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Novel TREM2 splicing isoform that lacks the V-set immunoglobulin domain is abundant in the human brain

Kostantin Kiianitsa¹, Irina Kurtz², Neal Beeman², Mark Matsushita², Wei-Ming Chien², Wendy H. Raskind^{2,3,4,5}, Olena Korvatska^{3,*}

¹Department of Immunology, University of Washington, Seattle, USA.

²Department of Medicine, Division of Medical Genetics, University of Washington, Seattle, USA.

³Department of Psychiatry and Behavioral Sciences, University of Washington, Seattle, USA

⁴Mental Illness Research, Education and Clinical Center (MIRECC), VA Puget Sound Medical Center, Seattle, USA

⁵Geriatric Research, Education and Clinical Center (GRECC), VA Puget Sound Medical Center, Seattle, USA

Abstract

TREM2 is an immunoglobulin-like receptor expressed by certain myeloid cells, such as macrophages, dendritic cells, osteoclasts and microglia. In the brain, TREM2 plays an important role in the immune function of microglia, and its dysfunction is linked to various neurodegenerative conditions in humans. Ablation of TREM2 or its adaptor protein TYROBP causes Polycystic Lipo-Membranous Osteodysplasia with Sclerosing Leukoencephalopathy (also known as Nasu-Hakola disorder) with early onset of dementia, while some missense variants in TREM2 are associated with an increased risk of late-onset Alzheimer's disease. The human *TREM2* gene is subject to alternative splicing, and its major, full-length canonical transcript encompasses 5 exons. Herein, we report a novel alternatively spliced *TREM2* isoform without exon 2 ($\Delta e2$), which constitutes a sizable fraction of *TREM2* transcripts and has highly variable inter-individual expression in the human brain (average frequency 10%; range 3.7–35%). The protein encoded by $\Delta e2$ lacks a V-set immunoglobulin domain from its extracellular part but retains its transmembrane and cytoplasmic domains. We demonstrated $\Delta e2$ protein expression in TREM2-positive THP-1 cells, in which the expression of full-length transcript was precluded by CRISPR/Cas9 disruption of the exon 2 coding frame. Similar to the full-length TREM2, $\Delta e2$ is sorted to the plasma membrane and is subject to receptor shedding. In “add-back” experiments, $\Delta e2$ TREM2 had diminished capacity to restore phagocytosis of amyloid beta peptide and promote interferon type I response as compared to full-length TREM2. Our findings suggest that changes

*corresponding author (ok5@uw.edu).

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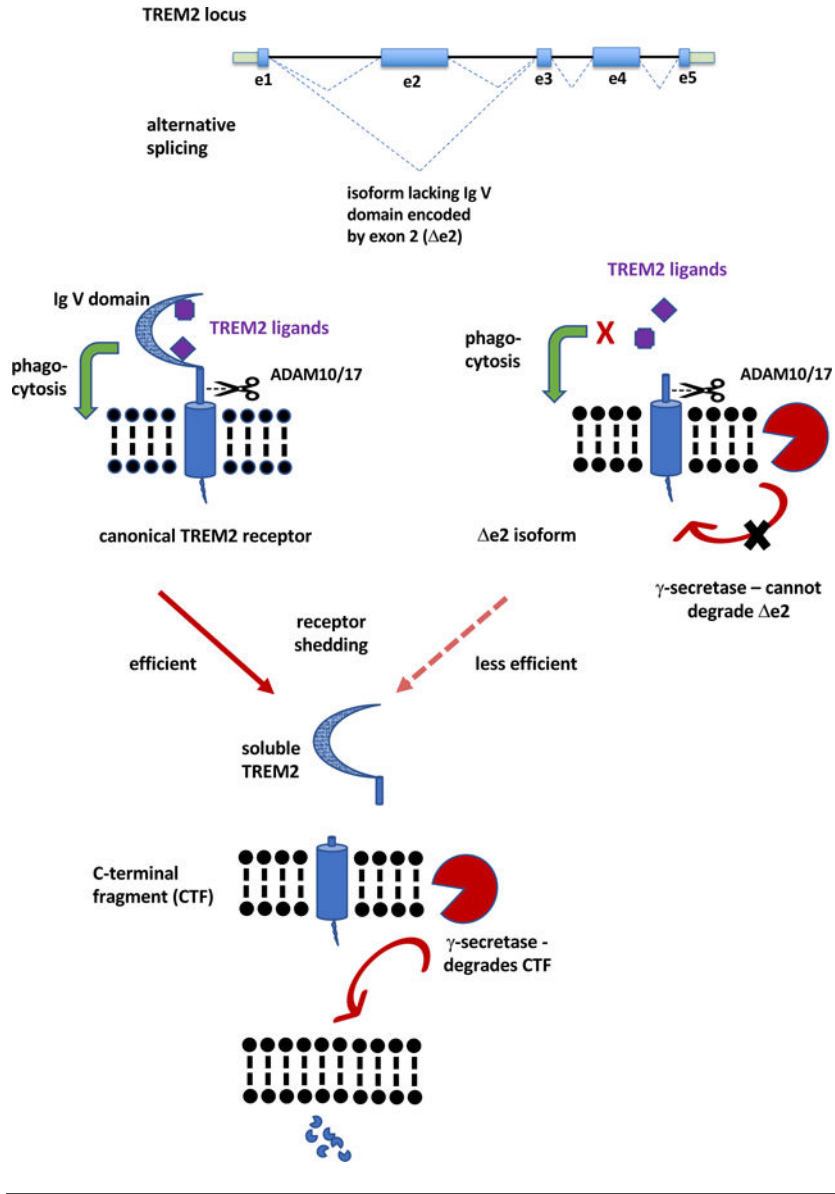
K. K. designed and performed the experiments, analyzed the results, and wrote the manuscript, I. K., M.M., N. B., N.L. and W-M. C. performed the experiments and analyzed the results; W. H. R. and O.K. supervised the studies, analyzed and interpreted the results, wrote the manuscript and acquired funding.

DISCLOSURE

The authors declare no conflicts of interest.

in the balance of two mutually exclusive TREM2 isoforms may modify the dosage of full-length transcript potentially weakening some TREM2 receptor functions in the human brain.

Graphical Abstract



1. Introduction

Triggering **r**eceptor **e**xpressed on **m**yeloid cells **2** (TREM2) is an immunoglobulin-like molecule expressed by some myeloid cells, such as macrophages, dendritic cells, osteoclasts and microglia. It is an important regulator of the innate immune response and its deficiency is linked to several neurodegenerative disorders in humans (1). TREM2 forms a signaling receptor complex with TYROBP adaptor protein. Loss-of-function bi-allelic mutations in TREM2 or TYROBP cause Polycystic Lipo-Membranous Osteodysplasia with Sclerosing

Leukoencephalopathy (PLOSL; OMIM # 618193 and # 221770), a recessive disorder that presents with early onset dementia and bone cysts (2), or familial Frontotemporal Dementia without bone cysts (FTD) (3),(4),(5). PLOSL patients appear cognitively and neurologically normal till the 4th decade, highlighting a neuroprotective role of TREM2 in adult/aging microglia. The TREM2 missense variants R47H and R62H are associated with an increased risk of Alzheimer's disease (AD) (OR 2.8–4.6 (6),(7) and 1.4–2.4 (8),(9), respectively), and R47H may also be linked to Parkinson's disorder (10) and Amyotrophic Lateral Sclerosis (11).

