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1 Research Article

2 **Conditional Deletion of *Prnp* Rescues Behavioral and Synaptic Deficits after**  
3 **Disease Onset in Transgenic Alzheimer's Disease**

4 Santiago V. Salazar<sup>1,2</sup>, Christopher Gallardo<sup>3</sup>, Adam C. Kaufman<sup>1</sup>, Charlotte S. Herber<sup>1</sup>, Laura T.  
5 Haas<sup>1,5</sup>, Sophie Robinson<sup>1</sup>, Jean C. Manson<sup>6</sup>, Michael K. Lee<sup>4</sup> and Stephen M. Strittmatter<sup>1\*</sup>

6  
7 <sup>1</sup>Cellular Neuroscience, Neurodegeneration & Repair, Department of Neurology and of  
8 Neuroscience, Yale University School of Medicine, New Haven, CT USA

9 <sup>2</sup>Department of Genetics, Yale University School of Medicine, New Haven, CT USA

10 <sup>3</sup>Department of Pharmacology, University of Minnesota, Minneapolis, MN USA

11 <sup>4</sup>Department of Neuroscience, Institute for Translational Neuroscience, University of Minnesota,  
12 Minneapolis, MN USA

13 <sup>5</sup>Graduate School of Cellular and Molecular Neuroscience, University of Tuebingen, D-72074  
14 Tuebingen, Germany

15 <sup>6</sup>The Roslin Institute, University of Edinburgh, UK

16  
17 \*Corresponding author: Stephen M. Strittmatter

18 Corresponding c w v address: GNNR Program, BCMM 436, Yale University School of Medicine,  
19 295 Congress Avenue, New Haven, CT 06536 USA

20 Corresponding c w v phone and fax: Tel (203)-785-4878 ; Fax (203) 785-5098

21 Corresponding c w v e-mail address: [Stephen.Strittmatter@yale.edu](mailto:Stephen.Strittmatter@yale.edu)

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24 **ABSTRACT**

25 **Biochemical and genetic evidence implicate soluble oligomeric amyloid-beta \* C ip +**  
26 **triggering C n | j g disease (AD) pathophysiology. Moreover, constitutive deletion of the**  
27 **A o-binding cellular prion protein (PrP<sup>C</sup>) prevents development of memory deficits in**  
28 **APP<sub>Swe</sub>1 R U 3 rñiC, a model of familial AD. Here, we define the role of PrP<sup>C</sup> to rescue or halt**  
29 **established AD endophenotypes in a therapeutic disease-modifying time window after**  
30 **symptom onset. Deletion of *Prnp* at either 12 or 16 months of age fully reverses hippocampal**  
31 **synapse loss, and completely rescues pre-existing behavioral deficits by 17 months. In contrast,**  
32 **but consistent with a neuronal function for A o/PrP<sup>C</sup> signaling, plaque density, microgliosis**  
33 **and astrocytosis are not altered. Degeneration of catecholaminergic neurons was unchanged by**  
34 **PrP<sup>C</sup> reduction after disease onset. These results define the potential of targeting PrP<sup>C</sup> as a**  
35 **disease-modifying therapy for certain AD-related phenotypes after disease onset.**

36

37 **Keywords:** C n | j g disease; cellular prion protein; tamoxifen inducible Cre-lox system

38 **Abbreviations:** APP<sub>Swe</sub>/PS1 E9 = Amyloid precursor protein with familial Swedish  
39 mutation/Presenilin 1 exon 9 deletion; A = amyloid-beta; A o = amyloid-beta oligomers; PrP<sup>C</sup> =  
40 cellular prion protein; *Prnp* = prion gene name

41

42 **SIGNIFICANCE STATEMENT**

43 The study presented here further elucidates our understanding of the A o-PrP<sup>C</sup> signaling pathway in  
44 a familial form of C n | j g disease (AD) by implicating PrP<sup>C</sup> as a potential therapeutic target for  
45 AD. In particular, genetic deletion of *Prnp* rescued several familial AD (FAD) associated

46 phenotypes after disease onset in a mouse model of FAD. This study underscores the therapeutic  
47 potential of PrP<sup>C</sup> deletion given that patients already present symptoms at the time of diagnosis.

48

## 49 INTRODUCTION

50 Alzheimer's disease (AD) is the most common form of dementia worldwide with more than 5  
51 million Americans with the disease (Alzheimer's, 2012). AD is characterized by two hallmark  
52 pathologies: amyloid- $\beta$  plaques composed of C peptide and neurofibrillary tangles composed  
53 of hyperphosphorylated Tau (Braak and Braak, 1991; Selkoe, 2011). The clinical presentation of AD  
54 is characterized by progressive memory loss and early death (Molsa et al., 1986; Mayeux, 2003).  
55 Central to AD is the inability of patients to form new memories, with synaptic dysfunction and loss  
56 being tightly correlated with symptom progression (Selkoe, 2002; Scheff et al., 2006). Thus  
57 understanding how synapses are lost is key to understanding AD. Genetic and biochemical evidence  
58 suggest a soluble high-molecular weight oligomeric amyloid- $\beta$  peptide as a trigger for  
59 synaptic dysfunction in AD (Hardy and Selkoe, 2002; Sheng et al., 2012; Dohler et al., 2014;  
60 Kostylev et al., 2015). Several studies in rodent models have shown that C $\beta$  can initiate a cascade  
61 of deleterious effects on synaptic function (Lambert et al., 1998; Walsh et al., 2002; Lesne et al.,  
62 2006; Shankar et al., 2008). These studies highlight the importance of understanding C $\beta$ -dependent  
63 synaptotoxicity.

