

Development of an original phospholipase A₂-targeted peptide able to reduce amyloid pathology in a mouse model of Alzheimer's disease

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INTRODUCTION

Alzheimer disease (AD)

- Most common dementia worldwide with 2 main features : extracellular senile plaques of amyloid β ($A\beta$) & intracellular neurofibrillary tangles of tau protein
- Since 1993, no new drug was approved by FDA (> 95% failed during clinical trials [1])
- Actual therapies are only symptomatic & do not slow the progression of the disease

AD management

- Only symptomatic treatments allowing a better quality of life for patients
- Various phospholipase isoforms involved in memory impairment and neurodegeneration in AD
- PLA₂ signaling pathway involved in AD [2] → PLA₂ inhibition has shown neuron protection against apoptosis induced by $A\beta$ [3]

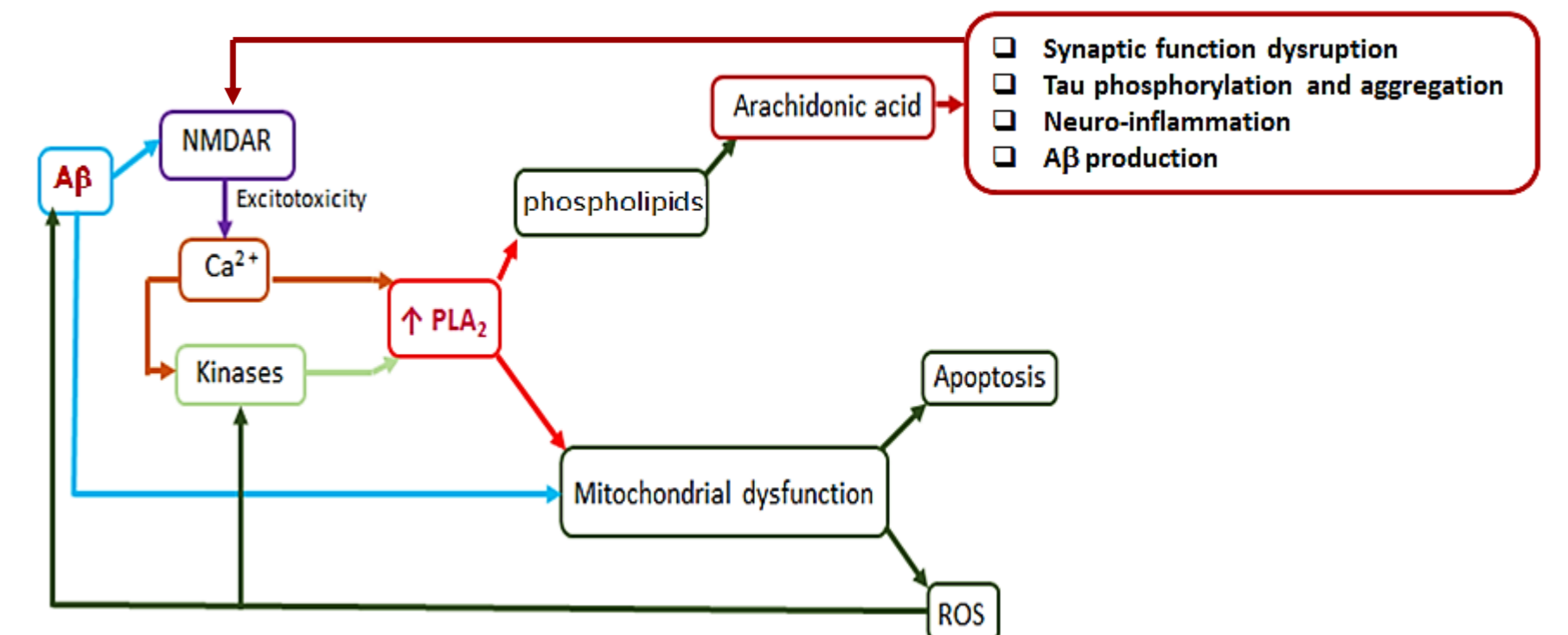


Figure 1. Our hypothesis concerning the progress of the AD process: accumulation of $A\beta$ at the cerebral level results in excessive stimulation of NMDAR, triggering the exacerbated influx of Ca^{2+} which activates kinases responsible of PLA₂ activation. Arachidonic acid (AA) produced promotes synaptic function disruption, tau phosphorylation and aggregation, increased $A\beta$ production and ROS generation, as well as neuro-inflammation and apoptotic death of neurons.

Development of a therapeutic strategy by targeting a key actor in the phospholipase (PLA₂) signalling involved in AD using a peptide identified by phage display (PLP₂₅) and rendered able to cross the BBB by coupling to a vector peptide (LRP₂) targeting the LDLR.

