

Corruptive Templating of A β In Alzheimer's Disease

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Overview

- 1) The spectrum of proteopathies
- 2) Cerebral A β amyloidosis is inducible in APP-transgenic mice by A β -rich brain extracts
- 3) Aggregated A β itself is the seed
- 4) A β seeds travel within, and to, the brain
- 5) A β seeds vary in size
- 6) *Implications, caveats and open questions*

The spectrum of proteopathies

- Alzheimer's disease ($A\beta$ and tau)
- Prion diseases (PrP)
- Tauopathies (tau)
- Huntington's disease/triplet repeat disorders (polyQ)
- Parkinson's disease/Lewy body disease (α -synuclein)
- Cerebral amyloid angiopathies ($A\beta$, cystatin, etc.)
- Amyotrophic lateral sclerosis (SOD, TDP43, FUS)
- FTLD ubi+, tau- (TDP43, FUS)
- Familial British Dementia (ABri)
- Familial Danish Dementia (ADan)
- Familial Encephalopathy w/ Neuroserpin Inclusion Bodies (neuroserpin)

- Systemic amyloidoses (AA, AL, Transthyretin, etc)
- Type II diabetes (amylin)
- Cirrhosis with hepatocytic inclusions (α 1-antitrypsin)
- ...

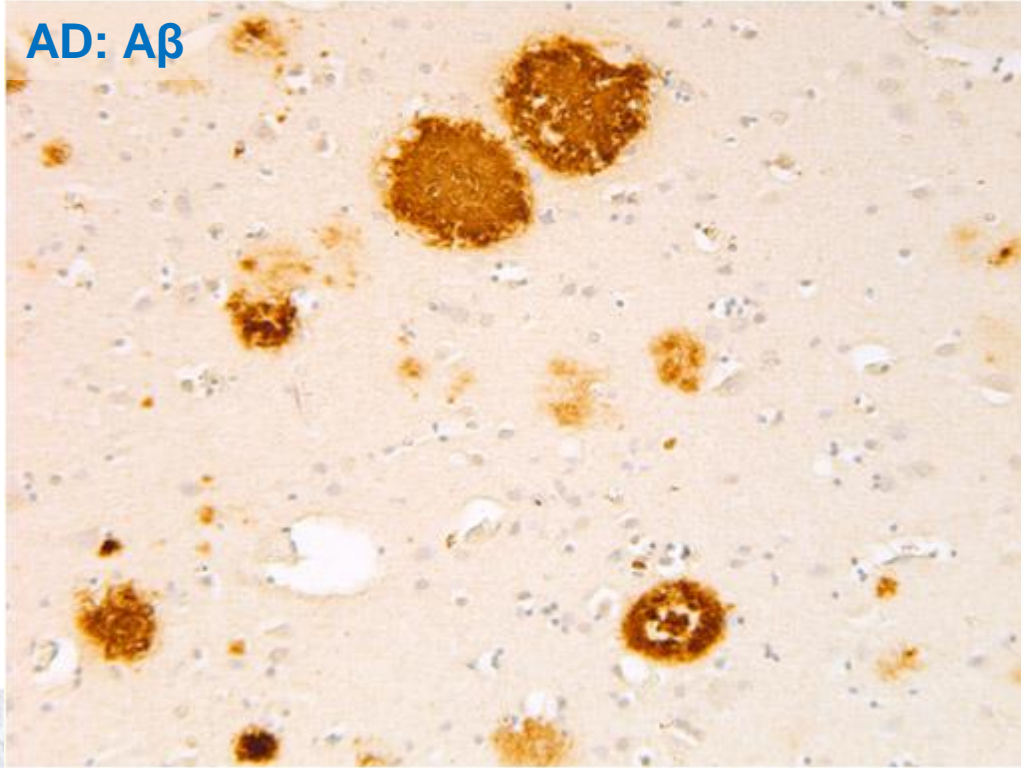
Disease or disease class	Aggregating protein(s)
Alzheimer's disease	Amyloid β peptide (A β); Tau protein (see tauopathies)
Cerebral β -amyloid angiopathy	Amyloid β peptide (A β)
Retinal ganglion cell degeneration in glaucoma	Amyloid β peptide (A β)
Prion diseases (multiple)	Prion protein
Parkinson's disease and other synucleinopathies (multiple)	α -Synuclein
Tauopathies (multiple)	Microtubule-associated protein tau (Tau protein)
Frontotemporal lobar degeneration (FTLD) (Ubi+, Tau-)	TDP-43, FUS
Amyotrophic lateral sclerosis (ALS)	Superoxide dismutase, TDP-43, FUS
Huntington's disease and other triplet repeat disorders (multiple)	Proteins with tandem glutamine expansions
Familial British dementia	ABri
Familial Danish dementia	ADan
Hereditary cerebral hemorrhage with amyloidosis (Icelandic) (HCHWA-I)	Cystatin C
CADASIL	Notch3
Alexander disease	Glial fibrillary acidic protein (GFAP)
Seipinopathies	Seipin
Familial amyloidotic neuropathy, Senile systemic amyloidosis	Transthyretin
Serpinopathies (multiple)	Serpins
AL (light chain) amyloidosis (primary systemic amyloidosis)	Monoclonal immunoglobulin light chains
AH (heavy chain) amyloidosis	Immunoglobulin heavy chains
AA (secondary) amyloidosis	Amyloid A protein
Type II diabetes	Islet amyloid polypeptide (IAPP; amylin)
Aortic medial amyloidosis	Medin (lactadherin)
ApoAI amyloidosis	Apolipoprotein AI
ApoAII amyloidosis	Apolipoprotein AII
ApoAIV amyloidosis	Apolipoprotein AIV
Familial amyloidosis of the Finnish type (FAF)	Gelsolin
Lysozyme amyloidosis	Lysozyme
Fibrinogen amyloidosis	Fibrinogen
Dialysis amyloidosis	Beta-2 microglobulin
Inclusion body myositis/myopathy	Amyloid β peptide (A β)
Cataracts	Crystallins
Medullary thyroid carcinoma	Calcitonin
Cardiac atrial amyloidosis	Atrial natriuretic factor
Pituitary prolactinoma	Prolactin
Hereditary lattice corneal dystrophy	Keratoepithelin
Cutaneous lichen amyloidosis	Keratins
Mallory bodies	Keratin intermediate filament proteins
Corneal lactoferrin amyloidosis	Lactoferrin
Pulmonary alveolar proteinosis	Surfactant protein C (SP-C)
Odontogenic (Pindborg) tumor amyloid	Odontogenic ameloblast-associated protein
Seminal vesical amyloid	Semenogelin I
Cystic Fibrosis	cystic fibrosis transmembrane conductance regulator (CFTR) protein
Sickle cell disease	Hemoglobin
Critical illness myopathy (CIM)	Hyperproteolytic state of myosin ubiquitination

The prion paradigm and Alzheimer pathogenesis

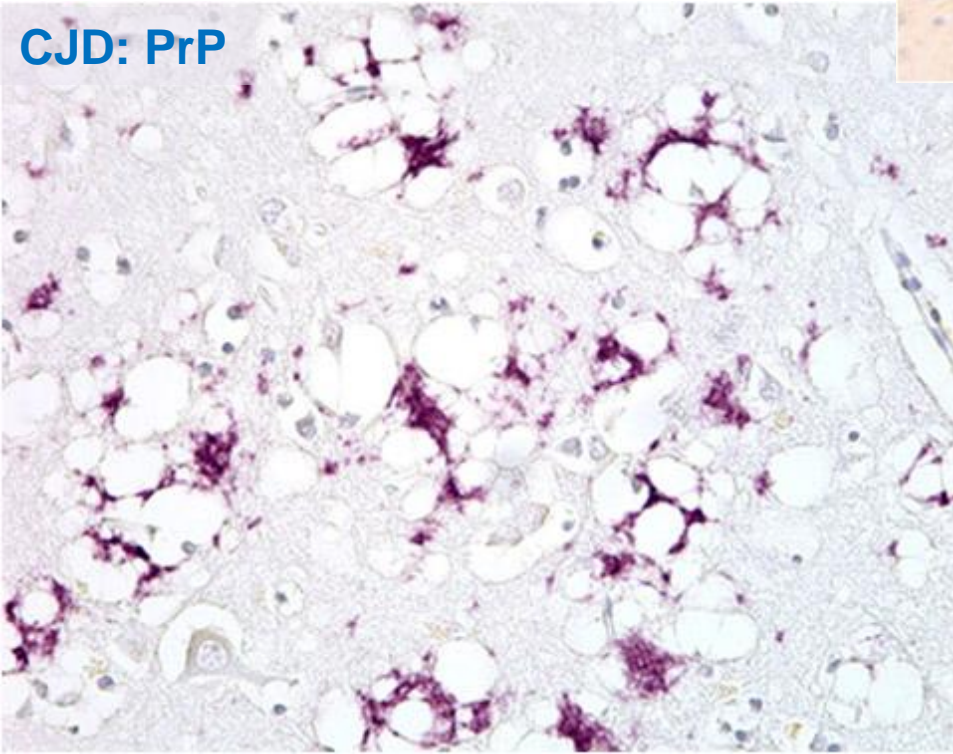
Alzheimer's disease and transmissible virus dementia (Creutzfeldt-Jakob disease). Brown P, Salazar AM, Gibbs CJ Jr, Gajdusek DC. *Ann N Y Acad Sci.* 1982; **396**:131-43

