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Induction of immunological tolerance to myelinogenic glial-restricted progenitor allografts

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The immunological barrier currently precludes the clinical utilization of allogeneic stem cells. Although glial-restricted progenitors have become attractive candidates to treat a wide variety of neurological diseases, their survival in immunocompetent recipients is limited. In this study, we adopted a short-term, systemically applicable co-stimulation blockade-based strategy using CTLA4-Ig and anti-CD154 antibodies to modulate T-cell activation in the context of allogeneic glial-restricted progenitor transplantation. We found that co-stimulation blockade successfully prevented rejection of allogeneic glial-restricted progenitors from immunocompetent mouse brains. The long-term engrafted glial-restricted progenitors myelinated dysmyelinated adult mouse brains within one month. Furthermore, we identified a set of plasma miRNAs whose levels specifically correlated to the dynamic changes of immunoreactivity and as such could serve as biomarkers for graft rejection or tolerance. We put forward a successful strategy to induce alloantigen-specific hyporesponsiveness towards stem cells in the CNS, which will foster effective therapeutic application of allogeneic stem cells.

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Abbreviations: APC = antigen presenting cell; BLI = bioluminescent imaging; CoB = co-stimulation blockade; h/mGRP = human/mouse glial-restricted progenitors; POD = post-operation day; Treg = regulatory T cell

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Introduction

Neurological disorders are the most compelling targets of cell-based therapy due to the very limited capacity of the CNS to undergo spontaneous regeneration. This particularly accounts for glial diseases, as the initially preserved neuronal cytoarchitecture is believed to foster white matter repair (Boltze *et al.*, 2017). A broad variety of stem cell populations being capable of differentiating into oligodendrocytes including neural and oligodendrocyte progenitor cells, as well as glial-restricted progenitors (GRPs) have been investigated (Goldman, 2016). Moreover, oligodendrocytes directly derived from induced pluripotent stem cells, were shown to rapidly myelinate the newborn and adult CNS (Ehrlich *et al.*, 2017).

GRPs arise from neural stem cells and can differentiate into both oligodendrocytes and astrocytes under appropriate conditions (Rao and Mayer-Proschel, 1997; Rao *et al.*, 1998). Apart from leukodystrophies or multiple sclerosis, GRPs become promising candidates to treat a wide variety of neurological diseases (Goldman *et al.*, 2012; Goldman, 2016). Human GRPs (hGRPs) were shown to extensively migrate and myelinate the congenitally dysmyelinated newborn mouse brains and prolong the lifespan of the animals (Windrem *et al.*, 2004, 2008; Wang *et al.*, 2013; Lyczek *et al.*, 2017). These cells also preserve electrophysiological function in focal inflammatory spinal cord demyelination (Walczak *et al.*, 2011), support regeneration after spinal cord injury (Haas and Fischer, 2013), replenish depleted precursor pools, generate new myelin, and reverse radiation-induced behavioural defects in adult rats (Piao *et al.*, 2015).

As cell treatments in future clinical scenarios will require well-defined, thoroughly characterized, and standardized cell populations, the use of allogeneic grafts is believed to be the most likely approach. This is also advantageous when treating inherited diseases and acute injury for which autologous cell generation and differentiation paradigms are not suitable. However, to date, the immunological barrier represents an unsurmountable challenge to widespread clinical application of allogeneic cells. In case of GRPs, robust rejection in <3 weeks after transplantation into white matter of immunocompetent adult recipients (Janowski *et al.*, 2014; Srivastava *et al.*, 2016) strongly limits GRP migration potential and therapeutic effects, so far demanding conventional immunosuppression regimens. Besides their low efficacy, risk of infection and tumour formation, immunosuppression-inherent effects, as well as associated cellular and systemic toxicities complicate preclinical studies and preclude successful clinical translation (Diehl *et al.*, 2017) of GRP-based treatments. Thus, novel immunomodulatory strategies are imperative.

As T cells play a central role in the immune response toward allografts, an emerging immunomodulatory strategy targets co-stimulatory molecules involved in T-cell activation (Verbinnen *et al.*, 2010; Kinnear *et al.*, 2013; Marino *et al.*, 2016). One of the most important co-stimulatory interactions is that of CD80/CD86 found on antigen presenting cells (APCs) interacting with CD28 located on T cells, and CD40 on APCs engaging CD154 on T cells (Lafferty *et al.*, 1983). CTLA4-Ig blocks the CD80/CD86-CD28 interaction. It prevents complete T-cell activation with consecutive T-cell anergy, thus protecting allografts in various small and large animal solid organ (Shiraishi *et al.*, 2002; Graves *et al.*, 2009) and cell transplantation models (Lenschow *et al.*, 1992). The concept has been successfully introduced into the clinic (Masson *et al.*, 2014). In addition, despite some initial setbacks, preclinical studies have demonstrated the potency of anti-CD154 antibody (MR-1) treatment targeting the CD40-CD154 axis for allograft rejection prevention (Webber and Vincenti, 2016). The combination of CTLA4-Ig and MR-1 has also been shown to induce long-term survival of skin and cardiac allografts (Larsen *et al.*, 1996) as well as human embryonic stem cell-derived pancreatic endoderm xenografts in rodents (Szot *et al.*, 2015). However, it remains largely unknown whether the blood–brain barrier and microglial response may limit systemic co-stimulation blockade-based tolerance induction for allogeneic GRPs using CTLA4-Ig and MR-1.

One of the key obstacles in clinical translation of cell therapies is the lack of biomarkers that could indicate the status of transplanted cells (Bohmig *et al.*, 2010). Cellular imaging offers limited sensitivity and specificity (Berman *et al.*, 2011), so there is growing interest in exploiting miRNAs, lipids or proteins as blood biomarkers for intracerebral graft surveillance (Hamdorf *et al.*, 2017). MiRNAs are small, non-coding RNAs that act as key regulators of B- and T-cell differentiation, maturation, and proliferation. They also play a role in regulatory T cell (Treg) function and antigen signalling (Hoefig and Heissmeyer, 2008; Gaudet *et al.*, 2018). Their sensitivity, conserved expression and relative tissue specificity have triggered their potential utility as biomarkers for neuroinflammation (Hoefig and Heissmeyer, 2008; Gaudet *et al.*, 2018; Sajja *et al.*, 2017).

In the present study, we transplanted fully histocompatibility complex-mismatched GRP allografts into the mouse brain parenchyma and studied allograft survival and function by non-invasive imaging techniques and histological investigation. We showed that short-term co-stimulation blockade induced indefinite engraftment of GRP allografts in the mouse CNS. Moreover, several classes of circulating miRNAs were identified to be sensitive biomarkers for graft rejection/acceptance.

Materials and methods

Mice

Five and one cohorts of immunocompetent *C57*BL/6 albino (B6, male, 8-weeks-old, Jackson Laboratory) mice were used for allogeneic and xenogeneic GRP survival studies,

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respectively. Two cohorts of genetically dysmyelinated shiverer (male, 6-weeks-old, Jackson Laboratory) mice were included to examine the myelination capacity of allogeneic mouse GRPs (mGRPs) in adult brains treated with co-stimulation blockade (CoB). Immunodeficient, graft-accepting mice served as controls for cell or transplantation-related failures (scid mice control for B6 mice, and shiverer-rag2 mice control for shiverer mice). Every cohort of animals contained three groups: immunocompetent animals + CoB group, immunocompetent animals + phosphate-buffered saline (PBS, control group), and immunodeficient animals (n = 5/group). Detailed animal assignment, measurements, and dropouts are listed in Table 1. Dropouts were not replaced. All mice were microchipped, randomly assigned into different groups, as well as manipulated and analysed in a blinded manner. Animals were housed under an artificial light-dark (12 h/12 h) cycle and had access to food and water *ad libitum*.

Isolation and characterization of GRPs

Allogeneic GRPs were isolated from the spinal cord of a proteolipid protein (PLP)-green fluorescent protein (GFP) (for detection of differentiated oligodendrocytes)/β-actin-luciferase [for detection of engrafted cells via bioluminescent imaging (BLI)] transgenic mouse strain at embryonic Day 13.5 as described (Phillips *et al.*, 2012). Cells were maintained in serum-free Dulbecco's modified Eagle medium (DMEM)/F12 (Life Technologies) supplemented with N2 (Life Technologies), B27 (Life Technologies), bovine serum albumin (Sigma-Aldrich), heparin (Sigma-Aldrich), and basic fibroblast growth factor (bFGF, PeproTech) (Lepore *et al.*, 2006).

Primary hGRPs were derived from mid-gestation foetuses and thoroughly characterized as described elsewhere (Sandrock *et al.*, 2010) (Q Therapeutics). Cells were immortalized using lentivirus encoding the SV40 large T-antigen, and were selected with puromycin. They were maintained in serum-free DMEM/F12 medium supplemented with N2, B27, bovine serum albumin, and bFGF (Janowski *et al.*, 2013). Without hGRP indication, transplantations were performed with mGRPs.

