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# Stress-inducible phosphoprotein 1 has unique cochaperone activity during development and regulates cellular response to ischemia *via* the prion protein

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**ABSTRACT** Stress-inducible phosphoprotein 1 (STI1) is part of the chaperone machinery, but it also functions as an extracellular ligand for the prion protein. However, the physiological relevance of these STI1 activities *in vivo* is unknown. Here, we show that in the absence of embryonic STI1, several Hsp90 client proteins are decreased by 50%, although Hsp90 levels are unaffected. Mutant STI1 mice showed increased caspase-3 activation and 50% impairment in cellular proliferation. Moreover, placental disruption and lack of cellular viability were linked to embryonic death by E10.5 in STI1-mutant mice. Rescue of embryonic lethality in these mutants, by transgenic expression of the *STI1* gene, supported a unique role for STI1 during embryonic development. The response of STI1 haploinsufficient mice to cellular stress seemed compromised, and mutant mice showed increased vulnerability to ischemic insult. At the cellular level, ischemia increased the secretion of STI1 from wild-type astrocytes by 3-fold,

whereas STI1 haploinsufficient mice secreted half as much STI1. Interesting, extracellular STI1 prevented ischemia-mediated neuronal death in a prion protein-dependent way. Our study reveals essential roles for intracellular and extracellular STI1 in cellular resilience.—Beraldo, F. H., Soares, I. N., Goncalves, D. F., Fan, J., Thomas, A. A., Santos, T. G., Mohammad, A. H., Roffe, M., Calder, M. D., Nikolova, S., Hajj, G. N., Guimaraes, A. N., Massensini, A. R., Welch, I., Betts, D. H., Gros, R., Drangova, M., Watson, A. J., Bartha, R., Prado, V. F., Martins, V. R., and Prado, M. A. M. Stress-inducible phosphoprotein 1 has unique cochaperone activity during development and regulates cellular response to ischemia *via* the prion protein. *FASEB J.* 27, 000–000 (2013). [www.fasebj.org](http://www.fasebj.org)

**Key Words:** Hsp90 • stroke • maternal-effect gene • Hsp70 • prion protein

THE CHAPERONES HEAT-SHOCK PROTEIN 90 and 70 (Hsp90 and Hsp70) cooperate to assist the folding and

Abbreviations: BAC, bacterial artificial chromosome; CM, conditioned medium; DIV, days *in vitro*; GRK2, G-protein-coupled receptor kinase 2; H&E, hematoxylin and eosin; HOP, heat-shock organizing protein; Hsp70, heat-shock protein 70; Hsp90, heat-shock protein 90; MCAO, middle cerebral artery occlusion; MEF, mouse embryonic fibroblast; micro-CT, micro-computed tomography; MRI, magnetic resonance imaging; OGD, oxygen and glucose deprivation; p53, protein 53; Piwi, P-element-induced wimpy testis; PrP<sup>C</sup>, prion protein; STAT3, signal transducer and activator of transcription 3; STI1, stress-inducible phosphoprotein I; *Stip1*, mouse stress-inducible phosphoprotein I; TPR, tetratricopeptide repeat

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stability of many client proteins that are critical for cellular homeostasis (1, 2). Cochaperones are thought to play important roles in assisting Hsp70 and Hsp90 (3). The cochaperone stress-inducible phosphoprotein 1 [STI1; or heat-shock organizing protein (Hop)] is thought to participate in different aspects of cellular function (4). The protein contains 3 tetratricopeptide repeat (TPR)-containing domains (TPR1, TPR2A, and TPR2B), which allows simultaneous binding to Hsp70 and Hsp90 (5). These observations led to the hypothesis that STI1 acts as an adaptor protein to transfer client substrates between Hsp70 and Hsp90. Indeed, STI1 can regulate the ATPase activity of Hsp90 to help drive the sequential steps of the chaperone machinery (6). Recent structural work suggests that STI1 can maintain Hsp90 in an open conformation to receive client proteins recruited by Hsp70 (7). STI1 may also function as a scaffolding protein, for example, by linking Hsp90 to P-element-induced wimpy testis (Pwi), a process that regulates phenotype canalization in *Drosophila* (8).

STI1, similar to heat-shock proteins (9, 10), can also be secreted by cells. The protein is secreted by astrocytes *via* microvesicles exerting extracellular effects on neurons and astrocytes (11–13). Extracellular STI1 can form a signaling complex with the prion protein (PrP<sup>C</sup>) in hippocampal neurons to activate cellular signaling by increasing intracellular calcium *via*  $\alpha 7$  nicotinic ACh receptors ( $\alpha 7$ nAChRs; ref. 14). In other types of neurons, STI1 can also increase intracellular Ca<sup>2+</sup> in a manner that is independent of  $\alpha 7$ nAChRs (15). STI1/PrP<sup>C</sup> engagement can protect hippocampal neurons against staurosporine-mediated cell death and also increase their differentiation (4, 16, 17).

Elimination of STI1 does not affect growth in yeast, unless in the presence of Hsp90 mutants (18). In *Caenorhabditis elegans*, lack of STI1 is not lethal, but it decreases life span and increases sensitivity to stress (19). A number of cochaperones containing TPR domains, similar to those in STI1, interact with the MEEVD motif of Hsp90 (5); hence, it is possible that other cochaperones could substitute for STI1. In mammals, the *in vivo* roles of STI1 are not understood. Here, we targeted STI1 in mice and found that this protein is expressed early during development. Embryonic STI1 deficiency impairs survival of mice, and we show that several Hsp90 client proteins are reduced in STI1 mutant mice, suggesting that multiple Hsp90 clients may be affected in the absence of STI1. Early embryonic death of STI1-mutant mice could be rescued by transgenic expression of STI1, confirming that STI1 has unique cochaperone activity in mice. In adult mice, reduced levels of STI1 affected the response to cellular stress, demonstrated by the increased sensitivity of STI1 haploinsufficient mice to ischemic insult. We provide evidence that extracellular STI1 supports neuronal survival following ischemia and that this neuroprotective effect is lost in PrP<sup>C</sup>-null neurons. These data suggest that STI1 is a multifunctional protein required

during development, and in the absence of STI1, cells have decreased resilience to stress.

## MATERIALS AND METHODS

### Mouse line generation

Genetically modified mice were generated using standard homologous recombination techniques (20), using C57BL/6J ES cells. Mice were generated by Ozgene (Perth, Australia). Construct design is shown in Supplemental Fig. S1A. Chimeric mice were bred to C57BL/6J mice, and germline transmission of the mutant STI1 allele was identified by Southern blot (not shown). F1 mice were then crossed to constitutive Cre mice to remove loxP-flanked regions. Cre-recombined mice were then crossed to C57BL/6J mice, and progeny bearing the recombined STI1 allele, but lacking the Cre transgene, was identified by Southern blot analysis (not shown). These mice were then used to expand the colony. STI1<sup>-/+</sup> mice were then intercrossed to generate STI1<sup>-/-</sup> mice. We have attempted to generate mice with a conditional STI1-floxed allele; however, we found that after removal of the neocassette, this particular floxed allele was null and also caused embryonic lethality (results not shown).

The BMQ41A8 bacterial artificial chromosome (BAC), a 56,549-bp DNA fragment from mouse chromosome 19 containing the *STI1* gene, was obtained from Source BioScience Life Sciences (Nottingham, UK). The BAC was digested and analyzed using restriction enzymes. This BAC was then used to generate transgenic mice using standard techniques at the Jackson Laboratories (Bar Harbor, ME, USA) transgenic facility in a C57BL/6J background. In all experiments that involved quantification between genotypes, the experimenters were blinded to the genotypes.

### Ethics statement

Animals were maintained and handled by the University of Western Ontario Animal Care and Veterinarian Service, or in the A. C. Camargo Hospital vivarium. Procedures were conducted in accordance with approved animal use protocols at the University of Western Ontario (2008/127) and the A. C. Camargo Hospital (037/09), and they were in accordance with the Canadian Council of Animal Care (CCAC) and U.S. National Institutes of Health (NIH) guidelines.

### Isolation of blastocysts and embryos

Heterozygous STI1 females, aged 4 to 5 wk, were superovulated (5 IU of pregnant mare serum gonadotropin followed 48 h later by 5 IU human chorionic gonadotropin) and mated with heterozygous STI1 males. Females were euthanized 3.5 d later, and the blastocysts were collected by uterine flushing using M2 medium (Sigma, Oakville, ON, Canada). Embryos were collected from timed pregnant females and were genotyped.

### RT-PCR and qPCR

Samples [brain tissue, mouse embryos (E10) and astrocyte cultures] were homogenized in TRIzol, and total RNA was extracted using the Aurum Total RNA for fatty and fibrous tissue kit from Bio-Rad (Hercules, CA, USA). qRT-PCR and qPCR were performed as described previously (21, 22). A nontemplate reaction was used as a negative control for each experiment, and  $\beta$ -actin mRNA levels were used to normalize

the data, as described previously. Sequences of primers used are shown in Supplemental Table S1.

### Astrocyte primary culture

Astrocyte primary cultures were prepared as described previously (11). Briefly, cortical tissue from each individual embryo was dissociated in 5 ml DMEM supplemented with 1% (v/v) penicillin/streptomycin and 10% FBS and plated in a 100-mm cell culture dish. Cultures were maintained in an incubator at 37°C, 5% CO<sub>2</sub> for 10–12 d, and the medium was replaced 1×/wk.

### Neuronal culture

Primary cultures of hippocampal neurons from E17 pregnant females were obtained as described previously (17). Cultures from individual embryos were maintained separately. Neuronal cultures from control and PrPC-null mice were prepared as described previously (14).

