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REVIEW

Critical analysis of the use of β -site amyloid precursor protein-cleaving enzyme I inhibitors in the treatment of Alzheimer's disease

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Correspondence: Genevieve Evin Oxidation Biology Laboratory, Mental Health Research Institute, Florey Institute of Neuroscience and Mental Health, Kenneth Myer Building, University of Melbourne, 30 Royal Parade, Parkville, VIC 3010, Australia Email gmevin@unimelb.edu.au Abstract: Alzheimer's disease (AD) is the major cause of dementia in the elderly and an unmet clinical challenge. A variety of therapies that are currently under development are directed to the amyloid cascade. Indeed, the accumulation and toxicity of amyloid- β (A β) is believed to play a central role in the etiology of the disease, and thus rational interventions are aimed at reducing the levels of A β in the brain. Targeting β -site amyloid precursor protein-cleaving enzyme (BACE)-1 represents an attractive strategy, as this enzyme catalyzes the initial and rate-limiting step in Aß production. Observation of increased levels of BACE1 and enzymatic activity in the brain, cerebrospinal fluid, and platelets of patients with AD and mild cognitive impairment supports the potential benefits of BACE1 inhibition. Numerous potent inhibitors have been generated, and many of these have been proved to lower A β levels in the brain of animal models. Over 10 years of intensive research on BACE1 inhibitors has now culminated in advancing half a dozen of these drugs into human trials, yet translating the in vitro and cellular efficacy of BACE1 inhibitors into preclinical and clinical trials represents a challenge. This review addresses the promises and also the potential problems associated with BACE1 inhibitors for AD therapy, as the complex biological function of BACE1 in the brain is becoming unraveled. Keywords: amyloid, dementia, secretase, aspartyl protease, neuregulin

Introduction

Alzheimer's disease (AD) is a neurodegenerative disease of the central nervous system, which accounts for most cases of dementia in the elderly.¹ AD has become an increasing socioeconomic burden, as it remains an unmet clinical challenge, with currently no treatment being available to halt or reverse its devastating effects. Various underlying factors, such as stroke, high blood pressure and hypercholesterolemia, diabetes, oxidative stress and inflammation, as well as sedentary lifestyle, which have been associated with AD, all converge to molecular mechanisms centered on the amyloid cascade theory.^{2,3} For over a century, AD has been traditionally diagnosed postmortem by the accumulation of amyloid plaques and τ -neurofibrillary tangles in the brain cortical regions and hippocampus.² The major component of the amyloid plaques was identified nearly 30 years ago as a 4 kDa peptide fragment, termed amyloid- β (A β) peptide,^{4,5} and since then extensive research has aimed to reveal the pathological mechanisms that lead to neurodegeneration and AD pathogenesis.² The most common hypothesis states that an imbalance between the production and clearance of AB peptides causes the formation of toxic A β species, and thereby triggers the dysfunction and death of neuronal cells.^{6,7} This is strongly supported by genetic studies that have identified disease-causative mutations in the genes encoding the A β precursor protein (APP)

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and the presenilins, which code for catalytic subunits of γ -secretase, the proteolytic enzyme that dictates the length of A β isoforms being generated, and thus their aggregating and toxic properties.8 An APP mutation, which impairs cleavage by β -secretase, and thereby A β production, was recently discovered in Finnish families.9,10 This mutation appears to protect its carriers against cognitive decline and AD, further supporting the amyloid theory.^{9,10} Other susceptibility genes are also implicated in the cellular pathways that control $A\beta$ production and clearance, such as apolipoprotein E, clusterin, α -macroglobulin, or sortilin.^{11,12} A β peptides self-associate to form oligomers, which seed amyloid-plaque deposition, but also, more importantly, which operate as toxic species.^{13–15} A β toxicity induces a vicious circle of neuronal inflammation, oxidative stress, altered metal-ion homeostasis, and metal toxicity, which all in turn increase A β production.^{16,17} A β toxicity also alters kinase and phosphatase activities, leading to the hyperphosphorylation of microtubule-associated tau, resulting in microtubule destabilization and the formation of τ -neurofibrillary tangles.¹⁸ Therefore, present efforts from both academia and the pharmaceutical industry aim at implementing strategies to prevent AB accumulation in the brain. Currently, therapeutic approaches are targeted at either preventing A β production by inhibiting the secretase enzymes that are involved in its production, or at interfering with its aggregation by using metal modulators or competing molecules, or at facilitating its clearance through immunotherapy.^{3,19} The present review focuses on the first approach, more specifically on the inhibition of β-site APPcleaving enzyme (BACE)-1.

BACE1 and $A\beta$ amyloid production

A β is a proteolytic fragment derived from the APP. The APP membrane receptor is involved in the regulation of neuronal activity, synaptic function, neurogenesis, and metal homeostasis.²⁰⁻²⁴ APP undergoes proteolytic processing through two alternative cellular metabolic pathways, as illustrated in Figure 1. A β is produced through the so-called amyloidogenic pathway.²⁵ This involves sequential cleavages by the β -secretase enzyme BACE1 and by γ -secretase. The initial cleavage by BACE1 secretes the APP extracellular domain (sAPPB) and generates a membrane-tethered 99-amino acid carboxyl terminal fragment (C99).^{26,27} Subsequent y-secretase processing of C99 releases AB in the intraluminal/extracellular side and the APP intracellular domain (AICD) in the cytosol. sAPP β is further processed by an unknown protease to release a small N-terminal fragment that can activate death receptor 6 (DR6).²⁸ In a competing cellular pathway, termed



Figure I Disruption of the processing balance of the amyloid precursor protein (APP) in Alzheimer's disease. The APP can be processed through two alternative pathways. In the α -secretase (α -sec) pathway (or nonamyloidogenic pathway), APP is cleaved by α -sec, which releases the soluble sAPP α N-terminal fragment, creating a membrane-tethered, C-terminal fragment of 83 amino acids (C83). α -Secretase (α -sec) cleavage occurs within the amyloid- β (A β) domain (shown in dark red) and precludes A β formation. C83 is further processed by γ -secretase (γ -sec) to produce the 3 kDa, nonamyloidogenic peptide p3 and release the APP intracellular domain (AICD, shown in light green) in the cytosol. In the β -secretase pathway (or amyloidogenic pathway), cleavage by $\beta\mbox{-site APP-cleaving enzyme (BACEI)}$ releases the soluble APP N-terminal fragment (sAPP β), which can be further processed by an unknown protease to liberate a fragment (shown in lilac) that can activate DR6 receptors. BACEI cleavage of APP also produces the membranetethered C-terminal fragment of 99 amino acids (C99), which is the direct precursor to A β . Further processing of C99 by γ -sec achieves the release of A β in the extracellular or intravesicular space and AICD in the cytosol. When A β production reaches a threshold, the peptide self-aggregates to form toxic oligomers that trigger degeneration of neuronal cells by a mechanism that involves free radical formation and shifts the balance of APP processing towards the amyloidogenic pathway.

nonamyloidogenic, APP is processed by α -secretase that sheds the APP ectodomain sAPP α by cleaving at an alternate site within the A β sequence and sixteen residues downstream from the β -secretase cleavage site. Further processing of the corresponding C-terminal fragment (C83) by γ -secretase produces the 3 kDa p3 peptide and AICD.²⁶ In the AD brain, the balance shifts towards the amyloidogenic pathway.

