

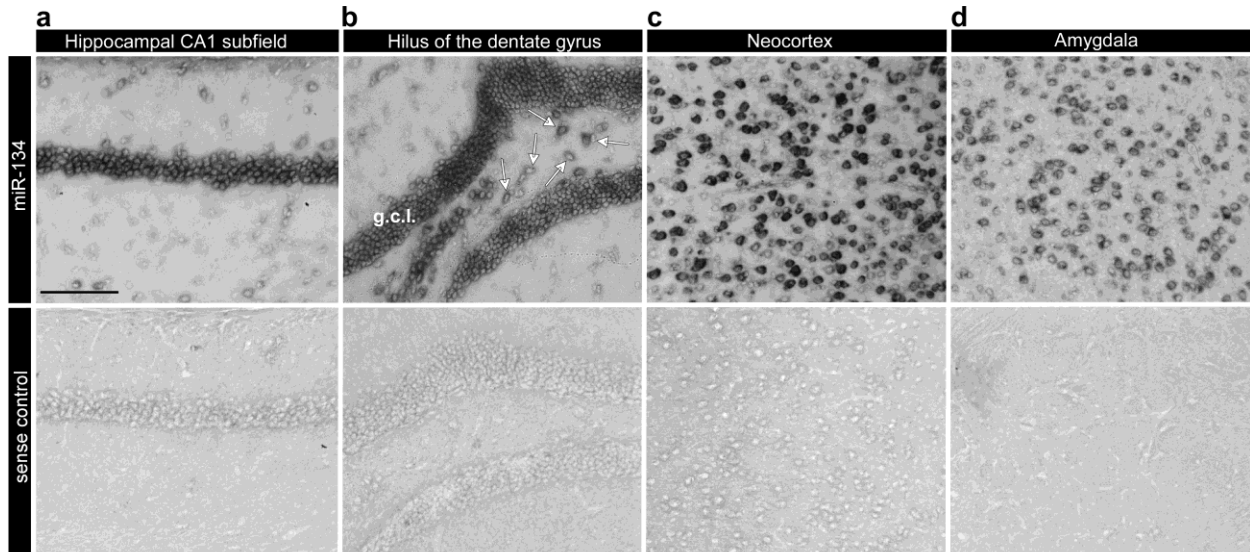
SUPPLEMENTARY INFORMATION

Silencing microRNA-134 produces neuroprotective and prolonged seizure-suppressive effects

Eva M. Jimenez-Mateos, Tobias Engel, Paula Merino-Serrais, Ross C. McKiernan,
Katsuhiko Tanaka, Genshin Mouri, Takanori Sano, Colm O'Tuathaigh, John L.
Waddington, Suzanne Prenter, Norman Delanty, Michael A. Farrell, Donncha F.
O'Brien, Ronán M. Conroy, Raymond L. Stallings, Javier deFelipe,
and David C. Henshall

Supplementary Figure 1

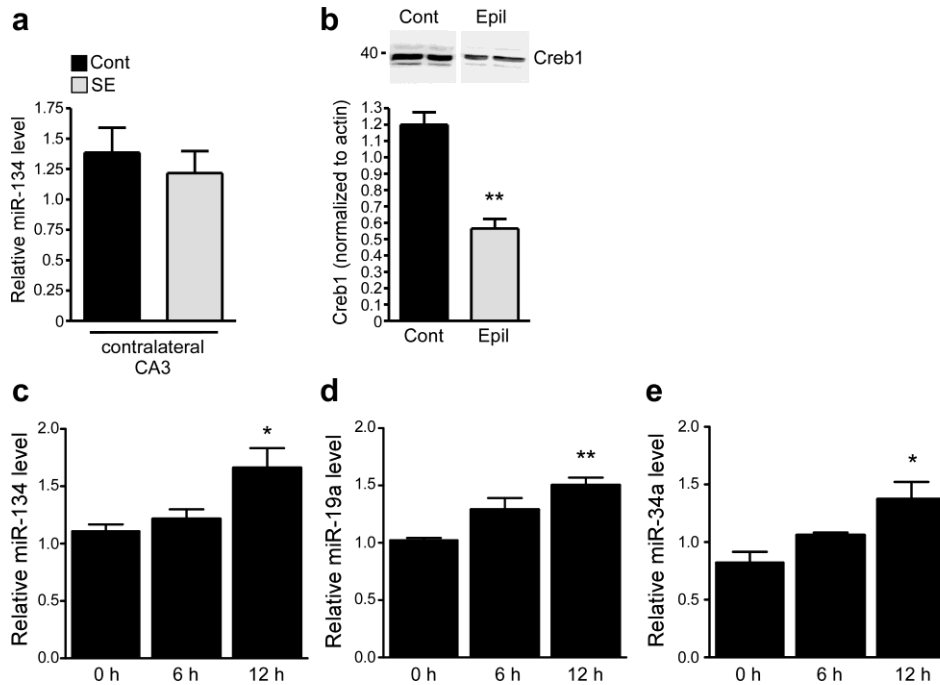
Cellular localization of miR-134 in adult mouse brain by *in situ* hybridization



