

Amyloid Precursor Protein Neurotrophic Properties As a Target to Cure Alzheimer's Disease

a report by

André Delacourte

Research Director, National Institute for Health and Medical Research (Inserm) Research Center 815



André Delacourte is Research Director at the National Institute for Health and Medical Research (Inserm) Research Center 815 of Lille, France. The aim of his team is to understand the natural and molecular history of sporadic Alzheimer's disease (SAD) so as to develop relevant diagnostic and therapeutic strategies. Among the discoveries of Dr Delacourte's team are: the concept of pathological tau proteins; the description of the bar-code of sporadic tauopathies – Alzheimer's disease (AD), dementia with parkinsonism (PSP, CBD), Pick's disease, myotonic dystrophy; the staging of tau and amyloid pathologies in SAD, showing that both processes are in synergy to provoke neurodegeneration; the discovery that the seeds of amyloid plaques are pathological N-truncated A β peptides that are therapeutic targets for a vaccination approach; the demonstration that amyloid precursor protein (APP) intracellular products, potential neurotrophic factors, are decreased at an early stage in AD; the finding of a new family of APP-modulating drugs that have huge anti-Alzheimer potential; and the demonstration that APP is also a therapeutic target for Lewy body dementia. Dr Delacourte received his higher education and PhD from the University of Sciences in Lille.

Alzheimer's disease (AD) is a frequent brain pathology of the elderly, with a far more complicated aetiology than what was thought in the 1990s. The complexity particularly comes from the co-existence of two degenerating processes, tau aggregation and amyloid beta (A β) deposition, that affect polymodal association brain areas, a feature never observed in non-human primates and difficult to model.¹ Genetic studies have shown that A β precursor protein (PP) plays a central role in familial autosomal dominant AD.² Familial AD (FAD) and sporadic AD (SAD) have the same neuropathological phenotype, with A β accumulation in the gray matter of the neocortex.³ Thus, there is a huge body of evidence that A β is the neurotoxic that causes both FAD and SAD.⁴ The question is whether it is that simple. The National Institute for Health and Medical Research (Inserm) Research Center 815 have noted that the basic mechanisms are different in FAD and SAD, as there is a clear overproduction of A β species in FAD as well as a modification of the ratio of A β of 42 to 40.⁵ This is not observed in SAD and it is assumed that the aetiology could be linked to a fibrillogenesis or clearance dysfunction of APP metabolites.

Furthermore, in most studies, the role of tau has been understated for a long time. To apprehend this role, the Inserm team has developed a spatio-temporal analysis of tauopathy in many brain areas of hundreds of non-demented and demented patients. This prospective multidisciplinary study showed that tauopathy always progresses in the brain along a precise and invariable pathway, from the entorhinal then hippocampal formation to polymodal association areas and ending in primary regions and many subcortical areas. The cognitive impairment follows the progression of the affected brain regions.⁶ In strict parallelism, neocortical A β deposits increase in quantity and heterogeneity, suggesting a direct link between both neurodegenerative processes.¹ Deciphering this link is the key to finding a relevant therapeutic strategy.

SAD – A Tauopathy Fuelled by APP Dysfunction

The parallelism and synergy between tau and A β aggregation led the Inserm team to search for an APP

molecular event linking the two degenerating processes. APP is a ubiquitous protein found in all cell types of all species, suggesting a basic and important role that remains to be identified. A neurotrophic activity for APP and secreted APP (sAPP) is often mentioned.⁷ Therefore, a loss of function of APP rather than a gain of toxic function of A β could also be a reasonable hypothesis to explain the stimulation of tau pathology and neurodegeneration.

Complementary to this study of A β species, the Inserm team found no obvious modification of APP holoprotein in correlation with the pathology. However, carboxy-terminal fragments of APP (APP-CTFs) were found to be significantly diminished during the course of AD and well correlated with the progression of tau pathology.⁸ Beta, alpha and gamma stubs were also significantly decreased in the brain tissue of individuals having an inherited form of AD linked to mutations of presenilin 1, showing a general defect common to FAD and SAD. An important role of the gamma stubs (also named APP intracellular domain (AICD)) as gene regulators could explain their involvement in the disease, as these fragments are dramatically reduced in AD.⁹⁻¹¹ These observations led to other therapeutic strategies focused on the concept of a loss of function of APP-stimulating tau pathology, in good agreement with other teams.¹²⁻¹⁴ Thus, restoring the neuroprotection properties of APP could be a therapeutic strategy to slow down or cure AD.

The 'Four-hit' Hypothesis

In the literature, the key events of APP metabolism are generally summarised as follows:

- The neurotoxic A β is produced following an N-terminal cleavage by beta-site APP-cleaving enzyme (BACE)1, an aspartic protease that releases a beta stub (see *Figure 1*).¹⁵ This beta stub is then cleaved by a γ -secretase activity to release A β and a cytosolic fragment named AICD.¹⁶ This is the amyloidogenic, or 'the evil', pathway.
- In parallel, an APP cleavage takes place inside the A β region through an α -secretase activity (possibly

a disintegrin and metalloproteinase domain 10 (ADAM 10) or ADAM 17) releasing an alpha stub. The latter is cleaved by the γ -secretase activity to release p3 and AICD.¹⁷⁻¹⁹ This is the non-amyloidogenic, or 'the good', pathway, as there is no production of the neurotoxic A β but a release of metabolites with neurotrophic properties – sAPP α and AICD.

