



Stem Cells Applications in Neurodegenerative Diseases

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Abstract

Neurodegenerative diseases are a kind of diseases caused by progressive loss of neuronal structure and function and glial cell homeostasis imbalance, there are many kinds of neurodegenerative diseases include Alzheimer's disease (AD), Parkinson's disease (PD); Huntington's disease (HD) and amyotrophic lateral sclerosis (ALS). So far, due to the lack of ideal treatment methods, it seriously threatens to human health especially the elder population. Recently, with the rapid development of regenerative medicine, stem cells rely on their advantages including self-renewing capability, low immunogenicity, migration and homing capabilities, and stem cell derivatives including stem cells derived extracellular vesicles and stem cell-derived organoids, it provides unlimited application possibilities for the treatment of neurodegenerative diseases. In this review, we will summarize the recent research progress on the preclinical and clinical applications of stem cells in neurodegenerative diseases, hope that the reviews may provide some useful clues for researchers.

Keywords: Stem Cells; Parkinson's Disease; Preclinical Application; Clinical Application; Neurodegenerative Diseases

Abbreviations: BMMSCS: Bone Marrow Mesenchymal Stem Cells; PD: Parkinson Disease; HNSCS: Human Neural Stem Cells; AD: Alzheimer Disease; HIPSC: Human Induced Pluripotent Stem Cells; HD: Huntington's Disease; HESCS: Human Embryonal Stem Cells; HIDPSC: Human Immature Dental Pulp Stem Cells; ALS: Amyotrophic Lateral Sclerosis; ADSCS: Adipose-Derived Stem Cells.

Introduction

It is reported that there are 164.5 million Chinese citizens aged above 60 years old and 26 million elderly people aged above 80 years old in China in 2019, the proportion of the elderly population will increase to 26% of the total population by 2050; and the number of neurodegenerative diseases has correspondingly increased with the severity

of global aging [1]; statistical results demonstrated there was 50 million people with dementia in the world, and the number will be increase to 150 million, in fact, 50–70% people with dementia will deteriorate to AD [2]; Shige Qi, et al. investigated and predicted that The prevalence of PD in China was 1.37% in the elderly population aged above 60 years old, this indicated that there will be 3.62 million PD patients in China [3]. Those data demonstrated that because lack of the effective treatment, the medical burden and economic burden of neurodegenerative diseases is on the rise globally.

Neurodegenerative diseases are a kind of disease in which nerve cells or nerve related cells are damaged, usually, nerve cells are almost unable to regenerate in adult, this undoubtedly increases the difficulty to cure for

neurodegenerative diseases. Stem cell technology as one of the greatest inventions of the 21st century, because its superior advantages including neural differentiation ability [4], migration and homing capabilities [5], and secreting the many kinds of neurotrophic factors [6], stem cells are becoming an ideal treatment method for neurodegenerative diseases. Here, we summarized the recent progress on the preclinical applications and clinic applications of stem cells in the neurodegenerative diseases, discuss the existing the problems and challenges in applications, which may provide some ideas for the further study of stem cells in neurodegenerative diseases.

The Preclinical Applications of Stem Cells in Neurodegenerative Diseases

Because of the diversity of stem cell types, the diversity of neurodegenerative diseases, diversity of animal models, and the diversity of administration methods, there are many preclinical applications of stem cells in neurodegenerative diseases have been reported in the past twenty years. Those evidences demonstrated no matter pluripotent or unipotent stem cells exhibit good therapeutic advantages in neurodegenerative diseases. The following table was a simple summary we collected for preclinical applications of stem cells in neurodegenerative diseases.

| Cell Lines | Types Of Animal Models | Animals | Types Of Neuro degenerative Diseases | Administration Methods | Effects | The Underlying Mechanism | References |
|---|---|------------------------------------|--------------------------------------|----------------------------|--|--|------------|
| BMMSCs | 6-hydroxydopamine (6-OHDA) PD model | nine-week-old Wistar Han male rats | PD | surgical administration | Improve 6-OHDA PD motor and histological deficits | secreted several kinds of factors | [7] |
| hNSCs | APP/PS1 transgenic mice | / | AD | intranasal Transplantation | Improve neuroinflammation, cholinergic dysfunction, and pericytic and synaptic loss, and enhance adult hippocampal neurogenesis | hNSCs differentiated into cholinergic neurons, and secrete a variety of neurotrophic factors | [8] |
| human neural crest-derived nasal turbinate stem cells, human bone marrow MSCs | 5×FAD transgenic mouse model of AD | 16 weeks, male mice | AD | Injection administration | Reduce the A β plaque deposition and A β levels; regulate inflammatory microglial status; improve the cognitive impairment; increase neuronal survival | differentiated into neuron; modulation of autophagy | [9] |
| human NSCs | The 1-methyl-4-phenyl-1,2,3,6-tetrahydropyridine (MPTP)-induced C57BL/6 PD mice | C57BL/6 mice | PD | nasally administered | hNSCs were mainly distributed in the striatum, cortex, and hippocampus | / | [10] |
| hiPSC | 6-hydroxydopamine (6-OHDA) PD model | RAG2 KO mice | PD | Injection administration | Long-Term Functional Motor Recovery; Reconstruction of the Nigrostriatal Pathway and Innervation of the Striatum | differentiated into mDA neurons | [11] |

