

RESEARCH ARTICLE

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Cerebrolysin™ efficacy in a transgenic model of tauopathy: role in regulation of mitochondrial structure

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Abstract

Background: Alzheimer's Disease (AD) and Fronto temporal lobar dementia (FTLD) are common causes of dementia in the aging population for which limited therapeutical options are available. These disorders are associated with Tau accumulation. We have previously shown that Cerebrolysin™ (CBL), a neuropeptide mixture with neurotrophic effects, ameliorates the behavioral deficits and neuropathological alterations in amyloid precursor protein (APP) transgenic (tg) mouse model of AD by reducing hyper-phosphorylated Tau. CBL has been tested in clinical trials for AD, however its potential beneficial effects in FTLD are unknown. For this purpose we sought to investigate the effects of CBL in a tg model of tauopathy. Accordingly, double tg mice expressing mutant Tau under the mThy-1 promoter and GSK3β (to enhance Tau phosphorylation) were treated with CBL and evaluated neuropathologically.

Results: Compared to single Tau tg mice the Tau/GSK3β double tg model displayed elevated levels of Tau phosphorylation and neurodegeneration in the hippocampus. CBL treatment reduced the levels of Tau phosphorylation in the dentate gyrus and the degeneration of pyramidal neurons in the temporal cortex and hippocampus of the Tau/GSK3β double tg mice. Interestingly, the Tau/GSK3β double tg mice also displayed elevated levels of Dynamin-related protein-1 (Drp-1), a protein that hydrolyzes GTP and is required for mitochondrial division. Ultrastructural analysis of the mitochondria in the Tau/GSK3β double tg mice demonstrated increased numbers and fragmentation of mitochondria in comparison to non-tg mice. CBL treatment normalized levels of Drp-1 and restored mitochondrial structure.

Conclusions: These results suggest that the ability of CBL to ameliorate neurodegenerative pathology in the tauopathy model may involve reducing accumulation of hyper-phosphorylated Tau and reducing alterations in mitochondrial biogenesis associated with Tau.

Keywords: Tau, GSK3β, Drp-1, Neuroprotection, Alzheimer's disease, Tauopathies

Background

The cognitive deficits in patients with Alzheimer's Disease (AD) and Fronto-temporal lobar degeneration (FTLD) are associated with selective loss of neuronal populations in the neocortex, limbic system and subcortical nuclei, in association with progressive accumulation of the cytoskeletal protein Tau [1-7]. FTLD is a heterogeneous group of neurodegenerative disorders that are characterised by atrophy

of the frontal and/or temporal lobes [8]. Examples of FTLD include Pick's disease (PiD) and corticobasal degeneration. In contrast to AD, which presents predominantly with memory loss, FTLD is associated with changes in personal and social conduct, behaviour and language disturbances, and often motor symptoms [9]. In FTLD neurodegeneration is associated with either aggregated Tau or aggregated TAR DNA-binding protein of 43 kDa (TDP-43), fused-in-sarcoma or yet unidentified proteins in affected brain regions in the absence of overt beta-amyloid (Aβ) plaques [10].

The mechanisms through which aggregated and hyper-phosphorylated Tau leads to neurodegeneration in AD

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and FTLD are not completely clear. Recent studies suggest that abnormal Tau might mediate neurodegeneration by dysregulating Dynamin-related protein-1 (Drp-1), which in turns results in alterations in mitochondria biogenesis [11]. Moreover, Tau phosphorylation at Ser262 through PAR-1 contributes to Tau-mediated neurodegeneration under a pathological condition in which axonal mitochondria are depleted [12,13]. Thus Tau dependent loss of axonal mitochondria may play an important role in the toxicity and pathogenesis of AD [12]. Tau also mediates the neurotoxic effects of A β which can promote the mislocalization of tau to the dendrites [14] and mitochondria [15]. In contrast, Tau reduction has been shown to ameliorate the behavioral and neurodegenerative pathology in models of AD [16]. Therefore strategies directed at reducing Tau accumulation might be protective for AD and FTLD.

We have previously shown that in APP transgenic (tg) mice over expressing the amyloid precursor protein (APP), CBL reduces synaptic and behavioral deficits [17-19]. CBL is a peptide mixture with neurotrophic-like effects that improves cognition in patients with mild to moderate AD [20-22]. Moreover, a recent double-blind trial of CBL was demonstrated to improve the activities of daily living and psychiatric deficits in patients with moderate to moderately severe AD [21]. Several other randomized double-blind studies in patients with AD have shown that CBL is consistently superior to placebo at reducing cognitive alterations [23-25].

CBL also ameliorates the neurodegenerative pathology and accumulation of Tau in a combined APP tg mouse model injected with AAV2-Tau [26]. We have recently shown that CBL might reduce APP and Tau pathology in models of AD by decreasing CDK5 and GSK3 β activity [26]. However, it is unclear whether CBL might ameliorate the neurodegenerative pathology in models of FTLD. For this purpose we generated a new cross of the mutant Tau tg mice expressing human 4 repeat Tau (4R-Tau), bearing the missense mutations V337M and R406W, under the mThy-1 promoter [27] with GSK3 β tg mice. The Tau/GSK3 β double tg model displays biochemical and neuropathological features reminiscent of tauopathies including elevated levels of Tau phosphorylation and neurodegeneration. We found that administration of CBL reduces the levels of Tau and ameliorates the neurodegeneration in this Tau/GSK3 β double tg model and this is accompanied by reduced levels of Drp-1 and mitochondrial pathology associated with Tau.

