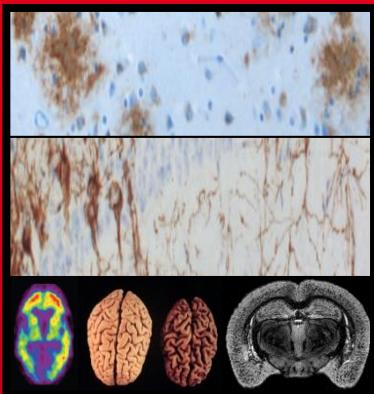


Alzheimer's disease



Marc Dhenain

Multimodal Imaging of
Neurodegenerative Diseases
and Therapies



MIRCen, CEA-CNRS UMR 9199
Fontenay-aux-Roses

ALZHEIMER'S DISEASE

Clinical symptoms



Progressive and irreversible decline of cognitive functions

- Memory loss/amnesia
- Language deterioration
- Spatio-temporal disorientation
- Loss of recognition (including faces)
- Loss of autonomy

Age of onset: average 65-70 years, duration: 10 years

Prevalence increase with age: 1% at 65 years, 20-35 % at 85 years

~ 50 Millions individuals affected in the world (~1 million in France)

→ Huge social cost, huge economic cost

ALZHEIMER'S DISEASE

CURRENT STATE OF AD DRUG DEVELOPMENT

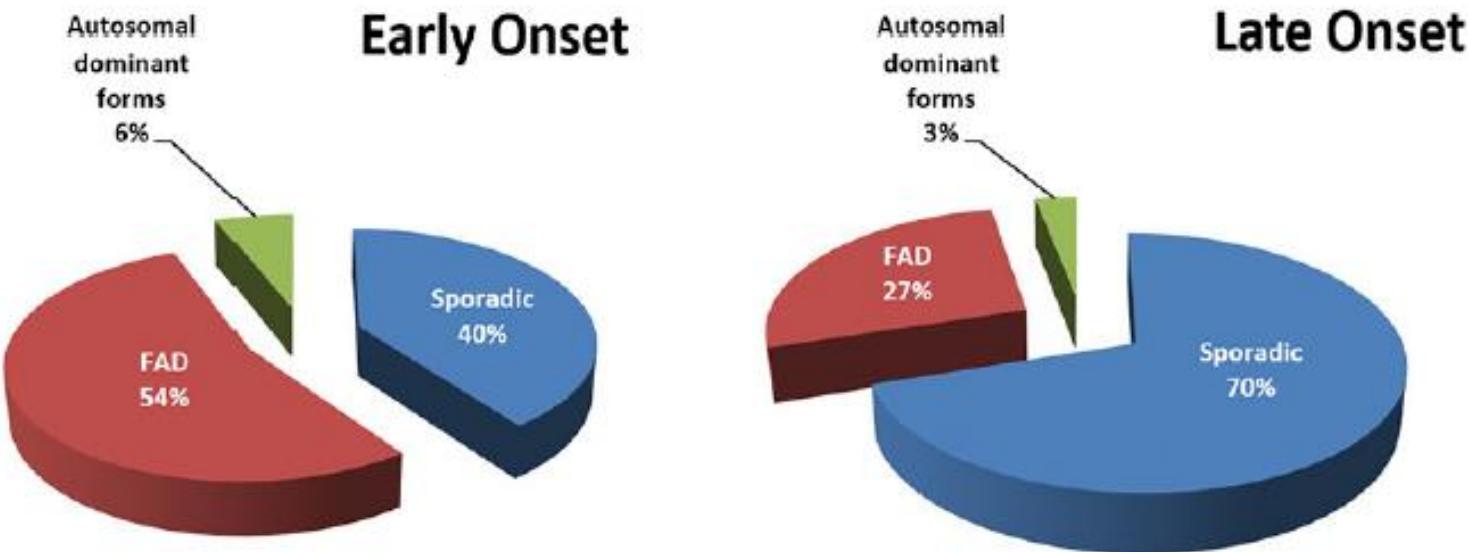
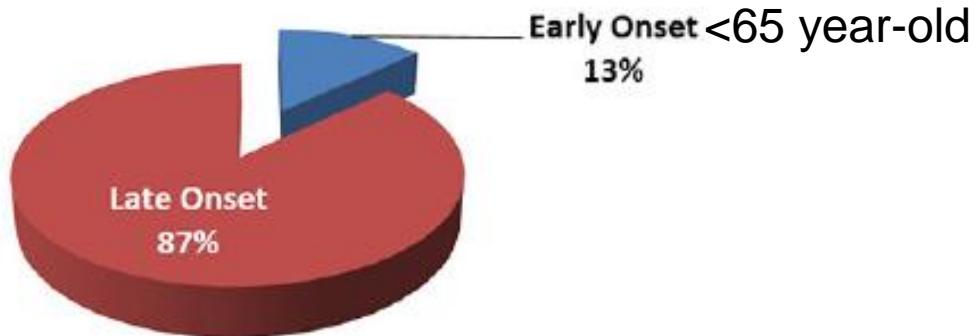
- Only five approved drugs (four cholinesterase inhibitors, one NMDA antagonist)
- 413 trials
 - 124 in Phase 1
 - 206 in Phase 2
 - 83 in Phase 3
- **Attrition rate of 99.6%!**

Data from clinicaltrials.gov looking at period 2002-2012
Analysed by Cummings et al. 2014

ALZHEIMER'S DISEASE

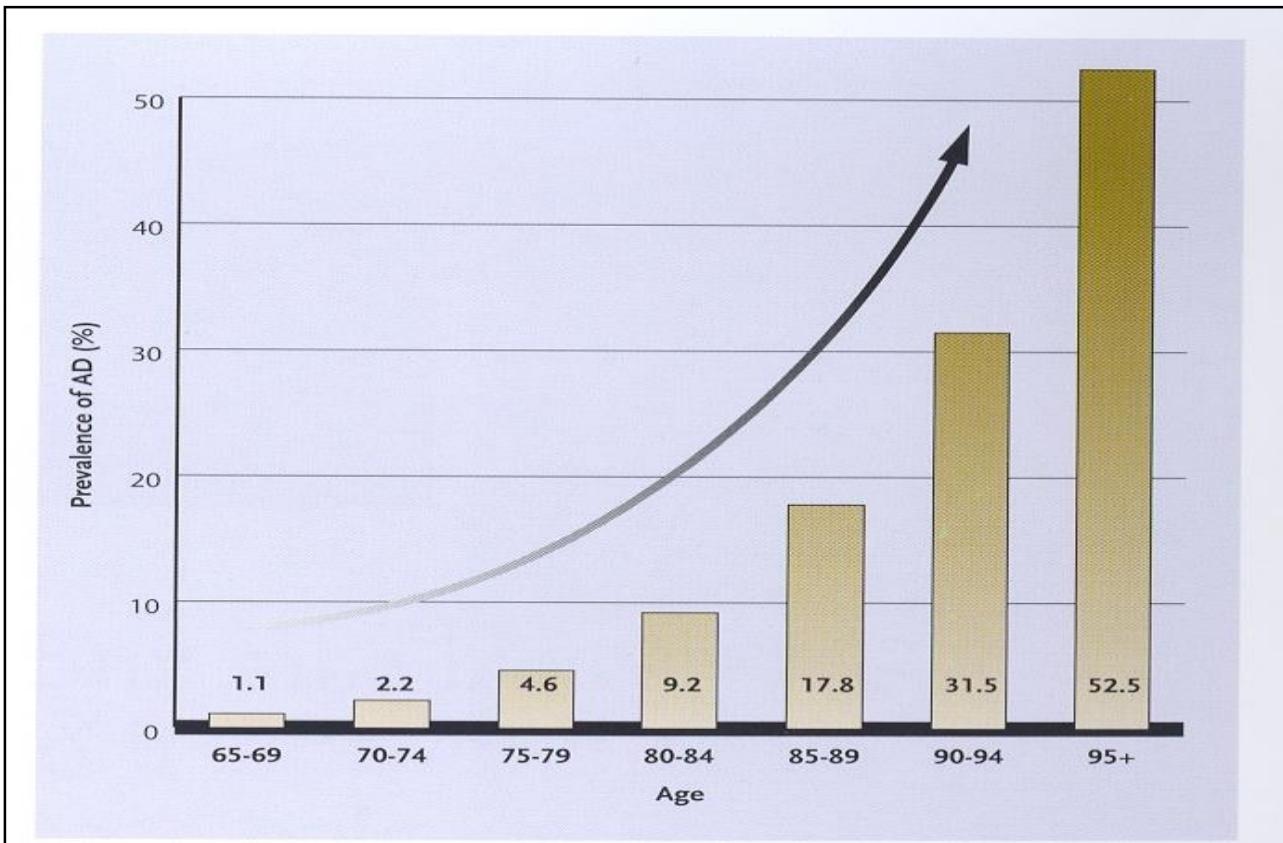
Autosomal dominant / familial / sporadic forms

Percentages of Alzheimer disease



ALZHEIMER'S DISEASE

Aging is the first risk factor



Increased prevalence of Alzheimer's disease with age among US population.

Adapted from: U.S. General Accounting Office/Health and Human Services (98-16).

Alzheimer's Disease. Estimates of Prevalence in the United States.

RISK FACTORS (ALZHEIMER)



Age

Education level

Familial History

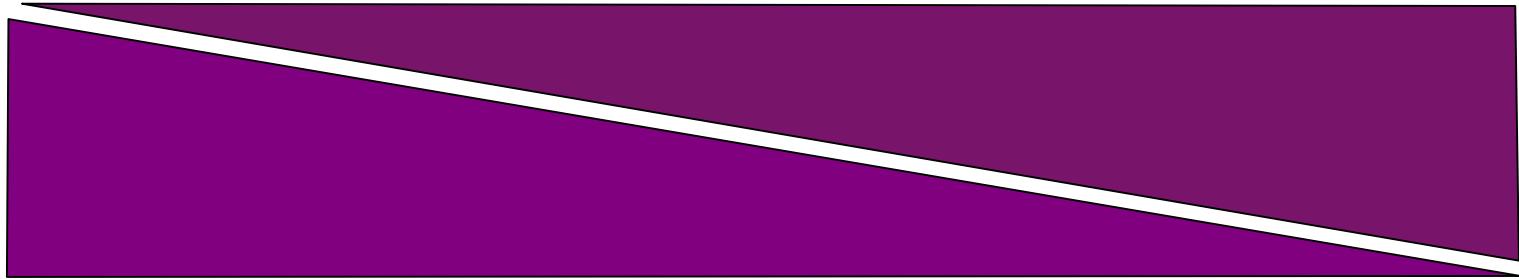
Positive genotype Apolipoprotein E 4/4

Arterial hypertension

Hyperinsulinemia

FACTEURS DE RISQUES: CONCEPTS

Environnement



Maladies
environnementales

Maladies
multifactorielles

Maladies
génétiques

Ex.
Cancer du fumeur
Amiante...

Ex.
Chorée de
huntington

FACTEURS DE RISQUES ET DE SUSCEPTIBILITÉ

Maladies
environnementales

Maladies
multifactorielles
Facteurs susceptibilité

Maladies
génétiques

Environnement

- Inactivité physique
- Dépression
- Tabac
- Hypertension
- Obésité
- Faible niveau d'éducation
- Diabète

Clusterin (ApoJ)
Picalm
MS4A
Cd33
EPHA1
EXOC3L2

CR1
Bin1
ABCA7
CD2AP

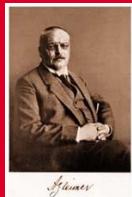
Sexe

ApoE4

APP
PS1
PS2

Age

Génétique



ALZHEIMER'S DISEASE

Neuropathology

Cerebral atrophy

healthy brain

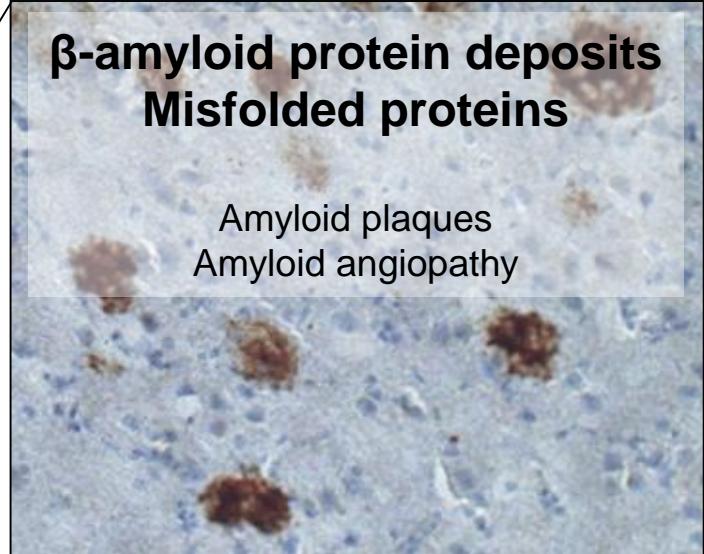


advanced alzheimer's



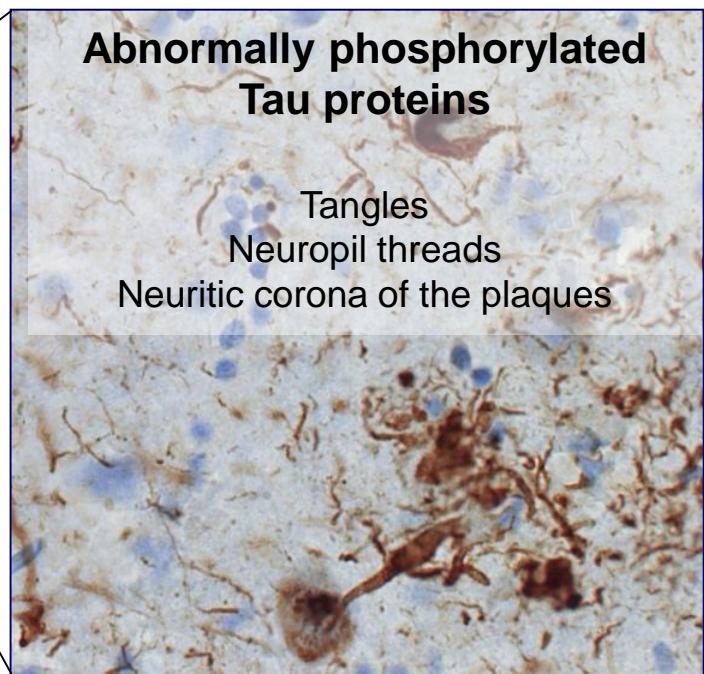
β -amyloid protein deposits Misfolded proteins

Amyloid plaques
Amyloid angiopathy



Abnormally phosphorylated Tau proteins

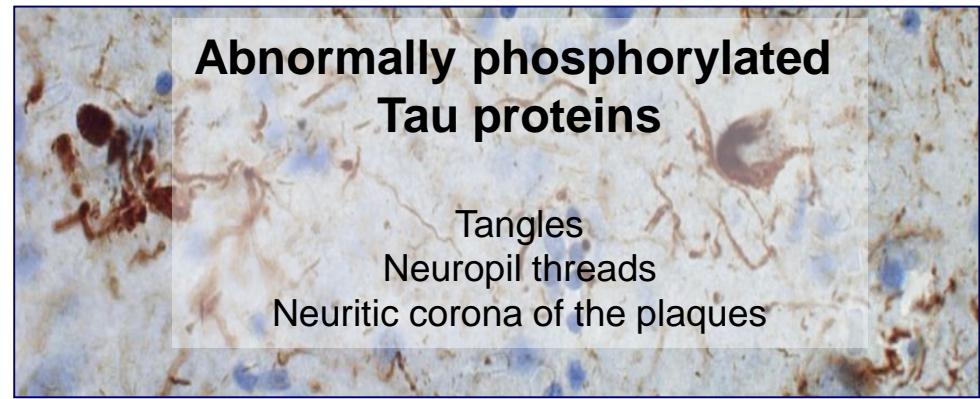
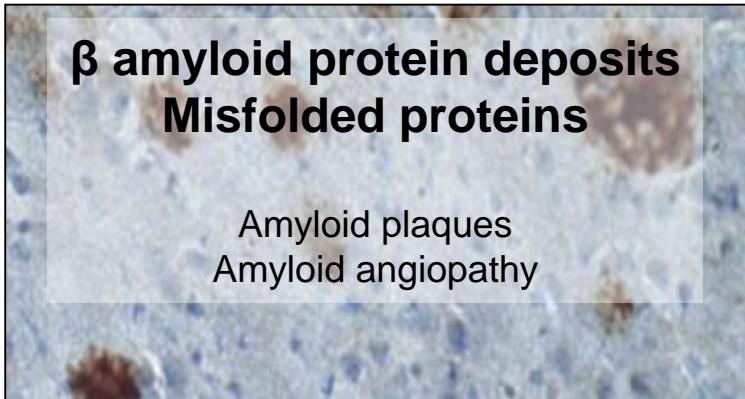
Tangles
Neuropil threads
Neuritic corona of the plaques



