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# Amyloid β-Exposed Human Astrocytes Overproduce Phospho-Tau and Overrelease It within Exosomes, Effects Suppressed by Calcilytic NPS 2143—Further Implications for Alzheimer's Therapy

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The two main drivers of Alzheimer's disease (AD), amyloid-β (Aβ) and hyperphosphorylated Tau (p-Tau) oligomers, cooperatively accelerate AD progression, but a hot debate is still ongoing about which of the two appears first. Here we present preliminary evidence showing that Tau and p-Tau are expressed by untransformed cortical adult human astrocytes in culture and that exposure of such cells to an Aβ<sub>42</sub> proxy, Aβ<sub>25–35</sub>, which binds the calcium-sensing receptor (CaSR) and activates its signaling, significantly increases intracellular p-Tau levels, an effect CaSR antagonist (calcilytic) NPS 2143 wholly hinders. The astrocytes also release both Tau and p-Tau by means of exosomes into the extracellular medium, an activity that could mediate p-Tau diffusion within the brain. Preliminary data also indicate that exosomal levels of p-Tau increase after Aβ<sub>25–35</sub> exposure, but remain unchanged in cells pre-treated for 30-min with NPS 2143 before adding Aβ<sub>25–35</sub>. Thus, our previous and present findings raise the unifying prospect that Aβ•CaSR signaling plays a crucial role in AD development and progression by simultaneously activating (i) the amyloidogenic processing of amyloid precursor holoprotein, whose upshot is a surplus production and secretion of Aβ<sub>42</sub> oligomers, and (ii) the GSK-3β-mediated increased production of p-Tau oligomers which are next released extracellularly inside exosomes. Therefore, as calcilytics suppress both effects on Aβ<sub>42</sub> and p-Tau metabolic handling, these highly selective antagonists of pathological Aβ•CaSR signaling would effectively halt AD's progressive spread preserving patients' cognition and life quality.

**Keywords:** amyloid-β, Tau, adult human astrocytes, exosome, calcium-sensing receptor, calcilytics, Alzheimer's disease, GSK-3β

## INTRODUCTION

Late onset (non-familial) *Alzheimer's disease* (LOAD) is the most common dementia afflicting millions of people worldwide. It is characterized by extracellular deposits of fibrillar A $\beta$ <sub>42</sub> peptides (neuritic or senile plaques) and by intracellular pre-tangles and neurofibrillary tangles (NFTs) of phosphorylated Tau (p-Tau) protein (Selkoe, 2008a,b; Grinberg et al., 2009; Braak et al., 2011; Attems et al., 2012; Elobeid et al., 2012; Braak and Del Tredici, 2013). LOAD neuropathology develops stealthily during 20–40 years before its clinical emergence (Masdeu et al., 2012). It is thought to be driven by the tandem toxic activities of oligomers of amyloid  $\beta$  (A $\beta$ -os) and p-Tau (p-Tau-os) let out from affected cell processes via exocytosis and/or exosomes (or extracellular vesicles) (Saman et al., 2012). Both released A $\beta$ -os and p-Tau-os thus reach adjacent or connected cells, inducing them to release in their turn newly produced A $\beta$ -os and p-Tau-os. Thus, LOAD spreads from entorhinal cortex layer II to upper cognitive cortical areas killing unreplaceable neurons and disconnecting their networks in its path (Morrison and Hof, 1997; Selkoe, 2008a,b; Khan et al., 2014). Notably, p-Tau can be neurotoxic all by itself too in advanced AD and in *tauopathies* caused by mechanisms independent of A $\beta$ -os or senile plaques (Medeiros et al., 2013). Which of the two main AD toxic drivers appears first is controversial. According to some, a very early surfacing and spread of intraneuronal p-Tau pathology (i.e., pre-tangles, NFTs, and neuropil threads) from the brainstem to the cerebral cortex occurs in the total absence of extra-neuronal A $\beta$ <sub>42</sub> accumulation (Braak et al., 2013; see also below). However, others hold that poorly detectable soluble A $\beta$ <sub>42</sub>-os are the earliest LOAD drivers (Selkoe, 2008a,b; Crimins et al., 2013; Kayed and Lasagna-Reeves, 2013), bringing about p-Tau-os, NFTs, and synaptic pathology in the total absence of senile plaques (reviewed by Klein, 2013). Indeed, the para-hippocampal and inferior temporal gyri of 8-year-old Down's syndrome children already exhibited A $\beta$  deposits (Leverenz and Raskind, 1998). In fact, they had a chromosome 21 tri-ploidy and three copies of the A $\beta$  precursor holoprotein (hAPP) gene which made them susceptible to develop an early AD neuropathology. In long-term *in vitro* three-dimensional cultures of neural cells, A $\beta$ -os build-up preceded any p-Tau-os detection further strengthening the view A $\beta$ -os are the first AD drivers (Choi et al., 2014) while also stressing the usefulness of preclinical *in vitro* models to elucidate molecular mechanisms underlying AD development.

