



Dérégulation de l'homéostasie calcique du réticulum endoplasmique dans la maladie d'Alzheimer : rôle du récepteur de la ryanodine et de l'isoforme SERCA1 tronquée

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THÈSE DE DOCTORAT

Dérégulation de l'homéostasie calcique du
Réticulum Endoplasmique dans la
Maladie d'Alzheimer :

Rôle du Récepteur de la Ryanodine et de l'isoforme
SERCA1 tronquée

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Présentée en vue de l'obtention du
grade de **Docteur en Sciences de la
Vie et de la Santé** de l'Université Côte
d'Azur

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Résumé

Le calcium (Ca^{2+}) joue un rôle prépondérant dans la fonction de nos neurones et du système nerveux central. Différents travaux ont rapporté que la dérégulation de l'homéostasie calcique, est associée au développement de la Maladie d'Alzheimer (MA). Durant ma thèse, j'ai étudié l'implication de deux acteurs importants de l'homéostasie calcique du Réticulum Endoplasmique (RE) : 1) le Récepteur de la Ryanodine (RyR) faisant sortir le Ca^{2+} vers le cytosol et 2) l'isoforme tronquée de la Sarco-Endoplasmic Reticulum Ca^{2+} ATPase 1 (S1T), ayant perdu la fonction de pompe calcique et jouant un rôle dans la fuite passive du Ca^{2+} du RE.

Au cours de ma thèse j'ai démontré le mécanisme moléculaire impliqué dans la dérégulation de l'activité de l'isoforme RyR2 dans des modèles d'étude *in vitro* et *in vivo* de la MA. Nous avons montré que le RyR2 subit des modifications post-traductionnelles (MPTs) (phosphorylation, oxydation, nitrosylation) dans le cerveau de patients atteints de la MA et dans des modèles murins de la maladie. Nous avons identifié une cascade dans laquelle l'Amyloïde β (A β) active les récepteurs β 2-Adrénergiques, conduisant aux MPTs du RyR2 aboutissant à la dissociation de la protéine régulatrice Calstabine2 du macrocomplexe du RyR2 et à l'augmentation de la fuite de Ca^{2+} du RE. Nous avons aussi mis en évidence la possibilité de réduire les MPTs du RyR2 et de stabiliser la Calstabine2 sur le macrocomplexe RyR2 en inhibant pharmacologiquement la cascade β 2-Adrénergique. Par ailleurs, nous avons également stabilisé la Calstabine2 par des moyens pharmacologiques (*in vitro* et *in vivo*) ou génétiques (*in vivo*). Nos résultats montrent que cela permet non seulement de limiter la fuite de Ca^{2+} mais également de réduire le métabolisme du Précurseur du Peptide Amyloïde (APP) et les dépôts d'A β *in vitro* et *in vivo* et le déficit cognitif et les défauts de plasticité synaptique dans deux modèles murins d'étude de la MA. Nos résultats ont également montré l'existence d'une boucle d'amplification de la pathologie dans laquelle la dérégulation calcique liée au RyR accroît la production de l'A β qui va en retour induire les modifications du RyR.

Par ailleurs, je me suis également intéressé à l'implication potentielle de S1T dans la MA. Nos résultats révèlent : 1) l'expression de S1T dans les cerveaux de patients Alzheimer et dans un modèle *in vitro* de la MA ; 2) l'induction de S1T par l'A β , 3) l'impact de l'expression de S1T sur le métabolisme de l'APP et 4) l'impact de l'expression de S1T sur la neuroinflammation dans des modèles *in vitro* et *in vivo*. L'article issu de cette seconde étude est en cours de soumission.

Ainsi l'augmentation de la fuite du Ca^{2+} du RE vers le cytosol semble être particulièrement impliquée dans la physiopathologie de la MA. Le canal RyR2 se révèlerait être un candidat intéressant à cibler pour des approches thérapeutiques visant à réguler son activité dans le but de prévenir ou guérir la MA.

Mots clés :

Récepteur de la Ryanodine, Maladie d'Alzheimer, Réticulum Endoplasmique, Dérégulation calcique, S1T.

Abstract

Calcium (Ca^{2+}) plays a major role in the function of our neurones and central nervous system. Various studies reported that the deregulation of Ca^{2+} homeostasis is associated with the development of Alzheimer's Disease (AD). During my PhD, I studied the implication in two important actors of the Endoplasmic (ER) Ca^{2+} homeostasis. 1) The Ryanodine Receptor (RyR) which leads Ca^{2+} from the ER towards the cytosol and 2) the truncated isoform of the Sarco-Endoplasmic Reticulum Ca^{2+} ATPase 1 (S1T), which loses its Ca^{2+} pump function and plays a role in the ER passive Ca^{2+} leak.

During my thesis I demonstrated the molecular mechanism involved in the deregulation of RyR2 isoform activity in *in vitro* and *in vivo* AD models. We have shown that RyR2 undergoes post-translational modifications (PTMs) (phosphorylation, oxidation, nitrosylation) in the brains of patients with AD and in murine models of the disease. We have identified a cascade in which Amyloid β ($\text{A}\beta$) activates $\beta 2$ -adrenergic receptors, leading to RyR2 PTMs resulting in dissociation of Calstabin2 regulatory protein from RyR2 macrocomplex and increased ER Ca^{2+} leakage. We have also demonstrated the possibility of reducing RyR2 PTMs and stabilizing Calstabin2 on the RyR2 macrocomplex by pharmacologically inhibiting the $\beta 2$ -adrenergic cascade. In addition, we have also stabilized Calstabin2 by pharmacological (*in vitro* and *in vivo*) or genetic (*in vivo*) means. Our results show that this is not only limiting Ca^{2+} leakage but also reducing the Amyloid Peptide Precursor (APP) metabolism and $\text{A}\beta$ deposits *in vitro* and *in vivo*, and cognitive deficit and synaptic plasticity defects. two murine models of AD. Our results also showed the existence of a loop amplifying the pathology in which RyR-related calcium deregulation increases the production of $\text{A}\beta$, which in turn induces RyR modifications.

In addition, I was also interested in the potential involvement of S1T in AD. Our results reveal: 1) the expression of S1T in the brains of Alzheimer patients and in an *in vitro* model of AD; 2) the induction of S1T by $\text{A}\beta$, 3) the impact of S1T expression on the metabolism of APP and 4) the impact of S1T expression on neuroinflammation in *in vitro* and *in vivo* models. The article from this second study is being submitted.

Thus, the increase of the ER Ca^{2+} leakage towards the cytosol appears to be particularly involved in the pathophysiology of AD. The RyR2 channel would prove to be an interesting candidate to target for therapeutic approaches aimed at regulating its activity in order to prevent or cure AD.

Keywords:

Ryanodine Receptor, Alzheimer's Disease, Endoplasmic Reticulum, Calcium Deregulation, S1T

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Abréviations

A β : Amyloïde Bêta	DNF : Dégénérescences Neurofibrillaires
ADAM : A Disintegrin And Metalloprotease	eIF2 α : Eukaryotic Initiation Factor 2 Subunit α
ADN : Acide DésoxyriboNucléique	FDG : Fluorodéoxyglucose
ADNc : ADN complémentaire	FKBP12 : FK506 Binding Protein 12kDa
AICD : APP IntraCellular Domain	GWAS : Genome-Wide Association Studies
AMPc : Adénosine MonoPhosphate cyclique	IFN : Interféron
ApoE : Apolipoprotéine E	IKK : Inhibitor of nuclear factor Kappa-B Kinase
APP : Amyloid Precursor Protein	IL : Interleukine
APPswe : Double mutation suédoise (APP KM670/671NL)	IRE-1 : Inositol Requiring Enzyme 1
ARN : Acide RiboNucléique	IRM : Imagerie par Résonance Magnétique
ATF4 : Activating Transcription Factor 4	JNK : c-Jun N-terminal Kinase
ATF6 : Activating Transcription Factor 6	LC : Locus Coeruleus
ATP : Adénosine TriPhosphate	LCR : Liquide Céphalo Rachidien
BACE : β -site APP Cleaving Enzyme	LTD : Dépression à Long Terme
CA : Corne d'Ammon	LTP : Potentialisation à Long Terme
CaM : Calmoduline	MA : Maladie d'Alzheimer
CaMKII : Ca ²⁺ /calmodulin-dependant protein kinase	MCI : Mild Cognitive Impairment
C83 : Fragment C-terminal de 83 acides aminés	MCU : Mitochondrial Calcium Uniporter
C99 : Fragment C-terminal de 99 acides aminés	MME : Membrane Mitochondriale Externe
Ca ²⁺ : Calcium	MMI : Membrane Mitochondriale Interne
CICR : Calcium-Induced Calcium Release	MMSE : Mini Mental State Evaluation
DMSO : Dyméthylsulfoxyde	MPTs : Modifications Post-Traductionnelles
	PS : Présénilines
	PERK : PKR-related Endoplasmic Reticulum Kinase

PKR : Protein Kinase RNA-activated	SNP : Single Nucleotide Polymorphism
PMCA : Plasma Membrane Ca ²⁺ ATPase	SOCE : Store-Operated Calcium Entry
PTP : Permeability Transition Pore	Tau : Tubulin-associated unit
RaM : Rapid Mitochondrial Ca ²⁺ Uptake	TEP : Tomographie par Emission de Positrons
RE : Réticulum Endoplasmique	Treg : Cellules T Régulatrices
RIP ₃ : Récepteur de l'Inositol Triphosphate	TRP : Transient Receptor Potential
ROCC : Receptor-Operated Ca ²⁺ Channel	UPR : Unfolded Protein Response
RyR : Récepteur de la Ryanodine	VDAC : Voltage-Dependent Anion Channel
S1T : Isoforme tronquée de la SERCA1	VGCC : Voltage -Gated Ca ²⁺ Channel
SERCA1 : Sarco-Endoplasmic Reticulum Ca ²⁺ ATPase 1	
SMOC : Second Messenger Operated Channel	

AVANT-PROPOS

La Maladie d'Alzheimer (MA) fut décrite pour la première fois en 1906 par Aloïs Alzheimer, psychiatre et neuropathologiste allemand. Il décrivit le cas d'une de ses patientes, présentant avant son décès à 51 ans des troubles de la mémoire, du langage, une désorientation et souffrant d'hallucinations. Son état correspondait à ce que l'on qualifiait à l'époque de démence mais comme elle était particulièrement jeune pour présenter ces symptômes, le Dr. Alzheimer obtint de la famille de sa patiente l'autorisation de pratiquer une autopsie. Il constata dans un premier temps une atrophie importante du cerveau, plus particulièrement au niveau du cortex. Puis au microscope il put mettre en évidence la présence de dépôts protéiques au niveau des neurones.

Aujourd'hui les médecins décrivent cette maladie comme une démence progressive caractérisée par d'importants troubles de la mémoire, du langage et des fonctions exécutives, conduisant à une perte d'autonomie du patient. C'est la plus fréquente des maladies neurodégénératives et le risque de développer cette pathologie augmente avec l'âge. L'augmentation de l'espérance de vie, notamment dans les pays industrialisés, induit une forte augmentation de l'âge de la maladie. De plus, même si des traitements symptomatiques et des moyens de prévention existent, aucun traitement curatif n'a à ce jour pu être développé. En France plus de 900.000 personnes sont actuellement atteintes par la MA et au niveau mondial, plus de 40 millions de personnes seraient actuellement touchées, sans compter les proches aidants. Selon les prévisions de l'Organisation Mondiale de la Santé, ce nombre pourrait doubler tous les 20 ans. La MA a ainsi un coût économique et humain important et est considérée comme un problème de santé publique majeur. Il est donc absolument essentiel d'en comprendre les mécanismes moléculaires et cellulaires afin d'adapter les approches thérapeutiques et de développer un traitement réellement efficace.

Au cours de ma thèse je me suis intéressé à l'impact de la dérégulation de l'homéostasie calcique du Réticulum Endoplasmique (RE) au niveau cérébral, pouvant induire la neurodégénérescence et exacerber la production des dépôts protéiques chez les patients. Cette dérégulation serait due à l'altération de la fonction de protéines régulant la sortie du Ca^{2+} du RE vers le cytosol, notamment le Récepteur de la Ryanodine (RyR) (en particulier l'isoforme RyR2) et la SERCA1.

Après une présentation générale de la MA, je montrerai dans ce manuscrit l'importance du peptide amyloïde dans la MA, puis présenterai l'homéostasie calcique et ses différents acteurs au niveau du RE notamment. Je présenterai également les lésions cérébrales retrouvées dans la MA et la neuroinflammation. Je ferai ensuite un état des lieux de ce qui est connu de la dérégulation de l'homéostasie calcique dans la MA. Et enfin j'exposerai mes résultats quant au rôle du RyR2 dans la dérégulation de cette dernière, le développement et l'aggravation de la MA. Les résultats concernant S1T, en préparation pour publication seront quant à eux présentés en annexe de ce manuscrit.

INTRODUCTION

A. La Maladie d'Alzheimer

1) Aspects cliniques de la maladie

1.1 Symptômes

- Troubles de la mémoire

L'un des principaux symptômes de la MA est évidemment la perte de la mémoire. Si oublier parfois un nom ou un rendez-vous pour s'en rappeler plus tard est tout à fait naturel, le développement de la MA est dominé par des troubles mémoriels. Ceux-ci vont progressivement de l'amnésie légère et dite antérograde, portant sur des faits récents (oubli de détails de la vie quotidienne comme l'emplacement d'un objet dans la maison), à une amnésie plus sévère, dite rétrograde, portant sur des faits anciens (oubli des évènements historiques, des anniversaires...). La personne va avoir de plus en plus besoin de notes, ou de l'aide de ses proches pour se souvenir et va devoir demander à plusieurs reprises la même information sans pour autant parvenir à garder celle-ci en mémoire (Jahn, 2013; Sultzer et al., 2014).

- Désorientation temporo-spatiale

Les patients peuvent se perdre dans des lieux pourtant familiers et perdre la notion du temps. Ils peuvent également avoir du mal à comprendre quelque chose si cela n'a pas lieu immédiatement et oublier où ils sont ou comment ils sont arrivés là.

- Troubles de l'humeur

L'humeur et la personnalité des personnes atteintes par la MA peuvent se montrer changeantes. Elles peuvent avoir des idées délirantes, être confuses, déprimées, anxieuses, voire même se montrer agressives envers leurs proches sans raison apparente (Mograbi and Morris, 2014).

- Aphasie ou trouble du langage

Les malades peuvent souffrir de difficultés à se joindre à des conversations ou à les suivre. Ils peuvent rencontrer des difficultés au niveau du vocabulaire, se répéter ou s'arrêter au milieu d'une conversation sans savoir comment la poursuivre (Kirshner, 2012; Whitwell et al., 2015).

- Agnosie ou trouble de la reconnaissance

Les personnes atteintes par la MA peuvent avoir des difficultés à reconnaître des objets ou les personnes de leur entourage, sans pour autant souffrir de problème au niveau sensoriel. L'agnosie est à l'origine de beaucoup de troubles du comportement, les patients ayant des attitudes inadaptées face à des objets qu'ils ne reconnaissent pas (Davis et al., 2012).

- Apraxie ou troubles gestuels

L'apraxie, difficile à percevoir dans les premiers stades de la maladie se caractérise par une difficulté croissante de la personne à effectuer des gestes nécessitant une coordination motrice. Peu à peu, la personne oublie des gestes acquis, devient moins habile, puis elle ne réussit plus à effectuer des gestes plus élaborés comme l'écriture. Aux stades les plus avancés de la maladie, la personne peut ne plus être en mesure d'effectuer même les gestes les plus simples comme se laver les dents ou mâcher quelque chose (Lesourd et al., 2013).

- Apathie ou indifférence

Les malades souffrant d'apathie vont se refermer sur eux-mêmes, perdre leur intérêt et leur motivation même pour les activités et loisirs habituels. Ils peuvent ainsi apparaître indifférents et déprimés, n'exprimant que peu, voire pas d'émotions face à une annonce ou un évènement, que celui-ci soit positif ou négatif (Debertrand, 2015; Mograbi and Morris, 2014).

- Evolution de la Maladie d'Alzheimer

L'apparition des symptômes de la maladie est progressive et même si elle peut grandement varier d'un individu à l'autre, de manière générale les patients perdent progressivement leur autonomie pour se retrouver de plus en plus dépendant de leur entourage. L'évolution de la maladie pouvant durer plusieurs dizaines d'années, il est difficile d'établir une évolution générale s'appliquant à tous les patients, en revanche les médecins distinguent trois phases au cours du développement de la pathologie (Sperling et al., 2014) :

Il y a tout d'abord une phase asymptomatique pouvant durer plus de 10 ans, pendant laquelle le malade présente des modifications anatomiques et biologiques

telles que la perte de densité neuronale ou la variation de la composition du liquide céphalo-rachidien. Ces modifications n'induisent à ce stade pas de symptômes, certainement grâce à des phénomènes de compensation et d'un point de vue clinique, ce stade ne pourrait être distinguée d'un contrôle sain que par des tests neuropsychologiques très élaborés.

Vient ensuite une phase symptomatique pré-démentielles durant 3 à 5 ans aussi appelée MCI (Mild Cognitive Impairment) au cours de laquelle le patient accompli normalement les tâches de la vie quotidienne avec cependant l'apparition de déficits cognitifs, sans perte d'autonomie. Le patient souffre pendant cette phase de légers troubles de la mémoire et de ses fonctions exécutives, insuffisants pour identifier une démence (Aisen et al., 2010; Eshkoor et al., 2015; Popp et al., 2015) (**Figure 1**).

Enfin vient la phase symptomatique démentielles correspondant aux stades sévères de la MA, au cours de laquelle les troubles mnésiques ayant fait leur apparition au stade MCI vont s'aggraver avec l'apparition de troubles du comportement (Aisen et al., 2010; Tan et al., 2014) (**Figure 1**).

1.2 Diagnostic

Pour identifier la MA, les médecins doivent d'abord constater l'existence d'un syndrome démentiel. Ils ont pour cela recours à des tests neuropsychologiques et comportementaux. Le plus connus est le MMSE (pour Mini Mental Status Evaluation) qui évalue de façon globale le fonctionnement cognitif (Derouesne et al., 1999).

Ensuite, puisque la démence n'est pas toujours due à la MA, les médecins doivent rechercher des signes spécifiques de la maladie. Ils peuvent avoir recours à l'imagerie par résonance magnétique (IRM) (Colliot et al., 2013) permettant de suivre l'évolution de l'atrophie cérébrale. Ils peuvent également utiliser la tomographie par émission de positrons avec le Fluorodéoxyglucose (TEP-FDG) (La Joie et al., 2013) pour avoir une imagerie dite fonctionnelle et mettre en évidence le potentiel hypométabolisme de certaines zones cérébrales, ou la spectroscopie monophotonique (SPECT) pour détecter une hypoperfusion, correspondant aux lésions caractéristiques de la maladie dans les régions temporales (Valotassiou et al., 2010). Par ponction lombaire du patient, les médecins analysent aussi les marqueurs biologiques, en particulier le peptide amyloïde beta (A β 42) et la protéine Tau

(marques histopathologiques associées à la MA et décrites dans les chapitres 2 et 3), présents dans le liquide céphalo-rachidien (LCR) afin de confirmer le diagnostic (Olsson et al., 2016; Palmqvist et al., 2015). L'accumulation de l'A_β débute tôt dans la pathologie et a déjà atteint une phase plateau au moment où les symptômes cliniques apparaissent. Les biomarqueurs de la dysfonction synaptique apparaissent plus tard dans la pathologie et sont fortement corrélés à la sévérité des symptômes cliniques. La protéine Tau, dont la mesure dans le LCR est corrélée aux dégénérescences neurofibrillaires (DNF) et à la mort neuronale s'accumule plus tard dans le LCR (**Figure 1**).

D'autres examens au laboratoire permettent finalement d'écartier d'autres causes de démences (carence en vitamine, infection, déficits hormonaux, accident vasculaire...). Même si l'ensemble de ces examens nous permet de déterminer de façon spécifique si le patient est atteint par la MA, il n'est pas encore possible à l'heure actuelle d'obtenir un diagnostic formel autrement que par autopsie du cerveau post-mortem.

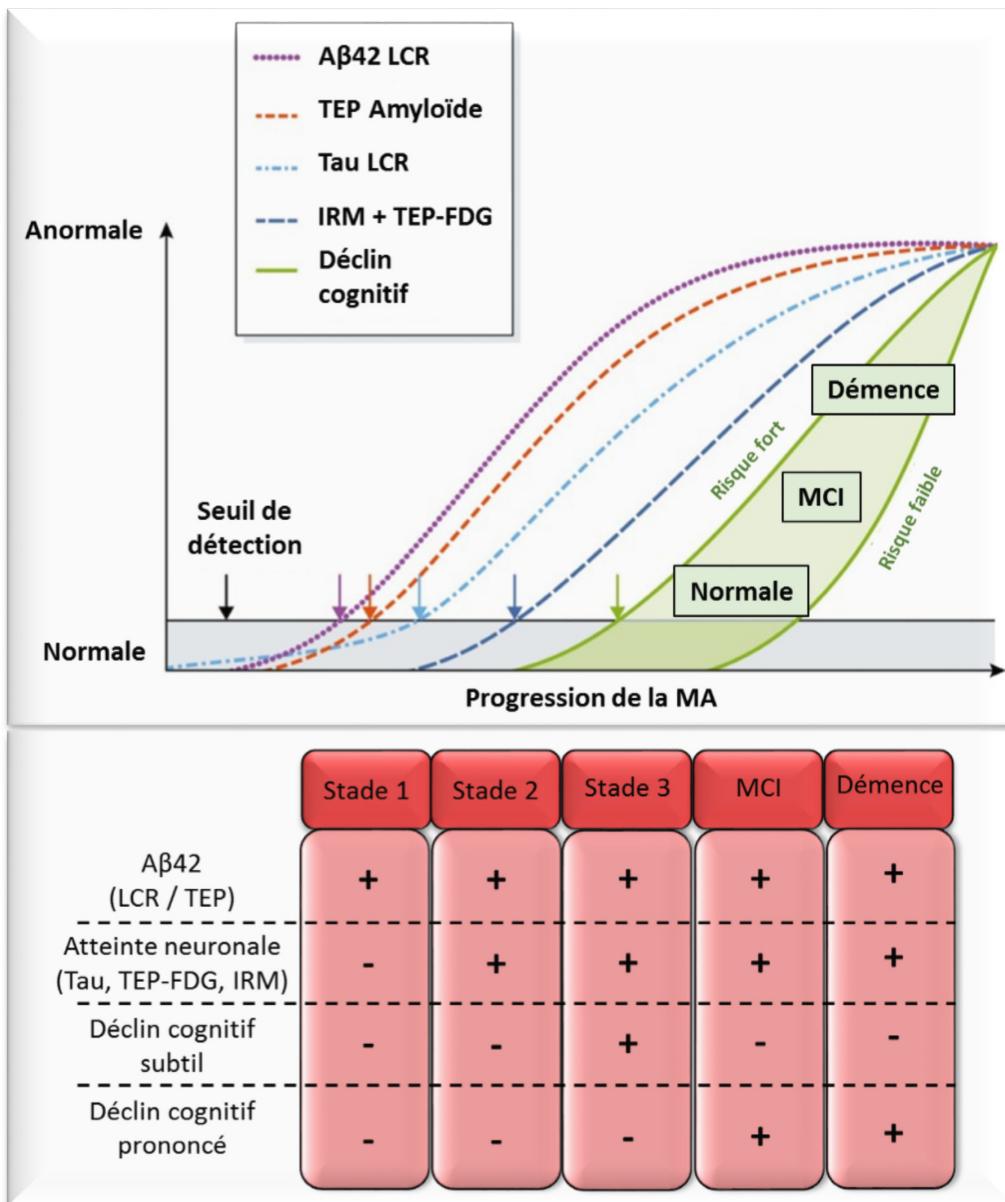


Figure 1: Dynamique d'apparition des biomarqueurs et des troubles cognitifs dans la MA aux stades précliniques (adaptée de Selkoe and Hardy, 2016; Tan et al., 2014).

L'axe horizontal indique l'évolution des stades précliniques de la MA dans le temps, puis le MCI (Mild Cognitive Impairment) et enfin la démence. L'axe vertical indique la valeur relative de chaque biomarqueur.

L' $A\beta$ est mesuré par ELISA $A\beta 42$ dans le liquide céphalorachidien (LCR) ou par TEP. La dysfonction synaptique peut être mise en évidence par imagerie fonctionnelle (TEP-FDG ou IRM)

La barre « seuil » correspond au seuil utilisé pour l'identification des différents stades.

2) Etiologie de la Maladie d'Alzheimer

La MA représentant 60-70% des cas de démence dans le monde est considérée comme en étant la forme principale. Elle apparaît généralement de façon tardive et des facteurs de risques ont été mis en évidence, mais elle peut dans certains cas être liée à la mutation de certains gènes et apparaître de façon beaucoup plus précoce.

2.1 Facteurs de risques environnementaux

Incontestablement, le premier facteur de risque pour la MA est l'âge. Celle-ci associée communément à la personne âgée, voit sa prévalence dans la population doubler tous les 5 ans au-delà de l'âge de 65 ans. Le sexe est également un facteur de risque puisqu'une prévalence plus importante de la maladie a été démontrée chez les femmes (Fisher et al., 2018).

Le niveau d'éducation, le fait de fumer ou non, ainsi que l'hygiène de vie (alimentation, activité physique, qualité du sommeil) affectent aussi le risque de développer la MA (Brown et al., 2013; Zhong et al., 2015). Outre le niveau d'éducation acquis, la sollicitation intellectuelle et les activités sociales permettraient en effet le maintien du bon état et du bon fonctionnement du réseau neuronal et réduiraient les risques de démence (Akbaraly et al., 2009; Wilson et al., 2007). Les études ont également montré le lien entre la pratique rigoureuse d'une activité physique et la réduction du risque de déclin cognitif (Tan et al., 2017).

De même, l'obésité, l'hypertension et le diabète sont associés à un risque accru de développer la MA. Le risque de développer cette pathologie serait en effet multiplié de près de quatre fois chez les gens souffrant d'hypertension après 50 ans (Barnes and Yaffe, 2011; Launer et al., 2000). Le lien entre pathologie vasculaire et la MA ainsi que l'impact du stress chronique sur cette dernière ont également été révélés (Machado et al., 2014; Norton et al., 2014). La nutrition et son impact dans le développement ou la prévention de la MA suscitent donc ainsi un intérêt croissant. Les effets protecteurs d'une alimentation riche en Oméga 3 comme dans le régime Méditerranéen ont ainsi été décrits.

2.2 Facteurs de risques génétiques

Même si la MA est dans plus de 98% des cas dite sporadique, avec une apparition tardive, dans des cas extrêmement rares elle peut être liée à une mutation

à transmission autosomique dominante. Dans ce cas, la MA est dite familiale et conduit à une apparition précoce des symptômes, avant 65 ans. Trois gènes ont à ce jour été répertoriés comme pouvant présenter des mutations pathogènes accélérant le développement de la MA et ceux-ci sont tous impliqués dans le métabolisme du Précurseur du Peptide Amyloïde (APP) et la production de peptides toxiques dont l’Amyloïde β (A β), l’accumulation de ce dernier étant l’un des marqueurs histologiques caractéristiques de la MA. Les mécanismes du clivage de l’APP et les différents fragments produits seront décrits dans le chapitre B.

Ces trois gènes sont celui de l’APP, porté par le chromosome 21 (Kang et al., 1987), le gène de la présénilin 1 (PS1), porté par le chromosome 14 (Sherrington et al., 1995), et celui de la présénilin 2 (PS2), porté par le chromosome 1 (Lanoiselée et al., 2017; Levy-Lahad et al., 1995).

La mutation du gène de PS1 est considérée comme intervenant le plus couramment dans les formes familiales de la MA, avec plus de 200 mutations pathogènes répertoriées (<http://www.molgen.ua.ac.be/admutations> MA et FD Mutation Database). La majorité des mutations pathogènes sur ce gène vont impacter les séquences protéiques intramembranaires de la PS1. Les mutations des présénilines (PS), cœur catalytique de la γ -sécrétase, enzyme impliquée dans le métabolisme de nombreuses protéines membranaires telles que l’APP, vont ainsi influer sur l’activité de cette dernière et réduire ou augmenter le clivage de l’APP (Futai et al., 2016; Xia et al., 2015). Une étude récente analysant plus de 130 mutations de la PS1 a ainsi montré que 90% d’entre elles réduisent l’activité de la γ -sécrétase, réduisant de ce fait la production du peptide amyloïde et que 30% vont même abolir totalement son activité (Sun et al., 2017). Néanmoins, il semblerait que ces mutations conduisent également à une augmentation du ratio relatif A β 42/A β 40, l’A β 42 (42 acides aminés) étant considéré comme plus toxique que la forme A β 40 (40 acides aminés) du fait de sa plus grande propension à l’agrégation (Dai et al., 2018).

La mutation du gène de PS2 est quant à elle plus rarement la cause de ces formes familiales avec une quarantaine de mutations répertoriées à ce jour, dont une vingtaine de mutations pathogéniques, en majorité faux-sens, dans sa séquence. Les mutations pathogéniques sur ce gène ont pour la plupart été associées à un défaut dans le métabolisme de l’APP, aboutissant à une surproduction du peptide amyloïde (Renbaum and Levy-Lahad, 1998; Walker et al., 2005). Ces mutations vont en fait

induire une élévation importante du ratio A β 42/A β 40 en inhibant la production de l'A β 40 et en augmentant celle de l'A β 42 (Dai et al., 2018).

Enfin l'APP peut subir près d'une cinquantaine de mutations pathogènes (Dai et al., 2018). Celles-ci se trouvent en majorité autour des sites de clivage des sécrétases et influent donc toutes sur la production de l'A β . Parmi ces mutations, il y a par exemple la double mutation suédoise (APPswe : APP_{KM670/671NL}) intervenant proche du site de clivage de la β -sécrétase et induisant ainsi une surproduction de l'A β sans pour autant changer le ratio A β 42/A β 40 (Mullan et al., 1992), dont je reparlerai plus tard dans ce manuscrit. Les mutations de cette protéine pourraient également altérer le transport neuronal contribuant au déficit cognitif (Bearer et al., 2018). La duplication de l'APP semble également intervenir dans l'apparition de ces formes autosomiques dominantes de la MA (Rovelet-Lecrux et al., 2006).

2.3 Autres facteurs de susceptibilité génétique

Au-delà des gènes et mutations associés au développement précoce de la MA, des variants de nombreux loci ont au fil des années été corrélés avec un risque accru de développer la MA. Le premier locus rapporté comme étant à risque fut celui portant le gène de l'ApoE.

L'ApoE (Apolipoprotéine E) est un transporteur de lipides essentiel pour l'entretien des membranes neuronales, en particulier au niveau des connexions entre synapses. Cette protéine intervient notamment dans le métabolisme du cholestérol. Il existe trois allèles du gène ApoE : ApoE2, ApoE3 et ApoE4. Ce dernier variant génétique est maintenant connu comme étant le principal facteur de risque pour le développement des formes non-familiales tardives de la MA. Ce risque est encore plus important en cas d'homozygotie de l'allèle E4 de ce gène (Johnson et al., 2014; Kim et al., 2009). Les grandes études d'association pangénomiques (Genome-Wide Association Studies, GWAS) se sont développées ces dernières années et se concentrent sur l'association entre des polymorphismes nucléotidiques (SNPs, single-nucleotide polymorphisms) et les phénotypes tels que ceux des maladies humaines majeures comme la MA. Ces études portent sur des cohortes comprenant plusieurs milliers d'individus. Elles sont ainsi en général réalisées sur deux grands groupes, le premier comprenant des individus en bonne santé et le second des individus atteints par la maladie (Chapuis et al., 2017; Harold et al., 2009; Hollingworth et al., 2011; Lambert et al., 2009, 2013; Seshadri et al., 2010).

Les GWAS ont à ce jour ainsi permis d'identifier plus d'une vingtaine de loci associés à une susceptibilité de développer la MA (Bellenguez et al., 2017; Carmona et al., 2018; Giri et al., 2016). Elles ont permis de confirmer l'ApoE comme facteur de risque et d'ajouter ceux de TREM2 et de FERMT2, ainsi que de nombreux loci et variants rares associés à une susceptibilité de développer la MA (**Tableau 1**). Sur ces loci, des variants de gènes intervenant dans des processus variés ont été corrélés à la MA. Parmi ceux-ci, certains comme celui de l'ApoE, ou le gène CLU (Clusterine) sont impliqués dans le métabolisme des lipides. D'autres sont impliqués dans la réponse immunitaire, comme CR1 et CD33, ou encore dans l'endocytose comme BIN1 (Briding Integrator 1) qui sépare BACE1 et l'APP dans les endosomes et dont la diminution de l'expression induit une surproduction de l'A β au niveau des axones (Chapuis et al., 2013; Ubelmann et al., 2017) et PICALM. Le métabolisme anormal de ce dernier a été associé aux défauts d'autophagie dans différentes pathologies neurodégénératives dont la MA (Ando et al., 2013, 2016) (**Tableau 1**)

TREM2 (Triggering Receptor Expressed on Myeloid cells 2) est une protéine membranaire exprimée dans les cellules microgliales dont le gène a plus récemment été mis en évidence comme étant un facteur de risque de même importance que ApoE4, bien que beaucoup plus rare (Jiang et al., 2013). Plusieurs études ont démontré l'implication de TREM2 comme facteur de risque (Hickman and El Khoury, 2014; Ulland and Colonna, 2018; Ulrich et al., 2017).

FERMT2 (Fermitin Family Member 2) est une protéine co-activatrice des intégrines. Il a récemment été rapporté que sa sous-expression induit l'augmentation de la présence de l'APP mature à la membrane et la facilitation de son recyclage, faisant ainsi varier les niveaux d'A β retrouvés dans le liquide céphalorachidien (Chapuis et al., 2017).

Dernièrement, de nouveaux gènes ont à leur tour été mis en avant comme susceptibles d'être impliqués dans la MA dont WWC1 (WW domain containing protein 1) aussi appelé KIBRA (Kidney and Brain expressed protein) et TLN2 (Talin 2) coexprimés dans le cortex temporal chez des sujets Alzheimer (Gusareva et al., 2018).

Enfin, les GWAS ne donnant pas la relation directe qu'il peut y avoir entre les polymorphismes et la pathologie, des études *in vitro* et *in vivo* sont nécessaires pour valider leur implication dans la MA.

Gène	Localisation	SNP	Impliqué dans	Référence
APOE	19q13.32	rs329358/rs7412	Métabolisme des lipides	Corder et al. 1993
PICALM	11q14.2	rs3851179	Endocytose	Harold et al. 2009
CR1	1q32.2	rs6656401	Système immunitaire	Lambert et al. 2009
BIN1	2q14.3	rs744373	Endocytose	Seshadri et al. 2010
CLU	8p21.1	rs11136000	Système immunitaire	Lambert et al., 2009
			Métabolisme des lipides	
EPHA1	7q35	rs11771145	Système immunitaire	Seshadri et al. 2010
ABCA7	19p13.3	rs3764650	Système immunitaire	Hollingworth et al. 2011
			Métabolisme des lipides	
CD33	19q13.41	rs3865444	Système immunitaire	Hollingworth et al. 2011
MS4A6A	11q12.2	rs983392	Système immunitaire	Hollingworth et al. 2011
CD2AP	6p12.3	rs9349407	Endocytose	Naj et al. 2011
CASS4	20q13.31	rs7274581	Cytosquelette	Lambert et al. 2013
			Transport axonal	
CELF1	11p11.2	rs10838725	Cytosquelette	Lambert et al. 2013
			Transport axonal	
FEMRT2	14q22.1	rs17125944	Angiogenèse	Lambert et al. 2013
HLA-DRB5 HLA-DRB1	6p21.32	rs9271192	Système immunitaire	Lambert et al. 2013
INPP5D	2q37.1	rs35349669	Système immunitaire	Lambert et al. 2013
MEF2C	5q14.3	rs190982	Système immunitaire	Lambert et al. 2013
NME8	7p14.1	rs2718058	Fonction synaptique	Lambert et al. 2013
PTK2B	8p21.2	rs28834970	Cytosquelette	Lambert et al. 2013
			Transport axonal	
SLC24A4/RIN3	14q32.12	rs10498633	Développement neuronal	Lambert et al. 2013
SORL1	11q24.1	rs11218343	Endocytose	Lambert et al. 2013
ZCWPW1	7q21.1	rs1476679	Régulation épigénétique	Lambert et al. 2013

Tableau 1: Liste des loci associés à une susceptibilité de développer la MA, définis par les GWAS (adapté de Carmona et al., 2018)

3) Aspects histopathologiques de la maladie

3.1 Lésions cérébrales macroscopiques

Au niveau macroscopique, la MA se caractérise par une atrophie cérébrale principalement localisée au niveau du cortex entorhinal et dans la région de l'hippocampe, de l'amygdale et des gyri temporaux et frontaux. Cela se traduit par une réduction du poids notamment des lobes temporaux et pariétaux mais également du lobe frontal. Une dilatation des ventricules cérébraux peut également fréquemment être observée (**Figure 2**).

3.2 Lésions cérébrales microscopiques

Les lésions microscopiques apparaissant dans le cerveau ne sont pas homogènes. La topographie des lésions ainsi que la cinétique avec laquelle elles apparaissent sont déterminantes pour reconnaître la pathologie. Deux types de lésions peuvent être distinguées, d'une part celles associées à l'agrégation de protéines et d'autre part celles associées à la perte neuronale et synaptique, mais il existe également des lésions dites « réactionnelles » telles que la neuroinflammation (Duyckaerts et al., 2009).

3.2.1 Le peptide amyloïde et les plaques séniles

Décrivées pour la première fois par Alois Alzheimer au début du 20^{ème} siècle (Stelzmann et al., 1995) après autopsie du cerveau de sa patiente, la nature des plaques séniles extracellulaires n'a été établie qu'en 1984 par l'équipe du Dr. Glenner qui en identifia le constituant principal. Les plaques séniles se sont révélées être des agrégats d'un peptide appelé peptide amyloïde β ou A β (Glenner and Wong, 1984).

L'A β est un peptide physiologique, produit normalement au cours de la vie. Les plaques séniles au contraire sont des lésions caractéristiques de la MA où les peptides amyloïdes s'agrègent de façon aberrante. Les dépôts amyloïdes, absents chez l'individu jeune apparaissent peu à peu au cours du vieillissement. C'est en fait lorsque ces amas prennent trop d'ampleur, en nombre et en taille, qu'ils induisent la neuroinflammation, caractérisée par l'activation des cellules immunitaires résidentes du cerveau.

Si l'A β est le constituant principal des plaques séniles, il n'est pas seul dans celles-ci. En effet lors de la formation des plaques, l'A β s'associe à l'ApoJ (ou clusterine) (Martin-Rehrmann et al., 2005), l'ApoE, au cholestérol (Lesser et al.,

2011), à la cathepsine D, à des composants de la matrice extracellulaire tels que la thrombospondine, l'ICAM1 (Inter-Cellular Adhesion Molecule 1) et l'héparane sulfate protéoglycane, mais également au Ca²⁺, au fer (Everett et al., 2018) ou à d'autres métaux (cuivre, zinc...) (Ha et al., 2007).

De plus les dépôts d'A β peuvent se présenter sous différentes formes dans le cerveau (Duyckaerts et al., 2009; LeVine and Walker, 2010).

La première, dite « diffuse » correspond à des dépôts relativement larges, pouvant atteindre quelques centaines de micromètres de diamètre. Ceux-ci sont assez peu immunoréactifs et difficiles à identifier par immunohistochimie. Vraisemblablement composés majoritairement d'A β 40 ils ne sont pas visualisables au Congo Red ni à la Thioflavine S (colorant permettant de révéler les agrégats). Cependant, ils restent révélables par des anticorps anti-A β (Güntert et al., 2006). Dans certaines zones du cerveau, les dépôts amyloïdes sont uniquement de ce type, et ils ont été retrouvés en grand nombre chez des patients dont les facultés intellectuelles ont été considérées comme normales, ce qui laisse un doute quant à la toxicité de cette forme de dépôts. Ceux-ci ont été proposés comme étant une forme précoce des plaques séniles dans certaines zones cérébrales. Ils ne présentent pas encore de composante nerveuse mais peuvent toutefois altérer la morphologie des neurites qui les traversent (Duyckaerts et al., 2009; LeVine and Walker, 2010) (**Figure 2**).

La seconde forme, dite « focale » correspond à des dépôts sphériques de taille beaucoup plus restreinte mais également beaucoup plus denses. Contenant un nombre important de molécules d'A β 42, certains de ces dépôts focaux semblent être le cœur des plaques séniles. Ils sont alors entourés d'une couronne de prolongements provenant des neurones et astrocytes environnants (Duyckaerts et al., 2009; LeVine and Walker, 2010) (**Figure 2**).

Enfin, des dépôts dits « stellaires » ont également été identifiés. Plus petits et probablement associés aux astrocytes, ils sont moins étudiés que les deux formes précédemment citées bien que souvent observés (Duyckaerts et al., 2009) (**Figure 2**).

L'A β peut également se déposer dans la paroi des vaisseaux comme cela a pu être relevé dans différents cas, en particulier au niveau des vaisseaux présents au cœur des plaques, induisant des AAC (Angiopathies Amyloïdes Cérébrales) (Yamada and Naiki, 2012).

C'est la forme de l'amyloïde produit et ses propriétés qui vont induire la formation de fibrilles, puis de plaques à l'extérieur des neurones. Une partie de l'A β peut néanmoins être retrouvée en intracellulaire (Bayer et al., 2010; Thal and Fändrich, 2015). De manière intéressante cette accumulation d'A β 42 en intracellulaire corrèlerait mieux avec la perte neuronale que les formes d'amyloïde retrouvées en extracellulaire (Christensen et al., 2008) et les petits oligomères sembleraient plus toxiques que les dépôts fibrillaires d'A β .

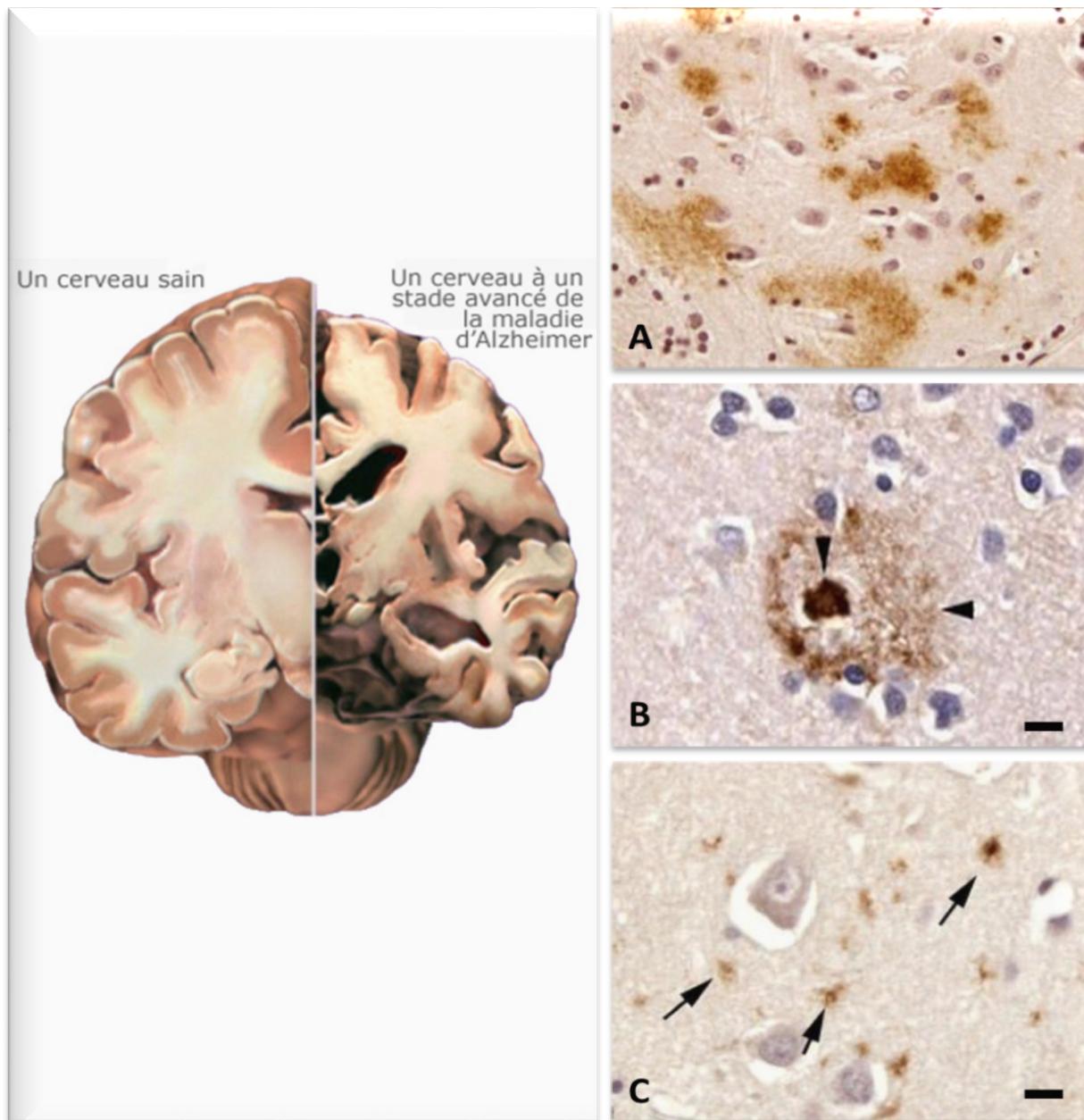


Figure 2: Lésions macroscopiques et aspects des différents dépôts amyloïdes (d'après Duyckaerts et al., 2009).

A gauche, une représentation de l'atrophie cérébrale retrouvée chez les patients à un stade avancé de la MA (d'après l'Alzheimer's Association www.alz.org), avec une perte neuronale massive et une augmentation du volume des ventricules.

A droite, les différents types de dépôts amyloïdes identifiables en immunohistochimie

- (A) Des dépôts diffus de peptides amyloïdes.
- (B) Des dépôts focaux (pointes de flèche) beaucoup plus denses formant le cœur des plaques amyloïdes, entourés d'un halo de peptides $\text{A}\beta$ moins dense.
- (C) Des dépôts stellaires (flèches)

3.2.2 Les dégénérescences neurofibrillaires intracellulaires

Ces lésions furent décrites par Alois Alzheimer lors de l'étude du cerveau de sa patiente au début du 20^{ème} siècle (Stelzmann et al., 1995) mais il fallut attendre plusieurs dizaines d'années avant que la nature des dégénérescences neurofibrillaires (DNF) ne soit certaine (Brion, 2006; Brion et al., 1985).

La protéine Tau (Tubulin Associated Unit) est une protéine d'organisation et de stabilisation des microtubules qui sont en quelque sorte la charpente des cellules. Ces microtubules donnent leur forme aux cellules et permettent dans les neurones le transport de nutriments, notamment du corps cellulaire vers l'extrémité de l'axone (Avila et al., 2016).

La phosphorylation de cette protéine permet de réguler sa liaison aux microtubules. Les dégénérescences neurofibrillaires apparaissent lorsque la protéine Tau, anormalement phosphorylée, forme des agrégats au sein même des neurones. Il a également été révélé que le clivage de la protéine Tau par les caspases génère des peptides plus enclins à former ces agrégats (Gamblin et al., 2003). Ces peptides s'agrègent avec les formes non clivées de Tau autour des microtubules. Ils y sont hyperphosphorylés, ce qui a pour effet de les dissocier des microtubules et de déstabiliser ceux-ci en parallèle de l'accumulation de ces agrégats de protéines Tau dans le cytosol (Rissman et al., 2004) (**Figure 3**).

Selon différentes études, les dégénérescences neurofibrillaires peuvent être induites par une mutation sur le gène codant pour la protéine Tau, ce qui est le cas dans différentes tauopathies mais pas dans la MA pour laquelle aucune mutation de Tau n'a pu être retrouvée (Orr et al., 2017). Elles peuvent également être induites par les dépôts de fer dus à une hémorragie suivant un traumatisme crânien (Musi et al., 2018). Lorsque la protéine Tau s'agrège, les microtubules n'étant alors plus correctement stabilisés, le réseau de microtubules se décompose et le transport des métabolites et organelles essentiels au fonctionnement des neurones n'est plus assuré, ce qui finit par entraîner la mort neuronale (Li et al., 2007).

Les amas de protéines Tau, associés à des altérations du réseau de microtubules apparaissent de façon progressive. Ainsi ils sont présents dans le corps des neurones et dans les extrémités axonales retrouvées au niveau de la couronne des plaques séniles. Ils sont également présents dans les dendrites formant des « filaments du neuropile », qui accompagnent les plaques séniles et les DNF, signes précoce de la dégénérescence neuronale (Braak and Braak, 1994). Les dendrites vont

ensuite se fragmenter et les DNF apparaissant au niveau du corps du neurone vont finir par le faire mourir, ne laissant plus que des DNF dits « fantômes ». Ces résidus des amas de protéines Tau, se retrouvant en extracellulaire après la mort des neurones qui les contenaient, sont plus diffus et peuvent contenir d'autres protéines, ce qui les rend comparables aux plaques séniles (Braak and Braak, 1994).

La progression de la pathologie Tau dans les structures cérébrales est évaluée grâce aux stades de Braak. Les stades I et II correspondent à des DNF principalement cantonnées au niveau des cortex transentorhinal et entorhinal, puis les stades III et IV correspondent à l'invasion des régions limbiques dont l'hippocampe, et enfin les stades V et VI sont associés à l'invasion plus généralisée du néocortex, les couches externes des hémisphères cérébraux, en commençant au niveau du lobe temporal (Braak et al., 2006) (**Figure 4**).

Contrairement aux plaques séniles amyloïdes caractéristiques de la MA, ces agrégats de protéine Tau se retrouvent également dans de nombreuses autres pathologies appelées Tauopathies (Orr et al., 2017).

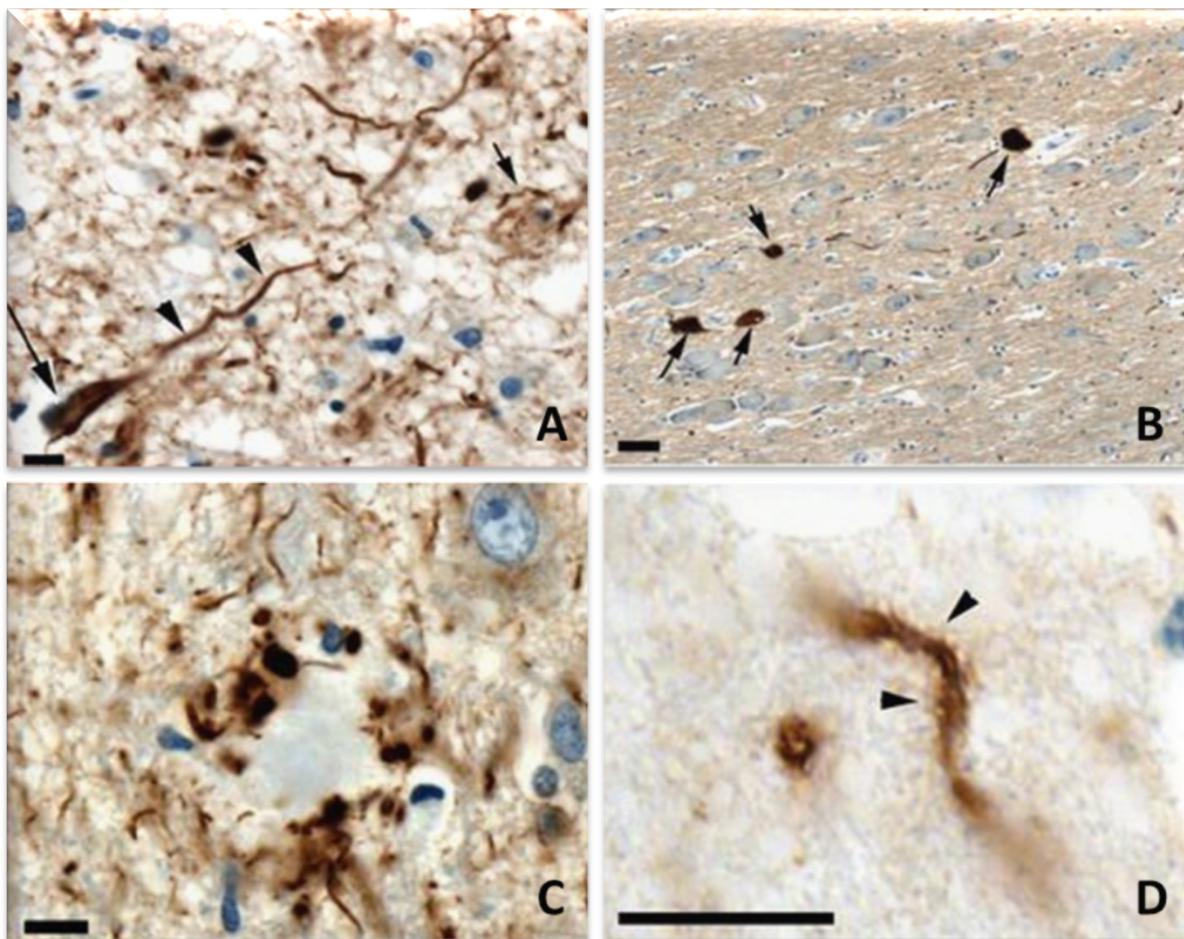


Figure 3: Différents aspects de la pathologie Tau dans le cerveau (d'après Duyckaerts et al., 2009).

- (A) Forme typique des DNF (flèche), la protéine Tau s'accumule aussi dans les dendrites (pointes de flèche). Les petites flèches montrent des résidus de protéines Tau retrouvés après la mort des neurones qui les contenaient.
- (B) DNF de forme globuleuse dans le noyau basal de Meynert.
- (C) La couronne des plaques séniles contient des prolongements axonaux remplis de protéines Tau agrégées alors que le cœur de ces plaques est totalement dépourvu de Tau.
- (D) Un filament du neuropile dont la nature dendritique est apparente. Plus épais qu'un axone, ses contours (pointes de flèche) sont assez flous, certainement à cause du marquage des épines dendritiques.

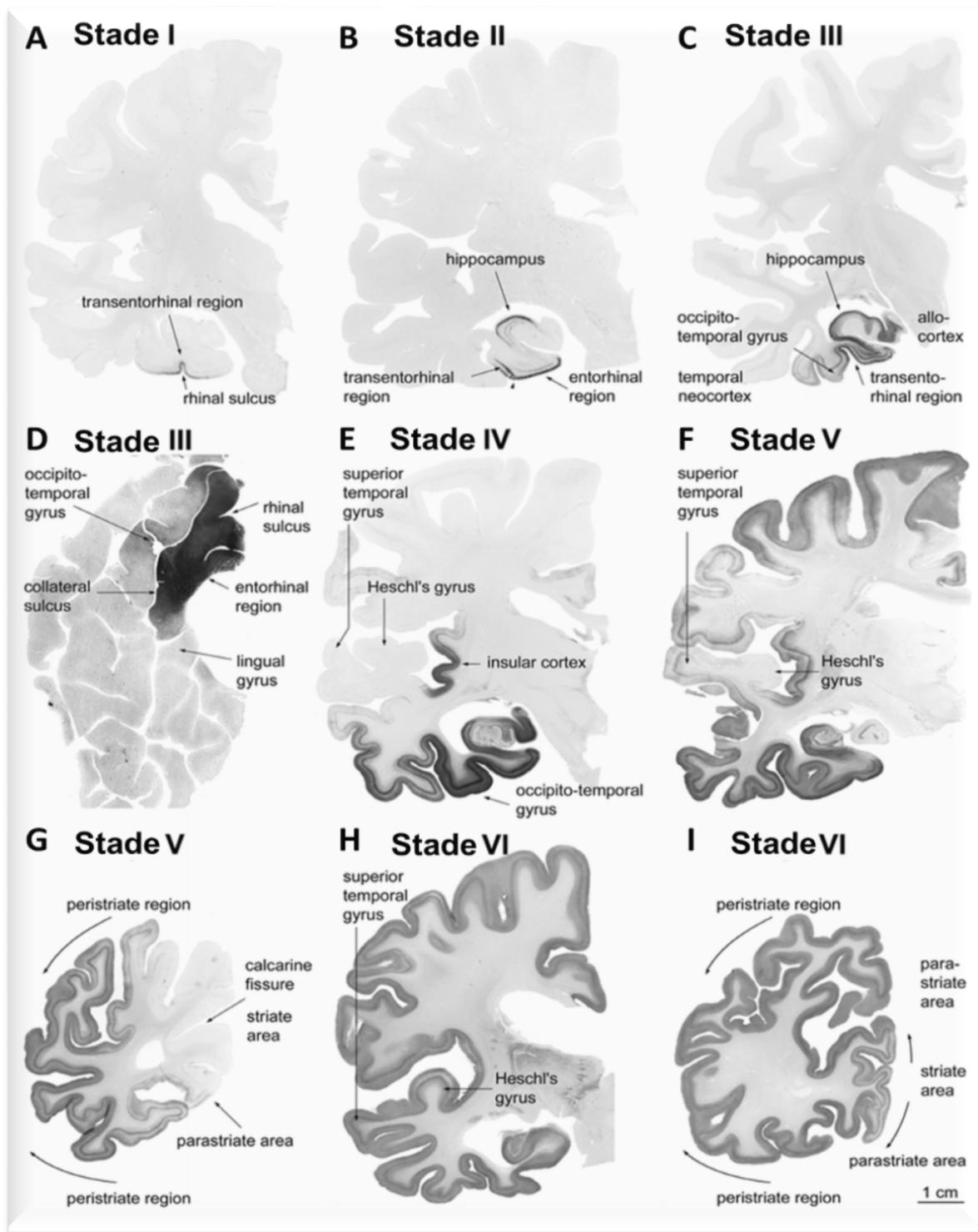


Figure 4: Stades de la pathologie Tau selon l'échelle de Braak (d'après Braak et al., 2006).

Les stades I à VI de l'apparition des DNF dans le cortex dans des tranches de cerveau de 100µm incluses dans du polyéthylène glycol et marquées avec un anticorps anti-protéine Tau hyperphosphorylée (AT8, Innogenetics). Les zones touchées apparaissent donc avec un marquage noir aux différents stades.

3.2.3 Liens entre A β et Tau

L'hypothèse de la cascade amyloïde est née de la constatation que les mutations induisant la MA sont toujours associées à une altération du métabolisme de l'APP et en particulier à une surproduction du peptide A β 42. Au contraire, les mutations de la protéine Tau n'engendreraient pas la MA. Il a donc été postulé que ce serait l'accumulation de peptides amyloïdes neurotoxiques qui serait à l'origine de la déstructuration des microtubules par modification de la protéine Tau, amenant aux DNF, conduisant au final à la perte neuronale et les déficits cognitifs (Hardy and Higgins, 1992). Une étude a en effet mis en évidence que les fibrilles d'A β 42 induisent la formation des DNF (Götz et al., 2001). Il a également été proposé que l'A β puisse induire le clivage de la protéine Tau par les caspases, générant par ce biais des fragments plus agrégants conduisant aux DNF (Gamblin et al., 2003).

Toutefois il a été observé que les DNF peuvent être présentes dans le cerveau en l'absence de dépôts amyloïdes (Braak and Braak, 1997), ce qui suggère que les deux lésions interviennent de façon indépendante et en parallèle l'une de l'autre ou que la formation des DNF précède même celle des plaques amyloïdes (Duyckaerts et al., 2009). De plus, parmi les modèles murins transgéniques utilisés en recherche, ceux ayant seulement des mutations de l'APP et des PS ne présentent pas de DNF, alors que le modèle triple transgénique 3xTg-AD développé par l'équipe du Dr. LaFerla, possédant la double mutation suédoise de l'APP (APPswe), une mutation de Tau (MAPT_{P301L}), et dont le gène PS1 endogène a été muté (PS1 M_{146V}) développe des DNF. Ces dernières apparaissent cependant après les plaques amyloïdes dans ce modèle (Billings et al., 2005; Oddo et al., 2003). La possibilité d'une synergie entre ces deux voies A β et Tau dans la physiopathologie de la MA, intervenant de concert pour induire les dysfonctions synaptiques et la dégénérescence neuronale est donc de plus en plus admise (Small and Duff, 2008).

3.2.4 La neuroinflammation

La neuroinflammation a depuis longtemps été associée à la MA. Alois Alzheimer avait déjà décrit la présence de la microglie autour des plaques identifiées dans le cerveau de sa patiente dans la publication de 1907 (Stelzmann et al., 1995). Pourtant le ou les rôles de cette inflammation cérébrale dans les maladies neurodégénératives et en particulier la MA, bien que mieux compris restent encore à ce jour sujets à débat. Les maladies neuroinflammatoires telles que la Sclérose

Multiple ou les encéphalites se différencient des maladies neurodégénératives comme la MA par le type d'inflammation impliquée. Par exemple, l'invasion des tissus cérébraux par des lymphocytes T et B venant du sang, et constitutifs de l'immunité adaptative est une caractéristique de l'encéphalite. Dans la MA au contraire, ce sont les cellules immunitaires résidentes du cerveau, constitutives de l'immunité innée qui entrent en jeu. Néanmoins des études montrent aussi l'implication d'une invasion du cerveau par des lymphocyte T dans le contexte de la MA (Dansokho et al., 2016; Laurent et al., 2017).

Parmi les cellules immunitaires du cerveau, appelées cellules gliales, il y a la microglie d'une part et les astrocytes d'autre part qui représentent la majeure partie des cellules de notre cerveau. Les mécanismes précis sous-tendant la neuroinflammation sont encore peu clairs et la question de savoir si celle-ci est une cause ou une conséquence de la MA reste débattue (Lue et al., 1996). Cependant, des découvertes récentes supportent l'idée de l'existence d'un lien direct entre la production anormale du peptide amyloïde et le développement et le maintien de la neuroinflammation (Guerriero et al., 2017).

Les cellules microgliales sont les cellules immunitaires du cerveau. A l'état basal ces cellules développent des prolongements leur permettant de surveiller leur microenvironnement (Nimmerjahn et al., 2005). Lorsque l'une d'elle détecte une substance pathogène, ses prolongements sont rétractés, et la microglie est alors dite « activées ». C'est dans cet état d'activation que la microglie va médier la réponse inflammatoire. C'est le cas notamment autours des plaques séniles, preuve de l'existence de processus inflammatoires dont le rôle dans la MA est de plus en plus étudié (Heneka et al., 2015; Heppner et al., 2015) (**Figure 5**). Pendant longtemps perçue comme contribuant uniquement à la progression de la maladie, la neuroinflammation pourrait dans une certaine mesure avoir au contraire un effet bénéfique, en particulier de par la capacité de la microglie à induire la phagocytose du peptide amyloïde (Cai et al., 2014) et à limiter l'expansion des plaques amyloïdes (Zhao et al., 2017). L'activation de la microglie peut en effet intervenir selon deux voies, M1 et M2 (Minter et al., 2016). La première induit une neuroinflammation dérégulée promouvant la mort neuronale, via la production de cytokines pro-inflammatoires et l'implication des astrocytes. La seconde au contraire permet la phagocytose des dépôts amyloïdes et la clairance du peptide amyloïde avec une production à la fois de cytokines pro (TNF α , IL-1, IL-6...) et anti -inflammatoires (IL-

4, IL-10, TGF β ...) (Cavaillon, 1995; Cherry et al., 2014). Pourtant, une étude réalisée sur le modèle murin 3xTg-AD a révélé que l'activation microgliale induite par le LPS (Lipopolysaccharide) induit une exacerbation de la phosphorylation de la protéine Tau, via l'activation de la kinase CDK5 (Kitazawa, 2005) exacerbant de ce fait la pathologie Tau.

Les astrocytes quant à eux, près de cinq fois plus nombreux que les neurones, interviennent comme soutiens de ces derniers. Ils interviennent notamment dans le remodelage des circuits neuronaux, la recapture et le recyclage des neurotransmetteurs comme le glutamate, à la synapse. Ce sont des régulateurs essentiels des réponses immunitaires dans le cerveau. Selon le contexte et les stimuli offerts par le milieu, ils peuvent exacerber ou réduire les réactions inflammatoires. Si lorsque activés par certains stimuli tels que les Sphingolipides, NF- κ B (Nuclear Factor kappa B) ou encore l'IL-17 (Interleukine 17) les astrocytes adoptent un phénotype dommageable pour les cellules environnantes, dit A1, d'autres stimuli comme le BDNF (Brain Derived Neurotrophic Factor), l'IFN γ (Interferon γ) ou le TGF β (Transforming Growth Factor β) induisent au contraire un phénotype protecteur de ces astrocytes, dit A2, (Colombo and Farina, 2016; Liddelow et al., 2017). Des études ont également montré la contribution des astrocytes dans la production du peptide amyloïde durant la neuroinflammation (Zhao et al., 2011).

Si l'implication de l'immunité innée dans la MA a été démontrée par de nombreuses études, ce n'est que plus récemment que le rôle de l'immunité adaptative a pu être décrit dans cette pathologie. L'infiltration de cellules T a ainsi été observée dans le modèle murin APP/PS1 (APP_{KM670/671NL} et PS1_{L166P}) et l'importance des cellules T régulatrices (Treg) dans ce modèle a été démontrée. Le groupe de Guillaume Dorothée a en effet montré que la suppression des Treg dans ce modèle accélère les défauts cognitifs liés à la progression de la MA. Plus particulièrement ils ont montré que les Treg servent en quelque sorte à orchestrer le recrutement de la microglie au niveau des dépôts amyloïdes, afin de limiter l'accumulation de l'A β (Dansokho et al., 2016) Cependant, une autre étude a au contraire montré dans un modèle d'agrégation de la protéine Tau; les souris THY-Tau22, un effet délétère de l'infiltration des cellules T au niveau de l'hippocampe (Laurent et al., 2017).

La neuroinflammation et son implication dans la physiopathologie de la MA sont ainsi de mieux en mieux comprises. Elle semble néanmoins jouer un rôle assez ambigu au cours de la MA, ses acteurs cellulaires étant tout autant capable de participer à la neurodégénérescence qu'à un processus neuroprotecteur.

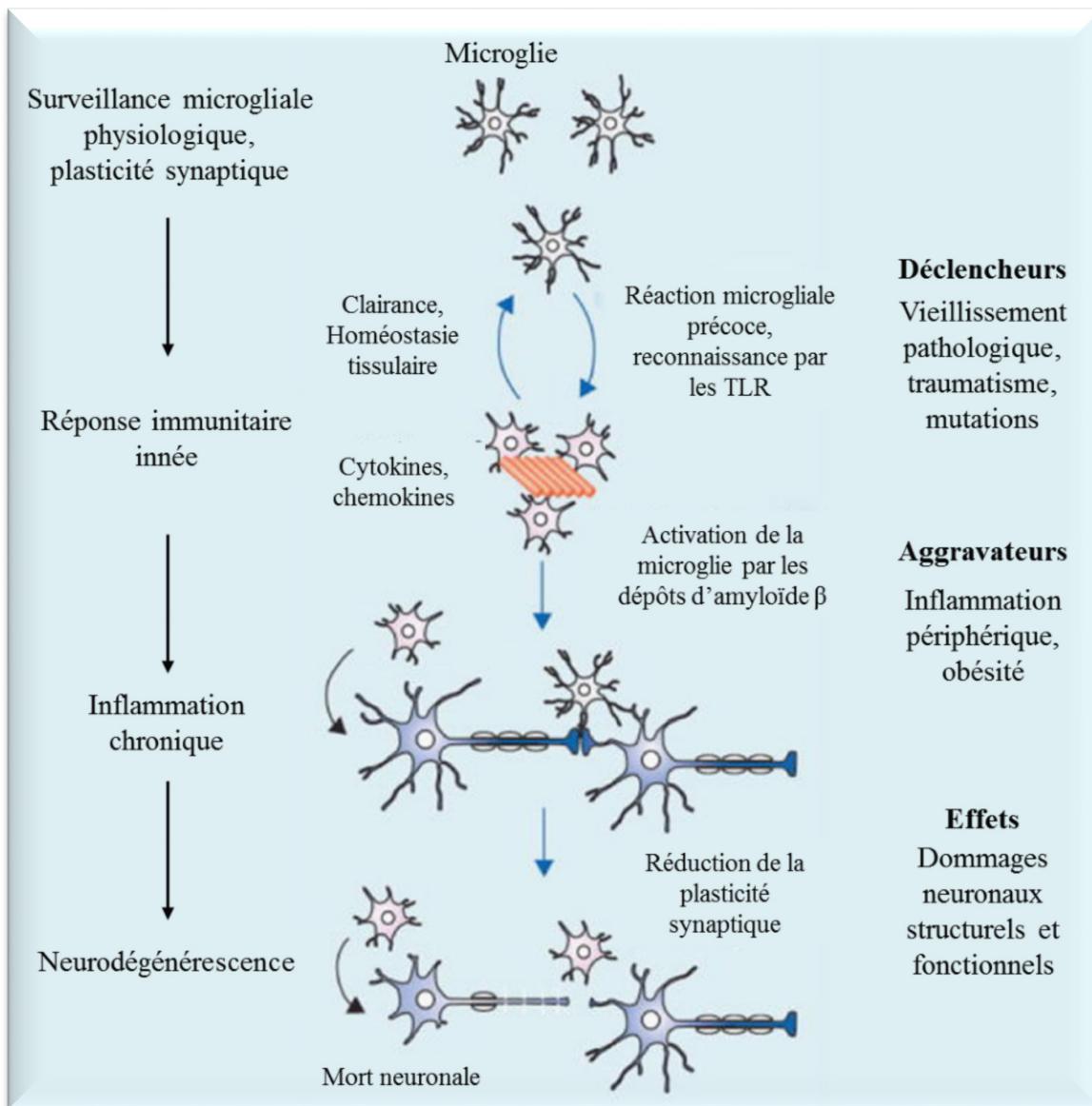


Figure 5 : Mécanismes de l'activation microgliale associée aux plaques amyloïdes (d'après Heneka et al., 2015).

Les fonctions physiologiques de la microglie incluant la surveillance et la plasticité synaptique sont altérées lorsque les microglies détectent une accumulation pathologique d'A β . La réponse inflammatoire aigüe qui s'initie alors doit aider à la restauration de l'homéostasie tissulaire en supprimant les dépôts amyloïdes. Les déclencheurs et facteurs aggravateurs vont maintenir l'activation des microglies ce qui va aboutir au final à une neuroinflammation chronique. L'activation continue de la microglie dans ces conditions et l'exposition aux cytokines pro-inflammatoires vont causer des modifications structurelles et fonctionnelles conduisant à la mort neuronale.

B. Le métabolisme du Précurseur du Peptide Amyloïde (APP)

L'APP est une protéine transmembranaire de 130kDa existant sous trois isoformes majeures, APP695, APP751 et APP770.

L'isoforme APP770 provient du transgène qui n'a pas subi d'épissage. Cette isoforme comprend des domaines codés par les exons 7 et 8, respectivement le domaine de type Kunitz, inhibiteur de protéases et le domaine OX-2, un antigène retrouvé à la surface des neurones et de certaines cellules immunitaires. L'isoforme APP751, a subi l'épissage de l'exon 8 et a ainsi perdu le domaine OX-2. L'isoforme APP695 quant à elle a subi l'épissage de ses exons 7 et 8 et ne possède donc plus ni le domaine Kunitz, ni le domaine OX-2 (Coburger et al., 2013)

Si les deux isoformes APP751 et APP770 sont exprimées dans la plupart des tissus, l'APP695 est exprimée de façon prédominante dans les neurones. Cette protéine est à l'origine du peptide amyloïde qui forme les plaques séniles dans la MA. Le gène codant pour l'APP étant localisé sur le chromosome 21, il est dupliqué chez les gens atteints par le syndrome de Down, qui ont de ce fait un risque plus important de développer la MA (Prasher et al., 1998).

Outre son implication dans différentes pathologies, des études ont montré l'implication de l'APP dans différents processus physiologiques, notamment la formation et la réparation des synapses (Priller et al., 2006), le transport antérograde vers celles-ci (Satpute-Krishnan et al., 2006), le transport du fer (Duce et al., 2010), l'adhésion cellulaire, via un motif RHDS semblable aux régions d'adhésion des intégrines au côté desquelles l'APP se retrouve à la surface des axones, et la croissance des neurites via son interaction avec l'intégrine $\beta 1$ (Young-Pearse et al., 2008).

L'APP possède également des domaines de liaison à différents métaux (zinc et cuivre) et aux composants de la matrice extracellulaire (Thinakaran and Koo, 2008). La protéine est clivée par différentes enzymes appelées sécrétases. Parmi celles-ci se distinguent : I) l' α -sécrétase, membre de la famille des enzymes ADAM (A Disintegrin And Metalloprotease) (Vincent and Checler, 2012), II) la β -sécrétase aussi appelée BACE1 (Beta-site APP Cleaving Enzyme 1) (Chami and Checler, 2012) et III) la γ -sécrétase, formée de 4 protéines, Aph1 (Anterior pharynx defective 1 homolog), Pen2

(Presenilin enhancer 2 homolog), la Nicastrine et les PS, ces dernières constituant le cœur catalytique du complexe (Gertsik et al., 2014; Wolfe, 2013).

Les sécrétases intervenant dans le clivage et l'ordre dans lequel elles vont couper l'APP permettent de distinguer une voie de clivage dite amyloïdogène, productrice du peptide amyloïde β , et une voie dite non amyloïdogène.

De plus l'APP est sujet à de nombreuses modifications post-traductionnelles (MPTs), notamment des phosphorylations qui altèrent le métabolisme de la protéine en changeant sa maturation et son trafic au sein de la cellule. Des études ont montré que la phosphorylation de l'APP par la PKC ou la CaMKII (Ca^{2+} /calmodulin-dependant protein kinase) au niveau du résidu Ser655 (Sérine 655) favorise le recrutement de l'APP à la membrane plasmique et promeut la voie non amyloïdogène (Vieira et al., 2009). Au contraire, la phosphorylation au niveau de la Thr668 (Thrénanine 668) par la GSK3 β (Glycogen Synthase Kinase 3 β) ou Cdk5 (Cyclin-dependent kinase 5) promeut la voie amyloïdogène (Triaca et al., 2016) en induisant l'endocytose de l'APP, le mettant ainsi en présence de BACE1, la β -sécrétase, dans les endosomes (Das et al., 2013).

1) Voie amyloïdogène

Caractérisée par la production du peptide amyloïde β (A β), la voie amyloïdogène va amener au clivage de l'APP opéré par la β -sécrétase, libérant l'APP β soluble (sAPP β) en N-terminal et un peptide de 99 acides aminées inclus dans la membrane, appelé C99, en C-terminal (**Figure 6**). Ce dernier va ensuite subir une coupure au niveau de sa partie intramembranaire par la γ -sécrétase pour donner d'un côté l'A β et de l'autre l'APP IntraCellular Domain (AICD). Selon le site de clivage de la γ -sécrétase, le peptide A β peut ainsi être libéré sous des formes plus ou moins longues (A β 48/45/42/38 ou A β 49/46/43/40/37). La forme 42 de l'A β est la plus représentée chez les patients Alzheimer et est considérée comme la plus toxique du fait de sa propension à s'agrégger pour former des fibrilles et des oligomères s'accumulant en intra et extracellulaire (Jarrett et al., 1993; Karran and De Strooper, 2016).

2) Voie non amyloïdogène

Caractérisée par la non-production du peptide A β , la voie non amyloïdogène va quant à elle amener au clivage de l'APP par l' α -sécrétase dans un premier temps,

donnant le sAPP α en N-terminal et un peptide de 83 acides aminés, inclus dans la membrane et appelé C83 en C-terminal (**Figure 6**). Ce clivage par l' α -sécrétase se faisant dans la séquence du peptide amyloïde, la production de celui-ci est ici inhibée. Le fragment C-terminal obtenu par ce premier clivage va ensuite être clivé par la γ -sécrétase libérant le peptide P3 et l'AICD (Norstrom, 2017; Postina, 2012).

Il est important de noter que clivage par l' α -sécrétase peut également se produire sur le fragment C99 et générer ainsi le C83, qui pourra être clivé à son tour par la γ -sécrétase libérant le peptide P3 et l'AICD (Flammang et al., 2012).

3) Voie de clivage η -sécrétase et voies alternatives

Plus récemment, une nouvelle voie de clivage de l'APP médiée par la η -sécrétase a été décrite. Cette activité η -sécrétase, attribuée aux métalloprotéinases MT1-MMP et MT5-MMP (Membrane-Type Matrix Metalloproteinases) (Ahmad et al., 2006; Baranger et al., 2016a, 2016b), libère un fragment sAPP- η en N-terminal et laisse un fragment C-terminal CTF- η dans la membrane (**Figure 6**). Celui-ci peut ensuite être clivé par l' α -sécrétase ou la β -sécrétase pour donner respectivement l'A η - α ou l'A η - β en N-terminal, et le CTF α ou CTF β . Ces derniers clivés ensuite par la γ -sécrétase, libèrent, comme dans les deux voies précédentes l'AICD en intracellulaire (Willem et al., 2015).

Il existe également d'autres voies de clivage alternatives comme les voies de clivage δ -sécrétase (Zhang et al., 2015b) et par la méprine (Jefferson et al., 2011) qui ne seront cependant pas détaillées dans mon manuscrit.

4) Les métabolites et leurs fonctions physiopathologiques

Seuls les métabolites des voies amyloïdogène et non-amyloïdogène seront traités dans ce chapitre, la possible fonction de ceux issus du clivage η -sécrétase n'ayant pas été abordée dans mon travail de thèse. Il a néanmoins été rapporté que le peptide A η - α peut inhiber l'activité neuronale dans l'hippocampe chez la souris (Coronel et al., 2018; Willem et al., 2015) et que la protéinase MT5-MMP contribue à la MA chez la souris (Baranger et al., 2016a, 2016b).

4.1 Les fragments sAPP α et le sAPP β

Les sAPP α et sAPP β sont les fragments solubles issus du clivage de l'APP par l' α ou la β -sécrétase respectivement. Libérés en extracellulaire et se retrouvant dans le LCR, ces larges fragments peuvent être utilisés comme biomarqueurs du métabolisme de l'APP chez le patient. Le sAPP α est en effet retrouvé en quantité plus faible dans le LCR des patients Alzheimer (Lannfelt et al., 1995). Si ces deux fragments solubles ont des effets neuroprotecteurs le fragment sAPP α a un effet beaucoup plus fort que le sAPP β (Li et al., 1997). La raison de cette différence dans leur efficacité est encore floue étant donné les seuls 17 acides aminés différents entre ces deux protéines. Néanmoins, le sAPP α possède en C-terminal un site de fixation à l'héparine, totalement absent du sAPP β . Cette région C-terminale apparaît comme ayant un rôle clé dans les effets neurotrophiques et neuroprotecteurs du sAPP α (Furukawa et al., 1996; Turner et al., 2003). De façon contradictoire, une étude plus récente suggère que le sAPP β ferait partie, avec d'autres catabolites dont l'A β , des espèces toxiques conduisant à la neurodégénérescence dans la MA (Tamayev et al., 2012).

4.2 Les fragments CTFs (C83 et C99)

Ces fragments C-terminaux se retrouvent dans la membrane et sont tous deux substrats de la γ -sécrétase. Néanmoins, le C99 apparaît comme un meilleur substrat de celle-ci que le C83 (Passer et al., 2000) et il a été démontré comme toxique dans différents modèles *in vitro* et *in vivo* (Boon et al., 2010; Lauritzen et al., 2016).

Le clivage par l' α -sécrétase est ainsi considéré comme indirectement bénéfique puisqu'il réduit la quantité du fragment C99 au profit du fragment C83 présenté comme non toxique (Jäger et al., 2009). Cela a également été montré dans des cellules de neuroblastomes murins (cellules N2a) produisant plus d'A β dû à la mutation APPswe. Lorsque traitées avec une drogue promouvant le clivage par l' α -sécrétase, ces cellules ont vu leur production d'A β réduite (Wang et al., 2018).

Si le C99 a depuis longtemps déjà prouvé sa toxicité, il restait à déterminer si celle-ci est due au fragment en lui-même ou bien aux plus petits peptides produits lors de son clivage, à savoir l'A β et AICD. Une étude du laboratoire a ainsi pu montrer l'implication du C99 indépendamment du peptide amyloïde dans les lésions observées précocement dans le modèle murin 3xTg-AD (Lauritzen et al., 2012), et que

son accumulation intraneuronale induit un défaut lysosomal-autophagique (Lauritzen et al., 2016). Le laboratoire a ensuite également montré que cette accumulation intraneuronale de C99 contribue aux altérations synaptiques ainsi qu'aux déficits d'apprentissage (Bourgeois et al., 2018).

4.3 L'A β et le P3

Les peptides A β et P3 sont produits suite au clivage des fragments C-terminaux, C99 ou C83 respectivement, par la γ -sécrétase. Si le peptide P3 a souvent été considéré comme non toxique, il présente en fait une toxicité, induisant notamment une réponse inflammatoire dans différents modèles cellulaires (Szczepanik et al., 2001). Cependant la toxicité de ce peptide P3 reste bien inférieure à celle de l'A β , qui est quant à lui considéré comme un acteur majeur dans la pathologie de la MA. À l'origine de la formation des plaques séniles extracellulaires, l'A β peut également s'accumuler en intracellulaire (Bayer et al., 2010; LaFerla et al., 2007); notamment au niveau de la mitochondrie et des microdomaines entre le RE et la mitochondrie, exerçant ainsi une fonction toxique (Del Prete et al., 2016; Kaminsky et al., 2015).

La localisation exacte du site de clivage sur C99 détermine ici la taille du peptide A β généré, formant notamment des peptides A β 40 et A β 42 (Checler, 1995). En condition physiologique, 90% de l'A β produit est de l'A β 40 avec un petit pourcentage d'A β 42. Néanmoins il existe de nombreux peptides A β , de plus longues tailles (A β 49- A β 43) ou tronqués en C- ou en N-terminal par différentes enzymes (Neprilysin, Aminopeptidase A...), pour la plupart retrouvés dans le LCR et pouvant ainsi servir de biomarqueurs pour le diagnostic de la pathologie précocement au stade MCI (Dunys et al., 2018).

Les résultats des différentes études visant à élucider le rôle physiologique de l'A β ont révélé à la fois une neurotoxicité et des propriétés neurotrophiques de ce peptide. Ceci est certainement dû à l'hétérogénéité des formes possibles de l'A β et des conformations que ce peptide peut prendre (monomères, oligomères, fibrilles). En effet, l'A β 40 a montré des effets neurotrophiques dans différentes études, notamment en promouvant la prolifération des neurites dans les ganglions rachidiens en culture (Koo et al., 1993) ou la neurogenèse dans les progéniteurs neuronaux (Chen and Dong, 2009).

L'A β 42 est quant à lui considéré comme un acteur majeur de la MA notamment par sa propension à l'agrégation et la formation de différents oligomères et fibrilles. Les petits oligomères solubles qu'il peut former présentent en effet une toxicité avérée. La toxicité des oligomères de ce petit peptide de 4kDa a de façon intéressante été montrée dans des études récentes comme plus importante que celle des oligomères de grande taille ou même des plaques séniles (Müller-Schiffmann et al., 2016; Yang et al., 2017). De plus les oligomères extraits de cerveaux de patients Alzheimer appliqués sur des neurones hippocampiques murins réduisent la plasticité synaptique et induisent des déficits mémoriels (Shankar et al., 2008).

Pourtant, les monomères d'A β 42, à faible concentration ont été montrés comme ayant un potentiel neuroprotecteur (Shankar et al., 2007). Il est également à noter que les MPTs de l'A β telles que sa nitration ou sa phosphorylation vont accentuer l'agrégation du peptide A β , son oligomérisation et faciliter son dépôt sous forme de plaques dans le cerveau (Kumar et al., 2011; Kummer et al., 2011).

4.4 L'AICD

Enfin, le second produit du clivage du C99 ou C83 par la γ -sécrétase, l'AICD, est un peptide dont la forme prédominante est constituée de 50 acides aminés même si des fragments de 48, 51 ou 53 acides aminés ont également été identifiés. Le site de clivage de la γ -sécrétase donnant ces différents peptides a été nommé ϵ (Sato et al., 2003).

