

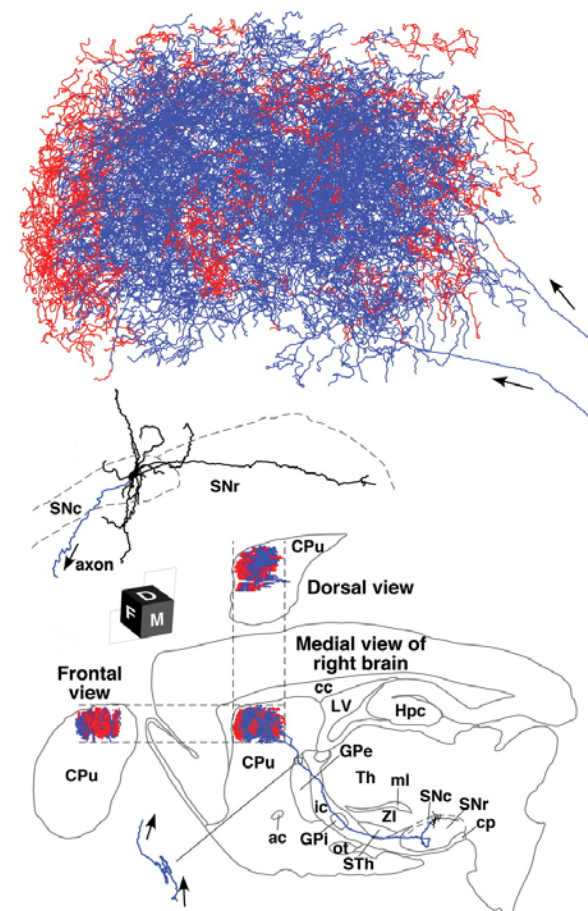
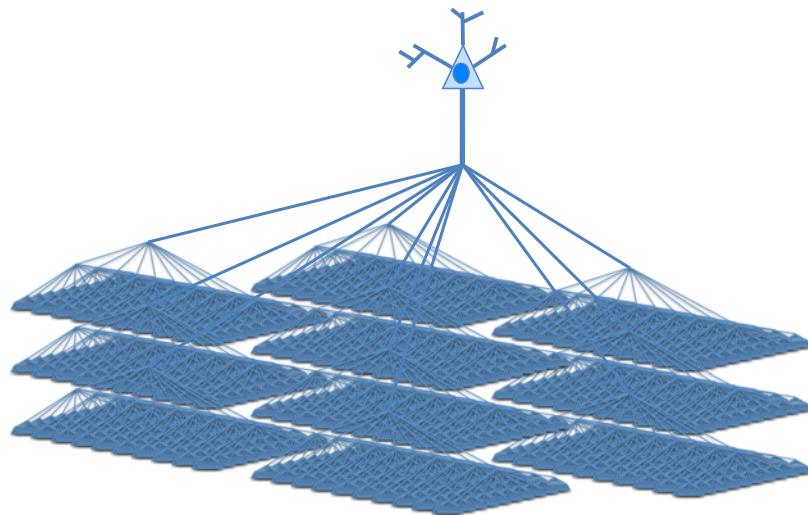
Lecture plan

1. Basal ganglia circuitry
2. Nigrostriatal degeneration and symptomatic treatments
 - Motor symptoms → dopamine replacement
 - Deep brain stimulation
3. Neuronal degeneration / Lewy body pathology
 - Selective vulnerability of neuronal subtypes
 - Spreading of the α -synuclein pathology
4. PD etiology: organelle quality control
 - Recessive forms: parkin, PINK1 and mitochondrial turnover

Parkinson's disease pathology: selective neuronal vulnerability

Ventral midbrain dopamine neurons

- Long, unmyelinated axons, high energy demand
- Accumulation of DA degradation products in **neuromelanin**
- **>1'000'000 presynaptic terminals/neuron in humans**
Massive dendrites, cell body <<1% total cell volume
- Depend largely on axonal transport
- Presence of **DOPAMINE** is a stress factor
- DA metabolism produces ROS sequestration into vesicles is crucial
- **Autonomously active**, slow pacemaking firing activity (2-4Hz)
- Ca_v 1.3 channels

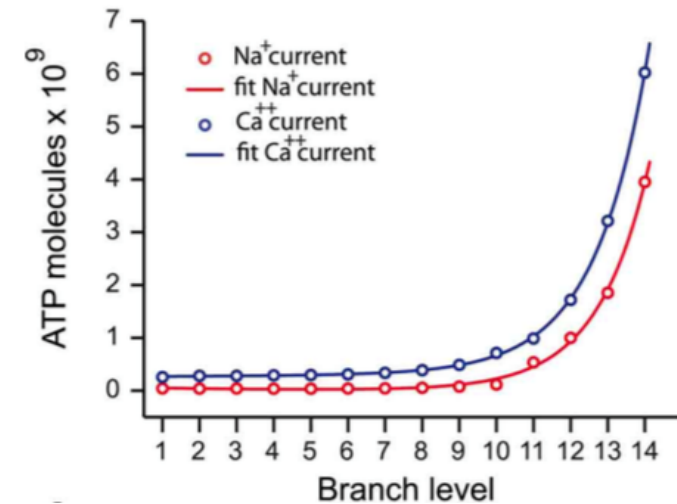
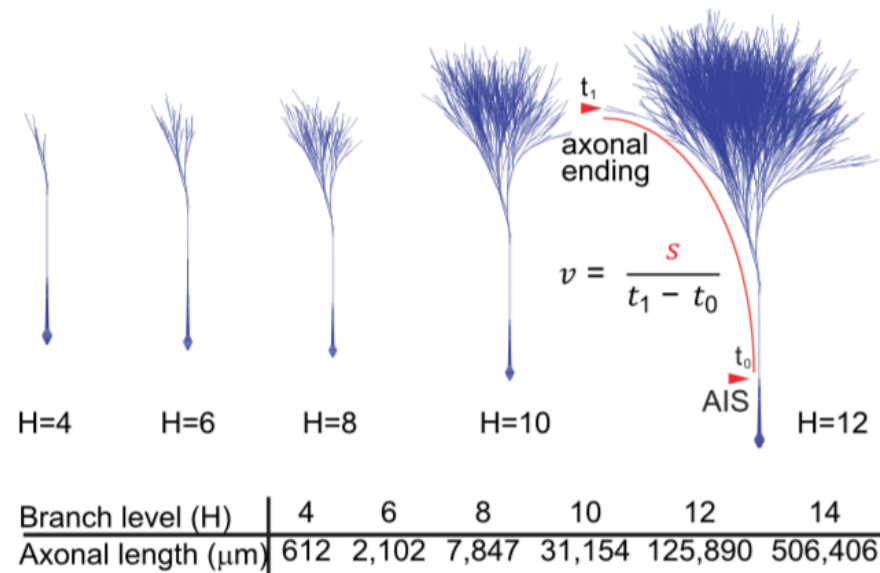


Chan CS et al., TINS 32(5), 2009

Matsuda W et al., J. Neurosci 29(2), 2009

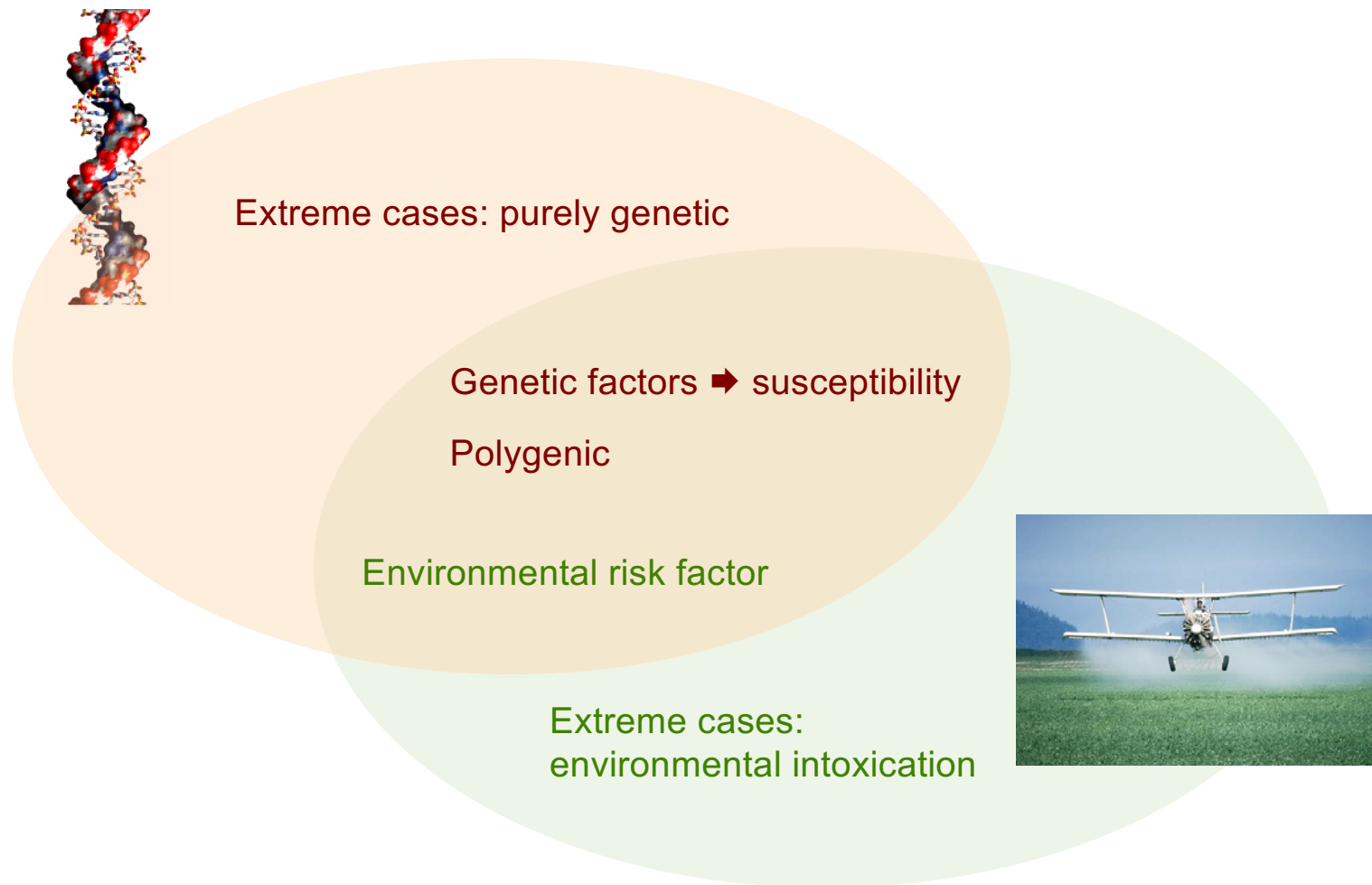
Parkinson's disease pathology: selective neuronal vulnerability

ATP demand increases exponentially with increasing levels of axonal branching



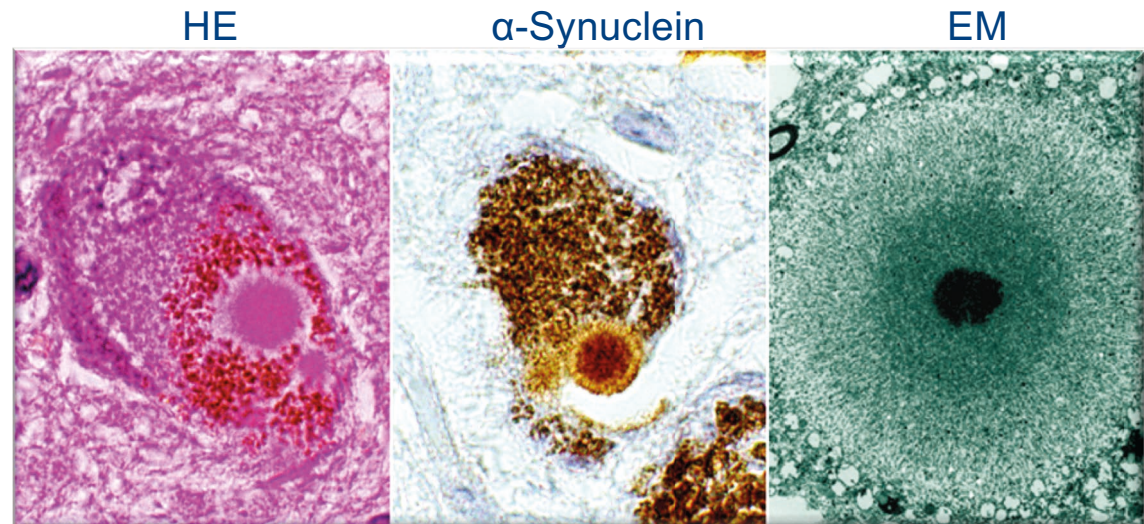
Parkinson's disease : genetic and environmental causes

Parkinson's disease: complex etiology !