TREM2 is involved in multiple aspects of myeloid cell function (12). In microglia, it regulates chemotaxis, enhances phagocytosis (13) and influences survival, proliferation and differentiation (14). Recently, we demonstrated a novel role of TREM2 in the regulation of antiviral interferon type I response (IFN I) in myeloid cells and exaggerated response in the brain of R47H carriers with AD (15). TREM2 binds lipids and lipoproteins (16), including the known AD risk factors ApoE and ApoJ/CLU (17). Another TREM2 ligand is amyloid beta peptide (A β) (18), a major constituent of amyloid deposits in AD brains. TREM2 binding to A β activates microglia cytokine production and degradation of internalized peptide. A soluble form of TREM2, a product of cleavage or alternative splicing, may have a separate function as an extracellular signaling molecule that promotes cell survival (19).

The human *TREM2* gene is represented by several alternatively spliced transcripts (Fig. 1A). A major canonical form, ENST00000373113, comprises 5 exons and encodes the full-length transmembrane receptor protein. Two minor isoforms are products of alternative splicing of exon 4 that encodes the transmembrane domain. In ENST00000338469, exon 4 is skipped, while in ENST00000373122 exon 4 has an alternative start that changes its coding sequence. As a result, both isoforms lack the transmembrane domain and are thought to be secreted proteins. All three *TREM2* isoforms are expressed in the human cortex (8). Herein, we report a novel alternatively spliced *TREM2* transcript lacking exon 2 ($\Delta e2$) which constitutes a sizable fraction of *TREM2* transcripts in the brain and has functional activities different from the canonical full-length TREM2.

2. Materials and Methods

2.1. Brain tissues for RNA analyses.

The study was approved by the Institutional Review Board of the University of Washington. Postmortem human brain tissues of cognitively normal individuals (N=14) were provided by the UW Neuropathology Core Brain Bank (Table 1S). Permission was obtained from donors for brain autopsy and the use of tissues for research purposes. The average post-mortem interval was 4.2 h (range 2:30–6:25 h). Tissue samples were flash-frozen at the time of autopsy and stored at -80°C .

2.2. Cell lines and derivatives.

Human myeloid cell lines THP-1 and MOLM-13 were obtained from the ATCC. Cells were cultured in RPMI supplemented with GlutaMax and 10% fetal bovine serum. TREM2 knockouts THP-1 (KO) were engineered using CRISPR/Cas9 disruption of the coding

frame in exon 2 (15). Coding sequences of human full-length *TREM2* (ENST00000373113) and the $\Delta e2$ isoform were synthesized and cloned into the doxycycline-inducible lentiviral pCW57-MCS1-2A-MCS2 vector (Addgene, #71782). For “add-back” experiments, *TREM2* KO cells were transduced with the corresponding full-length or $\Delta e2$ lentiviral expression constructs. Efficiencies of transduction were 90% and 75% for the FL and $\Delta e2$ constructs, respectively. After puromycin selection, resistant cells were harvested and cryopreserved; low passage cultures were used for all experimentation. Ectopic *TREM2* expression was induced with doxycycline (100 ng/ml) and validated by qRT-PCR and by Western blot.

2.3. Chemicals and inhibitors.

Phorbol 12-myristate 13-acetate (PMA, Millipore-Sigma, CAS 16561-29-8), doxycycline (Thermo Fisher, CAS 10592-13-9), puromycin (Gibco, #A1113803), recombinant human IL-4 (PeproTech, #200-04); gamma-secretase inhibitor IX (DAPT, Millipore-Sigma, CAS 208255-80-5).

2.4. RNA isolation and cDNA synthesis.

Total RNA from cultured cells was isolated with the RNeasy kit (Qiagen; #74106). Total RNA from cryopreserved brain autopsies was isolated using TRIZOL reagent (Invitrogen). cDNA was synthesized using SuperScript III First-Strand Synthesis kit with oligo(dT) primers (Invitrogen, #18080051).

2.5. *TREM2* cDNA cloning.

Total RNA was isolated from frontal cortex of four subjects and converted to cDNA. *TREM2* sequence was amplified using primers positioned within untranslated 5' and 3' regions; forward primer: 5'-gcagttcaagggaagacga-3'; reverse primer: 5'-tccagctaaatgacagtcttgg-3'. PCR products were gel-purified, cloned into pCR-XL-Topo vector (Invitrogen, # K4700) and sequenced.

2.6. qRT-PCR assays

were performed on a 7500 Real-Time PCR System (Applied Biosystems) in technical duplicates or triplicates. *TBP* (TATA-Box Binding Protein) was used as an endogenous control. The following predesigned TaqMan assays (Life Technologies) were used: *TREM2* Hs01010721_m1; *TYROBP* Hs00182426_m1; *TBP* Hs00427620_m1; *IFNB* Hs01077958_s1; *IRF7*: Hs01014809_g1, *IFIH1*: Hs00223420_m1.

We designed a pair of custom TaqMan assays which specifically measure the $\Delta e2$ transcript (e1/e3: probe spanning exon1/3 junction) vs full-length and other transcripts that retain exon 2 (e2/e3: probe spanning exon 2/3 junction).

Oligo sequences and concentrations for e1/e3 assay were:

forward primer: 5'-TCTTGCACAAGGCACTCT-3' (600 nM);

reverse primer: 5'-GAACCAGAGATCTCCAGCAT-3' (600 nM);

probe: 5'-TGTCACAGACCCCCTGGATCACCG-3' (133 nM).

Oligo sequences and concentrations for e2/e3 assay were:

forward primer: 5'- ACGCTGCGGAATCTACAA -3' (900 nM);

reverse primer: 5'- GAACCAGAGATCTCCAGCAT -3' (900 nM);

probe: 5'- CTGGCAGACCCCCTGGATCACCG -3' (200 nM)

2.7. Western blotting.

Cytoplasmic and plasma membrane fractions were prepared from 6×10^6 cells using the Mem-PER Plus Protein extraction kit (Thermo Fisher, #P-189842). Whole cell lysates or equivalent amounts of fractionated extracts were resolved on polyacrylamide gel, transferred to nitrocellulose membrane and stained with monoclonal TREM2 Abs that recognize C-terminal epitope (Cell Signaling Technology, #91068) at 1:1,000 dilution. For gel loading and cell fractionation controls, we used β -Tubulin (Cell Signaling Technology, #86298, 1:1,000), HRP-conjugated GAPDH (BioLegend, clone W17079A, 1:4,000) and CANX Abs (BioLegend, #699401, 1:2,000). Secondary Abs were: HRP donkey anti-rabbit IgG (BioLegend, #406401, 1:1,000), HRP goat anti-rat IgG (sc-2006, Santa-Cruz, 1:2,000) and HRP goat anti-mouse IgG (Abcam, ab97023, 1:10,000).

2.8. Phagocytosis assay.

In vitro aggregation of amyloid peptide ($A\beta_{1-42}$, Bachem #H-1368, 100 μ M in PBS) was carried out by incubation for 4 days at 37°C; insoluble pellet was precipitated and labeled by pHrodo Red according to the manufacturer's protocol (Life Technologies, #P36600). Phagocytosis of aggregated $A\beta$ was measured as described (15). Briefly, THP-1 monocytes were plated at 5×10^5 /ml density, TREM2 expression was induced by 100 ng/ml doxycycline overnight (16–18 h). Cells were incubated for 3 h at 37°C with 0.25 μ g/ml $A\beta$ -pHrodo that emits a fluorescent signal only in an acidic lysophagosome compartment, collected and washed in ice-cold PBS with 1% BSA. Uptake of $A\beta$ -pHrodo was measured on the LSRII Flow cytometer (BD Biosciences) and data analyzed by FlowJo. 20,000 events per sample were scored, cells were gated by forward and side scatter to include only live cells. Phagocytosis was calculated from mean fluorescence intensity of internalized pHrodo.

