

Kennedy's Disease: Mouse Models and Mechanistic Studies

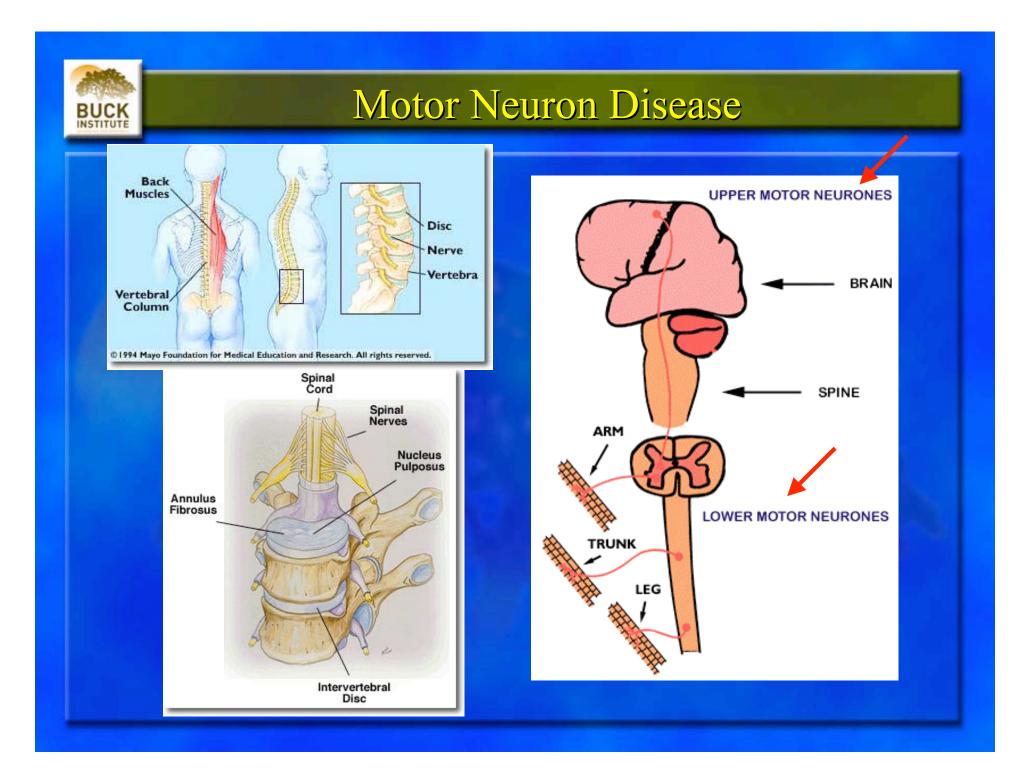


Outline

Kennedy's Disease-Spinal Bulbar Muscular Atrophy
Mouse Models of SBMA
Transcriptional dysregulation-motor neuron loss
Role of testosterone in SMBA
Proteolysis and transcriptional dysregulation



Kennedy's Disease: What kind of disease is it?





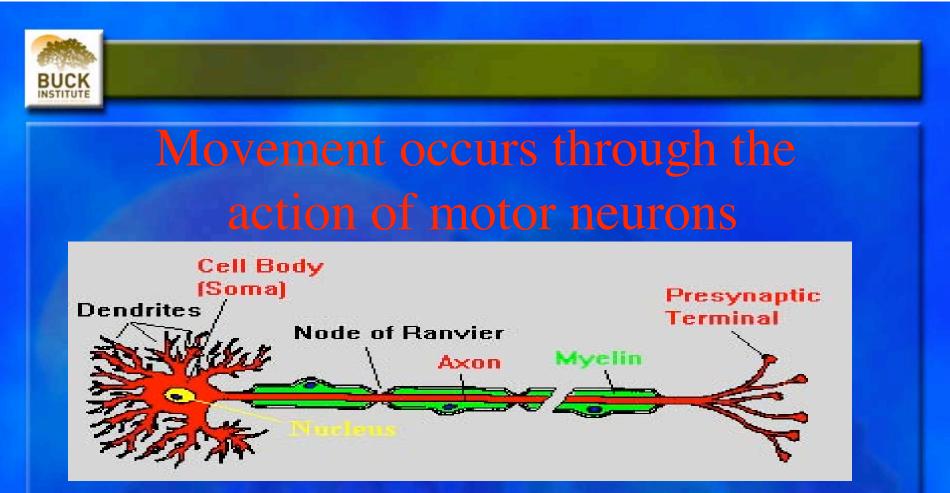
Motor Neuron Diseases

•Amyotrophic Lateral Sclerosis or Lou Gehrig's disease affects both the lower and upper motor neurons-Genetic and environmental factors

•Polio effects the lower motor neurons and is caused by the polio virus

•Spinal Muscular Atrophy (SMA) affects the lower motor neurons-one that minics some of the features of Lou Gehrig's disease is *Kennedy's disease or X-linked Spinobulbar Muscular Atrophy (SBMA)*

•There are 1 in 50,000 or 5,500 people diagnosed with motor neurons disease each year in the USA



Anatomy of motor neuron is special: Very long axon 10,000 times the length of the cell body



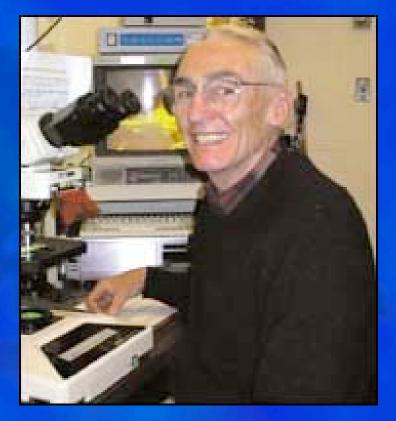
How was Kennedy's Disease Discovered?



•William R. Kennedy-neurologist at University of Minnesota

•1964 George B. was referred to Kennedy-had a possible diagnosis of ALS

ALS has upper and lower motor neuron loss-George had only lower motor neuron loss symptoms
Progressive weakness and muscle twitches





Kennedy's Disease Symptoms

EFFECT OF MOTOR NEURON DEGENERATION

- •Muscle weakness and wasting
- •Swallowing difficulties-bulbar muscles/brain stem
- Speech dysfunction
- •Shaky muscles
- •Muscle twitches
- •Absent reflexes

EFFECT OF MALE HORMONE DYSREGULATION

Enlarged breastLow sperm countShrunken testicles



What is the genetic mutation that causes Kennedy's Disease?

SBMA is caused by a polyQ expansion (CAG expansion) in the N-terminus of androgen receptor.
Expansion > 36-38 polyglutamine repeats causes SBMA

•Longer repeat length earlier age of onset of the disease.