Allogeneic mGRPs were characterized immunocytochemically. Briefly, cells were fixed in 4% paraformaldehyde for 20 min, blocked by 10% donkey serum in 0.1% Triton™ X-100-PBS for 2 h at room temperature. Cells were incubated with appropriate dilutions of primary antibodies in blocking solution overnight at 4°C, rinsed with PBS, and incubated with corresponding secondary antibodies (Alexa Fluor® 594, Life Technologies, A11058) in blocking buffer for 1 h at room temperature. The culture was rinsed three times with PBS, counterstained with 4′,6-diamidino-2-phenylindole (DAPI, Sigma-Aldrich-D9542, 5 μg/ml), and imaged using a Zeiss AX10 fluorescence microscope. Primary antibodies were: anti-PDGFRα (1:1000, Abcam, ab61219), anti-A2B5 (1:500, Life Technologies, 433110), anti-Olig1 (1:500, Millipore, AB15620), anti-Olig2 (1:500, Millipore, AB9610), anti-NG2 (1:500, Millipore, AB5320), anti-MBP (1:1000, AbD Serotec-MCA409S), anti-GFAP (1:1000, DAKO, Z0334), anti-Iba1 (1:500, Wako, SAN3725), anti-CD11b (1:500, BioLegend, 101202), anti-βIII-Tubulin (1:500, Covance, PRB-435P), anti-Nestin (1:500, Millipore, MAB535), anti-CXCR4 (1:300, Abcam, ab1670), and anti-FGFR1 (1:200, Cell Signaling Technology, 9740).

Cell transplantation

Anaesthesia was induced with 5% isoflurane and maintained with 2% isoflurane in room air and oxygen mixed at 3:1 ratio. Mice were shaved and stabilized in a Cunningham adaptor mounted on a stereotactic frame (both Stoelting). A 7.0-mm skin incision was made along the midline of the skull. The skull bone was carefully exposed and Bregma was identified. A burr hole was placed according to the targets (B6 and scid mice: AP = 1.7 mm; ML = 0.7 mm; DV = 2.0 mm). Cells

Table 1 Animal assignment and measurements

Animal number			Endpoint (day)	Measurements
B6 CoB	**B6 control**	**scid**		
5[a] + 5[b]	5[c]	5[d]	203	MGRP allograft survival (BLI) Secondary mGRP allograft survival (BLI) Adoptive transfer Immunohistochemistry Cytokine analysis
5	5	5	19	IHC
5	5		5	MiRNA analysis, Treg analysis
5	5		12	MiRNA analysis, Treg analysis
10[e]	10[e]		19	MiRNA analysis
5	5	5	19	HGRP xenograft survival (BLI)
Shiverer CoB	**Shiverer control**	**Shiverer rag2**		
5	5	5	33	BLI, MLR, IHC, Erichrome staining
5	5	5	90	BLI, MRI, Erichrome staining, IHC, EM

[a]Non-booster: CTLA4-Ig + MR-1 on POD0, 2, 4, 6. One sacrificed (on POD154).
[b]Booster: CTLA4-Ig + MR-1 on POD0, 2, 4, 6 and monthly CTLA4-Ig. One died (POD50).
[c]One died (POD57). One sacrificed (POD154).
[d]One died (POD28). One died (POD126).
[e]Five with mGRP transplantation. EM = electron microscopy; IHC = immunohistochemistry.

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were loaded into a 10-µl gas-tight Hamilton syringe (#1701) with an attached 31-gauge needle (Hamilton) and lowered into the brain according to the coordinates. mGRP suspension (4 µl; 100 000 cells/µl in PBS) were injected at a rate of 1 µl/min using a nano-injector (Stoelting). The needle was kept in place for 2 min after injection to minimize backflow and was then withdrawn slowly. The syringe was removed and the wound was closed with sutures (Silk 3.0; Ethicon). Shiverer and shiverer-rag2 mice received three injections targeting the corpus callosum to investigate the myelination capacity with 3 µl of mGRPs each through one hole (AP = 0 mm; ML = 2.1 mm). The first injection was placed vertically with a 2.0-mm depth. The second injection had a 30° angle with the vertical line to the rostral. The third injection had a 45° angle with the vertical line to the caudal.

Co-stimulation blockade

CTLA4-Ig (ORENCIA, Bristol-Myers Squibb Company) was intraperitoneally administered at 500 µg/mouse in combination with 500 µg/mouse anti-CD154 mAbs (MR-1, Bio X Cell) at the time of transplantation and on post-operation day (POD)2, 4 and 6, based on a previous tolerance induction protocol in rodents (Larsen *et al.*, 1996; Szot *et al.*, 2015). Booster CoB mice received additional 500 µg/mouse CTLA4-Ig on POD30, 60 and 90.

Bioluminescent imaging of transplanted GRPs *in vivo*

Bioluminescence images were acquired using an IVIS Spectrum/CT instrument. Animals were anaesthetized by 2% isoflurane gas in oxygen, with 150 mg/kg D-luciferin (Gold Biotechnology) injected intraperitoneally. BLI was initiated the day after cell transplantation and continued on POD3, 7, 10, and then weekly until the endpoints. Images were quantified by drawing regions of interest over the mouse brains or backs, with data expressed as total photon flux (photons/s). Cell survival curves were generated as logistic graphs. A drop in BLI signal to the background level (signal generated by other parts of the body) was interpreted as rejection of transplanted cells (Janowski *et al.*, 2014; Srivastava *et al.*, 2016).

Adoptive transfer experiment

For adoptive transfers, single-cell suspensions were prepared from the spleen of B6 mice (one pair of 154-day post intracerebral mGRP transplanted CoB and control B6 mice, one age-matched naïve mouse). Two million purified T cells were injected into the retro-orbital blood sinus of scid mice (five groups, n = 4/group). Four days later, one million mGRPs were subcutaneously transplanted into the back of each scid mouse and the survival of allografts was monitored by BLI.

Mixed lymphocyte reaction

T-cell isolation was performed via negative selection for B cells, NK cells, monocytes/macrophages, dendritic cells, erythrocytes, and granulocytes from splenocytes of recipient mice using magnetic bead sorting. Briefly, splenocytes were incubated with purified rat anti-mouse B220, Gr-1, TER-119, I-A/I-E, CD11b, and CD16/32 (eBioscience) and subsequently incubated with anti-rat IgG Dynabeads (Dynabeads® Untouched™ Mouse T Cells, Life technologies) leading to a T cell-enriched population following magnetic selection. CFSE (2 µM; Vybrant CFSE SE cell tracer kit, Life Technologies) was applied for tracking proliferation.

Dendritic cells were generated from both donor matched (FVBN) and third party derived (Balb/c) bone marrow after cultured for 7 days with IL-4 and GM-CSF in a 37°C incubator. Dendritic cells were activated with a 1:5000 diluted lipopolysaccharides 24 h prior to MLR plating. CD11c-positive dendritic cells were then isolated using positive magnetic sorting according to the manufacturer's protocol (Mouse CD11c Positive Selection Kit, STEMCELL Technologies).

CFSE-labelled T cells and dendritic cells were cultured together with either intact mGRPs or ultrasonically minced mGRPs for 4 days in 37°C, collected, and stained with Fixable Viability Dye (eBioscience) according to the manufacturer's protocol. Samples were stained for CD4 and CD8 and acquired on a LSRII flow cytometry (BD Biosicence). Data were analysed using FlowJo software (Tree Star Inc.) and normalized to the proliferation of naïve cells within each individual experiment.

Cytokine assay

The Bio-Plex® 200 platform (Bio-Rad) was used to determine the concentration (in pg/ml) of multiple target proteins in mGRP-engrafted B6 and scid mouse serum, according to the manufacturer's protocols using the supplied cytokine standards. The concentration was determined using a five-parameter log curve fit using the supplied software. The Mouse Group I 23-plex panel was used to measure IL-1α, IL-1β, IL-2, IL-3, IL-4, IL-5, IL-6, IL-9, IL-10, IL-12 (p40), IL-12 (p70), IL-13, IL-17A, Eotaxin, G-CSF, GM-CSF, IFNγ, KC, MCP-1, MIP-1α, MIP-1β, RANTES and TNFα. The levels of TGFβ were assessed separately (Bio-Rad).

Treg analysis

Intracellular cytokine staining was performed according to the manufacturer's protocol. Briefly, cells were washed, stained for surface markers, fixed with BD Cytofix/Cytoperm, permeabilized, and incubated with antibodies against intracellular markers for 40 min on ice. Flow acquisition was performed on a LSRII flow cytometry (BD Biosicence), and data were analysed using FlowJo software (Tree Star Inc.). Fluorochrome-tagged antibodies were: CD4-PB (eBioscience, RM4-5), CD8-FITC (BD Pharmingen, 53-6.7), CD25-PE (BD Pharmingen, PC61), and FoxP3-PerCP-Cy5.5 (eBioscience, JFK-16s).

MiRNA analysis

RNA isolation was performed with mouse plasma using a miRCURY™ RNA Isolation Kit Biofluids (Exiqon) according to the manufacturer's protocol. For isolation, 100 µl of plasma was used and one step of DNase treatment was added. RNA Spike-in U6 template was added to the mixture as an internal control. Purity and quantity of the isolated miRNA were measured with NanoDrop photometry. The RNA samples were diluted with nuclease-free water to concentration of 5 ng/µl and 2 µl of RNA was used for synthesis of first-strand

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cDNA using a miRCURY LNA™ Universal RT microRNA PCR kit (Exiqon) according to the manufacturer's protocol. Real-time PCR was performed with ExiLENT SYBR-Green master mix with LNA Primers specific for miRNAs (let 7a/7c, miR-125b, miR-146, miR-150, miR-223) (Exiqon). Results determined the changes in steady-state miRNA levels of a gene across multiple samples, and were expressed relatively to the pre-transplantation levels and the levels of an internal control RNA.

