



Expert Opinion on Drug Discovery

ISSN: 1746-0441 (Print) 1746-045X (Online) Journal homepage: <http://www.tandfonline.com/loi/iedc20>

In silico strategies on prion pathogenic conversion and inhibition from PrP^C -PrP^{Sc}

Nataraj S. Pagadala, Khajamohiddin Syed & Rakesh Bhat

To cite this article: Nataraj S. Pagadala, Khajamohiddin Syed & Rakesh Bhat (2017): In silico strategies on prion pathogenic conversion and inhibition from PrP^C -PrP^{Sc}, Expert Opinion on Drug Discovery, DOI: [10.1080/17460441.2017.1287171](https://doi.org/10.1080/17460441.2017.1287171)

To link to this article: <http://dx.doi.org/10.1080/17460441.2017.1287171>



Accepted author version posted online: 24 Jan 2017.



Submit your article to this journal [↗](#)



Article views: 5



View related articles [↗](#)



View Crossmark data [↗](#)

Full Terms & Conditions of access and use can be found at
<http://www.tandfonline.com/action/journalInformation?journalCode=iedc20>

Publisher: Taylor & Francis

Journal: *Expert Opinion on Drug Discovery*

DOI: 10.1080/17460441.2017.1287171

Review:

In silico strategies on prion pathogenic conversion and inhibition from PrP^C–PrP^{Sc}

Nataraj S. Pagadala^a, Khajamohiddin Syed^b, Rakesh Bhat^a

^aDepartment of Medical Microbiology and Immunology, 6-020 Katz Group Centre, University of Alberta, Edmonton, Alberta T6G 2E1, Canada

^bUnit for Drug Discovery Research, Department of Health Sciences, Faculty of Health and Environmental Sciences, Central University of Technology, Bloemfontein 9300, Free State, South Africa

Corresponding author

Nataraj Sekhar Pagadala, Ph.D.
Medical Microbiology and Immunology
Li Ka Shing Institute of Virology
University of Alberta
Edmonton, AB T6G 2E1
Email: nattu251@gmail.com

Article highlights

- No suitable anti-prion drug has been identified so far.
- Efficiency of anti-prion compounds was based on multifactorial nature of the disease.

- Pocket-D is the most important binding pocket for prion inhibition and conversion from PrP^C-PrP^{Sc}.
- The salt bridges between Arg¹⁵⁶-Glu¹⁹⁶ and Arg¹⁵⁶-His¹⁸⁷ play an important role in prion folding.
- Presence of oxymethyl groups and electro-negative nitrogen enhance anti-prion activity.
- Pharmacophore analysis gives us more knowledge of drug binding to PrP^C hotspots.
- Conformations of amyloid fibrils and protein oligomers are very important for future anti-prion drug discovery.

Introduction: To date, various therapeutic strategies identified numerous anti-prion compounds and antibodies that stabilize PrP^C, block the conversion of PrP^C-PrP^{Sc} and increased effect on PrP^{Sc} clearance. However, no suitable drug has been identified clinically so far due to the poor oral absorption, low blood-brain-barrier [BBB] penetration, and high toxicity. Although some of the drugs were proven to be effective in prion-infected cell culture and whole animal models, none of them increased the rate of survival compared to placebo.

Areas Covered: In this review, the authors highlight the importance of *in silico* approaches like molecular docking, virtual screening, pharmacophore analysis, molecular dynamics, QSAR, CoMFA and CoMSIA applied to detect molecular mechanisms of prion inhibition and conversion from PrP^C-PrP^{Sc}.

Expert opinion: Several *in silico* approaches combined with experimental studies have provided many structural and functional clues on the stability and physiological activity of prion mutants. Further, various studies of *in silico* and *in vivo* approaches were also shown to identify several new small organic anti-scrapie compounds to decrease the accumulation of PrP^{res} in cell culture, inhibit the aggregation of a PrP^C peptide, and possess pharmacokinetic characteristics that confirm the drug-likeness of these compounds.

Key words: Prion, Docking, Molecular Dynamics (MD), QSAR (Quantitative Structure Activity Relationship), CoMFA (Comparative Molecular Field Analysis), CoMSIA (Comparative Molecular Similarity Indices).

1. Introduction

Prion disease is characterized to be lethal for both humans and animals. They occur by the deposition of an abnormal proteinase K-resistant isoform PrP^{Sc} or PrP^{res} in the brain [1] [2]. Studies have shown that prion disease arises when the normal cellular protease sensitive form of prion protein, PrP^C [PrP^{sen}], which is rich in α -helix, is converted into an abnormally folded,

disease-related isoform PrP^{Sc}, which is beta rich [3]. Studies have shown that this processes of conversion from PrP^C-PrP^{Sc} takes place through an intermediate form of PrP^C represented as PrP* with the help of another protein named as protein X [4] [5] [6]. Once the conversion starts, the deposition of PrP^{Sc} will increase enormously causing the disease invariably fatal [4]. Currently, no effective therapy or vaccine exists due to long incubation periods ranging from months to decades without showing any signs of the disease. Consequently, numerous studies have been directed towards the development of therapeutics for preventing the conversion of PrP^C to PrP^{Sc} involved in neurodegeneration despite, the lack of a detailed understanding of the cellular mechanism of prion propagation. To date, various compounds like quinacrine and its structurally related tricyclic anti-depressants [7-9], statins [10], pyrazolones [11], indole-3-glyoxylamides [12, 13], and pyridyl hydrazones [14] including 'Compound B', have been shown to reduce PrP^{Sc} accumulation in a cell culture model of prion diseases. Later, pyrazolone compound has been shown to be up to 130 fold more effective compared to quinacrine in inhibiting the accumulation of PrP^{Sc} [15]. In addition, larger polyanionic or polycationic molecules [e.g., dendritic polyamines of PAMAM] were reported to exhibit anti-prion activity in cells [16] [17]. Except for PAMAM, none of the approved drugs or experimental compounds were reported to lower levels of PrP^{Sc} in stationary-phase cells [18]. Once the therapeutic activity of Congo red was discovered, more amyloid dye derivatives and glucoseaminoglycan mimetics have been used as possible candidates for treating prion diseases [19] [20]. Studies also shown that a new class of amyloidophilic chemicals, styrylbenzoazole derivatives was shown as effective as anti-prion compounds with a more discrete labeling of amyloid deposition in brain tissues affected by prion diseases, which have better penetration through the blood-brain barrier [21] [22]. The compound "GN8" could interact with N-terminal domain of PrP^C. However, the studies of the chemical shift changes caused by "GN8" binding show that the major binding region is located at C-terminal domain [23]. The compounds, 2-aminothiazoles that represent a promising new class of drug leads for prion diseases were also discovered that improve metabolic stability and permeability in mice. Some of these inhibitors show stronger inhibitory activities toward SHaPrP [24]. In contrast, a variety of compounds with a large structural diversity was identified as high potent inhibitors and accelerators of PrP^C [25]. Although the two compounds, tacrolimus and aztemizole were already marketed as anti-prion drugs, they were withdrawn from the US market because of possible neurotoxicity and rare cardiac arrhythmias when used at elevated levels. Micromolar treatment of furamide derivative DB772 on sheep microglial using sheep derived prion strains showed the minimal effect on cell viability and near-maximal anti-prion activity [26]. Initial medicinal chemistry efforts have also identified four aryl amides differing in their N-linked aryl groups doubled the survival of prion-infected mice. However, none of these compounds has shown efficacy against CJD (Creutzfeldt–Jakob disease) prions [27]. Recently, drug-like, brain-penetrant iron tetrapyrrole derivative showed inhibition of prion replication and PrP^C mediated toxicity. Nevertheless, these studies are still under investigation [28]. Thus, the current challenge of developing the most efficient compounds was based on multifactorial nature of the disease which is difficult to understand experimentally. This

review will provide the necessary information for future therapeutic research, both in laboratory models and in clinical trials.