2.9. THP-1 differentiation into macrophages and stimulation of IFN I response.

Differentiation to macrophages was performed as previously described (15) using 5ng/ml phorbol 12-myristate 13-acetate (PMA) for 48 h followed by 24 h of recovery without PMA. IFN I response was induced by high molecular weight poly(I:C) complexes with LyoVec transfection reagent (Invivogen, tlr1-piclv, 500 ng/ml), in combination with IFN β (PeproTech, #300-02, 100 Units/ml) for 24 h. For “add-back” experiments, TREM2 expression was induced by 100 ng/ml doxycycline 16–18 h prior to the IFN I response stimulation.

2.10. Statistical analysis

was performed using Prism version 8 software (GraphPad, La Jolla, CA).

3. Results and Discussion.

We analyzed the distribution of *TREM2* isoforms in human brains using primers to 5' and 3' untranslated regions. RT-PCR products were cloned and sequenced. In addition to the annotated isoforms, we identified a novel splice variant lacking exon 2 ($\Delta e2$, Fig. 1A) that comprised approximately 40% of sequenced clones (Fig. 1B). Exon 2 skipping produces in-frame deletion of amino acids 14–130 corresponding to a portion of signal peptide and the entire V-set Immunoglobulin (Ig V) domain (aa 29–112, Fig. 1S).

To confirm $\Delta e2$ is a naturally occurring *TREM2* isoform, we tested THP-1 and MOLM-13, two cell lines ranked as top *TREM2*-TYROBP expressors among 1,443 cell lines (<https://genevestigator.com>, Fig. 1C). Because both PCR and cloning of fragments of different length may introduce an efficiency bias and therefore cannot reliably quantify isoforms, we designed a pair of TaqMan qRT-PCR assays, in which probes spanned either exon 2/3 or exon 1/3 junctions. The e1/e3 assay measures exclusively the $\Delta e2$ while e2/e3 assay accounts for all *TREM2* isoforms that retained exon 2. We used plasmids with cloned full-length and $\Delta e2$ *TREM2* sequences to verify assay's specificity and to make standard curves for absolute copy number determination. The $\Delta e2$ isoform accounted for ~9% and 7% of total *TREM2* transcripts in THP-1 and MOLM-13, respectively (Fig. 1D). In human brain, $\Delta e2$ had highly variable expression ranging 3.5–17% in the frontal lobe and 3.7–35% in the hippocampus (Fig. 1F). Both areas expressed comparable levels of total *TREM2* transcript with higher inter-individual variability in the hippocampus (Fig. 1E).

To confirm protein expression of *TREM2* isoforms, we used unmodified THP-1 and cells in which exon 2 coding sequence was disrupted by CRISPR/Cas9 (*TREM2* KO THP-1, (15)). The editing is expected to terminate translation of all isoforms that retain exon 2 while preserving the $\Delta e2$ isoform. Cells were stimulated by IL-4 known to induce *TREM2* expression in primary macrophages (20). The membrane was probed with monoclonal antibodies recognizing an epitope at the C-terminus. In unmodified cells, two major bands were observed: the upper one corresponding to full-length protein (predicted size 25 kDa) and the lower one corresponding to the C-terminal *TREM2* fragment (CTF, predicted size 8 kDa), a membrane-associated product of proteolytic receptor shedding (Fig. 2A) (21), (22). A minor band of $\Delta e2$ polypeptide (predicted size 11 kDa) was located above the CTF band. As expected, *TREM2* KO cells did not express full-length protein. Upon IL-4 stimulation, only the $\Delta e2$ isoform was increased in *TREM2* KO, whereas all *TREM2* species were increased in unmodified cells.

Because exon 2 exclusion modifies the signal peptide, we tested if $\Delta e2$ was able to sort normally to the plasma membrane. We prepared cytoplasmic and membrane fractions from unmodified THP-1 and THP-1 *TREM2* KO cells overexpressing either full-length or $\Delta e2$. Equivalent amounts of extracts were resolved on a protein gel and the membrane was probed with Abs recognizing an epitope at the C-terminus. Both endogenous and overexpressed $\Delta e2$ proteins were associated with the membrane fraction similarly to full-length and CTF *TREM2* (Fig. 2B). The membrane-bound $\Delta e2$ underwent further processing to the CTF by receptor shedding proteases, although the shedding efficiency was lower than that of

the full-length form (Fig. 2C). This observation raised a question about turnover of the membrane-bound $\Delta e2$. It was previously shown that the membrane-bound CTF undergoes further proteolytic processing by the intramembrane gamma-secretase, an enzyme with high preference to proteins already truncated by receptor shedding proteases (23),(24). Because the $\Delta e2$ differs from the CTF by less than 20 residues at the N-terminus, we asked whether the $\Delta e2$ may also be a substrate for gamma-secretase. If so, pharmacological inhibition of gamma-secretase will lead to accumulation of $\Delta e2$, as well as CTF. After induction of full-length and $\Delta e2$ expression, TREM2 KO THP-1 cells were treated with gamma secretase inhibitor DAPT for 24 h (Fig 3A). As expected, CTF level increased in all DAPT-treated samples; neither $\Delta e2$ nor full-length TREM2 accumulated upon gamma-secretase inhibition (Fig. 3B-C). Thus, $\Delta e2$ is not a substrate of gamma-secretase. To compare efficiencies of full-length and $\Delta e2$ conversion to CTF in overexpression experiments, we normalized CTF as percentage of total TREM2 (Fig. 3D). Independently of DAPT treatment, $\Delta e2$ processing to CTF was significantly lower than that of full-length indicating that $\Delta e2$ is a less than optimal substrate of shedding proteases. The combination of less efficient $\Delta e2$ shedding and resistance to gamma-secretase suggests that this isoform might have increased stability, a question that needs to be explored in future studies.

We recently showed that TREM2 ablation substantially blunted IFN I response and reduced A β phagocytosis in THP-1 cells; these activities were restored upon overexpression of either common variant or R47H variant proteins (15). To see if the $\Delta e2$ isoform complements these deficits, we integrated it into TREM2 KO THP-1 under control of a doxycycline-inducible promoter. $\Delta e2$ was unable to restore A β phagocytosis in TREM2 KO (Fig. 4A, Fig. 2S); it also had diminished ability to stimulate IFN I response genes *IFNB* and *IFIH1* (Fig. 4B, Fig. 3S). Thus, $\Delta e2$, a naturally occurring TREM2 splice isoform enriched in the human brain, does not complement some activities of full-length TREM2.

Alternative RNA splicing is an important mechanism that generates protein diversity by reshuffling functional domains of proteins. Variants that affect splicing regulatory motifs are usually deleterious, and about one-tenth of disease-associated variants reported in the Human Gene Mutation Database are splicing mutations (25). Of known loss of function TREM2 variants responsible for PLOSL and FTD about 20% disrupt the coding frame via altered splicing. These include variants that cause intron 2 retention (26) and exon 3 skipping (27) in FTD or PLOSL patients. A variant in intron 1, c.40+3delAGG, responsible for FTD without bone cysts, weakens the donor splice site resulting in 2-fold reduction of TREM2 level (28).

Exon 2 encodes most of the extracellular TREM2 moiety harboring the AD-associated R47 and R62, as well as the majority of residues mutated in PLOSL and FTD (1). Its absence is likely to affect TREM2 interactions with known ligands and is a plausible cause of $\Delta e2$'s inability to complement the A β phagocytosis deficiency of TREM2 KO cells. Because exon skipping/inclusion are mutually exclusive events, production of the $\Delta e2$ transcript is expected to decrease the levels of canonical transcripts that retain exon 2. Additionally, because the $\Delta e2$ retains transmembrane and cytoplasmic domains including lysine residue K186 that interacts with D50 in TYROBP (29), this isoform is able to form the complex

with the adaptor protein. Future studies will be required to determine whether $\Delta e2$ has an additional regulatory role in TREM2 signaling, for instance by competing for binding with the TYROBP adaptor and sequestering full-length TREM2 from the receptor complex. Data presented in Fig. 3 suggest that a competitive advantage of the $\Delta e2$ isoform may be achieved via its less efficient shedding.

