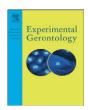
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Experimental Gerontology

journal homepage: www.elsevier.com/locate/expgero



Mechanical and non-mechanical functions of *Dystrophin* can prevent cardiac abnormalities in *Drosophila*



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ARTICLE INFO

Article history: Received 25 March 2013 Received in revised form 22 October 2013 Accepted 28 October 2013 Available online 12 November 2013

Section Editor: T.E. Johnson

Keywords: Micro-Dystrophins Heart period Myofibrils Nitric oxide synthase Aging

ABSTRACT

Dystrophin-deficiency causes cardiomyopathies and shortens the life expectancy of Duchenne and Becker muscular dystrophy patients. Restoring Dystrophin expression in the heart by gene transfer is a promising avenue to explore as a therapy. Truncated Dystrophin gene constructs have been engineered and shown to alleviate dystrophic skeletal muscle disease, but their potential in preventing the development of cardiomyopathy is not fully understood. In the present study, we found that either the mechanical or the signaling functions of Dystrophin were able to reduce the dilated heart phenotype of Dystrophin mutants in a Drosophila model. Our data suggest that Dystrophin retains some function in fly cardiomyocytes in the absence of a predicted mechanical link to the cytoskeleton. Interestingly, cardiac-specific manipulation of nitric oxide synthase expression also modulates cardiac function, which can in part be reversed by loss of Dystrophin function, further implying a signaling role of Dystrophin in the heart. These findings suggest that the signaling functions of Dystrophin protein are able to ameliorate the dilated cardiomyopathy, and thus might help to improve heart muscle function in micro-Dystrophin-based gene therapy approaches.

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1. Introduction

Dystrophin (Dys) gene causing Duchenne and Becker muscular dystrophy (DMD and BMD, respectively) and X-linked dilated cardiomyopathy. In all these pathologies, the heart muscle is affected to different degrees, depending on the type of the mutation and the progression of the disease. Cardiac disease in both DMD and BMD manifests itself as a dilated cardiomyopathy (DCM) and/or cardiac arrhythmia (Corrado et al., 2002). Cardiomyopathy is present in about 90% of DMD/BMD patients, and progressively leads to heart failure, causing the death of 20% DMD and 50% BMD patients (Bushby et al., 2003).

Currently, there are no effective treatments of DCM besides transplantation and pharmacological intervention, such as with

Abbreviations: Dys, Dystrophin; DMD, Duchene muscular dystrophy; BMD, Becker muscular dystrophy; XLDCM, X-linked dilated cardiomyopathy; DCM, Dilated cardiomyopathy; AAV, Adeno-associated virus; Dg, Dystroglycan; CR, Cysteine-rich domain; nNos, Neuronal nitric oxide synthase; Grb2, Growth factor receptor-bound protein 2; DGC, Dystrophin-glycoprotein complex; Utrn, Utrophin; Syn, Syntrophin; Dbr, Dystrobrevin; Dg, Dystroglycan; HPs, Heart periods; CT, Carboxy-terminal domain; NO, Nitric oxide; AI, Arrhythmia index; iNos, Inducible Nos; eNos, Endothelial Nos; SR, Sarcoplasmic reticulum.

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angiotensin-converting enzyme inhibitors and beta blockers, which only ameliorate heart symptoms, without correcting the underlying pathology (Kaspar et al., 2009). Inevitably, the DCM worsens as the patient becomes older and as the disease progresses. New therapy alternatives to manage the DCM are thus needed. Viral-based gene therapies, including the adeno-associated virus (AAV) system have recently drawn considerable attention for exploring the potential utility of a modified, but functionally active *Dys* gene in ameliorating the dystrophic skeletal and heart muscle phenotypes (Bostick et al., 2011; Gregorevic et al., 2006).

Two essential functions have been attributed to *Dys* protein. The first one is referred to as a mechanical role: *Dys* links to F-actin via its N-terminal and central actin-binding domains, and to Dystroglycan (Dg) via its WW and cysteine-rich (CR) domains, thus enabling force transduction from the inside to the outside of the cell, and stabilizing the sarcolemma. The second is a signaling role: *Dys* assembles signaling molecules, including neuronal nitric oxide synthase (nNos), growth factor receptor-bound protein 2 (Grb2), Calmodulin, and Calmodulindependent kinases (Anderson et al., 1996; Brenman et al., 1996).

