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# UE3 Modèles Animaux

# UE3 Animal Models

## Preclinical Models of neurodegenerative diseases

Exemple of Alzheimer's disease

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<http://marc.dhenain.free.fr/Diaps/Presents.html>

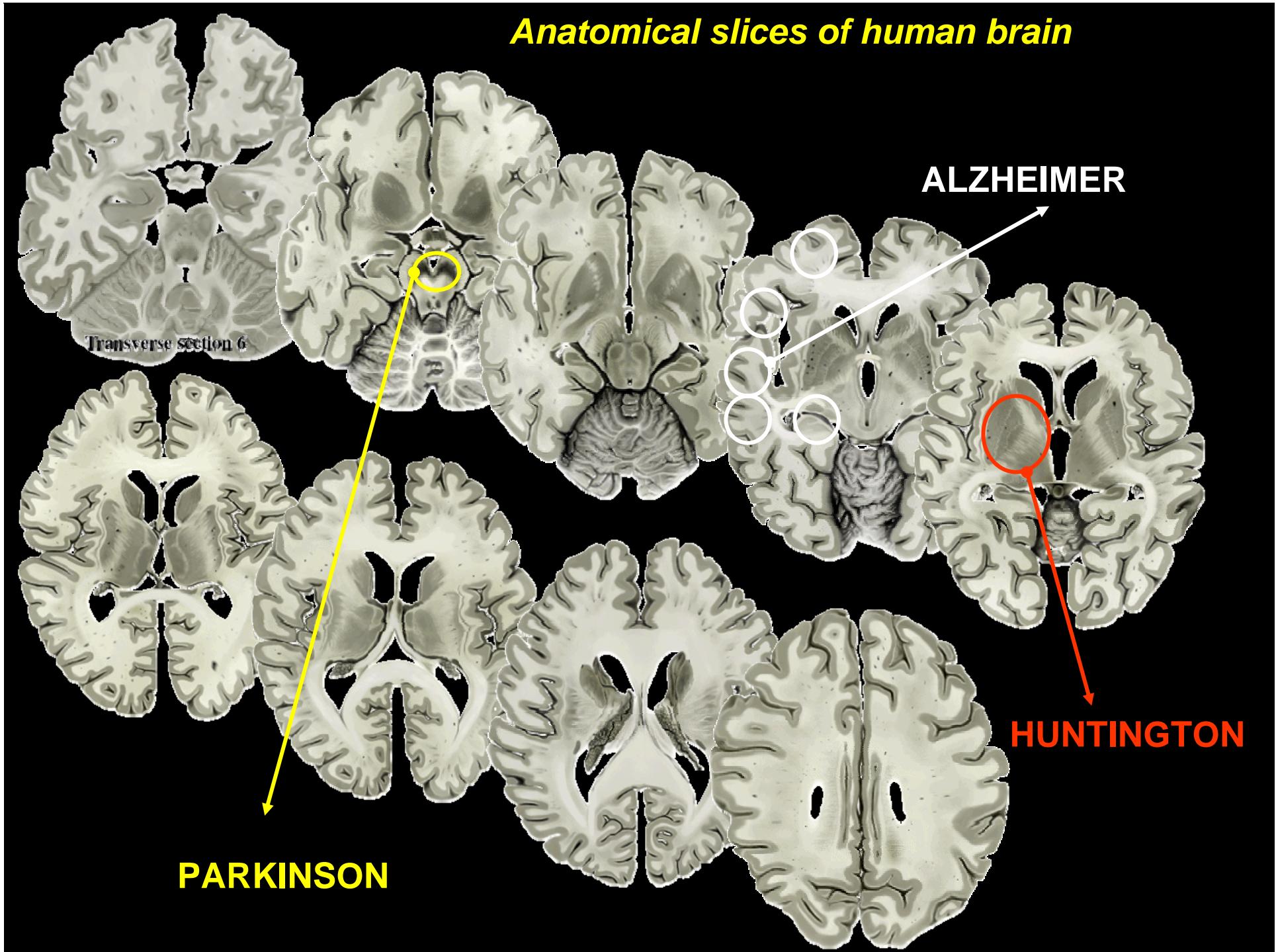
# NEURODEGENERATIVE DISEASES

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- **Definition :**
- **Diseases of the nervous system caused by a loss or incapacitation of neurons.**
- **Examples :**
- **Multiple sclerosis (Sclérose en plaques) (Myelin loss)**
- **Alzheimer's disease (loss of cholinergic neurons)**
- **Parkinson's disease (loss of dopaminergic neurons)**
- **Huntington's disease (loss of GABAergic neurons)**

*Anatomical slices of human brain*



# Neurodegenerative diseases

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<b>Disease</b>	<b>Anatomy</b>	<b>Patients (Fr)</b>
Alzheimer	cortex	860 000
Parkinson	subst. nigra	80 000
Huntington	striatum	6 000
Spino-cereb. ataxia	cerebellum	<5 000
Amyotrophic Lat. Scler.	cortex, medulla	<5 000
Multiple Sclerosis	cortex, stem, medulla	60 000

# Neurodegenerative disease : General problems

- Neurological symptoms
  - Cellular loss
  - Risk factors  
(aging, genes, environment)
  - Incurable diseases
  - Unknown etiology

Mechanisms?

Therapies?

# Overview

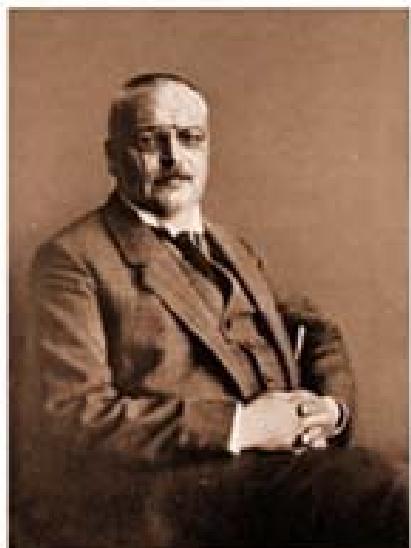
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- Alzheimer's disease
  - ❖ Disease in humans
  - ❖ Modelization in animals
  
- Huntington's disease
  - ❖ Disease in humans
  - ❖ Modelization in animals

# Alzheimer's disease

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Alois Alzheimer

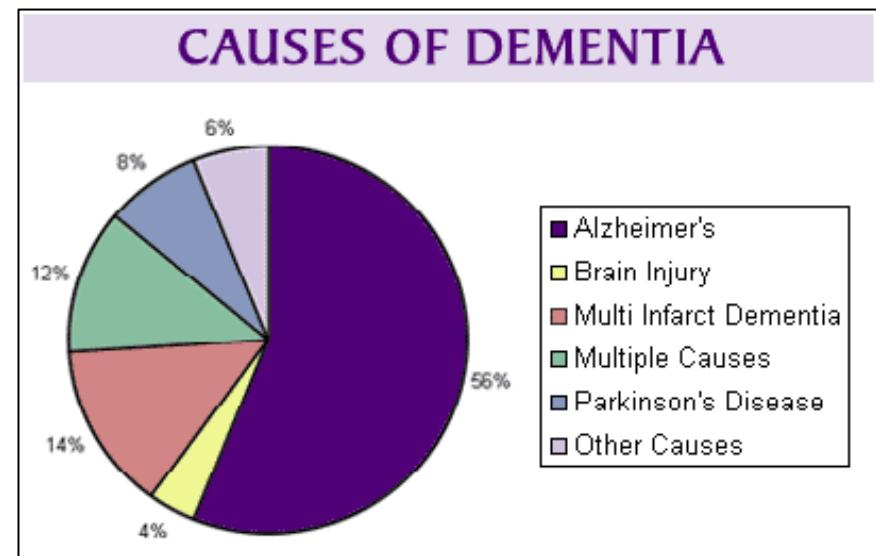
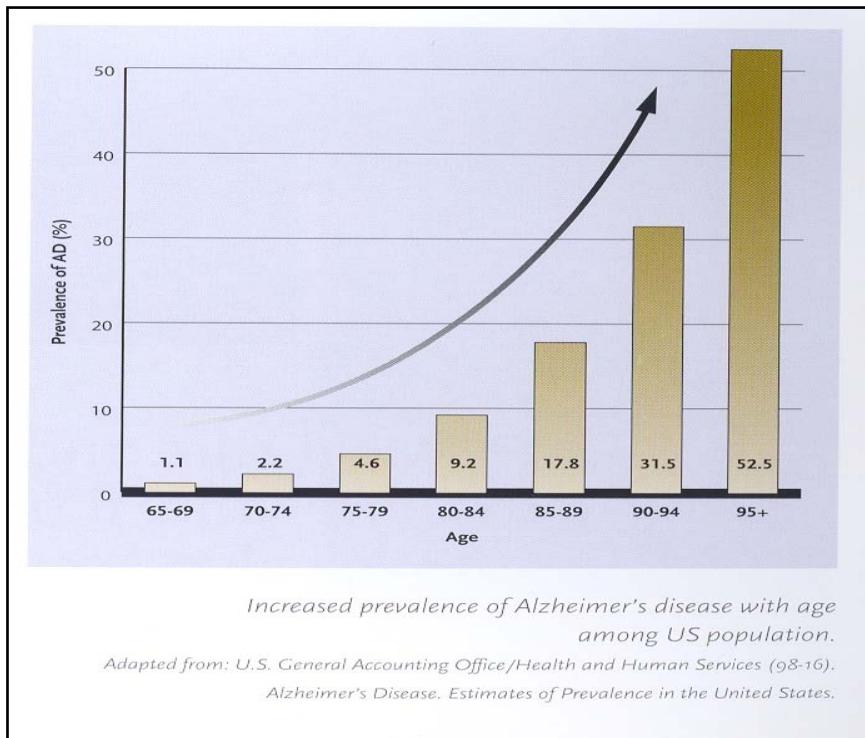
## Symptoms

## Dementia



- spatio-temporal disorientation
- Alteration of short term memory (episodic)
- language, visual recognition

# Alzheimer's disease



# Risk factors (Alzheimer)

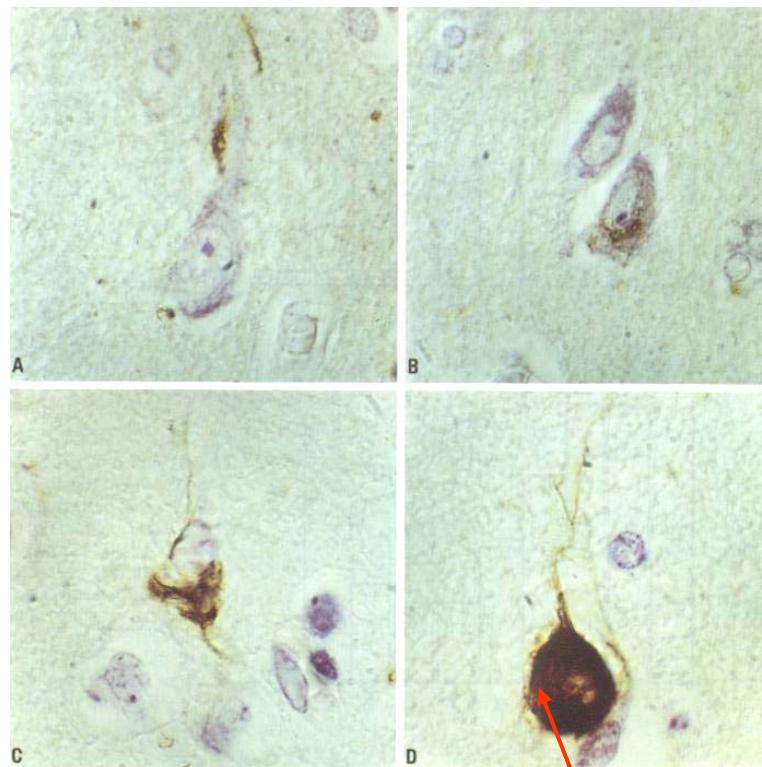
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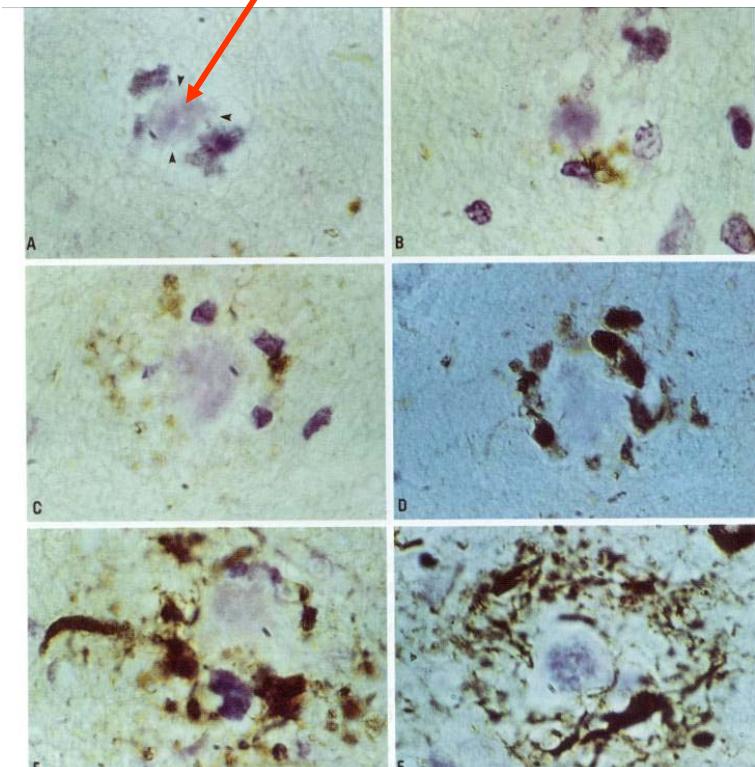
- Age
- Education level
- Familial History
- Positive genotype Apolipoprotein E 4/4
- Arterial hypertension
- Hyperinsulinemia

# Alzheimer's disease

## Certitude Diagnosis

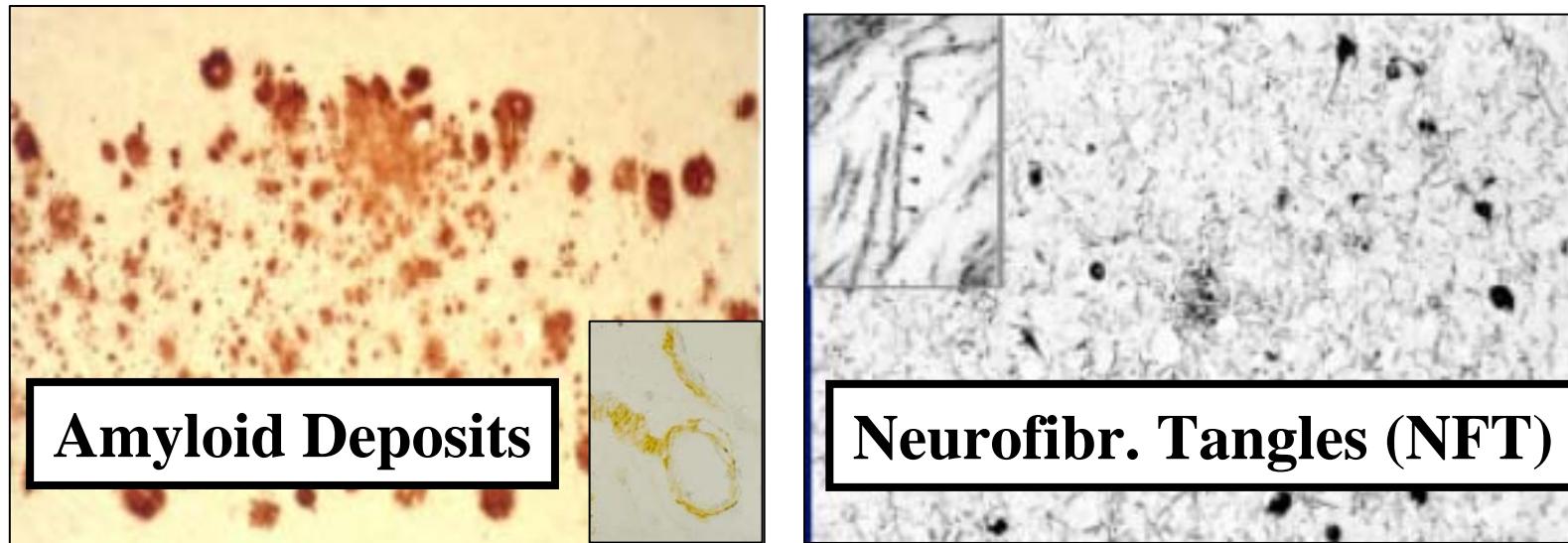


Neurofibrillary tangles (Phosphorylated Tau)

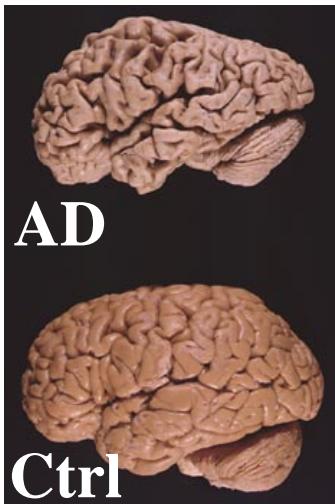


Amyloid deposits (beta-A4)

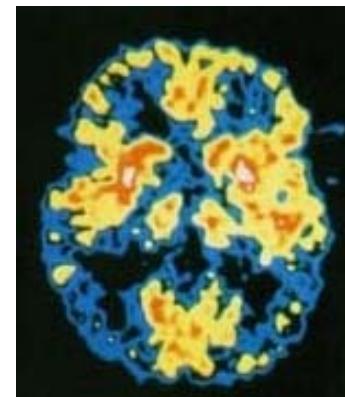
# Alzheimer's disease



Cerebral atrophy



Functional  
alterations



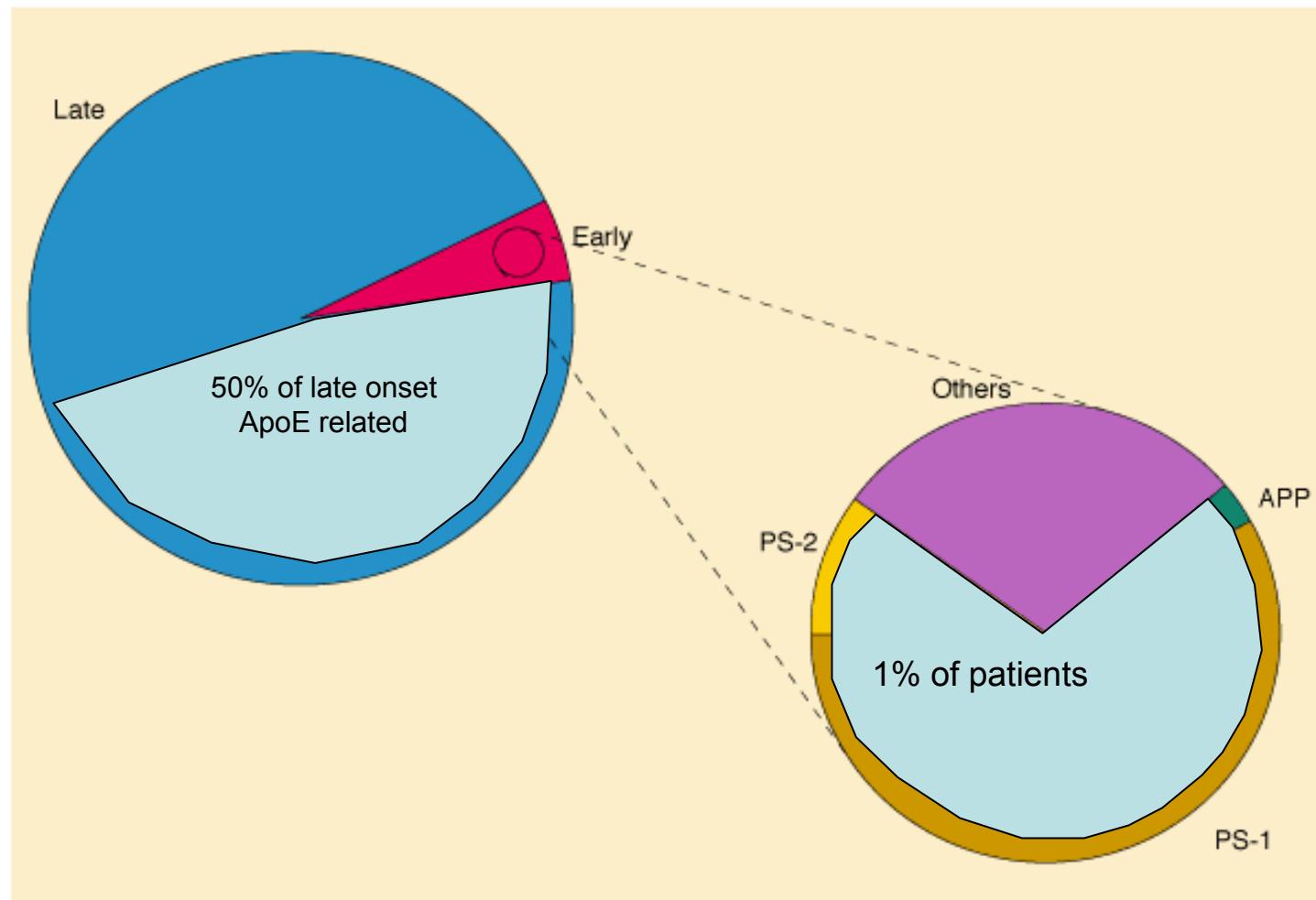
Cognitive alterations



# Alzheimer's disease : Few genetic causes

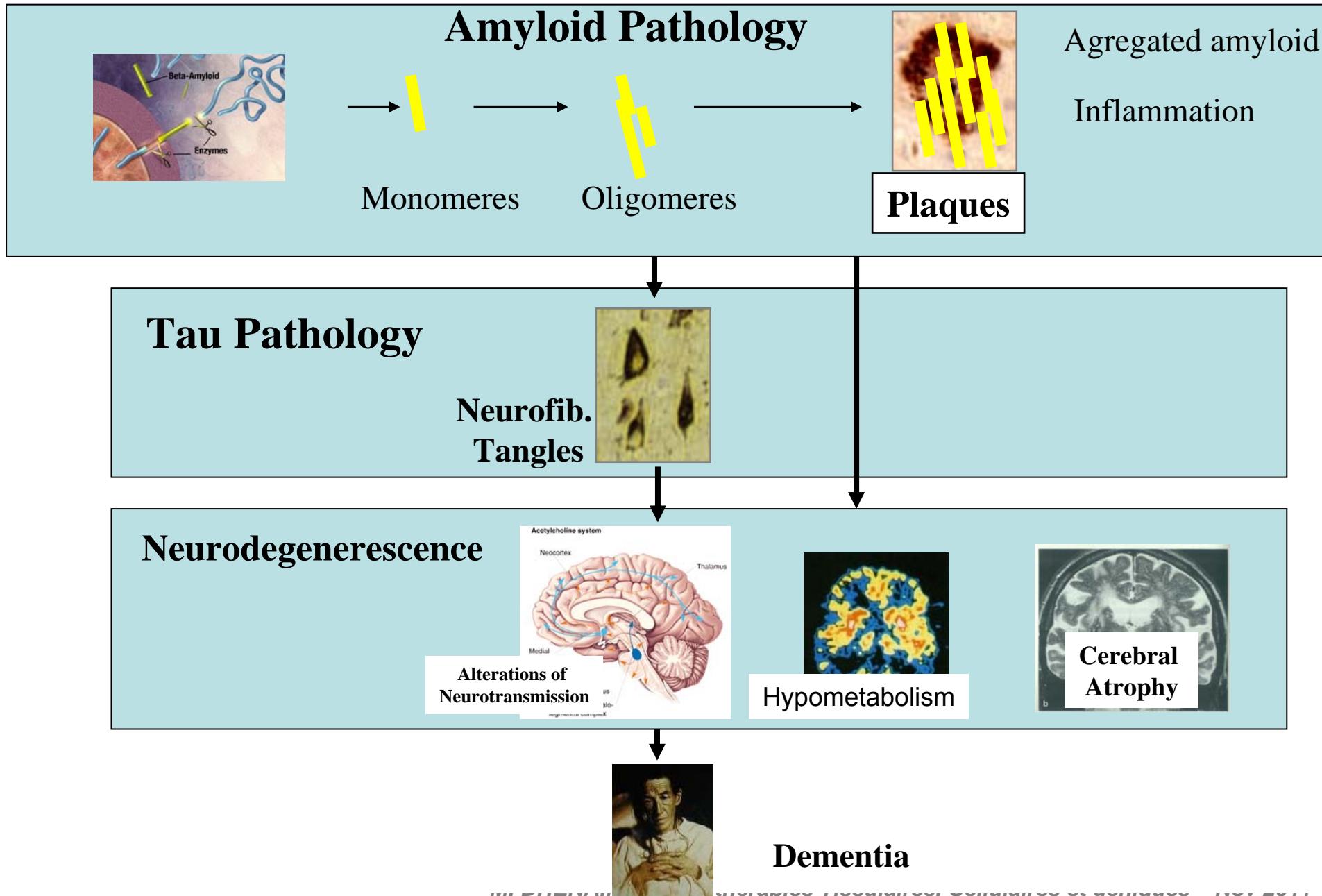


Relative frequency of early and late-onset Alzheimer's and the proportion of early-onset cases attributed to mutations in specific genes such as APP, PS1, PS2 or others