### Mouse embryonic fibroblast (MEF) culture

MEFs were prepared from E10.5 embryos as described previously (23). The cultures were obtained from each embryo, and the heads were used for genotyping. For survival curves, 2 × 10<sup>4</sup> cells were plated in duplicate into 24-well plates; to one of them, we added DMEM supplemented with 20% FBS, and to the other, we added half of the volume of the same medium with 40% of FBS and half of 2× concentrated conditioned medium (CM) from *STII*<sup>+/+</sup> MEFs. The medium was supplemented with recombinant STII (2 μM).

### Western blot analysis

Samples were homogenized in ice-cold RIPA buffer (50 mM Tris-HCl, pH 8; 150 mM NaCl; 1% Nonidet P-40; 1% sodium deoxycholate; and 1% SDS), and the protein concentration was evaluated using protein assay reagent (Bio-Rad, Hercules, CA, USA). Protein (5–20 μg) was loaded on each gel lane and transferred to membrane for Western blot analysis, as described previously (21). All blots were quantified using FluorChem (Alpha Innotech; GE Healthcare, London, ON, Canada) or ImageJ software (NIH, Bethesda, MD, USA).

### Oxygen and glucose deprivation (OGD)

Neurons were plated in P35 (5×10<sup>5</sup> cells) dishes, and the cultures were kept under the conditions described above until the medium was changed after 7 days *in vitro* (DIV). Cells were submitted to OGD by using a chamber to control the levels of oxygen (0.5%) and CO<sub>2</sub> (5%) for 1 h, and the neurons were kept in glucose-deficient neurobasal medium just prior to the hypoxia treatment. After OGD, the glucose-free medium was replaced with regular medium with or without recombinant STII (1 μM), and the cells were returned to normal oxygen conditions for 24 h.

Astrocytes were plated in P35 dishes. After 70% of confluence, the cells were deprived of FBS for 48 h, after which a medium change was performed. Astrocytes were submitted to OGD in glucose-deficient DMEM. For the secretion experiments, medium was collected after 9 h of OGD. In control cells, medium was collected after 9 h of incubation, as described below, and used in Western blots to detect secreted STII. For the cell death assay, glucose-free medium was replaced with regular medium, and cells were returned to normal oxygen conditions for 48 h.

### Secretion of STII in CM

Astrocytes or fibroblasts were plated in P60 dishes as described above. After 90% of confluence, the cells were deprived of FBS for 48 h. Culture medium was then collected and centrifuged at 10,000 *g* for 20 min at 4°C, and the supernatant was used as CM.

### Micro-computed tomography (micro-CT)

For micro-CT, embryos were harvested at E10.5 and fixed in 10% formalin in PBS (48 h at 4°C), then immersed in Lugol solution (10 g KI plus 5 g I in 400 ml dH<sub>2</sub>O) for 48 h (24). The Lugol solution acted as a micro-CT contrast agent. Scanning was performed using a GE Locus SP scanner (GE Healthcare) using the following scan parameters: 80 kVp with 0.508-ml Al filtration, 80 μA, 900 views over 360°; 4 frames averaged, with images reconstructed to yield 13-μm isotropic voxels (25).

### Hematoxylin and eosin (H&E) staining

Embryos (E10.5) were harvested, formalin fixed (10% formalin for 48 h at 4°C), and paraffin embedded. Sections (3–5 μm) were deparaffinized and stained with H&E. Images were acquired with an Olympus DP72 camera using cellSens Dimension software (Olympus, Tokyo, Japan).

### Immunofluorescence

Astrocytes (1×10<sup>5</sup> cells) and fibroblasts (1×10<sup>5</sup> cells) were grown on coverslips. Cells were fixed in 4% paraformaldehyde/PBS for 20 min and washed in PBS Triton X-100 (0.05%) solution followed by blocking in PBS with 0.05% TritonX-100 plus 10% of normal goat serum. Cells were incubated with anti-STII (1:400), anti-Hop (1:100; Enzo Life Sciences, Farmingdale, NY, USA), anti-STII (1:100; Sigma), anti-β-tubulin (1:100; Sigma), or anti-γ-H2AX (1:100; Cell Signaling, Boston, MA, USA) overnight at 4°C.

The deciduae containing E6.5 embryos were dissected, fixed overnight at 4°C in 4% paraformaldehyde, and cryoprotected with 0.1 M phosphate buffer (pH 7.4) containing 30% sucrose. Whole deciduae were frozen with dry ice, and cryostat sections (10 μm) were obtained and mounted on silanized slides. E10.5 embryos were harvested, formalin fixed (10% formalin for 48 h at 4°C), and paraffin embedded. Sections (3–5 μm) were deparaffinized. For immunofluorescence, tissues were incubated with blocking solution (0.1 M phosphate buffer, pH 7.4, containing 0.2% Triton X-100 plus 20% goat serum) for 1 h at room temperature, followed by overnight incubation with anti-rabbit STII antibody (1:200) or anti-rabbit caspase 3 activated (1:200). Tissues were washed 3× with PBS and anti-rabbit Alexa Fluor 488 plus TO-PRO3 iodide (1:1000) or Hoechst (1:1000) for nuclei staining for 1 h at room temperature. Slides were mounted on coverslips using Fluorsave (Calbiochem, La Jolla, CA, USA) and imaged using a Leica TCS SP5 II laser scanning confocal system or Zeiss LSM-510 confocal microscope (Carl Zeiss, Oberkochen, Germany).

### Cell death assay

Neuronal and astrocyte cell death assays were performed using the Live/Dead viability/cytotoxicity kit for mammalian cells (Invitrogen, Oakville, ON, Canada) as described in the manual. Counting was done using ImageJ software and cal-



culated as percentage of dead cells [number of dead cells / (number of dead cells + viable cells) × 100].

### Middle cerebral artery occlusion (MCAO)

Anesthesia was induced by inhalation of 4% isoflurane (in O<sub>2</sub>), and maintenance was done by inhalation of 1.5% isoflurane. A modification of a previously described method (26) for transient intraluminal MCAO was used. Under an operating microscope, a monofilament nylon suture (diameter 0.06–0.09 mm; Doccol Corp., Redlands, CA, USA) was inserted through the left common carotid artery into the internal carotid artery and then into the circle of Willis, effectively occluding the MCA for 60 min. Sham-treated animals underwent the same procedure, with the exception of the advancement of the filament to occlude the cerebral artery. After filament insertion, the mice were removed from anesthesia and kept at 37°C under a heat lamp freely moving during 1 h of occlusion. Mice were then anesthetized again, and the filament was quickly removed. At 1 h after surgery, mice were injected i.p. with saline to maintain hydration. This procedure was repeated again, if necessary, on the basis of weight recovery of the animal and clinical assessment score. Food pellets were wetted and kept on the floor of the cage for recovering mice. Neurological assessment was performed 1, 24, and 48 h after surgery following scores modified from the 5-point Bederson scale (27): 0, no deficit; 1, mild forelimb weakness; 2, severe forelimb weakness, consistent turns to the deficit side when lifted by the tail; 3, compulsory circling; 4, unconscious; 5, dead. Only mice that scored 2 or 3 were used in the experiments. Heart rate data were obtained under baseline and during the MCAO period (30 min postocclusion) in conscious mice using the CODA computerized noninvasive system (Kent Scientific, Torrington, CT, USA). Rectal temperature was monitored by a homeothermic blanket control unit (Harvard Apparatus, Holliston, MA, USA). Arterial blood samples (obtained *via* cardiac puncture under isoflurane anesthesia) were taken at baseline or at the end of the MCAO period and analyzed for pH and glucose using a blood analyzer (ABL-725; Radiometer, Copenhagen, Denmark).

### Magnetic resonance imaging (MRI)

An Agilent (Palo Alto, CA, USA) 9.4-T small-animal horizontal-bore MRI system was used to acquire images of the mouse brain 24 h after MCAO. Two imaging sequences were used to visualize tissue damage due to ischemia: a T<sub>2</sub>-weighted 2-dimensional fast spin echo (FSE) sequence (T<sub>E</sub>=45 ms, T<sub>R</sub>=3000 ms, FOV 19.2×19.2 mm, 31 slices, slice thickness=500 μm, acquisition matrix 128×128) and a 3-dimensional bal-

anced steady-state free precession (bSSFP) sequence (T<sub>E</sub>=3.7 ms, T<sub>R</sub>=7.4 ms, FOV 19×16×13 mm, acquisition matrix 154×132×102). Infarct volume was measured by manual tracing of the hyperintense tissue in each slice of the T<sub>2</sub> images using ImageJ by a single investigator blinded to the genotypes (D.G.).

### Adhesive removal

Postischemic and sham-treated animals were subjected to behavioral tests 7 d after stroke. The adhesive removal test is sensitive to unilateral somatosensory dysfunction and was used to determine functional recovery (28). Three trials were conducted and averaged per day. Individual trials were separated by at least 15 min.

