

研究成果の刊行に関する一覧表

書籍

著者氏名	論文タイトル名	書籍全体の編集者名	書籍名	出版社名	出版地	出版年	ページ
工藤幸司	アミロイドーシスの分子イメージング. In”アミロイドーシスUPDATE”企画	山田正仁	医学のあゆみ299巻第5号	医歯薬出版	日本	2009	430-435
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工藤幸司	アミロイドイメージングー脳や全身のアミロイドを検出する.	山田正仁	アミロイドーシス診療のすべて	医歯薬出版	日本	2011	149-156

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研究成果の刊行物・別刷



# *In vivo* Detection of Amyloid Plaques in the Mouse Brain using the Near-Infrared Fluorescence Probe THK-265

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**Abstract.** Noninvasive detection of amyloid- $\beta$  (A $\beta$ ) deposits in the brain would be beneficial for an early and presymptomatic diagnosis of Alzheimer's disease (AD). We developed THK-265 as a candidate near-infrared fluorescence (NIRF) probe for the *in vivo* detection of amyloid deposits in the brain. The maximal emission wavelength of THK-265 was greater than 650 nm and it showed high quantum yield and molar absorption coefficients. A fluorescence binding assay showed its high binding affinity to A $\beta$  fibrils (K<sub>d</sub>=97 nM). THK-265 clearly stained amyloid plaques in AD neocortical brain sections and showed a moderate log *p* value (1.8). After intravenous administration of THK-265 in amyloid- $\beta$  protein precursor (A $\beta$ PP) transgenic mice, amyloid deposits in the brain were clearly labeled with THK-265. Furthermore, *in vivo* NIRF imaging demonstrated significantly higher fluorescence intensity in the brains of A $\beta$ PP transgenic mice than in those of wild-type mice. As THK-265 showed profound hyperchromic effect upon binding to A $\beta$  fibrils, good discrimination between A $\beta$ PP transgenic and wild-type mice was demonstrated even early after THK-265 administration. Furthermore, the fluorescence intensity of THK-265 correlated with amyloid plaque burden in the brains of A $\beta$ PP transgenic mice. These findings strongly support the usefulness of THK-265 as an NIRF imaging probe for the noninvasive measurement of brain amyloid load.

**Keywords:** Alzheimer's disease, amyloid, amyloid- $\beta$  protein, fluorescence, molecular imaging

## INTRODUCTION

The pathological hallmark of Alzheimer's disease (AD) is the deposition of senile plaques and neurofibrillary tangles, as well as the destruction of neurons [1]. Senile plaques are composed of amyloid- $\beta$  (A $\beta$ )

protein. A $\beta$  is a 4-kDa, 39–43 amino acid product derived from the proteolytic cleavage of amyloid- $\beta$  protein precursor (A $\beta$ PP) by  $\beta$ - and  $\gamma$ -secretases. Abnormal accumulation of senile plaques has been implicated as a critical event in the etiology and pathogenesis of AD [2] and it precedes cognitive deterioration [3]. Thus, the *in vivo* detection of senile plaques in the brain enables us to identify patients with AD in the presymptomatic stage of the disease [4, 5]. Many  $\beta$ -sheet binding agents have been

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developed as radiotracers for positron emission tomography (PET) and single photon emission computed tomography (SPECT) [6, 7]. Clinical PET studies using [ $^{11}\text{C}$ ]6OH-BTA-1 (PiB), [ $^{18}\text{F}$ ]FDDNP, [ $^{11}\text{C}$ ]SB-13, [ $^{11}\text{C}$ ]BF-227, [ $^{11}\text{C}$ ]AZD2184, [ $^{18}\text{F}$ ]BAY94-9172, [ $^{18}\text{F}$ ]GE067, and [ $^{18}\text{F}$ ]AV45 have shown a robust difference between the retention pattern of AD patients and healthy controls; AD patients showed a significantly higher tracer retention in the neocortical areas of the brain that are affected by  $\text{A}\beta$  deposition [8–15]. Molecular imaging with PET has some advantages such as high sensitivity and quantitative ability over other noninvasive imaging techniques. However, PET imaging generally requires a local cyclotron for generating short-lived positron-emitting radionuclides and a synthetic unit to produce radiolabeled agents. Thus, increasing interest has been focused on finding other relatively inexpensive methods that can be applied to widespread screening for brain amyloid deposition.

As an alternative to PET, near-infrared fluorescence (NIRF) imaging is expected to have a major impact on molecular  $\text{A}\beta$  imaging [16, 17]. In general, biological tissues exhibit high photon absorbance both in the visible wavelength range (350–600 nm) and in the infrared range (>900 nm). However, the absorbance decreases to a minimum in the near-infrared region (600–900 nm), also referred to as the “optical window”. Therefore, a non-invasive imaging technique using NIRF probes offers a unique advantage for *in vivo* molecular imaging [18–20]. A previous study using the NIRF dye AOI987 successfully demonstrated the *in vivo* detection of amyloid plaques in the mouse brain [18]. We screened NIRF compounds for use as *in vivo* amyloid imaging agents and discovered 5-(2E,4E)-5-(6-hydroxy-4-oxo-2-thioxo-1,2,3,4-tetrahydro-5-pyrimidinyl)-2,4-pentadienyldiene-2-thioxodihydro-4,6(1H,5H)-pyrimidinedione (THK-265) as a candidate NIRF imaging probe. In this study, we report the optical and binding profiles of THK-265 and demonstrate *in vivo* NIRF imaging of amyloid deposits using this probe in an animal model of AD.

## MATERIALS AND METHODS

### Measurement of excitation and emission spectra

THK-265 (molecular weight 350.38; Fig. 1) was purchased from Organica (Wolfen, Germany) and custom purified by Tanabe R&D Service (Osaka, Japan). To analyze the THK-265 fluorescence spectra, the compound was dissolved in 100% methanol, 50 mM

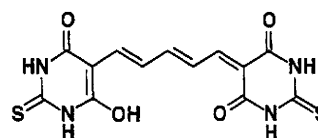


Fig. 1. Chemical structure of THK-265.

potassium phosphate buffer (pH 7.4), or human serum (Gemini Bio-Products, West Sacramento, CA, USA). To measure the excitation and emission spectra of the THK-265/ $\text{A}\beta$  fibril complex, 20  $\mu\text{M}$  of  $\text{A}\beta_{1-40}$  (Peptide Institute, Osaka, Japan) in 50 mM of potassium phosphate buffer was incubated at 37°C on a Vibrax VXR shaker (IKA, Cincinnati, OH, USA) for 4 days. Before the fluorometric measurements, the  $\text{A}\beta$  solution was sonicated for 15 min at 45 kHz using a VS-100III ultrasonic cleaner (Iuchi, Osaka, Japan). Excitation and emission spectra were recorded using a FP-6300-WRE-362 spectrofluorometer (Jasco, Tokyo, Japan) at a scan rate of 100 nm/min. THK-265 excitation and emission spectra were recorded at a concentration of 1  $\mu\text{M}$  in a quartz cuvette with and without 5  $\mu\text{M}$  of aggregated  $\text{A}\beta_{1-40}$  in 50 mM of potassium phosphate buffer.

