

Alzheimer vaccine: a theme of notable controversy

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Editorial

Ageing genetic and environmental factors are among the basic etiologies of dementia. Dementia are of several types .Among which is the Alzheimer disease (AD).¹

AD accounts for 60 to 80% of dementia cases. A sum of four genes; Presenilin 1/chromosome 14, Presenilin 2/chromosome 1, Amyloid Precursor protein/chromosome 21, and Apolipoprotein e/ chromosome 19, are responsible for the manifestation of AD which happened in fourth decade of human age.² The patho-biology of AD can be briefed as progressive nerve cell death resulting from the accumulation of amyloid protein beta plaques, around nerve cell body and neuro-fibrillar tangles Tau within the axon of the nerve cells.¹

Since about two decades, neuro-scientists and neuro- immunologists have been attempting to develop a vaccine design that might be helpful to prevent and/or treat AD. The primordial AD vaccine has been made from Amyloid Beta protein 2001 and extend to 2013, tau protein 2016, (Jones R, Bath; UK).³⁻⁸ Variable degrees of foundations that have been ranged from failure to promising in various research groups all-over the world at the level of development and pre-licensed evaluations in laboratory Animals Table 1.⁴⁻⁸ Among several groups of research workers, one will initiate preclinical trial phase one within the coming three years.³ These attempts have been targeting amyloid protein B and tau in separate as prime boost protocol or combined immunogen program with presence of certain adjuvants.³ The chronology of scientific achievements towards developing AD vaccine design was Mapped in the Table 1.⁴⁻⁸ The evaluation parameters for a vaccine were depicted in Table 2⁹ in a comparative manner with an infectious and cancerous disease just to through a

light on the core facts of Alzheimer vaccine. As a scientific holdings the B amyloid or tau vaccines as well as their specific monoclonal antibodies gain success in laboratory animal models but in preclinical trials their results is a matter of debates .If the reality is somewhat far from being reached by current days research, one can propose; 1-Initiation of local CNS immune response to clear up amyloid beta and tau., 2-Initiation of glial cell system to engulf the destroyed neuron cells.¹⁰⁻¹³ The use of monoclonal antibodies specific for B amyloid and /tau to form complexes with the available complement that can be cleared up through pinocytosis, 4-Initiating apoptosis process,^{14,15} to defective neuron cells followed by engulfment by the local resident or migratory macrophages.¹³ In case of Alzheimers disease, the need for a vaccine is eligible for both prevention and therapy. The development of preventive vaccine is being of prime importance, followed by the therapeutic vaccine .Hopes that the coming few years, scientists will disclose promising vaccines for both purposes.

Table 1 Chronology of Alzheimer vaccine achievements

Date	Reference	Vaccine target	Mechanisms
2001	Australian centre of Alzheimers Disease	Passive immunization with immunoglobulin	Success in very small group of eight patients
2001	4	B42 peptide vaccine	Reduce memory loss, amyloid B reduction in mice
2002	5	Beta amyloid reagent .Arc 1792	20% immunized, other 20% got brain inflammation
2002	6	Beta amyloid vaccine or its specific antibody	Neutralize the pathogenic effect of beta amyloid
2012	7	B amyloid vaccine design with CAD106	With adjuvant stimulate the immune system to produce immune response
2013	8	B2 peptide, as B cell epitope	Remove B amyloid by phagocytes
2015	Pickett, Alzheimers Society	Tau tangle antigen vaccine	Stimulate the immune system to remove tau tangles

Table 2 Comparative View to Vaccine criteria for concern of Alzheimer vaccine

NIH criteria ⁹	Vaccine for a Vaccine Preventable Infectious Disease	Vaccine for a Vaccine Preventable and Treatable Cancer	Vaccine for Alzheimer Disease
Understanding disease	Understandable	Relatively understandable	Observable understanding
Understanding disease agent	Understandable	Viral, genetic, environmental	Observable; aging, genetic and environmental

Table Continued...