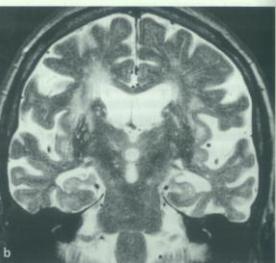
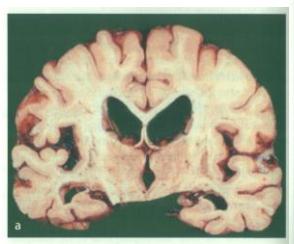


ALZHEIMER'S DISEASE

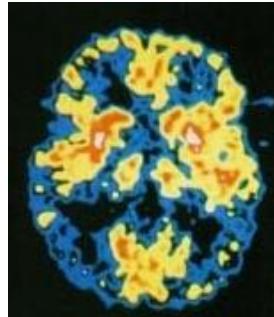
IMAGING



Cerebral atrophy



Functional alterations



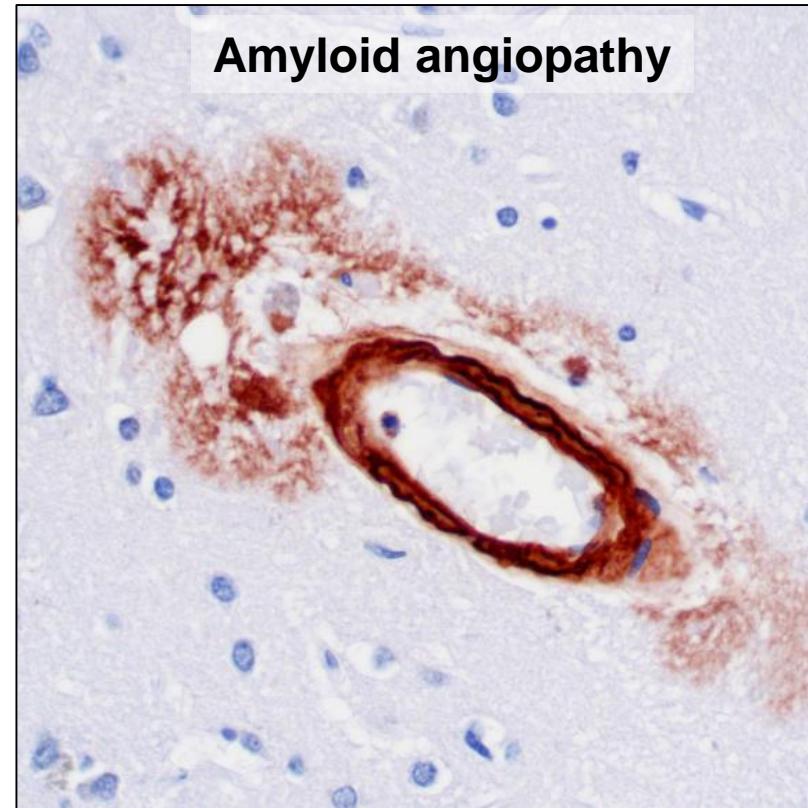
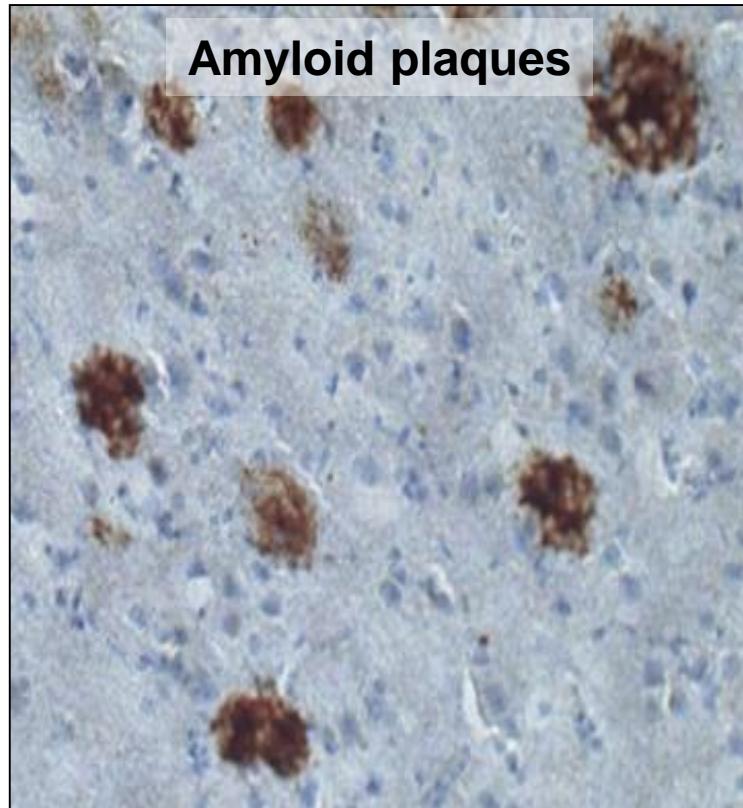
Cognitive alterations



ALZHEIMER'S DISEASE PATHOLOGY

β -amyloid

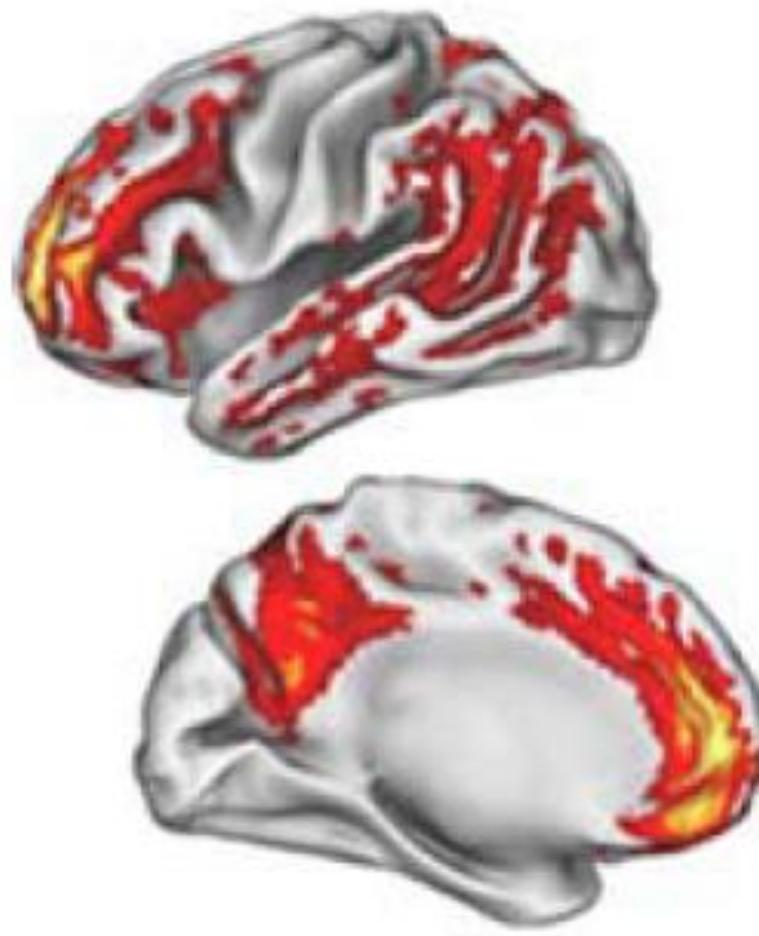
Extracellular deposition of misfolded β -amyloid (A β) proteins



Poorly correlated with cognitive scores

LOCATION OF β -AMYLOID IN THE BRAIN

Cortical regions first

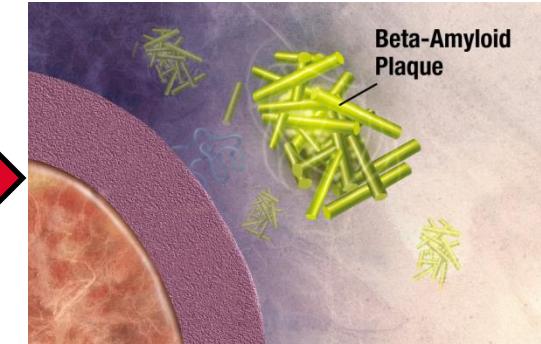
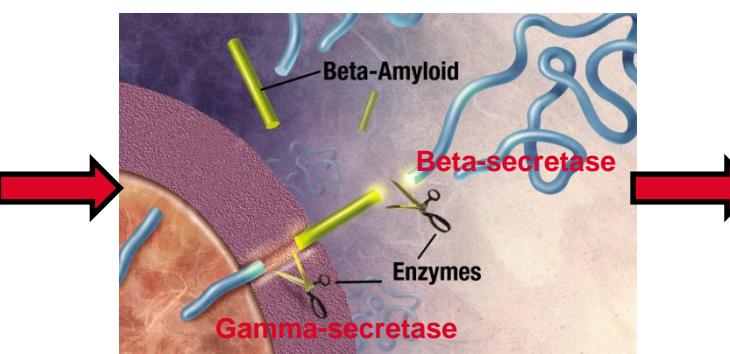
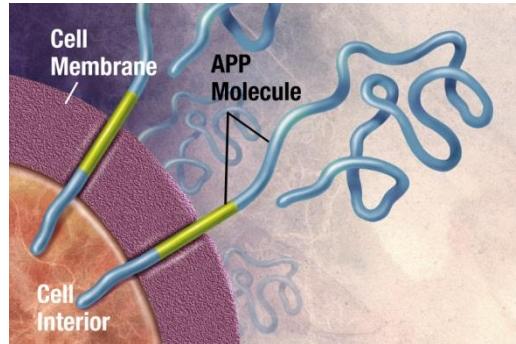


Thal D.R., 2002. Phases of A beta-deposition in the human brain and its relevance for the development of AD. Neurology 58, 1791-1800.
Buckner et al. J Neurosci. 2005 Aug 24;25(34):7709-17.

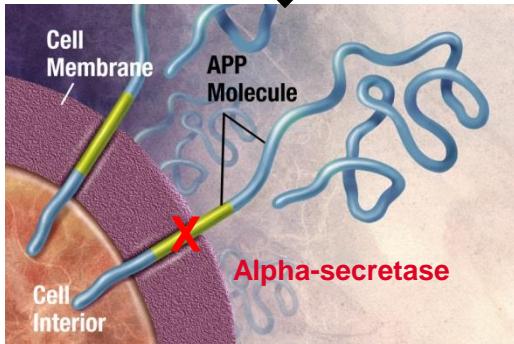
ORIGIN OF β -AMYLOID

Proteolytic cleavage of amyloid precursor protein (APP)

Amyloidogenic pathway



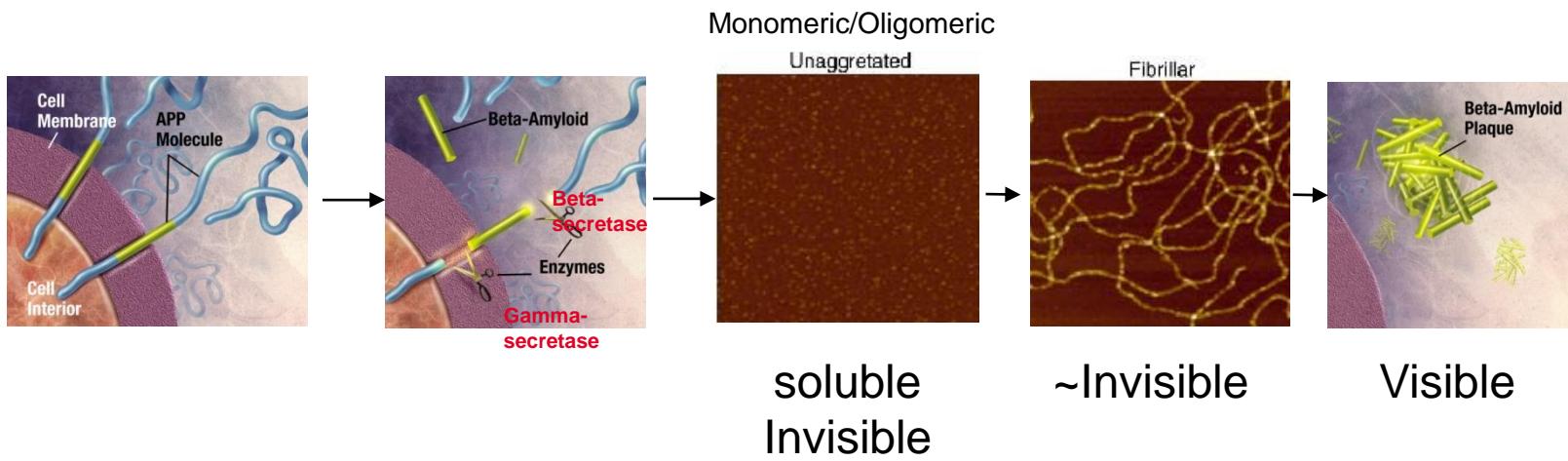
Non amyloidogenic pathway



APP : Amyloid Precursor Protein

Mutations of APP or gamma-secretase components lead to Alzheimer's disease

EX. OF AMYLOID PLAQUES FROM APP TO AGGREGATED FORMS OF AMYLOID

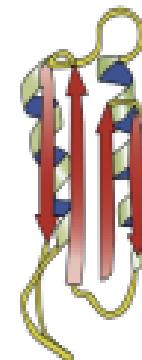
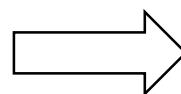


Protein structures

Alpha helix and beta pleated sheet



α -helix



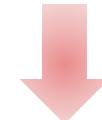
β -pleated sheets

Native
protein

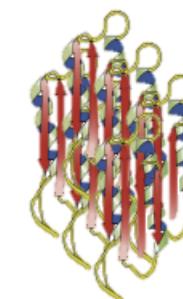


SOLUBLE

Misfolded
protein

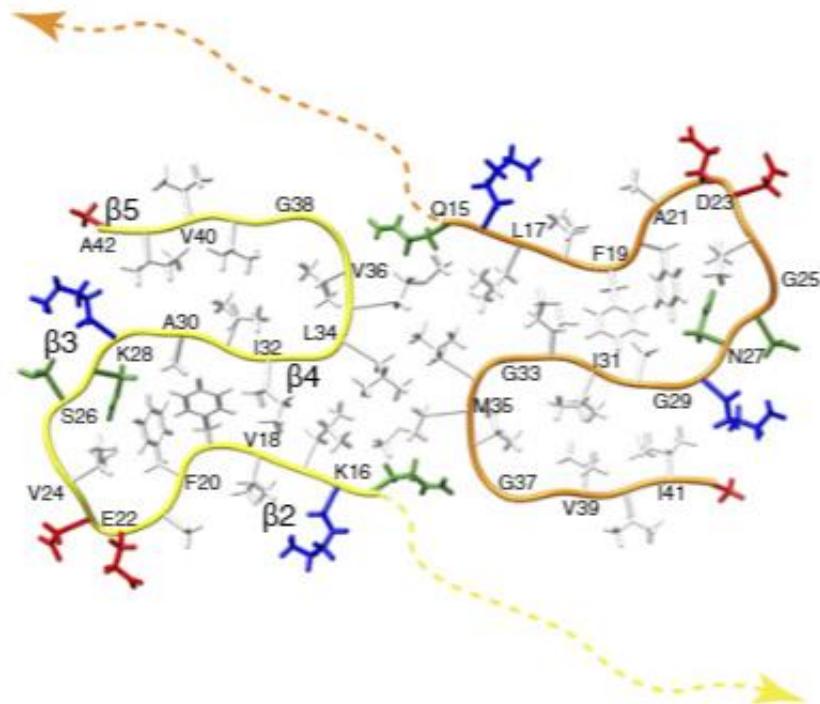


AGGREGATES

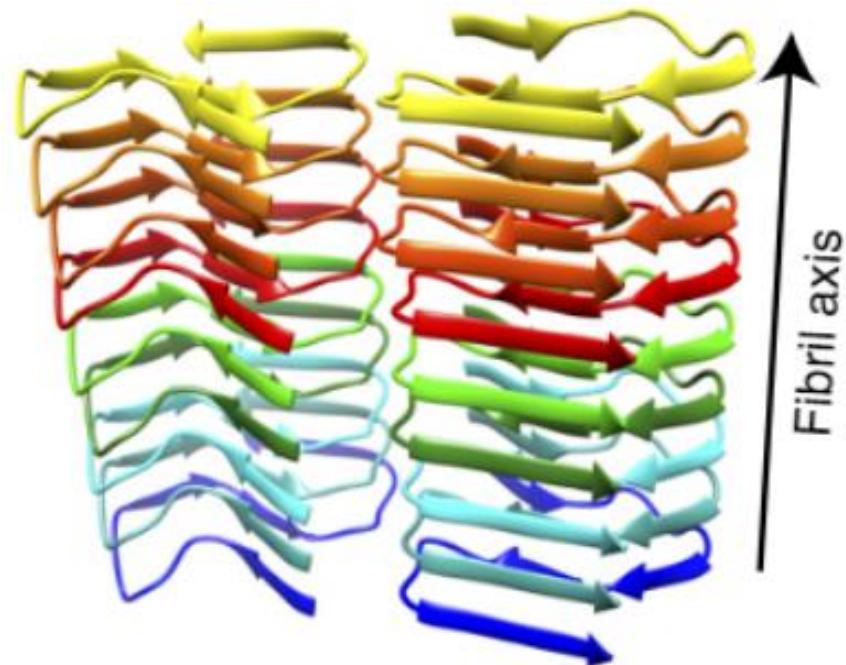


β -AMYLOID FIBRILS/AGGREGATES ARE MADE OF MISFOLDED β -AMYLOID PROTEINS

Two A β
→ Double-horseshoe-like cross- β -sheet



Series of two A β form fibrils
→ β -sheet structures



Walti, M. A. et al. (2016). "Atomic-resolution structure of a disease-relevant Abeta(1-42) amyloid fibril." *Proc Natl Acad Sci U S A* 113(34): E4976-4984.

