

RESEARCH ARTICLE

Cerebral proteome adaptations to amyloid angiopathy are prevented by carbonic anhydrase inhibitors

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Abstract

BACKGROUND: Cerebral amyloid angiopathy (CAA) is a hallmark of Alzheimer's disease (AD), linked to adverse effects of emerging AD treatments. We explored the molecular effects of CAA in mouse brain and evaluated how these could be prevented by two repurposed United States Food and Drug Administration (FDA) approved treatments.**METHODS:** Brain proteomics was performed on the Tg-SwDI genetic mouse model carrying disease causing mutations and developing AD characteristic cognitive deficits and severe CAA. Cortical and hippocampal tissues from presymptomatic male and female mice were studied.**RESULTS:** We identify a core of dysregulated proteins across studies, including established markers of AD as well as proteins indicative of astrogliosis and negative regulators of synaptic stability and function. Two FDA approved, repurposed carbonic anhydrase inhibitors (CAIs), acetazolamide and methazolamide, were effective in preventing these molecular adaptations.**DISCUSSION:** The two drugs broadly prevent proteome adaptations to the detrimental genotype and retain glutamatergic synapse proteins significantly closer to wild-type levels.

KEYWORDS

Alzheimer's disease, Arp2/3, biomarker, cerebral amyloid angiopathy, complement, cortex, Ephexin-1, glutamatergic synapse, hippocampus, neurodegenerative disease, proteome, Tg-SwDI mouse model

Highlights

- The brain proteome changes of mice with CAA are mapped.
- Cortical and hippocampal tissues from presymptomatic male and female mice are studied.

Eugenio Gutiérrez-Jiménez and Johan Palmfeldt both authors contributed equally to the manuscript.

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- Markers of AD, astrogliosis, and synaptic stability are dysregulated.
- Two CAI are effective in preventing these protein changes.

1 | BACKGROUND

The prevalence of dementia is increasing rapidly and Alzheimer's disease (AD) is a significant part of this problem constituting 60-80% of dementia cases.^{1,2} AD is characterized clinically by progressive cognitive decline and memory loss and molecularly by the deposition of amyloid β peptide ($A\beta$) and of hyperphosphorylated tau protein.³

$A\beta$ peptides aggregate in senile plaques and around cerebral vessels.^{4,5} The deposition of $A\beta$ in vessel walls – cerebral amyloid angiopathy (CAA) – has become a greater matter of interest, as it has become clear that dementia and cardiovascular disease are closely linked, and that CAA may bridge this connection.^{6,7} CAA and AD can occur independently of each other, but 50% of AD patients have moderate-to-severe CAA compared to 6% of the cognitively normal elderly population,⁸ and 90% of AD patients display CAA upon autopsy.⁹ CAA destabilizes the blood brain barrier and the vessel malleability and integrity, which additionally impedes perivascular clearance of soluble waste, including $A\beta$, resulting in a self-perpetuating aggravation of the $A\beta$ pathology.^{10,11} The pathological changes from CAA correlate with reduced cognitive function,¹² and CAA and classic parenchymal AD pathology have been reported in concert to produce supra-additive rate of cognitive decline.¹³

The Tg-SwDI mouse model was established by Davis et al. to explore CAA as an aspect of AD pathology.¹⁴ Tg-SwDI mice expresses human transgenic mutant APP with two strongly vasculotropic mutations: The Dutch (APP E693Q) and the Iowa (APP D694N) mutations, as well as the Swedish familial AD mutation (APP K670N/M671L).¹⁴ The model develops limited and diffuse parenchymal $A\beta$ deposition, and severe CAA with characteristic accumulation of $A\beta$ peptide around cerebral vessels, together with local inflammation, decreased microvessel density and cognitive impairment similar to AD.¹⁵ Recent reports in this model find only mild cognitive impairment before 12 months,^{16,17} and in line with this, we recently found Tg-SwDI mice ability in completing the Barnes maze task reduced at 15 months¹⁸ but not at 9 months.¹⁹ While specific aspects of molecular pathology in this model are well described, the model has only been subject to proteome and transcriptome analyses of the cerebral vasculature.^{20,21} The lack of further omics analyses, not least of the changes in the underlying brain parenchyma, presents a significant information gap considering the model's widespread application for testing novel treatment strategies.^{18,22–31}

Recently two immunotherapies have been approved as AD treatments by the FDA but their use is challenging due to their tendency to produce adverse events of abnormal fluid accumulation, microhemorrhages, and edema in the brain, referred

to as amyloid-related imaging abnormalities (ARIA).³² ARIA is related to CAA pathology^{33–35}; thus, research into drugs able to modify CAA is highly warranted, as such drugs might both modify cognitive decline directly and reduce complications from immunotherapy.

Carbonic anhydrase inhibitors (CAIs) are FDA approved drugs, for diagnoses such as epilepsy, glaucoma, and mountain sickness.³⁶ Particularly acetazolamide (AZT) and methazolamide (MTZ) are attractive candidates to modulate vascular pathology in AD. AZT has been shown to improve hemodynamics in the inherited blood vessel disease CADASIL.³⁷ Furthermore, Both ATZ and MTZ prevent amyloid-induced vascular and neural damage in vitro, through prevention of mitochondrial dysfunction in multiple brain cell types, including cerebral microvascular endothelial cells, brain vascular smooth muscle cells, glial cells, and neuronal cells.^{38–41} Furthermore, a recent in vivo study showed that CAI prevent vascular damage and cognitive impairment in 15 month old Tg-SwDI mice.¹⁸ Finally, the pharmacokinetics and safety profiles of ATZ and MTZ indicate that they are suitable for long-term administration and capable of crossing the blood-brain barrier.⁴²

In the present study, we validate and extend on the findings of Canepa et al.¹⁸ First, we study the cortical and hippocampal proteome of the Tg-SwDI model and describe in depth the molecular changes and how molecular drivers of astroglial activation and synaptic dysfunction are profoundly dysregulated early in disease progression. Second, we show that preventive treatment with CAIs relieves the proteome-wide adaptations with preventive effects on the synaptic and astroglial pathology.

2 | METHODS

2.1 | Animal models

The study employed homozygous mice from the Tg-SwDI line (C57BL/6-Tg(Thy1-APPSwDutIowa)BWWevnl/Mmjax). Breeders were acquired from the Mutant Mouse Resource and Research Center (MMRRC Stock No: 34843-JAX). The control group was wild-type (WT) C57BL/6J mice also acquired from Jackson Laboratory, matching in sex and age. Between three and five mice were housed per cage with ad libitum access to water and food. Mice were maintained in 12h:12h light-dark cycle at constant temperature ($21^{\circ}\text{C} \pm 2$) and humidity ($45\% \pm 5$ relative humidity). All experiments were approved by the Danish Ministry of Justice and Animal Protection Committees under the permit 2017-15-0201-01241 from the Danish Animal Experiment Inspectorate.

2.2 | Treatment and tissue collection

Male and female mice from four randomized groups were studied: Placebo treated WT mice, placebo treated Tg-SwDI mice (TG), ATZ treated Tg-SwDI mice (TG+ATZ) and MTZ treated Tg-SwDI mice (TG+MTZ) (Figure 1). Treatment started at 4 months old and lasted 6 months until sacrifice. The researchers were blinded to the treatment which was performed with a special diet designed with either ATZ (Santa Cruz Biotechnology, Inc. Dallas, Texas, USA) or MTZ (Santa Cruz Biotechnology, Inc. Dallas, Texas, USA) added at a concentration of 0.01% (100 parts per million, corresponding to a 20 mg/Kg/day dose) to a standard diet (Altromin 1320; Brogaarden ApS, Lyngby, DK) and produced in the same pellet form.