RESULTS

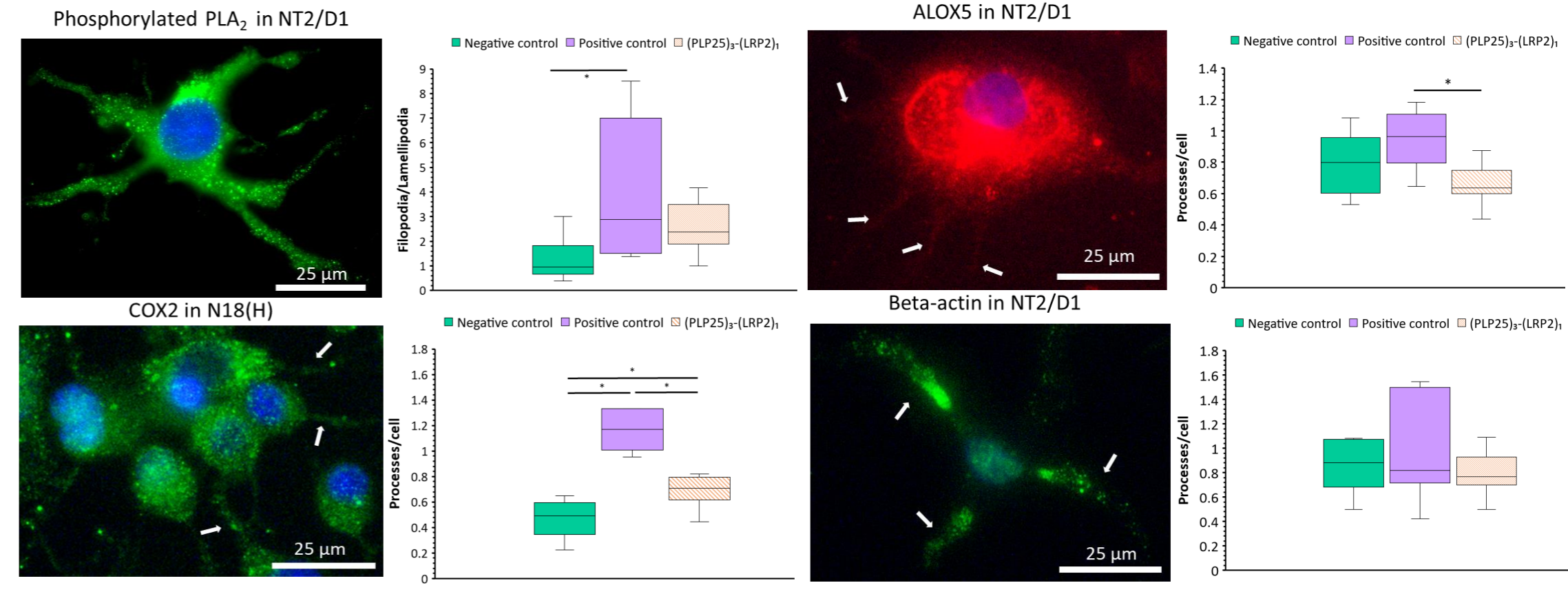
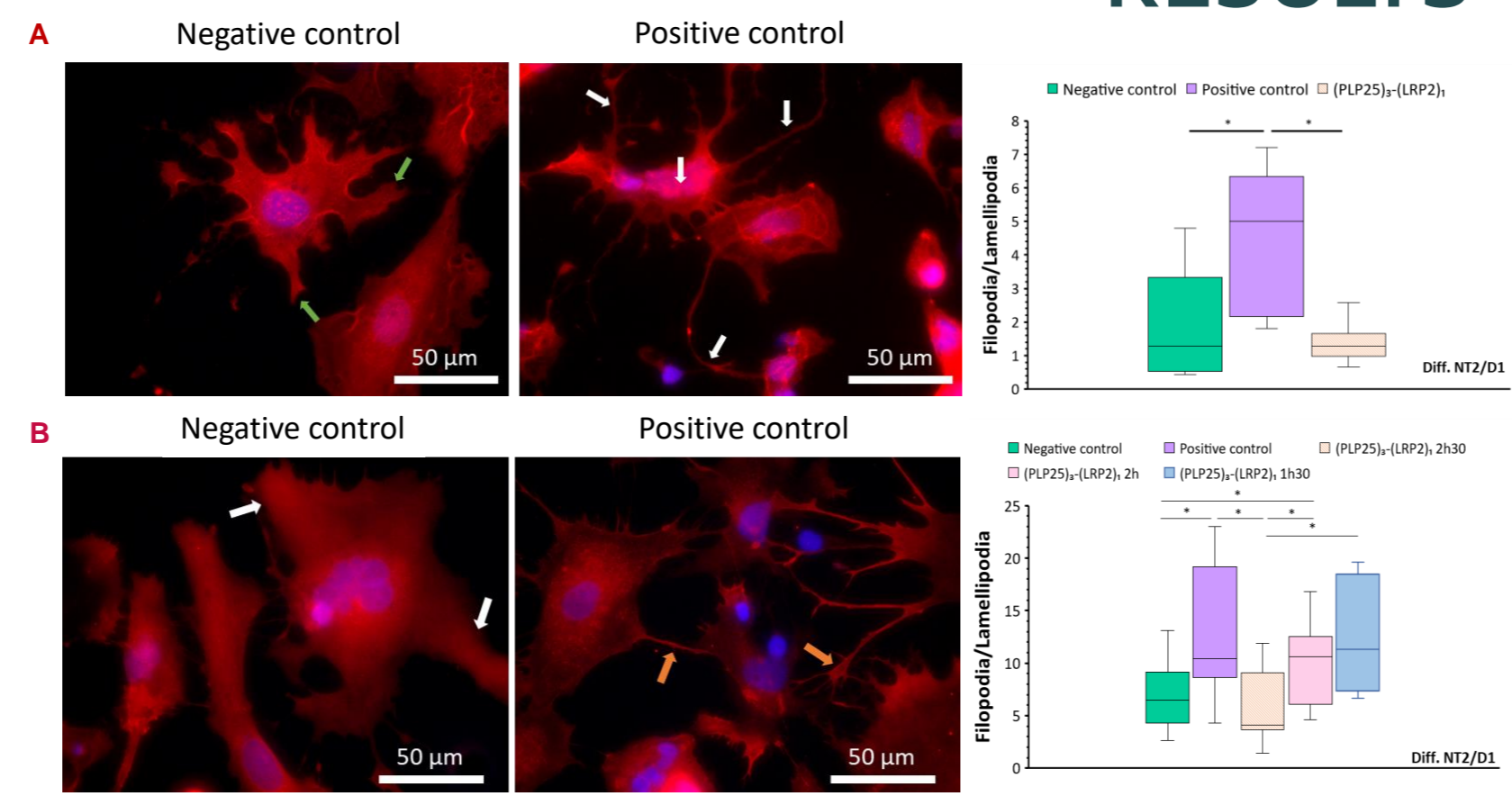
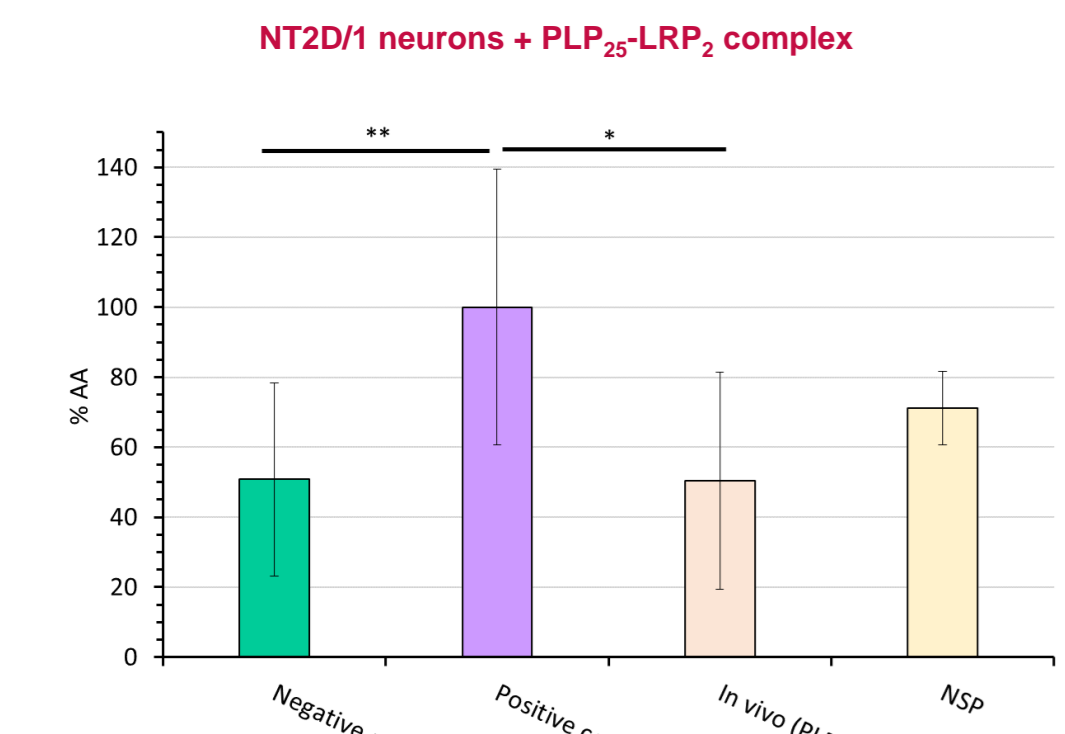


