

ABvac40 induces anti-A β x-40 plasma specific antibodies that bind with A β vascular deposits in brain slices from humans with cerebral amyloid angiopathy

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BACKGROUND

ABvac40 was designed as the **first active immunotherapy against the C-terminal end of amyloid-beta 40** (A β 40). With established good tolerability profile and robust immune response in AB1601 phase 2 clinical trial¹, characterizing the binding profile of the antibodies elicited by ABvac40 is pivotal for mechanistic insights and specificity. To this end, in this study we comprehensively investigated **the ability of the antibodies raised by ABvac40** in the AB1601 study **to target various A β species and aggregation forms**. Additionally, we assessed **their reactivity against vascular amyloid deposition in human brains with cerebral amyloid angiopathy (CAA)**, which is highly prevalent among Alzheimer's disease patients².

MATERIAL AND METHODS

Dot blot assays were conducted using synthetic A β peptides of different lengths, truncated at both the N-terminal and C-terminal ends. Nitrocellulose membranes were probed with pre-immune and post-immune (after five ABvac40 or placebo inoculations) plasma samples from three patients from placebo arm and six patients from ABvac40 arm (study details were previously presented¹).

Western blot assays were performed using in vitro-generated oligomers, composed of either A β 40, A β 42, or a combination of A β 40/A β 42 (in a ratio 9/1)³. The membranes were incubated with plasma samples from three ABvac40-treated patients (pre-immune and after seven doses of ABvac40).

Immunohistochemistry analysis were carried out on post-mortem human brain paraffin-embedded sections from three patients diagnosed with CAA and three healthy controls (provided by CIEN Foundation Tissue Bank, Madrid). These histological sections were incubated with three post-immune plasma samples (after seven doses of ABvac40), using pre-immune plasma of the same patients as negative control and pre-adsorbed post-immune plasma as a control of specificity.

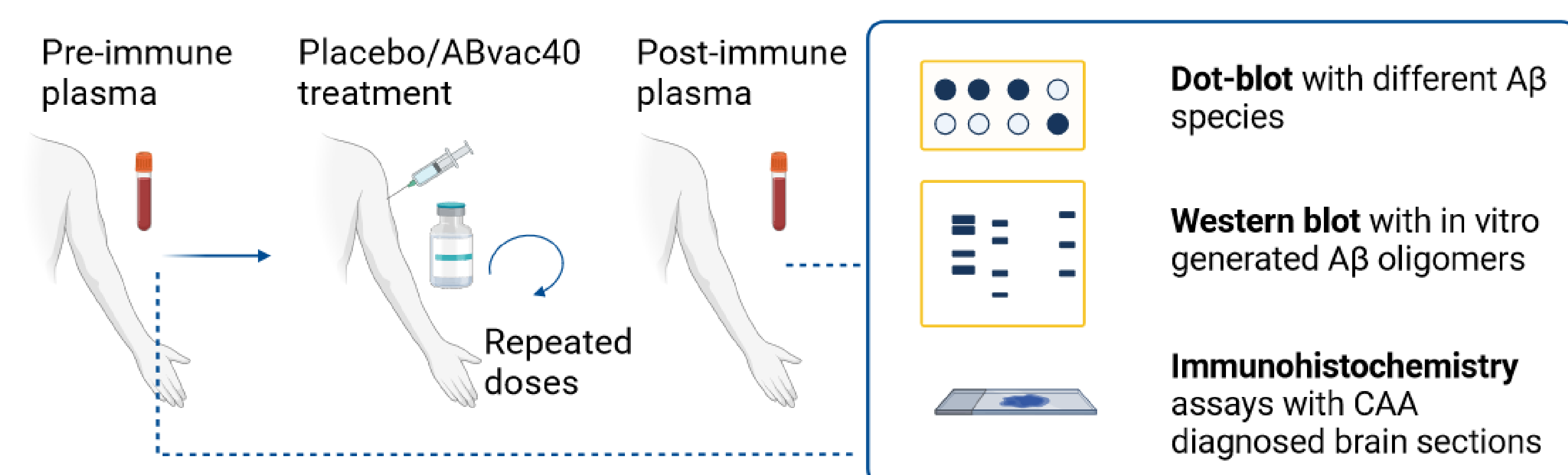


Fig.1- Schematic representation of sample sources and testing procedures in the study. Figure created by Biorender.

