Aβ Amyloid Scaffolds the Accumulation of Matrisome and Additional Proteins in Alzheimer's
Disease.

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Abstract

We report a highly significant correlation between human Alzheimer's disease (AD) brain proteome
changes and those in CRND8 APP$_{695NL/F}$ transgenic mice. Comparing protein changes observed in the
CRND8 mice with co-expression networks derived from human Alzheimer's disease (AD), reveals both
conserved and divergent module changes. Many proteins in the most highly conserved module (M42,
matrisome) accumulate in plaques, cerebrovascular amyloid (CAA), dystrophic neuronal processes, or a
combination thereof. Overexpression of two M42 proteins, midkine (Mdk) and pleiotrophin (PTN), in
CRND8 mice brains leads to increased accumulation of Aβ in plaques and in blood vessels; further,
recombinant MDK and PTN enhance Aβ aggregation into amyloid structures. Multiple M42 proteins bind
to fibrillar Aβ42 and a non-human amyloid fibril *in vitro*. Supporting this binding data, MDK and PTN co-
accumulate with transthyretin (TTR) amyloid in the heart. Notably, our findings establish that proteomic
changes in modules observed in human AD brains define an Aβ amyloid "responsome" that is well
conserved from mouse models to humans. Further, distinct amyloid structures appear to serve as
scaffolds, facilitating the co-accumulation of proteins with signaling functions, and this co-accumulation
may contribute to downstream pathological sequalae. Overall, this contextualized understanding of
proteomic changes and their interplay with amyloid deposition provides valuable insights into the
complexity of AD pathogenesis and potential biomarkers and therapeutic targets.

INTRODUCTION

The amyloid cascade hypothesis (ACH) serves as a foundational framework for comprehending the pathogenesis of Alzheimer's disease (AD) [1,2]. Recent evidence from anti-amyloid immunotherapies, developed based on this hypothesis, offers the initial therapeutic validation, affirming the central tenet that Aβ deposition plays a role in the AD pathogenic cascade [3-5]. These antibodies target the early symptomatic phase of AD demonstrating robust reductions in brain Aβ amyloid, slowing AD decline, but not halting or reversing it. Collectively, these findings reinforce the previously proposed notion within the field that, by the time symptoms manifest, the influence of amyloid itself is limited, while additional pathologies may become self-reinforcing or irreversible [6].

Despite extensive investigation, significant gaps in our understanding of AD pathogenesis remain [2,7,8]. The initial notion of a purely linear amyloid cascade, whereby Aβ amyloid deposition in sequence triggers neurofibrillary tau pathology, neuronal degeneration, immune responses, and clinical AD symptoms, is now recognized as overly simplistic. Studies utilizing proteomic, transcriptomic, metabolomic, pathological, and biomarker approaches have unveiled the intricate complexity of changes occurring over decades in the brains of individuals as various AD hallmark pathologies emerge [7,9-24]. These investigations reveal potentially non-linear and multifaceted alterations that affect all major cell-types in the brain, ultimately resulting in regional and widespread organ failure.

At a systems-level, these pathological and cellular changes manifest as fluctuations in protein levels, transcript quantities, and metabolite concentrations, even in brain regions where significant pathology may not be apparent [13]. This further underscores the complexity of AD pathogenesis and highlights the need to consider diverse factors contributing to disease progression beyond the core proteins implicated by the ACH or genetic studies. Comprehensive analyses incorporating multi-omic datasets such as those generated by the Accelerating Medicine Partnership for AD (AMP-AD) and other consortiums provide crucial insights into the systems pathobiology of AD, enabling a more nuanced comprehension of the disease's dynamic processes occurring at the cellular and molecular [7,9-24].

Typically, systems-level omic studies alone cannot establish cause and effect relationships. However, by combining strong correlational inference with omics obtained from different AD stages, we can generate hypotheses regarding causality or the role of these changes in the disease. To determine whether these omic-level changes are a consequence of disease or play a more fundamental role in pathogenesis, it is essential to i) compare the data across related disorders and disease models, ii) integrate the data with genetic risk and biomarker information, and iii) directly manipulate the levels of the altered proteins or RNAs in various model systems to observe their impact on pathophysiology potentially relevant to human AD. By undertaking these approaches, we can gain deeper insights into the significance of omic-level changes in AD, going beyond their descriptive nature and unraveling their potential role in the disease process.

Here, we performed quantitative tandem mass tag mass spectrometry (TMT-MS) based proteomics analyses of the brains from CRND8 transgenic mice at various ages and compared these findings to human proteomic data previously generated from >500 subjects from the Religious Orders Study/Memory and Aging Project (ROSMAP) and Banner Sun Health cohorts [9]. We find robust and highly significant correlation in global proteome changes in human AD brain compared to CRND8 transgenic mouse models. Through integration of protein changes observed in mouse models with co-expression networks derived from human AD, we resolve conserved and divergent network module changes between humans and mice. Multiple proteins that map to the M42 matrisome module, accumulate in Aβ plaques, cerebrovascular amyloid (CAA) and/or dystrophic neuronal processes. We also demonstrate that overexpressing two M42 proteins, midkine (Mdk) and pleiotrophin (PTN), in CRND8 mice leads to accelerated accumulation of Aβ, accompanied by dramatic Aβ amyloid increases in blood vessels linked to CAA. Moreover, *in vitro*

experiments using recombinant MDK and PTN reveal their ability to enhance Aβ aggregation into amyloid
structures. Surprisingly, we find that many M42 proteins exhibit binding to fibrillar Aβ and non-human
amyloid fibrils *in vitro*. Supporting this association, both MDK and PTN co-accumulate with transthyretin
(TTR) amyloid in the heart. These findings establish several critical insights. First, that specific proteomic
or module changes observed in human AD brains result from amyloid deposition. Second, amyloid
structures seem to serve as scaffolds, facilitating the co-accumulation of proteins such as MDK and PTN
with well-established signaling functions. This comprehensive understanding of proteomic changes and
their interplay with amyloid deposition provides valuable insights into the complexity of AD pathogenesis
and potential biomarkers. More specifically, they suggest that antagonizing MDK and/or PTN binding to
amyloid could be a therapeutic strategy.

RESULTS

Deep TMT MS proteomes from 6, 12and 18M CRND8 APP Mice

We have generated TMT-MS proteomic data from the 8M urea extracts of the brains of 6 months (M)
12M and 18M CRND8 mice and non-transgenic (non-Tg) controls (Figure 1, Table S1-S5). We identified
8561, 10066, and 10543 proteins in the 6M, 12M and 18M cohorts with <50% missing values. In the 6M
cohort, CRND8 mice show 1097 significant differentially expressed proteins (DEPs) with 172 increased and
65 decreased by more than 20% (Figure 1A). In the 12M cohort, 2340 DEPs are detected with 454
increased and 327 decreased by more than 20% (Figure 1B). In the 18M cohort, 2244 DEPs are detected
with 639 increased and 450 decreased by more than 20% (Figure 1C). Notably, proteomic changes in 12M
and 18M cohorts are highly reproducible (R^2=0.8129 p<$1e^{-200}$) (Figure 1D), despite being close, but not
precise biological replicates. Indeed, out of the 1006 proteins that were significantly altered and detected
in both cohorts only 8 were discordant and for these the log2 fold change (log2 Fc) was modest. Such
data indicate that using small cohorts of CRND8 mice and matched non-Tg brains with varying levels of
amyloid deposition, we can reliably and reproducibly detect proteomic alterations and that these changes
increase with age in this transgenic mouse model of rapid and robust Aβ deposition.

Both full-length APP and specific peptides mapping to the human Aβ peptide sequence also
distinguishes Tg from non-Tg mice in all cohorts, consistent with human transgene expression and
increasing deposition of Aβ (Figure 1A-C, Table S1). Other proteins previously shown to interact with APP
such as (Apbb1 (Fe65), Vac14, Rufy2, Tnfrsf21) are also altered at various ages in the CRND8 proteome
and several of these (Apbb1, Vac14, Rufy2) show relatively stable alterations across the age groups
suggesting that these may be related to mutant APP overexpression and not linked to Aβ or the response
to Aβ accumulation per se (Table S1) [25-27]. Top gene ontology (GO) terms for the DEPs increased in all
cohorts highlight heparin and glycosaminoglycan binding, amyloid fibril formation and regulation,
vacuolar and lysosomal transport, and immune phagosome and vesicular and lysosomal transport,
integrin binding and extracellular matrix (ECM) organization (Figure 1E). Top ontology terms for the
decreased DEPs in all cohorts highlight impacts on lipid binding, synaptic vesicle regulation and
neurotransmitter release, mitochondrial membrane, and neurogenesis and axogenesis. (Figure 1E).

In the 12 and 18M cohorts there is an appreciable rightward shift in the volcano plots reflecting many
proteins that show an age dependent increase in protein level indicating such changes may reflect the
evolving "responsome" to enhanced accumulation of Aβ. A subset of the proteins that show the largest
fold change increase have been observed to be altered in other APP mouse models and in humans
[9,10,14,18,28,29] (Table S1). However, in this study using the older CRND8 mice which have extensive
parenchymal amyloid deposition in the forebrain and hippocampus and cerebrovascular amyloid
deposition (CAA) in the cerebellum, we appear to detect a more comprehensive picture of the alterations
in the proteome in response to Aβ deposition in the brain. Top gene ontology (GO) and KEGG terms for
the DEPs that are significantly increased in the 18M CRND8 cohort by log2 Fc > 0.2 and increase by more

than 2-fold relative to the change observed in the 6M cohort highlight endosomal and lysosomal
processes, axonogenesis and neurogenesis, ECM organization, nitric oxide and superoxide metabolism,
and glycosaminoglycan degradation, and many other processes (Figure 1G). Limiting the input for these
analyses to the subset of proteins with significant log 2Fc > 1 in the 18M cohort, highlight oligodendrocyte
differentiation, synaptic signaling and organization, glycoprotein and, heparin, sulfur compound binding,
ECM, and neurogenesis and axogenesis (Figure 1H). Top gene ontology (GO) and KEGG terms for the DEPs
that are significantly decreased in the 18M CRND8 cohort by log2 Fc < -0.1 and decrease by more than 2-
fold relative to the change observed in the 6M cohort highlight terms around neurotransmitter
localization and synaptic function, neurogenesis and axogenesis, signal transduction and protein
localization to membrane rafts (Figure 1I).

156   Integration of the AD human brain and CRND8 mouse brain proteome reveals both conserved and
157   divergent changes.

To better understand the similarities and differences in protein levels between human AD and control
brains and in theCRND8 Tg and non-Tg mouse brain, we leveraged an extensive proteomic network
analysis and the resulting modular framework from human AD and control brains that has been previously
published. Using identical TMT-MS methodologies, we have built a deep consensus proteomic network
of >8,600 proteins from the dorsal lateral prefrontal cortex of >500 subjects from the Religious Orders
Study/Memory and Aging Project (ROSMAP) and Banner Sun Health cohorts [9]. This network was
constructed using the weighted gene co-expression network algorithm (WGCNA) and consists of 44
modules that reflect multiple biological and cell type processes, many of which are altered in AD. Globally,
when the levels of 7588 overlapping proteins are compared between the 18M CRND8 Tg and non-Tg
brains and AD and control brains there is a significant correlation ($p<1e^{-9}$, $R^2=0.158$) (Figure 2A); the
strength of the correlation is increased when filtering on the significant DEPs (n =709) in both the CRND8
and human AD brain proteomes relative to respective controls ($p<1e^{-9}$, $R^2=0.458$) (Figure 2B). Comparison
of the 6M CRND8 proteome changes with AD reveals a much weaker correlations for all overlapping
proteins (n=6794, $p<1e^{-9}$, $R^2=0.018$) (Figure 2C) but still a strong correlation for shared DEPs ($p<1e^{-9}$,
$R^2=0.438$) albeit with many fewer shared DEPs (n=161) (Figure 2D). Notably, the correlation for proteins
is stronger than for the correlations between protein coding mRNAs in 20M old CRND8 mice vs. non-Tg
mice brains and human AD and control brain superior temporal cortex from Mayo Clinic AD vs. control
RNAseq data (orthologous protein coding RNAs, n=13066, $R^2=0.079$; all shared DEGs, n=1399, $R^2=0.276$,
Figure S1) [12,30].