Accordingly, p-Tau-os seem to occupy the second tier in the hierarchy of AD drivers (Clavaguera et al., 2009, 2013a,b; Gerson and Kayed, 2013). Under physiological conditions, Tau is a soluble microtubule-associated phosphoprotein (MAP) strongly expressed in neurons (Goedert, 1993) and human astrocytes (Ferrer et al., 2002; Tanji et al., 2003; Wakabayashi et al., 2006, and present results). Tau moiety encompasses a microtubule-binding C-terminal repeat domain, a central proline-rich domain, and an N-terminal domain interacting with membranes and/or other proteins. In human adult brain, an alternatively spliced single gene allows the expression of six Tau isoforms, of which 4RTau and 3RTau are the most intensely produced and phosphorylated ones (Hanger et al., 1998; Hasegawa, 2006). Soluble Tau

monomers are physiologically gathered within neurons' axons where they tightly bind, stabilize, and help elongate microtubules, besides associating with the plasma membrane (Pooler and Hanger, 2010). They partake in the fast anterograde transport (FAT) of various cargos (e.g., mitochondria, synaptic vesicles) on kinesin motors linked to microtubule trackways. Tau is rapidly and reversibly phosphorylated by several protein kinases and phosphatases. Soluble Tau purified from normal human brains is phosphorylated at about 10 sites only (Hanger et al., 2007; Sergeant et al., 2008). Yet, Tau is endowed with 85 serine and threonine phosphorylable sites, and glycogen synthase kinase (GSK)-3 $\beta$  is the main kinase for 45 of them in poorly soluble p-Tau (Buée et al., 2000; Sergeant et al., 2008; Tavares et al., 2013). When GSK-3 $\beta$  hyper-phosphorylates Tau, the latter's ability to promote normal microtubule assembly wanes (Utton et al., 1997). Then p-Tau detaches from tubulin, destabilizing and disassembling microtubules (Lindwall and Cole, 1984; Drechsel et al., 1992). Hence, increases in p-Tau due to GSK-3 $\beta$  activity surges are typical marks of blunted physiological functions (e.g., axonal transport, etc.) in neurons (LaPointe et al., 2009). In AD and various tauopathies, p-Tau accumulates intracellularly as filaments, pre-tangles, and insoluble NFTs, and hyper-reacts to anti-p-Tau-specific antibodies (Greenberg and Davies, 1990; Ballatore et al., 2007; Gendron and Petrucelli, 2009). Not surprisingly, GSK-3 $\beta$  colocalizes with NFTs in AD and AD-related disorders (Hanger et al., 1998; Ferrer et al., 2002; Hanger and Noble, 2011). Notably, p-Tau from AD brains coimmunoprecipitates with a fraction of Tau, revealing that AD's p-Tau-os are Tau/p-Tau mixtures (Köpke et al., 1993) just as AD's Tau filaments or fibrils are (Alonso et al., 1997). The pathological role of GSK-3 $\beta$ -phosphorylated Tau is supported by results in mouse transgenic AD or tauopathy models, in which GSK-3 $\beta$  inhibition lessened Tau phosphorylation and aggregation and axonal degeneration (Serenó et al., 2009; Leroy et al., 2010). And, SB-415286, a specific inhibitor of GSK-3 $\beta$  activity, decreased p-Tau levels and kept cultured primary neurons viable (Gross et al., 2001).