Supplementary Figure 1: *Cellular localization of miR-134 in adult mouse brain by in situ hybridization.* Representative photomicrographs showing (top) miR-134 hybridization signal and (below) sense control, in normal adult mouse brain within (a) CA1 subfield of the hippocampus, (b) hilus and granule neurons of the dentate gyrus, (c) neocortex (temporal association cortex) and (d) amygdala. Arrows in *b* identify probable hilar interneurons. Scale bar in *a*, 180 μ m. g.c.l. granule cell layer. Images taken using Leika DM 4000B, 20 x objective.

Supplementary Figure 2

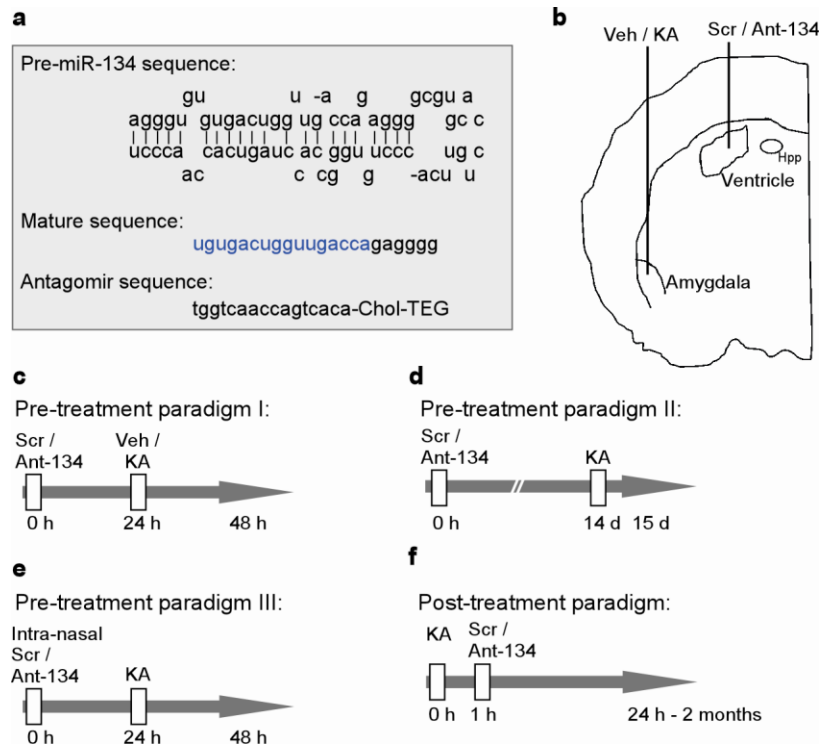
miR-134 levels in contralateral hippocampus after SE, protein levels of a second miR-134 target in experimental epilepsy, and simulated autopsy delay effects on miRNAs



Supplementary Figure 2: miR-134 levels in contralateral hippocampus after SE, protein levels of a second miR-134 target in experimental epilepsy, and simulated autopsy delay effects on miRNAs. (a) RT-qPCR measurement of miR-134 levels (normalized to RNU6b) in the contralateral CA3 subfield of mice 24 h after SE ($P = 0.566$, $n = 3$ per group). (b) Representative western blots ($n = 1$ per lane) and densitometry for Creb1, another target of miR-134, in the hippocampus of epileptic (Epil) mice (3 weeks post-SE) compared to time-matched vehicle controls (Cont) ($P = 0.001$, $**P < 0.01$, $n = 4$ per group). (c–e) Simulated autopsy delay experiment. Mice were killed and neocortex removed either immediately (0 h) or after a delay of 6 h (corresponding to the average autopsy delay in human control samples) or 12 h (the longest autopsy delay in our samples). Graphs show expression normalized to RNU19 for (c) miR-134; 0 h vs. 6 h, $P = 0.541$; 0 h vs. 12 h, $P = 0.03$. $*P < 0.05$ compared to 0 h, $n = 3$ per group; (d) miR-19a; 0 h vs. 6 h, $P = 0.07$; 0 h vs. 12 h, $P = 0.008$. $**P < 0.01$ compared to 0 h, $n = 3$ per group; (e) miR-34a; 0 h vs. 6 h, $P = 0.158$; 0 h vs. 12 h, $P = 0.02$. $*P < 0.05$ compared to 0 h, $n = 3$ per group. Thus, the average autopsy delay in human studies (6.7 h) is unlikely to have affected miR-134 levels in human studies. Although a 12 h simulated post-mortem interval changed miRNA levels, the effect was to increase miR-134 levels. This would lead to, at worst, an underestimation of the higher levels of miR-134 in TLE patients. a.u. arbitrary units.

