

Title: Distal axotomy enhances retrograde presynaptic excitability onto injured pyramidal neurons via trans-synaptic signaling

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20 **Abstract**

21 Injury of descending motor tracts remodels cortical circuitry and leads to enhanced
 22 neuronal excitability, thus influencing recovery following injury. The neuron-specific
 23 contributions remain unclear due to the complex cellular composition and connectivity of
 24 the CNS. We developed a microfluidics-based *in vitro* model system to examine intrinsic
 25 synaptic remodeling following axon damage. We found that distal axotomy of cultured
 26 rat pyramidal neurons caused dendritic spine loss at synapses onto the injured neurons
 27 followed by a persistent retrograde enhancement in presynaptic excitability over days.
 28 These *in vitro* results mirrored hyper-activity of directly injured corticospinal neurons in
 29 hindlimb motor cortex layer Vb following spinal cord contusion. *In vitro* axotomy-
 30 induced hyper-excitability coincided with elimination of inhibitory presynaptic terminals,
 31 including those formed onto dendritic spines. We identified netrin-1 as downregulated
 32 following axotomy and exogenous netrin-1 applied 2 days after injury normalized spine
 33 density, presynaptic excitability, and the fraction of inhibitory inputs onto injured
 34 neurons. These findings demonstrate a novel model system for studying the response of
 35 pyramidal circuitry to axotomy and provide new insights of neuron-specific mechanisms
 36 that contribute to synaptic remodeling.

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Introduction

Acquired brain injuries, such as occur in stroke and traumatic brain injury, induce significant synaptic reorganization, even in uninjured cortical regions remote from the site of damage¹⁻³. This enhanced neural plasticity supports formation of new connections and expansion of cortical territories, well-described in humans using neuroimaging and non-invasive stimulation techniques^{1, 2, 4, 5}. However, the cellular mechanisms of this injury-induced plasticity remain largely unknown.

In healthy brains, long projection neurons with somatodendritic domains housed in cerebral cortex extend axons into numerous distant areas of the CNS, including the spinal cord and the apposing cortical hemisphere. When these remote areas are injured, long projection axons are damaged and injury signals propagate retrogradely to somatodendritic domains. Retrograde injury signal propagation leads to somatic responses such as chromatolysis and new transcription^{6, 7}. For example, after damage to corticospinal axons resulting from spinal cord injury, dendritic spines in motor cortex undergo time-dependent changes in morphology including decreased spine density and alterations in spine length and diameter⁸. Loss of local GABAergic inhibition also occurs at somatodendritic regions following injury, which is thought to unmask preexisting excitatory connections and result in enhanced excitability^{2, 9, 10}. These findings suggest that a cascade of events occurs following distal axonal injury involving retrograde axon-to-soma signaling and then trans-synaptic signaling from the injured neuron to uninjured presynaptic neurons causing synaptic changes and enhanced excitability.

Due to the heterogeneity and complexity of the CNS, intrinsic neuronal responses to distal axon injury and neuron-specific contributions to synaptic remodeling remain

unclear. Reduced preparations are valuable for examining these neuron-specific responses and provide a more experimentally tractable model system to identify and screen drugs to improve neuronal function following injury. Because brain injury and disease preferentially affect long projection neurons^{11,12}, we sought to determine the progression of events that occur intrinsically in these neurons following distal axotomy leading to trans-synaptic changes. We overcame the technical challenge of visualizing and manipulating highly polarized and specialized cultured pyramidal neurons using a microfluidic approach.

Results

In vitro model to study distal axon injury to pyramidal neurons

To investigate how distal axon injury remodels synapses contacting injured neurons, we used a microfluidic approach to compartmentalize cultured pyramidal neurons. Using this approach we then subjected neurons to distal axotomy ~1 mm away from their physically undisturbed dendrites and somata^{13,14} (**Figure supplement 1a**). We used hippocampal neurons harvested from embryonic rats due to the ability to generate a relatively homogeneous, enriched population of pyramidal neurons (85-90% pyramidal) consistently from batch-to-batch, which exhibit morphology in line with maturing pyramidal neurons *in vivo*¹⁵; the remaining hippocampal neurons are mostly inhibitory GABAergic interneurons¹⁶. To identify neurons with axons projecting into the axonal compartment, we retrogradely labeled neurons by applying a G-deleted rabies virus expressing fluorescent proteins (incompetent for trans-synaptic transfer) to the axonal compartment and characterized the morphology of the labeled neurons. We found

that 94% (42 of 45) of virally-labeled neurons were pyramidal neurons and the remaining were unclassifiable (**Figure 1a**). When these neurons were cultured within the microfluidic chamber and axotomized within the axonal compartment (**Figure 1b**), the axotomized cultures showed no loss in viability post-axotomy (**Figure supplement 1**), similar to *in vivo* findings¹⁷, and injured axons regrew^{13, 14}. Supporting the use of this *in vitro* approach, we previously found that axotomy performed within the microfluidic chambers induced rapid expression of the immediate early gene *c-fos*¹⁴, as reported *in vivo*¹⁸. Neurons labeled with retrograde tracer, Alexa 568-conjugated cholera toxin, also showed a significant decrease in Nissl staining in the somata reflective of chromatolysis at 24 h post-axotomy¹⁹ (**Figure supplement 1**). Together, this *in vitro* model recapitulated key features of axotomy *in vivo*, and allowed us to examine the response of injured pyramidal neurons far from the site of injury.

Spine density decreases after distal axon injury

Decreased spine density is seen *in vivo* in models of traumatic brain injury and spinal cord injury^{20, 21}. To determine whether similar structural changes occur in cultured pyramidal neurons following distal axotomy, we quantified spine density within the somatodendritic compartment of axotomized neurons that were retrogradely labeled using rabies mCherry virus. Spine density significantly declined 24 h and 48 h post-axotomy compared to before axotomy (**Figure 1c,d** and **Figure supplement 2**). In contrast, uninjured control neurons show increased spine density, as occurs during normal maturation (**Figure 1c,d**).

We next analyzed specific spine types that were lost. We found a significant

decrease in the density of thin spines at 24 h post-axotomy compared to pre-axotomy (Figure 2a). The density of stubby and mushroom spines remained similar before and 24 h after axotomy, unlike in the uninjured control neurons where spine density of all spine types increased. At 48 h post-axotomy the density of both thin and mushroom spines was significantly reduced (Figure 2a). The reduction in spine density following axotomy suggests that either dendritic spines are being increasingly eliminated or, conversely, that there is a reduction in new spine formation following axotomy. Further analysis of our before and after axotomy images revealed that axotomy caused both a significant increase in the percentage of spines eliminated *and* a significant reduction in the percentage of new spines formed 24 h post-axotomy (Figure 2b-d). Thus, axotomy affects both elimination and formation of spines resulting in lower dendritic spine density.

A persistent enhancement in synaptic vesicle release rate follows distal injury

To further evaluate how synapses are modified following distal axon injury, we next investigated whether presynaptic release properties were altered at synapses onto injured neurons. To address this question, we retrogradely infected neurons using a modified eGFP rabies virus to label injured neurons and then used FM dyes to optically measure synaptic vesicle release onto these directly-injured neurons (Figure 3a). The use of FM dyes provided us with a non-selective, unbiased method to label a majority of presynaptic terminals within the somatodendritic compartment²². FM puncta highly colocalized with synapsin1 immunolabeling (93%), validating our FM dye loading strategy (Figure supplement 3). We examined the synaptic vesicle release rate of FM puncta that colocalized with axotomized eGFP expressing neurons. At 24 h post-axotomy,

there was no change in synaptic vesicle release rate compared to eGFP expressing uninjured control samples (**Figure 3b,c**). In contrast, synaptic vesicle release rate was significantly enhanced 48 h after axotomy (**Figure 3c**). In addition, we found that the FM decay time constant, τ , which has been inversely correlated with release probability²³ was significantly reduced at 48 h post-axotomy (control: 138.3 ± 8.761 versus axotomy: 88.62 ± 5.132 ; $p < 0.0001$). These results were similar to those obtained by examining the entire field of FM puncta near the barrier region without selecting only puncta that colocalize with eGFP expressing neurons (**Figure supplement 4**). The difference in presynaptic release rate persisted at 4 d post-axotomy (control: 88.3 ± 1.43 versus axotomy: 82.3 ± 1.552 ; $p = 0.0046$; **Figure supplement 4**). Together, these data suggest a delayed and persistent increase in synaptic vesicle release rate that occurs following dendritic spine loss.

Next, we performed two control experiments to determine (1) whether cultured cortical neurons, which are more variable in neuron composition, would behave similarly to our pyramidal neuron-enriched hippocampal cultures used in our experimental model, and (2) whether axotomy of axons forming synapses onto postsynaptic targets would yield similar effects on presynaptic vesicle release as axotomy of untargeted axons. First, we performed FM unloading experiment with cortical neurons harvested from embryonic rats and found that these cultures show similar changes in presynaptic release 48 h post-axotomy (**Figure supplement 4**). To address the second question, we added a small number of target neurons to the axonal compartment during cell plating. We previously showed extensive synapse formation when two neuron populations are plated into opposing compartments²⁴. By having a lower density of neurons in the target

compartment, there is negligible axonal growth into the barrier from these target neurons. Our data show that axotomy to this targeted population of neurons resulted in similar changes in presynaptic release rate as axotomy of untargeted axons (**Figure supplement 4**).

To reconcile our findings of axotomy-induced spine loss and increased presynaptic release, we wondered whether the balance of responsive to unresponsive presynaptic terminals was altered following axotomy resulting in enhanced excitability even though fewer spines were present. We measured the proportion of FM puncta that unloaded (responsive) or did not unload (unresponsive) in response to field stimulation using extracellular electrodes²² (**Figure 3d**). At 24 h post-axotomy when spine density was decreased, we observed no change in the proportion of responsive and unresponsive FM puncta compared to uninjured controls (**Figure 3d**). However at 48 h post-axotomy, a significantly increased proportion of puncta were responsive compared to uninjured control chambers (**Figure 3d**), suggesting enhanced presynaptic excitability at this time point. Further, at 48 h post-axotomy we found a selective absence of unresponsive puncta following axotomy while the total number of responsive FM-labeled puncta remained the same (**Figure 3e**). Together, our data suggest that distal axon injury leads to an overall decrease in quantity of presynaptic terminals, but that this smaller pool of presynaptic terminals is more responsive to stimulation.

Enhanced glutamate release occurs at synapses onto injured neurons

Our results suggest that distal axotomy triggers a retrograde and trans-synaptic cascade of events leading to enhanced neurotransmitter release. To confirm this, we

performed electrophysiological recordings of AMPAR-mediated miniature excitatory postsynaptic currents (mEPSCs) from axotomized neurons 48 h post-axotomy and their age-matched uninjured controls. Biocytin was used to fill neurons following each recording to determine whether neurons extended axons into the axonal compartment and were axotomized. Axotomized neurons had a significant increase in mEPSC frequency, supporting an increased rate of presynaptic glutamate release (**Figure 3f,g**). Membrane properties were equivalent between axotomized and uninjured control neurons, demonstrating that the health of these axotomized neurons was not substantially compromised (**Table supplement 1**). We observed a trend towards an increase in mEPSC amplitude following axotomy, however this effect was not significant (**Figure 3g**).

