

Preface

The field of neurodegenerative diseases is undergoing an unprecedented revolution. The past decade has seen the identification of new mutation mechanisms, such as triplet repeat expansions, and new genes causing familial forms of common neurodegenerative diseases, such as Parkinson's and Alzheimer's diseases. Cellular and animal models based on this genetic information are now available and, importantly, common mechanisms are rapidly emerging among diseases that were once considered unrelated. The field is poised for the development of new therapies based on high throughput screenings and a better understanding of the molecular and cellular mechanisms leading to neurodegeneration.

Molecular Mechanisms of Neurodegenerative Diseases reviews recent progress in this exploding field. By nature, such a book cannot be all inclusive. It focuses on Alzheimer's, Parkinson's, and CAG triplet repeat diseases. In the first chapter, Bill Klein reviews the role of A β toxicity in the pathophysiology of Alzheimer's disease. This controversial issue is further examined in the context of transgenic models of Alzheimer's disease by LaFerla and colleagues. Sue Griffin and Robert Mruk, and Caleb Finch and collaborators, then examine the role of glial cells and inflammation in Alzheimer's disease; a review of the role of proteolysis in the generation of abnormal protein fragments by Hook and Mende-Mueller follows. Therapeutic opportunities offered by a better understanding of Alzheimer's disease pathophysiology are examined by Perry Molinoff and his colleagues at Bristol-Myers Squibb.

The chapter on proteolysis by Hook and Mende-Mueller identifies one of the recurring themes that is appearing among neurodegenerative diseases: the formation of abnormal protein fragments, whose misfolding may lead to a cascade of cellular defects, ultimately leading to cell death. Similarities between pathological processes in Parkinson's, Alzheimer's, and related diseases is also the theme of the chapter by Virginia Lee, John Trojanowski, and collaborators, which discusses the role of Tau and synuclein. Despite the identification of mutations in synuclein, and the presence of synuclein in Lewy bodies, the pathophysiology of Parkinson's disease, however, remains poorly understood. Joel Perlmutter and his colleagues review the information we have recently gained on the progression of the disease from brain imaging studies.

BethAnn McLaughlin and Russell Swerdlow then examine the role of dopamine and of mitochondrial dysfunction, respectively, in neurodegeneration.

The last chapters of the book deal with different and complementary aspects of CAG repeat diseases, including SCA1 (Orr and Zoghbi), SCA3 (Opal and Paulson), SBMA (Merry), and Huntington's disease. Chesselet and Levine compare the different mouse models of Huntington's disease, MacDonald and colleagues review the role of proteins interacting with huntingtin, and George Jackson discusses the potential of fly genetics to identify the molecular mechanisms of neurodegenerative diseases.

Despite their differences in focus, many chapters of *Molecular Mechanisms of Neurodegenerative Diseases* overlap, presenting the variety of viewpoints that pervade this dynamic field. Evidently, since new data appear every day, the chapters in a book can only provide the basis for understanding ongoing research. It is hoped that the ideas and concepts presented here will lead, within a few short years, to therapies that prevent, delay the onset, slow the progression, or even cure these devastating neurodegenerative illnesses.

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Transgenic Models of Alzheimer's Disease

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2.1. INTRODUCTION

The ability to introduce foreign genes into an animal's genome or to modify or delete existing genes provides a powerful means to study their impact in an intact organism. This technology has been extensively exploited to study the pathogenesis of Alzheimer's disease (AD), a progressive neurodegenerative disease characterized by memory loss and cognitive decline. At the neuropathological level, the AD brain is marked by three principle features: (1) diffuse and neuritic plaques composed primarily of the β -amyloid ($A\beta$) peptide, (2) intracellular neurofibrillary tangles (NFTs), which consist of hyperphosphorylated tau protein, and (3) neuronal and synaptic loss (1). Thus, to faithfully model AD, an animal model must contain these three principle neuropathological features and the accompanying deficits in memory and cognition. To date, none of the existing models truly fulfills these criteria. Nevertheless, this should not imply that these existing models do not have value, because replicating one or more aspects of the disease provides a valuable experimental system to investigate the underlying pathogenic mechanisms and to evaluate potential therapeutic interventions.

As with virtually any transgenic strategy, approaches to model AD in mice have capitalized on the remarkable advances made in elucidating the genetics of this complex disorder. Therefore, we begin this chapter by presenting a brief overview of the genetics underlying familial AD (FAD). AD can be broadly divided into early-onset or late-onset classifications depending on whether the disease is acquired before or after 60 yr of age. Approximately half of all cases of early-onset autosomal dominant AD can be attributed to missense mutations in three genes encoding transmembrane proteins (Fig. 1): *amyloid precursor protein (APP)* gene on chromosome 21,

presenilin-1 (PS1) gene on chromosome 14, and *presenilin-2 (PS2)* gene on chromosome 1 (3).