The cellular events that trigger APP processing through the amyloidogenic pathway remain unclear. Experimental evidence that derives from cellular and animal studies concurs on a role of BACE1 in the cellular stress response, as aging, oxidative stress, hypoxia, inflammation, energy deprivation, and other forms of stress, such as trauma and injury, stimulate BACE1 expression.^{29–33} Furthermore, our group has recently reported that low levels of oxidative stress, although not altering the levels of BACE1 expression, can induce the cellular redistribution of the enzyme, enhance its colocalization with APP, and increase the production of precursor fragments to A β , thereby initiating the amyloidogenic process.³⁴

Postmortem studies, including data from our research group, have shown that AD sufferers have higher levels of BACE1 protein, BACE1 proteolytic products, and BACE1 enzymatic activity in cortical brain regions when compared to age-matched controls.³⁵⁻⁴¹ This increase is observed in

about half of AD cases, and is attributed to alterations of posttranscriptional and posttranslational mechanisms.^{36,38,42} BACE1 activity is also elevated in the cerebrospinal fluid (CSF) of patients with mild cognitive impairment (MCI) and with AD,43-45 but its levels may vary as the disease progresses, being actually lower at the more advanced stages of the illness, due to the loss of neurons that are the brain's cell population with higher BACE1 expression.⁴⁶ Increased CSF BACE1 activity in MCI patients correlates with changes in hippocampal volume and with the APOE ε 4 genotype.⁴⁷ BACE1 activity is also elevated in platelets of patients with AD and MCI.^{48,49} The other enzymatic activity that is directly implicated in A β formation is γ -secretase, a multimeric membrane-embedded proteolytic complex, where presenilin (either presenilin 1 or presenilin 2) acts as the catalytic subunit.^{50,51} Numerous presenilin mutations have been identified, particularly in the presenilin 1 gene, which segregate with early onset AD and alter cleavage of APP to produce longer and more aggregating A β isoforms.⁵² The discovery that γ-secretase was involved in a ubiquitous cellular mechanism of intracellular signaling by intramembrane proteolysis, and that it cleaved myriad cellular receptors, raised major concerns regarding the potential side effects of γ -secretase inhibitors in AD treatment.53-55 Modulating y-secretase to modify its cleavage site on APP towards production of shorter A β peptides – without ablating its proteolytic activity – is currently the most sought-after therapeutic approach targeting γ -secretase for AD therapy.^{56,57} On the other hand, active site-directed y-secretase inhibitors have found promise in cancer treatment.58 So far, BACE1 has been considered a much safer target than γ -secretase for reducing A β production and preventing its accumulation in the brain, principally from comparing phenotypes of presenilin 1 knockout (which is embryonically lethal) to BACE1 gene knockout (that has no major consequences on mouse development).

BACEI biology

The enzyme responsible for β -secretase cleavage of APP, and which mediates the first step in A β production, was simultaneously identified by five research groups in 1999–2000 (reviewed in Cole and Vassar⁵⁹). Its proposed denominations include BACE (or BACE1, to distinguish it from its homologue BACE2), memapsin 2, and aspartyl protease 2. BACE1 was demonstrated to have the expected tissue distribution and cleavage specificity of β -secretase, being highly expressed in the brain, particularly in neuronal cells, and capable of processing the APP sequence at the N-terminus of A β . This is in contrast to its homologue, BACE2, which does not have the correct cleavage specificity and is ubiquitously expressed, with higher expression in the peripheral tissues, such as the colon, kidney, and pancreas.^{60,61} BACE1 was further validated as the major β -secretase responsible for A β production by gene-knockout experiments, as the *BACE1*^{-/} mice had hardly detectable levels of A β in their brains and *BACE1*^{-/} cortical neuronal cultures did not produce A β .⁶²⁻⁶⁴

BACE1 is a membrane-anchored proteolytic enzyme of the aspartyl protease family, and is synthesized as a 501-amino acid protein with a signal peptide and a prosequence⁶⁵⁻⁷⁰ (Figure 2). BACE1 is inserted in cellular membranes in the same orientation as APP.65-70 The transmembrane domain, located near the C-terminus, helps regulate BACE1 subcellular distribution and access to its substrate.^{27,65,71-73} The maturation and trafficking of BACE1 have been thoroughly investigated for clues towards strategies to modulate BACE1 activity and/or restrict its access to APP.74 BACE1 undergoes extensive posttranslational modifications, including removal of the prosequence and extensive glycosylation.^{70,73,75–77} The prosequence helps to stabilize and correctly fold the newly synthesized protein. After maturation, BACE1 is sorted in the Golgi complex and packaged for export to the endosome, which represents its main cellular site of activity because of a low pH that is optimal for this protease.73,78 Sorting of BACE1 from the Golgi complex to the endosome is mediated by Golgiassociated y-adaptin ear adapter proteins (GGAs), which recognize an aspartyl-X-X-leucyl-leucyl motif (DXXLL)-where X represents any amino acid - at residues 496-500 in its C-terminal region.79-81 BACE1 recycles between the endosome, plasma membrane, and trans-Golgi network. Phosphorylation at serine 498 facilitates BACE1 retrieval by GGA1 from the plasma membrane to the recycling endosomes and trans-Golgi network. Palmitoylation at cysteine residues 478, 482, and 485 contributes to segregating BACE1 into lipid-raft membrane domains, away from its APP substrate.⁷⁷ BACE1 cellular trafficking, compartmentalization, and turnover are tightly regulated, thereby controlling its encounter with APP,



Figure 2 Schematic diagram of β -site amyloid precursor protein-cleaving enzyme (BACE)-1. BACE1 is translated as a precursor protein, with a signal peptide (SP) and a prosequence (Pro). The mature protein consists of a large enzymatic domain (in blue, with the two motifs that constitute the active site in yellow boxes; DTG stands for aspartyl-hreonyl-glycyl and DSG for aspartyl-seryl-glycyl), a transmembrane domain (TM), and a short cytoplasmic domain (CD) containing an endosomal sorting sequence (white box; DISLL stands for aspartyl-isoleucyl-seryl-leucyl). The four-leaf designs represent the N-glycosylation sites.

as the two proteins follow independent trafficking routes.74 APP is endocytosed through a clathrin-dependent mechanism, whereas internalized BACE1 is sorted into vesicles containing the small guanosine triphosphatase (GTPase) adenosine diphosphate ribosylation factor 6 (ARF6), on its way to RAB GTPase 5 (RAB5)-positive early endosomes.⁸² Disruption of BACE1 trafficking increases its colocalization with APP and A β production, as exemplified when GGA expression is deficient and in AD.41,83,84 The cellular turnover of BACE1 is determined by ubiquitination at lysine 501, which tags its C-terminus for recognition by the GGA3 adaptor protein that directs its transport to lysosomal degradation, and also possibly facilitates its proteosomal degradation.85,86 Therefore, there are several stages where BACE1 maturation and trafficking could be altered to decrease its activity on APP and offer therapeutic avenues. However, the major approaches explored so far to decrease BACE1 activity on APP directly target its active site.