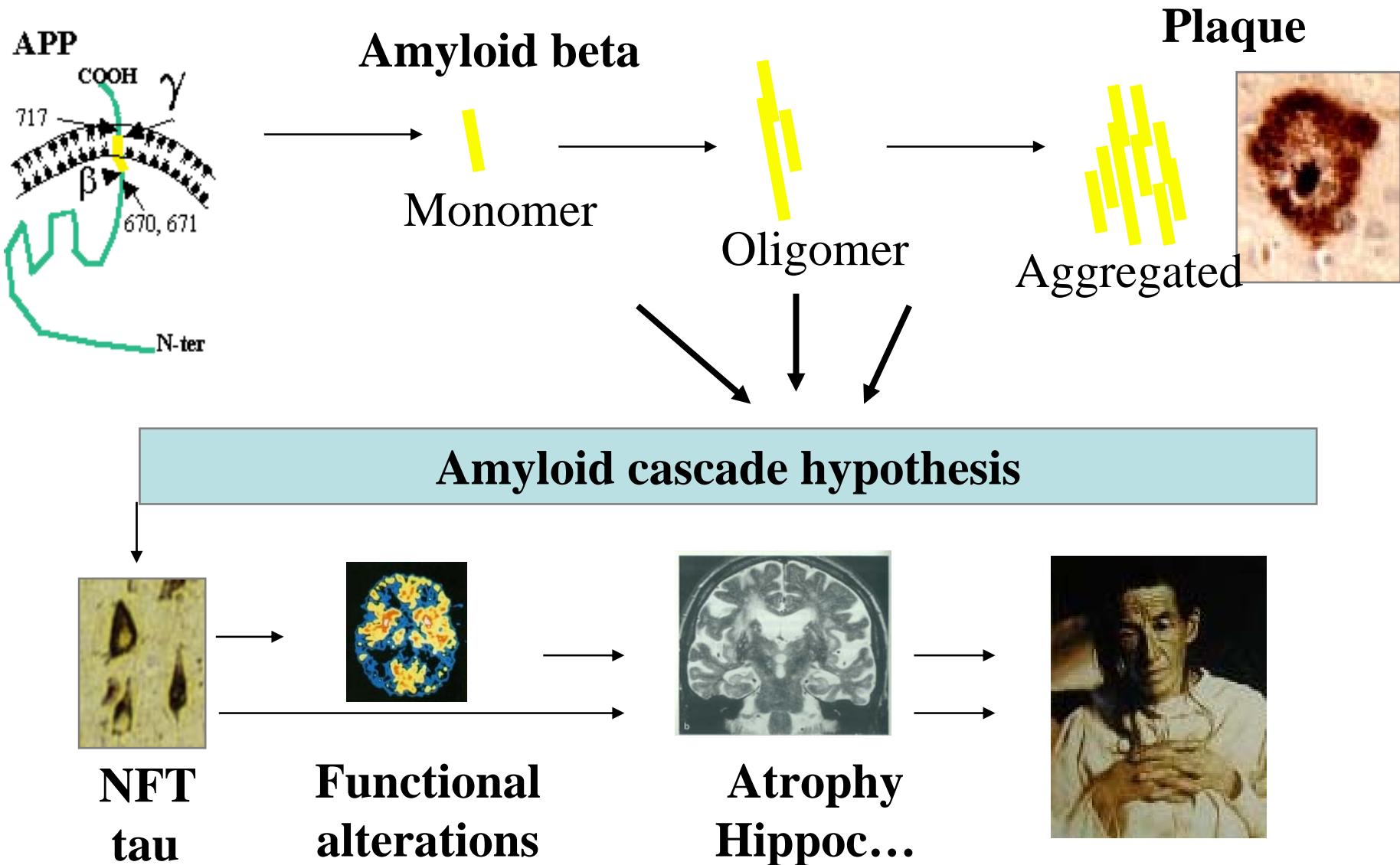


From, Piecing Together Alzheimer's by Peter H St George-Hyslop.  
Copyright © December 2000 by Scientific American, Inc. All rights reserved

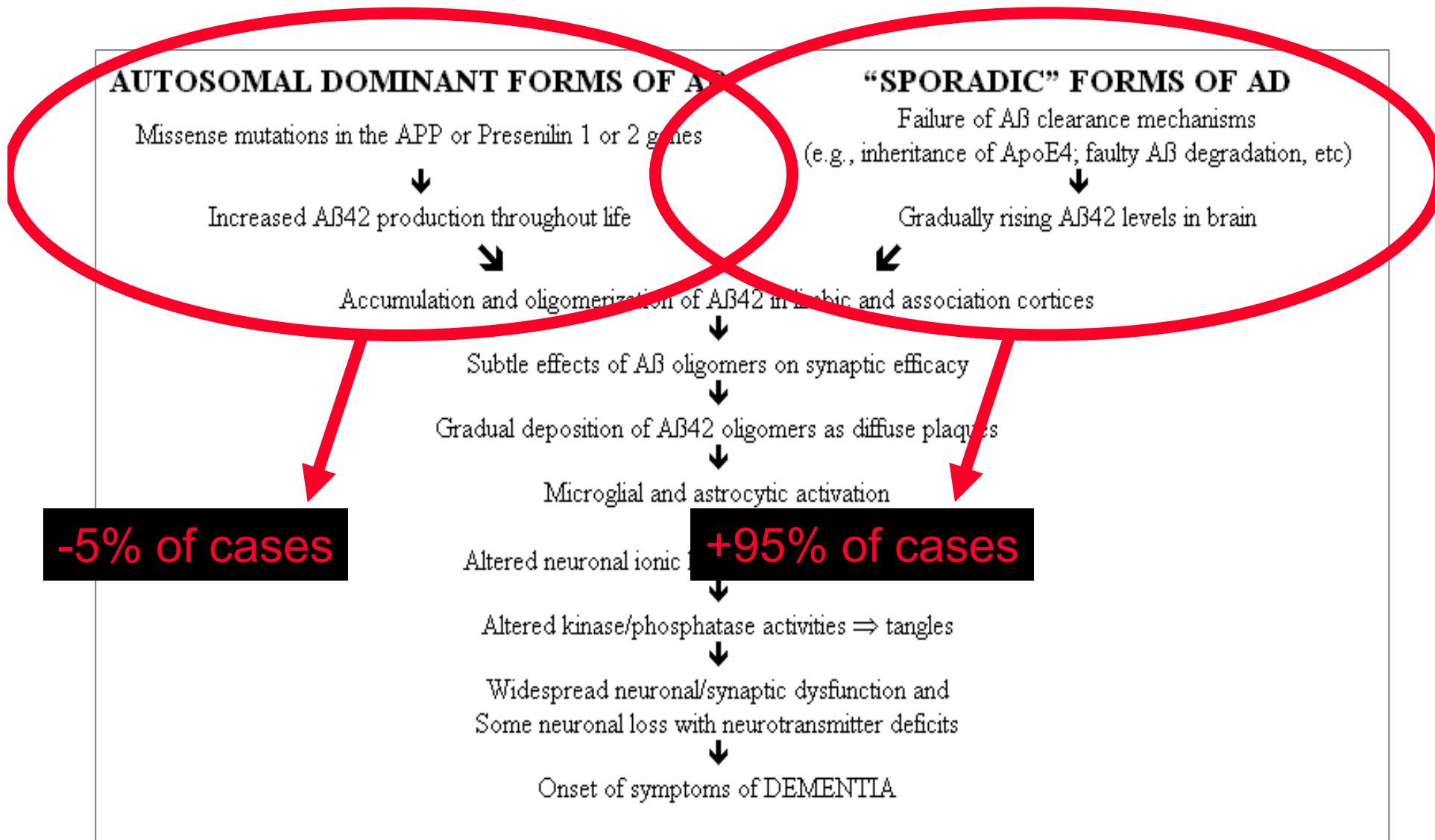
# Amyloid cascade hypothesis



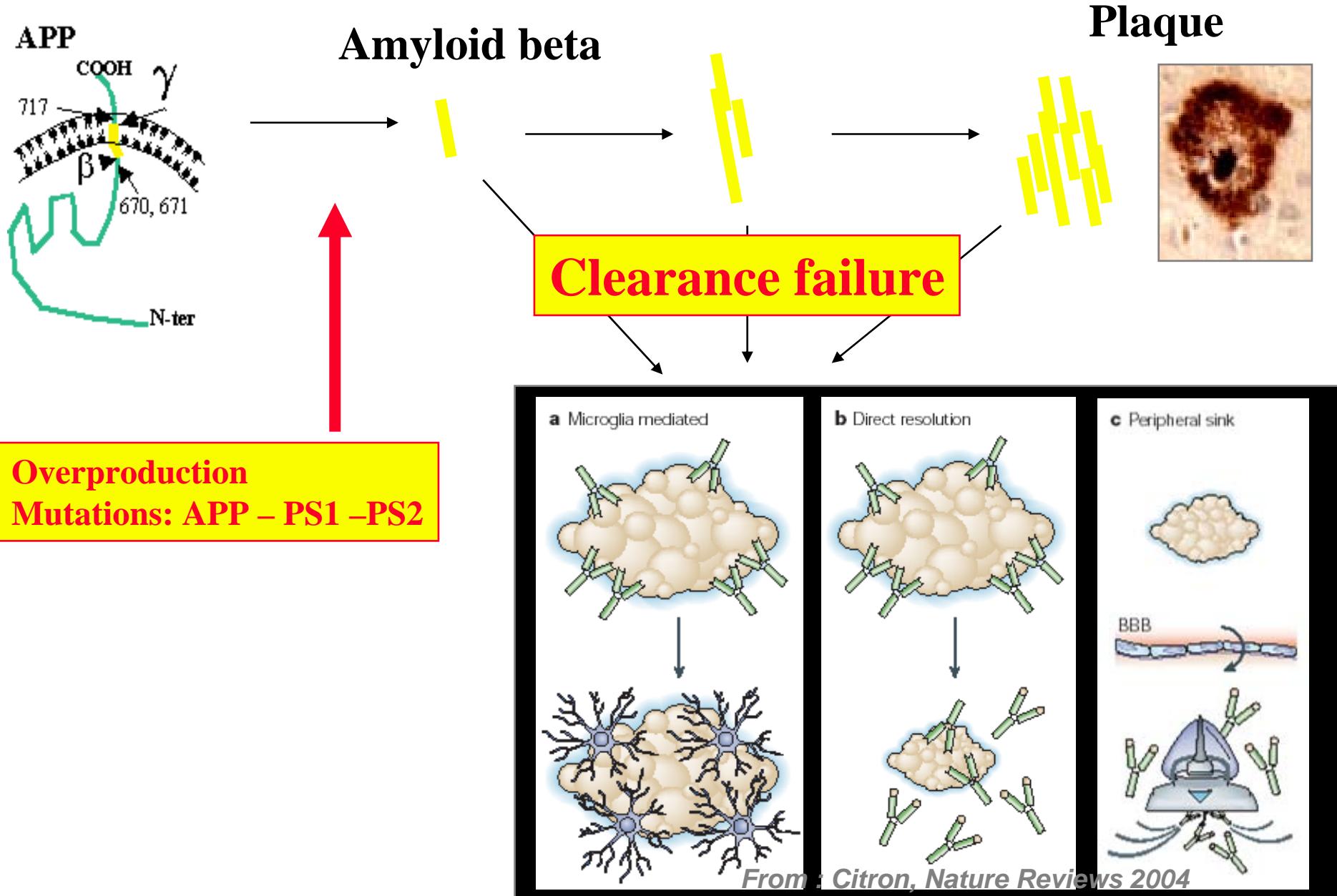
# Amyloid cascade hypothesis



# Two forms of Alzheimer's disease : genetic versus sporadic forms



# Causes for amyloid accumulation

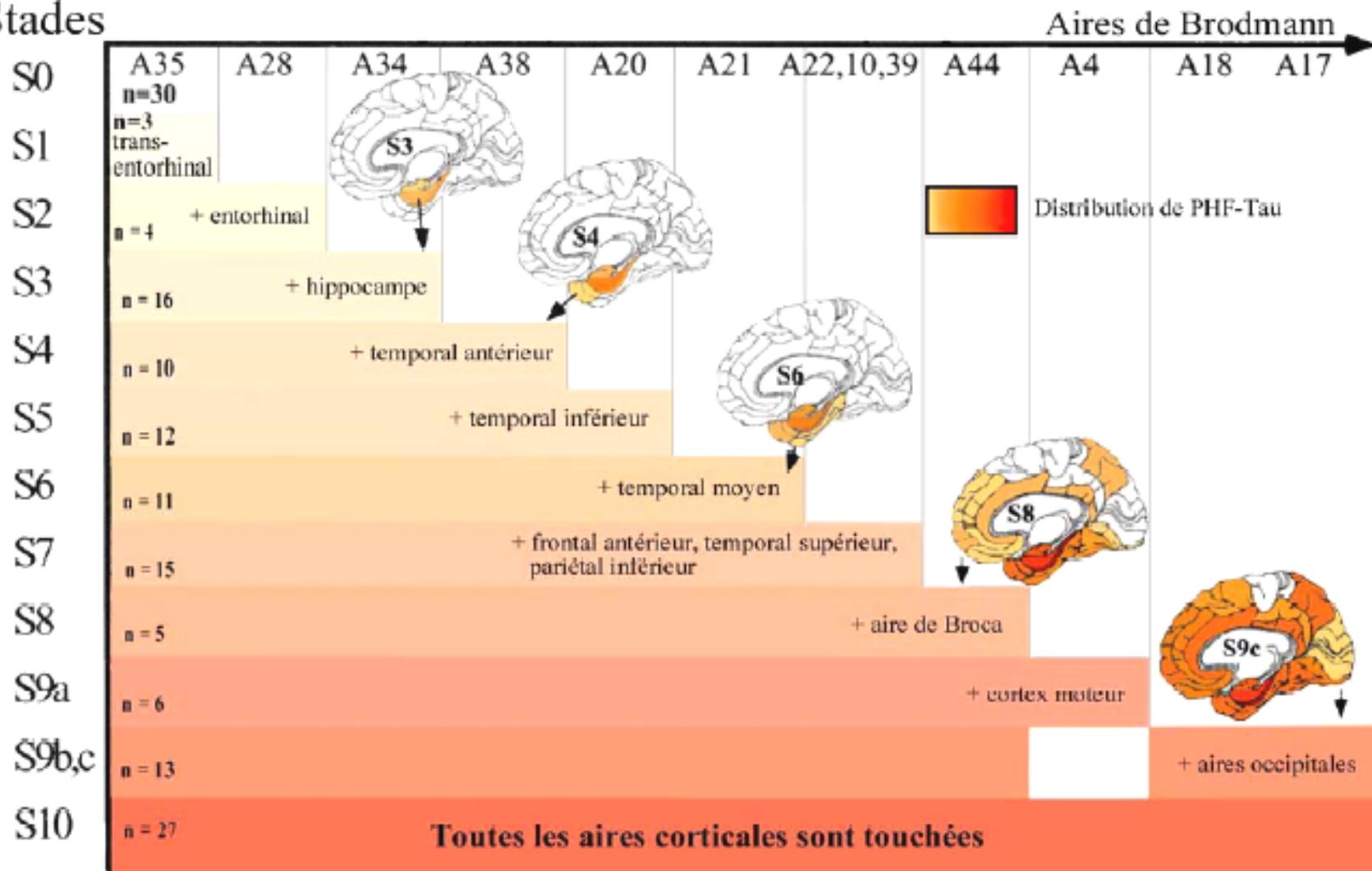


# Neurofibrillary Tangles

cea



## Stades



# How/why to evaluate animal models of AD

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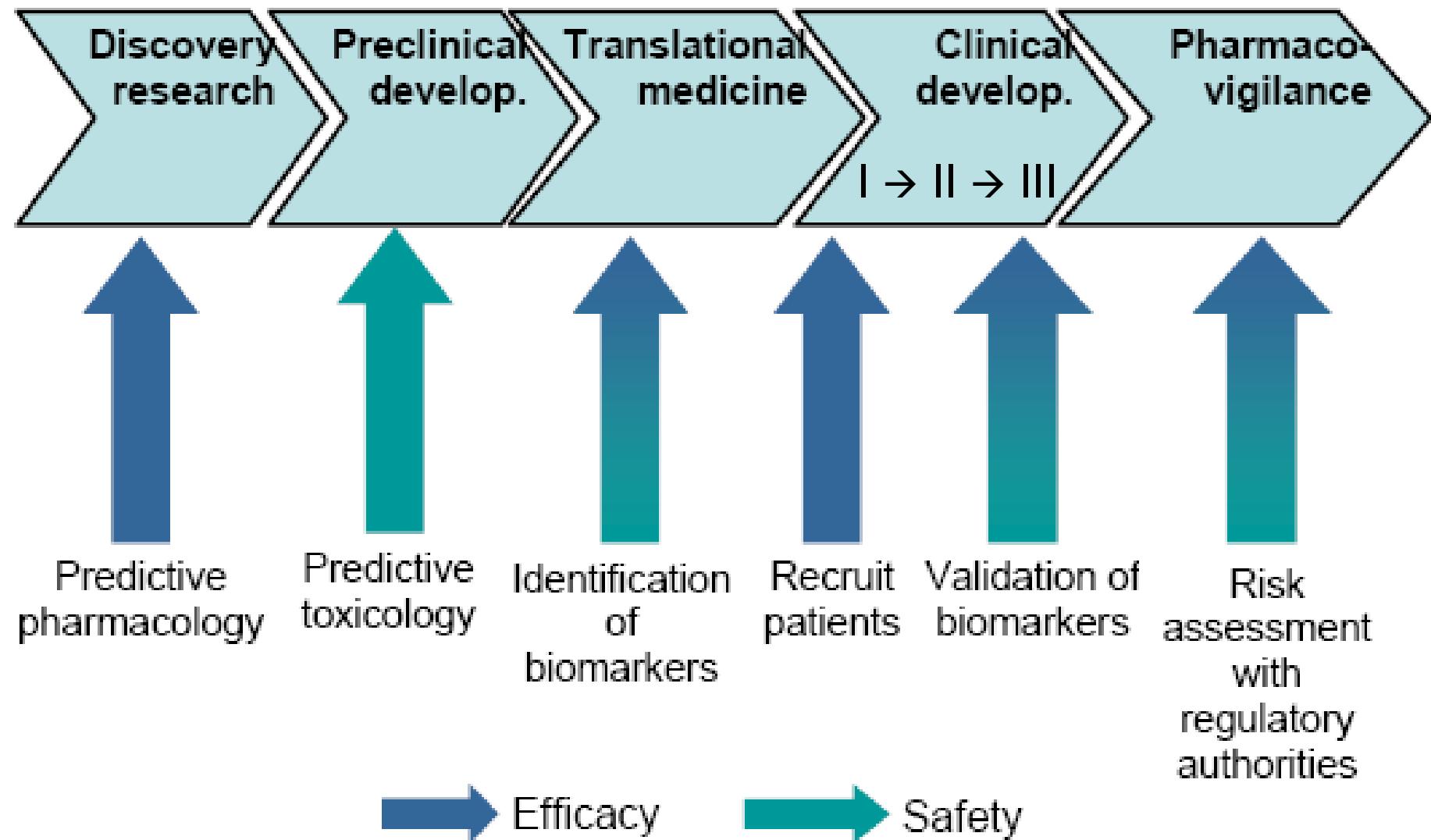


## Animal models of AD

Describe / understand  
Pathogenic mechanisms

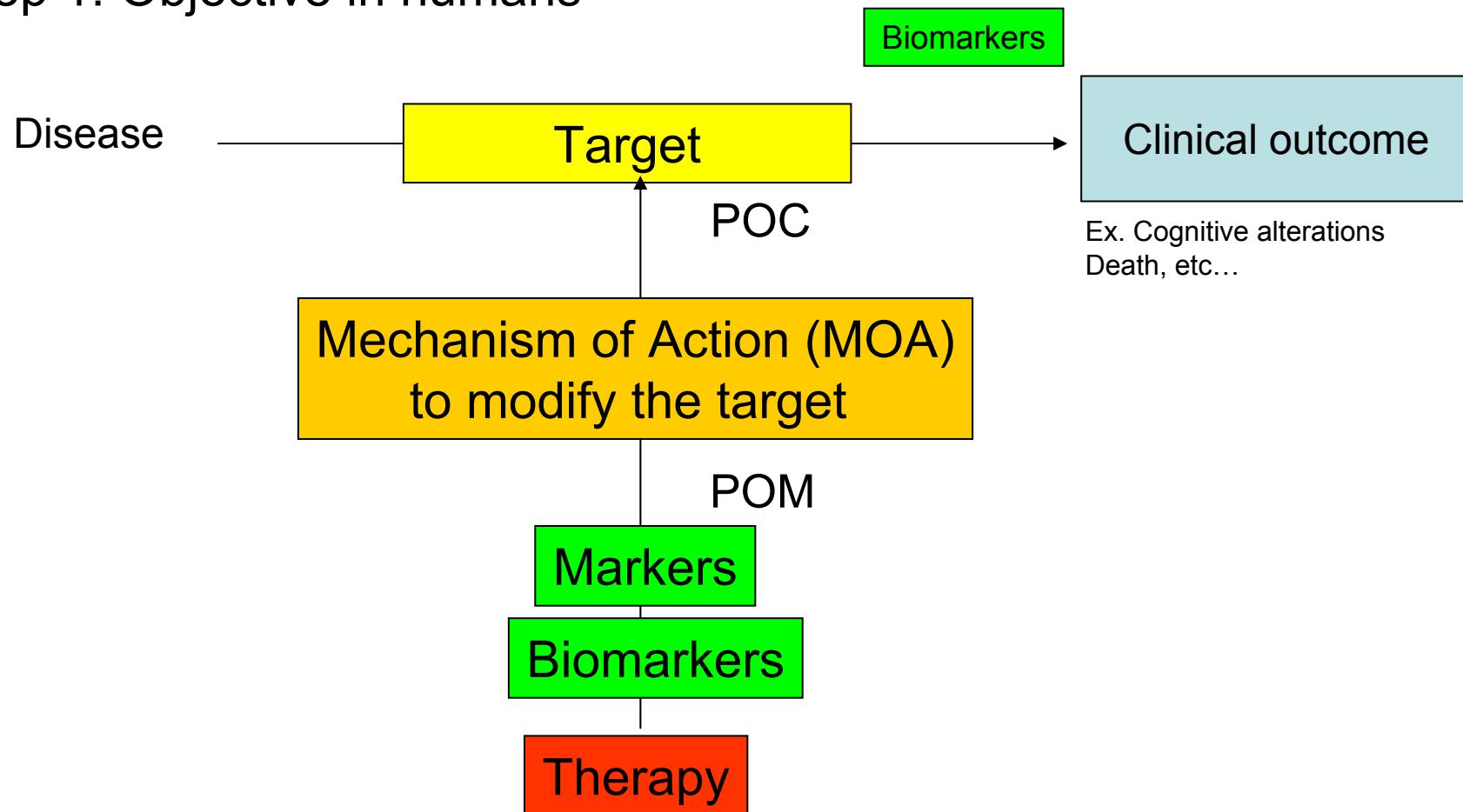
Evaluation  
of new drugs

# *Pharmaceutical R&D process and key bottlenecks*



# Basis of translational medicine

## Step 1: Objective in humans

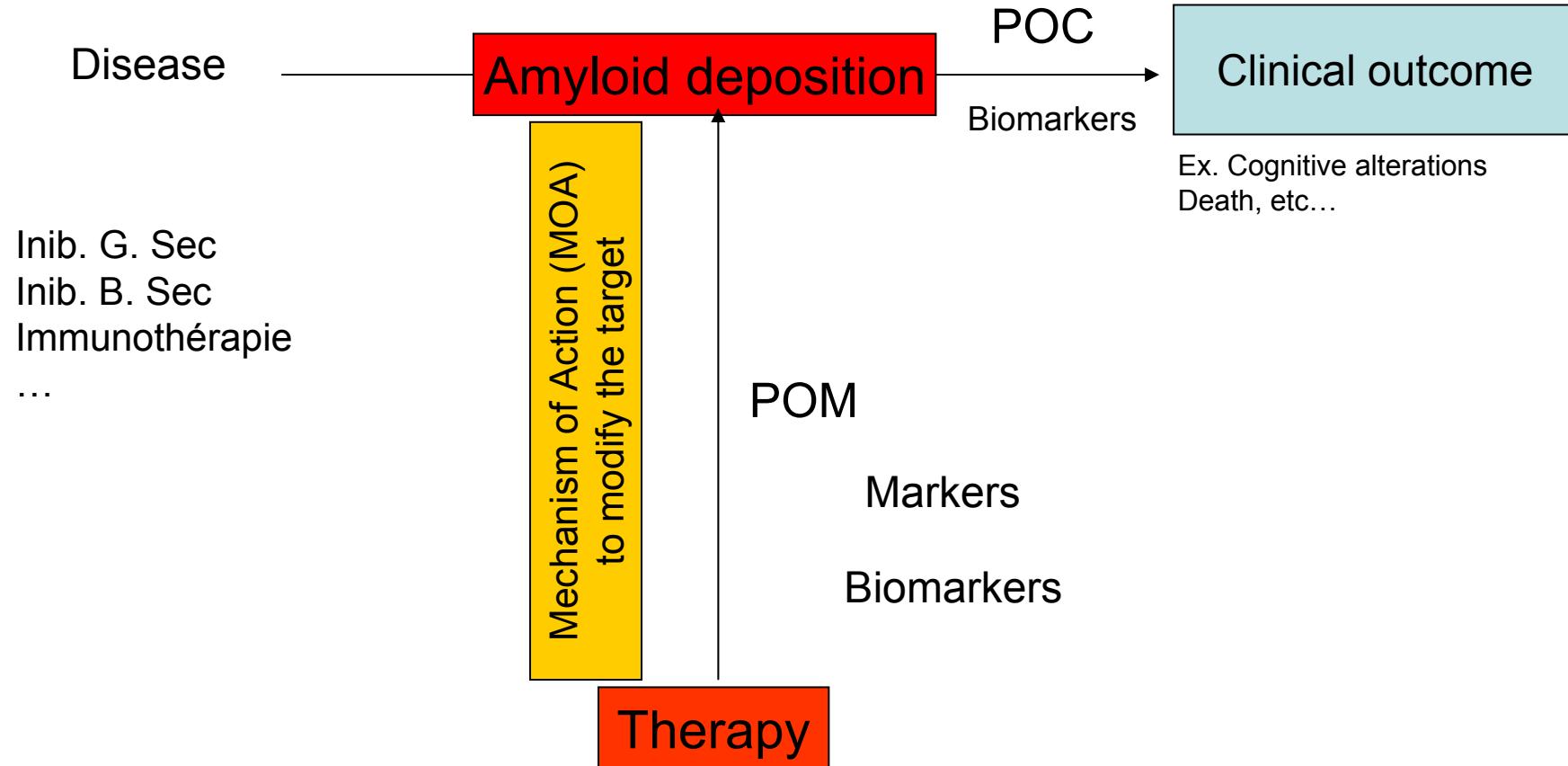


Proof of Concept (POC): If I modify the target, do I modify the disease ?

Proof of Mechanism (POM): Is my drug really active on the supposed mechanism ?

# Basis of translational medicine

## Step 1: Objective in humans



Proof of Concept (POC): If I modify the target, do I modify the disease ?

