

# **From Prions to Alzheimer's disease: contribution of the 1C11 neuronal cell line**

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# Mad cow disease= example of prion diseases

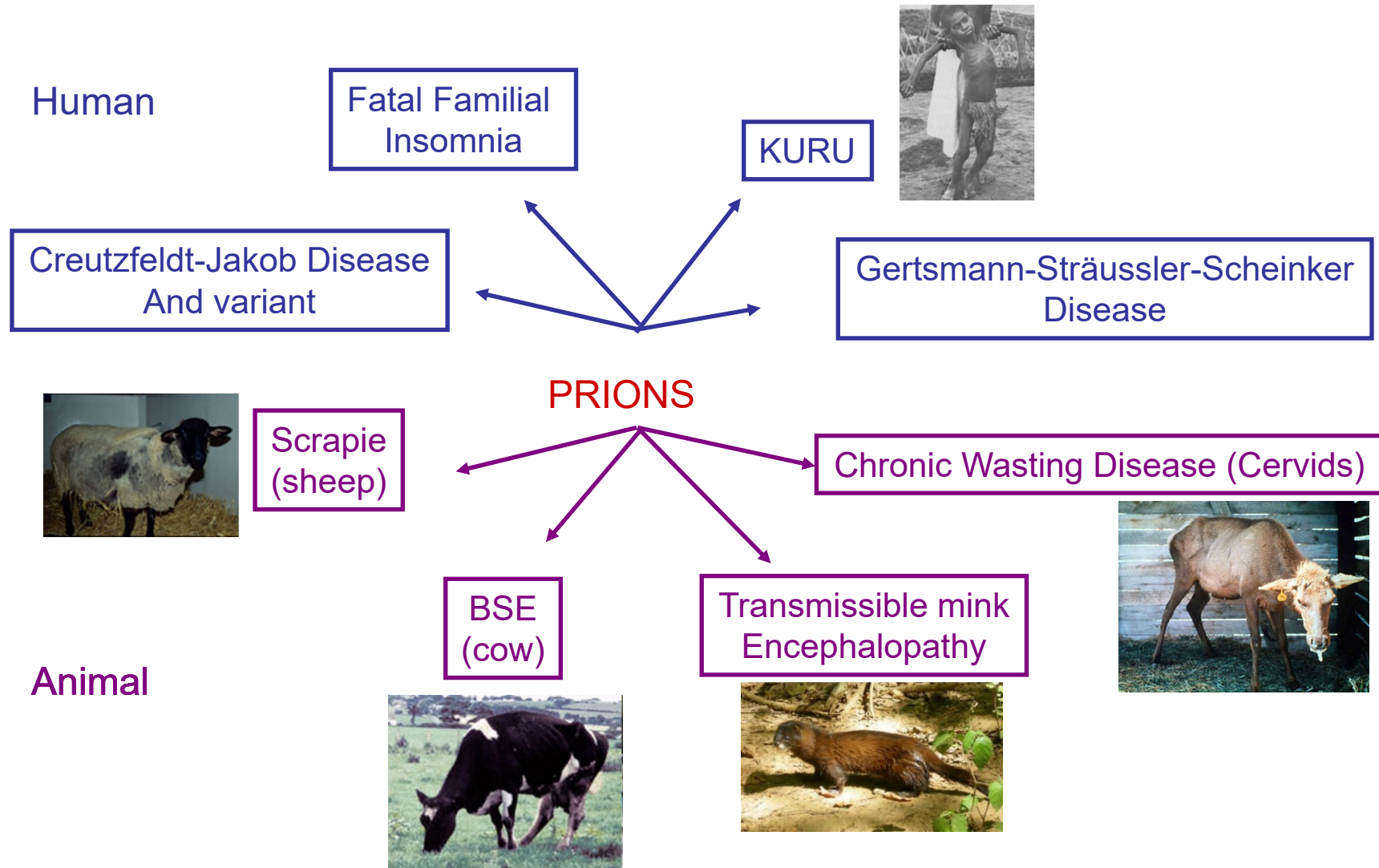


Mad cow crisis (1988-2003):

GB : 185 000 cases of mad cow

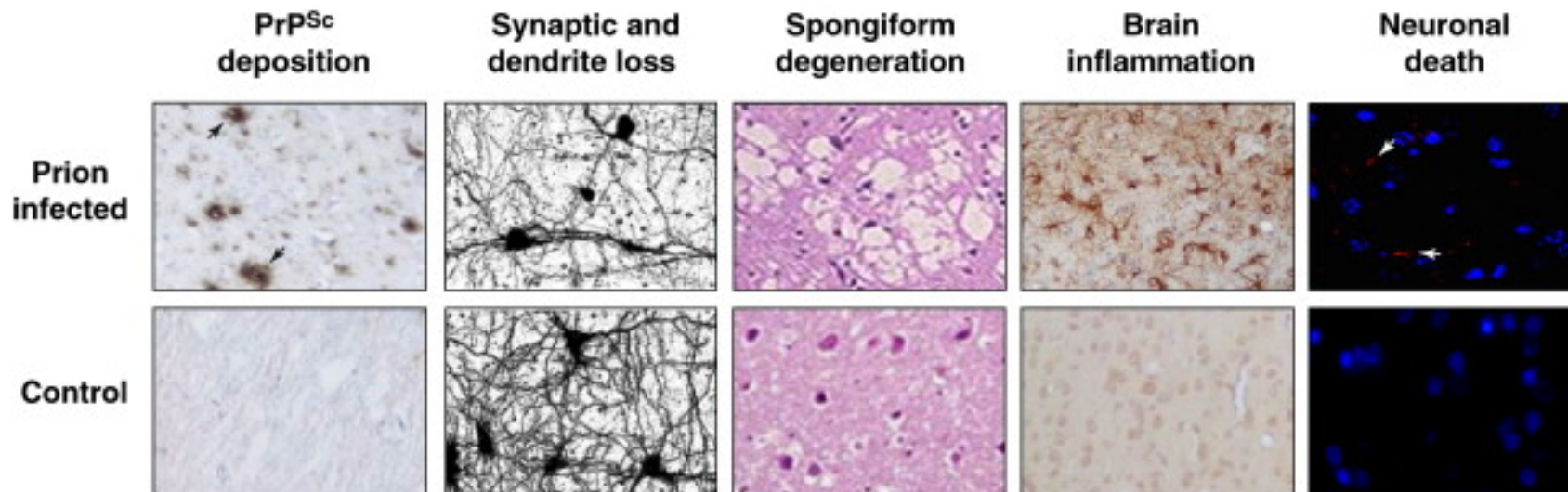
France : 1000 cases of mad cow

# Transmissible Spongiform Encephalopathies (TSE) = class of neurodegenerative disorder



# Features of TSEs

- ✓ **TRANSMISSIBLE**: naturally e.g. mad cow or experimentally
  - ✓ **SPONGIFORM**: Vacuoles
  - ✓ **ENCEPHALOPATHY** : Neuronal death (apoptosis) => brain atrophy
- +
- ✓ Amyloid plaques : Protein misfolding and aggregation
  - ✓ Astrogliosis = activation of glial cells (as a cause or a consequence of inflammation)



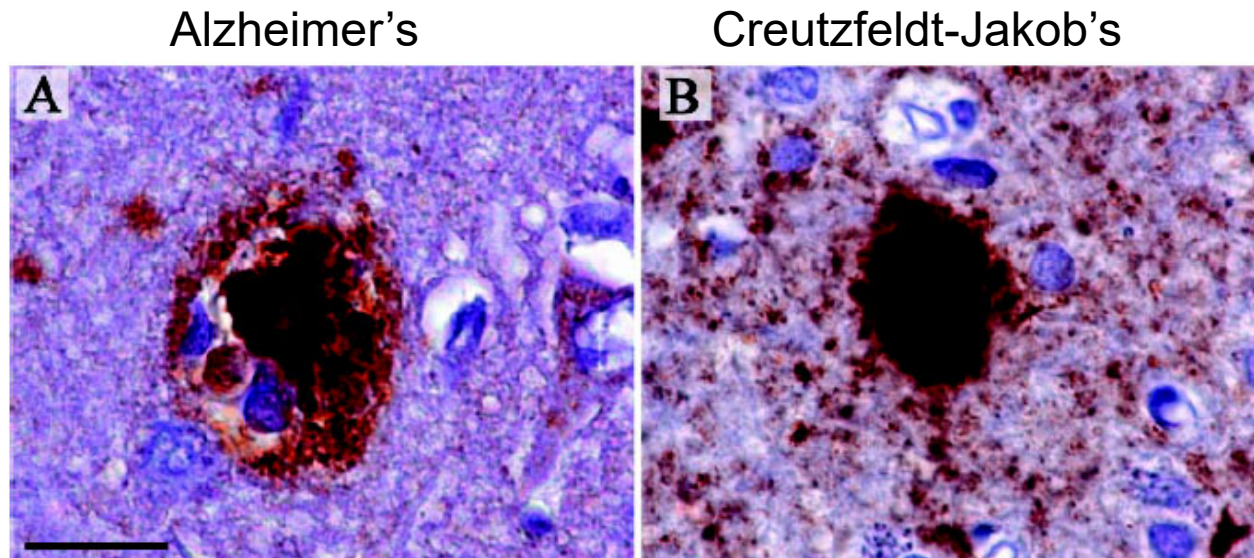
*TRENDS in Molecular Medicine*

**Definitive diagnostic : biopsy of brain tissue (post mortem)**



## Another hallmark of prion disease: Amyloid plaques

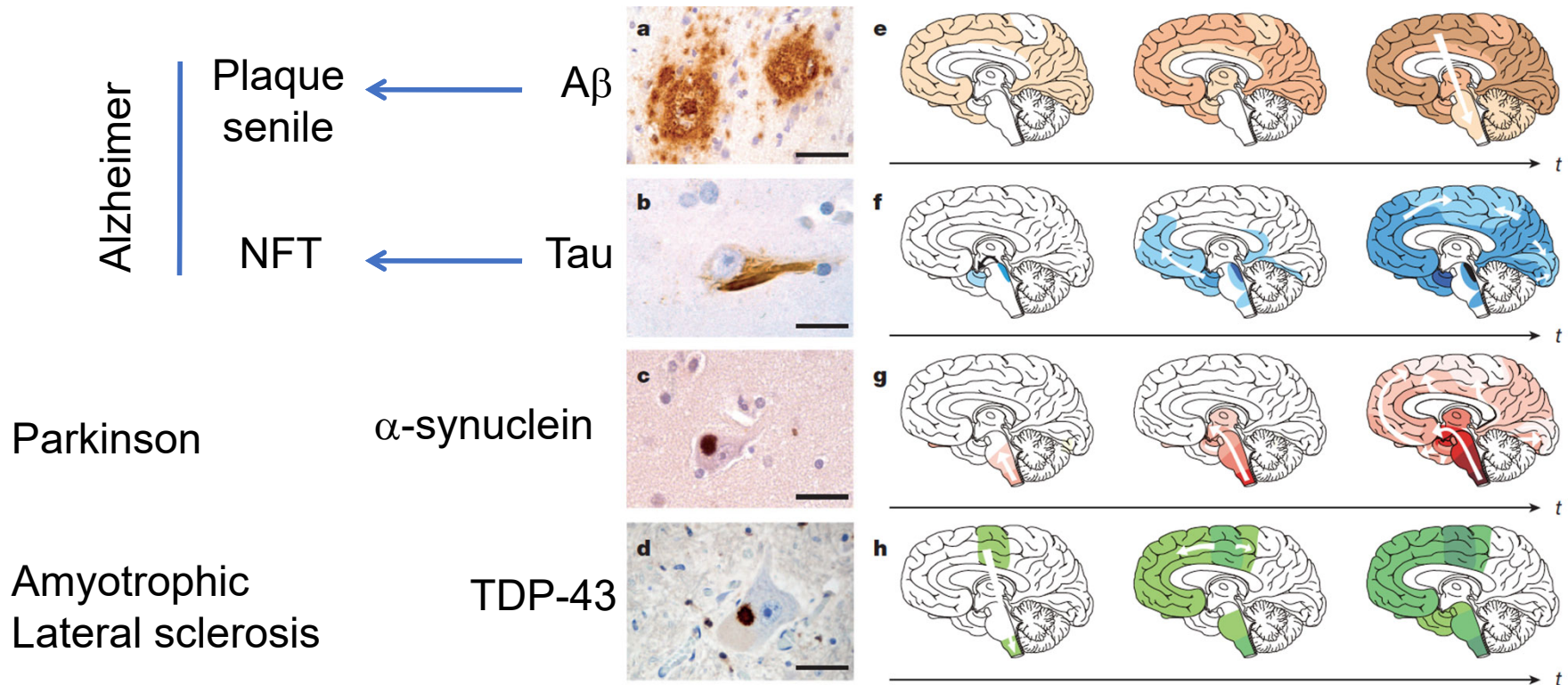
Prion disease: both intracellular and extracellular accumulation of amyloid aggregates = plaques similar to those characteristic of AD, and positive to prion protein staining.



**Fig. 1.** Both Alzheimer's and prion diseases are characterized by the deposition of pathological proteins in the brain, often in the form of plaques. The brown color is indicative of immunostained cortical deposits of the A $\beta$  peptide and of the PrP<sup>Sc</sup> protein in brains of patients suffering from Alzheimer's disease (A) and Creutzfeldt-Jakob disease (B), respectively. Scale bar: 20  $\mu$ m.

# TSEs share common features with other neurodegenerative diseases

Neuronal cell death, Age-related diseases, Aggregation of particular proteins  
 = proteopathies = amyloid-based neurodegenerative diseases.

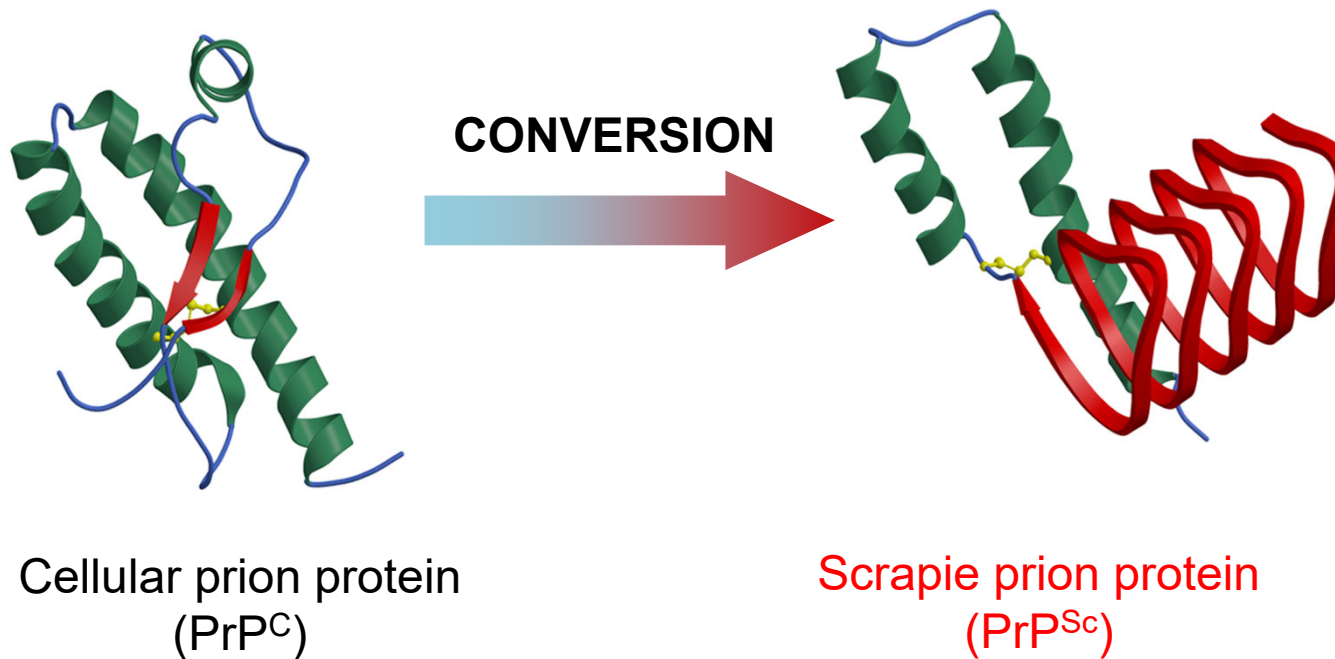


*Jucker M. Nature, 2013*

**BUT:** location and pattern of protein aggregation ≠  
 Prion diseases are the sole infectious neurodegenerative disease

# Prion concept

- ❑ S. Prusiner (Nobel Prize 1997) dropped a dogma of biology: one protein can be infectious => **P**roteinaceous **I**nfectious particle

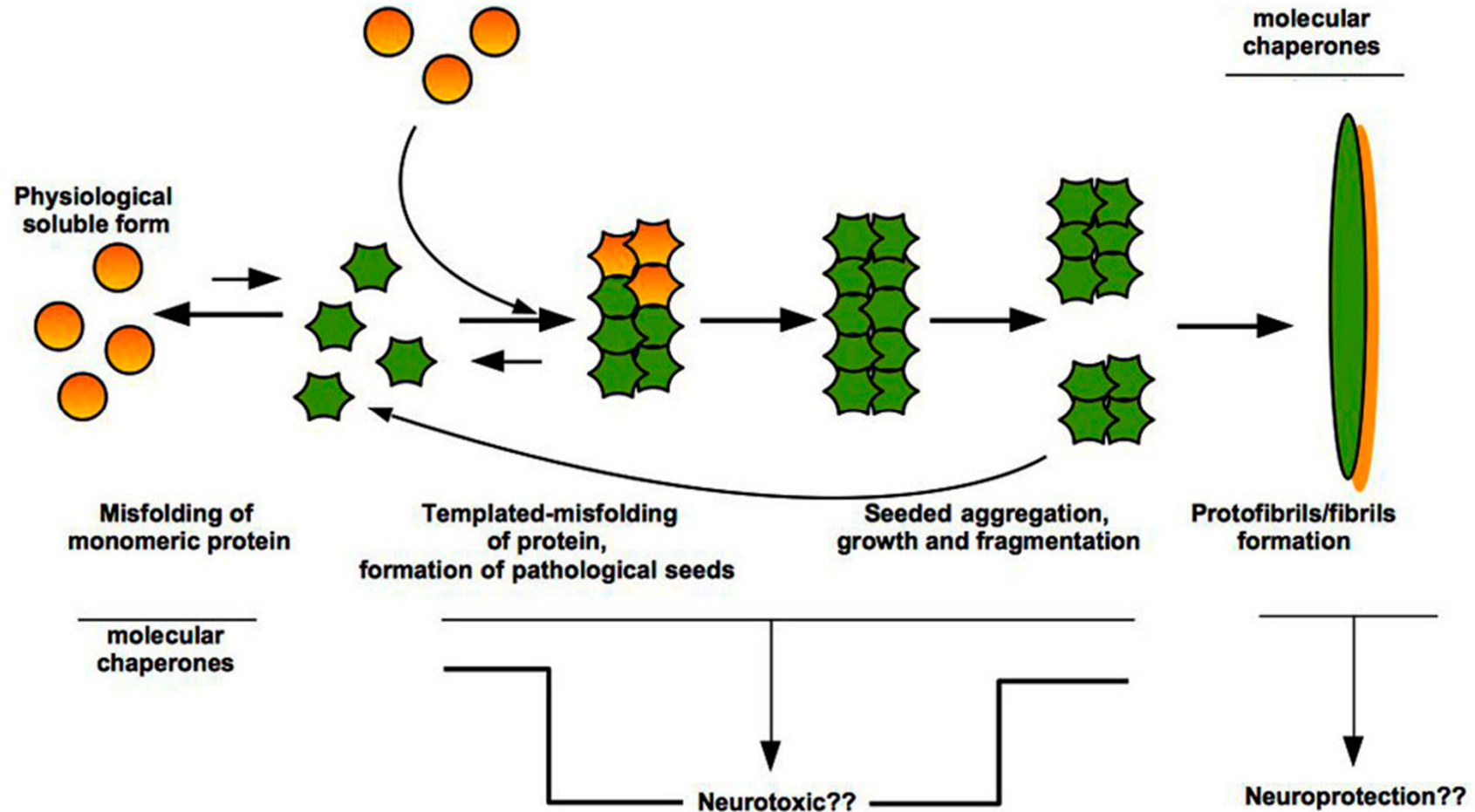


- ✓ Normal protein of the host
- ✓ Ubiquitous protein (more expressed in neurons)

- ✓ Main component of Prions
- ✓ Only in TSE-afflicted brains
- ✓ Enriched in  $\beta$  sheets

# How prions propagate?

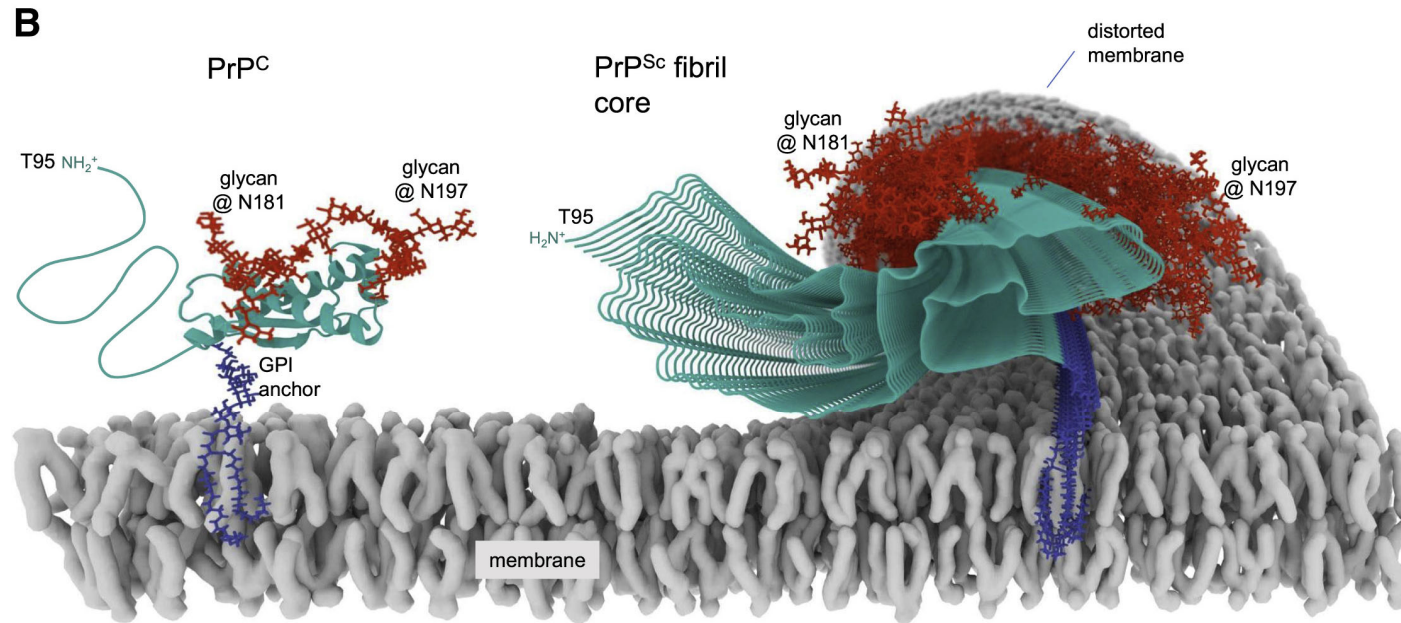
Nucleation polymerization model for  $\text{PrP}^{\text{C}} \rightarrow \text{PrP}^{\text{Sc}}$  conversion.