BACE1 inhibitors in preclinical and clinical trials

Publication of the crystal structure of BACE1 complexed with an inhibitor delineated its catalytic site and provided the bases for developing inhibitors.87 The active site of BACE1 contains two aspartates, which are essential for its proteolytic activity and represent the signature of the aspartyl protease class of enzymes, with these residues being included in canonical aspartyl-seryl/threonyl-glycyl motifs. The BACE1 active site is more elaborate and extended than that of other aspartyl proteases, such as renin or cathepsin D, making it challenging to design molecules capable of blocking its active site, yet small enough to penetrate cellular membranes and cross the blood-brain barrier.88-90 Most of the potent inhibitors reported so far have been selected for their inhibition of BACE1 in vitro in the cleavage reaction of a synthetic substrate based on the sequence surrounding the APP-cleavage site.91 A double mutation is introduced in the sequence, as identified in a Swedish family with early onset AD (KM $_{\rm 670/671}\rm NL;$ $\rm lysyl_{\rm 670}\text{-}methionyl_{\rm 671}$ mutated to asparaginyl-leucyl) to improve cleavage efficiency.⁹² The enzyme source most commonly used consists of a soluble form of BACE1 that is expressed in Escherichia coli or in baculovirus systems, and lacks the transmembrane and cytosolic domains.87 The fact that the native cellular BACE1 associates as a homodimer and that its enzymatic activity can be enhanced by dimerization93,94 may explain some discrepancies observed for some BACE1 inhibitors between potency in in vitro and cellular assays.

BACE1 inhibitors were initially designed as substrate analogs that mimicked the APP-cleavage sequence, with a nonhydrolyzable peptide bond, such as hydroxyethylene, statine analogue, and hydroxyethylamine isosteres.^{95,96} Sequence optimization revealed that wild-type APP was a poor substrate for BACE1, suggesting that other substrate proteins may exist.97 Inhibitor structures were fitted to maximize occupancy of the active site pockets, and were further refined to reduce their size and improve their pharmacological properties.^{90,98} In addition, a variety of classes of molecules capable of inhibiting BACE1 with a high potency were discovered through screening of drug libraries, particularly of aspartyl protease inhibitors prepared for drug-discovery programs targeting renin or human immunodeficiency virus protease, as well as through a fragment-based drug-discovery approach guided by X-ray and nuclear magnetic resonance structure analyses.^{88,99} Obtaining compounds with a selectivity of several orders of magnitude for BACE1 towards BACE2 and other aspartyl proteases, such as cathepsin D, remains a major challenge. Cathepsin D is a major lysosomal protease, and decreasing its activity would compromise the overall cellular degradation machinery.¹⁰⁰ Whilst the function of BACE2 remains unclear, a recent publication of its substrate proteome suggests that it may play an important role in glucose metabolism in the pancreas, ¹⁰¹ and this information should be taken into consideration when selecting a BACE1 inhibitor for clinical trials. Nonconventional inhibitors that work in an allosteric mechanism by displacing binding of the substrate have also been described.

Many published preclinical results have demonstrated the capability of proprietary compounds to block A β production and prevent or reverse amyloid deposition in animal models. A selection of compounds proven to be efficacious in vivo and which are undergoing or have undergone clinical trials is given in Table 1. GlaxoSmithKline was among the first companies to describe that a BACE1 inhibitor could lower A β levels in the brain of APP transgenic mice, using the hydroxyethylamine derivative GSK188909 (Figure 3).¹⁰² However, the application of this compound has been limited by its low brain penetration, as it is a substrate for the permeability glycoprotein, which prevents its brain delivery by active efflux.¹⁰² Ghosh et al developed the substrate analog hydroxyethylene derivative CTS-21166 (Figure 3), which can reduce $A\beta$ levels in the brain and plasma in an AD animal model.¹⁰³ Phase I clinical trials indicated that this drug was well tolerated and could decrease plasma A β in healthy volunteers.⁹⁸ Further research led the same group to develop the hydroxyethylamine isostere GRL-8234 (Figure 3), which

Table I Data of B	ACEI inhibitors in clinical trials			
Company and	In vitro and cellular data	Animal studies	Clinical trial stage and outcomes	Comments and
compound name				references
AstraZeneca AZD3839	K_{η} =26 nM/BACE1 Selectivity 14-fold/BACE2; >1,000-fold/Cath D \downarrow A β and sAPP β secretion in guinea pig cortical	In mice, ↓ Aβ in brain and blood In guinea pigs, ↓ Aβ in brain and CSF In nonhuman primates, ↓ CSF Aβ ₄₀ , Aβ ₄₂ , sAPPβ	Phase I (2013)	02
Comentis/Astellas CTS-21166	K =I.1 nM/BACE1 ↓ Aβ secretion in CHO-APP cells /IC = =39 nM)	Tg2576 mice, 8 mg/kg (intraperitoneal injection) 50% ↓ brain Aβ, 70% ↓ plasma Aβ	Phase I completed (2008) in healthy volunteers Well tolerated (up to 225 mg) ↓Aβ in plasma	Low brain exposure? ⁹⁸
EISAI E2609	Cell-based assay, IC ₅₀ =7 nM	In rats, 10 mg/kg, ~80% \downarrow CSF A β and ~55% \downarrow brain A β In guinea pigs, 3–10 mg/kg, 85% \downarrow CSF A β , 74% \downarrow brain A β In nonhuman primates, \downarrow plasma A $\beta_{1\rightarrow0}$ and A $\beta_{1\rightarrow2}$ equally (ED ₅₀ =1.3 nmol/L)	Phase I completed. Well tolerated in healthy volunteers (young subjects given 5–800 mg, elderly cohort given 50 mg) 800 mg: 92% \downarrow plasma A β_{1-x} , 6 days' lasting effect 25 mg: 46% \downarrow CSF A β_{1-x}	Headache as side effect? Recruiting MCI patients for trials ¹¹⁶⁻¹¹⁹
Eli Lilly LY2811376	IC _{s0} =239 nM/BACE1 Lack of selectivity/Cath D ↓ Aβ secretion in HEK-APP cells /IC =300 nM)	In PDAPP mice, 10–100 mg/kg, 47%–68% ↓ brain Aβ, 56%–78% ↓ C99, 33%–63% ↓ sAPPβ In beagle dogs, 85% ↓ plasma Aβ, 70% ↓ brain Aβ	200 mg. 90% ∀ Car Aplex Phase I (2010) in healthy volunteers interrupted ↓ CSF Aβ and sAPPβ ↓ CSF sAPPα	Retinal toxicity ¹⁰⁵
Eli Lilly LY2886721	$C_{50} = 20.3 \text{ m/BACE1}$ $C_{50} = 20.3 \text{ m/BACE1}$ Selectivity vs Cath D, pepsin and renin $\downarrow A\beta$ in HEK293Swe (ED ₅₀ =18.7 nM) and in primary neurons from PDAPP mice (ED=10.7 nM)	In PDAPP mice, \downarrow brain AB, C99, sAPPB 3–30 mg/kg dose \downarrow brain AB by 20%–65%. 9-hour lasting effect In beagle dogs, 0.5 mg/kg dose, 50% \downarrow CSF AB, 24-hour effect	Phase I (2013) in healthy volunteers interrupted Single-dose trial (10 or 35 mg), and multiple- dose study (5, 15, or 35 mg) daily for 2 weeks \downarrow CSF AB, AB, and sAPPB	Liver toxicity ¹⁰⁶
Merck MK-893 I	IC $_{50}^{50} = 6-50$ nM/BACEI 100× selective vs Cath D \downarrow Aβ secretion in cells (IC $_{50}$ <100 nM)	In TgCRND8 (SwAPP × InAPP) mice, 10 mg/kg, 35% ↓ brain Aβ plaques, modest improvement in behavior test In monkeys, 20–60 mg/kg, 14 days 90% ↓ CSF Aβ; 90% ↓ brain Aβ	Phase I (2010–2012) in healthy volunteers Well tolerated (2.5–550 mg) 20-hour half-life Single dose (100 or 500 mg), >90% \downarrow CSF $A\beta_{s0}$ and $A\beta_{s2}$; multiple dose (10 mg), 50% \downarrow CSF Aβ; 40 mg, 80% CSF \downarrow Aβ In patients with mild to moderate, daily dose (12–80 mg) for 7 days \downarrow CSF Aβ_{s0}, Aβ ₄₂ , and sAPPB	Phase II/III in progress ¹¹²⁻¹¹⁵

