

# Effect of chloroquine and leupeptin on intracellular accumulation of amyloid-beta (A $\beta$ ) 1–42 peptide in a murine N9 microglial cell line

Teresa Chu<sup>a</sup>, Thuy Tran<sup>a</sup>, Fusheng Yang<sup>a</sup>, Walter Beech<sup>b</sup>, Greg M. Cole<sup>a,b,c</sup>,  
Sally A. Frautschy<sup>a,b,c,\*</sup>

<sup>a</sup>Department of Medicine, University of California, Los Angeles, USA

<sup>b</sup>Geriatric Research Education and Clinical Center, Sepulveda VAMC, 16111 Plummer Street, Sepulveda, CA 91343, USA

<sup>c</sup>Department of Neurology, University of California, Los Angeles, USA

Received 17 July 1998; received in revised form 27 August 1998

**Abstract** Murine N9 microglia accumulated A $\beta$  from media containing 0.67  $\mu$ M A $\beta$  within 6 h. In N9 and in primary rat microglia, chloroquine, which disrupts lysosomal pH, increased A $\beta$ -induced accumulation of A $\beta$ , particularly A $\beta$ 1–42. Leupeptin similarly enhanced A $\beta$  accumulation. The scavenger receptor antagonist fucoidan did not affect acute chloroquine-dependent A $\beta$ 1–42 accumulation, demonstrating uptake of non-aggregated A $\beta$ . After prolonged incubations, chloroquine enhanced A $\beta$  multimer (8–12 kDa) accumulation, an effect inhibited by fucoidan. Disruptions of the lysosomal system enhance A $\beta$  and its multimer formation. Despite negligible effects of fucoidan on initial A $\beta$  uptake, chronic exposure inhibits multimer accumulation, demonstrating a role for scavenger receptor in multimer accumulation.

© 1998 Federation of European Biochemical Societies.

**Key words:** Alzheimer's disease;  $\beta$ A4 amyloid; Lysosome; Microglia; Chloroquine; Leupeptin

## 1. Introduction

A pathological hallmark of Alzheimer's disease (AD) is the cerebral deposition of amyloid plaques which arise from the abnormal accumulation of amyloid  $\beta$ -protein (A $\beta$ ). A $\beta$  peptides are 40–43 amino acid proteolytic fragments excised from  $\beta$ -amyloid precursor protein ( $\beta$ -APP). Compelling genetic evidence has indicated that over-production of A $\beta$ , especially A $\beta$ 1–42, can be an ultimate cause of neurodegeneration. Among cases of early-onset familial Alzheimer's disease (FAD), an autosomal dominant disorder, mutations are found in multiple genes [1,2]. These mutations increase either the production of A $\beta$  or the proportion of the more insoluble A $\beta$ 1–42 fragments. In contrast, APP mutations and systemic A $\beta$  over-production are not found in the late-onset, sporadic form of AD (SAD) [1] which accounts for the vast majority (>90%) of AD cases. Therefore, factors such as decreased cellular degradation of A $\beta$  peptide or aggregates, reduced A $\beta$  phagocytosis, and enhanced stabilization of A $\beta$  fibrils may be particularly relevant to A $\beta$  accumulation in SAD. A $\beta$  is secreted by brain cells under normal conditions [3,4], but its level remains low in CSF and plaque-free brains of healthy controls [5]. Therefore, a catabolic process must exist in which protease(s) degrade the peptide to prevent its accumulation. A major difference between an aging AD brain and a healthy counterpart could be defective catabolism which results in A $\beta$  accumulation and deposition.

\*Corresponding author. Fax: (1) (818) 895-5835.  
E-mail: frautschy@ucla.edu

Cellular uptake and intracellular degradation are potentially important pathways for the removal of extracellular A $\beta$ . PC12 cells were able to effectively internalize A $\beta$  and accumulate A $\beta$ 1–42 specifically for several days [6]. Ida et al. [7] demonstrated the rapid A $\beta$  uptake by human neuroblastoma SY5Y cells which removed the majority of exogenous A $\beta$  by uptake and intracellular degradation rather than by extracellular proteases. However, these cells do not resemble the activated microglia and reactive astrocytes intimately associated with dense core amyloid plaques in AD brain [8]. Both rat microglia and astrocytes can remove A $\beta$ 1–42 added to culture medium [9]. After subjecting rat primary microglia to subcellular fractionation, Mentlein et al. [10] recently showed that an A $\beta$ -degrading activity was primarily mediated by a metalloprotease released into the extracellular medium. Other studies have shown that rat microglia are able to accumulate A $\beta$  peptides [11] and aggregates [12], suggesting that intracellular degradation via the endosomal-lysosomal system is important for A $\beta$  removal. Both APP and APP C-terminal fragments are known to be metabolized by the endosomal-lysosomal system [4,13–15]. Furthermore, lysosomal proteases such as cathepsins B (cysteine protease) and D (aspartyl protease) are associated with AD amyloid deposits [16,17]. The presence of these lysosomal enzymes in the amyloid plaques may reflect an attempt to degrade A $\beta$ . To test whether microglia degrade A $\beta$  intracellularly, we examined the accumulation and degradation of added A $\beta$ 1–40 and 1–42 in the N9 murine microglia cell line. A significant amount of undegraded A $\beta$ , especially A $\beta$ 1–42, was found inside the cells with chloroquine and leupeptin, compounds which inhibit lysosomal enzyme activities.

