

Synaptic panel Alzheimer's disease CSF

Changes in synaptic proteins precede neurodegeneration markers in preclinical Alzheimer's disease cerebrospinal fluid

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Abbreviations

Alzheimer's disease (AD), array tomography (AT), cerebrospinal fluid (CSF), false discovery rate (FDR), gene ontology (GO), liquid chromatography (LC), mass spectrometry (MS/MS), National Institute of Health-Institute of Aging (NIH-AA), post-synaptic density (PSD-95), strong cation exchange (SCX), selected reaction monitoring (SRM)

Summary

A biomarker of synapse loss, an early event in Alzheimer's disease (AD) pathophysiology that precedes neuronal death and symptom onset, would be a much-needed prognostic biomarker. With direct access to the brain interstitial fluid, the cerebrospinal fluid (CSF) is a potential source of synapse-derived proteins. In this study, we aimed to identify and validate novel CSF biomarkers of synapse loss in AD. Discovery: Combining shotgun proteomics of the CSF with an exhaustive search of the literature and public databases, we identified 251 synaptic proteins, from which we selected 22 for further study. Verification: Twelve proteins were discarded due to poor detection by Selected Reaction Monitoring (SRM). We confirmed the specific expression of 9 of the remaining proteins (**Calsynytinin-1, GluR2, GluR4, Neurexin-2A, Neurexin-3A, Neuroligin-2, Syntaxin-1B, Thy-1, Vamp-2**) at the human synapse using Array Tomography microscopy and biochemical fractionation methods. Exploration: Using SRM, we monitored these 9 synaptic proteins (20 peptides) in a cohort of CSF from cognitively normal controls and subjects in the pre-clinical and clinical AD stages (n=80). Compared to controls, peptides from 8 proteins were

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elevated 1.3 to 1.6-fold ($p < 0.04$) in prodromal AD patients. Validation: Elevated levels of a GluR4 peptide at the prodromal stage were replicated (1.3-fold, $p = 0.04$) in an independent cohort ($n = 60$). Moreover, 7 proteins were reduced at preclinical stage 1 (0.6 to 0.8-fold, $p < 0.04$), a finding that was replicated (0.7 to 0.8-fold, $p < 0.05$) for 6 proteins in a third cohort ($n = 38$). In a cross-cohort meta-analysis, 6 synaptic proteins (**Calsyntenin-1**, **GluR4**, **Neurexin-2A**, **Neurexin-3A**, **Syntaxin-1B** and **Thy-1**) were reduced 0.8-fold ($p < 0.05$) in preclinical AD, changes that precede clinical symptoms and CSF markers of neurodegeneration. Therefore these proteins could have clinical value for assessing disease progression, especially in preclinical stages of AD.

Introduction

Synapse loss is a fundamental process underlying many neurological and psychiatric diseases including, but not limited to AD, Parkinson's disease, Lewy body diseases, schizophrenia and depression (1-3). Therefore, a biomarker capable of detecting synapse loss in living individuals has the potential to be a surrogate marker for disease severity, which would make an excellent addition to the biomarker arsenal for a wide range of neurological diseases. To search for novel synaptic biomarkers, we have selected AD as a disease model for synaptopathy. Synapse loss is an early event in AD, which precedes neuronal death (1) and evidence from animal models indicates that the synapse is the target of both AD pathological proteins, $A\beta$ and tau (4). AD can be conceptualized as a continuum of preclinical and clinical phases, based on the clinical syndrome and biomarkers of brain amyloidosis and tau-mediated neurodegeneration. In this conceptualization, patients with mild cognitive impairment (5) or dementia (6) who are positive for AD biomarkers are labelled as patients with MCI due to AD (prodromal AD) or dementia due to AD (6). Likewise, the current guidelines from the National Institute on Aging-Alzheimer Association (NIA-AA) conceptualize three preclinical

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stages of AD (7) whereby cognitively normal subjects with signs of brain amyloidosis (preclinical Stage 1), amyloidosis and neurodegeneration (preclinical Stage 2) or both markers as well as subtle cognitive decline (preclinical Stage 3). While markers of A β and tau pathology are excellent diagnostic biomarkers for AD, a marker of synapse degeneration would be invaluable for assessing disease progression in at-risk subjects. In this regard, many researchers have turned to biochemical markers in CSF, a biofluid with direct access to the central nervous system that can be extracted from living individuals by lumbar puncture.

Previous studies have reported elevated CSF levels of individual synaptic proteins such as neurogranin (8), SNAP-25 (9), synaptotagmin-1 (10) in AD dementia patients and neurexins 1, 2 and 3, and neurofascin (11) in prodromal AD patients. While these findings support the idea that synaptic proteins in CSF may be informative in AD, the previously reported correlation between CSF levels of synaptic proteins with CSF levels of tau suggest that widespread neuronal loss could be a confounding factor when studying synaptic proteins in the CSF, particularly at clinical disease stages. The CSF profile of synaptic proteins in preclinical stages of AD, before widespread neurodegeneration has taken hold has not been explored in detail. This is an important aspect since a good CSF marker of underlying synaptic degeneration should demonstrate changes that precede those of neurodegeneration markers. The progressive staging of neurodegeneration markers in AD, make this disease an excellent model system to evaluate the potential relationship between CSF levels of proposed synaptic biomarkers and existing markers of neurodegeneration.

Here we report (i) a systematic proteomic study of the CSF with a thorough characterization of the synaptic composition (discovery), (ii) development of Tier 2

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SRM assays for a set of CSF proteins whose expression was confirmed at the human cortical synapse or in synapse-associated structures (verification), (iii) assessment of the CSF profile of the synaptic panel in a clinical cohort that includes cognitively normal subjects and AD preclinical and clinical stages (exploration) and (iv) confirmation in independent clinical AD cohorts (clinical validation).

Experimental Procedures

Experimental Design and Statistical Rationale. This study is divided into the following stages: Discovery stage; peptide and protein identification in 7 pools of 60 CSF samples. Verification stage; Tier 2 SRM assay development for selected peptides in CSF and pathological study of selected proteins in human post-mortem tissue from 6 donors. Exploration stage; SRM of selected peptides in CSF from cognitively normal controls and pre-clinical and clinical stages of the AD continuum (n=80) prospectively recruited from the Sant Pau Initiative in Neurodegeneration (SPIN) cohort at Hospital Sant Pau, Barcelona and by the CITA Foundation, Donostia (exploratory cohort). Validation stage; SRM of selected peptides in an independent collection of CSF (n=60) prospectively recruited from the collection at Hospital Clinic, Barcelona (validation cohort-1) and an independent selection (validation cohort-2) of cognitively normal controls and preclinical stage 1 subjects (n=38) from the SPIN cohort. Where possible, subjects included in each group were age and sex-matched. CSF samples were run on the mass spectrometer in a randomised order with respect to diagnostic group. No technical replicates were included in the SRM study. Biological controls for SRM included cognitively normal individuals (exploratory Cohort, n=20, validation cohort-1, n=18, validation cohort-2, n=20). Biological replicates for SRM included patients and volunteers grouped according to established diagnostic criteria. As technical controls for SRM, BSA controls were run between each sample (shotgun and targeted LC-MS/MS).

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Clinical CSF cohorts. All participants gave their written consent. The study (IIBSP-BIO-2015-76) was approved by the local ethics committee following the ethical standards recommended by the Helsinki Declaration. All subjects were evaluated by neurologists with expertise in neurodegenerative diseases, by neuropsychologists using a previously published neuropsychological battery (12) and assessed for established AD biomarkers, namely brain amyloidosis (low CSF levels of A β ₁₋₄₂ or positive amyloid PET imaging) and neurodegeneration (high CSF levels of total tau or phosphorylated tau) based on local cut-offs. These cut-offs have high specificity and sensitivity to distinguish AD dementia patients from controls (13). Diagnoses of prodromal AD and AD dementia were made according to NIA-AA guidelines (5, 6). Subjects within the normal range following formal neuropsychological evaluation, when accounting for age and education (mostly recruited among patients' caregivers), were classified into preclinical AD stages in accordance with NIA-AA guidelines (7).