Inclusive correlations of all proteins shared within each of the human modules revealed select
modules with high overall correlations in terms of directionality and magnitude of changes, and modules
with negative correlations (Figure 2E). More granularly, when we assess the CRND8 mouse proteome
changes by evaluating the DEPs and preservation of direction of change within the human AD brain
module structure (Figure 2F), we find that there are number of modules in which there is a high degree
of preservation between the CRND8 mouse to human proteome in terms of DEP representation. There
are also modules for which many DEPs are discordant in terms of directionality, as well as modules where
the preservation of directionality is mixed (referred to as non-concordant). Modules showing strong
preservation and shared DEPs with increased levels are M42 (Matrisome), M11 (ECM), M7 (MAPK
Signaling), M24 (Ubiquitination), M25 (Sugar Metabolism), M19 (Angiogenesis), M12 Cytoskeleton, M39
(Translation Initiation), M21 (MHC/Immune), M38 (Heat Shock), M43 (Ribonucleoprotein), M12
(Cytoskeleton), M3 (Myelination) and M17 (Translation). Modules showing strong preservation and
shared DEPs with decreased levels are M22/M5 (Postsynaptic Density), M1 (Synaptic Transmission), M4
(Synapse), M2 (Mitochondria) and M33 (Hormone Secretion). Discordant changes are observed in M9
(Golgi), M44 (Viral Transcription), M29 (Glycosylation) M28 (Ribosome/Translation), M23 (GTPase
Activity), M34 (GTP Binding), M8 (Protein Transport), M30 (Proteasome), M16 (RNA Processing), and

M20/M13 (RNA Splicing). Examples of the cross-species correlations observed between all proteins within
individual modules detected between the human AD proteome and the 18M CRND8 proteome are shown
in Figure 2G and Figure S2. These correlations range from robust and significant (M42, M11, M4) to
modest but significant (M7, M25, M2) to absent (M29).

Human AD protein modules show increased magnitude of change in aged CRND8 brains.

The human proteome and modular network included brains of individuals who had no reported
cognitive decline yet neuropathologic criteria of AD. These were referred to as asymptomatic AD (Asym
AD). Here we assessed the synthetic eigenprotein levels in the three CRND8 cohorts to evaluate how the
overlapping mouse proteins within these modules change over age and how they compare to the modular
eigenprotein changes in human Asym AD, and AD (Figure 3 and Figure S3). These data show that across
many modules there is an increase in the magnitude of the eigenprotein change with preserved
directionality as CRND8 mice age (e.g., M42, M11, M21, M7, M1, M9). Other modules show different
patterns of change in the cohorts. For example, M15 (Kinase activity) and M2 (mitochondria) show
increased eigenproteins in the 6M cohort and then decreased eigenprotein in the older cohorts, whereas
M3 (Myelination) shows a decreased eigenprotein at 6M and then increased at later timepoints. Such
data demonstrate that the DEP changes observed often show progressive changes over the age range
studied and reveal complex relationships between age, pathology, and proteome changes.

Correlations between Protein and RNA changes in the 18M CRND8 brains.

In human brain, the overall correlation between changes in mRNA and protein levels between AD and
control brains is weak [9]. Here we directly compared the protein and RNA levels in the 18M CRND8 cohort.
Analyzing the correlation between the changes in 9319 common gene products detected in the 18M
CRND8 vs non-Tg proteome at the protein and mRNA levels (Figure S4A) reveals a weak correlation, which
is on par with the overall correlation observed in the human brain (protein vs RNA changes in AD vs Control
DLPFC) [9]. However, when these data are analyzed within the framework of the protein modular networks,
a more complex relationship between changes in mRNA levels and protein levels is observed (Figure S4B-
D, Figure S5). For example, within M42 there is no correlation between protein and mRNA levels in either
human or mice. However, for modules M11 and M21 there is robust and highly significant correlation
between protein and mRNA levels in the CRND8 mouse brain. A more modest, but still highly significant,
correlation is observed in the same modules in human AD brain.

Validation of the proteome changes -focus on M42.

We have taken a multifaceted approach to validate the protein changes observed with a major focus
on M42 proteins, the module with the most robust changes in CRND8 and strongest correlations between
mice and human brains. We also included studies of additional DEPs identified only in the CRND8
proteomes that based on biological inference relating to the protein being secreted, a component of the
ECM, and known or inferred (based on homology) binding to heparan sulfate (HS) or heparan sulfate
proteoglycans (HSPGs) likely had biological roles relevant to M42. We thus refer to this group of proteins
as M42+. Several additional DEPs, which showed a log2 Fc >1 in the 18M cohort (Ctss, S100a6, Rev3l),
were also targeted in this validation even though they had no obvious links to M42 biology. There was a
manifold rationale for the primary focus on M42+ proteins. First, M42 was strongly associated with both
core pathological features of AD and cognitive decline and both APOE and APP/Aβ were present in the
network. Second, M42, as shown above, was the most conserved module between human AD and CRND8
mice. Third, with a few notable exceptions, protein changes appeared to be dissociated from changes in
RNA, implicating possible disruptions in proteostasis. Fourth, many M42 proteins show the largest log2 Fc
between AD and control brain and in many cases even more striking log2 Fc changes in CRND8 mice.
Finally, M42 proteins, represent a mix of DEPs, several with links to AD and amyloid pathology, but others
with little or no previous links to AD and amyloid.

Mdk and Ptn co-accumulate with Aβ in plaques and CAA.

We focused initial validation studies at the brain tissue level, as successful detection of the DEP *in situ*
would enable us to put the protein changes in pathological context. As exemplars of these studies, we
highlight work on midkine (Mdk) and pleiotrophin (Ptn). Mdk and Ptn are homologous small secreted
signaling molecules known to interact with HS/HSPGs and signal through a set of overlapping receptors
(Sdc1-4, Ptprz1, Ptprb, Lrp1, Ncl, and Integrins α4β1, α6β1, α5β3) [31,32]. In the TMT-MS data, Mdk is
significantly increased in all three cohorts studied (log2 Fc) and has the largest log2 Fc of any DEP in the
6M cohort, whereas Ptn shows significant increases in the 12 and 18M cohorts. Neither mRNA is altered
in bulk transcriptomic studies of human AD brain or APP CRND8 mice brains, though the mRNA levels
(Fpkm) are significantly higher for Ptn than Mdk in both human and mouse brain. Select Mdk/Ptn
receptors are also altered at the protein level in human AD, CRND8 or both. For example, Sdc2 and Sdc4
are significantly increased in AD and CRND8 brains; Ptprz1 is significantly downregulated in CRND8 brains;
Lrp1 is significantly upregulated in AD and CRND8 brains; one isoform of Ncl is decreased in 18M CRND8
mice; Itga4 and Itgb4 are increased in both CRND8 and AD; Itga5 and b3 are increased in CRND8 mice
(Table S1).

Immunostaining for Mdk or Ptn shows both exhibit a high degree of overlap with Aβ in CRND8 mice
(Figure 4A) and in human brain (Figure 4B). Not only do Mdk and Ptn co-localize to plaques (Figure 4A),
but they also co-localize to Aβ amyloid in blood vessels associated with CAA, which is most easily observed
in CRND8 in the meningeal vessels of the cerebellum (Figure 4A). In humans, MDK and PTN are detected
in both plaques and CAA deposits (Figure 4B). Though both Ptn and Mdk are detected in plaques, they
show distinct staining within the cored plaques (Figure 4B-D). Mdk is more prominent in the center of the
plaque core in mice and intensity of staining decreases towards the plaque periphery (Figure 4C). Ptn
staining is almost the mirror image of Mdk, and it is localized more on the periphery of the fibrillar plaque.
In many plaques Ptn does not stain the center where Mdk is most strongly localized (Figure 4C, D). In
contrast, in humans, though MDK is more intensely detected in the plaque center, the entire plaque is
typically stained, and PTN diffusely stains the fibrillar plaque (Figure 4B). In CAA in the CRND8 mice, both
Ptn and Mdk non-homogenously label amyloid deposits detected by Thioflavin S (Thio S) (Figure 4D). In
vessels there are some areas where Ptn staining does not overlap with Thio S staining, this might be
attributable to expression in pericytes, as Ptn is highly expressed in these cells. Further, staining of Mdk
and Ptn in CRND8 mice brains shows co-localization with plaques from 3-12M, as well as staining of
plaques in numerous lines of APP transgenic mice (Figure S6A).

Western blot analysis of 8M Urea extracts from 20M CRND8 mice brains shows an almost qualitative
accumulation of both Mdk and Ptn in both male and female CRND8 brains, relative to the non-transgenic
lines, suggesting that TMT-MS methodology may underestimate the true fold change in protein levels
(Figure S6B) [33]. As a characteristic feature of Aβ deposited as amyloid is lack of solubility by strong
detergent extraction. We examined the crude solubility profiles of Mdk and Ptn in CRND8-Tg brains
sequentially extracted with TBS, RIPA, 2% SDS and 8M Urea (Figure S6C). Though relatively low levels of
Mdk and Ptn are detected in the TBS and RIPA extracts, the largest amounts were present in the 2% SDS
fraction and none was detected in the 2% SDS insoluble urea soluble fraction. Notably, the relative
proportion of Mdk or Ptn appearing in each extraction was similar in both the CRND8 Tg and non-Tg brains.
This lack of change in gross solubility as the proteins accumulate suggests that they are not undergoing
an amyloid-like structural change, which is typically associated with detergent insolubility [34].

Validation of additional M42+ DEP changes.

We initially screened many commercially available antibodies to proteins in M42, few of these
antibodies worked in paraffin embedded tissues (Tables S11, S12). We thus, generated many new rabbit
polyclonal antibodies. Data showing these antisera can detect the target protein, is provided in Figure

S8A. In mice, we evaluated antibody staining of Tg and non-Tg brains in formalin, paraformaldehyde, and
ethanol fixed sections. As shown in Figure 5A, we find that many of these antibodies stain amyloid plaques
in CRND8 mice (non-Tg controls are shown in Figure S7A). These suggest that many M42+ proteins
accumulate, at least in part, due to sequestration within plaques. In mice, a curious feature of these
studies is that the localization of the proteins with the plaques is often morphologically distinct. Slit2, Vtn,
Olfml3, Ndp, Rev3l, Ntn1, Hhipl1, Bmp6, Ctss, Frzb, Sema3e, Smoc2 and Nog are preferentially localized
within the plaque center as observed for Mdk. Col25a1 and Dmp1 appear in the more peripheral regions
of the fibrillar plaque akin to Ptn. Another subset shows more diffuse homogenous staining of the plaques
(e.g., Vtn, Sdc4, S100a6). Still others show a patchy, nonhomogeneous, staining of the plaques (e.g., Hgf,
Spock1, ApoD, Egfl8, C1qTnf4, Slit3), which may in part be attributable to staining of dystrophic structures
around or within the plaque. In addition, we find that fixation conditions can dramatically impact the
staining pattern observed and that the effects of fixation are antibody dependent (Figure S7B). Dual
labeling studies with Aβ or Thio S and a subset of these proteins reinforce the different location within
the plaque of select M42 proteins. Finally, except for Mdk, Col25a1 and Ptn which appear to stain most
non-diffuse plaques, we note that only a subset of the plaques detected by Aβ immunohistochemistry is
stained (Figure 5A). As the anti-Aβ monoclonal used for staining has subnanomolar affinity, additional
studies will be needed to further evaluate the extent of co-localization using additional immunologic
reagents.

CAA Aβ deposition is easily assessed in the cerebellum of 12M CRND8 mice. In Figure 5B we show the
subset of antibodies that stain CAA. In addition to Mdk and Ptn a smaller group of the M42+ DEPs are
detectable in CAA Aβ deposits (Col25a1, Olfml3, Htra1, Smoc1, Sulf1, Frzb, Egfl8, C1qtnf4, Smoc2, Nog).
All of these can also be shown to co-localize with Thio S staining in the vessels (Figure S6C).

Several M42 CRND8 DEPs show staining adjacent to the fibrillar plaque (Figure 5C). Spock3, Bmp6, Frzb,
and Nog, show staining patterns highly consistent with the classic dystrophic neurites (DN) often
visualized with anti-ubiquitin or other DN markers. In contrast Col25a1, Vtn, Rev3l, Sdc4, S100a6, Egfl8,
Spock1, and Flt1 show peri-plaque staining that is distinct from the classic DN pattern. In addition,
selective staining of reactive astrocytes is noted for Htra1, Sulf1, Sfrp1, Hhipl1, Spock3, Sema3d, and
Smoc2 (Figure S7D).

We have been able to localize a smaller subset of the M42 proteins in AD postmortem brain tissue
(Figure 6). EGFL8, C1QTNF4, COL25A1, HGF, SDC4, NTN1 and SMOC2, all show staining in plaques (Figure
7A). We would note that EGFL8 was not detected in the TMT-MS studies in human brain, but Egfl8 was
detected as a DEP in CRND8 mice. OLFM3, SPOCK3, SPOCK1, show staining of dystrophic structures around
plaques (Figure 7B). SULF1, SFRP5 and SFRP1 stain reactive astrocytes (Figure 7C).