2.2. AUTOSOMAL-DOMINANT FAD GENES

The *APP* gene was the first gene conclusively linked to FAD and to date, seven pathological mutations have been described (4). An important characteristic of all the *APP* mutations identified thus far is that they occur within or in close proximity to the A β coding region, consistent with the interpretation that the biological effect of these mutations is an alteration of APP processing, leading to increased A β production. The first mutation discovered, a glutamate-to-glutamine substitution at codon 693 (using 770 nomenclature, corresponding to residue 22 of the A β sequence), ironically was found not in an AD kindred, but in a family with autosomal-dominant hereditary cerebral hemorrhage with amyloidosis, Dutch type (5,6). The first AD-associated mutation in *APP* was found at codon 717 near the γ -secretase site, and resulted in a valine-to-isoleucine substitution (7,8); since this seminal finding, different missense mutations at this same codon have also been documented in other families, resulting in the substitution of valine with either phenylalanine (9) or glycine (10). Another missense mutation at codon 715 near the γ -secretase site has recently been described that results in a valine-to-methionine substitution (11). A double missense mutation near the β -secretase site at codons 670 and 671 was identified in two separate Swedish families and results in a lysine-methionine to asparagine-leucine substitution (12). Another mutation within the A β sequence has also been described that results in a glycine-to-alanine substitution at residue 21 (13).

Only 2-3% of early-onset FAD cases are attributable to mutations within *APP*. Genetic linkage analysis revealed another locus implicated in early-onset FAD, which culminated in the identification of the *PS1* gene by positional cloning (14). Shortly thereafter, a homologous gene called *PS2* was identified and cloned (15-17). Nearly half of all FAD cases have been associated with mutations in the presenilin genes, mainly in the *PS1* gene, which accounts for up to 50% of early-onset FAD cases (3). All of the more than 75 mutations in the *PS1* gene described to date are missense mutations, including the "Dexon 9" mutation (18). Mutations in *PS2* are more rare than *PS1* and, thus far, only three missense mutations have been identified: asparagine-to-isoleucine at codon 141 in Volga-Germans, methionine-to-valine at codon 239 in Italian families (15-17), and arginine-to-histidine at codon 62, which is found in a sporadic AD case and may represent a polymorphism with or without biological implications (19).

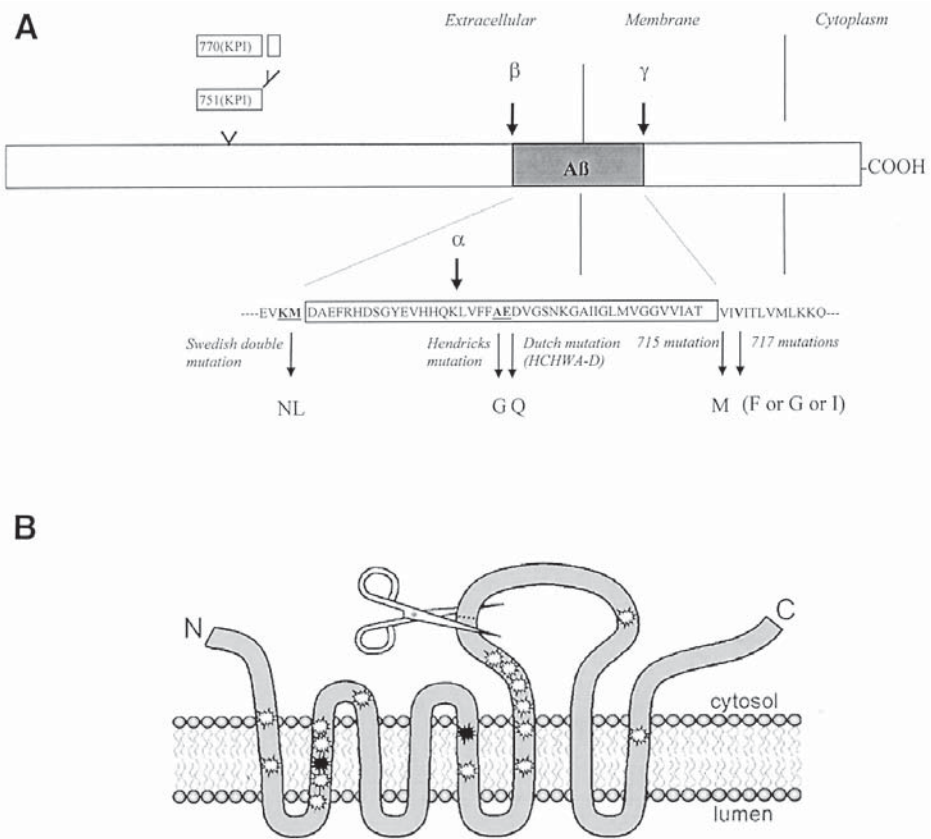


Fig. 1. Schematic diagram of the APP and PS molecules. (A) The position of the A β sequence within the APP molecule is indicated by the shaded box, with the 43-amino-acid version of the peptide indicated by single-letter amino acid code within the boxed area. The relative position of the α -, β -, γ - secretase cleavage sites are shown. The amino acid substitutions that have been identified in families with APP mutations are shown with the arrow pointing to the substituted amino acids. (Adapted from ref. 2) (B) Schematic diagram of the presenilin molecule, showing multiple transmembrane domains. Some FAD PS1 mutations are indicated in white and PS2 mutations are indicated in black.