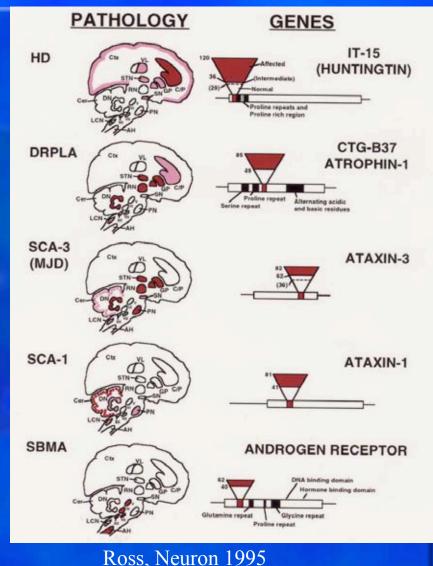
Al La Spada and Kenneth Fischbeck, 1991

Polyglutamine Neurodegenerative Disorders

- At least eight are currently known (HD, DRPLA, SCA-1, 2, 3, 7, 17, and SBMA)
- DRPLA is most like HD

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- Affected brain regions include cortex, basal ganglia, brainstem, cerebellum and spinal cord
- The genes share no homology except for the poly-Q repeats
- The androgen receptor is a DNA-binding transcription factor

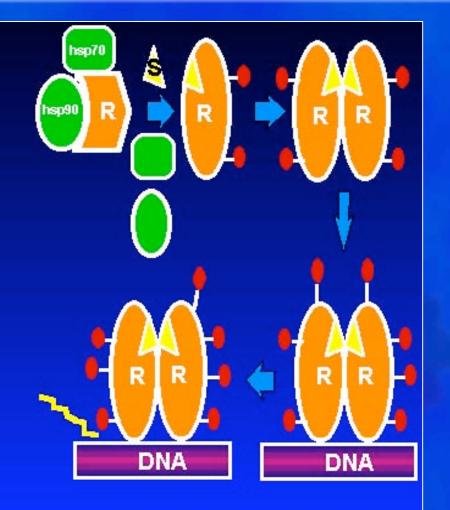




Androgen Receptor Action

[1] steroid binds to receptor

- [2] release heat shock proteins
- [3] conformational change
- [4] phosphorylation
- [5] dimerization
- [6] binding to DNA
- [7] further phosphorylation
- [8] activation of transcription



Kennedy's Disease-Gain of Function

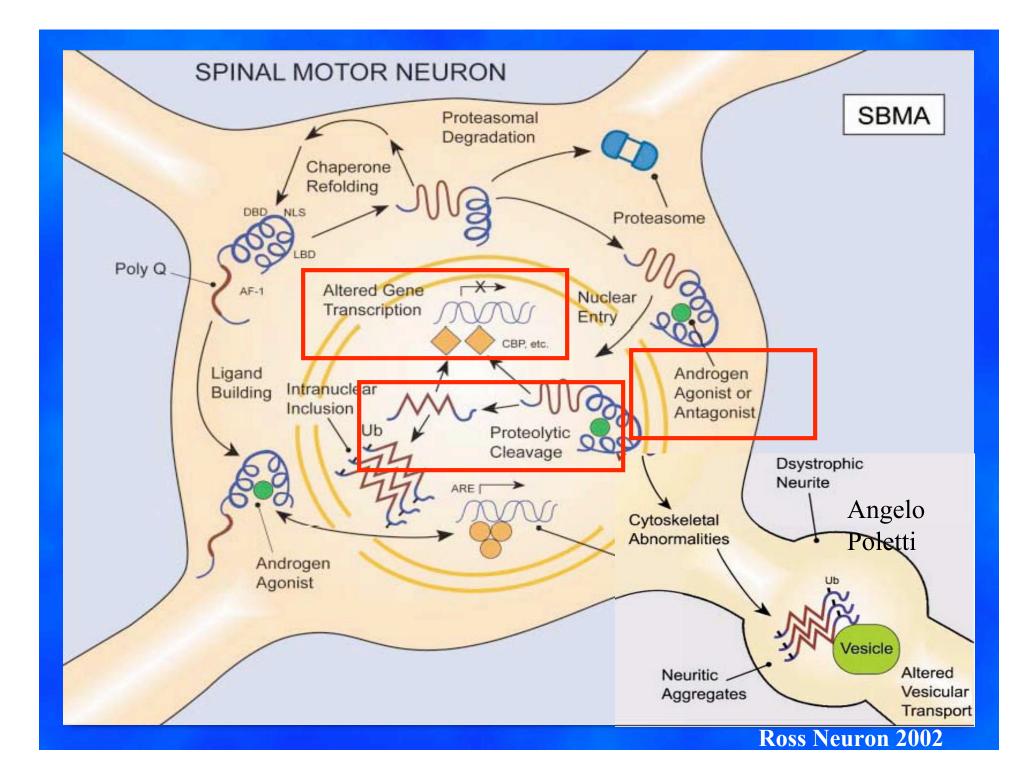
vLoss of function mutations in AR in patients causes feminization but not motor neuron loss.

•Expansion of polyglutamine repeat has no effect on hormone binding and only slightly reduces its ability to transactivate genes

Partial loss of function-gynecomastia, predominantly gain of function



What is the mechanism of motor neuron dysfunction and loss?