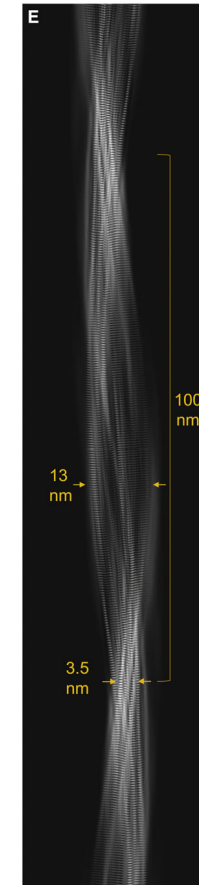
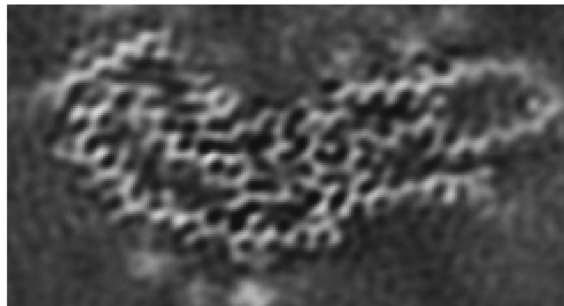
=> Prion-like proteins :  $\text{A}\beta$ , Tau,  $\alpha$ -synuclein...



# How prions propagate? Models for PrP<sup>C</sup> → PrP<sup>Sc</sup> conversion.



Projection of density map of fibril cross-section derived from single-particle cryo-EM analysis



Projection of the fibril density map

[High-resolution structure and strain comparison of infectious mammalian prions.](#)

Kraus A, et al. *Mol Cell*. 2021 doi: 10.1016/j.molcel.2021.08.011.

# Why prion-infected neurons die?

- PrP KO mice are resistant to infection by pathogenic prions

## Depleting Neuronal PrP in Prion Infection Prevents Disease and Reverses Spongiosis

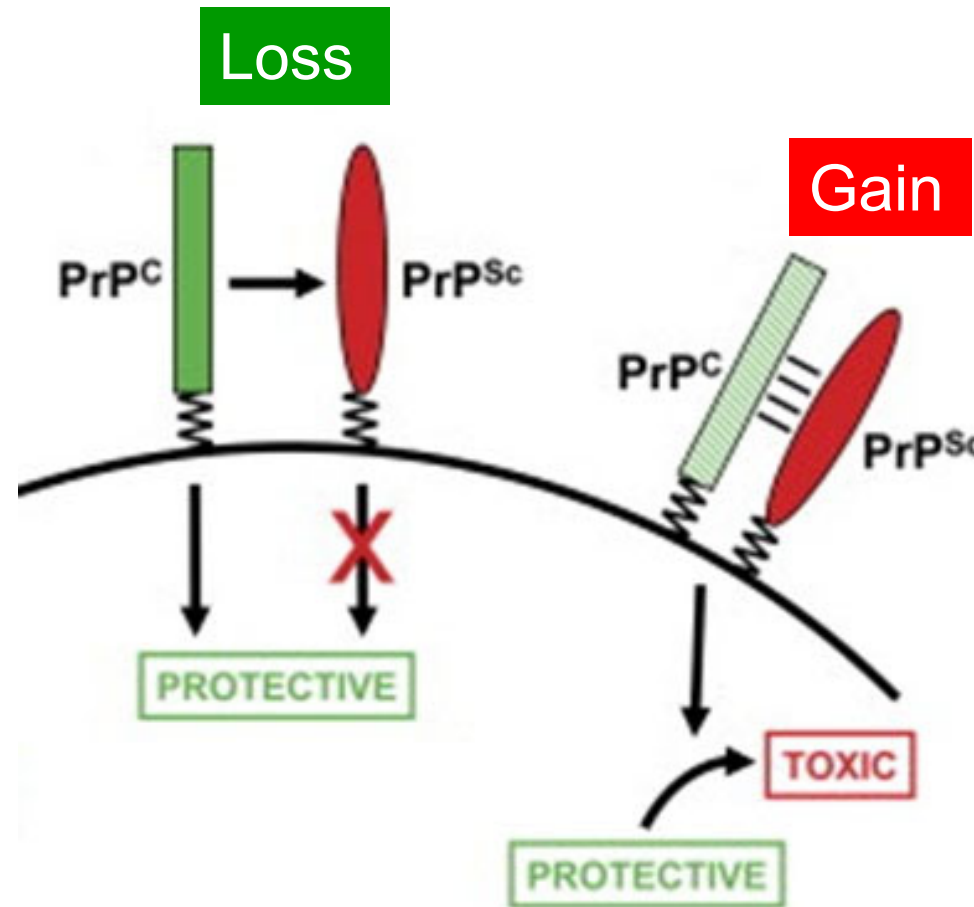
Giovanna Mallucci, Andrew Dickinson, Jacqueline Linehan, Peter-Christian Klöhn, Sebastian Brandner, John Collinge\*

The mechanisms involved in prion neurotoxicity are unclear, and therapies preventing accumulation of PrP<sup>Sc</sup>, the disease-associated form of prion protein (PrP), do not significantly prolong survival in mice with central nervous system prion infection. We found that depleting endogenous neuronal PrP<sup>C</sup> in mice with established neuroinvasive prion infection reversed early spongiform change and prevented neuronal loss and progression to clinical disease. This occurred despite the accumulation of extraneuronal PrP<sup>Sc</sup> to levels seen in terminally ill wild-type animals. Thus, the propagation of non-neuronal PrP<sup>Sc</sup> is not pathogenic, but arresting the continued conversion of PrP<sup>C</sup> to PrP<sup>Sc</sup> within neurons during scrapie infection prevents prion neurotoxicity.

=> It is necessary to understand PrP<sup>C</sup> function to decipher mechanisms of prions neurotoxicity!



# Why prion-infected neurons die? Corruption of PrP<sup>C</sup> function

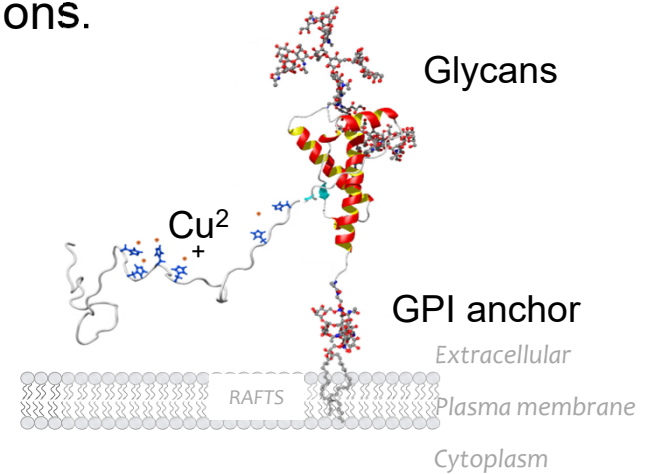
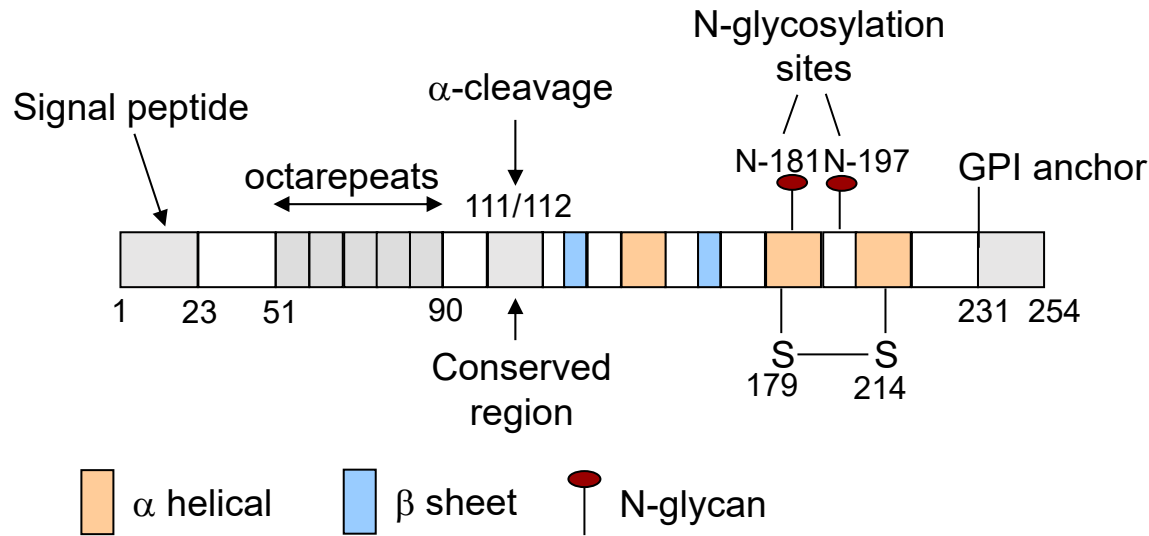


=> It is necessary to understand PrP<sup>C</sup> function to decipher mechanisms of prions neurotoxicity!

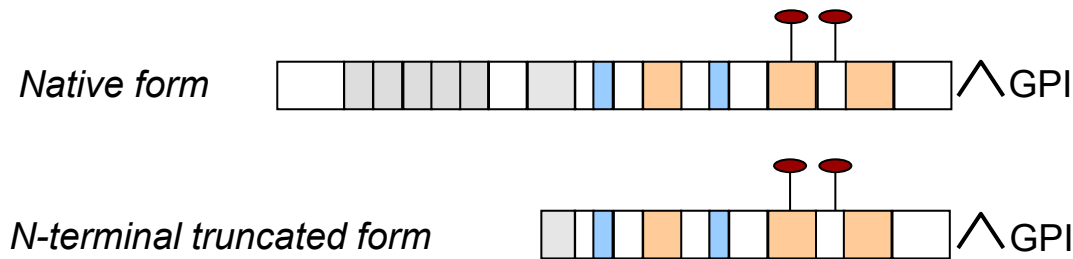
(Harris et al, 2006)

# Cellular Prion Protein

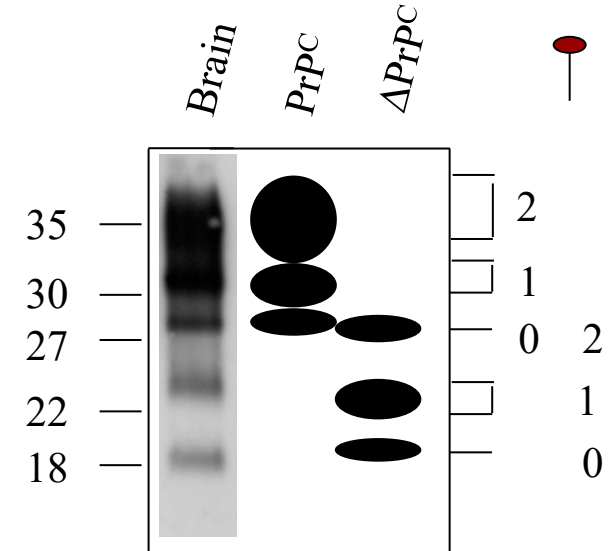
- Primary structure and post-translational modifications.



- Glycosylation and binding to metals



✓ α-Cleavage



=> Not 1 PrP<sup>C</sup> but various isoforms

# Physiologic role of Cellular Prion protein

## PrP<sup>-/-</sup> models:

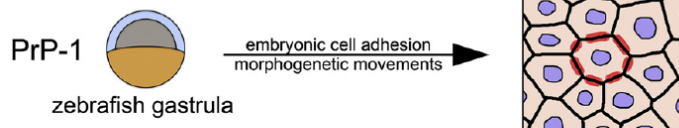
- souris**



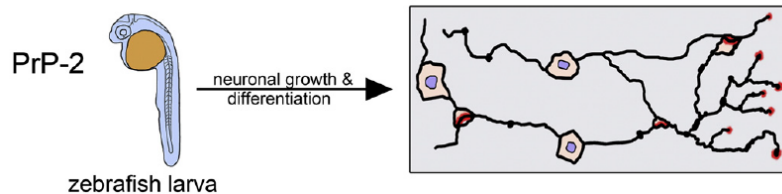
**Viabiles & normal CNS development**

**=> No obvious function for PrP<sup>C</sup>**

- Zebra Fish**

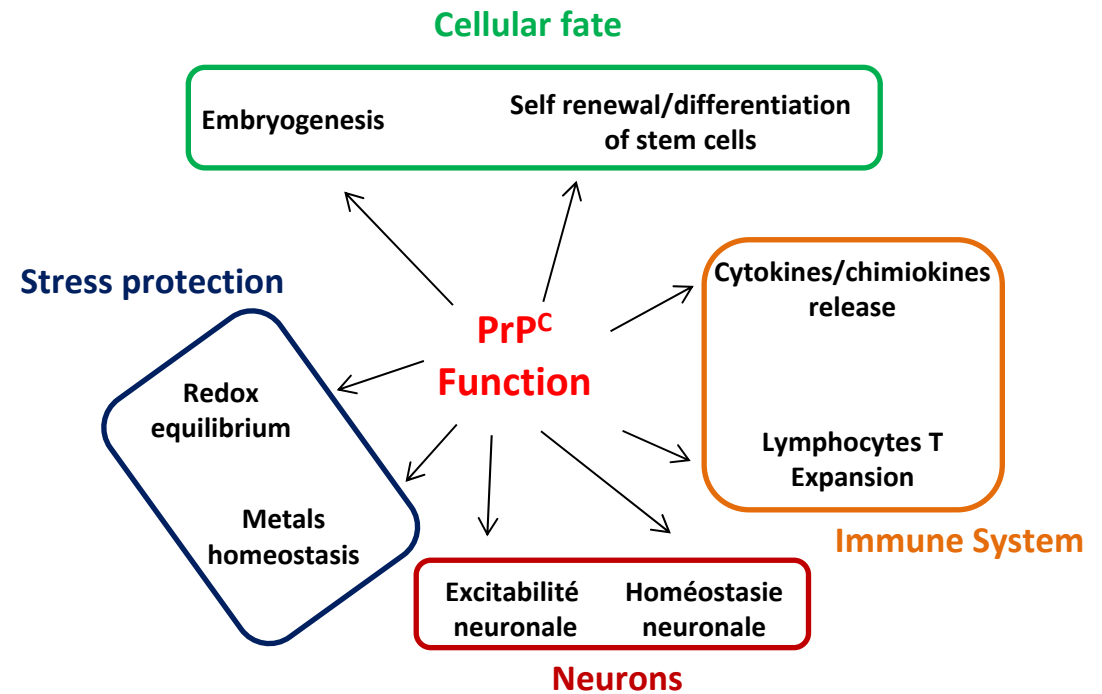


**Ubiquitous role**



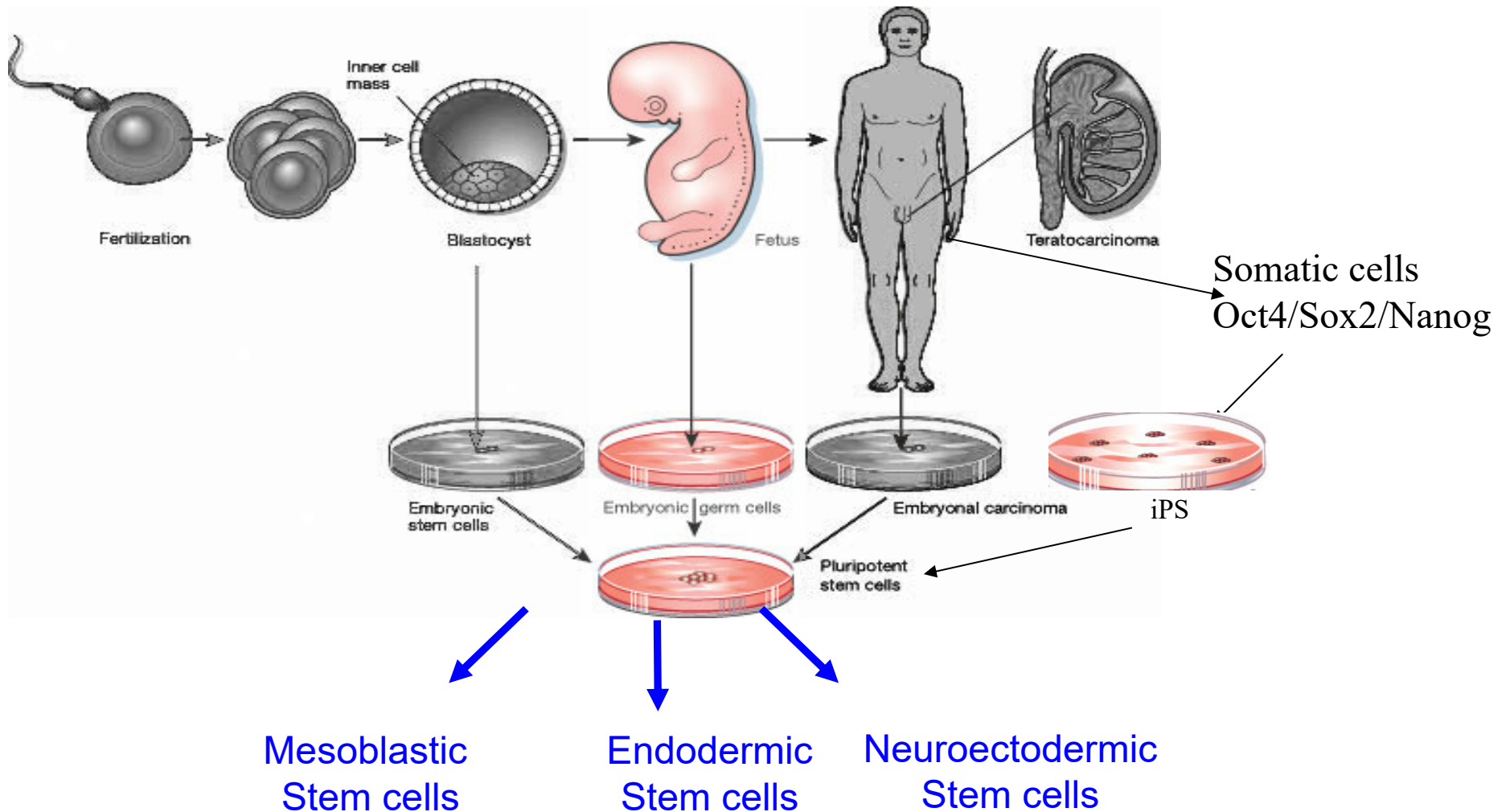
**Neurospecific role**

Málaga-Trillo 2011; Leighton 2018



- ⇒ No obvious function for PrP<sup>C</sup> ! Protective role?
- ⇒ Hyp: PrP<sup>C</sup> is so important for neuronal cell homeostasis that mechanisms compensate lack of PrP<sup>C</sup>

# Pluripotent stem cells: ES/EG/EC/iPS



Cell populations obtained after ES/EC/iPS differentiation are **heterogeneous** and **stop dividing**  
→ difficult to clone and select cell lines having properties of lineage precursor cells.

# Strategy to select lineage precursor cells

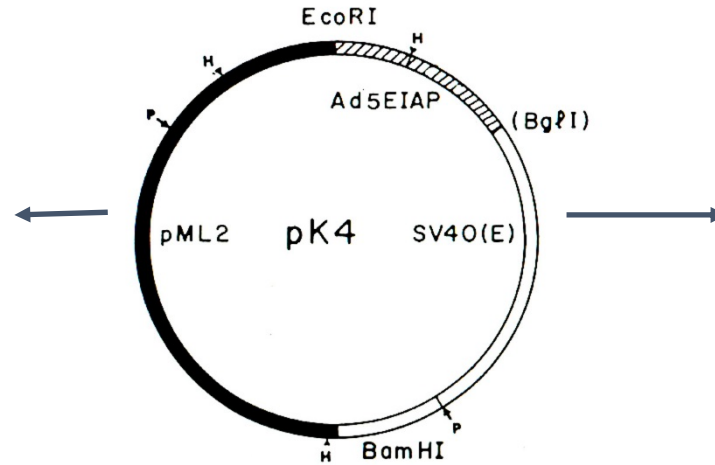
pK4 pluripotent cell lines EC

Induction of differentiation

3 germ layers derivatives  
Differentiated cells + **immature cells**

Cloning and Selection :  
-loss of EC/ES cell markers  
-Ability to differentiate at high frequency towards alternative fates along a given lineage

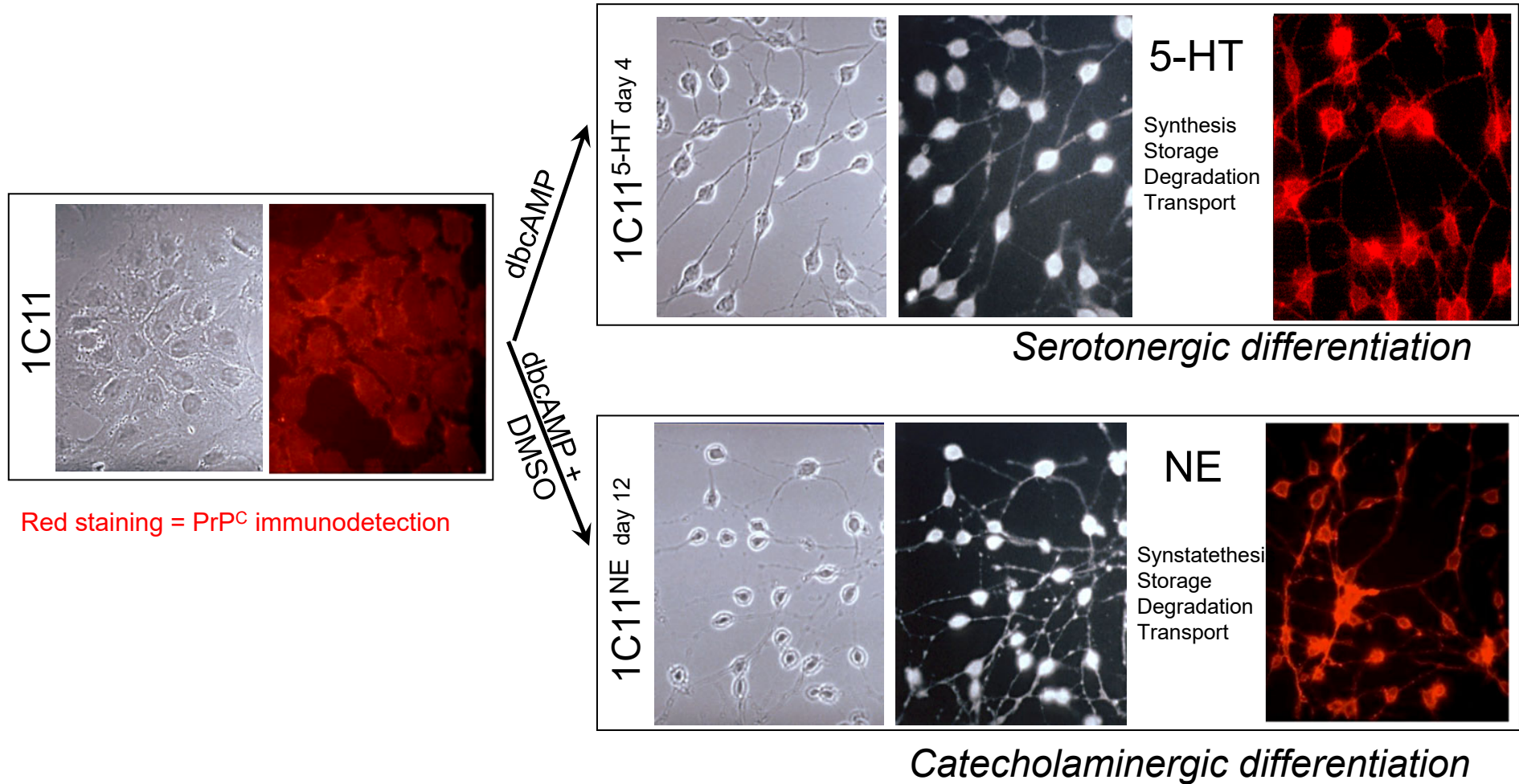
1C11 neuroectodermic cell line  
C1 mesodermic cell line



pK4 transgenic mice

Salivary gland cell lines  
Renal cell lines  
DENTAL Pulp stem cell lines  
(ED18 molar of Tg embryos)

