

# Humanin and Colivelin: Neuronal-Death-Suppressing Peptides for Alzheimer's Disease and Amyotrophic Lateral Sclerosis

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**Keywords:** Alzheimer's disease — Amyotrophic lateral sclerosis —  $\beta$ -Amyloid — Colivelin — Humanin.

## ABSTRACT

Humanin (HN), a 24-amino-acid neuroprotective peptide, was originally found in the occipital lobe of an autopsied Alzheimer's disease (AD) patient. HN inhibits neuronal death by binding to its specific receptor on the cell membrane and triggering a Jak2/STAT3 prosurvival pathway. The activation of this pathway may represent a therapeutic approach to AD. HN also exhibits neuroprotective activity against toxicity by familial amyotrophic lateral sclerosis (ALS)-related mutant superoxide dismutase (SOD1). Recent investigations established that AGA-(C8R)-HNG17, a 17-amino-acid derivative of HN, is  $10^5$  times more potent as a neuroprotective than HN; at 10-picomolar and higher concentrations *in vitro* it completely suppresses neuronal death. Moreover, a 26-amino-acid peptide colivelin (CL), composed of activity-dependent neurotrophic factor (ADNF) C-terminally fused to AGA-(C8R)-HNG17, provides complete neuroprotection at 100-femtomolar or higher concentrations *in vitro*. A series of experiments using mouse AD and ALS models further established the efficacy of HN derivatives, including CL, against these diseases *in vivo*. HN and CL can be viewed as drug candidates for neuronal death suppression therapy in AD or ALS.

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## INTRODUCTION

### Neuronal Death as a Relevant Target for the Therapy of AD or ALS

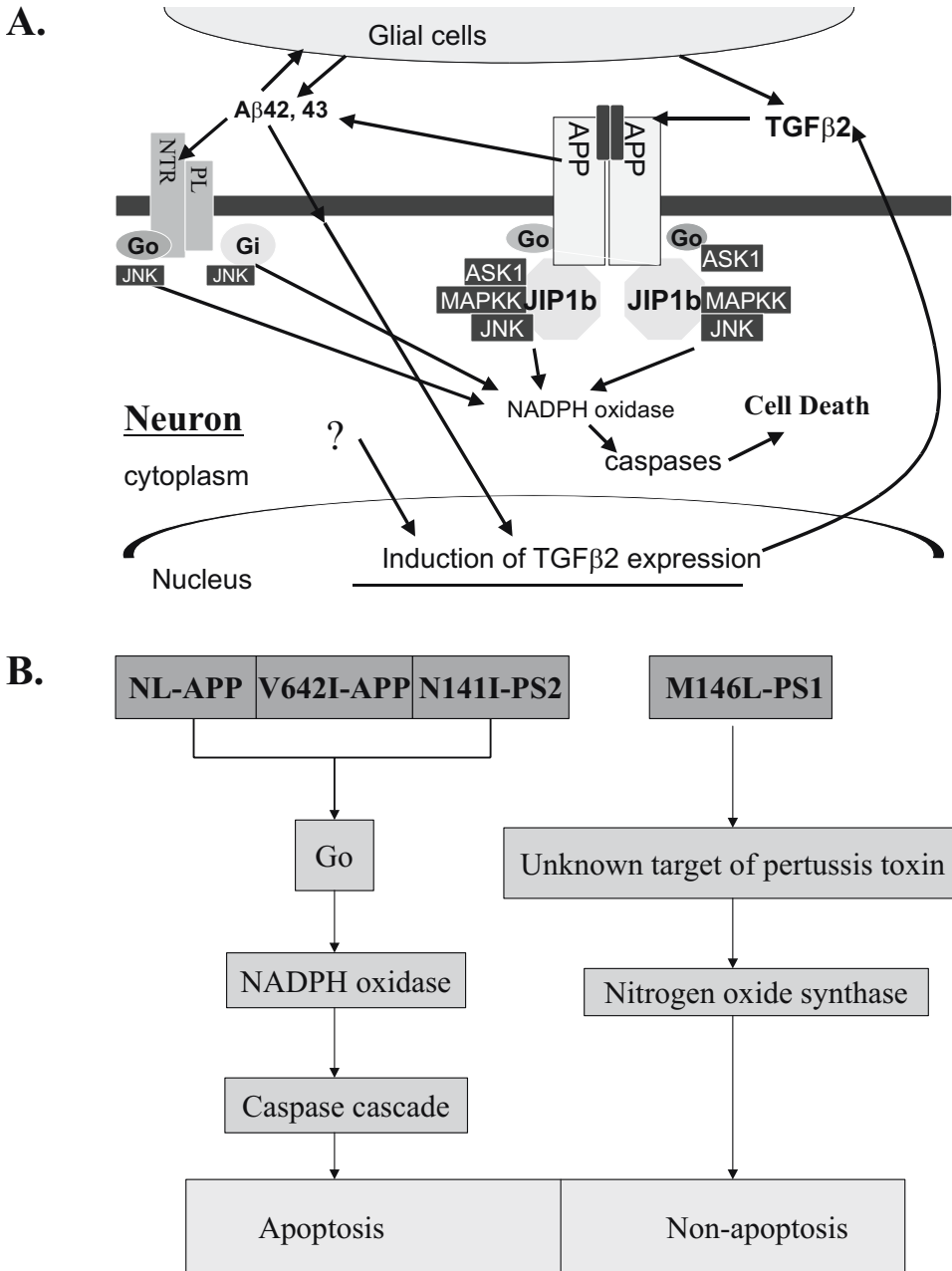
Neuronal death is directly linked to the onset of irreversible manifestations of AD and ALS. In AD brains, irreversible progression of dementia and cognitive disorders are caused by neuronal death in the memory system of the association cortex (27). In ALS, motoneuronal death results in motor paralysis (2,7). Therefore, it is apparent that ideal therapy for these diseases would eliminate the primary neurotoxic insults that lead to the onset of neuronal death. However, the uncertainty regarding the neurotoxic mechanism underlying AD and ALS prevented the development of effective anti-AD and anti-ALS therapy. For example, although A $\beta$  is now generally believed to be the primary factor causing neurotoxic insult in AD, the mechanism underlying AD pathogenesis is still controversial.

