

Figure 1. Endogenous TIA-1 is colocalized with Htt inclusions in R6/2 mouse brain. A—C, Immunohistochemistry of hippocampus CA1 of an R6/2 brain was performed by double staining with mouse anti-Htt [EM48; red (A)] and goat anti-TIA-1 [C-20; green (B)] followed with Alexa 546-anti-mouse and Alexa 488-anti-goat antibodies (scale bar, 10  $\mu$ m). Images were obtained by a confocal microscopy. A merged image is shown in C, and colocalization of endogenous TIA-1 with Htt inclusions is shown by white arrows. Nuclei were counterstained with TOTO-3 (blue). A magnified image is also shown in the inset of each panel. Brain homogenates of R6/2 and WT mice at 12 weeks of age were prepared as shown in D, and each fraction was analyzed by Western blot using anti-TIA-1 antibody (E). Recombinant E0 His-tagged human TIA-1 (molecular weight, 45,090) was loaded as a positive control and exhibits slower mobility than endogenous mouse TIA-1 (molecular weight, 42,800).

using a Speed-Vac, the pellet fraction was redissolved/sonicated in 150  $\mu l$  of 100 mm Na-Pi/100 mm NaCl/2% SDS, pH 7.0 and saved as an RIPA-insoluble fraction. Protein concentration was determined by a BCA assay using BSA as a standard. Amounts of TIA-1 and Htt in both RIPA-soluble and -insoluble fractions were estimated by Western blotting.

Immunostaining of cultured cells and mouse tissues. Neuro2a cells seeded on a four-well chamber slide were cotransfected with 0.72  $\mu$ g each of Htt60Q-GFP in pcDNA3.1 and TIA-1 variants C-terminally tagged with HA in pIRESneo3. After 4 h of transfection, cells were differentiated by exchanging the culture medium to DMEM containing 10% FBS and 5 mM dbcAMP. After 2 d incubation at 37°C, cells were fixed with 4% paraformaldehyde and permeabilized with 0.1% Triton X-100. The antibody dilutions were 1:300 for rabbit polyclonal anti-HA (Y-11) and 1:1000 for anti-rabbit IgG conjugated with Alexa 555 (Invitrogen). Nuclei were counterstained with Hoechst 33342. Images were obtained by using a fluorescence microscope (Olympus IX70, LCPlan Fl  $\times$ 40).

For immunostaining of mouse brain tissues, mice were anesthetized and immediately fixed by perfusion through the left ventricle with 4% paraformaldehyde in PBS. A brain was collected and further fixed with the same fixative overnight, followed by treatment with 30% sucrose in PBS for 2 d and then with 20% sucrose solution overnight. The brains of R6/2 mice (12 weeks of age) mounted in Tissue mount (Chiba Medical) were cut into 10  $\mu$ m sections with cryostat. For immunostaining, the primary antibody dilutions were used as follows: 1:500 for mouse monoclonal anti-Htt (EM48), 1:1000 for goat polyclonal anti-TIA-1 (C-20; Santa Cruz Biotechnology). The secondary antibody dilutions were 1:300 for goat anti-mouse IgG conjugated with Alexa 546 (Invitrogen) and donkey anti-goat IgG conjugated with Alexa 488 (Invitrogen). Nuclei were counterstained with TOTO-3. After being mounted using Immu-

mount (Thermo Fisher Scientific), the tissues were observed under a confocal microscope (TCS SP2; Leica Microsystems).

Electrophoresis. Three or 10  $\mu$ g of total proteins indicated in each experiment were boiled in an SDS-PAGE sample buffer containing β-mercaptoethanol and loaded on a 5-20% gradient or a 15% SDS-PAGE gel (PAGEL; ATTO). After electrophoresis, proteins were electroblotted on a 0.2 µm PVDF (polyvinylidene difluoride) membrane (Bio-Rad) and analyzed by Western blotting using either mouse monoclonal anti-poly(Q) (1C2; Millipore Bioscience Research Reagents; 1:1000), goat polyclonal anti-TIA-1 (C-20; 1:1000), mouse anti-GFP (Roche; 1:1000), or mouse monoclonal anti-cytochrome c (Cytc) (7H8.2C12; BD Biosciences Pharmingen; 1:1000) as a primary antibody. Corresponding secondary antibodies that are conjugated with HRP were used: antigoat (1:3000) and anti-mouse (1:1000) antibodies. Blots were developed with the SuperSignal West Dura (Pierce), and images were obtained using LAS1000 (FUJI FILM).

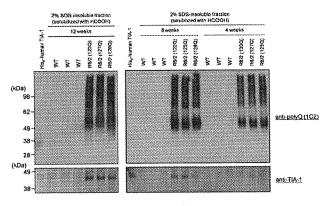
Time-lapsed live-cell imaging. Neuro2a cells were cotransfected with a pair of Htt62Q-CFP and TIA-1 FL-YFP or Htt150Q-CFP and TIA-1 C-red fluorescent protein (RFP) on a glassbottom dish (MatTeck). After 24 h of transfection, an observation of cells is started using a time-lapsed confocal microscopy. During the experiment, cells were maintained at 37°C with 5% CO2 in a live-cell incubation chamber. Imaging was performed on an Olympus FV1000 confocal microscope equipped with a 60× UPlanSApo oil objective lens, a CO2 live-cell incubator (MI-IBC-IF), a motorized XY stage, and an IR autofocus system (ZDC-IMAGE). Images at 10 different sites were acquired at intervals of 5 min for 10 h. For each site, five different Z planes (1  $\mu$ m) in 110  $\mu$ m pinhole were acquired

to account for the aggregate location in the Z plane. CFP, YFP, and RFP were excited by 440 nm light-emitting diode, 515 nm argon, and 547 nm He–Ne laser, respectively. Fluorescence from CFP, YFP, and RFP is observed between 460 and 500 nm, 530 and 630 nm, and 600 and 700 nm emission wavelength, respectively.

#### Results

### TIA-1 colocalizes with Htt inclusions in transgenic mice expressing Htt exon I with abnormal length of poly(Q)

Htt constitutes intranuclear inclusions when the length of consecutive glutamine residues in exon I exceeds a pathogenic threshold (~36 glutamines). An R6/2 transgenic mouse, in which human Htt exon I with ~130 glutamines is expressed, mimics pathological processes of HD including the formation of neuronal intranuclear inclusions (Davies et al., 1997). In R6/2 mice, mutant Htt starts to form inclusions at an early stage of the disease (4 weeks), and accumulates until the disease endstage (12 weeks). Although TIA-1 has been implied to colocalize with inclusions of mutant Htt in a cultured cell model (Waelter et al., 2001), we first examined whether TIA-1 is a constituent of pathological inclusions in an R6/2 mouse brain. Double immunostaining of a brain section of an R6/2 mouse at 12 weeks of age has been performed using anti-Htt (EM48) and anti-TIA-1 (C-20) antibodies. We confirmed intranuclear Htt-positive inclusions in cortex, hippocampus, and striatum (data not shown) and found that extensive colocalization of TIA-1 with Htt-positive inclu-



**Figure 2.** Htt aggregation precedes TIA-1 insolubilization in R6/2 mouse brain. The SDS-insoluble fraction redissolved with HCOOH treatment was prepared from WT and R6/2 mouse brains at 4, 8, and 12 weeks of age. Ten micrograms of total proteins were loaded on a gradient gel and analyzed by Western blot using anti-poly(Q) (1C2) or anti-TIA-1 (C-20) antibodies. Calculated molecular weight of exon I of Htt with 130Q is 24,075 Da, but it is known that a long poly(Q) tract retards the electrophoretic mobility and increases apparent molecular weight. In addition, redissolved Htt aggregates exhibit smear signals in the high molecular weight region probably because of the SDS-resistant interactions between long poly(Q) tracts in Htt proteins.

sions especially in hippocampus (Fig. 1*A*–*C*). These immunohistochemical observations suggest that TIA-1 is recruited into pathological HD inclusions *in vivo*.

Aggregates of mutant Htt remain insoluble in 2% SDS but can be solubilized after treatment with 100% formic acid (Hazeki et al., 2000). To examine biochemical alterations of TIA-1 on its recruitment into pathological inclusions, a fractionation was performed using homogenates of wild-type (WT) and R6/2 mouse brain at 12 weeks of age (Díaz-Hernández et al., 2004) (Fig. 1D). As expected, Htt aggregates solubilized with formic acid are detected in a 2% SDS-resistant fraction of an R6/2 mouse brain homogenate (Fig. 2). Although current experimental conditions do not detect difference in Sarkosyl-soluble amounts of endogenous TIA-1 between WT and R6/2 mice at 12 weeks of age, TIA-1 remains in a final SDS-resistant pellet fraction in R6/2 but not WT mice (Fig. 1 D, E). Furthermore, the insolubilization of TIA-1 associated with the inclusion formation is found to be age dependent (Fig. 2). At 4 weeks of age, significant amounts of Htt aggregates are already found in an SDS-resistant pellet, whereas insoluble TIA-1 is not yet detected. TIA-1 starts to accumulate in SDS-resistant pellets between 4 and 8 weeks of age, and amounts of SDS-insoluble TIA-1 increase at 12 weeks of age in R6/2 mice. Together, a recruitment of TIA-1 into pathological inclusions occurs after Htt aggregation and leads to decrease the solubility of a TIA-1 protein.

### C-terminal domain of TIA-1 is responsible for its recruitment into Htt inclusions

TIA-1 is comprised of three RNA recognition motifs at its N terminus and a Q/N-rich auxiliary domain at its C terminus (Tian et al., 1991) (Fig. 3A). To test which region(s) of TIA-1 is responsible for the recruitment into inclusions containing mutant Htt, exon I of Htt with a pathological (60Q) length of a poly(Q) tract (Htt60Q) was coexpressed with either a full-length (TIA-1 FL, 1–406), N-terminal RNA recognition motifs (TIA-1 N, 1–309), or a C-terminal Q/N-rich domain (TIA-1 C, 310–406) of human TIA-1 in mouse neuroblastoma cells, *Neuro2a*. Htt60Q and TIA-1 variants were C-terminally fused with GFP and HA, respectively. After incubation for 2 d, Htt60Q-GFP exhibits cytoplasmic inclusions, with which TIA-1 FL-HA and TIA-1 C-HA are

colocalized (Fig. 3*B*,*D*). In contrast, TIA-1<sup>N</sup>-HA is segregated from Htt60Q-GFP inclusions (Fig. 3*C*). We also attempted to test specificity of the recruitment of TIA-1<sup>FL</sup>-HA or TIA-1<sup>C</sup>-HA into Htt inclusions; for that purpose, we note Cu,Zn-superoxide dismutase (SOD1) with a G85R mutation, which is causative for familial form of amyotrophic lateral sclerosis (Rosen et al., 1993). Overexpression of SOD1<sup>G85R</sup> C-terminally tagged with GFP (SOD1 <sup>G85R</sup>-GFP) in *Neuro2a* cells leads to formation of cytoplasmic inclusions (Furukawa et al., 2008); however, TIA-1<sup>FL</sup>-HA or TIA-1<sup>C</sup>-HA was not recruited into the SOD1 inclusions (supplemental Fig. 1, available at www.jneurosci.org as supplemental material). These immunocytochemical results thus show that interaction of TIA-1 with Htt inclusions does not appear to be nonspecific and that TIA-1 interacts with Htt inclusions through a C-terminal Q/N-rich domain.

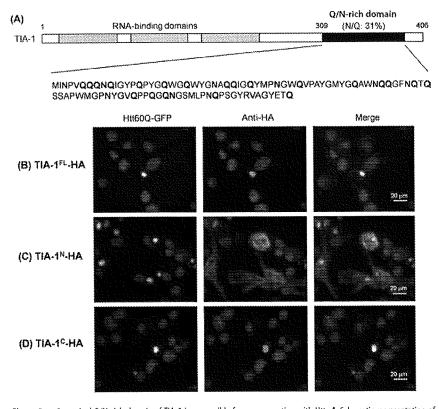
### TIA-1 itself is fibrillogenic and integrated into Htt fibrillar aggregates

We next sought to decipher a molecular mechanism of how TIA-1 is recruited into inclusions. Htt exon I with 42 glutamines (Htt42Q) was prepared as a fusion protein with GST (GST-Htt42Q) (Scherzinger et al., 1997). Treatment of GST-Htt42Q with a protease, HRV3C, specifically cleaves the site between Htt42Q and a GST-tag within 10 min (data not shown), and additional incubation at 20°C for 6 h results in the formation of fibrillar aggregates (supplemental Fig. 2A, available at www.jneurosci.org as supplemental material). These *in vitro* Htt fibrils well reproduce the pathological Htt aggregates purified from inclusions in patients and rodent models of HD (Díaz-Hernández et al., 2004).