Previous work in skeletal muscle of the mouse DMD model ("*mdx*") showed that expressing *Dys* isoforms preserving its mechanical function is beneficial, by improving *mdx* muscle function and preventing dystrophy (Gregorevic et al., 2006; Harper et al., 2002). Other studies suggest that restoring the *Dys*-glycoprotein complex (DGC) by expressing the Dp71 or the Dp116 isoforms in skeletal muscle of *mdx* mice, which lack the mechanical function of *Dys*, does not ameliorate the dystrophic

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phenotypes (Greenberg et al., 1994; Rafael et al., 1996). These data demonstrate that the mechanical role of *Dys* protein is the major contributor to the *mdx* dystrophic pathology. However, Dp116 expression in mouse mutants lacking both *Dys* and Utrophin (*mdx:utrn*^{-/-}) increases the muscle mass and improves growth, mobility and lifespan (Judge et al., 2011). Dp116 is a non-muscle isoform specifically expressed in Schwann cells of the peripheral nervous system that binds to the DGC components Dg, syntrophin (Syn) and dystrobrevin (Dbr), but does not provide a link to F-actin (it lacks the actin-binding domains). Thus Dp116 allows the assessment of the functional characteristics of the *Dys* 'signaling domain' in the absence of the 'mechanical domain' function.

While many studies have focused on structural-functional analysis of Dys in skeletal muscle to develop gene therapy [reviewed by (Blankinship et al., 2006)], little effort has so far been directed to correcting the heart pathology (Bostick et al., 2009, 2011; Hainsey et al., 2003; Townsend et al., 2007; Yue et al., 2003). To differentiate between the 'mechanical' and 'signaling' roles of Dys in cardiac muscle function, we generated flies that express either the Dys constructs Δ H2-R19/ Δ CT and Δ R4-23/ Δ CT, which can bind the F-actin, but lack the C-terminal domain that interacts with Syn and Dbr (predicted Dys with 'mechanical function') or the Dp116 with the C-terminal domains only, thus lacking the F-actin-binding domains (predicted Dys with 'signaling function'). We note that probably none of these Dys constructs are involved in nNos signaling, since they lack repeat 16 and 17 of the rod domain implicated in the interaction between nNos and Dys (Lai et al., 2009). We provide evidence that both the predicted 'mechanical' $(\Delta H2-R19/\Delta CT, \Delta R4-23/\Delta CT)$ and 'signaling' (Dp116) functions of Dys are able to ameliorate dilated cardiomyopathy and improve myofibrillar organization. Manipulating *Dp116* and *Nos* in *Dys*^{-/-} mutants provides further evidence of a signaling role of Dys in modulating the heart function. We conclude that both 'mechanical' and 'signaling' roles of Dys are important for cardiac muscle function.

2. Materials and methods

2.1. Drosophila strains

The flies *Dys*^{-/-} are transheterozygous for *DysExel6184* and *Df(3R) Dl-X43* (Taghli-Lamallem et al., 2008). The *DysEP(3)* 3397 and the Dystroglycan mutants were a generous gift from R. Ray. GAL4 drivers were: 24B-GAL4 (Brand and Perrimon, 1993) and *Hand-Gal4* (from A. Paululat laboratory) kindly offered by L. Perrin. *UAS-Nos*^{RNAi} from VDRC (transformant ID 27725) and the *UAS-Nos* flies were generously offered by S.A. Davies and P.H. O'Farrell.

2.2. Dystrophin transgenic flies

The murine Dys cDNAs ΔH2-R19ΔCT, ΔR4-23ΔCT and Dp116 have already been described (Harper et al., 2002; Judge et al., 2006). The Δ H2-R19 Δ CT and Δ R4-23 Δ CT lack a portion of the rod domains (spectrin repeats) and the C-terminal region of Dys. Dp116 is a short C-terminal isoform, containing two and a half spectrin repeats, the WW domain, the cysteine-rich domain, and the carboxy-terminal domain involved in binding to other DGC proteins like Syn and Dbr (for details of the construct, see Judge et al., 2006). For the generation of transgenic flies, ΔH2-R19ΔCT; ΔR4-23ΔCT; and Dp116 cDNA constructs were sub-cloned into the Gal4-inducible vector pUAST at the NotI site, injected into w^{1118} embryos, and transgenic lines established. The transgenic flies were crossed to the heterozygous deficient flies Df(3R) Dl-X43 to generate a stock UAS- Δ H2-R19 Δ CT (or UAS- Δ R4-23 Δ CT or Dp116)/cyo, Df(3R)Dl-X43/TM3. These lines were crossed to Hand-Gal4, DysExel6184/TM3 flies to generate the transgenic rescue flies with the truncated Dys.