# The 1C11 neuroectodermal cell line



=> 3 ≠ differentiation state, 100% differentiation

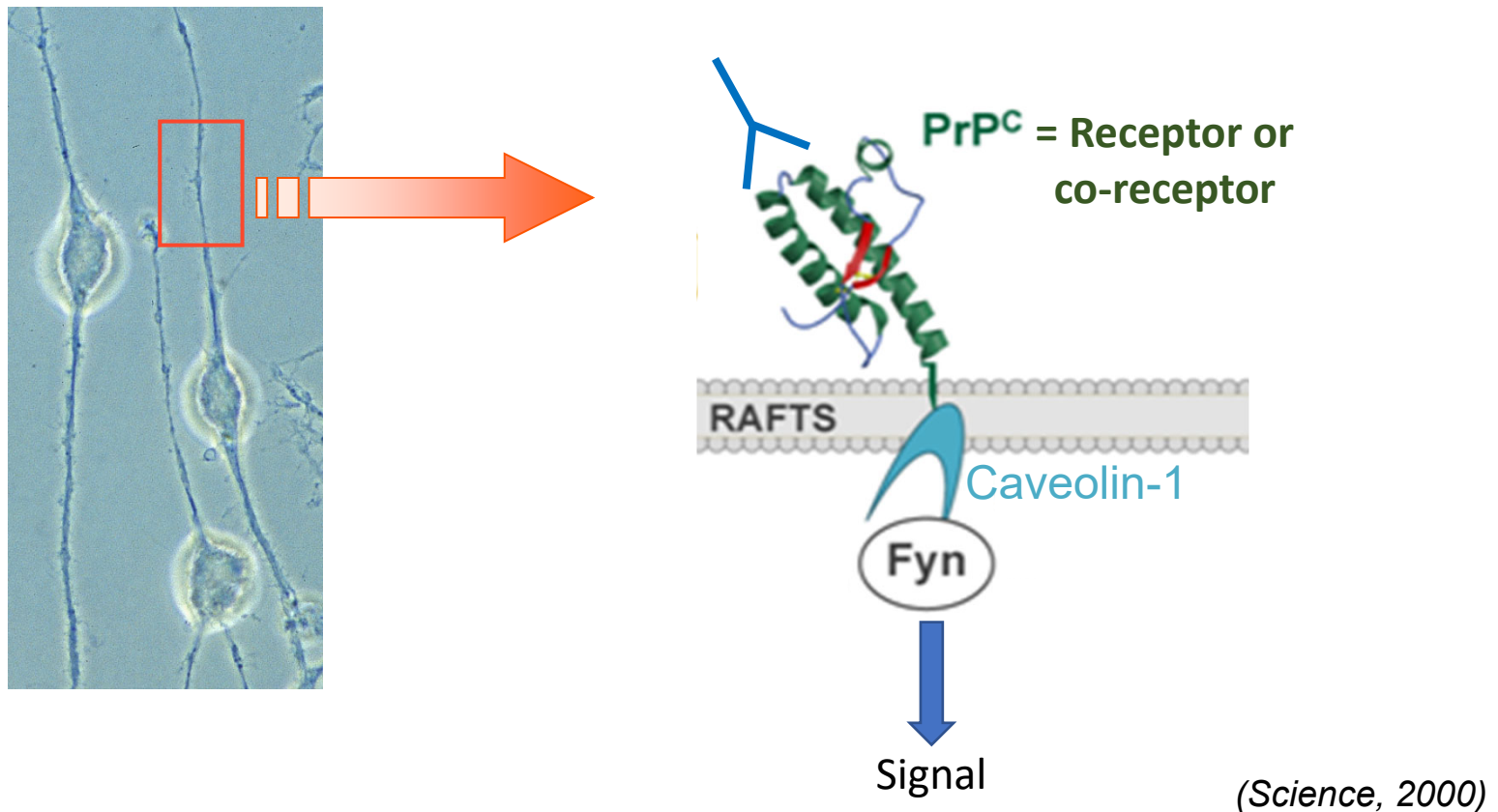
=> Expressed all PrP<sup>C</sup> isoforms whatever differentiated state!



# Signaling function of PrP<sup>C</sup>

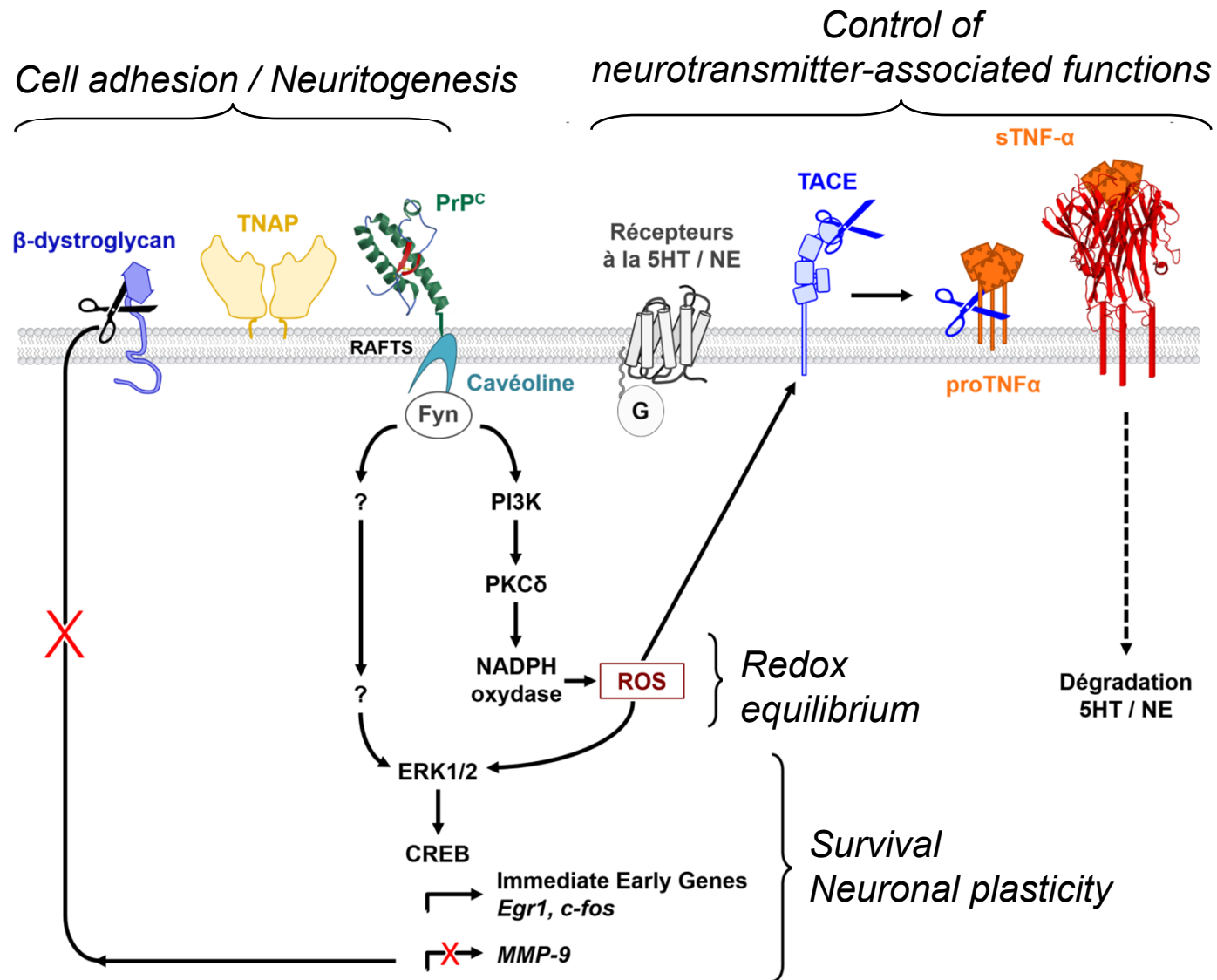
## Proof of concept

- Experimental strategy: cross linking using antibodies to mimic a natural ligand.

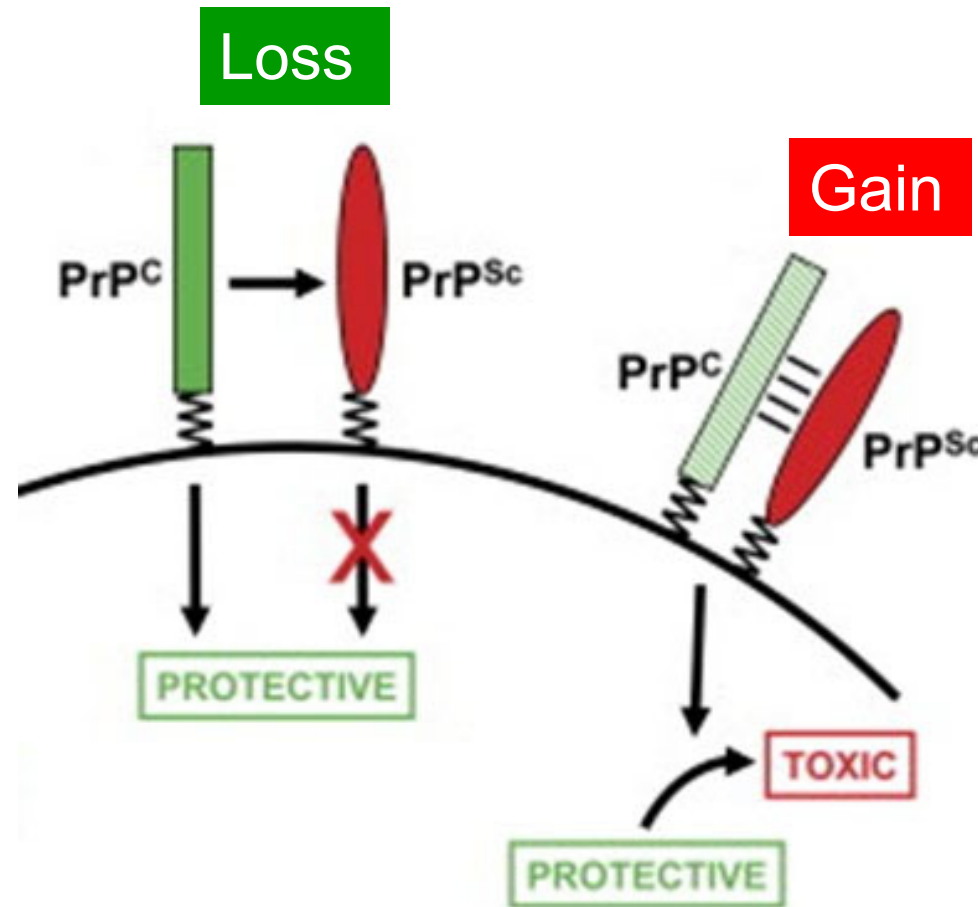


=> PrP<sup>C</sup>-Caveolin1-Fyn Tyrosine kinase : Neurospecific signaling platform recruited only in neurites.

# The multifaceted function of PrP<sup>C</sup> in a neuronal context



What is the impact of PrP<sup>Sc</sup> on function of PrP<sup>C</sup>?  
Loss / Gain?

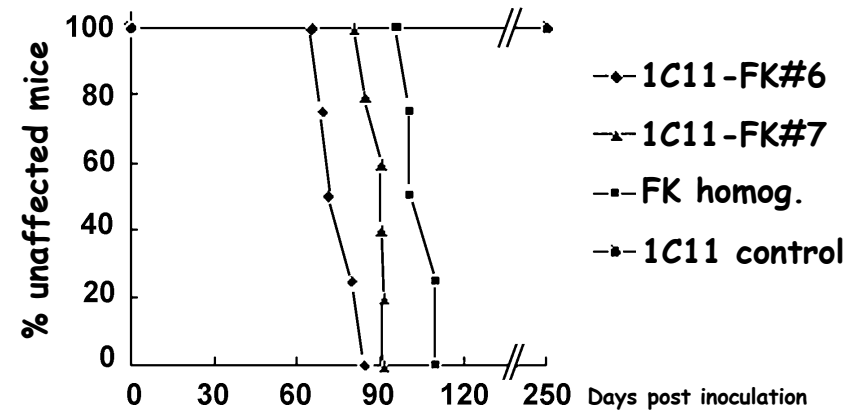
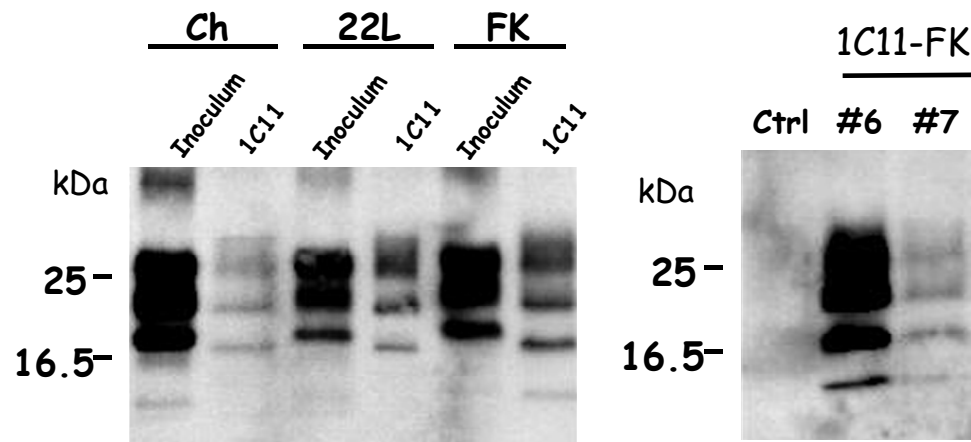
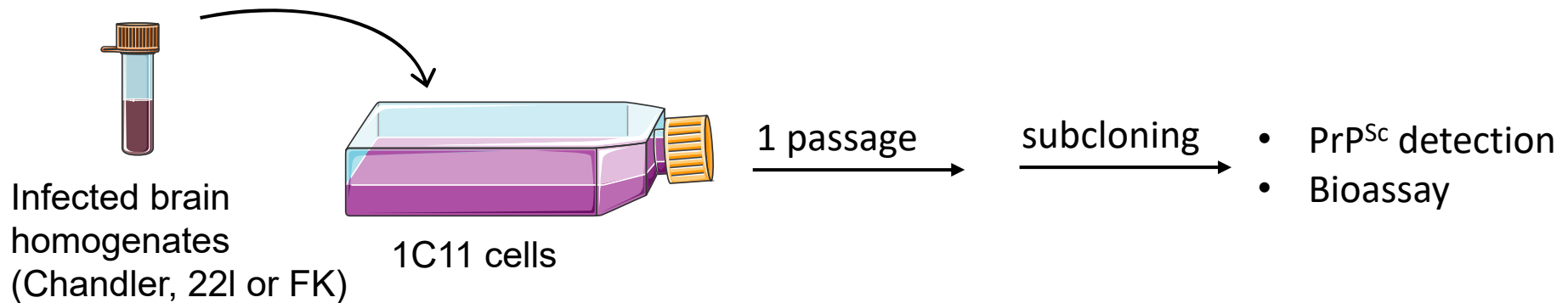


(Harris et al, 2006)

# What is the impact of PrP<sup>Sc</sup> on function of PrP<sup>C</sup>?

## Infection of 1C11 cell line

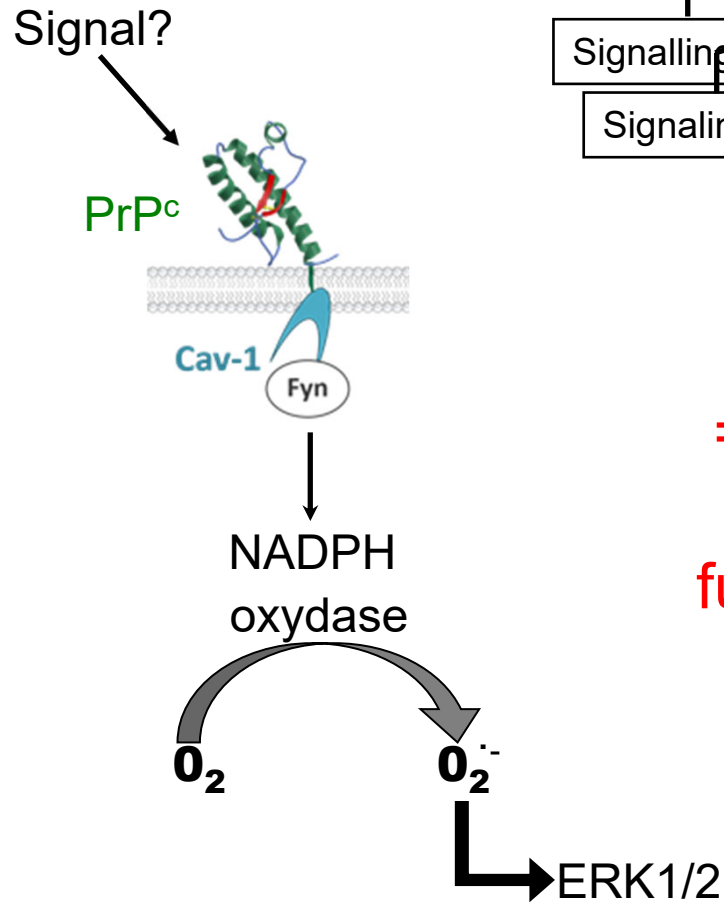
- The 1C11 cell line is chronically infected by several prion strains



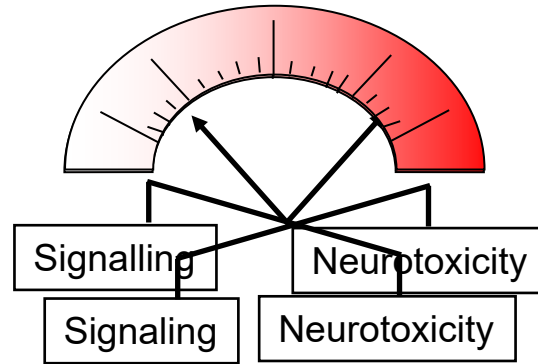
(Mouillet-Richard S et al., JBC, 2008)

=> Status of PrP<sup>C</sup>-coupled signaling pathway in prion infected 1C11 cells?

From signaling ...

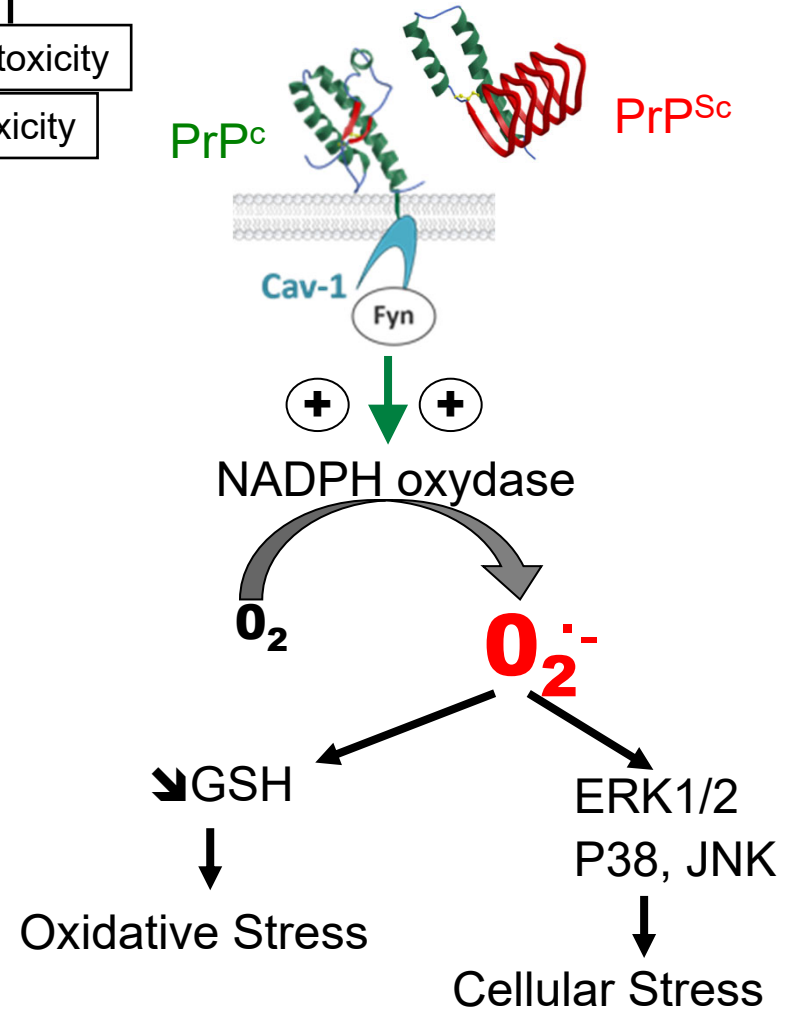


Fine tuning of redox equilibrium  
=> Neuronal homeostasis



= Gain of function

...to neurotoxicity



Lost of neuronal homeostasis  
=> Neuronal death

# Prion disease and Alzheimer's disease: same fight?

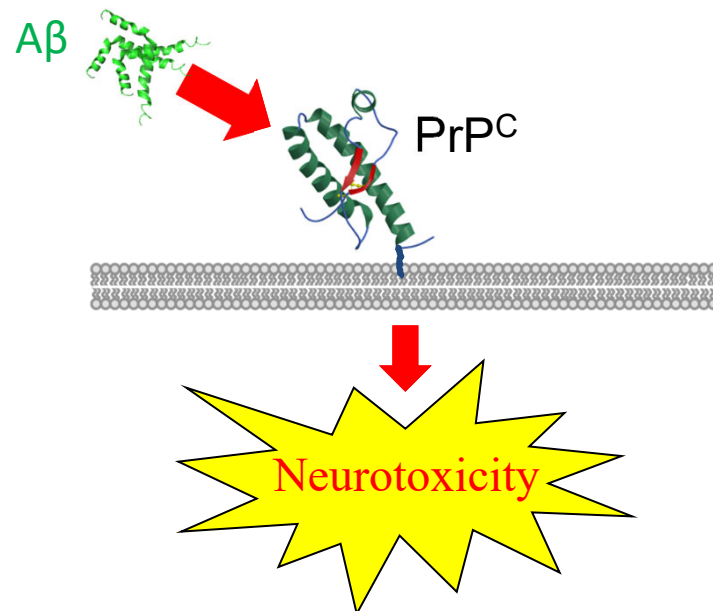
nature

Vol 457 | 26 February 2009 | doi:10.1038/nature07761

## LETTERS

### Cellular prion protein mediates impairment of synaptic plasticity by amyloid- $\beta$ oligomers

Juha Laurén<sup>1</sup>, David A. Gimbel<sup>1</sup>, Haakon B. Nygaard<sup>1</sup>, John W. Gilbert<sup>1</sup> & Stephen M. Strittmatter<sup>1</sup>



- ✓ A $\beta$  peptides bind to PrP<sup>C</sup> with high affinity.
  - ✓ PrP<sup>C</sup> could relay neurotoxicity of A $\beta$  peptides !
- => Mechanisms?