2.3. RISK FACTOR GENES

The characterization of a subset of FAD families that developed late-onset AD led to the linkage of a predisposing gene located on chromosome 19, which was identified as *apolipoprotein E* (*ApoE*) (20–22). Three different allelic forms of the *ApoE* gene, referred to as $\epsilon 2$, $\epsilon 3$, and $\epsilon 4$, are present in the population. In 1993, Allen Roses and colleagues recognized that there

was an increased frequency of the $\epsilon 4$ allele among AD patients 65 years of age and older (21,23). In short, possession of the ApoE $\epsilon 4$ allele increases the risk of developing AD in a dose-dependent manner, whereas the $\epsilon 2$ allele confers protection from AD (24). Depending on the combination of ApoE alleles inherited, individuals are susceptible to AD to varying degrees. Thus, the presence of each additional $\epsilon 4$ allele leads to an earlier onset of symptoms. In sum, *ApoE* is a genetic risk factor, not a causal agent, because even individuals without an $\epsilon 4$ allele develop AD and vice versa (see ref. 25 for review).

The genetics of late-onset AD have not been described as well as the genetics of early-onset FAD. The reason for this may be twofold. First, a significant number of late-onset AD cases may be sporadic (i.e., nongenetic). The second problem is the inherent difficulty associated with studying an aged population. Consequently, if a sizable proportion of late-onset cases are familial, it may be difficult to identify individuals destined to develop late-onset FAD, because they or their kin may die before the disease is manifested. Nevertheless, some candidate genes are emerging, including the identification of a gene on chromosome 12 called $\alpha 2$ -macroglobulin, which may be associated with some late-onset FAD cases (26).

2.4. A CENTRAL PATHOLOGIC ROLE FOR A β

The A β peptide is a heterogenous molecule that can display variability at both the N- and C-termini (27). The significance of the C-terminal heterogeneity is particularly notable, as it imparts profound biological consequences of significance to AD pathogenesis. A marked biophysical difference between these two species of A β is that the longer form (A $\beta_{42(43)}$) tends to be more amyloidogenic, forming fibrils in vitro more readily than the shorter form (A β_{40}) (28). In vivo analyses also confirm the more pathogenic nature of the longer form, as immunohistochemical studies of human AD and brains of individuals with Down's Syndrome indicate that the earliest form of A β deposits consist of A $\beta_{42(43)}$. Thus far, a consistent theme to emerge is that all mutations within the *APP*, *PS1* and *PS2* genes linked to early-onset FAD eventually lead to enhanced production of either total A β levels or the more insoluble A $\beta_{42/43}$ (29–37). The effects of the FAD-linked genes on A β has been observed in a variety of experimental systems including cell culture (both transfected cells overexpressing mutant proteins and fibroblasts from FAD patients) and transgenic mice (to be discussed later) and has provided strong evidence for the critical role of A β in AD neurodegeneration.

2.5. A β TRANSGENIC MICE

Although *in vitro* experiments had indicated that A β was deleterious to a variety of cell types grown in culture (38), the *in vivo* toxicity of A β was less certain and somewhat controversial because direct injection of the peptide into the CNS of various animals yielded conflicting results (*see*, for example, ref. 39). Therefore, we felt that a transgenic approach might be the most appropriate way to test the neurotoxicity of A β in an *in vivo* context. Rather than express the entire *APP* sequence, we opted to express only the A β peptide (40). Moreover, in designing our transgenic model, we also wanted to determine whether A β toxicity was mediated as a result of intracellular accumulation or as part of its accumulation in the extracellular milieu. We hypothesized that toxicity might be concentration dependent (i.e., for efficient nucleation of A β to occur), and thus we rationalized that the A β concentration might reach higher levels inside a contained environment, such as inside the cell. Consequently, two sets of transgenic mice were developed that expressed a cDNA sequence encoding only the mouse A β peptide; the only difference between the two sets was that the “extracellular” mice contained the neural cell adhesion molecule (NCAM) signal sequence incorporated into the transgene to allow A β to be targeted extracellularly.