According to Braak et al. (2011) and Braak and Del Tredici (2012, 2013), abnormal p-Tau-os in non-fibrillar form were seen within proximal axons and AT-8 antibody-positive pre-tangles were observed within the somata and dendrites of projection neurons of brainstem *locus coeruleus/ subcoeruleus* of young boys well before they became manifest in the hippocampal trans-entorhinal region, the putative site of AD onset (Khan et al., 2014). The authors posited AD begins from brainstem neurons which inject neurotoxic p-Tau-os into higher cortical regions (Hertz, 1989; Agnati et al., 1995)—a process starting AD's “*Braak stages*” (Braak et al., 2011; Braak and Del Tredici, 2012, 2013). Concurrently, others set forth the concept of trans-synaptically transmittable, prion-like, soluble Tau-os which by destroying first synapses, then axons, and finally neurons would disconnect neuronal networks (Clavaguera et al., 2009, 2013a,b; Lasagna-Reeves et al., 2012; de Calignon et al., 2012; Gerson and Kayed, 2013). However, p-Tau-os cannot cross synaptic terminals as prions do (Stranahan and Mattson, 2010).

Hitherto, as with A $\beta$ s, neurons were held as the main source of Tau/p-Tau (Wu et al., 2013; Avila et al., 2014). But what about

other neural cell types? Wakabayashi et al. (2006) reported the co-localization of A $\beta$  and p-Tau in the *subiculum* and entorhinal cortex astrocytes of a patient with corticobasal degeneration. They interpreted this finding as follows: “*the phagocytosis of A $\beta$  coincides with production of phospho-Tau in the same reactive astrocytes.*” However, as we previously showed, untreated cortical untransformed adult human astrocytes produce basal amounts of A $\beta_{42}$  and, once challenged with exogenous fibrillar (f)A $\beta_{25–35}$ , an A $\beta_{42}$  proxy, make and release significantly greater amounts of endogenous A $\beta_{42}$ /A $\beta_{42}$ -os (Armato et al., 2013; Dal Prà et al., 2015; Chiarini et al., 2016). We also demonstrated exogenous fA $\beta_{25–35}$ -os bind the astrocytes’ and neurons’ calcium-sensing receptors (CaSRs) (Dal Prà et al., 2014a,b) and activate their signaling pathways heightening the production and secretion of endogenous A $\beta_{42}$ /A $\beta_{42}$ -os. In fact, a specific CaSR *agonist* (calcimimetic), NPS R-568 (Nemeth and Goodman, 2016), mimicked the enhancing effect of exogenous fA $\beta_{25–35}$ -os on A $\beta_{42}$ /A $\beta_{42}$ -os secretion (Armato et al., 2013). Conversely, a highly selective CaSR *antagonist* (calcilytic), NPS 2143 (Nemeth and Goodman, 2016), fully quelled the fA $\beta_{25–35}$ -os-induced surplus *de novo* production and secretion of A $\beta_{42}$ /A $\beta_{42}$ -os in both human neurons and astrocytes (Armato et al., 2013; Dal Prà et al., 2015; Chiarini et al., 2016). Interestingly, human MIC neuroblasts secrete Tau enclosed within exosomes which are found in human cerebrospinal fluid too (Saman et al., 2012). Even plasma astrocyte-derived exosomes contain p-Tau proteins (Goetzl et al., 2016). And, neurons uptake exogenous Tau proteins via endocytosis into the somatodendritic compartments or axon termini from which they are conveyed to various cell sites (Wu et al., 2013). Altogether, these data indicated the urgent need to reassess the relationship between A $\beta$  peptides exposure and p-Tau production and release in adult human astrocytes and neurons. Therefore, we undertook a pilot study using as model cultured human astrocytes (Armato et al., 2013) whose preliminary results we herein report. Details on materials and methods we used are in Supplementary Materials.

## RESULTS

### A $\beta$ •CaSR Signaling Increases GSK-3 $\beta$ Tau Kinase Activity in Normal Adult Human Astrocytes

An ongoing balance between phosphorylation and dephosphorylation of some of its serine (Ser) and tyrosine (Tyr) residues controls GSK-3 $\beta$  enzymatic activity: relative increases in Tyr<sup>216</sup> phosphorylation upregulate and, conversely, of Ser<sup>9</sup> phosphorylation downregulate it (Forde and Dale, 2007) heightening or reducing, respectively, p-Tau levels (Qian et al., 2010). In human adult astrocyte lysates an exposure to exogenous fA $\beta_{25–35}$  nearly doubles between 0 and 48-h the p-Tyr<sup>216</sup>GSK-3 $\beta$ /total GSK-3 ratio values (Figures 1A,B) while simultaneously curtailing p-Ser<sup>9</sup>GSK-3 $\beta$ /total GSK-3 ratio values (Figures 1A,C). As a consequence, the p-Tyr<sup>216</sup>/p-Ser<sup>9</sup> ratio values and hence GSK-3 $\beta$  activity increase up to 8-fold in fA $\beta_{25–35}$ -exposed astrocytes (Figure 1D) as the latter does in hippocampal neurons (Takashima et al., 1998). Remarkably, a