TREM2 resides within the TREM gene cluster on chromosome 6p21.1, which also includes structurally similar paralogs TREM1, TREML1, TREML2 and TREML4. Coding and non-coding variants in these genes were found to modify AD risks, independently of TREM2 R47H (30), (31). Interestingly, the TREML1/TLT-1 paralog also has an alternatively spliced transcript (ENST00000437044.2) (32) with skipped exon 2 corresponding to an entire Ig V domain. This suggests that Ig V inclusion/exclusion via alternative splicing is one of nature's tool for functional diversification of some of the Ig-like immune molecules.

The inhibitory CD33 receptor is another microglia-specific AD risk gene (33), (34). Similar to TREM2, CD33 belongs to the superfamily of Ig-like immune receptors, and its Ig V domain is encoded by exon 2 (Fig. 5). Intriguingly, the AD-associated SNP, rs3865444, is in linkage disequilibrium with another SNP in exon 2 (rs12459419). C/T variation in rs12459419 modulates CD33 exon 2 splicing: the AD risk rs12459419-C promotes inclusion of exon 2, while a protective allele, rs12459419-T, instructs exon 2 skipping and production of $\Delta e2$ CD33 (35), (36). The full-length CD33 exerts an inhibitory effect on some microglia activities, such as cytokine production and/or phagocytosis in response to AD-relevant stimuli, whereas $\Delta e2$ CD33 is unable to suppress microglia activation and amyloid plaque phagocytosis *in vitro* and *in vivo* (37). While a link between alternative splicing and neurodegeneration has been established for CD33, the impact of Ig V domain inclusion/exclusion on TREM2 function and its contribution to neurodegenerative pathologies remain to be elucidated.

Supplementary Material

Refer to Web version on PubMed Central for supplementary material.

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Abbreviations:

| | |
|--------------|---|
| PLOSL | Polycystic Lipo-Membranous Osteodysplasia with Sclerosing Leukoencephalopathy |
| FTD | Frontotemporal dementia |
| AD | Alzheimer's disease |
| ALS | Amyotrophic lateral sclerosis |

| | |
|----------------------------|----------------------|
| Aβ | Amyloid beta peptide |
| FL | Full length |
| CTF | C-terminal fragment |
| Δ e2 | exon 2 lacking |
| IgV | V-set Immunoglobulin |
| TM | Transmembrane |
| KO | Knockout |
| IFN | I Interferon type I |

References

- Ulland TK and Colonna M 2018. TREM2 - a key player in microglial biology and Alzheimer disease. *Nature reviews. Neurology* 14:667. [PubMed: 30266932]
- Paloneva J, Manninen T, Christman G, Hovanes K, Mandelin J, Adolfsson R, Bianchin M, Bird T, Miranda R, Salmaggi A, Tranebjaerg L, Kontinen Y, and Peltonen L 2002. Mutations in two genes encoding different subunits of a receptor signaling complex result in an identical disease phenotype. *American journal of human genetics* 71:656. [PubMed: 12080485]
- Guerreiro R, Bilgic B, Guven G, Bras J, Rohrer J, Lohmann E, Hanagasi H, Gurvit H, and Emre M 2013. Novel compound heterozygous mutation in TREM2 found in a Turkish frontotemporal dementia-like family. *Neurobiology of aging* 34:2890 e1.
- Guerreiro RJ, Lohmann E, Bras JM, Gibbs JR, Rohrer JD, Gurunlian N, Dursun B, Bilgic B, Hanagasi H, Gurvit H, Emre M, Singleton A, and Hardy J 2013. Using exome sequencing to reveal mutations in TREM2 presenting as a frontotemporal dementia-like syndrome without bone involvement. *JAMA neurology* 70:78. [PubMed: 23318515]
- Le Ber I, De Septenville A, Guerreiro R, Bras J, Camuzat A, Caroppo P, Lattante S, Couarch P, Kabashi E, Bouya-Ahmed K, Dubois B, and Brice A 2014. Homozygous TREM2 mutation in a family with atypical frontotemporal dementia. *Neurobiology of aging* 35:2419 e23.
- Guerreiro R, Wojtas A, Bras J, Carrasquillo M, Rogaeva E, Majounie E, Cruchaga C, Sassi C, Kauwe JS, Younkin S, Hazrati L, Collinge J, Pocock J, Lashley T, Williams J, Lambert JC, Amouyel P, Goate A, Rademakers R, Morgan K, Powell J, St George-Hyslop P, Singleton A, and Hardy J 2012. TREM2 Variants in Alzheimer's Disease. *The New England journal of medicine*.
- Jonsson T, Stefansson H, Ph DS, Jonsdottir I, Jonsson PV, Snaedal J, Bjornsson S, Huttenlocher J, Levey AI, Lah JJ, Rujescu D, Hampel H, Giegling I, Andreassen OA, Engedal K, Ulstein I, Djurovic S, Ibrahim-Verbaas C, Hofman A, Ikram MA, van Duijn CM, Thorsteinsdottir U, Kong A, and Stefansson K 2012. Variant of TREM2 Associated with the Risk of Alzheimer's Disease. *The New England journal of medicine*.
- Jin SC, Benitez BA, Karch CM, Cooper B, Skorupa T, Carrell D, Norton JB, Hsu S, Harari O, Cai Y, Bertelsen S, Goate AM, and Cruchaga C 2014. Coding variants in TREM2 increase risk for Alzheimer's disease. *Human molecular genetics* 23:5838. [PubMed: 24899047]
- Song W, Hooli B, Mullin K, Jin SC, Cella M, Ulland TK, Wang Y, Tanzi RE, and Colonna M 2017. Alzheimer's disease-associated TREM2 variants exhibit either decreased or increased ligand-dependent activation. *Alzheimer's & dementia : the journal of the Alzheimer's Association* 13:381.
- Rayaprolu S, Mullen B, Baker M, Lynch T, Finger E, Seeley WW, Hatanpaa KJ, Lomen-Hoerth C, Kertesz A, Bigio EH, Lippa C, Josephs KA, Knopman DS, White CL 3rd, Caselli R, Mackenzie IR, Miller BL, Boczarska-Jedynak M, Opala G, Krygowska-Wajs A, Barcikowska M, Younkin SG, Petersen RC, Ertekin-Taner N, Uitti RJ, Meschia JF, Boylan KB, Boeve BF, Graff-Radford NR, Wszolek ZK, Dickson DW, Rademakers R, and Ross OA 2013. TREM2 in neurodegeneration:

evidence for association of the p.R47H variant with frontotemporal dementia and Parkinson's disease. *Molecular neurodegeneration* 8:19. [PubMed: 23800361]