# Alzheimer's disease

## Discovery

- ❑ Auguste D, a 51-year-old woman : shown progressive cognitive impairment, focal symptoms, hallucinations, delusions, and psychosocial incompetence.
- ❑ At necropsy, there were plaques, neurofibrillary tangles, and arteriosclerotic changes.



Alois Alzheimer  
(1864-1915)



Bielschowsky's stain section from Auguste Deter's brain (left) neurofibrillary tangles drawn by Alois Alzheimer (right)



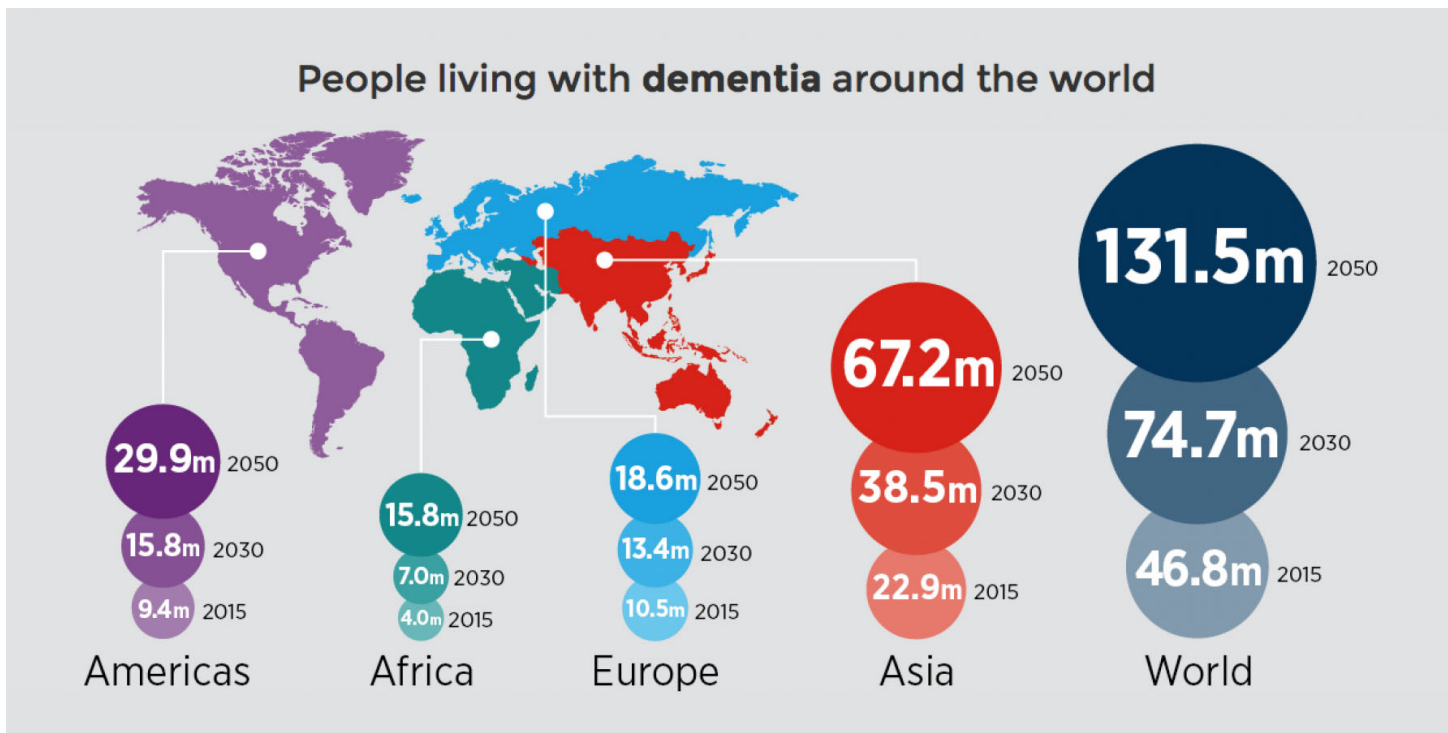
**First description of tangle and plaque pathology  
by Alois Alzheimer (1901)**

# Alzheimer's disease (AD) Epidemiology

- ✓ AD is the **most common form of dementia** accounting for >60% of all the cases.

In France: ~1M in 2019; +225 000 /year

World: 35.6M in 2019; +7.7M /year

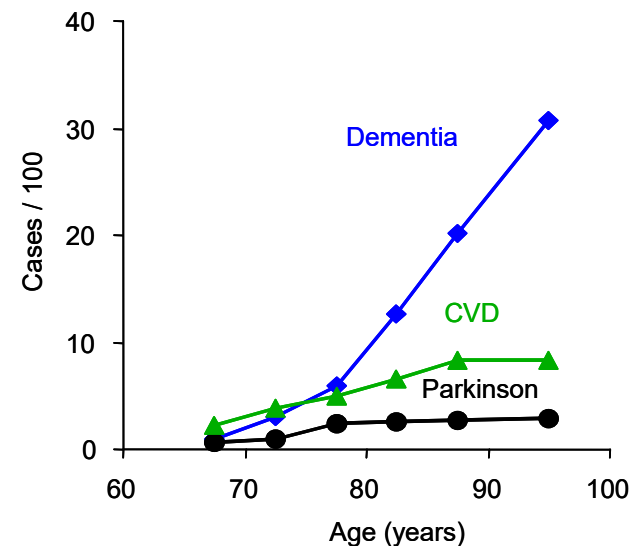


# Alzheimer's disease (AD) Epidemiology

✓ Most of the cases of AD ARE SPORADIC.  
The prevalence of inherited forms of AD is <1%

✓ Risk factors for sporadic AD:

- aging
- head injuries
- hormonal changes
- vascular diseases
- inflammation
- ApoE e4 allele polymorphism
- exposure to metals (Al<sup>+++</sup>, Cu<sup>++</sup> and Zn<sup>++</sup>)



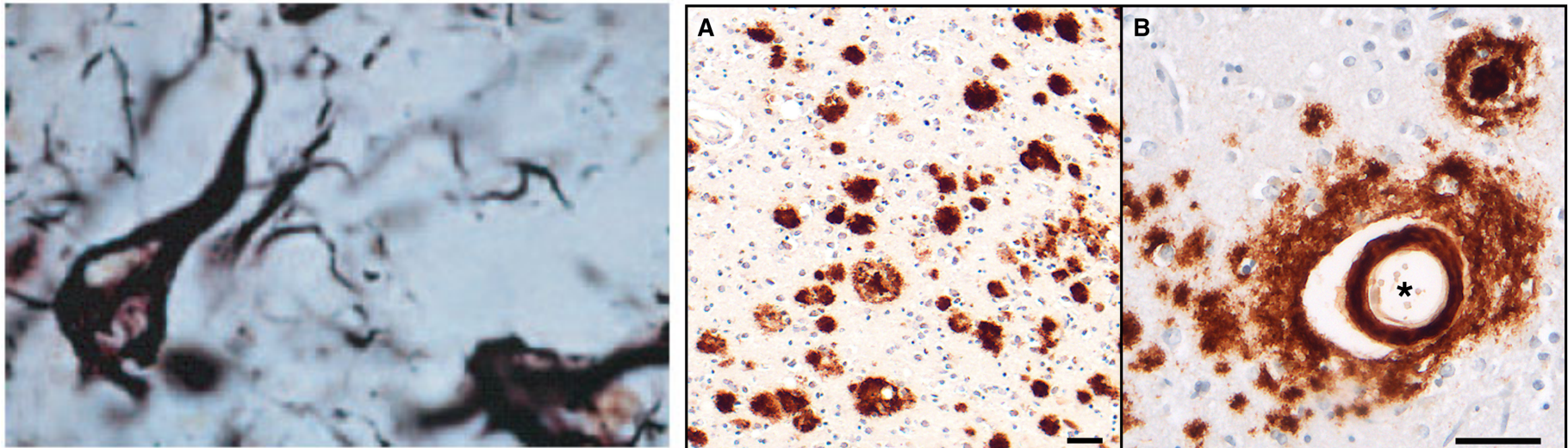
ApoE polymorphism and disease risk (alzdiscovery.org/)

Genotype	E2/E2	E2/E3	E2/E4	E3/E3	E3/E4	E4/E4
Disease Risk	40% less likely	40% less likely	2.6 times more likely	Average risk	3.2 times more likely	14.9 times more likely

# Alzheimer's disease (AD)

## Histopathological hallmarks

- It is characterized by the presence of lesions both at an extracellular level (the  $\beta$ -amyloid plaques), and at an intracellular levels (the Neurofibrillary tangles, NFT).



### Neurofibrillary tangles

- hyperphosphorylated protein tau

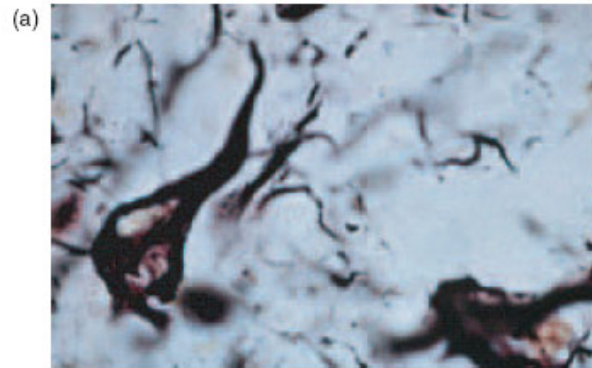
### Amyloid plaques (A) and Cerebral $\beta$ -Amyloid Angiopathy (CAA, B \*)

- protein  $\beta$ -amyloid ( $A\beta$ ) fibrils

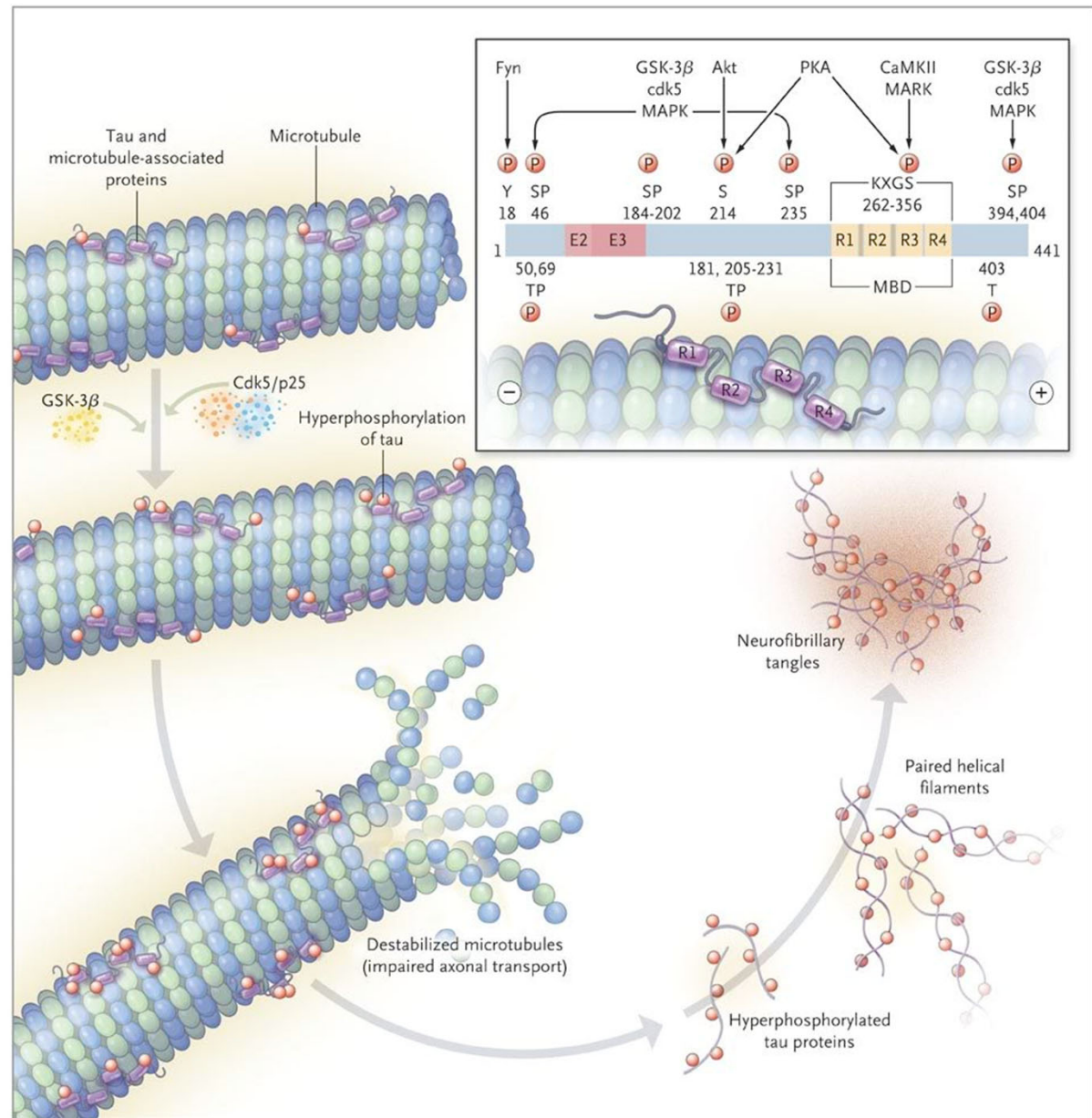


# Alzheimer's disease (AD)

## Formation of NFTs



Tau based neurofibrillary tangle



# Alzheimer's disease (AD)

## $\beta$ -amyloid Plaque

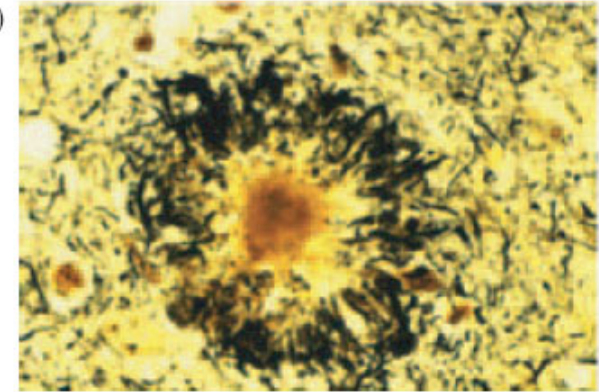
-is extracellular

-normally, it has a core composed of the  $\beta$ -amyloid peptide

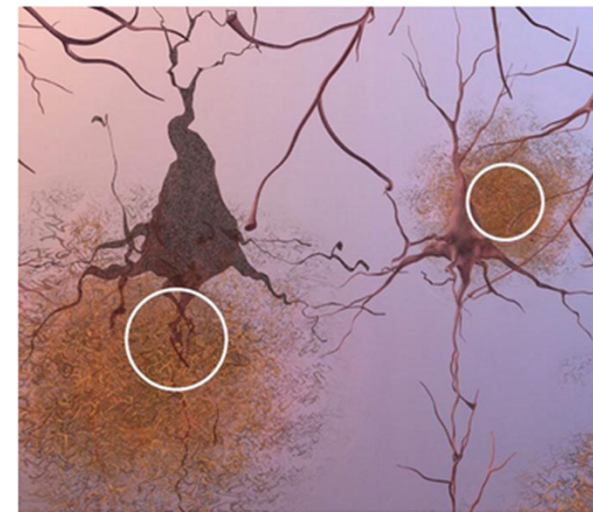
-aggregation is massive in the center, and diffused at the sides (disaggregation hypothesis?)

-average area  $400 \mu\text{m}^2$

-is composed of dystrophic neurites,  $\beta$ -amyloid peptides (40/42/43), ubiquitin, tau protein and other proteins, some involved in the generation of  $\beta$ -amyloid, like the secretases.



Amyloid based Neuritic plaque

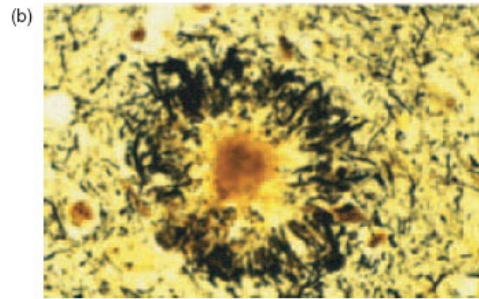


Plaques, abnormal clusters of protein fragments, build up between nerve cells.

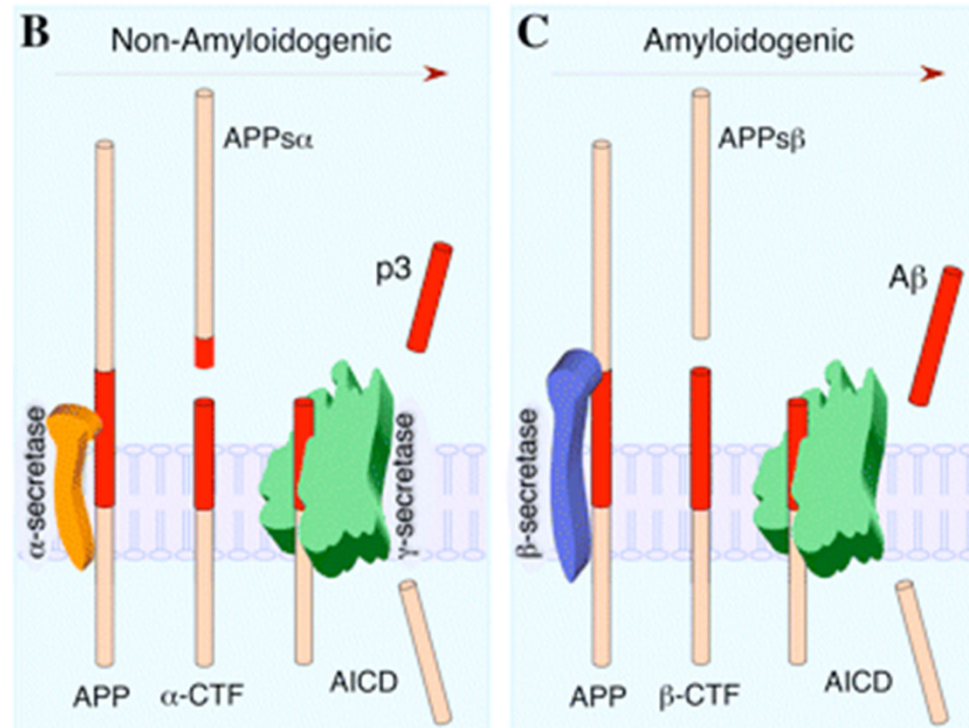
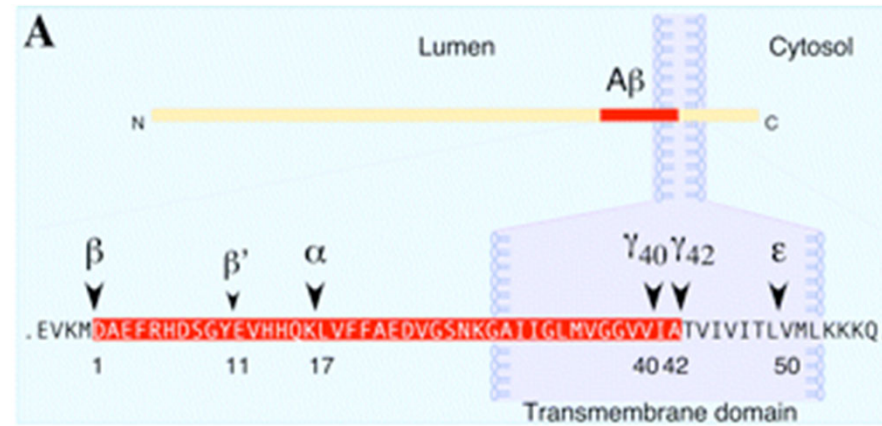