## RESULTS

### Mouse *STII* (*Stip1*) deficiency causes embryonic lethality

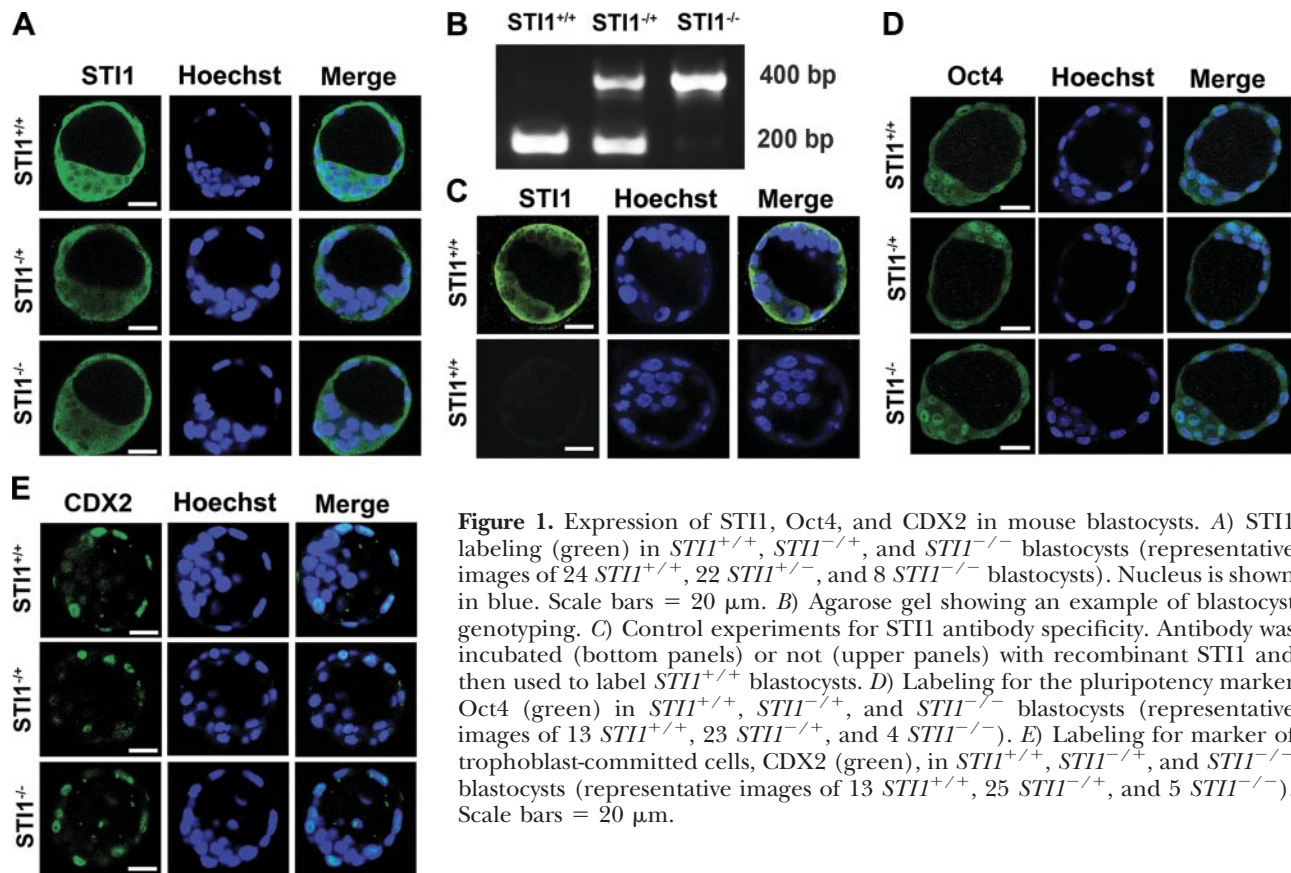
To uncover potential *in vivo* roles of STII in mammals, we generated a *Stip1*-knockout mouse line (Supplemental Fig. S1A). The strategy used the Cre/Lox system to remove exons 2 and 3 from a floxed *Stip1* allele. This deletion truncated the STII-coding region and created a stop codon close to the initial ATG, so that the protein expression was abolished. Sequencing of the targeted *Stip1* allele (*STII*<sup>-</sup>) confirmed the genetic manipulation. We found that embryos containing 2 *StiI*<sup>-</sup> alleles died around E9.5–E10.5 (Table 1). Further analysis of *STII*<sup>+/-</sup> intercrosses revealed that recovery of *STII*<sup>-/-</sup> embryos did not follow Mendelian frequency. The reduced frequency observed (9 and 12% instead of 25% for E3.5 and E10.5, respectively; Table 1), suggested that *STII* deficiency affected the survival of embryos prior to implantation.

To test the possibility that STII is expressed early during development, we immunolabeled blastocysts (E3.5) with a STII antibody. Immunoreactivity for STII was easily detected in blastocysts. Surprisingly, substantial labeling for STII was also detected in *STII*<sup>-/-</sup> blastocysts, although at lower levels than observed in wild-type blastocysts (Fig. 1A). Similar results were obtained with two other commercial STII antibodies (not shown). All blastocysts had their genotypes con-

TABLE 1. Viability analysis of *STII*<sup>-/-</sup> mice and embryos<sup>a</sup>

Stage	Number with genotype			Reabsorbed	Total
	<i>STII</i> <sup>+/+</sup>	<i>STII</i> <sup>-/+</sup>	<i>STII</i> <sup>-/-</sup>		
Live birth	65	103	0***	0	168
E17.5	33	42	0***	21	96
E13.5	14	22	0***	16	52
E10.5	68	131	27 (12%) <sup>a,***</sup>	68	294
E3.5	47	57	16 (13%) <sup>a,*</sup>	0	120

Genotypes were determined by PCR as described in Materials and Methods. Empty deciduas were scored as reabsorbed.<sup>a</sup>*STII*<sup>-/-</sup> ratio. Data were analyzed by  $\chi^2$  test, comparing the expected and observed frequencies for each genotype at different time points of embryonic development. \* $P \leq 0.05$ , \*\*\* $P \leq 0.0005$ .



**Figure 1.** Expression of STII, Oct4, and CDX2 in mouse blastocysts. **A)** STII labeling (green) in *STII*<sup>+/+</sup>, *STII*<sup>+/-</sup>, and *STII*<sup>-/-</sup> blastocysts (representative images of 24 *STII*<sup>+/+</sup>, 22 *STII*<sup>+/-</sup>, and 8 *STII*<sup>-/-</sup> blastocysts). Nucleus is shown in blue. Scale bars = 20  $\mu$ m. **B)** Agarose gel showing an example of blastocyst genotyping. **C)** Control experiments for STII antibody specificity. Antibody was incubated (bottom panels) or not (upper panels) with recombinant STII and then used to label *STII*<sup>+/+</sup> blastocysts. **D)** Labeling for the pluripotency marker Oct4 (green) in *STII*<sup>+/+</sup>, *STII*<sup>+/-</sup>, and *STII*<sup>-/-</sup> blastocysts (representative images of 13 *STII*<sup>+/+</sup>, 23 *STII*<sup>+/-</sup>, and 4 *STII*<sup>-/-</sup>). **E)** Labeling for marker of trophoblast-committed cells, CDX2 (green), in *STII*<sup>+/+</sup>, *STII*<sup>+/-</sup>, and *STII*<sup>-/-</sup> blastocysts (representative images of 13 *STII*<sup>+/+</sup>, 25 *STII*<sup>+/-</sup>, and 5 *STII*<sup>-/-</sup>). Scale bars = 20  $\mu$ m.

firmed by PCR after immunostaining (Fig. 1B). Control experiments showed that immunolabeling with the STII antibody was completely abolished by absorption with excess recombinant STII (Fig. 1C), indicating that STII labeling in blastocysts was specific. Since there are no other STII homologs, these results suggest that maternal STII, deposited either as protein or mRNA, is present in blastocysts and may play a role in early embryonic development.

Given the early expression of STII in blastocysts and lethality of *STII*<sup>-/-</sup> embryos, we tested whether genes critical for embryonic development might be altered in blastocysts. We did not observe a difference in the expression of the pluripotency marker Oct4 between wild-type and *STII*<sup>-/-</sup> blastocysts (Fig. 1D; all blastocysts were genotyped for STII alleles after immunostaining). Moreover, CDX2 labeling, used to probe for trophoblast-committed cells, was similarly expressed in control and STII-deletion mutants (Fig. 1E).

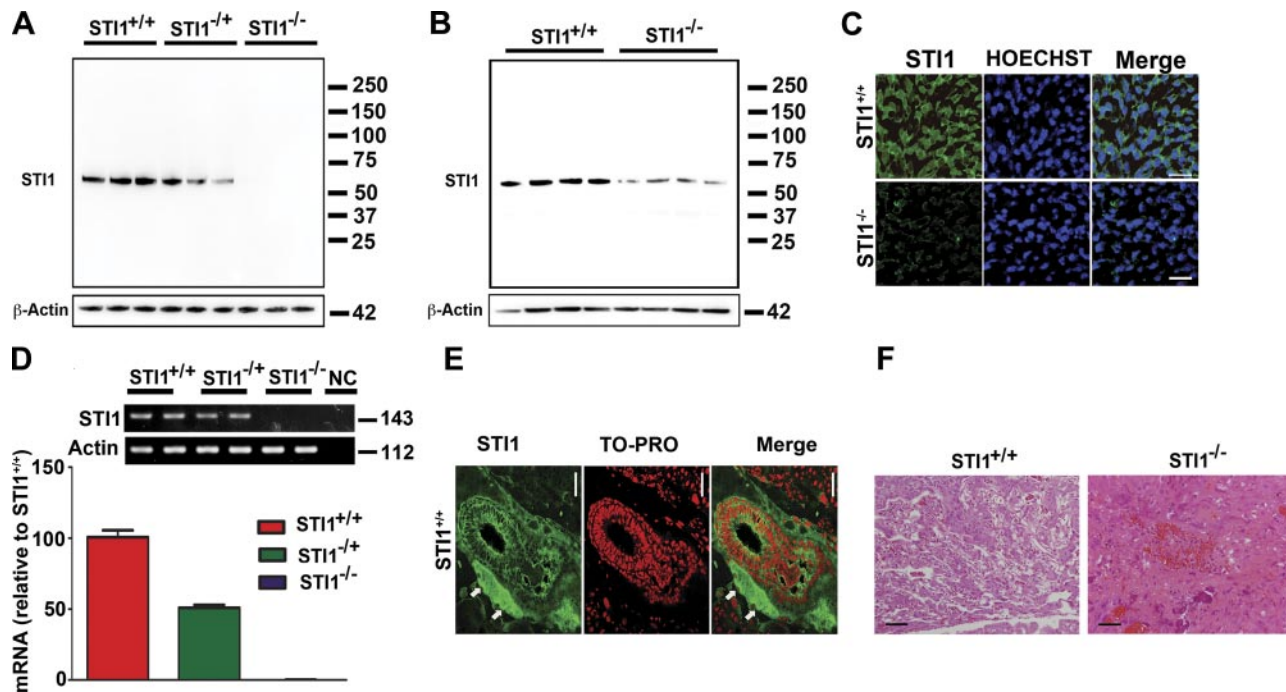
Immunoblot analysis of individual embryos at the last developmental stage in which we could find *STII*<sup>-/-</sup> mice (E10.5) demonstrated that protein extracts (5  $\mu$ g of protein) from *STII*<sup>+/-</sup> embryos showed 50% reduction in STII levels, while no STII immunoreactivity was observed in *STII*<sup>-/-</sup> extracts (Fig. 2A). However, when we loaded the gel with a higher amount of protein (20  $\mu$ g), we were able to detect small quantities of STII in *STII*<sup>-/-</sup> extracts (20%; Fig. 2B). Moreover, by immunofluorescence, we observed weak immunolabeling for STII in sections of *STII*<sup>-/-</sup> embryos (E10.5; Fig. 2C).