Supplementary Figure 3

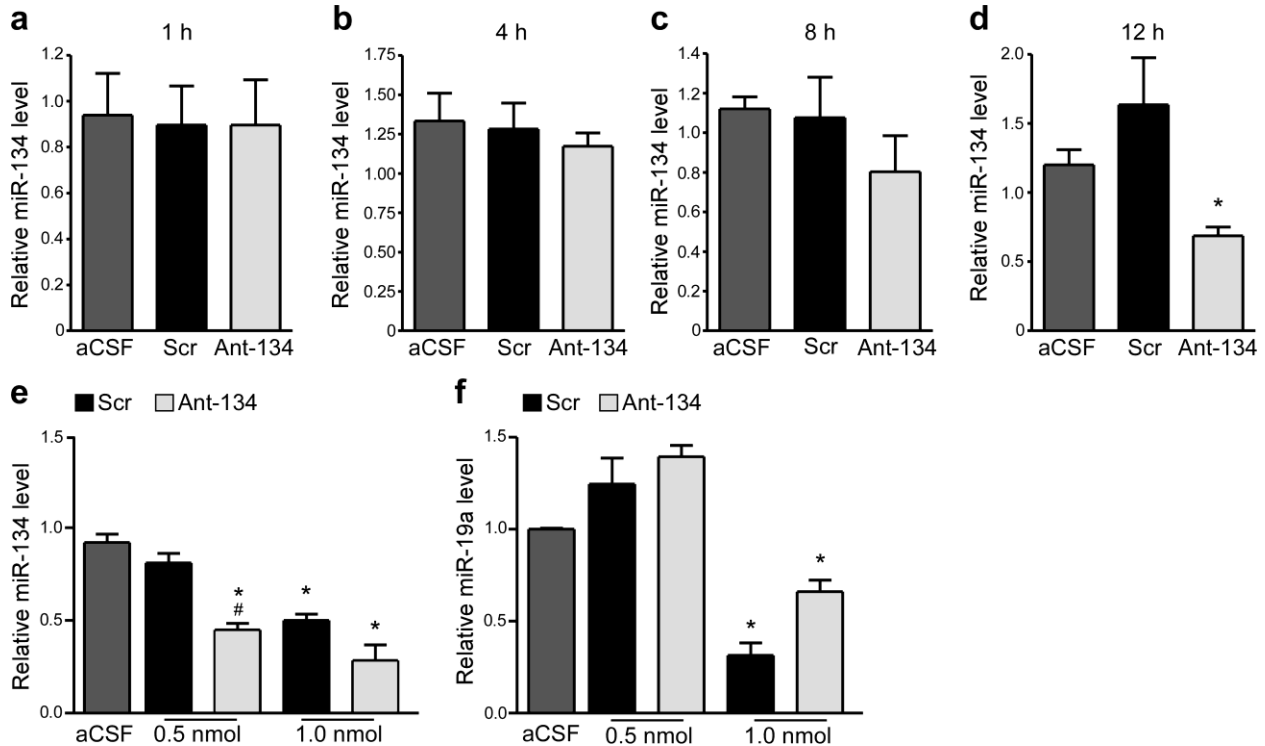
Antagomir sequence and injection routes and paradigms for studies involving KA and antagomirs



Supplementary Figure 3: Antagomir sequence and injection routes and paradigms for studies involving KA and antagomirs. (a) Precursor (pre-miR-134) sequence of miR-134, sequence of the mature form of miR-134 and sequence of the antagomir targeting miR-134. Region in blue corresponds to the region of miR-134 that the antagomir binds. (b) Vehicle (Veh) or KA was microinjected into the right amygdala of mice to trigger SE. Scr or Ant-134 was injected i.c.v. hpp, hippocampus. (c–f) Dosing regimens. (c, d) For i.c.v. pre-treatment paradigms, mice received Scr or Ant-134 followed either 24 h or 14 days later by vehicle or KA, and animals were killed 24 h later. (e) In the intra-nasal pre-treatment regime, mice received 0.12 nmol Scr or Ant-134 in 5 µl into each nostril. Twenty-four hours later, hippocampus was either extracted for miR-134 measurement or KA was given to trigger SE. (f) In the post-treatment paradigm, KA was injected to trigger SE and then either Scr or Ant-134 injected 1 h later. Mice were then sacrificed from 24 h to up to two months later.