Si l'AICD a dans un premier temps été caractérisé pour ses propriétés pro-apoptotiques, des études ont ensuite montré son interaction avec l'adaptateur Fe65 et démontré que le couple AICD-Fe65 est transloqué au noyau où, formant un complexe avec l'histone acétyltransférase Tip60, il va réguler l'expression de certains gènes (Baek et al., 2002; Müller et al., 2013) (**Figure 6**). Parmi les gènes activés par cette activité facteur de transcription de l'AICD, il y a notamment ceux codant pour p53, un suppresseur de tumeur impliqué dans près de 50% des cancers, et la GSK-3 β , kinase impliquée dans la phosphorylation de la protéine Tau, mais aussi ceux codant pour l'APP ou BACE (β -sécrétase) (Pardossi-Piquard and Checler, 2012). De plus, la surexpression de l'AICD *in vitro* et *in vivo* induit l'apoptose par l'activation de l'expression de la GSK-3 β (Kim et al., 2003; Ryan and Pimplikar, 2005), ou par une voie p53 dépendante (Ozaki et al., 2006). Le laboratoire a également pu montrer que l'AICD, via son activité facteur de transcription peut moduler la dégradation de l'A β ,

en contrôlant l'expression de la néprylisine, une enzyme dégradant les peptides A β (Pardossi-Piquard et al., 2005).

Plus récemment, une étude a aussi montré que les propriétés pro-apoptotiques de l'AICD peuvent être médiées par sa liaison avec FoxO (Forkhead Box O), qui promeut l'expression du gène pro-apoptotique Bim, induite par celui-ci (Wang et al., 2014).

L'AICD, très instable et susceptible à la protéolyse, peut également être dégradé en plus petits fragments par le protéasome ou la cathepsine B, ou subir un clivage par les caspases et produire un petit fragment Jcasp en N-terminal et un fragment C31 en C-terminal (Dawkins and Small, 2014; Lu et al., 2000), tous deux supposés toxiques. Si l'induction de l'apoptose a été montrée après transduction du petit fragment Jcasp dans des cultures primaires de neurones (Bertrand et al., 2001), son instabilité dans la cellule le rend difficile à isoler au niveau endogène et sa toxicité reste encore débattue. Le fragment C31 quant à lui présente une toxicité vraisemblablement dépendante de l'APP. Sa toxicité est effectivement réduite dans des neuroblastomes n'exprimant pas l'APP et exacerbée lorsque ce fragment C31 est coexprimé avec l'APP (Lu et al., 2003).

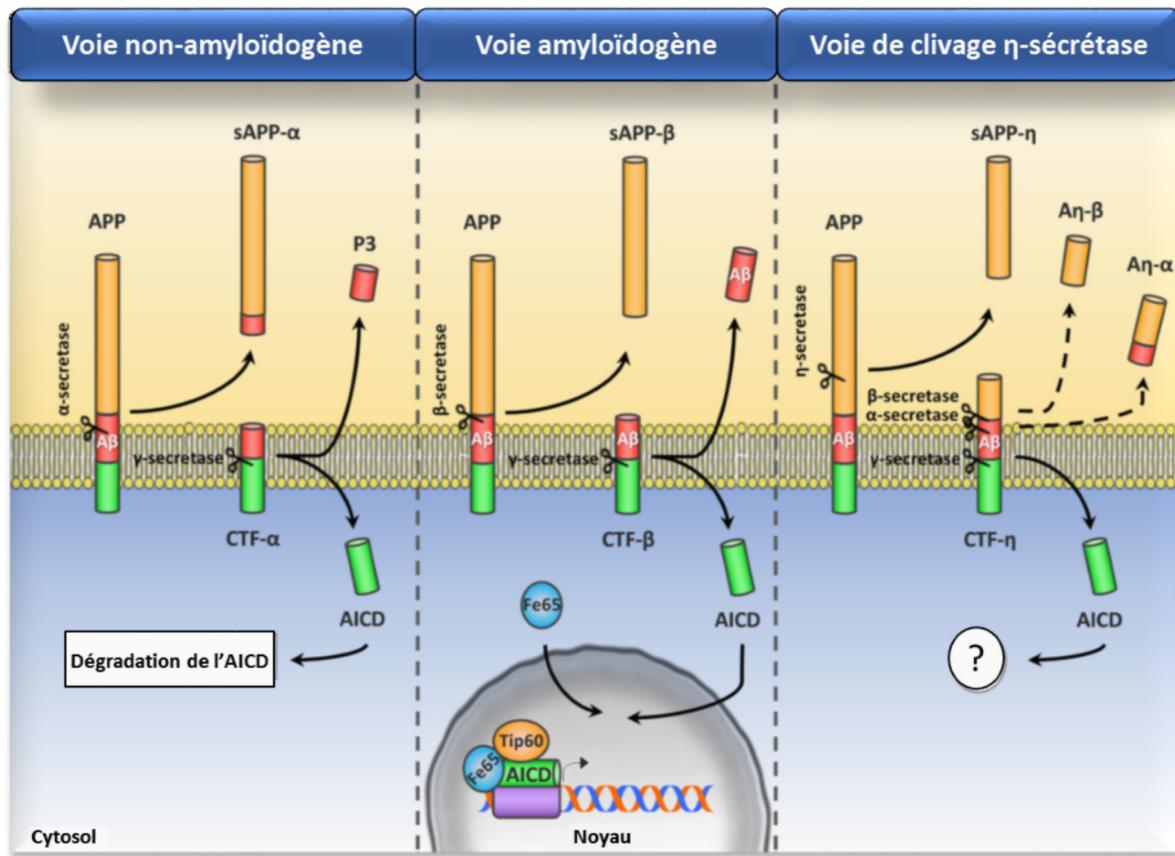


Figure 6 : Métabolisme et produits de clivage de l'APP (d'après Coronel et al., 2018)

L'APP est clivé par différentes enzymes appelées sécrétases selon 3 voies de clivage : La voie non amyloïdogène, représentée à gauche, initiée par le clivage par l'α-sécrétase. La voie amyloïdogène, au milieu, initiée par le clivage par la β-sécrétase et caractérisée par la libération du peptide A β .

Une troisième voie alternative, à droite, initiée par la η-sécrétase et faisant ensuite intervenir les 3 autres sécrétases.

C. La signalisation calcique

1) Le Ca^{2+} comme second messager

Même si cela fait plus d'un siècle que le rôle prépondérant du calcium (Ca^{2+}) a été démontré, notamment dans la contraction du muscle cardiaque (Ringer, 1883) cela ne fait que quelques dizaines d'années que l'importance réelle du Ca^{2+} dans le fonctionnement cellulaire commence à être mieux comprise. Le Ca^{2+} a ainsi été caractérisé par de nombreuses études comme étant un second messager universel, permettant à la fois chez les plantes et chez les animaux, la transmission de signaux perçue au niveau de la membrane plasmique, vers des cibles situées dans la cellule en induisant une cascade de réactions amenant à la réponse cellulaire. Le Ca^{2+} va ainsi jouer un rôle crucial dans la contraction musculaire, la croissance et l'adhésion cellulaire, production et la libération de neurotransmetteurs, la régulation de la transcription des gènes ou encore l'apoptose (Clapham, 2007a; Rizzuto and Pozzan, 2006).

Au niveau basal, la concentration intracellulaire en Ca^{2+} est maintenue à de très faibles niveaux, de l'ordre du micromolaire, alors que la concentration extracellulaire avoisine le millimolaire. Ce sont les variations transitoires de ces concentrations intra et extracellulaires qui constituent le signal calcique, réglé de façon spatiale et temporelle pour activer des processus cellulaires. Si la transmission synaptique ou la contraction cardiaque ne nécessitent que des signaux de quelques millisecondes, la transcription par exemple peut nécessiter des signaux durant plusieurs minutes. La prolifération ou la différenciation cellulaire quant à elles nécessitent des signaux durant plusieurs heures. Ces stimulations prolongées se font sous formes d'oscillations calciques intervenant régulièrement, par augmentation répétée de la concentration cytosolique (Berridge et al., 2003; Clapham, 2007a). Le stockage du Ca^{2+} intracellulaire, notamment au niveau du Reticulum Endoplasmique (RE), joue un rôle fondamental dans le maintien de l'homéostasie calcique. D'autres organelles interviennent également dans la signalisation calcique, que ce soit la mitochondrie, l'appareil de Golgi ou encore les vésicules endosomales.

Les niveaux de Ca^{2+} intracellulaires sont donc en permanence soumis à la balance entre d'une part des mécanismes « on » permettant l'élévation de la concentration calcique cytosolique par entrée du Ca^{2+} extracellulaire et la

mobilisation du Ca²⁺ provenant des stocks intracellulaires, et d'autre part des mécanismes « off » permettant de stopper les signaux calciques en extrudant le Ca²⁺ ou en le stockant (Berridge et al., 2003).

Malgré son rôle essentiel dans le fonctionnement cellulaire, le Ca²⁺ intracellulaire peut devenir toxique lorsque sa concentration cytosolique devient trop importante (Szydlowska and Tymianski, 2010). A fortes concentrations le Ca²⁺ provoque en effet l'agrégation des protéines et des acides nucléiques, affecte l'intégrité des membranes lipidiques et est capable de précipiter les phosphates qui vont rapidement devenir dangereux pour la cellule (Case et al., 2007; Clapham, 2007a).

Fixant moins bien les molécules d'eau que certains autres cations, le Ca²⁺ est assez peu soluble. Il y a donc nécessité pour les cellules de le chélater, le relarguer à l'extérieur ou le compartimenter en le stockant, dans le RE notamment, afin d'exercer un certain contrôle sur cet ion à la fois extrêmement utile et dangereux en intracellulaire. Pour cela, la cellule dispose d'une batterie de protéines fixatrices du Ca²⁺ possédant des affinités variables, allant du nanomolaire au millimolaire (Clapham, 2007a). De nombreuses protéines comme la Calmoduline (CaM), la Calréticuline ou la Calbindine possèdent en effet une structure de Main EF, composée de deux hélices α liées par une boucle de quelques acides aminées, qui va permettre la fixation du Ca²⁺. Grâce à ces protéines, la cellule peut également utiliser le Ca²⁺ et son énergie pour la transduction de signaux (Clapham, 2007a).

2) Le Ca²⁺ dans l'excitabilité neuronale et l'excitotoxicité

Au niveau des synapses, l'arrivée d'un potentiel d'action va provoquer une dépolarisation (augmentation transitoire du potentiel électrique de la membrane pour passer d'une valeur de repos négative à une valeur positive), induisant l'ouverture de canaux calciques membranaires en présynaptique. Le Ca²⁺ va alors entrer dans le neurone, augmentant la concentration calcique intracellulaire. Cette augmentation de la concentration en Ca²⁺ va permettre la phosphorylation de protéines assurant le maintien des vésicules synaptiques, contenant les neurotransmetteurs, au niveau du cytosquelette. Ces vésicules vont alors être libérées et pouvoir migrer jusqu'à la membrane avec laquelle elles vont fusionner pour libérer leur contenu par exocytose. L'influx calcique est donc important pour l'excitabilité

des neurones en permettant l'exocytose et la libération des neurotransmetteurs à la synapse (Thanawala and Regehr, 2013).

Ainsi le Ca^{2+} neuronal permet la libération de neurotransmetteurs dans la fente synaptique. Suivant le type de synapse, excitatrice ou inhibitrice, différents neurotransmetteurs vont être libérés et ils vont induire respectivement une dépolarisation ou une hyperpolarisation de la membrane post-synaptique. Dans le cas d'une synapse excitatrice, le glutamate libéré en présynaptique va induire l'ouverture de canaux sodiques ou calciques, notamment les récepteur NMDA (N-Methyl-D-Aspartic acid) et AMPA (Alpha-amino-3-hydroxy-5-methyl-4-isoxazolepropionic acid) (Di Maio et al., 2016), en post-synaptique et provoquer la dépolarisation du neurone postsynaptique.

Le Ca^{2+} au niveau des synapses est aussi impliqué dans la plasticité synaptique en régulant la force de la transmission synaptique, plus particulièrement en présynaptique (Catterall and Few, 2008). En effet celle-ci dépend de l'amplitude de l'influx calcique et donc de l'activité des canaux calciques de la membrane des synapses, notamment des canaux calciques dépendants du voltage (Catterall et al., 2013) dont je reparlerai au chapitre suivant.

Le Ca^{2+} est ainsi extrêmement important pour le fonctionnement des neurones et leur excitabilité, mais sa concentration intracellulaire doit également être finement régulée. Lorsque des récepteurs au glutamate sont suractivés par des quantités trop importantes de neurotransmetteurs excitateurs, cela engendre une entrée massive de Ca^{2+} dans le neurone. Le neurone n'étant plus en mesure de maintenir le gradient de Ca^{2+} nécessaire à son fonctionnement, il en résulte une dépolarisation excessive de la membrane induisant à la fois une libération trop importante de neurotransmetteurs mais également un défaut dans la recapture de ceux-ci. Ce phénomène de neurotoxicité glutamatergique (Choi, 1987) ou d'excitotoxicité s'accompagne également d'une accumulation aberrante d'ions Ca^{2+} en intracellulaire. Celle-ci a pour effet d'activer différentes enzymes dégradant les structures cellulaires, notamment des phospholipases, des endonucléases et des protéases telles que les calpaïnes, qui vont cliver les canaux censés exporter le Ca^{2+} vers le milieu extérieur (Bano et al., 2005; Gerencser et al., 2009). Cette accumulation excessive du Ca^{2+} cytosolique conduit à la suractivation d'enzymes délétères pour le neurone et des signalisations altérant la fonction neuronale pouvant aboutir à la mort de la cellule (Verkhratsky,

2007). La concentration en ions Ca^{2+} dans le cytosol peut également augmenter de façon anormale en cas de dommage physique des stocks internes de Ca^{2+} comme la mitochondrie ou le RE ou en cas de dysfonction des canaux calciques présents à leur surface (Szydlowska and Tymianski, 2010).

3) L'homéostasie calcique

Comme dit précédemment, il est crucial que la concentration en Ca^{2+} soit finement régulée dans le temps et dans l'espace. Différents compartiments et organelles cellulaires entrent en jeu afin de maintenir l'homéostasie du Ca^{2+} dans la cellule.

3.1 La membrane plasmique

3.1.1 Protéines faisant entrer le Ca^{2+} dans le cytosol :

Plusieurs types de protéines permettent l'entrée du Ca^{2+} venant du milieu extracellulaire. Parmi celles-ci il y a les Voltage-Gated Calcium Channels (VGCCs), les Receptor-Operated Calcium Channels (ROCCs) les Second Messenger Operated Channels (SMOCs) et les Transient Receptor Potentials (TRPs). L'expression de ces différents canaux est dépendante du type cellulaire.

a) VGCCs

Ces canaux calciques dépendants du voltage, aussi appelés CaV, sont formés d'un complexe de différentes sous unités $\alpha 1$, $\alpha 2\delta$, $\beta 1-4$. Ces canaux sont codés par 10 gènes qui s'organisent en 3 sous-familles selon le type de sous-unité $\alpha 1$. Si leur structure est semblable, elle n'est cependant pas identique et plusieurs types de CaV peuvent être distingués avec des différences dans le voltage requis pour leur activation ainsi qu'une variabilité dans les tissus au sein desquels ces canaux s'expriment (Simms and Zamponi, 2014; Tang et al., 2014).

b) ROCCs

L'activité de ces récepteurs dépend de la liaison d'un ligand extracellulaire. Généralement, ces canaux aussi appelés récepteurs ionotropiques, sont non spécifiques au Ca^{2+} et la liaison de leur ligand entraîne un changement conformationnel permettant l'ouverture du canal. Ces ROCCs regroupent les récepteurs au glutamate dont les récepteurs NMDA, les récepteurs AMPA (Di Maio et al., 2016) et ceux au kainate, mais également les récepteurs nicotiniques à

l'acétylcholine et ceux à la sérotonine (Negrete-Díaz et al., 2018; Palacios, 2016; Zoli et al., 2015) localisés à la membrane des neurones au niveau synaptique.

c) SMOCs

D'autres canaux sont activés par la liaison d'un ligand intracellulaire. Parmi ceux-ci se distinguent plusieurs types : I) les canaux contrôlés par les nucléotides cycliques, insensibles au potentiel de membrane (Cyclic Nucleotide-Gated Channels) ou au contraire activés par l'hyperpolarisation de celle-ci (Hyperpolarization-activated Cyclic Nucleotide-modulated channels). II) les canaux CRAC (Calcium Release-Activated Calcium) tels que Orai, qui lorsque le senseur de Ca^{2+} STIM (Stromal Interaction Molecule) au niveau du RE est activé par la déplétion des stocks calciques, est à son tour activé pour permettre l'entrée du Ca^{2+} au travers de la membrane plasmique, vers le cytosol. III) les canaux calciques activés spécifiquement par l'acide arachidonique (ARC) et ceux activés par les dérivés de l'IP₃ (Clapham, 2007b; Ramsey et al., 2006; Venkatachalam and Montell, 2007).

d) TRPs

Cette famille regroupe de nombreux canaux ioniques non sélectifs à 6 domaines transmembranaires, codés par 23 gènes et classés en 7 sous-familles, elles-mêmes subdivisées en 2 groupes en fonction de leurs homologies de séquences. Il y a les 5 TRPs du groupe 1 (TRPA, TRPC, TRPM, TRPN et TRPV) et les 2 TRPs du groupe 2 (TRPP et TRPML) (Montell, 2001; Venkatachalam and Montell, 2007).

Ces canaux ont été identifiés dans presque tous les tissus, et notamment dans les neurones périphériques et du système nerveux central. Ils participent entre autre au développement cérébral et à la transmission synaptique (Vennekens et al., 2012). Trois modes d'activation de ces canaux ont pu être décrits. I) activation directe par un stimulus mécanique, thermique ou par la phosphorylation du canal. II) activation par un récepteur tyrosine kinase ou un récepteur couplé aux protéines G. III) activation par la fixation de différents ligands nucléotidiques, lipidiques ou ioniques (Clapham, 2007b; Ramsey et al., 2006; Venkatachalam and Montell, 2007)

3.1.2 Protéines faisant sortir le calcium du cytosol

a) Echangeurs Na⁺/Ca²⁺

Les échangeurs Na⁺/Ca²⁺ permettent l'extrusion du Ca²⁺ cytosolique vers l'extérieur de la cellule. Ceux-ci sont de trois types (Lytton, 2007). Tout d'abord il y a les échangeurs Na⁺/Ca²⁺ (NCX) qui font sortir un unique ion Ca²⁺ contre l'entrée dans la cellule de trois ions sodium. Il y a 3 isoformes de ce type d'échangeur. NCX1 ubiquitaire, NCX2 exprimé dans le cerveau et NCX3 exprimé dans le cerveau ainsi que dans le muscle squelettique.

Ensuite, les échangeurs Na⁺/Ca²⁺-K⁺ (NCKX) qui existent sous 5 isoformes et font sortir un ion Ca²⁺ et un ion potassium contre l'entrée dans la cellule de quatre ions sodium.

Et enfin, les échangeurs Na⁺/Ca²⁺-Li⁺ (NCLX) (Palty et al., 2004) pour lesquels il n'existe qu'une seule isoforme ubiquitaire et qui échangent un ion Ca²⁺ contre un ion sodium ou un ion Lithium (Li⁺).

b) Plasma Membrane Ca²⁺ ATPase (PMCA)

Les PMCA en tant qu'ATPases calciques, sont capables de transférer le dernier phosphate de l'ATP sur un résidu aspartate de leur site catalytique. L'hydrolyse de l'ATP induit alors un changement de conformation et fournit ainsi l'énergie permettant le passage des ions Ca²⁺ à travers la membrane contre le gradient de concentration.

Ces pompes existent sous 4 isoformes, dont deux, PMCA2 et PMCA3 sont presque exclusivement exprimées dans les cellules excitables, nerveuses ou musculaires. Elles possèdent 10 domaines transmembranaires et 3 grands domaines cytosoliques. Ceux-ci sont constitués d'un domaine Actuator (A), un domaine de liaison aux nucléotides (N) et un domaine de phosphorylation (P) (Di Leva et al., 2008).

L'activité de ces pompes est régulée notamment par la Calmoduline, dont la fixation augmente l'affinité de la PMCA pour le Ca²⁺, mais également par la phosphorylation, par les Protéines Kinases A (PKA) ou C (PKC) (Di Leva et al., 2008).

3.2 Le Réticulum Endoplasmique (RE)

Le RE est un organelle très dynamique impliqué dans deux fonctions cellulaires majeures que sont la synthèse protéique et la signalisation cellulaire, notamment celle du Ca²⁺ (Chen et al., 2013b). Le RE représente en effet le compartiment de stockage majeur du Ca²⁺ dans la cellule (Berridge, 2002). Il porte à sa membrane un grand nombre de canaux et pompes calciques. Les canaux calciques identifiés sur le RE sont de deux types : le Récepteur de la Ryanodine d'une part et le Récepteur de l'Inositol Triphosphate d'autre part, contrôlant tous deux la sortie de Ca²⁺ du RE vers le cytosol (Berridge, 2009; Lanner et al., 2010). Il y a également la Sarco-Endoplasmic Reticulum Ca²⁺ ATPase, ayant pour fonction de recapturer le Ca²⁺ contre le gradient et ainsi de le stocker dans le RE. Je présenterai ces trois transporteurs de Ca²⁺ plus en détails dans les chapitres suivants.

3.2.1 Récepteur de la Ryanodine (RyR)

a) Expression

Le RyR est un récepteur canal spécifique du Ca²⁺. Il existe trois isoformes RyR1, RyR2 et RyR3 de ce récepteur chez les mammifères, codées par trois gènes différents. Le RyR1 (chromosome 19) a été cloné pour la première fois à partir de muscle squelettique alors que le clonage du RyR2 (chromosome 1) a été obtenu à partir du muscle cardiaque (Marks et al., 1989; Otsu et al., 1990). L'isoforme RyR3 (chromosome 15) quant à elle a été découverte et clonée peu de temps après les deux premières, à partir de tissu cérébral (Hakamata et al., 1992).

Ces trois isoformes présentent près de 70% d'homologie et bien que toutes exprimées au niveau de la membrane du RE, elles ne sont cependant pas exprimées dans les mêmes tissus. Chacune d'entre elles est exprimée principalement dans le tissu où elle a été découverte, mais elles s'expriment également dans d'autres types de tissus, comme par exemple le muscle lisse, le cerveau, le testicule et l'ovaire pour le RyR1, le cœur, le poumon et le cerveau pour le RyR2 et le muscle squelettique et le diaphragme pour le RyR3. Néanmoins, chacune de ces sous unités a été détectée dans le cerveau, avec cependant une répartition différente selon les régions cérébrales. Si le RyR1 est retrouvé au niveau du cervelet et des cellules de Purkinje, le RyR2 est présent dans le cortex et le gyrus dentelé de l'hippocampe alors que le RyR3 a été détecté au sein des cellules pyramidales dans l'hippocampe (Del Prete et al., 2014; Meissner, 2017).

b) Structure

Le RyR est un canal calcique homotétramérique constitué de quatre sous-unités de 560kDa formant un pore permettant le passage des ions Ca^{2+} . Environ 1/5 du canal en C-terminal se trouve en intramembranaire et dans la lumière du RE (**Figure 7**) Cette partie transmembranaire (~500 acides aminés pour chaque sous-unité) comprend 6 domaines transmembranaires et constitue le pore du RyR, laissant la majeure partie du canal en N-terminal (~4500 acides aminés pour chaque sous-unité), dans le cytoplasme de la cellule permettant l'interaction avec d'autres protéines régulatrices (Meissner, 2017; Zalk et al., 2015).

La partie N-terminale de ces sous unités est formée de différentes structures solénoïdes. Le Core Solenoid (CSol), dans lequel le domaine C-terminal (CTD) s'insère, le Junction Solenoid (JSol) au niveau duquel la protéine régulatrice Calstabine se fixe et reliant le Core Solenoid au Bridge Solenoid (BSol) et au N-terminus Solenoid (NSol) associé aux domaines N-terminaux (NTD) (Clarke and Hendrickson, 2016; Santulli et al., 2018; Zalk et al., 2015). Ces derniers, au nombre de trois, sont constitués de trois trèfles β (formés de 4 brins β) pour les domaines A et B et de 5 hélices α pour le domaine C (Tung et al., 2010) (**Figure 7** et **Figure 8**).

Les domaines SPRY1, SPRY2 et SPRY3 (SP1a/Ryanodine receptor domains, dont le nom est dû à une répétition de séquences retrouvées dans la Dual-specificity kinase spore lysis A et les RyR) ont ensuite été décrits entre le BSol et le NSol de même que deux couples de séquences répétées R1/R2 et R3/R4 (Masters et al., 2006; Ponting et al., 1997) (**Figure 7** et **Figure 8**). Ceux-ci sont respectivement insérés entre les domaines SPRY1 et SPRY2, et localisés au niveau du BSol. Ces deux domaines sont constitués de motifs identiques composés de deux hélices α , un brin β et une boucle intermédiaire (Sharma et al., 2012). Le domaine R3/R4 a également été caractérisé comme abritant les résidus phosphorylables du RyR, à savoir les Sérines 2843 pour le RyR1 ou 2808 et 2814 pour le RyR2 chez la souris (Sérines 2809 et 2815 chez l'Homme) au niveau d'une boucle flexible reliant les deux motifs symétriques R3 et R4 (Sharma et al., 2012; Yuchi et al., 2012, 2015). Cette importante région cytosolique N-terminale permet l'interaction du canal avec des protéines dans le cytosol, le tout formant un macrocomplexe moléculaire qui sera détaillé plus tard dans ce chapitre.

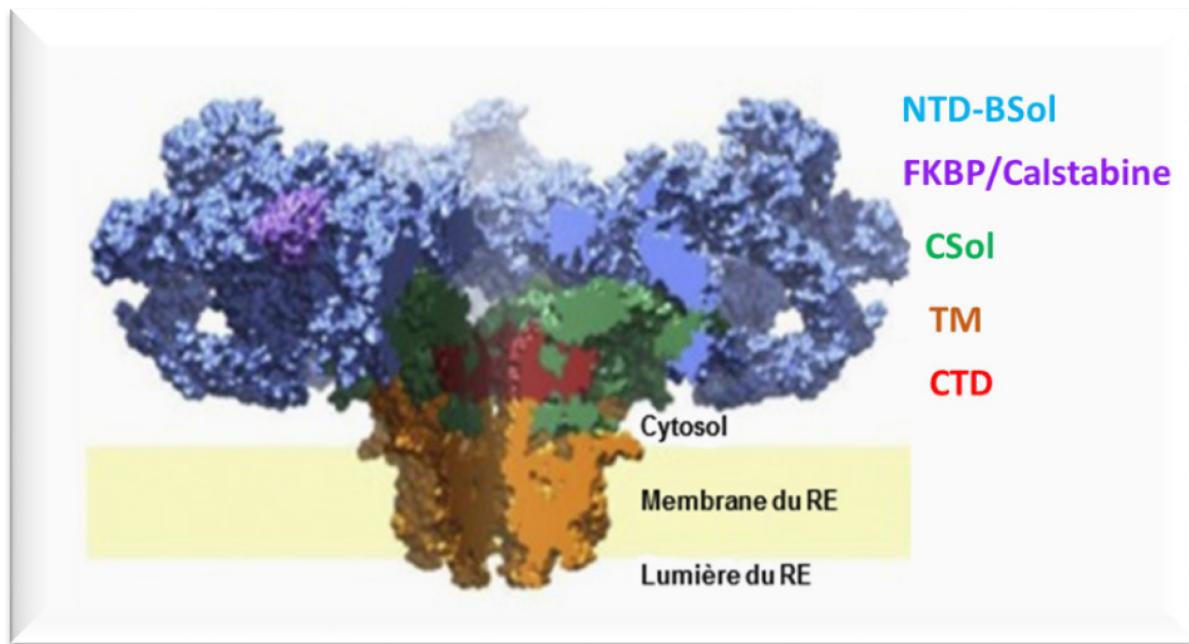


Figure 7 : Structure 3D du Récepteur de la Ryanodine (d'après Clarke and Hendrickson, 2016)

La structure homotétramérique du RyR est ici amputée d'une sous-unité afin d'exposer l'intérieur du canal. Les 3613 premiers résidus N-terminaux (NTD) contenant le Bridge Solenoid (BSol) sont représentés en bleu clair, le domaine de fixation de la Calstabine (FKBP) est représenté en violet et le Core Solenoid (CSol) en vert. Le pore du RyR est composé de domaines transmembranaires (TM) et du domaine C-terminal (CTD) qui sont représentés respectivement en orange et en rouge.

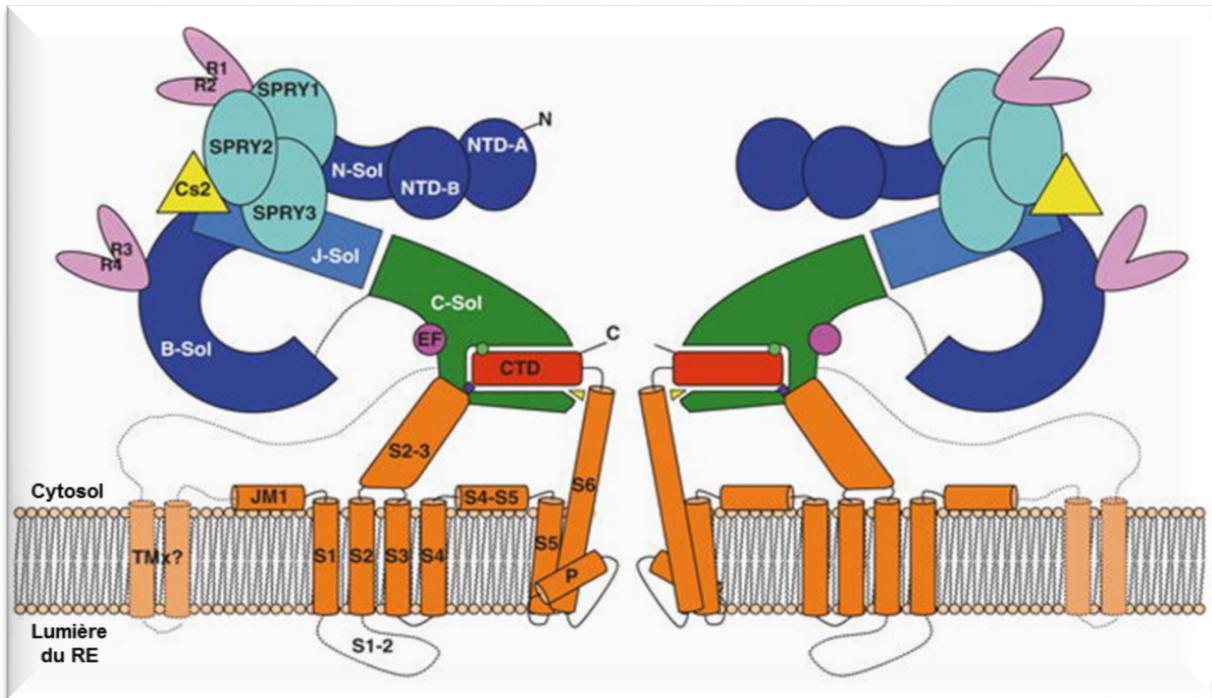


Figure 8: Représentation schématique de la structure du RyR (d'après Santulli et al., 2018)

Les différentes structures solénoïdes, les Core Solenoid (CSol), Junction Solenoid (JSol), Bridge Solenoid (BSol) et N-terminus Solenoid (NSol), constituant la majeure partie du côté N-terminal du canal, dans le cytosol, sont représentées respectivement en vert, en bleu clair et en bleu foncé pour les deux derniers. Les domaines N-terminaux A et B sont également représentés en bleu foncé. C'est sur le JSol que la protéine régulatrice Calstabine (en jaune) va interagir avec le canal.

En cyan sont représentés les 3 SPRY et en rose, les deux paires de séquences répétées du RyR R1/R2 et R3/R4 dont la secondes contient les résidus sur lesquels le RyR est phosphorylé.

Enfin, les domaines formant le pore dont 6 domaines transmembranaires sont représentés en orange et le domaine C-Terminal (CTD) est représenté en rouge.

c) Fonction et régulation du RyR

- *Régulation de l'activité du RyR*

Le récepteur tient son nom de son affinité pour la Ryanodine, molécule extraite d'une plante originaire d'Amérique du Sud appelée *Ryania speciosa* et qui a pour effet, d'empêcher la fermeture du canal lorsqu'elle est à faible concentration, de l'ordre du nanomolaire et au contraire d'empêcher son ouverture lorsqu'elle est à plus forte concentration (Bidasee et al., 1995; Humerickhouse et al., 1993). Historiquement, des extraits de *Ryania speciosa*, contenant la Ryanodine étaient utilisés par les populations amérindiennes pour empoisonner la pointe de leurs flèches, la Ryanodine induisant, par son action déplétant le Ca²⁺ contenu dans le RE, une importante tétanie (Rogers and Koniuszy, 1948).

Tous les RyR sont sensibles au Ca²⁺. De faibles concentrations cytosoliques (~100nM) vont ainsi induire l'activation et donc l'ouverture du canal alors que de fortes concentrations (1-10mM) vont au contraire l'inhiber. Cette activation des RyR par le Ca²⁺ lui-même provoque ce qui a été défini comme la libération du Ca²⁺ induite par le Ca²⁺ (Ca²⁺-Induced Ca²⁺ Release (CICR)) (Verkhratsky and Shmigol, 1996). Il a ensuite été montré que la concentration en Ca²⁺ dans la lumière du RE régule également l'activité du canal (Ching et al., 2000) notamment pour stopper le processus de CICR et induire une période réfractaire du RyR afin de permettre aux stocks calciques dans le RE de recouvrer leurs valeurs physiologiques (Györke and Terentyev, 2008).

L'activité du RyR est inhibée par quelques millimolaires de Mg²⁺ qui entre en compétition pour le site de fixation avec le Ca²⁺ (Duvshani, Amit, 2014) ou quelques micromolaires de Ruthenium Red (Meissner, 1986). Le Dantrolène est également connu pour inhiber les RyR. Caractérisé au départ comme un myorelaxant, beaucoup utilisé en anesthésie, il permet de traiter l'hyperthermie maligne. Il a été décrit comme se fixant aux acides aminés 590-609 du RyR1 et aux acides aminés 601-620 du RyR2, empêchant de ce fait la libération excessive de Ca²⁺ (Wang et al., 2011). Au contraire, le RyR est activé par la caféine, induisant une élévation de la concentration intracellulaire en Ca²⁺ (Riddoch et al., 2005, 2007). Ces canaux sont également activés par l'ATP, qui est un puissant activateur des RyR, avec cependant une efficacité variable selon les isoformes, le RyR1 étant beaucoup plus sensible à l'ATP que les RyR 2 et 3 en conditions physiologiques (Copello et al., 2002; Xu et al., 1996) (**Figure 9**).

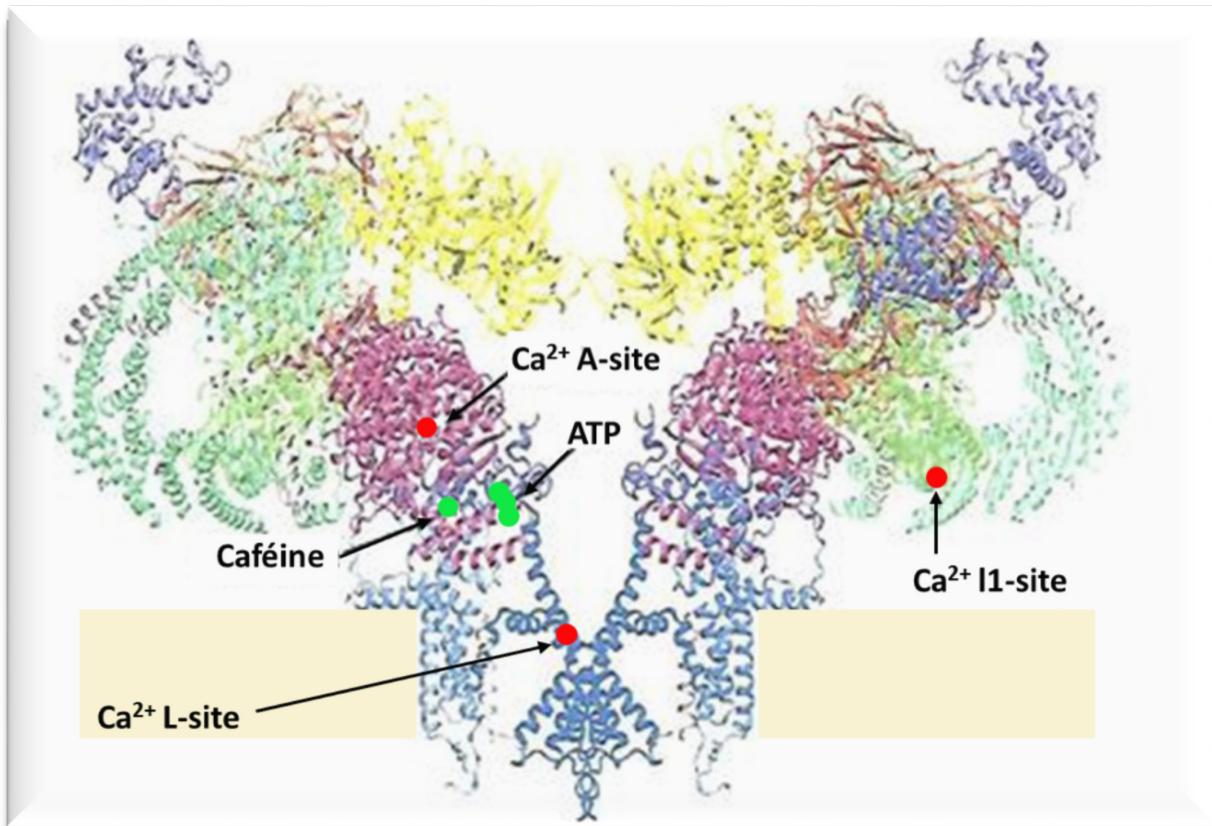


Figure 9: Structure du RyR montrant les sites de régulation principaux du canal (adaptée de Laver, 2018)

Les sites de régulation par le Ca²⁺ sont marqués en rouge sur cette représentation de la structure du RyR, reconstruite à partir d'images en microscopie cryo-électronique (des Georges et al., 2016). Le l1-site entre les positions 1873 et 1903 présenté comme un site d'inhibition de l'activité du RyR par le Ca²⁺(et le Mg²⁺), le A-site activateur et le L-site sont ici représentés en rouge.

Les sites d'activations cytosoliques par la caféine et l'ATP sont également représentés, en vert.

- *Complexe Macromoléculaire*

Le RyR est associé à un certain nombre de protéines, cytosoliques et dans le RE, qui régulent son activité :

Les Calstabines 1 et 2 (FK506 binding protein 12 et 12.6kDa, associée au RyR1 et RyR3 ou au RyR2 respectivement), appartenant aux immunophilines, qui ont une activité peptidyl-prolyl cis/trans isomérase. Ces deux protéines, codées par un gène sur le chromosome 20 pour la première et sur le chromosome 2 pour la seconde, se fixent sur le RyR et le maintiennent dans son état fermé (Duvshani, Amit, 2014; Yuan et al., 2016). Au contraire leur dissociation par la Rapamycine ou la FK506 (Tacrolimus) induit une augmentation de la probabilité d'ouverture du canal et donc de son activité (Meissner, 2017; Wehrens et al., 2003). Elles se lient avec une stoechiométrie 1 : 1 aux quatre sous-unités du canal, au niveau d'une fente formée par les différentes structures N-terminales cytoplasmiques de celles-ci, au niveau du Junction Solenoid (JSol) entre les acides aminés 2416 et 2430 (Yan et al., 2015) (**Figure 10**).

La Calmoduline (CaM), une petite protéine fixatrice de Ca^{2+} de 17kDa qui se lie à RyR1 sur la Cystéine 3635 et à RyR2 au niveau des acides aminés 3578-3603. Si pour le RyR1 la fixation de la CaM induit l'activation ou l'inhibition, en fonction de la concentration calcique, dans le cas du RyR2 la CaM induit préférentiellement l'inhibition (Balshaw et al., 2002; Lanner et al., 2010) (**Figure 10**).

La PKA et sa protéine d'ancrage mAKAP et la CaMKII qui phosphorylent respectivement le canal sur la sérine 2809 et la sérine 2815, induisant la dissociation de la Calstagine (Marx et al., 2000; Wehrens et al., 2004) (**Figure 10**).

Ce complexe comprend également la Sorcine qui a un effet inhibiteur sur l'activité du canal (Lacampagne et al., 2008; Lokuta et al., 1997), la phosphodiesterase 4D3 (PDE4) dont l'interaction étroite avec la PKA est assurée par la protéine d'ancrage de cette dernière. Il faut aussi compter dans ce complexe les phosphatases PP2A, PP1 et les protéines d'ancrage de ces dernières, respectivement PR130 et la Spinophilin (Bers, 2004; Lacampagne et al., 2008). Les protéines d'ancrage de la PKA et des deux phosphatases se fixent sur le canal au niveau de motifs leucine/isoleucine « zipper » importants pour la formation du complexe macromoléculaire (Marks et al., 2002) (**Figure 10**).

Enfin le RyR forme également un complexe quaternaire avec trois protéines présentes du côté C-terminal : la Calséquestrine (Chen et al., 2013a) dans la lumière du RE ainsi que deux protéines transmembranaires, la Junctine, une protéine de 26kDa et la Triadine (Handhle et al., 2016). La Calséquestrine sert de senseur de Ca^{2+} dans la lumière du RE pour le RyR et si l'association fonctionnelle RyR-Calséquestrine a été établie, celle-ci semble se faire de manière indirecte, via les interactions avec la Triadine et la Junctine (Beard et al., 2009; Handhle et al., 2016) (**Figure 10**).

- *Libération du Ca^{2+} induite par le Ca^{2+}*

Ce mécanisme, découvert dans les cellules des muscles striés et également présent dans les neurones, consiste en l'activation des canaux calciques du RE par la présence même de Ca^{2+} dans le cytoplasme (Endo, 2009). Les canaux RyR du RE étant sensibles au Ca^{2+} , les ions Ca^{2+} entrant dans le cytoplasme vont induire leur activation. Les RyR vont ainsi amplifier le signal calcique reçu par la cellule en puisant dans les stocks de Ca^{2+} du RE pour le relarguer dans le cytoplasme (Verkhratsky and Shmigol, 1996). Ce phénomène peut également intervenir lorsque des canaux du RE tels que le RIP₃ libèrent le Ca^{2+} du RE dans le cytoplasme de la cellule. L'élévation de la concentration calcique en résultant va activer les RyR, contribuant ainsi à amplifier le signal calcique. Ce mécanisme permet notamment l'amplification du signal calcique du bouton synaptique jusqu'au noyau. Le processus prend fin avec d'une part l'inhibition de l'activité du RyR induite par la déplétion des stocks calciques, via le complexe Calséquestrine/Tryadine/Junctine dans la lumière du RE (Györke and Terentyev, 2008) et d'autre part la recapture active du Ca^{2+} vers le RE grâce à l'hydrolyse d'ATP par les pompes Sarco-Endoplasmic Reticulum Ca^{2+} ATPase (SERCA).

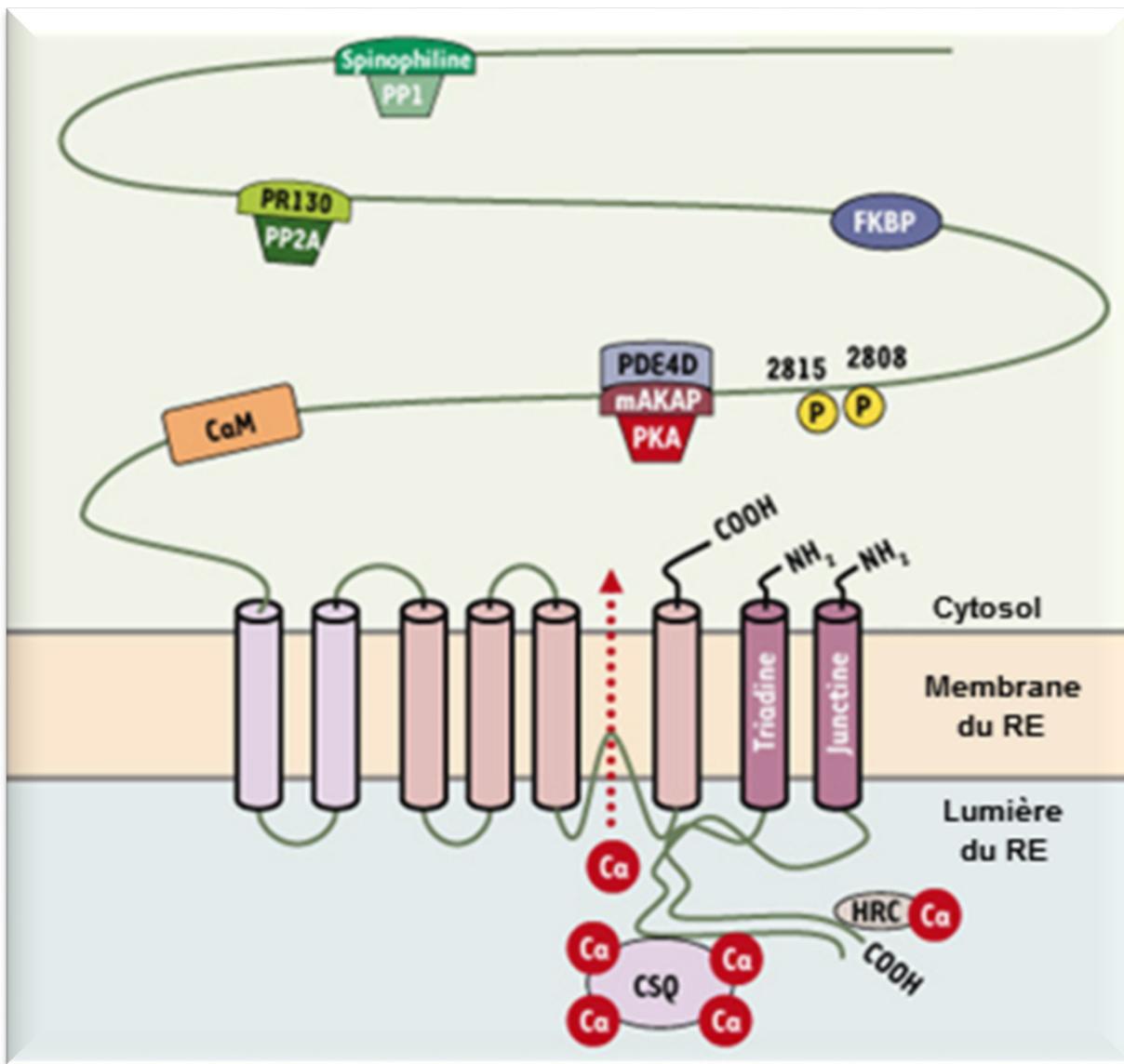


Figure 10: Représentation schématique du macrocomplexe moléculaire du RyR
(d'après Lacampagne et al., 2008)

Les domaines de liaison des différentes protéines constitutantes le macrocomplexe du RyR sont ici représentés sur la partie N-terminale cytosolique du canal. Les six domaines transmembranaires et la liaison au complexe Calséquestrine (CSQ)/Triadine/Junctine sont également représentés.

d) Modifications post-traductionnelles du RyR

L'activité du RyR est également modulée par des MPTs (phosphorylation, nitrosylation, oxydation) médiées entre autres par les composants de son complexe macromoléculaire. Le remodelage anormal de ce macrocomplexe associé à un déséquilibre de ces processus de MPTs contribue à différentes pathologies incluant la dystrophie musculaire de Duchenne, des problèmes cardiaques allant de l'arythmie à l'infarctus et des dysfonctions cognitives (Andersson et al., 2011; Bellinger et al., 2009; Fauconnier et al., 2010; Lehnart et al., 2008; Liu et al., 2012; Marx et al., 2000).

Les MPTs du RyR, modifiant le macrocomplexe de celui-ci peuvent ainsi être associées à la fuite de Ca^{2+} par ce canal et à la déplétion des stocks intracellulaires dans le RE (Lanner et al., 2010).

- *Phosphorylation du RyR*

Le RyR contient plusieurs sites de phosphorylation pouvant moduler l'activité du canal. Le niveau de phosphorylation de celui-ci est contrôlé par l'équilibre dynamique entre les activités de différentes kinases et phosphatases

Comme dit précédemment, ce sont les kinases PKA et CaMKII qui phosphorylent le RyR respectivement sur les Sérines 2809 et 2815 (2808 et 2814 chez la souris). Le système nerveux sympathique libère des catécholamines qui se fixent sur les récepteurs β -adrénergiques, générant de ce fait de l'AMP cyclique (AMPc) et activant la PKA, conduisant à la phosphorylation du RyR. Ceci est physiologiquement important en particulier pour le contrôle de la fréquence cardiaque, le cœur possédant un grand nombre de canaux RyR2. Le blocage des voies de signalisation β -adrénergiques ayant démontré des effets bénéfiques dans le cas des dysfonctions cardiaques, cela a permis de corrélérer l'altération de la fonction du RyR2 à la phosphorylation de celui-ci par la PKA, dont l'activation intervient au sein de la réponse β -adrénergique. (Reiken et al., 2001, 2003).

Ainsi, l'ablation des sites de phosphorylation du RyR par mutagénèse pour remplacer la sérine par une alanine (S2808A), rendant la phosphorylation du RyR impossible (Wehrens et al., 2004) induit d'importantes altérations phénotypiques dans les modèles murins. Cela a démontré que le contrôle précis de ces

phosphorylations est nécessaire au bon fonctionnement du canal. En effet, le RyR2 étant fortement exprimé au niveau musculaire et en particulier cardiaque, les souris RyR2-S2808A présentent une réponse atténuée aux niveaux physiologiques des catécholamines. Au contraire, une mutation du canal induisant la phosphorylation constitutive de celui-ci conduit à la suractivation du RyR et à différentes pathologies telles que l'arythmie cardiaque ou d'autres myopathies (Shan et al., 2010). Une autre étude a cependant suggéré que cette inhibition génétique de la phosphorylation du RyR2 aurait plutôt un effet protecteur quant au développement d'une cardiomyopathie dans le modèle murin mdx de la Dystrophie musculaire de Duchenne (Sarma et al., 2010).

Une étude a ensuite démontré que le stress chronique induit chez la souris une accentuation des MPTs du RyR2 au niveau neuronal, en particulier une phosphorylation exacerbée de ces canaux par la PKA sur la Sérine 2808 mais également une hypernitrosylation et une hyperoxydation associées à la dissociation de la Calstabine du complexe macromoléculaire du RyR. Le stress chronique provoque ainsi une dérégulation de l'homéostasie calcique en induisant la fuite de Ca^{2+} par le RyR. Ceci entraîne un défaut de la plasticité synaptique dû à la dérégulation de la libération de neurotransmetteurs en présynaptique et de la signalisation postsynaptique, conduisant au final à des dysfonctions cognitives (Liu et al., 2012). Cette étude a ainsi montré que les MPTs du RyR, chez les souris soumises au stress chronique, conduisent à une altération significative des capacités d'apprentissage et de mémorisation durant le test de la Piscine de Morris (Morris Water Maze) en provoquant une augmentation anormale de l'activité du RyR, perturbant de ce fait l'homéostasie calcique (Liu et al., 2012).

- *Nitrosylation et Oxydation du RyR*

Le RyR possède également des groupements thiols au niveau de résidus Cystéines, présents en grand nombre dans chacun des monomères du RyR et dont près de 84 sont réduits et susceptibles de subir des modifications d'oxydoréduction (Bovo et al., 2018).

Soumis à l'activité de l'Oxyde Nitrique Synthase (NOS) neuronale produisant de l'oxyde nitrique (Nitrogen Oxide, NO) un dérivé réactif de l'oxygène et de l'azote (DRON), le RyR subit donc un certain nombre de S-nitrosylations activant le canal

(Xu et al., 1998). Par ailleurs il a été montré que l'oxydation de ces groupements thiols du RyR, en présence de dérivés réactifs de l'oxygène (DRO) tels que l'ion superoxyde (O_2^-) ou le Peroxyde d'Hydrogène (H_2O_2), module sa sensibilité pour le Ca^{2+} ou le Mg^{2+} mais également sa réponse à d'autres modulateurs comme l'ATP ou la caféine (Lacampagne et al., 2008). Ces DRO sont produits par la mitochondrie ou différentes enzymes dont la NADPH oxydase ou les Xanthines Oxydoréductases. Il a par ailleurs été révélé que ces modifications peuvent conduire à la dissociation de la CaM et de la Calstabine du complexe macromoléculaire (Lacampagne et al., 2008; Zhang et al., 1999; Zissimopoulos et al., 2007).

Des modifications anormales des isoformes RyR2 et RyR3 liées à l'oxydoréduction ont ainsi été associées à l'exacerbation de l'activité du canal et à l'augmentation du relargage de Ca^{2+} par celui-ci notamment dans le cas de l'ischémie cérébrale chez le rat (Bull et al., 2008). Une augmentation avec l'âge de la S-nitrosylation du RyR1, associée aux changements dystrophiques dans les muscles des souris mdx a également été rapportée (Bellinger et al., 2009) et l'oxydation exagérée du RyR2, due au stress oxydatif a été observée dans des modèles animaux de l'infarctus myocardique et associée à la dérégulation calcique induisant une arythmie cardiaque (Bovo et al., 2018).

Des travaux publiés par le groupe du Pr. Marks indiquent que ces MPTs du RyR induisent une augmentation de la fuite calcique vers le cytosol. Ils ont également développé le S107, un petit composé de la famille des Rycals capable de ramener la Calstabine à se fixer sur le RyR et de corriger la dérégulation de l'activité du canal induite par les MPTs (Andersson and Marks, 2010; Andersson et al., 2011; Lehnart et al., 2008). Ce composé, dérivé du JTV519, un 1,4-benzothiazepine déjà utilisé comme stabilisateur du RyR dans son état fermé, améliore la fixation des Calstabines 1 et 2 sur les canaux RyR1 et 2 respectivement, même lorsque ceux-ci sont phosphorylés, nitrosylés ou oxydés. Le S107 est également spécifique du RyR, contrairement au JTV519 qui peut inhiber différents canaux, et administrable par voie orale (Andersson and Marks, 2010; Bellinger et al., 2008).

- *Modifications post-traductionnelles (MPTs) du RyR dans la MA, une hypothèse avant le début de ma thèse.*

L'altération de la signalisation calcique médiée par le RyR a été rapportée dans la MA mais les mécanismes sous-tendant cette dérégulation de la signalisation calcique via le RyR restent à élucider.

Néanmoins, une quantité excessive de DRO et de DRON, contribuant à la neurodégénérescence, par une série de réactions d'oxydoréductions néfastes pour la cellule, a cependant été rapportée dans les cerveaux de souris APP/PS1 (APP_{KM670/671NL} et PS1_{L166P}) et Tg2576 possédant la double mutation suédoise de l'APP (Barnham et al., 2004; Kim et al., 2015; Zhao and Zhao, 2013).

Il est également important de noter que la principale kinase à l'origine de la phosphorylation du RyR est la PKA (Hui et al., 2010; Liu et al., 2012). L'implication de la phosphorylation par la PKA dans la MA régulant le métabolisme de l'APP (Marambaud et al., 1999; Su et al., 2003), a également été rapportée dans ces modèles. De plus l'inhibition de cette kinase dans un modèle d'injection de l'A_β chez le rat a montré une atténuation du stress oxydatif et de la mort neuronale due à l'amyloïde (Eftekharzadeh et al., 2012).

Enfin la dissociation de la Calstabine, stabilisatrice du canal, a été proposée comme une des causes de l'altération de l'homéostasie calcique dans les neurones hippocampiques et de l'induction d'une dérégulation calcique liée au vieillissement dans des souris encore jeunes (Gant et al., 2011). Une étude du même groupe parue en 2015 a ensuite confirmé l'implication de la dissociation de la Calstabine dans la fuite calcique par le RyR. Ceci a été démontré dans une étude récente par surexpression de la Calstabine dans l'hippocampe de rats âgés, au moyen de vecteurs viraux codant pour celle-ci. En effet la surexpression de cette protéine régulatrice du RyR a amené à la correction de la dérégulation calcique neuronale et des défauts cognitifs liés au vieillissement dans ce modèle (Gant et al., 2015).

Ainsi ces études suggéraient une implication des MPTs du RyR dans la MA. Les résultats obtenus au cours de ma thèse nous ont permis de démontrer l'impact réel de celles-ci dans la physiopathologie de la MA.

3.2.2 Récepteur de l'Inositol 1,4,5-Triphosphate (RIP3)

a) Expression

Le RIP₃ est exprimé chez l'Homme de façon ubiquitaire au niveau du RE et dans une moindre mesure au niveau de l'appareil de Golgi. Le génome encode trois sous-types de RIP₃ (RIP₃₁, RIP₃₂, RIP₃₃) ayant les mêmes caractéristiques fondamentales avec cependant des différences dans les tissus au niveau desquels chacune s'exprime, et dans l'affinité de chacune pour l'IP₃ (Taylor et al., 1999) (**Figure 11**).

b) Structure

Le RIP₃ est un récepteur canal qui, - comme le RyR, est constitué de 4 sous-unités de ~2700 acides aminés chacune, et dont la majeure partie est cytoplasmique, en N-terminal pour permettre notamment la fixation de l'inositol 1,4,5 triphosphate (IP₃) sur le récepteur.

En C-terminal, il a été montré que le récepteur est ancré dans la membrane du RE par six hélices transmembranaires formant le canal à proprement parler, disposant d'un filtre de sélectivité (Schug et al., 2008). Entre ces deux parties se trouve une large région intermédiaire d'environ 2000 acides aminés, sur laquelle se trouvent la plupart des sites de régulation (Berridge, 2016; Terry et al., 2018).

c) Fonction et régulation

Comme les RyR, les RIP₃ sont des récepteurs canaux calciques présents sur le RE et contrôlant la sortie du Ca²⁺ vers le cytoplasme de la cellule. L'activation de Récepteurs Couplés aux Protéines G (RCPG) ou de Récepteurs à activité Tyrosine Kinase (RTK) à la membrane plasmique va induire l'hydrolyse du Phosphatidylinositol 4,5-biphosphate (PIP₂) par la Phospholipase C (PLC) pour produire du Diacylglycérol (DAG) et de l'IP₃ (Berridge, 2009; Rizzuto and Pozzan, 2006). L'IP₃ va ensuite activer les RIP₃ qui sont également sensibles au Ca²⁺. Celui-ci va quant à lui avoir un effet activateur ou inhibiteur de l'activité du canal en fonction de sa concentration cytoplasmique (Bezprozvanny et al., 1991; Keizer et al., 1995).

L'activité des RIP₃ peut également être régulée par de nombreux modulateurs à l'intérieur du RE comme la GRP78 ou cytosoliques comme l'APMc, le GMPC, des phosphatases ou des kinases (Berridge, 2016). Ainsi ils portent de nombreux sites de phosphorylation, en particulier pour les PKA et PKC (Vanderheyden et al., 2009).

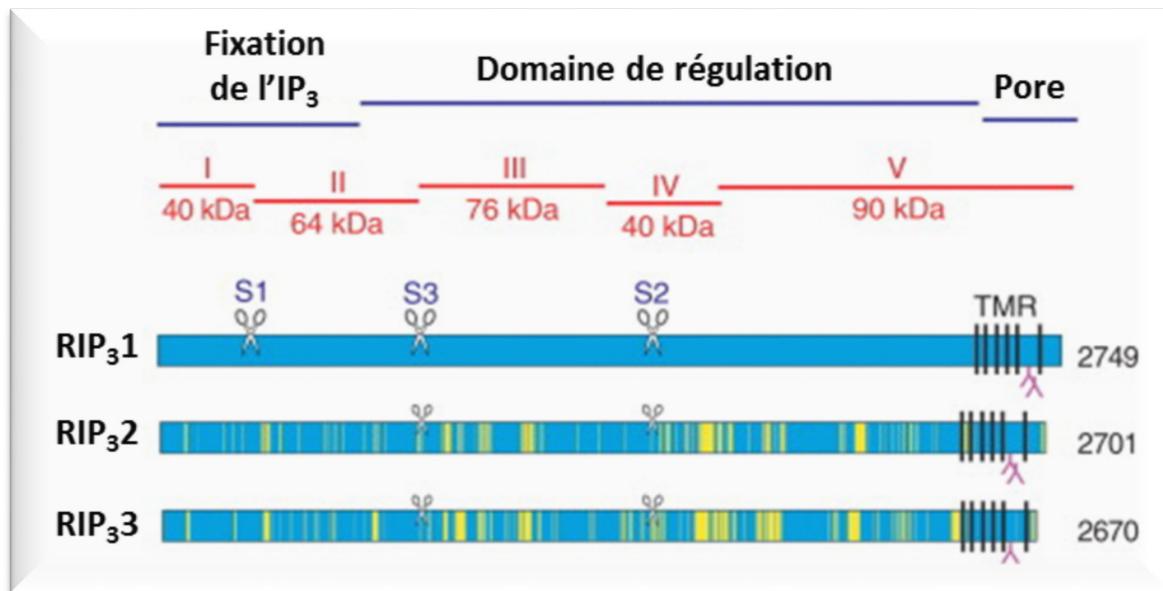


Figure 11: Caractéristiques des *RIP₃* (d'après Taylor et al., 2004)

Les 3 domaines principaux sont représentés par les lignes bleues et les lignes rouges représentent les 5 fragments obtenues après digestion par la Trypsine. Les sites d'épissages alternatifs des différents *RIP₃* sont représentés par des ciseaux. Les sites de glycosylations des trois *RIP₃1* (N^{2476} et N^{2504}), *RIP₃2* (N^{2430} et N^{245}) et *RIP₃3* (N^{2404}) sont marqués par des Y inversés et les parties jaunes correspondent aux acides aminés qui diffèrent de ceux du *RIP₃1*.

3.2.3 Sarco-Endoplasmic Calcium ATPase (SERCA)

a) Expression

Trois protéines SERCA existent dans l'organisme. La SERCA1 est exprimée en particulier dans le muscle squelettique à contraction rapide et présente 2 isoformes : l'isoforme adulte SERCA1a d'une taille de 994 acides aminés s'arrêtant au niveau du codon stop du 22^{ème} exon de sa séquence et l'isoforme néonatale SERCA1b d'une taille de 1011 acides aminés, s'arrêtant au codon stop du 23^{ème} exon avec épissage du 22^{ème}. Bien qu'exprimées à différents moments, ces deux isoformes conservent des caractéristiques fonctionnelles semblables (Chami et al., 2001; Zhang et al., 1995).

La SERCA2 possède 3 isoformes variant au niveau fonctionnel de par leur partie C-terminale différente. La SERCA2a, de 997 acides aminés, présente dans le muscle lisse et le cœur (Verboomen et al., 1994), la SERCA2b, de 1042 acides aminés, qui est ubiquitaire et la SERCA2c, de 999 acides aminés, identifiée dans les cellules hématopoïétiques et épithéliales (Dally et al., 2006).

Enfin la SERCA3 possède 6 isoformes allant de 999 acides aminés à 1052 acides aminés. Celles-ci sont exprimées minoritairement dans le muscle, et plus ou moins selon le tissu dans le reste de l'organisme (Dally et al., 2009). Cette dernière forme de la SERCA est celle ayant la plus faible affinité pour les ions Ca²⁺.(Chandrasekera et al., 2009).

L'expression de ces différentes isoformes est régulée de façon tissu-spécifique mais également dans le temps. C'est par exemple le cas dans les muscles chez l'embryon, coexprimant SERCA2a et SERCA1b qui seront ensuite remplacées chez l'adulte par SERCA1a, sauf dans le muscle cardiaque qui continue à exprimer SERCA1b.

Cette transition d'une isoforme de SERCA à une autre a également lieu dans des contextes biologiques bien particuliers comme lors de la régénération ou au contraire la sénescence des tissus musculaires. Au cours de ces processus, le passage de l'expression d'une isoforme à une autre dont les caractéristiques diffèrent, permet l'adaptation du tissu.

b) Structure

La structure des protéines SERCA a été découverte grâce à la mutagénèse dirigée puis la cristallographie de l'isoforme SERCA1a. Celle-ci est une protéine monomérique de 110kDa constituée de 10 domaines transmembranaires M1-10 reliés entre eux par 4 domaines de connexion, liant les domaines M2 à M5 au 2 boucles cytoplasmiques (Toyoshima, 2008). Ces protéines disposent également de 3 domaines cytosoliques : le domaine A (Anchor Domain) participant au changement de conformation lors du passage du Ca²⁺, le domaine P (Phosphorylation Domain) contenant le site de phosphorylation Asp351 et le domaine N (Nucleotide Binding Domain) sur lequel l'ATP nécessaire au transport des ions Ca²⁺ va se fixer.

Si les formes monomériques de ces SERCA sont tout à fait fonctionnelles, des études ont montré la possibilité de former des dimères ou même des tétramères. La dimérisation de SERCA1a (Chami et al., 2001) et de SERCA2b (Verboomen et al., 1994) a notamment été démontrée.

Deux autres variants de l'épissage de SERCA1a, appelés S1T+4 et S1T-4, ont également été mis en évidence par screening de banques d'ADNc hépatiques. Chez ces deux variants, l'exon 11 est absent mais chez S1T-4 l'exon 4 est absent également (Chami et al., 2001) (**Figure 8**). L'épissage de l'exon 11 dans ces deux variants induit un décalage dans le cadre de lecture de la séquence, provoquant l'apparition d'un codon stop dans l'exon 12. Ceci résulte en l'expression d'une protéine tronquée en C-terminal dans laquelle la moitié des segments transmembranaires sont manquants. Les segments manquants contenant 6 des 7 résidus fixant le Ca²⁺, S1T perd ainsi la fonction de pompe calcique de la forme totale de la SERCA. De plus la protéine tronquée produite ne fait plus que 46kDa, contre 110kDa pour la SERCA total (Chami et al., 2001).

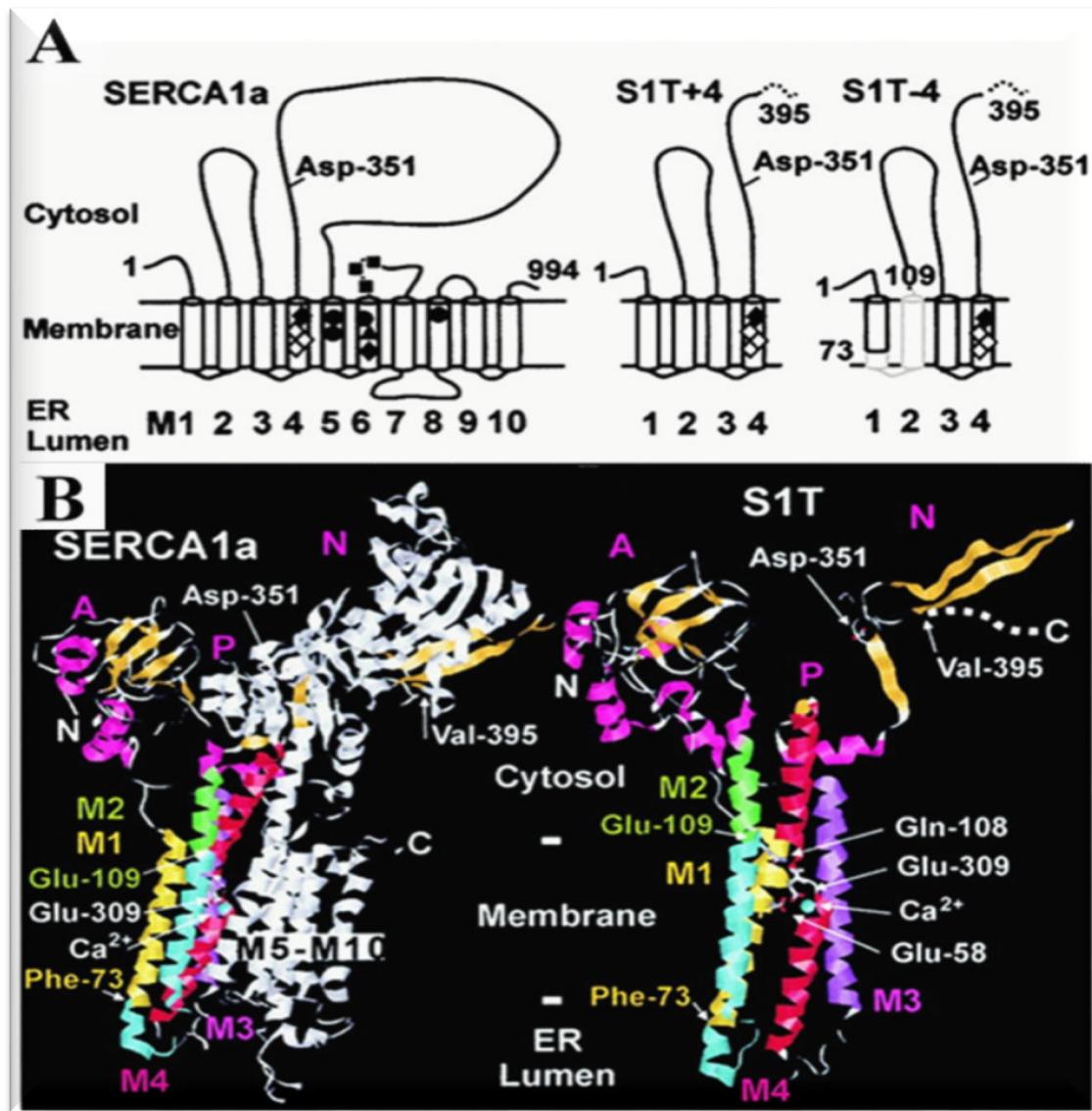


Figure 12: Modélisation de la structure des variants S1T+4 et S1T-4 comparée à celle de la SERCA1a totale (d'après Chami et al., 2001)

(A) Les numéros sous les représentations graphiques indiquent les domaines transmembranaires. Les ronds et losanges noirs correspondent aux résidus impliqués respectivement dans les sites I et II de fixation du Ca²⁺. Le triangle noir correspond à l'Asp-800 intervenant dans ces deux sites. Les carrés noirs correspondent aux résidus impliqués dans la fixation du Ca²⁺ au niveau cytosolique et les losanges blancs représentent les résidus du site de fixation II.

(B) Structure tridimensionnelle de la SERCA1a de lapin, telle que présentée par (Toyoshima et al., 2000) et celle prédictive pour S1T. L'Asp-351 phosphorylable, et les domaines A, N et P y sont représentés. Les domaines communs à SERCA1a et S1T sont colorés et les parties de SERCA1a perdues à cause de la troncation sont en gris.

c) Fonction de pompe calcique

La SERCA est extrêmement importante pour la recapture du Ca^{2+} libre dans le cytosol et le remplissage des stocks calciques intracellulaires, évitant à la cellule de subir une surconcentration calcique néfaste dans son cytosol. Ceci est crucial notamment dans les cellules excitables qui vont, lorsque stimulées, voir leurs stocks intracellulaires se vider rapidement dans le cytosol. Cette élévation soudaine de la concentration calcique permet l'activation de nombreux processus cellulaires initiés en présence d'ions Ca^{2+} . L'activation de la SERCA va ensuite permettre la recapture des ions Ca^{2+} dans la lumière du RE. Des études ont également montré que cette activation de la SERCA augmente la concentration seuil requise pour l'activation des canaux de sortie du Ca^{2+} du RE, réduisant ainsi le risque de vague calcique spontanée vers le cytosol.

L'activité de la SERCA est régulée négativement par son interaction avec deux protéines présentant une forte homologie, le Phospholambane et la Sarcolipine (Gorski et al., 2013). Ces protéines inhibent l'activité de la SERCA lorsqu'elles lui sont physiquement associées. Lorsqu'elles sont phosphorylées, elles se détachent de la SERCA, lui permettant d'hydrolyser de l'ATP pour pouvoir pomper le Ca^{2+} cytosolique vers la lumière du RE (Asahi et al., 2003).

3.2.4 SOCE (*Store-Operated Calcium Entry*)

Le RE dispose également d'un senseur de Ca^{2+} appelé STIM (Liou et al., 2005; Roos et al., 2005). Lorsque la concentration calcique dans la lumière du RE est trop faible, la translocation et l'oligomérisation de celui-ci va permettre de stimuler l'ouverture d'un canal à la membrane plasmique, appelé Orai, faisant parti des SMOCs présentés plus tôt (voir chapitre 3.1), pour faire entrer des ions Ca^{2+} dans le cytosol, permettant ainsi de remplir de nouveau les stocks calciques de la cellule (Hogan and Rao, 2015). STIM peut également interagir avec une protéine de la famille des TRP ou avec un complexe formé par cette TRP et Orai pour faire entrer le Ca^{2+} (Ambudkar et al., 2017; Segal and Korkotian, 2016) (**Figure 13**).

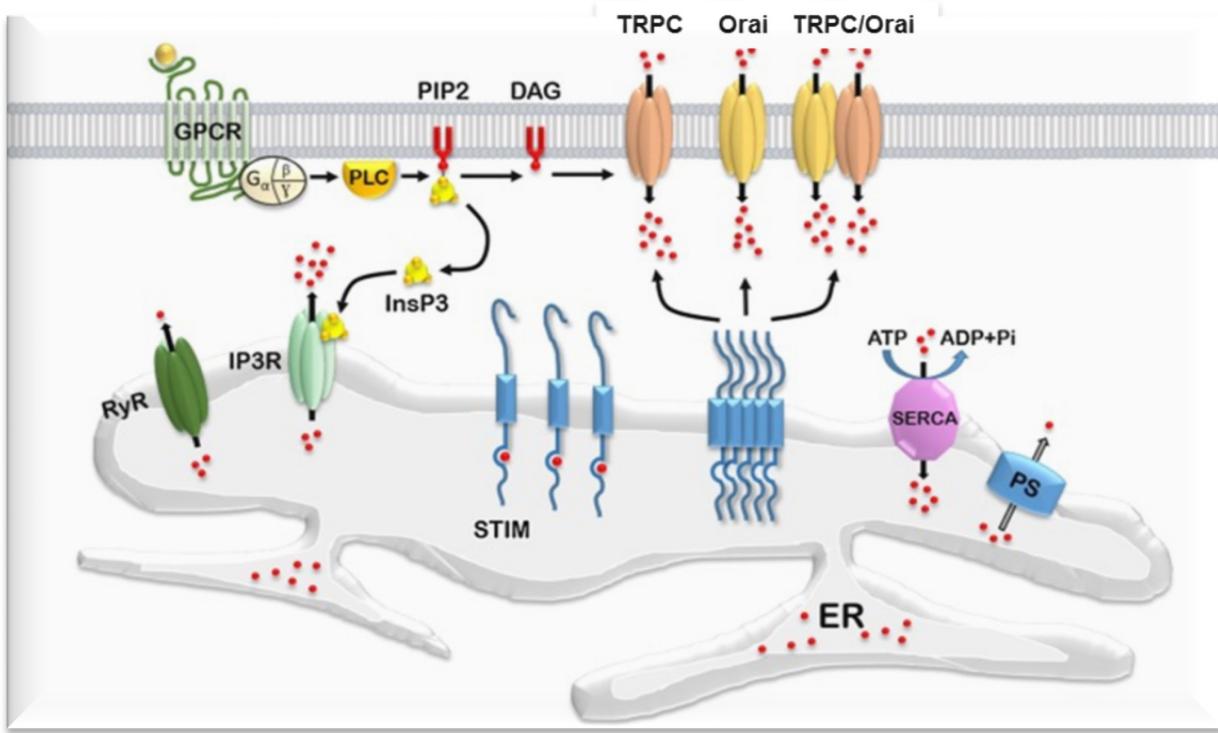


Figure 13: SOCE dans les neurones (d'après Pchitskaya et al., 2018)

La déplétion du RE en Ca²⁺ via l'activité des RyR et RIP₃, et la fuite via les PS induit l'oligomérisation et la translocation du senseur de Ca²⁺ STTM sur sa membrane pour aller activer l'entrée de Ca²⁺ à la membrane plasmique par interaction avec TRPC, Orai ou TRPC/Orai.

Par interaction avec Orai, STIM permet une entrée sélective de Ca²⁺ alors que l'interaction avec TRPC ou TRPC/Orai induit une entrée non sélective de cations.

3.3 Les Mitochondries

Les mitochondries forment au sein de la cellule un réseau dynamique dont chaque constituant est composé de deux membranes lipidiques séparant le cytoplasme de la matrice de l'organelle, contenant son génome, avec un espace intermembranaire. Considérées comme actrices centrales dans la production d'énergie de la cellule, elles sont également impliquées dans différents processus cellulaires dont l'apoptose, la synthèse des hormones stéroïdes ou encore la signalisation calcique.

3.3.1 Protéines accumulant le calcium dans la matrice

Les mitochondries sont en effet capables, lorsque stimulées, d'accumuler rapidement le Ca^{2+} . Cela permet à la mitochondrie d'éviter la surcharge calcique dans le cytosol, qui serait toxique pour la cellule mais cela lui permet également de subvenir à ses besoins en ion Ca^{2+} pour le cycle de Krebs. Plusieurs études ont montré que l'existence de sites de contact entre le RE et la mitochondrie permet l'accumulation de Ca^{2+} dans la matrice de cette dernière. C'est grâce à ces sites de contact que les transporteurs calciques de la mitochondrie, VDAC (Voltage-Dependent Anion Channel) et le MCU (Mitochondrial Ca^{2+} Uniporter) peuvent être exposés aux canaux calciques du RE comme le RIP₃ et le RyR (Raffaello et al., 2012; Shoshan-Barmatz and Ben-Hail, 2012).

a) VDAC

VDAC a été le premier des transporteurs calciques identifiés sur la membrane mitochondriale externe (MME). C'est la protéine la plus abondante de cette dernière, permettant le passage vers l'espace intermembranaire de nombreux métabolites de petites tailles. Chez l'Homme il existe trois isoformes de ce canal très conservé au cours de l'évolution, qui possèdent des caractéristiques structurales et fonctionnelles semblables, dépendantes du potentiel mitochondrial (Shoshan-Barmatz and Ben-Hail, 2012). Si à faible potentiel, le canal s'ouvre largement, avec une faible sélectivité associée à une perméabilité accrue pour les anions, l'augmentation du potentiel conduit le canal à adopter une structure plus fermée, beaucoup plus sélective, pour les cations et en particulier pour le Ca^{2+} (Rizzuto et al., 2009; Tan and Colombini, 2007). Cet état « fermé » du canal va être à l'origine d'un important transport de Ca^{2+} vers l'intérieur de la mitochondrie. VDAC n'est pas seulement régulé par le potentiel de la membrane mitochondriale. Il est ainsi régulé par sa phosphorylation induite par la PKA, la PKC ϵ et les tyrosines kinases, mais également par le Ca^{2+} lui-même ainsi

que par le Ruthenium Red qui est quant à lui inhibiteur de l'activité du canal (Gincel et al., 2001; O'Rourke, 2007).

b) MCU

Plus récemment, en 2011, deux groupes ont contribué à l'identification du MCU, un uniporteur calcique, dont l'identité était inconnue jusque-là, au niveau de la membrane mitochondriale interne (MMI) (Baughman et al., 2011; De Stefani et al., 2011). Cet uniporteur, au sein d'un complexe moléculaire faisant intervenir les protéines MICU1 et MICU2 (Mitochondrial Calcium Uptake 1 et 2), transporte le Ca^{2+} vers l'intérieur de cette organelle (Baughman et al., 2011; De Stefani et al., 2011; Xu et al., 2016).

c) mRyR et RaM

Enfin l'accumulation du Ca^{2+} dans la matrice peut se faire via le mRyR (Beutner et al., 2001; Ryu et al., 2011) ou plus rapidement par le RaM (Rapid Mitochondrial Calcium Uptake) dont la rapidité d'absorption du Ca^{2+} est 1000 fois supérieure à celle du MCU (Xu et al., 2016).

3.3.2 Protéines extrudant le calcium mitochondrial :

Pour pouvoir extruder le Ca^{2+} , la mitochondrie dispose également d'échangeurs calciques et du PTP (Permeability Transition Pore), localisés à la membrane interne de l'organelle.

a) Les échangeurs calciques

Dans les neurones ainsi que dans les autres cellules excitables, les mitochondries sont capables d'échanger le Ca^{2+} qu'elles contiennent contre du Sodium (Na^+) via un échangeur $\text{Na}^+/\text{Ca}^{2+}$ mitochondrial également perméable au Li^+ (NCLX) (Boyman et al., 2013). Si l'activité du NCLX a été décrite il y a déjà plusieurs dizaines d'années, son identité et ses propriétés se rapprochant de celle du NCX de la membrane plasmique n'ont été révélées que plus récemment (Lytton, 2007; Palty et al., 2004, 2010). Celui-ci permet de transporter le Ca^{2+} vers l'extérieur, contre le gradient de Na^+ . Cette extrusion du Ca^{2+} de la matrice mitochondriale se fait grâce à l'entrée d'ions Na^+ ou d'ions Li^+ .

b) Le PTP

Enfin, des études ont montré l'existence à la MMI d'un pore transitoire de perméabilité (PTP) dont l'ouverture et la fermeture sont contrôlés par la concentration de Ca^{2+} au sein de la matrice mitochondriale. En temps normal, la MMI est imperméable aux molécules chargées électriquement. Cela permet entre autres, l'établissement du gradient de protons nécessaire à la production d'énergie par la mitochondrie sous forme d'ATP.

Dans certaines conditions cependant, le PTP va s'ouvrir de façon transitoire, laissant ainsi sortir différents ions et notamment des ions Ca^{2+} . Ceci est particulièrement important pour éviter une élévation trop importante de la concentration en Ca^{2+} dans la matrice, qui serait délétère pour la mitochondrie. L'activation pathologique du PTP peut également altérer le potentiel de membrane, l'homéostasie calcique, provoquer un stress oxydatif et réduire la production d'ATP induisant ainsi des processus de mort cellulaire (Pérez and Quintanilla, 2017).

L'inducteur majeur de l'ouverture de ce pore est le Ca^{2+} . Les concentrations calciques induisant l'ouverture du pore vont varier en fonction de la présence de cofacteurs activateurs comme les phosphates et les oxydants, ou inhibiteurs comme la cyclosporine A, la roténone et la metformine (Doczi et al., 2011; El-Mir et al., 2008).

3.4 L'appareil de Golgi

L'appareil de Golgi joue un rôle crucial dans le transport des protéines et des lipides nouvellement produits à leur destination et représente lui aussi un important compartiment de stockage du Ca^{2+} cellulaire, même si sa contribution à la signalisation calcique en terme de quantité est moindre que celle du RE (Pizzo et al., 2011; Vanoevelen et al., 2005).

A sa membrane sont localisés deux types de pompes calciques participant au stockage du Ca^{2+} dans l'organelle. Celles-ci sont d'une part la SPCA (Secretory Pathway Ca^{2+} ATPase) et d'autre part la SERCA qui est cependant moins présente sur l'appareil de Golgi que sur le RE (Chen et al., 2017; Micaroni et al., 2010).

La membrane de l'appareil de Golgi présente également des récepteurs canaux permettant quant à eux l'extrusion du Ca^{2+} vers le cytosol. Ces canaux se sont révélés être le RyR (Cifuentes et al., 2001) et le RIP₃ (Pinton et al., 1998; Wong et al., 2013) comme ceux retrouvés sur le RE.