In line with 3R principles, tissue for the present study was collected from mice that were also part of a different study¹⁹, see [Supplementary Materials](#). Mice were sacrificed with an intraperitoneal overdose of pentobarbital (100 mg/kg). After harvesting the brain, the left hemisphere hippocampus and cortex were extracted, snap-frozen, and stored at a -80°C until preparation for molecular analyses.

2.3 | Sample preparation

The samples from the four groups (WT, TG, TG+ATZ, and TG+MTZ) were organized in four independent proteomics studies of female hippocampus, female cortex, male hippocampus, and male cortex, with 16 samples in each (Figure 1). Protein was extracted as described previously¹⁹. Briefly, frozen tissue was minced and homogenized by grinding and ultrasonication in 20 µL pr. mg tissue extraction buffer with 2% sodium dodecyl sulfate (SDS), 100 mM sodium HEPES, and protease inhibitors. Protein content of each sample was measured in triplicates with the bicinchoninic acid (BCA) assay. Within each study 40 µg protein from each sample was processed according to the TMT 16-plex manufacturer's instruction (Thermo Fisher Scientific, USA). After reduction and blocking of cysteines, and trypsin digestion, the samples were TMT labeled, pooled, fractionated by isoelectric focus-

RESEARCH IN CONTEXT

- 1. Systematic review:** The authors reviewed the literature using traditional (e.g., PubMed) sources. The cited literature was focused on documenting data on the studied mouse model of dementia, and to support the biological interpretations of the experimental data.
- 2. Interpretation:** Our findings led to an extensive description of the proteome changes in the brain of studied mouse model and integrated the novel data with existing literature data. Disease related pathways were chosen and drug efficacy was evaluated positive, and interpreted with respect to biological regulation of, for example, synapses.
- 3. Future directions:** The manuscript documents molecular effects of a new treatment and, together with recent literature data describing the use of the same novel treatments, propose possibilities for improved pharmacological treatments of AD.

ing (IEF), and C18 purified as detailed in [Supplementary Materials](#) and previously described in Edhager et al.⁴³

2.4 | Liquid chromatography tandem mass spectrometry analysis (LC-MS/MS)

Peptides from the ten IEF fractions of each of the four proteomics studies, were separated by nano liquid-chromatography (nLC) (Easy-nLC 1200, Thermo Scientific) coupled to a mass spectrometer (Q Exactive HF-X, Thermo Fisher Scientific, Bremen, Germany) through an EASY-Spray nano-electrospray ion source. Pre-column (Acclaim PepMap 100, 75 µm x 2 cm, Nanoviper, Thermo Scientific) and analytical column

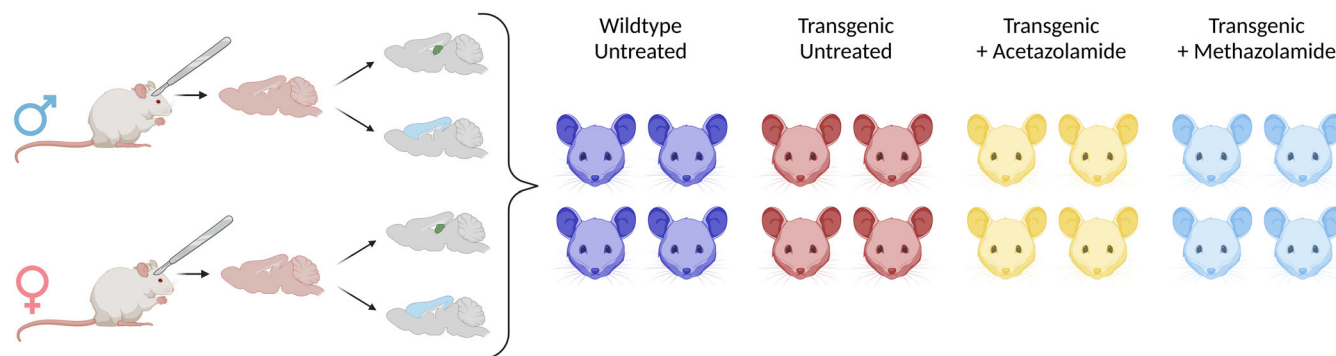


FIGURE 1 Study design. Overview of the study design. Four groups of mice were investigated: A group of WT mice receiving no treatment, and three groups of Tg-SwDI mice that were either untreated, treated with AZT, or treated with MTZ. The proteomics analyses were designed as four independent studies: Four mice of a sex were included from each group, and two tissues were analyzed from each mouse. A study as such consisted of, for example, male cortex samples from four untreated WT mice, four untreated Tg-SwDI mice, four ATZ treated Tg-SwDI mice, and four MTZ treated Tg-SwDI mice. AZT, acetazolamide; MTZ, methazolamide; WT, wild-type.

(EASY-Spray column, PepMap RSLC C18, 2 μ m, 100 Å, 75 μ M x 25 cm) were used to trap and separate peptides using a 170-minute gradient (5–40% acetonitrile, 0.1% formic acid). The mass spectrometer (MS) was operated in positive mode, and higher energy collisional dissociation (HCD) with collision energy (NCE) of 35 was applied for peptide fragmentation. See [Supplementary Materials](#) for further details. The mass spectrometry proteomics data have been deposited to the ProteomeXchange Consortium via the PRIDE⁷⁵ partner repository with the dataset identifier PXD055083. Table S1 contains total lists of quantitated proteins and statistical evidence.

2.5 | Bioinformatics and statistical analyses

2.5.1 | Database searches

Database searches were conducted in Proteome Discoverer 2.5 (Thermo Scientific) with Sequest algorithm on all raw files from a study merged against *Mus musculus* database from Uniprot.org containing 16,996 entries. Tryptic peptides with maximum two missed cleavages were allowed. See [Supplementary Materials](#) for further details. Subsequent bioinformatic and statistical analyses were performed in R (version 4.3.1) if not otherwise stated.

2.5.2 | Outlier removal and exclusion of keratins

Keratins were excluded from the analyses ([Supplementary Materials](#)) due to the susceptibility to contamination with these proteins during extraction and sample preparation steps.

Four samples were excluded from downstream analysis due to being outliers on the proteome level. The outliers were identified as non-grouping samples in a clustering analysis (Figure S1). In no cases did samples originate from the same mouse, suggesting a technical cause. The four excluded samples were: one from the group of TG male hippocampus, one from the TG+MTZ male hippocampus, one from the WT male cortex, and one from the TG female cortex.

2.5.3 | Clustering

Clustering was performed using the 'pheatmap' R package. The relative abundance of each protein was log2 transformed, scaled to a standard deviation of 1, and centered on 0. A complete linkage hierarchical clustering algorithm was used.

2.5.4 | DEqMS statistical analysis

Statistical analysis was performed using the 'DEqMS' R package⁴⁴ comparing either the untreated Tg-SwDI mice with the WT mice or the two treated groups of Tg-SwDI mice with the untreated Tg-SwDI mice. For each statistical comparison, a global coefficient of variance (CV) was

computed by taking the average of the CV of each protein within each of the groups. We employed a fold change minimum of 2x the global CV as the biological significance criterion within a specific study and comparison to assure biologically relevant alterations. The DEqMS *p*-values of biologically significant proteins were corrected for multiple testing by the Benjamini–Hochberg method.