Supplementary Figure 4

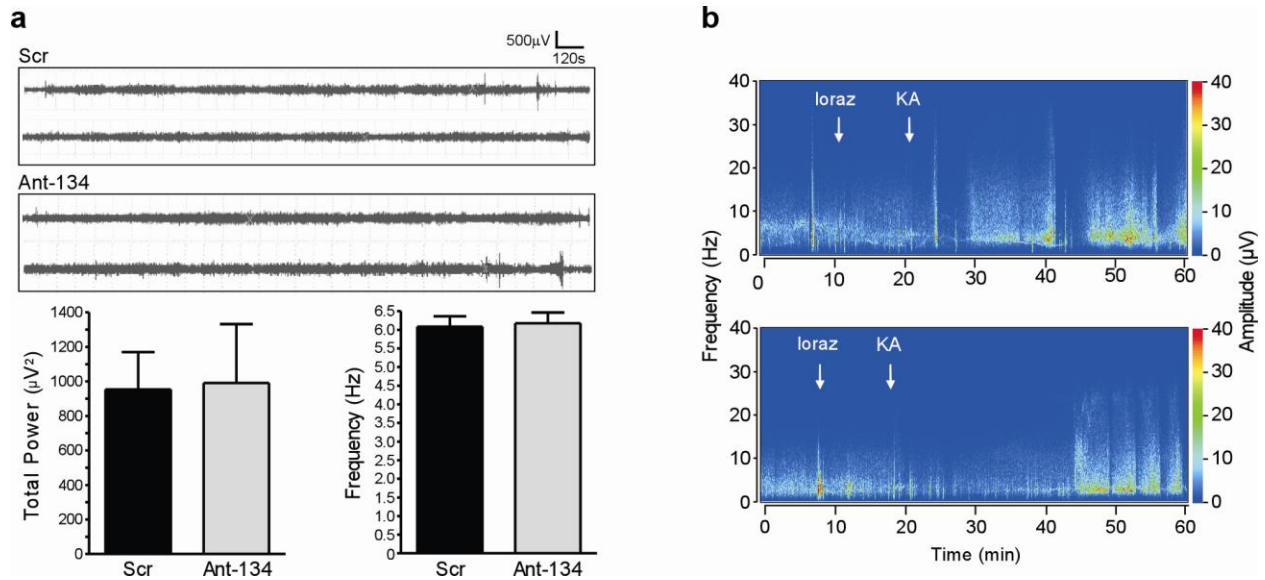
Antagomir time course and dose-response effects on miR-134 knockdown



Supplementary Figure 4: Antagomir time course and dose-response effects on miR-134 knockdown. (a–d) miR-134 levels, normalized to RNU19, over time following i.c.v. injection of aCSF, Scr or Ant-134. Graphs show miR-134 level in hippocampus (a) 1 h ($P = 0.981$), (b) 4 h ($P = 0.745$) and (c) 8 h ($P = 0.383$) post-injection. By 12 h post-injection (d), miR-134 levels were significantly reduced by Ant-134 (aCSF vs. Scr, $P = 0.288$; aCSF vs. Ant, $P = 0.015$; Scr vs. Ant, $P = 0.049$). * $P < 0.05$, $n = 3$ per group. (e) miR-134 levels 24 h after injection of 0.5 nmol and 1.0 nmol of either Scr or Ant-134 ($n = 3$ per group). aCSF vs. Scr (0.5 nmol), $P = 0.263$; aCSF vs. Ant-134 (0.5 nmol), $P = 0.01$; Scr vs. Ant-134 (0.5 nmol), $P = 0.02$; aCSF vs. Scr (1 nmol), $P = 0.01$; aCSF vs. Ant-134 (1 nmol), $P = 0.006$; Scr vs. Ant-134, $P = 0.102$ (ANOVA, * $P < 0.05$ compared to aCSF, # $p < 0.05$ compared to Scr). (f) miR-19a levels 24 h after injection of 0.5 nmol and 1.0 nmol of Scr or Ant-134 ($n = 3$ per group). aCSF vs. Scr (0.5 nmol), $P = 0.182$; aCSF vs. Ant-134 (0.5 nmol), $P = 0.065$; Scr vs. Ant-134 (0.5 nmol), $P = 0.222$; aCSF vs. Scr (1 nmol), $P = 0.001$; aCSF vs. Ant-134 (1 nmol), $P = 0.011$; Scr vs. Ant-134, $P = 0.22$ (ANOVA, * $P < 0.05$ compared to aCSF).