30 min pre-treatment with calcilytic NPS 2143 totally quells the raise in fA $\beta_{25–35}$ -induced p-Tyr<sup>216</sup>GSK-3 $\beta$  levels; contrariwise, the p-Tyr<sup>216</sup>GSK-3 $\beta$ /total GSK-3 ratio values fall below control values (Figures 1A,B). Concurrently, NPS 2143 increases the p-Ser<sup>9</sup>GSK-3 $\beta$ /total GSK-3 ratio values well above control ones (Figures 1A,C). As a result, the p-Tyr<sup>216</sup>/p-Ser<sup>9</sup> ratio values and hence activity levels fall below basal values (Figure 1D). These results constitute the first evidence that pathological A $\beta$ •CaSR signaling directly intensifies GSK-3 $\beta$  activity besides rising endogenous A $\beta_{42}$ /A $\beta_{42}$ -os production/release from the cortical adult human astrocytes.

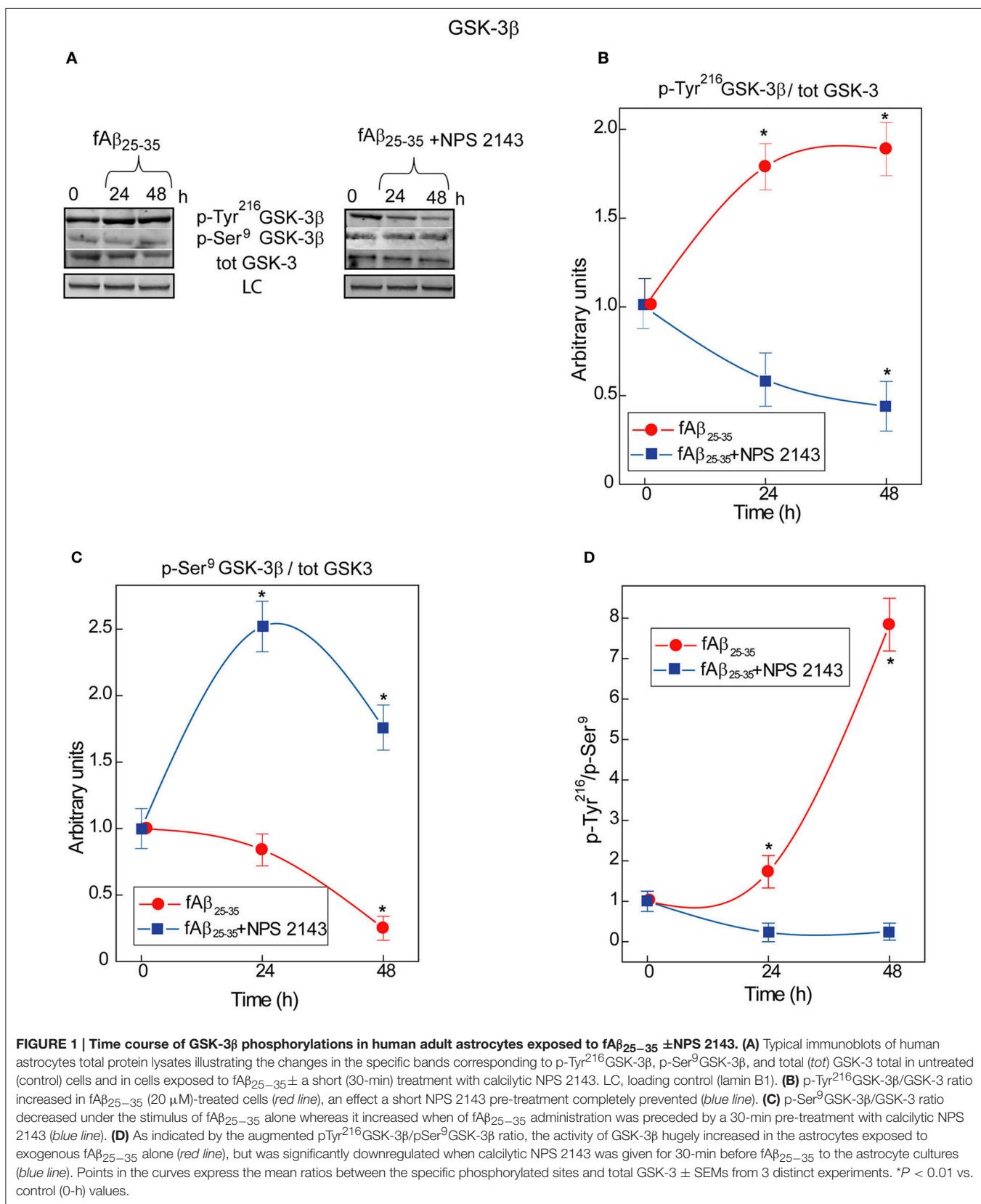
### Expression of Tau Protein Isoforms in Adult Human Astrocytes

