



Regulations and actions mediated by c-Jun N-terminal kinase pathway

Jordi Lanuza Masdeu

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UNIVERSITAT DE BARCELONA

FACULTAT DE FARMÀCIA

Departament de Bioquímica i Biologia Molecular

**REGULATION AND ACTIONS MEDIATED BY THE
C-JUN N-TERMINAL KINASE PATHWAY**

Jordi Lanuza Masdeu, 2013



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Programa de Doctorat en Biomedicina

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Memòria presentada per Jordi Lanuza Masdeu per optar al títol de doctor
per la Universitat de Barcelona

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RESUM

INTRODUCCIÓ

Les Mitogen-activated protein kinases (MAPKs) són unes quinases eucariotes molt conservades evolutivament. Han estat implicades en vies de senyalització que responen d'una manera específica a estímuls com factors de creixement, pèptids vasoactius, polipèptids relacionats amb el Transforming Growth Factor (TGF), citoquines pro-inflamatòries i l'estrès ambiental (Chang & Karin, 2001). Aquests estímuls són amplificats per les vies de senyalització de les MAPK per tal de controlar programes cel·lulars com la proliferació, la mort cel·lular programada, la diferenciació, l'embriogènesi, l'homeòstasi, les respostes hormonals agudes i la inflamació. D'entre aquestes quinases, la c-Jun N-Terminal Kinase (JNK) és activada específicament per citoquines pro-inflamatòries, estrès ambiental i factors de creixement. L'activació de JNK induïda per aquests estímuls condueix a una ampla gama de respostes cel·lulars (Kyriakis & Avruch, 2012).

Per altra banda, els receptors nuclears (NRs) constitueixen una superfamília de factors de transcripció que regulen diversos processos com el desenvolupament, la reproducció i el metabolisme, així com la inflamació. D'entre ells els Peroxisome Proliferator Activated Receptors (PPARs) i els Liver X Receptors (LXRs) són d'especial interès degut a la seva implicació en la regulació del metabolisme glucídic i lipídic, a més de la inflamació. En el grup de recerca, s'ha demostrat prèviament que la via de senyalització de JNK és inhibida per les Thiazolinediones (TZDs), que són lligands sintètics de PPAR γ i que són emprats com a agents sensibilitzadors a la insulina en el tractament de la diabetis tipus 2 (Díaz-Delfín *et al*, 2007).

S'ha descrit que l'activitat de JNK està anormalment incrementada en diversos teixits en condicions de resistència a insulina i diabetis tipus 2 (Solinas & Karin, 2010). Per exemple, tant la producció i l'alliberació de IL-1 β induïda per la hiperglicèmia i l'excés d'àcids grassos saturats relacionats amb l'obesitat,

Resum

conduïxen a l'activació de JNK i la consegüent disfunció en les cèl·lules productores d'insulina, les cèl·lules β -pancreàtiques (Solinas *et al*, 2006; Ammendrup *et al*, 2000). A més a més, s'ha descrit que la inhibició de JNK mitjançant inhibidors químics evita l'apoptosi dels illots pancreàtics induïda per IL-1 β (Bonny *et al*, 2001).

La rellevància de l'activació de JNK en una gran varietat de malalties amb un component inflamatori, afegit a l'interès del grup en l'estudi de la regulació negativa dels glucocorticoides i els lligands de PPAR i LXR sobre JNK, va portar al grup a la generació d'un model de ratolí transgènic amb expressió condicionada a l'expressió de la recombinassa Cre. En absència de l'expressió de la recombinassa, s'expressa la Green Fluorescent Protein (GFP), mentre que en presència de Cre es produeix la recombinació i el resultat és l'expressió de la forma constitutivament activada de la MAP2K de JNK, la MKK7. D'aquesta manera, creuant el ratolí transgènic amb un altre que expressi Cre de manera teixit específica, podem aconseguir una activació de JNK en un teixit en concret. En aquest cas s'han estudiat els efectes de l'activació de JNK en les cèl·lules β -pancreàtiques.

RESULTATS

L'activació de JNK a les cèl·lules β -pancreàtiques genera intolerància a la glucosa causada per una resistència a insulina central

Tot i que aquests ratolins no tenen cap afectació morfoestructural en els seus illots pancreàtics ni diferències en el contingut total d'insulina, tenen una homeòstasi de la glucosa defectiva. Presenten intolerància a la glucosa i no secreten insulina en resposta a hiperglucèmia. Aquesta reducció de la secreció d'insulina és autònoma de la cèl·lula β ja que s'ha reproduït en secrecions estàtiques amb illots aïllats, i depenent de JNK, ja que s'ha aconseguit revertir el fenotip amb l'inhibidor TAT-JIPi, un inhibidor específic de JNK que es deriva de la regió on s'uneix JNK a la proteïna d'andamiatge JNK-interacting Protein 1 (JIP-1), ajuntada amb la seqüència del pèptid permeable HIV TAT.