| | | | | | | | |
|--|--|---|-----|------------------------------------|--|---|------|
| hiPSC | 6-OHDA-lesioned rats;MPTP-treated monkeys | Seven-eight-week-old male and female NOG mice | PD | Injection administration | Functional behavior improvement | differentiated into mDA neurons | [12] |
| hESCs | 6-hydroxydopamine (6-OHDA) PD model | rats | PD | Injection administration | Functional behavior improvement | differentiated into mDA neurons | [13] |
| human immature dental pulp stem cells (hiDPSC) | 3-nitropropionic acid (3-NP) HD model | 8 weeks male Wistar rats | HD | intravenous transplantation | improve BDNF expression and DARPP32 and D2R expression | secreted neuroprotective factor | [14] |
| hESCs | Viral vector HD model | 8 weeks female Sprague-Dawley rats | HD | Injection administration | Improve motor dysfunctions | differentiated into GABA neurons | [15] |
| hNSCs | HD fragment model R6/2 mice; Q140 Knockin Mice | / | HD | Bilateral intrastriatal injections | improved motor and late-stage cognitive impairment | differentiated into neural populations | [16] |
| BMSCs | lumbar portion of the spinal cord of SOD1G93A mice | 9 or 14 weeks old SOD1G93A mice | ALS | Injection administration | had only a transitory effect | / | [17] |
| ADSCs | transgenic SOD1G93A mice | / | ALS | Injection administration | protects motor neurons and reduces glial activation | secretion of neuroprotective factors; release of pro-inflammatory mediators | [18] |

Table 1: The summary of preclinical applications of stem cells in neurodegenerative diseases

The Clinical Applications of Stem Cells in Neurodegenerative Diseases

Many scientists have demonstrated the feasibility of stem cells in treatment of neurodegenerative diseases from multiple perspectives and mechanisms, and with the further research and the openness of policies in various countries, there are several preclinical applications research of stem cells in neurodegenerative diseases enter into the clinical research stage, and achieved good clinical results in the recent five years. For example, Jeffrey S. Schweitzer, et al. obtained the iPSCs from an idiopathic Parkinson's disease patient, and implanted autologous iPSCs derived midbrain dopaminergic neurons into an elderly man aged 69-year-old with a 10-year history of progressive idiopathic PD,

found that the symptoms of the patient were improved after implantation for 18-24 months [19]. Cudkowicz ME, et al. [20] recruited nine Alzheimer's disease patients at mild-to-moderate stage and treated the patients by three repeated injections of hUCB-MSCs, the results of clinic and physiological and biochemical indexes found that the hUCB-MSCs application on AD patients at mild-to-moderate stage was safe and effective [20] and we summarized the clinical applications of stem cells in neurodegenerative diseases which have been published in pubmed in Table 2. The collected data demonstrated that the clinical applications of cell lines in neurodegenerative diseases were MSCs but not ESCs or iPS, the type neurodegenerative diseases was ALS but not PD or AD (Table 2).

| Cell Lines | Types of Neuro degenerative Diseases | Country | Observation Period | Clinical Stage | Side Effects | References |
|--------------------------|--------------------------------------|---------------|--------------------|----------------------------|--|------------|
| MSC-neurotrophic factors | ALS | US | 28 weeks | phase III clinical trial | did not reach statistical significance on the primary endpoint | [21] |
| bone marrow MSC | ALS | Israel | 7-8 months | phase II clinical trial | Weakness, Fatigue, Headache | [22] |
| ADMSCs | SMA | Iran | 24 months | phase I clinical trial | / | [23] |
| hUCB-MSCs | PD | Korea | 36 months | phase I clinical trial | Fever, Nausea, Headache | [20] |
| hNSCs | ALS | Novara, Italy | 60 months | phase I clinical trial | Pain | [24] |
| MSCs | MSA | US | 12 months | phase I /II clinical trial | Urinary tract infection, Headache, pain | [25] |
| MSC-neurotrophic factors | ALS | US | 6 months | phase II clinical trial | Headache, pain, Pyrexia, Arthralgia | [26] |

Table 2: The summary of clinical applications of stem cells in neurodegenerative diseases.

The Application Limitations of Stem Cells in Neurodegenerative Diseases

Recently, the preclinical and clinic applications of stem cells in neurodegenerative diseases have made great progress, and stem cells exhibit the huge advantages in treatment of neurodegenerative diseases.

But there are several problems that should be considered:

1. The source of stem cells. Stem cells can be divided into ESCs, iPS, NSCs, BMMSCs, UCB-MSCs according to the different classification methods, how to accurately define and differentiate the many kinds of stem cells and how to define the quality standards for stem cells are very important for stem cells clinical application, obtaining a large number of consistent characteristics and consistent quality stem cells that meet clinical usage standards is the key to the clinical application of stem cells
2. The differentiation and induction of stem cells. Currently, there are many kinds of differentiation methods of stem cells, how to make sure orderly and consistent induction efficiency and how to obtain highly consistent stem cell derived functional neural cells, it is also a problem that should be solved
3. The tumorigenicity of ESCs or iPS. Many articles have reported that ESCs or iPS could result in tumorigenicity because of the pluripotency of ESCs or iPS, and it also becomes a huge obstacle for ESCs or iPS applications
4. Animal models of neurodegenerative diseases. The establishment of animal models is to maximize the

simulation of human diseases, in fact, there is a significant gap in the existing animal models of neurodegenerative diseases in humans, this is also a huge obstacle for stem cells applications in neurodegenerative diseases

5. Formulation and update of policies and relevant laws and regulations related to stem cells. So far, stem cell related laws and regulations are also a big obstacle for stem cells applications. For example, many European and American countries have established policies that prohibit stem cell related research, greatly limiting the applications of stem cells.

Conclusion

Although there are still many significant shortcomings in the basic research, preclinical and clinic applications of stem cells, with the research progress of regenerative medicine, the stem cells applications in neurodegenerative diseases will achieve great success in the future.

Competing Interests

The authors declare to have no conflicts of interest.

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