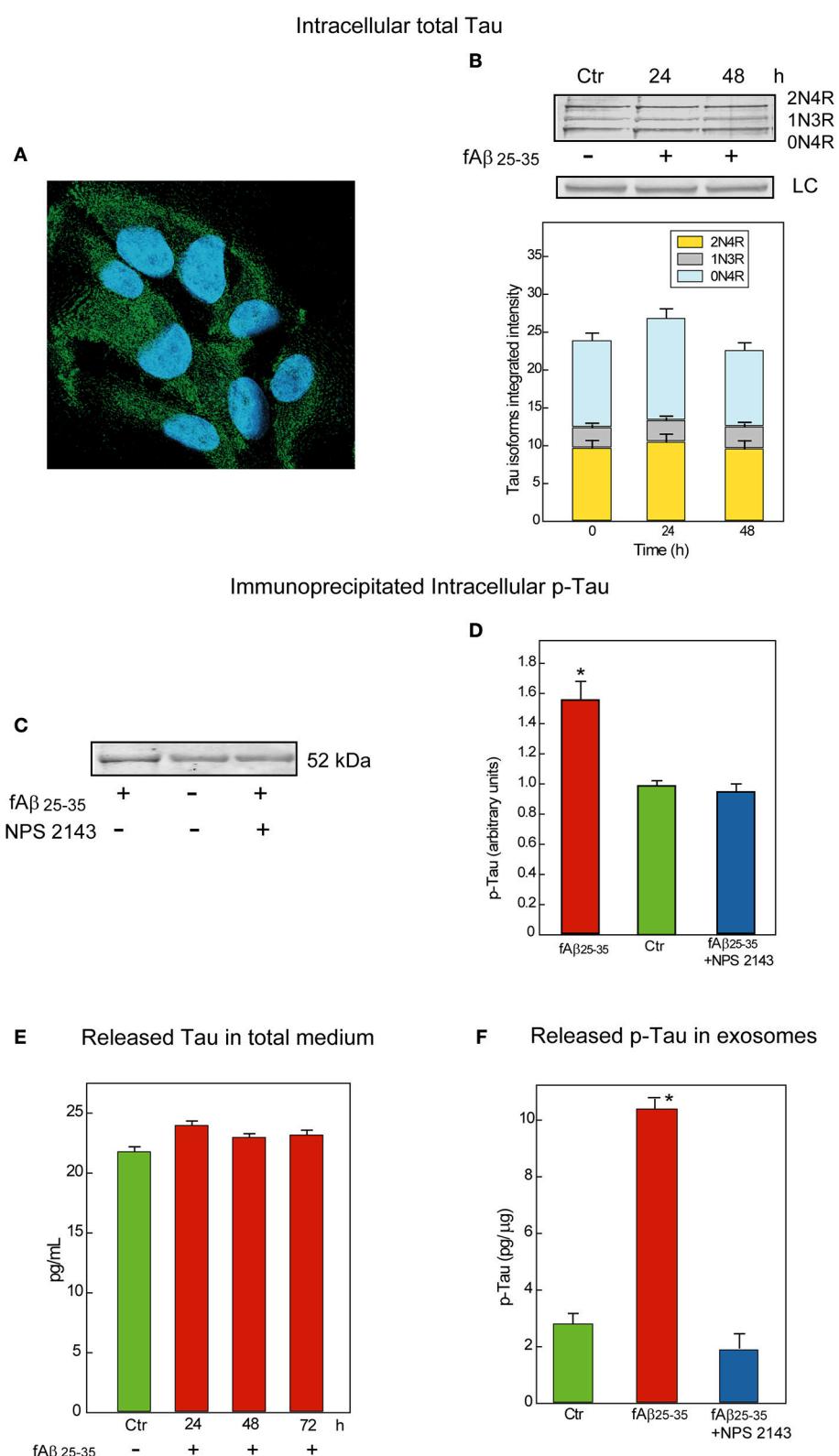
First, we examined Tau proteins expression in astrocytes by means of immunofluorescence staining and observed a diffuse granular Tau-immunoreactivity pattern mostly in the cytoplasm (Figure 2A). Cytoplasmic granular Tau aggregates were previously reported (Ward et al., 2013). Then, to identify the several Tau isoforms involved, we analyzed via Western blotting whole astrocyte lysates from both untreated and fA $\beta_{25–35}$ -treated cells (Figure 2B). We used a *pan*-Tau antibody which recognizes all Tau isoforms (Tran et al., 2011), and confirmed the identity of each specific isoform band by using a commercially available Tau protein ladder composed of the six known Tau isoforms. Thus, in both untreated and fA $\beta_{25–35}$ -treated astrocytes, the *pan*-Tau antibody recognized three resolvable Tau bands in the size range between 45 and 60 kDa, corresponding to Tau isoforms 2N4R, 1N3R, and 0N4R, which are those involved in the formation of pre-tangles and NFTs (Espinoza et al., 2008). Total Tau levels were alike in untreated and fA $\beta_{25–35}$ -treated cultures, suggesting no changes in total Tau isoforms expression were elicited by fA $\beta_{25–35}$ -exposure vs. no treatment in the astrocytes at least during 72-h of treatment.