We quantified STII mRNA in *STII*<sup>-/-</sup> E10.5 embryos by RT-PCR and qPCR. Our results shown that no STII mRNA is present in *STII*<sup>-/-</sup> E10.5 embryos (Fig. 2D), suggesting that the immunoreactivity that we detected in embryos might originate from extraembryonic sites.

Interestingly, we found high levels of STII present at extraembryonic sites in wild-type embryos, specifically at the trophoblast layer (Fig. 2E). Whether this extraembryonic STII may contribute for survival of mutant embryos during the early developmental stage is currently unknown. In addition, we observed the presence of acute inflammation in and around the labyrinth in the placenta from *STII*<sup>-/-</sup> embryos (Fig. 2F), suggesting that their placenta has had a vascular disruption, as there was no evidence of infection. Hence, placental disruption might facilitate the transfer of maternal STII to embryos but could also contribute to embryonic dysfunction. STII has been shown to be secreted by distinct cell types (11, 29, 30), including ovarian cells (31, 32) and has also been found in plasma (31).

To understand the characteristics of embryonic development in STII-mutant mice, we performed micro-CT analysis. This experiment demonstrated that neural tube and limb buds were poorly formed in *STII*<sup>-/-</sup> embryos (Fig. 3A). In addition, histochemistry analysis showed that *STII*<sup>-/-</sup> embryos presented a great number of cells that were undergoing apoptotic cell death, characterized by increased levels of activated caspase-3 (Fig. 3B), as well



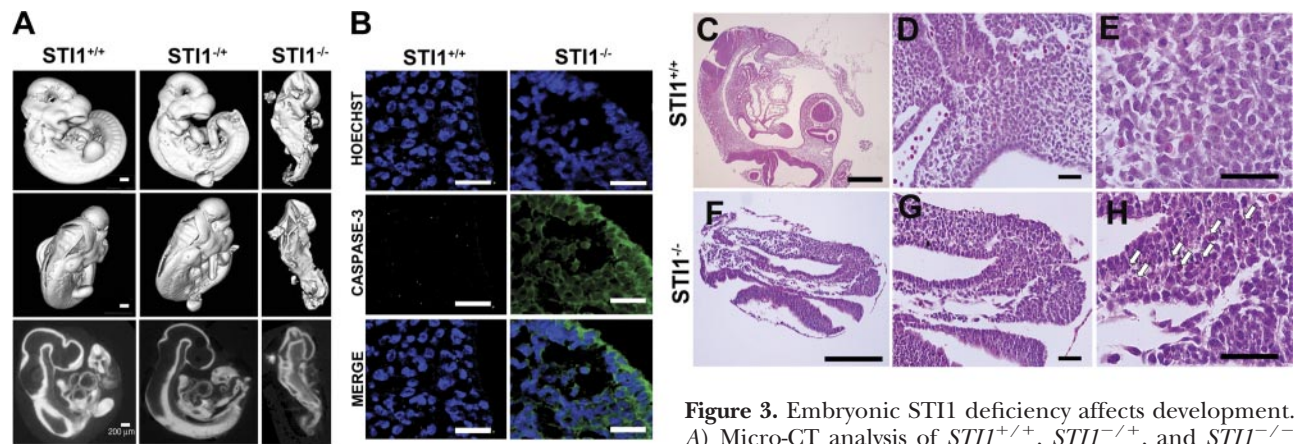


**Figure 2.** STI1 expression in embryos. *A, B*) Western blot analysis of STI1 in *STI1*<sup>+/+</sup>, *STI1*<sup>-/+</sup>, and *STI1*<sup>-/-</sup> embryos at E10.5 (5 and 20  $\mu$ g of protein, respectively; protein extracts from 5 embryos for each genotype in *A* and 4 embryos for each genotype in *B*). Molecular mass markers are shown on the side; actin was used as a loading control. *C*) Immunofluorescence analysis of STI1 expression (green) in *STI1*<sup>+/+</sup> and *STI1*<sup>-/-</sup> in mouse embryos (E10.5). Nuclei were stained with the nuclear marker Hoechst (blue). Scale bars = 20  $\mu$ m. *D*) STI1 mRNA expression by RT-PCR (top gel) and qRT-PCR (bar graph) in *STI1*<sup>+/+</sup>, *STI1*<sup>-/+</sup>, and *STI1*<sup>-/-</sup> embryos (E10.5; *n*=4 embryos/genotype). *E*) Immunofluorescence of *STI1*<sup>+/+</sup> mouse embryo (E6.5) showing high levels of STI1 (green) at extraembryonic sites (arrows). Note that STI1 staining in *STI1*<sup>+/+</sup> embryo is much stronger than in deciduas (tissue from *STI1*<sup>-/+</sup> mother). Nuclei were stained with the nuclear marker TO-PRO (red). Scale bars = 75  $\mu$ m. *F*) Placental staining using H&E from E10.5 *STI1*<sup>-/-</sup> mouse embryos (representative H&E images from 2 embryos/genotype). Scale bars = 200  $\mu$ m.

as pyknotic apoptotic bodies with a hyper eosinophilic cytoplasm in H&E (Fig. 3*C–H*).

The early embryonic death with increased apoptosis in STI1-mutant mice is unexpected, given that elimination of STI1 in yeast (32) and *C. elegans* is not lethal (19). To test the possibility that the cochaperone

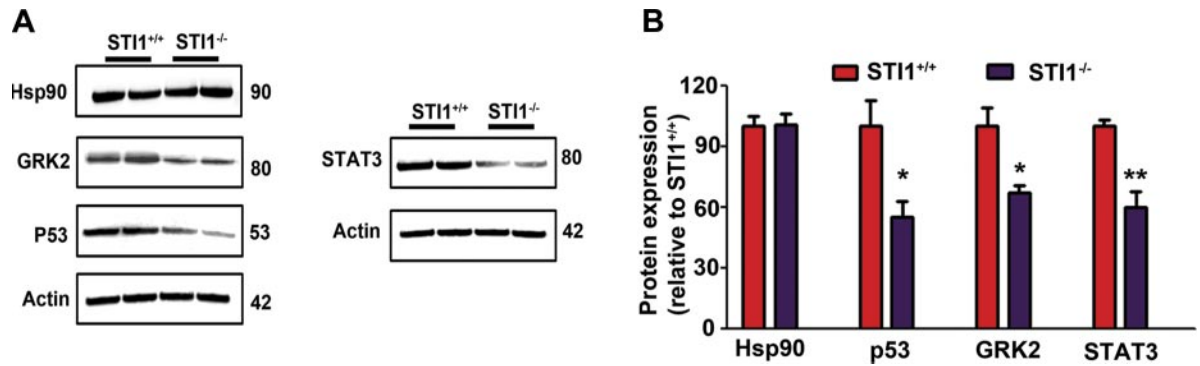
activity of STI1 is required during development, we examined the expression levels of 3 distinct Hsp90 client proteins. Immunoblot analysis showed that Hsp90 levels were unchanged in *STI1*<sup>-/-</sup> mice (Fig. 4*A, B*). In contrast, the levels of G-protein-receptor kinase 2 (GRK2), signal transducer and activator of transcrip-



**Figure 3.** Embryonic STI1 deficiency affects development. *A*) Micro-CT analysis of *STI1*<sup>+/+</sup>, *STI1*<sup>-/+</sup>, and *STI1*<sup>-/-</sup>

mouse embryos (E10.5). Micro-CT images (bottom panel) were used for 3-dimensional reconstruction of embryos; images in top and middle panels are surface renderings showing different angles (representative images of 4 embryos/genotype). *B*) Levels of activated caspase-3 (green) in E10.5 tissue. *C–H*) Morphological analyses of E10.5 embryos stained with H&E showing elevated number of cells with pyknotic nuclei and hyper eosinophilic cytoplasm, indicating apoptotic cells in *STI1*<sup>-/-</sup> embryos (arrows indicate pyknotic nuclei; representative images of 3 embryos/genotype). Scale bars = 200  $\mu$ m (*A*); 500  $\mu$ m (*C, F*); 50  $\mu$ m (*B–G*).





**Figure 4.** Analysis of protein expression in *STII*<sup>-/-</sup> E10.5 embryos. *A*) Western blot analysis of Hsp90, GRK2, p53, and STAT3 in *STII*<sup>+/+</sup> and *STII*<sup>-/-</sup> embryos at E10.5 (20  $\mu$ g protein). *B*) Quantification of protein expression from Western blots (protein extracts from 4 embryos/genotype for GRK2 and p53; 7 embryos/genotype for Hsp90 and STAT3). Results are presented as means  $\pm$  SE. \* $P < 0.01$ , \*\* $P < 0.001$ ; Student's *t* test.

tion 3 (STAT3), and protein 53 (p53), all Hsp90 client proteins (33–35) were significantly reduced to almost 50% (Fig. 4A, B).