## 2. Materials and methods

### 2.1. Sandwich ELISA for A $\beta$

Cellular A $\beta$  was quantified with a sandwich ELISA utilizing two A $\beta$  peptide-specific antibodies. Mouse monoclonal 4G8 against A $\beta$  aa 17–24 (Senetek, Maryland Heights, MO) was used as the capture antibody, loaded at a concentration of 3  $\mu$ g/ml in 0.1 M carbonate buffer, pH 9.6 onto a 96-well plate (Nunc Maxisorp). Blocking was completed with 2% bovine serum albumin (BSA) in Tris-buffered saline (TBS). Processed and neutralized samples were diluted with EC buffer (20 mM Tris, 400 mM NaCl and 2 mM EDTA, pH 7.4 with 1% BSA and 0.05% CHAPS) containing protease inhibitors (20  $\mu$ g/ml each of pepstatin, aprotinin, leupeptin, and phosphoramidon, 0.5 mM PMSF and 1 mM EGTA) and loaded into the wells. The detector antibody was biotinylated mouse monoclonal 10G4 against A $\beta$  aa 5–13 [18], added at a final dilution of 1:1500 in TBS containing 1% BSA. The reporter system was streptavidin-alkaline phosphatase (Vector Labs, Burlingame, CA) using AttoPhos (JBL, San Luis Obispo, CA) as the substrate. Fluorescence of the AttoPhos product was monitored at an excitation wavelength of 450 nm and an emission

wavelength of 580 nm with a CytoFluor II plate reader (PerSeptive Biosystems, Bedford, MA). A standard curve over a range of 0.02–10 ng (Fig. 3A) was prepared from A $\beta$  peptide in triplicate and subjected to 4-parameter fit by non-linear regression. Statistical ANOVA was used to evaluate treatment effects and Fisher's projected of least significant difference (PLSD) was used to detect differences between groups (Statview, Abacus, Berkeley, CA).

## 2.2. Cell culture

N9 microglia (a mouse microglia cell line, a generous gift from Dr. P. Ricciardi-Castagnoli [19]) were grown in Dulbecco's modified Eagle's medium (DMEM) with high glucose and supplemented with 10% fetal calf serum, L-glutamine, non-essential amino acids, sodium pyruvate, HEPES buffer, and gentamicin sulfate. Cells were cultured in 75 cm<sup>2</sup> flasks and passaged without trypsin using cell dissociation buffer (Sigma, St. Louis, MO). They were subcultured into 24-well plates at 80% confluency or Nunc 8-chamber Labtek slides at 5000/well 1 day before the experiment. For primary mixed glia culture, cerebral hemispheres from 2 day old Sprague-Dawley rat pups were excised and the meninges removed. The hemispheres were filtered successively through 210, 185, and 136  $\mu$ m nylon meshes into DMEM with the same supplements described above. The cell suspension was centrifuged and resuspended in media before seeding 10<sup>6</sup> cells to a 75 cm<sup>2</sup> flask. Primary cultures were incubated for 5 days before use.

## 2.3. Analysis of intracellular A $\beta$ after cellular uptake

Confluent N9 microglia in a 24-well plate were washed once with phosphate-buffered saline (PBS) and once with N2 medium (serum free) before exposure to 300  $\mu$ l of N2 medium containing 1  $\mu$ g (0.67  $\mu$ M) of A $\beta$ , with and without chloroquine or leupeptin. Cells were incubated with the drug(s) for 6 h in the CO<sub>2</sub> incubator with gentle shaking. At the end, the medium was removed and the cells washed twice with PBS before trypsinization which removed cell membrane associated A $\beta$ . After a centrifugation at 1000 $\times$ g for 10 min, the cell pellet was washed once with PBS and stored at -20°C until assay of A $\beta$ . On the day of analysis, cell pellets were solubilized in 70% formic acid. Acid extract was neutralized with 70% 0.25 M Tris, pH 8/30% acetonitrile and 5 M NaOH before loading onto the ELISA plate. Total cell protein was measured by the Bio-Rad Dc (Hercules, CA) Lowry assay using BSA as a standard.

## 2.4. Immunofluorescent labeling of intracellular A $\beta$

N9 microglia grown on 8-chamber Labtek slides were exposed to 1  $\mu$ g of A $\beta$ , with or without 20  $\mu$ M chloroquine, for 6 h. At the end, the cells were washed 3 times with cold PBS and fixed with cold methanol at 4°C for 10 min, then methanol was removed and cells washed 3 times with cold PBS. After blocking with 5% horse serum at 37°C for 1 h, cells were incubated with mouse monoclonal 4G8 (1:100) at RT for 1 h. Bound 1° antibodies were detected with horse anti-mouse IgG (2° antibody, 1:200) coupled to FITC and photographed using a Microphot fluorescence microscope (Nikon).

All images were acquired as TIFF files from a fluorescent microscope via a video camera attached to a Scion frame grabber, which were subsequently analyzed on a Power Center 120 Macintosh compatible computer using a NIH-Image public domain software (developed at the US National Institutes of Health and available on the Internet at <http://rsb.info.nih.gov/nih-image/>). A custom Pascal macro sub-routine was written to calculate fluorescent intensity relative to background (foreground-background/background) and total % A $\beta$ -ir area.