Figure 2. The glutamate shows a stimulatory effect on PLA₂ (positive control) compared to the negative control (non-induced and non-inhibited cells), attested by a significant increase in the released AA. PLP₂₅-LRP₂ complex significantly decreases the released AA levels, whereas the non-specific peptide (NSP) shows no effect (*: p<0,05; **: p<0,01).

Figure 3. Detection by IF of (A) glutamate-induced PLA₂ and (B) $A\beta$ -induced PLA₂ on neuron differentiated NT2/D1 cells, highlighted by Dylight 594 (red). Nuclei appear blue using DAPI. PLA₂ migrates to neurites in both stimulations. In both cases, PLP₂₅ prevents the migration of PLA₂. * p < 0.05

Figure 4. Study of the inhibitory effect of PLP₂₅ on cellular biomarkers linked to PLA₂. PLA₂ stimulation by glutamate results in its phosphorylation and migration to membranes and neurites, the activation of COX2 and/or ALOX5 depending on the cell type, the translocation of these enzymes into cell processes and the restructuring of the beta-actin cytoskeleton. PLP₂₅ prevents all these phenomena by its interaction with PLA₂. * p < 0.05

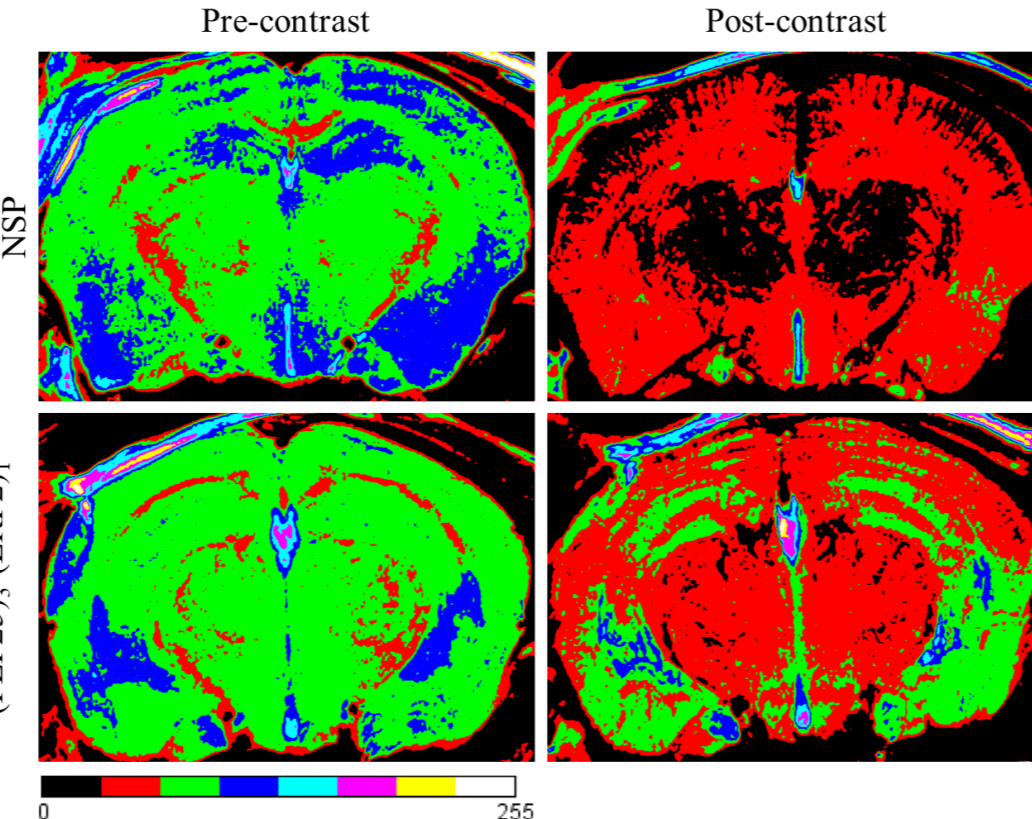
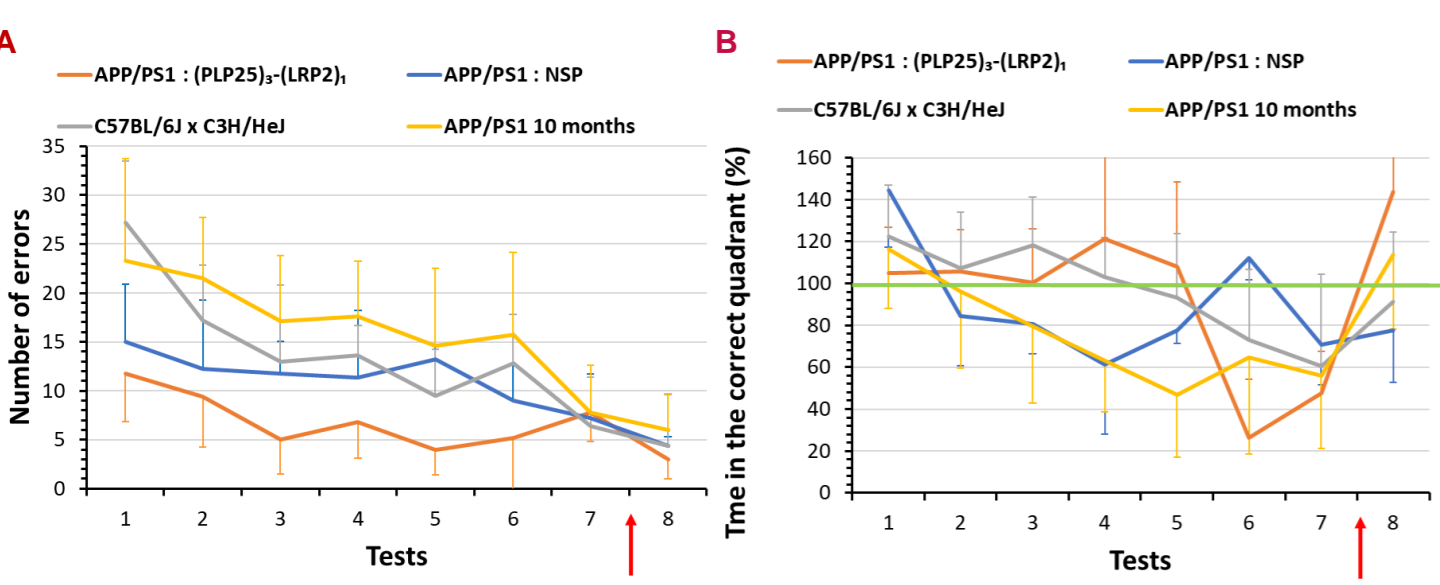


Figure 6. Representative images of mouse brains acquired by MRI on APP/PS1 mice injected with USPIO-PHO targeted to amyloid beta peptide. MRI experiments were performed after the period of treatment. The negative contrast observed for mice injected with NSP reveals a higher amount of $A\beta$ in the brain.