To further understand the consequences of interference with *Stip1* for cellular function, we cultured MEFs from E10.5 embryos. During the initial days in culture, we could not distinguish wild-type from *STII*<sup>-/-</sup> cells using morphological criteria. However, after a few days, we noticed that *STII*<sup>-/-</sup> MEFs were dying, whereas wild-type or *STII*<sup>-/+</sup> MEFs thrived well in culture (Fig. 5A, B). Interestingly, most *STII*<sup>-/-</sup> MEFs had died off following 8–10 d in culture (Fig. 5A, B). To understand potential causes of this increased lethality in *STII*<sup>-/-</sup> MEFs, we labeled these cells during the first 2 d of culture with an antibody against  $\gamma$ -H2AX, a phosphorylated histone recruited to sites of DNA double-strand breaks in response to distinct cellular stresses (36). Wild-type MEFs showed no labeling for  $\gamma$ -H2AX (Fig. 5C); however, *STII*<sup>-/-</sup> MEFs presented widespread nuclear foci labeling (Fig. 5C), suggestive of increased cellular stress levels. Interestingly, *STII*<sup>-/+</sup> MEFs also presented  $\gamma$ -H2AX labeling (Fig. 5C). Since enhanced cellular stress levels increase DNA damage, which may affect cell cycle (37), we examined proliferation of *STII*<sup>-/-</sup> MEFs and found decreased proliferation, as compared to *STII*<sup>-/+</sup> or *STII*<sup>+/+</sup> MEFs (Fig. 5D). Hence, *STII*<sup>-/-</sup> MEFs were impaired in cellular proliferation and showed increased levels of cellular stress, which likely affected cellular viability.

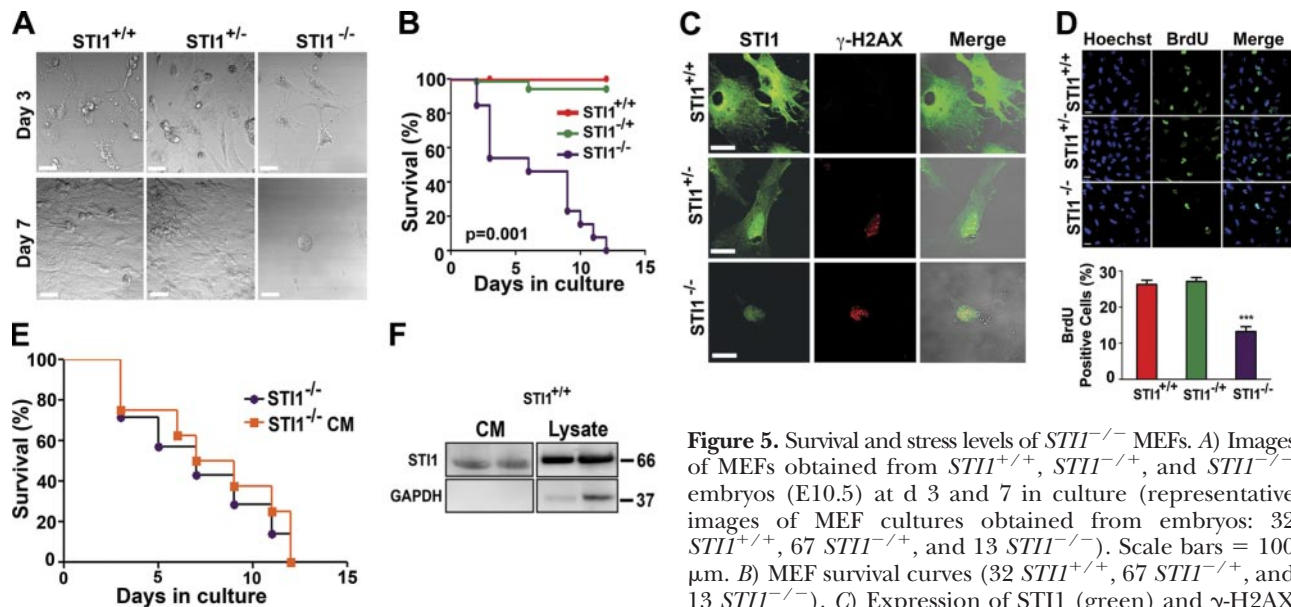
We examined STII expression in MEFs and found that *STII*<sup>-/-</sup> MEFs presented weak nuclear immunolabeling for STII (Fig. 5C). Immunolabeling in *STII*<sup>-/-</sup> MEFs was specific because the same pattern of STII immunolabeling was observed with distinct antibodies (Supplemental Fig. S1B); STII immunolabeling in MEFs and other cells could be absorbed with excess recombinant STII (Supplemental Fig. S1C); and the main antibody that we used in these experiments recognizes only one band in immunoblots with the correct molecular mass in embryos or in brain extracts of adult *STII*<sup>+/+</sup> and *STII*<sup>-/+</sup> mice (Fig. 2A, B and Supplemental Fig. S1D). Hence, it is likely that MEFs

containing some maternal STII may have been selected to survive longer in these cultures.

The weak STII labeling was concentrated mostly in the nucleus in *STII*<sup>-/-</sup> MEFs (Fig. 5C), as opposed to the predominantly cytoplasmic labeling observed in wild-type MEFs and in blastocysts (see Fig. 1A). Fibroblasts obtained from *STII*<sup>-/+</sup> MEFs, which presented overall weaker labeling than wild-type MEFs, also showed increased nuclear labeling for STII (Fig. 5C). This increased level of nuclear STII is likely related to increased levels of cellular stress, as stress has been shown to increase nuclear accumulation of STII (38). STII has been previously shown to have a nuclear localization signal (NLS; refs. 38, 39). Given that wild-type MEFs secrete STII (Fig. 5F), we examined whether increasing levels of extracellular STII could perhaps attenuate the lethality observed in *STII*<sup>-/-</sup> MEFs. We incubated *STII*<sup>-/-</sup> MEFs with CM obtained from wild-type MEFs supplemented with 2  $\mu$ M recombinant STII (Fig. 5E). Lethality of *STII*<sup>-/-</sup> MEFs could not be rescued by increasing extracellular levels of STII or by other factors secreted by wild-type MEFs in this condition. This result suggests that extracellular STII is not sufficient to maintain mutant MEFs viability.

#### Rescue of lethality in *STII*<sup>-/-</sup> mice

Given the presence of small amounts of extraembryonic STII in *STII*-mutant mice, we decided to test further the requirement for embryonic STII during development. For this experiment, we initially generated STII transgenic mice, which were crossed with *STII*<sup>-/+</sup>, and tested for rescue of lethality of *STII*<sup>-/-</sup> mice. Since STII appears to be required prior to implantation for survival of blastocysts, we used BAC containing the STII gene to generate transgenic mouse lines and reproduce any required early expression of STII during embryogenesis. We generated two distinct lines of STII BAC transgenic mice (STII-TgA and STII-TgC) presenting 10 and 2 extra alleles of STII, respectively, as determined by qPCR (Fig. 6A). STII mRNA levels were increased 5-fold in STII-TgA line compared to wild-type littermates (Fig. 6B), and pro-



**Figure 5.** Survival and stress levels of *STII*<sup>-/-</sup> MEFs. **A**) Images of MEFs obtained from *STII*<sup>+/+</sup>, *STII*<sup>+/-</sup>, and *STII*<sup>-/-</sup> embryos (E10.5) at d 3 and 7 in culture (representative images of MEF cultures obtained from embryos: 32 *STII*<sup>+/+</sup>, 67 *STII*<sup>+/-</sup>, and 13 *STII*<sup>-/-</sup>). Scale bars = 100  $\mu$ m. **B**) MEF survival curves (32 *STII*<sup>+/+</sup>, 67 *STII*<sup>+/-</sup>, and 13 *STII*<sup>-/-</sup>). **C**) Expression of STII (green) and  $\gamma$ -H2AX (red) in MEFs (representative images of MEFs obtained from independent cultures of 4 embryos/genotype). Scale bars = 20  $\mu$ m. **D**) Cellular proliferation determined by BrdU staining (green) in *STII*<sup>+/+</sup>, *STII*<sup>+/-</sup>, and *STII*<sup>-/-</sup> MEFs (independent cultures from 5 embryos/genotype). Scale bars = 20  $\mu$ m. Top panel: representative images. Bottom panel: quantification of BrdU-positive cells. **E**) Survival curves of *STII*<sup>-/-</sup> MEFs growing in *STII*<sup>+/+</sup> CM supplemented with 2  $\mu$ M recombinant STII (independent MEF cultures from 5 *STII*<sup>-/-</sup> embryos). **F**) STII secretion by *STII*<sup>+/+</sup> MEFs. Survival curves were analyzed by log-rank test (Mantel-Cox;  $P=0.0001$  between *STII*<sup>+/+</sup>, and *STII*<sup>-/-</sup>). Cellular proliferation is presented as means  $\pm$  SE. \*\*\* $P < 0.0001$ ; 1-way ANOVA and Neuman-Keuls *post hoc* test.