We next wondered if the increased spontaneous release rate of glutamate was specific to directly injured neurons or more globally affected neighboring, uninjured neurons. To address this, we quantified mEPSC frequency between uncut and cut neurons within the same chambers. In recordings from directly injured neurons, axotomy specifically increased mEPSC frequency. However, neighboring uninjured neurons that did not extend axons into the axonal compartment, did not have an increased mEPSC frequency (**Figure 3h**). To further examine the effects of direct injury to axotomized neurons, we quantified FM release rate at nearby uninjured neurons (not labeled with eGFP rabies virus) and found that the release rate was significantly different than at synapses on directly axotomized neurons and not significantly different than at control uninjured neurons labeled with eGFP rabies virus (**Figure 3i**). These observations confirmed that axotomy alters glutamatergic synaptic input onto injured neurons. These

results show that directly injured neurons transynaptically and locally influence presynaptic glutamate release without affecting nearby synapses at uninjured neurons.

Spinal cord injury (SCI) induces persistent and enhanced firing rates in layer Vb

To evaluate the *in vivo* relevance of our findings, we sought to determine whether distal injury of long projection neurons *in vivo* would preferentially induce enhanced excitability in these injured neurons. To do this, we used a rat SCI model described previously²⁵ in which animals were subjected to a spinal cord contusion injury at thoracic level T9-10, and recording electrodes were implanted into the neurophysiologically-identified hindlimb motor cortex in ketamine-anesthetized animals. Electrode sites on single-shank microelectrode arrays (Neuronexus, Ann Arbor, MI) extended through cortical layers V and VI, allowing simultaneous recording throughout these cortical layers. Effective injury to the corticospinal neurons innervating hindlimb motor neuron pools in the spinal cord was confirmed by stimulating electrode sites and confirming loss of evoked hindlimb movement. At each cortical location, 5 minutes of neural data was collected for offline analysis. At the end of the procedure, neural spikes were discriminated using principle component analysis. We examined firing rates²⁶ within layers Va, Vb, and VI between 4 weeks and 18 weeks post-SCI and compared the data to sham control animals. We found that the firing rate within layer Vb was significantly increased after SCI compared to sham controls (**Figure 4**). Layer Vb contains the highest density of corticospinal somata, with estimates of nearly 80% of large pyramidal cells²⁷. Also, after spinal cord injury, chromatolytic changes occur preferentially in layer Vb²⁸. In layers Va and VI, which have few (layer Va) or no (layer

VI) corticospinal neurons, we found that firing rates were not statistically different between SCI animals and sham controls. Together, these data confirm a persistent increase in spontaneous firing rates in remotely injured corticospinal neurons, and support the relevance of our *in vitro* model system.

Axotomy selectively eliminates GABAergic terminals onto spines of injured neurons

Our *in vitro* data show that distal axon injury preferentially eliminated unresponsive presynaptic terminals to enhance the fraction of responsive puncta. Unresponsive presynaptic terminals may contain glutamate- or GABA- filled synaptic vesicles^{29,30}. Thus, we next asked whether the loss of unresponsive FM puncta correlated with loss of GABAergic puncta. We performed retrospective immunostaining to determine the fraction of vGLUT or GAD67-positive FM puncta at 48 h post-axotomy (**Figure 5a,b**). Interestingly, we found that axotomy did not alter the fraction of glutamatergic terminals, but significantly diminished the fraction of GAD67-positive puncta within the somatodendritic compartment. Thus our data suggest that distal axon injury induced a delayed enhancement in the fraction of responsive presynaptic terminals which may involve a reduction in the number of inhibitory terminals onto injured neurons, and not the number of excitatory presynaptic terminals.

To determine whether inhibitory synapses were functionally altered following axotomy, we recorded miniature inhibitory postsynaptic currents (mIPSCs) from axotomized and uninjured chambers 48h post-axotomy (**Figure 5c-e**). We found that mIPSCs were more frequent in axotomized cultures compared with uninjured neurons, suggesting that while there are fewer inhibitory terminals, the remaining terminals have

an increased rate of spontaneous GABA release. We next asked whether this change in inhibitory synapse function was restricted to directly injured neurons. Within the axotomized cultures, we compared both cut and uncut neurons and found that the mIPSC frequency was increased in both groups, but was not different between the directly axotomized neurons and their uncut neighbors. This suggests that the alteration of inhibitory synaptic transmission following axotomy affects both directly injured and neighboring, uninjured neurons.

Although the majority of GABAergic synapses are found on dendritic shafts or cell bodies, a minor population is also found on dendritic spines^{31,32}. Inhibitory synapses formed on dendritic spines allow for compartmentalization of dendritic calcium levels involved in regulation of neuronal activity^{33,34}. To investigate whether dendritic spines receiving inhibitory inputs (i.e., inhibited spines) are lost following axotomy, we quantified the number of inhibitory and excitatory presynaptic terminals onto spines of cultured pyramidal neurons subjected to distal axotomy compared to uninjured controls using retrospective immunostaining for inhibitory (vGAT) and excitatory (vGLUT) synapse markers. We found no significant difference in the fraction of vGLUT and vGAT-positive spines at 24 h post-axotomy compared to uninjured controls (**Figure 5**). However, we noticed a significant decrease in the fraction of vGAT-positive spines at 48h post-axotomy compared to uninjured control (**Figure 5**) with no significant influence on glutamatergic spines. Together, our data suggest that axotomy causes a delayed loss of inhibitory synapses, an increase in spontaneous GABAergic transmission, and loss of inhibited spines coinciding with an enhancement in presynaptic excitability.

Local activity, retrograde signaling and differential gene expression regulate axotomy induced synaptic changes

Efficient axon regeneration requires signaling from the site of injury to the nucleus and transcription in multiple model systems ⁶, yet the signaling events required for synaptic remodeling following distal axotomy remain unclear. Breach of the axonal membrane following axon injury causes an influx of calcium and sodium ions into the intra-axonal space. An increase in sodium ions through voltage-gated sodium channels causes reversal of a sodium-calcium exchanger, and thus greatly enhances local intra-axonal calcium levels and potentially influences signaling to the nucleus and gene expression. To determine whether local influx of sodium and calcium ions at the time of injury is required for axotomy-induced spine loss, we performed axotomy within the axonal compartment in which axons were treated with a local activity blockade during axotomy. This local activity blockade solution (ABS) included low-Ca²⁺, high-Mg²⁺, and TTX (0.5 mM CaCl₂, 10 mM MgCl₂, 1 μM TTX) to prevent influx of sodium and reduce calcium influx. This local activity blockade was applied for 1 h during axotomy. We labeled neurons extending axons into the axonal compartment using a retrograde eGFP rabies virus and quantified spine density before and 24 h following axotomy and compared these measurements to cultures with vehicle applied to axons during axotomy (**Figure 6a,b**). Strikingly, we found that local activity blockade at the injury site prevented axotomy-induced spine loss. These data suggest that local activity instructs retrograde signaling and spine loss.

To determine whether injury-induced transcription is required for these trans-synaptic changes, we treated the somatodendritic compartment with the reversible

transcriptional blocker DRB 15 min prior to axon injury and removed the drug 45 minutes later. We found that blocking transcription during this brief time was sufficient to prevent axotomy-induced spine loss 24 h post-axotomy (**Figure 6c**) and prevented significant changes in the proportion of responsive FM puncta at 48 h post-axotomy (**Figure 6d**). Transcription blockade also prevented changes in synaptic vesicle release rate 48 h post-axotomy (**Figure 6e**). However, action potential blockade with TTX in the somatodendritic compartment for ~1 h at the time of injury did not affect injury-induced changes in presynaptic release or the proportion of responsive puncta (**Figure 6g,h**). Further, application of HBS or DMSO as respective vehicle controls to TTX or DRB treatments did not alter injury-induced increase in presynaptic release. We conclude that both local activity at the site of injury and a transcriptional response are critical mediators of the delayed trans-synaptic changes in presynaptic release properties following distal axon injury.

Differential gene expression at 24 h post-axotomy

Our data show that a transcriptional response was required immediately after axotomy to induce retrograde changes in synaptic vesicle release onto injured neurons. To identify genes that might mediate this process within a longer therapeutically relevant time window, we performed a gene expression study to identify differentially expressed transcripts within the somatodendritic compartment at 24 h post-axotomy compared to uninjured controls. We found 615 transcripts that were significantly changed following injury (one-way between-subject ANOVA, $p < 0.05$) (**Figure 7a; Table supplement 1**).

Confirming that the transcription response *in vitro* recapitulated *in vivo* findings, we found Jun upregulated 1.41 fold in our microfluidic cultures 24 h post-axotomy¹⁷.

Netrin-1 mRNA and DCC protein are down-regulated post-axotomy

To identify potential trans-synaptic mediators that may influence synaptic vesicle release at synapses onto injured neurons, we focused on differentially expressed transcripts that are known to localize to cell-cell contacts, such as synapses (**Figure 7b**). Within this category, only 6 transcripts were significantly changed. These transcripts included Podoplanin (Pdpn), Kinesin family member 26B (Kif26b), Cadherin 24 - type2 (Cdh24), Myosin X (Myo10), Netrin1 (Ntn1) and Intercellular adhesion molecule2 (Icam2). We found that netrin-1 was significantly downregulated in our microarray study and this was further confirmed by RNA-sequencing analysis of an additional set of axotomized and uninjured neurons harvested from microfluidic chambers (unpublished data). Netrin-1 is a secreted axon guidance and synaptogenic cue that is enriched at mature dendritic spines³⁵ and is known to induce synaptic DCC clustering and enhance synapse maturation³⁶. Further, loss of secretory or trophic factors are known to induce axotomy-like injury signals³⁷. Because of the absence of suitable antibodies for performing netrin-1 immunofluorescence, we tested whether its receptor, DCC, was reduced following axotomy, as DCC levels parallel netrin-1 expression changes^{38,39}. While overall expression levels of DCC throughout the somatodendritic compartment were unchanged, we found a significant decrease in local synaptic DCC immunofluorescence at spines of axotomized neurons at 48 h post-injury (**Figure 8a,b**). These data suggest that loss of netrin-1 in the somatodendritic compartment of

axotomized neurons may contribute to the trans-synaptic changes in neurotransmitter release.

Exogenous netrin-1 normalizes injury-induced enhancement in presynaptic excitability

To determine if netrin-1 could normalize the injury-induced enhancement in excitability, we applied exogenous netrin-1 to the somatodendritic compartment 40 h after-injury and evaluated the resulting changes in synaptic vesicle release and responsiveness compared to vehicle control at 48 h after injury. We found that application of exogenous netrin-1 normalized synaptic DCC levels to that similar to uninjured controls (**Figure 8a,b**). We tested whether exogenous netrin-1 treatment 40h post-axotomy might normalize spine density to levels quantified pre-axotomy. Impressively, we found that 8 h treatment with netrin-1 was sufficient to normalize spine density to pre-injury levels (**Figure 8c,d**). Further, exogenous netrin-1 increased the total number of FM puncta at 48 h post-injury to levels found in the uninjured control (**Figure 8e**). We also observed that application of netrin-1 for 8 h was sufficient to normalize injury-induced changes in the percentage of responsive puncta (**Figure 8f**). Further, netrin-1 treatment specifically led to the normalization of the number of vGAT puncta per neuron area without significantly altering the number of responsive or glutamatergic terminals, vGLUT puncta (**Figure 8g,h**). Together, our data suggests a novel role for netrin-1 in enhancing spine density, reducing injury-induced presynaptic hyper-excitability, and restoring the excitatory/inhibitory balance.