D. Dérégulation de l'homéostasie du Ca²⁺ dans la MA

1) Hypothèse calcique dans la MA

Au-delà des hypothèses amyloïdes et Tau hyperphosphorylée, une autre hypothèse appelée hypothèse calcique a été formulée pour expliquer la pathogenèse de la MA (Khachaturian, 1989; LaFerla, 2002; Thibault et al., 2007). Celle-ci postule qu'une dérégulation de l'homéostasie du Ca²⁺, liée à l'activation d'un métabolisme amyloïdogène de l'APP, serait un facteur clé dans l'accélération des changements pathologiques retrouvés dans la MA (Berridge, 2010; Bojarski et al., 2008; Mattson, 2004). De nombreuses fonctions neuronales dépendent en effet de la signalisation calcique, des concentrations en ion Ca²⁺ dans les différents compartiments cellulaires et des flux de Ca²⁺ entre ces compartiments (Stutzmann, 2005). Des études ont par ailleurs confirmé que l'élévation de la concentration cytosolique en Ca²⁺, due à l'activité des canaux calciques de la membrane plasmique et de ceux libérant du Ca²⁺ depuis les stocks intracellulaires (RE, mitochondries...), augmente le catabolisme de l'APP et la production du peptide A β (Pierrot et al., 2004). Ceci induit la phosphorylation de l'APP et celle de la protéine Tau en plus d'exacerber la libération de l'A β (Pierrot et al., 2006). Cette hypothèse calcique postule ainsi que la dérégulation de la signalisation calcique contribue à la fois aux défauts de mémoire et d'apprentissage associés à la fois aux stades précoce de la MA et à la neurodégénérescence caractérisant les stades tardifs de la pathologie (Berridge, 2010) (**Figure 14**)

Les résultats obtenus *in vivo* dans les modèles animaux de la MA supportent également cette hypothèse. L'altération de la signalisation calcique se traduit majoritairement par une élévation des concentrations en Ca²⁺. La concentration calcique dans ces mêmes neurones chez les souris triples transgéniques 3xTg-AD était en effet plus de deux fois supérieure à celle mesurée dans des neurones de souris contrôles non transgéniques (Lopez et al., 2008). De même, les concentrations calciques relevées au niveau des dendrites et des axones des neurones corticaux de souris transgéniques APP/PS1, proches des dépôts amyloïdes, étaient anormalement élevées (Kuchibhotla et al., 2008).

Il a récemment été montré dans ce même modèle murin que l'hyperactivité des astrocytes, notamment dans le CA1 (Corne d'Ammon) peut induire l'hyperactivité de

neurones glutamatergiques excitateurs voisins. Celle-ci médiée par les canaux calciques membranaires TRPA1, anormalement activés par les oligomères de peptides amyloïdes, va ainsi induire l'augmentation de la quantité de neurotransmetteurs excitateurs libérés et va contribuer au phénomène d'excitotoxicité (Bosson et al., 2017).

La dérégulation calcique dans la MA peut également être due à l'A β et aux oligomères solubles qu'il peut former (ADDL : A β -Derived Diffusible Ligands) (Catalano et al., 2006), ceux-ci pouvant interagir avec les canaux calciques à la membrane plasmique ou former des pores dans la membranes, perméables au Ca $^{2+}$ (Butterfield and Lashuel, 2010; Reiss et al., 2018).

De nombreuses études ont ainsi démontré la neurotoxicité des oligomères de l'A β et que l'altération de la perméabilité de la membrane plasmique au Ca $^{2+}$ par leur interaction avec des récepteurs calciques à la membrane est considérée comme l'un de leurs principaux mécanismes de neurotoxicité. Plusieurs travaux ont indiqué que les oligomères d'A β interagissent effectivement avec les canaux calciques ionotropiques AMPAR et NMDAR et les récepteurs nicotiniques à l'acétylcholine (AChR) (Bi et al., 2002; Nagele et al., 2002; Reiss et al., 2018). Ceux-ci ayant un rôle important dans les fonctions cognitives dans l'hippocampe et dans le cortex, la perturbation par l'A β de la signalisation calcique médiée par ceux-ci pourrait donc être en partie responsable des symptômes de la MA (Gu et al., 2009).

Les AMPAR et NMDAR sont en effet nécessaires pour la plasticité synaptique en régulant la LTP (Potentialisation à Long Terme) et la LTD (Dépression à Long Terme) et plusieurs études ont démontré à la fois une altération de la LTP et une accentuation de la LTD dans la MA (Bi et al., 2002; Reiss et al., 2018). Cette altération, due à la perturbation de l'activité des NMDAR par l'A β , induit l'élévation des niveaux cytoplasmiques en Ca $^{2+}$ et le dérèglement en aval des voies de signalisation impliquées dans la fonction synaptique et la dégénérescence neuronale. Par exemple, la perturbation de l'activité des NMDAR provoque une activation anormale de la Calcineurine/Protéine Phosphatase 2B (PP2B), ce qui induit différents processus comme la phosphorylation de Tau par la GSK3 β et l'internalisation des AMPAR aboutissant à la perte synaptique (Tu et al., 2014). De même, il a été montré que les oligomères d'A β induisent la surproduction des DRO et des DRON et la dysfonction mitochondriale via leur interaction avec les NMDAR. La

perturbation des NMDAR induite par l'A_β amène indirectement au surplus calcique dans la mitochondrie par l'augmentation de la libération du Ca²⁺ du RE via le RIP₃, et à la dysfonction de celle-ci. Cela amène à la production excessive des DRO et des DRON par l'Oxyde Nitrique Synthase neuronale (nNOS) anormalement activée et induit une augmentation pathologique des S-nitrosylations, sulfonations et une accumulation de peroxydes dans la cellule ainsi qu'une activation des caspases, conduisant le neurone à l'apoptose (Ferreira et al., 2015; Tillement et al., 2011).

Les canaux à la membrane du RE sont également impliqués dans les dérégulations de la signalisation calcique dues à l'A_β comme le montrent des études associant l'influx calcique dérégulé par l'A_β à la membrane plasmique avec la libération anormale de Ca²⁺ des stocks intracellulaires, dans le RE. De par leur importance dans l'homéostasie calcique, les canaux à la membrane de ce dernier représentent donc des acteurs majeurs dans la dérégulation calcique neuronale intervenant dans la MA. Il suffit en effet que leur activité soit altérée pour qu'une fuite de Ca²⁺ provenant des stocks dans le RE induise une élévation aberrante du Ca²⁺ intracellulaire. Différentes études se sont ainsi intéressées à l'influence du RIP₃ et du RyR sur la dérégulation calcique dans des modèles de la MA. Il a ainsi été montré que l'A_β via l'interaction de ses formes oligomériques avec les récepteurs à la membrane plasmique induit la production de l'IP₃ qui va ensuite provoquer la libération du Ca²⁺ contenu dans le RE par l'activation du RIP₃ (Berridge, 2016; Jensen et al., 2013).

L'augmentation de l'expression du RyR dans les cerveaux de patients Alzheimer post-mortem, ainsi que dans des modèles murins de la MA (souris KI PS1_{M146V} et souris TgCRND8 avec les mutations Suédoise et Indiana de l'APP) a également été rapportée (Kelliher et al., 1999; Stutzmann et al., 2007; Supnet et al., 2006) (**Tableau 2**). De plus, les expériences effectuées sur le blocage du RyR par le Dantrolène montrent une réversion de l'élévation de la concentration calcique cytosolique induite par le Carbachol dans des cellules de neuroblastome humaines SH-SY5Y exprimant la PS1 mutée (PS1_{M146V} et PS1_{L250S}) (Popescu et al., 2004) (**Tableau 3**). Il a aussi été montré que l'activité du RyR est exacerbée dans des neurones primaires provenant du modèle triple transgénique murin 3xTg-AD (Smith et al., 2005). Notre laboratoire a démontré l'impact bénéfique du blocage du RyR par le Dantrolène, se traduisant par une réduction du métabolisme de l'APP et de la production des peptides C99 et A_β dans les neuroblastomes humains SH-SY5Y.

surexprimant l'APPswe, ainsi que dans les neurones primaires extraits des souris Tg2576 qui surexpriment ce même APP muté (Oulès et al., 2012). Le groupe du Dr. Bezprozvanny a également postulé que l'importante libération de Ca^{2+} médiée par le RyR dans les souris 3xTg-AD serait intimement liée au défaut de fuite calcique par les PS mutées, et à l'augmentation de la concentration calcique dans la lumière du RE en résultant (Zhang et al., 2010). Le rôle du RyR dans la dérégulation de l'homéostasie calcique du RE dans la MA est supporté par des études montrant que la libération massive de Ca^{2+} via le RIP_3 , observée dans les neurones provenant des modèles 3xTg-AD et $\text{PS1M}_{146}\text{V}$, est accentuée par le phénomène de CICR lié au RyR (Stutzmann et al., 2006).

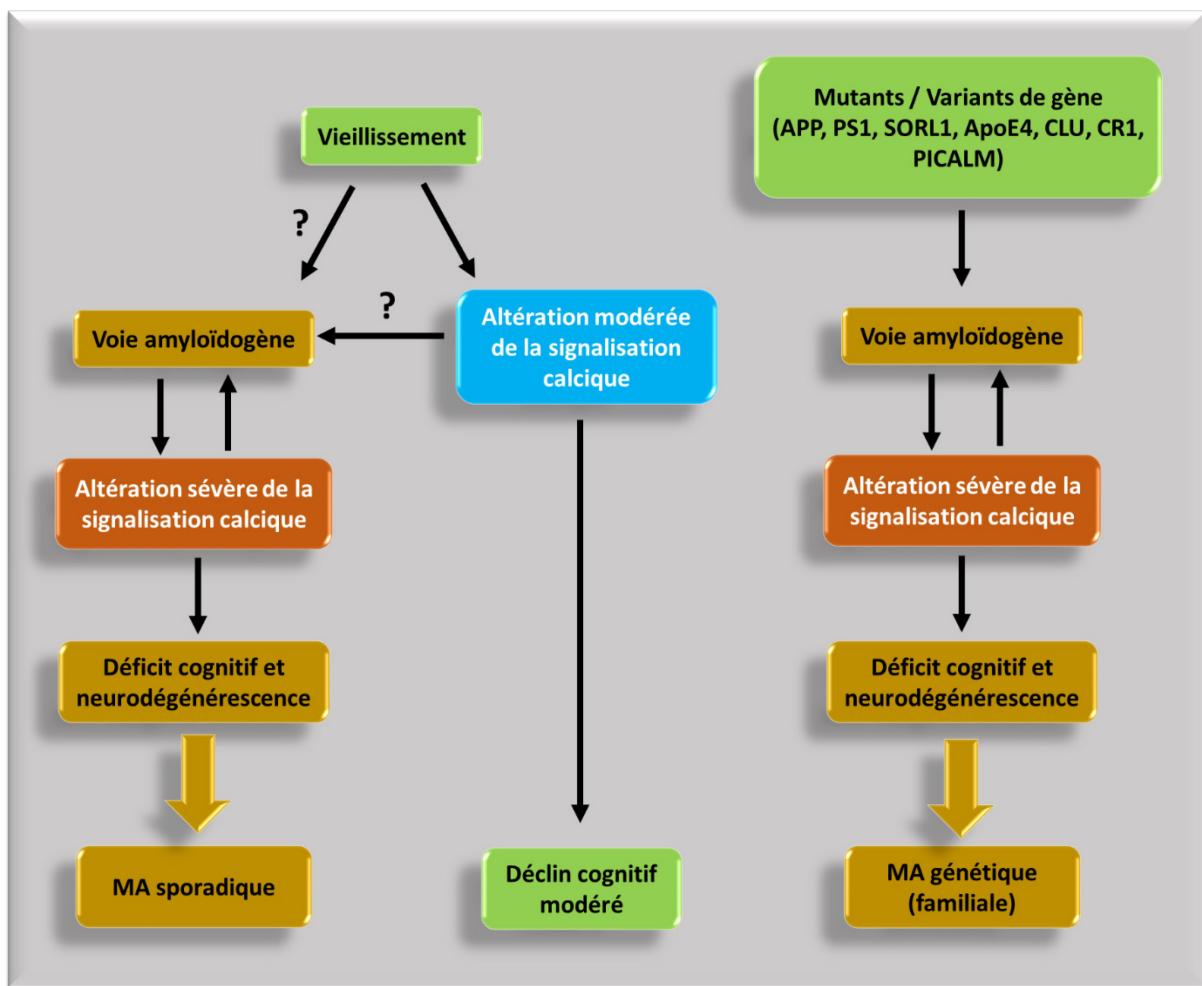


Figure 14: Hypothèse calcique dans la MA (adaptée de Berridge, 2010)

L'hypothèse calcique postule la contribution de la dérégulation de l'homéostasie et de la signalisation calcique à la physiopathologie de la MA. Ces altérations des concentrations et des flux de Ca^{2+} induisent les troubles de mémoire associés aux stades précoce, contribuent à exacerber le métabolisme amyloïdogène de l'APP et conduisent aux déficits cognitifs et à la neurodégénérescence.

2) Implication des présénilines dans la dérégulation de l'homéostasie calcique du RE

En plus des différents canaux impliqués, des études ont révélé le lien entre les PS et la dérégulation de la signalisation calcique. Il n'a pas pu être montré que cette intervention des PS dans la signalisation calcique était impliquée dans les formes sporadiques de la MA. Cependant les mutations des PS retrouvées dans les formes familiales de la maladie ont été associées à la dérégulation calcique (LaFerla, 2002; Stutzmann, 2005). La propension des PS non mutées à former canaux ioniques est en effet inhibée par leur mutation. Différentes études ont également mis en évidence l'exacerbation de la libération de Ca^{2+} par le RyR et le RIP₃ (Cheung et al., 2008; Stutzmann et al., 2004) et l'altération du fonctionnement de la pompe SERCA (Green et al., 2008) en liaison avec les formes mutées des PS.

Une étude a aussi montré l'interaction entre la partie C-terminale de la PS2 et la Sorcine, protéine régulatrice du RyR (Pack-Chung et al., 2000). Des expériences de co-immunoprécipitations ont par ailleurs montré une interaction physique entre les PS et le RyR2. Le groupe du Dr. Koulen a ensuite démontré *in vitro* dans deux études l'impact de cette interaction sur l'activité du canal. Ils ont ainsi révélé que l'interaction des parties N-terminales des PS avec le côté cytosolique du RyR pouvait potentialiser l'activité du canal (Hayrapetyan et al., 2008; Rybalchenko et al., 2008). Ces études suggèrent l'important rôle des PS dans la régulation de l'activité du RyR, que ce soit par interaction directe ou via les protéines régulatrices du canal (**Figure 15**). Les études utilisant le modèle murin PScDKO, un modèle de knock-out conditionnel des deux PS ont quant à elles amené à des résultats contradictoires (Wu et al., 2013; Zhang et al., 2010). Le groupe de Bezprozvanny a ainsi montré que les neurones primaires issus de ce modèle présentent une concentration de Ca^{2+} dans le RE plus importante que celle mesurée dans des neurones contrôles (Zhang et al., 2010). Plus tard, une autre équipe a montré que les neurones issus du même modèle d'étude ne présentent au contraire pas d'altération du contenu du RE, qui libère même moins de Ca^{2+} via le RyR. Ils ont également montré que le « knockdown » de l'expression du RyR dans des neurones hippocampiques conduit aux mêmes défauts en terme d'homéostasie calcique et de fonction synaptique que ceux observés dans les neurones issus du modèle PScDKO (Wu et al., 2013). Ces résultats, en accord avec

ceux d'autres études, semblent ainsi confirmer d'une part le rôle physiologique des PS dans la plasticité synaptique (Saura et al., 2004; Zhang et al., 2009) et d'autre part la contribution du RyR dans les défauts de l'homéostasie calcique et la dysfonction synaptique médiés par les PS (Zhang et al., 2009).

Des études se sont également attelées à déterminer l'impact réel des PS, par rapport au métabolisme de l'APP et à la production d'A β médiés par celles-ci sur la perturbation de l'homéostasie calcique observée dans la MA. Les expériences menées sur les modèles murins transgéniques PS2_{N141L} et PS2_{N141L}-APPswe ont révélé les mêmes altérations calciques apparaissant précocement dans les deux modèles, à savoir, une réduction de la concentration calcique dans le RE, alors que la quantité d'A β mesurée dans ces modèles est différente. Ceci suggère une contribution plus importante de la mutation PS2 que du métabolisme de l'APP accentué par la double mutation suédoise à ces altérations calciques (Kipanyula et al., 2012) (). Dans les souris PS2_{N141L} et PS2_{N141L}-APPswe, ces altérations calciques pourraient donc résulter d'une interaction directe entre la PS2 mutante et le RyR, l'existence d'une interaction physique entre le domaine N-terminal de PS2 et le RyR ayant été démontré dans une étude antérieure (Hayrapetyan et al., 2008).

L'impact de l'A β et de la surexpression de l'APP mutée sur la signalisation calcique du RE et la dysfonction du RyR a été montré indépendamment des mutations des PS, dans divers modèles de la MA (Lopez et al., 2008; Niu et al., 2009; Oulès et al., 2012). L'importante libération de Ca $^{2+}$ par le RyR dans les neuroblastomes humains SH-SY5Y surexprimant l'APP sauvage (APP₆₉₅) ou l'APPswe, a également pu être mis en évidence, ainsi que dans les neurones primaires extraits des souris Tg2576 exprimant l'APPswe (Oulès et al., 2012).

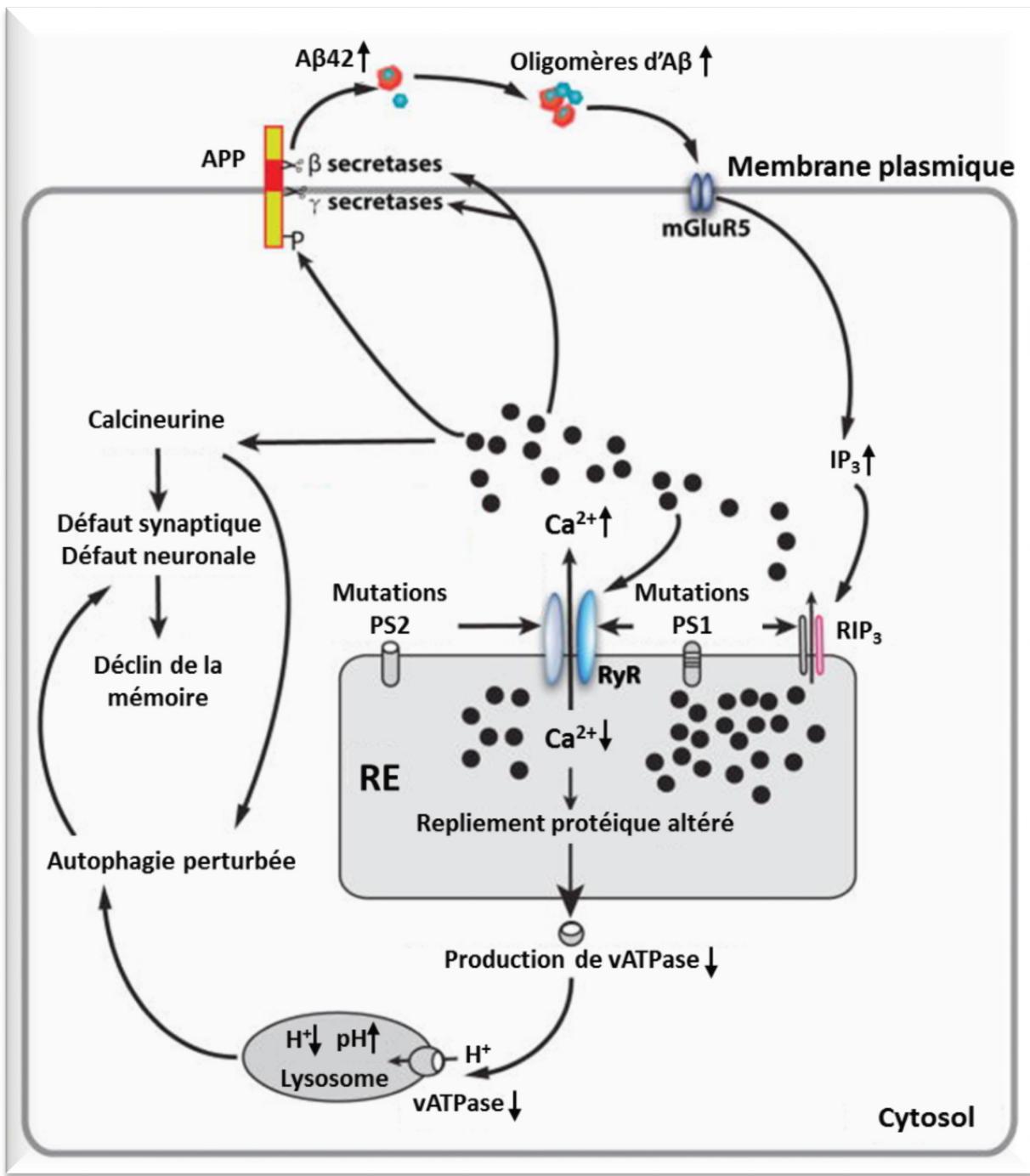


Figure 15: Dérégulation calcique dans la MA (d'après Wang et al., 2017)

Le RyR joue un rôle central dans la dérégulation de l'homéostasie calcique. Celui-ci, en interaction avec les PS mutées retrouvées dans la MA induit la déplétion du RE en Ca^{2+} ainsi que l'élévation de la concentration cytosolique en Ca^{2+} . Si cette dernière va accentuer la pathologie amyloïde en modulant l'activité des sécrétases, ce sont bien, ces deux phénomènes qui vont participer à l'induction des défauts synaptiques et neuronaux induisant le déclin de la mémoire dans la MA.

Modèles de la MA	Systèmes d'étude	Dérégulation de $[Ca^{2+}]$ liée au RyR	Références
PS1 _{M146V} et PS1 _{L250S}	Cellules SH-SY5Y	Dantrolène bloque $\uparrow [Ca^{2+}]$ induite par le carbachol (vs. PS1 contrôles)	(Popescu et al., 2004)
Souris 3xTgAD Souris PS1 _{M146V} KI	Neurones corticaux primaires	$\uparrow [Ca^{2+}]$ induite par la caféine (vs. neurons contrôles)	(Smith et al., 2005)
PS1 _{WT} , PS1 _{L286V} , PS1 _{M146V} , PS2 _{N141L}	Cellules PC12	$\uparrow [Ca^{2+}]$ induite par la caféine (vs. cellules transfectées avec vecteur contrôle)	(Chan et al., 2000; Lee et al., 2006)
APP _{wt} et mutation APP _{swe}	Cellules SH-SY5Y	$\uparrow [Ca^{2+}]$ induite par la caféine (vs. cellules transfectées avec vecteur contrôle)	(Oulès et al., 2012)
Souris Tg2576	Neurones hippocampiques primaires	$\uparrow [Ca^{2+}]$ induite par la caféine (vs. neurons contrôles)	(Oulès et al., 2012)
Souris PS _{M146V} KI et 3xTgAD	Tranches de cerveaux (6s, 6mo et 1.5a) (*)	$\uparrow [Ca^{2+}]$ induite par la caféine Dantrolène réduit la libération de Ca ²⁺ induite par le RIP ₃ (vs. tranches de cerveaux contrôles)	(Chakroborty et al., 2009; Stutzmann et al., 2006)
Application extracellulaire d'A β 42	Neurones corticaux primaires	siRyR-3 bloque l'augmentation de [Ca ²⁺] médiée par le Ryanodine-et le Glutamate en présence d'A β 42 (vs. neurones non traités avec A β 42)	(Supnet et al., 2006)
Souris PScDKO et 3xTgAD	Neurones hippocampiques et striataux primaires	$\uparrow [Ca^{2+}]$ induite par la caféine (vs. neurones contrôles) $\uparrow [Ca^{2+}]$ dans le RE (vs. neurones contôles)	(Zhang et al., 2010)
Souris PScDKO	Neurones hippocampiques primaires	$\leftrightarrow [Ca^{2+}]$ dans le RE $\downarrow [Ca^{2+}]$ induite par la caféine (vs. neurones contrôles)	(Wu et al., 2013)
Souris PS2 _{N141L} et PS2 _{N141L} /APP _{swe}	Cultures de neurons primaires et tranches de cerveaux	$\downarrow [Ca^{2+}]$ dans le RE \downarrow réponse calcique médiée par l'IP ₃ $\uparrow [Ca^{2+}]$ induite par la caféine (vs. neurones contrôles)	(Kipanyula et al., 2012)
Souris PS1 _{M146V} KI et PS1 _{M146V} /APP _{swe}	Tranches de cerveaux	$\uparrow [Ca^{2+}]$ induite par la caféine Blocage du RyR prévient la réponse calcique au NMDA (vs. tranches de cerveaux contrôles)	(Goussakov et al., 2010)

Tableau 2: Dérégulations calciques médiées par le RyR dans la MA (d'après Del Prete et al., 2014)

Abréviations: $[Ca^{2+}]$ la signalisation calcique est décrite comme ceci : \uparrow (augmentation), \downarrow (réduction), ou \leftrightarrow (pas de changement) en comparaison des contrôles, (*) l'étude a été réalisée sur des tranches de cerveaux isolés de souris transgéniques à différents âges (6 semaines (s), 6 mois (mo) and 1.5 an (a), vs: versus, KI : knockin, Les souris PScKO sont des doubles knowk-out pour PS1 et PS2, les souris Tg2576 expriment la double mutation suédoise de l'APP (APP_{K670N/M671L}), les souris 3xTgAD sont générées à partir de souris PS1_{M146V}KI surexprimant l'APP_{swe} et Tau_{P130L}.

3) Le Récepteur de la Ryanodine dans la MA

3.1 Altérations de l'expression du RyR

Les altérations dans l'expression du RyR ont été décrites pour la première fois en 1999 par le Dr. Kelliher qui montra, à l'aide d'un traceur radioactif, le tritium (³H), une augmentation de l'expression du RyR dans l'hippocampe en post-mortem chez des patients à des stades précoce de la MA. Une élévation des ARNm du RyR2 a également été détectée dans des cerveaux de patients au stade MCI (Bruno et al., 2012).

L'altération de l'expression du RyR a également été rapportée dans différents modèles de la MA et a été liée à l'A_β et/ou à la surexpression des mutants des PS. Ainsi une élévation des niveaux protéiques et des ARNm du RyR dans des neuroblastomes SH-SY5Y surexprimant l'APP sauvage ou sa forme mutée APPswe et dans les souris transgénique Tg2576 par rapport aux souris contrôles a pu être mise en évidence (Oulès et al., 2012). Cette augmentation de l'expression du RyR a aussi largement été rapportée dans des modèles de la MA surexprimant les PS, sauvages ou mutées. En effet, l'élévation de la quantité des ARNm et des protéines du RyR a tout d'abord été montrée dans des modèles *in vitro* exprimant des mutants de PS1. Il est également intéressant de noter que l'expression du RyR augmente au cours de la vie de l'animal dans les modèles transgéniques PS1_{M146V} et 3xTg-AD (Chakraborty et al., 2009; Stutzmann et al., 2006).

Une étude plus récente a ensuite confirmé ces observations en montrant la surexpression du RyR2 et du RyR3 dans le modèle transgénique APP/PS1 (Liu et al., 2014). Il a ainsi été proposé que l'augmentation de l'expression du RyR soit un effet compensatoire de la perte de fonction des PS (Zhang et al., 2010), hypothèse controversée du fait des résultats obtenus dans les modèles PScDKO où, en l'absence de PS, les niveaux d'expression protéiques du RyR sont au contraire réduits (Wu et al., 2013) (**Tableau 2**).

Cette contradiction dans les observations pourrait venir d'une variabilité dans la régulation du RyR à la fois temporelle au cours de la MA mais également spatiale, suivant les différentes régions cérébrales. Une autre étude a de plus relevé une réduction de l'expression du RyR suite au traitement avec des oligomères d'A_β42 (Paula-Lima et al., 2011). Par ailleurs, le Dr. Kelliher a également révélé une

régulation complexe de l'expression du RyR dans les cerveaux de patients MA. Il a ainsi montré une expression importante du RyR dans l'hippocampe de patients aux stades précoce de la MA et une réduction de son expression dans le subiculum et la CA, au sein de l'hippocampe de patients à des stades plus tardifs (Kelliher et al., 1999) (**Tableau 3**).

Echantillons/M modèles de la MA	Régions cérébrales/ Systèmes d'étude	Stade de la MA (*)	Expression du RyR(**)	Références
Cerveaux humains MA Post-Mortem	Hippocampe (Subiculum, CA1, CA2)	Stades précoces (I-II)	↑ ³ H - RyR	(Kelliher et al., 1999)
Cerveaux humains MA Post-Mortem	Hippocampe (Subiculum, CA1, CA2, CA3, et CA4)	Stades avancés (V-VI)	↔ ³ H - RyR ↓ ARNm RyR ₂	(Kelliher et al., 1999)
PS1 _{L285V} , PS1 _{M146V} Souris PS1 _{M146V} KI	Cellules PC12 Neurones Primaires		↑ ARNm et protéine RyR ₃	(Chan et al., 2000)
Cerveaux humains MA Post-Mortem	Cortex frontal moyen		↓variants d'épissage des ARNm RyR ₂ et 3	(Bruno et al., 2012)
Cerveaux MCI Post-Mortem	Cortex temporal et frontal moyens		↑ARNm RyR ₂ ↔ ARNm RyR ₃	
Cerveaux MCI Post-Mortem	Cortex frontal moyen		↓ variants d'épissage ARNm RyR ₂ ↔ variants d'épissage ARNm RyR ₃	
Cerveaux MCI Post-Mortem	Cortex temporal moyen		↑ variants d'épissage ARNm RyR ₂	
Application extracellulaire d'A _β 42	Neurones primaires corticaux		↑ARNm RyR ₃ ↔ ARNm RyR ₁ et 2	(Supnet et al., 2006)
Souris CRDN8	Neurones primaires corticaux Cerveaux entiers	4-4.5 (mo)	↑ ARNm RyR ₃ ↑ protéine RyR ₃	(Supnet et al., 2006)
Souris 3xTgAD	Neurones primaires hippocampiques		↑protéines RyR	(Zhang et al., 2010)
Souris PS1 _{M146V} KI Souris 3xTgAD	Cerveaux entiers	6 (s) 6 (mo) 1.5 (a)	↑ protéines RyR ↔ protéines RyR ↑ protéines RyR	(Stutzmann et al., 2006, 2007)
Souris 3xTgAD	Hippocampe	6-8 (s)	↑ARNm RyR ₂ ↔ ARNm RyR ₁ et 3	(Chakraborty et al., 2009; Smith et al., 2005)
Souris Tg2576	Cortex	15-18 (mo)	↑ ARNm RyR ₂ ↔ ARNm RyR ₁ et 3 ↑ protéines RyR	(Oulès et al., 2012)
APP _{WT} et mutation APP _{swe}	Cellules SH-SY5Y		↑ ARNm RyR ↑ protéines RyR	(Oulès et al., 2012)
Souris PScDKO	Hippocampe	2 (mo)	↓ protéines RyR ↓ ³ H - RyR ↔ ARNm RyR	(Wu et al., 2013)
Application d'oligomères A _β	Neurones primaires hippocampiques		↓ ARNm RyR ₂ et 3 ↓ protéines RyR ₂	(Paula-Lima and Hidalgo, 2013)
Souris APP _{swe} PS1 _{L166P}	Hippocampe	3 (mo) 6 (mo)	↑ protéines RyR ₂ et 3 ↑ protéines RyR ₂ et 3	(Liu et al., 2014)

Tableau 3: Altérations de l'expression des RyR dans la MA (d'après Del Prete et al., 2014)

Abréviations : (*) Les stades de la MA sont définis suivant les stades de Braak chez l'Homme, et sont présentés en semaines (s), mois (mo) ou années (a) dans les modèles murins, (**) L'expression du RyR est décrit comme ceci : ↑ (augmentation), ↓ (réduction), ou ↔ (pas de changement) en comparaison avec les contrôles, PS: présénilines, MCI: mild cognitive impairment, KI: knock in, les souris CRDN8 expriment l'APP humain avec la double mutation suédoise (APP_{K670N/M671L}+APP_{V717F}), les souris PScKO sont de doubles KO conditionnels pour PS1 et PS2, les souris Tg2576 expriment la double mutation suédoise (APP_{695K670N/M671L}), les souris 3xTgAD sont générées à partir de souris PS1_{M146V}KI surexprimant APP_{swe} et Tau_{P130L}

3.2 RyR et métabolisme de l'APP

Il est maintenant admis que l'homéostasie calcique peut influencer le métabolisme pathologique de l'APP. En effet, il a été montré que l'élévation des concentrations de Ca^{2+} intracellulaire exacerbe la production du peptide amyloïde, notamment via un relargage exagéré de Ca^{2+} par le RyR. Il a également été démontré dans ce sens que l'absence d'activité des RIP_3 dans des lignées cellulaires déficientes pour ces canaux est corrélée avec la réduction de production de l' $\text{A}\beta$ (Cheung et al., 2008).

En accord avec ce résultat, une étude du laboratoire a également montré dans des modèles *in vitro* que la réduction de la libération de Ca^{2+} via le RyR, par l'utilisation du Dantrolène, conduit à une réduction des clivages de l'APP par les β - et γ -sécrétases, réduisant ainsi la quantité de peptide $\text{A}\beta$ en intracellulaire et en extracellulaire (Oulès et al., 2012). Il a également été démontré l'effet bénéfique de la réduction de la libération de Ca^{2+} par le RyR sur les déficits de mémoire dans le modèle murin Tg2576, alors que d'autres laboratoires ont montré les mêmes effets dans deux autres modèles, les souris 3xTg-AD ($\text{APP}_{\text{KM670/671NL}}$, $\text{MAPT}_{\text{P301L}}$, $\text{PS1}_{\text{M146V}}$) et les souris APP/PS1 ($\text{APP}_{\text{KM670/671NL}}$, $\text{PS1}_{\text{L166P}}$) (Chakraborty et al., 2012; Oulès et al., 2012; Peng et al., 2012). Cependant, une autre étude a révélé que l'inhibition à long terme avec le Dantrolène induisait au contraire une surproduction de l' $\text{A}\beta$ dans les souris APP/PS1 (Zhang et al., 2010).

Enfin, un travail réalisé par le groupe de Bezprozvanny a confirmé ce qui semble être une évolution du rôle du RyR au cours de la progression de la pathologie avec une action pouvant être considérée comme protectrice dans les premiers stades pour ensuite devenir délétère et contribuant aux lésions histopathologiques et au déficit synaptique dans les stades plus tardifs de la MA (Liu et al., 2014) (**Figure 15**).

3.3 RyR et neurodégénérescence

La libération de Ca^{2+} par le RyR induit une élévation importante de la concentration cytosolique en Ca^{2+} . La dysfonction de celui-ci et donc la fuite de Ca^{2+} depuis les stocks intracellulaires a donc été présentée comme pouvant indirectement conduire à la neurodégénérescence. Plusieurs travaux ont ainsi montré que l'inhibition de la fuite des canaux RyR par l'utilisation du Dantrolène a des effets neuroprotecteurs dans l'ischémie cérébrale (Bull et al., 2008; Li et al., 2005) et dans

différentes pathologies neurodégénératives telles que l'ataxie spinocérébelleuse (Bezprozvanny and Klockgether, 2009), la maladie de Huntington (Chen et al., 2011) et bien sûr la MA (Liang and Wei, 2015; Wu et al., 2015). L'inhibition de la fuite calcique via le RyR protège ainsi les neurones contre la toxicité induite par le glutamate (Frandsen and Schousboe, 1991) et l'apoptose induite par le kaïnate *in vitro* et *in vivo* (Popescu et al., 2002). Un autre travail a montré l'effet neuroprotecteur du Dantrolène, sur des neurones corticaux exposés à l'A_β, qui induit dans ceux-ci l'expression d'un gène induisant l'apoptose. Celui-ci, appelé DP5 interagit avec un membre antiapoptotique de la famille BCL2, à savoir, Bcl-xL, ce qui perturbe ses propriétés protectrices vis-à-vis de l'apoptose (Imaizumi et al., 1999). (**Figure 15**).

3.4 RyR, dysfonction synaptique et déclin cognitif

Plusieurs travaux associent l'altération de l'expression et de la fonction du RyR à des défauts de la fonction synaptique ainsi qu'au déclin cognitif. Ces études ont ainsi démontré le rôle prépondérant de la dérégulation calcique médiée par le RyR dans la malformation des synapses. Cette perturbation de la morphologie des épines serait liée à la Calcineurine, une phosphatase dépendante du Ca²⁺, dont l'activité est exacerbée par l'augmentation de concentration en Ca²⁺ cytosolique dans les neurones, dans différents modèles de la MA (Chakroborty et al., 2009, 2012; Stutzmann et al., 2006).

D'autres études du même laboratoire ont aussi démontré que la signalisation calcique médiée par le RyR, contribue à la neurotransmission ainsi qu'à la plasticité synaptique, tant en pré-synaptique qu'en post-synaptique dans les souris 3xTg-AD. Ainsi ces études ont montré que l'hyperpolarisation induite par l'IP₃ est médiée par la libération de Ca²⁺ par le RyR (Stutzmann et al., 2006). Elles ont également suggéré que l'altération de la fonction du RyR serait un processus intervenant précocement dans la MA, ces changements intervenant avant la formation des plaques amyloïdes et des dépôts de protéines Tau (Chakroborty et al., 2009; Stutzmann et al., 2003).

De même, l'altération de l'expression et de la fonction du RyR est impliquée dans le déclin cognitif, plus particulièrement les défauts de mémoire et d'apprentissage. L'amélioration de la mémoire des rats entraînés au test de la Piscine de Morris a en effet été associée à une augmentation dans l'hippocampe des ARNm

codants pour le RyR. De plus, l'utilisation des tests d'apprentissage et de mémoire comme le test de la Piscine de Morris et le test de Reconnaissance de Nouvel Objet, ont révélé des altérations dans les processus de mémoire et d'apprentissage chez les souris Tg2576 et des souris 3xTg-AD, pouvant être corrigées par un traitement chronique avec le Dantrolène (Oulès et al., 2012; Peng et al., 2012).

Cette même étude dans les souris Tg2576 a montré une réduction de l'expression de PSD-95, une protéine de la densité post-synaptique, certainement due à l'accumulation d'A β découlant de la libération excessive de Ca $^{2+}$ par le RyR (Oulès et al., 2012). PSD-95 contribue à la plasticité synaptique et aux processus de mémorisation par relocalisation des récepteurs AMPA et NMDA au niveau de la densité post-synaptique (Elias et al., 2008). Ces travaux relient ainsi indirectement le RyR au déclin des capacités de mémorisation et d'apprentissage (**Figure 16**).

Par ailleurs, il a également été montré plus récemment que la réduction de la concentration calcique du RE via le RyR conduit à un défaut de maturation de l'ATPase vacuolaire (vATPase), qui contrôle en temps normale l'acidité des lysosomes (Colacurcio and Nixon, 2016). Cette ATPase étant alors moins présente sur ces derniers, cela amène à un défaut dans la fonction des autolysosomes, ce qui va perturber les processus autophagiques dans la cellule et participer à l'induction des défauts synaptiques et neuronaux dans la MA (Görlach et al., 2006; Wang et al., 2017) (**Figure 16**).

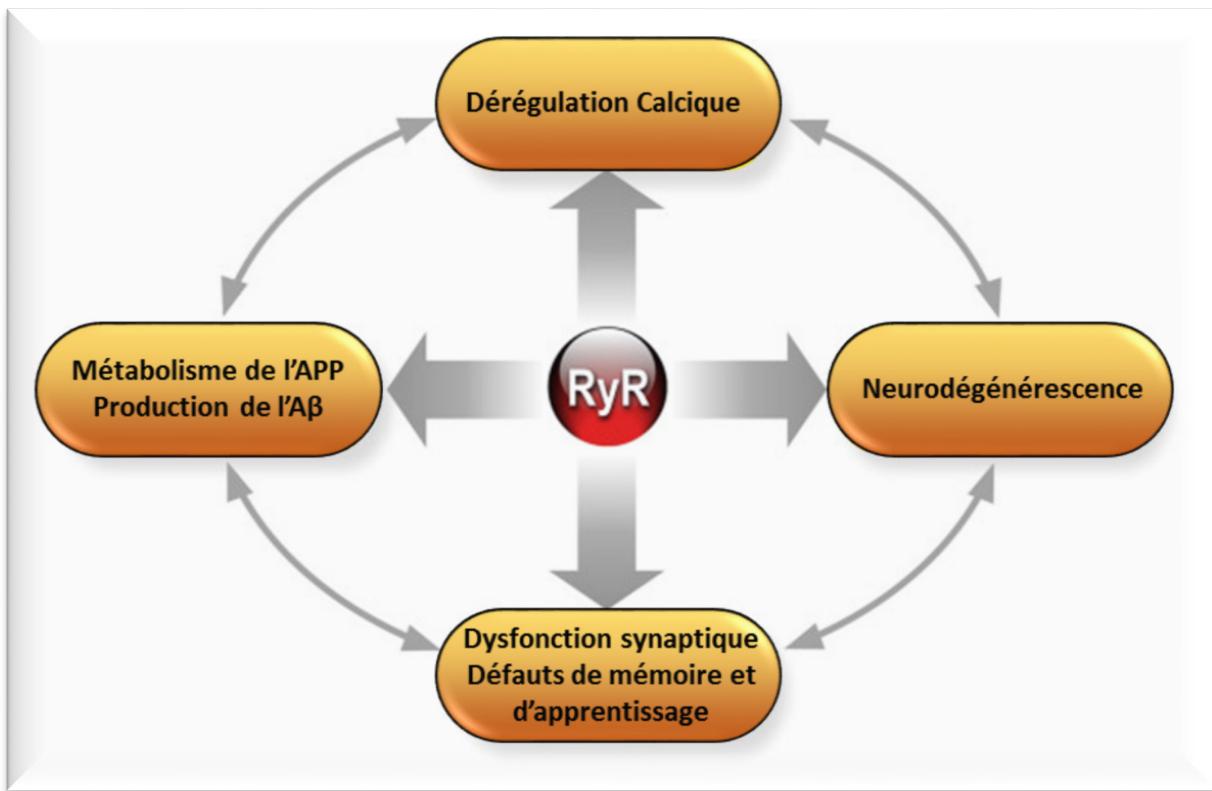


Figure 16: Schéma de l'implication de la dysfonction du RyR dans la MA (d'après Del Prete et al., 2014)

La MA implique l'altération de la production de l'A_β et du métabolisme de son précurseur, la dérégulation de la signalisation calcique, la mort neuronale et le déclin cognitif associé à la dysfonction synaptique. Les études récentes placent le RyR et sa dysfonction au croisement de ces différents processus pathologiques dans la MA.

RESULTATS

PARTIE I :

Rôle du Récepteur de la Ryanodine

Hypothèse et objectifs de la Partie I :

Des études ont révélé un lien entre la dysfonction du RyR et différents processus pathologiques observés dans la MA sans pour autant préciser par quels mécanismes cette altération de l'activité du RyR intervient. Par ailleurs, la dysfonction du RyR a été impliquée dans de nombreuses pathologies allant de pathologies musculaires et cardiaques aux dysfonctions cognitives liées au stress. Ces études réalisées sur le RyR dans ces pathologies ont mis en évidence l'existence de modifications post-traductionnelles de celui-ci associées à une fuite du Ca²⁺.

Ainsi, l'hypothèse à l'origine de notre projet est que les modifications post-traductionnelles du RyR, jusqu'alors non rapportées dans la MA peuvent être impliquées dans la dérégulation de l'homéostasie calcique associée à la MA.

Les objectifs de cette étude, qui a amené à la publication de nos travaux sous forme de deux articles respectivement dans le Journal of Biological Chemistry et dans Acta Neuropathologica et présentés dans ce manuscrit, sont :

- 1/ Déterminer l'état du RyR2 et de son macrocomplexé chez les patients Alzheimer et dans les modèles d'étude de la Maladie d'Alzheimer *in vivo* et *in vitro*.
- 2/ Vérifier si les modifications du RyR2 et sa dysfonction peuvent être liées à l'A_β.
- 3/ Déterminer quelle cascade moléculaire est impliquée dans les modifications du RyR2.
- 4/ Etudier l'impact de la correction de la fuite calcique sur le métabolisme de l'APP, la dysfonction synaptique et les déficits cognitifs.

Article 1 : La production de l'Amyloïde β est régulée par les modifications post-traductionnelles du Récepteur de la Ryanodine, médiées par la voie β_2 -adrénergique.

Amyloid β production is regulated by β_2 -adrenergic signaling-mediated post-translational modifications of the ryanodine receptor.

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Résumé des résultats obtenus

Comme présenté dans l'introduction, les résultats de différentes études convergent pour suggérer une importante contribution de la dérégulation de l'homéostasie calcique du RE, liée à une dysfonction du RyR, dans la MA. Cependant les mécanismes sous-tendant la fuite de Ca^{2+} par le RyR dans la MA n'ont pas encore été totalement élucidés.

Le complexe macromoléculaire du RyR inclus les quatre sous-unités constituant le canal ainsi que des protéines régulatrices (Lacampagne et al., 2008; Yan et al., 2015), parmi lesquelles la Calstabine qui stabilise le canal. Des travaux réalisés par différents laboratoires ont démonté que la déplétion des stocks en Ca^{2+} du RE, médiée par le RyR est liée à des MPTs de ce dernier, induisant la dissociation de la Calstabine et la fuite du Ca^{2+} (Guerrero-Hernández et al., 2014; Liu et al., 2012)

Par ailleurs, les récepteurs $\beta 2$ -adrénergiques ($\beta 2$ -AR) ont été impliqués dans le développement de la MA à la fois dans des modèles animaux et chez l'Homme (Wang et al., 2013; Yu et al., 2010). Le lien entre la voie $\beta 2$ -AR et la dérégulation de l'activité du RyR dans la MA n'a néanmoins jamais été démontré.

Nous avons tout d'abord identifié les MPTs du RyR2 (phosphorylation, nitrosylation et oxidation) dans un modèle *in vitro* de la MA, les cellules humaines SH-SY5Y surexprimant l'APPswe. Nous avons également démontré, que l' $\text{A}\beta$ induit les MPTs du RyR et la dissociation de la Calstabine, en traitant des cellules SH-SY5Y contrôles avec des oligomères solubles d' $\text{A}\beta$, considérés comme la forme la plus毒ique de l'Amyloïde.

Dans ces mêmes cellules nous avons ensuite montré que les modifications du RyR, induite par l' $\text{A}\beta$ augmentent la concentration calcique cytosolique et la quantité d'espèces réactives de l'oxygène au niveau mitochondrial.

Par ailleurs, nous avons également montré par imagerie confocale que si l'inhibition pharmacologique de la fuite calcique par le RyR (en utilisant le S107) réduit le métabolisme de l'APP, en réduisant l'activité de la γ -sécrétase, elle n'altère cependant pas la localisation intracellulaire de l'APP. De plus, notre étude a montré que l'ensemble de ces altérations, de la concentration calcique cytosolique et du

métabolisme de l'APP, sont réduites suite à la stabilisation de la protéine régulatrice Calstabine2 sur le complexe macromoléculaire du RyR2 par la molécule S107.

Enfin nous avons révélé que seule la voie β_2 -AR, dont le blocage est associé à une réduction du métabolisme de l'APP, et non la voie β_1 -AR, induit les MPTs du RyR2 et l'augmentation du métabolisme de l'APP dans le modèle SH-SY5Y surexprimant l'APPswe.

Ce travail révèle la possibilité d'un cercle vicieux au sein duquel la fuite de Ca^{2+} par le RyR2 promeut la production du peptide A β , qui en retour exacerbe la fuite des canaux RyR2. De façon intéressante, ce travail démontre le mécanisme moléculaire impliqué dans l'augmentation de la fuite du RyR2 dans un modèle cellulaire d'étude de la MA.



Amyloid β production is regulated by β 2-adrenergic signaling-mediated post-translational modifications of the ryanodine receptor

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Alteration of ryanodine receptor (RyR)-mediated calcium (Ca^{2+}) signaling has been reported in Alzheimer disease (AD) models. However, the molecular mechanisms underlying altered RyR-mediated intracellular Ca^{2+} release in AD remain to be fully elucidated. We report here that RyR2 undergoes post-translational modifications (phosphorylation, oxidation, and nitrosylation) in SH-SY5Y neuroblastoma cells expressing the β -amyloid precursor protein (β APP) harboring the familial double Swedish mutations (APPswe). RyR2 macromolecular complex remodeling, characterized by depletion of the regulatory protein calstabin2, resulted in increased cytosolic Ca^{2+} levels and mitochondrial oxidative stress. We also report a functional interplay between amyloid β (A β), β -adrenergic signaling, and altered Ca^{2+} signaling via leaky RyR2 channels. Thus, post-translational modifications of RyR occur downstream of A β through a β 2-adrenergic signaling cascade that activates PKA. RyR2 remodeling in turn enhances β APP processing. Importantly, pharmacological stabilization of the binding of calstabin2 to RyR2 channels, which prevents Ca^{2+} leakage, or blocking the β 2-adrenergic signaling cascade reduced β APP processing and the production of A β in APPswe-expressing SH-SY5Y cells. We conclude that targeting RyR-mediated Ca^{2+} leakage may be a therapeutic approach to treat AD.

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This article contains supplemental Figs. 1.

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Alzheimer disease (AD)⁵ is one of the leading neurodegenerative pathologies in the western countries. The two main neuropathological lesions of AD are amyloid plaques, composed mainly of amyloid β (A β) peptides, and neurofibrillary tangles, composed of hyperphosphorylated tau (1, 2). The A β peptides, which form the core of the amyloid plaques, are produced by the sequential proteolytic cleavages of the β amyloid precursor protein (β APP). β APP can be processed by two alternative post-translational pathways: (i) an amyloidogenic route in which β APP is cleaved by β -secretase (BACE-1) to generate a soluble sAPP β fragment and a C-terminal fragment of 99 amino acids (C99), which is further cleaved by a presenilin (PS1 and PS2)-dependent γ -secretase complex to generate A β and AICD (APP intracellular domain) and (ii) a non-amyloidogenic pathway in which β APP is sequentially hydrolyzed by α -secretase to produce a soluble sAPP α and a C-terminal fragment of 83 amino acids (C83). C83 is further cleaved by γ -secretase to generate a p3 peptide and AICD (3, 4). The amyloid cascade hypothesis is mainly supported by genetic studies indicating that autosomal dominant cases of AD (familial AD) are linked to mutations in β APP (5) and on PS1 and PS2 (6, 7), leading to modifications of A β production.

Data are now converging to suggest an important contribution of endoplasmic reticulum (ER) Ca^{2+} homeostasis deregulation in AD pathological process (8, 9). This combines pathological ER Ca^{2+} release via the inositol 1,4,5-trisphosphate (IP₃R) (10–12), and the ryanodine (RyR) receptors (9, 13–16). Importantly, alteration of RyR-mediated Ca^{2+} release likely contributes to ER Ca^{2+} deregulation in AD (9).

⁵ The abbreviations used are: AD, Alzheimer disease; A β , amyloid β ; β APP, β -amyloid precursor protein; AICD, APP intracellular domain; β 2-AR, β 2-adrenergic receptor; CTF, C-terminal fragments; PP1, serine/threonine protein phosphatase 1; RyR, ryanodine receptor; SERCA, sarco-endoplasmic reticulum Ca^{2+} -ATPase; C99, C-terminal fragment of 99 amino acids; C83, C-terminal fragment of 83 amino acids; PS, presenilin; ER, endoplasmic reticulum; IP₃R, inositol 1,4,5-trisphosphate; ICI, ICI118-551; ROS, reactive oxygen species; EEA1, early endosome antigen 1; LC, locus coeruleus; CGP 20712A, (±)-2-hydroxy-5-[2-[(2-hydroxy-3-[4-(1-methyl-4-(trifluoromethyl)-1H-imidazol-2-yl)phenoxy]propyl]amino]ethoxy]-benzamide methanesulfonate salt; ICI 118,551, hydrochloride ((±)-1-[2,3-(dihydro-7-methyl-1H-inden-4-yl)oxy]-3-[(1-methylethyl)amino]-2-butanol hydrochloride; Tricine, N-[2-hydroxy-1,1-bis(hydroxymethyl)ethyl]glycine; ANOVA, analysis of variance; DNP, 2,4-dinitrophenylhydrazone.

RyR post-translational modifications enhance A_B production

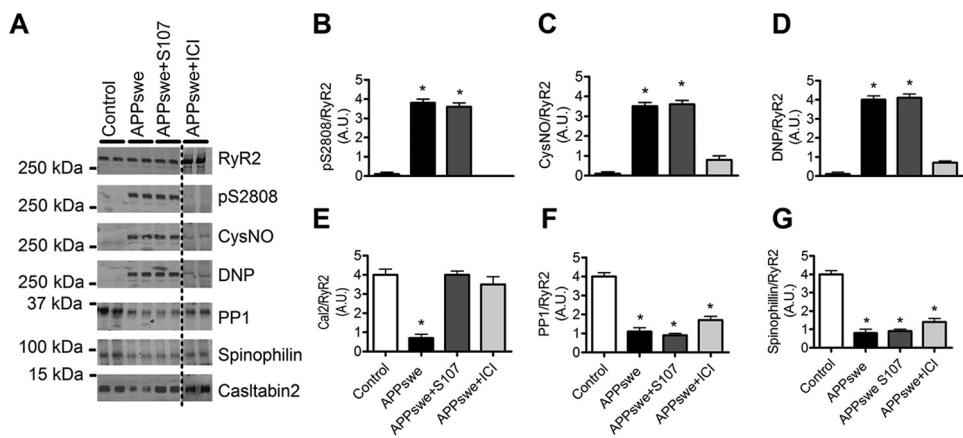


Figure 1. Remodeling of RyR2 macromolecular complex in SH-SY5Y neuroblastoma cell line stably expressing APPswe. *A*, representative SDS-PAGE analyses and quantification of RyR2 immunoprecipitated from the human SH-SY5Y neuroblastoma cell line stably expressing APPswe or mock vector used as control (*Control*). RyR2 was immunoprecipitated and immunoblotted for RyR2-pS2808 (RyR2 PKA phosphorylation site), S-nitrosylation (CysNO) and oxidation (DNP) as well as components of the RyR2 channel complex including: protein phosphatase 1 (PP1) and its anchoring protein spinophilin and calstabin2. Cells were treated with either S107 (10 μ M, for 12 h) or ICI118–551 (ICI) (1 μ M, for 12 h). APPswe+ICI treatment was conducted in the same set of experiments as the control, APPswe, and APPswe+S107 but was run on a separate membrane. *B–G*, graphs represent the mean \pm S.E. obtained from three independent experiments. *, $p < 0.05$ calculated versus control using one-way ANOVA and Bonferroni post-test. A.U., arbitrary units.

RyR dysfunction has been reported in AD models; however, the molecular mechanisms underlying RyR-mediated ER Ca²⁺ leak in AD are still not fully understood. RyR macromolecular complexes include four RyR protomers (565 kDa each) and several regulatory proteins including the RyR channel-stabilizing subunit calstabin. Recent studies have revealed that RyR-mediated ER Ca²⁺ depletion is linked to post-translational modifications (hypernitrosylation, hyperphosphorylation, oxidation) of the RyR macromolecular complexes resulting in calstabin depletion and “leaky RyR channels” (17–19).

β 2-Adrenergic receptors (β 2-ARs) have been implicated in the development of AD both in humans and in AD animal models (20–23). However, the association between β -adrenergic signaling and RyR-mediated Ca²⁺ deregulation in AD has not been reported.

Results

Remodeling of RyR2 macromolecular complexes in SH-SY5Y neuroblastoma cells stably expressing APPswe

We examined post-translational modifications of RyR2 channels consistent with the biochemical signature of leaky RyR2 channels (19, 24–28) in an *in vitro* AD study model. We used human SH-SY5Y neuroblastoma cells stably expressing pcDNA3.1 (control) or human β APP harboring the double Swedish mutations (APPswe: APPKM670/671NL) constructs. We previously reported that SH-SY5Y cells expressing APPswe yield increased levels of APP C-terminal fragments (CTFs) fragments (C99 and C83) and of A_B peptides (13).

RyR2 was immunoprecipitated and immunoblotted for protein kinase A (PKA) phosphorylation (at residue Ser-2808), oxidation (2,4-dinitrophenylhydrazone (DNP)), nitrosylation (anti-Cys NO), and levels of the channel stabilizing subunit calstabin2 (FKBP12.6) in the RyR2 macromolecular complex. Neuronal RyR2 from control SH-SY5Y cells had no biochemical remodeling of the RyR2 macromolecular complex, whereas APPswe-expressing cells exhibited RyR2 PKA phosphorylation, oxidation, nitrosylation, and calstabin2 depletion (Fig. 1,

A–E). RyR2 macromolecular complexes from APPswe-expressing cells also exhibited reduced levels of serine/threonine protein phosphatase 1 (PP1) and spinophilin (Fig. 1, *A, F*, and *G*) (24, 25). We then tested whether the Rycal S107 can prevent depletion of calstabin2 from RyR2 (19, 26–28). S107 had no effect on PKA phosphorylation or oxidation/nitrosylation of RyR2 (Fig. 1, *A–D*) but significantly prevented dissociation of calstabin2 from RyR2 channels (Fig. 1, *A* and *E*). S107 did not restore PP1 and spinophilin levels in RyR2 complexes (Fig. 1, *A, F*, and *G*). PKA phosphorylation of RyR2 occurs downstream of β 2-AR activation (24, 25). In addition, we already reported that PKA, H₂O₂, and Noc-12 (NO-donor) individually caused a ~2-fold and, in combination, caused an ~4-fold decrease in the binding affinity of calstabin2 to neuronal RyR2 (19). Because the β 2-AR has been reported to trigger AD-related biochemical and anatomical alterations (20–23), we examined the effects of β 2-AR blockade on RyR2 post-translational modifications and remodeling. The selective β 2-AR antagonist ICI118–551 (ICI) prevented RyR2 PKA phosphorylation, oxidation, nitrosylation, and depletion of calstabin2 (Fig. 1, *A–E*) without affecting PP1 and spinophilin levels on RyR2 complex (Fig. 1, *A, F*, and *G*).

We further performed several tests to ascertain that RyR2 post-translational remodeling occurs through β 2-AR in our study model. Indeed, SH-SY5Y cells express both β 1- and β 2-AR but not β 3-AR (29). APPswe cells were treated using increasing concentrations of the β 2-AR antagonist ICI (Fig. 2, *A* and *B*), the PKA inhibitor (H-89) (Fig. 2, *C* and *D*), or the β 1-AR antagonist CGP 20712A (Fig. 2, *E* and *F*). We show that complete blockade of RyR2 phosphorylation and calstabin2 dissociation from RyR2 was obtained with ICI at 10 nM, 0.1 μ M, and 1 μ M (Fig. 2, *A* and *B*). Accordingly, we also observed a dose-dependent blockade of RyR2 post-translational remodeling in APPswe cells with H-89 with a maximal effect at 1 μ M and 5 μ M (Fig. 2, *C* and *D*). Importantly, treatment of APPswe cells with the β 1-AR antagonist CGP 20712A up to 1 μ M did not modify either RyR2 phosphorylation or calstabin2 binding to RyR2 (Fig. 2, *E* and *F*). Although H-89 does not behave as a fully

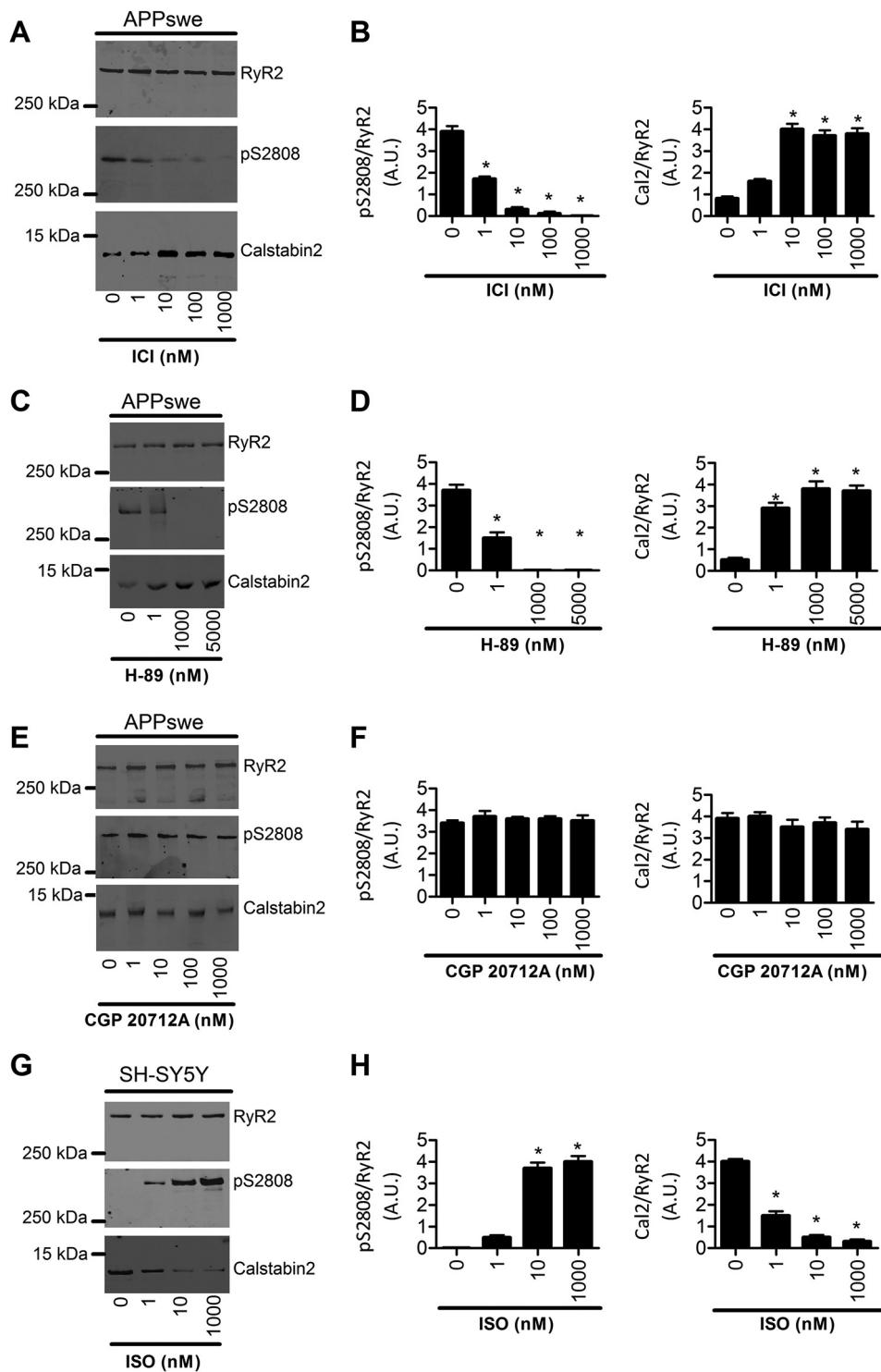


Figure 2. Remodeling of the RyR2 macromolecular complex in the SH-SY5Y neuroblastoma cell line stably expressing APPswe and in SH-SY5Y control cells. Representative SDS-PAGE analyses and quantification of RyR2 immunoprecipitated from the human SH-SY5Y neuroblastoma cell line stably expressing APPswe treated with different doses of ICI118-551 (ICl) (1 nM, 10 nM, 100 nM, and 1000 nM, for 12 h) (A), H-89 (1 nM, 1000 nM, and 5000 nM, for 12 h) (C), and CGP 20217A (1 nM, 10 nM, 100 nM, and 1000 nM, for 12 h) (E), and from SH-SY5Y control cells treated with different doses of Isoproterenol (1 nM, 10 nM, and 1000 nM, for 1 h) (G). RyR2 was immunoprecipitated and immunoblotted for RyR2-pS2808 (RyR2 PKA phosphorylation site) and for calstabin2. Graphs B, D, F, and H represent the mean \pm S.E. obtained from three independent experiments. *, p < 0.05 calculated versus control using one-way ANOVA and Bonferroni post-test. A.U., arbitrary units.

specific inhibitor of PKA (30), it supports our view that RyR2 post-translational remodeling in APPswe-expressing cells occurs specifically and in a dose-dependent manner through β 2-AR activation (Fig. 2, A–F).

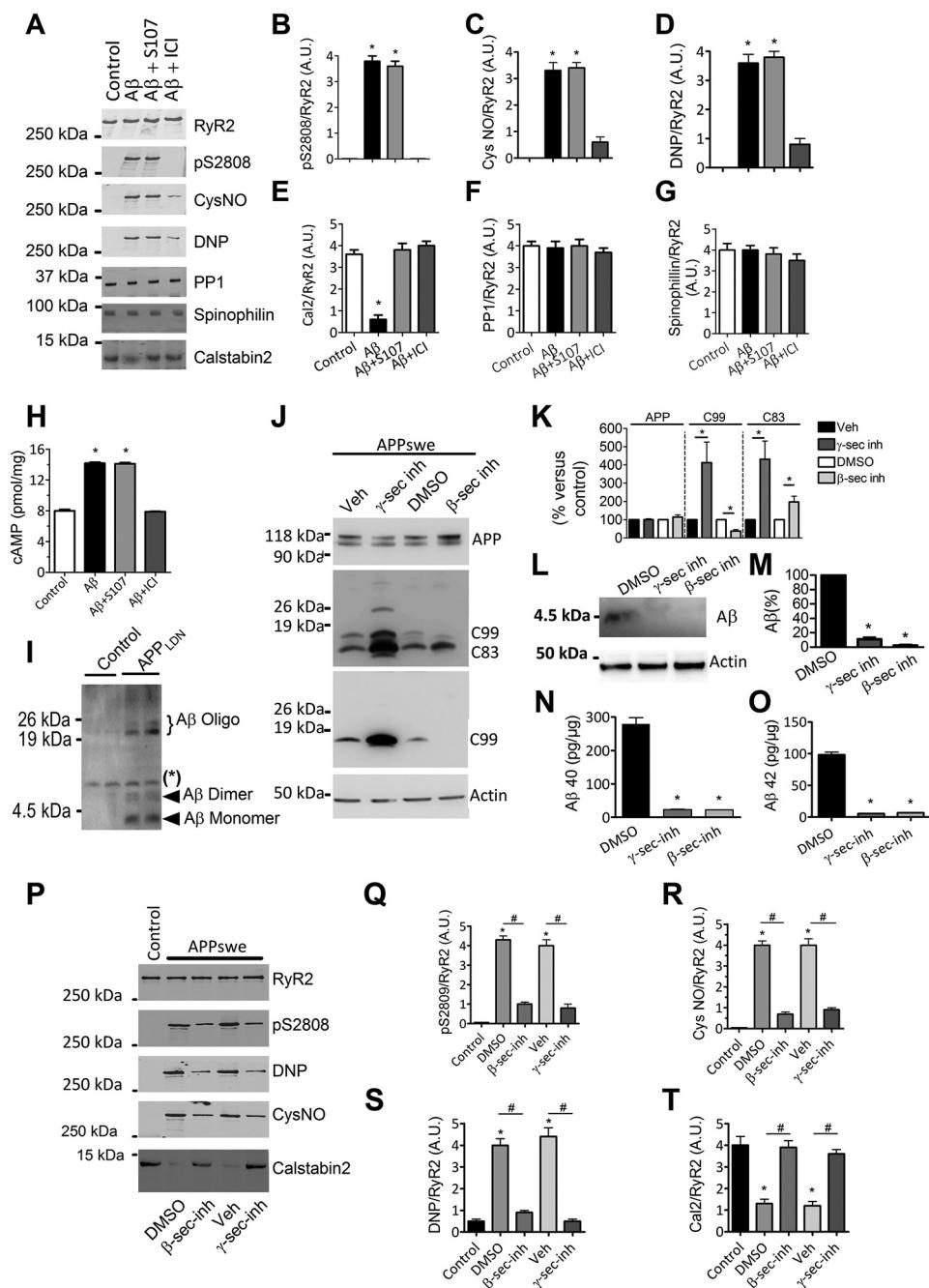
A_β causes the biochemical signature of leaky RyR2 channels

We then sought to determine the potential influence of A_β or other APP metabolites on the RyR2 macromolecular complex remodeling. We used an A_β preparation containing soluble A_β

RyR post-translational modifications enhance A β production

oligomers (considered as the most toxic forms of A β) (Fig. 3I and Ref. 31) and found that exposure of control human SH-SY5Y neuroblastoma cells to A β (1–5 nM, 30–60 min) resulted in RyR2 PKA phosphorylation, oxidation, nitrosylation, and depletion of calstabin2 from the RyR2 macromolecular complex (Fig. 3, A–E). However, in contrast to SH-SY5Y-APPswe cells, the amounts of PP1 and spinophilin in the RyR2 complex were unaffected by acute treatment with A β (Fig. 3, A, F, and G). Pretreatment with S107 reduced A β -induced calstabin2 depletion from the RyR2 macromolecular complex (Fig. 3, A and E). We also show that treatment of SH-SY5Y control cells with increasing concentrations of the β -AR agonist isoproterenol induces RyR2 phosphorylation associated with a dissociation of calstabin2 from RyR2 (Fig. 2, G and H). ICI inhibited

A β -induced RyR2 remodeling, thus preventing RyR2 PKA phosphorylation, oxidation, nitrosylation, and calstabin2 depletion (Fig. 3, A–E). Neither S107 nor ICI affected PP1 and spinophilin levels in the RyR2 complex. Acute A β exposure increased cAMP levels (14.2 \pm 0.2 versus 8.0 \pm 0.3 pmol/mg), which was inhibited by ICI (7.9 \pm 0.1 pmol/mg) (Fig. 3H), suggesting that A β acts upstream of β 2-AR signaling. These data and those of Fig. 1 demonstrate that RyR2 remodeling is likely linked to A β (Figs. 1 and 3, A and H) and to β 2-AR activation (Fig. 2, A–H). Because our A β preparation contains monomeric and low molecular weight oligomeric forms of A β , we cannot attribute the observed effects to a specific A β species. We could detect only a moderate elevation of cAMP levels in APPswe model (~20% increase over control cells considered as 100%, $n = 3$;



data not shown), but data were obtained at only one time point. Thus, other experiments will be necessary to unravel time-dependent modulation of cAMP production in the APPswe model.

We also used a pharmacological approach to modulate APP metabolism by using β -secretase (LY288672, 30 μ M) or γ -secretase (ELND006, 5 μ M) inhibitors and investigate the potential implication of other β APP metabolites in RyR2 remodeling.

Although inhibition of β -secretase reduces C99 fragment production and enhances the level of C83 fragment, γ -secretase inhibition enhances the levels of both C99 and C83 fragments (Fig. 3, J and K). As expected, β - and γ -secretase inhibitors fully block intracellular and extracellular A β production (Fig. 3, L–O). Interestingly, blocking β -secretase or γ -secretase reduces RyR2 PKA phosphorylation, oxidation, nitrosylation, and calstabin2 depletion in APPswe-expressing cells (Fig. 3, P–T).

A β -mediated remodeling of RyR2 channel increases cytosolic Ca $^{2+}$ and mitochondrial ROS in SH-SY5Y neuroblastoma cells

We previously reported that SH-SY5Y cells expressing APPswe display increased cytosolic Ca $^{2+}$ due to increased Ca $^{2+}$ release from the ER via IP $_3$ R and RyR and enhanced Ca $^{2+}$ entry via voltage-dependent and voltage-independent plasma membrane Ca $^{2+}$ channels (13). We now report that SH-SY5Y cells expressing APPswe exhibit increased basal cytosolic Ca $^{2+}$ signals compared with control cells (Fig. 4, A and B). Accordingly, exogenous A β treatment of SH-SY5Y cells for 12 h (an experimental condition mimicking APPswe cells chronically overproducing A β) also results in elevated basal [Ca $^{2+}$] $_{cyt}$ (Fig. 4, C and D). As previously reported (35), acute application of A β to human neuroblastoma SH-SY5Y cells induced a slow rise of [Ca $^{2+}$] $_{cyt}$ (Fig. 4, E and F). Interestingly, A β -induced Ca $^{2+}$ elevation was prevented by S107, ICI, or ryanodine pretreatment ($\Delta F/F_0 = 1.95 \pm 0.16$ ($n = 57$), 0.63 ± 0.08 ($n = 31$), 0.28 ± 0.08 ($n = 44$), 0.63 ± 0.09 ($n = 23$) in A β , A β +S107-, A β +ICI-, and A β +ryanodine-treated cells, respectively) (Fig. 4, E and F). Our

finding is in accordance with data showing that preincubation with inhibitory ryanodine virtually eliminated the generation of Ca $^{2+}$ signals elicited by oligomeric A β in primary hippocampal neurons (36).

S107, ICI, and ryanodine did not completely reverse the rise in [Ca $^{2+}$] $_{cyt}$. This may indicate that, in addition to leaky RyR2, there are other components that contribute to the A β -induced rise in [Ca $^{2+}$] $_{cyt}$. Possibilities include: 1) intracellular Ca $^{2+}$ release via the IP $_3$ Rs and 2) Ca $^{2+}$ entry through the plasma membrane as previously reported (13). Accordingly, A β -mediated Ca $^{2+}$ elevation is lower in nominally Ca $^{2+}$ -free extracellular medium, and this elevation is completely reversed by ryanodine (data not shown).

We also analyzed basal [Ca $^{2+}$] $_{cyt}$ in APPswe cells untreated or treated with S107 or ICI (Fig. 4, A and B). We show that S107 or blocking β 2-adrenergic signaling by ICI significantly reduce basal [Ca $^{2+}$] $_{cyt}$ in APPswe-expressing cells (Fig. 4, A and B).

It is known that IP $_3$ Rs are activated by Ins(1,4,5)P $_3$, a metabolic product of GPCR activity, and that the activation of these channels is amplified by Ca $^{2+}$ -induced Ca $^{2+}$ release, a regenerative mechanism by which Ca $^{2+}$ enhances its own release from IP $_3$ Rs and RyRs (37). Accordingly, it was already reported that exacerbated IP $_3$ R-evoked Ca $^{2+}$ signals in the PS1 $_{M146V^-}$ and the 3 \times Tg-AD-derived neurons occur through increased Ca $^{2+}$ -induced Ca $^{2+}$ release through the RyR (15). We show herein that increased inositol 1,4,5-trisphosphate-mediated cytosolic Ca $^{2+}$ signal (carbachol stimulation) in APPswe (Fig. 4, G–J) contributed to RyR-mediated Ca $^{2+}$ release/leak. Thus, stabilization of calstabin2 on RyR2 channels by S107 or blockade of RyR2 phosphorylation by ICI (Fig. 4, GO–J), both, lowers carbachol-mediated cytosolic Ca $^{2+}$ signals as revealed by reduced peak values and the area under the curve reflecting integrated Ca $^{2+}$ response (Fig. 4, G–J). Similar results were obtained using cytosolic aequorin probe providing “calibrated” measurements of [Ca $^{2+}$] $_{cyt}$ (38) (supplemental Fig. S1). All over, these data demonstrate that cytosolic Ca $^{2+}$ increase in APPswe cells and in

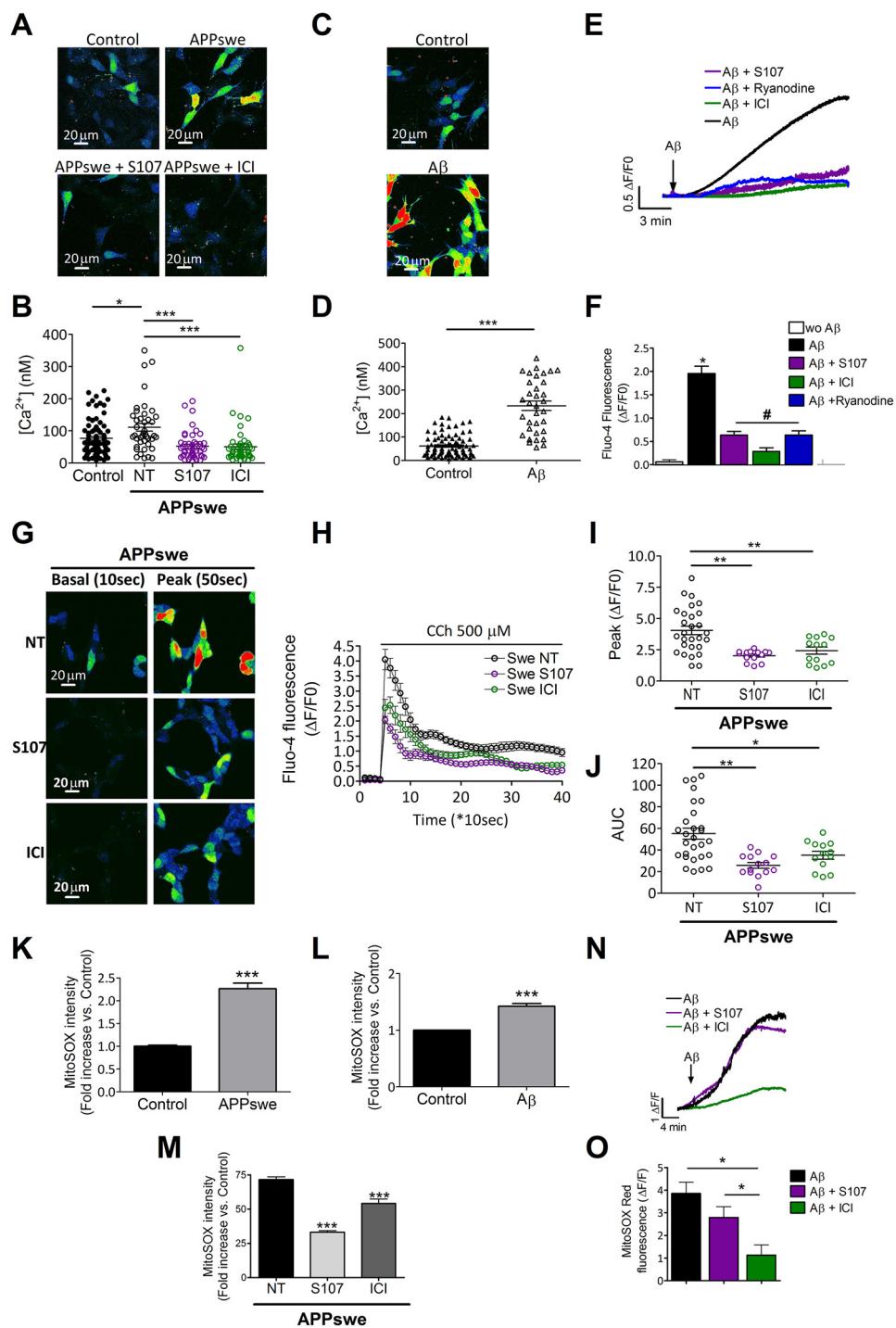
Figure 3. A β caused the biochemical signature of leaky RyR2 channels. A, representative SDS-PAGE analyses and quantification of RyR2 immunoprecipitated from the wild-type human SH-SY5Y neuroblastoma cell line treated with oligomeric A β (1–5 nM, 30–60 min) alone or in combination with either S107 (10 μ M, for 12 h) or ICI118–551 (ICI) (1 μ M, for 12 h). RyR2 was immunoprecipitated and immunoblotted for RyR2-pS2808 (RyR2 PKA phosphorylation site), S-nitrosylation (CysNO), and oxidation (DNP) as well as components of the RyR2 channel complex as in Fig. 1. B–G, graphs represent the mean \pm S.E. obtained from three independent experiments. *, $p < 0.05$ calculated versus SH-SY5Y untreated cells used as control (Control) using one-way ANOVA and Bonferroni post-test. H, A β treatment (1–5 nM) for 12 h caused a rise in intracellular [cAMP] (pmol/mg of total proteins) in the SH-SY5Y neuroblastoma cell line that was not reduced by S107 (10 μ M, for 12 h) and reduced by ICI (1 μ M, for 12 h) ($n = 5$ for each condition). Data are the mean \pm S.E. *, $p < 0.05$ calculated versus Control using one-way ANOVA and Bonferroni post-test. I, a representative Tris-Tricine gel showing oligomeric A β preparations obtained from conditioned media of CHO cells stably transfected with hAPP695 cDNA harboring London mutation (APP $_{LDN}$; APPV642I). Conditioned media of CHO cells stably transfected with pcDNA4 empty vector were used as control. *, nonspecific band. J, representative SDS-PAGE and Tris-Tricine gels showing the modulation of β APP metabolism in SH-SY5Y cells expressing APPswe treated for 12 h with β -secretase inhibitor (inh; LY288672, 30 μ M, for 12 h; Ref. 32) or γ -secretase inhibitor (ELND006, 5 μ M, for 12 h; Refs. 33 and 34) or with DMSO (control for β -secretase inhibitor) or vehicle (control for γ -secretase inhibitor) and revealed on total extracts. β APP was detected using the APP N-terminal antibody. β -CTF (C99) was detected using the 6E10 antibody. α - and β -CTFs (C83 and C99, respectively) were detected using the APP C-terminal antibody. Actin was used as loading control. K, graph represents the mean \pm S.E. of APP, C99, and C83 obtained from 5–8 independent experiments as shown in J. *, $p < 0.05$ calculated versus controls (DMSO or vehicle) using one-way ANOVA and Tukey's multiple comparisons test. L, representative Tris-Tricine gel showing total intracellular A β in the SH-SY5Y neuroblastoma cell line stably expressing APPswe, control (DMSO), or treated for 12 h with γ - or β -secretase inhibitors as in J. Actin was used as loading control. M, the graph represents the mean \pm S.E. obtained from 3 independent experiments. *, $p < 0.01$ calculated versus DMSO treated SH-SY5Y APPswe cells using one-way ANOVA and Tukey's multiple comparisons test. N and O, ELISA of A β 40 (N) and of A β 42 (O) done on cell culture media (50 μ L) of human SH-SY5Y neuroblastoma cell line stably expressing APPswe treated as described in J. DMSO-treated cells were used as control. A β was quantified using A β 40 or A β 42 standard curves. The graph represents the mean \pm S.E. from three experiments and is expressed in pg/mg protein. *, $p < 0.01$ calculated versus DMSO treated SH-SY5Y APPswe cells using one-way ANOVA and Tukey's multiple comparisons test. P, representative SDS-PAGE analyses and quantification of RyR2 immunoprecipitated from the human SH-SY5Y neuroblastoma cell line stably expressing mock vector used as control (Control) or APPswe treated as described in J. RyR2 was immunoprecipitated and immunoblotted for RyR2-pS2808 (RyR2 PKA phosphorylation site), S-nitrosylation (CysNO), and oxidation (DNP) as well as calstabin2. Q–T, the graphs represent the mean \pm S.E. obtained from three independent experiments. *, $p < 0.05$ calculated versus control; #, $p < 0.05$ calculated versus DMSO or vehicle using one-way ANOVA and Bonferroni post-test. A.U., arbitrary units.

RyR post-translational modifications enhance A β production

A β -treated cells is largely contributed by RyR-mediated Ca $^{2+}$ release.

Next we found that both endogenous production (*i.e.* APPswe cells) and exogenous application of A β (*i.e.* treatment of wild-type SH-SY5Y cells with A β for 12 h) resulted in increased mitochondrial reactive oxygen species (ROS) production (Fig. 4, K and L). Interestingly, mitochondrial ROS production stimulated by chronic A β production in SH-SY5Y-APPswe cells was partially inhibited by both ICI and S107 (Fig. 4M). We also show that acute application of A β enhanced MitoSOX fluorescence until reaching a steady state plateau

(Fig. 4N). Bar graphs show the mean plateau value of $\Delta F/F \pm$ S.E. obtained in each experimental condition and reveal a significant decrease of MitoSOX fluorescence intensity in A β +ICI cells *versus* A β alone and A β +S107 (Fig. 4O). S107 pretreatment reduced A β -mediated ROS production (plateau phase of representative data in Fig. 4O), but this reduction was not statistically significant. These data reveal that A β may contribute to mitochondrial ROS elevation that is significantly reversed by ICI and to a lesser extent with S107 (Fig. 4, N and O). These data may indicate that mitochondrial ROS elevation in APPswe likely results from both β -adrenergic and RyR-me-



diated Ca²⁺ leak. In A β -treated cells, mitochondrial ROS elevation likely occurs in a β -adrenergic-dependent manner and is only partially due to RyR-mediated ER Ca²⁺ leak.

Pharmacological inhibition of RyR2 leak reduces β APP metabolism and the production of A β in APPswe-expressing SH-SY5Y cells

Next, we determined whether S107-mediated inhibition of RyR2 leak could affect β APP processing and A β production in SH-SY5Y cells expressing APPswe. Interestingly, the levels of C83 and C99 were reduced by S107 treatment (1–5 μ M) (Fig. 5A, D, E, F, H, and I). As the control, we used dantrolene to block RyR-mediated Ca²⁺ release (Fig. 5, B, D, and E). C99 undergoes cleavage by γ -secretase to yield A β 40 and A β 42 peptides and AICD (39). AICD is also produced from C83 fragment upon γ -secretase cleavage (39). S107 treatment reduced the level of AICD (Fig. 5, F and K) and of total intracellular A β (Fig. 5, F and J). Interestingly, the total amount of secreted A β 42, but not of A β 40, was also significantly reduced by S107 treatment in SH-SY5Y cells expressing APPswe (Fig. 5L). Thus, S107 treatment reduces γ -secretase-mediated AICD production in an APPswe-expressing cells membrane preparation, similar to γ -secretase inhibition (Fig. 6, A and B).

