

# Tauopathy Immunotherapy

see [Anti-acetylated-tau immunotherapy](#)

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Immunotherapy for tauopathies aims to harness the immune system to target and clear pathological forms of tau protein, which accumulate and aggregate in the brain, causing neurodegeneration. Here are key approaches and advancements in tauopathy immunotherapy:

Types of Tau Immunotherapy Passive Immunotherapy:

**Monoclonal Antibodies:** These are lab-produced antibodies that specifically target abnormal tau proteins. They can be designed to recognize and bind to different forms of tau, such as phosphorylated tau, oligomeric tau, or aggregated tau. Examples: BIIB076: Targets N-terminal fragments of tau. ABBV-8E12 (tilavonemab): Binds to the microtubule-binding domain of tau. Gantenerumab: Targets extracellular tau. **Active Immunotherapy:**

**Vaccines:** These aim to stimulate the body's immune system to produce its own antibodies against tau. Vaccines can be designed using various forms of tau peptides or proteins to elicit a specific immune response. Examples: AADvac1: A vaccine designed to generate antibodies against tau peptide fragments. ACI-35: Targets phosphorylated tau and is designed to induce a robust immune response against pathological tau. **Mechanisms of Action Antibody-Mediated Clearance:**

Antibodies bind to pathological tau, marking it for clearance by microglia, the brain's resident immune cells. This process can reduce tau aggregates and prevent the spread of tau pathology from cell to cell. **Inhibition of Tau Aggregation:**

Some antibodies can block the aggregation of tau, preventing the formation of neurofibrillary tangles. **Reduction of Tau Seeding and Spread:**

Pathological tau can spread from one neuron to another, seeding new tau aggregates. Immunotherapy can target extracellular tau, reducing this spread. **Current Research and Clinical Trials** **Preclinical Studies:** Animal models of tauopathy are used to test the efficacy and safety of new antibodies and vaccines. These studies often show promise in reducing tau pathology and improving cognitive function. **Clinical Trials:** Multiple clinical trials are underway to evaluate the safety, tolerability, and efficacy of tau immunotherapies in humans. These trials are conducted in phases, starting with small-scale safety studies (Phase 1), followed by larger efficacy trials (Phase 2 and 3). **Examples of Clinical Trials:** BIIB076: Evaluated in Phase 1 trials for safety and tolerability in Alzheimer's disease patients. ABBV-8E12: Tested in Phase 2 trials for progressive supranuclear palsy (PSP) and Alzheimer's disease. AADvac1: Undergoing Phase 2 trials to assess its effect on cognitive decline and tau pathology in Alzheimer's patients. **Challenges and Considerations** **Target Specificity:** Ensuring antibodies or vaccines specifically target pathological tau without interfering with normal tau function. **Blood-Brain Barrier:** Developing strategies to deliver antibodies effectively across the blood-brain barrier to reach tau aggregates in the brain. **Immune Response:** Managing potential side effects related to immune activation, such as inflammation or autoimmune reactions. **Disease Stage:** Determining the optimal timing for immunotherapy, as early intervention may be more effective than treating advanced tau pathology. **Future Directions** **Combination Therapies:** Exploring the use of tau immunotherapy in combination with other treatments, such as anti-amyloid therapies or neuroprotective agents, to address multiple aspects of neurodegeneration. **Biomarkers:** Developing

reliable biomarkers to monitor disease progression and treatment response, helping to tailor therapies to individual patients. Personalized Medicine: Understanding the genetic and molecular differences among patients with tauopathies to develop more personalized treatment approaches. Conclusion Tauopathy immunotherapy is a promising approach for treating neurodegenerative diseases characterized by tau pathology. Advances in monoclonal antibodies and vaccines offer hope for slowing or halting disease progression. Ongoing research and clinical trials will be crucial in determining the efficacy and safety of these therapies and in optimizing their use in clinical practice.

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