2. In silico studies of anti-prion compounds

The molecular docking strategy is a standard high-throughput screening method of choice to filter anti-prion compounds *in silico*. Using rational structure-based drug design, two inhibitors of PrP^{Sc} accumulation in ScN2a [scrapie-infected mouse neuroblastoma] cells were identified that specifically bind to PrP^C residues: Gln¹⁶⁸, Gln¹⁷², Thr²¹⁵, and Gln²¹⁹. Moreover, *in silico* screening of 210,000 compounds for their ability to block PrP^{Sc} formation in ScN2a cells yielded 63 potential inhibitors, resulting in the identification of the inhibitor with an IC₅₀ of 18 μM [29] [29]. However, none of the compounds identified in the ScN2a cell culture system were proven effective in prion-infected mouse models. Out of 1050 pyridine dicarbonitriles screened, 45 compounds were selected for synthesis. Finally, *in vitro* screening using surface plasmon resonance has selected a total of 19 compounds bound to different conformers of prion protein [30]. The most effective compound 'GN8' fits into the pocket-C between the α1-β2 loop and α2 to α2-α3 loop created by distant residues Asn¹⁵⁹ and Glu¹⁹⁶ and inhibits the formation of PrP^{Sc} [23] [Fig.1]. Fragment molecular orbital calculations also proved that four amino acids Asn¹⁵⁹, Gln¹⁶⁰, Lys¹⁹⁴, and Glu¹⁹⁶ are important for the bridging conformation of the GN8-PrP^C complex [31]. By using these studies several binding poses were predicted, in agreement with NMR studies using docking and all-atom MD refinements. The calculated dissociation of free energy [7.8 ± 0.9 kcal/mol] agrees with experimental dissociation constant [Kd] of 3.9 μM, corresponding to ΔG⁰ = -7.5 kcal/mol [32]. Based on their binding-free energies, a set of anti-prion compounds were classified into five categories as: [I] binders and effective, [II] low binders and effective, [III] binders and not effective, [IV] low binders and not effective, and [v] accelerators [25]. Screening a library of 149 water soluble metabolites identified thiamine as a prion ligand with a binding constant of ~60 μM using a combination of 1D NMR, fluorescence quenching and surface plasmon resonance. Pharmacophore analysis using computer-aided docking and molecular dynamics, revealed the common features of interaction with other thiamine binding proteins [33]. Docking studies also revealed that thiamine binding to pocket-B between α1 and L1 is similar to other thiamine binding proteins [34] [Fig.1]. Further studies on 2-aminothiazoles have shown that the compounds with quinoline bind with higher affinity to pocket-D between α1 and α2 and α3 loop than isoquinoline and naphthalene groups [35] [Fig.1]. Previous studies also showed that tetracycline strongly binds to solvent exposed functional sidechains of threonine's 190-193 on α2 [36]. Recently, Kamatari and co-workers classified anti-prion compounds based on four potential molecular mechanisms of action: [I] specific conformational stabilization of PrP^C; [II] nonspecific stabilization; [III] promotion of PrP^C aggregation and precipitation [IV] interactions with PrP^{Sc} or membrane proteins [37]. The methoxychalcones and oxadiazoles that were active in reducing PrP^{res} levels by more than 50%

at a 1 μ M concentration in cell culture was shown to interact directly with PrP^C. Anti-prion compounds against murine PrP^C revealed that most prevalent binding modes occurred between α 2 and the antiparallel β -sheet [38]. Virtual screening followed by cluster analysis identified two compounds BMD42-29 and BMD42-35 with strong interactions in the “GN8” binding site [39]. Some of these ligand protein complexes were further studied using molecular dynamics and monte-carlo simulation studies to see the effect of ligand on prion protein stability.

3. Molecular Dynamics (MD) on prion pathogenic conversion

MD simulations of human PrP^C revealed that both wild type and mutant Glu200Asp maintained the native protein structure, whereas Glu200Lys partially unfolds [40]. Under the strongly acidic condition, tertiary structure becomes more compact after 10-ns simulations stabilized by parallel secondary structures and a large number of new, non-native contacts between the side chains. Protonation of Asp²⁰² and Glu¹⁹⁶ disturbs the stability of the native fold by eliminating a single negative charge at one of the key sites. Such changes in the tertiary structure were not observed in the simulations with higher temperature. According to these studies, the most fluctuations of the human prion protein occur in the mutant model [PDB: 2K1D] at “GN8” binding pocket with residues ranging from Thr¹⁹⁰ to Lys¹⁹⁴. Homology modelling and structural dynamics of the buffalo PrP^C mutant [BufPrP^C] at residue 143 have shown five hydrogen bonds and a strong salt bridge between Asp¹⁷⁸–Arg¹⁶⁴ [O–N] keeping the β 2– α 2 loop intact. Mixed Monte Carlo and MD simulations of the human prion protein mutant Asp178Asn could cross a free-energy barrier that resulted in the unfolding of α 1 due to the loss of a specific hydrogen bond between α 1 and α 3, involving residues Tyr¹⁴⁹ and Asp²⁰² [43]. Non-Markovian *metadynamics* method showed that antiparallel β -sheet in the pathogenic Asp178Asn mutant is significantly weaker than in the wild-type mouse PrP^C [44]. Furthermore, the structural instability was shown larger with higher RMSD (Root Mean Square Deviation) in Asp178Asn mutant compared with wild type with a stable Cation– π interaction [45]. When His¹⁸⁷ is mutated to Arginine, the hydrophobic core of PrP^C is exposed due to a breakdown of the salt bridge between His¹⁸⁷–Arg¹⁵⁶ [N–O] linking α -helices α 2 and α 1. The protonation of His¹⁸⁷ leads to loss of interaction between two PrP subdomains. Parallel simulations at pH 2 showed an intermediate stable β -rich structure in the formation of PrP^{Sc}, indicating that misfolding may precede dimerization [46]. In the presence of Trimethylamine N-Oxide, simulations at lower pH also showed lower helical content and higher β -sheet yielding a PrP^{Sc}-like state [47]. Mutant structural studies of Ala117Val globular domains [109-228 and 90-228] finally showed an increase in the β -sheet compared with wild type. Essential collective dynamics revealed that the β -strand β 1, and the loop β 1– α 1, exhibit relatively high levels of variability, dynamical disorder and local flexibility. When applied to ovine PrP^C, the α 2 α 3 dimer interface shows strong intra-molecular and inter-molecular correlations relative to the β -sheet dimer interface [48]. By combining mutagenesis and molecular dynamics on OvPrP, the conformationally stable β -sheet was observed as the possible nucleus of oligomerization, which is in good correlation with depolymerization kinetics of purified α 2 α 3 oligomers [49]. Recent MD simulations on