Some speculations about prions, amyloid, and Alzheimer's disease.
Prusiner SB. *N Engl J Med.* 1984; **310**:661-3

AD: A β



CJD: PrP



NO:

Evidence for and against the transmissibility of Alzheimer disease

Goudsmit J, Morrow CH, Asher DM, Yanagihara RT, Masters CL, Gibbs CJ Jr, Gajdusek DC. *Neurology* 1980; **30**:945-50

YES:

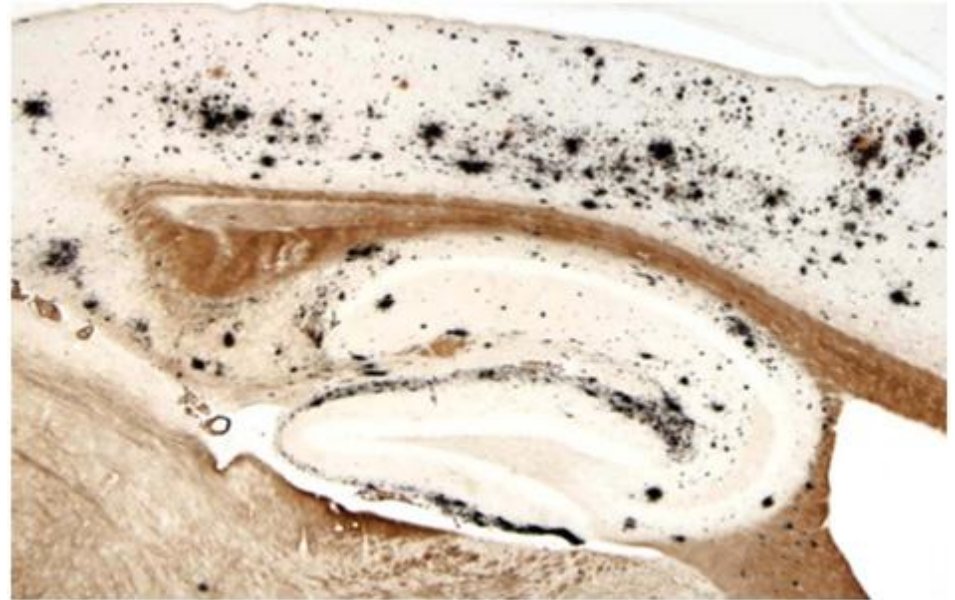
Induction of beta (A4)-amyloid in primates by injection of Alzheimer's disease brain homogenate. Comparison with transmission of spongiform encephalopathy.

Baker HF, Ridley RM, Duchen LW, Crow TJ, Bruton CJ; *Mol Neurobiol.* 1994; **8**:25-39

APP-transgenic mouse models of A β -seeding



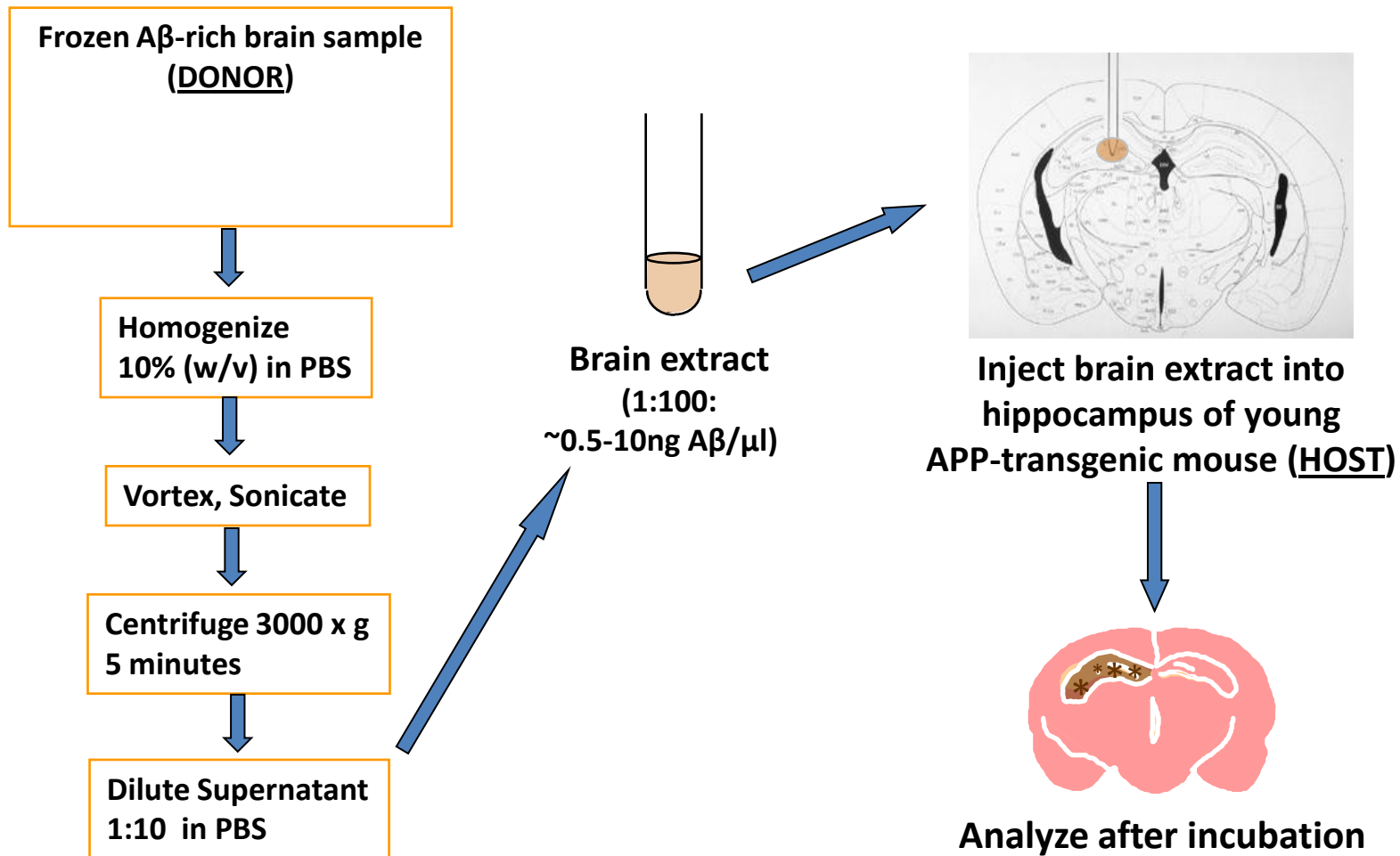
Tg2576 mice (Hsiao et al., *Science*, 1996)
[**APP23** mice (Sturchler-Pierrat et al., *PNAS* 1997)
APP/PS1 mice (Jankowsky et al., *Biomol. Eng.* 2001)]