In supplementary Table S9, we compile the staining observed and annotate our findings versus previous
studies in the field, we also classify the cell type expression observed for the proteins that we detect in
these immunohistochemistry studies using data available at the Allen brain atlas [35]. The extended M42+
members appear to arise from multiple cell types representing all major brain cell types. This is consistent
with the biological annotations of M42 (matrisome, ECM) and likely reflects extracellular processes
regulating or responding to abnormal extracellular protein accumulation. Many of the mRNAs encoding
these proteins are expressed at low levels (< 5 Fpkm). Further within the M42 DEPs only Olfml3, which is
selectively expressed by microglia, shows significant increase in mRNA levels in the 18M RNAseq data. In
previous RNAseq studies of CRND8 mice brains, we have found that Olfml3 mRNA levels are increased at
6, 12 and 20M. Ctss and S100a6 also show significant increases in mRNA levels, but as noted previously,
are not part of the core M42 module, and the associated increase in both mRNA and protein likely reflects
reactive gliosis. In addition to these immunohistochemical studies and data on Mdk and Ptn, we can also

demonstrate increases in the brains of older CRND8 mice of Vtn, Htra1, Smoc1, Frzb, ApoD and Nog
western blot analysis of the CRND8 mice (Figure S8B).

Mdk and Ptn overexpression increase parenchymal amyloid and CAA in CRND8 mice and accelerate amyloid aggregation in vivo.

Given the robust data showing the co-localization of Mdk and Ptn with both plaques and CAA Aβ
deposits and the early increase observed in the 6M TMT-MS data for Mdk, we evaluated the impact of
rAAV-mediated overexpression of Mdk or PTN on amyloid deposition in 2 cohorts of CRND8 mice. The
first study examined the impact of P0 ICV injection of rAAV2/8 vectors encoding Mdk or PTN after 3
months of age, the second at 6M of age. In both cohorts, similar impacts are observed, for brevity we will
primarily describe the 6M analysis here (Figure 7). The 3-month overexpression data is presented in Figure
S9A-C. Widespread over expression of Mdk and PTN is detectable in the brain in both cohorts. Even in the
small early compact plaques in the 3M cohort it is possible to detect Mdk and PTN staining within the
plaques. Mdk and PTN both increased parenchymal plaques (Figure 7A) and CAA (Figure 7B) as assessed
by immunohistochemistry. In previous studies of CRND8 mice we have not noted sex differences in
amyloid deposition or other phenotypes, though these studies were not designed to be powered to detect
sex differences, post hoc analyses do not reveal any major impact of sex. Both also increased Aβ levels in
SDS and Formic Acid (FA) fractions, but not in the RIPA fractions (Figure 7C). These studies establish that
overexpression of either Mdk and Ptn can accelerate amyloid deposition into fibrillar plaques and CAA in
two cohorts. In the 6M cohort, we also evaluated reactive gliosis using IHC for Gfap and Iba1. Both Mdk
and PTN increased astrocytosis assessed by Gfap staining, and PTN increased microgliosis as assessed by
Iba1 staining.   Mdk overexpression also increased Iba-1 staining but this elevation was not significant
(Figure S9D). We also assessed the impact of recombinant PTN and MDK on amyloid aggregation *in vitro*
using standard THT fluorescence assays (Figure 7D). Both reproducibly and significantly accelerated Aβ42
aggregation. Mdk also increased Aβ40 aggregation, whereas only a small impact for PTN on Aβ40
aggregation was observed. End of assay total THT fluorescence was also increased in all cases except for
the Aβ 40 PTN study, suggesting increased β-sheet formation.

Select M42+ proteins bind to Aβ fibrils and an amyloid derived from a non-human peptide, non-homologous peptide.

Many M42 proteins are known or can be inferred by study of other family members to be HS/HSPG
binding proteins. We have performed limited studies on heparin interaction with Mdk and Ptn and can
confirm strong interactions with immobilized heparin (Figure S10). We evaluated a larger number of these
for the potential to interact with Aβ42 fibrils and a non-homologous amyloid formed from a 12 amino acid
adenovirus shaft peptide (AVS fibrils) [36,37]. For these studies we turned to a simple amyloid-pulldown assay
to screen for interactions with insoluble amyloids [38-40]. As M42 proteins contain numerous intrachain
disulfide bonds and other post translational modifications (PTMs), we expressed a subset of these proteins
in HEK293 cells and collected conditioned media containing the secreted proteins. Aβ42 fibrils or the AVS
fibrils were then incubated and spun down to evaluate potential interactions with amyloid structures. For
the subset of proteins which we were able to detect in the media, we can show that APOE4, Mdk, Vtn,
Ptn, Olfml3, Htra1, Smoc1, Sulf1, Frzb, ApoD, C1qTnf4, Smoc2, and Nog bind both Aβ42 and AVS amyloids
(Figure 8A). Sfrp1 is a notable exception as we only observed it binding to Aβ fibrils in this assay. Such
studies provide initial data that many of these proteins bind a generic amyloid structure.

PTN and MDK are colocolized with transthyretin (TTR) amyloid in the human heart.

Though the amyloid pulldown assay shows the ability of multiple M42 proteins to interact with a
generic amyloid structure, we wanted to orthogonally test this hypothesis by evaluating whether some of
these proteins may accumulate in other human amyloid diseases. For these studies we have focused on
in situ detection of MDK and PTN, as the antibodies for these robustly detect these proteins in formalin

fixed human tissues. As shown in Figure 8B we find that both MDK and PTN co-localize with TTR amyloid
in the heart (the third most prominent human amyloid disease) [41]. A series of TTR cardiac amyloid cases
show consistent co-localization of both MDK and PTN with the TTR amyloid fibrils (data not shown).

DEPs in CRND8 mice in the context of AD genetic studies.

Previous transcriptomic studies of APP mice have suggested that very highly upregulated DEGs are
enriched for genes under AD GWAS loci or known genetic risk factors for AD [42]. To examine whether DEPs
in the CRND8 mice might provide similar insights, we integrated data from three previous GWAS studies
of AD to evaluate whether DEPs in CRND8 mice reflect some aspects of the genetic architecture of human
AD (Table S1, Figure 9A) [43-45]. Integration of the 18M CRND8 TMT-MS data with these AD genetic studies
show that many established AD risk genes and prioritized GWAS loci (e.g., *APOE, BIN1, TREM2, CLU,*
SORL1, ACE, ADAM17, SORT1, INPP5D) are DEPS in the 18M CRND8 mice. Abca1, recently implicated as
genetic risk factor for AD, is also a DEP in both the 12m and 18M CRND8 cohorts [46]. Notably multiple
M42+ proteins besides APOE show nominal significance in the GWAS studies including *COL25A1, SMOC1,*
HTRA1, DMP1, MDK, SDC4, SPOCK2, NXPH1, and *C1QTNF4*, the latter of which lies in the *CELF1* locus and
shows the highest p value of M42 members for AD association. Finally, we note that Grn, Sppl2a,
Tmem106b and Notch3 are all DEPs in the 18M CRND8 proteome. *GRN* and *TMEM106B* are genetically
associated with FTD-GRN, and SPPL2A is known to cleave TMEM106B potentially linking it to the biology
of FTD-GRN [47,48]. Further, *NOTCH3* mutations are associated with CADASIL [49]. Given debate over genetic
pleiotropy or inclusion of non-AD dementia in the large GWAS studies (clinical phenocopy inclusion) [50,51],
these data suggest there are biological links between proteins implicated in FTD and CADASIL and amyloid
pathology in AD. A final intriguing observation from these data is that multiple proteins near the *APOE*
*l*ocus are DEPs in the CRND8 mice. There is conservation of the extended *APOE* locus between mice and
humans, and such data may point to complex biology around the *APOE* locus that could contribute to AD
risk.

DEPs in CRND8 mice in the context of AD CSF biomarker studies

We also evaluated the 18M cohort CRND8 DEPs in the context of human AD CSF biomarker studies, for
this integration we chose a recent data set in which AD and control CSF were compared using a highly
similar proteomic pipeline for both TMT-MS data generation and analysis [52]. However, we would note that
this data shows significant overlaps with other large scale proteomic analyses of AD versus control CSF [52-
62]. Of the 1839 in the human CSF proteomes 257 of these are significantly altered and of these 62 are
significantly changed in the 18M CRND8 mice brains. 39 of these changes are congruent in directionality
between the mouse brain and human CSF and 23 are discordant in directionality (Figure 9B, Table S13).
Notably, 29 of the 18M DEPs are significantly altered in the same direction in human AD brain as in the
mouse model, irrespective of direction of change in CSF, and only 5 show a discordant directionality with
human AD brain change. Overall, these data support a hypothesis that some significant and reproducible
changes in human CSF may reflect changes in the brain related to amyloid.

DISCUSSION

By integrating newly generated deep TMT proteomic data from CRND8 mice brains with previously
generated large-scale data from human AD brain, we have begun to define the $A\beta/A\beta$ amyloid
"responsome" that is partially conserved between this mouse model of $A\beta$ deposition and human AD [9,10].
Within select protein modules, DEP and overall protein changes are highly concordant; however, the
presence of multiple discordant protein network modules and modules that are simply not concordant,
reinforce the concept that these transgenic mice are incomplete models of AD [9,10,30]. Nevertheless, these
data and analyses establish a paradigm for contextualizing changes that occur in human AD and provide
an unbiased view of the degree to which a model system reflects, or does not reflect, the complex
proteomic changes in the human AD brain. Indeed, there is much debate about what defines a "better

mouse model", these data suggest that a comparative omics approach particularly those that analyze the
proteome, can provide a less biased manner to address this question [63,64].

As discussed in detail below, we have primarily focused validation studies on M42, the most
concordant module between human and mice, a module that in humans correlates best with amyloid and
tau pathologies and strongly correlates with cognitive status [9,10]. However, we document other
concordant modules and discordant or non-concordant modules as well. This modular framework may
offer initial insights into what aspects of AD pathology the mice mimic and what modules they do not, but
validation and contextualization of these will be required to better understand how these modules fit into
the complex architecture of AD pathology [2].

As CRND8 mice do not show overt neuronal loss [65], the finding that numerous modules relating to
neuronal and synaptic function (M1, M4, M5, M22, M33) show conservation is intriguing. Numerous APP
models, including CRND8 mice have been shown to have synaptic alterations[66-68], and in many cases these
alterations occur at relatively early ages [63,69,70] . Notably, our data show a progressive impact on synaptic
protein modules as assessed by eigenprotein levels. However, for the majority of human and mouse
proteins in these modules the magnitude of change as assessed by TMT-MS is quite small. Of interest,
neuritin (Nrn1) and small glutamine-rich tetratricopeptide repeat-containing protein β (Sgtb) which are
implicated in cognitive resilience to AD pathologies are both consistently downregulated DEPs in the older
CRND8 cohorts [71,72] . Nevertheless, these studies highlight the disconnect between Aβ amyloid deposition
models and human AD, as these models do not progress to an overt neurodegenerative state and lack
tangle pathology.

Several of the eigenprotein changes in the CRND8 brains assessed in the context of the human AD
modular framework show a consistent alteration in directionality and an increased separation between
Tg and non-Tg from 6M to 18M (e.g., M42, M28, M11, M12, M4, M23). Other modules, such as M3
(Myelination, down at 6M and up at 12/18M) and M15 (Kinase Activity, up at 6M, down at 12/18M) show
discordant directionality across the cohorts. Notably, for myelination there is evidence in other APP mice
models that there are temporal changes in oligodendrocyte lineages and myelin that may be consistent
with this data [73-75] and, more generally, there is growing evidence for oligodendrocyte lineage and myelin
alterations in AD [76-78] and other tauopathies [76,79]. However, these specific proteomic changes need to i) be
validated in this model and ii) further contextualized by refining these proteomic and validation studies
through inclusion of a broader cross-sectional series of ages and additional models with differential
temporal sequence of amyloid deposition.

We also may need to refine how we view concordant, non-concordant, and discordant changes
between the model and human protein modular networks. A good example of this is M21, the
MHC/immune module, though the correlation within this module not significant, in general most proteins
in this module are upregulated in both human and mice, however, in humans the protein upregulation of
immune module is much less robust, although transcriptome upregulation is significant in both human
and mouse brains in the context of AD [11,80]. This data suggests that mice respond to amyloid deposition
with a more robust innate immune response than humans, perhaps because of i) the compressed time
frame for amyloid deposition in these models ii) impacts of aging on the human brain which may alter
baseline immune status [81,82] or iii) inherent interspecies differences in synthesis and clearance of these
proteins.

More broadly, future studies will be needed to guide our understanding of the proteomic changes in
mouse models that mimic human AD and those that do not. Similar deep proteomic studies on tau mice
might inform on protein modules more related to neurofibrillary pathology. We also should consider that
discordant modules in mice such as upregulation of M9 (Golgi) that includes ER to Golgi trafficking

proteins and lysosomal hydrolases and proteases, might serve protective functions that could impact the
appearance of downstream pathologies and overt neurodegeneration in the models [83,84].