monomeric soluble state of mouse PrP^C suggest that Tyr¹⁶⁹ stabilizes the 3_{10} -helical conformation of the $\beta 2$ - $\alpha 2$ loop more than the single-point mutants Tyr169Gly, Tyr169Ala, Tyr169Phe, Arg164Ala, Phe175Ala, and Glu178Ala [51]. Binding of “GN8” to flexible spots on $\alpha 2$ near Glu¹⁹⁶ prevents urea-induced denaturation of PrP^C [41]. Further studies using MD simulations showed that NPR-053 and -056 bind to same “GN8” binding site of PrP^C around the residues N¹⁵⁹, Q¹⁶⁰, K¹⁹⁴ and E¹⁹⁶ [42]. The energy calculations based on MM-GBSA [Molecular mechanics with generalized Born and surface area solvation] estimated the primary binding mode of Congo red and GNNQQNY (Pocket A in Fig.1) protofibril to be more stable than the secondary binding mode by -5.7 kcal/Mol. Solid-state nuclear magnetic resonance analyses followed by MD simulations of luminescent conjugated polythiophenes revealed that anionic side chains interacted with regularly spaced cationic residues of amyloid fibrils. Interestingly, the most favorable binding energy obtained was shown to be highly effective therapeutically [50]. Overall, these studies predict the importance of salt bridges between Arg¹⁵⁶-Glu¹⁹⁶ and Arg¹⁶⁴-Asp¹⁷⁸, and Arg¹⁵⁶-His¹⁸⁷ in stabilizing PrP^C

4. QSAR, CoMFA and CoMSIA studies of anti-prion compounds

QSAR studies of 2-aminothiazoles indicated that asymmetric molecules having high nitrogen content and low propensity to form hydrogen bonds are highly potent anti-prion compounds. In addition, 3D-QSAR of tetracycline derivatives revealed the presence of hydroxyl groups, electron donors, alkylamine substitution and NMe₂ group in a non-epi configuration are predicted to possess anti-fibrillogenic activity [52]. Further, studies using CoMFA and CoMSIA maps reveal that the compounds with oxymethyl groups and electro-negative nitrogen are highly favorable to enhance anti-prion activity [35]. Recently, it was concluded that anti-prion activities of small molecules are greatly influenced based on shape of the molecular surface area, distribution of charge, ability to form contacts, and the presence of nitrogen atoms [53]. These results predict that electronegative nitrogen plays an important role in anti-prion activity of small molecules computationally.

5. Conclusion

Although extensive research has been done on prion disease, a suitable method of diagnosing the prion disease is yet to be discovered. The promising therapeutic that was identified for preventing prion disease was proved to be disappointing when subsequently tested *in vivo* for increasing the rate of survival. To compensate experimental studies, *in silico* strategies were used to identify several characteristics of folding pathway and protein aggregation on a molecular level. These studies could provide useful information for *in silico* drug discovery against prion disease targeting PrP^C. Undoubtedly, the pharmacophore analysis of PrP^C-ligand complex obtained using molecular docking gives us a more accurate understanding of drug binding to hot spots of PrP^C. Further advanced studies should be developed in future to evaluate these effects in different experimental models of disease using NMR of the compounds-PrP^C complexes.

6. Expert Opinion

Despite the multipronged approach to tackle the conversion of PrP^C to PrP^{Sc}, there is no effective medication for the transmitted prion disease due to longer incubation periods without showing any signs of the disease. Only few methods exist to detect PrP^{Sc} in the brain of CWD (Chronic Wasting Disease) in animals besides using neuropathological and immune-histochemical methods after death. Peripheral administration of many compounds in prion infected model of vCJD (Variant Creutzfeldt–Jakob disease) in humans was also not shown to be effective. Due to the difference in mammalian and yeast PrP^C sequences, a yeast-based screen was not proven useful even though the compounds diminish the propagation of yeast prion proteins [PSI⁺] & [URE3] [54] [55] [56] [57]. Compounds that were identified in cell-free conversion assays and neuroblastoma-derived N2a cell line are of potential interest, but they are not qualified as drugs due to the lack of efficiency in crossing the BBB. Intra-ventricular infusion of pentosan polysulfate showed adverse effects such as hematoma formation at higher levels. Even though congo red was shown anti-prion activity in an *in vivo* model, the benzidine structure makes it unsuitable for animal or human use because of its carcinogenic and toxic properties [58]. Later, Congo red analogs showed much effective in tissue culture with limited effect *in vivo* [59] [60]. Furthermore, PrP amyloid imaging ligands not only showed anti-prion clearance in cell culture but also showed some effectiveness in Tg20 PrP over-expressing transgenic mice *in vivo* [21] [14]. However, the incubation period was not extended significantly in Tg7 mice and wild-type hamsters infected with 263K PrP^{Sc}. Additionally, anti-prion compounds identified in ELISA-based assay utilizing ScN2a cells do not show direct interaction with recombinant PrP [61]. Recent studies on conjugated polythiophenes in prion-infected mice increased the survival rate by only 8%. Detecting the underlying mechanism of these identified anti-prion compounds will be one of the key steps to be further optimize them as molecular chaperones in treating amyloid related diseases. To achieve this goal, several diagnostic methods, namely, protein misfolding cyclic amplification, conformation-dependent immunoassay, dissociation-enhanced lanthanide fluorescent immune assay, capillary gel electrophoresis, fluorescence correlation spectroscopy, flow microbed immuno assay, optical Fiber Immunoassay [SOFIA] and real-time quaking-induced conversion [RT-QuIC] etc. were developed precisely to detect PrP^{Sc} sensitivity [62] [63] [64] [65]. However, these assays are selective for compounds that inhibit PrP^{res} formation. Simultaneously, synthetic peptides that were used to inhibit the conversion [PrP^{sen}-PrP^{res}] have shown the same biochemical properties like non-inhibitory peptides with β -sheets and sedimental PrP^{sen} aggregates [66]. Antibody-mediated therapy using Fab fragments appeared to be promising in animal models but the delivery across the blood-brain barrier became a major challenge due to its shorter half-life [67]. Moreover, vaccine treatment for prion disease is not a good strategy as they need to be given before an infection starts. Although, RNAi approach delayed the onset of disease, all the animals used throughout the study died eventually. Expressing siRNA in mouse embryonic stem cells and neural precursors can be of use in differentiating to specific neuronal type on the site of brain damage, these therapies are still in the experimental phase of development. Due to these failures of time consuming experiments, computational strategies were applied to study the prion aggregation at atomic resolution. These studies indicated that formation of a α -sheet as a common structural transition [68] [69] [70] [71] [72]. Since all atom simulations are computationally expensive, multi-scale modelling is used for

