Research Article

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Regulation of Alzheimer's disease-associated proteins during the course of epileptogenesis: differential proteomic analysis in a rat model

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Abstract

Clinical evidence and pathological studies suggest a bidirectional link between temporal lobe epilepsy and Alzheimer's disease. Data analysis from omic studies offers an excellent opportunity to identify the overlap in molecular alterations between the two pathologies.

We have subjected proteomic data sets from a rat model of epileptogenesis to a bioinformatics analysis focused on proteins functionally linked with Alzheimer's disease. The data sets have been obtained for hippocampus and parahippocampal cortex samples collected during the course of epileptogenesis.

Our study confirmed a relevant dysregulation of proteins linked with Alzheimer pathogenesis. When comparing the two brain areas, a more prominent regulation was evident in parahippocampal cortex samples as compared to the hippocampus. Dysregulated protein

groups comprised those affecting mitochondrial function and calcium homeostasis. Differentially expressed mitochondrial proteins included proteins of the mitochondrial complexes I, III, IV, and V as well as of the accessory subunit of complex I.

The analysis also revealed a regulation of the microtubule associated protein Tau in parahippocampal cortex tissue during the latency phase. This was further confirmed by immunohistochemistry.

Moreover, we demonstrated a complex epileptogenesis-associated dysregulation of proteins involved in amyloid β processing and its regulation. Among others, the amyloid precursor protein and the α-secretase alpha disintegrin metalloproteinase 17 were included.

Our analysis revealed a relevant regulation of key proteins known to be associated with Alzheimer's disease pathogenesis. The analysis provides a comprehensive overview of shared molecular alterations characterizing epilepsy development and manifestation as well as Alzheimer's disease development and progression.

Keywords

amyloid beta; mitochondrial dysfunction; Adam17; ApoE; status epilepticus; calcium hypothesis

Graphical Abstract

Snca - α-synuclein

Status epilepticus – SE

Mapt - microtubule-associated protein Tau, in short: Tau

Temporal lobe epilepsy – TLE

wpSE – weeks post SE

Introduction

Clinical evidence points to a bidirectional link between temporal lobe epilepsy (TLE) and Alzheimer's disease (AD). On one hand, patients with TLE seem to have an increased risk to develop symptoms of an AD-like dementia as well as respective pathological alterations (Noebels, 2011, Kandratavicius et al., 2013, Tai et al., 2016). On the other hand, an increased incidence of seizures has been reported in AD patient subgroups, e.g. in patients with early onset dementia (Larner, 2010, Noebels, 2011, Nicastro et al., 2016, Rauramaa et al., 2018). However, clear-cut conclusions about a functional link between pathologies are difficult to draw from clinical data also taking into account that the symptoms of both diseases might superimpose each other.

From a neuropathological point of view, TLE and AD differently localize in the entorhinal cortex. TLE is classically associated with damage to the medial entorhinal cortex (Du et al., 1995) and, instead, AD involves the lateral entorhinal cortex, both with a superficial localization (Xu et al., 2015). Additionally, third layer cells of the medial entorhinal cortex are more involved in TLE (de Guzman et al., 2008) whereas the second layer is more selectively damaged in AD (Scharfman and Chao, 2013).

Experimental data comparing AD and TLE models confirmed shared cellular and network alterations in the hippocampus (HC) including axon remodeling such as sprouting of mossy fibers, loss of calbindin and transient increases in neurogenesis (de Lanerolle et al., 1989, Jin et al., 2004, Sutula and Dudek, 2007, Gan et al., 2008, Parent and Murphy, 2008, Minkeviciene et al., 2009, Palop and Mucke, 2009, Noebels, 2011). Moreover, it has been reported that seizures can affect cleavage of the amyloid precursor protein (App) and trigger an activity-dependent amyloid beta (Aβ) release from synapses (Cirrito et al., 2005, Lesné et al., 2005, Cirrito et al., 2008, Reyes-Marin and Nuñez, 2017). Furthermore, there is evidence that status epilepticus can introduce amyloid beta deposition in the hippocampus (Baldelli et al., 2010). Pathological investigations in TLE patient tissue also gave first evidence that AD-

like pathological alterations including changes in microtubule-associated protein Tau (mapt, in the following: Tau) expression can occur in subgroups of patients (Kandratavicius et al., 2013, Tai et al., 2016). Functional implications of respective alterations have been suggested by genetic targeting of Tau in AD models as well as in mouse and Drosophila genetic models of epilepsy resulting in a decrease in network hyperexcitability (Zumkehr et al., Noble et al., 2005, Holth et al., 2013, Gheyara et al., 2014, Schoch et al., 2016). However, these effect seem to be gene specific as Tau deletion in two epilepsy models of sodium channel epilepsy, namely Dravet syndrome and Early Infantile Epileptic Encephalopathy, had neither an effect on early mortality rates nor on behavioral seizure activity (Chen et al., 2018).

Considering the current state of knowledge it seems to be of particular interest to analyze the common and shared pathophysiological mechanisms in detail. So far, there is only limited information available about the impact of epileptogenesis and epilepsy on the expression pattern of molecules known to be affected in AD or to be involved in AD development and progression. Therefore, we have performed a large-scale differential proteome analysis in an electrical rat TLE model with spontaneous recurrent seizures and have compared these data sets with available information about differential protein expression in AD and its models. Hippocampal and parahippocampal cortex tissues were sampled at three time points following an electrically-induced status epilepticus (SE) reflecting the early insult phase, the latency phase, and the chronic phase with spontaneous recurrent seizures.

The samples were subjected to proteomics profiling based on a label-free liquid chromatography tandem mass spectrometry (LC-MS/MS) approach. The bioinformatics analysis of the data sets obtained was focused on expression patterns of proteins functionally associated with AD. In previous studies, we have completed a bioinformatics analysis focused on cell stress, extracellular matrix and angiogenesis (Keck et al., 2018) and a co-regulated proteins (Keck et al., 2017). These studies already pointed to the overlap in protein clusters regulated during epileptogenesis with those regulated in neurodegenerative diseases including AD. The latter finding triggered our interest to identify and study AD-associated proteins in our data sets.

The findings provide comprehensive information about the time course of epileptogenesisassociated alterations in expression patterns of proteins functionally linked with AD pathophysiology.

Experimental procedures

Animals and experimental design

Female Sprague Dawley rats (n= 59, 200-224 g; corresponding to an age range of 10–11 weeks) were ordered from Harlan Laboratories (now Envigo; Udine, Italy) and were housed under controlled environmental conditions (22–24 °C, 45–65% humidity, 12 h dark/light cycle) with unrestricted access to tap water and food (Ssniff R/M Haltung Spezialdiäten GmbH, Soest, Germany). Please note that we used female rats based on our characterization of the model (Brandt et al., 2003), which revealed a high mortality rate in male rats. Rats were housed individually (macrolon cages type III; embedding: birk wood granulates, Lignocel® Select Altromin GmbH, Lage, Germany) and received nesting material (Nestlets, Ancare, Bellmore, NY, USA).