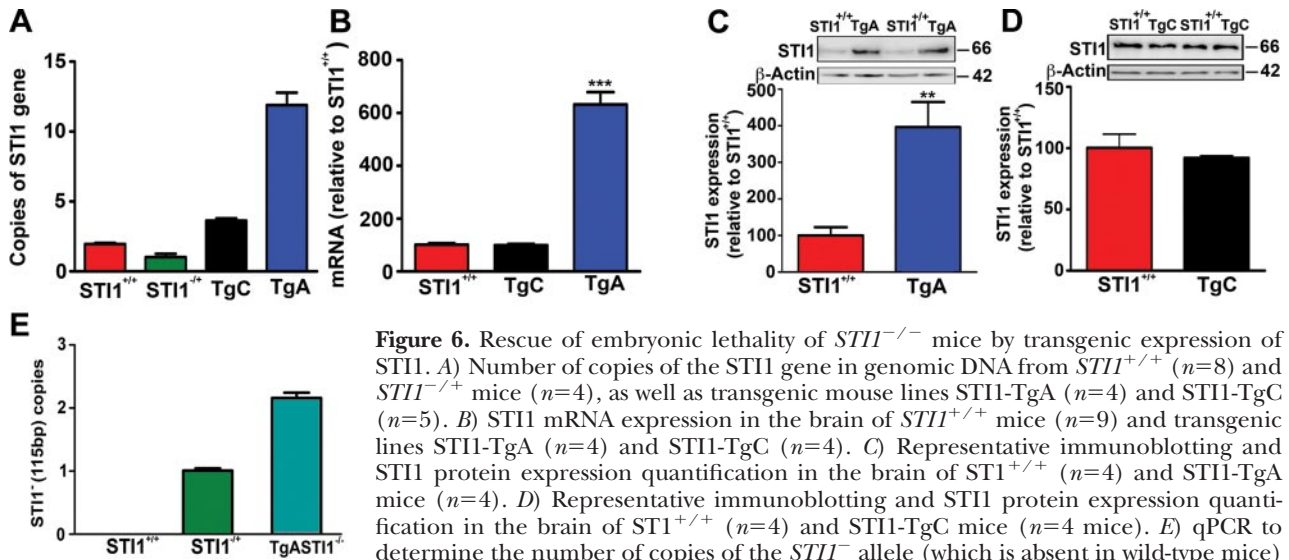
tein level was also increased 4-fold in this transgenic line (Fig. 6C). In contrast, STII-TgC line did not show increased levels of STII mRNA or protein (Fig. 6B, D), suggesting that in this second transgenic mouse line the BAC is transcriptionally silent. We crossed STII-TgA and STII-TgC lines with *STII*<sup>+/-</sup>, and then we interbred their offspring. We could not detect *STII*<sup>-</sup> alleles in crosses of STII-TgC (0 *STII*<sup>-/-</sup> TgC pups out of 44 pups born from *STII*<sup>+/-</sup>TgC<sup>+</sup>  $\times$  *STII*<sup>+/-</sup>TgC<sup>-</sup> breeding), supporting the notion that this line did not express BAC-derived STII. In contrast, STII-TgA BAC expression was sufficient to rescue *STII*<sup>-/-</sup> mice (11 *STII*<sup>-/-</sup> TgA pups out of 52 pups born from *STII*<sup>+/-</sup>TgA<sup>+</sup>  $\times$  *STII*<sup>+/-</sup>TgA<sup>-</sup> breeding). Figure 6E shows the presence of *STII*<sup>-</sup> alleles in adult mice from STII-TgA crosses detected by qPCR.

### Decreased levels of STII increased cellular stress and vulnerability to ischemia

During development, the absence of embryonic STII increased cellular stress and vulnerability of cells. To determine whether altered levels of STII influence cellular resilience, we investigate stress levels in astrocytes. *STII*<sup>-/+</sup> astrocytes showed ~50% decrease in STII levels (Fig. 7A), and they secreted less STII than their control counterparts (Fig. 7B). As observed for *STII*<sup>-/+</sup> MEFs (and also for *STII*<sup>-/-</sup> MEFs), STII was present mainly in the nucleus of a large number of *STII*<sup>-/+</sup> astrocytes (Fig. 7C), compared to the cytoplasmic localization of STII in wild-type astrocytes. Subcellular fractionation confirmed increased STII localization in the nucleus of *STII*<sup>-/+</sup> astrocytes (Supplemental Fig

S2A, B). Decreased levels of STII in *STII*<sup>-/+</sup> astrocytes did not affect cell cycle (Supplemental Fig. S2C, D) or astrocyte proliferation (Supplemental Fig. S2E–G). However, in agreement with the data obtained with MEFs, mutant astrocytes presented an increase in foci number per cell, detected by  $\gamma$ -H2AX staining (Fig. 7D).

To examine whether reduced levels of STII affects the capacity of mice to respond to cellular stress and injury, we used a model of ischemic insult. We submitted *STII*<sup>-/+</sup> and wild-type mice to the middle cerebral artery occlusion (MCAO, 60 min) technique to induce unilateral stroke. Sham-operated mice from both genotypes showed no signs of stroke and survived well after the surgery, independent of genotype (Fig. 8A). We detected no differences between genotypes in physiological parameters due to MCAO (Table 2). Whereas most wild-type mice survived after stroke injury (20% lethality rate), *STII*<sup>-/+</sup> mice, however, displayed increased mortality and nearly 50% of the mice died 5 d following surgery (Fig. 8A). STII mutant mice showed increased brain infarct volume when compared to wild-type mice 24 h following MCAO (Fig. 8B). We tested whether *STII*<sup>-/+</sup> mice that survived the stroke injury recovered similarly to wild-type mice. Both genotypes lost weight just after surgery, but recovered after 7 d (Fig. 8C). Interestingly, behavioral analysis demonstrated that 7 d after MCAO, *STII*<sup>-/+</sup> mice performed poorly compared to wild-type mice in the tape removal test used to evaluate fine sensorimotor function (28). Both genotypes showed a clear deficit to perceive and remove the tape in the contralateral (right paw, RP),



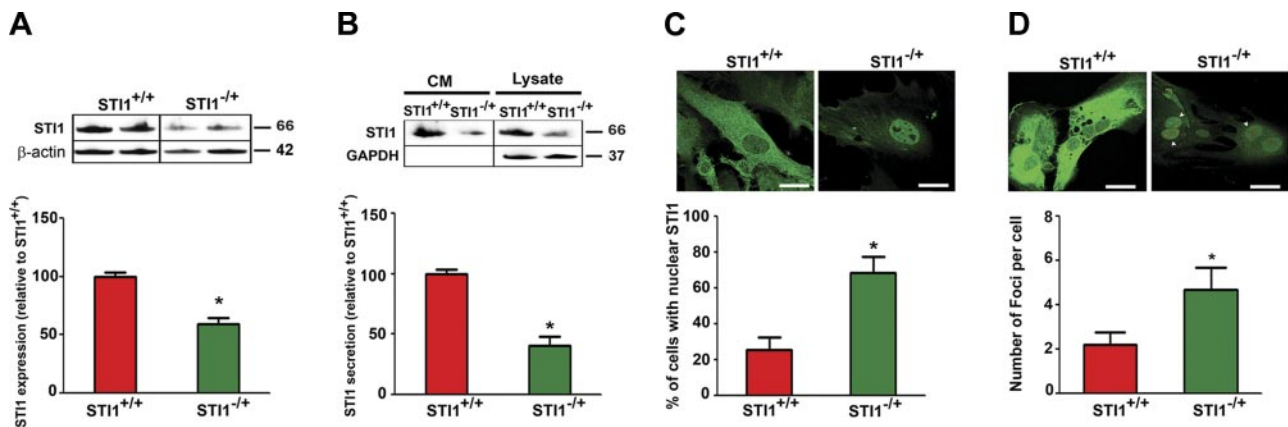
**Figure 6.** Rescue of embryonic lethality of *STII*<sup>-/-</sup> mice by transgenic expression of STII. *A*) Number of copies of the *STII* gene in genomic DNA from *STII*<sup>+/+</sup> (*n*=8) and *STII*<sup>-/-</sup> mice (*n*=4), as well as transgenic mouse lines *STII*-TgA (*n*=4) and *STII*-TgC (*n*=5). *B*) *STII* mRNA expression in the brain of *STII*<sup>+/+</sup> mice (*n*=9) and transgenic lines *STII*-TgA (*n*=4) and *STII*-TgC (*n*=4). *C*) Representative immunoblotting and *STII* protein expression quantification in the brain of *STII*<sup>+/+</sup> (*n*=4) and *STII*-TgA mice (*n*=4). *D*) Representative immunoblotting and *STII* protein expression quantification in the brain of *STII*<sup>+/+</sup> (*n*=4) and *STII*-TgC mice (*n*=4 mice). *E*) qPCR to determine the number of copies of the *STII*<sup>-</sup> allele (which is absent in wild-type mice)

in tissue from adult mice, showing that expression of BAC-*STII* allowed survival of *STII*<sup>-/-</sup> mice (4 *STII*<sup>+/+</sup>, 11 *STII*<sup>-/-</sup>, and 5 *TgASTII*<sup>-/-</sup>). Results are presented as means ± SE; data were analyzed and compared by 1-way ANOVA and Newman-Keuls *post hoc* test (*A*, *B*), Student's *t* test (*C*, *D*), and  $\chi^2$  test ( $P < 0.05$  from the expected distribution; *E*). \*\* $P < 0.001$ , \*\*\* $P < 0.0001$ .

but not in the ipsilateral (left paw, LP) ischemic side (Fig. 8D), indicating a functional deficit due to ischemia. However, *STII*<sup>-/+</sup> mice showed decreased dexterity in their RP compared to wild-type controls to remove the tape (Fig. 8E). These experiments indicate that decreased *STII* levels affect brain injury after ischemic stroke, survival of animals, and their functional recovery.

