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ICE, neuronal apoptosis and neurodegeneration

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Abstract

Significant progress has recently occurred in the understanding of the molecular mechanisms mediating vertebrate programmed cell death, or apoptosis. New advances in this field have stemmed from the identification of ICE (caspase-1) as the founding member of the mammalian caspase cell death family. Apoptotic cell death plays an important role in neuronal cell death. Both *in vitro* and *in vivo* evidence implicates ICE as an important factor in neuronal apoptosis, especially under pathological conditions. In addition, other caspases, such as caspase-3, have also been shown to be activated and may play a role in pathological neuronal loss. Understanding the basic mechanisms mediating cell death in neurodegenerative disease may lead to the development of novel approaches for the treatment of diseases featuring apoptosis.

Keywords: apoptosis; ICE; caspase; pathological cell death

Abbreviations: ICE, interleukin - 1 β converting enzyme; pro-IL-1 β , pro-interleukin-1 β ; LPS, lipopolysaccharide; ALS, amyotrophic lateral sclerosis; SOD, superoxide dismutase; HT, Hashimoto's thyroiditis; IFN- γ , interferon- γ ; NO, nitric oxide; NMMA, N-monomethyl-L-arginine; PARP, poly (ADP-ribose) polymerase; NMDA, N-methyl-D-aspartate; HD, Huntington's disease; DRPLA, Dentatorubropallydoluysian atrophy; MJD, Machado-Joseph disease; APP, amyloid protein precursor; PS, prenesilin

Introduction

Programmed cell death or apoptosis, a process by which organisms eliminate unwanted cells, is executed through the activation of a tightly regulated program (Wyllie *et al*, 1980; Yuan and Horvitz, 1990; Yuan *et al*, 1993). Amounting evidence exists linking aberrant apoptosis with different disease processes. Excessive apoptosis plays an important role in neurodegenerative diseases as well as following cerebral ischemia and head trauma (Friedlander *et al*, 1997b; Hara *et al*, 1997b; Kostic *et al*, 1997; Li *et al*, 1995a,b; Verheij *et al*, 1996; Yakovlev *et al*, 1997).

Neurodegenerative illnesses are a heterogeneous group of diseases sharing the common feature of progressive cell death within the nervous system. Neuronal loss, a hallmark of neurodegenerative diseases, is thought to be mediated at least in part following the activation of apoptotic pathways (Friedlander *et al*, 1997a; Hara *et al*, 1997b; Kostic *et al*, 1997; Portera-Cailliau *et al*, 1995; Thomas *et al*, 1995; Vito *et al*, 1996; Wolozin *et al*, 1996).

In order to understand the role of apoptotic cell death in neurodegenerative diseases, we must first define the mechanistic pathways mediating apoptosis. It has been only recently however, that the genetic and biochemical mechanisms of apoptosis have began to be elucidated. A genetic pathway of programmed cell death was first identified in the nematode Caenorhabditis elegans. In this worm, the products of the ced-3 and ced-4 genes are required for cellular suicide, whereas the ced-9 gene product prevents apoptosis (Hengartner et al, 1992; Yuan and Horvitz, 1990). Interleukin-1 β converting enzyme (ICE), a cysteine protease responsible for the activation of pro-interleukin-1 β (pro-IL-1 β), is a mammalian homolog of CED-3 (Miura et al, 1993; Yuan et al, 1993). An enlarging family of vertebrate cell death genes have been identified sharing structural and functional homology with CED-3 and ICE. These cell death effectors, also known as caspases, are cysteine proteases with a conserved QACXG sequence in the active site. To date, at least ten additional members of the ICE/CED-3 family have been identified: caspase-2 (ICH-1/NEDD2), caspase-3 (CPP32/ Yama/Apopain), caspase-4 (TX/ICH-2/ICE_{rel}II), caspase-5 (ICE_{rel}III), caspase-6 (MCH2), caspase-7 (MCH3/CMH-1/ ICE-LAP3), caspase-8 (MCH5/FLICE/MACH), caspase-9 (MCH6-ICE-LAP6), caspase-10 (MCH4), and caspase-11 (ICH-3) (Boldin et al, 1996; Duan et al, 1996a,b; Faucheu et al, 1995; Fernandes-Alnemri et al, 1994, 1995a,b; Kamens et al, 1995; Kumar et al, 1994; Lippke et al, 1996; Munday et al, 1995; Munzio et al, 1996; Nicholson et al, 1995; Tewari et al, 1995; Wang et al, 1995, 1996). Caspases can be divided into three subfamilies based upon their sequence homologies: (1) ICE subfamily which consists of caspase-1, 4, 5 and 11; (2) caspase-2 subfamily which consists of caspase-2 and 9; (3) caspase-3 subfamily which consists of caspase-3, 6, 7, 8 and 10. Recently, a mammalian homolog of ced-4 has been identified (Zou et al, 1997). The Bcl-2 family of proteins are homologs of the C. elegans ced-9 protein (Hengartner and Horvitz, 1994). These discoveries identified an evolutionary conserved cell death pathway, and laid the background for the study of the basic mechanisms of mammalian apoptosis. Understanding the mechanistic basis of apoptosis will provide tools to study their relation to the pathogenesis of neurodegeneration as well as to other diseases featuring apoptosis.