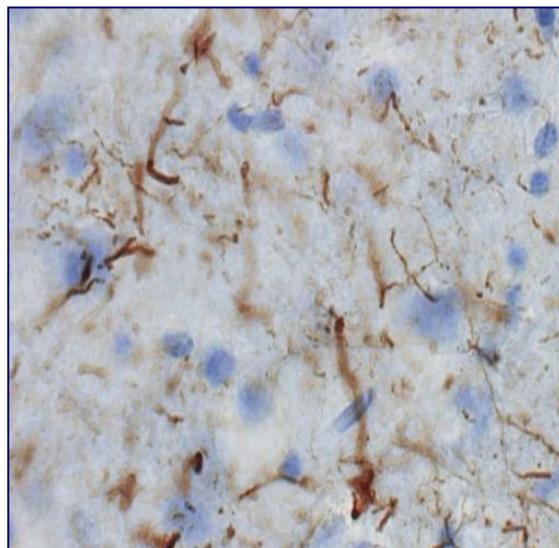
ALZHEIMER'S DISEASE PATHOLOGY

Tau (tubulin-associated unit) lesions

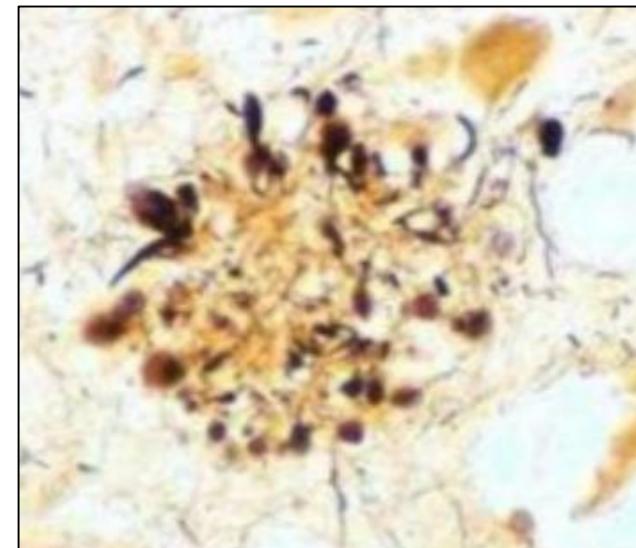
Intracellular deposition of abnormally phosphorylated tau proteins



Neurofibrillary tangles
(within cell soma)



Neuropil threads*
(within neurites)



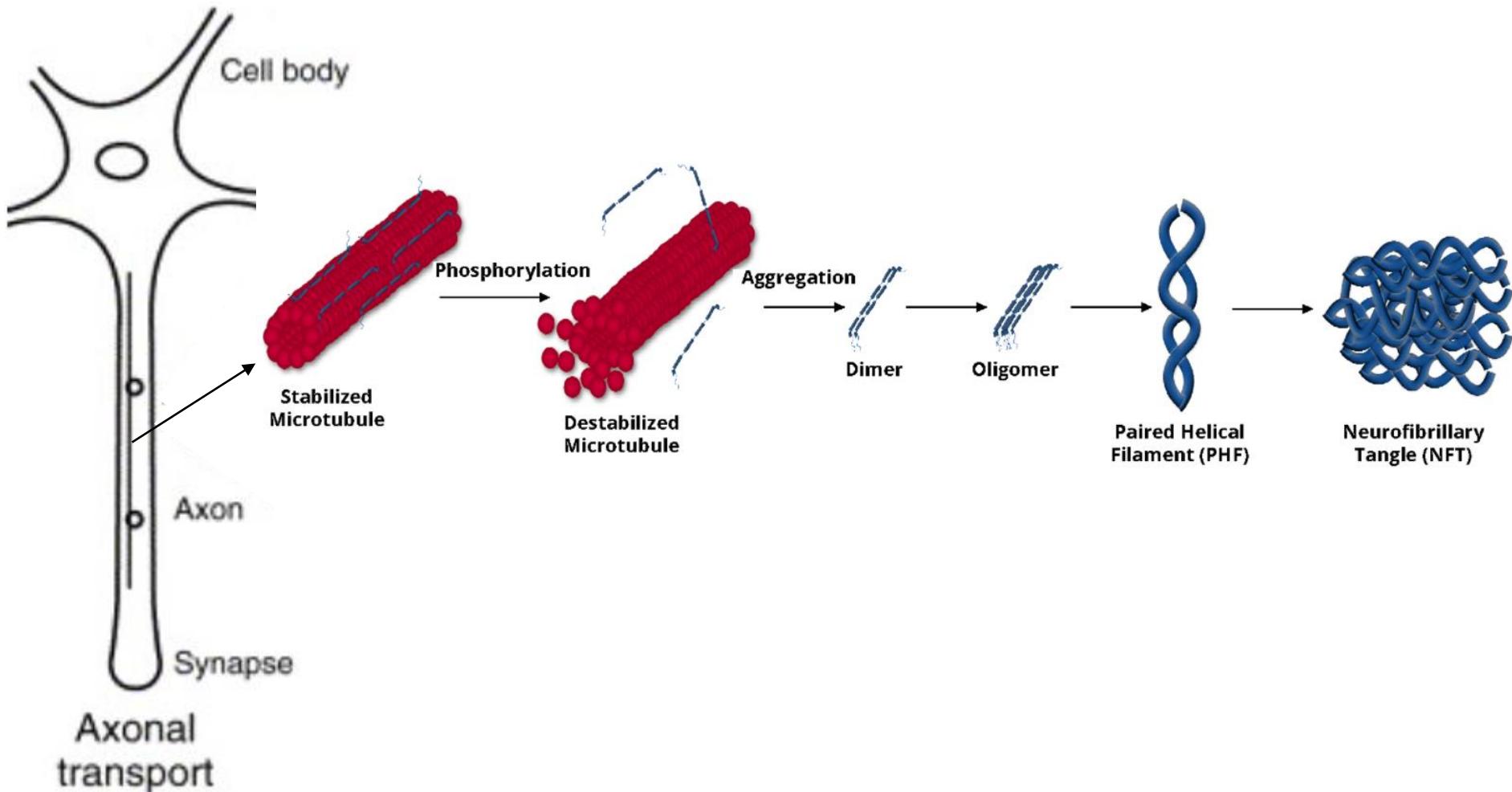
Neuritic plaques**
(amyloid + tau)

* Neuropil = Unmyelinated axons, dendrites and glial cell processes

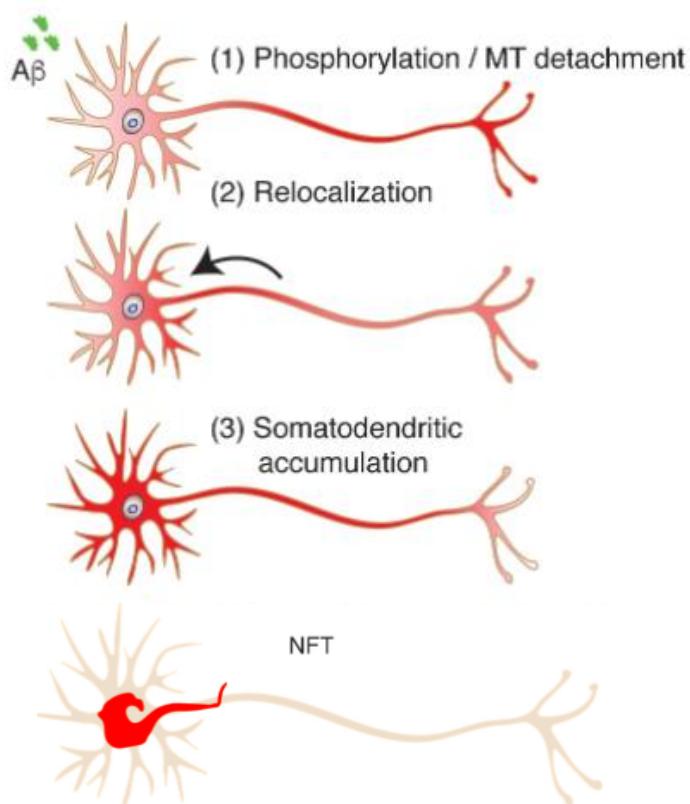
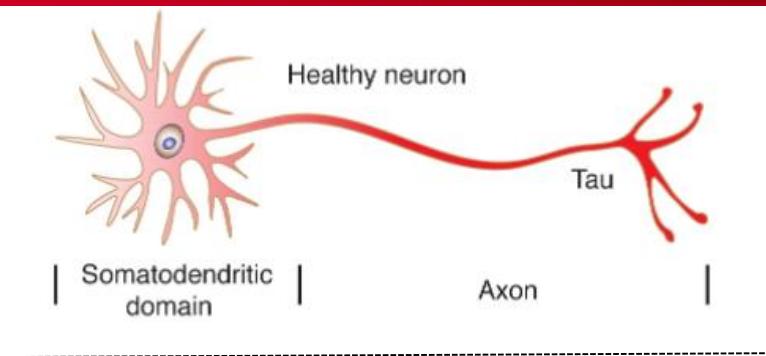
** Neurite = Axon or dendrite

ORIGIN OF TAU LESIONS

Abnormal phosphorylation of tubulin-associated unit

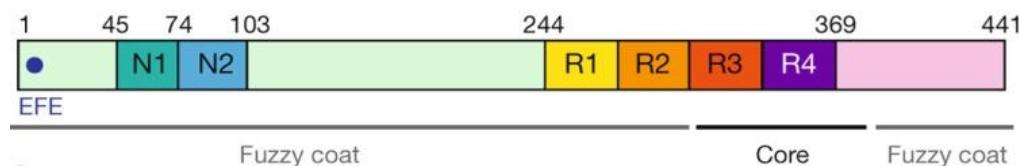


ALZHEIMER'S DISEASE RELOCATION OF TAU TO THE SOMA



TAU FIBRILS/AGREGATES ARE MADE OF MISFOLDED TAU PROTEINS

a



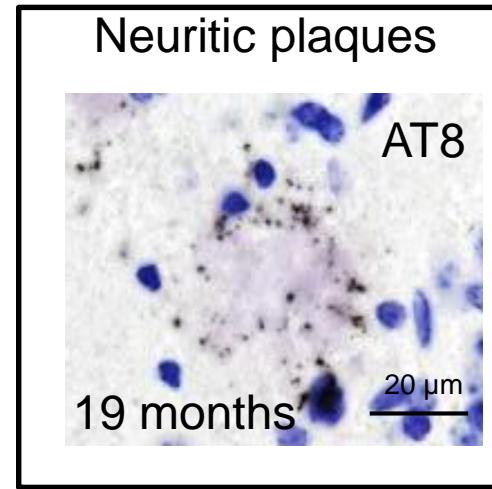
Fitzpatrick AWP et al. Cryo-EM structures of tau filaments from Alzheimer's disease. Nature. 2017 Jul 13;547(7662):185-+.

AMYLOID- β INDUCES TAU PATHOLOGY

Example in amyloid- β bearing mice



APP/PS1dE9

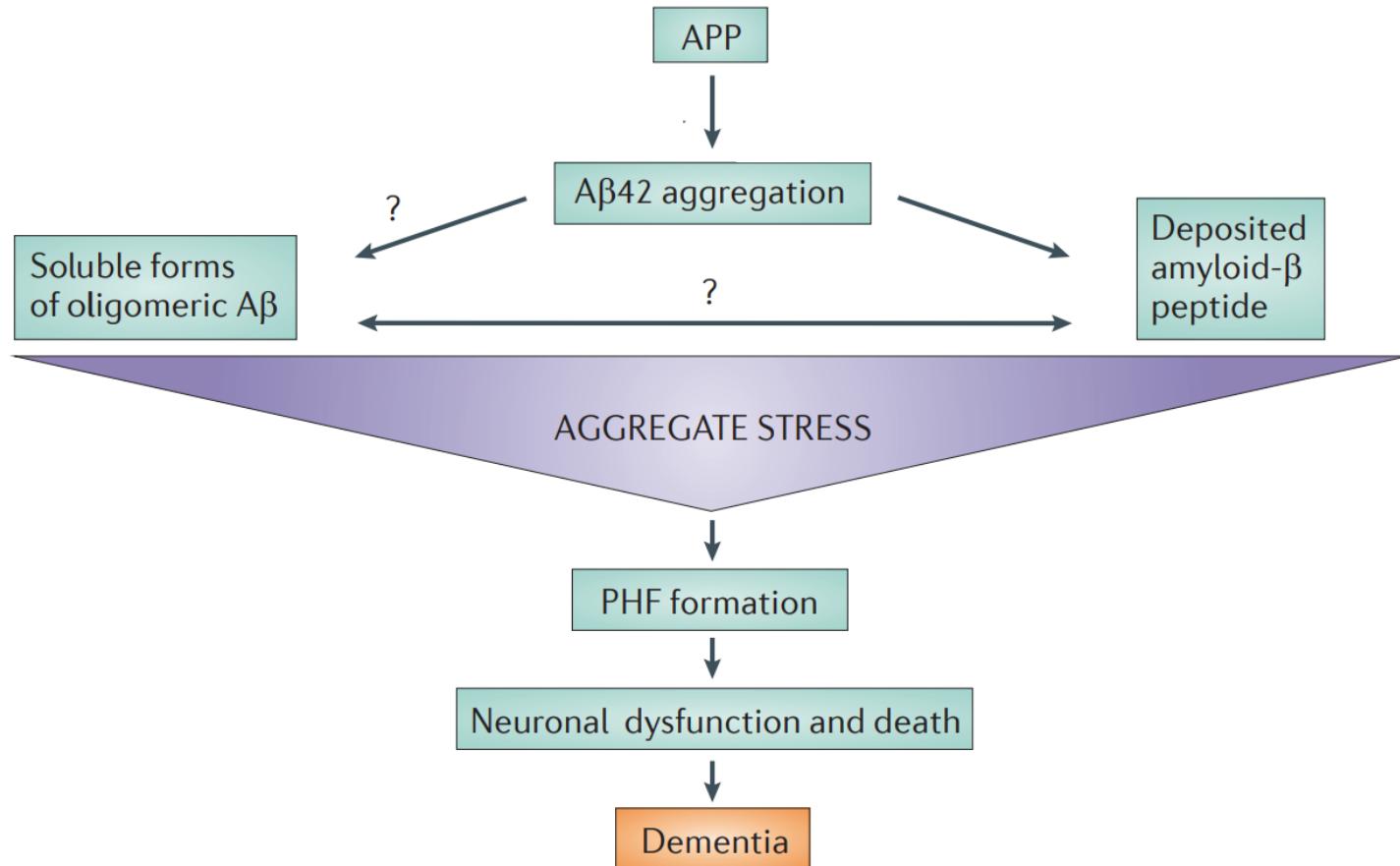


INTEGRATION WITHIN A THEOREICAL FRAMEWORK

The amyloid cascade hypothesis

Hardy, J.A., Higgins, G.A., 1992.

