

Therapeutic target for Alzheimer's disease and Prions: contribution of the 1C11 neuronal cell line

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Mad cow disease= example of prion diseases



Mad cow crisis (1988-2003):

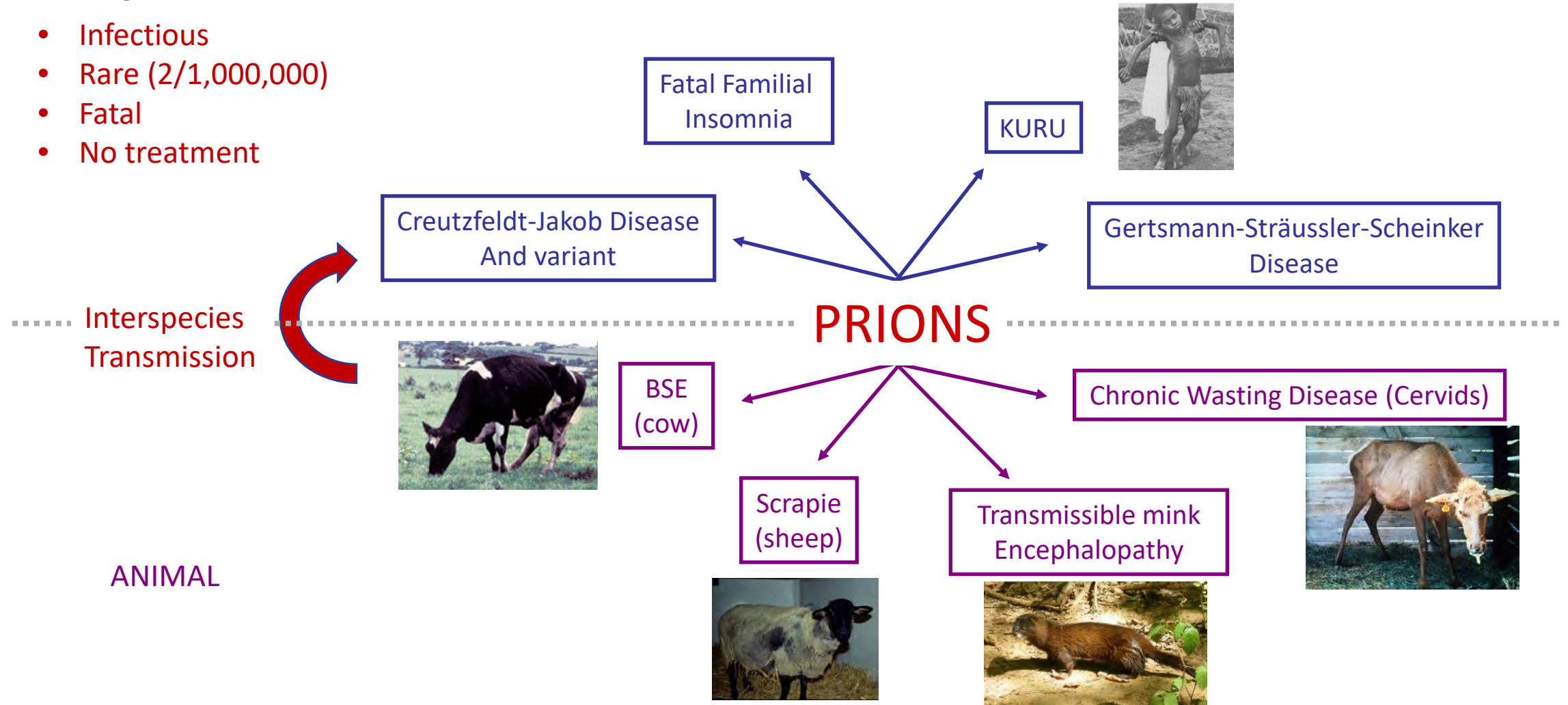
GB : 185 000 cases of mad cow

France : 1000 cases of mad cow

Transmissible Spongiform Encephalopathies (TSE) = class of neurodegenerative disorder

HUMAN

- Infectious
- Rare (2/1,000,000)
- Fatal
- No treatment

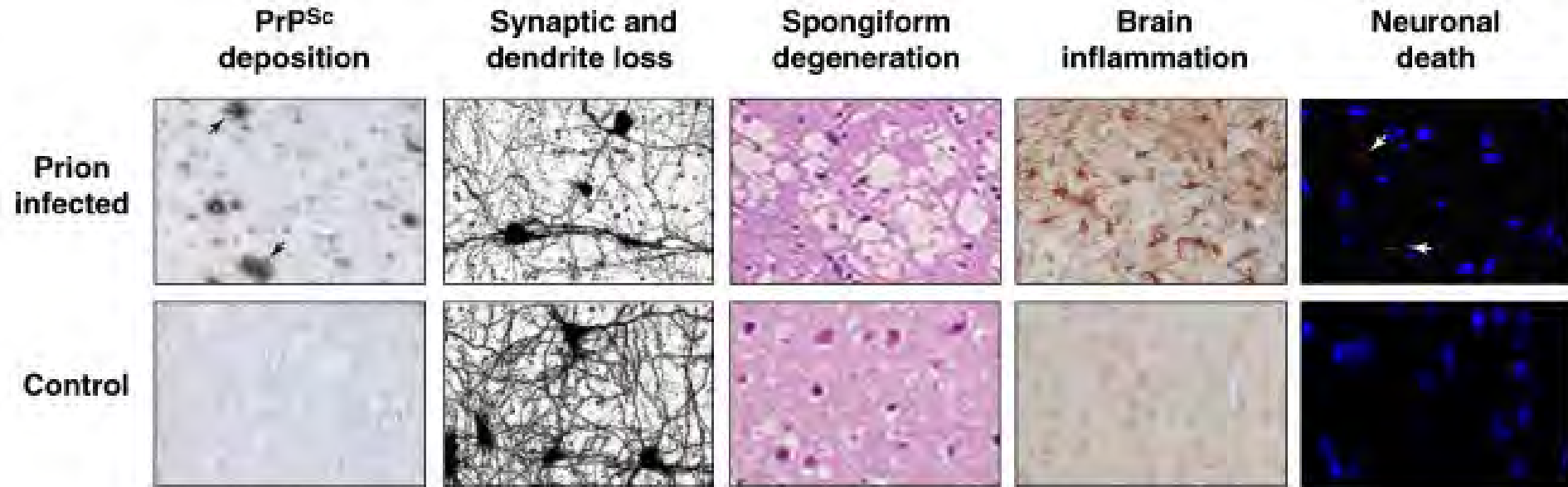


Features of TSEs

- ✓ **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

=> **CJD SYMPTOMS**: long asymptomatic period (up to 50 years); fulminant cognitive and motor declines

Amyloid plaques : a common feature of Prion and Alzheimer's diseases.

Prion disease: intracellular and extracellular accumulation of amyloid aggregates positive to prion protein staining
protein staining

= plaques similar to those characteristic of **Alzheimer's Disease**

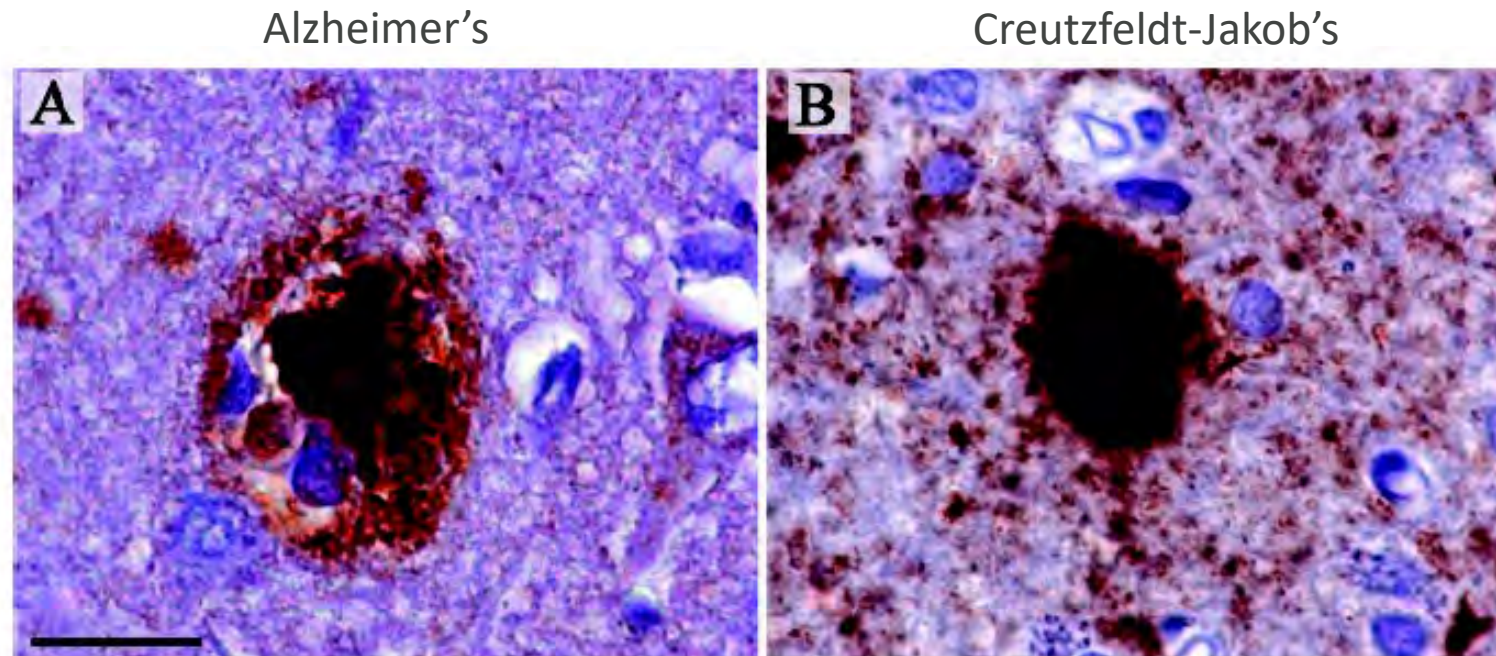
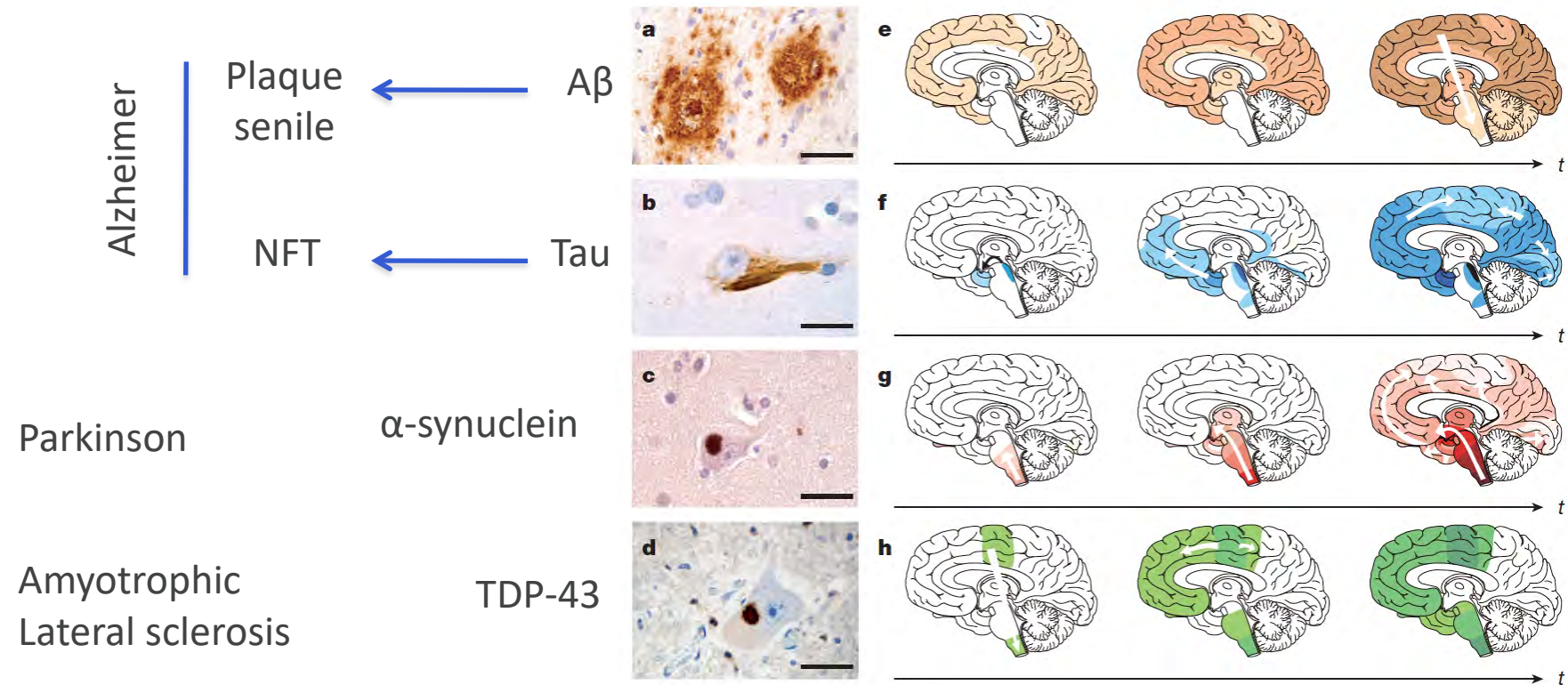


Fig. 1. Both Alzheimer's and prion diseases are characterized by the deposition of pathological proteins in the brain, often in the form of plaques. The brown color is indicative of immunostained cortical deposits of the A β peptide and of the PrP^{Sc} protein in brains of patients suffering from Alzheimer's disease (A) and Creutzfeldt-Jakob disease (B), respectively. Scale bar: 20 μ m.

TSEs share common features with other neurodegenerative diseases

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



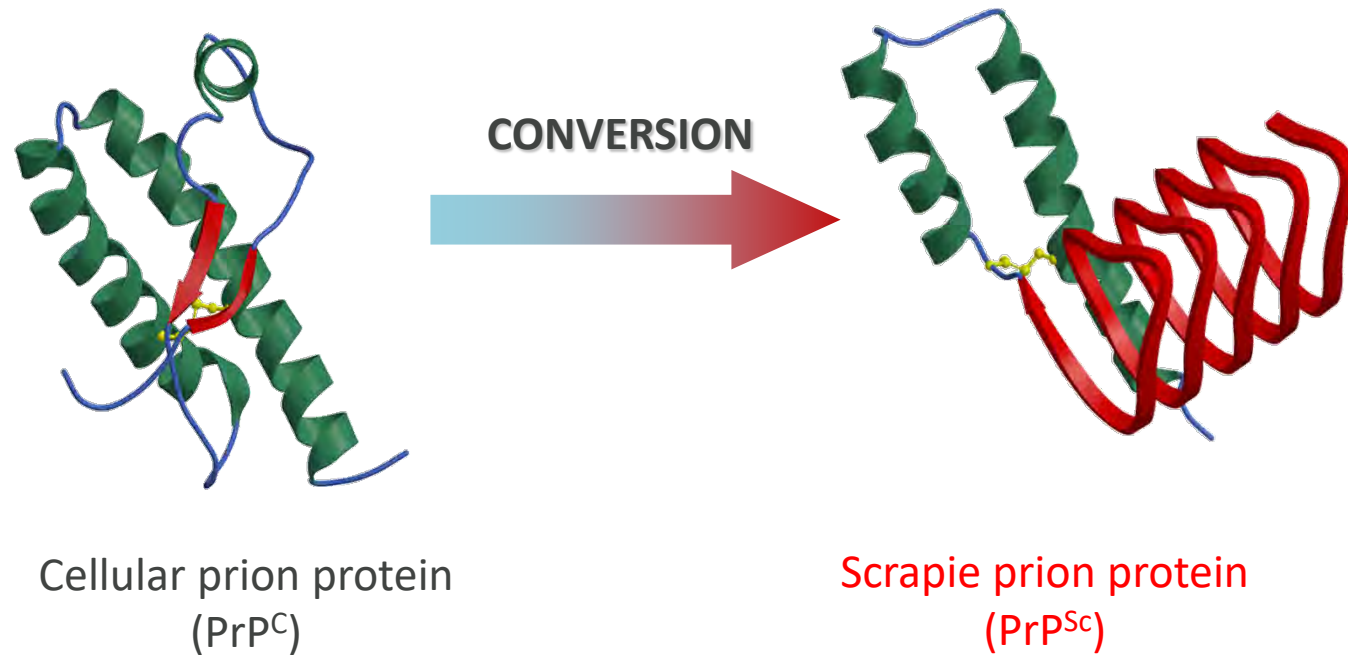
Jucker M. Nature, 2013

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

What is the agent causing prion diseases?

Prion concept

- ❑ **Prusiner** dropped a dogma of biology:
one protein can be infectious => **P**roteinaceous **I**nfectious particle

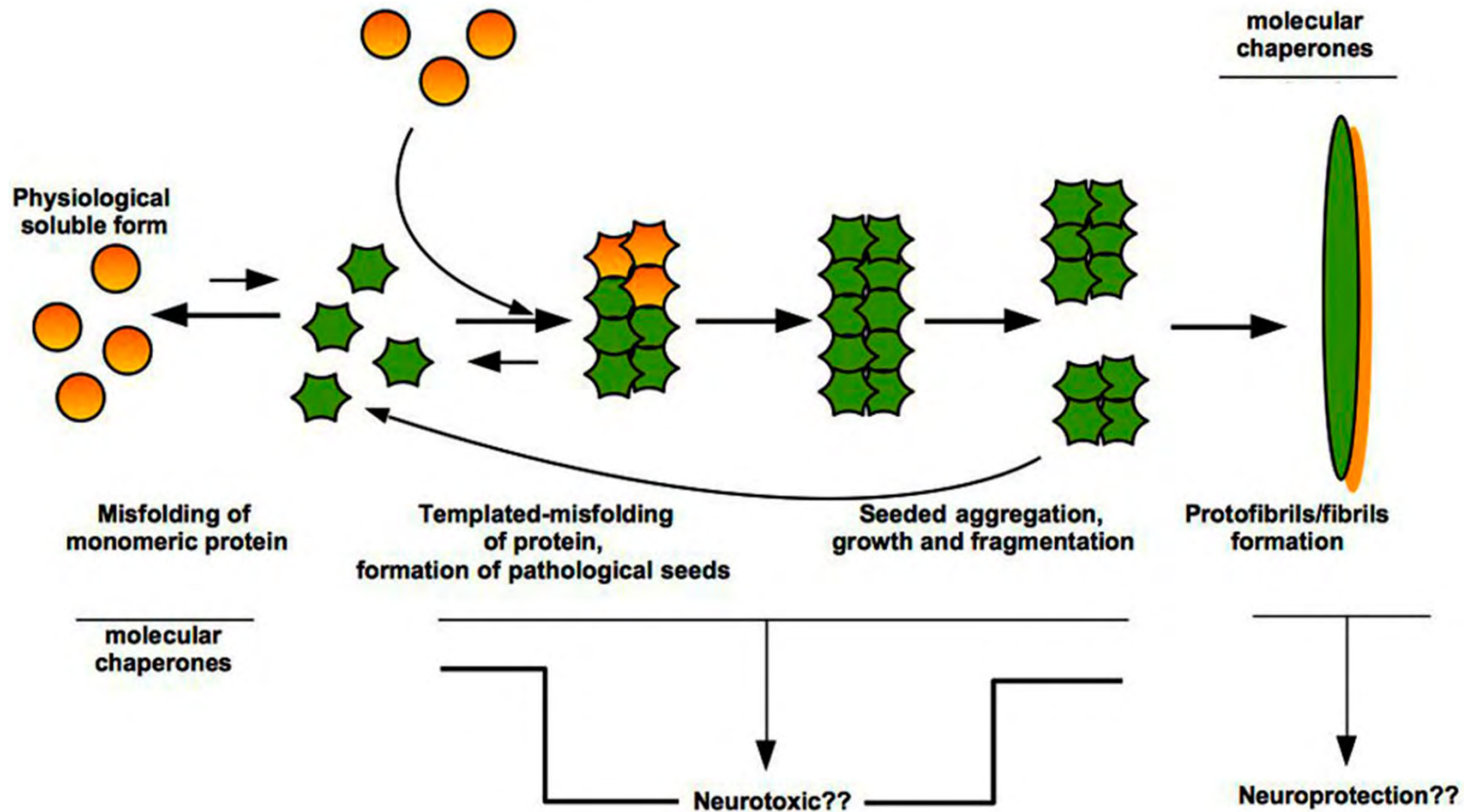


- ✓ Normal protein of the host
- ✓ Ubiquitous protein

- ✓ Main component of Prions
- ✓ Only in TSE-afflicted brains

How prions propagate?

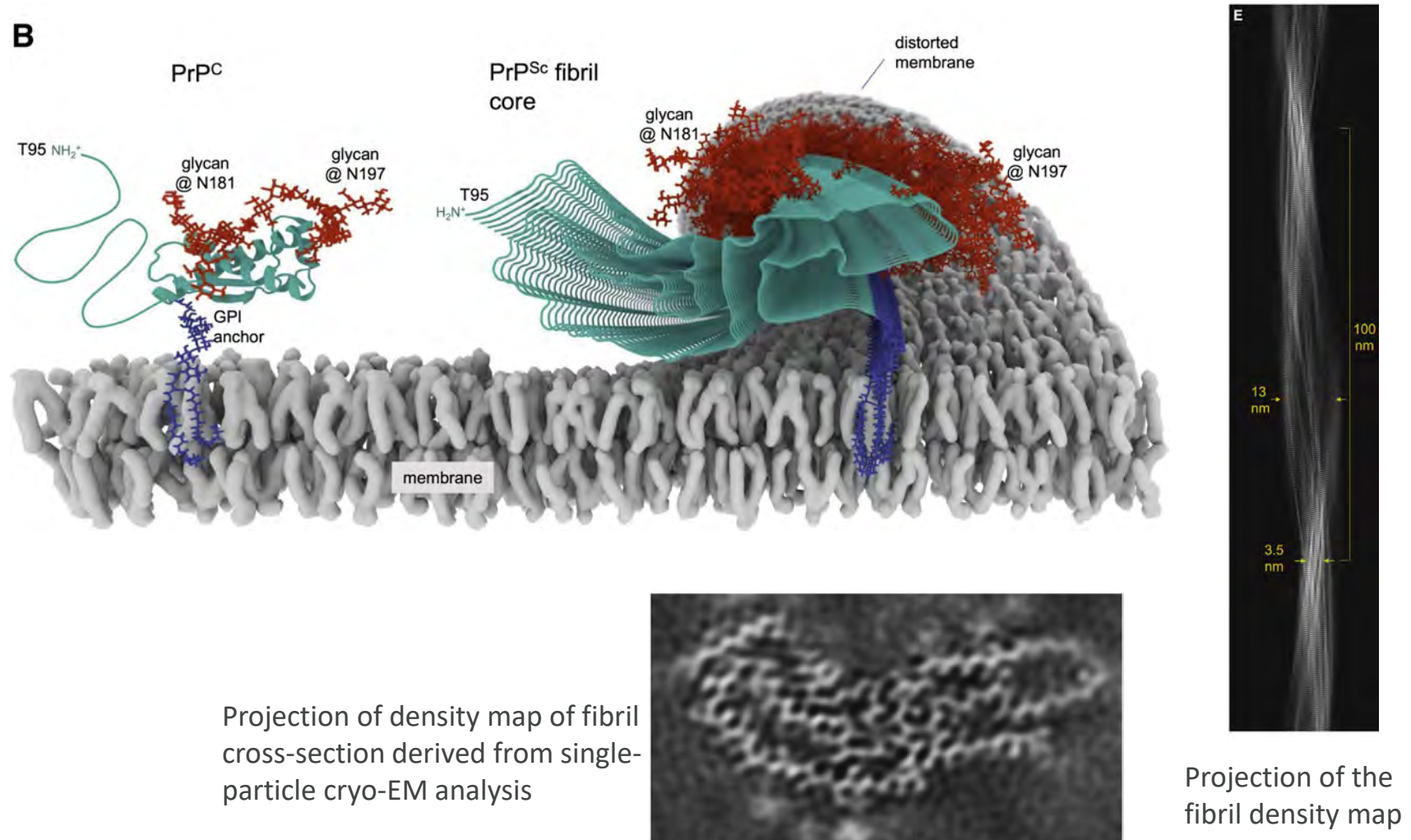
Nucleation polymerization model for $\text{PrP}^{\text{C}} \rightarrow \text{PrP}^{\text{Sc}}$ conversion.



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

How prions propagate?

Models for PrP^C → PrP^{Sc} conversion.



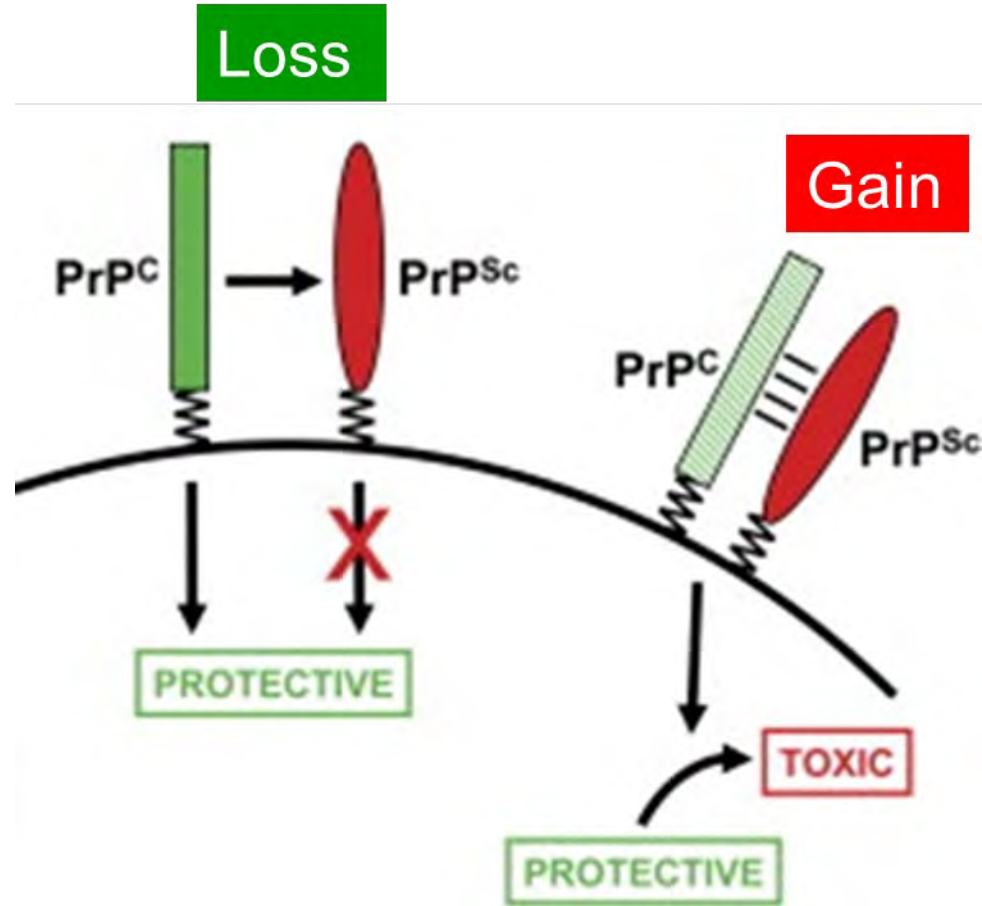
[High-resolution structure and strain comparison of infectious mammalian prions.](#)

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

Why prion-infected neurons die?