Al nivell molecular, les cèl·lules β pancreàtiques amb JNK activa, tenen un bloqueig a la via de senyalització d'insulina que fa que es redueixi la secreció d'insulina i l'expressió de gens diana de la insulina. El tractament amb rosiglitazona, un fàrmac del grup de les TZDs, aconsegueix revertir el fenotip i recuperar la secreció d'insulina en resposta a glucosa i insulina tan en illots aïllats com *in vivo*. Tots aquests resultats indiquen que l'activació de JNK és suficient per promoure la resistència a insulina central però no n'hi ha prou per induir hiperplàsia dels illots o induir l'apoptosi de les cèl·lules β . A més a més, aquests ratolins estan protegits de la hiperinsulinèmia, la hiperglucèmia i l'obesitat induïdes per la dieta grassa o l'envelliment.

Resum

Estabilització de β TrCP mitjançada per JNK

També ha estat objecte d'estudi la interacció entre les vies de senyalització de JNK i NF- κ B. Les dues vies de senyalització són essencials per la regulació de les respostes immune i inflamatòria, així com altres processos fonamentals com la proliferació cel·lular i la supervivència. Per aquesta raó, no n'hi ha prou en estudiar les vies independentment sinó que és molt important estudiar les interaccions que puguin tenir.

Fins ara, el mecanisme més estudiat és la inhibició mútua però en canvi se'n sap molt poc de l'existència d'una interacció positiva. S'ha demostrat que la quinasa MEKK1, que és una MAP3K, pot activar tant JNK com el complex IKK, que està implicat en la degradació proteosomal de l'inhibidor de NF- κ B (I κ B α). Uns anys més tard, es va provar que JNK era essencial en l'activació d'I κ B α en resposta als estímuls específics tioredoxina i trombina. Simultàniament, es va publicar que JNK podia induir l'activació de NF- κ B mitjançant l'estabilització del mRNA de la β TrCP, responsable de la degradació d'I κ B α .

D'acord a aquesta interacció, resultats previs del laboratori han demostrat que JNK és necessària per a la poliubiquitinació i degradació d'I κ B α i, per tant, l'activació de NF- κ B. Sembla que l'activació de JNK afavoreix l'ensamblatge del complex d'ubiquinització SCF ^{β TrCP} i la seva unió al seu substracte, I κ B α . La hipòtesis seguida és que existeixen dos mecanismes que explicarien aquesta interacció. Per un costat hi hauria l'estabilització del mRNA de β TrCP per a efectes a llarg termini, mentre que per altra banda hi hauria efectes post-traduccionalment per a permetre respostes ràpides. A més a més, la inhibició de JNK mitjançant dexametasona, afecta a l'activació de NF- κ B i contribueix a la transrepressió mitjançada pel receptor de glucocorticoides.

Les dues línies investigades han estat si l'estabilització del mRNA de β TrCP podia estar mitjançada per la interferència de JNK amb la interacció d'aquest mRNA amb el microRNA-183 (miR-183) i l'estudi de la funció de JNK sobre l'ensamblatge del complex d'ubiquitinització.

En quant al primer punt, JNK va resultar fosforilar a CRD-BP, una proteïna que s'uneix al mRNA de β TrCP per protegir-li de l'atac per part del miR-183. A més a més, un mutant de β TrCP amb la seqüència nucleotídica alterada perquè no s'hi unís el miRNA però amb la seqüència aminoacídica inalterada, es seguia estabilitzant en resposta a l'activació de JNK a nivell de proteïna però no de mRNA. Això indica que l'activació de β TrCP efectivament està passant a ambdós nivells i que JNK afecta al sistema mRNA (β TrCP) - miR-183 - CRD-BP.

A part d'aquest efecte de JNK, sembla que estigui fent de proteïna d'ensamblatge per a la unitat bàsica del complex de $SCF^{\beta TrCP}$, SKP1- β TrCP. L'activació de JNK resulta en l'increment de les dues proteïnes però la interacció entre elles és també necessària per a aconseguir la màxima estabilització.