The importance of suppressing neuronal death in the treatment of these diseases justifies the use of alternative therapies that directly inhibit neuronal death, irrespective of the primary neurotoxic insults. It is anticipated that once neuronal death is inhibited, catastrophic deterioration in quality of life would be suppressed, even in the presence of functional disability caused by neurotoxic insults. Furthermore, it is highly likely that disorders originated from neuronal dysfunction could be managed by supportive therapy. For example, insufficiency in synaptic function of the cholinergic neuronal system is supposed to contribute to the development of clinical manifestation of AD. This could be at least partly recovered by conservative therapy that potentiates cholinergic neurotransmission, such as administration of cholinesterase inhibitors (29).

### Neuronal-Death Mechanisms

It has been generally accepted that increased generation of A $\beta$  is the primary event leading to all manifestations of AD including neuronal death (the A $\beta$  cascade theory) (15). A number of studies have indicated that toxic A $\beta$  at concentrations of 1–25  $\mu$ M or higher causes neuronal cell death *in vitro* (9,10,17,18,22,30,38,41,52). This experimental finding has been considered to fundamentally support the A $\beta$  cascade theory. However, since the concentrations of toxic A $\beta$  capable of inducing neuronal death *in vitro* are about 100–1000 times higher than those actually observed in cerebrospinal fluids of AD brains, the relevance of this neuronal death model is still somewhat controversial.

