Five questions on prion diseases

Aguzzi, Adriano; Zhu, Caihong

DOI: https://doi.org/10.1371/journal.ppat.1002651

Originally published at:
Aguzzi, Adriano; Zhu, Caihong (2012). Five questions on prion diseases. PLoS Pathogens, 8(5):e1002651. DOI: https://doi.org/10.1371/journal.ppat.1002651
Five Questions on Prion Diseases

Adriano Aguzzi*, Caihong Zhu
Institute of Neuropathology, University Hospital of Zürich, Zürich, Switzerland

Introduction

Prion diseases are characterized by deposition of PrPSc, a misfolded and aggregated isoform of the host-encoded cellular prion protein (PrPC), within the central nervous system (CNS) and other organs. Here we review the current knowledge on five issues relevant to prion diseases: (1) how do prions enter the body, (2) how do prions reach the central nervous system, (3) how do prions damage the CNS, (4) do mammals have an antiprion defense system, and (5) how can the prion problem be resolved for good.

How Do Prions Enter the Body?

Most cases of human prion disease occur for unknown reasons, and >20 mutations in the prion gene (PRNP) may lead to inherited prion disease. In other instances, prion diseases are contracted by exposure to prion infectivity. Save for direct brain exposure by neurosurgery, prions typically enter the body through extraneural exposure, such as the innate and adaptive immune system, as well as the blood–brain barrier.

Parenteral Uptake

Prions can also enter the body via parenteral uptake. Most worringly, vCJD has been transmitted from subclinically vCJD-infected donors to recipients of transfused non-leukocyte-reduced red cells and of purified factor VIII preparations [3]. By far the largest incident involving iatrogenic prion transmission involved human pituitary hormones. Before the advent of recombinant DNA technology, growth hormone (used to treat dwarfism) and fertility hormones were recovered from human cadaveric pituitary glands. The prevalence of subclinically CJD-affected donors, probably coupled with brain-tissue contamination of pituitary extracts, led to over 160 prion deaths in mostly young recipients. Experimentally, the parenteral route of prion transmission is very effective and, e.g., intraperitoneal (i.p) inoculation of prions to laboratory animals is a widely used route for studies of peripheral prion replication and neuroinvasion.

Oral Uptake

There is no doubt that prion infections can be efficaciously transmitted under both natural and human-made conditions. While some aspects of the natural transmission of scrapie and chronic wasting disease (CWD) remain unexplained, oral transmission of prions has caused large epidemics and epizootics. Kuru, a human prion disease transmitted through ritual cannibalism, has afflicted the Fore people of Northern Papua New Guinea at extraordinarily high rates. Bovine spongiform encephalopathy (BSE), which has killed more than 280,000 cattle worldwide, is a prion disease caused by the feeding of recycled prion-infected foodstuff to cattle [1]. In turn, variant Creutzfeldt-Jacob Disease (vCJD), which has claimed over 200 victims, appears to be caused by consumption of BSE-contaminated beef products [2].

Intracerebral Administration

The most efficient way of prion transmission is intracerebral (i.c) administration. This is not unexpected, since the brain is the main target of prion toxicity and administration to the brain bypasses all natural barriers to prion neuroinvasion, such as the innate and adaptive immune system, as well as the blood–brain barrier.

Several iatrogenic CJD (iCJD) transmissions occurred via neurosurgery and dura mater grafts. These cases were particularly tragic for all those involved because they were inadvertently caused by medical personnel and represented an untoward effect of the intent to treat other ailments. Some of the first well-documented instances of intracerebral prion transmission to humans occurred in Zürich in the 1970s [4]. Electodes were used for stereoelectric electroencephalographic (EEG) recordings in a CJD patient, and reused after sterilization with ethanol and formaldehyde vapors—a procedure that reliably inactivates viruses and bacteria, but is ineffective against prions. This resulted in fatal prion transmission to two young patients. The infectivity on these electrodes was later confirmed by transmission of CJD to a chimpanzee.

Aerosols

Prion transmission is usually not considered to be airborne like influenza or chicken pox. But we and others recently have found that prions can also be efficiently transmitted to mice through aerosols [5,6]. Although aerosol-transmitted prions have never been found under natural conditions, this finding highlights the necessity of revising the current prion-related biosafety guidelines and health standards in diagnostic and scientific laboratories being potentially confronted with prion-infected materials.