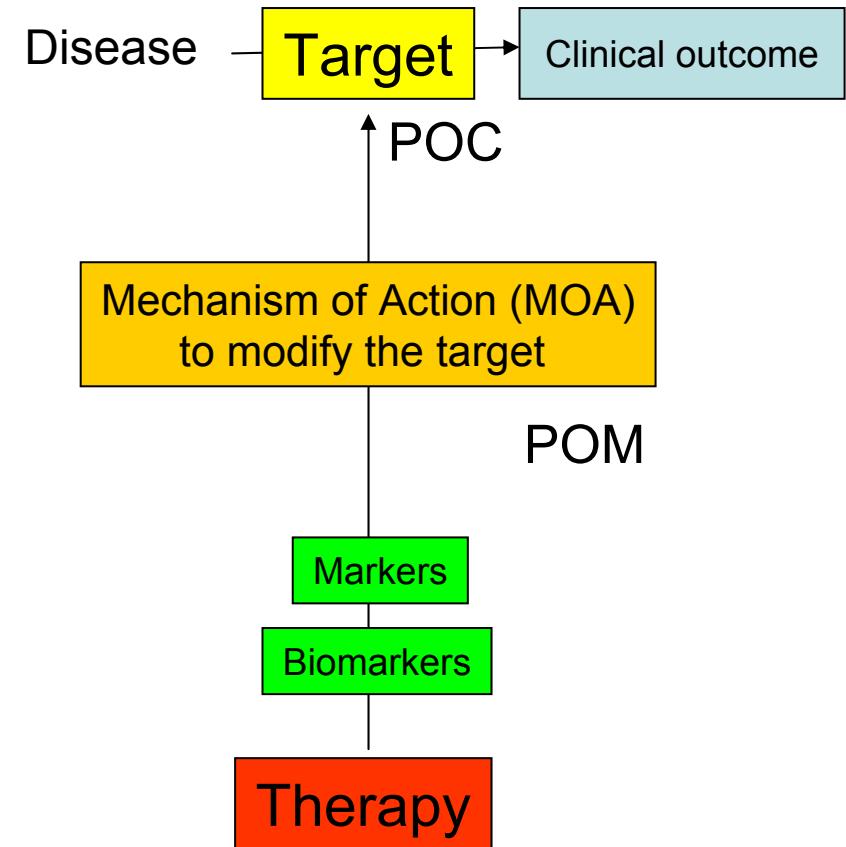
Proof of Mechanism (POM): Is my drug really active on the supposed mechanism ?

# Basis of translational medicine

## Step 2: Use of animals – Selection of a validated animal model

Choice of a good animal model ?

- Construct validity
- Face validity
- Prediction validity

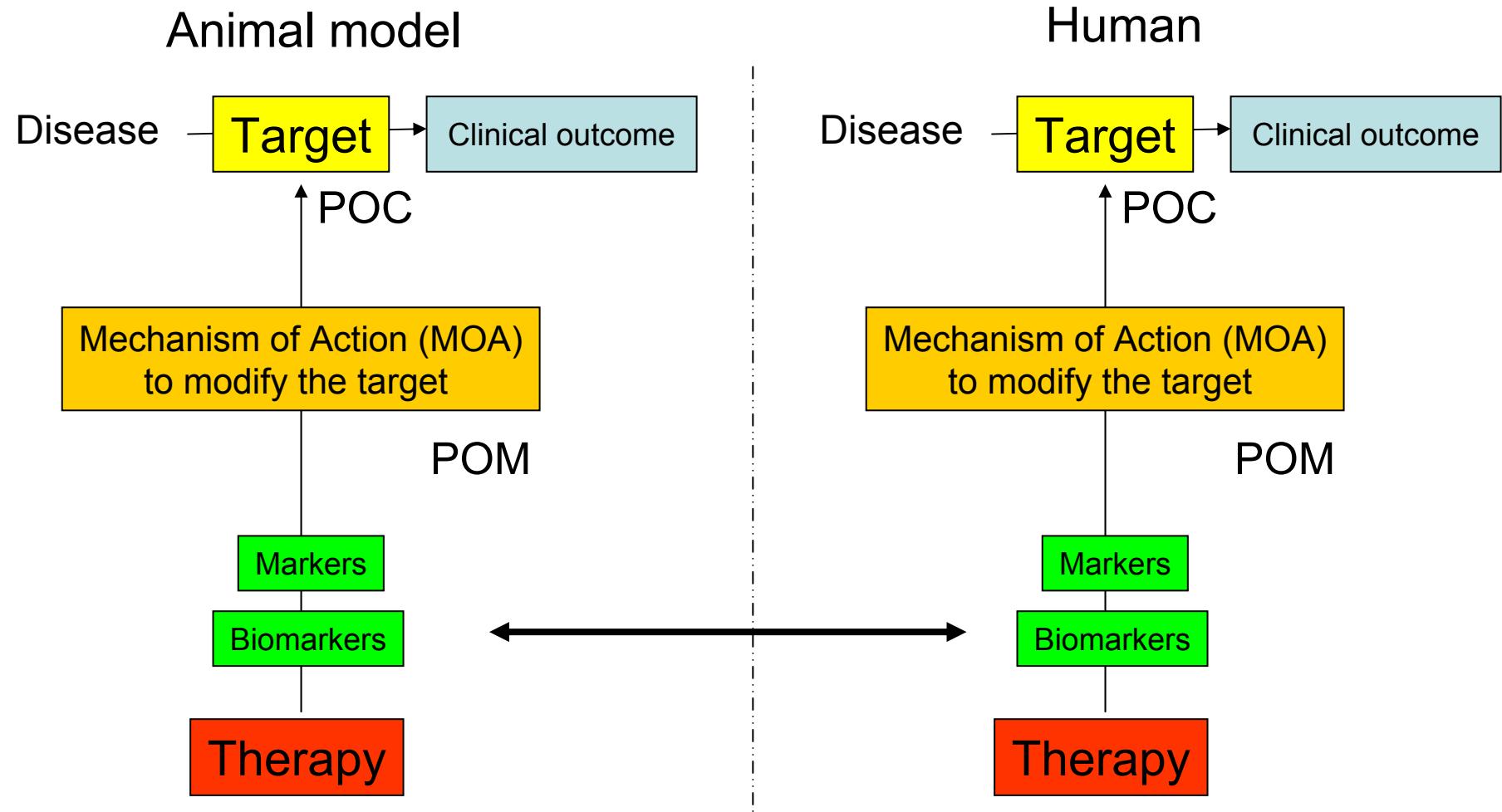


Proof of Concept (POC): If I modify the target, do I modify the disease ?

Proof of Mechanism (POM): Is my drug really active on the supposed mechanism ?

# Basis of translational medicine

## Step 3: Use of the validated animal model – Translational medicine

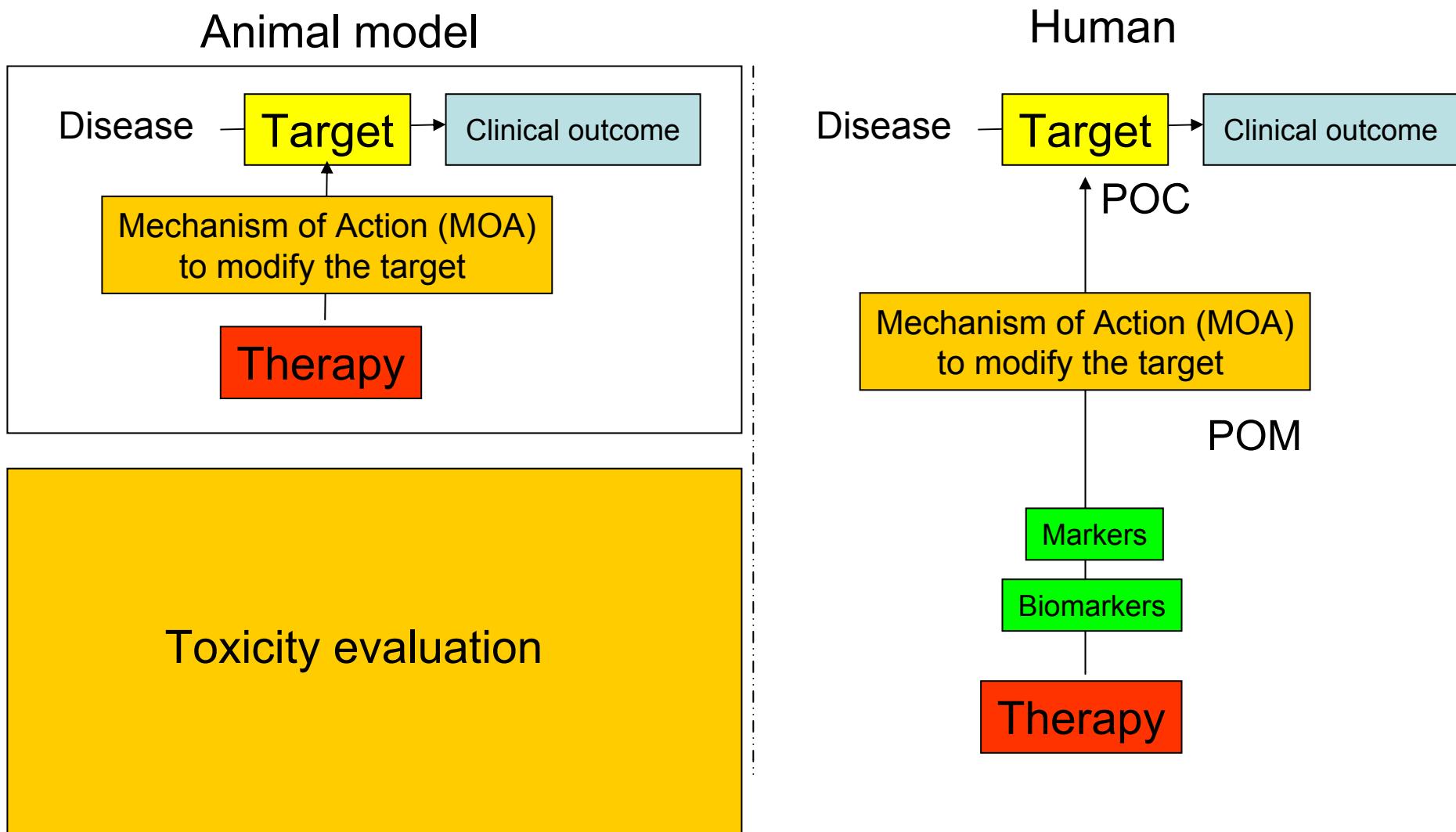


Proof of Concept (POC): If I modify the target, do I modify the disease ?

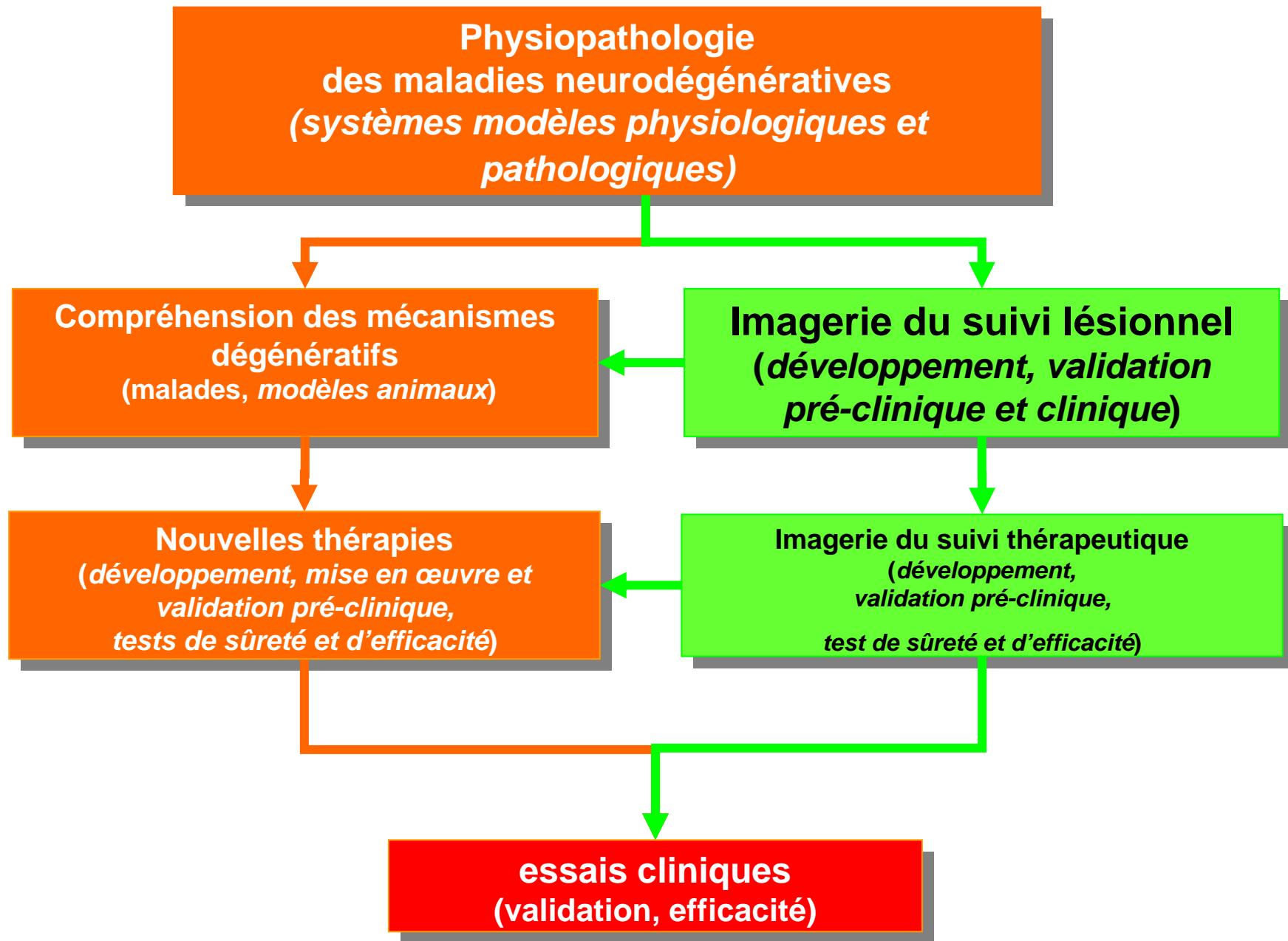
Proof of Mechanism (POM): Is my drug really active on the supposed mechanism ?

# Basis of translational medicine

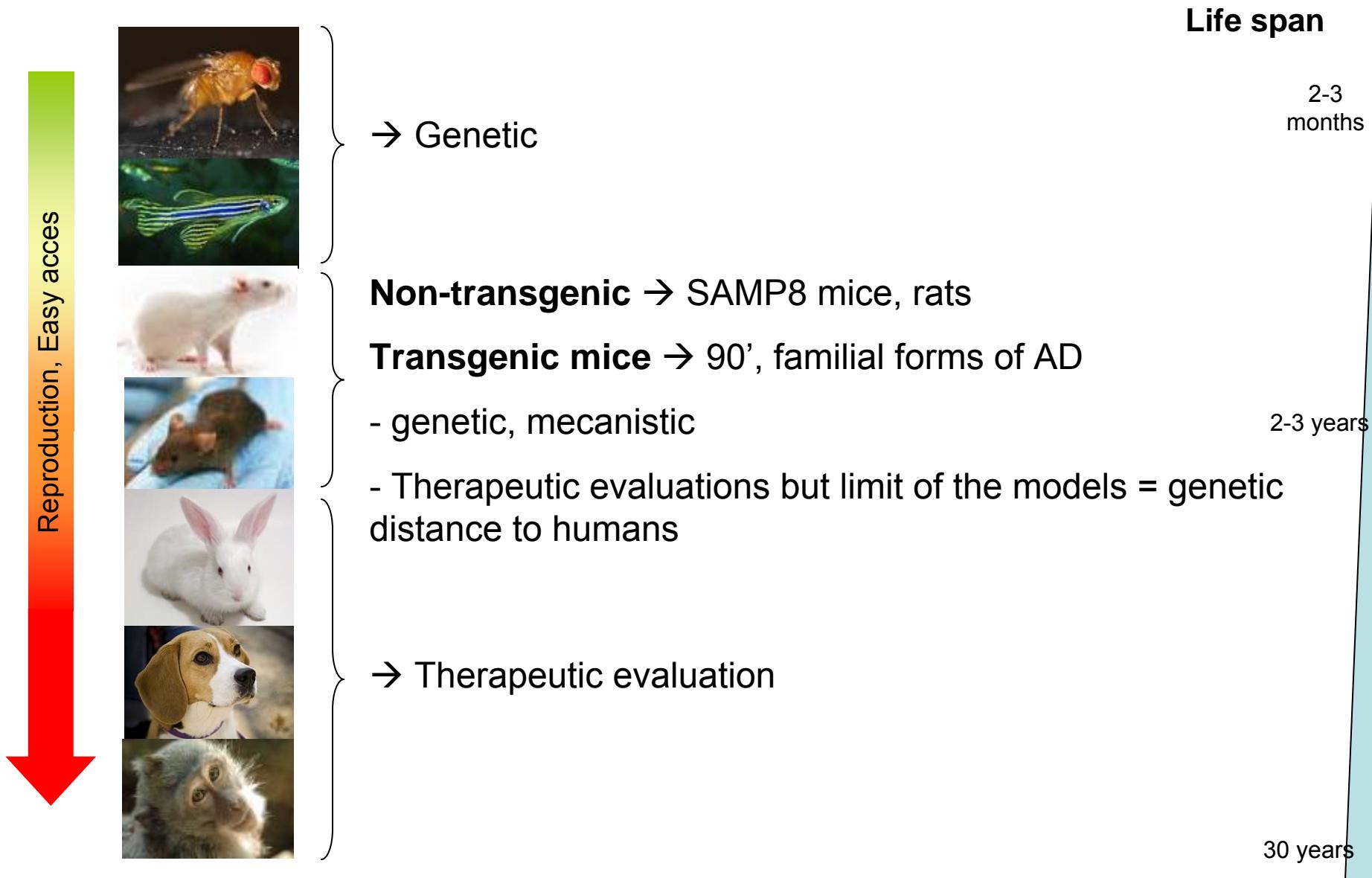
## Step 3bis: Toxicity evaluation



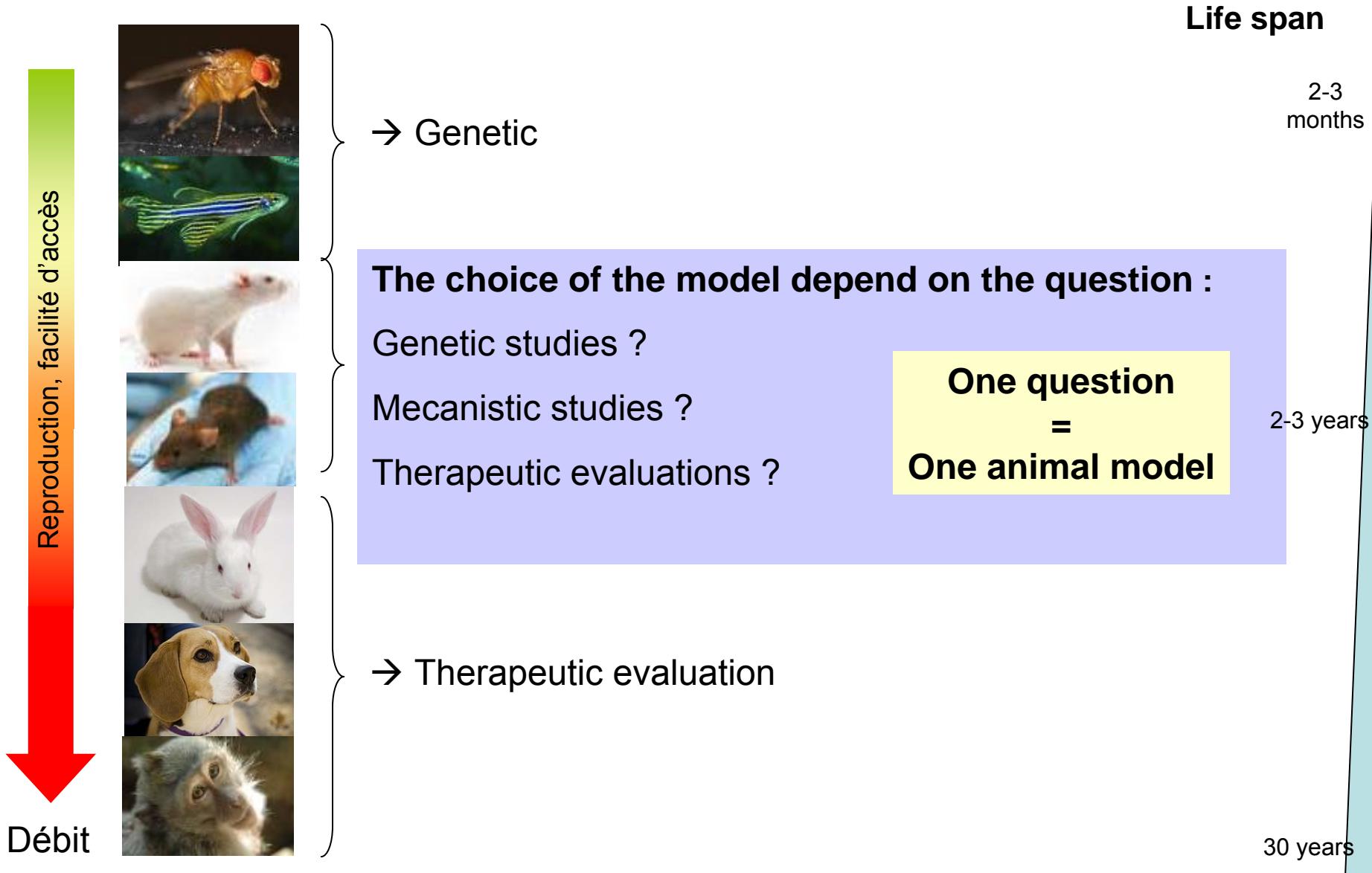
# Stratégie générale



# Animal models of AD



# Animal models of AD



# Validity criteria of experimental disease models

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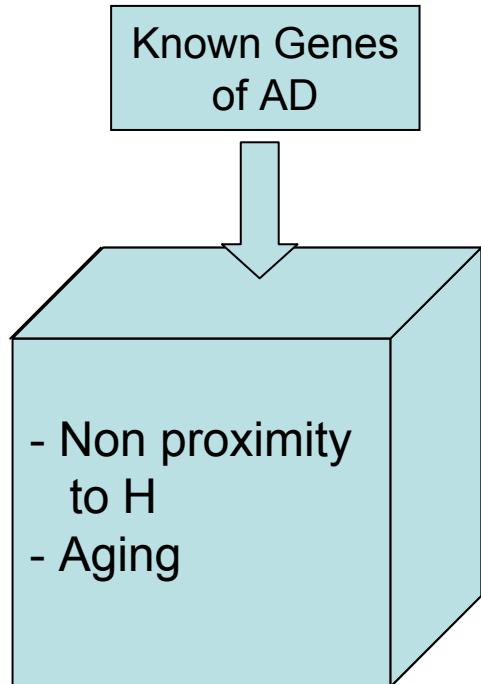


- Construction validity: Causes of human pathology
- Face validity: Comparison to human pathology
- Prediction validity
  - ❖ Validity for a fundamental research question
  - ❖ Validity for POM (from therapy to target)
  - ❖ Validity for Mechanism of Action
  - ❖ Validity for Toxicity evaluation
  - ❖ Validity for POC (from target to disease outcome modification)

# Specificity of the disease for humans ?



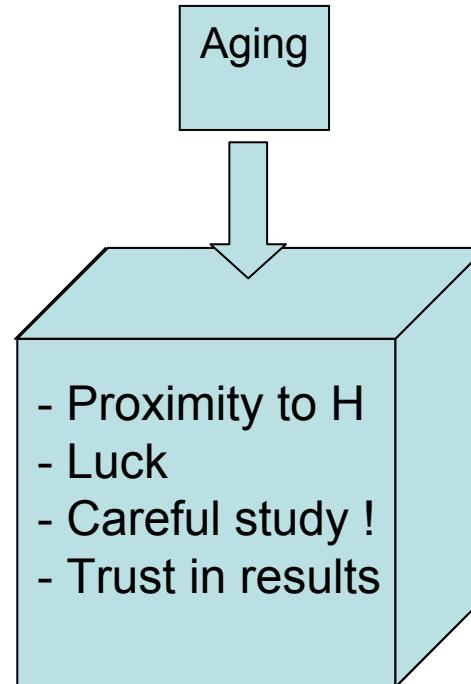
## Transgenic models



Ex.

- APP, APP/PS1 mice
- Tau mice
- Triple Tg

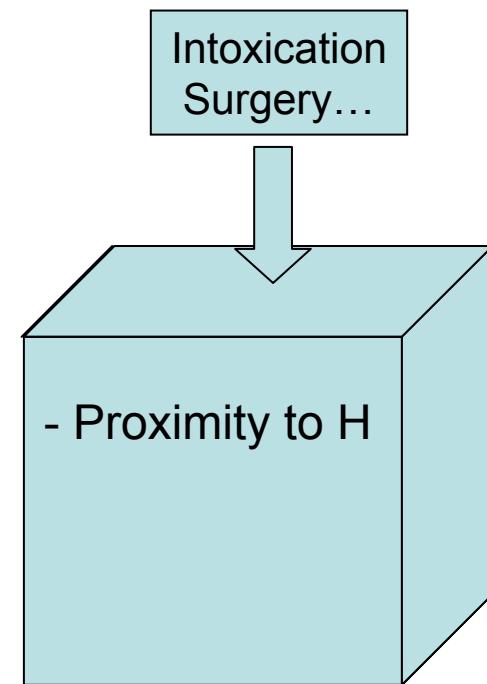
## Spontaneous models



Ex.

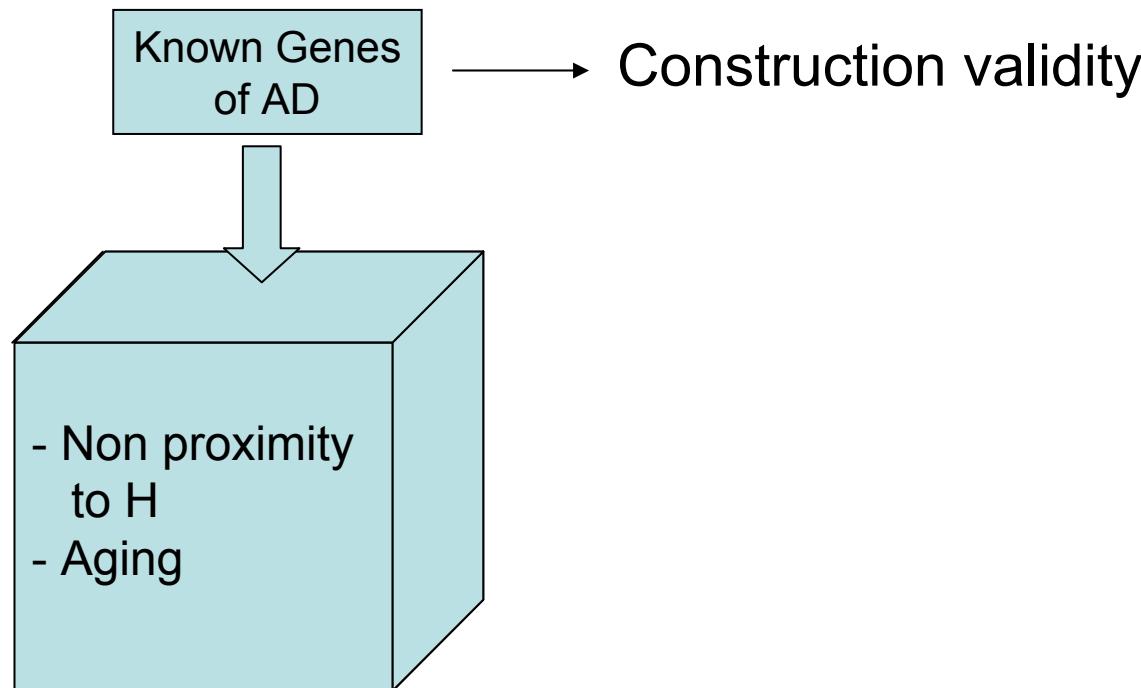
- Primates
- Dogs

## Induced models



# Models in transgenic Animals (Rodents)

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What about face validity ?  
What about prediction validity ?