Interestingly, overnight agitation of  $10~\mu M$  TIA- $1^{FL}$  at  $37^{\circ}C$  increases the intensity of thioflavin T fluorescence (Fig. 4A). Thioflavin T fluoresces on specific binding to  $\beta$ -sheet rich protein fibrils (Naiki et al., 1989). In addition, the insoluble TIA- $1^{FL}$  aggregates red-shift the absorption peak of Congo red (Fig. 4B). These are typical tinctorial changes on formation of amyloid-like fibrillar aggregates (Harper and Lansbury, 1997). To identify the fibrillogenic region of TIA-1, a soluble form of either TIA- $1^N$  or TIA- $1^C$  was agitated overnight at  $37^{\circ}C$ . We found that TIA- $1^C$  but not TIA- $1^N$  forms the thioflavin T and Congo red-positive aggregates (Fig. 4A, B). Fibrillar morphology of TIA- $1^C$  aggregates was further confirmed by an atomic force microscopy (Fig. 4C). Given a high propensity of TIA-1 itself for fibrillation, therefore, we hypothesize that mutant Htt can form a mixed fibril with TIA-1.

To test this hypothesis in *in vitro* conditions, 5  $\mu$ M GST-Htt42Q was incubated with 0.5  $\mu$ M of a GST-TIA-1 Protein that is further C-terminally fused with a triple HA tag (GST-TIA-1 HA<sub>3</sub>). A GST tag in both proteins was liberated by adding a specific protease, HRV3C, during incubation for aggregation. Htt42Q/TIA-1 mixed aggregates were then observed by an electron microscopy after immunodecoration by anti-Htt and anti-HA antibodies. As shown in Figure 4D, we found that TIA-1 HA<sub>3</sub> is integrated in Htt42Q fibrils. Because TIA-1 remains SDS-soluble in the absence of Htt inclusion formation (Figs. 1E, 2), mutant Htt/TIA-1 mixed fibrils would form in the pathological inclusions found in HD.

Indeed, recruitment of TIA-1 in *in vivo* Htt fibrils was supported by immunoelectron micrograms of SDS-insoluble pellets that were prepared from *Neuro2a* cells doubly transfected with Htt60Q-GFP and TIA-1 FL or C-HA. Htt60Q-GFP forms fibrillar aggregates, which were reacted with an anti-Htt (EM48) anti-body, and an anti-HA antibody detects TIA-1 FL-HA or TIA-1 C-HA in SDS-insoluble Htt fibrils (Fig. 4 E, F; supplemental Fig. 1 B, available at www.jneurosci.org as supplemental material).



**Figure 3.** C-terminal Q/N-rich domain of TIA-1 is responsible for coaggregation with Htt. **A**, Schematic representation of domain structure of TIA-1. Thirty-one percent of a C-terminal domain corresponds to glutamine (Q) or asparagine (N) residues. *Neuro2a* cells were doubly transfected with Htt60Q-GFP and TIA-1 FL-HA (**B**), TIA-1 N-HA (**C**), or TIA-1 C-HA (**D**). Two days after transfection, cells were fixed, stained with rabbit anti-HA antibody and Alexa 555-anti-rabit antibodies (shown in red), and observed using a fluorescence microscope. Nuclei were counterstained using Hoechst 33342 (blue). Htt60Q-GFP forms cytoplasmic inclusions in all three cases (shown in green), and colocalization was observed in TIA-1 FL-HA and TIA-1 C-HA, but not in TIA-1 N-HA.

Such fibrillar structures were not found in the SDS-insoluble fraction of cells transfected with TIA-1 FL or C-HA alone (data not shown). These results hence suggest that Htt aggregates induce the conformational transition of TIA-1 from a soluble state into insoluble aggregates *in vitro* and *in vivo*.

### Htt fibril functions as an efficient seed for $in\ vitro$ fibrillation of TIA-1 $^{\rm C}$

In *in vitro* mutant Htt fibrillation, a nucleation step precedes a fibril elongation step, which was monitored by fluorescence increase of thioflavin T after a lag time (Fig. 5A, blue curve). Interestingly, addition of soluble 0.5  $\mu$ M TIA-1 to the solution containing 5  $\mu$ M Htt42Q extended the lag time of Htt fibrillation (from  $\sim$ 100 to  $\sim$ 400 min) (Fig. 5A, blue and black curves), implying that soluble TIA-1 decelerates fibrillation of mutant Htt by protein–protein interactions. Once mutant Htt starts to fibrillate, however, TIA-1 becomes intertwined in a fibrillar structure of mutant Htt aggregates as observed in Figure 4D.

As a possible mechanism of the recruitment of TIA-1 into Htt fibrils, furthermore, we have noted a seeding phenomenon of protein fibrils, in which existing fibrils induce subsequent fibrillation of a soluble protein (Harper and Lansbury, 1997). Effective concentrations of fibrillar species can be increased by shearing fibrils with ultrasonication, and sheared fibrils are used as "seeds" (Harper and Lansbury, 1997). When Htt42Q seeds are added to a soluble form of Htt42Q, thioflavin T fluorescence increases without a lag time, supporting a seeding reaction (Fig. 5A, blue and red curves). TIA-1 calso exhibits a seeding reaction, in which addition of

TIA-1<sup>C</sup> seeds diminishes the lag time in TIA-1<sup>C</sup> fibrillation (Fig. 5*B*, blue and red curves). Interestingly, albeit with less efficiency compared with the self-seeding of TIA-1<sup>C</sup>, Htt42Q seeds also accelerate fibrillation of TIA-1<sup>C</sup> by shortening the lag time (Fig. 5*B*, blue and green curves), whereas addition of soluble Htt42Q does not alter the fibrillation kinetics of TIA-1<sup>C</sup> (Fig. 5*B*, blue and black curves). Such a "cross-seeding" reaction between heterologous proteins was not, however, observed in the fibrillation of Htt42Q with TIA-1<sup>C</sup> seeds (Fig. 5*A*, blue and green curves). Htt aggregate can thus act as a nucleus (or seed) to accelerate fibrillation of TIA-1<sup>C</sup>.

To further confirm the cross-seeding reaction of TIA-1 C by Htt42Q aggregates, we performed direct observation of protein fibrils using a fluorescence microscope. Alexa 555-modified Htt42Q and Alexa 488-modified TIA-1 C were first prepared and then incubated for aggregation. When Alexa 555-Htt42Q seeds were incubated with soluble Alexa 488-TIA-1<sup>C</sup> on a glass slide, it is clearly observed that a green TIA-1<sup>C</sup> fibril grows from a red Alexa 555-Htt42Q seed (Fig. 5C-E). A cross-seeding activity of Htt aggregates in TIA-1 fibrillation is, therefore, proposed to be one of molecular origins to describe the recruitment of TIA-1 into Htt fibrillar aggregates.

## Htt inclusions induce recruitment of TIA-1 in a cultured cell, but not vice versa

A seeding role of Htt aggregates in the *in vitro* recruitment of TIA-1 is tested by the time-lapse live-cell imaging experiments. First, *Neuro2a* cells are cotransfected with Htt62Q-CFP and TIA-1 FL-YFP. Htt62Q-CFP inclusions first appear, but no colocalization of TIA-1 FL-YFP occurs in an early phase (Fig. 6A, 0–50 min). TIA-1 FL-YFP becomes sequestered into Htt62Q-CFP inclusions in the later phase of observation (Fig. 6A, 75–125 min). These results appear to reproduce the observations that Htt inclusion formation precedes insolubilization of TIA-1 in a mouse brain (Fig. 2).

To examine whether preexisting TIA-1 aggregates affect the formation of Htt inclusions in the cellular environment, we also performed time-lapse imaging of *Neuro2a* cells transfected with Htt150Q-CFP and TIA-1<sup>C</sup>-RFP. Unlike TIA-1<sup>FL</sup>-YFP, TIA-1<sup>C</sup>-RFP forms cytoplasmic inclusions before Htt150Q-CFP starts to aggregate. Htt inclusion formation occurs at the site at which TIA-1<sup>C</sup>-RFP inclusions are not evident (Fig. 6B, 0–60 min). At a later stage of the observation (Fig. 6B, 80–100 min), however, TIA-1<sup>C</sup>-RFP is eventually colocalized with Htt inclusions.

Inclusion formation observed in cultured cells is supposed to be a distinct process from protein fibrillation in a molecular level and has been known as a complex cellular process involving ubiquitination, active protein transport, and interactions with molecular chaperones (Kopito, 2000). For example, a proteasomal inhibition caused by insoluble Htt aggregates (Jana et al., 2001) may also be a possible mechanism of Htt/TIA-1 colocalization in the pathological inclusions. In *Neuro2a* cells, Htt62Q-YFP and TIA- $1^{\rm FL}$ -HA form coaggregates that are trapped on a 0.2  $\mu m$  cellulose

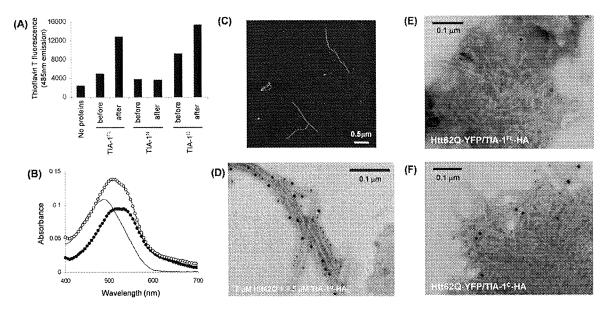


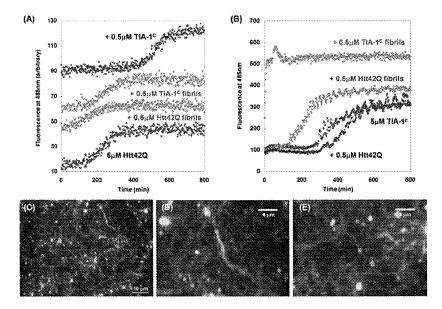
Figure 4. TIA-1 forms amyloid-like fibrils and is integrated in Htt42Q fibril. *A,* Fluorescence intensity from thioflavin T before and after overnight agitation of 10 μm TIA-1<sup>FL</sup>, TIA-1<sup>FL</sup>, TIA-1<sup>FL</sup>, and TIA-1<sup>C</sup> at 37°C, 1200 rpm. Excitation and emission wavelengths were 442 and 485 nm, respectively. TIA-1<sup>C</sup> was prepared by adding an HRV3C protease to GST-TIA-1<sup>C</sup>. *B,* Electronic absorption spectra of Congo red in the presence of either TIA-1<sup>FL</sup> aggregates (curve with open circles) or TIA-1<sup>C</sup> aggregates (curve with filled circles). A plain curve shows an absorption spectrum of Congo red alone. *C,* Fibrillar morphologies of TIA-1<sup>C</sup> aggregates were observed by an atomic force microscopy. *D,* An immunoelectron microscopic image of Htt42Q aggregated in the presence of TIA-1<sup>C</sup>-HA<sub>3</sub>. Htt is decorated with smaller gold particles (5 nm diameter), whereas larger gold particles (10 nm diameter) detect TIA-1<sup>C</sup>-HA<sub>3</sub>. *E, F,* Immunoelectron microscopic images of SDS-insoluble aggregates prepared from *Neuro2a* cells transfected with Htt62Q-YFP and TIA-1<sup>FL</sup>-HA (*E*) or Htt62Q-YFP and TIA-1<sup>C</sup>-HA (*F*). Anti-Htt, Smaller gold particles (5 nm diameter); anti-HA, larger gold particles (10 nm diameter).

acetate membrane even after a wash with 2% SDS (supplemental Fig. 3A, available at www.jneurosci.org as supplemental material). When Neuro2a cells were transiently transfected with TIA-1 FL-HA alone and treated with a specific proteasomal inhibitor, epoxomycin, we could not find any SDS-insoluble TIA-1 aggregates trapped on the membrane (supplemental Fig. 3, available at www.jneurosci.org as supplemental material). Although other cellular processes might regulate colocalization of Htt and TIA-1 in pathological inclusions, it is unlikely that proteasomal inhibition by Htt aggregates plays major roles in decreasing the solubility of a TIA-1 protein. As shown in in vitro/in vivo experiments, instead, we suppose that a cross-seeding reaction can be appended as one of molecular mechanisms for the recruitment of TIA-1 into SDS-insoluble Htt aggregates. Based on these results, our next question is whether the recruitment of TIA-1 into Htt inclusions is associated with dysregulation of its physiological function.