Evaluating the impact of apoptosis and the possible roles of caspases in neurodegenerative diseases has taken several different approaches. Study of human brain specimens of patients affected with a variety of neurological diseases has yielded evidence of apoptosis (Portera-Cailliau et al. 1995: Thomas et al. 1995). These important findings highlight the necessity to examine the impact of programmed cell death pathway activation in the pathogenesis and progression of neurodegenerative diseases. In vitro studies have identified a number of gene products involved in neurodegenerative diseases which are substrates of caspases, hence suggesting a possible role for caspases in neurodegeneration (Goldberg et al, 1996; Miyashita et al, 1997). The use of transgenic models, both of mice expressing genes leading to neurodegenerative diseases as well as of mice expressing inhibitors of apoptosis, have greatly increased our power to study the possible role of caspases in the pathogenesis of neurodegenerative diseases in vivo (Friedlander et al, 1997a; Gurney et al, 1994; Kostic et al, 1997). We will review evidence implicating caspases, in particular ICE, with neuronal apoptosis in vitro as well as with neurodegenerative diseases.

ICE in apoptosis

ICE was the founding member of the mammalian caspase family (Miura *et al*, 1993; Yuan *et al*, 1993). Its structural homology with the *C. elegans* cell death ced-3 product raised the possibility of it playing a role in mammalian cell death. Later findings in ICE knockout mice revealed that deletion of the lce gene alone did not result in developmental cell death defects. These findings led many people to conclude that ICE does not play a role in cell death (Kuida *et al*, 1995; Li *et al*, 1995c). We will critically examine this hypothesis by evaluating all the published evidence to date.

Ice knockout mice develop normally: their brains are normal in size and their lymphocytes undergo apoptosis appropriately in response to most stimuli (Kuida et al, 1995; Li et al, 1995c). Ice-/- thymocytes have a partial defect in response to Fas stimulation (Kuida et al, 1995); since human thymocytes do not undergo apoptosis in response to Fas and lce - l - mice do not develop autoimmune diseases, this defect may not be significant in terms of immune system function. We did find, however, that *lce*-/ - dorsal root ganglion neurons are partially resistant to apoptosis induced by trophic factor deprivation, suggesting that ICE plays a role in regulating sensory neuron cell death (Friedlander et al, 1997b). These studies ruled out a major non-redundant role of ICE in developmental cell death, and suggests that ICE may play a role regulating sensory neuron cell death. Since Ice-/- knockout mice are only deficient in the expression of *Ice*, it is still possible that the role of ICE is redundant, and only when we eliminate other caspase function as well, will we then see a major phenotype. This will be hardly surprising since most cells express more than one caspase.

