CNS Amyloid- β , Soluble APP- α and - β Kinetics during BACE Inhibition

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BACE, a β -secretase, is an attractive potential disease-modifying therapeutic strategy for Alzheimer's disease (AD) as it results directly in the decrease of amyloid precursor protein (APP) processing through the β -secretase pathway and a lowering of CNS amyloid- β ($A\beta$) levels. The interaction of the β -secretase and α -secretase pathway-mediated processing of APP in the rhesus monkey (nonhuman primate; NHP) CNS is not understood. We hypothesized that CNS inhibition of BACE would result in decreased newly generated $A\beta$ and soluble APP β (sAPP β), with increased newly generated sAPP α .

A stable isotope labeling kinetics experiment in NHPs was performed with a ¹³C₆-leucine infusion protocol to evaluate effects of BACE inhibition on CNS APP processing by measuring the kinetics of sAPP α , sAPP β , and $A\beta$ in CSF. Each NHP received a low, medium, or high dose of MBI-5 (BACE inhibitor) or vehicle in a four-way crossover design. CSF sAPP α , sAPP β , and $A\beta$ were measured by ELISA and newly incorporated label following immunoprecipitation and liquid chromatography-mass spectrometry. Concentrations, kinetics, and amount of newly generated APP fragments were calculated.

sAPP β and sAPP α kinetics were similar, but both significantly slower than $A\beta$. BACE inhibition resulted in decreased labeled sAPP β and $A\beta$ in CSF, without observable changes in labeled CSF sAPP α . ELISA concentrations of sAPP β and $A\beta$ both decreased and sAPP α increased. sAPP α increased by ELISA, with no difference by labeled sAPP α kinetics indicating increases in product may be due to APP shunting from the β -secretase to the α -secretase pathway. These results provide a quantitative understanding of pharmacodynamic effects of BACE inhibition on NHP CNS, which can inform about target development.

Key words: amyloid beta; amyloid precursor protein; BACE inhibitor; sAPP α ; sAPP β ; SILK

Introduction

Amyloid precursor protein (APP) is a ubiquitous transmembrane protein involved in cell signaling, development, and gene regulation.

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Compared with peripheral, non-CNS tissues, CNS APP processing demonstrates increased β -secretase (BACE) activity (Irizarry et al., 2001; Fukumoto et al., 2002) and different responses to γ -secretase modulation (Cook et al., 2010). The differences between APP processing in the CNS and peripheral compartments are not fully understood (Ortega et al., 2013); further understanding of APP processing may be important to inform the design and development of Alzheimer's disease (AD) therapeutics.

APP is first cleaved by either BACE or α -secretase enzyme generating extracellular soluble APP- β (sAPP β) or sAPP α , respectively (Fig. 1). Following BACE cleavage, the APP C-terminal fragment C99 can be cleaved by γ -secretase producing extracellular amyloid- β ($A\beta$) and the remaining APP intracellular C-terminal domain. Recent reports (Cook et al., 2010; Portelius et al., 2011) indicate there is an alternate pathway of a tandem α -secretase and BACE cleavage of APP, which results in APP metabolites such as $A\beta$ 1–15/1–16. The relationship of physiological α -secretase to BACE processing in the CNS is not fully un-

Figure 1. APP and secretase cleavage sites. APP may be cleaved by either β - or α -secretase, and subsequently cleaved by γ -secretase. A concerted β -/ γ -secretase cleavage releases A β . Indicated on this schematic are the regions of APP where peptides for the SILK study are used to determine labeling of APP metabolites. The sAPP α and sAPP β peptide (KYLETPGDENEHAHFQ) is in the mid-domain of APP. The A β peptide (KLVFFAEDVGSN) is located in the middle of the A β sequence. We hypothesize that APP that remains uncleaved by β -secretase due to the presence of a BACE inhibitor will be available for cleavage by α -secretase.

derstood, although some insights from inhibition studies of these enzymes suggest that APP can be shunted to other pathways (Mattsson et al., 2012).

BACE inhibition has been proposed to decrease the amount of APP processed into A β , and shunt APP to the α -secretase pathway. BACE1 appears to be the predominant BACE in the CNS and is located mainly in the membranes of cellular compartments. BACE1 may be increased $\sim$ 2-fold in brains (Fukumoto et al., 2002; Li et al., 2004; Yang et al., 2003) or CSF of AD patients (Holsinger et al., 2006; Verheijen et al., 2006; Zetterberg et al., 2008), although recent reports suggest little change from healthy controls (Wu et al., 2011; Rosén et al., 2012; Savage et al., 2013). Brain penetrant BACE1 inhibitors capable of lowering CNS A β in rodent and nonhuman primate (NHP) models (Sankaranarayanan et al., 2009; Malamas et al., 2010; Takahashi et al., 2010; Truong et al., 2010; Cumming et al., 2012; Mandal et al., 2012; Stamford et al., 2012) have been identified and multiple BACE inhibitors have advanced into early stages of human clinical trials (May et al., 2011; Egan et al., 2012; Forman et al., 2013; Bernier et al., 2013).

We sought to determine the kinetic behavior of APP metabolites and the relationship between the α -secretase and BACE pathways during BACE inhibition in rhesus macaques, an NHP model that has 91% homology of APP with human APP. We used stable isotope labeling kinetics (SILK) in combination with a novel high-affinity, selective, and centrally active BACE inhibitor to monitor the production and turnover of APP metabolites. By distinguishing the newly generated metabolites in the CSF from those that previously existed, SILK has provided a more sensitive determination of minute changes in APP metabolites in sporadic and autosomal dominant AD (Mawuenyega et al., 2010; Potter et al., 2013). In the context of γ -secretase inhibition, SILK demonstrated low-dose γ -secretase inhibition effects on A β production (Bateman et al., 2009).

Materials and Methods

Cisterna magna ported conscious NHP model. Animal use procedures in this study were reviewed and approved by the Institutional Animal Care and Use Committee at Merck Research Laboratories. They conform to the Guide for the Care and Use of Laboratory Animals (Institute of Laboratory Animal Resources, National Research Council, 1996). The cisterna magna ported (CMP) stable catheterization procedures and CSF flow and collection, as well as the vascular access port infusion protocol, were as described previously (Gilberto et al., 2003; Cook et al., 2010).

$^{13}\text{C}_6$ -leucine infusion protocol and sample collection. At 48 h before administration of compound or vehicle, monkeys were restricted to a protein-free diet consisting of fruits and vegetables. Protein was reintroduced after the 12 h time point of the study (13 h post dosing of the BACE inhibitor). $^{13}\text{C}_6$ -leucine infusion procedures were described previously (Cook et al., 2010). Briefly, a 4 mg/kg [U- $^{13}\text{C}_6$] leucine priming dose was administered intravenously for 10 min, followed by a steady infusion of 4 mg/kg/h for 12 h. Baseline CSF and blood samples were collected at -22 , -20 , and -1 h before primed leucine administration. CSF and blood samples were collected at 2, 4, 6, 8, 12, 15, 18, 21, 24, 27, 30, 48, 54, 57, 72, and 144 h after the start of tracer leucine administration. At each time point, a total of 1.5 ml CSF was collected

into low-binding polypropylene tubes (Axygen Scientific). The blood was collected into K2 EDTA Vacutainer tubes (Becton Dickinson), spun, and 800 μ l of plasma was collected. CSF and plasma samples were then separated into aliquots of lesser volume (into Axygen or standard polypropylene tubes) and placed immediately on dry ice, then stored in a -70°C freezer until analysis.

BACE inhibitor study protocol. The Merck BACE inhibitor, MBI-5 (see Table 1 for pharmacological profile), was used in a four-way crossover randomized design administering one of three doses. Vehicle (0.4% methylcellulose), or 10, 30, and 125 mg/kg MBI-5 was administered orally to conscious CMP NHP ($n = 5$ male rhesus monkeys, 10–13 years old, 8–15 kg) 1 h before initiating the tracer leucine administration. CSF and plasma samples were collected as described above to assess the pharmacokinetics (PK) and pharmacodynamics (PD) of this compound by quantifying MBI-5 concentrations (in plasma and CSF); absolute CSF concentrations of sAPP α , sAPP β , A β_{1-40} , and A β_{1-42} (as measured by ELISA); or $^{13}\text{C}_6$ -leucine/ $^{12}\text{C}_6$ -leucine-labeled CSF sAPP α , sAPP β , and total A β ; and free $^{13}\text{C}_6$ -leucine/ $^{12}\text{C}_6$ -leucine enrichment in plasma. Vehicle/BACE inhibitor administration and sample collection took place at Merck Research Laboratories. Subsequent PK analyses and CSF ELISA measurements also took place at Merck, whereas CSF and plasma were shipped on dry ice to Washington University for SILK analyses: all serial immunoprecipitation (IP)/mass spectrometry (MS) analyses, as well as analyses of total leucine enrichment. Cell culture to generate APP standards for SILK also took place at Washington University.