# A long list of mouse models of AD...



<http://www.alzforum.org>

NETWORKING FOR A CURE



## RESEARCH MODELS

Mice expressing pathogenic mutations of human genes have become a critical tool for biomedical research and drug discovery, and nowhere more so than in the Alzheimer field. The generation of research models that develop some of the pathologic hallmarks of Alzheimer's has given a sizable boost to drug discovery efforts, and has also raised many intriguing questions about the underlying disease process. Identical mutations result in surprisingly divergent phenotypes in different mouse strains. Why? No model perfectly mimics the human disease. Why?

To support investigators' efforts, we are compiling this list of research models that are relevant to understanding Alzheimer disease.

- [APP](#) → 38
- [ApoE](#) → 18
- [Alpha-Synuclein](#) → 6
- [Cox-2](#) → 5
- [PS1](#) → 17
- [PS2](#) → 5
- [Tau](#) → 26
- [Other](#) → 46
- [Double-Cross](#) → 25
- [Triple-Cross](#) → 4

As March 26, 2007

# No spontaneous amyloid aggregation in rodents

APP

	561	600
Hu	E V E P V D A R P A A D R G L T T R P G S G L T N I K T E E I S E V	K M D A E F
Cm	- -	
Sm	- -	
mL	? ?	- -
Ts	- -	
Dg, Br, Cw, Shp, Pg, Rbt, GP	? ?	- -
Rt	- -	
Mo	- -	

601

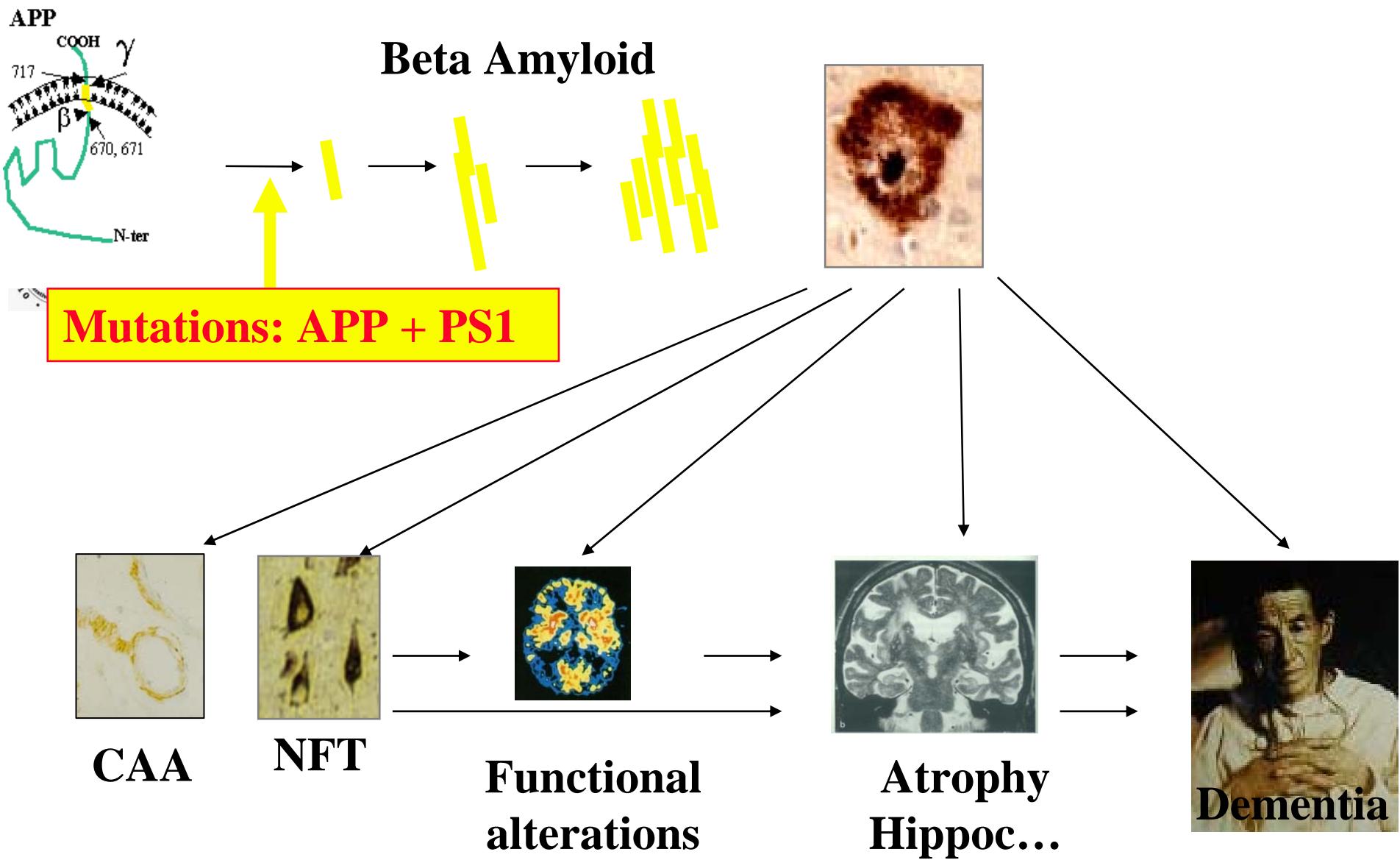
640

	42
Hu	R H D S G Y E V H H Q K L V F F A E D V G S N K G A I I G L M V G G V V I A T V
Cm	- -
Sm	- -
mL	- -
Ts	- -
Dg, Br, Cw, Shp, Pg, Rbt, GP	- -
Rt	G - - - - F - - R -
Mo	G - - - - F - - R -

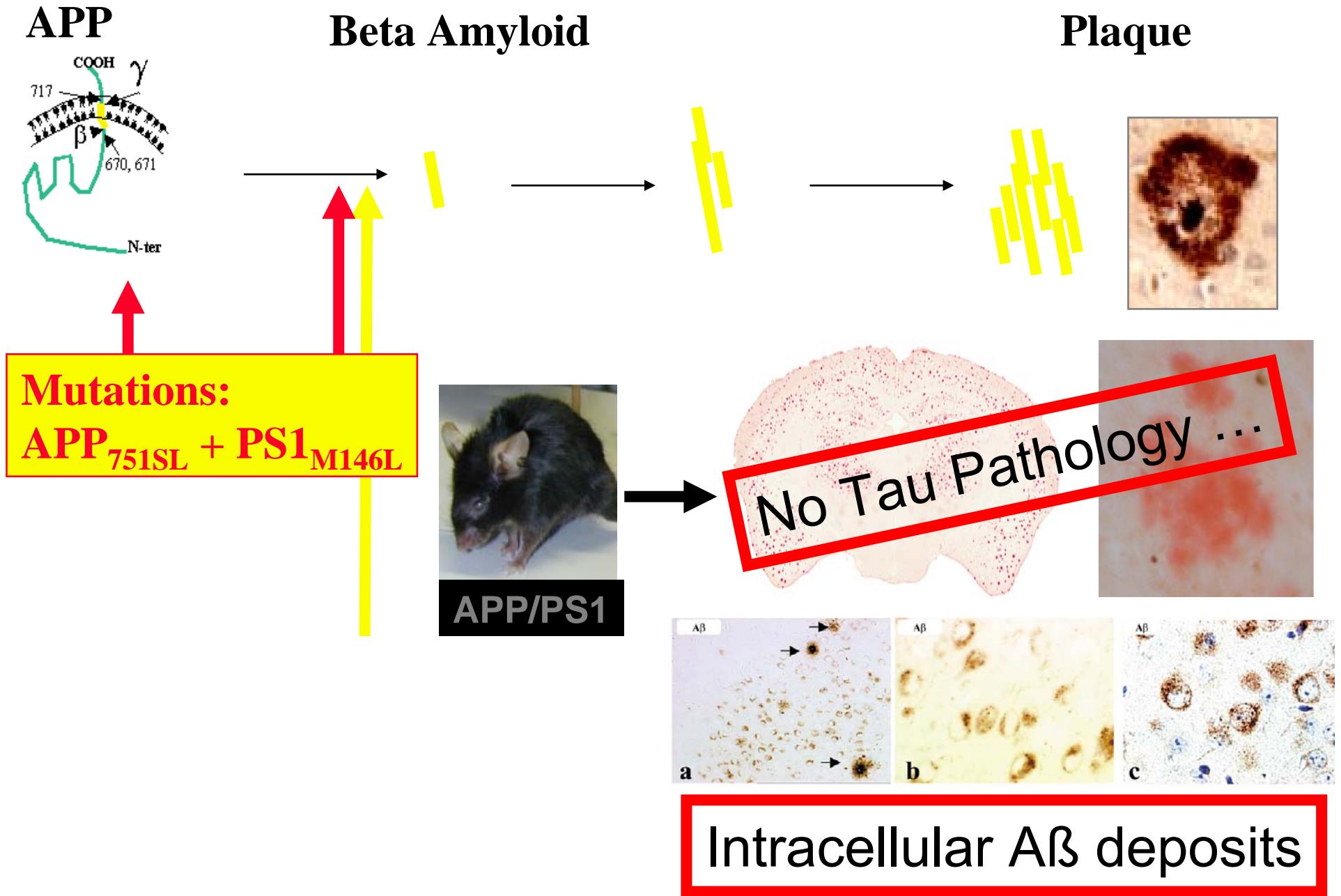
(Dhenain, Handbook of Neuropsychology (2nd ed, 2001))

Related to a different structure of the Abeta protein in rodents

# Amyloid cascade hypothesis (simplified)



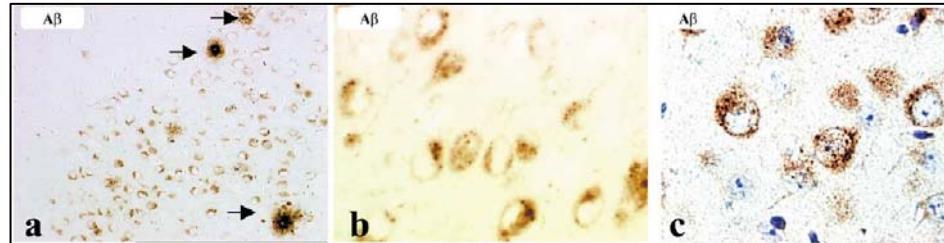
# Mouse models of Alzheimer's disease



# Intracellular A $\beta$ deposits: New finding from Tg models

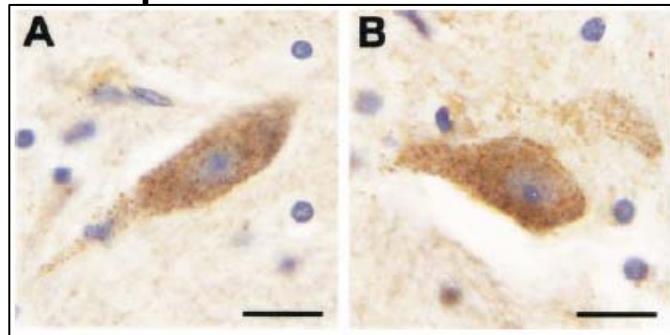


## ■ Intracellular A $\beta$ deposits in Tg mice

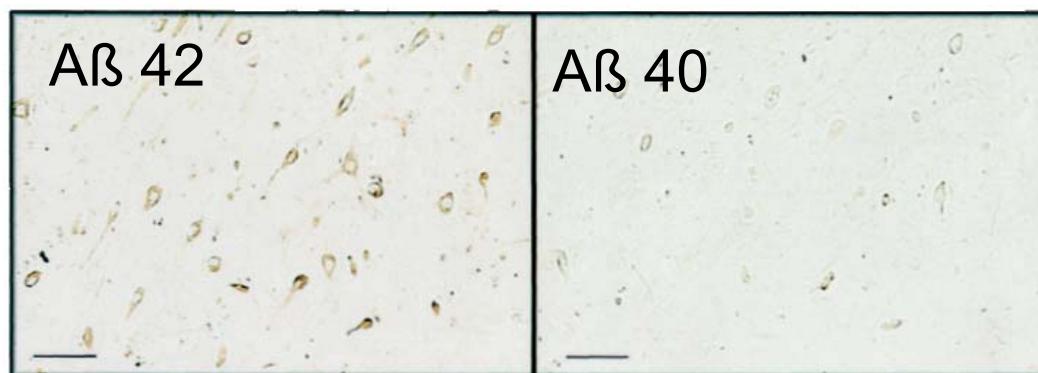


Blanchard,  
Exp Neurol, 2003

## ■ Intracellular A $\beta$ deposits in Humans

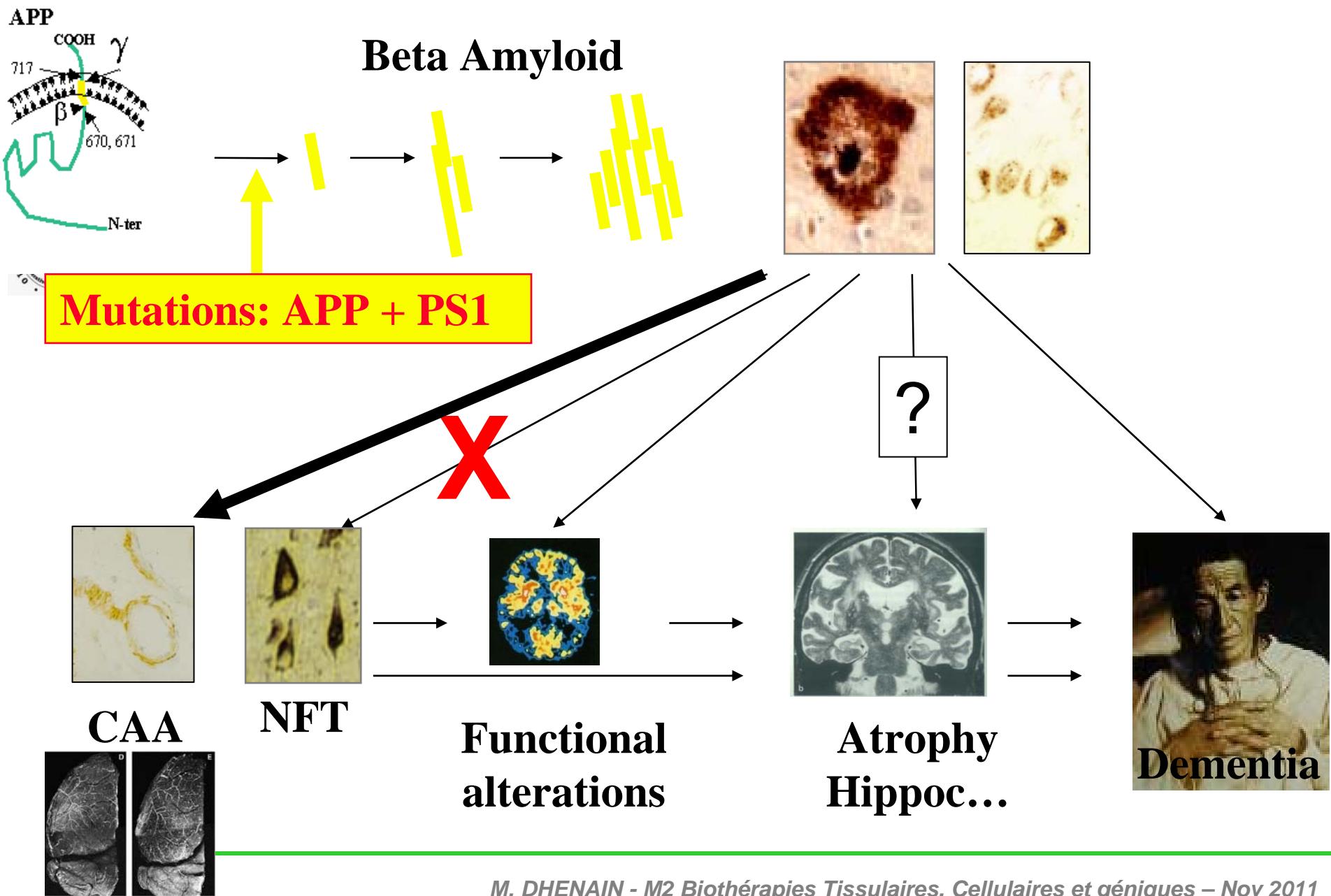


Gyure  
Arch Pathol Med, 2001



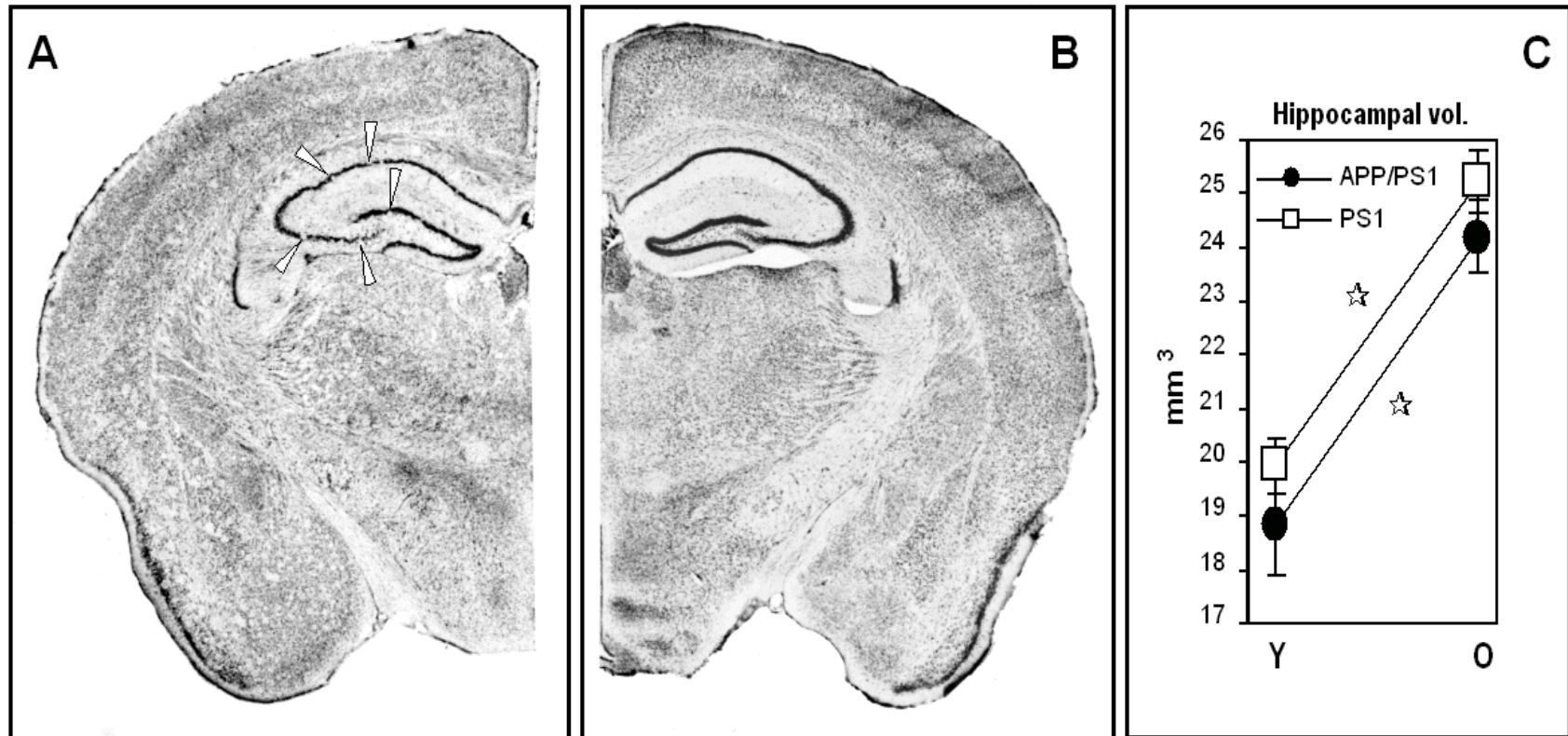
Gouras  
Am J Pathol, 2000

# Amyloid cascade hypothesis (simplified)



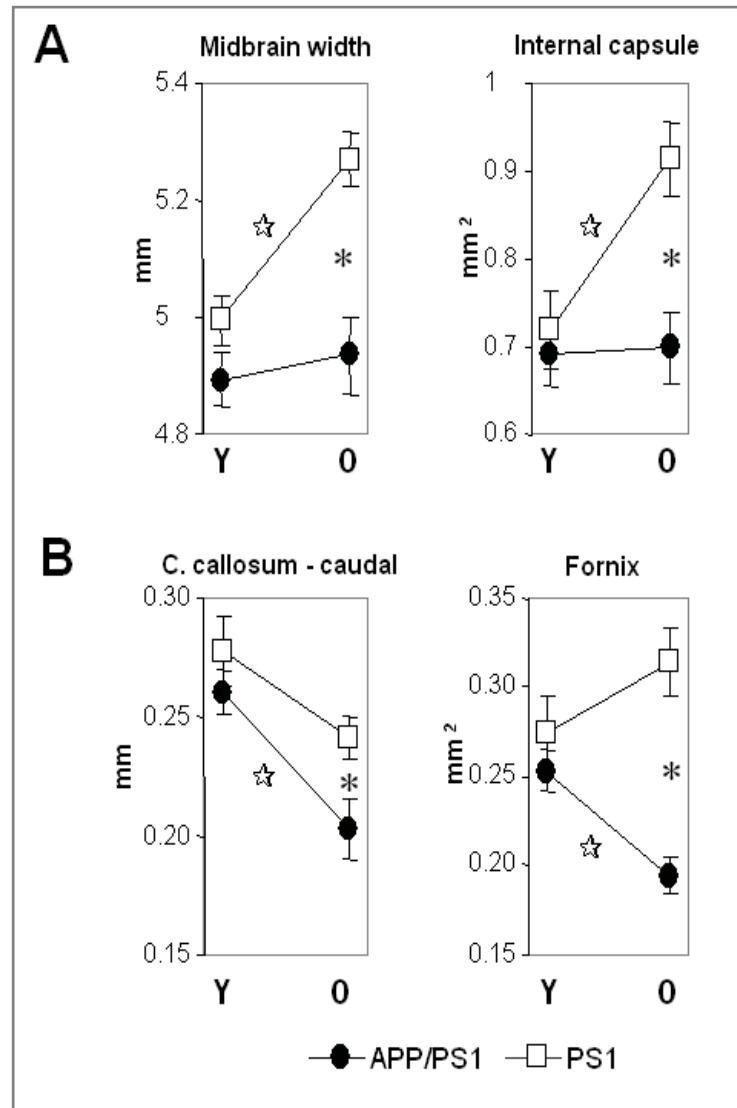
# Hippocampal growth

cea

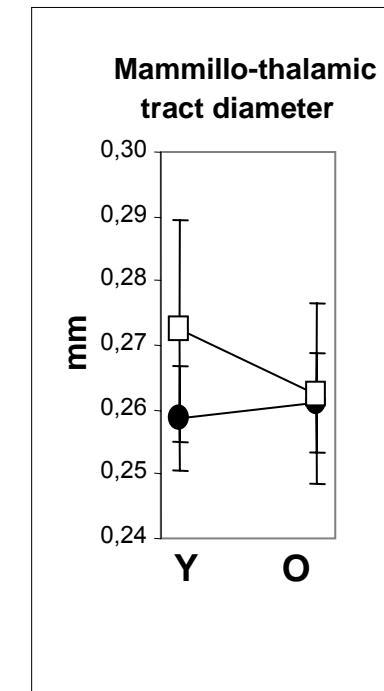


Even in the presence of amyloid deposits...