## 2.5. Western blotting

Equal amounts of protein from the cell pellets were mixed with Laemmli's sample buffer and heat-denatured before being loaded onto 8–16% Tris Tricine gel with rainbow standards (Amersham, Piscataway, NJ) as molecular weight reference. Separated proteins were blotted onto nitrocellulose membrane and detected with sequential incubation with mouse monoclonal 10G4 1° antibodies (1:750), goat HRP-conjugated anti-mouse IgG 2° antibodies (1:5000) and substrating ECL solution (Amersham).

## 3. Results

### 3.1. Effects of chloroquine on intracellular A $\beta$ level quantified by sandwich ELISA

As the cells were trypsinized to remove membrane-associated A $\beta$ , any detectable signal in the ELISA must have originated from the intracellular compartment. When N9 microglia were exposed to 1  $\mu$ g (0.67  $\mu$ M) of A $\beta$  (1–40 or 1–42)

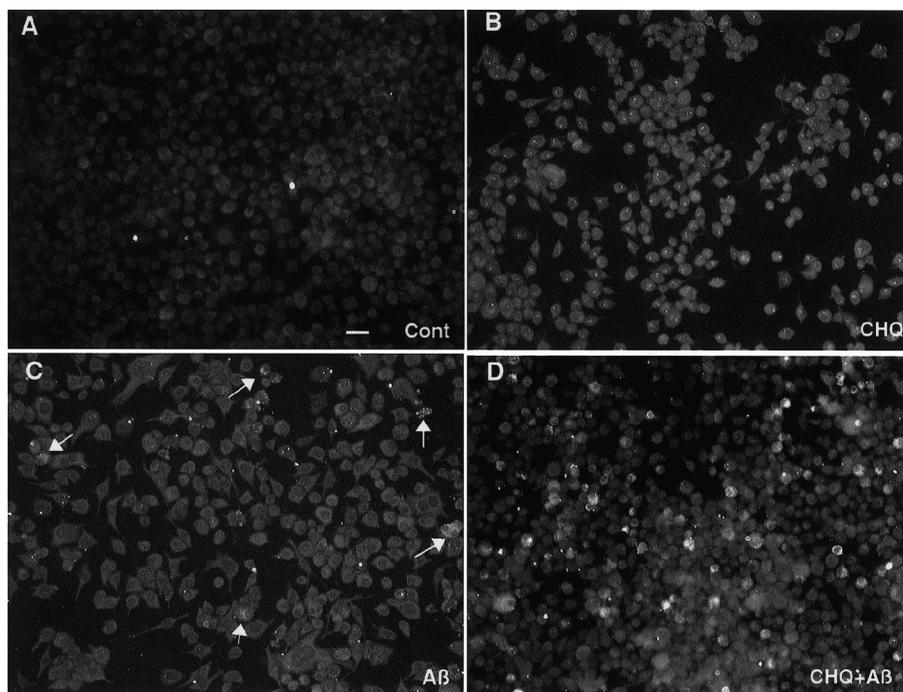


Fig. 1. Immunofluorescent staining of A $\beta$ 1–42 with and without chloroquine (CHQ, 20  $\mu$ M). Cell-associated A $\beta$  was detected by mouse monoclonal 4G8 (1° antibody) followed by horse anti-mouse IgG (2° antibody) coupled to FITC and visualized under the fluorescence microscope. N9 microglia were incubated with (A) vehicle, (B) CHQ, (C) A $\beta$ 1–42 (arrows indicate selected isolated cells that are actively taking up A $\beta$ ), and (D) CHQ+A $\beta$ 1–42. Bar = 80  $\mu$ m.

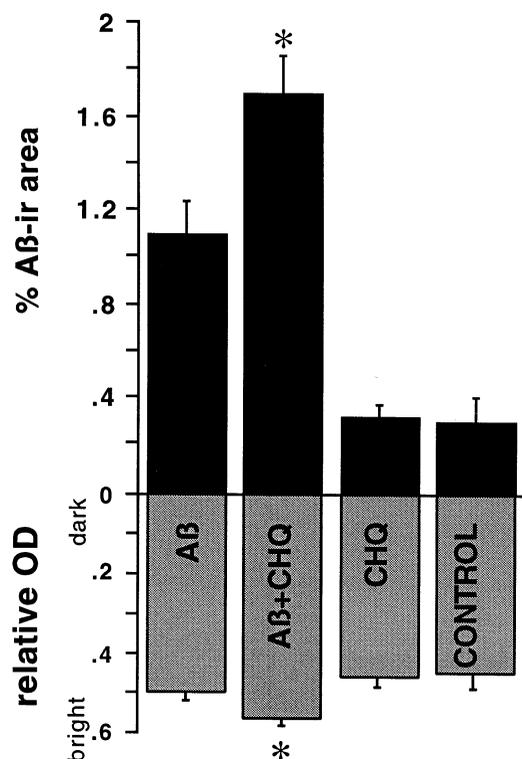


Fig. 2. Image analysis of cells treated with A $\beta$ 42 with or without chloroquine (CHQ). Data show % A $\beta$ -ir area (black) and fluorescent intensity (gray) in arbitrary units as relative OD (foreground–background/background). CHQ+A $\beta$ 42 showed more area stained as well as higher intensity than A $\beta$ 42 alone ( $P < 0.05$ ), and values from both these treatments were significantly greater than CHQ or A $\beta$ 42 alone ( $P < 0.05$ ). CHQ or A $\beta$ 42 alone were not significantly different from each other.