Supplementary Figure 5

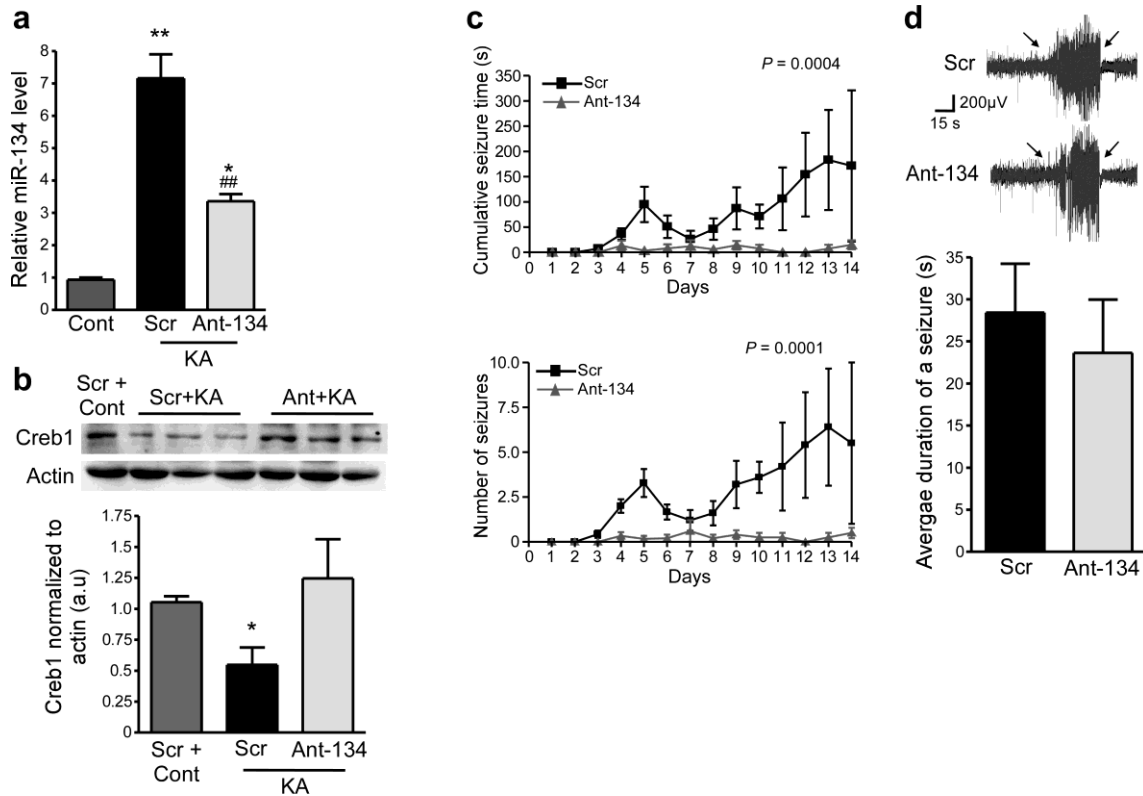
Baseline EEG in Scr and Ant-134 mice and effect of lorazepam pre-treatment on SE



Supplementary Figure 5: *Baseline EEG in Scr and Ant-134 mice and effect of lorazepam pre-treatment on SE.* (a) Representative EEG traces (top) from two individual mice injected i.c.v. 24 h previously with Scr, and (below) traces from two individual Ant-134 mice. Graphs below show total EEG power ($P = 0.929$) and frequency ($P = 0.830$) during 40 min recordings were not different between the groups. (b) As a guide to the seizure-suppressing effect of Ant-134, additional mice ($n = 3$) were pre-treated with lorazepam (loraz; 6 mg/kg, i.p.) 10 min before intra-amygdala KA injection. Figure shows representative frequency-amplitude EEG heat-maps from two animals given lorazepam followed by KA with recordings continued for 40 min. The extent of seizure suppression was qualitatively similar to that seen with pre-treatment with Ant-134 (see Fig. 4c).