The online Supplementary material provides further details for immunohistochemical analysis, MRI, erichrome cyanin staining, transmission electron microscopy and g-ratio measurement, and miRNA *in situ* hybridization.

Statistical analysis

Data are expressed as mean ± standard deviation (SD) or median [interquartile range]. No animals (despite dropouts) or samples were excluded from the analysis. For investigation of GRP survival and cytokine assay, regression analysis was reported as type III tests of fixed effects, with the lowest mean square (LMS) difference test used for comparison between means (PROC MIXED, SAS 9.2). A coefficient of determination was calculated, and the BLI data were subjected to logistic transformation to maximize the model fit. CD45, Iba-1 and CD68 immunohistochemical analysis and GFP-MBP co-localization were assessed using a two-sided Kruskal-Wallis test with Bonferroni's adjustment. One-way ANOVA with Bonferroni's adjustment was used for T-cell infiltration and miRNA analysis, and an independent *t*-test (two-tailed) was performed for mixed lymphocyte reaction and Treg analysis. Mann-Whitney test for g-ratio analysis (SPSS 22.0). Sample size, statistical methods, and *P*-values are given in the figure legends. Significance was defined at $P < 0.05$.

Study approval

All experimental procedures were in accordance with the guidance provided in the Rodent Survival Surgery Manual and were approved by Johns Hopkins Institutional Animal Care and Use Committee (MO14182).

Data availability

The authors declare that all data supporting the findings of this study are available within the article and its Supplementary material, or from the authors upon reasonable request.

Results

Co-stimulation blockade induces engraftment of GRP allografts in immunocompetent adult B6 mice

Allogeneic GRP survival was first assessed in immunocompetent adult B6 mouse brains and the phenotypic identity of mGRPs was verified by immunocytochemistry with different cell lineage markers. These cells expressed high levels of A2B5, PDGFRα, NG2, Nestin, Olig1 and Olig2. They were negative for Iba-1, CD11b, β-tubulin and MBP. Some cells were GFAP-positive reflecting the bidirectional differentiation capacity of GRPs (Rao *et al.*, 1998) (Supplementary Fig. 1). Membrane proteins PDGFRα (Tsai *et al.*, 2016), NG2 (Biname *et al.*, 2013), PLP (Harlow *et al.*, 2014, 2015) (Supplementary Fig. 1), CXCR4 (Tsai *et al.*, 2016), and FGFR (Bribian *et al.*, 2006) (Supplementary Fig. 2) were reported to mediate oligodendrocyte precursor migration and were positive in mGRPs.

After mGRP transplantation to the forceps minor of the corpus callosum, a location known for its capacity of robustly rejecting GRP allografts (Janowski *et al.*, 2014), scid, CoB and control mice all displayed BLI signal decline within the first 3 weeks. There was a complete signal loss in control mice, but scid and CoB mice exhibited a persistent mGRP signal until the endpoint of the study (203 days). Both scid and CoB groups showed a statistically significant difference from the control group ($P < 0.05$) from POD14 onwards (Fig. 1A). To investigate whether additional CTLA4-Ig-based treatment may enhance the survival of mGRPs, five randomly selected CoB mice (booster group) received monthly CTLA4-Ig treatment, mimicking a clinically effective immunosuppression maintenance strategy (Kirk *et al.*, 2014). No difference in graft survival was observed between non-booster (CTLA4-Ig and MR-1 treatment on POD0, 2, 4 and 6) and booster (additional CTLA4-Ig treatment on POD30, 60, 90) groups (Supplementary Fig. 3).

To test systemic hyporesponsiveness against donor antigens, secondary subcutaneous injections of mGRPs isolated from the donor of the original brain grafts were performed after 120 days of primary intracerebral grafting in randomly selected CoB ($n = 3$) and scid mice ($n = 3$). Resembling the survival curve of primary intracerebral transplantation, naïve B6 controls ($n = 5$) rejected subcutaneously transplanted mGRPs within 3 weeks. Scid and CoB mice, however, accepted both primary (brain) and secondary (subcutaneous) mGRP allografts (Fig. 1B). After 17 days of secondary subcutaneous transplantation (POD137 of intracerebral transplantation), BLI signals were significantly higher in both CoB and scid mice compared to naïve controls ($P < 0.001$ on all time points examined). Signals were detectable for 83 days after secondary transplantation until animals were sacrificed for post-mortem assessment (overall 203 days of investigation, the endpoint of the study) (Fig. 1B and C).

Adoptive T cell transfer experiments were performed to provide evidence for systemic hyporesponsiveness rather than sequestration of the grafts behind the blood–brain barrier. T cells were isolated from a naïve B6 mouse, CoB, and control mice (POD154 of intracerebral mGRP transplantation, indefinite engraftment was regarded to be established), and were retro-orbitally injected into scid mice with different donor configurations ($n = 4$/group). Four days later, mGRPs were subcutaneously transplanted to the back of these scid mice. BLI revealed that scid mice receiving naïve T cells

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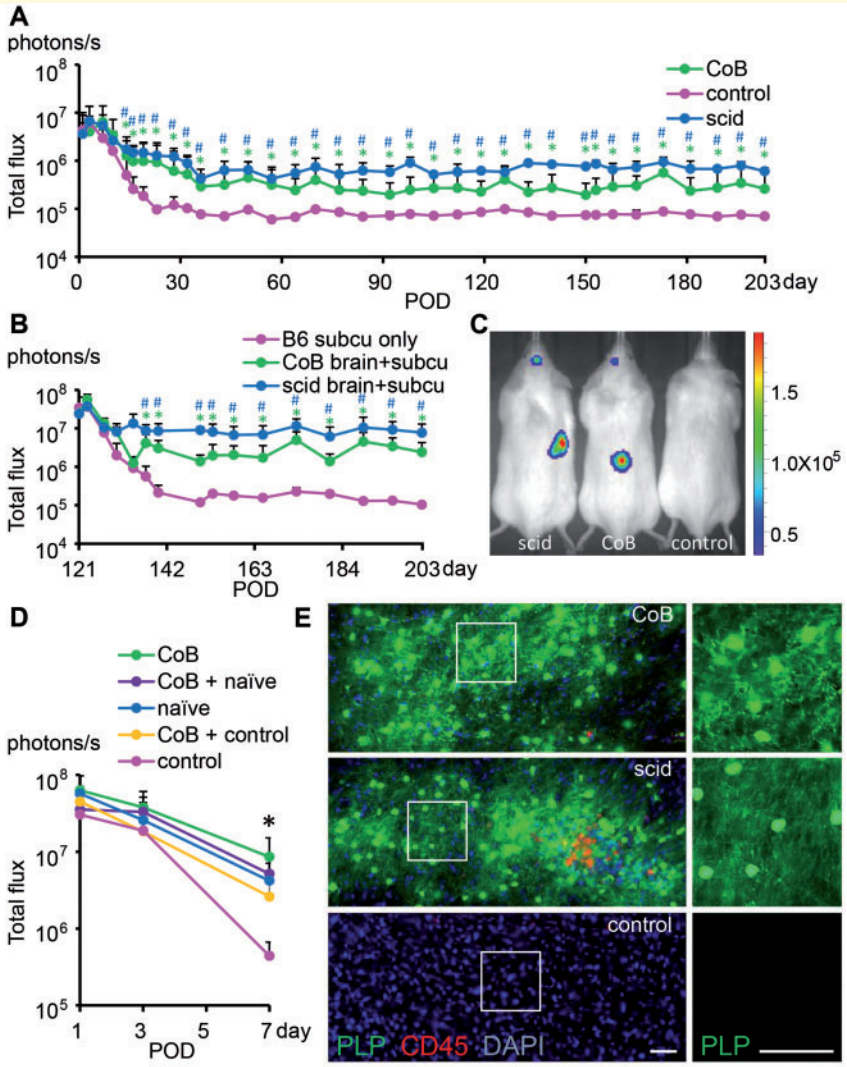

Figure 1 Co-stimulation blockade induces long-term engraftment of allogeneic GRPs. B6 and scid mice were recipients for luciferase-expressing mGRPs. (**A**) Logarithmic BLI total flux over the mouse heads was plotted longitudinally for 203 days. Statistically significant difference between CoB and control group ($^{*}P < 0.05$, $n = 5$), and scid and control group ($^{\#}P < 0.05$, $n = 5$) started from POD14. (**B**) On POD120, three CoB and three scid mice received a second, subcutaneous mGRP transplantation to their back. Five naïve B6 mice served as controls. BLI values were plotted and the statistical difference between CoB and the control group started from POD17 ($^{*}P < 0.05$). (**C**) BLI image of mice that received both intracerebral and subcutaneous transplantation of mGRPs (POD203 of intracerebral transplantation). BLI intensity scale is shown on the *right*. (**D**) T cells isolated from one naïve B6 mouse, one CoB, and one control mouse on POD154 were retro-orbitally injected into scid mice with five different combinations ($n = 4$). Four days after T-cell inoculation, these scid mice received subcutaneous mGRP injection into their back and subsequent serial BLI. BLI signals were significantly different between CoB and control group on POD7 ($P < 0.0001$). Regression analysis was reported as type III tests of fixed effects, with the lowest mean square (LMS) difference test used for comparison between means (PROC MIXED, SAS 9.2). A coefficient of determination was calculated, and the BLI data were subjected to logistic transformation to maximize the model fit. (**E**) Immunohistochemistry with anti-CD45 antibodies (leucocytes) and DAPI for CoB, control and scid mouse brains on POD154. Note the absence of CD45-positive cells in CoB brain. Scale bar = 50 μm.

showed a significant drop in BLI signal 7 days after mGRP transplantation, indicating a fast rejection process. Scid mice receiving control T cells exhibited more robust rejection indicating a priming effect upon mGRP inoculation. However, the BLI signals in scid mice receiving T cells from the CoB-treated mouse was maintained, demonstrating donor-specific hyporesponsiveness towards mGRPs primarily engrafted in the brain (Fig. 1D).