Cell culture to generate $^{13}\text{C}_6$ -leucine/ $^{12}\text{C}_6$ -leucine APP fragment standards. Human H4 neuroglioma cells stably transfected with human APP₇₅₁ (H4-APP_{wt}; courtesy of T. E. Golde, University of Florida, Gainesville) were grown in DMEM (Sigma-Aldrich) for two passages. Leucine-free DMEM (Sigma-Aldrich) was supplemented with a mixture of $^{13}\text{C}_6$ -leucine + $^{12}\text{C}_6$ -leucine to generate final media solutions with a range of 0%, 1.25%, 2.5%, 5%, 10%, or 20% $^{13}\text{C}_6$ -leucine. Total leucine concentrations across the mixtures were identical to standard DMEM (105 mg/L). DMEM solutions were supplemented with 1:50 B-27 and 1% each of penicillin-streptomycin and Zeocin. At the third passage, cells were pooled and split evenly at $\sim$ 80% confluency in T-75 flasks. The

Table 1. *In vitro* pharmacological profile of the BACE inhibitor, MBI-5

	K_i , IC_{50} , nM, or ED_{50} mg/kg, p.o.
Soluble BACE1	10 ± 1
Soluble BACE2	12 ± 2
Cathepsin D	2700 ± 600
Cathepsin E	$26,600 \pm 11,000$
Pepsin	$\sim 70,000$
Renin	9000
HEK293 APP ^{swe/lon} $A\beta_{40}$ IC_{50}	72 ± 5
HEK293 APP ^{swe/lon} $A\beta_{42}$ IC_{50}	24 ± 6
HEK293 APP ^{swe/lon} sAPP β IC_{50}	230
Rat plasma $A\beta_{1-40}$	0.4
Rat CSF $A\beta_{1-40}$	8
Rat cortex $A\beta_{1-40}$	23

H4-APP_{wt} cells were reconstituted in one of the six prepared media solutions and cultured for 24 h to allow for sufficient incorporation of label into proteins. Following this incubation with labeled DMEM, the media solutions were collected and apportioned into Axygen tubes in 1 ml aliquots and immediately frozen and stored at -80°C until ready to use.

$A\beta$, sAPP β , and sAPP α ELISA protocols. The assays for CSF $A\beta_{1-40}$, $A\beta_{1-42}$, sAPP α , and sAPP β measurement were described previously (Sankaranarayanan et al., 2009; Wu et al., 2011) with some modification in dilution factor. Briefly, CSF was diluted with 3% BSA/PBS at 1:3 for $A\beta_{1-42}$, 1:10 for $A\beta_{1-40}$, and 1:80 for both sAPP β and sAPP α and used at 100 μl per ELISA well for each analyte measurement. The concentration was calculated based on each standard curve. The absolute concentrations of total $A\beta$ reported herein are derived by adding the absolute concentrations measured by the two individual $A\beta$ ELISAs: $A\beta_{1-40}$ and $A\beta_{1-42}$.

IP and digestion of sAPP β . IP of sAPP β from CSF was performed using a rabbit monoclonal antibody that can specifically recognize the K_{ME}-neo-epitope of sAPP β created following the cleavage of APP by BACE. The generation and specificity characterization of the prepared anti-sAPP β neo-epitope antibody Mrk-61 was previously described (Wu et al., 2011; Wu et al., 2012). Mrk-61 binds exclusively to sAPP β , and not to sAPP α , in both Western blot and direct immunoassay experiments that use coated recombinant protein. The purified rabbit monoclonal anti-Mrk-61 antibody was conjugated with CNBr-activated Sepharose 4B beads (GE Healthcare) according to the manufacturer's protocol. The activity of the Sepharose 4B-conjugated Mrk-61 antibody was evaluated for IP efficiency with normal NHP CSF following overnight bead incubation and the sAPP β level in CSF after IP was measured with a sensitive sAPP β ELISA (Wu et al., 2011). The characterized Mrk-61-Sepharose 4B beads were then reconstituted into a 50% slurry of 0.02% sodium azide in PBS and stored at 4°C .

From each time point, 500 μl of CSF, in parallel with a set of H4-APP_{wt} media isotopic enrichment standards (0, 1.25, 2.5, 5, 10, and 20% $^{13}\text{C}_6$ -leucine), was diluted 1:1 with 500 μl PBS. Protease inhibitors (40 $\mu\text{g}/\text{ml}$ aprotinin and 20 $\mu\text{g}/\text{ml}$ leupeptin; Calbiochem/EMD Millipore) were added to each sample at a volume of 10 μl , followed by the addition of 50 μl of Mrk-61 beads.

Samples were rotated for ~ 22 h at 4°C , then centrifuged ($16,837 \times g$) with 925 μl of resulting supernatants collected into new Axygen tubes and stored at 4°C for ~ 1.5 h until ready for the sAPP α/β immunoprecipitation protocol. The Mrk-61 bead pellets were washed three times with 25 mM ammonium bicarbonate (AmBic), with centrifugation between washes. The supernatants from the bead washes were aspirated after the final rinse and 100 μl of neat formic acid was immediately added to each sample to elute the sAPP β from the antibody-bead complex. Samples were left for 10 min at 25°C and centrifuged. The formic acid supernatants were transferred to a new Axygen tube and evaporated in a rotary evaporator at 37°C for 30 min. The dried samples were reconstituted with 25 mM AmBic, and 5 ng sequencing-grade metalloendopeptidase (Lys-N; Seikagaku/Associates of Cape Cod) in 25 mM AmBic was added. Extracts were digested for ~ 20 h on a shaker at 37°C and transferred into autosampler vials.

IP and digestion of sAPP α and $A\beta$. Before study onset, a mouse monoclonal antibody W0-2 (EMD Millipore; directed against $A\beta_{1-10}$) and a

mouse monoclonal antibody HJ5.1 (Washington University, St. Louis, MO; directed against $A\beta_{13-28}$) were covalently bound to CNBr Sepharose 4B beads according to the manufacturer's instructions, then stored in a 50% slurry of 0.02% PBS azide at 4°C before use. The sAPP α/β IP protocol was optimized for maximum sAPP α/β signal from the liquid chromatography-mass spectrometer (LC-MS) system. The above-mentioned CSF samples and H4-APP_{wt} media APP standard supernatants were taken from 4°C and put on ice. To each sample 45 μl W0-2 antibody slurry and 60 μl HJ5.1 antibody slurry were added. Samples were rotated, rinsed, eluted, evaporated, reconstituted, and digested using the same methods applied to the Mrk-61 bead eluates.

Quantitation of peptides by LC-MS. Mid-domain APP peptides specific to sAPP α and sAPP β (KYL(L*)ETPGDENEHAHFQ), and a mid-domain $A\beta$ peptide (KL(L*)VFFAEDVGSN; Fig. 1) were analyzed on a Thermo-Finnigan LTQ (Thermo Fisher Scientific) equipped with nano-flow electrospray ionization (nano-ESI; New Objective) source. The peptides were separated by reverse phase HPLC using a 2D-LC nanoflow pump (Eksigent) operating in 1D mode at a flow rate of 200 nl/min. Sample (5 μl) was injected onto a PicoFrit column (New Objective) packed to 12 cm with 5 μm Magic C18_{aq} packing material (Michrom Bioresources). Mobile Phase A contained 0.1% formic acid (FA) in water and Mobile Phase B was 0.1% FA in acetonitrile.