Abbreviations: BACEI, β -site amyloid precursor protein-cleaving enzyme; Cath D, cathepsin D; A β , amyloid- β ; sAPP, soluble N-terminal fragment of amyloid precursor protein; IC₅₀ 50% inhibitory concentration; ED₅₀ 50% effective dose; CSF, cerebrospinal fluid; Tg, transgenic.

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Figure 3 Published chemical structure of β -site amyloid precursor protein-cleaving enzyme 1 inhibitors in preclinical and clinical trials. The precise structure of Pfizer compound PF-05297909 has not been disclosed, but it is presumably derived from the general formula given in Brodney's United States Patent and Trademark Office application 20110224231, where R1 and R1' are each independently hydrogen, alkyl, or alkenyl, R2 is alkyl, cycloalkyl, or alkenyl, B is alkyl, aryl, heteroaryl, cycloalkyl, or heterocycloalkyl, and A is independently aryl, cycloalkyl, or heteroaryl.

showed high potency against BACE1 in vitro and in cells, and also a good selectivity for BACE1 compared to BACE2 and cathepsin D. Furthermore, they demonstrated that this drug could penetrate the brain¹⁰⁴ and sustain a reduction of plasma and brain $A\beta_{40}$ for 12 hours in Tg2576 AD mice. Chronic administration over 6 months was well tolerated in the mice, and led to a large decrease of plasma $A\beta_{40}$ and $A\beta_{42}$. Behavioral tests following chronic administration showed improved cognitive performance that paralleled a decrease in brain amyloid burden. This study demonstrates that BACE1 inhibition can reduce amyloid deposition in the brain and rescue memory deficits in an animal model, and thus supports the feasibility of BACE1 inhibition for AD therapy. The major limitation of this drug is that it could not be administrated orally and was given by intravenous injection, or for prolonged treatment, through implanted osmotic pumps.

Lilly Research Laboratories have developed several classes of potent BACE1 inhibitors. Preclinical trials of LY-2811376 (Figure 3), a nonpeptidic inhibitor designed from a fragment-based screening approach, were very promising, and showed that this drug had good bioavailability and high efficacy in vivo.¹⁰⁵ A dose-dependent reduction of A β levels was demonstrated in the brain of an AD mouse model. The encouraging results of trials in beagle dogs prompted testing of this compound in humans. In Phase I clinical trials, the drug proved to be very efficacious at reducing A β and sAPP β levels in the CSF of healthy volunteers, and seemed to be well tolerated.¹⁰⁵ However, clinical trials were discontinued as a safety measure after parallel toxicity studies in rats pointed to retinal toxicity,¹⁰⁵ which was attributed to a lack of specificity of the compound and its interference with cathepsin D. Soon afterwards, Lilly began Phase I trials of LY-2886721 (Figure 3), a compound with proven good selectivity for BACE1 against renin and cathepsin D and promising results in preclinical studies. In spite of a relatively short half-life of 3 hours, a dose-dependent inhibition of AB, C99, and sAPP β was observed in the brain of AD mice that received the drug orally.¹⁰⁶ Further preclinical trials in beagle dogs showed that a dose of 0.5 mg/kg could achieve a 9-hourlasting 50% decrease in CSF A β and a 24-hour decrease in plasma AB.¹⁰⁶ Phase I trials were then conducted, in which healthy volunteers received either a single dose or repeated doses of the drug over a period of 2 weeks. CSF analysis showed decreases of up to 74% in $A\beta_{40}$, 71% in $A\beta_{42}$, and 77% in sAPP β concentrations, with a simultaneous increase in sAPP α (+~59%).¹⁰⁶ These data show the proof of principle that BACE1 inhibition can achieve its expected outcomes in humans. However, reports of liver toxicity in some of the participants led to interruption of the human trials.

Merck researchers have developed several lead compounds that were identified through screening of a million compounds from drug libraries, and these have produced a large number of molecules that potently inhibit BACE1 in vitro.¹⁰⁷⁻¹¹¹ Trials of selected drugs in primate models have shown very promising potential, with near-complete inhibition of A β levels in the brain and CSF.^{112,113} Compound MK-8931 has now progressed to Phase II clinical trials, and presentations at conferences suggest this is currently the most advanced BACE1 inhibitor in human trials. Phase I was carried out in two separate centers on small cohorts of 18- to 45-year-old subjects, with healthy volunteers in Belgium receiving a single dose of the compound (2.5–550 mg), and another group of healthy volunteers in the US receiving multiple, rising doses (20, 100, 550 mg), and mild-to-moderate adverse effects being reported. Subjects who received a single dose had their CSF A β_{40} levels decrease by up to 79%, with a sustained 36-hour effect.¹¹⁴ Phase II studies are now being conducted, with no serious adverse effects reported to date. A recent trial in mild-to-moderate AD patients who were given 12-60 mg of MK-8931 for 7 days showed a dosedependent and sustained reduction in CSF levels of $A\beta_{40}$ (up to 84%), A β_{42} (up to 81%), and sAPP β (up to 88%).¹¹⁵

Scientists at Eisai have reported detailed preclinical results of the small-molecule BACE1 inhibitor E2609. The compound showed a dose-dependent decrease of up to ~80% in CSF and up to \sim 75% in brain A β levels after a single-dose administration to rats and guinea pigs.¹¹⁶ An impressive and sustained reduction of CSF A β_{1-40} and A β_{1-42} levels was also observed in nonhuman primates after oral administration to cynomolgus monkeys.117 A Phase I trial of E2609 has also been completed successfully, with the compound being well tolerated. Single-dose administration of 5-800 mg of compound to healthy volunteers aged 30-55 years, and of 50 mg given to an elderly cohort aged 65-85 years, showed a dose-dependent prolonged reduction in plasma A β levels.¹¹⁸ Multiple ascending doses given for 2 weeks produced a sustained decrease of $A\beta_{40}$ and $A\beta_{42}$ levels in the CSF.¹¹⁹ This compound is now being trialed in Phase II in subjects with mild cognitive impairment.