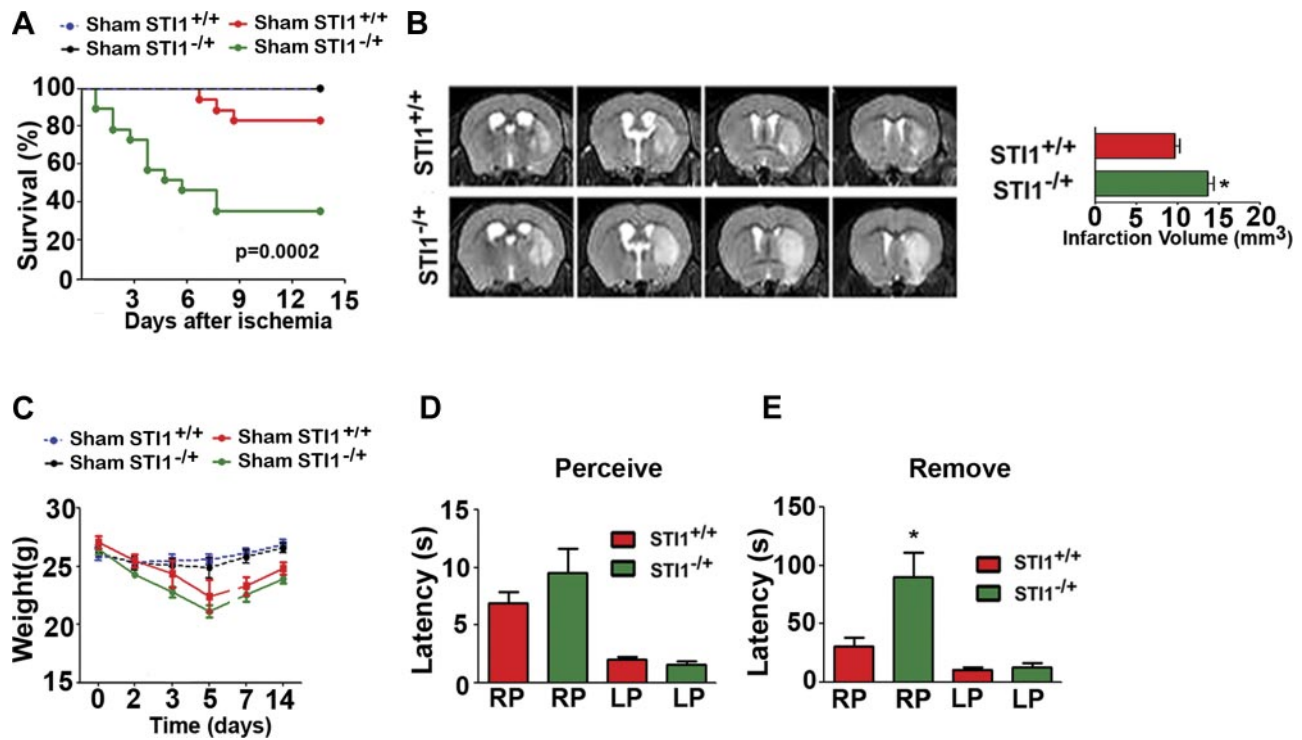
To establish potential mechanisms by which *STII* may affect neuronal function after stroke, we examined the response of astrocytes and neuronal cultures to OGD. We found that intracellular *STII* was reduced in *STII*<sup>+/+</sup> astrocytes after OGD (Fig. 9A). In *STII*<sup>-/+</sup> astrocytes, the intracellular levels of *STII* were further reduced by OGD. Experiments using proteasome in-

hibitors indicated that reduced levels of *STII* were not due to increased protein degradation (not shown), suggesting the possibility of changes in secretion. Indeed, wild-type astrocytes increased *STII* secretion by close to 3-fold after OGD (Fig. 9B). Although astrocytes derived from *STII*<sup>-/+</sup> mice also showed increased secretion of *STII* following OGD, the levels of extracellular *STII* were, as expected, ~2-fold lower than those of wild-type astrocytes (Fig. 9B). Therefore, as a consequence of ischemia, astrocytes secrete significant amounts of *STII*, (Fig. 9A, B); however, since *STII*<sup>-/+</sup> astrocytes have 50% less protein, the amount of *STII* secreted by these mutated cells is lower. OGD did not increase cell death of astrocytes from either genotype (Fig. 9C).



**Figure 7.** *STII* secretion, expression, and cellular localization in *STII*<sup>+/+</sup> and *STII*<sup>-/+</sup> astrocyte cultures. *A*) *STII* expression in *STII*<sup>+/+</sup> and *STII*<sup>-/+</sup> astrocytes (cultures obtained from 4 embryos/genotype). *B*) Detection of *STII* in CM from astrocytes (cultures obtained from 5 embryos/genotype). *C*) Immunofluorescence showing a reduction of *STII* labeling and localization of *STII* in *STII*<sup>+/+</sup> and *STII*<sup>-/+</sup> astrocytes (top panel) and quantification of cells with nuclear *STII* (bottom panel). Scale bars = 15  $\mu$ m. *D*) Top panel: immunofluorescence for *STII* expression (green) and labeling of  $\gamma$ -H2AX (red) in *STII*<sup>+/+</sup> and *STII*<sup>-/+</sup> astrocytes. Scale bars = 30  $\mu$ m. Bottom panel: quantification of number of foci per cell (cultures obtained from 7 embryos/genotype). Results are presented as means ± SE. \* $P < 0.01$ ; Student's *t* test.





**Figure 8.** Regulation of functional recovery in ischemia by STII. *A*) Survival curve of *STII*<sup>+/+</sup> and *STII*<sup>-/-</sup> mice submitted to 60 min of unilateral ischemia (MCAO). *B*) Representative MR images and group analyses of infarct volume in brains of *STII*<sup>+/+</sup> ( $n=6$ ) and *STII*<sup>-/-</sup> mice ( $n=5$ ). *C*) Weight of mice submitted to MCAO ( $n=6$  Sham *STII*<sup>+/+</sup>,  $n=5$  Sham *STII*<sup>-/-</sup>,  $n=9$  *STII*<sup>+/+</sup>,  $n=7$  *STII*<sup>-/-</sup>). *D*) Functional recovery of *STII*<sup>+/+</sup> and *STII*<sup>-/-</sup> mice submitted to MCAO, determined at d 7 after stroke using the tape removal test. Time to perceive the tape in the right paw (RP) or left paw (LP) ( $n=9$  *STII*<sup>+/+</sup>,  $n=7$  *STII*<sup>-/-</sup>). *E*) Identical to *D*, but showing the time to remove the tape. Results are presented as means  $\pm$  SE; data were analyzed and compared by 1-way ANOVA and Newman-Keuls *post hoc* test, Student's *t* test, and Mantel-Cox log-rank test ( $P=0.0002$ ; *A*). \* $P < 0.01$  vs. control mice.

In cultured primary neurons, 1 h OGD caused increased cell death (Fig. 9D), an effect that was similar in both control and *STII*<sup>-/-</sup> neurons. Hence, changes in intracellular levels of STII did not seem to affect the survival of neurons. To mimic the secretion of STII from astrocytes, we treated neurons with recombinant STII, which reproduces the effects of astrocyte-secreted protein (40). Treatment of neurons from both genotypes with extracellular recombinant STII attenuated neuronal death in response to OGD (Fig. 9D), suggest-

ing that rather than intracellular STII, it is the extracellular protein that protects neurons from ischemic injury.

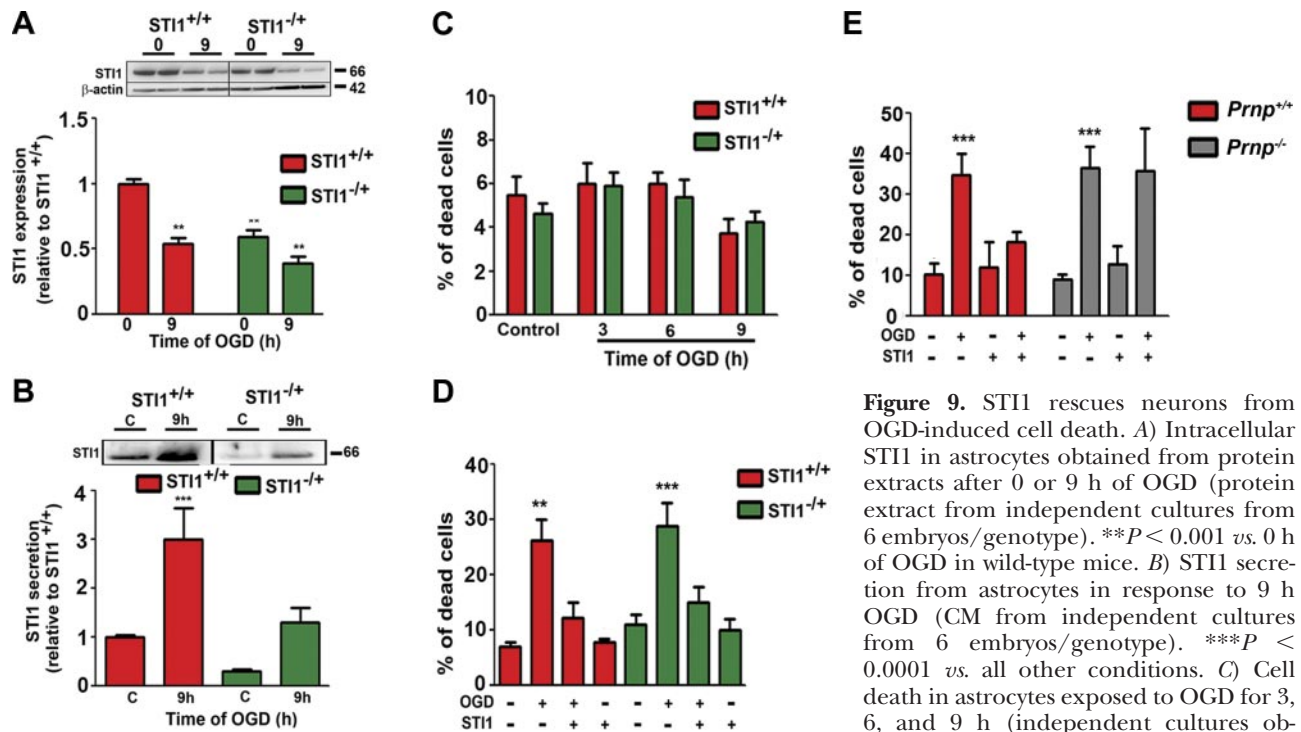
PrP<sup>C</sup>, an STII-interacting protein, plays a role in ischemic injury and increased levels of PrP<sup>C</sup> seem to protect, whereas lack of PrP<sup>C</sup> exacerbates neuronal injury in response to ischemic insults *in vivo* (41–43). To investigate the possibility that extracellular STII protects neurons *via* a PrP<sup>C</sup>-dependent pathway in neurons, we repeated these experiments using neurons