Free leucine quantitation by gas-chromatography-mass spectrometry. Plasma $^{13}\text{C}_6$ -leucine/ $^{12}\text{C}_6$ -leucine enrichment was determined using gas capillary gas chromatography-mass spectrometry (GC-MS; Agilent 6890N gas chromatograph and Agilent 5973N mass selective detector) in negative chemical ionization mode as described previously (Yarasheski et al., 1992; Bateman et al., 2007; Cook et al., 2010), and $^{13}\text{C}_6$ -leucine enrichment was quantified as a relative measure, tracer to tracee ratio ($^{13}\text{C}_6$ -leucine/ $^{12}\text{C}_6$ -leucine; Wolfe et al., 2005).

Calculation of labeled APP metabolite ratio. The percentage of labeled metabolite measured using the SILK method was determined by taking the ratio of *b*- and *y*-product ion intensities from the unlabeled metabolite peptide and the labeled peptide. For $A\beta$, the peptide quantified was KL(L*)VFFAEDVGSN. For sAPP α and sAPP β , the peptide was KYL(L*)ETPGDENEHAHFQ. Mole fraction label (MFL) was calculated as $MFL = L/(L + U)$, where *L* and *U* are the signal intensities for $^{13}\text{C}_6$ -leucine (labeled) peptides and $^{12}\text{C}_6$ -leucine (unlabeled) peptides, respectively.

Calculations of fractional synthesis rate and monoexponential slope fractional clearance rate. The fractional synthesis rate (FSR) and monoexponential slope fractional clearance rate (FCR) were quantified for each metabolite as previously reported (Cook et al., 2010). Briefly, FSR for each CSF APP metabolite was calculated as the slope of the labeled metabolite during 2–8 h, divided by the average plasma $^{13}\text{C}_6$ -leucine enrichment over that time course. The monoexponential slope FCR was computed using the natural logarithm of each labeled metabolite during the clearance phase of the labeled proteins, notably 18–30 h.

Calculation of newly generated APP metabolites. The concentration of newly generated APP metabolites at each time point was calculated as the product of the absolute concentration of a metabolite (determined by ELISA) and the fraction of the metabolite derived from *de novo* synthesis, i.e., the percentage of metabolite labeled ($^{13}\text{C}_6$ -leucine-peptide/ $^{12}\text{C}_6$ -leucine-peptide ion intensities, established by LC-MS) after normalization to the plasma $^{13}\text{C}_6$ -leucine/ $^{12}\text{C}_6$ -leucine enrichment, established by GC-MS (Bateman et al., 2009).

Area under the curve and statistical analyses. For each APP analyte and drug exposure, area under the curve (AUC) was calculated using the trapezoid rule, from -1 to 57 h (AUC_{57}) for APP analytes and from 0 to 59 h (AUC_{59}) for drug. These time durations were chosen due to the majority of the drug effects and labeling occurring over this period. To estimate the effect of each active treatment versus vehicle, a linear mixed effects model with fixed effects for treatments and random effects for monkeys was fit to the log (base 2) of AUC_{57} . Estimates of mean differences from vehicle were back-transformed from the log scale to yield percentage differences. Estimation of the linear relationship between each analyte and drug exposure was performed using a mixed effects model like the one above, except with the treatment effects replaced by a slope and intercept for exposure. Error bars reported in the figures rep-

Figure 2. Kinetics of APP metabolites as measured from vehicle-treated NHP CSF ($n = 5$). **A**, Averaged $^{13}\text{C}_6$ -leucine labeling curve profiles of sAPP α , sAPP β , and A β . **B**, Maximum MFL for each metabolite was determined. A β reached a significantly higher maximum labeling as compared with sAPP α (paired t test, $*p = 0.02$) and sAPP β (paired t test, $*p = 0.02$). **C**, Extrapolated time of maximum labeling was significantly different among metabolites, with A β peaking at $t = 14.2$ h, while sAPP α and sAPP β peaked at $t = 16.76$ h and $t = 17.32$ h, respectively (A β vs. sAPP β : $***p < 0.0005$; A β vs. sAPP α : $***p < 0.001$; sAPP β vs. sAPP α : $*p = 0.05$). **D**, Mean FSRs indicating fraction-labeled APP metabolites' appearance in the CSF were significantly different from one another (repeated-measures ANOVA, $***p < 0.0001$). (A β vs. sAPP β : $***p = 0.0002$; A β vs. sAPP α : $***p = 0.0006$; sAPP β vs. sAPP α : $*p = 0.01$). The red dashed line indicates the previously reported NHP FSR of A β (10.7%/h; Cook et al., 2010). **E**, Mean monoexponential slope FCR of A β fraction-labeled loss from CSF was significantly higher than the monoexponential slope FCRs of both sAPP α (paired t test, $**p = 0.004$) and sAPP β (paired t test, $*p = 0.01$). There was no statistically significant difference between sAPP α and sAPP β monoexponential slope FCRs. The red dashed line indicates previously reported NHP FCR of A β (9.9%/h; Cook et al., 2010). The black dashed line indicates previously reported human FCR of A β (8.3%/h; Bateman et al., 2006). Error bars indicate SD.

represent SD or SEM (clarified within figure legends). Mean-to-standard deviation (MTSD) values (inverse of coefficient of variation) were calculated using each metabolite's AUC₅₇ mean and SD as calculated by SILK, as well as by ELISA. Each metabolite's MTSDs for SILK and ELISA were compared to determine the relative sensitivity of the assays in this study. All analyses and statistical tests were performed in GraphPad Prism version 5.01 for Windows (GraphPad Software) and Microsoft Office Excel 2007. Student's t test and repeated-measures analysis of variance (ANOVA) were used to determine whether there were differences among groups in all analyses. Baseline ELISA concentrations of APP metabolites were averaged for each monkey. Means were converted to log values and Pearson correlations between each set of APP metabolites were determined.

Results

Rhesus macaque APP metabolite kinetics

sAPP α and sAPP β turnover was slower than A β in the CSF. The average kinetic curves of sAPP α , sAPP β , and A β in the vehicle-treated group were evaluated (Fig. 2A), comparing CSF parameters including maximum MFL and time of maximum peak labeling. Soluble APP α achieved a maximum of 0.076 ± 0.01 (SD) MFL, while sAPP β exhibited a similar labeling maximum [0.075 ± 0.01 (SD) MFL; $p = 0.76$; Fig. 2B]. A β had a significantly higher peak of MFL [0.094 ± 0.01 (SD)] compared with both sAPP α and sAPP β ($*p = 0.02$ each; Fig. 2B). The extrapolated maximum labeling time point for sAPP α and sAPP β were similar [sAPP α : $t = 16.8 \pm 0.4$ h (SD); sAPP β : $t = 17.3 \pm 0.4$ h (SD)] ($*p = 0.05$), with the A β labeling peak significantly earlier [$t = 14.2 \pm$

0.5 h (SD) compared with sAPP β , $***p < 0.0005$; compared with sAPP α , $***p < 0.001$; Fig. 2C].

Kinetic rates of the APP metabolites were estimated using FSR to estimate production rate and monoexponential slope FCR to estimate clearance rate. CSF measures were used throughout as a surrogate for brain rates. FSRs and monoexponential slope FCRs are only valid when measured in a steady-state system (Wolfe et al., 2005), thus kinetic analyses of sAPP α , sAPP β , and A β were performed exclusively using data collected from the vehicle-treated monkeys. The mean sAPP α FSR [3.8 ± 0.4 %/h (SD)] was ~18% faster than the mean sAPP β FSR [3.1 ± 0.5 %/h (SD)], $*p = 0.01$; Fig. 2D]. The mean A β FSR was 7.3 ± 0.9 %/h (SD; Fig. 2D) and was slightly lower than the previously reported NHP A β FSR (dashed red line) of 10.7 ± 0.6 %/h (SEM; Cook et al., 2010). The mean A β FSR was 58 and 48% faster than that of either sAPP β ($***p = 0.0002$) or sAPP α ($***p = 0.0006$), respectively.