# Alzheimer's disease (AD)

## Origin of $\beta$ -amyloid plaques: APP processing



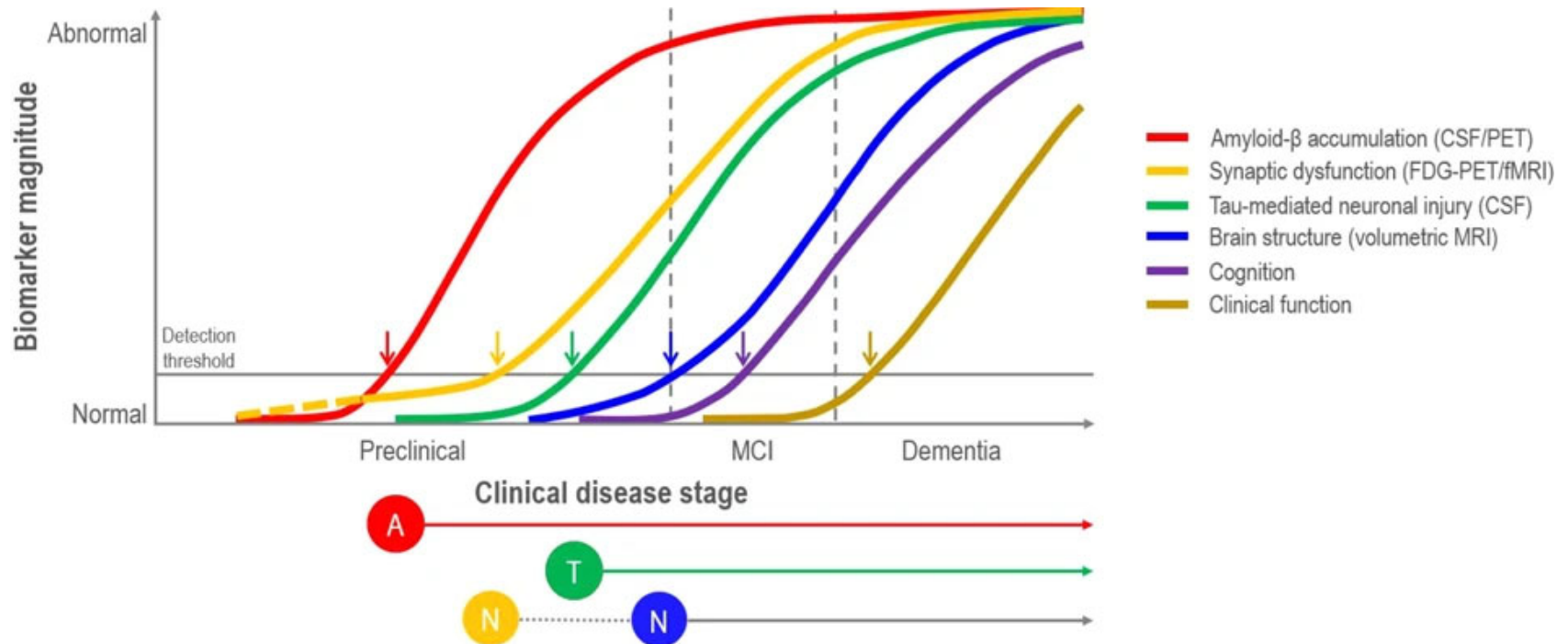
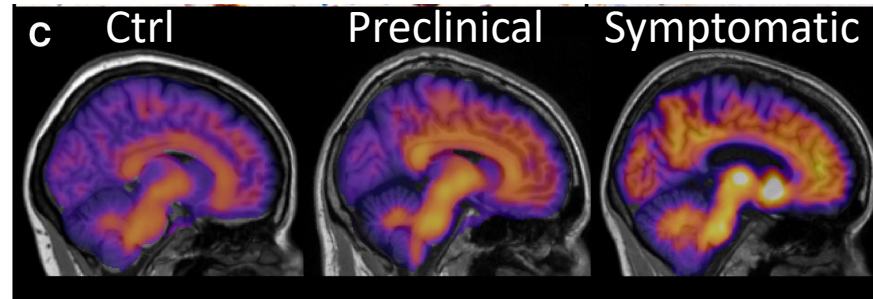
Amyloid based Neuritic plaque



# Alzheimer's disease (AD)

## Dynamic biomarkers

A $\beta$ -PET images with Pittsburgh compound tracer in familial AD

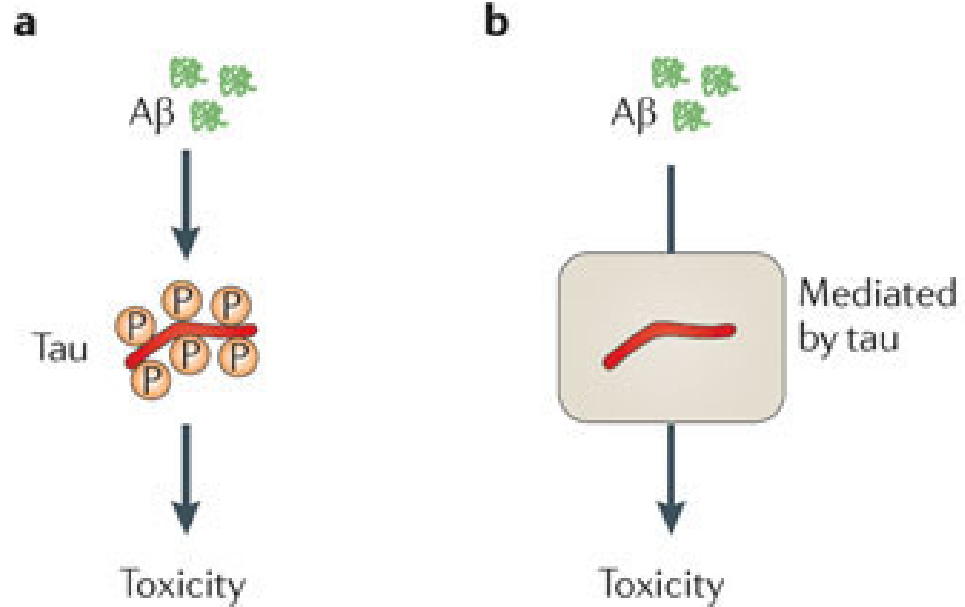


M. Jucker, et al. Alzheimer's disease: From immunotherapy to immunoprevention, *Cell*, 2023

# Alzheimer's disease (AD)

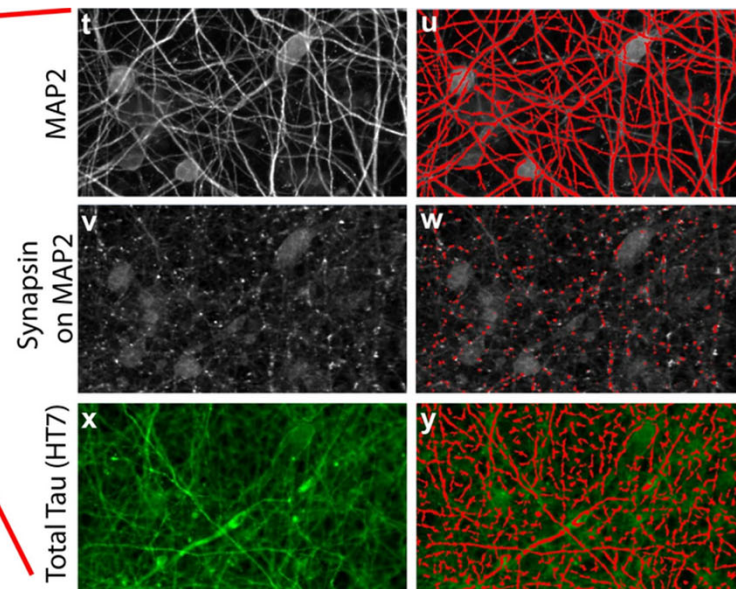
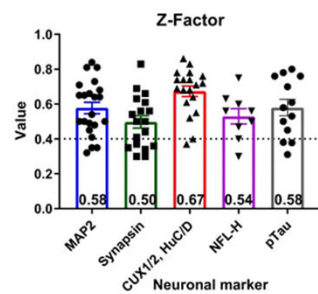
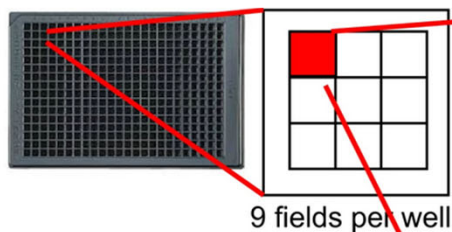
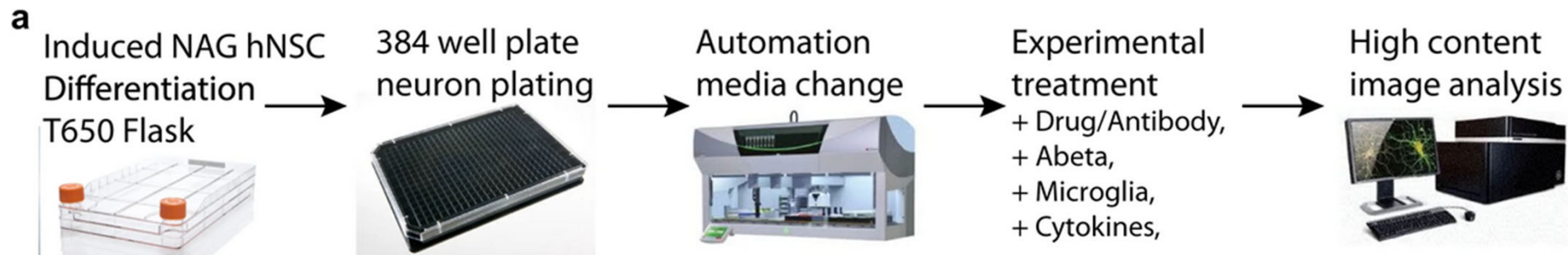
## $\beta$ -amyloid peptide/Tau toxicities

- Amyloid- $\beta$  and tau: interaction for toxicity



# Alzheimer's disease (AD) β-amyloid peptide/Tau toxicities

A high-throughput, automated human iPSC-derived neuron differentiation and culturing platform  
= a new model of AD



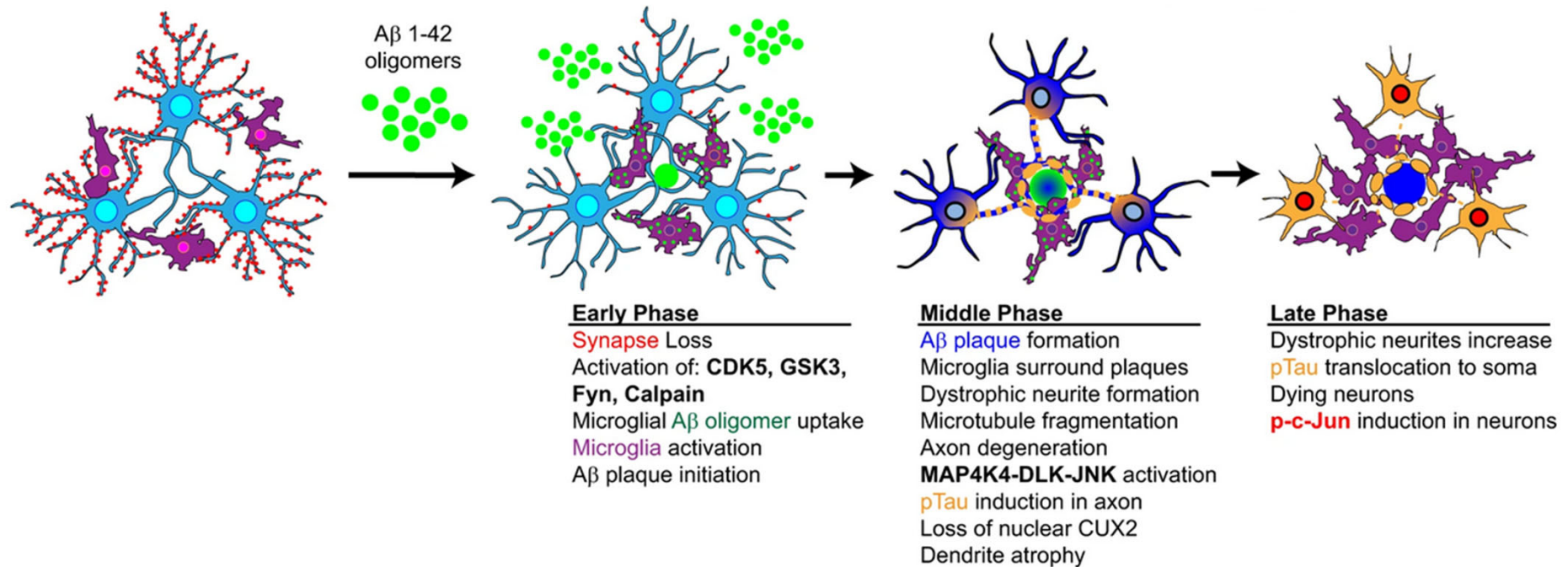
Mature culture (12 weeks) => image analysis



# Alzheimer's disease (AD)

## $\beta$ -amyloid peptide/Tau toxicities

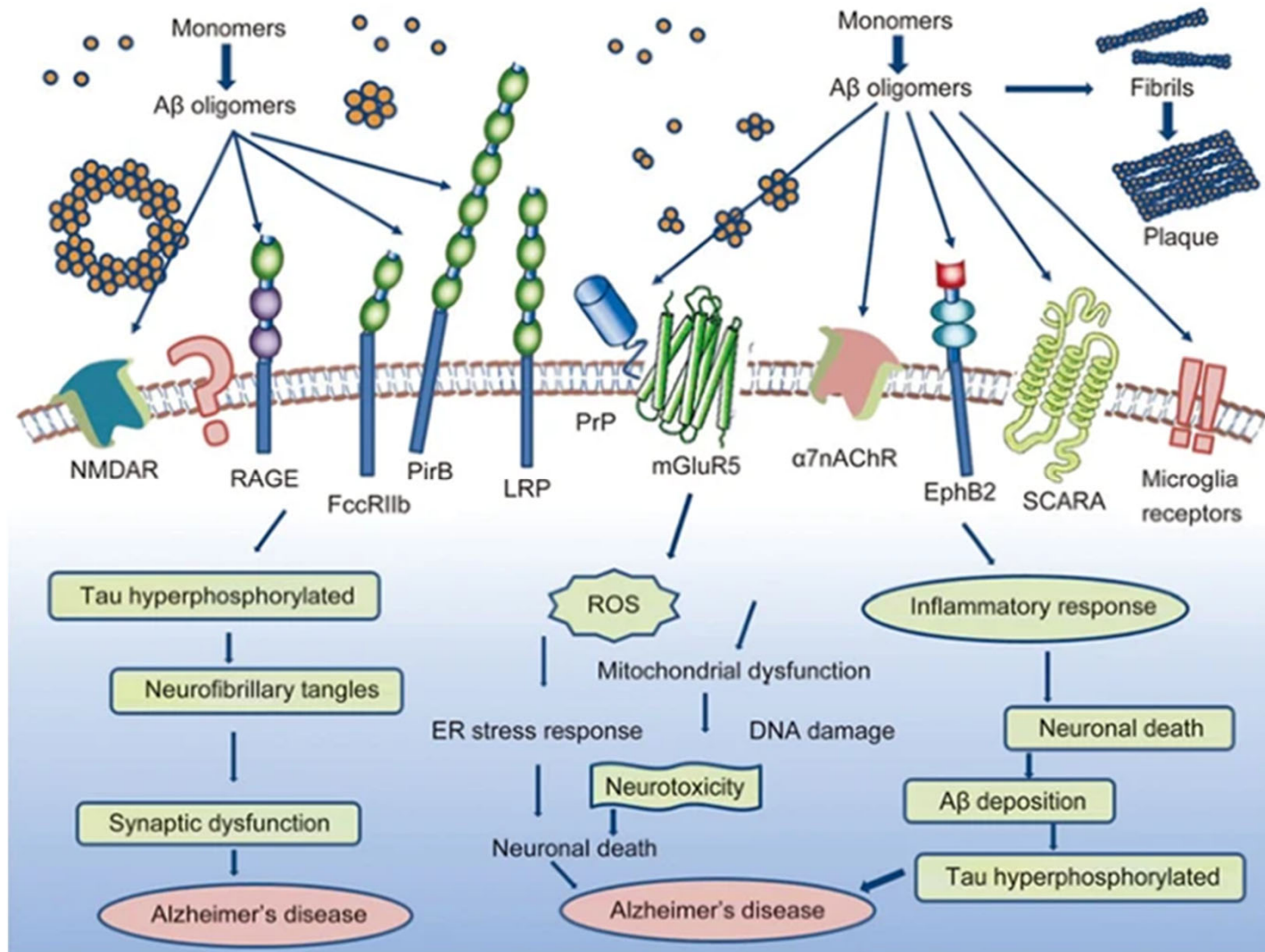
- Amyloid- $\beta$  and tau: interaction for toxicity  
=> Role of microglia



A $\beta$  and microglial activation as two partially independent processes that, when they converge, lead to neocortical tau pathology

# Alzheimer's disease (AD)

## Amyloid cascade hypothesis



# Do Prion and Alzheimer's diseases shared common neurodegenerative mechanisms?

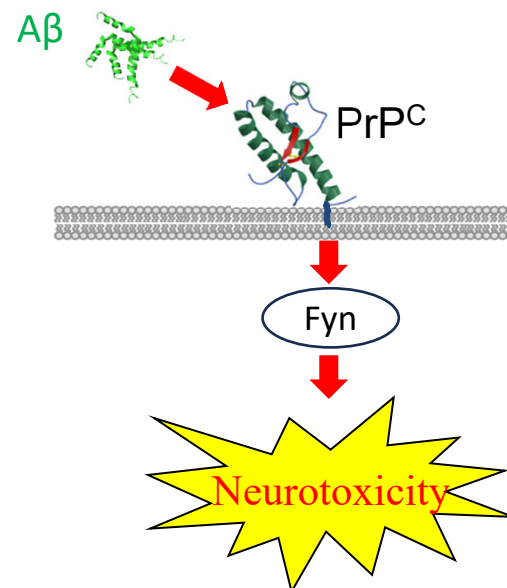
## Alzheimer amyloid- $\beta$ oligomer bound to postsynaptic prion protein activates Fyn to impair neurons

Ji Won Um<sup>1</sup>, Haakon B Nygaard<sup>1</sup>, Jacqueline K Heiss<sup>1</sup>, Mikhail A Kostylev<sup>1</sup>, Massimiliano Stagi<sup>1</sup>, Alexander Vortmeyer<sup>2</sup>, Thomas Wisniewski<sup>3</sup>, Erik C Gunther<sup>1</sup> & Stephen M Strittmatter<sup>1</sup>

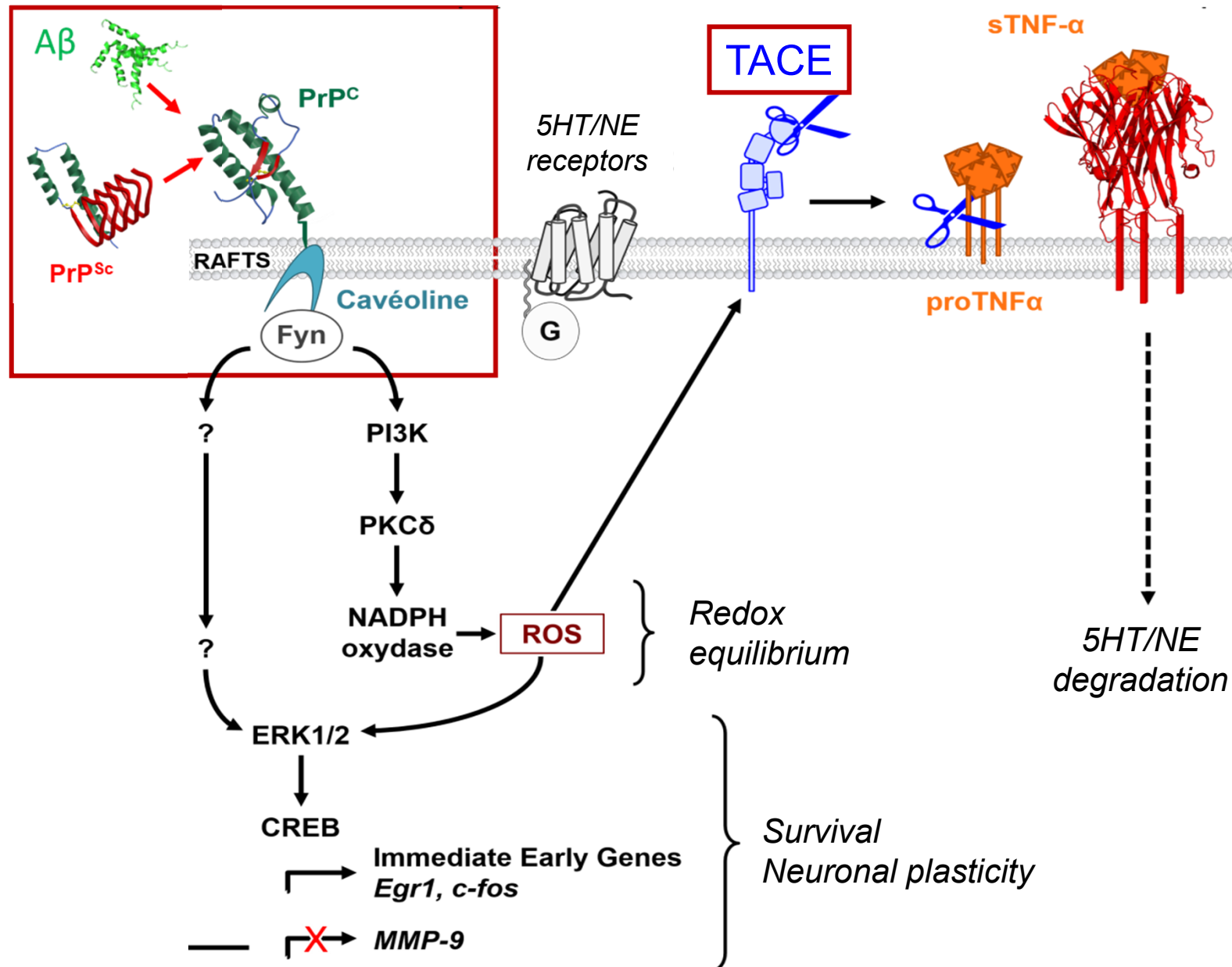
Amyloid-beta ( $A\beta$ ) oligomers are thought to trigger Alzheimer's disease pathophysiology. Cellular prion protein ( $PrP^C$ ) selectively binds oligomeric  $A\beta$  and can mediate Alzheimer's disease-related phenotypes. We examined the specificity, distribution and signaling of  $A\beta$ - $PrP^C$  complexes, seeking to understand how they might alter the function of NMDA receptors (NMDARs) in neurons.  $PrP^C$  is enriched in postsynaptic densities, and  $A\beta$ - $PrP^C$  interaction leads to Fyn kinase activation. Soluble  $A\beta$  assemblies derived from the brains of individuals with Alzheimer's disease interacted with  $PrP^C$  to activate Fyn.  $A\beta$  engagement of  $PrP^C$ -Fyn signaling yielded phosphorylation of the NR2B subunit of NMDARs, which was coupled to an initial increase and then a loss of surface NMDARs.  $A\beta$ -induced dendritic spine loss and lactate dehydrogenase release required both  $PrP^C$  and Fyn, and human familial Alzheimer's disease transgene-induced convulsive seizures did not occur in mice lacking  $PrP^C$ . These results delineate an  $A\beta$  oligomer signal transduction pathway that requires  $PrP^C$  and Fyn to alter synaptic function, with deleterious consequences in Alzheimer's disease.

nature  
neuroscience

*Nature neuroscience, 2012*



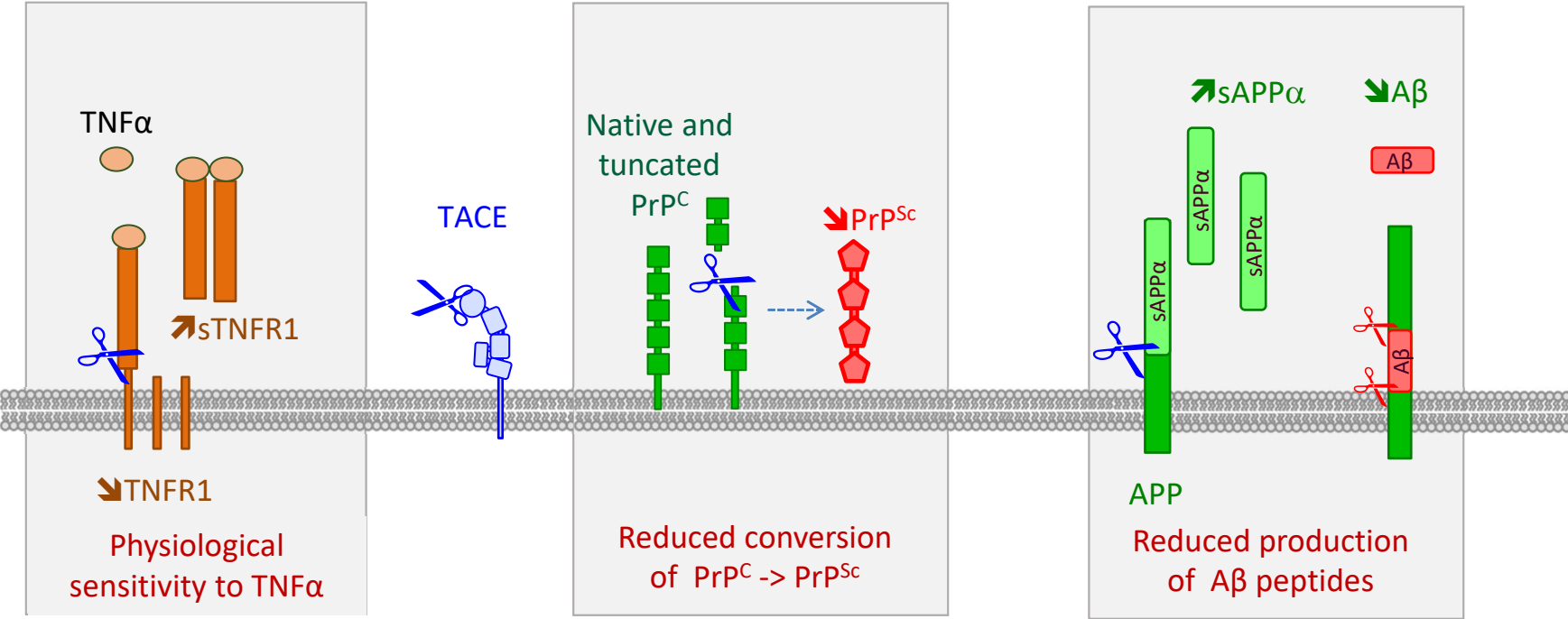
# Do Prion and Alzheimer's diseases shared common neurodegenerative mechanisms?