Although the role of ICE in development is either redundant or minor, its role in pathological cell death appears to be significant and non-redundant. Evidence supporting this conclusion came in part from using a transgenic mouse that we generated expressing a dominant negative ICE inhibitor under the control of the neuronal specific enolase promoter (NSE-M17Z) (Friedlander et al, 1997b). The mutant ICE-lacZ construct has the active-site cysteine substituted for a glycine. Microinjection of the mutant Ice construct into chicken dorsal root ganglion neurons inhibited neuronal cell death induced by trophic factor deprivation, suggesting that mutant ICE can act as an inhibitor of neuronal cell death (Friedlander et al, 1997b; Li et al, 1996). NSE-M17Z mice are developmentally and behaviorally normal. This result was expected if the mutant ICE inhibits the ICE pathway since the Ice knockout mouse is similarly normal. To evaluate whether mutant ICE was indeed a dominant negative ICE inhibitor, we examined secretion of mature IL-1 β upon stimulation of bacterial endotoxin lipopolysaccharide (LPS) in wild-type and NSE-M17Z transgenic mouse. High dose of LPS is a strong inducer of pro-inflammatory cytokine release including mature IL-1 β (Kuida *et al*, 1995; Li *et al*, 1995). Intraperitoneal injection of LPS, induced an elevation in the levels of mature IL-1 β in the brain. In the NSE-M17Z mice, however, the increase of mature IL-1 β levels was significantly attenuated (Friedlander et al, 1997b). These results indicate that mutant ICE is a specific inhibitor of the ICE pathway, since ICE is required for pro-IL-1 β processing in mice (Kuida et al, 1995; Li et al, 1995c). To evaluate the role of ICE in pathologic cell death, we will describe evidence linking ICE mediated apoptotic cell death following cerebral ischemia and in amyotrophic lateral sclerosis (ALS) (Friedlander et al, 1997a,b).

ICE apoptotic pathways mediate cerebral ischemia-induced injury

Several lines of evidence suggest that apoptosis is an important cell death pathway mediating cell death following cerebral ischemia. In animal stroke models, markers of apoptosis such as cytoplasmic and nuclear condensation as well as DNA fragmentation (TUNEL staining and DNA laddering) appear in neurons particularly in the infarct penumbra (Charriaut-Marlangue et al, 1996; Li et al, 1995a,b; MacManus et al, 1994). To examine if caspases play a role mediating cerebral ischemia-induced apoptosis, we first evaluated the NSE-M17Z transgenic mouse in a model of permanent focal cerebral ischemia. We found that the mutant *lce* transgenic mice were resistant to ischemic injury when compared to the wild-type: infarct sizes were 48% smaller and behavior scores were more than 50% improved in the transgenic group compared with their wild-type littermate controls (Friedlander et al, 1997b). This was a very exciting finding since it suggests that modulation of apoptotic pathways by caspase inhibition may be used as a therapeutic tool for the treatment of cerebral ischemia. Similar protection was demonstrated in the mutant Ice transgenic mice following an ischemia reperfusion paradigm (Hara et al, 1997a). In addition, intracerebroventricular administration of synthetic peptide inhibitors of the ICE family also demonstrated a reduction of cerebral ischemia-mediated infarct size as well as improved behavioral scores (Hara et al, 1997b). To evaluate

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whether ICE is activated during ischemia, we measured mature IL-1 β levels in ischemic brain tissue. A significant elevation of mature IL-1 β production was detected, indicating activation of ICE following ischemic injury (Hara et al, 1997b). The elevation of mature IL-1 β following cerebral ischemia was attenuated in the NSE-M17Z mice (Hara et al, 1997a). The critical role of ICE in mediating ischemic brain injury was further supported by the work on the ICE knockout mice. Schielke et al (1998) showed that the cerebral edema and brain injury induced by focal cerebral ischemia were significantly reduced in the ICE knockout mice. These experiments suggest that activation of the ICE pathway is critical for apoptosis in the adult brain induced by ischemic injury and that inhibition of ICE may be a good therapeutic strategy for the treatment of cerebral ischemia in humans (Friedlander et al, 1997b; Hara et al, 1997a,b; Loddick et al, 1996).

What are the cell types that express ICE in brain? Bhat *et al* (1996) found that in the nonischemic hippocampal sections, the ICE immunoreactivity is associated with interneurons in the CA1 region. Four days after global forebrain ischemia, the increase in ICE immunoreactivity in layers of the hippocampus is most dramatic in microglia cells. This suggests that microglia may be the major source of mature IL-1 β in ischemic brain and may directly contribute to neuronal cell death in a cell-nonautonomously manner (Figure 2).

ICE in ALS

To examine the role of ICE in neural degenerative diseases, we examined the possible effect of inhibiting ICE on the motor neuron degeneration in a mouse model of amyotrophic lateral sclerosis (ALS) (Gurney *et al*, 1994). ALS is an adult-onset motor neuron degeneratie disease that occurs both in sporadic and familial forms (de Belleroche *et al*, 1995). About 20% of familial ALS is associated with mutations in the