Mean FCRs for sAPP α and sAPP β were 7.8 ± 0.7 (SD) and 8.3 ± 1.4 %/h (SD), respectively (Fig. 2E). Mean A β FCR was 13.0 ± 1.9 %/h (SD; Fig. 2E) and was slightly faster than the previously reported NHP A β FCR (dashed red line) of 9.9 ± 0.5 %/h (SEM; Cook et al., 2010), as well as approximately twice as fast as mean human A β FCR (dashed black line) previously reported (Bateman et al., 2006). The FCRs of all three metabolites were significantly different ($**p < 0.002$) as assessed by a one-way repeated-measures ANOVA. A β FCR was significantly faster than FCR of either sAPP β ($*p < 0.02$) or sAPP α ($**p < 0.005$), 36 and 40%

Figure 3. PK of MBI-5 indicate an increase of the BACE inhibitor incorporation into both plasma and CSF with increasing dose. **A–C**, Individual monkeys' plasma concentrations of MBI-5 after dosing with 10, 30, and 125 mg/kg. **D–F**, Individual monkeys' CSF concentrations of MBI-5 after dosing with 10, 30, or 125 mg/kg. **G**, Individual monkeys' plasma AUC₅₉ at each dosage. **H**, Individual monkeys' CSF AUC₅₉ at each dosage. **I**, Group-averaged plasma and CSF PK. Error bars indicate SD.

faster, respectively. The FCRs for sAPP β and sAPP α were not significantly different from one another ($p = 0.6$). For each metabolite, the FSR is approximately half of the respective FCR. The discrepancy between each metabolite's FSR and FCR is currently being further evaluated by multicompartmental modeling.

Concentrations of MBI-5 were measured in the plasma (Fig. 3A–C) and CSF (Fig. 3D–F) of each subject to determine the inhibitor's PK at each of the three doses. Individual subjects' AUC₅₉ for MBI-5 in plasma (Fig. 3G) and in CSF (Fig. 3H) were determined. The AUC₅₉ was converted to a log scale and plotted against dosage of MBI-5. Group-averaged AUC₅₉ for plasma and CSF are plotted against dose in Figure 3I. As expected, MBI-5 levels in both plasma and CSF increased with increasing dose, but a linear effect was seen only in plasma. Individual plasma and CSF AUC₅₉, C_{max} , and T_{max} for each subject at each dose are shown in Tables 2, 3.

Biological variability of APP product concentrations

Some inherent physiological variability of APP metabolites is expected. For each monkey, three baseline concentrations at $t = -22$, -20 , and -1 h (before leucine infusion and treatment) of

sAPP α , sAPP β , and A β ($A\beta_{40} + A\beta_{42}$) were measured by ELISA in the vehicle group and each of the experimental groups. The means and SDs are reported in Table 4 and indicate a widespread physiological intra- and inter-monkey variability. sAPP α and sAPP β concentrations were positively correlated (Pearson $r = 0.98$; $**p = 0.004$; 95% CI: 0.706–0.999). However, A β concentrations were not correlated to either sAPP β (Pearson $r = -0.063$; $p = 0.92$; 95% CI: -0.895 to 0.868) or sAPP α (Pearson $r = -0.098$; $p = 0.88$; 95% CI: -0.902 to 0.859). With small sample size, high precision is not expected, and this is evidenced by the broad 95% CIs for the correlations involving A β .

BACE inhibitor dose dependently decreased sAPP β and A β in NHP CSF

Labeling curves of A β (Fig. 4A) and sAPP β (Fig. 4D), as well as absolute concentrations of both analytes measured by ELISA (Fig. 4B,E), decreased dose dependently in the presence of a BACE inhibitor. Concentrations of newly generated metabolites were calculated by taking the product of percentage labeled and absolute concentration of a given metabolite at each time point. Similarly to the labeling profiles and absolute concentrations, the

Table 2. Individual monkey plasma PK parameters of MBI-5

Individual plasma PK parameters at 10 mg/kg MBI-5					
Monkey #	1	2	3	4	5
AUC ₅₉ (nm·h)	4420	106,00	8370	15,700	12,400
C _{max} (nm)	389.3	1487.6	698.8	1860.4	1136.0
T _{max} (h)	5	3	3	5	3
Individual plasma PK parameters at 30 mg/kg MBI-5					
Monkey #	1	2	3	4	5
AUC ₅₉ (nm·h)	36,300	40,900	35,600	70,100	58,200
C _{max} (nm)	3274.2	3772.4	1792.6	5290.1	3113.8
T _{max} (h)	5	5	16	7	5
Individual plasma PK parameters at 125 mg/kg MBI-5					
Monkey #	1	2	3	4	5
AUC ₅₉ (nm·h)	205,000	272,000	247,000	628,000	408,000
C _{max} (nm)	9744.8	13512.4	13430.3	24553.9	11961.8
T _{max} (h)	9	13	16	13	31

Table 3. Individual monkey CSF PK parameters of MBI-5

Individual CSF PK parameters at 10 mg/kg MBI-5					
Monkey #	1	2	3	4	5
AUC ₅₉ (nm·h)	211	541	540	686	663
C _{max} (nm)	20.7	83.8	69.0	95.7	82.4
T _{max} (h)	7	3	3	3	3
Individual CSF PK parameters at 30 mg/kg MBI-5					
Monkey #	1	2	3	4	5
AUC ₅₉ (nm·h)	1820	2610	2110	3690	4030
C _{max} (nm)	203.2	316.4	140.6	367.7	327.4
T _{max} (h)	5	3	16	5	3
Individual CSF PK parameters at 125 mg/kg MBI-5					
Monkey #	1	2	3	4	5
AUC ₅₉ (nm·h)	2750	4910	3350	5270	4900
C _{max} (nm)	180.8	356.6	265.3	273.4	171.2
T _{max} (h)	13	5	13	16	3

Table 4. Individual monkeys' baseline sAPP α , sAPP β , and A β concentrations

Monkey #	pM (SD)		
	Mean baseline sAPP α	Mean baseline sAPP β	Mean baseline A β
1	1306 (285)	1506 (214)	650 (287)
2	985 (175)	1058 (134)	863 (213)
3	877 (191)	1057 (127)	906 (284)
4	801 (194)	894 (127)	584 (163)
5	1224 (388)	1465 (346)	722 (286)

newly generated A β (Fig. 4C) and sAPP β (Fig. 4F) reflect a dose-dependent decrease in the presence of a BACE inhibitor. AUC for A β or sAPP β labeling for each monkey after each dose of BACE inhibitor were normalized to each monkey's vehicle labeling curve AUC and averaged. Dose-dependent decreases were observed in AUC₅₇ for A β and sAPP β when measured by SILK, by ELISA, and in the newly generated peptide calculations (Table 5).

To determine the relative sensitivity of the assays in this study, we calculated MTSD values for SILK AUC₅₇ versus ELISA AUC₅₇ for each metabolite. MTSD was always higher for SILK measurements when compared with ELISA, in all doses and for both metabolites. In the cases of highest dose, SILK was clearly more

sensitive for sAPP β ($p < 0.05$). The A β MTSD was comparable between the two methods used ($p = 0.22$).

Mean values from each BACE inhibitor dosage group for each analyte were compared with the mean value of each vehicle group. The MFL A β AUC₅₇ ($^{13}\text{C}_6\text{-A}\beta/^{12}\text{C}_6\text{-A}\beta$) indicated a dose-dependent decrease to $\sim 48\%$ of vehicle at the highest BACE inhibitor dose of 125 mg/kg (Fig. 5A, Table 5); $\sim 10\%$ of the total A β is labeled. AUCs for ELISA concentrations of A β normalized to vehicle showed a dose-dependent response to $\sim 33\%$ of vehicle (Fig. 5B, Table 5), a greater extent of reduction than measured by SILK. The newly synthesized A β is only $\sim 9\%$ at the highest dosage of BACE inhibitor (Fig. 5C, Table 5). SILK MFL sAPP β AUC₅₇ indicated a dose-dependent decrease to a lesser extent than A β : $\sim 70\%$ of vehicle values at the highest BACE inhibitor dose (Fig. 5D, Table 5), with $\sim 8\%$ of the total sAPP β being labeled. AUCs for ELISA concentrations of sAPP β normalized to vehicle showed a dose-dependent response to $\sim 38\%$ of vehicle (Fig. 5E, Table 5), a greater extent of reduction than measured by SILK. Similarly to A β , AUC₅₇ values for newly synthesized sAPP β indicated a dose-dependent decrease to an even greater extent, $\sim 18\%$ at the highest inhibitor dose, compared with SILK (Fig. 5F, Table 5). For graphical representation of AUC₅₇ not normalized to the vehicle, please refer to Figure 6.