To build a highly significant deep TMT-MS proteome from human AD brain required hundreds of
samples [9,10], in contrast we find that using small cohorts of CRND8 mice that we can generate highly
reproducible data. Further by looking at cohorts of different ages we can infer changes that might be
attributable to transgene overexpression versus increasing level of Aβ deposition. The CRND8 mouse is a
robust and aggressive model of amyloid deposition [65]. CRND8 mice have shown a very reproducible
phenotype across many studies, with no easily discernable sex-based impacts on pathological phenotypes
[39,68,85]. Notably our data is highly consistent with previously published proteomic data on 5X FAD mice,
but because of the depth, multiple ages, and larger groups sizes we appear to be cataloging a larger
number of proteomic changes [14,29]. From a translational point of view, these data reinforce the notion
that preclinical studies probing impacts of therapies targeting amyloid or pathologies downstream of
amyloid should not just be tested in younger mice with limited amyloid deposition but should also be
evaluated in the context of impacts on older mice with extensive amyloid deposition.

For the reasons described previously, we focused validation efforts on the M42+ module. We had
known from previous studies that several of the core M42 members including APP, APOE and COL25A1
accumulate in amyloid plaques [86-90]. Here we provide additional evidence that many of the core human
M42 module are present in plaques in mice (Mdk, Ntn1, Smoc1, Sdc4, Olfml3, Sfrp1, Spock1, Frzb, Htra11,
Slit2), we also show that many other proteins emerging from the CRND8 proteome (Vtn, Dmp1, Ndp,
Rev3l, Hgf, HHipl1, S100a6, Bmp6, Ctss, Sema3e, Apod, Egfl8, C1qtnf4, Smoc2, Nog and Slit3) are also
present in the plaques in mice. A subset of these M42+ proteins also are found in CAA, others in dystrophic
processes around plaques and others in reactive astrocytes. We have successfully localized a smaller
number of these proteins to plaques and other pathological features in humans. Given the conserved
protein changes in mice and humans seen by proteomic analyses, this discrepancy may be attributable to
fixation conditions and epitope exposure, which may differ between mice and humans. Our current data
showing how fixation conditions can alter the pathologies detected by select antibodies in mice, highlight
the importance of developing multiple high-quality antibodies to extend and further validate these initial
pathological assignments.

Notably, two proteins Egfl8 and Hgf were only detected and present as DEPs in the CRND8 proteome,
but both HGF and EGFL8 appear to be plaque components in humans. Such findings serve as an exemplar
of the power of utilizing a model system to inform on human pathology. Further, these studies broadly
serve as a strong affirmation of the power of WGCNA to inform pathobiology of a complex disease [91].
Indeed, M42 is the most conserved protein module network between CRND8 mice and human AD and
shows the strongest correlation with amyloid and cognitive decline in humans [9,10]; these validation studies
highlight its direct links relevant to amyloid pathology or response to amyloid pathology.

Some of the more nuanced data emerging from these validation studies relate to the unique patterns
of localization of these proteins within fibrillar plaques. This feature has been most rigorously studied for
Mdk and Ptn which show unique and reciprocal distributions in the CRND8 plaques, and distinct
distributions in human plaques. Overall, there appear to be four general patterns of staining. The first
pattern is like Mdk, whereby the core of plaques is labeled most intensely, the second pattern, like Ptn,
shows more intense peripheral staining of the plaque, a third pattern, such as seen with Sdc4, shows a
very homogenous staining of the entire plaque and a fourth pattern, such as seen with Egfl8, shows patchy
non-homogenous staining. Such data along with data showing that only a subset of parenchymal plaque
associated proteins are detected in CAA, raises many questions about the nature of these interactions
and the differences and similarities of not only CAA and plaque amyloid, but also even the concept that
structural interactions may vary even within a single plaque. Direct studies of the human CAA proteome
have also found increased levels of OLFML3, PTN and HTR1A, along with other known CAA components

(e.g., APOE, CLU, APCS) [92,93]. Further study of CAA and cerebral autosomal-dominant arteriopathy with
subcortical infarcts and leukoencephalopathy (CADASIL) vessels' proteomes shows overlap with each
other, but also reveal extensive and broad overlap with many M42 DEPs [92,94]. As Notch3 and Htra1 are
increased DEPs in CRND8 mice, and we have been able to detect Htra1 in vessels, further study of CAA
and its impact on the proteome is warranted. Indeed, there is emerging evidence that sequestration of
HTRA1, a serine protease, with NOTCH3 in CADASIL leads to HTRA1 loss of function and accumulation of
select HTRA1 substrates [92,94]. Such data could account for the similarities between CADASIL and cerebral
autosomal recessive arteriopathy with subcortical infarcts and leukoencephalopathy (CARASIL), the latter
of which is caused by heterozygous loss of function mutations in *HTRA1*. Such data suggest that HTRA1
accumulation in CAA and in plaques might have similar impacts and contribute to CAA driven vascular
dysfunction in AD.

The data showing that overexpression of Mdk or PTN in the CRND8 brain results in increased CAA and
parenchymal Aβ amyloid suggests that these proteins have a direct impact on amyloid deposition, and
therefore represent novel therapeutic targets in AD. As both proteins can accelerate aggregation of Aβ
and bind preexisting amyloid fibrils *in vitro* we hypothesize they act as amyloid chaperones likely directly
impacting the rate of Aβ aggregation. However, Mdk is known to have impacts on myeloid cell lineages
and its co-accumulation in plaques could theoretically impact microglial mediated clearance either
through gain or loss of function [95,96] Ptn, which signals largely through the same receptors as Mdk, could
have similar impacts as well [97]. Thus, it is also plausible that these proteins may also influence cell
mediated clearance of Aβ. More broadly, additional studies will be needed to evaluate the impact of not
only Mdk and Ptn but the many co-accumulating proteins on not amyloid deposition itself, but also the
cellular responses to the deposits. Though a previous study had noted that a Mdk knockout crossed into
an APP transgenic line resulted in increased amyloid deposition, we would note this data is simply
anecdotal [98]. Non-Tg mice Mdk and Ptn knockouts were studied, and claimed to increase amyloid
deposition, but in that study the antibody 6E10, which is highly selective for human Aβ was used to stain
"plaques". Thus, such results are likely artifactual.

HS and HSPGs along with chondroitin sulfate proteoglycans (CSPGs) have long been implicated in the
biology of AD and other amyloid deposits [99]. HS and select HSPGs core proteins (e.g., HSPG2, ACAN) have
been shown to accumulate in plaques or dystrophic neurites. HSPGs have also been reported to accelerate
Aβ aggregation and mediate internalization of extracellular tau [100]. In these proteomic studies, we detect
HSPG2, ACAN, and multiple CSPGs but they are minimally altered in either mice or the human AD
proteome (Table S1). In contrast, in human AD, GPC4,5; SPOCK1-3; and SDC2,4 are much more robust
DEPs and many of these are core M42 module members. In CRND8 mice Gpc1,5; Spock1-3 and Sdc2,4 are
also robust DEPs (Table S1). Further, gene ontology strongly demonstrates heparin and glycosaminoglycan
biology related biological processes upregulation in aged CRND8 mice brains (Figure 1).

We have not systematically evaluated heparin binding as a surrogate for HS/HSPG binding of many of
the M42+ proteins studied here, but we find MDK and PTN secreted from mammalians cells bind robustly
to heparin. We do find that a subset of the M42+ proteins secreted by human embryonic kidney 293
(HEK293) cells bind Aβ42 amyloid and a non-human, non-homologous amyloid fibrils [36,37]. This subset of
M42+ proteins was pragmatically chosen simply based on proteins which were secreted and detectable
in the media of transiently transfected HEK293 cells. This data led us to explore whether MDK and PTN
might be components of peripheral amyloids and we find both accumulate in TTR cardiac amyloid.
Neither have been previously detected, even in extensive laser capture proteomic studies of cardiac
amyloid deposits [101]. As HS/HSPGs are common components of amyloids, these studies suggest that there
may be very complex multipartite structural interactions between amyloid, HS/HSPGs and these co-
accumulating proteins which may prove challenging to unravel.

Given the intensive studies of both Aβ amyloid and peripheral amyloids, it is somewhat surprising that
we and others are finding numerous additional proteins co-accumulating with amyloid [14,28,29,101,102]. In
both the human and mouse studies brain tissue was extracted with 8M urea; thus, we are studying the
total detectable urea solubilized proteome and not the detergent insoluble proteome. Indeed, for Mdk
and Ptn in mice brains we find no gross change in solubility, despite the large increase in the Tg mouse
brains. Following SDS-extraction, no residual protein is detected in the Urea fraction. These initial
solubility studies likely explain why many of these proteins are not detected in detergent insoluble
fractions typically used to isolate amyloid, they simply may not be there.

Our current data and data from others reveal numerous proteins that co-deposit with Aβ amyloid.
Further, given the large number of proteins showing age progressive increases in the CRND8 mice brain,
it is highly likely that over time many additional proteins will be found to accumulate with Aβ amyloid and
perhaps other disease relevant amyloids as well. Indeed, two recently identified components of Aβ
plaques, Pycard and Mfge8, are increased DEPs in our data, but in the 18M old CRND8 cohort rank 296th
and 300th in terms of log2 Fc [103,104]. In the human AD proteome, PYCARD is significantly increased (log2
Fc=0.06), and MFGE8 is detected but not increased. Cleary not all proteins upregulated will be
components of plaques, but these data clearly point to biology of amyloid that is much more complex
than previously appreciated, and that the response to amyloid deposits may also be equally as complex.

Despite thousands of studies and numerous hypotheses, there is ongoing debate as to how amyloid
or Aβ aggregate pathology drives cellular dysfunction that leads to the neurodegenerative phase of AD
[2,7,8]. More generally, this debate extends to all amyloid disorders and how amyloid accumulation causes
tissue damage [34,41,105]. Indeed, extensive efforts have been made to identify more toxic species or
conformers (e.g., oligomer, protofibril, dimer, specific fibrillar conformer) [106]. Our current data, along with
previous studies of proteins that co-accumulate with amyloid, offer an alternative hypothesis to the
concept that amyloid or some distinct amyloid-like aggregate is a direct toxin [70,107]. We term this the
"amyloid scaffold" hypothesis (Figure S11) and posit that if amyloid deposits can scaffold the accumulation
of numerous proteins than perhaps the accumulation of these proteins mediates downstream
pathophysiology. Both toxic gain of function and loss of function mechanisms need to be considered.
Accumulation of proteins within amyloid deposits could lead to gain of normal function if these proteins
retain activity or if such binding activates a novel signaling pathway. Sequestration in the deposit could
result in loss of function and reduced levels in the surrounding tissue. If solubility of select proteins
accumulating in the amyloid deposit is not changed, then these proteins may retain signaling function.
Indeed, many of the proteins we detect in plaques and CAA are known signaling molecules and through
either loss or gain of function mechanisms their accumulation could impact dystrophic neurite and
reactive glia in the local plaque microenvironment or cells in the vessel wall. In the heart MDK, though
shown to have some cardioprotective effects, can also promote intimal hyperplasia whereas PTN have
been shown to have angiogenic effects [108-110]. Thus, this hypothesis may have relevance for peripheral
amyloidoses as well. There are also intriguing parallels between this concept of amyloid as a scaffold for
pathological process and functional amyloids which have been proposed to mediate their biological
effects in part through a scaffolding mechanism (reviewed in [111]).

As with many biologic responses, it is important to consider that the accumulation of proteins in the
plaque is not simply a bystander effect, but part of the response to amyloid as a danger associated
molecular pattern [81,112]. The amyloid "scaffold" and amyloid (or oligomer) as "direct toxin" hypotheses are
not mutually exclusive. Amyloid fibrils and oligomers are potent activators of microglia and myeloid cells
and soluble oligomeric and protofibrillar aggregates can mediate many impacts on different cells [30,70].
Proteins that interact with an amyloid or oligomer structure could be actively involved both in clearance,
coating, and neutralization of the structure to reduce toxicity, or some combination of these. Other

components may simply be bystanders, at least with respect to impacts on amyloid deposition, but once
present could still mediate pathology by altering signaling gradients. er.

There is extensive data that APOE and CLU interaction with Aβ/Aβ amyloid deposits alters the local
cellular response, and influence amyloid deposition itself[86-88,113,114] Because of their genetic association
with AD, they are also considered therapeutic targets, though it has been challenging to develop
therapeutic approaches that modulate APOE or CLU and show robust preclinical disease modifying
impacts [115]. We have not yet explored studies in knockout mice, however, overexpression studies suggest
that Mdk and PTN, like APOE and CLU, can increase amyloid deposition and both also increase CAA. It will
be intriguing to evaluate the impacts of the larger set of proteins that are now being shown to co-
accumulate. We might speculate that some will promote amyloid deposition, others might block it and
still others might simply bind without altering kinetics of deposition. Our initial data suggest that many of
these co-accumulating proteins could be considered as novel therapeutic targets, but additional probes
of their biology will be necessary to determine their role in disease and their druggability.