Lewy body

- First described in 1912 by Friedrich Lewy
- Hallmark of synucleinopathies
- Aggregates, composed mainly of proteins, and some lipids
- The protein **alpha-synuclein** is the main constituent
- Cytoplasmic
- Mostly neuronal
- In the cell soma (Lewy bodies)
- In the neurites (Lewy neurites)



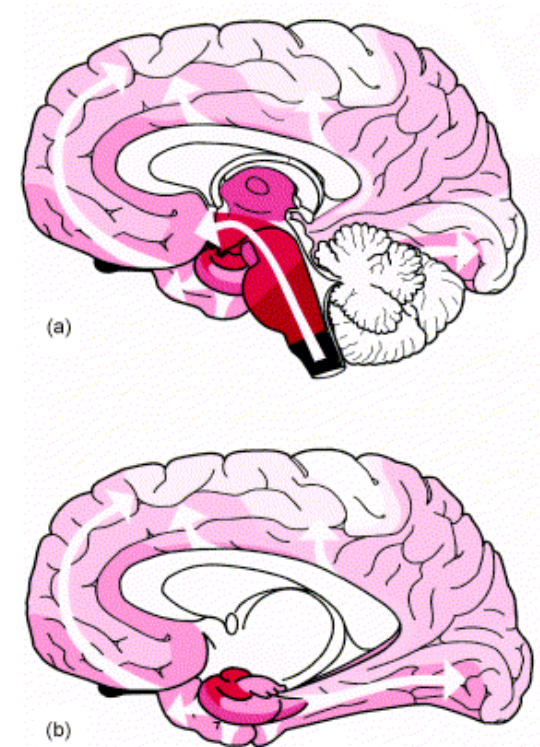
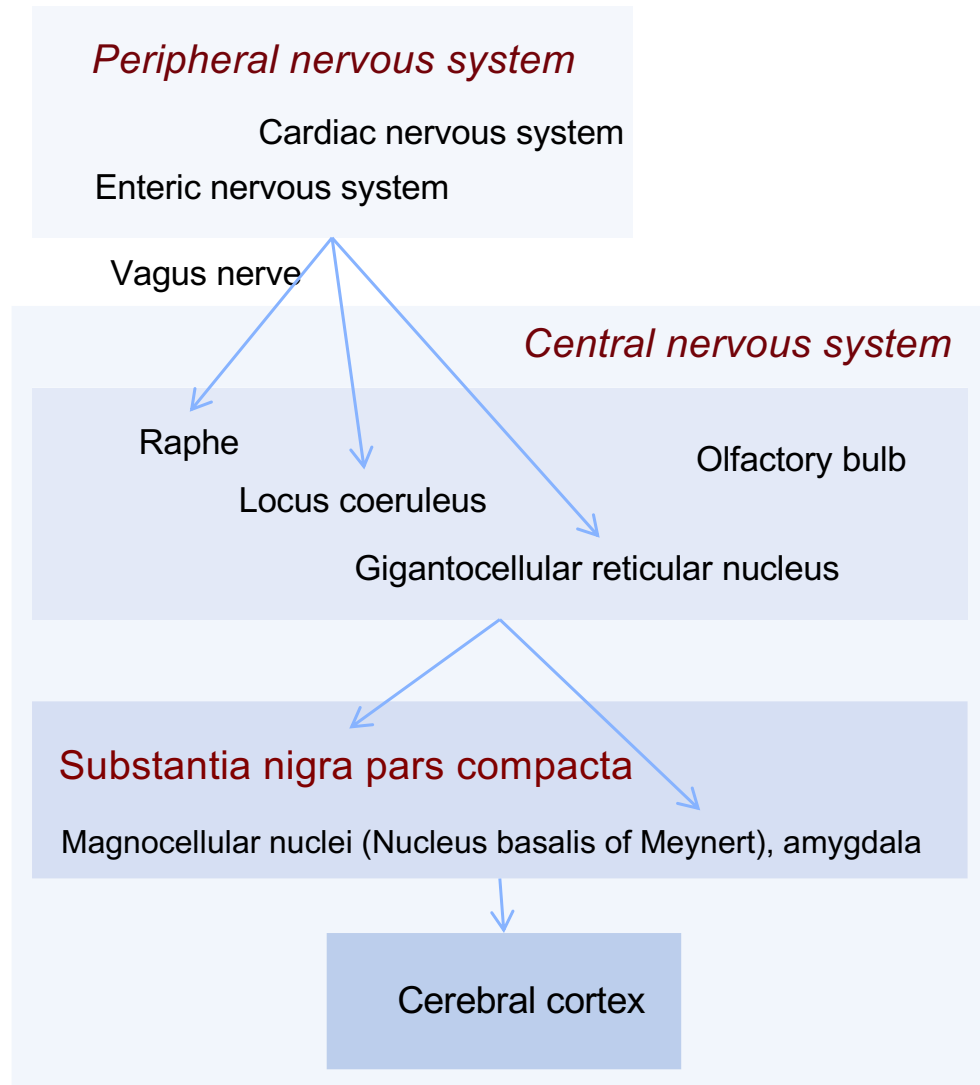
Parkinson's disease etiology : familial forms



Locus	Protein	Mode of inheritance	Atypical PD features	Lewy bodies	Frequency
PARK1/4	α-synuclein (SNCA)	AD	Early onset, rapid progression	+	<1%
PARK8	LRRK2	AD	-	+	1-7% of PD patients
PARK5	UCH-L1	AD	?	?	rare
PARK17	VPS35	AD	?	?	0.13% of PD patients

PARK2	Parkin	AR	Early onset, dyskinesias, slow progression	(-)	10-25% of early-onset PD
PARK6	PINK1	AR	Early onset, slow progression	(+)	1-8% of early-onset PD
PARK9	ATP13A2	AR	Juvenile onset, dementia	?	rare
PARK7	DJ-1	AR	Early onset, slow progression, psychiatric symptoms	?	1-2% of early-onset PD
PARK14	PLA2G6	AR	Early onset, dystonia	?	rare

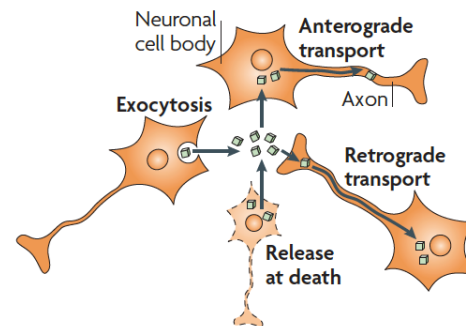
EPFL Widespread and progressive Lewy body pathology in Parkinson's disease



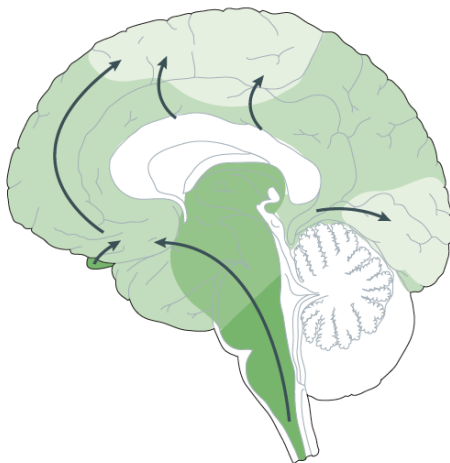
Braak H. et al.,
Neurobiology of Aging 2003, 24: 197-211

Neurodegeneration: spreading pathologies

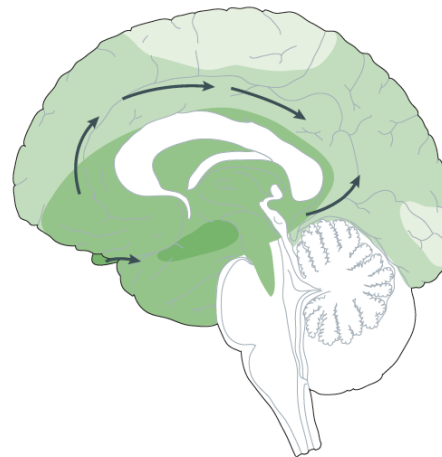
Propagation patterns of neurodegenerative proteopathies



Parkinson's disease
(α -synuclein)



Alzheimer's disease
(tau)



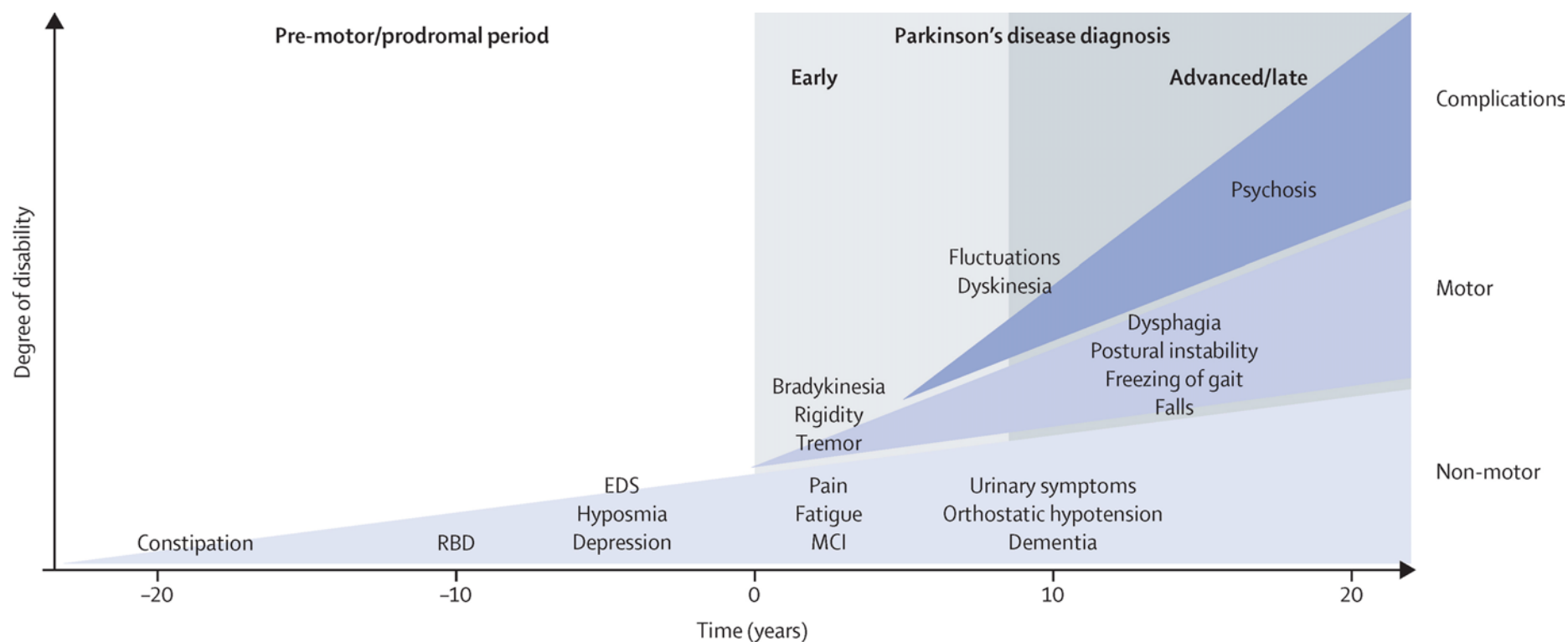
Huntington's disease
(huntingtin)



EPFL Lewy body pathology in Parkinson's disease: correlation with early symptoms

Evolution of Parkinson's disease

(many symptoms poorly respond to dopamine treatment)

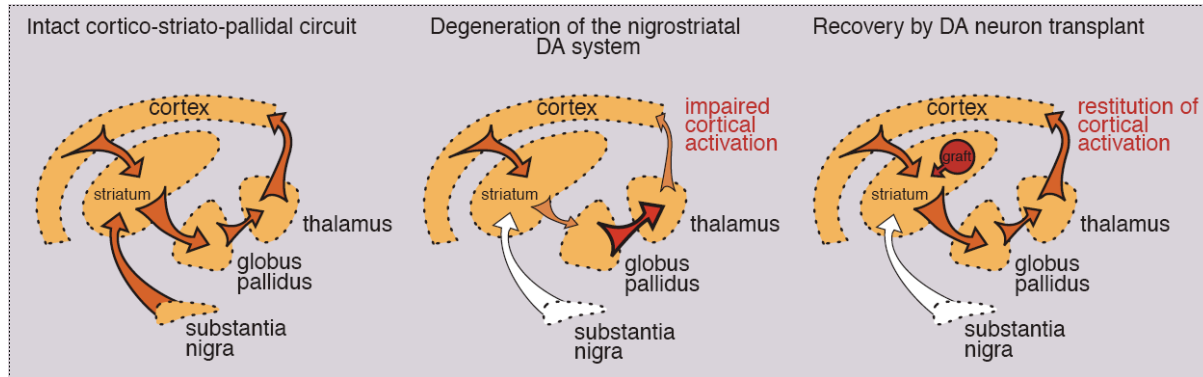


■ Kalia LV et al, the Lancet 2015

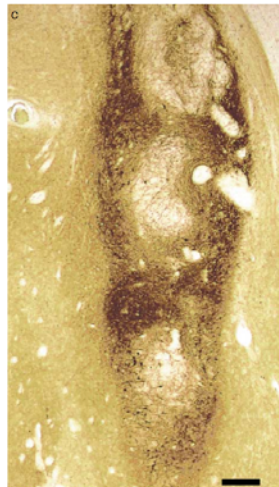
RBD: REM (rapid eye movement) Sleep Behavior Disorder
EDS: Excessive daytime sleepiness