BACE inhibition had no detectable effect on fraction labeled sAPP α but dose dependently increased total sAPP α concentrations measured by ELISA

The labeling curves of sAPP α for vehicle and all three BACE inhibitor groups indicated no significant differences in sAPP α fraction label (repeated-measures ANOVA, $p = 1.0$; Fig. 4G). SILK MFL sAPP α AUC₅₇ indicated a lack of significant difference among dosage groups (Fig. 5G, Table 5). Concentrations measured by sAPP α ELISA indicated a dose-dependent increase with BACE inhibition (Fig. 4H). AUC₅₇ for absolute concentrations of sAPP α normalized to vehicle indicated a dose-dependent increase to $\sim 131\%$ at the highest dose (Fig. 5H, Table 5). Finally, the newly generated sAPP α (the product of steady-state concentration multiplied by the fraction-labeled sAPP α), demonstrated dose-dependent increases (35%), but to a lesser degree than the observed sAPP β decrease (83%; Figs. 4I, 5I, Table 5). Again, to determine the relative sensitivity of the assays in this study, we calculated MTSD values for SILK AUC₅₇ versus ELISA AUC₅₇ for sAPP α . MTSD was always higher for SILK measurements when compared with ELISA in all doses ($p = 0.053$). For graphical representation of AUC₅₇ not normalized to the vehicle, please refer to Figure 6.

Discussion

To date, kinetic behavior of other APP fragments has not been assessed in NHP, although Dobrowolska et al. (2008) demonstrated total sAPP was metabolized ~ 2 -fold slower than A β in young, healthy humans. To our knowledge, although some basic APP metabolism has been studied in pulse-chase experiments in various cells lines (Weidemann et al., 1989; Oltersdorf et al., 1990; Busciglio et al., 1993; Perez et al., 1996), there are no prior studies investigating specific sAPP α and sAPP β metabolism *in vivo*. Here, we present common features of sAPP α and sAPP β metabolism measured in NHP CSF. Metabolism of these sAPP species, relative to NHP A β metabolism, was comparable to findings in humans (Bateman et al., 2006; Dobrowolska et al., 2008) where metabolic rates of both APP species were twice as slow as for A β . This correspondence between sAPP metabolism in both species supports rhesus macaques as an appropriate preclinical model

Figure 4. Effects of a BACE inhibitor on SILK relative values, ELISA absolute concentrations, and concentrations of newly generated A β (A–C), sAPP β (D–F), and sAPP α (G–I) in CSF of NHP. A, D, G, SILK MFL A β and sAPP β decreased dose dependently with BACE inhibitor, and MFL sAPP α indicated no measurable difference among vehicle and drug groups (measured by LC-MS). B, E, H, Concentrations of A β and sAPP β decreased dose dependently and absolute concentrations of sAPP α increased dose dependently with a BACE inhibitor (measured by ELISA). C, F, I, Newly generated A β and sAPP β decreased dose dependently and newly generated sAPP α increased dose dependently with a BACE inhibitor (measured as product of LC-MS labeling and ELISA absolute concentrations at each time point). Error bars indicate SD.

Table 5. Effects of BACE inhibition on APP metabolites' AUC₅₇ from SILK and ELISA assays

Dosage of BACE inhibitor	SILK MFL	ELISA concentration	Newly synthesized product (SILK % $\times$ ELISA)
A β (mean, SEM)			
10 mg/kg	77.8 $\pm$ 6.4%	111 $\pm$ 12.9%	88.4 $\pm$ 13.2%
30 mg/kg	70.8 $\pm$ 7.0%	58.6 $\pm$ 12.3%	37.8 $\pm$ 11.5%
125 mg/kg	47.5 $\pm$ 6.2%	33.2 $\pm$ 8.2%	9.4 $\pm$ 3.8%
sAPP β (mean, SEM)			
10 mg/kg	84.4 $\pm$ 4.4%	88.1 $\pm$ 2.1%	71.3 $\pm$ 5.5%
30 mg/kg	78.3 $\pm$ 3.4%	63.0 $\pm$ 2.7%	42.1 $\pm$ 3.9%
125 mg/kg	69.9 $\pm$ 5.1%	38.3 $\pm$ 4.4%	17.6 $\pm$ 2.6%
sAPP α (mean, SEM)			
10 mg/kg	99.6 $\pm$ 9.3%	107.8 $\pm$ 7.4%	108.3 $\pm$ 7.6%
30 mg/kg	101.0 $\pm$ 3.2%	113.8 $\pm$ 5.8%	123.1 $\pm$ 7.4%
125 mg/kg	101.5 $\pm$ 6.6%	131.4 $\pm$ 6.9%	134.6 $\pm$ 10.1%

surrogate for human CNS APP processing. The slower turnover rates for these larger APP metabolites when compared with A β may be driven by delayed transport out of the brain.

In addition to the novel findings of A β and sAPP kinetics under steady-state conditions, this is the first report using SILK to evaluate *in vivo* APP metabolite kinetics following

treatment with the BACE inhibitor MBI-5, which is distinct from Merck's BACE inhibitor MK-8931, currently in Phase 3 clinical trials. As expected, there was a notable, dose-dependent decrease in A β and sAPP β in the presence of the BACE inhibitor, indicating the drug hit its intended target. The finding that there was a greater percentage reduction in A β compared with sAPP β in the presence of the inhibitor was consistent with A β having faster kinetics at steady state (Fig. 2D, E, vehicle-treated group).

Because of conflicting results in previously reported studies that have examined both sAPP α and sAPP β , it was unclear whether the kinetics of α -secretase processing of APP to sAPP α would also be altered in the presence of a BACE inhibitor. BACE inhibitors applied in cell culture have sometimes led to apparent shunting of APP down the α -secretase pathway resulting in increased sAPP α secretion (Hussain et al., 2007; Fukumoto et al., 2010), but not always (Kim et al., 2008). This has contrasted with human studies that seemed to indicate a noncompetitive relationship between the α -secretase and BACE APP processing pathways (Gabelle et al., 2010; Lewczuk et al., 2010; Alexopoulos et al., 2012; Dobrowolska et al., 2014). Our reported baseline positive correlation of sAPP α and sAPP β further supports this. Nevertheless, pharmacological intervention may alter normal

Figure 5. Effects of BACE inhibition on APP metabolites' AUC₅₇. Results are represented as percentage change from vehicle AUC₅₇. Each line represents a particular monkey. **A, D, G**, MFL Aβ and sAPPβ AUC₅₇ were decreased dose dependently, while MFL sAPPα AUC₅₇ indicated that dosing groups did not significantly differ from the vehicle-treated group. **B, E, H**, AUC₅₇ values for absolute concentrations of Aβ and sAPPβ were decreased dose dependently, while AUC₅₇ of absolute concentrations of sAPPα presented a dose-dependent increase. **C, F, I**, AUC₅₇ values for newly synthesized Aβ and sAPPβ were decreased dose dependently, while AUC₅₇ of newly synthesized sAPPα presented a dose-dependent increase.

APP processing such that decreased BACE activity diverts APP into the α -secretase pathway, as demonstrated by May et al. (2011) in humans after BACE1 inhibitor LY2811376 administration resulted in an increase of CSF sAPP α corresponding to a decrease of CSF sAPP β . Our study in NHP suggests that different APP fragment pools can manifest a spectrum of responses as supported by these findings: (1) no apparent change in the MFL sAPP α during duration of BACE inhibition used in this study (as well as a smaller degree of AUC changes in sAPP β and A β) and (2) in contrast, the steady-state, absolute concentration of sAPP α demonstrated a dose-dependent sAPP α concentration increase (as well as a larger degree of AUC changes in sAPP β and A β). One caveat to the ELISA measures is that sAPP α did not increase to the same extent that sAPP β decreased (respective change from vehicle at 125 mg/kg in AUC₅₇, +35% and –83%), and there was no rebound of sAPP β over baseline following the resumption of

BACE activity as drug levels declined. Thus, a build-up of APP substrate may be degraded through mechanisms other than traditional α -secretase cleavage activities to account for these observations. For example, recent IP studies indicate that alternative α - and β -secretase processing may occur *in vivo* in human CNS, i.e., sAPP α _{Q686} (sAPP α'), sAPP α _{K687}, sAPP β _{M671}, and sAPP β _{Y681} (sAPP β') from the APP₇₇₀ splice variant (Brinkmalm et al., 2013), which might not be detected with our SILK or ELISA assays. Conversely, the additional APP substrate may undergo lysosomal degradation. Measurements using SILK would not reflect APP shunted toward lysosomes, as these fragments would be unlikely to travel to CSF.