We also evaluated whether S107 affects β APP trafficking (localization). This was performed using immunofluorescence and confocal imaging with antibodies recognizing specific cellular compartments involved in β APP trafficking. The cellular localization of β APP was assessed using Pearson's correlation and Mander's Overlap coefficients (Fig. 6, H–J). We show that S107 did not alter β APP localization in early endosome (EEA1) (Fig. 6, C, H, and I), ER (SERCA2b) (Fig. 6, D, H, and I), recycling endosomes (CD71) (Fig. 6, E, H, and I), late endosomal and lysosomal membranes (CD63) (Fig. 6, F, H, and I), and the trans-Golgi network (TGN46) (Fig. 6, G, H, and I).

Blockade of β 2- but not β 1-adrenergic signaling reduces β APP metabolism in APPswe-expressing SH-SY5Y cells

As with S107 treatment, blockade of β 2-AR with ICI reduced the production of the C99 fragment in APPswe-expressing SH-SY5Y cells (Fig. 7, A and B), whereas the blockade of β 1-AR

with CGP did not (Fig. 7, C and D). The effect of ICI and S107 on C99 production was not additive (Fig. 7, E and F). In accordance with ICI data, inhibition of PKA by H-89 reduced [Ca²⁺]_{cyt} (supplemental Fig. S1), and C99 production (Fig. 7, G and H). Thus, RyR2 channel remodeling occurring downstream of β 2-adrenergic signaling contributes to regulation of β APP processing.

Discussion

We show herein that RyR post-translational remodeling accounts for exacerbated RyR2-mediated Ca²⁺ release in an *in vitro* AD study model. Enhanced neuronal RyR2-mediated ER Ca²⁺ leak is linked to pathophysiological post-translational modifications in the macromolecular RyR complex (17). Interestingly, post-translational modifications of RyR2 were reported in cerebral ischemia (18), where endogenous RyRs undergo S-nitrosylation and S-gluthathionylation processes that resulted in high activity channels and ultimately lead to cortical neuronal death (18). Recently, Liu *et al.* (19) described the contribution of RyR2 post-translational remodeling to stress-related memory impairments.

We report that RyR2 undergoes PKA phosphorylation, oxidation, and nitrosylation in SH-SY5Y-overexpressing APPswe. Remodeled RyR2 macromolecular complex is depleted of calstabin2 and of both PP1 and its anchoring protein spinophilin. The equilibrium of phosphorylation and dephosphorylation of the channel is generally regarded as an important regulatory mechanism of RyR. Importantly, the amount of spinophilin (a postsynaptic marker) is decreased in the AD brain (40, 41). We report a depletion of PP1 and spinophilin in SH-SY5Y-overexpressing APPswe mutation producing chronically A β but not upon acute treatment of wild type SH-SY5Y with oligomeric A β . This may suggest that spinophilin depletion contributes to PKA phosphorylation of RyR2 by reducing the targeting of the phosphatase PP1 to the channel likely at advanced AD stages. We focused in this study on RyR2 and its associated regulatory protein calstabin2. We cannot exclude the possibility that RyR1 and RyR3 may also play a role in AD pathology.

Post-translational modifications of RyRs in AD patients have not been reported yet. However, AD brains manifest excessive

Figure 4. A β -mediated treatment elevates basal cytosolic [Ca²⁺] and mitochondrial ROS in human neuroblastoma cells. *A*, representative pseudo-colored images (projection of Z-stacks) of basal [Ca²⁺]_{cyt} in human SH-SY5Y neuroblastoma cell line stably expressing APPswe or mock vector used as control measured using Fluo-4, AM probe. The scale bar represents 20 μ m. *B*, the scatter plot represents calibrated [Ca²⁺]_{cyt} (nM) obtained in control cells ($n = 84$) and in APPswe-expressing cells untreated ($n = 42$) or treated with S107 (1 μ M, for 12 h) ($n = 46$) or with ICI (10 μ M, for 12 h) ($n = 47$). *, $p < 0.05$; ***, $p < 0.001$, calculated using one-way ANOVA and Tukey's multiple comparisons test. *C*, representative pseudo-colored images (projection of Z-stacks) of basal [Ca²⁺]_{cyt} measured using Fluo-4, AM in the human SH-SY5Y neuroblastoma cell line treated with A β (1–5 nM) for 12 h. The scale bar represents 20 μ m. *D*, the scatter plot represents calibrated [Ca²⁺]_{cyt} (nM) obtained in the control ($n = 83$) or A β -treated cells ($n = 34$). ***, $p < 0.001$ calculated versus control using the t test. *E*, acute A β application caused a rise in [Ca²⁺]_{cyt} in the SH-SY5Y neuroblastoma cell line (WT) ($n = 42$) that was partially inhibited by either S107 (10 μ M) ($n = 31$), ICI (1 μ M) ($n = 44$), or ryanodine (10 μ M) ($n = 23$) pretreatment. *F*, the graph shows the mean \pm S.E. of $\Delta F/F_0$ of Fluo-4 fluorescence in the plateau phase. *, $p < 0.001$ calculated versus control (wo A β); #, $p < 0.001$ calculated versus A β -treated cells using one way ANOVA and Tukey's multiple comparisons test. *G*, representative pseudo-colored images (focal plane) of the Fluo-4 signal before (10 s, basal) and after carbachol stimulation (500 μ M) (50 s, peak) measured using Fluo-4 AM probe in SH-SY5Y neuroblastoma cell line stably expressing APPswe non-treated cells (NT) ($n = 28$) or treated for 12 h with either S107 (1 μ M) ($n = 14$) or ICI (10 μ M) ($n = 13$). The color scale is shown where the black/blue and the yellow/red represent low and high Fluo-4 fluorescence respectively. *H*, normalized curves showing carbachol (CCh)-mediated Ca²⁺ responses, presented as the mean $\Delta F/F_0 \pm$ S.E. *I*, scatter plots represent the mean of peak values presented as mean $\Delta F/F_0 \pm$ S.E. for non-treated (NT) SH-SY5Y APPswe ($n = 28$) or cells treated for 12 h with S107 (1 μ M, $n = 14$) or ICI (10 μ M, $n = 13$). *J*, scatter plots represent the mean area under the curve (AUC) \pm S.E. units of the normalized Ca²⁺ response for cells as in *J* and *J*: *, $p < 0.05$; **, $p < 0.01$ analyzed by one-way ANOVA and Dunnett's post-test versus APPswe NT. *K–M*, the graphs represent MitoSOX red dye -fold change in control ($n = 228$) and APPswe cells ($n = 144$) (*K*) and in control ($n = 6$) and A β -treated ($n = 6$) cells (*N*), and in SH-SY5Y APPswe non-treated ($n = 293$) and treated with S107 ($n = 382$) or ICI ($n = 136$) (*M*). ***, $p < 0.001$ analyzed by Student's t test (*K* and *L*) and one-way ANOVA and Dunnett's post-test versus APPswe NT (*M*). *N* and *O*, acute A β treatment caused a rise in mitochondrial ROS production, as detected by MitoSOX red dye, in the SH-SY5Y neuroblastoma cell line ($n = 293$ for A β treated cells) that was not inhibited by S107 ($n = 382$) and reduced by ICI ($n = 136$). The graph shows the mean \pm S.E. The graph shows $\Delta F/F$ of MitoSOX fluorescence in the plateau phase normalized to the basal level before A β stimulation. *, $p < 0.05$ using one-way ANOVA and Dunnett's post-test versus A β .

RyR post-translational modifications enhance A β production

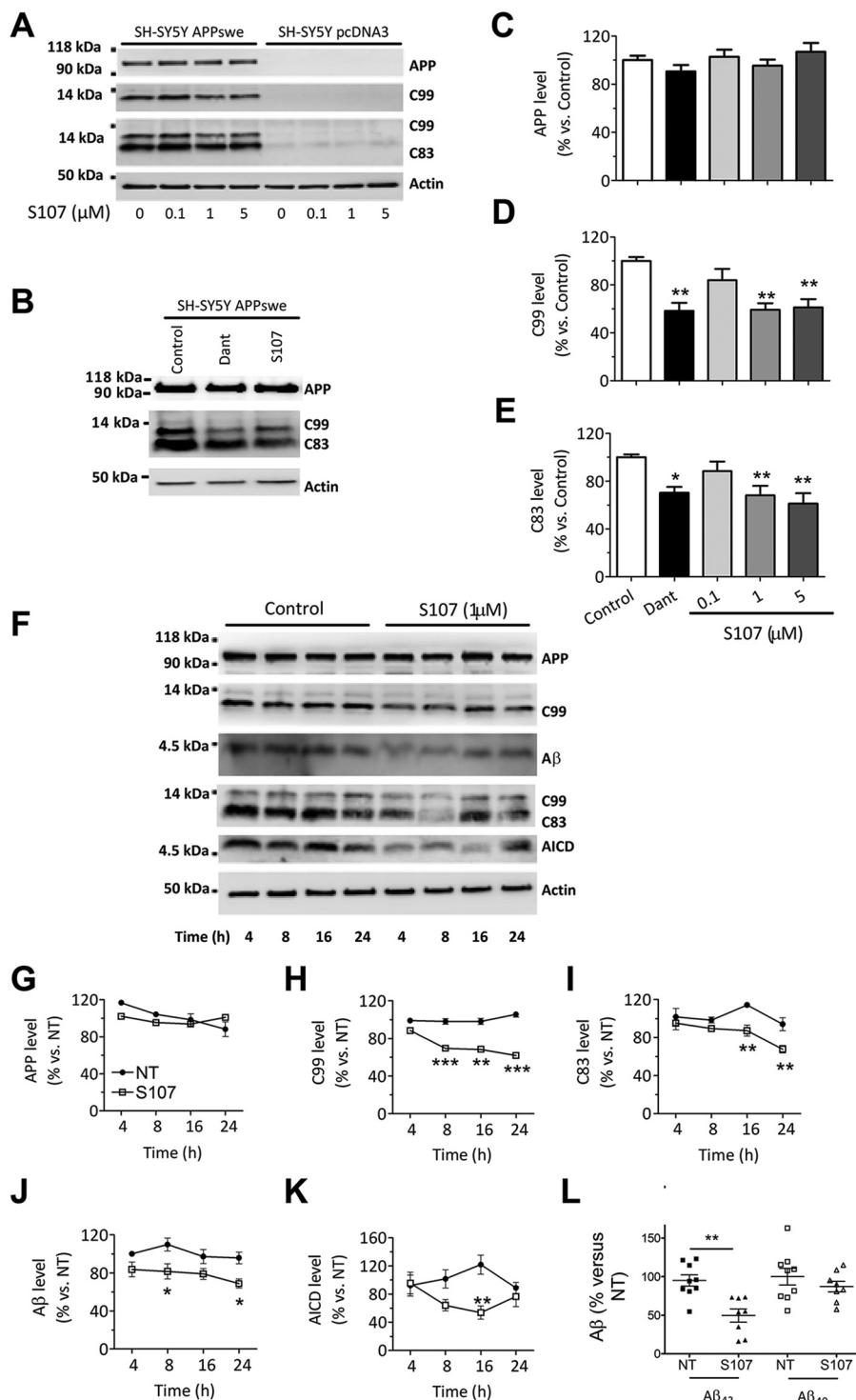


Figure 5. Pharmacologic inhibition of RyR2 leak reduced βAPP metabolism and the production of CTFs and of A β in SH-SY5Y APPswe model. **A**, representative Tris-Tricine and SDS-PAGE analyses of full-length βAPP, C83, and C99 levels (revealed as described in Fig. 2J) in SH-SY5Y cells expressing pcDNA3.1 or APPswe non-treated (0) or treated with S107 (0.1, 1, or 5 μ M for 12 h). **B**, representative Tris-Tricine and SDS-PAGE analyses of full-length βAPP and its CTF (C99 and C83) in SH-SY5Y cells expressing APPswe non-treated (Control) or treated with dantrolene (50 μ M) or S107 (1 μ M) for 12 h. **C–E**, graphs show the mean \pm S.E. obtained from control ($n = 11$), S107 (0.1, 1, or 5 μ M, $n = 5, 3$, and 9, respectively), and dantrolene ($n = 5$). *, $p < 0.05$; **, $p < 0.01$, versus non-treated cells analyzed by one-way ANOVA and Dunnett's post-test versus APPswe control cells. **F**, representative Tris-Tricine and SDS-PAGE analyses of full-length βAPP, C83 and C99, A β , and AICD levels in SH-SY5Y cells expressing APPswe non-treated (Control) or treated with S107 (1 μ M) for the indicated times (4, 8, 16, and 24 h). βAPP was detected using APP N-terminal antibody. C99 and A β were detected using 6E10 antibody. C83 and C99 and AICD were detected using APP C-terminal antibody. **A** and actin was used as loading control. **G–K**, graphs show the mean \pm S.E. obtained from seven different experiments. *, $p < 0.05$; **, $p < 0.01$; ***, $p < 0.001$ versus controls at the same time of analysis using two-way ANOVA and the Bonferroni post-test. **L**, ELISA analyses of extracellular A β 40 and A β 42 in APPswe cells treated with S107 (1 μ M, for 4 h) and presented as % versus APPswe control cells. **, $p < 0.01$ using t test, from 8 experiments. NT, non-treated cells.

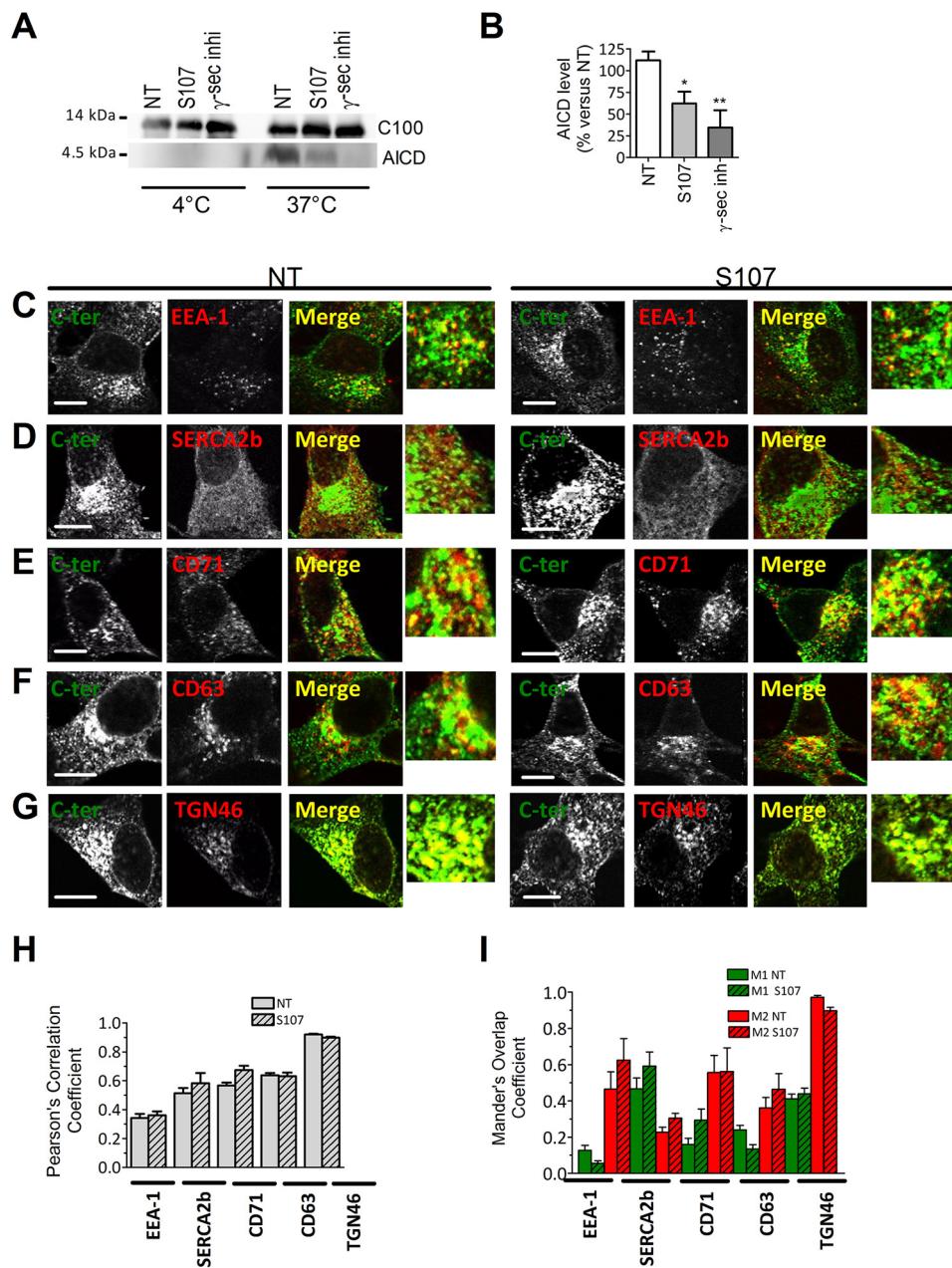


Figure 6. Pharmacologic inhibition of RyR2 leak reduced γ -secretase activity and does not alter β APP intracellular localization. *A*, cell-free AICD production from recombinant C100 peptide performed at 37 °C or 4 °C in the presence of membrane fractions isolated from APPswe cells treated with S107 (1 μ M, for 12 h) or with γ -secretase inhibitor (*inhi*; 5 μ M, for 12 h). C100 and AICD were detected using APP C-terminal antibody. *NT*, non-treated cells. *B*, graph shows the mean \pm S.E. obtained from seven different experiments. *, $p < 0.05$; **, $p < 0.01$ versus APPswe non-treated cells using one-way ANOVA and Dunnett's post-test versus APPswe *NT*. *C-G*, double-labeling immunofluorescence of SH-SY5Y cells expressing APPswe non-treated or treated with S107 (1 μ M) for 12 h using antibodies against C-terminal (C-ter) APP antibody (green signal) and EEA-1 (*C*), Ca^{2+} -ATPase of the endoplasmic reticulum (SERCA2b) (*D*), the recycling endosome marker transferrin receptor (CD71) (*E*), lysosome membrane and late endosome membrane (CD63) (*F*), and the trans-Golgi network marker (TGN46) (*G*). Green and red signals are depicted in white to have better contrast visualization. Merge and magnified overlay images show green and red signals co-localization (depicted as yellow signals). The scale bar represents 10 μ m. *H* and *I*, the graphs show Pearson's correlation coefficient (*H*) and Mander's Overlap Coefficient (*I*). *M1* corresponds to the green signal overlapping with the red signal. *M2* corresponds to the red signal overlapping with the green signal. Analyses were performed in at least four different fields in each condition obtained from three independent experiments. *H* and *I*, differences are statistically non-significant.

generation of reactive nitrogen and ROS, contributing to neuronal cell injury and death via a series of redox reactions (40, 42–44). cAMP levels are also significantly elevated in CSF from patients with Alzheimer dementia (45). In addition, PKA activation has been shown to contribute to the regulation of β APP processing, to $\text{A}\beta$ -mediated cell death *in vitro* and *in vivo*, and to oxidative stress (46–50). Interestingly, $\text{A}\beta$ stimulates PKA

activity and PKA-dependent signaling pathways by activating β -ARs (51–53). Blocking β 2-adrenergic signaling diminishes $\text{A}\beta$ production and delays functional decline in AD (47, 48, 54). Accordingly, activation of β 2-ARs enhances γ -secretase activity and accelerates $\text{A}\beta$ plaques formation (20, 22), a process that can be blocked by the specific β 2-AR antagonist (22). Moreover, it was reported that $\text{A}\beta$ 42 peptide binds to the N terminus

RyR post-translational modifications enhance A β production

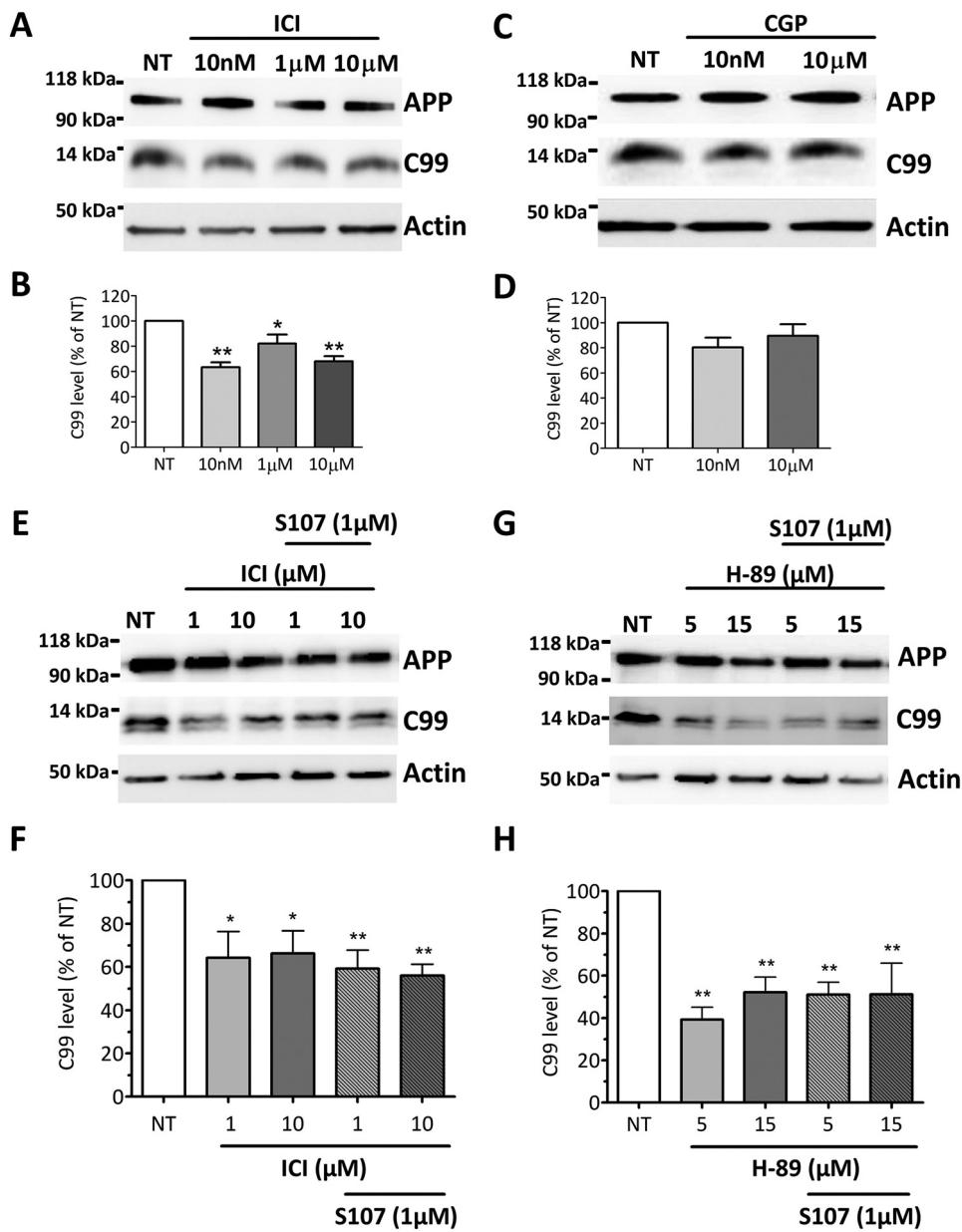


Figure 7. Blockade of β 2- but not of β 1-adrenergic, cascade reduced β APP metabolism in SH-SY5Y APPswe cells. *A* and *C*, representative Tris-Tricine and SDS-PAGE analyses of full-length β APP and C99 levels (determined as described in Fig. 5*A*) in SH-SY5Y cells expressing APPswe non-treated (*NT*) or treated with ICI (10 nM, 1 μ M, or 10 μ M) (*A*) or with CGP 20712A (10 nM or 10 μ M) (*C*) for 12 h. *B* and *D*, graphs show the mean \pm S.E. for ICI (*B*) and CGP (*D*) treatments, respectively, obtained from six different experiments. *, $p < 0.05$; **, $p < 0.01$ analyzed by one-way ANOVA and Dunnett's post-test versus APPswe *NT*. *E* and *G*, representative Tris-Tricine and SDS-PAGE analyses of full-length β APP and C99 levels in SH-SY5Y cells expressing APPswe non-treated (*NT*), treated for 12 h with ICI (1 μ M or 10 μ M) (*E*) or H-89 (5 μ M or 15 μ M) (*G*) alone or in combination with S107 1 μ M for 12 h. *F* and *H*, graphs show the mean \pm S.E. obtained from five different experiments. *, $p < 0.05$; **, $p < 0.01$, analyzed using one-way ANOVA and Dunnett's post-test versus APPswe *NT*.

of β 2-ARs, enhancing PKA-dependent AMPA receptor hyperactivity (55). Consistent with these observations, we show that acute application of $A\beta$ to SH-SY5Y neuroblastoma cells increases cAMP levels and oxidative stress contributing to RyR2 remodeling that can be improved by treatment with β 2-AR antagonist ICI. On the other hand, we show that both β 2-AR antagonist ICI and PKA inhibitor H-89 reduce ER Ca^{2+} release and β APP processing. This supports a positive feedback loop where $A\beta$ activates β 2-AR signaling cascade leading to RyR2 remodeling and ER Ca^{2+} leak that, in turn, amplifies β APP processing and $A\beta$ production (Fig. 8). We show that the increase of $A\beta$ levels is linked to β 2-AR signaling cascade. How-

ever, we cannot exclude the possibility that other G_s -coupled receptors in PKA/cAMP pathway may also play a role in AD. It has previously been demonstrated that isoproterenol, a β -adrenergic agonist, increases mitochondrial ROS production in cardiomyocytes in a concentration- and cAMP-PKA-dependent manner (56). Mitochondrial ROS production could contribute to RyR2 oxidation. RyR2 leak may in turn increase mitochondrial ROS production (57). This seems to be the scenario in SH-SY5Y-expressing APPswe cells, as both Ca^{2+} and ROS elevation was reversed by S107 and ICI. The situation in acute $A\beta$ -treated cells seems different as mitochondrial ROS elevation was reversed by the β 2-AR antagonist and was only slightly

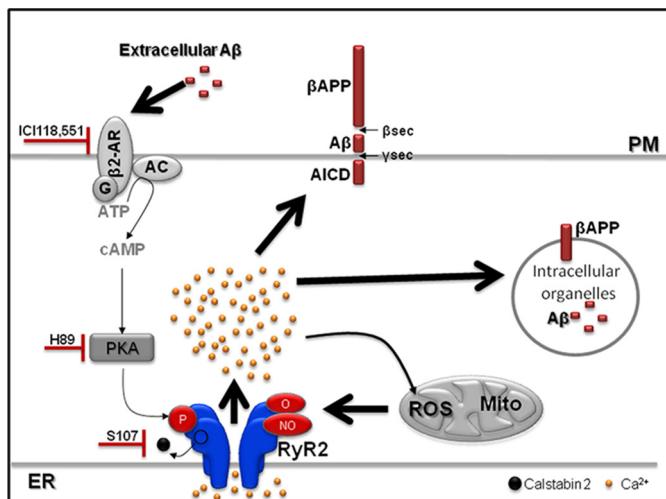


Figure 8. Scheme showing the cascade linking A β , β 2-adrenergic signaling, and leaky RyR2 channels in SH-SY5Y cells expressing APPsw. β APP processing occurs within intracellular organelles and in the plasma membrane (PM), thus producing A β inside intracellular organelles and in the extracellular media. A β -mediated β 2-AR activation leads to RyR2 phosphorylation and calstabin2 dissociation, thereby enhancing RyR2-Ca $^{2+}$ leak. RyR2-Ca $^{2+}$ leak promotes Ca $^{2+}$ entry into mitochondria (97) and mitochondrial ROS production. Mitochondrial ROS production leads to RyR oxidation and nitrosylation. Post-translational RyR2 remodeling (phosphorylation, oxidation, and nitrosylation) and calstabin2 dissociation enhances RyR2-Ca $^{2+}$ leak. Blocking β 2-adrenergic signaling or RyR2 channel leak reduces β APP processing and A β production. AC, adenylate cyclase.

contributed by leaky RyR channels (positive feedback loop in Fig. 8).

A growing body of literature supports the clinical relevance of the locus coeruleus (LC), norepinephrine, and noradrenergic receptors in AD as the LC widespread projections terminate in areas important for learning and memory such as the hippocampus and the cortex. Neuronal cell death in the LC and other brain stem nuclei is a well defined characteristic of AD pathology (58). It has been proposed that the downstream consequences of LC degeneration are decreased levels of norepinephrine in terminal regions (59) and a compensatory up-regulation of adrenergic receptors (60). A synthesis of evidence suggests that LC destruction may contribute to reduced A β clearance (58, 61, 62). These studies support our data showing that activation of the β -AR cascade occurs in a cell model of AD and that this contributes to enhanced A β production at least in part through PKA-mediated RyR remodeling and Ca $^{2+}$ leak (Fig. 8).

Targeting of β 2-adrenergic signaling to reverse/prevent AD pathology remains a controversial therapeutic track. Genetic knockdown or pharmacologic blockade of β 2-AR elicits beneficial effects on taupathies (63) as well as in Tg2576 transgenic mice (64). Conversely, other studies have reported that administration of a β 2-AR antagonist exacerbates neuropathology and cognitive deficits in a mouse model of AD (65) and that pharmacological stimulation of β 2-AR improves cognitive function and restores synaptic density in a mouse model of Down syndrome (66). Recently it has also been reported that an enriched environment activates β 2-ARs and protects against A β -induced reduction in LTP and prevents hippocampal dysfunction by A β oligomers (67). PKA activation under adrenergic stimulation is important for learning and memory consoli-

dation. It appears, however, that A β -mediated activation of this cascade may be detrimental.

Increased [Ca $^{2+}$]_{cyt} was observed by different laboratories in various AD models (68–72). Importantly, elevated basal Ca $^{2+}$ has also been reported in peripheral blood mononuclear cells of AD patients (73). Our results contradict a previous study showing that transient expression of FAD APP mutations does not directly perturb intracellular Ca $^{2+}$ homeostasis (74). The level and nature of β APP metabolites (*i.e.* in our model stably expressing β APP and the former study transiently expressing FAD APP mutants; Ref. 74) could explain such discrepancies. Altered RyR-mediated ER Ca $^{2+}$ increase has also been observed in non-APP models such as PS1 and PS2 mutant mice and cell models (15, 75–78). However, post-translational remodeling of RyRs has not been reported in PS1/2 models. Nevertheless, co-immunoprecipitation has revealed a physical interaction between PS1–2 and RyR2 (79–81). Other recent studies demonstrated that the interaction of RyR with PS1 and PS2 N-terminal fragments strongly increased both mean currents and open probability of single RyR channels in a Ca $^{2+}$ -dependent manner (82, 83). Other groups demonstrated the molecular interaction of PS2 and sorcin (a modulator of RyR channel) (84).

These studies provide evidence that PS may also play an important role in the regulation of RyR channel activity. However, the question remains whether this regulation occurs only under physiological conditions or may also occur under pathological conditions, namely in cells expressing the mutated forms of PS1–2. Also unclear is whether β -AR-mediated RyR post-translational remodeling occurs in non-APP models, such as PS1 and PS2 mutant mice and cell models.

It has been reported that Ca $^{2+}$ plays a role in the production of A β peptides (for review, see Ref. 9). Our data show that inhibiting RyR-mediated Ca $^{2+}$ leak either with S107 or upstream by blocking β 2-adrenergic signaling pathway reduces β APP metabolism and A β production. In support of these findings the RyR active drug dantrolene has been shown to reduce the extent of β APP phosphorylation likely through Cdk5 and/or GSK3 β Ca $^{2+}$ -dependent activation (13, 85). RyR-mediated Ca $^{2+}$ leaks may also enhance β - and γ -secretase activities through direct interaction with these enzymes (86, 87) or by a stabilized γ -secretase complex (86, 87). Accordingly, we show that pharmacological blockade of Ca $^{2+}$ leak by S107 reduces γ -secretase activity. These data led us to conclude that RyR post-translational remodeling amplifies AD pathogenesis through increased γ -secretase-mediated β APP processing. The findings in the present study demonstrate that A β activates both β -adrenergic and oxidative stress. This leads to post-translational remodeling of RyR2 by PKA phosphorylation, oxidation, and nitrosylation and depletion of regulatory proteins calstabin2, PP1, and spinophilin. Data from this study and others (13, 36, 88, 89) are in agreement with a vicious cycle in which leaky RyR2 channels promote A β production and A β enhances RyR2 leak (Fig. 8). These data demonstrate that RyR channels could be envisioned as relevant candidates for a novel therapeutic approach for AD.

RyR post-translational modifications enhance A β production

Experimental procedures

SH-SY5Y APPswe model and treatments

Human SH-SY5Y neuroblastoma cells (CRL-2266, ATCC) were cultured following the manufacturer's instructions. SH-SY5Y cells stably expressing empty pcDNA3.1 vector (Control) or pcDNA3.1 bearing APPswe cDNA were generated as already described (13) and maintained in the presence of Geneticin (400 μ g, Gibco). In this study we used polyclonal stable cells.

Cells were treated overnight for 12 h with β - or γ -secretase inhibitors. γ -Secretase inhibitor ELND006 was used at a 5 μ M final concentration and vehicle (methylcellulose/polysorbate 80, Sigma) was used as control (33, 34). β -Secretase inhibitor (Eli Lilly inhibitor LY288672 (32), synthesized, and kindly provided by Elan Pharmaceuticals) was used at 30 μ M final concentration prepared in DMSO. In some experiments vehicle or DMSO were used as controls because no difference was observed between these two treatments. Cells were treated with various concentrations of: S107 (a benzothiazepine derivative) (19, 26, 28) (0.1, 1, 5, or 10 μ M) for the indicated times (4, 8, 12, 16, or 24 h); H-89 2HCl (Sigma) (1 nM, 1 μ M, 5 μ M, or 15 μ M), a PKA inhibitor; ICI 118,551, hydrochloride ((\pm)-1-[2,3-(dihydro-7-methyl-1H-inden-4-yl)oxy]-3-[(1-methylethyl)amino]-2-butanol hydrochloride) (Sigma) (1 nM, 10 nM, 100 nM, 1 μ M, or 10 μ M), a highly selective β 2-adrenoreceptor antagonist; CGP, 20712A, ((\pm)-2-hydroxy-5-[2-[[2-hydroxy-3-[4-[1-methyl-4-(trifluoromethyl)-1H-imidazol-2-yl]phenoxy]propyl]amino]ethoxy]-benzamide methanesulfonate salt), a highly selective and potent β 1-adrenoreceptor antagonist (Sigma) (1 nM, 10 nM, 100 nM, 1 μ M, or 10 μ M); isoproterenol hydrochloride (($-$)-isoprenaline hydrochloride, ($-$)-N-isopropyl-L-noradrenaline hydrochloride, (*R*)-3,4-dihydroxy- α -(isopropylaminomethyl)benzyl alcohol hydrochloride), a β -adrenergic agonist (Sigma) (1 nM, 10 nM, 100 nM, or 1 μ M). ICI, CGP, and H-89 were applied for 12 h. Isoproterenol was applied for 1 h.

Mock-transfected or APP695_{LDN}-expressing CHO cells (individualized clones) were obtained by stable transfection of pcDNA4 empty vector (Control) and hAPP695 cDNA harboring London mutation (APP_{LDN}: APPV642I) and subcloned in pcDNA4 vector. Cells were maintained in DMEM containing 10% FBS, sodium hypoxanthine-thymidine supplement, and 300 μ M proline (31).

A β preparation

Mock-transfected or APP695_{LDN} CHO cells were grown in 150-mm-diameter dishes until reaching 80% confluence, then washed with PBS and allowed to secrete for 24 h into 15 ml of Neurobasal medium (Invitrogen). Secretions were centrifuged (1000 \times g for 10 min) and then concentrated into Amicon Ultra-15 3000 filters (4000 \times g for 30 min). One-milliliter aliquots of A β preparation concentrates were stored at -80 °C until use. A β preparations were controlled on Tris-Tricine gels as already described (see the representative blot in Fig. 2*I*, and Ref. 31). This A β preparation yields both monomeric and oligomeric A β species but has the advantage of being a "natural" source of A β produced through sequential cleavage of β APP.

A β 40 and A β 42 peptide measurements

Detection of A β 40 and A β 42 peptides secreted in cell media were measured by an ELISA kit (NOVEXTM, ThermoFisher Scientific, France) using human C-terminal A β antibodies.

Biochemical analyses of RyR2 channel remodeling

RyR2 was immunoprecipitated from cell lysates with an RyR2-specific antibody (2 μ g) in 0.5 ml of a modified radioimmune precipitation assay buffer (50 mM Tris-HCl, pH 7.2, 0.9% NaCl, 5.0 mM NaF, 1.0 mM Na₃VO₄, 1% Triton X-100, and protease inhibitors) overnight at 4 °C. The RyR2-specific antibody is an affinity-purified polyclonal rabbit antibody custom-made by Yenzym Antibodies (San Francisco, CA) using the peptide CKPEFNNHKDYAQEK corresponding to amino acids 1367–1380 of mouse RyR2 with a cysteine residue added to the N terminus. The immune complexes were incubated with protein A-Sepharose beads (Sigma) at 4 °C for 1 h, and the beads were washed three times with radioimmune precipitation assay buffer. The immunoprecipitates were size-fractionated on SDS-PAGE gels (6% for RyR, 15% for calstabin) and transferred onto nitrocellulose membranes for 2 h at 200 mA. Immunoblots were developed using the following primary antibodies: anti-RyR2 (Affinity Bioreagents, 1:2000), anti-phospho-RyR-Ser(P)-2808 (1:5000; Ref 90), anti-calstabin (FKBP12 C-19, 1:1000, Santa Cruz Biotechnology, Inc., Santa Cruz, CA), anti-Cys-NO (1:1,000, Sigma), anti-PP1 (Santa Cruz Biotechnology, 1:2500), and anti-Spinophilin (Abcam, 1:500). To determine channel oxidation, the carbonyl groups in the protein side chains were derivatized to DNP by reaction with 2,4-dinitrophenylhydrazine. The DNP signal associated with RyR was determined using a specific anti-DNP antibody according to the manufacturer's instructions (Millipore, Billerica, MA). We did not explore other RyR2 phosphorylation sites responsive to other kinases (*i.e.* Ca²⁺/calmodulin-dependent kinase (CaMKII)). All immunoblots were developed with the Odyssey system (LI-COR Biosciences, Lincoln, NE) using IR-labeled anti-mouse and anti-rabbit IgG (1:10,000 dilution) secondary antibodies.

Immunofluorescence analysis

Cells grown on 25-mm round coverslips were fixed in paraformaldehyde 4% solution for 10 min at room temperature. Cells were permeabilized with Triton 0.5%, and nonspecific binding sites were blocked for 1 h with BSA (3%). Cells were then incubated at 4 °C overnight with primary antibodies diluted in BSA (3%). After 3 washes, coverslips were incubated with secondary antibodies (fluorescent Alexa Fluor antibodies, Alexa 488- and Alexa 594-conjugated (Invitrogen; 1:1000)) at room temperature for 1 h. Immunofluorescence images were acquired on a Leica SP5 confocal microscope using excitation filters 488 and 594 nm. Images were analyzed using ImageJ software. Images were background-corrected, and the colocalization of red and green staining was determined using JACoP plugging. Pearson's correlation coefficient and Mander's Overlap Coefficient were used to evaluate the extent of colocalization as described (91).

We used β APP C-terminal antibody (Sigma) recognizing 676–695 residues of β APP. Other antibodies recognizing the

following proteins were: SERCA2b antibody (clone IID8, Thermo Scientific Pierce Products) targeting SR Ca²⁺-ATPase of the endoplasmic reticulum; EEA1 antibody (clone 14/EEA1, BD Biosciences) targeting early endosome antigen 1; CD63 antibody (clone CLB-180, Abcam) targeting antigens of lysosome membrane and late endosome membrane; CD71 antibody (clone H68.4, Thermo Fisher Scientific) targeting transferrin receptor; TGN46 antibody (AHP500G, AbD Serotec).

Measurements of mitochondrial superoxide concentration

We used MitoSOX (Invitrogen) Red fluorogenic dye to detect superoxide in the mitochondria of living cells (92). Cells grown on 24-mm coverslips were loaded with 5 μ M MitoSOX red prepared in a KRB (containing 125 mM NaCl, 5 mM KCl, 1 mM Na₃PO₄, 1 mM MgSO₄, 5.5 mM glucose, and 20 mM HEPES, pH 7.4) supplemented with 1 mM CaCl₂ (KRB/CaCl₂) at 37 °C for 30 min. After a brief wash, Z-stack images were acquired on a SP5 confocal microscope (Leica). Dye intensity was quantified on Z-stack projection of images after thresholding using Leica SP5 confocal microscope and ImageJ software. Atpentin A5, a specific potent inhibitor of mitochondrial respiratory chain complex II, was used as the positive control (data not shown) (93). We presented data as fluorescence intensity (-fold increase *versus* respective controls in each experiment). Kinetic measurements of MitoSOX are presented as $\Delta F/F$ to measure A β -mediated MitoSOX elevations correcting for differences in basal fluorescence or probe loading.

Cytosolic Ca²⁺ measurements

Cells grown on 24-mm coverslips were loaded with 5 μ M Fluo-4, AM (cytosolic Ca²⁺ probe), prepared in a KRB/CaCl₂ at 37 °C for 30 min. After a brief washout, Z-stack images were acquired on a SP5 confocal microscope (Leica). Cellular loading of dyes was quantified on maximal projection of Z-stack images after thresholding using ImageJ software.

We calibrated the fluorescence measurements, and the intensities of fluorescence for each condition were translated into nanomolar concentrations of Ca²⁺ according to the formula,

$$[\text{Ca}^{2+}] = K_d \left(\frac{F - F_{\min}}{F_{\max} - F} \right) \quad (\text{Eq. 1})$$

where K_d for Fluo4 is 345 nM, F is the background-corrected fluorescence intensity recorded from cells during the experiment, F_{\min} is the Ca²⁺-free indicator fluorescence (determined in the ionophore (ionomycin 0.5 μ M)/40 mM MnCl₂ solution), and F_{\max} is the Ca²⁺-saturated indicator fluorescence (determined in the ionophore (ionomycin 0.5 μ M)/1 mM Ca²⁺ rich solution) (94).

Kinetic measurement of Fluo4, AM fluorescence (Fig. 3, *E*, *F*, *H*, *I*, and *J*) changes were normalized and presented as $\Delta F/F_0$ to measure A β - or carbachol-mediated Ca²⁺ elevations correcting for differences in basal fluorescence or probe loading (95).

cAMP measurement

We used the cAMP direct immunoassay kit (Abcam) following the manufacturer's instruction.

β APP processing analysis

To detect CTFs (C99 and C83) and A β peptide, protein extracts (40 μ g) were incubated with 70% formic acid (Sigma) and SpeedVac-evaporated for 40 min. The pellets were dissolved in 1 M Tris, pH 10.8, 25 mM betaine and diluted in 2 \times Tris-Tricine loading buffer (125 mM Tris-HCl, pH 8.45, 2% SDS, 20% glycerol, 0.001% bromphenol blue, and 5% β -mercaptoethanol). Proteins were resolved by 16.5% Tris-Tricine SDS-PAGE and transferred onto PVDF membranes. Membranes were boiled in PBS and incubated overnight with specific antibodies.

Antibodies

A β , β -CTF (C99), and full-length β APP were detected using 6E10 antibody (Covance, Rueil-Malmaison, France), which recognizes 1–16 residues of A β . α - and β -APP CTFs (C83 and C99, respectively) were detected using the APP C-terminal antibody (Sigma) recognizing 676–695 residues of β APP. Full-length β APP was also detected using APP (N-terminal) antibody (22C11, Millipore, S.A.S. France). β -Actin (Sigma) was used as loading control.

In vitro γ -secretase assay

In vitro γ -secretase activity was assessed as described (13, 96). 20 μ g of each subcellular fraction were resuspended in solubilization buffer (150 mM sodium citrate, pH 6.4, containing 3-[3-cholamidopropyl] and dimethylammonio]-2-hydroxy-1-propanesulfonate 1% (v/v) supplemented with protease inhibitor mixture. All steps were performed at 4 °C. Solubilized membranes were diluted once with sodium citrate buffer (150 mM pH 6.4) and with reaction buffer (150 mM sodium citrate, pH 6.4, 20 mM dithiothreitol, 0.2 mg/ml BSA, 1 mg/ml egg phosphatidylcholine and 50 μ g/ml recombinant C100-FLAG). The resulting reaction mixtures were then either incubated with constant agitation for 16 h at 37 °C or stored at 4 °C (negative controls). Samples were then supplemented with 2 \times Tris-Tricine loading buffer, boiled for 5 min, and subjected to 16.5% Tris-Tricine SDS-PAGE.

Statistical analyses

Data are expressed as the mean \pm S.E. Sample size for each experiment is stated in the figure captions. Statistical analyses were performed using one-way or two-way ANOVA and Dunnett's, Bonferroni's, or Tukey's post-tests or *t* test. Minimum statistically significant differences were established at $p < 0.05$. Non-statistically significant differences are not shown in the graphs.

Author contributions—A. R. M., A. L., and M. C. independently conceived the study. R. B., F. C., M. C., A. R. M., A. L., X. L., and S. R. designed the experiments. S. R. and V. S. conducted all the biochemistry assays of RyR2. R. B., M. C., and C. M. conducted the biochemistry assays of APP processing, immunofluorescence, and γ -secretase activity experiments. R. B., M. C., A. L., and X. L. conducted the Ca²⁺ experiments. M. C., A. L., X. L., and R. Z. analyzed ROS production measurements. A. R. M., M. C., F. C., and A. L. analyzed the data and wrote and edited the manuscript.

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Amyloid β production is regulated by β 2-adrenergic signaling-mediated post-translational modifications of the ryanodine receptor

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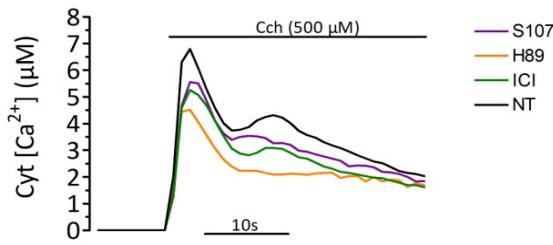
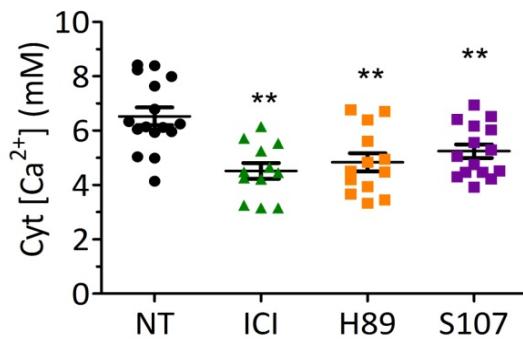
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A**B**

Supplementary Figure 1

Supplemental Figure S1

To measure agonist-evoked cytosolic Ca^{2+} signals, we used the previously described adenoviral system expressing cytosolic-(AdCMVcytAEQ). Approximately 60000 cells were spotted on 13-mm coverslips, and infected 24hrs later with AdCMVcytAEQ (10^5 infectious particle/ml). Aequorin measurements were performed 48hrs post-infection as already described (92). Cytosolic signals were obtained upon application of 500 μM Carbachol. Aequorin measurements were carried out in a plate reader (Varioskan, Thermoscientific). (A) representative curves showing carbachol-mediated Ca^{2+} responses in human SH-SY5Y neuroblastoma cell line stably expressing APPswe non-treated (NT) or treated for 12hrs with S107 (1 μM), ICI118-551 (ICI) (1 μM), or H-89 (5 μM). (B) Scatter plot represents Ca^{2+} peak values obtained upon Cch stimulation in control (n=16), S107 (n=15), and ICI (n=12) treated cells. ** $p < 0.01$ calculated versus control using one-way ANOVA and Dunnett's post-test calculated versus NT.

Article 2 : Le remodelage post-traductionnel du Récepteur de la Ryanodine induit la fuite du calcium, aboutissant à des pathologies de type Alzheimer et des déficits cognitifs.

Post-translational remodeling of Ryanodine Receptor induces calcium leak leading to Alzheimer's disease-like pathologies and cognitive deficits.

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Résumé des résultats obtenus

La MA a depuis longtemps été associée à une dysfonction cognitive prématuée liée à l'accumulation anormale du peptide A β . L'hypothèse calcique dans la MA, présentée dans l'introduction de ce manuscrit, relie ce métabolisme anormal de l'A β et de son précurseur (l'APP) à une dérégulation de l'homéostasie calcique (Bruno et al., 2012; Oulès et al., 2012) qui perturbe les processus impliqués dans la mémoire et l'apprentissage (Berridge, 2011).

Dans ce travail, nous avons montré que le RyR2 subit des MPTs (phosphorylation, nitrosylation et oxydation), dans le cerveau de patients Alzheimer ainsi que dans deux modèles murins de la MA, le modèle triple transgénique 3xTg-AD (APP_{KM670/671NL}, MAPT_{P301L}, PS1_{M146V}) et le modèle double transgénique APP/PS1 (APP_{KM670/671NL}, PS1_{L166P}). La Calstabin est ainsi dissociée du complexe macromoléculaire du RyR ce qui induit la fuite de Ca $^{2+}$ du RE par le RyR. Cette fuite altère la signalisation calcique et participe à la pathogenèse de la MA *in vivo*.

Les données de ce travail montrent que la fuite de Ca $^{2+}$ médiée par le RyR2 intervient en amont de la formation des plaques séniles dans la MA. Nous montrons également de façon intéressante dans ce travail que la correction pharmacologique, avec l'utilisation du S107, de la fuite de Ca $^{2+}$ par le RyR réduit la quantité de peptide A β , améliore la plasticité synaptique et normalise les fonctions cognitives et comportementales dans les modèles murins de la MA. Nous avons obtenu des résultats similaires par des approches génétiques, en utilisant des souris dont le RyR2 est muté au niveau du site de phosphorylation par la PKA (sérine 2808) pour mimer la phosphorylation constitutive (RyR2-S2808D) ou empêcher cette phosphorylation (RyR2-S2808A). La mutagenèse dirigée nous a ainsi permis de montrer que la phosphorylation constitutive du RyR chez la souris conduit à des défauts sévères et prématués en ce qui concerne la plasticité synaptique et les fonctions cognitives.

En association avec les résultats obtenus *in vitro* (Bussiere et al., 2017), nous démontrons avec cette étude un mécanisme amenant à la fuite du Ca $^{2+}$ par le RyR2 dans la MA et suggérons que ce canal soit une cible thérapeutique intéressante pour cette maladie.



Post-translational remodeling of ryanodine receptor induces calcium leak leading to Alzheimer's disease-like pathologies and cognitive deficit

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Abstract The mechanisms underlying ryanodine receptor (RyR) dysfunction associated with Alzheimer disease (AD) are still not well understood. Here, we show that neuronal RyR2 channels undergo post-translational remodeling (PKA phosphorylation, oxidation, and nitrosylation) in brains of AD patients, and in two murine models of AD ($3 \times$ Tg-AD, $APP^{+/-}/PS1^{+/-}$). RyR2 is depleted of calstabin2 (KFBP12.6) in the channel complex, resulting in endoplasmic reticular (ER) calcium (Ca^{2+}) leak. RyR-mediated ER Ca^{2+} leak activates Ca^{2+} -dependent signaling pathways, contributing to AD pathogenesis. Pharmacological (using a novel RyR stabilizing drug Rycal) or genetic rescue of the RyR2-mediated intracellular Ca^{2+} leak improved synaptic plasticity, normalized behavioral and cognitive functions and reduced $A\beta$ load. Genetically altered mice with congenitally leaky RyR2 exhibited

premature and severe defects in synaptic plasticity, behavior and cognitive function. These data provide a mechanism underlying leaky RyR2 channels, which could be considered as potential AD therapeutic targets.

Keywords Calcium · Amyloid beta · Ryanodine receptor 2 · Oxidative stress · PKA-dependent phosphorylation

Introduction

Alzheimer's disease (AD) is characterized by an overload of toxic amyloid beta ($A\beta$) peptides in the brain associated with premature onset of cognitive dysfunction. Modulation of $A\beta$ peptide production is a consistent finding in a subset of autosomal-dominant familial AD cases (FAD) due to mutations of β amyloid precursor protein (β APP) or γ -secretase/presenilin (PS1 or PS2).

A "calcium (Ca^{2+}) hypothesis" of AD has been proposed, whereby β APP and PS1/2 mutations have been linked to alterations in Ca^{2+} handling [10, 20, 78] that disrupt key mechanisms involved in learning and memory [6]. Increased cytosolic $[Ca^{2+}]$ has been

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proposed to involve both enhanced Ca^{2+} entry via receptor-operated channels on the plasma membrane (e.g., NMDARs) [81] and increased release of Ca^{2+} from the endoplasmic reticulum (ER) via ryanodine receptors (RyR) that regulate ER Ca^{2+} release [28] and inositol 1,4,5-trisphosphate receptors (IP₃R) [13, 15, 20, 65, 74]. RyR dysfunction has been reported in AD animal models [11, 58, 63]. However, the molecular mechanisms underlying RyR dysfunction in AD remain poorly understood.

RyRs are a family of three known mammalian isoforms: RyR1, RyR2 and RyR3, which are classified as “skeletal muscle”, “heart” and “brain” types. Although all isoforms can be found in the brain, the RyR2 isoform is predominantly expressed in the cerebral cortex and dentate gyrus of the hippocampus [32]. RyRs are homotetramers in which each protomer of the channel has a molecular mass of 565 kDa, with 4/5 of the channel comprising a huge N-terminal cytoplasmic domain that serves as a scaffold for channel regulators, while the remainder of the channel forms the pore and associated transmembrane portions [70].

Enhanced RyR-mediated ER Ca^{2+} leak is linked to pathophysiological post-translational modifications in the macromolecular complex [48]. Here, we show that neuronal RyR2 channels undergo post-translational remodeling characterized by PKA phosphorylation, oxidation/nitrosylation and depletion of the channel stabilizing subunit calstabin2 (FKBP12.6) in human sporadic AD, APP^{+/−}/PS1^{+/−} (APP-K670N/M671L, PS1-M146V) and 3 × Tg-AD (Tau-P301L, APP-K670N/M671L, PS1-M146V) transgenic mice. RyR2 channel remodeling results in an ER Ca^{2+} leak that activates Ca^{2+} -dependent signaling pathways which are altered in AD. Fixing the leaky RyR2 channels with an oral administration of Rycal S107, which prevents stress-induced dissociation of calstabin2 from the RyR2 complex [85], inhibited calpain activity and AMPK-dependent tau phosphorylation, improved hippocampal synaptic plasticity (LTP and LTD) and cognitive function, and diminished neuropathology (reduced plaques) in the APP^{+/−}/PS1^{+/−} and 3 × Tg-AD brains. Moreover, crossing APP^{+/−}/PS1^{+/−} mice with RyR2-S2808A^{+/−} knock-in mice, harboring RyR2 channels that cannot be PKA phosphorylated, resulted in improved cognitive function and decreased neuropathology. In contrast, mice harboring constitutively leaky PKA phosphomimetic RyR2-S2808D^{+/+} channels exhibited early cognitive and synaptic dysfunction.

Taken together, our data show that remodeling of the RyR2 macromolecular complex may contribute to altered β APP metabolism and AD pathogenesis.

Materials and methods

In vivo animal models

We used male and female *C57BL/6-SJLF1-APP^{+/−}*/*C57BL/6-D2F1-PS1^{+/−}* double transgenic mice that express two human FAD mutations, presenilin 1 (PS1- M146V) [22] and the double Swedish APP mutation [(HuAPP695, K670N-M671L) 2576: APPswe] [38], *RyR2-S2808D^{+/+}* [72], *RyR2-S2808A^{+/−}* [73] knock-ins (*C57BL/6* background), and *RyR2-S2808A^{+/−}/APP^{+/−}/PS1^{+/−}* crossed mice. We also used female 3 × Tg-AD mice obtained by pronuclear microinjection of two independent transgene constructs encoding human APPswe and tau-P301L (4R/0N), both under the control of the mouse Thy1.2-regulatory elements, into single-cell embryos harvested from mutant homozygous (PS1-M146V) knock-in mice [57]. We used male and female WT littermate controls *C57BL/6-SJLF1* for the *APP^{+/−}* mice, *C57BL/6-D2F1* for the *PS1 PS1^{+/−}* mice, *C57BL/6* for the *RyR2-S2808A* mice, *RyR2-S2808A* mice, and *RyR2-S2808A^{+/−}/APP^{+/−}/PS1^{+/−}* as well, and females 129/C57BL6 for 3 × Tg-AD mice. All animal models were housed in the SPF animal facility.

S107 (75 mg/kg/day) was delivered to the mice in the drinking water to *APP^{+/−}/PS1^{+/−}* from 4 weeks of age until testing at 3 months of age, or until 5 months. We used 6-month-old *APP^{+/−}/PS1^{+/−}* mice for neuropathology examinations, including plaques and gliosis analyses. 11-month-old 3 × Tg-AD mice were treated orally for 4 weeks with S107. “S2808D^{+/+} mice were treated orally with S107 in the drinking water from 4 weeks until testing at 2 months (F0), or continuously for two generations (F2) and were tested at 2 months. S107 was also used in previous studies [3, 5, 54] and was administered subcutaneously by implanting osmotic pumps or mixed in drinking water. These studies did not reveal any toxicity related to S107 treatment. Investigators were blinded with respect to genotypes and treatments.

For biochemical analyses, mice were euthanized by cervical dislocation prior to dissection and brain isolation. The isolated brains were snap-frozen in liquid nitrogen. For immunohistochemistry analyses, mice were anesthetized with a ketamine/xylazine mixture and cardiac perfusion was then applied with PBS for 5 min and then with 10 ml PFA 4% solution. Brains were post-fixed in PFA 4% for 24 h.

Human samples

Human brain samples were provided by the Department of Pathology, Columbia University College of Physician and Surgeons. Cases were de-identified, but information was provided regarding age at death and neuropathology

(see supplementary Table I). Brain samples were stored at -80°C . Approximately, 1 g of tissue was homogenized in 10 ml of 10 mM Tris-maleate buffer containing protease and phosphatase inhibitors (Roche diagnostics). The homogenates were centrifuged at $10,000 \times g$ and the supernatants collected.

Biochemistry measurements for RyR2 channel remodeling

The isolation of mouse brain microsomes has been described previously [48, 52]. Briefly, mouse and human RyR2 were immunoprecipitated from the brain lysate with an RyR2 specific antibody (2 μg) in 0.5 ml of a modified RIPA buffer (50 mM Tris-HCl pH 7.2, 0.9% NaCl, 5.0 mM NaF, 1.0 mM Na3VO4, 1% Triton-X100, and protease inhibitors) and left overnight at 4°C . The RyR2 specific antibody is an affinity-purified polyclonal rabbit antibody, custom-made by Yenzym Antibodies (San Francisco, CA) using the peptide CKPEFNNHKDYAQEK corresponding to amino acids 1367–1380 of mouse RyR2 with a cysteine residue added to the amino terminus. This antibody recognizes both human and mouse RyR2. The immune complexes were incubated with protein A Sepharose beads (Sigma, St. Louis, MS) at 4°C for 1 h and the beads were washed three times with RIPA buffer. Immunoprecipitates were size-fractionated on SDS-PAGE gels (6% for RyR, 10% for PDE4, 12% for PKA, PP2A, and PP1, and 15% for calstabin) and transferred onto nitrocellulose membranes for 2 h at 200 mA. Immunoblots were developed using the primary antibodies described in supplementary materials.

Endoplasmic reticulum (ER) calcium (Ca^{2+}) leak assay

The ER Ca^{2+} leak assay has been previously described [17, 48]. Briefly, 50 $\mu\text{g}/\text{ml}$ brain microsomes was diluted into a buffer (pH 7.2) containing 8 mM K-phosphocreatine and 2 units/ml of creatine kinase mixed with 3 μM Fluo-3. Ca^{2+} loading of the microsomes was initiated by adding 1 mM ATP. After Ca^{2+} uptake to saturation, 3 μM thapsigargin was added to block Ca^{2+} uptake. Ca^{2+} leaking out of the ER was detected as an increase in Ca^{2+} fluorescence, and ryanodine (10 μM) was added to block the RyR channels and confirm that the leak was via RyR. Changes in the emission of Fluo-3 after excitation at 485 nm were measured by a fluorescence spectrophotometer (Photon Technology International, PTI) and the changes of fluorescence intensity were recorded using “FeliX version 2” software (PTI).

Single-channel data acquisition and analysis

ER vesicles containing RyR were fused to planar lipid bilayers formed by painting a lipid mixture of

phosphatidylethanolamine and phosphatidylcholine (Avanti Polar Lipids) in a 3:1 ratio in decane, across a 200-mm hole in polysulfonate cups (Warner Instruments) separating two chambers. The *trans*-chamber (1 ml), representing the intra-SR (luminal) compartment, was connected to the head stage input of a bilayer voltage clamp amplifier. The *cis*-chamber (1 ml), representing the cytoplasmic compartment, was held at virtual ground. Solutions used were as follows: 1 mM EGTA, 250/125 mM HEPES/Tris, 50 mM KCl, 0.64 mM CaCl₂, pH 7.35 as *cis*-solution and 53 mM Ca(OH)₂, 50 mM KCl, 250 mM HEPES, pH 7.35 as *trans*-solution. The concentration of free Ca^{2+} in the *cis*-chamber was calculated with WinMaxC program (version 2.50; www.stanford.edu/_cpatton/maxc.html). ER vesicles were added to the *cis*-side, and fusion with the lipid bilayer was induced by making the *cis*-side hyperosmotic by the addition of 400–500 mM KCl. After the appearance of potassium and chloride channels, the *cis*-side was perfused with the *cis*-solution. Single-channel currents were recorded at 0 mV using a Bilayer Clamp BC-525D (Warner Instruments, LLC, CT), filtered at 1 kHz using a Low-Pass Bessel Filter 8 Pole (Warner Instruments, LLC, CT), and digitized at 4 kHz. To confirm RyR identity, 5 μM ryanodine was added to the *cis*-side at the end of the experiments. All experiments were performed at room temperature ($23 \pm 2^{\circ}\text{C}$). Single-channel Po was determined over 2 min of continuous recording using the method of 50% threshold analysis [16]. The recordings were analyzed using Clampfit 10.1 (Molecular Devices) and Prism (ver.5.0, GraphPad).

Electrophysiology

Electrophysiological recordings were performed by stimulating Schaeffer collateral fibers and recording in the CA1 stratum radiatum [55]. Basal responses were recorded for 30 min. Long-term depression (LTD) was induced by low-frequency stimulation (LFS) consisting of 900 pulses at 1 Hz. Responses were recorded for 120 min after LFS and measured as the slope of field-excitatory postsynaptic potential (fEPSP) and expressed as the percentage of baseline. Basal synaptic transmission (BST) was assayed by plotting the stimulating voltage (V) to fEPSP slopes to generate input–output relations. The results were expressed as mean \pm standard error (SEM). One-way ANOVA was applied for data analysis.

Behavioral studies

Fear conditioning

Contextual and cued fear conditioning memories were evaluated as described previously with some modifications

[33, 42, 62]. On day 1, mice were exposed to a context of 2 min duration followed by a 85 dB tone at 2800 Hz for 30 s as a conditioning stimulus (CS), with 2 s of 0.80 mA foot shock [unconditioned stimulus (US)] at the end of the CS. Mice were taken back to the home cages 30 s after the shock. Freezing was measured immediately after the end of the shock for 30 s using the Freezeview software (MED Associates Inc.). The contextual memory (total freezing) was measured after 24 h when mice were re-exposed to the same context for 5 min (no tone, no shock). The cued fear memory was measured on day 3. Mice were placed in a novel context for 2 min (pre-CS test) followed by 3 min of tone (CS test, 85 dB tone at 2800 Hz). Freezing during the first 2 min and the last 3 min were measured separately. A digital video camera was installed inside the conditioning chamber (72 cm × 51 cm × 48 cm) and connected to Freezeframe software (MED Associates Inc.). The amount of freezing was recorded by the software as cumulative duration of the inactive state.

Other behavioral tests

Morris water maze (MWM), novel object recognition (NOR), elevated plus maze (EPM), and open field test (OF) were performed as described previously [48, 58].

Immunohistochemistry

A β deposits were quantified in APP/PS1 mice in both the hippocampus and cortex regions using 6E10 primary antibody (recognizing A β , C99 and total APP) (Biocare Medical, CA) at 1:400 dilution with Ventana machines (Ventana Medical Systems, Inc.). A β plaques were counted from six slices per mouse and three mice per group. Coronal sections of paraffin-embedded brains were selected with an interval of 56 μ m (each section is 8 μ m) to cover the same brain regions. For astrocyte staining, we used EP672Y clone GFAP antibody with Benchmark Ultra Platform machines (Ventana Medical Systems, Inc.).

In the 3 \times Tg-AD model, A β deposits were predominantly restricted to the hippocampus [57] and detected using 6E10 primary antibody. In this model, we used vibratome coronal brain sections (50 μ m depth for each section, with an interval of 50 μ m). We counted A β plaques from four slices per mouse, three mice per group. The analyzed sections covered the whole subiculum region. We also used: (i) APP C-terminal antibody (A8717, Sigma-Aldrich) recognizing 676–695 residues of total APP, APP C-terminal fragments (CTF:C99 and C83), and APP intracellular domain (AICD) at 1:1000 dilution, and (ii) FCA18 antibody [4] recognizing specifically the first aspartyl residue of A β , and C99 at 1:1000 dilution. Nuclei were detected using DAPI dye

at 1:10,000 dilution. For A β plaques quantification, we counted extracellular senile plaques with dense A β core (mature plaques). We excluded low and diffuse extracellular staining.

A β 40 and A β 42 peptide measurements

A β 40 and A β 42 peptide levels from total brain (in APP/PS1) or total hippocampal (3 \times Tg-AD) lysates were measured with an ELISA kit (Wako Chemicals USA, Inc., or NOVEXTM, ThermoFisher Scientific, France) using human C-terminus A β antibodies. The same quantity of total protein extracts was dissolved in 5 M guanidine HCl/50 mM Tris HCl, pH 8.0, to yield detection of both soluble and insoluble A β 42 peptides.

SDS-PAGE and western blot analyses

Whole brain homogenates (50 μ g) were size-fractionated on SDS-PAGE gels (4–20%) and transferred onto nitrocellulose membranes. Immunoblots were developed using the antibodies described in supplementary materials.

Measurements of spine density and diameter

Rat E18 (embryonic day 18) hippocampal neurons were isolated and cultured for 21 days before the experiment using previously established culture conditions and experimental procedures [34, 71, 76]. Briefly, 100,000 cells were plated per 60-mm dish. Dendritic spine number was calculated in individual mature hippocampal neurons obtained from three independent experiments ($n = 9$ cells/treatment within one experiment). Neurons were exposed to synthetic A β 42 (200 nM) for 24 h with or without S107 (1 or 10 μ M). Mature hippocampal neurons were stained with TRITC-conjugated phalloidin revealing actin-rich structures along the dendritic shaft [71]. We analyzed a total dendrite length of 40 μ m per cell. Dendritic spine number and diameter were determined based on the phalloidin staining obtained from a 2D projection (maximum intensity) of each image stack [75]. The diameter and density of dendritic spines per cell were averaged from each experiment (total population in each experiment). Data from the three experiments were pooled together and plotted.

Statistical analyses

All experimental mice were coded to blind investigators with respect to genotypes and S107 treatment. MWM and LTP/LTD results were revealed by two-way ANOVA

and post-test comparisons. Other studies that contained multiple groups were revealed by one-way ANOVA and Bonferroni post-test or Tukey multiple comparison test. Results were expressed as mean \pm SEM. Sample size for each experiment is stated in the figure legends. Minimum statistically significant differences were established at $p < 0.05$.

Results

RyR2 macromolecular complex is remodeled in human Alzheimer's brains and in AD-like murine models

Neuronal RyR2 channels were examined for evidence of post-translational modifications consistent with the biochemical signature of leaky RyR2 channels [51, 52]. Neuronal RyR2 from age-matched “control” brains (diagnosed as negative for any neuropathology) (suppl. Table I) had no biochemical remodeling of the RyR2 macromolecular complex, while the age-matched “non-AD” brains (negative for any AD-related neuropathology, i.e., absence of neurofibrillary tangles and neuritic plaques) (suppl. Table I) exhibited nitrosylation and oxidation of RyR2 with partial calstabin2 depletion, but no PKA phosphorylation. Only the AD patients (suppl. Table I) exhibited RyR2 PKA hyperphosphorylation (at Ser2808), in addition to oxidation (DNP), nitrosylation (Cys NO) and nearly complete channel stabilizing subunit calstabin2 (FKBP12.6) depletion (Fig. 1a–e). Intriguingly, RyR2 macromolecular complexes from the AD patients also showed reduced serine/threonine protein phosphatase 1 (PP1) [51, 52] and reduced anchoring protein spinophilin [51] (Fig. 1a, f, g). PKA, PDE4 and PP2A expression remained unchanged in AD brains as compared to controls and non-AD brains (Fig. 1a, and Suppl. Figure 1a–c). RyR2 channels were PKA phosphorylated, oxidized, nitrosylated and depleted of calstabin2 in both the double transgenic AD mouse model (*APP^{+/−}/PSI^{+/−}*) (*APPswe*, *PSI-M146V*) [22, 38] (Fig. 1h–l) and the triple transgenic AD mouse model (3 × Tg-AD: *APPswe*, *PSI-M146V*, and *Tau-P301L*) [57] (Fig. 1o–s). In these AD-like mice models, PP1 and spinophilin were also depleted from the RyR2 macromolecular complex (Fig. 1h, m–o, t, u), while PKA, PDE4 and PP2A levels remained unchanged (Fig. 1h, o and Suppl. Figure 1d–i). We used the RyR-targeted small molecule Rycal S107 that stabilizes binding of calstabin to RyR2 and thereby stabilizes the closed states of PKA phosphorylated and oxidized/nitrosylated channels by preventing calstabin2 depletion [51, 52]. Administration of S107 to *APP^{+/−}/PSI^{+/−}* and 3 × Tg-AD mice had no effect on PKA hyperphosphorylation or oxidation/nitrosylation of RyR2, but significantly increased the amount of calstabin2 in the RyR2 channel complex (Fig. 1h, l, o, s). RyR2

channels from 3-month-old *APP^{+/−}/PSI^{+/−}* mice crossed with the *RyR2-S2808A^{+/+}* knock-in mice, harboring RyR2 channels that cannot be PKA phosphorylated [48], did not undergo phosphorylation but exhibited reduced oxidation and nitrosylation and there was no evidence of calstabin2 depletion from the RyR2 complex (Fig. 1h–l). *RyR2-S2808A^{+/+} × APP^{+/−}/PSI^{+/−}* crossed mice showed increased amounts of PP1 and spinophilin in the channel complex as compared to *APP^{+/−}/PSI^{+/−}* mice (Fig. 1h, m, n).

There were no changes in total RyR2 or calstabin2 levels in the whole brain lysates from all experimental animals as previously reported [48]. S107 does not affect the levels of RyR2 or calstabin2 in WT mice. The remodeling of RyR2 observed in the brains of AD patients and of AD-like mice models represents the “biochemical signature” of leaky channels.

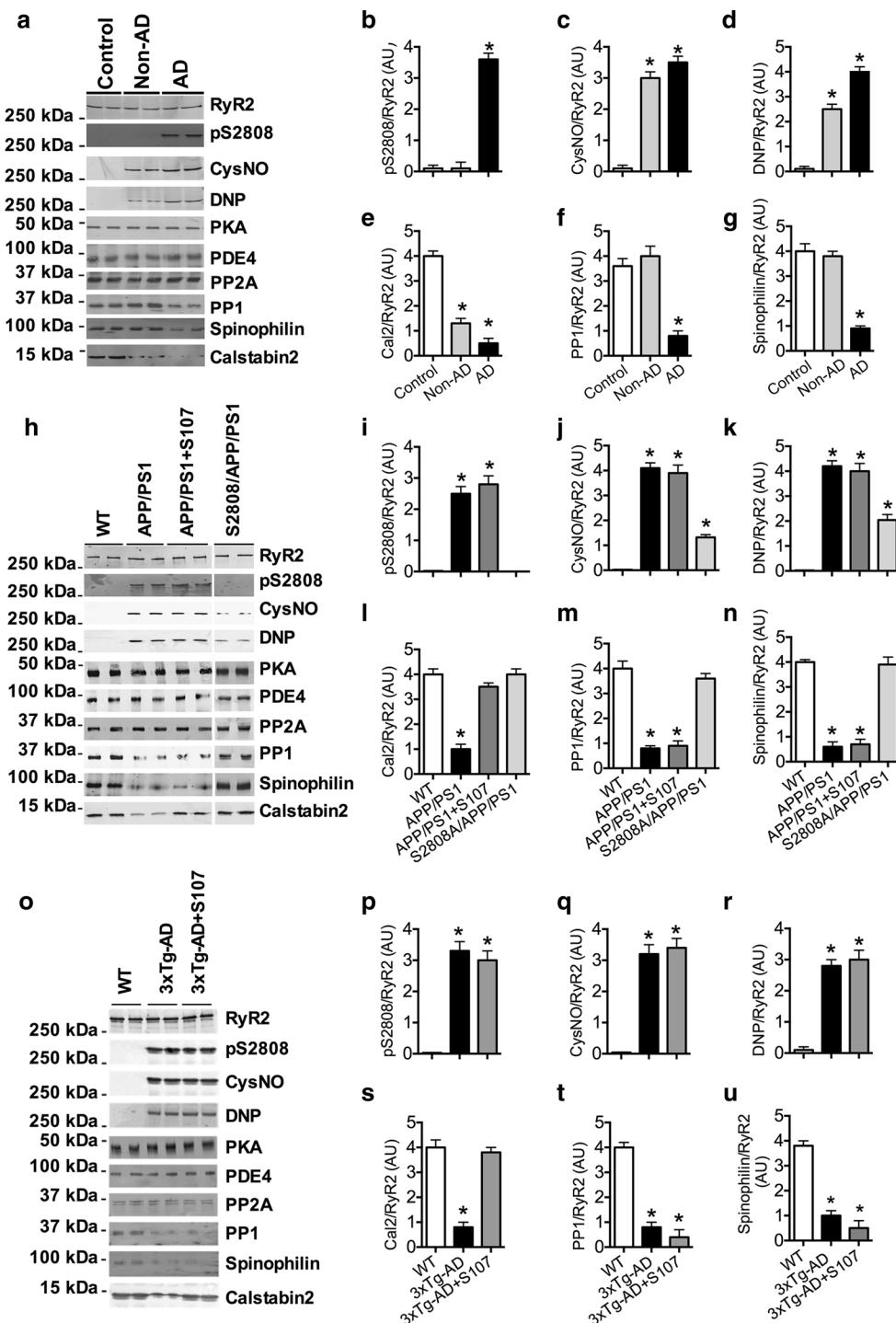
RyR2 is PKA phosphorylated through the activation of the β-adrenergic receptor (β-AR) signaling cascade [51, 52]. Interestingly, PKA activity was increased in *APP^{+/−}/PSI^{+/−}* (Suppl. Figure 2a), suggesting the contribution of β-adrenergic signaling cascade in these mice. Mitochondrial ROS production was also enhanced in *APP^{+/−}/PSI^{+/−}* mice and inhibited by S107 or by crossing *APP^{+/−}/PSI^{+/−}* with *RyR2-S2808A^{+/+}* mice (Suppl. Figure 2b). Taken together, these data suggest that RyR2 remodeling is likely triggered by synergistic oxidative and β-adrenergic stimulation.

Remodeling of neuronal RyR2 channel complexes results in abnormal Ca²⁺ homeostasis

We then asked whether the remodeling of neuronal RyR2 channel complexes results in abnormal Ca²⁺ homeostasis. Neuronal microsomes from *APP^{+/−}/PSI^{+/−}* mice exhibited increased ER Ca²⁺ leak compared to WT mice (Fig. 2a, b). Pharmacologically stabilizing calstabin2 on RyR2 complex by administering S107 or genetically crossing with *RyR2-S2808A^{+/+}* mice significantly reduced neuronal ER Ca²⁺ leak in *APP^{+/−}/PSI^{+/−}* (Fig. 2a, b). Addition of the specific RyR blocker ryanodine (10 μM) after thapsigargin-triggered Ca²⁺ leak abolished the leak (Suppl. Figure 3a–d), thus confirming the RyR channel as the trigger of the Ca²⁺ leak. Consistently, hippocampal RyR2 channels from 3 × Tg-AD mice were leaky as manifested by increased single-channel open probabilities (Po) (Fig. 2c, d). Treatment of the 3 × Tg-AD mice with the S107 normalized the channel Po consistent with fixing the leak (Fig. 2c, d). Thus, neuronal RyR2 channel remodeling causes ER Ca²⁺ leak in two AD-like mice models.

Neuronal sarcoplasmic/endoplasmic reticulum Ca²⁺ ATPase (SERCA) (responsible for pumping Ca²⁺ into

Fig. 1 Hippocampal RyR2 channel remodeling resulting in biochemical “signature of leaky channels” in human AD brains and murine models of AD. Representative SDS-PAGE analyses and quantification of hippocampal RyR2 immunoprecipitated from: **a–g** human brains (see suppl. Table I) “control” ($n = 3$); age-matched “non-AD” individuals ($n = 4$); and Alzheimer’s patients (AD) ($n = 6$); **h–n** WT, APP^{+/−}/PSI^{+/−}, APP^{+/−}/PSI^{+/−} + S107 and RyR2-S2808A^{+/−} × APP^{+/−}/PSI^{+/−} crossed mice ($n = 4$ for each group of mice); **o–u** WT, 3 × Tg-AD and 3 × Tg-AD + S107 mice ($n = 5$ for each group of mice) immunoblotted for total RyR2, RyR2-pS2808 (RyR2 PKA phosphorylation site), S-nitrosylation (CysNO), oxidation (DNP), as well as components of the RyR2 channel complex including: PKA catalytic subunit (PKA), phosphodiesterase 4D3 (PDE4), protein phosphatase 2A (PP2A), protein phosphatase 1 (PP1) and its anchoring protein spinophilin and calstabin2. S107 treatment was from 4 weeks of age until testing at 3 months in APP^{+/−}/PSI^{+/−}, and from 11 months of age for 4 weeks in 3 × Tg-AD mice. Graphs represent mean \pm SEM. * $p < 0.05$ calculated versus control using one-way ANOVA and Tukey’s post-tests



the ER in neurons) activity was increased in APP^{+/−}/PSI^{+/−} mice compared to WT, but treatment with S107 did not affect SERCA activity (Suppl. Figure 4a). Caffeine-induced ER Ca²⁺ release was increased in APP^{+/−}/PSI^{+/−} mice compared to the control, and S107 reduced this response (Suppl. Figure 4b–e). This increased sensitivity of RyR channels to caffeine in the APP^{+/−}/PSI^{+/−} mice is likely due to depletion of calstabin2 from the

channel complex, which destabilizes the closed state of RyR channels and sensitizes the channel to caffeine [9, 52]. Ca²⁺ influx through voltage-gated calcium channels (VGCC) was normal in APP^{+/−}/PSI^{+/−} mice and unaffected by S107 treatment (Suppl. Figure 4f–i). Passive and active electrophysiological properties were similar between APP^{+/−}/PSI^{+/−} and control neurons, and unaffected by S107 treatment (Suppl. Figure 4j).

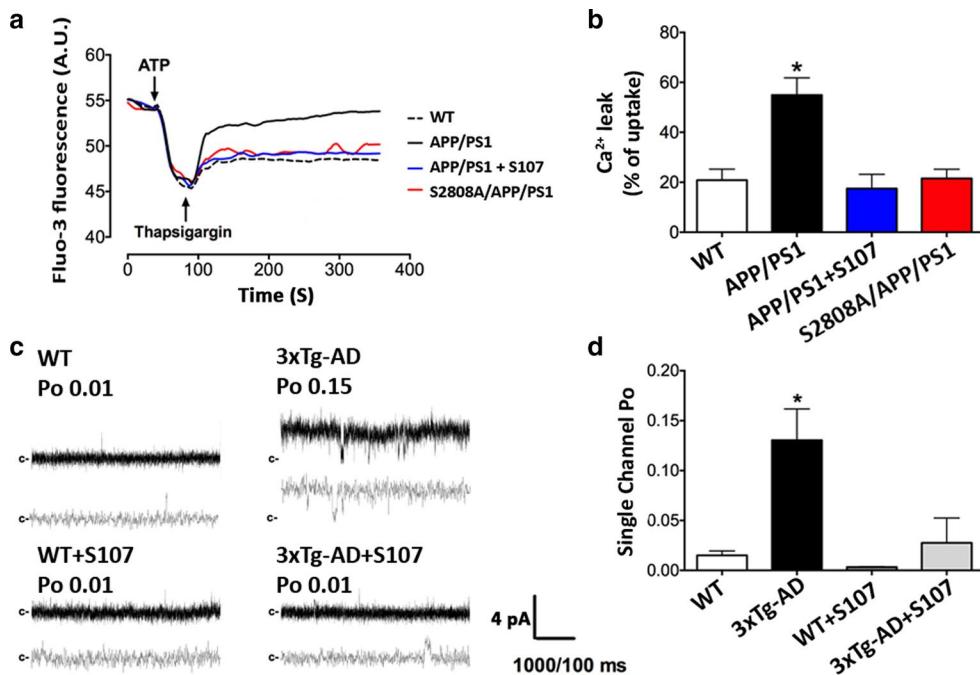


Fig. 2 Remodeling of neuronal RyR2 channel complex results in abnormal Ca²⁺ homeostasis in $APP^{+/-}/PSI^{+/-}$ and 3 × Tg-AD mice and is reversed by S107 and genetic rescue with RyR2 $S2808A^{+/-}$. **a–b** Neuronal microsomes from $APP^{+/-}/PSI^{+/-}$ mice exhibited increased ER Ca²⁺ leak ($55 \pm 7\%$ vs. $21 \pm 4\%$ in WT mice, $n \geq 5$ for each group). Pharmacologically inhibiting ER Ca²⁺ leak by administering S107 (as in Fig. 1h–n) and crossing with RyR2 $S2808A^{+/-}$ mice reduced neuronal ER Ca²⁺ leak in $APP^{+/-}/PSI^{+/-}$ (22 ± 4 , and $55 \pm 7\%$, $n = 7$ for each group). **c, d** Hippocampal RyR2 channels of 3 × Tg-AD mice were leaky as manifested by increased single-channel open probabilities (Po) under resting conditions (e.g., with low cytosolic activating [Ca²⁺]_c, control Po = 0.0145 ± 0.0044 , $n = 5$ vs. 3 × Tg-AD Po = 0.1304 ± 0.0313 , $n = 6$). Treatment of the 3 × Tg-AD mice with the S107 (as in Fig. 1o–u) normalized the channel Po (Po = 0.0275 ± 0.0249 , $n = 6$) consistent with fixing the leak. Data are mean \pm SEM. *, $p < 0.05$ versus WT. Data were analyzed using the one-way ANOVA and Tukey's post-test

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Previous studies in FAD mice have shown that RyR-mediated ER Ca²⁺ release can facilitate glutamatergic spontaneous excitatory postsynaptic potential (sEPSP) activity [8, 11, 35]. $APP^{+/-}/PSI^{+/-}$ CA1 pyramidal neurons exhibited significantly increased sEPSPs frequency compared to WT mice, consistent with intracellular Ca²⁺ leak in presynaptic terminals in the $APP^{+/-}/PSI^{+/-}$ mice (Suppl. Figure 4k–o). Treatment with S107 normalized sEPSP frequency in $APP^{+/-}/PSI^{+/-}$ mice (Suppl. Figure 4k–m, and 4o), without affecting sEPSP amplitudes (Suppl. Figure 4k–m, and 4o).