# TACE physiological functions

Nature Medicine, 2013



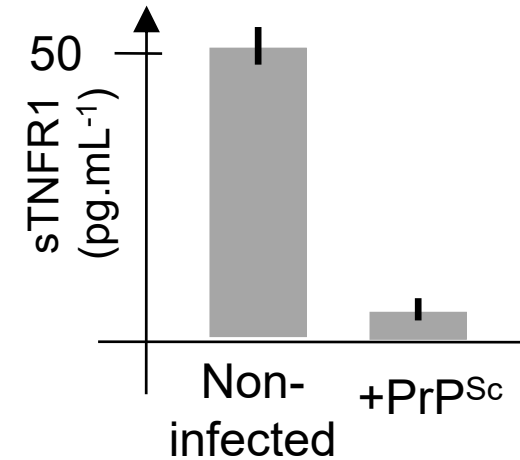
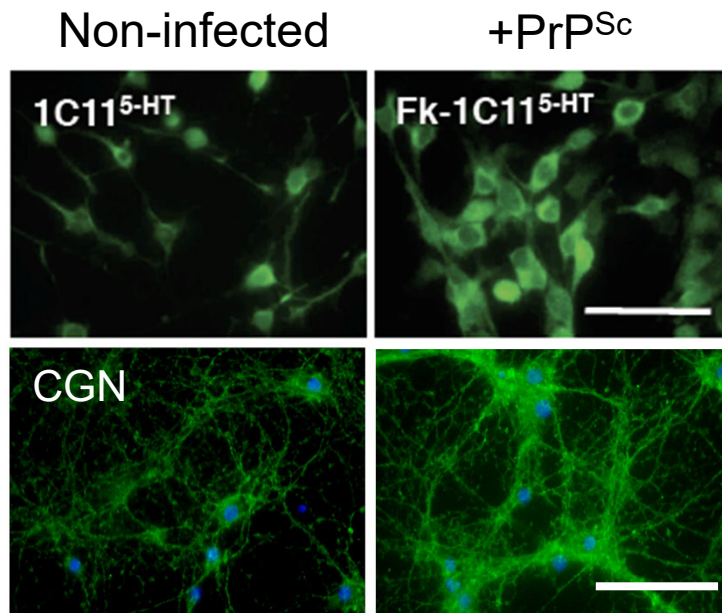
TACE deregulation => prion / Alzheimer's diseases ?

Little was known about TACE regulation

# Prion infection triggers TNFR1 under-shedding and hypersensitizes cells to TNF $\alpha$ toxicity

↗ cell surface level of TNFR1

↘ sTNFR1 in cell culture medium



CGN = Cerebellar Granule Neuron

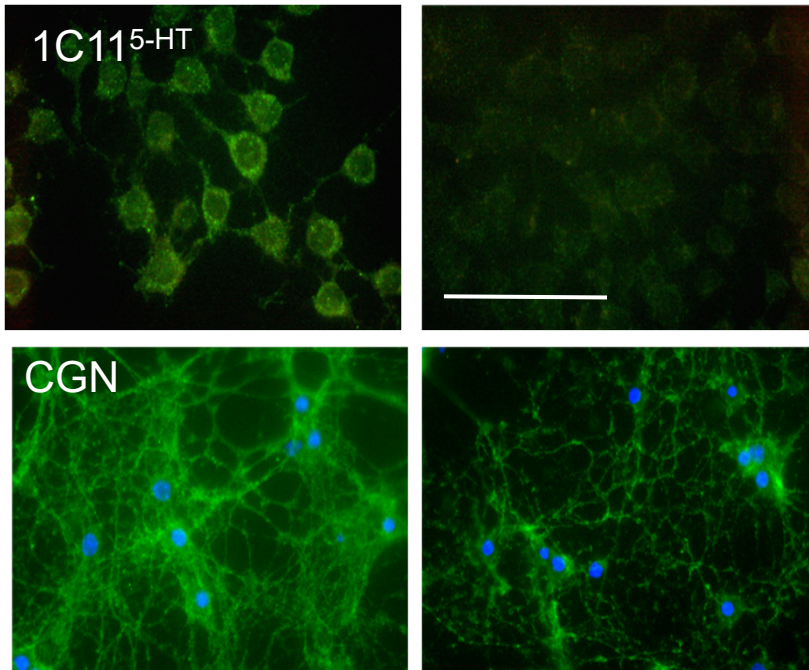
↗ sensitivity of infected neurons to TNF $\alpha$

Defect of TACE shedding activity in prion-infected neurons ?

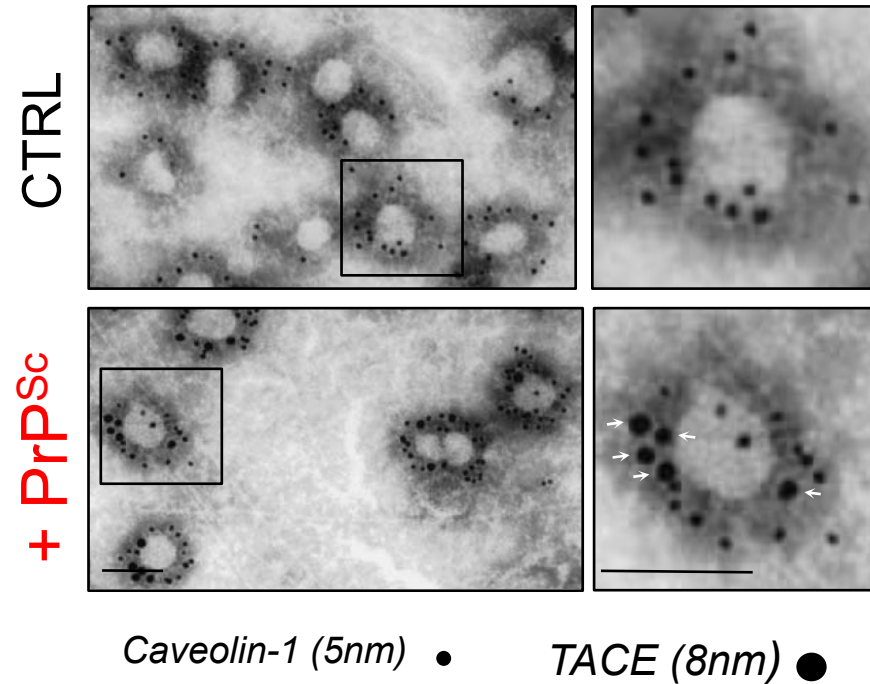
# TACE internalization in prion-infected cells

↘ TACE at the plasma membrane

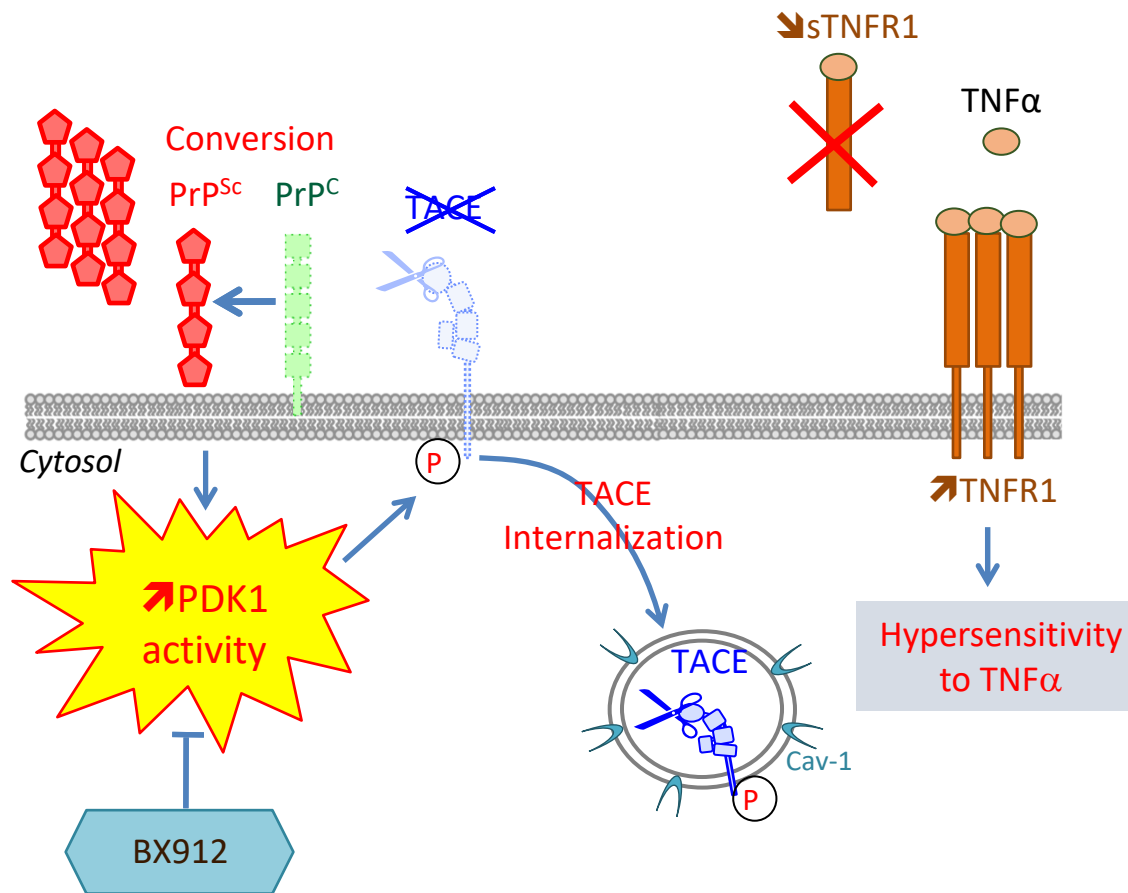
+ PrP<sup>Sc</sup>



TACE is associated with caveolae in infected cells

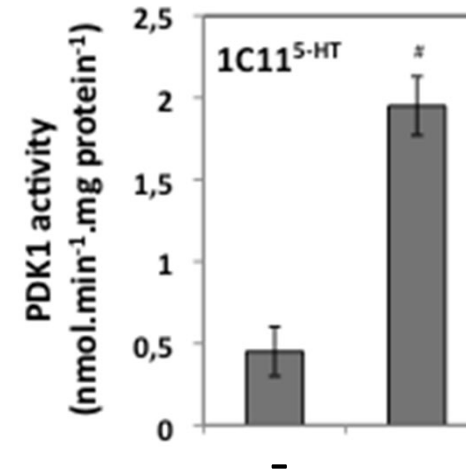


# TACE internalization depends on PDK1 overactivity in prion-infected cells

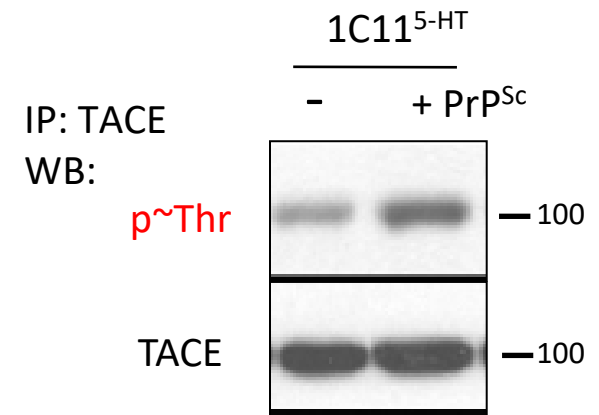


Antagonizing PDK1 activity to rescue TACE shedding activity at the plasma membrane?

↗ PDK1 activity



↗ phospho-TACE

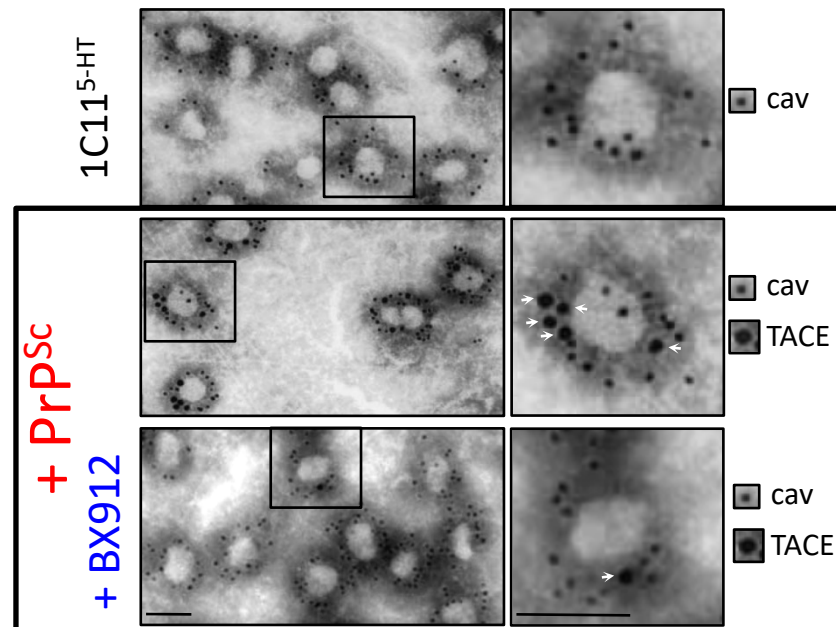
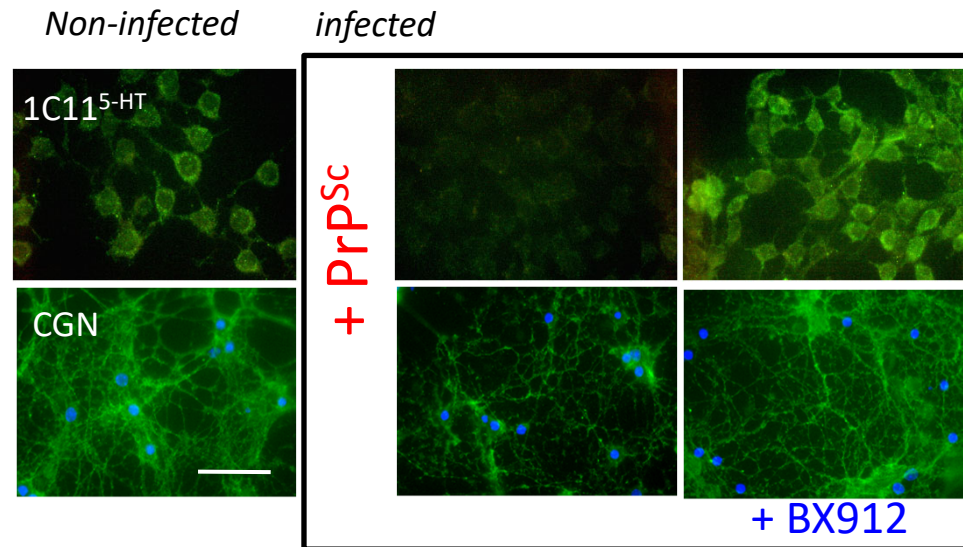


Nature Medicine, 2013

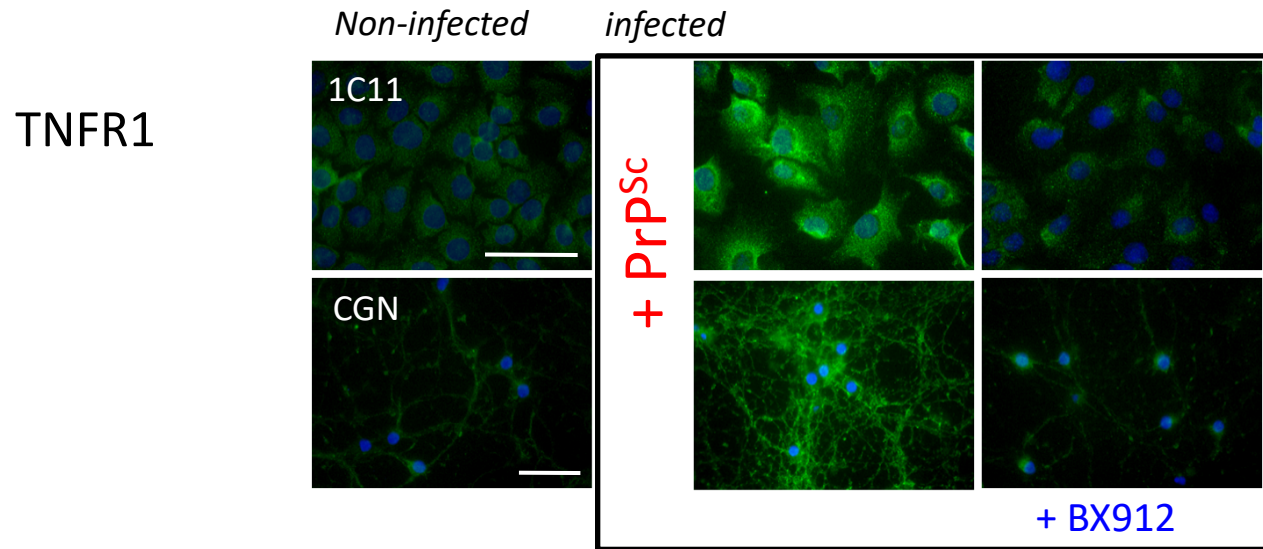
PDK1 = 3-phosphoinositide-dependent kinase 1

# PDK1 inhibition relocates TACE from caveolae to the plasma membrane

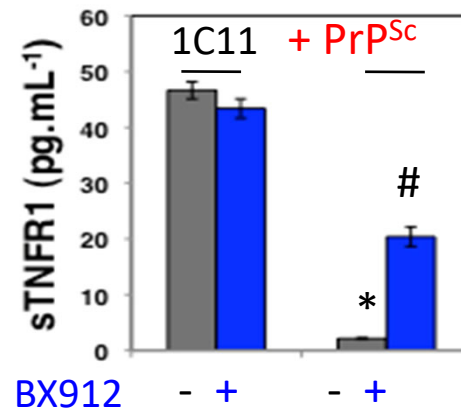
Cell surface  
Immunostaining of  
TACE



# PDK1 inhibition restores TACE shedding activity at the plasma membrane

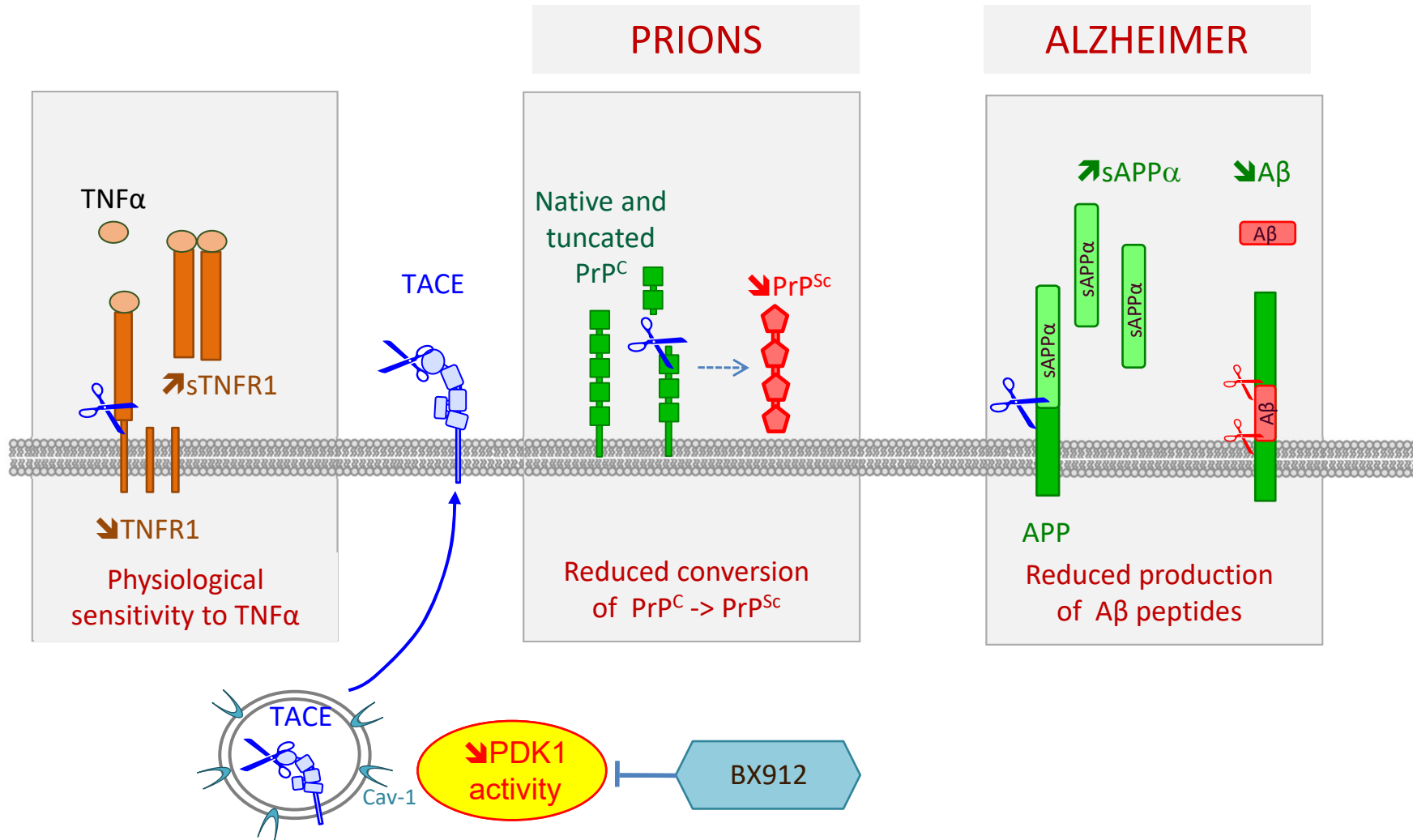


sTNFR1



BX912 rescues the shedding of TNFR1 by TACE  
=> Desensitization of prion-infected cells from TNF $\alpha$  toxicity