Integrating data from genetic studies of AD and the DEPs in the CRND8 mouse brain, reinforces links
between many established AD genes or prioritized genetic loci and AD risk genes and regulation of
Aβ catabolism and deposition or response to Aβ deposition. This integration also provides an additional
criterion that might be considered when prioritizing studies in loci with multiple candidate genes. Indeed,
multiple proteins that are within M42, co-deposit with amyloid, or both and show nominally significant
associations with AD. Integration of CRND8 proteome with AD CSF biomarkers shows that many proteins
significantly altered in human AD CSF are DEPs in the brains of an amyloid depositing mouse model. Again,
these data suggest that these CSF biomarkers might reflect the impacts of amyloid pathology on the AD
brain. With the approval of immunotherapies that can dramatically impact amyloid deposition it will be
intriguing to determine if this subset of CSF AD biomarkers is altered in response to such therapy. Recently
SMOC1 and SPON1, two core M42 members have been found to be altered in concert with decreases in
Aβ42/40 ratios in the CSF of individuals with dominantly inherited AD [57]. Further, Smoc1 is a highly
reproducible highly upregulated AD CSF biomarker [53,57,61,116].

In summary, this contextualized understanding of AD and APP mouse model proteomic changes
provides insights into the true molecular complexity of AD pathogenesis and informs on biomarkers and
therapeutic targets related to amyloid deposition. Though we have i) validated some of the more robust
protein changes in the proteomic analyses, ii) provided pathological insight related to a subset of these
proteins, and iii) generated initial modeling and biochemical data to support potential pathobiological
roles, there is still much to be learned about amyloid and its role in AD pathophysiology and in other
amyloid disorders. Clearly, future integrative omic studies can build off and refine these current studies,
especially by incorporating models of additional pathologies relevant to AD and other amyloid disorders.

Limitations of the study

We commented on the many limitations of this multifaceted study in the results and discussion, but
several overarching limitations are highlighted here. First, the pathological validation studies vary with
respect to the confidence in the findings. Classic criteria suggest two antibodies or antisera to two distinct
epitopes of the target protein are needed to confirm presence in pathological setting. A subset of the
pathological findings is based on a single antibody or antisera. However, we would note that this criterion
was often utilized in an era when additional data (e.g., proteomic based) was lacking. Second, we do not
have extensive proteomic data from human brains with amyloid deposition prior to the presence of other
pathologies. Thus, we have limited our integration of the mouse data to human brain data which has a
spectrum of AD pathologies. This fact limits inference as to which proteomic changes in humans are truly
amyloid driven. Third, the lack of analyses of a group young enough to lack amyloid deposition or
alternatively a manipulation that alters amyloid loads, impose some interpretative limitations on the data

with respect to changes driven by amyloid or mutant APP overexpression. Nevertheless, given the
multiple layers of orthogonal and integrative data used in this study we believe that this study begins to
capture and contextualize proteomic changes in AD and a mouse model of amyloid deposition in a way
that will inform downstream studies for many years.

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METHODS

Cloning and cell culture. All cDNAs used were synthesized by Genscript (Piscataway, NJ) and subcloned into pCDNA3.1 vector, the rAAV2-CBA expression vector pCTR4 [117], or both. All cDNAs incorporated a FLAG epitope tag (DYKDDDDK) on the -COOH terminal. To overexpress the genes, 2.7 μg plasmid were transiently transfected into HEK 293T cells in a 6-well dish using polyethylenimine (PEI). Media was replaced with FBS free Opti-MEM after 18 hr incubation. Cells and conditioned media were collected after another 24 hr incubation. Bis-Tris precast gels (Bio-Rad, Hercules, CA) were used for all SDS-PAGE. 50 μg cell lysate by total protein and 30 μl media of each sample were loaded. Western blot was developed using monoclonal anti-FLAG M2 antibody and anti-β-actin (Sigma-Aldrich, Inc, St. Louis, MO).

Animal models and neonatal injections. All animal procedures were approved by the Institutional Animal Care and Use Committee in accordance with NIH guidelines. CRND8 mice were bred in house and housed three to five to a cage and maintained on ad libitum food and water with a 12hr light/dark cyclev. Intracerebroventricular injections of recombinant adeno-associated virus (rAAVs) were carried out on day P0 as described previously[118]. Two microliters of rAAV2/1 encoding Mdk and PTN was administrated bilaterally into the cerebral ventricle. Mice injected with rAAV encoding MDK and PTN were aged 3 or 6 months and euthanized, brains were harvested and one hemibrain was fixed overnight in 4% paraformaldehyde at 4°C followed by processing and paraffin embedding for immunohistochemical staining. The other hemibrain was snap frozen in isopentane on dry-ice and then stored at -80°C until it was thawed and homogenized for ELISA measurements of Aβ peptide levels.

Mouse Brain Histology and immunohistochemistry. Paraffin sections (5 μm) were used for all histology and immunohistochemistry studies. For various antibodies screens two hemibrains from the same mouse were fixed in EtOH or in 4% PFA (alternatively, in 10% Formalin) and embedded into the same block. Antibodies used are listed in Table S11. The slides were scanned by Aperio XT System (Leica Biosystems, Buffalo Grove, IL). Thio-S tissue staining methods were performed as previously described [119]. For studies in mice injected with pAAV-mMdk or pAAV-hPTN, embedded sections were immunohistochemically stained with a biotinylated pan-Aβ antibody Ab5 [120] (1:500) or anti-FLAG antibody (Sigma-Aldrich Inc, St. Louis, IL) and developed using Vectastain Elite ABC Kit (Vector Laboratories, Burlingame, CA) followed with 3,3'-diaminobenzidine (DAB) substrate (Vector Laboratories, Burlingame, CA) and counterstained with hematoxylin. The slides were scanned by Aperio XT System and analyzed using the ImageScope program. In brief, at least three sections per sample, at least 30 μm apart, were imaged and plaque burden was quantified. For three-month old mice, plaque number was calculated by two independent observers.

Human Tissue Histology and immunohistochemistry. 5 μm thick sections of formalin fixed or ethanol fixed, paraffin embedded postmortem brain tissue was deparaffinized in xylene twice for 5 minutes and followed by rehydration in descending ethanol series (100%, 100%, 90%, 70%) for 1 minute each. For Formic acid antigen retrieval, sections were immersed in a 70% Formic acid solution for 20 minutes (where indicated in Table S12). Sections were incubated in 0.1M Tris and 0.005% Tween (or Citrate buffer, where indicated in table below) at high pressure in a pressure cooker for 15 minutes, followed by incubation in a PBS/H_2O_2 solution with 10% Triton-x for 20 minutes to quench endogenous peroxidase. The sections were washed with tap water and then equilibrated to 0.1M Tris for 5 min before blocking in normal horse serum for 20 minutes, followed by blocking in 2% FBS/0.1 M Tris, (pH 7.6) for 5 minutes. After that, primary antibody, diluted in 2% FBS/0.1 M Tris, (pH 7.6) was applied to the section and incubated overnight at 4 °C. Dilutions for each antisera are listed in Table S11. The next day, sections were quickly rinsed in 0.1M Tris and blocked in 2% FBS/0.1 M Tris, (pH 7.6) for 5 minutes before incubating with the secondary antibody (HRP-conjugated ImmPRESS Polymer Reagent, Vector Labs) for 30 minutes at room temperature. Following a quick wash in 0.1M Tris, the signal was developed using 3,3'-diaminobenzidin (DAB, Vector Lab SK-410) for 1-2 minutes and then sections were counterstained with hematoxylin (Mayer's version, Sigma Aldrich) for 1 minute. Next, sections were washed in tap water, and then dehydrated in an

ascending series of ethanol (70%, 90%, 100%, 100%) for 1 minute each, followed by xylene (2 x 5 mins).
Sections were coverslipped using Cytoseal 60 (Thermo Fisher) mounting media and dried overnight.
Aβ ELISAs. After tissue harvesting, the left hemisphere was flash-frozen in isopentane. The frozen cortex
was sequentially extracted with protease inhibitor cocktail (Roche, Basel, Switzerland) containing RIPA
buffer, 2% SDS, and 70% formic acid (FA) as described previously at a concentration of 150 mg/ml. Aβ
levels from the 2% SDS– and 70% FA–extracted samples were quantified using end-specific sandwich ELISA
as previously described [121]. Aβ40 was captured with mAb 13.1.1 and detected by HRP-conjugated mAb5.
Aβ42 was captured with mAb 2.1.3 and detected by HRP-conjugated mAb5. ELISA results were analyzed
using SoftMax Pro software (Molecular Devices, San Jose, CA).
Amyloid-β Aggregation Assay. The effect of midkine (MDK) and pleiotrophin (PTN) proteins on amyloid
beta 1-42 ($A\beta_{1-42}$) aggregation was measured by *in vitro* thioflavin T (ThT) fluorescence assay, as previously
described [122]. Recombinant human $A\beta_{1-42}$ (20 ng/μL equivalent to 5 μM) from rPeptide (A-1170-1) was
incubated in Tris-buffered Saline (TBS; 150 mM NaCl, 50 mM Tris-HCl, pH 7.6), and 20 μM ThT in the
presence or absence of purified recombinant MDK (1.25 ng/μl equivalent to 47 nM) from Sino Biological
(10247-HNAB) or PTN (5 ng/μl equivalent to 327 nM) from R&D Systems (R&D252-PL-050). The final
volume within each well was 100 μL. The assay was conducted in quadruplicates using chilled (4ºC) 96
well black clear bottom plates (Corning, #3904). Fluorescence was captured at 420 Ex, 480 Em for 20 hours
at 15 min intervals at 37ºC using Synergy H1 (Biotek) microplate reader. ThT alone (20 μM) was measured
and subtracted as background fluorescence. A titration curve was also performed with fixed concentration
of $A\beta_{1-42}$ (5 μM) and an increasing concentration of MDK (12 nM, 23 nM, 47 nM and 93 nM) or PTN (82
nM 163 nM and 327 nM). Fluorescence intensities were graphed using GraphPad Prism.
Pulldowns and Western Blot Analysis $A\beta_{1-42}$ fibrils prepared as described above (20 hr incubation) were
precipitated by centrifugation at 10,000 x g. The pellet was resuspended in 8M urea buffer (8 M urea, 100
mm $NaHPO_4$, pH 8.5) and boiled in Laemmli sample buffer (BioRad, 161-0737) at 98°C for 5 min. Proteins
were resolved on Bolt 4-12% Bis-Tris gels (Thermo Fisher Scientific, NW04120BOX) followed by transfer
to nitrocellulose membrane using iBlot 2 dry blotting system (ThermoFisher Scientific, IB21001).
Membranes were incubated with StartingBlock buffer (ThermoFisher, 37543) for 30 min followed by
overnight incubation at 4º in primary antibodies including Aβ (Novus, NBP11-97929), MDK (Abcam,
#52637), and PTN (Abcam, #ab79411) antibodies. Membranes were washed with TBS containing 0.1%
(v/v) Tween 20 (TBS-T) and incubated with fluorophore-conjugated secondary antibodies (Alexa Fluor-680
or Alexa Fluor-800; Invitrogen) for 1 hr at room temperature. Membranes were subsequently washed
three times with TBS-T and images were captured using an Odyssey Infrared Imaging System (LI-COR
Biosciences).
Statistical analysis
Data were analyzed statistically according to the methods specified in each figure legend. Briefly, p values
were obtained as specified by either a one-way ANOVA test with two groups, or for enrichment, by a
Fisher's Exact test. P values were corrected for multiple testing were indicated by Benjamini-Hochberg
FDR correction. For significance of Pearson correlations, Student's test was used.
Proteomic Sample Processing
Each tissue piece was individually homogenized in 300 uL of urea lysis buffer (8M urea, 100 mM $NaHPO_4$,
pH 8.5), including 3 uL (100x stock) HALT protease and phosphatase inhibitor cocktail (Pierce). All
homogenization was performed using a Bullet Blender (Next Advance) according to manufacturer
protocols. Briefly, each tissue piece was added to Urea lysis buffer in a 1.5 mL Rino tube (Next Advance)
harboring 500 mg stainless steel beads (0.9-2 mm in diameter) and blended twice for 5-minute intervals
in the cold room (4°C). Protein supernatants were transferred to 1.5 mL Eppendorf tubes and sonicated
(Sonic Dismembrator, Fisher Scientific) 3 times for 5 s with 15 s intervals of rest at 30% amplitude to
disrupt nucleic acids and subsequently vortexed. Protein concentration was determined by the
bicinchoninic acid (BCA) method, and samples were frozen in aliquots at −80°C. Protein homogenates

