

Bioluminescence Imaging of Stroke-1 Induced Endogenous Neural Stem Cell Response

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2 **Response**

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1 **Abstract**

2 Brain injury following stroke affects neurogenesis in the adult mammalian brain. However, a
3 complete understanding of the origin and fate of the endogenous neural stem cells (eNSCs) *in*
4 *vivo* is missing. Tools and technology that allow non-invasive imaging and tracking of eNSCs in
5 living animals will help to overcome this hurdle.

6 In this study, we aimed to monitor eNSCs in a photothrombotic (PT) stroke model using *in vivo*
7 bioluminescence imaging (BLI). In a first strategy, inducible transgenic mice expressing firefly
8 luciferase (Fluc) in the eNSCs were generated. In animals that received stroke, an increased BLI
9 signal originating from the infarct region was observed. However, due to histological limitations,
10 the identity and exact origin of cells contributing to the increased BLI signal could not be
11 revealed. To overcome this limitation, we developed an alternative strategy employing
12 stereotactic injection of conditional lentiviral vectors (Cre-Flex LVs) encoding Fluc and eGFP in
13 the subventricular zone (SVZ) of Nestin-Cre transgenic mice, thereby specifically labeling the
14 eNSCs. Upon induction of stroke, increased eNSC proliferation resulted in a significant increase
15 in BLI signal between 2 days and 2 weeks after stroke, decreasing after 3 months. Additionally,
16 the BLI signal relocated from the SVZ towards the infarct region during the 2 weeks following
17 stroke. Histological analysis at 90 days post stroke showed that in the peri-infarct area, 36% of
18 labeled eNSC progeny differentiated into astrocytes, while 21% differentiated into mature
19 neurons. In conclusion, we developed and validated a novel imaging technique that
20 unequivocally demonstrates that nestin⁺ eNSCs originating from the SVZ respond to stroke
21 injury by increased proliferation, migration towards the infarct region and differentiation into
22 both astrocytes and neurons. In addition, this new approach allows non-invasive and specific

- 1 monitoring of eNSCs over time, opening perspectives for preclinical evaluation of candidate
- 2 stroke therapeutics.

1 **Keywords:**

2 Bioluminescence imaging, Cre-Flex lentiviral vector, endogenous neural stem cells, Nestin-Cre
3 mice, stroke

4 **Abbreviations:**

5 BLI: bioluminescence imaging

6 BrdU: 5-bromo-2'-deoxyuridine

7 CC: corpus callosum

8 Cre-Flex: Cre-mediated flip-excision

9 DCX: doublecortin

10 eNSCs: endogenous neural stem cells

11 Fluc: firefly luciferase

12 GFAP: glial fibrillary acidic protein

13 LV: lentiviral vector

14 MCAO: middle cerebral artery occlusion

15 MRI: magnetic resonance imaging

16 NeuN: neuronal nuclei

17 OB: olfactory bulb

18 PET: positron emission tomography

- 1 PT: photothrombotic
- 2 RMS: rostral migratory stream
- 3 SGZ: subgranular zone
- 4 SVZ: subventricular zone

1 **1. Introduction**

2 The presence of endogenous neural stem cells (eNSCs) in the adult mammalian brain, including
3 human brain, is now widely accepted (Altman, 1963, 1962; Curtis et al., 2005; Eriksson et al.,
4 1998). Two brain regions, i.e. the SVZ of the lateral ventricles and the subgranular zone (SGZ)
5 of the hippocampal dentate gyrus, are recognized as primary regions of adult neurogenesis (Ming
6 and Song, 2005). Under physiological conditions, eNSCs in the SVZ divide and their progeny
7 migrates tangentially via the rostral migratory stream (RMS) to the olfactory bulb (OB). Upon
8 arrival in the OB, neuroblasts differentiate into local interneurons and integrate into the
9 glomerular and granular layers (Alvarez-Buylla and Garcia-Verdugo, 2002). Pathological
10 conditions, including brain injury and stroke, affect adult neurogenesis (Curtis et al., 2005; Gray
11 and Sundstrom, 1998; Liu et al., 1998). Stroke, a common cause of morbidity and mortality
12 worldwide, deprives the brain of oxygen and glucose (Flynn et al., 2008). Following stroke,
13 neurogenesis augments the number of immature neurons in the SVZ (Jin et al., 2001; Zhang et
14 al., 2008). Neuroblasts (positive for the marker doublecortin, DCX) migrate towards sites of
15 ischemic damage and upon arrival, phenotypic markers of mature neurons can be detected
16 (Arvidsson et al., 2002; Parent et al., 2002). On the other hand, retroviral labeling of the SVZ
17 showed that cells migrated to the lesion and differentiated into glia (Goings et al., 2004),
18 demonstrating that following injury, the SVZ can generate both neural cell types. Some studies
19 showed that SVZ-derived progenitors can differentiate into medium spiny neurons in the
20 striatum after stroke (Collin et al., 2005; Parent et al., 2002), whereas others claimed that the
21 newborn cells are fate restricted to interneurons or glia (Deierborg et al., 2009; Liu et al., 2009).
22 Whether SVZ neural progenitors can alter their fate, integrate in the injured circuits and survive
23 for long time periods is still a matter of debate (Kernie and Parent, 2010). Up till now, specific

1 labeling of eNSCs in the SVZ and the follow-up of the migration of their progeny to the
2 ischemic area over time has not yet been shown.

3 Apart from the primary neurogenic niches, other brain regions, e.g. the cortex, contain cells that
4 become multipotent and self-renew after injury (Komitova et al., 2006). Although mature
5 astrocytes do not divide in healthy conditions, they can dedifferentiate and proliferate after stab
6 wound injury and stroke (Buffo et al., 2008; Sirko et al., 2013). While these proliferating
7 astrocytes remained within their lineage *in vivo*, they formed multipotent neurospheres *in vitro*
8 (Buffo et al., 2008; Shimada et al., 2010). Therefore, these reactive astrocytes may represent an
9 alternative source of multipotent cells that may be beneficial in stroke.

10 A major hurdle when studying endogenous neurogenesis is the lack of methods to monitor these
11 processes *in vivo*, in individual animals over time. We and others attempted to label eNSCs by
12 injection of iron oxide-based particles in the lateral ventricle or SVZ (Shapiro et al., 2006;
13 Sumner et al., 2009; Vreys et al., 2010; Nieman et al., 2010), or by lentiviral vectors (LVs)
14 encoding a reporter gene into the SVZ (Vande Velde et al., 2012) to monitor stem cell migration
15 along the RMS with magnetic resonance imaging (MRI). Although MRI provides high
16 resolution, it suffers from low *in vivo* sensitivity and gives no information on cell viability and
17 non-specific signal detection cannot be excluded. Rueger *et al.* described *in vivo* imaging of
18 eNSCs after focal cerebral ischemia via positron emission tomography (PET) imaging (Rueger et
19 al., 2010), however, the cells responsible for the PET signal could not be identified.
20 Alternatively, transgenic mice expressing Fluc driven by a DCX promoter allowed monitoring of
21 adult neurogenesis using *in vivo* BLI (Couillard-Despres et al., 2008). However, the robust BLI
22 signal emitted from the SVZ, leading to scattering and projection of these photons to the OB,
23 impedes direct visualization of eNSC migration from the SVZ towards the OB. Moreover, when

1 the DCX⁺ neuroblasts differentiate into mature neurons, they lose the Fluc expression. In a first
2 part of the present study, we generated inducible transgenic mice that express Fluc in the nestin⁺
3 eNSCs, to monitor a stroke-induced eNSC response with BLI.

4 An alternative strategy to efficiently and stably introduce Fluc in the eNSCs is by stereotactic
5 injection of LVs into the SVZ, which allowed us and others to monitor the migration of eNSCs
6 and their progeny towards the OB with BLI (Reumers et al., 2008; Guglielmetti et al., 2013).
7 However, since LVs transduce both dividing and post-mitotic cells, not only eNSCs but also
8 neighboring astrocytes and mature neurons are labeled after injection of constitutive LVs in the
9 SVZ (Geraerts et al., 2006). As a result, in line with the data described in transgenic mice, a high
10 BLI signal emerges from the site of injection that interferes with the measurement of the
11 migrating cells (Reumers et al., 2008). To overcome the latter, we developed new conditional
12 Cre-Flex LVs in a second part of this study. These Cre-Flex LVs incorporate Cre-lox technology,
13 allowing that Fluc and eGFP are restrictively expressed in eNSCs after injection in the SVZ of
14 transgenic Nestin-Cre mice. While numerous research groups have previously described stroke-
15 induced eNSC behavior (Arvidsson et al., 2002; Parent et al., 2002), we here report for the first
16 time successful *in vivo* imaging and characterization of long-term eNSC responses after stroke.

1 **2. Materials & Methods**

2 **2.1 Animals**

3 Animal studies were performed in accordance with the current ethical regulations of the KU
4 Leuven. Nestin-CreER^{T2} mice (a kind gift from Dr. Amelia J. Eisch (University of Texas
5 Southwestern Medical Center, Dallas, TX) (Lagace et al., 2007)) and B6.Cg-Tg(Nes-cre)1Kln/J
6 (Jax labs stock nr 003771, (Tronche et al., 1999)) were crossbred with C57BL/6-Tyr^{c-2J}/J (Jax
7 labs, stock nr 000058), creating white furred albino mice in a C57BL/6 genetic background.
8 White furred inducible Nestin-CreER^{T2} mice were crossbred with ROSA26-LoxP-stop-LoxP(L-
9 S-L)-luciferase transgenic mice (Safran et al., 2003) (Jax labs, stock nr 005125), indicated as
10 Nestin-CreER^{T2}/Fluc mice. To induce Fluc expression, mice received tamoxifen intraperitoneally
11 (ip) or orally at 180 mg/kg dissolved in 10% EtOH/90% sunflower oil for 5 consecutive days.
12 BrdU was administered as previously published (Geraerts et al, 2006). For the stroke follow-up,
13 Fluc expression was induced in 11 Nestin-CreER^{T2}/Fluc mice by oral tamoxifen treatment. Four
14 days later, the animals were divided into 2 groups: 8 mice received a PT stroke and 2 mice
15 received a sham treatment; one mouse died during tamoxifen induction. Three Cre-negative
16 littermates that received a stroke were added as controls.