Histological examination performed to confirm cell survival and identification revealed strong expression of GFP under the oligodendrocyte-specific PLP promoter in CoB and scid mouse brains (POD154). Elaborate processes indicated maturation of grafted cells towards myelinating oligodendrocytes. There was no leucocyte recruitment in CoB brains as examined by CD45 staining (Fig. 1E).

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Human GRPs were transplanted into B6 brains to investigate whether co-stimulation blockade was effective in protecting intracerebral xenografts. Earlier rejection of hGRPs than mGRPs was observed in the control group starting from POD3, and was completed within 2 weeks post-transplantation. In contrast, hGRPs survived well in the CoB group by POD19, the endpoint of the study. There was no difference in hGRP survival between the CoB and scid mice (Supplementary Fig. 4).

Co-stimulation blockade prevents immune reaction against GRP allografts

To characterize the underlying immune response allowing for allogeneic GRP survival, the extent and type of cellular infiltrate at the location of intracerebral mGRP injection were evaluated by panleucocyte marker CD45, T-cell marker CD3, microglial/macrophage marker Iba-1, and active phagocyte marker CD68 immunostaining. Mouse brains were harvested at the peak of rejection as monitored by rapidly diminishing BLI signals in the control group (POD19). As expected, intense immune cell infiltration was detected around the mGRP grafts in control brains, yet only limited immune cell recruitment was observed in scid and CoB-treated mouse brains (Fig. 2A). Quantitative analysis of CD45 infiltration by both CD45 positive area (Fig. 2B and C) and fluorescent intensity (Fig. 2B and D) revealed statistically significant differences between control and CoB group, the latter being at a comparative level to scid brains. Of note, mGRPs in control brains were clotted and exhibited necrotic morphology on POD19. In contrast, mGRPs in CoB-treated and scid mouse brains appeared vital and extended multiple processes, suggesting the integration of grafts into the host brain structure (Fig. 2A and Supplementary Fig. 5).

Excellent graft survival in scid mice revealed the pivotal role that T cells play in immune rejection. Investigations on infiltration of the graft site by T cells were performed after intracerebral mGRP transplantation. Not surprising, a large number of CD3-positive cells were detected encompassing the grafts in the control group. In contrast, T cells were absent in CoB and scid groups as shown by quantitative analysis of cell counts (Fig. 2E and F). Accordingly, the Foxp3 staining was negative in CoB and scid brains (data not shown). Interestingly, the proportion of Foxp3-positive Tregs among CD4-positive T cells was significantly decreased in CoB spleen on POD5 as compared to control mice, which further decreased on POD12 (Supplementary Fig. 6). These data implied that the CoB-mediated immunomodulation was not Treg dependent.

Quantitative analysis of Iba-1 immunofluorescence at POD19 was performed to identify local inflammatory and immune reactions. Although Iba-1 intensity was not different between CoB and control groups (Fig. 3A and B), control brains had a much larger Iba-1-positive area surrounding the grafts compared to CoB and scid brains (Fig. 3C) being indicative of extensive phagocyte recruitment to control brains, which was abrogated by CoB treatment. Next, we analysed the phagocytic activity further using CD68 fluorescent staining, which revealed significantly weaker intensity (Fig. 3D and E) and smaller areas (Fig. 3D and F) in CoB brains than in control brains. There was no difference in CD68 intensity and positive area between CoB and scid brains.

We analysed the peripheral cytokine profiles further using a high throughput multiplex bead-based immunoassay to investigate the molecular mechanism mediating allograft acceptance (from early graft implantation to complete rejection in control mice). Of 20 cytokines that were within the detection range, both the pro-inflammatory IL-1β, IL-5, IL-12(p70), MCP-1, MIP-1β, MIP-1α, IL-17, and TNFα, and anti-inflammatory IL-10 and IL-13 were increased in CoB sera as compared to control sera on POD5 while IL-1α (pro-inflammation) levels were decreased in CoB sera. The differences between CoB and control mice regarding these cytokine levels diminished gradually on POD11 and POD17. The expression levels of IL-1β, IL-12(p70), and MIP-1β in control mice exceeded those in CoB mouse on POD25, and there was more chemokine RANTES in control sera than in CoB sera on POD25 indicating a pro-inflammatory transition in the control group. Moreover, the dynamic changes of IL-12(p70) in CoB mice resembled the scid pattern, but was different from the control levels, which were low in the early post-implantation period, but gradually elevated and exceeded the CoB and scid levels by POD17 and 25, respectively. The levels of IL-12(p40), antagonist of IL-12(p70), were higher in control mice when compared to CoB mice at all timepoints examined. IL-10, a major anti-inflammatory cytokine, was expressed at similar and elevated levels in CoB and scid mice on POD5 as compared to control mice (Supplementary Figs 7 and 8). These results indicated that the transplantation induced pro-inflammatory cytokine profile was mitigated by co-stimulation blockade.

Co-stimulation blockade-protected allogeneic GRPs myelinate adult shiverer mouse brains

We further aimed to utilize the co-stimulation blockade strategy for allogeneic GRP treatment. Mouse GRPs were injected into unilateral corpus callosum of adult myelin basic protein (MBP) deficient, thus congenitally hypomyelinated, shiverer (Lachapelle *et al.*, 1983) and immunodeficient shiverer (shiverer-rag2$^{-/-}$, shiverer-rag2) mice. Longitudinal BLI revealed that mGRPs could not survive in immunocompetent shiverer mice and were depleted from the host brains within 3 weeks after transplantation, replicating the dynamics shown in our wild-type animal mGRP transplant experiments (Fig. 1). Despite an initial cell loss

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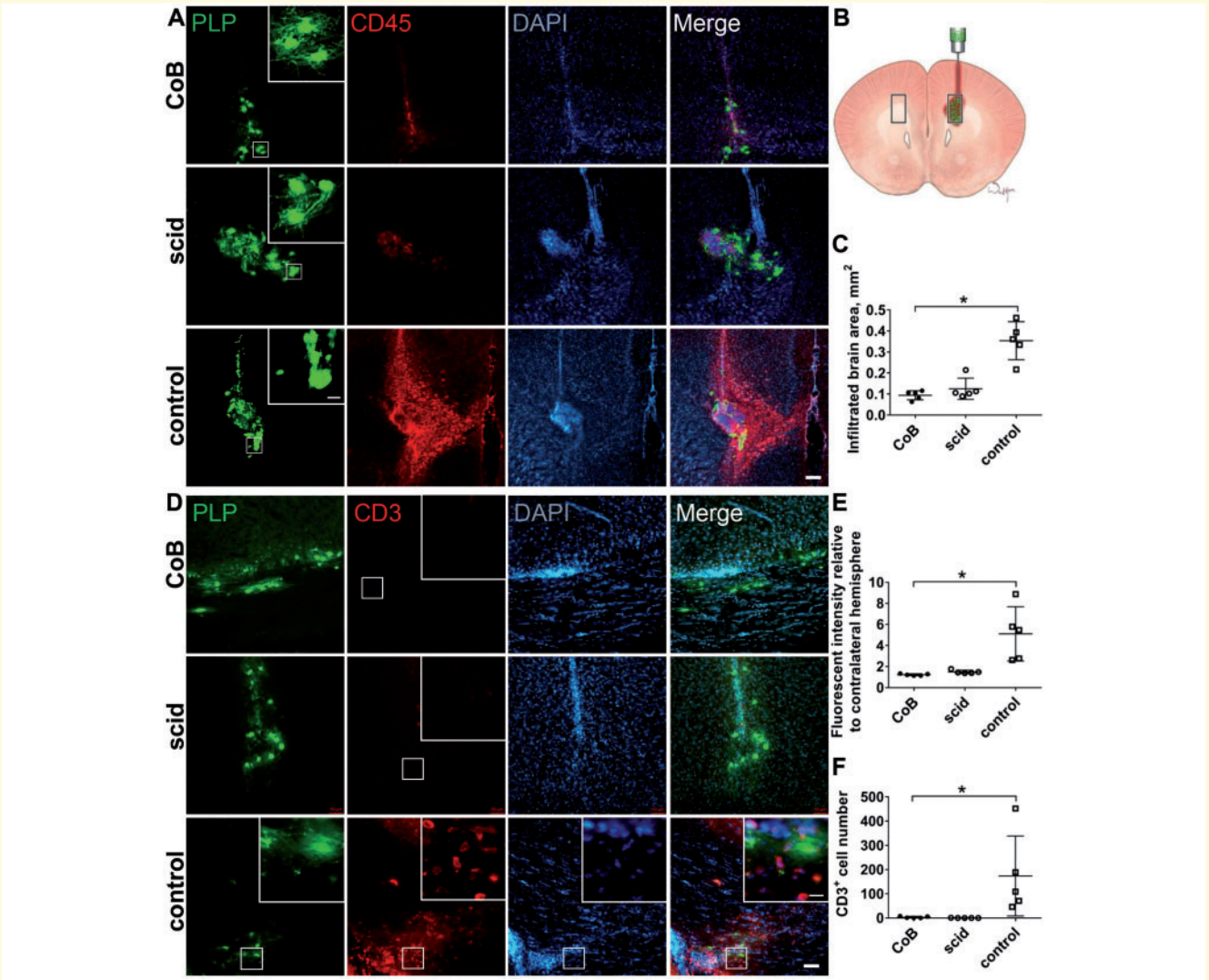