Impaired RyR2 function affects cognitive behavior in AD-like mice models

We next sought to determine whether leaky hippocampal RyR2 channels modulate the encoding or retrieval of contextual fear memories. In the contextual fear conditioning (FC) test, 3-month-old $APP^{+/-}/PSI^{+/-}$ mice exhibited decreased freezing compared to the WT mice (Fig. 3a). This was improved when RyR2-mediated intracellular Ca²⁺ leak was inhibited either pharmacologically

with S107 treatment of $APP^{+/-}/PSI^{+/-}$ mice, or genetically in RyR2- $S2808A^{+/-} \times APP^{+/-}/PSI^{+/-}$ crossed mice (Fig. 3a). There was also decreased freezing in auditory cued FC in $APP^{+/-}/PSI^{+/-}$ compared to the WT mice (Fig. 3b), which was improved by genetic rescue (crossing $APP^{+/-}/PSI^{+/-}$ mice with RyR2- $S2808A$ mice), but not by S107 treatment. These data suggest that the intracellular Ca²⁺ leak via remodeled RyR2 channels may be associated with impaired encoding and retrieval of contextual fear memory.

$APP^{+/-}/PSI^{+/-}$ mice also exhibited short-term memory deficits as manifested in the novel object recognition (NOR) test by reduced discrimination index (DI) between the novel object and the constant object after 1 h (Fig. 3c, d). Both pharmacologic treatment with S107 and genetic rescue improved hippocampal-based short-term memory as evidenced by normalization of the DI (Fig. 3d). These data further suggest that RyR2 Ca²⁺ leak is associated with impaired short-term memory formation in a murine model of AD.

We assessed the effects of leaky RyR2 channels on spatial learning and memory using the Morris water maze

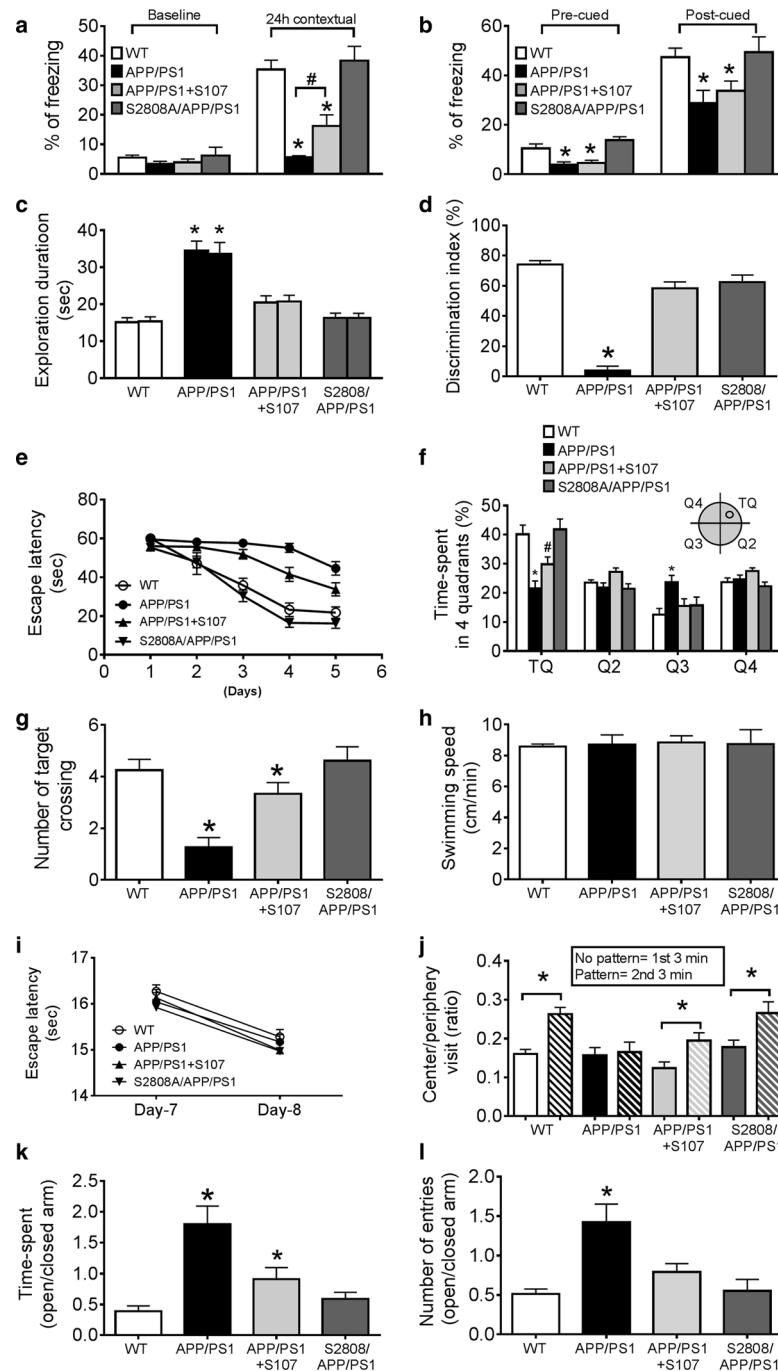


Fig. 3 S107 treatment or genetic rescue targeting leaky RyR2 channels improves cognitive function in AD. Freezing responses in contextual fear conditioning (FC) (**a**) and auditory cued FC (**b**). WT, $n = 19$, $APP^{+/-}/PS1^{+/-}$, $n = 15$, $APP^{+/-}/PS1^{+/-} + S107$, $n = 13$, $RyR2-S2808A^{+/-} \times APP^{+/-}/PS1^{+/-}$ crossed mice, $n = 11$. **c** The exploration durations for mice in the novel object recognition test (NOR) with two identical objects (T₁, T₂) during the 5-min exposure period. **d** After a 1-h interval the exploration durations for mice to the constant object (T₁) and the novel object (T_N) were recorded during a 2-min exposure period and shown as the discrimination index [DI = (T_N - T₁)/(T_N + T₁)]. WT, $n = 20$, $APP^{+/-}/PS1^{+/-}$, $n = 15$, $APP^{+/-}/PS1^{+/-} + S107$, $n = 18$, $RyR2-S2808A^{+/-} \times APP^{+/-}/PS1^{+/-}$, $n = 11$. **e** Learning curves showing the escape latency during a 5-day training period in the Morris water maze (MWM). **f, g** The time spent

in all quadrants and the number of target crossings on day 6 probe trial of the MWM. **h** Swimming speeds were recorded on day 6 probe trial. **i** Escape latencies for the visible platform test was performed for 2 days after day 6 of the probe trial, 3 trials per day, 60 s for each trial. **j** Ratio of the center vs. periphery visits in the open field test (OF). **k** Time spent in the open vs. closed arms of the elevated plus maze (EPM) and **l** the ratio of the number of entries to the open vs. closed arms. The same groups of mice were used for NOR, MWM, OF and EPM tests. Separate groups of naïve mice were used for FC tests. S107 treatment was from 4 weeks of age until testing at 3 months. Learning curve data from MWM test were analyzed using the two-way ANOVA. All other data were analyzed using the one-way ANOVA and Bonferroni post-test. Graphs show mean \pm SEM, *, $p < 0.05$ versus WT mice, #, $p < 0.05$ versus $APP^{+/-}/PS1^{+/-}$ mice

(MWM). $APP^{+/-}/PSI^{+/-}$ mice exhibited higher escape latencies in the MWM (Fig. 3e), spent less time in the target quadrant and had a reduced number of target crossings compared to WT mice (Fig. 3f, g). S107 treatment of $APP^{+/-}/PSI^{+/-}$ mice partially improved the escape latency, the time spent in the target quadrant and the number of target crossings compared to untreated $APP^{+/-}/PSI^{+/-}$ mice. Genetic rescue of leaky RyR2 channels using $RyR2\text{-}S2808A}^{+/+} \times APP^{+/-}/PSI^{+/-}$ crossed mice resulted in normalization of escape latencies (Fig. 3e), the time spent in the target quadrant and the number of target crossings (Fig. 3f, g). Similar data were obtained using the 3 × Tg-AD model in the MWM showing that S107 treatment improved the escape latency (Suppl. Figure 5a). In the probe trials, S107-treated 3 × Tg-AD mice exhibited reduced latency to the first entry into the target quadrant (TQ) and platform (PF) zones (Suppl. Figure 5b, and 5c) and reduced distance to the first entry in the PF zone (Suppl. Figure 5d). Accordingly, S107-treated 3 × Tg-AD mice spent more time and showed enhanced number of entries in TQ zone (Suppl. Figure 5e, and 5f). Importantly, the observed deficits in the MWM in both $APP^{+/-}/PSI^{+/-}$ and 3 × Tg-AD mice models were not due to defects in swimming speed (Fig. 3h, and Suppl. Figure 5g) or altered vision function (Fig. 3i).

Leaky RyR2 channels were associated with additional behavioral abnormalities including increased anxiety studied by open field (O-F) and elevated plus maze (EPM) tests. The $APP^{+/-}/PSI^{+/-}$ mice made an equal number of visits to the center and periphery in the O-F test (Fig. 3j) and spent more time and made more entries into the open arms of the EPM (Fig. 3k, l), in agreement with disinhibited behavior previously reported in $APP^{+/-}/PSI^{+/-}$ mice [40]. This behavior was restored to normal by both pharmacologic treatment with S107 and genetic rescue with $RyR2\text{-}S2808A}^{+/+} \times APP^{+/-}/PSI^{+/-}$ crossed mice (Fig. 3j–l). Additionally, $APP^{+/-}/PSI^{+/-}$ mice exhibited increased spontaneous exploratory behavior that was not seen in mice treated with S107 or in $RyR2\text{-}S2808A}^{+/+} \times APP^{+/-}/PSI^{+/-}$ crossed mice in the NOR, OF and EPM tests (Fig. 3c, j, k).

RyR2 leak impairs postsynaptic function in hippocampal neurons

As part of the “ Ca^{2+} hypothesis” of AD, it has been proposed that a combination of progressive reduction in long-term synaptic potentiation (LTP) and increase in long-term synaptic depression (LTD) may contribute to memory loss [6, 25, 55]. CA3–CA1 Schaffer collateral LTP was reduced in 3-month-old $APP^{+/-}/PSI^{+/-}$ mice compared to WT (Fig. 4a) with no differences in basal synaptic transmission (BST) (Fig. 4c). Both pharmacologic treatment with S107 and genetic rescue in $RyR2\text{-}S2808A}^{+/+} \times APP^{+/-}/PSI^{+/-}$

$PSI^{+/-}$ crossed mice significantly improved the LTP in the $APP^{+/-}/PSI^{+/-}$ mice (Fig. 4a). LTD was also reduced in 3-month-old $APP^{+/-}/PSI^{+/-}$ mice compared to WT and restored to the WT levels by treatment with S107 or with genetic rescue (Fig. 4b). LTP and LTD were also reduced in 6-month-old $APP^{+/-}/PSI^{+/-}$ mice with reduced BST as well (Fig. 4d–f). Treatment with S107 improved both LTP and LTD at 6 months of age (Fig. 4d–f). S107 treatment had no effect on LTP, LTD or BST in WT mice (Suppl. Figure 6c–e). These data suggest that both defective memory formation (LTP) and impaired editing (LTD) contribute to cognitive and behavioral abnormalities observed in $APP^{+/-}/PSI^{+/-}$ mice that are rescued by pharmacologic or genetic targeting of RyR2 leak.

Loss of postsynaptic dendritic spines contributes to memory and cognitive deficits in AD [53, 75, 76]. We examined the possible effects of leaky RyR2 channels on dendritic spine morphology by treating primary cultured hippocampal neurons with S107 in the presence of A β 42 peptides. The spine diameter was significantly decreased 24 h after the addition of A β 42 peptides (200 nM) (Fig. 4g). Pretreatment with S107 prevented dendritic spine collapse (Fig. 4g).

Leaky RyR2 channels contribute to neuropathology in transgenic AD-like mice

Next, we determined whether inhibiting leaky RyR2 affects A β plaque deposition in brain slices in 5-month-old $APP^{+/-}/PSI^{+/-}$ mice. Both S107 treatment (beginning at 3 months of age) and genetic rescue with $RyR2\text{-}S2808A}^{+/+} \times APP^{+/-}/PSI^{+/-}$ crossed mice reduced the number of A β plaques (Fig. 5a–e). Accordingly, treatment of 3 × Tg-AD mice at 11 months of age (a point at which A β plaques begin to be detectable in this model) with S107 for 4 weeks also reduced the number and size of A β plaques (Fig. 5f–j). GFAP staining revealed increased astrogliosis in the hippocampal CA1 area in $APP^{+/-}/PSI^{+/-}$ brain slices that was also reduced by S107 treatment and genetic rescue in $RyR2\text{-}S2808A}^{+/+} \times APP^{+/-}/PSI^{+/-}$ crossed mice (Suppl. Figure 7a–h). The total APP was increased in the hippocampus of the 3 × Tg-AD mouse model (due to β APP transgene overexpression) (Fig. 5k, l). Interestingly, the levels of C83 and C99 (α -CTF and β -CTF, respectively), two fragments resulting from β APP cleavage by α -secretase and β -secretase (BACE1), were reduced by S107 treatment (Fig. 5k, l).

We previously reported that 3 × Tg-AD mice show a concomitant accumulation of both C99 and C83 and that increased C83 levels derived from α -secretase mediated the cleavage of C99 [27, 41, 58]. Therefore, the reduced production of C83 observed in S107-treated animals could likely be accounted for by reduced levels of its precursor

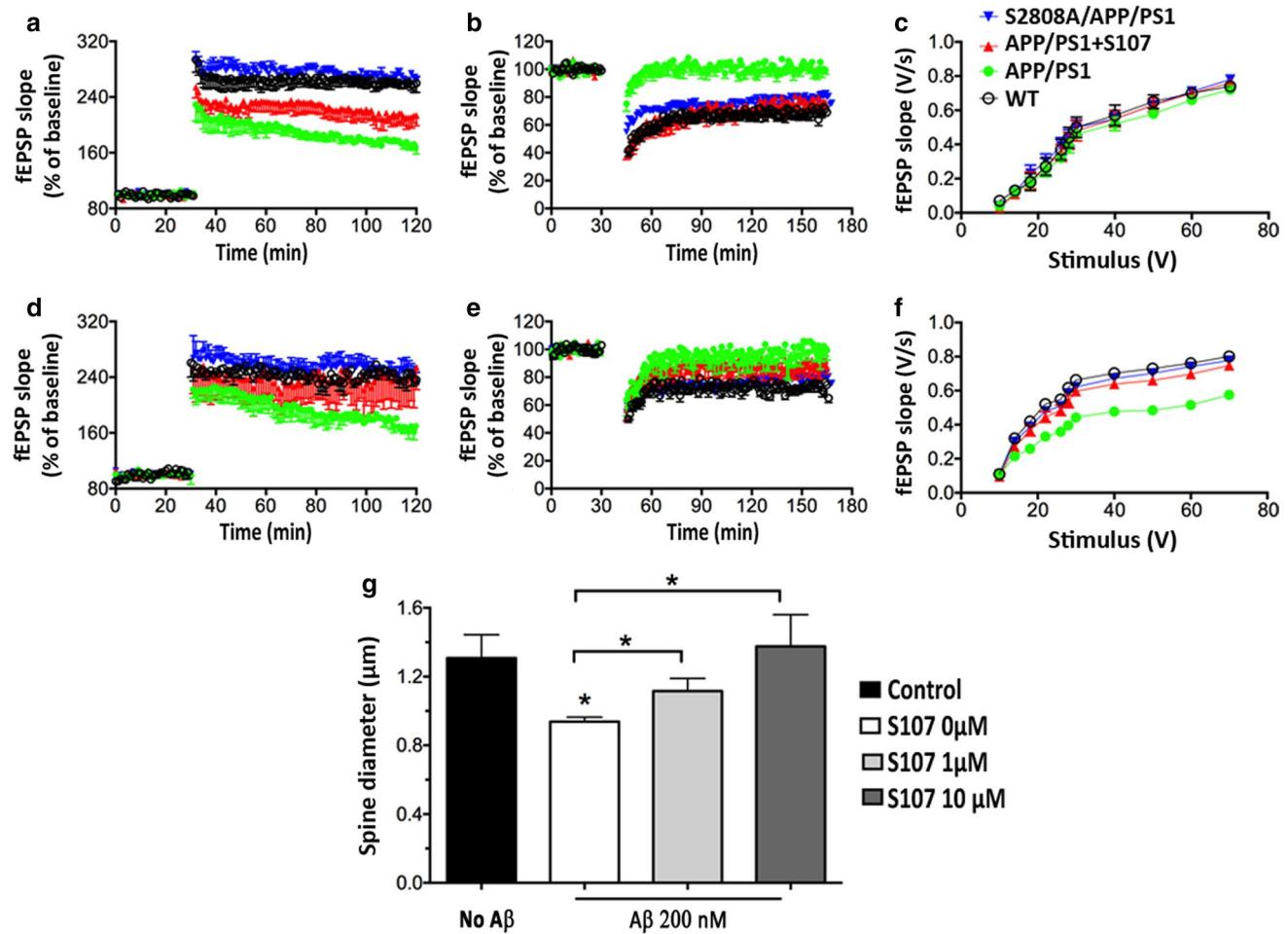


Fig. 4 S107 treatment or genetic rescue targeting leaky RyR2 channels improve hippocampal postsynaptic function and plasticity in AD. S107 treatment, and genetic rescue improved the hippocampal LTP and LTD in 3 months old AD mice (**a–c**), and 6 months old AD mice (**d–f**). Electrophysiological recordings were performed by stimulating Schaeffer collateral fibers and recording in the CA1 stratum radiatum. **a, d** LTP responses were recorded for 90 min after tetanus. $p < 0.05$ for $APP^{+/-}/PSI^{+/-}$ vs. WT, $APP^{+/-}/PSI^{+/-} + S107$ and $S2808A^{+/-} \times APP^{+/-}/PSI^{+/-}$. **b, e** LTD responses were recorded for 120 min after low-frequency stimulation (LFS). $p < 0.05$ for $APP^{+/-}/PSI^{+/-}$ versus WT and $APP^{+/-}/PSI^{+/-} + S107$. Basal response traces before 0-burst (3 tetanus at 100 Hz in 60 s) and a 900-pulse LFS at 1 Hz for 15 min are shown. **c, f** Input–output curves in the

CA1 region of hippocampal slices from 3- and 6-month-old mice. WT, 11 slices from six animals; $APP^{+/-}/PSI^{+/-}$, 10 slices from five animals; $APP^{+/-}/PSI^{+/-} + S107$, 11 slices from six animals; $RyR2-S2808A^{+/-}/APP^{+/-}/PSI^{+/-}$, 11 slices from six animals. Data were analyzed by two-way ANOVA. S107 treatment was from 4 weeks of age until age of testing (3 or 6 months). **g** Spine diameter was measured in cultured murine hippocampal neurons. Exposure to $A\beta 42$ (200 nM) for 24 h reduced spine diameter and treatment with S107 prevented the reduction in spine diameter. Data were analyzed using the one-way ANOVA and Bonferroni post-test. Graph shows mean \pm SEM *, $p < 0.05$ vs. control (no $A\beta$), or vs. $A\beta$ treated neurons

C99. C99 also undergoes cleavage by γ -secretase to yield $A\beta 40$ and $A\beta 42$ peptides. The total amounts of soluble and insoluble $A\beta 40$ and $A\beta 42$ were significantly reduced by S107 treatment in both $3 \times Tg$ -AD and $APP^{+/-}/PSI^{+/-}$ mice (Fig. 5k, m, n) and in $RyR2-S2808A^{+/-} \times APP^{+/-}/PSI^{+/-}$ crossed mice (Fig. 5n). These findings were further confirmed in $3 \times Tg$ -AD mice by immunohistochemistry using anti-C-terminus antibodies that specifically recognize α -CTF and β -CTF (Suppl. Figure 7i–k), or with FCA18 antibody [4] that interacts specifically with the N-terminal

aspartyl residue common in both the $A\beta$ and C99 fragments (Suppl. Figure 7i–n).

BACE1 is highly expressed in neurons and its expression increases during aging as well as in the brains of AD patients [88]. It was also reported that there is a positive correlation between elevated BACE1 activity, increased $A\beta$ levels and plaque load in mouse and human brain regions [45, 88]. Accordingly, we showed that BACE1 and β CTF levels were increased in human AD brains (Suppl. Figure 8a) and in $APP^{+/-}/PSI^{+/-}$ brains (Suppl. Figure 8b).

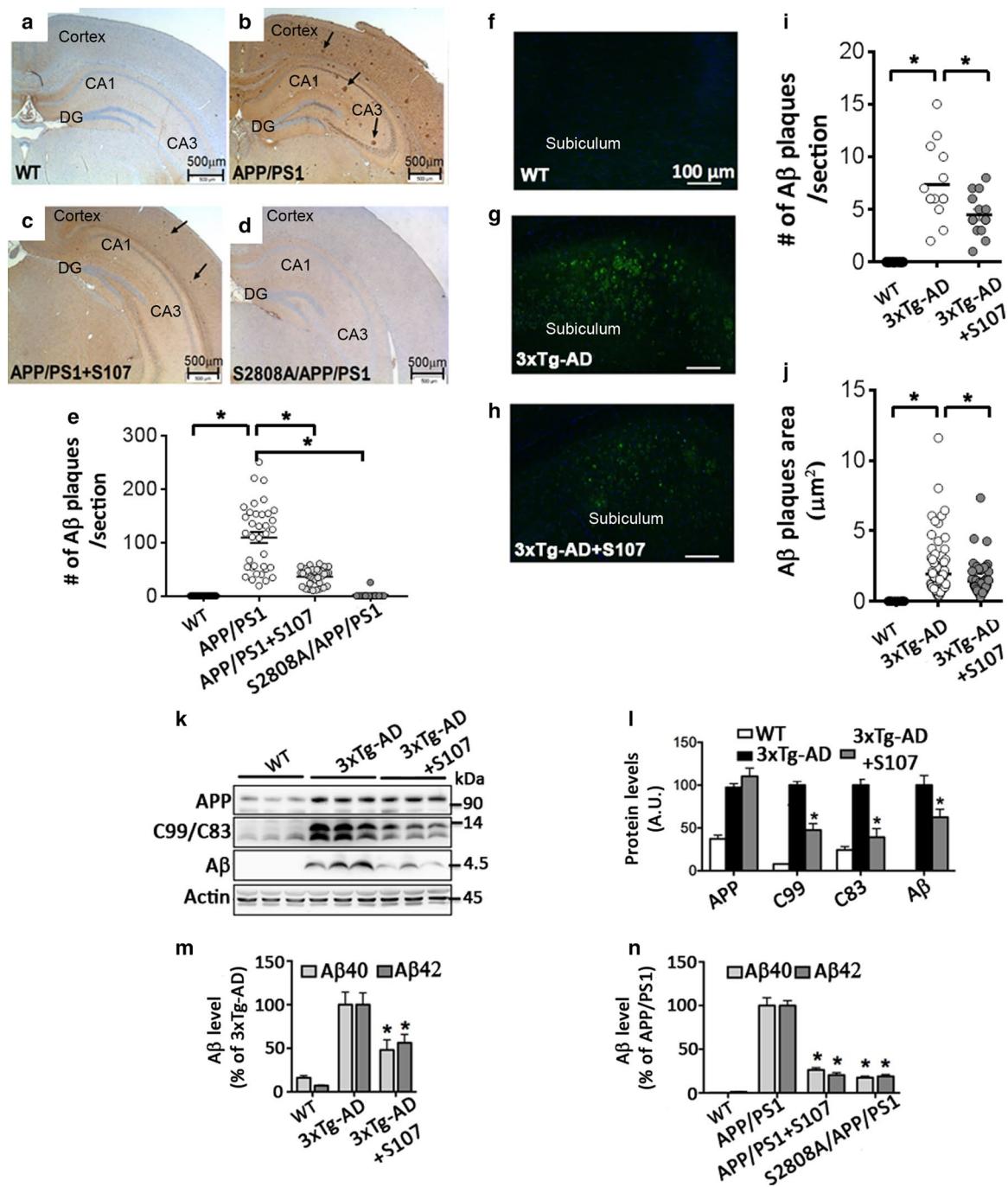


Fig. 5 S107 treatment or genetic rescue targeting of leaky RyR2 channels reduces A_β production and deposition in AD-like mice brains. Amyloid β plaque depositions (arrows) in hippocampal and cortical areas of: **a** WT mice, **b** APP^{+/−}/PSI^{+/−} mice (5 month-old), **c** APP^{+/−}/PSI^{+/−} mice treated with S107 beginning at 4 weeks for 4 months (testing at 5 months old), and **d** RyR2-S2808A^{+/+} × APP^{+/−}/PSI^{+/−} crossed mice. **e** Summary data of the number of plaques (mean ± SEM). Data were taken from six slices per mouse, three mice per group. *, p < 0.05 vs. WT mice, or vs. APP/PS1 mice. **f-h** Amyloid β plaque depositions (Green signal) in WT (**f**), 3 × Tg-AD mice (11 months old) treated (**h**) or not (**g**) for 4 weeks with S107 (testing at 12 months). Data were taken from four slices per mouse, three mice per group. **i, j** Graphs show mean ± SEM of the number (**i**) and area (**j**) of A_β plaques *

p < 0.05 vs. WT mice, or vs. 3 × Tg-AD mice. **k** Representative blots showing the expression of full length β APP, C83 (α -CTF) and C99 (β -CTF), and A_β in the hippocampus of WT, 3 × Tg-AD and 3 × Tg-AD + S107 mice. Data were taken from >6 animals per group. **l** The graph shows mean ± SEM of protein levels calculated versus 3 × Tg-AD mice considered as 100%. *, p < 0.05 versus 3 × Tg-AD mice. **m, n** Soluble and insoluble A_β40 and A_β42 levels (detected in total brain lysates (in APP/PS1), or in total hippocampal (3 × Tg-AD) lysates). Data were taken from >4 animals per group. Graphs show mean ± SEM *, p < 0.05 versus APP^{+/−}/PSI^{+/−} mice, or versus 3 × Tg-AD mice. All data were analyzed using the one-way ANOVA and Tukey's post-test. Representative marker brain structures names are depicted in (**a-d**, and **f-h**)

S107 treatment of *APP^{+/−}/PS1^{+/−}* mice and genetic rescue with *RyR2-S2808A^{+/+} × APP^{+/−}/PS1^{+/−}* crossed mice normalized BACE1 and β-CTF levels in *APP^{+/−}/PS1^{+/−}* brains (Suppl. Figure 8b).

We also examined the consequences of inhibiting RyR2-mediated ER Ca²⁺ leak on the regulation of additional signaling proteins that have been implicated in AD (Suppl. Figure 8). In addition to BACE1 and βCTF, pAMPK, Cdk5 truncated activator p25, phosphorylated tau (pT181, pS262) and sAPPβ were increased in human AD brains (Suppl. Figure 8a) as well as in *APP^{+/−}/PS1^{+/−}* brains (Suppl. Figure 8b). S107 treatment and genetic rescue returned the levels of these signaling proteins to normal (Suppl. Figure 8b). The formation of neurofibrillary tangles is reported to be downstream of the Ca²⁺-dependent protease calpain [69]. Tissue calpain activity was increased ~sixfold compared to WT mice in *APP^{+/−}/PS1^{+/−}* brains (Suppl. Figure 8c) and was reduced by both S107 treatment and genetic rescue with *RyR2-S2808A^{+/+} × APP^{+/−}/PS1^{+/−}* crossed mice (Suppl. Figure 8c).

Constitutive RyR2 phosphorylation induces synaptic and cognitive deficit

We then explored the importance of RyR2 PKA phosphorylation and leak in synaptic and cognitive deficits in a genetic background free of any AD-associated mutations using a PKA phosphomimetic knock-in mouse model (*RyR2-S2808D^{+/+}*) [48, 72]. At 3 months of age, hippocampal RyR2 channels from *RyR2-S2808D^{+/+}* mice were oxidized, nitrosylated and depleted of calstabin2 (Fig. 6a). S107 treatment prevented calstabin2 depletion from hippocampal RyR2 channels (Fig. 6a), but had no effect on channel oxidation and nitrosylation in *RyR2-S2808D^{+/+}* mice. Neuronal microsomes isolated from *RyR2-S2808D^{+/+}* mice brain exhibited increased ER Ca²⁺ leak compared to those from WT mice (Suppl. Figure 9a, 9b). Administration of S107 significantly reduced neuronal ER Ca²⁺ leak in *RyR2-S2808D^{+/+}* mice (Suppl. Figure 9a, 9b). Adding ryanodine confirmed that the source of Ca²⁺ release was mainly associated with RyR channels (Suppl. Figure 3e, 3f). Thus, phosphomimetic neuronal RyR2 channels in *RyR2-S2808D^{+/+}* mice cause an ER Ca²⁺ leak.

RyR2-S2808D^{+/+} mice exhibited also cognitive and behavioral dysfunctions as assessed by contextual and cued FC (Fig. 6b, c), MWM (Fig. 6d–f), NOR (Fig. 6j), and EPM tests (Fig. 6k, l), without differences in swimming or latency to find a visible platform (Fig. 6g, h). Accordingly, LTP and LTD were reduced and synaptic strength was decreased in 3-month-old *RyR2-S2808D^{+/+}* mice (Fig. 6m–o), consistent with a reduction in dendritic spine density in the hippocampal neurons in *RyR2-S2808D^{+/+}*

mice and a decrease in postsynaptic density protein-95 (PSD95) expression [64, 80] (Fig. 6p, q). S107 treatment of *RyR2-S2808D^{+/+}* mice beginning at 4 weeks of age until testing at 3 months of age (S2808D + S107 (F0)) failed to improve learning and memory deficits (Fig. 6b–l). Interestingly, continuous oral S107 treatment for two generations (F2) improved cognitive deficits (Fig. 6b–l) and restored LTP, LTD and BST of *RyR2-S2808D^{+/+}* in 3-month-old mice (Fig. 6m–o). Normalization of these defects by fitting leaky RyR2 with S107 over two generations suggests an epigenetic effect, some of which has been reported in AD [29]. Interestingly, we found that methylation of hippocampal DNA was increased in *RyR2-S2808D^{+/+}* mice compared to WT mice. S107 treatment decreased DNA methylation in the F2 generation, but not in F0 or F1 generations (Suppl. Figure 10). These data suggest that chronic RyR-mediated ER Ca²⁺ leak may exert an epigenetic effect regulating gene expression associated with cognitive deficits and synaptic alteration.

Discussion

It has been proposed that defects in Ca²⁺ signaling could account for many aspects of AD including memory loss [6], and Ca²⁺ channels have been recognized as triggering cell survival or death [50]. Indeed, genes encoding Ca²⁺ handling proteins have recently been linked to AD in human genome studies [36]. Altered Ca²⁺ regulation has been reported in both sporadic forms of AD, and FAD linked to βAPP and PS1/2 mutations [13, 58]. Moreover, alterations of the expression and function of RyR channels have been reported in human brains and AD models [14, 77, 78]. Several studies have showed that PS mutations induce exacerbated IP₃R- and RyR-mediated Ca²⁺ release [15, 24, 44, 77, 78]. It was proposed that the enhanced RyR-mediated ER Ca²⁺ release is likely associated with impairment of PS-mediated Ca²⁺ leak function and to increased ER Ca²⁺ pool [92]. However, experiments using the PS1/2 conditional double knockout mice lead to controversial conclusions [87, 92]. Importantly, the impact of Aβ and of βAPP overexpression on RyR dysfunction was revealed independently of PS mutation or overexpression [43, 56, 58, 79]. Of most interest, it was also reported that exogenous Aβ oligomers may stimulate RyR-mediated Ca²⁺ release in wild-type hippocampal neurons [61].

We show now that the “biochemical signature” of leaky RyR2 channels is present in the brains of patients with sporadic AD as well as in two murine models harboring FAD-related mutations, suggesting that leaky RyR2 channels may be relevant to both familial and sporadic forms of AD.

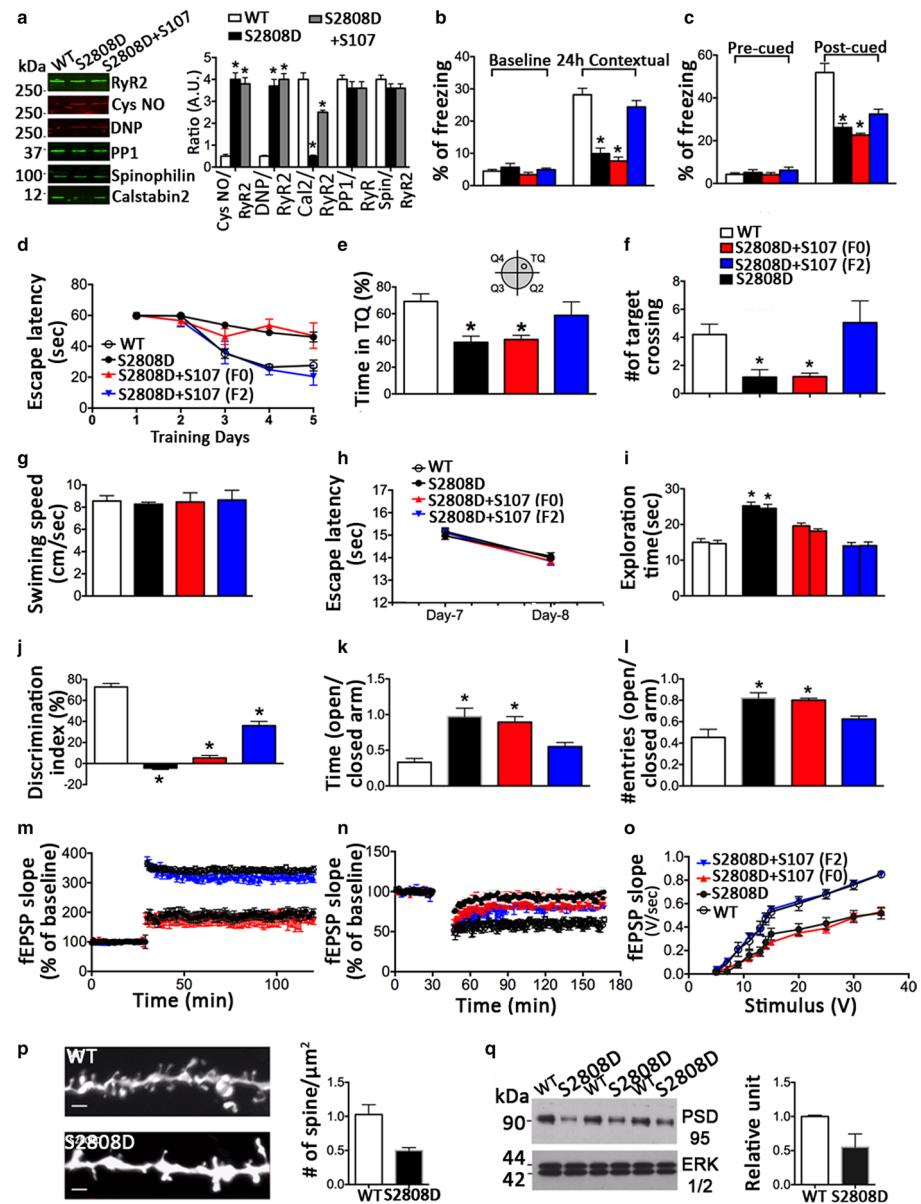


Fig. 6 Constitutive RyR2 phosphorylation induces an AD-like phenotype. **a** Representative SDS-PAGE analyses and quantification of neuronal RyR2 remodeling in WT, *RyR2-S2808D^{+/+}* (S2808D), and S107 treated *RyR2-S2808D^{+/+}* (S2808D + S107) mice brains as in Fig. 1. S2808D^{+/+} mice were treated orally with S107 from 4 weeks until testing at 2 months. Data are mean \pm SEM. * $p < 0.05$, $n = 4$ for each group. Freezing responses in contextual FC (**b**) and auditory cued FC (**c**). WT, $n = 13$, *RyR2-S2808D^{+/+}*, $n = 15$, S2808D + S107(F0), $n = 10$, S2808D + S107(F2), $n = 13$. S2808D^{+/+} mice were treated as in (**a**) (F0), or continuously for two generations (F2). **d** Learning curves showing the escape latency for mice to reach the hidden platform during 5-day trials. **e**, **f** Probe trials showing the time spent in the target quadrant (**e**) and the total number of target crossings (**f**) for the mice. Two-way ANOVA was used to analyze the learning curves, one-way ANOVA was used to analyze the probe trial tests. WT, $n = 15$, S2808D, $n = 18$, S2808D + S107(F0), $n = 18$, S2808D + S107(F2), $n = 14$. **g** Swimming speeds were recorded on day 6 of the probe trial. Data are mean \pm SEM. **h** Escape latencies are shown for the visible platform

test was performed as in Fig. 3. **i** Novel object recognition (NOR) test: exploration duration for two identical objects. **j** Discrimination index after 1-h interval. Data are presented as mean \pm SEM. **k**, **l** EPM test, ratios of time spent in the open arm and closed arm and total number of entries. Data are presented as mean \pm SEM. **m–o** Electrophysiological LTP (**m**), LTD (**n**), and fEPSP slope (**o**) recordings were performed as in Fig. 4. Two-way ANOVA was used for data analyses. WT, $n = 14$ slices were from nine mice, S2808D, $n = 7$ slices from seven mice, S2808D + S107 (F0), $n = 6$ slices from six mice, S2808D + S107 (F2), $n = 9$ slices from four mice. **p** Representative image and summary graph of spine density. Spine images were taken from six mice in each genotype. Data were taken from 10 to 20 neurons/mouse. Data were analyzed as mean \pm SEM, * $p < 0.05$ versus WT mice. Scale bar: 1 μm . **q** Expression of PSD95 in hippocampal samples from the WT (WT) and *RyR2-S2808D^{+/+}* (S2808D) ($n = 3$) mice were examined by immunoblot analysis. Total ERK1/2 at 42 and 44 kDa served as loading control. Data were analyzed as mean \pm SEM, * $p < 0.05$, vs. WT mice. **j–q** data were analyzed using the one-way ANOVA and Tukey's post-test

β 2-Adrenergic receptors (β 2-ARs) have been implicated in the development of AD [90]. Interestingly, β 2-AR gene variants have been identified as risk factors for late-onset AD [89]. Oxidative stress is also a major contributor to AD pathogenesis [31, 37, 83]. We suggest that RyR2 remodeling likely occurs through synergistic oxidative and β -adrenergic stimulation. It has already been shown that A β stimulates PKA activity and PKA-dependent signaling pathways by activating β -ARs [23, 39, 59, 66]. Conversely, β -ARs blockers and inhibitors of PKA diminish A β production and delay functional decline in AD [49, 68]. However, the mechanism underlying this functional interplay remains uncertain. Activation of β 2-ARs enhances γ -secretase activity and accelerates A β plaques formation [54, 90], a process that can be blocked by the specific β 2 antagonist [90]. Interestingly, A β 42 peptide binds to the N-terminus of β 2-ARs [84].

We show in the present study that neuronal RyR2 channels are PKA phosphorylated in both human AD patients and in two murine models of AD. Preventing PKA phosphorylation of RyR in *RyR2-S2808A^{+/+}* \times *APP^{+/−}* / *PS1^{+/−}* crossed mice provides strong support for the potential role of the adrenergic signaling cascade in the pathogenesis of AD. Indeed, in the human samples, a major difference in RyR2 biochemistry between non-AD and AD patient samples is PKA phosphorylation of the RyR2 channel. We noticed the presence of phosphorylated tau (pTau181, and pTau262) in age-matched AD human controls. Indeed, it was previously reported that abnormally phosphorylated tau accumulates as neurofibrillary tangles and neuropil threads in older persons with and without AD [18].

In accordance with our study, the beneficial effects of genetic knockdown or pharmacologic blockade of β 2-AR were reported in tau [86] and in Tg2576 transgenic mice [21]. Selective targeting of β -AR to reverse/prevent AD pathology remains, however, controversial. The administration of a β 2-AR antagonist has been shown to exacerbate neuropathology and cognitive deficits in a mouse model of AD [7]. The pharmacological stimulation of β 2-AR has been shown to improve cognitive function and restore synaptic density in a mouse model of Down syndrome [19]. Recently it has also been reported that an enriched environment activates β 2-ARs and protects against A β -induced reduction in LTP and prevents A β oligomers-mediated hippocampal impairment [46]. Importantly, while it is well established that β -adrenergic signaling is important for learning and memory, it appears that chronic activation of this cascade may be detrimental.

Intracellular Ca $^{2+}$ release via RyRs has been proposed to be involved in the regulation of LTD and LTP which represents the cellular basis for learning and memory [1, 25, 67, 82]. A previous study reported that inhibition of RyR

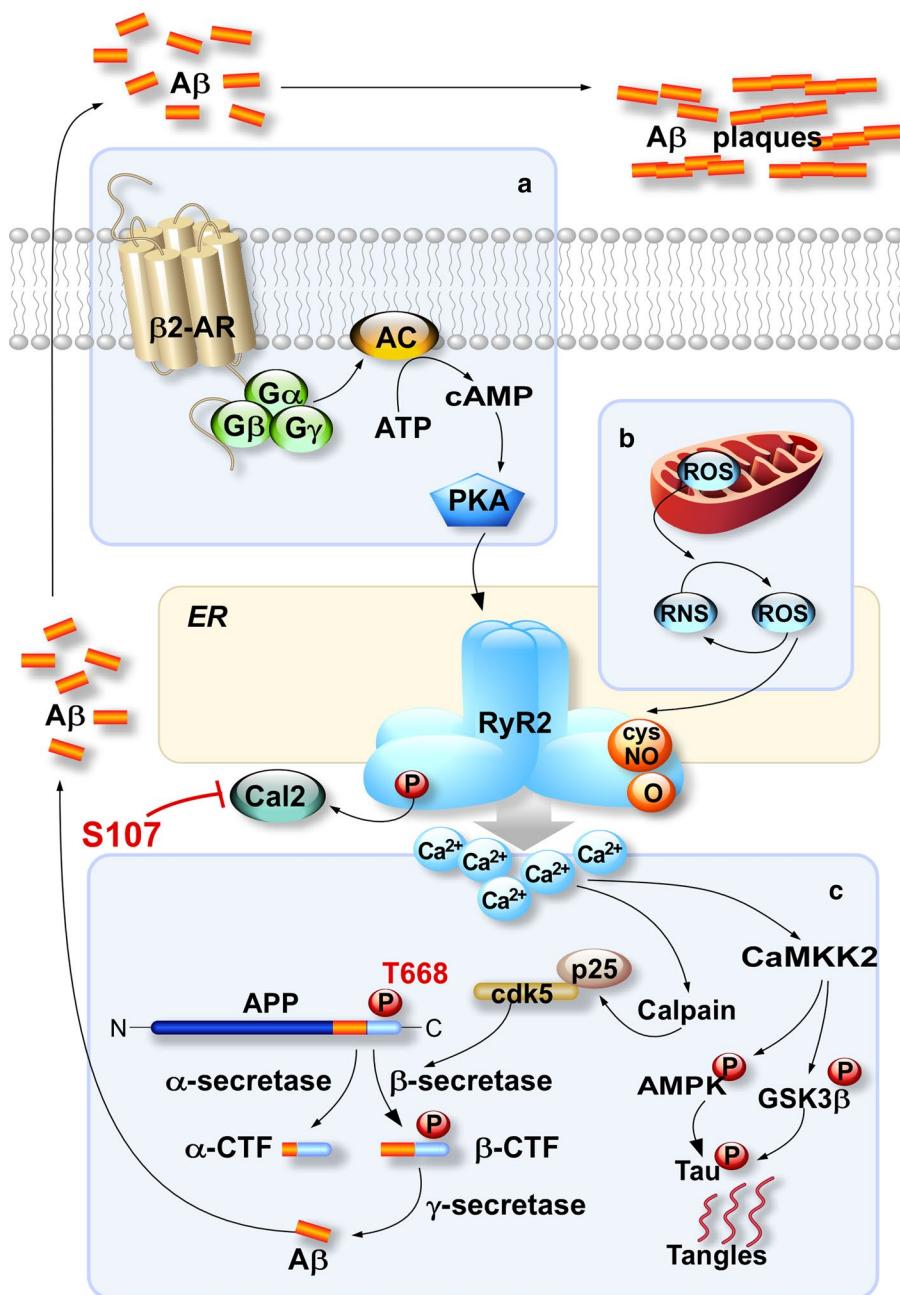
channels enhances hippocampal LTD [12]. This finding is consistent with our present data showing reduced LTD in the presence of leaky RyR2 channels. In mice with impaired LTD, Kandel and colleagues reported down-regulation of RyRs and up-regulation of inhibitor 1 which inhibits PP1 [25]. Inhibition of PP1 would promote PKA phosphorylation of RyR2 as we found in both human AD and murine AD models. We show that in AD human brains and in AD-like mice models, the RyR2 macromolecular complex is depleted of both PP1 and its anchoring protein spinophilin [2, 26]. This is consistent with the fact that the amount of spinophilin is decreased in the AD brain [59]. Here, we show for the first time, in an adult AD mouse model that LTD (memory editing) is reduced, suggesting that a combination of impaired storage of new memories (decreased LTP) combined with reduced memory editing (decreased LTD) contributes to decreased memory flexibility [55] and increased confusion in AD.

It has been reported that Ca $^{2+}$ plays a role in the production of A β peptides, tau phosphorylation and neurofibrillary tangles in AD [20]. We show that signaling pathways leading to A β production and tau phosphorylation are activated in the setting of chronic intracellular Ca $^{2+}$ leak. Moreover, pharmacologic and genetic fixing RyR2-mediated Ca $^{2+}$ leak decreased the activation of these signaling pathways leading to reduced A β production and tau phosphorylation. In support of these findings, the RyR active drug dantrolene has been shown to prevent AD-type pathology [91], including a reduction in A β plaques, in some [11, 58, 63], but not all studies [92]. However, the application of dantrolene in clinic for the treatment of AD is questionable due to adverse side effects associated with its chronic use [47].

Another key finding in the present study is that the expression of a phosphomimetic *RyR2-S2808D^{+/+}* channel in mice results in neuronal intracellular Ca $^{2+}$ leak associated with cognitive and behavioral deficits. Interestingly, the finding that it takes two generations of fixing RyR2-mediated ER Ca $^{2+}$ leak (with S107) to show improvement in the AD-like phenotype and the reduction in methylation of hippocampal DNA in the *RyR2-S2808D^{+/+}* mice points toward a potentially strong contribution of ER Ca $^{2+}$ leak physiology to epigenetic control [5, 30].

An important question is what is the initiating event in AD? Do leaky RyR2 channels activate a signaling cascade resulting in A β plaque deposition and tangle formation that cause AD, or does A β activate RyR2 channels [60] causing an intracellular Ca $^{2+}$ leak that leads to further pathology? We suggest that an increase in the formation of A β peptides in FAD could lead to A β -dependent β -adrenergic and oxidative stress. Yet, an age-dependent increase in oxidative stress could also play a role in the disease mechanism of SAD. The finding of leaky RyR2 channels due to post-translational modifications by oxidation and PKA phosphorylation

Fig. 7 The vicious cycle of Alzheimer's disease neurodegeneration involving A β , β 2-adrenergic signaling, and leaky RyR2 channels. ER Ca $^{2+}$ leak via phosphorylated and oxidized RyR2 channels resulting from synergistic A β -dependent β 2-adrenergic (Box A) and oxidative/nitrosative stress (Box B) accelerate the neuropathology associated with AD, forming a vicious cycle in which A β activates adrenergic and oxidative signaling that promotes ER Ca $^{2+}$ leak via RyR2. This in turn exacerbates A β production (Box C). Breaking the cycle using S107 to fix the leaky RyR2 channels slows down the AD disease process, reduces neuropathology and improves cognitive function in AD



supports the hypothesis that intracellular Ca $^{2+}$ leak can be an initiating or early factor in the development of AD, particularly in individuals with an underlying predisposition to AD. The age-dependent component of sporadic AD is consistent with the age-dependent ER Ca $^{2+}$ leak in RyR channels that occurs due to progressive oxidative stress [3]. Data from the present study and from others [11, 58, 63] showing that RyR-mediated Ca $^{2+}$ release is upstream of A β plaque formation, combined with data suggesting that A β can activate RyR channels [60], raise the possibility of a vicious cycle in which leaky RyR2 channels promote A β production and A β enhances RyR2 leak (Fig. 7).

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Author contributions ARM and MC independently conceived the study. XL, MC, FC, AL and ARM designed the studies, analyzed data and wrote the manuscript. XL conducted studies on *APP^{+/−}/PS1^{+/−}*, *RyR2-S2808D^{+/+}*, *RyR2-S2808A^{+/+}* and *RyR2-S2808A^{+/+} × APP^{+/−}/PS1^{+/−}* mouse colonies. SR designed and conducted biochemistry assays of RyR2. MC, AL, RB, IL, CB and FD conducted studies on the 3 × Tg-AD mice. AM, NS and AL designed and conducted RyR2 single-channel analyses. AFT conducted the immunohistochemistry experiments on *APP^{+/−}/PS1^{+/−}* and *RyR2-S2808A^{+/+} × APP^{+/−}/PS1^{+/−}* mice and analyzed the data. CAB, SC and GES designed, conducted and performed patch-clamp Ca^{2+} imaging and sEPSP experiments and analyzed the data. OA analyzed the electrophysiological recordings and behavioral studies. MS designed the experiments, analyzed data and edited the manuscript.

Compliance with ethical standards

Ethical approval All applicable international, national and/or institutional guidelines for the care and use of animals were followed. All procedures performed in studies involving animals were in accordance with the ethical standards of the institution or practice at which the studies were conducted.

In vivo experiments were performed in accordance with the regulations of the Institutional Animal Care and Use Committee of Columbia University (*APP^{+/−}/PS1^{+/−}*, *RyR2-S2808A^{+/+}*, and *RyR2-S2808D^{+/+}* mice) and with the guidelines established by the European Community Council (Directive of November 24th, 1986) and approved by the Nice University Animal care and use Committee and the National Council on animal care of the Ministry of Health (Project No: NCE/2013-152) (3 × Tg-AD mice).

All procedures performed in studies involving human participants were in accordance with the ethical standards of the institutional and/or national research committee and with the 1964 Helsinki Declaration and its later amendments or comparable ethical studies.

Informed consent Informed consent for tissue donation for research was obtained by the brain banks under their approval procedures.

Conflict of interest ARM is a board member and owns shares in ARMOGO Pharma Inc., which is targeting RyR channels for therapeutic purposes.

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Supplementary Materials and Methods

Biochemistry measurements for RyR2 channel remodeling, we used anti-RyR2 (Affinity Bioreagents, 1:2000), anti-phospho-RyR-pSer2808 ([97], 1:5,000), anti-calstabin (FKBP12 C-19, 1:1000, Santa Cruz Biotechnology, Inc., Santa Cruz, CA), anti-Cys-NO (1:1,000, Sigma-Aldrich). To determine channel oxidation, the carbonyl groups in the protein side chains within the immunoprecipitate were derivatized to 2,4-dinitrophenylhydrazone (DNP) by reaction with 2,4-dinitrophenylhydrazine. The immunoprecipitates were characterized using anti-protein phosphatase (PP1) (Santa cruz Biotechnology. 1:2500), PDE4 (Abcam, 1:1000, PP2A (Santa cruz Biotechnology. 1:2500), PKA (Santa cruz Biotechnology. 1:2500), and spinophilin (Abcam, 1:500) antibodies. These antibodies recognize both human and mouse proteins. The DNP signal associated with RyR was determined using a specific anti-DNP antibody, according to the manufacturer's instructions (Millipore, Billerica, MA). All immunoblots were developed with the Odyssey system (LI-COR Biosciences, Lincoln, NE), using infra-red (IR)-labeled anti-mouse and anti-rabbit IgG (1:10000 dilution) secondary antibodies.

SDS-PAGE and western blot analyses, we used anti-AMPK α (1:1000, Abcam, Cambridge, MA), p- AMPK α (1:1000, Abcam), anti-cdk5 (1:2000, Abcam), p25 (1:2000, Pierce, Rockford, IL), anti-Tau (1:1000, Pierce), anti-Tau (phosphor S262, 1:1000, Pierce), anti-Tau (phosphor T181, 1:1000, Pierce), anti-BACE1 (1:1000, Pierce), anti-sAPP β , (1:1000, Pierce), anti- β CTF, (1:1000, Pierce), anti-GAPDH (1:1000, Pierce). All immunoblots were developed using (IR-labeled secondary antibodies and Odyssey system (LI-COR Biosciences, Lincoln, NE). APP C-terminal fragments (C83, and C99) and A β were resolved by 16.5 % Tris-Tricine SDS-PAGE, transferred onto PVDF membranes. Membranes were boiled in PBS and incubated overnight with APP C-terminal antibody (A8717, Sigma Aldrich), or 6E10 antibody. Total APP was detected using APP (N-terminal) antibody (22C11, Millipore, S.A.S. France). Immunoblots were developed using the chemiluminescence detection method (ECL reagents, ThermoFisher Scientific, Fr).

Ca²⁺ imaging. Ca²⁺ imaging within individual neurons was performed using a custom-made multiphoton-imaging system based on an upright Olympus BX51 microscope frame [72]. Individual neurons were filled with the Ca²⁺ indicator bis-fura-2 (50 μM) via the patch pipette. Laser excitation was provided by pulse trains (100 fs, 80 MHz) at 780 nm from a Ti: sapphire laser (Mai Tai Broadband, Spectra-Physics). The laser beam was scanned by a resonant galvanometer (General Scanning Lumonics), allowing rapid (7.9 kHz) bidirectional scanning in the x-axis, and by a conventional linear galvanometer in the y-axis, to provide a full-frame scan rate of 30 frames/s. The laser beam was focused onto the tissue through a 40x water-immersion objective (NA 0.8). Emitted fluorescence was detected by a wide-field photomultiplier (Electron Tubes) to derive a video signal that was captured and analyzed by Video Savant 5.0 software (IO Industries). Analysis of background-subtracted images was performed using MetaMorph and Excel software. To ensure consistency between evoked responses within and between groups, the action potential generating protocol was conducted first, prior to any drug exposure. Ca²⁺ measurements were acquired from the peak of the evoked response. During exposure to caffeine, data were acquired in a duty cycle comprising 1 s on every 3 s. Each brain slice was exposed to only one application of caffeine.

Patch-clamp and field potential electrophysiology

Hippocampal brain slices (300 μm) were prepared as previously described [9]. Briefly, mice were anesthetized with halothane, decapitated, and the brains were removed into ice-cold sucrose cutting solution (SCS; 200 mM sucrose, 1.5 mM KCl, 0.5 mM CaCl₂, 4.0 mM MgCl₂, 1.0 mM KH₂PO₄, 25 mM NaHCO₃, 10 mM Na-ascorbate (Sigma-Aldrich, St. Louis, MO), and 20 mM dextrose, equilibrated with 95% O₂ / 5% CO₂). Transverse hippocampal slices were prepared in a Camden Instruments vibratome with the chamber filled with ice-cold SCS and then maintained at 32° C in standard artificial cerebrospinal fluid (aCSF; 130 mM NaCl, 2.5 mM KCl, 2.0 mM CaCl₂, 1.2 mM MgSO₄, 1.25 mM NaH₂PO₄, 25 mM NaHCO₃ and 10 mM dextrose (305-310 mOsm), continuously bubbled with 95% O₂ / 5% CO₂, pH 7.3–7.4 for at least 1 hour before use. Patch-clamp recordings were conducted at room temperature (23°C) in continuously superfused aCSF (1.5 ml/min). Patch pipettes (5–7 MΩ) were filled with intracellular solution containing 135 mM K-gluconate, 2.0 mM MgCl₂, 4.0 mM Na₂ATP, 0.4 mM Na-GTP, 10 mM Na-phosphocreatine, 10 mM

HEPES (pH adjusted to 7.3 with KOH; materials from Sigma-Aldrich), and 50 µM bis-fura-2 hexapotassium (Invitrogen, Grand Island, NY). Hippocampal CA1 pyramidal neurons were identified visually via IR-DIC optics, and electrophysiologically by their passive membrane properties and spike frequency accommodation. Minianalysis (Synaptosoft, Fort Lee, NJ) was used to detect and measure sEPSP events with a minimal amplitude of 0.2 mV and minimal area of 3 mV*msec. Baseline was determined from a 1 msec average immediately prior to each event, or in the case of overlapping events, from the peak and decay kinetics of the preceding event using “complex peak detection” in Minianalysis. Each recording was reviewed manually to reject baseline fluctuations and inhibitory postsynaptic potential decay tails mistakenly scored as events by the software. Series resistance (<10 MΩ) was monitored throughout the experiment.

Calpain activity

We examined calpain activity using a kit containing a fluorogenic peptide substrate, Suc-LLVY-AMC (Ana Spec Co., Fremont, CA) [5, 38]. Whole brain lysates were used for the measurement. Upon calpain cleavage, Suc-LLVY-AMC generated AMC fluorophore emitting blue fluorescence and was monitored at 354/442 nm. Increase in AMC fluorescence is proportional to calpain activity.

Protein kinase A activity assay

Hippocampal lysates were used in protein kinase A (PKA) activity assays (Millipore, Billerica, MA) according to manufacturer’s instructions. Briefly, 100 µg of hippocampal lysate was mixed with PKA substrate (kemptide) and [γ -³²P] ATP in assay dilution buffer in the presence of PKC and CaMKII inhibitors. Samples were incubated at room temperature for 10 min. Reactions were transferred to P81 phosphocellulose squares, which were fixed, washed and transferred to scintillation vials. The ³²P incorporated into the substrate was quantitatively measured by its binding to the phosphocellulose paper.

SERCA activity measurements

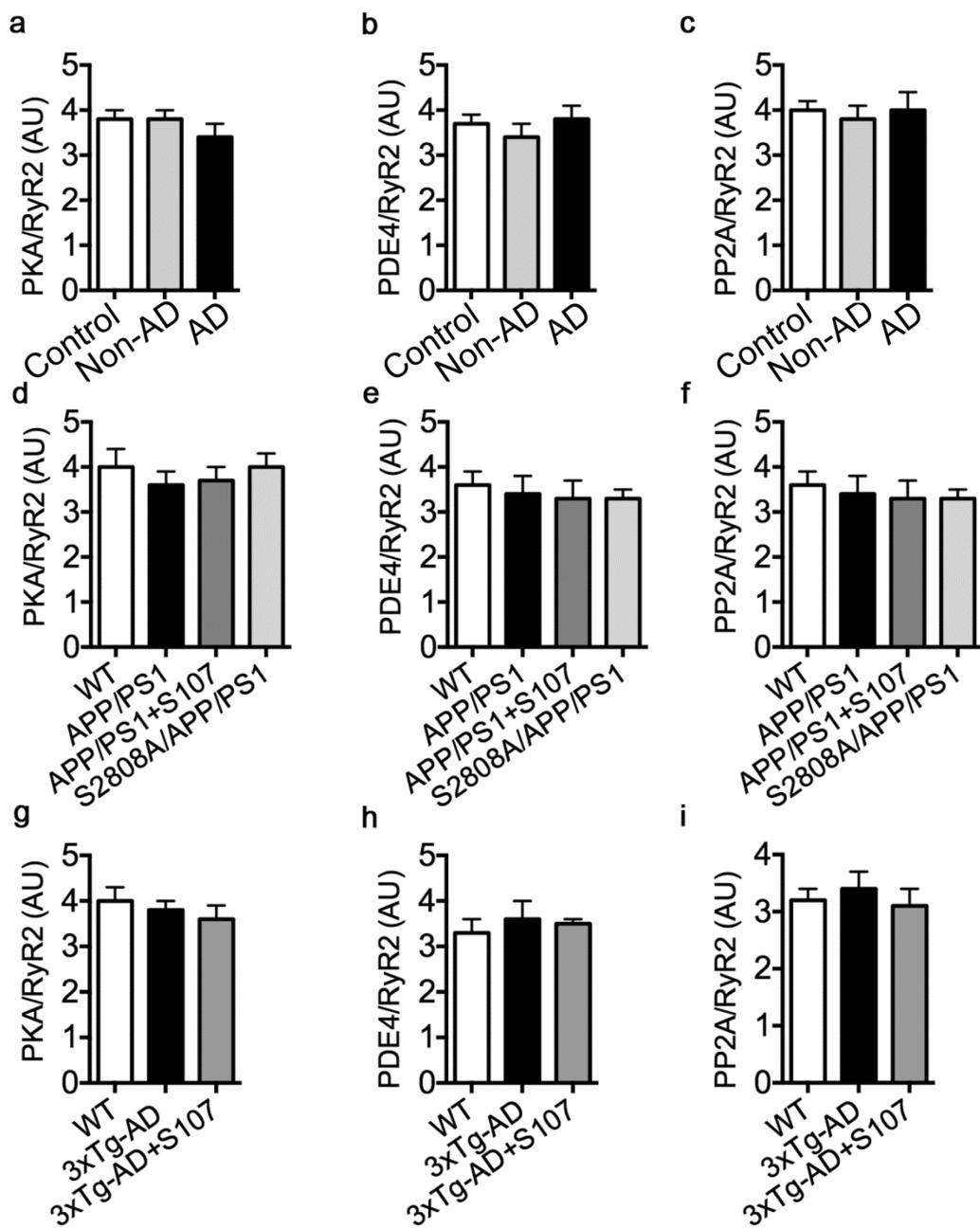
SERCA activity was measured using the malachite green procedure for phosphate determination, adapted to the microscale as previously described [43]. The reaction

was started by the addition of 50 µg of brain microsomes to 150 µl of reaction mixture (20 mM MOPS/Tris-HCl, pH 6.8. 100 mM KCl, 5 mM MgCl₂, 5 mM ATP, 1 mM EGTA. 0.350 mM CaCl₂ (free Ca²⁺ concentration of approximately 500 nM as calculated using the CHELATOR program). After 5 min, the reaction was stopped by the transfer of 120 µl of reaction mixture to 80 µl of malachite green reagent mixture in a 96-well microplate. The malachite green reagent mixture was made by mixing 0.122% malachite green hydrochloride in 6.2 N H₂SO₄, 5.76% ammonium paramolybdate tetrahydrate, and 11% Tween 20 in a volume ratio of 100:66:2. Color development was quenched after 10 s by the addition of 45 µl of 15.1% sodium citrate dihydrate. Inorganic phosphate liberated in the ATPase reaction was quantified by comparison of absorbance at 570 nm with standard curves generated with known amounts of Na₂HPO₄ in the reaction buffer.

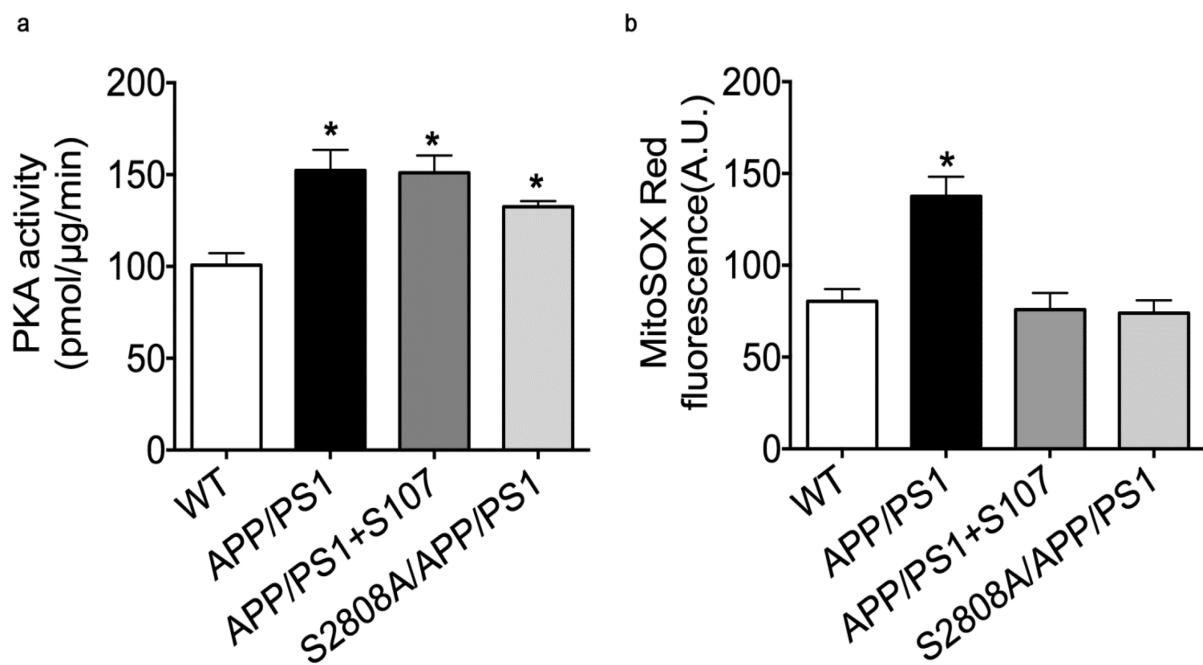
Measurements of mitochondrial superoxide concentration

MitoSOX Red is a fluorogenic dye recently developed and validated [64] for highly selective detection of superoxide in the mitochondria of living cells. Mouse hippocampal slices were prepared as previously described [43]. Briefly, transverse hippocampal slices (200µm) were prepared in a vibratome (Leica VA1200S) in ice-cold aCSF and bubbled with 95% O₂/5% CO₂. Slices were transferred into 35mm culture dishes and incubated at room temperature bubbled with 95% O₂/5% CO₂ for 2 hours in room temperature followed by loading with 5µM MitoSOX Red for 20 min. After 3 washes with aCSF, MitoSOX Red fluorescence signal was imaged using a confocal microscope (Zeiss, LSM 5 Live). Fluorescence intensity was automatically detected and calculated by ZEN 2009 software as mean of region of intensity (Mean ROI) (A.U.).

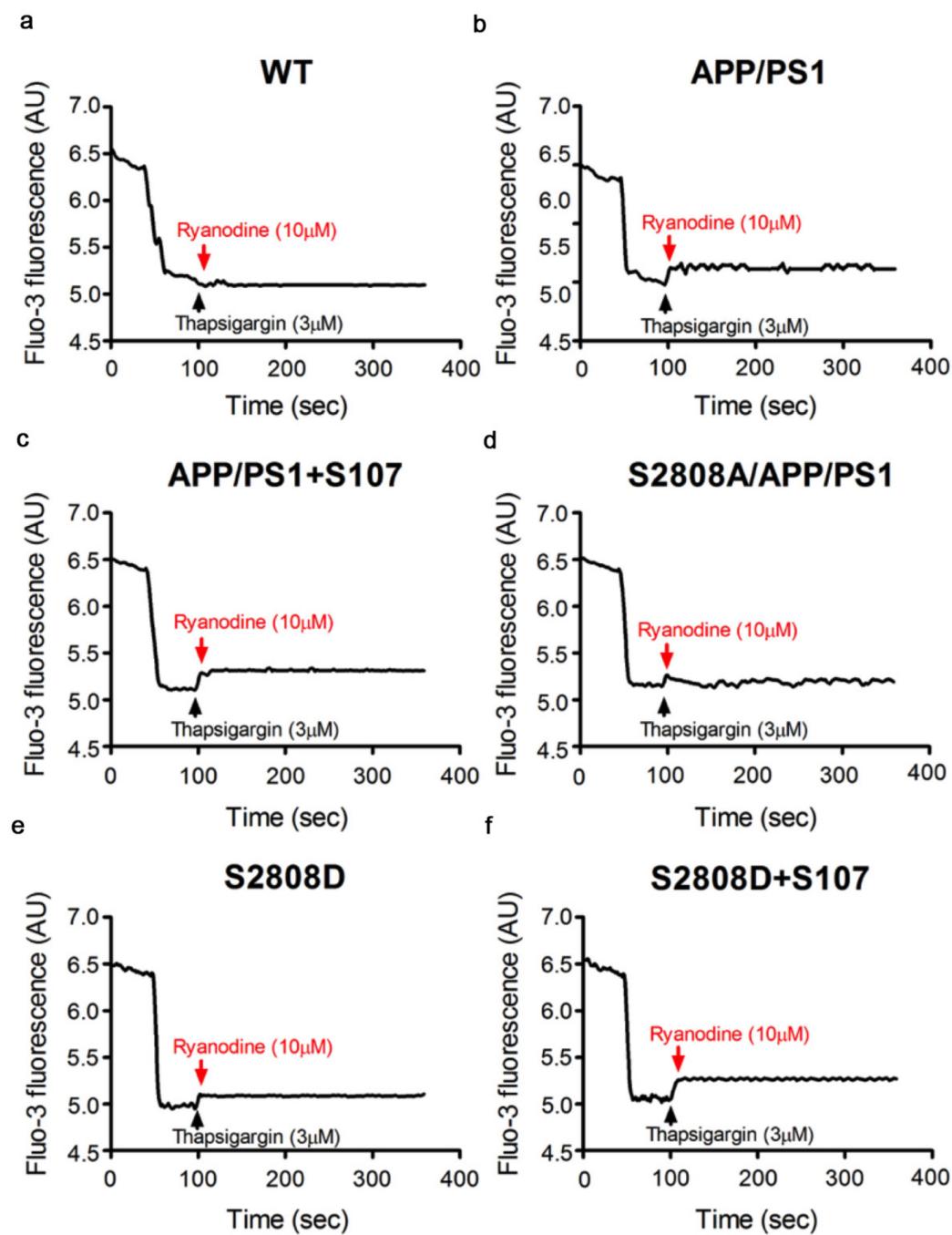
Supplementary Figures and legends



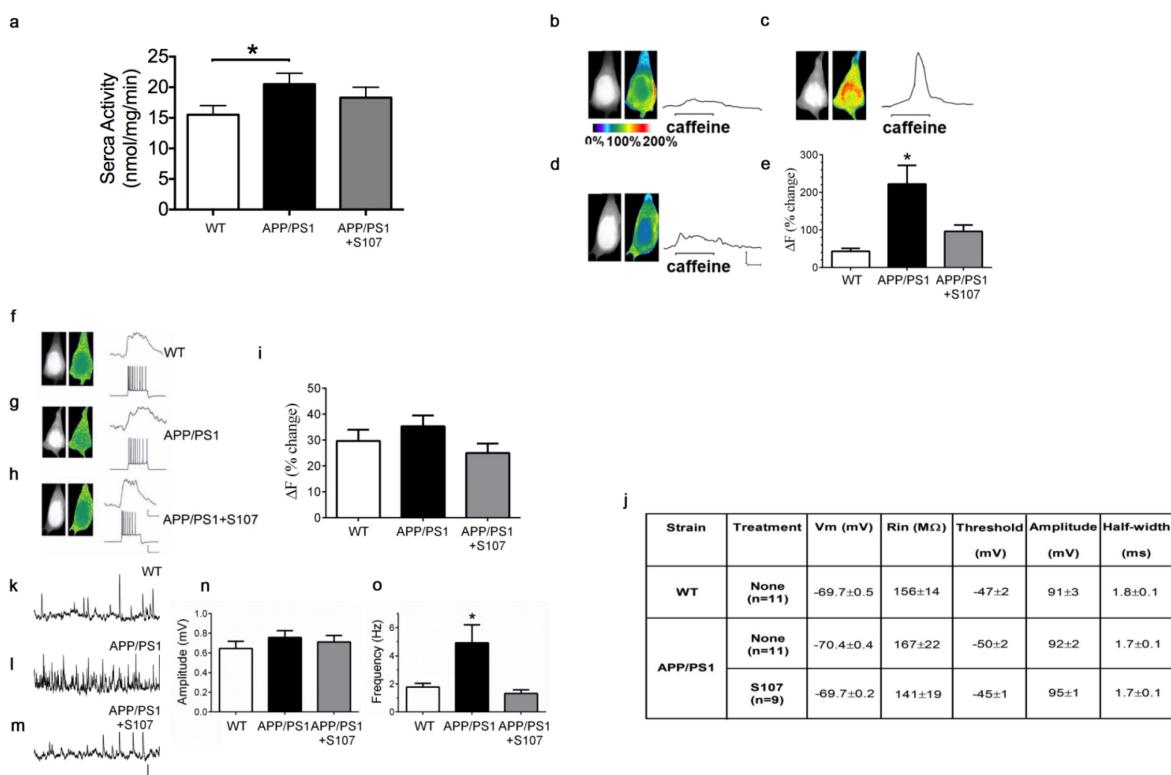
Supplementary Figure 1. Additional quantifications of hippocampal RyR2 channel remodeling in AD patients and murine models and PKA activity. (a-i) Bar graphs represent quantifications of 4 repeats of the representative data shown in Figure 1. RyR2 was immunoprecipitated from whole brain specimen of human brains (a-c) and hippocampal murine samples (d-i) and immunoblotted to detect PKA, PDE4, and PP2A levels. Data were analyzed using the one-way ANOVA and Tukey's post-test.



Supplementary Figure 2. Mitochondrial ROS production and PKA activity in APP/PS1 mice. (a) PKA activity measured from whole brain lysates of $APP^{+/-}/PS1^{+/-}$ mice treated or not with S107 or crossed with *RyR2-S2808A^{+/+}* mice. Data are mean \pm S.E.M. *, $p<0.05$. n=4 for each group. (b) mitochondrial ROS in $APP^{+/-}/PS1^{+/-}$ mice treated or not with S107 or crossed with *RyR2-S2808A^{+/+}* mice. Data are mean \pm S.E.M., *, $p<0.05$ versus WT, n = 4 for each group. Data were analyzed using the one-way ANOVA and Tukey's post-test.

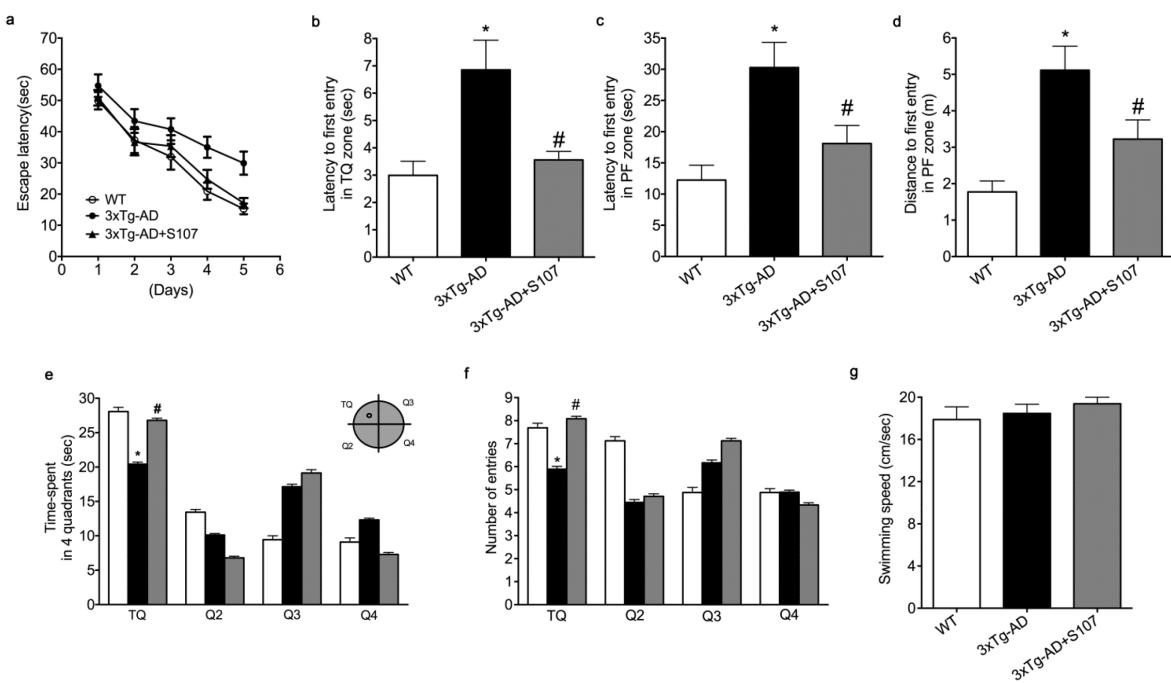


Supplementary Figure 3. Ryanodine inhibits ER microsomal leak confirming that the source of ER Ca^{2+} leak was RyR channels. Experiments were performed as in Fig. 2, and Suppl. Fig 8. Ryanodine (10 μM) was applied where indicated.

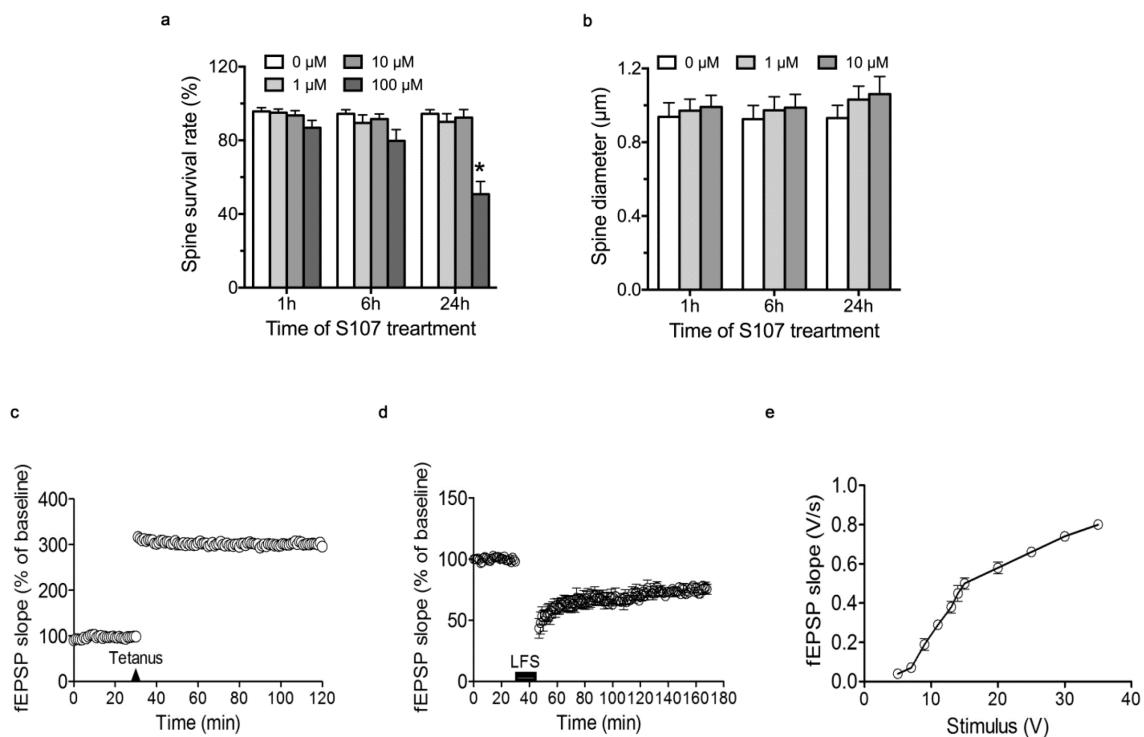


Supplementary Figure 4. Calcium responses in hippocampal pyramidal neurons. (a) Neuronal SERCA activity in $APP^{+/-}/PS1^{+/-}$ mice compared to WT (21 ± 2 vs 16 ± 2 nmol/mg-min, n=3, p<0.05), and in S107 treated $APP^{+/-}/PS1^{+/-}$ brain samples (18 ± 2 nmol/mg-min, n=3, p=NS). Data were revealed by one-way ANOVA. (b-d) Caffeine-stimulated RyR intracellular Ca^{2+} release was measured in CA1 pyramidal neurons of hippocampal brain slices from WT controls (b), $APP^{+/-}/PS1^{+/-}$ (c), and S107-treated $APP^{+/-}/PS1^{+/-}$ mice (d). Pseudocolored images depict representative 2-photon Ca^{2+} responses to caffeine (20 mM for 60 sec) at peak amplitude together with corresponding morphologic images taken at rest (monochromatic), and line graphs show the time scale of the caffeine-evoked Ca^{2+} response in the soma cytoplasm of the pictured neurons (calibration bars represent 50% ΔF and 20 seconds). (e) Bar graph of pooled data shows increased caffeine induced intracellular Ca^{2+} release in $APP^{+/-}/PS1^{+/-}$ neurons (n=10) compared to WT neurons (n=9) and normalization of caffeine induced Ca^{2+} release in neurons from S107-treated $APP^{+/-}/PS1^{+/-}$ mice (n=8). Data are mean \pm SEM. (f-i) Ca^{2+} influx through voltage-gated calcium channels (VGCC) activated during depolarization and spike train in the same cells is depicted similarly for the WT (f), $APP^{+/-}/PS1^{+/-}$ (g), and S107-treated $APP^{+/-}/PS1^{+/-}$ neurons (h). Line graphs show the spike train generated by a depolarizing current pulse (lower traces; scale bars 20 mV and 0.5 sec) and the

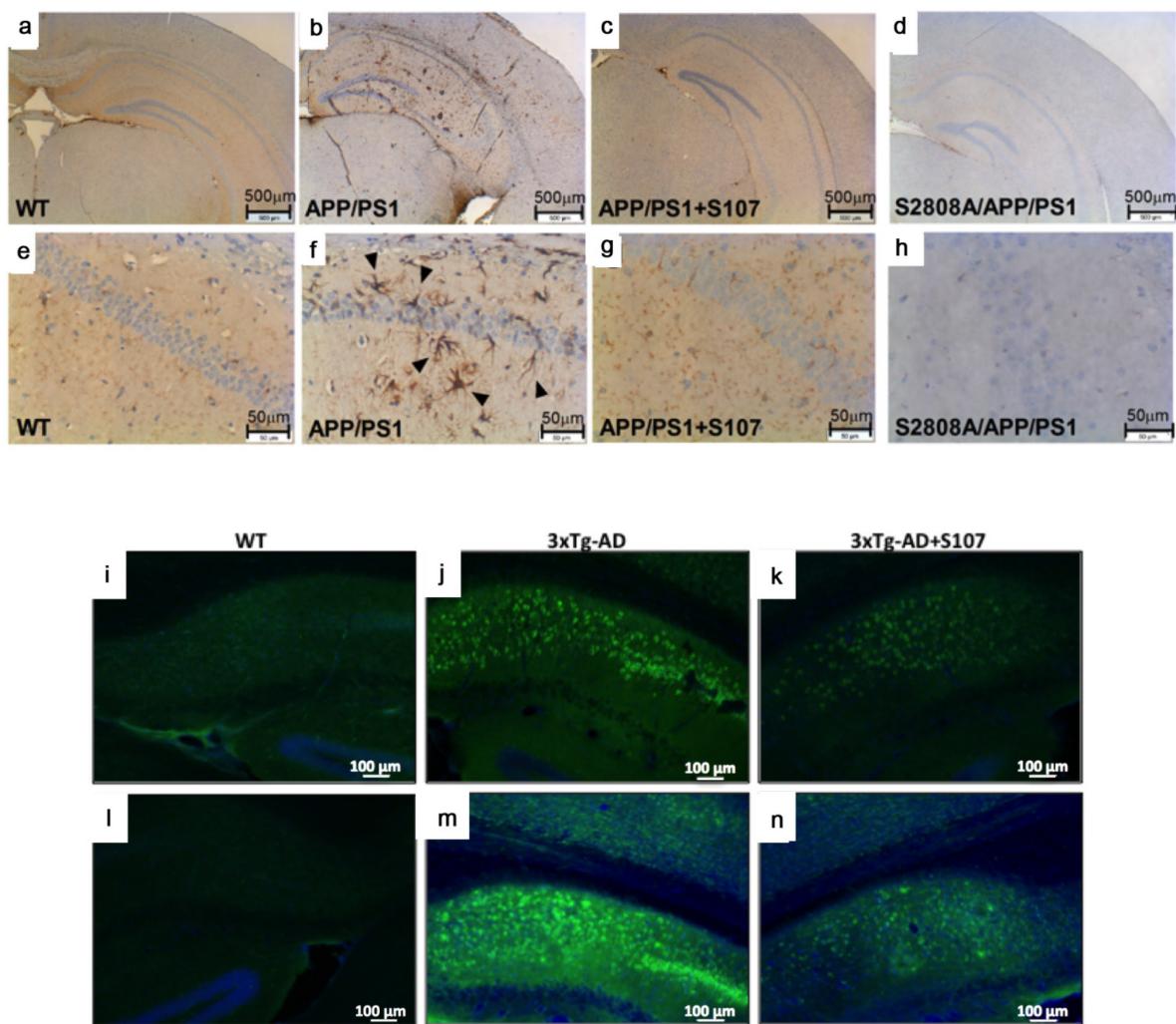
resultant 2-photon Ca^{2+} response (upper traces; scale bars 5% ΔF and 0.5 sec). (i) Bar graph of grouped data shows no significant difference of VGCC Ca^{2+} response among groups (WT, n=10, APP/PS1, n=11 and APP/PS1 + S107, n=8). (j) Table shows passive and active electrophysiological properties of these cells from WT, $APP^{+/-}/PS1^{+/-}$, and S107 treated $APP^{+/-}/PS1^{+/-}$ mice, including cell potential (V_m), input resistance (R_{in}) and properties of the first action potential in trains used to stimulate VGCC (threshold to activation, amplitude and half-width). (k-o) Representative traces of sEPSP recordings in CA1 pyramidal neurons from (k) WT, (l) $APP^{+/-}/PS1^{+/-}$, and (m) $APP^{+/-}/PS1^{+/-}+\text{S107}$ mice. Scale bars represent 1 mV and 0.5 second. (n, o) Bar graphs show mean sEPSP amplitudes and frequencies (WT, n=15, APP/PS1, n=12 and APP/PS1+S107, n=9). Data are mean \pm S.E.M. *p<0.05 by one-way ANOVA and Tukey's post-test.