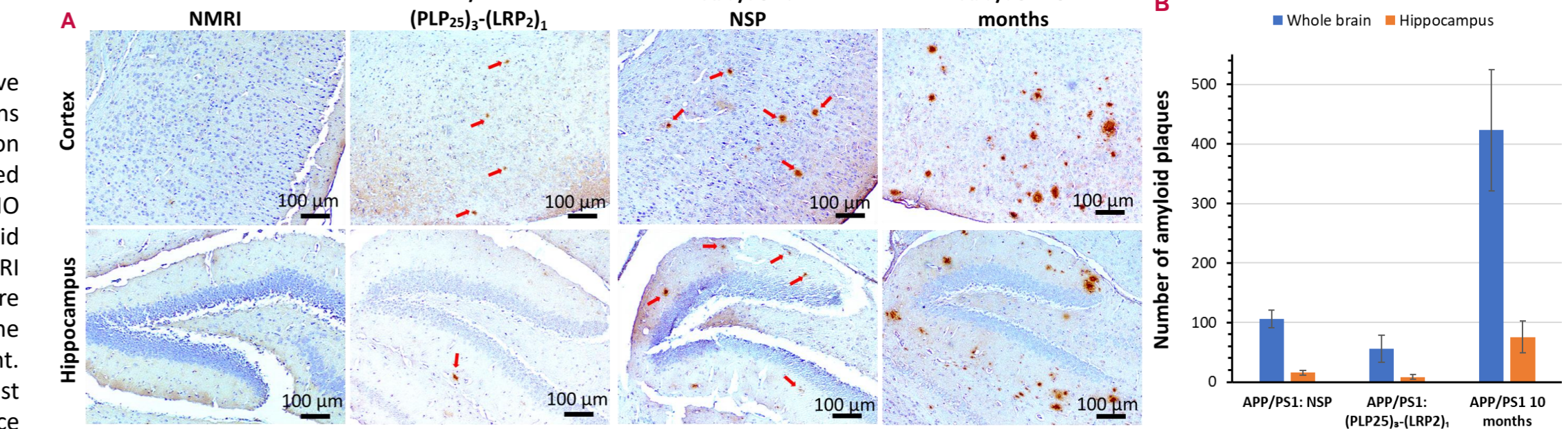


Figure 7. (A) Detection of amyloid plaques (AP) by IHC on brain slices of healthy NMRI and APP/PS1 mice, highlighted by brown spots. After 1.5 months of treatment, the injection of PLP₂₅-LRP₂ to APP/PS1 mice reduced the number and size of AP in contrast to NSP injection, whereas older and non-treated mice show AP progression. (B) AP were counted manually in the whole brain and the hippocampus of mice treated with PLP₂₅-LRP₂ or NSP, and in older APP/PS1.