The experiments were performed in accordance with the European Communities Council Directive 2010/63/EU, the German Animal Welfare act and were approved by the Government of Upper Bavaria (license number: 55.2-1-54-2532-94-11). Procedures and reporting comply with the ARRIVE guidelines. All efforts were made to minimize pain and discomfort and to reduce the number of animals used in the investigations.

Supplementary Figure 1 (in the appendix at the end of the manuscript) presents the experimental timeline as described in Walker et al. (2016). In short: A combined recording and stimulation electrode was stereotactically implanted into the right basolateral amygdala of all animals according to the brain atlas of Paxinos and Watson (1998) (AP -3.3, LL 4.7 and DV -8.8 mm in relation to bregma) under anesthesia and analgesia (chloralhydrate 360 mg/kg i.p., bupivacaine 0.5% s.c. (Bupivacaine 0.5%, Jenapharm, Jena, German) and meloxicam 1 mg/kg s.c. 30 min pre- and 24 h post-surgery (Metacam, Boehringer-Ingelheim, Ingelheim, Germany)). In addition, animals received pre- and post-surgery (one day before until day seven post-surgery) marbofloxacin 1 mg/kg s.c. (Marbocyl FD 1%, Vétoquinol, Ravensburg, Germany). Six weeks later, a self-sustained SE was induced by continuous electrical stimulation for 25 min with an intratrain pulse frequency of 50 Hz, 700 μA peak pulse intensity and 100 ms trains of 1 ms alternating positive and negative square-wave-pulses at a frequency of 2 Hz. The SE was confirmed by EEG-recordings and terminated after 4 h by diazepam injections (Diazepam-Ratiopharm, Ratiopharm, Ulm, Germany; 20 mg/kg, i.p.). Additional EEG-recordings after diazepam injections confirmed the termination of seizure activity. All animals were continuously observed in glass cages by trained experimenters and according to Racine (1972) seizure severity was scaled and the type of SE was further divided into three different types (Brandt et al., 2003). Only animals exhibiting a generalized convulsive type three SE were used for further analysis. Two days, ten days and eight weeks post SE (dpSE, wpSE; referring to the acute, latency and chronic phase of epilepsy) five

animals per time point and group were randomly chosen and sacrificed by pentobarbital injections (500 mg/kg i.p.; Narkodorm, cp-Pharma, Burgdorf, Germany) and brains were sampled for mass spectrometric analysis. Rats from the chronic phase underwent 19 days of continuous video- and EEG-monitoring (24 h per day, 7 days per week) as described earlier (Russmann et al., 2016, Walker et al., 2016). Corresponding electrode-implanted control animals were subjected to all handling and experimental procedures except for electrical stimulation.

Tissue preparation, mass spectrometry, label-free quantification and protein identification

As described by Walker et al. (2016) the HC and the parahippocampal cortex (PHC) were dissected on ice by an experimenter unaware of group assignment. The tissues were enzymatically digested in 0.05% trypsin/EDTA and mechanically dissociated as described by Uhl et al. (2014). 10 µg total protein per sample were proteolysed with trypsin (Wisniewski et al., 2009) and LC-MS/MS analysis was performed on an LTQ OrbitrapXL (Thermo Fisher Pierce) as described previously (Merl et al., 2012, Walker et al., 2016). All experimenters performing tissue preparation and mass spectrometry were unaware of the treatment groups to exclude any expectation triggered bias.

Label-free quantification was performed with the Progenesis LC–MS software (Version 2.5, Nonlinear Dynamics) as described before (Walker et al., 2016).

MS/MS spectra were exported as Mascot generic files (mgf) and searched with Mascot (version 2.4) using the Ensembl Rat protein database (release 69, 32,971 sequences) for peptide identification with 10 ppm peptide mass tolerance, 0.6 Da fragment mass tolerance and one missed cleavage. Carbamidomethylation was set as fixed modification. Variable modifications were methionine oxidation and deamidation of asparagine and glutamine.

Functional annotation analysis

Before bioinformatics analysis, the corresponding gene symbol was identified as described by Walker et al. (2016) for every quantified protein. The resulting gene lists for each time point and tissue type were used for functional annotation analysis which was performed with the publically available tool Database for Annotation, Visualization and Integrated Discovery (DAVID) v6.7. "Homo sapiens" was selected as list and background species.

In the resulting pathway lists (threshold: a minimum of two protein members and p-value \leq 0.05) we searched for the enriched AD-pathway.

Identification and expression analysis of AD-associated proteins during the time course of epileptogenesis

AD-associated reference proteins, in total 168, were identified by Kyoto Encyclopedia of Genes and Genomes (KEGG) database (Kanehisa and Goto, 2000, Kanehisa et al., 2016, Kanehisa et al., 2017).

Among all differentially expressed proteins of the HC and PHC at all three analyzed time points we searched for AD-associated reference proteins in our data set resulting in one protein list of AD-associated proteins. This list was used for further analysis.

To identify the amount of AD-associated proteins of both analyzed tissues, the overlap of the AD-reference proteins and the differentially expressed proteins was determined during epileptogenesis and visualized in Venn diagrams.

In the following, we assigned the identified proteins functionally associated with AD into protein groups according to their function: mitochondrial proteins, proteins associated with calcium signaling, proteins associated with Tau, associated with Aβ processing, deposition, plaque formation, and Aβ-associated pathology and analyzed their expression pattern.

For the expression analysis we considered either all quantified (proteins associated with calcium signaling Tau-associated proteins, Aβ-associated proteins, cell death or other cellular processes) or all differentially expressed proteins (mitochondrial proteins). When all quantified proteins were used for the analysis, differentially expressed proteins have been highlighted with an asterisk. Detailed information about the individual FC is given in the cell notes and/or in the **Supplementary Table 1 and 2** (in the appendix at the end of the manuscript).

For the analysis of the mitochondrial protein expression patterns (**Figure 2 A**) of the HC and the PHC proteins quantified at all three time points were considered and the FCs were determined.

Immunohistochemistry

Data obtained by large scale proteomic analysis were further validated by immunohistochemical analysis of selected proteins (Tau and ApoE).

Five animals per time point (two dpSE, ten dpSE and eight wpSE) were deeply anesthetized with pentobarbital (500 mg/kg i.p.; Narkodorm®, cp-Pharma, Burgdorf, Germany) and transcardially perfused with 0.01 M phosphate buffer (pH 7.4). Brains were stored at 4°C in 30% sucrose. Fourty µm coronal sections were obtained, transferred to a cryoprotecting solution and stored at -80°C until further use.