### Functional inactivation of TIA-1 on recruitment into Htt inclusions

One of the physiological functions of TIA-1 is to suppress a translation of a target mRNA by binding its 3'-untranslated

region (3'-UTR) (López de Silanes et al., 2005). It has been shown that translation of Cytc is suppressed by binding of TIA-1 to 3'-UTR of Cytc mRNA (Kawai et al., 2006). To test whether intracellular amounts of TIA-1 modulate expression of a Cytc



**Figure 5.** Htt aggregates function as an efficient seed for accelerating TIA-1  $^{\rm C}$  fibrillation. *A, B,* A cross-seeding activity of TIA-1  $^{\rm C}$  and Htt42Q aggregates toward Htt42Q and TIA-1  $^{\rm C}$  fibrillation, respectively. *A,* GST-Htt42Q (5 μm) was incubated with 0.5 μm of either soluble GST-TIA-1  $^{\rm C}$ , Htt42Q aggregates, or TIA-1  $^{\rm C}$  aggregates at 20  $^{\rm C}$  in 100 mm Na-Pi/100 mm NaCl/1 mm EDTA/16.7 μm thioflavin T/2 U of HRV3C, pH 8.0. *B,* GST-TIA-1  $^{\rm C}$  (5 μm) was incubated with 0.5 μm of either soluble GST-Htt42Q, Htt42Q aggregates, or TIA-1  $^{\rm C}$  aggregates in the same experimental conditions. Fibrillation was monitored by increase of thioflavin T fluorescence (442 nm excitation and 485 nm emission wavelength). *C*-*E,* Direct observation of TIA-1  $^{\rm C}$  fibrils (shown in green) seeded with Htt42Q aggregates (shown in red) by a fluorescence microscope (Olympus IX70, UPLAPO100x013). Soluble TIA-1  $^{\rm C}$  modified with Alexa 488 was incubated with seeds of Alexa 555-modified Htt42Q. A cross-seeding reaction proceeds on a glass slide covered with a cover glass at 37  $^{\rm C}$  overnight. Magnified images are shown in *D* and *E*.

protein, endogenous TIA-1 was decreased in human embryonic kidney cells, HEK293T, by using miRNA. Our miRNA targeting a human TIA-1 gene reduced amounts of an endogenous TIA-1 protein ( $\sim$ 50% reduction), resulting in the increase in expression level of Cytc ( $\sim$ 50% increase) (Fig. 7*A*, *B*). These results confirm

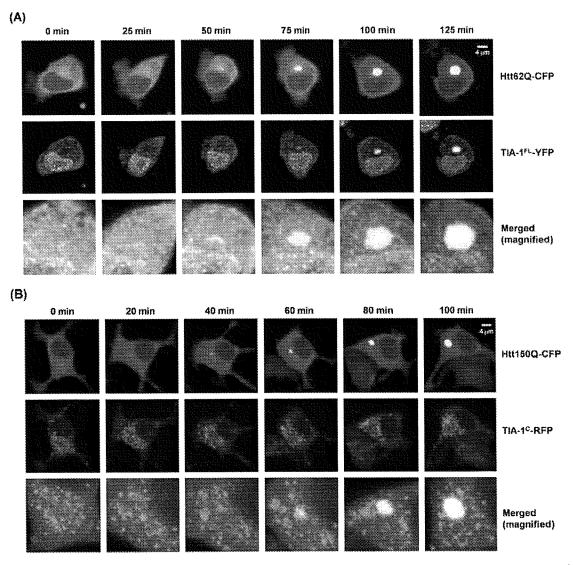


Figure 6. Htt inclusions sequester TIA-1 in a *Neuro2a* cell, but not vice versa. *A*, Representative time-lapsed images of *Neuro2a* cells cotransfected with Htt62Q-CFP and TIA-1 FL-YFP. After overnight transfection, the confocal live-cell imaging was started and performed at intervals of 5 min. A time point when the cell contains no aggregates was arbitrarily set as 0 min. Scale bar, 4 µm. *B*, Time-lapse confocal imaging of a live *Neuro2a* cell cotransfected with Htt150Q-CFP and TIA-1 C-RFP. Most of the cells expressing TIA-1 C-RFP form inclusions after overnight transfection, but those TIA-1 C-RFP inclusions do not induce Htt150Q-CFP aggregation. Scale bar, 4 µm.

the suppressive role of TIA-1 on expression of a  $\operatorname{Cyt} c$  protein (Kawai et al., 2006).

We next attempt to reveal functional dysregulation of TIA-1 on its recruitment into Htt inclusions. Either Htt18Q-YFP or Htt62Q-YFP was transiently transfected with HEK293T cells together with a pPUR plasmid that contains a puromycin-resistant gene; thereby, contributions from untransfected cells can be reduced by treatment with puromycin. After 3 d of incubation, Htt62Q-YFP but not Htt18Q-YFP has accumulated in a RIPAinsoluble fraction (Fig. 7C, bottom), which agrees with the fact that abnormal length of a poly(Q) tract (62Q) causes Htt aggregation. Aggregation of Htt62Q-YFP also associates with insolubilization of endogenous TIA-1 and concomitantly reduces amounts of RIPA-soluble TIA-1 compared with those in the cells with an aggregation-free Htt18Q-YFP ( $\sim$ 30% decrease) (Fig. 7C, top, Fig. 7D). Furthermore, significant increase ( $\sim$ 30%) in the amount of Cytc was observed in Htt62Q-YFP compared with Htt18Q-YFP, but its increase was suppressed when TIA-1 FL-HA was coexpressed (Fig. 7*E*,*F*). Even though significant fractions ( $\sim$ 70%) of TIA-1 <sup>FL</sup>-HA becomes RIPA-insoluble on coexpression of TIA-1 <sup>FL</sup>-HA with Htt62Q-YFP (Fig. 7*C*,*D*), remaining amounts of soluble TIA-1 <sup>FL</sup>-HA are  $\sim$ 2.5-fold higher than those of endogenous TIA-1 in the cells transfected with Htt18Q-YFP alone (data not shown) and appear to be enough to complement the function of recruited endogenous TIA-1. These results are thus consistent with the idea that coaggregation with mutant Htt reduces intracellular soluble amounts of TIA-1 and represses a physiological function of TIA-1.

#### Discussion

Our studies show that an RNA-binding protein, TIA-1, is a member of the proteins recruited into insoluble Htt inclusions. *In vivo* and *in vitro* experimental results suggest that Htt aggregates function as an efficient seed for the conversion of a soluble TIA-1 protein into an insoluble structure. On recruitment into Htt inclusions, furthermore, we have shown in a cultured cell model

that intracellular amounts of soluble TIA-1 are decreased and that the physiological function of TIA-1 is repressed. A cross-seeding activity of Htt aggregates could hence be one of molecular mechanisms to describe how mutant Htt causes functional dysregulation of coaggregated proteins. Based on the results presented here, we propose that cross-seeded fibrillation of Q/N-rich proteins leads to a pathological diversity in a poly(Q) disease (Fig. 8).

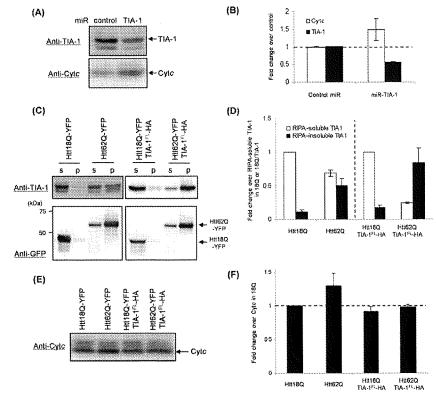
#### Precedents of a coaggregation mechanism: proteins with a benign length of poly(Q) in Htt fibrils

So far, coaggregation with a mutant Htt protein has been reported in several proteins containing a nonpathogenic length of a poly(Q) tract. Important examples include the TATA box binding protein (TBP) and the transcriptional coactivator CBP (CREB binding protein), which possesses 38 and 19 consecutive glutamine residues, respectively (Huang et al., 1998; Nucifora et al., 2001; Schaffar et al., 2004). In addition, Htt with a normal length of poly(Q) (Q20, Q32, and Q37) is coaggregated with mutant Htt in vitro (Busch et al., 2003). These benign poly(Q)containing proteins themselves are not fibrillogenic but become an integral component of fibrils on coaggregation with mutant Htt (Busch et al., 2003; Schaffar et al., 2004). Although Htt aggregates do not trigger fibrillation of these benign poly(Q) proteins in vitro (Busch et al., 2003), poly(Q)-poly(Q) interactions in the solu-

ble state would be enough to intertwine benign poly(Q) proteins into Htt fibrils. In a human proteome, 64 proteins have more than five consecutive glutamines in their amino acid sequences (Butland et al., 2007), although not all of those poly(Q) proteins are necessarily sequestered in HD inclusions (Busch et al., 2003). Compared with poly(Q) proteins, the total number of Q/N-rich domains in a human proteome has been estimated to be ~200 (Harrison and Gerstein, 2003). As evidenced in TIA-1 as a model of Q/N-rich proteins, we suppose that more numbers of Q/N-rich proteins are potentially involved in HD inclusions by adopting a fibrillar structure (Fig. 8).

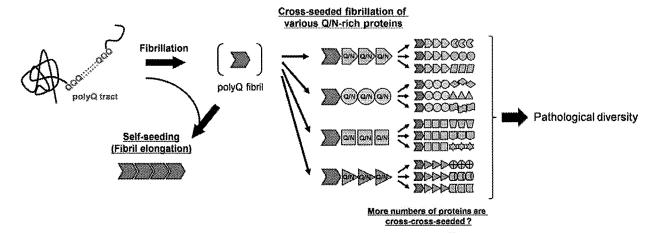
### Cross-seeding activity of Htt aggregates leads to recruitment of Q/N-rich proteins in HD inclusions

TIA-1 has no poly(Q) tract (at most three consecutive glutamines), but its C-terminal domain is rich in Q/N residues (31% abundance) (Fig. 3A), given that the average abundance of Q and N for the eukaryotic proteomes is ~5% each per open reading frame (Michelitsch and Weissman, 2000). Fibrillation of a Q/N-rich protein sequence has been shown in several yeast prion proteins (Ross et al., 2005) such as Sup35 and New1. Q/N richness of the prion domain of Sup35 and New1 is higher than (48.8%) or comparable with (26.1%) that of TIA-1 C-terminal domain (31.0%), respectively. Sup35 exhibits weak sequence homology with TIA-1 at the Q/N-rich domain; TIA-1 C (97 aa) and Sup35



**Figure 7.** Functional repression of TIA-1 as a translational silencer on coaggregation with mutant Htt. A, B, HEK293T cells transfected with negative control or miR-TIA-1 were lysed in a RIPA buffer. After ultracentrifugation, a supernatant containing 3  $\mu$ g (for TIA-1) or 10  $\mu$ g (for Cytc) of total proteins was analyzed by Western blotting (A) and densitometric quantification of band intensity (B). C-F, HEK293T cells transfected with Htt18/62Q-YFP and pPUR were lysed in a RIPA buffer. For coexpression of TIA-1 FL-HA, Htt18Q-YFP or Htt62Q-YFP in pIRES-TIA-1 was used. After ultracentrifugation, supernatant (s, RIPA-soluble fraction) and pellet (p, RIPA-insoluble fraction) were analyzed by Western blotting: TIA-1 and GFP (C), Cytc (E). D, Amounts of TIA-1 in each sample were quantified and normalized by those of RIPA-soluble TIA-1 in either the sample transfected with Htt18Q-YFP plus TIA-1  $^{FL}$ -HA.  $^{FL}$ , Amounts of Cytc were quantified and normalized by those of the sample transfected with Htt18Q-YFP. Three independent experiments were performed to estimate errors (B, D, F).

N-terminal NM domain (124 aa) share 26.1% identity and 53.4% similarity in the overlapped 88 aa. TIA-1 <sup>C</sup> also exhibits a limited homology with exon I of Htt with 42Q (112 aa): 25.0% identity and 36.0% similarity in the overlapped 72 aa. As implied in the species barrier of the prion transmission, a seeding specificity does not always correlate with the primary sequence similarities; rather, conformational roles of fibrils are more evident in a seeding reaction (Vanik et al., 2004). A structure of poly(Q) fibrils has been described by a "polar zipper" model, in which hydrogen bonding interactions among both side and main chains of glutamine residues constitute an ordered  $\beta$ -sheet structure (Perutz et al., 1994). Although it remains unclear how many glutamines can sustain a polar zipper interaction in the poly(Q)-Q/N mixed fibrils, our results imply that  $\sim$ 30% abundance of Q/N residues as found in TIA-1 is sufficient for being zipped with a poly(Q) sequence. Although a Q/N-rich sequence with low complexity would play a role in interacting with another protein molecule including a hydrogen-bonding interaction (Wright and Dyson, 1999), there is a caveat that presence of Q/N-rich region(s) in a certain protein molecule does not necessarily mean the ability to interact with poly(Q) aggregates. Nonetheless, it is worth noting that the coaggregated proteins our group has recently reported contain Q/N-rich sequences; an N-terminal part (1-162) of an RNA-binding protein, TLS, exhibits 26% in the Q/N abundance, and 33 and 34% of an N-terminal part of a transcription factor,



**Figure 8.** Our concept of pathological diversity based on a cross-seeding mechanism. An abnormally expanded poly(Q) tract forms fibrillar aggregates, which can induce fibrillation of Q/N-rich proteins by acting as a seed (cross-seeding). Various kinds of Q/N-rich proteins (designated as different shapes and/or colors) can be potentially recruited into the fibrillar aggregates through a cross-seeding reaction. Cross-seeded fibrils of Q/N-rich proteins may further facilitate fibrillation of the other proteins that cannot be directly seeded by poly(Q) aggregates (cross-cross-seeding). Given that physiological functions of recruited proteins are repressed, cross-seeding reactions will describe diverse pathologies observed in the poly(Q) diseases.

NF-YA (1–153), and a C-terminal part of NF-YC (150–186) is composed of Q/N residues, respectively (Doi et al., 2008; Yamanaka et al., 2008). In contrast, it has been reported that fibrillation of A $\beta$ (1–40), which contains only one each of glutamine and asparagine residues, are not efficiently seeded with poly(Q) aggregates (O'Nuallain et al., 2004). A poly(Q) fibrillar structure could, therefore, provide a seeding scaffold to induce fibrillation of some Q/N-rich proteins.