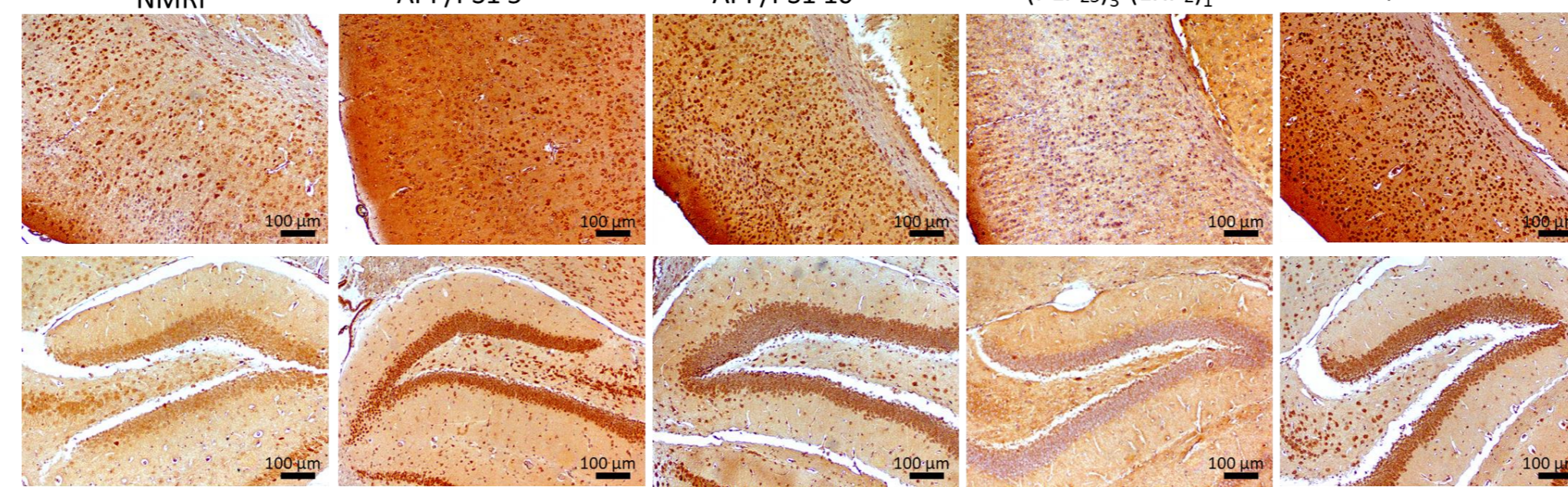
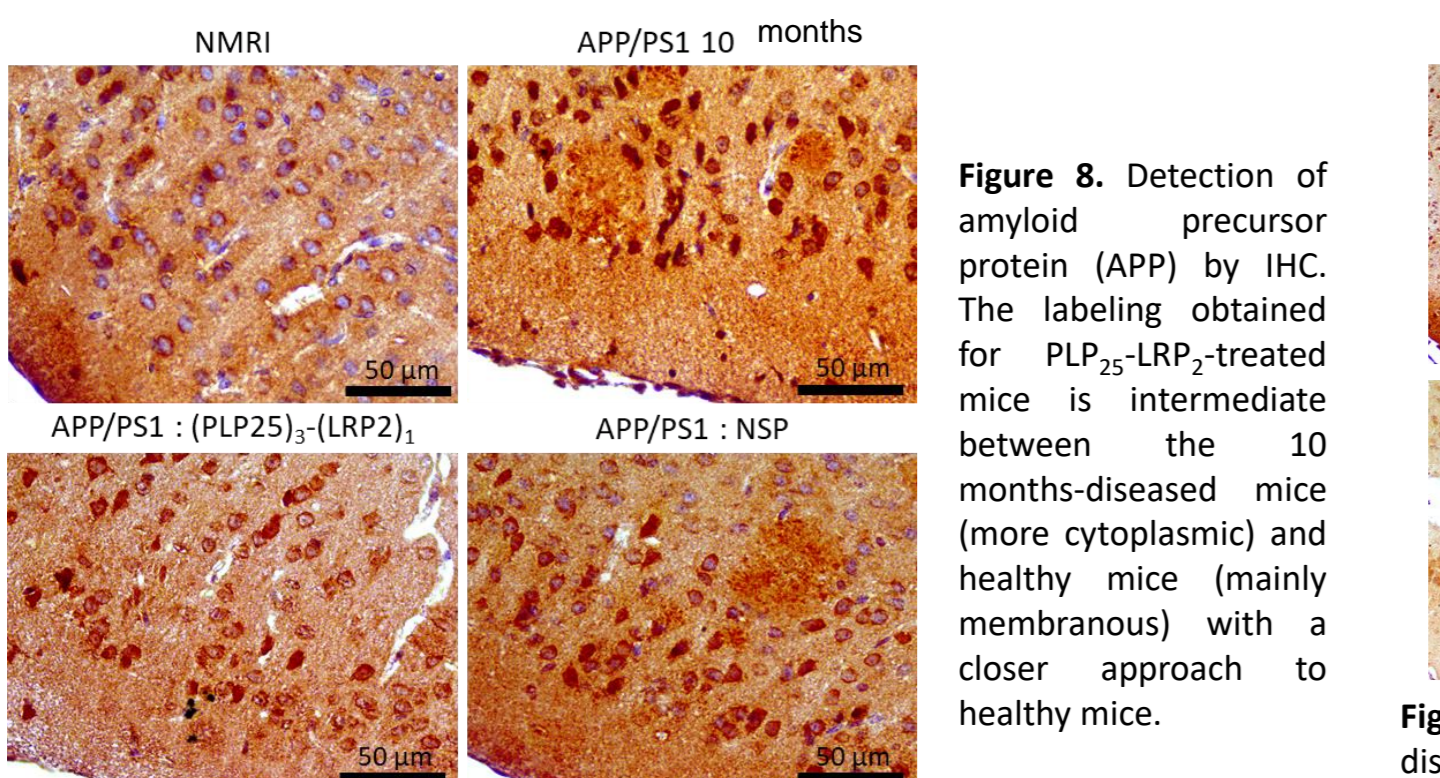