RESULTS

Plasma samples from patients treated with ABvac40 exhibited specific **dot-blot immunoreactivity against A β x-40 peptides**, whereas they **did not bind to amyloid peptides ending at amino acids 38, 42 or 43**. Neither the plasma collected before treatment nor the plasma from patients who received placebo demonstrated recognition of any of the peptides examined in the study.

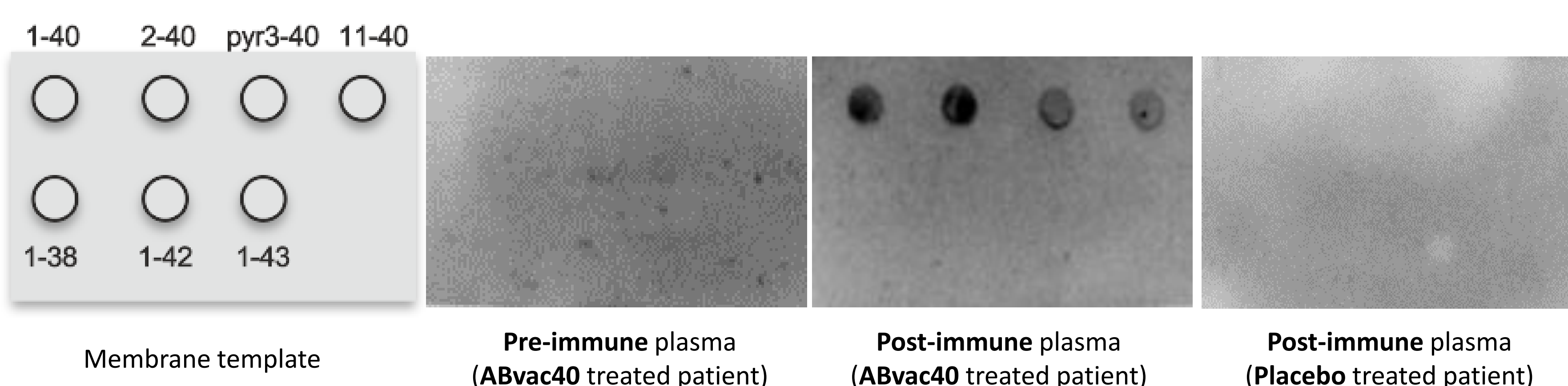


Fig. 2- Dot blot analysis of AB1601 plasma samples with different amyloid peptides sequences.

ACKNOWLEDGEMENTS AND CONTACT

We want to particularly acknowledge the patients and the Biobank Banco de Tejidos CIEN for their collaboration.

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Western blot analysis of oligomers of A β 40 (oA β 40), A β 42 (oA β 42) and a combination of A β 40 and A β 42 (oA β 40/42) revealed that antibodies in plasma samples from ABvac40-treated patients recognized A β 40 in various forms, including monomers, dimers, trimers and higher oligomers. However, these antibodies **did not exhibit any reactivity towards A β 42, either in its monomeric form or aggregated states.**