Supplementary Figure 6

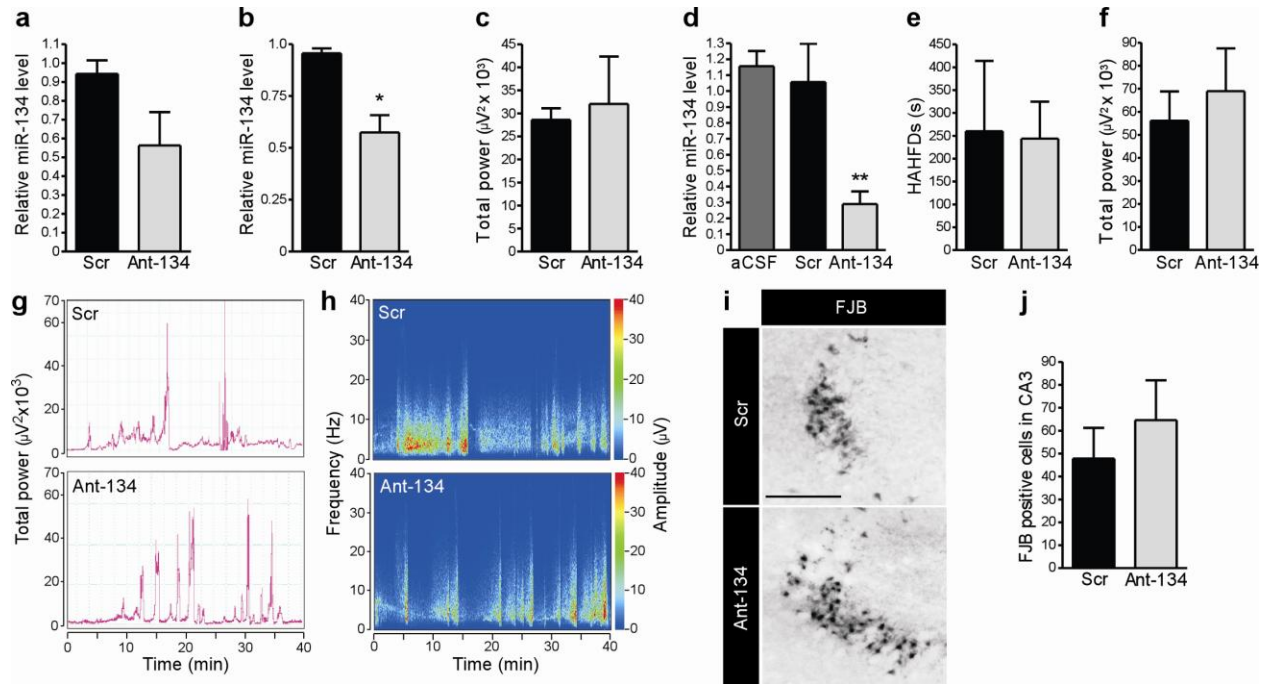
miR-134 and Creb1 levels in antagomir mice after intra-amygdala KA-induced seizures and effects of Ant-134 on epileptic seizures



Supplementary Figure 6: *miR-134* and *Creb1* levels in antagomir mice after intra-amygdala KA-induced seizures and effects of Ant-134 on epileptic seizures. **(a)** *miR-134* levels in CA3 at 24 h after SE in Ant-134-injected mice compared to Scr. Cont vs. Scr + KA, $P = 0.005$; Cont vs. Ant-134 + KA, $P = 0.02$; Scr + KA vs. Ant-134 + KA, $P = 0.002$. * $P < 0.05$, ## $P < 0.01$. **(b)** Western blot (top, $n = 1$ per lane) and densitometry (below) show levels of *Creb1* after SE and the effects of antagomir. *Creb1* levels were reduced after KA-induced seizures in Scr, whereas levels were similar to control in animals given Ant-134 24 h before KA injection. Graph; Scr + Cont vs. Scr + KA, $P = 0.03$; Scr vs. Ant-134 after KA, $P = 0.07$; Scr + Cont vs. Ant-134 + KA, $P = 0.664$). * $P < 0.05$, $n = 3$ in Scr + Cont group, $n = 6$ each for Scr/Ant-134 + KA. **(c)** Graphs showing cumulative time in epileptic seizures per day and mean number of epileptic seizures per day for Scr and Ant-134 animals recorded during the two weeks telemetry study. Two-way ANOVA confirmed groups were statistically different. **(d)** EEG traces of typical spontaneous seizures captured using EEG telemetry. Graph below shows the duration of an individual seizure, when they occurred, was not different between groups ($P = 0.610$, $n = 5$ per group).