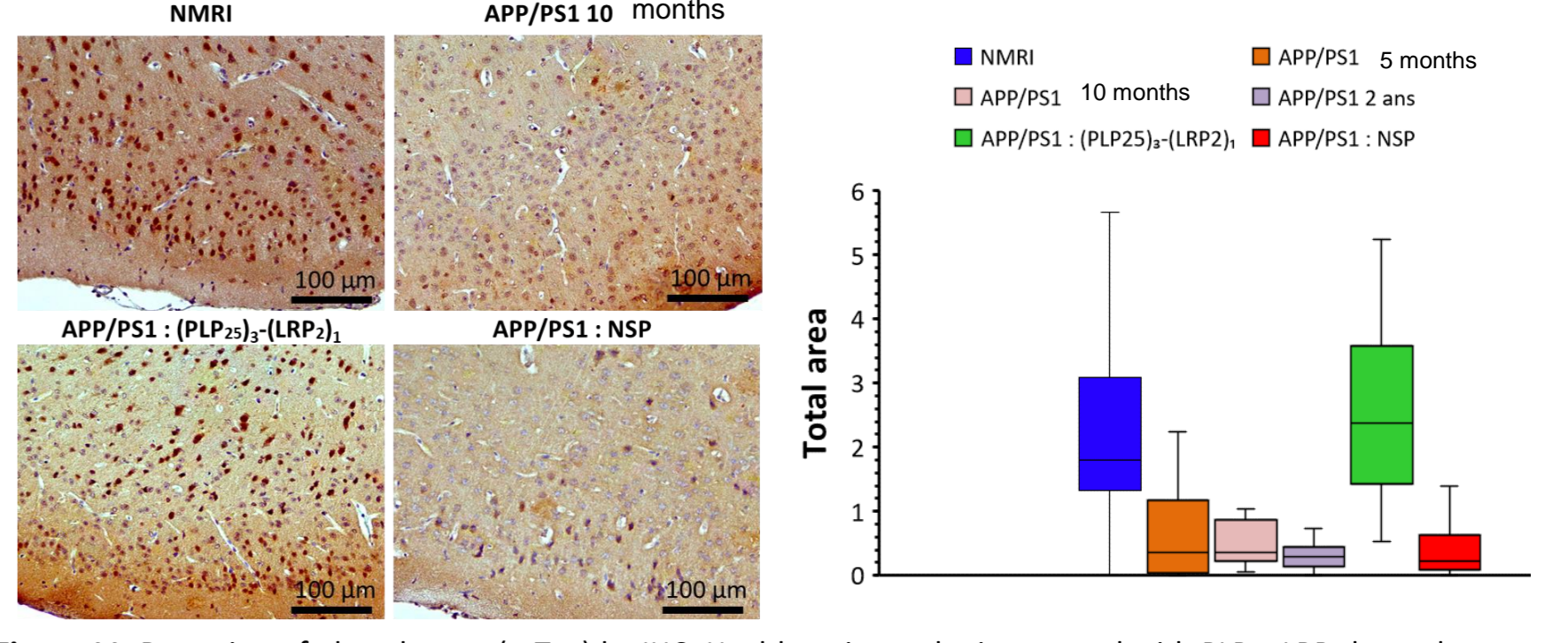