11. Cady J, Koval ED, Benitez BA, Zaidman C, Jockel-Balsarotti J, Allred P, Baloh RH, Ravits J, Simpson E, Appel SH, Pestronk A, Goate AM, Miller TM, Cruchaga C, and Harms MB 2014. TREM2 variant p.R47H as a risk factor for sporadic amyotrophic lateral sclerosis. *JAMA neurology* 71:449. [PubMed: 24535663]
12. Deczkowska A, Weiner A, and Amit I 2020. The Physiology, Pathology, and Potential Therapeutic Applications of the TREM2 Signaling Pathway. *Cell* 181:1207. [PubMed: 32531244]
13. Kleinberger G, Yamanishi Y, Suarez-Calvet M, Czirr E, Lohmann E, Cuyvers E, Struyfs H, Pettkus N, Wenninger-Weinzierl A, Mazaheri F, Tahirovic S, Lleo A, Alcolea D, Fortea J, Willem M, Lammich S, Molinuevo JL, Sanchez-Valle R, Antonell A, Ramirez A, Heneka MT, Slegers K, van der Zee J, Martin JJ, Engelborghs S, Demirtas-Tatlidede A, Zetterberg H, Van Broeckhoven C, Gurvit H, Wyss-Coray T, Hardy J, Colonna M, and Haass C 2014. TREM2 mutations implicated in neurodegeneration impair cell surface transport and phagocytosis. *Science translational medicine* 6:243ra86.
14. Zheng H, Jia L, Liu CC, Rong Z, Zhong L, Yang L, Chen XF, Fryer JD, Wang X, Zhang YW, Xu H, and Bu G 2017. TREM2 Promotes Microglial Survival by Activating Wnt/beta-Catenin Pathway. *The Journal of neuroscience : the official journal of the Society for Neuroscience* 37:1772. [PubMed: 28077724]
15. Korvatska O, Kiianitsa K, Ratushny A, Matsushita M, Beeman N, Chien WM, Satoh JI, Dorschner MO, Keene CD, Bammler T, Bird TD, and Raskind WH 2020. TREM2 R47H exacerbates immune response in Alzheimer's disease brain. *Front Immunol* 11.
16. Wang Y, Cella M, Mallinson K, Ulrich JD, Young KL, Robinette ML, Gilfillan S, Krishnan GM, Sudhakar S, Zinselmeyer BH, Holtzman DM, Cirrito JR, and Colonna M 2015. TREM2 lipid sensing sustains the microglial response in an Alzheimer's disease model. *Cell* 160:1061. [PubMed: 25728668]
17. Yeh FL, Wang Y, Tom I, Gonzalez LC, and Sheng M 2016. TREM2 Binds to Apolipoproteins, Including APOE and CLU/APOJ, and Thereby Facilitates Uptake of Amyloid-Beta by Microglia. *Neuron* 91:328. [PubMed: 27477018]
18. Zhao Y, Wu X, Li X, Jiang LL, Gui X, Liu Y, Sun Y, Zhu B, Pina-Crespo JC, Zhang M, Zhang N, Chen X, Bu G, An Z, Huang TY, and Xu H 2018. TREM2 Is a Receptor for beta-Amyloid that Mediates Microglial Function. *Neuron* 97:1023. [PubMed: 29518356]
19. Zhong L, Chen XF, Wang T, Wang Z, Liao C, Wang Z, Huang R, Wang D, Li X, Wu L, Jia L, Zheng H, Painter M, Atagi Y, Liu CC, Zhang YW, Fryer JD, Xu H, and Bu G 2017. Soluble TREM2 induces inflammatory responses and enhances microglial survival. *The Journal of experimental medicine* 214:597. [PubMed: 28209725]
20. Turnbull IR, Gilfillan S, Cella M, Aoshi T, Miller M, Piccio L, Hernandez M, and Colonna M 2006. Cutting edge: TREM-2 attenuates macrophage activation. *J Immunol* 177:3520. [PubMed: 16951310]
21. Thornton P, Sevalle J, Deery MJ, Fraser G, Zhou Y, Stahl S, Franssen EH, Dodd RB, Qamar S, Gomez Perez-Nievas B, Nicol LS, Eketjall S, Revell J, Jones C, Billinton A, St George-Hyslop PH, Chessell I, and Crowther DC 2017. TREM2 shedding by cleavage at the H157-S158 bond is accelerated for the Alzheimer's disease-associated H157Y variant. *EMBO Mol Med* 9:1366. [PubMed: 28855301]
22. Schlepckow K, Kleinberger G, Fukumori A, Feederle R, Lichtenthaler SF, Steiner H, and Haass C 2017. An Alzheimer-associated TREM2 variant occurs at the ADAM cleavage site and affects shedding and phagocytic function. *EMBO Mol Med* 9:1356. [PubMed: 28855300]
23. Wunderlich P, Glebov K, Kemmerling N, Tien NT, Neumann H, and Walter J 2013. Sequential proteolytic processing of the triggering receptor expressed on myeloid cells-2 (TREM2) protein by ectodomain shedding and gamma-secretase-dependent intramembranous cleavage. *The Journal of biological chemistry* 288:33027. [PubMed: 24078628]
24. Zhong L, Chen XF, Zhang ZL, Wang Z, Shi XZ, Xu K, Zhang YW, Xu H, and Bu G 2015. DAP12 Stabilizes the C-terminal Fragment of the Triggering Receptor Expressed on Myeloid Cells-2 (TREM2) and Protects against LPS-induced Pro-inflammatory Response. *The Journal of biological chemistry* 290:15866. [PubMed: 25957402]