The neurologic phenotype observed in these mice has been extensively described (40,41). In short, a surprising observation emerged from the study of these A β transgenic mice: Only the mice expressing A β intracellularly developed pathology. The pathophenotype that developed in the intracellular A β transgenic mice consisted of seizures, astrogliosis, neuronal cell death, and extracellular amyloid deposition. Perhaps even more surprising was the lack of neuropathology in the transgenic mice in which the NCAM signal sequence was incorporated; this was true despite the fact that these mice expressed the NCAM–A β transgene. These findings indicated that accumulation of A β intracellularly can have deleterious neurotoxic effects and highlight a previously underappreciated role of intracellular A β in the pathogenesis of AD.

Expressing A β intraneuronally initiated a cascade of pathological events that occurred in an age-dependent and region-specific fashion in the “intracellular” A β transgenic mice. The earliest phenotypic changes that we observed were changes in neuronal morphology that included neuritic degeneration and cytoplasmic vacuolization. A large percentage (approx 75%) of the transgenic mice also developed profound astrogliosis by 6 mo of age, providing confirmatory evidence of underlying central nervous system (CNS) injury evoked as a result of intracellular A β expression. At later time-points, other evidence of neuronal damage were apparent,

including fragmentation of nuclear DNA following TUNEL. Although TUNEL staining, by itself does not discriminate between cells dying by necrosis versus apoptosis (42), we combined terminal deoxynucleotide transferase-mediated dUTP-biotin nick end labeling (TUNEL) with ultrastructural analysis which revealed neurons that were indeed morphologically altered in a manner consistent with cells undergoing apoptosis. Therefore, intracellular A β expression triggers neuronal apoptosis. This finding is consistent with apoptotic-inducing properties of A β administered *in vitro* (43) and with recent demonstrations that one of the pathologic mechanisms by which certain genes linked to FAD (e.g., presenilins) may induce disease is through enhancement of neuronal apoptosis (*see, ref. 44 for review*).

In addition to the primary neuronal injury, inflammatory or reactive processes were also apparent in the A β transgenic mice. Besides the prominent astrogliosis in the transgenic brains, reactive microglia were also present following histochemical staining with the lectin, RCA. Notably, as with the neuronal degeneration, both the astrogliosis and microgliosis occurred in brain regions such as the neocortex and hippocampus, which are major sites of AD pathology. Thus, expression of A β intraneuronally is able to trigger many reactive cellular processes within the brain. Finally, the occurrence of these reactive processes in the transgenic brains is relevant because they also represent a significant aspect of AD pathology (45).

The profound extent of neuronal cell loss that occurred in the intracellular A β transgenic model is one feature that distinguishes it from other transgenic models. In addition, evidence from light and electron microscopy indicated that the cell death was consistent with an apoptotic pathway. More specifically, we found that neurons were dying by an apoptotic pathway that required p53 expression (41). p53 is a pleiotropic molecule that plays an important role in inducing cellular apoptosis (46). There are now several reports that indicate that p53 expression is elevated in AD brains (47–49); thus, it is quite likely that, as was the case for the A β transgenic mice, p53 may play a comparable role in mediating cell death in the AD brain.

Although the occurrence of extracellular A β deposits was not as robust in our intracellular A β transgenic mice as in some of the mutant APP mice (*see Subheading 2.6*), an important hypothesis regarding the genesis of A β plaques has emerged nevertheless. Specifically, we proposed that extracellular deposition of A β occurs following neuronal cell death. In part, this hypothesis is supported by our observations that extracellular A β deposition occurred in areas in which there was prominent TUNEL labeling in the transgenic brains, indicating that cell death precedes extracellular amyloid deposition in this transgenic model (41).

The finding that expression of intracellular A β leads to neuronal cell death via apoptosis in the transgenic brains prompted us to investigate human AD brain postmortem samples to determine if neuronal loss also occurred by apoptosis. We found that indeed there was evidence for neuronal cell death occurring by apoptosis (50), which agrees with numerous other reports (51,52). Curiously, the number of TUNEL-positive cells in the AD brain is substantially higher than one might have predicted *a priori*, given the rapid demise the apoptotic cell undergoes *in vitro*. The reasons for this are unclear, but many of the cells containing fragmented DNA also paradoxically express bcl-2 (53), which is counterintuitive given that bcl-2 normally represses cell death. Thus, it is plausible that despite the extent of DNA damage, mechanisms exist to retard the loss of postmitotic cells to perhaps allow repair so that the cell can survive.

Histological analysis in combination with the TUNEL procedure allowed us to identify neurons with different degrees of DNA fragmentation, which we interpret to reflect different stages in the cell death pathway. More importantly, from this analysis, we observed that degenerating neurons exhibiting DNA damage also contained *intracellular* A β accumulation, despite the absence of any extracellular A β . Furthermore, these same cells also contained elevated expression of apoE, which likely stabilizes the hydrophobic A β . Therefore, we concluded that, as in the transgenic brains, intracellular accumulation represents a key feature in the pathogenesis of AD that precedes the extracellular accumulation of amyloid plaques (50).