# Atrophy of white matter tracts

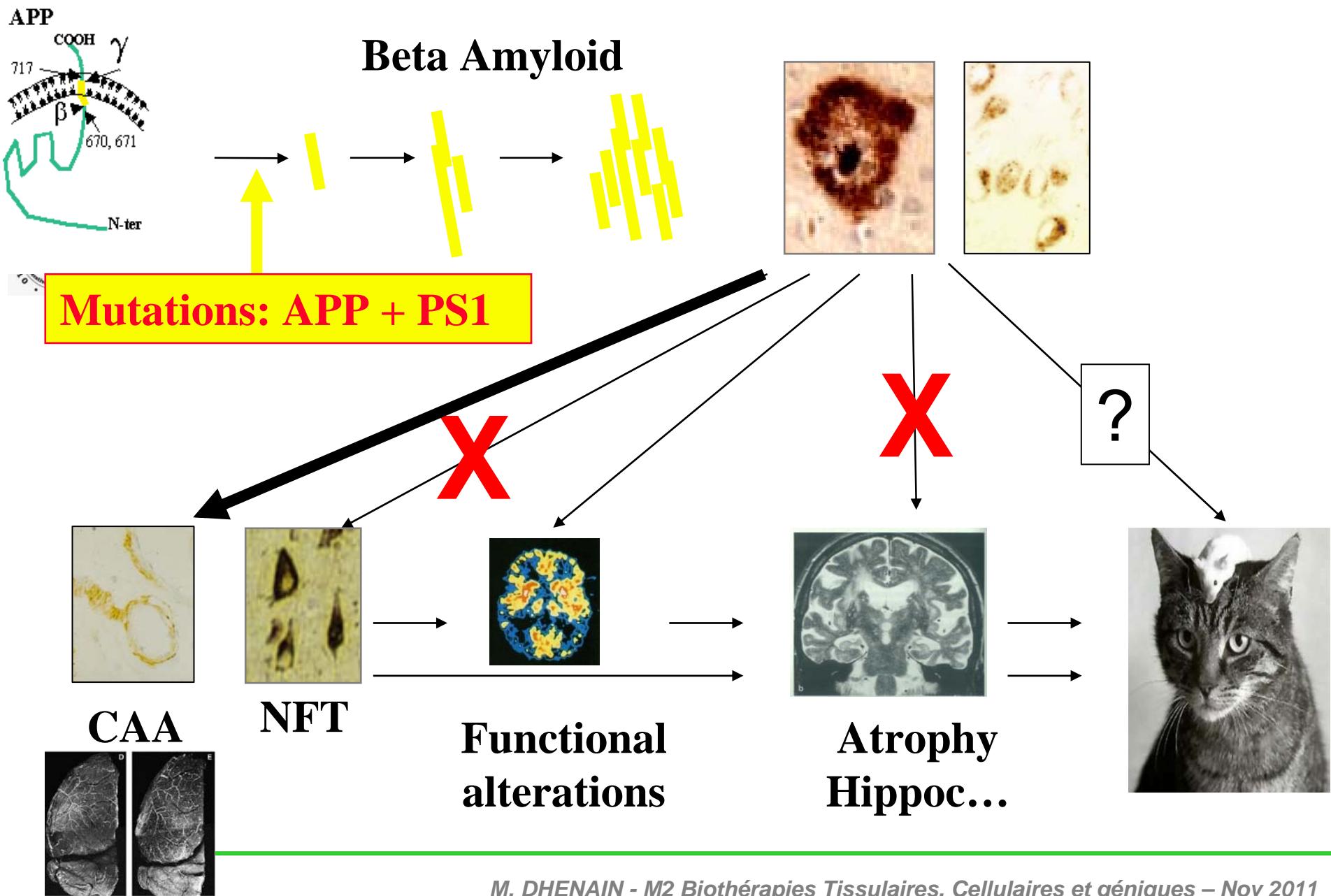


White matter  
alterations

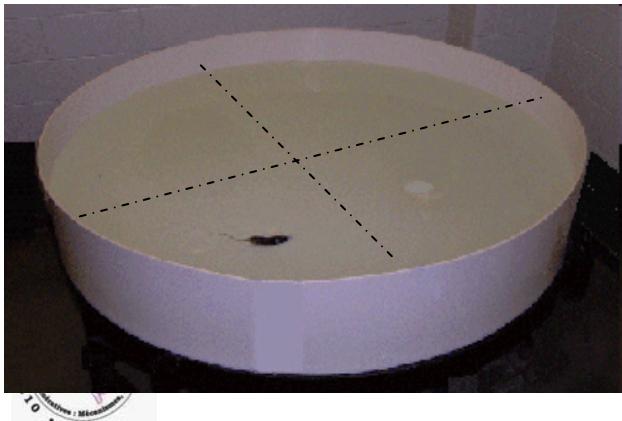


Delatour et al,  
Neurob Aging, 2006

# Amyloid cascade hypothesis (simplified)



# Behavioral tests



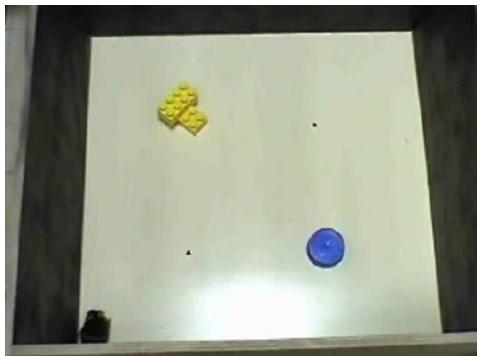
## SPATIAL NAVIGATION

- Spatial reference memory
- Hippocampal integrity
- Very used



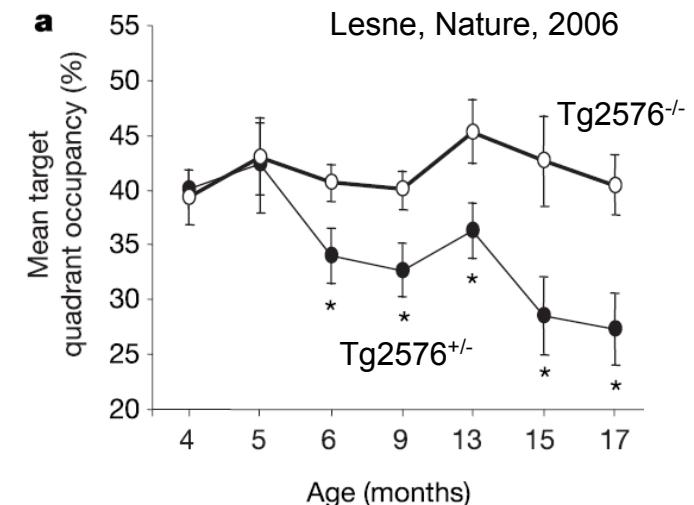
## SPATIAL ALTERNATION

- Spatial working memory
- Require the integrity of the hippocampus and of frontal cortex



## OBJECT RECOGNITION

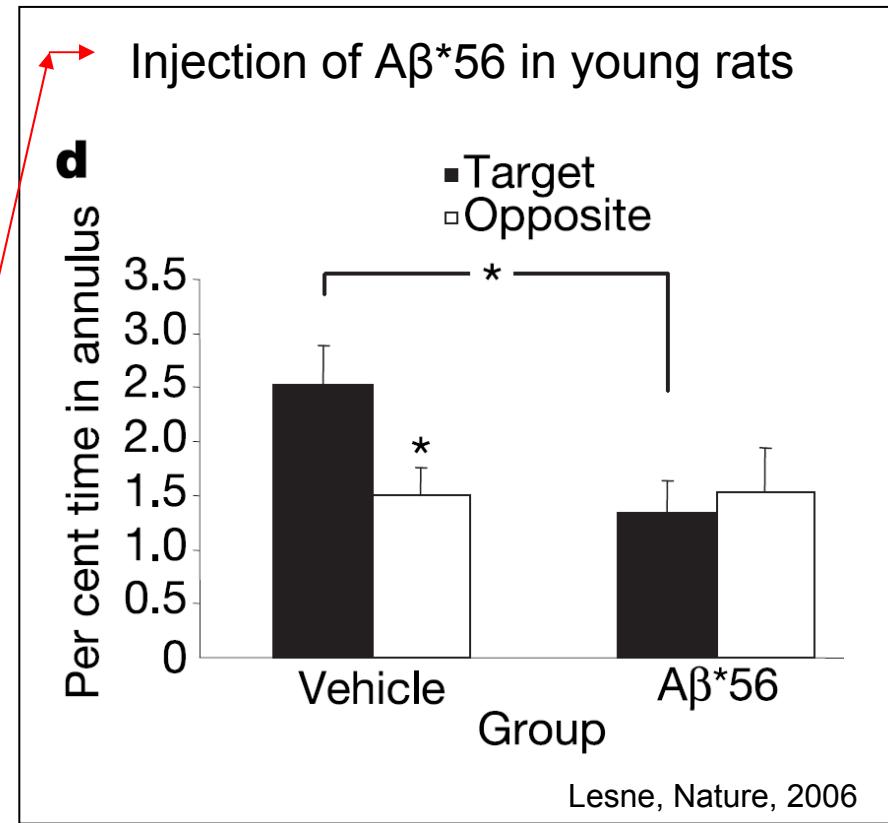
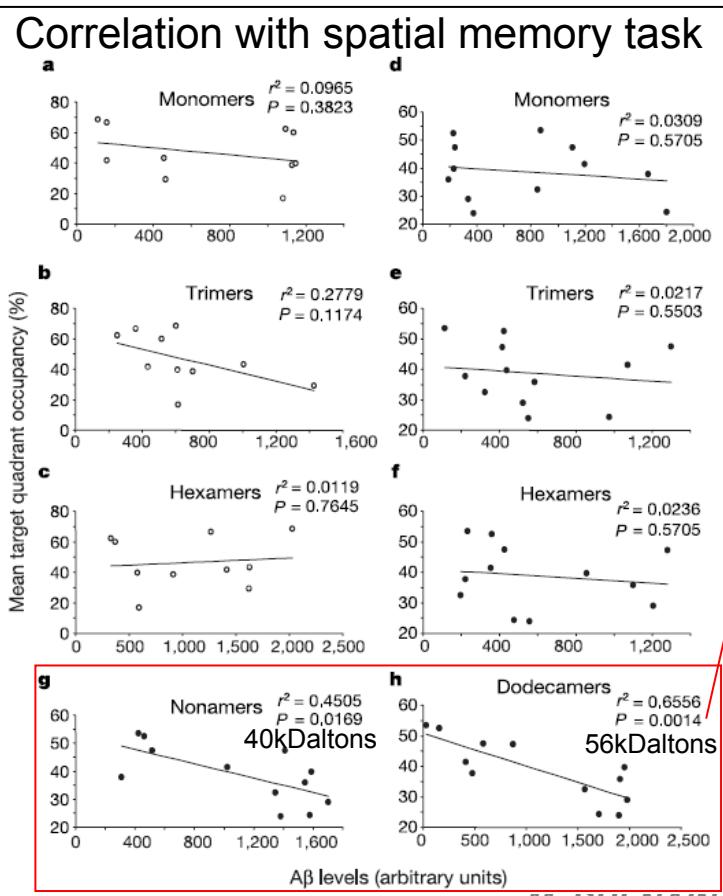
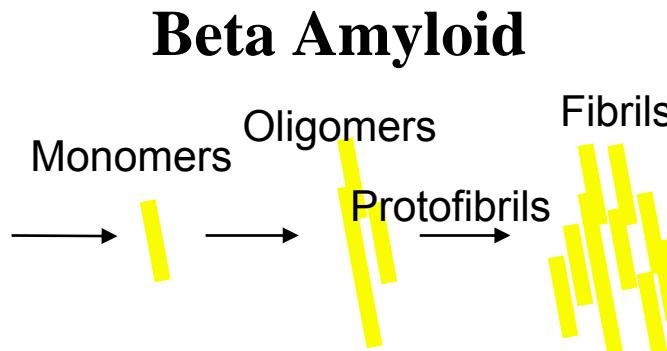
- Short term visual memory
- Require integrity of rhinal cortex (and hippocampus)
- Very used



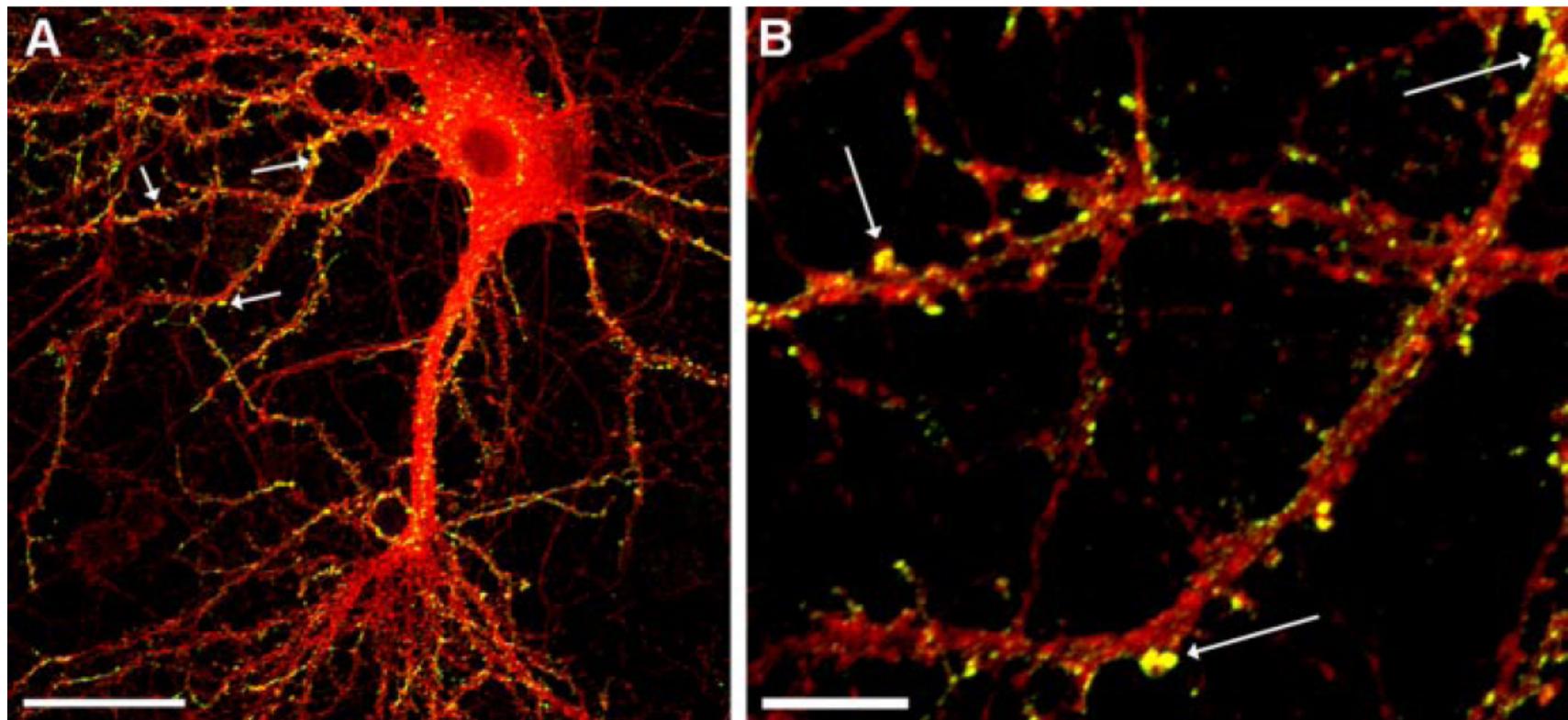
Alterations of memory  
But no dementia



# Origin of behavioral alterations: Oligomers



# Oligomers target synapses

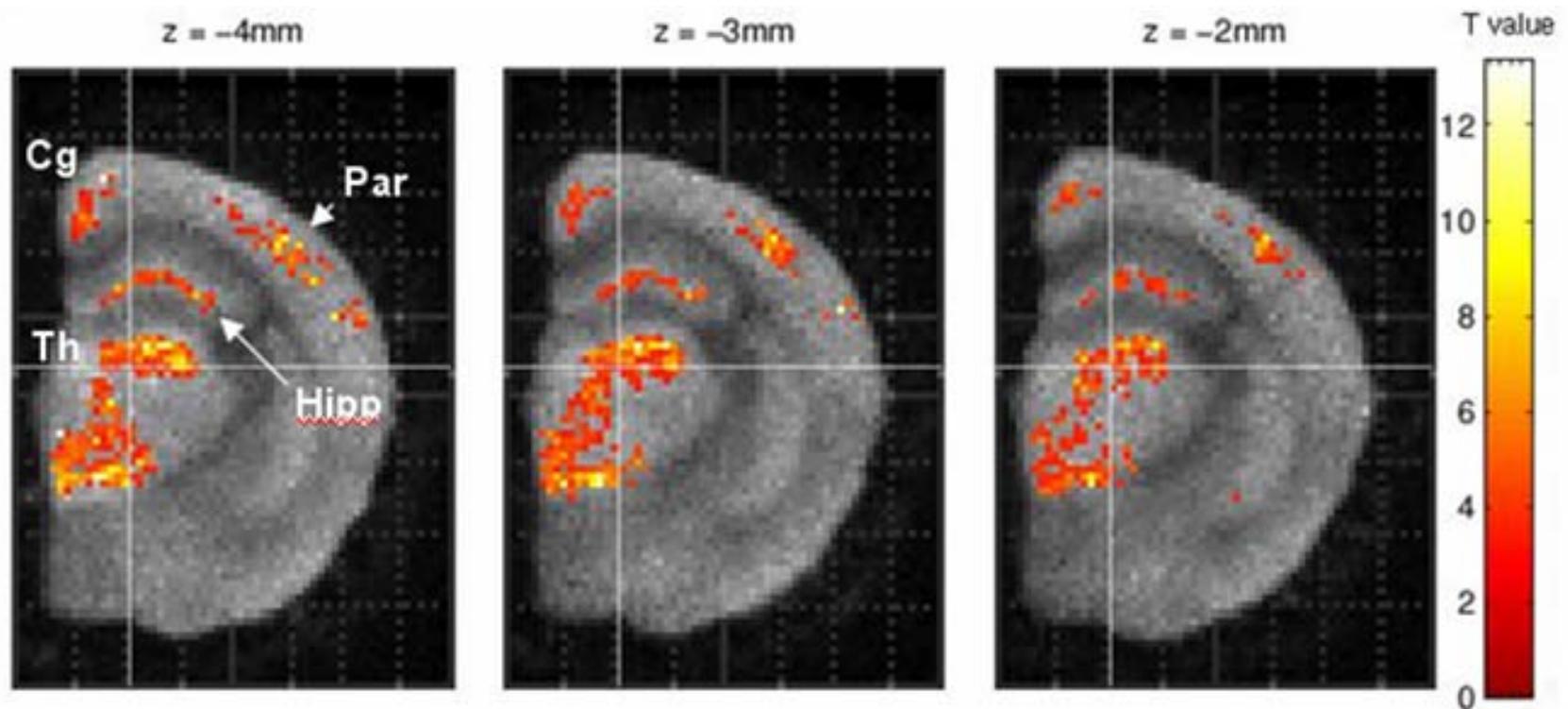


**Figure 6.** Localization of ADDL binding sites to dendritic spines.

**Synaptic binding → Ectopic induction of Arc (synaptic immediate-early gene) → dysfunctional learning**

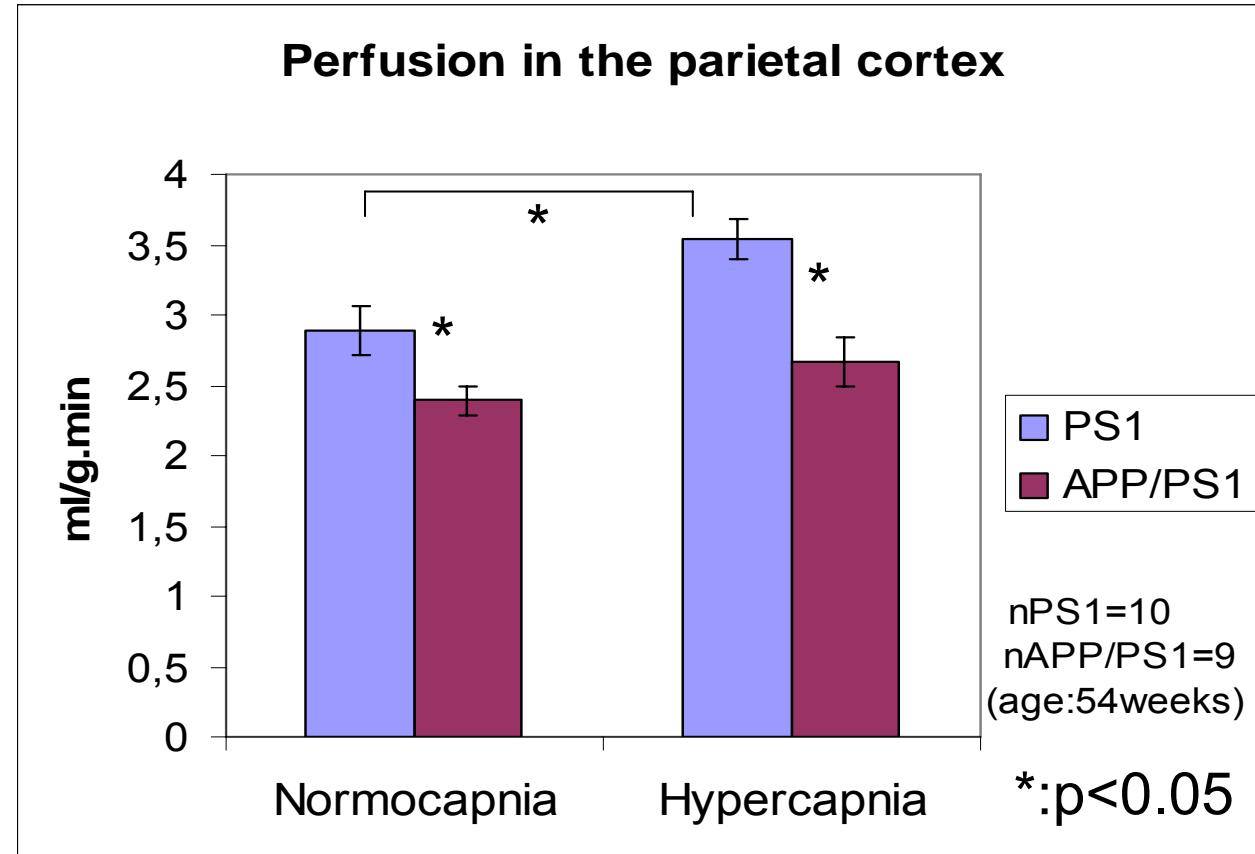
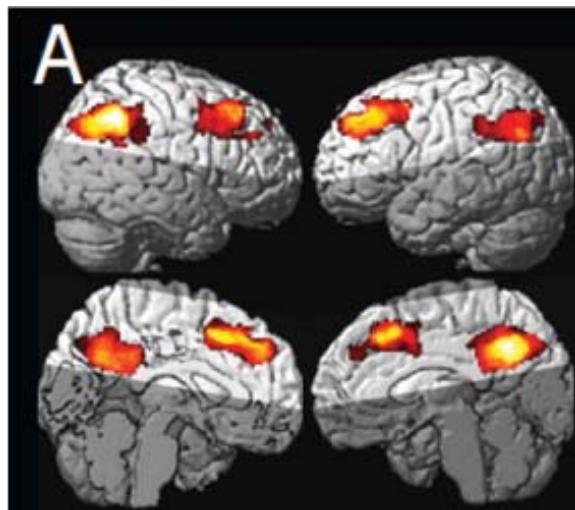
Lacor, J Neurosc, 2004

# Hypometabolism in Tg mice



Hypometabolic areas in APP/PS1 mice as compared to control animals

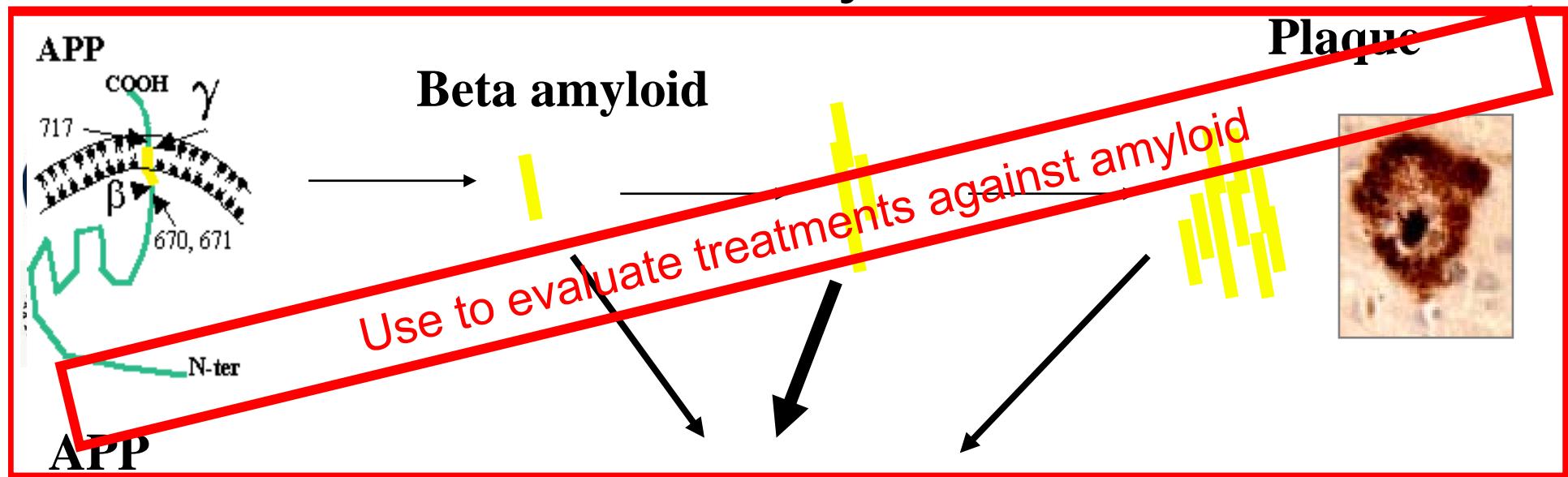
# Cortical hypoperfusion in Tg mice



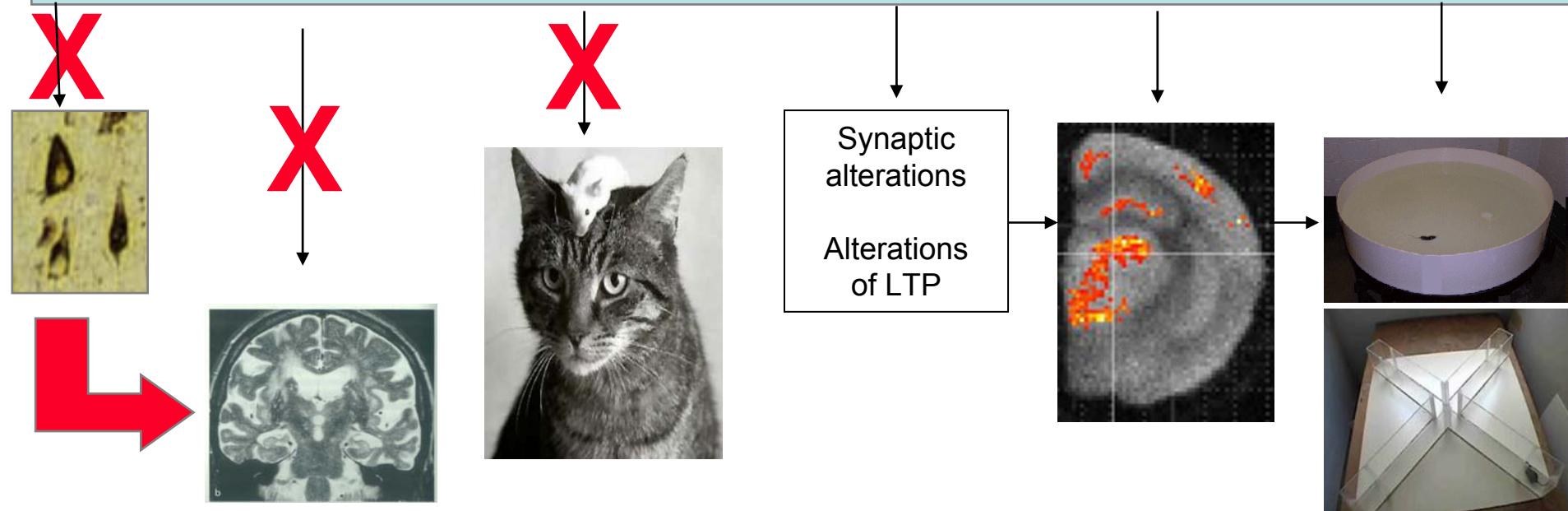
Perfusion alterations are also detected in AD patients