For Tau immunohistochemistry, sections were washed in tris-buffered saline (TBS, pH 7.6) containing 0.05% Tween 20 (Sigma, Taufkirchen Germany) and incubated in sodium citrate (pH 6, 85°C, 30 min) for heat-induced antigen retrieval. Brain slices were washed in TBS/0.005% Tween 20 and transferred into 3% TBS buffered H_2O_2 for 15 min. Sections were incubated with 0.25% casein (Sigma, Taufkirchen, Germany) in TBS for 10 min thereby blocking unspecific protein binding and were then kept overnight in unconjugated rabbit polyclonal anti-Tau antibody (1:3000 in TBS containing 0.25 % casein and 0.1 % Tween 20 at 4°C; ab101854, Abcam, Cambridge, UK). On the following day, sections were rinsed and incubated in secondary biotinylated goat anti-rabbit antibody (1:500 in in TBS containing 0.25 % casein and 0.1 % Tween 20, 30 min, room temperature; 111-065-003 Jackson/Dianova, Hamburg, Germany). Sections were then incubated for 30 min in Streptavidin/HRP at room temperature (1:4000 in TBS, Jackson/Dianova, Hamburg, Germany). Specific antibody binding was visualized by a nickel enhanced DAB reaction. Following blocking with bovine serum albumin and donkey serum in TBS, sections were incubated overnight at 4°C with an anti-NeuN antibody (1:500 in TBS containing Triton X100 and bovine serum albumin; mab377, Millipore, Darmstadt, Germany). Sections were then incubated sequentially with the secondary biotinylated donkey anti-mouse antibody (1:500 in TBS containing donkey serum and bovine serum albumin, 30 min, room temperature; 715-065-151 Jackson/Dianova, Hamburg, Germany), Streptavidin/AP (1:600 in TBS, 45 min, Jackson/Dianova, Hamburg, Germany), and neufuchsin for 20 min. The reaction was stopped by washing in double distilled water. After washing with TBS/0.05% Tween 20, sections were air dried overnight and coverslipped with Entellan.

For ApoE immunohistochemistry, sections were rinsed three times in TBS and afterwards incubated for 30 min in sodium citrate buffer (pH 9) at 80 °C for antigen retrieval. After additional washing in TBS, unspecific binding sites were blocked by 30 min incubation in a blocking solution containing 1% BSA, 1% donkey serum and 0.3% Triton. For immunolabeling of ApoE, we used a polyclonal rabbit antibody (1:1000, AB20874; Abcam, Cambridge, United Kingdom) overnight at 4 °C. Sections were then washed with TBS containing 0.05 % Tween20 and incubated with a biotinylated donkey anti-rabbit antibody (1:1000; 711-065-152; Dianova GmbH, Hamburg, Germany) for one hour at room temperature. Sections were rinsed and incubated for 60 min in horseradish peroxidase-labeled Sreptavidin (1:1400, Dianova GmbH, Hamburg, Germany). To visualize the staining, a nickel-intensified diaminobenzidine reaction was performed. Finally, sections were washed, mounted onto glass slides, air-dried, dehydrated, and cover-slipped with Entellan (Merck, Darmstadt, Germany).

An experimenter not aware of the treatment conditions performed the unbiased stereological cell counting of Tau- and NeuN-positive cells using the optical fractionator method. The evaluation was performed with the computer-assisted imaging system StereoInvestigator 7.0 (Microbrightfield Europe, Magdeburg, Germany). The hardware consisted of a Leica DMLB microscope (Leica, Bensheim, Germany), a Plan-Neofluar lens (Leica, Bensheim, Germany), a single chip charge coupled device (CCD) color camera (CX9000, Microbrightfield Europe, Magdeburg, Germany), and an AMD Athlon (tm) 64 Processor. The PHC (entorhinal cortex, posterior piriform cortex and perirhinal cortex) of animals with SE and of time-matched electrode-implanted control animals was analyzed in the rostro-caudal dimension from -3.36 mm to -7.44 mm relative to bregma corresponding to the dissected area for mass spectrometry analysis. The area was traced and counting frames were placed automatically and randomly along the area. Tau- and NeuN-positive cells within the counting frame and coming into focus were counted.

Evaluation of ApoE immunohistochemistry was based on labeled area and optical density using a computer image analysis system and performed by an experimenter unaware of group assignment. The hardware consisted of an Olympus BH2 microscope with a Plan-Neofluar objective (Zeiss, Göttingen, Germany), a CCD color camera (Axiocam; Zeiss, Göttingen, Germany), and an AMD AthlonTM 64 processor-based computer with an image capture interface card (Axiocam MR Interface Rev.A; Zeiss, Göttingen, Germany). We used the image analysis software KS400 (Windows Release 3.0; Carl Zeiss Vision, Halbergmoos Germany). The methodology is based on Volk et al. (2004). Prior to image analysis, spatial calibration was performed and a signal threshold was set to exclude background signal for each region analyzed (CA1, CA3 and PHC at Bregma -2.56, -3.14 and -5.8). Consecutively, the obtained data provides information about the ApoE positive labeled area and optical density above the threshold level. Representative images of ApoE immunohistochemistry were captured with a Leica DMLB microscope (Leica Microsystems GmbH, Wetzlar, Germany), an Intel® CoreTM i7-4790 @3.60 GHz on 8 cores processor with a NVIDIA GeForce GTX 760 video card and Stereo Investigator software (version 2017.01.1 (64-bit)).

Statistics

As described in detail by Walker et al. (2016), we computed a Mascot-integrated decoy database search, based on the Percolator algorithm, with an average peptide false discovery rate below 2% with a Percolator score cut-off of 13 and a significance threshold of $p < 0.05$. Thus, before computing any further statistics, a FDR adjustment, based on the Percolator algorithm, was performed on the raw data to exclude false positive protein findings.

Identified peptides were re-imported into Progenesis LC–MS and for quantification of unique peptides, a cumulative normalized abundance was calculated by summing the abundances of all peptides allocated to the respective protein. For the further analysis, we considered only proteins with a minimum of two quantified peptides and a confidence score of > 30.

The normalized abundances of the individual proteins were compared with Student's t-test to determine differential abundances of proteins between control and animals post SE. We considered a protein differentially expressed with a p-value $(ANOVA) < 0.05$. These p-values are given for regulated proteins of the AD pathway in Tables 1 and 2.

We computed individual fold changes (FC) for control and animals post SE by dividing the protein abundance by the mean abundance of the respective control group. Data was organized in a matrix format and zeros were replaced by 1E-20. In the following, data were normalized by $log2$ transformation according to Key (2012) (FC = $log2$ (mean animals post SE / mean control animals).

Heat map analysis was performed with R-software x64 3.2.3 and "g-plots"-package heatmap.2 function (Warnes et al., 2015). Protein profiles (rows) were clustered by agglomerative clustering with complete linkage measure.