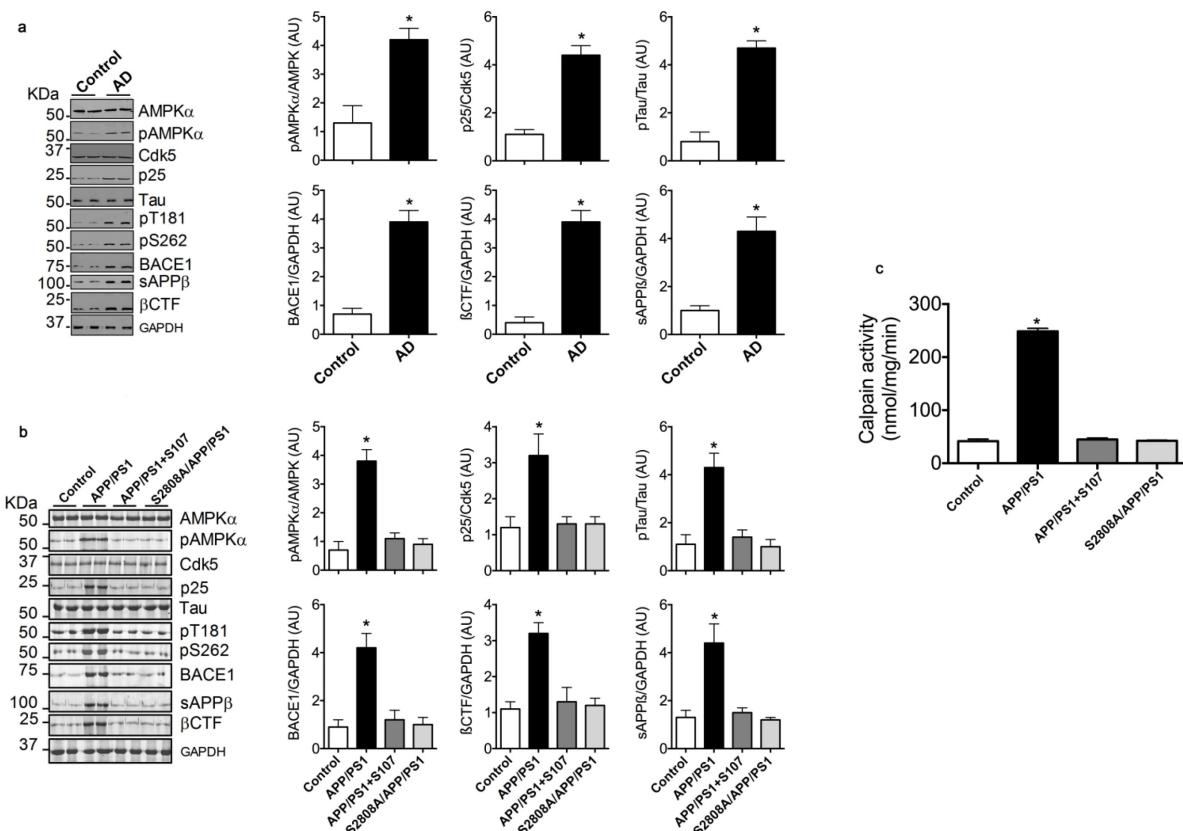
Supplementary Figure 5. S107 treatment improves cognitive function in 3xTg-AD mice. (a) Learning curves showed the escape latency for mice to reach the hidden platform during 5-day trials. (b, f) Probe trials performed in day 6 showed the improvement of cognitive function in 3xTg-AD mice treated with S107. (b, c) Latencies to first entry in the target quadrant (TQ) and plate form zone (PF) respectively. TQ and PF are represented in (e). (d) Distance to first entry in the PF zone. (e, f) Time spent (e) and total number of entries (f) in 4 quadrants. (g) Swimming speeds were recorded on day 6 of the probe trial. Summary data for each group (WT n= 18, 3xTg-AD n= 23, 3xTg-AD+S107 n= 18). Two-way ANOVA was used to analyze the learning curves, one-way ANOVA was used to analyze the probe trial tests. *, p<0.05 versus WT mice, #, p<0.05 versus 3xTg-AD mice using Bonferroni post-test.



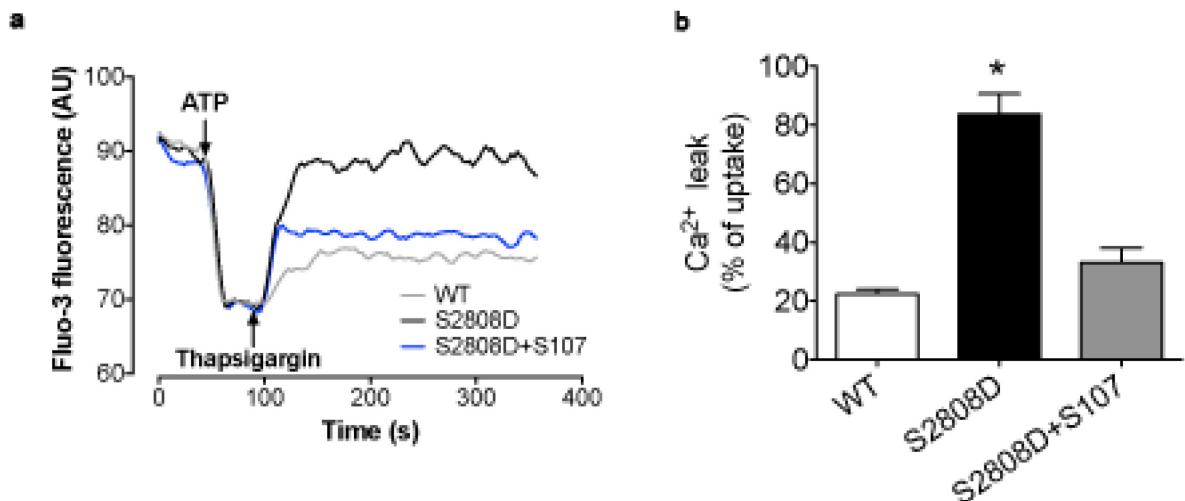
Supplementary Figure 6. Effect of S107 treatment on spine survival and diameter. S107 does not affect LTP, LTD, or BST in WT mice. (a, b) The total number of dendritic spines per cell was averaged from each experiment (total population upon treatment with different concentration of S107 at different time). The spine density decreased 50% after 24-hour addition of S107 at 100 μM. We chose 1 μM and 10 μM as the optimal concentrations of S107 for neuronal cells. Cells incubated with S107 at 1 μM and 10 μM, had no effect on the area size and density of dendritic spines after 24 hours. Total number from all 3-experiment were pooled together and plotted. Data were revealed by one-way ANOVA followed by Tukey's multiple comparison test. (c-e) Electrophysiological recordings were performed as in Figure 4 by stimulating Schaeffer collateral fibers and recording in the CA1 stratum radiatum. LTP (a), LTD (b), and BST (c) responses were recorded as described in figure 4 in > 5 slices from 4 WT animals treated with S107 (75 mg/Kg/day) in drinking water from 3 to 5 months of age.



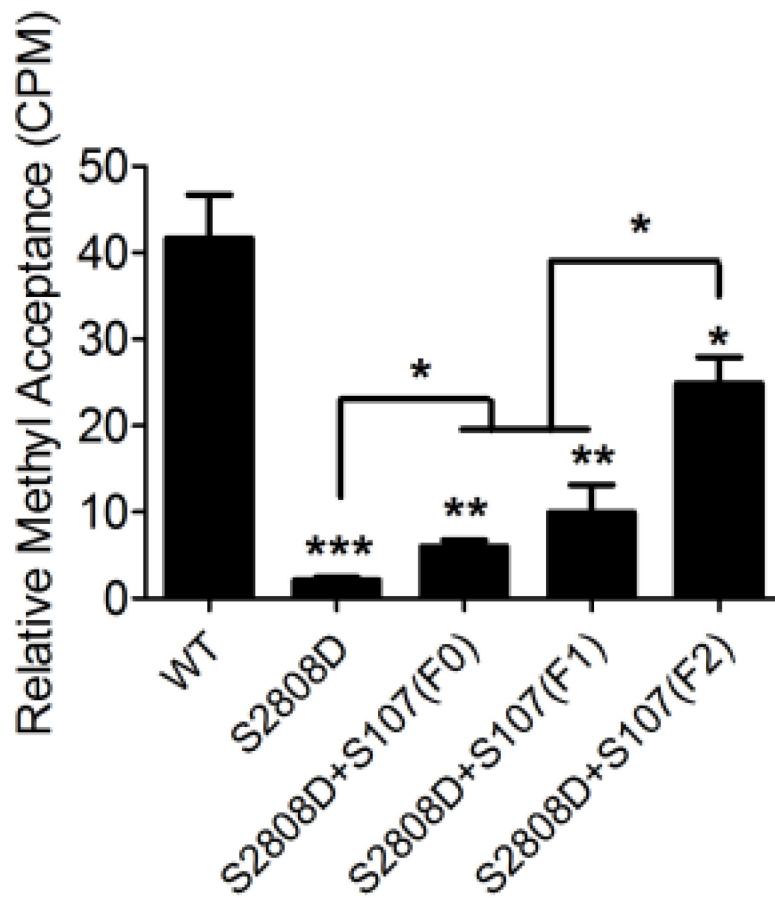
Supplementary Figure 7. Reduction of Astroglyosis and of APP metabolism by S107 treatment and genetic rescue with *RyR2-S2808A^{+/+}*. (a-h) GFAP staining shows increased astrogliosis in the hippocampal CA1 area in *APP^{+/−}/PS1^{+/−}* brain slices (b, f) as compared to aged matched WT mice (a, e). Astrogliosis is reduced by S107 (c, g) treatment and genetic rescue with *RyR2-S2808A^{+/+}* x *APP^{+/−}/PS1^{+/−}* crossed mice (d, h). (i, n) APP metabolism is reduced in 3xTg-AD mice treated with S107. APP and its metabolites were detected using C-terminal (C-ter) antibody (i, k) recognizing total APP, APP CTFs (C99 and C83) and APP intracellular domain (AICD) fragments, or FCA18 antibody (l-n) that interacts specifically with the common aa 1 residue harbored by both A β and β -CTF fragments. The images show the subiculum region of the hippocampus and are representative of the results obtained from 3 mice per group, and 4 slices per mouse. Scale bar, 100 μ m.



Supplementary Figure 8. Regulation of Ca²⁺-dependent signaling pathways in AD and rescue by S107 treatment and genetic cross with *RyR2-S2808A*^{+/+}. (a, b) Representative SDS-PAGE analyses and quantification of BACE1 and β CTF, pAMPK, Cdk5 truncated activator p25, phosphorylated tau (pT181, pS262), and sAPP β in human AD brains (a), and in *APP*⁺⁻/*PS1*⁺⁻ brains treated or not with S107 or crossed with *RyR2-S2808A*^{+/+} (b). It should be noted that the smear observed in Fig.8a, and 8b is likely linked to low autofluorescence of total proteins loaded and transferred to membranes. Graphs show data mean \pm S.E.M. *p<0.05 vs. WT by one-way ANOVA and Tukey's post-test. (c) Tissue calpain activity in WT, and in *APP*⁺⁻/*PS1*⁺⁻ brains treated or not with S107 or crossed with *RyR2-S2808A*^{+/+} brains. *, p<0.05 vs. WT using one-way ANOVA and Tukey's post-test, n=4 for each group.



Supplementary Figure 9. Neuronal microsomes from *RyR2-S2808D^{+/+}* mice exhibit increased ER Ca²⁺ leak. (a-b) Pharmacologically inhibiting RyR-mediated ER Ca²⁺ leak (as described in Figure 2) by administering S107 to mice beginning at 4 weeks of age until testing (3 months of age) significantly reduced neuronal ER Ca²⁺ leak in *RyR2-S2808D^{+/+}* mice. n≥5 for each group, *, p<0.05 versus WT mice using one-way ANOVA and Tukey's post-test.



Supplementary Figure 10. Hippocampal DNA methylation increased in *RyR2-S2808D^{+/+}* mice compared to WT. S107 treatment decreased DNA methylation in S2808D mice until continuous oral S107 treatment was administered for 2 generations (S2808D+S107 (F2)). ($n \geq 5$ for each group, *, $p < 0.05$ calculated versus S2808D mice or versus S2808D+S107 (F0) and S2808D+S107 (F1) mice. **, $p < 0.01$, and ***, $p < 0.001$ calculated versus WT mice).

Supplementary Table 1: demographic data and neuropathological findings related to human samples

	Age (years)	Gender	PMD (min)	CERAD NPD [#]	Braak's NFT stage ^{##}	Braak's LB stage ^{###}	α - syn	TDP- 43	Other
Control	84	Female	ND	0	-	0	ND	ND	Negative in any neuropathology
	85	Female	ND	0	-	0	ND	ND	
	92	Female	ND	0	-	0	ND	ND	
non-AD	85	Female	ND	0	-	0	ND	ND	Negative in AD-like neuropathology
	74	Male	ND	0	-	0	ND	ND	
	90	Female	ND	0	-	0	ND	ND	
	81	Male	ND	0	-	0	ND	ND	
AD	90	Female	785	B	V-VI	0	ND	ND	No other neuropathologies
	83	Male	225	B	V-VI	0	ND	ND	No other neuropathologies
	92	Female	190	B	V-VI	0	ND	ND	No other neuropathologies
	72	Female	240	B	V-VI	0	ND	ND	No other neuropathologies
	91	Female	829	C	V-VI	0	ND	ND	Neuropathy in lacune and striatal areas
	86	Male	148	C	V-VI	0	ND	ND	Hypoxic and ischemic changes in the brain

ND: not-determined

PMD: Post mortem delay

Controls are “rare” brain samples isolated from patients diagnosed as negative for several neuropathologies by the Department of Pathology, Columbia University College of Physician and Surgeons).

[#] CERAD (Consortium to Establish a Registry for Alzheimer's disease) NPD (neuritic plaque density) from 0 (none) to C (abundant)

^{##} Braak and Braak's NFT (neurofibrillary tangle: tau-related pathology) stage, (-) means no NFT detection

^{###} Braak's Lewy Body

α -syn: α -synuclein; TDP-43: TAR DNA binding protein

RESULTATS

PARTIE II :

Rôle de l'isoforme SERCA₁ tronquée

Hypothèse et objectifs de la Partie II :

Bien que son implication dans la dérégulation de l'homéostasie calcique du RE associée à la MA soit indéniable, le RyR n'est cependant certainement pas l'unique acteur de celle-ci. Je me suis donc également intéressé à la forme tronquée de la Sarco-Endoplasmic Reticulum Ca²⁺ ATPase 1 (S1T), un autre acteur impliqué dans la fuite du Ca²⁺ provenant du RE, cloné par le Dr. Chami (Chami et al., 2000, 2001, 2008), afin d'étudier sa potentielle contribution dans la MA.

Comme présenté dans l'introduction de ce manuscrit, l'activité de la pompe Sarco-Endoplasmic Reticulum Ca²⁺ ATPase 1 (SERCA1) est cruciale dans le maintien de l'homéostasie calcique en accumulant le Ca²⁺ cytosolique dans le RE.

L'isoforme S1T, découverte dans le tissu hépatique cancéreux chez l'Homme (Chami et al., 2000) est due à un épissage alternatif du transcrit de la SERCA1. Celui-ci perd alors l'exon 11, ce qui conduit à la formation d'une protéine tronquée. Cette isoforme tronquée n'assure plus sa fonction de pompe calcique et induit au contraire une fuite de Ca²⁺ vers le cytosol. S1T participe ainsi à une dérégulation de l'homéostasie calcique du RE, conduisant à terme à l'activation des processus apoptotiques (Chami et al., 2008). S1T a également été décrite comme un déterminant essentiel dans le stress du RE, via la voie PERK-eIF2α-ATF4, et dans l'apoptose mitochondriale associée à celui-ci (Chami et al., 2008)

La MA est également définie comme une protéinopathie pouvant être à l'origine du stress du RE. En effet différentes études ont rapporté une altération de la réponse au stress (UPR : Unfolded Protein Response) dans la MA (Hashimoto and Saido, 2018) De plus, il existe un lien de plus en plus avéré entre l'UPR, le métabolisme de l'APP et la neuroinflammation (De Felice and Lourenco, 2015; Salminen et al., 2009)

Ainsi, l'hypothèse à l'origine de cette seconde étude est que les l'isoforme SERCA1 tronquée (S1T) peut être impliquée dans la MA par la régulation du stress du RE et la dérégulation de l'homéostasie calcique. Il était donc pertinent d'étudier :

- 1/ L'expression de S1T dans les cerveaux de patients et dans les modèles de la MA
- 2/ Le lien entre l'expression de S1T et la production de l'A^β
- 3/ L'impact de l'expression de S1T sur le métabolisme de l'APP
- 4/ L'impact de l'expression de S1T sur la neuroinflammation

Article 3 : La forme tronquée de la Sarco-Endoplasmic Reticulum Calcium ATPase 1 est induite dans la Maladie d'Alzheimer, promeut le métabolisme amyloïdogène de l'APP et provoque la neuroinflammation.

Renaud Bussiere, Bénédicte Oulès, Cécile Martin, Wejdane El Manaa, Déborah Vallée, Patrizia Paterlini Bréchot, Cristine Alves Da Costa, Frédéric Checler, Mounia Chami

(Travail en cours de soumission)

Je présente ici une introduction permettant de situer le contexte bibliographique associé à cette étude, suivie de l'article en préparation.

1 Le système UPR

Le RE est le siège de la maturation de nombreuses protéines et du contrôle de leur repliement. Lorsque les cellules sont soumises à des conditions perturbant le fonctionnement de cette organelle, des protéines mal repliées peuvent s'accumuler en son sein et conduire à un stress du RE. En réponse à ce stress, des voies de signalisation spécifiques s'activent. Celles-ci, composant l'UPR, ont pour but de diminuer la transcription afin de réduire l'accumulation de protéines mal repliées dans le RE (Harding et al., 1999). Elles ont également pour but de stimuler à la fois la synthèse des protéines chaperonnes, pour aider au repliement protéique, et celle des protéines impliquées dans la machinerie de dégradation des protéines mal repliées associées au RE (« ER-associated degradation » ERAD), le tout afin de permettre au RE de recouvrer son homéostasie, en particulier au niveau calcique (Brodsky, 2012; Tirasophon et al., 1998; Yoshida et al., 2000).

L'UPR comprend trois voies de signalisation distinctes faisant intervenir trois protéines transmembranaires du RE. Celles-ci s'activent en réponse au stress lorsque la chaperonne GRP78 se dissocie de ces protéines dans la lumière du RE (Bertolotti et al., 2000; Carrara et al., 2015; Shen et al., 2002) (**Figure 17**)

PERK (PKR-related Endoplasmic Reticulum Kinase), une kinase qui lors du stress du RE se dimérisé et est phosphorylée pour phosphoryler à son tour le facteur d'initiation de la traduction eIF2 α (Eukaryotic Initiation Factor 2 α subunit). Cette voie conduit à une inhibition de la traduction (Harding et al., 1999). Il a également été montré que c'est en aval de cette voie, induisant l'expression d'ATF4 et de CHOP, que l'épissage de l'ARNm de la SERCA1 intervient pour conduire à l'induction de l'expression de S1T (Chami et al., 2001, 2008).

IRE-1 (Inositol Requiring Enzyme 1), qui est une protéine à l'activité double. Dans un premier temps elle joue le rôle d'une Sérine/Thréonine kinase qui lorsque activée va dimériser et phosphoryler des protéines telle que la JNK (c-Jun N-terminal Kinase) dont l'activation a été associée au contrôle de l'autophagie dans un contexte de stress réticulaire. IRE-1 exerce ensuite une activité endoribonucléase catalysant notamment l'épissage de l'ARNm du facteur de transcription XBP1 (X-box Binding Protein 1) (Lee et al., 2003; Tirasophon et al., 1998).

ATF6 (Activating transcription Factor 6), une protéine à laquelle son métabolisme octroie des propriétés facteur de transcription. En réponse au stress du RE, la chaperonne GRP78 va se dissocier d'ATF6, ce qui va le libérer pour permettre sa translocation vers l'Appareil de Golgi. Le clivage d'ATF6 dans celui-ci libère sa partie N-terminale qui va agir comme facteur de transcription et activer des gènes liés à l'UPR (Hosoi et al., 2015; Yoshida et al., 2000). Les voies IRE-1 et ATF6 constituent la part transcriptionnelle de l'UPR.

2 Le Stress du RE dans la MA

Dans la MA, la dérégulation de l'activité des canaux calciques au niveau de la membrane du RE va contribuer à la réduction de la concentration calcique dans l'organelle. Il a été montré que l'A β oligomérique contribue à l'élévation de la concentration cytosolique en calcium en formant des pores dans la membrane plasmique et à la déplétion des stocks calciques du RE en stimulant le relargage de Ca $^{2+}$ par le RyR (Demuro and Parker, 2013). Le niveau anormalement bas de Ca $^{2+}$ au sein du RE va induire un défaut dans le repliement et la maturation des protéines qui a lieu dans la lumière de celui-ci. Ce phénomène provoque le stress du RE et l'UPR dont les effecteurs, en aval de la voie PERK notamment, contribuent à la perturbation des fonctions neuronales et à la neurodégénérescence dans la MA (**Figure 17**).

Il a en particulier été montré que la phosphorylation de eIF2 α est élevée dans les cerveaux des souris APP/PS1. La délétion de PERK dans ces mêmes souris, en réduisant la phosphorylation d'eIF2 α , améliore la plasticité synaptique et la cognition (De Felice and Lourenco, 2015; Ma et al., 2013). Supportant l'hypothèse selon laquelle la voie PERK de la réponse au stress du RE contribuerait via eIF2 α aux défauts cognitifs, d'autres études montrent que les oligomères d'A β peuvent induire des dommages par ce biais. Ces études ont ainsi montré que les oligomères augmentent la phosphorylation d'eIF2 α par l'activation d'une autre kinase, la PKR (Protein Kinase RNA-activated), et induisent la perte synaptique et la dysfonction cognitive (Lourenco et al., 2013; Paquet et al., 2012).

Malgré son action inhibitrice de la traduction, des niveaux élevés de phosphorylation de eIF2 α permettent la traduction de petits ARNm tels que celui codant pour ATF4 (Activating Transcription Factor 4), protéine impliquée dans le stress oxydatif et la dysfonction neuronale, notamment via un accroissement de l'activité de la γ -sécrétase (Lange et al., 2008; Mitsuda et al., 2007)

De façon intéressante, différents travaux ont mis en évidence une activation anormale de kinases sensibles au stress dans les cerveaux Alzheimer. Parmi ces kinases sont à noter PERK (Hoozemans et al., 2005, 2009), IKK α (Talbot et al., 2012), JNK (Ma et al., 2009; Yoon et al., 2012) et PKR (Paquet et al., 2012). Différentes études ont ainsi montré l'activation anormale des kinases PKR et JNK dans des modèles murins de la MA. Les oligomères d'A β ont également été décrits comme suractivant ces kinases, perturbant de ce fait la fonction neuronale (Lourenco et al., 2013; Ma et al., 2009). Par ailleurs, l'impact bénéfique de l'inhibition de l'une ou l'autre de ces kinases sur la cognition a été démontré dans les modèles murins de la MA (Lourenco et al., 2013; Yoon et al., 2012).

3 Stress du RE et Neuroinflammation

Le Stress du RE et la neuroinflammation sont deux processus jouant un rôle crucial dans la MA. Cependant le lien entre les deux n'a été rapporté que récemment.

Il a été montré qu'une activation prolongée des voies de réponses au stress du RE, les voies IRE-1, ATF6 et PERK de l'UPR, induit l'expression de médiateurs pro-inflammatoires (McManus and Heneka, 2017). Les trois voies de l'UPR convergent pour activer NF- κ B, conduisant à l'expression des cytokines pro-inflammatoires telles que le TNF α , IL-1 β , IL-6 et IL-8 (Salminen et al., 2009).

Des études ont par ailleurs démontré que les oligomères d'A β peuvent, via l'induction de l'expression du TNF α , induire le stress du RE en activant la PKR (Lourenco et al., 2013; Santos and Ferreira, 2017). Celle-ci va phosphoryler eIF2 α au sein de la voie PERK et provoquer l'expression du facteur de transcription ATF4. Ce dernier va finalement induire l'expression de différents gènes impliqués dans la réponse au stress du RE ainsi que des gènes inflammatoires. Il a ainsi été montré que la surexpression d'ATF4 chez la souris conduit à la production de IL-1 β (Rana et al., 2014). Il a également été montré que l'activation des kinases JNK et PKR, observée dans différents modèles animaux de la MA, intervientrait en réponse au stress oxydatif ou à une infection (Bomfim et al., 2012; Lourenco et al., 2013). Cette activation des kinases en dehors des voies canoniques de l'UPR augmenterait la phosphorylation de eIF2 α , conduisant ainsi à la réduction de la traduction protéique ainsi qu'à l'expression d'ATF4. Les niveaux élevés de cette protéine vont induire les processus inflammatoires et apoptotiques dans la cellule et contribuer à la neurodégénérescence.

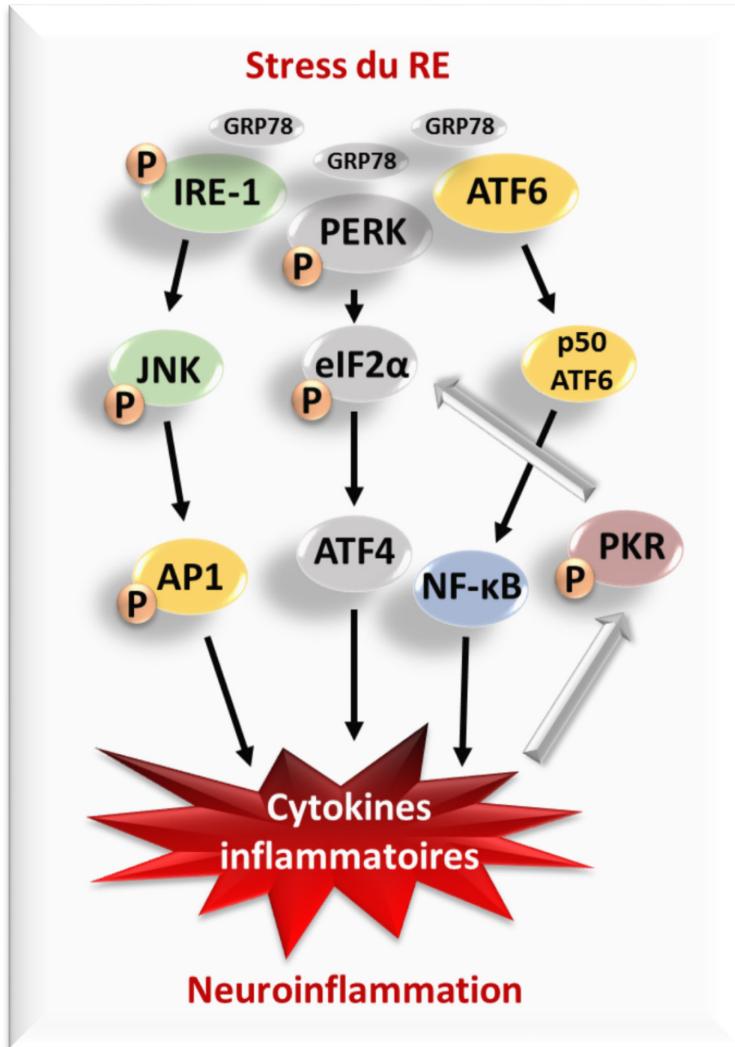


Figure 17: Voies de signalisation liant stress du RE et neuroinflammation (adaptée de Santos and Ferreira, 2017)

Le stress du RE et la neuroinflammation sont deux processus retrouvés dans la MA et dans d'autres pathologies. Ces deux processus dans la MA sont liés par l'UPR. La production de médiateurs inflammatoires tels que le TNF- α peut résulter d'une activation prolongée des voies de l'UPR, et induire la suractivation de ces dernières, notamment de la voie PERK, en activant la PKR qui va induire la phosphorylation de eIF2 α .

Résumé des résultats obtenus

Nous démontrons pour la première fois l'implication de l'isoforme S1T dans la MA et révélons que l'expression de S1T est augmentée dans le cerveau de patients Alzheimer post-mortem, ainsi que dans le modèle cellulaire SH-SY5Y, portant la mutation APPswe surproduisant l'A β . Par ailleurs, nous avons également mis en évidence l'induction de S1T dans les cellules SH-SY5Y naïves mises en présence d'A β exogène sous forme oligomérique.

De plus, nous montrons que l'expression de S1T potentialise le métabolisme de l'APP *in vitro* dans les SH-SY5Y et *in vivo* dans les souris 3xTg-AD, via une augmentation à la fois de l'expression protéique et de l'activité de BACE1.

Enfin les données que nous présentons dans ce travail suggèrent le lien entre l'expression de S1T et les réponses neuroinflammatoires dans nos modèles d'étude *in vitro* et *in vivo*. Cette étude fournit donc à la fois un nouveau mécanisme soutenant la fuite du Ca $^{2+}$ du RE dans la MA, mais également un mécanisme potentialisant le développement de la maladie via l'augmentation du métabolisme de l'APP et l'accentuation de la réponse inflammatoire.

**The human Sarco-Endoplasmic Reticulum Calcium ATPase 1 truncated protein
is increased in Alzheimer's disease, enhances amyloidogenic APP processing
and triggers neuroinflammation**

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Abstract

Deregulation of the Endoplasmic Reticulum (ER) Ca^{2+} homeostasis has been largely linked to Alzheimer Disease (AD). This consists of enhanced ER Ca^{2+} release/leak through the Inositol trisphosphate receptor (InsP3R), the ryanodine receptor (RyR)-, or presenilins. Excessive ER Ca^{2+} leak induces ER stress response eliciting unfolded protein response. We report herein the implication of the human truncated isoform of the sarco-endoplasmic reticulum Ca^{2+} ATPase 1 (S1T) in AD. S1T is involved in ER Ca^{2+} leak and is an essential determinant of ER stress-associated mitochondrial apoptosis. We show that the expression of S1T is enhanced in AD post mortem-derived brains and in a cellular model overproducing β -amyloid precursor protein (β APP)-derived fragments. Interestingly, S1T elevation was observed upon exogenous treatment with oligomeric A β peptides, and its overexpression enhances in turn β APP-derived intracellular fragments *in vitro* and *in vivo*, through the regulation of BACE1 expression and activity. Our data also revealed a potential link between S1T- or pharmacologically-induced ER stress and neuroinflammation. This study provides a novel loop involving a molecular interplay between S1T-dependent ER Ca^{2+} leak, and ER stress and β APP-derived fragments that could partly account for AD setting and/or progression.

Introduction

Alzheimer disease (AD) is a common age-dependent neurodegenerative disease that accounts for a significant number of reported senile dementia cases (1). The pathological features of AD include the formation of intracellular neurofibrillary tangles (NFTs) composed of hyperphosphorylated tau, and the extracellular deposition of amyloid- β (A β) aggregates derived from the sequential processing of the β amyloid precursor protein (β APP) by β - and γ - secretases (2). At the cellular level, perturbations of the endoplasmic reticulum (ER) calcium (Ca $^{2+}$) signalling and mitochondria functions have emerged as key features in AD-affected brains and models (3-5). AD is also one of the prototypical proteinopathies characterized by cortical and hippocampal protein accumulation and aggregation, synaptic impairments neuronal loss and a consistent inflammatory component (5-7).

Accumulation of unfolded proteins into the ER, inhibition of protein glycosylation and of protein transfer from ER to Golgi as well as alteration of ER Ca $^{2+}$ homeostasis induce ER stress eliciting unfolded protein response (UPR) (8,9). Activation of the UPR is mediated through three distinct pathways under the control of ER resident sensors: IRE1 α (inositol-requiring transmembrane kinase and endonuclease, PERK (protein kinase-like ER kinase), and ATF6 (activation of transcription factor 6) (8,9). These factors activate in turn a subset of UPR-related genes such as the glucose regulated proteins (GRP78, and GRP94), and CHOP/GADD153 (9-15). The paradox of the UPR is that the response leads to the simultaneous activation of both adaptive and pro-apoptotic pathways (9). Moreover, it becomes now admitted that ER stress-dependent cell death implicates the mitochondrial apoptotic pathway. Ca $^{2+}$ is a long time studied regulator of this pathway and was shown to promote apoptosis following its physiological or pathophysiological release from the ER (16-21). Thus, Ca $^{2+}$ fluxes

from the ER to mitochondria, tuned by physical interaction between the two organelles, emerged as key player determining mitochondrial Ca²⁺ overload and apoptotic cell death (22-24). In this context, we reported that the human truncated isoform of the Sarco-endoplasmic reticulum Ca²⁺ ATPase 1 (S1T) (25) plays a key role in triggering and amplifying ER stress response, and in the subsequent cell commitment to apoptosis through the control of Ca²⁺ mobilization from the ER to the mitochondria (19).

ER stress also contributes to the inflammatory response thereby leading to neuronal/synapse dysfunction and memory failure (26). Novel intracellular processes involved in this integrative cellular response in AD are increasingly documented (5,27).

We report herein the increase of the S1T protein expression in a cohort of human AD-derived post-mortem brains as well as in AD-linked cellular models. This S1T elevation could be mimicked by oligomeric A β treatment and in turn, enhances β APP processing and the production of β APP-derived toxic fragments (i.e. C99 and A β) in *in vitro* and *in vivo* AD study models. Interestingly, we also show that both S1T expression and pharmacological induction of ER stress induce a neuroinflammatory response.

Material and Methods

In vivo animal models

We used 3xTg-AD mice obtained by pronuclear microinjection of two independent transgene constructs encoding the human APPswe (APP-K670N/M671L) and tau-P301L, both under the control of the mouse Thy1.2 regulatory elements, into single-cell embryos harvested from mutant homozygous (PS1-M146V) knock in mice (28). All animals were housed in the specific-pathogen-free animal facility. The experiments on animals were approved by the Animal Care and Use Committee of the French Ministry of research under authorization number N° 00640.02.

For biochemical analyses, mice were anesthetized with a ketamine/xylazine mixture and cardiac perfusion was then applied with PBS for 5min. Brains were then isolated and stored in the RNA stabilization reagent (RNAlater, Qiagen) for 24h, and then dried and stored at -80°C until use. For immunohistochemistry analyses, mice were anesthetized with a ketamine/xylazine mixture and cardiac perfusion was then applied with PBS for 5min and then with 10ml PFA 4% solution. Brains were post-fixed in PFA 4% for 24h. Fixed brains were cut on a vibratome (50µm), or then embedded in paraffin and coronal sections were cut with a sliding microtome (8µm).

Human samples

The samples were obtained from brains collected in a Brain Donation Program of the Brain Bank “NeuroCEB” run by a consortium of Patients Associations: ARSEP (association for research on multiple sclerosis), CSC (cerebellar ataxias), and France Parkinson. The consents were signed by the patients themselves or their next of kin in their name, in accordance with the French Bioethical Laws. The Brain Bank NeuroCEB has been declared at the Ministry of Higher Education and Research and has received approval to distribute samples (agreement AC-2013-1887). Cases were

anonymized, but information was provided regarding age at death, and neuropathology (see supplementary tables 1 and 2).

Cell lines, lentivirus infection and treatments

Human SH-SY5Y neuroblastoma cells (CRL-2266, ATCC) were cultured following manufacturer's instructions. SH-SY5Y cells stably expressing empty pcDNA3.1 vector (Control), or pcDNA3.1 bearing human β APP harboring the double Swedish mutations cDNA (APP_{swe} : APPKM670/671NL) were generated as already described (29). Polyclonal stable lines were maintained in DMEM with glucose and without pyruvate containing 10% fetal bovine serum (FBS) in the presence of 400 μ g/ml geneticin (Gibco), 100 U/ml penicillin and 100 μ g/ml streptomycin (Gibco). Murine microglial cells (BV2) (30) were grown and maintained in DMEM with glucose and without pyruvate supplemented with 10% FBS (Gibco), 100 U/ml penicillin and 100 μ g/ml streptomycin. Cells were grown in an atmosphere of 5% CO₂ at a temperature of 37°C.

SH-SY5Y and BV2 cells were transduced with Green, S1T-Green or SERCA1-Green lentiviruses (cloned in the lentiviral vector with an IRES- ZsGreen fluorescent tag (pHAGE-CMV-MCS-IRES-ZsGreen), under the control of CMV promoter) using five MOI (multiplicity of infection) for optimal transduction efficiency (48h in BV2 cells and 72-96h in SH-SY5Y cells).

Transient transfection of cells was carried out using Lipofectamine 2000 reagent (Invitrogen) following the manufacturer's instructions. We used pcDNA 3.1, GFP targeted to the ER (ER-GFP), and GFP fused constructs SERCA1-GFP and S1T-GFP (19).

Cells were treated overnight for 16 hrs with Thapsigargin (0.1, 0.5 or 1 μ M), tunicamycine (10 mg/ml) or Amyloid β oligomers (A β o) 5 μ M.

Lentivirus production

Lentiviral vectors were based on FUGW. The 1st generation of lentiviral vector stocks were produced by the platform “Transfert de Gènes à l'Aide de Vecteurs Viraux,” IFR94, Université Paris Descartes, Paris. Subsequent productions were obtained using standard protocol. Active lentiviral particles were generated by cotransfected the transfer vector with two helper plasmids, delta8.9 (packaging vector) and VSV-G (envelope vector) into Lenti-X 293 T cell line (632180; Clontech, Mountain View, CA, USA). The viral particles were purified from the culture medium by ultracentrifugation. The empty Green virus was used as control. Viral titers were determined by p24 ELISA (VPK-107; Cell Biolabs, San Diego, CA, USA).

Stereotaxic injection and treatment

Non-transgenic (wild type: WT) and 3xTg-AD mice aged 4 months were anesthetized by intraperitoneal injection with a mixture (1ml/Kg) of ketamine/xylazine (87 mg/ml and 13 mg/ml respectively). Mice were placed in a mouse head holder, and lentiviral vectors were stereotactically injected bilaterally into the subiculum region (2 µl per hemisphere) with high titers of Green, S1T-Green or SERCA1-Green lentiviruses (1×10^{10} viral particles) at the following coordinates (a/p, -1.7, m/l ± 2.5 , d/v, -3.8). After surgery, anesthetics were reversed with atipamezole (1mg kg⁻¹). To fully recover, mice were left under a heat lamp. Then they were injected with the analgesic buprenorphine at a dose of 0.05mg/kilogram body weight and returned to a clean cage. Biochemical and immunohistochemistry analyses were carried out 4-5 months after lentiviral injections.

Male WT C57BL/6J mice (12-14-week-old) were daily injected with tunicamycine (Sigma) (1 mg/kg body weight, i.p.) for 72 h. Brain were collected for biochemistry and immunochemistry as described above.

Total protein extraction and mitochondrial and microsomal fractions preparation

Cellular, human brain and microdissected hippocampus (from stereotaxic injected mice) protein extracts were prepared using the lysis buffer (50mM Tris-HCl pH8, 10% glycerol,

200mM NaCl, 0.5% Nonidet p-40, and 0.1mM EDTA) supplemented with protease inhibitors (Complete, Roche diagnostics).

Unless were indicated S1T, SERCA1 and SERCA2b proteins were detected on microsomal enriched subcellular fraction. Cell pellets or human-derived brain samples were resuspended in 1ml isolation buffer (250mM D-Mannitol, 5mM HEPES pH7.4, 0.5mM EGTA, 0.1% BSA) supplemented with a mixture of protease inhibitor. After chilling on ice for 20min with frequent tapping, cells or brain samples were disrupted by at least 100 strokes of a glass-Dounce homogenizer and the homogenate was centrifuged at 1,500xg at 4°C to discard unbroken cells and nuclei. The supernatant was centrifuged at 10,000xg at 4°C for 10min or at 100,000xg at 4°C for 1h to separate mitochondrial or microsomal fractions respectively. The pellet containing the mitochondria was suspended in isolation buffer. The microsomal fraction was suspended in 0.25M Sucrose, 10mM Tris-HCl pH7.4 supplemented with protease inhibitors.

SDS-PAGE analysis

To detect A β peptide, 40 μ g of the total proteins were incubated with 70% formic acid (Sigma) and evaporated in Speed Vac for 40 min. The pellets were dissolved in 1M Tris-HCl, pH10.8, 25mM Betaine and diluted in 2x sample buffer (125 mM Tris-HCl, pH 8.45, 2% SDS, 20% Glycerol, 0.001 % Bromophenol blue, and 5% β -mercaptoethanol). Proteins were resolved by 16.5% Tris/Tricine SDS-PAGE, transferred onto nitrocellulose membranes, membranes were boiled in PBS for 10sec, saturated in TBS-tween 5% milk, and incubated overnight with specific antibodies as specified in legends. All the other proteins were detected in total extracts resolved by SDS-PAGE following standard procedures. Proteins were visualized using enhanced chemiluminescence (SuperSignal West Pico or Femto, Thermo Scientific) and acquired with a cooled CCD camera from an LAS-4000 imaging system (Fujifilm).

Detection of extracellular A β

The amounts of A β ₄₀ and A β ₄₂ were measured in the culture medium by using the respective ELISA kits (Invitrogen) following the manufacturer's instructions.

Immunohistochemistry and immunofluorescence

Human-derived hippocampal and temporal lobe sections and mice-derived brains embedded in paraffin were immunostained after a dewaxing procedure comprising sequential washing steps with xylene, ethanol and PBS.

Sections were immunostained with S1T (25), SERCA1, or Iba1 antibodies after antigen unmasking, performed using a Vector Antigen unmasking solution, citrate-based, pH6.0 (Vector Laboratories). For 6E10 staining, sections were treated with formic acid (90% for 5min). Non-specific binding was blocked by incubation for 1h in blocking solution (5% BSA in 0.5% TBS-Triton X-100). Sections were incubated at 4°C overnight with primary antibodies (see supplementary table 3). For DAB development, sections were incubated with HRP-conjugated secondary antibodies (Jackson ImmunoResearch, 1/1000) followed by diaminobenzidine (DAB) substrate (DAB impact, Vector). Neuronal nuclei in 6E10 immunostained human-derived brain sections were stained with Cresyl violet. Serial slices were immunostained with S1T and 6E10 antibodies.

For the quantification of Iba1 positive cells, counting was recorded in at least three mice in three different regions of the subiculum.

Antibodies

Antibodies used are reported in supplementary table 3.

A β Oligomers preparation

Human synthetic A β ₁₋₄₂ (Bachem AG, Switzerland) was suspended in hexafluoroisopropanol, HFIP; Sigma-Aldrich) to 1mM. Peptide samples were vortexed to obtain a homogenous solution, aliquoted into microfuge tubes and lyophilized overnight under the hood. The A β ₁₋₄₂ peptide films were stored desiccated at -20°C until further processed. To form A β oligomers, peptide films were resuspended to 5mM in DMSO, diluted in ice cold PBS. Aggregation was

allowed to proceed for 24h at 4°C before the peptide solution was centrifuged at 14000 x g for 10min at 4°C. Supernatant containing A β oligomers (A β o) was then used at \approx 5 μ M as already described (31).

***In vitro* β -secretase assay**

β -secretase activity was monitored as already described (29,32). Briefly, 20 μ g of protein extracts were incubated in a final volume of acetate buffer (25mM, pH4.5, 100 μ l) containing 10 μ M BACE-1 substrate [(7-methoxycoumarin-4-yl)-acetyl-SEVNLDAEFRK (2,4-dinitrophenyl)-RRNH₂; R&D Systems] in the absence or presence of 50 μ M β -secretase inhibitor I (50 μ M PromoCell). BACE-1 activity corresponds to the β -secretase inhibitor I-sensitive fluorescence recorded at 320nm and 420nm as excitation and emission wavelengths, respectively.

Quantitative real-time PCR

Total RNA from cells and mice brains were extracted using the RNeasy mini kit and RNeasy universal, respectively following the instructions of manufacturer (Qiagen, Germany). Total RNA (2 μ g) was reverse-transcribed with GoScript™ Reverse Transcriptase (Promega, USA) using oligo-dT priming. Real-time PCR were performed in the Rotor-Gene6000 (Qiagen, Germany), using the SYBR Green detection protocol recommended by the manufacturer. Specific-gene primers were designed by means of the Universal Probe Library Assay Design Center software (Roche Applied Science, Switzerland). Genes were normalized for RNA concentrations with Topoisomerase 1 and GAPDH (See primer sequences in supplementary table 4).

Amplification of S1T variant

PCR was performed on normalized cDNAs obtained from polyA⁺ RNA. Hot start touchdown amplification was then performed as described (25). We used primers derived from SERCA1 exon 10 and exon 13 sequences. These primers amplify SERCA1 cDNA with and without exon 11 splicing as described in Figure 2C.

Statistical analyses

Data were expressed as mean \pm SEM. Sample size for each experiment is stated in the figure captions. Statistical analyses were performed using Mann-Whitney, T-test, or one-way, and Dunnett's, or Tukey's post-tests.

Results

S1T protein expression is increased in human AD-derived brains

We first analyzed the expression of S1T in a cohort of human AD-derived brain and aged-matched non-demented control samples (see supplementary table 1 for demographic data and neuropathological status). We revealed S1T protein and analyzed the level of AD related markers (A β and Tau proteins) on total extracts from the temporal lobe region of the brain (Fig. 1-F, and supplementary table 1). We used both the neuronal protein neurofilament and actin as loading controls (Fig1A, and F). SDS-PAGE analyses revealed as expected a significant increased level of A β peptide (Fig. 1A, and B) and of hyperphosphorylated Tau protein (Fig. 1A, and C) in AD-derived brains while full-length β APP remained unchanged (Fig1A, and E). Importantly, we observed a significant increase of the expression of S1T in AD-affected brains (Fig. 1A, and D), as revealed using an antibody directed towards the COOH-terminal 10 amino acid generated by exon 11 splicing, thus recognizing specifically S1T protein but not full length (non-spliced) SERCA1 protein (25). By means of an anti-SERCA1 antibody recognizing the N terminal sequence of both full-length and S1T, we confirmed the increase of S1T expression while the full length SERCA1 protein appeared poorly and similarly expressed in both control and AD brains (data not shown). We confirmed these biochemical observations by immunohistochemistry and revealed an increased staining of S1T in a large cohort of AD-derived brain slices as compared to controls (Fig. 1G, and supplementary table 2). Importantly, these analyses revealed a correlation between the high intensity staining of S1T and focal A β deposits in the temporal lobe (supplementary table 2). Of note, we also observed an increased expression of S1T in the hippocampus of AD-derived brains as compared to controls (supplementary Fig. 1, and

supplementary table 2). Overall, this set of data suggests a specific increase of the S1T isoform in various brain areas of AD-affected human brains.

We previously reported that S1T is induced under ER stress conditions through the PERK-eIF2 α -ATF4 pathway (19). We thus analyzed the expression of ER stress markers belonging to this pathway in the same human AD-derived brain cohort. We observed a significant increase of the expression of ATF4, GRP78, and calreticulin (CRT) in AD brains as compared to controls (supplementary Fig. 2A, E, F, and H) while SERCA2b isoform and P-eIF2 α expression remained unchanged (supplementary Fig. 2A-C). However, we observed a slight but a significant decrease of CHOP protein in AD-derived brain samples as compared to controls (supplementary Fig. 2A, and D). One can speculate that the incomplete full correlation of S1T expression with an up regulation of ER stress markers belonging to PERK-eIF2 α -ATF4 pathway in human-derived brains may be due to the complex regulation of ER stress markers impacted by the long-lasting development of the disease.

S1T protein expression is increased in SH-SY5Y cells expressing APPswe and by oligomeric A β

We then investigated the expression of S1T and of ER stress markers in the neuroblastoma stable cell line expressing the APPswe construct (SH-SY5Y APPswe) previously characterized by enhanced β APP metabolism and the production of β APP C-terminal fragments and of A β peptides (29). As already reported, we confirmed overexpression of full-length β APP and enhanced production of A β in APPswe expressing cells as compared to mock-transfected control cells (Fig. 2A, and B). Importantly, we also observed increased expressions of S1T protein (Fig. 2A, and C)

and of GRP78, GRP94, and CRT (Fig. 2A, and D), and of P-eIF2 α / eIF2 α (Fig. 2A, and E) in APPswe-expressing cells. As in human AD-derived brains, SERCA2b expression remained unchanged in APPswe cells (Fig. 2A, and C). We also did not observe any significant modification of the expression of CHOP and ATF4 in APPswe cells (data not shown).

Once we established that S1T is induced in both human AD-derived brains and in *in vitro* AD study model, the APPswe expressing cells, we investigated the potential induction of S1T by oligomeric A β *in vitro*. Several lines of evidence indicate that oligomeric A β could act as the neurotoxic trigger in AD pathology through the induction of ER stress (33). Thus, we investigated whether oligomeric A β could mimic S1T increased expression observed in human samples and APPswe-expressing cells. We used soluble synthetic A β_{1-42} oligomers (A β o), previously characterized to harbor toxic features (34,35). Semi-quantitative RT-PCR analysis of S1T spliced transcript was performed using a set of primers (see material and methods) that co-amplifies SERCA1 cDNAs bearing or lacking exon11 splicing (Fig. 2F) (as already described, (25)). S1T mRNA was increased in SH-SY5Y cells treated with A β o as compared to non-treated (NT) cells (Fig. 2G), as illustrated by an increased S1T/SERCA1 mRNA Ratio (Fig. 2I). As control, we used thapsigargin (TG), a specific inhibitor of SERCA protein that was shown to induce S1T expression (19). As expected, TG treatment increased S1T/SERCA1 mRNA ratio in a dose-dependent manner (Fig. 2H, and I). We also revealed a significant increase of GRP78 and of CHOP mRNAs expressions in TG-treated SH-SY5Y cells (Fig 2J), confirming the induction of UPR in our experimental conditions. Previous studies have shown that A β o exposure modulates the expression of GRP78 and CHOP at the mRNA and protein levels in a time-dependent manner in SH-SY5Y cells (36). Accordingly, we

showed an increase of CHOP transcript level and a slight but significant decrease of GRP78 mRNA upon A β o treatment (Fig. 2J). Together, our data unraveled a consistent induction of S1T by both endogenously produced or exogenously administered A β in neuroblastoma cells. It should be noted that, as was observed in human AD-derived brains, the correlation of ER stress markers and S1T expression was not complete. We assume that this is likely associated to the differential expression and kinetics of ER stress markers in A β -producing or A β o-treated cells.

Expression S1T protein enhances amyloidogenic processing of β APP in SH-SY5Y cells expressing APPswe

We generated lentivirus-based stable SH-SY5Y APPswe cell lines expressing S1T or SERCA1 cDNA under the control of cytomegalovirus promoter, simultaneously with the zGreen protein under IRES cassette. These constructs allow easy *in situ* detection after cell transduction (Fig. 3A). S1T and SERCA1 expressions were also biochemically checked in microsomal protein extracts prepared from SH-SY5Y APPswe cells (Supplementary Fig.3A).

We examined the potential modulation of β APP processing by S1T by analyzing the level of intracellular β APP-derived fragments using two set of antibodies: 1) 6E10 antibody recognizing full length β APP, the β -secretase-derived C-terminal APP fragment (β -CTF, C99) and A β peptides; 2) the β APP-Cter antibody that recognizes α -CTF and β -CTF (C83 and C99 respectively) as well as AICD (β APP intracellular domain). As shown in the representative SDS-PAGE and the quantitative graph (Fig. 3B-D). S1T but not SERCA1 overexpression increased the production of all intracellular β APP-derived fragments (C83, C99, A β , and AICD). Importantly, this

was not due to increased full-length β APP level, the expression of which remained unaffected (Fig. 3B-D).

We then investigated the potential implication of S1T in the modulation of non-amyloidogenic metabolism of β APP. We revealed that neither S1T, nor SERCA1 altered the production of the soluble sAPP α derived from the cleavage of β APP by the α -secretase (supplementary Fig. 4A, and B). Accordingly, we also revealed that neither S1T nor SERCA1 altered the expression of α -secretase (ADAM10) (supplementary Fig. 4C, and D).

We also showed that S1T overexpression: i) leads to the accumulation of β APP-derived fragments in the mitochondrial fraction (supplementary Fig. 3B, and C), and ii) did not induce any changes in the level of secreted A β peptide as compared to SERCA1 expressing or control cells (supplementary Fig. 4E). All together, these data propose that S1T do not interfere with the non-amyloidogenic β APP processing and specifically enhances the intracellular amyloidogenic processing of β APP in *in vitro* AD study model.

Increased amyloidogenic processing of β APP in SH-SY5Y cells expressing APPswe is linked to increased BACE1 expression and activity

Amyloidogenic metabolism of β APP implies its sequential cleavage by β - and γ -secretases (37). Thus, the increase of C99 and A β peptide production upon S1T overexpression may be linked to the increased expression and/or activity of β - and/or γ -secretases. We showed that SH-SY5Y APPswe stably expressing S1T but not SERCA1 displayed increased expression of BACE1 (Fig. 4A, and B). We then analyzed the activity of BACE1 enzyme in cellular extracts prepared from APPswe expressing cells transiently transfected with S1T, SERCA1 or both constructs fused

to GFP Tag. In order to ascertain that the observed effects with S1T protein was not due to ER overloading, we used as control the GFP fused to an ER targeting sequence (ER-GFP). We first showed that transient transfection of S1T-GFP but not SERCA1-GFP increased β APP processing (increased CTFs and AICD levels) and enhanced BACE1 expression thus confirming our results obtained in SH-SY5Y APPswe stably overexpressing S1T or SERCA1 protein (Fig. 4C). Accordingly, we then revealed that S1T-GFP but not SERCA1-GFP expression determined a significant increase of the β -secretase specific activity (Fig. 4D). Interestingly, β -secretase activity was reversed to normal level in cells co-expressing S1T and SERCA 1 proteins (Fig. 4D). We reported previously that S1T-mediated ER Ca^{2+} depletion is attenuated when S1T is co-expressed with full length SERCA1 or SERCA2b proteins (25). Our results suggest that BACE1 activity is likely regulated in a S1T-mediated Ca^{2+} -dependent manner.

The analyses of the expression of components of the γ -secretase complex (Pen 2, Aph1, Nicastrin, PS1, and PS2) (38) revealed an increase of nicastrin expression; and a slight but a significant decrease of Pen2 and Aph1 levels in S1T versus control and SERCA1 expressing cells (Fig. 4E, F, G, and H). While the levels of PS1 remained unaffected by both S1T and SERCA1 expression (Fig. 4 E, and I), that of PS2 was reduced in SERCA1 expressing cells (Fig. 4E, and J). Linked to these data, showing inconsistent modulation of the γ -secretase complex in S1T and SERCA1 expressing cells, the analysis of the γ -secretase activity in reconstituted membranes was also unchanged upon S1T or SERCA1 expression (data not shown). All over, these data may reveal that enhanced amyloidogenic processing of β APP upon S1T expression is mainly linked to the modulation of BACE1 expression and activity.

Expression of S1T protein enhances βAPP processing in vivo

To validate our observation obtained *in vitro* in APPswe expressing cells showing increased βAPP processing upon S1T overexpression, we sought to analyze the impact of S1T overexpression on βAPP processing *in vivo*. The level of basal expression of S1T was low in wild type mice and not significantly induced in 3xTg-AD mice at different age. Thus, we injected both mice bilaterally into the subiculum region with lentiviral particles allowing the overexpression of S1T-Green or Green proteins (Fig. 5A, and B). We focused our study *in vivo* on S1T overexpression since we did not observe an impact of SERCA1 overexpression on βAPP processing *in vitro*. We confirmed the expression of Green protein in the subiculum of injected mice (Fig. 5C, and D). S1T overexpression was also confirmed by SDS-PAGE (Fig. 5D, and E). Interestingly, S1T overexpression enhanced the production of C99 fragment in 3xTg-AD mice (Fig. 5D, F). As described previously described (39), the level of Aβ is very low in young 3xTg-AD mice, thus precluding its detection/evaluation upon stereotaxic injection of S1T-Green or Green lentiviruses.

Expression S1T protein activates microglia in vivo and enhances proinflammatory gene expression in vitro

In addition to coordinating the expression of stress response genes during ER stress, the UPR initiates inflammatory pathways essential for the innate immune response (5,27). Thus, we investigated the potential implication of S1T expression in neuroinflammation and focused on microglia activation. We analyzed proliferative activity and morphological changes (the main characteristic properties of activated microglia) in both control and 3xTg-AD mice injected with lentiviral particles expressing Green or S1T-Green proteins (as described in Fig. 5A). We quantified, in

three areas of the subiculum (Fig. 6A), the number of total microglia, quiescent ramified microglia also characterized by low Iba1 intensity staining (see representative image: low Iba1, Fig. 6A), and activated-like microglia characterized by high Iba1 intensity staining with thickened processes and irregular cell bodies (see representative image: high Iba1, Fig. 6A).

We recorded an increased proliferative activity of microglia in 3xTg-AD mice as compared to control mice injected with Green lentivirus (Fig. 6B, and C), and observed a significant increase of the number of total microglia in wild type mice upon S1T expression (Fig. 6B, and C). We also revealed increased activated-like microglia in both wild type and 3xTg-AD mice injected with S1T lentivirus (Fig. 6B, and E), while the number of quiescent microglia between the different groups remained unchanged (Fig. 6B, and D). As a control, we performed the same analyses in a pharmacologic model of ER stress obtained by intraperitoneal tunicamycine injection in young wild type mice. Interestingly, as upon S1T expression, we observed enhanced number of total and activated microglia in tunicamycine treated mice as compared to control mice injected with vehicle (Supplementary Fig. 5A-D).

To further demonstrate the potential implication of S1T and of ER stress in neuroinflammatory response, we analyzed the expression of proinflammatory cytokines in the mouse microglia BV2 cell line upon expression of S1T, SERCA1 (see representative images of transduction efficiency in Fig. 7A) or treatment with tunicamycine. We revealed a significant increased expression of interleukin 1b (IL1- β) (Fig. 7B), and tumor necrosis α (TNF α) (Fig. 7D) in BV2 cells upon S1T expression or treatment with tunicamycine, but not in SERCA1 expressing cells (Fig. 7B, and D). We also noticed, that while the level of interleukin 6 (IL6) was

significantly enhanced upon tunicamycin treatment, it was slightly but not significantly increased upon S1T expression (Fig. 7C). Altogether, both *in vivo* and *in vitro* approaches demonstrate a regulation of neuroinflammatory response under ER stress conditions as observed upon S1T expression or pharmacological insult.

Discussion

Misfolding of proteins triggers an ER stress response that activates the UPR (40). This cascade could be a key event in neurodegenerative proteinopathies, such as AD (41-43). Several studies have reported that UPR occurs relatively early in AD and that ER stress sensors PERK and IRE1 α are activated in human AD-derived brains (42,43). Importantly, the activation of UPR was recently confirmed in neural cells derived from induced pluripotent stem cells (iPSC) obtained from a familial AD patient carrying the pathogenic APP-E693 Δ mutation. This appears to be also the case in sporadic AD patient that show intracellular A β accumulation accompanied by enhanced ER stress (44,45).

Our previous data have demonstrated that the human S1T is induced under ER stress condition and is associated to ER stress amplification (19). Importantly we also reported that expression of S1T was enhanced in a physiopathological ER stress model, the hepatitis C virus “replicon,” i.e., HuH7 cell line stably expressing the HCV genome (19,46). We revealed now the induction of the human S1T in a cohort of post-mortem human AD-derived brains. Our data suggest that S1T induction is likely linked to A β accumulation since high S1T expression level was observed in human AD-derived brains harboring focal A β plaques. Importantly, our data reveal consistent up regulation of S1T expression also in a cellular AD study model (SH-SY5Y-APPswe) overproducing β APP-derived toxic catabolites.

We reported previously that S1T is induced through the activation of PERK-eIF2 α -ATF4-CHOP pathway (19). Accordingly, we noticed an increased expression of P-eIF2 α in SH-SY5Y-APPswe cells thus confirming previous studies reporting increased phosphorylation of eIF2 α in both *in vitro* and *in vivo* models expressing the APPswe mutation (47). While we did not notice any significant change in P-eIF2 α , we revealed increased ATF4 expression in human AD-derived brains. This may indicate a differential time-dependent regulation of PERK-eIF2 α -ATF4-CHOP pathway in our *in vitro* and *in vivo* AD study models.

The fact that the protein level of CHOP was neither altered in APPswe expressing cells, nor in human-derived brains may reflect a specific time-dependent regulation of this transcription factor during AD development in humans and the chronic and continuous production of A β in the SH-SY5Y APPswe stable cell line. In fact, we previously reported that the induction of S1T occur in a biphasic manner under pharmacologic ER stress conditions (19). This is also supported by the fact that UPR genes show a dose- and a time-dependent induction, transient decline, re-induction kinetics under chronic ER stress stimuli (19,48).

It has also been suggested that ER stress is induced by exogeneous A β application, and that A β -induced ER stress response is associated to neuronal cell death through the involvement of the ER stress specific mouse caspase-12 and human caspase-4 (49,50). We revealed that S1T induction in human AD-derived brains and in APPswe expressing cells is mimicked by exogenous application of A β oligomers. We assume that S1T induction is likely to A β peptide production. Moreover, our previous data have demonstrated that S1T induction is associated to ER stress amplification and to mitochondrial-dependent cell death (19). We thus may hypothesize that the induction of S1T may favor ER stress and neurodegeneration.

Several lines of evidence have indicated that the phosphorylation of PERK and eIF2 α is increased in the AD brain and enhances amyloidogenic β APP processing (47,51,52). In agreement, we report herein that S1T overexpression but not SERCA1 protein enhances amyloidogenic β APP processing both *in vitro* and *in vivo* as reflected by elevated production of β APP-derived fragments (C99, C83, A β and AICD *in vitro*, and C99 *in vivo*). We also demonstrate that this pro-amyloidogenic phenotype is linked to increased β -site APP cleaving enzyme-1 (BACE1) expression and activity. Interestingly, the phosphorylation of eIF2 α has been shown to increase BACE1 expression, thereby enhancing the production of A β in neurons (53). Interestingly, several studies linked PERK and eIF2 α cascade over activation to cognitive impairment occurring in AD. Ma et al. showed that selective ablation of PERK in mice harboring APP and PS1 mutations prevented the aberrant phosphorylation of eIF2 α (54). This led to improved synaptic plasticity and spatial memory in AD mice, consistent with the requirement for active protein translation in memory consolidation (55). A previous study demonstrated that reductions in eIF2 α phosphorylation enhance the late phase of long-term potentiation and memory in mice (56). These findings suggest that sustained eIF2 α phosphorylation have the potential to aggravate the cognitive abnormalities seen in AD. The potential implication of S1T in the amplification of PERK-eIF2 α cascade *in vivo* and the subsequent cognitive deficit is still under investigation.

It is important to note that a complex view emerges regarding the pathogenic or the adaptive contribution of ER stress response to the development of AD (57-59). Indeed, following activation of stress sensor proteins cells may respond through the inhibition of biosynthesis of new proteins, degradation of unfolded proteins, and influence on cell survival/apoptosis. Robust data have shown elevated ER stress

responses in APP and PS1 double-transgenic AD mouse models (58). Accordingly, others demonstrated that administration of the A β peptide or its genetic overproduction increase levels of GRP78 (36), phosphorylated eIF2 α and CHOP (60,61), GADD34 and cleaved caspase-12 (36). Notably, neurodegeneration associated with intrahippocampal injections of A β was shown to require activation of the ATF4-CHOP pathway (60). However, the role of ER stress in AD pathogenesis has been recently questioned (58,62,63). Taking into account these findings, we assume that further re-examination of ER stress response in AD mice study models is still needed.

In addition to coordinating the expression of stress response genes during ER stress, the UPR initiates inflammatory pathways essential for the innate immune response. Accordingly, we demonstrated that S1T expression, as well as tunicamycin treatment induce the expression of proinflammatory cytokines (TNF α , IL-1 β) in mouse BV2 microglial cells. Importantly, we also revealed that S1T overexpression and pharmacological induction of ER stress with tunicamycin were associated to increased proliferation and active microglia *in vivo*. When active, each of the UPR branches has been shown to increase production and release of pro-inflammatory mediators (27). The most potent pathways are IRE1-TRAF2, PERK-eIF2 α , PERK-GSK-3, ATF6-CREBH, as well as inflammatory caspase-induced signaling pathways (27). The three UPR branches converge on activating NF- κ B, thus driving the expression of cytokines TNF α , IL-1, IL-6 and IL-8 (27). Moreover, multiple studies have demonstrated that A β oligomers can activate PKR and induce ER stress by eliciting the TNF- α pathway (64). These studies and our data point out the potential targeting of ER stress as a mean to reduce chronic neuroinflammatory response accompanying the development of AD.

All over, our study provides a novel mechanism underlying the ER Ca²⁺ leak-linked ER stress response in AD through the induction of S1T isoform. We provide evidences that S1T expression may impact the disease development through the regulation of the amyloidogenic βAPP processing and the neuroinflammatory response. Further, we show that AD-linked S1T expression is likely linked to Aβ. Thus, we propose that during ER-stress, there exists a molecular interplay between S1T and amyloidogenic βAPP processing that could underlie an amplification mechanism accounting for enhanced ER stress occurring in AD.

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Figure legends

Figure 1: S1T expression is increased in the temporal lobe of human AD-derived brains. **A/** representative SDS-PAGE showing the expression pattern of S1T in the temporal lobe of human AD-derived brains (Braak's stage V and VI) (n=17) as compared to aged matched non-demented controls (n=9). Demographic data and neuropathological status of brain samples are reported in supplementary table 1. β APP and A β were detected using 6E10 antibody, and hyperphosphorylated Tau was detected by using AT8 antibody. Neurofilament (NF) and actin were used as loading controls. S1T was detected using a home antibody recognizing a specific epitope in S1T protein. **B-F/** Graphs represent mean \pm SEM analyzed versus mean control values considered as 1. **** p -value <0.0001, ** p -value <0.01, and (ns) non-significant versus control using the Mann-Whitney test. **G/** Immunohistochemistry detection of β APP-derived fragments and of A β plaques with 6E10 antibody and of S1T in the temporal lobe of human AD (n=9) and of aged-matched non-demented control brains (n=4). Analyzed samples, S1T staining intensity and A β plaque type, demographic data and neuropathological status of brain samples are reported in supplementary table 2. Nuclei were stained in 6E10 analyses using Cresyl Violet dye. Images of representative samples (Control-1, and AD-1' and 2') are shown and are referenced in supplementary table 2. The insets show S1T positive neurons. Scale bar 25 μ m.

Figure 2: S1T expression is increased in the SH-SY5Y cells expressing APPswe and in SH-SY5Y cells treated with oligomeric A β peptides. **A/** Representative SDS-PAGE showing the expression pattern of β APP, A β as detected using 6E10 antibody, and of S1T and ER stress markers (SERCA2b, P-eIF2 α , eIF2 α , Calreticulin (CRT), Glucose regulated protein 78 and 94 (GRP78) and (GRP94) in SH-SY5Y cells expressing

PcDNA3.1 empty vector (control) or APPswe construct (APPswe). Actin and GAPDH were used as loading controls. **B-E/** Graphs represent mean±SEM analyzed versus mean control values considered as 100% and obtained in more than 4 independent experiments. ** *p-value* <0.01, * *p-value* <0.05, and (ns) non-significant versus control using the Mann-Whitney test. **F/** Position of the primers (on exons 10 and 13) used for the semi-quantitative PCR analysis of SERCA1 and S1T mRNA expression patterns. This set of primers amplify SERCA1 transcripts without (447 bp: SERCA1) or with (344 bp: S1T) exon 11 splicing. **G, and H/** Representative RT-PCR of SERCA1 and S1T expression patterns in SH-SY5Y cells non-treated (NT) or treated with A β peptides oligomers (A β o) (5 μ M) (G) and treated with vehicle (Control) or thapsigargin (TG) (0.1, 1.5, and 1 μ M) for 20h (H). **I/** Graph represents S1T/SERCA mRNA ratio obtained in at least 4 independent experiments. ** *p-value* <0.01, * *p-value* <0.05, and (ns) non-significant versus control using the one-way ANOVA and Dunnett's post-test, or versus NT using the Mann-Whitney test. **J/** Quantitative RT-PCR of GRP78 and of CHOP in SH-SY5Y cells treated as in (G) and (H). The graph represents mean±SEM analyzed versus mean control or non-treated (NT) values considered as 100%. ** *p-value* <0.01, versus control or NT using the Mann-Whitney test.

Figure 3: S1T overexpression enhances β APP processing. **A/** SH-SY5Y APPswe cells were transduced with Green, S1T-Green and SERCA1-Green lentiviral vectors. Representative images of SH-SY5Y APPswe lentivirus-mediated stable cell lines are shown. **B/** expression of S1T but not of SERCA1, enhances β APP processing in SH-SY5Y APPswe cells. β APP, and β -secretase C-terminal APP derived fragment (C99) were detected in the total extracts using 6E10 antibody. CTF (C99 and α -secretase C-terminal APP derived fragment (C83)) and APP intracellular domain (AICD) were

detected using an antibody recognizing APP C-terminal epitope (APP-Cter). Low and high exposure of representative SDS-PAGE are shown. Actin was used as loading control. **C/** Representative SDS-PAGE showing C99 and A β peptides in SH-SY5Y APPswe cells treated as in (B) and revealed using 6E10 antibody. Actin was used as loading control. **D/** The graph represents mean \pm SEM of β APP, C99, C83, AICD and A β expression levels analyzed versus mean control values (Green) considered as 100% and obtained in more than 3 independent experiments. *** *p*-value <0.001, ** *p*-value <0.01, * *p*-value <0.05, and (ns) non-significant versus control using the one-way ANOVA and Dunnett's post-test.

Figure 4: S1T overexpression enhances BACE1 expression and activity and does not affect the expression of γ -secretase complex. **A/** Representative SDS-PAGE showing BACE1 expression in SH-SY5Y APPswe cells transduced with Green, S1T-Green and SERCA1-Green lentiviral vectors as in Figure 3A. Actin was used as loading control. **B/** The graph represents mean \pm SEM of BACE1 expression level versus mean control values (Green) considered as 100% and obtained in at least 4 independent experiments. * *p*-value <0.05, and (ns) non-significant versus Green using the one-way ANOVA and Dunnett's post-test. **C/** Representative SDS-PAGE showing SH-SY5Y APPswe cells transiently transfected with ER-GFP (Control), S1T-GFP, or SERCA1-GFP constructs. β APP metabolites and BACE1 were detected in total extracts as in Figure 3. Actin was used as loading control. **D/** The graph represents the mean \pm SEM of the specific activity of β -secretase in SH-SY5Y APPswe cells transfected with ER-GFP, S1T-GFP, SERCA1-GFP, or S1T+GFP and SERCA1+GFP. A mock vector (PcDNA3.1) was used to calibrate transfection conditions. β -secretase specific activity is shown in % versus the mean control values (ER-GFP+mock) considered as 100%. * *p*-value <0.05, and (ns) non-significant

versus control using the one-way ANOVA and Dunnett's post-test. **E/** Representative SDS-PAGE showing the expression of γ -secretase complex (Pen2, Aph1, Nicastin, PS1and PS2) in SH-SY5Y APPswe cells transduced with Green, S1T-Green or SERCA1-Green lentiviral vectors as in (A). **F-J/** Graphs represent mean \pm SEM of Pen2 (F), Aph1 (G), Nicastin (H), PS1 (I) and PS2 (J) expression level versus mean control values (Green) considered as 100% and obtained in at least 4 independent experiments. * *p-value* <0.05, and (ns) non-significant versus Green using the one-way ANOVA and Dunnett's post-test.

Figure 5: Lentivirus-mediated S1T delivery to the hippocampus increases C99 production in the 3xTg-AD mice. **A/** Bilateral stereotaxic injection of lentiviral vectors (Green or S1T-Green) into the hippocampus (subiculum region) of 3xTg-AD and non-transgenic control mice (wild type: WT). **B/** timeline of lentiviral injection (mice aged 4 months) and of subsequent biochemical analysis and immunohistochemistry of mice (mice aged 9 months). **C/** Representative coronal brain slices showing Green-positive cells (green) in injected mice. **D/** Representative SDS-PAGE showing S1T, C99, and Green expression in injected mice. Tubulin was used as loading control. **E/** The graph represents the mean \pm SEM of S1T expression versus the mean value in WT mice injected with Green lentivirus considered as 100% (WT-Green (n=6); WT-S1T-Green (n=6), 3xTg-AD-Green (n=6), and 3xTg-AD-S1T-Green (n=5). * *p-value* <0.05 versus WT-Green or 3xTg-AD-Green using the one-way ANOVA and Tukey's post-test. **F/** The graph represents the mean \pm SEM of C99 expression versus the mean value in 3xTg-AD mice injected with Green lentivirus considered as 100%. *** *p-value* <0.001, and ** *p-value* <0.01 versus 3xTg-AD-Green using the one-way ANOVA and Dunnett's post-test.

Figure 6: S1T overexpression enhances the number of activated microglia. **A/** The number of total, quiescent and activated microglia was recorded in three fields in the subiculum of injected mice. Quiescent microglia (low Iba1 staining and ramified microglia) and activated-like microglia (High Iba1 staining with thickened processes) were identified in separate field in 3 different mice in each group. **B/** Representative images showing immunohistochemical staining of Iba1 in WT and 3xTg-AD mice injected with Green or S1T-Green lentiviruses as described in Figure 5A and B. Scale bar, 20 µm. **C-E/** Quantification of the total number (C), quiescent (D), and active-like Iba1 positive cells/mm² (E). *** p-value <0.0001, and ** p-value <0.01, and (ns) non-significant versus WT-Green or 3xTg-AD-Green using the one-way ANOVA and Dunnett's post-test.

Figure 7: Expression of S1T enhances the expression of pro-inflammatory genes in BV2 microglial cells. **A/** Representative images showing BV2 cells infected with Green, S1T-Green or SERCA1-Green lentiviruses. **B-D/** RT-PCR analysis of the mRNA expression of IL1-β (B), IL6 (C), and TNFα (D) in BV2 cells transduced with Green, or S1T-Green lentiviruses, and Green infected cells treated with tunicamycin (Tun) at 10µg/ml for 16h. The relative expression of mRNAs are represented as the mean±SEM versus the mean value in Green expressing cells (control) obtained in at least 2 independent experiments in duplicates. *** p-value <0.001, and * p-value <0.05 versus Green or S1T-Green using the one-way ANOVA and Dunnett's post-test.

Supplementary Figure 1: Representative images showing S1T expression in the hippocampus of controls and human AD-derived brain slices. S1T staining intensity and Aβ plaque type were analyzed in human AD (n=6) and aged-matched non-

demented control brains (n=4). Demographic data and neuropathological status of brain samples are reported in supplementary table 2. Nuclei were stained in 6E10 analyses using Cresyl Violet dye. Images of representative samples (Control-1, and 2, AD-1' and 2') are shown and are referenced in supplementary table 2. **A/** S1T signal is shown at 3 different magnifications. Scale bars 500, 100, and 25 μ m. The insets show S1T positive neurons. **B/** Representative 6E10 staining in the same brain sections.

Supplementary Figure 2: Expression of ER stress markers in the temporal lobe of human AD-derived brains. Demographic data and neuropathological findings of brain samples are reported in supplementary table 1. **A/** representative SDS-PAGE showing the expression pattern of P-eIF2 α , Calreticulin (CRT), SERCA2b (S2b), CHOP, Glucose regulated protein 78 and 94 (GRP78) and (GRP94), and ATF4 in the temporal lobe of human AD-derived brains (n=18 or 19) as compared to aged matched non-demented controls (n=7 or 8). Actin was used as loading control. **B-H/** Graphs represent mean \pm SEM analyzed versus mean control values considered as 1. *** p-value <0.001, * p-value <0.05, and (ns) non-significant versus control using the Mann-Whitney test.

Supplementary Figure 3: S1T overexpression enhances amyloidogenic β APP processing and β APP-derived catabolites accumulation in the mitochondria. **A/** Representative SDS-PAGE showing the level of S1T and of SERCA1 expression in SH-SY5Y APPswe cells transduced with Green, S1T-Green and SERCA1-Green lentiviral vectors. **B/** expression of S1T but not of SERCA1 enhances β APP processing and the accumulation of β APP-derived catabolites in the mitochondrial enriched fraction isolated from SH-SY5Y APPswe cells. β APP, the β -secretase-derived C-terminal APP fragment (C99), and A β were detected using 6E10 antibody.

CTF (C99 and α -secretase C-terminal APP derived fragment (C83)) and APP intracellular domain (AICD) were detected using an antibody recognizing the β APP C-terminal epitope (APP-Cter). Low and high exposure of representative SDS-PAGE are shown. Actin was used as loading control. **C/** The graph represents mean \pm SEM of APP, CTFs (C99, and C83), AICD and A β expression levels analyzed versus mean control values (Green) considered as 100% and obtained in more than 3 independent experiments. ** p -value <0.01, * p -value <0.5, and (ns) non-significant versus control using the one-way ANOVA and Dunnett's post-test.

Supplementary Figure 4: S1T overexpression does not alter α -secretase expression and activity and the secreted levels of A β ₄₀ and A β ₄₂. **A/** Representative SDS-PAGE showing the level of secreted APP α fragment (sAPP α) detected by 6E10 antibody versus total (sAPP α and sAPP β) fragments (sAPPt) detected using an antibody recognizing APP N-terminal epitope (APP-Nter). The same concentration of secreted proteins (medium) was loaded in each condition. **B/** The graph represents the mean \pm SEM of sAPP α /sAPPt ratio versus the mean control values (Green) considered as 100% and obtained in at least 3 independent experiments. **C/** Representative SDS-PAGE showing ADAM10 (α -secretase) expression in SH-SY5Y APPswe cells transduced with Green, S1T-Green and SERCA1-Green lentiviral vectors as in Figure 3A. Actin was used as loading control. **D/** The graph represents the mean \pm SEM of ADAM10 expression level obtained versus the mean control values (Green) considered as 100% and obtained in 6 independent experiments. * p -value <0.05, and (ns) non-significant versus Green using the one-way ANOVA and Dunnett's post-test. **E/** ELISA-based quantification of A β ₄₂ (pg/ μ g), A β ₄₀ (pg/ μ g), and the Ratio of A β ₄₀/A β ₄₂ in the secreted medium of SH-SY5Y APPswe cells transduced with Green, S1T-Green and SERCA1-Green

lentiviral vectors and obtained in 3 independent experiments. (ns) non-significant versus Green using the one-way ANOVA and Dunnett's post-test.

Supplementary Figure 5: Tunicamycine treatment activates microglia. **A/** The number of total, quiescent and activated microglia was recorded in three fields in the hippocampus of treated mice as described in Figure 6. Quiescent microglia (low Iba1 staining and ramified microglia) and activated-like microglia (High Iba1 staining with thickened processes) were identified in at least 3 separate fields in 3 different mice in each group. Representative images showing immunohistochemical staining of Iba1 in DMSO or Tunicamycine treated mice are shown. Scale bar, 25 µm. **B-D/** Graphs show the quantification of the total number of Iba1 positive (B), active-like Iba1 positive (C), and quiescent Iba1 positive cells/mm² (D). *** *p*-value <0.001, and * *p*-value <0.05, and (ns) non-significant versus DMSO treated mice using the one-way ANOVA and Dunnett's post-test.