### Measurement of absorption coefficient and quantum yield

THK-265 (1  $\mu\text{M}$  final concentration) was dissolved in 100% methanol or 50 mM potassium phosphate buffer (pH 7.4) to measure quantum yield.  $\text{A}\beta_{1-40}$  (20  $\mu\text{M}$ ) in 50 mM potassium phosphate buffer was incubated at 37°C on a Vibrax VXR shaker at 500 rpm for 4 days. Before the fluorometric measurement, the  $\text{A}\beta$  solution was sonicated for 15 min at 45 kHz using an ultrasonic cleaner. The number of emitted photons and photons absorbed by the sample were measured in 5  $\mu\text{M}$  of THK-265, with and without 5  $\mu\text{M}$  of aggregated  $\text{A}\beta_{1-40}$  in 100% methanol or 50 mM of potassium phosphate buffer using an absolute photoluminescence (PL) quantum yield measurement system (C9920-02, Hamamatsu Photonics, Hamamatsu, Japan) for THK-265. PL quantum yields are given as the ratio of the number of photons emitted to the number of photons absorbed. The molar absorption coefficient was obtained from the equation  $\epsilon = A/(c \times l)$ , where  $A$  is the actual absorbance of light,  $c$  is the molar concentration of the THK-265 solution, and  $l$  is the path length (cm). The light absorbance of the THK-265 solution was measured using a UV-2550 spectrophotometer (Shimadzu, Kyoto, Japan).

### Measurement of octanol/water partition coefficient

To measure the octanol/water partition coefficient of THK-265, saturated potassium phosphate buffer and 1-octanol (Wako, Osaka, Japan) were prepared before measurement as described previously [11]. THK-265 was dissolved in saturated potassium phosphate buffer and shaken with equal amounts of saturated 1-octanol for 30 min at room temperature. After centrifugation at 2000 rpm for 15 min, the fluorescence intensity of THK-265 in the potassium phosphate buffer layer was measured at an excitation wavelength of 630 nm and an emission wavelength of 670 nm using a GEMINI XS microplate spectrofluorometer (Molecular Devices, Sunnyvale, CA, USA). Octanol/water partition coefficients were determined by comparing fluorescence intensity with that measured before shaking with 1-octanol. Measurements were performed in triplicate.

### Measurement of THK-265 brain uptake in mice

Brain uptake of intravenously administered THK-265 in mice was measured using an HPLC system with a fluorescence detector. THK-265 (1 mg/kg), dissolved in saline, ethanol, and NaOH, were administered into the tail vein of male ICR mice (7-week-old, 32 g,  $n=3$ ). At 2 and 30 min after the injection of compounds, blood samples were collected from the heart, and then the brain was dissected out under ether anesthesia. Blood samples were centrifuged at 10000g for 5 min to obtain the plasma. Brain samples were homogenized in 2 ml of saline. Brain homogenates were centrifuged at 4,000 rpm for 10 min, and the supernatant was diluted ten-fold with 20 mM  $\text{NaH}_2\text{PO}_4$ . A Speedisk column (J.T. Baker, Phillipsburg, NJ, USA) was conditioned with 2 ml of acetonitrile, 2 ml of methanol, and 2 ml of distilled water before use. The sample was passed through the column followed by air dehydration and then eluted with 0.5 ml of methanol. For standards, 0.5, 5, 50, and 500 ng/ml of THK-265 were mixed with plasma or brain homogenate. Samples were analyzed using an HPLC system (Nanospace SI-2, Shiseido, Tokyo, Japan). The mobile phase was 20 mM  $\text{NaH}_2\text{PO}_4$  (pH 6.5) and acetonitrile at a flow rate of 1 ml/min. The fluorescence detector was operated at an excitation and emission wavelength of 627 and 649 nm, respectively. The plasma and brain THK-265 concentrations were calculated using peak areas for the samples and standard. The concentration reported is an average  $\pm$  standard deviation of three independent experiments. THK-265 brain uptake in mice was

additionally measured by *ex vivo* fluorescence imaging of brain samples. THK-265 (1 mg/kg) dissolved in saline, ethanol, and NaOH were injected into the tail vein of male ICR mice (7-week-old, 32 g,  $n=12$ ). The mice were perfused intracardially with saline under ether anesthesia, and then sacrificed before ( $n=3$ ) and 2 min ( $n=4$ ), 60 min ( $n=4$ ), and 120 min ( $n=4$ ) after the injection of THK-265. The brain was dissected out, and the fluorescence intensities of brain samples were examined using an IVIS100 imaging system (Xenogen, Alameda, CA, USA). A Cy5.5 filter set (excitation 615–665 nm, emission 695–770 nm) was used for acquiring THK-265 fluorescence, because the excitation wavelength of this filter set was optimal among the available filters.

### *In vitro* fluorescence binding assay

A fluorometric analysis of THK-265 binding with A $\beta$  fibrils was performed using the following method. A $\beta_{1-40}$  or A $\beta_{1-42}$  (20  $\mu\text{M}$ ; Peptide Institute) in 50 mM potassium phosphate buffer (pH 7.4) was incubated at 37°C on a Vibrax VXR shaker for 4 days. Before the fluorometric analysis, the A $\beta$  fibril solutions were sonicated for 3 min at 45 kHz using a VS-100III ultrasonic cleaner. Fluorescence spectra for the mixture of 5  $\mu\text{M}$  A $\beta$  fibrils and different concentrations of THK-265 (3, 10, 30, 100, 300 nM, and 1  $\mu\text{M}$  final concentrations) were measured using a GEMINI XS microplate spectrofluorometer at an excitation wavelength of 650 nm and an emission wavelength of 670–770 nm. Fluorescence spectra for the same THK-265 concentrations were also measured without the A $\beta$  fibril mixture or with a soluble A $\beta$  mixture. Spectra of the difference in fluorescence intensity ( $\Delta F$ ) between solutions with and without the A $\beta_{1-40}$  fibril mixture were calculated for each THK-265 concentration. The maximum  $\Delta F$  was used as an index of THK-265-specific binding to fibrillar A $\beta$ . The binding constant ( $K_d$ ) of THK-265 to A $\beta$  was calculated from a plot of THK-265 concentration versus  $\Delta F$  of THK-265 at an emission wavelength of 680 nm using GraphPad Prism software (GraphPad, San Diego, CA, USA).