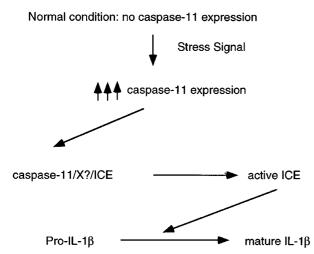


Figure 1 The activation of ICE pathway. The expression of caspase-11 is not detectable in normal healthy mice and is induced up to 40-fold by certain pathological stimuli such as lipopolysaacharide. Elevated levels of caspase-11 interacts and activates pro-caspase-1. Active ICE processes pro-IL-1 β to generate mature IL-1 β

gene encoding the cytosolic copper-zinc superoxide dismutase gene (SOD) (Rosen et al, 1993). The major function of this enzyme is believed to be the detoxification through dismutation of the superoxide anion to form hydrogen peroxide, which in turn is detoxified by either glutathione peroxidase or catalase to form water (Brown, 1995), Although mutations in familial ALS do not always lead to a reduction of SOD function, down-regulation of SOD-1 activity in vitro by using antisense SOD-1 induces apoptosis in a neuronal cell line (Rothstein et al, 1994). Regulation of reactive oxygen species has been shown to play important roles in mediating cell death. A transgenic mouse model of familial ALS has been generated expressing a mutant allele of human SOD-1 (Gurney et al, 1994). Expression of high levels of this human SOD-1 mutant protein containing a substitution of glycine to alanine at position 93-a change that has little effect on enzyme activity-caused motor neuron degeneration and paralysis similar to human ALS. In order to evaluate if the ICE family may mediate cell death in the ALS model, we generated double transgenic mice by crossing the mutant SOD-1 with the mutant *lce* transgenic mice. Mutant SOD-1 and mutant SOD-1/mutant Ice mice developed the ALS-like disease at approximately the same time. However, the double transgenic mice survived more than twice as long following the onset of the disease when compared to the single transgenic mice (Friedlander et al, 1997a). This result demonstrates that the ICE cell death pathway plays a significant role in the progression of ALS in these transgenic mice. The mechanism by which ICE mediates the progression of ALS is not yet clear. It is interesting to note that elevated mature IL-1 β was detected in SOD transgenic mice after the onset of symptoms (unpublished results), suggesting that ICE is activated in this mouse model of ALS. It is posssible that IL- 1β played an active role in promoting neuronal cell death initiated by SOD mutations. Interestingly, shortly following our report demonstrating that mutant ICE inhibited the progression of ALS in this mouse model, another report described that Bcl-2 over-expression delayed the onset of symptoms but not disease progression in this ALS mouse model (Kostic et al, 1997). Thus, it appears that expression of Bcl-2 delays neuronal cell death initiated by mutant SOD but such block by Bcl-2 is eventually overcome by the mutant SOD, whereas expression of mutant ICE does not affect the initiation of neuronal cell death but delays the disease progression perhaps by delaying the secondary neuronal loss mediated by ICE and by cytokines. Both of these reports have important therapeutic implications for ALS. Specific activation of Bcl-2 in motor neurons of patients with inherited mutant SOD alleles may delay the onset of motor neuron degeneration, whereas treatment with ICE inhibitors may delay the disease progression following its onset in familial as well as sporadic ALS patients.

What is the mechanism by which mutant ICE inhibits neuronal cell death? Since mutant *lce* transgenic mice have reduced secretion of mature IL-1 β both after lipopolysaccharide administration and following ischemia, it appears that the mutant ICE is an effective inhibitor of the ICE pathway (Friedlander *et al*, 1997b; Hara *et al*, 1997a). We may envision intrinsic and extrinsic cellular mechanisms by which inhibition of the ICE pathway may result in inhibition of