Immunohistochemical quantifications were statistically analyzed (GraphPrism version 5) by the Student's t-Test with or without Welch's correction, one way ANOVA of variance followed by Bonferroni's multiple comparison test and a p-value < 0.05 was considered significant.

Results

In samples from all time points the bioinformatics analyses revealed an over-representation of proteins functionally associated with AD pathophysiology among the differentially expressed proteins (HC: two dpSE $p \le 0.001$; PHC: two dpSE $p = 0.013$, ten dpSE $p \le 0.0000001$ and eight wpSE $p \le 0.00001$). **Figure 1 A** illustrates the AD pathway with its regulated key proteins, which showed strong enrichment ten dpSE in the PHC. Regulated key proteins as indicated by DAVID are: CxI, CxII, CxIII, CxIV, CxV, ABAD, ADAM17, APP-B1, GAPD, Gq, PLC, CaM, Cn, IP3R and Tau. Thus, referring to a pronounced regulation of

mitochondrial proteins, proteins associated with Aβ processing, deposition and plaque formation, the regulation of the microtubule-associated protein Tau and the regulation of proteins associated with calcium signaling. For detailed information about all regulated proteins functionally linked with AD during the time course of epileptogenesis in hippocampal and parahippocampal cortex tissues see **Tables 1 and 2**.

In total, we identified 63 proteins functionally associated with AD, which proved to be regulated at least once during the course of epileptogenesis in at least one of the brain regions of interest (two dpSE, ten dpSE and eight wpSE). The overlap of regulated proteins from our HC and PHC data sets functionally linked with AD and of the AD-associated reference proteins amounted to 17, 20, and 16 % two dpSE, ten dpSE and eight wpSE, respectively (see **Figure 1 B-D**). The strongest overlap with 33 regulated proteins was evident in the latency phase.

We grouped the 63 identified proteins according to their function into five main groups: mitochondrial proteins, proteins associated with calcium signaling, proteins associated with Tau, associated with Aβ processing, deposition, plaque formation, and Aβ-associated pathology. These functional protein groups were selected, as they are involved in the pathophysiology of AD as well as of epilepsy and epileptogenesis. We described Proteomic alterations in these protein groups in detail further below.

Regulation of mitochondrial proteins

The analysis of our data set revealed a prominent epileptogenesis-associated dysregulation of mitochondrial expression patterns in the PHC and a less pronounced dysregulation in the HC (**Figure 2 A-G** and **Supplementary Tables 1 and 2**). In the PHC and HC 39 and 38 proteins were identified, respectively, which were associated with mitochondrial function. Among these, 22 and 17 PHC proteins and 20 and 18 HC proteins were up- or down-regulated, respectively.

When we analyzed the expression pattern of differentially expressed mitochondrial proteins in detail, several PHC proteins associated with NADH dehydrogenase/ubiquinone regulation and function exhibited a downregulation ten dpSE. These proteins included NADH Dehydrogenase (Ubiquinone) iron sulfur protein 4 (Ndufs4), NADH Dehydrogenase (Ubiquinone) iron sulfur protein 5 (Ndufs5), NADH Dehydrogenase (Ubiquinone) iron sulfur protein 8 (Ndufs8), NADH Dehydrogenase (Ubiquinone) Flavoprotein 1 (Ndufv1), NADH Dehydrogenase (Ubiquinone) Flavoprotein 2 (Ndufv2), and NADH Dehydrogenase (Ubiquinone) 1 Alpha (Ndufa5; see **Figure 1 F** and **Supplementary Table 2**). All these

proteins functionally belong to the mitochondrial complex I or to the accessory subunit of complex 1.

An analysis of this protein subcategory in PHC samples from the early post-insult phase indicated an early induction of NADH Dehydrogenase (Ubiquinone) 1 Beta (Ndufb4), NADH dehydrogenase/ubiquinone 1 alpha subcomplex 6 (Ndufa6) and NADH Dehydrogenase (Ubiquinone) iron sulfur protein 7 (Ndufs7; see **Figure 1 E** and **Supplementary Table 2**). In HC samples, the dysregulation of this subcategory of proteins was less pronounced with changes in the expression rates limited to the early post-insult phase (see **Figure 1 C** and **Supplementary Table 1)**. Here, an early dysregulation of proteins from the accessory subunit of complex 1 was evident with NADH dehydrogenase (ubiquinone) 1 beta subcomplex 5 (Ndufb5), NADH dehydrogenase (ubiquinone) 1 beta subcomplex 7 (Ndufb7), and NADH dehydrogenase (ubiquinone) 1 beta subcomplex 8 (Ndufb8) being up-regulated, and NADH Dehydrogenase (Ubiquinone) 1 Alpha Subcomplex 6 (Ndufa6) being down-regulated.

Cytochrome C oxidase subunit proteins (mitochondrial complex III and IV) were also regulated during the course of epileptogenesis. An early increase in expression levels of Cytochrome C-1 (Cyc1) and of ubiquinol-cytochrome c reductase core protein II (Uqcr2) was determined in the HC and PHC (**Figure 1 E and F** and **Supplementary Table 1** and **2**). These proteins still exhibited altered expression levels during the latency phase and Uqcrc2 remained at increased levels during the chronic phase in the PHC (**Figure 1 F, G** and **Supplementary Table 2**). Moreover, ubiquinol-cytochrome c reductase core protein I (Uqcrc1) and ubiquinol-cytochrome c reductase, complex III subunit VII (Uqcrq) displayed elevated expression levels during the latency phase and still exhibited induced levels in the chronic phase. Ubiquinol-cytochrome c reductase hinge protein (Uqcrh) proved to be upregulated in the chronic phase as well. Thus, altered expression levels of complex III proteins indicated a pronounced dysregulation of this mitochondrial protein complex in the PHC during the late phases of epileptogenesis.

Both, cytochrome c oxidase subunit Vib polypeptide 1 (Cox6b1) and Cytochrome c oxidase subunit 7A-related protein (Cox7a2l) showed reduced expression rates in the PHC in the latency phase (**Figure 1 F** and **Supplementary Table 2**). During the early post-insult phase, cytochrome c oxidase subunit VIa polypeptide 1 (Cox6a1), cytochrome c oxidase subunit Vic (Cox6c) and cytochrome c oxidase subunit VIIb (Cox7b) proved to be induced (**Figure 1 E** and **Supplementary Table 2**). In contrast, proteins of the mitochondrial subcomplex IV were not dysregulated in the HC.