Corruption of PrP^C functions

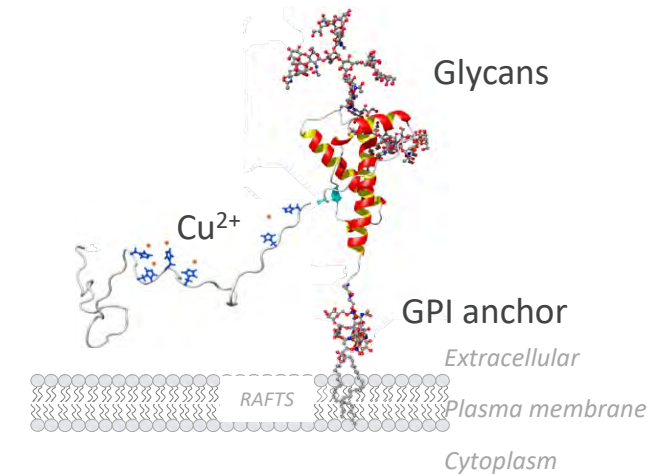
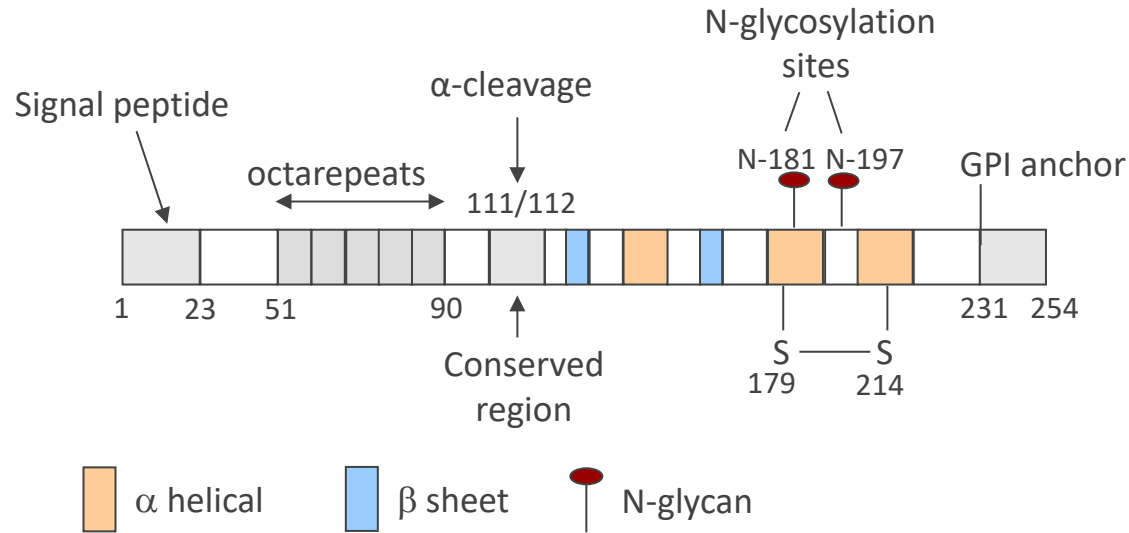
- PrP KO mice are resistant to infection by pathogenic prions



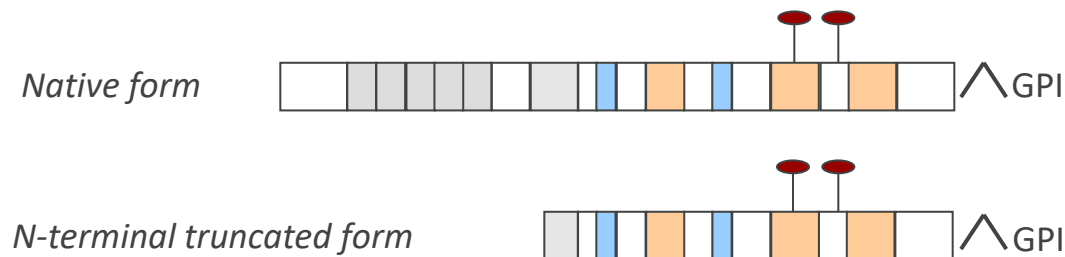
=> understand the PrP^C function in neurons to decipher the mechanisms of prions neurotoxicity!

Cellular Prion Protein

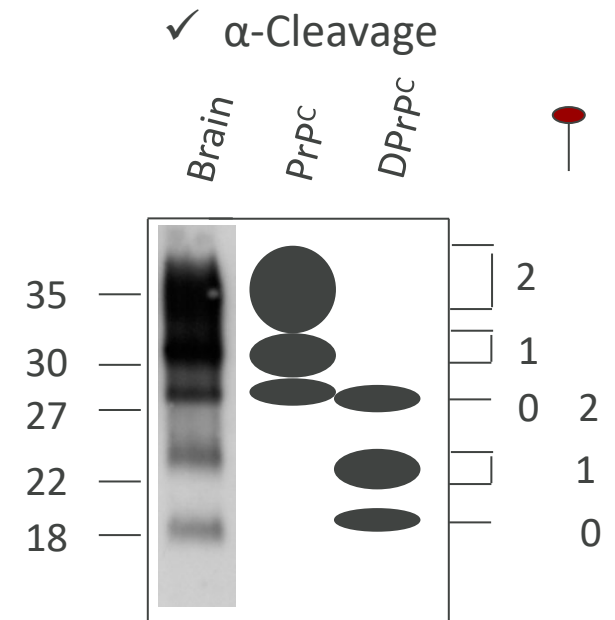
- Primary structure and post-translational modifications.



- Glycosylation and binding to metals



=> Not one PrP^C but various isoforms



Physiologic role of Cellular Prion protein

PrP^{-/-} models:

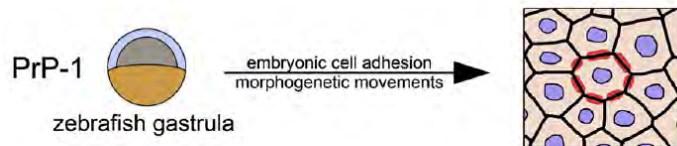
- **souris**



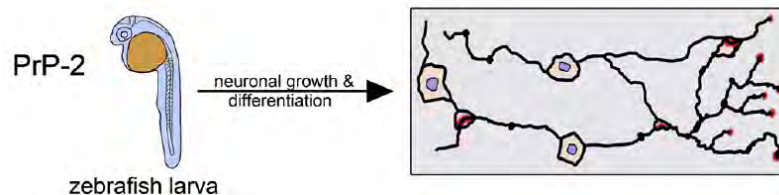
Viabiles & normal CNS development

=> No obvious function for PrP^C

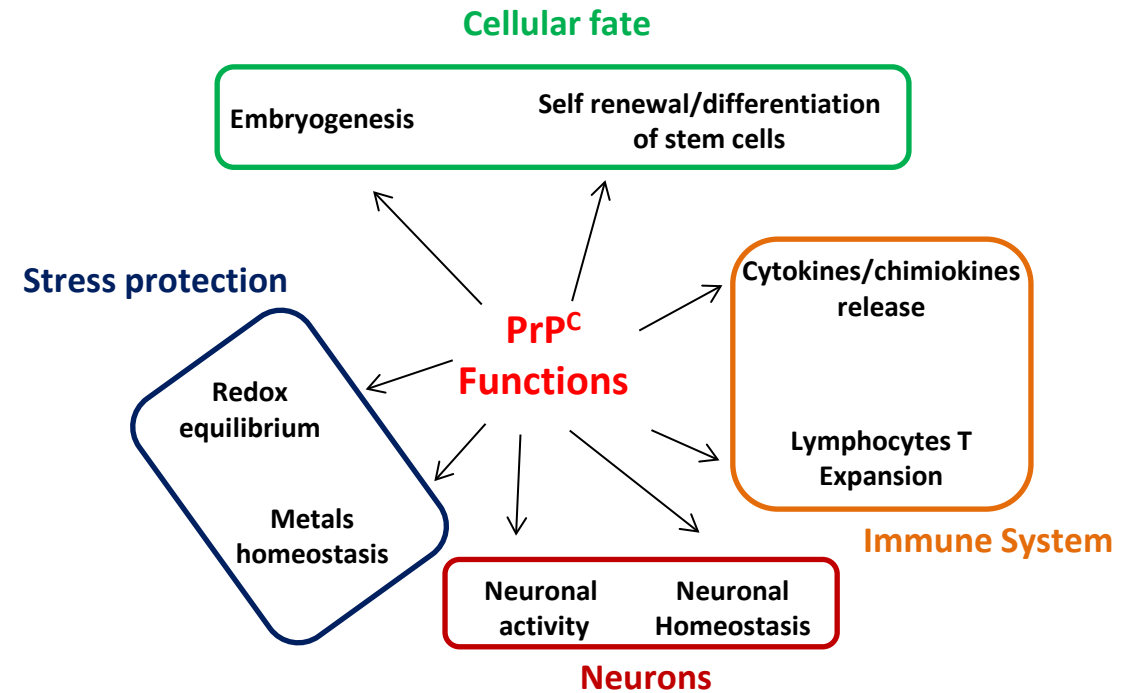
- **Zebra Fish**



Ubiquitous role

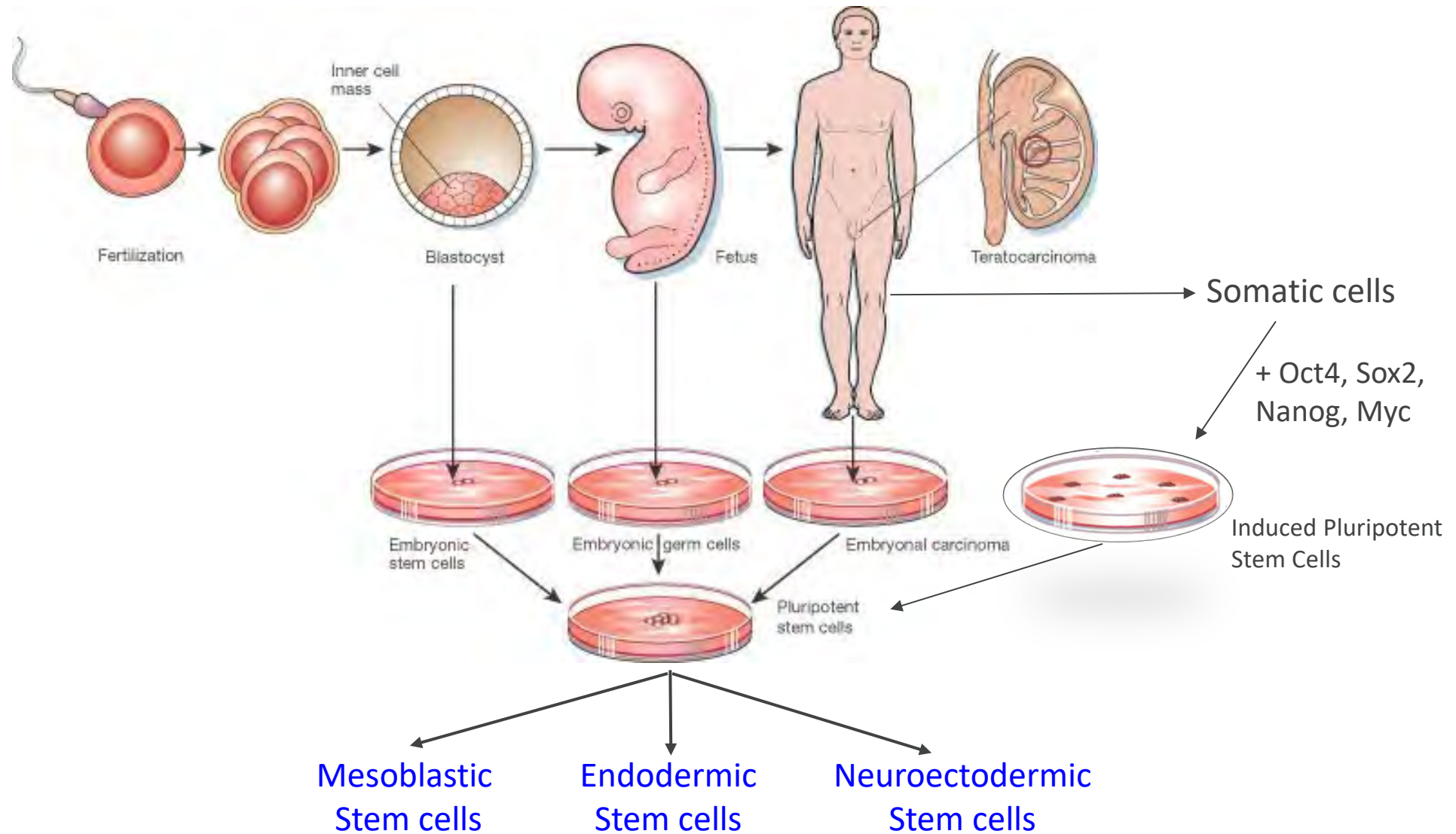


Neurospecific role



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

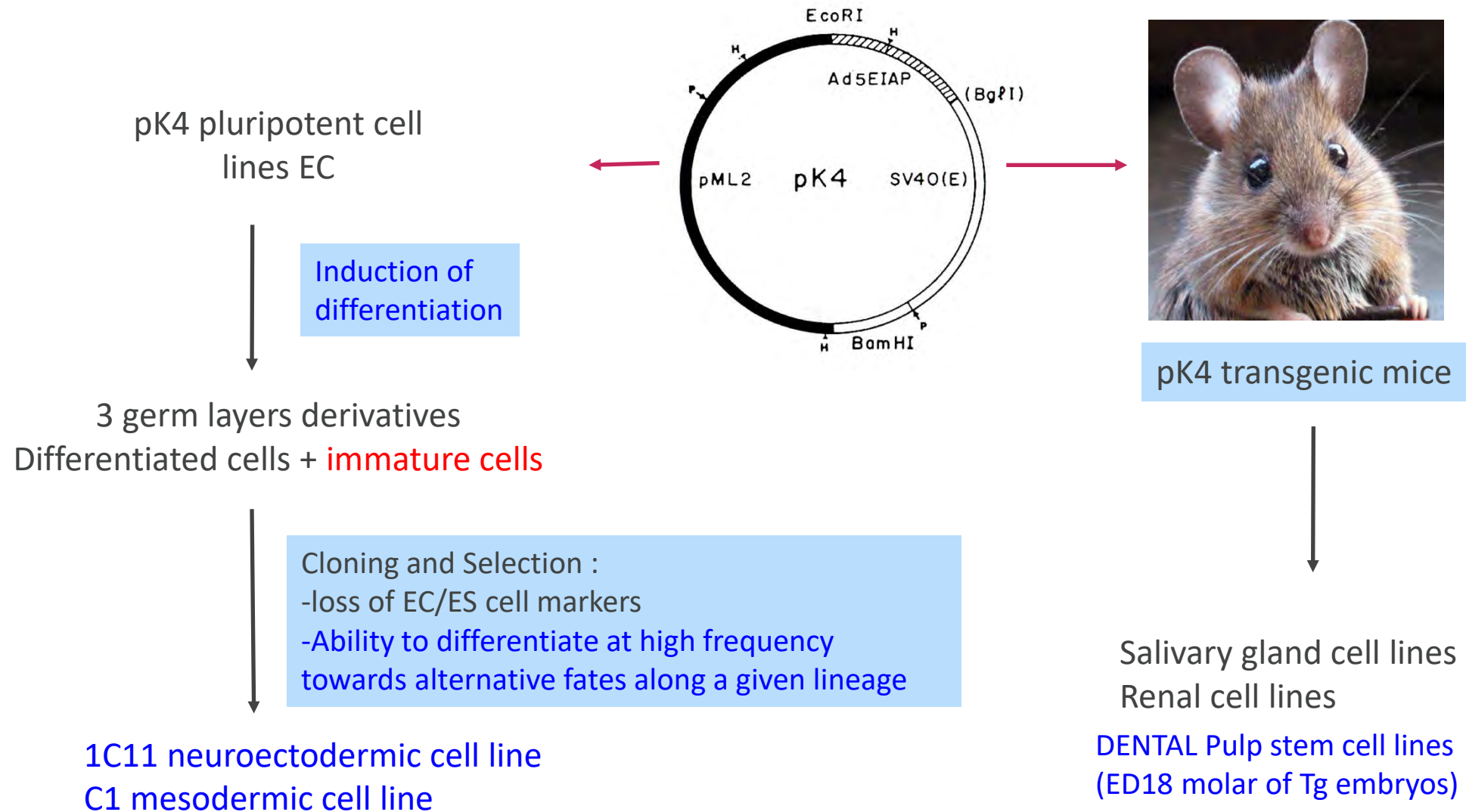
Pluripotent stem cells: ES/EG/EC/iPS



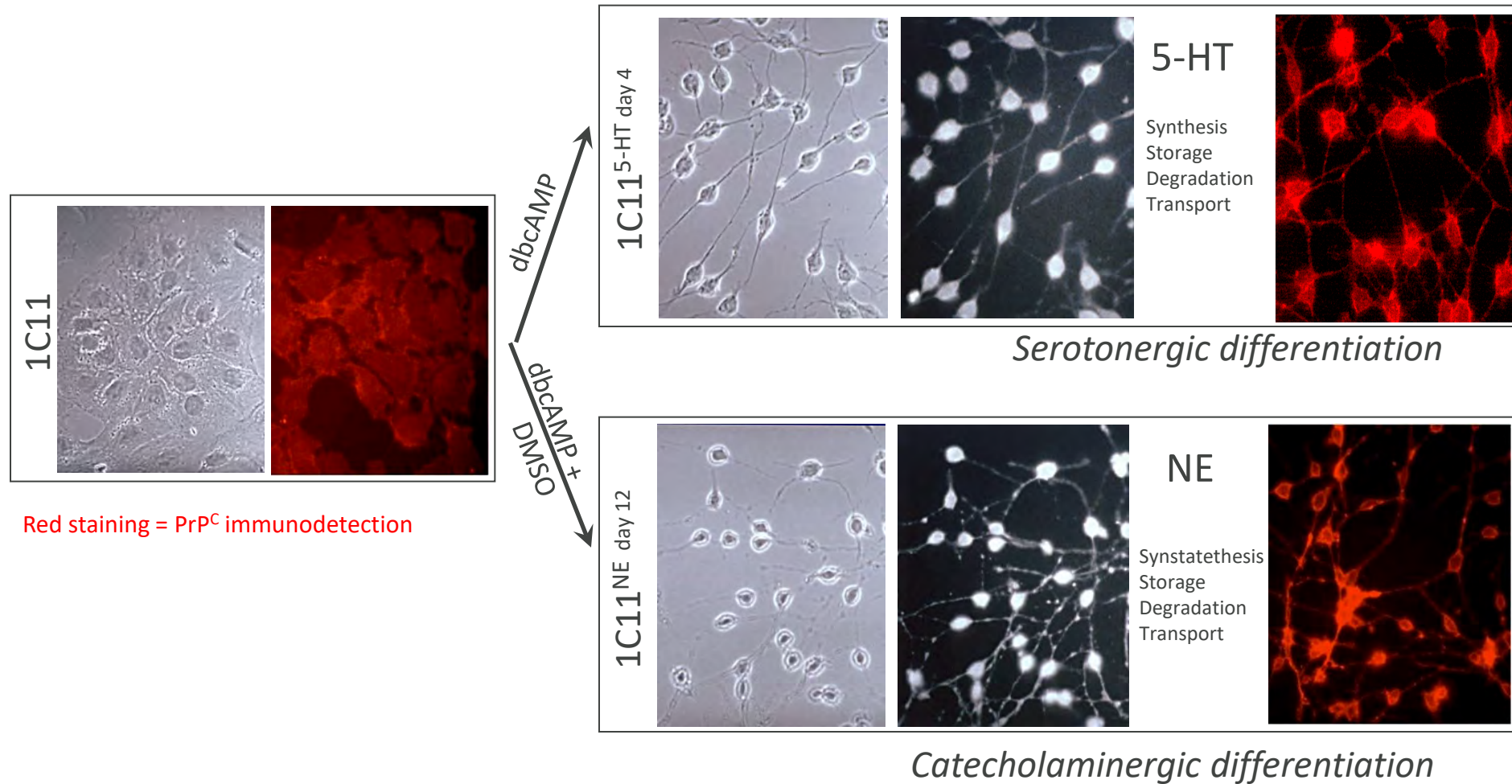
Cell populations obtained after ES/EC/iPS differentiation are **heterogeneous** and **stop dividing**

➔ difficult to clone and select cell lines having properties of lineage precursor cells.

Strategy to select lineage precursor cells



The 1C11 neuroectodermal cell line



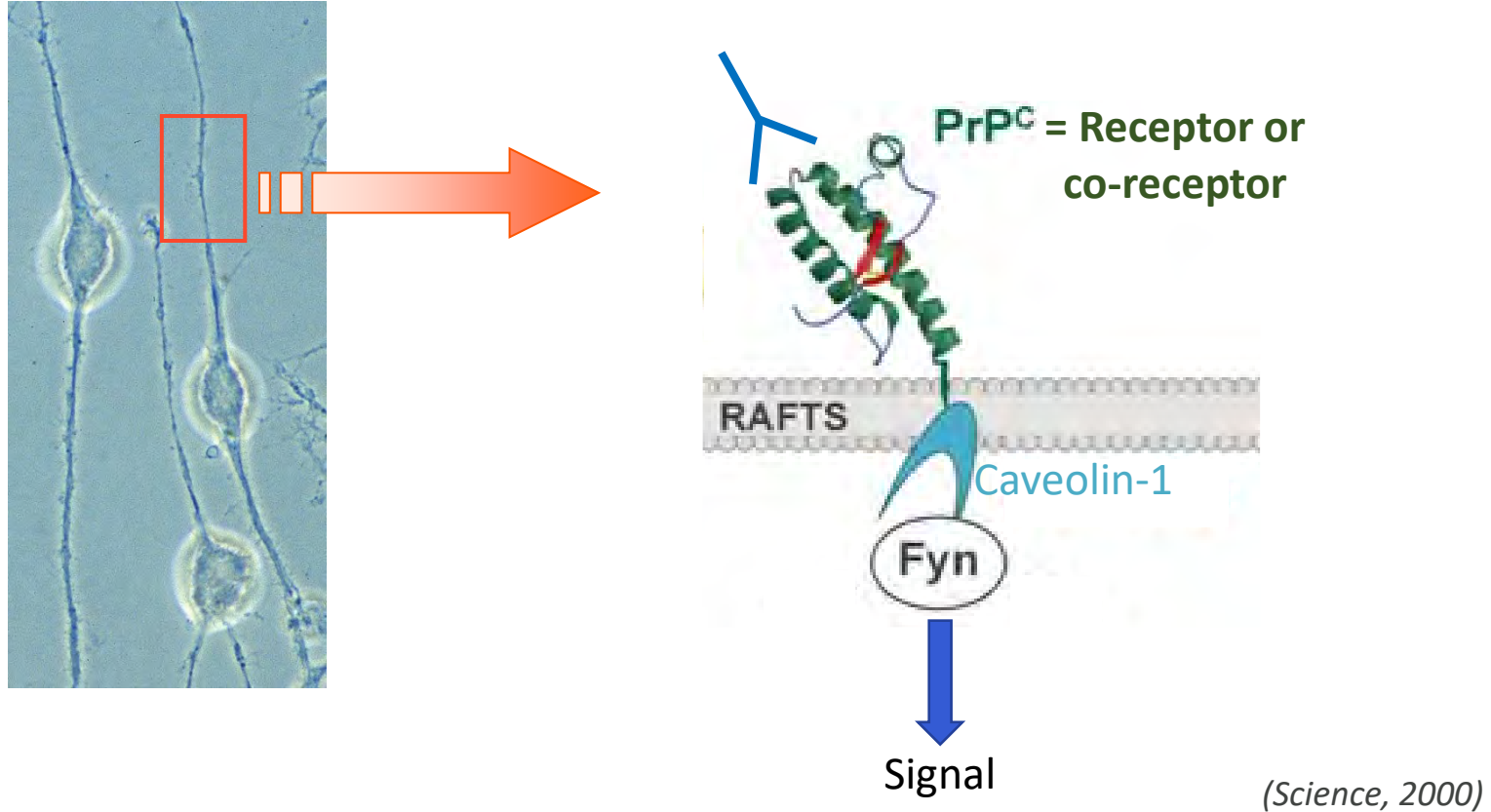
=>3 different differentiation states, 100% differentiation

=> Expressed all PrP^C isoforms whatever differentiated state!