21 month old Tg2576 mouse

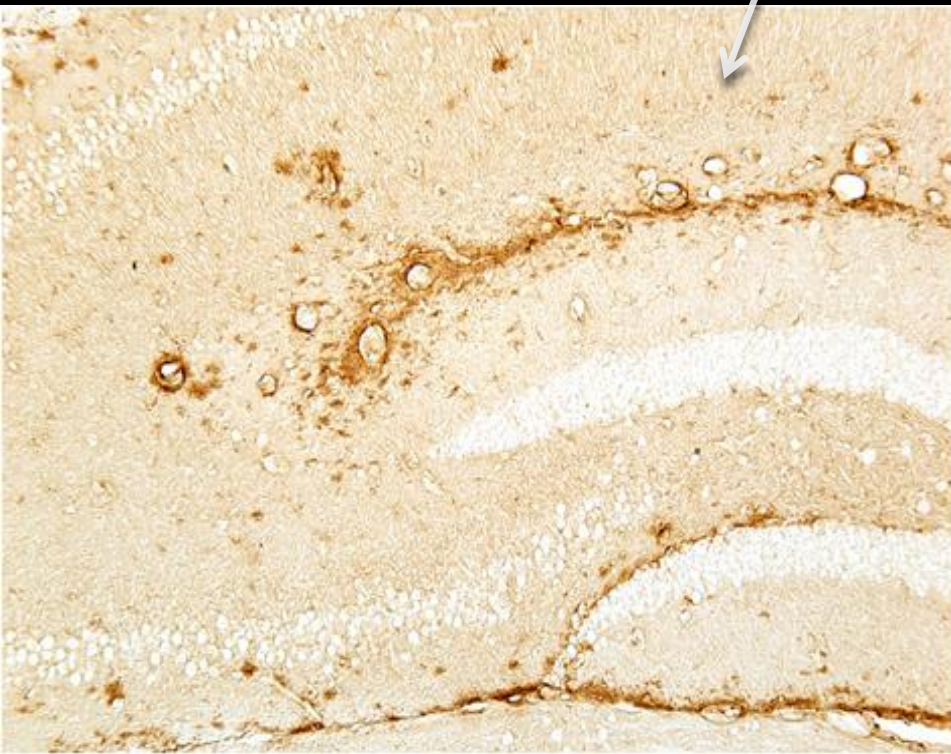
→ A β plaques usually appear ~between 3 and 9 months of age, depending on the model

Preparation of the A β -seeding extract

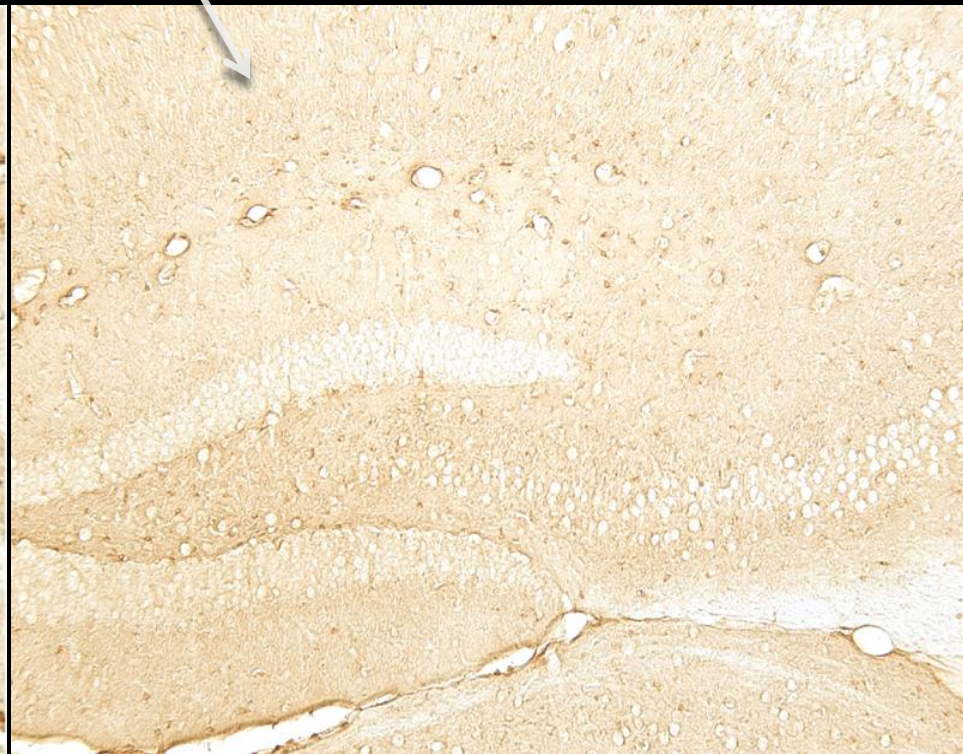


Five month incubation (3-8 months)