Alzheimer's disease: the amyloid cascade hypothesis. Science 256, 184-185.

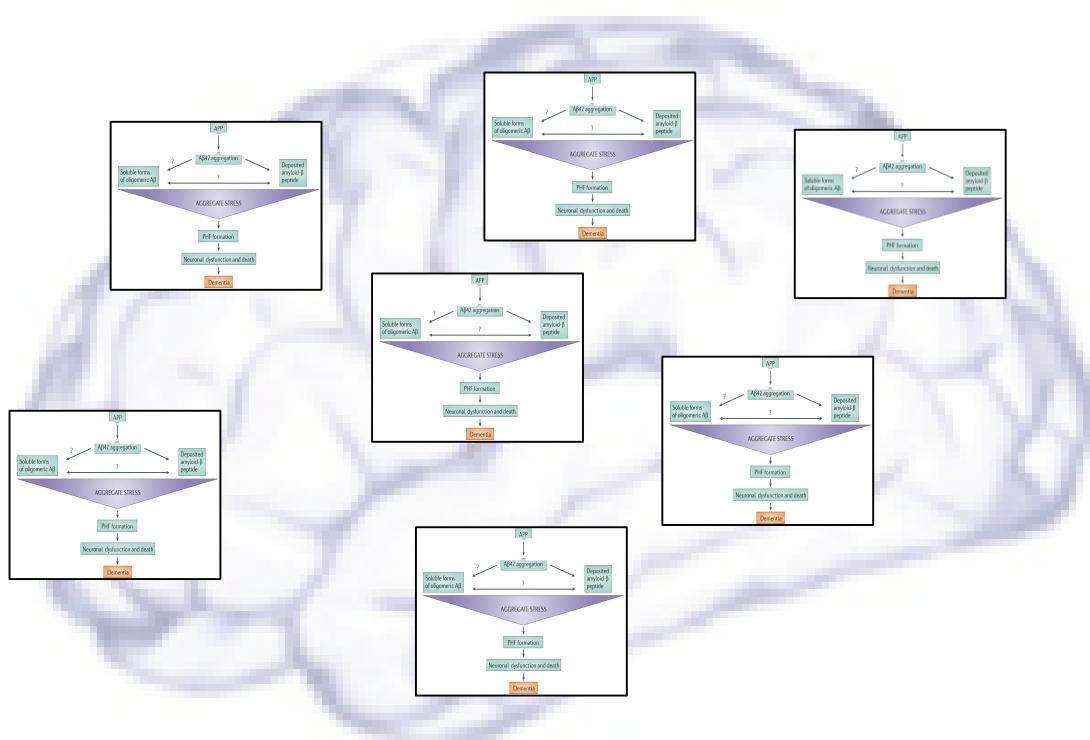


Karran, E., Mercken, M., De Strooper, B., 2011.

Nature Reviews Drug Discovery 10, 698-U1600. <https://doi.org/10.1038/nrd3505>.

THE AMYLOID CASCADE HYPOTHESIS

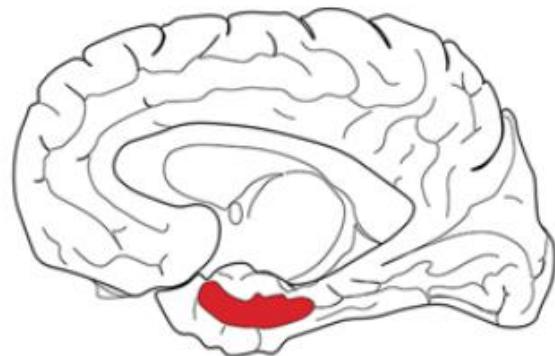
A region autonomous view? (pop-corn model)



Processes occurring simultaneously in different brain regions
possibly depending on regional susceptibility (activity dependant?, other local factors?)

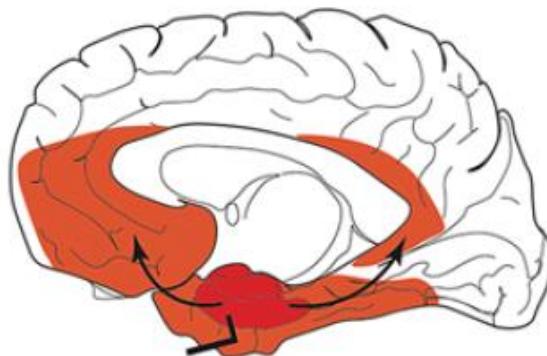
TAU LESIONS

PROGRESSIVE COLONISATION OF THE BRAIN



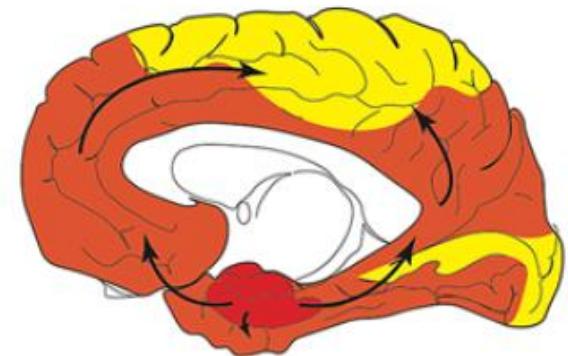
Stages I-II

Transentorhinal



Stages III-IV

Limbic



Stages V-VI

Isocortical

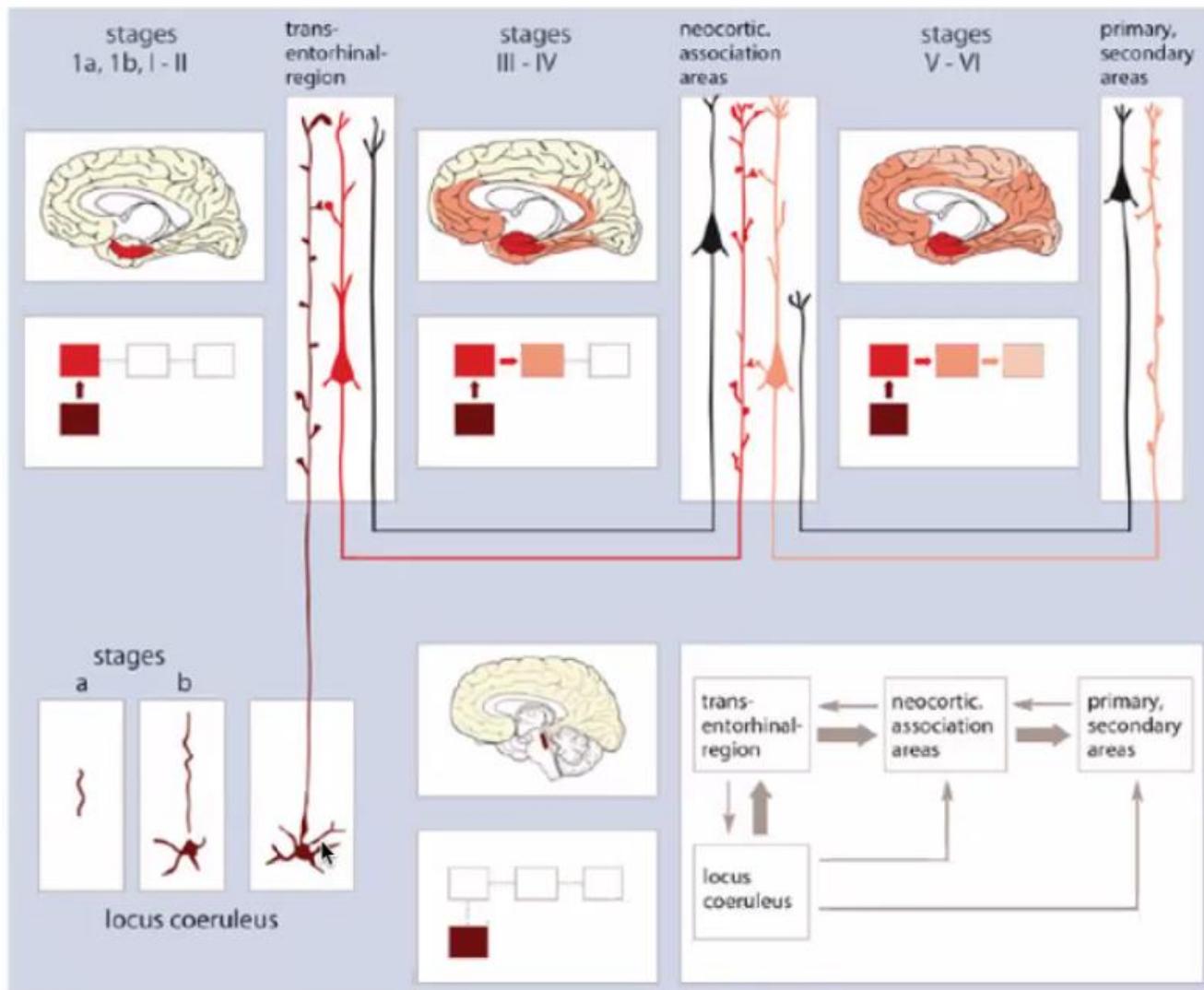
Braak, H. and E. Braak (1991). Acta Neuropathologica 82: 239-259.

Strong correlation with cognitive scores

Mutation of tau does not lead to Alzheimer's disease

TAU LESIONS

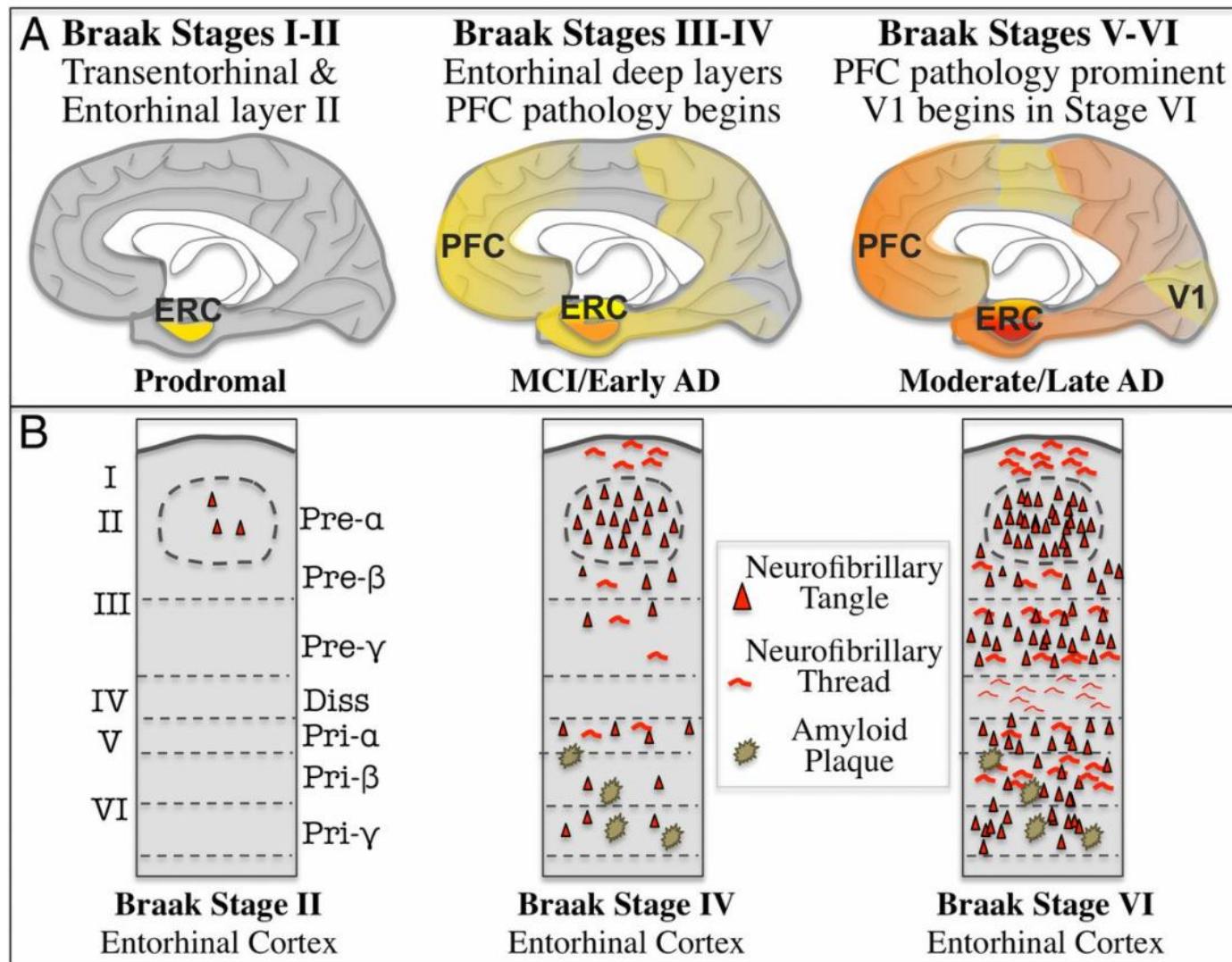
PROGRESSIVE COLONISATION OF THE BRAIN



Anterograde progression (from cell soma to periphery through axon) ?

