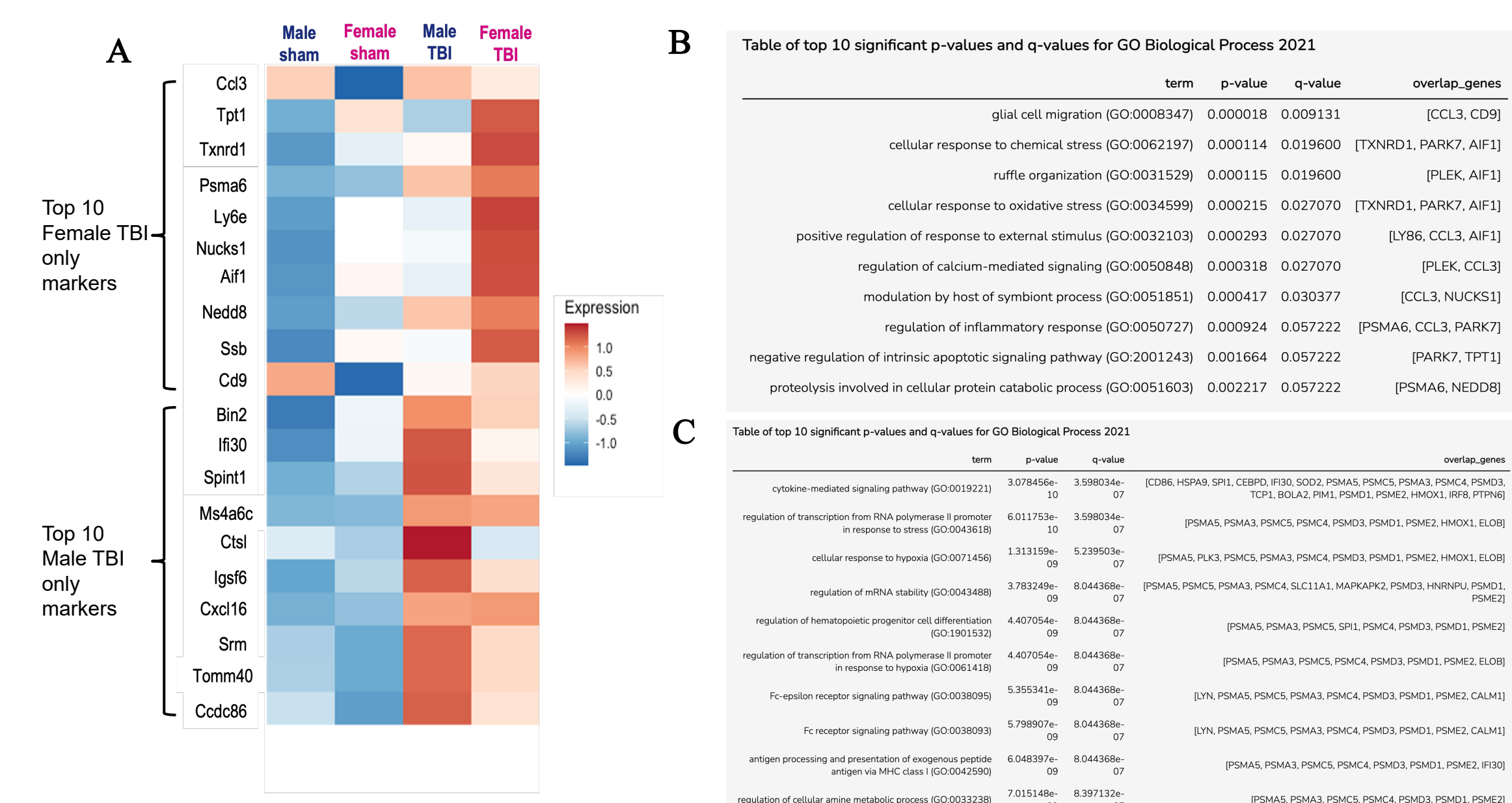


Fig 7 (A) Heat map of the top 10 DGE of Male TBI and Female TBI; (B) Table of top 10 significant p-values and q-values for GO Biological Processes of Female TBI; (C) Table of top 10 significant p-values and q-values for GO Biological Processes of Male TBI

CONCLUSION

We observed a difference in transcriptional signatures within the microglia of young-adult male and female mice at baseline, which led to a divergent transcriptional response to TBI :

- The top 10 significant p-values in female TBI included glial cell migration ($p > 0.00002$), cellular response to chemical stress ($p > 0.0002$), and ruffle organization ($p > 0.0002$).
- Male TBI included cytokine-mediated pathways ($p = 3.08 \times 10^{-10}$), transcription regulation ($p = 6.01 \times 10^{-10}$), and cellular response to hypoxia ($p = 1.3 \times 10^{-9}$)
- This supports the need for sex to be evaluated as an independent variable in future clinical trial design.

ACKNOWLEDGMENTS

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