17 White furred B6.Cg-Tg(Nes-cre)1Kln/J mice, here referred to as Nestin-Cre mice, were
18 stereotactically injected with Cre-Flex LV in the SVZ at the age of 8 weeks. One week after
19 stereotactic injection, Nestin-Cre mice received a PT stroke (n=33) or sham treatment (n=10). A
20 Cre-negative littermate that received a stroke was added as control.

21 Mice were genotyped by PCR using genomic DNA and primers previously described (Lagace et
22 al., 2007).

1 **2.2 Lentiviral vector construction and production**

2 We designed a new conditional LV system based on the Cre/loxP mechanism, here referred to as
3 Cre-Flex (Cre-mediated flip-excision). The Cre-Flex LVs carry a reporter cassette encoding
4 eGFP and Fluc flanked by a pair of mutually exclusive lox sites. The reporter cassette is
5 activated after Cre recombination (flip-excision, Figure 3A). For the construction of the Cre-Flex
6 plasmids, we used the pCHMWS-eGFP plasmid as a backbone (Geraerts et al., 2006). As
7 illustrated in Figure 3A, pairs of heterotypic *loxP_loxm2* recombinase target sites were cloned
8 respectively, upstream and downstream of eGFP using synthetic oligonucleotide adaptors. To
9 enable efficient recombination, 46-bp spacers were inserted in between both lox sites. In this
10 plasmid, eGFP was replaced by the coding sequence for eGFP-T2A-Fluc (Ibrahimi et al., 2009).
11 All cloning steps were verified by DNA sequencing. Cre-Flex LVs were generated and produced
12 by the Leuven Viral Vector Core essentially as described previously (Geraerts et al., 2005;
13 Ibrahimi et al., 2009). Before the start of the *in vivo* experiments, the LV-Cre-Flex was validated
14 in cell culture (Supplementary Figure 1).

15 **2.3 Lentiviral vector injections**

16 Mice were anesthetized by ip injection of ketamine (75 mg/kg; Ketalar, Pfizer, Brussels,
17 Belgium) and medetomidin (1 mg/kg; Domitor, Pfizer), and positioned in a stereotactic head
18 frame (Stoelting, Wood Dale, Illinois, USA). Using a 30-gauge Hamilton syringe (VWR
19 International, Haasrode, Belgium), 4 μ L of highly concentrated Cre-Flex LV was injected in the
20 SVZ at a rate of 0.25 μ L/min. After injection of 2 μ L, the needle was raised slowly over a
21 distance of 1 mm. After injection of the total volume the needle was left in place for an
22 additional 5 min to allow diffusion before being slowly redrawn from the brain. SVZ injections

1 were performed at the following coordinates relative to Bregma: anteroposterior 0.5 mm, lateral -
2 1.5 mm and dorsoventral -3.0-2.0 mm. After surgery, anesthesia was reversed with an ip
3 injection of atipamezol (0.5 mg/kg; Antisedan, Orion Pharma, Newbury, Berkshire, UK).

4 **2.4 Stroke Models**

5 Anesthesia was provided with 2% isoflurane/O₂ gas anesthesia (Halocarbon Products
6 Corporation, New Jersey, USA) through a face-mask. The PT strokes were induced according to
7 Vandeputte et al. (Vandeputte et al., 2011). Briefly, a vertical incision was made between the
8 right orbit and the external auditory canal. Next, the scalp and temporalis muscle were retracted.
9 After intravenous (iv) injection of the photosensitizer rose Bengal (20 mg/kg; Sigma Aldrich, St
10 Louis, USA) through the tail vein, photoillumination was performed for 5 min.
11 Photoillumination with green light (wave length, 540 nm; band width, 80 nm) was achieved
12 using a xenon lamp (model L-4887; Hamamatsu Photonics, Hamamatsu City, Japan) with heat-
13 absorbing and green filters. The irradiation at intensity 0.68 W/cm² was directed with a 3-mm
14 optic fiber, the head of which was placed on the sensory motor cortex. Focal activation of the
15 photosensitive dye resulted in local endothelial cell injury leading to microvascular thrombosis
16 and circumscribed cortical infarctions (Watson et al., 1985). Sham-operated animals underwent
17 the exact same procedure as the animals with a stroke, except for the 5 min photoillumination.

18 Transient occlusion of the middle cerebral artery (MCA) was done using the intraluminal
19 filament technique previously described (Dirnagl U and members of the MCAO-SOP group,
20 2009), although in our experiments the MCA was occluded for 20 min.

21 **2.5 MR imaging**

1 For MRI data acquisition, mice were anesthetized with isoflurane (Halocarbon) in O₂ (2.5% for
2 induction, 1.5-2% for maintenance). MR images were acquired using a Bruker Biospec 9.4 Tesla
3 small animal MR scanner (Bruker BioSpin, Ettlingen, Germany; horizontal bore, 20 cm) using a
4 cross-coil setup consisting of a 7.2 cm linearly polarized resonator for transmission and a mouse
5 head surface coil for signal reception as described before (Oosterlinck et al., 2011; Vandeputte et
6 al., 2011). In brief, the following protocols were used: (a) T₂ maps using a MSME sequence (10
7 echoes with 10ms spacing, first TE=10ms, TR=2000ms, 16 interlaced slices of 0.4mm, 100 μm²
8 in plane resolution); (b) T₂-weighted MRI using a RARE sequence (TE_{eff}=71ms, TR=1300ms,
9 100 μm³ isotropic resolution) and (c) high-resolution T₂*-weighted 3D FLASH (TR=100 ms,
10 TE=12 ms, 100μm³ isotropic resolution). The location of the needle tract after stroke was
11 measured with the Bruker Biospin software Paravision 5.x.

12 **2.6 *In vivo* bioluminescence imaging**

13 The mice were imaged in an IVIS 100 system (PerkinElmer, Waltham, MA, USA). Anesthesia
14 was induced in an induction chamber with 2% isoflurane in 100% oxygen at a flow rate of 1
15 L/min and maintained in the IVIS with a 1.5% mixture at 0.5 L/min. Before each imaging
16 session, the mice were injected iv with 126 mg/kg D-luciferin (Promega, Leiden, the
17 Netherlands) dissolved in PBS (15 mg/mL). Next, they were positioned in the IVIS and
18 consecutive 1 or 2 min (depending on the experiment) frames were acquired until the maximum
19 signal was reached. Data are reported as the total flux (p/s/cm²/sr) from a specific region of
20 interest (ROI) of 12.5 mm .

21 **2.7 *Ex vivo* bioluminescence imaging**

1 Immediately after *in vivo* BLI imaging, mice were sacrificed by cervical dislocation, decapitated
2 and the brain was dissected. The brain was placed in an acrylic brain matrix (Harvard apparatus,
3 Holliston, MA, USA) and sliced in 1.0 mm-thick sections. Next, these sections were imaged for
4 1 min in the IVIS.

5 **2.8 Immunohistochemistry**

6 Animals were sacrificed with an ip overdose (15 μ L/g) of pentobarbital (Nembutal, CEVA Santé
7 Animale, Libourne, France) and trans-cardially perfused with 4% paraformaldehyde (PFA) in
8 PBS. Brains were removed and postfixed for 24h with PFA. 50 μ m thick coronal sections were
9 treated with 3% hydrogen peroxide and incubated overnight with the primary antibody, rabbit
10 anti-eGFP (made in-house, 1:10000 (Baekelandt et al., 2003)) or a rabbit anti-Cre recombinase
11 (1:3000 (Lemberger et al., 2007)), in 10% normal swine serum and 0.1% Triton X-100. The
12 sections were then incubated in biotinylated swine anti-rabbit secondary antibody (diluted 1:300;
13 Dako, Glostrup, Denmark), followed by incubation with streptavidin horseradish peroxidase
14 complex (Dako). Immune-reactive cells were detected by 3,3'-diaminobenzidine, using H_2O_2 as
15 a substrate. For 5-bromo-2'-deoxyuridine (BrdU) detection, sections were pre-treated for 30 min
16 in 2N HCl at 37°C, blocked in 0.1 M borate buffer for 20 min, rinsed 3x10 min in PBS before
17 incubation with rat anti-BrdU (1:400, Accurate chemical, NY, USA) in 10% horse serum,
18 followed by incubation with biotinylated donkey anti-rat secondary antibody (Jackson
19 ImmunoResearch Laboratories). The number of eGFP⁺ cells was estimated with an unbiased
20 stereological counting method, by employing the optical fractionator principle in a computerized
21 system, as described previously (Baekelandt et al., 2002) (StereoInvestigator, MicroBright-Field,
22 Magdeburg, Germany).