There are several hypotheses as to how toxic A $\beta$  causes neuronal cell death *in vitro* (27). One promising idea is that cell death is mediated by receptors for A $\beta$  on the cell membrane. Several potential death-mediating receptors for toxic A $\beta$  have been reported (27). In addition, p75NTR and/or PLAIDD, putative cell membrane receptors for A $\beta$ , are able to cause neuronal cell death when ectopically overexpressed (18,44). We have recently demonstrated that TGF $_{\beta 2}$  is a natural ligand for amyloid-precursor protein (APP) that activates a neuronal cell death signal cascade (20). Based on of this finding and of the reported observation that TGF $_{\beta 2}$  expression is upregulated by toxic A $\beta$  (21), we have put forward a new paradigm for neuronal cell death relevant to AD. Our proposal is that TGF $_{\beta 2}$ , whose expression is upregulated in both glial and neuronal cells by toxic A $\beta$ , paracrinally and autocrinally triggers APP-mediated cell death by binding to the extracellular domain of APP in neurons (Fig. 1A).



**Fig. 1. A.** TGF $\beta_2$  theory. Upregulated production of toxic  $A\beta$  induces glial and neuronal expression of TGF $\beta_2$ . Upregulated TGF $\beta_2$  autocrinally and paracrinally triggers a neuronal death pathway, mediated by APP/Go/JNK/NADPH oxidase/caspases, by binding to APP and inducing homodimerization of APP. Toxic  $A\beta$  may also induce neuronal death by binding to their specific death receptors, including p75NTR/PLAIDD.

**B.** Neuronal death pathways, triggered by ectopic expression of familial Alzheimer's disease genes (NL-APP, V642I-APP, N141I-PS2, and M146L-PS1).

NTR, P75NTR; PL, PLAIDD; ASK1, Apoptosis signal-regulating kinase 1; JIP1, JNK-interacting protein 1; Go, heterotrimeric G protein Go; Gi, heterotrimeric G protein Gi; APP, Amyloid-precursor protein; PS, Presenilin.

We and several other groups have also succeeded in developing another *in vitro* neuronal death model by expressing familial AD-related genes in cultured neuronal cells and primary cortical neurons (8,11,16,32,34,37,46,47,49,50,54). Increase in generation of toxic A $\beta$  is not essential for the onset of this-type of neuronal death (41), supporting our notion that there may be an A $\beta$ -independent pathway for the onset of AD-related neuronal death. A series of experiments has led us to the conclusion that there may be many intracellular signaling pathways for neuronal death relevant to AD, in addition to the one mediated by toxic A $\beta$  (16,27,35) (Fig. 1B).

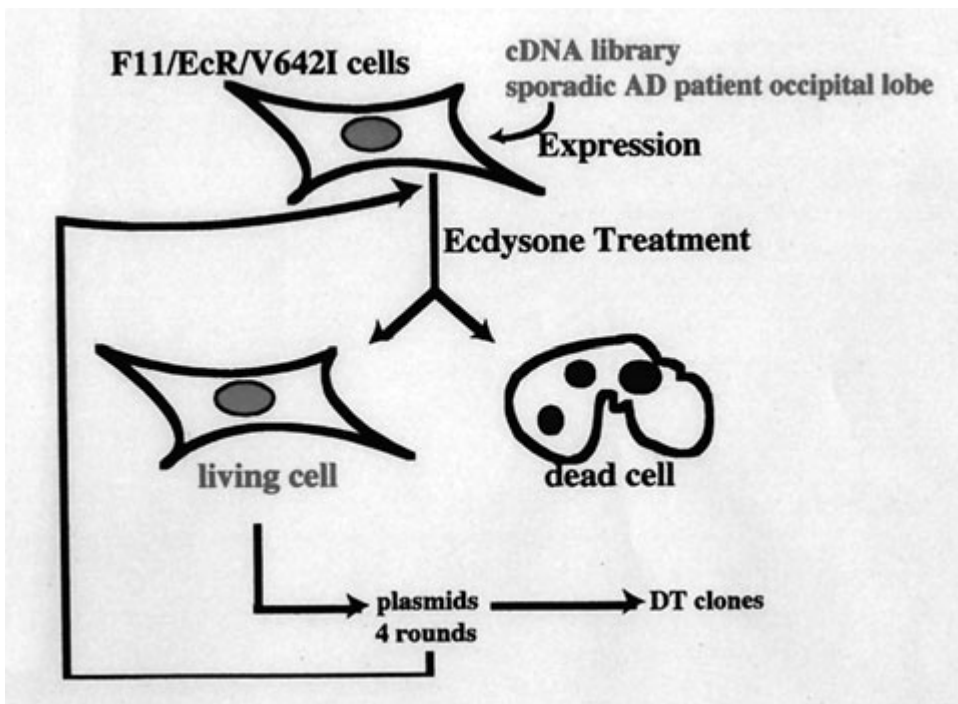
Selective motoneuronal death occurs in ALS. There is a genetic background for 5–10% of ALS cases. The most common type of familial ALS is caused by a point mutation in the SOD1 gene (2,7). Mutant SOD1 causes motoneuronal death by a gain of toxic function whose neurotoxic mechanism remains controversial. We have recently demonstrated that the second familial ALS (autosomal-recessive)-related gene, *ALS2* (13,51), causes motoneuronal death by loss of neuroprotective function (23,24).