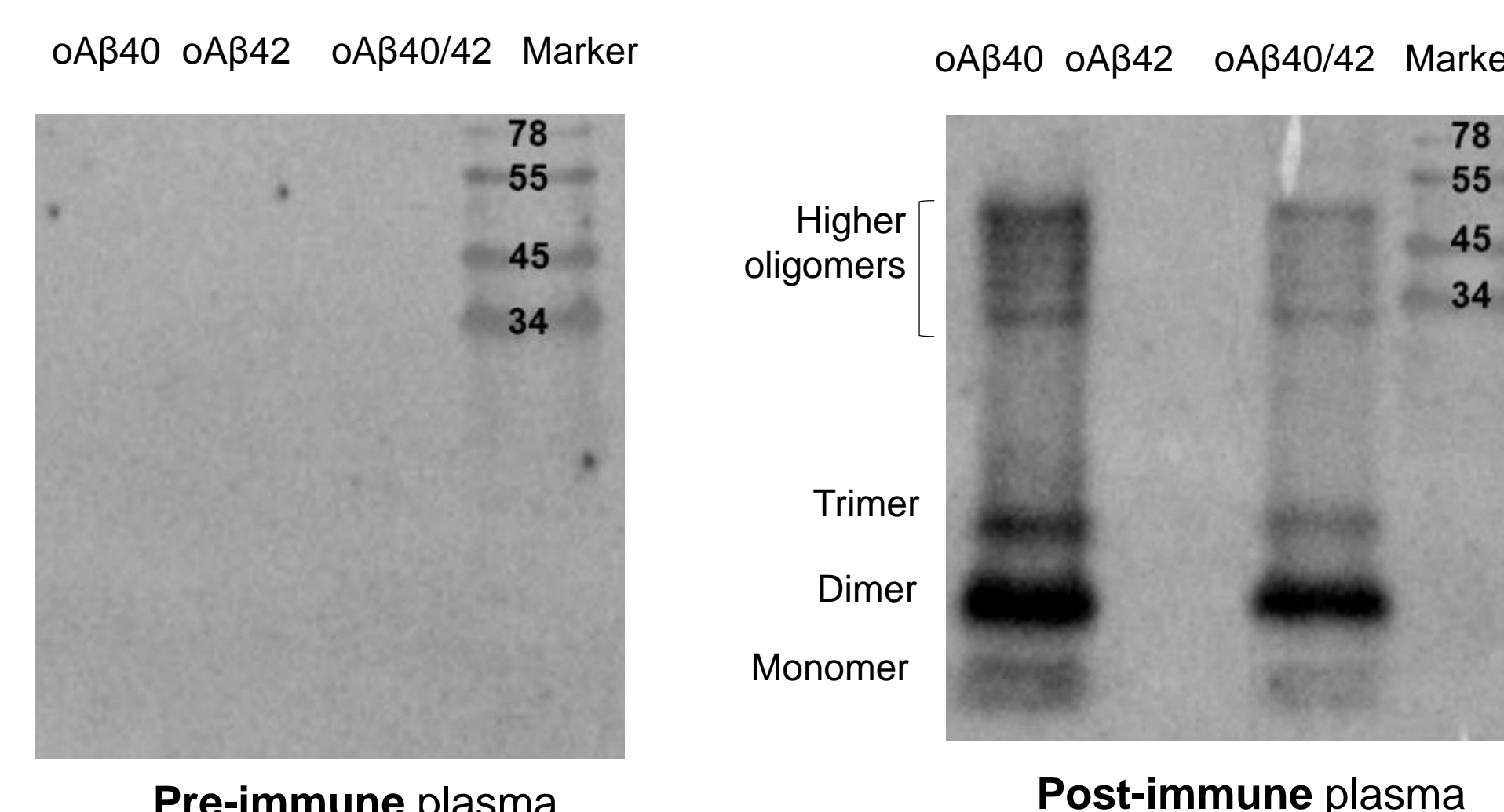


Fig. 3- Western blot analysis of pre-immune and post-immune plasma from a patient of the ABvac40-treated arm. Molecular weights are expressed in kDa.

Staining of occipital **brain tissue sections** from the three neuropathologically diagnosed CAA patients **with all ABvac40-treated plasma samples tested** revealed strong immunoreactivity **against A β vascular deposits** in all types of vessels (**arteries, arterioles and capillaries**). Additionally, **some senile plaques** were also recognized (Fig.4). These signals were absent when using plasma samples obtained prior immunization. The staining specificity was confirmed through pre-adsorption of post-immune plasma with the specific antigen (Fig.5).

