



# RTHLVFFARK-NH<sub>2</sub>: A potent and selective modulator on Cu<sup>2+</sup>-mediated amyloid-β protein aggregation and cytotoxicity

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## ABSTRACT

Dysfunctional accumulation of amyloid-β (Aβ) protein stimulated by Cu<sup>2+</sup> is considered as a key process in the pathogenesis of Alzheimer's disease (AD). Thus, bifunctional substances capable of chelating Cu<sup>2+</sup> and inhibiting Aβ aggregation are promising therapeutic agents against AD. Herein, a novel bifunctional decapeptide RTHLVFFARK-NH<sub>2</sub> (RK10) was developed by integrating a metal chelating tripeptide (RTH) and an Aβ aggregation inhibitor Ac-LVFFARK-NH<sub>2</sub> (LK7). The high selectivity of RK10 for Cu<sup>2+</sup> over other biologically relevant metal ions was demonstrated by isothermal titration calorimetry. RK10 bound Cu<sup>2+</sup> with a dissociation constant of 0.02 μM. This enabled RK10 to sequester Cu<sup>2+</sup> from Aβ<sub>40</sub>-Cu<sup>2+</sup> species and to arrest the production of reactive oxygen species (ROS) catalyzed by Cu<sup>2+</sup> or Aβ<sub>40</sub>-Cu<sup>2+</sup> species. Extensive physical, biophysical and biological studies indicate that RK10 targeted free and Cu<sup>2+</sup>-bound Aβ<sub>40</sub> species, suppressed Aβ<sub>40</sub> aggregation, and diminished the cytotoxicity induced by Aβ<sub>40</sub> and Cu<sup>2+</sup>-mediated Aβ<sub>40</sub> in cultured SH-SY5Y cells. Taken together, the results proved the excellent selective roles of RK10 in inhibiting Cu<sup>2+</sup>-mediated Aβ<sub>40</sub> aggregation and eliminating ROS generation catalyzed by Cu<sup>2+</sup>/Aβ<sub>40</sub>-Cu<sup>2+</sup> species. Thus, this work provided new insight into the design and development of potent bifunctional inhibitors against Aβ aggregation and cytotoxicity.

## 1. Introduction

Alzheimer's disease (AD), the most widespread form of dementia in the elderly, affects > 30 million people worldwide [1–3]. The clinical characteristics of AD are loss of memory, cognitive decline, behavioral deficits, and other age-related problems, finally leading to death [4]. Up to now, no curable treatment is available for AD. One of the major neuropathological features of AD is the presence of senile plaques, which are predominantly composed of various aggregates of amyloid-β (Aβ) protein [5,6]. It is generally considered that self-assembly of Aβ into neurotoxic oligomers and fibrils is the central process of AD pathophysiology [7]. Hence, inhibition of Aβ aggregation is hypothesized as an effective therapeutic strategy for the disease [8].

Recently, more attention has been paid to the connection between metal ions and AD pathology because some transition metal ions, mainly Cu<sup>2+</sup>, Zn<sup>2+</sup> and Fe<sup>3+</sup>, are enriched in the amyloid plaques of AD patients [9–12]. However, it was also found that Cu<sup>2+</sup> levels were significantly depressed in several affected regions of AD brain [13]. It

was considered that dyshomeostasis of metal ions (decreased copper levels in AD brain tissues and enriched Cu<sup>2+</sup> in/around amyloid plaques) might contribute to AD pathology by depleting Cu-availability for normal cellular functions [13]. Furthermore, it has been proven that the metal ions modulate the original Aβ aggregation pathways, leading to the formation of more toxic Aβ species [14–17]. In particular, redox-active Cu<sup>2+</sup> has attracted the most attention since it not only amplifies cytotoxicity of Aβ aggregates, but also leads to the production of neurotoxic reactive oxygen species (ROS) via Fenton's reaction [18–20]. ROS could cause severe oxidative stress and then trigger a series of cell damages including lipid peroxidation and membrane disruption, which is a key feature of AD pathogenesis [21,22].

Given the recognized interactions of Aβ with transition metal ions, chelation of metal ions using chelating agents has been considered as a promising method for AD therapy. For instance, clioquinol (CQ) and 5,7-dichloro-2-((dimethylamino)methyl) 8-quinolinol (PBT2) have been proven to improve cognitive performance in clinical trials [23]. However, long-term use of CQ is limited by an adverse side effect of

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