alone for 6 h, A $\beta$ 1–42 preferentially accumulated intracellularly while the level of A $\beta$ 1–40 was non-detectable (Fig. 3B). The intracellular level of undegraded A $\beta$ , especially that of A $\beta$ 1–42, increased substantially in the presence of chloroquine, a weak base that disrupts lysosomal functions [20] by dissipating the transmembrane pH gradient (Fig. 3B). Intracellular A $\beta$ 1–40 was detected only in the presence of higher chloroquine concentrations (40 and 125  $\mu$ M), but its level was still lower than that of A $\beta$ 1–42. There was no gross loss of

viability upon 6 h chloroquine incubation as LDH release was similar in both control and treated cells (data not shown). The chloroquine-dependent accumulation of A $\beta$ 1–42 after 6 h in N9 microglia was also seen in primary rat microglia which accumulated  $0.2075 \pm 0.0275$  ng of A $\beta$ 1–42/mg protein in the absence of chloroquine and  $0.3175 \pm 0.012$  ng A $\beta$ 1–42/mg protein in the presence of 40  $\mu$ M chloroquine ( $P < 0.05$ , significantly different from A $\beta$  only). Chloroquine alone (without exogenous A $\beta$ ) may also enhance accumulation of endogenous A $\beta$  as demonstrated by a consistent, although faint pattern of intracellular A $\beta$ -ir punctate labeling in the Fig. 1B micrograph, a pattern not visualized in other treatment groups. However, quantitative analysis of cells (both N9 and primary rat microglia cells) treated with chloroquine alone (40 or 125  $\mu$ M) was not sensitive enough to pick up the difference between controls and chloroquine alone. In addition, A $\beta$ -bearing C-terminal fragments of APP are also produced and processed in the endosomal/lysosomal compartment [4]. Thus, chloroquine may cause an accumulation of endogenous C-terminal fragments by interfering with their lysosomal degradation. The sandwich ELISA was specific for A $\beta$  since 10G4 fails to detect APP (data not shown). The absence of any ELISA immunoreactivity in cells treated with chloroquine alone indicated that C-terminal fragments are not detected in ELISA.

### 3.2. Effect of chloroquine on cell-associated A $\beta$ revealed by immunofluorescent labeling

In order to confirm that chloroquine treatment increases cellular A $\beta$ , we measured A $\beta$ -immunoreactive fluorescence (ir) using anti-A $\beta$  (4G8) after 6 h incubation (Fig. 1). No A $\beta$ -ir was observed in control cells with no treatment (Fig. 1A) or in cells untreated with primary antibody (not shown). Chloroquine alone induced a characteristic punctate intracellular A $\beta$ -ir labeling (Fig. 1B), but this did not result in quantitative differences in total fluorescence intensity or % A $\beta$ -ir area (Fig. 2). A $\beta$ 1–42 (Fig. 1C) induced what appeared to be clusters of cells with both surface labeling and some perinuclear labeling. Addition of chloroquine to A $\beta$ 1–42-treated cells resulted in a dramatic upregulation of A $\beta$ -ir, which was predominantly perinuclear. Addition of A $\beta$ 1–40 alone or in conjunction with chloroquine resulted in similar but less pronounced effects compared to A $\beta$ 1–42 (not shown).