### Pathological outcome of cross-seeding reactions in neurodegenerative diseases

Compared with a transient protein-protein association reaction, one of the kinetic features of a cross-seeding reaction is to explosively promote protein aggregation once the seeding starts. Pathological inclusion bodies in HD contain many kinds of protein molecules such as chaperones and proteasome components (Jana et al., 2001), which are possibly recruited through a cellular process distinct from cross-seeding fibrillation. A molecular chaperone, Hsp70, for example, is one of the proteins found in the HD inclusions, but its interaction with inclusions is transient and highly dynamic (Kim et al., 2002). Unlike TIA-1 and the other O/N-rich proteins such as TBP, NF-Y, and TLS, Hsc70 as well as Hsp84 do not contain a Q/N-rich region in its primary sequence and are easily dissociated from Htt inclusions in the presence of SDS (Mitsui et al., 2002). Although it remains unknown how functional repression of TIA-1 is related to HD pathologies, a cross-seeding behavior of mutant Htt bears some analogy with phenotypic changes in HD; diseases rapidly progress after the onset, and neurological symptoms often follow appearance of inclusions in the affected tissues (Davies et al., 1997).

In addition to a translational silencing of specific targeted genes including Cytc, TIA-1 has been known to play an essential role in forming stress granules (SGs) under stressed conditions (Kedersha et al., 1999) and is also a constituent of intracytoplasmic basophilic inclusions found in the patients with adult-onset motor neuron disease (Fujita et al., 2008). TIA-1 recruits untranslated mRNAs into SGs without apparent specificity and self-aggregates within SGs (Gilks et al., 2004). Formation of SGs promotes disassembly of a functional polysome and arrests the translation of housekeeping genes. A cross-seeded aggregation of

TIA-1 by Htt fibrils may lead to global suppression of translation by converging SGs and protein aggregates. As is the case with TIA-1, many DNA/RNA-binding proteins possess a Q/N-rich domain, which has been proposed to support protein—protein interactions (Michelitsch and Weissman, 2000). We thus suppose that cross-seeded fibrillation of a Q/N-rich domain with mutant Htt disrupts a canonical interaction in the transcriptional/translational complexes in particular and contributes to produce pathological phenotypes (Fig. 8).

Moreover, pathological phenotypes could become more diverse when a cross-seeded product further induces fibrillation of proteins that are not directly seeded with Htt aggregates (Fig. 8). Such a "cross-cross-seeding" initiated by Htt aggregates may affect physiological functions of more numbers of proteins (Fig. 8). Given a role of Htt aggregates as a structural template toward fibrillation of certain Q/N-rich sequences, therefore, we propose that a cross-seeding reaction by mutant Htt is one of molecular origins of diverse pathological phenotypes in HD patients.

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#### REVIEW

# The pathogenic mechanisms of polyglutamine diseases and current therapeutic strategies

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#### Abstract

Expansion of CAG trinucleotide repeat within the coding region of several genes results in the production of proteins with expanded polyglutamine (PolyQ) stretch. The expression of these pathogenic proteins leads to PolyQ diseases, such as Huntington's disease or several types of spinocerebellar ataxias. This family of neurodegenerative disorders is characterized by constant progression of the symptoms and molecularly, by the accumulation of mutant proteins inside neurons causing their dysfunction and eventually death. So far, no effective therapy actually preventing the physical and/or mental decline has been developed.

Experimental therapeutic strategies either target the levels or processing of mutant proteins in an attempt to prevent cellular deterioration, or they are aimed at the downstream pathologic effects to reverse or ameliorate the caused damages. Certain pathomechanistic aspects of PolyQ disorders are discussed here. Relevance of disease models and recent knowledge of therapeutic possibilities is reviewed and updated.

**Keywords:** CAG repeat, huntingtin, Huntington's disease, pathogenesis, polyglutamine, therapy.

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Polyglutamine (polyQ) diseases comprise one of the most common groups of inherited neurodegenerative conditions. This category of diseases is characterized by the pathological expansion of CAG trinucleotide repeat in the translated regions of unrelated genes. There are at least nine polyQrelated disorders known to date. The first disease connected with the expansion of CAG repeat and causing progressive motor neuron degeneration, spinal bulbar muscular atrophy (SBMA), was reported in 1991 (La Spada et al. 1991). Eight other disorders including Huntington's disease (HD), dentatorubropallidoluysian atrophy (DRPLA), and six types of spinocerebellar ataxia (SCA1, 2, 3, 6, 7, and 17) (Gardian et al. 2005) have since been identified, as associated with expanded polyQ (Table 1). The most common polyQ diseases worldwide are HD and SCA3 (Schols et al. 2004), but the incidence of these disorders differs between nations. For example, SCA3 accounts for vast majority of SCA in the Portuguese/Brazilian population but appears rarely in the Italian or is absent in the Czech population (Schols et al. 2004; Bauer et al. 2005b).

The amounts of mRNA and protein produced seem to be relatively unaffected in these conditions although *de novo* allele-specific DNA methylation has been proposed to affect the expression of mutant ataxin-2 in SCA2 patients (Bauer *et al.* 2004b). The disease phenotypes are usually observed

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Abbreviations used: 17-AAG, 17-(allylamino)-17-demethoxygeldanamycin; AR, androgen receptor; BAC, bacterial artificial chromosome; BDNF, brain-derived neurotrophic factor; CBP, CREB-binding protein; CHIP, C-terminal Hsp70-interacting protein; CK, casein kinase; CRE, cAMP response element; CREB, cAMP response element-binding protein; DRPLA, dentatorubropallidoluysian atrophy; ER, endoplasmic reticulum; HD, Huntington's disease; Hdj, human DNAJ; HHR23A, human homologs of yeast DNA repair protein Rad23; Hip-1, huntingtininteracting protein 1; HSP, heat-shock protein; htt, huntingtin; IP3R1, inositol (1,4,5)-trisphosphate receptor type 1; mGluR5, metabotropic glutamate receptor 5; MPT, mitochondrial permeability transition; NF-Y, nuclear factor Y; PGC-1, PPARy coactivator-1; polyQ, polyglutamine; ROS, reactive oxygen species; SAHA, suberoylanilide hydroxamic acid; SB, sodium butyrate; SBMA, spinal bulbar muscular atrophy; SCA, spinocerebellar ataxia; siRNA, small-interfering RNA; SP1, specificity protein 1; SUMO, small ubiquitin-like modifier; TAF, TBP-associated factor; TBP, TATA-binding protein; TFTC/STAGA, TBP-free TBPassociated factor-containing/suppressor of Ty 3 homolog (SPT3)/RNA polymerase II, TBP-associated factor (TAF9)/general control of aminoacid synthesis 5 (GCN5) acetyltransferase complex; TG, transglutaminase; TLS, translocated in liposarcoma; UPS, ubiquitin-proteasome system; YAC, yeast artificial chromosome.

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Table 1 List of polyQ diseases with respective genomic loci, protein names, and the ranges of normal and pathological expansion

Disease	Locus	Protein	PolyQ expansion	
			Normal	Pathological
SBMA	Xq11-q12	Androgen receptor	6–36	38-62
DRPLA	12p13	Atrophin-1	3-38	49-88
HD	4p16.3	Huntingtin	6-35	36-121
SCA1	6p23	Ataxin-1	6-39	41-83
SCA2	12q24	Ataxin-2	14-32	34-77
SCA3	14q24-q31	Ataxin-3	12-40	62-86
SCA6	19p13	CACNA1A	4-18	21-30
SCA7	3p21-p12	Ataxin-7	7–18	38-200
SCA17	6q27	TATA-binding protein	25-43	4563

SBMA, spinal bulbar muscular atrophy; DRPLA, dentatorubropallidoluysian atrophy; HD, Huntington's disease; spinocerebellar ataxia; polyQ, polyglutamine.

when the number of glutamines exceeds ~35-45. However, in the case of SCA6, the pathological threshold is ~20 repeats, and in SCA3 it is closer to 60 repeats (Shao and Diamond 2007). The expanded CAG repeat is unstable and tends to expand further leading to earlier age of onset and a more severe disease course in successive generations, a phenomenon called anticipation (Schols *et al.* 2004). Anticipation was also observed without an increase in CAG number indicating a complicated pathomechanism of polyQ diseases (Bauer *et al.* 2005a). In some diseases, such as SCA2 and SCA7, the CAG triplets can be extremely unstable. This instability results in either a very long repeat with juvenile age of onset or a *de novo* pathological expansion from the normal length allele in the absence of an intermediary length repeat (Mao *et al.* 2002; Bauer *et al.* 2004a).

No cases of HD, SBMA, DRPLA, or SCA1-3 and 7 with deletions or point mutations in their genes were reported, suggesting that these disorders do not result from a loss of gene function but rather from a gain of toxic function. The situation in SCA6 is less clear. Point mutations in the P/Q calcium channel gene cause the channel disorders episodic ataxia type 2, and familial hemiplegic migraine. There is significant overlap between these disorders and SCA6 in their clinical presentations (Jen et al. 1998; Alonso et al. 2003). Recently, polyQ-containing intranuclear inclusions in Purkinje cells and brainstem neurons were found in the brains of SCA8 patients and in a bacterial artificial chromosome (BAC)-transgenic mouse model of SCA8 (Moseley et al. 2006). SCA8 is believed to be caused by the expansion of a CTG repeat sequence, which resides in an untranslated endogenous antisense RNA that overlaps the Kelch-like 1 gene (Chen et al. 2008a). The newly discovered gene, ataxin-8, spans the repeat antiparallely to Kelch-like 1 and encodes a polyQ expansion in the CAG direction (Moseley et al. 2006).

Several shared features of polyQ diseases indicate a common toxic effect related to the polyQ expansion. They are all unremitting and progressive diseases. Both normal and abnormal proteins are usually expressed at the same level in the tissues. Also, there is no clear relationship between expression pattern and site of pathology, except for SCA6, where the gene product is expressed predominantly in Purkinje cells (Ishikawa et al. 1999). Although most of the proteins associated with polyQ diseases are expressed systemically, the cytotoxicity appears restricted to certain neuronal subtypes in the CNS. This suggests that probably certain specific cellular conditions exist in vulnerable neurons that may cause the selective cytotoxicity by their gene products.

In first part of this review, we discuss several points of the polyQ-related pathogenesis. The second part addresses different treatment strategies for polyQ diseases (Fig. 1) while providing an update of recent knowledge in this field.

#### Pathomechanism of polyglutamine diseases

Misfolding and aggregation of mutant polyglutamine proteins

It is hypothesized that polyQ diseases are the result of a toxic gain of function that occurs at the protein level. A prominent pathological feature in most of these diseases is the intranuclear and cytoplasmic accumulation of aggregated polyQ proteins inside neurons (Davies et al. 1997; DiFiglia et al. 1997). The role of the aggregation in disease pathogenesis is controversial. It is not completely clear whether the toxicity of the expanded polyQ proteins results from the presence of visible aggregates or from smaller intermediary species generated during the aggregation process. Aggregates may merely represent end products of the upstream toxic event. Some studies have suggested that the inclusions serve a protective role (Saudou et al. 1998). Several cellular models show the discrepancy between inclusion formation and cell death. For example, in rat primary striatal neurons, the inclusions were not a prerequisite for cell death but mutant huntingtin (htt) had to be present in the nucleus to induce apoptosis (Saudou et al. 1998). Apoptosis in neuroblastoma cell lines was increased in the presence of mutant htt however it did not correlate with aggregate formation (Lunkes and Mandel 1998; Lunkes et al. 1999). The first transgenic mouse modeling HD had a phenotype reminiscent of HD and extensive striatal intranuclear inclusions; however, there was minimal cell death (Mangiarini et al. 1996). Other mice had striatal loss but fewer or no inclusions (Reddy et al. 1998; Aronin et al. 1999; Hodgson et al. 1999). On the other hand, aggregates are usually found in affected areas of the patients' brains rather than in unaffected areas and the late onset and progressive nature of polyQ diseases can only be best explained by the slow process of protein aggregation. In SBMA, the inclusions are clearly associated with neuronal

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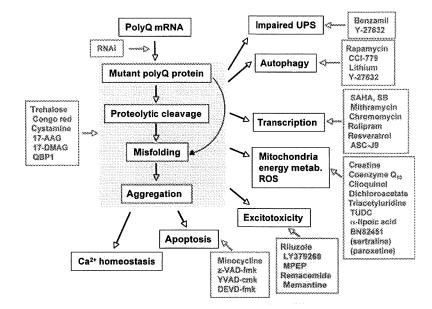


Fig. 1 Summary of therapeutic strategies in polyQ diseases. Molecules targeting different events of polyQ diseases pathogenesis (black boxes) are displayed in red boxes. Blue background highlights processing of the polyQ protein.

death. Despite the widely distributed androgen receptor (AR) throughout the CNS (Li et al. 1998), nuclear aggregates were observed only in affected motor neurons in the spinal cord and brainstem (Apostolinas et al. 1999). This may not be true in all polyQ diseases because the aggregates are also found in the dentate nucleus of HD cerebellum, a region of the brain unaffected by neurodegeneration in HD (Becher et al. 1998). Another exemption is, based on the observation in human necropsied cases of SCA1, SCA2, SCA3, and DRPLA, the absence of intranuclear inclusions in cerebellar Purkinje cells, which are targets of neurodegeneration in these polyQ diseases (Koyano et al. 2002).