Discussion

We developed a model system to study the cellular mechanisms of synaptic remodeling following axon injury in long projection pyramidal neurons. Importantly, this *in vitro* model system recapitulates hallmarks of neurons subjected to axonal injury *in vivo*. These common hallmarks include chromatolysis^{6, 19}, retrograde spine loss^{4, 20, 21}, retrograde hyper-excitability¹⁻³, and disinhibition^{2, 9, 10}. In addition, axotomy-induced transcriptional changes in this *in vitro* model are consistent with *in vivo* findings^{7, 18}. This *in vitro* model system provides a unique tool to examine axotomy-induced retrograde signaling intrinsic to neurons and the resulting effects to interneuronal communication because of the simplified cellular environment and unprecedented access to neurons for both measurements and manipulations. Our study shows for the first time how changes in intrinsic properties of injured neurons influence presynaptic excitability across cells. This highly reliable *in vitro* system will likely be of great benefit for both basic research and drug discovery.

Our data show that synapses formed specifically onto directly-injured neurons have altered neurotransmitter release properties. Synapses onto uninjured neurons did not have such defects, suggesting that the trans-synaptic enhancement in excitability is localized at synapses forming onto injured-neuron during this time. Localized dendritic activity and activity-driven release of secreted proteins (e.g., BDNF, NT-3 and NT-4) from dendrites can trans-synaptically regulate neurotransmitter release^{40, 41}. While the mechanisms that locally modulate neurotransmitter release remain unknown, netrin-1 signaling presents at least one potential route. Netrin-1 is secreted locally from target cells and signals DCC receptors that are present along axons³⁶, to influence presynaptic

terminal formation and maturation^{42, 43}. Consistent with our findings, netrin family members were downregulated *in vivo* following spinal cord injury in adult rats^{44, 45} and DCC remained persistently low after 7 months post-injury in adult rats⁴⁴. Netrin-1 has also been tested as a potential therapeutic agent following injury and has been shown to improve recovery outcomes⁴⁶⁻⁴⁸. Our results suggest, for the first time, that netrin-1 may play a critical role in regulating inhibition loss following injury.

We found a significant reduction in the fraction of inhibitory terminals onto injured neurons 48h post-axotomy. This data together with the persistent loss in spine density post-axotomy, lead us to hypothesize that axotomy induces a specific loss of inhibited spines. Our data showed this was indeed the case. This finding is significant because it suggests a new role for the often-ignored inhibitory spines (~10% of spines in our cultures)^{31, 32}. It also suggests that excitatory inputs are spared at least for some time following axotomy. Specific loss of inhibitory and not excitatory terminals suggests that retracted excitatory inputs could form new connections while inhibitory ones disappear early after axotomy. It is also possible that large head dendritic spines could receive multiple excitatory inputs suggesting that these terminals are stable and could find new partners over time after injury.

Our results showing down-regulation of netrin-1 post-axotomy are consistent with *in vivo* findings following spinal cord injury⁴⁴. Netrin-1 is known to enhance presynaptic terminal formation and maturation^{42, 43}, thus the loss of netrin-1 following distal injury may have an opposite effect, causing presynaptic terminals to become more functionally immature. Our data supports this conclusion, as we found that presynaptic inputs onto injured pyramidal neurons exhibited a reduced recycling synaptic vesicle pool size and

increased release rate, both associated with immature terminals^{49, 50}. Further, we found that application of exogenous netrin-1 normalizes the injury induced decrease in synaptic levels of DCC and the immature-like hyper-excitability (**Figure 8**). Since netrin-1 and DCC are enriched at glutamatergic synapses within the mature mammalian brain³⁵, these results point to netrin-1 as a promising therapeutic target to address excitability post-injury. Other trans-synaptic signaling targets (**Figure 7b**) may also influence intrinsic neuronal excitability following brain injury and stroke. Our microfluidics-based model system provides a scalable platform to examine the influence of these and other targets on synaptic remodeling of pyramidal neurons following distal injury.

Materials and Methods

Materials and Methods

Hippocampal cultures. Dissociated hippocampal cultures were prepared from Sprague Dawley rat embryos (E18-E19) as previously described^{14, 22} with the following modifications. Hippocampal tissue was dissected in dissociation media (DM) containing 82 mM Na₂SO₄, 30 mM K₂SO₄, 5.8 mM MgCl₂, 0.25 mM CaCl₂, 1 mM HEPES, 20 mM Glucose and 0.001% Phenol red. For enzymatic digestion, equal volumes of TrypLE Express (Invitrogen) and DM were added to the tissue and incubated at 37°C for 8 min. Tissue was then rinsed and gently triturated in neuronal culture media consisting of Neurobasal media (Invitrogen) supplemented with 1x B27 (Invitrogen), 1x Antibiotic-antimycotic (Invitrogen), 1x Glutamax (Invitrogen). Dissociated cells were resuspended in neuronal culture media to yield 12x10⁶ cells per ml.

Microfluidic chambers. Poly(dimethylsiloxane) (PDMS) microfluidic chambers were replica molded from microfabricated master molds as described previously¹⁴. All experiments used chambers with 900 µm long microgrooves to separate the somatodendritic and axonal compartments as described previously^{13, 14, 22}. Microfluidic chambers were placed onto glass coverslips coated with 500-550 kDa Poly-D-Lysine (BD Biosciences). Approximately ~90,000 cells were plated into the somatodendritic compartment and axons extended into the adjacent axonal compartment after 5-7 days of culture. Axotomy was performed at 13 days in vitro (DIV) as described previously^{13, 14}.

Retrograde labeling. Retrograde labeling was performed using either modified cholera toxin or rabies virus. Cholera Toxin Subunit B Alexa Fluor 488 or 568 (Life technologies, Molecular Probes; 1 µg in 200µl of neuronal culture media) was added to the axonal compartment of the microfluidic chamber and incubated for ~ 15h at 37°C. After 15h of incubation, the axonal compartment media was removed, rinsed and replaced using fresh neuronal culture media before performing axotomy or imaging.

G-deleted Rabies-mCherry or GFP virus⁵¹ (Salk Institute; 1x10⁵ viral units) in 50 µl- conditioned media was added to the axonal compartment of each chamber and incubated for 2h at 37°C. Conditioned media was added back to the axonal compartments following two washes with fresh NBE media. Chambers were maintained in 37°C incubator for ~48 h until fluorescence expression was visible.

Cell viability assay. Dead cells were labeled using SYTOX Green (Invitrogen) at a final concentration of 1 µM and all cell nuclei were labeled with NucBlue Hoechst

Stain (Invitrogen). Cells were incubated with SYTOX/Hoechst solution simultaneously in 1x PBS for 5 min at 37°C, washed with PBS, and fixed with 4% paraformaldehyde (PFA) in PBS containing 40mg/ml sucrose, 1 μ M MgCl₂ and 0.1 μ M CaCl₂ for 15 min at room temperature (RT). Coverslips were then rinsed three times with PBS and mounted onto the glass slide using Fluoromount G (Southern Biotech). SYTOX positive (Sytox⁺) cells were manually counted in ImageJ using sum projected z-stack confocal images. Percent cell viability is calculated using $[(\text{Sytox}^+ - \text{Hoechst}) / \text{Hoechst}] * 100$.

Nissl Staining. Neuronal cultures retrogradely labeled with Cholera Toxin were either axotomized or left uninjured. PDMS chambers were carefully lifted off from PDL coated coverslips 24 h post-axotomy. Cultures on the coverslips were quickly rinsed twice with PBS, fixed with 4% PFA for 30 min at RT, washed twice in PBS, and incubated in 0.1% Triton X-100/PBS for 10 min at RT. Cultures were incubated for 20 min in NeuroTrace 500/525 Green Fluorescent Nissl Stain (1:100; Invitrogen) and washed for 10 min in 0.1% Triton X-100/PBS. Cell nuclei were stained with DAPI (Sigma-Aldrich), rinsed three times in PBS, and then the coverslip was mounted onto a microscope slide using Fluoromount G.

Immunocytochemistry. PFA fixed neuronal cultures were permeabilized in 0.25% Triton X-100 and blocked in 10% normal goat serum for 15 min each. Coverslips were incubated with anti-MAP2 (1:1000; Millipore), anti-beta tubulin III (1:2000; Aves), anti-GAD67 (1:2000; Aves labs, GAD), anti-vGLUT1 (1:100; NeuroMab), anti-vGAT (1:1000; Synaptic Systems), anti-DCC (1:100; Calbiochem), or anti-synapsin1 (1:500;

Calbiochem) primary antibodies in 1% blocking solution for overnight at 4°C. Coverslips were then incubated with goat anti-rabbit or goat anti-mouse or anti-chicken secondary antibodies conjugated to Alexa-fluorophores (1:1000; Invitrogen) for 1h at RT. Following PBS washes coverslips were mounted onto the glass slide.

RNA isolation. Total RNA from each of 3 axotomized devices and 3 sham manipulated devices (6 total samples) was isolated from the somatodendritic compartment of DIV14 cultures, 24 h after manipulation, using the RNeasy-Micro Kit (Ambion) according to the manufactures instructions including DNase treatment, with modifications specific to accessing the microfluidic compartment¹³. Briefly, 50 µl lysis solution was added to one somatodendritic well and collected from the other somatodendritic well. Lysate was added to 50 µl of fresh lysis solution and mixed well by careful pipetting. Further RNA purification steps were performed according to the manufacturer's guidelines. Samples were maintained at -80°C until prepared for microarray gene expression.

Microarray analysis. Quantification of RNA integrity and concentration was confirmed with an Agilent TapeStation 2200 at the UNC Lineberger Comprehensive Cancer Center Genomics Core. Microarrays were processed at the UNC School of Medicine Functional Genomics Core using the Affymetrix GeneChip WT Plus Reagent Kit for cRNA amplification, cDNA synthesis, fragmenting and labeling. Samples were hybridized to Rat Gene 2.0 ST Arrays (Affymetrix). Data analysis was performed with Affymetrix Expression Console software and Affymetrix Transcriptome Analysis

Console v2.0 software to compare axotomized cultures to uninjured control samples using one-way between-subject ANOVA of normalized intensities. We defined our list of significantly changed transcripts as having a fold change absolute value ≥ 1.1 and an ANOVA p-value < 0.05 . To further identified cell-cell adhesion transcripts by searching for the biological process gene ontology category ‘cell-cell adhesion’. Fold-change was calculated by dividing the mean \log_2 intensity value of the uninjured control by the mean \log_2 intensity value of the axotomized culture samples. The microarray data will be submitted to GEO and accession numbers will be provided at the time of publication.

Image acquisition and dendritic spine analysis. High-resolution z-stack montages of mCherry or GFP labeled live neurons were captured using Zeiss LSM 780 (63x 1.4 NA or 40x 1.4 NA oil immersion objective). Fluorescently labeled fixed neurons (**Figure 2- figure supplement 2**) were captured using Olympus IX81 microscope (60x 1.3 NA silicon oil immersion objective). To track axotomy induced changes, mCherry labeled 24 h post-axotomy cultures and those uninjured were fixed with 4%PFA for 30 min RT. Dendrite and spine measurements from montages of fixed (**Figure 2- figure supplement 2**) or live neurons were analyzed as described below. In live imaging, we captured “0 h or before axotomy” confocal z-stack images using a 40x and 63x objective to create montages of neurons extending axons into the axonal compartment. Axotomy was performed on the same day after acquiring these images. Images were acquired from same neuron 24 h post-axotomy. In some cases, images were also acquired from same neurons at 48 h post-axotomy (Figure1, 2 and 8). Calibrated z-stack montages were analyzed for all dendrite and spine parameters. Dendrites were traced

using semiautomatic neurite tracing tool, Neuron J^{52, 53}. Dendrites greater than 10 μm in length were used in the analysis and were quantified for total dendrite length and number of branch points (total number of dendrites - number of primary dendrites). Number of spines on all primary dendrites of each neuron were manually labeled and categorized as thin, stubby or mushroom shaped based on each spine's head to neck diameter ratio (neck ratio) and length to head diameter ratio using Neuron studio⁵⁴. Spine density was calculated for 10 μm length of dendrite as $[(\# \text{ of spines} / \text{dendrite length}) * 10]$.