AstraZeneca also has a development program on BACE1 inhibitors at an advanced stage, and has recently released

preclinical data of drug candidates.^{120,121} Crystal structureaided refinement of a lead compound that was identified through fragment-based screening achieved the design of AZD3839 (Figure 3), which is orally available and has a good selectivity for BACE1 compared to BACE2 (14-fold) and cathepsin D (>1,000-fold).¹²⁰ Preclinical data showed low nanomolar in vitro potency of AZD3839 (K=26 nM) and its efficacy in cellular assays, including inhibition of A β and sAPP β secretion from guinea pig primary cortical neurons. Studies in animal models indicated a sustained reduction in the levels of $A\beta$ in the brain and plasma of wild-type mice and guinea pigs. CSF analysis in guinea pigs administered the drug showed a decline in A β_{40} that paralleled the decline of A β levels in the brain. Intravenous perfusion in cynomolgus monkeys reduced the levels of $A\beta_{40}$, $A\beta_{42}$, and sAPPβ in the CSF.¹²⁰ Thus, AZD3839 appears to be a valid and promising drug candidate for lowering A β levels in the brain, and it is currently in Phase I human trials. Another compound, AZ-4217 (Figure 3), also proved to be highly potent in vitro and efficient at lowering A β levels and deposition in the brain of an AD mouse model, but it lacks selectivity for BACE1 compared to BACE2.121 Another AstraZeneca compound, AZD3293, was also recently reported to have the preclinical profile of a drug candidate.122

Pfizer researchers have also conducted Phase I safety evaluation of the spirocyclic lactam BACE1 inhibitor PF-05297909 (Figure 3). This compound was well tolerated at doses ranging from 25 to 325 mg, and was able to decrease A β levels in plasma; however, it did not induce any changes in CSF A β levels, suggesting that insufficient amounts were delivered to the brain.¹²³

All the compounds described thus far are competitive inhibitors that directly target the BACE1-active site, and therefore block its enzymatic activity. In contrast, Takeda researchers have developed a noncompetitive inhibitor, TAK-070, which is a small lipophilic molecule that was uncovered through screening of drug libraries. TAK-070 is specific for BACE1, and disrupts the interaction of BACE1 with APP within the membrane.¹²⁴ It also promotes the processing of APP through the α -secretase pathway.¹²⁴ Chronic administration of TAK-070 to transgenic mice from 7 months of age reduced production of soluble $A\beta_{40}$ and $A\beta_{42}$ in the brain and decreased amyloid burden by up to 60%. The mice treated with 1 or 3 mg/kg doses of the drug performed better than their littermates in memory and novel object-recognition tests.¹²⁴ Aged rats that were given the drug also showed improved performance in behavior cognitive tests.¹²⁵ The compound was registered for Phase I clinical trials in 2005. Ferretti et al at McGill University have uncovered a novel approach to BACE1 inhibition by studying the effect of minocycline in an AD mouse model with abnormally high levels of BACE1.¹²⁶ Minocycline, which is an anti-inflammatory and neuroprotective drug, was given to the mice at an early age, prior to amyloid deposition. Treatment between the ages of 1 and 3 months significantly decreased brain A β levels. Further analysis showed that minocycline not only decreased inflammation markers but also restored BACE1 expression and enzymatic activity to normal levels, through modulation of the nuclear factor κ B pathway. These data are promising, although the toxicity of the drug was noticed.

Other approaches for interfering with BACE1 activity and cleavage of APP have been explored. These include silencing *BACE1* gene expression by small interfering ribonucleic acid (siRNA),^{127–130} and immunotherapeutic strategies targeting BACE1 directly,^{131–134} or targeting the BACE1 cleavage site of APP.^{135,136}

How safe is **BACE1** inhibition? Lessons from gene-knockout models

Suppression of BACE1 expression in animal models has shed light on the potential consequences of the complete pharmacological inhibition of BACE1 and revealed that BACE1 cleaved substrates other than APP. The list of these substrates is given in Table 2, and the identified cleavage sites summarized in Table 3.

The first reports of BACE1 gene knockout in mice indicated no overt phenotype, and supported the safety of BACE1 inhibition in AD therapy. The mice were shown to develop normally, and by the age of 12 months showed no gross morphological defect or abnormality in tissue weights, hematology, or clinical chemistry.^{62,63} Importantly, BACE1 gene knockout abolished AB production in the brain and increased processing of APP by the α -secretase pathway.⁶² Neuronal cultures derived from the BACE1-/- mice did not produce any detectable amount of $A\beta$,⁶⁴ thus establishing BACE1 as the major β -secretase activity in neurons, and supporting the view that inhibiting its activity would abolish A β production. Crossing the BACE1^{-/-} mice with transgenic mouse models of AD, or partial genetic deletion of BACE1 in the AD mice, decreased brain amyloid load and rescued memory deficits and synaptic activity,137-141 thereby supporting the potential benefits of BACE1 inhibition in AD.

However, closer monitoring of the *BACE1*-null mice indicated an increased perinatal mortality, and the survivors were hyperactive and smaller than their wild-type counterparts.^{142,143} Thorough examination uncovered histological abnormalities as well as behavioral phenotypes, beginning to reveal that BACE1 cleaved substrates other than APP. BACE1-/- mice displayed hypomyelination in the peripheral nervous system and altered axonal sorting of unmyelinated neurons into Schwann cell bundles, akin to what is observed in the NRG1-knockout (NRG1-/+) mice or in mice that lack Schwann cells' epidermal growth-factor receptor (ErbB) signaling.¹⁴⁴ Willem et al further demonstrated that BACE1 was required for proper myelin-sheath formation through the processing of type III Nrg1, as full-length uncleaved type III Nrg1 accumulated in the BACE1-/- mice.144,145 Although BACE1 knockout did not prevent maturation of oligodendrocytes or construction of the myelin sheath, it reduced the expression of myelin proteins, such as myelin basic protein.145,146 Considering that the expression of BACE11 and type III Nrg1 is highest in the early postnatal stage, which is a critical period for neuron myelination, it has been proposed that BACE1 inhibitors would not affect neuron myelination in mature adults and elderly patients.¹⁴⁷ However, recent research indicates that Nrg1 promotes remyelination in adults,148 and that the remyelination process after injury is decreased in the BACE1-knockout mice, with accumulation of unprocessed type III Nrg1 and its homologue Nrg3, which was thereby revealed to be another BACE1 substrate, and to also take part in the remyelination process.149 The BACE1 cleavage site of type III Nrg1 was identified at position 237-238, between a phenylalanine (F) and a methionine (M), on the C-terminal side near the juxtamembrane region (Table 3). The BACE1 cleavage site is located within a sequence that is only present in Nrg1 variants, type I, and type III, and in Nrg3, and it is totally conserved among vertebrates.149

The BACE1-null mice also showed defects in myelination in the central nervous system - principally in the hippocampus and cerebral cortex¹⁴⁵ – and schizophrenia-like behavior phenotypes.¹⁴⁶ These include novelty-induced hyperactivity and impaired social interactions, as well as a decrease in prepulse inhibition and cognitive deficits in the Morris water maze.146 These phenotypes can be attributed to disruptions of the Nrg1/ErbB4 signaling cascade, which has been associated with schizophrenia.^{150–152} Experimental studies have demonstrated that the Nrg1/ErbB4 system regulates synaptic activity and plasticity, and thus its perturbation causes cortical deficits that can result in glutamatergic hypofunction.^{153–155} Therefore, it was essential to investigate the consequences of BACE1 knockout on Nrg1 downstream signaling that involves the activation of ErbB4 receptors, which in turn activates a signaling kinase cascade that modulates synaptic