# PDK1 as a therapeutic target against prion and Alzheimer's diseases?



Thus relocated TACE would have 3 beneficial effects in neurodegenerative diseases

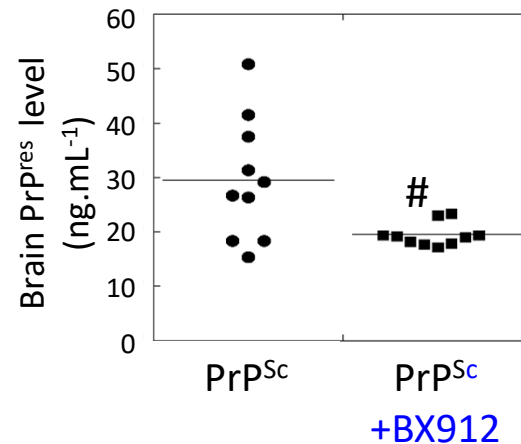
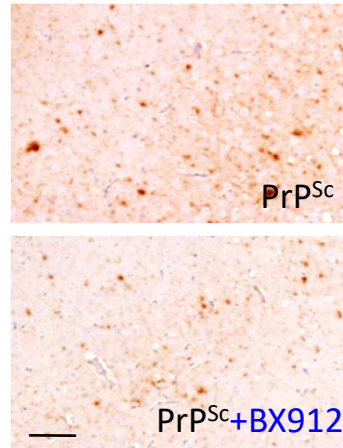


# Inhibiting PDK1 activity with BX912 in prion-infected mice...

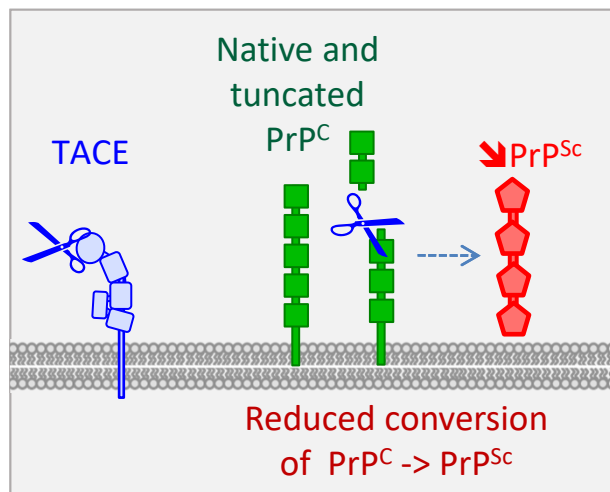
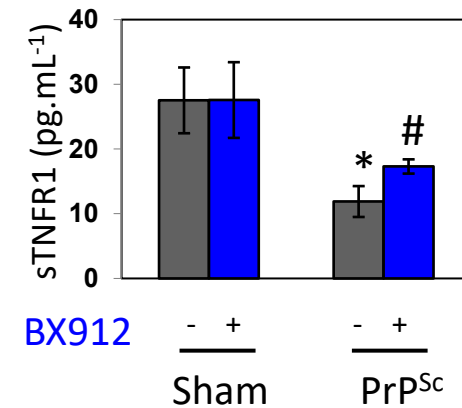


↓ brain PrP<sup>Sc</sup>

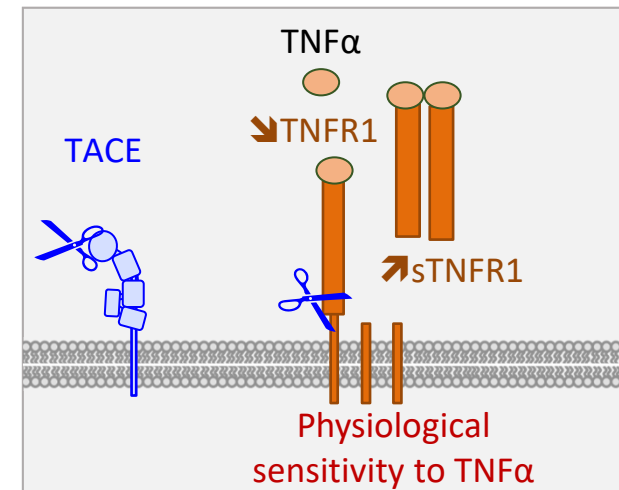
PrP<sup>Sc</sup> deposition



↑ sTNFR1 in CSF



Same effect upon PDK1 silencing with siRNA



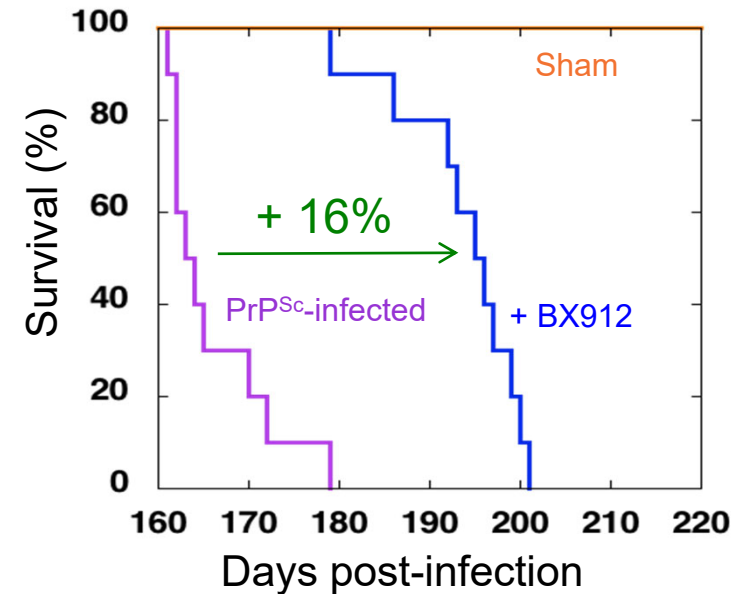
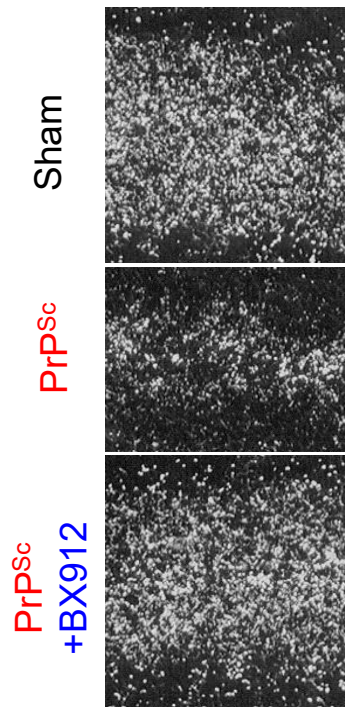
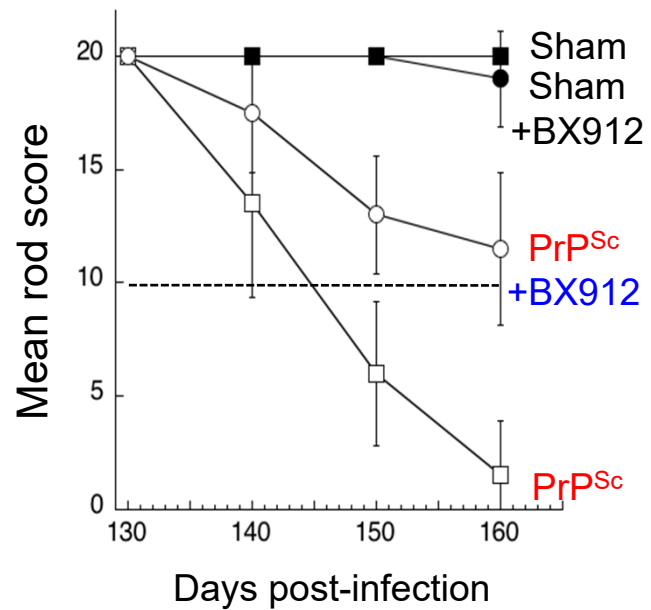
# Inhibiting PDK1 activity with BX912 in prion-infected mice...



↓ motor deficits

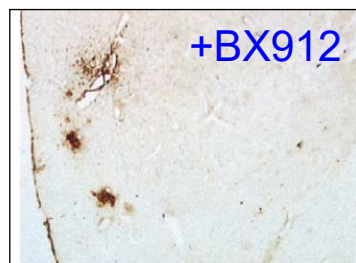
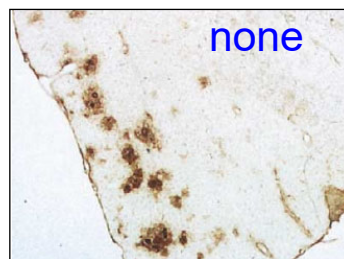
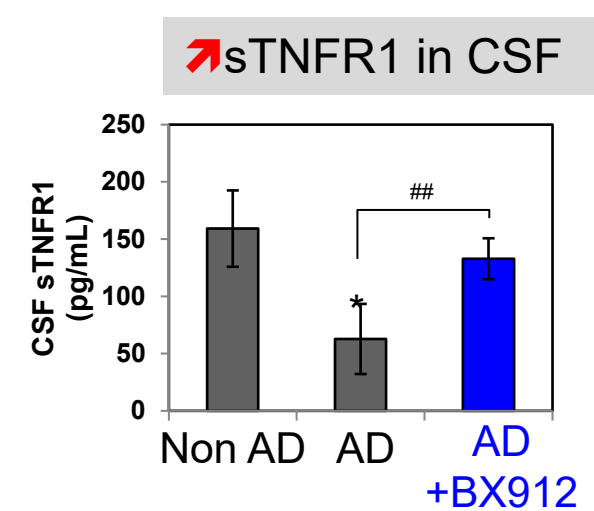
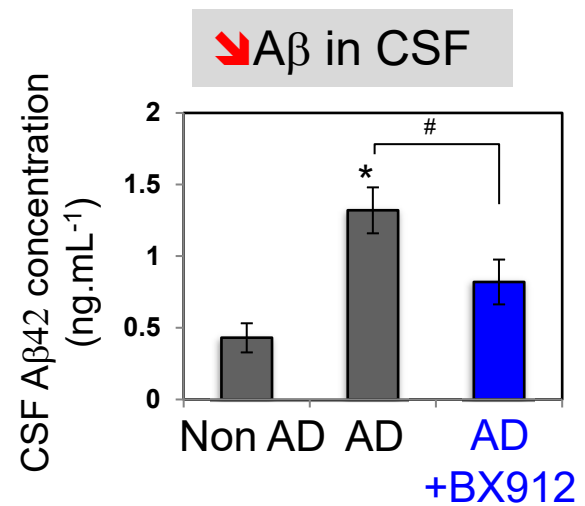
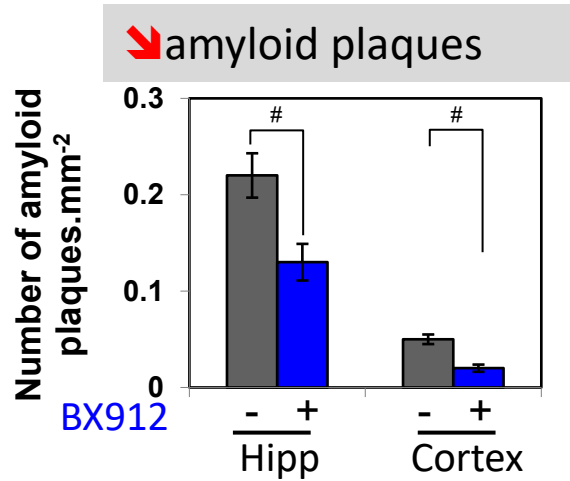
↓ neurodegeneration  
in the IGL

↑ survival time

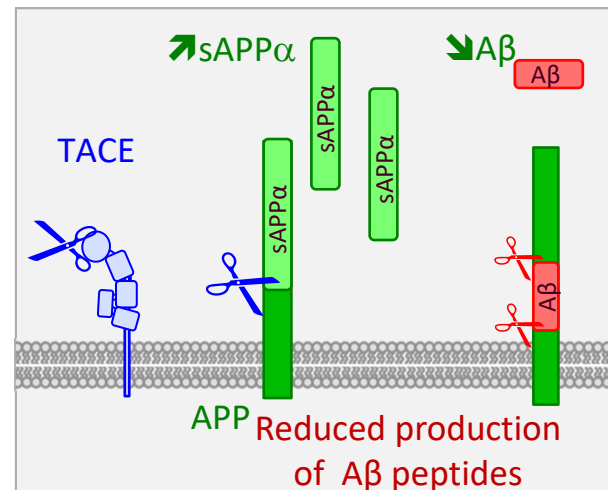


One drug for both prion and Alzheimer's diseases ?

# Inhibiting PDK1 activity with BX912 in Alzheimer's mouse models (Tg2576, 3xTg-AD, 5xTg-AD)...



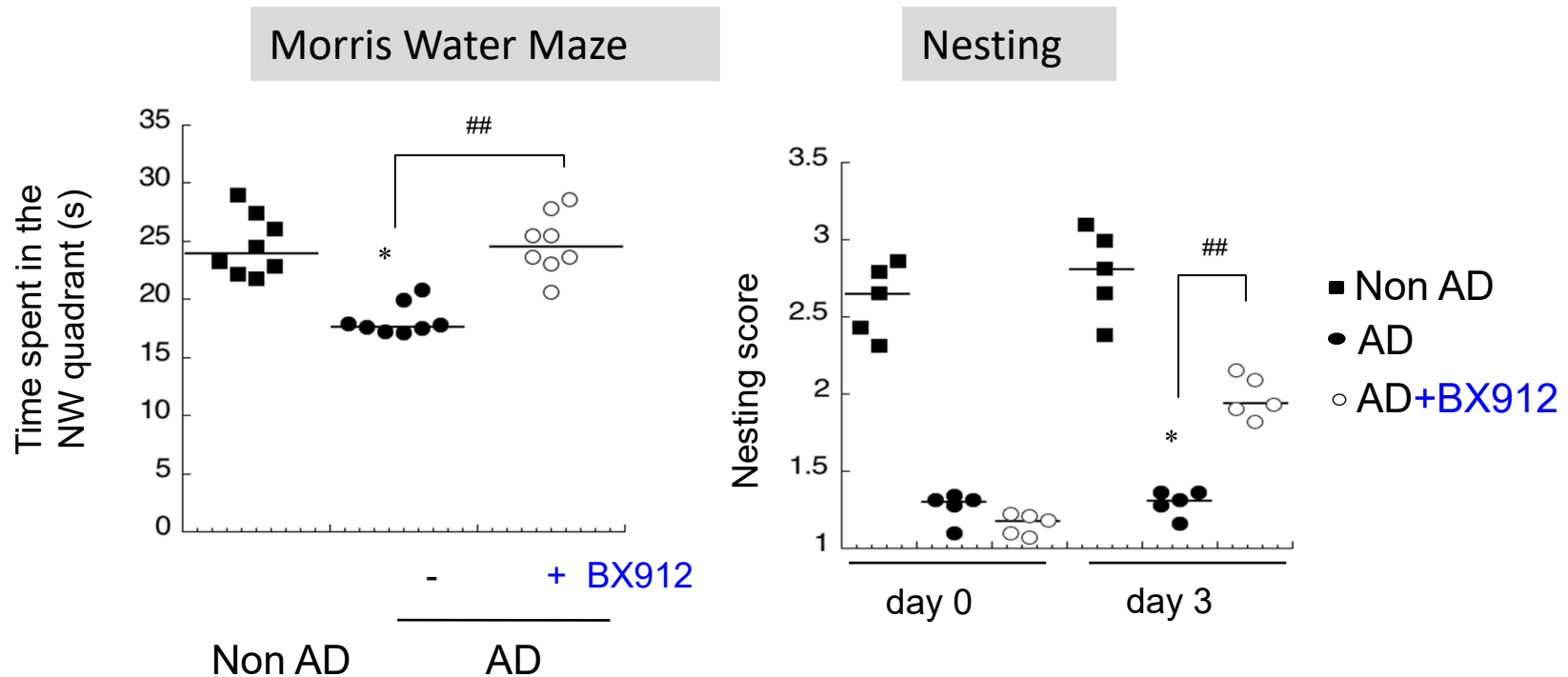
Cortex slices  
Thioflavin S staining of amyloid plaques



# Inhibiting PDK1 activity with BX912 in Alzheimer's mouse models (Tg2576, 3xTg-AD, 5xTg-AD)...



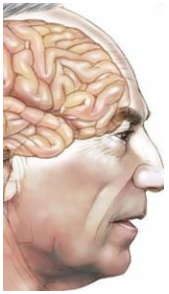
↘ memory and cognitive impairments



*Coll. J.M. Launay/ Hoffmann LaRoche*

→ PDK1 inhibition alleviates both prion and Alzheimer's diseases in mice

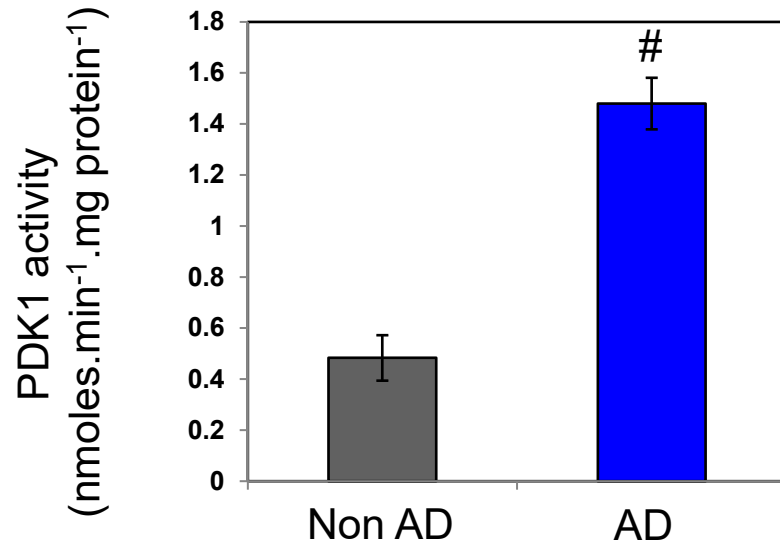




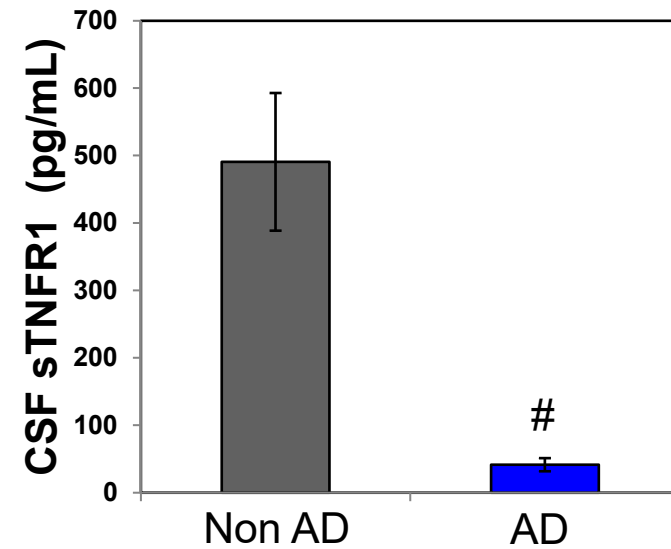
# PDK1: a therapeutic target for AD patients ?