CSF collection, biomarker assessment and APOE genotyping. CSF samples were collected following international consensus recommendations (14) as previously described (13). Samples had been previously stored at -80°C and had not been thawed prior to analysis. Commercially available ELISA kits were used to determine levels of CSF A β ₁₋₄₂ (InnotestTM A β ₁₋₄₂, Fujirebio-Europe, Belgium), total Tau (InnotestTM hTAU Ag, Fujirebio-Europe), Tau phosphorylated at threonine residue 181 (InnotestTM Phospho-Tau 181P, Fujirebio-Europe). Our laboratory has extensive experience in CSF biomarker determination and participates in the Alzheimer's Association external quality control program for CSF biomarkers (15).

Post-mortem human brain samples. All post-mortem brain tissue used in this study was collected by the Neurological Tissue Bank at Hospital Clínic (IDIBAPS,

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Barcelona). The study (IIBSP-ATM-2012-46) was approved by the local Ethics Committee of both the Tissue Bank and Sant Pau Research Institute. Fresh brain tissue used for array tomography was collected from the superior frontal cortex of a female donor who died at the age of 83 and showed low AD pathology (Braak stage II). Pre-collected frozen tissue blocks from 6 donors (4 male, 2 female, mean age-at-death 66 years) without AD pathology were used for synaptosome and PSD enrichment.

Shotgun Liquid Chromatography Mass Spectrometry (LC-MS/MS). Where indicated, immunodepletion was performed using the ProteoPrep® Immunoaffinity Albumin & IgG Depletion Kit (Sigma-Aldrich, Missouri). Six pools each containing CSF from 10 individuals were precipitated with acetone and protein content was quantified by Bradford assay. Samples (50ug) were reduced in 10mM DTT, alkylated with 55 mM IAA, and, digested in-solution with trypsin and LysC overnight and desalted using a Desalted MicroSpin Column (GE healthcare, UK). Where indicated, samples were fractionated by strong cation exchange (SCX; Empore Disks Anion Exchange-SR, Sigma-Aldrich). An equivalent of 5ul of each CSF Sample was analysed using a LTQ-Orbitrap Velos Pro mass spectrometer (Thermo Fisher Scientific, San Jose, CA) coupled to a nano-LC (Proxeon, Odense, Denmark) equipped with a reversed-phase chromatography 2-cm C18 pre-column (Acclaim PepMap-100, Thermo; 100 µm i.d., 5 µm), and a reversed-phase chromatography 25cm C18 column (Nikkyo Technos, Japan; µm i.d., 1.9 µm) using a data-dependent acquisition mode. Acquired data were analyzed using the Proteome Discoverer software suite (v1.4.1.14, Thermo Fisher Scientific), and the Mascot search engine (v2.5.1, Matrix Science) was used for peptide identification. Data were searched against the Swiss Prot Human Protein database plus the most common contaminants (version 2014, 20884 entries). A precursor ion mass tolerance of 7 ppm at the MS1 level was used, and up to three missed cleavages for trypsin were

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allowed. The fragment ion mass tolerance was set to 0.5 Da. Oxidation of Methionine and N-terminal protein acetylation was defined as variable modification and carbamidomethylation of Cysteines was set as fixed modification. The identified peptides were filtered at 5% FDR calculated using a target-decoy database strategy. For each identified peptide, peptide peak areas were obtained as extracted ion chromatograms and protein abundances were estimated with the average peak area of the three most intense peptides per protein. For characterization of the CSF proteome, proteins without a reviewed Uniprot identifier were excluded. The mass spectrometry proteomics data have been deposited to the ProteomeXchange Consortium via the PRIDE (16) partner repository (<https://www.ebi.ac.uk/pride/archive>) with the dataset identifier PXD010356.

Database and literature curation. A systematic search of PubMed (www.pubmed.com) for proteomic studies was performed using the search terms “Cerebrospinal fluid”/“CSF”, & “proteome”/“proteomics” & “human”, for the CSF proteome (April 2013) and “synaptosome” / ”synapse” / “post-synaptic density” & “proteome” / “proteomics” & and “human” / ”mouse” / ”rat”, for the synapse proteome (April 2014). Only publications in English were reviewed. All identified proteins were extracted either directly from the published material or where available, from the PRIDE repository. All proteins with a known function related to the synapse were retrieved from 4 publicly available databases. Specifically, all proteins annotated with a GO related to the synapse were retrieved from AmiGO2 version 2.3.2 (<http://amigo2.geneontology.org/amigo>) using the search terms “dendritic spine”, “synapse”, “synaptic”, “transmission of nerve impulse” and “neurotransmitter”. All proteins annotated to “Glutamatergic synapse”, “Cholinergic Synapse”, “Serotonergic synapse”, “GABergic synapse”, “Dopaminergic synapse”, “Synaptic vesicle cycle”,

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"Long-term potentiation", "Long-term depression", "Retrograde endocannabinoid signalling" according to the Kyoto Encyclopedia of Genes and Genomes were retrieved from <http://www.kegg.jp>. All proteins with "neurotransmitter release", "synapse", "synaptic" or "synaptogenesis" as an annotated function were retrieved from Uniprot (www.uniprot.org). Since each data source used distinct protein identifiers that, in some cases, had been retired or updated, a unique, reviewed Uniprot identifier was assigned to each protein using the bioinformatic gene identification conversion tools, PIR (<http://pir.georgetown.edu>) and Bio-Mart (<http://www.ensembl.org/biomart>) to avoid duplication across studies. Proteins without a reviewed Uniprot identifier were removed from the study.

Synaptosome enrichment. All steps were performed at 4°C. 200mg chunks were cut from frozen frontal cortex tissue blocks and homogenized in cold Buffer A (0.32M sucrose, 1mM NaHCO₃, 1mM MgCl₂, 0.5mM CaCl₂, 1:2500 phenylmethylsulfonyl fluoride, 1µg/ml aprotinin, 1µg/ml leupeptin). Homogenates were centrifuged (1400 x g, 10 minutes) and the supernatant transferred to a new tube. The pellet was resuspended in cold Buffer A and the previous step repeated with centrifugation at 710 x g. The two supernatants were combined and centrifuged (710 x g). The supernatant was subjected to a final centrifugation (30,000 x g, 15 minutes). The pellet was resuspended in Buffer B (0.32M sucrose, 1mM NaHCO₃), layered over a sucrose gradient (0.85M, 1M, 1.2M) and centrifuged (82,500 x g, 2 hours). The synaptosomal fraction (a thick white band at the 1-1.2M interface) was collected, diluted in 4x volume of Buffer B. An aliquot was centrifuged (48,200 g, 20 minutes) and the pellet (synaptosome) resuspended in Buffer C (50mM Tris pH 7.4, 1% SDS) and stored at -80°C. The remaining aliquot was diluted in equal volume Buffer D (50mM Tris pH 7.4) and 1x volume of 2% Triton-X ,

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incubated for 10 minutes and centrifuged (maximum velocity, 30 minutes). The pellet (post-synaptic density; PSD) was re-suspended in Buffer C and stored at -80°C.