Signaling function of PrP^C

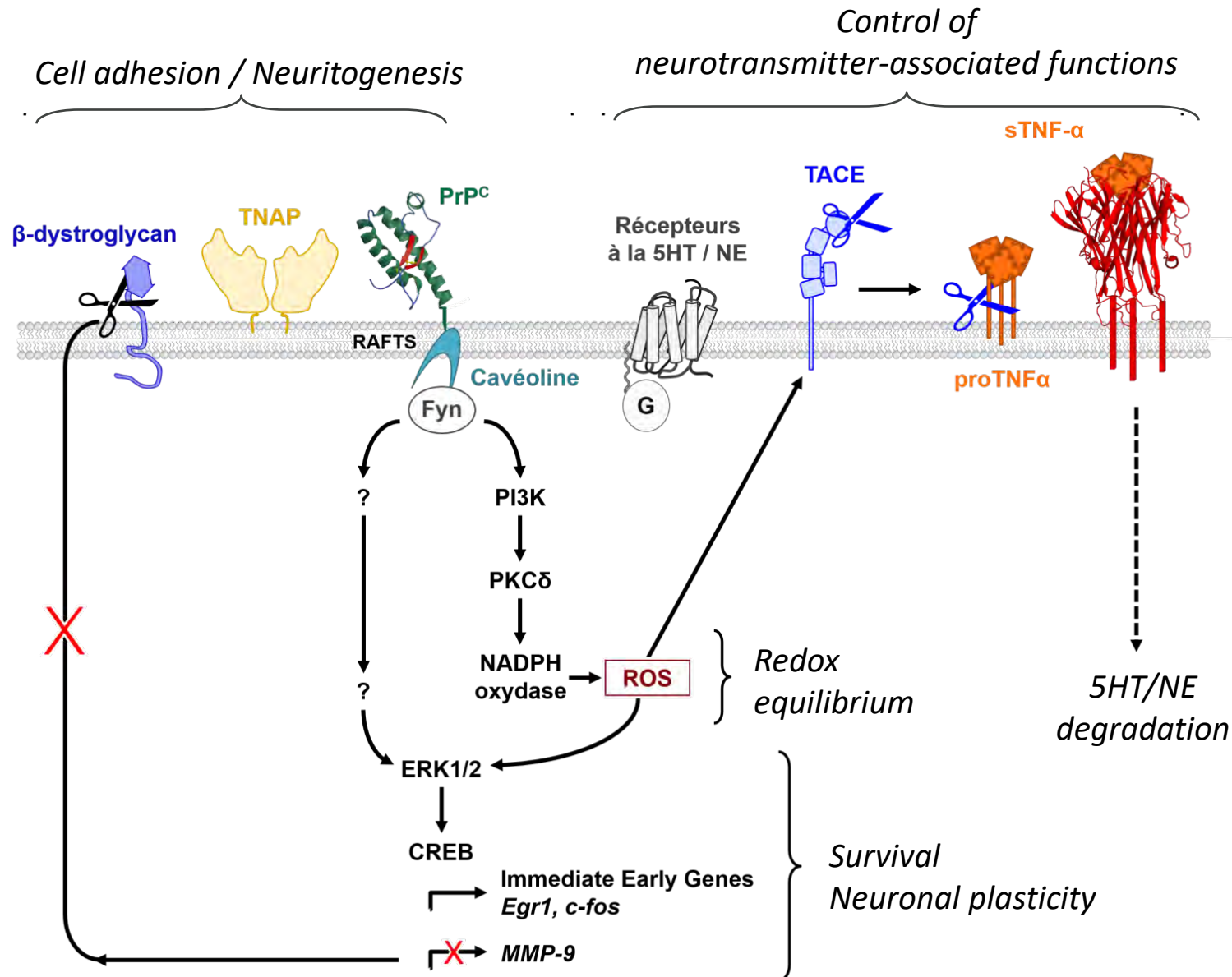
Proof of concept

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

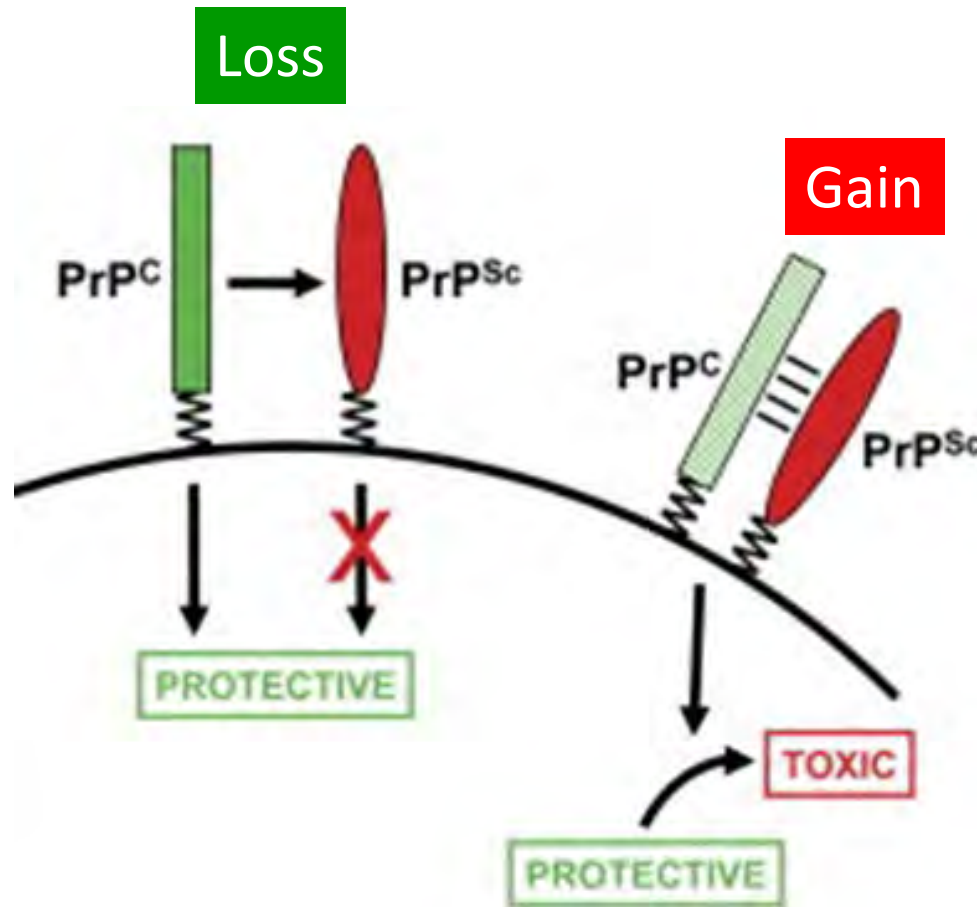


=> PrP^C-Caveolin1-Fyn Tyrosine kinase : Neurospecific signaling platform recruited only in neurites.

The multifaceted function of PrP^C in a neuronal context



What is the impact of PrP^{Sc} on function of PrP^C?
Loss / Gain?

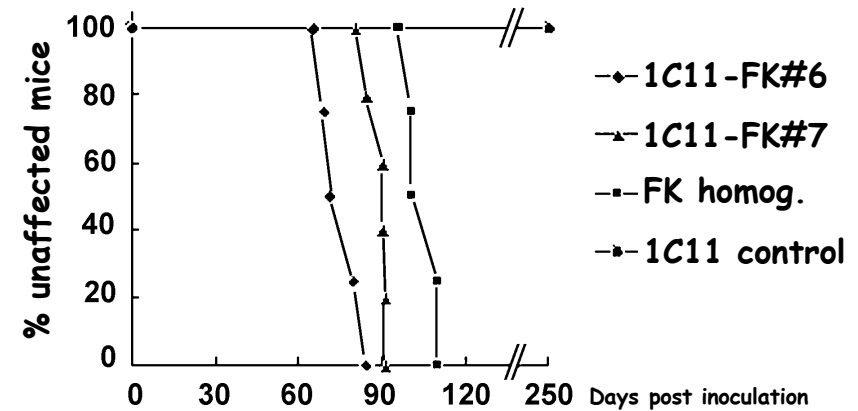
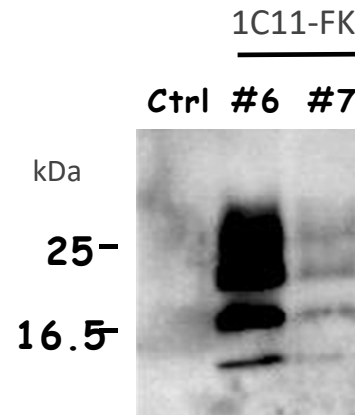
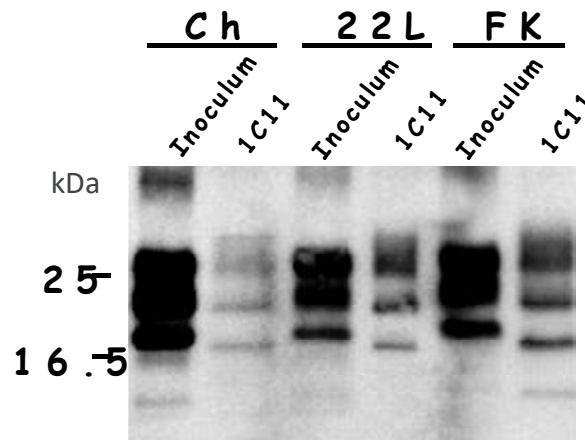
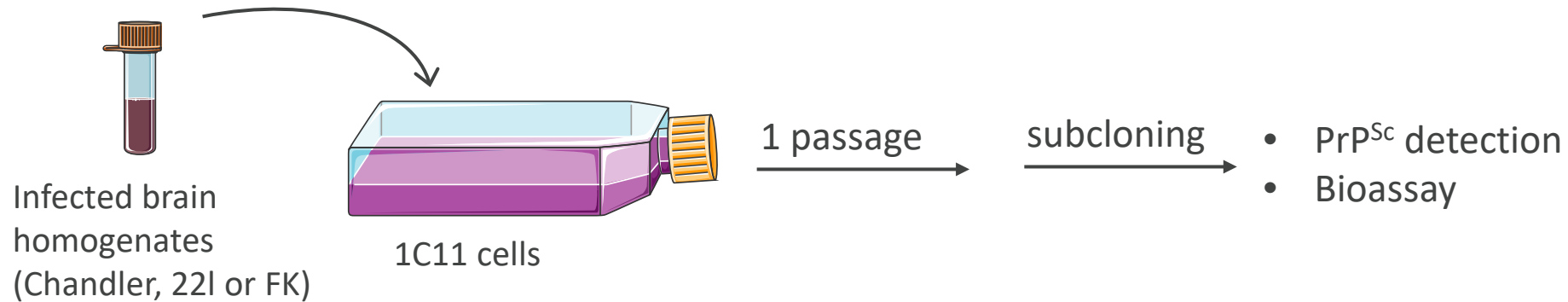


(Harris et al, 2006)

What is the impact of PrP^{Sc} on function of PrP^C?

Infection of 1C11 cell line

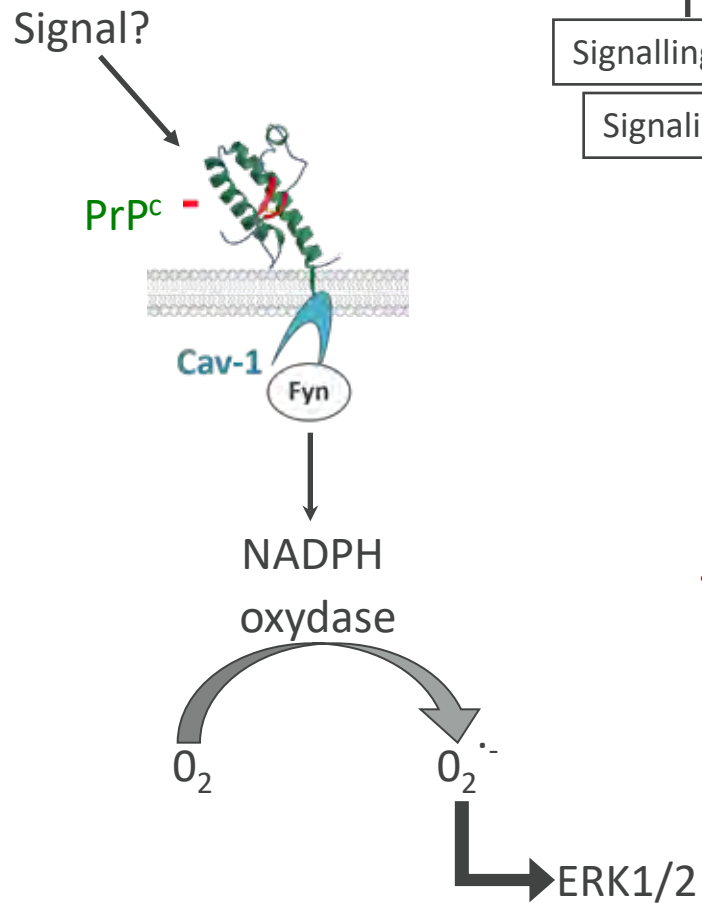
- The 1C11 cell line is chronically infected by several prion strains



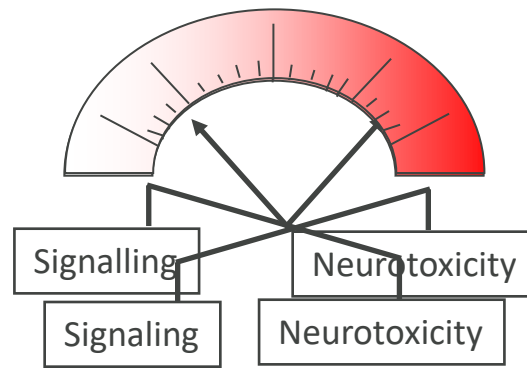
(Mouillet-Richard S et al., JBC, 2008)

=> In prion-infected 1C11 cells: gain of function of the PrP^C-NOX coupling!!!

From signaling ...

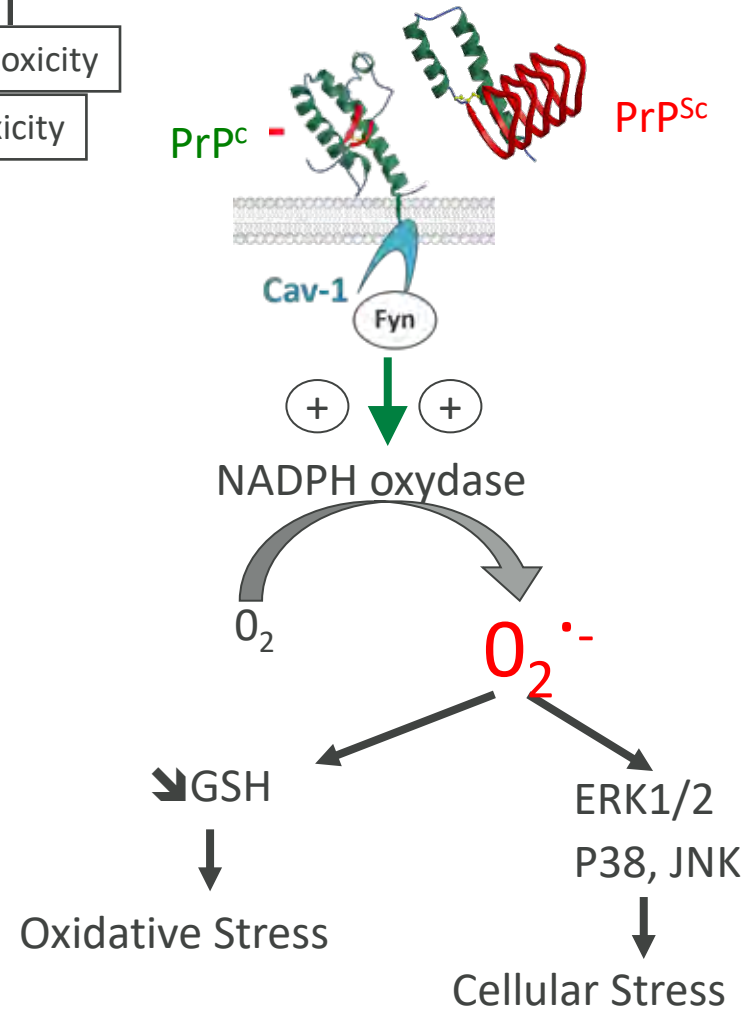


Fine tuning of redox equilibrium
=> Neuronal homeostasis



= Gain
of
function

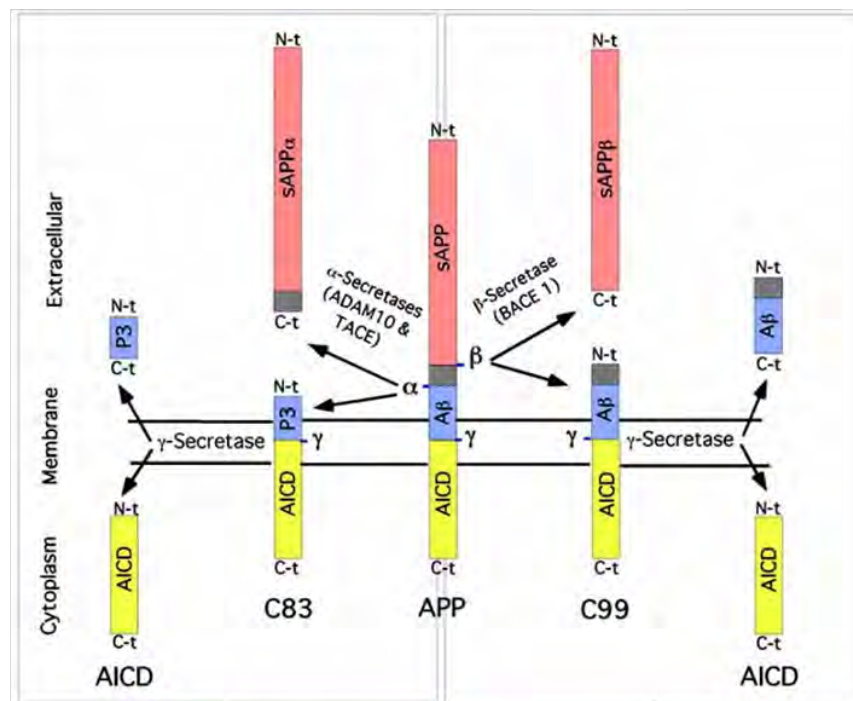
...to neurotoxicity



Lost of neuronal homeostasis
=> Neuronal death

Prion disease and Alzheimer's disease: same fight?

- In AD, neuronal cell death is induced by A β peptides
- A β peptides are produced by cleavages of Amyloid Precursor Protein (APP)



 sAPP α
neuroprotective

Non-Toxic pathway
TACE/ γ -secretase

Toxic pathway
BACE/ γ -secretase

 A $\beta_{40/42}$
neurotoxic

Prion disease and Alzheimer's disease: same fight?

nature

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

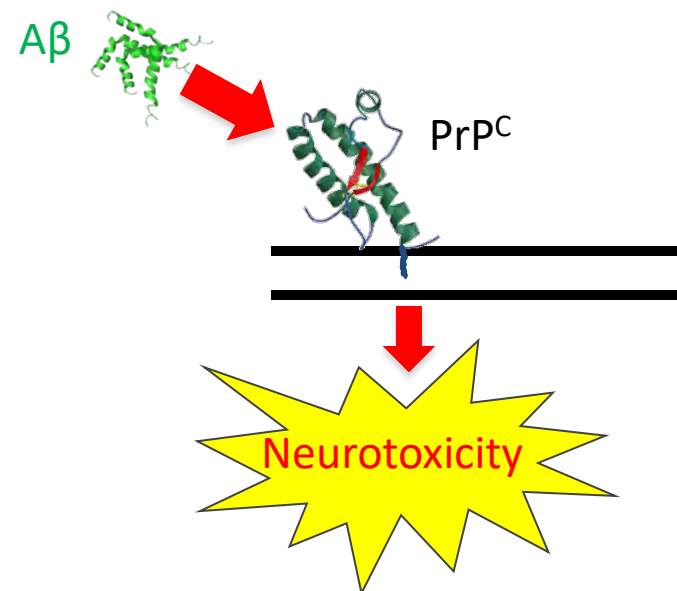
LETTERS

Cellular prion protein mediates impairment of synaptic plasticity by amyloid- β oligomers

Juha Laurén¹, David A. Gimbel¹, Haakon B. Nygaard¹, John W. Gilbert¹ & Stephen M. Strittmatter¹

- ✓ A β peptides bind to PrP^C with high affinity.
- ✓ PrP^C could relay neurotoxicity of A β 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)

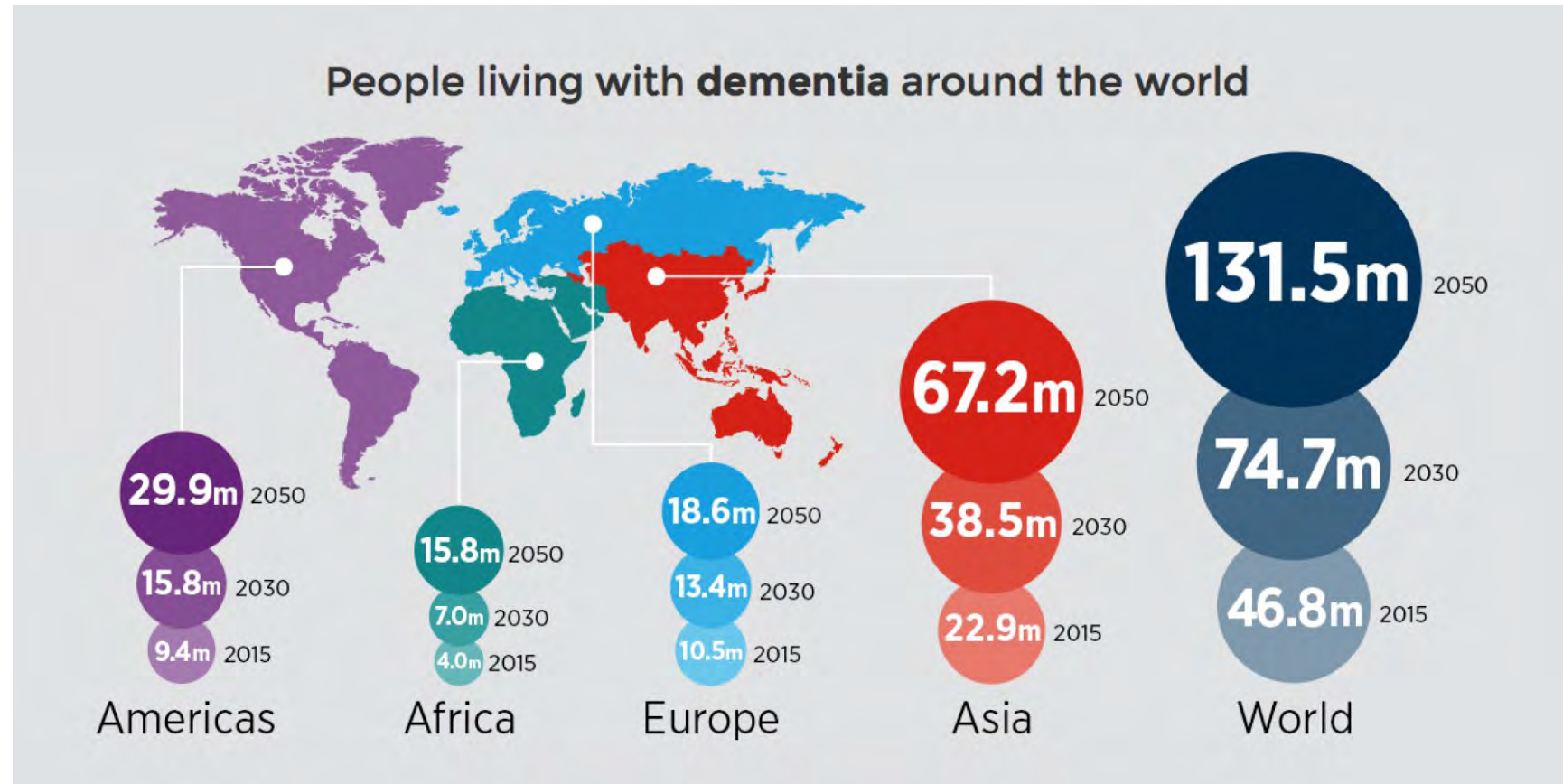


First description of tangle and plaque pathology
by Alois Alzheimer (1901)

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)

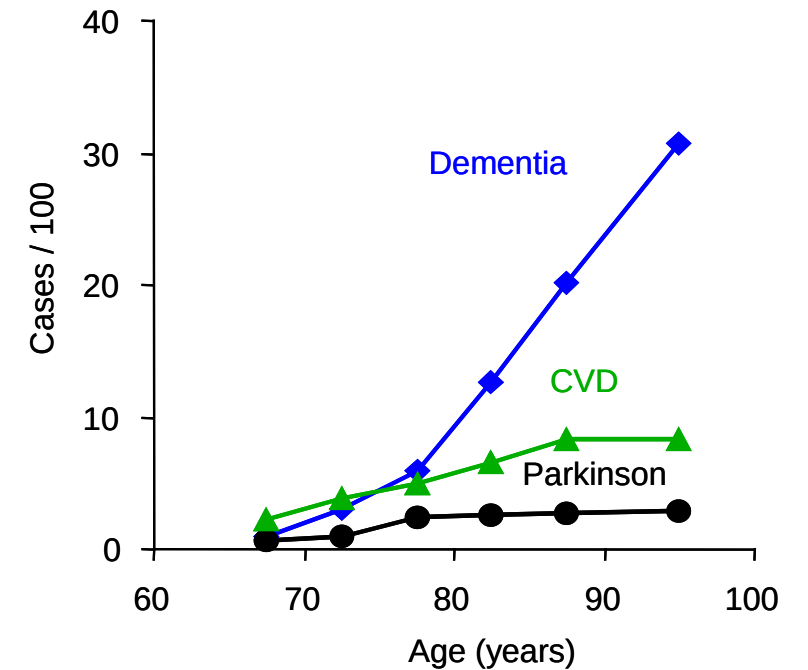
Epidemiology

✓ 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 pollutants : nanoparticulate matter; pesticides; metals (Al^{+++} , Cu^{++} and Zn^{++})



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)

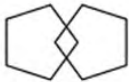
Symptoms

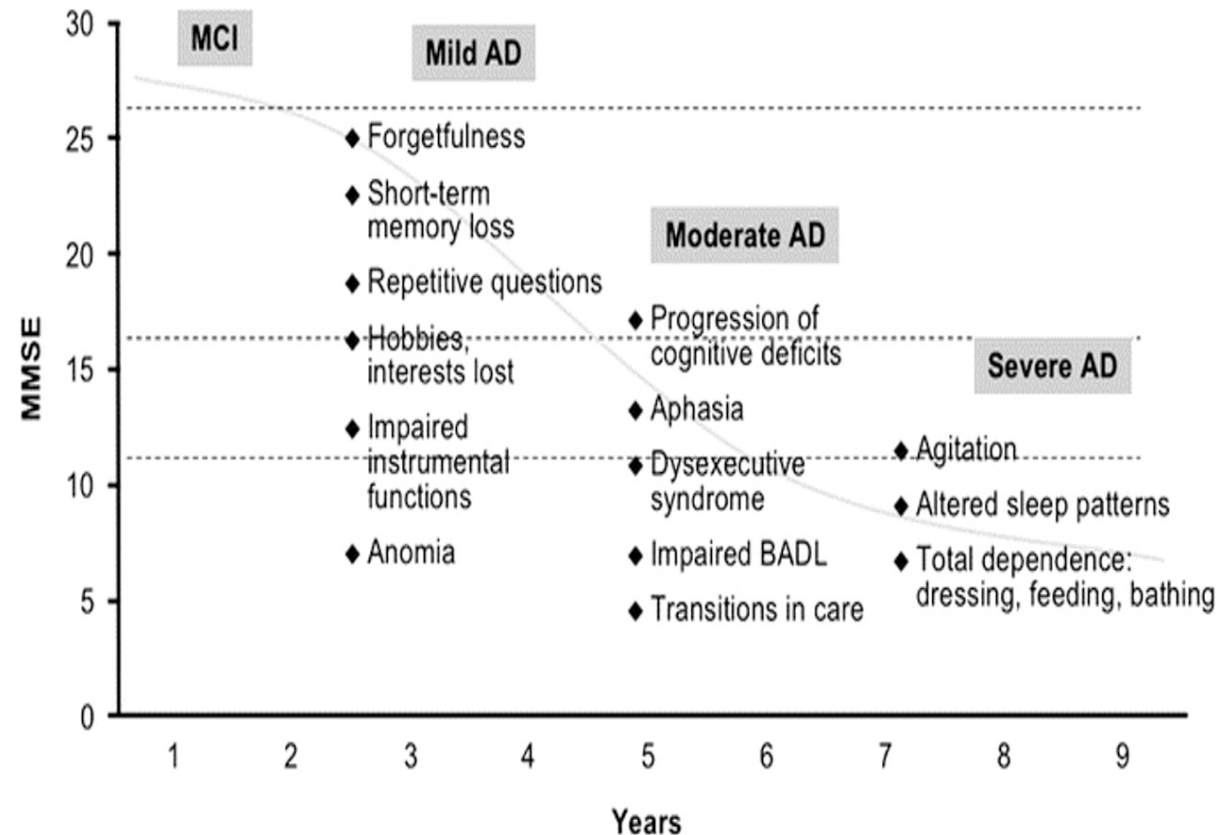
- AD is a progressive neurodegenerative disorder affecting the elderly population. Once it starts, it progresses with aging.