NIH criteria ⁹	Vaccine for a Vaccine Preventable Infectious Disease	Vaccine for a Vaccine Preventable and Treatable Cancer	Vaccine for Alzheimer Disease
Developing vaccine candidate;	Safe	Safe	Safe
Safety	Identical	Identical	Identical
Identity	Antigenic	Antigenic,	Antigenic
Antigenicity	Immunogenic	Adoptive	immunogenic
Immunogenicity		immunogenic	
Testing Vaccine in Human volunteers Phase I;	Safe,	Safe,	Safe?
safety Phase II;	Safe,	Safe,	Safe?
Safety,	Immunogenic,	Immunogenic,	Immunogenic Safe?
Immunogenicity Phase III;	Safe,	Safe,	Immuno-Genic,
Safety Immunogenicity Effectivity	Immunogenic, Effective	Immunogenic, Effective?	Effective?
NIH criteria [9]	Vaccine for a Vaccine Preventable Infectious Disease	Vaccine for a Vaccine Preventable and Treatable Cancer	Vaccine for Alzheimer Disease
Understanding disease	Understandable	Relatively understandable	Observable understanding
Understanding disease agent	Understandable	Viral, genetic, environmental	Observable; aging, genetic and environmental
Developing vaccine candidate;	Safe	Safe	Safe
Safety	Identical	Identical	Identical
Identity	Antigenic	Antigenic,	Antigenic
Antigenicity	Immunogenic	Adoptive	immunogenic
Immunogenicity		immunogenic	
Testing Vaccine in Human volunteers Phase I;	Safe,	Safe,	Safe?
safety Phase II;	Safe,	Safe,	Safe?
Safety,	Immunogenic,	Immunogenic,	Immunogenic Safe?
Immunogenicity Phase III;	Safe,	Safe,	Immuno-Genic,
Safety Immunogenicity Effectivity	Immunogenic, Effective	Immunogenic, Effective?	Effective?

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Conflicts of interest

Author declares there are no conflicts of interest.

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References

- https://en.wikipedia.org/wiki/Alzheimer%27s_disease
- Best B. Alzheimers Disease: Molecular mechanisms. 2013.
- DavtyanH, ZagorskiK, RagapakshH, t al. Alzheimer's disease Advax(CpG)-adjuvanated MultiTEP. Based dual and single vaccine induce high titre antibodies against various forms of tau and AB pathological molecules. *Sci Rep*. 6:28912.
- Growdn JH. A Guide TO Cop with ALzheimers Disease, Harvard Health Publications. 2015.
- Janus C, Phinney AL, Chisti MA, et al. New development in animal model of Alzheimer disease. *Current Neurology and Neuroscience Reports*. 2001;1(5):451–457.
- Vickers JC. A vaccine against Alzheimer disease, development to date. *Drug Aging*. 2002;9(7):497–494.
- Wisniewski T. Active Immunotherapy of Alzheimer Disease. *The Lancet Neurology*. 2012;11(7):571–572.
- Lambarcht W, Rosenberg RN. Advances in the development of vaccine for Alzheimers disease. *Discov Med*. 2013;15(84):319–326.
- NIH. Understanding Vaccines. 1998.

10. Shapshak MA, Shapshak P, Fujimura R, et al. J Neurosci. 2002;20(1–2):13–23.
11. Finch CE, Morgan TE, Rozovsky I, et al. Microglia and ageing in the brain. In: Streit WJ (eds.) , Microglia in regenerating and degenerating central nervous system, *Spriger-Verlag*, Germany. 2002. p.275–305.
12. Rock RB, Gekker G, Hu S, et al. Role of microglia in central nervous system Infections. *Clin Microbiol Rev* . 2004;17(4):942–964.
13. Kreutzberg W. Microglia:Sensor for pathological Events in central nervous system. *Trends Neurosci* . 1996;19(8):312–318.
14. Mattson MP. Apoptosis in neurodegeneration disorders. *Nat Rev Mol Cell Biol*. 2000;1(2):120–130.
15. Elmore S. Apoptosis: A Review of program cell death. *Toxicol pathol*. 2007;35(4):495–516.