The MFL profiles of A β and sAPP β were reduced in a dose-dependent manner with increasing doses of BACE inhibitor, concomitant with decreased CSF concentrations of these proteins measured by ELISA. In contrast, the MFL of sAPP α was virtually

Figure 6. Effects of BACE inhibition on APP metabolites' AUC_{57} without normalization to vehicle group. Each line represents a particular monkey. **A, D, G,** MFL $A\beta$ and $sAPP\beta$ AUC_{57} were decreased dose dependently, while MFL $sAPP\alpha$ AUC_{57} indicated that dosing groups did not significantly differ from the vehicle-treated group. **B, E, H,** AUC_{57} values for absolute concentrations of $A\beta$ and $sAPP\beta$ were decreased dose dependently, while AUC_{57} of absolute concentrations of three monkeys' $sAPP\alpha$ increased. Two monkeys did not show significant changes in $sAPP\alpha$. Coincidentally, these two monkeys had the lowest C_{max} for the 125 mg/kg dose among all the monkeys, and were in the lower spectrum for C_{max} at the 30 mg/kg dose. **C, F, I,** AUC_{57} values for newly synthesized $A\beta$ and $sAPP\beta$ were decreased dose dependently, while AUC_{57} of newly synthesized of $sAPP\alpha$ presented a dose-dependent increase.

unaltered despite a dose-dependent increase of $\sim 30\%$ in the ELISA concentration AUC_{57} in the highest dose group (Fig. 5G,H, Table 5). This apparent dichotomy can be explained based on simulations using nonsteady-state compartmental modeling (B.W. Patterson, J. Stone, and E.M.T. van Maanen, unpublished observations). BACE inhibitor was introduced around the same time as $^{13}C_6$ -leucine tracer so the system transitioned from steady state to a nonsteady state as tracer entered the system. We may presume that the production of labeled $A\beta$ and $sAPP\beta$ was almost immediately decreased in a dose-dependent manner as drug reached effective concentrations in the brain. The newly synthesized, $^{13}C_6$ leucine-labeled peptides moved into pools of pre-existing CSF peptides that initially remained near basal absolute concentrations, since turnover of the CSF pools must occur before CSF concentrations decrease in response to BACE inhibition. The decreased appearance of labeled $A\beta$ and $sAPP\beta$ in CSF

preceded the decrease in CSF absolute concentration, comprised of an excess of unlabeled peptides, thus resulting in a dose-dependent decrease in the labeled to unlabeled peptide ratio (i.e., isotopic enrichment). BACE inhibition should, conversely, cause the amount of APP substrate to increase, leading to increased production of $sAPP\alpha$ due to mass action. Thus, increasing amounts of labeled $sAPP\alpha$ should appear in CSF dose dependently. The absolute concentration of CSF $sAPP\alpha$ will increase concomitant with, and in proportion to, increased appearance of labeled $sAPP\alpha$, and thus there would be little impact to the labeled to unlabeled peptide ratio. In addition to the role of CSF turnover on the differential sensitivity of both $A\beta$ and $sAPP\beta$ enrichment profiles to acute inhibition versus an increase of $sAPP\alpha$ peptide synthesis, this also resulted in part because peptides were sampled from a downstream location (CSF) remote from the site of BACE activity (brain).

Further, of note is that in our study, for each metabolite, its FSR is not equal to its FCR. The FSR and FCR are imperfect indices of true turnover rate that are calculated under the assumption of a single compartmental model. However, there are many compartments in which APP may be processed and trafficked in a complex mammalian organism setting. Thus, the FSR calculations tend to be grossly underestimated and the true FSR is likely much greater than what we report and probably quite similar to our reported FCR, whose calculations are not perturbed by the added complexity of additional compartments. The FSRs and the FCRs reported here are useful in relative comparisons of the three APP metabolites in this study, but a multicompartmental model that fits the full time course could provide a closer estimate of each metabolite's true turnover rate. Such a modeling approach is currently under way.

A detailed mechanism-based, nonsteady-state PK–PD compartmental model (Danhof et al., 2005) is also in progress and will account for both the ELISA concentration data and SILK tracer enrichment time courses of APP metabolites as a function of dynamic BACE inhibition for all doses of BACE inhibitor administered, versus vehicle treatment. The model will also incorporate information from acute inhibition of γ -secretase activity (Cook et al., 2010; Van Maanen et al., 2013).

The current study has the benefit of measuring changes in APP metabolites by two separate methods: using SILK and MS, as well as measuring absolute concentrations by ELISA. SILK is a robust and reliable method of quantifying *de novo* proteins changing over time following a labeling pulse, whereas the ELISA assays measure the steady-state concentrations of a particular metabolite. SILK is more specific to newly generated proteins and more sensitive to detect changes at earlier time points in a secretase inhibitor setting (Bateman et al., 2009; Cook et al., 2010) where protein ELISA variance may mask relatively smaller changes in concentrations. Increased sensitivity of SILK is evidenced by the earlier appearance of the change in the ratio of label versus the ELISA absolute concentration changes. Additionally, SILK AUCs always had higher MTSD values than ELISA AUCs among all dose groups and metabolites.

The CNS kinetic rates of APP metabolites are an important physiologic measure that is tightly regulated and fairly consistent across primates in studies to date. Modulation of APP processing is a key approach in AD therapeutic development with BACE inhibition being an attractive target. This is consistent with recent genetic evidence of a protective factor (Jonsson et al., 2012) in individuals with a mutation at the BACE cleavage site of APP that prevents development of AD. The CNS *in vivo* study reported here indicates that BACE inhibition modulated APP processing in a predictable and dose-dependent fashion, but the study also provides a novel finding into the balance of BACE and α -secretase APP processing following BACE inhibition.