PD pathology: evidence for spreading

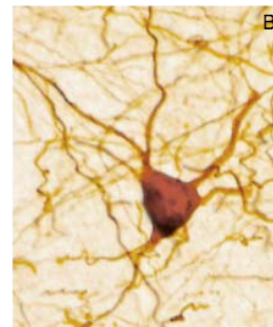
Cell replacement: fetal grafts of dopamine neurons



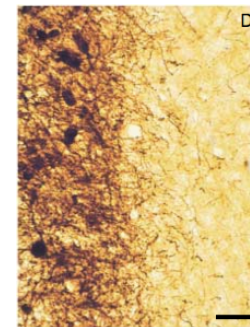
Survival / engraftment



Fetal graft (7 embryos, 6½-9 wks)
18 months post transplantation
Tyrosine hydroxylase staining



Connectivity with host striatum



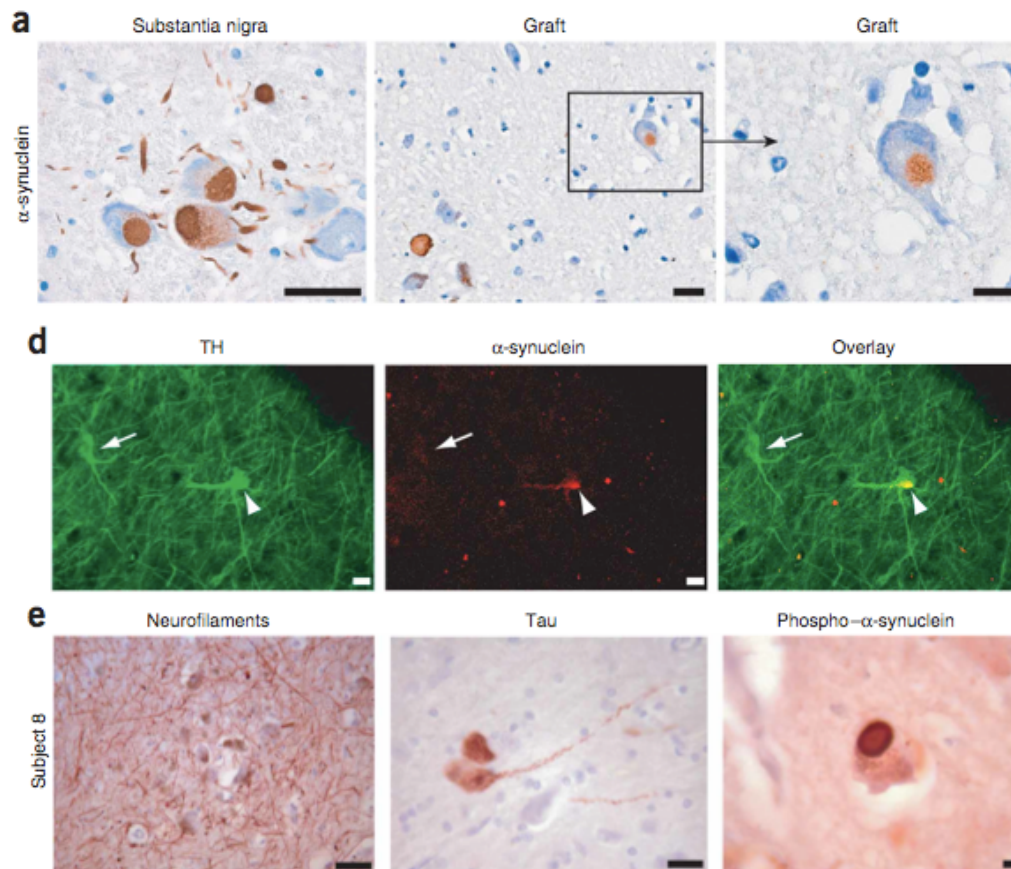
PD pathology: evidence for spreading

Post-mortem analysis of long-term grafted patients: 11-16 yrs post surgery

**Lewy-body pathology
in some grafted
neurons !**

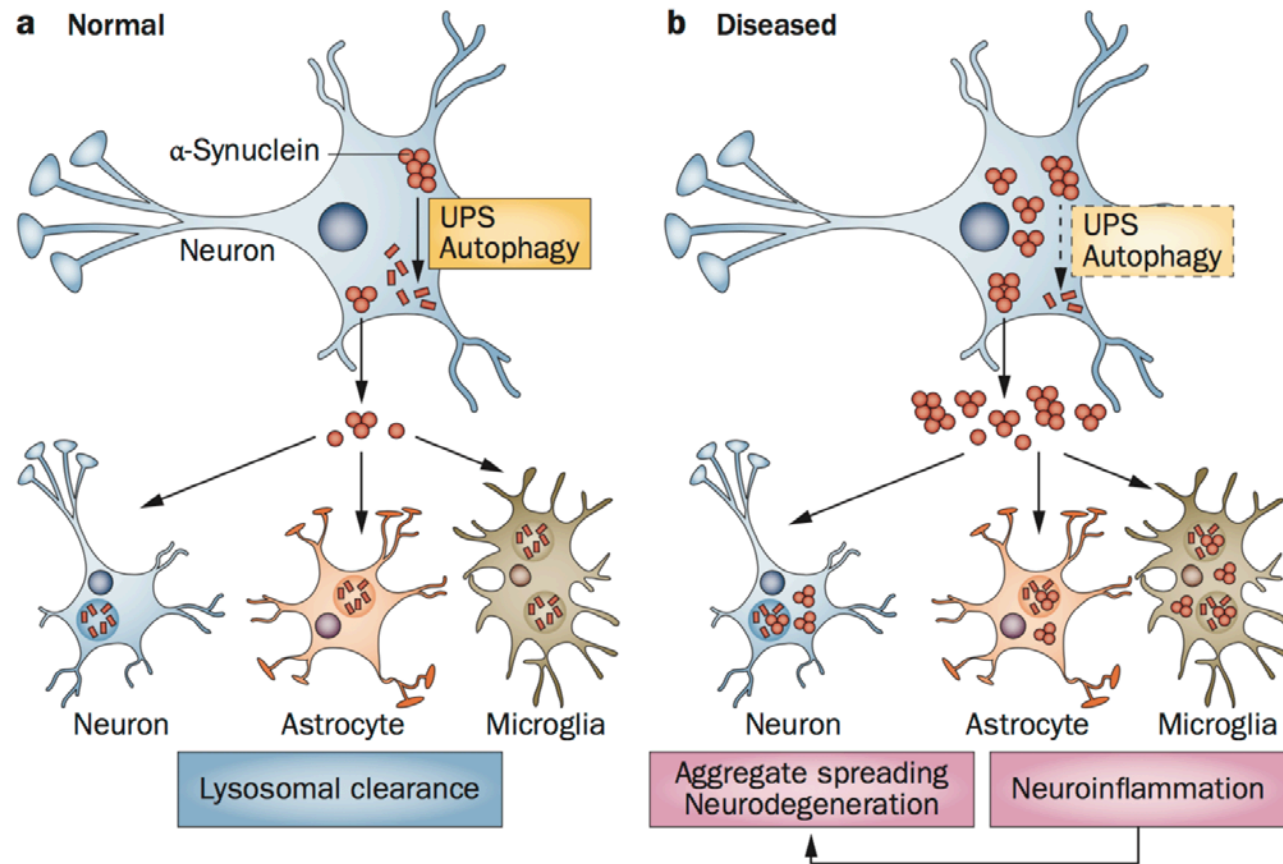
**« Prion-like »
disease transmission ?**

Graft exposed to a
noxious
microenvironment
(microglia, lack of
trophic support) ??



Li et al., Nature Medicine 2008
Kordower et al., Nature Medicine 2008
Mendez et al., Nature Medicine 2008

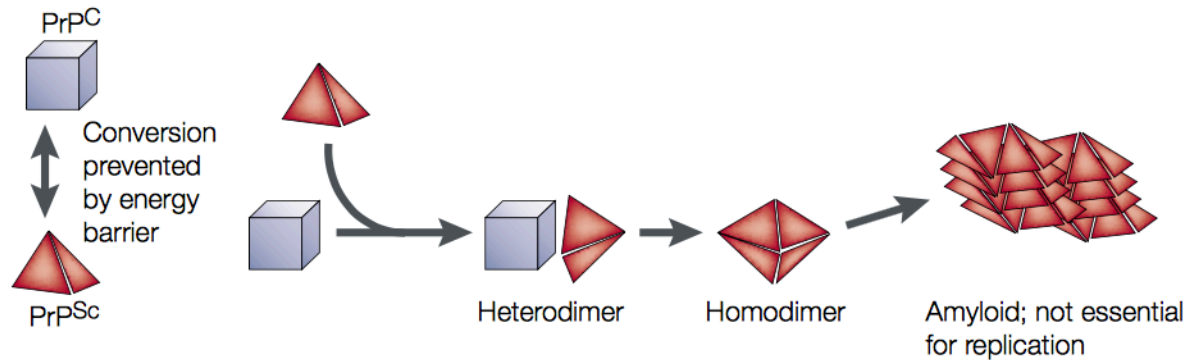
PD pathology: evidence for spreading



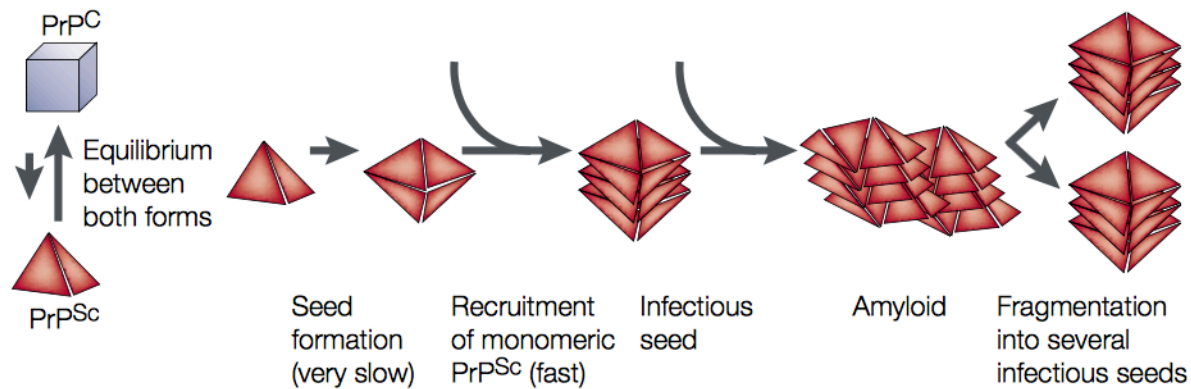
Spreading of PD pathology: a prion-like mechanism ?

Infectious proteins: proposed models

a 'Refolding' model

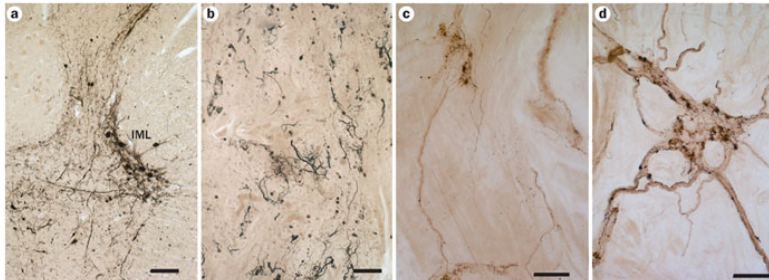


b 'Seeding' model

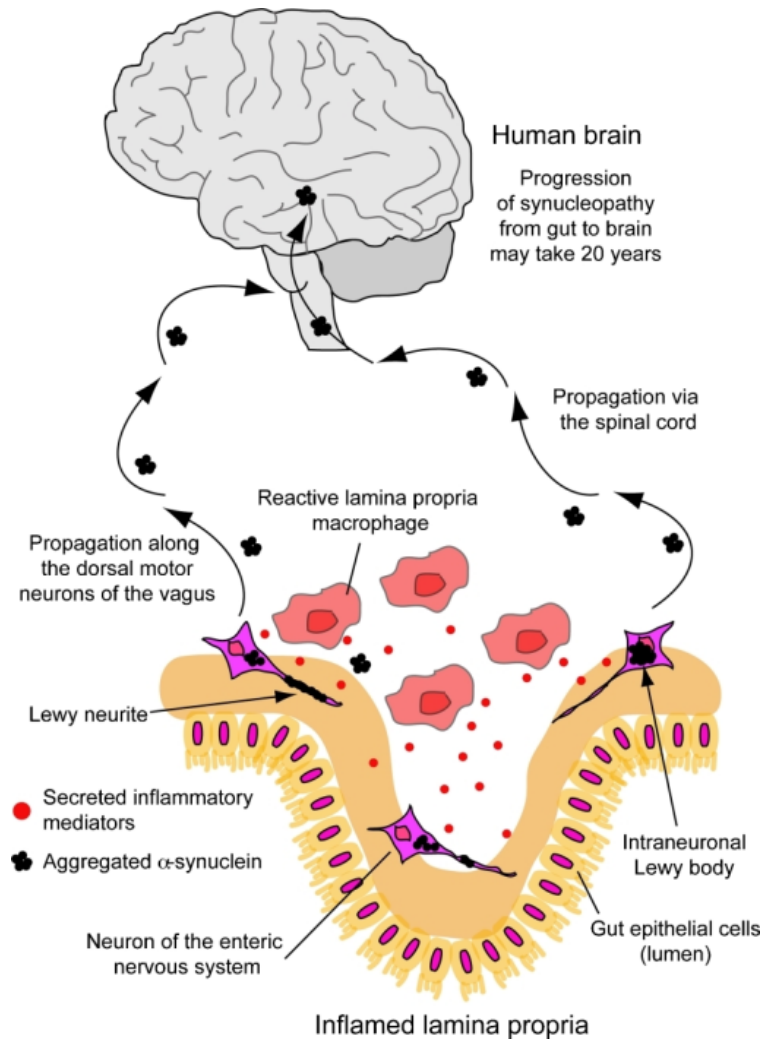


PD pathology: evidence for spreading

Is there a propagation of the α -synuclein pathology from the periphery towards the brain ?