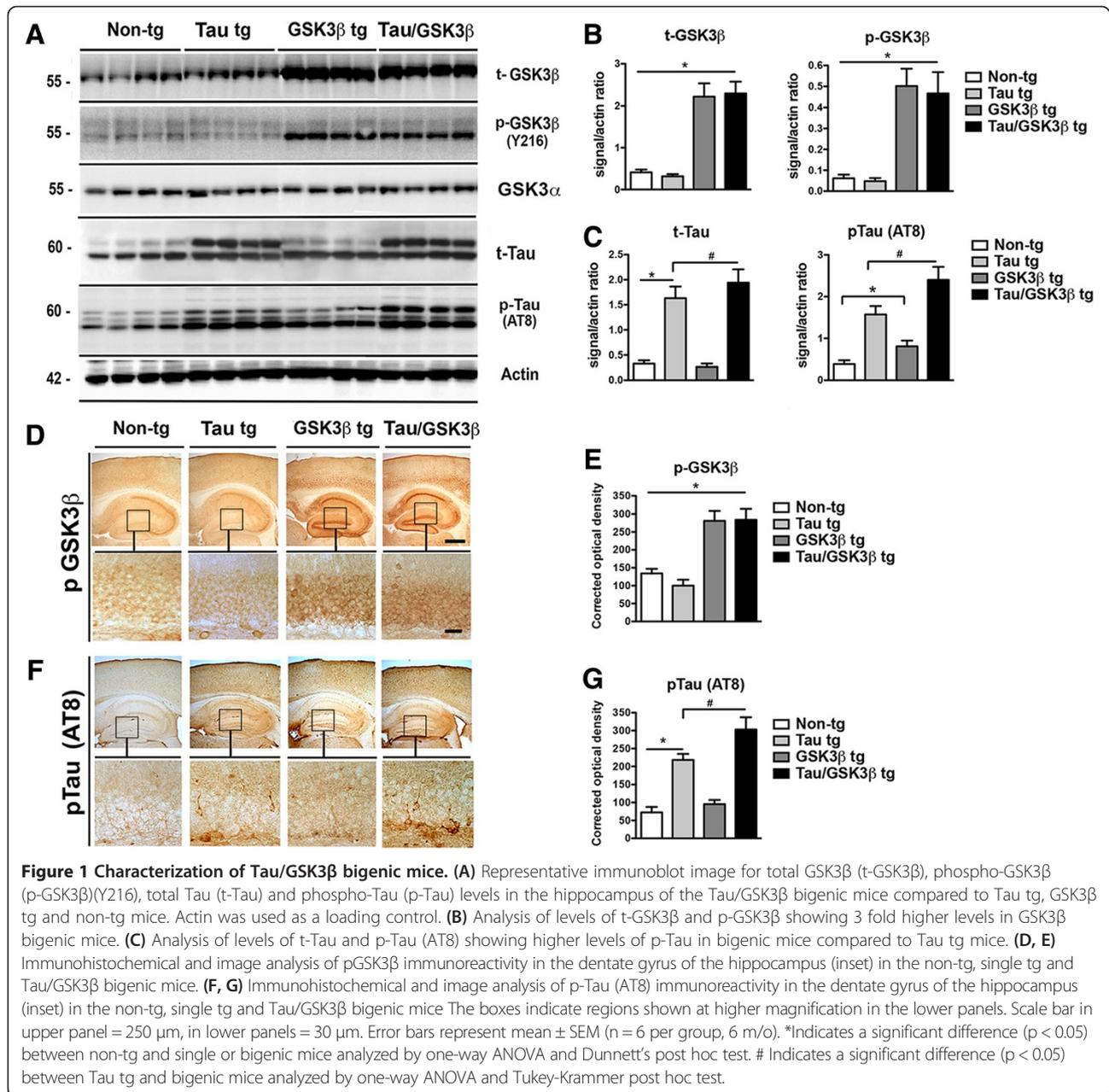
Results

Neuropathological and biochemical alterations in Tau/GSK3 β tg mice

The parental single Tau mutant tg mice that we use have been reported to display moderate alterations in tau

accumulation [27], additionally, previous studies have shown that adding GSK3 β enhances the pathology [28], therefore Tau/GSK3 β bigenic mice were generated by crossing Tau tg mice expressing human Tau under the mThy-1 promoter with GSK3 β tg mice in order to enhance tau phosphorylation. These double tg mice were subsequently used to evaluate the effects of CBL. Immunocytochemical analysis was performed in order to compare the expression patterns and distribution of tau and GSK3 β between the single Tau tg and the Tau/GSK3 β tg mice. By western blot levels of total GSK3 β (t-GSK3 β) were 3 fold higher in the GSK3 β and Tau/GSK3 β tg compared to non-tg and Tau tg mice (Figure 1A, B). Likewise, levels of phosphorylated GSK3 β (p-GSK3 β) were 3-fold higher in the GSK3 β and Tau/GSK3 β tg compared to non-tg and Tau tg mice (Figure 1A, B). GSK3 β was phosphorylated at the T-loop tyrosine Y216 which could play a role in forcing open the substrate-binding site and has been proposed to correlate with kinase activation. Levels of Total-Tau (t-Tau) were 2-3 fold higher in the Tau tg and the Tau/GSK3 β tg mice compared to non-tg and GSK3 β tg (Figure 1A, C). Levels of phosphorylated Tau (p-Tau, AT8, Ser202/Thr205) were increased by 40% in the GSK3 β tg, by 200% in the Tau tg and by 350% in the Tau/GSK3 β tg compared to non-tg (Figure 1A, C). The levels of p-Tau were significantly different between the Tau tg and the Tau/GSK3 β tg. Immunocytochemical analysis showed that in the GSK3 β tg and Tau/GSK3 β tg mice levels of GSK3 β immunoreactivity were higher in the pyramidal cell in neocortex, CA1-CA3 and dentate gyrus of the hippocampus (Figure 1D, E), as well as in neurons in the basal ganglia and brain-stem (data not shown), compared to the non-tg controls and Tau tg mice. These same neuronal populations also displayed increased p-Tau immunoreactivity in the neocortex and granular cells in the hippocampus with the AT8 antibody (Figure 1F, G). The levels of p-Tau were significantly higher in the Tau/GSK3 β tg compared to the Tau tg mice (Figure 1F, G).

To further investigate the effects of age on Tau pathology in the single and bigenic mice, immunocytochemical analysis with p-Tau (AT8) antibody was performed in mice at 3, 6 and 12 months of age. The non-tg and GSK3 β tg mice display low levels of p-Tau immunoreactivity at the 3 time points (Figure 2A, B). Compared to the control, the Tau tg mice displayed a mild increase in p-Tau at 6 m and 12 m of age (Figure 2A, B). The Tau/GSK3 β tg displayed a mild increase in p-Tau at 3 m and a robust progressive increase in p-Tau at 6 m and 12 m of age (Figure 2A, B). Tau/GSK3 β tg mice displayed greater p-Tau compared to single Tau tg mice therefore for subsequent studies with CBL we compared the effects on non-tg vs bigenic mice.

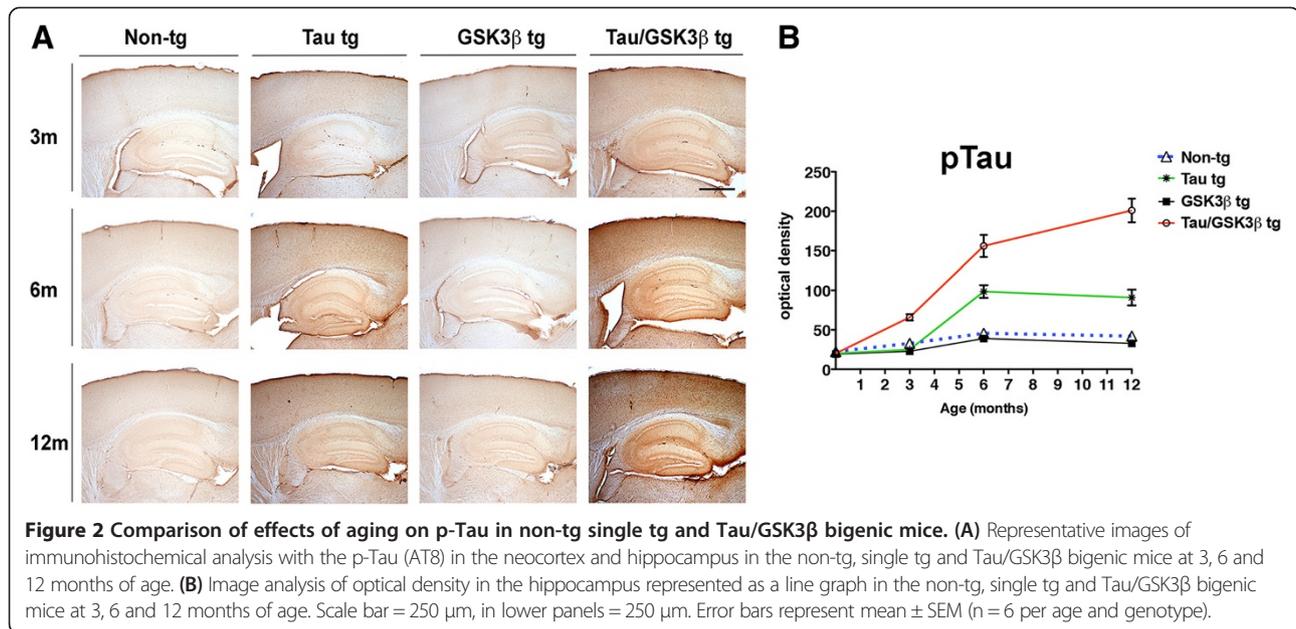


Chronic treatment with CBL reduces Tau phosphorylation in the bigenic mice

Non-tg and bigenic mice were treated for 3 months (beginning at 3 months of age) with CBL and brains were analyzed with p-tau antibodies. Mice were 6 month old at the time of the analysis. By immunoblot, levels of t-Tau were elevated in the Tau/GSK3 β bigenic mice compared to the non-tg, no effects of CBL administration on t-Tau were observed (Figure 3A-D). Likewise levels of p-Tau species as detected with the AT8 and AT270 antibodies were increased in the Tau/GSK3 β tg compared to non-

tg, however in Tau/GSK3 β tg mice treated with CBL, the levels of p-Tau were reduced by 50% compared to the vehicle-treated Tau/GSK3 β tg group (Figure 3A, E).