Array Tomography. The array tomography protocol was applied using previously described methods (17, 18). Briefly, a 1cm³ section was taken from the superior frontal cortex was fixed, dehydrated and polymerised in 100% LR-white resin. The embedded samples were sectioned using a diamond knife (Diatome, UK) creating 20 serial 70nm thick sections, which were mounted onto coverslips. The ultrathin ribbons were washed with Tris buffer and blocked for 5 minutes. Primary antibodies used were as mentioned above with the following exceptions; anti-Tenascin-R (Abcam, UK; ab121916) anti-GluR2, anti-Neurologin-2, anti-Neurexin2 (Merck Millipore, Massachusetts; MAB397, AB15510, ABN97), anti-synaptophysin (Osenses, Australia; oss00029w) and anti-PSD95 (Synaptic Systems, Germany; 124014), alexa-tagged secondary antibodies (Thermo Fisher Scientific). Coverslips were mounted onto the slides using Slowfade Gold with DAPI (Thermo Fisher Scientific). Images were captured using a fully automated epifluorescence upright microscope (custom adapted BX51, Olympus, Pennsylvania) with a 64x 1.2 NA Plan Achromat objective. Image analysis was performed using Matlab (Mathworks). The script has been deposited at <https://github.com/MemoryUnitSantPau> with the name SynSeg. Images from serial sections were stacked, aligned, thresholded and the non-specific staining (not present in at least 2 consecutive sections) removed using a local threshold based algorithm. 3-D reconstructions of representative synapses were generated using the ImageJ Volume Viewer plug-in with tricubic smooth interpolation.

SDS-Page and Western blot. The total protein content of homogenate, synaptosome and PSD enriched fractions was quantified by bicinchoninic acid assay. Aliquots

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containing 20ug total protein were boiled, diluted in loading buffer (100mM Tris-HCL, 4% SDS, 20% glycerol, 200mM DTT and 200mM β -mercaptoethanol) and loaded onto a 12% Tris-Tricine gel and electrophoresed. Proteins were transferred to a nitrocellulose membrane, which was immunostained using the following antibodies; anti-CLSTN1, anti-Synaptophysin, anti-Thy1, (Abcam; ab134130, ab8049, ab133350), anti-GluR2, anti-GluR4, anti-Vamp2, anti-PSD95 (Cell Signaling; 13607, 8070, 13508, 3450), Anti-neurologin-2, anti-Syntaxin-1B (Synaptic Systems; 129203, 110403), anti-Neurexin3, anti-Tenascin R (Thermo Fisher; PA5-47714, PA5-47546), fluorescent dye-conjugated secondary antibodies (Li-COR Biosciences, Nebraska).

Targeted Liquid Chromatography Mass Spectrometry (LC-SRM). 54 proteotypic peptides (7 to 20 amino acids long) with tryptic terminals corresponding to 22 proteins brought forward from the shotgun data were selected based on previous LC-MS/MS data and database searches (Peptide Atlas). For each targeted peptide, corresponding crude heavy peptides were synthesised with $^{13}\text{C}_6$ $^{15}\text{N}_4$ (Arg) or $^{13}\text{C}_6$ $^{15}\text{N}_2$ (Lys) isotopes (Peprotech SRM custom peptides, grade 2, Thermo Fisher Scientific) for use as reference internal standards in the CSF samples (Thermo Fisher), and to generate a library of MS/MS spectra for the selection of interference-free transitions for the peptides of interest. Individual CSF samples were precipitated with acetone and re-dissolved in 6M urea prior reduction (10 mM, DTT), alkylation (55 mM, IAA) and in-solution digestion with LysC and Trypsin (1:10, 37°C, overnight). Isotopically-labeled peptides were spiked in each sample, and an equivalent of 5ul of each sample was analysed in a 120-min gradient (0-35% ACN+0.1%FA) in SRM mode using a triple quadrupole-Qtrap mass spectrometer (5500 QTrap, Sciex, Massachusetts) coupled to a nano-LC chromatography column (300 ul/min, 25-cm C18 column, 75 μm I.d., 2 μm particle size). BSA control samples were analyzed between runs for instrument quality

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control. Transitions were visualised and analysed using Skyline 3.5 and peak picking was manually reviewed based on the co-elution of the reference and endogenous peptides, peak shape and correlation of transition rank intensities between the reference and endogenous transitions. Of the initial 54 targeted peptides, 32 were eliminated from the study due to poor detection in a pilot detection experiment with 5 CSF samples. The remaining 22 peptides were taken forward for further monitoring in the exploratory and validation cohorts. Peptide stability was assessed by injecting a pool of all the samples over the duration of the mass spectrometric measurements and monitoring the peak area of the standard peptides. SRM transitions were processed using the dataProcess function of MSstats v3.5 package in R (19). Specifically, the EqualizeMedians function was used to normalise the data using the transition intensities of the isotope-labeled standard peptides. This method was chosen as it assumes that the samples of a data set are separated by a constant and scales the samples so that they have the same median. The results were not significantly altered when compared to normalisation using the alternative Quantile method in MSstats. The normalised data were summarised (TMP: Tukey's Median Polish) according to either peptide or protein. Transitions with between run interference were identified using the "betweenRunInterferenceScore" (cut-off= ≤ 0.8). Samples with log base-2 endogenous intensities under the cut-off designated by the MSstats package for each cohort (9.5211, 8.4337 and 8.5219, respectively) were considered as censored missing values. The mass spectrometry-based targeted proteomics data have been deposited to the Panorama repository with the dataset identifier 485 (<https://panoramaweb.org/5Jugvs.url>) and the PRIDE repository with the identifier PXD012138.

Statistical Analysis. To determine enrichment of synaptic proteins in synaptosome and PSD-enriched fractions isolated from post-mortem brain tissue, the intensity of bands

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corresponding to the synaptic proteins on SDS-PAGE membranes were quantified using Odyssey software (Li-COR Biosciences). The ratio of each fraction relative to that of the homogenate (enrichment) was calculated. Since enrichment ratios for the 10 synaptic proteins did not clearly deviate from a Gaussian distribution (Kolmogorov-Smirnov $p > 0.1$), mean enrichment ratios were compared in synaptosome and PSD fractions versus homogenates by One-Way Analysis of Variance (with Dunnett's post-hoc test). For SRM data, log₂ fold-changes for each preclinical and clinical AD stage relative to controls were calculated using a mixed effect linear regression model (GroupComparison function in MSstats). For meta-analyses of the SRM data from the three cohorts, p-values were calculated according to Fisher's method using the "metap" package in R. Where stated, adj.p-values refers to p-values adjusted using the Benjamini-Hochberg method to account for multiple testing.

Results

Discovery Stage – Characterising the synaptic component of the CSF

To characterize the CSF proteome, we performed a discovery proteomics screen of 7 CSF pools each containing samples from 10 individuals extracted from either cognitively normal controls (5 pools), AD patients (1 pool) or a mixture of both (1 pool), varying the LC-MS/MS conditions to optimise protein yield. Further details of the sample pools, LC-MS/MS conditions and identified contaminants can be found in **Table S1**. We found that depletion of abundant IgGs and albumins increased the protein yield by 115% and that SCX fractionation had a greater effect on protein yield (186% increase compared to runs without SCX, 6 hour LC) than extended LC times (141% increase following SCX + 6 hour LC compared to SCX + 2 hour LC). Overall, IgG and albumin depletion, SCX fractionation with 6 hour LC resulted in the greatest protein

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yield (mean yield = 1,259 proteins, range =702-1,615). Across all LC-MS/MS runs, we identified 18,785 peptides (**Table S2**) corresponding to 2,742 unique proteins (**Table S3**).

To gain a more complete picture of the CSF proteome, we performed a complementary search of published proteomic studies of CSF extracted from cognitively or neurologically normal individuals. The search identified 10 independent studies (20-29) listed in **Table 1A**. We extracted 3,662 unique proteins (**Table S3**) from the 9 studies for which data were publicly available. By combining our dataset with the datasets from the literature, we report 4,315 proteins that have been identified in cognitively/neurologically normal CSF and a further 296 proteins that we detected only in pools from AD patients and/or mixed pools.