(100 ug) were diluted with 50 mM NH_4HCO_3 to a final concentration of less than 2M urea and then treated
with 1 mM dithiothreitol (DTT) at 25°C for 30 minutes, followed by 5 mM iodoacetimide (IAA) at 25°C for
30 minutes in the dark. Protein was digested with 1:100 (w/w) lysyl endopeptidase (Wako) at 25°C for 2
hours and further digested overnight with 1:50 (w/w) trypsin (Promega) at 25°C. Resulting peptides were
desalted with a Sep-Pak C18 column (Waters) and dried under vacuum.
<u>Tandem Mass Tag (TMT) Labeling</u>
Batches 1 and 2 were labeled using the TMT 11-plex kit (ThermoFisher 90406 – Lot# TG273545 and
TG273555) while batch 3 was labeled with TMTPro (ThermoFisher A44520 – Lot# VH311511) according to
manufacturer's protocol. For batches 1 and 2, each sample (containing 100 µg of peptides) was re-
suspended in 100 mM TEAB buffer (100 µL). The TMT labeling reagents were equilibrated to room
temperature, and anhydrous ACN (256 µL) was added to each reagent channel. Each channel was gently
vortexed for 5 min, and then 41 µL from each TMT channel was transferred to the peptide solutions and
allowed to incubate for 1 h at room temperature. The reaction was quenched with 5% (vol/vol)
hydroxylamine (8 µL) (Pierce). For batch 3, each sample (containing 100 µg of peptides) was re-suspended
in 100 mM TEAB buffer (100 µL). The TMT labeling reagents were equilibrated to room temperature, and
anhydrous ACN (200 µL) was added to each reagent channel. Each channel was gently vortexed for 5 min,
and then 20 µL from each TMT channel was transferred to the peptide solutions and allowed to incubate
for 1 h at room temperature. All channels for each batch were then combined (batch 1 used all 11
channels, batch 2 utilized only 10 channel and batch 3 utilized only 8 channels) and dried by SpeedVac
(LabConco) to approximately 150 µL and diluted with 1 mL of 0.1% (vol/vol) TFA, then acidified to a final
concentration of 1% (vol/vol) FA and 0.1% (vol/vol) TFA. Peptides were desalted with a 200 mg C18 Sep-
Pak column (Waters). Each Sep-Pak column was activated with 3 mL of methanol, washed with 3 mL of
50% (vol/vol) ACN, and equilibrated with 2×3 mL of 0.1% TFA. The samples were then loaded, and each
column was washed with 2×3 mL 0.1% (vol/vol) TFA, followed by 2 mL of 1% (vol/vol) FA. Elution was
performed with 2 volumes of 1.5 mL 50% (vol/vol) ACN. The eluates were then dried to completeness.
<u>High pH Fractionation</u>
For batches 1 and 2, dried samples were re-suspended in high pH loading buffer (0.07% vol/vol NH_4OH,
0.045% vol/vol FA, 2% vol/vol ACN) and loaded onto an Agilent ZORBAX 300 Extend-C18 column (2.1mm
x 150 mm with 3.5 µm beads). An Agilent 1100 HPLC system was used to carry out the fractionation.
Solvent A consisted of 0.0175% (vol/vol) NH4OH, 0.01125% (vol/vol) FA, and 2% (vol/vol) ACN; solvent B
consisted of 0.0175% (vol/vol) NH4OH, 0.01125% (vol/vol) FA, and 90% (vol/vol) ACN. The sample elution
was performed over a 58.6 min gradient with a flow rate of 0.4 mL/min. The gradient consisted of 100%
solvent A for 2 min, then 0% to 12% solvent B over 6 min, then 12% to 40 % over 28 min, then 40% to 44%
over 4 min, then 44% to 60% over 5 min, and then held constant at 60% solvent B for 13.6 min. A total of
96 individual equal volume fractions were collected across the gradient and subsequently pooled by
concatenation into 24 fractions. For batch 3, dried samples were re-suspended in high pH loading buffer
(0.07% vol/vol NH_4OH, 0.045% vol/vol FA, 2% vol/vol ACN) and loaded onto a Waters BEH 1.7 um 2.1mm
by 150mm. A Thermo Vanquish was used to carry out the fractionation. Solvent A consisted of 0.0175%
(vol/vol) NH4OH, 0.01125% (vol/vol) FA, and 2% (vol/vol) ACN; solvent B consisted of 0.0175% (vol/vol)
NH4OH, 0.01125% (vol/vol) FA, and 90% (vol/vol) ACN. The sample elution was performed over a 25 min
gradient with a flow rate of 0.6 mL/min. A total of 192 individual equal volume fractions were collected
across the gradient and subsequently pooled by concatenation into 96 fractions. All fractions were dried
to completeness using a SpeedVac.
<u>Liquid Chromatography Tandem Mass Spectrometry</u>
For batches 1 and 2, each of the 24 high-pH peptide fractions was resuspended in loading buffer (0.1% FA,
0.03% TFA, 1% ACN). Peptide eluents were separated on a self-packed C18 (1.9 µm Dr. Maisch, Germany)
fused silica column (50 cm × 75µM internal diameter (ID), New Objective, Woburn, MA) by an Easy nLC
1200 (Thermo Scientific) and monitored on a Q-Exactive HFX mass spectrometer (Thermo Scientific).

Elution was performed over a 120-min gradient at a rate of 250 nL/min or 300 nL/min with buffer B ranging
from 3% to 50% (buffer A: 0.1% FA in water, buffer B: 0.1 % FA in 80% ACN). For batch 1, the mass
spectrometer was set to acquire data in positive ion mode using data-dependent acquisition with top 20
cycles. Each cycle consisted of one full MS scan followed by a maximum of 20 MS/MS. Full MS scans were
collected at a resolution of 120,000 (400-1600 m/z range, 1×10^6 AGC, 100 ms maximum ion injection
time). All higher energy collision-induced dissociation (HCD) MS/MS spectra were acquired at a resolution
of 45,000 (1.6 m/z isolation width, 0.5 m/z offset, 32% collision energy, 1×10^4 AGC target, 86 ms
maximum ion time). Dynamic exclusion was set to exclude previously sequenced peaks for 20 seconds
within a 10-ppm isolation window. For batch 2, the mass spectrometer was set to acquire data in positive
ion mode using data-dependent acquisition with top 10 cycles. Each cycle consisted of one full MS scan
followed by a maximum of 10 MS/MS. Full MS scans were collected at a resolution of 120,000 (400-1600
m/z range, 3×10^6 AGC, 100 ms maximum ion injection time). All higher energy collision-induced
dissociation (HCD) MS/MS spectra were acquired at a resolution of 45,000 (1.6 m/z isolation width, 0.5
m/z offset, 30% collision energy, 1×10^4 AGC target, 86 ms maximum ion time). Dynamic exclusion was
set to exclude previously sequenced peaks for 20 seconds within a 10-ppm isolation window.
For batch 3, each of the 96 high-pH fractions was resuspended in loading buffer (0.1% FA, 0.03% TFA, 1%
ACN). Peptide eluents were separated on a self-packed C18 (1.7 µm Water's BEH) fused silica column
(laser pulled 15 cm × 150µM ID) by Ultimate 3000 RSLCnano (Thermo Scientific). Elution was performed
over a 36-min gradient at a rate of 1ul/min with buffer B ranging from 3% to 50% (buffer A: 0.1% FA in
water, buffer B: 0.1 % FA in 80% ACN). Mass spectrometry was performed with a high-field asymmetric
waveform ion mobility spectrometry (FAIMS) Pro frontend equipped Orbitrap Eclipse (Thermo) in positive
ion mode using data-dependent acquisition with 1.5 second top speed cycles for each FAIMS
compensative voltage (CV). Each cycle consisted of one full MS scan followed by as many MS/MS events
that could fit within the given 1.5 second cycle time limit. MS scans were collected at a resolution of
120,000 (410-1600 m/z range, 4x10^5 AGC, 50 ms maximum ion injection time, FAIMS CV of -45 and -65).
Only precursors with charge states between 2+ and 6+ were selected for MS/MS. All higher energy
collision-induced dissociation (HCD) MS/MS spectra were acquired at a resolution of 30,000 (0.7 m/z
isolation width, 35% collision energy, 1.25^5 AGC target, 54 ms maximum ion time, turboTMT on).
Dynamic exclusion was set to exclude previously sequenced peaks for 20 seconds within a 10-ppm
isolation window.
<u>Proteome Identification and Quantification with Proteome Discoverer</u>
All raw files were analyzed using Proteome Discoverer v2.5.0.400 (ThermoFisher Scientific). MS/MS
spectra were compared to theoretical spectra in a search performed by the Sequest HT search engine,
with parameters specified as: fully tryptic specificity, a maximum of two missed cleavages, a minimum
peptide length of six, fixed modifications for TMT or TMTPro tags on lysine residues and peptide N-termini
(respectively +229.163 or +304.207 Da), carbamidomethylation of cysteine (+57.021 Da), and dynamic
modification of methionine oxidation (+15.995 Da) and N-terminal protein loss of methionine, methionine
loss plus acetylation, or acetylation (-131.040 Da, -89.030 Da, or +42.011 Da, respectively); precursor mass
tolerance was 20 ppm, and Fragment tolerance 0.05 Da. The FASTA database searched was downloaded
from UniProt on August 15, 2020, and contained 91,413 entries, plus one added for human amyloid beta
residues 6-28 (HDSGYEVHHQKLVFFAEDVGSNK). Correction for stable isotope labeling impurity of the TMT
tags used in each of the 3 batches was performed. Proteins reported in the consensus workflow were
filtered by Percolator to 0.005 FDR-passed 1,266,002 PSMs, 0.01 FDR-passed 310,145 peptide groups, and
0.05 FDR-passed 49,656 proteins, including decoys in each case. Strict parsimony principles were followed
to group peptides into proteins so that 11,681 protein parsimony groups represent the full results. A
complete protein-level TMT reporter normalized abundance table is available in Table S3.
<u>Bioinformatic Analyses</u>

Circular heatmap plot of eigenprotein-trait correlations (bicor), native eigenprotein -$\log_{10}$(p) for signed
significance of AD vs control or synthetic eigenprotein Tg vs WT comparison, and the -$\log_{10}$(BH FDR) of cell
type marker enrichment from the one-tailed Fisher's test p value was visualized using the R circlize
package suite of functions using an in-house script. Synthetic eigenprotein calculations used the top 20
percent of hubs ranked by kME, a minimum of 4 hubs per module, calculating the first principal
component of variance in those hubs [9] after mapping cross-species using the biomaRt R package getLDS
function. Effect size correlation plots leveraged the WGCNA verboseScatterplot function for Pearson rho,
least squares fit line, and Student's significance of the Pearson correlation. Boxplots were drawn using the
base R boxplot function, with individual points overlain using the beeswarm package function of the same
name. The stacked bar plot of percent differentially expressed proteins per module was executed using
the DEXpercentStacked function available from https://www.github.com/edammer/parANOVA/ .
Ensemble human AD GWAS MAGMA p values (Table S1) were determined as the mean -$\log_{10}$(p) gene-
level risk for all genes reaching nominal significance in any of the three GWAS studies considered [43-45],
following rollup of SNP-level GWAS summary statistics to the gene-level p value using MAGMA v1.09b.
Gene Ontology Analyses.
Gene ontology enrichment analysis were performed with goseq [123] to identify enrichment in gene
ontology categories and KEGG pathways. For DEGs, up- and down-regulated gene lists will be analyzed
separately. For WGCNA, gene lists from each module will be used as input. Over-represented P-values will
be adjusted for multiple comparisons using the Benjamini–Hochberg (BH) adjustments for controlling
false-discovery rates. An enrichment score will be calculated using an observed-over-expected ratio for
each gene list. GO-BP categories and KEGG pathways were plotted if their BH adjusted FDR reached >=
0.05 and the number of DEGs within each category/pathway was greater than 4. Individual GO terms were
grouped based on their similarity of gene composition computed using the Jaccard similarity index where
J(A,B) = |size of A intersection B| / |size of A union B|. These groupings were then expert-annotated based
on the overarching main function and theme of their constituent members into supergroups. The mean
enrichment and p-values for the union of all member GO terms for each supergroup were calculated for
graphing.
RNA extraction, sequencing and analyses for 18M mouse brains.RNA sequencing data for TgCRND8
transgenic mice was downloaded from Synapse (doi: https://doi.org/10.7303/syn3157182). RNA was
extracted using the RNeasy mini extraction kit with on-column DNase treatment (QIAGEN). RNA quantity
is determined with the Qubit RNA HS assay. RNA quality will be checked via the RNA Integrity Number
(RIN) on an Agilent Bioanalyzer 2100 with the Eukaryote Total RNA Nano chip. Libraries will be generated
polyA enrichment using the Illumina TruSeq Stranded mRNA library prep kit. Libraries will be sequenced
on paired-end, 100 bp runs on the Nextseq 2000 (Illumina) utilizing a pooling strategy that minimized
batch effects from extraction, library preparation.
IFASTQ files were aligned against the mouse genome (GRCm39) and GRCm39.107 annotation using STAR
[124] to generate BAM files. Gene counts were generated from BAM files using Rsamtools
(https://bioconductor.org/packages/release/bioc/html/SummarizedExperiment.html) and the
summarizeOverlaps function with the GenomicAlignments package v1.36.0 [125] . Differential gene
expression analysis was performed with DESeq2 package v1.40.2 using the "DESeq" function with default
settings [126] which fits a generalized linear model for each gene. Subsequent Wald test P-values are
adjusted for multiple comparisons using the Benjamini–Hochberg method (adjusted P-value). Pair-wise
changes in gene expression levels between groups were used to identify DEGs. DEGs will be defined as an
absolute log2 fold change ≥0.5 and an adjusted P-value ≤0.05.IFASTQ files were aligned against the mouse
genome (GRCm39) and GRCm39.107 annotation using STAR [124] to generate BAM files. Gene counts were
generated from BAM files using Rsamtools
(https://bioconductor.org/packages/release/bioc/html/SummarizedExperiment.html) and the
summarizeOverlaps function with the GenomicAlignments package v1.36.0 [125] . Differential gene