### Tissue staining

Postmortem brain tissues from an autopsy-confirmed AD case (69-year-old man) were obtained from Fukushima Hospital (Toyohashi, Japan). Serial sections (8  $\mu\text{m}$  thickness) from paraffin-embedded blocks of the temporal cortex were prepared in xylene and ethanol. Tissue sections were immersed in 100  $\mu\text{M}$

of THK-265 solution for 10 min. Stained sections were then dipped briefly into water, rinsed in phosphate-buffered saline (PBS), and examined using a fluorescence microscope (Eclipse 80i; Nikon, Tokyo, Japan) equipped with a Cy5.5 filter set (excitation 615–665 nm, emission 695–770 nm). In addition, the adjacent section was immunostained using a monoclonal antibody (mAb) against A $\beta$  (6F/3D; Dako, Glostrup, Denmark) and tau (AT8; Innogenetics, Ghent, Belgium). Sections were immersed in a solution containing 6F/3D at a dilution rate of 1:50 for 60 min or AT8 at a dilution of 1:20 for 18 h. Sections were processed by the avidin-biotin method using a Pathostain ABC-POD(M) kit (Wako, Osaka, Japan).

#### *Ex vivo labeling of A $\beta$ deposits with THK-265 in transgenic mice*

Animal experiments in this report were approved by the ethical committee for animal experiments of Tohoku University. *Ex vivo* plaque labeling with THK-265 was examined using 3 transgenic (Tg) A $\beta$ PPSwe Tg2576 mice (Taconic, Germantown, NY, USA) and 2 wild-type (Wt) mice (female, 17-month-old). In addition, indocyanine green (ICG; Diagnogreen, Daiichi Sankyo, Tokyo, Japan) was used as negative control. ICG or THK-265 solution containing 0.1 M PBS, 10% dimethyl sulfoxide, and 0.02 mol/l HCl was injected into the tail vein at a dose of 1 mg/kg. At 5 min after the injection, the mice were perfused intracardially with saline under ether anesthesia. Mice were then decapitated, and their brains were removed. After cryoprotection in 30% sucrose/0.1 M PBS, 16- $\mu$ m frozen sections were cut using a Microm HM560 cryostat (Walldorf, Germany) and imaged for fluorescent microscopy with no additional staining using a Cy5.5 filter set. The same sections were immersed in 0.125% thioflavin-S solution containing 50% ethanol for 3 min, dipped five times briefly in tap water, followed by differentiation in 50% ethanol for 2 min. The sections were then examined using a Nikon Eclipse 80i microscope equipped with a BV-2A filter set (excitation 400–440 nm, emission 470 nm cut on).

#### *In vivo NIRF imaging of A $\beta$ deposits with THK-265 in transgenic mice*

Female A $\beta$ PPSwe Tg2576 mice aged 17 months ( $n=3$ ), 19 months ( $n=3$ ), 27 months ( $n=3$ ), and 32 months ( $n=3$ ) as well as age-matched Wt mice were used to assess the potential of THK-265 as an amyloid imaging agent. AOI987 and ICG were used as positive

and negative controls, respectively. AOI987 was custom synthesized by Tanabe R&D Service Co. (Osaka, Japan). *In vivo* fluorescence signals were measured using an IVIS100 imaging system (Xenogen). This instrument is a temperature-controlled, light-tight box with a cryogenically cooled, back-illuminated, digital charge-coupled device camera. Fluorescent signals were measured and analyzed with Living Image software (Xenogen). The fluorescence reflectance imaging technique is sensitive to the coat color. Thus, the same coat-colored (brown) mice were used for this experiment. Before the experiment, the heads and necks were shaved to minimize the inherent autofluorescence from hair. Mice were anesthetized with isoflurane (Dainippon Pharmaceutical Co., Osaka, Japan) before they were placed in IVIS100. It is possible that inconsistent placement of the mice could lead to variations within the field of view. Therefore, the mice were fixed in the stereotaxic instrument during the experiment. Mice were then injected with 1 mg/kg of THK-265, AOI987, or ICG via the tail vein. Images were acquired for 120 min under isoflurane anesthesia. A Cy5.5 filter set was used for acquiring THK-265 and AOI987 fluorescence, and an ICG filter set (excitation 710–760 nm, emission 810–875 nm) was used for acquiring ICG fluorescence *in vivo*. Identical illumination settings were used for all images, and fluorescence emission was normalized to photons per second per centimeter square per steradian (p/s/cm<sup>2</sup>/sr). For the comparative analysis of three compounds, the circular regions of interest (ROI) (7.5 mm in diameter) were set on the heads (ROI1) and necks (ROI2) of each mouse (Fig. 2). The head-to-neck fluorescence intensity ratio (ROI1/ROI2) of each compound was calculated and used as an index of the compound's retention in the brain, because the neck is a region free of amyloid deposits in A $\beta$ PP Tg mice. After finishing the *in vivo* measurement of THK-265 fluorescence signals, mice were decapitated and their brains were removed. After cryoprotection, 16- $\mu$ m frozen sections were cut using a HM560 cryostat. To examine the correlation between THK-265 fluorescence intensity and amyloid burden in A $\beta$ PP Tg mice, the number of amyloid plaques stained with 0.125% thioflavin-S was determined in 4 sections (spaced 480  $\mu$ m apart) from whole brain in each mouse.

#### *Toxicity study in mice*

An acute toxicity study was performed using female ICR mice (weight, 29–34 g). Animals were kept in a temperature-controlled environment (21.2–23.5°C)

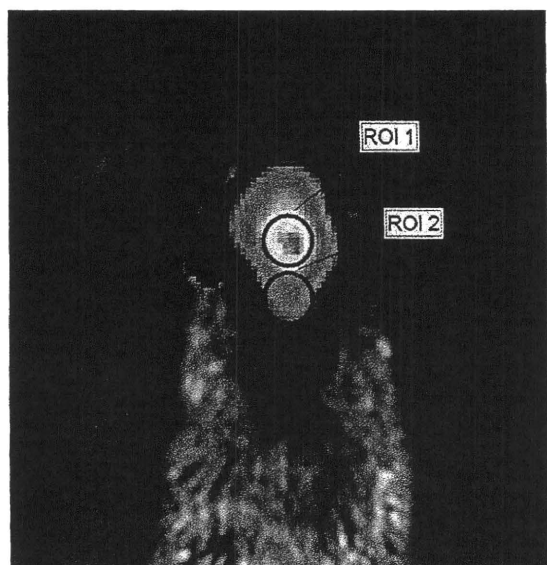


Fig. 2. Placement of regions of interest (ROIs) on the mouse head (ROI1) and neck (ROI2).

with a 12-h light-dark cycle and *ad libitum* access to food and water. Animals were divided into control and treated groups, with four animals in each group. The control group received a vehicle injection alone, while the treated group received an intravenous injection of THK-265 solution at a dose of 10 mg/kg. Animals were observed for 7 days after administration to identify any changes in general behavior or body weight.