Supplementary Figure 7

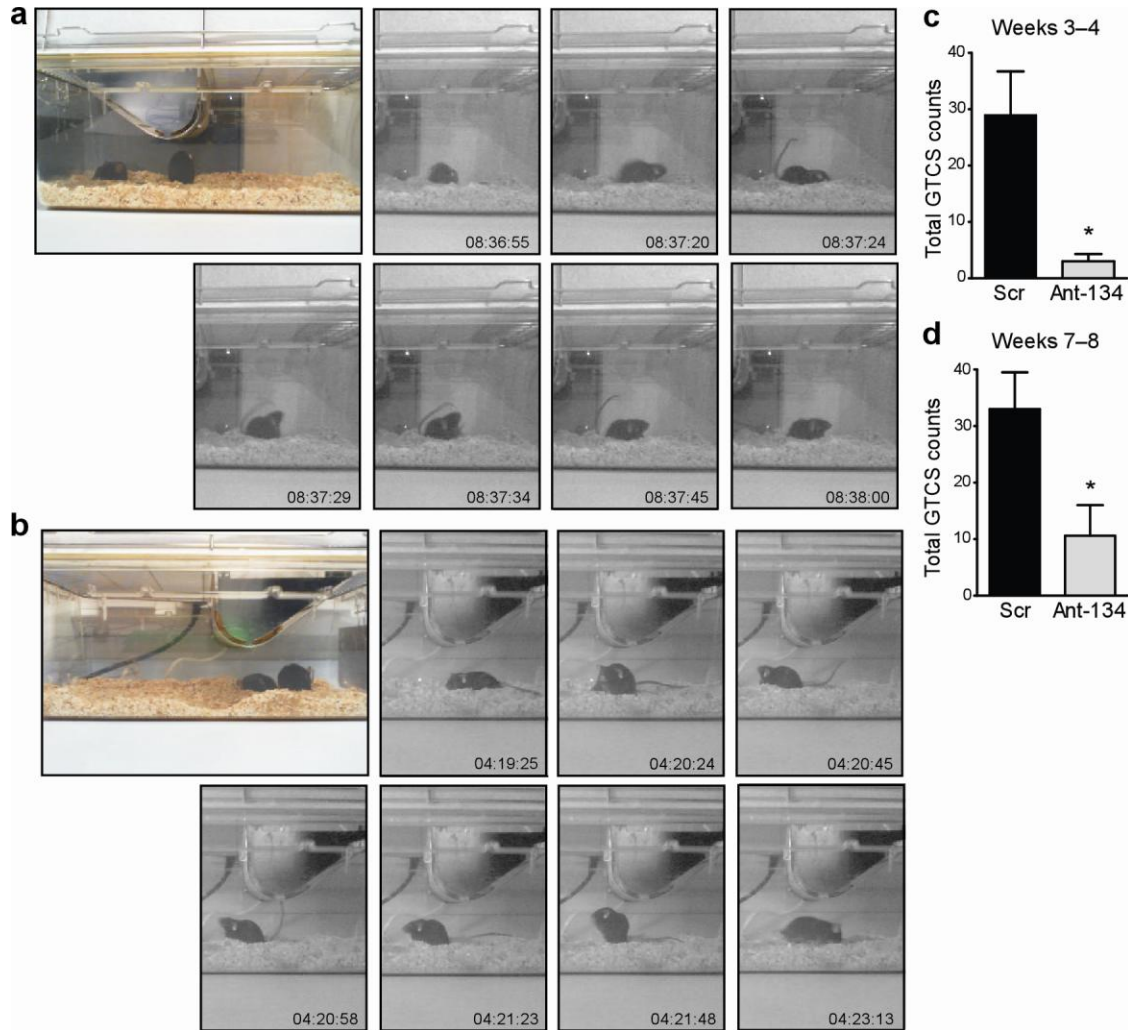
Experiments on the issue of prolonged anticonvulsive versus anti-epileptogenic effects of antagomirs