Immunohistochemical analysis showed that p-Tau immunoreactivity was more prominent in the hippocampal CA1 and dentate gyrus (DG) regions of the Tau/GSK3 β bigenic mice compared to non-tg controls (Figure 3E, F). Tau/GSK3 β tg mice treated with CBL displayed a 40% decrease in the levels of p-Tau immunostaining in the hippocampus compared to the Tau/GSK3 β tg vehicle group (Figure 3E, F).



Neuroprotective effects of CBL in the Tau/GSK3 β bigenic mice

Next we evaluated whether the effects of CBL in the bigenic mice ameliorated the neurotoxic effects of p-Tau. For this purpose vibratome sections were immunolabeled with antibodies against the dendritic marker- MAP2 and the pan-neuronal marker- NeuN. Vehicle-treated Tau/GSK3 β bigenic mice displayed a significant 25-30% reduction in MAP2 immunoreactivity in the CA1 region and the DG molecular layer compared to the vehicle treated non-tg controls (Figure 4A-C). In contrast, bigenic mice treated with CBL showed levels of MAP2 immunoreactivity comparable to non-tg controls (Figure 4A-C). Stereological analysis of neuronal cell density with NeuN showed that the vehicle treated Tau/GSK3 β bigenic mice displayed a significant 35-40% reduction in NeuN immunoreactivity cells in the CA1 region and the DG granular cell layer compared to the vehicle treated non-tg controls (Figure 4D-F). Treatment with CBL ameliorated loss of NeuN positive cells in the Tau/GSK3 β bigenic mice, which showed cell counts comparable to those observed in the non-tg controls (Figure 4D-F).

Treatment with CBL reverses alterations in Drp-1 in Tau/ GSK3 β bigenic mice

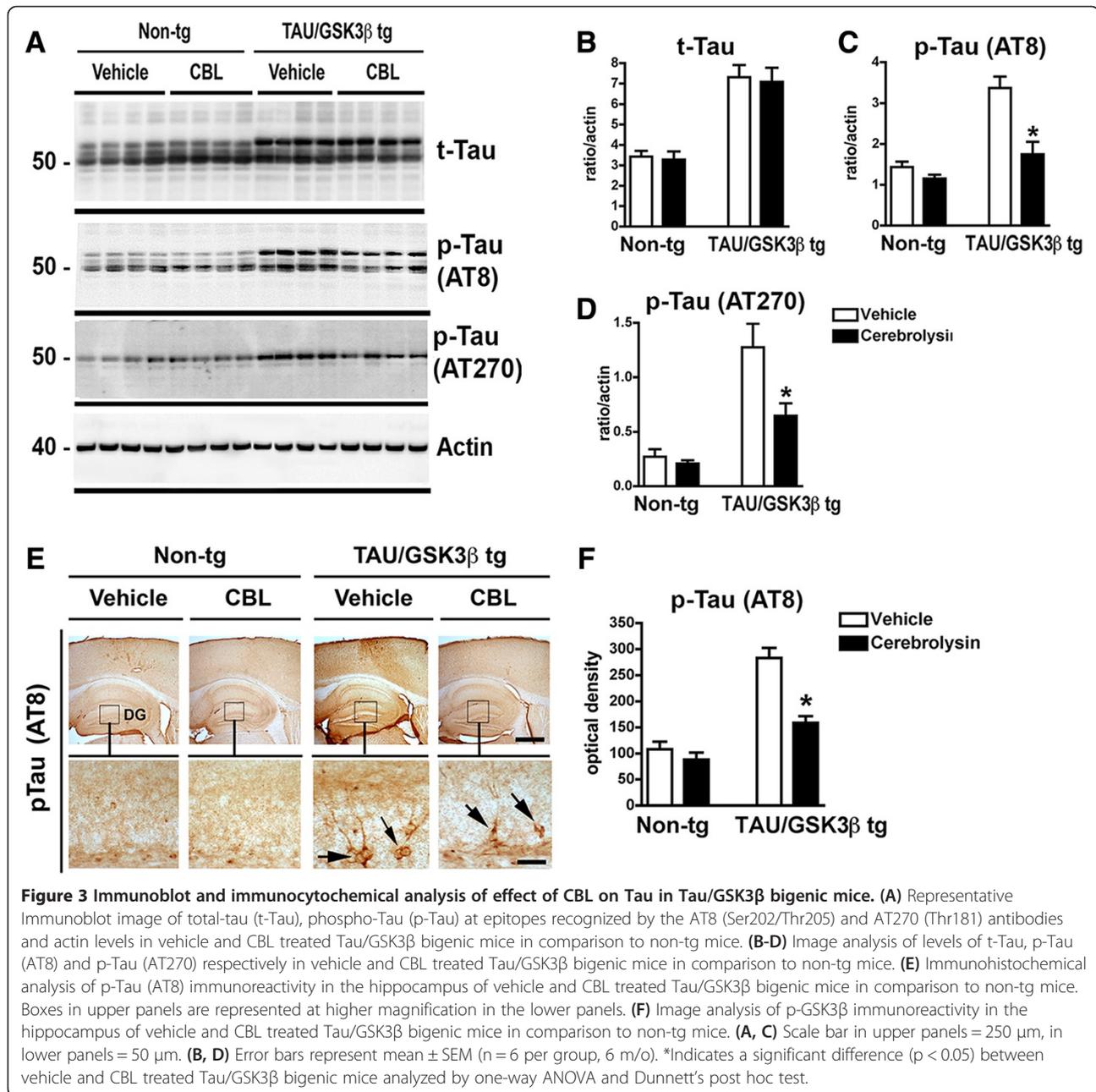
Previous studies have shown that Tau neurotoxicity might be mediated by alterations in mitochondrial biogenesis [11], in this context we examined the levels of Drp-1 a protein involved in mitochondrial fission and the general mitochondrial marker Tom40 [29] in the bigenic mice. By immunoblot analysis, Drp-1 was identified as a single band at approximately 80 kDa (Figure 5A). Compared to the vehicle treated non-tg controls, the vehicle treated

Tau/GSK3 β bigenic mice displayed a significant 35-40% increase in Drp-1 in the cytosolic fraction from hippocampal homogenates (Figure 5A, B). In contrast, bigenic mice treated with CBL showed levels of Drp-1 lower than those detected in the vehicle treated bigenic mice. Moreover, levels of Drp-1 in the CBL-treated bigenic mice were slightly below the levels of the non-tg controls (Figure 5A, B). Level of phosphorylated Drp-1 (p-Drp-1) were higher in the vehicle-treated Tau/GSK3 β bigenic mice in comparison to vehicle- and CBL-treated non-tg mice (Figure 5C). CBL treatment significantly decreased expression of p-dDrp-1 in the Tau/GSK3 β bigenic mice, bringing it to levels more comparable with non-tg controls (Figure 5C).

Immunocytochemical analysis showed that Drp-1 reactivity was abundant in the neuropil of the cortex. Likewise, Tom40 immunoreactivity was most abundant in the neuropil displaying a fine punctate pattern (Figure 5D). Compared to the vehicle treated non-tg controls, the vehicle treated Tau/GSK3 β bigenic mice displayed a significant 30-35% increase in Drp-1 and Tom40 immunoreactivity, while the bigenic mice treated with CBL showed levels of Drp-1 and Tom40 similar those observed in the non-tg controls (Figure 5D-F).