FM dye experiments and analysis. Cultures in microfluidic chambers at 24 h (14DIV), 48 h (15DIV), and 4d (17DIV) post-axotomy were loaded with lipophilic dye FM[®] 5-95 (Invitrogen) using KCl mediated depolarization as described previously²². Briefly, culture were first incubated for 30 min with pre-warmed HEPES-buffered solution (HBS; 119 mM NaCl, 5 mM KCl, 2 mM CaCl_2 , 2 mM MgCl_2 , 30 mM glucose, 10 mM HEPES). Media was then replaced with FM dye loading solution containing 10 μM FM 5-95, 20 μM AMPAR antagonist 6-cyano-7-nitroquinoxaline-2,3-dione disodium (CNQX; Tocris), 50 μM NMDAR antagonist D-(-)-2-amino-5-phosphonopentanoic acid (D-AP5; Tocris) in 90 mM KCl HBS for 1 min. The loading solution was replaced with HBS containing 10 μM FM 5-95 for 1 min and later rinsed three times with a high- Mg^{2+} , low- Ca^{2+} solution (106 mM NaCl, 5 mM KCl, 0.5 mM CaCl_2 , 10 mM MgCl_2 , 30 mM glucose, 10 mM HEPES) containing 1 mM Advasep-7 (Biotium) to remove extracellular membrane-bound FM. Finally, cultures were washed in HBS containing 20 μM CNQX and 50 μM D-AP5 for at least three times, 1 min each. Next, we stimulated the microfluidic chambers using extracellular electrodes by placing a

positive and negative electrode in each well of the somatic compartment.

Electrical stimulation was provided by an AD Instrument 2 Channel Stimulus Generator (STG4002) in current mode with an asymmetric waveform (-480 μ A for 1 ms and +1600 μ A for 0.3 ms) for \sim 1 min at 20 hz for 600 pulses. The FM 5-95 imaging was performed as described previously²². Z-stacks (31 slices) were captured every 15s during the baseline (1 min), stimulation (1 min), and after stimulation (2 min) periods. This stimulation pattern was optimized for efficient FM unloading within these microfluidic chambers and the frequency is greater than typically used in open well dishes. At least 3 baseline images were acquired before electrical stimulation. Sum projected confocal z-stack were converted to 8-bit images and registered using TurboReg, an image J plugin. We background subtracted the image stack using the image 3 min after stimulation. The image stacks thresholded to a pixel value of 15. FM puncta between 2 to 50 (pixels²) were analyzed. We measured the intensity of each punctum in the whole field or specifically on GFP labeled neuron (**fig. 3a-c**) throughout all time-series (registered stack obtained by TurboReg, imageJ plugin). To analyze the unloading kinetics of FM puncta on GFP labeled neuron, we first thresholded the GFP image and then created an outline enclosing all the GFP labeled regions including spines. The outlined ROI was superimposed on the FM labeled image and the intensity of each punctum in the selected ROI (GFP outline) was measured throughout all time series. We normalized fluorescent intensity of each puncta to the frame before stimulation. Puncta with >5% unloading after 1 min were used in the analysis as unloaded puncta. Time constants were estimated by curve fitting unloading kinetics to a single exponential decay function²². Curve fitting was done in MATLAB. Number of FM puncta that unload >5%

after 60s were classified as responsive using image stacks that were not background subtracted; puncta that did not meet this criteria were classified as unresponsive.

In activity and transcription blocking experiments, the FM 5-95 unloading experiment was performed as mentioned above at 48 h post-axotomy. The intensity measurements of each punctum in the whole field and subsequent analysis of FM unloading kinetics was performed as mentioned above.

Drug treatments. Local activity blockade solution (ABS), which includes low- Ca^{2+} , high- Mg^{2+} , and TTX (0.5 mM CaCl_2 , 10 mM MgCl_2 , 1 μM TTX) was applied only to axonal compartment for 1 h during axotomy. ABS solution prevents influx of sodium and reduces calcium influx. 5,6-dichloro-1- β -D-ribofuranosyl-1H-benzimidazole (DRB; Sigma-Aldrich) was suspended in DMSO and applied to the somal compartment at a final concentration of 80 μM for 1 h during axotomy. Tetrodotoxin citrate (TTX; Tocris Bioscience) was suspended in HBS and applied to the somal compartment at a final concentration of 1 μM for 1 h during axotomy. Exogenous netrin-1 was applied to the somal compartment after 1 $\frac{1}{2}$ day of axotomy, when spine changes are predominantly noticed, at a final concentration of 625ng/ml for 8-10 h. For DCC function blocking experiment, anti-DCC and isotype control (IgG) was applied to the somal compartment of uninjured cell at a final concentration of 1 $\mu\text{g/ml}$ for 24 h.

Microscopy. FM and fixed imaging was performed using CSU-X1 spinning disk confocal imaging unit configured for an Olympus IX81 microscope (Andor Revolution XD). Live imaging of neurons for spine analysis was captured using Zeiss LSM 780 (63x 1.4 NA or 40x 1.4 NA oil immersion objective) microscope located in UNC

Neuroscience Imaging core.

Whole-Cell Electrophysiology. For whole-cell recordings, neurons were visually identified with infrared differential interference contrast optics. Cells were recorded in voltage-clamp configuration with a patch clamp amplifier (Multiclamp 700A), and data were acquired and analyzed using pCLAMP 10 software (Molecular Devices). Patch pipettes were pulled from thick-walled borosilicate glass with open tip resistances of 2–7 MΩ. Series and input resistances were monitored throughout the experiments by measuring the response to a –5-mV step at the beginning of each sweep. Series resistance was calculated using the capacitive transient at the onset of the step and input resistance was calculated from the steady-state current during the step. Recordings were sampled at 10 kHz and bessel filtered at 2 kHz. No series resistance compensation was applied.

Prior to recording, microfluidic chambers and PDMS molds were removed and the glass coverslips containing cells were mounted onto a submersion chamber, maintained at 32° C. Cultures were perfused at 2 mL/min with artificial cerebrospinal fluid (ACSF) containing 124 mM NaCl, 3 mM KCl, 1.25 mM Na₂PO₄, 26 mM NaHCO₃, 1 mM MgCl₂, 2 mM CaCl₂ and 20 mM d-(+)-glucose, saturated with 95% O₂, 5% CO₂. To determine if recorded neurons' axons entered the microfluidic chamber, 0.035 mM Alexa-594 was included in all internal solutions to allow for post-hoc visualization of neuronal morphology.

Events with a rapid rise time and exponential decay were identified as mEPSCs or mIPSCs respectively using an automatic detection template in pCLAMP 10, based on

previously published methods⁵⁵. mEPSC events were post-hoc filtered to only include events with a peak amplitude ≥ 5 pA and a ≤ 3 ms 10-90% rise time. Mean mEPSC parameters were quantified from a 10 min recording period and mIPSC parameters were sampled from a 5 min recording period. Neurons were excluded from analysis if R_{series} was > 25 M Ω during anytime during the recording.

mEPSCs Recordings. mEPSC recordings were performed similar to previously described⁵⁶. AMPAR-mediated mEPSCs were isolated by voltage-clamping neurons at -70 mV and by supplementing the ACSF with TTX citrate (1 μ M, Abcam), the GABA (A) receptor antagonist picrotoxin (50 μ M, Sigma-aldrich), and the NMDA receptor antagonist D, L-2-amino-5 phosphonopentanoic acid (100 μ M, AP5, Abcam). The internal solution contained: 100 mM CsCH₃SO₃, 15 mM CsCl, 2.5 mM MgCl₂, 5 mM QX-314-Cl, 5 mM tetra-Cs-BAPTA, 10 mM HEPES, 4 mM Mg-ATP, 0.3 mM Na-GTP, and 0.5% (w/v) neurobiotin with pH adjusted to 7.25 with 1 M CsOH and osmolarity adjusted to ~295 mOsm with sucrose.

mIPSC recordings. mIPSCs were isolated by supplementing the ACSF with TTX citrate (1 μ M), the NMDA receptor antagonist AP5 (100 μ M), and the AMPA/Kainate receptor antagonist 6,7-dinitroquinoxaline-2,3-dione (20 μ M, DNQX, dissolved in DMSO for a final concentration of 1% v/v DMSO in ACSF, Abcam). For mIPSC recordings, the pipette solution contained a relatively lower chloride concentration, similar to intracellular chloride concentrations that are present in more mature neurons⁵⁷. This pipette solution contained, 110 mM CsCH₃SO₃, 2.5 mM MgCl₂, 5 mM QX-314-Cl,

5 mM tetra-Cs-BAPTA, 10 mM HEPES, 4 mM Mg-ATP, 0.3 mM Na-GTP, and 0.5% (w/v) neurobiotin with pH adjusted to 7.28 with 1 M CsOH and a 300 mOsm osmolarity. Following break-in, neurons were first voltage-clamped at -70 mV for at least three minutes to allow dialysis with pipette solution, after which the voltage was gradually changed to 0 mV, where it was maintained for duration of the recording.

SCI injury and in vivo electrophysiology. Nineteen adult male, Fischer-344 inbred rats (Harlan Laboratories, Indianapolis, IN) were selected for this study. A total of 14 rats received a contusion injury in the thoracic cord at level T9–T10, whereas 5 rats were randomly selected as uninjured controls. After a minimum of 4 weeks following SCI, intracortical microstimulation (ICMS) and single-unit recording techniques were used in the hindlimb motor area (HLA) to determine movements evoked by ICMS and spike rates. The protocol was approved by the University of Kansas Medical Center Institutional Animal Care and Use Committee.

Spinal cord surgeries were performed under ketamine hydrochloride (80 mg/kg)/xylazine (7 mg/kg) anesthesia and aseptic conditions. Each of the SCI rats underwent a T9–T10 laminectomy and contusion injury using an Infinite Horizon spinal cord impactor (Precision Systems and Instrumentation, LLC, Fairfax Station, VA) with a 200 Kdyn impact. At the conclusion of surgery, 0.25% bupivacaine hydrochloride was applied locally to the incision site. Buprenex (0.01mg/kg, SC) was injected immediately after surgery and 1 day later. On the first week after surgery, the rats received daily injections of 30,000U penicillin in 5mL saline. Bladders were expressed twice daily until the animals recovered urinary reflexes.

Post-SCI surgical and neurophysiological procedures were conducted under aseptic conditions 4 to 18 weeks post-SCI. At the time of these procedures, ages ranged from 4.5 to 7.5 months. After an initial, stable anesthetic state was reached using isoflurane anesthesia, isoflurane was withdrawn and the first dose of ketamine hydrochloride (100 mg/kg)/xylazine (5 mg/kg) was administered. The rats were placed in a Kopf small-animal stereotaxic instrument and a craniectomy was performed over the motor cortex. The dura was incised and the opening filled with warm, medical grade, sterile silicone oil. Core temperature was maintained within normal physiological limits using a feedback-controlled heating pad during the entire procedure. A stable anesthetic level was assessed by monitoring the respiratory and heart rate, and reflexes to noxious stimuli.