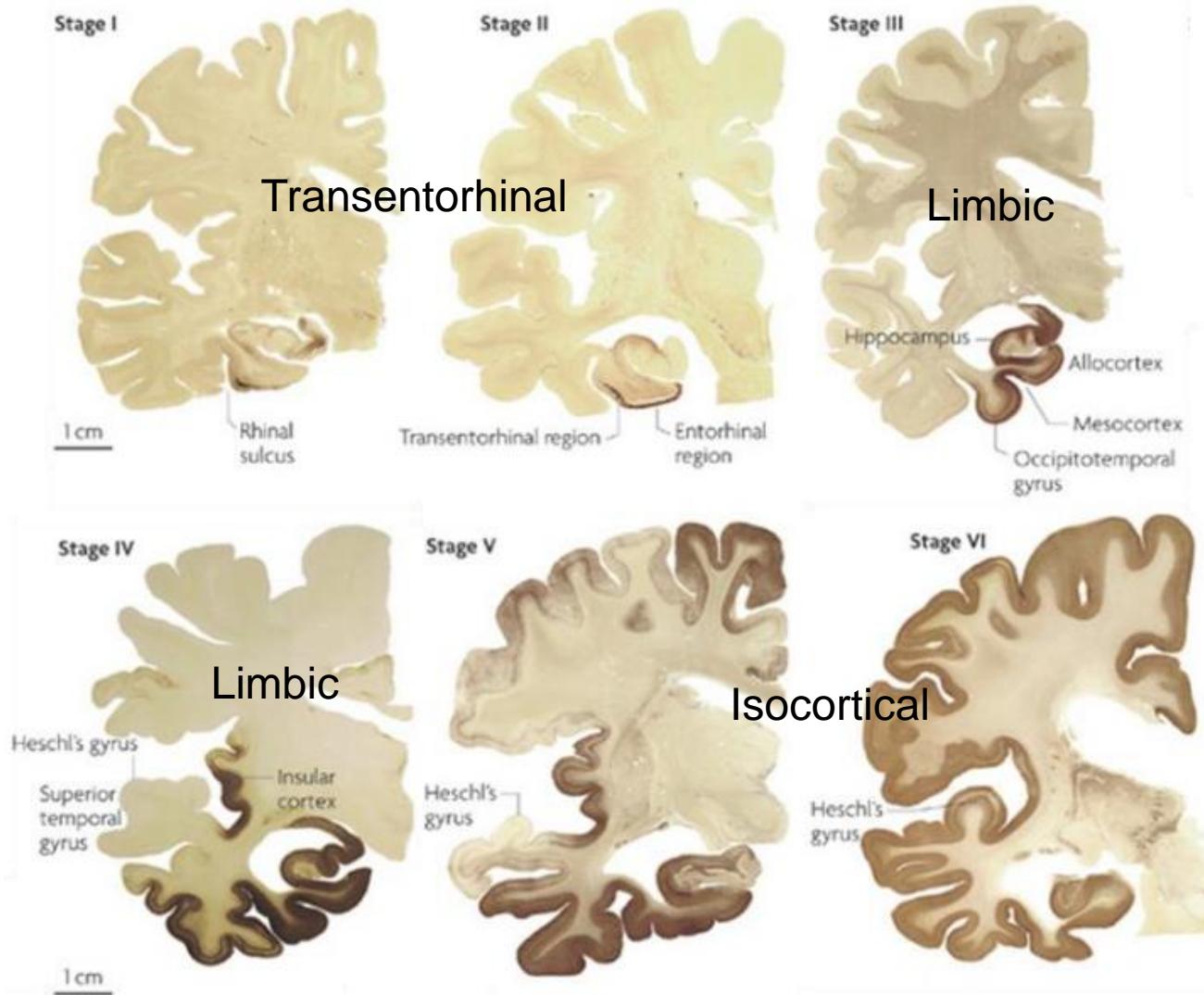
TAU LESIONS

PROGRESSIVE COLONISATION OF THE BRAIN



TAU LESIONS

PROGRESSIVE COLONISATION OF THE BRAIN

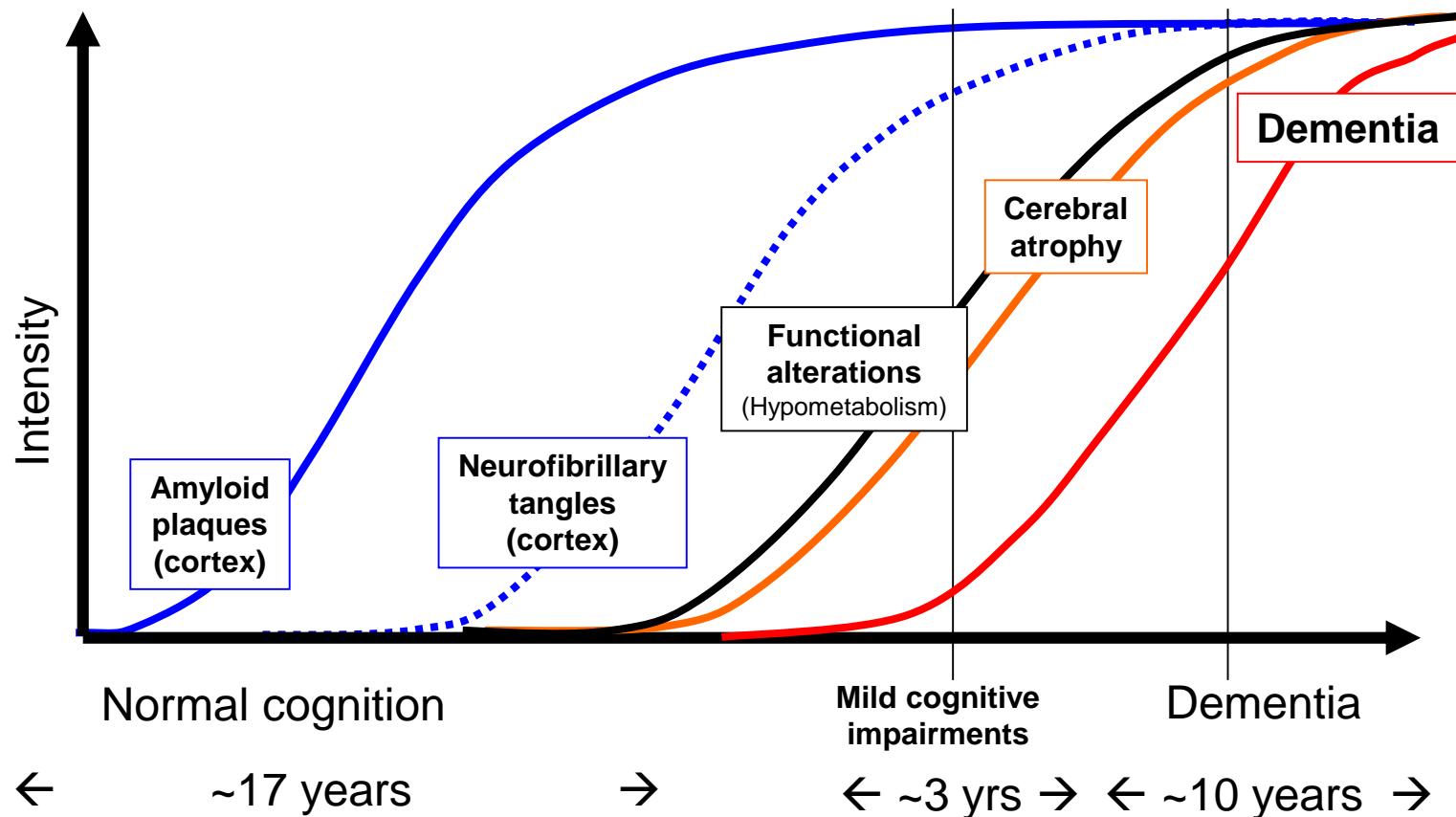


Kretzschmar, 2009

NATURAL HISTORY OF ALZHEIMER'S DISEASE

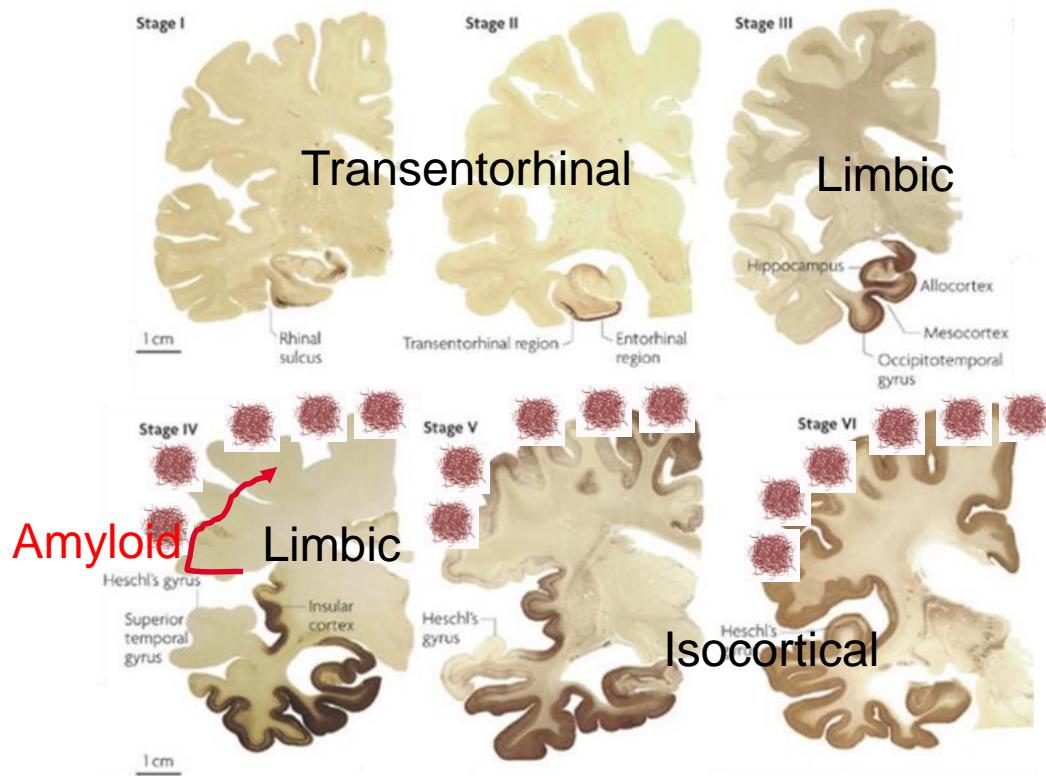
Does it recapitulates the amyloid cascade ?

Jack et al, Lancet Neurol. 2013



Probably partly inaccurate: This scheme reflects Cortical Braak stages IV-V

β -AMYLOID AND TAU LESIONS ARE NOT IN THE SAME REGIONS



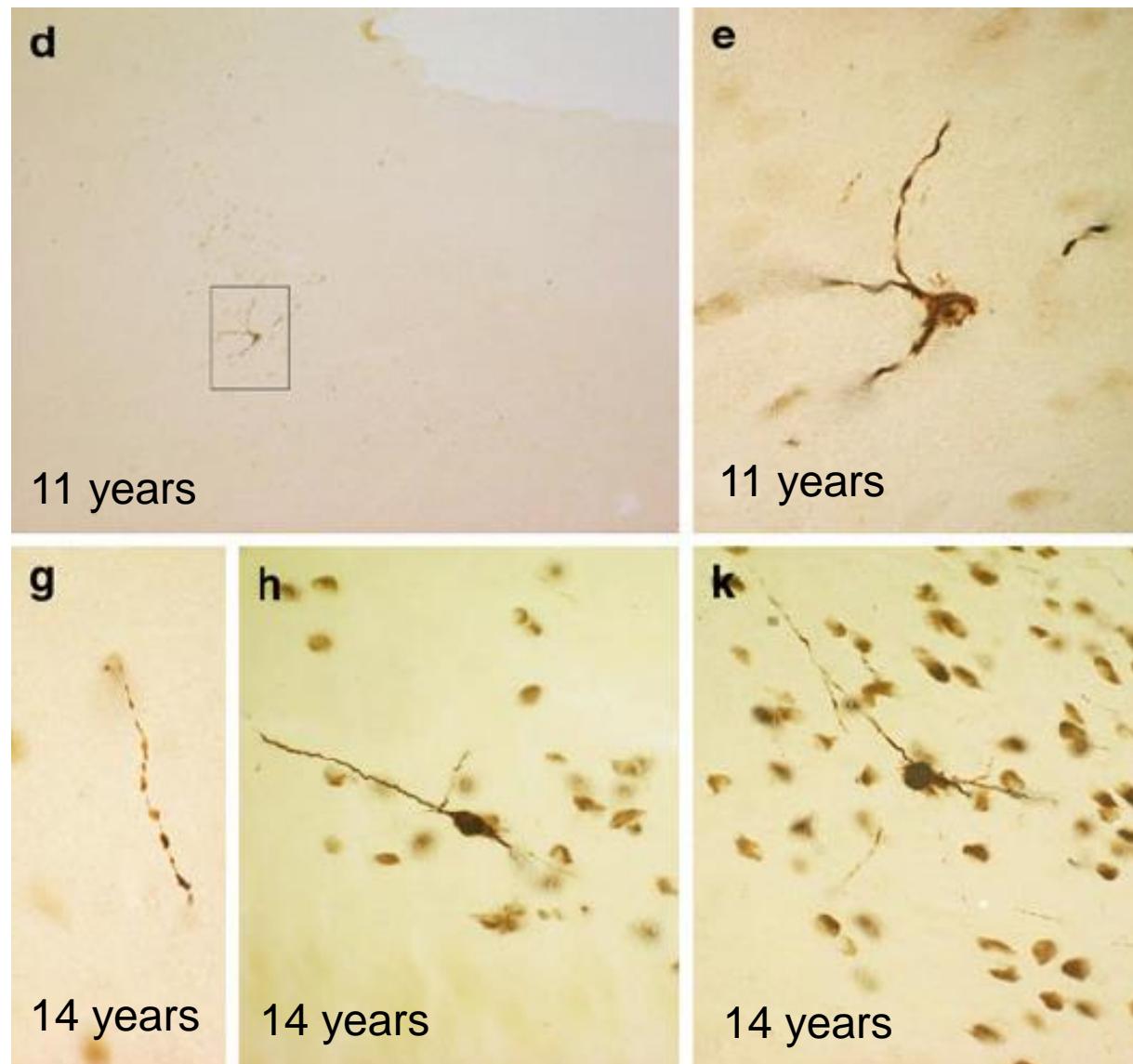
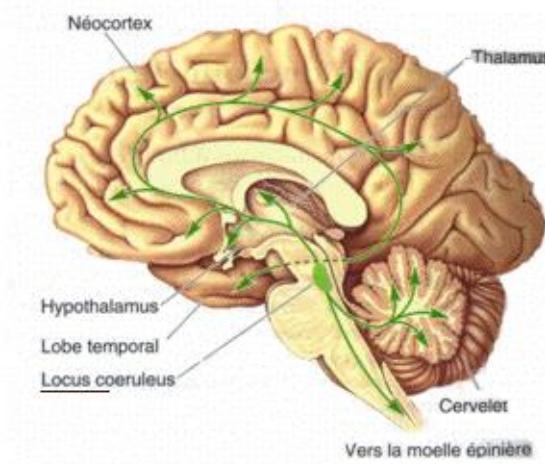
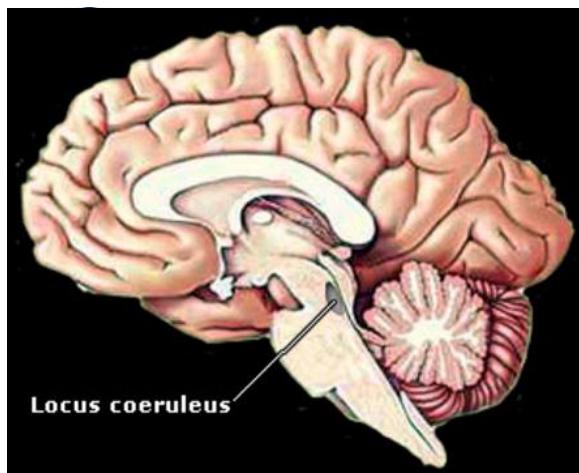
Two possible hypothesis

Amyloid \rightarrow Induce Tau

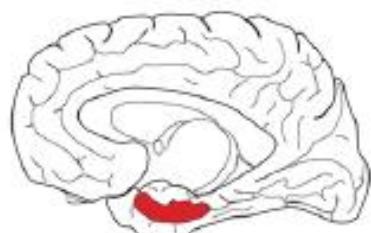
Tau positive neurons \rightarrow Induce amyloid

Not fully consistant with the "amyloid hypothesis / pop-corn model"

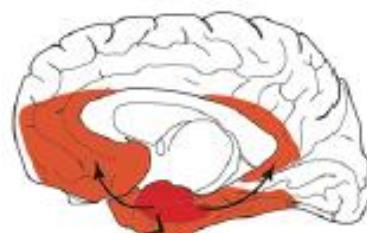
TAU LESIONS START IN LOCUS COERULEUS IN CHILDHOOD PROGRESSIVE COLONISATION OF THE BRAIN