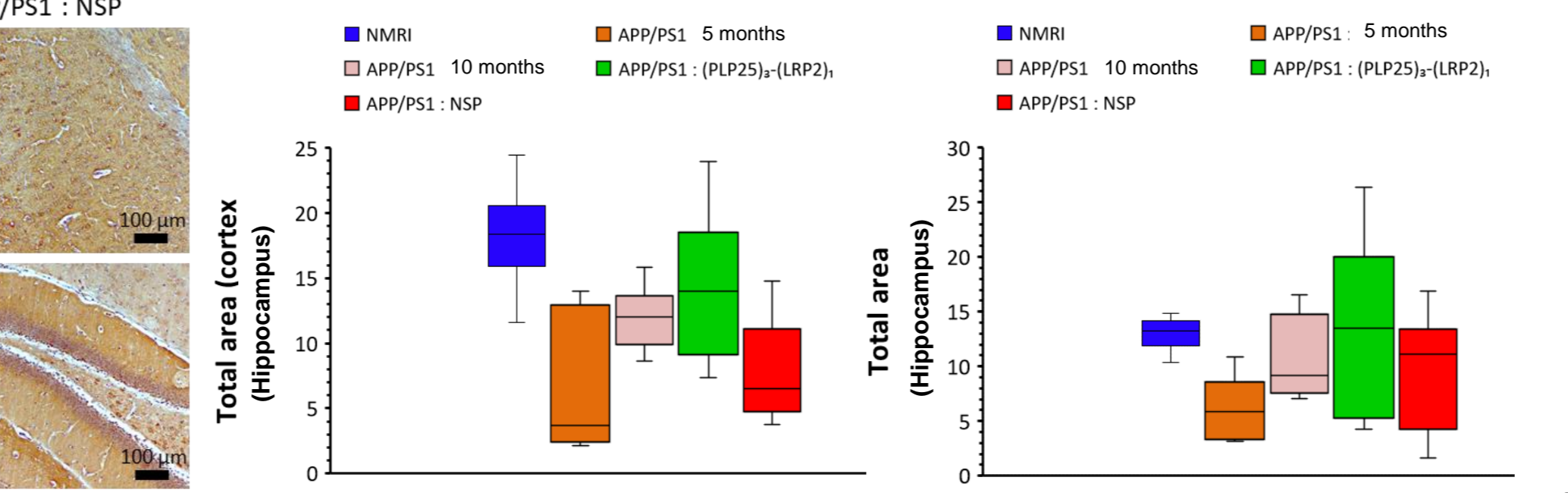
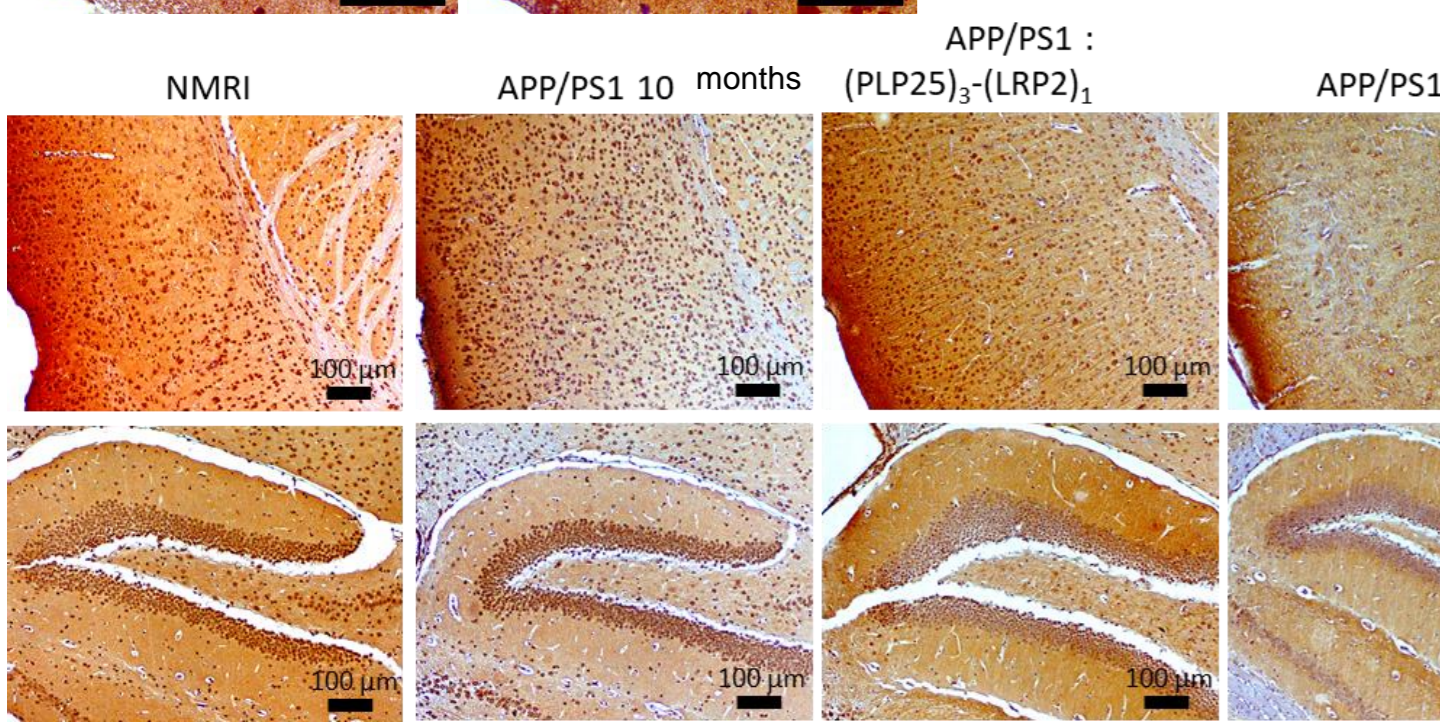