25. Stenson PD, Mort M, Ball EV, Evans K, Hayden M, Heywood S, Hussain M, Phillips AD, and Cooper DN 2017. The Human Gene Mutation Database: towards a comprehensive repository of inherited mutation data for medical research, genetic diagnosis and next-generation sequencing studies. *Human genetics* 136:665. [PubMed: 28349240]
26. Li X, Sun Y, Gong L, Zheng L, Chen K, Zhou Y, Gu Y, Xu Y, Guo Q, Hong Z, Ding D, Fu J, and Zhao Q 2019. A novel homozygous mutation in TREM2 found in a Chinese early-onset dementia family with mild bone involvement. *Neurobiology of aging*.
27. Numasawa Y, Yamaura C, Ishihara S, Shintani S, Yamazaki M, Tabunoki H, and Satoh JI 2011. Nasu-Hakola disease with a splicing mutation of TREM2 in a Japanese family. *European journal of neurology : the official journal of the European Federation of Neurological Societies* 18:1179.
28. Chouery E, Delague V, Bergougnoux A, Koussa S, Serre JL, and Megarbane A 2008. Mutations in TREM2 lead to pure early-onset dementia without bone cysts. *Human mutation* 29:E194. [PubMed: 18546367]
29. Call ME, Wucherpfeffig KW, and Chou JJ 2010. The structural basis for intramembrane assembly of an activating immunoreceptor complex. *Nature immunology* 11:1023. [PubMed: 20890284]
30. Benitez BA, Jin SC, Guerreiro R, Graham R, Lord J, Harold D, Sims R, Lambert JC, Gibbs JR, Bras J, Sassi C, Harari O, Bertelsen S, Lupton MK, Powell J, Bellenguez C, Brown K, Medway C, Haddick PC, van der Brug MP, Bhargale T, Ortmann W, Behrens T, Mayeux R, Pericak-Vance MA, Farrer LA, Schellenberg GD, Haines JL, Turton J, Braae A, Barber I, Fagan AM, Holtzman DM, Morris JC, Group CS, consortium E, Alzheimer's Disease Genetic C, Alzheimer's Disease Neuroimaging I, Consortium G, Williams J, Kauwe JS, Amouyel P, Morgan K, Singleton A, Hardy J, Goate AM, and Cruchaga C 2014. Missense variant in TREML2 protects against Alzheimer's disease. *Neurobiology of aging* 35:1510 e19.
31. Carrasquillo MM, Allen M, Burgess JD, Wang X, Strickland SL, Aryal S, Siuda J, Kachadoorian ML, Medway C, Younkin CS, Nair A, Wang C, Chanana P, Serie D, Nguyen T, Lincoln S, Malphrus KG, Morgan K, Golde TE, Price ND, White CC, De Jager PL, Bennett DA, Asmann YW, Crook JE, Petersen RC, Graff-Radford NR, Dickson DW, Younkin SG, and Ertekin-Taner N 2017. A candidate regulatory variant at the TREM gene cluster associates with decreased Alzheimer's disease risk and increased TREML1 and TREM2 brain gene expression. *Alzheimer's & dementia : the journal of the Alzheimer's Association* 13:663.
32. Gerhard DS, Wagner L, Feingold EA, Shenmen CM, Grouse LH, et al. 2004. The status, quality, and expansion of the NIH full-length cDNA project: the Mammalian Gene Collection (MGC). *Genome research* 14:2121. [PubMed: 15489334]
33. Carrasquillo MM, Belbin O, Hunter TA, Ma L, Bisceglia GD, Zou F, Crook JE, Pankratz VS, Sando SB, Aasly JO, Barcikowska M, Wszolek ZK, Dickson DW, Graff-Radford NR, Petersen RC, Passmore P, Morgan K, Alzheimer's Research U. K. c., and Younkin SG 2011. Replication of EPHA1 and CD33 associations with late-onset Alzheimer's disease: a multi-centre case-control study. *Molecular neurodegeneration* 6:54. [PubMed: 21798052]
34. Bradshaw EM, Chibnik LB, Keenan BT, Ottoboni L, Raj T, Tang A, Rosenkrantz LL, Imboywa S, Lee M, Von Korff A, Alzheimer Disease Neuroimaging I, Morris MC, Evans DA, Johnson K, Sperling RA, Schneider JA, Bennett DA, and De Jager PL 2013. CD33 Alzheimer's disease locus: altered monocyte function and amyloid biology. *Nat Neurosci* 16:848. [PubMed: 23708142]
35. Malik M, Simpson JF, Parikh I, Wilfred BR, Fardo DW, Nelson PT, and Estus S 2013. CD33 Alzheimer's risk-altering polymorphism, CD33 expression, and exon 2 splicing. *The Journal of neuroscience : the official journal of the Society for Neuroscience* 33:13320. [PubMed: 23946390]
36. Raj T, Ryan KJ, Replogle JM, Chibnik LB, Rosenkrantz L, Tang A, Rothamel K, Stranger BE, Bennett DA, Evans DA, De Jager PL, and Bradshaw EM 2014. CD33: increased inclusion of exon 2 implicates the Ig V-set domain in Alzheimer's disease susceptibility. *Human molecular genetics* 23:2729. [PubMed: 24381305]
37. Griciuc A, Serrano-Pozo A, Parrado AR, Lesinski AN, Asselin CN, Mullin K, Hooli B, Choi SH, Hyman BT, and Tanzi RE 2013. Alzheimer's disease risk gene CD33 inhibits microglial uptake of amyloid beta. *Neuron* 78:631. [PubMed: 23623698]

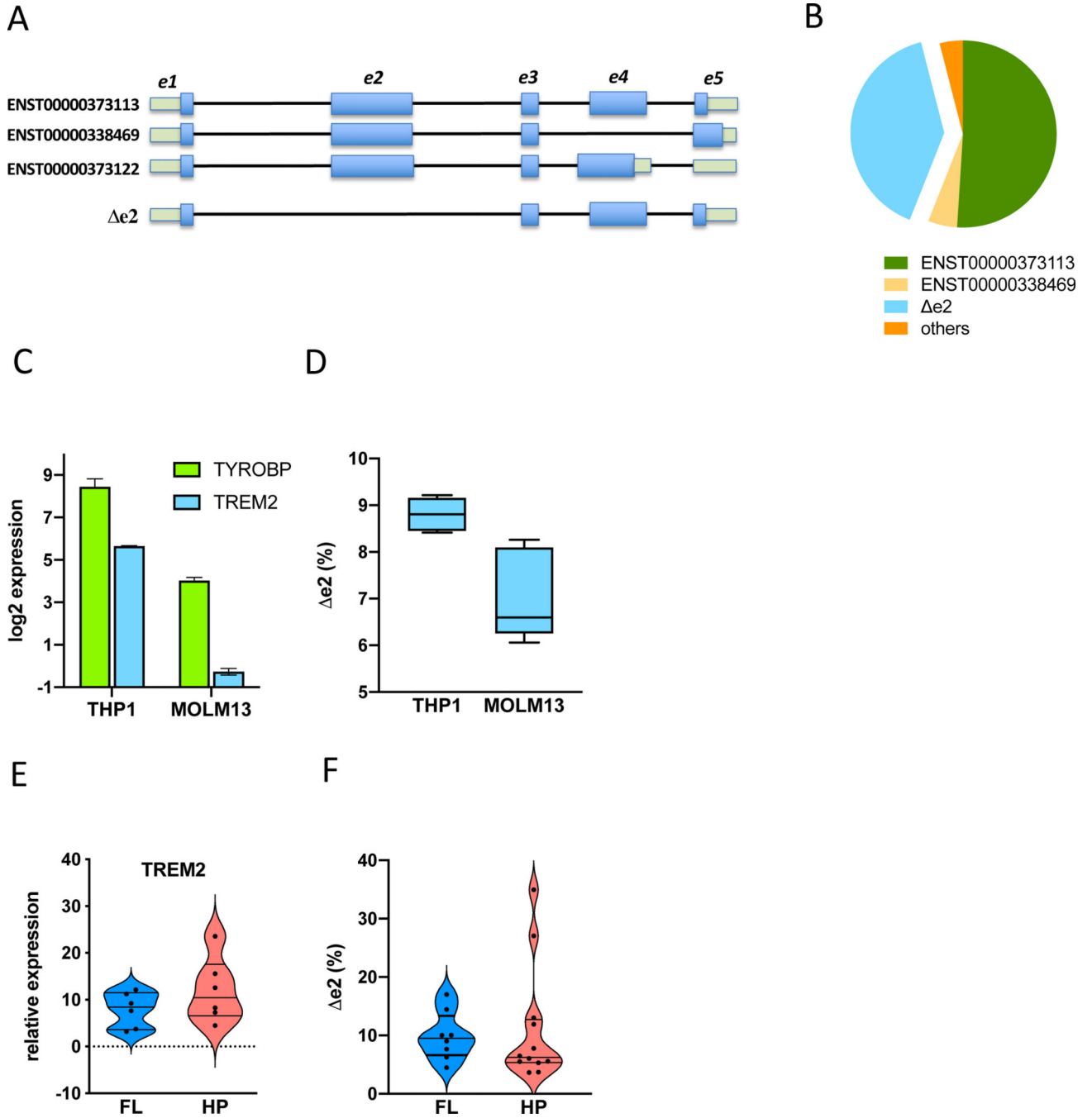


Figure 1. $\Delta e2$ *TREM2* splice isoform is enriched in human brain.

(A) $\Delta e2$ and three annotated (canonical) alternatively spliced *TREM2* transcripts that retained exon 2. Blue boxes mark coding sequence in exons. (B) Frequencies of isoforms in the cDNA library cloned from human frontal cortex (four subjects, N=75 clones sequenced). (C) Relative levels of *TREM2* and *TYROBP* transcripts expressed by *TREM2*-positive THP-1 and MOLM-13 cell lines. (D) fraction of $\Delta e2$ transcript expressed by these cells. (E) Relative levels of *TREM2* expressed in the frontal lobe (FL, N=6) and hippocampus (HP, N=6) of the human brain. Gene expression in C and E was measured using qRT-PCR

with commercial TaqMan assays for *TYROBP* and for major *TREM2* isoforms (specific for e3/e4 junction), expression levels were normalized to *TBP* expression. (F) fraction of $\Delta e2$ transcript expressed in FL (N=8) and HP (N=12). D, F - Levels of $\Delta e2$ and isoforms that retained exon 2 were measured using custom TaqMan assays specific for e1/e3 and e2/e3 junctions, respectively. Absolute copy number of each isoform was calculated using calibration curves of corresponding plasmid standards.