Figure 2 T-cell recruitment elicited to GRP allografts is abrogated by co-stimulation blockade. (**A**) CD45 immunostaining was performed for B6 and scid mouse brains on POD19. Scale bar = 100/20 μm in low/high magnificent images. (**B**) Schematic diagram showing the area of mGRP engraftment and immune cell infiltration assessment outlined in red and covered by a 0.05 × 0.1 cm rectangle (grey). The red fluorescence intensity in the transplanted side was measured and normalized to a corresponding area at the contralateral side (second rectangle) of each mouse. (**C**) Statistical difference was revealed between CoB and control group in CD45-positive areas (*P = 0.011), but not between CoB and scid groups (P = 1.000), n = 5. (**D**) A statistically significant difference was revealed between CoB and control groups in CD45 intensity (*P = 0.001), but not between CoB and scid groups (P = 0.231), n = 5. Independent samples Kruskal-Wallis (two-sided) test with Bonferroni's adjustment (SPSS 22.0). (**E**) Immunohistochemistry was performed for B6 and scid mouse brains with CD3 antibodies and DAPI staining on POD19. T cells were robustly recruited around the mGRP allografts in the control group but were absent in CoB and scid groups. Scale bar = 50/10 μm in low/high magnificent images. (**F**) Counting of CD3-positive cells in the total brain slices showed that statistically fewer T cells were recruited to both CoB brains and scid brains as compared to control brains (scid versus control, P = 0.042, CoB versus control, *P = 0.046) and there was no difference between CoB group and scid group (P = 1.000), n = 5. One-way ANOVA with Bonferroni's adjustment (SPSS 22.0).

in shiverer-CoB and shiverer-rag2 mice during the first 3 weeks after transplantation, mGRP signals were consistently detected until the end of the natural lifespan of shiverer mice (POD90). Statistical differences were observed between shiverer-control and shiverer-CoB groups in mGRP survival from POD14, with no further changes in BLI thereafter. In addition, the survival of mGRPs in shiverer-CoB mice was at comparable levels to that in immunodeficient shiverer-rag2 mice ($P > 0.05$ at all time-points examined) (Fig. 4A and B).

Mixed lymphocyte reactions were carried out to assess systemic T-cell responsiveness upon co-stimulation blockade in shiverer mice on POD33. T cells were isolated from naïve shiverer, shiverer-CoB and shiverer-control mouse spleen (n = 3/group) and cultured together with mGRPs (either intact or minced, to expose the intracellular

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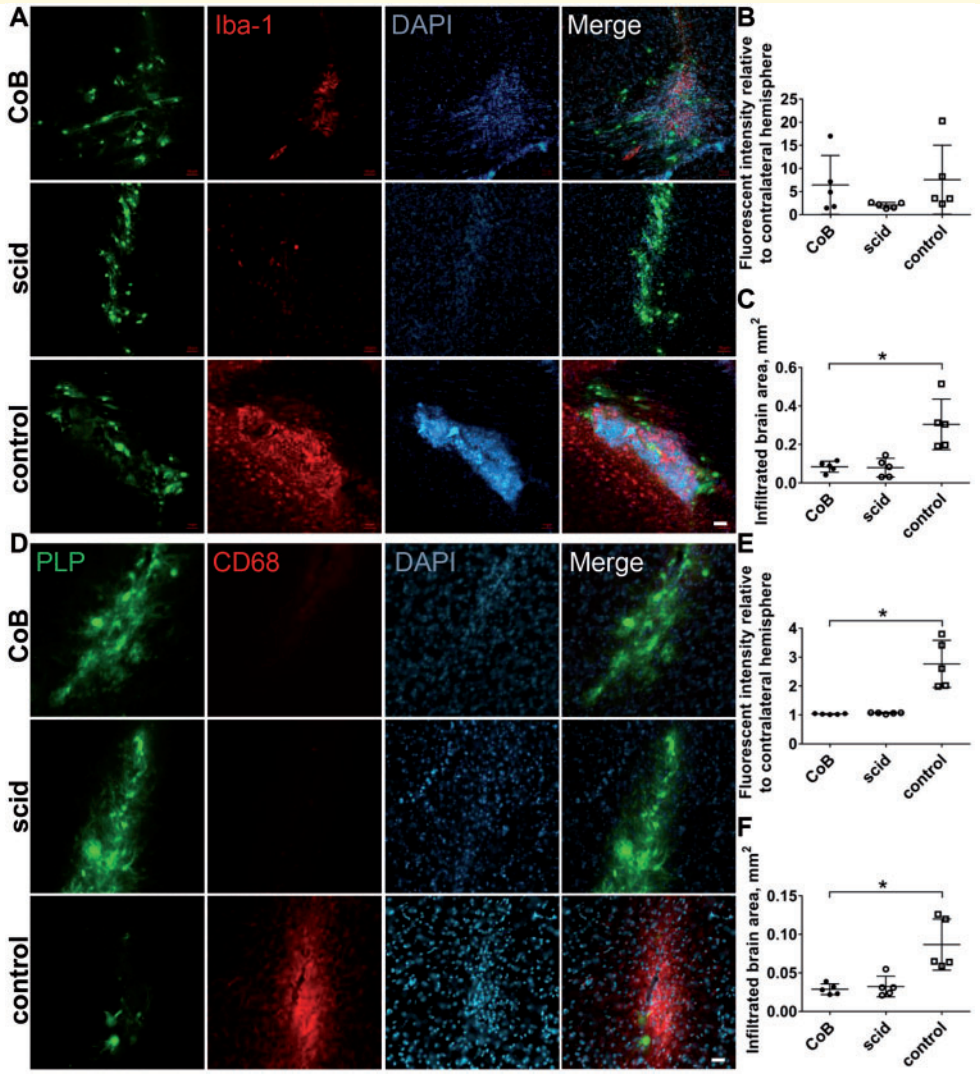

Figure 3 Phagocytic activity against allografts is prohibited by co-stimulation blockade. (**A**) Iba-1 immunostaining was performed for B6 and scid mouse brains on POD19. Scale bar = 50 μm. (**B**) There was no statistical difference between any two groups in Ibal-1 intensity, $n = 5$. (**C**) Statistical difference was revealed between CoB and control groups for Iba-1-positive areas ($^*P = 0.033$, $n = 5$), but not between CoB and scid groups ($P = 1.000$), $n = 5$. (**D**) CD68 immunostaining was performed for B6 and scid mouse brains on POD19. Scale bar = 50 μm. (**E**) There was statistical difference in CD68 intensity between CoB and control group ($^*P = 0.021$), scid and control group ($P = 0.026$), but not between CoB and control group ($P = 1.000$), $n = 5$. (**F**) Statistical difference was revealed between CoB and control groups for CD68-positive area ($^*P = 0.003$, $n = 5$), but not between CoB and scid groups ($P = 1.000$), $n = 5$. Independent samples Kruskal-Wallis (two-sided) test with Bonferroni's adjustment (SPSS 22.0).

antigens) in the presence of either donor-matched allogeneic or third party-derived dendritic cells serving as APCs. Both CD4-positive and CD8-positive T cells obtained from shiverer-CoB mice showed reduced proliferation when co-cultured with either intact or minced mGRPs in the presence of donor-matched or third-party derived APCs as compared to shiverer-control levels. These data indicated that CoB induces T-cell hyporesponsiveness against mGRP antigens both *in vivo* and *in vitro* (Fig. 4C and D).

Shiverer mice were subjected to magnetic resonance scanning to non-invasively visualize the behaviour of allogeneic GRPs *in vivo* and to investigate whether immunoprotected mGRPs integrate functionally into the hosts and generate mature myelin. While T_2-weighted images showed excellent white-grey matter contrast in age-matched rag2$^{-/-}$ mice (Fig. 5A), the T_2 contrast was practically absent (except for the vertical needle tracts) in shiverer-control mice on POD60 and POD90. There was also no visible discrimination of white matter on POD60 in shiverer-CoB and shiverer-rag2 brains. However, on POD90, shiverer-CoB and shiverer-rag2 brains displayed hypointensities along the corpus callosum in the injection