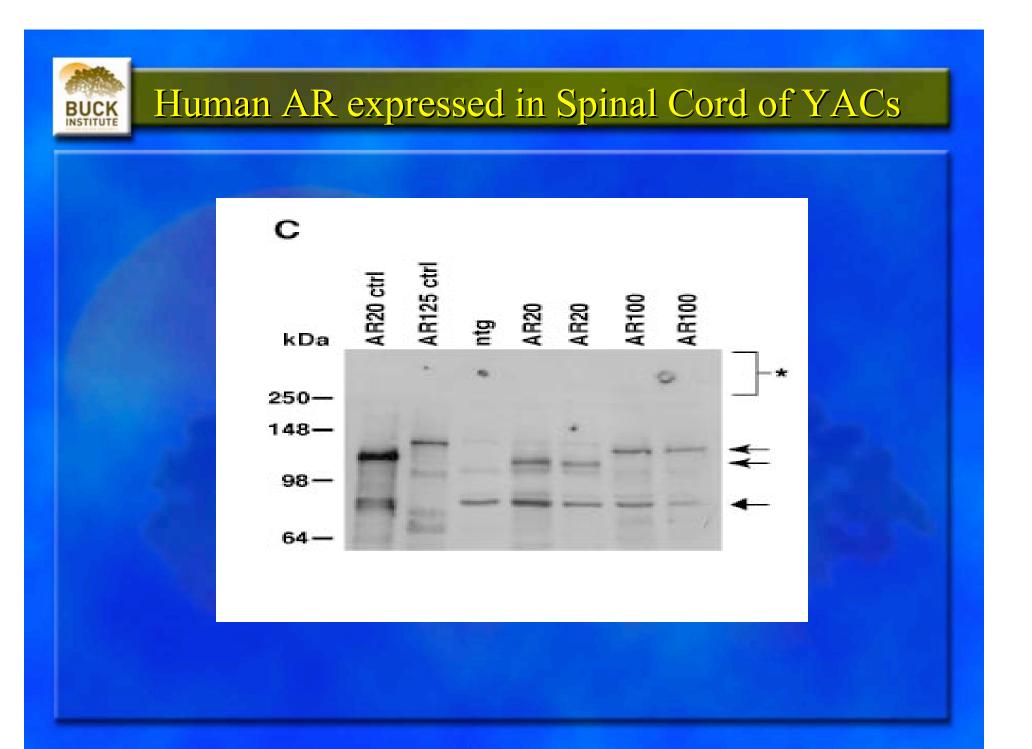
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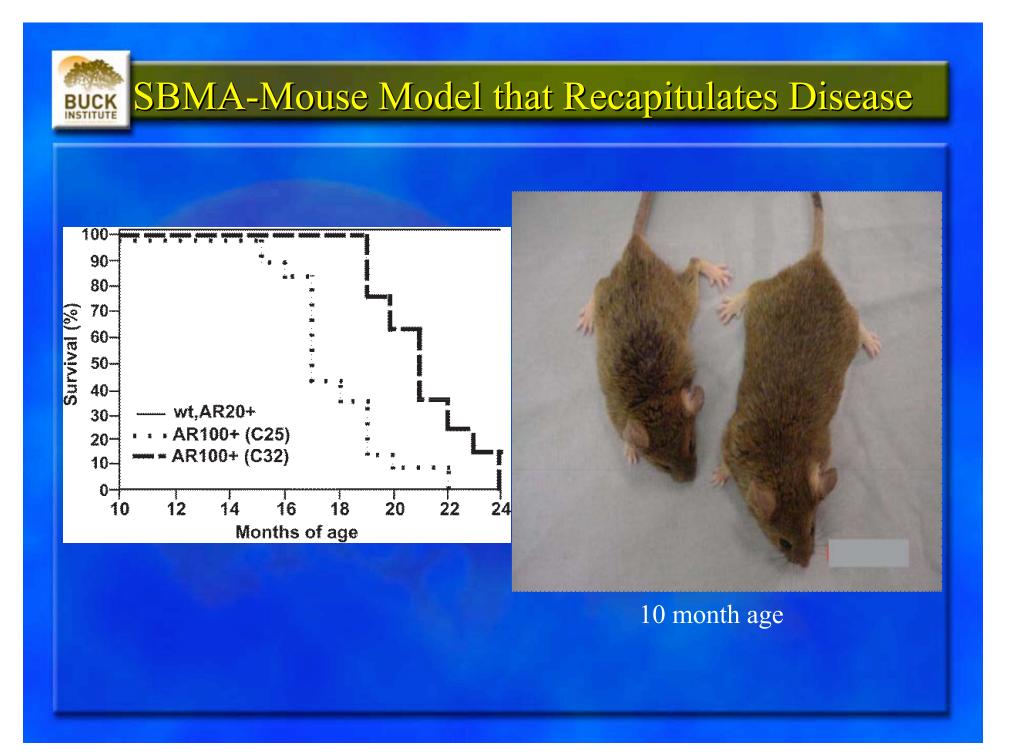
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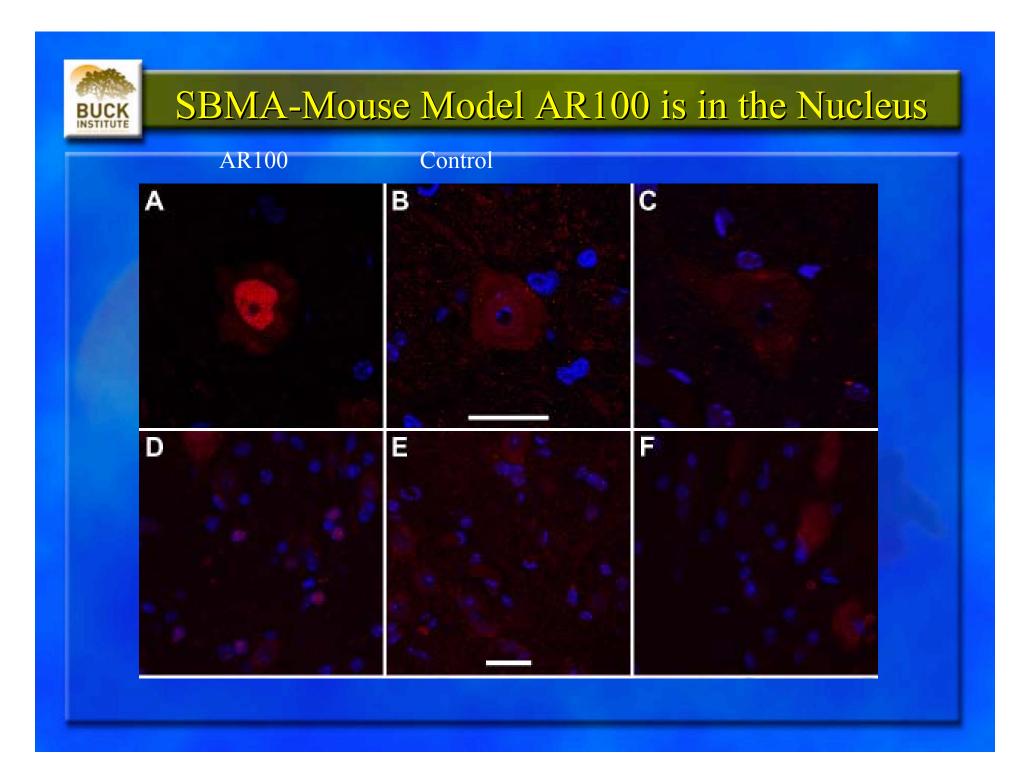


Generation of SBMA mouse model that recapitulates disease phenotype







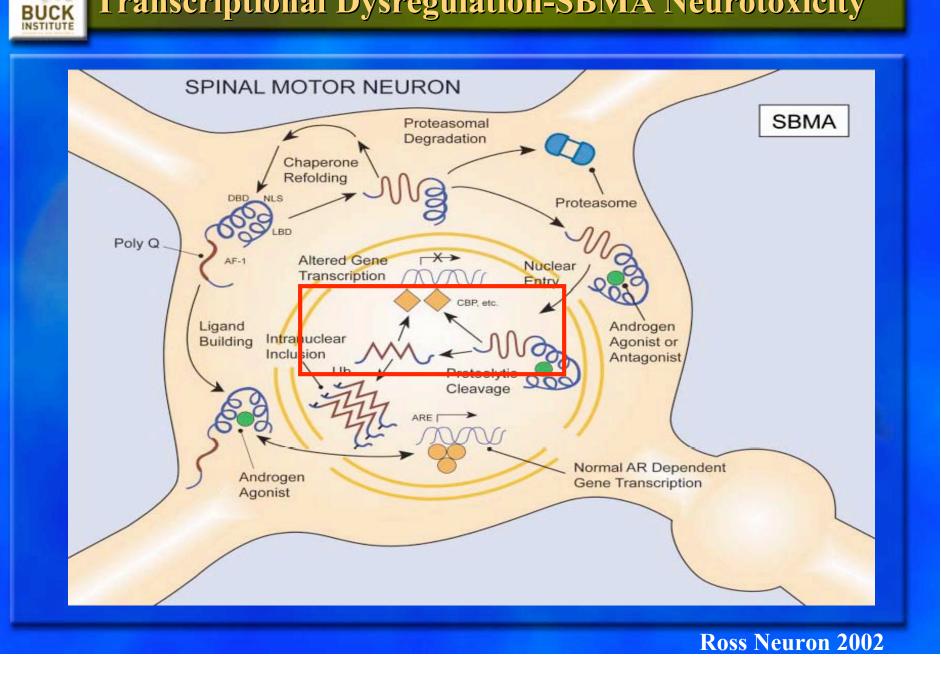




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Transcriptional Dysregulation-SBMA Neurotoxicity



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Studies of Transcription in PolyQ Disease Models

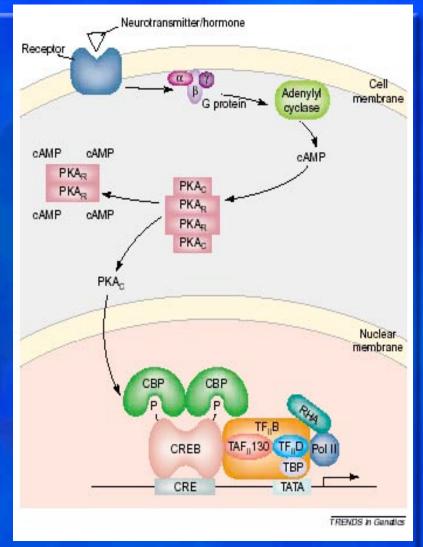
Steffan...Thompson: CBP and p53-fly models Paulson: CBP McCambell...Fischbeck: CBP Wyttenbach...Rubinsztein: CBP Nucifora...Ross:CBP/CREB-HD and DRPLA Tg Shimohata...Tsuji: TAF 130 Li: Sp1 Dunah...Krainc: TAF 130 and Sp1--via soluble interactions?