easy comparison of the experimental data by taking the information from coarse-grained models for all atoms as constraints [73] [74] [75]. To avoid the problem of missing important information about critical nuclei, a discontinuous algorithm was utilized for doing MD simulations containing ~100 peptides. The calculated inter-molecular interactions between PrP^C and its peptides will show the way to further development of new anti-prion and amyloid fibril inhibitors. Since the potential binding sites of PrP^C are broadly distributed, wide range of anti-prion compounds can be detected using virtual screening irrespective of binding affinities [76]. Moreover, *ex vivo* screening resulted in a novel anti-prion compound, termed “GN8” that works as a chemical chaperone. In contrast, a variety of compounds that was screened computationally with a large structural diversity have therapeutic efficacy against PrP^{Sc} at a rate of 2%. Some of these compounds stabilize PrP^C conformation and act as possible candidates for the chemical chaperones [25]. The compound designed using a 3D pharmacophore model of PrP^C-GN8 complex inhibits PrP^{Sc} with a stronger binding affinity in a high-throughput misfolded protein detection assay than other compounds reported to date [39]. Using both CoMFA and CoMSIA in combination with fluorescence quenching studies, we showed that the compound [N-[4-[3, 4-dimethoxyphenyl]-1, 3-thiazol-2-yl] quinolin-2-amine] binds to pocket-D similar to “GN8” binding site with a K_d value of 46.4 μ M. In the same study, we also showed that 1-Substituted bicyclic compounds are more potent than 2-substituted naphthalene [35]. The pymol plugin “NAGARA” that was recently developed, identified several novel anti-prion compounds, including tegobuvir which was approved clinically for HCV infection [77]. Based on these available data, it was expected that *in silico* drug design against the binding pocket of PrP^C would be a valuable tool for initial screening of potential anti-prion drugs from huge compound libraries. This provides clues about the small molecules interfering in the regulation of pathogenic conversion in prion infected cell cultures. Although these compounds were more helpful for drug design, these drugs have to be additionally validated using *in vitro* and *in vivo* assays with prion-infected animals. Due to the costs and time consuming, compounds that bind to specific pocket of PrP^C will only be synthesized for further evaluation [23] [38]. Still there is a possibility of missing some effective compounds that do not bind to the C-terminal domain of PrP^C or that have other molecular targets besides PrP^C [61]. If an alternative target for such compounds is PrP^{Sc}, the three-dimensional structures of PrP^{Sc} aggregates in the form of dimers, trimers and oligomers should be determined in urgency with the help of supercomputers [78] [79]. This is not an easy task, and deserves attention from the scientific community, especially on the part of biophysicists and computational biologists. Although the selected drugs against PrP^C and PrP^{Sc} were effective in infected cell lines of different prion strains, they did not increase the survival time of prion-infected mice [42]. This result reinforces the need for a thorough pharmacokinetic assessment of the most promising molecules. These findings based on both experimental and computational research indicate that prion propagation may be strongly inhibited by targeting auxiliary proteins like plasminogen along with PrP^C in future drug discovery. However, the biggest challenge is still underway to discover 1. How the conversion of PrP^C-PrP^{Sc} cause's prion disease. 2. To diagnose the disease before significant brain damage occurs. 3. The ability of the treatment to distinguish between self and non-self and access to CNS via the blood-brain barrier. 4. How the auxiliary proteins involved in prion protein conversion from PrP^C-PrP^{Sc}. Future studies in the upcoming years may clarify issues about the biological pathways that are dominant or decisive for the process and how it is triggered. In addition, earlier

detection methods of the prion disease may be developed in the future for effective immunotherapy. At present, we are particularly interested to see the pathogenic conformations of amyloid fibrils and protein oligomers in neurodegenerative diseases. My personal opinion is that the molecules designed *in silico* should be tested in distinctive biologic assays at the same time with the normal and scrapie form of prion protein to see the effect of each molecule in different environmental conditions. The molecule which possessed more or less similar biological effect with different prion strains should be taken as lead compound for further optimization to become a clinical candidate. In this process, we strongly believe that various *in silico* approaches will address some of the fundamental unanswered questions in prion biology, especially in the area of protein oligomerization for developing better prion disease models, and suggest some possible therapeutic targets and pharmacological agents respectively.

Funding:

This manuscript has not been funded.

Declaration of Interest:

The authors have no relevant affiliations or financial involvement with any organization or entity with a financial interest in or financial conflict with the subject matter or materials discussed in the manuscript. This includes employment, consultancies, honoraria, stock ownership or options, expert testimony, grants or patents received or pending, or royalties.

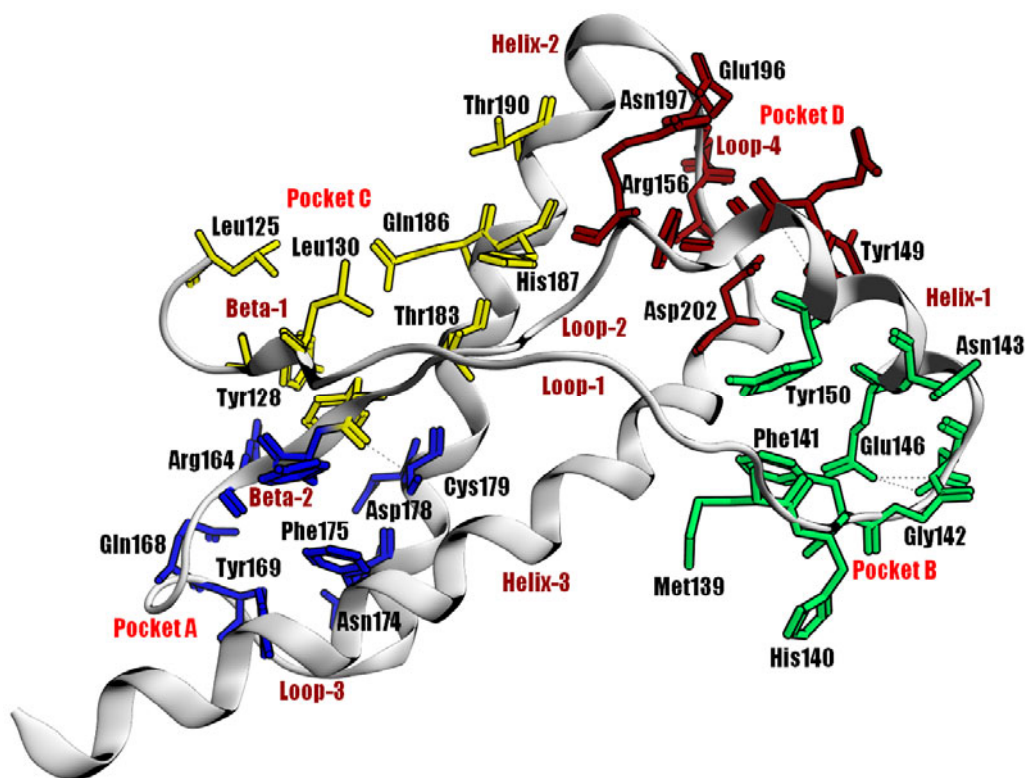


Fig.1. Three-dimensional structure of cellular prion protein SHaPrP [PDB: 1B10] predicted using MOE software (Chemical Computing Group Inc, Canada). Alpha helices and beta sheets were shown in white color. Loops are represented as L1, L2, L3 and L4. Residues in the binding pockets were represented in stick mode. Binding pockets [A-D] are represented as Pocket A (Blue), Pocket B (Green), Pocket C (Yellow) and Pocket D (Maroon). Residues in pocket A, B, C and D are represented in blue, green, yellow and maroon colors.