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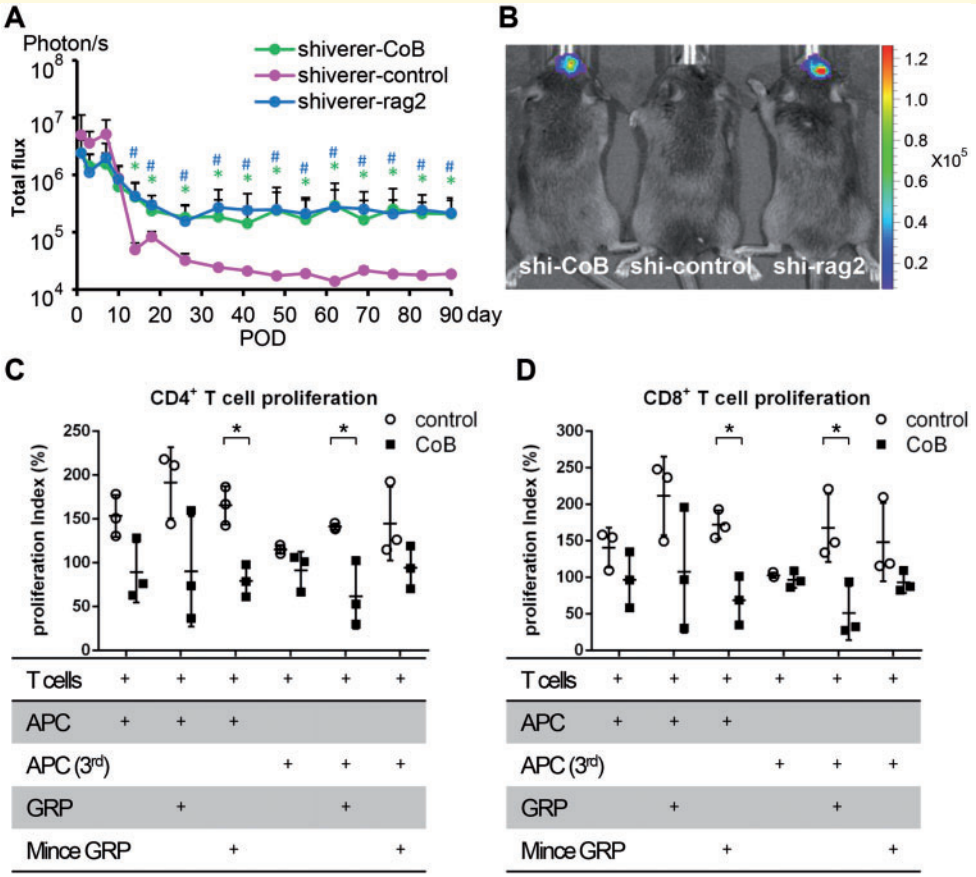

Figure 4 Co-stimulation blockade induces long-term survival of GRPs in dysmyelinated shiverer mice. (**A**) MGRP engrafted shiverer mice were subjected to longitudinal BLI and the logarithmic total flux was plotted. The statistically significant difference between shiverer-CoB and shiverer-control groups ($^{*}P < 0.05$, $n = 5$) as well as shiverer-rag2 and shiverer-control groups ($^{\#}P < 0.05$, $n = 5$) started from POD14 and lasted until POD90. There were no BLI signal differences between shiverer-CoB and shiverer-rag2 groups ($P > 0.4$, $n = 5$). Regression analysis was reported as type III tests of fixed effects, with the lowest mean square (LMS) difference test used for comparison between means (PROC MIXED, SAS 9.2). A coefficient of determination was calculated, and the BLI data were subjected to logistic transformation to maximize the model fit. (**B**) BLI image of mGRP-transplanted shiverer mice (POD90). (**C** and **D**) T cells isolated from shiverer-CoB or shiverer-control mice were co-cultured with either intact or minced mGRPs in the presence of either APCs or third-party APCs. The proliferation of CD4-positive T cells (**C**) and CD8-positive T cells (**D**) were analysed by flow cytometry and normalized to age-matched naïve shiverer mouse levels. There was a statistically significant difference between control and CoB group when cultured with donor-matched APC in the presence of minced mGRP (CD4-positive, $^{*}P = 0.0277$, $n = 3$, CD8-positive, $^{*}P = 0.0364$, $n = 3$), and when cultured with third party-derived APC in the presence of intact mGRP (CD4-positive, $^{*}P = 0.0206$, $n = 3$, CD8-positive, $P = 0.0277$, $n = 3$). Independent two sample *t*-test (SPSS 22.0).

side in T_2-weighted images indicating mGRP-induced myelination (Fig. 5B).

Next, we examined MBP immunostaining in mGRP transplanted shiverer mouse brains. On POD33, allogeneic GRPs survived and migrated along the corpus callosum in shiverer-CoB mouse brains, and MBP was re-expressed in shiverers being co-localized with PLP-GFP-positive mGRPs (co-localization parameters shown in Supplementary Table 1). Furthermore, mGRP-derived oligodendrocytes and MBP expression widely spread across the injection sites and the ipsilateral corpus callosum in shiverer-CoB and shiverer-rag2 brains on POD90. On the contrary, there was neither allogeneic GRPs nor MBP expression in shiverer-control brains on POD90 (Fig. 5C and D).

Erichrome cyanin staining was performed to examine the hydrophobic compartment within myelin proteins and lipid molecules to verify the myelin integrity in mGRP-engrafted shiverer mice. Although MBP could be detected on POD33 in shiverer-CoB mice, erichrome staining was negative in these animals indicating that myelin was not yet generated. On POD73 and POD90, mature myelin formation could be verified by erichrome-positive staining along the ipsilateral corpus callosum in shiverer-CoB and shiverer-rag2 mice (Fig. 6A).

Transmission electron microscopy was carried out to confirm allogeneic mGRP-derived myelin formation in shiverer mice. Numerous normally compact myelin sheaths were observed in shiverer-CoB mouse corpus callosum on POD90. There

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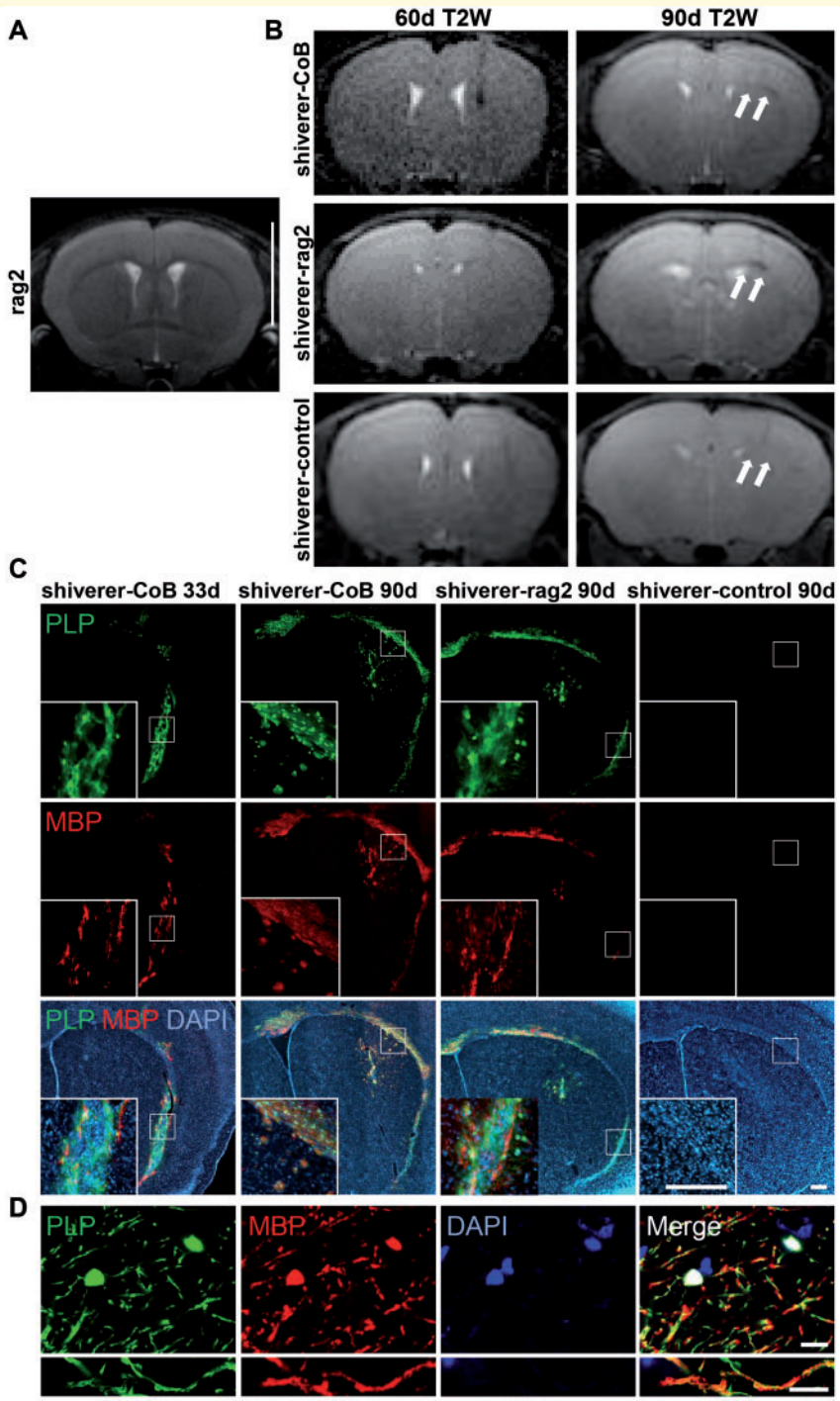

Figure 5 GRPs engrafted into shiverer mouse brains differentiate into MBP-positive oligodendrocytes. (**A**) T_2-weighted image of a 4-month-old *Rag2*$^{-/-}$ (rag2) mouse. Scale bar = 5 mm. (**B**) MGRP-transplanted shiverer mice were subjected to T_2-weighted MRI. Note the hypointensity in shiverer-rag2 and shiverer-CoB brains along the corpus callosum (white arrows) on POD90. (**C**) Immunohistochemistry was performed using MBP antibodies and DAPI for mGRP-transplanted shiverer mouse brains on POD33 and POD90 (corresponding to the mice imaged in **B**). Note that the MBP-positive region co-localized with the engrafted GFP-expressing mGRPs. There was neither green nor red fluorescence in shiverer-control mice on POD90. Scale bar = 200 μm. (**D**) Confocal microscopy of POD90 mGRP engrafted shiverer brain to better appreciate the cell morphology and GFP-MBP co-localization. Scale bar = 10 μm.

were few myelinated axons with thin myelin sheaths being loosely wrapped in shiverer-control brains (Fig. 6B). The thickness of myelin, assessed by g-ratio, was 0.9214 [0.873–0.9482] and 0.8071 [0.706–0.898] in shiverer-control and shiverer-CoB brains, respectively ($P < 0.0001$). This is consistent with previous reports (Gansmuller *et al.*, 1986).