#### Statistical analysis

Statistical comparison of fluorescence measurements was performed by analysis of variance followed by a Bonferroni multiple comparisons test with a significance level of  $p < 0.05$ . Correlations between the number of amyloid plaques and fluorescence intensity ratio were examined using a non-parametric Spearman's rank correlation analysis. These analyses were performed using GraphPad Prism software.

## RESULTS

#### Fluorescence properties of THK-265

The maximum excitation and emission wavelengths of the THK-265 solution were 639.0 nm and 657.4 nm in human serum, 620.0 nm and 648.0 nm in potassium phosphate buffer, and 627.0 nm and 644.0 nm in methanol, respectively. In addition, the maximum excitation and emission wavelengths of the THK-265/A $\beta$

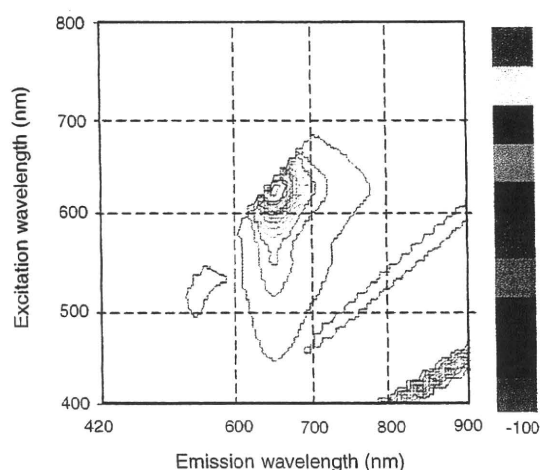


Fig. 3. Fluorescence contour map of the THK-265/amyloid- $\beta$  fibril complex.

fibril complex were 630.0 nm and 650.0 nm, respectively (Fig. 3). These values were within the optical window range, suggesting that the fluorescence signal of this compound is capable of passing through body tissue. Furthermore, this compound showed a high quantum yield (38.5% in methanol solution) and high molar absorption coefficients ( $96198 \text{ M}^{-1} \text{ cm}^{-1}$  in methanol solution).

#### Binding of THK-265 to A $\beta$ fibrils and AD pathology

The fluorescence intensity of THK-265 increased 3.6 times after it was mixed with A $\beta_{1-40}$  fibrils ( $196.9 \pm 2.8 \text{ p/s}$ ) and 6 times higher after it was mixed with A $\beta_{1-42}$  fibrils ( $325.9 \pm 5.7 \text{ p/s}$ ) compared to that without mixing with A $\beta$  fibrils ( $54.4 \pm 1.9 \text{ p/s}$ ) (Fig. 4A). However, no increase in THK-265 fluorescence was observed in the mixture with soluble A $\beta$  peptide. These findings reflect the hyperchromic fluorescence shift of THK-265 upon binding to A $\beta$  fibril  $\beta$ -sheet structures. The  $\Delta F$  spectra in the different THK-265 concentrations are shown in Fig. 4B. The  $\Delta F$  value increased with increasing THK-265 concentration, and the calculated  $K_d$  value of THK-265 to A $\beta$  was  $97 \pm 5.0 \text{ nM}$  (Fig. 4C). A neuropathological examination using THK-265 indicated that amyloid plaques were clearly stained with THK-265 in AD brain sections (Fig. 5A). This staining pattern correlated well with A $\beta$  immunostaining in adjacent sections (Fig. 5B). Cored plaques were clearly stained with THK-265 (Fig. 5A); however, diffuse plaques were not clearly stained with THK-265 (data not shown).

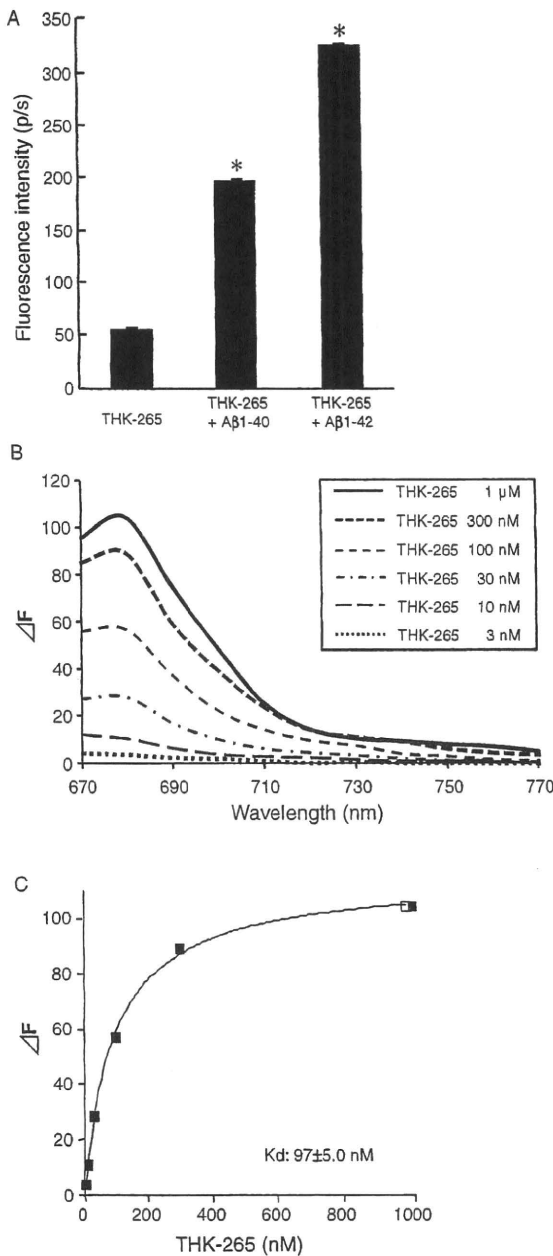


Fig. 4. *In vitro* binding of THK-265 to amyloid- $\beta$  (A $\beta$ ) fibrils. A) Comparison of THK-265 fluorescence intensity and that of the THK-265/A $\beta$  fibril complex. B) Difference in the fluorescence emission spectra of the THK-265/A $\beta$  fibril complex. C) Saturation curve of THK-265 binding to A $\beta$  fibrils. \* $p < 0.05$ , compared with fluorescence intensity of THK-265 only.

Neurofibrillary tangles were additionally stained with THK-265 (Fig. 5C, D). Amyloid plaques stained with THK-265 were located in the surface region of the AD frontal cortex (Fig. 5E, F).