Bibliography

Papers of special note have been highlighted as either of interest (*) or of high interest (***) to the readers

1. Prusiner SB. Novel proteinaceous infectious particles cause scrapie. *Science*. 1982;216[4542]:136-44. Epub 1982/04/09. PubMed PMID: 6801762.
2. Prusiner SB. Prions. *Proceedings of the National Academy of Sciences of the United States of America*. 1998;95[23]:13363-83. Epub 1998/11/13. PubMed PMID: 9811807; PubMed Central PMCID: PMC33918.
3. Kocisko DA, Baron GS, Rubenstein R, et al. New inhibitors of scrapie-associated prion protein formation in a library of 2000 drugs and natural products. *Journal of virology*.

- 2003;77[19]:10288-94. Epub 2003/09/13. PubMed PMID: 12970413; PubMed Central PMCID: PMC228499.
4. Cohen FE, Pan KM, Huang Z, et al. Structural clues to prion replication. *Science*. 1994;264[5158]:530-1. Epub 1994/04/22. PubMed PMID: 7909169.
 5. Telling GC, Scott M, Mastrianni J, et al. Prion propagation in mice expressing human and chimeric PrP transgenes implicates the interaction of cellular PrP with another protein. *Cell*. 1995;83[1]:79-90. Epub 1995/10/06. PubMed PMID: 7553876.
 6. Kaneko K, Zulianello L, Scott M, et al. Evidence for protein X binding to a discontinuous epitope on the cellular prion protein during scrapie prion propagation. *Proceedings of the National Academy of Sciences of the United States of America*. 1997;94[19]:10069-74. Epub 1997/09/18. PubMed PMID: 9294164; PubMed Central PMCID: PMC23307.
 7. Korth C, May BC, Cohen FE, Prusiner SB. Acridine and phenothiazine derivatives as pharmacotherapeutics for prion disease. *Proceedings of the National Academy of Sciences of the United States of America*. 2001;98[17]:9836-41. Epub 2001/08/16. doi: 10.1073/pnas.161274798. PubMed PMID: 11504948; PubMed Central PMCID: PMC55539.
 8. Barret A, Tagliavini F, Forloni G, et al. Evaluation of quinacrine treatment for prion diseases. *Journal of virology*. 2003;77[15]:8462-9. Epub 2003/07/15. PubMed PMID: 12857915; PubMed Central PMCID: PMC165262.
 9. May BC, Witkop J, Sherrill J, et al. Structure-activity relationship study of 9-aminoacridine compounds in scrapie-infected neuroblastoma cells. *Bioorganic & medicinal chemistry letters*. 2006;16[18]:4913-6. Epub 2006/07/25. doi: 10.1016/j.bmcl.2006.06.050. PubMed PMID: 16860557.
 10. Kempster S, Bate C, Williams A. Simvastatin treatment prolongs the survival of scrapie-infected mice. *Neuroreport*. 2007;18[5]:479-82. Epub 2007/05/15. doi: 10.1097/WNR.0b013e328058678d. PubMed PMID: 17496807.
 11. Kimata A, Nakagawa H, Ohyama R, et al. New series of antiprion compounds: pyrazolone derivatives have the potent activity of inhibiting protease-resistant prion protein accumulation. *Journal of medicinal chemistry*. 2007;50[21]:5053-6. Epub 2007/09/14. doi: 10.1021/jm070688r. PubMed PMID: 17850126.
 12. Thompson MJ, Borsenberger V, Louth JC, et al. Design, synthesis, and structure-activity relationship of indole-3-glyoxylamide libraries possessing highly potent activity in a cell line model of prion disease. *Journal of medicinal chemistry*. 2009;52[23]:7503-11. Epub 2009/10/22. doi: 10.1021/jm900920x. PubMed PMID: 19842664.
 13. Thompson MJ, Louth JC, Ferrara S, et al. Discovery of 6-substituted indole-3-glyoxylamides as lead antiprion agents with enhanced cell line activity, improved microsomal stability and low toxicity. *European journal of medicinal chemistry*.

2011;46[9]:4125-32. Epub 2011/07/06. doi: 10.1016/j.ejmech.2011.06.013. PubMed PMID: 21726921.

14. Kawasaki Y, Kawagoe K, Chen CJ, et al. Orally administered amyloidophilic compound is effective in prolonging the incubation periods of animals cerebrally infected with prion diseases in a prion strain-dependent manner. *Journal of virology*. 2007;81[23]:12889-98. Epub 2007/09/21. doi: 10.1128/JVI.01563-07. PubMed PMID: 17881452; PubMed Central PMCID: PMC2169081.
15. Caughey B, Caughey WS, Kocisko DA, et al. Prions and transmissible spongiform encephalopathy [TSE] chemotherapeutics: A common mechanism for anti-TSE compounds? *Accounts of chemical research*. 2006;39[9]:646-53. Epub 2006/09/20. doi: 10.1021/ar050068p. PubMed PMID: 16981681.
16. Supattapone S, Wille H, Uyechi L, et al. Branched polyamines cure prion-infected neuroblastoma cells. *Journal of virology*. 2001;75[7]:3453-61. Epub 2001/03/10. doi: 10.1128/JVI.75.7.3453-3461.2001. PubMed PMID: 11238871; PubMed Central PMCID: PMC114138.
17. Yudovin-Farber I, Azzam T, Metzger E, et al. Cationic polysaccharides as antiprion agents. *Journal of medicinal chemistry*. 2005;48[5]:1414-20. Epub 2005/03/04. doi: 10.1021/jm049378o. PubMed PMID: 15743185.
18. Ghaemmaghami S, Ahn M, Lessard P, et al. Continuous quinacrine treatment results in the formation of drug-resistant prions. *PLoS pathogens*. 2009;5[11]:e1000673. Epub 2009/12/04. doi: 10.1371/journal.ppat.1000673. PubMed PMID: 19956709; PubMed Central PMCID: PMC2777304.
19. Cashman NR, Caughey B. Prion diseases--close to effective therapy? *Nature reviews Drug discovery*. 2004;3[10]:874-84. Epub 2004/10/02. doi: 10.1038/nrd1525. PubMed PMID: 15459678.
20. Trevitt CR, Collinge J. A systematic review of prion therapeutics in experimental models. *Brain : a journal of neurology*. 2006;129[Pt 9]:2241-65. Epub 2006/07/04. doi: 10.1093/brain/awl150. PubMed PMID: 16816391.**