### fA $\beta_{25–35}$ -Treated Astrocytes Have Increased Intracellular P-Tau Levels NPS 2143 Suppresses

Via Kinex Antibody Microarray<sup>TM</sup> we analyzed the p-Tau pattern in total cellular lysates of untreated and fA $\beta_{25–35}$ -treated astrocytes. Using phospho-site-specific antibodies this analysis tracked the main Tau phospho-sites regulated by GSK-3 $\beta$  activity (Hanger and Noble, 2011) and demonstrated that the phosphorylation levels of Ser<sup>199</sup>, Ser<sup>396</sup>, and Ser<sup>422</sup> of the Tau molecule were remarkably increased in 24-h fA $\beta_{25–35}$ -exposed astrocytes (not shown). This preliminary evaluation invited further investigations in order to specifically establish the amount of increased p-Tau proteins.

Therefore, we first immunoprecipitated the *phosphorylated* proteins from whole lysates of untreated and fA $\beta_{25–35}$ -exposed astrocytes—the latter pre-treated or not pre-treated with calcilytic NPS 2143 since, as we just saw, A $\beta$ •CaSR-signaling regulates GSK-3 $\beta$  activity (Figure 1). Next, we probed the immunoblots of the immunoprecipitated total phospho-proteins with a specific anti-Tau antibody. As shown in Figure 2C, the levels of p-Tau markedly increased in





**FIGURE 2 | Characterization and release of Tau/p-Tau from human adult astrocytes.** **(A)** Immunofluorescence staining of total Tau (antibody HT7) in untreated astrocytes as a diffuse granular green labeling of the cytoplasms. Nuclei are stained with DAPI. Merged picture. Magnification, 640X. **(B)** Top: Typical immunoblot (Continued)

**FIGURE 2 | Continued**

analysis of the Tau isoforms astrocytes express when untreated (*Ctr*) or exposed for 24 or 48-h to fA $\beta$ <sub>25–35</sub> alone treatment. Notably, 1N3R, 0N4R, and 2N4R are known as the Tau isoforms involved in the formation of pre-tangles and NFTs (Espinoza et al., 2008). LC, load controls (lamin B1). Bottom: Densitometric assessment of the three Tau isoforms integrated intensities. No significant changes are detectable ( $n = 3$ ). (C) Typical immunoblot analysis of immunoprecipitated p-Tau in lysates from untreated and 48-h fA $\beta$ <sub>25–35</sub> ± NPS 2143-treated astrocytes. Adding NPS 2143 pretreatment totally blocks any increase in p-Tau levels elicited fA $\beta$ <sub>25–35</sub> alone which remain at basal values. (D) Densitometric data corresponding to p-Tau specific bands are shown as bars which are the means ± SEMs expressed as arbitrary units ( $n = 3$ ), and normalized taking as 1.0 the values of untreated astrocytes. \* $P < 0.001$  vs. control values. (E) Time course of Tau protein release in the growth medium of un-treated and fA $\beta$ <sub>25–35</sub>-exposed astrocytes. The ELISA values of total Tau protein detected in 24 to 72-h astrocytes treated with fA $\beta$  fA $\beta$ <sub>25–35</sub> do not significantly differ from control ones at each time point examined. Bars are the mean values ± SEMs of three experiments in duplicate. (F) p-Tau is released in exosomes under physiological conditions and its amount remarkably increases in fA $\beta$ <sub>25–35</sub> treated astrocytes, but adding NPS 2143 for 30 min prior to exposing astrocytes to fA $\beta$ <sub>25–35</sub> prevents any increase in exosomal p-Tau from occurring. Bars are means ± SEMs of three experiments in duplicate. \* $P < 0.001$  vs. control values and vs. fA $\beta$ <sub>25–35</sub> ± NPS 2143-treated values.