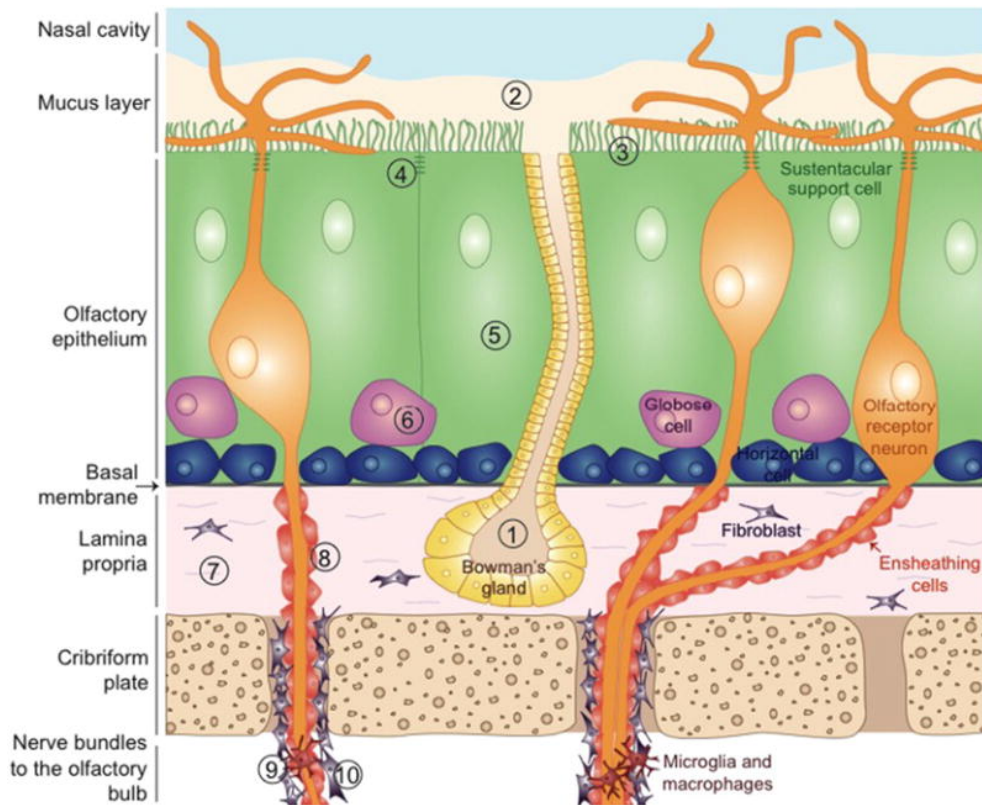


Synuclein-immunoreactive Lewy pathology in the PD spinal cord, coeliac ganglion and gastrointestinal tract

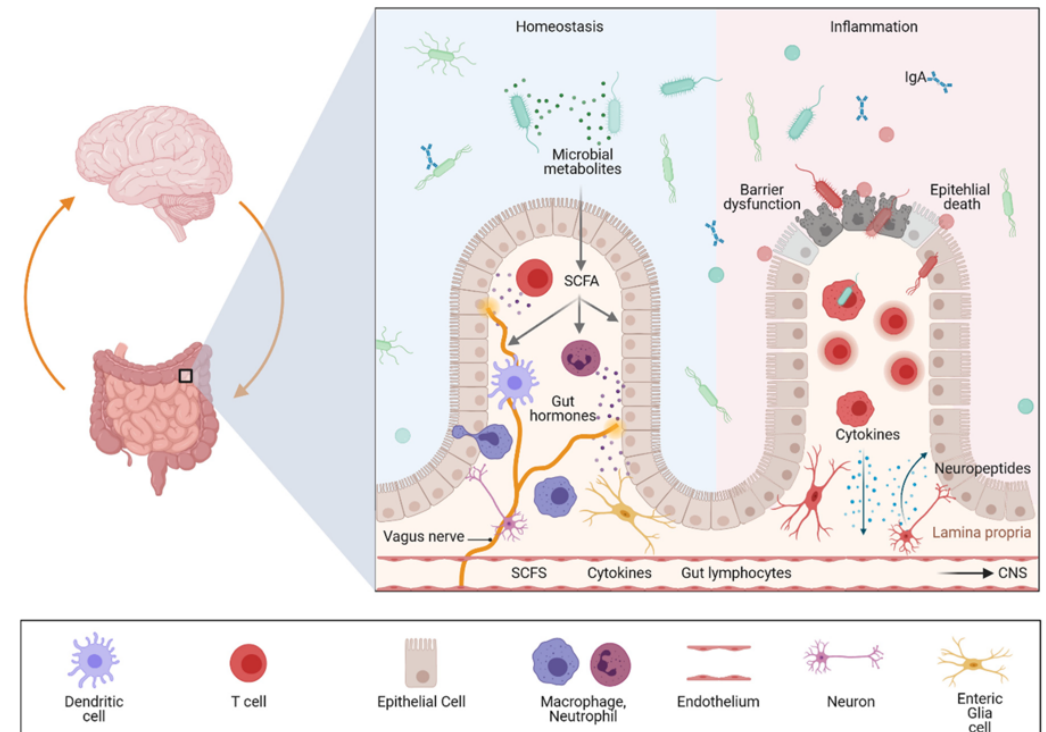


Are the olfactory epithelium and the gut epithelium starting points for spreading of the α -synuclein pathology to the central nervous system ?

Olfactory epithelium



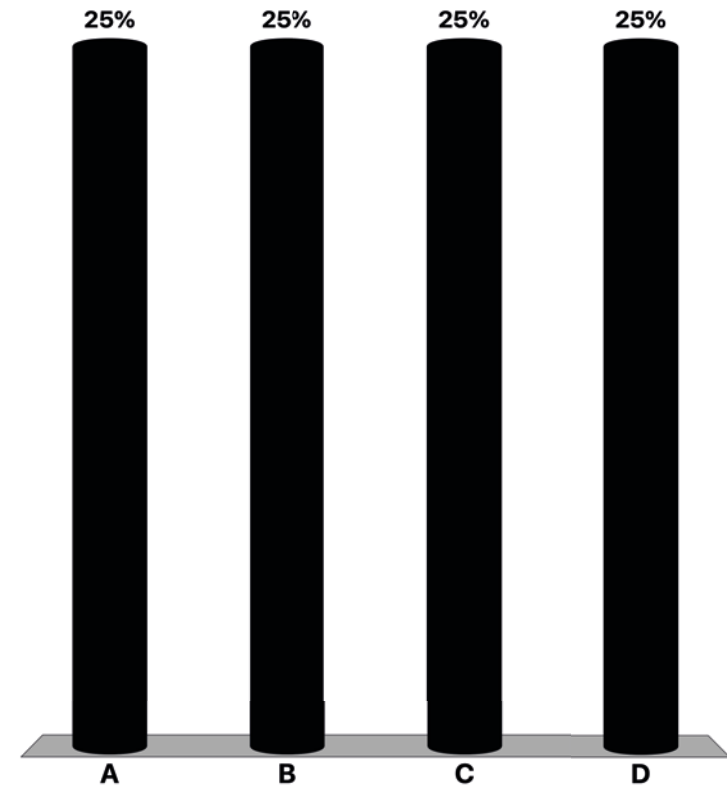
Gut epithelium



Alpha-synuclein pathology propagates across defined pathways in the CNS. What are the implications of this observation ?

Select all the correct statements:

- A. Similar to prion, α -synuclein misfolding is an infectious mechanism
- B. This shows that the protein may be accessible to therapeutic intervention outside cells
- C. This mechanism may be either pathological or physiological
- D. This mechanism has no therapeutic implication



Parkinson's disease: a cerebral proteopathy ?

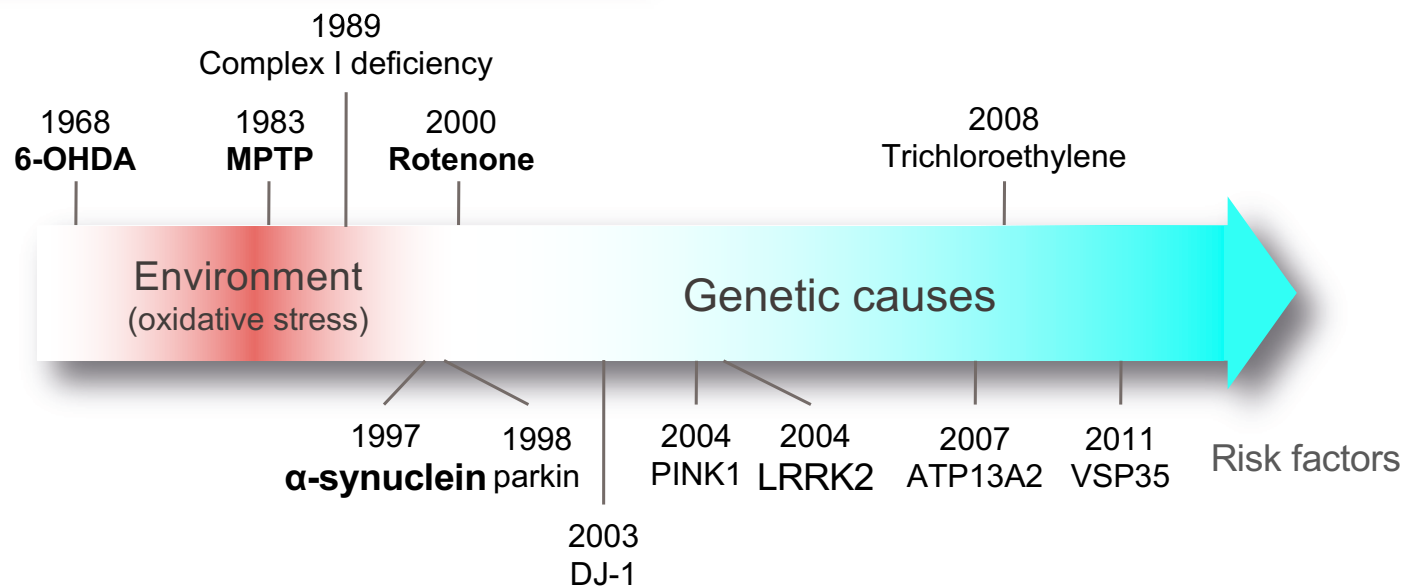
	Aggregated protein	Pathological lesion	Proteopathy
Alzheimer's disease	Amyloid β	Amyloid β Plaques	Amyloidosis
	Tau	Neurofibrillary tangles	Tauopathy
Pick's disease (FTLD)	Tau	Pick bodies	Tauopathy
Parkinson/Lewy Body Disease	α Synuclein	Lewy bodies/neurites	Synucleinopathy
Creutzfeldt-Jakob Disease	Prion	Prion plaques	Prionopathy

“Prionoids”?

Parkinson's disease etiology : genetic factors

Parkinson's disease: a shift in the paradigm to understand causality.