(This paper provides various experimental studies on prion therapeutics)

21. Ishikawa K, Kudo Y, Nishida N, et al. Styrylbenzoazole derivatives for imaging of prion plaques and treatment of transmissible spongiform encephalopathies. *Journal of neurochemistry*. 2006;99[1]:198-205. Epub 2006/09/22. doi: 10.1111/j.1471-4159.2006.04035.x. PubMed PMID: 16987247.**

(This paper provides important information about styrylbenzoazole derivatives on prion binding)

22. Okamura N, Suemoto T, Shimadzu H, et al. Styrylbenzoxazole derivatives for *in vivo* imaging of amyloid plaques in the brain. *The Journal of neuroscience : the official journal of the Society for Neuroscience*. 2004;24[10]:2535-41. Epub 2004/03/12. doi: 10.1523/JNEUROSCI.4456-03.2004. PubMed PMID: 15014129.
23. Kuwata K, Nishida N, Matsumoto T, et al. Hot spots in prion protein for pathogenic conversion. *Proceedings of the National Academy of Sciences of the United States of America*. 2007;104[29]:11921-6. Epub 2007/07/10. doi: 10.1073/pnas.0702671104. PubMed PMID: 17616582; PubMed Central PMCID: PMC1924567.**

(This paper gives information about the important binding site that plays a role in prion inhibition)

24. Gallardo-Godoy A, Gever J, Fife KL, et al. Renslo AR. 2-Aminothiazoles as therapeutic leads for prion diseases. *Journal of medicinal chemistry*. 2011;54[4]:1010-21. Epub 2011/01/21. doi: 10.1021/jm101250y. PubMed PMID: 21247166; PubMed Central PMCID: PMC3041857.**

(This paper gives important information about the role of thiazole group in prion inhibition)

25. Hosokawa-Muto J, Kamatari YO, Nakamura HK, et al. Variety of antiprion compounds discovered through an *in silico* screen based on cellular-form prion protein structure: Correlation between antiprion activity and binding affinity. *Antimicrobial agents and chemotherapy*. 2009;53[2]:765-71. Epub 2008/11/19. doi: 10.1128/AAC.01112-08. PubMed PMID: 19015328; PubMed Central PMCID: PMC2630596.**

(This paper gives important information about the activity of different compounds in prion inhibition and Acceleration)

26. Stanton JB, Schneider DA, Dinkel KD, et al. Discovery of a novel, monocationic, small-molecule inhibitor of scrapie prion accumulation in cultured sheep microglia and Rov cells. *PloS one*. 2012;7[11]:e51173. Epub 2012/12/12. doi: 10.1371/journal.pone.0051173. PubMed PMID: 23226483; PubMed Central PMCID: PMC3511409.

27. Giles K, Berry DB, Condello C, et al. Optimization of Aryl Amides that Extend Survival in Prion-Infected Mice. *The Journal of pharmacology and experimental therapeutics*. 2016;358[3]:537-47. Epub 2016/06/19. doi: 10.1124/jpet.116.235556. PubMed PMID: 27317802; PubMed Central PMCID: PMC4998675.

28. Massignan T, Cimini S, Stincardini C, et al. A cationic tetrapyrrole inhibits toxic activities of the cellular prion protein. *Scientific reports*. 2016;6:23180. Epub 2016/03/16. doi: 10.1038/srep23180. PubMed PMID: 26976106; PubMed Central PMCID: PMC4791597.

29. Perrier V, Wallace AC, Kaneko K, et al. Mimicking dominant negative inhibition of prion replication through structure-based drug design. *Proceedings of the National Academy of Sciences of the United States of America*. 2000;97[11]:6073-8. Epub 2000/05/24. PubMed PMID: 10823951; PubMed Central PMCID: PMC18560.

30. Reddy TR, Mutter R, Heal W, et al. Library design, synthesis, and screening: pyridine dicarbonitriles as potential prion disease therapeutics. *Journal of medicinal chemistry*. 2006;49[2]:607-15. Epub 2006/01/20. doi: 10.1021/jm050610f. PubMed PMID: 16420046.
31. Ishikawa T, Kuwata K. RI-MP2 Gradient Calculation of Large Molecules Using the Fragment Molecular Orbital Method. *The journal of physical chemistry letters*. 2012;3[3]:375-9. Epub 2012/02/02. doi: 10.1021/jz201697x. PubMed PMID: 26285854.
32. Kranjc A, Bongarzone S, Rossetti G, et al. Docking Ligands on Protein Surfaces: The Case Study of Prion Protein. *Journal of chemical theory and computation*. 2009;5[9]:2565-73. Epub 2009/09/08. doi: 10.1021/ct900257t. PubMed PMID: 26616631.
33. Perez-Pineiro R, Bjorndahl TC, Berjanskii MV, et al. The prion protein binds thiamine. *The FEBS journal*. 2011;278[21]:4002-14. doi: 10.1111/j.1742-4658.2011.08304.x. PubMed PMID: 21848803.**

(This paper provides experimental data on thiamine binding to prion protein)

34. Pagadala NS, Bjorndahl TC, Blinov N, Kovalenko et al. Molecular docking of thiamine reveals similarity in binding properties between the prion protein and other thiamine-binding proteins. *Journal of molecular modeling*. 2013;19[12]:5225-35. Epub 2013/10/16. doi: 10.1007/s00894-013-1979-5. PubMed PMID: 24126825.***

(This paper gives important information about the binding of thiamine and its derivatives to prion protein similar to other thiamine binding proteins)

35. Pagadala NS, Perez-Pineiro R, Wishart DS, et al. *In silico* studies and fluorescence binding assays of potential anti-prion compounds reveal an important binding site for prion inhibition from PrP^C to PrP^{Sc}. *European journal of medicinal chemistry*. 2015;91:118-31. Epub 2014/07/22. doi: 10.1016/j.ejmech.2014.07.045. PubMed PMID: 25042003.**

(This paper provides information about the role of pocket-D in prion inhibition)

36. Ronga L, Langella E, Palladino P, et al. Does tetracycline bind helix 2 of prion? An integrated spectroscopical and computational study of the interaction between the antibiotic and alpha helix 2 human prion protein fragments. *Proteins*. 2007;66[3]:707-15. doi: 10.1002/prot.21204. PubMed PMID: 17152078.