TAU PROTEINS SPREADING



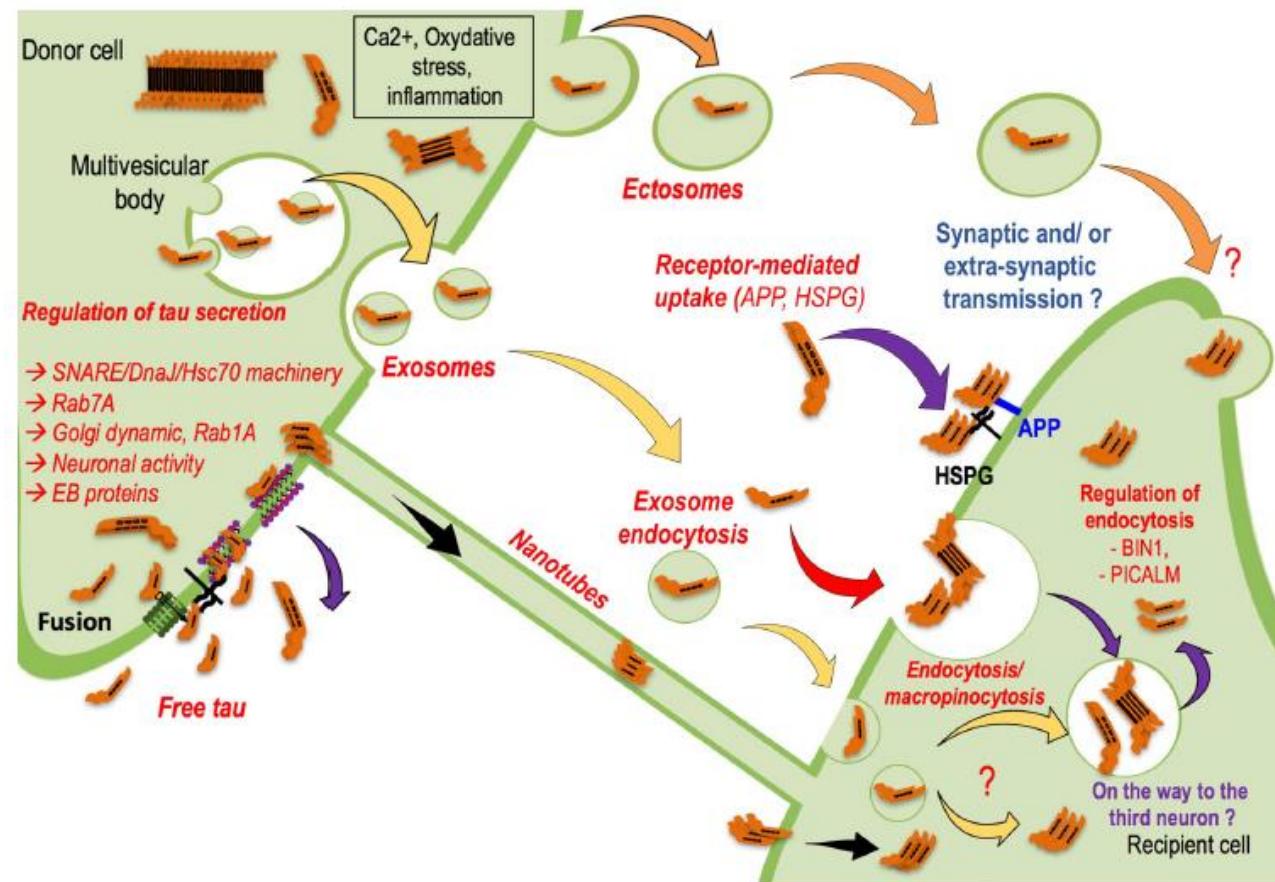
Stages I-II



Stages III-IV

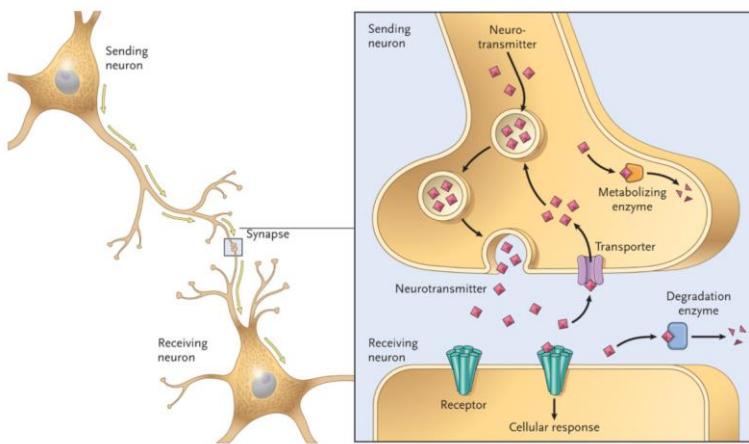


Stages V-VI



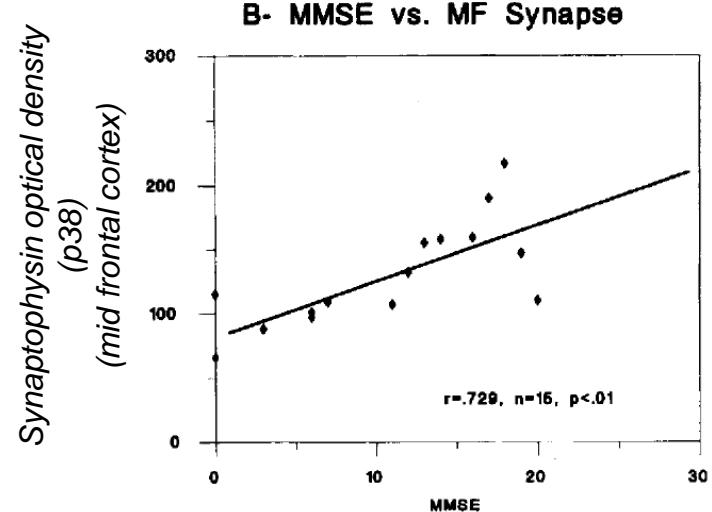
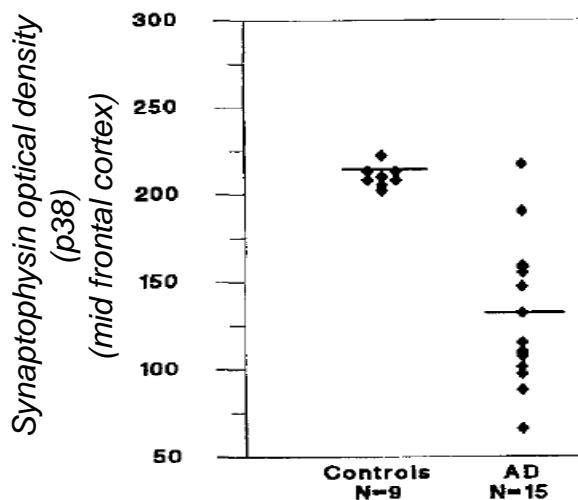
SYNAPTIC IMPAIRMENTS

Critical lesions but measures are challenging in humans



Pre-synaptic
Synaptophysin

Post-synaptic
PSD95

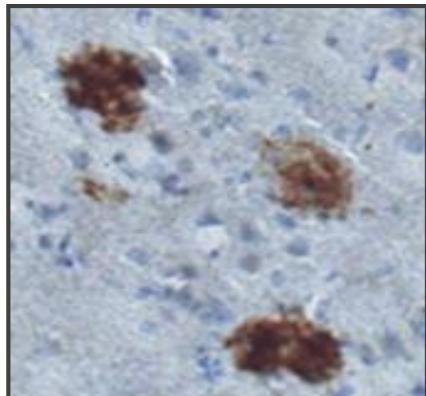


Terry, R.D., 1991. Physical basis of cognitive alterations in Alzheimer's disease: synapse loss is the major correlate of cognitive impairment. Ann. Neurol. 30, 572-580. <https://doi.org/10.1002/ana.410300410>.

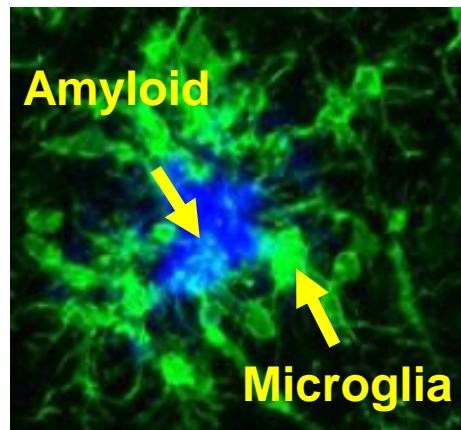
Autopsy was performed within 8 hours (range, 2-8 hours)

INTEGRATION OF THE INFLAMMATION WITHIN AD PATHOPHYSIOLOGY

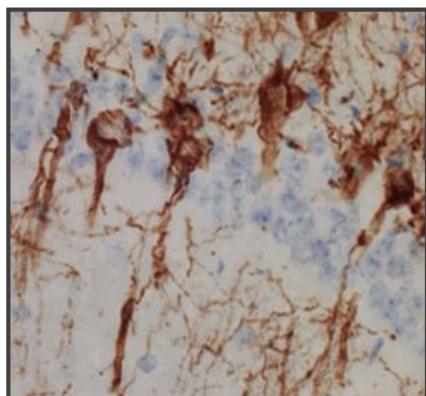
Neuropathology



Amyloid (A β)

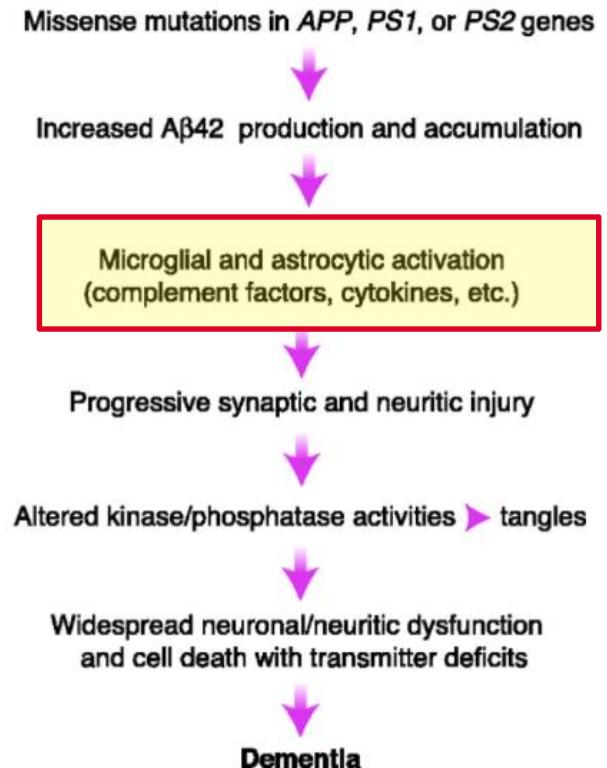


Inflammation



Tau

Amyloid cascade hypothesis



Hardy, J., Selkoe, D.J., 2002.
Science 297, 353-356.

IS INFLAMMATION REALLY BAD ?

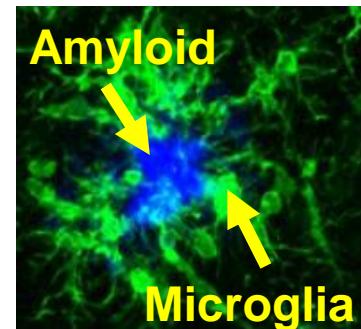


New era since ~ 2015

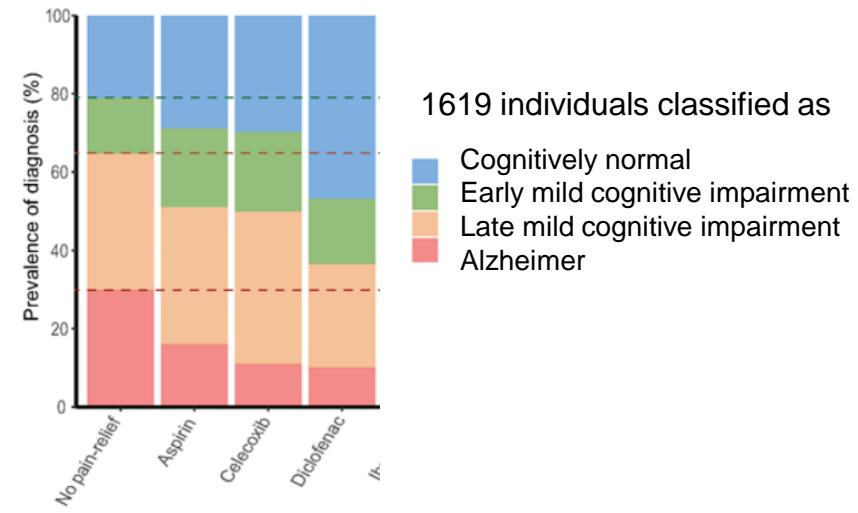
INFLAMMATION - MICROGLIA

Microglia close to amyloid plaques

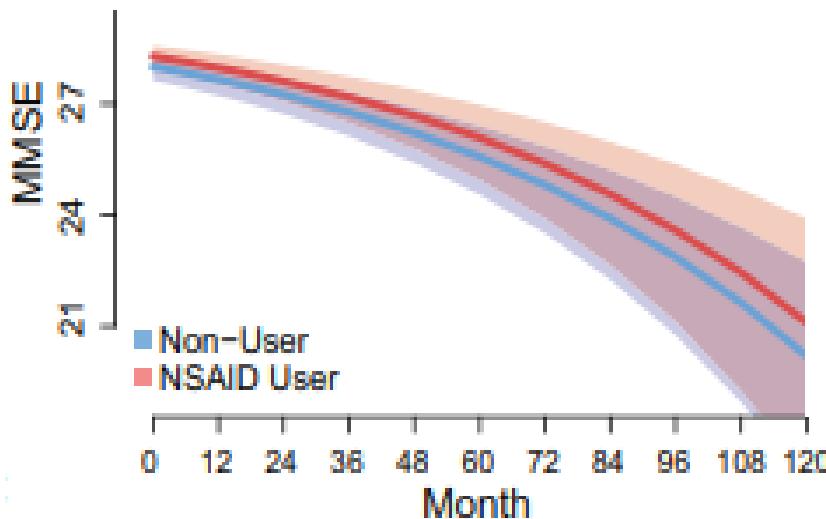
- ROS ; Cytokines
- Toxics ?



Non steroidal anti-inflammatory drugs prevent AD occurrence



But non-steroidal anti-inflammatory drugs are inefficient during therapies (except diclofenac)



Rivers-Auty, 2020.

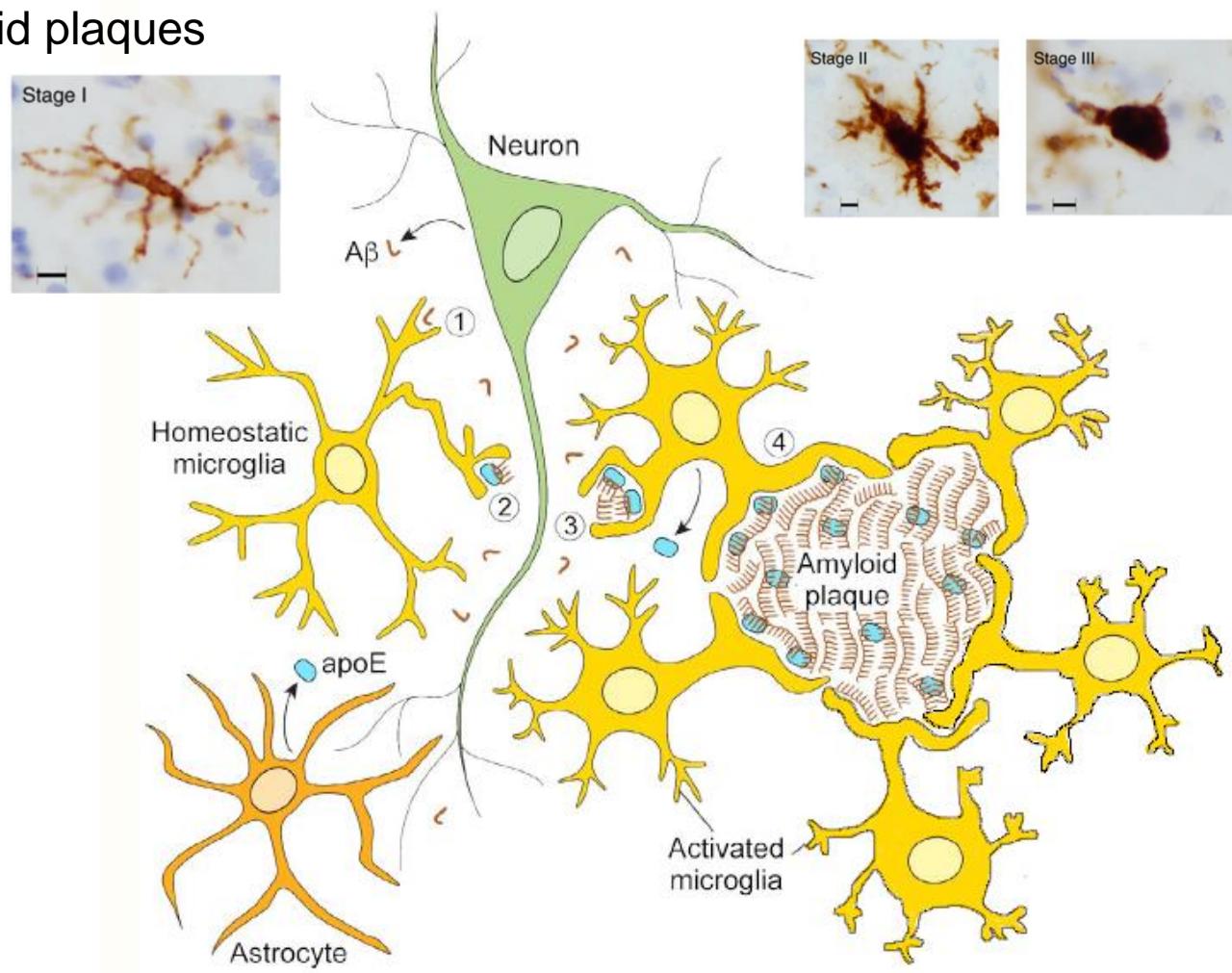
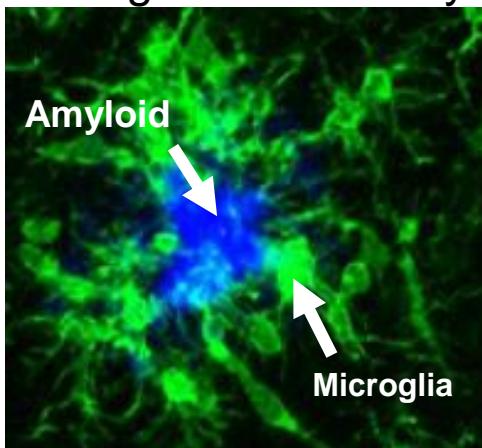
Brain Commun 2 <https://doi.org/ARTN 109 10.1093/braincomms/fcaa109>.