## HUMANIN AND OTHER NEUROPROTECTIVE PEPTIDES

### Identification of Humanin as an AD-Related-Neuronal-Death-Suppressing Factor (Fig. 2)

To develop therapies capable of suppressing AD-relevant neuronal death, we began identifying endogenous bioactive factors that suppress the onset of AD. Our working hypothesis justifying this strategy was that endogenous defense factors may delay the onset of AD until middle age. We used the remaining occipital lobe of the brain of an autopsied AD patient as a source for a cDNA library because the neuronal-death-suppressing factor might be abundantly expressed there. Using disease-based death-trap screening, we identified a cDNA encoding HN from the remaining occipital lobe. HN inhibited death of F11 neurohybrid cells, induced by expression of V642I-APP, a familial AD-causative gene (17,36).

HN, a secreted peptide, exhibits suppressive activity against toxicity by any AD-relevant insult by binding to the putative receptor on the cell membrane (17). In addition, several other reports indicated that HN is also effective against serum-deprived apoptosis in PC12 cells (25) and a prion-derived toxic peptide-induced neuronal cell death (39). We have recently demonstrated that HN suppresses motoneuronal toxicity induced by mutant SOD1 (Chiba et al., unpublished observation). A rat homologue of HN named rattin has been demonstrated to exhibit similar effects against neurotoxicity related to AD (3). A secretion-defective HN mutant HNR (L9R-HN) did not show the HN activity when it was intracellularly expressed by transfection. Synthetic HNR had the HN activity only when it was added to the culture medium (48), indicating that HN exhibits its activity from the outside of the cells. This finding is in agreement with a binding experiment that demonstrated the presence of a HN receptor on the cell membrane (17). It was also reported that HN inhibited apoptosis mediated by Bax and some BH3-domain proteins by binding intracellularly to these proteins (12,31). It still remains to be determined, however, whether the latter mechanism is co-responsible for the neuronal death in AD and ALS.



**Fig. 2.** Cloning of humanin-encoding cDNAs by disease-based death trap screening. A mammalian expression library was generated using an occipital lobe of a sporadic AD patient's brain. F11/EcR/V642I-APP cells were constructed by stably introducing a V642I-APP-encoding vector in which V642I-APP cDNA is located downstream of a promoter possessing an ecdysone response element, as well as the ecdysone receptor- and RXR-encoding vectors into F11 neurohybrid cells. The expression of V642I-APP was induced by treatment with ecdysone, an insect steroid. Induced expression of V642I-APP results in death in F11 cells. The cDNA library was transfected before treatment with ecdysone and cDNAs encoding proteins that suppress V642I-APP-induced death in F11 cells, were isolated from surviving F11 cells (DT clones). The humanin cDNAs were encoded in some of these DT clones.