In addition, several proteins associated with ATP synthase (complex V) functionally linked with the electron transport chain and oxidative phosphorylation exhibited dysregulated expression levels in the PHC during the latency phase and during the chronic phase with recurrent spontaneous seizures. The analysis in PHC samples from the latency phase and chronic phase indicated reduced expression levels of ATP synthase, H+ transporting, mitochondrial F1 complex, O subunit (Atp5o) and ATP synthase, H+ transporting, mitochondrial F0 complex, subunit d (Atp5h) ten dpSE, and of Atp5h, ATP synthase, H+ transporting, mitochondrial F0 complex, subunit B1 (Atp5f1) and ATP synthase, H+ transporting, mitochondrial F1 complex, epsilon subunit pseudogene 2 (Atp5e) eight wpSE (**Figure 1 F, G** and **Supplementary Table 2**). In contrast, Atp5f1 exhibited elevated expression levels during the early post-insult and during the latency phase (**Figure 1 F, G** and **Supplementary Table 2**). In hippocampal tissue samples, the dysregulation of this subcategory of proteins was less pronounced. Only three proteins of complex V were upregulated during the early post-insult phase: ATP synthase, H+ transporting, mitochondrial F1 complex, alpha subunit 1 (Atp5a1), ATP synthase, H+ transporting, mitochondrial F1 complex, beta polypeptide (Atp5b), and ATP synthase, H+ transporting, mitochondrial F1 complex, gamma polypeptide 1 (Atp5c1; **Figure 1 C** and **Supplementary Table 1**). However, Atp5a1 and Atp5b exhibited elevated expression levels in the PHC during the chronic epileptic phase (**Figure 1 G** and **Supplementary Table 2**).

For further information about differential expression of mitochondrial proteins see **Supplementary Tables 1** and **2**.

Regulation of proteins associated with calcium signaling

The calcium-binding regulatory protein calmodulin 1 (Calm1) was down-regulated in the PHC ten dpSE, while in the HC, expression rates of this protein were in the control range (**Figure 2 H-M)**.

A pronounced dysregulation of the protein phosphatase 3 (Ppp3) enzyme complex (the catalytic subunit of protein phosphatase 3 (formerly 2B) alpha and beta isoforms (Ppp3ca and Ppp3cb) and the regulatory subunit B of protein phosphatase 3 alpha isoform (Ppp3r1)) was evident during the time course of epileptogenesis. In hippocampal samples during the acute phase, Ppp3ca and Ppp3cb proved to be up-regulated, whereas during the latency phase all three proteins exhibited reduced expression levels in the HC and PHC. During the chronic phase expression rates of these proteins returned to control level, except for Ppp3cb which was up-regulated in the PHC (**Figure 2 H-M**).

Another protein associated with calcium signaling, inositol 1,4,5-triphosphate receptor type 1 (Itpr1), proved to be down-regulated during the early post-insult phase in hippocampal tissue samples and during the latency phase in both brain regions of interest (**Figure 2 H, I** and **L**). For further information about differential expression of proteins associated with calcium signaling see **Tables 1** and **2**.

Regulation of the microtubule-associated protein Tau

Differential proteomic analysis pointed to an epileptogenesis-associated downregulation of the microtubule-associated protein Tau in the PHC. In our data set we identified three different isoforms of the Tau (Mapt) protein: Mapt-001, Mapt-204 and Mapt-206 (**Figure 3**)**.** Ten dpSE the expression of the isoform Mapt-204 was reduced by 1.2-fold in comparison with electrode-implanted control animals (**Figure 3 E** and **H)**. In apparent contrast, Tau exhibited no alterations in expression regulation in the HC (**Figure 3 A-C** and **G)**.

Considering the putative impact of Tau on excitability indicated by studies in genetic epilepsy models (Roberson et al., 2011, Holth et al., 2013, Gheyara et al., 2014, Zheng et al., 2014), we were interested to analyze the alterations in Tau expression patterns in more detail. Thus, we obtained region- and cell-specific information about Tau expression levels ten dpSE by immunohistochemistry.

In layer three of the posterior piriform cortex Tau expression proved to be significantly reduced (p=0.038), whereas in layers one and two Tau protein expression remained unaffected (layer one $p=0.330$ and layer 2 $p=0.520$; data not shown). In the perirhinal cortex there was no decline in Tau expression, however in the entorhinal cortex the expression tended to be lower ($p= 0.057$; data not shown) in animals following SE when compared to electrode-implanted control animals. When all subregions of the PHC were analyzed together, Tau protein expression tended to be reduced. However, the difference failed to reach significance (p=0.057, **Figure 3 I**). Tau-positive neurons appeared as a ring-like structure with immunoreactivity in the cytoplasm and the neuronal processes. Tau-immunoreactivity of neurons was confirmed with NeuN double-staining. Quantification of Tau/NeuN doublelabeled cells revealed that all neurons express Tau protein (data not shown). However, some Tau-immunopositive cells appeared in a glia-like morphology and were not labeled with the neuronal marker NeuN (**Figure J J,** black arrows).

Regulation of proteins associated with Aβ *processing, deposition, plaque formation, and* Aβ*associated pathology*

In the PHC, we observed an early rise in Apolipoprotein E (ApoE) expression reaching a 3.4 fold upregulation 2 dpSE (**Figure 3 D** and **H**). During the latency phase and chronic epileptic phase with recurrent spontaneous seizures ApoE expression reached an even higher level in this brain region with a 6.2-fold and a 4.8-fold increased regulation when compared to electrode-implanted control animals (**Figure 3 E, F** and **H**). A delayed induction of ApoE was also evident in the HC with a 4.8-fold increase in the expression 10 dpSE (**Figure 3 B** and **G**). To validate proteomic ApoE expression data, we performed ApoE immunohistochemistry and analyzed the cellular expression by positive stained area and optical density in the HC 10 dpSE and at all three time points in parahippocampal cortex tissue.

In the HC we quantified the ApoE expression in the CA1 and CA3 region of the pyramidal layer of the cornu ammonis. Both brain hemispheres as well as the three analyzed regions along the rostro-caudal axis were analyzed together as there was no relevant difference. In the dentate gyrus and hilus of the HC we detected only diffuse positive signal, therefore a quantification was impossible. The positive labeled area as well as the optical density of immunopositive reaction was comparable in control and SE animals ten dpSE (CA1 area % p $= 0.5975$, OD p = 0.8645; CA3 area% p = 0.4501, OD p = 0.6589, **Figure 4, A-C**).

As there was no significant difference between the left and right hemisphere in the PHC we analyzed both sides together. In the rostral and caudal analyzed brain regions, we observed at all three analyzed time points comparable ApoE expression (area % and OD). ApoE expression in the medial analyzed region two dpSE showed a reduced ApoE positive area ($p =$ 0.0189, **Figure 4, D and F**), whereas the optical density was increased in SE animals ($p =$ 0.0144, **Figure 4, E and F**).