neuronal cell death. Since we have shown that expression of a microinjected mutant Ice expression construct into chicken DRG neurons, and mouse cililary or DRG neurons, effectively inhibited neuronal cell death induced by trophic factor deprivation (Friedlander et al, 1997b; Li et al, 1996). These findings suggest that mutant ICE inhibits the intrinsic cell death pathway within neurons. However, we must point out that it is not clear whether mutant ICE is inhibiting the ICE pathway in the neurons. First, microinjection usually results in high levels of expression of the injected construct and when a mutant protein is expressed at high levels, it may interact with other proteins with which it may not interact when at low levels. Second, it has not been definitively demonstrated whether DRG neurons express ICE. DRG neurons from mutant Ice transgenic mice and Ice knockout mice are resistant to trophic factor deprivation, suggesting that the ICE pathway is important for DRG neuronal cell death induced by trophic factor deprivation since the mutant Ice transgenic mice expressing low levels of the mutant ICE and the Ice knockout mice affects specifically the ICE pathway (Friedlander et al, 1997b). We cannot rule out, however, that the effect of the mutant ICE in the transgenic mice and the *lce* knockout mutation affects the survival of DRG neurons in a cell extrinsic manner since the neuronal enclase promoter also directs expression in oligodendrocytes and astrocytes (Burne et al, 1996) and the Ice knockout mutation certainly affects all of the cells in the mutant mice. ICE is an important regulator of IL-1 β , IL-1 α and interferon- γ (IFN- γ). IL-1 and IFN- γ are proinflammatory cytokines that elicit multiple cellular responses; both IL-1 β and IFN- γ can induce cell death under certain conditions (Friedlander et al, 1996; Hu et al, 1997). We have demonstrated that mature IL-1 β may mediate cell death perhaps in autocrine or paracrine fashion (Friedlander et al, 1996). Thus, it is yet to be shown whether mutant ICE inhibits neuronal cell death in a cell-autonomous or a cellnon-autonomous fashion.

Activation of ICE

Since the ICE pathway plays a pivotal role in mediating apoptosis under certain pathological conditions, it is important for us to understand the mechanism of ICE activation. Although recombinant pro-ICE has been shown to autoprocess itself during purification process (Ramage et al, 1995), this does not seem to occur in vivo (Wang et al, 1998). Activation of ICE in vivo requires another caspase, caspase-11 (Wang et al, 1998). Caspase-11 is a member of ICE subfamily of caspases and its amino acid sequence shares 54% of identity with ICE (Wang et al, 1996). While expression of Ice is constitutive in many tissues and cell types, the expression of casp-11 in healthy mice cannot be detected on Northern and Western blots. Upon stimulation of lipopolysaccharide (LPS), a bacteria endotoxin, the expression of casp-11 can be induced up to 40-fold while Ice expression is not altered in most tissues. These evidence support a regulatory role of caspase-11 in mediating ICE activation. Indeed, in a transfection system, expression of casp-11 did not directly process pro-IL-1 β but promoted the ability of ICE to process pro-IL-1 β (Wang *et al*, 1996).

Definitive evidence for caspase-11 mediated ICE activation came from analysis of *casp-11* mutant mice (Wang *et al*, 1998). The phenotypes of *casp-11*-/- are very similar to that of *lce*-/- mice (Kuida *et al*, 1995; Li *et al*, 1995c). Like *lce*-/- mice, *casp-11*-/- mice are also resistant to the lethality induced by LPS which can be attributed to the inability in producing mature IL-1 β and IL-1 α (Wang *et al*, 1998). Production of mature IL-1 β is a specific marker of ICE activation since ICE is the only enzyme that can process pro-IL-1 β , this suggests that caspase-11 is essential for ICE activation (Kuida *et al*, 1995; Li *et al*, 1995c). Indeed, Wang *et al* (1998) showed that in *casp-11*-/- embryonic fibroblast cells, the activation of ICE cannot occur.

How does caspase-11 activate pro-ICE? Wang et al showed that pro-caspase-11 can physically interact with pro-ICE (Wang *et al*, 1998). A simple pathway of ICE activation was proposed: under pathological conditions, the transcription and translation of caspase-11 is stimulated and newly synthesized caspase-11 interacts with pro-ICE to mediate its activation (Figure 1). The precise mechanism of pro-caspase-11 and pro-ICE interaction, however, is not yet clear: additional players may be present since direct caspase-11 and pro-ICE heterodimers cannot be detected *in vitro* (Wang *et al*, 1998).

The downstream effectors of the ICE pathway: IL-1 β and IFN- γ

So far, ICE has been shown to regulate the secretion of mature IL-1 β by processing pro-IL-1 β directly and IFN- γ indirectly through regulation of IL-1 β or interferon- γ inducing factor (IGIF) (Akita *et al*, 1997; Thornberry *et al*, 1992). Both IL-1 β and IFN- γ are multifunctional cytokines that affect multiple cell types and elicit powerful cellular and systemic responses. Responses to IL-1 β appear to be largely dependent on cellular context. In some cells, IL-1 β is a growth factor and IL-1 β stimulation is associated with phosphorylation of p42/p44 MAP kinase (e.g. mesangial cells), or activation of NF- κ B (Huwiler and Pfeilschifter, 1994; Osborn *et al*, 1989). On the other hand, the evidence is accumulating that IL-1 β may contribute actively to cellular destruction by apoptosis (Friedlander *et al*, 1996; Relton and