EARLY PHASES OF AMYLOIDOSIS

Microglia is protective by removing or shielding amyloid

Microglia phagocytose amyloid

Microglia shields amyloid plaques



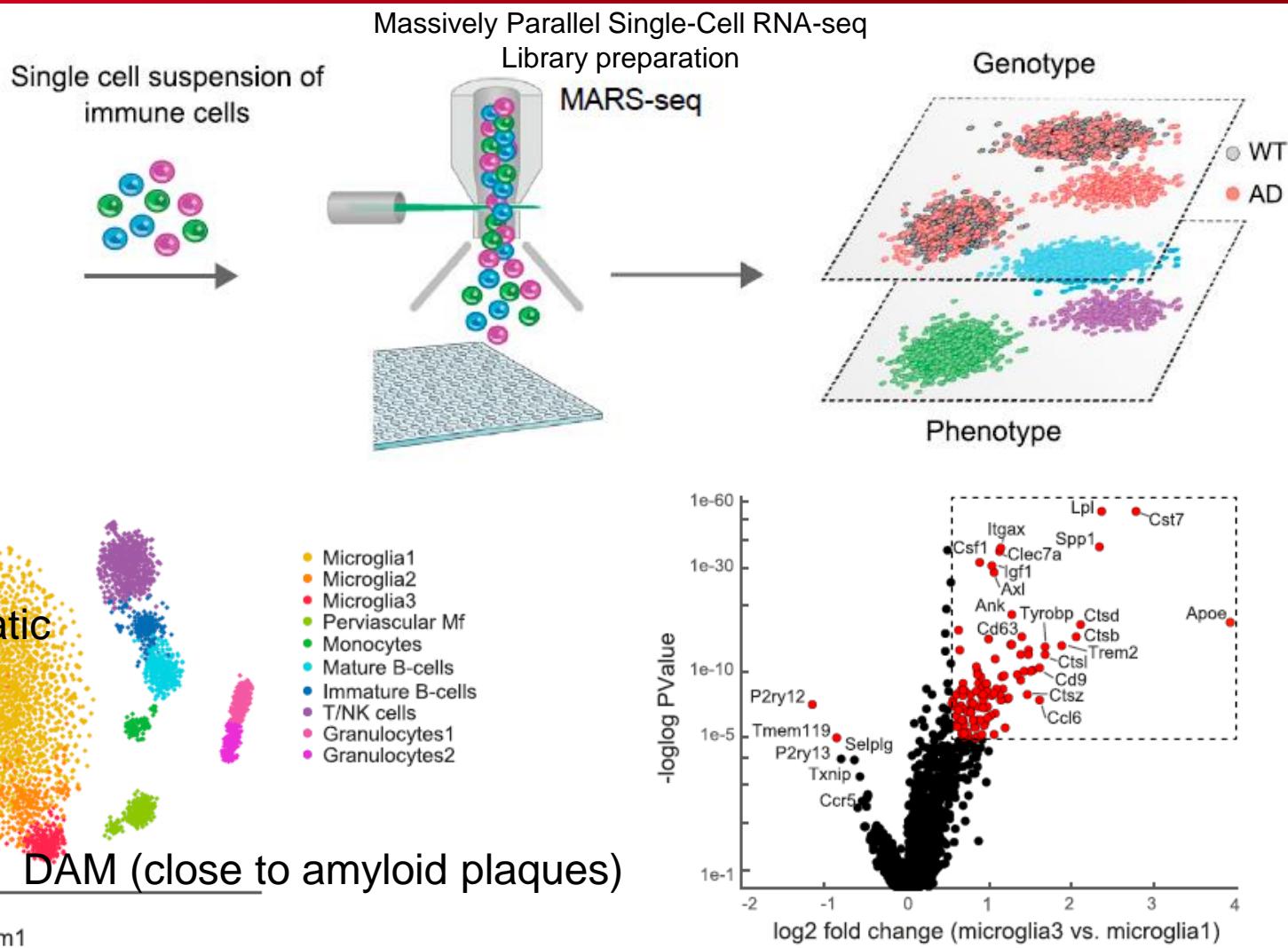
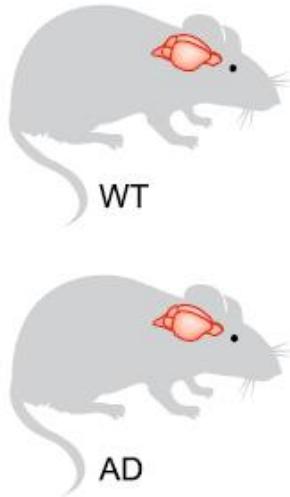
Stage 1

→

Stage 2

TRANSCRIPTOMIC CHANGES OF MICROGLIA

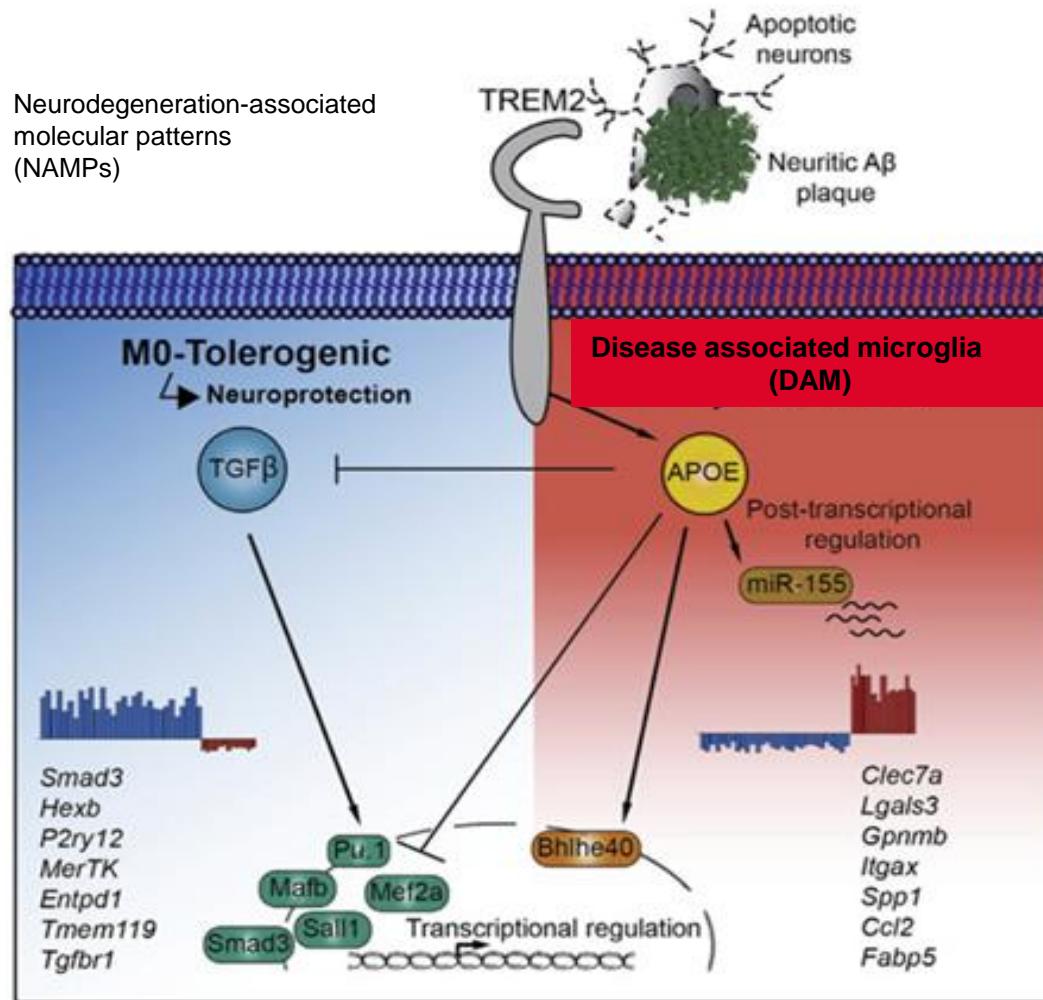
Disease associated microglia (DAM)



Keren-Shaul, 2017. A Unique Microglia Type Associated with Restricting Development of Alzheimer's Disease. Cell 169, 1276-+. <https://doi.org/10.1016/j.cell.2017.05.018>.

TRANSCRIPTOMIC CHANGES OF MICROGLIA

Disease associated microglia (DAM)

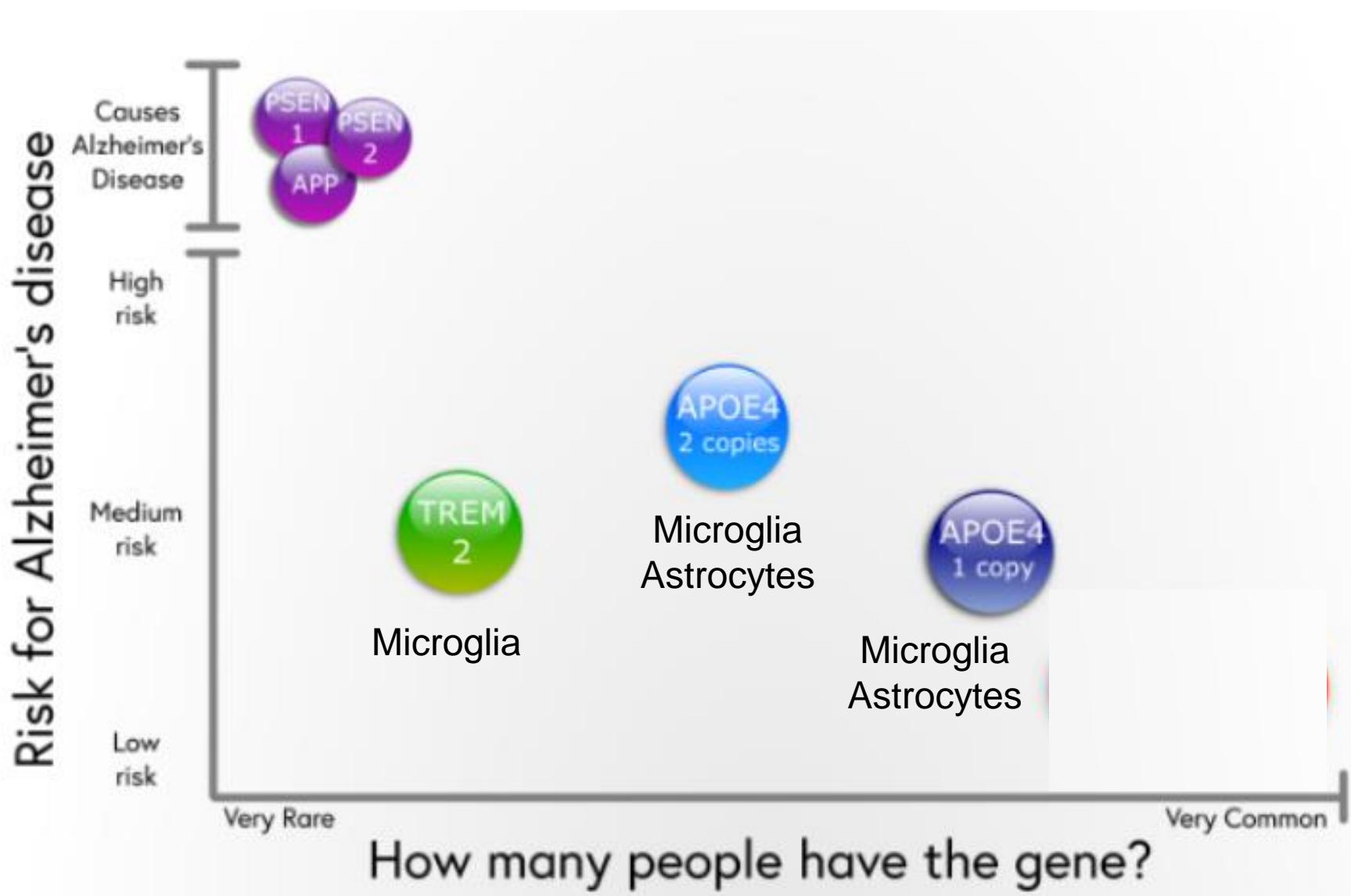


Krasemann S et al.. [The TREM2-APOE Pathway Drives the Transcriptional Phenotype of Dysfunctional Microglia in Neurodegenerative Diseases](#).

Immunity. 2017 Sep 19;47(3):566-581.e9.

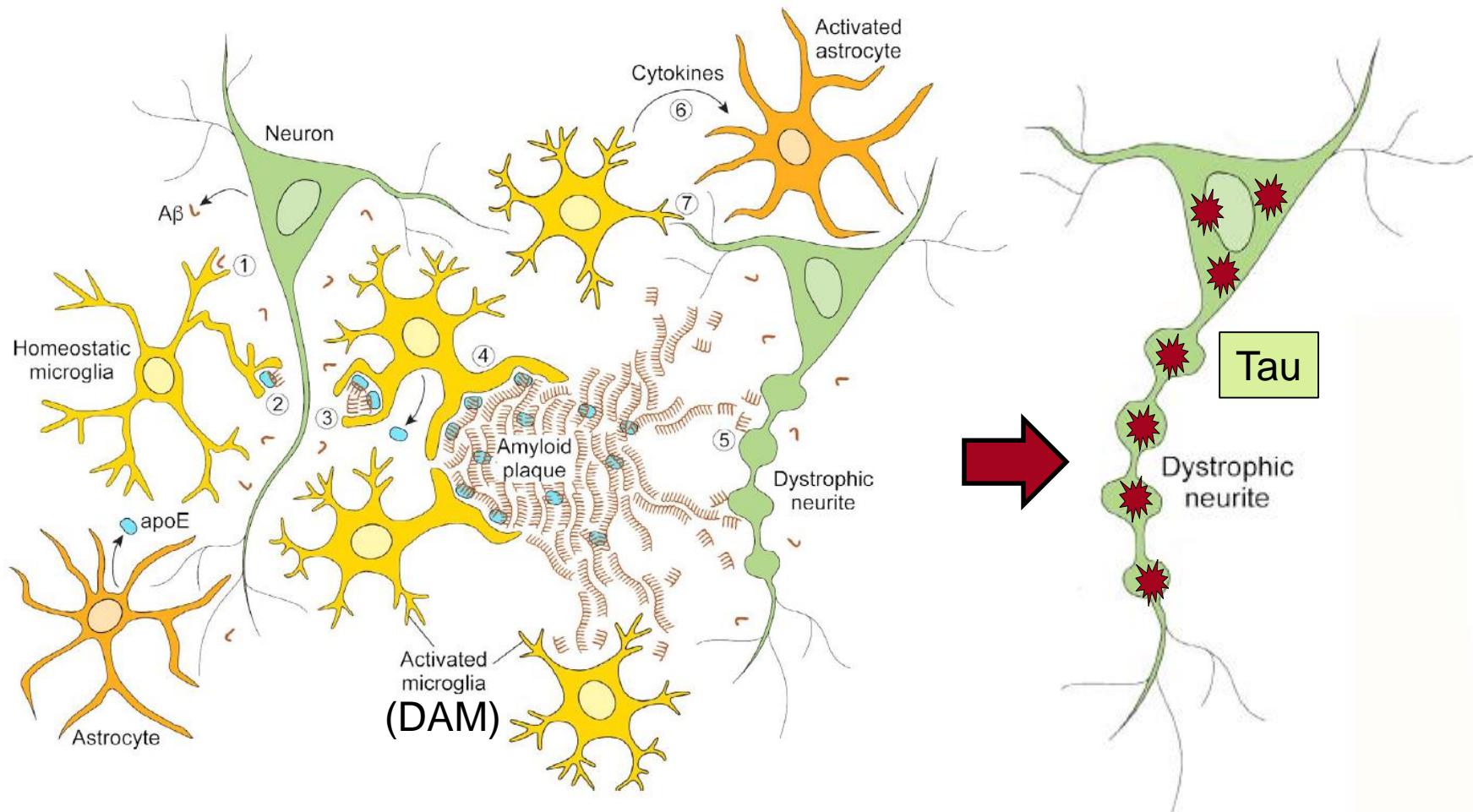
<https://www.alzforum.org/news/research-news/apoe-and-trem2-flip-microglial-switch-neurodegenerative-disease>

GENETIC FACTORS LINKED TO MICROGLIA...