the fA $\beta$ <sub>25–35</sub>-treated astrocytes as compared to untreated cells. Importantly, NPS 2143 pre-treatment kept p-Tau at physiological (untreated control) levels in the fA $\beta$ <sub>25–35</sub>-exposed cells (Figures 2C,D).

### Exosome-Associated Tau and P-Tau Releases From Human Adult Astrocytes

Untreated and A $\beta$ -exposed cortical adult human astrocytes also release Tau proteins into the growth medium. In preliminary experiments, by using an ELISA assay with a sensitivity <10 pg/mL we found total Tau protein levels of 21.8 pg/mL in 72-h untreated (control) astrocytes medium samples. In the medium of 24–72-h fA $\beta$ <sub>25–35</sub>-treated astrocytes, we detected unchanging values of the total Tau proteins which did not differ from control ones, suggesting the operation of a steady balance between Tau release and Tau re-uptake (Figure 2E).

But, is Tau/p-Tau secreted free into the growth medium or is it enclosed within exosomes? To answer this question, we started analyzing Tau release under physiological conditions. We purified exosomes from media conditioned for 72-h by untreated astrocytes and then quantified Tau by means of a specific ELISA kit in exosome fractions purified from them and in exosome-depleted media samples. This analysis showed Tau proteins associated with the exosome fractions and the exosomal Tau levels did not significantly differ from those found in whole media samples (~24.3 pg/mL). Conversely, under the same conditions, Tau could not be detected at all in exosome-depleted media samples. Therefore, all the Tau human astrocytes release is enclosed within exosomes.

Next, we investigated whether endogenous Tau released from astrocytes within exosomes was phosphorylated. By means of a p-Tau-specific ELISA kit we could demonstrate that under physiological conditions p-Tau secretion occurred inside exosomes too (Figure 2F, *Ctr*). Finally, we asked whether an exposure to fA $\beta$ s<sub>25–35</sub> ± NPS 2143 affected the amount of p-Tau released via exosomes. Our pilot results ( $n = 3$ ) hint that this is indeed the case. In fact, using the same p-Tau-specific ELISA kit we observed that exosome-associated p-Tau increased markedly with fA $\beta$ <sub>25–35</sub>-treated astrocytes as compared to untreated ones, but a 30-min pretreatment with NPS 2143 of the fA $\beta$ <sub>25–35</sub>-exposed cells wholly quelled any exosomal p-Tau surge keeping it at controls' levels (Figure 2F). Further in depth studies will validate and extend these pilot findings.

## CONCLUSIONS AND FUTURE PERSPECTIVES

AD is a complex human illness which is only partially modeled in rodents. Using as paradigm cultured cortical untransformed adult human astrocytes, which differ from rodents' ones from both morphological and functional standpoints (Ogata and Kosaka, 2002; Tsai et al., 2012; Robertson, 2014) and are not killed by accumulating A $\beta$ s (Armato et al., 2013; Dal Prà et al., 2015; Chiarini et al., 2016) has brought to light molecular mechanisms which likely partake in AD's onset and progression. Previous work showed exogenous A $\beta$ s bind the plasma membrane CaSRs of human astrocytes and neurons (Dal Prà et al., 2014a,b). The thus triggered pathological A $\beta$ •CaSR signaling increases the amyloidogenic processing of hAPP which entails a surplus extracellular secretion of endogenous A $\beta$ <sub>42</sub> from both cell types (Armato et al., 2013; Dal Prà et al., 2015; Chiarini et al., 2016). Additionally, A $\beta$ •CaSR signaling elicits neurotoxic surpluses of nitric oxide and VEGF-A production and release from human astrocytes (Dal Prà et al., 2005, 2014b; Armato et al., 2013). Under these multiple neurotoxic insults human cortical neurons start progressively dying (Armato et al., 2013; Chiarini et al., 2015). And the A $\beta$ <sub>42</sub>-os accumulating in the neuropil spread to bind and activate the CaSRs of adjacent neurons and astrocytes, thus promoting further A $\beta$ <sub>42</sub>-os production and diffusion (Dal Prà et al., 2015; Chiarini et al., 2016). Remarkably, a highly selective CaSR antagonist (calcilytic), NPS 2143, effectively blocks the A $\beta$ •CaSR signaling and all of its neurotoxic consequences, preserving human neurons' viability notwithstanding a persisting A $\beta$ -os presence. Thus, from the A $\beta$ s standpoint calcilytics would be effective as anti-AD therapeutics (Armato et al., 2013; Dal Prà et al., 2014b, 2015; Chiarini et al., 2015, 2016).