TABLE 2. Physiological measurements before and during MCAO

Measurement	<i>STII</i> <sup>+/+</sup>	<i>STII</i> <sup>-/-</sup>
Before MCAO		
Heart rate (beats/min)	697.4 $\pm$ 43.8 ( $n=9$ )	669.2 $\pm$ 34.8 ( $n=9$ )
Arterial blood pH	7.193 $\pm$ 0.003 ( $n=3$ )	7.233 $\pm$ 0.007 ( $n=3$ )
Oxygen saturation (%)	99.37 $\pm$ 3.74 ( $n=3$ )	97.80 $\pm$ 5.8 ( $n=3$ )
Temperature ( $^{\circ}$ C)	35.90 $\pm$ 0.30 ( $n=3$ )	36.20 $\pm$ 0.36 ( $n=3$ )
Glucose (mM)	8.067 $\pm$ 0.633 ( $n=3$ )	8.833 $\pm$ 0.033 ( $n=3$ )
During MCAO		
Heart rate (beats/min)	693.1 $\pm$ 42.9 ( $n=6$ )	693.1 $\pm$ 55.9 ( $n=4$ )
Arterial blood pH	7.107 $\pm$ 0.0201 ( $n=6$ )	7.100 $\pm$ 0.044 ( $n=4$ )
Oxygen saturation (%)	99.32 $\pm$ 3.47 ( $n=6$ )	73.55 $\pm$ 10.31 ( $n=4$ )
Temperature ( $^{\circ}$ C)	34.35 $\pm$ 0.43 ( $n=6$ )	34.65 $\pm$ 0.52 ( $n=4$ )
Glucose (mM)	10.03 $\pm$ 1.73 ( $n=6$ )	9.650 $\pm$ 1.707 ( $n=4$ )

Values are expressed as means  $\pm$  SE. MCAO, middle cerebral artery occlusion.





**Figure 9.** STII rescues neurons from OGD-induced cell death. *A*) Intracellular STII in astrocytes obtained from protein extracts after 0 or 9 h of OGD (protein extract from independent cultures from 6 embryos/genotype). \*\* $P < 0.001$  vs. 0 h of OGD in wild-type mice. *B*) STII secretion from astrocytes in response to 9 h OGD (CM from independent cultures from 6 embryos/genotype). \*\*\* $P < 0.0001$  vs. all other conditions. *C*) Cell death in astrocytes exposed to OGD for 3, 6, and 9 h (independent cultures obtained from 5 embryos/genotype). *D*) Cell death induced by 1 h OGD in *STII*<sup>+/+</sup> and *STII*<sup>-/-</sup> neurons treated or not with recombinant STII (1  $\mu$ M) 1 h prior to OGD (independent cultures obtained from 6 embryos/genotype). \*\* $P < 0.001$ , \*\*\* $P < 0.0001$  vs. STII treatment or neurons without OGD. *E*) Cell death induced by 1 h OGD in wild-type and *Prnp*<sup>0/0</sup> neurons treated or not with recombinant STII (1  $\mu$ M) 1 h prior to OGD (independent cultures obtained from 4 embryos/genotype). Results are presented as means  $\pm$  SE; data were analyzed and compared by 1-way ANOVA and Newman-Keuls *post hoc* test. \*\*\* $P < 0.0001$  vs. neurons without OGD treatment or wild-type neurons treated with STII after OGD.

of PrP<sup>C</sup>-null mice (*Prnp*<sup>0/0</sup>). The neuroprotective effect of STII was prevented in neurons from PrP<sup>C</sup>-null mice (Fig. 9E), suggesting that activation of PrP<sup>C</sup> by STII plays a role in protecting neurons against ischemic insult.

## DISCUSSION

The present experiments demonstrate that *Stip1* shows characteristics of a maternal (oogenetic)-effect gene, playing critical roles during development in mammals. *STII*<sup>-/-</sup> blastocysts obtained from *STII*<sup>+/-</sup> intercrosses were observed at 50% of the expected mendelian frequency, suggesting that blastocysts originating from zygotes lacking sufficient maternally inherited STII may not survive. Interestingly, surviving *STII*<sup>-/-</sup> blastocysts showed immunostaining for STII, suggesting the possibility that part of the blastocysts may have received sufficient maternally inherited STII to allow development of embryos. It would be of interest to define the precise mechanism by which maternally derived STII is transferred to blastocysts. Embryonically expressed STII is critical in later stages of development, as mutant embryos could not survive past E10.5. We show that maternal STII protein might be transferred to embryos in later stages of development, as we could detect small amounts of STII immunoreactivity in E10.5 embryos, likely due to placental disruption. Notably, we did not detect STII mRNA in *STII*<sup>-/-</sup> E10.5

embryos, indicating lack of embryonic STII protein synthesis. The rescue of lethality by transgenic BAC expression supports the notion that STII has unique roles during development and that maternally transferred STII cannot support embryonic development. Embryonic lethality is commonly associated with placental dysfunction in the E9–E12 stage. Interestingly, Hsp90 $\beta$ -knockout mice (44), but not Hsp90 $\alpha$ -knockout mice (45), present disrupted placenta. Hence, placental disruption may also contribute to embryonic lethality in STII mutant embryos.

Despite recent insights from structural models of STII interaction with Hsp70 and Hsp90 demonstrating STII regulation of client recruitment (7, 46–48), it is unknown whether STII has unique or overlapping roles in mammals *in vivo*. Our data suggest that loss of embryonic STII is not tolerated during development, and cells present decreased resilience to stress, showing increased DNA damage and cell death. Hence, other cochaperones do not seem to be able to compensate for the loss of STII. These results contrast with those of mice deficient for p23, another Hsp90 chaperone, which present perinatal lethality specifically related to skin and lung development (49), suggesting distinct requirements for different cochaperones during development.

The early effects of STII in embryogenesis are compatible with its regulation of stem cell self-renewal (50). Interestingly, Hsp90 and, more recently, STII have

been shown to regulate epigenetic programs and transposon silencing *via* piRNAs in *Drosophila* (8, 51). Remarkably, maternal STII appears to influence canalization in *Drosophila* *via* the Piwi pathway (8). Future studies aimed at further defining these mechanisms may provide novel insight in mammalian embryonic development.

We show that STII has a critical role in cellular survival. This conclusion is supported by the increased cell death in embryos and the inability to maintain *STII*<sup>-/-</sup> MEFs in culture. Because of the early death that we observed in blastocysts, as well as the inability of mutant cells to survive, we favor the possibility that the placental defect that we identified contributes to, but it is not the only cause of, cellular death in these mutant embryos. These effects of *Stip1* seem to depend, at least in part, on intracellular STII, as we were unable to rescue *STII*<sup>-/-</sup> MEFs using recombinant extracellular STII, but could rescue *STII*<sup>-/-</sup> mice by transgenic expression of a BAC containing *Stip1*. The increase in foci number in *STII*<sup>-/-</sup> MEFs indicates that lack of chaperone activity may affect DNA damage response. Interestingly, Hsp90, which is regulated by STII, has been previously implicated in the DNA damage response (52–55). By targeting STII, we likely affected the functions of a wide range of Hsp90/Hsp70 client proteins (56–58). Indeed, this seems to be the case, given that three known Hsp90 clients (59–61) show reduced levels in STII-mutant mice, even though Hsp90 levels were unaffected. In contrast with Hsp90 and Hsp70 that have different isoforms, there are no known homologs for *Stip1*, which may explain why we observed such striking phenotype during development. Given the very large number of Hsp90 client proteins (5, 56, 57), it is unlikely that the phenotypes that we uncovered are related to one specific client. It is also unclear whether the remaining amounts of Hsp90 client proteins in STII mutant embryos are functional. Hence, inhibitors of STII may have more widespread effects in mammals than inhibitors of Hsp90. Indeed, a recent report demonstrates that inhibition of STII interaction with Hsp90 by drugs is effective to kill cancer cells (62).

Our experiment using a stroke model supports an important role for endogenous STII in the recovery from ischemic injury *in vivo*. PrP<sup>C</sup> expression has been shown to protect the brain following ischemic insults, and lack of PrP<sup>C</sup> leads to an increase in neuronal injury in stroke models (41, 42, 63). However, the exact mechanisms by which PrP<sup>C</sup> influences outcomes in stroke are unknown. We now show that OGD, used as an *in vitro* model of ischemic insult, can increase secretion of STII from astrocytes and that secretion from *STII*<sup>-/+</sup> astrocytes is decreased in this condition. Our experiments using cultured neurons suggest that the increased sensitivity observed *in vivo* in *STII*<sup>-/+</sup> mice may not be related to decreased intracellular levels of STII in neurons, as both control and *STII*<sup>-/+</sup> neurons responded similarly to OGD. In these neuronal cultures, extracellular STII was able to provide

neuroprotection for OGD-induced neuronal death. Moreover, this effect of STII was strictly dependent on the presence of PrP<sup>C</sup> in neurons. These results expand previous observations in which STII was shown to prevent neuronal death induced by staurosporine (14, 17) to demonstrate a role for this secreted cochaperone in a pathological relevant insult, ischemic injury. Our *in vitro* data with recombinant STII and *in vivo* with *STII*<sup>-/+</sup> mice suggest that lack of STII-mediated signaling may underlie the increased sensitivity of PrP<sup>C</sup>-null mice to ischemic injury.

Our experiments provide novel evidence that STII plays a unique and nonoverlapping role as a cochaperone during embryonic development and in cellular survival, suggesting that loss of STII-regulated chaperone activity is not tolerated. Our data also support a role for STII in neuroprotection against ischemic insult, by a mechanism involving increased secretion from astrocytes and activation of PrP<sup>C</sup>. Hence, STII is a stress-response protein that presents multiple intracellular and extracellular roles with unique properties for protection of cells against stress. **FJ**

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