MINI MENTAL STATE EXAMINATION (MMSE)

Name: _____
 DOB: _____
 Hospital Number: _____

One point for each answer

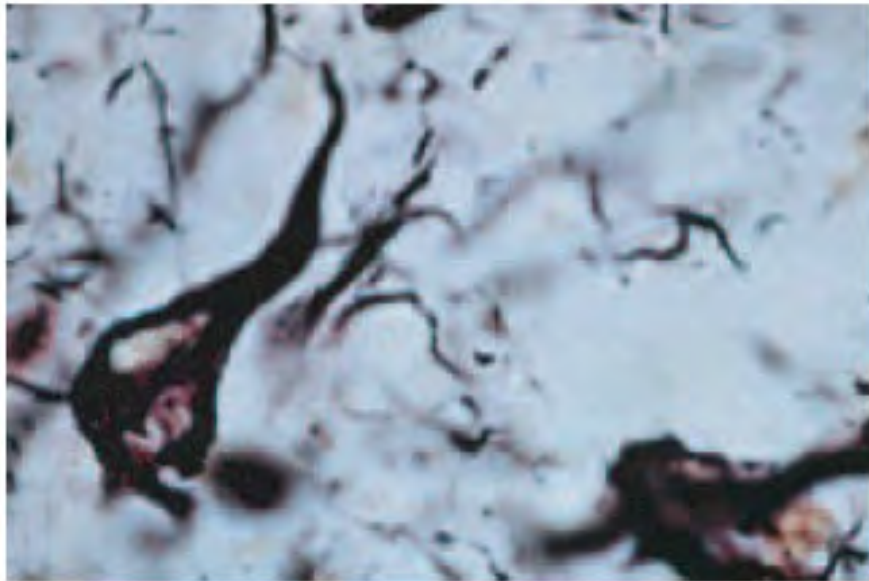
DATE: _____					
ORIENTATION					
Year	Season	Month	Date	Time	_____ / 5
Country	Town	District	Hospital	Ward/Floor	_____ / 5
REGISTRATION					
Examiner names three objects (e.g. apple, table, penny) and asks the patient to repeat (1 point for each correct. THEN the patient learns the 3 names repeating until correct).					
_____ / 3					
ATTENTION AND CALCULATION					
Subtract 7 from 100, then repeat from result. Continue five times: 100, 93, 86, 79, 65. (Alternative: spell "WORLD" backwards: DUROW).					
_____ / 5					
RECALL					
Ask for the names of the three objects learned earlier.					
_____ / 3					
LANGUAGE					
Name two objects (e.g. pen, watch).					
_____ / 2					
Repeat "No ifs, ands, or buts".					
_____ / 1					
Give a three-stage command. Score 1 for each stage. (e.g. "Place index finger of right hand on your nose and then on your left ear").					
_____ / 3					
Ask the patient to read and obey a written command on a piece of paper. The written instruction is: "Close your eyes".					
_____ / 1					
Ask the patient to write a sentence. Score 1 if it is sensible and has a subject and a verb.					
_____ / 1					
COPYING: Ask the patient to copy a pair of intersecting pentagons					
					
_____ / 1					
TOTAL:					
_____ / 30					



Alzheimer's disease (AD)

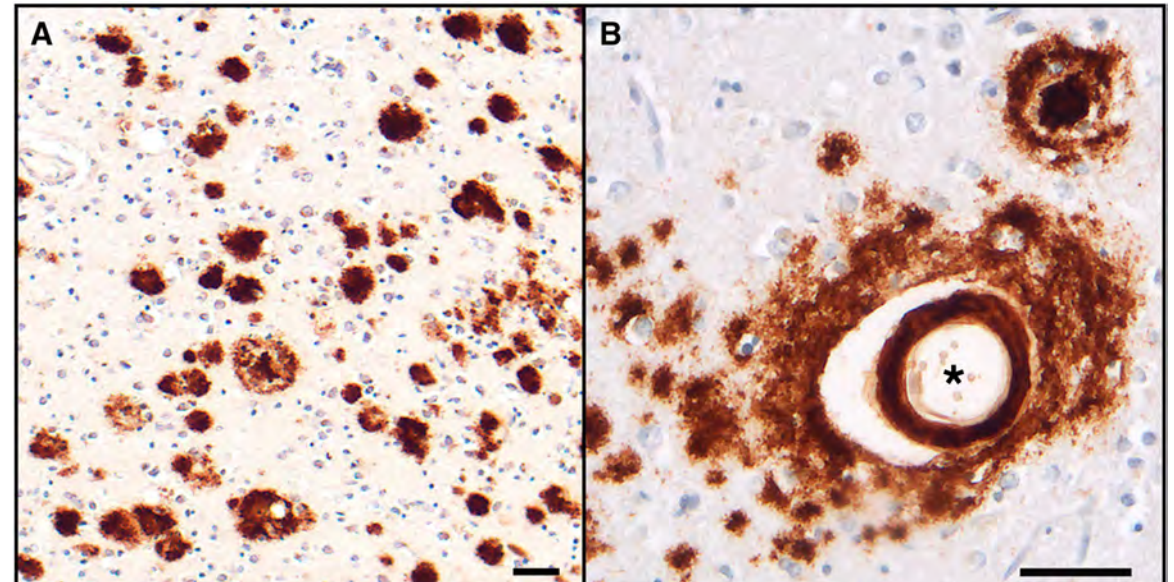
Histopathological hallmarks

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



Neurofibrillary tangles

- hyperphosphorylated protein tau



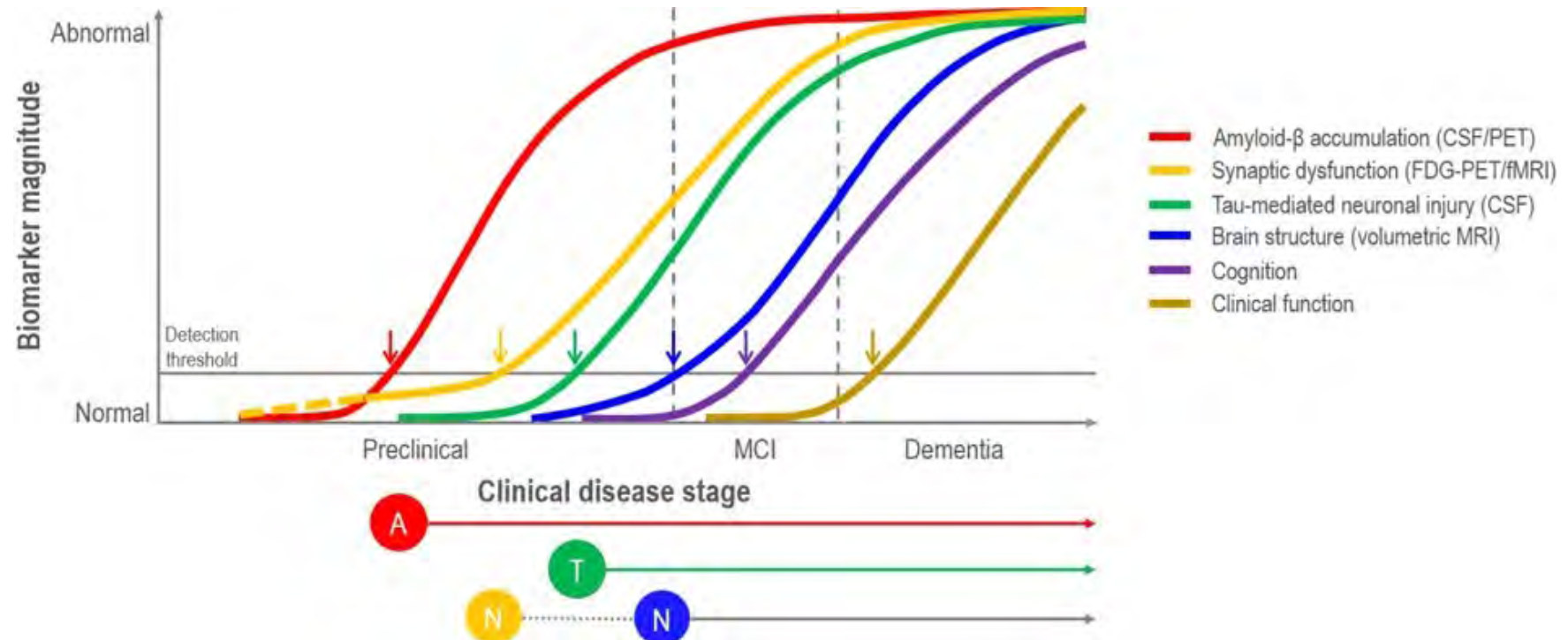
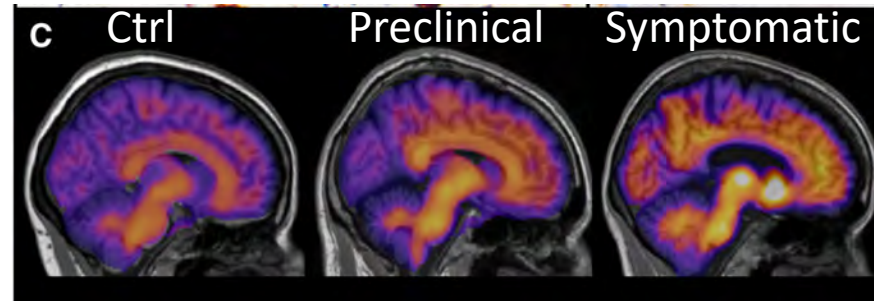
Amyloid plaques (A) and Cerebral β -Amyloid Angiopathy (CAA, B *)

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

Alzheimer's disease (AD)

Dynamic biomarkers

A β -PET images with Pittsburgh compound tracer in familial AD

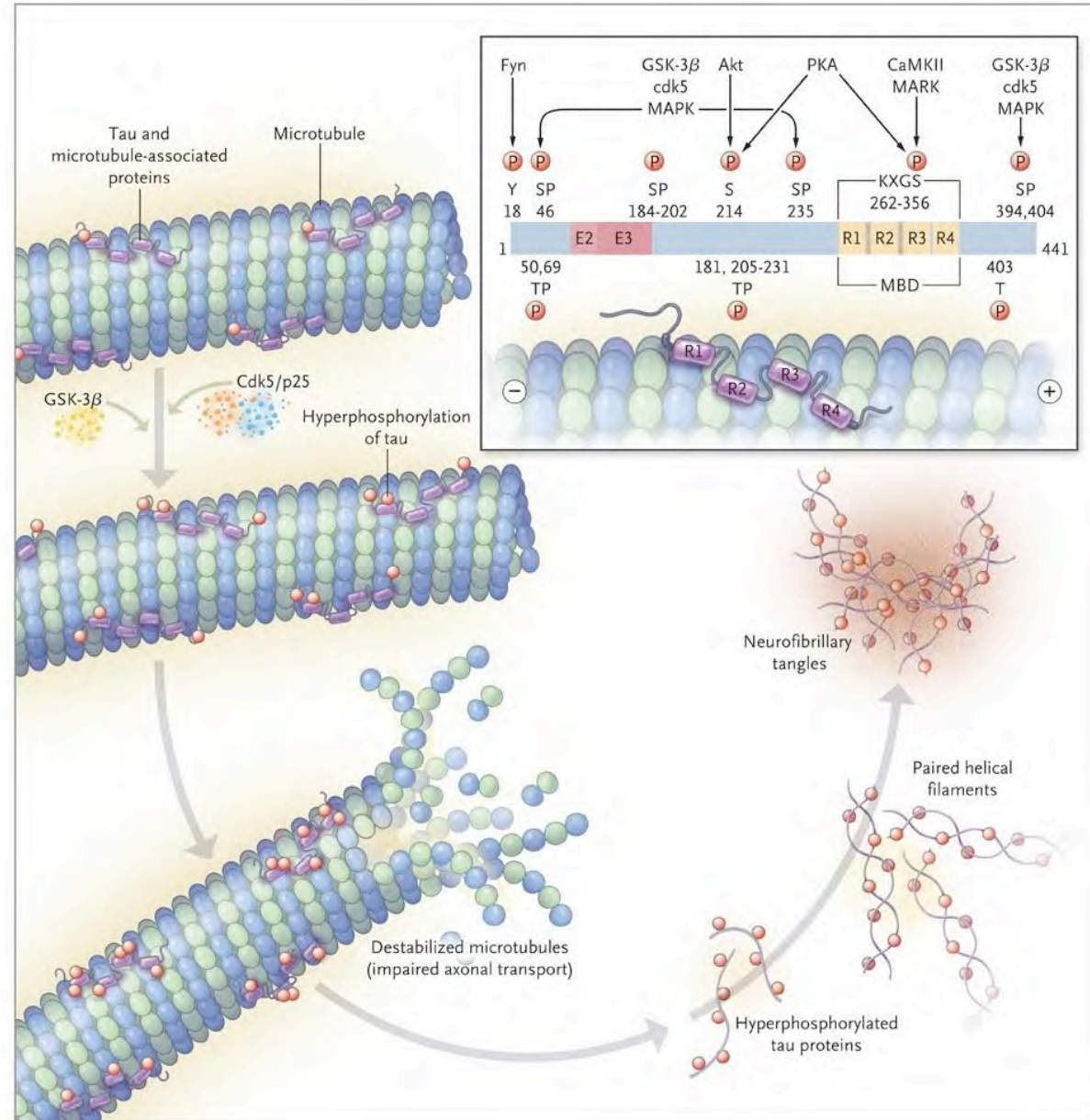


Alzheimer's disease (AD)

Formation of NFTs

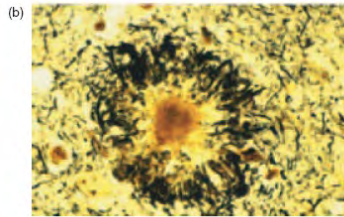


Tau based neurofibrillary tangle

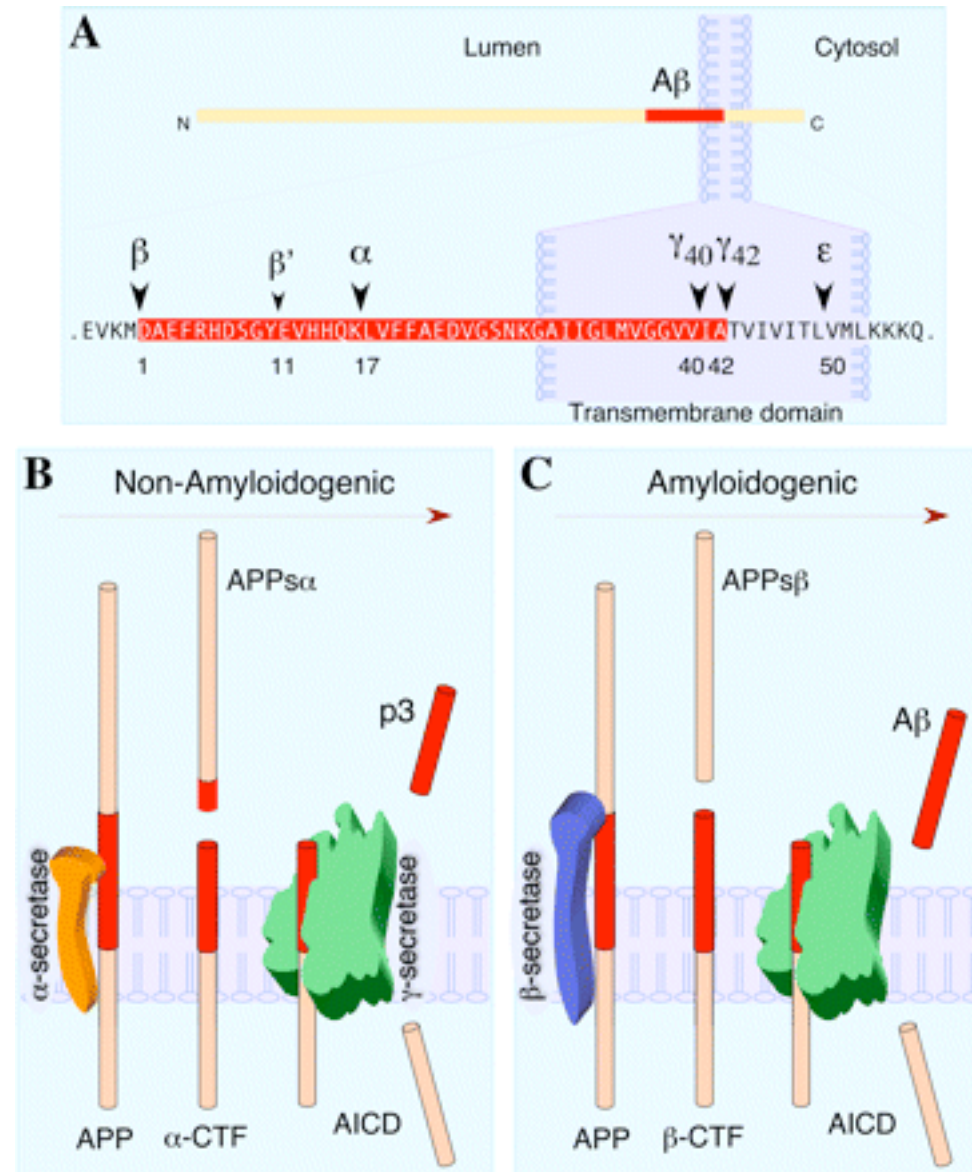


Alzheimer's disease (AD)

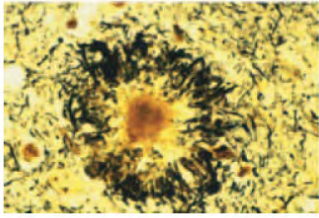
Origin of β -amyloid plaques: APP processing



Amyloid based Neuritic plaque



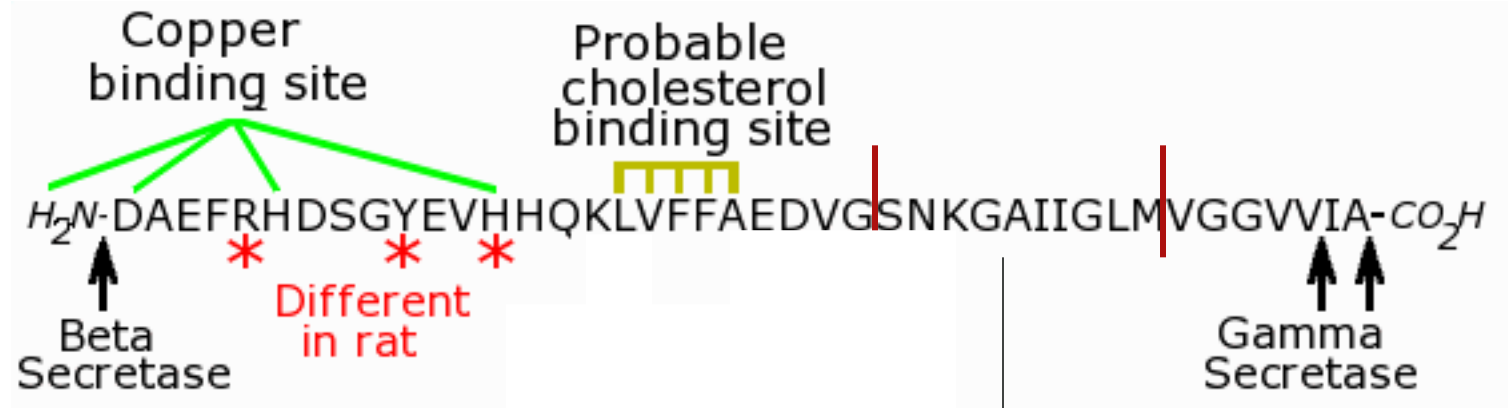
(b)



Amyloid based Neuritic plaque

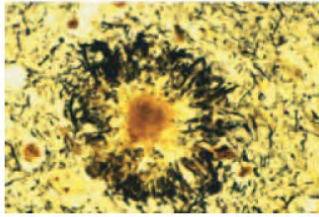
Alzheimer's disease (AD)

Structure of β -amyloid peptide



25-35, the most critical region for the change of conformation from α -sheet to β -sheet

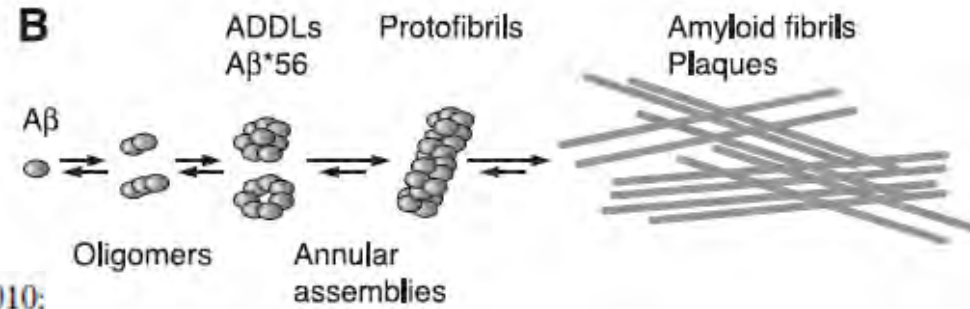
(b)



Amyloid based Neuritic plaque

Alzheimer's disease (AD)

β -amyloid peptide aggregation

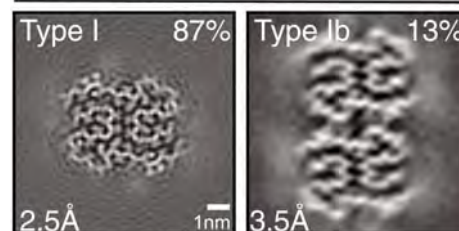


Physiol Rev 90: 465–494, 2010;

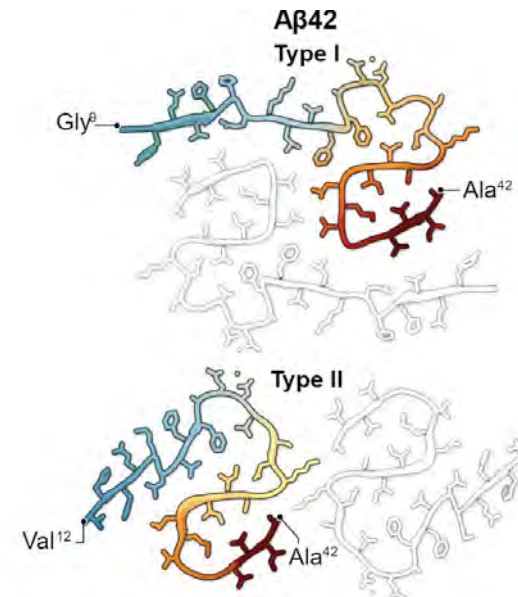
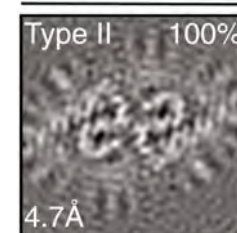


Murine $A\beta$ peptides do not aggregate!

sAD case 1



fAD case 1

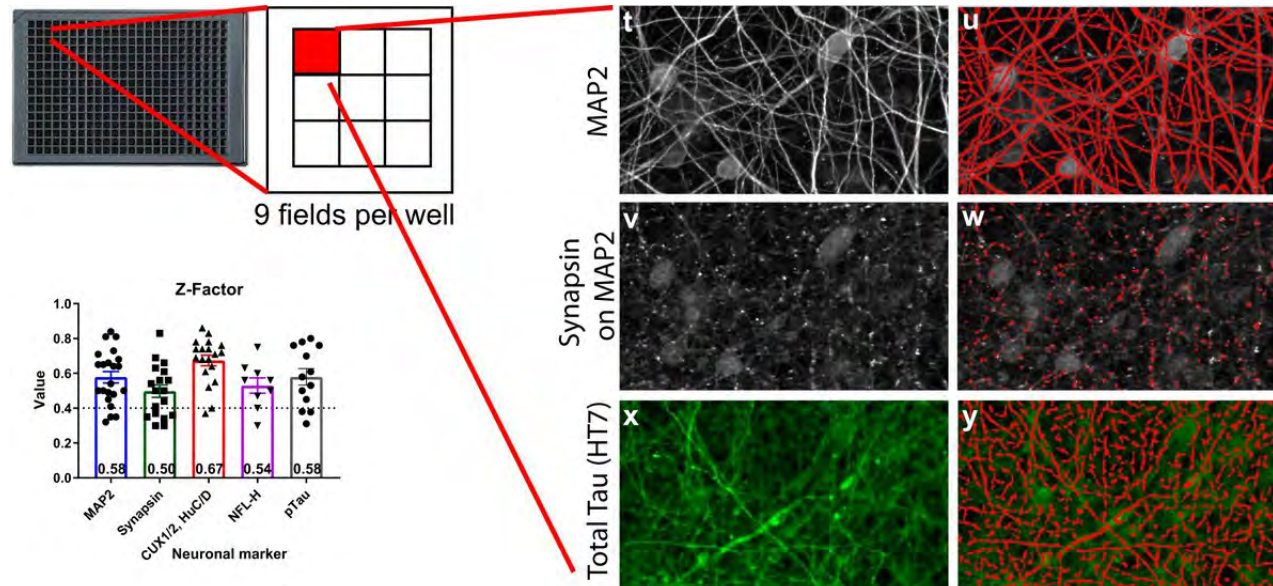


Cryo-EM–derived structures of fibrils formed from $A\beta_{42}$ from human brain tissue reveal different « strains » associated with distinct neurodegenerative diseases.