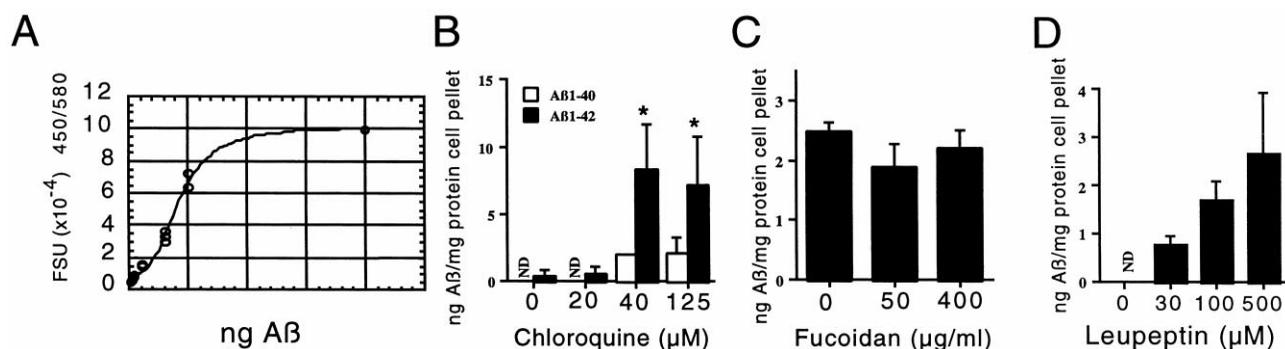


Fig. 3. A: A typical ELISA standard curve with 4-parameter fit by non-linear regression,  $r^2 = 0.994$  and the lowest detection limit is 10 pg in our experiments. B–D: N9 microglial cells were treated with 1  $\mu$ g of A $\beta$ 1–40 or 1–42 and cells harvested at 6 h. Cells were harvested and A $\beta$  in the cell pellet measured by sandwich ELISA. B: Dose-dependent effect of chloroquine (CHQ) on intracellular A $\beta$  (1–40 and 1–42) accumulation. C: Dose-dependent effect of fucoidan on intracellular A $\beta$ 1–42 accumulation. D: Dose-dependent effect of leupeptin on intracellular A $\beta$ 1–42 accumulation. The level of intracellular A $\beta$  at 30  $\mu$ M leupeptin was significantly different from that of 100  $\mu$ M leupeptin ( $P < 0.05$ ). Values are means  $\pm$  S.D. of triplicates. \*Significantly different from cells with no chloroquine treatment,  $P < 0.05$ . ND: non-detectable.

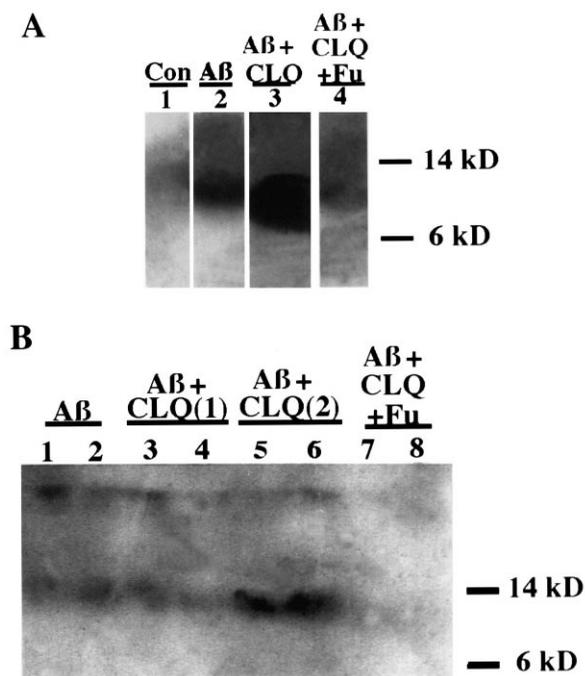


Fig. 4. A: Immunoblot of A $\beta$ 1–42 in non-trypsinized cell pellet after 24 h incubation. Lane 1: control; lane 2: 1  $\mu$ g A $\beta$ ; lane 3: 1  $\mu$ g A $\beta$ +20  $\mu$ M chloroquine; lane 4: 1  $\mu$ g A $\beta$ +20  $\mu$ M chloroquine+400  $\mu$ g/ml fucoidan. The positions of the 6 and 14 kDa molecular weight markers are shown. B: Immunoblot of A $\beta$ 1–42 in trypsinized cell pellet after 24-h incubation. Lanes 1 and 2: 1  $\mu$ g A $\beta$ ; lanes 3 and 4: 1  $\mu$ g A $\beta$ +5  $\mu$ M chloroquine; lanes 5 and 6: 1  $\mu$ g A $\beta$ +20  $\mu$ M chloroquine; lanes 7 and 8: 1  $\mu$ g A $\beta$ +20  $\mu$ M chloroquine+400  $\mu$ g/ml fucoidan.

### 3.3. Effect of fucoidan on intracellular A $\beta$ 1–42 accumulation

Fucoidan is a polyanionic antagonist for the type A scavenger receptors expressed by macrophages. In a previous study, 10 or 500  $\mu$ g/ml of fucoidan effectively blocked the uptake of A $\beta$  microaggregates which showed that they were mainly internalized via the scavenger receptor [12]. To test a possible role of this receptor on N9 uptake of A $\beta$ , cells were incubated with A $\beta$ 1–42 (1  $\mu$ g) and chloroquine (40  $\mu$ M) together, with or without the fucoidan (50 and 400  $\mu$ g/ml). After a 6 h incubation, fucoidan had no effect on the accumulation of intracellular A $\beta$  (Fig. 3C). Therefore, the A $\beta$  species being internalized by N9 within 6 h were mostly non-aggregated and soluble, consistent with successful initial solubilization of the applied A $\beta$ . This suggests that in this paradigm, an alternative pathway to the scavenger receptor is being used for A $\beta$  uptake.

### 3.4. Effect of leupeptin on intracellular A $\beta$ 1–42 degradation

Leupeptin is a moderate cell-permeable inhibitor for lysosomal cysteine proteases including cathepsins B, H and L [21]. When N9 microglia were incubated with A $\beta$ 1–42 (1  $\mu$ g) and leupeptin (30 and 100  $\mu$ M) for 6 h, intracellular A $\beta$ 1–42 levels increased substantially when compared to cells exposed to A $\beta$  1–42 alone (Fig. 3D; ND: non-detectable under the experimental conditions). Increasing the concentration of leupeptin to 500  $\mu$ M appeared to increase A $\beta$ 1–42 accumulation compared to 100  $\mu$ M of leupeptin but the difference was not statistically significant. Incubation of cells with leupeptin alone (100  $\mu$ M) resulted in no detectable A $\beta$  signal (data not shown).