I able 2 List of identified	BACEI sudstrates			
Substrate protein	Biological function	Role of BACEI cleavage	Consequence of BACEI knockout, or inhibition	Consequence of BACEI increased expression
Amyloid precursor protein (APP)	 Regulation of neurite outgrowth, synapse formation, and synaptic plasticity²¹ Metal homeostasis²³ 	 - Aβ production⁶⁶ - sAPPβ ectodomain shedding, leading to activation of DR6, to regulate axon pruning²⁸ - Regulation of cortical plasticity in adult? 	 Suppression of Aβ production⁶²⁻⁶⁴¹⁴² Reduced plaque formation and rescue of cognitive deficits in AD models¹²⁸¹⁴¹ 	 - Aβ amyloid accumulation and neuronal death^{35,37,83}
Amyloid precursor-like proteins (APLP1 and APLP2)	 Regulation of neurite outgrowth, synapse formation, and synaptic plasticity²¹ Glucose metabolism and insulin homeostasis²¹⁰ 	 Ectodomain shedding 	– Unknown	– Unknown
Neuregulin I (NrgI) type IIIβI	 Regulation of myelination, oligodendrocyte differentiation, neuronal migration Regulation of neurotransmitter receptors and synaptic plasticity^{142,213,214} 	 Nrgl type III precursor cleavage to induce activation of ErbB receptors^{144,152,211} 	 Hypomyelination of peripheral and central nervous systems^{144,146} Schizophrenia-like phenotypes improved by antipsychotics¹⁴⁶ Synaptic deficits²¹² 	– Unknown
	 Regulation of muscle-spindle formation and maintenance²¹⁴ 	 Nrgl type IIIβI cleavage to regulate formation and maintenance of muscle spindles¹⁵⁹ 	- Deficits in motor coordination ¹⁵⁹	– Unknown
Neuregulin 3 (Nrg3) Voltage gated sodium channel (VGSC) auxiliary β-subunits β1-4	 Remyelination¹⁴⁹ Regulation of sodium-channel activity (neuronal membrane – excitability and propagation of action potentials)¹⁶² 	 Cleavage activation¹⁴⁹ Cleavage of VGSC β-subunits to repress cell-surface expression of Na channels and regulate sodium currents¹⁶⁴⁻¹⁶⁶ 	- Defective remyelination ¹⁴⁹ - Seizures ^{142,165}	 – Unknown – Epileptic activity
Potassium voltage-gated channel ancillary subunits KCNEI and KCNE2	 Modulation of potassium-channel trafficking and activity (membrane excitability in brain and heart)²¹⁵ 	 Cleavage of KCNE to control potassium-channel activity and cell-surface expression¹⁷¹ 	 Seizures (unrelated to aberrant sodium-channel activity)¹⁷⁰ 	– Unknown
Beta-galactoside alpha2,6- sialyltransferase (ST6Gal I)	 Negative regulator of galectin (involved in adhesion, migration, proliferation, and apoptosis)²¹⁶ 	 Downregulates transferase activity¹⁷⁸ 	 Altered control of immune response? Loss of control of cell adhesion and proliferation 	 Reduced cancer proliferation?
P-selectin glycoprotein ligand-1 (PSGL1 or SELPLG)	 Cell adhesion²¹⁷ Response to injury (recruitment of white blood cells to inflamed tissue)²¹⁷ 	 Cleavage of SELPLG¹⁸⁵ Limits cell adhesion? 	 Altered control of inflammatory response? Autoimmune disease? 	 Temper immune and inflammation mechanisms?
Interleukin I receptor 2 (ILI-R2)	 Decoy receptor for ILI Regulates immune and inflammatory responses 	 IL-R2 secretion¹⁸⁶ Limit inflammatory response? 	 Loss of control of inflammatory response 	 Modulate immune and inflammation mechanisms?
Low-density lipoprotein receptor-related protein (LRP)	 Endocytosis and lipid homeostasis (ApoE receptor)²¹⁸ Clearance mechanisms²¹⁸ 	– Ectodomain shedding, LRP1 secretion ¹⁸²	– Decreased lipid metabolism and $A\beta$ clearance?	 Alteration of lipid metabolism and Aβ clearance?
				(Continued)

Substrate protein	Biological function	Role of BACE1 cleavage	Consequence of BACEI knockout,	Consequence of BACEI
	N			
LI and close homologue	 Neural cell adhesion⁴¹ 	 Ectodomain shedding to control 	- Defects in axon guidance	- Unknown
of LI (CHLI)	 Neuronal repair and plasticity 	receptor cell-surface expression and neuronal adhesion ^{174,175}		
Seizure protein 6	 Axonal guidance and formation 	 Ectodomain shedding^{175,187} 	 Defects in axon guidance¹⁸⁸⁻¹⁹⁰ 	– Unknown
homologue (SEZ6)	of neuronal circuits ²²¹		– Seizures ¹⁷⁰	
			– Synaptic deficits ¹⁵⁸	
Contactin-2 (CNTN2	 Axonal guidance, formation of neuronal 	 Not validated yet 	 Defects in axon guidance^{186,190} 	– Unknown
or Tag-I)	circuits and regeneration of sensory		- Seizures ¹⁷⁰	
	neurons ²²²		 Synaptic deficits¹⁵⁸ 	
Vascular endothelial	 Tyrosine-kinase decoy receptor involved 	 Ectodomain shedding 	 Aberrant retinal vascularization¹⁹¹ 	– Unknown
growth factor receptor	in regulating angiogenesis ²²³	 Regulation of retinal angiogenesis 	 Loss of vision 	
(VEGFRI)				

 Table 3 Identified BACE1 substrate-cleavage sites

Substrate	Cleavage site	Reference
APP wild type	SEVKM	66
APP Swedish mutant	SEVNL ₄₇₁ ↓ D ₄₇₇ AEFR	66
APLP-2	IDETL 59 UD 560 VKEM	175
Nrgl type I βI	LGIEF, J M, J EAEE	149
PSGL-I	ISVKQ ₃₁ ↓ A ₃₂ ASNL	185
VGSC β2	HLQVL, J M. EEPP	164
ILI-R2	NTLSF ₃₂₉ \downarrow Q ₃₃₀ TLRT	186

Abbreviations: BACE-1, β -site amyloid precursor protein-cleaving enzyme; APP, amyloid precursor protein; APLP, amyloid precursor-like protein; Nrg, neuregulin; PSGL, P-selectin glycoprotein ligand-1; VGSC, voltage-gated sodium channel; IL1-R2, interleukin-1 receptor 2.

plasticity, long-term potentiation, and Src kinase activation of N-methyl-D-aspartate (NMDA) receptors.¹⁵⁵ Biochemical analysis of the brain of the BACE1-null mice revealed decreased phosphorylation of the Akt/phosphatidylinositide 3-kinase, which attenuates an interaction between ErbB4 and the postsynaptic density protein PSD95, and thus alters the postsynaptic membrane composition and the function of NMDA receptors.¹⁴⁶ BACE1 knockout also decreased the expression of DISC1, a gene associated with psychotic disorders and involved in brain development and neuronal migration,¹⁵⁶ and which has recently been shown to regulate NMDA receptors.¹⁵⁷ A report of aberrant spine morphology and significantly reduced number of spine dendrites in the hippocampal CA3-CA1 pathway of BACE1-/- mice is consistent with the important role of Nrg1/ErbB4 signaling in the maintenance of synaptic function and plasticity.¹⁴⁶ Severe deficits in mossy fiber synapses with an absence of long-term potentiation is another feature of BACE1-/- mice, which may be attributed to defective processing of both Nrg1 and the β -subunits of voltage-gated sodium channels (VGSCs), as developed below.158