Both, App and alpha disintegrin metalloproteinase (Adam) 17 were differentially expressed during epileptogenesis. Whereas Adam17 was down-regulated in a pronounced manner in samples of the PHC during the latency phase, App proved to be induced in PHC tissue during the chronic phase of epilepsy (**Figure 3 E, F**).

Moreover, analysis of data sets from PHC tissue sampled during the latency phase revealed a 3.9-fold downregulation of α-synuclein (Snca, **Figure 3 E** and **H**).

Another protein of interest which is involved in Aβ clearing is the prolow-density lipoprotein receptor-related protein 1 (Lrp1) (Pflanzner et al., Whitfield, 2007). This protein exhibited increased expression rates in the HC ten dpSE and in the PHC eight wpSE (**Figure 3 B and F**).

For further information about differential expression of proteins associated with Aβ processing, deposition, plaque formation, and Aβ-associated pathology see **Tables 1** and **2**.

Discussion

The focused bioinformatics analysis confirmed our hypothesis that a relevant overlap exists in the dysregulation of proteins during epilepsy development following a brain insult and the dysregulation of proteins in AD and its progression.

Interestingly, the total number of proteins, which exhibits a dysregulation during epilepsy development as well as AD development, remained rather constant during the course of epileptogenesis from the early post-insult phase through the latency phase to the early phase following epilepsy manifestation. However, the individual proteins contributing to the overlap changed over time, with a persistent regulation of proteins at all investigated time points being rather an exception than the rule.

When comparing both brain areas, a more prominent regulation was evident in the samples comprising the posterior piriform cortex, entorhinal cortex and perirhinal cortex (referring to the PHC) as compared to the HC. This finding is of particular interest considering that parahippocampal subregions, and in particular the entorhinal cortex, are brain areas with an early manifestation of AD-associated neuropathological alterations (Krumm et al., 2016, Thaker et al., 2017). The more prominent epileptogenesis-associated dysregulation of proteins functionally linked with AD in the PHC, thus indicates that AD-like neuropathological alterations triggered by epileptogenic brain insults might also manifest earliest in parahippocampal subregions.

Mitochondrial dysfunction is a typical feature of AD pathophysiology (Picone et al., 2014, Cardoso et al., 2016). Respective findings have also triggered a particular interest in assessing mitochondria-targeted molecules as a basis for a pharmacological intervention in AD progression (Reddy and Reddy, 2017). The present study revealed a complex regulation of proteins associated with NADH dehydrogenase/ubiquinone regulation and function, cytochrome C oxidase subunit proteins, as well as proteins associated with ATP synthase, the electron transport chain and oxidative phosphorylation. Thus, proteins of the mitochondrial complex I, III, IV, V and the accessory subunit of complex I exhibited a dysregulation during the course of epileptogenesis and early phase following onset of recurrent seizures. The regulation was observed more prominent in the PHC than in the HC. The molecular alterations in mitochondrial proteins are likely contributors to epilepsy-specific synaptic pathology and the associated development of a persistent hyperexcitability via impaired calcium homeostasis (Chuang et al., 2004, Khurana et al., 2013, Walker, 2018). Whereas pronounced dysregulation of mitochondrial complex I, III and IV proteins was already

described during epileptogenesis and following epilepsy manifestation (Kudin et al., 2002, Chuang et al., 2004, Folbergrová et al., 2010, Ryan et al., 2012), less is known about the regulation of mitochondrial complex V proteins during epileptogenesis. Interestingly, in vitro data indicate that the mitochondrial complex V might play a crucial role in seizure-induced neuronal death (Kovac et al., 2012). Taking into account that mitochondrial abnormalities are considered relevant contributors to AD pathogenesis, the dysregulation of mitochondrial proteins following an epileptogenic brain insults might also constitute a factor contributing to AD-like pathologies in parahippocampal subregions, which develop following an epileptogenic insult.

One of the hypotheses for the development of AD is the "calcium hypothesis", which has been first raised by Khachaturian (1989) and has been recently revisited based on the current state-of-knowledge (Alzheimer's Association Calcium Hypothesis, 2017). The hypothesis proposes that calcium dyshomeostasis is the underlying cause for the disease (O'Day and Myre, 2004). Calmodulin is a Ca^{2+} -binding protein modulating the expression of other enzymes affecting calcium homeostasis such as the Ppp3 (also known as Calcineurin) (O'Day and Myre, 2004). Ppp3 has an impact on hippocampal long-term depression and might therefore be involved in the memory deficits characterizing AD (Xie, 2004, Zhang et al., 2015). Bioinformatic analysis of our data set revealed a complex dysregulation of various proteins playing a crucial role in calcium homeostasis. The dysregulation proved to be evident in both brain areas of interests, the HC and PHC. The list of proteins differentially expressed in at least one of the brain areas comprised Calm1, Ppp3ca, Ppp3cb, Ppp3r1, and Itpr1. Regulation of calmodulin and calcineurin has already been discussed in epileptology for several years (McNamara et al., 2006, Eckel et al., 2015, Liu et al., 2016). Very recently, the protein Itpr1 has been identified in epilepsy patients for the first time by whole-exome sequencing to be associated with sudden unexpected death in epilepsy (Friedman et al., 2018). Considering the "calcium hypothesis" of AD development (Khachaturian, 1989, Alzheimer's Association Calcium Hypothesis, 2017), the dysregulation of the proteins during epileptogenesis might not only contribute to changes in excitability as a hallmark of epilepsy development, but might also play an initial role in the manifestation of an AD-like pathology in structural epilepsies developing following a brain insult.

Alterations in Tau expression and deposition of Tau are one of the hallmarks in AD pathology (Liu and Gotz, 2013, Kalra and Khan, 2015, Li and Götz, 2017). Taking into consideration that alterations in Tau expression in some genetic models of epilepsy can affect network excitability (Holth et al., 2013, Gheyara et al., 2014), it is of particular interest to study the

dysregulation of Tau expression rates during the course of epileptogenesis. Our proteomic analysis revealed a down-regulation of Mapt-204 in the PHC ten dpSE. Quantification of Tau expression levels in parahippocampal subregions based on immunohistochemical stainings indicated that Tau is predominantly reduced in layer III of the posterior piriform cortex. In apparent contrast to our results, Miszczuk et al. (2016) reported a lack of changes in Tau gene expression rates during epileptogenesis in a mouse model of traumatic brain injury. Functional conclusions regarding a contribution of this molecular alteration are limited by the fact that we did not assess Tau hyperphosphorylation.

One of the major hallmarks in AD is the accumulation of senile plaques consisting of the Aβ peptide (Glenner and Wong, 1984, Roberson et al., 2011, Karran and De Strooper, 2016). Baldelli et al. (2010) reported that high levels of homocysteine, induced by the treatment with some antiepileptic drugs (Schwaninger et al., 1999), were found to promote Aβ deposition in the hippocampus and lowered the threshold to more severe seizures in the course of SE development in the pilocarpine model of TLE. Moreover, hyperhomocysteinemia is reported to be a risk factor for dementia (Selhub, 2008). This points towards the idea that Aβ deposition is not only a hallmark in AD but also plays an important role in the development of TLE. In line with this hypothesis, our bioinformatic analysis revealed a prominent regulation of several proteins being involved in Aβ processing and its regulation.