expression analysis was performed with DESeq2 package v1.40.2 using the "DESeq" function with default
settings [126] which fits a generalized linear model for each gene. Subsequent Wald test P-values are
adjusted for multiple comparisons using the Benjamini–Hochberg method (adjusted P-value). Pair-wise
changes in gene expression levels between groups were used to identify DEGs.
<u>AMP-AD brain transcriptome and proteomic datasets.</u> Brain transcriptome dataset from Mayo Clinic on
the AD Knowledge Portal was utilized for human vs mouse DEG comparisons). Human and CRND8 mouse
brain RNA sequencing data was downloaded from Synapse (doi: https://doi.org/10. 7303/syn5550404;
https://www.synapse.org/#!Synapse:syn17008858). Mayo RNAseq dataset comprises transcriptome
measures from temporal cortex (TCX, superior temporal gyrus) and cerebellum (CER) the former of which
was utilized in this study. For Non-Tg mice and CRND8 mice a sagitally dissected whole hemibrain was
used. RNA isolation, data collection, sequencing alignment, counting and QC has been described in detail
elsewhere [12,30,76]. EdgeR was used to reprocess both the mouse and human RNA sequencing data [127].
Mouse and human orthologues were identified in a two-step process. Most orthologous genes were first
identified   using   http://alliancegenome.org/downloads,   Database   Version: 5.4.0   on Apr
20, 2023, with "Orthology Filter: Stringent". Then a manual curation of additional orthologues was
conducted using the gOrth serac function on the g:profiler website (https://biit.cs.ut.ee/gprofiler/orth).
Human brain proteomic data was utilized form previous publications. The human proteome data is
available at Synapse (https://www.synapse.org/#!Synapse:syn20933797/wiki/596247).
1350

 FIGURE LEGENDS
1352
Figure 1. TMT-MDS analysis and gene ontologies of CRND8 mice versus non-Tg brains.
(A) Volcano plot of the 6M CRND8 cohort.
(B) Volcano plot of the 12M CRND8 cohort.
(C) Volcano plot of the 18M CRND8 cohort.
(D) Correlation of CRND8 brain DEPs between the 12M (x) and 18M cohorts (y).
(E) Thematic grouping of gene ontology categories of DEPs increased in all CRND8 cohorts.
(F) Thematic grouping of gene ontology categories of DEPs decreased in all CRND8 cohorts.
(G) Thematic grouping of gene ontology categories of DEPs (log 2 Fc > 0.2) and increased by >2 fold in the
18M CRND8 cohort relative to the 6M cohort.
(H) Thematic grouping of gene ontology categories of DEPs (log 2 Fc > 1) and increased by >2 fold in the
18M CRND8 cohort relative to the 6M cohort.
(I) Thematic grouping of gene ontology categories of DEPs (log 2 Fc < -0.1) and decreased by >2 fold in the
18M CRND8 cohort relative to the 6M cohort.
Lists of all genes used for the gene ontology analyses are provided in Table S7.
1367
Figure 2. Integrated mouse and human brain proteome comparison reveals concordant and discordant
changes between CRND8 mice brains and human AD.
(A) 7588 mouse orthologs of human brain proteins quantified in both proteomes of the consensus human
AD brain proteome (AD vs. Ctrl) and the 18M mice (CRND8 Tg vs non-Tg) are compared by their effect size
(log 2 Fc) in human (x) vs. mouse (y). Red numbers indicate number of proteins in each quadrant.
(B) Proteins in panel A were filtered to retain only orthologs nominally significantly changed in both human
and the 18M mice.
(C) 6794 mouse orthologs of human brain proteins quantified in both proteomes of the consensus human
AD brain proteome (AD vs. Control) and the 6M mice (CRND8 Tg vs non-Tg) are compared by their effect
size in human (x) vs. mouse (y).
(D) Proteins in panel C were filtered to retain only orthologs nominally significantly changed in both
human and the 6M mice.
(E) Overview of human consensus brain proteome mapping to the CRND8 mouse brain shows trait
correlations in human (outer two tracks; red, positive correlation to white, no correlation, to blue,
negative correlation), effect size directionality and significance for AD (third track from the outside), the
effect size directionalities and significance for CRND8 Tg vs. non-Tg at 6M, 12M, and 18M in cognate
mouse synthetic modules (Synth eigenproteins, EP), and hypergeometric overlap significance with cell
type marker lists, indicating cell type enrichment of modules in the innermost track. Modules are
numbered M1 to M44, ordered by bicor correlation relatedness (dendrogram), from M6, top left, to M37,
top right, in a counterclockwise direction.
(F) The 44 consensus modules were assessed for fraction of module member proteins achieving
differentially expressed protein (DEP) status, discerning decreased DEPs in disease or Tg as blue, and
increased DEPs as red in a stacked bar chart. Human and mouse bars for each module are shown side-by-
side, left and right, respectively, above each module description. Descriptions below the numbered
identifiers match the order of modules presented in the previous panel (*arrow*). The color of description
text indicates concordant increases (red), decreases (blue), discordant in direction of change (gold), or
non-concordant (black).
(G) Mouse orthologs CRND8 18M Tg vs. non-Tg effect sizes are compared to the AD vs. Control effect sizes,
module by module, with selected modules shown here. Pearson correlation rho and Student's significance
of correlation are provided along with the number of orthologues mapping to each consensus module
plotted. Text color of each module plot title matches the scheme described for the previous panel.

Figure 3. Consensus human AD brain synthetic module eigenproteins in mouse show transient and/or
progressive CRND8 Tg effects more robust than those attributable to human AD.
Nine consensus human modules are shown for the network of healthy control, pathology-bearing
asymptomatic AD (AsymAD), and symptomatic AD (AD) individuals totaling N=488 (*left panels*). To the
right, the mouse orthologs of hub proteins for these modules were used to calculate the first principal
component of variance in the 6M, 12M, and 18M mouse proteomes, allowing for extrapolation of the
modules into Tg and non-Tg mice, determination of effect size by module in each mouse cohort, and the
significance of Tg effect within each module. Significant one-way ANOVA p values are colored red. Note
the Y-axis are different across ages, and in many modules the eigneprotin change between Tg and non-Tg
mice increases dramatically with age.
1409
Figure 4. Mdk/MDK and Ptn/PTN colocalize with Aβ in amyloid plaques and CAA in CRND8 mice and
human AD.
(A) Paraffin slides containing brain tissue from 15-18M CRND8 mice were stained with mouse anti-pan-
Aβ, sheep anti-Mdk or rabbit anti-Ptn antibodies. Low magnification (scale 500 μm) images and high
magnification (inset, scale 50 μm) were taken from cortex (plaques) and cerebellum (CAA).
(B) Representative low magnification (scale 100 μm) and high magnification (inset, scale 30 μm) of
postmortem paraffin embedded tissue sections of human frontal cortex from patients with high AD
neuropathological changes stained for MDK and PTN.
(C) Plaques on paraffin slides containing brain tissue from old CRND8 mice were stained with anti-Mdk
and anti-Ptn antibodies and visualized with fluorescent secondary antibodies (anti-rabbit green and anti-
sheep red), scale 50 μm.
(D) Plaques and CAA on paraffin slides containing brain tissue from old CRND8 mice were stained with
anti-pan-Aβ, anti-Mdk or anti-Ptn antibodies and visualized with Thio-S (green) or fluorescent secondary
antibodies (anti-mouse red, anti-rabbit red, anti-sheep red), scale 50 μm.
1424
Figure 5. M42+ DEP colocalize with amyloid pathology.
Brain tissue from 15-18M CRND8 mice were stained with the anti-sera against the indicated proteins. Anti-
pan-Aβ antibody served as a reference for amyloid pathology, secondary antibody alone – as a negative
control. All proteins are listed in order of log 2 Fc (highest to lowest). Low magnification (scale 200 μm)
images and high magnification (inset, scale 50 μm). See Figure S7 for non-Tg staining.
(A) DEPs in amyloid plaques in the CRND8 cortex.
(B) DEPs detected in CAA in the cerebellum.
(C) DEPs detected in dystrophic processes surrounding amyloid plaques in the cortex.
(D) Representative low magnification (scale 100 µm) and high magnification (inset, scale 30 µm) of
postmortem paraffin embedded tissue sections of human frontal cortex from patients with high AD
neuropathological changes stained for Aβ, EGFL8, C1QTNF4, COL25A1, HGF, APOD, SDC4, NTN1, SMOC2,
OLFML3, SPOCK3, SPOCK1, SULF1, SFRP5 and SFRP1. There is selective staining of plaques by antisera for
COL25A1, SDC4, NTN1, SMOC2, and EGFL8. Weaker staining of plaques and cellular staining is observed
for HGF, C1QTNF4 and APOD. Dystrophic processes are stained with anti-sera to SPOCK3, SPOCK1
OLFML3. Glial cells are detected with anti-sera to SULF1, SRRP5 and SFRP1.
1440
Figure 6. Mdk and PTN overexpression increase parenchymal Aβ amyloid deposition and CAA in 6M
CRND8 mice. Mice were intracerebrally injected with rAAV2/8-Mdk, rAAV2/8-PTN or not injected
(control) at P0 and aged 6 months.
(A, B) Representative images of cortex and hippocampus 9A) or CAA (B) stained with biotinylated anti-Aβ
mAb 33.1.1 (anti-Aβ 1-16). Scale bar: 500 μm, 50 µm (inset). Quantification data of the entire brain plaque

count in three non-consecutive sections represented by a scatter dot plot of male (closed circle/square)
and female (open circle/square) ± standard error of the mean. n=5-15. Statistical analyses by one-way
ANOVA test (*, p<0.05; ***, p<0.001).
(C) RIPA, 2% SDS and 70% formic acid (FA) extracted Aβ42 and Aβ40levels were detected by ELISA and
plotted as scatter dot plot of male (closed circle/square) and female (open circle/square) ± standard error
of the mean. n=5-12. Aβ42 and Aβ40 levels were quantified with corresponding one-way ANOVA and
paired comparison test (*, p<0.05; **, p<0.01, ***, p<0.001).
(D) MDK and PTN accelerate amyloid aggregation in vitro as detected by real time Thioflavin T (ThT) assay.
1454
1455 **Figure 7. Amyloid binding and co-localization in TTR amyloids.**
1456 (A) M42+ proteins secreted into the media of transiently transfected HEK cells bind to Aβ42 and AVS
1457 amyloids. Data are representative of three independent experiments.
1458 (B) Representative images of immunohistochemical stains for MDK, PTN or Thio-S on human cardiac
1459 amyloidosis sections. Scale bar, 50 μm.
1460
1461 ACKNOWLEDGEMENTS
1462

Availability of data and materials
Raw mass spectrometry data and pre- and post-processed plasma protein abundance data and case traits
related to this manuscript are available at https://synapse.org/CRND8. The results published here are in
whole or in part based on data obtained from the AMP-AD Knowledge Portal
(https://adknowledgeportal.synapse.org). The AMP-AD Knowledge Portal is a platform for accessing data,
analyses and tools generated by the AMP-AD Target Discovery Program and other programs supported
by the National Institute on Aging to enable open-science practices and accelerate translational learning.
The data, analyses and tools are shared early in the research cycle without a publication embargo on
secondary use. Data are available for general research use according to the following requirements for
data access and data attribution (https://adknowledgeportal.synapse.org/#/DataAccess/Instructions).
1473
AD Knowledge Portal: AMP-AD datasets: The results published here are in whole or in part based on data
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this manuscript are available at https://www.synapse.org/consensus. The results published here are in
whole or in part based on data obtained from the AMP-AD Knowledge Portal
(https://adknowledgeportal.synapse.org). The AMP-AD Knowledge Portal is a platform for accessing data,

analyses, and tools generated by the Accelerating Medicines Partnership (AMP-AD) Target Discovery Program and other National Institute on Aging (NIA)-supported programs to enable open-science practices and accelerate translational learning. The data, analyses and tools are shared early in the research cycle without a publication embargo on secondary use. Data is available for general research use according to the following requirements for data access and data attribution (https://adknowledgeportal.synapse.org/#/DataAccess/Instructions). ROSMAP resources can be requested at www.radc.rush.edu.

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 Supplemental material

 Figure legends

Figure S1. Correlation of protein encoding mRNAs in 20M CRND8 mice (Tg versus non-Tg) and AD versus Control human Temporal Cortex.
Previously generated RNA expression data from human temporal cortex [12] and CRND8 mice brains [30] was reanalyzed using EdgeR and filtered for orthologues.
(A) Plot of log2FC of human temporal cortex AD versus Control mRNA levels (x-axis) and 20M CRND8 of all orthologous protein coding RNA (y-axis).
(B) Plot of log2FC of human temporal cortex AD versus Control mRNA levels (x-axis) and 20M CRND8 of all shared DEGs of protein coding genes (y-axis).
Data used to generate these plots is found in Table S6.