### 3.5. Effect of chloroquine and fucoidan on accumulation of A $\beta$ multimers (8–12 kDa)

To examine the effect of chloroquine on long-term A $\beta$  disposition, cells were incubated with A $\beta$  and a low concentration of chloroquine (20  $\mu$ M) for 24 h. Both trypsinized and non-trypsinized cell pellets were subjected to Western blot analysis. Monomeric A $\beta$  (4 kDa) was not detected under our Western blot conditions but multimeric A $\beta$  (between 6 and 14 kDa) was found in both trypsinized and non-trypsinized cells. At 24 h, there is a significant amount of multimeric A $\beta$  in A $\beta$ -treated cells without trypsinization (Fig. 4A, lane 2) and chloroquine co-treatment markedly increased these cell-associated A $\beta$  multimers (lane 3). A similar phenomenon was also observed in trypsinized cells (Fig. 4B) when 20  $\mu$ M of chloroquine effectively augmented intracellular A $\beta$  multimer accumulation (lanes 5 and 6), compared to A $\beta$  alone (lanes 1 and 2) and 5  $\mu$ M chloroquine (lanes 3 and 4). Interestingly, with the 24 h sample (in contrast to the 6 h sample analyzed by ELISA), fucoidan (400  $\mu$ g/ml) reversed the effect of chloroquine on A $\beta$  multimer accumulation (Fig. 4B, lanes 5 and 6 vs. 7 and 8) by decreasing the amount to a level lower than that from cells exposed to A $\beta$  only. The A $\beta$  multimer was not detected in either trypsinized or non-trypsinized cells upon incubation with A $\beta$  for only 6 h, with and without chloroquine (data not shown).

## 4. Discussion

Characterization of AD amyloid deposits has indicated that A $\beta$ 1–42 is a major component pertinent to pathogenesis and is the initially-deposited species [22,23]. The unique behavior and physical properties of A $\beta$ 1–42 could account for its role in plaque evolution. Accordingly, Ard et al. [11] have demonstrated that exogenous A $\beta$ 1–42 was accumulated largely in the lysosomes. By using peripheral cells such as human fibroblasts [24] and rat PC12 cells [6], intracellular A $\beta$ 1–42 has been shown to remain in the lysosomes and co-localize with lysosomal markers such as lucifer yellow and horseradish peroxidase. These authors used a relatively high, aggregate-forming concentration (25  $\mu$ M) of radioactive A $\beta$  to show that A $\beta$ 1–42 was more resistant to degradation than A $\beta$ 1–40. To better mimic physiological concentrations, we have chosen lower concentrations (0.67  $\mu$ M) of A $\beta$  and found preferential accumulation of A $\beta$ 1–42 with both ELISA (Fig. 3B) and immunofluorescent labeling specific for A $\beta$  (Figs. 1 and 2). No preferential accumulation of A $\beta$ 1–40 occurs as detected by ELISA. In this system, immunofluorescence showed that minimal A $\beta$ 1–40 may be accumulating, but it may be primarily cell surface-associated A $\beta$ , which would be degraded by trypsin in the ELISA sample preparation. Burdick et al. [6] have suggested that A $\beta$ 1–42 accumulation could be due to its preferential adsorption (over A $\beta$ 1–40) to the cell surface and, thus, its preferential internalization. We believe that inefficient degradation of A $\beta$ 1–42 could also account for its selective accumulation because its level was significantly increased when the pH-dependent activities of the lysosomal enzymes were compromised by chloroquine [20]. The ineffective degradation and lysosomal accumulation can be attributed to the aggregation properties of A $\beta$ 1–42 [25]. Since A $\beta$ 1–42 tends to accumulate in the lysosomes, it may be more prone to lysosomal changes than A $\beta$ 1–40. Even without chloroquine, certain isolated cells accumulated abundant A $\beta$ 1–42, while others

accumulated none, suggesting that cells that begin to accumulate A $\beta$  activate an autocrine positive feedback loop for more accumulation. Such an auto-catalytic process may involve up-regulation of a receptor or A $\beta$ 1–42-induced lysosomal damage.

Microglia cells can accumulate pre-aggregated A $\beta$  from media via the scavenger receptor [12]. Blockade of this receptor by fucoidan, however, did not alter the acute, intracellular level of A $\beta$ 1–42 in the presence of chloroquine (Fig. 3C), demonstrating an alternate pathway for A $\beta$  uptake. Thus, the A $\beta$  being internalized is mostly soluble and non-aggregated when present at low concentration (0.67  $\mu$ M) in the medium for 6 h. The absence of A $\beta$  multimers at 6 h further supports this hypothesis. Multimers were only detected with long exposures (24 h) to A $\beta$ . In contrast to the pre-formed A $\beta$  microaggregates described by Paresce [26], which are largely undegraded 72 h after uptake, the 8–12 kDa A $\beta$  is rapidly degraded in the absence of chloroquine. Chloroquine notably increased the amount of cell-associated (Fig. 4A) and intracellular A $\beta$  multimers (Fig. 4B). These data show that microglia cells, aside from accumulating pre-formed A $\beta$  aggregates [11], can also accumulate soluble A $\beta$  and may possibly provide a cellular micro-compartment for aggregate and multimer formation over time. Despite negligible effects of fucoidan on initial A $\beta$  uptake, chronic exposure inhibits 8–12 kDa A $\beta$  accumulation, demonstrating a probable role for scavenger receptor on multimer accumulation.