Pearls

Parenteral Uptake

Several iatrogenic CJD (iCJD) transmissions occurred via neurosurgery and dura mater grafts. These cases were particularly tragic for all those involved because they were inadvertently caused by medical personnel and represented an untoward effect of the intent to treat other ailments. Some of the first well-documented instances of intracerebral prion transmission to humans occurred in Zürich in the 1970s [4]. Electodes were used for stereoelectric electroencephalographic (EEG) recordings in a CJD patient, and reused after sterilization with ethanol and formaldehyde vapors—a procedure that reliably inactivates viruses and bacteria, but is ineffective against prions. This resulted in fatal prion transmission to two young patients. The infectivity on these electrodes was later confirmed by transmission of CJD to a chimpanzee.
How Do Prions Reach the Central Nervous System?

Role of B Cells

Prior to invading the CNS, prions frequently colonize in lymphoid organs (Fig. 1), where they colocalize with follicular dendritic cells (FDCs). The maintenance of FDCs depend on B cell-derived lymphotoxins (LTs) and tumor necrosis factor (TNF); accordingly, B cell-deficient mice (μMT, Rag1−/−, Rag2−/−) that lack mature FDCs are resistant to extraneural prion challenge [7]. However, the expression of PrPSc in B cells is dispensable, and transgenic expression of PrPSc restricted to B cells cannot restore prion replication or neuroinvasion in Prnp−/− knockout mice. Therefore, B cells may function in an indirect way in prion diseases. It is reasonable to envision that B cells secrete factors (LTs, TNFs, etc.) that facilitate the maturation of cells like FDCs to replicate/accumulate prions.

Role of Follicular Dendritic Cells

The immune system plays an important role in prion pathogenesis, but the exact nature of the cells replicating prions extraneurally is still unclear. FDCs are usually considered to be the main sites accumulating prions. Prion replication in lymphoid organs depends on PrPSc-expressing FDCs, at least for the ME7 prion strain [8]. However, TNF receptor 1 knockout (TNFR1−/−) mice that lack mature FDCs are fully susceptible to peripheral prion infection and develop high prion titers in lymph nodes [9]. Furthermore, inflammatory granulomas that lack FDCs can also replicate prions in a lymphotoxic-dependent manner [10]. These results indicate cells other than FDCs are able to replicate prions extraneurally.

Role of Autonomic Nerves

After replication and accumulation in lymphoid organs, prions invade the nervous system through sympathetic and parasympathetic nerves [11,12]. The spread pathways of prions were determined by identifying the location and temporal sequence of pathological accumulation of PrP after oral challenge [11]. Upon i.p inoculation, permanent or transient sympathectomy chemically or immunologically delays or even prevents scrapie, whereas sympathetic hyperinnervation accelerates prion pathogenesis [12]. Hence innervation of lymphoid organs is rate-limiting for prion neuroinvasion. Furthermore, neuroinvasion velocity depends on the distance between FDCs and splenic nerves, suggesting that the neuroimmune transition of prions occurs between FDCs and sympathetic nerves.

How Do Prions Damage the CNS?

The details of how prions induce toxicity are still unclear. Canonical caspase-mediated apoptosis is unlikely to be important, yet other pathways of cell death have remained largely unexplored. However, all attempts at a rational therapy necessitate a thorough understanding of how prions bring about the horrendous damage seen in spongiform encephalopathies.

PrPSc: An Amyloid Receptor?

PrPSc expression is indispensable for prion-induced neurotoxicity [13], implying PrPSc could be a receptor for prions to trigger detrimental signaling. The scenario could be broader. Strittmatter reported that PrPSc transduces the synaptic toxicity of amyloid-β (Aβ) oligomers in vitro [14] and in Aβ transgenic mice (APPswe/Psen1ΔE9) [15]. Moreover, different anti-PrP antibodies or their antigen-binding fragments that disrupt the PrP-Aβ interaction were able to block the Aβ-mediated disruption of synaptic plasticity. These findings were deemed exciting because they suggest the involvement of PrPSc in Alzheimer’s disease (AD) pathogenesis. However, others found that the absence of PrPSc did not prevent deficits in hippocampal-dependent behavioral tests upon intracerebral Aβ injection [16]. Even more troubling was the report by Malinow [17] that Strittmatter’s results could not be reproduced in a virtually identical paradigm. It has been suggested by Gerald Zamponi that variations in copper availability may contribute to these discrepancies.

We also crossed mice lacking or overexpressing PrPSc to the APPPS1 (APPswe/PS1L166P) transgenic mice, yet did not see any effect of PrPSc on the impairment of hippocampal synaptic plasticity.
plasticity [18]. To make things even more confusing, another AD mouse model disproved any impact of PrPSc on Aβ-mediated neurotoxicity, whereas other studies appear to indirectly support the Strittmatter findings. Consequently, the question of whether PrPSc is a transducer of amyloid toxicity remains essentially unanswered. The discrepancies listed above do not necessarily result from any blatant flaws in the studies performed thus far, but rather indicate that some parameters affecting amyloid toxicity may still be unknown and, consequently, beyond the reach of rigorous testing.