In recent years, it has been suggested that oligomeric species such as protofibrils and microaggregates are the direct source of polyQ toxicity and that large aggregates are cytoprotective (Arrasate et al. 2004). It was proposed that above a certain length threshold, polyQ sequences form oligomers stabilized by hydrogen-bonded polar zippers and associate via formation of hydrogen bonds (Perutz et al. 1994). Non-covalent interactions with other proteins and effect of transglutaminase (TG) were also considered to play roles in polyQ proteins oligomerization (Kahlem et al. 1996; Green 1993). Expanded polyQ tracts are good substrates for TGs in vitro (Kahlem et al. 1998), and the presence of TG inhibitors prevented aggregate formation in COS-7 cells (these cells obtained by immortalizing a cell line derived from kidney cells of the African green monkey with a version of the SV40) over-expressing truncated forms of mutant atrophin-1 or htt (Saudou et al. 1998; Igarashi et al. 1998). Formation of a β-sheet structure may also cause generation of fibrillar and non-fibrillar aggregates (Tanaka et al. 2001; Perutz et al. 2002). In vitro, fibrillary appearances of inclusions under electron microscopy and double refraction

after Congo red staining are reminiscent of amyloid and are consistent with the polar zipper hypothesis (Wanker 2000; Hollenbach et al. 1999). Tanaka et al. (2003) reported another form of aggregate named quasi-aggregate, which exposed polyQ tracts on the surface of non-fibrillar aggregates. Recently, it was reported a toxicity of even a monomeric β-sheet conformer of polyQ proteins (Nagai et al. 2007). Analysis of the effect of polyQ protein conformation on cytotoxicity revealed that mutant polyQ β-strand/β-turn structure results in aggregation and toxicity in neuronal cells while polyQ protein analogs unable to assume  $\beta\text{-strand}/\beta\text{-turn}$  structure do not aggregate and are not toxic (Poirier et al. 2005).

Modulation of polyQ aggregation by sequences flanking polyQ stretch has been reported in several studies showing this phenomenon in ataxin-1, ataxin-3, and htt (Ellisdon et al. 2006; Masino et al. 2004; Bhattacharyya et al. 2006; de Chiara et al. 2005; Thakur et al. 2009). In case of mutant htt, flanking sequences on both C- and N-terminal sides of the polyQ in exon 1 influence the aggregation. Presence of the C-terminal proline-rich domain reduces the htt exon 1 aggregation kinetics without changing the aggregation mechanism by favoring more aggregation-resistant conformations (Bhattacharyya et al. 2006). The N-terminal domain consisting of first 17 amino acids of the htt exon 1, on the other hand, determines the aggregation mechanism. This domain unfolds in a polyQ length-dependent manner and self-aggregates to form oligomers with cores composed of the N-terminal domains. PolyQ sequences stretch out during this process and during potential further nucleation. Monomers of expanded htt exon 1 can be then added to these prefibrillar aggregates forming amyloid-like structures (Thakur et al. 2009). The ability of the N-terminal sequence of htt exon I to remodel the polyQ aggregation mechanism indicates that polyQ proteins may, depending on flanking sequences, aggregate by distinct mechanisms resulting in variable aggregate morphologies and having different cellular effects.

Recently, Furukawa et al. reported cross-seeding mechanism between polyQ- and RNA-binding protein T cell intracellular antigen-1 (TIA-1), in which the seed of polyQ aggregates induces T cell intracellular antigen-1 (TIA-1) aggregates. The result suggested that the different protein aggregates are induced through cross-seeding from the primary polyQ aggregates. This mechanism may also explain the diversity of pathology of polyQ diseases (Furukawa et al. 2009).

### Post-translational modifications of mutant polyglutamine proteins

Proteolytic cleavage of polyglutumine proteins

Pathogenesis of several polyQ disorders including HD, SBMA, and SCA3, appears linked to proteolytic cleavage resulting in production of toxic polyQ-containing fragments. In other diseases, such as SCA1, the proteolysis of the mutant protein has been not confirmed. The conformational changes in the proteins with expanded polyQ lead to misfolding and proteolytic cleavage into smaller toxic fragments (Paulson 1999, 2000; Lunkes et al. 2002; Gardian et al. 2005). The use of several antibodies directed against Nand C-terminal parts of the protein showed that only a truncated version, including the polyQ expansion, aggregates in the vast majority of the polyQ diseases (Wellington and Hayden 2000). Caspase-mediated cleavage sites were identified or predicted in htt, atrophin-1, ataxin-3, and AR (Wellington et al. 1998). As a consequence of the cleavage, the resulting fragment could have an enhanced toxic effect (Ikeda et al. 1996; Ellerby et al. 1999) and/or could more easily enter the nucleus (Igarashi et al. 1998; Hackam et al. 1999) and/or more rapidly aggregate (Igarashi et al. 1998; Cooper et al. 1998). In several studies, truncated proteins with polyQ expansions appeared more prone than full-length proteins to form inclusions or cause cell death by apoptosis (Paulson et al. 1997; Ikeda et al. 1996; Martindale et al. 1998; Merry et al. 1998). Inclusions found in the brains of HD patients were stained by antibodies against sequences located close to polyQ stretch but not by those against more C-terminal parts of htt (Sieradzan et al. 1999; DiFiglia et al. 1997). The N-terminal fragments in the patients' brains have been identified as generated by caspases (Wellington et al. 2002). On the other hand, the presence of full-length mutant htt in the sodium dodecyl sulfate and urea insoluble material from HD patients' brains was reported (Dyer and McMurray 2001). A more recent study has shown that the inclusions isolated from HD brains contain broad ranges of N-terminal fragments of expanded htt with sizes of 50-150 kDa rather than intact mutant protein (Hoffner et al. 2005). These

fragments may result from multiple proteolytic activities with little specificity. It is however possible, that the smaller products of specific cleavage seed the inclusions followed by recruitment of larger non-specific fragments. This is supported by the fact that the cleavage sites for caspases 2, 3, and 6 have been identified in human htt at amino acids 552, 513 (and 552), and 586, respectively, while the cleavage at amino acid 552 is an early event in the course of the disease (Wellington et al. 2002). The cleavage of mutant htt at the 586 amino acid by caspase 6 has been shown to be crucial in the HD pathogenesis as it was essential for the HD-related behavioral phenotype and selective neuropathology in yeast artificial chromosome HD mouse model expressing the whole human htt with 128Q (YAC128) (Graham et al. 2006). Modulating the mutant htt cleavage by caspase 3 at the amino acids 513 and 552, on the other hand, had no effect on disease progression and neurodegeneration in these mice. Caspase 6- but not caspase 3-resistant mutant htt protected neurons from excitotoxic stress suggesting that not all htt fragments contribute to excitotoxic neuronal death equally. Moreover, nuclear translocation of expanded htt was delayed in mice expressing mutant htt resistant to caspase 6 cleavage (Graham et al., 2006). This study strongly supports the hypothesis that generation of a specific htt fragment may represent an initial event in HD pathogenesis.

It has been reported that ataxin-3 is the target of caspase 1 at 241, 244, and 248 amino acids, and that the brains from SCA3 transgenic mice contained a C-terminal fragment (Goti et al. 2004; Berke et al. 2004; Colomer Gould et al. 2007). It has also been shown that normal ataxin-3 was extensively proteolysed in COS-7 cells with cleavage occurring at six other sites throughout the protein. Interestingly, mutant ataxin-3 underwent proteolysis to a much lesser extent with expanded polyQ masking the C-terminal cleavage sites (Pozzi et al. 2008) suggesting that SCA3 pathology can arise also through the accumulation of uncleaved protein. On the other hand, toxic fragment hypothesis has been introduced by Haacke et al. (2006), stating that expanded polyQ fragment must be released from the protective sequence context of fulllength protein to be able to trigger the aggregation process. It is therefore possible that a toxic fragment initiates the aggregation process and later, as the intracellular levels of uncleaved expanded ataxin-3 increase, this process becomes independent of the presence of toxic fragments (Pozzi et al. 2008).

Mutant htt alters calcium signaling and increases Ca<sup>2+</sup> levels in different cells (Bezprozvanny and Hayden 2004). Consequently, a calcium-dependent protease, calpain is activated in the brains of HD patients, where calpain colocalizes with htt aggregates and calpain cleavage products are present (Gafini and Ellerby 2002). Another cleavage of mutant htt is performed by an aspartyl protease between amino acids 104 and 114 (Lunkes *et al.* 2002). It is not known yet whether this cleavage is specific to mutant htt.

Proteolytic cleavage may be not an essential step in pathogenesis of all polyQ diseases. For polyQ protein normally localized in the cytoplasm, such as htt, ataxin-3, or atrophin-1, proteolysis appears to facilitate their translocation into nucleus enhancing their toxicities. For proteins already localized in the nucleus, for example, TATA-binding protein (TBP) or ataxin-7, proteolytic cleavage may not have so important role.

#### Phosphorylation of polyglutamine proteins

Phosphorylation may affect proteolytic cleavage, the initial conversion of mutant polyQ proteins to pathogenic conformations and nuclear transport (Warby et al. 2009). The impact of htt phosphorylation on HD pathogenesis has been demonstrated in several studies. Phosphorylation of htt at S421 by protein kinase Akt or serum and glucocorticoidinduced kinase SGK is neuroprotective against HD cellular toxicity (Humbert et al. 2002; Rangone et al. 2004). Recently, it has been reported that S421 phosphorylation of htt decreased the accumulation of both full-length htt and htt fragments (including those generated by caspase 6) in the nucleus (Warby et al. 2009). This observation is consistent with a previous study showing the effect phosphorylation status of S421 on vesicular transport in neurons. When phosphorylated, htt recruited kinesin-1 to the dynactin complex on vesicles and microtubules and promoted the anterograde transport of vesicles away from nucleus. Conversely, when htt was not phosphorylated, kinesin-1 was released and vesicles were more likely to undergo retrograde transport back to nucleus (Colin et al. 2008). Calcineurin (calcium/calmodulin-regulated serine/ threonine protein phosphatase) dephosphorylates S421 in vitro and in cells. Using a rat model of HD with lentiviralmediated expression of a polyQ htt fragment in the striatum, it has been shown that inhibition of calcineurin activity either by over-expression of a dominant-interfering form, by RNA interference, or by the specific inhibitor FK506, leads to an increased phosphorylation of S421 and prevents mutant htt-mediated death of striatal neurons (Pardo et al. 2006).

Phosphorylation of mutant htt at S434 by serine-threonine kinase Cdk5 reduced htt cleavage at 513 amino acid by caspase 3 and inhibited polyQ aggregation and cytotoxicity (Luo et al. 2005). The aggregation and cellular toxicity of mutant htt has also been shown to decrease upon phosphorylation at S536, which inhibits the cleavage of htt by calpain at this amino acid (Gafni et al. 2004; Schilling et al. 2006). Many phopshorylation sites were identified throughout whole htt sequence and several kinases have been proposed to be involved including MAPK/ERK kinase 1/2 or extracellular signal regulated kinase 1 (Schilling et al. 2006). Further studies are needed to understand how all the phosphorylation events affect the function and regulation of htt and their role in HD pathogenesis.

As mentioned in the section 'Phosphorylation of polyglutamine proteins', htt phosphorylation by Akt has been shown neuroprotective. In contrary, phosphorylation of mutant ataxin-1 by Akt at S776 promotes its binding to 14-3-3, which in turn leads to ataxin-1 accumulation and neurodegeneration (Chen et al. 2003). Abnormal nuclear stabilization of mutant ataxin-1 by Akt was shown to have critical role in SCA1 pathogenesis in ataxin-1[82Q]-A776 transgenic mice (Emamian et al. 2003). In a recent study, however, inhibition of Akt either in vivo or in cerebellar extract did not decrease the phosphorylation of ataxin-1 at S776 arguing against involvement of Akt as the key kinase in SCA1 pathogenesis. The same study suggested that cAMPdependent protein kinase is responsible for the S776 phosphorylation in the cerebellum (Jorgensen et al. 2009). Other phosphorylation sites that may play a role in ataxin-1 localization and interactions in SCA1 are S239 and probably T236. S239 is within the consensus sequences targeted by casein kinase 1 (CK1), Cdc2/Cdk5, and extracellular signal regulated kinase (Vierra-Green et al. 2005).

Ataxin-3 has been reported to undergo phosphorylation at S256 by glycogen synthase kinase 3β and this phosphorylation resulted in reduced mutant ataxin-3 aggregation in vitro (Fei et al. 2007). Another kinase, CK2 has been shown to be a regulator of nuclear localization of ataxin-3. CK2-dependent phosphorylation of ataxin-3 at S236 and S340/S352 decreased the appearance of nuclear inclusions and controlled the nuclear translocation of ataxin-3 providing a reasonable therapeutic approach for SCA3 (Mueller et al. 2009).

The polyQ expansion in AR activates major mitogenactivated protein kinase pathways, from which the p44/42 pathway in turn phosphorylates at S514. This phosphorylation has been shown to promote the mutant AR cytotoxicity (LaFevre-Bernt and Ellerby 2003). In atrophin-1, S734 has been identified as a phosphoacceptor in cell cultures and rat brain. Both normal and mutant protein forms are phosphorylated by c-Jun N-terminal kinase (JNK), but precise analyses revealed a reduced affinity of c-Jun N-terminal kinase (JNK) to expanded AR (Okamura-Oho et al. 2003). Biological significance of atrophin-1 phosphorylation needs to be evaluated.