In each rat, neuronal recordings were begun at ~3 h after initiation of the procedure. Neuronal action potentials (single-units or spikes) were recorded with a single-shank, 16-channel Michigan-style linear microelectrode probe (Neuronexus, Ann Arbor, MI). A total of 15 channels were active in each procedure. The tip of the probe was lowered to a depth of 1720 μm below the cortical surface, allowing accurate determination of depth for each recording site. Because no hindlimb responses were evoked using ICMS in SCI rats, the location of HLA in SCI rats was determined by the stereotaxic coordinates derived in normal rats in a previous study (centered at 2mm posterior and 2.64mm lateral to bregma). At each cortical location, electrical activity was collected and digitized for 5 min from each of the 15 active sites using neurophysiological recording and analysis equipment (Tucker Davis Technologies, Alachua, FL). Neural spikes were discriminated using principle component analysis.

Sample waveforms (1.3 msec in duration) were collected that passed 5.5 X SD below root mean square (RMS). After each experiment, the probe was cleaned with Opti-Free solution (Alcon Laboratories, Fort Worth, TX), followed by ethanol and then rinsed thoroughly in distilled water. The electrode impedance of each site remained at 0.9M Ω for each experiment. At the end of the recording session, rats were humanely euthanized with an overdose of sodium pentobarbital.

Statistics. Graphpad prism 6 statistical program was used. For calculating significance on spine density in live imaging data, paired two-tailed t-test was performed. Unpaired two-tailed t-test was performed when comparing two independent groups. For FM unloading experiments and for comparing multiple groups, Two-way ANOVA and One-way ANOVA were used respectively followed by Bonferroni post-hoc test. For patch-clamp electrophysiology experiments, unpaired two-tailed t-tests or unpaired two-tailed t-tests with Welch's correction were performed to compare two groups. For *in vivo* experiments, hypotheses regarding spike firing rates were tested independently in each cortical layer (Va, Vb and VI) using a two-tailed t-test, ($\alpha = 0.05$).

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- 759 **Acknowledgements:** We thank Stephanie Gupton for netrin-1, Kelly Carstens for
- 760 preliminary gene expression work, and Cassie Meeker for technical support. We thank
- 761 Richard Segal (MUSC), Julius Dewald (RIC) and Taylor lab members for their advice
- 762 and discussions. **Funding:** A.M.T. acknowledges support from the Eunice Kennedy
- 763 Shriver NICHD (K12 HD073945), NIMH (R42 MH097377), and an Alfred P. Sloan
- 764 Research Fellowship. We acknowledge funding from a neuroscience center grant P30
- 765 NS045892. R.S.L was supported by NRSA predoctoral fellowship F31 MH091817 and
- 766 the UNC Department of Cell Biology and Physiology's Dr. Susan Fellner fellowship.

R.L.B. was supported in part by a grant from the National Institute of General Medical Sciences under award 5T32 GM007092. **Author contributions:** T.N. designed and performed experiments and wrote the manuscript. R.S.L. designed and performed electrophysiology experiments. R.L.B. designed and performed experiments.. S.B.F. performed experiments. B.D.P. designed experiments. R.J.N. designed and performed experiments. A.M.T. designed experiments and wrote the manuscript. **Competing financial interests:** Yes there is potential competing interest. A.M.T. is an inventor of the microfluidic chambers (US 7419822 B2) and has financial interest in Xona Microfluidics, LLC. T.N., R.L.B., R.S.L., R.J.N. and B.D.P. declare no competing financial interests.

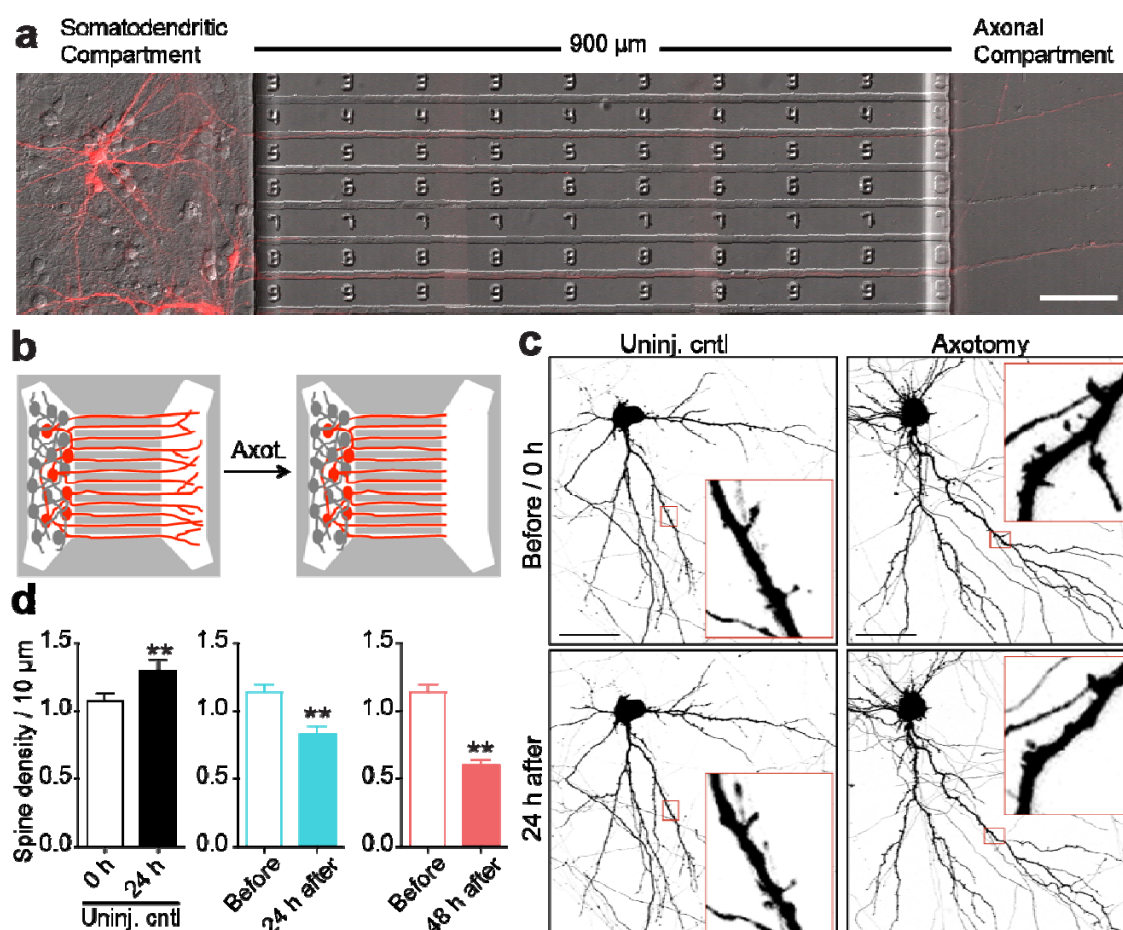


Figure 1: Distal axotomy of pyramidal neurons within microfluidic chambers induced dendritic spine loss on axotomized neurons. (a) 14 DIV rat hippocampal neurons cultured within a microfluidic chamber. Pyramidal neurons were retrogradely labeled using a G-deleted rabies mCherry virus added exclusively to the axonal compartment. (b) Cartoon illustration of *in vitro* axotomy (Axot.) within microfluidic chambers which axotomized a subset of neurons (red) that extended their axons through the microgrooves. Axons of uninjured neurons (grey) were housed within the somatodendritic compartment. (c) Representative images of neurons and dendritic segments, retrogradely labeled with G-deleted rabies-mCherry virus (inverted), from repeated live imaging of uninjured control (Uninj. cntl) and axotomized neurons at 0 h or

789 before axotomy and 24 h after. Image and inset scale bars, 50 and 5 μm , respectively.
790 Paired two-tailed t-test, $**p \leq 0.001$; 20 primary dendritic process were analyzed from 5
791 individual neurons over two-independent experiments. Error bars, SEM.
792

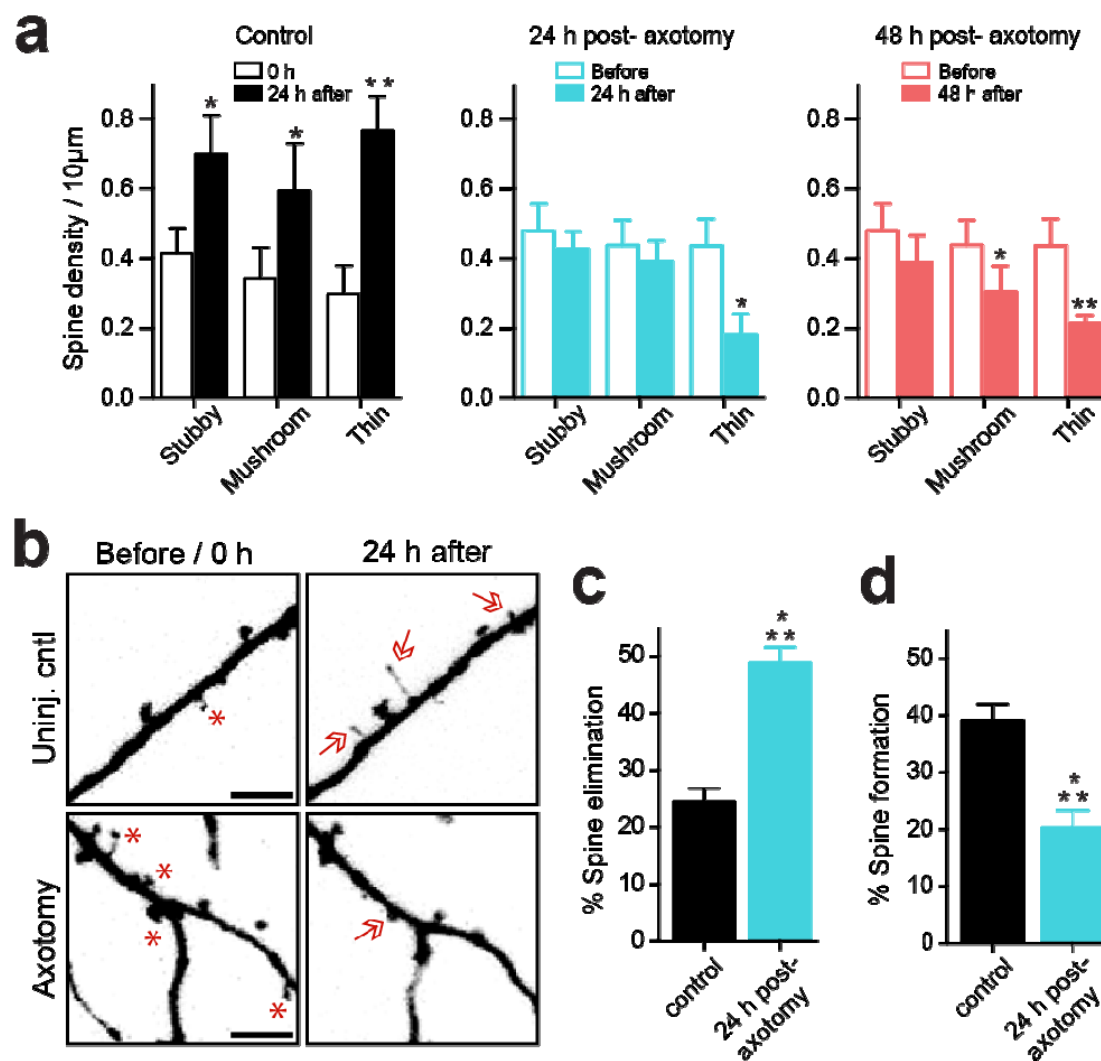


Figure 2: Axotomy increased the elimination of dendritic spines, reduced new spine formation, and led to the preferential absence of thin spines. (a) Distribution of spine categories in live uninjured controls (before: black open bars; 24 h after: black solid bars), 24 h post-axotomy (before; blue open bars; 24 h after: blue solid bars) and 48 h post-axotomy (before; red open bars; 48 h after: red solid bars). Two-way ANOVA, Bonferroni post hoc test, * $p < 0.05$, ** $p < 0.01$. (b) Representative images of dendritic segments from uninjured control and axotomized neurons at 0 h or before axotomy and 24 h after. Astericks indicate the spines eliminated overtime and arrows indicate

formation of new spines 24 h after axotomy. Scale bars, 5 μ m. Bar graphs represent percentage of spines that were eliminated (c) and newly formed (d) after 24 h in uninjured controls (Uninj. cntl) and 24 h post-axotomy. Two-tailed t-test, *** $p < 0.001$. (a,c, and d) These analyses represent 20 primary dendritic processes from 5 live neurons per condition over two independent experiments. The same trend was observed in each independent experiment. Error bars, SEM.