CBL ameliorates the mitochondrial alterations in Tau/ GSK3 β bigenic mice

Given that the neurodegenerative pathology in the Tau/GSK3 β bigenic mice was concomitant with an increase in Drp-1, and p-Drp-1, expression and Tom40 puncta, we next sought to determine whether these alterations correspond to mitochondrial alterations. For this purpose electron microscopic analysis was performed in hippocampal sections. Remarkably, compared to the vehicle and CBL-

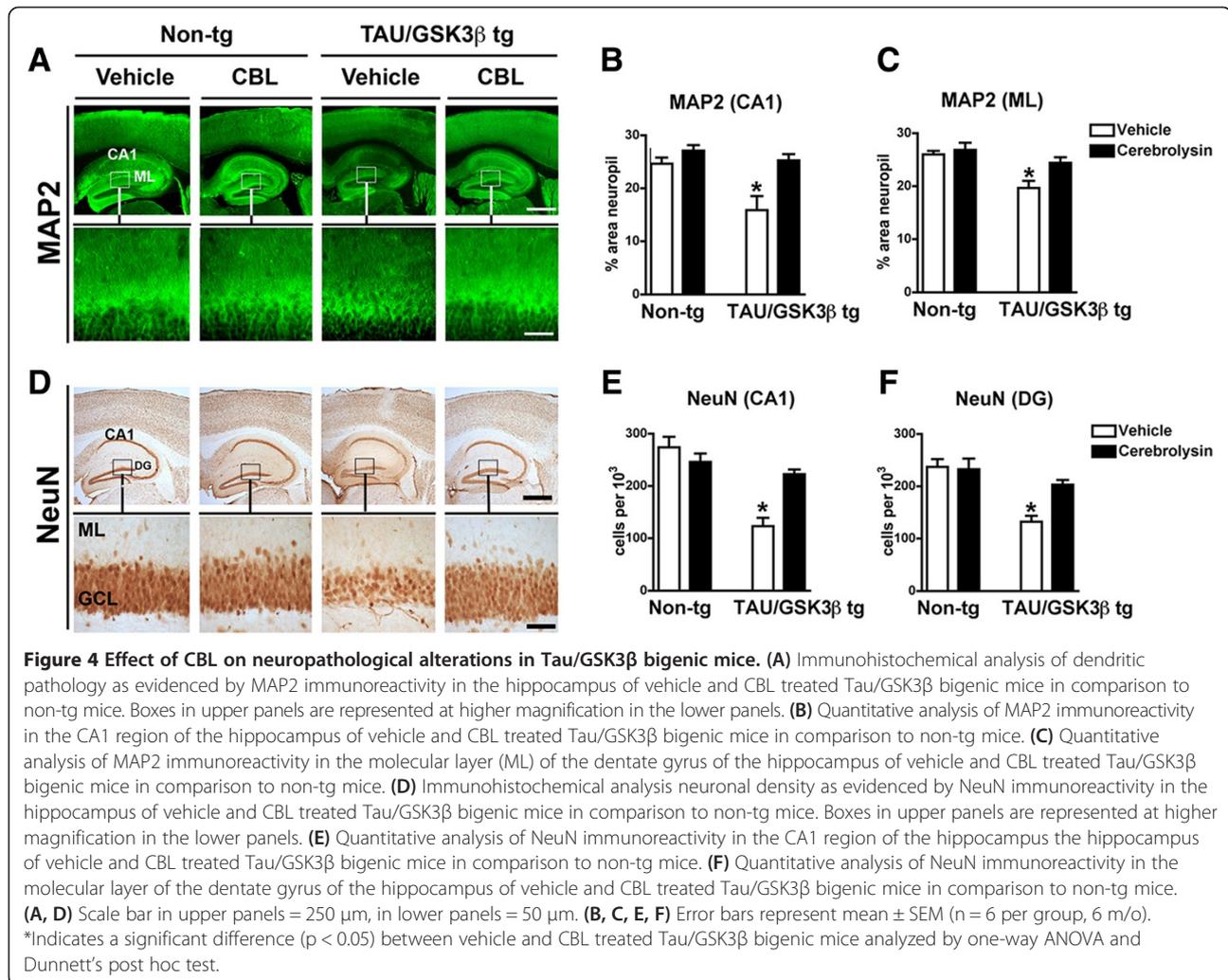


treated non-tg mice (Figure 6A), the vehicle-treated Tau/GSK3 β bigenic mice showed extensive mitochondrial alterations including presence of lamellar intramitochondrial inclusions, incompletely divided and fragmented mitochondria (Figure 6B, D-F). In contrast, the mitochondria from the CBL treated bigenic mice were similar to controls (Figure 6C-F). Consistent with these observations, image analysis showed that in the vehicle treated Tau/GSK3 β bigenic mice the proportion of small (less than 0.5 μ m), dividing mitochondria with inclusions was greater when compared to the non-tg controls, while bigenic mice treated with CBL displayed

mitochondrial characteristics similar to non-tg controls (Figure 6D-E).

Discussion

The present study showed that the Tau/GSK3 β double tg model displays biochemical and neuropathological features reminiscent of tauopathies such as elevated levels of Tau phosphorylation and hippocampal neurodegeneration. Interestingly, the Tau/GSK3 β double-tg mice also display elevated levels of Drp-1, p-Drp-1, and increased fragmentation of mitochondria accompanied by abnormal divisions and membranous inclusions. In the bigenic mice,



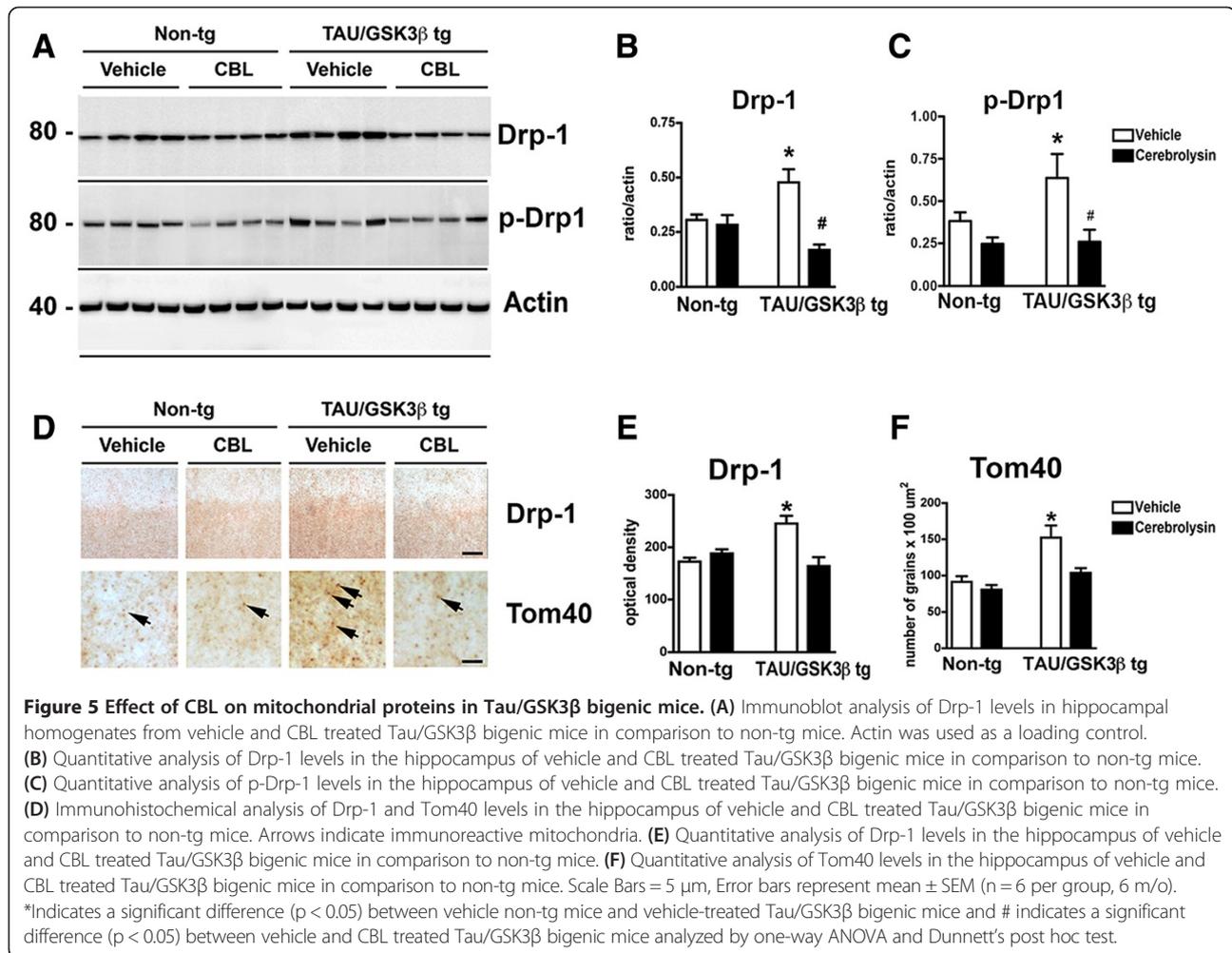
CBL treatment reduced the accumulation of p-Tau, ameliorated the neurodegenerative pathology, decreased Drp-1 and p-Drp-1 expression, and returned mitochondria to characteristics comparable to non-tg mice.