With the development of specific inhibitors of kinases and proteases, modulating phosphorylation and proteolytic processing of mutant polyQ proteins could be a promising treatment strategy.

#### Sumoylation of polyglutamine proteins

Small ubiquitin-like modifier (SUMO) proteins bind covalently to specific lysine residues in target proteins regulating their cellular localization, protein-protein interactions, and transcription factors transactivation (Sarge and Park-Sarge 2009). Antagonistic relationship between sumoylation and ubiquitination has been proposed as they share common consensus sequence (Muller et al. 2001). Enhanced immunoreactivity of SUMO1 has been observed in affected neurons of HD, SCA1, SCA3, and DRPLA patients (Ueda et al. 2002).

Sumoylation of N-terminal fragment htt at K6, K9, and K15 was suggested to enhance the stability and reduce the aggregation of mutant htt, which however seemed to result in toxic intermediate polyQ oligomers accumulation and transcriptional repression (Steffan et al. 2004). Importantly, the same lysines are also ubiquitinated, however generally, sumoylation made pathology substantially worse while ubiquitination made it modestly better in Drosophila model of HD suggesting that (Steffan et al. 2004).

In ataxin-1, five major sumoylation sites have been identified (K16, K194, K610, K697, and K746). Sumoylation of ataxin-1 was dependent on its nuclear localization, phosphorylation at S776, self-association domain and polyQ length, all having role in the subcellular distribution of ataxin-1 in COS-1 cells. Nuclear localization, on the other hand, did not appear dependent on sumoylation, although it could have role in the efficiency of nucleocytoplasmic shuttling of ataxin-1. The lack of nucleus-to-cytoplasmic traffic of mutant ataxin-1 with disrupted interactions of ataxin-1 with other proteins leading to transcription dysregulation could be attributed to the decreased sumoylation (Riley et al. 2005).

Neuronal intranuclear inclusions in brains of DRPLA patients and mutant atrophin-1 aggregates in DRPLA cellular model were highly sumoylated. The results of this study showed active role of sumoylation in the pathogenesis of DRPLA accelerating aggregate formation and cell death (Terashima et al. 2002).

Androgen receptor is another target of sumoylation and this modification inhibits AR activity while significantly reducing mutant AR aggregation without affecting the levels of the receptor. Interestingly, SUMO inhibited AR aggregation through a unique mechanism that does not depend on critical features essential for its interaction with canonical SUMO-binding motifs (Mukherjee et al. 2009). Precise role of sumoylation in the polyQ-related neurodegenration is still not completely understood. Interestingly, while sumoylation appears neuroprotective in SBMA and SCA1, in case of HD and DRPLA it seems to accentuate the pathological process.

Role of nuclear localization of mutant polyglutamine

Nuclear accumulation of expanded polyQ proteins has been shown to contribute to pathogenesis of several polyQ diseases (Saudou et al. 1998; Peters et al. 1999; Ross et al. 1999; Orr 2001; Klement et al. 1998) by affecting gene expression (Zoghbi and Orr 2000) or by disrupting nuclear organization and function (Sun et al. 2007). Yang et al. (2002) showed that polyQ aggregates were toxic only when localized in the nucleus but not in the cytoplasm. Proteolytic cleavage of mutant polyQ proteins with predominantly cytoplasmic localization of the normal copies may enhance the nuclear access as the upper limit for passive nuclear translocation has been proposed at about 46 kDa (Rubinsztein et al. 1999). Putative nuclear localization signal sequences have been found in some polyQ proteins including ataxin-1, ataxin-7, and atrophin-1 (Schilling et al. 1999b; Kaytor et al. 1999; Klement et al. 1998). Similarly, nuclear export signal sequences have been identified in htt, ataxin-7, and atrophin-1 with expanded polyQ tracts reducing nuclear export of these proteins (Cornett et al. 2005; Nucifora et al. 2003; Xia et al. 2003; Taylor et al. 2006). Nuclear accumulation of mutant proteins and inclusions have been identified as predominant in HD, SCA1, SCA3, SCA7, SCA17, DRPLA, and SBMA patients (Schols et al. 2004); however, cytoplasmic inclusions have also been found in affected brain regions of HD and SCA2 patients (Huynh et al. 2000; DiFiglia 2002).

Vast majority of htt is normally localized to cytoplasm (Gafni et al. 2004) but in HD, htt migrates to nucleus (DiFiglia et al. 1997) where it disrupts the activities of transcription factors and alters the normal transcriptional profile of neurons (Chan et al. 2002; Panov et al. 2002). Nuclear translocation of mutant htt is required to induce neurodegeneration. Inhibiting this translocation by blocking htt cleavage reduces the toxicity and retards the disease progression (Saudou et al. 1998; Wellington et al. 2000; Gafni et al. 2004). On the other hand, cytoplasmic mutant htt can inhibit the axonal transport and disrupt synaptic function and glutamate release (Gunawardena et al. 2003; Li et al. 2000a, 2001, 2003; Szebenyi et al. 2003) suggesting that both nuclear and cytoplasmic expanded htt polyQ is able to trigger certain pathological events. Htt contains two nuclear export signal sequences, one near the C-terminal and the other one being the N-terminal 17 amino acids. PolyQ expansion together with htt cleavage (e.g. by caspase 6) impedes their function resulting in accumulation of mutant htt in the nucleus (Cornett et al. 2005; Xia et al. 2003). The first 17 amino acids have also been identified as directing htt to various subcellular compartments including plasma membrane, autophagic vesicles, endoplasmic reticulum (ER) and Golgi apparatus (Kegel et al. 2005; Atwal et al. 2007; Rockabrand et al. 2007).

Ataxin-1 contains a C-terminal nuclear localization signal and is therefore localized to the nucleus (Skinner et al. 1997). The nuclear localization of ataxin-1 is essential for neurotoxicity and SCA1 disease as the disruption of nuclear localization signal inhibited the formation of intranuclear inclusions and reduced the Purkinje cells pathology and SCA1 phenotype in a transgenic mouse model (Klement et al. 1998).

Ataxin-2 is a cytoplasmic protein with highest expression in Purkinje cells, the most affected neurons in SCA2 (Huynh et al. 1999). Ubiquitinated intranuclear inclusions have been

found only in few pontine neurons of SCA2 patients, but not in Purkinje cells (Kovano et al. 1999). Cytoplasmic localization with microaggregation or accumulation of ataxin-2 has been shown to be sufficient to cause SCA2 pathology in humans and mice. The 42 kDa, N-terminal fragments produced by proteolytic cleavage of ataxin-2 are believed to act as seeds of cytoplasmic aggregation in the Purkinje cells of SCA2 patients (Huynh et al. 1999, 2000).

Ataxin-3 is mostly cytoplasmic protein, but, depending on cell type, it displays subcellular distribution involving both the cytoplasm and the nucleus (Wang et al. 1997; Paulson et al. 1997; Tait et al. 1998; Trottier et al. 1998). Intranuclear inclusions have been observed in human SCA3 brains (Paulson et al. 1997; Schmidt et al. 1998). Recently, it has been found that full-length ataxin-3, regardless of polyQ tract length, is also localized to mitochondrial matrix and membrane and that the polyQ expansion promotes binding to the mitochondrial membrane. Although lacking predicted nuclear or mitochondrial localization signal, first 27 amino acids of ataxin-3 might play role in cell sorting as cleavage at this site caused absence of ataxin-3 in the nucleus or mitochondria (Pozzi et al. 2008). It is apparent that the disease results from the presence of mutant ataxin-3 in several cellular compartments such as nucleus, cytosol and mitochondria although it remains to clarify which localization causes primary abnormalities in SCA3 pathogenesis.

Ataxin-7 contains a functional nuclear localization signal and is primarily localized in the nucleus (Kaytor et al. 1999) where it is a subunit TFTC/STAGA transcriptional complex (Helmlinger et al. 2004, 2006). Nuclear localization of mutant ataxin-7 appears to be essential for toxicity with profound effect on transcriptional dysregulation (Helmlinger et al. 2004; La Spada et al. 2001). Similarly in SCA17, the localization of TBP as a transcription factor is nuclear, where the polyQ expansion results in transcriptional dysregulation (Friedman et al. 2007).

Atrophin-1 contains both nuclear localization (at Nterminal) and export (at C-terminal) signal sequences resulting in ubiquitous cellular localization (Schilling et al. 1999b; Nucifora et al. 2003). Neuronal inclusions in DRPLA are predominantly nuclear, but they do not seem to correlate with the sites of neurodegeneration (Sato et al. 1999; Koyano et al. 2002). On the other hand, an N-terminal fragment of mutant atrophin-1 was found to accumulate in the neuronal nuclei of DRPLA patients and model mice while lacking its C-terminal with nuclear export signal. This accumulation occurred before the first symptoms of the disease (Schilling et al. 1999b; Nucifora et al. 2003). In addition, mutation within the nuclear localization signal resulted in retention of the protein in the cytoplasm and reduced the toxicity of atrophin-1 (Nucifora et al. 2003).

From molecular point of view, SBMA is a unique type of polyQ disease, because a specific ligand can alter the subcellular localization of AR. The unliganded AR is

localized to the cytoplasm while binding of an androgen ligand, such as testosterone, translocates AR to the nucleus and triggers the expression of androgen-responsive genes (Stenoien et al. 1999; Katsuno et al. 2002). Intranuclear inclusions have been observed in SBMA patients in motor neurons in brainstem and spinal cord (Li et al. 1998). SBMA affects only males, with female carriers remaining largely asymptomatic as binding of testosterone accelerates AR transportation to the nucleus (Brooks and Fischbeck 1995). Nuclear localization of AR seems to be the main site of SBMA-related pathogenesis (Brooks and Fischbeck 1995; Katsuno et al. 2002) further supporting the concept that toxicity of polyQ proteins depends on their localization.

Role of heat-shock proteins in preventing aggregation The presence of expanded polyQ proteins causes a cellular stress response, which may include the up-regulation of heatshock proteins (HSPs). HSPs levels have been shown to have a biphasic response to expanded polyQ expression where the initial phase of increased expression of HSPs is induced by cellular stress response, followed by progressive reduction of HSPs levels during later stages of neurodegeneration (Huen and Chan 2005; Hay et al. 2004). HSPs recognize misfolded proteins, stabilize them in monomeric conformation and suppress their aggregation (Muchowski et al. 2000). By interacting with the mutant proteins, chaperones may prevent abnormal interactions with other cellular proteins. The critical role of chaperones in polyQ diseases has been evidenced in many studies (Muchowski 2002). The most investigated chaperones have been Hsp70 and heat-shock cognate 70. A co-chaperone class known as Hsp40, which includes human DNAJ1 (Hdj1) and Hdj2, facilitates the action of Hsp70. Both Hsp40 and Hsp70 are involved in the clearance of misfolded proteins via the ubiquitin-proteasome system (UPS) pathway (Bercovich et al. 1997).

The members of Hsp40 and/or Hsp70 families co-localize with nuclear aggregates in human brain tissue of SCA1 (Cummings et al. 1998), SCA3 (Schmidt et al. 2002), and SCA7 (Zander et al. 2001) patients along with SCA1 (Cummings et al. 1998) and SCA7 (Yvert et al. 2000) transgenic mouse brains. Hdj2 and heat-shock cognate 70 were associated with nuclear aggregates in HD cell culture as well as in transgenic mice models and their over-expression reduced the aggregate formation (Jana et al. 2000). An Hsp90 family member, Hsp84, was found to co-localize with nuclear aggregates in HD transgenic mouse brains, and its over-expression reduced both polyQ aggregation and toxicity (Mitsui et al. 2002). Hsp105\alpha in SBMA patients' and transgenic mouse brains suppresses polyQ toxicity (Ishihara et al. 2003).

The over-expression of Hsp40 and/or Hsp70 chaperones in cell culture, or in in vivo polyQ diseases models reduced the inclusion formation of mutant htt, AR, ataxin-3, or polyQgreen fluorescent fusion proteins and/or suppressed cell death

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(Kobayashi et al. 2000; Chai et al. 1999a; Kazemi-Esfarjani and Benzer 2000; Stenoien et al. 1999; Warrick et al. 1999; Jana et al. 2000; Muchowski et al. 2000; Cummings et al. 1998). Over-expression of Hsp70 in SCA1 transgenic mice also suppressed neurodegeneration and improved motor function (Cummings et al. 2001). The aggregation reduction by HSPs probably results from increased solubility of polyQ proteins and improved access to the degradation machineries. On the other hand, it has been shown that the suppression of the polyO cytotoxicity did not depend on the aggregation reduction by Hsp40 and Hsp70 (Zhou et al. 2001). Moreover, a small chaperone Hsp27 could reduce the mutant htt toxicity by inhibition of the accumulation of the reactive oxygen species (ROS) without affecting the aggregation (Wyttenbach et al. 2002). Thus, whether chaperones are directly involved in aggregate formation itself remains to be determined.