In sum, although expressing A β intracellularly in transgenic mice represented an unorthodox approach, these mice did develop some pathological changes that are consistent with those observed in the AD brain. Since then, the suggestion that intracellular A β may play an important role in the disease process has been growing. A β has traditionally been regarded as manifesting its neurotoxic effects from outside the cell. In part, this is because amyloid plaques are localized extracellularly in the AD brain and because administration of A β to cultured cells is known to be toxic (38). However, it is uncertain whether the results of the *in vitro* studies accurately mimic the means by which A β is pathogenic in AD or whether it is the exclusive mechanism by which A β can be neurotoxic.

Evidence supporting a role for intracellular A β in the pathogenesis of AD includes *in vitro* work with synthetic A β peptide (54,55) and with mutant genes linked to FAD (56,57), and findings from transgenic mice and AD brains (40,41,50,58). It is our hypothesis that perturbations of the normal cellular processing of APP or selective reuptake of A β would cause the peptide to accumulate intracellularly. As nucleation is concentration

dependent, intracellular A β accumulation would facilitate the peptide's formation of neurotoxic aggregates, ultimately causing cell death. The A β released following cell death would form an extracellular nidus for neuritic plaque formation, leading to secondary cellular damage by glial activation or other inflammatory responses. Despite evidence supporting this hypothesis, the role of intracellular A β in AD remains controversial. However, another age-related disorder called inclusion body myositis (IBM), is characterized by skeletal muscle fiber degeneration associated with accumulation of intracellular A β (59).

2.6. *APP* TRANSGENIC AND KNOCKOUT MICE

A frequent approach used to elucidate the function of a protein in an organism is to knock out the encoding gene. Genetically modified mice have been generated that contain a functionally inactive *APP* gene (60, 60a); these mice exhibited behavioral deficits, showing slight decreases in motor activity and forelimb grip strength when compared to age-matched controls, which indicates that *APP* is necessary for optimal cellular functioning. Marked reactive gliosis was also observed in the brains of young mice, consistent with absence of *APP* leading to altered neural functioning and the activation of secondary processes. In addition, the *APP* null mice exhibited deficits in spatial learning, impaired long-term potentiation and a reduction in synaptic density, suggesting that *APP* may be necessary for maintenance of synaptic function during aging (61).

Neuroanatomical studies of the brain did not reveal significant differences in the knock out mice as compared to the wild-type controls. Consequently, either *APP* is not essential for mouse embryonic and early neuronal development or the absence of *APP* was compensated by the highly homologous *APP*-like proteins 1 and 2 (*APLP1*, *APLP2*) (62, 63). Genetically modified mice have been derived that lack both *APP* and *APLP2* (64). The absence of both genes results in early lethality as 80% of double knock out mice die within the first week after birth. Those mice that survive beyond this time-point are reduced in body weight and show several postural and motor abnormalities. Thus, it appears that *APLP2* and *APP* are required for early postnatal development and that *APLP2* and *APP* can compensate for each other functionally. In sum, the results of these single and double knockout mice show that loss of *APP* function does not lead to AD neuropathology in mice, which indicates that *APP* mutations lead to AD by a mechanism other than loss of *APP* function.

To address the pathophysiological role of *APP* in transgenic mice, generally one of two experimental strategies have been utilized: either

expression of the carboxyl fragment of *APP* termed C100 (which consists of 100–104 amino acids from the C' terminus of *APP* including A β) or expression of the full-length *APP* molecule, encoded by either genomic or cDNA sequences. Earlier approaches focused on overexpressing wild-type *APP* (*APP*_{WT}), which resulted in some pathological or behavioral alterations (65–68). Following the identification of *APP* mutations, the consequences of their expression could be measured in the CNS of transgenic mice, particularly in regard to whether they were sufficient to induce AD-like pathology. The most dramatic successes have centered on transgenic models harboring *APP* molecules that either contained missense mutations near the γ -secretase site (69) or the β -secretase site (70). Since then, numerous other laboratories have used comparable approaches. In short, although neither model fully mimics the complete spectrum of AD pathology, the robust A β deposits observed in the CNS of these transgenic mice provided confirmatory evidence that mutations within the *APP* gene are, in fact, pathological mutations responsible for some cases of early-onset FAD.