References

- Alexopoulos P, Tsolakidou A, Roselli F, Arnold A, Grimmer T, Westerteicher C, Leante MR, Förstl H, Livrea P, Kurz A, Perneczky R (2012) Clinical and neurobiological correlates of soluble amyloid precursor proteins in the cerebrospinal fluid. *Alzheimers Dement* 8:304–311. [CrossRef Medline](#)
- Bateman RJ, Munsell LY, Morris JC, Swann R, Yarasheski KE, Holtzman DM (2006) Human amyloid- β synthesis and clearance rates as measured in cerebrospinal fluid *in vivo*. *Nat Med* 12:856–861. [CrossRef Medline](#)
- Bateman RJ, Munsell LY, Chen X, Holtzman DM, Yarasheski KE (2007) Stable isotope labeling tandem mass spectrometry (SILT) to quantify protein production and clearance rates. *J Am Soc Mass Spectrom* 18:997–1006. [CrossRef Medline](#)
- Bateman RJ, Siemers ER, Mawuenyega KG, Wen G, Browning KR, Sigurdson WC, Yarasheski KE, Friedrich SW, Demattos RB, May PC, Paul SM, Holtzman DM (2009) A gamma-secretase inhibitor decreases amyloid- β production in the central nervous system. *Ann Neurol* 66:48–54. [CrossRef Medline](#)
- Bernier F, Sato Y, Matijevic M, Desmond H, McGrath S, Burns L, Kaplow JM, Albalá B (2013) Clinical study of E2609, a novel BACE1 inhibitor, demonstrates target engagement and inhibition of BACE1 activity in CSF. *Alzheimers Dement* 9:P886. [CrossRef](#)
- Brinkmalm G, Brinkmalm A, Bourgeois P, Persson R, Hansson O, Portelius E, Mercken M, Andreasson U, Parent S, Lipari F, Ohrfelt A, Bjerke M, Minthon L, Zetterberg H, Blennow K, Nutu M (2013) Soluble amyloid precursor protein α and β in CSF in Alzheimer's disease. *Brain Res* 1513:117–126. [CrossRef Medline](#)
- Busciglio J, Gabuzda DH, Matsudaira P, Yankner BA (1993) Generation of beta-amyloid in the secretory pathway in neuronal and nonneuronal cells. *Proc Natl Acad Sci U S A* 90:2092–2096. [CrossRef Medline](#)
- Cook JJ, Wildsmith KR, Gilberto DB, Holahan MA, Kinney GG, Mathers PD, Michener MS, Price EA, Shearman MS, Simon AJ, Wang JX, Wu G, Yarasheski KE, Bateman RJ (2010) Acute gamma-secretase inhibition of nonhuman primate CNS shifts Amyloid Precursor Protein (APP) metabolism from amyloid- β production to alternative APP fragments without Amyloid- β rebound. *J Neurosci* 30:6743–6750. [CrossRef Medline](#)
- Cumming JN, Smith EM, Wang L, Misiaszek J, Durkin J, Pan J, Iserloh U, Wu Y, Zhu Z, Strickland C, Voigt J, Chen X, Kennedy ME, Kuvelkar R, Hyde LA, Cox K, Favreau L, Czarniecki MF, Greenlee WJ, McKittrick BA, et al. (2012) Structure based design of iminohydantoin BACE1 inhibitors: identification of an orally available, centrally active BACE1 inhibitor. *Bioorg Med Chem Lett* 22:2444–2449. [CrossRef Medline](#)
- Danhof M, Alvan G, Dahl SG, Kuhlmann J, Paintaud G (2005) Mechanism-based pharmacokinetic-pharmacodynamic modeling—a new classification of biomarkers. *Pharm Res* 22:1432–1437. [CrossRef Medline](#)
- Dobrowolska J, Mawuenyega KG, Bateman RJ (2008) The metabolism of amyloid precursor protein as measured in human cerebrospinal fluid. *Soc Neurosci Abstr* 34:138.2.
- Dobrowolska JA, Kasten T, Huang Y, Benzinger TL, Sigurdson W, Ovod V, Morris JC, Bateman RJ (2014) Diurnal patterns of soluble amyloid precursor protein metabolites in the human central nervous system. *PLoS One* 9:e89998. [CrossRef Medline](#)
- Egan MF, Forman MS, Palczaj J, Tseng J, Leempoels J, Ramael S, Han D, Jhee S, Ereshefsky L, Tanen M, Laterza O, Dockendorf M, Krishna G, Ma L, Wagner JA, Troyer MD (2012) The novel BACE inhibitor MK-8931 dramatically lowers CSF A β peptides in healthy subjects following single and multiple dose administration. 5th conference clinical trials on Alzheimer's disease: October 29–31, 2012, Grimaldi Forum, Convention Center, Monte Carlo. *J Nutr Health Aging* 16:797. [CrossRef](#)
- Forman MS, Palczaj J, Tseng J, Dockendorf M, Canales C, Apter J, Backonja M, Bryan E, Ereshefsky L, Gevorkyan H, Jhee S, Ostler R, Zari A, Kleijn HJ, Laterza O, Ma L, Stone J, Tanen M, Wagner JA, Troyer MD (2013) The novel BACE inhibitor MK-8931 dramatically lowers CSF A β peptide in patients with mild to moderate Alzheimer's disease. AD/PD™ 2013, the 11th International Conference on Alzheimer's and Parkinson's Diseases, Florence, Italy.
- Fukumoto H, Cheung BS, Hyman BT, Irizarry MC (2002) β -secretase protein and activity are increased in the neocortex in Alzheimer disease. *Arch Neurol* 59:1381–1389. [CrossRef Medline](#)
- Fukumoto H, Takahashi H, Tarui N, Matsui J, Tomita T, Hirode M, Sagayama M, Maeda R, Kawamoto M, Hirai K, Terauchi J, Sakura Y, Kaki-hana M, Kato K, Iwatsubo T, Miyamoto M (2010) A noncompetitive BACE1 inhibitor TAK-070 ameliorates Abeta pathology and behavioral deficits in a mouse model of Alzheimer's disease. *J Neurosci* 30:11157–11166. [CrossRef Medline](#)
- Gabelle A, Roche S, Génys C, Bennys K, Labauge P, Tholance Y, Quadrio I, Tiers L, Gor B, Chaulet C, Vighetto A, Croisile B, Krolak-Salmon P, Touchon J, Perret-Liaudet A, Lehmann S (2010) Correlations between soluble α/β forms of amyloid precursor protein and A β 38, 40, and 42 in human cerebrospinal fluid. *Brain Res* 1357:175–183. [CrossRef Medline](#)
- Gilberto DB, Zeoli AH, Szczerba PJ, Gehret JR, Holahan MA, Sitko GR, Johnson CA, Cook JJ, Motzel SL (2003) An alternative method of chronic cerebrospinal fluid collection via the cisterna magna in conscious rhesus monkeys. *Contemp Top Lab Anim Sci* 42:53–59. [Medline](#)
- Holsinger RM, Lee JS, Boyd A, Masters CL, Collins SJ (2006) CSF BACE1 activity is increased in CJD and Alzheimer disease versus other dementias. *Neurology* 67:710–712. [CrossRef Medline](#)