37. Kamatari YO, Hayano Y, Yamaguchi K, et al. Characterizing anti-prion compounds based on their binding properties to prion proteins: implications as medical chaperones. *Protein science : a publication of the Protein Society*. 2013;22[1]:22-34. Epub 2012/10/20. doi: 10.1002/pro.2180. PubMed PMID: 23081827; PubMed Central PMCID: PMC3575857.**

(This paper provides important information about the role of small molecules acting as medical chaperones in preventing prion pathogenic conversion from PrP^C-PrP^{Sc})

38. Ferreira NC, Marques IA, Conceicao WA, et al. Anti-prion activity of a panel of aromatic chemical compounds: *in vitro* and *in silico* approaches. *PloS one*. 2014;9[1]:e84531. Epub

2014/01/09. doi: 10.1371/journal.pone.0084531. PubMed PMID: 24400098; PubMed Central PMCID: PMC3882252.*

(This paper provides important information about the role of aromatic compounds in prion inhibition)

39. Hyeon JW, Choi J, Kim SY, et al. Discovery of Novel Anti-prion Compounds Using *In Silico* and In Vitro Approaches. Scientific reports. 2015;5:14944. Epub 2015/10/10. doi: 10.1038/srep14944. PubMed PMID: 26449325; PubMed Central PMCID: PMC4598813.**

(This paper provides important information about the binding modes of different compounds generated by PrP^C-GN8 complex)

40. Zuegg J, Gready JE. Molecular dynamics simulations of human prion protein: importance of correct treatment of electrostatic interactions. Biochemistry. 1999;38[42]:13862-76. Epub 1999/10/21. PubMed PMID: 10529232.
41. Yamamoto N, Kuwata K. Regulating the conformation of prion protein through ligand binding. The journal of physical chemistry B. 2009;113[39]:12853-6. Epub 2009/09/04. doi: 10.1021/jp905572w. PubMed PMID: 19725511.
42. Ishibashi D, Nakagaki T, Ishikawa T, et al. Structure-Based Drug Discovery for Prion Disease Using a Novel Binding Simulation. EBioMedicine. 2016;9:238-49. Epub 2016/06/23. doi: 10.1016/j.ebiom.2016.06.010. PubMed PMID: 27333028; PubMed Central PMCID: PMC4972544.
43. Ribeiro AA, de Alencastro RB. Mixed Monte Carlo/Molecular Dynamics simulations of the prion protein. Journal of molecular graphics & modelling. 2013;42:1-6. Epub 2013/03/19. doi: 10.1016/j.jmgm.2013.02.007. PubMed PMID: 23501158.*
44. Barducci A, Chelli R, Procacci P, et al. Metadynamics simulation of prion protein: beta-structure stability and the early stages of misfolding. Journal of the American Chemical Society. 2006;128[8]:2705-10. doi: 10.1021/ja057076l. PubMed PMID: 16492057.*
- (This paper gives important information about the role metadynamics in prion misfolding)
45. Doss CG, Rajith B, Rajasekaran R, et al. *In silico* analysis of prion protein mutants: a comparative study by molecular dynamics approach. Cell biochemistry and biophysics. 2013;67[3]:1307-18. doi: 10.1007/s12013-013-9663-z. PubMed PMID: 23723004.
46. Campos SR, Machuqueiro M, Baptista AM. Constant-pH molecular dynamics simulations reveal a beta-rich form of the human prion protein. The journal of physical chemistry B. 2010;114[39]:12692-700. doi: 10.1021/jp104753t. PubMed PMID: 20843095.
47. Bennion BJ, DeMarco ML, Daggett V. Preventing misfolding of the prion protein by trimethylamine N-oxide. Biochemistry. 2004;43[41]:12955-63. doi: 10.1021/bi0486379. PubMed PMID: 15476389.

48. Issack BB, Berjanskii M, Wishart DS, et al. Exploring the essential collective dynamics of interacting proteins: application to prion protein dimers. *Proteins*. 2012;80[7]:1847-65. Epub 2012/04/11. doi: 10.1002/prot.24082. PubMed PMID: 22488640.*
49. Chakroun N, Prigent S, Dreiss CA, et al. The oligomerization properties of prion protein are restricted to the H2H3 domain. *FASEB journal : official publication of the Federation of American Societies for Experimental Biology*. 2010;24[9]:3222-31. doi: 10.1096/fj.09-153924. PubMed PMID: 20410442.
50. Herrmann US, Schutz AK, Shirani H, et al. Structure-based drug design identifies polythiophenes as antiprion compounds. *Science translational medicine*. 2015;7[299]:299ra123. Epub 2015/08/08. doi: 10.1126/scitranslmed.aab1923. PubMed PMID: 26246168.*

(This paper provides important information about the role of polythiophenes in prion inhibition)

51. Huang D, Caflisch A. The roles of the conserved tyrosine in the beta2-alpha2 loop of the prion protein. *Prion*. 2015;9[6]:412-9. Epub 2015/12/23. doi: 10.1080/19336896.2015.1115944. PubMed PMID: 26689486; PubMed Central PMCID: PMC4964861.
52. Cosentino U, Pitea D, Moro G, et al. The anti-fibrillogenic activity of tetracyclines on PrP 106-126: a 3D-QSAR study. *Journal of molecular modeling*. 2008;14[10]:987-94. Epub 2008/07/17. doi: 10.1007/s00894-008-0348-2. PubMed PMID: 18629550.
53. Venko K, Zuperl S, Novic M. Prediction of antiprion activity of therapeutic agents with structure-activity models. *Molecular diversity*. 2014;18[1]:133-48. doi: 10.1007/s11030-013-9477-3. PubMed PMID: 24052197.
54. Riek R, Hornemann S, Wider G, et al. NMR structure of the mouse prion protein domain PrP[121-231]. *Nature*. 1996;382[6587]:180-2. Epub 1996/07/11. doi: 10.1038/382180a0. PubMed PMID: 8700211.
55. Donne DG, Viles JH, Groth D, et al. Structure of the recombinant full-length hamster prion protein PrP[29-231]: the N terminus is highly flexible. *Proceedings of the National Academy of Sciences of the United States of America*. 1997;94[25]:13452-7. Epub 1998/02/12. PubMed PMID: 9391046; PubMed Central PMCID: PMC28326.
56. King CY, Tittmann P, Gross H, et al. Prion-inducing domain 2-114 of yeast Sup35 protein transforms in vitro into amyloid-like filaments. *Proceedings of the National Academy of Sciences of the United States of America*. 1997;94[13]:6618-22. Epub 1997/06/24. PubMed PMID: 9192614; PubMed Central PMCID: PMC21207.