\* Johnson et al., Radiology, 2005

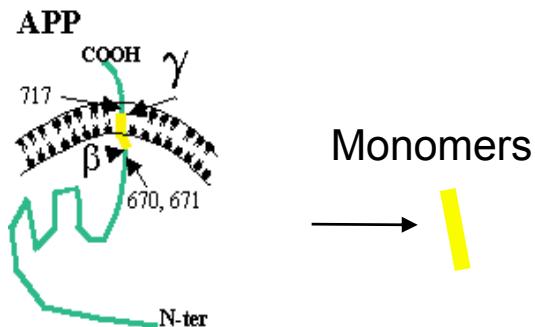
# « murine » amyloid cascade



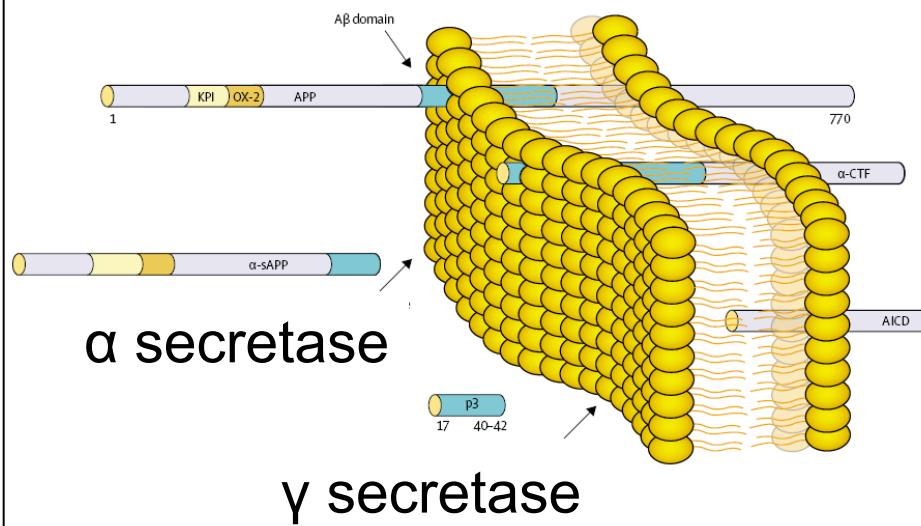
## Amyloid cascade hypothesis



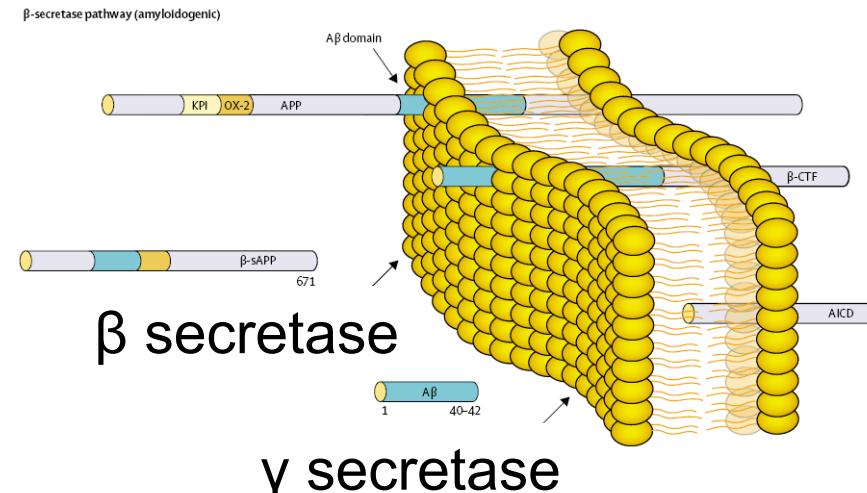
# Potential treatments against amyloid pathology in AD



$\alpha$  secretase - Non amyloidogenic pathway



$\beta$  secretase - Amyloidogenic pathway

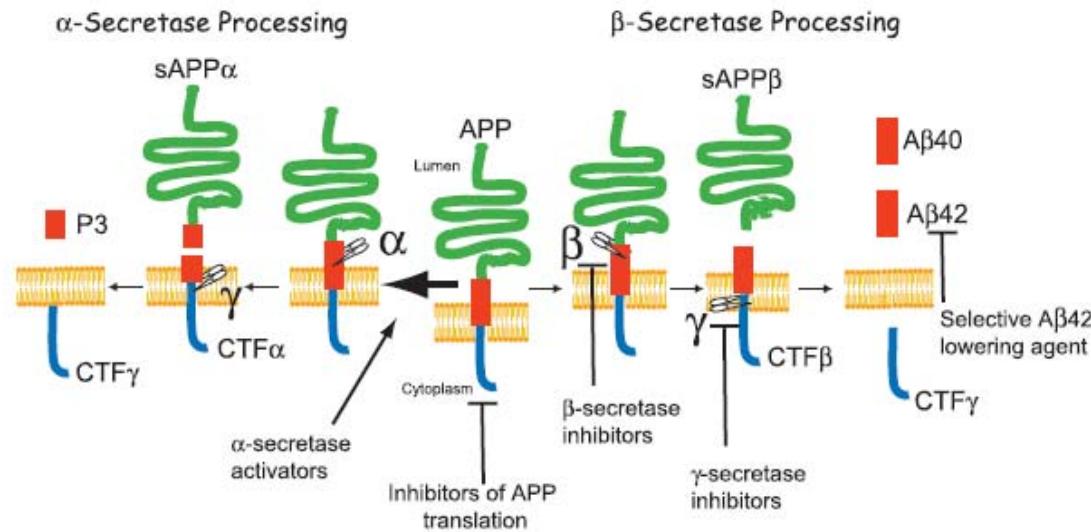


From Blennow K et al., Lancet, 2006

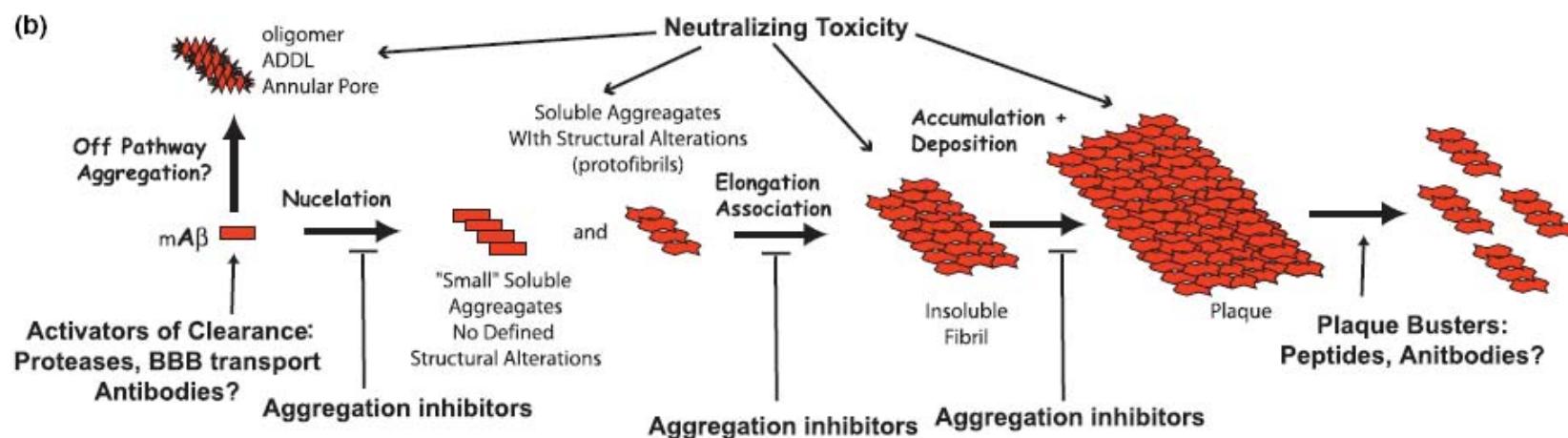
# Potential treatments against amyloid pathology in AD



(a)



(b)

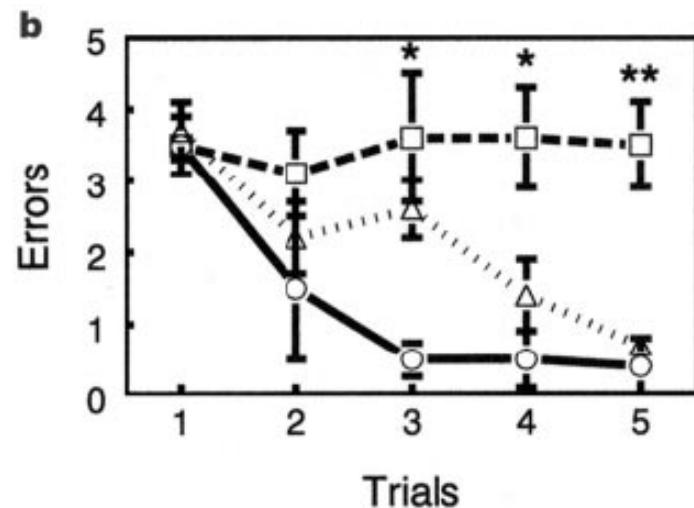


T Golde, J Neurochem, 2006

# Use of Tg mice for treatment evaluation



## ■ Ex Immunotherapy in mice



Morgan et al. (2000). *Nature*, 408(6815), 982-5.

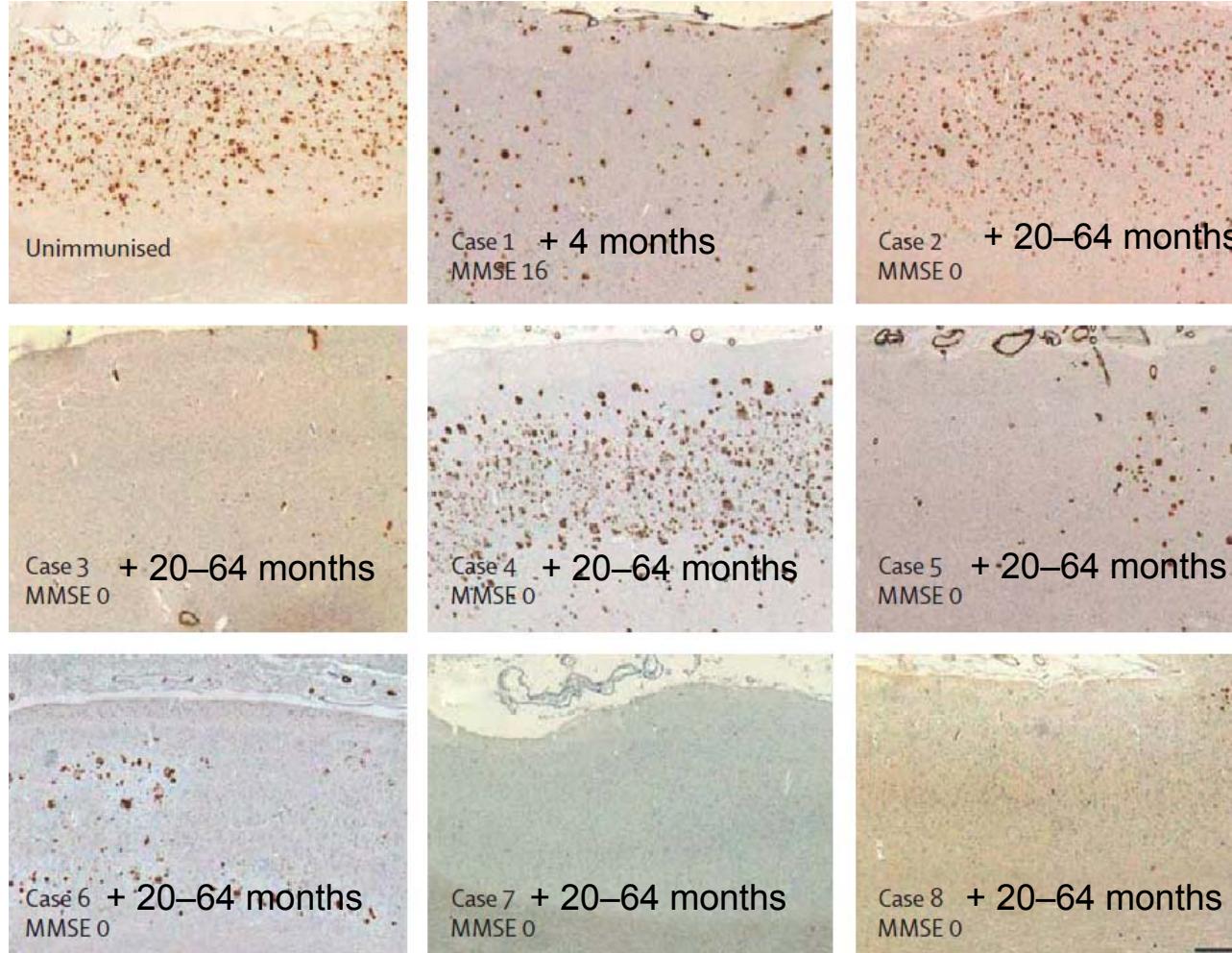


Schenk, D., Nature 1999

## ■ Mice are a very useful first way to test new treatments against amyloidosis

## ■ What is the benefit for the patient ?

# Immunotherapy suppress amyloid in some patients



*Holmes 2008, Lancet*

... But immunotherapy does not suppress evolution of cognitive impairments

# Future Treatments of the disease

	Treatment	Mechanism of action	Mouse model
Secretase modulation	[OM00-3]DR9	$\beta$ -secretase inhibitor	Tg2576
	DAPT	$\gamma$ -secretase inhibitor	PDAPP
	Bryostatin	PKC activator, $\alpha$ -secretase stimulator	APP <sub>V717L</sub> /PS1 <sub>A246E</sub>
A $\beta$ immunotherapy	Pre-aggregated A $\beta$ 1-42+adjuvant	Active immunisation	PDAPP
	Anti-A $\beta$ antibodies	Passive immunisation	PDAPP
Anti-aggregation	iA $\beta$ 5p peptide	$\beta$ -sheet breaker peptide	APP <sub>V717L</sub> /PS1 <sub>A246E</sub>
	A $\beta$ 12-28P peptide	ApoE-A $\beta$ binding blocker	APP <sub>Swe</sub> /PS1 <sub>M146L</sub>
	Neprilisin gene transfer	Increased A $\beta$ degradation	PDAPP
Lipid/carbohydrate metabolism modulation	BM15.766	Cholesterol lowering	Tg2576
	High cholesterol diet	Cholesterol challenge	APP <sub>Swe</sub>
	Caloric restriction	Reduced insulin levels	APP <sub>Swe/Ind</sub>
	High saturated fat/low carbohydrate diet	Unknown. Ketogenic diet?	APP <sub>V717L</sub>
	CP-113,818	ACAT inhibitor	APP <sub>Swe</sub> and APP <sub>V717L</sub>
	Omega-3 fatty acid	Altered APP processing? Anti-oxidative?	Tg2576
	T0901317	Liver X receptor ligand	APP23
Kinase modulation	Wortmannin	Phosphatidyl-inositol kinase inhibitor	Tg2576
	Lithium	GSK3 $\beta$ inhibition	PDAPP
	Valproic acid	GSK3 $\beta$ inhibition	PDAPP
Anti-inflammatory/anti-oxidative	NSAIDs (8 FDA-approved drugs)	Anti-inflammatory	Tg2576
	NCX-2216	Anti-inflammatory, anti-oxidative, NO-release	APP <sub>Swe</sub> /PS1 <sub>M146L</sub>
	Pioglitazone	PPAR $\gamma$ -agonist, anti-inflammatory	APP <sub>V717L</sub>
	Lipopolysaccharide	Activation of the innate immune system	Tg2576
	Curcumin (curry spice)	Anti-inflammatory, anti-oxidative	Tg2576
	Vitamin E	Anti-oxidative	Tg2576
	N-acetyl cysteine	Anti-oxidative	TgCRND8

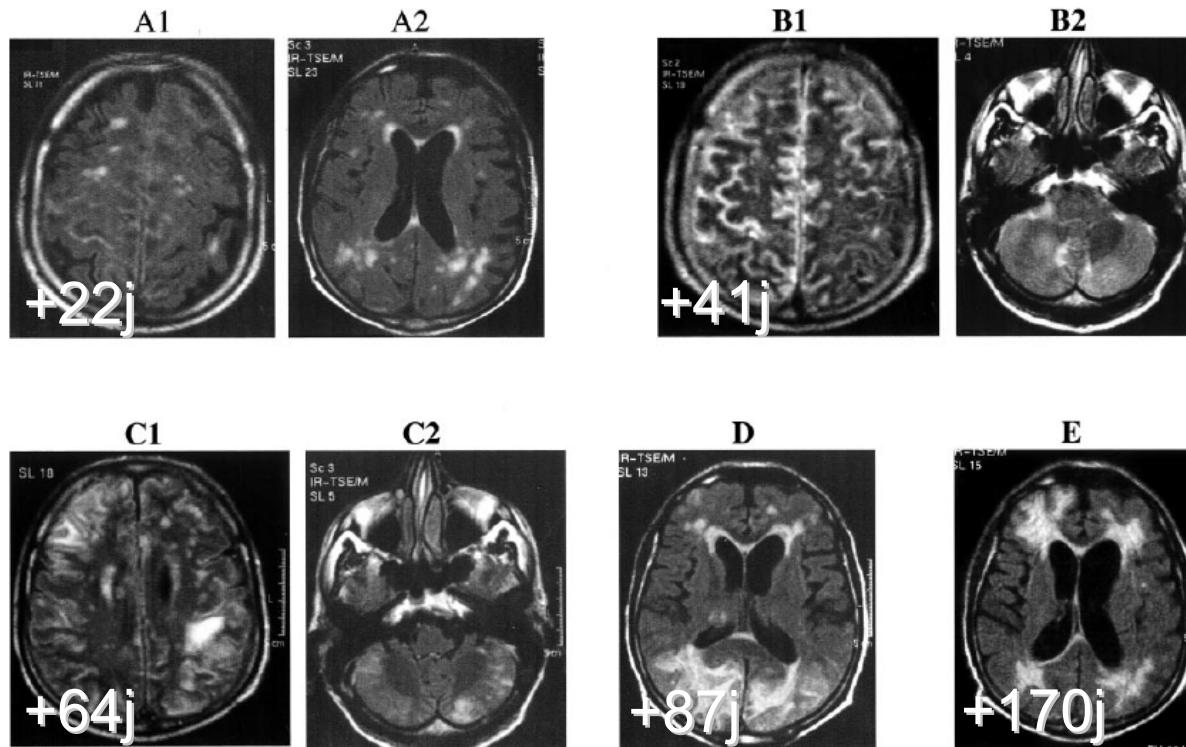
From Blennow K et al., Lancet, 2006

# Poor models of toxicity ?



## Subacute meningoencephalitis in a subset of patients with AD after A<sub>β</sub>42 immunization

J.-M. Orgogozo, MD; S. Gilman, MD, FRCP; J.-F. Dartigues, MD, PhD; B. Laurent, MD; M. Puel, MD; L.C. Kirby, MD; P. Jouanny, MD, PhD; B. Dubois, MD; L. Eisner, MD; S. Flitman, MD; B.F. Michel, MD; M. Boada, MD; A. Frank, MD, PhD; and C. Hock, MD



At the time of this report, 12 months after the initial onset of symptoms, he remains hospitalized and totally dependent, although his level of consciousness and language continue to improve slowly.

Neurology, 2003

# Validity criteria of APP/PS1 transgenic models

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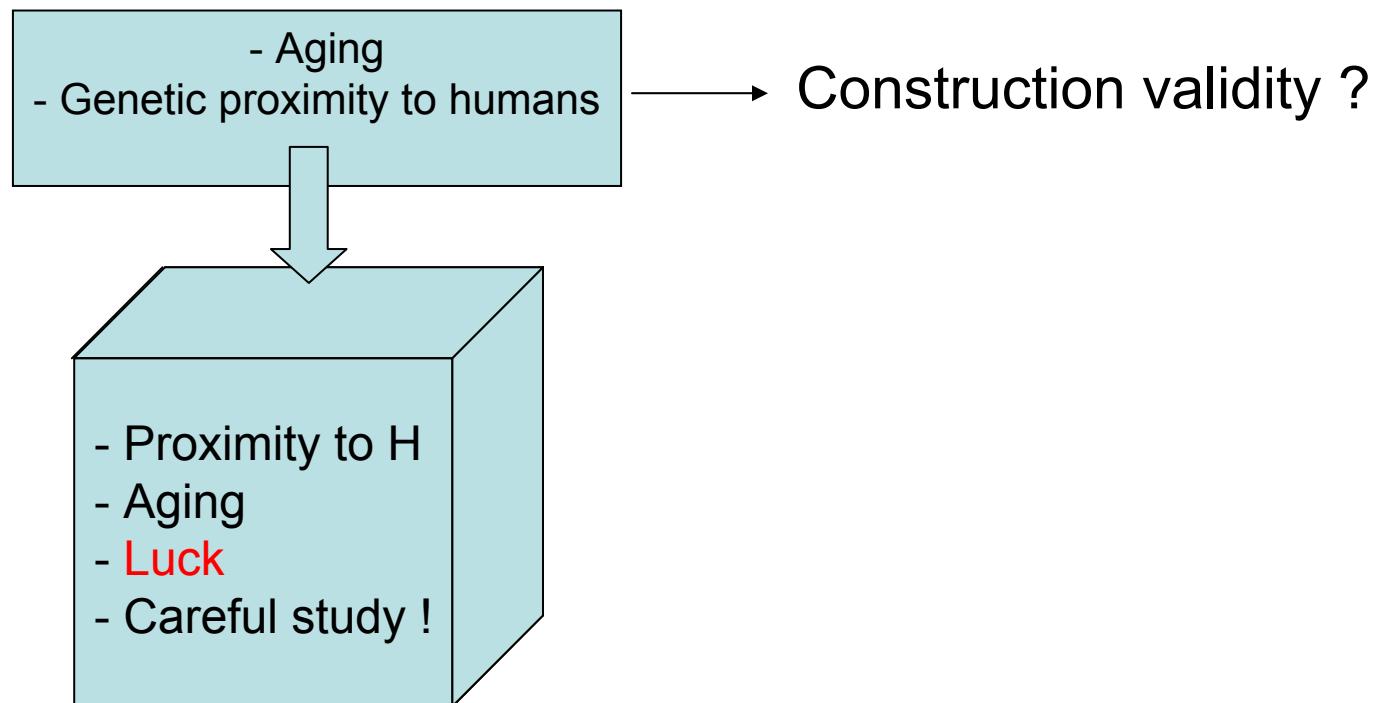
- **Construction validity: mutations in familial forms of AD**
- **Face validity: Comparison to human pathology**
  - ❖ Amyloid plaques: Yes
  - ❖ Neurofibrillary tangles: No
  - ❖ Neuroinflammation: Yes
  - ❖ Neuronal loss: No
  - ❖ Cholinergic alterations: No
  - ❖ Cerebral atrophy: No
  - ❖ Metabolic alterations: Yes?
  - ❖ Cognitive alterations: Yes
  - ❖ Dementia: No
- **Prediction validity (for anti-amyloid drugs)**
  - ❖ Validity for a fundamental research question: Yes if question on amyloid
  - ❖ Validity for POM (from therapy to target): Yes if therapy on amyloid
  - ❖ Validity for Mechanism of Action: Yes
  - ❖ Validity for Toxicity evaluation: Not obvious
  - ❖ Validity for POC (from target to disease outcome modification in humans): No

# Tg mice are used to evaluate future treatments of the disease

	Treatment	Mechanism of action	Mouse model
Neurotransmitter modulation	Nicotine	Cholinergic stimulation	Tg2576
	AF267B	Selective M1 muscarinic agonist	3xTg AD mice
	PEC	Butyrylcholinesterase inhibitor	APP <sub>sw</sub> /PS1 <sub>A24G</sub>
	Paroxetine	Serotonin re-uptake inhibitor	TgCRND8
Hormone modulation	17 $\alpha$ -oestradiol and 17 $\beta$ -oestradiol	Hormone replacement	Tg2576
	Leuprorelin	Gonadotropin-releasing hormone agonist	Tg2576
	Melatonin	Unknown. Multiple potential mechanisms	Tg2576
Environmental exposure	Environmental enrichment	Unknown	APP <sub>sw</sub> /PS1 <sub>ΔE9</sub>
	Experimental acute brain trauma	Unknown. A $\beta$ clearance by microglia?	PDAPP
Heavy metal modulation	Dietary copper	Copper supplementation	APP23
	Clioquinol	Copper/zinc chelator	Tg2576
	DP-109	Heavy metal chelator	Tg2576
Miscellaneous	Cerebrolysin (porcine brain peptide mix)	Neurotrophic	mThy1-hAPP751
	Enoxaparin (low MW heparin)	Unknown.	APP23
	RAGE	Blockage of A $\beta$ transport to the brain?	APP <sub>sw</sub> /APP <sub>V71F</sub>
	Insulin-like growth factor I (IGF-I)	Increased A $\beta$ elimination from brain?	APP/PS2
	Epigallocatechin-3-gallate (green tea)	Unknown. $\alpha$ -secretase stimulation?	Tg2576
	Erythromycin	Macrolide antibiotic	TgCRND8
	Soluble Nogo-66 receptor fragment	Unknown. Multiple potential mechanisms.	APP <sub>sw</sub> /PS1 <sub>ΔE9</sub>
	Rosiglitazone	Increased insulin sensitivity? Cortisol lowering?	Tg2576
From Blennow K et al., Lancet, 2006	Propentofylline	Unknown. Multiple potential mechanisms	Tg2576

- Other models of AD such as Tau mice not discussed here

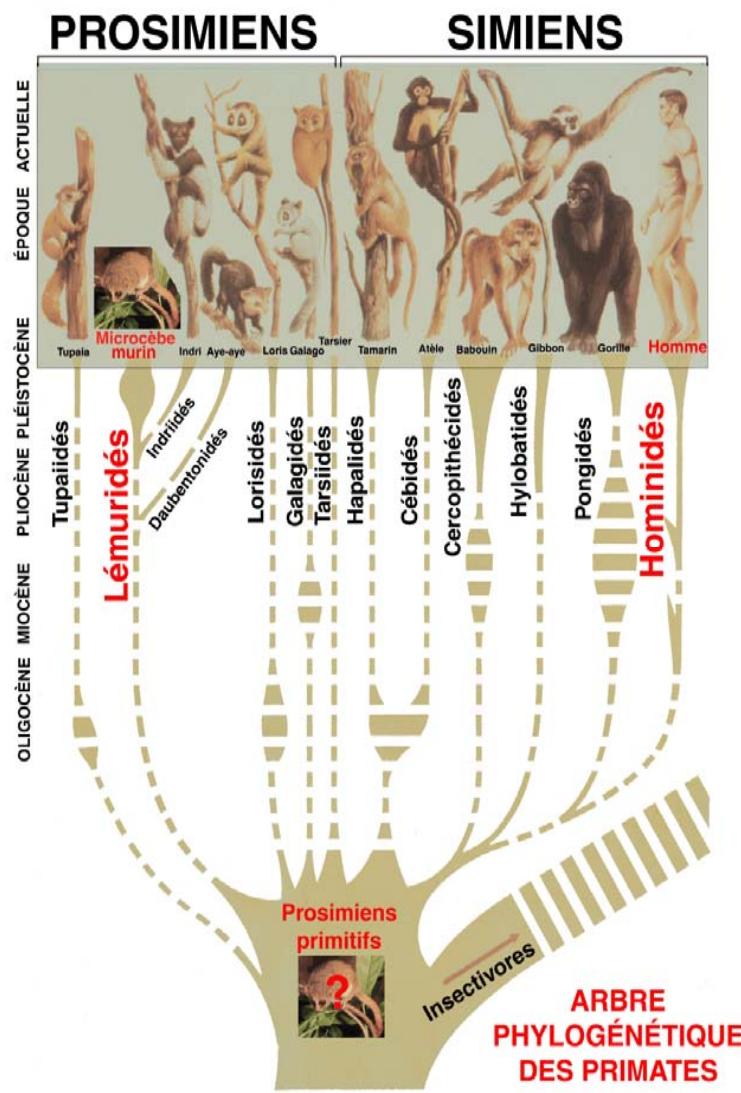
# Spontaneous models. Ex. of the primates



What about face validity ?