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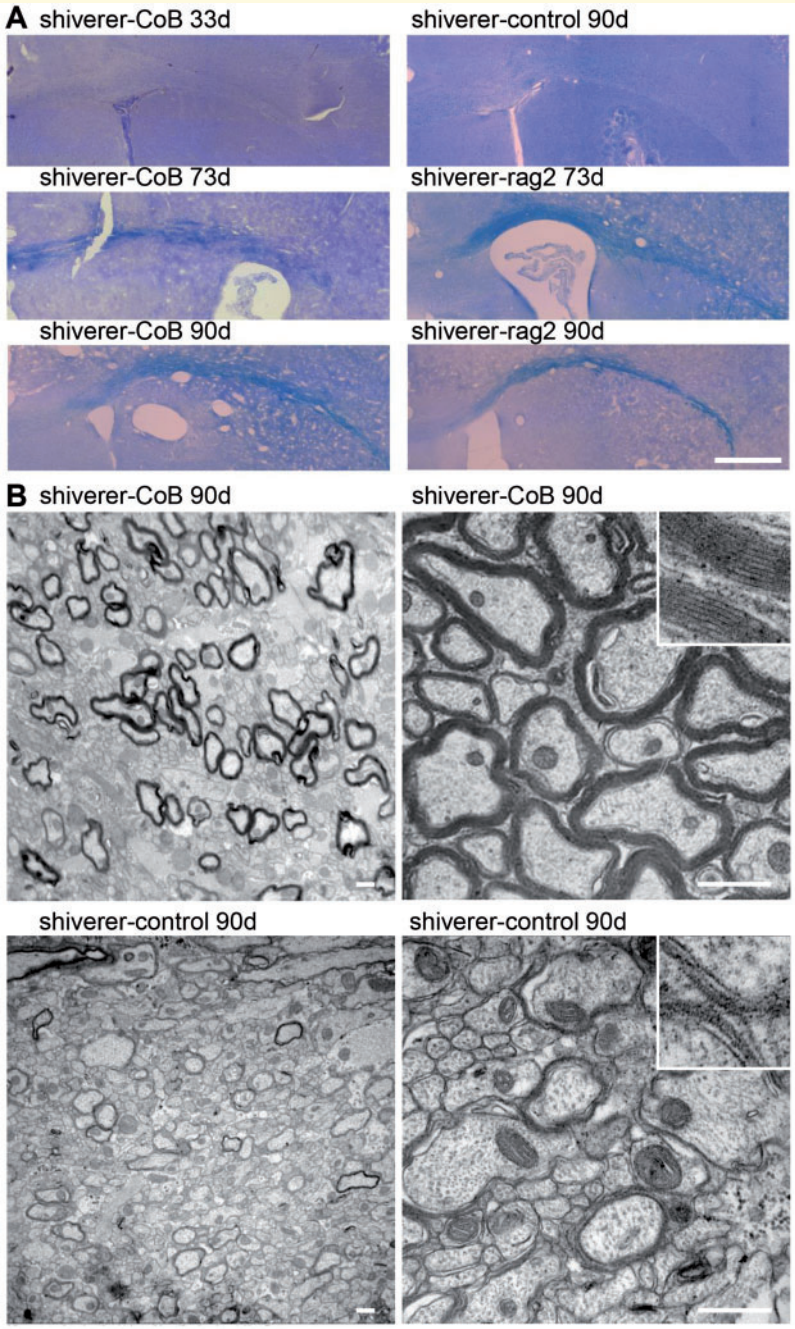

Figure 6 Protected by co-stimulation, allogeneic GRPs form myelin in dysmyelinated shiverer brains. (**A**) Erichrome cyanin staining was carried out for mGRP transplanted shiverer mouse brains on POD33, 73 and 90. Positive staining was observed along the corpus callosum on POD73 and POD90 in shiverer-rag2 and shiverer-CoB brains but was absent in shiverer-CoB brain on POD33 and shiverer-control brain on POD90. Scale bar = 500 μm. (**B**) Transmission electron microscopy with shiverer corpus callosum at Bregma level in the transplanted hemisphere on POD90. *Top*: mGRP transplanted shiverer-CoB. *Bottom*: mGRP transplanted shiverer-control. *Left*: lower magnification. *Right*: higher magnification. Scale bar =500 nm. Side length of upper right *insets* = 300 nm.

Circulating miRNAs are potential biomarkers for early detection of graft status

As co-stimulation blockade provided a new strategy for intracerebral graft acceptance, we compared the expression of several immunoreactivity-linked miRNAs (Hoefig and Heissmeyer, 2008; Schjenken *et al.*, 2016; Gaudet *et al.*, 2018) in CoB and control B6 mouse plasma after intracerebral mGRP transplantation to explore potential graft rejection/acceptance biomarkers. A number of miRNAs were differently expressed between control and CoB mice.

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For instance, miR-146 was upregulated gradually in control B6 mice after mGRP transplantation, reaching an ~17/12-fold expression level by POD12/19, the time of active rejection. However, in CoB mice, miR-146 levels were clearly downregulated, reaching undetectable levels on POD5/12 and recovered to sham-transplantation levels on POD19. Likewise, miR-223 was increasingly upregulated in graft-rejecting control mice with statistical difference between POD5 and POD12, while its expression decreased in CoB mice after POD2. The opposite trend was observed for Let 7a/7c for which expression steadily increased in CoB mice until POD19 with reduction observed in rejecting control mice until POD12. Levels returned to those observed in vehicle-transplanted mice when rejection was close to completion on POD19. While the expression of miR-150 did not show differences between different observation days in control mice, it was downregulated gradually in the CoB group. The levels of miR-125b in the plasma decreased gradually in control mice from POD2 to POD12. Its levels in the CoB mice remained lower than in the control mice (Fig. 7B–F). The vehicle-transplanted CoB group and sham-operation group did not show temporal differences in these miRNA levels, which excluded the co-stimulation blockade or surgery-induced miRNA changes. *In situ* hybridization revealed higher peri-graft miRNA-146 in control than in CoB brains (relative fluorescent intensity 1.551 versus 1.000, $P < 0.0001$), while neither higher expression nor intergroup difference were observed for miRNA-233 (Supplementary Fig. 9).

Discussion

Thus far, the use of allogeneic stem cells to restore cerebral cytostructure and function is precluded by a lack of efficacy due to graft rejection, as well as negative effects of required immunosuppression protocols in attempts ensuring graft survival. In the current study, combined co-stimulation blockade using CTLA4-Ig and MR-1 successfully prevented allograft rejection from adult mouse brains. Furthermore, immunoprotected allogeneic GRPs differentiated and initiated myelination in the dysmyelinated adult mouse brain within 1 month, which could potentially represent an attractive option for patients with dysmyelinating diseases. In addition, several microRNAs including miR-146, miR-223 and let-7a/7c were identified as promising graft acceptance/rejection biomarkers.