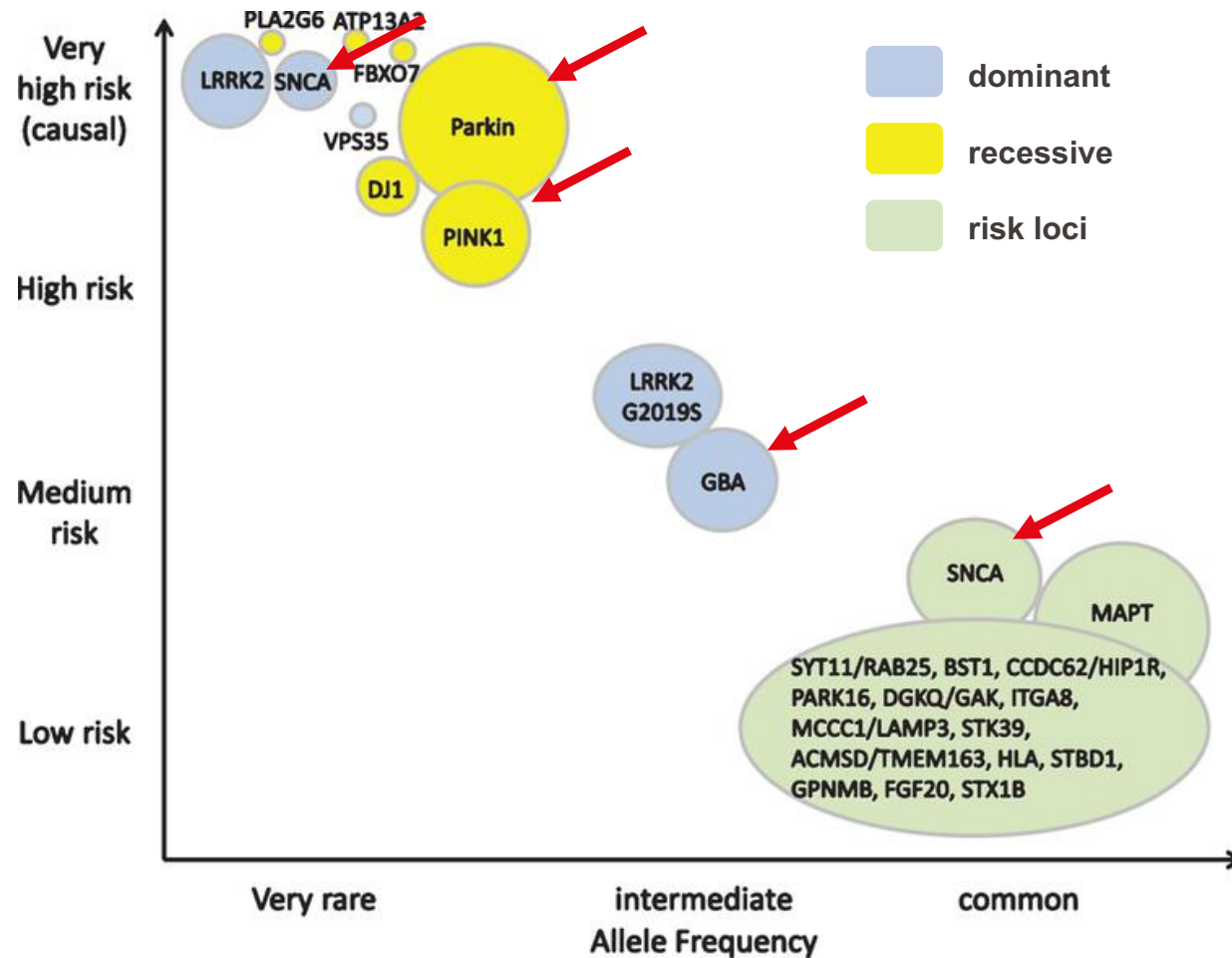
Oxidative stress/mitochondria intoxication



Protein aggregation/quality control

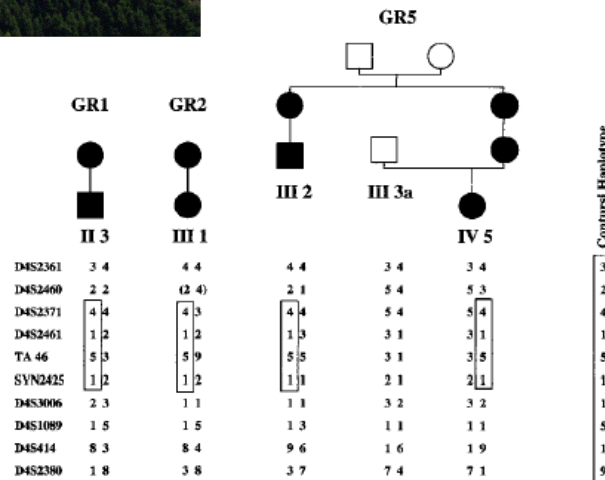
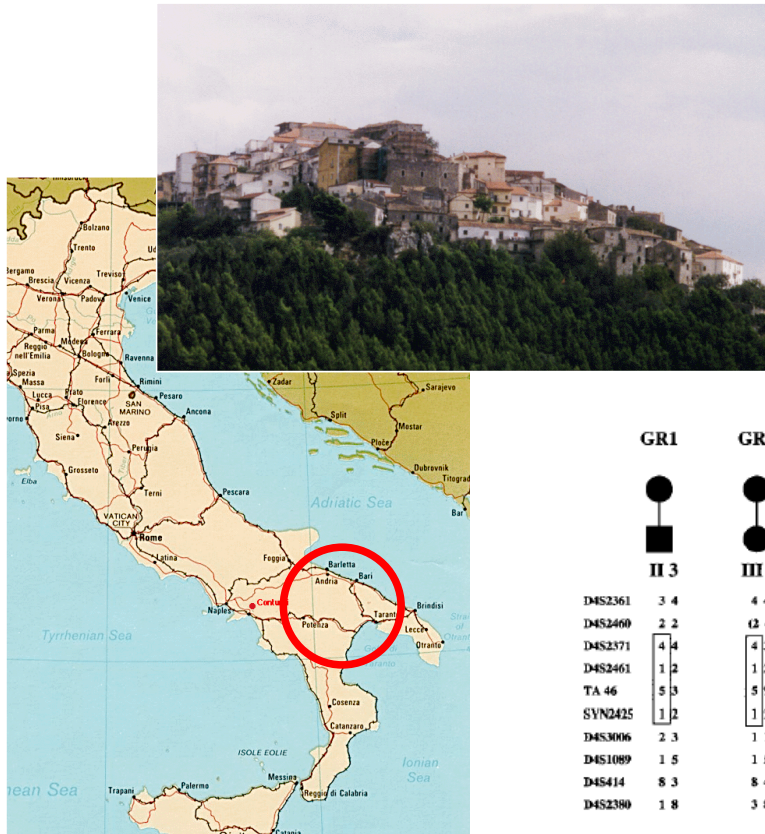
Mitochondrial dysfunction

Classification of the genes linked to Parkinson's disease



Genetic factors: α -synuclein (SNCA)

Contursi kindred (α -synuclein A53T mutation)



Chromosome 4



Parkinson's Disease

PARK1

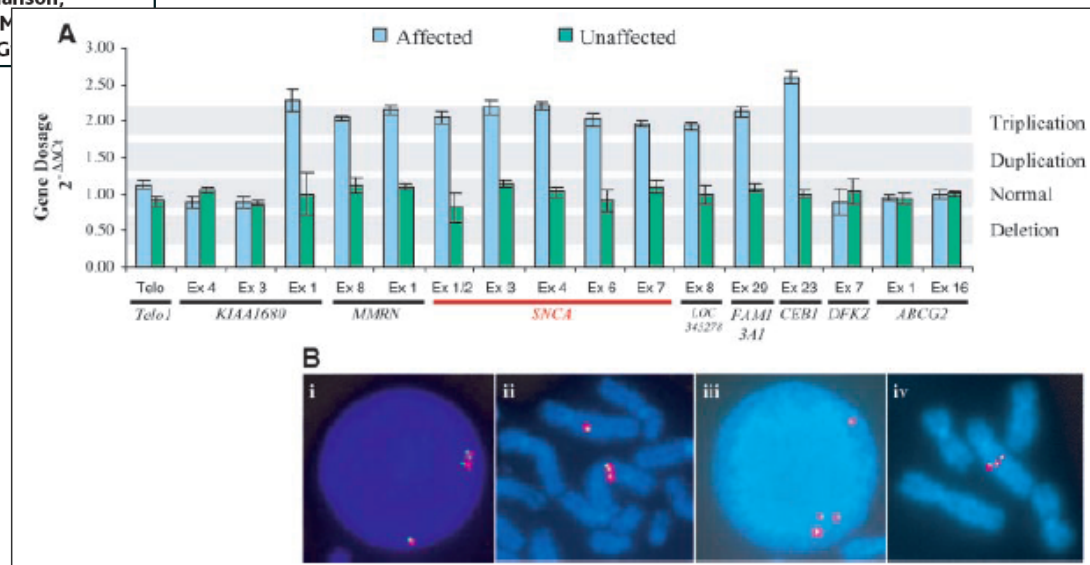
Autosomal dominant inheritance

Genetic factors: α -synuclein (SNCA)

α -Synuclein: importance of gene dosage

α -Synuclein Locus Triplication Causes Parkinson's Disease

A. B. Singleton,^{1*} M. Farrer,^{4†} J. Johnson,¹ A. Singleton,²
S. Hague,¹ J. Kachergus,⁴ M. Hulihan,⁴ T. Peuralinna,¹ A. Dutra,³
R. Nussbaum,² S. Lincoln,⁴ A. Crawley,² M. Hanson,¹
D. Maraganore,⁵ C. Adler,⁶ M. R. Cookson,¹ M. M.
M. Baptista,¹ D. Miller,¹ J. Blancato,⁷ J. Hardy,¹ K. G.



α -synuclein locus duplication as a cause of familial Parkinson's disease

Marie-Christine Chartier-Harlin, Jennifer Kachergus, Christophe Roumier,
Lydie Larvor, Joris Andrieux, Mary Hulihan, Nawal Waucquier, Luc Defebv

Causal relation between α -synuclein gene duplication and familial Parkinson's disease

Lancet 2004

P Ibáñez, A-M Bonnet, B Débarges, E Lohmann, FTison, P Pollak, Y Agid, A Dürr, A Brice, French Parkinson's Disease Genetics Study Group*

Genetic factors: α -synuclein (SNCA) α -Synuclein: importance of gene dosage

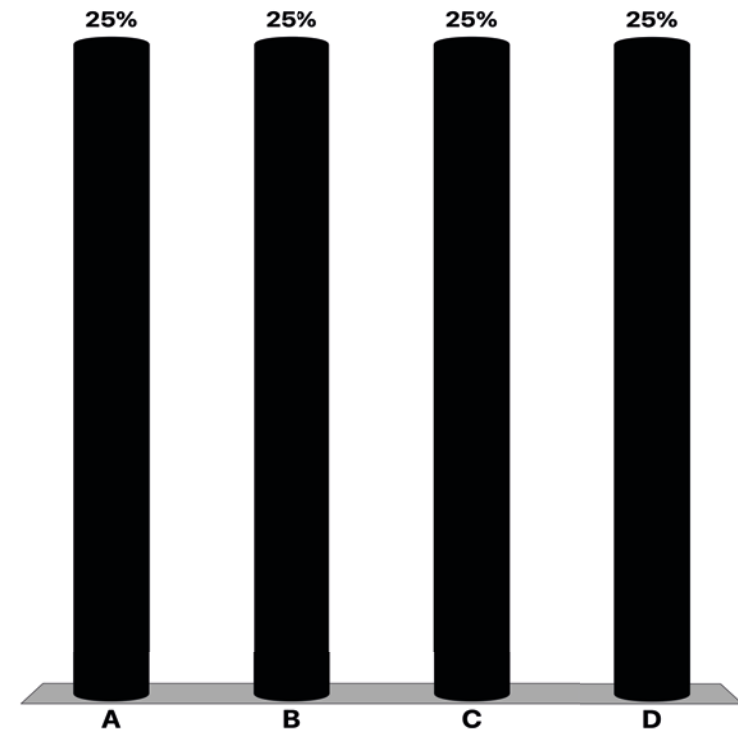
	Fold increase in expression	Syndrom	Age of onset	Mode of inheritance
Promoter polymorphism	?	Risk factor for Parkinson	?	?
Duplication	1.5 X	Parkinsonism	48 yrs (39-65)	Dominant (incomplete penetrance)
Triplication	2 X	Parkinsonism Dementia	34 yrs	Dominant

EPFL Parkinson's disease: question 8

You have discovered that a triplication of a genomic locus containing the α -synuclein gene can lead to autosomal dominant Parkinson's disease (PD), which is characterized by the deposition of Lewy bodies.