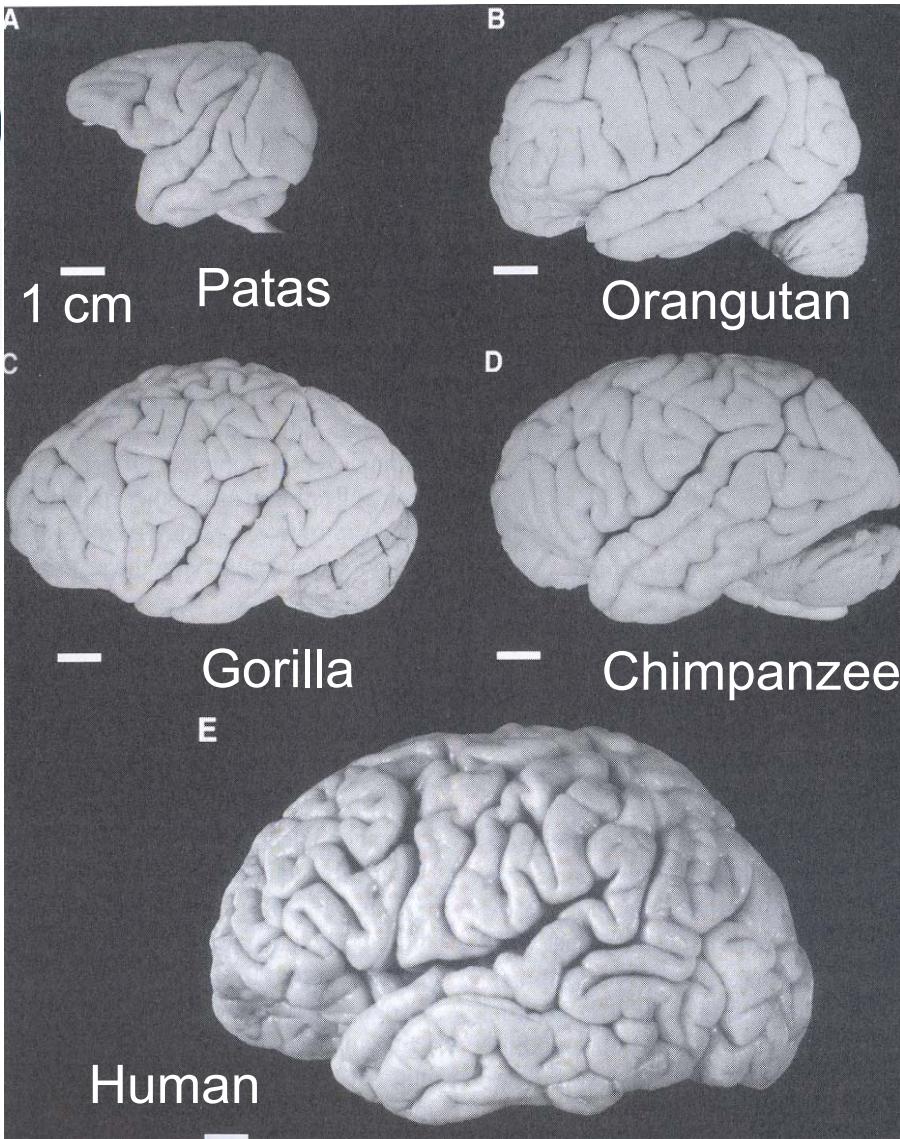
What about prediction validity ?

# Primate heterogeneity



Species	Maximum life span (years)
<b>Primates</b>	
Human	122
Chimpanzee	59
Rhesus monkey	40
Squirrel monkey	27
Mouse lemur	12
Tree shrew	12
<b>Polar bear</b>	34
<b>Sheep, goat</b>	20
<b>Dogs</b>	
Small size (Pekinese)	20
Middle size (Beagle)	16
Large size (Saint Bernard)	14
<b>Cat</b>	~30
<b>Guinea pig</b>	8
<b>Rodents</b>	
Mouse	3.5
Rat	4

# Brain heterogeneity in Primates

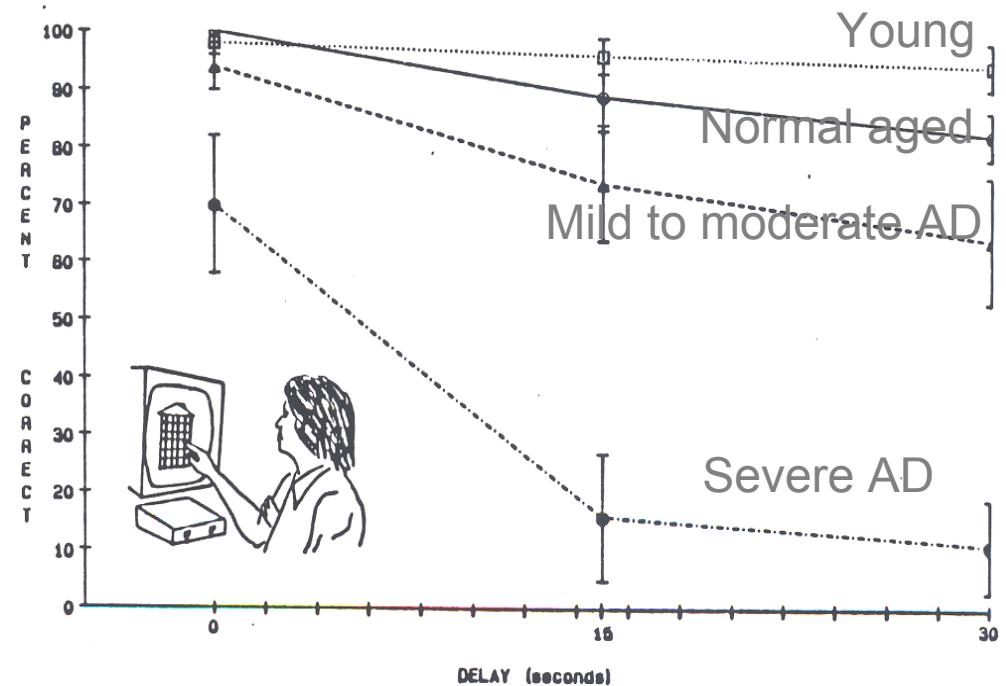
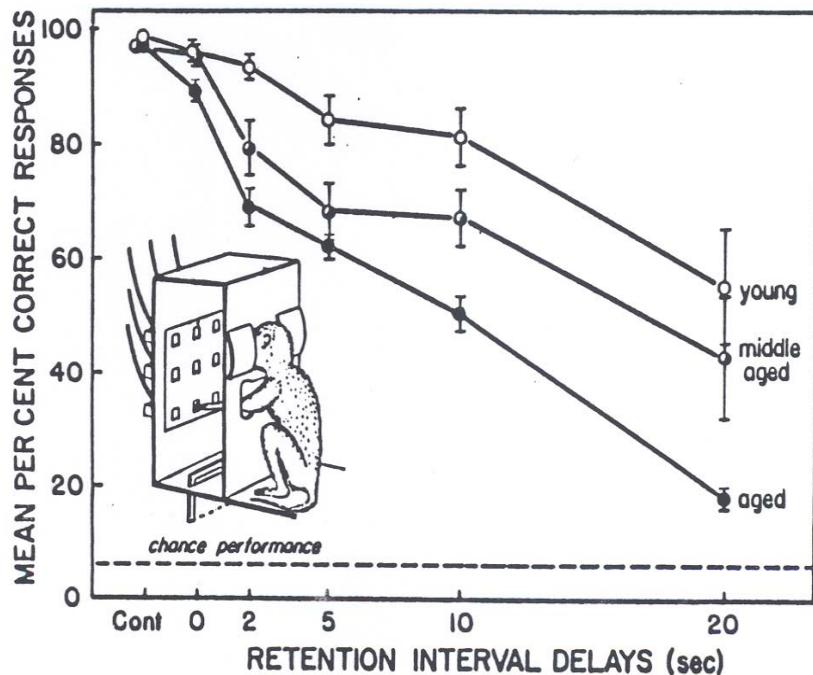


**What are age related alterations in primates ?**

**Do they reproduce human alterations ?**

**How many animals are involved ?**

# Age related cognitive alterations



## Delayed Response

(Bartus and Dean. Normal Aging, Alzheimer's disease and senile dementia, Aspects on Etiology, Pathogenesis, Diagnosis and Treatment, 1985)

# Age related cognitive alterations

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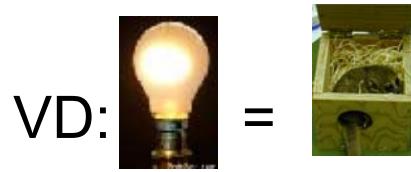
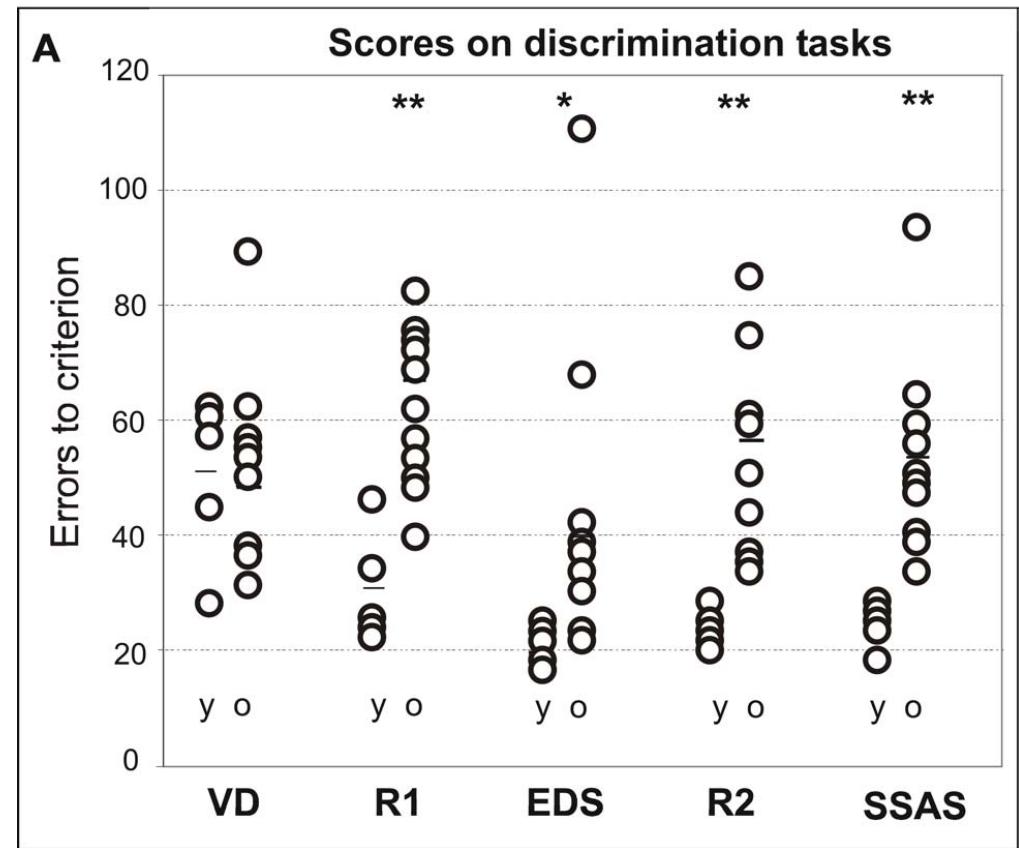
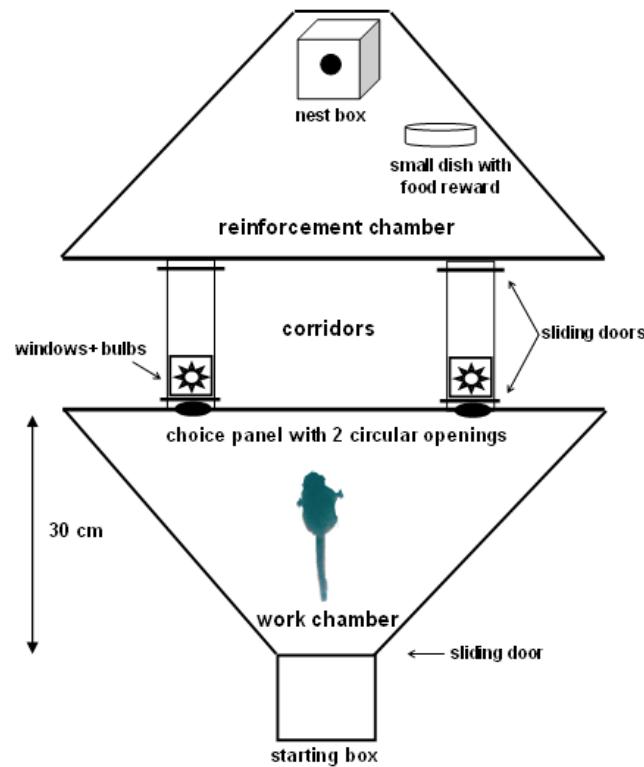


- Prefrontal impairments, perseveration
  - ❖ ~ 15-20 years in Rhesus monkeys
  - ❖ Very constant in different animals
  
- Tasks depending on medial temporal areas
  - ❖ ~25-30 years in Rhesus monkeys
  - ❖ (But) Interindividual variations

## What is responsible for these alterations ?

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# Behavioral alterations in aged lemurs: Shift tasks



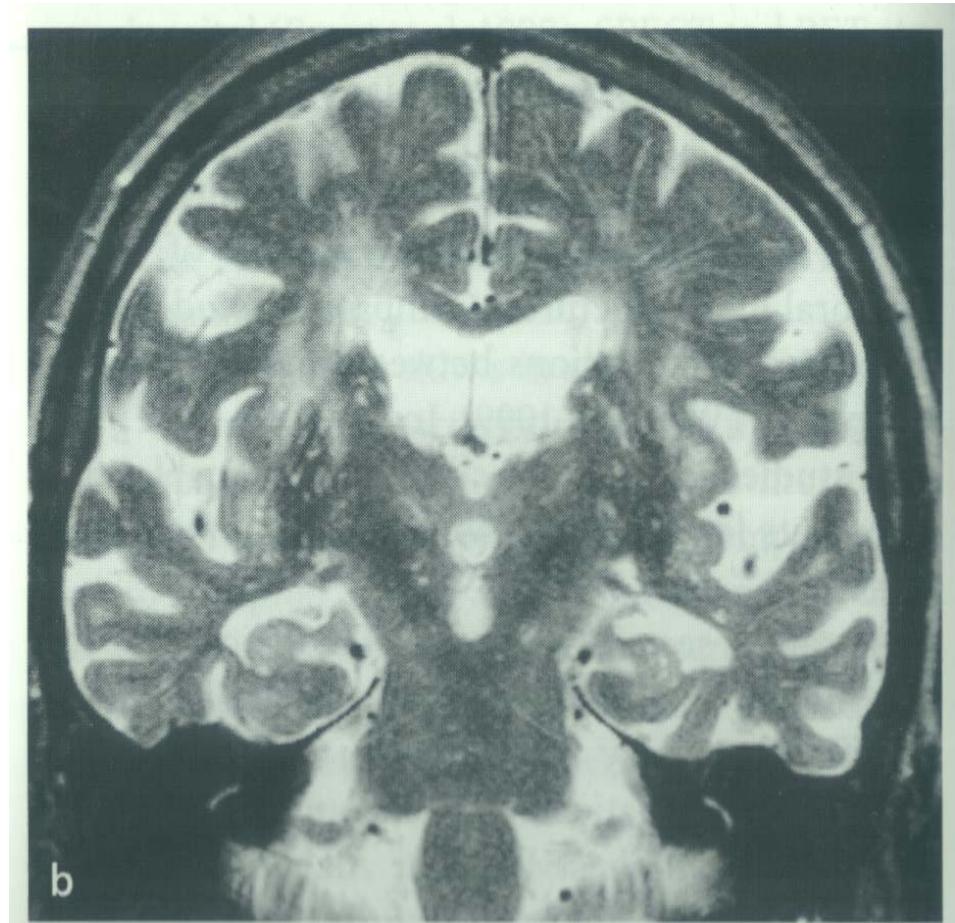
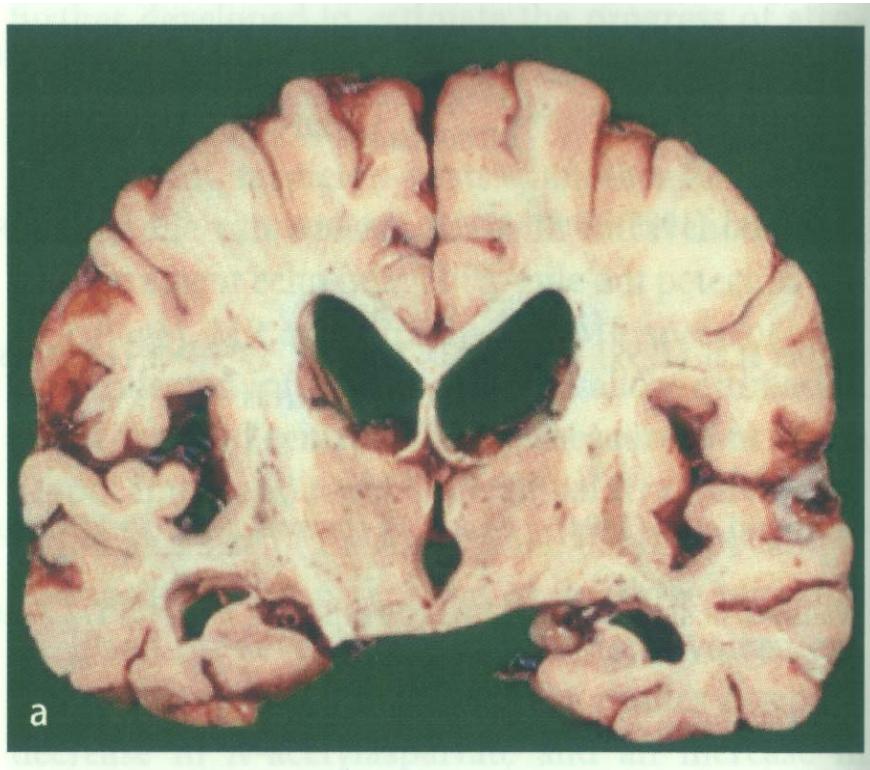
EDS: Right corridor =

R2: Left corridor =

# Macroscopic alterations

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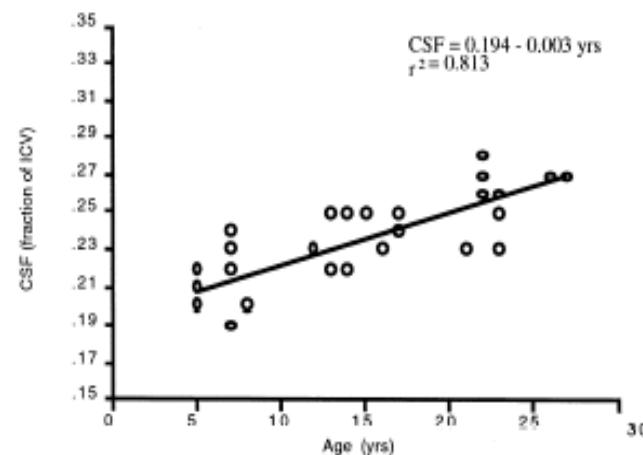
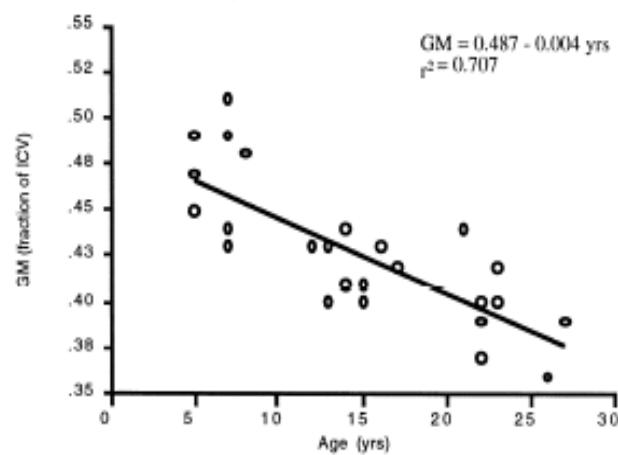
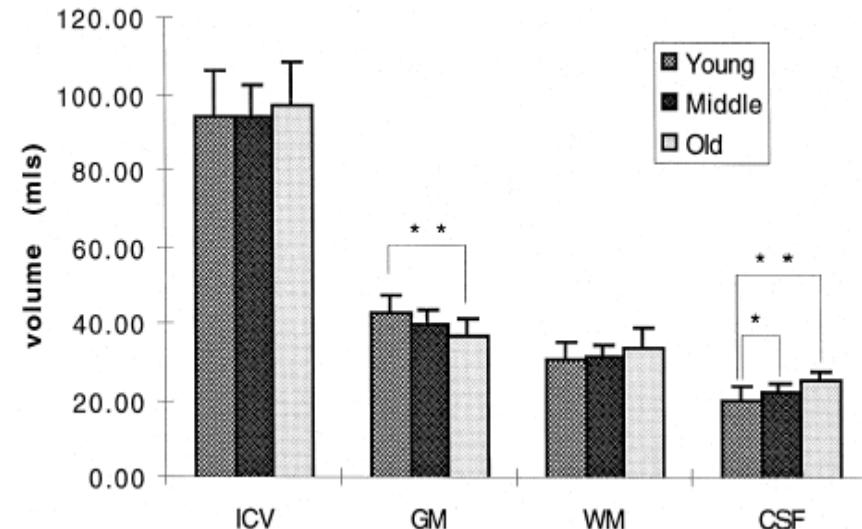
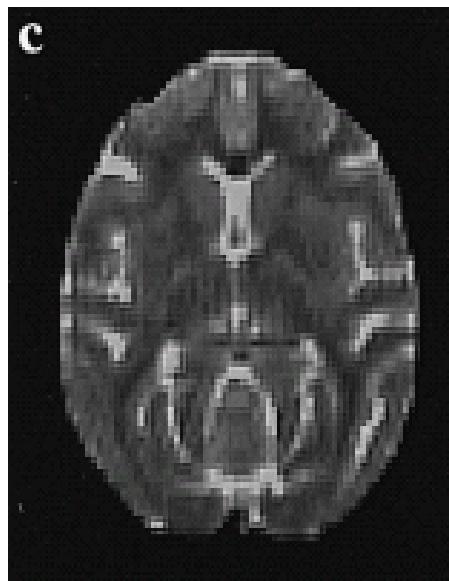
## Cerebral atrophy