CBP and Neuronal Signaling

• CBP is activated by cell surface cAMP dependent signaling

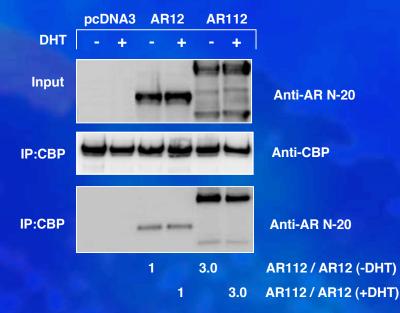
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- Other signaling pathways also converge on CBP
- CBP activates gene transcription, in part via Histone Acetyl Transferase (HAT) activity
- CBP-mediated transcription is important neuronal survival
- CBP is involved in activating a transcription factor known as hypoxia induced transcription factor (HIF1-α)- motor neurons



BUCK AR-PolyQ dependent binding of CBP

Motor neuron cell culture model

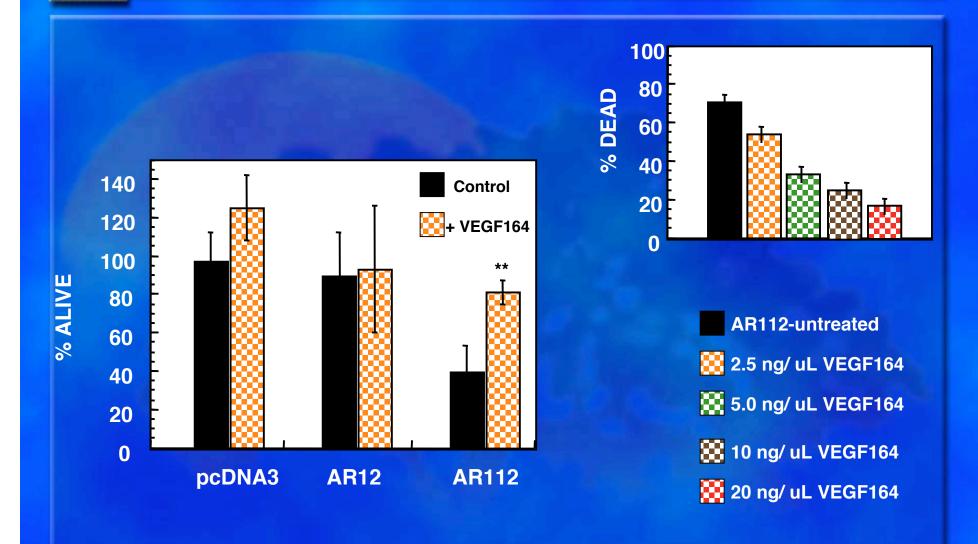


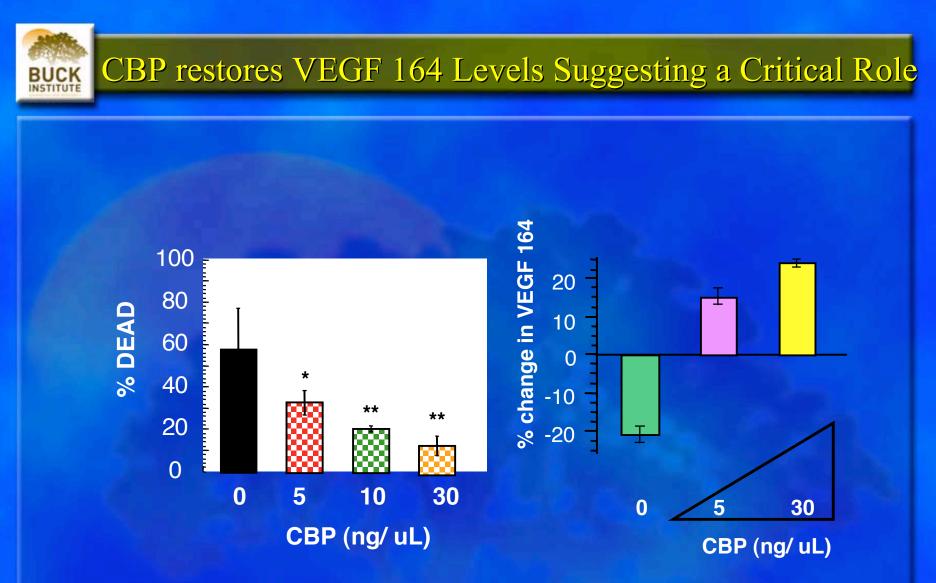
YAC SMBA model



VEGF Rescues Mutant Androgen Receptor Neuronal Death

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CBP Rescues Mutant Androgen Receptor Neuronal Death

VEGF and Motor Neuron Survival

•VEGF receptor knockout embryonic lethal...

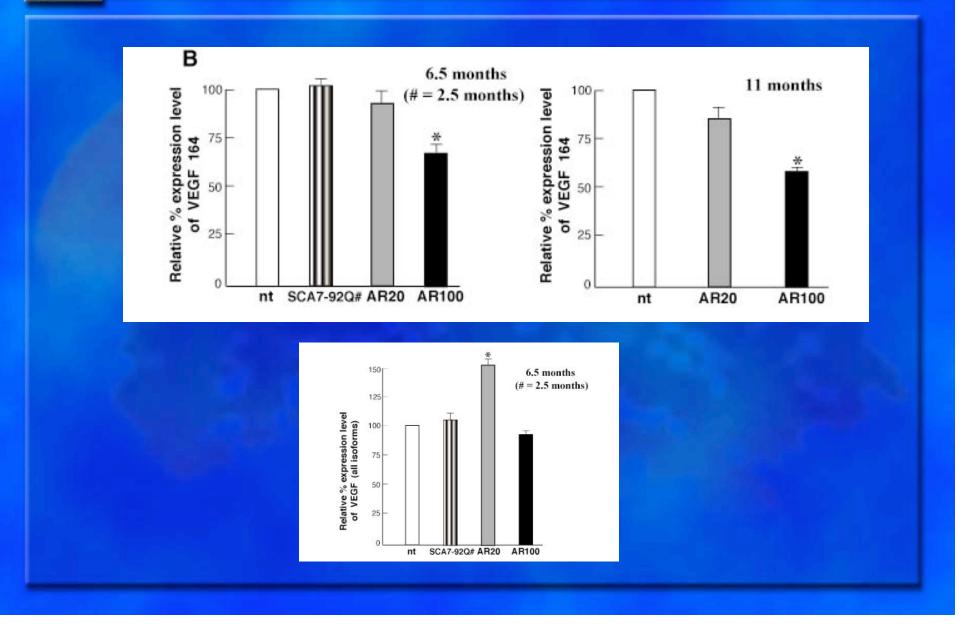
•VEGF required for motor neuron survival-Ooshuyse et al 2001 Nature Genet. 28, 131-138 Deleted hypoxia-response element from the Vegf promoter-ALS like phenotype with 30% reduction in VEGF levels in spinal cord