1 For immunofluorescent stainings, sections were treated with PBS-10% horse serum-0.2% triton
2 X-100 for 1h. Next, sections were incubated overnight at 4°C in PBS-0.2% triton X-100 with the
3 following antibodies: chicken anti-eGFP (1:500, Aves labs, Tigard, OR) and rabbit anti-glia
4 fibrillary acidic protein (GFAP) for astroglial cells and type B cells (1:500, Dako), goat anti-
5 doublecortin (DCX) for migrating neuroblasts (1:200, Santa Cruz Biotechnology), or rabbit anti-
6 neuronal nuclei (NeuN) for mature neurons (1:1000, EnCor Biotechnology Inc., Gainesville, FL,
7 USA). The next day, sections were incubated with the appropriate mixture of the following
8 fluorescently labeled secondary antibodies at room temperature for 2h: donkey anti-chicken
9 (FITC, 1:200, Jackson ImmunoResearch Laboratories), donkey anti-goat (Alexa 555, 1:400,
10 Molecular Probes) or donkey anti-rabbit (Alexa 647, 1:400, Molecular Probes). Next, the
11 sections were washed in PBS-T and mounted with Mowiol. Fluorescence was detected with a
12 confocal microscope (FV1000, Olympus) with a 488 nm, a 559 nm and a 633 nm laser. The
13 signal from each fluorochrome was collected sequentially. For the quantification of double and
14 triple positive cells, all GFP⁺ cells in the right SVZ, corpus callosum and stroke region (one
15 section per animal) were analysed at 40X using z-plane confocal microscopy with 1 µm steps.
16 All images shown correspond to projections of 18 µm z-stacks, except Figure 6F which is a
17 single focal plane. Brightness, contrast and background were adjusted equally for the entire
18 image using ‘brightness and contrast’ controls in Image J.

19 **2.9 Statistics**

20 All statistical analyses were performed in Prism 5.0 (GraphPad Software). The statistical tests
21 that were used are indicated in the figure legends. Data are represented as mean ± standard error
22 of the mean (s.e.m.). p-values are indicated as follows: *p<0.05, **p<0.01, ***p<0.001.

1 3. Results

2 3.1 Nestin-CreER^{T2}/Fluc mice show an increased BLI signal after stroke.

3 To monitor a stroke-induced eNSC response with BLI we initially used a transgenic strategy,
4 where Nestin-CreER^{T2} mice were crossbred with ROSA26-loxP-stop-loxP(L-S-L)-luciferase
5 transgenic mice. In the resulting Nestin-CreER^{T2}/Fluc mice, Fluc expression is induced
6 specifically in the nestin⁺ eNSCs following administration of tamoxifen (Lagace et al., 2007).
7 First, we monitored the migration of eNSC progeny from the SVZ to the OB with BLI in healthy
8 adult Nestin-CreER^{T2}/Fluc mice. BLI was performed 1 week before and 1, 4, 8, 15 and 20 weeks
9 after tamoxifen administration in healthy Nestin-CreER^{T2}/Fluc mice (n=5) or Cre-negative
10 littermates (n=4). At all time points investigated, no distinct *in vivo* BLI signals could be
11 detected in the neurogenic regions of Nestin-CreER^{T2}/Fluc mice and in Cre negative littermates
12 (Figure 1 A-C). Furthermore, there was no significant increase in BLI signal originating from the
13 OB over time in Nestin-CreER^{T2}/Fluc mice (Figure 1 B,C). Although no differences in *in vivo*
14 BLI signal could be detected, *ex vivo* BLI analysis showed a 2- to 3-fold higher BLI signal in the
15 OB and SVZ of Nestin-CreER^{T2}/Fluc mice compared to Cre-negative littermates (Figure 1 D,E).
16 This indicates that Fluc is indeed expressed in eNSCs of the SVZ and in the progeny arriving in
17 the OB, as is evidenced by *ex vivo* BLI, but the number of labeled cells is too low for *in vivo*
18 detection. The latter might be explained by a low neurogenic potential in the Nestin-
19 CreER^{T2}/Fluc mice, since differences in neurogenic potential between mouse strains have been
20 described (Kempermann et al., 1997). Therefore, we evaluated the neurogenic potential in
21 Nestin-CreER^{T2}/Fluc mice and in age matched C57BL/6 mice using BrdU (Supplementary
22 Figure 2) and showed that proliferation in the SVZ and number of newborn neurons arriving in

1 the OB was not different. In conclusion, neurogenesis in SVZ and migration to the OB could not
2 be monitored with *in vivo* BLI in healthy adult Nestin-CreER^{T2}/Fluc mice.

3 Next, we investigated whether stroke-induced neurogenesis could be monitored in Nestin-
4 CreER^{T2}/Fluc mice. Nine days after tamoxifen administration, mice either received a PT stroke
5 in the right sensorimotor cortex (n=8) or a sham treatment (n=2) (Figure 2 A). Cre-negative
6 littermates with stroke were included as controls (n=3). BLI was performed one day prior to and
7 7, 15, 22 and 33 days after surgery. In Nestin-CreER^{T2}/Fluc mice receiving sham treatment and
8 in Cre-negative littermates receiving stroke, no *in vivo* BLI signal could be detected (Figure 2
9 B,C). However, in 6 out of 8 Nestin-CreER^{T2}/Fluc mice that received a stroke, a distinct BLI
10 signal emerging from the stroke area was detected starting at day 7 (Figure 2 B,C), compared to
11 the baseline scan before surgery, being 3.2±0.4 fold higher at 7 days (p<0.001), 4.2±0.5 fold
12 higher at 15 days (p<0.001), 2.1±0.4 fold higher at 22 days (p<0.05) and 1.9±0.3 fold higher at
13 33 days (not significant) after surgery (Figure 2 B). *Ex vivo* analysis was performed after 33 days
14 and demonstrated in 3 out of 6 animals a BLI signal emerging from the stroke region,
15 corroborating the *in vivo* measurements and excluding that the signal originated from the skin
16 (Figure 2 D). Although the BLI signal emerging from the stroke area could result from
17 accumulation of migrating SVZ progeny, alternatively, mature astrocytes in the infarction zone
18 might have dedifferentiated upon injury, resulting in nestin and subsequent Fluc activity (Buffo
19 et al., 2008). Thus, although a stroke-induced neurogenic response can be detected with *in vivo*
20 BLI in Nestin-CreER^{T2}/Fluc mice, the exact origin of the BLI signal could not be identified.

21 **3.2 Development and validation of conditional Cre-Flex LVs for specific eNSC labeling.**

22 To overcome this limitation, we engineered a viral vector-based system, containing a Cre-Flex
23 cassette. The LV encodes a reporter cassette, here encoding eGFP and Fluc linked by a peptide

1 2A sequence, in reverse orientation relative to the promoter, that is only activated in cells
2 expressing Cre recombinase (LV-Cre-Flex>>eGFP-T2A-Fluc; Figure 3 A). We injected LV-Cre-
3 Flex>>eGFP-T2A-Fluc into Nestin-Cre transgenic mice, which express Cre recombinase under
4 the control of the rat nestin promoter and enhancer, limiting Cre expression to eNSCs. As a
5 result, eGFP and Fluc expression is specifically activated in eNSCs and their progeny. The use of
6 2A-like peptides results in equimolar expression of Fluc and eGFP reporter genes (Ibrahimi et
7 al., 2009), enabling BLI and immunohistochemistry for eGFP to identify transduced cells in the
8 same animal.

9 The LVs were injected in the SVZ of healthy adult Nestin-Cre mice (n=9) to label the eNSCs
10 and the migration of the progeny to the OB was monitored by BLI at 1, 8, 15, 20 and 27 weeks
11 after injection (Figure 3 B,C). In line with earlier data (Reumers et al., 2008), a distinct BLI
12 signal emerged from the OB at 8 weeks, which gradually increased over time being 3.2 ± 0.3 fold
13 higher at 8 weeks (not significant), 4.3 ± 0.8 fold higher at 15 weeks ($p < 0.01$), 5.1 ± 1.1 fold higher
14 at 20 weeks ($p < 0.001$) and 5.5 ± 1.4 fold higher at 27 weeks ($p < 0.001$) compared to 1 week after
15 injection (Figure 3 B,C). No BLI signal from the OB could be identified in WT mice 1 or 15
16 weeks after injection of the Cre-Flex LV (n=4) (Figure 3 B, C). Immunohistochemical detection
17 of Cre⁺ and eGFP⁺ cells showed specific labeling of cells lining the ventricle wall and labeled
18 eNSC progeny in the OB (Figure 3 D-E-F, respectively). In conclusion, the conditional LV-
19 based labeling system combines specific and efficient labeling of the eNSC population of the
20 SVZ with the possibility for immunohistochemical analysis of the transduced eNSCs and their
21 progeny. Additionally, migration of the eNSC progeny to the OB could be monitored *in vivo*
22 with BLI, which was not feasible in the Nestin-CreER^{T2}/Fluc mice.

23 **3.3 Stroke-induced neurogenic response in the SVZ is detected by BLI and histology**

1 Cre-Flex LVs were applied to monitor the eNSC response after stroke (Figure 4 A). Adult
2 Nestin-Cre mice were stereotactically injected with LV-Cre-Flex>>eGFP-T2A-Fluc into the
3 right side of the SVZ. Seven days post injection, the animals received either a PT stroke in the
4 right sensorimotor cortex (n=21) or sham surgery (n=9). Stroke lesions were monitored with
5 MRI 2, 7 and 14 days after surgery (Figure 4 C). BLI measurements were performed 1 day
6 before (baseline) and 2, 7, 14, 30 and 90 days after surgery (Figure 4 A,B,D). As a control, a
7 Cre-negative mouse was injected with the LV-Cre-Flex vector and received a PT stroke. It was
8 monitored until 3 months after stroke, but no BLI signal could be detected (data not shown). At
9 all time points investigated, the sham animals showed no difference in BLI signal compared to
10 the baseline scan (Figure 4 D). However, mice with a PT stroke showed a 4.3 ± 0.8 fold increase
11 in BLI signal at 2 days ($p<0.001$), a 6.2 ± 1.6 fold increase at 7 days ($p<0.01$), a 7.5 ± 3.3 fold
12 increase at 14 days ($p<0.05$) and a 6.4 ± 3.5 fold increase at 30 days (not significant) (Figure 4 D).
13 At later time points, the stroke BLI signal decreased until 90 days after stroke.