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

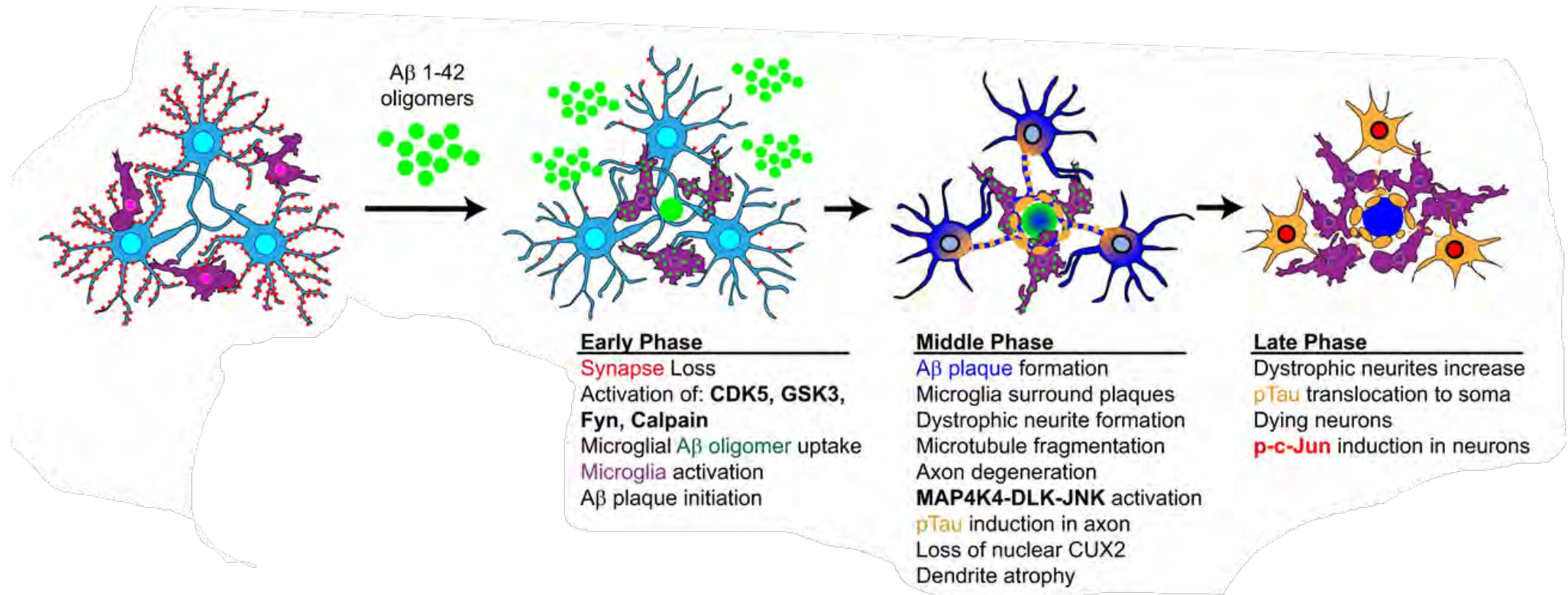


Mature culture (12 weeks) => image analysis

Alzheimer's disease (AD)

β -amyloid peptide/Tau toxicities

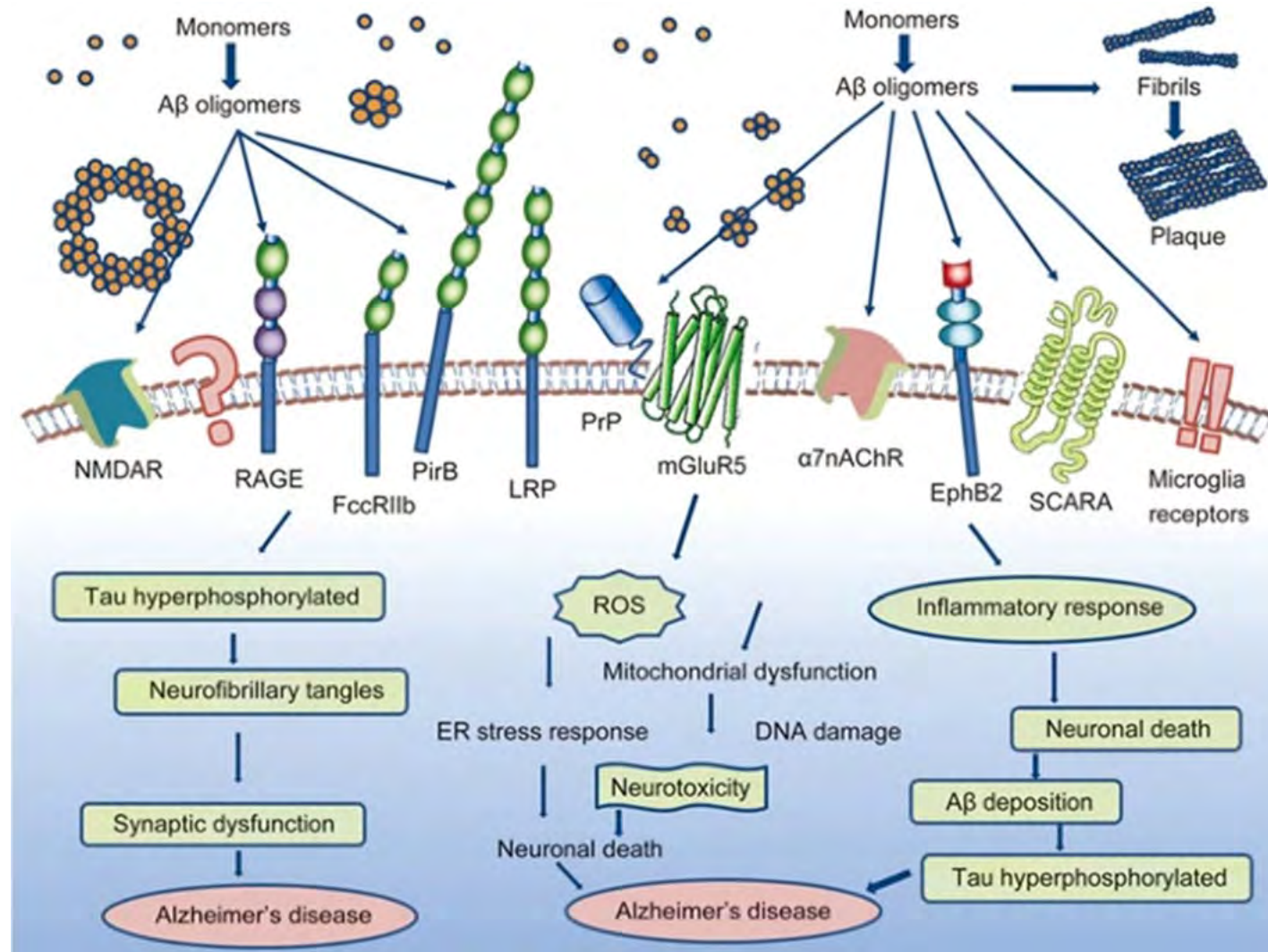
- Amyloid- β and tau: interaction for toxicity
=> Role of microglia



A β and microglial activation are two independent processes that, when they converge, lead to tau pathology

Alzheimer's disease (AD)

Amyloid cascade hypothesis



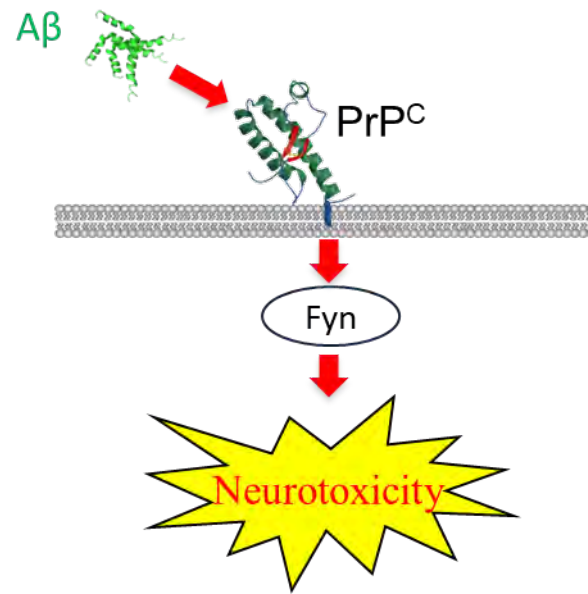
Do Prion and Alzheimer's diseases share common neurodegenerative mechanisms?

**nature
neuroscience**

Alzheimer amyloid- β oligomer bound to postsynaptic prion protein activates Fyn to impair neurons

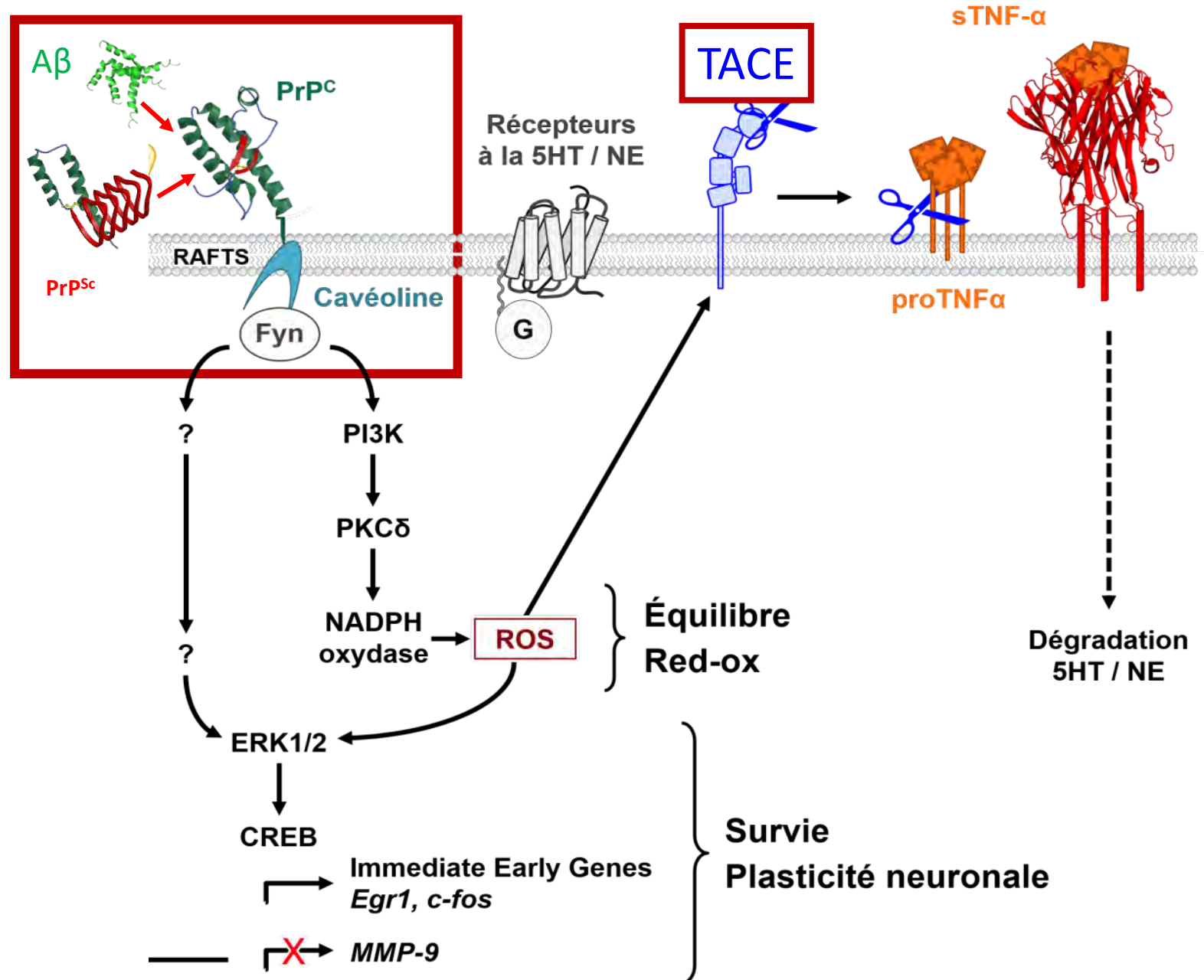
Ji Won Um¹, Haakon B Nygaard¹, Jacqueline K Heiss¹, Mikhail A Kostylev¹, Massimiliano Stagi¹, Alexander Vortmeyer², Thomas Wisniewski³, Erik C Gunther¹ & Stephen M Strittmatter¹

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.

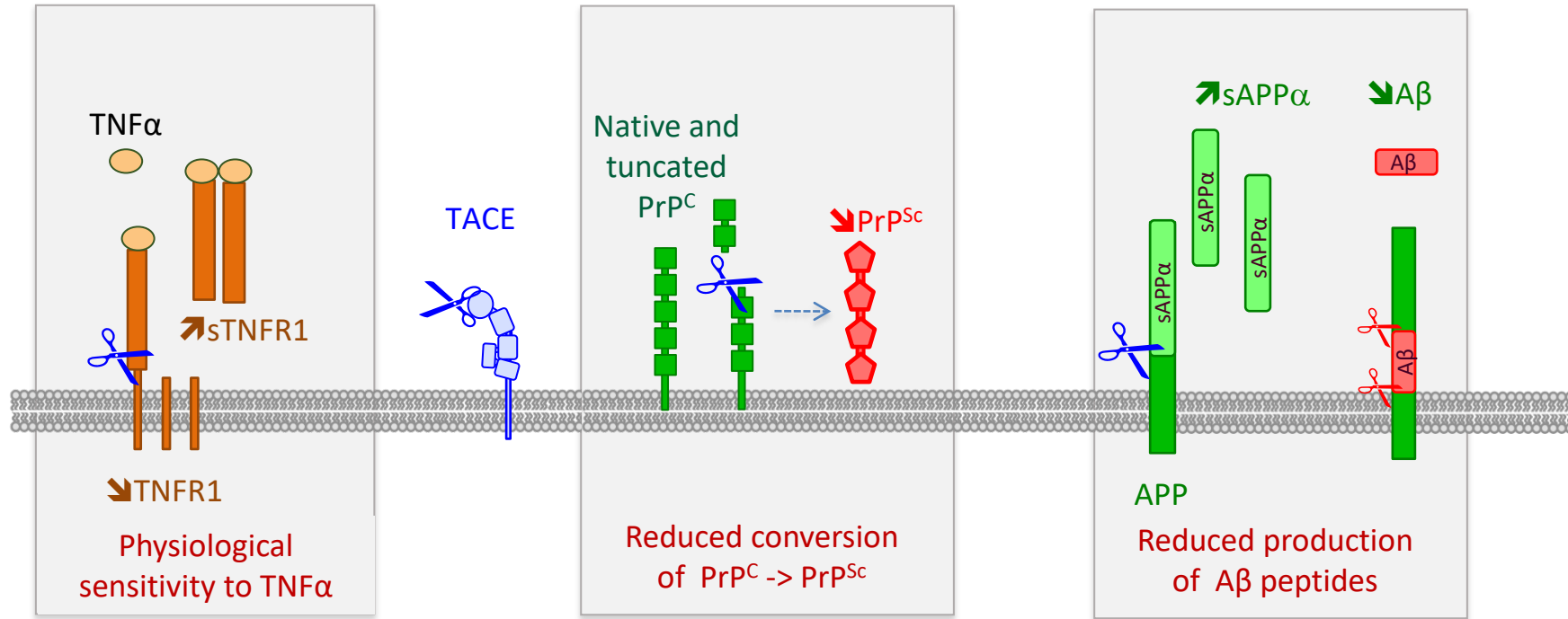


Nature neuroscience, 2012

Prion and Alzheimer's disease: Same fight?



TACE physiological functions



TACE deregulation

=>

prion

/

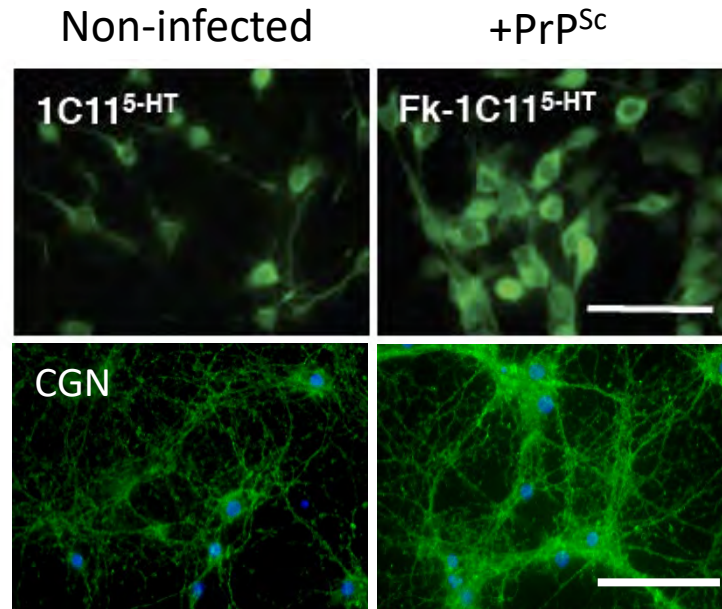
Alzheimer's diseases ?

Little was known about TACE regulation

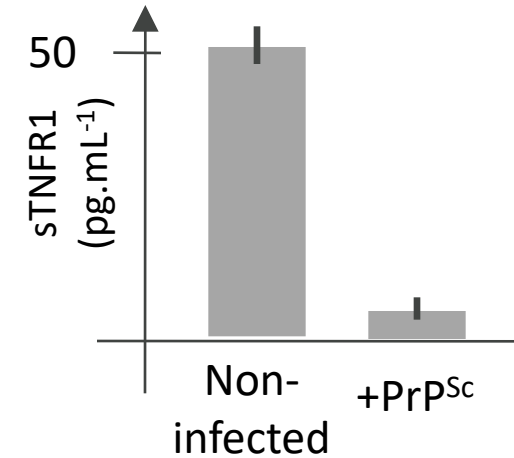
Prion infection triggers TNFR1 under-shedding and hypersensitizes cells to TNF α toxicity

↗ cell surface level of TNFR1

↘ sTNFR1 in cell culture medium



CGN = Cerebellar Granule Neuron

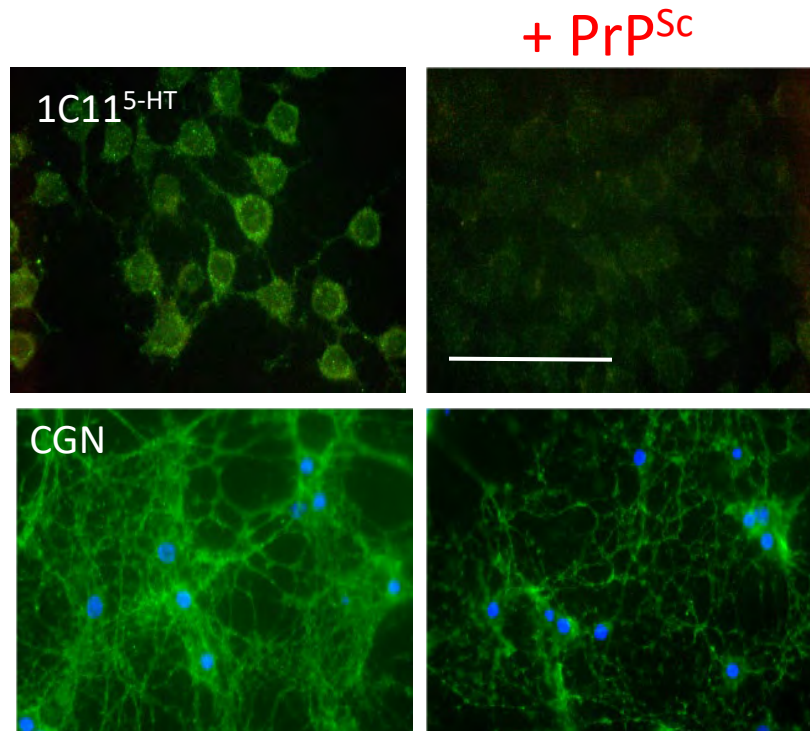


↗ sensitivity of infected neurons to TNF α

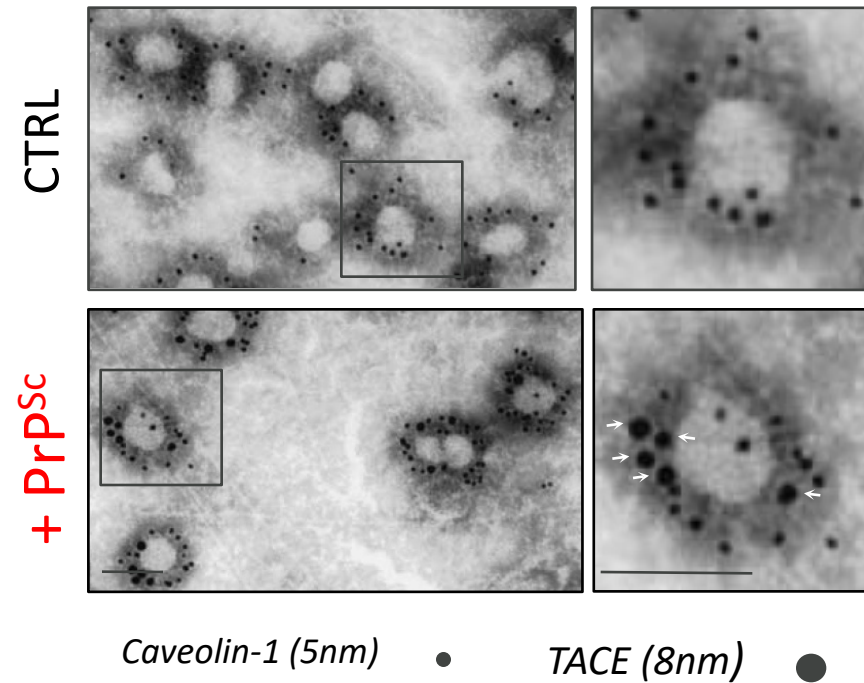
Defect of TACE shedding activity in prion-infected neurons ?

TACE internalization in prion-infected cells

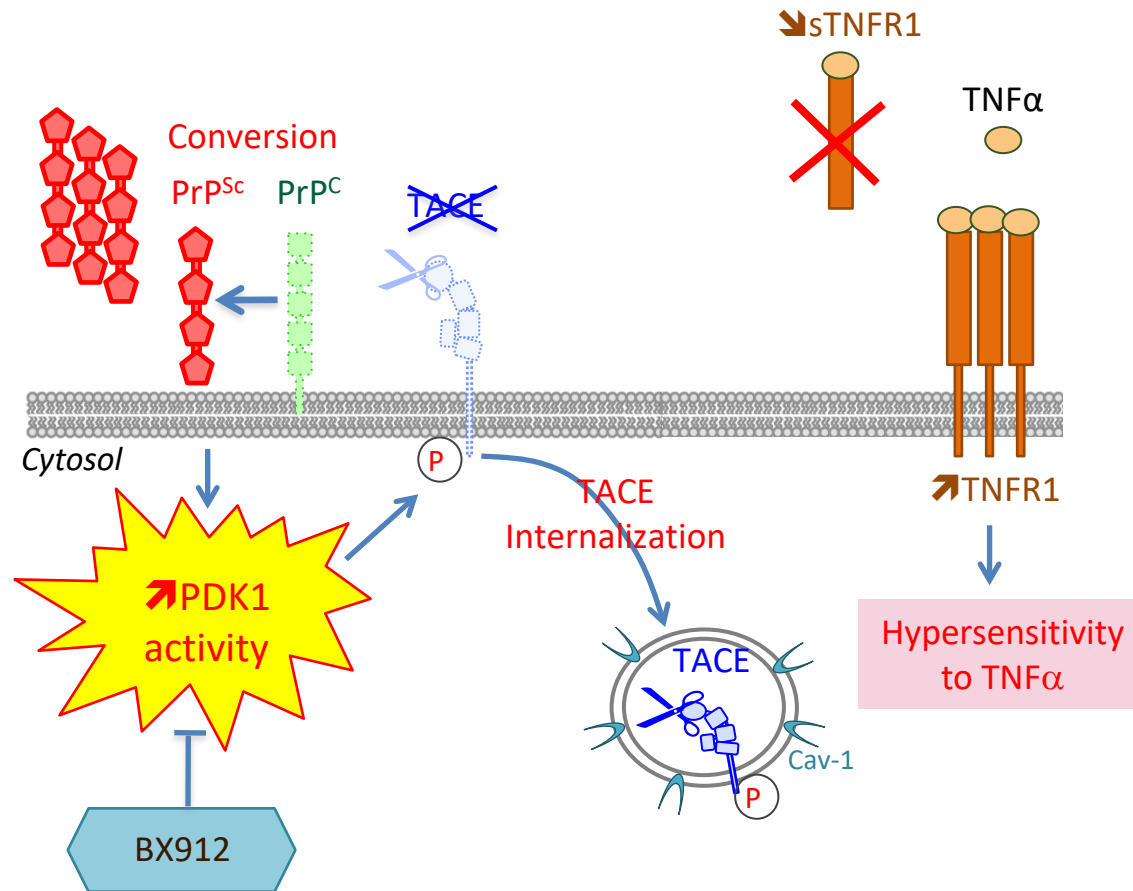
➡ TACE at the plasma membrane



TACE is associated with caveolae in infected cells



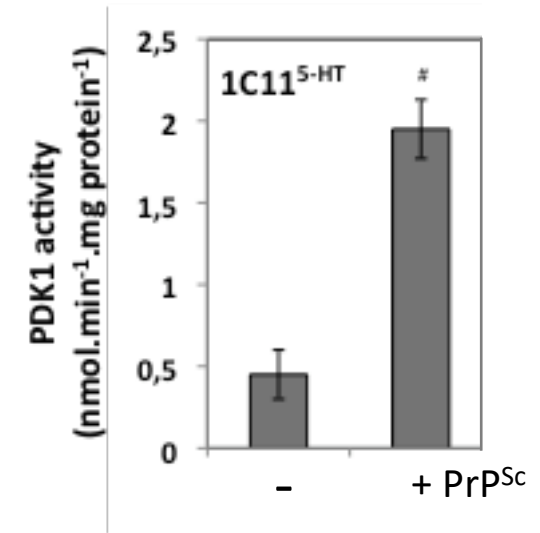
TACE internalization depends on PDK1 overactivity in prion-infected cells



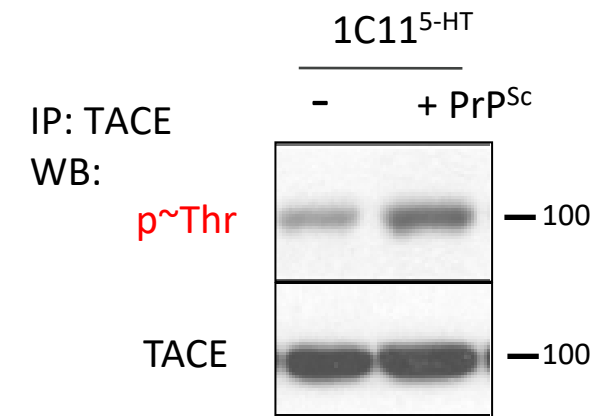
Antagonizing PDK1 activity to rescue TACE shedding activity at the plasma membrane?