Tg2576 mouse



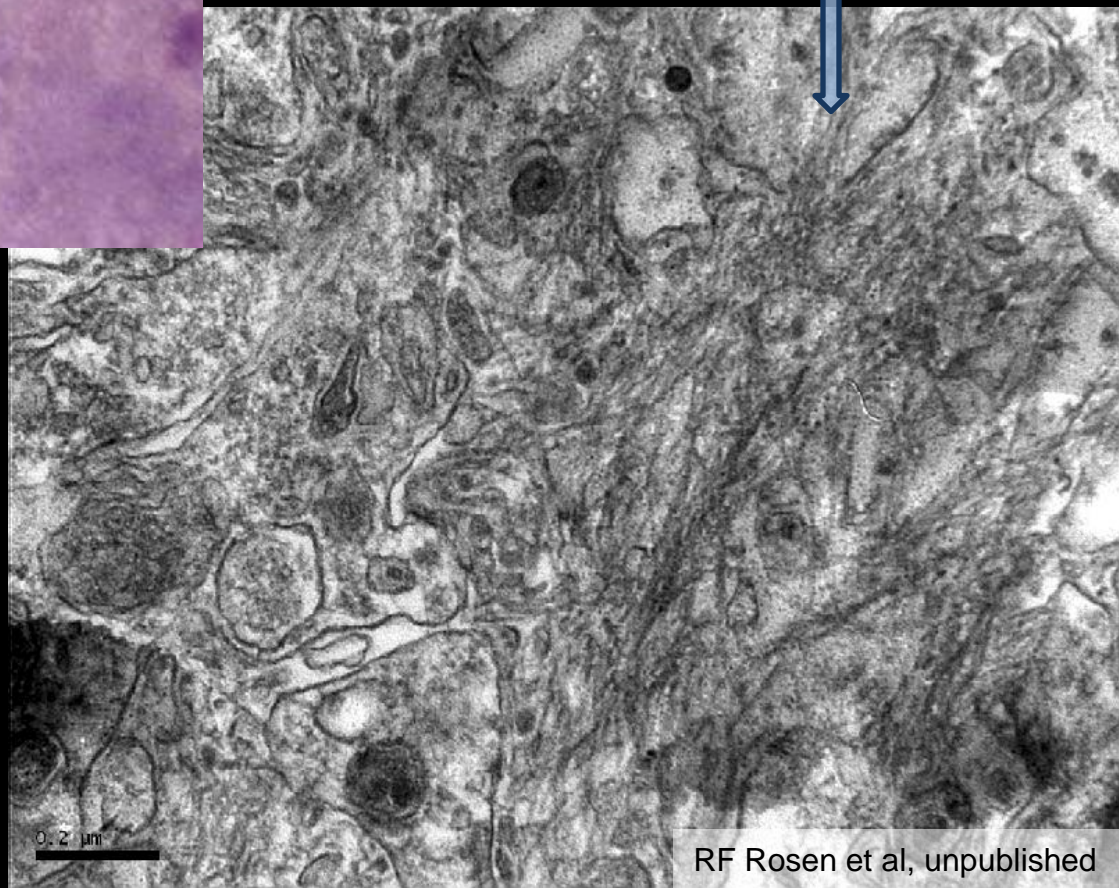
Ipsilateral: AD brain extract



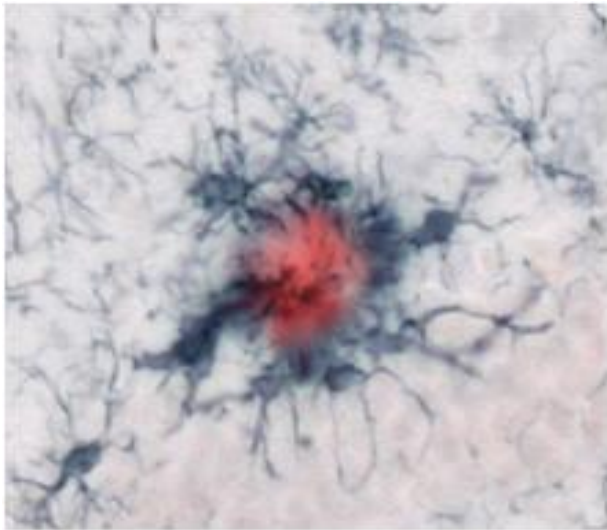
Contralateral: Control extract



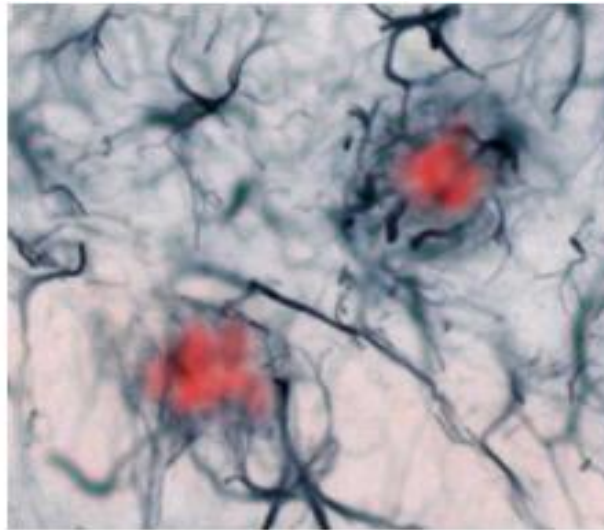
**Seeding yields
congophilic and fibrillar
deposits**



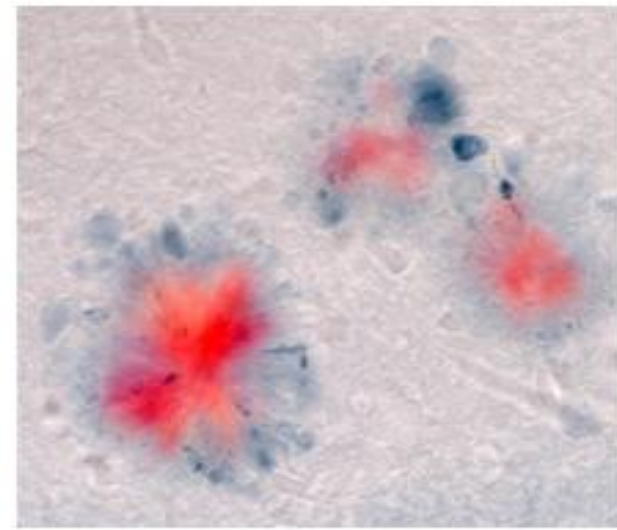
Seeded A β lesions evoke glial and neuritic reactivity



Activated microglia
(Iba1)



Reactive Astrocytes
(GFAP)

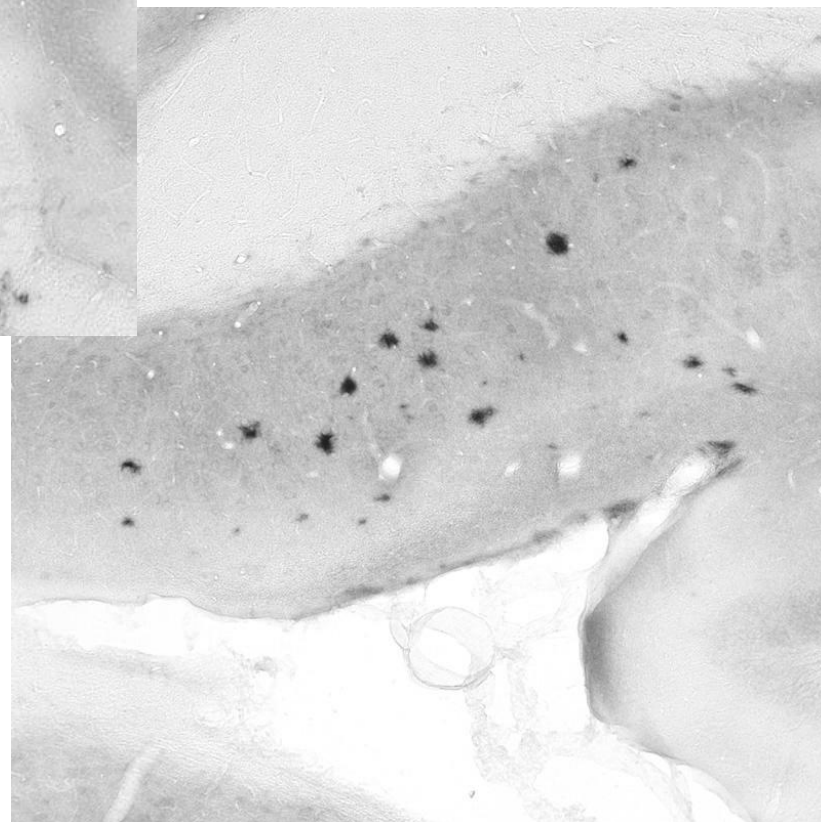
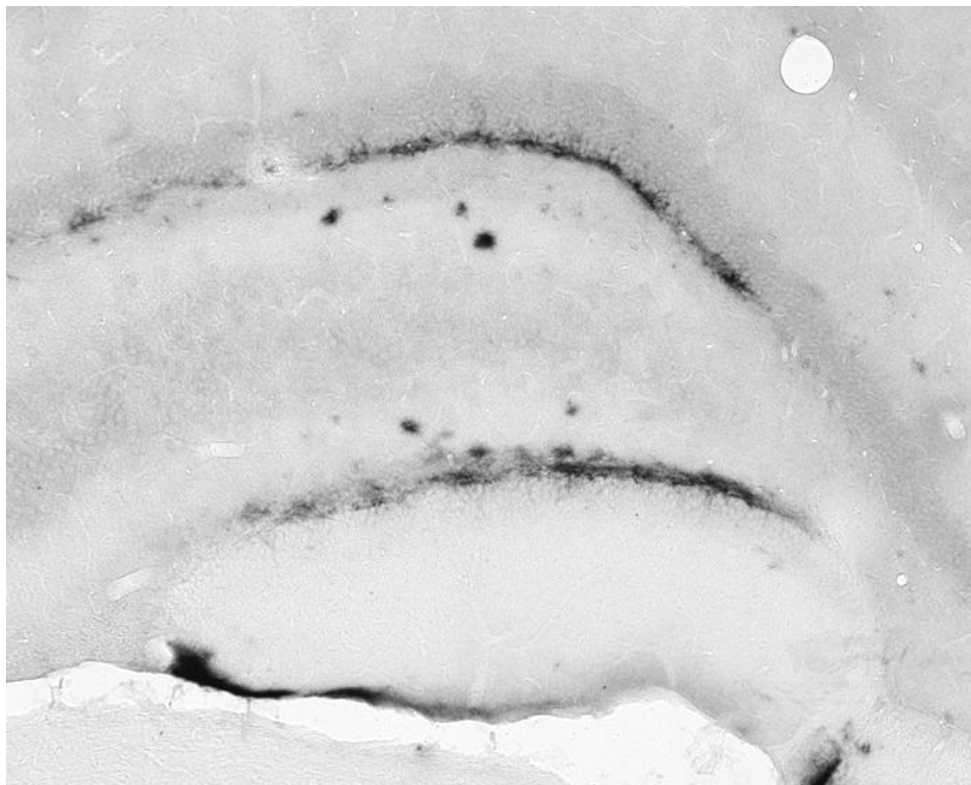


Dystrophic boutons
(APP)