6 AD patients

↗ PDK1 activity in human AD brain



↘ sTNFR1 in CSF of AD patients



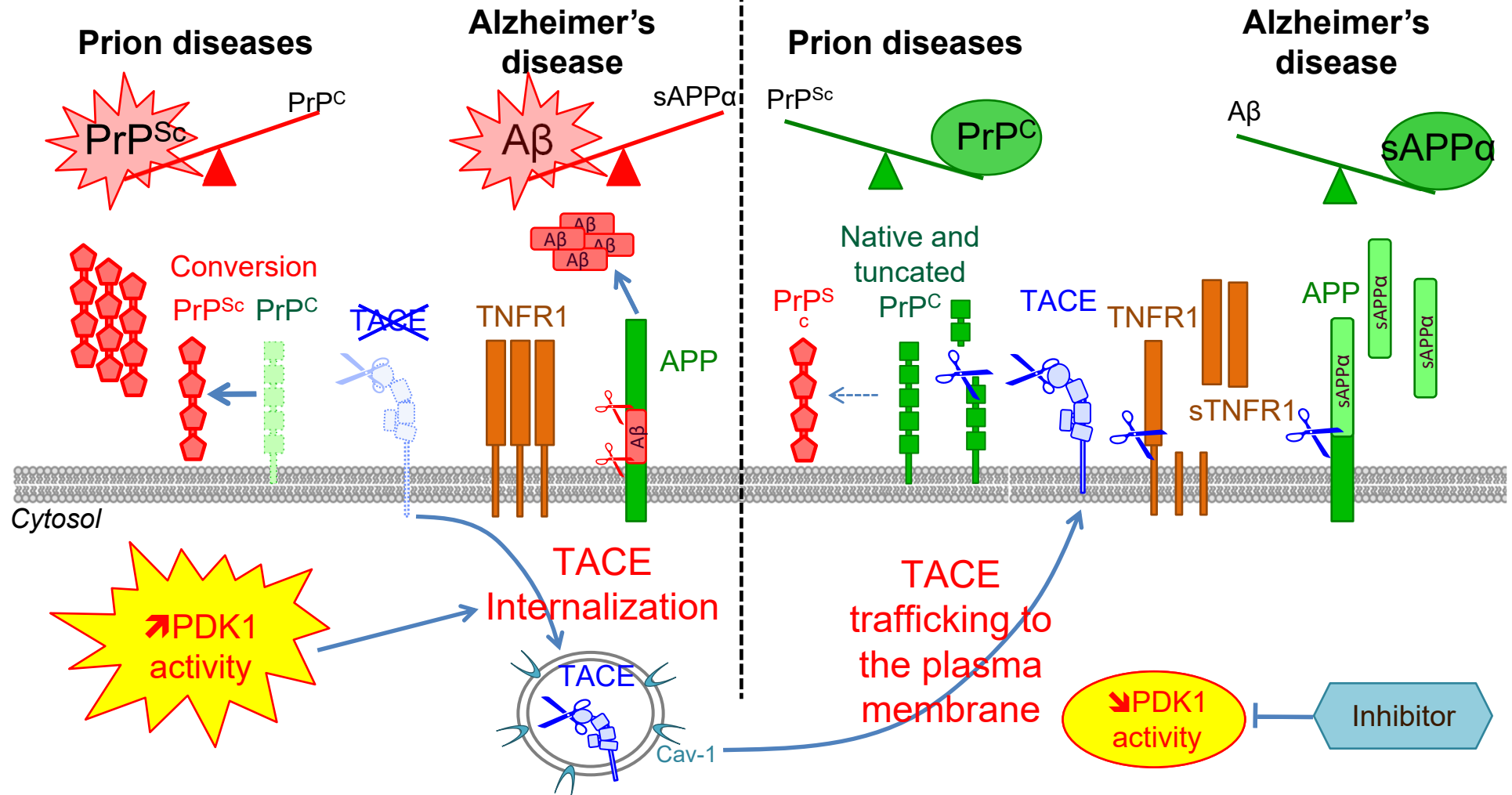
Defect of TACE shedding activity  
(Readout sTNFR1)

# Summary

Nature Medicine, 2013

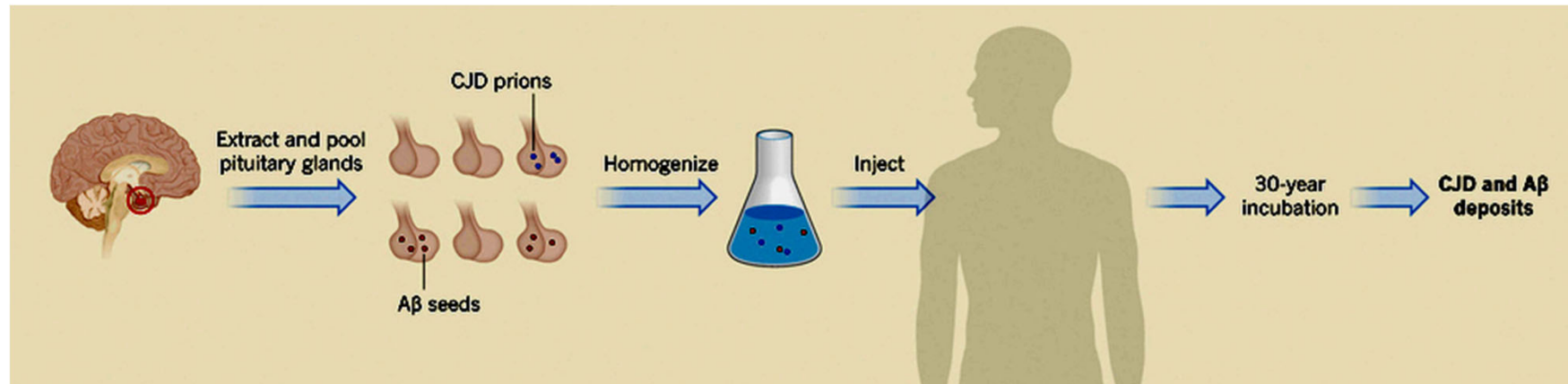
Neurodegenerative diseases

PDK1 inhibition with pharmacological drugs



Prion and Alzheimer's diseases share common neurodegenerative mechanisms  
PDK1: therapeutic target for both diseases

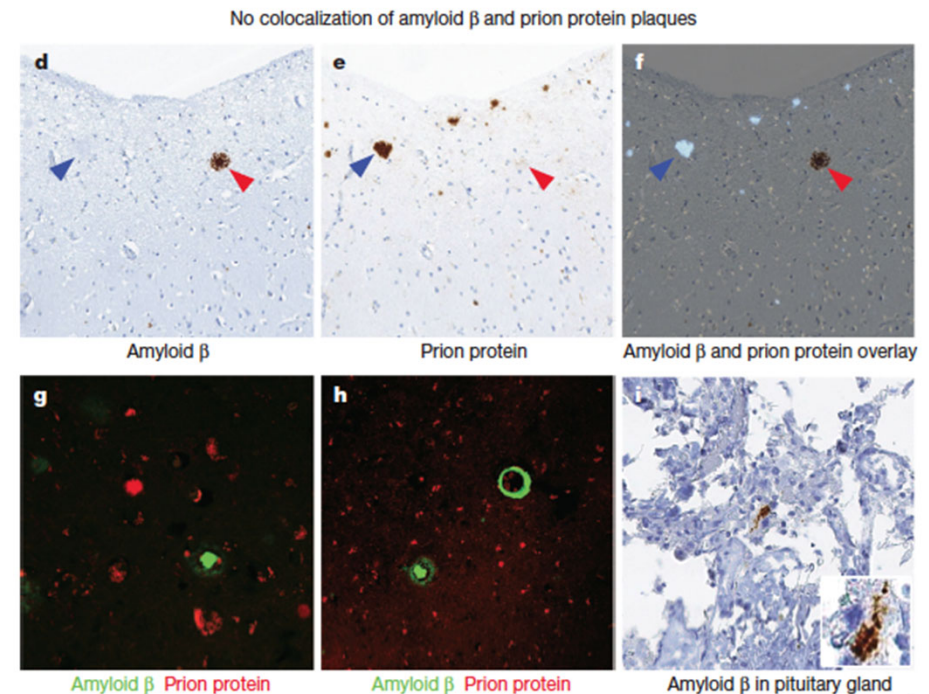
# A $\beta$ transmitted?



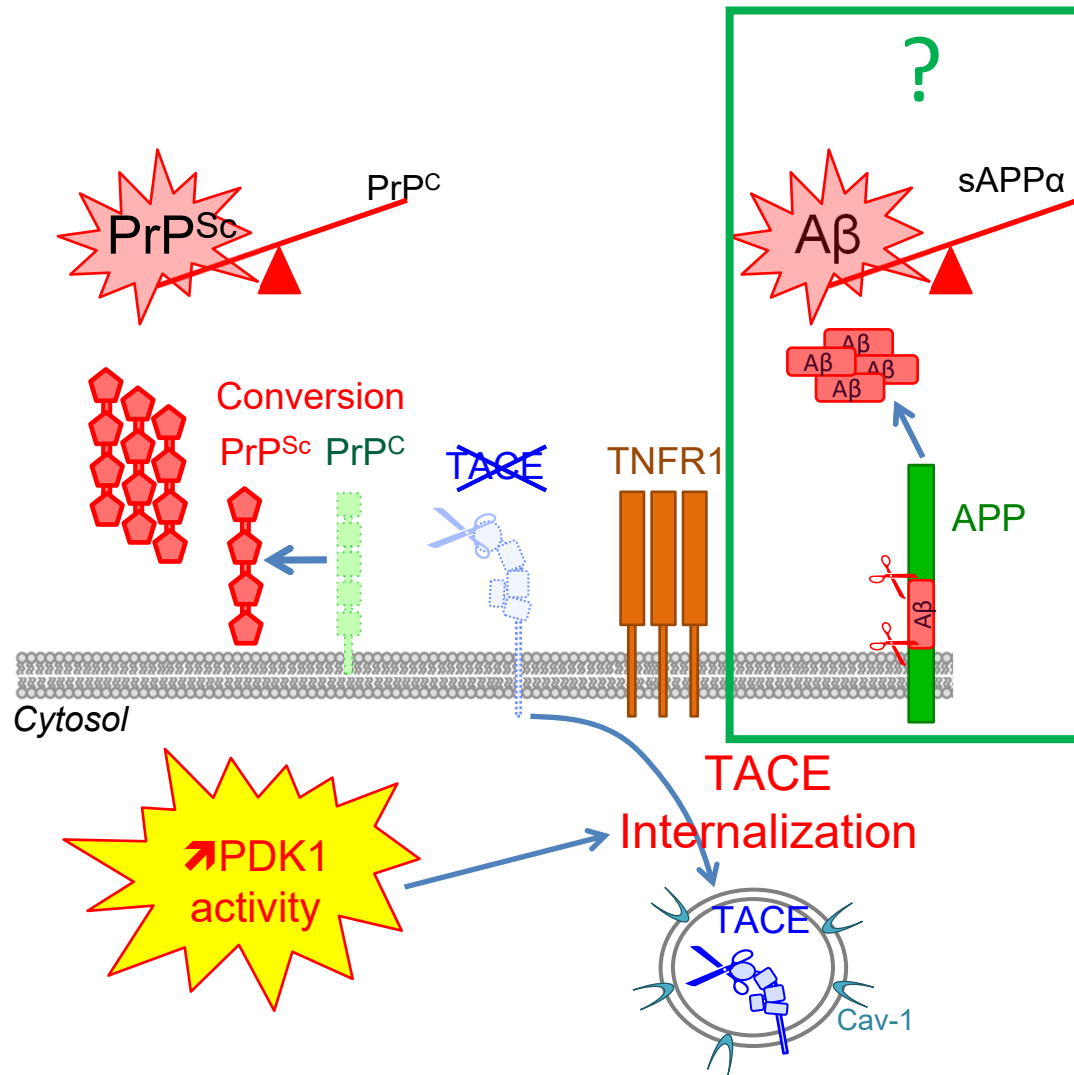
Before 1985, some people treated with cadaver-derived human growth hormone (c-hGH) developed after 30 years a iatrogenic CJD .

These people also had A $\beta$  deposits in the brain, suggestive of incipient Alzheimer's disease.

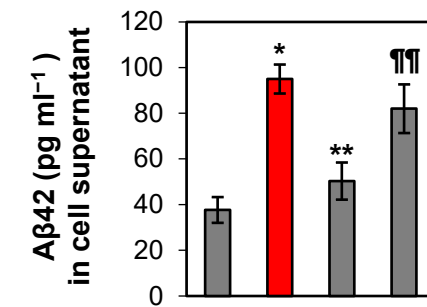
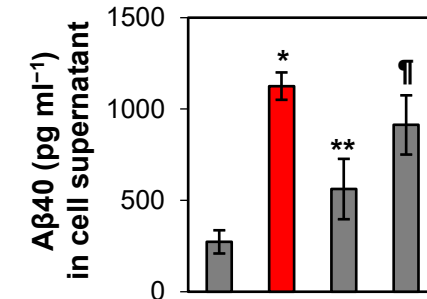
Hyp: cadaver-derived human growth hormone also contains A $\beta$  seeds => AD transmitted?



# PDK1-dependent TACE uncoupling to APP in prion diseases?



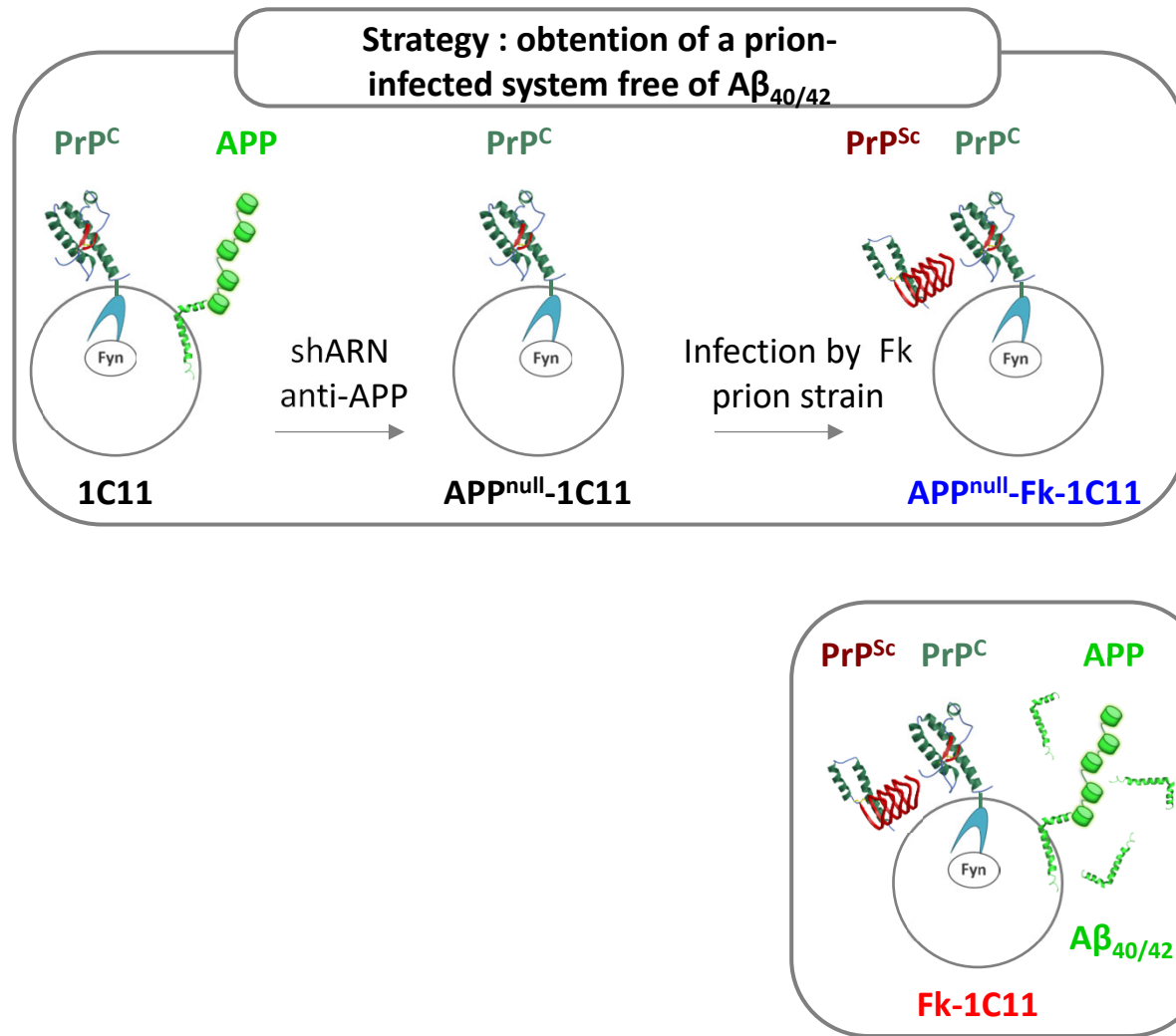
*Prion diseases*



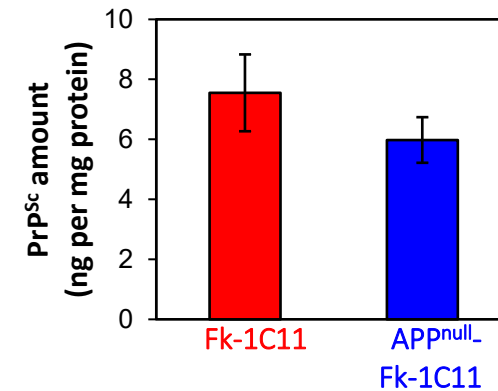
BX912	-	-	+	+
TAPI-2	-	-	-	+
1C11 <sup>5-HT</sup>	-		+	
Fk-1C11 <sup>5-HT</sup>	-		+	



# What is the impact of A $\beta$ on prion infection *in vitro*?



**APP depletion does not block prion infection**



**APP depletion does not affect PrP<sup>Sc</sup> replication**



# What is the impact of A $\beta$ on prion pathogenesis *in vivo*?



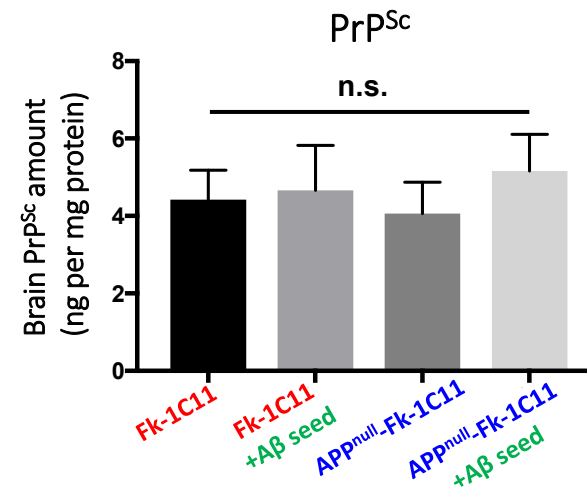
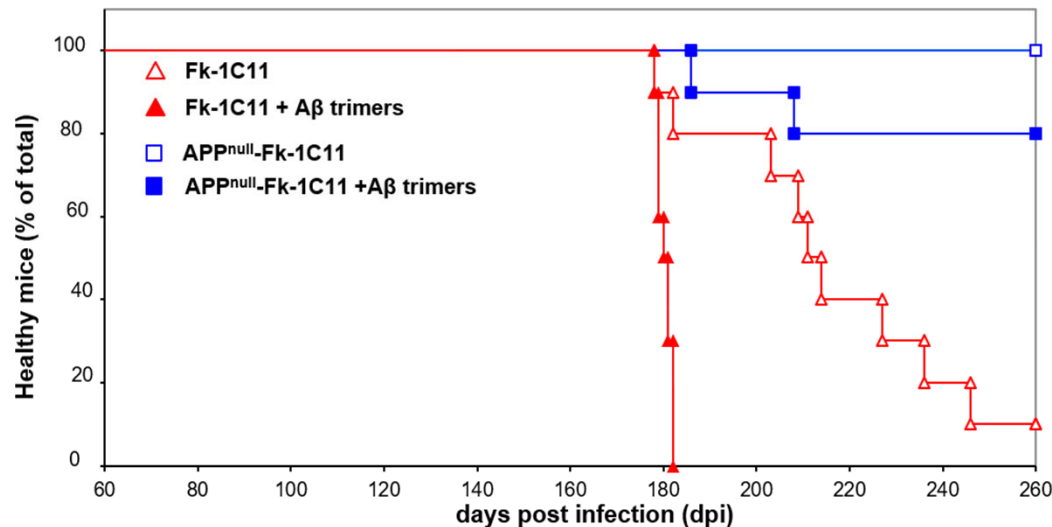
**APP<sup>null</sup>-Fk-1C11**  
(A $\beta$  free)

**APP<sup>null</sup>-Fk-1C11**  
(A $\beta$  free)  
+  
**A $\beta$  seed**  
(trimers)

**Fk-1C11**  
(containing A $\beta$ )

**Fk-1C11**  
(containing A $\beta$ )  
+  
**A $\beta$  seed**  
(trimers)

**A $\beta$  deposition**

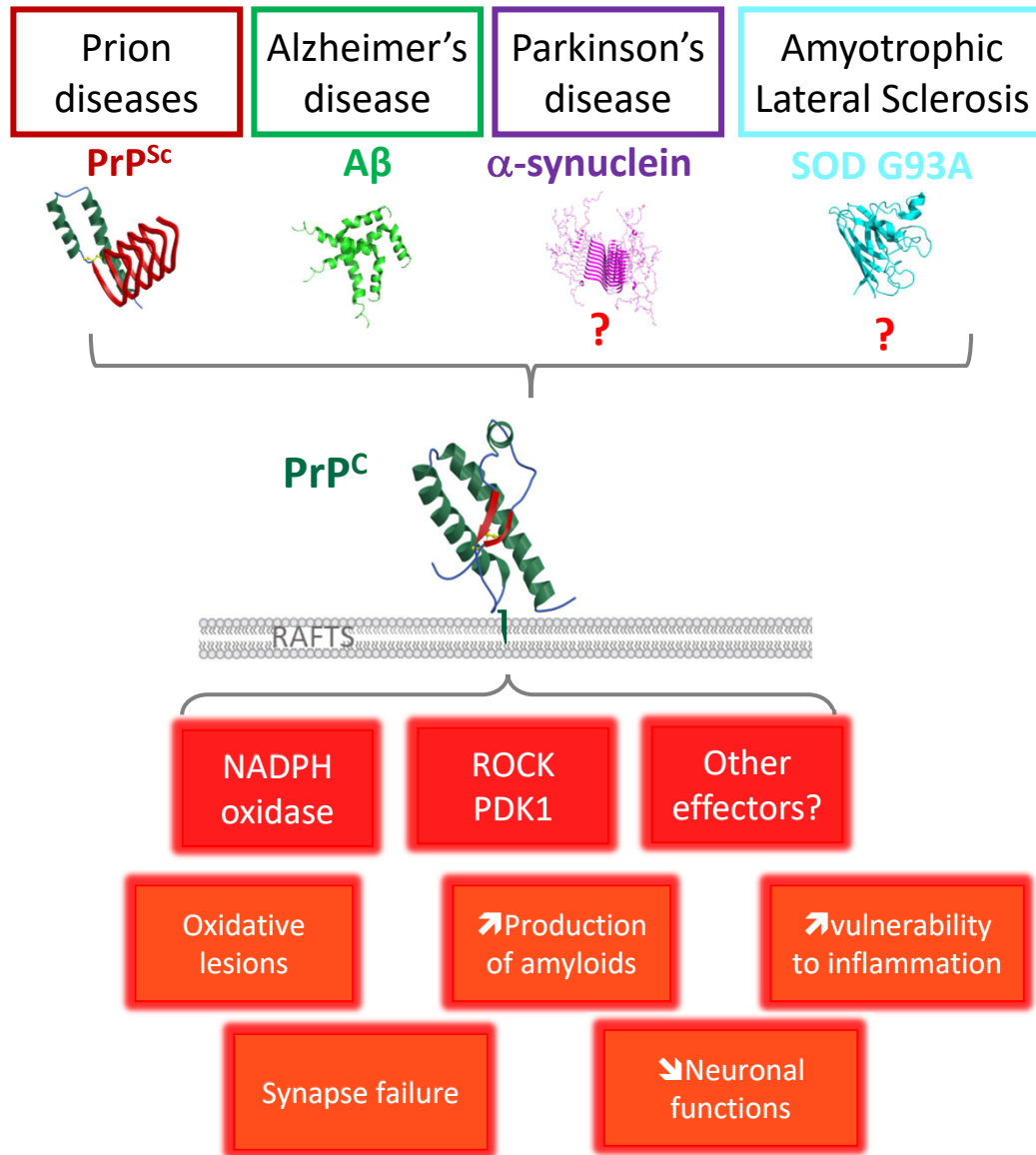


- ➔ In prion-infected mice:
1. Need of a A $\beta$  seed to induce A $\beta$  deposition
  2. A $\beta$  deposition accelerate death

## TAKE HOME MESSAGE

- **1C11 cell line** = A stem cell background to tackle basic and clinical challenges relating to neuronal response to antidepressants/ prion - induced neurodegeneration/ neurotoxicity
- Pathological conditions emerge from **deregulation of signaling cascade** normally dedicated to homeostasis
- Importance of **spatio-temporal distribution** of signaling effectors
- Prion and Alzheimer's disease share **common mechanism of neurodegenerescence** : deregulation of PrP<sup>C</sup> signaling function

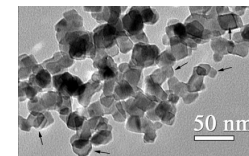
# From amyloids to nanoparticles neurotoxicology



## Amyloid-based Neurodegenerative Diseases:

- PrP<sup>C</sup> = common receptor for other amyloids: α-synuclein (PD), SOD G93A (ALS)?
- Common neurodegenerative signaling pathways?

- PrP<sup>C</sup> = Broad spectrum receptor for aggregates ? Nanoparticles?



Size NPs aggregates ~ amyloids

- PrP<sup>C</sup> = relay of NPs neurotoxicity?

Role of environmental **nanoparticles** in the etiology/aggravation of neurodegenerative diseases (Alzheimer's disease)?

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