PDK1 = 3-phosphoinositide-dependent kinase 1

↗ PDK1 activity



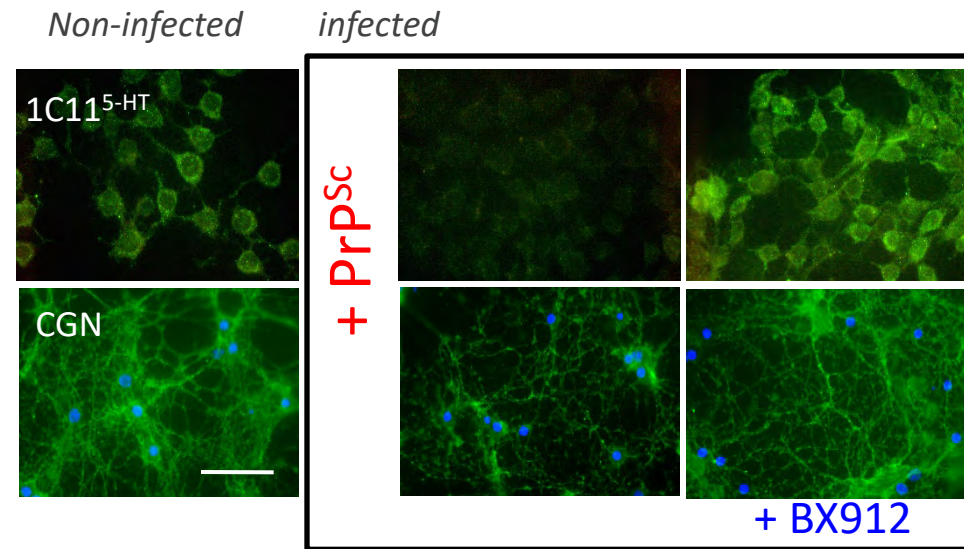
↗ phospho-TACE



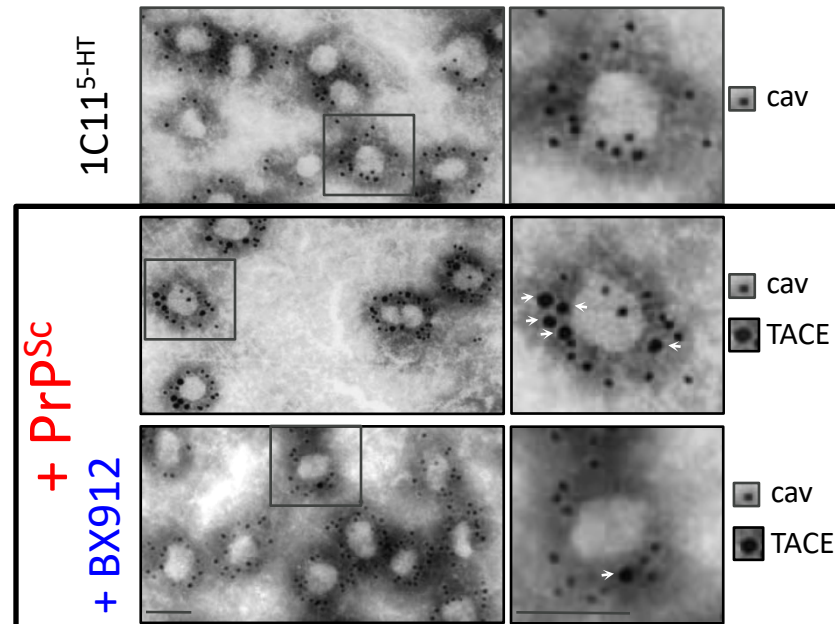
Nature Medicine, 2013

PDK1 inhibition relocates TACE from caveolae to the plasma membrane

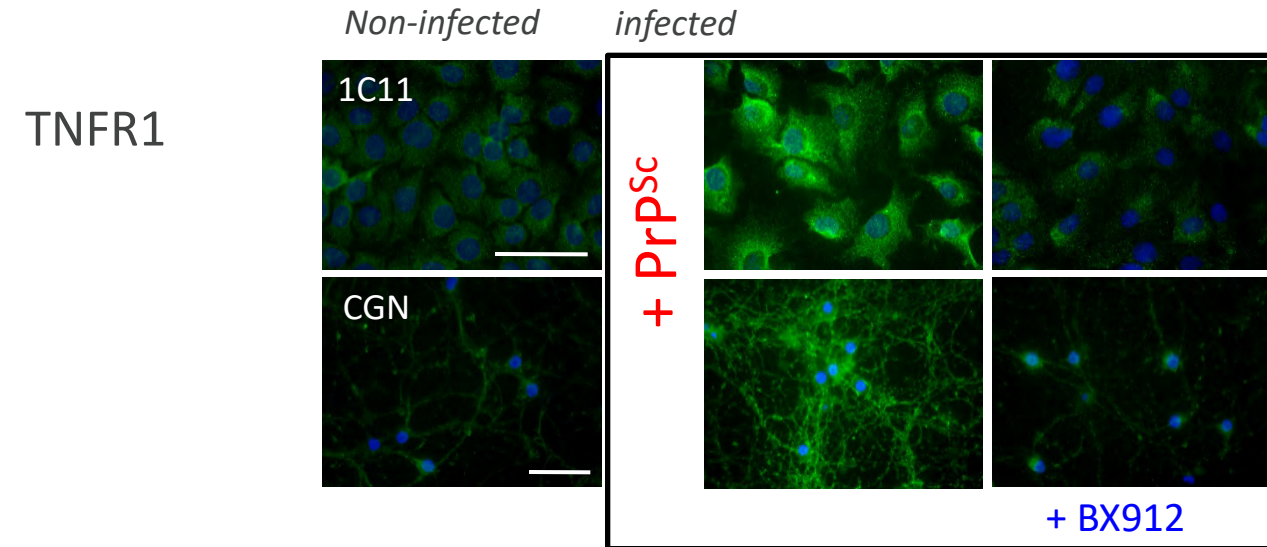
Cell surface
Immunostaining of
TACE



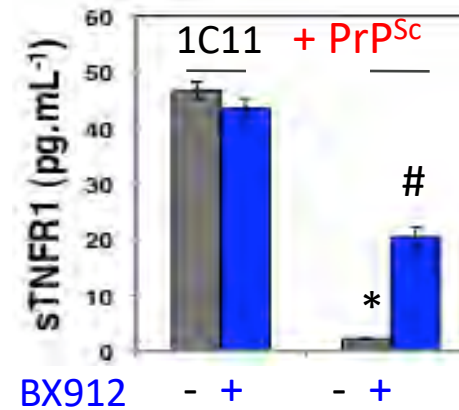
Immunogold
electron microscopy



PDK1 inhibition restores TACE shedding activity at the plasma membrane

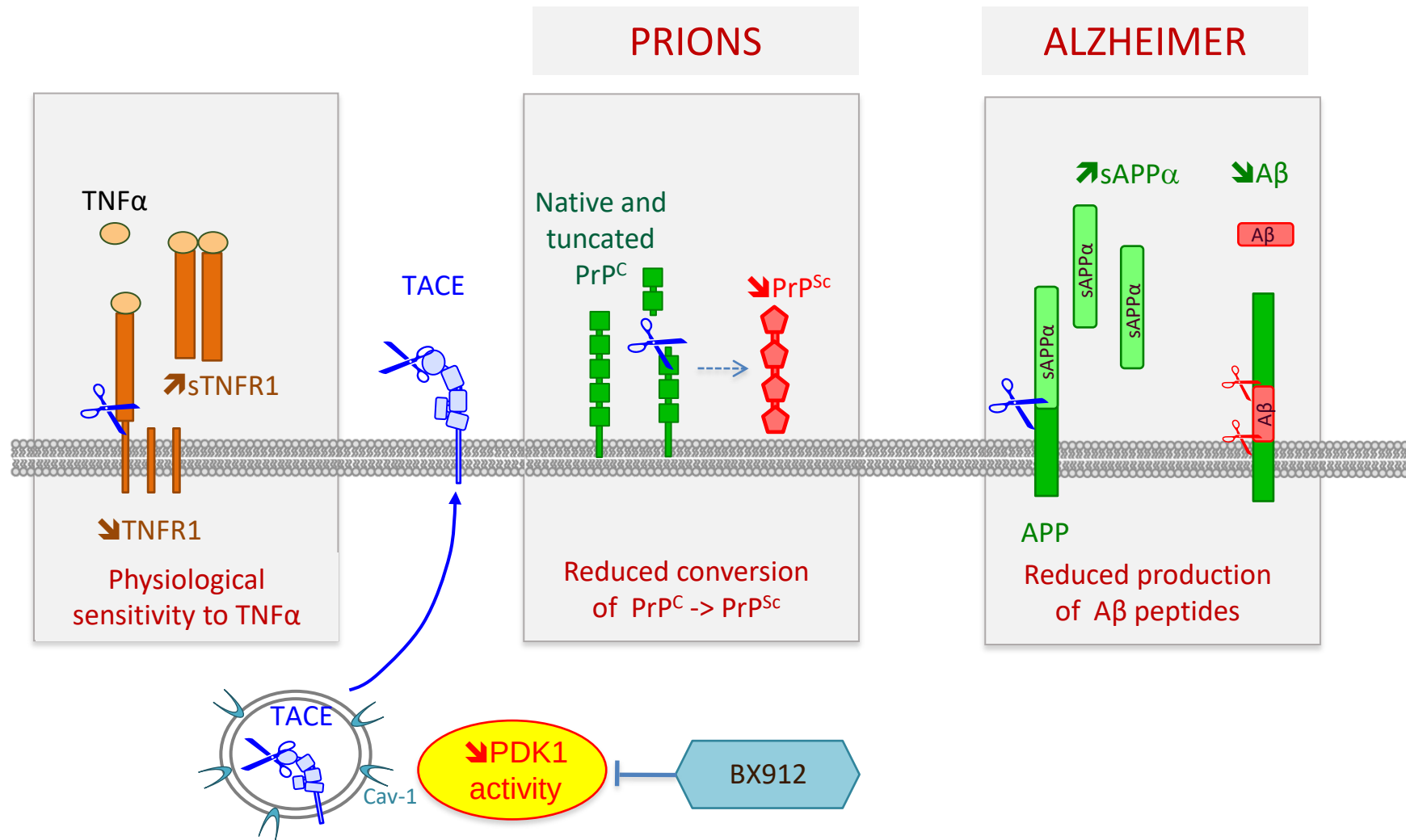


sTNFR1



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

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



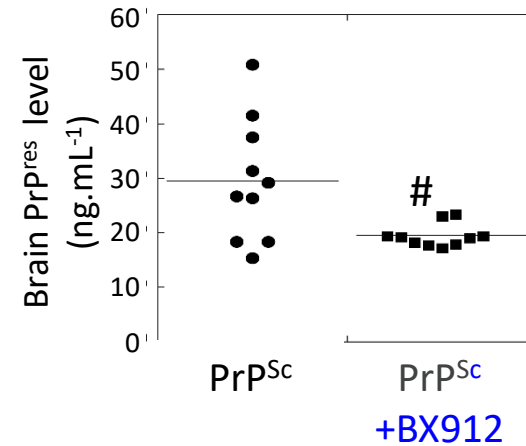
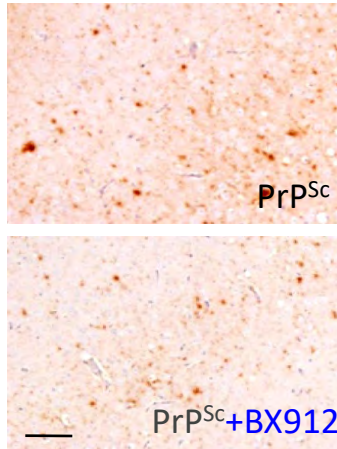
Thus relocated TACE would have 3 beneficial effects in neurodegenerative diseases

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

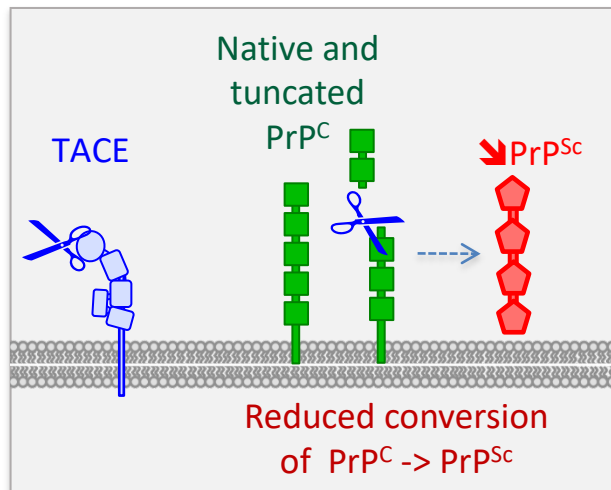
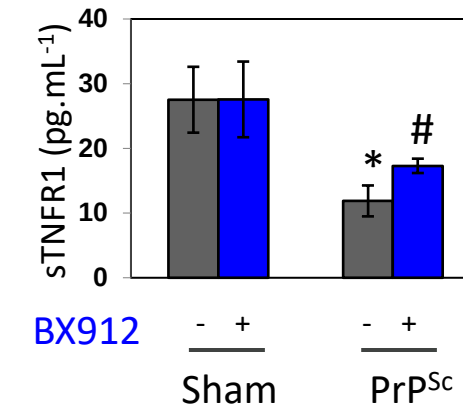


↓ brain PrP^{Sc}

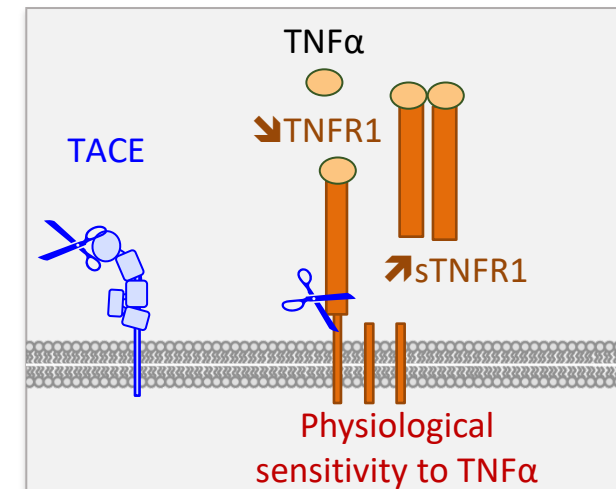
PrP^{Sc} deposition



↑ sTNFR1 in CSF



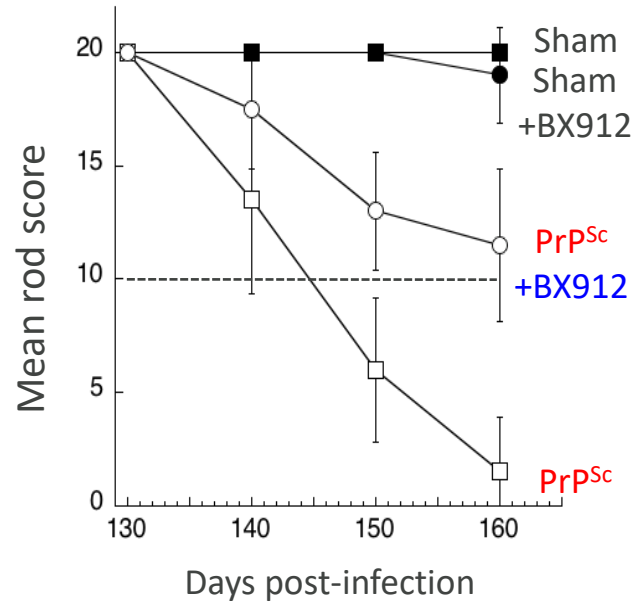
Same effect upon PDK1 silencing with siRNA



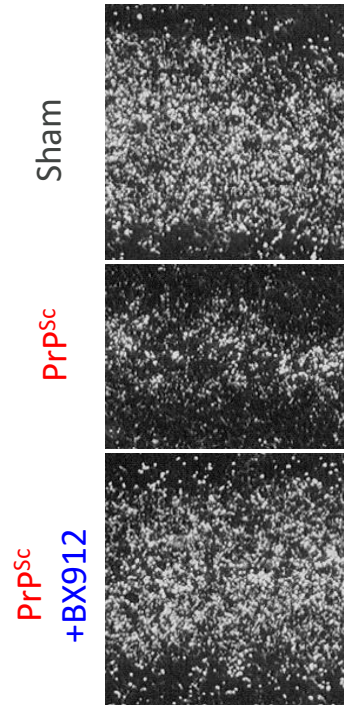
Inhibiting PDK1 activity with BX912 in prion-infected mice...



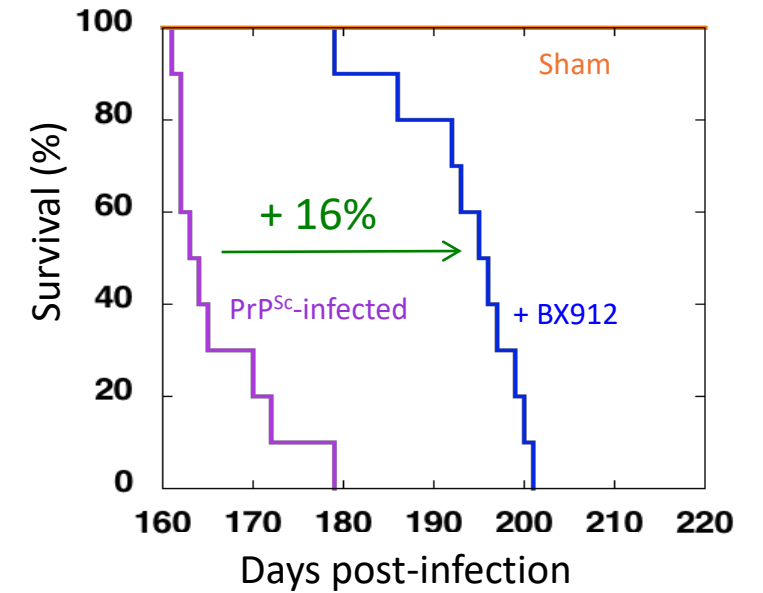
↘ motor deficits



↘ neurodegeneration
in the IGL

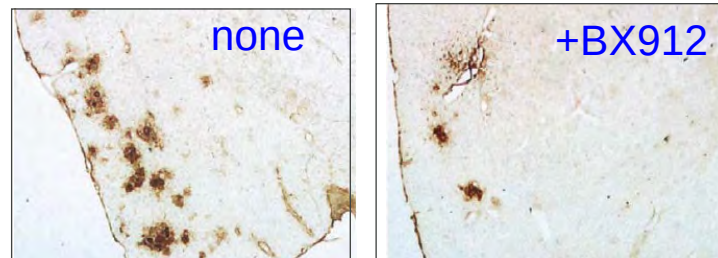
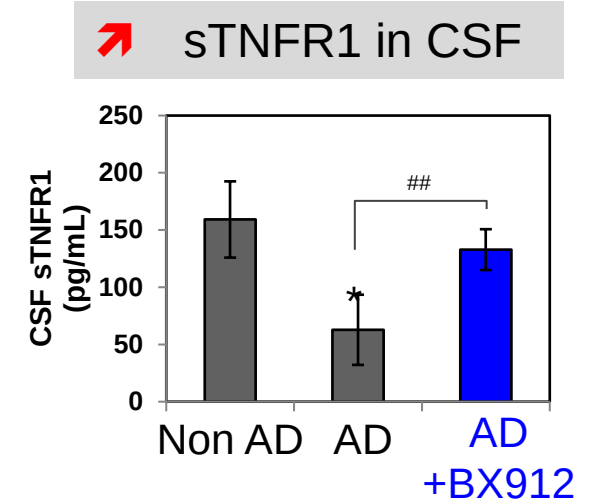
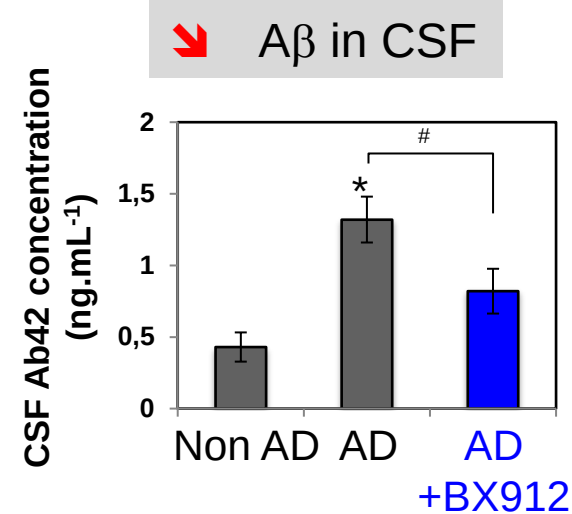
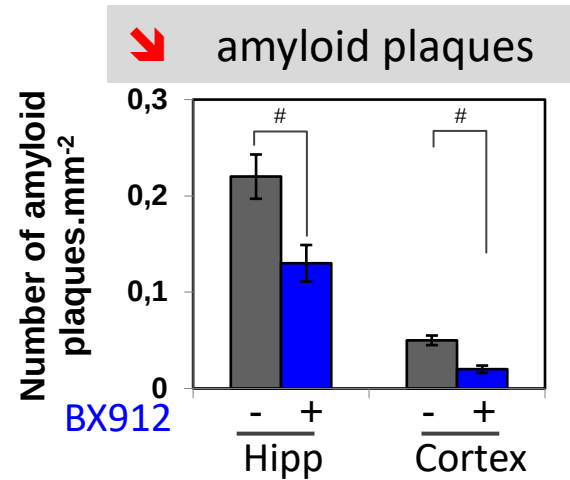


↗ survival time

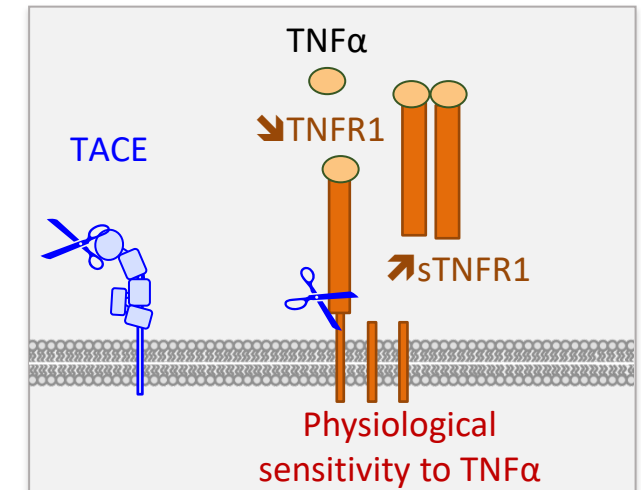
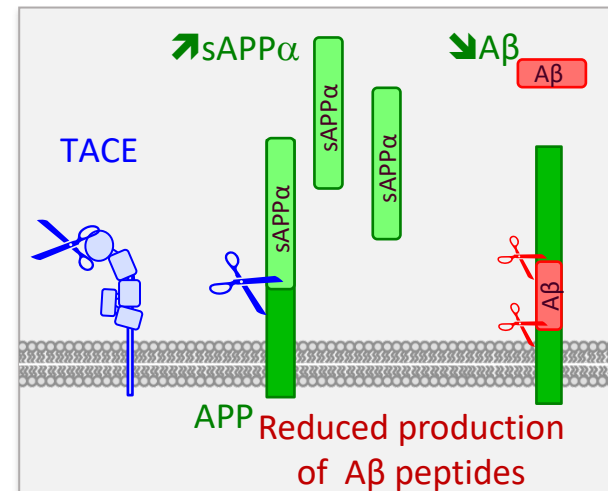


One drug for both prion and Alzheimer's diseases ?

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



Cortex slices
Thioflavin S staining of amyloid plaques



How to test behavioral benefit of PDK1 inhibition in AD mice?

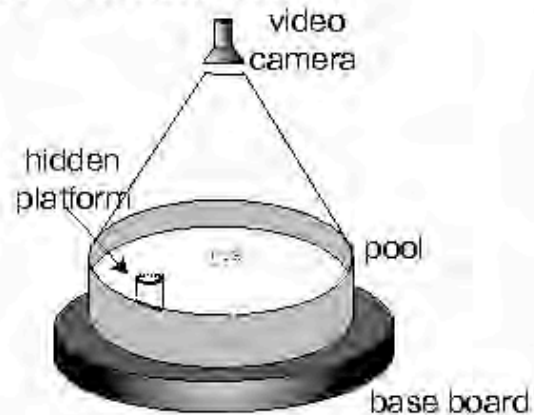


- Morris water maze test: behavioral test of memory/cognitive function

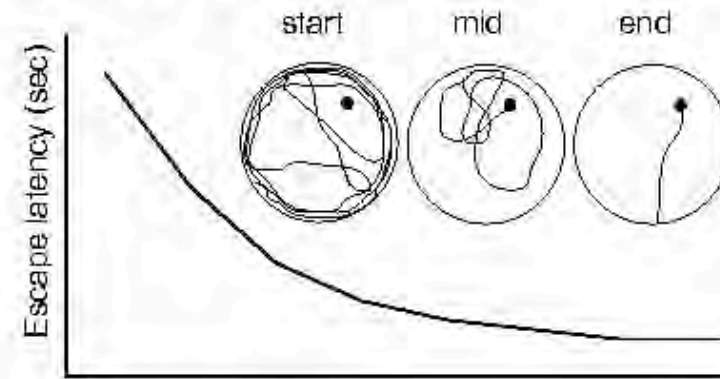


2 m diameter watermaze at the University of Edinburgh

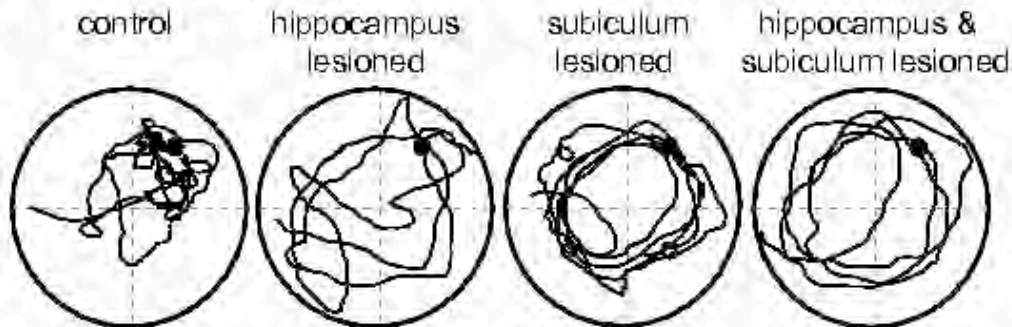
A The watermaze



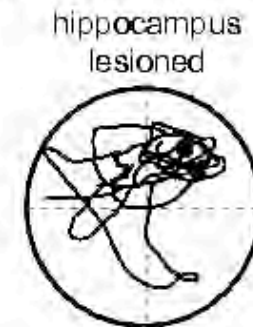
B Paths and latency during place navigation



C Post-training probe tests (no platform)



D Overtraining



How to test behavioral benefit of PDK1 inhibition in AD mice?