Shmerling’s Disease and Baumann’s Disease

Internally deleted PrPSc variants (Δ32–134; Δ94–134) elicit spontaneous neurodegeneration (Shmerling’s and Baumann’s disease), which is rescued by co-expression of full-length PrPC [19,20]. This suggests that truncated PrPSc competes with PrPSc-like molecules through a shared receptor [20,21]. Transgenic mice expressing deletion extended to the very end of N-terminus of PrPC into PrPSc is faster than PrPSc clearance. Therefore, PrPC is a transducer of amyloid toxicity remains essentially the Strittmatter findings. Consequently, the question of whether neurotoxicity, whereas other studies appear to indirectly support reduced clearance of cerebral apoptotic bodies and increased PrPSc accumulation and prion titers [27], suggesting Mfge8-mediated prion clearance in prion-infected mouse brain. More interestingly, these were observed in C57Bl/6×129Sv but not in C57Bl/6 genetic background. Therefore, besides Mfge8, other molecules involved in phagocytosis of apoptotic cells could have the potential to clear prions in vivo, it is worth putting more efforts on them.

How Can the Prion Problem Be Resolved for Good?

PrPC-Deficient Farm Animals: Technology and Hurdles

The absence of PrPSc is the only absolute guarantee that an organism will resist prion infections. Therefore it is of great practical interests to generate PrPSc-deficient farm animals. Although it is unknown how tasty PrPSc-deficient steaks might be, such farm animals would provide perfectly prion-free resources for all kinds of biologicals—including cytokines, growth factors, and therapeutic antibodies. Because embryonic stem cells are not available for gene targeting in other species, knockout farm animals were obtained by gene targeting of somatic cells followed by nuclear transfer. The first attempt to knock out PRNP in sheep was reported in 2001, but the cloned PRNP-/- sheep perished soon after birth—probably because of defective cloning procedures. In 2007, viable PRNP knockout cattle were obtained by sequential gene targeting in somatic cells and nuclear transfer. Targeted disruption of PRNP in goats, which frequently suffer from the prototypic prion disease, scrapie, was accomplished through a similar strategy [28,29].

Usefulness of PrPSc-Deficient in Production of Biologicals

Biologicals are accounting for an ever increasing fraction of all therapeutics—yet all eukaryotically produced biologicals bear a certain risk of prion contamination, even when generated in cell lines. The transmission of vCJD through blood and even purified blood products has dramatically highlighted the seriousness of this threat. Therefore, PrPSc-deficient farm animals (cattle and goats) are well positioned for the production of prion-free therapeutics and will therefore make an important contribution towards eliminating the risk of prions contamination in biologicals.

Supporting Information

Table S1 Further reading

Acknowledgments

The authors apologize to all those colleagues whose work we discussed above without properly quoting the respective original articles due to space constraints. We have prepared a separate list of “further reading” in Table S1 which lists those papers that we were unable to refer to in the above text.
References