2.5.5 | Functional term analyses

The proteomap was created with the proteomap online tool⁴⁵ and layered and edited in Inkscape vector graphics software. Functional enrichment analyses of gene ontology (GO) terms were performed using the online DAVID⁴⁶ Functional Annotation Chart algorithm with default analysis settings. See [Supplementary Materials](#) for further details.

2.5.6 | General treatment effect analysis

To test for general treatment effects, proteins that were significantly dysregulated in untreated Tg-SwDI mice relative to WT mice were selected from each study and stratified by the direction of their dysregulation. Difference between the four groups in expression level of the dysregulated proteins was tested for with the Friedman Rank Sum Test, a pairwise non-parametric test able to compare more than two groups. Nemenyi's All-Pairs Comparisons Test for Unreplicated Blocked Data was used as a pairwise non-parametric post hoc analysis to identify significantly different groups and associate a significance level with the comparison between the untreated Tg-SwDI group and the two treatment groups. The *p*-values were corrected for multiple testing by the Benjamini–Hochberg method.

3 | RESULTS

The proteomes of two brain regions implicated in AD, the hippocampus and the cortex, were mapped in both females and males (Figure 1). More than 6000 unique proteins were quantified in at least one of the four studies, each composed of samples with a specific tissue and sex combination. A core of ~3600 of these were consistently quantified in all four studies (Table S1, Figure S2).

3.1 | Extensive proteome adaptations in Tg-SwDI mice

Initially, we assessed whether the presymptomatic TG tissues displayed an altered proteomics pattern compared with WT mice. Hierarchical clustering of proteins detected in all four studies almost perfectly grouped TG and WT samples (Figure 2A). This demonstrates a clear phenotype in transgenic mice at the level of the proteome, that outweighed tissue/sex similarities as well as potential analytical variance in the four independent proteomics studies.

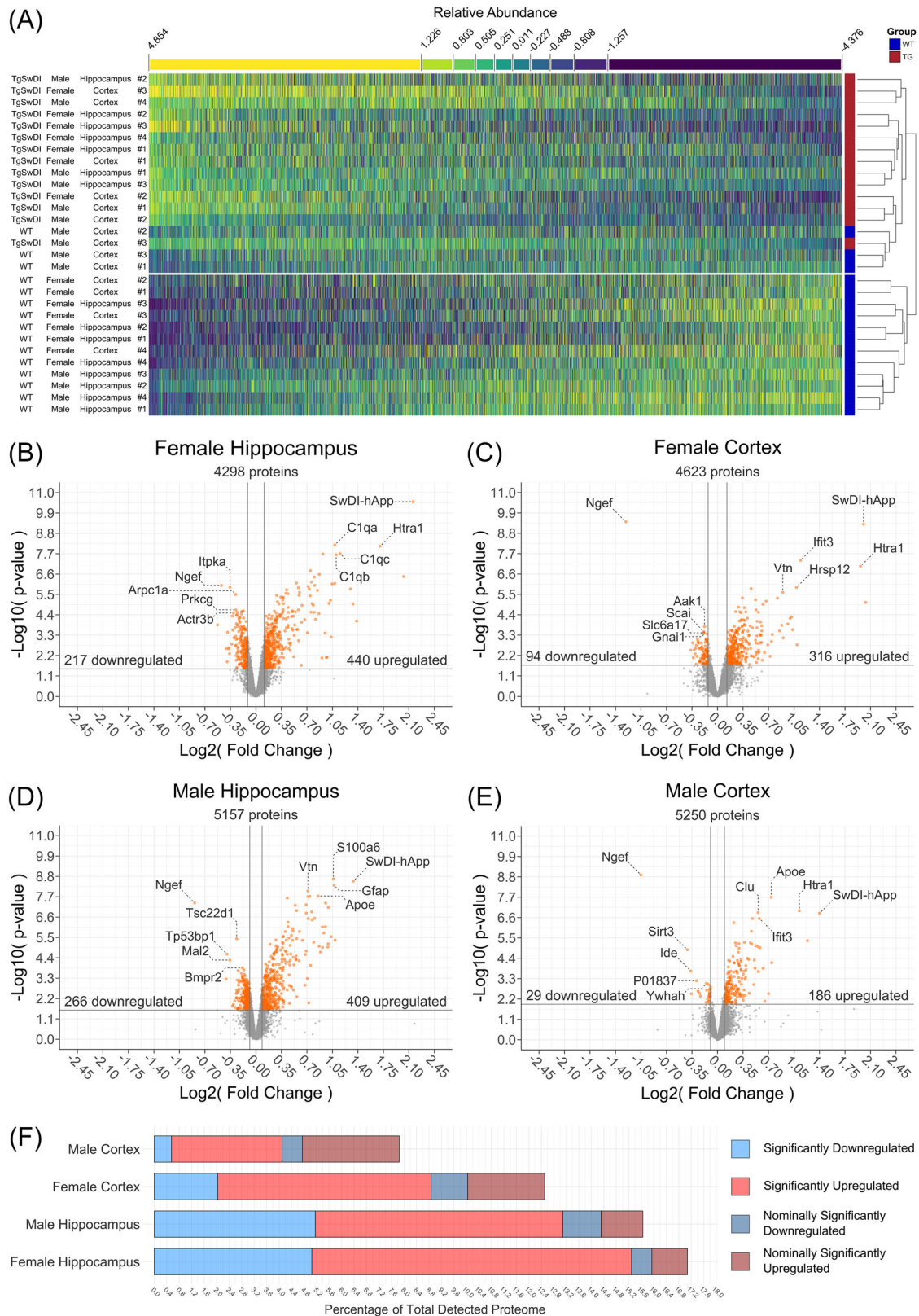


FIGURE 2 Global proteome findings of the study. (A) A complete-linkage hierarchical clustering and corresponding heatmap of the 3621 proteins quantified in all four studies. Abundances of individual proteins were \log_2 -transformed, centered, and scaled. Color was coded according to 10% quantiles, as indicated in the heatmap legend. (B–E) Volcano plots from each individual study, with highlights of select severely dysregulated proteins. Primary axis plots \log_2 -transformed ratio of mean abundance in the transgenic relative to the wild-type group. Secondary axis plots $-\log_{10}$ -transformed raw p-value from the DEqMS statistical analysis. Extreme position relative to 0 on the primary and secondary axis respectively defines high level of dysregulation and high level of statistical significance. Colors indicate: gray: unregulated proteins; Not regulated

In agreement with this, statistical analyses identified hundreds of proteins in each of the individual studies displaying significant differential abundance in TG mice relative to WT mice (Figure 2B–E) referred to as dysregulated proteins.

A higher percentage of proteins were dysregulated in hippocampus tissue than in cortex, in both male and female mice, indicating a more severe affliction of the hippocampus (Figure 2F). This is consistent with findings that the hippocampus is the tissue with earliest vascular deposition of A β in the TG-SwDI model¹⁴ and consistent with findings in other models describing hippocampus as an early site of functional change in AD.^{47,48} We also detected sex differences with a higher percentage of dysregulated proteins in the female tissues than in their male counterparts placing hippocampus from females as the most severely affected tissue across the studies (Figure 2F). This aligns with recent reports from the Tg-SwDI model, that females are more severely affected than males both in terms of cognitive impairment and microbleeds from the cerebral vasculature and it shows that the molecular phenotype we observe aligns with clinical pathology.^{17,49}

Sixty-five proteins were dysregulated in all four studies (Table 1). Among the most upregulated of these proteins were several products of AD risk genes, including Apolipoprotein E (APOE), Clusterin (CLU), murine APP (mAPP), and unsurprisingly high levels of the human transgenic APP with the SwDI mutations (SwDI-hAPP). Additionally, highly and consistently upregulated in our model was glial fibrillary acidic protein (GFAP), an astroglial marker researched as a blood biomarker for AD,⁵⁰ and Aquaporin-4 (AQP4) involved in perivascular clearance of A β .⁵¹ Complement C4-B (C4B) and Complement C1Q subcomponent subunits A, B, and C (C1QA, C1QB & C1QC) were also consistently highly upregulated. Generally, more proteins were upregulated than downregulated in the studies, and just three proteins (immunoglobulin superfamily members, Ephexin-1, and Plexin-A4) were downregulated in all four studies.

