

Preclinical evidence of GLP-1 receptor activity in neurodegenerative disorders



Drug Design & Development Section, Translational Gerontology Branch, NIA, NIH, Baltimore, MD



Funding:

Intramural Research Program, NIA, NIH **Michael J Fox Foundation** NIA/Peptron CRADA

Left to right: Pathik Parekh, Nigel Greig, Elliot Glotfelty, David Tweedie, Katie Kopp Yazhou Li, Weiming Luo, Buka Batsaikhan

Key collaborators:



Barry Hoffer Case Western Univ., USA (TBI & PD)



Tom Foltynie

Univ. London, UK

(PD)

Dilan Athauda Univ. London, UK



NHRI, Taiwan (PD) (PD & stroke)







Alex Sinclair **Dimitrios Kapogiannis** (IIH)



IRP/NIA, NIH, USA

(Exosome biomarkers)



Chaim Pick







Jin Jung Kumar Sambamurti Peptron, S Korea (TBI/PD)

MUSC, USA (PD)

Tel Aviv Univ., Israel (TBI)

Richard DiMarchi Indiana Univ., USA (TBI)

Conflict of interest statement

The National Institutes of Health (NIH), USA, has patent rights on the use of GLP-1 agonists for the treatment of neurodegenerative disorders (inventors: Nigel Greig and colleagues).

All rights have been assigned in entirety by Nigel Greig to NIH.

Hence, Nigel Greig has **no** financial or other conflicts of interest to report.

There are commonalities between type 2 diabetes mellitus (T2DM) and neurodegenerative disorders – especially related to cell death mechanisms.

Hence, a drug efficacious in T2DM may be effective in neurodegenerative disorders for which useful drugs are unavailable.

Individuals with T2DM prescribed GLP-1R agonists (incretin mimetics) and gliptins (DPP-4 inhibitors) are 36-60% less likely to develop PD (Brauer et al., *Brain.* 143:3067-76, 2020)

Outline

- GLP-1R brain expression
- GLP-1R agonists in neurodegeneration brief history
- GLP-1R target across age/disease
- GLP-1R agonists in Parkinson's disease preclinical models two examples
- Potential directions ahead

GLP-1R Expression in Brain

A Present across brain areas



GLP-1R distribution male ferrets (n=3, SEM) Lu et al., *J Transl Med*. 12: 327, 2014.

B Present on neurons

Human hippocampus



Biotechne MAB28141

C Present on epithelial cells of the choroid plexus



MAB3F52 Botfield et al., *Sci Transl Med.* 9:eaan0972, 2017.

D Present on microglia (and astrocytes)



100 µm

GLP-1R distribution rat hippocampus 48 hr after ischemia, Jia et al., *Pharmacol Res.* 102: 276–285, 2015.

GIPR expression: neurons, microglia, astrocytes, oligodendrocytes **GcgR expression:** neurons, microglia.

Incretin mimetic studies in neurodegeneration

GLP-1R agonists to mitigate neurodegenerative disorders: 2002 onwards

(Perry et al., J Pharmacol Exp Ther. 300: 958-66, 2002 Perry et al., J Pharmacol Exp Ther. 302: 881-8, 2002).



Current monomeric GLP-1 based receptor agonists

Perry & Greig 2002 (NIA/NIH)

GIP

Glucagon GIP and GLP-1

Unique

Glucagon and GLP-1

GIP and Glucagon GLP-1, GIP, Glucagon

Unique to Ex-4

X = aminoisobutyric acid DPP-IV Resistance

Single agonist Exendin-4/Exenatide HGEGTETSDESKQM SPGGNKLWEUF Dual agonist GLP-1/Gcg NH, ONOCOOOC **Dual agonist GLP-1/GIP** YXEGTETSOYSI SPGGALLWNV COPPOSIONH.



Katie Kopp (NIA/NIH)



Neurotrophic/protective/anti-inflammatory actions and mitigating brain insulin resistance in cellular and/or animal models:

Parkinson's disease, Alzheimer's disease, Traumatic brain injury, Multiple system atrophy, ALS, Huntington's disease, peripheral neuropathy, ischemic stroke, **Residue Derivation** idiopathic intracranial hypertension and others...... GI P-1/Exendin-4

..... but do these actions translate to human disease? which agonists should best be evaluated? when in the disease process?