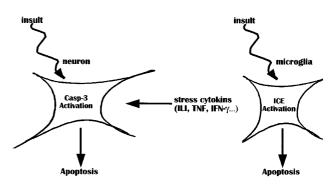


Figure 2 A model for possible interplays of caspases under certain pathological conditions. A pathological insult may lead to activation of caspase-3 directly in neurons in the center of damage. At the same time, such insult may activate the ICE pathway in cells such as microglia which leads to the release of stress cytokines (IL-1 β and interferon- γ) in the marginal zones and lead to secondary neuronal cell death

Rothwell, 1992; Troy *et al*, 1996). Hashimoto's thyroiditis (HT) is an autoimmune disorder in which destructive processes with typical features of apoptosis lead to thyrocyte loss. This self-destructive process appears to be initiated directly by elevated IL-1 β due to inflammation in patients, which in turn induced expression of large amounts of Fas receptor on the surface of thyroid follicular cells (Giordano *et al*, 1997). This elegant study illustrated an example in which a pro-inflammatory cytokine such as IL-1 β may have a direct effect on apoptosis mediated by death domain-containing receptors. We predict that such inflammation induced apoptosis may be very common in diseases associated with inflammation and more examples may be discovered in future studies.

In recent years, increasing evidence suggests that cytokines may play an important role in mediating the pathogenesis of neurodegenerative diseases (Chao et al, 1995a). Microglial cells (the resident macrophages of the brain) could be a major source of IL-1 β (Chao *et al*, 1995b; Lee et al, 1993), whereas infiltrated lymphocytes and natural killer cells appear to be the key producers of interferon- γ (IFN- γ) (Lewis and Wilson, 1990). We have found that elevated levels of mature IL-1 β in animal models of ischemic injury (Hara et al, 1997a,b). Rothwell and colleagues have demonstrated that injection of IL-1Ra, a naturally existing IL-1 β antagonist, reduced infarct volume following ischemic injury in rats (Relton and Rothwell, 1992). We have also demonstrated that inhibiting the IL-1 β signaling pathway by either the IL-1Ra or neutralizing antibodies against IL-1 β and against IL-1 type 1 receptor reduced hypoxia induced apoptosis in HeLa cells (Friedlander *et al*, 1996). These results suggest that IL-1 β plays a functional role mediating neuronal cell death in such conditions and inhibiting the signal transduction pathway of IL-1 β may be beneficial in the treatment of stroke.

IL-1 β and IFN- γ have also been shown to induce neuronal apoptosis in culture (Hu et al, 1997). Treatment of mixed human neuronal/glial cell cultures with IFN- γ plus IL-1 β for 13 days induced a high output of nitric oxide (NO) accompanied by marked neuronal loss. Such cytokine mediated neuronal injury was associated with morphological features of apoptosis including DNA fragmentation. Treatment of neuronal cell cultures with the NO inhibitor Nmonomethyl-L-arginine (NMMA) significantly attenuated neuronal cell death, suggesting that IL-1 β and IFN- γ induce neuronal cell death through NO production. Since ICE is predominantly expressed in microglial cells in the central nervous system (R Rotello and J Yuan, unpublished result), inhibition of IL-1 β release in our mutant *Ice* transgenic mice is likely achieved through inhibition in microglial cells. It remains to be seen, however, whether such IL-1 β and IFN- γ induced neuronal cell death requires ICE or other caspases; if it does, then there may be a positive feedback loop between caspases and cytokines.

Functional role of other caspases in neurodegenerative diseases

Distinct from *Ice* knockout and the mutant *Ice* transgenic mice, caspase-3 knockout mice have severe defects in nervous

system development resulting in premature death (Kuida et al, 1997). Apoptosis of thymocytes and cleavage of poly(ADPribose) polymerase (PARP) upon induction of apoptosis was normal in casp-3-/- thymocytes. In contrast, the development of the nervous system was profoundly affected in casp-3 - 1 -mice. Ectopic cell masses were found in the cerebral cortex, the hippocampus and the striatum. Such supernumerary cells caused secondary defects on brain structures and resulted in hydrocephalus with elevated intracranial pressures which may be the cause of their premature death. Although increase in cellularity and decrease in pyknotic cells in casp-3-/- mice comparing to that of wild-type are consistent with a defect of apoptosis in the developing nervous system, the phenotype of casp-3-/- mice is in striking contrast with the NSE-Bcl-2 transgenic mice. Although the NSE-Bcl-2 transgenic mice have a significant increase in neurons and glial cells in many areas of the brain, the Bcl-2 transgenic mice develop and behave normally (Matinou et al, 1994). Bcl-2 transgenic mice have significantly bigger brains, while casp-3-/- mice have smaller brains than their respective wild-types (Farlie et al, 1995; Martinou et al, 1994). These results suggest that while it is possible that absence of caspase-3 in casp-3-/- mice blocked certain neuronal cell death, which remains to be tested in culture conditions, *casp-3* mutation may have an effect on neuronal development distinct from blocking apoptosis.