Supplementary Figure 7: Experiments on the issue of prolonged anticonvulsive versus anti-epileptogenic effects of antagomirs. (a) miR-134 levels in hippocampus of telemetry mice, 14 days after SE. Levels of miR-134 in Ant-134 animals were ~55 % of levels in Scr mice ($P = 0.07$, $n = 5$ per group). (b) miR-134 levels 24 h after intranasal Ant-134 (0.12 nmol per nostril). The reduction in miR-134 levels matched that detected in Ant-134-treated mice at the end of epilepsy monitoring (~55 % of Scr level; $P = 0.02$). * $P < 0.05$, $n = 4$ per group. (c) Total EEG power during SE in mice was not different between groups treated 24 h earlier with intranasal administration of Scr or Ant-134 ($P = 0.755$, $n = 4$ per group). Thus, lowering miR-134 levels to ~55 % of Scr does not have an anticonvulsant effect in this model. (d) Levels of miR-134 in hippocampus 14 days after i.c.v. injection of aCSF, Scr or Ant-134 (0.12 nmol) ($P = 0.005$). ** $P < 0.01$, $n = 3$ per group. (e, f) Graphs show (e) HAHFDs, and (f) total EEG power, during SE in mice injected i.c.v. with Scr or Ant-134 14 days previously (HAHFDs; $P = 0.924$; Total EEG power: $P = 0.538$; $n = 5$ per group). As with the intranasal route, this reduction in miR-134 levels was insufficient to have an anticonvulsant effect. Representations of (g) total EEG power and (h) frequency and amplitude parameters during SE from animals given Scr- or Ant-134 14 days before SE. Recorded period covers time between KA injection and anticonvulsant administration. (i, j) FJB staining and counts in CA3 between Scr and Ant-134 mice when i.c.v. injections were performed 14 days prior to SE ($P = 0.467$, $n = 4$ per group). Scale bar, 170 μm .

Supplementary Figure 8

Long-term effects of antagonists; continuous video monitoring of spontaneous seizures at one and two months post-SE



Supplementary Figure 8: Long-term effects of antagonists; continuous video monitoring of spontaneous seizures at one and two months post-SE. (a, b) Image panels showing representative generalized tonic-clonic seizures (GTCS) (Racine scale 3) in (a) Scr and (b) Ant-134 animals captured during week 3-4 monitoring post SE. Both recordings were during the night under safe-light conditions and time stamp in lower right of each panel indicates hours:minutes:seconds into recording. Color panel at start is a full-cage view immediately prior to lights out. (c) Summary graph showing the average total GTCS counts for each group during the 5 days monitoring between weeks 3-4 ($*P = 0.02$, $n = 5-6$ per group). (d) Graph showing the average total GTCS counts for each group during the 5 days monitoring between weeks 7-8 ($*P = 0.029$, $n = 5-6$ per group).

Supplementary Figure 8 continued:

Full description of results from weeks 3–4 monitoring: Video-monitoring of Scr animals over 5 days during weeks 3–4 detected a total of 174 seizures (range 10 – 53 seizures), an average of 5.8 seizures per day. All Scr mice had at least one GTCS per day. In contrast, video-monitoring of Ant-134 animals during the same period detected a total of just 15 seizures (range 0 – 7), an average of 0.6 per day. Thus, Ant-134 mice had 91% fewer GTCS than Scr animals during video monitoring at the end of the first month post-SE.

Statistical analysis of results from weeks 3–4 monitoring: The seizure rate was lower in the Ant-134 group, with an incidence rate ratio of 0.16 (95% CI 0.06 to 0.41, $P < 0.001$). The number of seizure-free days was significantly higher in the Ant-134 group (Wilcoxon Mann-Whitney test: $z = -2.6$, $P = 0.009$). The average Racine score was slightly higher in Ant-134 compared to Scr animals (4.2 vs. 3.1, respectively; Wilcoxon Mann-Whitney test, $P = 0.044$).

Full description of results from weeks 7–8 monitoring: Video-monitoring of Scr animals during the 5 days between weeks 7–8 detected a total of 198 seizures (range 13 – 55), an average of 6.6 seizures per day. All Scr animals had at least one GTCS per day with the exception of one mouse (Scr 5) that had a single seizure-free day (final day of the second monitoring period). In contrast, video-monitoring of Ant-134 animals during the same period detected 53 seizures (range 0 – 26), an average of 2.1 per day. Four out of five mice in the group had seizure-free days. Thus, Ant-134 mice had 73 % fewer GTCS than Scr animals during video monitoring of the second month post-SE.

Statistical analysis of results from weeks 7–8 monitoring: The seizure rate was significantly lower in the Ant-134 group, with an incidence rate ratio of 0.32 (95% CI, 0.12 to 0.87, $P = 0.026$). The number of seizure-free days was significantly higher in Ant-134 animals (Wilcoxon Mann-Whitney test: $P = 0.012$). There was no difference between Scr and Ant-134 groups for Racine scale scores ($P = 0.286$).

A within-group comparison of the total seizure counts at weeks 3–4 versus weeks 7–8 showed that seizure rates did not significantly change for scrambled animals ($P = 0.702$; $n = 6$ per group) or for Ant-134 mice ($P = 0.24$, $n = 5$ per group) (unpaired t test, Welch corrected).