### Identification of a Humanin Receptor on the Cell Membrane

Ying et al. (2004) demonstrated that HN is bound to formylpeptide receptor-like-1 (FPRL-1), a G-protein coupled receptor that has been shown to be involved in chemotaxis in phagocytes (53). They also found that HN suppressed A $\beta$ -induced death in PC12 rat pheochromocytoma cells by competing with A $\beta$  for binding to FPRL-1. FPRL-2 has been also shown to associate with HN (14).

Independently, we have demonstrated that HN-mediated protection in F11 neurohybrid cells is completely blocked by expression of a dominant-negative STAT3 (19). We also recognized that an inhibitor to Jak2 kinase completely suppresses HN activity. These data suggest that there may be another HN receptor that mediates HN neuroprotection. We have recently found that such an HN receptor belongs to a cytokine receptor family. Based on this finding, we propose that endogenous HN or an HN-like protein may protect neurons from AD-related insults by binding to the receptor *in vivo*. If HN-mediated neuro-

protection occurs naturally *in vivo*, the clinical use of HN or its derivatives in the treatment of AD can be further justified.

### Development of More Potent Humanin Derivatives and Colivelin (Table 1)

The original HN showed full death-suppressing activity at a concentration of 10  $\mu$ M. To enhance the neuroprotective activity of HN, we systematically modified the primary sequence of HN (5,17,43). We found that AGA-(C8R)-HNG17 is fully active at a concentration as low as 10 pM (43). In addition, we recently designed a hybrid peptide CL that is composed of ADNF (9 amino acids) fused to the N terminus of AGA-(C8R)-HNG17 (17 amino acids) (5). ADNF, originally purified from the conditioned media of primarily cultured astrocytes stimulated by vasoactive intestinal peptide, protected neurons *in vitro* from A $\beta$  toxicity and from other neurotoxic insults, but only at low concentrations of 100 fM–10 pM (1). For unknown reasons, at higher concentrations ADNF loses its neuroprotective activity, while CL has the full neuroprotective activity at 100fM and higher concentrations. In contrast to ADNF, CL never loses its activity at higher concentrations. It has been reported that CL exerts activity by simultaneously triggering two neuroprotective pathways mediated by the HN receptor/STAT3 and by the ADNF receptor/Ca<sup>2+</sup>/calmodulin-dependent protein kinase IV (CaMK IV) (5).

### *In Vivo* Relevance of Humanin and Colivelin to AD-Related Dementia

Anti-AD activity of HN derivatives and CL has been demonstrated in AD-related mouse models (5,28,33,42). CL is very effective against mouse dementia induced by intracerebroventricular (i.c.v.) injection of A $\beta$  and against neuronal death induced by direct injection of A $\beta$  into the CA1 region of the hippocampus. Surprisingly, HN derivatives and CL are also very effective against mouse dementia induced by muscarinic receptor antagonists. This finding suggests that either HN derivatives or CL may also suppress demen-

TABLE 1. Humanin derivatives and colivelin

Name	Sequence	Effective concentration*
HN	MAP <sup>4</sup> RGFS <sup>6</sup> CL <sup>8</sup> LL <sup>14</sup> LTSEIDL <sup>19</sup> VPVKRRA	10 $\mu$ M
HNG	MAPRGFSCLLL <sup>14</sup> LTGEIDL <sup>19</sup> VPVKRRA	10 nM
HNA	MAPRGFSALL <sup>14</sup> LTSEIDL <sup>19</sup> VPVKRRA	No effect
AGA-HNG	MA <sup>4</sup> AGAF <sup>6</sup> SCL <sup>8</sup> LL <sup>14</sup> LTSEIDL <sup>19</sup> VPVKRRA	100–300 pM
HN17	<sup>3</sup> PRGFSCLLL <sup>14</sup> LTSEIDL <sup>19</sup>	10 $\mu$ M
HNG17	PRGFSCLLL <sup>14</sup> LTGEIDL <sup>19</sup>	10 nM
AGA-C8R-HNG17	P <sup>4</sup> AGAS <sup>8</sup> RLL <sup>14</sup> LTGEIDL <sup>19</sup>	10 pM
Colivelin	SALL <sup>4</sup> RSIP <sup>8</sup> AF <sup>12</sup> AGAS <sup>16</sup> RLL <sup>20</sup> LTGEIDL <sup>24</sup>	100 fM

\*Effective concentration against A $\beta$ <sub>1–43</sub> *in vitro*.

tia induced by functional abnormality in the cholinergic system (5,33). The mechanism underlying this activity is unknown.