#### Brain uptake of THK-265 in mice

We measured the octanol/water partition coefficient of THK-265 to investigate whether THK-265 would enter the brain in amounts sufficient for *in vivo* detection of amyloid plaques. The octanol/water partition coefficient and its log  $p$  value were  $66 \pm 6.2$  and  $1.8 \pm 0.8$ , respectively, indicating that THK-265 was sufficiently lipophilic to permeate the blood brain barrier (BBB). Brain uptake of THK-265 in mice was measured by an HPLC system with a fluorescence detector. THK-265 displayed brain uptakes of  $0.04 \pm 0.01\%$  injected dose (ID)/g at 2 min post injection (PI) and  $0.0065 \pm 0.0026\%$  ID/g at 30 min PI. Brain uptake of THK-265 was additionally measured by *ex vivo* fluorescence imaging of brain samples in mice (Fig. 6). THK-265 rapidly entered the brain ( $6.2 \pm 1.9 \times 10^7$  p/s/cm<sup>2</sup>/sr) at 2 min PI, and then gradually eliminated from the brain ( $2.4 \pm 0.6 \times 10^7$  p/s/cm<sup>2</sup>/sr at 60 min PI and  $2.1 \pm 0.8 \times 10^7$  p/s/cm<sup>2</sup>/sr at 120 min PI).

#### Toxicity study of THK-265

In the acute toxicity study, intravenous administration of THK-265 at a dose of 10 mg/kg did not produce any significant changes in the general behavior or body weight of mice. During the 7 days of the experiment, no deaths occurred in either the control or treatment groups, indicating that the dose for 50% lethality (LD<sub>50</sub>) of intravenously administered THK-265 is higher than 10 mg/kg in mice.

#### *Ex vivo* labeling of A $\beta$ deposits in transgenic mice with THK-265

Next, *in vivo* binding ability to intracranial THK-265 amyloid deposits was confirmed by intravenous administration of 1 mg/kg THK-265 to 17-month-old A $\beta$ PP Tg and Wt mice. As a result, amyloid deposits in 3 Tg mice were clearly labeled with THK-265 (Fig. 7A, C, E). In contrast, no significant THK-265 fluorescence was observed in the brain of Wt mice (data not shown). The distribution of plaques labeled with THK-265 corresponded to thioflavin-S staining (Fig. 7B, D, F), indicating that intravenously administered THK-265 enters the brain and selectively binds to intracranial amyloid deposits. In contrast, ICG did not label amyloid deposits in Tg mouse brain after intravenous administration (Fig. 7G, H).

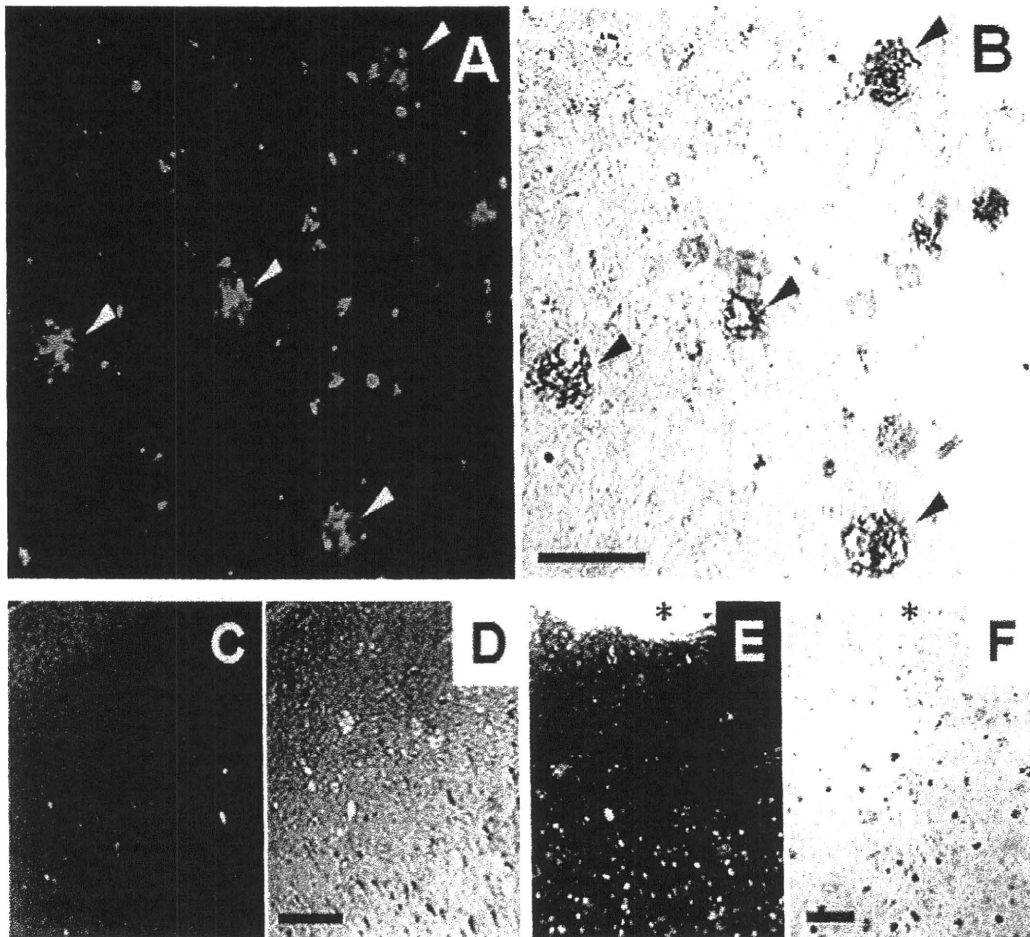


Fig. 5. Microscopic images of THK-265 binding to amyloid plaques and neurofibrillary tangles. A) THK-265 staining of the temporal cortex from a patient with Alzheimer's disease (AD). B) A $\beta$  immunostaining in the adjacent section of the AD temporal cortex. Arrowheads indicate amyloid plaques. C) THK-265 staining of the hippocampus of an AD patient. D) Tau immunostaining in the adjacent section of the AD hippocampus. E) THK-265 staining and (F) A $\beta$  immunostaining of the frontal cortex from an AD patient. Asterisks indicate brain surface. Bar = 100  $\mu$ m.

#### *In vivo NIRF imaging of A $\beta$ deposits in transgenic mice by THK-265*

Finally, we examined the ability of THK-265 to detect amyloid plaques noninvasively using NIRF imaging. After intravenously injecting 1 mg/kg THK-265, fluorescence intensity rapidly increased in mice heads and was consistently higher in Tg than in Wt mice (Fig. 8A–C). Moreover, THK-265 fluorescence intensity increased with increasing age in Tg mice, which is consistent with the observation of higher density amyloid deposits in the brains of 32-month-old Tg mice than in that of 19-month-old Tg mice (data not shown). In contrast, Wt mice showed no age-related increase in THK-265 fluorescence intensity in the brain

(Fig. 8C). When comparing THK-265 with AOI987 and ICG, both THK-265 and AOI987 displayed significantly higher fluorescence signals in A $\beta$ PP Tg mice than in Wt mice. However, ICG showed no significant difference in fluorescence signals between A $\beta$ PP Tg and Wt mice (Fig. 9A, B). When AOI987 was injected into mice, the ratio of fluorescence intensity in A $\beta$ PP Tg mice to that in Wt mice (A $\beta$ PP Tg/Wt ratio) increased gradually. In contrast, THK-265 showed a consistently high A $\beta$ PP Tg/Wt ratio at 30 min PI and significantly higher A $\beta$ PP Tg/Wt ratio than AOI987 between 30 and 90 min PI (Fig. 9C). As shown in Fig. 9D, the fluorescence THK-265 intensity ratio correlated significantly with the number of amyloid plaques in the brain ( $r = 0.943$ ,  $p = 0.017$ ).