64

65 Recent evidence suggests PrP<sup>C</sup> as a central protein in mediating synaptotoxicity. Previous work has  
66 shown PrP<sup>C</sup> as a high-affinity binding partner of C $\beta$  and mediator in suppressing LTP (Lauren et  
67 al., 2009). Additionally, constitutive deletion of *Prnp* can rescue synapse density, survival, and  
68 learning and memory deficits seen in a mouse model of familial AD (Gimbel et al., 2010). Other

69 groups have shown PrP<sup>C</sup> to bind C with high affinity (Chen et al., 2010; Dohler et al., 2014), to  
70 mediate suppression of LTP (Barry et al., 2011; Freir et al., 2011; Klyubin et al., 2014), and suppress  
71 learning and memory (Chung et al., 2010; Fluharty et al., 2013). Nevertheless, conflicting reports of  
72 the role for PrP<sup>C</sup> in mediating synaptotoxicity (Balducci et al., 2010; Calella et al., 2010; Kessels et  
73 al., 2010) have prompted further studies to test the therapeutic potential of PrP<sup>C</sup> as a target.

74  
75 Targeting PrP<sup>C</sup> for AD treatment holds the potential for disease-modifying therapy, as opposed to  
76 the symptomatic action of current interventions approved for AD (Yiannopoulou and Papageorgiou,  
77 2013). Several studies have shown directly or indirectly that C binding to PrP<sup>C</sup> leads to PrP<sup>C</sup>-  
78 mGluR5 coupling (Um et al., 2013; Haas et al., 2015) and subsequent activation of intracellular  
79 components including eEF2 (Um et al., 2013; Ma et al., 2014) and Fyn (Larson et al., 2012; Um et  
80 al., 2012; Rushworth et al., 2013; Kaufman et al., 2015) can lead to dendritic spine loss (Um et al.,  
81 2012; Zhang et al., 2015), suppressed synaptic plasticity (Hu et al., 2014; Haas et al., 2015), and Tau  
82 phosphorylation (Larson et al., 2012; Kaufman et al., 2015). Multiple groups have begun to develop  
83 methods to target the C -PrP<sup>C</sup> interaction using small molecule approaches (Fluharty et al., 2013;  
84 Aimi et al., 2015; Osborne et al., 2016) and immunotherapy approaches (Chung et al., 2010; Barry et  
85 al., 2011). These efforts underscore the need to understand whether the C -PrP<sup>C</sup> interaction is  
86 required for AD phenotype maintenance and progression after disease onset.

87  
88 In order to test the therapeutic potential of targeting *Prnp*, we decided to take advantage of a  
89 tamoxifen (TMX) inducible Cre-lox system to partially delete *Prnp* early after disease onset, and  
90 months after disease onset in a mouse model of familial AD. Partial deletion of *Prnp* was able to

91 rescue synaptic and behavioral deficits in a mouse model of AD at 12 and 16 months. These results  
92 highlight the clinical potential of targeting the C<sub>1</sub>-PrP<sup>C</sup> interaction.

93

## 94 **MATERIALS AND METHODS**

### 95 **Animals**

96 All mice were cared for by the Yale Animal Resource Center. Institutional animal care and  
97 use committee approved all experiments. As previously described (Gimbel et al., 2010) the mouse  
98 strains used were the APP<sub>swE</sub>1 R U G P mice on a C57BL/6J background, and the ER-Cre mice  
99 (Hayashi and McMahon, 2002) on a C57BL/6J background were purchased from Jackson  
100 Laboratory (Bar Harbor, ME). The flox-*Prnp* mice on a C57Bl6 background have been described  
101 (Tuzi et al., 2004; Bradford et al., 2009). All experiments utilized littermate control mice. The 12MD  
102 cohort contained a 2:1 male to female sex ratio while the 16MD cohort contained a 1.1:1 male to  
103 female sex ratio. The differential male to female sex ratios was not intentional but a cause of random  
104 breeding and selection.

105

### 106 **Brain tissue collection**

#### 107 *Immunohistology*

108 Mice were euthanized and immediately perfused with ice-cold phosphate buffer saline (PBS) for two  
109 minutes, followed by a five-minute perfusion with ice-cold 4% paraformaldehyde (PFA). Brains  
110 were dissected out, cut down the midline into two hemispheres and fixed for 24 hours in 4% PFA.  
111 Following fixation, brains were cut into 40 μm parasagittal sections using a Leica (Wetzlar,  
112 Germany) WT1000S Vibratome. Sections were stored in PBS at 4°C until staining.

113