14 The stroke-induced increase in BLI signal was corroborated by stereological quantification of the
15 number of eGFP⁺ cells in the SVZ, striatum, *corpus callosum* (CC) and peri-infarct area (Figure
16 5 A,B). Most eGFP⁺ cells were detected in the CC, reaching to the stroke area. In sham animals,
17 2116 ± 209 eGFP⁺ cells (n=7) were counted and this number did not change over time. In animals
18 receiving stroke surgery, the number of eGFP⁺ cells was significantly higher at 2 days
19 (4123 ± 674 , $p<0.05$, n=7), 7 days (5407 ± 290 , $p<0.05$, n=2) and 14 days (4610 ± 222 , $p<0.05$, n=4)
20 after stroke, compared to sham animals (Figure 5 B). 90 days after stroke, the number of eGFP⁺
21 cells decreased and was significantly lower (2382 ± 375 , $p<0.05$, n=7) compared to 7 and 14 days
22 after stroke, corroborating the results obtained by BLI.

1 To ensure that the eGFP⁺ cells originate from labeled eNSCs and not from reactive astrocytes
2 that upregulate their nestin promoter and thus Cre upon injury, Cre expression was analyzed 2
3 days after stroke (Supplementary Figure 3 A,B). There was no Cre upregulation in the ipsilateral
4 SVZ and CC compared to the contralateral hemisphere (Supplementary Figure 3 A), whereas
5 Cre-positive cells with astrocyte-like morphology were detected in close proximity of the stroke
6 lesion (Supplementary Figure 3 B). These cells were mainly present in the cortex on the dorsal
7 side of the lesion and to a lesser extent on the lateral side of the lesion. Since the Cre-Flex LVs
8 were injected in the SVZ, which is physically distant from the stroke region, and since the Cre-
9 Flex LVs specifically label cells in the SVZ (Figure 3 E), it is unlikely that these distant reactive
10 astrocytes were labeled directly via viral vector injection. Taken together, the Cre-Flex LV
11 allowed non-invasive monitoring of a stroke-induced transient increase in the number of eGFP⁺
12 cells, which originated from labeled eNSCs in the SVZ.

13 **3.4 *In vivo* BLI reveals eNSC migration to the area of infarction and OB following PT** 14 **stroke.**

15 Long-term BLI follow up of stroke animals not only revealed a transient increase in BLI signal,
16 but also a clear shift of the BLI signal towards the stroke lesion was apparent (Figure 4 B). To
17 estimate the migration of the BLI signal after stroke, the distance between the BLI hot spot and
18 the midline was determined (Figure 4 E). Before stroke surgery, a unifocal signal originating
19 from the site of injection was detected, which corresponds to labeled cells in the SVZ (average
20 distance of 2.56 ± 0.22 mm from midline). Two days after stroke, a small shift of the BLI signal
21 towards the contralateral hemisphere was evident (Figure 4 B), probably due to the induction of
22 oedema as was detected by MRI (Supplementary Figure 4 A). At 1 and 2 weeks after stroke, a
23 significant shift of the BLI spot towards the stroke region was observed in 9 out of 10 animals

1 (average distance of 4.62 ± 0.25 mm from midline, $p < 0.001$ compared to baseline) (Figure 4 B,E),
2 suggesting migration of the eNSC progeny towards the stroke area. In the sham-operated animals
3 no shift was detected at any of the time points (data not shown). Since dynamic changes of
4 oedema or changes in ventricle size due to loss of viable brain tissue might affect the location of
5 the BLI signal, the animals were also imaged with MRI on the same day of the BLI (Figure 4 A).
6 The needle tract was used as a reference and its shift due to oedema formation or changes in
7 ventricle size was monitored (Supplementary Figure 4 A,B). The needle tract shift 14 days after
8 stroke compared to the time of injection was 0.39 ± 0.04 mm ($n=9$), which was considerably
9 smaller than the shift of the BLI signal (2.06 mm). Although a small enlargement of the
10 ventricles was detected in the animals with a PT stroke, its effect on the migration of BLI signal
11 was limited.

12 Since most studies have investigated stroke-induced neurogenesis in models of middle cerebral
13 artery occlusion (MCAO) (Parent et al., 2002; Thored et al., 2007), a small experiment where
14 animals received either MCAO ($n=4$) or sham surgery ($n=3$) was performed (Supplementary
15 Figure 5). The MCAO model provides MCA territory infarctions, involving the striatum and the
16 frontoparietal cortex, after the insertion of a monofilament that blocks the origin of MCA,
17 whereas the PT stroke model involves the intravenous administration of a photosensitive dye
18 followed by laser irradiation of any exposed region of the skull. Although a 5-fold increase in
19 BLI signal was detected over time in the animal with the largest MCAO stroke lesion, there was
20 no re-location of the BLI signal, most likely due to the large stroke size and its location, which
21 restrains the migration and localization of the labeled cells within a region of the ischemic
22 striatum (Ohab and Carmichael, 2008).

1 In the group receiving PT stroke, long-term BLI follow-up revealed a clear BLI signal between
2 the eyes in 5 out of 8 animals at 3 months after stroke, in line with migration of eNSC progeny to
3 the OB (Figure 4 B). The origin of BLI signal emerging from the OB was corroborated
4 histologically by a gradual increase in the number of eGFP⁺ cells in the OB over time, being
5 2.7±0.6 fold higher at 14 days (not significant) and 12.8±2.0 fold higher (p<0.05) at 90 days
6 compared to 7 days after stroke surgery (Figure 5 C,D). These results provide additional
7 evidence that the LV-Cre-Flex specifically labeled the eNSCs in the SVZ.

8 In conclusion, injection of LV-Cre-Flex in the SVZ of Nestin-Cre mice allowed to monitor both
9 the migration of eNSC progeny from the SVZ to the stroke region and to the OB with BLI.

10 **3.5 eNSC progeny differentiates into astrocytes and neurons in the peri-infarct region.**

11 Since injection of LV-Cre-Flex in Nestin-Cre mice results in the expression of Fluc and eGFP in
12 the eNSCs and their progeny, a detailed histological analysis of the transduced cell population
13 and its progeny can be performed. In animals killed 90 days after PT stroke, light producing cells
14 (152±30 eGFP⁺ cells counted per animal, n=3) were identified by double and triple
15 immunofluorescence stainings (eGFP in combination with GFAP or DCX and NeuN (Figure 6)).
16 In the SVZ and the CC, 77±7% of eGFP⁺ cells were GFAP⁺ eNSCs and astrocytes, 8±2% were
17 DCX⁺ migrating neuroblasts and <1 % were NeuN⁺ mature neurons (Figure 6 A,C,E). A
18 different pattern of cellular phenotypes was detected in the peri-infarct region: 36±5% of eGFP⁺
19 cells were GFAP⁺ astrocytes, 13±11% were DCX⁺ migrating neuroblasts, 5±3% were
20 DCX⁺NeuN⁺ immature neurons and 21±16% were NeuN⁺ mature neurons (Figure 6 B,D,E).
21 Evaluation of differentiation into mature neurons, displayed a high inter-animal variability, with
22 one animal showing 50% of eGFP⁺ cells co-expressing NeuN in the peri-infarct region, while the

1 other two animals showed less than 10% co-expression. In the first animal, some eGFP⁺ neurons
2 showed long dendrites covered with many spines (Figure 6 F). These data indicate that the
3 labeled eNSCs in the SVZ gave rise to progeny that migrated towards the stroke region where
4 they eventually differentiated into both astrocytes and mature neurons.

5

1 4. Discussion

2 Detailed knowledge of the biological role and potential of eNSCs is of great importance for the
3 success of neuro-regenerative therapies in different neurological disorders, including stroke.
4 Therefore, development of non-invasive methods to monitor and study proliferation, migration
5 and survival of eNSCs and their progeny in the same animal over time is crucial. The main
6 advantage of cell tracking via BLI is the high sensitivity, especially when cells are located in
7 superficial tissues (Massoud and Gambhir, 2003). The present study demonstrates non-invasive
8 imaging of the eNSC response after PT stroke in a mouse model using BLI. First, we generated
9 double transgenic Nestin-CreER^{T2}/Fluc mice, in which Fluc expression is induced in the eNSCs
10 after tamoxifen administration. After stroke, these mice showed an increase in BLI signal *in vivo*
11 (n=6/8) and *ex vivo* (n=3/8) originating from the stroke lesion (Figure 2 B,C). The discrepancy in
12 efficiency between the *in vivo* and *ex vivo* results can be explained by technical issues, such as
13 the time required to dissect the brain tissue immediately after sacrifice, which causes differences
14 in oxygenation status of the tissue and enzymatic activity (Deroose et al., 2006). In the latter
15 model it was impossible to define the origin of the cells giving rise to the BLI signal emerging
16 from the stroke area, which might either originate from accumulation of migrating SVZ progeny
17 or from dedifferentiation of local mature astrocytes upon injury, resulting in nestin and
18 subsequently, Fluc expression (Buffo et al., 2008). Moreover, although Fluc is expressed in
19 eNSCs of the SVZ and eventually in the progeny arriving in the OB, as was evidenced by *ex vivo*
20 BLI (Figure 1 D, E), the number of labeled cells or the expression level of Fluc per cell was too
21 low for *in vivo* detection (Figure 1 A-C). In this way, the effect of stroke on the neurogenic
22 process towards the OB could also not be monitored.