ApoE expression rates can affect Aβ metabolism and deposition, and amyloid pathology in a complex manner (Kanekiyo et al., 2014). Thereby, controversial findings have been reported with high as well as low levels of ApoE correlating with Aβ deposition (Mahoney-Sanchez et al., 2016). Among others, one explanation seems to be the different binding affinity of ApoE isoforms (Aleshkov et al., 1997, Tokuda et al., 2000). Whereas ApoE4 can increase the risk for Aβ deposition and aggregation (Schmechel et al., 1993, Polvikoski et al., 1995, Kok et al., 2009), ApoE2 and 3 isoforms can favor Aβ degradation and clearance (Deane et al., 2008, Jiang et al., 2008, Castellano et al., 2011). Moreover, it is known that inflammatory signaling can be triggered by ApoE (Tzioras et al., Dorey et al., 2014). A persistent induction of ApoE was evident in the PHC throughout the course of epileptogenesis and epilepsy manifestation. In addition, we observed an upregulation in the HC. Our data are in line with previous observations by Miszczuk et al. (2016) and Ni et al. (2013) describing an ApoE upregulation in two different epilepsy mouse models. Based on the complex role of ApoE, it is difficult to conclude about the consequences of ApoE overexpression during epileptogenesis. However, the trigger of inflammatory signaling by increased ApoE levels might definitely contribute to cellular and network alterations. In apparent contrast to our proteomic results, we were not

able to detect the up-regulation of ApoE expression on the cellular level. As we did not perfuse the rats that we used for the proteomic analysis but did for immunohistochemical analysis, this could have introduced confounders. Thus, conclusions regarding a contribution of this molecular alteration is still missing.

Altered processing of the App during AD pathogenesis can favor Aβ deposition (Nalivaeva and Turner, 2013). In the amyloidogenic pathway promoting Aβ deposition, App can undergo cleavage by β-secretase (= BACE)(Vassar et al., 2014). However, when exposed to α secretase, i.e. Adam10 and 17, App can be processed in an alternate pathway, which can indirectly reduce deposition of neurotoxic Aβ (Kuhn et al., 2010). In the PHC App proved to be up-regulated in the chronic phase following epilepsy manifestation. These findings are in line with findings from a post-traumatic brain injury model of epileptogenesis in mice, in which a significant induction of App was observed (Miszczuk et al., 2016). Considering its role in the regulation of calcium homeostasis and the resulting neuroprotective function (Hefter and Draguhn, 2017), the induction of App might serve a beneficial role in the epileptic brain protecting neurons from the detrimental consequences of prolonged or repetitive seizures. On the other hand, higher concentrations of App imply enhanced levels of substrate for β- and γ-secretase generating Aβ. Thus, overexpression of App might be one factor contributing to AD-like neuropathological alterations in the epileptic brain.

Expression of the α-secretase Adam17 proved to be down-regulated in the PHC during the latency phase of epileptogenesis. As a direct implication more App is available for processing by β- and γ-secretase in the amyloidogenic pathway. Thus, low Adam17 expression during development of epilepsy might already trigger the development of an AD-like pathology. To our knowledge, regulation of Adam17 has not been intensely discussed previously in the context of epileptogenesis or epilepsy. Considering the important role of Adam17 in AD and the here reported regulation, it might be of interest to analyze the role of this protein during epileptogenesis in more detail in future studies.

The majority of patients with AD exhibit an accumulation of α-synuclein positive aggregates (Resende et al., 2013). An analysis of the interaction between α-synuclein and Aβ suggested that α-synuclein might protect against Aβ-triggered neuronal cell damage (Resende et al., 2013). Taking this finding into account, the low expression of α-synuclein evident in the PHC during the latency phase, might serve as an early contributor to AD-like pathological alterations during epileptogenesis. In apparent contrast to our findings, α-synuclein was elevated in serum and CSF of patients suffering from epilepsy as well as in the dentate gyrus in a mouse model of pilocarpine induced status epilepticus (Li et al., 2010, Rong et al., 2015).

Differences might be related to the disease phase under investigation as well as the model and species used in the experimental study.

As mentioned above, Lrp1 also contributes to Aβ clearing (Pflanzner et al., Whitfield, 2007). Knockout of astrocytic Lrp1 is associated with reduced cellular uptake and intracellular degradation of Aβ as well as accelerated Aβ accumulation and plaque formation in an AD mouse model (Liu et al., 2017). Increased expression levels of Lrp1 observed ten dpSE in the HC and eight wpSE in the PHC might thus counteract Aβ deposition. To our knowledge, Lrp1 regulation has not been discussed in earlier studies of epileptogenesis or epilepsy. Considering the functional role of Lrp1, it might be of interest to further study the functional consequences of its regulation during epileptogenesis.

A limitation of our study might be the use of female rats. However, we know from several years of experience that the mortality of male rats is quite high in the electrical post-statusepilepticus model (Brandt et al., 2003). Therefore, the animal numbers have to be dramatically increased to gain reliable results. This faces ethical concerns. Moreover, the NIH criticized the overrepresentation of male animals in preclinical studies and requested a gender balance and the inclusion of female animals in future studies (Clayton and Collins, 2014). Furthermore, female rats have been chosen for this study as we expect a higher variance in female rats related to the estrous cycle, and our long-term aim is to identify robust protein expression alterations. For the above-mentioned reasons we decided to use female rats in this first study. However, it will be of future interest to perform a comparative study in male rats.

We have to acknowledge that further validation by immonhistochemistry of some AD-related protein findings failed to be successful. This might be due to the reason that we did not perfuse the rats used for the proteomics analysis. This could introduce confounders regarding the validation.

In conclusion, the focused bioinformatics analysis of proteomic data sets obtained from two brain areas during the course of epileptogenesis revealed a relevant regulation of proteins known to be associated with AD pathogenesis. Therewith, the analysis provided an overview of the overlap in molecular alterations characterizing epilepsy development and manifestation on the one hand and AD development and progression on the other hand. Any conclusion from the proteomic data needs to take into account that the regulation of individual proteins will require further confirmation. Moreover, it will be of particular interest to study the regulation of different isoforms and phosphorylation states of selected proteins in future studies.

However, at the current stage our findings already provide a very valuable and comprehensive basis for the generation of novel hypothesis regarding shared molecular events in both disease states.

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Declaration of interest: none

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Table 1

Regulated proteins of the AD pathway in the HC ranked by fold change (relation of relative protein abundances between control and animals post SE). There are no proteins regulated at 8 weeks post SE.