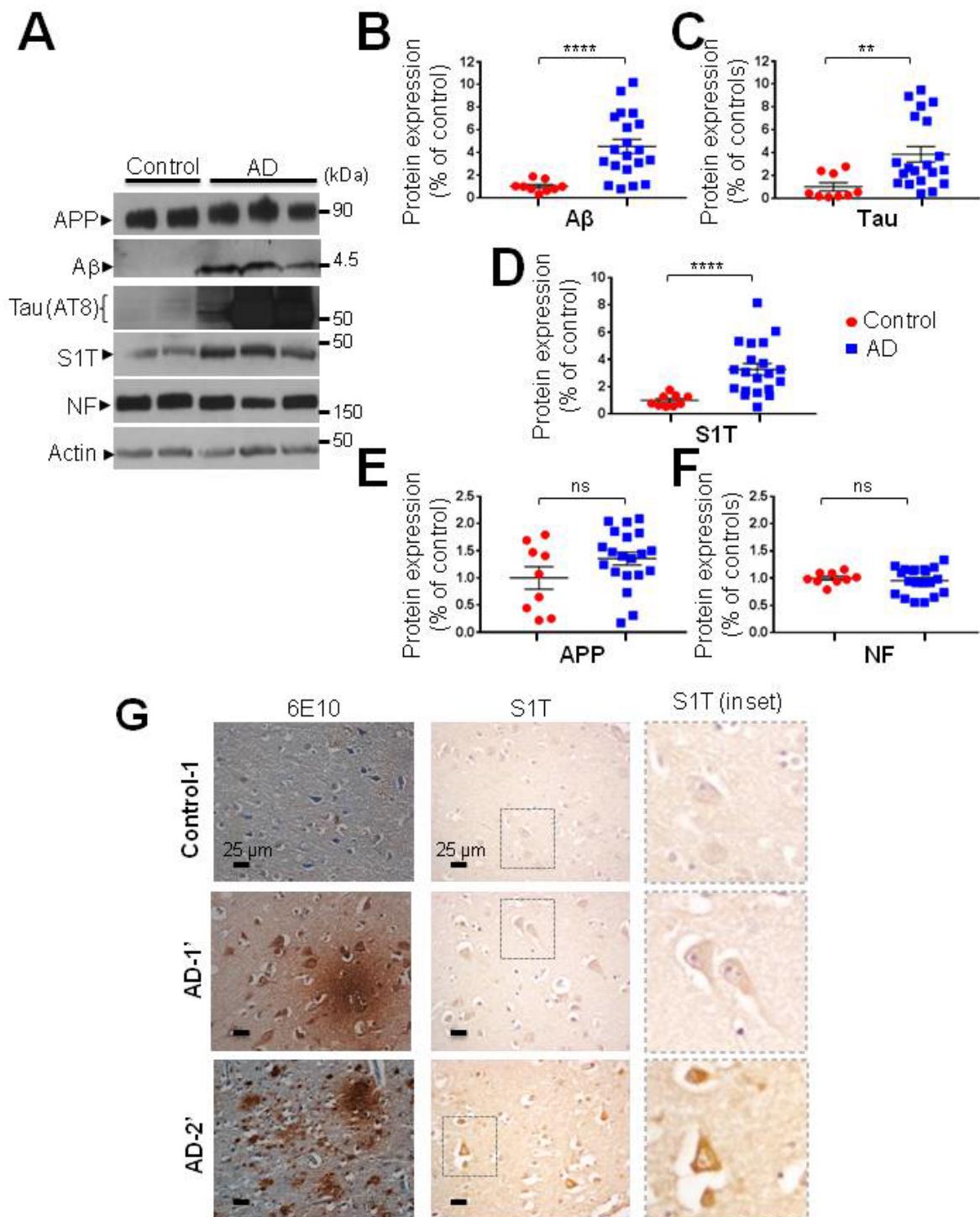


Figure 1

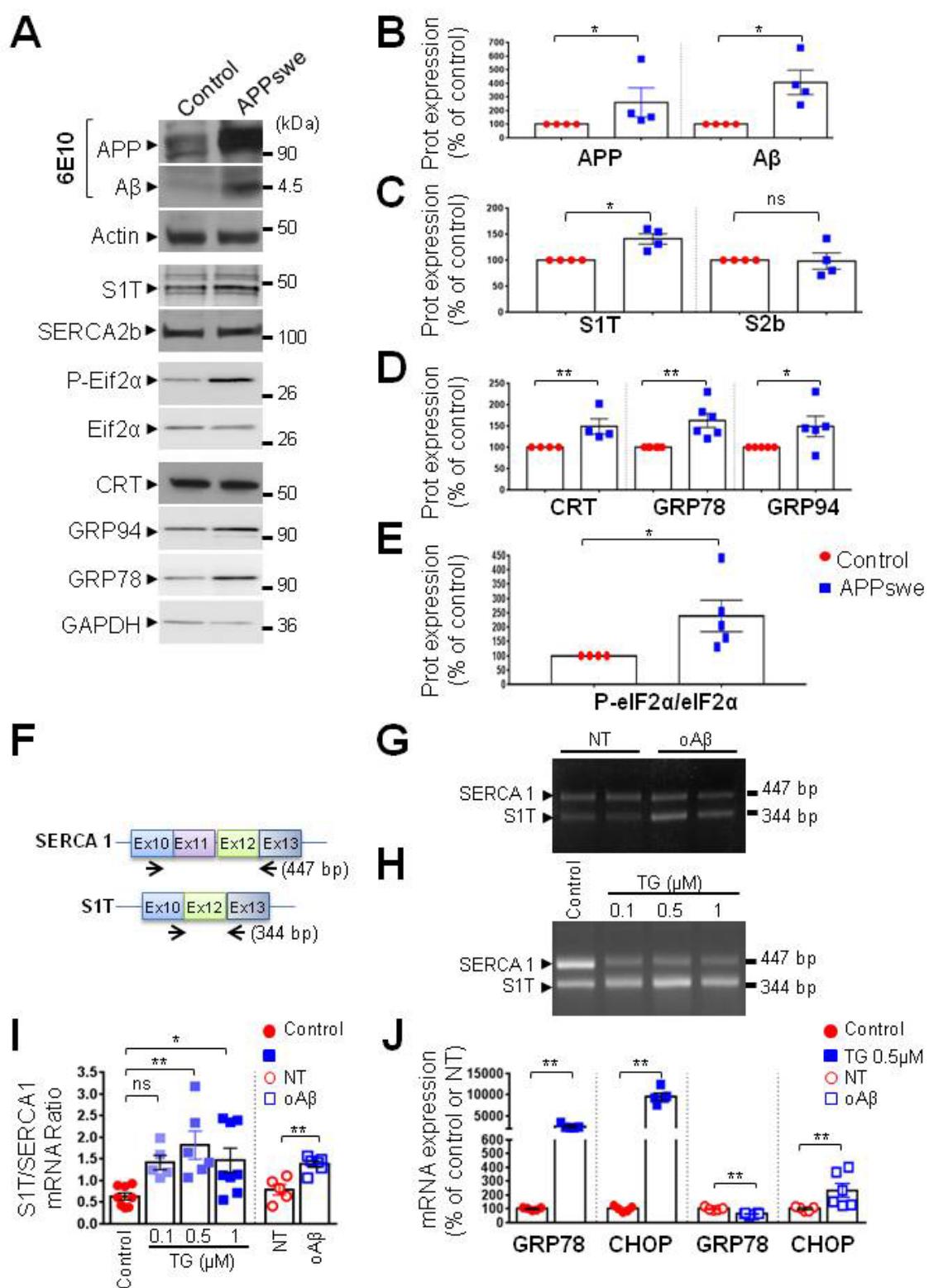


Figure 2

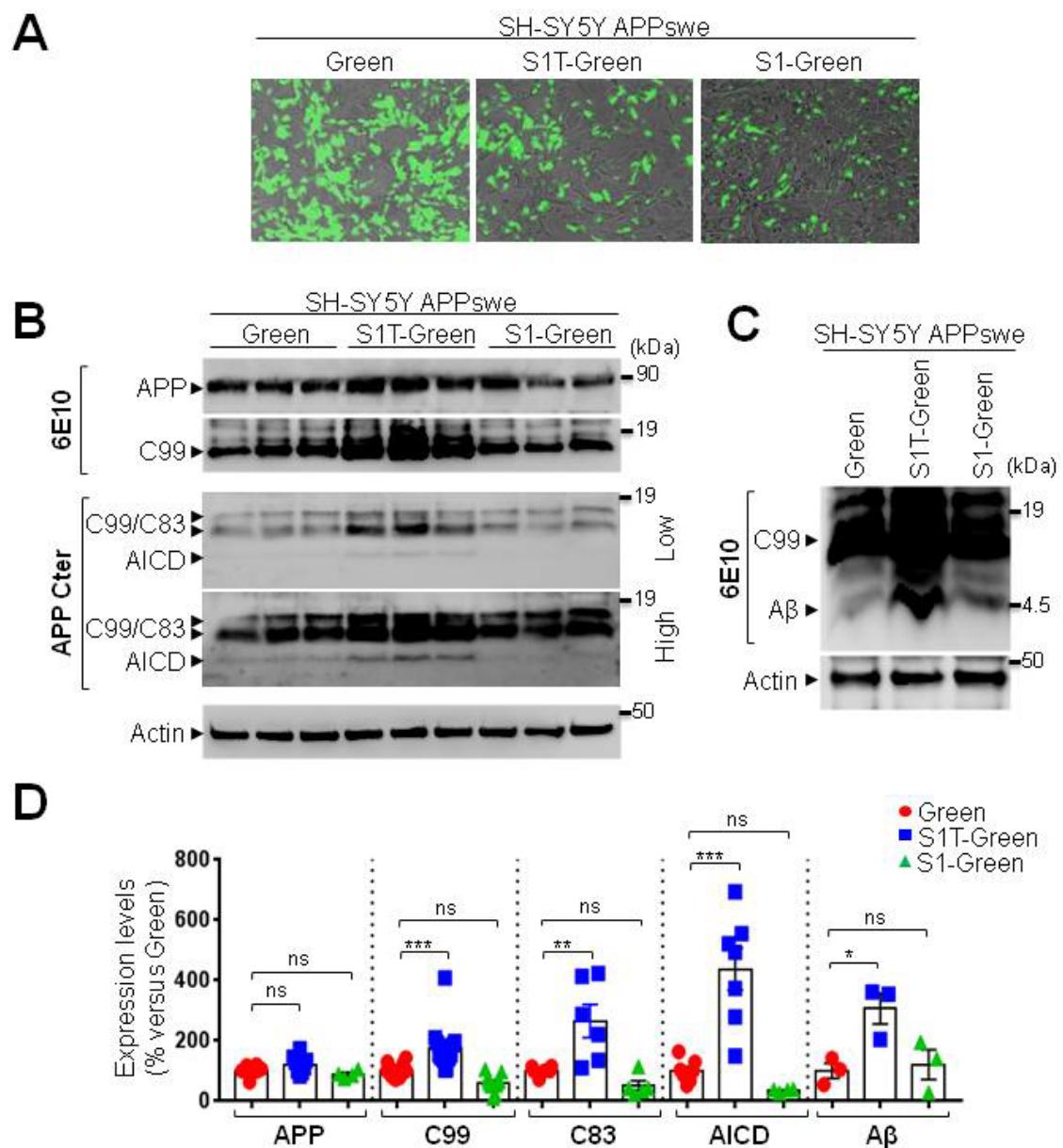


Figure 3

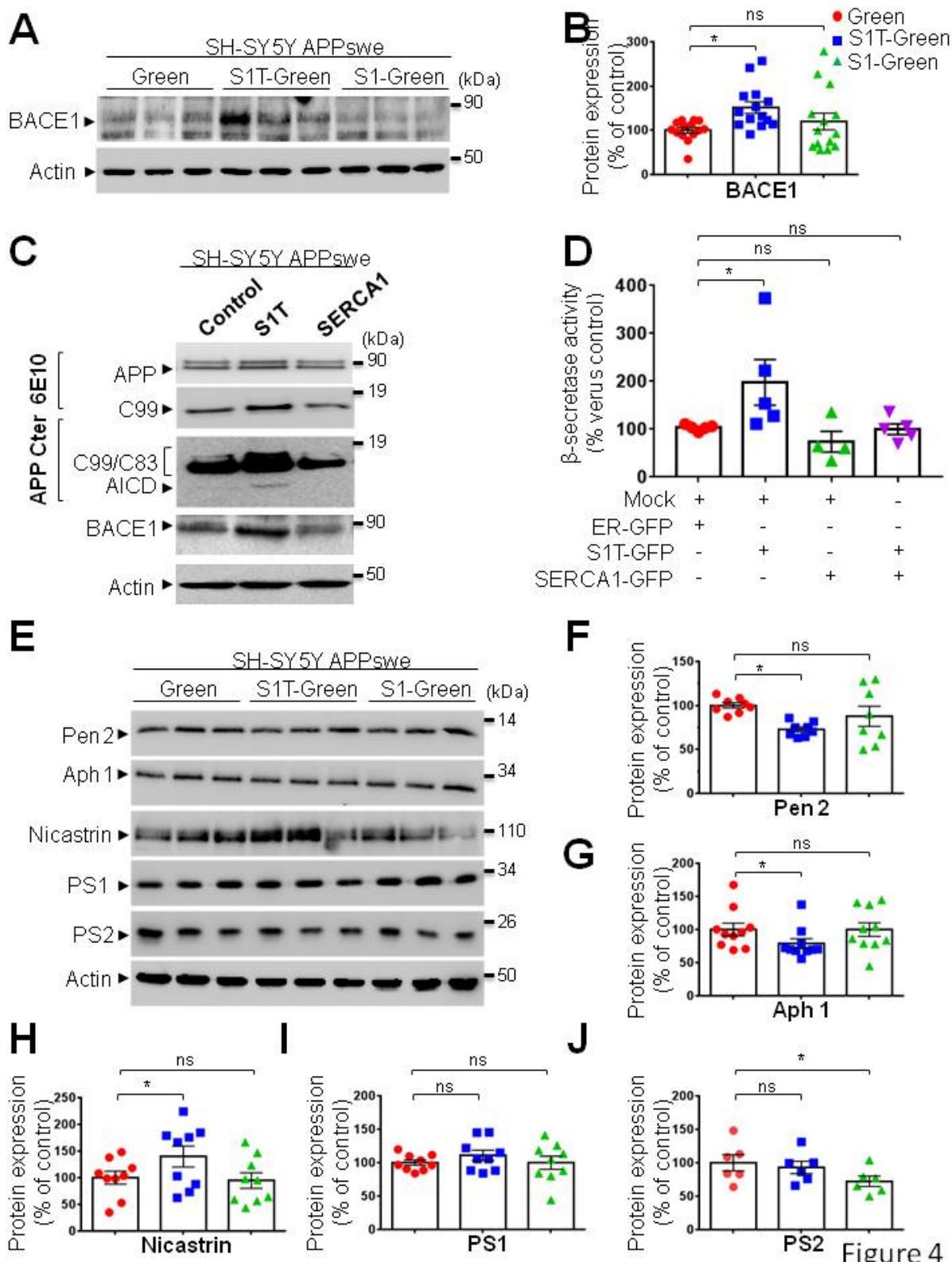


Figure 4

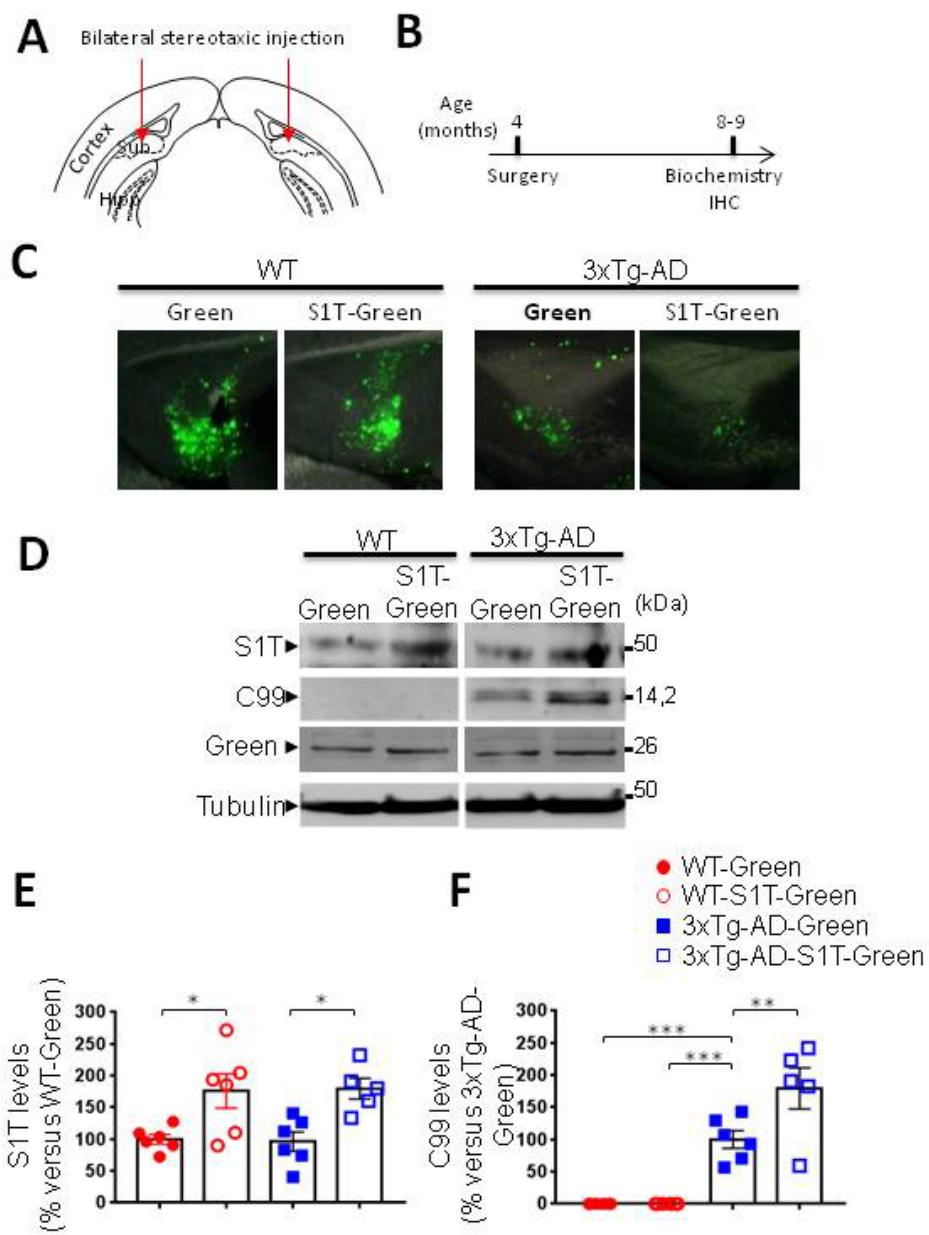


Figure 5

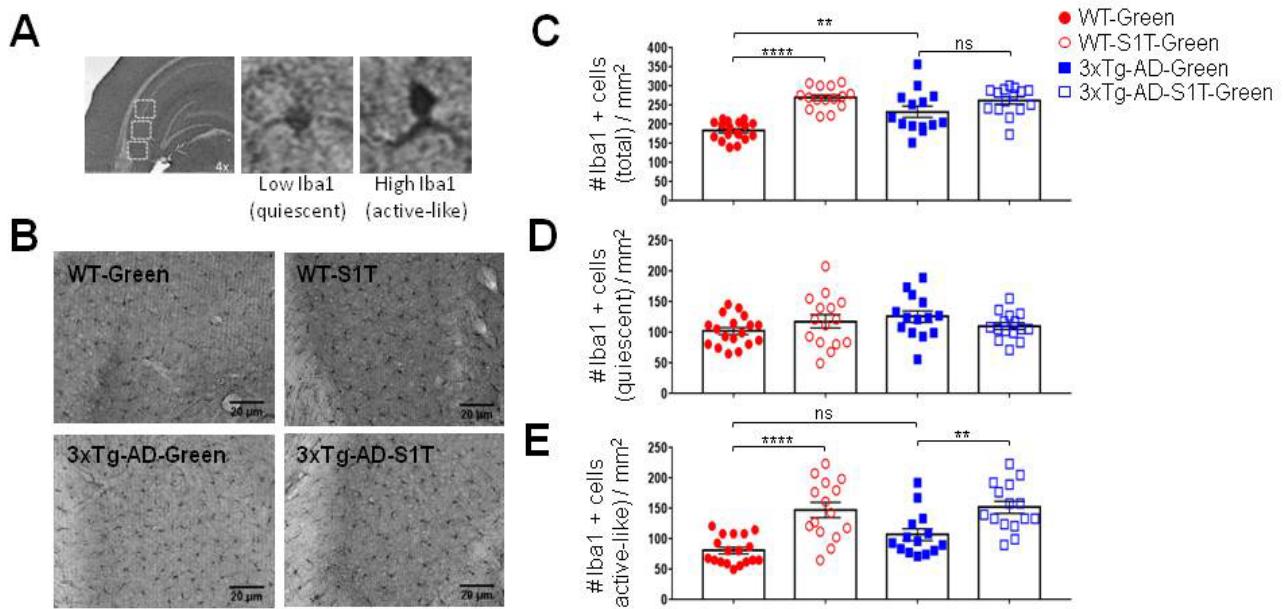


Figure 6

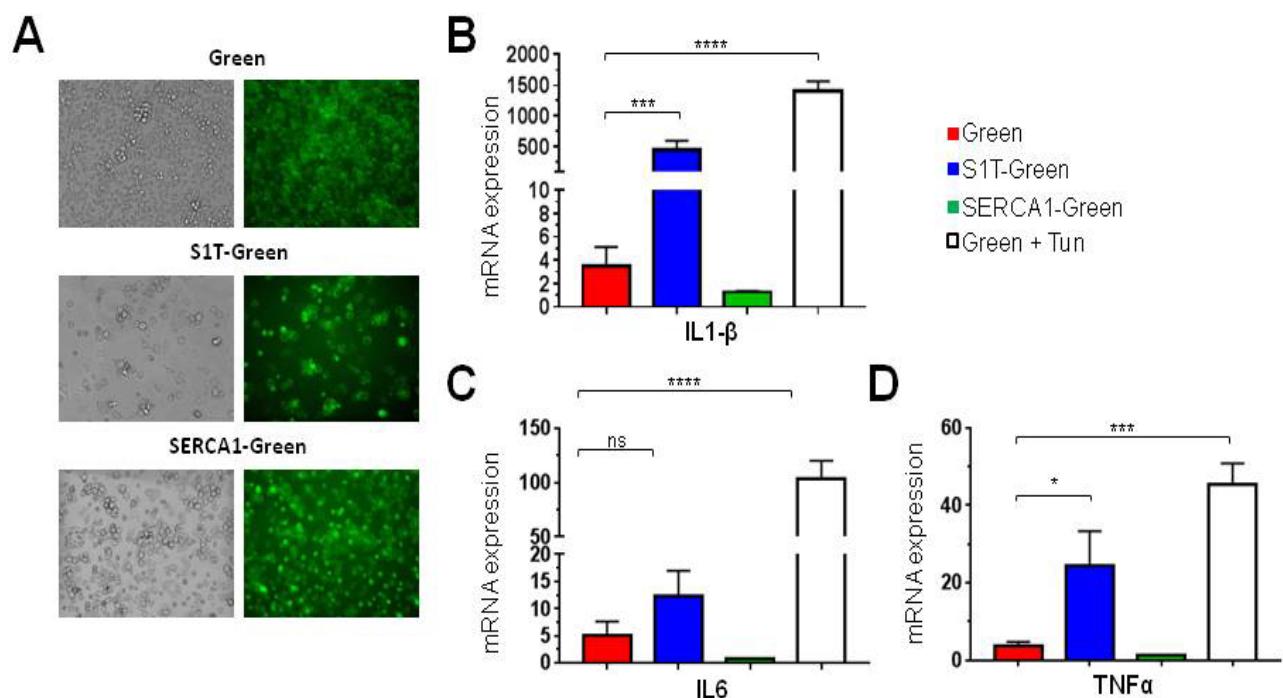
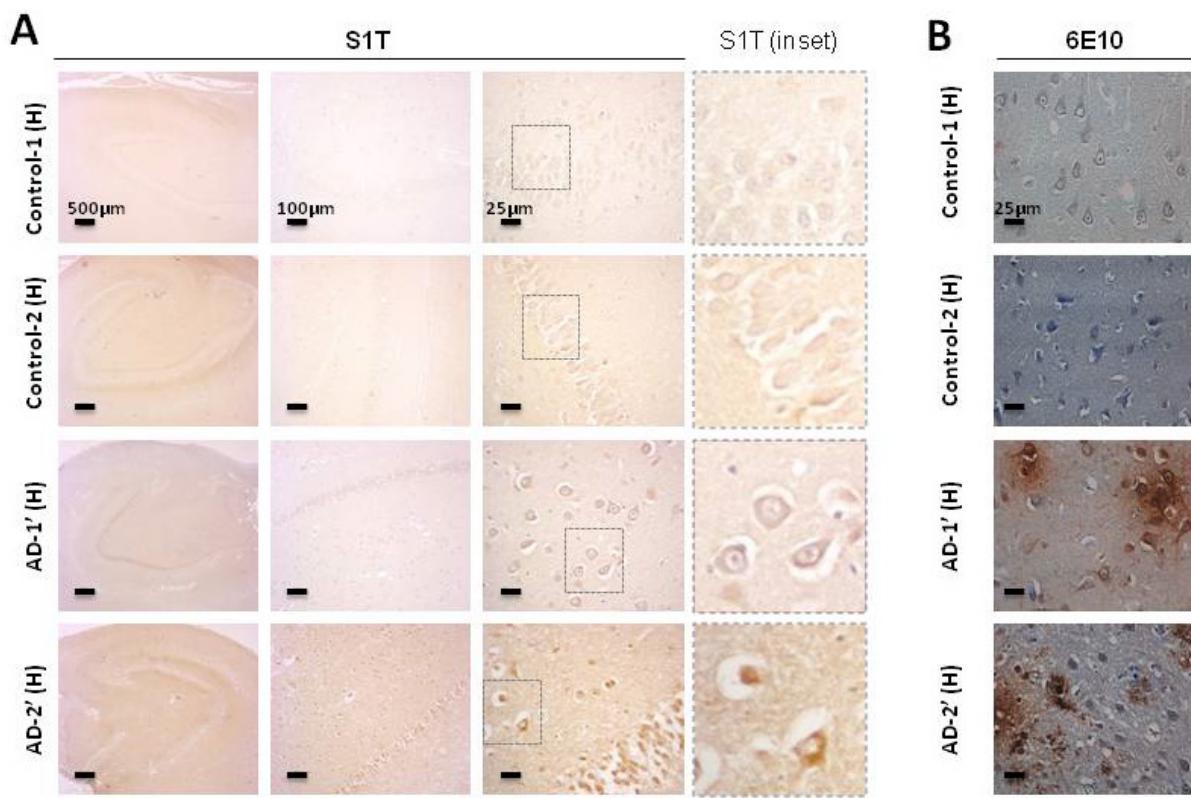
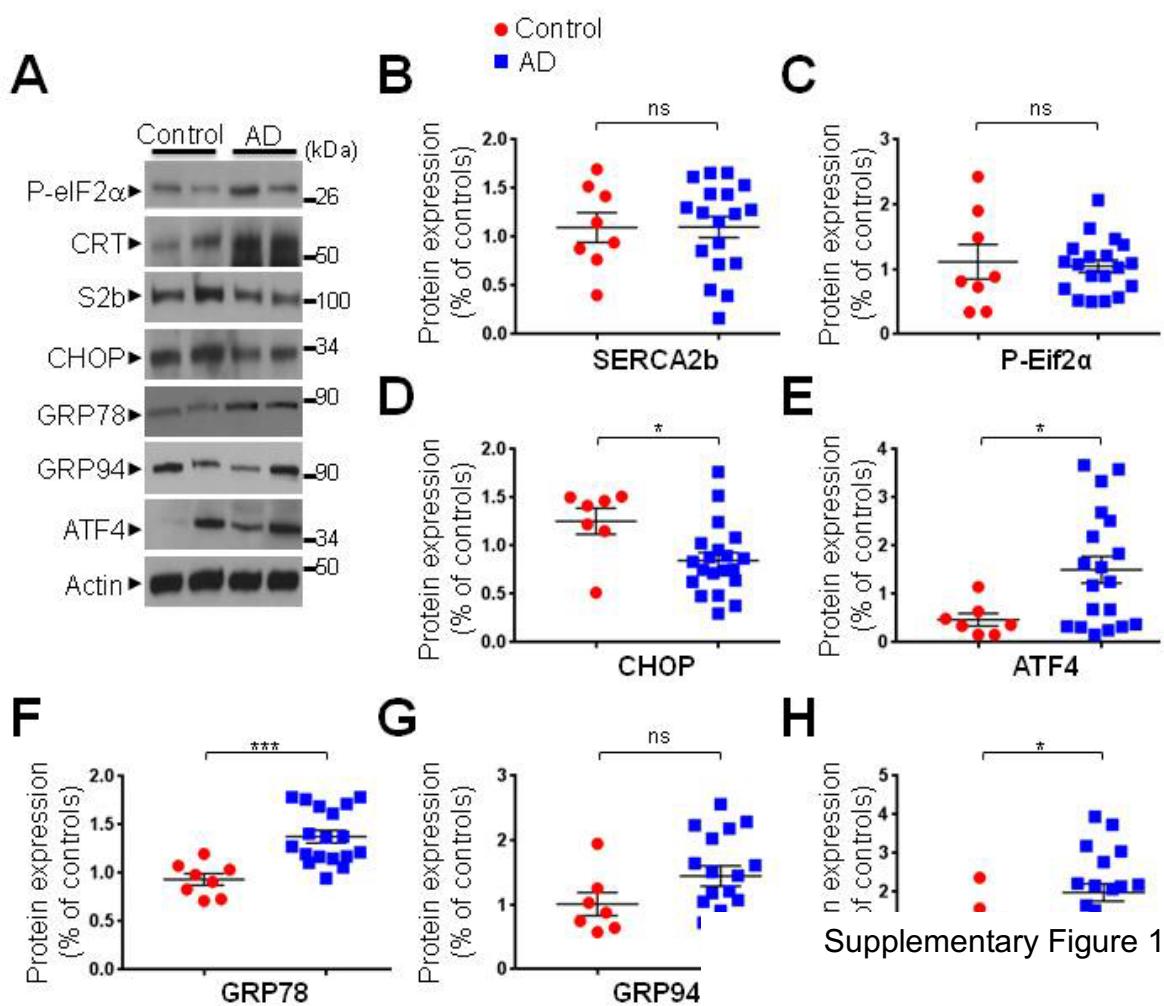


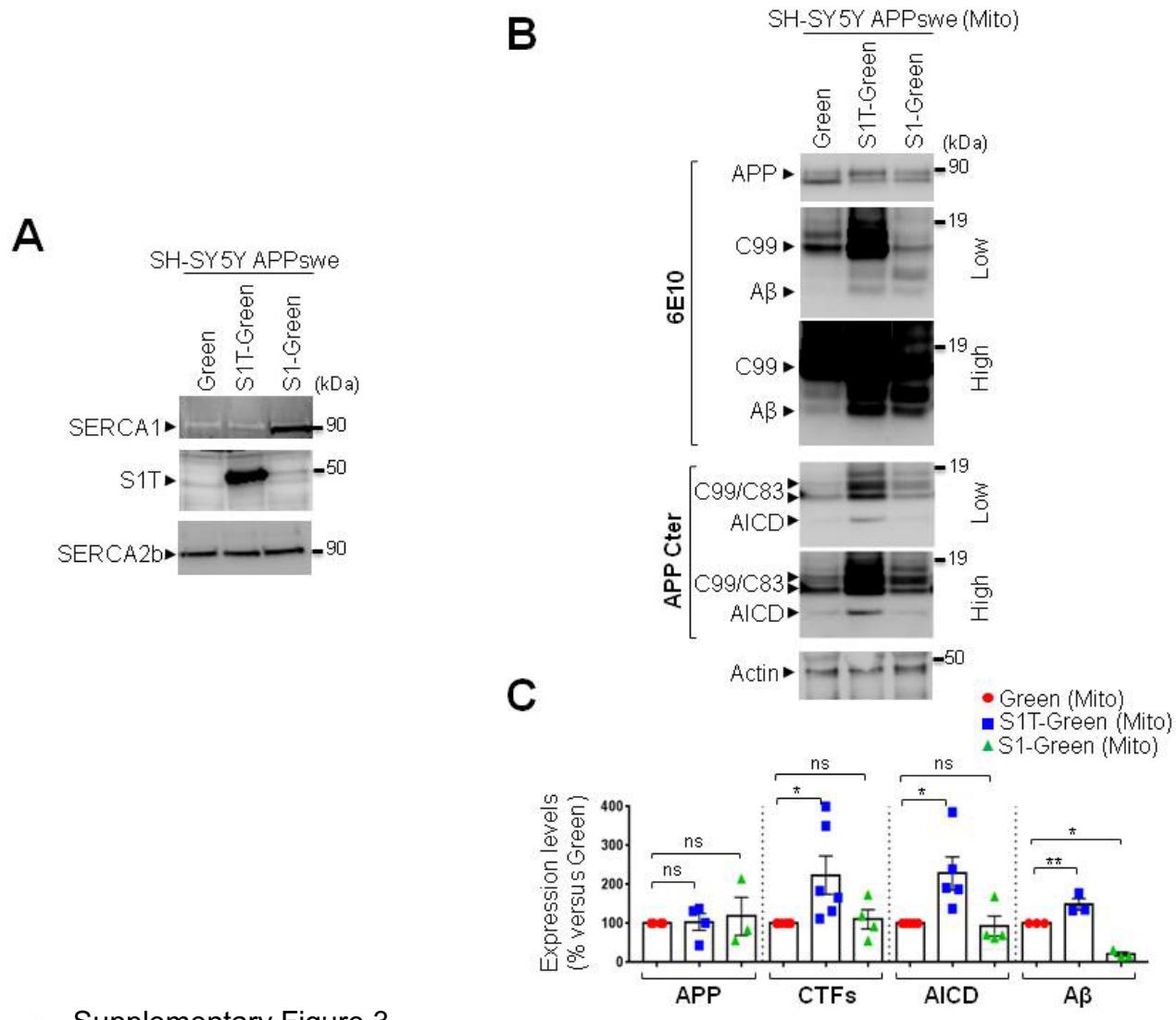
Figure 7



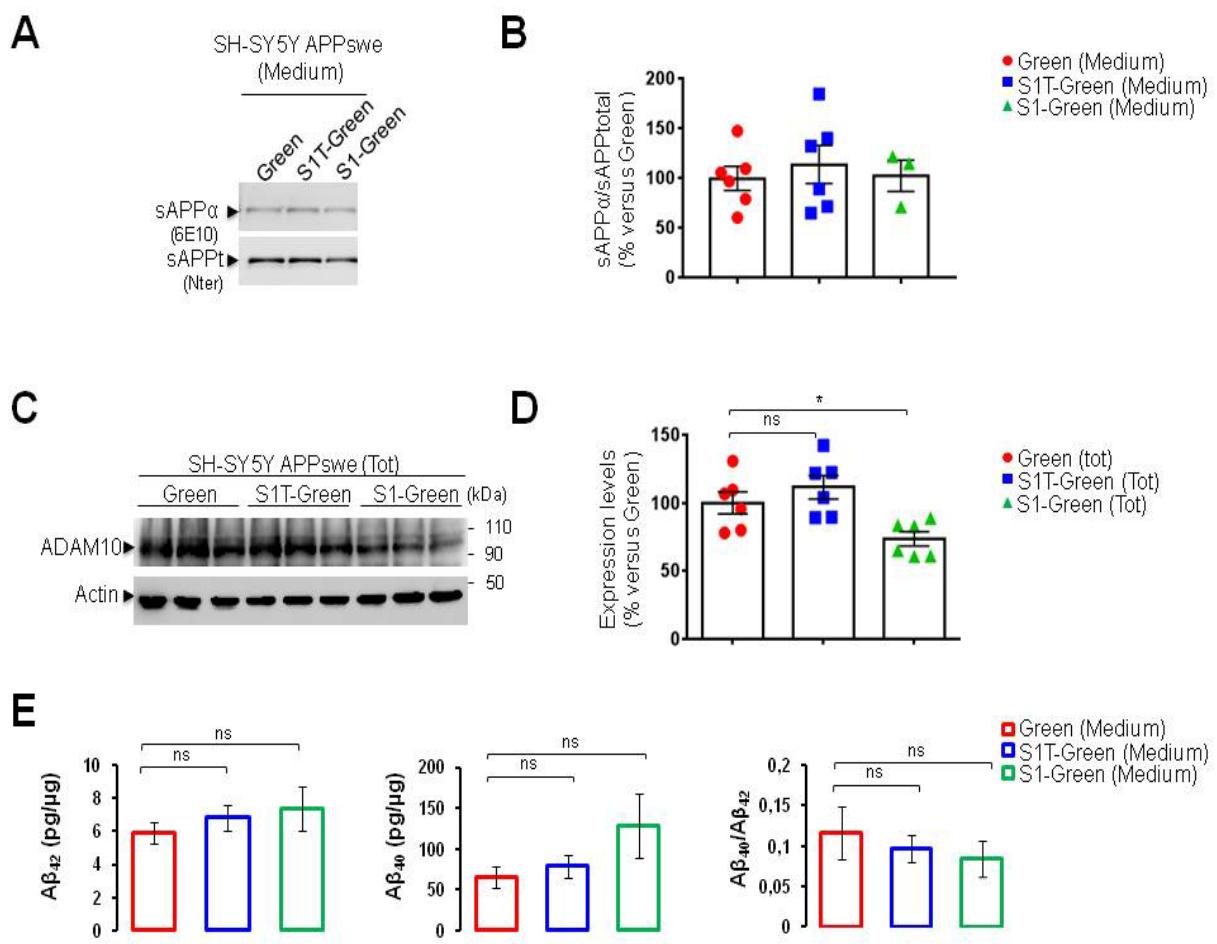
Supplementary Figure 1



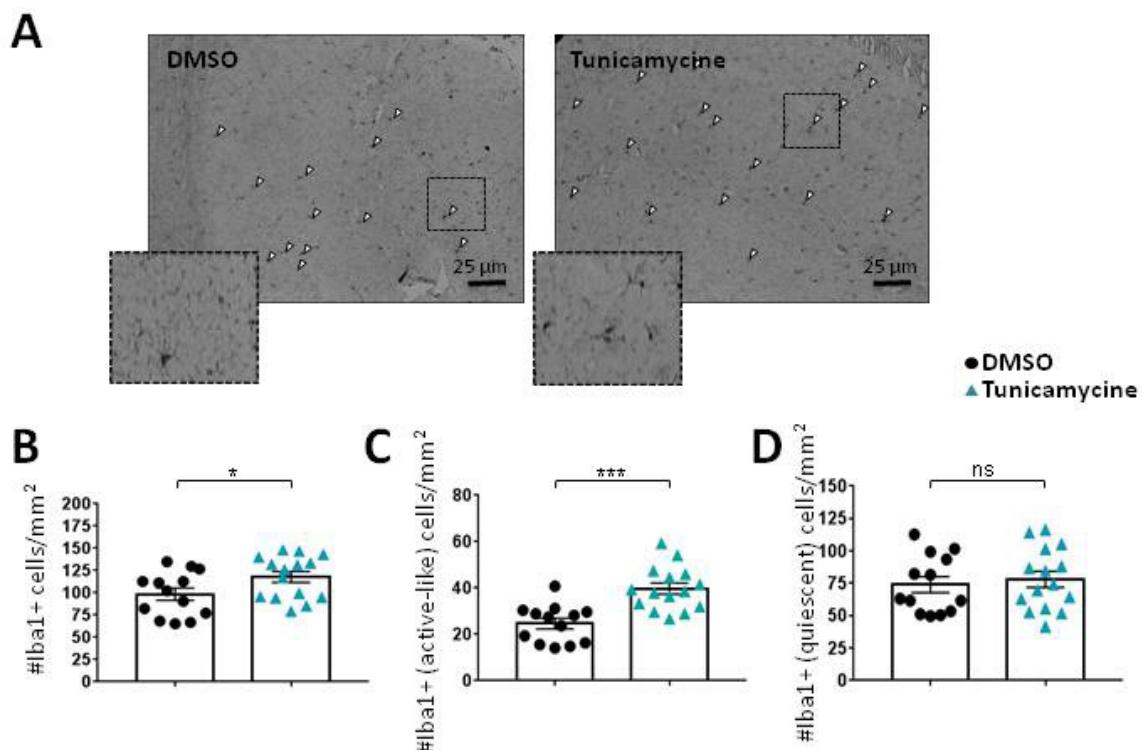
Supplementary Figure 2



Supplementary Figure 3



Supplementary Figure 4



Supplementary Figure 5

Supplementary Table 1: demographic data and neuropathological findings related to human brain samples (temporal lobe) used in SDS-PAGE analyses

	Age (years)	Gender	PMD (h)	Braak's NFT stage [#]
Control	84	Male	32	-
Control	71	Female	15	-
Control	55	Male	25	-
Control	78	Male	35	-
Control	61	Male	20	-
Control	74	Female	49	-
ALS	62	Female	44	-
ALS	55	Male	21	-
ALS	62	Female	21	-
AD	81	Female	60	IV
AD	80	Male	23	V
AD	65	Male	70	V
AD	80	Female	51	V
AD	84	Female	81	V
AD	78	Female	18	VI
AD	65	Female	41	VI
AD	81	Male	19	VI
AD	75	Female	7	VI
AD	89	Female	26	VI
AD	93	Female	21	VI
AD	91	Female	34	VI
AD	55	Female	58	VI
AD	81	Female	ND	VI
AD	79	Male	31	VI
AD	82	Female	ND	VI
AD	86	Male	32	VI

PMD: Post mortem delay

Controls are brain samples isolated from patients diagnosed as negative for several neuropathologies.

ALS are control brains samples diagnosed as negative for AD pathology obtained from pos-mortem patients diagnosed with Amyotrophic lateral sclerosis

[#] Braak and Braak's NFT (neurofibrillary tangle: tau-related pathology) stage, (-) means no NFT detection

Supplementary Table 2: demographic data and neuropathological findings related to human samples (hippocampus (H) and temporal lobe (T1) used in immunohistochemistry analyses

	Zone	Age (years)	Gender	Braak's	A β deposits##	S1T staining###
				NFT stage#		
Control (1)	H	62	Female	-	0	Low
ALS	H	62	Female	-	0	Low
ALS (2)	H	55	Male	-	0	Low
ALS	H	68	Female	-	DP	Low
AD	H	90	Male	III	FP	High
AD	H	84	Female	V	nd	Low
AD (1')	H	65	Male	V	DP	Low
AD	H	63	Female	VI	FP	Low
AD (2')	H	86	Male	VI	FP	High
AD	H	79	Male	VI	FP	High
Control	T1	62	Female	-	0	Low
ALS	T1	62	Female	-	0	Low
ALS (1)	T1	55	Male	-	0	Low
ALS	T1	68	Female	-	DP	Low
AD	T1	77	Female	III	FP	High
AD	T1	55	Female	IV	FP	High
AD (1')	T1	65	Male	V	DP	Low
AD	T1	84	Female	V	FP	High
AD	T1	82	Male	V	FP	High
AD	T1	80	Male	V	FP	High
AD (2')	T1	86	Male	VI	FP	High
AD	T1	63	Female	VI	FP	High
AD	T1	79	Male	VI	FP	High

nd: not-determined

Control is brain sample isolated from a patient diagnosed as negative for several neuropathologies.

ALS are control brains samples obtained from post-mortem patients diagnosed with Amyotrophic lateral sclerosis

Representative images (control-1, and control-2, AD-1', and AD-2') of S1T staining and of A β plaques are shown in the temporal lobe (T1) (Fig. 1G), and in the hippocampus (Supplementary Figure 2)

Braak and Braak's NFT (neurofibrillary tangle: tau-related pathology) stage, (-) no NFT detection

A β deposits (0: no deposits, DF: diffuse plaque staining, FP: focal plaque staining, ND: not determined)

S1T staining intensity (Low or high)

Supplementary Table 3: List of antibodies used in the study

Antibody	Host	Supplier	WB	IF
			dilution	dilution
6E10	Mouse	Covance	1/1000	1/2000
β-APP CTFs (A8717)	Rabbit	Sigma Aldrich	1/1000	
APP N-terminal (22C11)	Mouse	Millipore	1/1000	
ATF4 (CREB-2) sc-200	Rabbit	Santa Cruz Biotechnologies	1/1000	
GRP78 (ab21685)	Rabbit	abcam	1/2000	1/1000
GRP94 (ab18055)	Rabbit	abcam	1/2000	
Calreticulin (C17)	Goat	Santa Cruz Biotechnologies	1/2000	
eIF2α	Rabbit	Cell Signalling	1/2000	
P-eIF2α (119A11)	Rabbit	Cell Signalling	1/2000	
Iba1	Rabbit	Wako, Fujifilm		1/1000
Aph1 (PA5-20318)	Rabbit	Thermo Scientific	1/2000	
PEN2 N-terminal	Rabbit	Millipore	1/2000	
BACE-1 (D10E5)	Rabbit	Cell signaling	1/2000	
Nicastrin	Rabbit	Sigma Aldrich	1/2000	
zsGreen	Rabbit	Clontech	1/2000	
ADAM10	Rabbit	Signal antibody (Euromedex)	1/1000	
SERCA2b (IID8)	Mouse	Affinity Bioreagents	1/2000	
SERCA1	Rabbit	Santa Cruz Biotechnologies	1/1000	1/50
CHOP (9C8)	Mouse	Thermo scientific	1/1000	
Pan-Neurofilament (SMI-311)	Mouse	abcam	1/1000	
TAU(AT8)		Pierce	1/1000	
β-Actin	Mouse	Sigma Aldrich	1/5000	
GAPDH (A01)	Mouse	abnova	1/2000	
S1T	Rabbit	Home maid	1/1000	1/50

Supplementary Table 4 : primer sequences used in the study

Gene	Primer	Sequences
GAPDH human	Sens	5'-AGCCACATCGCTCAGACAC-3'
	Antisens	5'-GCCCAATACGACCAAATCC-3'
GAPDH mouse	Sens	5'-AAGAGGGATGCTGCCCTTAC-3'
	Antisens	5'-CCATTGGTCTACGGGACGA-3'
Topoisomerase human	Sens	5'-CCCTGTACTTCATCGACAAGC-3'
	Antisens	5'-CCACAGTGTCCGCTGTTTC-3'
Topoisomerase mouse	Sens	5'-TGCCTCCATCACACTACAGC-3'
	Antisens	5'-CGCTGGTACATTCTCATCAGG-3'
CHOP human	Sens	5'-CGACAGAGCCAAAATCAGAGC-3'
	Antisens	5'-CAGTGTCCGAAGAGAAAGGCAA-3'
GRP78 human	Sens	5'-GAAGCCCCGTCCAGAAAGTGT-3'
	Antisens	5'-TTATGCCACGGGATGGTCC-3'
Iba1 (AIF1) mouse	Sens	5'-CCGAGGAGACGTTCAGCTAC-3'
	Antisens	5'-TGTTTTCTCCTCATACATCAGAACATC-3'
Il1 beta mouse	Sens	5'- TGTAATGAAAGACGGCACACC-3'
	Antisens	5'-TCTTCTTGGGTATTGCTTGG-3'
Il6 mouse	Sens	5'-CTACCAAATGGATATAATCAGGA-3'
	Antisens	5'-CCAGGTAGCTATGGTACTCCAGAA-3'
TNF alpha mouse	Sens	5'-TCTTCTCATT CCTGCTTGTGG-3'
	Antisens	5'-GAGGCCATTGGAACTTCT-3'

DISCUSSION

Discussion et perspectives Partie I :

A. Le RyR est un acteur central de la physiopathologie de la MA

Le rôle central de l'homéostasie calcique dans le fonctionnement des cellules, et des neurones en particulier, place le RyR dans une position de régulateur clé de différents processus cellulaires. Sa dérégulation contribue ainsi au développement de diverses pathologies. Les mutations ou les MPTs du RyR provoquent la fuite du Ca^{2+} et la déplétion des stocks calciques intracellulaires, induisant l'activation de voies de signalisation dépendantes du Ca^{2+} et conduisant à des effets pathologiques dans les différents types cellulaires où le RyR est exprimé. Cette dérégulation prend ainsi part à la dysfonction synaptique au niveau neuronal (Bussiere et al., 2017; Lacampagne et al., 2017), à l'induction d'une arythmie dans les cellules du muscle cardiaque (Shan et al., 2012; Wehrens et al., 2003) ou au développement de myopathies (Jungbluth et al., 2018) .

La dérégulation de l'homéostasie calcique, notamment au travers d'une altération des flux calciques venant du RE, a depuis longtemps été associée à la MA, conduisant à la formulation de l'hypothèse calcique dans la MA (Khachaturian, 1989; LaFerla, 2002; Thibault et al., 2007). Celle-ci postule que la pathologie amyloïde et en particulier certains fragments de l'APP, remodèle la signalisation calcique aboutissant à terme à la neurodégénérescence et aux désordres cognitifs relevés dans la MA. En effet, deux des produits issus du métabolisme de l'APP sont susceptibles d'altérer la signalisation calcique. En premier lieu, il y a bien évidemment l' $\text{A}\beta$, dont les oligomères formés en extracellulaire, accentuent l'entrée de Ca^{2+} au travers de la membrane plasmique des neurones en stimulant les canaux calciques, notamment les récepteurs AMPA et NMDA (Charkhkar et al., 2015), ou en formant des pores dans la membrane laissant passer le Ca^{2+} (Jang et al., 2007). Ceci induit le stockage du surplus de Ca^{2+} dans le RE et l'élévation de la concentration calcique dans la lumière de cette organelle. Cela a pour effet de sensibiliser les canaux calciques à la membrane du RE, le RyR et le RIP_3 et ainsi d'accentuer la libération de Ca^{2+} vers le cytosol. Ensuite, il y a l'AICD qui, par ses propriétés de facteur de transcription (Müller et al., 2013; Pardossi-Piquard and Checler, 2012), peut moduler l'expression

de composants de la signalisation calcique tel que TRPC5, accroissant de ce fait le flux calcique entrant dans la cellule (Greka et al., 2003; Raychaudhuri and Mukhopadhyay, 2010).

L'altération calcique dans la MA ayant été largement associée à la neurodégénérescence et aux déficits cognitifs, l'étude des acteurs moléculaires de celle-ci est devenue cruciale pour la compréhension des mécanismes sous-tendant ces défauts. De nombreuses études se sont donc attelées à décortiquer les mécanismes pouvant induire la dérégulation de l'homéostasie calcique neuronale dans la MA. Ces données convergent aujourd'hui vers la mise en avant d'un rôle important de la dérégulation de l'homéostasie calcique du RE au sein des neurones. En effet, des études ont montré une libération de Ca^{2+} par le RIP₃, accentuée dans les souris possédant des mutations de PS1, sous-entendant une interaction entre les PS et le RIP₃ augmentant la sensibilité de ce dernier (Cheung et al., 2008; Stutzmann et al., 2006). Le RyR et sa régulation ont ainsi été placés au cœur de différents processus pathologiques intervenant dans le développement et la progression de la MA.

Notre travail, s'intéressant plus particulièrement à l'isoforme RyR2 de celui-ci, a ainsi montré l'impact du remodelage post-traductionnel de ce canal et de son complexe macromoléculaire, dans le contrôle de la fuite calcique du RE dans différents modèles de la MA, *in vitro* et *in vivo*. Notre travail a également mis en avant une cascade de signalisation $\beta 2$ -adrénergique altérant le macrocomplexe du RyR2 dans le contexte de la MA. La signalisation $\beta 2$ -adrénergique avait déjà été impliquée dans la MA dans des modèles animaux et chez l'Homme. Cependant, son lien avec la dérégulation calcique médiée par le RyR dans la MA n'avait jamais été rapporté jusque-là.

Ainsi, nous avons montré que l'A β , activant les récepteurs $\beta 2$ -adrénergiques, provoque une suractivation de la PKA induisant la phosphorylation du RyR2 et la dissociation de la Calstabine2. Nous avons également montré que la dissociation de la Calstabine due à cette signalisation $\beta 2$ -adrénergique induit la fuite du RyR2 ; *in vitro* dans les cellules SH-SY5Y surexprimant l'APP ou dans leurs contrôles mis en présence d'oligomères d'A β , et *in vivo* dans le modèle 3xTg-AD. L'élévation de la concentration calcique intracellulaire en résultant dans les neurones, conduit à la dysfonction de leurs synapses et aux déficits cognitifs. La dysfonction du RyR et la fuite de Ca^{2+} par celui-ci, promouvant aussi le clivage de l'APP et la production de

l'A β , se placent donc au cœur d'une boucle de signalisation contribuant à l'aggravation des défauts synaptiques et cognitifs dans la MA.

L'inhibition de la fuite calcique via le RyR2 par des moyens pharmacologiques et génétiques, nous a permis de montrer la contribution essentielle de la dérégulation calcique dépendante du RyR dans la MA. Nous avons aussi de façon intéressante prouvé l'impact bénéfique, dans nos modèles d'étude, du traitement avec le Rycal S107 développé par le Pr. Marks, capable de stabiliser la Calstabine sur le RyR2, même lorsque celui-ci a subi des MPTs. Le S107 induit une réduction de la probabilité d'ouverture du canal sans pour autant la réduire en dessous de son niveau physiologique, comme nous l'avons observé en traitant des souris contrôles avec le S107 avant de mesurer la probabilité d'ouverture du canal.

B. Le RyR a une double contribution dans la MA

L'hypothèse selon laquelle la perturbation de l'homéostasie calcique jouerait un rôle prépondérant dans la physiopathologie de la MA a été introduite il y a maintenant plusieurs dizaines d'années. Le rôle de la dérégulation calcique du RE dans cette perturbation a ensuite été mis en avant par différentes études *in vitro* et *in vivo* (Mattson, 2010).

De nombreuses études ont ensuite démontré l'altération de l'expression et de l'activité du RyR dans la MA. Une augmentation de l'expression du RyR a ainsi été rapportée dans différents modèles d'étude *in vitro* et *in vivo* de la MA ainsi que dans les cerveaux de patients Alzheimer post-mortem (Bruno et al., 2012; Oulès et al., 2012).

Au cours de ces études, les approches pharmacologiques visant à bloquer les canaux calciques RyR ont conduit à l'hypothèse selon laquelle les RyR auraient une double contribution (Chakroborty et al., 2012; Oulès et al., 2012; Peng et al., 2012). Les premières expériences utilisant le Dantrolène pour bloquer le canal, ont dans un premier temps suggéré que le RyR puisse contribuer à l'apparition des lésions histopathologiques dans la MA. Le blocage du RyR par le Dantrolène a ainsi montré des effets bénéfiques quant à la stabilisation de la signalisation calcique, la production de l'A β et les déficits d'apprentissage et de mémorisation dans trois modèles murins de la MA (Chakroborty et al., 2012; Oulès et al., 2012; Peng et al.,

2012). L'étude publiée par notre laboratoire précise que le blocage du RyR par le Dantrolène réduit l'accumulation du peptide A β ainsi que les lésions qui lui sont liées. Ce blocage ralentit également les déficits d'apprentissage et de mémoire chez les souris Tg2576 âgée de 12 à 15 mois (Oulès et al., 2012). Néanmoins, une étude a montré des effets inverses dans des souris APP/PS1 traitées 2 fois par semaine avec le Dantrolène entre l'âge de 2 mois et l'âge de 8 mois. Ces souris présentaient en effet une surproduction de l'A β associée à une perte synaptique et neuronale au niveau de l'hippocampe (Zhang et al., 2010).

Ces résultats contradictoires quant à la contribution du RyR dans la MA, pourraient être dus à la cinétique d'apparition des perturbations calciques liées au RyR ainsi qu'à la durée de l'inhibition des canaux par le Dantrolène. La spécificité de ce dernier pour le RyR a également été sujet à débat et pourrait expliquer des effets différents dans des modèles d'étude distincts. L'étude publiée en 2014 par le groupe du Dr. Bezprozvanny a apporté quelques éclaircissements quant au rôle complexe du RyR dans le développement de la MA, en utilisant une approche génétique de délétion du RyR3 dans les souris APP/PS1 (Liu et al., 2014). Les auteurs ont tout d'abord démontré dans ce modèle une surexpression des RyR2 et RyR3 au niveau hippocampique évoluant avec le temps. Ils ont ensuite utilisé des souris APP/PS1 « knockout » pour le RyR3. Dans cette étude, les souris KO pour le RyR3 présentaient avant trois mois une accélération de la pathologie de la MA, couplée à une augmentation de l'excitabilité neuronale dans l'hippocampe, ainsi qu'à une perte synaptique et une accumulation de l'A β . Chez les souris plus âgées, ce KO du RyR3 amenait cependant à une amélioration de ces défauts, en réduisant l'excitabilité neuronale et la perte synaptique ainsi que l'accumulation du peptide amyloïde (Liu et al., 2014). Il semblerait donc que le RyR3 ait une contribution différente au fil de la progression de la MA. Tout d'abord protecteur dans les stades précoce de la pathologie, le RyR3 viendrait, aux stades plus avancés, accélérer les dysfonctionnements synaptiques et neuronales associées à la MA, en amplifiant la libération de Ca²⁺ du RE via le mécanisme du CICR (Liu et al., 2014; Pchitskaya et al., 2018).

Nos travaux ont confirmé la contribution du RyR2 à l'accélération de la pathologie amyloïde et aux déficits cognitifs tardifs dans la MA dans deux modèles de souris transgéniques (APP/PS1 et 3xTg-AD) (Bussiere et al., 2017; Lacampagne et al., 2017). Néanmoins le KO du RyR2 dans l'hippocampe de souris APP/PS1, effectué par

le groupe du Dr. Bezprozvanny au moyen d'ARN interférant, résultait en de sévères désordres épileptiques allant même jusqu'au décès prématuré des souris KO (Liu et al., 2014). Ces résultats indiquent que le RyR2 est nécessaire pour le contrôle de l'activité cérébrale et que réduire son expression n'est pas appropriée pour un éventuel traitement dans le cadre de la MA. La voie pharmacologique permettant de moduler son activité serait une approche thérapeutique plus appropriée et nos résultats sont en faveur de ce constat.

C. La voie $\beta 2$ -adrénergique dans la neurodégénérescence

Les récepteurs β -adrénergiques font partie de la grande famille des récepteurs couplés aux protéines G. Il existe trois sous-types de ces récepteurs, les β_1 , β_2 et β_3 dont l'activation par la fixation d'un ligand induit la formation d'un second messager, l'AMPc. Il a été démontré qu'au niveau du cerveau, ces récepteurs sont impliqués dans les processus de mémorisation, notamment dans l'apprentissage et la mémoire à court terme, dite « de travail » (Ramos et al., 2008). Les phénomènes de potentialisation et de dépression à long terme (LTP et LTD) régulent la plasticité synaptique dans l'hippocampe et permettent la consolidation de la mémoire (Ji et al., 2003; Ramos et al., 2008).

Ces récepteurs ont pour ligands principaux les catécholamines, en particulier la noradrénaline. Des travaux ont suggéré l'implication d'une dérégulation de la signalisation adrénnergique due à la dégénérescence dans la MA du Locus Coeruleus (LC), structure noradrénnergique innervant de nombreuses aires cérébrales dont l'hippocampe et le cortex. La dégénérescence des neurones du LC a en effet été établie dans la MA (Ross et al., 2015) et de nombreuses études sur des cerveaux de patients Alzheimer ont rapporté une dégénérescence précoce de cette structure au cours du développement de la MA (Haglund et al., 2006; Theofilas et al., 2017; Zarow et al., 2003). Il a ainsi été proposé que la conséquence de cette perte de neurones produisant les catécholamines soit à l'origine de réduction de la libération de ces neurotransmetteurs dans les zones innervées par le LC mais aussi d'un phénomène compensatoire impliquant une augmentation de l'expression des récepteurs β -adrénergiques dans ces zones (Kalaria et al., 1989). D'autres études ont également mis en avant la contribution de la dégénérescence du LC à une réduction de la clairance du peptide amyloïde, indiquant de ce fait que l'augmentation de

l'expression et de l'activité des voies β -adrénergiques puissent induire une accélération de la pathologie amyloïde dans la MA (Heneka et al., 2010; Jardanhazi-Kurutz et al., 2010; Ross et al., 2015).

Il est également important de noter que la noradrénaline a été décrite comme ayant des propriétés anti-inflammatoires dans le système nerveux central. Il a dans ce sens été montré que la réduction de la libération de ce neurotransmetteur au niveau des zones de projection du LC dans la MA avait pour effet de faciliter les réponses inflammatoires médiées par la microglie et d'amplifier la neuroinflammation due aux dépôts amyloïdes (Heneka et al., 2010).

De plus en plus de données suggèrent maintenant que les récepteurs adrénergiques du sous type β_2 soient particulièrement impliqués dans la MA (Yu et al., 2008), notamment en perturbant l'homéostasie calcique via des effecteurs en aval de la voie de signalisation β_2 -adrénergique, en particulier la PKA. Nous avons en effet montré que le RyR2 dans les cerveaux de patients Alzheimer est phosphorylé par cette kinase qui intervient à la fois dans la signalisation β_2 -adrénergique et dans le macrocomplexe du RyR2 (Bussiere et al., 2017; Lacampagne et al., 2017). Nous avons également démontré que l'activation de la signalisation β_2 -adrénergique a lieu dans un modèle cellulaire de la MA, qu'elle induit la perturbation de l'homéostasie calcique du RE en phosphorylant le RyR2 via l'activation de la PKA, et qu'elle contribue à la fuite calcique et à la surproduction de l'A β (Bussiere et al., 2017). Les données que nous avons obtenues par des approches génétiques d'inhibition de la phosphorylation du RyR par la PKA indiquent aussi que celle dernière est essentielle dans la perturbation du RyR et de l'homéostasie calcique, ainsi qu'aux dysfonctions cognitives qui en découlent dans la MA (Lacampagne et al., 2017).

Nos résultats suggèrent un effet bénéfique du blocage des récepteurs β_2 -adrénergiques sur l'homéostasie calcique dans la MA et plus particulièrement du blocage de la PKA en aval de la voie de signalisation qui en découle. Des études indiquent néanmoins que le blocage des récepteurs β_2 -adrénergiques accentue les déficits cognitifs et inhibe la ramification dendritique au niveau des neurones hippocampiques dans les modèles murins APPswe/ PS1L166P (Branca et al., 2014) et APPswe/PS1dE9 (Wu et al., 2017). D'autres mettent également en avant l'impact positif de l'activation des récepteurs β_2 -adrénergiques sur la neurogenèse (Chai et al., 2017).

Ces résultats mitigés quant à l'intérêt de bloquer ces récepteurs sont certainement dus à la variété des processus cellulaires dépendant de la voie de signalisation $\beta 2$ -adrénergique et ses effecteurs. Il semblerait donc plus approprié de cibler les effecteurs de cette voie de signalisation plutôt que de l'inhiber dans son ensemble en bloquant les récepteurs à l'origine de celle-ci.

D. Le ciblage du RyR et de son macrocomplexe pour prévenir la neurodégénérescence

Depuis des années, les nombreuses études cliniques réalisées sur la MA ont indiqué que les patients souffrent de défauts importants dans les systèmes de transmissions cholinergique et glutamatergique, dus à la possible suppression de l'acétylcholine par l'activité de l'acétylcholinesterase (AChE) (Birks, 2006) et à l'activation anormale des récepteurs glutamatergiques NMDAR. Les recherches de traitement s'axant sur ces deux cibles ont ainsi permis le développement de quelques composés inhibant l'AChE comme le Donepezil, la Rivastigmine ou la Galantamine, ou bien inhibant les NMDAR comme la Mémantine (Birks et al., 2015; Danysz and Parsons, 2012; Ferris and Farlow, 2013). Néanmoins les traitements à l'heure actuelle ne permettent que d'alléger les symptômes des patients sans pour autant soigner la maladie. De plus, ces drogues présentent de nombreux défauts quant à leur biodisponibilité et aux effets secondaires qu'elles peuvent provoquer (Hansen et al., 2008; Kavirajan and Schneider, 2007).

Depuis la formulation de l'hypothèse calcique dans la MA, la dérégulation de l'homéostasie calcique est perçue comme essentielle dans le développement de cette pathologie. Les données obtenues au cours de ma thèse, en accord avec celles obtenues par d'autres laboratoires, supportent l'hypothèse selon laquelle la fuite du Ca^{2+} du RE vers le cytosol peut-être un facteur précoce dans la physiopathologie de la MA. Les travaux réalisés durant ma thèse nous ont ainsi permis de mettre en avant l'importance de la régulation post-traductionnelle du RyR dans la dérégulation de l'homéostasie calcique et d'apporter un nouveau mécanisme de fuite du Ca^{2+} du RE. Nous avons également mis en évidence l'existence possible d'un cercle vicieux au sein duquel la fuite du Ca^{2+} par le RyR accentue la production du peptide amyloïde, ce qui a pour effet de favoriser la fuite calcique par le RyR (Bussiere et al., 2017; Lacampagne et al., 2017). Stopper ce cercle vicieux d'aggravation de la pathologie

amyloïde dans la MA et agissant au niveau du RyR apparaît donc comme intéressant pour le développement de nouvelles stratégies thérapeutiques dans l'optique de soigner ou prévenir la MA.

La correction pharmacologique ou génétique de la fuite calcique par le RyR amène à l'inhibition des voies de signalisation conduisant à la phosphorylation de la protéine Tau et à la production du peptide A β . Supportant ces résultats, l'utilisation du Dantrolène permet de prévenir le développement d'une pathologie de type Alzheimer (Zhang et al., 2015a) avec la réduction de la formation des plaques amyloïdes dans des modèles murins de la MA (Chakraborty et al., 2012; Oulès et al., 2012; Peng et al., 2012). Cependant les effets d'un traitement à long terme avec cette drogue ont amené à une aggravation de la pathologie associée à une atrophie hippocampique et corticale (Zhang et al., 2010). De plus, le Dantrolène, plus spécifique pour le RyR1 que pour les autres isoformes, interagit également avec d'autres cibles comme les store-operated Ca $^{2+}$ channels ce qui nous permet de douter quant au potentiel thérapeutique de cette drogue pour des essais cliniques chez l'Homme.

Par ailleurs, des études ont associé la consommation de café, et donc l'élévation des concentrations en caféine dans l'organisme, à des risques réduits de développer la MA (Cao et al., 2012) mais aussi à une réduction de la production de l'A β dans des modèles murins de la maladie (Arendash et al., 2009; Cao et al., 2009). Des travaux ont montré que la caféine induit des effets bénéfiques au niveau des astrocytes dans des modèles murins de la MA par son effet inhibiteur sur les récepteurs adénosine A_{2A} (Batalha et al., 2016; Faivre et al., 2018)

La caféine étant aussi un agoniste du RyR, les effets bénéfiques de celle-ci pourraient donc en partie être liés à son action activatrice de la libération de Ca $^{2+}$ par le RyR (Yoshimura, 2005). La caféine sensibilise en effet le RyR vis-à-vis de la concentration en Ca $^{2+}$ dans le RE, augmentant de ce fait la libération de Ca $^{2+}$ dans le cytosol (Kong et al., 2008). Néanmoins les quantités de caféine nécessaires pour induire ces effets sur la sensibilité du RyR au Ca $^{2+}$ sont trop proches des doses toxiques. Il est également important de noter que la caféine est un inhibiteur de la phosphodiestérase, qui inactive l'AMPc, mais qu'elle possède aussi des propriétés antioxydantes. La part du RyR dans les effets bénéfiques observés chez l'animal suite au traitement avec de la caféine ou associés à la consommation de café chez l'Homme

pourrait donc plutôt corrélée avec des variations dans la régulation post-traductionnelle du complexe macromoléculaire du RyR et de son activité. En effet, l'inhibition de la phosphodiestérase par la caféine induirait une augmentation de l'AMPc produit suite à l'activation de la voie $\beta 2$ -adrénergique, et conduirait à la phosphorylation du RyR par la PKA. De même, les propriétés antioxydantes de la caféine permettraient une réduction du stress oxydatif induisant l'oxydation et la S-nitrosylation du RyR. Néanmoins, cet impact de la caféine sur le RyR n'est pas suffisant pour expliquer les effets bénéfiques de celle-ci dans la MA. Il faut également souligner que des études *in vitro* ont obtenu des effets inverses de la caféine sur le métabolisme de l'APP. Une étude du laboratoire, en accord avec des travaux antérieurs présentés par un autre laboratoire, a ainsi associé la libération de Ca^{2+} (liée au traitement avec la caféine) à une exacerbation de la production des fragments de l'APP, notamment C99 et A β (Oulès et al., 2012; Querfurth et al., 1997)

Il semble ainsi plus approprié de moduler le complexe macromoléculaire du RyR afin de corriger la fuite calcique dans la MA et prévenir les processus délétères dépendant du Ca^{2+} activés par cette fuite, aboutissant à la neurodégénérescence. En cela le S107, composé de la famille des Rycals, développé par le Pr. Marks, paraît être un meilleur candidat. Il agit sur la fixation de la protéine régulatrice Calstabine pour améliorer sa fixation sur le RyR2 et maintenir la conformation fermée de celui-ci, le S107 permet la correction de la fuite des stocks calciques du RE (Andersson and Marks, 2010; Liu et al., 2012). Le traitement avec le S107 induit ainsi une amélioration vis-à-vis de différentes pathologies associées à la dérégulation du RyR et de la signalisation calcique qui lui est associée (Kushnir et al., 2018). Les travaux réalisés durant ma thèse ont donc montré que le traitement avec le S107 conduit à une réduction de la production du peptide amyloïde *in vitro* et *in vivo*, ainsi qu'à une amélioration des défauts cognitifs, notamment d'apprentissage et de mémorisation dans deux modèles murins de la MA. Ils ont également indiqué que le S107 ne semble pas induire d'effet secondaire, puisqu'il ne bloque pas le canal et n'altère pas la signalisation calcique normale (Bussiere et al., 2017; Lacampagne et al., 2017).

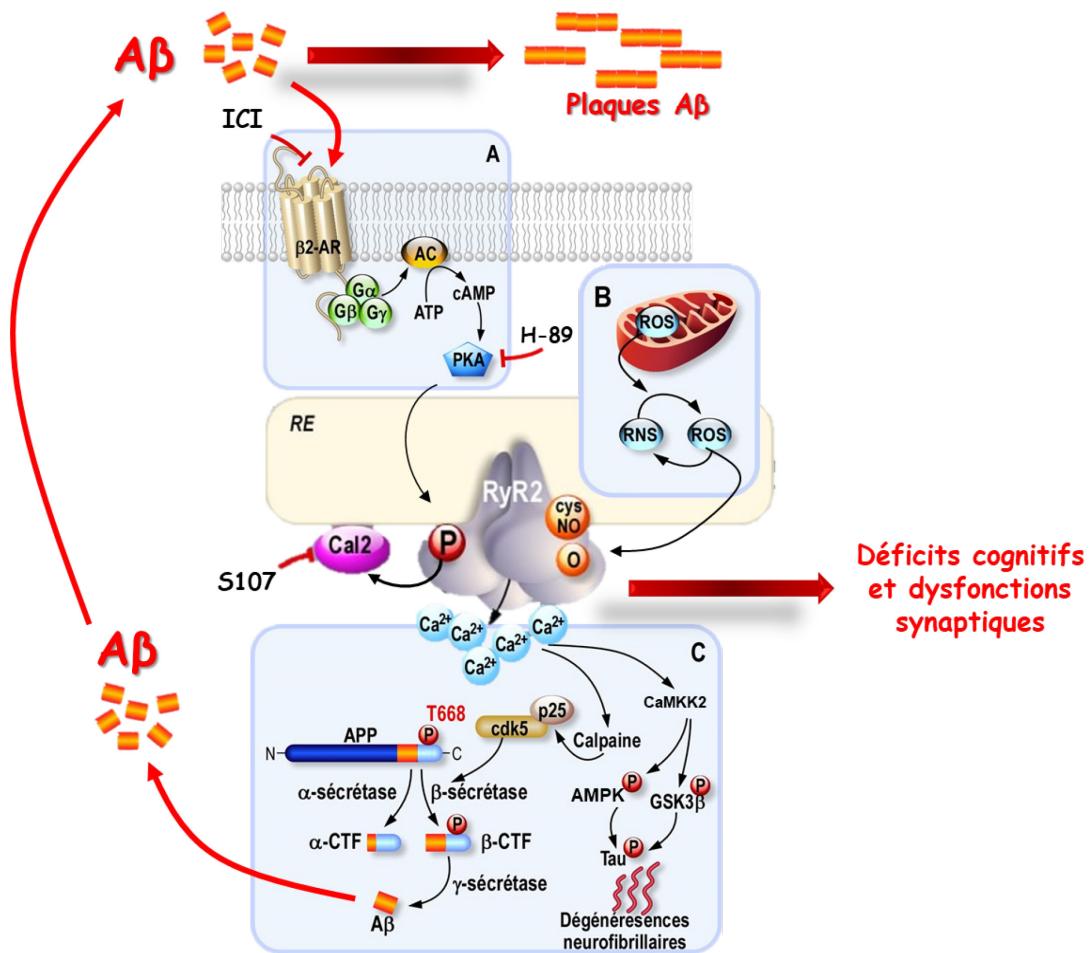


Figure 18: Schéma récapitulatif de l'implication du RyR dans la MA (d'après (Lacampagne et al., 2017)).

Pour la première fois nous mettons en avant l'existence de modifications post-traductionnelles du RyR dans la MA. La phosphorylation intervient en aval de la voie β_2 -adrénergique avec l'activation de la PKA alors que la nitrosylation et l'oxydation sont associées au stress oxidatif mitochondrial. Ces modifications induisent une fuite du Ca^{2+} du RE via le RyR conduisant d'une part à une augmentation de la phosphorylation de la protéine Tau et d'autre part à l'augmentation, via l'activation Ca^{2+} dépendante de la cdk5, de la phosphorylation de l'APP. La phosphorylation exacerbée de l'APP accentue son métabolisme et amène à une plus forte production du peptide $\text{A}\beta$ qui forme les plaques séniles et active la voie β_2 -adrénergique dans une boucle d'amplification de la MA. Tout ceci conduit aux déficits et dysfonctions synaptiques retrouvés dans les modèles d'étude de la MA.

Les perspectives d'études quant à l'implication du RyR dans la MA nous conduiraient à évaluer l'effet de l'invalidation de la protéine régulatrice Calstabine 2 dans les neurones de souris contrôles et de souris Alzheimerisées. Nous avons en effet montré les bénéfices du maintien de la fixation de la Calstabine 2 sur le RyR dans nos modèles de la MA et il serait intéressant de voir si l'invalidation de la Calstabine 2 dans les neurones conduirait à l'altération du métabolisme de l'APP et aux défauts synaptiques associés au développement de la MA dans les modèles d'étude de la MA et dans le processus de vieillissement en général chez les souris Contrôle.

Nous pourrions également croiser les souris RyR2-S2808D (exprimant une forme constitutivement phosphorylée de RyR2) avec des souris Knock in pour l'APP (Saito et al., 2014) exprimant la forme humaine de l'APP sous le contrôle d'un promoteur murin, et donc sans surexpression de l'APP. En effet les modèles de surexpression sont de plus en plus critiqués, pouvant amener un biais dans les processus observés par rapport à ce qu'il se passerait avec une expression endogène.

Enfin, nous pourrions étudier le lien éventuel entre les modifications du RyR, le stress du RE et la neuroinflammation (*in vitro* et *in vivo*).

Discussion et perspectives Partie II :

A. Le stress du RE, via l'induction de S1T, pourrait-être clé dans le développement de la MA

L'UPR est activée par le stress du RE pouvant découler de l'accumulation de protéines repliées de façon inappropriée dans le RE (Bernales et al., 2012). Le stress du RE et la cascade moléculaire qu'il induit pourraient constituer un évènement clé dans le développement des protéinopathies neurodégénératives telles que la MA. (Hoozemans et al., 2009; Lindholm et al., 2006). Plusieurs études ont ainsi rapporté que l'UPR intervient relativement tôt dans la MA et que les senseurs de stress du RE, PERK et IRE1α, sont activés dans les cerveaux de patients Alzheimer (Hoozemans et al., 2005, 2009). De plus, l'activation de l'UPR a récemment été confirmée dans des cellules neurales dérivées de Cellules Souches Pluripotentes Induites (CSPI) obtenues à partir de fibroblastes de patients souffrant d'une forme familiale de la MA avec la mutation pathogène APP-E693Δ (Kondo et al., 2013; Nishitsuji et al., 2009). Il semblerait que l'UPR soit également activée chez les patients souffrant de formes sporadiques de la MA. Des études ont révélé chez ceux-ci une accumulation d'A β intracellulaire accompagnée d'une exacerbation du stress du RE (Kondo et al., 2013; Nishitsuji et al., 2009).

Les données obtenues précédemment au laboratoire ont démontré que l'expression de l'isoforme humaine S1T est induite en conditions de stress du RE et qu'elle est associée à une amplification de ce dernier (Chami et al., 2008). Nous avons également rapporté de façon intéressante l'augmentation de l'expression de S1T dans un modèle de stress du RE physiopathologique, les cellules hépatiques HuH7, exprimant stablement le génome du virus de l'hépatite C. (Benali-Furet et al., 2005; Chami et al., 2008). Par ailleurs, les résultats présentés dans notre article en cours de soumission révèlent l'induction de S1T dans des cerveaux prélevés en post-mortem sur une cohorte de patients Alzheimer et nos données suggèrent qu'elle serait liée à l'accumulation de l'A β . En effet, nos résultats révèlent également une augmentation de l'expression de S1T dans un modèle d'étude cellulaire de la MA, les cellules SH-SY5Y APPswe, surproduisant les catabolites toxiques issus du clivage de l'APP.

Il a précédemment été rapporté que l'expression de S1T est induite via l'activation de la voie PERK-eIF2α-ATF4-CHOP (Chami et al., 2008). De même, nous

avons noté une augmentation de l'expression de la phosphorylation de eIF2 α dans les SH-SY5Y APPswe, confirmant ainsi les études rapportant l'implication de la voie PERK dans les modèles *in vivo* et *in vitro* exprimant la mutation APPswe (Kim et al., 2007).

B. S1T est impliqué dans une boucle d'amplification de la pathologie amyloïde

Nous avons révélé que l'application exogène d'oligomères d'A β induit l'expression de S1T dans les cellules SH-SY5Y naïves (contrôles) ainsi que *in vitro* dans les cellules exprimant la mutation APPswe.

Nous rapportons ici que si la surexpression de S1T augmente le métabolisme amyloïdogène de l'APP à la fois *in vitro* et *in vivo*, comme en témoigne la production élevée de fragments issus du métabolisme de l'APP (C99, C83, A β AICD *in vitro*, et C99 *in vivo*), ce n'est pas le cas de la surexpression de SERCA1. Nous montrons donc dans notre étude l'implication d'une boucle d'amplification de la pathologie amyloïde, l'A β induisant l'expression de S1T qui va en retour exacerber le métabolisme de l'APP et la production de l'A β .

Nous démontrons aussi que ce phénotype pro-amyloïdogène est lié à l'augmentation de l'expression et de l'activité de la β -sécrétase BACE1. De façon intéressante, la phosphorylation de eIF2 α a été associée à l'augmentation de l'expression de BACE1, augmentant de ce fait la production de l'A β dans les neurones (O'Connor et al., 2008).

De plus, les données obtenues précédemment ont démontré que l'induction de S1T est associée à la fois à l'amplification du stress du RE et à l'apoptose mitochondriale (Chami et al., 2008). Nous pouvons donc faire l'hypothèse que cette induction de S1T favorise le stress du RE et la neurodégénérescence. En accord, avec ce postulat, il a également été suggéré que le stress du RE est induit par l'application exogène de l'A β et qu'il est associé à la mort neuronale via l'activation des caspases spécifiques du stress du RE, les caspases 12 murine et 4 humaine. (Hitomi et al., 2004; Nakagawa et al., 2000).

Par ailleurs, la suractivation de la cascade PERK-eIF2 α a été liée aux déficits cognitifs dans la MA. Une étude a ainsi montré que l'ablation sélective de PERK dans des souris présentant des mutations de l'APP et de la PS1 prévient la phosphorylation

aberrante de eIF2 α (Ma et al., 2013). Cela amenait à une amélioration de la plasticité synaptique et de la mémoire spatiale dans les modèles murins d'étude de la MA. Ceci est cohérent avec l'idée qu'il y aurait nécessité d'une traduction protéique active pour la consolidation de la mémoire (Yang et al., 2016). Une étude précédente a ainsi démontré que la réduction des niveaux de phosphorylation de eIF2 α augmente la phase tardive de la potentiation à long terme et la mémoire chez les souris (Costa-Mattioli et al., 2007). Ces résultats suggèrent qu'une phosphorylation soutenue de eIF2 α peut conduire à l'aggravation des défauts observés dans la MA. L'implication potentielle de S1T dans l'amplification de la cascade PERK-eIF2 α *in vivo* et les déficits cognitifs qui en découlent reste néanmoins à déterminer.

C. La dualité de la réponse au stress rend sa contribution dans la MA difficile à déterminer

La contribution du stress du RE dans le développement de la MA reste complexe à déterminer, celui-ci pouvant amener à une réponse cellulaire adaptative ou au contraire pathogène (Cissé et al., 2017; Gerakis and Hetz, 2018). En effet, l'activation des protéines senseurs de stress peut conduire les cellules à inhiber la biosynthèse de nouvelles protéines et à dégrader les protéines mal repliées influençant la balance survie/apoptose. Des données robustes ont montré des réponses au stress du RE élevées dans les modèles murins double transgéniques APP/PS1 (Hashimoto and Saido, 2018). De même, il a été montré que l'administration d'A β , ou sa surproduction, induisent une élévation des niveaux protéiques de GRP78 (Barbero-Camps et al., 2014), de eIF2 α phosphorylé, de CHOP (Baleriola et al., 2014; Yoon et al., 2012), de GADD34 et de la caspase 12 clivée (Barbero-Camps et al., 2014). Il a notamment été démontré que la neurodégénérescence associée aux injections intrahippocampiques d'A β nécessitait l'activation de la voie ATF4-CHOP (Baleriola et al., 2014).

Cependant, le rôle du stress du RE dans la pathogenèse de la MA a été récemment remis en question par une analyse réalisée sur différents modèles *in vivo*, de surexpression ou Knock in pour l'APP. Le lien entre le développement de la MA et le stress du RE dans les modèles transgéniques APP/PS1 reste à clarifier et aucune exacerbation du stress du RE n'a pu être mis en évidence dans les modèles APP Knock in (Hashimoto and Saido, 2018; Hashimoto et al., 2018; Sadleir et al., 2018). Compte tenu de ces résultats, un examen plus approfondi de la réponse au stress dans les modèles d'étude murins de la MA semblerait toujours nécessaire.

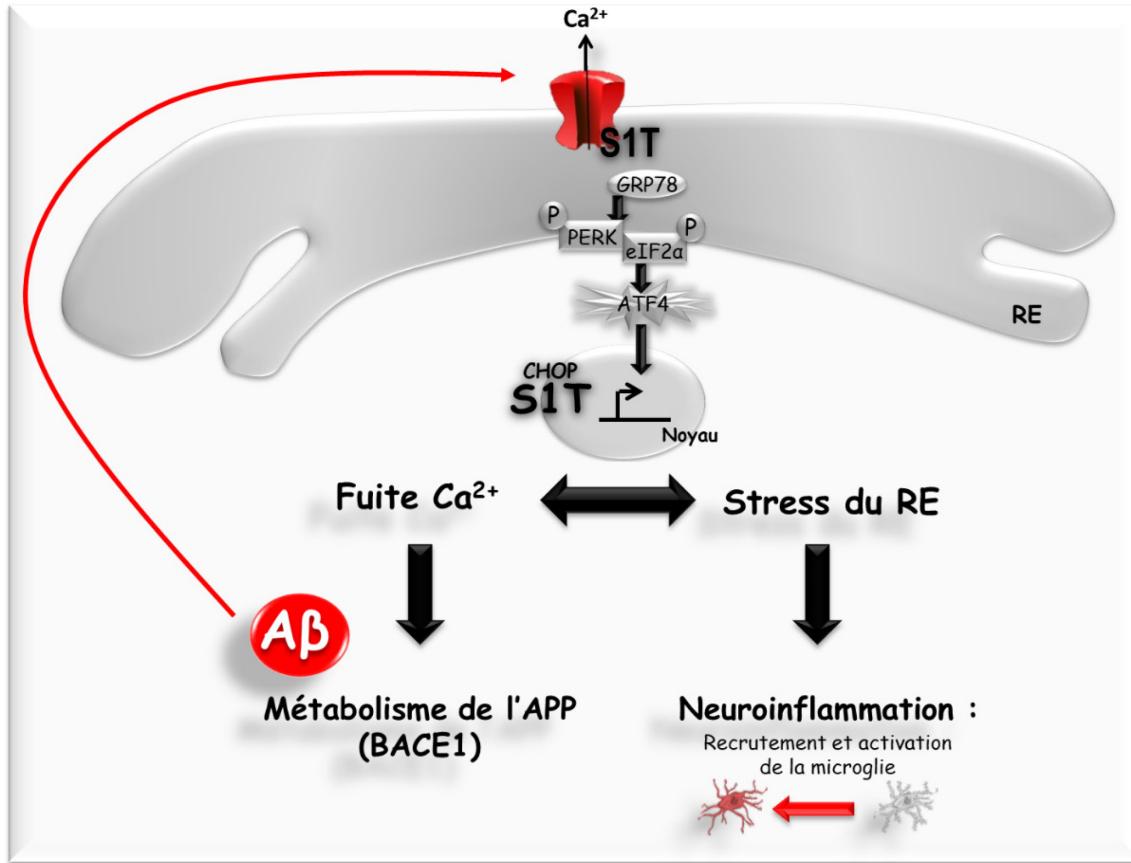


Figure 19: Schéma récapitulatif de l'implication de S1T dans la MA

Notre étude démontre que l'expression de S1T, associée au stress du RE, constitue un nouveau mécanisme de fuite du Ca²⁺ du RE. Nous avons pu mettre en évidence le lien entre la fuite du Ca²⁺ et l'altération du métabolisme de l'APP via l'altération de l'activité de BACE1 ce qui amène à une accentuation de la production du peptide amyloïde. Nous avons également pu montrer l'implication du stress du RE via l'expression de S1T, dans l'induction de processus neuroinflammatoires. Ainsi, nous proposons qu'au cours de la réponse au stress du RE, il existe une interaction moléculaire entre S1T et le métabolisme amyloïdogénique de l'APP qui pourrait sous-tendre un mécanisme d'amplification conduisant à l'accentuation du stress du RE dans la MA et l'induction de la réponse neuroinflammatoire.

D. La modulation du stress du RE permettrait de réduire la neurinflammation

Au-delà de la seule régulation de l'expression des gènes de réponse au stress du RE, l'UPR est également initiatrice des voies inflammatoires essentielles à la réponse immunitaire innée. En conséquence, nous avons démontré que l'expression de S1T, ainsi que le traitement à la tunicamycine, induisent l'expression de cytokines pro-inflammatoires (TNF α , IL-1 β) dans des cellules microgliales murines BV2. De manière intéressante, nous avons également révélé que la surexpression de S1T et l'induction pharmacologique du stress du RE avec la tunicamycine étaient associées à la fois au recrutement de la microglie et à son activation *in vivo*, traduisant la mise en place d'une réponse inflammatoire dans l'hippocampe. Les cascades moléculaires intervenant dans les différentes voies de l'UPR ont également été montrées comme pouvant augmenter la libération de médiateurs pro-inflammatoires (Salminen et al., 2009). Ainsi, les trois branches de l'UPR convergent vers l'activation de NF-KB, conduisant par la suite à l'expression des cytokines TNF α , IL-1, IL-6 et IL-8 (Salminen et al., 2009). De plus, de nombreuses études ont démontré que les oligomères A β pouvaient activer la PKR et induire un stress du RE en induisant la voie du TNF- α (Lourenco et al., 2013). Ces études et nos données mettent en avant le ciblage potentiel du stress du RE comme moyen de réduire la réponse neuroinflammatoire chronique accompagnant le développement de la MA.