The mThy1-Tau (V337M and R406W) tg model has been shown to accumulate soluble p-Tau in the limbic system and to display spatial learning impairments [27]. The FTDP-17 R406W tau mutation has been described in an American, a Dutch, and a Japanese family [30-32]. To enhance these deficits we crossed these animals with an mThy1-GSK3 β tg model. This resulted in more widespread accumulation of p-Tau and neurodegeneration in the hippocampus. The alterations in the Tau/GSK3 β double tg model are comparable to previous reports using a tg model with conditional overexpression of GSK3 β in forebrain neurons [33,34].

Given the findings with the age dependent analysis showing that p-Tau accumulation is more abundant in Tau/GSK3 β double tg compared to the single tg mice, we decided to test the effects of CBL in the bigenic mice.

Animals were treated beginning at 3 months of age for 3 months, because at the earlier age group the Tau pathology was subtler, becoming progressively worse at 6 and 12 months of age. Therefore, the effects described in our study represent a preventive trial study for CBL. Future study will be needed testing the effects of Cerebrolysin in older Tau/GSK3 β double tg compared to single Tau tg mice. Moreover, future studies in other models of Tauopathy such as the Tg4510 are warranted to further validate our observations.

An additional novel finding of our model was the presence of widespread mitochondrial pathology and increased Drp-1 expression. This is consistent with recent studies showing that accumulation of Tau might lead to neurodegeneration via alterations in mitochondrial biogenesis [11,35-37]. Drp-1 is known to promote mitochondrial fission, consistent with this our ultra-structural studies showed increased in fragmented mitochondria with abnormal divisions and inclusions. Remarkably, hyperactivation of kinases that phosphorylate Tau such as



CDK5 and GSK3 β has been shown to interfere with Drp-1 function leading to mitochondrial alterations [38,39], and GSK3 β has been reported to phosphorylate Drp-1 [40]. In these bigenic mice, treatment with CBL ameliorated the neurodegenerative pathology, decreased p-Tau, reduced Drp-1 and normalized mitochondrial morphology. The mechanisms through which CBL might achieve these effects on the bigenic model are not completely clear. We have previously shown that this neurotrophic peptide mixture is capable of reducing the behavioral deficits in APP tg mouse model of AD-like pathology [17,18] by blocking CDK5 and GSK3 β [41], resulting in decreased APP maturation and A β biosynthesis [41], increased neurogenesis [42] and synaptic formation [18,41]. Therefore, it is possible that the effects on Drp-1 observed in the bigenic mice might be partially mediated by the inhibitory effects of CBL on CDK5 and GSK3 β [43]. Moreover, and consistent, with the present study, treatment with CBL in APP tg injected with AAV2-Tau has been reported to result in a significant amelioration of neurodegenerative pathology and decreased levels of Tau phosphorylation

at critical sites dependent on GSK3 β and CDK5 activity [26]. These results suggest that CBL administration may have some therapeutic efficacy for the treatment of tauopathies.

Conclusions

In the Tau/GSK3 β double tg model CBL may rescue the deficits by reducing tau hyperphosphorylation, which in turn may restore mitochondrial biogenesis. These results suggest that CBL's ability to rescue neurodegenerative pathology in the tauopathy model may involve reducing accumulation of hyper-phosphorylated Tau and then restoring altered mitochondrial biogenesis associated with Tau. Therefore, CBL might be of potential therapeutical value in the treatment of certain forms of FTLT.

Methods

Generation of double mutant Tau and GSK3 β Tg Mice and CBL treatment

For these experiments, tg mice expressing the human 4R Tau mutated (V337M and R406W) under the control

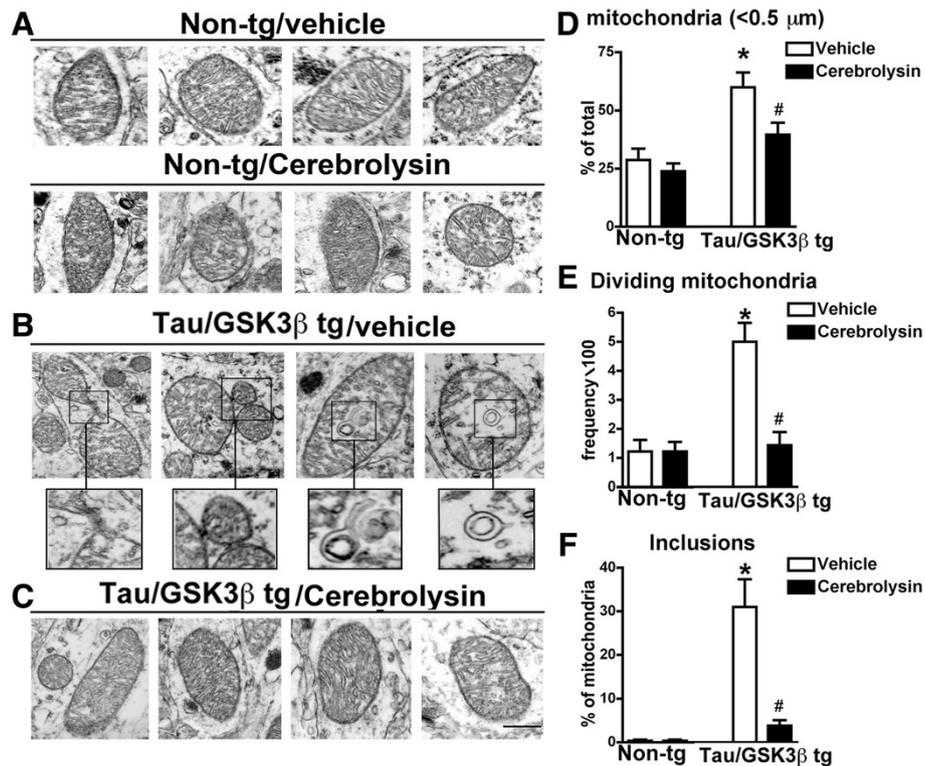


Figure 6 Ultrastructural analysis of mitochondrial structure in Tau/GSK3β bigenic mice. (A) Ultrastructural analysis of mitochondrial structure in vehicle-treated and CBL treated non-tg mice. **(B)** Ultrastructural analysis of mitochondrial structure in vehicle-treated Tau/GSK3β bigenic mice, boxes in upper panel are shown at a higher magnification in the lower panels. **(C)** Ultrastructural analysis of mitochondrial structure in CBL-treated Tau/GSK3β bigenic mice. **(D)** Quantitative analysis of number of small mitochondria (less than 5 μm) in vehicle and CBL treated Tau/GSK3β bigenic mice in comparison to non-tg mice. **(E)** Quantitative analysis of number of dividing mitochondria in vehicle and CBL treated Tau/GSK3β bigenic mice in comparison to non-tg mice. **(F)** Quantitative analysis of number of mitochondrial inclusions in vehicle and CBL treated Tau/GSK3β bigenic mice in comparison to non-tg mice. Scale Bar = 0.5 μm, error bars represent mean ± SEM (n = 6 per group, 6 m/o). *Indicates a significant difference (p < 0.05) between vehicle non-tg mice and vehicle-treated Tau/GSK3β bigenic mice and # indicates a significant difference (p < 0.05) between vehicle and CBL treated Tau/GSK3β bigenic mice analyzed by one-way ANOVA and Dunnett's post hoc test.