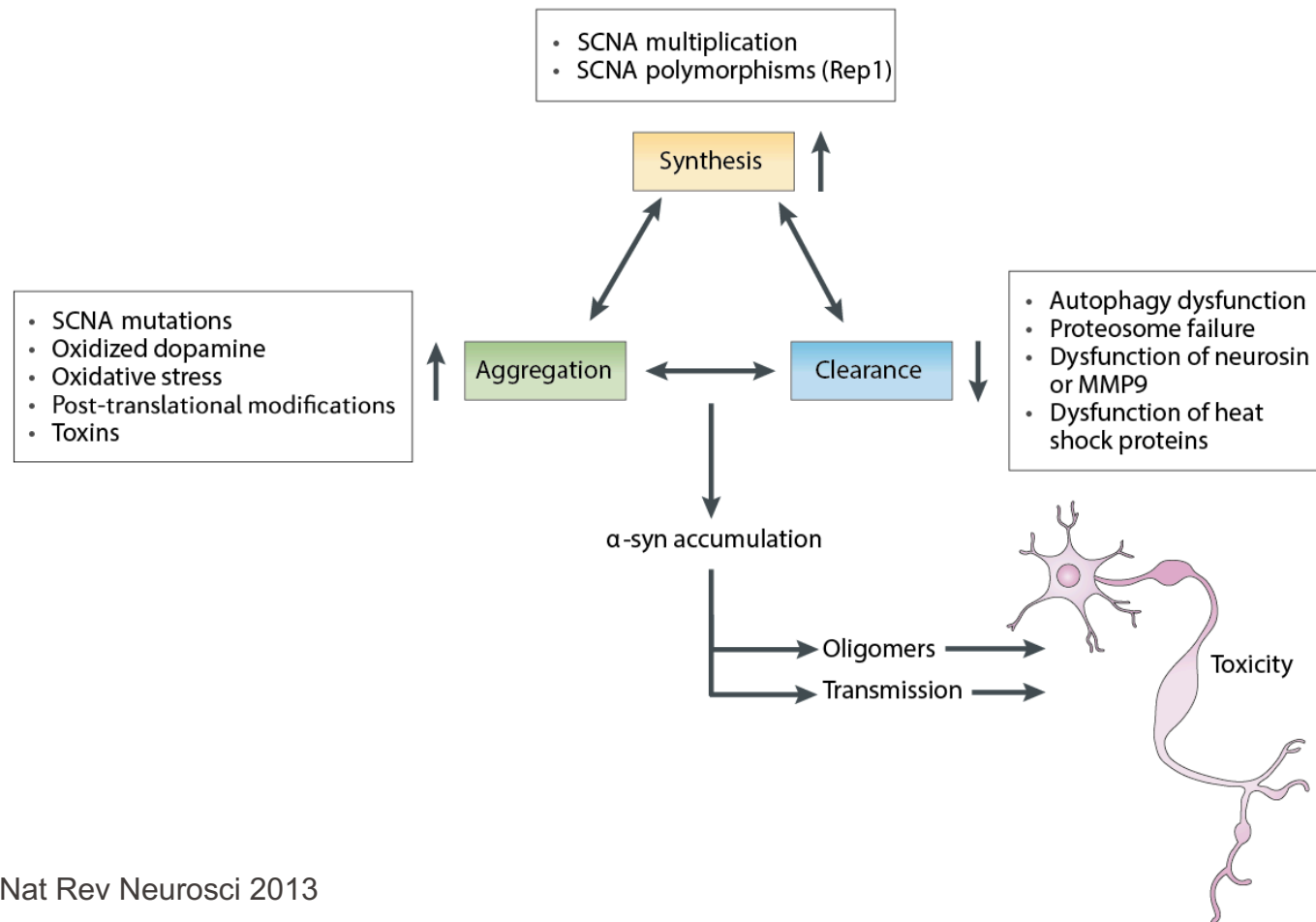
Which one(s) of the following statements can you conclude from this finding?

- A. PD can be caused by an overabundance of α -synuclein.
- B. PD is not caused by the loss of the α -synuclein physiological function.
- C. The locus does not contain only the α -synuclein gene. There could be another gene involved in this case.
- D. When overabundant, α -synuclein leads to the formation of Lewy bodies and these aggregates are toxic to the neurons.



Genetic factors: α -synuclein (SNCA)

Alpha-synuclein – dysregulation



Genetic factors: α -synuclein (SNCA)

α -Synuclein protein

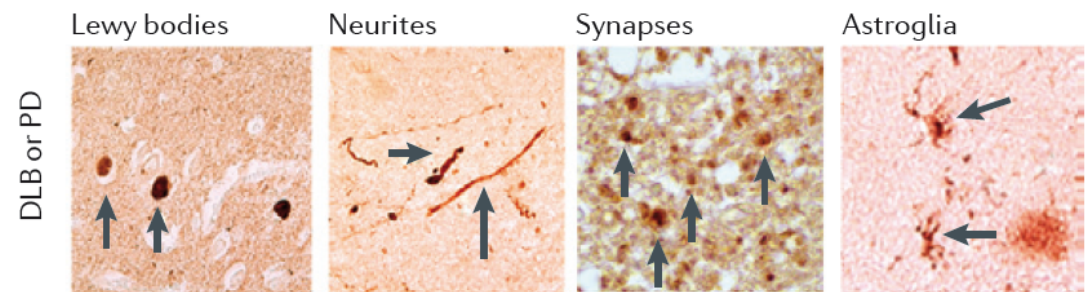
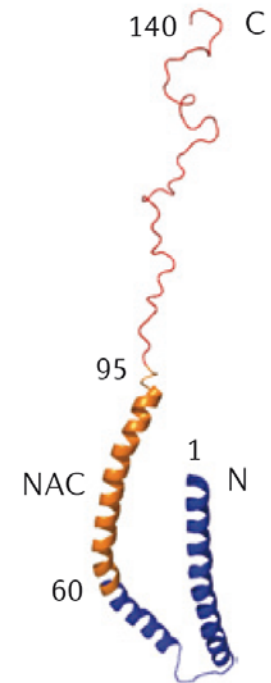
Chromosom 4q
140 a.a., cytoplasmic, MW $\approx$ 19 kDa
Mainly neuronal

Three regions:

N-terminal (a.a. 1-60):
Repetitive, associates with
membranes

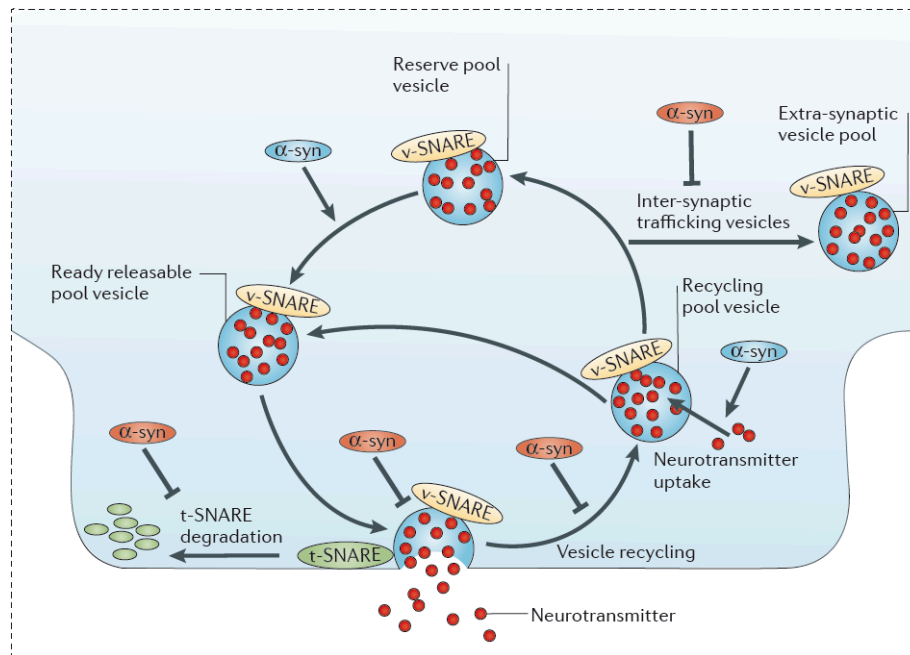
NAC (a.a. 61-97):
hydrophobic
prone to aggregation

C-terminal (a.a. 98-140):
acidic

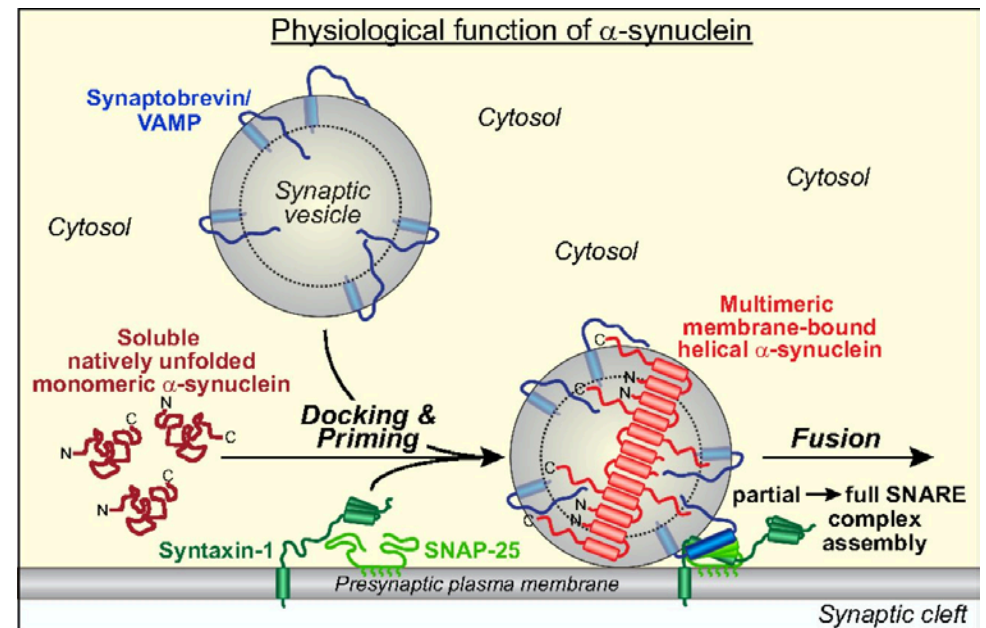


EPFL Genetic factors: α -synuclein (SNCA)

A physiological function for α -synuclein oligomers:
regulation of presynaptic vesicle fusion



α -Synuclein forms multimers upon membrane binding to promote SNARE complex formation