To identify the synaptic component of the CSF, we next sought to characterize the human synaptic proteome also using publicly available data, but in this case related to the characterization of the synapse. Here we have defined the synaptic proteome as proteins that i) have an annotated synaptic function according to 4 selected public databases (see Experimental Procedures), and ii) have been detected in at least 1 of 23 published proteomic studies (30-50) of synapse-enriched fractions from rodent or human brain tissue (**Table 1B-D**). **Table S4** shows the 537 proteins that satisfy these criteria. Cross-referencing the CSF with this shortlist, we identified 251 synaptic proteins that are detectable in the CSF by shotgun mass spectrometry (**Table S5**). Using these criteria, we report that approximately 6% of CSF proteins are of synaptic origin.

Verification stage – Selecting a panel of synapse-specific proteins suitable for SRM

The 251 synaptic proteins that were detectable in the CSF were manually curated and an initial list of 22 proteins that participate in one or more core synaptic process

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(**Calsynenin-1** (51), **GABA_B receptor 1** (52), **GABA_A receptor A2** (53), **GABA_A receptor A3**, **GluR2** (54), **GluR4** (55), **mGluR1** (56), **Munc18** (57), **Neurexin-2A** (58) **Neurexin-3A** (59), **Neurologin-1** (60), **Neurologin-2** (61), **Neuroplastin** (62), **Synapsin-1** (63), **Synaptic Ras-GAP 1** (64), **Synaptic vesicle glycoprotein 2B** (65), **Synaptotagmin-1** (66), **Syntaxin-1A** (67), **Syntaxin-1B**, **Tenascin-R** (68), **Thy-1** and **Vamp-2** (69)) was selected with the goal of defining a subset of proteins that is amenable for multiplex quantification. To confirm detection of the 22 proteins in CSF by targeted mass spectrometry, we developed SRM assays using 54 isotopically-labelled peptides corresponding to the 22 selected proteins to be used as internal references. We monitored the peptides in a preliminary set of 5 CSF samples and eliminated 32 peptides from the study due to poor detection (**Table S6**).

To investigate the specificity of the expression of the remaining 10 proteins in human synapses, we applied array tomography (AT) microscopy to our panel of proteins in human cortical tissue. AT is particularly suited to the study of synapses as it provides improved spatial resolution in the axial plane compared to other light microscopy techniques (i.e., confocal microscopy). By obtaining ultrathin (70nm) tissue sections, single synapse terminals may be identified. Representative 3D reconstructions of single synapse terminals clearly show the expression of 9 of the panel proteins directly at the synapse, marked by pre (synaptophysin) and post (PSD-95) synaptic markers (**Fig 1A**). In contrast, **Tenascin-R** was found surrounding the synapse without making direct contact. This is consistent with the literature where **Tenascin-R** has been reported to reside in extracellular perineuronal nets that surround the synapse (70).

Specificity of synaptic expression was further evaluated by quantifying the enrichment of the panel proteins in synaptosome and PSD fractions extracted from 6 human cortical

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tissue samples without pathology (**Table S7**). The 2A isoform of **Neurexin-2** could not be analyzed due to the lack of a commercially-available specific antibody suitable for Western blotting. **Fig 1B** shows that all 9 proteins tested were enriched in synaptic fractions compared with the homogenate ($p<0.03$). Specifically, **Calsyntenin-1**, **Neurexin-3A**, **Syntaxin-1B** and **Vamp-2** were enriched 2.0 to 5.0-fold in synaptosomes ($p<0.02$) with **Vamp-2** in particular, showing greater enrichment (5-fold, $p<0.0001$) than the widely-used pre-synaptic marker, synaptophysin (3-fold, $p<0.0001$). **Calsyntenin-1**, **GluR2**, **GluR4**, **Neurologin-2**, **Tenascin-R** and **Thy-1** were enriched 1.8 to 5.0-fold in the PSD fraction ($p<0.03$). Therefore all 10 proteins are expressed specifically at the human synapse or in the surrounding area (Tenascin R).

Exploration phase – Characterising the CSF profile of the synaptic panel in AD

Since **Tenascin-R**, was not directly expressed at the synapse, this protein was not brought forward for evaluation. **Table 2** provides further information regarding the 9 synaptic proteins and their corresponding peptides that were monitored by SRM in the exploratory cohort comprising 80 CSF samples from controls and all preclinical and clinical stages of the AD continuum (**Table 3A**). **Table S8A** lists the transitions included and excluded from the analysis. **Fig 2A** shows the relative fold-change in CSF levels of the 20 individual peptides and summarized protein levels at each AD stage compared to the cognitively normal, AD biomarker negative, control group ($n=20$). **Table S9A** shows the raw values. Peptides were not significantly altered in individuals at preclinical AD stage 1 ($n=10$) compared to controls, albeit that 17 peptides from 8 proteins were subtly reduced 0.8 to 0.9-fold ($p>0.1$). At preclinical AD stage 2 ($n=10$), no differences were observed (0.9 to 1.1-fold, $p>0.2$). In prodromal AD patients ($n=20$), 19 peptides from 8 proteins were elevated 1.3 to 1.6-fold ($p<0.04$, $adj.p<0.04$). In patients at the dementia stage ($n=20$), **Calsyntenin-1** (1.2 to 1.3-fold, $p<0.02$,

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adj.p=0.1), **GluR4** (1.3-fold, $p<0.04$, adj.p=0.1), **Neurexins-2A** and **3A** and **Thy-1** (1.2 to 1.3-fold, $p<0.04$, adj.p=0.1) peptides remained elevated. Overall, levels of peptides from the same protein were highly correlated across all samples ($\rho=0.77$ to 0.98).

Excepting the **GluR2** peptide, which showed relatively elevated levels ($p>0.05$) at preclinical stage 1, the fold-changes of all peptides and proteins were comparable to each other at all disease stages, differing only in significance level, indicating very little peptide or protein-specific differences. In fact, the levels of all proteins across all disease stages were positively correlated ($n=80$, all $\rho>0.37$, all $p<7\times 10^{-4}$), **Calsyntenin-1**, **GluR4**, **Neurexin-2A**, **Neurexin-3A**, **Neuroigin-2** and **Thy-1** in particular ($\rho=0.66$ to 0.90).

Validation phase – Validation of the synaptic CSF profile in an independent AD cohort

All 20 peptides were brought forward for validation in an independent clinical cohort comprising 60 CSF samples controls and preclinical and clinical stages of the AD continuum (**Table 3B**). **Table S8B** lists the transitions included and excluded from the analysis. **Fig 2B** shows the relative fold-change in CSF levels of the individual peptides and summarized proteins at each AD stage compared to the cognitively normal, AD biomarker negative control group ($n=18$). **Table S9B** shows the raw values. Similar to the exploratory cohort, levels of peptides from the same protein were highly correlated across all samples ($\rho=0.52$ to 0.98) and all 20 peptides showed comparable CSF profiles at all disease stages. All proteins were positively correlated ($n=60$, all $\rho>0.36$ all $p<0.005$), **GluR4**, **Neurexin-2A**, **Neuroigin-2** and **Thy-1** in particular ($\rho=0.61$ to 0.80). The greatest fold-change was observed in individuals at preclinical stage 1 ($n=9$) in whom **Calsyntenin-1**, **GluR4**, **Neurexin-2A**, **Neurexin-3A**, **Neuroigin-2**, **Syntaxin-1** and **Thy-1** peptides were reduced 0.6 to 0.8-fold ($p<0.05$, adj.p=0.03 to 0.09). In individuals at preclinical stage 2 ($n=8$), **Calsyntenin-1** and **Vamp-2** peptides

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were elevated 1.3-fold ($p < 0.05$, adj. $p > 0.1$). While all peptides showed positive fold-changes (1.1 to 1.3-fold) in prodromal AD patients ($n=10$), the only peptide to validate the elevated levels observed in the exploratory analyses was for **GluR4**, which was elevated 1.3-fold ($p=0.04$, adj. $p=0.5$). None of the peptides were significantly elevated in patients at the dementia stage (1.0 to 1.2-fold, $p > 0.09$).