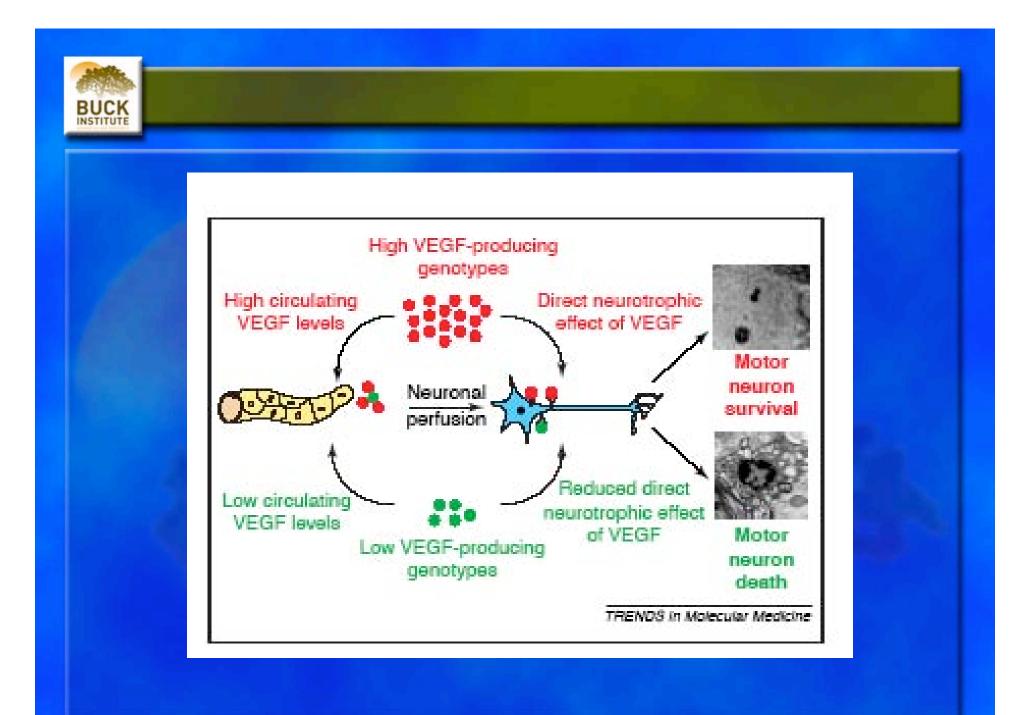
• CBP co-activator of hypoxia induced transcription factor (HIF-1) which regulates growth factor

•Test the hypothesis polyQ AR interferes with CBP action on HIF-1 and VEGF levels in the spinal cord

VEGF 164 LEVELS ARE ALTERED IN YAC SBMA TG MICE

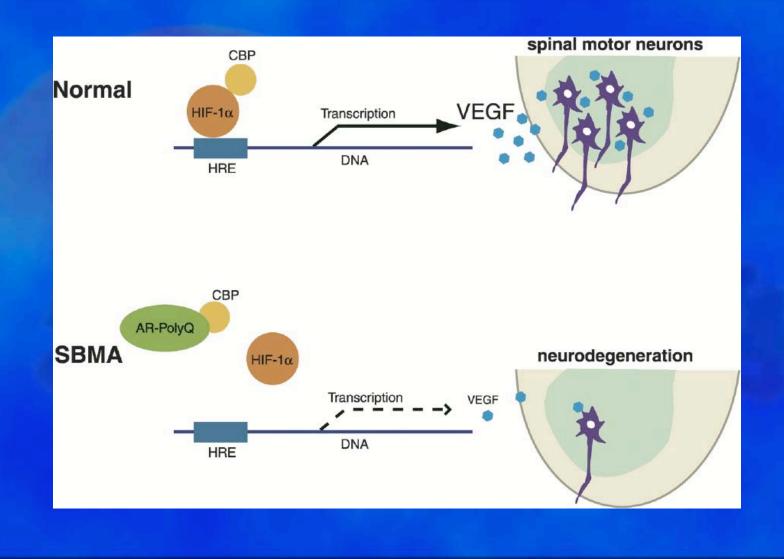
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SBMA-Transcriptional Dysregulation

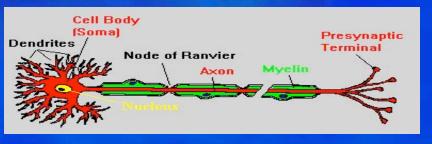
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Role of VEGF in Neuroprotection-Motor Neurons

- Deletion of hypoxia-response element from Vegf promoter develop ALS like syndrome.
- Cross-breeding these mice with fALS mice SOD1^{G93A} accelerate phenotype.
- Variations in the human VEGF promoter/leader sequence, which is associated with reduced levels of circulating VEGF also confer increased risk of ALS.
- VEGF reduces glutamate excitotoxicity and production of free radicals.
- VEGF link to motor neuron disease in general provides prospects of new mechanistic insights and treatment of motor neuron disease.
- Mechanism of action not known... trophic support of motor neurons?

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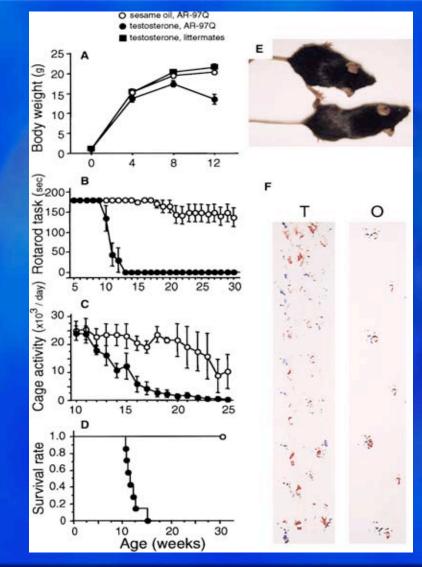




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Castration Prevents the Kennedy's Disease



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•Gen Sobue Neuron 35, 843-854, 2002.