An in depth analysis of all the *APP* transgenic models is beyond the scope of this chapter, therefore we focus on two of the more prominent lines of transgenic mice that developed certain key pathological features, notably extensive extracellular A β deposits. Although the transcriptional promoter and *APP* mutant differed in each construct, there were, nevertheless, several histopathological commonalties observed in the brains of both transgenic lines. One common feature shared by the PD-*APP* (69) and prion protein (PrP)–*APP*_{SW} (PrP-*APP*_{SW}) (70) mice was the age-related increase in A β production in the brain. Relative levels of A β ₄₀ and A β ₄₂₍₄₃₎ were measured using enzyme-linked immunosorbent assay (ELISA). Analysis of A β concentrations within the hippocampus of PD-*APP* mice revealed a 17-fold increase between the ages of 4 and 8 mo and a 500-fold increase from 4 to 18 mo of age (71). Likewise, ELISA analysis of PrP-*APP*_{SW} brain showed 5 and 14 times the amount of A β ₄₀ and A β ₄₂₍₄₃₎, respectively, in 11- to 13-mo-old transgenic mice when compared to 2- to 5-mo-old transgenic mice. This dramatic age-dependent increase in overall A β levels as well as in the A β _{42(43)/40} ratio clearly mimics an important characteristic of the human disorder.

Despite the use of different neuronal promoters, both groups observed extracellular deposition of A β that was distributed in a region-specific fashion in the brain. This is true, for example, despite the use of the platelet-derived growth factor-beta (PDGF) promoter, which results in widespread neuronal expression throughout the CNS (72). A β deposits in the PD-*APP* brain were localized within the hippocampus, corpus callosum, and cerebral cortex but absent in other brain structures, thus paralleling the regional

distribution that occurs in human AD brains. In *PrP-APP_{SW}* mice, A β deposits were found in frontal, temporal, and entorhinal cortex, hippocampus, presubiculum, subiculum, and cerebellum. The regional specificity of A β accumulation is intriguing because the promoters used in the transgene constructs expressed APP globally in neurons throughout the CNS, suggesting that region-specific factors may influence the accumulation and/or clearance of A β .

In addition to widespread A β deposition, other pathological markers characteristic of the AD brain such as reactive gliosis and synaptic loss were observed in both mice. Histopathologically, in the *PrP-APP_{SW}* brains, amyloid cores were surrounded by glial fibrillary acidic protein (GFAP) immunoreactive astrocytes and dystrophic neurites. In *PD-APP* brain, the majority of amyloid plaques were also surrounded by extensive GFAP immunoreactive astrocytes and usually associated with dystrophic neurites from surrounding cells (73). In addition, in *PD-APP* transgenic brains, the synaptic density in the molecular layer of the hippocampal dentate gyrus was markedly reduced following visualization with synaptophysin, a presynaptic marker, and MAP2, a dendritic marker (69). This loss of synaptic density within the hippocampus, a structure important for learning and memory, is a major histopathological feature of the AD brain (74) and may be a causal factor in the memory loss associated with the disease.

Because an important clinical manifestation of AD is the loss of short-term memory, a comprehensive transgenic model would not only have to contain the major hallmarks of AD pathology (i.e., plaques and tangles) but would also have to exhibit the accompanying behavioral deficits. Several of the *APP* transgenic models do show deficits in certain behavioral tests designed to evaluate learning and memory performance, such as spatial reference and alternation tasks (67, 70, 75, 76). In addition, these transgenic mice also exhibit changes in synaptic plasticity such as induction of long-term potentiation (LTP) (61, 76, 77).

In sum, transgenic mice expressing mutant *APP* at high levels were successful at producing amyloid deposits distributed in a region-specific manner similar to that observed in the AD brain, along with varying degrees of learning and memory deficits. One of the key features that distinguishes the *APP* models mentioned earlier from the other models is the high level of expression that is required for plaque formation (see, for example, ref. 78). *PD-APP* transgenic mice expressed human APP to over 10 times the level of endogenous mouse APP at the protein level. The *PrP-APP_{SW}* mice expressed the *APP* transgene mRNA in brain over fivefold the endogenous

APP levels in 14-mo-old transgenic mice. Notably, despite this high level of transgene *APP* expression and resultant prominent $A\beta$ deposition, there is a relative paucity of neuronal cell death. The implications for the relationship of the genesis of $A\beta$ plaques and neuronal cell death are not clear.

2.7. PRESENILIN TRANSGENIC AND KNOCKOUT MICE

Given the earlier age of disease onset in *PS1* versus *APP* FAD pedigrees (30–50 yr versus 50–60 yr) and the rapid clinical demise that occurs in *PS1* families, one might likely predict that overexpression of *PS1* mutations in transgenic mice would induce more severe pathology than *APP* transgenic mice. Surprisingly, these mice did not develop amyloid plaques. There is no obvious theoretical explanation to account for this observation and it may simply be a reflection of not achieving adequate levels of *PS1* overexpression in the appropriate cell types.

Several groups characterized transgenic mice overexpressing human mutant *PS1* molecules (29,32,33). Although the promoter, *PS1* mutation, and background strain of mice differed, two consistent findings emerged. First, overexpression of mutant human *PS1* in transgenic mice results in increased levels of $A\beta_{42(43)}$. Although overexpression of human wild-type *PS1* increases $A\beta_{42(43)}$ levels in transgenic mice, these levels are dramatically increased in mice harboring *PS1* missense mutations. Not all *PS1* mutations elevate $A\beta_{42(43)}$ to comparable levels; for example, transgenic mice harboring the methionine-146-leucine (M146V) mutation had a greater increase in $A\beta_{42(43)}$ than did mice overexpressing the leucine-286-valine mutation (32). This disparity may indicate that certain regions of the *PS1* protein are more critical, at least with regards to modulating *APP* processing.