Of the 65 proteins from table 1, 54 had functional annotations in the KEGG pathway database, that enabled a Proteomap⁴⁵ visualization (Figure 3). In agreement with the observations above, the term “Alzheimer’s Disease” is directly identifiable. Complement takes on a prominent zone in the map, alongside several signaling pathways, not least ‘Axon Guidance’ signaling molecules. The map also reveals defects in several metabolic pathways including multiple enzymes involved in lipid and steroid metabolism.

3.2 | Functional enrichment of dysregulated proteins

In the core proteome of 3621 proteins quantified in all four studies, 161, 331, 476, and 563 proteins were dysregulated in male cortex,

female cortex, male hippocampus, and female hippocampus, respectively. These protein lists were analyzed for enrichment of specific functional terms from the GO database. 34 GO-terms were significantly enriched in at least one study (Table S2).

To compare enriched terms across studies based not only on significance of the enrichment but also on the extent of dysregulation, we combined protein lists from all four studies from GO-terms that were enriched in any study. We then computed the MAL-FC (median of the absolute log2-transformed fold change) of the proteins in these groups as a cross-study comparative measure of term-wide level of dysregulation (Figure 4).

Female tissues, particularly the hippocampus, exhibited the highest number of enriched terms with 29 out of 34 being enriched in either of the female tissues (Figure 4). In contrast, only 10 terms out of 34 were enriched in the either of the male tissues (Figure 4). Several terms identified as enriched only in female tissues also showed elevated MAL-FC in males (Figure 4). This pattern suggests similar pathology that has not yet developed to a point of significant enrichment in male mice. Two terms, “extracellular space” and “extracellular region”, were detected phenotypically enriched in all four studies, indicating that the extracellular environment is greatly influenced in both sexes and tissues (Figure 4A).

The term “glutamatergic synapse” was highly significantly enriched in female hippocampus (Figure 4A), and within this term multiple central subunits of both the α -amino-3-hydroxy-5-methyl-4-isoxazolepropionic acid (AMPA) and N-methyl-D-aspartate (NMDA) glutamatergic receptors were significantly downregulated. This included GRIA1 and GRIA2 from the AMPA receptor and GRIN1, GRIN2A, and GRIN2B from the NMDA receptor (Supplementary Table 2).

Proteins of central metabolism were also dysregulated including the above mentioned “lipid metabolic process” in both female tissues and “mitochondrion”, “fatty acid metabolic process”, and “oxidoreductase activity” that were dysregulated in female cortex and some alteration suggested by the MAL-FC in female hippocampus (Figure 4B). Female hippocampus on the other hand displayed more clear evidence of dysregulated calcium homeostasis with terms like “calcium ion binding”, “calmodulin binding”, and “sarcolemma” enriched and highly dysregulated (Figure 4A&C).

3.3 | Treatment effects

Prolonged treatment with ATZ or MTZ was recently shown to reduce AD associated pathology in the Tg-SwDI mouse model.^{18,19} Thus, we wanted to substantiate the effectiveness of these drugs by (1) exploring their general effects on dysregulated proteins and (2) functionally

above the biological significance level (2x global mean of CV) and/or not significant in Benjamini–Hochberg corrected statistical test. Orange: dysregulated proteins: fold-change above biological significance level and $p > 0.05$ after Benjamini–Hochberg multiple testing correction. (F) Proportion of dysregulated proteins in each study. Nominally significant proteins (proteins that were filtered by the multiple testing correction) are shown to demonstrate that differences were not driven by differences in number of total proteins detected in the studies and in extension stringency of the multiple testing correction. CV, coefficient of variance.

TABLE 1 List of proteins significantly dysregulated in all four studies.

| Accession | Gene | Description | Female hippocampus | Female cortex | Male hippocampus | Male cortex |
|-----------|-----------|---|--------------------|---------------|------------------|-------------|
| P05067 | SwDI-hApp | SwDI Human amyloid beta precursor protein | 4.46 | 4.01 | 2.53 | 2.64 |
| P03995 | Gfap | Glial fibrillary acidic protein | 4.08 | 4.10 | 2.11 | 2.35 |
| Q9R118 | Htra1 | Serine protease HTRA1 | 3.25 | 3.90 | 1.83 | 2.18 |
| P08226 | Apoe | Apolipoprotein E | 2.52 | 2.04 | 1.81 | 1.67 |
| Q02105 | C1qc | Complement C1q subcomponent subunit C | 2.23 | 1.87 | 1.98 | 1.38 |
| P20152 | Vim | Vimentin | 2.61 | 1.65 | 1.88 | 1.31 |
| P98086 | C1qa | Complement C1q subcomponent subunit A | 2.12 | 1.68 | 2.05 | 1.37 |
| Q64345 | Ifit3 | Interferon-induced protein with tetratricopeptide repeats 3 | 2.03 | 2.20 | 1.46 | 1.49 |
| P14106 | C1qb | Complement C1q subcomponent subunit B | 2.14 | 1.81 | 1.56 | 1.39 |
| P01029 | C4b | Complement C4-B | 1.74 | 2.13 | 1.65 | 1.25 |
| P52760 | Hrsp12 | Ribonuclease UK114 | 2.00 | 2.12 | 1.28 | 1.27 |
| P20060 | Hexb | Beta-hexosaminidase subunit beta | 2.07 | 1.61 | 1.67 | 1.23 |
| O70370 | Ctss | Cathepsin S | 1.73 | 1.47 | 1.64 | 1.44 |
| P29788 | Vtn | Vitronectin | 1.30 | 1.86 | 1.64 | 1.42 |
| O08709 | Prdx6 | Peroxiredoxin-6 | 1.80 | 1.77 | 1.36 | 1.29 |
| O35639 | Anxa3 | Annexin A3 | 1.74 | 1.45 | 1.61 | 1.25 |
| Q06890 | Clu | Clusterin | 1.66 | 1.54 | 1.35 | 1.47 |
| P51880 | Fabp7 | Fatty acid-binding protein, brain | 1.54 | 1.51 | 1.60 | 1.35 |
| Q61233 | Lcp1 | Plastin-2 | 1.68 | 1.46 | 1.47 | 1.29 |
| P31786 | Dbi | Acyl-CoA-binding protein | 1.35 | 1.52 | 1.42 | 1.28 |
| P05555 | Itgam | Integrin alpha-M | 1.47 | 1.40 | 1.46 | 1.22 |
| P26041 | Msn | Moesin | 1.51 | 1.33 | 1.45 | 1.23 |
| P55088 | Aqp4 | Aquaporin-4 | 1.46 | 1.38 | 1.43 | 1.25 |
| Q9Z1Q5 | Clic1 | Chloride intracellular channel protein 1 | 1.25 | 1.56 | 1.51 | 1.12 |
| Q60963 | Pla2g7 | Platelet-activating factor acetylhydrolase | 1.27 | 1.59 | 1.20 | 1.20 |
| P50114 | S100b | Protein S100-B | 1.33 | 1.46 | 1.21 | 1.21 |
| Q3UNZ8 | | Quinone oxidoreductase-like protein 2 | 1.50 | 1.31 | 1.29 | 1.12 |
| Q60766 | Irgm1 | Immunity-related GTPase family M protein 1 | 1.28 | 1.34 | 1.29 | 1.26 |
| P55065 | Pltp | Phospholipid transfer protein | 1.69 | 1.21 | 1.10 | 1.16 |
| P48036 | Anxa5 | Annexin A5 | 1.45 | 1.19 | 1.32 | 1.16 |
| Q99L04 | Dhrs1 | Dehydrogenase/reductase SDR family member 1 | 1.36 | 1.24 | 1.26 | 1.14 |
| O08739 | Ampd3 | AMP deaminase 3 | 1.29 | 1.17 | 1.18 | 1.21 |
| Q9R062 | Gyg1 | Glycogenin-1 | 1.26 | 1.29 | 1.14 | 1.13 |
| P97371 | Psme1 | Proteasome activator complex subunit 1 | 1.18 | 1.27 | 1.22 | 1.14 |
| Q9Z0R9 | Fads2 | Fatty acid desaturase 2 | 1.29 | 1.14 | 1.11 | 1.24 |
| Q99PL5 | Rrbp1 | Ribosome-binding protein 1 | 1.23 | 1.25 | 1.19 | 1.08 |
| Q9Z275 | Rlbp1 | Retinaldehyde-binding protein 1 | 1.15 | 1.25 | 1.11 | 1.23 |
| Q9Z2I8 | Suc1g2 | Succinyl-CoA ligase [GDP-forming] subunit beta, mitochondrial | 1.16 | 1.15 | 1.14 | 1.22 |
| Q8K010 | Oplah | 5-oxoprolinase | 1.21 | 1.16 | 1.10 | 1.16 |
| Q07235 | Serpine2 | Glia-derived nexin | 1.17 | 1.26 | 1.09 | 1.12 |