**Seeded A β in a
refractory host:
APP21 rat**

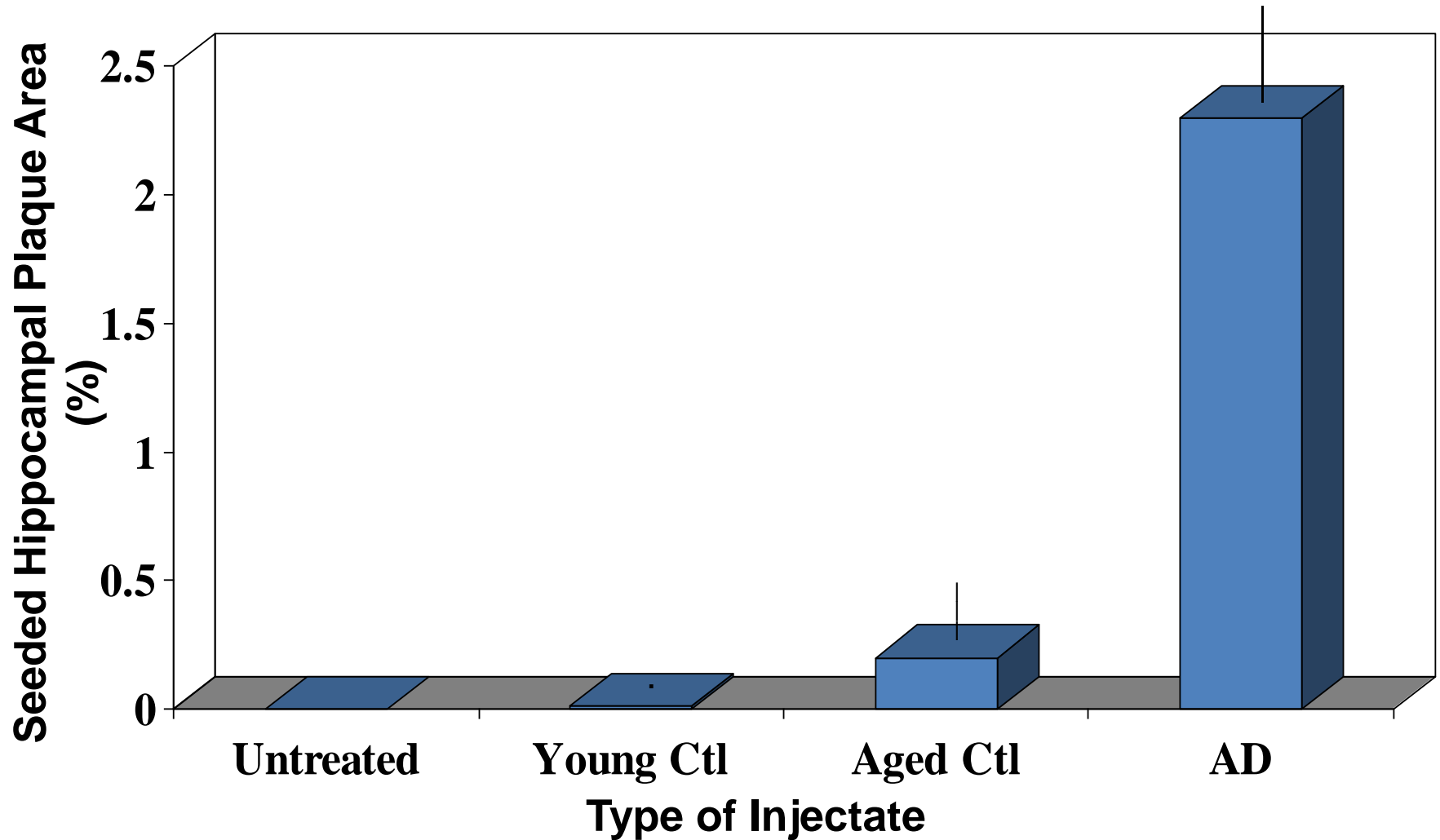


**9 month incubation
(12 months of age)**

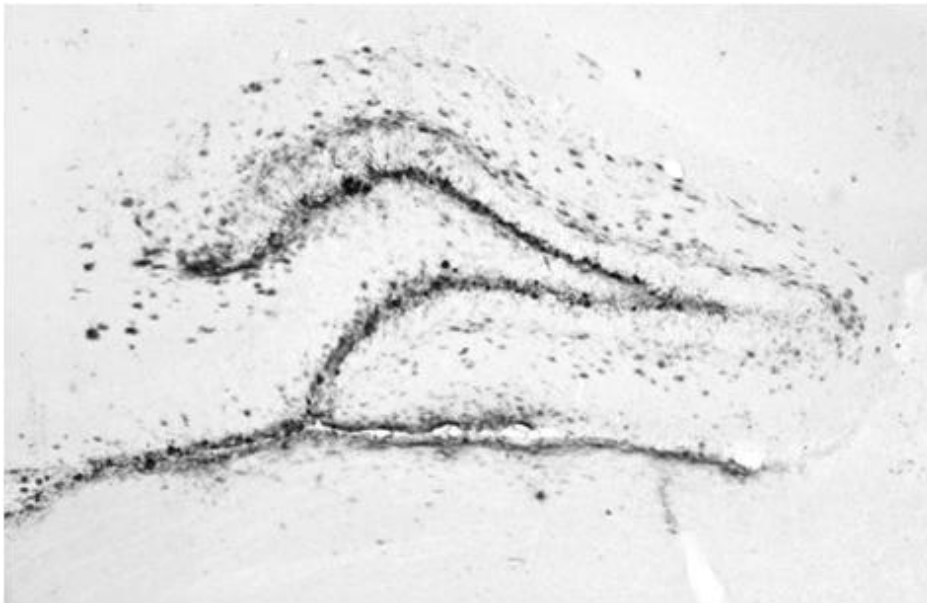


Evidence that aggregated A β itself is the seed

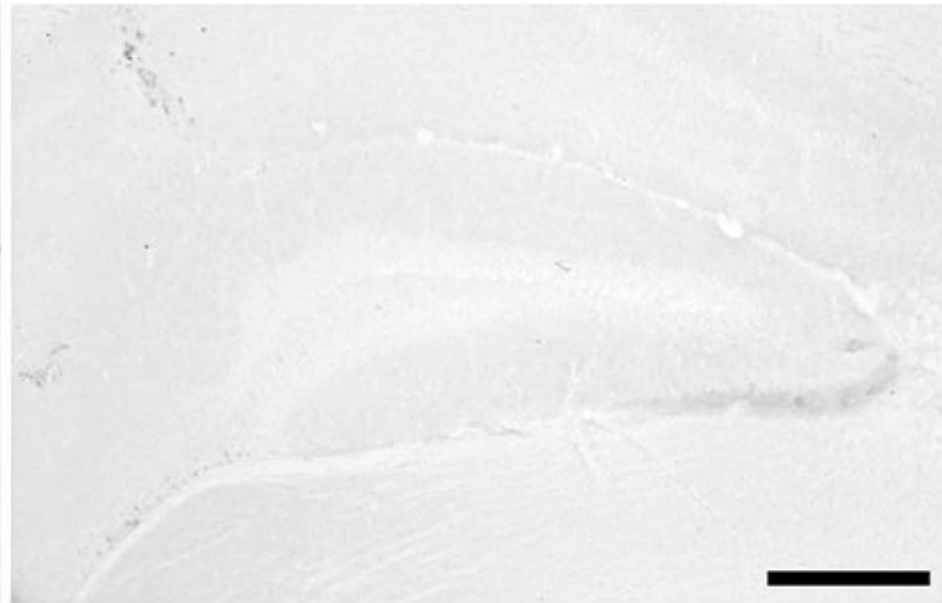
1. Donor brain extract must contain aggregated A β