While, all synaptic proteins moderately correlated with total tau levels, in both cohorts (exploratory; $n=80$, $\rho=0.45$ to $\rho=0.67$, validation; $n=60$, $\rho=0.36$ to 0.56), by definition, total tau levels are unaltered in individuals at preclinical AD stage 1. Therefore, a reduction of synaptic proteins at preclinical stage 1 would be of increased clinical value since individuals at this early stage are asymptomatic and have yet to demonstrate widespread neuronal degeneration. We therefore sought to replicate this finding in a larger set of controls and preclinical AD stage 1 ($n=38$) from the SPIN cohort. **Table S8C** lists the transitions included and excluded from the analysis. **Fig 2C** shows that compared to control subjects, **Calsyntenin-1**, **GluR4**, **Neurexin-2A**, **Neurexin-3A**, **Syntaxin-1** and **Thy-1** were reduced 0.7 to 0.8-fold ($p < 0.05$). **Table S9C** shows the raw values.

Finally, we performed a cross-cohort meta-analysis by combining the p-values (Fisher's p-value) at each disease stage for peptides that demonstrated fold-changes in the same direction across all cohorts. **Table S9D** shows the raw values. The mean of fold-change for each peptide at each disease stage is plotted in **Fig 2D**. In this meta-analysis, **Calsyntenin-1**, **GluR4**, **Neurexin-2A**, **Neurexin-3A**, **Syntaxin-1B** and **Thy-1** peptides were reduced (0.8-fold, Fisher's $p < 0.05$) in individuals at preclinical AD stage 1, **Calsyntenin-1**, **GluR2**, **GluR4**, **Neurexin-2A**, **Neurexin-3A**, **Neuroigin-2**, **Thy-1** and **Vamp-2** peptides were elevated (1.2 to 1.4-fold, Fisher's $p < 0.04$) in prodromal AD

patients and **Calsyntenin-1**, **GluR4**, **Neurexin-2A** and **Neurexin-3A** were elevated (1.2 to 1.3-fold, $p=0.04$) at the dementia stage. Therefore, these data support a biphasic profile for 5 proteins (**Calsyntenin-1**, **GluR4**, **Neurexin-2A**, **Neurexin-3A**, and **Thy-1**) whereby compared to controls, CSF peptide levels are reduced at the earliest preclinical stage 1 of AD when neurodegeneration has yet to take hold, as indicated by total tau levels, but elevated at the prodromal AD stage when neurodegeneration is widespread.

Discussion

This is the first systematic study of the CSF proteome and thorough characterisation of its synaptic component. Using this resource, we selected a panel of 10 synaptic proteins for evaluation as potentially novel biomarkers of synapse degeneration in neurological diseases characterized by synaptopathy. We confirmed the specific expression of 9 of the synaptic proteins at the human cortical neuronal synapse therefore increasing the probability that their CSF levels are directly related to synapse integrity. A thorough evaluation of the CSF profile of the 9 synaptic proteins in three independent clinical cohorts comprising controls and pre-clinical and clinical stages of AD revealed a set of six synaptic proteins (**Calsyntenin-1**, **GluR4**, **Neurexin-2A**, **Neurexin-3A**, **Syntaxin-1B** and **Thy-1**) that were reduced 0.8-fold ($p<0.05$) at the earliest preclinical stage of AD (stage 1, cognitively normal with positive amyloid markers) compared to controls. Five of these proteins were also elevated in patients at the clinical stages (cognitive impairment and positive neurodegeneration markers). We propose that the reduced levels in preclinical stage 1 may reflect reduced synaptic density in these individuals who already show signs of brain amyloidosis, an effect that is confounded by widespread neurodegeneration at later disease stages.

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In the discovery stage of this study, a thorough proteomic screen of 60 CSF samples combined with a literature search of proteomic studies of the CSF identified 4,315 proteins in cognitively normal individuals. To put this into context, the latest release of the Human Protein Atlas (v17) comprises RNA expression for 10,226 unique genes that were positively detected in the brain (cortex, cerebellum or hippocampus), of which we report that 26% are detectable in the CSF. According to the Human Protein Atlas data, we estimate that 79% of the brain-expressed proteins detected in the CSF are known to be expressed in the cortex, 65% in the hippocampus and 67% in the cerebellum.

We then searched the literature and public databases for proteins that are both physically and functionally related to the synapse, thereby prioritising well-characterised synaptic proteins. The 537 proteins retrieved represent 4% of those with positive RNA brain expression data included in the Human Protein Atlas database, suggesting that this is a relatively stringent classification. Regional expression data from the Human Protein Atlas provide evidence for 95% of these synaptic transcripts in the cerebral cortex, 75% in the hippocampus and 87% in the cerebellum. We conclude that the majority of the proteins we have classified as synaptic are expressed across multiple brain regions. This lack of regional specificity offers the possibility that these proteins could be informative across the range of neurological and psychiatric diseases, which demonstrate distinct regional susceptibility. Notably, our CSF database included 47% of these synaptic proteins. When compared with the 26% yield of brain-expressed proteins in CSF, we conclude that the coverage of synaptic proteins in our CSF database was relatively high.

In the verification stage, we employed AT microscopy, a technique especially suited to study single synapses (17, 18) to verify the synaptic expression of a set of proteins

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detectable in the CSF by SRM and with a known synaptic function at the human cortical synapse. With improved antibody penetration compared with other super resolution techniques and improved resolution compared with traditional confocal microscopy, we report with high confidence that our panel of 9 proteins are expressed directly at or surrounding human cortical neuronal synapses. The synaptic panel includes proteins with a range of synaptic functions, including but not limited to, spine assembly and maturation, synaptic transmission and plasticity, synaptogenesis and synaptic vesicle exocytosis. No clear difference in CSF profile could be attributed to any particular function. The protein expression of 7 of these proteins has been assessed by the Human Protein Atlas, all of which were detected in the cortical neuropil. **Calsyntenin-1** and **Neurologin-2** were the only proteins detected, at low levels, in glial cells. Consistent with the extracellular expression in perineuronal nets, **Tenascin-R** was detected in the neuropil but not in neurons or glia, further supporting its exclusion from the remainder of the study. In AD, reduced brain expression at the transcriptomic or proteomic level has been reported for **GluR2**, **GluR4**, **Neurexin-2A**, **Syntaxin-1B**, **Tenascin-R**, **Thy-1** and **VAMP-2**, while increased expression has been reported for **Neurologin-2** (71-74). Pertinently, there is evidence in the literature that some of the panel proteins may be involved in mechanisms directly related to AD pathogenesis. For example, **GluR2**, (75) **GluR4** (76) and **Neurexin-2A** (77) have been postulated as direct targets of A β oligomers. Additionally, there is evidence that **Calsyntenin-1** (78, 79) and **Vamp-2** (80) play a role in A β production, trafficking or secretion and a role for the **Neurexin-Neurologin** complex in regulating A β metabolism and function has also been postulated (81). The potential involvement of these proteins in AD pathogenesis makes these proteins particularly attractive candidate biomarkers for AD. That being said, this does not exclude their potential as biomarkers of synapse loss in other neurological diseases.

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Defective **GluR2** RNA editing may be relevant to amyotrophic lateral sclerosis (82), while variations in genes encoding **Neurologin-2**, **Neurexin-3** and **Syntaxin-1B** have been implicated in schizophrenia (83), autism spectrum disorder (84) and epilepsy(85), respectively.