Despite the lack of effect of fucoidan on chloroquine-dependent A $\beta$  accumulation by ELISA, fucoidan clearly attenuated the chloroquine-induced A $\beta$  multimer accumulation. These seemingly conflicting results may relate to the facts that (1) microglia are regurgitating undegraded, intracellularly-formed aggregates (known to be enhanced with chloroquine treatment [27]) that cannot later be taken up again because of the presence of fucoidan; (2) the different time points (6 h for ELISA, 24 h for aggregates) would result in more aggregates at 24 h that could be blocked by fucoidan or (3) the polyanionic compound fucoidan can block aggregate formation by directly binding A $\beta$  and inhibiting fibril formation.

Intracellular A $\beta$ 1–42 level was also increased upon co-incubation with leupeptin which inhibited lysosomal cysteine proteases. Our results were similar to those of Ard et al. [11] who showed increased A $\beta$  accumulation with 100  $\mu$ M leupeptin. Leupeptin is also an inhibitor for selective serine proteases. Among studies which addressed extracellular A $\beta$  degradation by cell line conditioned medium (CM), leupeptin was shown to inhibit extracellular serine proteases [28,29]. It is thus possible for leupeptin to increase the intracellular A $\beta$  level (Fig. 3D) by inhibiting extracellular A $\beta$  degradation and allowing more A $\beta$  uptake. However, this cannot account for our results because (1) chloroquine, which inhibits intracellular degradation, had a similar effect, (2) high concentrations of leupeptin were required to increase intracellular A $\beta$ , consistent with the relatively slow leupeptin penetration into the cells, and (3) the activity of secreted proteases was low in our experimental conditions because the CM collected at 6 h had low A $\beta$ -degrading activities (data not shown). Therefore, the contribution of extracellular serine proteases to A $\beta$  degradation was minor.

In conclusion, disruptions of the lysosomal system enhance A $\beta$  accumulation in microglia, consistent with data in SY5Y

neuroblastoma cells [7]. Since the lysosomal degradation of A $\beta$ 1–42 is not as effective as that of A $\beta$ 1–40, disruption of lysosomal functions can retard the inherently slow A $\beta$ 1–42 degradation further which may serve as a seed for A $\beta$  accumulation and aggregation. Therefore, SAD could possibly be potentiated by a gradual, age-related decline in lysosomal functions [30–32] which could contribute to excessive A $\beta$  accumulation and subsequent plaque development. Cathepsin D, a lysosomal enzyme, has been reported to be a major A $\beta$ -degrading enzyme in brain [33,34]. Its upregulation in AD and increased leakage outside the lysosome is evidence for inadequate degradation and lysosomal disruption. Detection of A $\beta$  known to be synthesized inside cells in AD is limited by insufficient sensitivity for measuring intracellular A $\beta$ . Therefore, failed attempts to detect intra-endosomal/lysosomal accumulations of A $\beta$  may also relate to insufficient sensitivity, especially with A $\beta$ 1–40 and 42 antibodies. A $\beta$ 1–40 and 42 epitopes may also be rapidly removed by carboxypeptidases such as lysosomal/endosomal cathepsin B. Another explanation is that intralysosomal accumulation may induce rapid cell death followed by the removal of the A $\beta$ -containing cell by phagocytosis, such as occurs during apoptosis. Finally, the A $\beta$  known to accumulate outside microglial processes or on neuronal plasma membrane in Down's [35] and in early AD [36] may derive in part from A $\beta$  exocytosed or 'regurgitated' [27] from endosomes accumulating A $\beta$ .

*Acknowledgements:* We are grateful to Ping Ping Chen for immunohistochemistry, Jason Sigel and David Horn for assistance in quantitative image analysis and Dr. Paola Ricciardi-Castagnoli for the N9 microglial cell line. We would like to thank Dr. Claude Wasterlain and Roger Baldwin for use of their fluorescent microscope system. This project was supported by NIH Grant AG10685 (S.A.F.), VA Merit (S.A.F.), and VA Merit (G.M.C.).