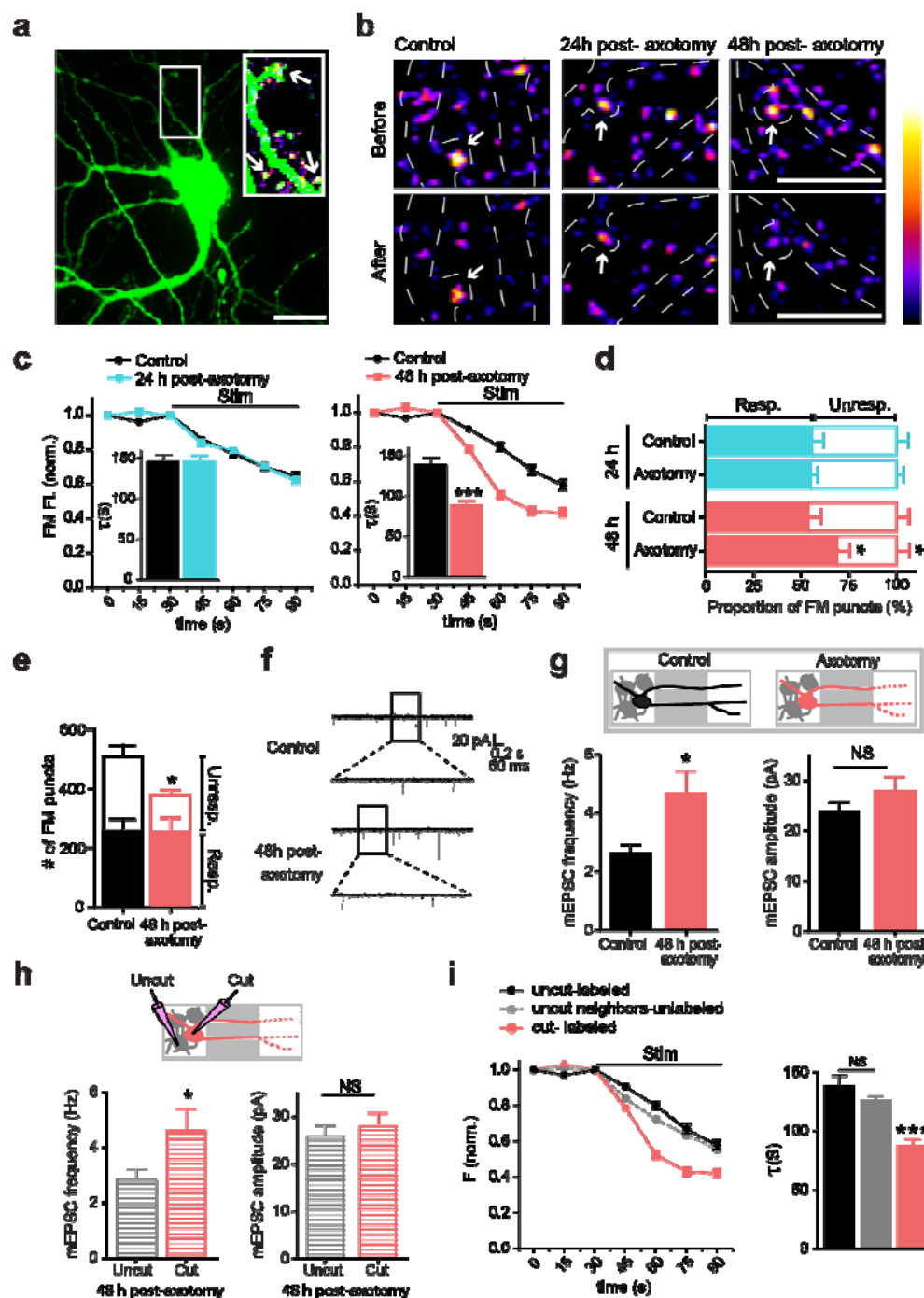


Figure 3: Distal axotomy induced a delayed trans-synaptic increase in presynaptic excitability onto axotomized neurons.

(a) Representative image of a neuron retrogradely labeled with a modified eGFP rabies virus within the somatodendritic compartment of a microfluidic chamber. Inset shows an

enlarged region demonstrating colocalization of FM puncta with eGFP-labeled dendrites and dendritic spines (arrows). FM puncta were visualized using the ImageJ ‘fire’ color look up table shown in (b). Scale bar, 20 μ m. (b) Representative images show FM puncta before and after field stimulation. Boundaries of eGFP labeled dendrites and spines are outlined as white dashed lines. Arrows in the before and after stimulation images indicate destaining of FM labeled puncta at dendritic spines. Scale bars, 10 μ m. (c) FM unloading curves from FM puncta colocalized onto GFP labeled neurons at 24 h post-axotomy (control, n=124 puncta combined from 3 chambers; axotomy, n=156 puncta combined from 3 chambers over two independent experiments) and 48 h post-axotomy (control, n=160 puncta combined from 3 chambers; axotomy, n=220 puncta combined from 3 chambers over 2 independent experiments). Two-way ANOVA, Bonferroni post hoc test, *** $p \leq 0.001$. Insert: decay time constant (τ) of FM puncta at 24 h and 48 h post-axotomy. Unpaired two-tailed t-test, *** $p < 0.001$. Data shown represent 2 independent experiments. (d) Percent responsive FM puncta and unresponsive FM puncta at 24 h (control, n=1,431; axotomy, n=1,602; data shown are from 2 independent experiments which includes a total of 4 chambers for each condition) and 48 h post-axotomy (control, n=3,452; axotomy, n=2,793; data shown is from 3 independent experiments to yield a combined 7 chambers for each condition). Asterisks indicate that the percentage of responsive and unresponsive puncta at 48 h post-axotomy is significantly different from control. Unpaired two-tailed t-test, * $p < 0.05$. (e) Total number of responsive and unresponsive FM puncta at 48 h post-axotomy (Resp: control, n=1,536; axotomy, n=1,522; Unresp: control, n=1,504; axotomy, n=742; data shown represents 3 independent experiments which combined included 6 chambers for each condition)

Unpaired two-tailed t-test, $*p < 0.05$. **(f)** Representative traces of mEPSC recordings 48 h post-axotomy. **(g)** Quantification of mEPSC frequency and amplitude at 48 h post-axotomy (control, $n=17$ neurons; axotomy, $n=20$ neurons). Data shown were combined from 4 independent experiments. Neurons from axotomized microfluidic devices had an increased mEPSC frequency compared to uninjured control devices (mEPSC frequency: unpaired two-tailed t-test with Welch's correction, $*p < 0.05$; mEPSC amplitude: unpaired two-tailed t-test, $p = 0.2$). Insert: Cartoon depicts recordings from either control neurons within uninjured chambers (g; black) or directly injured neurons within chambers subjected to axotomy (red). **(h)** Analysis of mEPSC frequency and amplitude from axotomy devices previously shown in (g) comparing neurons with axons that extended into the axonal compartment and were cut (cut, $n=10$ neurons), to neurons that did not extend axons into the compartment and were not cut (uncut, $n=10$ neurons). Axotomized neurons had increased mEPSC frequency compared to their uninjured neighbors from the same device (mEPSC frequency: unpaired two-tailed t-test with Welch's correction, $*p < 0.05$; mEPSC amplitude: unpaired two-tailed t-test, $p = 0.52$). Insert: Cartoon depicts recordings from either a directly injured neuron (h; red) or its neighboring uninjured neuron (grey). **(i)** FM unloading curves of neighboring uninjured neurons (uncut neighbors, $n=767$ puncta combined from 4 chambers) within axotomized chambers, identified by lack of eGFP labeling, were compared with uninjured control neurons (uncut) and axotomized neurons labeled with eGFP rabies virus at 48 h post-axotomy. Two-way ANOVA, Bonferroni post hoc test $***p < 0.001$. Decay time constant (τ) of FM puncta at 48 h post-axotomy. One-way ANOVA, Bonferroni post hoc test $***p < 0.001$. Data shown represent 2 independent experiments. Error bars, SEM.

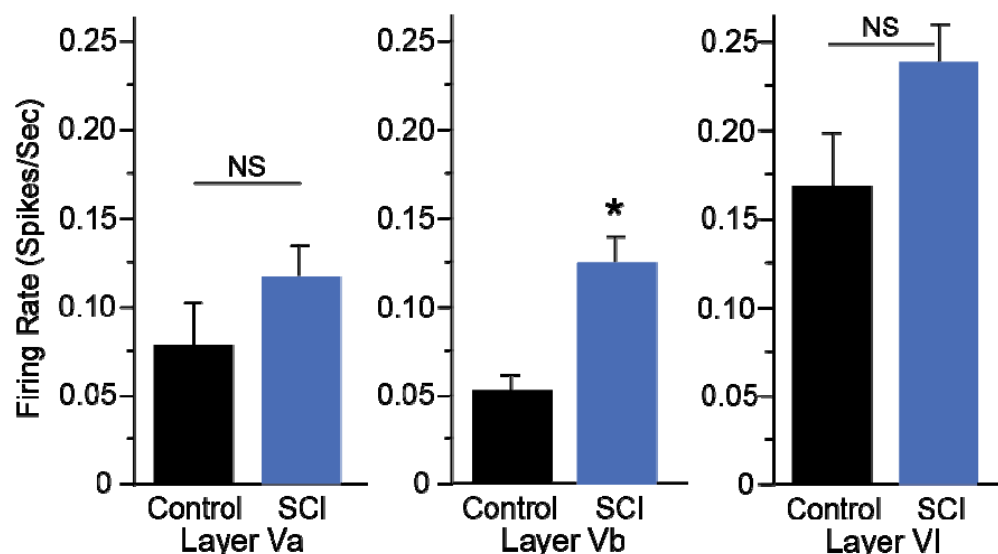


Figure 4: Spinal cord injury results in increased spontaneous single-unit firing rate in layer Vb of hindlimb cortex 4-18 weeks following injury.

Mean spontaneous firing rates of isolated single-units in layers Va, Vb and VI of the hindlimb motor cortex in control rats ($n = 5$) and rats with a spinal cord contusion at T9-10 ($n = 14$). Laminar estimates are based on the depths of electrode sites on a single-shank multi-electrode array relative to the cortical surface²⁵. In each rat, single-unit (spike) activity was sampled from 4 to 6 locations within the neurophysiologically-identified hindlimb motor cortex. Data represent the mean firing rates of 1,744 isolated units in Layers Va (control, $n=124$; SCI, $n=312$), Vb (control, $n=155$; SCI, $n=390$), and VI (control, $n=217$; SCI, $n=546$). Asterisk indicates that the firing rate of single-units in layer Vb of spinal cord injured rats is significantly higher compared to firing rates in control rats. Two-tailed t-test, $t=3.99$, $*p<0.0001$.