2.3. Immunostaining of adult Drosophila hearts

Staining of adult flies was performed as described previously (Taghli-Lamallem et al., 2008). Primary antibodies: rabbit anti-Dystroglycan diluted at 1/1000 (gift from A. Wodarz); phalloidin-cy3 diluted at 1/1000, and two rabbit NOS antibodies diluted at 1/400 (gift from P.H. O'Farrell) and 1/100 (Thermo-Scientific, PA1-039). Secondary antibodies: donkey anti-rabbit conjugated to CY3 (Jackson ImmunoResearch) at 1/300. Immunostained preparations were visualized on Olympus FV300 or Zeiss LSM 510 laser scanning confocal microscopes.

2.4. Heart physiological analysis

Flies anesthetized with fly nap (Carolina Biol., Corp.) were aligned on a dish (dorsal down) and dissected to expose the heart for optical recording by previously described protocols (Fink et al., 2009; Ocorr et al., 2007a). Beating heart images were acquired at rate of about 130 frames per second using Simple PCI software (Compix, Sewickley, PA). Cardiac parameter measurements were quantified and generated using the MatLab-based image analysis program (Fink et al., 2009). M-modes illustrate movements of the heart tube edges in the y-axis over time in the x-axis, generated by excising and aligning a single pixel-wide image from successive frames. Heart periods (HPs) are defined as the time between the ends of two consecutive diastolic intervals. Single HPs were plotted in the histograms to see overall distribution and clustering of HPs. We used Prism software, one-way ANOVA analysis and a Tukey test to process statistics on 20 flies for each genotype.

3. Results

3.1. Dystrophin proteins carrying either the 'mechanical' or 'signaling' domains ameliorate Dystrophin-deficient heart dysfunction

The large size of the *Dys* transcript (14 Kb) presents a major challenge for successful gene transfer with viral vectors. This limitation has led to the construction of *mini*- and *micro-Dys* genes (Scott et al., 2002). Among these are the micro-*Dys* constructs Δ H2-R19/ Δ CT and Δ R4-23/ Δ CT, both maintaining the N-terminal, some of the rod, and cysteine-rich domains, but lacking the C-terminal domain that directly binds to Dbr and Syn, also components of the DGC. These truncated proteins are therefore expected to retain the capacity of force transduction in the sarcolemma, but they may have some 'signaling function' (Fig. 1A) (Scott et al., 2002). By contrast, Dp116 *Dys* contains intact CR and carboxy-terminal (CT) domains, but it lacks the N-terminal and most of the rod domains, preventing its link with the actin cytoskeleton and the mechanical reinforcement at the sarcolemma (Fig. 1A) (Judge et al., 2006).

We had previously found that the heart of Dys^{-/-} mutant flies (Df(3R)Dl-X43/DysExel6184) was dilated and exhibited abnormal heart performance and contractility, reminiscent of dilated cardiomyopathy in mammals (Taghli-Lamallem et al., 2008). To probe potential differences between Dys mechanical and signaling roles, we generated transgenic flies that express Dys constructs $\Delta H2-R19/\Delta CT$, $\Delta R4-23/\Delta CT$, or Dp116 in all muscles (24B-Gal4 driver) or specifically in the heart (Hand-Gal4 driver). Our choice of constructs was made to differentiate between portions of Dys that may or may not confer the mechanical reinforcement at the cell membrane, based on mammal studies in skeletal muscles. First, we tested the heart- and muscle-specific effects of these micro-Dys constructs in a wildtype background, and found that their overexpression in mesodermal tissues does not induce cardiac abnormalities (Fig. S1). We then expressed $\Delta H2$ -R19/ ΔCT , $\Delta R4$ -23/ ΔCT , or Dp116 in all muscles or heart alone, to attempt to restore heart function in Dysflies. Cardiac physiology was assessed by analyzing high-speed optical recordings of beating hearts in young and old flies (1 and 5 weeks old) (Fink et al., 2009). Expression of the truncated Dys constructs in Dys^{-/-} caused a significant decrease in systolic diameters, and a

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