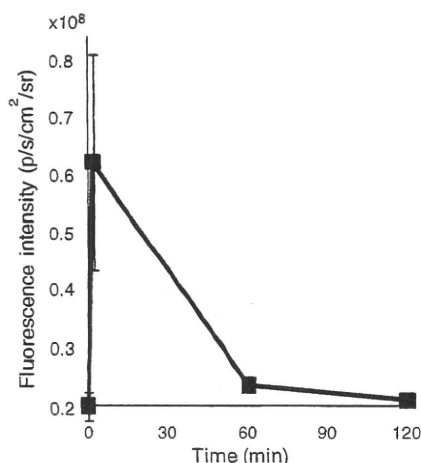


Fig. 6. *Ex vivo* measurement of brain tissue fluorescence intensity after intravenous administration of THK-265 in mice.

## DISCUSSION

Although there has been no evidence supporting good penetration of fluorescence signals through the human head, the NIRF imaging technique is potentially useful for *in vivo* detection of amyloid in the brain. In NIRF imaging, there is no risk from radiation exposure. In addition, it has a lower cost than radionuclide imaging by PET and SPECT [16, 19]. High time resolution of optical imaging additionally allows high-throughput screening for amyloid deposition. Several methodological limitations exist in NIRF imaging. As with radionuclide imaging, quantification of amyloid load is achieved by spatially integrating the fluorescence intensity of the amyloid-binding probe. Because of fluorescence scattering in biological tissue, the spatial resolution and quantitative ability of NIRF imaging is relatively lower than that of radionuclide imaging by PET and SPECT. Large individual differences in fluorescence intensity can be overcome by normalizing the measured fluorescence intensity to that at an initial scan time point or that at a reference region containing no amyloid plaques (e.g., spinal cord), as demonstrated in our study. Radionuclide imaging by PET and SPECT provides full three-dimensional information with high sensitivity. However, the NIRF imaging technique detects the regional density of fluorescence dye mainly on the surface area of the brain; therefore, it is limited to detecting fluorescence dye in deep layers of the brain. However, this weakness does not affect the detectability of amyloid plaques in the human brain, because high density amyloid deposits are located on the neo-

cortical surface of patients with AD, as shown in Fig. 5E, F.

AOI987 is the first successful NIRF probe for *in vivo* detection of A $\beta$  pathology [18]. This probe readily penetrates BBB and binds to amyloid plaques. Using an *in vivo* NIRF imaging device, the specific interaction of AOI987 with amyloid plaques in A $\beta$ PP23 transgenic mice has been demonstrated. A quantitative analysis revealed increasing fluorescence signal intensity with increasing plaque load of the animals. Significant binding of AOI987 was observed for A $\beta$ PP23 transgenic mice of age 9 months and older. Thus, AOI987 is an attractive probe to noninvasively monitor disease progression in A $\beta$ PP Tg mice and to evaluate effects of potential anti-amyloid drugs on the plaque load. There are several requirements for the successful development of an NIRF imaging probe to detect AD-specific pathology [18–20]. One of the most important requirements is a suitable excitation and emission wavelength (600–800 nm) for the fluorescence probe. This property is necessary to minimize the absorption of fluorescence signals into body tissues, particularly hemoglobin and water. The optimal THK-265 excitation and emission wavelengths (excitation wavelength 639.0 nm and emission wavelength 657.4 nm in human serum) are within this range, and are comparable to a previously reported compound, AOI-987. THK-265 additionally showed a high quantum yield (38.5% in MeOH) and a high absorption coefficient (96198 M<sup>-1</sup>cm<sup>-1</sup> in MeOH), indicating the ideal fluorescence property of THK-265 as an imaging probe. The LD<sub>50</sub> of intravenously administered THK-265 is greater than 10 mg/kg for mice. However, further safety analyses are required for future clinical applications of this probe. In addition to these properties, compounds must have high A $\beta$  binding affinity. A fluorescence binding assay showed that the THK-265 K<sub>d</sub> value for synthetic A $\beta$  fibrils was 97 ± 5.0 nM, indicating a higher binding affinity for A $\beta$  fibrils than for thioflavin-T (K<sub>i</sub> = 580 nM) [21] and AOI-987 (K<sub>d</sub> = 220 nM) [18]. The THK-265 K<sub>d</sub> value indicates a relatively lower affinity compared to the radionuclide imaging ligands PiB (K<sub>d</sub> = 4.7 nM) [22] and BF-227 (K<sub>i</sub> = 4.3 nM) [11]. However, these parameters are largely dependent on analytical conditions and preparation of A $\beta$  fibrils. THK-265 mainly labeled cored plaques, but not diffuse plaque in AD brain sections. A probe binding selectively to cored plaques would be less subject to A $\beta$  pathology in the normal aging process. Thus, use of this probe will allow detection of the transition from normal aging to the pathological process of AD.