To gain a quick overview of the field: Short perspective: Kopp KO et al., Ageing Res Rev. 98:102343, 2024 (5 to 10 min read)

Drug target availability across age and disease:



Yu SJ et al. Geroscience. 46: 4349-71, 2024

Consequences of GLP-1R activation: neurotrophic/protective actions - stronger phenotype



Ex-4

Tyrosine hydroxylase activity: Ventral mesencephalic (VM) (dopaminergic) primary neurons challenged with GLP-1 or Exenatide (Ex-4) (100 nM) +/- 6-OHDA (dopaminergic poison)

Significantly different from control (p<0.05) Li Y, *PNAS* 106: 285-90

Map pathways: +/- pathway inhibitors

Choline acetyltransferase activity: Motor neurons Li Y, PLoS One 7(2):e32008

Key signaling pathways in neurons activated by incretins – particularly by GLP-1R activation – can be determined in cell culture



Incretin Based Therapy Target(s)

Markers of these pathways can be used in human studies as biomarkers of target engagement by assaying brain derived exosomes from plasma

Athauda et al., *JAMA Neurol.* 76:420-9, 2019.

Athauda & Foltynie, *Neuropharmacology*. 136(Pt B): 260-70, 2018 Glotfelty et al., *ACS Pharmacol. Transl. Sci.*, 2: 66-91, 2019 Kopp et al., *Pharmacol Res.* 186: 106550, 2022. GLP-1R stimulation protects tyrosine hydroxylase (TH) positive neurons from MPTP toxicity and preserves dopamine and metabolite levels in



MPTP: 1-methyl-4-phenyl-1,2,3,6tetrahydropyridine (dopamine cell poison)

TH-immunoreactive neurons were quantified in the substantia nigra @ 7 days

Dopamine (DA), dihydroxyphenylacetic acid (DOPAC) and homovanillic acid (HVA) were quantified by HPLC

*Significant difference between MPTP vs. controls and MPTP + Exendin-4 (p<0.05, Bonferroni t test). No difference between control & MPTP + Exendin-4



MitoPark mouse, a progressive PD model involving deleted mitochondrial transcription factor TFAM (respiratory chain function) in midbrain DA neurons: PT320 (Exenatide) delays disease progression across multiple parameters





Yuan-Hao (Howard) Chen National Defense Medical Center, Taiwan

Wang et al., ACS Pharmacol Transl Sci 4: 858-69, 2021

MitoPark mouse, a progressive PD model involving deleted mitochondrial transcription factor TFAM (respiratory chain function) in midbrain DA neurons: PT320 (Exenatide) delays disease progression across multiple parameters



Wang et al., ACS Pharmacol Transl Sci 4: 858-69, 2021

Replicated MitoPark mouse PD Exenatide study and attenuated mitochondrial dysfunction (Wang et al., J Biomed Sci. 31: 38, 2024)



Summary

GLP-1-based receptor agonists (RAs) have been evaluated across multiple preclinical neurodegenerative and neuropsychiatric disorders models since 2002 – and, largely, have been found highly promising.

Dual/Triple RAs are generally more potent than single GLP-1RAs (but brain uptake is important)

Multiple actions underpin efficacy in preclinical models (neurotrophic, neuroprotective/antiapoptotic, antiinflammatory, insulin resensitization, neurogenesis, mitochondrial, autophagy, others) do any of these translate into human studies and how can they be measured? (Biomarkers)

Single GLP-1RA human clinical trials in Parkinson's disease are demonstrating promise... and Alzheimer's disease clinical trials are ongoing

Other neurological disorder clinical trials should be considered (...... TBI, ischemic stroke, peripheral neuropathy......?)

Future

Dual/Triple RAs, DPP-4 inhibitors and combination chemotherapy ?

Concerns

Selecting the best agent(s) / when to initiate treatment in the disease process