57. Thual C, Komar AA, Bousset L, et al. Structural characterization of *Saccharomyces cerevisiae* prion-like protein Ure2. *The Journal of biological chemistry*. 1999;274[19]:13666-74. Epub 1999/05/01. PubMed PMID: 10224139.
58. Ingrosso L, Ladogana A, Pocchiari M. Congo red prolongs the incubation period in scrapie-infected hamsters. *Journal of virology*. 1995;69[1]:506-8. Epub 1995/01/01. PubMed PMID: 7983747; PubMed Central PMCID: PMC188599.
59. Poli G, Martino PA, Villa S, et al. Evaluation of anti-prion activity of congo red and its derivatives in experimentally infected hamsters. *Arzneimittel-Forschung*. 2004;54[7]:406-15. Epub 2004/09/04. doi: 10.1055/s-0031-1296992. PubMed PMID: 15344846.
60. Webb S, Lekishvili T, Loeschner C, et al. Mechanistic insights into the cure of prion disease by novel antiprion compounds. *Journal of virology*. 2007;81[19]:10729-41. Epub 2007/07/27. doi: 10.1128/JVI.01075-07. PubMed PMID: 17652397; PubMed Central PMCID: PMC2045489.
61. Poncet-Montange G, St Martin SJ, Bogatova OV, et al. A survey of antiprion compounds reveals the prevalence of non-PrP molecular targets. *The Journal of biological chemistry*. 2011;286[31]:27718-28. Epub 2011/05/26. doi: 10.1074/jbc.M111.234393. PubMed PMID: 21610081; PubMed Central PMCID: PMC3149362.**
- (This paper provides important information about the role of non-PrP targets in prion inhibition)
62. Chang B, Gray P, Pillich M, et al. Surround optical fiber immunoassay [SOFIA]: an ultra-sensitive assay for prion protein detection. *Journal of virological methods*. 2009;159[1]:15-22. Epub 2009/05/16. doi: 10.1016/j.jviromet.2009.02.019. PubMed PMID: 19442839.*
- (This paper provides important information about SOFIA's unprecedented ability to detect naturally occurring prions in the blood and urine of disease carriers)
63. Castilla J, Saa P, Soto C. Detection of prions in blood. *Nature medicine*. 2005;11[9]:982-5. Epub 2005/08/30. doi: 10.1038/nm1286. PubMed PMID: 16127436.
64. Zanusso G, Monaco S, Pocchiari M, et al. Advanced tests for early and accurate diagnosis of Creutzfeldt-Jakob disease. *Nature reviews Neurology*. 2016;12[7]:427. Epub 2016/06/18. doi: 10.1038/nrneurol.2016.92. PubMed PMID: 27313104.
65. Schmitz M, Cramm M, Llorens F, et al. Application of an in vitro-amplification assay as a novel pre-screening test for compounds inhibiting the aggregation of prion protein scrapie. *Scientific reports*. 2016;6:28711. Epub 2016/07/08. doi: 10.1038/srep28711. PubMed PMID: 27385410; PubMed Central PMCID: PMC4935936.
66. Chabry J, Caughey B, Chesebro B. Specific inhibition of in vitro formation of protease-resistant prion protein by synthetic peptides. *The Journal of biological chemistry*. 1998;273[21]:13203-7. Epub 1998/05/28. PubMed PMID: 9582363.

67. Peretz D, Williamson RA, Kaneko K, et al. Antibodies inhibit prion propagation and clear cell cultures of prion infectivity. *Nature*. 2001;412[6848]:739-43. Epub 2001/08/17. doi: 10.1038/35089090. PubMed PMID: 11507642.
68. Armen RS, Bernard BM, Day R, et al. Characterization of a possible amyloidogenic precursor in glutamine-repeat neurodegenerative diseases. *Proceedings of the National Academy of Sciences of the United States of America*. 2005;102[38]:13433-8. Epub 2005/09/15. doi: 10.1073/pnas.0502068102. PubMed PMID: 16157882; PubMed Central PMCID: PMC1224618.
69. Armen RS, Alonso DO, Daggett V. Anatomy of an amyloidogenic intermediate: conversion of beta-sheet to alpha-sheet structure in transthyretin at acidic pH. *Structure*. 2004;12[10]:1847-63. Epub 2004/10/02. doi: 10.1016/j.str.2004.08.005. PubMed PMID: 15458633.
70. Nguyen HD, Hall CK. Molecular dynamics simulations of spontaneous fibril formation by random-coil peptides. *Proceedings of the National Academy of Sciences of the United States of America*. 2004;101[46]:16180-5. Epub 2004/11/10. doi: 10.1073/pnas.0407273101. PubMed PMID: 15534217; PubMed Central PMCID: PMC526199.
71. Nguyen HD, Hall CK. Kinetics of fibril formation by polyalanine peptides. *The Journal of biological chemistry*. 2005;280[10]:9074-82. Epub 2004/12/14. doi: 10.1074/jbc.M407338200. PubMed PMID: 15591317.
72. Chen Y, Dokholyan NV. A single disulfide bond differentiates aggregation pathways of beta2-microglobulin. *Journal of molecular biology*. 2005;354[2]:473-82. Epub 2005/10/26. doi: 10.1016/j.jmb.2005.09.075. PubMed PMID: 16242719.
73. Ding F, LaRocque JJ, Dokholyan NV. Direct observation of protein folding, aggregation, and a prion-like conformational conversion. *The Journal of biological chemistry*. 2005;280[48]:40235-40. Epub 2005/10/06. doi: 10.1074/jbc.M506372200. PubMed PMID: 16204250.
74. Khare SD, Ding F, Gwanmesia KN, et al. Molecular origin of polyglutamine aggregation in neurodegenerative diseases. *PLoS computational biology*. 2005;1[3]:230-5. Epub 2005/09/15. doi: 10.1371/journal.pcbi.0010030. PubMed PMID: 16158094; PubMed Central PMCID: PMC1193989.
75. Urbanc B, Cruz L, Ding F, Sammond D, et al. Molecular dynamics simulation of amyloid beta dimer formation. *Biophysical journal*. 2004;87[4]:2310-21. Epub 2004/09/30. doi: 10.1529/biophysj.104.040980. PubMed PMID: 15454432; PubMed Central PMCID: PMC1304655.
76. Perola E, Walters WP, Charifson PS. A detailed comparison of current docking and scoring methods on systems of pharmaceutical relevance. *Proteins*. 2004;56[2]:235-49. Epub 2004/06/24. doi: 10.1002/prot.20088. PubMed PMID: 15211508.

77. Ma B, Yamaguchi K, Fukuoka M, Kuwata K. Logical design of anti-prion agents using NAGARA. *Biochemical and biophysical research communications*. 2016;469[4]:930-5. Epub 2016/01/03. doi: 10.1016/j.bbrc.2015.12.106. PubMed PMID: 26723253.
78. Requena JR, Wille H. The structure of the infectious prion protein: experimental data and molecular models. *Prion*. 2014;8[1]:60-6. Epub 2014/03/04. PubMed PMID: 24583975.
79. Groveman BR, Dolan MA, Taubner LM, et al. Parallel in-register intermolecular beta-sheet architectures for prion-seeded prion protein [PrP] amyloids. *The Journal of biological chemistry*. 2014;289[35]:24129-42. Epub 2014/07/17. doi: 10.1074/jbc.M114.578344. PubMed PMID: 25028516; PubMed Central PMCID: PMC4148845.**

(This paper provides important information about parallel in-register intermolecular β -sheet architectures of amyloid fibrils)