In the exploration and validation stages of this study, we quantified the 9 synapse-verified proteins in three independent clinical cohorts of CSF samples from cognitively normal controls and individuals from the AD continuum. As has been reported for other synaptic proteins, such as neurogranin (86), synaptotagmin-1 (10) and SNAP-25 (9), we observed an increase in CSF levels of 8 of the panel proteins in prodromal AD patients compared with controls. The moderate correlation of the synaptic panel proteins with a marker of tau-mediated neurodegeneration suggests that synapse and neuronal loss are interrelated in AD and that the panel proteins partially reflect both processes. That being said, **GluR2**, **Neurexin-2A**, **Neurologin-2**, **Syntaxin-1B** and **Vamp-2** showed a weaker correlation with CSF total tau than that reported for neurogranin, synaptotagmin and SNAP-25. It remains to be determined whether the greater independence of these proteins from CSF tau levels compared with other synaptic proteins provides additional clinical value when used as biomarkers. We also report that 12 peptides from **Calsyntenin-1**, **GluR4**, **Neurexin-2A**, **Neurexin-3A**, and **Thy-1** were reduced at preclinical AD stage 1. Our data support that reduced levels of synaptic proteins in the CSF reflect a reduced synaptic density in these individuals, which is only apparent when not being masked by widespread neurodegeneration. These proteins could be valuable markers for monitoring disease progression in at-risk individuals before the appearance of cognitive symptoms.

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In conclusion, we have identified and provided clinical validation for a set of synaptic proteins (**Calsyntenin-1**, **GluR4**, **Neurexin-2A**, **Neurexin-3A**, **Syntaxin-1B** and **Thy-1**) that can be detected in CSF by targeted liquid chromatography mass spectrometry without depletion, immunoprecipitation or fractionation of the sample that could provide added value in the clinical setting to assess disease progression in individuals at-risk for AD and AD patients and could improve enrichment and monitoring of drug efficacy in pharmaceutical drug trials. To our knowledge, this is the first study to demonstrate a non-linear profile of a subset of synaptic proteins in AD with changes observed at the earliest preclinical AD stage before neurodegeneration is widespread. This study serves as a basis for future research on the dynamics of synaptic proteins in the CSF. Since the cross-sectional design of the current study does not allow assessment of the prognostic capacity of the synaptic panel proteins, future longitudinal studies in large cohorts are necessary to further explore the potential of the synaptic panel proteins as prognostic biomarkers that precede markers of neurodegeneration. The potential of the proteins described herein to be useful prognostic biomarkers across a range of neurological and psychiatric disease opens up many avenues for further investigation.

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Data Availability

The shotgun proteomics data have been deposited to the ProteomeXchange Consortium via the PRIDE (16) partner repository (<https://www.ebi.ac.uk/pride/archive>) with the dataset identifier PXD010356. The targeted proteomics data have been deposited to the Panorama repository with the dataset identifier 485 (<https://panoramaweb.org/5Jugvs.url>) and the PRIDE repository with the identifier PXD012138. The script used for Matlab image analysis has been deposited at <https://github.com/MemoryUnitSantPau> with the name SynSeg.

Disclosures

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The authors declare that the Biomedical Research Institute Sant Pau (IIB Sant Pau) has filed a patent application (pending) to the European Patent Office (EP18382175.0) to protect the intellectual property included in this manuscript. O Belbin, A Lleó, Á Bayés, J Fortea and D Alcolea are the named inventors.

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Figures

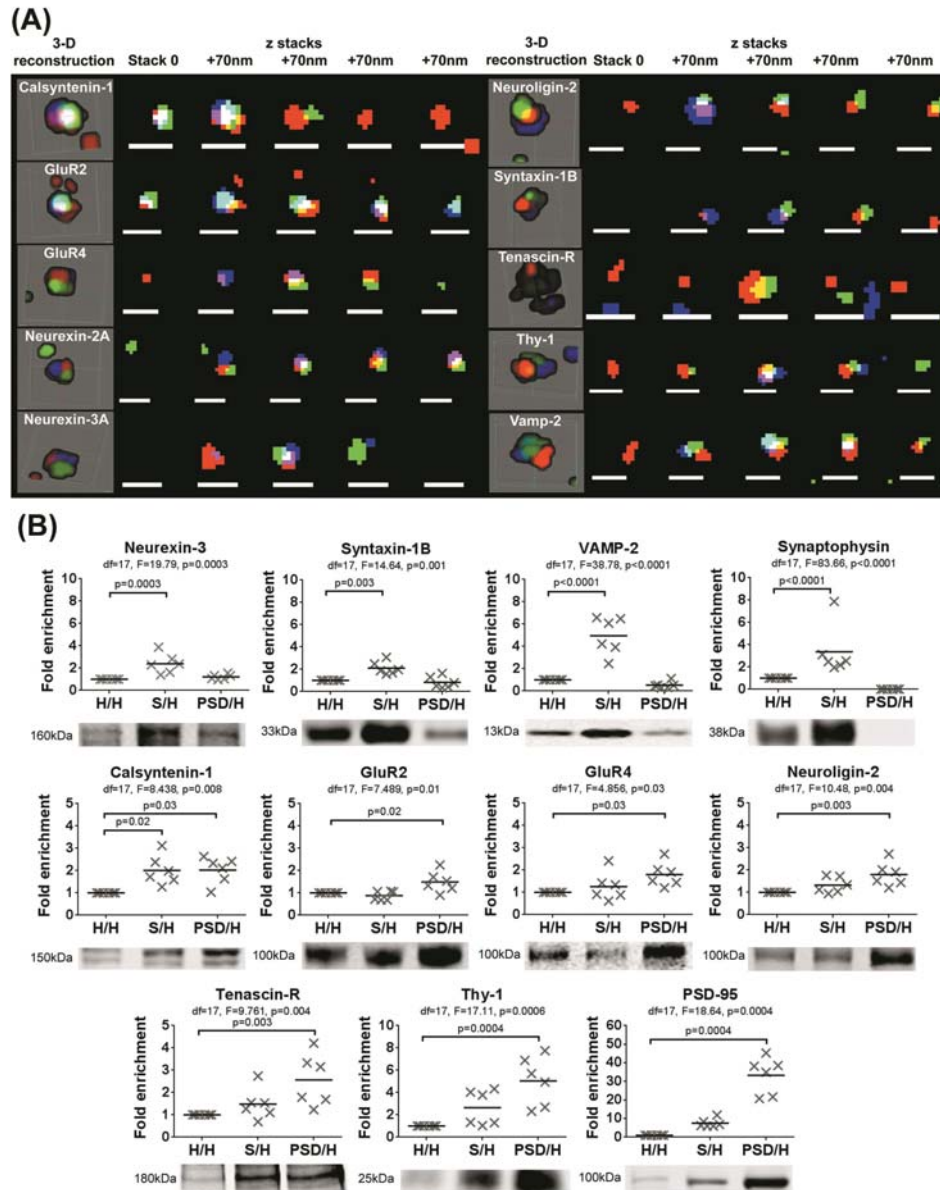


Fig 1. Expression of the panel proteins at the human cortical synapse. (A) Using AT microscopy, ultrathin tissue slices (70nm) from human post-mortem cortical tissue from one brain donor were immunostained for pre- (synaptophysin, red) and post- (PSD95, green) synaptic markers and the synaptic panel proteins (blue). A representative 3-D reconstruction of a representative synapse is shown for each panel protein. The segmented immunofluorescence of the 3 proteins in each individual stack

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(at 70nm increments) is shown to the right of the reconstruction. Scale bars representing 1µm are shown at the bottom of each z stack. **(B)** Mean fold-enrichment plotted for each panel protein in homogenate (H), synaptosome-enriched (S) and PSD-enriched (PSD) fractions taken from post-mortem human cortex (n=6). S/H and PSD/H; intensity in S or PSD fractions relative to H for the same sample. H/H; intensity in the H fraction for each sample relative to the mean intensity in the H fraction across all samples. Enrichment of the pre- (synaptophysin) and post (PSD-95) markers are also shown. Degrees of freedom (df), F statistic and p-values for the ANOVA are shown at the top of each plot and Dunnett's pvalues are shown for significant pair-wise comparisons ($\alpha=0.05$).