(Continues)

TABLE 1 (Continued)

| Accession | Gene | Description | Female hippocampus | Female cortex | Male hippocampus | Male cortex |
|-----------|---------|---|--------------------|---------------|------------------|-------------|
| P12023 | App | Amyloid beta A4 protein | 1.14 | 1.15 | 1.17 | 1.17 |
| Q8CI51 | Pdlim5 | PDZ and LIM domain protein 5 | 1.13 | 1.20 | 1.17 | 1.12 |
| O88844 | Idh1 | Isocitrate dehydrogenase [NADP] cytoplasmic | 1.19 | 1.20 | 1.12 | 1.10 |
| P21956 | Mfge8 | Lactadherin | 1.12 | 1.21 | 1.11 | 1.17 |
| O70318 | Epb41l2 | Band 4.1-like protein 2 | 1.23 | 1.17 | 1.07 | 1.10 |
| P06801 | Me1 | NADP-dependent malic enzyme | 1.15 | 1.19 | 1.10 | 1.12 |
| Q8CJH3 | Plxnb1 | Plexin-B1 | 1.16 | 1.22 | 1.07 | 1.10 |
| Q61739 | Itga6 | Integrin alpha-6 | 1.14 | 1.14 | 1.17 | 1.10 |
| Q00612 | G6pdx | Glucose-6-phosphate 1-dehydrogenase X | 1.17 | 1.12 | 1.14 | 1.12 |
| Q9CQI6 | Cotl1 | Coactosin-like protein | 1.12 | 1.18 | 1.10 | 1.14 |
| Q91ZJ5 | Ugp2 | UTP-glucose-1-phosphate uridylyltransferase | 1.13 | 1.15 | 1.14 | 1.11 |
| Q91ZX7 | Lrp1 | Prolow-density lipoprotein receptor-related protein 1 | 1.10 | 1.18 | 1.08 | 1.17 |
| P14231 | Atp1b2 | Sodium/potassium-transporting ATPase subunit beta-2 | 1.13 | 1.21 | 1.10 | 1.08 |
| P42208 | Sept2 | Septin-2 | 1.13 | 1.19 | 1.09 | 1.10 |
| P26443 | Glud1 | Glutamate dehydrogenase 1, mitochondrial | 1.09 | 1.11 | 1.12 | 1.19 |
| Q8VCW8 | Acsf2 | Acyl-CoA synthetase family member 2, mitochondrial | 1.20 | 1.11 | 1.07 | 1.11 |
| Q99JY0 | Hadhb | Trifunctional enzyme subunit beta, mitochondrial | 1.12 | 1.18 | 1.10 | 1.08 |
| Q8BMS1 | Hadha | Trifunctional enzyme subunit alpha, mitochondrial | 1.14 | 1.16 | 1.10 | 1.07 |
| B2RXS4 | Plxnb2 | Plexin-B2 | 1.15 | 1.13 | 1.08 | 1.09 |
| O88456 | Capns1 | Calpain small subunit 1 | 1.13 | 1.13 | 1.07 | 1.11 |
| P43406 | Itgav | Integrin alpha-V | 1.10 | 1.14 | 1.08 | 1.10 |
| Q9DAK9 | Phpt1 | 14 kDa phosphohistidine phosphatase | 1.12 | 1.10 | 1.06 | 1.11 |
| Q8R366 | Igsf8 | Immunoglobulin superfamily member 8 | 0.92 | 0.86 | 0.92 | 0.91 |
| Q80UG2 | Plxna4 | Plexin-A4 | 0.86 | 0.90 | 0.93 | 0.93 |
| Q8CHT1 | Ngef | Ephexin-1 | 0.72 | 0.42 | 0.56 | 0.48 |

Note: List of the 65 proteins that were found to be dysregulated in all four studies independently. The table includes for each protein the Uniprot accession number, gene symbol, and description alongside the proteins' ratio of abundance in the transgenic and wild-type (WT) group. The table is ordered according to the mean of the WT ratio across the studies.

characterizing the groups of proteins these CAIs prevent dysregulation of.

3.3.1 | General proteomics effects

Within each proteomics study of a specific tissue and sex, we first investigated the general effect of the treatments on proteins that were dysregulated in the TG group compared to the WT group. These dysregulated proteins were categorized as either up- or downregulated proteins, and their relative expression levels in the TG+MTZ and

TG+ATZ groups were assessed. Highly significant treatment effects were observed, and represented in all significant cases, an overall shift of expression levels of dysregulated proteins toward the expression level in WT mice, implicating that the CAI treatments impede pathological changes (Figure 5).