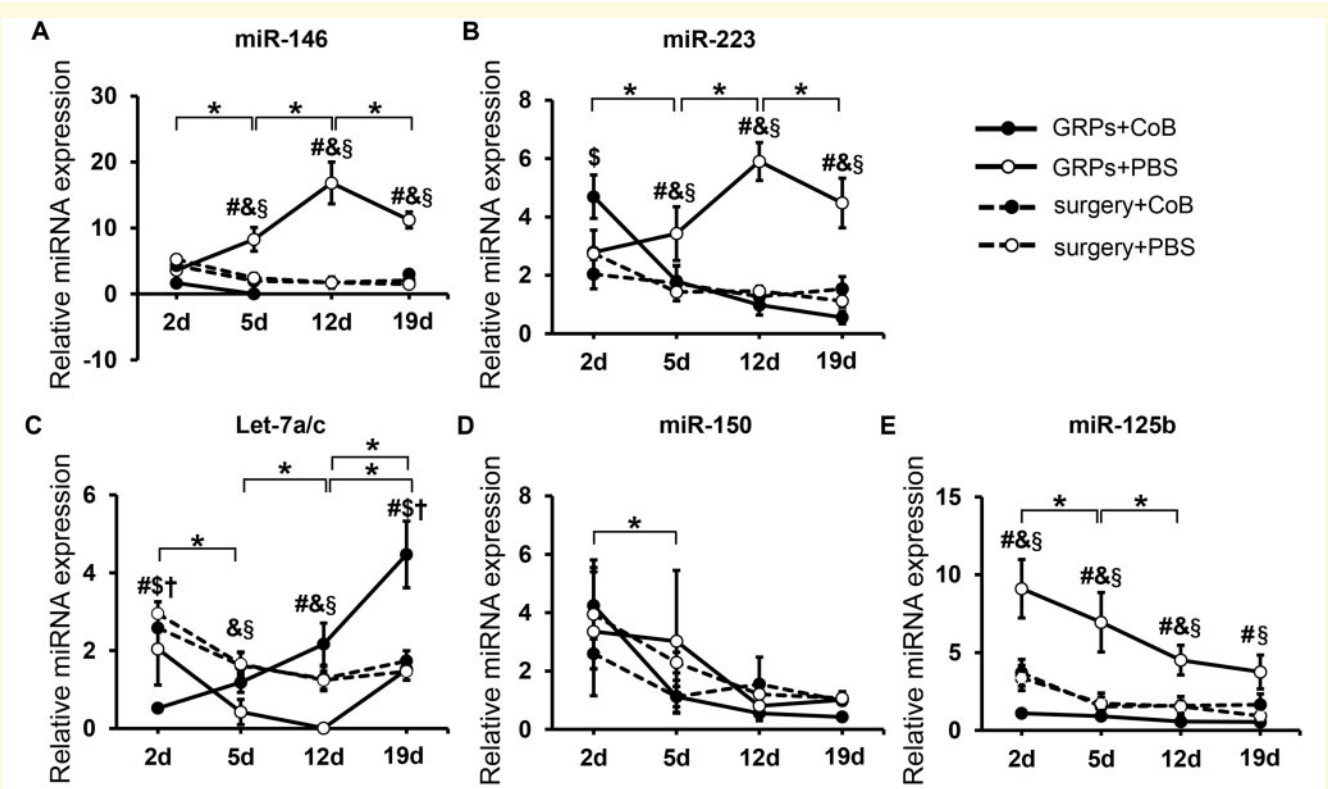

Figure 7 Dynamic changes of miRNA could serve as graft tolerance/rejection biomarkers. MiRNA was isolated from CoB and control B6 mouse plasma on POD2, 5, 12 and 19 of intracerebral mGRP transplantation and the expression of miR-146, miR-223, let-7a/7c, miR-150, and miR-125b was measured and normalized to their pre-transplantation levels. One-way ANOVA with Bonferroni's adjustment, $^{*}P < 0.05$ between two adjacent timepoints in GRPs + PBS or GRPs + CoB groups. $^{\#}$GRPs + CoB versus GRPs + PBS, $^{\&}$GRPs + PBS versus surgery + CoB, §GRPs + PBS versus surgery + PBS, $^{\$}$GRPs + CoB versus sugery + CoB, †GRPs + CoB versus surgery + PBS, $P < 0.05$ comparison between two groups at identical time points (*t*-test).

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In modern transplantation medicine, immunomodulatory strategies have entered the clinical arena to achieve graft survival with reduced toxicity or even immunosuppression-free stages (Diehl *et al.*, 2017). Our study showed that co-stimulation blockade in immunocompetent hosts resulted in long-term allogeneic GRP survival matching that in immunodeficient mice. These results align well with previous reports on the prevention of rejection in small and large animal models of organ transplantation using CTLA4-Ig and MR-1 (Larsen *et al.*, 1996; Bluestone *et al.*, 2006; Gilson *et al.*, 2009; Szot *et al.*, 2015; Webber and Vincenti, 2016). Several cell transplantation studies used co-stimulation blockade approaches for intracerebral transplantation of human embryonic stem cell-derived neural stem cells with cell survival for up to 56 days after grafting (Pearl *et al.*, 2011). CTLA4-Ig has also been applied to prevent rejection of human CD34-positive haematopoietic cells. Good cell survival at 56 days was achieved when mice were injected with blocking antibodies over 27 days after grafting, but cells were rejected when treatment was maintained for only 13 days (Oh *et al.*, 2017). We successfully push forward this strategy and observe intracerebral mGRP survival for more than 200 days with functional integration. However, while this study sought to investigate the survival and myelination capacity of allogeneic GRPs under the protection of co-stimulation blockade, we transplanted GRPs to unilateral corpus callosum, with the contralateral hemisphere serving as an internal control. The small amount of locally transplanted GRPs were not sufficient to rescue the phenotype of shiverer mice that exhibit global demyelination. The therapeutic dose as well as the optimal route of GRP transplantation await detailed investigation.

Co-stimulation blockade effectively prevented local immune reactions with significantly less phagocyte reactivity and T-cell infiltration around the mGRP allografts in CoB-treated mice compared to untreated immunocompetent controls. However, it is important to expand our investigation into the nature of the immunomodulatory effects and answer whether co-stimulation blockade effects are elicited exclusively in the CNS or, alternatively, in a systemic fashion. This is particularly relevant as peripheral maladaptive immune responses are already in place in many demyelinating disorders, such as multiple sclerosis. We showed that subcutaneous injection of donor-matched GRPs into recipients with primary, intracerebrally-engrafted GRPs resulted in good cell survival in the CoB group with rejection in the controls supporting a state of systemic hyporesponsivness rather than a protective effect of the blood–brain barrier. This is important as otherwise any local blood–brain barrier breach in the course of brain injury or inflammation could trigger rejection processes. Evidence of systemic tolerance is also encouraging in the context of repetitive therapeutic application of immunologically matched stem cells.

We have demonstrated here that CoB is also effective in protecting xenografted human GRPs. This is highly significant as it allows the studying of behaviour of human cells in various available transgenic mouse models or disease systems where adaptive immunity plays an important role such as stroke or multiple sclerosis. We have recently shown that a similar strategy with CoB can be used for modelling human glioblastoma in immunocompetent mice (Semenkow *et al.*, 2017) further demonstrating universal utility of this method.

Co-stimulation blockade induced dynamic changes in the serum cytokine network during systematic allograft acceptance. It has been reported that inhibition of CD28-B7 interaction could alter cytokine profiles from Th1 to Th2 (Lin *et al.*, 1997). Moreover, Th1 and Th2 cells were differentially regulated by CD28-B7 versus CD154-CD40 co-stimulation pathways *in vivo* (Kishimoto *et al.*, 2000). While the serum cytokine expression differences between CoB and control groups diminished gradually after initial elevation on both Th1 and Th2 cytokines in CoB group, IL-1β, IL-12(p70), RANTES and MIP-1β levels steadily increased in the control group and exceeded the CoB levels at POD25. Together with IL-12(p40) expression, whose levels were sustained high in control group, transition to pattern of Th2 cytokine expression might be a major player mediating co-stimulation blockade-dependent immune tolerance induction.

Although Tregs are important regulators for alloimmune responses (Adams *et al.*, 2016) in organ and cell transplantation (Camirand and Riella, 2017), the effects of co-stimulation blockade on Tregs is still unclear. It was assumed that co-stimulation blockade inhibits Treg survival and function (Adams *et al.*, 2016), and an *in vitro* study showed that CTLA4-Ig inhibited Treg proliferation (Levitsky *et al.*, 2013). Tolerance induced by co-stimulation blockade for human embryonic stem cell-derived pancreatic endoderm was shown to be independent on Tregs (Szot *et al.*, 2015). Flowcytometric analysis indicated that CTLA4-Ig did not induce Treg expansion in peripheral blood of transplanted patients (Chavez *et al.*, 2007). We show that GRP allografts were not negatively affected although Tregs were decreased in CoB-treated recipients. In addition, we could not detect infiltrating T cells as well as Foxp3 T cells into the CoB brain after GRP engraftment. Because of limited studies regarding Treg activities in the brain as well as across the blood–brain barrier, the role of systemic Treg cells on the intracerebral mGRP allografts needs further mechanistic studies.

This study yields highly encouraging results on potential peripheral surrogate miRNAs for graft rejection as their specific temporal pattern correlated with survival or rejection of allogeneic GRPs. In addition, our results are supported by previous studies showing that miR-223 and miR-146 were both overexpressed, while let-7 levels were downregulated, in renal biopsies with confirmed T cell-mediated acute rejection compared to normal allografted patients (Anglicheau *et al.*, 2009). In rat liver transplantation settings, miR-223 and miR-146 levels were also significantly increased in allografts with acute rejection (Hu *et al.*, 2013; Morita *et al.*, 2014). Moreover, miR-223 levels were reported to be highly predictive of acute renal

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rejection and strongly linked to the intragraft expression of CD3 mRNA (Sui *et al.*, 2008; Betts *et al.*, 2014). MiR-146 and miR-223 are produced by activated macrophages and are key anti-inflammatory miRNAs (Gaudet *et al.*, 2018). Their upregulation during rejection may reflect a negative feedback for inflammatory responses. The increased intragraft miR-146 expression and good graft survival confirmed its tolerance promotion property. The Let-7 miRNA family promotes both anti- and pro-inflammatory actions (Gaudet *et al.*, 2018). The miR-125b-let-7c-miR-99a cluster buffers against aberrant self-renewal and differentiation of haematopoietic stem cells by simultaneously targeting TGFβ and WNT1 signalling and plays a role in the development of Th1 cells (Mehta and Baltimore, 2016). Thus, dynamic profiles of miRNAs could be evaluated as potential biomarkers for monitoring graft survival and may help to improve the overall prognosis of patients with neurological disorders undergoing GRP transplantation.

In conclusion, this study demonstrates the efficacy of a combined co-stimulation blockade-based immunomodulatory protocol to achieve survival and retain (re)myelination capacity of allogeneic GRPs transplanted directly into the murine CNS. In addition, we show that miRNAs may represent a meaningful tool for monitoring allograft viability, specifically in anatomical areas inaccessible to conventional methods. These encouraging data may foster the advancement of allogeneic GRPs' potential to enhance functional recovery in dysmyelination disorders in both translational large animal models and humans.

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Competing interests

The authors report no competing interests.

Supplementary material

Supplementary material is available at *Brain* online.

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