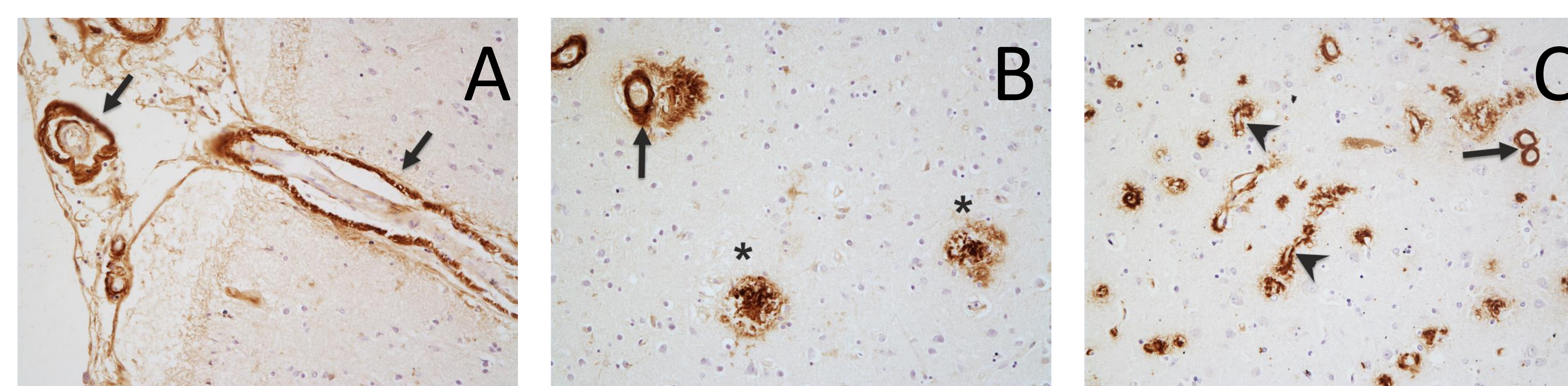


Fig.4- Plasma immunostaining includes all categories of vessels: leptomenigeal and penetrating arteries (arrows in A), arterioles (arrows in B and C) and capillaries (arrowheads in C). Also, some senile plaques are recognized (asterisks in B). Scale bar = 50 μ m.

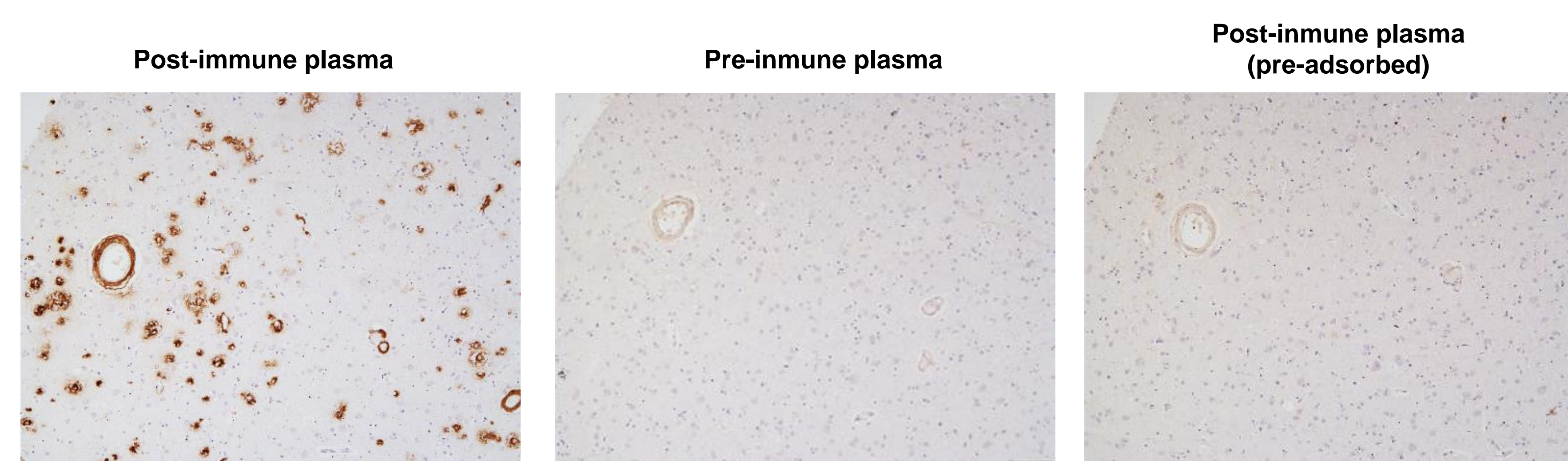


Fig.5- The same region is showed for post-immune, pre-immune and pre-adsorbed post-immune plasma staining. Scale bar= 100 μ m.

CONCLUSIONS

This study demonstrates the **specificity of plasma antibodies triggered by ABvac40**, which recognize the **C-terminal region of A β x-40** peptides in different aggregated states (monomeric, oligomeric, and brain deposits). Binding of ABvac40-elicited antibodies **to vascular and parenchymal amyloid brain deposits** could have an important role in the mechanism of action of ABvac40. We hypothesize that **the interaction of anti-A β 40 antibodies with vascular amyloid could lead to a reduction of amyloid deposition in cerebral vessels**. This could enhance the clearance of brain waste through perivascular spaces, potentially contributing to cognitive improvement, while maintaining an excellent safety profile as demonstrated previously. However, additional studies are needed to better understand the mechanism of action of ABvac40.

REFERENCES

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