The C-terminal Hsp70-interacting protein (CHIP) links the molecular chaperones with UPS. CHIP interacts with Hsp70 and Hsp90 through its tetratricopeptide repeat domains and with proteasome through an E4/U-box domain (Jiang et al. 2001; Ballinger et al. 1999). CHIP has been demonstrated to reduce the expanded polyQ aggregation, to enhance the clearance of mutant polyQ proteins and to reduce their cytotoxicity in different polyQ diseases in vitro and in vivo models (Jana et al. 2005; Al-Ramahi et al. 2006; Miller et al. 2005; Williams et al. 2009). These studies provided further evidence for the protein misfolding and aggregation model for polyQ toxicity.

#### Apoptosis and polyglutamine diseases

The mechanism of cell death in polyQ diseases is very complex as many processes triggered by the presence of expanded polyQ proteins can lead to the cell death, such as direct activation of cell death pathways, mitochondrial abnormalities, transcriptional dysregulation, proteasome impairment, defects in axonal transport, or unfolded protein response. Other pathophysiological events such as excitotoxicity, metabolic stress, or accumulation of free radicals may promote the cell fate toward death by further enhancing the mitochondrial dysfunction. Many proteins usually involved in apoptosis are sequestered, redistributed or activated by expanded polyQ proteins. Caspases are activated (Wang et al. 1999; Li et al. 2000b), and can be recruited in inclusions (Sanchez et al. 1999). Cytochrome c release was observed in cells transfected with mutant htt (Li et al. 2000b). Cytochrome c released from mitochondria interacts with apoptotic peptidase activating factor 1 (Apaf-1) and procaspase 9, which in turn activate caspase 3 and the caspase cascade (Li et al. 1997). On the other hand, certain apoptotic events may be inhibited by the presence of mutant htt. For example, htt aggregates were shown to sequester the proapoptotic protein kinase Cδ, and therefore block the protein kinase Cδdependent DNA fragmentation (Zemskov et al. 2003).

The expression of expanded polyQ protein in rat neurons resulted in the activation and recruitment of caspase 8 to the aggregates (Sanchez et al. 1999). In this apoptotic pathway, the caspase cascade is initiated and caspase 8 deficiency or expression of a dominant-negative mutant suppressed neurodegeneration. The sequestration of caspase 8 to polyQ aggregates required Fas-associated protein with death domain, because both caspase 8 binding and neuronal death were blocked by dominant-negative Fas-associated protein with death domain (Sanchez et al. 1999).

Other caspases may also have a role in polyQ toxicity. Activation of caspases 1 and 3 in a HD transgenic mouse model has been demonstrated. Inhibition of these two caspases by minocycline, had neuroprotective effect, delayed the symptoms and extended the lifespan of these mice (Chen et al. 2000).

Calcium increases outer mitochondrial membrane permeability resulting in release of proapoptotic proteins into the cytosol including cytochrome c and apoptosis inducing factors. Caspases 1 and 9 were also activated through disruption of mitochondrial membrane potential and released cytochrome c into the cytosol in mouse neuroblastoma cells expressing N-terminal htt with expanded polyO (Jana et al. 2001). This process was associated with impaired proteasomal function. It has been also shown that the altered Ca<sup>2-1</sup> signaling is strongly involved in the mitochondria-mediated activation of the apoptotic caspases and calpain in HD and SCA3 models (Tang et al. 2003; Chen et al. 2008b). Expanded polyQ protein causes increased mitochondrial apoptosis activation by at least three synergistic mechanisms. Mutant htt elevated cytosolic Ca<sup>2+</sup> levels by enhancement of NMDA receptor function and by strong binding to inositol (1,4,5)-trisphosphate receptor type 1 (IP3R1). IP3R1 is then sensitized to activation by IP3 in medium spiny neurons resulting in abnormal Ca2+ influx via NMDA receptor and Ca<sup>2+</sup> release from ER through IP3R1. The presence of expanded htt may also directly affect the permeability of the mitochondrial membrane (Bezprozvanny and Hayden 2004).

An effect of expanded ataxin-3 on the expression of Bcl-2 family proteins has been reported (Chou et al. 2006; Tsai et al. 2004). The expression of mutant ataxin-3 in cerebellar, striatal, or substantia nigra neurons specifically up-regulated proapoptotic Bax and down-regulated Bcl-xL proteins which may lead to mitochondrial release of apoptogenic proteins and apoptotic cell death (Chou et al. 2006). Similar effect on Bax and Bcl-xL had the expression of expanded ataxin-7 in primary neuronal culture from cerebellum or neocortex (Wang et al. 2006). These studies further underlined the complex effect of expanded polyQ on apoptotic cell death.

A unique aspect of the expression of mutant ataxin-2 was observed in PC12 (cells derived from pheochromocytoma of rat adrenal medulla) and COS-7 cells, where the apoptotic cell death through caspase 3 activation was correlated with

disruption of the Golgi complex. This is probably because of the primary localization of normal but not expanded ataxin-2 in Golgi apparatus (Huynh et al. 2003). These data supported previous observations that ataxin-2 co-localized with its binder, the ataxin-2-binding protein 1, which was also colocalized with Golgi proteins (Shibata et al. 2000). When compared with most of the other polyQ proteins, the ataxin-2-induced cell death does not require nuclear localization (Huynh et al. 2000).

Polyglutamine aggregation can also contribute to apoptosis activation by reduced binding to proapoptotic factors, which are normally sequestered by wild type polyQ proteins. Huntingtin-interacting protein 1 (Hip-1) is a protein with a pseudo death effector domain (Hackam et al. 2000) and was originally identified as an Hip. The affinity of Hip-1 to htt is reduced by the presence of expanded polyQ, resulting in elevated free Hip-1, which forms heterodimers with a Hip-1 interactor, Hippi, and they are able to activate apoptosis through binding and activating caspase 8 (Gervais et al. 2002).

Cell death in SCA6 has been attributed to Ca<sub>V</sub>2.1 Ca<sup>2+</sup> channel dysfunction, which normally prevents cell death by regulating Ca<sup>2+</sup> influx, suggesting that the polyQ expansion in alA subunit of voltage-dependent P/Q type calcium channel (CACNA1A) results in a channelopathy (Matsuyama et al. 2004).

In SCA17, the polyQ expansion in the TBP affects the interaction of TBP with its binding partners impairing the transcription of the target genes (Friedman et al. 2007). It was demonstrated, that the mutant TBP displays reduced binding to TATA box DNA in vitro. Interestingly, the same study also showed the inhibition of the TATA-dependent transcriptional activity by a mutant TBP fragment lacking the C-terminal DNA-binding domain. This fragment formed intranuclear aggregates and caused severe neurological phenotype in the SCA17 TBP-105Q-T transgenic mice indicating that the mutant TBP can induce neurotoxicity independent of its association with DNA (Friedman et al. 2008).

A recent study defined the pathway by which the AR with expanded polyQ activates neuronal apoptosis in SBMA. The expression of mutant N-terminal AR induced intrinsic pathway-mediated apoptosis. It is initiated by activation of c-JUN by Jun N-terminal kinase resulting in death protein 5/hara-kiri [member of the proapoptotic Bcl-2 homology domain 3 (BH3)-only family] up-regulation leading to Bax activation (Young et al. 2009).

Another polyQ-related insult leading to cell death is ER stress with consequent activation of apoptosis signal-regulating kinase 1 (Nishitoh et al. 2002). This hypothesis was supported by a study using a peptide inhibitor of apoptosis signal-regulating kinase 1, as it was able to reduce the apoptosis in a cellular model of DRPLA (Kariya et al. 2005).

Mitochondrial involvement in polyglutamine diseases Impairment of mitochondrial functions is one of the key events in polyQ diseases leading to cell death via activation of apoptotic cascades. The process of mitochondrial dysfunction is accompanied by impaired respiration, stressinduced mitochondrial depolarization, increased free radical production with oxidative damage, and abnormal energy metabolism in polyQ diseases (Grunewald and Beal 1999; Panov et al. 2002; Browne and Beal 2006).

The importance of mitochondria in polyQ diseases pathogenesis and related cell death had been suggested by mimicking the HD phenotype using the complex II respiratory chain inhibitors 3-nitropropionic acid or malonate (Brouillet et al. 1995; Beal et al. 1993). In toxin models of HD, the activities of complex II and III were reduced and energy metabolism was impaired as observed in human HD brains and in cells derived from HD model mice, respectively (Gu et al. 1996; Milakovic and Johnson 2005). Another study supporting the direct effect of expanded polyQ proteins on mitochondria showed that polyQ proteins increased ROS in isolated mitochondria (Puranam et al. 2006). Mutant htt was also observed on neuronal mitochondrial membranes by electron microscopy and the incubation of normal mitochondria with fusion protein with expanded polyQ reduced their Ca2+ retention capacity (Panov et al. 2002). It has been demonstrated that recombinant mutant htt directly induced mitochondrial permeability transition (MPT) pore opening in isolated mouse liver mitochondria. Mutant htt decreased the Ca<sup>2+</sup> threshold necessary to trigger MPT pore opening accompanied by a significant release of cytochrome c (Choo et al. 2004).

One study showed that the Ca2+ loading capacity of isolated mitochondria from YAC128 and R6/2 HD mouse models was increased compared with control animals, however this was not true in the mitochondria from an Hdh150 knock-in mouse model (Oliveira et al. 2007). In the knock-in mouse models, mitochondria were likely not to function at maximal capacity under resting conditions suggesting that only under conditions of neuronal stress does the mitochondrial impairment contribute to HD pathogenesis (Milakovic and Johnson 2005; Oliveira et al. 2007). No significant defects in basal respiratory capacity, basal ATP synthesis, or uncoupling were observed in Hdh150 striatal neurons, suggesting that there was no major bioenergetic defect in these neurons. Under neuronal stress though, some neurons may be unable to meet the increased ATP demand because of the defects in ATP synthesis and/or export and they become more vulnerable to Ca2+ deregulation (Oliveira et al. 2007). Altered Ca2+ buffering capacity of mitochondria is therefore probably a cause of enhanced NMDA-induced apoptosis occurring in HD brains (Fei et al. 2007). In a cellular and a Caenorhabditis elegans HD model, it has been shown that the over-expression of mutant htt diminished the normal dynamics of mitochondria fusion and fission inter-

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fering with mitochondrial ATP generation providing another potential therapeutic target (Wang et al. 2009).

The expression of mutant AR caused mitochondrial abnormalities leading to caspase activation. Surprisingly, a polyQ-dependent decrease in mitochondrial number and impaired mitochondrial membrane potential was observed with increased ROS. Mutant AR also altered the expression of genes important for mitochondrial function including one of the key regulators of mitochondrial biogenesis and function, peroxisome proliferator-activated receptor  $\gamma$  coactivator-1 (PGC-1 $\beta$ ), and its target genes peroxisome proliferator-activated receptor  $\gamma$ , and mitochondrial transcription factor A. The mitochondrial genes regulated by mitochondrial transcription factor A and several cellular antioxidant genes were also down-regulated suggesting a profound role of mitochondrial dysfunction in SBMA pathogenesis (Ranganathan *et al.* 2009).

Similarly to previously cited studies, PGC- $1\alpha$ , another member of PGC-1 complex, is a mitochondrial biogenesis and function co-activator which regulates mitochondria response to oxidative stress (St-Pierre *et al.* 2006). Mutant htt was reported to directly bind to PGC- $1\alpha$  and interfere with its function (Weydt *et al.* 2006), supporting the connection between oxidative stress and mitochondrial dysfunction in HD. Moreover, PGC- $1\alpha$  is regulated by cAMP response element (CRE)-binding protein (CREB), a transcription factor down-regulated by expanded polyQ htt (Steffan *et al.* 2000) and mutant htt was shown to interfere with transcription of PGC- $1\alpha$  (Cui *et al.* 2006).

Expanded polyQ proteins were reported to impair axonal trafficking, which may lead to defective mitochondrial distribution and function providing another causal link between mitochondria and polyQ diseases (Szebenyi et al. 2003; Chang et al. 2006). This interaction correlates with decreased distribution and transport rate of mitochondria in the processes of cultured neuronal cells and reduced level of ATP in synaptosomal fractions (Orr et al. 2008). Mutant ataxin-3 has been recently reported to decrease the activities of antioxidant enzymes levels causing increased damage of mitochondrial DNA (Yu et al. 2009). Based on number of studies, it can be stated for almost a certainty that mitochondrial impairment is a common feature in the pathogenesis of polyQ diseases.

Involvement of proteasome in polyglutamine diseases The UPS is a major cellular protein degradation pathway clearing short-lived and damaged proteins (Goldberg 2003; Chou et al. 2006). UPS degrades many regulatory proteins having roles in distinct cell signaling pathways and synaptic function and plasticity (Bingol and Schuman 2006). Impairment of the UPS, as a major regulator of normal cellular functioning and as a detoxification machinery targeting damaged proteins for degradation, may have therefore lethal consequences on the affected cells.