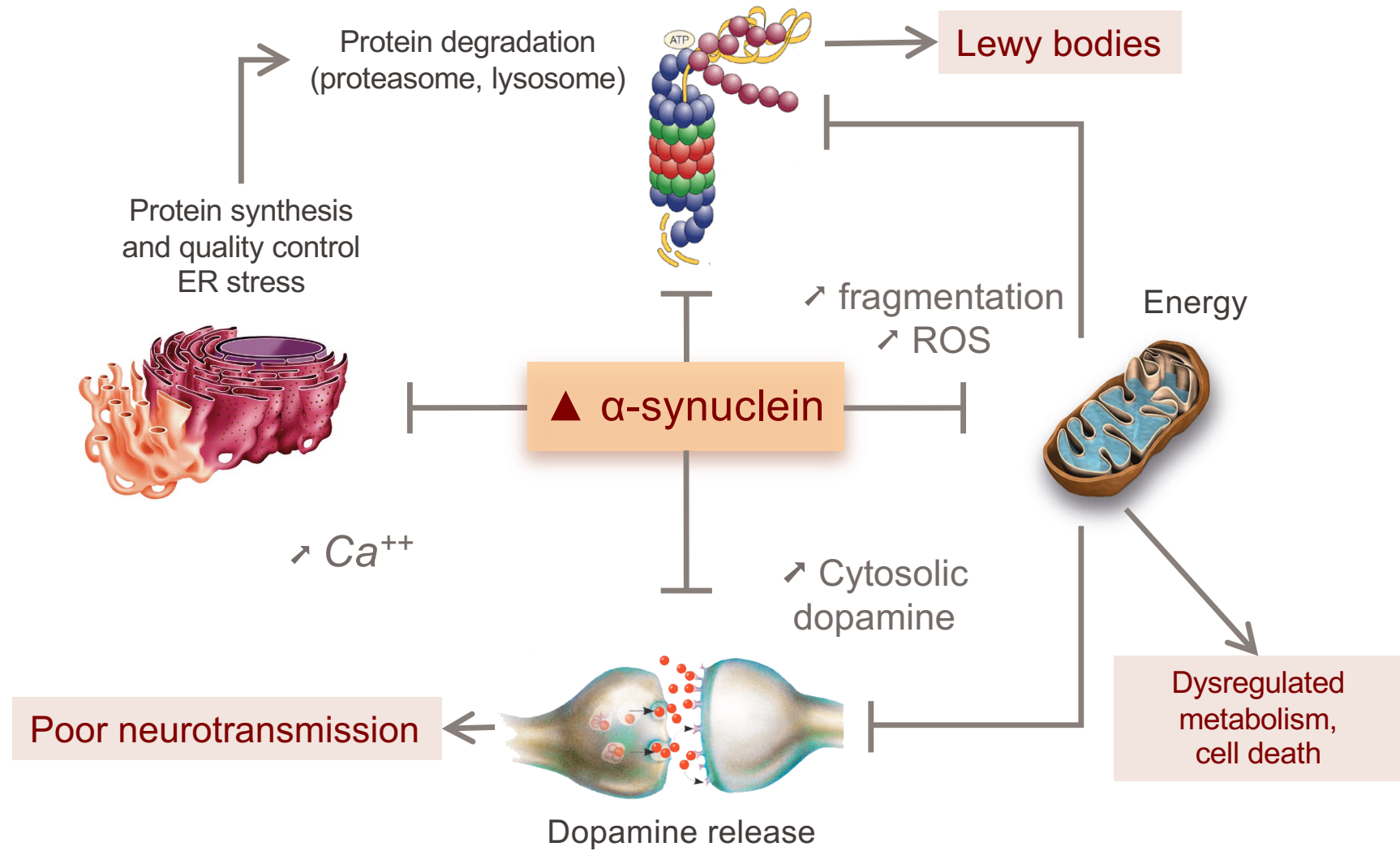


Lashuel HA et al, Nat Rev Neuroci 2013

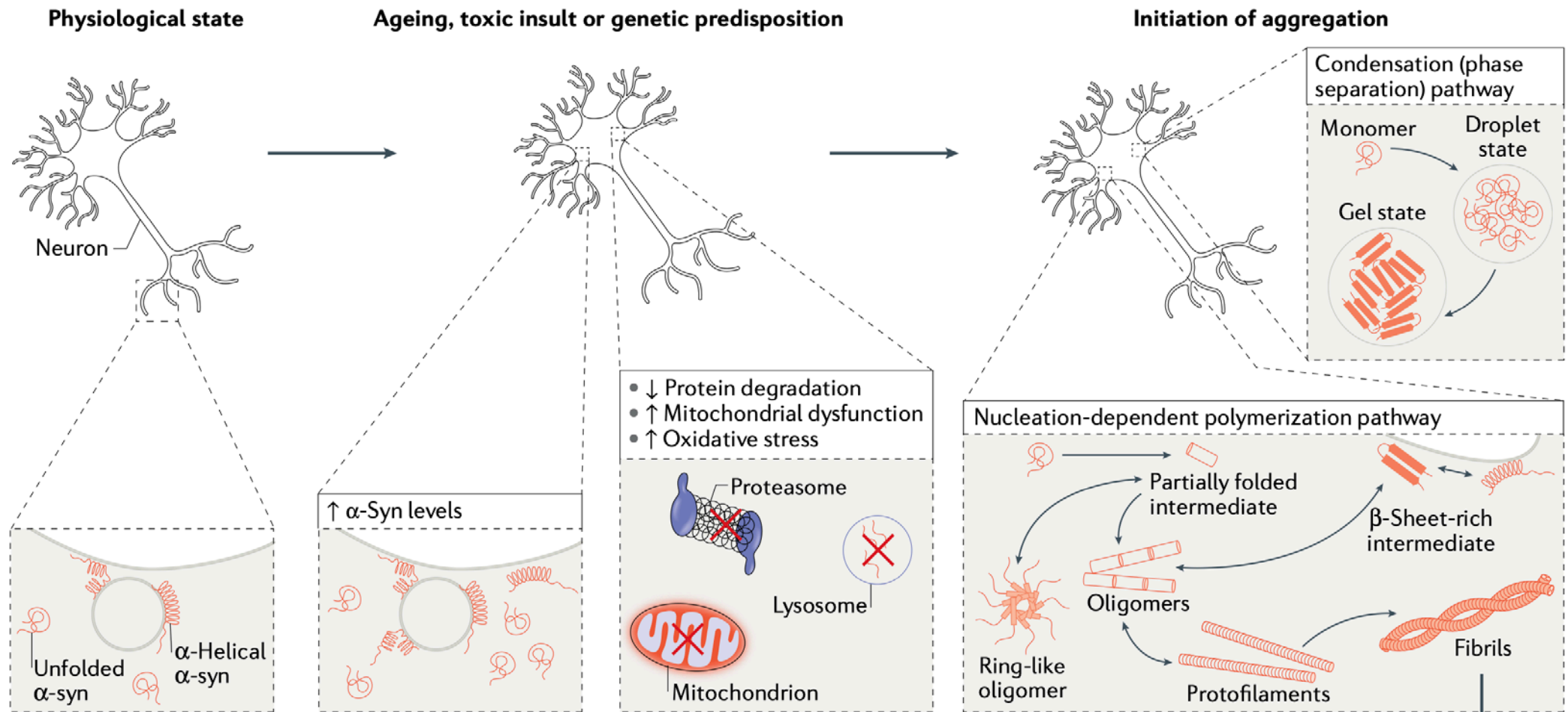
Burré et al, PNAS 2014

Wang et al, Current Biol 2014

Alpha-synuclein: cellular pathology



Alpha-synuclein: pathology



“Synucleinopathies”

Parkinson's disease**Sporadic**

Familial with aS mutations

Familial with mutations other than aS

Dementia with Lewy bodies**“Pure” Lewy body dementia**

Lewy body variant of Alzheimer disease

Familial Alzheimer disease with APP mutations

Familial Alzheimer disease with PS-1 mutations

Familial Alzheimer disease with PS-2 mutations

Down syndrome

Multiple system atrophy

Shy-Drager syndrome

Striatonigral degeneration

Olivopontocerebellar atrophy

Neurodegeneration with brain iron accumulation, type 1

Hallervorden-Spatz syndrome

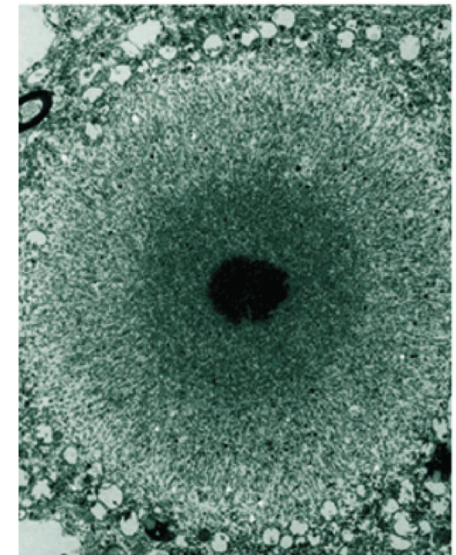
Neuroaxonal dystrophy

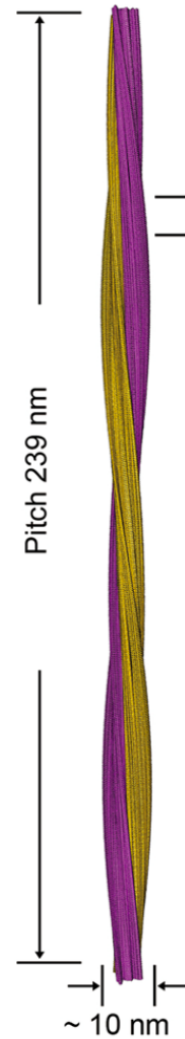
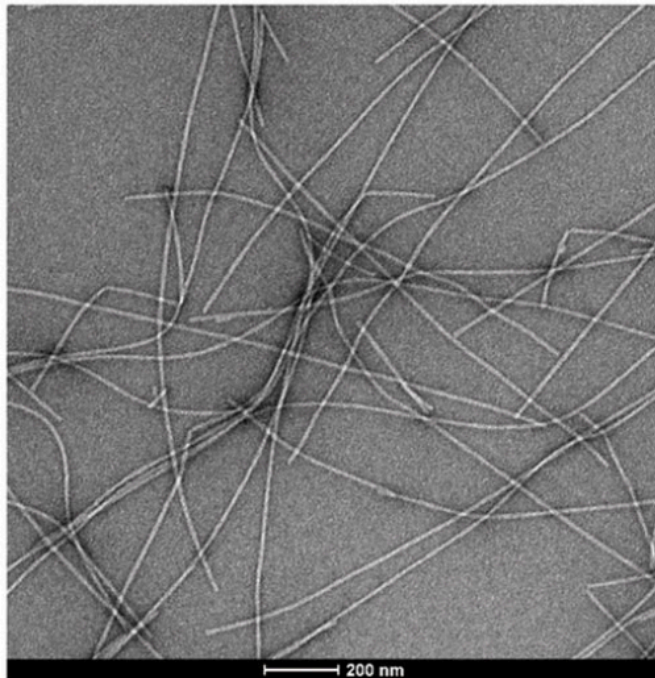
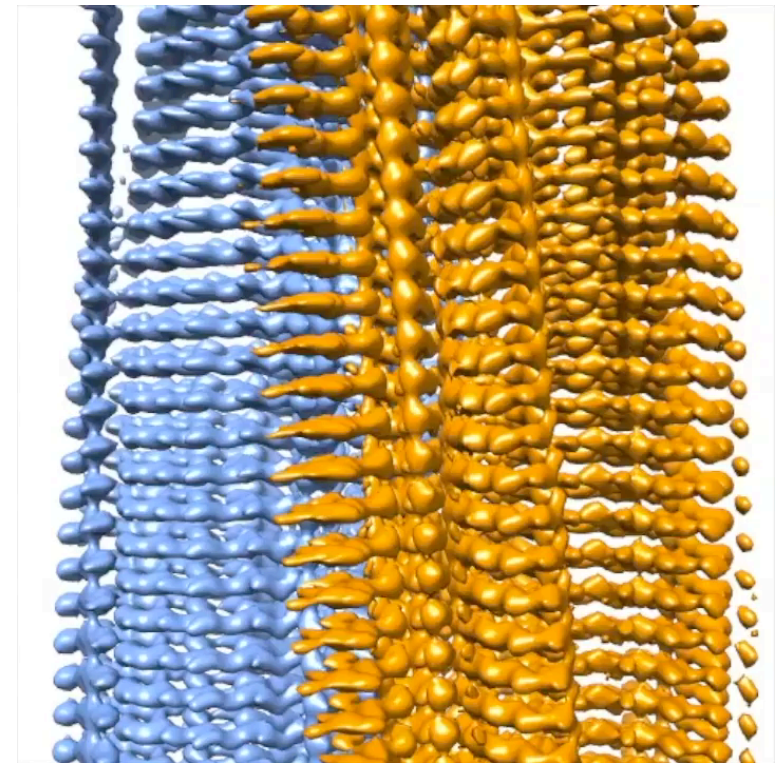
Other diseases that may have synuclein-immunoreactive lesions

Traumatic brain injury

Pick's disease

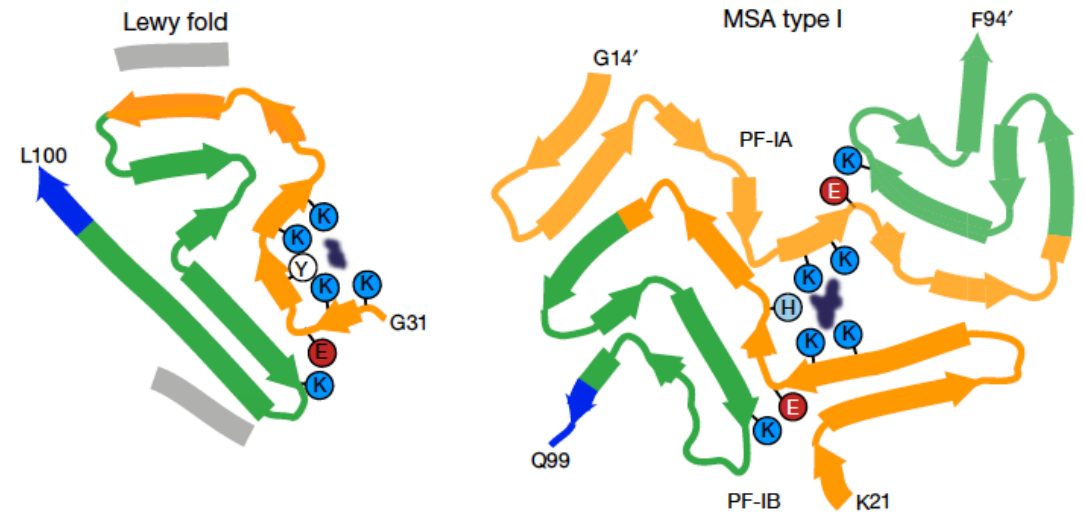
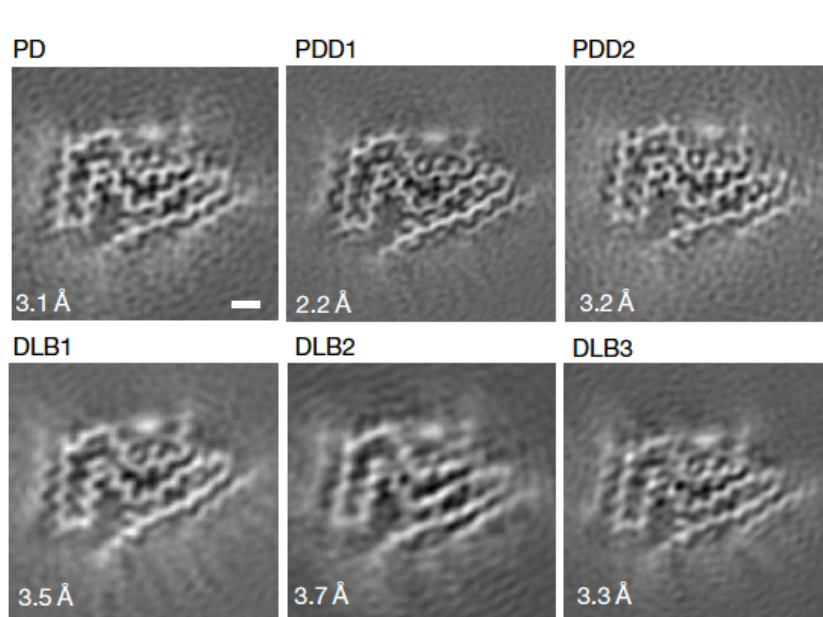
Amyotrophic lateral sclerosis



α -synuclein fibrils**Cryo-EM structure analysis**

Li Y et al, Cell Research 2018

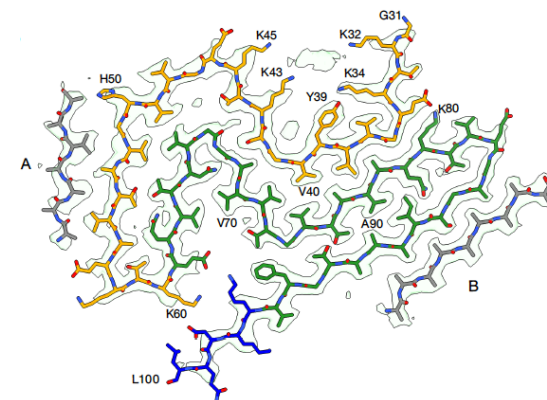
Guerrero-Ferreira G et al, eLife 2018

Comparison of the Lewy and MSA α -synuclein filament folds.