- Hussain I, Hawkins J, Harrison D, Hille C, Wayne G, Cutler L, Buck T, Walter D, Demont E, Howes C, Naylor A, Jeffrey P, Gonzalez MI, Dingwall C, Michel A, Redshaw S, Davis JB (2007) Oral administration of a potent and selective non-peptidic BACE-1 inhibitor decreases beta-cleavage of amyloid precursor protein and amyloid-beta production *in vivo*. *J Neurochem* 100:802–809. [CrossRef Medline](#)
- Irizarry MC, Locascio JJ, Hyman BT (2001) β -site APP cleaving enzyme mRNA expression in APP transgenic mice: anatomical overlap with transgene expression and static levels with aging. *Am J Pathol* 158:173–177. [CrossRef Medline](#)
- Jonsson T, Atwal JK, Steinberg S, Snaedal J, Jonsson PV, Bjornsson S, Stefansson H, Sulem P, Gudbjartsson D, Maloney J, Hoyte K, Gustafson A, Liu Y, Lu Y, Bhargale T, Graham RR, Huttenlocher J, Bjornsdottir G, Andreassen OA, Jönsson EG, et al. (2012) A mutation in APP protects against Alzheimer's disease and age-related cognitive decline. *Nature* 488:96–99. [CrossRef Medline](#)
- Kim ML, Zhang B, Mills IP, Milla ME, Brunden KR, Lee VM (2008) Effects of TNF α -converting enzyme inhibition on amyloid β production and APP processing *in vitro* and *in vivo*. *J Neurosci* 28:12052–12061. [CrossRef Medline](#)
- Lewczuk P, Kamrowski-Kruck H, Peters O, Heuser I, Jessen F, Popp J, Bürger K, Hampel H, Frölich L, Wolf S, Prinz B, Jahn H, Luckhaus Ch, Perneczky R, Hüll M, Schröder J, Kessler H, Pantel J, Gertz HJ, Klafki HW, et al. (2010) Soluble amyloid precursor proteins in the cerebrospinal fluid as novel potential biomarkers of Alzheimer's disease: a multicenter study. *Mol Psychiatry* 15:138–145. [CrossRef Medline](#)
- Li R, Lindholm K, Yang LB, Yue X, Citron M, Yan R, Beach T, Sue L, Sabbagh M, Cai H, Wong P, Price D, Shen Y (2004) Amyloid β peptide load is correlated with increased β -secretase activity in sporadic Alzheimer's disease patients. *Proc Natl Acad Sci U S A* 101:3632–3637. [CrossRef Medline](#)
- Malamas MS, Robichaud A, Erdei J, Quagliato D, Solvibile W, Zhou P, Morris K, Turner J, Wagner E, Fan K, Olland A, Jacobsen S, Reinhart P, Riddell D, Pangalos M (2010) Design and synthesis of aminohydantoins as potent and selective human β -secretase (BACE1) inhibitors with enhanced brain permeability. *Bioorg Med Chem Lett* 20:6597–6605. [CrossRef Medline](#)
- Mandal M, Zhu Z, Cumming JN, Liu X, Strickland C, Mazzola RD, Caldwell JP, Leach P, Grzelak M, Hyde L, Zhang Q, Terracina G, Zhang L, Chen X, Kuvelkar R, Kennedy ME, Favreau L, Cox K, Orth P, Buevich A, et al. (2012) Design and validation of bicyclic iminopyrimidinones as beta amyloid cleaving enzyme-1 (BACE1) inhibitors: conformational constraint to favor a bioactive conformation. *J Med Chem* 55:9331–9345. [CrossRef Medline](#)
- Mattsson N, Rajendran L, Zetterberg H, Gustavsson M, Andreasson U, Olsson M, Brinkmalm G, Lundkvist J, Jacobson LH, Perrot L, Neumann U, Borghys H, Mercken M, Dhuyvetter D, Jeppsson F, Blennow K, Portelius E (2012) BACE1 inhibition induces a specific cerebrospinal fluid β -amyloid pattern that identifies drug effects in the central nervous system. *PLoS One* 7:e31084. [CrossRef Medline](#)
- May PC, Dean RA, Lowe SL, Martenyi F, Sheehan SM, Boggs LN, Monk SA, Mathes BM, Mergott DJ, Watson BM, Stout SL, Timm DE, Smith Labell E, Gonzales CR, Nakano M, Jhee SS, Yen M, Ereshefsky L, Lindstrom TD, Calligaro DO, et al. (2011) Robust central reduction of Amyloid- β in humans with an orally available, non-peptidic β -secretase inhibitor. *J Neurosci* 31:16507–16516. [CrossRef Medline](#)
- Mawuenyega KG, Sigurdson W, Ovod V, Munsell L, Kasten T, Morris JC, Yarasheski KE, Bateman RJ (2010) Decreased clearance of CNS beta-amyloid in Alzheimer's disease. *Science* 330:1774. [CrossRef Medline](#)
- Oltersdorf T, Ward PJ, Henriksson T, Beattie EC, Neve R, Lieberburg I, Fritz LC (1990) The Alzheimer amyloid precursor protein. Identification of a stable intermediate in the biosynthetic/degradative pathway. *J Biol Chem* 265:4492–4497. [Medline](#)
- Ortega F, Stott J, Visser SA, Bendtsen C (2013) Interplay between α -, β -, and γ -secretases determines biphasic amyloid- β protein level in the presence of a γ -secretase inhibitor. *J Biol Chem* 288:785–792. [CrossRef Medline](#)
- Perez RG, Squazzo SL, Koo EH (1996) Enhanced release of amyloid β -protein from codon 670/671 "Swedish" mutant β -amyloid precursor protein occurs in both secretory and endocytic pathways. *J Biol Chem* 271:9100–9107. [CrossRef Medline](#)
- Portelius E, Price E, Brinkmalm G, Stiteler M, Olsson M, Persson R, Westman-Brinkmalm A, Zetterberg H, Simon AJ, Blennow K (2011) A novel pathway for amyloid precursor protein processing. *Neurobiol Aging* 32:1090–1098. [CrossRef Medline](#)
- Potter R, Patterson BW, Elbert DL, Ovod V, Kasten T, Sigurdson W, Mawuenyega K, Blazey T, Goate A, Chott R, Yarasheski KE, Holtzman DM, Morris JC, Benzinger TL, Bateman RJ (2013) Increased *in vivo* amyloid- β 42 production, exchange, and loss in presenilin mutation carriers. *Sci Transl Med* 5:189ra77. [CrossRef Medline](#)
- Rosén C, Andreasson U, Mattsson N, Marcusson J, Minthon L, Andreassen N, Blennow K, Zetterberg H (2012) Cerebrospinal fluid profiles of amyloid β -related biomarkers in Alzheimer's disease. *Neuromolecular Med* 14:65–73. [CrossRef Medline](#)
- Sankaranarayanan S, Holahan MA, Colussi D, Crouthamel MC, Devanarayan V, Ellis J, Espeseth A, Gates AT, Graham SL, Gregro AR, Hazuda D, Hochman JH, Holloway K, Jin L, Kahana J, Lai MT, Lineberger J, McGaughey G, Moore KP, Nantermet P, et al. (2009) First demonstration of cerebrospinal fluid and plasma β lowering with oral administration of a β -site amyloid precursor protein-cleaving enzyme 1 inhibitor in nonhuman primates. *J Pharmacol Exp Ther* 328:131–140. [CrossRef Medline](#)
- Savage M, Holder D, Wu G, Kaplow JM, Siuciak J, Potter W, Alzheimer's Disease Neuroimaging Initiative (ADNI), Foundation for NIH Biomarkers Consortium CSF Proteomics Project Team (2013) Soluble BACE activity and sAPP β levels do not differentiate Alzheimer's disease and age-matched control cerebrospinal fluid in the ADNI-1 cohort. *Alzheimers Dement* 9:P201. [CrossRef](#)
- Stamford AW, Scott JD, Li SW, Babu S, Tadesse D, Hunter R, Wu Y, Misiaszek J, Cumming JN, Gilbert EJ, Huang C, McKittrick BA, Hong L, Guo T, Zhu Z, Strickland C, Orth P, Voigt JH, Kennedy ME, Chen X, et al. (2012) Discovery of an orally available, brain penetrant BACE1 inhibitor that affords robust CNS β reduction. *ACS Med Chem Lett* 3:897–902. [CrossRef Medline](#)
- Takahashi H, Fukumoto H, Maeda R, Terauchi J, Kato K, Miyamoto M (2010) Ameliorative effects of a non-competitive BACE1 inhibitor TAK-070 on β peptide levels and impaired learning behavior in aged rats. *Brain Res* 1361:146–156. [CrossRef Medline](#)
- Truong AP, Tóth G, Probst GD, Sealy JM, Bowers S, Wone DW, Dressen D, Hom RK, Konradi AW, Sham HL, Wu J, Peterson BT, Ruslim L, Bova MP, Kholodenko D, Motter RN, Bard F, Santiago P, Ni H, Chian D, et al. (2010) Design of an orally efficacious hydroxyethylamine (HEA) BACE-1 inhibitor in a preclinical animal model. *Bioorg Med Chem Lett* 20:6231–6236. [CrossRef Medline](#)
- Van Maanen E, van Steeg T, Ahsman M, Savage MJ, Michener MS, Kleijn HJ, Danhof M, Stone J (2013) A systems pharmacology model of the APP processing pathway in Alzheimer's Disease. American Conference on Pharmacometrics, Ft. Lauderdale, FL.
- Verheijen JH, Huisman LG, van Lent N, Neumann U, Paganetti P, Hack CE, Bouwman J, Lindeman J, Bollen EL, Hanemaaijer R (2006) Detection of a soluble form of BACE-1 in human cerebrospinal fluid by a sensitive activity assay. *Clin Chem* 52:1168–1174. [CrossRef Medline](#)
- Weidemann A, König G, Bunke D, Fischer P, Salbaum JM, Masters CL, Beyreuther K (1989) Identification, biogenesis, and localization of precursors of Alzheimer's disease A4 amyloid protein. *Cell* 57:115–126. [CrossRef Medline](#)
- Wolfe RR, Chinkes DL (2005) Isotope tracers in metabolic research: principles and practice of kinetic analysis, Ed 2. Hoboken, NJ: Wiley.
- Wu G, Sankaranarayanan S, Hsieh SH, Simon AJ, Savage MJ (2011) Decrease in brain soluble amyloid precursor protein β (sAPP β) in Alzheimer's disease cortex. *J Neurosci Res* 89:822–832. [CrossRef Medline](#)
- Wu G, Sankaranarayanan S, Wong J, Tugusheva K, Michener MS, Shi X, Cook JJ, Simon AJ, Savage MJ (2012) Characterization of plasma β -secretase (BACE1) activity and soluble amyloid precursor proteins as potential biomarkers for Alzheimer's disease. *J Neurosci Res* 90:2247–2258. [CrossRef Medline](#)
- Yang LB, Lindholm K, Yan R, Citron M, Xia W, Yang XL, Beach T, Sue L, Wong P, Price D, Li R, Shen Y (2003) Elevated β -secretase expression and enzymatic activity detected in sporadic Alzheimer disease. *Nat Med* 9:3–4. [CrossRef Medline](#)
- Yarasheski KE, Smith K, Rennie MJ, Bier DM (1992) Measurement of muscle protein fractional synthetic rate by capillary gas chromatography/combustion isotope ratio mass spectrometry. *Biol Mass Spectrom* 21:486–490. [CrossRef Medline](#)
- Zetterberg H, Andreasson U, Hansson O, Wu G, Sankaranarayanan S, Andersson ME, Buchhave P, Londo E, Umek RM, Minthon L, Simon AJ, Blennow K (2008) Elevated cerebrospinal fluid BACE1 activity in incipient Alzheimer disease. *Arch Neurol* 65:1102–1107. [CrossRef Medline](#)