EARLY PHASES OF AMYLOIDOSIS

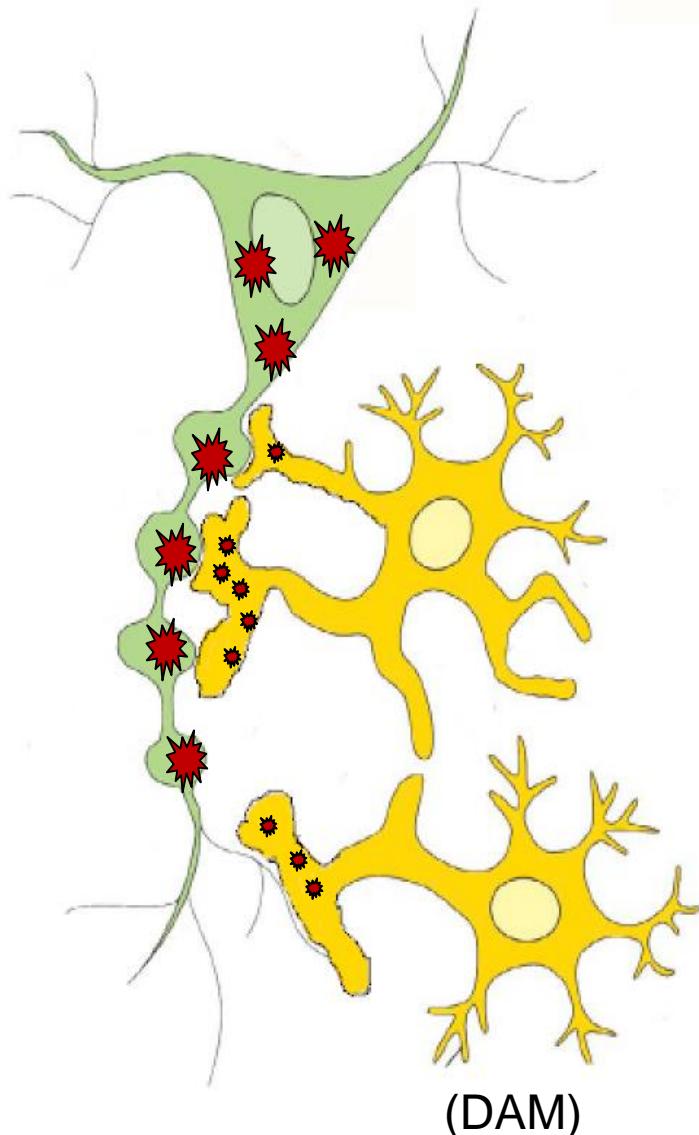
Shielding amyloid plaques prevents tau pathology



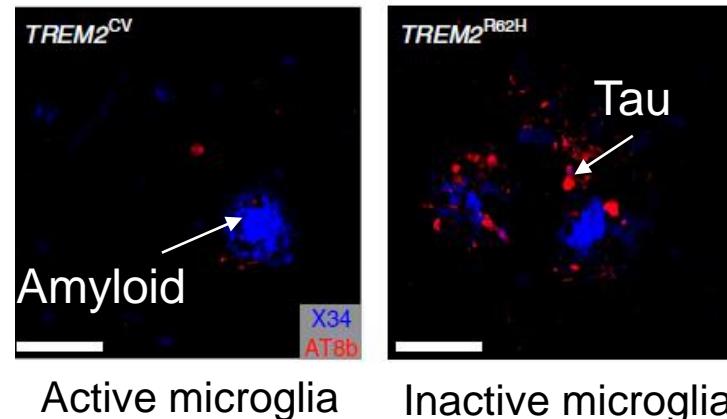
Stage 1 → Stage 2

LATE STAGES OF AMYLOIDOSIS / TAUOPATIES

Microglia eliminate tau lesions ?

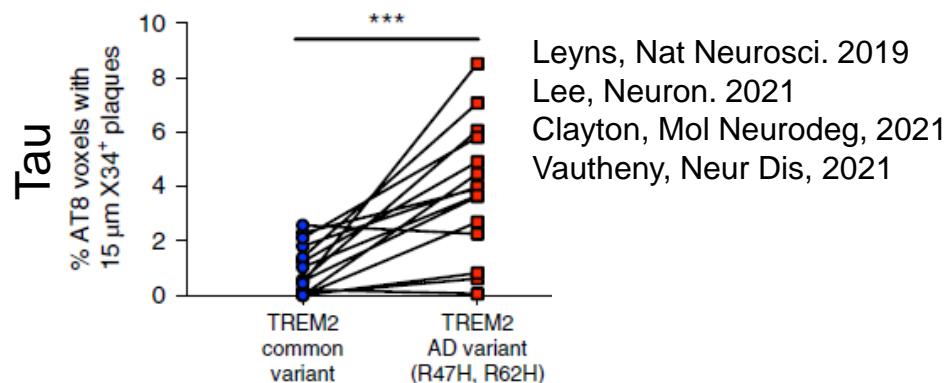


Reduction of Trem2-microglia
→ increases tau lesions



Active microglia

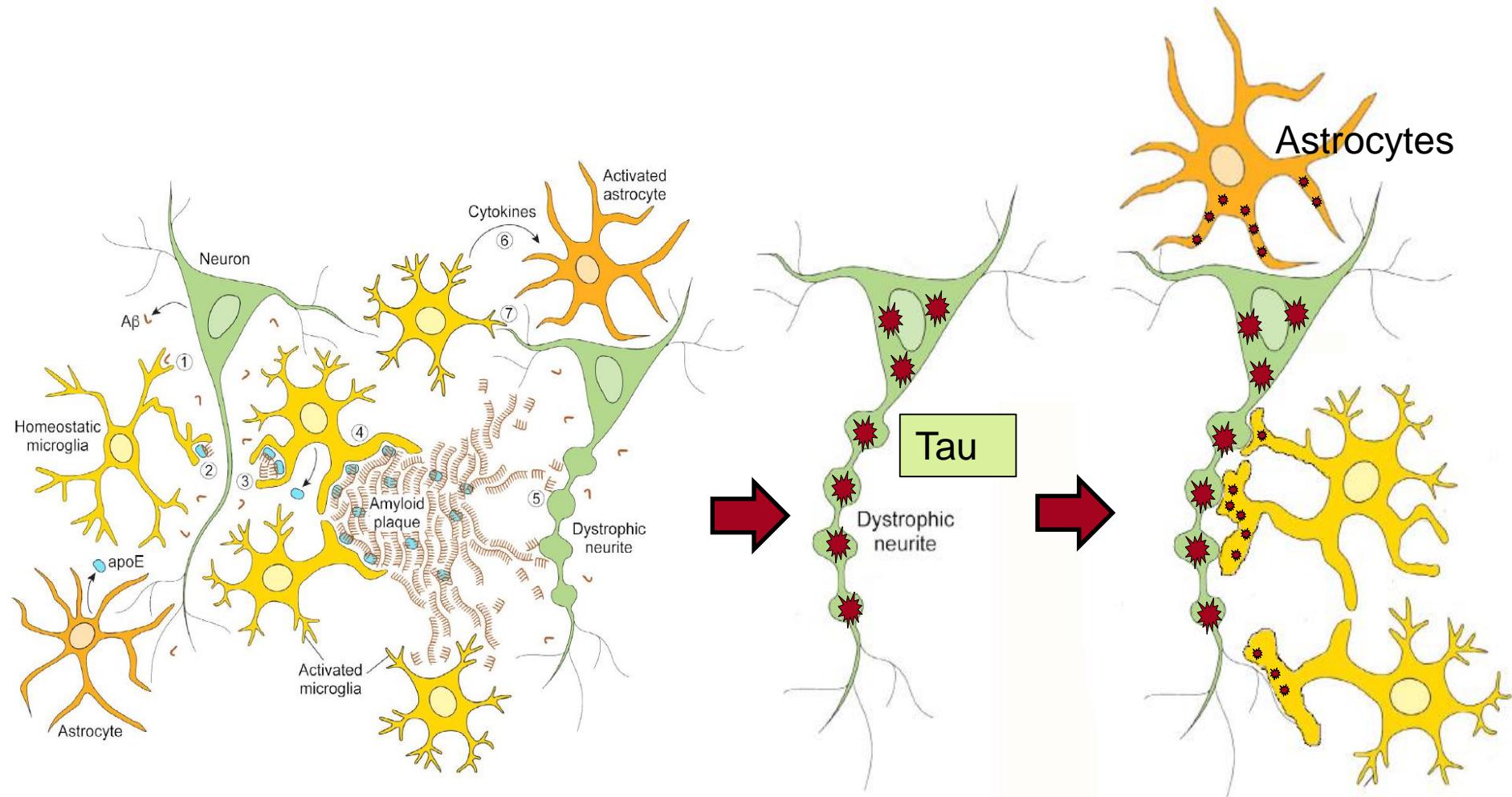
Inactive microglia



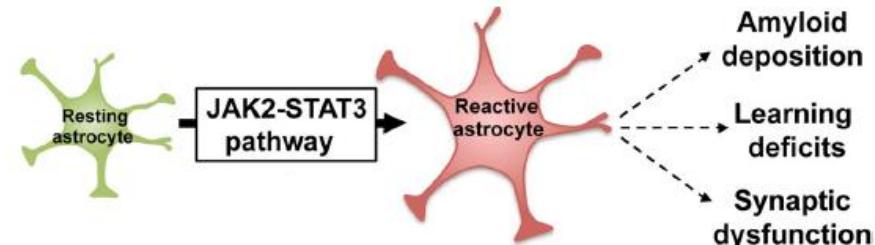
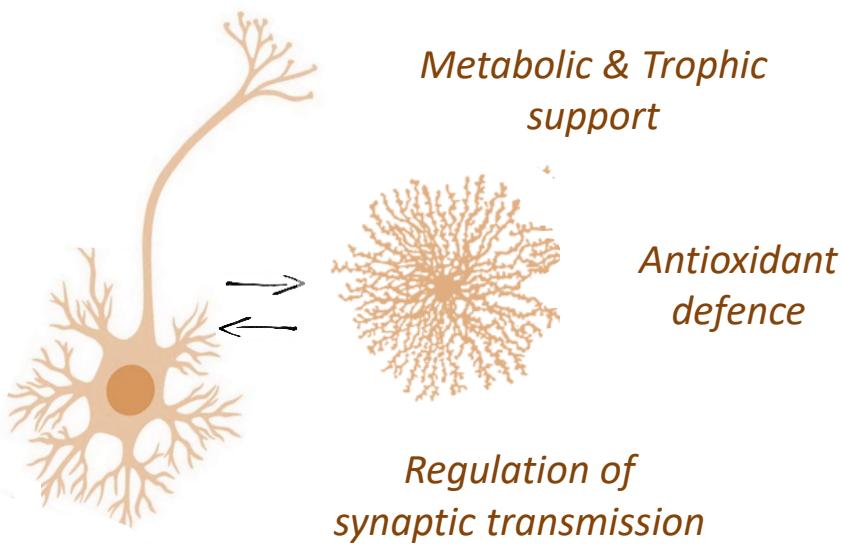
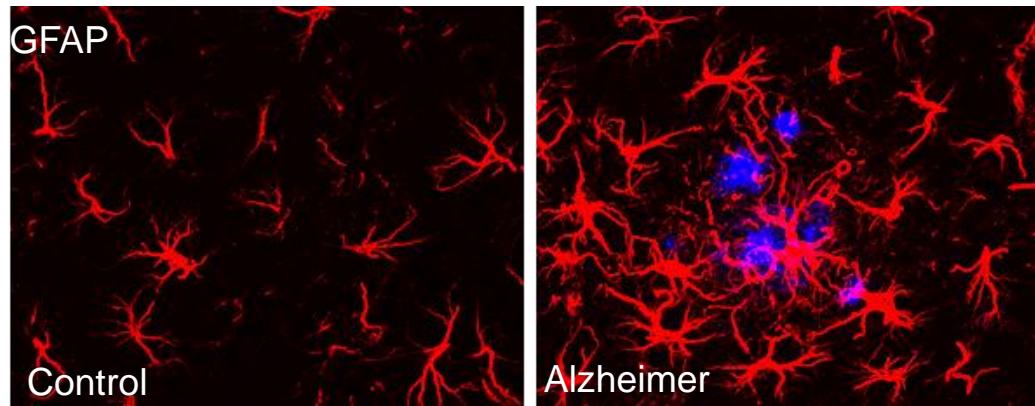
*Phagocytosis of tau-positive synapses
- Role of C1q*

Dejanovic, Neuron. 2018
Lee, Neuron. 2021

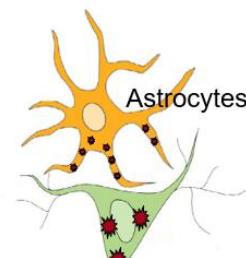
DO NOT FORGET THE ASTROCYTES...



ASTROCYTE REACTIVITY IN ALZHEIMER



Ceyzériat et al.
Acta Neuropathologica Communications (2018) 6:104



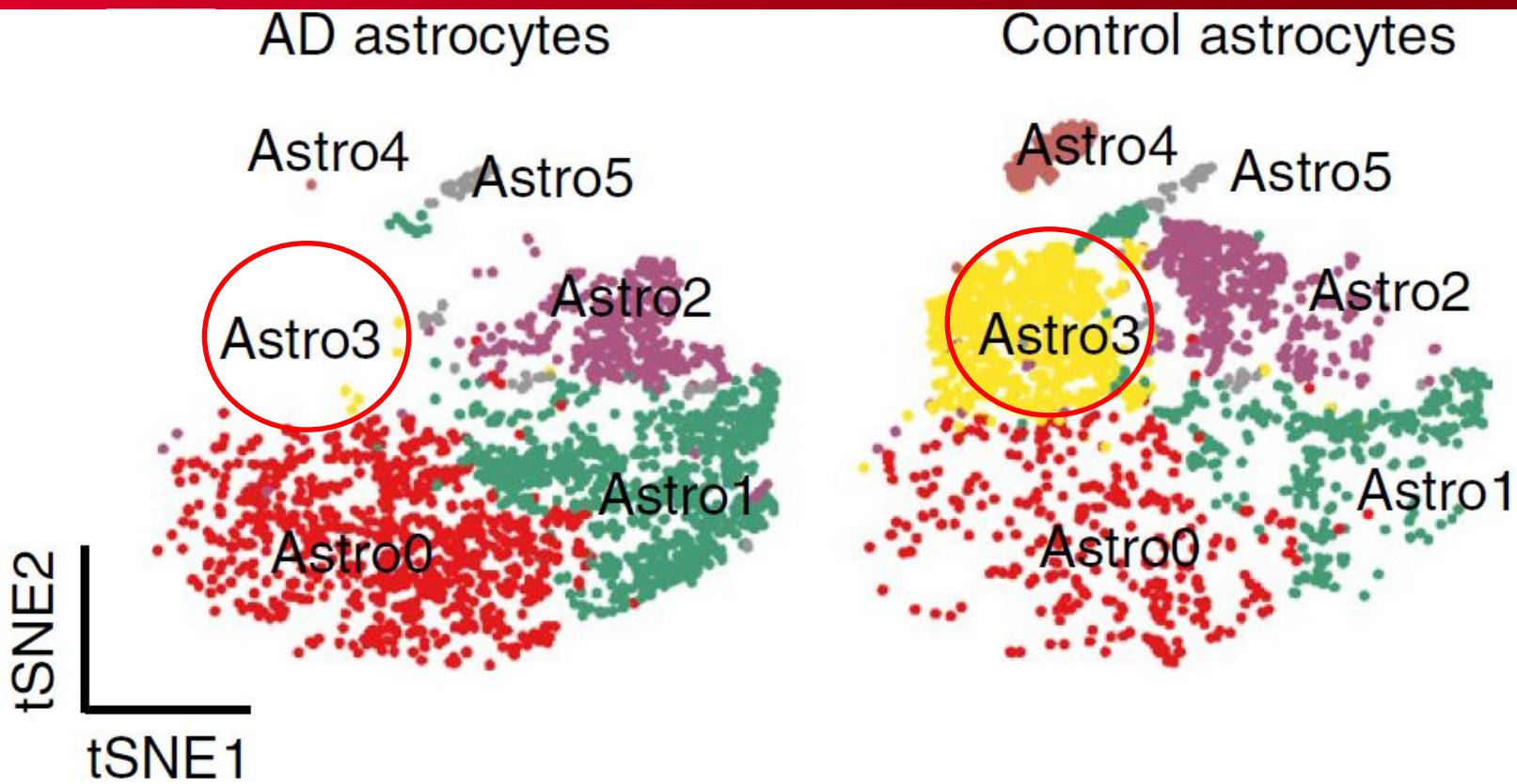
Tau is toxic on astrocytes

Ben Haim et al. *Front. Cell Neuro*, 2015
Spanos et al. *Cells* 2020

Maté de Gérando et al. *Brain*, 2021

TRANSCRIPTIONAL CHANGES IN ASTROCYTES

Weakened metabolic coordination with neurons ?



Astro 3: Genes involved in coordination of **lipid and oxidative metabolism** between neurons and astrocytes.

snRNAseq, Alzheimer's disease patients

Zhou, Y.Y., 2020.

Human and mouse single-nucleus transcriptomics reveal TREM2-dependent and TREM2-independent cellular responses in Alzheimer's disease.
Nature Medicine 26, 131-+. <https://doi.org/10.1038/s41591-019-0695-9>.