Both the *PS1* and *PS2* proteins are subject to endoproteolytic processing in vivo; the net effect is that it can be difficult to detect the holoproteins in vivo and that the major detectable species in brain are an approx 27-kDa N-terminal and approx 19-kDa C-terminal fragments (79). The second finding to emerge was that *PS1* and *PS2* appear to compete for common proteolytic factor(s), as it was observed that saturable levels of the N- and C-terminal fragments accumulate at approximately 1 : 1 stoichiometry in transgenic mice, an effect independent of transgene-derived mRNA levels. These studies reveal that compromised accumulation of murine *PS1* derivatives resulting from overexpression of human *PS1* occurs in a manner independent of endoproteolytic cleavage, consistent with a model in which the abundance of *PS1* fragments is regulated coordinately by competition for limiting cellular factors (79,80).

The pathogenic means by which mutations in the presenilin genes lead to AD may involve three mechanisms. One likely mechanism clearly involves elevation of $A\beta_{42(43)}$ levels, as the transgenic models described earlier clearly illustrate; it is still not established whether this effect is primary or whether it lies downstream of other molecular processes. The second mechanism may involve enhanced sensitivity to apoptosis (*see ref. 44* for review). Recently, *PS1* mutant knock-in mice have been developed that express the human PS1 M146V mutation at normal physiological levels (*81*); primary hippocampal neurons from these *PS1* mutant knock-in mice exhibit increased vulnerability to $A\beta$ toxicity. The third mechanism may involve disruption of calcium homeostasis (*81, 82*). For example, primary cells from the *PS1* mutant knock-in mice contain elevated calcium stores in the endoplasmic reticulum and deficits in capacitative calcium entry (*82a*). Thus, although $A\beta$ may be the most obvious readout of mutations in the presenilin genes, it may not necessarily be the primary effect. Recent transgenic data support this hypothesis. Chui et al. (*58*) developed mutant PS1 transgenic mice and found that neurodegeneration was significantly accelerated in mice older than 13 mo, without amyloid plaque formation. However, they reported significantly more neurons containing intracellularly deposited $A\beta_{42}$ in aged mutant transgenic mice, indicating that the pathogenic role of the *PS1* mutation is upstream of the amyloid cascade (*58*).

To elucidate the physiological role of the PS1 molecule in vivo during development, *PS1*-deficient mice were created by effectively disrupting the murine gene in mouse embryos (*83, 84*). Knocking out the *PS1* gene at this early stage of development has a lethal effect; null mutants have abnormal skeletal deformities and hemorrhages in the central nervous system. These physical characteristics are similar to mice with inactivated Notch 1 (*85, 86*), which is not surprising given the homology between the presenilins and sel-12 (*87*). These findings may indicate that PS1 expression is required for neuronal survival and normal neurogenesis (*83*). The PS1 null mice can be “rescued” by being crossed to transgenic mice harboring either wild-type or mutant *PS1* (*88, 89*), demonstrating that the PS1 mutation does not lead to a total loss of function during development.

Although overexpression of mutant *PS1* in transgenic mice increases $A\beta_{42(43)}$ levels, $A\beta$ levels are decreased fivefold in the *PS1* knockout embryos (*90*). The turnover of the membrane-associated fragments of APP was specifically decreased in the null mice. Therefore, it appears that PS1 mediates a proteolytic activity that cleaves the integral membrane domain of APP; simply stated, either PS1 may modulate γ -secretase cleavage of APP or it may even be the γ -secretase molecule (*91*).

2.8. *APP* AND *PS1* DOUBLY TRANSGENIC MICE

The single transgenic models of AD, defined as carrying one FAD-linked mutation, demonstrate either a limited pathology, as in the case of mice overexpressing *PS1* mutations or a late onset of pathology, as in the case of mice overexpressing *APP* mutations. To create an animal model that develops more severe AD-like neuropathology, including perhaps an earlier age of onset, several laboratories have focused their attention on developing transgenic mice that harbor two or more FAD-linked mutations (32,33,92). Consequently, transgenic mice have been generated that carry a mutant *APP* gene and a mutant *PS1* gene.