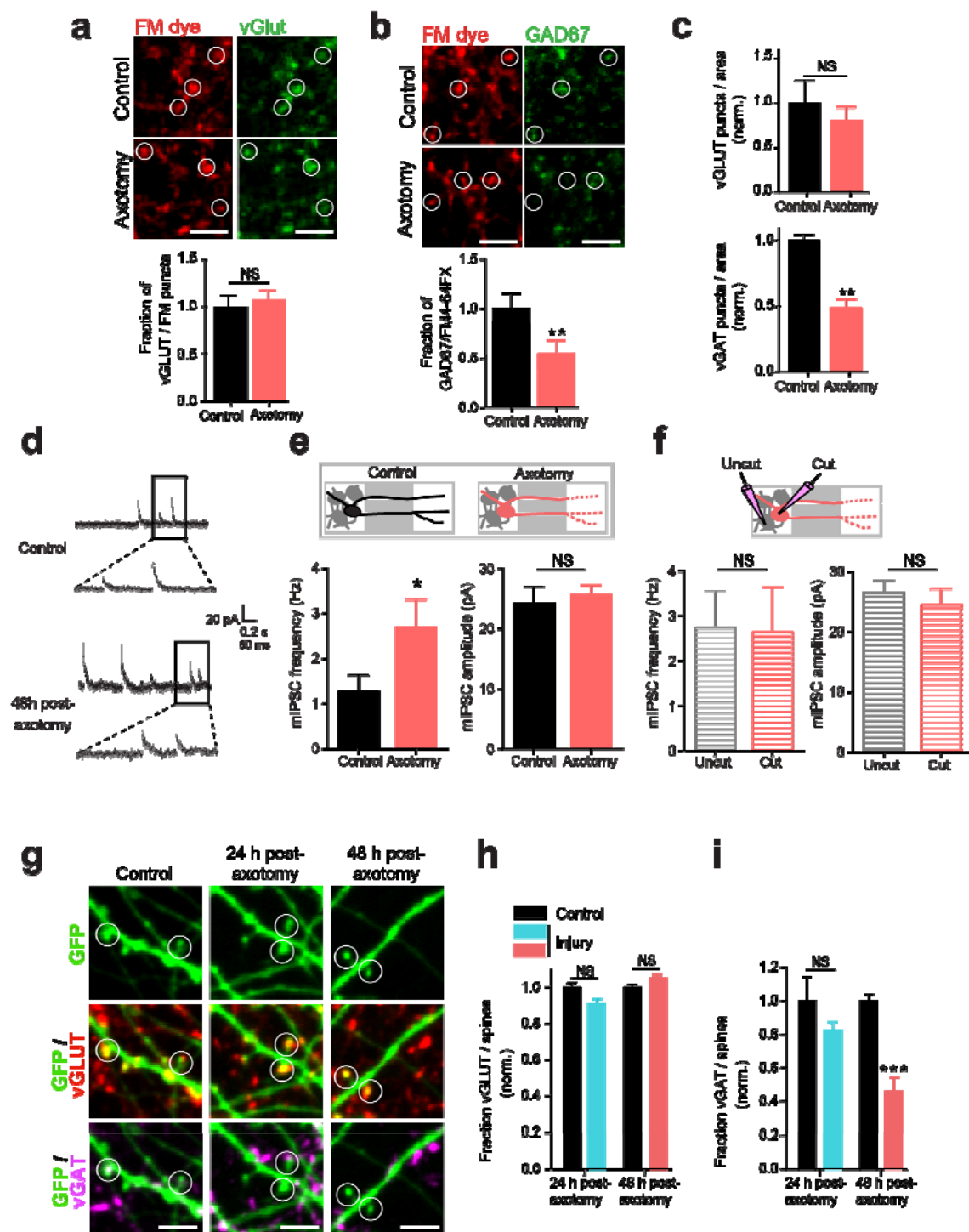


Figure 5: Distal axotomy induces culture-wide loss of inhibitory terminals, increased spontaneous GABAergic neurotransmission, and selective loss of inhibited spine synapses onto injured neurons.

877 **(a)** Representative images showing fixable FM4-64FX puncta (red) and vGlut (green)
878 labeling. White open circles highlight vGlut expression in FM labeled terminals. Scale
879 bars, 10 μ m. vGlut1 positive FM puncta at 48 h post-axotomy normalized to control. 10
880 individual fields were analyzed per condition. **(b)** Images showing fixable FM4-64FX
881 puncta (red) and GAD67 (green) labeling. White open circles highlight GAD67
882 expression levels in FM labeled terminals. Scale bars, 10 μ m. Fraction of GAD67-
883 positive FM puncta at 48 h post-axotomy normalized to control. 10 individual fields were
884 analyzed per condition. **(c)** Density of vGLUT1 and vGAT puncta in an area following
885 48 h post-axotomy, normalized to controls. N= 4 individual neurons were analyzed per
886 condition. (a-c) Unpaired two-tailed t-test, $**p < 0.01$. **(d)** Representative traces of
887 mIPSC recordings 48 h post-axotomy. **(e)** Quantification of mIPSC frequency and
888 amplitude at 48 h post-axotomy (control, n=9 neurons; axotomy, n=17 neurons). Neurons
889 from axotomized microfluidic devices have an increased mIPSC frequency compared to
890 uninjured control devices (mIPSC frequency: unpaired two-tailed t-test with Welch's
891 correction, $p = 0.05$; mIPSC amplitude: unpaired two-tailed t-test, $p = 0.62$). **(f)** Analysis
892 of mIPSC frequency and amplitude from axotomy devices previously shown in (e)
893 comparing neurons with axons that extended into the axonal compartment and were cut
894 (cut, n=8 neurons), to neurons that did not extend axons into the compartment and were
895 not cut (uncut, n=9 neurons). Axotomized neurons and their uninjured neighbors
896 from the same device have a similar mean mIPSC frequency and amplitude, suggesting
897 axotomy increases spontaneous GABAergic neurotransmission both at injured and
898 uninjured neighboring neurons (mIPSC frequency: unpaired two-tailed t-test, $p = 0.94$;
899 mIPSC amplitude: unpaired two-tailed t-test, $p = 0.51$). **(g)** Representative dendritic

segments (retrogradely labeled with GFP) showing spines that are labeled with either vGLUT (red) or vGAT (purple) antibodies. White open circles highlight dendritic spines with vGLUT and/or vGAT synapses. **(h)** Fraction of vGluT positive dendritic spines at 24 h and 48 h post-axotomy normalized to respective controls. **(i)** Fraction of vGAT positive dendritic spines at 24 h and 48 h post-axotomy normalized to respective controls. 8 individual fields were analyzed per condition from two independent experiments. The same trend was observed in each experiment. Scale bars, 5 μ m. Two-tailed t-test, *** $p \leq 0.001$. Error bars, SEM.

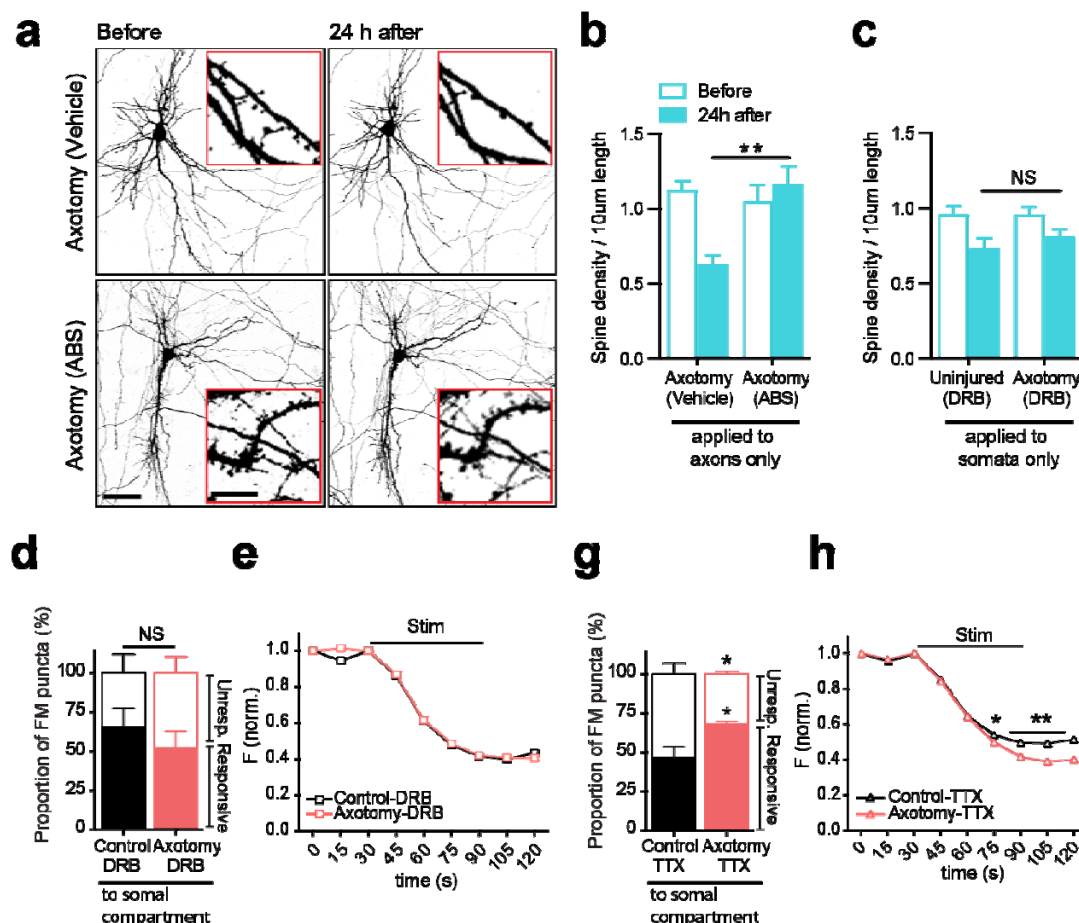


Figure 6: Injury-induced synaptic changes are triggered by retrograde propagation of injury signal from axon to soma and gene transcription.

(a) Representative images of neurons retrograde labeled with modified eGFP rabies virus (inverted grayscale) before and 24 h after axotomy in the presence of vehicle or local activity blockade solution (ABS) applied to axonal compartment for 1 h during axotomy. Axotomy and imaging were performed within microfluidic chambers. Inset shows zoomed in dendritic region. (b) Quantification of spine density results described in (a). (c) Quantification of spine density changes following application of transcription blocker (DRB) to the somatodendritic compartment for 1 h prior to and during injury. (c, d) Analyzed 20 primary dendritic process from 4 live neurons per condition over two

independent experiments. Repeated measure two-way ANOVA, Bonferroni post hoc test, $**p < 0.001$. (d) Percent of unloaded FM puncta (responsive) and unresponsive puncta at 48 h post-axotomy. Approximately 300 puncta were analyzed per chamber; 4 individual chambers were analyzed per condition over two independent experiments. Unpaired two-tailed t-test. (e) FM5-95 unloading following application of DRB. Approximately 200 puncta were analyzed per chamber; 4 individual chambers were analyzed per condition over two independent experiments. (f) Percent of unloaded FM puncta (responsive) and unresponsive puncta at 48 h post-axotomy following application of action potential blocker (TTX) to the somatodendritic compartment prior to and during injury. Approximately 400 puncta were analyzed per chamber; 4 individual chambers were analyzed for each condition over two independent experiments. Asterisks indicate that the percentage of responsive and unresponsive puncta is significantly different compared to control. Unpaired two-tailed t-test, $*p < 0.05$. (g) FM5-95 unloading curves following application of TTX. Approximately 200 puncta were analyzed per chamber; 4 individual chambers were analyzed for each condition over two independent experiments). The same trend was observed in each pair of experiments. Two-way ANOVA, Bonferroni post hoc test, $*p < 0.05$, $**p < 0.01$. Error bars, SEM.