Although caspases may have functions other than regulating apoptosis, it is likely that they play a very important role in regulating cell death in general. It is very common for a cell type to express multiple caspase family members, suggesting that some caspases may function in a redundant fashion. Although the exact identities of the caspases are not yet clear, combinations of certain caspases are likely to play a controlling role in developmental neuronal cell death. In a direct demonstration of usefulness of caspase inhibitors, Hara et al (1997b) showed that injection of peptide inhibitors intracerebroventricularly can reduce ischemic neuronal cell loss. Although the caspase targets of these peptide inhibitors are not yet clear, evidence of caspase-3 activation has been observed in a number of neuronal injury models. Caspase-3 is activated following a brain trauma (Yakovlev et al, 1997). Excitotoxicity, induced by excessive activation of glutamate receptors, has been postulated to underlie the neuronal cell death that occurs after ischemic or traumatic injury as well as a number of neurodegenerative diseases. Stimulation of N-methyl-D-aspartate (NMDA) receptor of cerebellar granule neurons with low concentrations of glutamate induces activation of caspase-3 and apoptosis which can be inhibited by the caspase-3 preferred inhibitor DEVD-CHO (Du et al, 1997). In vivo, direct injection of the nonselective caspase inhibitor z-VAD.fmk into the striatum can reduce toxicity by AMPA (α -amino-3-hydroxy-5-methyl-4-isoxaole propionate) injection and to a lesser extent NMDA (Hara et al, 1997b). The most comprehensive study of caspase-3 activation in stroke so far was described in Namura et al (1998). Pro-caspase-3, but not activated caspase-3, is constitutively present in neurons throughout normal brain. Caspase-3 p20 immunoreactivity, detected by an antibody recognizing active caspase-3 only, became

prominent in neurons after temporary (2 h) middle cerebral artery occlusion at the time of reperfusion. 12-24 h later, such caspase-3 immunoreactivity was found to be present in TUNEL positive cells. This work showed directly that ischemic brain injury induces activation of caspase-3 which then causes neuronal apoptosis. These experiments suggest that caspases may play a very important role in excitotoxocity and activation of caspase-3 in neurons may lead to apoptosis in a cell autonomous manner (Figure 2).

Recent evidence suggests that caspase mediated apoptotic cell death may also play a role mediating neurodegenerative diseases such as Huntington's diseases (HD) (Goldberg et al, 1996; Portera-Cailliau et al, 1995; Thomas et al, 1995). HD belongs to a group of eight disorders with remarkably similar features including Dentatorubropallydoluysian atrophy (DRPLA), Machado-Joseph disease (MJD), sinal and bulbar muscular atrophy and spinocerebellar ataxia types 1, 2, 6 and 7 (Wellington et al, 1997). The genetic defect in each of these diseases is expansion of a CAG trinucleotide in the coding region of their respective genes which are translated into a polyglutamine repeat. Growing evidence suggests that while the presence of a polyglutamine tract in a large protein may not make it toxic, the polyglutamine tracts on their own or when associated with a small truncated protein is toxic to the cells. Interestingly, both huntingtin and DRPLA proteins have been found to be substrates of caspase-3 in apoptosis, which raised the possibility that accidental cleavage of huntingtin and DRPLA may initiate a chain reaction of neuronal cell death in specific areas of brain (Goldberg et al, 1996; Miyashita et al, 1997). It is not yet clear, however, where the specificities arise in these diseases, since the expression of these genes are detected in many different tissue types while neuronal losses are very specifically targeted to certain areas of the brain. Identification of putative proteases responsible for cleavage of these disease gene products, possibly being certain caspases, is likely to be very informative in understanding the causative mechanisms in these diseases.