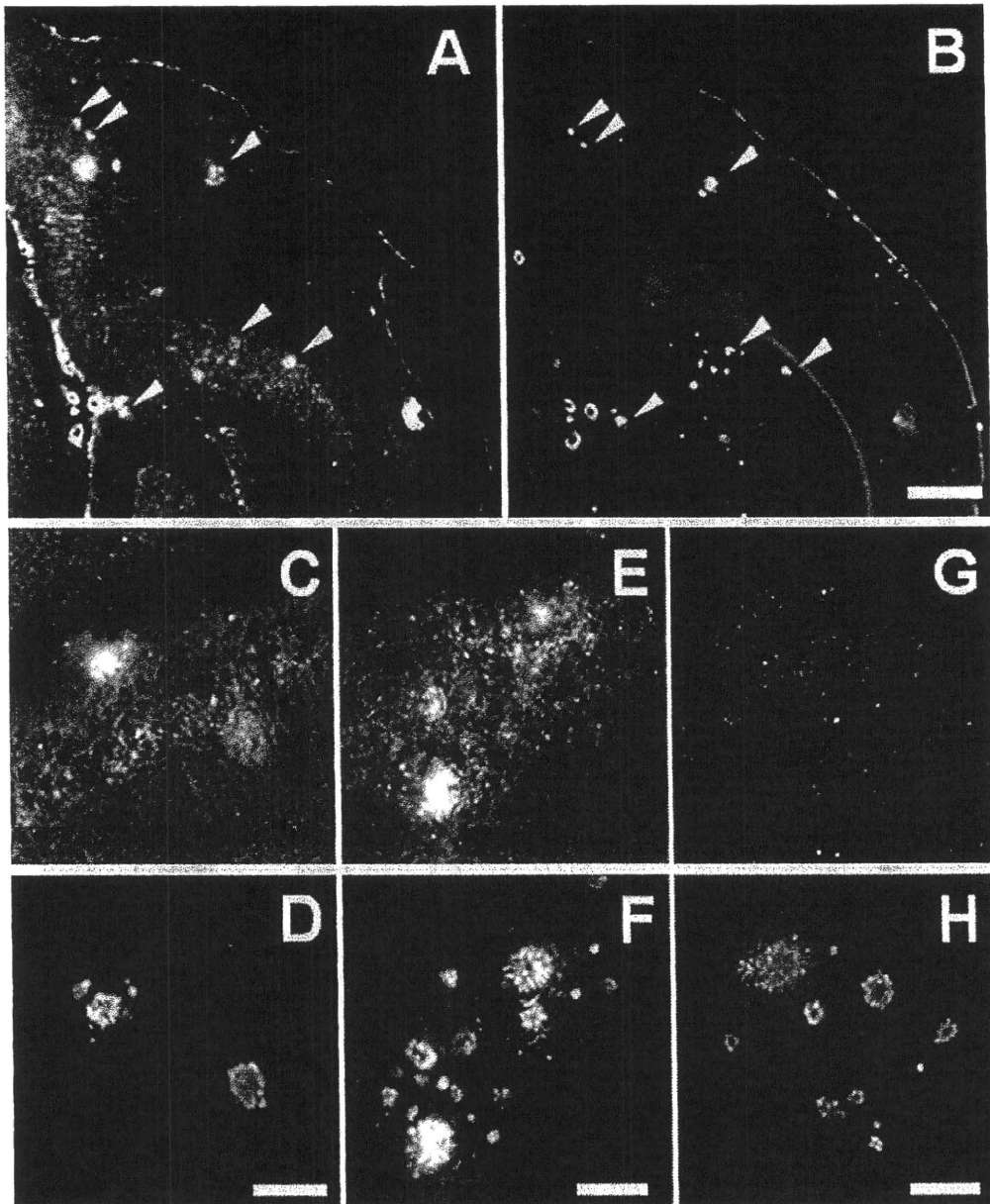


Fig. 7. *Ex vivo* microscopic images of brain sections from 17-month-old amyloid- $\beta$  protein precursor transgenic mice after intravenous administration of 1 mg/kg THK-265 (A, C, E) or ICG (G). B, D, F, H) Thioflavin-S staining in the same section as (A), (C), (E) and (G), respectively. Arrowheads indicate amyloid plaques. Bar = 500  $\mu$ m (A, B) and 100  $\mu$ m (C-H).

One of the advantages of THK-265 over existing amyloid-binding ligands is its profound hyperchromic effect upon binding to A $\beta$  fibrils, which enhances the fluorescence signals derived from the specific binding site, but not the signals from the free compound. Therefore, this effect might compensate for the insufficient binding affinity of THK-265 to A $\beta$  fibrils. During radionuclide imaging, specific tracer binding can be

visualized after washing out the remaining background tracer activity. In contrast, the fluorescence dye with a hyperchromic effect enables the enhancement of specific binding. Our study demonstrated good discrimination between specific probe accumulation in transgenic mouse brain and nonspecific probe accumulation in Wt mouse brain, even at the early stage after intravenous THK-265 administration. Actually,