However, we cannot ignore the main drivers of AD are both A $\beta$ -os and p-Tau-os. It has been argued that p-Tau-os advent precedes A $\beta$ <sub>42</sub>-os' (Braak et al., 2011; Elobeid et al., 2012). But, evidence also exists that A $\beta$ <sub>42</sub>-os manifestation antecedes p-Tau-os' (Leverenz and Raskind, 1998; Klein, 2013; Choi et al., 2014). Beyond question is only that when both A $\beta$ -os and p-Tau-os are present, AD course toward patient's demise briskly accelerates (Ittner and Gotz, 2011). So how this drivers' antinomy might be solved? Our findings show that besides stimulating the pathological amyloidogenic processing of hAPP into A $\beta$ <sub>42</sub>, A $\beta$ •CaSR signaling increases the activity of GSK-3 $\beta$  and hence

the intracellular accumulation of p-Tau in human astrocytes. Next, mixtures of both Tau and p-Tau are enclosed within exosomes and released into the extracellular environment. In the static *in vitro* system we used, a balance is kept between release and reuptake of Tau/p-Tau-containing exosomes. *In vivo*, such Tau/p-Tau-containing exosomes would spread into the neuropil to be taken up by adjacent neurons and astrocytes. Given astrocytes' higher numbers, a persistent A $\beta$ -elicited exosomal p-Tau overrelease would exacerbate the neurons' toxic accumulation of p-Tau favoring their aggregation into pre-tangles and NFTs.

Therefore, our present results raise the enticing prospect that pathological A $\beta$ •CaSR signaling would simultaneously trigger both the A $\beta$ -mediated and the p-Tau-mediated neurotoxic mechanisms driving AD neuropathology. The other exciting facet of these findings is that calcilytic NPS 2143 can fully suppress all the neurotoxic effects A $\beta$ •CaSR signaling wakes up, including the intracellular accumulation and exosomal release of p-Tau surpluses from human astrocytes. Further work will assess whether calcilytics similarly hinder excess p-Tau production/release from A $\beta$ -exposed human cortical neurons. However, NPS 2143 does suppress the A $\beta_{42}$  surplus production and secretion from A $\beta$ -exposed human neurons (Armato et al., 2013). Therefore, it seems feasible that NPS 2143 would block neurons' GSK-3 $\beta$ 's Tau hyperphosphorylating activity too.

In conclusion, with all the advisable caution our preclinical findings deserve, the present perspective suggests CaSR antagonists would block the intracerebral seeding of both AD main drivers, the A $\beta$ s and p-Tau, besides accessory neurotoxic factors like NO and VEGF-A surpluses. Accordingly, if administered early enough, calcilytics would freeze AD

progression and preserve patients' ongoing cognitive abilities and quality of life.

## ETHICS STATEMENT

This research work was approved by the Ethical Committee of the Integrated Verona University-Hospital Co., Prog. No. CE118CESC.

## AUTHOR CONTRIBUTIONS

AC, UA, and IDP conceived the research and designed the experiments. AC, IDP, and EG performed the experiments and collected the results. UA and LG statistically analyzed the data. AC, UA, and IDP interpreted the results. The manuscript was principally written and revised by UA, AC, and IDP. All the authors critically reviewed the manuscript for important intellectual content and approved the final submitted manuscript.

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## SUPPLEMENTARY MATERIAL

The Supplementary Material for this article can be found online at: <http://journal.frontiersin.org/article/10.3389/fnins.2017.00217/full#supplementary-material>

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