Figure 9. Detection of PLA₂ by IHC. Pathological conditions induce the overexpression of PLA₂ in both the cortex and the hippocampus. Mice treated with PLP₂₅-LRP₂ have a clearly weak overall labeling, unlike mice treated with the NSP, in the range of diseased mice.



CONCLUSION

Evaluation of the inhibitory potential of the PLA₂-targeted peptide combined with LDLR-targeted peptide

IN VITRO

- PLP₂₅-LRP₂ incubation with cells shows to:
 - ❖ Prevent the production of AA by Glu-stimulated cells;
 - ❖ Prevent the Glu- and $A\beta$ -induced PLA₂ translocation to cell membranes
 - ❖ Prevent COX2 and ALOX5 translocation after Glu stimulation

IN VIVO

- PLP₂₅-LRP₂ injection to APP/PS1 mice allows to:
 - ❖ Improve their cognitive abilities (Barnes maze results)
 - ❖ Reduce the amount of amyloid plaques unlike NSP injection

EX VIVO

IHC on mice brain slices showed that PLP₂₅-LRP₂ injection allows to restore in the range of healthy mice the expression, cellular localization and activity of selected biomarkers of interest for AD.

METHODS

- **Inhibitory potential of PL-P25:** Pre-incubation of differentiated NT2/D1 cells during 30 minutes with peptides (20 μ M) before induction with glutamate (50 μ M) → AA dosage (AA ELISA kit, Cusabio, USA).
- **Immunofluorescence:** subcellular localization of PLA₂ and p-PLA₂, of AA-dependent enzymes such as COX2, ALOX5, and beta-actin.
- **In vivo molecular imaging:** APP/PS1 mice (Jackson Laboratory, Maine, USA) were injected with 200 μ mol Fe/kg b.w of USPIO-PHO [4]. Then, images were acquired at the level of the head with T₂-weighted RARE imaging protocol (TR/TE = 3000/60 ms, RARE factor = 4, NEX = 6, matrix = 512x512, FOV = 2.5cm, slice thickness 1mm, 20 axial slices, spatial resolution = 48 μ m, TA = 38m24sec).
- **Barnes maze:** study of the spatial memory of non treated healthy mice and APP/PS1 mice during the period of treatment with PLP₂₅-LRP₂ or NSP (1.5 month). All performances were recorded and analyzed manually.
- **Immunohistochemistry:** detection of AP, APP, PLA₂, NMDAR and p-tau