1 In a second approach, we circumvented these drawbacks by devising conditional Cre-Flex LVs
2 to inject in the SVZ of Nestin-Cre mice. Specific induction of Fluc and eGFP in the eNSCs and
3 their progeny allows both BLI and immunohistochemical characterization of the neurogenic
4 process. In contrast to the first approach using double transgenic mice, *in vivo* BLI signals from
5 the SVZ and eventually from the OB could be detected (Figure 3C), most probably due to the
6 higher Fluc expression levels. Induction of a PT stroke resulted in a significant gradual increase
7 in BLI signal between 2 days and 2 weeks after surgery (Figure 4 B,D). The latter was
8 underscored by an increase in eGFP⁺ cells in the SVZ, striatum, CC and stroke region (Figure 5
9 B). Subsequently, the BLI signal and the number of eGFP⁺ cells decreased to background levels
10 at 3 months after stroke. This transient increase in eNSC progeny is in accordance with two
11 studies describing a transient increase in the proliferation and migration of eNSCs following
12 stroke or brain trauma, detected by histology using cell type-specific markers (Parent et al.,
13 2002) or by retroviral labeling of SVZ cells (Goings et al., 2004). Parent and co-workers showed
14 that the number of BrdU-labeled cells was lower 5 weeks after stroke compared to previous time
15 points, suggesting that many of the newly generated cells died (Parent et al., 2002).

16 In Nestin-Cre mice injected with the Cre-Flex LV, a clear relocalization of the BLI signal
17 towards the stroke area was detected between 1 and 2 weeks after stroke surgery. This was
18 confirmed histologically by eGFP⁺ cells moving closer towards the ischemic lesion over time
19 (Figure 4 B and Figure 5 A). The 1-2 weeks time frame of this migration is in agreement with the
20 work of Ohab *et al.* who detected GFP⁺ cells, originating from the SVZ, in the peri-infarct cortex
21 7 and 14 days after stroke (Ohab et al., 2006). When monitoring eNSC migration after stroke
22 with BLI, we encountered some technical hurdles. First, oedema formation causes a shift of the
23 midline, resulting in a slight apparent re-location of the BLI spot towards the contralateral

1 hemisphere, complicating detection of eNSC migration towards the lesion at early time points.
2 Second, changes in ventricle size, due to tissue degeneration after stroke may confound the
3 imaging results (Karki et al., 2010). Therefore, we combined BLI with MRI, which has a high
4 spatial resolution and gives better insight in alterations of the anatomical structure of the brain.

5 Since labeled cells express a fluorescent reporter (eGFP) in addition to the bioluminescent Fluc
6 reporter, the origin and identity of light emitting cells could be determined by
7 immunohistochemical stainings. Ninety days after stroke, labeled eNSC progeny differentiated
8 into both astrocytes and mature neurons, demonstrating the multipotency of eNSCs upon stroke
9 injury (Arvidsson et al., 2002; Goings et al., 2004; Parent et al., 2002). The majority of eGFP⁺
10 labeled cells in the SVZ, CC and the stroke region expressed GFAP, corroborating astrocytic
11 differentiation of eNSC progeny after cortical injury (Goings et al., 2004; Holmin et al., 1997).
12 In addition, using tamoxifen-inducible Nestin-CreER^{T2}:R26R-YFP reporter mice, Li and
13 colleagues demonstrated that 45% of eNSC progeny co-expressed GFAP 6 weeks after MCAO,
14 indicating a significant gliogenic component (Li et al., 2010).

15 Since stroke injury might induce nestin expression in reactive astrocytes (Buffo et al., 2008;
16 Shimada et al., 2010; Sirko et al., 2013) or in vasculature-associated cells in the ischemic core
17 (Shin et al., 2013), one could question the source of the eGFP⁺ cells located around the ischemic
18 lesion. However, it has been well described that reactive astrocytes are mainly present in the
19 close vicinity of the stroke region. Unbiased stereological quantifications of astrocyte
20 proliferation, a hallmark of reactive gliosis, showed that astrocytes respond to stroke injury in a
21 spatially graded way (Barreto et al., 2011). The authors showed that most astrocyte proliferation
22 occurs within 200 μm of the edge of the infarct. In addition, nestin upregulation of reactive
23 astrocytes has been shown to be confined to the peri-infarct region, or to clearly demarcate the

1 lesion boundary (Li and Chopp, 1999; Shimada et al., 2010). Since we injected the Cre-Flex LV
2 in the SVZ, which is physically distant from the stroke region, and since we did not detect any
3 changes in Cre expression in the SVZ or CC, we consider it unlikely to label local reactive
4 astrocytes around the stroke region. Another indication that argues against local reactive
5 astrocytes as the main origin of labeled cells concerns the localization of the BLI signal : if the
6 4.3 fold increase in BLI signal two days after stroke would be caused by labeling of reactive
7 astrocytes, one would expect appearance of a new BLI spot emerging from the stroke region, or a
8 shift of the existing SVZ BLI spot towards the stroke region. However, we show that this is not
9 the case and that there is even a small shift of the original SVZ BLI spot towards the
10 contralateral side (Figure 4 B). A clear migration of the BLI spot towards the stroke region was
11 only apparent after 7-14 days after stroke. Our data strongly suggest migration of the progeny of
12 transduced eNSCs via the CC to the stroke lesion. The increase in BLI signal between the eyes
13 and the corresponding increase in the number of eGFP⁺ cells in the OB over time, points to the
14 migration of labeled eNSC progeny from the SVZ to the OB, proving that the eNSCs in the SVZ
15 were labeled by the Cre-Flex LV. Several research groups have shown a reduction or diversion
16 of normal neuroblast migration from the SVZ to the OB at early time points after cortical lesion
17 or stroke (Goings et al., 2004; Ohab et al., 2006). The Cre-Flex LV technology will allow
18 longitudinal non-invasive imaging of the effects of brain lesions on rostral migration.

19 The present study focuses on the response of SVZ derived Nestin⁺ eNSCs on stroke injury.
20 However, none of the eNSC markers currently available exclusively labels eNSCs and evidence
21 emerges suggesting eNSC heterogeneity both in the SVZ (Giachino et al., 2013) and the SGZ
22 (Bonaguidi et al., 2012; DeCarolis et al., 2013). It would therefore be interesting to apply the
23 Cre-Flex LVs in different transgenic mice to compare the contribution of different progenitor

1 populations to the stroke-induced neurogenic response (Dhaliwal and Lagace, 2011). In addition,
2 the Cre-Flex LVs might also be used to study eNSC response in other disease models
3 (Guglielmetti et al., 2013).

4 In conclusion, we developed a novel technique based on conditional Cre-Flex LVs that allows
5 non-invasive imaging of the stroke-induced eNSC response in living mice with BLI. In addition,
6 this new technique enables fate mapping of the eNSC progeny after stroke by
7 immunohistochemistry. Our BLI and histological data are consistent with the prevailing
8 hypothesis that stroke induces a transient increase in proliferation in the SVZ, a targeted
9 migration of eNSC progeny towards the stroke region and differentiation in both astrocytes and
10 neurons. For this reason, we believe that this technology may facilitate preclinical validation of
11 neuro-regenerative strategies in rodent stroke models.

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4 **Conflict of interest**

5 The authors declare that they have no conflict of interest.

6

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16

1 **Figure Legends**

2 **Figure 1. Long-term follow-up of Nestin-CreER^{T2}/Fluc mice with BLI.** (A, B) A long term
3 follow-up of the BLI signal originating from the neurogenic brain regions was performed in
4 Nestin-CreER^{T2}/Fluc mice (n=5) and Cre negative littermates (n=4). BLI was performed 1 week
5 before and 1, 4, 8, 15 and 20 weeks after ip administration of tamoxifen. The BLI signal
6 originating from the SVZ (A) and OB (B) was not significantly different from the background
7 signal in Cre negative littermates. Furthermore, no increase in BLI signal originating from the
8 OB was detected over time (B). (C) BLI images of a representative Nestin-CreER^{T2}/Fluc mouse
9 1 week before and 4, 8 and 15 weeks after tamoxifen administration. (D) *Ex vivo* BLI 20 weeks
10 after induction shows a higher signal in the neurogenic regions in Nestin-CreER^{T2}/Fluc mice
11 compared to Cre negative littermates. (E) Quantification of *ex vivo* BLI signals at 20 weeks
12 shows a 2- to 3-fold higher signal emitted from the SVZ and the OB in the Nestin-CreER^{T2}/Fluc
13 mice compared to Cre-negative littermates.

14 **Figure 2. Stroke induces an increase in BLI signal in Nestin-CreER^{T2}/Fluc mice localized to**
15 **the peri-infarct area.** (A) Experimental time line for BLI measurements of Nestin-
16 CreER^{T2}/Fluc mice after a PT stroke. 9 days after the start of tamoxifen induction, mice received
17 PT stroke (n=8) or sham (n=2) surgery. Cre-negative littermates with stroke were included as
18 controls (n=3). (B) Compared to the baseline scan performed before surgery, the *in vivo* BLI
19 signal originating from the stroke region was 3.2±0.4 fold higher at 7 days (repeated measures
20 one-way ANOVA p<0.001, followed by Dunnett's post test p<0.001), 4.2±0.5 fold higher at 15
21 days (Dunnett's post test p<0.001), 2.1±0.4 fold higher at 22 days (Dunnett's post test p<0.05)
22 and 1.9±0.3 fold higher at 33 days (not significant) in stroke animals. (C) Representative *in vivo*
23 BLI signals 33 days after stroke. In 6 out of 8 Nestin-CreER^{T2}/Fluc mice receiving stroke, a

1 distinctive *in vivo* BLI signal originating from the stroke region could be detected, which could
2 not be detected in sham or in Cre negative animals. **(D)** Representative *ex vivo* BLI signals 33
3 days after stroke. In 3 of the 6 animals with an increased *in vivo* stroke BLI signal, an *ex vivo*
4 BLI spot in the stroke region could be detected.