Alzheimer's disease-like pathology was accelerated in the double transgenic mice that carried either the A246E or M146L mutation in the *PS1* gene and the *APP*_{SW} gene (32,33,92). Amyloid deposits were abundant at 6 mo of age and distributed in a region-specific manner in the cerebral cortex and hippocampus. By contrast, similar pathology was not evident in the single *APP*_{SW} transgenic mice until 9–12 mo of age (70). As mentioned earlier, amyloid deposition was not present in the single *PS1* mutant transgenic mice (see, for example ref 58). Taken together, these observations suggest that the mutant *PS1* acts synergistically with *APP*_{SW} to accelerate *APP* processing and amyloid deposition. Because these mice develop plaques at a relatively early age, they may prove to be a more efficient model system to evaluate the usefulness of potential AD therapeutics and, moreover, certainly indicate that overexpression of more than one FAD-linked gene may be essential to develop an animal model that contains all of the hallmark pathological features of AD.

2.9. *ApoE* TRANSGENIC AND KNOCKOUT MICE

ApoE has been identified as a major risk factor that modifies the age of onset for AD (93). Although apoE can bind to and stabilize A β (23), its precise physiological role in the CNS or in the pathogenesis of AD remains to be established. To address its role during development, genetically modified mice have been derived in which the gene was effectively knocked out (94,95). In short, no obvious phenotypic alterations were evident in *ApoE* null mice, which appeared to be relatively healthy when compared to wild-type controls; thus, *ApoE* is not essential for development. The *ApoE*-deficient mice, however, had significantly higher levels of serum cholesterol than age-matched controls receiving the same diet, consistent with a known role for apoE in the transport of cholesterol (96).

To elucidate the role of human apoE in brain, the three different protein isoforms (ϵ 2, ϵ 3, or ϵ 4) were individually overexpressed in transgenic mice

on a null murine *ApoE* background (97–99). This approach allowed for the characterization of the effects of human ApoE in mice without the confounding influence of the endogenous *ApoE* gene. Several approaches to express human *ApoE* in null mice have used neuronal specific promoters (97,99,100). *ApoE* is normally expressed to relatively high levels in glial cells, although recent evidence for expression in neurons has also been provided (101). Another approach utilized the GFAP promoter to direct expression to astrocytes, because ApoE in the CNS is primarily found in astrocytes. Immunohistochemical analysis of these transgenic mice at 14 mo of age failed to show any evidence of amyloid deposition or increase in A β levels.

To study the effects of human apoE isoforms on A β deposition in transgenic mice, *ApoE* transgenic mice (on a mouse null ApoE background) were crossed with *APP* mice containing the valine-717-phenylalanine mutation (102). A β deposition was significantly less in ApoE 3 and 4 mice crossed with mutant *APP* mice compared to mutant *APP* mice alone. These findings are somewhat counterintuitive given the strong association between A β deposition and apoE isoform (23). If true, these results implicate a potential role for apoE 3 and 4 in increasing clearance and/or decreasing aggregation of A β .

2.10. CONCLUDING REMARKS

The goal of these transgenic endeavors is to create an animal model which faithfully mimics the major histopathological and behavioral features of AD. It is expected that such an animal model would be an invaluable tool in the development of treatments to prevent or halt the progression of disease. Currently, none of the transgenic models expressing a single *FAD* gene meets this criterion, but the development of transgenic models that express more than one AD-associated gene may be the key to overcoming this inadequacy. Nevertheless, the single transgenic models have provided novel insights into the pathogenesis of AD. For instance, one consistent theme that has emerged from the genetic studies is that mutations in all of the genes linked to autosomal-dominant AD affect production or accumulation of A β . Certainly, transgenic models have been key in providing some of this supporting evidence, which clearly underscores the important pathological role of A β in the genesis of AD.

The AD transgenic mice are starting to pave the way for potential and novel therapeutic approaches toward the treatment of this insidious neurodegenerative disorder. One of the most promising of these therapies involves vaccination of transgenic mice with A β (103). Schenk et al. showed that immunization of the PD-APP transgenic mice A β ₄₂ at an early age (prior

to onset of AD pathology/plaque formation) essentially prevented the development of A β deposition and other neuropathological changes such as neurofibrillary dystrophy and astrogliosis. Likewise, immunization of older mice with well-established neuropathologies also was efficacious in reducing the extent and progression of the pathology. Whether this treatment will be effective (or even safe) in human patients awaits results from clinical trials.

Unexpected advances toward the development of a comprehensive transgenic model of AD occasionally emerge from previously unpredictable avenues of research. One recently described and very exciting model was reported by Capsoni et al. (104). These authors created transgenic mice in which the CMV promoter was used to overexpress a neutralizing antibody directed against nerve growth factor (NGF). Levels of free NGF in the brains of transgenic mice were 53% less than in control mice. Intriguingly, the aged 15- to 17-month old anti-NGF transgenic mice exhibited AD-type phenotypic changes including β -amyloid plaques, neurofibrillary tangles, tau hyperphosphorylation, neuronal death, and selective behavioral deficits. The mechanism by which neutralization of NGF in the brain leads to the hallmark features of AD neuropathology remains to be determined. Regardless of the mechanism, the bottom line is that this model currently represents the most comprehensive model of AD.

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