The most-notable effects were on downregulated proteins in hippocampus and cortex from female TG+MTZ mice ($p = 2.25 \times 10^{-13}$ and $p = 2.85 \times 10^{-13}$, respectively) (Figure 5A and 5B). Similar, albeit not as pronounced, effects were observed on downregulated proteins in female TG+ATZ mice (Figure 5A and 5B). We observed no significant effect on upregulated proteins in female hippocampus (Figure 5A), but in

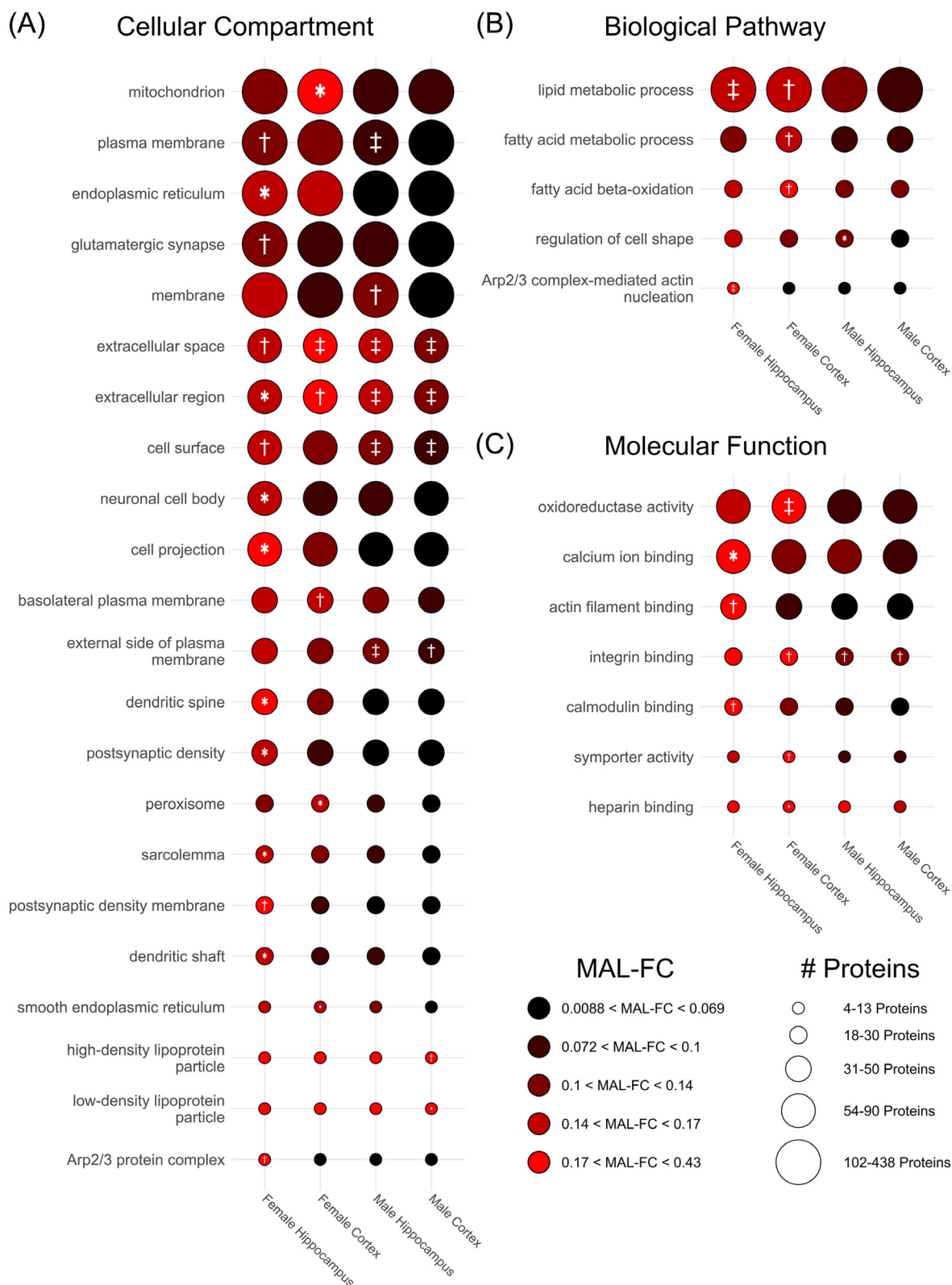


FIGURE 4 Functional enrichment analysis of dysregulated proteins. An overview of the cellular compartment (A) biological pathways (B) and molecular function (C) GO-terms that were overrepresented in the dysregulated proteins (Benjamini–Hochberg corrected p -value < 0.05) in at least one of the four studies. Circle size indicates number of proteins mapping to the term. Color scale indicates the median log2 transformed fold change of proteins in transgenic animals compared to wild type. Asterisk, dagger, and double dagger indicates p -value for overrepresentation of the term in the dysregulated proteins (* = $p < 0.05$, † = $p < 0.01$, ‡ = $p < 0.001$). Full analysis results are available in Table S2. GO, gene ontology.

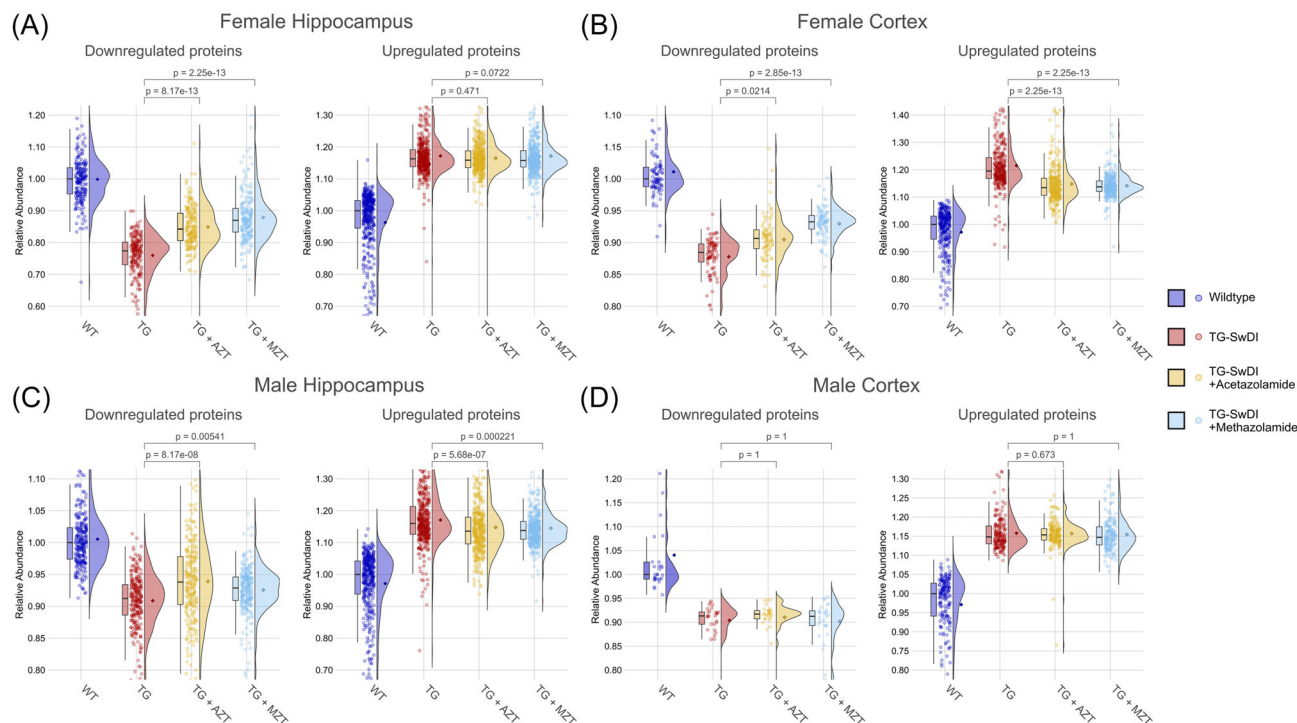


FIGURE 5 General effects of MTZ and acetazolamide treatment. In each study, (A) female hippocampus, (B) female cortex, (C) male hippocampus, and (D) male cortex, proteins that were significantly dysregulated (Untreated Tg-SwDI versus WT, multiple testing corrected $p < 0.05$) were stratified in upregulated and downregulated proteins. Differences between the untreated Tg-SwDI group versus either of two treatment groups were tested statistically by Nemenyi's all-pairs comparisons test for unreplicated blocked data – a pairwise non-parametric test. The depicted p -values are after correction for multiple testing by the Benjamini–Hochberg method. MTZ, methazolamide; WT, wild-type.

significant cluster being “Arp2/3 complex-mediated actin nucleation” ($p = 2.64 \times 10^{-4}$) (Figure 6C).