5 **Figure 3. Validation of conditional LV-Cre-Flex for specific eNSC labeling.** **(A)** Schematic
6 representation of the conditional Cre-Flex LV. The cDNA cassette is flanked by one pair of loxP
7 sites (closed arrowheads) and one pair of loxm2 sites (open arrowheads). In the presence of Cre
8 recombinase, the DNA sequence between opposing sites is inverted (Flip), resulting in the
9 positioning of two homotypic sites in the same orientation. The DNA sequence that is flanked by
10 similarly oriented sites is excised (Excision). Cre-mediated inversion can start at the loxP or the
11 loxm2 sites, but will always result in the same final product after Cre-mediated excision. The end
12 product is an inverted DNA sequence, flanked by two heterotypic sites that cannot recombine
13 with one another thereby preventing further inversions. **(B)** Cre-Flex><eGFP-T2A-Fluc LV were
14 injected in the SVZ of black furred Nestin-Cre mice (n=9) or Cre negative littermates (n=4). The
15 mice were scanned at 1, 8, 15, 20 and 27 weeks post injection. A significant increase in BLI
16 signal originating from the OB was detected over time in the Nestin-Cre mice (repeated
17 measures one-way ANOVA p=0.001, followed by Dunnett's post test). **(C)** Representative BLI
18 images of Nestin-Cre and WT littermates at indicated time points. Detection of Cre⁺ **(D)** and
19 eGFP⁺ **(E,F)** cells in the SVZ and OB 4 weeks after injection of Cre-Flex_Fluc><eGFP LV in
20 the SVZ of Nestin-Cre mice **(D-F)** Scale bar = 250 μm.

21 **Figure 4. BLI detects the increase and migration of eNSC progeny after PT stroke in**
22 **Nestin-Cre mice injected with the LV-Cre-Flex.** **(A)** Experimental time line for imaging of the
23 eNSC response in a PT stroke model in mice. Seven days after stereotactic injection of LV-Cre-

1 Flex in the SVZ of Nestin-Cre mice, the animals received a PT stroke in the right sensorimotor
2 cortex (n=21) or sham surgery (n=9). The animals were imaged with BLI and MRI, for
3 additional anatomical information, at indicated time points. **(B)** Consecutive BLI images of a
4 Nestin-Cre mouse before and after stroke injury reveal a time-dependent increase of BLI signal
5 and a shift of the BLI signal towards the stroke lesion. Three months after stroke, a second BLI
6 signal can be discriminated between the eyes, representing migration of labeled eNSC progeny to
7 the OB. This signal could not be distinguished before and 2, 7, 14 days after stroke. **(C)**
8 Representative T₂-weighted MR image 7 days after stroke surgery of a Nestin-Cre mouse. The
9 stroke region in the right sensory motor cortex is depicted with a red dotted line. **(D)**
10 Quantification of relative BLI signal. 2 days after stroke surgery, a 4.3±0.8 fold increase in BLI
11 signal emanating from the SVZ was detected (n=22) in comparison to the sham animals (n=9)
12 (Mann-Whitney test p<0.001). A more pronounced increase (6.2±1.6 fold) was detected at 7
13 days (n=14 versus n=9) (p<0.01), 14 days (7.5±3.3 fold increase in stroke (n=8) versus sham
14 (n=4) animals (p<0.05)) and at 30 days (6.4±3.5 fold increase in stroke (n=6) versus sham (n=2)
15 animals) after surgery. 90 days after stroke surgery, a relative photon flux of 2.01±1.1 difference
16 was detected in stroke animals (n=7) compared to 1.1±1.0 in sham animals (n=2). **(E)** Migration
17 of the BLI hot spot towards the stroke region. Before stroke surgery, the average distance of the
18 BLI spot is 2.56±0.22 mm from the midline (n=9). 7-14 days after stroke surgery, the average
19 distance of the BLI spot is 4.62±0.25 mm from the midline (n=9, t-test p<0.001).

20 **Figure 5. Histological characterization of long-term stroke-induced eNSC response. (A)**
21 Representative immunohistochemistry for eGFP of the SVZ, CC and stroke area at baseline and
22 2, 7, 14 days and 3 months after stroke surgery. Most eGFP⁺ cells were detected in the CC, with
23 some cells reaching the stroke area. The presence of eGFP⁺ cells surrounding the stroke area is

1 most pronounced at 14 days and 3 months after surgery. Magnifications of specific details are
2 integrated in the figure. **(B)** Stereological quantification of the total number of eGFP⁺ cells in the
3 SVZ, CC, striatum and stroke area after PT stroke. In sham animals, the number of eGFP⁺ cells
4 was constant over time and on average 2116±210 eGFP⁺ cells were detected (n=7). In stroke
5 animals, the number of eGFP⁺ cells was significantly higher at 2 days (4123±674, n=7), 7 days
6 (5407±290, n=2) and 14 days (4610±222, n=4) after stroke, compared to sham animals (One-
7 way ANOVA p<0.001, followed by Bonferroni post test p<0.05, indicated by \$). 90 days after
8 stroke, the number of eGFP⁺ cells was significantly lower (2382±375, n=7, Bonferroni post test
9 p<0.05, indicated by #) compared to 7 and 14 days after stroke. **(C)** Representative
10 immunohistochemical images of eGFP⁺ cells in the OB of mice with PT stroke at 7, 14 and 90
11 days after surgery. **(D)** Stereological quantification of the number of eGFP⁺ cells in the OB at 7
12 days (84±24, n=2), 14 days (225±48, n=4) and 90 days (825±167, n=7) after stroke. 3 months
13 after stroke, the number of eGFP⁺ cells was significantly higher compared to 7 days after stroke
14 (Kruskal-Wallis test p<0.05, followed by Dunn's post test p<0.05). The time dependent increase
15 corresponds to the migration of eGFP⁺ eNSC progeny from the SVZ to the OB.

16 **Figure 6. Labeled eNSCs differentiate into astrocytes and neurons in the stroke region.**

17 **(A,B)** Double immunofluorescence staining for eGFP (green) and GFAP (red) of the CC **(A)** and
18 stroke region **(B)** of the ipsilateral hemisphere 90 days after stroke. Filled white arrowheads
19 indicate eGFP⁺ eNSCs and astrocytes. **(C,D)** Triple immunofluorescence staining for eGFP
20 (green), DCX (red) and NeuN (blue) of the CC **(C)** and stroke region **(D)**. **(C)** Filled white
21 arrowheads indicate eGFP⁺ migrating neuroblasts. **(D)** Filled white arrowheads and arrow
22 indicate eGFP⁺ mature neurons. **(E)** Quantification of double and triple labeled cells. **(F)**

1 Magnification of eGFP⁺ neuron indicated with arrow in (D). Scale bar: (A-D) = 100 μm; (F) =
2 25 μm.

3 **Supplementary Figure 1. Validation of Cre-Flex LV in cell culture.** (A) Western blot shows
4 no detectable expression of eGFP or Fluc in 293T cells after transduction with Cre-Flex>>eGFP-
5 T2A-Fluc LV; expression is induced when the cells are co-transduced with a LV encoding for
6 Cre. (B) Luciferase activity and eGFP fluorescence confirm that transgene expression following
7 transduction of 293T cells is conditional on Cre activity.

8 **Supplementary Figure 2. Neurogenic potential in Nestin-CreER^{T2}/Fluc mice.** BrdU staining
9 of brain sections of the SVZ and OB of a Nestin-CreER^{T2}/Fluc mouse (upper panel) compared to
10 an age-matched C57BL/6 mouse (lower panel). BrdU was administered as previously published
11 (Geraerts et al, 2006). There was no significant difference in the number of BrdU⁺ cells in both
12 the SVZ (left) and OB (right) of Nestin-CreER^{T2}/Fluc mice compared to C57BL/6 mice.

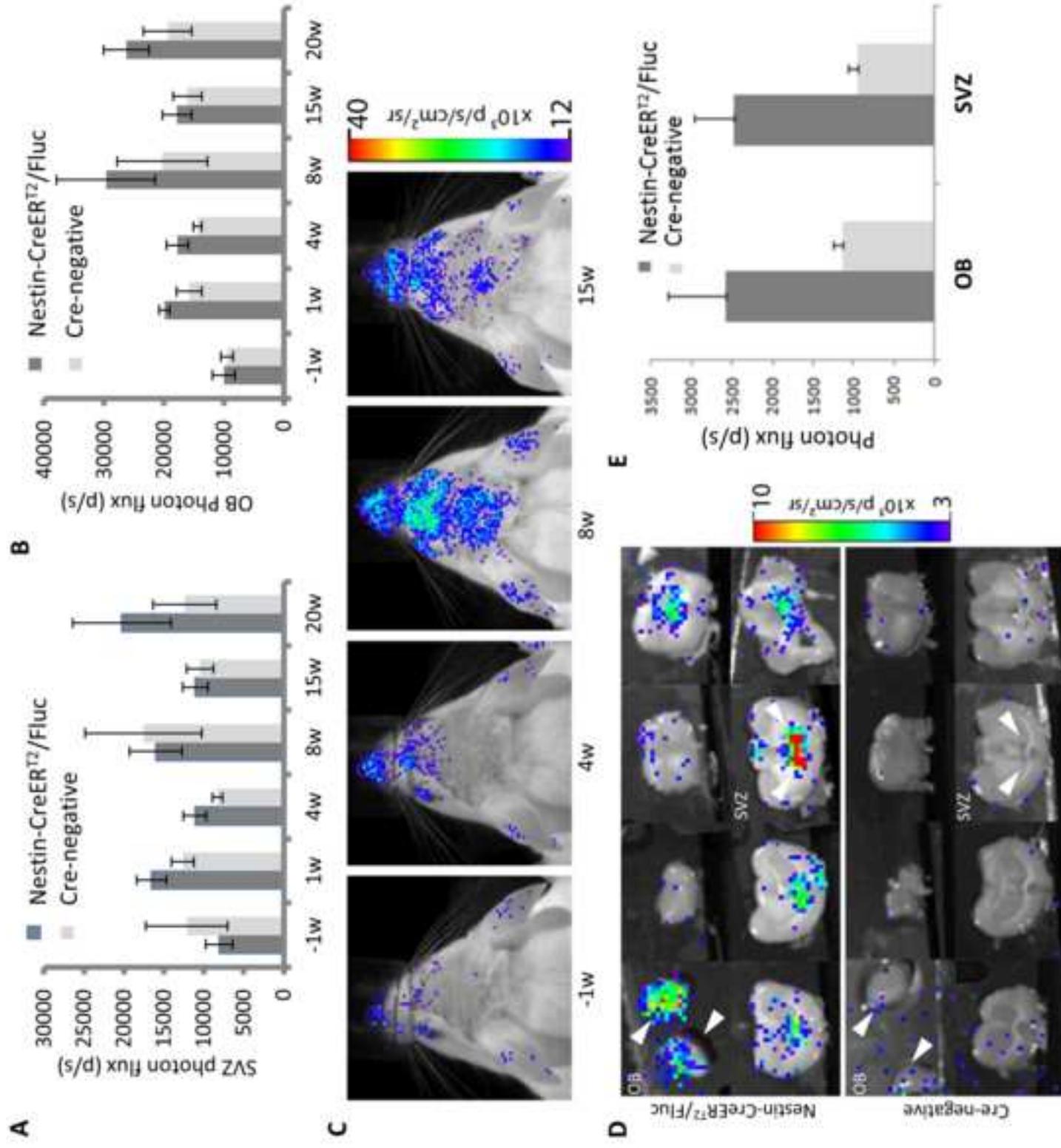
13 **Supplementary Figure 3. Upregulation of Cre expression near the stroke region.** Cre
14 staining of the SVZ, CC and stroke region at 2 days after stroke. (A) There were no major
15 changes in Cre expression in the ipsilateral SVZ and CC in comparison to the contralateral
16 hemisphere. (B) Cre expression in the ipsilateral SVZ (left panel), the cortex on the dorsal side of
17 the stroke region (middle panel), the striatum on the lateral side of the stroke region (right panel).
18 Cre expressing cells with astrocytic morphology were mainly detected in the cortex (middle
19 panel). Scale bar (A) = 250 μm; (B) = 25 μm.