Figure S2. Effect size correlation for human AD vs control effect and mouse Tg effect at 18M shows varying concordance in each of the 44 consensus brain modules.
Panels are in rank size order from M1 to M44, with each title providing module number, description, Pearson correlation (rho), Student's significance of correlation, number of mouse orthologs mapped to the members of the human module, and all points labeled by the gene symbol of the mouse ortholog. *Modules also displayed in Figure 2 are labeled with an asterisk. Text color of each module plot title matches the scheme described in Figure 2F.

Figure S3. Synthetic eigenproteins (modules) show trends across the three cohorts of aged Tg and non-Tg mice for all 44 consensus brain modules. All 44 human modules were calculated as synthetic eigenproteins in the mouse proteomics and plotted as boxplots. Boxes represent the second to third interquartile range; whiskers represent the 5th to 95th percentiles; and the horizontal line within each box represents the median value.

Figure S4. RNA-Protein AD or Tg Effect Size Correlation, in total and within modules.
(A) The correlation of Tg effect size in mouse proteome (x) to transcriptome (y) shown with a least squares trendline over a scatterplot of the effect sizes for 9319 mouse gene transcripts and corresponding proteins (Table S8). When more than one splicing isoform protein was present, the one with maximum variance was retained.
(B) M42 protein (x) to transcriptome (y) effect size scatterplot with least squares trendline, Pearson correlation (rho), and Student's significance of correlation are shown for Tg vs non-Tg effect sizes (*left*), and in human AD vs. Control effect sizes (*right*).
(C) M1 RNA-protein correspondence for Tg effect (*left*) and for the effect in human of AD vs. control (*right)*.
(D) M21 RNA-protein correspondence for Tg effect (*left*) and for the human AD effect (*right*).

Figure S5. Protein-RNA effect size correlation varies in mouse and human for all 44 consensus brain modules.
Gene product names label each point, with the module number (size rank), count of proteins mapped to mouse (*left*) from human (*right*), Pearson correlation rho and Student's significance of correlation given in each plot title.

Figure S6. Mdk and Ptn colocalization with amyloid is age dependent, occurs in various AD transgenic mouse models but are enriched in soluble brain fractions.
(A) Paraffin slides containing brain tissue from 12M non-tg mice; 3, 6 and 12M CRND8 mice; 12M

Tet.HuAPP, PrP.MoAβ and PrPHuAβ/PS1 mice were stained with mouse anti-pan-Aβ, sheep anti-Mdk or
rabbit anti-Ptn antibodies. scale 50 mm.
(B). Western blots detecting Mdk and Ptn in the urea extracts of 15M CRND8 mice and non-Tg control
brains as shown by SDS-PAGE stained with anti-Mdk or anti-Ptn antibodies in total Urea extracts (first two
lanes for each are male and second two lanes are females. Blots are representatives of three independent
experiments.
(C) Sequential extractions with TBS, RIPA, 2% SDS and 8M Urea, show that neither Mdk or Ptn become
detergent insoluble. Blots are representatives of three independent experiments.
1579
Figure S7. non-Tg staining, fixation effects, co-localization, and astrocyte staining.
(A) DEP staining of 15-18M old non-Tg controls. Paraffin slides containing brain tissue from 15-18M non-
Tg fixed in 4% paraformaldehyde (one hemibrain) or 10% ethanol (second hemibrain), were stained with
anti-DEP antibodies. Low magnification (scale 500 μm) images were taken from cortex and hippocampus.
(B) Fixation impacts localization, but impacts are dependent on the antisera used. Paraffin slides
containing brain tissue from 15M CRND8 mice, fixed in 4% paraformaldehyde (one hemibrain) or 10%
ethanol (second hemibrain), were stained with the indicated anti-DEP antibodies. Scale 200 μm.
(C, D) Colocalization of DEP in plaques. Paraffin slides containing brain tissue from 15M TgCRND8 mice,
were stained with either mouse anti-pan-Ab antibody or Thio-S and rabbit anti-DEP. Secondary
fluorescent anti-mouse (green) and rabbit (red) antibodies were used. Colocalization was visualized by
overlap of green and red colors to create yellow in plaques (C) or CAA (D) Scale 50 μm.
(E) Select DEPs accumulate in astrocytes surrounding amyloid plaques. Paraffin slides containing brain
tissue from 15-18M CRND8 mice were stained with anti-DEP antibodies. Scale 200 μm.
1593
Figure S8. Antibody validation studies and additional DEPS validated by Western blotting.
(A) Antibody validation. 293T HEK cells were transfected with plasmids containing FLAG-tagged cDNAs
encoding M42+ DEP and gene expression in the media (SPOCK3, VTN, HTRA1) and lysates (all other genes)
was detected on SDS-PAGE with 1 (anti-Flag) and 2 (anti-DEP sera). Non-transfected cells served as
control. Representative blots of at least three independent experiments are shown. Sources of the
antibodies are listed in Table S10, S11.
(B) M42+ DEPs are detected in total UREA extracts from 15M CRND8 mice. Brain homogenates from Tg
and age matched non-Tg mice were subjected to SDS-PAGE and stained with anti-DEP antibodies. (n=2;
one male and one female).
1603
Figure S9. Midkine and Pleiotrophin overexpression increase formation of Aβ amyloid deposition and
CAA in 3M CRND8 mice and 6M mouse data on gliosis.
Mice were intracerebrally injected with rAAV2/8-Mdk, rAAV2/8-PTN or not-injected (control) at P0 and
aged 3 months.
(A, B) Representative images of cortex and hippocampus (A) or CAA (B) stained with biotinylated anti-Aβ
mAb 33.1.1 (anti-Aβ 1-16). Scale bar: 500 μm, 50 μm (inset). Quantification data of the entire brain plaque
count in three non-consecutive sections represented by a scatter dot plot of male (closed circle/square)
and female (open circle/square) ± standard error of the mean. n=5-15. Plaques were quantified with one-
way ANOVA test (*, p<0.05; ***, p<0.001).
(C) RIPA, 2% SDS and 70% formic acid (FA) extracted Aβ40 and Aβ42 levels were detected by ELISA and
plotted as scatter dot plot of male (closed circle/square) and female (open circle/square) ± standard error
of the mean. n=5-12. Aβ42 and Aβ40 levels were quantified with corresponding one-way ANOVA and
paired comparison test (*, p<0.05; **, p<0.01, ***, p<0.001).

(D, E) Mdk and PTN overexpression induces astrocytosis and microgliosis in 6M CRND8 mice.
Representative images of GFAP-reactive astrocyte (D) and Iba-1 reactive microglia (E) in 6-month-old
TgCRND8 mice overexpressing Mdk or PTN genes. Quantitation of the Iba-1 or GFAP staining was
performed in cortex and hippocampus combined area. N = 6 mice. Scale bar, 500 µm, 50 µm. Clear
symbols denote female mice and filled symbols denote male mice. Data represents mean ± sem. One-way
ANOVA; ***$p < 0.001$; **$p < 0.01$; *$p < 0.05$.
1623

1624 **Figure S10. Mdk and PTN interact with heparin.**
1625 Flag-tagged Mdk and PTN secreted into the media of transiently transfected HEK cells binds to heparin-
1626 agarose beads.
1627

Figure S11. Contextualization of CRND8 18M Proteome by integration with AD GWAS MAGMA p
values and AD CSF proteomic changes.
(A) Volcano plot of log2 Fc of DEPs in the 18M CRND8 proteome versus the -log10p MAGMA AD GWAS
values (Table S1). Red circles indite GWAS loci that have been prioritized for further study. Blue circles
indicate M42+ DEPs that accumulate in the CRND8 proteome. APOE and CLU are denoted as known
GWAS loci that accumulate with amyloid by circles with red interior with blue border.
(B) Volcano plot of the AD vs control CSF log 2 Fc derived from the Caucasian cohort in Modeste et. al
51, annotated by showing as colored symbols the overlapping DEPS in the CRND8 18M brain proteome.
Red indicates a change that is concordant in direction between CSF and mouse brain. Yellow indicates a
discordant change. M42 members are denoted by red squares. Grey triangles indicate significantly
altered proteins in CSF that are either not detected in the 18M CRND8 proteome or not significantly
changed (see Table S13).
1640

1641 **Figure S12. A schematic illustrating the Amyloid Scaffold Hypothesis.**
1642

Supplemental Tables.
Table S1. Master stats table for all 3 age group batches, including MAGMA p values from AD GWAS and
human brain data from Johnson et al[9].
Table S2. Unified 3 TMT batch traits
Table S3. TMT Normalized abundance
Table S4. TMT Normalized abundance 5% < FDR < 5%, Granular quantifications
Table S5. CRND8 3 age group batch statistics for proteins from table.
Table S6. Genes and mRNA expression (log2 Fc) from reprocessed AD TCx and 20M CRND8 mice used for
Figure S1A.
Table S7. List of DEPS used in GO analysis in Figure 1.
Table S8. RNA-Seq Counts, Dispersion-normalized, with Statistics for 18M CRND8 vs 18M Non-tg
Table S9. Histopathology results summary CRND8 studies.
Table S10. Antibodies used in mice and staining conditions.
Table S11. Antibodies used in humans and staining conditions.
Table S12. List of peptides used to create new antibodies and list of antibodies/antisera that were tested
from commercial sources that did not work on the pathological specimens.
Table S13. List of CSF proteins and DEPs in18M CNRD8 brains used for Figure 9B.

Figure S1. Correlation of protein encoding mRNAs in 20M CRND8 mice (Tg versus non-Tg) and AD versus Control human Temporal Cortex.

Figure S2. **Effect size correlation for human AD vs control effect and mouse Tg effect at 18M shows varying concordance in each of the 44 consensus brain modules.**

Figure S2 (cont.). Effect size correlation for human AD vs control effect and mouse Tg effect at 18M shows varying concordance in each of the 44 consensus brain modules.

Figure S2 (cont.). Effect size correlation for human AD vs control effect and mouse Tg effect at 18M shows varying concordance in each of the 44 consensus brain modules.

Figure S3. Synthetic eigenproteins (modules) show trends across the three cohorts of aged Tg and non-Tg mice for all 44 consensus brain modules.

Figure S3 (cont.). Synthetic eigenproteins (modules) show trends across the three cohorts of aged Tg and non-Tg mice for all 44 consensus brain modules.

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Figure S3 (cont.). Synthetic eigenproteins (modules) show trends across the three cohorts of aged Tg and non-Tg mice for all 44 consensus brain modules.

Figure S4. RNA-Protein AD or Tg Effect Size Correlation, in total and within modules.

Figure S5. Protein-RNA effect size correlation varies in mouse and human for all 44 consensus brain modules.

Figure S5 (cont.). Protein-RNA effect size correlation varies in mouse and human for all 44 consensus brain modules.

Figure S5 (cont.). Protein-RNA effect size correlation varies in mouse and human for all 44 consensus brain modules.

Figure S5 (cont.). Protein-RNA effect size correlation varies in mouse and human for all 44 consensus brain modules.

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Figure S5 (cont.). Protein-RNA effect size correlation varies in mouse and human for all 44 consensus brain modules.

Figure S5 (cont.). Protein-RNA effect size correlation varies in mouse and human for all 44 consensus brain modules.

Figure S5 (cont.). Protein-RNA effect size correlation varies in mouse and human for all 44 consensus brain modules.

Figure S6. Mdk and Ptn colocalization with amyloid is age dependent, occurs in various AD transgenic mouse models but are enriched in soluble brain fractions.

A

Figure S7A. non-Tg staining, fixation effects, co-localization, and astrocyte staining.

Figure S7B-D. non-Tg staining, fixation effects, co-localization, and astrocyte staining.

Figure S8. Antibody validation studies and additional DEPS validated by Western blotting.

Figure S9. Midkine and Pleiotrophin overexpression increase formation of Aβ amyloid deposition and CAA in 3M CRND8 mice and 6M mouse data on gliosis.

Figure S10. Mdk and PTN interact with heparin.

Figure S11. Contextualization of CRND8 18M Proteome by integration with AD GWAS MAGMA p values and AD CSF proteomic changes

Classic "Amyloid/Oligomer as Direct Toxins" Hypothesis:
Amyloid/Oligomeric assemblies (depicted in brown) are necessary and sufficient to drive cellular responses , degenerative changes and tau pathology

The Amyloid Scaffold Hypothesis.
Amyloid/Oligomeric assemblies (depicted in brown) drive co-accumulation of numerous matrisome proteins (depicted as other colors) and drive or contribute to the cellular responses, degenerative changes and possibly tau pathology. These proteins may also regulate rate and distribution of amyloid accumulation.

Figure S12. A schematic illustrating the Amyloid Scaffold Hypothesis.