Probably due to its high potency, CL shows suppressive activity against AD-related dementia, also by i.p. administration, indicating that it passes the blood-brain barrier. It is, therefore, very likely that i.c.v. route is not essential for its clinical efficacy (5).

### **Efficacy of Colivelin in ALS-Related Motoneuronal Death *In Vitro* and in ALS Mouse Models**

During our studies with HN, we found incidentally that *in vitro* ADNF at 100 fM and higher concentrations prevents mutant SOD1-induced motoneuronal death (4). It never loses its activity at higher concentrations. By i.c.v. administration, ADNF improves motor performance of ALS mice. Unfortunately, however, ADNF does not prolong survival of these mice. HN derivatives also show protective activity against mutant SOD1-induced motoneuronal death *in vitro* (Chiba et al., unpublished observation).

Since CL is a hybrid peptide composed of ADNF and AGA-(C8R)HNG17, we tested CL in ALS mice and found that it improves both motor performance and survival (6). Vascular endothelial growth factor (VEGF) and insulin-like growth factor-I (IGF-1) have been reported to prolong survival of ALS mice (26,40,45). In respect to survival, CL is at least as effective as these growth factors. Furthermore, it is noteworthy that CL acts via two neuroprotective pathways, involving the HN receptor/STAT3 and the ADNF receptor/CaMK IV. The neuroprotective mechanisms of VEGF or IGF-1 are completely different from those of HN or CL, VEGF and IGF-1 since they trigger the PI3 kinase and Akt pathways. It is therefore likely that the neuroprotective activity of HN or CL can be additive to that of either of these neurotrophic factors.

## **CONCLUSIONS**

In the search for new drugs to treat neurodegenerative diseases major efforts have been focused on the elimination of the primary event of the neurotoxic cascade. Consequently, neuronal death has been considered to be a second-line target for the therapy. However, given the uncertainty of the initial neurotoxic insults and the complex nature of the neurotoxic mechanisms, a therapeutic strategy to directly suppress neuronal death appears to be attractive. The relevance of this strategy to the therapy of AD and ALS is strongly supported by the fact that the putatively physiological neuroprotective systems, involving HN and ADNF, suppress AD- or ALS-related neuronal death *in vivo*. Preclinical studies indicate that HN and CL suppress neuronal cell death and are promising drug candidates for the therapy of AD or ALS.

**Abbreviations:** AD, Alzheimer's disease; ALS, amyotrophic lateral sclerosis; HN, humanin; CL, colivelin; ADNF, activity-dependent neurotrophic factor; SOD1, Cu/Zn-superoxide dismutase; APP, amyloid-precursor protein; A $\beta$ ,  $\beta$ -Amyloid; FPRL-1, formylpeptide receptor-like-1; CaMK IV, Ca<sup>2+</sup>/calmodulin-dependent protein kinase IV; VEGF, vascular endothelial growth factor; IGF-1, insulin-like growth factor-I; STAT3, signal transducer and activator of transcriptions; PLAIDD, p75-like apoptosis-inducing death domain; PI3, Phosphoinositide-3-kinase

**Acknowledgments.** We are indebted to Dr Yasuo Ikeda for essential help. We thank Dr. Mark C. Fishman, John T. Potts Jr., Etsuro Ogata and Mr. Yoshiomi & Mrs. Yumi Tamai for indispensable support; Ms. Takako Hiraki and Ms. Tomo Y-Nishimoto for essential cooperation; Dr. Dovie Wylie for expert assistance; and all members of the Departments of Pharmacology and Anatomy for essential cooperation. This work was supported in part by Takeda Science Foundation and Japan Society for the Promotion of Science.

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