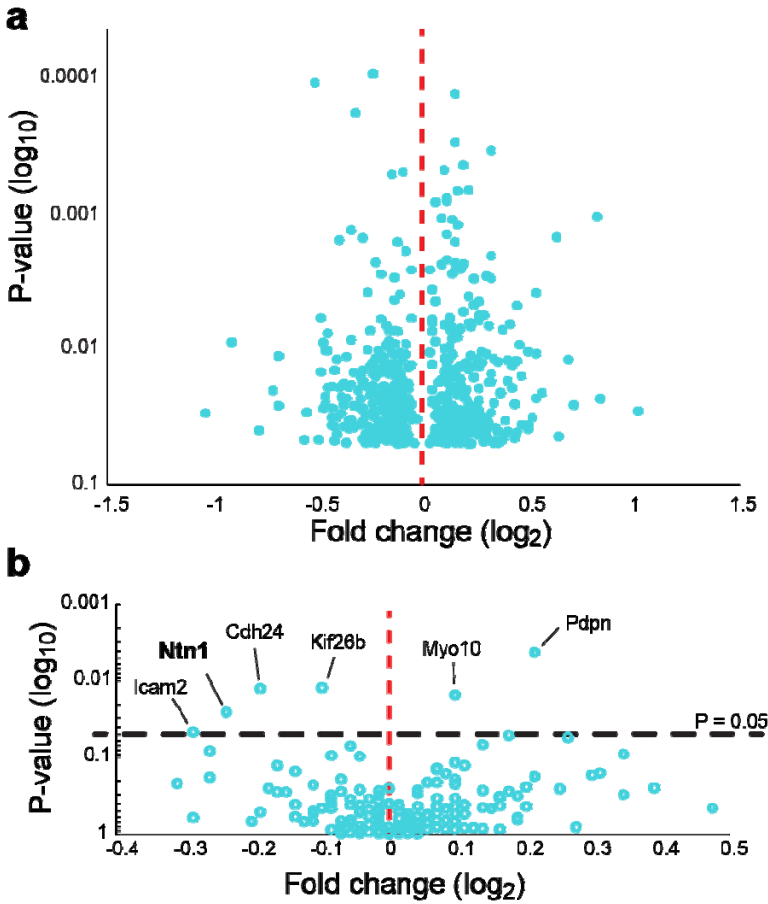


Figure 7: Cell-cell adhesion transcripts were differentially expressed within the somatodendritic compartment 24 h post-axotomy.

Microarray analysis was performed on somatodendritic samples of controls and 24 h post-axotomy cultures. (A) Volcano plot showing differentially expressed RNAs that are significantly changed at 24 h post-axotomy (p-value < 0.05; n = 3 individual chambers each condition; **Table supplement 2**). (B) Volcano plot showing differential expression of transcripts from Gene Ontology biological process category “cell-cell adhesion”. Only 6 transcripts are significantly changed in this category (**Table supplement 3**). One-way ANOVA, p-value < 0.05 represents the transcripts that are consistently changed in each of the three microarray datasets.

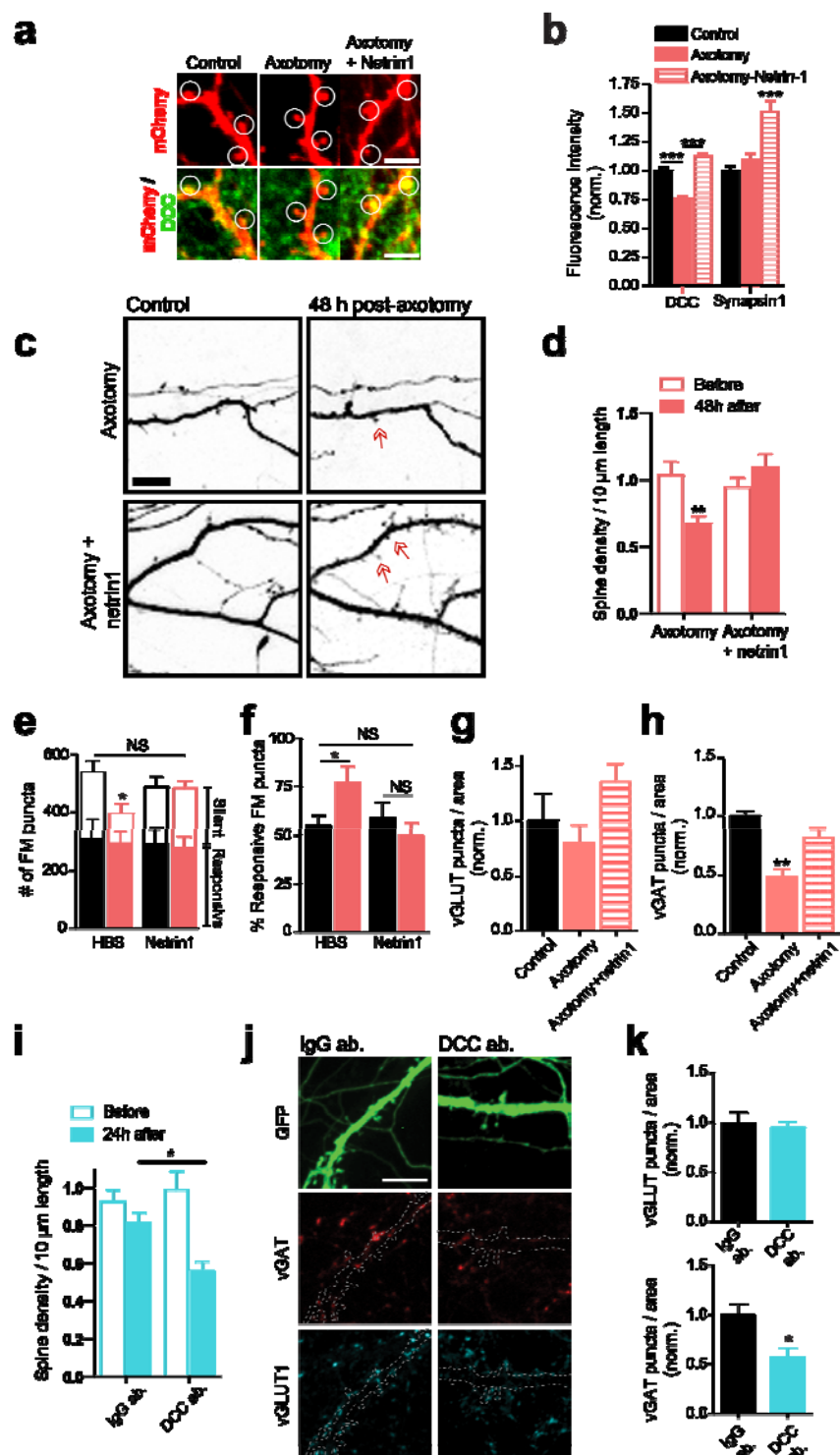


Figure 8: Exogenous netrin-1 rescues post and presynaptic changes following distal axotomy.

(a) Representative images of fixed dendritic segments, retrogradely labeled with G-deleted rabies-mCherry virus and immunostained with DCC antibody following exogenous netrin-1 treatment. Regions of interest (ROI's; white circles) show synaptic DCC levels at 48 h post-axotomy. Scale bar, 10 μ m. (b) Quantification of DCC fluorescence intensity at 48 h post-axotomy and in response to exogenous application of netrin-1 (control, n=185 ROIs; axotomy, n=165 ROIs; axotomy + netrin-1, n=100 ROIs). At least 4 individual chambers were analyzed per condition from two independent experiments. The same trend was observed in each independent experiment. Two-way ANOVA, Bonferroni post hoc test, ***p < 0.001. (c) Representative images of dendritic segments from before axotomy and 48 h after of an axotomized neuron treated with either vehicle (HBS) or netrin-1. Arrows indicate formation of new spines over 48 h period following axotomy. Scale bars, 10 μ m. (d) Change in spine density at 48 h post-axotomy and in response to exogenous application of netrin1. Repeated measure two-way ANOVA, Bonferroni post hoc test, ** p < 0.01. Analyzed 20 primary dendrites from 5 live neurons per condition over two independent experiments. (e) Average number of responsive and unresponsive FM puncta per field in response to exogenous application of netrin-1 48 h post-axotomy. Approximately 400 puncta were analyzed per chamber from 7 individual chambers for each condition. Data shown was from two independent experiments and a similar trend was observed in each these experiment. One-way ANOVA, Bonferroni post hoc test, *p < 0.05. Noticeably, injury decreased the number of unresponsive FM puncta that was normalized in response to exogenous application of netrin-1 48 h post-axotomy. (f) The percent of responsive FM puncta (unloaded puncta) following exogenous application of netrin-1 48 h post-axotomy. Two-tailed t-test, *p <

0.05. **(g)** Density vGLUT1 and **(h)** vGAT puncta in an area following exogenous netrin-1 application, normalized to vehicle (HBS) controls. N= 4 individual neurons were analyzed per condition. One-way ANOVA, Bonferroni post hoc test, $**p < 0.01$. **(i)** Quantification of spine density following 24 h application of either control antibody (IgG ab.) or DCC function blocking antibody (DCC ab.). Repeated measure two-way ANOVA, Bonferroni post hoc test, $*p < 0.05$. Analyzed 20 primary dendrites from 5 live neurons per condition over two independent experiments. **(j)** Representative images of fixed dendritic segments, retrogradely labeled with G-deleted rabies-mCherry virus and immunostained with vGLUT1 and vGAT antibody following 24 h application of either control antibody (IgG ab) or DCC function blocking antibody (DCC ab). Scale bar, 10 μ m. **(k)** Density of vGLUT1 and vGAT puncta in an area following 24 h application of either control antibody (IgG ab.) or DCC function blocking antibody (DCC ab.), normalized to vehicle (HBS) controls. N= 9 individual field per condition. Similar trend was observed in each of the two independent experiments. Unpaired two-tailed t-test, $*p < 0.05$. Error bars, SEM.

Supplemental figures and tables:

Figure supplement 1: Distal axotomy of pyramidal neurons induces dissolution of Nissl substance without affecting cell viability.

Figure supplement 2: Dendrites retract, show fewer branch points and spines 24 h post-axotomy compared to uninjured controls.

Figure supplement 3: FM puncta highly colocalizes with synapsin1 immunolabeling.

Figure supplement 4: FM unloading curves from somatodendritic compartments of microfluidic chambers without rabies virus infection

Figure supplement 5: RNA quality assessment and verification of microarray quality controls

Table supplement 1: Membrane properties of uninjured controls vs. axotomized neurons 48 h post-axotomy

Table supplement 2: List of transcripts that were significantly changed 24 h after injury.

Table supplement 3: Cell-cell adhesion transcripts changed 24 h after injury ($p < 0.1$)