•Leuprorelin-lutenizing hormonereleasing hormone angonist reduces androgen levels in the testismedical castration-prevents nuclear translocation of AR



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What is the role of testosterone in SBMA? Hypothesis: Androgen receptor fragments required for transcriptional

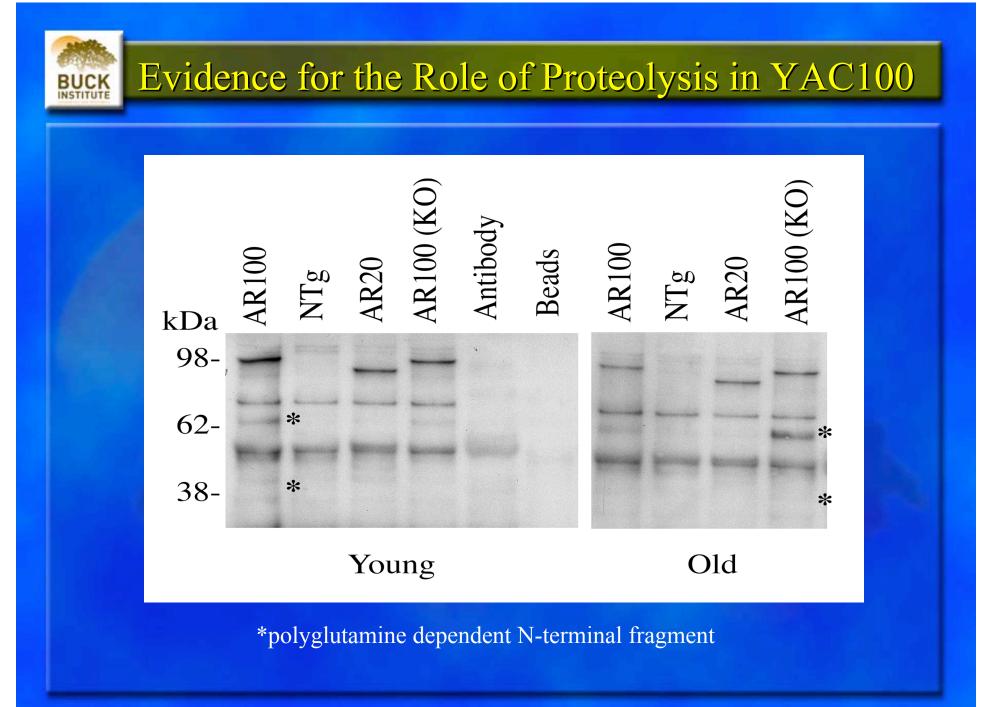
Evidence for the Role of Proteolysis in SMBA

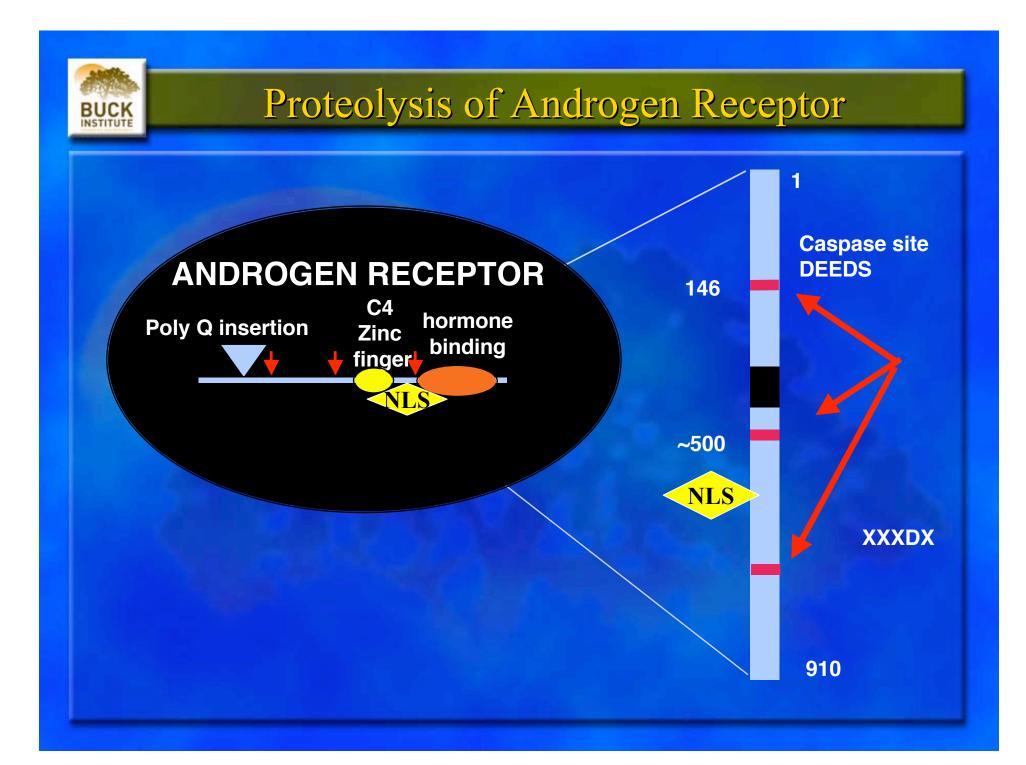
- Truncated fragments found in SMBA post-mortem tissue.
- Generation of transgenic model using endogenous human AR promoter and first exon of AR- rapid disease progression. Fulllength AR models slow disease progression.
- Caspases cleave androgen receptor.

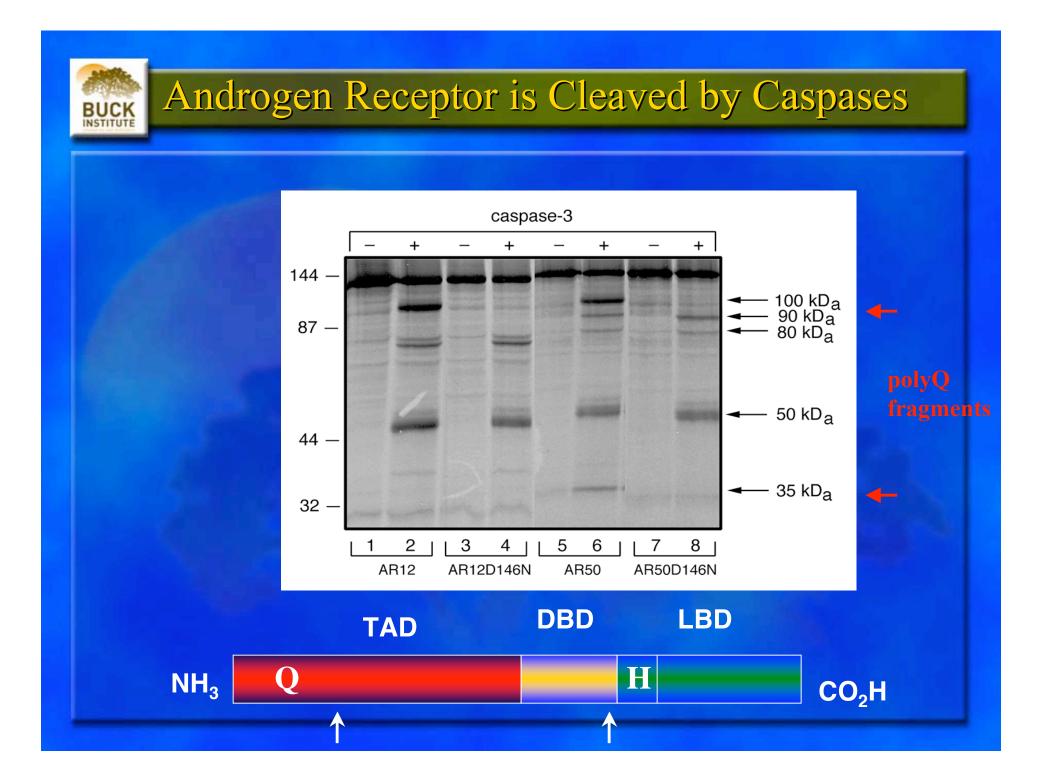
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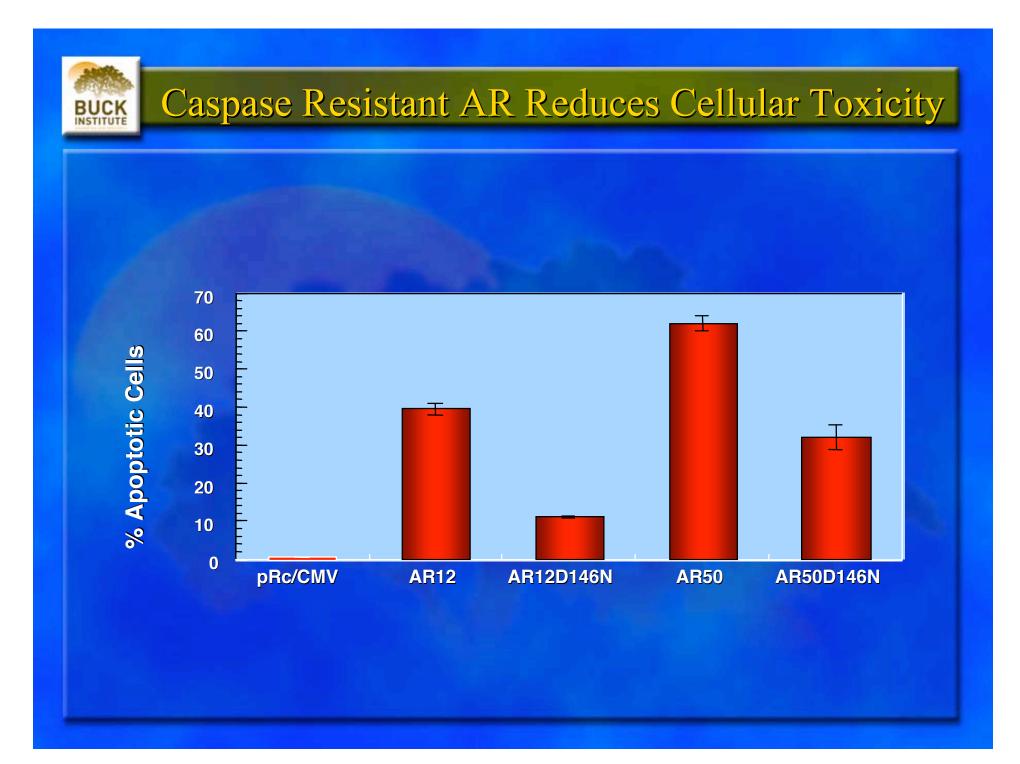
- Common properties to all polyQ diseases.
- Testosterone results in a polyQ dependent increase in proteolysis.