## References

- [1] Scheuner, D., Eckman, C., Jensen, M., Song, X., Citron, M., Suzuki, N., Bird, T.D., Hardy, J., Hutton, M., Kukull, W., Larson, E., Levy-Lahad, E., Viitanen, M., Peskind, E., Poorkaj, P., Schellenberg, G., Tanzi, R., Wasco, W., Lannfelt, L., Selkoe, D. and Younkin, S. (1996) *Nature Med.* 2, 864–870.
- [2] Mullan, M., Houlden, H., Windelspecht, M., Fidani, L., Lombardi, C., Diaz, P., Rossor, M., Crook, R., Hardy, J., Duff, K. and Crawford, F. (1992) *Nature Genet.* 2, 340–342.
- [3] Haass, C. and Selkoe, D.J. (1993) *Cell* 75, 1039–1042.
- [4] Shoji, M., Golde, T.E., Ghiso, J., Cheung, T.T., Estus, S., Shaffer, L.M., Cai, X.D., McKay, D.M., Tintner, R., Frangione, B. and Younkin, S.G. (1992) *Science* 258, 126–129.
- [5] Seubert, P., Vigo-Pelfrey, C., Esch, F., Lee, M., Dovey, H., Davis, D., Sinha, S., Schlossmacher, M., Whaley, J., Swindlehurst, C., McCormack, R., Wolfert, R., Selkoe, D., Lieberburg, I. and Schenk, D. (1992) *Nature* 359, 325–327.
- [6] Burdick, D., Kosmoski, J., Knauer, M.F. and Glabe, C.G. (1997) *Brain Res.* 746, 275–284.
- [7] Ida, N., Masters, C.L. and Beyreuther, K. (1996) *FEBS Lett.* 394, 174–178.
- [8] Itagaki, S., McGeer, P.L., Akiyama, H., Zhu, S. and Selkoe, D. (1989) *J. Neuroimmunol.* 24, 173–182.
- [9] Shaffer, L.M., Dority, M.D., Gupta-Bansal, R., Frederickson, R.C.A., Younkin, S.G. and Brunden, K.R. (1995) *Neurobiol. Aging* 16, 737–745.
- [10] Mentlein, R., Ludwig, R. and Martensen, I. (1998) *J. Neurochem.* 70, 721–726.
- [11] Ard, M.D., Cole, G.M., Wei, J., Mehrle, A.P. and Fratkin, J.D. (1996) *J. Neurosci. Res.* 43, 190–202.
- [12] Paresce, D.M., Ghosh, R.N. and Maxfield, F.R. (1996) *Neuron* 17, 553–565.

- [13] Cole, G.M., Huynh, T.V. and Saitoh, T. (1989) *Neurochem. Res.* 14, 933–939.
- [14] Haass, C., Koo, E., Mellon, A., Hung, A.Y. and Selkoe, D.J. (1992) *Nature* 357, 500–503.
- [15] Golde, T.E., Estrus, S., Younkin, H.Y., Selkoe, D.J. and Younkin, S.G. (1992) *Science* 255, 728–730.
- [16] Cataldo, A.M. and Nixon, R.A. (1990) *Proc. Natl. Acad. Sci. USA* 87, 3861–3865.
- [17] Cataldo, A.M., Barnett, J.L., Mann, D.M. and Nixon, R.A. (1996) *J. Neuropathol. Exp. Neurol.* 55, 704–715.
- [18] Yang, F., Mak, K., Vinters, H.V., Frautschy, S.A. and Cole, G.M. (1994) *NeuroReport* 15, 2117–2120.
- [19] Corradin, S.B., Mauel, J., Donini, S.D., Quattrocchi, E. and Ricciardi-Castagnoli, P. (1993) *Glia* 7, 255–262.
- [20] Seglen, P.O. (1983) *Methods Enzymol.* 96, 737–764.
- [21] Grinde, B. and Seglen, P.O. (1980) *Biochim. Biophys. Acta* 632, 73–86.
- [22] Roher, A.E., Lowenson, J.D., Clarke, S., Woods, A.S., Cotter, R.J., Gowing, E. and Ball, M.J. (1993) *Proc. Natl. Acad. Sci. USA* 90, 10836–10840.
- [23] Iwatsubo, T., Odaka, A., Suzuki, N., Mizusawa, H., Nukina, N. and Ihara, Y. (1994) *Neuron* 13, 45–53.
- [24] Knauer, M.F., Soreghan, B., Burdick, D., Kosmoski, J. and Glabe, C.G. (1992) *Proc. Natl. Acad. Sci. USA* 89, 7437–7441.
- [25] Burdick, D., Soreghan, B., Kwon, M., Kosmoski, J., Knauer, M., Henschen, A., Yates, J., Cotman, C. and Glabe, C. (1992) *J. Biol. Chem.* 267, 546–554.
- [26] Paresce, D.M., Chung, H. and Maxfield, F.R. (1997) *J. Biol. Chem.* 272, 29390–29397.
- [27] Buktenica, S., Olenick, S.J., Salgia, R. and Frankfater, A. (1987) *J. Biol. Chem.* 262, 9469–9476.
- [28] Qiu, W.Q., Ye, Z., Kholodenko, D., Seubert, P. and Selkoe, D.J. (1997) *J. Biol. Chem.* 272, 6641–6646.
- [29] Naidu, A., Quon, D. and Cordell, B. (1995) *J. Biol. Chem.* 270, 1369–1374.
- [30] Cataldo, A.M., Hamilton, D.J. and Nixon, R.A. (1994) *Brain Res.* 640, 68–80.
- [31] Cataldo, A.M., Hamilton, D.J., Barnett, J.L., Paskevich, P.A. and Nixon, R.A. (1996) *J. Neurosci.* 16, 186–199.
- [32] Amano, T., Nakanishi, H., Kondo, T., Tanaka, T., Oka, M. and Yamamoto, K. (1995) *Mech. Aging Dev.* 83, 133–141.
- [33] Hamazaki, H. (1996) *FEBS Lett.* 396, 139–142.
- [34] McDermott, J.R. and Gibson, A.M. (1996) *NeuroReport* 7, 2163–2166.
- [35] Allsop, D., Haga, S., Haga, C., Ikeda, S., Mann, D.M. and Ishii, T. (1989) *Neuropathol. Appl. Neurol.* 15, 531–542.
- [36] Probst, A., Langui, D., Ipsen, S., Robakis, N. and Ulrich, J. (1991) *Acta Neuropathol.* 83, 21–29.