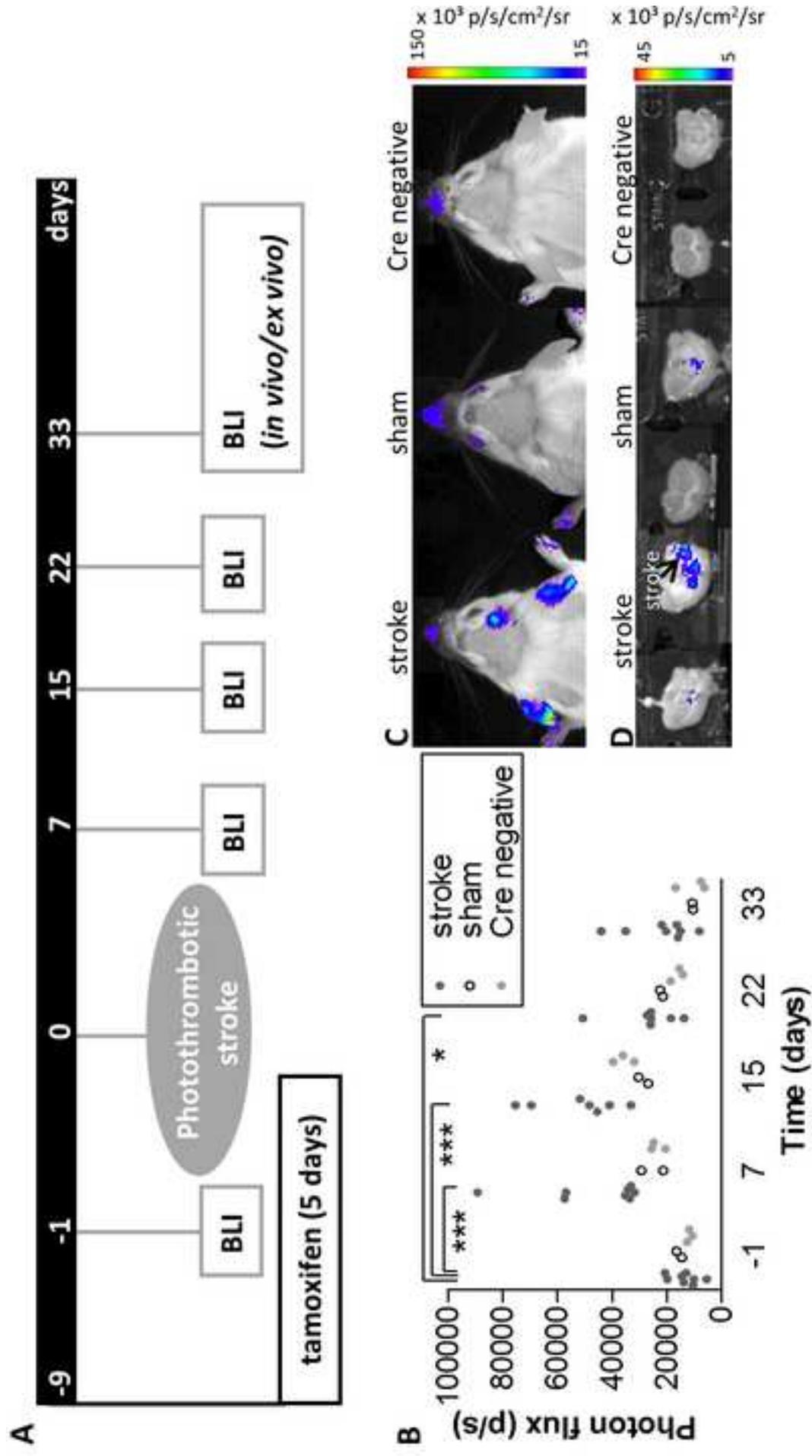
20 **Supplementary Figure 4. Anatomical changes in the brain of mice with PT stroke.** (A)
21 Representative T₂-weighted MRI of oedema formation 2 days after stroke, at times resulting in a
22 shift of the BLI signal towards the midline. (B) T₂-weighted MRI of an animal 14 days after

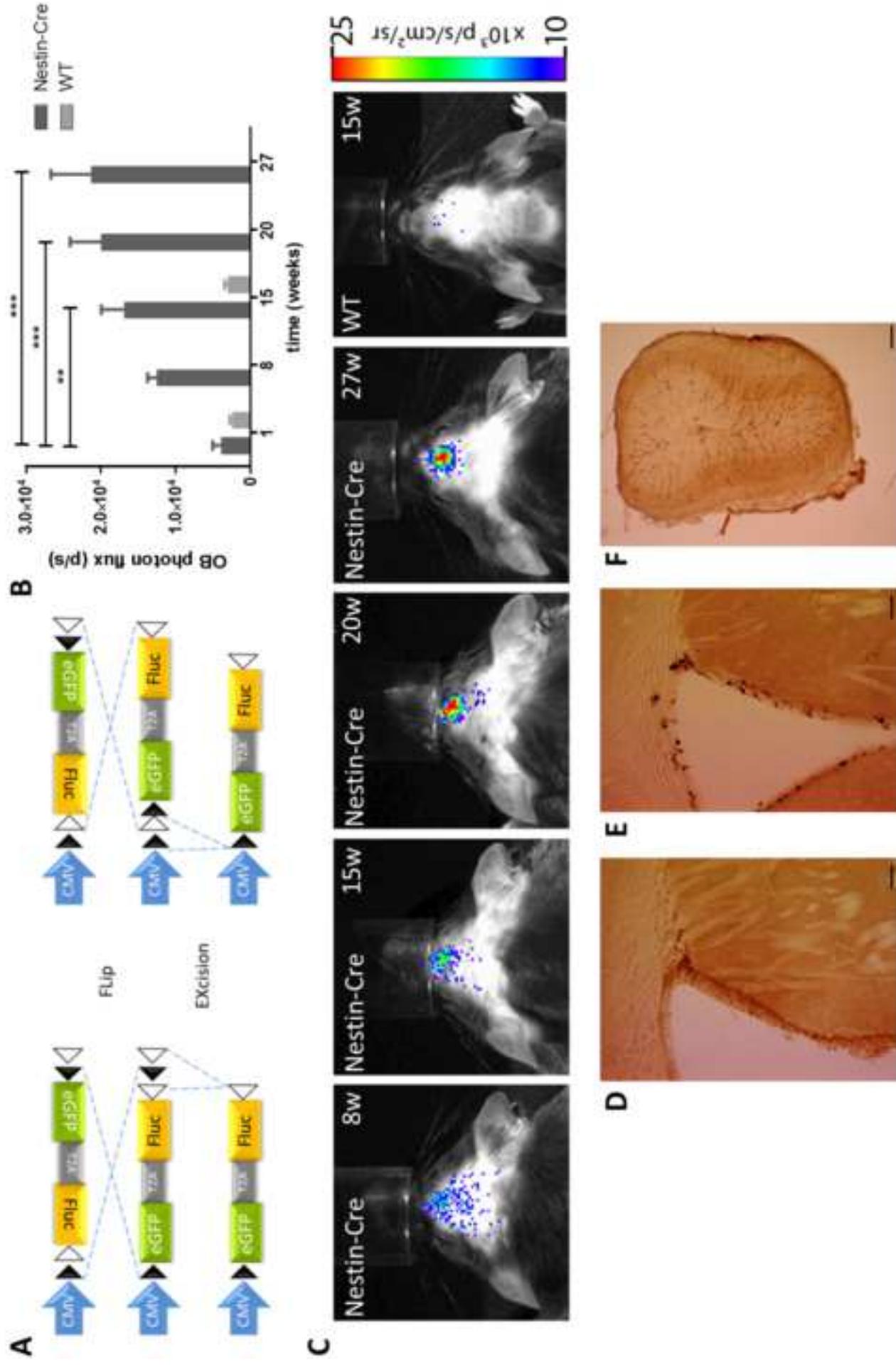
1 stroke surgery with an enlarged ventricle in the ipsilateral hemisphere. The stroke regions in the
2 right hemisphere are marked with a red dotted line.