Cleavage



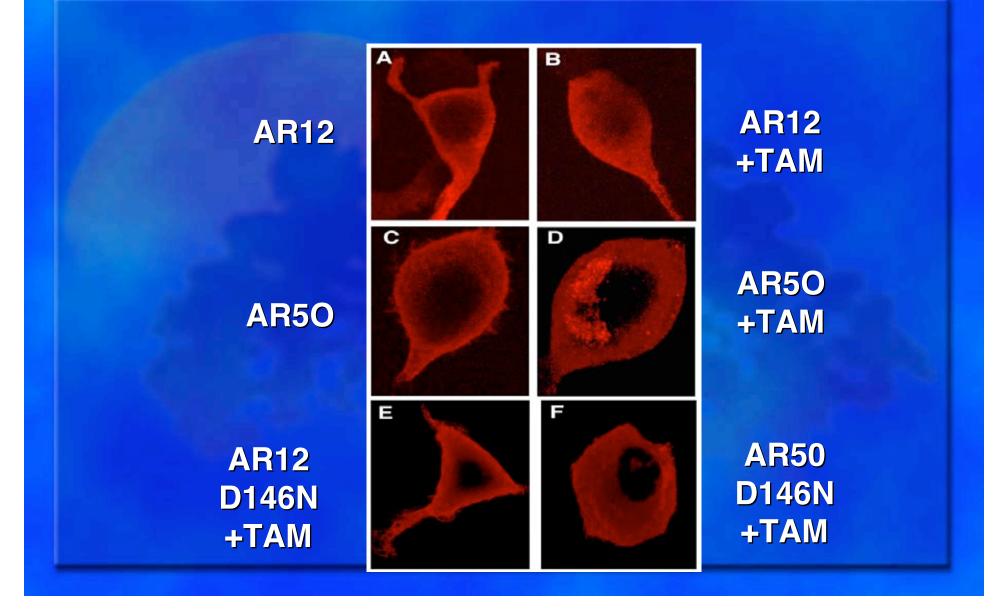


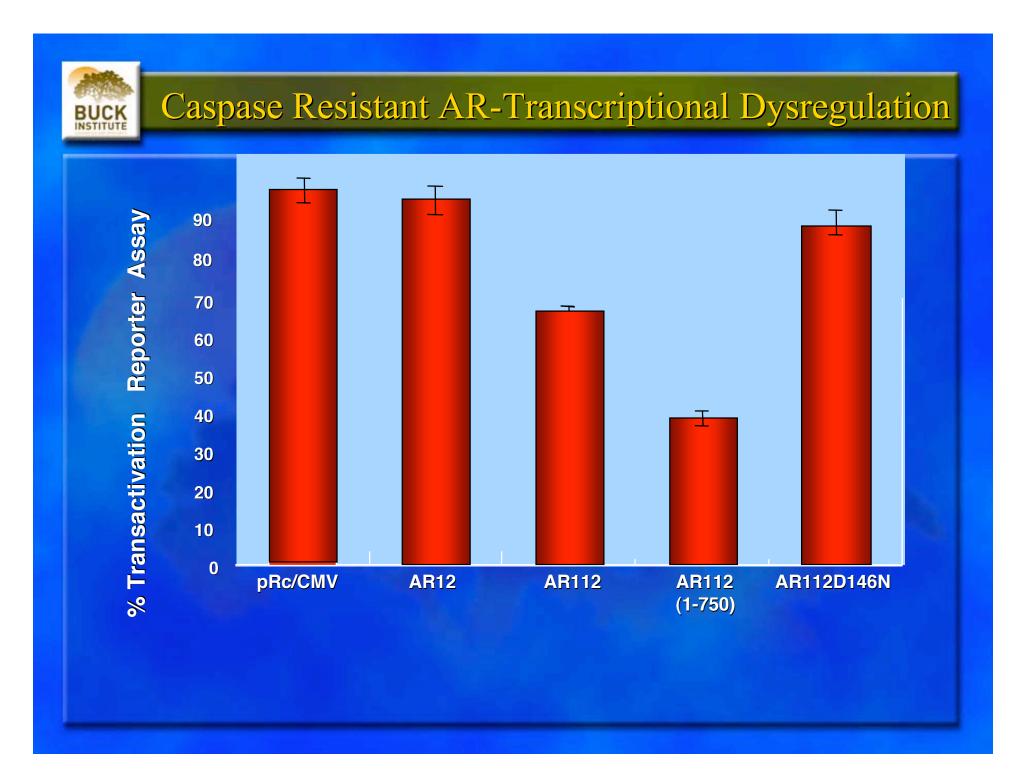


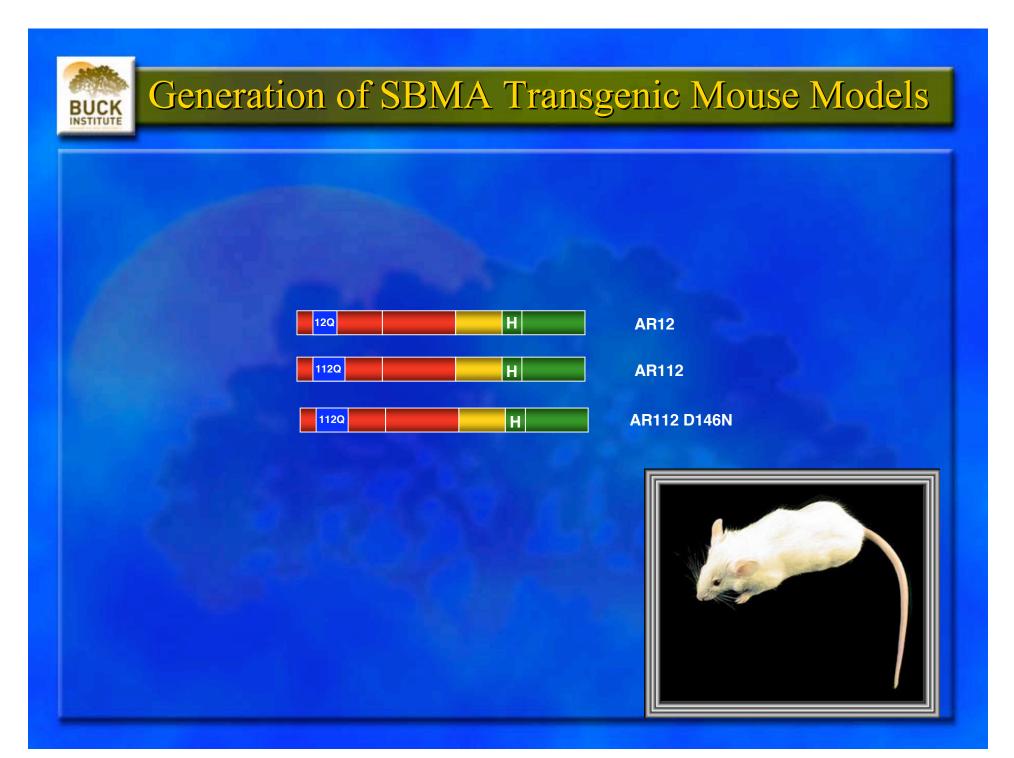


Aggregate Formation in SBMA AR

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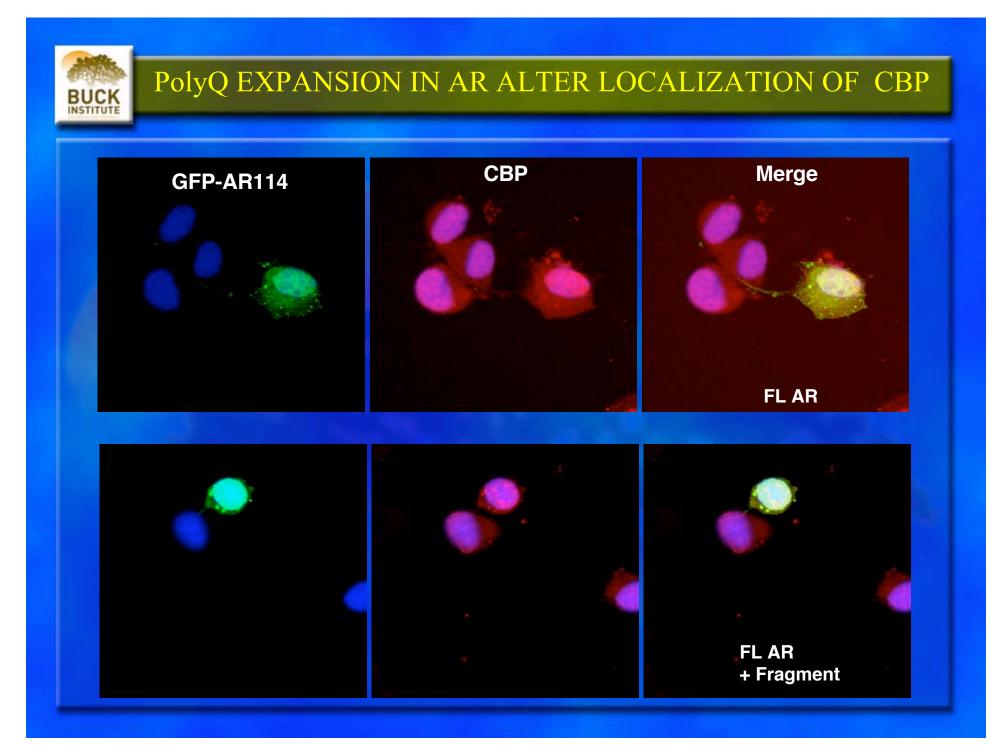




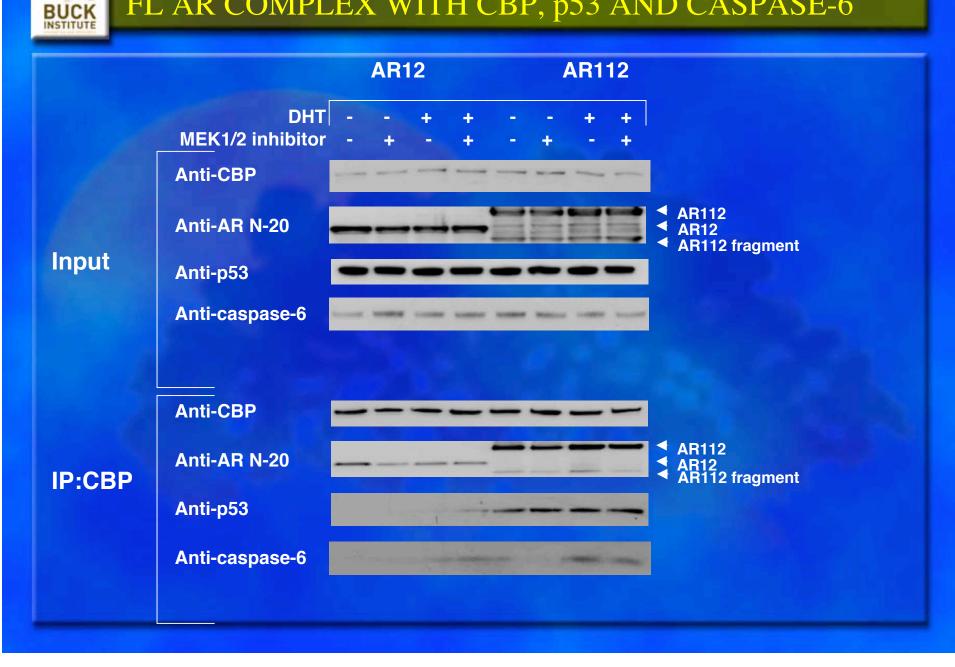




CBP, p53, Caspase form Complexes-Dysregulation



FL AR COMPLEX WITH CBP, p53 AND CASPASE-6





Conclusions:

1) SBMA is, a motor neuron disease-testosterone plays a critical role in disease pathology and progression

2) SBMA treatment

- androgen-blockage drugs used to treat prostate cancer
- growth factors that are required for motor neuron survival-VEGF
- protease inhibitors block production of toxic fragments

3) VEGF levels play an important role in motorneuron diseases such as fALS and SBMA



The Ellerby Lab

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Visiting Scholars: Dr. Evan Hermel

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