Our further analysis into MTZ's effects revealed that it protects from the synaptic dysfunction we observe in female hippocampus. In our functional enrichment analysis of the proteins MTZ most positively affected, the top five “cellular compartment” GO-terms were “postsynaptic membrane”, “synapse”, “postsynapse”, “dendrite”, and “glutamatergic synapse”. More than 80% of dysregulated “glutamatergic synapse” proteins were downregulated in the Tg-SwDI mice and a broad range of these were expressed in the MTZ treated mice at significantly more normal levels (Figure 6B).

In female cortex, we highlight the enriched terms “extracellular space” and “lysosome” (Figure 6E–F). We note that the implicated proteins were not significant individually in the analysis comparing the full proteome of MTZ treated and untreated Tg-SwDI mice. This is likely because of high variance in the untreated group in female cortex, combined with a less than complete normalizing effect of MTZ. Meanwhile, we reiterate that MTZ displayed considerable systematic reduction of dysregulation of proteins in the tissue (Figure 5B), and the terms reported here (Figure 6E&F) were significantly enriched in the quartile of dysregulated proteins where this preventive effect was most clearly demonstrated, measured on the pl_{MTZ} value.

The term “extracellular space” was most significantly enriched in female cortex ($p = 1.52 \times 10^{-2}$) (Figure 6E). It includes, among others, APOE and CLU, the products of two AD risk genes, as well as com-

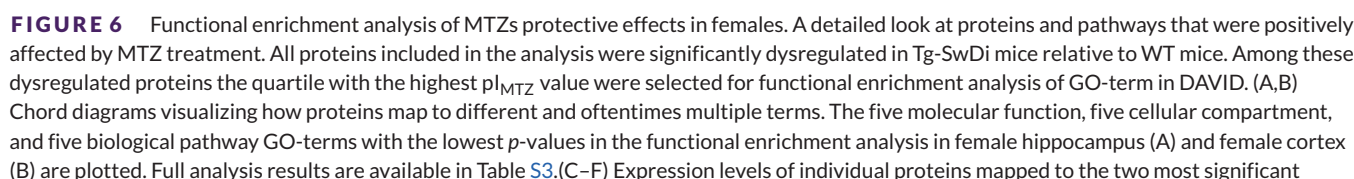
plement C4B and the three complement C1Q subunits. It displayed some overlap with the 12 proteins implicated in the “lysosome” term, which encompassed the second most significant cluster in female cortex ($p = 4.52 \times 10^{-2}$) (Figure 6F). The “lysosome” mapping proteins included, among others, specific degradative enzymes, cathepsin S (CTSS), cathepsin H (CTSH), and both subunits of the hexosaminidase B (HEXA and HEXB).

4 | DISCUSSION

We captured for the first time the proteomic phenotype of cortex and hippocampus tissue from the Tg-SwDI mouse model. The molecular changes were extensive in both the number of significantly altered proteins and in the degree of alterations and included known AD biomarkers. Importantly, we found that both MTZ and ATZ treatment had protective effects, maintaining more normal expression profiles of the dysregulated proteins.

4.1 | Synaptic dysfunction

In our functional enrichment analysis, GO-terms related to the function of the Arp2/3 complex, that enables the formation of branched actin filaments at the surfaces of lipid membranes, were highly



significantly enriched (Figure 4A,B). The role of Arp 2/3 complex in CAA and AD has not previously been characterized but Arp3 has been described to mediate blood–brain barrier dysfunction in rats,⁵² and inhibition of the Arp2/3 complex is associated with dendritic spine loss.⁵³ Interestingly, the GO-term “dendritic spine” was also significantly enriched and highly dysregulated in female hippocampus (Figure 4A). Memory formation and preservation is intimately connected with the formation and retraction of dendritic spines, and concomitantly deficits in a long list of activators of the Arp2/3 complex are associated with memory impairment.⁵⁴

Interestingly, two of the three proteins downregulated in all four studies (Table 1), Plexin-A4 and Ephexin-1, are both involved in signaling pathways that activate dendritic spine retraction, and signaling through both proteins can be pathologically activated by A β .^{55–57} Plexin-A4 is an AD risk gene product and a receptor of CLU, another well-known AD risk gene product, which we also found dysregulated (Table 1).⁵⁸ The link between AD and Ephexin-1 has been less explored but it has recently been investigated as a potential AD risk gene and associated with memory function.⁵⁹ Ephexin-1 was the most significantly and most severely downregulated protein in all four studies by far, indicating that this is an early and significant molecular adaptation. EPHA4, that initiates the signaling cascade Ephexin-1 participates in⁵⁷, was additionally downregulated in female hippocampus by almost 20% (Table S1). EPHA4 promotes spine retraction by initiating actin disassembly,⁶⁰ and in mouse models, aberrant expression of EPHA4 has been identified as a very early event in AD progression.⁶¹

Aberrant EPHA4/Ephexin-1 signaling could be hypothesized in the extreme to cause reduction in the overall abundance of synapse proteins and indeed in female hippocampus we observe significant enrichment of the “glutamatergic synapse” term (Figure 4A), with 82% of the dysregulated “glutamatergic synapse” proteins being downregulated. This notably includes multiple subunits of the NMDA (GRIN1, GRIN2A, and GRIN2B) and AMPA (GRIA1 and GRIA2) receptors both of which, like EPHA4, have been found to be agonistically activated by A β oligomers.⁵⁷

These observations together define a profound dysfunction of glutamatergic synapses present already in the prodromal phase of development of cognitive deficits in the TgSwDI model, and potentially implicate A β oligomer toxicity in driving some of these pathological changes.

4.2 | Astroglia activation

Astrogliosis is a well-known hallmark of AD. In the presence of A β aggregates, astrocytes become reactive, pro-inflammatory, and

neurotoxic.⁶² Astrogliosis, is associated with increased levels of astrocyte cytoskeletal proteins such as GFAP and vimentin (VIM),^{63,64} that were highly upregulated in all four studies in this model (Table 1). GFAP in particular, has recently been added as a biomarker of astrocytic activation in the criteria for diagnosis of AD.⁶⁵ Several other astroglia associated proteins were upregulated in all four studies including CLU, APOE, and the calcium-binding protein S100B (S100B), all mainly secreted from astrocytes, and AQP4 the most abundant water channel in the brain, localized at the end feet of astrocytes (Table 1).

Complement C1Q can activate astrocytes⁶⁶ and all subunits (C1QA, C1QB, and C1QC), of C1Q, as well as the complement factor C4B were highly upregulated across the four studies (Table 1). The complement system has been described to be activated in CAA⁶⁷ and C1Q specifically has been implicated in A β dependent microvascular damage.⁶⁸ C1Q in concert with Complement C3 is curiously also involved in early A β oligomer dependent synaptic pruning.⁶⁹ We note that CLU, as well as the protein Vitronectin (VTN), that are both complement inhibitors were both upregulated as well in all four studies (Table 1).⁷⁰ Together, this indicates involvement of complement dependent synaptic pruning and astrogliosis in the early pathological development in the Tg-SwDI model.