of the mThy-1 promoter (mThy1-Tau) (line 441) [27]. These mice display memory deficits and a moderate increase in tau phosphorylation in the neocortex and limbic system. To enhance the Tau pathology the mThy1-tau tg were crossed with mice over-expressing human GSK3β under the control of the mThy-1 promoter (mThy1- GSK3β). This line of mice expresses high levels of constitutive active GSK3β that can hyperphosphorylate Tau and other substrates. We have previously generated similar GSK3β tg mouse lines with both dominant negative and constitutively active effects [44]. Genomic DNA was extracted from tail biopsies and analyzed by PCR amplification, as described previously [45]. Transgenic lines were maintained by crossing heterozygous tg mice with non-transgenic (non tg) C57BL/6 × DBA/2 F1 breeders. All mice were heterozygous with respect to the transgene. A total of 24 Tau/GSK3β tg mice (3 month (m) old; n = 12 CBL treated and n = 12 saline)

and 24 non tg mice (3 m old; n = 12 CBL treated and n = 12 saline) were utilized. A subset of single tg mThy1-Tau tg and mThy1- GSK3β were utilized as controls. Mice were injected daily with saline alone or CBL (i.p., 5 ml/kg) for a total of 3 months. The last injection of vehicle or CBL was administered 24 hrs before sacrificing the animals. CBL is a mixture of peptides and amino acids obtained after high quality hydrolyzing and purification from porcine brain, more information is available at the web site (http://www.hypermed.com.au/Clinical%20Research/EVER2010_Monograph_screen.pdf). CBL was a gift from EverPharma. An additional group of untreated non-tg, single tg and bigenic mice were utilized for analysis of effects of aging at 3, 6 and 12 months of age (n = 6 per genotype/age group). All experiments described were approved by the animal subjects committee at the University of California at San Diego (UCSD) and were performed according to NIH guidelines for animal use.

Tissue processing

In accordance with NIH guidelines for the humane treatment of animals, mice were anesthetized with chloral hydrate and flush-perfused transcardially with 0.9% saline. Brains were removed and divided sagittally. The left hemisphere was post-fixed in phosphate-buffered 4% paraformaldehyde (pH 7.4) at 4°C for 48 hr and sectioned at 40 µm with a Vibratome 2000 (Leica, Germany), while the right hemisphere was snap frozen and stored at -70°C for protein analysis.

Immunohistochemical analysis

For this purpose as previously described [26,29], blind-coded 40 µm thick vibratome sections were immunolabeled with the mouse monoclonal antibodies against Drp-1 (1:500, Santa Cruz), Tom40 (1:1000, Santa Cruz), synaptophysin (presynaptic terminal marker, 1:40, Chemicon), GFAP (astroglial marker, 1:1000, Chemicon), p-Tau (AT8, 1:500, Pierce; AT270 1:500, Pierce), t-Tau (1:500, Dako), t-GSK3β (1:500, Cell Signaling) and p-GSK3β (GSK3βY216, 1:500, Life Technologies), as previously described [18,41]. After overnight incubation with the primary antibodies, sections were incubated with Texas red or FITC-conjugated horse anti-mouse IgG secondary antibody (1:75, Vector Laboratories), transferred to SuperFrost slides (Fisher Scientific) and mounted under glass coverslips with anti-fading media (Vector). All sections were processed under the same standardized conditions. The immunolabeled blind-coded sections were imaged with the laser-scanning confocal microscope (LSCM, MRC1024, BioRad) and analyzed with the Image 1.43 program (NIH), as previously described [18]. To confirm the specificity of primary antibodies, control experiments were performed where sections were incubated overnight in the absence of primary antibody (deleted) or preimmune serum and primary antibody alone.

The numbers of NeuN-immunoreactive neurons were estimated using unbiased stereological methods [46]. Hemi-sections containing the neocortex, hippocampus and striatum were outlined using an Olympus BX51 microscope running StereoInvestigator 8.21.1 software (Micro-BrightField). Grid sizes for the striatum, frontal cortex, and hippocampal CA3 pyramidal layer were: 900 × 900, 800 × 800, and 300 × 300 µm, respectively, and the counting frames were 40 × 40, 30 × 30, and 50 × 50 µm, respectively. The average coefficient of error for each region was 0.9. Sections were analysed using a 100 × 1.4 PlanApo oil-immersion objective. A 5-µm high disector, allowed for 2 µm top and bottom guard-zones.

Immunoblot analysis

Briefly, as previously described [47] protein homogenates from the hippocampus of vehicle and CBL-treated Tau/GSK3β bigenic mice and non-tg mice were prepared by

fractionation into cytosolic and membrane-bound constituents. Twenty micrograms of cytosolic protein per mouse were loaded onto 4-12% Bis-Tris (Invitrogen) SDS-PAGE gels, transferred onto Immobilon membranes, washed and blocked in BSA. After an overnight incubation with antibodies against total (1:1000, Cell Signaling) or p-GSK3β (Y216, 1:1000, Life Technologies) [33,34], total (1:500, Dako) and p-Tau AT8, AT270 (1:1000, Pierce) and Drp-1 (1:500, Santa Cruz), membranes were incubated in appropriate secondary antibodies, reacted with ECL and developed on a VersaDoc gel-imaging machine (Bio-Rad, Hercules, CA). Anti-beta-actin (1:1000; Sigma) antibody was used to confirm equal loading.

Electron microscopy and immunogold analysis

Briefly [48], vibratome sections were post-fixed in 1% glutaraldehyde, treated with osmium tetroxide, embedded in epon araldite and sectioned with the ultramicrotome (Leica, Germany). Grids were analyzed for mitochondrial morphology [49] with a Zeiss OM 10 electron microscope as previously described [40]. Electron micrographs were obtained at a magnification of 25,000X.

Statistical analysis

Analyses were carried out with the StatView 5.0 program (SAS Institute Inc., Cary, NC). Differences among means were assessed by one-way ANOVA with post-hoc Dunnett's. Comparisons between 2 groups were assessed using the two-tailed unpaired Student's t-test. Correlation studies were carried out by simple regression analysis and the null hypothesis was rejected at the 0.05 level.

Abbreviations

4R-Tau: Four-repeat tau; AAV2: Adeno-associated virus sub-type-2; AD: Alzheimer's disease; APP: Amyloid precursor protein; ANOVA: Analysis of variance; Aβ: Amyloid beta protein; CDK5: Cyclin-dependent kinase 5; CBL: CBL; DG: Dentate gyrus; DNA: Deoxyribonucleic acid; Drp-1: Dynamin-related protein-1; FITC: Fluorescein isothiocyanate; FTLD: Frontotemporal lobar degeneration; GCL: Granular cell layer of the dentate gyrus; GFAP: Glial fibrillary acidic protein; GSK3β: Glycogen synthase kinase 3-beta; GTP: Guanosine-5'-triphosphate; MAP2: microtubule-associated protein-2; ML: Molecular layer of the dentate gyrus; N: Number; NIH: National institutes of health; p-GSK3b: Phosphorylated glycogen synthase kinase 3-beta; p-Tau: Phosphorylated tau; PCR: Polymerase chain reaction; PID: Pick's disease; SDS-PAGE: Sodium dodecyl sulfate- polyacrylamide gel electrophoresis; t-GSK3β: Total glycogen synthase kinase 3-beta; t-Tau: Total tau; TDP43: TAR DNA-binding protein of 43 kDa; Tg: Transgenic; UCSD: University of California, San Diego.