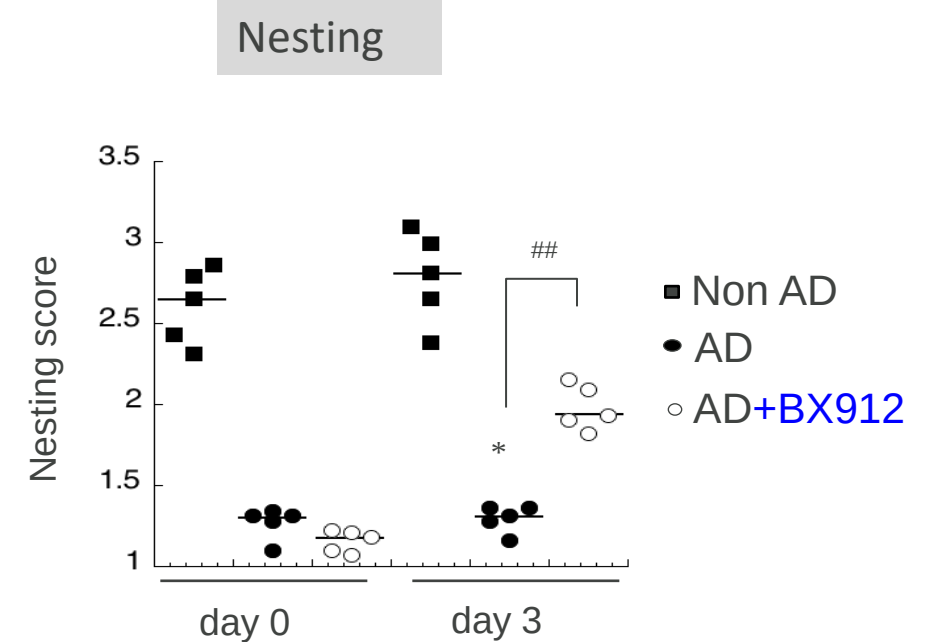
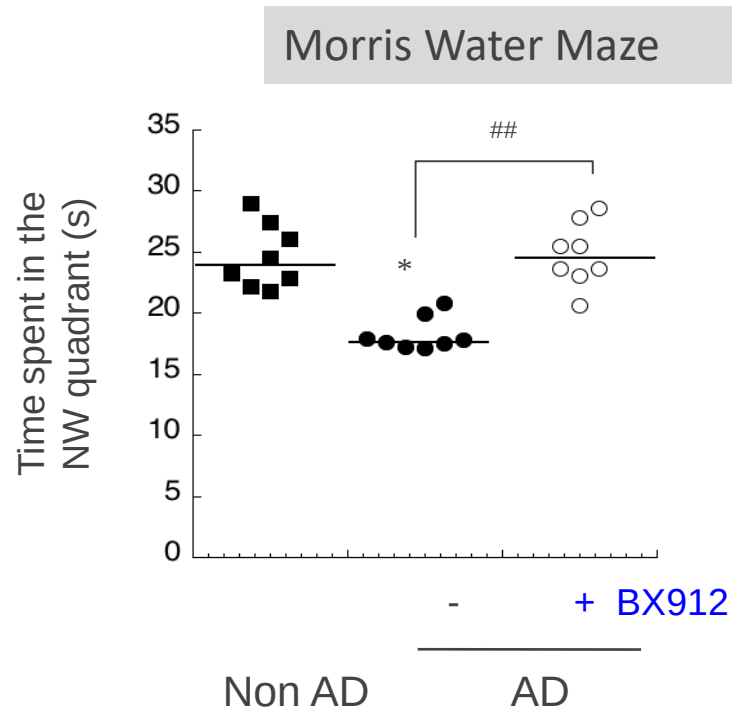
- Nesting construction test: behavioral test of social/affiliative function



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

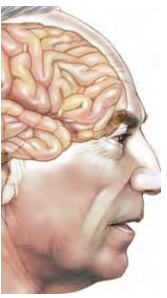


➡ memory and cognitive impairments



Coll. J.M. Launay/ Hoffmann LaRoche

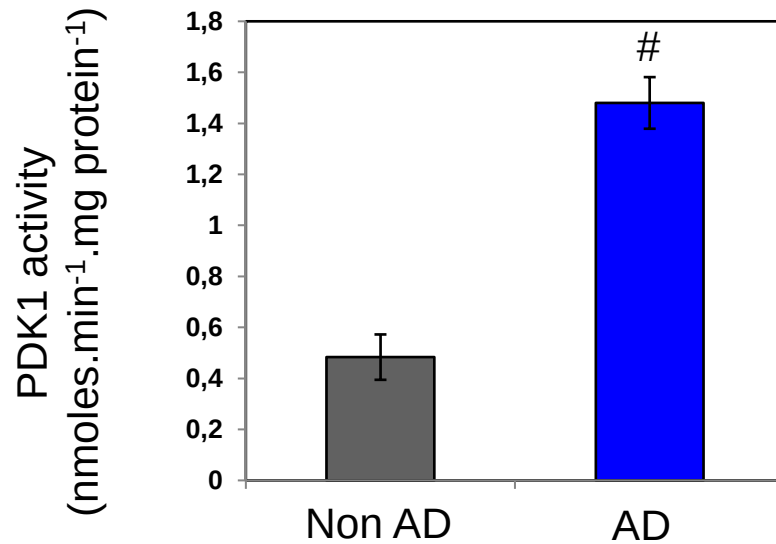
➡ PDK1 inhibition alleviates both prion and Alzheimer's diseases in mice



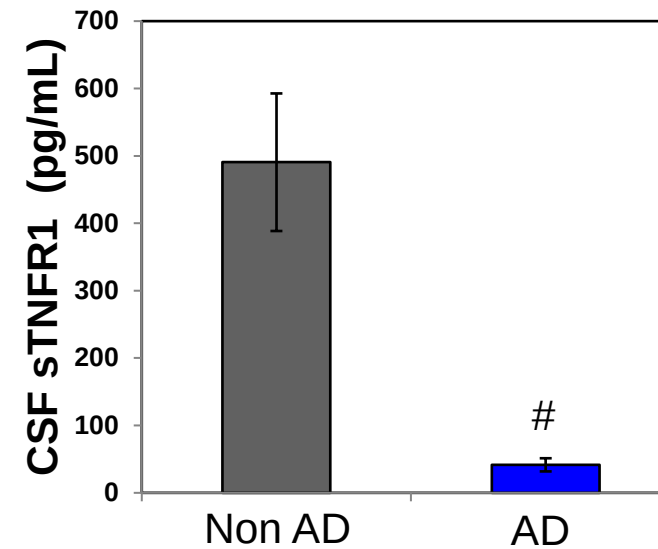
PDK1: a therapeutic target for AD patients ?

6 AD patients

↗ PDK1 activity in human AD brain



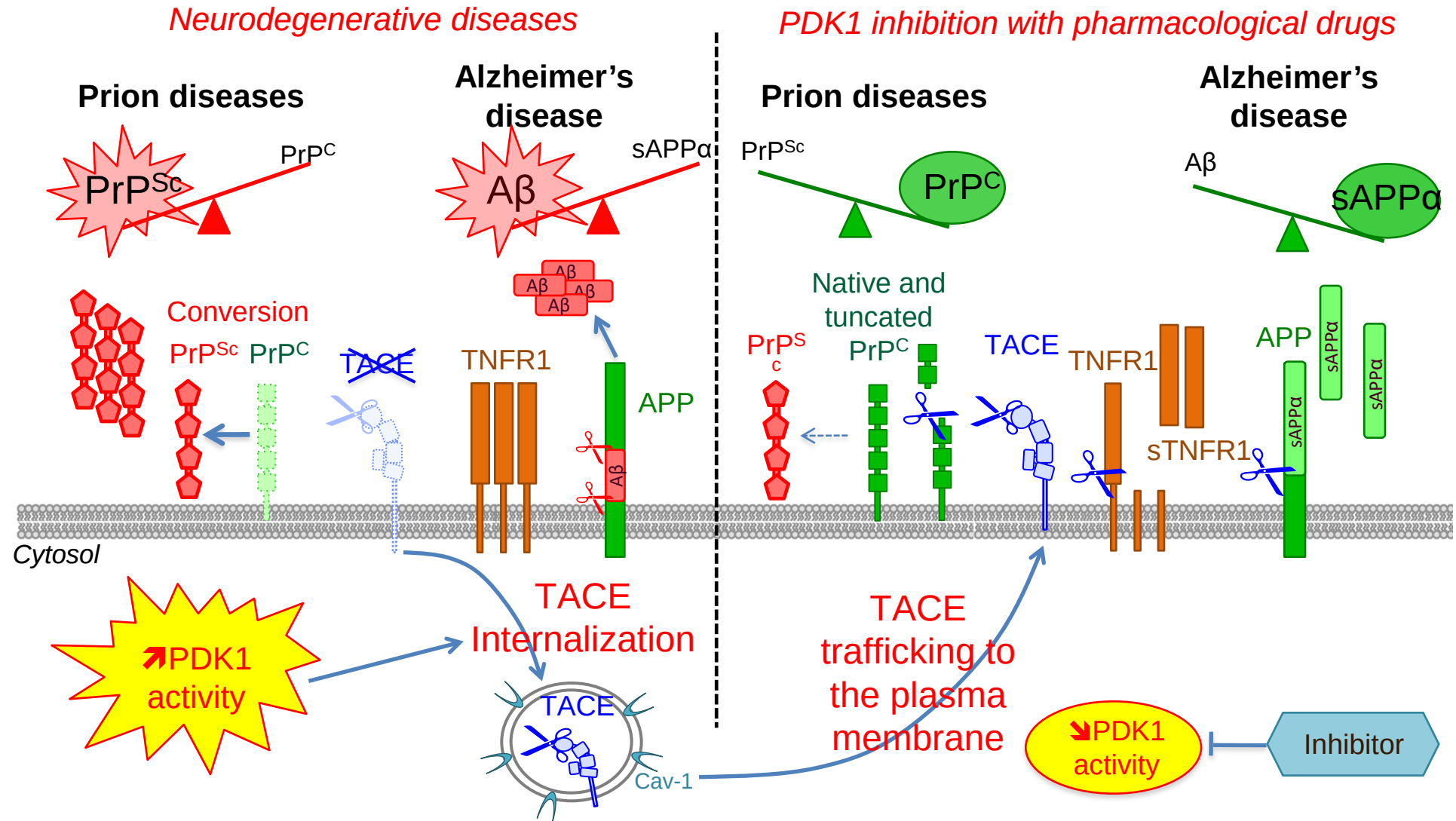
↘ sTNFR1 in CSF of AD patients



TACE internalization

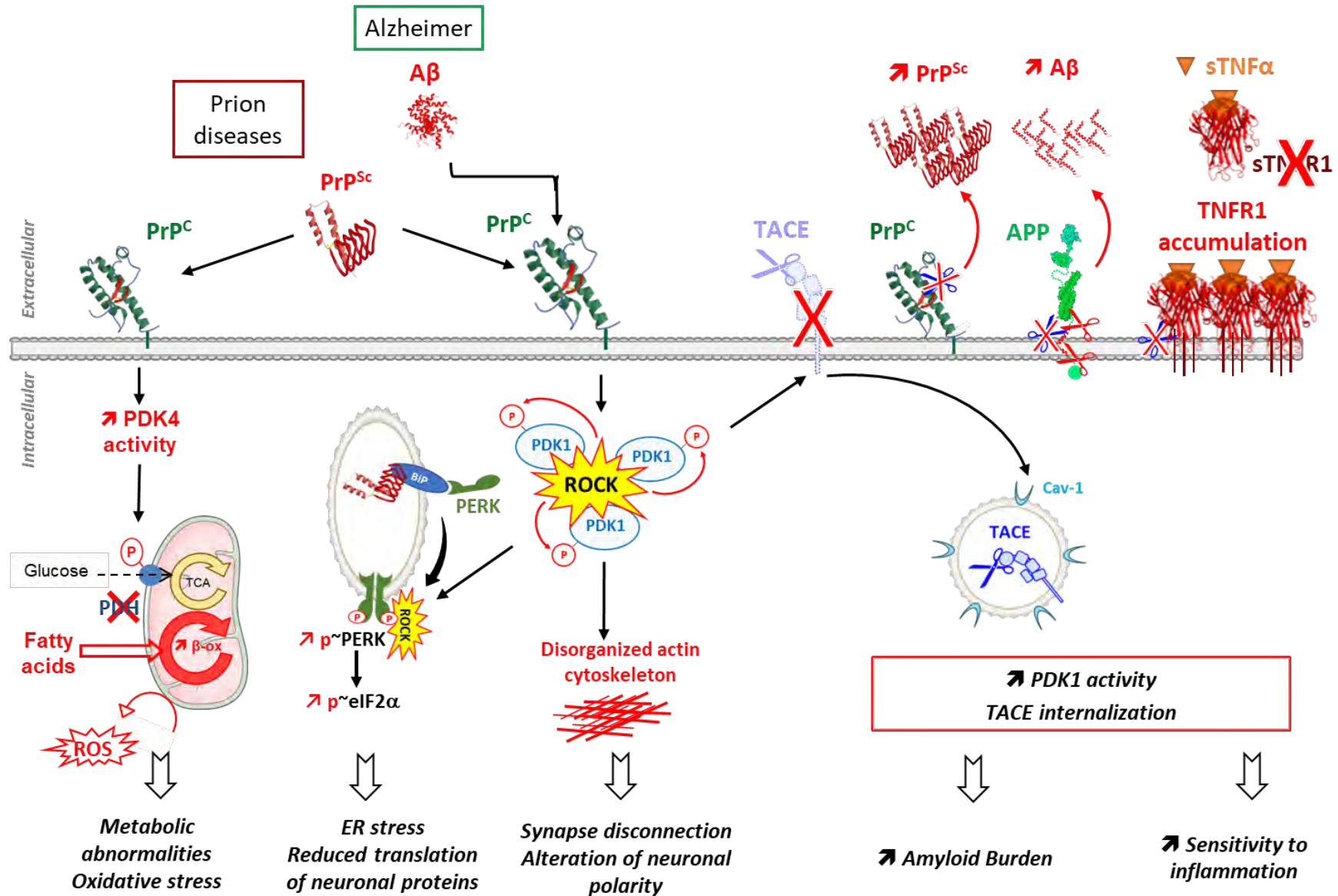
Defect of TACE shedding activity
(Readout sTNFR1)

Summary

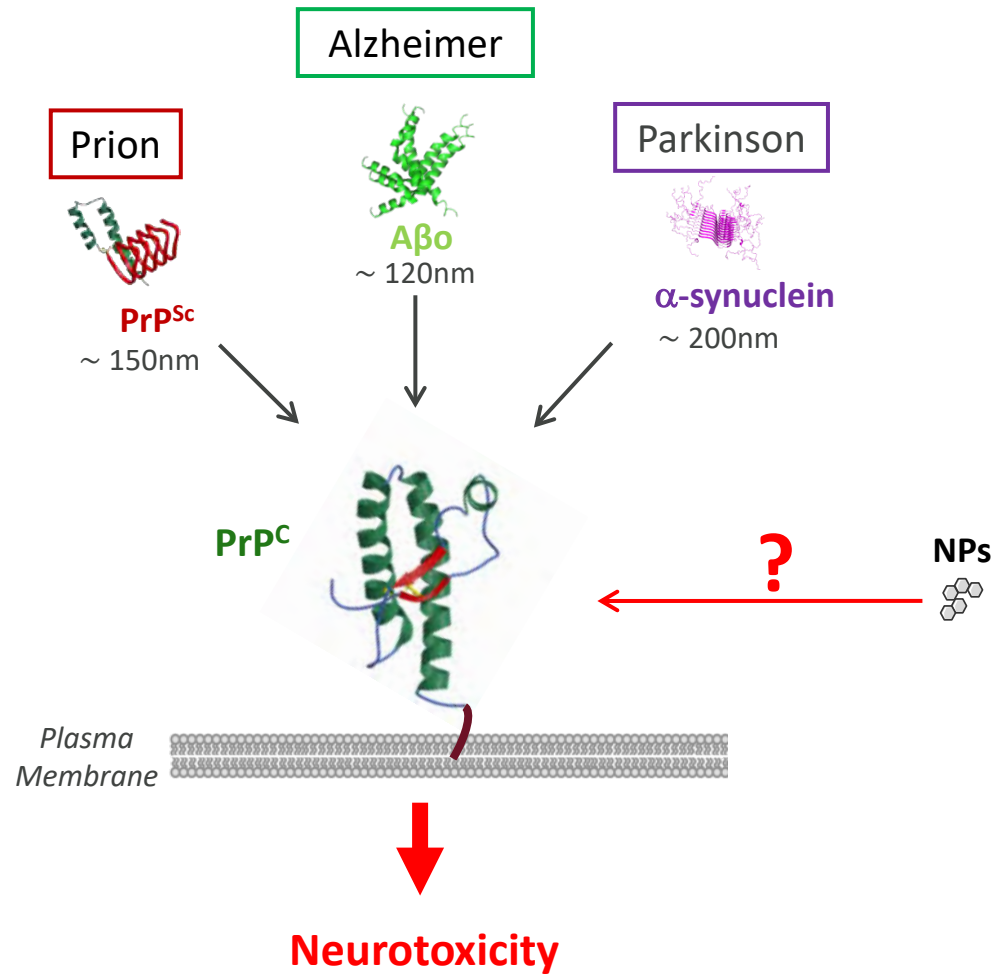


Prion and Alzheimer's diseases share common neurodegenerative mechanisms
PDK1: therapeutic target for both diseases

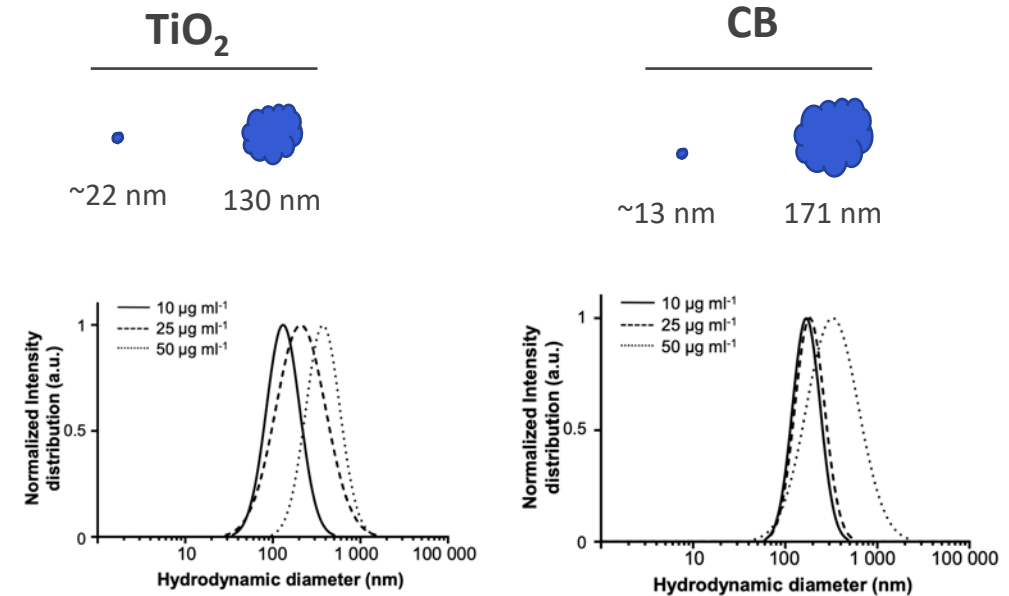
Common neurodegenerative mechanisms, common therapeutic targets



The PrP^C : a neuronal receptor that relays amyloid neurotoxicity



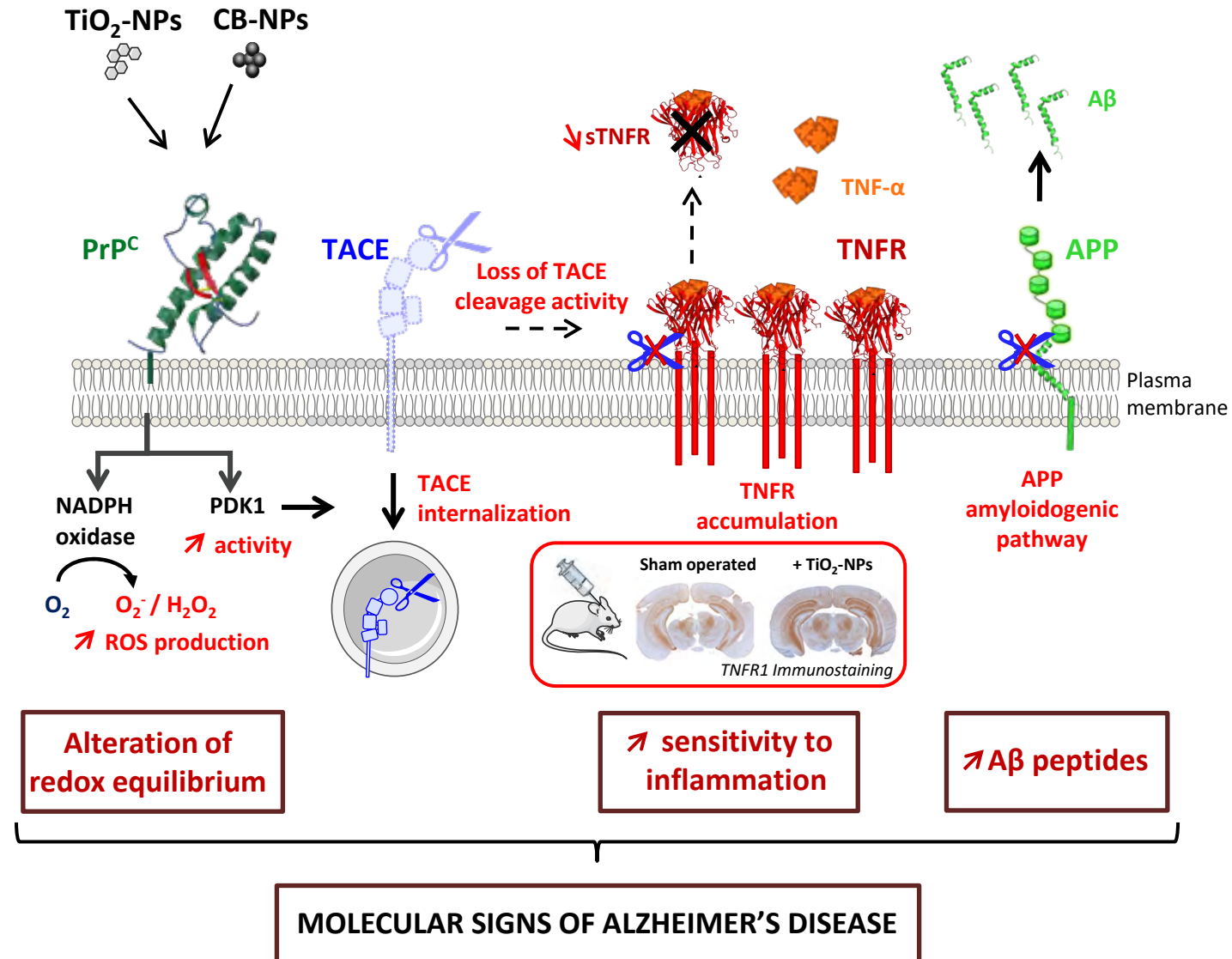
- Hydrodynamic diameter (nm) of TiO₂ and CB NPs measured by DLS in DMEM/F12 at 37 °C



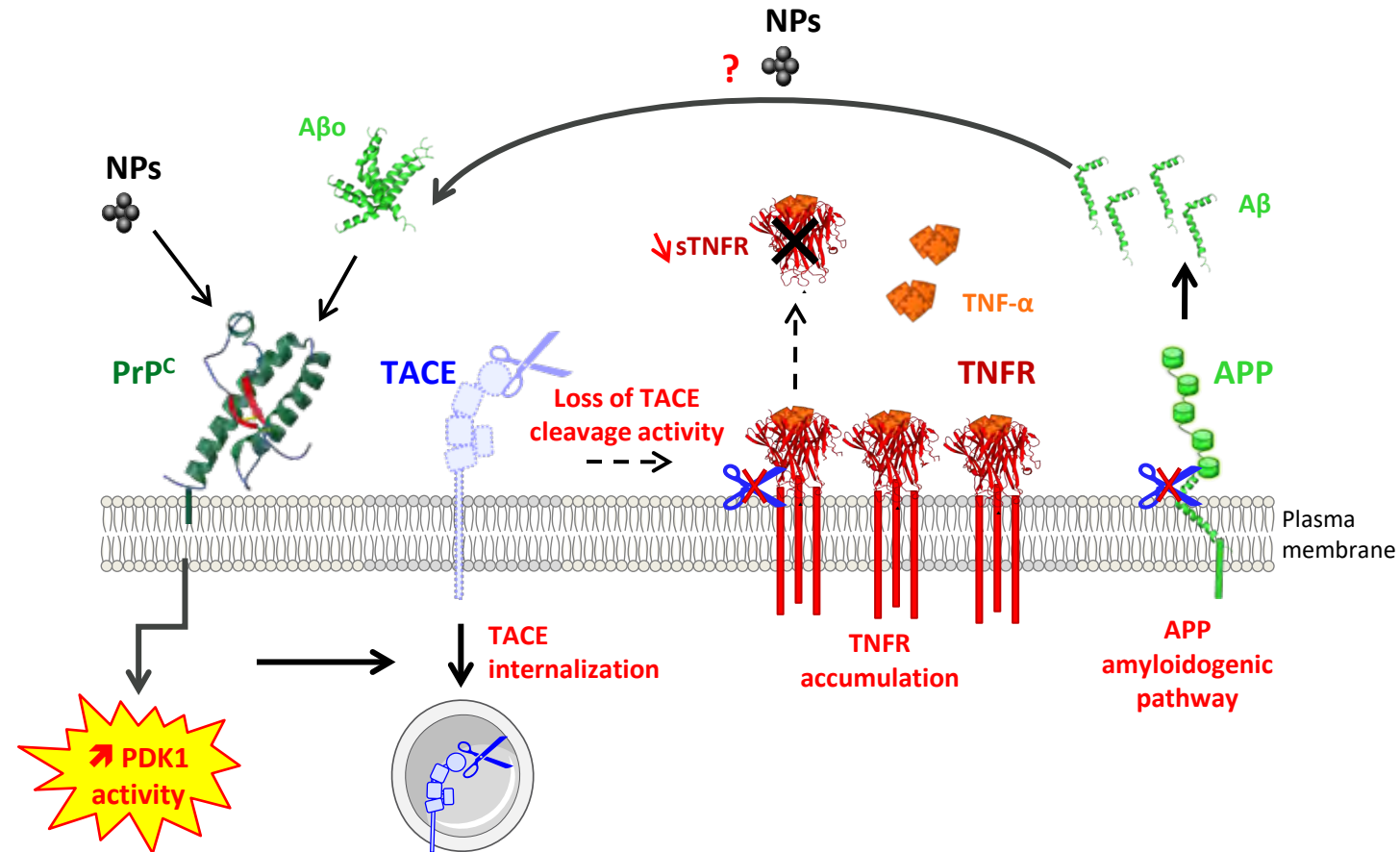
Diameter of TiO₂/CB NPs aggregates in biological fluids similar to amyloid diameters

PrP^C : a neuronal receptor that relays the neurotoxicity of nanoparticle aggregates?

Role of Environmental NPs in the onset of AD



Role of Environmental NPs in AD progression?