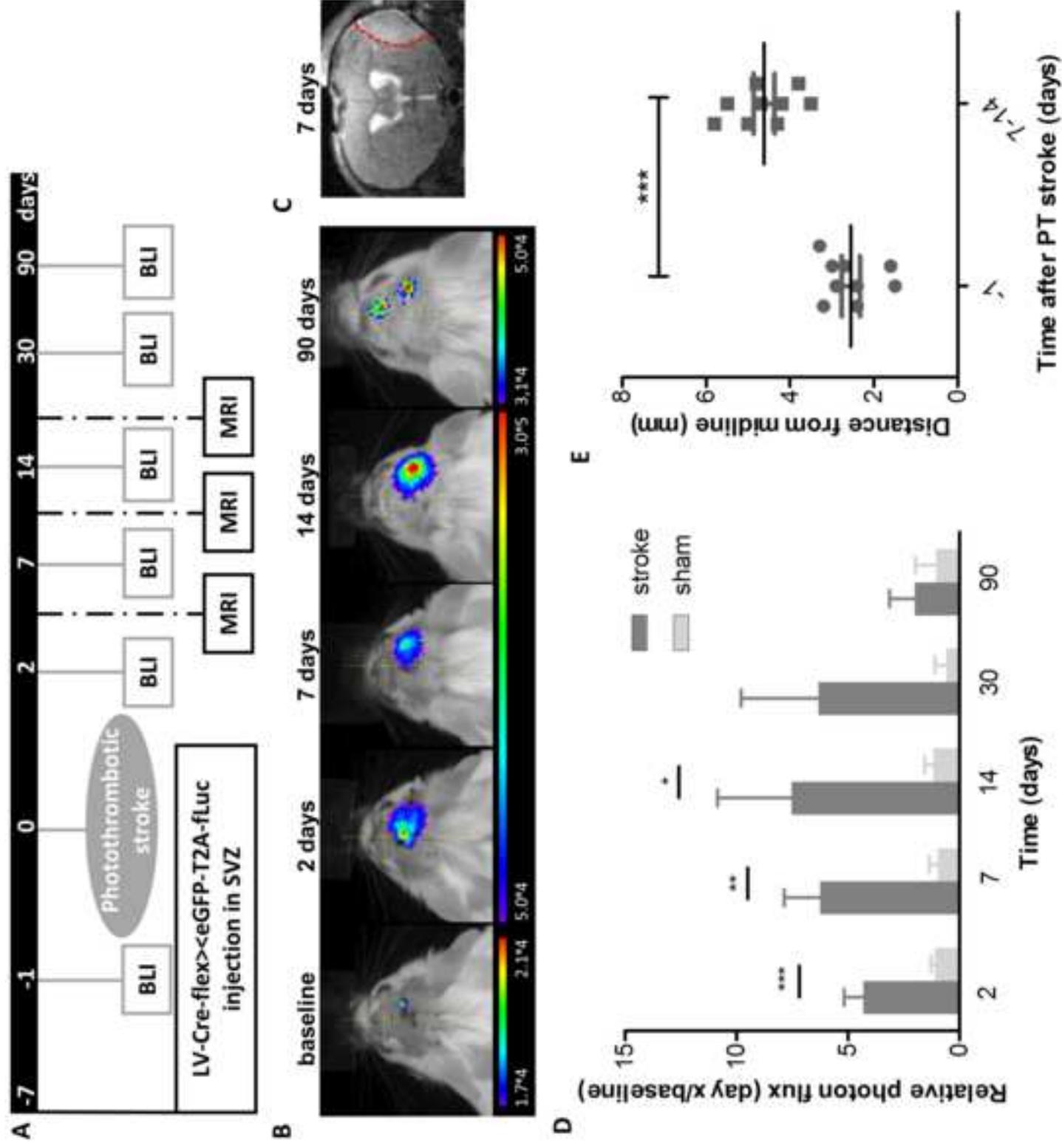
3 **Supplementary Figure 5. Increased BLI signal in a Nestin-CreER^{T2} mouse after MCAO.**

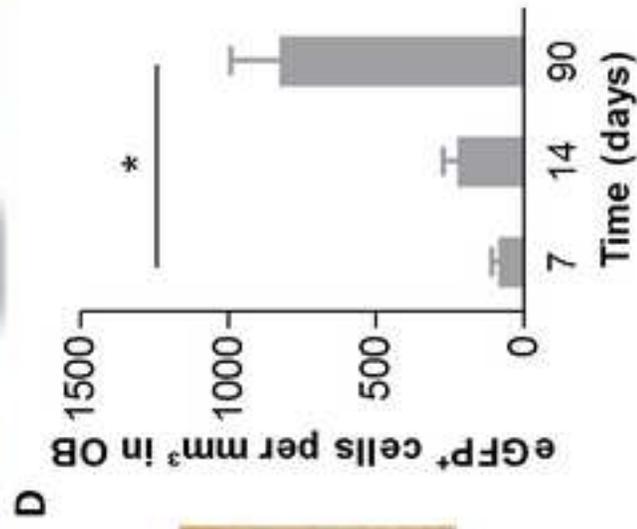
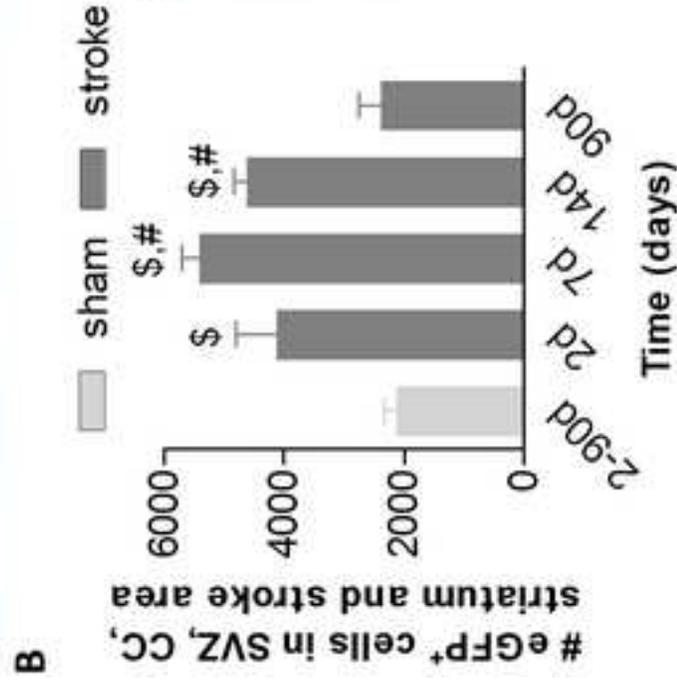
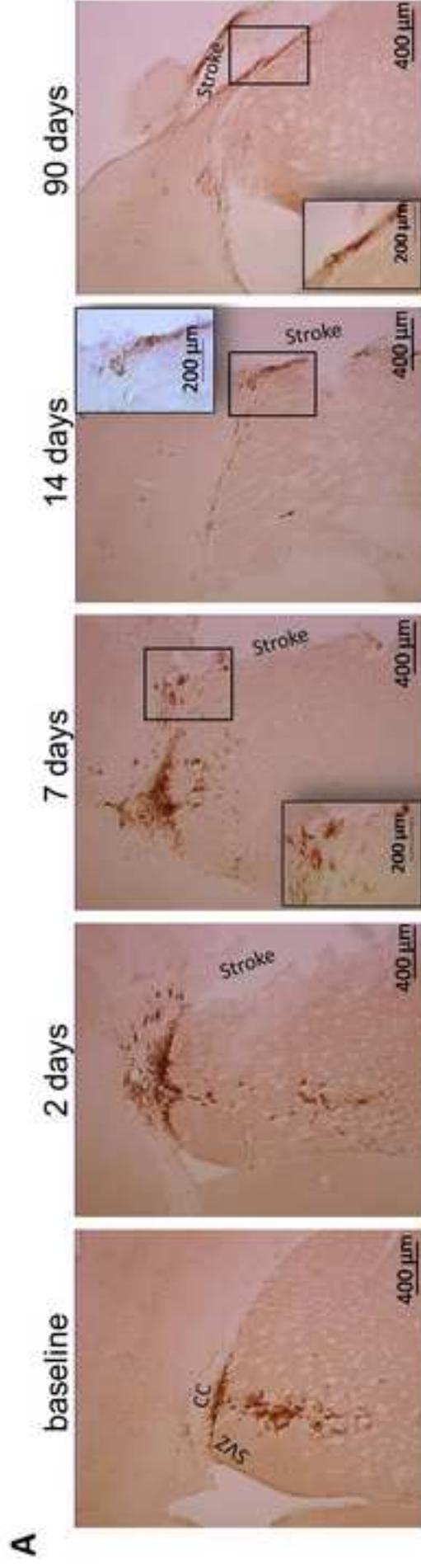
4 (A) Nestin-CreER^{T2} mice were injected in the SVZ with the Cre-Flex LV. One week later,
5 expression was induced by 5 days of tamoxifen treatment via oral gavage. 2 weeks after
6 tamoxifen treatment, mice received MCAO or sham surgery. The mice were scanned prior to and
7 7, 14 and 21 days after stroke/sham surgery. This image represents the follow-up of a single
8 mouse, showing a 5-fold increase in BLI signal after MCAO compared to baseline. This increase
9 was detected in 1 out of 4 MCAO animals and was not observed in the sham-operated animals
10 (n=3). (B) This panel represents the corresponding T₂-weighted MR image of the animal
11 depicted in (A) at 20 days after surgery. The stroke area in the right sensory motor cortex is
12 marked with a red dotted line. (C) eGFP⁺ cells in the CC of the same animal 22 days after stroke.











Revised Figure 6
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