A recent study has also reported deficits in muscle coordination in BACE1^{-/-} mice, which are due to improper processing of Ig-Nrg1 type I β 1, an Nrg1 isoform that plays an important role in the development, maturation, and maintenance of muscle spindles.¹⁵⁹ Pharmacological or genetic ablation of BACE1 activity in adult mice demonstrated that BACE1 was required to sustain the muscle sensory system and regulate movement coordination.¹⁵⁹

Other behavior phenotypes of the *BACE1*-null mice included hyperactivity and an increased susceptibility to seizures,¹⁴² which suggested improper sodium-channel activity. Electrophysiological experiments revealed subtle alterations in the inactivation of VGSC in BACE1-deficient neurons.¹⁴³ Furthermore, when the AD mouse model PDAPP was crossed with BACE1^{-/-}, it performed unexpectedly worse than the

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original PDAPP and the PDAPP/BACE1^{-/+} heterozygous, being slower at swimming, showing increased memory deficits, and being more frequently subject to seizures.¹⁶⁰ Four-year monitoring of a BACE1^{-/-} mouse colony showed that approximately 30% of these animals died soon after birth as a consequence of seizures. Among the survivors, 11% had seizures before the age of 1 month, and this frequency rose to 14.7% in mice aged 3-6 months and reached 21.9% in mice older than 10 months.¹⁶¹ Electrophysiological activity was altered in the brain of the overall BACE1-/- mouse population, as demonstrated by abnormal wave-spike discharges recorded by electroencephalography and an increased susceptibility to kainate-induced epileptic activity.¹⁶¹ These abnormalities reflect impaired sodium-channel activity. VGSCs are comprised of a heterometric complex of one large α -subunit (Na, 1) and one or two β -subunits (VGSC β). The β -subunits, which show some homology to cell-adhesion molecules, are known to modulate gating of the channel and to regulate the surface expression of the α -subunit, thus leading to the formation of the ion-conducting pore.^{162,163} Several independent studies have identified each of the four VGSCBs as substrates for BACE1 cleavage.143,164-168 RNA-interference experiments in mouse embryonic fibroblasts overexpressing any of the four VGSC β homologues have established their proteolytic processing by BACE1 and γ-secretase.¹⁶⁸ Furthermore, biochemical analysis of the brain of BACE1-null mice showed altered processing of VGSCB.168,169 Pharmacological manipulation of BACE1 activity as well as BACE1 gene knockout decreased the levels of Na 1.1 messenger RNA and protein in rat cortical and hippocampal neurons, supporting the view that BACE1 cleavage of the β subunits and subsequent release of their transcriptionally active intracellular domains controls the expression of the α -subunits and formation of the channel at the cell surface.¹⁶⁹ A decrease of Na.1.1 in BACE1null mice was observed at 1 and 3 months, indicating that endogenous BACE1 activity regulates the levels of Na.1.1 in developing and adult neurons. Furthermore, at 1 month, the BACE1-knockout mice showed increased expression of Na 1.2 and its accumulation at the neuronal surface, which would cause an imbalance in sodium-channel activity and may explain the seizure phenotypes observed in these animals.168 However, another study which corroborated seizure activity and hypersensitivity in the BACE1-/- mice, but to demonstrate a correlation between the expression and surface localization of Na, 1.2 and seizure activity.¹⁷⁰ It was also demonstrated that BACE1 regulates the excitability of cerebellar neurons by processing the Na⁺ channel β4-subunit.¹⁶⁷ The recent identification of the auxiliary subunits of the

potassium voltage-gated channels KCNE1 and KCNE2 and that of the seizure 6 protein as additional BACE1 substrates adds to the complexity of BACE1 physiological function in the brain.^{101,171}

Functional diversity of BACE1 substrates

Besides the major substrates identified in the BACE1 knockout mice, additional substrates were also revealed by other approaches (a comprehensive list of identified BACE1 substrates and their function is given in Table 2 and the identified cleavage sites of BACE1 substrates are given in Table 3). The APP homologues, APLP1 and APLP2 were first investigated and experimentally demonstrated to undergo BACE1dependent proteolysis by pharmacological and genetic manipulation of BACE1 activity,101,172-174 and their cleavage products were characterized.^{173,175} They were also harvested as BACE1 substrates in systematic proteomics studies.101,176 The function of the APP homologues remains unknown, but their expression in the central nervous system has been linked to synaptic plasticity and memory consolidation.²¹ Their role in glucose metabolism and insulin homeostasis has also been documented. And the function of APP itself remains to be taken into consideration. Although it is usually assumed that inhibiting BACE1 cleavage of APP would be beneficial by reducing A β production and preventing cell death, the apparently regulated and sophisticated processing of APP merits further investigation. It is important to consider that the cleavage of APP by BACE1 also releases sAPPB, which is the precursor to a ligand for the death receptor 6 (DR6) that, not only regulates axon pruning during brain development,²⁸ but has now been shown to contribute to regulating cortical plasticity in adults.¹⁷⁷ The DR6 knockout mice show deficits in sensory experience caused by defects in axonal pruning that affect long-range horizontal excitatory connections and inhibitory neurons. Thus, the consequences of altering BACE1 activation of DR6 receptors will need further scrutiny.

BACE1 was also shown to process several proteins that contribute to cellular metabolism and trafficking. Among these is the Golgi-resident enzyme, β -galactoside alpha2,6sialyltransferase (ST6Gal I),^{178,179} which modifies selected glycoproteins and acts as a negative regulator of galectin binding and function.¹⁸⁰ This enzyme is abundantly expressed in the liver from where it becomes secreted into the plasma, particularly during hepatic acute inflammation. A marked decrease in ST6Gal I secretion was observed in the plasma of the *BACE1* knockout mice. Furthermore, alterations of BACE1 expression in rodent models induced changes in plasma levels of ST6Gal I that paralleled changes in BACE1 levels.¹⁸¹ The multifunctional endocytic and signaling receptor, low-density lipoprotein receptor related protein (LRP) also undergoes processing by BACE1, which results in the secretion of its extracellular domain.¹⁸² Its homologue, LRP4 was also picked up by proteomics analysis.¹⁷⁶ LRP1 was recently shown to be involved in neuronal mechanisms that clear apoptotic cells and myelin debris,183 and to mediate Schwann cell-axon interactions, particularly following peripheral nervous system (PNS) injury.¹⁸⁴ Other identified BACE1 substrates participate in cell adhesion and in the inflammatory response. These include the P-selectin glycoprotein ligand 1 (PSGL-1), which promotes leukocyte adhesion in the inflammatory response,¹⁸⁵ and the decoy receptor, interleukin-1 receptor 2 (IL1-R2), which modulates interleukin I in the brain.¹⁸⁶ The neural cell adhesion molecules, L1, close homologue of L1 (CHL1) and contactin-1 were identified as BACE1 substrates through proteomics screens and further validated in vivo.186,187 The examination of BACE1 null mouse brain revealed axon guidance defects in the hippocampus and olfactory bulb,188-190 which closely resemble the CHLI^{-/-} phenotype.¹⁸⁸

Following report of the retinal toxicity of the Lilly BACE1 inhibitor LY-2811376, researchers have examined the retina of BACE1-/- mice for signs of pathology and discovered some abnormalities.¹⁹¹ The retina of the BACE1-/- mice is thinner compared to wild type mice, and displays defects in vascularization. These defects are associated with impaired shedding and signaling of the vascular endothelial growth factor receptor 1 (VEGFR1) and can be replicated by treatment with a BACE1 inhibitor of a different chemical class to LY-2811376. An accumulation of lipofuscin age pigment is also observed in retinal pigment epithelial cells that have been treated with BACE1 siRNA or with a BACE1 inhibitor, which reflects the perturbation of lysosomal function. These data suggest that the retinal toxicity of LY-2811376 was the direct consequence of BACE1 inhibition and highlight the importance of elucidating BACE1 biology and closely monitoring the side-effects of BACE1 inhibitors in clinical trials.