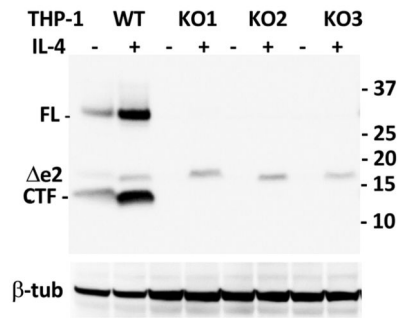
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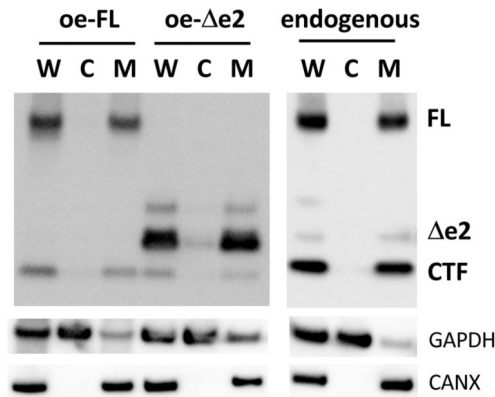
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A



B



C

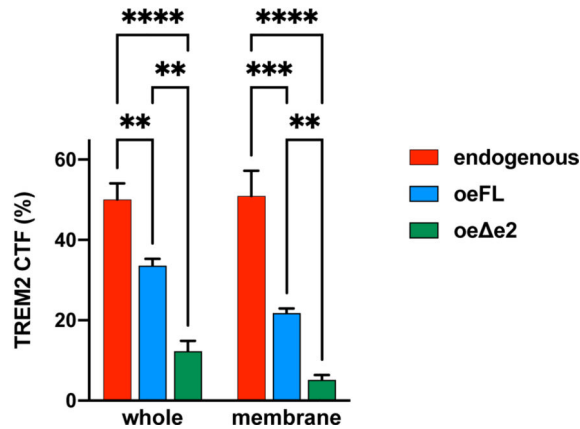


Figure 2. Protein expression and localization of $\Delta e2$ TREM2

(A). Western blot of whole cell THP-1 extracts probed with anti-TREM2 Abs, after 24 h stimulation with IL-4. WT – unedited cells; KO1-KO3 – independent TREM2 knockout clones. FL – TREM2 receptor encoded by a major canonical isoform; CTF - a membrane-associated C-terminal fragment, a product of full-length receptor shedding due to proteolysis at the amino acids 157–158 (21). Lower strip –loading control probed with anti-tubulin Abs. The experiment was repeated twice on different days; representative western blot is shown. (B). Western blot of subcellular THP-1 fractions probed with anti-TREM2 Abs. Left

panel: Overexpression (oe) of full-length (FL) or $\Delta e2$ constructs integrated into TREM2 KO THP-1 was induced with doxycycline. Right panel: endogenous TREM2 expressed by unedited THP-1 cells. W – whole cell lysate; C, M - cytoplasmic and membrane fractions, respectively. Strips at the bottom are controls of subcellular fractionation probed with antibodies to GAPDH (cytoplasm) and CANX (membrane). The experiment was repeated twice on different days; representative blot is shown. (C) Percentage of CTF calculated from the sum of all TREM2 species. Whole - whole cell lysate, membrane –membrane fraction. Shown are means \pm SD of biological replicates; ** - $p < 0.01$; *** - $p < 0.001$, **** - $p < 0.0001$ two-way ANOVA (Tukey's multiple comparison test).

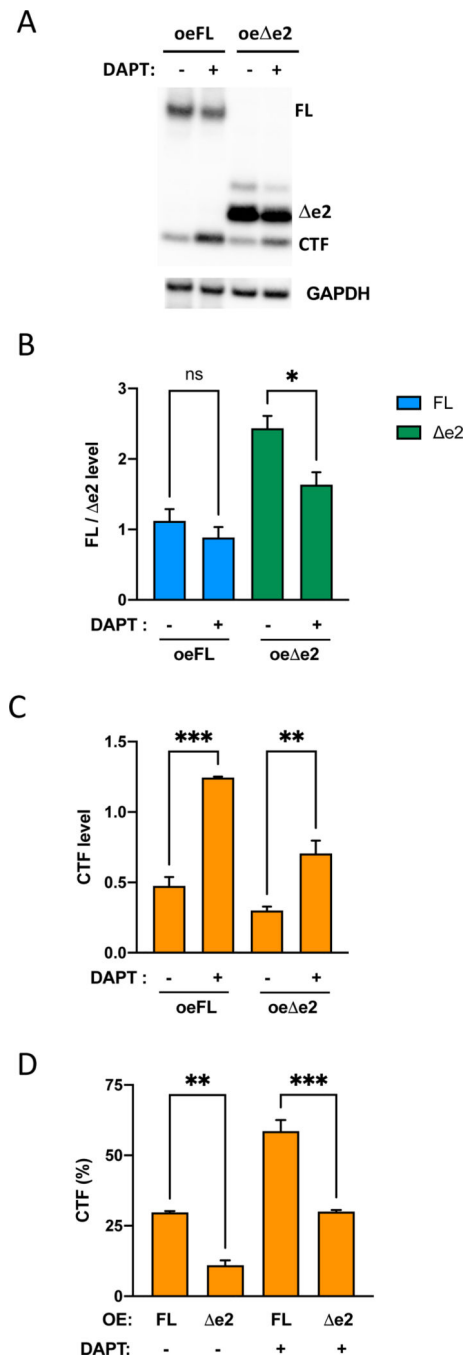


Figure 3. Proteolytic processing of TREM2 isoforms.

(A) A representative western blot of whole cell extracts probed with TREM2 Abs, following 24 h treatment with 10 μM DAPT. TREM2 full-length and Δe2 overexpression (oeFL and oeΔe2) in THP-1 TREM2 KO cells was induced with doxycycline. Lower strip – membrane was probed with HRP-GAPDH Abs. The experiment was repeated twice on different days. (B-D) Quantification of TREM2 protein species normalized to GAPDH expression level. (B) – level of FL and Δe2; (C) – level of CTF; (D) – percentage of CTF. Shown are means ± SD

of biological replicates; * - $p < 0.05$; ** - $p < 0.01$; *** - $p < 0.001$, one-way ANOVA (Tukey's multiple comparison test).