Stimulating the non-amyloidogenic pathway at the expense of the amyloidogenic one seems the most promising avenue to prevent or treat AD.²⁰

BACE1 As a Therapeutic Target

BACE1 is, in principle, an excellent therapeutic target for strategies to reduce the production of A β in AD. However, it is known that BACE1 also has important physiological roles and that knocking down this enzyme is lethal.²¹ The beta stubs are normal metabolites of the brain and their total suppression could be detrimental. They are also already decreased in AD.²² These data challenge the general idea of BACE1 as a safe drug target.²¹ Interestingly, however, a moderate decrease in BACE1 activity provokes a shift towards the non-amyloidogenic pathway. This has been observed for BACE inhibitors such as 4-(2-aminoethyl)benzene-sulfonyl fluoride (AEBSF).²³ The possible inhibition of γ -secretase to block A β secretion has also been explored, but this secretase activity is involved in ubiquitous and important physiological pathways rendering this approach dangerous.²⁴⁻²⁶

α -Secretase As a Therapeutic Target

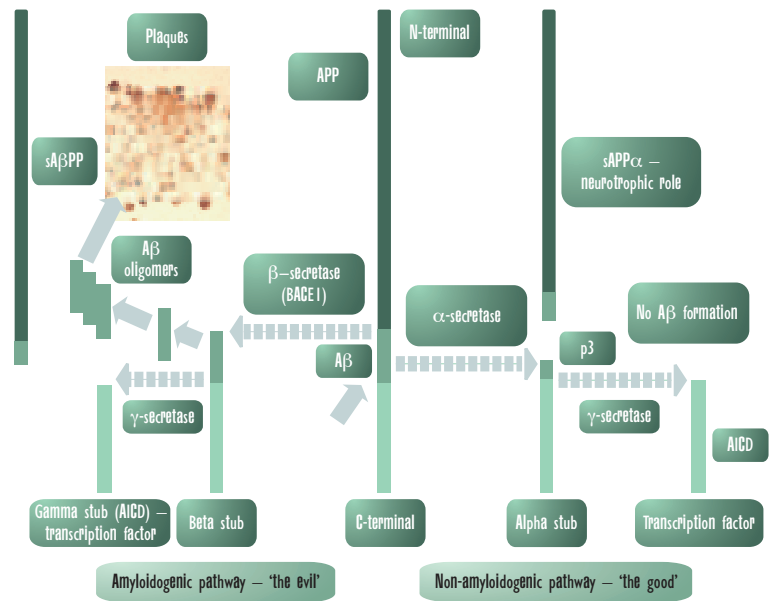
Another possibility is to stimulate the α -secretase pathway, which is generally activated through stimulation of muscarinic receptors or protein kinase C (PKC) activation.²⁷⁻³⁰ Drugs such as epigallocatechin gallate (EGCG) have successfully elevated α -secretase activity and reduced the number of plaques on a transgenic model of amyloidosis in AD.^{31,32}

A β As a Therapeutic Target

A β could be the neurotoxic that causes AD. However, if true, the neurotoxic mechanisms involved are not yet known; it is uncertain whether it is through plaques, protofibrils or oligomers, and it could be when this peptide is either inside or outside the cell. It is unclear whether the N-truncated forms are more toxic than full-length A β ; they may be toxic at the first stage of the disease or in later stages.

Whatever the answers, there is consensus that anti-Alzheimer drugs should decrease, maybe moderately, the secretion of A β peptide, something which both BACE1 inhibition and α -secretase activation do.

Figure 1: Key Events of APP Metabolism



A β = amyloid beta, AICD = APP intracellular domain, APP = amyloid precursor protein, BACE1 = beta-site APP-cleaving enzyme 1, sAPP = secreted APP.

Tau As a Therapeutic Target

Tau is a therapeutic target for more than 15 degenerative disorders.³³ However, the Inserm team has noted that the sequential pattern of tauopathy in AD, along cortico-cortical connections, is likely to be explained by a loss of neurotrophic factor. Theoretically, as nerve cell populations survive through a chemical cross-talk of neurotrophic factors, if one brain area is degenerating, a progressive collapse of the neuronal network is expected. Stimulating the production of sAPP α and AICD while inhibiting the possible neurotoxic factor should, hypothetically, slow down the progression of tauopathy in AD.

Conclusions

From its study on tau and A β in the human brain, the Inserm team proposes that a good anti-Alzheimer drug should increase the α -secretase activity and thus:

- decrease the production of beta stubs and A β , a potential neurotoxic;
- increase, in the same mechanism, the secretion of sAPP α , a potential neurotrophic factor;
- increase the production of the potential transcription factor AICD; and subsequently
- the beneficial effects should slow down the progression of tauopathy.

Theoretically, this drug should be able to reduce or stop the deleterious effect of A β PP loss of function, and, thus, be able to stop the burden that fuels tau pathology and provoke dementia in AD. As already mentioned, drugs that have this property have already been developed.^{32,34} ■

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