2. The seeded host must generate human-type A β

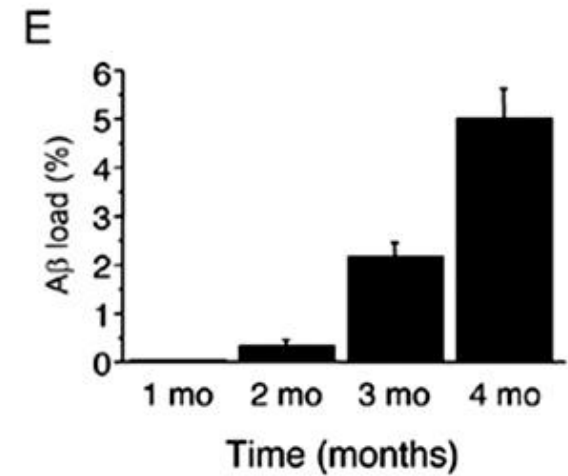
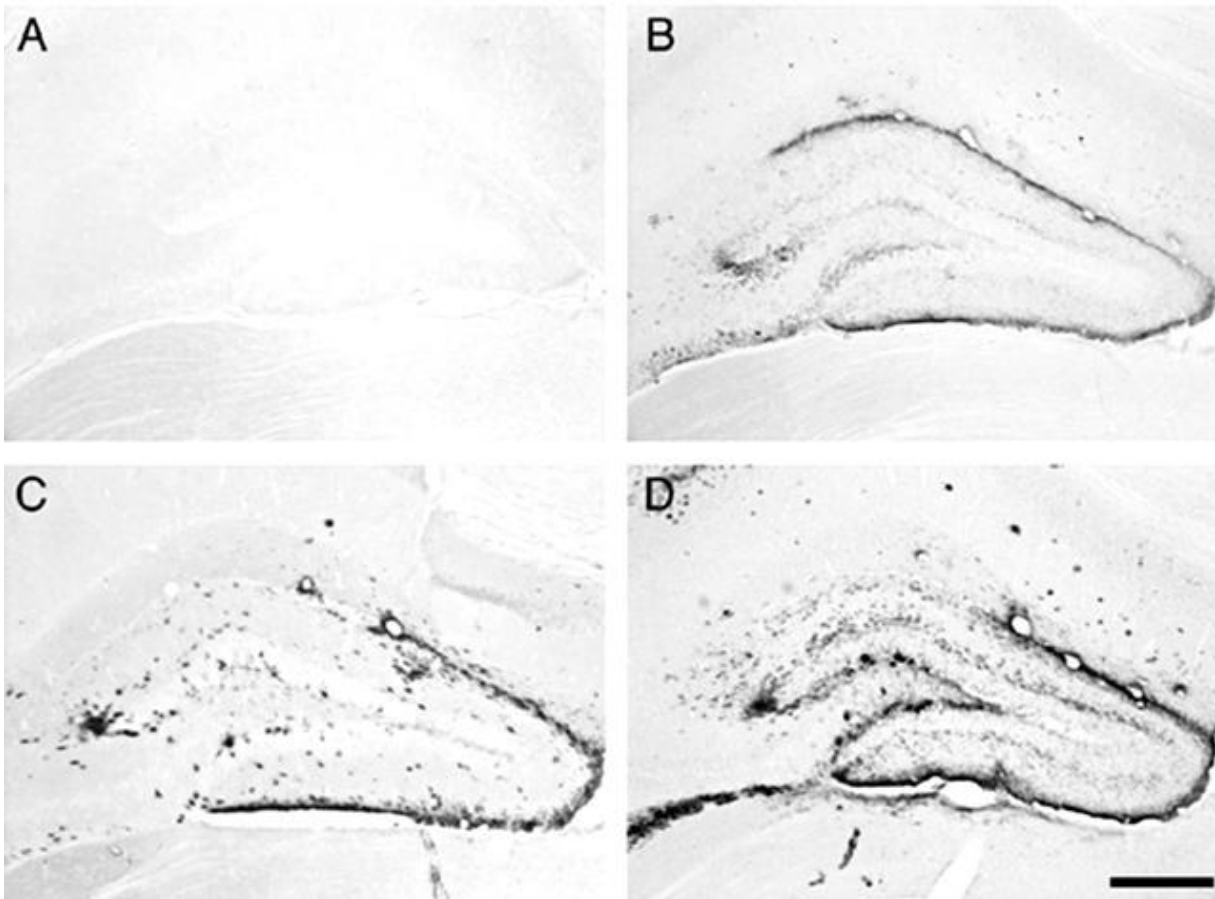


APP23 Host

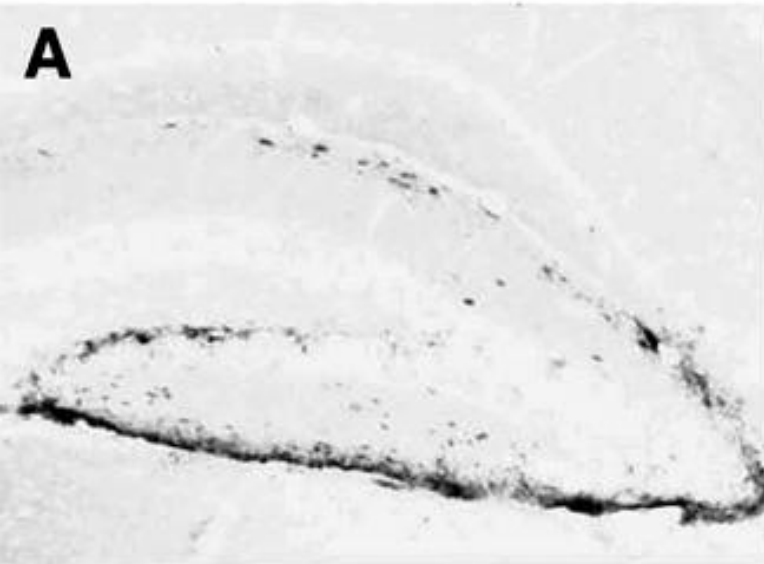


Non-Tg Host

3. The immunoreactive material is not the injectate (A β deposition follows a lag period)



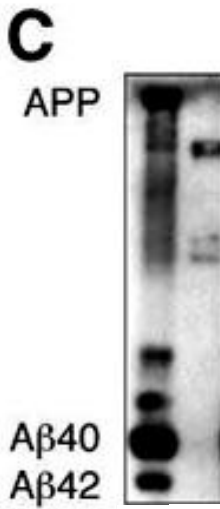
4. Seeding is reduced by immunodepletion of A β



Whole extract



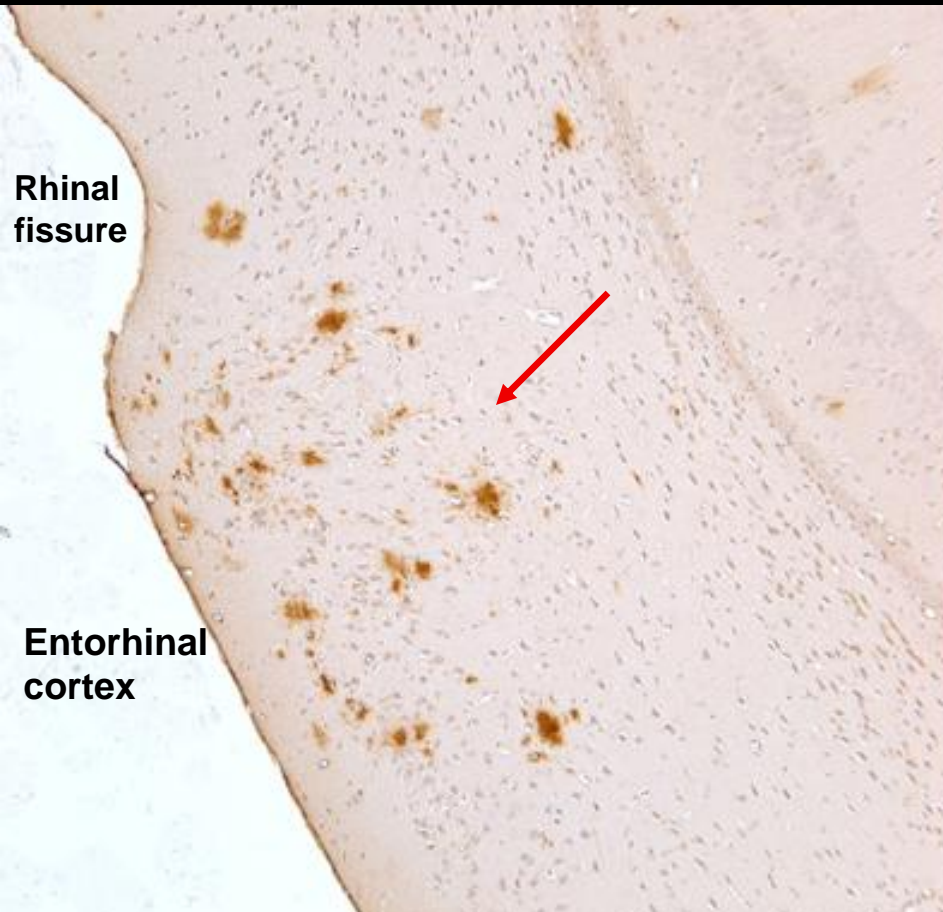
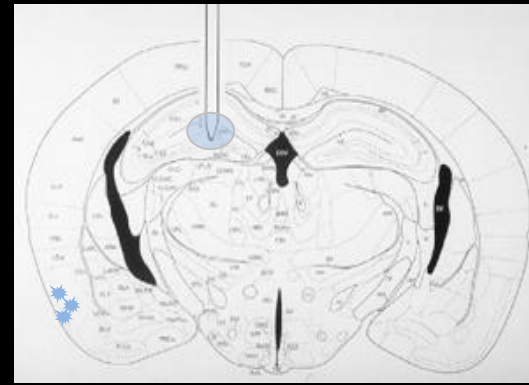
Immunodepleted extract