Competing interests

Philip Novak, Marion Jech, Edith Doppler, and Herbert Moessler are employed by EVER Neuro Pharma GmbH, Unterach, Austria, which holds the commercial rights to CBL. Edward Rockenstein and Eliezer Masliah are advisers for NeuroPore Therapeutics, a fully owned US-subsiary of EVER Neuro Pharma.

Authors' contributions

ER – Experimental design, animal work, acquisition and interpretation of data. MT – Electron-microscopy, acquisition of data. MM – Animal work, acquisition of data. CP, AA – Immunohistochemistry and immunoblotting. PN, MJ, ED, HM – Experimental design. KU – Preparation of manuscript. EM – Analysis and interpretation of data, preparation and final approval of manuscript. All authors read and approved the final manuscript.

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References

- DeKosky ST, Scheff SW, Styren SD: **Structural correlates of cognition in dementia: quantification and assessment of synapse change.** *Neurodegeneration* 1996, **5**(4):417–421.
- Masliah E: **Mechanisms of synaptic dysfunction in Alzheimer's disease.** *Histol Histopathol* 1995, **10**:509–519.
- Masliah E, Crews L, Hansen L: **Synaptic remodeling during aging and in Alzheimer's disease.** *J Alzheimers Dis* 2006, **9**(3 Suppl):91–99.
- Masliah E: **Recent advances in the understanding of the role of synaptic proteins in Alzheimer's disease and other neurodegenerative disorders.** *J Alzheimers Dis* 2001, **3**(1):121–129.
- Scheff S, DeKosky S, Price D: **Quantitative assessment of cortical synaptic density in Alzheimer's disease.** *Neurobiol Aging* 1990, **11**:29–37.
- Terry R, Masliah E, Salmon D, Butters N, DeTeresa R, Hill R, Hansen L, Katzman R: **Physical basis of cognitive alterations in Alzheimer disease: synapse loss is the major correlate of cognitive impairment.** *Ann Neurol* 1991, **30**:572–580.
- Trojanowski JQ, Shin RW, Schmidt ML, Lee VM: **Relationship between plaques, tangles, and dystrophic processes in Alzheimer's disease.** *Neurobiol Aging* 1995, **16**(3):335–340. discussion 341–335.
- Broe M, Hodges JR, Schofield E, Shepherd CE, Kril JJ, Halliday GM: **Staging disease severity in pathologically confirmed cases of frontotemporal dementia.** *Neurology* 2003, **60**(6):1005–1011.
- McKhann GM, Albert MS, Grossman M, Miller B, Dickson D, Trojanowski JQ: **Clinical and pathological diagnosis of frontotemporal dementia: report of the work group on frontotemporal dementia and pick's disease.** *Arch Neurol* 2001, **58**(11):1803–1809.
- Cairns NJ, Neumann M, Bigio EH, Holm IE, Troost D, Hatanpaa KJ, Foong C, White CL, Schneider JA, Kretschmar HA, Carter D, Taylor-Reinwald L, Paulsmeyer K, Strider J, Gitcho M, Goate AM, Morris JC, Mishra M, Kwong LK, Stieber A, Xu Y, Forman MS, Trojanowski JQ, Lee VM, Mackenzie IR: **TDP-43 in familial and sporadic frontotemporal lobar degeneration with ubiquitin inclusions.** *Am J Pathol* 2007, **171**(1):227–240.
- DuBoff B, Gotz J, Feany MB: **Tau promotes neurodegeneration via DRP1 mislocalization in vivo.** *Neuron* 2012, **75**(4):618–632.
- Iijima-Ando K, Sekiya M, Maruko-Otake A, Ohtake Y, Suzuki E, Lu B, Iijima KM: **Loss of axonal mitochondria promotes tau-mediated neurodegeneration and Alzheimer's disease-related tau phosphorylation via PAR-1.** *PLoS Genet* 2012, **8**(8):e1002918.
- Mandelkow EM, Thies E, Trinczek B, Biernat J, Mandelkow E: **MARK/PAR1 kinase is a regulator of microtubule-dependent transport in axons.** *J Cell Biol* 2004, **167**(1):99–110.
- Zempel H, Thies E, Mandelkow E, Mandelkow EM: **Abeta oligomers cause localized Ca(2+) elevation, missorting of endogenous Tau into dendrites, Tau phosphorylation, and destruction of microtubules and spines.** *J Neurosci* 2010, **30**(36):11938–11950.
- Vossel KA, Zhang K, Brodbeck J, Daub AC, Sharma P, Finkbeiner S, Cui B, Mucke L: **Tau reduction prevents Abeta-induced defects in axonal transport.** *Science* 2010, **330**(6001):198.
- Roberson ED, Scarce-Levie K, Palop JJ, Yan F, Cheng IH, Wu T, Gerstein H, Yu GQ, Mucke L: **Reducing endogenous tau ameliorates amyloid beta-induced deficits in an Alzheimer's disease mouse model.** *Science* 2007, **316**(5825):750–754.
- Rockenstein E, Adame A, Mante M, Larrea G, Crews L, Windisch M, Moessler H, Masliah E: **Amelioration of the cerebrovascular amyloidosis in a transgenic model of Alzheimer's disease with the neurotrophic compound cerebrolysin.** *J Neural Transm* 2005, **112**(2):269–282.
- Rockenstein E, Adame A, Mante M, Moessler H, Windisch M, Masliah E: **The neuroprotective effects of Cerebrolysin in a transgenic model of Alzheimer's disease are associated with improved behavioral performance.** *J Neural Transm* 2003, **110**(11):1313–1327.
- Rockenstein E, Mallory M, Mante M, Alford M, Windisch M, Moessler H, Masliah E: **Effects of Cerebrolysin on amyloid-beta deposition in a transgenic model of Alzheimer's disease.** *J Neural Transm Suppl* 2002, **62**:327–336.
- Alvarez XA, Cacabelos R, Laredo M, Couceiro V, Sampedro C, Varela M, Corzo L, Fernandez-Novoa L, Vargas M, Aleixandre M, Linares C, Granizo E, Muresanu D, Moessler H: **A 24-week, double-blind, placebo-controlled study of three dosages of Cerebrolysin in patients with mild to moderate Alzheimer's disease.** *Eur J Neurol* 2006, **13**(1):43–54.
- Alvarez XA, Cacabelos R, Sampedro C, Aleixandre M, Linares C, Granizo E, Doppler E, Moessler H: **Efficacy and safety of Cerebrolysin in moderate to moderately severe Alzheimer's disease: results of a randomized, double-blind, controlled trial investigating three dosages of Cerebrolysin.** *Eur J Neurol* 2011, **18**(1):59–68.
- Alvarez XA, Cacabelos R, Sampedro C, Couceiro V, Aleixandre M, Vargas M, Linares C, Granizo E, Garcia-Fantini M, Baurecht W, Doppler E, Moessler H: **Combination treatment in Alzheimer's disease: results of a randomized, controlled trial with cerebrolysin and donepezil.** *Curr Alzheimer Res* 2011, **8**(5):583–591.
- Allegri RF, Guekht A: **Cerebrolysin improves symptoms and delays progression in patients with Alzheimer's disease and vascular dementia.** *Drugs Today (Barc)* 2012, **48**(Suppl A):25–41.
- Plosker GL, Gauthier S: **Cerebrolysin: a review of its use in dementia.** *Drugs Aging* 2009, **26**(11):893–915.
- Plosker GL, Gauthier S: **Spotlight on cerebrolysin in dementia.** *CNS Drugs* 2010, **24**(3):263–266.
- Ubhi K, Rockenstein E, Doppler E, Mante M, Adame A, Patrick C, Trejo M, Crews L, Paulino A, Moessler H, Masliah E: **Neurofibrillary and neurodegenerative pathology in APP-transgenic mice injected with AAV2-mutant TAU: neuroprotective effects of Cerebrolysin.** *Acta Neuropathol* 2009, **117**(6):699–712.
- Flunkert S, Hierzer M, Loffler T, Rabl R, Neddens J, Duller S, Schofield EL, Ward MA, Posch M, Jungwirth H, Windisch M, Hutter-Paier B: **Elevated levels of soluble total and hyperphosphorylated tau result in early behavioral deficits and distinct changes in brain pathology in a new tau transgenic mouse model.** *Neurodegener Dis* 2013, **11**(4):194–205.
- Engel T, Goni-Oliver P, Gomez-Ramos P, Moran MA, Lucas JJ, Avila J, Hernandez F: **Hippocampal neuronal subpopulations are differentially affected in double transgenic mice overexpressing frontotemporal dementia and parkinsonism linked to chromosome 17 tau and glycogen synthase kinase-3beta.** *Neuroscience* 2008, **157**(4):772–780.
- Bender A, Desplats P, Spencer B, Rockenstein E, Adame A, Elstner M, Laub C, Mueller S, Koob AO, Mante M, Pham E, Klopstock T, Masliah E: **TOM40 mediates mitochondrial dysfunction induced by alpha-synuclein accumulation in Parkinson's disease.** *PLoS One* 2013, **8**(4):e62277.
- Reed LA, Grabowski TJ, Schmidt ML, Morris JC, Goate A, Solodkin A, Van Hoesen GW, Schelper RL, Talbot CJ, Wragg MA, Trojanowski JQ: **Autosomal dominant dementia with widespread neurofibrillary tangles.** *Ann Neurol* 1997, **42**(4):564–572.
- Saito Y, Geyer A, Sasaki R, Kuzuhara S, Nanba E, Miyasaka T, Suzuki K, Murayama S: **Early-onset, rapidly progressive familial tauopathy with R406W mutation.** *Neurology* 2002, **58**(5):811–813.
- Van Swieten JC, Stevens M, Rosso SM, Rizzu P, Joosse M, de Koning I, Kamphorst W, Ravid R, Spillantini MG, Niermeijer, Heutink P: **Phenotypic variation in hereditary frontotemporal dementia with tau mutations.** *Ann Neurol* 1999, **46**(4):617–626.
- Fuster-Matanzo A, Llorens-Martin M, Sierrol-Piquer MS, Garcia-Verdugo JM, Avila J, Hernandez F: **Dual effects of increased glycogen synthase kinase-3beta activity on adult neurogenesis.** *Hum Mol Genet* 2013, **22**(7):1300–1315.
- Lucas JJ, Hernandez F, Gomez-Ramos P, Moran MA, Hen R, Avila J: **Decreased nuclear beta-catenin, tau hyperphosphorylation and neurodegeneration in GSK-3beta conditional transgenic mice.** *EMBO J* 2001, **20**(1–2):27–39.
- Eckert A, Nisbet R, Grimm A, Gotz J: **March separate, strike together - Role of phosphorylated TAU in mitochondrial dysfunction in Alzheimer's disease.** *Biochim Biophys Acta* 2013, **1842**:1258–1266.
- Manczak M, Reddy PH: **Abnormal interaction between the mitochondrial fission protein Drp1 and hyperphosphorylated tau in Alzheimer's disease**