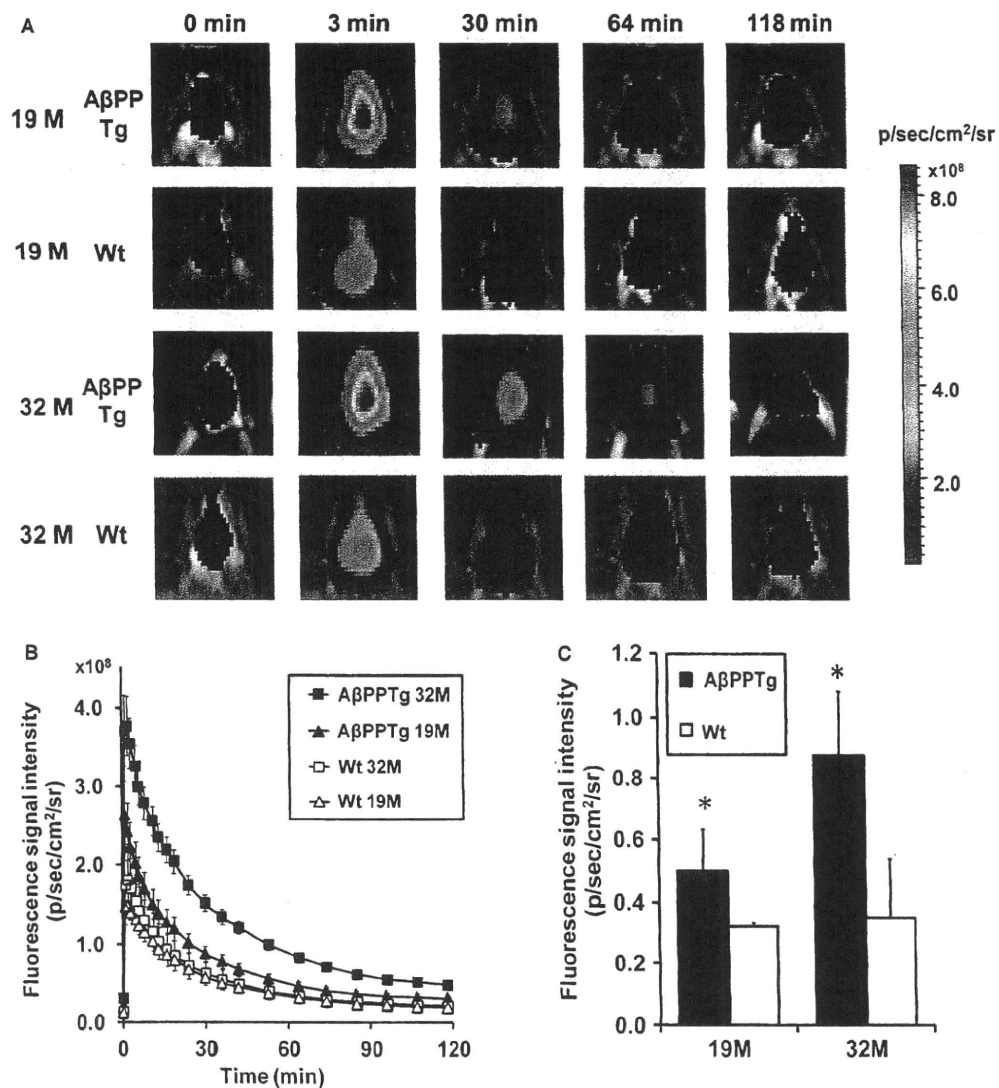


Fig. 8. *In vivo* imaging of amyloid deposits using THK-265. A) Images from the brains of 19-month-old amyloid- $\beta$  protein precursor (A $\beta$ PP) transgenic (A $\beta$ PP Tg) and wild-type (Wt), as well as 32-month-old A $\beta$ PP Tg and Wt mice acquired before and at 3, 30, 64, and 118 min after intravenous administration of THK-265. B) Fluorescence signal intensities of the heads of 19-month-old and 32-month-old A $\beta$ PP Tg and Wt mice as a function of time after intravenous administration of THK-265. C) Average fluorescence signal intensities of the heads between 30 and 120 min after THK-265 injection in 19-month-old and 32-month-old A $\beta$ PP Tg and Wt mice.

*ex vivo* labeling of amyloid plaques was demonstrated at 5 min post-intravenous administration of THK-265 in A $\beta$ PP Tg mice. These findings are in sharp contrast with previous NIRF probes such as AOI987, which allowed a gradual separation between Wt and Tg mice over a quite long observation period. Thus, a fluorescence probe with a hyperchromic effect would allow an immediate and handy assessment of the plaque burden in living brains. One of the limitations of THK-265 is that it cannot discriminate specific versus non-specific

binding of the probe, because no bathochromic shift of THK-265 is observed after binding to A $\beta$  fibrils. The development of a novel probe showing a bathochromic effect or the measurement of lifetime change would solve this problem. In addition, longer excitation and emission wavelengths of the probe would improve the penetration of fluorescence signals in deep brain regions.

BBB permeability is another important requirement for an NIRF imaging probe. Although the brain uptake

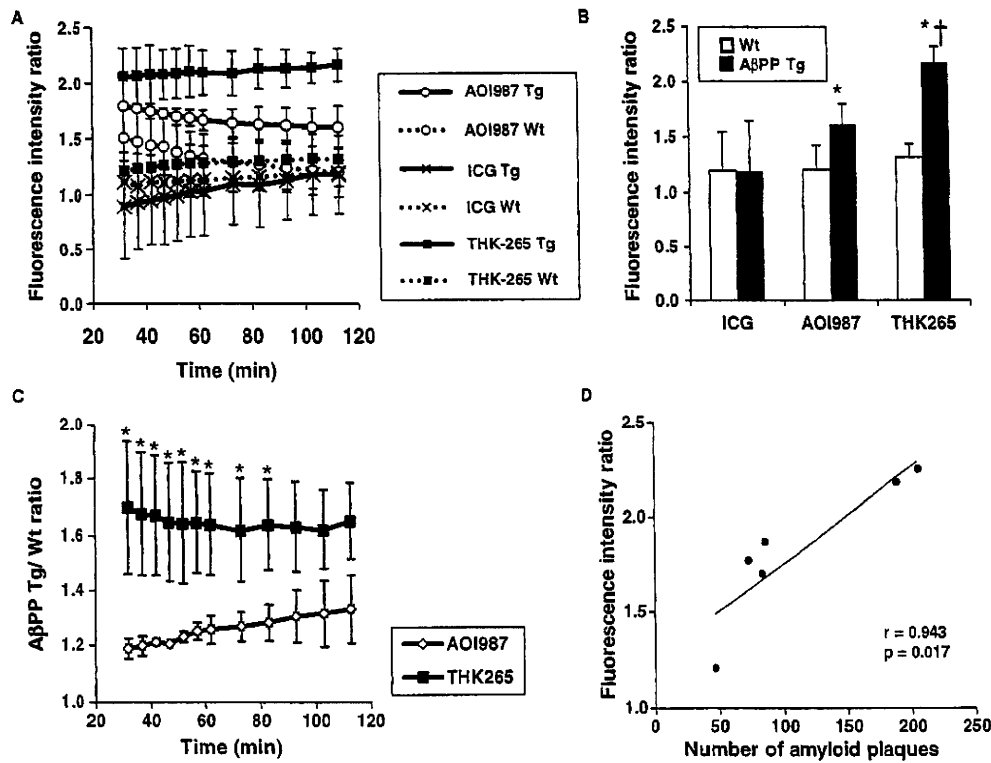


Fig. 9. A) The ratio of head to neck fluorescence intensity of 27-month-old amyloid- $\beta$  protein precursor transgenic (A $\beta$ PP Tg) and wild-type (Wt) mice as a function of time after intravenous administration of AOI987 (white circle), ICG (cross) and THK-265 (black square). B) Fluorescence intensity ratio of 27-month-old A $\beta$ PP Tg and Wt mice at 113 min post injection of THK-265. C) The ratio of fluorescence intensity in 27-month-old A $\beta$ PP Tg mice to that in Wt mice (A $\beta$ PP Tg/Wt ratio) as a function of time after intravenous administration of AOI987 (white circle) and THK-265 (black square). D) Significant correlation of the number of amyloid plaques in the brain with fluorescence intensity ratio of THK-265.

level of THK-265 (0.04%ID/g at 2 min post injection) is about 150 times less than most useful PET amyloid probes, our results demonstrated that intravenously administered THK-265 can enter the brain at a level sufficient for *in vivo* detection of amyloid deposits in A $\beta$ PP Tg mice. After an intravenous injection of THK-265, the mice were perfused, and then brain samples were obtained. Therefore, THK-265 uptake in the brain is not likely to be caused by intravascular dye leaks across BBB following death. These results strongly suggest that NIRF imaging with THK-265 is potentially usable for the noninvasive detection of amyloid plaques in patients with AD. THK-265 showed reasonable lipophilicity ( $\log p = 1.8 \pm 0.8$ ), rapid brain uptake after intravenous administration, and rapid clearing of unbound compound from normal brain tissue in mice. Nevertheless, further compound optimization is needed for future clinical application of this imaging technique.

In summary, we developed a novel NIRF probe, THK-265, for detecting amyloid deposits in the brain *in vivo*. THK-265 showed excellent fluorescence properties as an NIRF agent and high binding affinity to amyloid plaques. Furthermore, we successfully demonstrated that amyloid deposits in A $\beta$ PP transgenic mice can be detected after intravenous administration of THK-265. From these findings, we concluded that THK-265 is a candidate NIRF probe for the noninvasive detection and monitoring of amyloid deposition.

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Authors' disclosures available online (<http://www.jalz.com/disclosures/view.php?id=607>).

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