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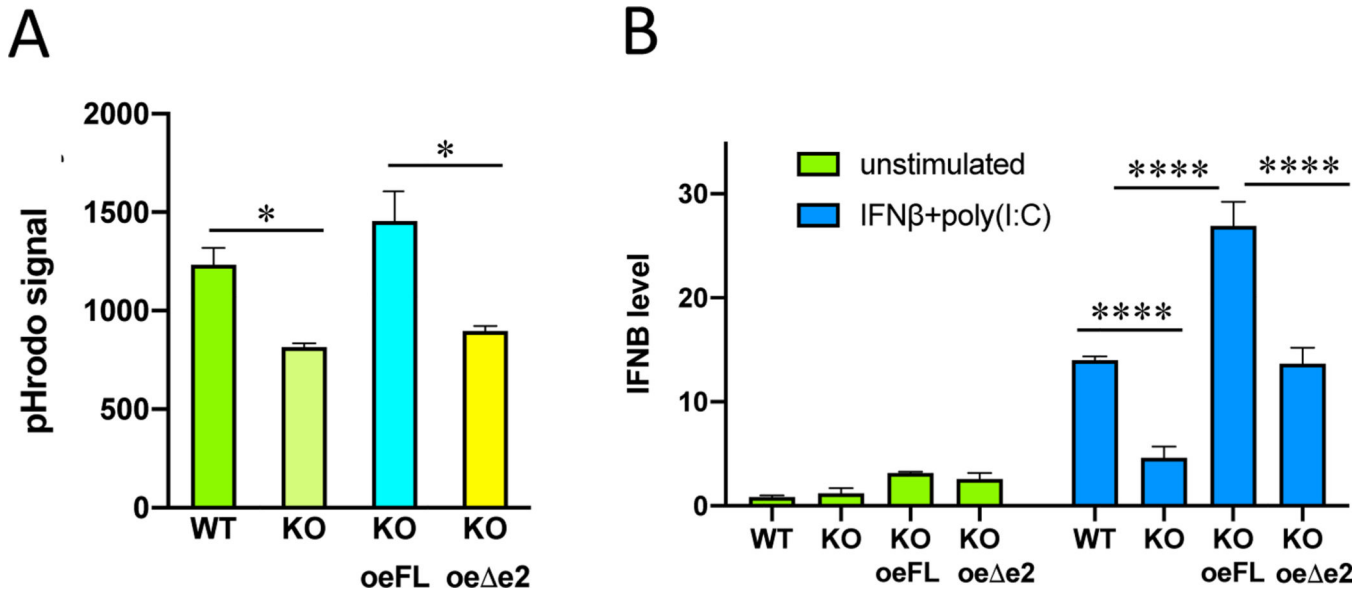


Figure 4. Functional differences of $\Delta e2$ and full-length TREM2.

(A) Phagocytosis of aggregated pHrodo-labeled Amyloid beta peptide ($A\beta$). WT – unmodified THP-1; KO - TREM2 knockout (KO1 clone); oeFL, oe $\Delta e2$ – TREM2 KO1 cells expressing full-length or $\Delta e2$ isoform, respectively. TREM2 overexpression was induced with doxycycline. Cells were incubated with pHrodo-labeled $A\beta$ and fluorescence measured by flow cytometry. Assays were performed twice; the representative experiment is shown. Shown are means \pm SD of biological triplicates; * - $p < 0.05$; one-way ANOVA (Dunnett’s multiple comparison test). (B). IFN I response of *in vitro* differentiated THP-1 macrophages. THP-1 monocytes were differentiated to macrophages by PMA; TREM2 expression was induced with doxycycline prior to stimulation of IFN I response with poly(I:C) + IFN β . After 24 h stimulation, cells were collected and total RNA isolated. IFN I response was quantified as induction of IFN β mRNA, expression levels were normalized to unstimulated unmodified THP-1. The experiment was repeated three times on different days. WT – unmodified THP-1; KO - TREM2 knockout (KO1 clone); oeFL, oe $\Delta e2$ – TREM2 KO1 cells with doxycycline-inducible constructs over-expressing full-length or $\Delta e2$ isoform, respectively. Shown are means \pm SD of biological triplicates; **** - $p < 0.0001$; two-way ANOVA, (Tukey’s multiple comparison test).

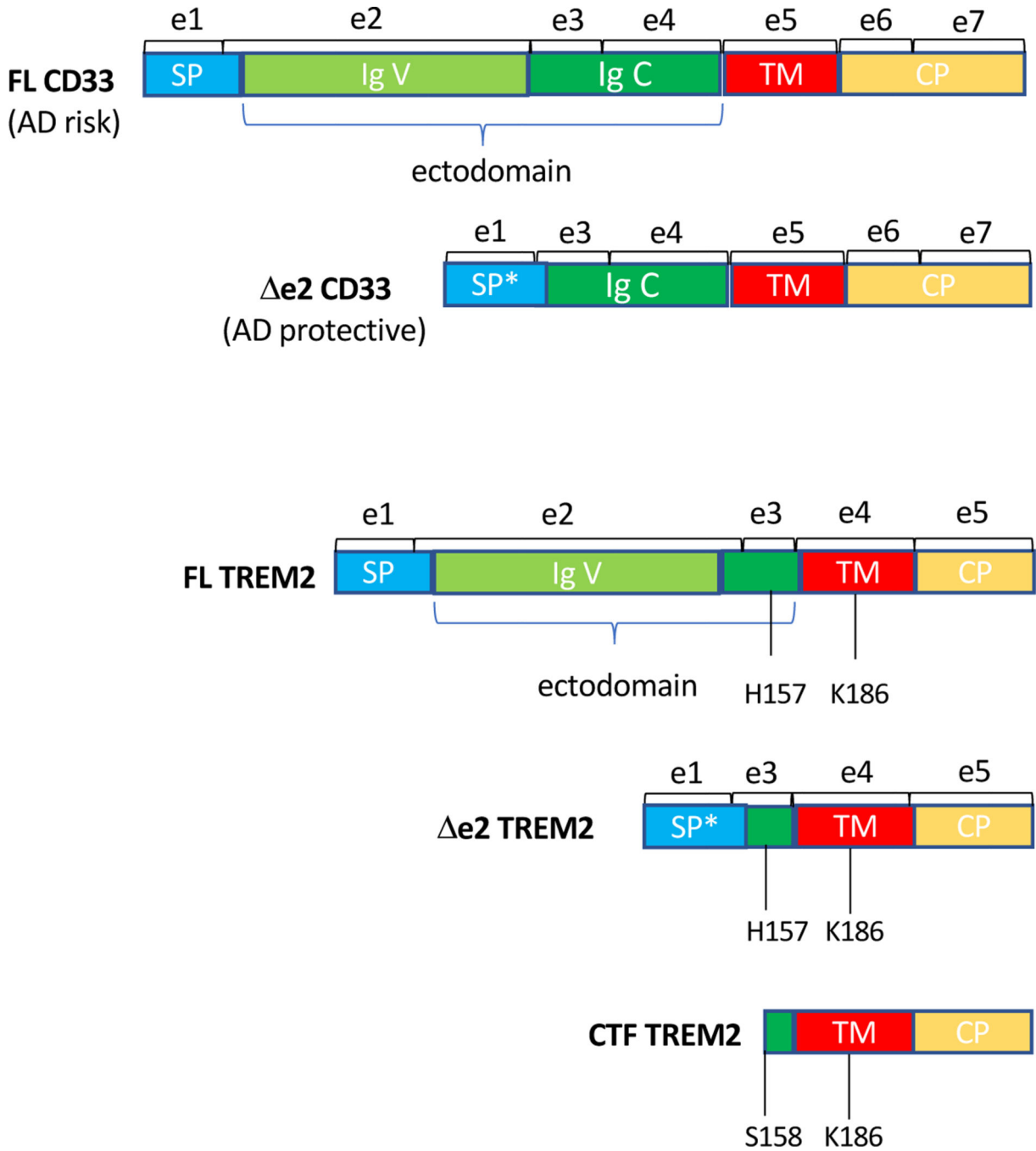


Figure 5. Domain organization of isoforms of microglial receptors TREM2 and CD33. SP - signal peptide; SP* - signal peptide modified in $\Delta e2$; TM - transmembrane domain; CP - cytoplasmic domain; Ig V, Ig C - Immunoglobulin-like domains; FL - full length; CTF - C-terminal fragment, $\Delta e2$ - lacking exon 2. H157/S158 - proteolytic shedding site; K186 - conserved residue responsible for interaction with TYROBP adaptor. Corresponding exons are depicted by square brackets. The diagram is not drawn to scale.