- neurons: implications for mitochondrial dysfunction and neuronal damage. *Hum Mol Genet* 2012, **21**(11):2538–2547.
37. Wang X, Su B, Lee HG, Li X, Perry G, Smith MA, Zhu X: Impaired balance of mitochondrial fission and fusion in Alzheimer's disease. *J Neurosci* 2009, **29**(28):9090–9103.
 38. Qu J, Nakamura T, Holland EA, McKercher SR, Lipton SA: S-nitrosylation of Cdk5: potential implications in amyloid-beta-related neurotoxicity in Alzheimer disease. *Prion* 2012, **6**(4):364–370.
 39. Strack S, Wilson TJ, Cribbs JT: Cyclin-dependent kinases regulate splice-specific targeting of dynamin-related protein 1 to microtubules. *J Cell Biol* 2013, **201**(7):1037–1051.
 40. Chou CH, Lin CC, Yang MC, Wei CC, Liao HD, Lin RC, Tu WY, Kao TC, Hsu CM, Cheng JT, Chou AK, Lee CJ, Loh JK, Howng SL, Hong YR: GSK3beta-mediated Drp1 phosphorylation induced elongated mitochondrial morphology against oxidative stress. *PLoS One* 2012, **7**(11):e49112.
 41. Rockenstein E, Torrance M, Mante M, Adame A, Paulino A, Rose JB, Crews L, Moessler H, Masliah E: Cerebrolysin decreases amyloid-beta production by regulating amyloid protein precursor maturation in a transgenic model of Alzheimer's disease. *J Neurosci Res* 2006, **83**(7):1252–1261.
 42. Rockenstein E, Mante M, Adame A, Crews L, Moessler H, Masliah E: Effects of Cerebrolysin on neurogenesis in an APP transgenic model of Alzheimer's disease. *Acta Neuropathol* 2007, **113**(3):265–275.
 43. Masliah E, Diez-Tejedor E: The pharmacology of neurotrophic treatment with Cerebrolysin: brain protection and repair to counteract pathologies of acute and chronic neurological disorders. *Drugs Today (Barc)* 2012, **48**(Suppl A):3–24.
 44. Rockenstein E, Torrance M, Adame A, Mante M, Bar-on P, Rose JB, Crews L, Masliah E: Neuroprotective effects of regulators of the glycogen synthase kinase-3beta signaling pathway in a transgenic model of Alzheimer's disease are associated with reduced amyloid precursor protein phosphorylation. *J Neurosci* 2007, **27**(8):1981–1991.
 45. Rockenstein E, McConlogue L, Tan H, Power M, Masliah E, Mucke L: Levels and alternative splicing of amyloid b protein precursor (APP) transcripts in brains of APP transgenic mice and humans with Alzheimer's disease. *J Biol Chem* 1995, **270**:28257–28267.
 46. Overk CR, Kelley CM, Mufson EJ: Brainstem Alzheimer's-like pathology in the triple transgenic mouse model of Alzheimer's disease. *Neurobiol Dis* 2009, **35**(3):415–425.
 47. Ubhi K, Rockenstein E, Mante M, Inglis C, Adame A, Patrick C, Whitney K, Masliah E: Neurodegeneration in a transgenic mouse model of multiple system atrophy is associated with altered expression of oligodendroglial-derived neurotrophic factors. *J Neurosci* 2010, **30**(18):6236–6246.
 48. Games D, Seubert P, Rockenstein E, Patrick C, Trejo M, Ubhi K, Ettle B, Ghassemiam M, Barbour R, Schenk D, Nuber S, Masliah E: Axonopathy in an alpha-synuclein transgenic model of Lewy body disease is associated with extensive accumulation of C-terminal-truncated alpha-synuclein. *Am J Pathol* 2013, **182**(3):940–953.
 49. Borlikova GG, Trejo M, Mably AJ, Mc Donald JM, Sala Frigerio C, Regan CM, Murphy KJ, Masliah E, Walsh DM: Alzheimer brain-derived amyloid beta-protein impairs synaptic remodeling and memory consolidation. *Neurobiol Aging* 2013, **34**(5):1315–1327.

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