Proteomics screens of neuronal and non-neuronal cells, with either deficiency or overexpression of BACE1, have helped to define the BACE1 "sheddome" – the set of receptor proteins that are shed by BACE1 – and discover potential for a series of new substrates that, according to their function, can be subdivided into trafficking proteins (ie, sortilin 1 and sortilin receptor SorL1, semaphorins), proteases (ie, endothelin-converting enzyme 1, aminopeptidase A, carboxypeptidase D), cell adhesion molecules (ie, glypican-3, NCAM1, L1, contactin-1), receptors and co-receptors (mannose-6-phosphate receptor, syndecan-4), and importantly, proteins involved in cell–cell contact and intercellular communication (contactin-1, Jagged-1, ephrin receptors, protocadherins, reelin).^{101,176,192} These substrates consist mainly of type I integral proteins, and also of a few type II and glycosylphosphatidylinositol (GPI)-anchored proteins. Parallel characterization of the BACE2 "sheddome' in pancreatic cells has revealed non-redundant roles for the two protease homologues, although some mutual compensatory mechanisms were also observed.¹⁰¹ Therefore the selectivity of BACE1 inhibitors remains an important issue as crossreactivity with BACE2 may lead to unwanted side-effects.

Overall, the findings from the *BACE1* knockout mice warn of the potential dangers of eliminating BACE1 activity in humans. The risks of BACE1 ablation may even accrue when some other substrates that were recently uncovered by proteomics studies become further validated.

Detriments of BACEI elevation and potential benefits of BACEI inhibition

Studies of post-mortem brain tissue have pointed to a significant (up to two- or three-fold) increase in BACE1 protein levels in AD patients.35-41 The most obvious consequence of elevated BACE1 - which has been confirmed by experimental analysis – is the overproduction of $A\beta$ peptides¹⁹³ and amyloidogenic fragments.³⁵ This has been replicated in several mouse models.¹⁹⁴⁻¹⁹⁸ However, insufficient effort has so far been dedicated towards investigating additional consequences of BACE1 overexpression. Indeed, considering the role of BACE1 substrates in fine-tuned signaling systems in the brain, it is equally important to examine adverse effects of a BACE1 gain-of-function, as those of a BACE1 loss-of-function, in order to fully evaluate the benefits of a BACE1-targeting therapy. BACE1 overexpression in transgenic mice causes excessive Na β 2 cleavage, which results in decreased surface expression of VGSC1, with consequent reduced propagation of action potentials and impaired neuronal activity.165 Excessive processing of Na β 2 due to elevated BACE1 may underlie the increased incidence of epileptic seizures, which has been observed in AD patients.^{199,200} Examination of an APP transgenic mouse model of AD has revealed high BACE1 expression, increased processing of Na β 2, and accumulation of Na β 2 fragments in the nucleus of GABAergic and non-GABAergic neurons, which were associated with defects in neuronal activity and impaired performance in cognitive behavior tests.²⁰¹

In addition, the CD1 mouse, a pharmacological model of temporal epilepsy, showed increased BACE1 immunoreactivity and Na_v β 2 processing in the limbic system, and abnormal axonal sprouting.²⁰² These data highlight potential harmful effects of increased BACE1 activity linked to aberrant sodium channel activity. Whether increased BACE1 activity and increased sAPP β production may lead to over-activation of DR6 receptors and alter synaptic plasticity also remain to be investigated.

Can BACE1 inhibitors offer additional benefits to AB reduction? As described above, many studies have shown the benefits of BACE1 inhibitor treatment to reduce A β levels and prevent neuronal loss in animal models. Interestingly, the close observation of BACE1-/- mice showed a reduction in body weight, with increased energy expenditure and reduced metabolic efficiency, as well as increased glucose disposal and insulin sensitivity.²⁰³ These mice are also protected against high fat diet-induced obesity.²⁰³ Pharmacological reduction of BACE1 activity by Merck-3 inhibitor in a skeletal muscle cell line also increased insulin signaling and glucose uptake.²⁰³ These results suggest a role for BACE1 in glucose homoeostasis, which is further supported by proteomics studies.¹⁰¹ As type 2 diabetes is being proposed as a possible risk factor for AD,²⁰⁴ determining if BACE1 inhibition may help fight insulin resistance and decrease blood glucose levels would require future interest. Another positive effect of BACE1 reduction is the enhanced clearance of myelin debris and accelerated regeneration of peripheral axons and the reinnervation of neuromuscular junctions after injury, as evidenced in BACE1-/- mice.205 Treatment with a BACE1 inhibitor also improved axonal injury recovery in wild type mice.205

Conclusion

Cleavage of APP by BACE1 triggers A β production and initiates the amyloid cascade of AD. For this reason, BACE1 represents a rational and attractive therapeutic target. Extensive preclinical trials have proved the efficacy of BACE1 inhibitors at lowering A β levels in the brain and at rescuing cognitive deficits in AD animal models. However, *BACE1* gene knockout experiments have offered some insight into the physiological function of BACE1 and warned of the risks associated with total eradication of its activity. BACE1 appears to play an important role in the developing central and peripheral nervous system, and to be also required for the maintenance and repair of these systems, particularly in response to injury and inflammation. Thus, we propose that safe therapies based on BACE1 inhibition should principally be addressed to patients with demonstrated high BACE1 activity, and be

aimed to restore BACE1 to normal levels, but not suppress it. Recent findings from human genetic studies suggest that the position of the balance between the amyloidogenic and non-amyloidogenic processing of APP has direct implications to AD pathogenesis (refer to Figure 1). The Icelandic APP mutation, which shifts this balance towards the nonamyloidogenic pathway by lessening β -secretase cleavage was found to protect its carriers against age-related cognitive decline and dementia.9,10 Conversely, the newly identified missense mutations in the ADAM10, α -secretase gene increase the risk of developing late-onset AD by attenuating α -secretase activity, thus favoring APP processing through the β-secretase/BACE1 pathway.^{206,207} These results further validate the amyloid hypothesis and support a pharmacological intervention targeting BACE1 to restore the balance between α and β cleavages of APP. An early intervention will be recommended, as PET imaging studies have demonstrated that A β starts accumulating in the brain before the first signs of cognitive impairment are observed, and 20-30 years before a clinical AD diagnosis is established and irreparable neuronal loss has occurred.²⁰⁸ Thus, it will be essential to monitor early changes in biomarkers that indicate an increase in BACE1 levels, and to define the range of normal BACE1 activity in the brain or CSF. For this purpose, some of the newly identified BACE1 substrates may provide novel biomarkers to aid quantify BACE1 activity and control the effects, positive and negative, of BACE1 inhibitor therapy. Further development of strategies to modulate the interaction of BACE1 with APP should also be pursued.

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