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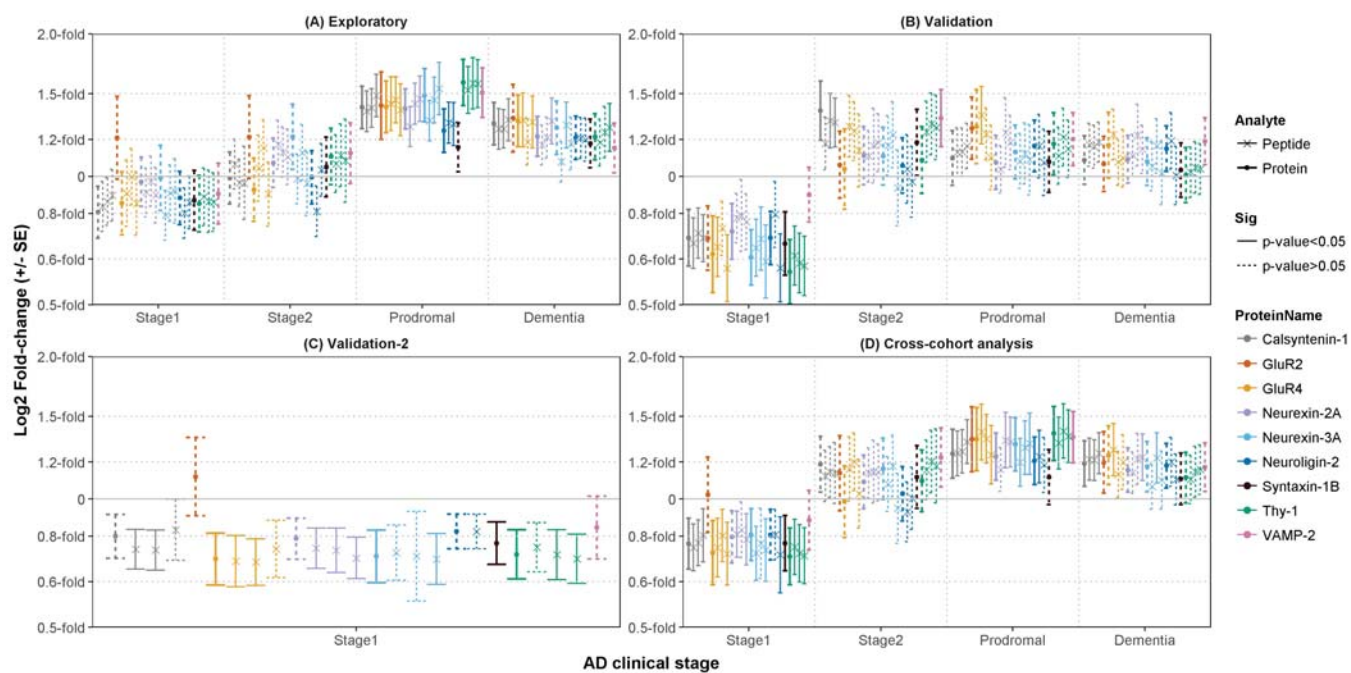


Fig 2. Synaptic panel peptide levels in the CSF across the AD continuum. The log₂ fold-change (+/- standard error; SE) in CSF levels of the synaptic panel peptides and summarized protein levels are plotted for each preclinical and clinical AD stage versus cognitively normal controls

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for **(A)** the exploratory cohort (Controls n=20, Stage1 n=10, Stage2 n=10, Prodromal n=20, AD dementia n=20), **(B)** validation cohort-1 (Controls n=18, Stage1 n=9, Stage2 n=8, Prodromal n=10, AD dementia n=15), **(C)** validation cohort-2 (Controls n=20, Stage1 n=18) and **(D)** the combined mean log₂ fold-change across the 3 cohorts. For ease of interpretation, the natural values are labelled on the y-axis on a log₂ scale. The linestyle of the error bars were determined by p-value cut-offs for pair-wise group comparisons using a mixed effect linear regression model (see legend). Stage1; preclinical AD stage 1, Stage2; preclinical stage 2, Prodromal; prodromal AD, Dementia; AD dementia.

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Study	Species (n)	Tissue	Clinical status (A) /Fraction analyzed (B-D)	Protein identification method	#Proteins published
(A) Proteomic studies of the CSF					
(20) Begcevic	Human (6)	CSF	Non-pathological	SCX+LC-MS/MS	2,615*
(21) Zhang 2015	Human (14)	CSF	Non-neurological Surgery	HPLC+LC-MS/MS	2,513
(22) Gulbrandsen	Human (21)	CSF	Neurologically healthy	RP-AX LC-MS/MS	3,081
(23) Holttä	Human (3)	CSF	Neurologically healthy	LC-MALDI TOF/TOF	104
(24) Schutzer	Human (11)	CSF	Non-neurologic	SCX + LC-MS/MS	2,630
(25) Stoop	Human (40)	CSF	Non-neurological Surgery	LC-MS & MALDI-FT-ICR-MS	178
(26) Pan 2006	Human (19)	CSF	Cognitively normal	LC-MS/MS	216
(27) Xu	Human (22)	CSF	Cognitively normal	SCX + LC-MS/MS	784
(28) Zhang 2005	Human (22)	CSF	Cognitively normal	SCX + LC-MS/MS	312
(29) Wenner	Human (10)	Postmortem CSF	Cognitively normal	SCX + LC-MS/MS	249
(B) Proteomic studies of the whole synapse					
(30) DiGiorgis	Human (3)	cortex	Synaptosome (phosphoproteins)	MS/MS	24
(31) Wilhelm	Rat (4)	cortex & cerebellum	Synaptosome	iBAQ	1113
(32) Abdul-Husn	Mouse (10)	hippocampus	Presynapse	In-gel(26)/In-solution: LC-MS/MS	131
	Rat (10)	striatum	Presynapse	In-gel(26)/In-solution: LC-MS/MS	113
(C) Proteomic studies of the active zone/synaptic vesicles (SV)					
(33) Weingarten	Mouse (12)	whole brain	Presynaptic active zone, SV	microOTOF-Q II/MALDI-TOF/TOF	482
(34) Blondeau	Rat	whole brain	SV (Ficoll)	In-gel(61): LCMS/MS	209
(35) Boyken	Rat	whole brain	SV (fraction 4-7, 19-21, vGLUT1/VGAT+)	iTRAQ AP+LC-MS/MS	491
(36) Coughenour	Rat	forebrain	SV (fraction 13-21)	In-gel NanosprayMS/MS QTOF	35
(37) Morciano 2005	Rat (3)	whole brain	SV (fraction 5-11, 28-34/SV2-complex)	In-gel(36) MALDI-TOF	93
(38) Morciano 2009	Rat	whole brain	SV (fraction 5-11, 28-34/SV2-complex)	In-gel MALDI-TOF-MS/WB	218
(39) Takamori	Rat	whole brain	SV	2D-GE Q-TOF MS	400
(D) Proteomic studies of the post-synaptic density (PSD)/ MASC					
(40) Bayes 2011	Human (9)	neocortex	PSD	LC-MS	1451
(41) Fernandez	Mouse	forebrain	PSD (PSD-95+complexes)	AP + LC-MS/MS LTQ-FT	117
(42) Cheng	Rat	Forebrain/cerebellum	PSD	ICAT-LC-MS/MS	238
(44) Li 2004	Rat	forebrain	PSD	2D-GE+MALDI-TOF/TOF	92
(43) Li 2005	Rat	forebrain	PSD	ICAT LC-MS TOF/TOF - ICAT	113
(45) Peng	Rat	forebrain	PSD	LC-MS/MS LCQ-DECA XP Ion trap	365
(46) Walikonis	Rat	forebrain	PSD	2D-GE, MALDI-TOF MS	26
(47) Bayes 2012	Mouse (3)	cortex	PSD	LC-MS	1546
(48) Collins 2006	Mouse	whole brain	PSD	SDS-PAGE-LC-MS/MS Q-TOF	617
(49) Trinidad	Mouse	whole brain	PSD	SCX Nano-LC-ESI-QTOF MS/MS	242

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(50) Bayes 2014	Human	neocortex	MASC	AP-Orbitrap LCMS/MS	289
(48) Collins 2006	Mouse	whole brain	MASC	SDS-PAGE-LC-MS/MS Q-TOF	186

Table 1. Details of published proteomic studies of the CSF and synapse. The number of proteins identified by at least 1 proteotypic peptide in each study of **(A)** the CSF, **(B)** whole synapse, **(C)** active zone and synaptic vesicles and **(D)** PSD/MAGUK- associated signalling complexes (MASC) is shown. *Data were not publicly available for retrieval. The species, tissue, clinical status (of CSF donors), synaptic fraction (synapse), protein identification and number of proteins are shown for each study.