Whole extract
Depleted extract

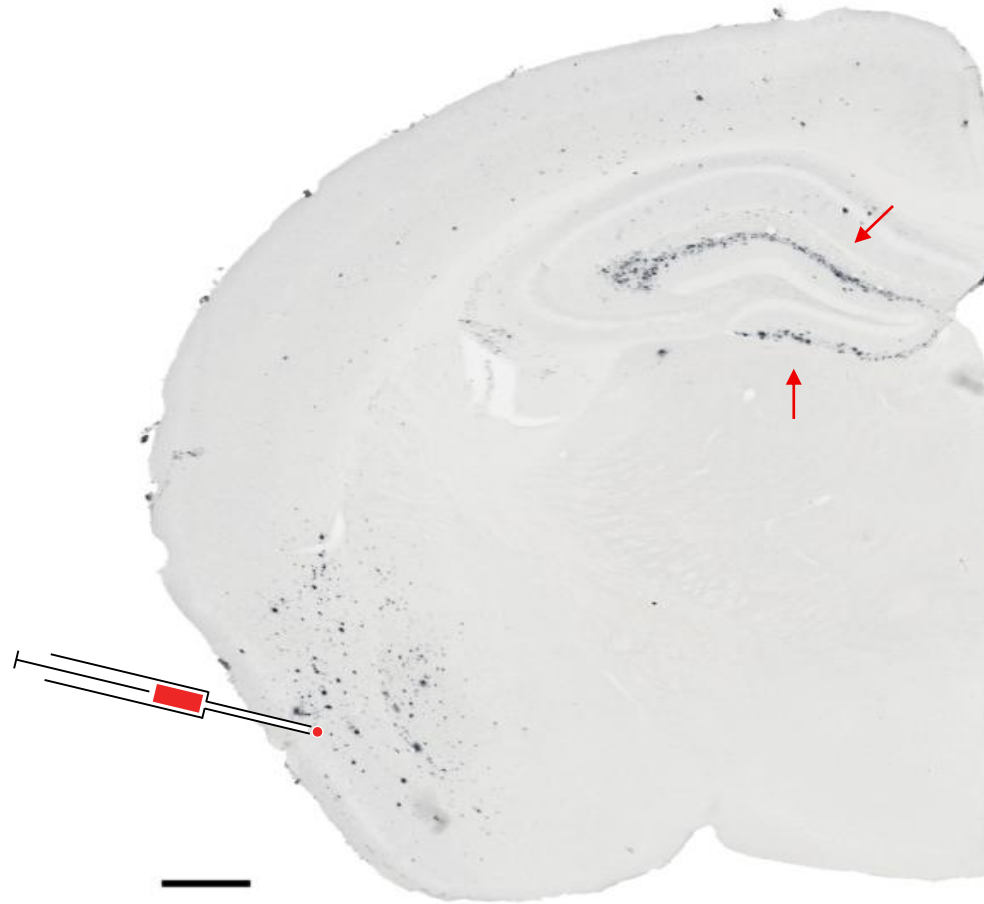
A β seeds travel within, and to, the brain

Spread of seeded pathology within the brain: Neuronal transport?



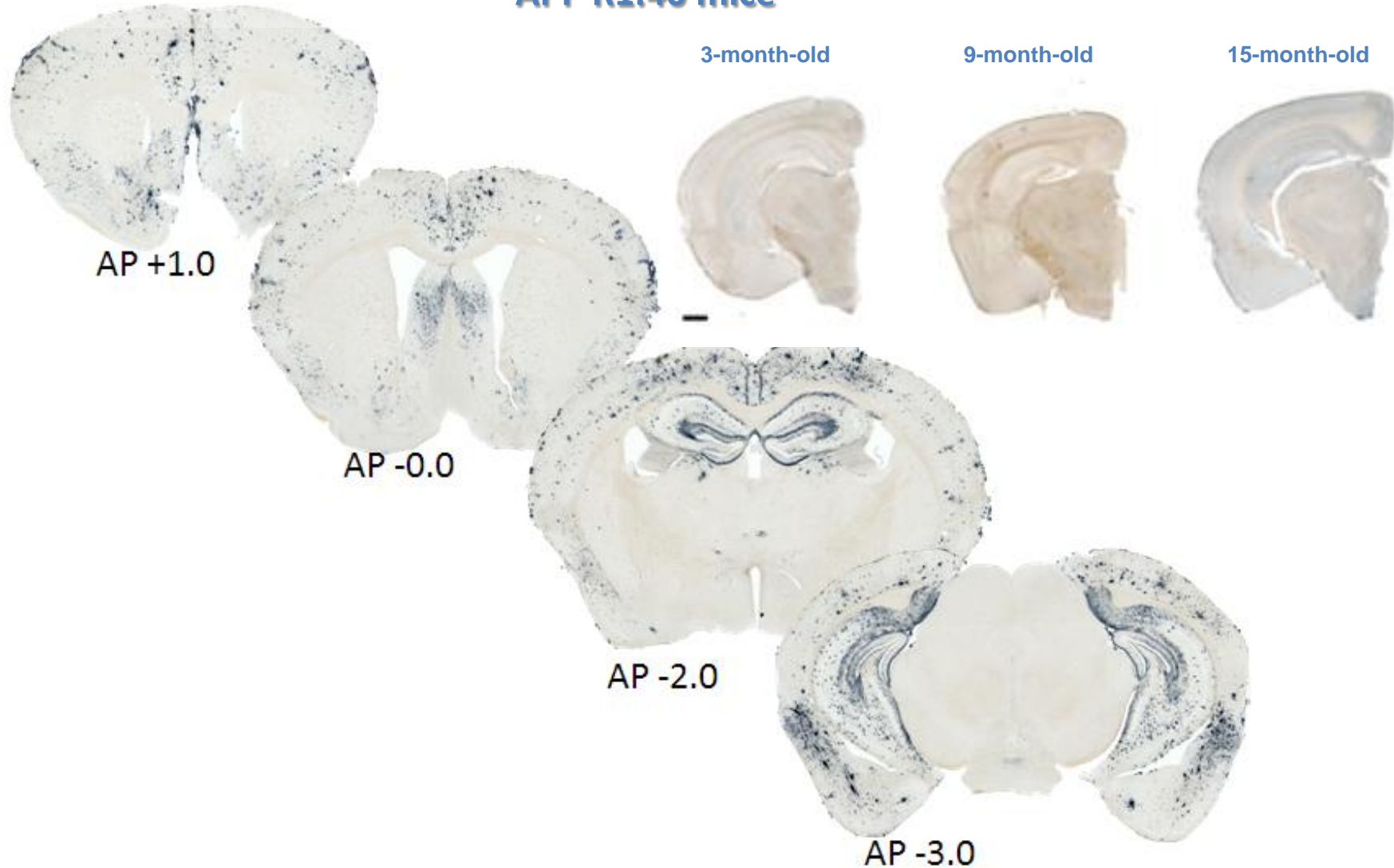
Extract injection into hippocampus induces A β deposition in the entorhinal cortex...