Cerebral atrophy in human

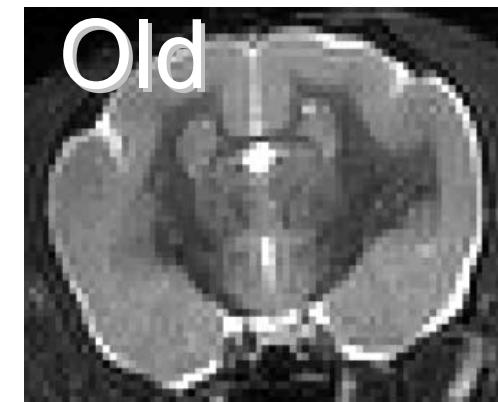
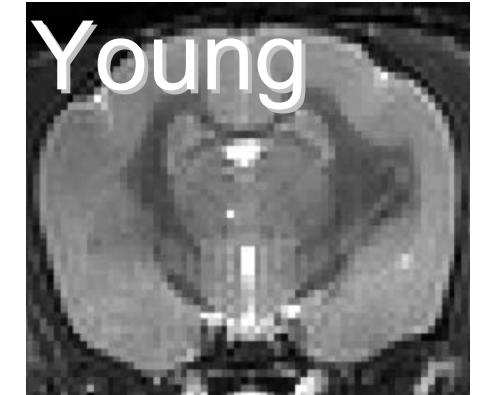
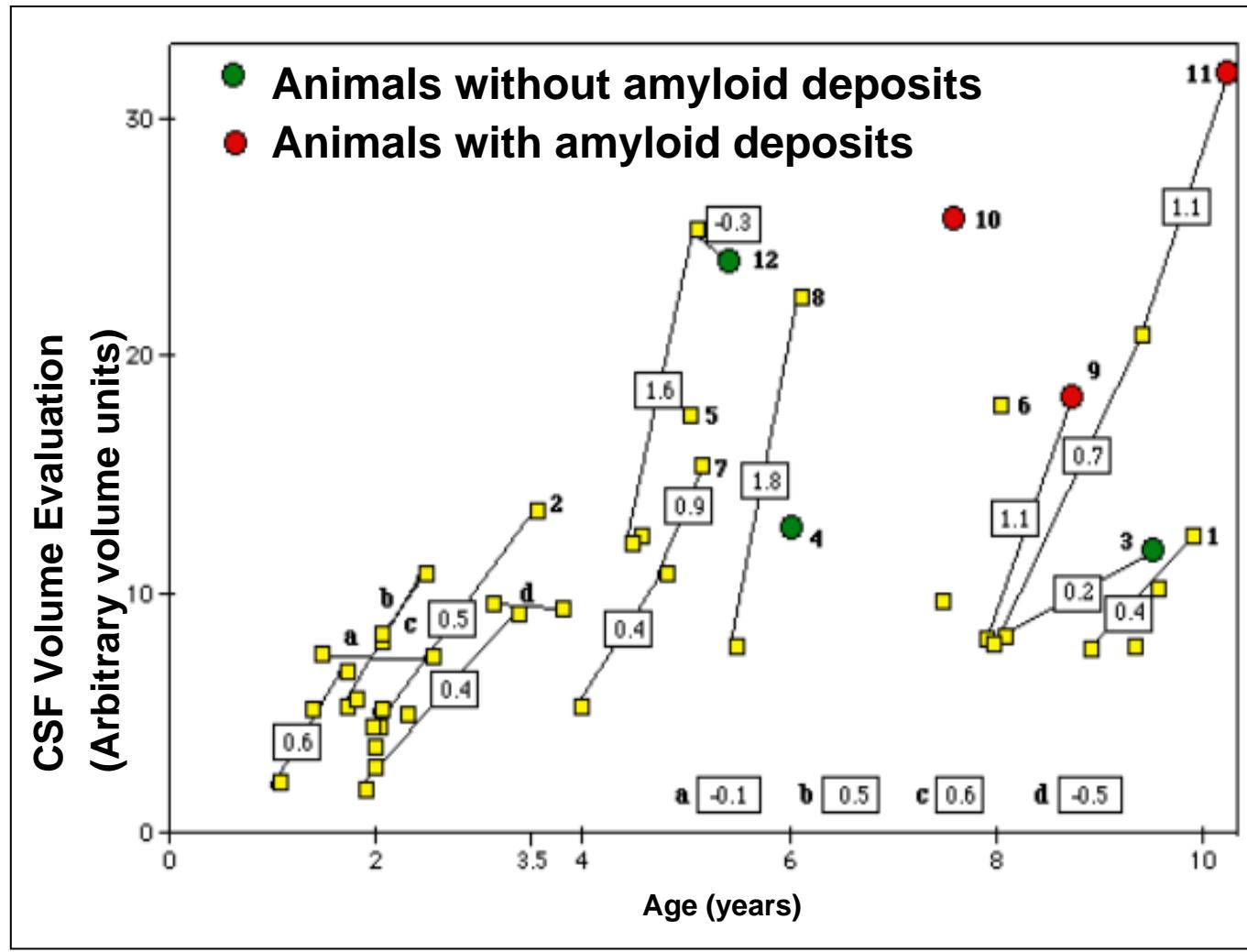
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# Cerebral atrophy in Rhesus monkey



(Andersen et al., Brain Research, 1999)

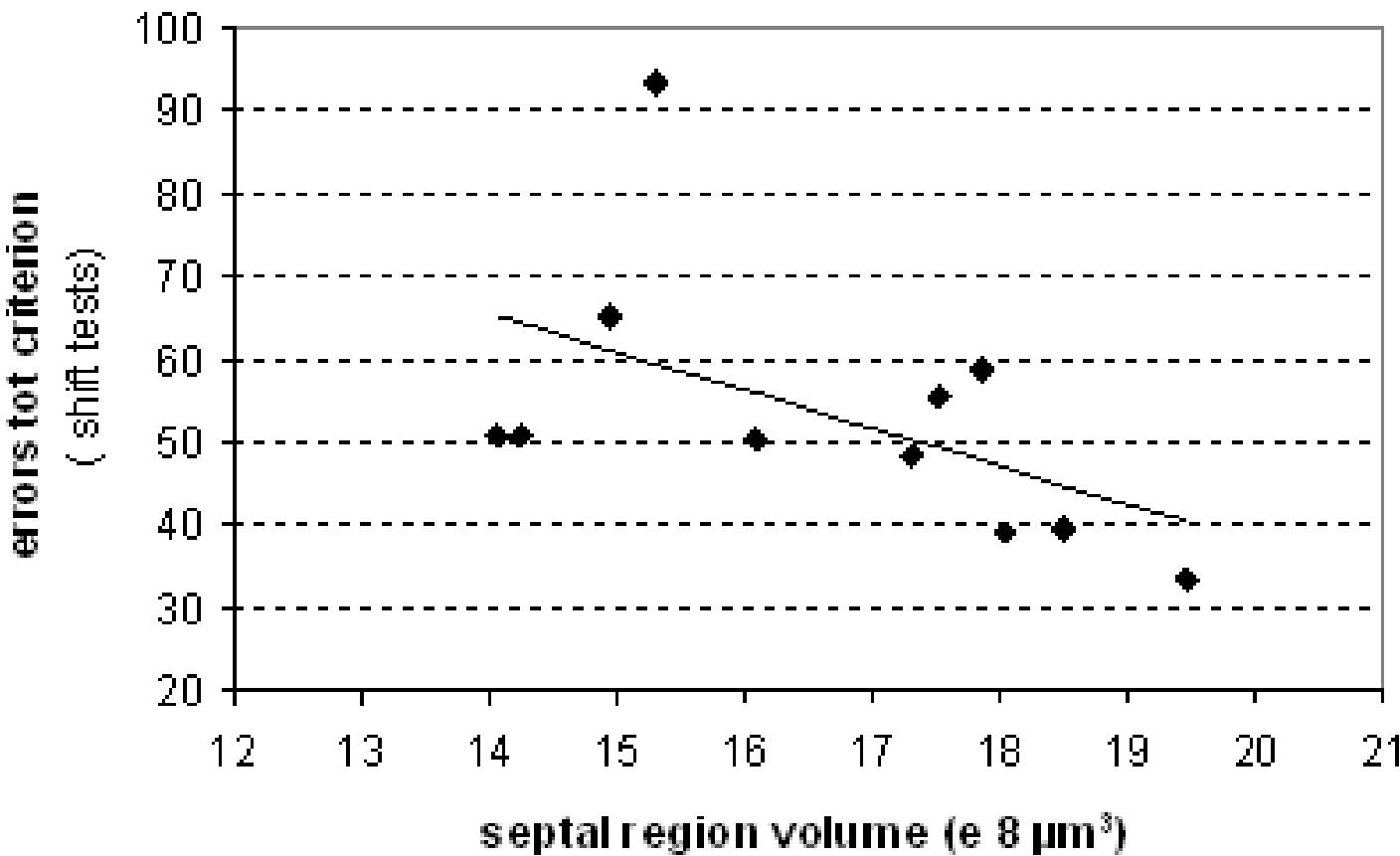
# Temporo-parietal atrophy in mouse lemurs



(Dhenain et al.,  
Neurob. Aging, 2000)

- Fast evolution when the process is started

# Link between behavioral alterations and atrophy in aged animals



Only primate showing a correlation between macroscopic brain atrophy and age-related cognitive alterations

# Microscopic alterations

## Amyloid deposits

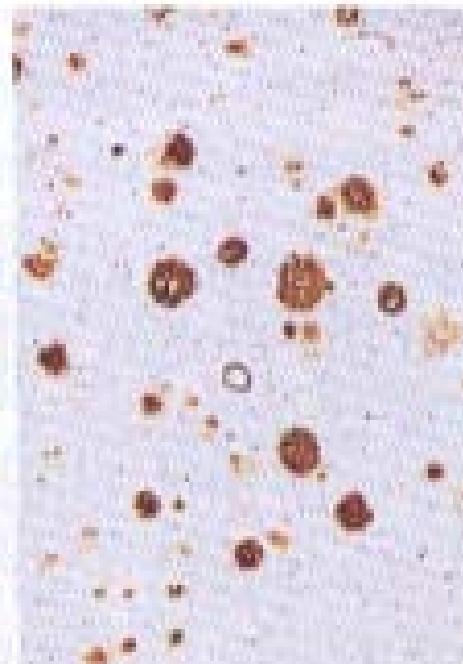
Chimpanzee



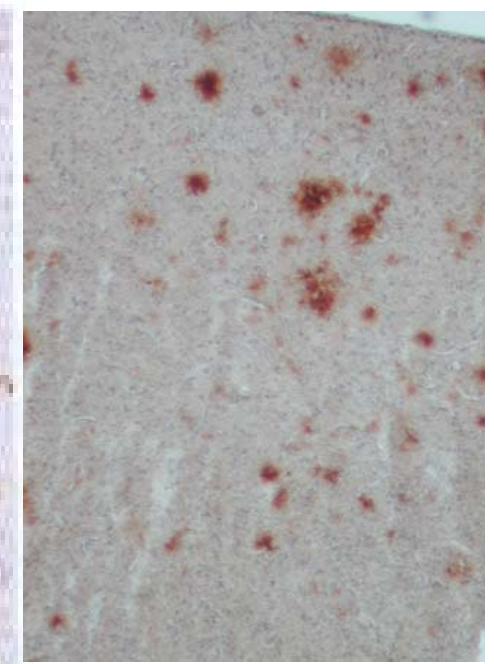
Rhesus



AD - Human



Mouse lemur



Gearing et al, PNAS, 1994  
<http://m.lemur.free.fr>

# Microscopic alterations

## Amyloid deposits

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Animal species	Maximum amyloid deposits density	References
AD brain	256 /mm <sup>2</sup>	Hyman, 1993
Rhesus monkeys	8 /mm <sup>2</sup>	Walker, 1987
New world monkeys	4.5 /mm <sup>2</sup>	Walker, 1987
Squirrel monkeys		
Lemurian primates	16 /mm <sup>2</sup>	Bons, 1993
Mouse lemurs		
Tree Shrews	0 /mm <sup>2</sup>	Pawlak, 1999
Polar Bears	8-10 /mm <sup>2</sup>	Cork, 1988
Dogs	Similar or exceeding severe cases of AD	Cummings, 1996

(Dhenain, Handbook of Neuropsychology (2nd ed, 2001))

# Sequence homologies

## APP – beta amyloid

Animal species	$\beta$ -APP	$\text{A}\beta$ Sequence	Mutations
Cynomolgus monkeys	Homology 100%	Homology 100%	Not reported
New world monkeys Squirrel monkeys	Difference 3 amino acids	Homology 100%	Not reported
Lemurian primates Mouse lemurs	??	Homology 100%	Not reported
Tree Shrews	Difference 3 amino acids	Homology 100%	Not reported

(Dhenain, Handbook of Neuropsychology (2nd ed, 2001)

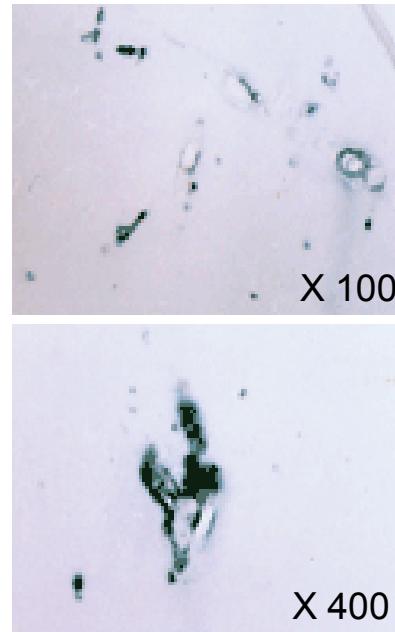
# Microscopic alterations

## Amyloid angiopathy

- Amyloid angiopathy in most of the primates
- Squirrel monkey : model of amyloid angiopathy



monoclonal anti-A $\beta$  antibody (4G8)

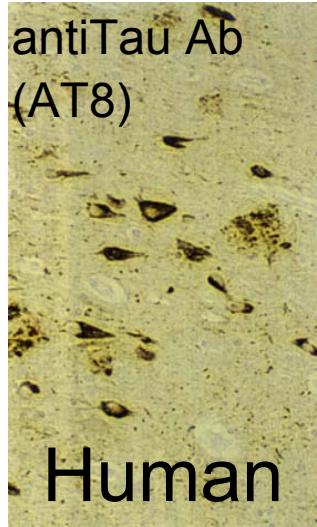


- Mutation similar to that of Icelandic patients with hereditary cerebral hemorrhage with amyloidosis (HCHWA-I) or cystatin C amyloid angiopathy (Wei et al. Stroke, 1996)

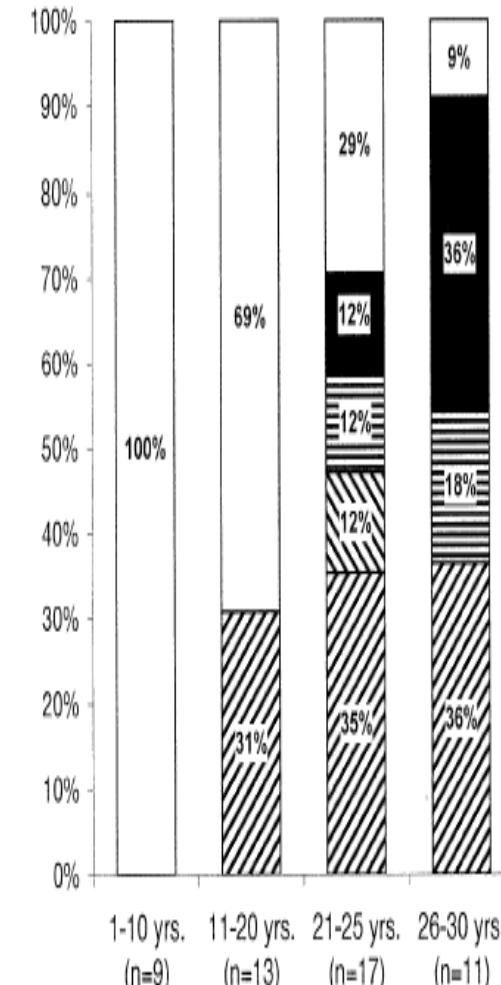
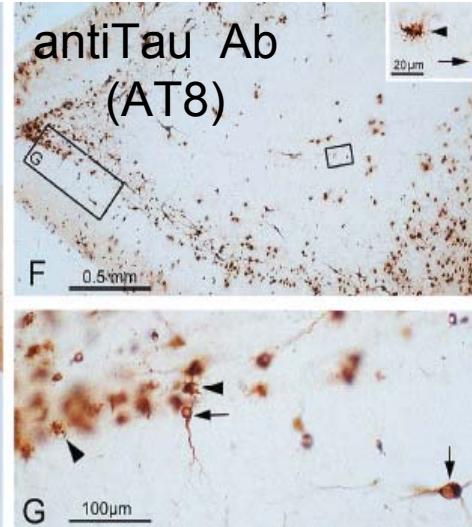
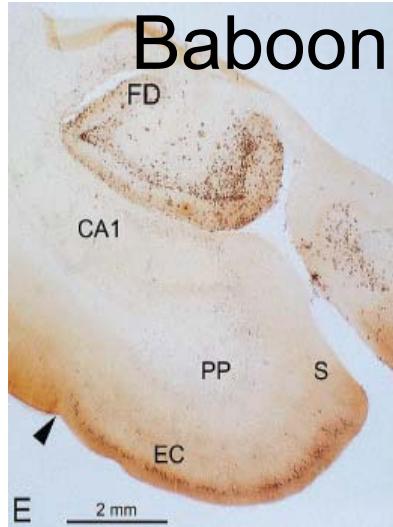
# Microscopic alterations

## Neurofibrillary alterations

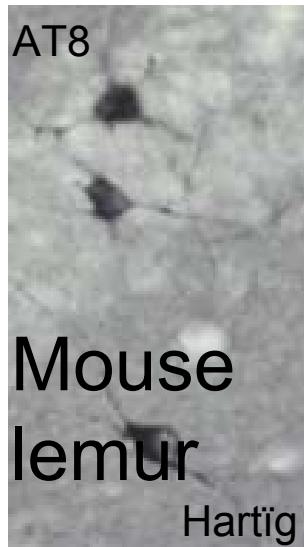
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Human



absent  
severe  
marked  
moderate  
mild



Mouse  
lemur

Hartig

(Schultz, Neurob Aging, 2000)

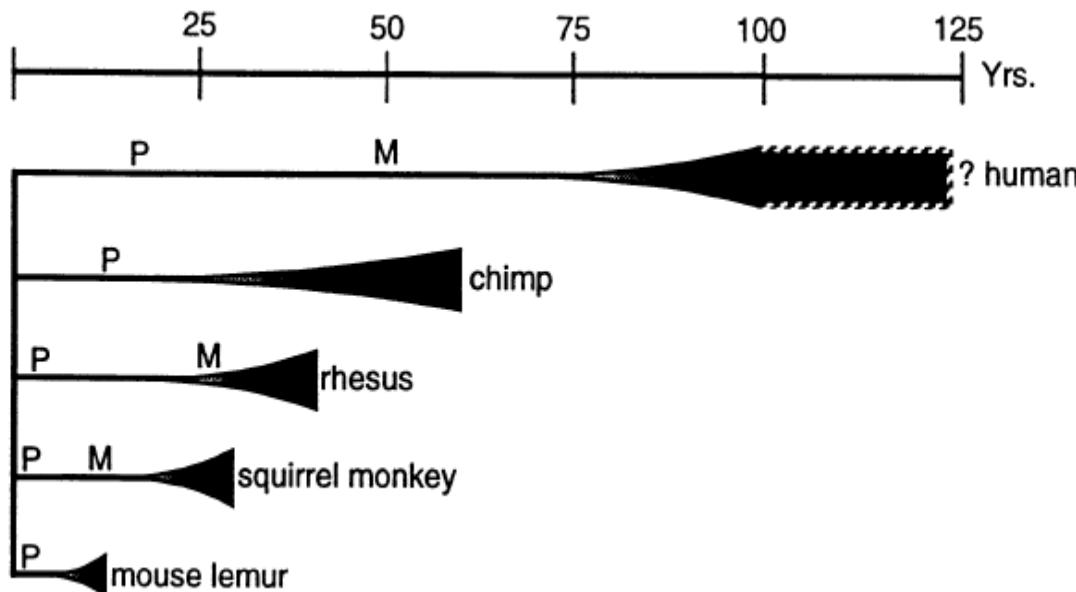
# Functional consequences of neuropathological alterations

- No correlation between amyloid deposits and behavioral alterations
  
- No study concerning neurofibrillary / behavioral alterations (especially in baboons)

# Apolipoprotein E



- In Human : ApoE4 is a risk factor for AD
- In Human : ApoE3 and E2, protection for AD
- ApoE4-like forms in primates
- ApoE3 and E2 forms seem to be 'favorable mutations' that occurred in the course of evolution.



Finch et al, Neurobiology of Aging, 1999

# Alteration of the neurotransmission

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- Acetylcholine
- Monoaminergic
  - ❖ Serotonin
  - ❖ Noradrenaline
- Somatostatin
- ...
- Correlation between occurrence of neurotransmission alterations and behavioral alterations

# Evaluation of treatments modulating the neurotransmission



Traitement	Classe	Amélioration Primates âgés	Date étude
Physostigmine	Anticholinestérase	Oui	Bartus, 1979
Tetrahydroaminoacridine	Anticholinestérase	Oui	Bartus, 1983
Arecoline	Agoniste muscarinique	Oui	Bartus, 1980
Oxotremorine	Agoniste muscarinique	Oui	Bartus, 1983
Choline	Cholinergique Précureur de phospholipides	Non	Bartus, 1980
Apomorphine	Agoniste dopaminergique	Non	Bartus, 1983
Muscimol	Agoniste GABA	Non	Bartus, 1983
Clonidine	Agoniste $\alpha$ agoniste	Non	Bartus, 1983

- More recently
  - ❖ Neurotrophic Factors
  - ❖ Neurotransmitters
  - ❖ Gene Therapy

# Validity criteria of Primate models

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- **Construction validity: Aging / Genetic proximity to humans**
- **Face validity: Comparison to human pathology**
  - ❖ Amyloid plaques: Yes in some case
  - ❖ Neurofibrillary tangles: Rare
  - ❖ Neuroinflammation: Yes
  - ❖ Neuronal loss: Rare
  - ❖ Cholinergic alterations: Yes
  - ❖ Cerebral atrophy: Yes
  - ❖ Metabolic alterations: Yes
  - ❖ Cognitive alterations: Yes
  - ❖ Dementia: No
- **Prediction validity  
(for anti-acetylcholinesterase drugs, Neurotrophic Factors)**
  - ❖ Validity for a fundamental research question: ?
  - ❖ Validity for POM (from therapy to target): Yes for some drugs
  - ❖ Validity for Mechanism of Action: Yes
  - ❖ Validity for Toxicity evaluation: Yes
  - ❖ Validity for POC (from target to disease outcome modification in humans): Yes for non specific drugs

# Current treatments of the disease

cea

	Donepezil	Galantamine	Rivastigmine	Memantine
Indication	Mild to moderate AD	Mild to moderate AD	Mild to moderate AD	Moderate to severe AD
Mode of action	Selective AChE inhibition	Selective AChE inhibition and allosteric nicotine receptor modulation	Slowly reversible AChE and BuChE inhibition	Non-competitive NMDA-receptor antagonist
CYP450 metabolism	Yes (CYP2D6 and CYP3A4)	Yes (CYP2D6 and CYP3A4)	No, hydrolysed by esterases	No
Half-life	Long (70 h)	Short (7–8 h)	Very short (1 h)	Long (60–100 h)
Doses per day	One	Two (tablets) One (prolonged release capsule)	Two	Two (first week once a day)
Given with food	Irrelevant	Recommended	Yes (increased bio-availability)	Irrelevant
Initial dose	5 mg/day	8 mg/day	3 mg/day (1.5 mg×2)	5 mg/day
Dose escalation	4–6 weeks	Every 4 weeks, up to recommended or tolerated dose	Every 2 weeks, up to recommended or tolerated dose	Every week, up to recommended or tolerated dose
Recommended clinically efficient dose	10 mg/day	16–24 mg/day	6–12 mg/day	20 mg/day

AD=Alzheimer's disease. AChE=acetylcholinesterase. BuChE=butyrylcholinesterase. CYP450=cytochrome P450. NMDA=N-methyl-D-aspartate.

Table 1: Characteristics of drugs for symptomatic treatment of Alzheimer's disease

From Blennow K et al., Lancet, 2006

# Conclusion Primates

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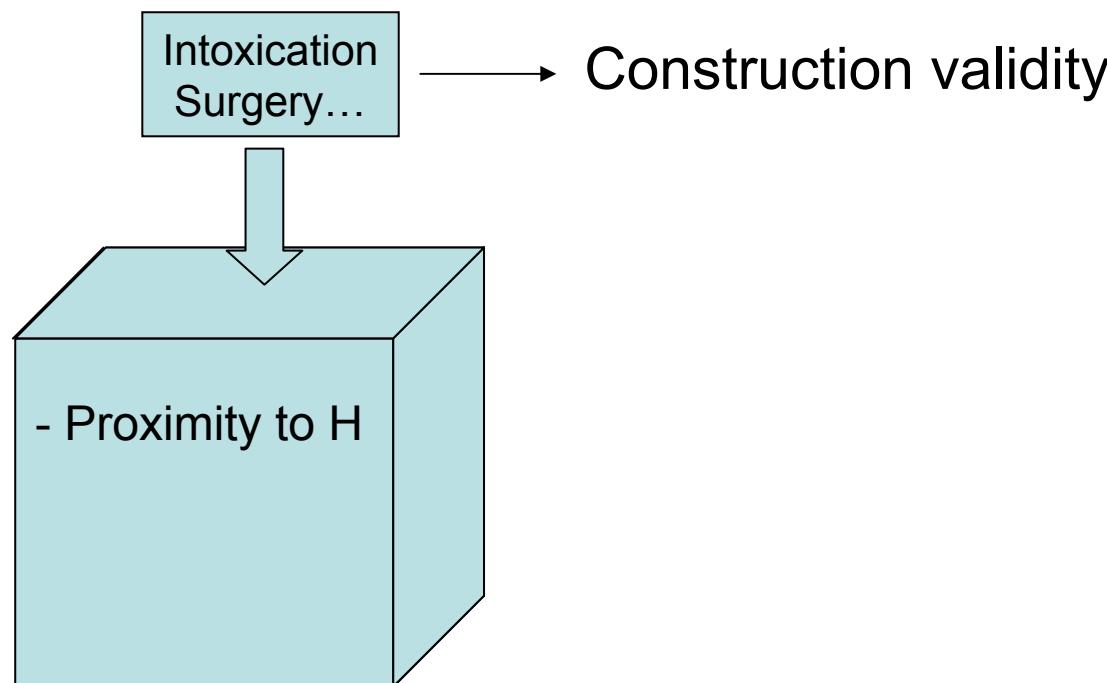
- No case of AD in primates = Models for normal aging
  - ❖ No mutation reported for AD-like lesions
  - ❖ Few animals evaluated
- Evaluation of the factors that are responsible for inter-individual differences
  - ❖ Clinical approach in animals with well known historical records
- Factors modulating cognitive aging
  - ❖ Neuroendocrinologic factors, Biological rhythms,...

# Induced models

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## Induced models



What about face validity ?  
What about prediction validity ?

# Atrophy in Humans and Macaques



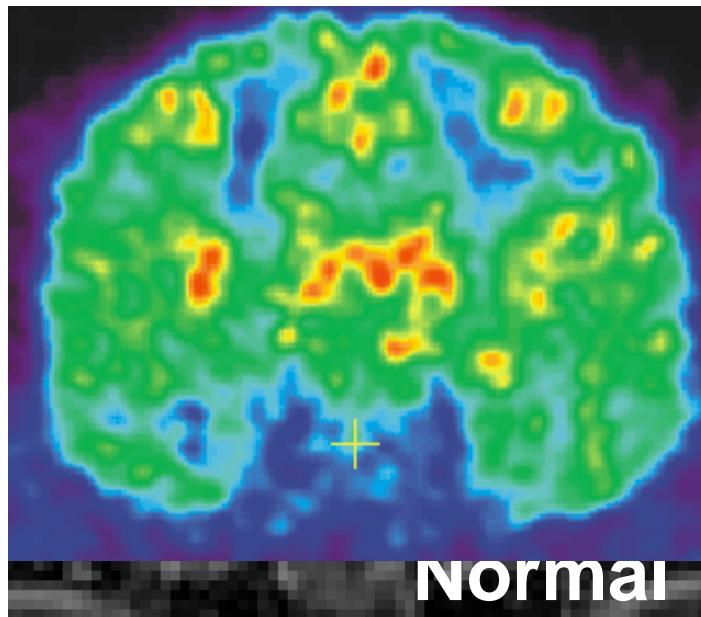
Humans

Jack, Neurology, 1999

+ 4 years

Normal

Alzheimer



Macaques

+ 4 months