Perspectives:

1. NPs only initiate vicious circle supporting by PrP^C/PDK1/TACE pathocascade => **AD onset**
2. NPs influence Aβ peptide assembly in neurotoxic species accelerating vicious circle => **AD onset & progression**

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^C signaling function
- **Role of nanopollutants in the emergence of AD**

TEAM « SIGNALING AND NEURODEGENERATIVE DISEASES »

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CNRS UMRS1124



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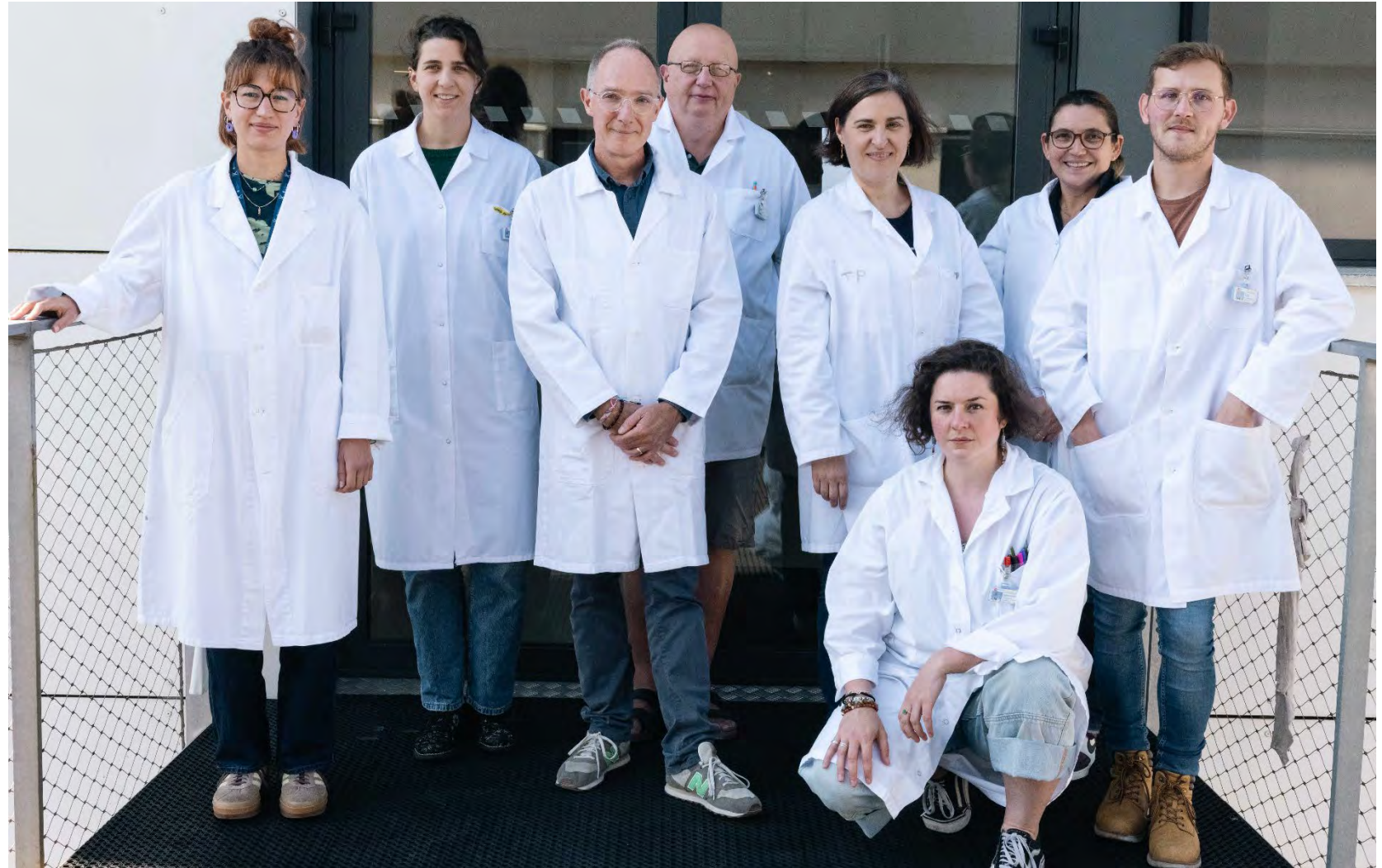
Aurélie ALLEAUME-BUTAUX (IR INSERM)

Marc DAUPLAIS (IR CNRS)

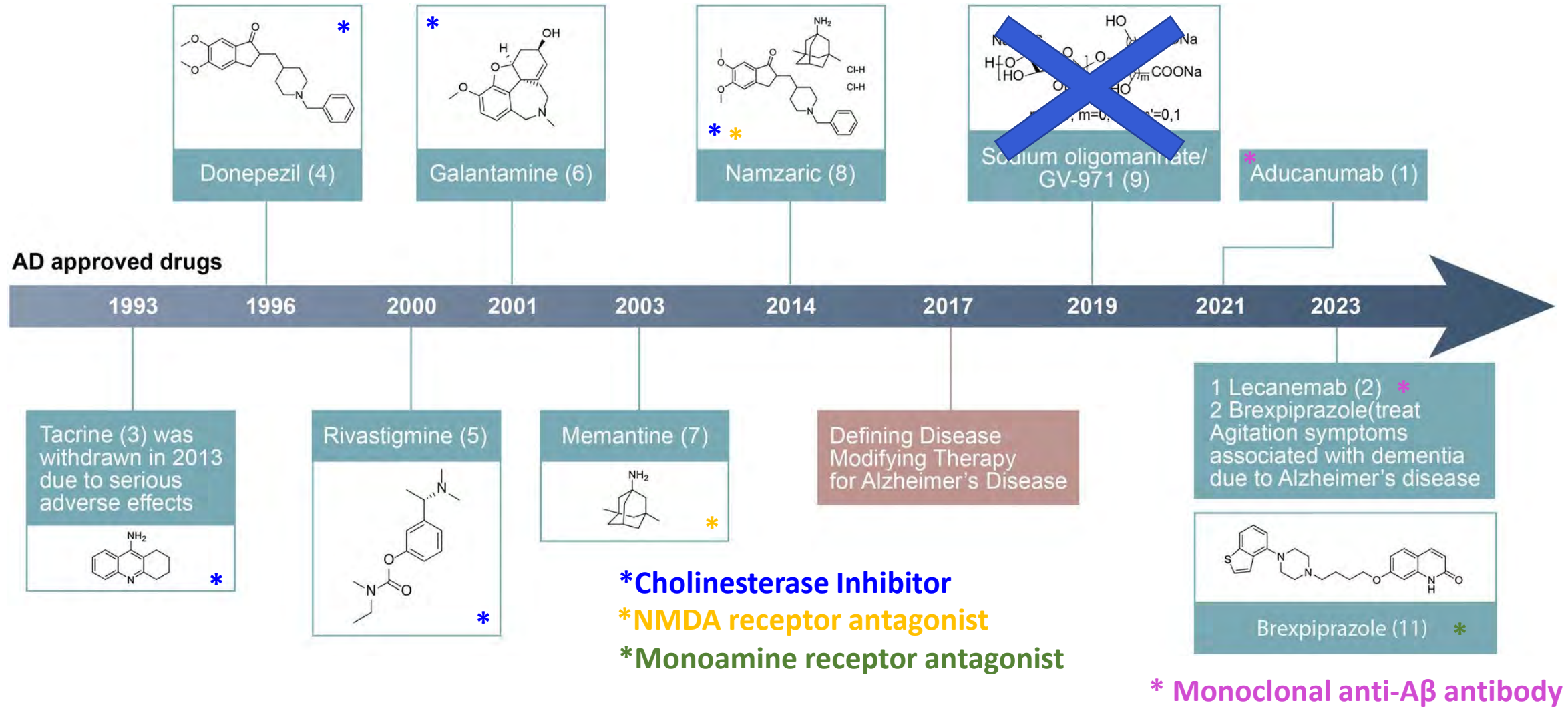
Flavien PICARD (Post-Doc)

Clara BIANCHI (PhD)

Florence ROUSSEL (PhD)



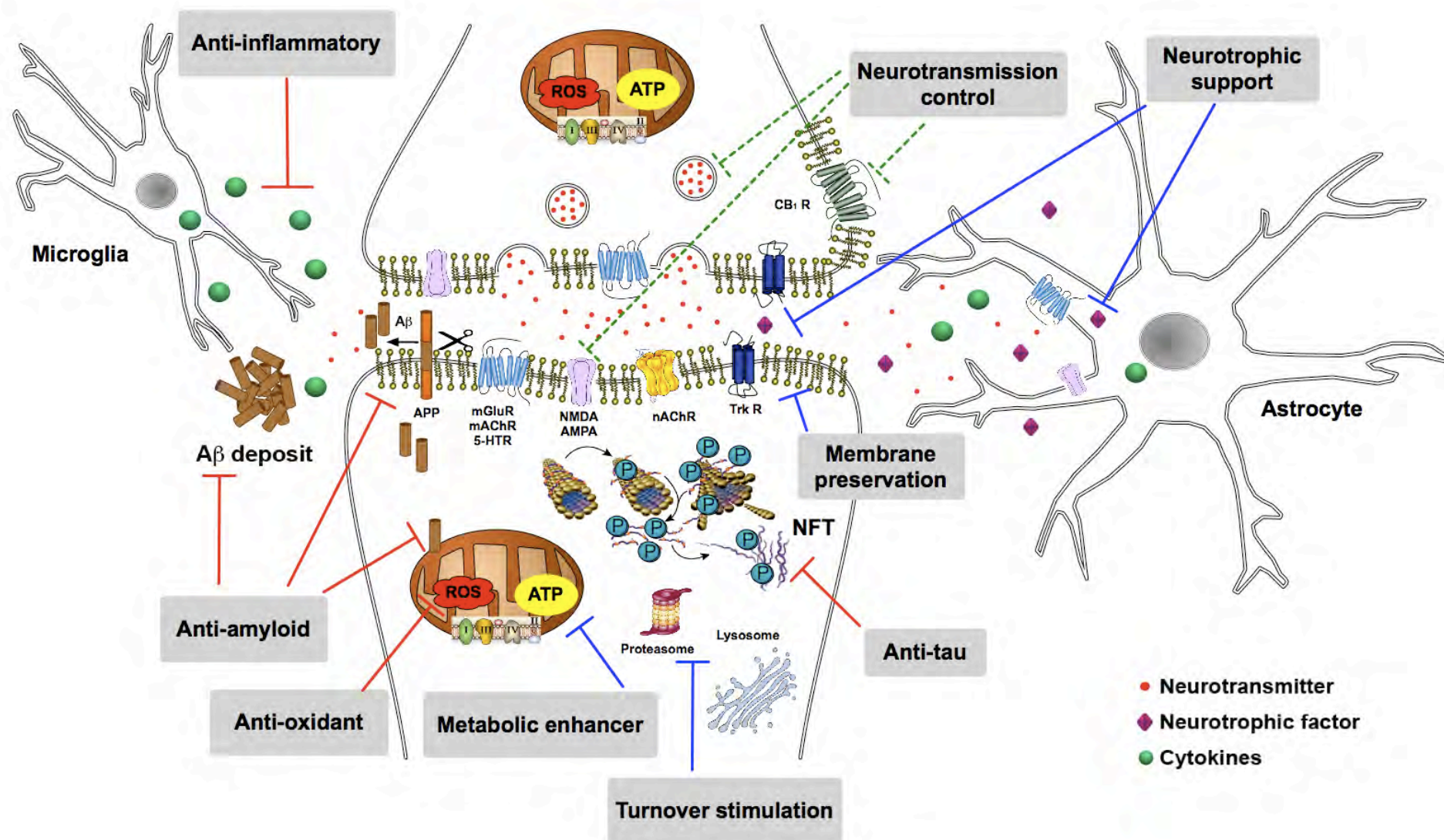
PDK1 place in current therapeutic strategy for AD



Treatments restricted to symptomatic treatment and common side effects (vomiting, muscles weakness,...)

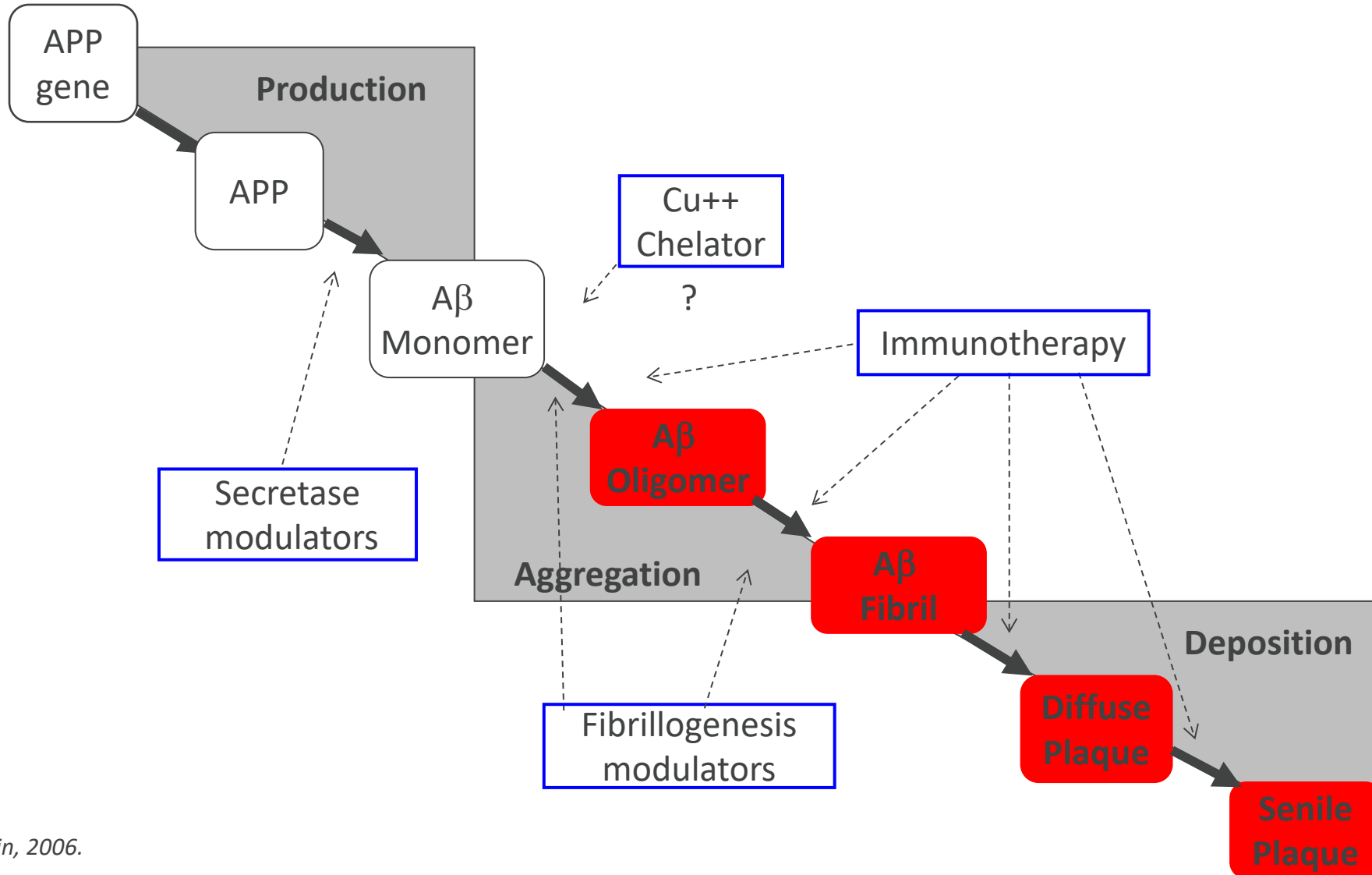
First Disease Modifying drug

PDK1 place in current therapeutic strategies for AD



PDK1 place in current therapeutic strategies for AD

β -Amyloid-related disease-modifying strategies



PDK1 place in current therapeutic strategy for AD Secretase pathway

❑ Current experimental strategy => treat as early as possible

★ Early diagnosis IMPOSSIBLE

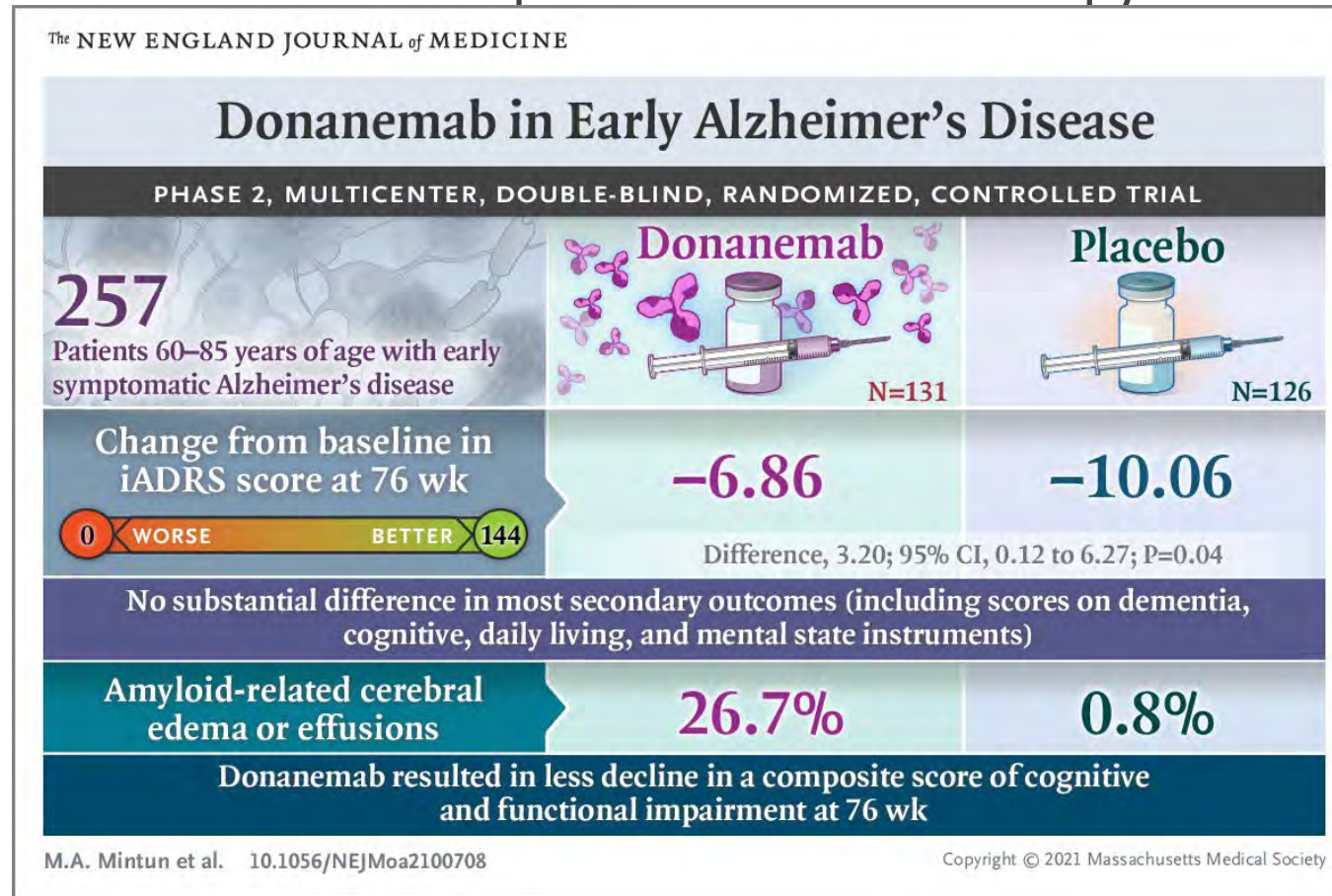
- Beta secretase (“BACE1”) inhibitors
 - Most attractive theoretically?
 - Prior agents have failed: did not cross blood-brain-barrier
 - Several agents in/approaching
- Gamma secretase inhibitors
 - Various agents have shown the desired biological effect
 - 2 in phase II-III trials now (Lilly, BMS) => stopped due to side effects (Notch pathway)
- Tarenflurbil (“Flurizan”), a putative gamma secretase modulator, failed to show benefit in phase III trial

PDK1 inhibition: could be given in late stages of AD

★ Toxicity of PDK1 inhibitors currently available!!!

PDK1 place in current therapeutic strategy for AD

New hope from Immunotherapy?

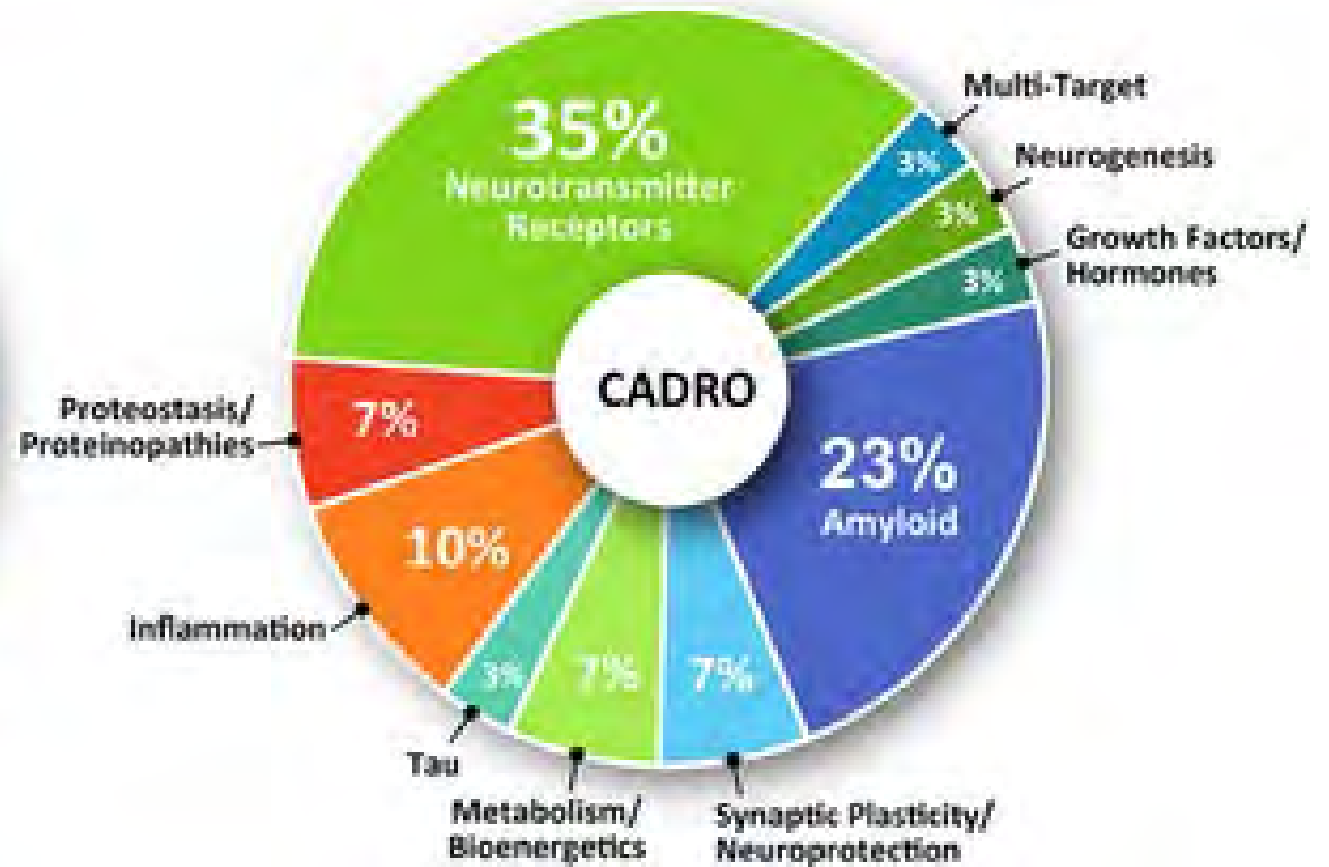


Donanemab (Lilly), Lecanemab (Biogen & Eisai), Aducanumab (Biogen & NeuroImmune) => decrease of A β deposition (up to 87%) accompanied by decreased pTau in CSF but not NFL (Neurodegeneration marker)

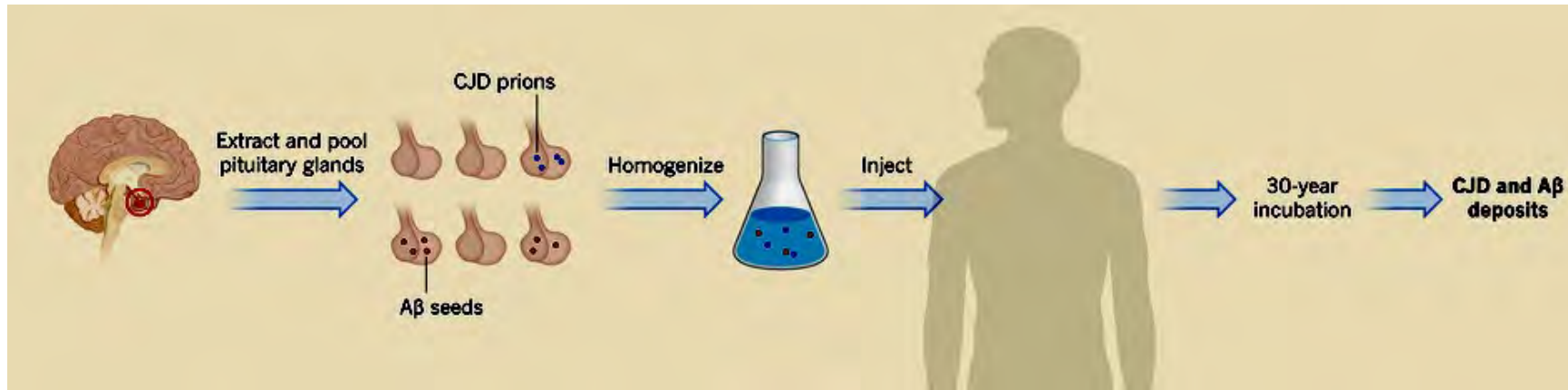
- + Amyloid-related imaging abnormalities (ARIAs) => brain microhemorrhages
- + Clinical trials phase IV until 2026 before FDA approval (Aducanumab)

PDK1 place in current therapeutic strategy for AD (2025)

Alzheimer's Drug Development pipeline (Phase III)



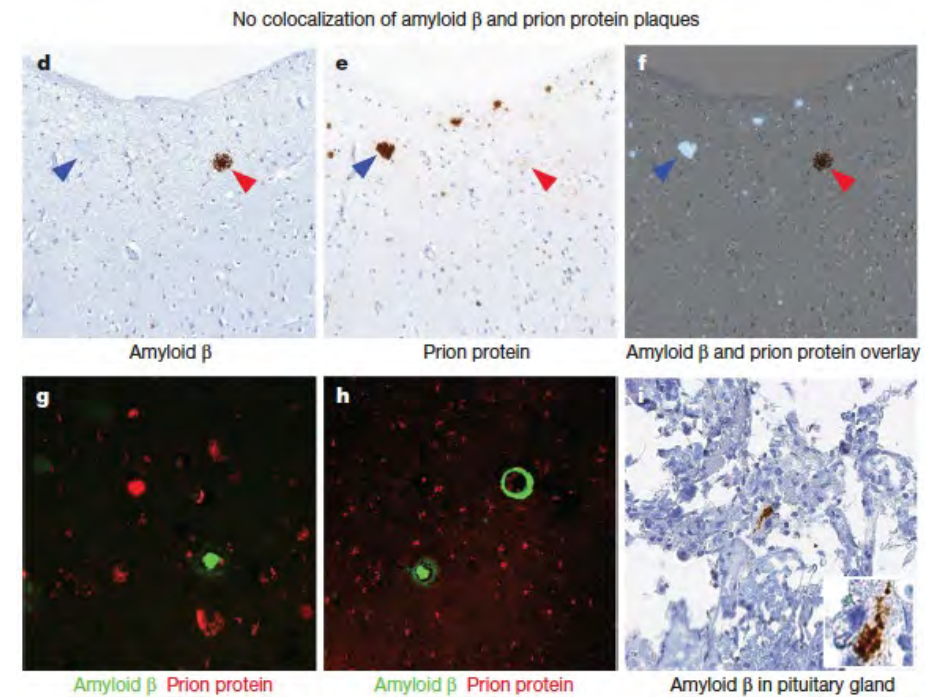
A β transmitted?



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 β deposits in the brain, suggestive of incipient Alzheimer's disease.

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



2025 Alzheimer's Drug Development Pipeline