...injection into entorhinal cortex induces A β deposition in the hippocampus

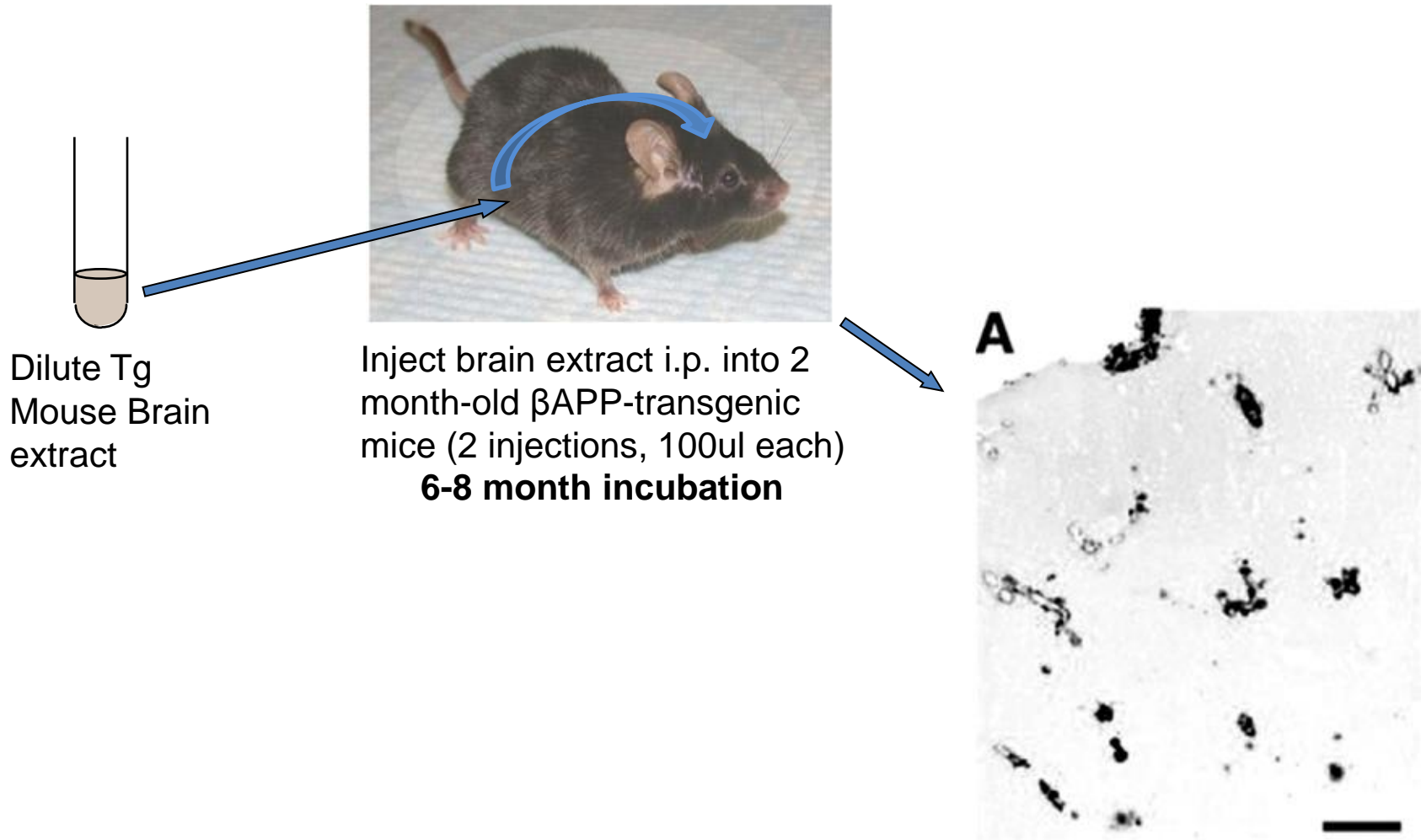


Long-term incubation (3-15 months of age) leads to widespread A β deposition in brain

APP R1.40 mice



A β seeds can travel from periphery to brain



A β seeds vary in size

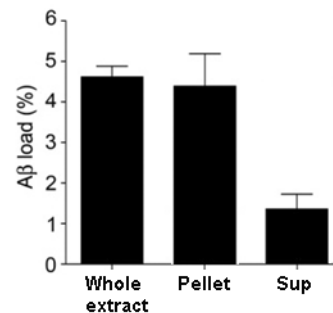
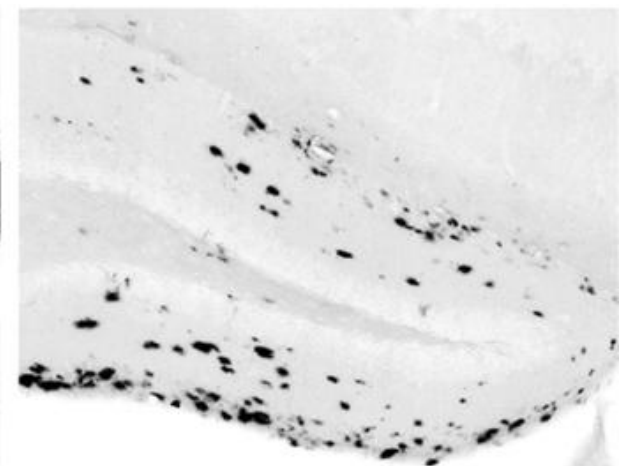
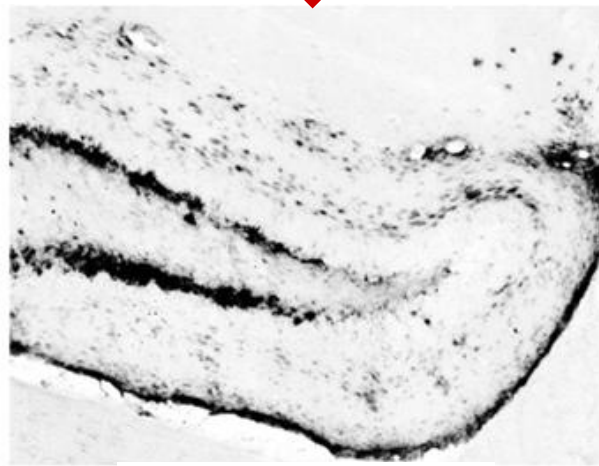
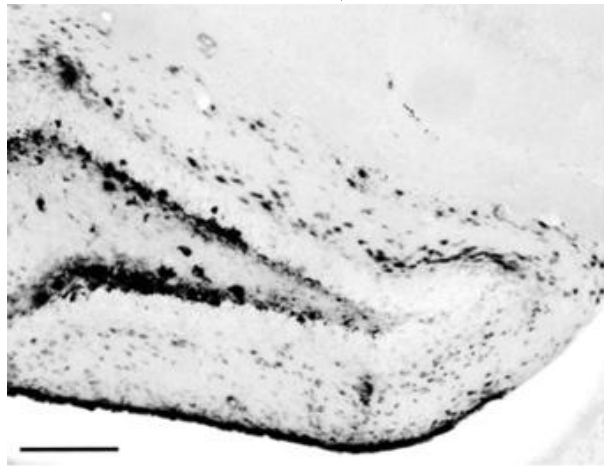
Seeding by TBS-soluble and insoluble fractions: Soluble A β seeds are superproportionally active

Whole Extract

100,000 XG

← High-speed Supernatant
0.05% of A β

Pellet →
99.95% of A β



Protease K-sensitive
soluble seeds!

Implications, caveats and open questions

1. A β -amyloidosis, *not* AD
2. How do seeds form *in vivo*?
3. Why are they not cleared?
4. How do they transfer from cell to cell?
5. Are all seeds the same? (the strain problem)
6. Can we seed toxic oligomers?
7. Are some seeded aggregates *protective*, e.g. by binding oligomers?
8. Is there cross-seeding between proteins, or between non-protein seeds and proteins *in vivo*?
9. Can seeds be targeted therapeutically?