The impairment of UPS by mutant htt and other expanded polyO proteins has been proposed and shown in several studies (Bence et al. 2001; Jana et al. 2001; Zemskov and Nukina 2003; Khan et al. 2006; Bennett et al. 2007) although it is still considered controversial. The relationship between UPS- and polyO-related diseases is evidenced by the ubiquitination of several aggregated polyQ proteins (Ross and Poirier 2004). Indeed, expanded ataxin-1, -3, and -7, as well as atrophin-1, AR, and htt colocalize with the proteasome and several studies have shown a redistribution of the proteasome complex to the inclusions (Paulson et al. 1997; Chai et al. 1999b; Stenoien et al. 1999; Yvert et al. 2000; Cummings et al. 1998). Ubiquitinated ataxin-3 inclusions were observed in brains of SCA3 patients (Paulson et al. 1997). Ubiquitinated inclusions have been also reported in SCA2 and SCA7 brains (Holmberg et al. 1998; Koyano et al. 1999), although the exact distribution and relationship to disease remains unclear (Huvnh et al. 2000). SCA7 intranuclear inclusions are ubiquitinated in severely degenerated areas such as the inferior olive, yet also in the cerebral cortex, which is unaffected (Holmberg et al. 1998; Yvert et al. 2001). In SCA17, ubiquitin- and TBP-positive inclusions were found in the putamen, which shows pattern of neurodegeneration in affected patients (Nakamura et al. 2001). The ubiquitination of the polyQ inclusions suggests that the UPS is attempting to clear the mutant proteins. Consistent with this, the 20S proteasome was shown to colocalize with ataxin-l (Cummings et al. 1998) and ataxin-3 aggregates (Chai et al. 1999b).

Preventing the ubiquitination of mutant ataxin-1 resulted in increased cellular toxicity indicating that the ubiquitination of expanded polyQ may play an important detoxifying role (Cummings et al. 1999). Ataxin-3 was shown to interact with HHR23A and HHR23B, the human homologs of yeast DNA repair protein Rad23 (Wang et al. 2000). The recruitment of HHR23A to the intranuclear inclusions by mutant ataxin-3 probably impairs its normal interaction with UPS as Rad23 was shown to recruit polyubiquitinated proteins to the proteasome and facilitate their degradation in yeast (Verma et al. 2004; Elsasser et al. 2004). Proteasome subunits were also found colocalized with mutant ataxin-7 intranuclear inclusions in SCA7 transgenic mice (Yvert et al. 2001), transfected cells, and human brain (Zander et al. 2001). Moreover, S4 subunit of the 19S proteasome is specifically depleted in the regions of the brain affected in SCA7. Furthermore, a yeast two-hybrid assay has demonstrated interaction between ataxin-7 and this subunit (Matilla et al. 2001).

Two basic mechanisms are likely to account for the UPS impairment by expanded polyQ proteins. First, sequestration into polyQ aggregates and/or altered subcellular localization of the proteasome components may be responsible for the UPS dysfunction. This hypothesis is supported by seques-

tration of ubiquilin 1 and 2 as well as Tollip, which are thought to modulate UPS, in polyQ aggregates (Doi et al. 2004). Second, proteins with expanded polyQ may block the proteasome preventing other substrates to enter. Number of studies have been published supporting or disputing these theories and are discussed elsewhere (Davies et al. 2007). It has been also proposed that the reduction of UPS activity may result from caspase-dependent cleavage of proteasome components while the aggregated proteins induce apoptosis (Sun et al. 2004).

Although the precise role of UPS in polyQ diseases pathogenesis remains to be clarified, it is evident that the alteration of its activity is one of the common features in this group of disorders.

Transcriptional dysregulation in polyglutamine diseases The mutant polyQ proteins interact with many other cellular proteins and may sequester them into cytoplasmic or nuclear aggregates (Mitsui et al. 2002; Doi et al. 2008). Htt, ataxins, atrophin-1, and AR have several interactions in common supporting the recent knowledge of pathogenic effect related to expanded polyQ stretch. As many of the aberrantly bound proteins are transcription-related factors, their dysbalance may have profound effects on gene expression with potentially toxic effects. Analyses of postmortem tissues of HD patients and HD or DRPLA models have revealed altered expression of many genes (Kotliarova et al. 2005; Chan et al. 2002; Kuhn et al. 2007; Luthi-Carter et al. 2002). Oyama et al. found that expression of sodium channel subunit β4 is severely reduced in the brains at an early stage in HD model mice, which might be involved in dendritic abnormalities of neurons observed in HD (Oyama et al. 2006; Miyazaki et al. 2007).

A variety of nuclear proteins relevant to transcription have been suggested to interact with different mutant polyQ proteins (Okazawa 2003). Some of them bind to more polyQ disease proteins while some are associating specifically, what could be one of the underlying mechanisms for the selective neurodegeneration in polyQ diseases. For example, the interaction of expanded ataxin-1 with leucine-rich repeat acidic nuclear protein 32 (Matilla et al. 1997), PolyQbinding peptide-1 (Okazawa et al. 2002), Gfi-1/Senseless (Tsuda et al. 2005), and Boat (Mizutani et al. 2005) might lead to selective degeneration in cerebellum. Protein phosphatase 2 activity is regulated by leucine-rich repeat acidic nuclear protein 32, the factor predominantly expressed in Purkinje cells and therefore the dysregulation of protein phosphatase 2 is a possible mechanism of neurodegeneration in SCA1 (Matilla and Radrizzani 2005). Ataxin-7 is a subunit of TFTC/STAGA transcriptional complex, which interacts with the photoreceptor-specific transcriptional activator cone-rod homeobox protein (Helmlinger et al. 2004; Palhan et al. 2005; La Spada et al. 2001). Mutant ataxin-7 sequesters cone-rod homeobox protein and suppresses the acetyltransferase activity of the TFTC/STAGA complex, which results in down-regulation of genes vital for retinal function and accounts for the retinal degeneration seen in SCA7 (Palhan et al. 2005; La Spada et al. 2001).

A common transcriptional activator, CREB, along with its co-activator CREB-binding protein (CBP), has been strongly implicated in expanded polyQ-induced gene repression (Steffan et al. 2000). CBP is an important mediator of survival signals in neurons. It has histone acetyltransferase activity, which is important for allowing transcription factors access to DNA. In the presence of mutant htt or atrophin-1, CBP is sequestered into aggregates (Nucifora et al. 2001). CBP recruitment to intranuclear inclusions or the interaction with mutant polyQ proteins also occurs in SBMA, SCA3, and SCA7 (McCampbell et al. 2000; Li et al. 2002a; Strom et al. 2005). In SCA1, CBP was not irreversibly trapped into nuclear aggregates but it was rapidly exchanged. Even short residence time of CBP within inclusions, however, may be sufficient to disrupt its normal function in maintaining cellular homeostasis (Stenoien et al. 2002). It appears that the disruption of CREB/CBP-mediated gene expression may be a common mechanism of neurodegeneration in polyQ repeat diseases. On the contrary, it was reported that in R6/2 HD mouse model, the CREB-mediated transcription was increased (Obrietan and Hoyt 2004) and CBP was not depleted in HD model mice brains (Yu et al. 2002).

TATA-binding protein was found to colocalize with htt, ataxin-2, ataxin-3, and atrophin-1 inclusions in human brains (Perez et al. 1998; Uchihara et al. 2001; van Roon-Mom et al. 2002), but similarly to CBP, the levels of TBP were not reduced in HD model mice (Yu et al. 2002). Specificity protein 1 (SP1), contains a glutamine-rich activation domain, which is responsible for regulation of the transcriptional machinery of transcription factor II D (TFIID), a protein complex composed of TBP and multiple TBP-associated factors (TAF<sub>II</sub>s), including TAF<sub>II</sub>130 (Tanese and Tjian 1993). The interaction of SP1 with mutant htt leads to suppression of SP1 transcriptional activity resulting in downregulation of dopamine D2 or nerve growth factor receptors (Li et al. 2002b; Dunah et al. 2002). The over-expression of SP1 and TAF<sub>II</sub>130 was able to ameliorate the mutant htt toxicity and recover the dopamine D2 receptor activity (Dunah et al. 2002) but it was also demonstrated in HD models that SP1 suppression can be neuroprotective (Qiu et al. 2006). The role of SP1 in polyQ toxicity is thus not clear. TAF<sub>II</sub>130 itself also interacts with mutant htt and it was shown to colocalize with atrophin-1 and ataxin-3 (Shimohata et al. 2000; Dunah et al. 2002). Another TAF, TAF<sub>II</sub>30, was reported to be sequestered in nuclear inclusions formed by mutant ataxin-7 (Yvert et al. 2001).

Expanded polyQ reduces the cytoplasmic interaction of htt with the repressor element-1 transcription factor/neuron restrictive silencer factor leading to nuclear enrichment of this factor and resulting in transcriptional repression of the

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gene encoding brain-derived neurotrophic factor (BDNF) (Zuccato et al. 2003).

Sequestration of p53 into mutant htt aggregates was originally reported to repress the p53-mediated transcription (Steffan *et al.* 2000). It was later shown that the binding of mutant htt to p53 increased intranuclear levels of p53 and enhanced its transcriptional activity in HD cellular and in *in vivo* models as well as brain autopsies of HD patients. Genetic deletion of p53 then suppressed mutant htt-induced neurodegeneration in *Drosophila* (Bae *et al.* 2005).

Recently, Yamanaka et al. identified nuclear factor Y (NF-Y) to be associated with htt aggregates in cellular and mouse models of HD. This interaction led to sequestration of NF-Y components resulting in its decreased activity (Yamanaka et al. 2008). NF-Y has been reported to regulate Hsp70 gene transcription (Imbriano et al. 2001). Presence of mutant htt reduced the NF-Y-mediated expression of Hsp70 revealing the mechanism of progressive decrease of Hsp70 in model mice reported previously (Hay et al. 2004; Merienne et al. 2003).

Furthermore, Doi et al. (2008) found that TLS (translocated in liposarcoma) is a major polyQ aggregate-interacting protein. Mutations in fused in sarcoma/TLS were recently found to cause a familial form of amyotrophic lateral sclerosis (Kwiatkowski et al. 2009), thus TLS-related neuronal degeneration might play a significant role in polyQ diseases.

In addition to modulating the activities of transcription factors, a direct interaction of mutant htt with DNA was recently shown to perturb gene expression *in vitro* and *in vivo*. The enhanced binding of mutant htt to genomic DNA alters the DNA conformation and together with consequent disrupted binding of transcription factors alters the normal mRNA expression (Benn *et al.* 2008). The relationship between polyQ pathogenesis and transcription factors is however not clear yet and needs further investigation to resolve the above-mentioned conflicting observations.

#### In vivo models of polyglutamine diseases

Appropriate disease model system is an essential tool in understanding the disease pathomechanism and in the development of therapeutic strategies. For example, the formation of neuronal intranuclear aggregates was first observed in a HD transgenic mouse model (Davies et al. 1997) and this discovery led to identification of similar inclusions in brains of patients with polyQ diseases. Gain of function of the polyQ disease proteins enables relatively simple establishments of cellular model systems for these diseases requiring simply (over)expression of the mutant protein. Cellular models are especially useful in high throughput screenings. These include either random chemical libraries or different gene-silencing libraries with small-interfering RNAs (siRNA) or short-hairpin RNAs. Modern

imaging equipments, together with different biochemical methods, enable to analyze many altering effects of chemical compounds or gene modifications, on polyQ proteins accumulation and aggregation, cytotoxicity, etc. Also, it is very important to determine the mechanism of action of the potential drugs and the cellular models offer an ideal starting point in this effort.

After the identification of the molecular genetic background, the modeling of neurodegenerative diseases in transgenic or mutant animal models has provided a great instrument for investigating the disease pathogenesis and testing treatment strategies. The well-characterized genetics, development and anatomy together with short lifespans of invertebrate organisms make them excellent model systems of polyQ diseases. The development and advantages of nematode C. elegans and the fruitfly Drosophila melanogaster models have been reviewed previously (Parker et al. 2004; Cauchi and van den Heuvel 2006; Driscoll and Gerstbrein 2003). The invertebrate models are also suitable for a large-scale screening studies because of relatively low cost, modest time requirements or absence of the complications of the blood-brain barrier (Bates and Hockly 2003; Hughes and Olson 2001). Invertebrate models are especially useful in modifying genetic screens and have revealed several candidate genes having role in protein folding and clearance and affecting the course of SCA1 and HD (Kazemi-Esfarjani and Benzer 2000; Fernandez-Funez et al. 2000).

#### Mouse models

The generation of mammalian models of polyQ diseases is crucial for providing researchers with an alternative approach to study molecular mechanism of respective disorders although some of these models do not completely simulate the neuropathological changes in humans. Generally, the CAG repeat expansions responsible for the diseases in humans are not sufficient to trigger disease in mice. Therefore, very large expansion or multiple gene copies have been used in mice to mimic the humans' conditions but there is still no model available which would fully reproduce the symptoms seen in patients. Nevertheless, some of the mouse models have been very useful in therapeutic testing. Number of various mouse models for SCA1, 2, 3, 7, DRPLA, SBMA, and HD have been generated and were, together with their potential utilization in therapeutic trials, reviewed recently (Ferrante 2009; Bates and Gonitel 2006; Heng et al. 2008; Yamada et al. 2008; Marsh et al. 2009).

The transgenic mouse models can be generally divided to fragment and full-length genetic models. Knock-in mice represent the most precise genetic models for polyQ diseases so far. An expanded CAG triplet repeat is inserted into the endogenous mouse gene and the expression is driven by the respective endogenous promotor. Alternatively, a whole mouse exon can be replaced by a human exon carrying expanded polyQ.

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