1. Aguzzi A, Weisswurm C (1997) Prion research: the next frontiers. Nature 389: 795–798.
2. Bruce ME, Will RG, Ironside JW, MacColl I, Drummond D, et al. (1997) Variant CJD infections in the spleen of a neurologically asymptomatic UK adult patient with haemophilia. Haemophilia 16: 296–304.
3. Bernoulli C, Siegfried J, Baumgartner G, Regli F, Rabinowicz T, et al. (1997) Danger of accidental person-to-person transmission of Creutzfeldt-Jakob disease by surgery. Lancet 1: 479–479.
4. Denkers ND, Seelig DM, Telling GC, Hoover EA (2010) Aerosol and nasal transmission of chronic wasting disease in cervidized mice. J Gen Virol 91: 1651–1658.
5. Haybaeck J, Heikenwalder M, Klevenz B, Schwarz P, Margalith I, et al. (2011) Aerosol and nasal transmission of chronic wasting disease in cervidized mice. J Gen Virol 91: 1651–1658.
6. Klein MA, Frigg R, Flechsig E, Raeber AJ, Kalinke U, et al. (1997) A crucial role for B cells in neuroinvasive scrapie. Nature 390: 687–690.
7. Prinz M, Montrasio F, Klein MA, Schwarz P, Priller J, et al. (2002) Lymph nodal prion replication and neuroinvasion in mice devoid of follicular dendritic cells. Proc Natl Acad Sci U S A 99: 919–924.
8. Heikenwalder M, Kurrer MO, Margalith I, Krauch J, Zeller N, et al. (2008) Sympathetic innervation of lymphoid tissues depends on prion protein-expressing follicular dendritic cells. Nat Med 5: 1308–1312.
9. Klein MA, Frigg R, Flechsig E, Raeber AJ, Kalinke U, et al. (1997) A crucial role for B cells in neuroinvasive scrapie. Nature 390: 687–690.
10. Prinz M, Montrasio F, Klein MA, Schwarz P, Priller J, et al. (2002) Lymph nodal prion replication and neuroinvasion in mice devoid of follicular dendritic cells. Proc Natl Acad Sci U S A 99: 919–924.
11. Heikenwalder M, Kurrer MO, Margalith I, Krauch J, Zeller N, et al. (2008) Sympathetic innervation of lymphoid tissues depends on prion protein-expressing follicular dendritic cells. Nat Med 5: 1308–1312.
12. Glatzel M, Heppner FL, Albers KM, Aguzzi A (2001) Sympathetic innervation of lymphoendothelial organs is rate limiting for prion neuroinvasion. Neuron 21: 1339–1351.
13. Brandner S, Isenmann S, Raeber A, Fischer M, Sailer A, et al. (1996) Normal host prion protein necessary for scrapie-induced neurotoxicity. Nature 379: 339–343.
14. Lauren J, Gimbel DA, Nygaard HR, Gilbert JW, Strittmatter SM (2009) Cellular prion protein mediates impairment of synaptic plasticity by amyloid-beta oligomers. Nature 457: 1128–1132.
15. Gimbel DA, Nygaard HB, Coffey EE, Gunther EC, Lauren J, et al. (2010) Memory impairment in transgenic Alzheimer mice requires prion protein. J Neurosci 30: 6367–6374.
16. Balducci C, Becq M, Stravidaci M, Bartone A, Scipia A, et al. (2010) Synthetic amyloid-beta oligomers impair long-term memory independently of cellular prion protein. Proc Natl Acad Sci U S A 107: 2295–2300.
17. Kessels HW, Nguyen LN, Nabavi S, Makrow R (2010) The prion protein as a receptor for amyloid-beta. Nature 466: E3–4; discussion E4–5.
18. Gallea AM, Farielli M, Navolone M, Mirante O, Moso R, et al. (2010) Prion protein and Aβ-related synaptic toxicity impairment. EMBO Mol Med 2: 306–314.
19. Sunerling D, Hagyi I, Fischer M, Blautler T, Brandner S, et al. (1996) Expression of amino-terminally truncated PrP in the mouse leading to ataxia and specific cerebellar lesions. Cell 93: 203–214.
20. Baumann F, Thurnheer M, Brabec C, Pahle J, Klooze U, et al. (2007) Lethal recessive myelin toxicity of prion protein lacking its central domain. EMBO J 26: 530–547.
21. Li A, Christensen HM, Stewart LR, Roth KA, Chiesa R, et al. (2007) Neonatal lethality in transgenic mice expressing prion protein with a deletion of residues 101–125. EMBO J 26: 548–558.
22. Westergard L, Turnbaugh JA, Harris DA (2011) A nine amino acid domain is essential for prion protein toxicity. J Neurosci 31: 14005–14017.
23. Behrens A, Aguzzi A (2002) Small is not beautiful: antagonizing functions for the prion protein PrP(C) and its homologue Dpl. Trends Neurosci 25: 150–154.
24. Chiesa R, Pizzorusso T, Ghetti B, Harris DA (1998) Neurological illness in transgenic mice expressing a prion protein with an insertional mutation. Neuron 21: 1339–1351.
25. Glatzel M, Mokhjari MH, Pouiller R, Nitsch RM, Schwarz P, et al. (2005) No influence of amyloid-beta-degrading neprilysin activity on prion pathogenesis. J Gen Virol 86: 1061–1067.
26. Falsig J, Julius C, Margalith I, Schwarz P, Heppner FL, et al. (2008) A versatile prion replication assay in organotypic brain slices. Proc Natl Acad Sci U S A 105: 2271–2281.
27. Yu G, Chen J, Yu H, Liu S, Xu X, et al. (2006) Functional disruption of the prion protein gene in cloned goats. J Gen Virol 87: 1019–1027.
28. Zhu C, Li B, Yu G, Chen J, Yu H, et al. (2009) Production of PrP−/− goats by gene targeting in adult fibroblasts. Transgenic Res 18: 163–171.