Les perspectives pour la suite de cette étude viseraient à se pencher sur l'impact éventuel de l'expression de S1T sur la plasticité synaptique, par mesures de la LTP et de la LTD. Pour cela nous pourrions utiliser à la fois le modèle 3xTg-AD injectés avec les lentivirus S1T, et les souris injectées avec la tunicamycine afin de mesurer la plasticité synaptique dans ces différents modèles.

Par ailleurs, nous nous sommes dans cette étude intéressés à l'effet de la surexpression de S1T. Nous pourrions donc par la suite au contraire tester l'effet de l'inhibition de son expression sur le métabolisme de l'APP dans le modèle SH-SY5Y APPswe et la neuroinflammation dans le modèle cellulaire BV2, en utilisant des shRNA S1T pour empêcher son expression endogène ou son induction suite à l'application d'inducteurs pharmacologiques du stress du RE tels que la thapsigargin ou la tunicamycine.

Il serait enfin pertinent de valider l'implication de la cascade PERK-S1T dans la réponse inflammatoire observée dans la MA. Pour cela nous devrions utiliser par exemple des inhibiteurs de PERK ou de la phosphorylation de eIF2 α .

ANNEXE

Article 4 : Localisation et métabolisme du Précurseur du Peptide Amyloïde dans les Membranes Associées aux Mitochondries.

Localization and Processing of the Amyloid- β Protein Precursor in Mitochondria-Associated Membranes.

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Localization and Processing of the Amyloid- β Protein Precursor in Mitochondria-Associated Membranes

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Abstract. Alteration of mitochondria-associated membranes (MAMs) has been proposed to contribute to the pathogenesis of Alzheimer's disease (AD). We studied herein the subcellular distribution, the processing, and the protein interactome of the amyloid- β protein precursor (A β PP) and its proteolytic products in MAMs. We reveal that A β PP and its catabolites are present in MAMs in cellular models overexpressing wild type A β PP or A β PP harboring the double Swedish or London familial AD mutations, and in brains of transgenic mice model of AD. Furthermore, we evidenced that both β - and γ -secretases are present and harbor A β PP processing activities in MAMs. Interestingly, cells overexpressing APP_{swe} show increased ER-mitochondria contact sites. We also document increased neutral lipid accumulation linked to A β production and reversed by inhibiting β - or γ -secretases. Using a proteomic approach, we show that A β PP and its catabolites interact with key proteins of MAMs controlling mitochondria and ER functions. These data highlight the role of A β PP processing and proteomic interactome in MAMs deregulation taking place in AD.

Keywords: Alzheimer disease, amyloid- β protein precursor, lipids, mitochondria associated membranes, proteomic

INTRODUCTION

Alzheimer's disease (AD) is a devastating neurodegenerative pathology characterized by the

progressive decline of cognitive functions. The accumulation of intracellular aggregates of tau protein in the neurofibrillar tangles and of extracellular aggregates of a set of polypeptides called amyloid- β peptides (A β) in the senile plaques [1] are the major histological hallmarks of AD. A β peptides are generated from a large transmembrane protein, the amyloid- β protein precursor (A β PP) through its sequential cleavage by the β -secretase generating the

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C-terminal fragment (CTF) of 99 amino acids (C99), and by the γ -secretase releasing A β peptide, and the APP intracellular domain (AICD) [2]. Cleavage of A β PP by α -secretase precludes the formation of A β peptides and leads to the generation of another CTF of 83 amino acids (C83) [3, 4].

A β peptides are generated extracellularly, but also within intracellular organelles such as the endoplasmic reticulum (ER) and mitochondria. A β PP is folded and modified in the ER and transported through the Golgi complex to the plasma membrane. It was proposed that A β is generated in the ER lumen as a result of deficit in axonal transport [5]. A β oligomers (considered to be the most toxic forms of A β) accumulate in the ER in hippocampal neurons and thereby, likely lead to cell death in transgenic mice expressing A β PP mutant [6]. Association of A β PP with mitochondria was also reported by several groups [7–9]. A β was shown to accumulate into mitochondria prior to extracellular plaques and in a time-dependent manner, leading to mitochondrial damage [10–12]. In addition, different components of the γ -secretase complex have been located in different subcellular compartments, including the ER and mitochondria [9, 13–16].

Physical association between the ER and mitochondria, also known as mitochondria-associated membranes (MAMs), play important roles in various cellular housekeeping functions such as phospholipids-, glucose-, cholesterol-, and fatty-acid- metabolism, as well as calcium signaling [17, 18]. The hypothesis stating that AD could be a disorder linked to MAMs alterations started to emerge only in the last 6 years [19–21]. In this study, we show that A β PP and its catabolites accumulate in MAMs and increase ER-mitochondria contact sites. We also evidence that both β -secretase and γ -secretase complex are present and may harbor enzymatic activities in MAMs. Of most importance, we document increased neutral lipid accumulation in cellular models of AD, which was reversed by inhibiting β - or γ -secretases. A proteomic approach revealed the protein interactome of A β PP and its catabolites with key proteins of MAMs controlling mitochondria and ER functions.

MATERIAL AND METHODS

Cells

Human SH-SY5Y neuroblastoma cells (CRL-2266, ATCC) stably expressing pcDNA3.1 (control), wild type human A β PP (APPwt), or human A β PP

harboring the double Swedish mutations (APP_{swe}: APPKM670/671NL) constructs were generated as already described [22]. Polyclonal stable lines were maintained in DMEM containing 10% FBS in the presence of 400 μ g geneticin (Gibco).

Mock-transfected or APP695_{LDN}-expressing CHO cells were obtained by stable transfection of pcDNA4 empty vector (Control), wild type hAPP695 cDNA or harboring the London mutation (APP_{LDN}: APPV642I) and subcloned in pcDNA4 vector. Single clones were maintained in DMEM containing 10% FBS, sodium hypoxanthine-thymidine supplement, and 300 μ M proline as already described [23].

Cells were treated overnight (20 h) with β - or γ -secretase inhibitors. γ -secretase inhibitor ELND006 was used at 5 μ M final concentration and vehicle (methylcellulose/polysorbate 80; Sigma-Aldrich) was used as control [24, 25]. β -secretase inhibitor (Eli Lilly's inhibitor LY288672 [26], synthesized by Elan Pharmaceutical) was used at 30 μ M final concentration prepared in DMSO. Vehicle was used as control since no difference was observed as compared to cells treated with DMSO.

Mice

We used brains isolated from double-transgenic APP₂₃ × PS45 mice (B6-Tg hAPP751 K670N/M671L × PS1 G384A mThy1). These mice were obtained through Material Transfer Management from Novartis. To generate APP₂₃ × PS45 mice, we crossed APP₂₃ transgenic line overexpressing hA β PP with the Swedish double mutation at positions 670/671 [hAPP751: K670N/M671L], with PS45 transgenic line overexpressing human PS1 carrying G384A mutation [hPS1: G384A] [27]. Both lines are driven by a Thy-1 promoter and were developed in C57BL/6 genetic background. Control wild type (WT) mice were from the same genetic background.

Ethics statements

In vivo experiments were performed in accordance with relevant guidelines and regulations established by the European community council (Directive of November 24, 1986), and approved by Nice University Animal care and use Committee, and the National Council on animal care of the Ministry of Health (Project n°: NCE/2013-152). Mice were housed in SPF animal facility.

Cellular fractionation

Cell fractionation was performed using SH-SY5Y and CHO cell lines, and brains dissected from WT, APP₂₃, PS₄₅, and APP₂₃xPS₄₅ mice using an optimized protocol to isolate subcellular fractions from tissues and cells [28]. Cells ($\approx 10^9$) were harvested, washed by centrifugation at $500 \times g$ for 5 min with PBS. Cells or brains ($n=5$ for each mice group) were resuspended in homogenization buffer (225 mM mannitol, 75 mM sucrose, 30 mM Tris-HCl pH 7.4, 0.1 mM EGTA) and gently disrupted by Dounce homogenization at 4°C. The homogenate was centrifuged twice at $600 \times g$ for 5 min to remove nuclei and unbroken cells, and then the supernatant was centrifuged at $10\,300 \times g$ for 10 min to pellet crude mitochondria (Mc). The resultant supernatant was centrifuged at $20\,000 \times g$ for 30 min at 4°C. The pellet consists of lysosomal and plasma membrane fractions. Further centrifugation of the obtained supernatant at $100\,000 \times g$ for 90 min (70-Ti rotor; Beckman, France) at 4°C results in the isolation of ER (pellet) and cytosolic fraction (supernatant). The crude mitochondrial (Mc) fraction, resuspended in MAM isolation buffer (250 mM mannitol, 5 mM HEPES pH 7.4 and 0.5 mM EGTA), was subjected to Percoll gradient centrifugation (Percoll medium: 225 mM mannitol, 25 mM HEPES pH 7.4, 1 mM EGTA, and 30% vol/vol Percoll) in a 10-ml polycarbonate ultracentrifuge tube. After centrifugation at $95,000 \times g$ for 30 min (SW40 rotor; Beckman, France), a dense band containing purified mitochondria (Mp) was recovered approximately 3/4 down of the tube, resuspended in MAM isolation buffer and washed by centrifugation at $6300 \times g$ for 10 min to remove the Percoll and finally resuspended in small volume of MAM isolation buffer. The MAMs, containing the structural contacts between mitochondria and ER, collected from the Percoll gradient as a diffuse white band located above the mitochondria, were diluted in MAM isolation buffer and centrifuged at $6300 \times g$ for 10 min; then the supernatant was further centrifuged at $100\,000 \times g$ for 90 min (70-Ti rotor, Beckman) to pellet the MAMs fraction.

SDS-PAGE analysis

To detect A β peptide, protein extracts (40 μ g) were incubated with 70% formic acid (Sigma) and Speed Vac evaporated for 40 min. The pellets were dissolved in 1 M Tris pH 10.8, 25 mM Betaine and diluted in 2x Tris-Tricine loading buffer (125 mM

Tris-HCl pH 8.45, 2% SDS, 20% Glycerol, 0.001% Bromophenol blue, and 5% β -mercaptoethanol). Proteins were resolved by 16.5% Tris-Tricine SDS-PAGE, transferred onto PVDF membranes, and incubated overnight with specific antibodies as specified in legends. All the other proteins were resolved by Tris-Glycine SDS-PAGE following standard procedures.

Antibodies

A β , C99, and full length A β PP were detected using 6E10 antibody (Covance) recognizing 1-16 residues of A β . A β PP C-terminal fragments (A β PP CTF: C99 and C83), were detected using A β PP C-terminal antibody (Sigma Aldrich) recognizing 676–695 residues of A β PP. Other antibodies directed toward the following proteins were as follows: Cytochrome C oxidase subunit II (Cox), and RyR (Thermo scientific) VDAC-1 (Calbiochem); HSP60, Calreticulin, and GRP75 (Santa Cruz); Chapronin 10 (Stressgen, Biotech); Nicastin, Tom20, α -Tubulin, and β -Actin (Sigma Aldrich), SERCA2b (clone IID8), and Aph1 (Thermo Scientific Pierce Products); BACE-1 and Cytp450 (Abcam); PS1-Nter is a generous gift from Gopal Thinakaran.

Detection of A β by ELISA

The concentrations of A β ₄₀ and A β ₄₂ were measured in subcellular fractions by using the respective ELISA kits (Invitrogen) following the manufacturer's instructions. Briefly, 40 μ g of each fraction was treated with 5 M guanidine, 50 mM HCl solution for 3–4 h at room temperature and stored at –20°C overnight. Supernatant obtained after centrifugation at 16,000 rpm for 20 min at 4°C, were diluted at >1/10 in D-PBS-BSA 5% and used for ELISA.

In vitro α -secretase assay

α -secretase activity was monitored as already described [29]. Briefly, 20 μ g of each subcellular fraction were incubated in 90 μ l final volume of Tris buffer (10 mM, pH 7.5) containing α -secretase substrate (JMV2770, 100 μ M) in the absence or presence of the metal chelator *o*-phenanthroline (100 μ M) reported to block metalloproteases. α -secretase activity corresponds to the α -secretase inhibitor-sensitive fluorescence recorded at 320 and 420 nm as excitation and emission wavelengths, respectively.

In vitro β -secretase assay

β -secretase activity was monitored as already described [22]. Briefly, 20 μ g of each subcellular fraction were incubated in a final volume of acetate buffer (25 mM, pH4.5, 100 μ l) containing BACE-1 substrate [(7-methoxycoumarin-4-yl)-acetyl-SEVNLDAEFRK (2,4-dinitrophenyl)-RRNH₂; 10 μ M; R&D Systems] in the absence or presence of β -secretase inhibitor I (50 μ M; Promocell). BACE-1 activity corresponds to the β -secretase inhibitor I-sensitive fluorescence recorded at 320 and 420 nm as excitation and emission wavelengths, respectively.

In vitro γ -secretase assay

In vitro γ -secretase assay was assessed as already described [30]. Twenty μ g of each subcellular fraction were resuspended in solubilization buffer (150 mM sodium citrate pH6.4 containing 3-[(3-cholamidopropyl)dimethylammonio]-2-hydroxy-1-propanesulfonate 1% (v/v)) supplemented with protease inhibitor mixture. All steps were performed at 4°C. Solubilized membranes were diluted once with sodium citrate buffer (150 mM pH 6.4), and with reaction buffer (150 mM sodium citrate pH 6.4, 20 mM dithiothreitol, 0.2 mg/ml BSA, 1 mg/ml egg phosphatidyl choline and 50 μ g/mL recombinant C100-FLAG). The resulting reaction mix were then either incubated over constant agitation for 16 h at 37°C or stored at 4°C (negative controls). Samples were then supplemented with 2x Tris-Tricine loading buffer, boiled for 5 min and subjected to 16.5% Tris-Tricine SDS-PAGE.

Immunofluorescence analysis

Cells grown on 25 mm round coverslips were fixed in PFA 4% solution for 10 min at room temperature. Cells were permeabilized with triton 0.5%, and non-specific binding sites were blocked for 1 h with BSA (5%). Cells were then incubated at 4°C overnight with primary antibodies diluted in BSA (5%). After 3 washes, coverslips were incubated with secondary antibodies [fluorescent Alexa Fluor antibodies, Alexa 488- and Alexa 594- or Alexa 633-conjugated (Invitrogen; 1:1000)] at room temperature during 1 h. Immunofluorescence images were acquired on Leica SP5 confocal microscope using excitation filter 488, 594, and 633 nm. Images were analyzed using ImageJ.

High resolution imaging

To visualize mitochondria and ER organelle colocalization, we used GFP construct specifically targeted to the ER. Mitochondria were labeled by using 10 nM Mitotraker® Deep Red dye. Z-series images acquired on Leica SP5 microscope were deconvolved. ER and mitochondria colocalization was calculated as the number of voxels (volume pixels) occupied by both signals (i.e., erGFP and Mitotraker Deep Red) over all voxels occupied by the mitochondria (i.e. Mitotraker® Deep Red signal) in thresholded images [31]. The spectral properties of these two fluorochromes allow specific identification of the two compartments and quantification of contact sites.

Electron microscopy

Cells were fixed *in situ* with 2.5% glutaraldehyde in 0.1 M phosphate buffer at room temperature (RT) for 20 min. Samples were rinsed and then post-fixed with 1% osmium tetroxide and 1% potassium ferrocyanide in 0.1 M cacodylate buffer for 1 h at RT to enhance the staining of cytoplasmic membranes. Cells were rinsed with distilled water, embedded in epoxy resin, sectioned, and examined with a Philips CM12 transmission electron microscope equipped with an Olympus SIS CCD camera. Images were acquired randomly by a blinded investigator. We counted the total number of mitochondria ($n > 150$) in contact or not with ER in more than 10 different micrographs obtained from two different experiments. Data are presented as a percentage of mitochondria in contact with ER.

Neutral lipid staining

Cells grown on 25 mm round coverslips were fixed in PFA 4% solution for 20 min at room temperature. Fixed cells were gently rinsed with PBS 3 times to remove residual formaldehyde. Cells were stained with 1X LipidTOX™ prepared in PBS for 30 min at room temperature. Coverslips were then processed for image acquisition on Leica SP5 confocal microscope using excitation filter 488. Images were thresholded, converted to mask and analyzed using Particle analysis ImageJ plugin.

Oligomeric A β preparation

Human synthetic A β _{1–42} (Bachem AG, Switzerland) was suspended in hexafluoroisopropanol

HFIP; Sigma-Aldrich) to 1 mM. Peptide samples were vortexed to obtain a homogenous solution, aliquoted into microfuge tubes, and lyophilized overnight under the hood. The A β _{1–42} peptide film were stored desiccated at -20°C until further processed. To form A β oligomers, peptide film were resuspended to 5 mM in DMSO, diluted in ice cold PBS. Aggregation was allowed to proceed for 24 h at 4 °C before the peptide solution was centrifuged at 14000 × g for 10 min at 4°C. Supernatant containing oligomeric A β was then used at ≈5 μ M.

Immunoprecipitation and in-gel digestion

After preclearing with protein A-agarose (Sigma-Aldrich) (1 h, 4°C), MAM fractions (40 μ g) isolated from control CHO cells and overexpressing APP_{LDN} were immunoprecipitated using 6E10 antibody (5 μ g). Immunoprecipitates were recovered by overnight incubation at 4°C, and then incubated with protein A-agarose for 3 h at 4°C. Beads were washed three times with CHRIS buffer (50 mM Tris pH 8, 10% glycerol, 200 mM NaCl, 0.5% Nonidet p-40, and 0.1 mM EDTA) supplemented with protease inhibitors (Complete, Roche diagnostics) and once with PBS. Beads were then resuspended in Laemli 2x buffer, heated at 95°C, and then run on Tris-Glycine PAGE. Gels were stained using Imperial Protein Stain (Thermo scientific) a ready-to-use colorimetric stain formulated with Coomassie dye.

Gel pieces containing proteins were excised and destained by adding 100 μ L of H₂O/ACN solvent (1/1). After 10 min incubation with vortexing the liquid was discarded. This procedure was repeated 2 times. Gel piece were then rinsed (15 min) with acetonitrile and dried under vacuum. Gel pieces were reswelled in 50 μ L of 20 mM dithiothreitol (DTT) in NH₄HCO₃ 100 mM, incubated for 30 min at 56°C, and next cooled down to RT. The DTT solution was replaced with 50 μ L of 55 mM of iodoacetamide in 100 mM of NH₄HCO₃. After 15 min incubation in the dark at room temperature, the solution was discarded and gel pieces were washed by adding successively i) 100 μ L of H₂O/ACN (1/1), repeated 2 times and ii) 100 μ L of acetonitrile. Next gel pieces were reswelled in 50 μ L of 50 mM NH₄HCO₃ buffer containing 10 ng/ μ L of trypsin (modified porcine trypsin sequence grade, Promega) incubated for 1 h at 4°C. Then the solution was removed and replaced by 50 μ L of 50 mM NH₄HCO₃ buffer (without trypsin), and incubated 18 h at 37°C. After trypsin digestion the solution was transferred into an Eppendorf tube

and tryptic peptides were extracted with i) 50 μ L of 1% AF (acid formic) in water (10 min at RT) and ii) 50 μ L acetonitrile (10 min at RT). Peptides extracts were pooled, concentrated under vacuum and solubilized in 15 μ L of 0.1% TFA (trifluoroacetyl acid) in water.

NanoHPLC-MALDI-TOF/TOF analysis

Peptide separation was carried out using a nanoHPLC offlin (ultimate 3000, Thermo Fisher Scientific coupled with a MALDI-TOF/TOF mass spectrometer (4800 plus, Applied Biosystems). Peptides solution was concentrated on a μ -Precolumn Cartridge Acclaim PepMap 100 C₁₈ (i.d. 5 mm, 5 μ m, 100 Å, Thermo Fisher Scientific at a flow rate of 20 μ L/min and using solvent containing H₂O/ACN/TFA 98%/2%/0.04%. Next peptides separation was performed on a 75 μ m i.d. × 150 mm (3 μ m, 100 Å) Acclaim PepMap 100 C₁₈ column (Thermo Fisher Scientific at a flow rate of 200 nL/min and with detection at 214 nm. Solvent systems were: (A) 100% water, 0.05% TFA, (B) 100% acetonitrile, 0.04% TFA. The following gradient was used t =0 min 100% A; t =3 min 100% A; t =63 min, 80% B; t =64 min, 100% B; t =69 min 100% B (temperature was regulated at 30°C).

For offlin nanoHPLC-MALDI-TOF/TOF-MS and MS/MS analyses, fractions were collected on an Opti-TOF LC/MALDI target (123 × 81 mm, Applied Biosystems) and fractionation was done using the Probot fractionation robot (DIONEX, LC Packings). Matrix solution (α -cyano-4-hydroxycinnamic acid, 2.5 mg/mL in 50% water, 50% acetonitrile, 0.1% TFA solution) and nanoHPLC fractions were mixed (in rate 4:1, matrix:fractions) and collected every 20 s (208 fractions were collected per run).

MS spectra were recorded automatically in a mass range of 700–4000 Da resulting from 200 laser shots of constant intensity. Data were collected using 4000 series Explorer (Applied Biosystems) allowing for an automatic selection of peptide masses for subsequent MS/MS experiments. Each MS/MS spectra acquired using 1000 laser shots were further processed using 4000 series Explorer. Finally all raw data were transferred into ProteinPilot software (Applied Biosystems, MDS Analytical Technologies) and proteins identification was processed using Paragon™ Algorithm. Our analyses took in consideration only peptides with confidence index 95%. This experiment was done twice.

Statistical analyses

Results are reported from at least three different experiments or as indicated. Statistical analyses were done using Student's *t*-test, or ANOVA one-way and Tukey post-test or Newman-Keuls Multicomparison post-test. *p* value <0.05 was considered significant

RESULTS

A β PP and its proteolytic products are present in MAMs fraction of in vitro and in vivo study models of AD

We first aimed at establishing by subcellular fractionation, the distribution of A β PP and its proteolytic catabolites in human SH-SY5Y neuroblastoma cells stably expressing pcDNA3.1 (control) or human A β PP harboring the double Swedish mutations (APP_{swe}: APPKM670/671NL) constructs. We already reported that SH-SY5Y cells expressing APP_{swe} harbor increased A β PP processing yielding the production of A β PP CTFs fragments (C99 and C83) and of A β peptides [22].

We investigated the presence of A β PP and its proteolytic catabolites in MAMs. Although several techniques are available to isolate mitochondria, only few are specifically tuned to the isolation of MAMs, containing unique regions of ER membranes attached to the outer mitochondrial membrane and mitochondria without contamination from other organelles (i.e., pure mitochondria). We used an optimized protocol to isolate these fractions from tissues and cells [28]. Subcellular fractionation procedure was validated by confirming the expression of different proteins in cellular compartments where they were known to be enriched, namely in the ER (SERCA2b, calreticulin (CRT)), in mitochondria (cytochrome oxidase subunit II (Cox), and voltage dependent anion channel 1 (VDAC1)), and in MAMs (Glucose regulated protein 75 (GRP75)) (Fig. 1A, B). Fraction enrichment was further demonstrated by the loss of actin signal in pure mitochondria (Mp), ER, and MAMs fractions (Fig. 1A, B). We observed A β PP and A β expressions in the whole homogenate (homog), in crude mitochondria (Mc), in pure mitochondria (Mp), and in ER fractions (Fig. 1B). Interestingly, we noticed the presence of full-length A β PP and of A β in MAMs fraction of APP_{swe} expressing cells (Fig. 1B). Full-length A β PP was also observed in MAMs fraction of control cells, thus indicating that both endogenous and overex-

pressed A β PP are present in MAMs. However, only a slight A β signal was noticed in control cells. This may be related to low expression level of A β PP in control cells.

We then investigated A β PP subcellular localization in a second cellular model expressing the London APP mutation (APP_{LDN}: APPV642I). In fact, while the Swedish mutation increases the rate of β -cleavage and is proposed to alter the trafficking of A β PP [32], the "London" mutation increases the relative amount of the more toxic A β ₄₂ produced by γ -cleavage, but is not proposed to alter trafficking [33]; Furthermore, it was already reported that CHO cells expressing APP_{LDN} yield high levels of intracellular and secreted A β oligomers [23, 34], and several lines of evidence concord to demonstrate that at least part of the AD-related neurodegenerative process could be due to A β oligomers [34]. Thus, we carried out similar analyses on control and APP_{LDN} cells (Supplementary Figure 1A). We revealed the presence of full length A β PP, and its C-terminal fragments (C99 and C83), and of A β in the whole homogenate, and in Mc, ER, and MAMs fractions of CHO cells expressing APP_{LDN} (Supplementary Figure 1A). Of most interest, we also revealed supplementary bands (Supplementary Figure 1A, see (*) symbol) likely corresponding to dimeric and low molecular oligomeric forms of A β in the Mc and MAMs fractions of CHO cells expressing APP_{LDN} (Supplementary Figure 1A). In this model, we also observed the presence of full-length A β PP in MAMs fraction of control cells. These first set of data show that A β PP, CTFs, and A β are present in MAMs in two *in vitro* models of AD.

We then examined whether A β PP and A β could also be present in MAMs, *in vivo*. We measured expressions of A β PP and its catabolites C99, C83, and A β in subcellular fractions prepared from brains isolated from WT and transgenic mice expressing human A β PP harboring the double Swedish mutations (APP_{swe}: APP₂₃), human presenilin 1 (PS1) (component of the γ -secretase complex) mutation (PS₄₅: G384A), or both (APP₂₃xPS₄₅). Cytochrome p450 (Cytp450, an ER resident protein (Fig. 1A) was indeed enriched in the ER fraction (Fig. 1C). Chapronin 10 (Cpn10), a mitochondrial protein (Fig. 1A) was detected in the homogenate and Mc, and largely enriched in Mp fraction (Fig. 1C). Both APP₂₃ and APP₂₃xPS₄₅ showed A β PP, its C-terminal fragments (C99 and C83), and A β expression in MAMs fraction (Fig. 1C). Interestingly, we also noticed the presence of C83 but to a lesser extent than

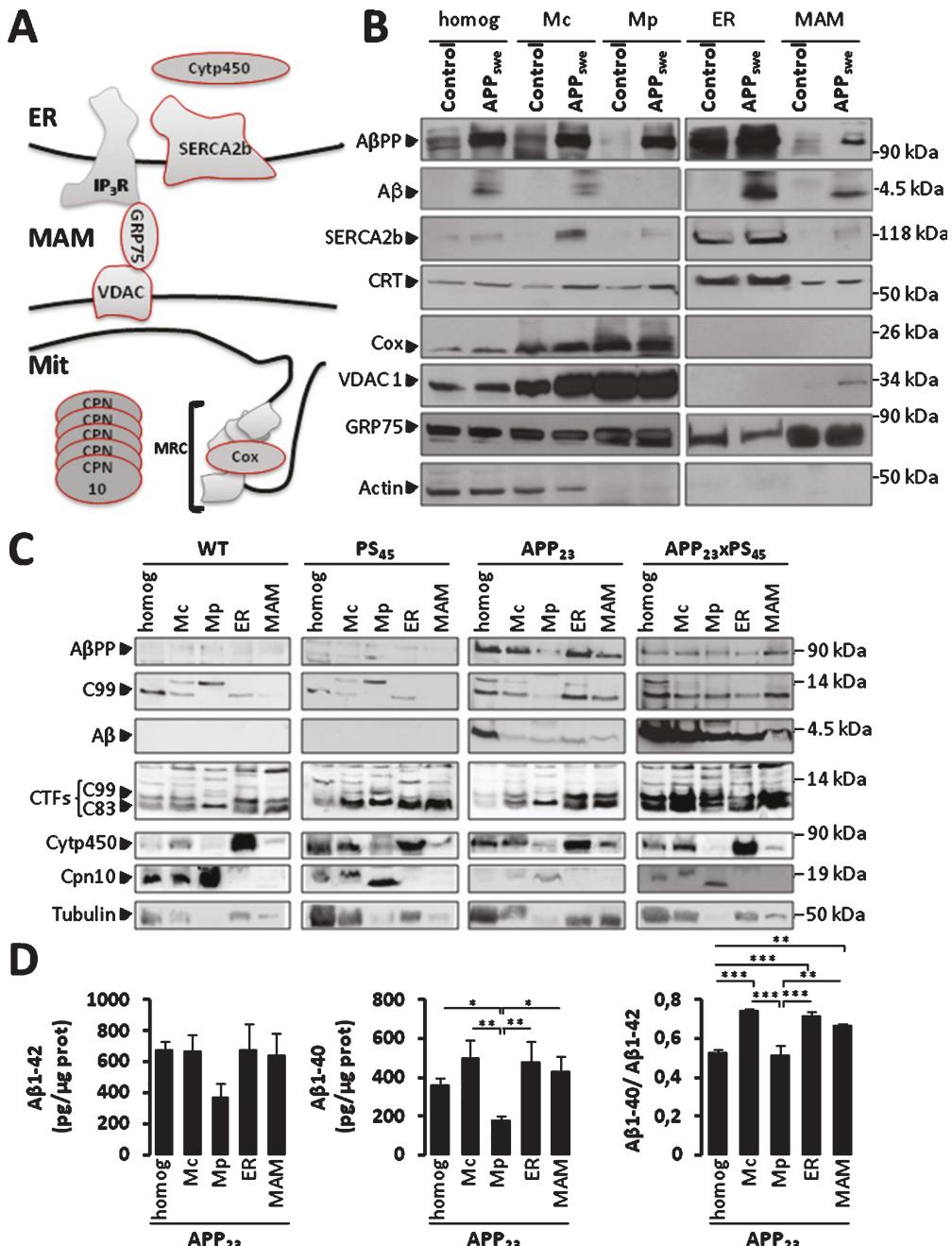


Fig. 1. A β PP and its catabolites are present in MAMs fraction. A) Scheme representing ER-mitochondria contact sites and the molecular markers of ER and mitochondria used. MRC, mitochondrial respiratory chain. B, C) Representative SDS-PAGE of subcellular fractions isolated from: (B) SH-SY5Y neuroblastoma cells expressing pcDNA3.1 empty vector (Control) or hAPP695 harboring double Swedish mutations (APPKM670/671NL: APP_{swe}), and (C) brains of WT mice, PS₄₅, APP₂₃, and APP₂₃xPS₄₅ transgenic mice. We load 40 μ g (B) or 20 μ g (C) of total homogenate (homog), Crude mitochondria (Mc), pure mitochondria (Mp), the endoplasmic reticulum (ER), and MAMs fractions. A β PP, C99, and A β were detected by 6E10 antibody. A β PP C-terminal fragments (C99 and C83) were detected by A β PP C-ter antibody. SERCA2b, calreticulin (CRT), and Cytochrome p450 (Cytp450) were used as loading controls for ER fraction. Cox, VDAC1, and Chapronin 10 (Cpn10) were used as loading controls for Mc and Mp fractions. GRP75 was used as loading controls for MAMs fraction. Actin and Tubulin were used as loading controls. Data are representative of 3 independent experiments for (B), and were obtained from 5 animals per group of mice and repeated twice for (C). D) ELISA of A β ₄₀ and A β ₄₂ done on subcellular fractions isolated from APP₂₃ transgenic mice. Graph represents Mean \pm S.E.M from three experiments and expressed in pg per μ g of proteins. * p value <0.05 , ** p value <0.01 , *** p value <0.001 calculated using ANOVA one way and Newman-Keuls Multicomparsion post-test.

C99 in WT and PS45 mice (Fig. 1C). The increased C99 fragment in APP₂₃ and APP_{23xPS45} is likely linked to the overexpression of the Swedish mutation known to increase the rate of β -cleavage [32]. Finally specific ELISA approaches allowed unraveling both A β ₁₋₄₀ and A β ₁₋₄₂ peptides in MAMs fraction of APP₂₃ (Fig. 1D). We also unraveled a slightly elevated A β ₄₀/A β ₄₂ ratio in Mc, ER, and MAMs as compared to homogenate and Mp fractions. Overall, this set of data indicates that A β PP and its catabolites are present in MAMs *in vivo* (Fig. 1C, D) in agreement with the *in vitro* data (Fig. 1B and Supplementary Figure 1).

Immunolocalization of A β PP and its catabolites in the ER, mitochondria, and MAMs

We then analyzed subcellular localization of A β PP and its catabolites by immunofluorescence in SH-SY5Y cells expressing APP_{swe}. We investigated the extent of A β PP, and its catabolites co-localization with the ER and mitochondria by using A β PP C-ter antibody (recognizing full length A β PP, C-terminal fragments (C83 and C99), and A β PP intracellular domain (AICD)), or 6E10 antibody (recognizing full length A β PP, C99, and A β peptides) concomitantly with specific antibodies recognizing proteins localized in the ER (the ryanodine receptor (RyR) and Cytp450), or in the mitochondria (Tom20 and Cox). Representative images show the co-localization (yellow signal) of A β PP and its catabolites with both the ER (Fig. 2A, C), and mitochondria (Fig. 2B, D) markers. Similar results were obtained in CHO cells expressing APP_{LDN} using A β PP C-ter antibody (Supplementary Figure 1B, C).

We then examined A β PP and its catabolites colocalization within ER-mitochondria contact sites. SH-SY5Y cells expressing APP_{swe} were immunolabeled concomitantly with A β PP C-ter, Tom20, and the ER-resident protein calreticulin (CRT) antibodies (Fig. 2E). Merge, high magnification images (Fig. 2E, merge and inset), and superimposable line scan traces (Fig. 2F) (corresponding to the red, green, and blue fluorescence signals along the red line in the inset) demonstrate co-localization of A β PP and CTFs with both ER and mitochondria. These data are in agreement with our data obtained by subcellular fractionation and further support the presence of A β PP and its metabolites in MAMs in cellular models overexpressing both the Swedish and the London mutations.

Full length A β PP as revealed by using specific antibody recognizing A β PP N-terminal epitope (APP N-ter) shows also slight co-localization with the ER (Supplementary Figure 3A) and mitochondria (Supplementary Figure 3B).

Using immunofluorescence and imaging, we also examined the subcellular distribution of wild type A β PP in both SH-SY5Y and CHO cells. We show the immunolocalization of WT A β PP and its metabolites in the ER (colocalization with SERCA2b) (Supplementary Figures 3A and 4A), mitochondria (colocalization with mitochondrial HSP60) (Supplementary Figures 3B and 4B), and MAMs (Supplementary Figures 3C, D and 4C, D) in both SH-SY5Y (Supplementary Figure 3) and CHO (Supplementary Figure 4) cells overexpressing wild type A β PP. The results reveal that like the Swedish and London mutated A β PP, wild type A β PP harbor partial colocalization with the ER, mitochondria, and MAMs. These data strengthen our conclusion regarding the subcellular localization and proteolytic processing of A β PP in MAMs.

*β - and γ -secretases are present and show *in vitro* activities in MAMs fraction*

We next revealed by subcellular fractionation of APP₂₃ transgenic mice brains the presence of β -secretase (BACE-1) and of components of the γ -secretase complex (PS1, Aph1, and nicastrin) in MAMs (Fig. 3A). *In vitro* γ -secretase activity assay allowed us to reveal the hydrolysis of recombinant C100 fragment at 37°C and not at 4°C (used as negative control) that yield A β production in the homogenate, Mc, Mp, ER, and MAMs fractions isolated from brains of APP₂₃ mice (Fig. 3B). We did not notice a difference in γ -secretase activity between WT and APP₂₃ mice (Supplementary Figure 5A). Similarly, γ -secretase activity was also observed in MAMs fraction isolated from CHO cells expressing APP_{LDN} (Supplementary Figure 5B). In agreement with BACE-1 expression in APP₂₃ MAMs (Fig. 3A), we detect β -secretase activity in MAMs fraction in both WT and APP₂₃ mice fractions (Fig. 3C), and in control CHO cells and expressing APP_{LDN} (Supplementary Figure 5C). Related to the presence of C83 (the α -secretase-derived CTF) *in vivo* (Fig. 1C), we also measured α -secretase activity in subcellular fractions isolated from APP₂₃ transgenic mice. We indeed could observe *in vitro* α -secretase activity in the homogenate, Mc, ER, and MAMs. However, the *in vitro* α -secretase activity was lower in MAMs

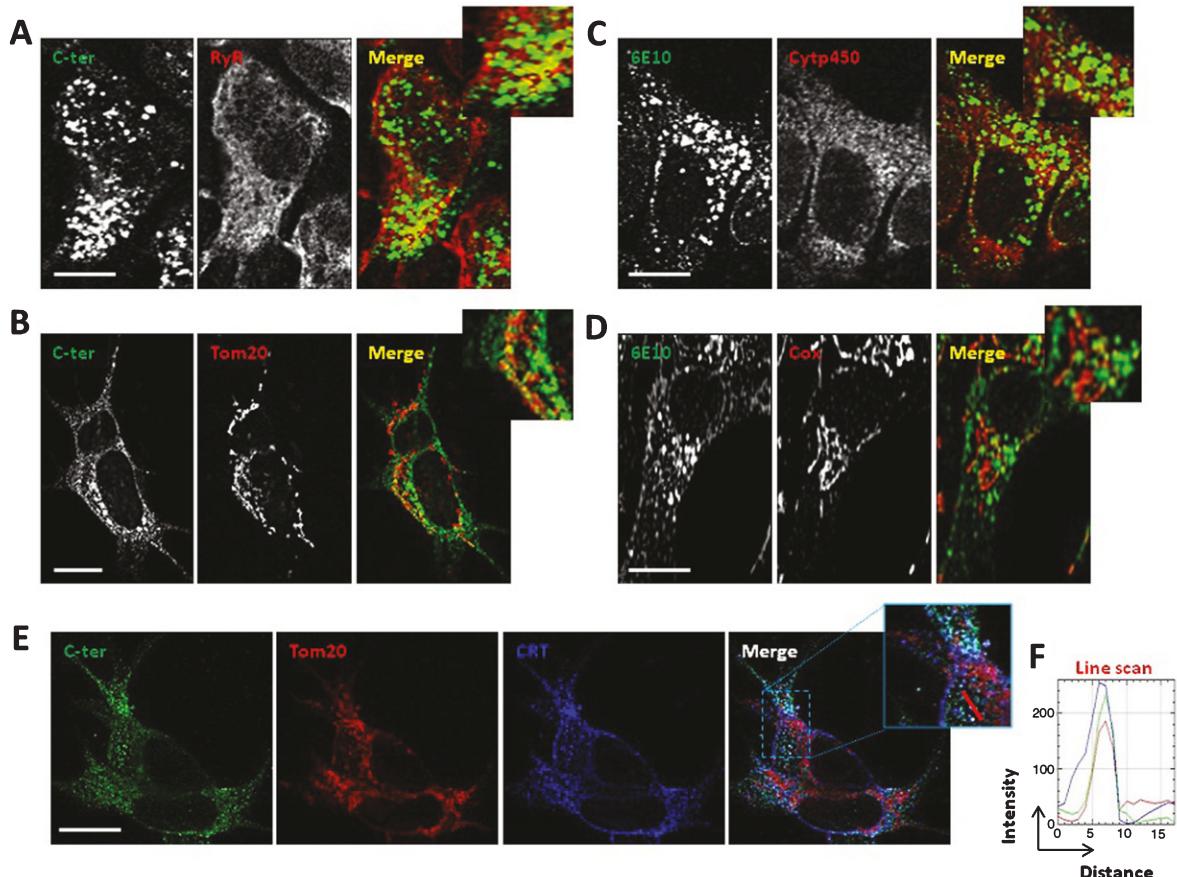


Fig. 2. A β PP and its catabolites colocalize with ER and mitochondria. A, B) Immunostaining of SH-SY5Y APP_{swe} cells with A β PP C-ter antibody recognizing total A β PP and CTF (C99 and C83). RyR was used to stain the ER (A). Tom20 was used to stain mitochondria (B). C, D) Immunostaining of SH-SY5Y APP_{swe} cells with 6E10 antibody recognizing total A β PP, C99, and A β peptides. Cytp450 was used to stain the ER (C). Cox was used to stain mitochondria (D). A-D) Merge images show green and red signals and were used to show the colocalization of A β PP and its catabolites with the ER or mitochondria (yellow signal). Scale bars represent 10 μ m. E) Immunostaining of SH-SY5Y APP_{swe} cells with A β PP C-ter, Tom20, and calreticulin (CRT) antibodies. Merge images show overlay of green, red and blue signals, where colocalization is depicted in white (see merge image and magnifie overlay). Scale bar represents 10 μ m. F) RGB (Red, Green, Blue) profil plots of a representative line scan (red line in inset) shows the maximum intensity of Red, Green, and Blue (CRT) signals observed at the same distance, and demonstrating the colocalization of Red (Tom20), Green (C-ter), and Blue (CRT) signals.

as compared to the other fractions (Supplementary Figure 5D). All over, and according to already published data [9, 13, 16, 20], we revealed the presence and activity of γ -secretase in MAMs fraction. We also provide for the first time evidences showing that BACE-1 is present in MAMs fraction and that BACE-1 and α -secretase may harbor enzymatic activities in this domain.

Increased ER and mitochondria contacts in SH-SY5Y neuroblastoma APP_{swe} cell model

Increased ER-mitochondria colocalization has been reported in human-derived fibroblast isolated from familial and sporadic AD patients and in mouse

embryonic fibroblast isolated from either PS1 or PS1 and PS2 knockout mice [21]. This was also observed in cells overexpressing familial AD PS2 mutant [35]. We examined herein ER-mitochondria contact sites in live cells overexpressing APP_{swe} (Fig. 4A). For live cells imaging, the ER was visualized by transfecting GFP construct targeted to the ER (ER GFP). Mitochondria were labeled by using Mitotracker Deep red dye as already described [31]. We noticed that APP_{swe} expressing cells exhibit a significant increased colocalization of the ER and mitochondria as compared to control cells (evidenced by an increase of mitochondria volume in contact with the ER versus total mitochondria volume) (Fig. 4A). Accordingly, we also revealed increased mitochondria in contact with

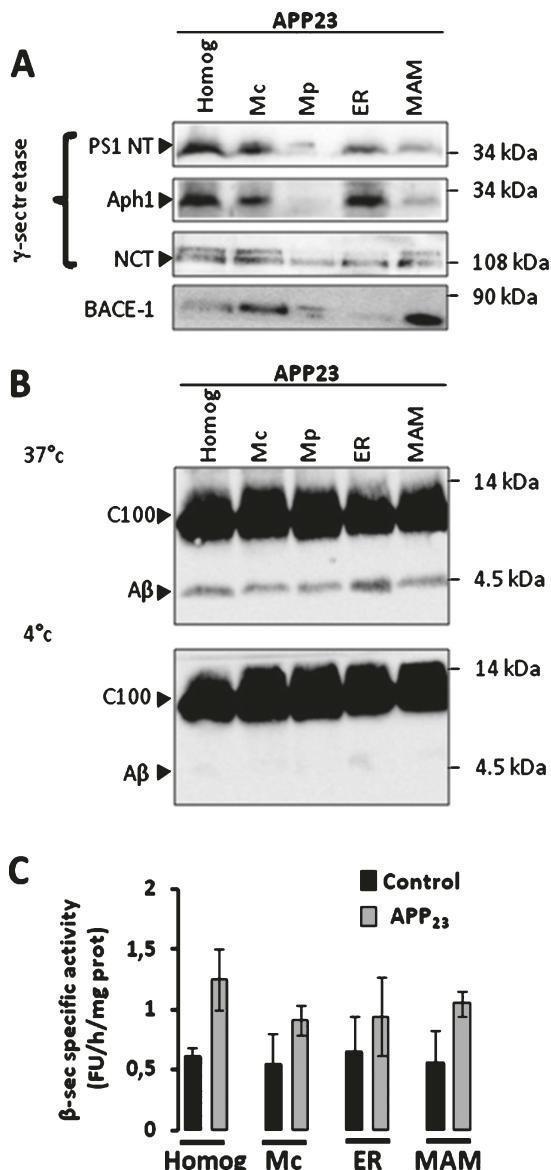


Fig. 3. β -secretase and γ -secretase complex are present and active in MAMs fraction in mice brains. A) Representative SDS-PAGE of subcellular fractions isolated from APP $_{23}$ transgenic mice as in Fig. 1 showing the expression of γ -secretase complex (cleaved Presenilin 1 N-terminal fragment (PS1-NT); Anterior Pharynx-Defective 1 (Aph1); and Nicastin (NCT)) and of β -secretase (BACE-1). B) Cell-free A β production from recombinant C100 peptide performed at 37°C or 4°C in the presence of subcellular fractions isolated from APP $_{23}$ transgenic mice. C100 and A β were detected using 6E10 antibody. C) *In vitro* β -secretase specific activity in WT and APP $_{23}$ mice brain fractions. The graph represents β -secretase specific activity obtained by subtracting residual activity in the presence of β -secretase inhibitor from total β -secretase activity and is expressed in fluorescent units (FU)/hour (h)/mg of proteins of each fraction. Data are presented as Mean \pm S.E.M. obtained from 3 independent experiments. Differences are statistically non-significant using ANOVA one-way and Newman-Keuls Multicomparsion post-test.

the ER by electron microscopy in cells overexpressing APPswe as compared to controls (Fig. 4B).

These data demonstrate that A β PP mutation/overexpression and most likely its proteolytic products lead to increased ER-mitochondria contact sites.

The increased ER-mitochondria contacts in SH-SY5Y neuroblastoma APP $_{swe}$ cell model may depend on mitochondrial or ER shape and volume. Supplementary experiments are necessary to fully study this issue.

Overexpression of A β PP familial mutations increases neutral lipids accumulation

MAM have the properties of an intracellular lipid raft [21]. This micro-domain is also the site of phospholipid synthesis and transport between the ER and mitochondria [36]. We explored the potential lipid dysfunction in relation with A β PP and its catabolites presence in the MAM and increased ER and mitochondria contacts. In particular, lipid droplets are found in close proximity with the ER and mitochondria [37, 38].

We used LipidTox GreenTM dye to stain and quantify neutral lipid accumulation (major components of lipid droplets). Whereas the LipidTox stain in control CHO cells reveal few positive droplets, the CHO cells expressing APP $_{LDN}$ contained numerous LipidTox positive droplets (~2-fold over control cells) (Fig. 5A, B). Similar results were also observed in SH-SY5Y neuroblastoma cells expressing APP $_{swe}$ as compared to its respective control cells (Supplementary Figure 6A, B). Importantly, the increase in lipid droplets in CHO cells expressing APP $_{LDN}$ was reversed by inhibition of β - or γ -secretases. As expected, both inhibitors block A β production (Supplementary Figure 6C). However, while the inhibitor of β -secretase strongly reduces C99 fragment production, inhibitor of γ -secretase enhances the accumulation of this fragment (Supplementary Figure 6C). Based on these results, we may postulate that lipid droplets accumulation in our study models is likely linked to the production of A β peptides instead of CTFs.

We further demonstrate the specificity of our data regarding the reduction of neutral lipid accumulation obtained with β - and γ -secretase inhibitors observed in CHO cells expressing the London A β PP mutant. First, we analyzed neutral lipid accumulation in naïve SH-SY5Y cells upon the application of exogenous oligomeric A β (Fig. 5C, 5D). We could indeed

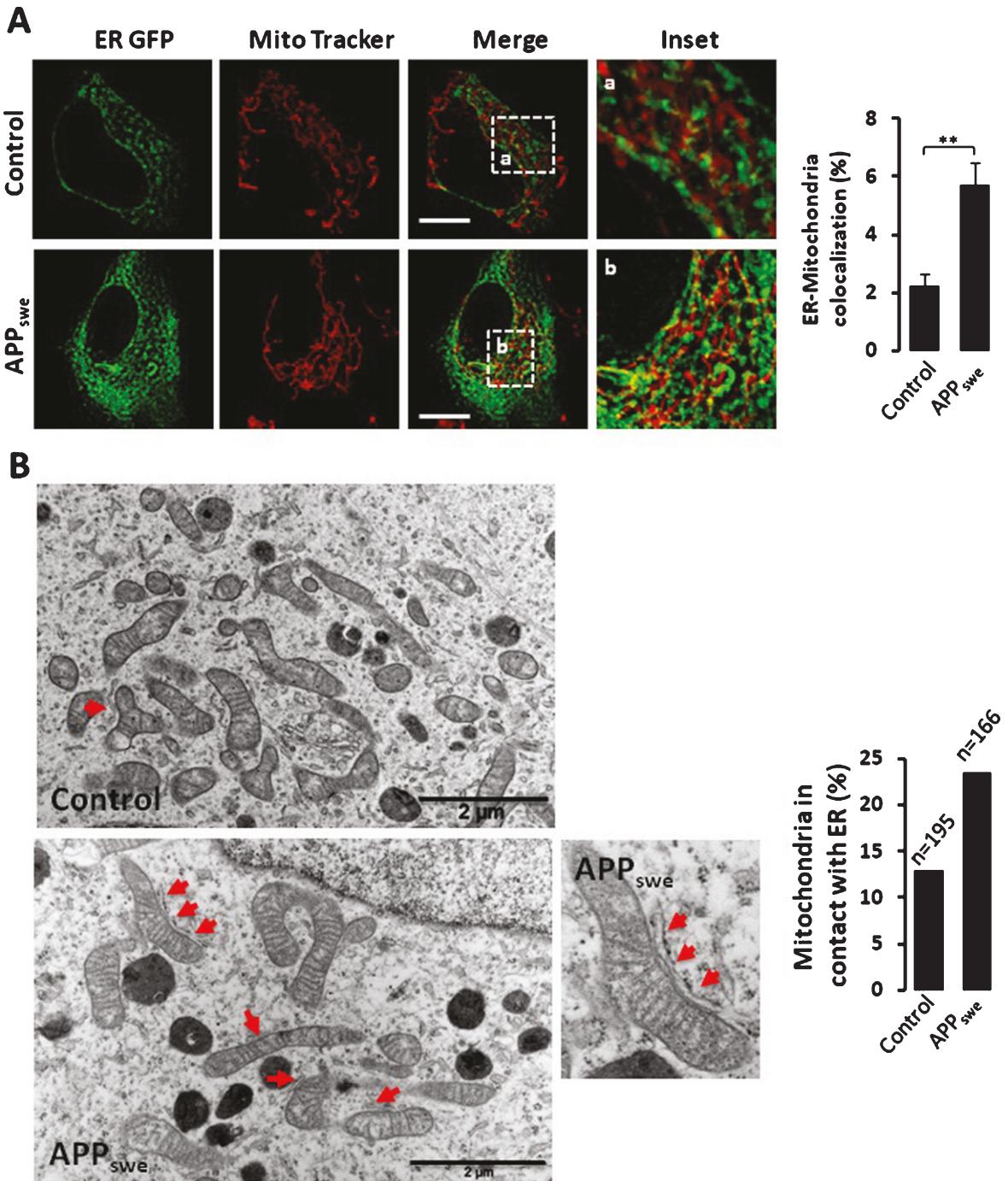


Fig. 4. Increased ER-mitochondria contact sites in SH-SY5Y cells expressing APP_{swe}. A) Quantitative analyses of the colocalization of ER and mitochondria in SH-SY5Y live cells expressing pcDNA3.1 [Control ($n=4$) or APP_{swe} ($n=7$)]. ER is visualized by transfecting ER GFP (green). Mitochondria are stained with MitoTracker Deep red dye (red). Merge images show overlay of green and red signals. Insets (magnified overlay) showing ER and mitochondria colocalization depicted in yellow. The graph represents the quantification of ER and mitochondria colocalization presented as percentage of total mitochondrial volume (% mean \pm S.E.M.). ** p value <0.01 using Student's t test. Scale bars represent 5 μ m. B) Representative electron microscopy micrographs of control and APP_{swe} expressing cells. Red arrows show mitochondria in contacts with ER. High magnification of ER-mitochondria contacts is shown for APP_{swe} cells. Data are presented as % of mitochondria in contacts with ER. Quantification was obtained from a total number of mitochondria in control ($n=195$) and in APP_{swe} expressing cells ($n=166$). Scale bars represent 2 μ m.

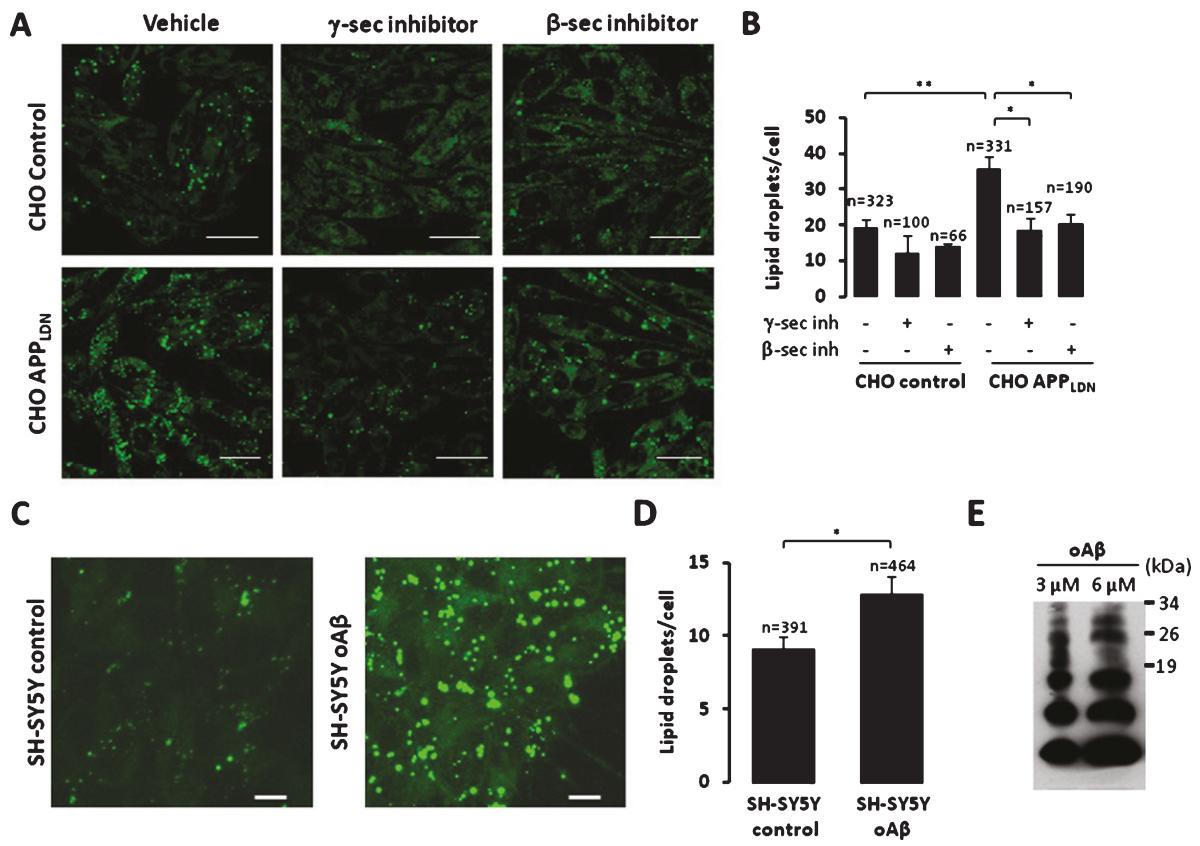


Fig. 5. Increased neutral lipid droplets accumulation in CHO cells expressing APP_{LDN}. A) Representative images showing neutral lipids staining in CHO control cells or expressing APP_{LDN}. Cells were treated with vehicle or with β - or γ -secretase inhibitors for 20 h. Scale bars represent 25 μ m. B) The graph shows the quantification of lipid droplets (mean \pm S.E.M. number of puncta/cell). The number of analyzed cells is indicated for each condition and was obtained from at least three independent experiments. * p value < 0.05, and ** p value < 0.01 using ANOVA one way and Tukey post-test. C) Representative images showing neutral lipids staining in SH-SY5Y cells non treated or treated with 5 μ M oligomeric A β (oA β) preparation for 20 h. Scale bars represent 10 μ m. D) The graph shows the quantification of lipid droplets (mean \pm S.E.M. number of puncta/cell). The number of analyzed cells is indicated for each condition and was obtained from two independent experiments. * p value < 0.05, using Student t -test. E) Representative SDS-PAGE of oligomeric A β (3 μ M and 6 μ M) preparation.

show that the treatment with exogenous oligomeric A β leads to increased neutral lipid accumulation (Fig. 5C, D). However, since our A β preparation contains both monomeric and oligomeric forms of A β (Fig. 5E), we cannot conclude whether neutral lipids accumulation is linked to either monomeric or oligomeric A β (Fig. 5E). Second, we analyzed neutral lipid accumulation in mouse embryonic fibroblast (MEF) isolated from wild type (expressing endogenous A β PP) (WT MEF), or invalidated for A β PP and its family member APLP2 (referred to as APP-TKO MEF) [39]. We established that knock out of A β PP did not affect neutral lipid accumulation (Supplementary Figure 6D). Importantly, we did not notice an effect of both β - and γ -secretase inhibitors neither in WT MEF, nor in APP-TKO MEF cells (Supplementary Figure 6D).

All over, these data demonstrates that neutral lipid accumulation is likely linked to A β PP overexpression and processing and to A β production.

Protein interactome of A β PP and its catabolites in MAMs

Since we showed that A β PP is present and is processed in MAMs likely contributing to increased ER-mitochondria contact sites, we hypothesized that A β PP and its catabolites may thus interact with proteins localized in this micro-domain. We used immunoprecipitation combined to proteomic approach to reveal A β PP and its catabolites protein interactome in MAMs. By using 6E10 antibody, we expected to immunoprecipitate MAMs proteins interacting directly or indirectly with A β PP holoprotein,

C99, and/or A β peptides. To exclude false positives due to adsorption of MAMs proteins with IgG beads, we incubated MAMs fractions isolated from CHO cells expressing pcDNA4 (Control) or APP_{LDN} with IgG beads alone (Supplementary Figure 7). We validated our experimental procedure by revealing A β PP peptides (accession number: P12023) in MAMs fraction isolated from APP_{LDN} CHO cells but not in CHO control cells, thus providing a positive control of our experimental protocol (Supplementary Figure 8).

We specifically immunoprecipitated 135 proteins from CHO APP_{LDN} MAM fraction (obtained in 6E10 immunoprecipitate conditions, but not in samples incubated with IgG beads alone) (Supplementary Figure 7). In the analyses, we excluded IgG and ribosomal proteins. Among immunoprecipitated proteins from CHO APP_{LDN} MAMs fraction, 39 were also identified in CHO control MAMs fraction. The common proteins identified in both samples may reflect MAMs proteins interacting with full length A β PP rather than those interacting with C99 and A β peptides. Indeed, the amount of A β PP catabolites was clearly lower in control as compared to APP_{LDN} MAMs fraction (Supplementary Figure 1).

We analyzed the subcellular localization and biological functions of the 96 unique proteins obtained in CHO APP_{LDN} MAMs fraction by using gene ontology (GO) annotation and UniProt (Universal Protein Resource) database. In this study, we exclude from the analysis proteins showing nuclear, extracellular or microtubule localization. We then determined that 38 proteins are resident in mitochondria (44%); 23 proteins have ER localization (27%), 12 proteins are mainly cytosolic (14%), 7 proteins are found in lysosomes, Golgi apparatus, and endosomes (8%), and 6 proteins are associated with the plasma membrane (7%) (Supplementary Figure 7). It is important to note that mitochondria and ER comprise 71% of the total immunoprecipitated proteins. However, proteins associated with other organelles should not be discounted as contaminants since the plasma membrane, Golgi apparatus, and lysosomes all have tight association with the ER or mitochondria and may execute fundamental cellular functions in these contact microdomains [40, 41].

We then analyzed the types of function of the proteins identified. Of most interest, the identified molecular functions (Supplementary Figure 7) are mostly attributable to MAMs functions [41, 42]. We focused on the four most significant biological processes: 1) mitochondrial function and transport ($n=23$) (Supplementary Figure 7 and

Table 1); 2) protein synthesis, maturation, folding, processing, and degradation ($n=18$) (Supplementary Figure 7 and Table 2); 3) vesicle formation and trafficking ($n=12$) (Supplementary Figure 7 and Table 3); and 4) fatty-acid metabolism ($n=10$) (Supplementary Figure 7 and Table 4). The remaining pathways correspond to proteins implicated in mitochondria and ER structure ($n=3$), apoptosis ($n=2$), cellular signaling ($n=7$), and other metabolic pathways ($n=4$) (Supplementary Figure 7 and Table 1).

Protein interactome related to mitochondrial function

The identified mitochondrial proteins ($n=23$) are implicated in mitochondrial respiratory chain complexes ($n=9$), mitochondrial transport ($n=6$), and mitochondrial metabolism ($n=8$) (Supplementary Figure 7 and Table 1). Interestingly, 6 out of 10 isolated mitochondrial respiratory chain proteins are components or chaperone proteins of the mitochondrial complex I. We also identify Cytochrome b-c1 complex subunit1 (component of the mitochondrial respiratory chain complex III), and two components of the mitochondrial ATP synthase complex (Supplementary Figure 7 and Table 1). The protein interactome of A β PP and its catabolites related to mitochondrial function include also proteins implicated in mitochondrial metabolism (e.g., Acyl-CoA, and coenzyme Q biosynthesis) (Table 1). In accordance with already reported data, our approach allowed us to identify proteins implicated in mitochondrial transport (e.g., TIM, and TOM complexes) [8, 43, 44] (Supplementary Figure 7 and Table 1). This result could be considered as a positive control validating our experimental procedure.

Protein interactome related to protein synthesis, maturation, folding, processing, and degradation

We identify different proteins implicated in ER protein maturation (e.g., glycosylation and signal peptidase complex), protein folding (e.g., inhibition of protein aggregation of misfolded proteins, protein quality control), and protein processing and degradation (e.g., peptidases, proteases) (Supplementary Figure 7 and Table 2). The protein interactome includes also chaperone proteins inhibiting the aggregation of misfolded proteins (e.g., the protein disulfide-isomeras A4, the protein

Table 1
Classification of protein interactome of the A β PP and its catabolites related to mitochondrial function

UniProt ID	Name ^(a)	Peptides (95%) ^(b)	Function
<i>Mitochondrial respiratory chain complexes</i>			
Q9CZ13	Cytochrome b-c1 complex subunit 1, mitochondrial GN = Uqcrc1	3	Component of complex III or cytochrome b-c1 complex
Q8BGH2 ^(*)	Sorting and assembly machinery component 50 homolog GN = Samm50	2	Maintenance of the structure of mitochondrial cristae and the proper assembly of the MRC complexes
Q91VD9	NADH-ubiquinone oxidoreductase 75 kDa subunit, mitochondrial GN = Ndufs1	1	Core subunit of the mitochondrial Complex I
Q91WD5	NADH dehydrogenase [ubiquinone] iron-sulfur protein 2, mitochondrial GN = Ndufs2	1	Core subunit of the mitochondrial Complex I
Q91YT0	NADH dehydrogenase [ubiquinone] fl voprotein 1, mitochondrial GN = Ndufv1	1	Core subunit of the mitochondrial Complex I
Q9CQN1	Heat shock protein 75 kDa, mitochondrial GN = Trap1	1	Chaperone protein involved in maintaining mitochondrial function and polarization, likely through stabilization of mitochondrial complex I
Q9CWX2	Complex I intermediate-associated protein 30, mitochondrial GN = Ndufaf1	1	Chaperone protein involved in the assembly of the mitochondrial complex I
P97450	ATP synthase-coupling factor 6, mitochondrial GN = Atp5j	1	Mitochondrial F ₁ F ₀ ATP synthase or Complex V
Q9CQQ7	ATP synthase subunit b, mitochondrial GN = Atp5f1	1	Mitochondrial F ₁ F ₀ ATP synthase or Complex V
<i>Mitochondrial transport</i>			
Q9Z0V7	Mitochondrial import inner membrane translocase subunit Tim17-B GN = Timm17b	1	Essential component of the TIM23 complex
Q8BGH2 ^(*)	Sorting and assembly machinery component 50 homolog GN = Samm50	2	Assembly of TOM40 into the TOM complex
Q9CPQ3	Mitochondrial import receptor subunit TOM22 homolog GN = Tomm22	1	Central receptor component of the translocase of the TOM complex
Q9QZD8	Mitochondrial dicarboxylate carrier GN = Slc25a10	1	Translocation of malonate, malate and succinate in exchange for phosphate, sulfate, sulfite or thiosulfate
Q9Z2Z6	Mitochondrial carnitine/acylcarnitine carrier protein OS = Mus musculus GN = Slc25a20	1	Transport of acylcarnitines of different length across the mitochondrial inner membrane
Q9CQX2	Cytochrome b5 type B GN = Cyb5b	1	Electron carrier for several membrane bound oxygenases
<i>Mitochondrial metabolism</i>			
Q9JHI5	Isovaleryl-CoA dehydrogenase, mitochondrial GN = Ivd	1	Synthesis of (S)-3-hydroxy-3-methylglutaryl-CoA from 3-isovaleryl-CoA
Q9WUM5	Succinyl-CoA ligase [ADP/GDP-forming] subunit alpha, mitochondrial GN = Suclg1	1	ATP- or GTP-dependent ligation of succinate and CoA to form succinyl-CoA
Q9R112	Sulfide:quinon oxidoreductase, mitochondrial GN = Sqrdl	1	Oxidation of hydrogen sulfid with the help of a quinone, such as ubiquinone
Q9D2G2	Dihydrolipoyllysine-residue succinyltransferase component of 2-oxoglutarate dehydrogenase complex, mitochondrial GN = Dlst	1	Conversion of 2-oxoglutarate to succinyl-CoA and CO ₂
Q60936	Chaperone activity of bc1 complex-like, mitochondrial GN = Adck3	1	Biosynthesis of coenzyme Q (ubiquinone)
Q64521	Glycerol-3-phosphate dehydrogenase, mitochondrial GN = Gpd2	1	Belongs to the FAD-dependent glycerol-3-phosphate dehydrogenase family
Q99KI0	Aconitate hydratase, mitochondrial GN = Aco2	1	Isomerization of citrate to isocitrate via cis-aconitate
Q9D051	Pyruvate dehydrogenase E1 component subunit beta, mitochondrial GN = Pdhb	1	Conversion of pyruvate to acetyl-CoA and CO ₂

UniProtID, protein accession number in Swiss-Prot/Trembl. ^(a)Protein name given by UniProt database. ^(b)Number of peptides matching the protein with a confidence limit of 95%. ^(*)A protein that have several functions. GN, gene name.

Table 2

Classification of protein interactome of the A β PP and its catabolites related to protein synthesis, maturation, folding, processing and degradation

UniProt ID	Name ^(a)	Peptides (95%) ^(b)	Function
<i>Protein synthesis</i>			
Q8K0D5	Elongation factor G, mitochondrial GN = Gfm1	2	Mitochondrial GTPase that catalyzes the GTP-dependent ribosomal translocation step during translation elongation.
<i>Protein maturation or modification</i>			
Q9DBG6	Dolichyl-diphosphooligosaccharide–protein glycosyltransferase subunit 2 GN = Rpn2	1	Involved in the pathway of protein glycosylation
P46978	Dolichyl-diphosphooligosaccharide–protein glycosyltransferase subunit STT3A GN = Stt3a	1	Involved in the pathway of protein glycosylation
Q9R0P6	Signal peptidase complex catalytic subunit SEC11A GN = Sec11a	1	Component of the microsomal signal peptidase complex.
Q9CXY9	GPI-anchor transamidase GN = Pigk	1	Involved in the pathway glycosylphosphatidylinositol-anchor biosynthesis
<i>Protein folding</i>			
P08003	Protein disulfide-isomeras A4 GN = Pdia4	2	Chaperone that inhibits aggregation of misfolded proteins.
Q922R8	Protein disulfide-isomeras A6 GN = Pdia6	2	Chaperone that inhibits aggregation of misfolded proteins.
Q9D1M7	Peptidyl-prolyl cis-trans isomerase FKBP11 GN = Fkbp11	2	PPIases accelerate the folding of proteins during protein synthesis.
Q9Z2G6	Protein sel-1 homolog 1 GN = Sel1l	2	May play a role in Notch signaling. May be involved in the ER quality control
P24369	Peptidyl-prolyl cis-trans isomerase B GN = Ppib	1	PPIases accelerate the folding of proteins
Q99KV1	DnaJ homolog subfamily B member 11 GN = Dnajb11	1	Co-chaperone for HSPA5. Binds directly to both unfolded proteins that are substrates for ERAD
<i>Protein processing and degradation</i>			
Q8K411	Presequence protease, mitochondrial GN = Pitrm1	1	ATP-independent protease that degrades mitochondrial transit peptides after their cleavage
Q6I6G8	E3 ubiquitin-protein ligase HECW2 GN = Hecw2	1	Involved in the pathway of protein ubiquitination,
O70481	E3 ubiquitin-protein ligase UBR1 GN = Ubr1	1	E3 ubiquitin-protein ligase which is a component of the N-end rule pathway
O88696	Putative ATP-dependent Clp protease proteolytic subunit, mitochondrial GN = Clpp	1	Protease component of the Clp complex that cleaves peptides and various proteins in an ATP-dependent process
Q9QXV0	ProSAAS GN = Pcsk1n	1	Serine-type endopeptidase inhibitor activity
Q9CYN2	Signal peptidase complex subunit 2 GN = Spcs2	1	Component of the microsomal signal peptidase complex

UniProtID, protein accession number in Swiss-Prot/Trembl. ^(a)Protein name given by UniProt database. ^(b)Number of unique peptides matching the protein with a confidence limit of 95%. GN, gene name.

disulfide-isomeras A6, and the peptidyl-prolyl cis-isomerase FKBP11), or implicated in the ER quality control (e.g., the protein sel-1 homolog 1, and the DnaJ homolog subfamily B member 11). Interestingly, we also identify proteins implicated in mitochondrial protein translation, and the mitochondrial presequence protease involved in the degradation of mitochondrial transit peptides (Supplementary Figure 7 and Table 2).

Protein interactome related to vesicle formation and trafficking

In addition to the mitochondria, the ER is associated with different subcellular domains that execute diverse function such as vesicular traffic [40]. As a matter of fact, we identify a class of A β PP protein interactome ($n=12$) including proteins implicated in vesicle formation and trafficking (Supplementary

Table 3
Classification of protein interactome of the A β PP and its catabolites related to vesicle formation and trafficking

UniProt ID	Name ^(a)	Peptides (95%) ^(b)	Function
Q3V009	Transmembrane emp24 domain-containing protein 1 GN = Tmed1	1	Potential role in vesicular protein trafficking mainly in the early secretory pathway
Q9R0Q3	Transmembrane emp24 domain-containing protein 2 GN = Tmed2	2	Involved in vesicular protein trafficking (early secretory pathway and post-Golgi membranes)
Q9D1D4	Transmembrane emp24 domain-containing protein 10 GN = Tmed10	1	Involved in vesicular protein trafficking
O08917	Flotillin-1 GN = Flot1	1	May act as a scaffolding protein within caveolar membranes, functionally participating in formation of caveolae or caveolae-like vesicles
O55100	Synaptogyrin-1 GN = Syngr1	1	Involved in the regulation of short-term and long-term synaptic plasticity
P35293	Ras-related protein Rab-18 GN = Rab18	1	Plays a role in apical endocytosis/recycling
P61027	Ras-related protein Rab-10 GN = Rab10	2	Regulator of intracellular membrane trafficking may play a role in ER dynamics and morphology
Q9D1G1	Ras-related protein Rab-1B GN = Rab1b	1	Regulates vesicular transport between the ER and Golgi compartments. Plays a role in the initial events of the autophagic vacuole development
Q61548	Clathrin coat assembly protein AP180 GN = Snap91	1	Components of the adaptor complexes which link clathrin to receptors in coated vesicles
Q9CQW2	ADP-ribosylation factor-like protein 8B GN = Arl8b	1	May play a role in lysosomes motility
Q9EQH3	Vacuolar protein sorting-associated protein 35 GN = Vps35	1	Component of the retromer cargo-selective complex (CSC).
Q9JIG8	PRAF1 family protein 2 GN = Praf2	1	May be involved in ER/Golgi transport and vesicular traffi

UniProtID, protein accession number in Swiss-Prot/Trembl. ^(a)Protein name given by UniProt database. ^(b)Number of unique peptides matching the protein with a confidence limit of 95%. GN, gene name.

Figure 7 and Table 3). These include Ras-related family proteins (Rab-10, Rab18, and Rab1b) implicated in ER-Golgi transport and vesicular traffic and Praf2 (PRAF1 family protein 2) known to interacts with numerous Rab GTPases thus assisting in the packaging of Rab proteins into vesicles for the transport to target compartments [45, 46]. We also revealed other proteins implicated in vesicular transport namely the transmembrane emp24 domain containing proteins (Tmed2, Tmed10, and Tmed1) and Arl8b (an Arf-like GTPase being a critical regulator of cargo delivery to lysosomes). We also revealed in the protein interactome Flotillin 1, known to be a scaffolding protein within caveolar membranes and to interact with lipid rafts [47, 48].

Protein interactome related to fatty-acid metabolism

We classified a fourth cellular pathway including proteins ($n=10$) implicated in fatty-acid metabolism (Supplementary Figure 7 and Table 4). This includes proteins implicated in fatty-acid elongation or

modification (Hsd17b12, Acot1, Far1), fatty-acid beta-oxidation (Acaa2, Hadhb, and Acad9), sterol and cholesterol biosynthesis (Nsdhl, Cyp51a1, Lss), and sphingolipid metabolism (Sptlc1). Based on GO annotation, these proteins are mostly localized in the ER (Hsd17b12, Nsdhl, Sptlc1, Cyp51a1, and Lss), or in the mitochondria (Acot1, Acaa2, Far1, and Hadhb, and Acad9). Nsdhl may be also localized in lipid droplets (Table 4).

All over, these analyses identify potential new A β PP and its catabolites interactors in MAMs. However, a dedicated study is necessary to confirm specific direct or indirect interactions of A β PP or its catabolites with these proteins and their role in MAMs alteration in AD.

DISCUSSION

We used both biochemical and imaging approaches to demonstrate the presence of A β PP and its catabolites in MAMs in *in vitro* and in *in vivo* AD-like models. It is well established that A β PP is synthe-

Table 4
Classification of protein intercatome of the A β PP and its catabolites related to fatty-acid metabolism

UniProt ID	Name ^(a)	Peptides (95%) ^(b)	Function
O70503	Estradiol 17-beta-dehydrogenase 12 GN = Hsd17b12	2	Catalyzes the second of the four reactions of the long-chain fatty acids elongation cycle
Q9R1J0	Sterol-4-alpha-carboxylate 3-dehydrogenase, decarboxylating GN = Nsdhl	1	Involved in the sequential removal of two C-4 methyl groups in post-squalene cholesterol biosynthesis
O35704	Serine palmitoyltransferase 1 GN = Sptlc1	1	Involved in the pathway sphingolipid metabolism
O55137	Acyl-coenzyme A thioesterase 1 GN = Acot1	1	Catalyze the hydrolysis of acyl-CoAs to the free fatty acid and coenzyme A (CoASH)
Q8BWT1	3-ketoacyl-CoA thiolase, mitochondrial GN = Acaa2	1	Involved in the pathway fatty acid beta oxidation
Q8K0C4	Lanosterol 14-alpha demethylase GN = Cyp51a1	1	Catalyzes C14-demethylation of lanosterol
Q8JZN5	Acyl-CoA dehydrogenase family member 9, mitochondrial GN = Acad9	2	Mitochondrial complex I assembly (By similarity)
Q922J9	Fatty acyl-CoA reductase 1 GN = Far1	1	Catalyzes the reduction of saturated fatty acyl-CoA with chain length C16 or C18 to fatty alcohols
Q99JY0	Trifunctional enzyme subunit beta, mitochondrial GN = Hadhb	1	Involved in the pathway fatty acid beta-oxidation
Q8BLN5	Lanosterol synthase GN = Lss	1	Catalyzes the cyclization of (S)-2,3 oxidosqualene to lanosterol

UniProtID, protein accession number in Swiss-Prot/Trembl. ^(a)Protein name given by UniProt database. ^(b)Number of unique peptides matching the protein with a confidence limit of 95%. GN, gene name.

sized in the ER [49]. Recent studies reported that A β PP is also associated with mitochondria in AD affected neurons [50, 51]. This was further supported by the presence of A β PP catabolites (i.e., A β , C99, and AICD) in the mitochondria [9, 52–55]. We report in this study A β PP localization, and processing in MAMs. These results were obtained in two distinct cellular systems (SH-SY5Y and CHO cells) expressing wild type A β PP or harboring two different familial mutations (APP_{swe} and APP_{LDN}) thus demonstrating that the observed presence and processing of WT or mutated A β PP in MAMs is not linked to a specific cell type and not to a specific familial A β PP mutation. This may also reveal that the subcellular localization and proteolytic processing of A β PP in MAMs was not linked to AD familial cases but may also be observed in sporadic cases of AD. These data also suggest that even if trafficking of A β PP may vary according to the mutation, transit through MAMs compartment where A β PP undergo cleavage is a common denominator independent of the nature of the A β PP species.

We also revealed the presence and activity of α -, β -, and γ -secretases in the MAMs. γ -secretase was shown to exert its activity in the plasma membrane but also in other intracellular compartments such as the trans-Golgi network, lysosomes, pure mitochondria fraction, and MAMs [16, 20, 56].

However, it is important to emphasize that even if γ -secretase complex has been found in mitochondria [16], the putative generation of intra-mitochondrial A β and C99 remains puzzling, given the C-terminus-out orientation of A β PP in the outer mitochondrial membrane [9]. A hypothetical model has been proposed stating that A β may be produced at the interface between the ER and mitochondria and then transferred to the mitochondria via the TOM import machinery [9, 44]. Another gap to envision the production of A β in mitochondria was the demonstration of the presence of active β -secretase (BACE-1) in mitochondria or in MAMs. Importantly, we report herein and for the first time the presence of BACE-1 in crude mitochondria and MAMs fractions. Current knowledge on A β PP and BACE-1 trafficking indicates that plasma membrane and endosomes are likely the major sites of BACE-1-mediated cleavage of A β PP [57, 58]. Mature BACE-1 localizes largely within plasma membrane cholesterol-rich lipid rafts [57, 58], and replacing the BACE-1 transmembrane domain with a glycosylphosphatidylinositol anchor extensively targets BACE-1 to lipid rafts and substantially increases A β production [59]. In addition, various types of lipids stimulate BACE-1 activity [60]. Interestingly, a recent study revealed that MAMs behave as a detergent-resistant lipid raft-like domain, consistent with the presence and activity of

β - and γ -secretase in rafts [21, 61–63]. In accordance with the presence of α -CTF fragment in MAMs, we also could measure an *in vitro* α -secretase activity in this compartment in mice brains (Supplementary Figure 5D). Other experiments are still needed to further characterize expression and subcellular distribution and trafficking of α -secretase *in vitro* and *in vivo*. We must take into account that both β - and γ -secretases harbor optimal activities in acidic compartments and that the pH of the ER is almost neutral (pH 7.2), and that of mitochondria matrix is markedly alkaline (pH 8) [64]. Thus, it remains not clear how these enzymes may function in the ER, mitochondria, and MAMs compartments in intact cells. One may postulate that A β PP, or at least its C-terminal fragments (C99/C83), and BACE-1 are transported to the ER-mitochondria contact sites through a mechanism implicating retrograde vesicular trafficking. Indeed, we identified different proteins related to vesicle formation and trafficking in the protein interactome data of MAMs fraction isolated from CHO cells expressing APP_{LDN} (Table 3). Dedicated experiments are necessary to confirm this hypothesis and to further explore the molecular mechanisms underlying BACE-1 localization and *in situ* function in MAMs.

We report an increased ER-mitochondria contact sites in SH-SY5Y cells overexpressing APP_{swe}. Accordingly, an increased ER-mitochondria connectivity was detected in human fibroblast isolated from individuals with familial AD mutations as well as sporadic AD cases, and in MEFs isolated from mice simple or double knockout for PS1 or PS2 [21]. Similar results were obtained in neuroblastoma cells expressing familial AD-linked PS2 mutations [35]. Interestingly, increased ER-mitochondria connectivity was also reported in a transgenic AD mouse model expressing mutant tau protein [65], and most recently, in cells exposed to apolipoprotein E (ApoE4), a major risk factor for developing sporadic AD [66]. These results and our data may lead to consider MAMs structural alteration as a common denominator underlying the pathogenesis of AD associated to both sporadic and APP/PS-linked familial AD mutations. In agreement with these data, the proteomic approach revealed potential A β PP interactors implicated in the regulation of mitochondrial and ER structure (Dnajc11 and atlastin 3 respectively) (Supplementary Table 1) [67–69]. Accordingly, post-mortem analysis of human AD brain and those of AD mouse models showed altered expression levels of PACS2 and Sigma1R, thus further establishing deregulated MAMs as a hallmark of AD [70]. Moreover,

it is interesting to note that A β PP processing relies on intact ER-mitochondria crosstalk [21]. Thus, cells deficient of MFN2 show diminished MAM function in terms of lipid metabolism and reduced γ -secretase activity by approximately 50% [21]. In turn, exposing hippocampal neurons or neuroblastoma cells to A β enhances ER-mitochondria contacts [70, 71]. These observations are in favor of a vicious cycle where A β PP is processed in MAMs, and its derivative catabolites enhance ER-mitochondria communication and function.

We analyzed a second aspect of MAMs function in AD by combining immunoprecipitation and proteomic mass spectrometric analysis to identify molecules that associate with A β PP and its proteolytic products in MAMs. This approach allows the unbiased and extensive exploration of all possible direct or indirect protein interactors. Nevertheless, we may consider some limitations of the approach used here namely the difficult to identify interactors of lower expression. This approach failed also to reveal components of γ -secretase and/or β -secretase in MAM proteome analyses. This may be explained by the limitation of immunoprecipitation approach and/or to instable interaction of A β PP and its cleaving enzymes. Although, the strength of our data is supported by the identification of A β PP interactors described in previous studies using distinct experimental approaches (i.e., TIM/TOM complex) [8, 43, 44]. Furthermore, we also revealed new protein partners belonging to cellular pathways known to participate to AD pathogenesis. Interestingly, six out of nine of A β PP and its catabolites interactome related to mitochondrial respiratory chain complexes are components or chaperone of complex I. Previous studies have revealed that A β may cause both a selective defect in complex I activity associated with an increase of intracellular reactive oxygen species [72, 73]. We also unraveled an interaction of A β PP and/or its catabolites with the mitochondrial ATP synthase (complex V). Interestingly this enzyme shows reduced activity in AD affected brains [74].

We revealed the interaction of A β PP and its catabolites with several proteins implicated in protein synthesis, maturation, folding, processing, and degradation. Several studies have suggested that altered maturation, processing, and degradation of A β PP holoprotein may drive the availability of A β PP for A β generation [75–78]. It was also suggested that different PPIases regulate A β production, or the toxicity associated with A β [79]. Concerning mitochondria,

we showed that A β PP and its catabolites may directly or indirectly interact with mitochondrial presequence protease (PreP, GN: pitrm), a pitrilysin metallopeptidase 1 implicated in the degradation of mitochondrial transit peptides after their cleavage. PreP has been shown to degrade various A β peptides thus clearing mitochondrial (A β) [80, 81]. Accordingly, increased neuronal PreP activity attenuates neuroinflammation and improves mitochondrial and synaptic function in AD mice model [82, 83].

Finally, we delineate in this study the potential interaction of A β PP and its catabolites with different proteins related to fatty-acid metabolism. Accordingly, we show increased neutral lipids accumulation in both neuroblastoma and CHO cells expressing APP_{swe} or APP_{LDN}. Neutral lipids accumulation was reported in different AD study models including PS-mutant MEFs, PS double knockout MEFs, fibroblast from familial AD patients [21], and more recently fibroblast exposed to ApoE4 conditioned media [66]. We also revealed that neutral lipids accumulation in our study models is likely linked to A β peptides rather to C99 fragment. A more dedicated study is necessary to investigate the molecular mechanisms underlying lipid droplets accumulation in AD. In particular, lipid droplets are found in close proximity with the ER and mitochondria [37, 38], and the functions of these interactions are still largely unknown. It is, however, noticeable that proteolytic cleavage of A β PP is tightly regulated by several lipids such as cholesterol and sphingolipids. In turn, A β as well as other A β PP processing products play an essential role in regulating lipid homeostasis [84]. Moreover, *in vitro* studies have shown that fatty acids may affect A β secretion [85].

In summary, our data extends the previous studies suggesting MAMs as an important contributor to AD pathogenesis. Maintenance and tight regulation of MAM structure and function could be envisioned as potential therapeutic strategies for AD.

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SUPPLEMENTARY MATERIAL

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