(A) Protein		(B) Peptides								
Name; UniprotID	Dendritic spine assembly, maintenance and maturation	Postsynaptic Ca ²⁺ signalling	AMPA receptor endocytosis and trafficking	Synaptic transmission and plasticity	Synaptogenesis	Synaptic vesicle exocytosis	Presynaptic differentiation	Length; Coverage	Sequence	Position; Domain; Protein Isoform; Protein products where the peptide resides
Calsynenin-1; O94985	(51)	(87)						981aa; 3%	LTVTAYDCGK GNLAGLTLR IISTITR	235-244; extracellular;1,2; Mature, sAlc- α 537-545; extracellular;1,2; Mature, sAlc- α 684-690; extracellular;1,2; Mature, sAlc- α
GluR2; P42262	(88)		(89)	(90)				883aa; 2%	YTSALTYDAVQVMTEAFR	295-312; extracellular; Flip,Flop,3 4; Mature
GluR4; P48058				(90)				902aa; 5%	LQNILEQIVSVGK GYHYIIANLGFK IQGLTGNVQFDHYGR	218-230; extracellular;1,2; Mature 234-245; extracellular;1,2; Mature 354-368; extracellular;1,2; Mature
Neurexin-2A; Q9P2S2	(58)					(91)		1712aa ;2%	LSALTLSTVK LGERPPALLGSQGLR LQGDLSFR	161-170; extracellular;1A,2A; Mature, 184-198; extracellular;1A,2A; Mature, 478-485; extracellular;1A,2A; Mature,
Neurexin-3A; Q9Y4C0	(58)		(59)			(91)		1643aa; 3%	SDLSFQFK NGLILHTGK ANDGEWYHVDIQR	49-56; extracellular;1A,4A; Mature, sNRXN3 293-301; extracellular;1A,4A; Mature, 537-549; extracellular;1A,3A,4A; Mature,
Neuroigin-2; Q8NFZ4	(92)			(61)			(93)	835aa; 4%	ELVDQDVQPAR TLLALFTDQWVAPAVATAK	336-346; extracellular;1; Mature, sNLGN2 450-469; extracellular;1; Mature, sNLGN2
Syntaxin-1B; P61266				(94)		(95)		288aa; 5%	AIEQSIEQEEGLNR	94-107; cytoplasmic;1,2; Mature
Thy-1; P04216				(96)	(97)	(98)		161aa; 24%	VTSLTACLVDQSLR HVLFGTVGVPEHTYR VLYLSAFTSK	22-35; polypeptide chain;1; Mature 61-75; polypeptide chain;1; Mature 88-97; polypeptide chain;1; Mature
Vamp-2; P63027						(69)		116aa; 14%	LQQTQAQVDEVVDIMR	32-47; cytoplasmic, v-SNARE motif;1; Mature

Table 2. Synaptic proteins and corresponding peptides monitored by SRM in CSF samples. The proteins (A) are listed with a summary of the reported synaptic function of the protein and coverage achieved by quantifying the peptides listed in (B).

Clinical stage	Amyloid-osis	Neuro-degeneration	Cognitive decline	N (% female, %E4+)	Age at collection	Mean +/- SD (range)			
						MMSE score	A β ₄₂ (ng/ml)	total tau (ng/ml)	p-tau (ng/ml)
(A)									
Controls	-	-	-	20 (75,0)	67+/-5 (60-77)	29+/-1 (28-30)	899+/-175 (618-1147)	205+/-35 (144-274)	38+/-6(30-49)
Preclinical 1	+	-	-	10 (60,86)	69+/-4 (64-75)	28+/-2 (26-30)	406+/-92 (245-509)	232+/-67 (155-318)	43+/-7(30-52)
Preclinical 2/3	+	+	-	10 (50,75)	68+/-5 (63-76)	29+/-2 (26-30)	412+/-43 (361-485)	601+/-591 (323-2270)	85+/-42(56-201)
Prodromal AD	+	+	+	20 (65,83)	70+/-4 (60-77)	28+/-2 (24-30)	449+/-62 (300-548)	716+/-355 (352-1771)	108+/-45(66-230)
AD dementia	+	+	++	20 (65,70)	72 (62-81)+/-6	23+/-2 (19-28)	400+/-87 (178-530)	708+/-398 (353-1784)	91+/-36(45-206)
(B)									
Controls	-	-	-	18 (61,17)	60+/-5 (52-68)	29+/-1 (26-30)	788+/-227 (528-1351)	235+/-79 (111-429)	54+/-13(37-71)
Preclinical 1	+	-	-	9 (78,44)	64+/-7 (55-73)	28+/-1 (26-30)	375+/-84 (263-466)	182+/-60 (103-258)	43+/-14(26-61)
Preclinical 2/3	+	+	-	8 (38,38)	76+/-6 (68-85)	28+/-1 (26-29)	362+/-94 (229-486)	677+/-539 (389-2093)	100+/-45(64-213)
Prodromal AD	+	+	+	10 (50,100)	67+/-9 (53-77)	25+/-3 (18-29)	357+/-73 (243-456)	773+/-217 (451-1253)	111+/-20(75-144)
AD dementia	+	+	++	15 (60,60)	66+/-9 (51-83)	23 (18-26)	322+/-85 (206-441)	1039+/-484 (430-2000)	142+/-49(76-222)
(C)									
Controls	-	-	-	20 (55,25)	57+/- 8 (45-76)	29+/-1 (28-30)	835+/-137 (614-1151)	151+/-58 (79-290)	31+/-11 (4-59)
Preclinical 1	+	-	-	18 (56,39)	57+/-8 (40-74)	29+/-1 (27-30)	516+/-81 (384-734)	136+/- (61-292)	29+/-10 (18-57)

Table 3. Demographic and biomarker levels for CSF cohorts used for Targeted SRM. The number of samples, percentage female and APOE ϵ 4 (E4+) carriers as well as the mean, standard deviation (SD) and range of the age-at-lumbar puncture, mini-mental stage examination (MMSE) score, and CSF levels of A β 42, total tau and phosphorylated tau (p-tau) are shown for each diagnostic group of the exploratory (A) and validation cohorts 1 (B) and 2 (C). Diagnostic groups were classified according to AD biomarkers for amyloidosis (+/-) and neurodegeneration (+/-) and degree of cognitive impairment (-; cognitively normal, +; amnesic mild cognitive impairment, ++; Dementia). Local biomarker cut-offs for positivity were as follows; A β 42. <550ng/ml (Exploratory), <500ng/ml

Synaptic panel Alzheimer's disease CSF

(Validation). PET positive, total tau >350ng/ml (Exploratory), >450ng/ml (age50-70) />500ng/ml (age>70) (Validation), phosphorylated tau (p-tau) >61ng/ml (Exploratory), >75ng/ml (Validation).