^a Accession number of identified proteins as given in Ensembl protein database (http://www.ensembl.org) Thresholds were set at: ^b Peptides used for quantification > 2 , ^c Confidence score > 30 and ^d p-value < 0.05 S: Surfaceome; N: nucleus; C: cytoplasm.

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Regulated proteins of the AD pathway in the HC ranked by fold change (relation of relative protein abundances between control and animals post SE). There are no proteins regulated at 8 weeks post SE.

^a Accession number of identified proteins as given in Ensembl protein database (http://www.ensembl.org)

Thresholds were set at: $\frac{b}{b}$ Peptides used for quantification > 2 , $\frac{c}{c}$ Confidence score > 30 and $\frac{d}{c}$ p-value < 0.05

Regulated proteins of the AD pathway in the PHC ranked by fold change (relation of relative protein abundances between control and animals post SE). There are no proteins regulated at 8 weeks post SE.

^a Accession number of identified proteins as given in Ensembl protein database (http://www.ensembl.org)

Thresholds were set at: ^b Peptides used for quantification > 2 , ^c Confidence score > 30 and ^d p-value < 0.05

Regulated proteins of the AD pathway in the PHC ranked by fold change (relation of relative protein abundances between control and animals post SE). There are no proteins regulated at 8 weeks post SE.

a Accession number of identified proteins as given in Ensembl protein database (http://www.ensembl.org)

Thresholds were set at: ^b Peptides used for quantification > 2 , ^c Confidence score > 30 and ^d p-value < 0.05

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Legends to figures

Figure 1

Proteins functionally linked with AD during the time course of epileptogenesis.

A) KEGG AD pathway at ten dpSE in the PHC. Regulated key proteins (as indicated by DAVID) are marked with an asterisk. Note the pronounced regulation of mitochondrial proteins, proteins associated with Aβ processing, deposition and plaque formation, the regulation of the microtubule-associated protein Tau and the regulation of proteins associated with calcium signaling.

B-D) The Venn diagrams illustrate the overlap of differentially expressed proteins of hippocampal and parahippocampal cortex tissues with the AD reference proteins at two dpSE, ten dpSE and eight wpSE.

Figure 2

Expression analysis of proteins linked with mitochondrial dysfunction (A-G) and calcium signaling (H-M) during the time course of epileptogenesis in the HC and PHC.

A, B: Expression patterns of identified mitochondrial proteins in the HC (**A**) and PHC (**B**) giving a trend of the regulation direction at the three analyzed time points (up-regulation: increased expression following SE; down-regulation: reduced expression following SE). **C-G**: Heat maps illustrating expression of all differentially expressed mitochondrial proteins in the HC (**C, D**) and PHC (**E-G**) as well as expression of proteins linked with calcium signaling in the HC (**H-J**) and PHC (**K-M**). Columns show individual log2 transformed protein abundances of regulated mitochondrial proteins. Cell notes (**H-M**) represent the absolute nonlog transformed individual fold change. Lines are hierarchically clustered and correspond to single proteins. $\langle 1/green = down-regulated in SE compared to controls, \rangle 1/red = up$ regulated in SE compared to controls. 2 dpSE = two days post SE, 10 dpSE = ten days post SE, 8 wpSE = eight weeks post SE.

Figure 3

Heat maps illustrating expression of proteins linked with microtubule-associated protein Tau, proteins associated with Aβ processing, deposition, plaque formation, and Aβ-

associated pathology, proteins associated with neurodegeneration and other proteins during the time course of epileptogenesis in the HC (A-C) and the PHC (D-F).

Columns show individual log2 transformed protein abundances of quantified proteins. Lines are hierarchically clustered and correspond to single proteins with cell notes representing their absolute non-log transformed individual fold change. Differentially expressed proteins are marked with an asterisk. ≤ 1 /green = down-regulated in SE compared to controls, ≥ 1 /red = up-regulated in SE compared to controls. 2 dpSE = two days post SE, 10 dpSE = ten days post SE, $8 \text{ wpSE} =$ eight weeks post SE.

Expression analysis by individual fold changes (protein abundance of control and animals post SE divided by the protein abundance by the mean abundance of the respective control group) of selected proteins ApoE, Mapt-204 and Snca during the time course of epileptogenesis in the HC (**G**) and PHC (**H**).

I-J: Immunohistochemical validation of Tau protein expression in the PHC ten dpSE. **C:** Tau expression tended to be reduced in the PHC but slightly did not reach significance (p=0.057). Immunohistochemical staining of Tau and the neuronal marker NeuN is shown in the PHC ten dpSE in an electrode-implanted control animal and in a SE animal (**J**). Tauimmunoreactivity in dark blue was detected in the cytoplasm and in the cell processes. NeuNpositive cells appear with a pink nucleus. All neurons express Tau. Double labeled Tau/NeuN-cells are marked with white arrows. Black arrows highlight Tau-positive cells with a glia-like structure. Scale bar: 50 µm.

Figure 4

Immunohistochemical validation of ApoE protein expression in the HC and PHC.

A, B Hippocampal ApoE quantification ten dpSE in control and epileptic animals. **C** Representative ApoE immunohistochemistry ten dpSE in the CA3 region in control (left panel) and SE animals (right panel). **D, E** Parahippocampal ApoE quantification at Bregma – 3.14 for all three analyzed time points and **F** representative ApoE immunohistochemistry two dpSE. All data are given as mean \pm SEM, $*$ p < 0.05. Scale bars: 100 µm.

Annex

Sl Fig. 1

Experimental design

An individual fold change (protein abundance of control and animals post SE divided by the mean abundance of the respective control group) < 1 refers to a down-regulated protein. An individual fold change > 1 refers to an up-regulated protein. There are no proteins regulated at 8 weeks post SE.

Regulated mitochondrial proteins functionally linked with AD in the PHC and their individual fold changes.

An individual fold change (protein abundance of control and animals post SE divided by the mean abundance of the respective control group) < 1 refers to a down-regulated protein. An individual fold change > 1 refers to an up-regulated protein.

An individual fold change (protein abundance of control and animals post SE divided by the mean abundance of the respective control group) < 1 refers to a down-regulated protein. An individual fold change > 1 refers to an up-regulated protein.

An individual fold change (protein abundance of control and animals post SE divided by the mean abundance of the respective control group) < 1 refers to a down-regulated protein. An individual fold change > 1 refers to an up-regulated protein.

Highlights

- Proteins linked with Alzheimer pathogenesis are dysregulated during epileptogenesis.
- Proteins affecting mitochondrial function and calcium homeostasis are dysregulated.
- Prominent regulation of proteins involved in $\mathsf{A}\beta$ processing and regulation.
- Development and manifestation of both diseases share molecular alterations.

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