4.3 | Treatment effects

ATZ and MTZ both showed significant protective effects in male hippocampus and both female tissues (Figure 5A–C). The exemption of any treatment effect in male cortex (Figure 5D) should be viewed in the context that this tissue displayed a mild molecular phenotype and demonstrated the lowest number of significant proteins to evaluate treatment effect on. Of the two treatments MTZ was especially effective in female tissues (Figure 5A,B) while ATZ treatment was slightly more effective in male hippocampus (Figure 5C).

MTZ counteracted downregulation of proteins in the category “glutamatergic synapse” (Figure 6B). This included potential drivers of the molecular pathology discussed above, notably both EPHA4 and subunits of the NMDA receptor GRIN1 and GRIN2A, but also a broad range of molecules involved in electrophysiological signaling and cytoskeletal dynamics. The effect correlated notably with a similar effect on “Arp2/3 complex-mediated actin nucleation” proteins, including five subunits of the complex itself (ARPC1A, ARPC1B, ARPC2, ARPC3, and ARPC5) and two regulatory interactors (IQGAP2 and WIPF3) (Figure 6C). Our data suggest that GRIN2A was particularly responsive to treatment with both MTZ (Figure 6B) and AZT (Table S1). In contrast, the other common glutamate binding subunit

GO-terms in female hippocampus (C,D) and female cortex (E,F). Expression levels in Tg-SwDI mice with or without MTZ treatment are shown relative to WT mice levels. Specified *p*-values indicate the level of significance of a different protein abundance in MTZ treated and untreated Tg-SwDI mice. Absent *p*-values indicate fold change below the criteria for statistical testing. Note that so many “glutamatergic synapse” proteins were in the highest pl_{MTZ} quartile that the plot of “Glutamatergic Synapse” proteins (C) was restricted, to display only the subset of mapping proteins that showed significant inverse regulation by MTZ-treatment in the proteome-wide analysis of individual proteins levels (full plot in Figure S3). GO, gene ontology; MTZ, methazolamide; WT, wild-type.

of the NMDA receptor, GRIN2B, displayed stable levels regardless of treatment (Figure S3 and Table S1). GRIN2A and GRIN2B containing receptors are reported to have different subcellular locations and opposing cellular effects, with GRIN2A being located mostly in synaptic receptors and conferring neuroprotective effects in response to excitotoxicity and A β -induced damage.^{71,72}

In female cortex, MTZ was highly significantly effective in preventing adaptations characteristic of the TG mice (Figure 5B). Here, our functional enrichment analysis of the proteins MTZ most positively affected, identified enrichment of “extracellular space” and ‘lysosome’ proteins (Figure 6E,F). The “extracellular space” term included APOE, CLU and the complement factors we find dysregulated, across the four studies. In agreement with this, transcripts of many of the corrected “lysosome” proteins (Figure 6F) have been found dysregulated in reactive astrocytes from the Sod1^{G93A} mouse model of amyotrophic lateral sclerosis (ALS) by Baker et al.⁷³ Baker et al. also found complement proteins upregulated in the reactive astrocytes including the three C1Q subunits at both symptomatic (60 days) and late stage (90 days) disease and C4B at late stage disease.⁷³

The similar profile observed in our study suggests a similar pathological state of the astroglia, and the preventive effects of MTZ treatment on the dysregulation of the implicated proteins reaffirm the preventive effects on astrogliosis, cerebrovascular, and neurovascular dysfunction that we observed in the model at the pathological and histological level¹⁸

5 | CONCLUSION AND PERSPECTIVES

We demonstrate in the present study the efficacy of preventive treatment with two FDA-approved CAIs, ATZ and MTZ, and thus their potential for being repurposed as AD treatments. Their benefit has recently also been demonstrated in cognitively symptomatic TgSwDI mice.¹⁸ Treatment with these CAIs, whether for prevention or in cognitively symptomatic patients, would require prolonged use. ATZ and MTZ are generally well-tolerated in humans, but their long-term use may be associated with electrolyte imbalances (e.g., metabolic acidosis, hypokalemia) and renal effects.⁷⁴ These concerns must be considered in a risk–benefit context. Future studies may mitigate risks by identifying patient populations most likely to benefit from CAI treatment, and optimizing dosing strategies, such as intermittent administration, may help reduce adverse effects while preserving neuroprotective benefits. In the present study, MTZ notably had profound effects on glutamatergic synapse proteins, that we observed in the hippocampus of female Tg-SwDI mice. A currently employed symptomatic AD treatment, Memantine, antagonizes overstimulation of the glutamatergic NMDA receptor and interestingly, the preventive effects of MTZ treatment included maintenance of more normal levels of NMDA receptor subunits. Memantine's mode of action and effect in humans considered, our data suggest that CAI treatment effects identified here would translate in a meaningful way to combat human disease development. The effects of MTZ and ATZ are notably demonstrated in this model

with severe CAA pathology and has been shown to directly ameliorate vascular pathology^{18,19}, suggesting CAIs' potential also as a complementary treatment to immunotherapies, possibly able to reduce antibody-induced adverse events involving vascular pathology. Our results most significantly support direct preventive effects of CAIs, on early molecular pathology associated with AD, and as both MTZ and ATZ are FDA approved for several diagnoses and safe for extended use in humans, trialing these drugs in human AD is now of high interest.

6 | LIMITATIONS

The study investigates molecular phenotypic changes and treatment responses by bulk proteomics analysis. With this approach, some protein alterations in specific anatomical structures might be missed. Moreover, the number of replicates possible to include in each proteomics study (tissue-sex-combination) limits the statistical power in the study and might lead to false negatives. Despite these limitations, a multitude of statistically significant protein and pathway alterations were identified. The significant alterations were furthermore strengthened by coherence with literature yielding high confidence in the central conclusions. The employed TMT-labeling did not allow direct, statistical, comparison of protein levels between studies, that is, between sexes or tissue types. As the results subsequently indicated the relevance of this comparison, this limitation was partly handled by normalization to WT and by comparing significant pathway alterations between the studies. Finally, the studies were performed in mice with early-stage disease and relatively limited phenotypical symptoms, and care should be taken to transfer the conclusions to late-stage disease. Group-wise differences in age were noted but deemed not to confound conclusions as assessed in Figure S4.

AUTHOR CONTRIBUTIONS

Johan Palmfeldt and Jasper Carlsen established the proteomics study objectives, designed and performed the proteomics experiments, bioinformatical analyses and data interpretations. Jasper Carlsen performed statistical analyses and wrote the first draft of the manuscript with supervision from Johan Palmfeldt. Eugenio Gutiérrez-Jiménez, Silvia Fossati and Leif Østergaard contributed to design and objectives of the animal studies and critically evaluated the manuscript. Eugenio Gutiérrez-Jiménez planned and performed animal studies and contributed to data interpretations.

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CONFLICT OF INTEREST STATEMENT

The authors declare no conflict of interest. Silvia Fossati is an inventor on US Patent 10780094 for the use of CAs in Alzheimer's disease and CAA. All other authors have nothing to disclose in relation to this study.

DATA AVAILABILITY STATEMENT

The mass spectrometry proteomics data have been deposited to the ProteomeXchange Consortium via the PRIDE⁷⁵ partner repository with the dataset identifier PXD055083. Supplementary table 1 contains total lists of quantitated proteins and statistical evidence.

CONSENT STATEMENT

No human subjects were included in the studies so consent statements were not required.

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