Alzheimer's disease is characterized by distinct neuropathological lesions, including intracellular neurofibrillary tangles, extracellular parenchymal and cerebrovascular amyloid deposits and selective neuronal cell death that particularly affects cholinergic neurons in the basal forebrain (Edelberg and Wei, 1996). The principal component of parenchymal amyloid plaque cores and cerebrovascular amyloid is the b/A4 amyloid protein, which is derived from cleavage of a large transmembrane protein, the b/A4 amyloid protein precursor (APP). One of the biochemical features of AD is the increases in the levels of IL-1 β in the brain and spinal fluid (Griffin *et al*, 1989). Since ICE is essential for processing and secretion of mature IL-1 β , this suggests that the ICE pathway is activated in AD. IL-1 β was found to increase the expression of APP mRNA as well as the processing and secretion of APP (Buxbaum et al, 1992; Goldgaber et al, 1989). A functional role of the ICE pathway in mediating neuronal loss of AD remains to be examined in adequate transgenic models.

Most cases of early onset familial AD are caused by mutations in the genes encoding presenilin-1 (PS-1) and presenilin-2 (PS-2) (Levy-Lehad et al, 1995; Roagev et al, 1995; Sherrington et al. 1995). It has been widely reported that PS-1 and PS-2 are found in extracts derived from a variety of cultured cells and from tissues are fragmented extensively by endoproteolytic processing events (Mattson et al, 1998). At early developmental stages the expected approximately 34-kDa N-terminal proteolytic fragment of PS-1 and the approximately 38-kDa fragment of PS-2 were detected. Later during differentiation an approximately 38-kDa fragment for PS-1 and an approximately 42-kDa fragment for PS-2 were detected (Mattson et al, 1998). Although it is controversial whether this endoproteolysis is a physiologically normal intracellular event following presenilin expression, or an in vitro artifact, both PS's are indeed cleaved in apoptosis (Kim et al, 1997). Both PS-2 and PS-1 are in vitro substrates of caspases (Loestsher et al, 1997; Vito et al, 1997). Expression of ALG-3, a truncated PS2 cDNA, encodes an artificial COOH-terminal PS2 segment as well as a physiological COOH-terminal PS2 polypeptide (PS2s) generated by both alternative transcription and proteolytic cleavage have dominant inhibition effect on apoptosis (Levy-Lehad et al, 1995; Vito et al, 1996). These results suggest a functional role of PS proteolytic cleavage on apoptosis although the in vivo significance of such cleavage in etiology of AD remains to be examined.

Conclusion

We have reviewed evidence demonstrating a prominent role of apoptosis and caspase family in a variety of neurological diseases. The caspase cell death family has been implicated the pathogenesis of stroke, ALS, Huntington's and related diseases, and Alzheimer's disease (Friedlander *et al*, 1997a, b; Goldberg *et al*, 1996; Hara *et al*, 1997a,b; Kim *et al*, 1997; Loddick *et al*, 1996). Additional studies will likely demonstrate a role for caspases in other diseases. Activation of the ICE pathway is likely to be critically involved in stroke and maybe other inflammation related neuronal degenerative diseases as well. Other caspases may induce toxicity of certain disease gene products by proteolytic cleavage which releases toxic polypeptide.

Inhibitors of caspases may be therapeutically beneficial for the treatment of a number of diseases such as stroke, ALS, and perhaps HD and AD. One of the potential side effect of inhibiting caspases is the development of tumors since inhibition of apoptosis has been shown to facilitate tumor development. In this regard, we would like to propose that specific inhibitors of ICE may be especially useful, since inhibition of the ICE pathway produced specific resistance to stroke and ALS with no associated developmental defect or tumor development in the NSE-M17Z mice at 2 years of life (Friedlander and Yuan, unpublished observation). Whether inhibition of other caspases may cause tumor development or have an adverse effect on normal development and homeostasis remains to be evaluated since caspase-3 knockout mice die within a few weeks of birth.

Targeting caspase inhibition for the treatment of neurodegenerative diseases can be approached by means of pharmacological and genetic strategies. Delivery of caspase inhibitors either directly into the central nervous system, or systematically for drugs which can cross the blood-brain barrier may be used as a therapeutic strategy. Alternatively, delivery of genetic inhibitors of apoptosis (i.e. Bcl-2 or mutant ICE), by gene therapy approaches may also be employed as a treatment strategy. It is apparent, that human trials using some of these strategies are likely to be part of the armamentarium for the treatment of humans affected by these untreatable, and frequently fatal group of diseases.

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