Cryo-EM cross-sections of α -synuclein filaments (Lewy fold)
from the cingulate or frontal cortex

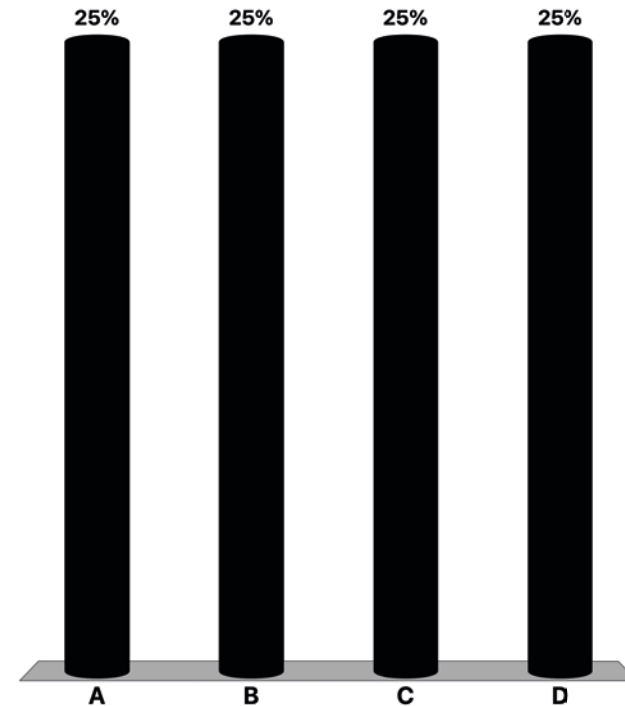


Amino acid sequence of human α -synuclein

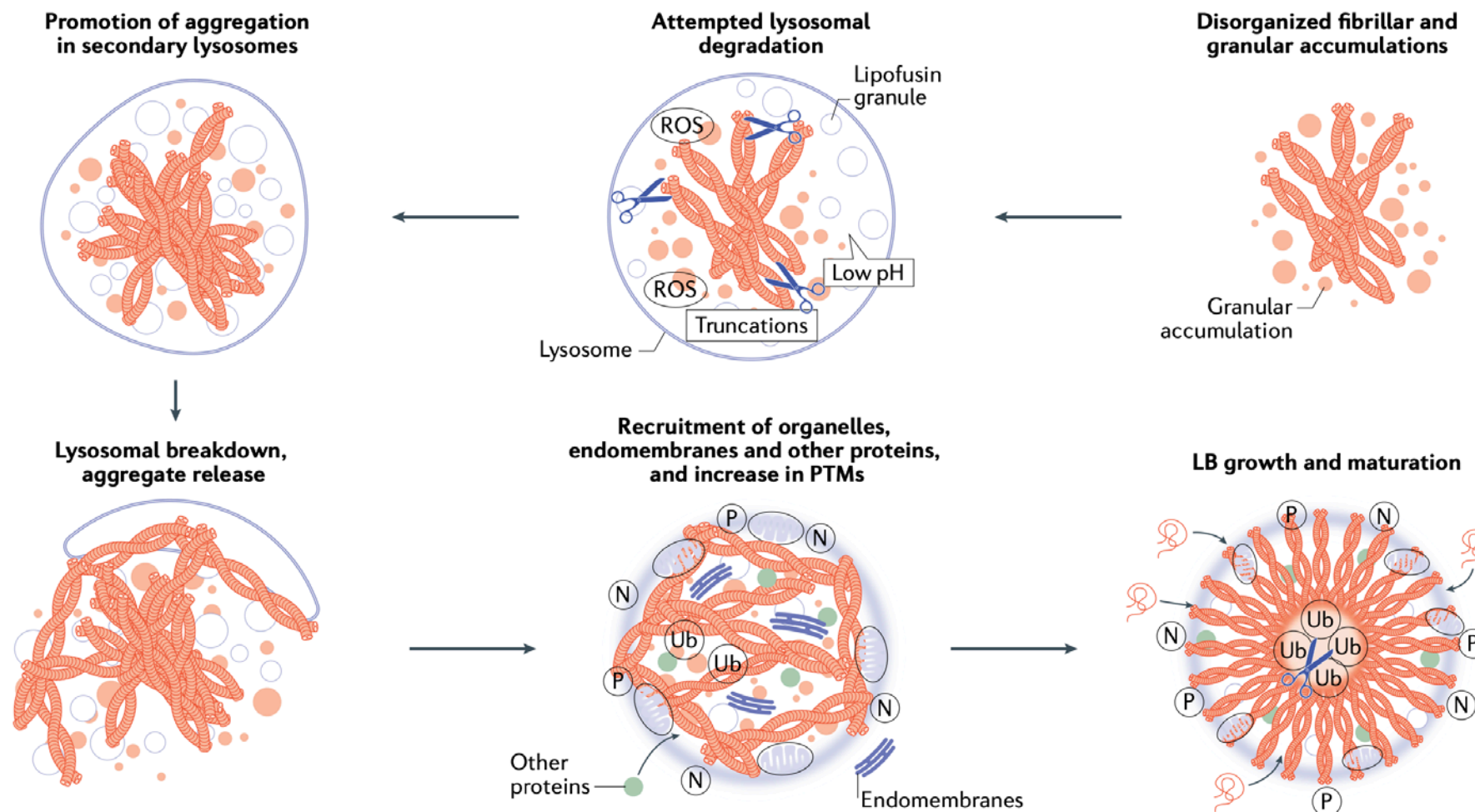
Cryo-EM density map
of the Lewy fold

Why is it important to explore the structure of alpha-synuclein fibrils?
Rank the following statements from “correct” to “possible” to “wrong” ?

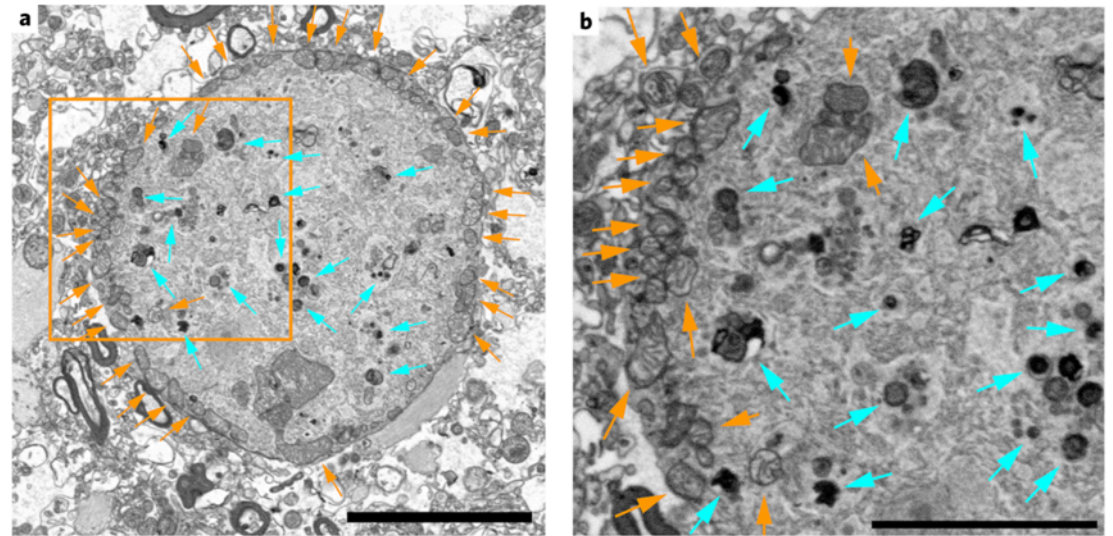
- A. The shape of the fibrils will tell use what is the structure of the α -synuclein protein in normal conditions.
- B. It will guide the design of therapeutic antibodies targeting alpha-synuclein pathology.
- C. Because different types of fibrils may by associated with different diseases (e.g. PD or DLB).
- D. We could try to identify therapeutic molecules to disassemble these fibrils.



From α -synuclein fibrils to Lewy bodies



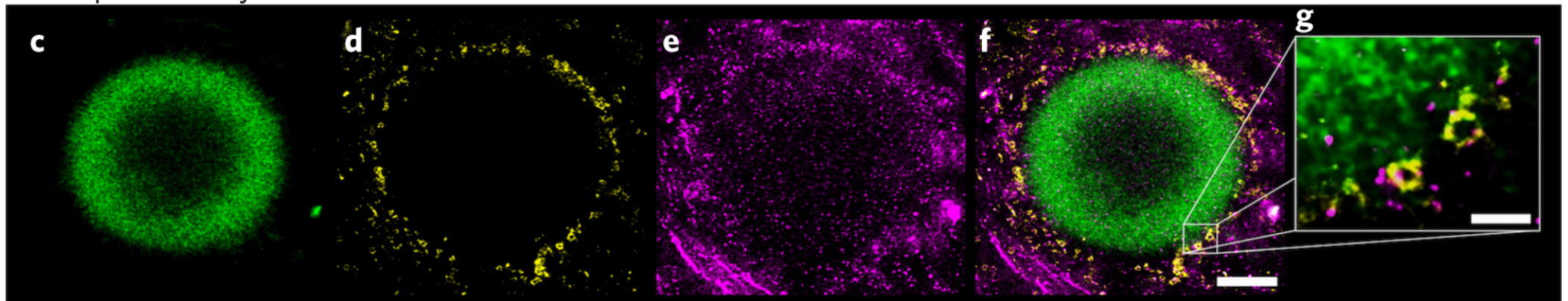
Lewy bodies contain mitochondria and lysosomal structures



pS129 α -syn

VDAC1

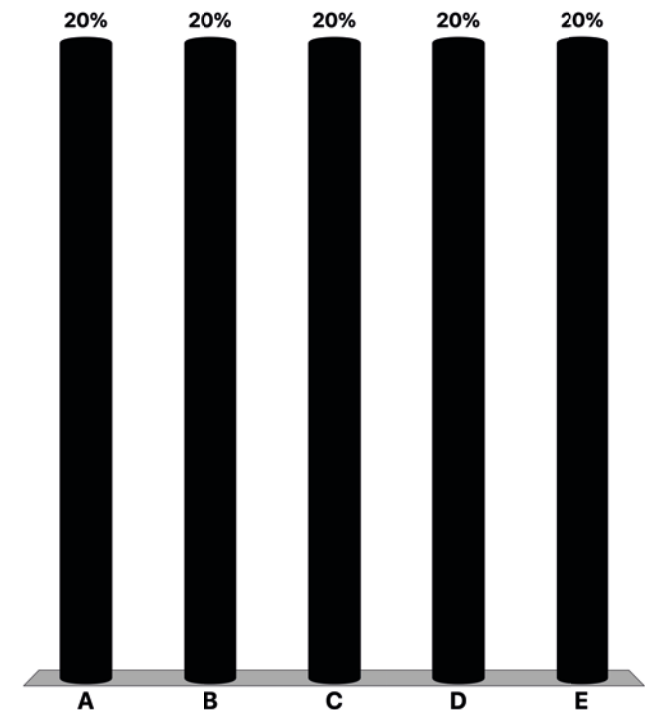
LAMP1



Parkinson's disease: question 10

The presence of Lewy bodies (LB) is considered as a pathological signature of Parkinson's disease. Rank the following statements from “correct” to “possible” to “wrong” ?

- A. Neurons containing Lewy bodies are usually in the process of dying.
- B. The presence of Lewy bodies is an indicator of α -synuclein misfolding.
- C. The presence of Lewy bodies is a sign of brain aging and not necessarily of the disease.
- D. α -Synuclein accumulation in Lewy bodies is a protective mechanism in neurons.
- E. Therapeutic strategies that protect neurons in model systems and enhance the formation of Lewy bodies are unlikely to succeed.



Genetic factors: α -synuclein (SNCA)

Alpha-synuclein – therapeutic approaches