A més a més, aquest efecte podria ser extensiu a altres complexos $SCF^{\beta TrCP}$ ja que altres dianes de β TrCP com β -catenina també estan afectades i els nivells d'altres F-Box com la SKP2 també es veuen incrementats, i el dels seus substrats disminuïts d'una manera dependent de JNK.

INTRODUCTION

BACKGROUND

Cell signaling

All living cells sense and respond to the environment by a set of mechanisms known as cell signaling: part of a complex system of communication that governs basic cellular activities and coordinates cell actions. Cells must respond appropriately to the environment, whether they live freely or are part of an organism. This need of communication is even more required in organisms with tissues with specialized functions. The ability of cells to perceive and correctly respond to the microenvironment is the basis of very important processes such as development, tissue repair, and immunity as well as normal tissue homeostasis.

Cells receive information from the environment through receptors, located in the plasma membrane or in intracellular compartments. The information is then processed through signaling pathways and decoded in cellular compartments, including the nucleus. To understand cell signaling, we need to understand the spatial and temporal dynamics of the receptors, the components of signaling pathways and their crosstalks. We need to know which specific components are actually present in a given cell, where are located, and what their functions are.

The diverse stimuli that cells receive constantly play an important role and determine cell processes such as proliferation, differentiation and apoptosis, as well as the coordinated control of multiorganic responses like inflammation. In this last example, while pathogen recognition begins at the receptor level, are the signaling components downstream of each receptor and the way they interact with each other that ultimately determine the specific transcriptional response and immunological outcome.

In the present work the main pathways studied have been the ones involving the c-Jun N-Terminal Kinase (JNK), the Nuclear Factor- κ B (NF- κ B), insulin and Nuclear Receptors, specifically the Peroxisome Proliferator-Activated Receptor- γ (PPAR- γ). Actually, the main goal of the thesis was to identify and characterize the molecular mechanisms by

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which JNK interact with these other signaling pathways and evaluate their relevance to determine the final response. In the case of NF- κ B, the interactions were studied in the context of inflammation whereas glucose homeostasis was the area of the study of the interaction JNK-Insulin signaling. Finally, through the JNK regulation, NRs could also exert their effects on NF- κ B and insulin signaling pathway.

Mitogen-activated protein kinases (MAPK)

One of the main signal transduction pathways are the MAPKs, which are ubiquitous and evolutionarily conserved in eukaryotic cells. The MAPK pathways are present in all eukaryotic cells and enable coordinated and integrated responses to most, if not all, stimuli, including hormones, growth factors, cytokines, agents acting through G protein-coupled receptors, and environmental stresses.

Once activated, MAPK pathways exert major effects on cell physiology by coordinating the recruitment of gene transcription factors, protein biosynthesis, cell cycle control, apoptosis, and differentiation (Kyriakis & Avruch, 2012).

The conventional MAPKs, which include the extracellular signal-regulated kinases 1 and 2 (ERK1/2), c-Jun amino-terminal kinases 1 to 3 (JNK1 to 3), p38MAPK (p38) (α , β , γ , and δ), and ERK5 families, are the best known. In addition, atypical MAPKs, including ERK3/4, ERK7/8, and Nemo-like kinase (NLK), have distinct regulation and functions (Smaele *et al*, 2001; Tang *et al*, 2001). In particular and related to the thesis, JNK and p38 can be activated by cellular stresses and are collectively known as Stress-Activated Protein Kinases (SAPKs).

MAPKs contain the signature sequence –TXY–, where T and Y are threonine and tyrosine, and X is glutamate, proline or glycine, in ERK, JNK or p38, respectively. Phosphorylation of both the threonine and tyrosine residues within this signature sequence is required for MAPK activation (Kyriakis & Avruch, 2012). MAPKs are serine/threonine-specific, proline-directed, protein kinases; however, substrate selectivity is

often conferred by specific MAPK docking sites present on physiological substrates. Interestingly, these docking sites often reside at considerable distance in the primary sequence from the MAPK phosphoacceptor site (Kyriakis & Avruch, 2012).

Dual phosphorylation of MAPKs is achieved via a signaling cascade involving a MAPK kinase (MAPKK or MAP2K) that is responsible for phosphorylation of the appropriate MAPK, and a MAP2K kinase (MAPKKK or MAP3K) that phosphorylates and activates the MAP2K (Fig. 1) (Huang *et al*, 2009). There are a total of approximately 20 MAP3Ks in mammalian cells, with each of them receiving and integrating specific upstream signals (Symons *et al*, 2006; Winter-Vann & Johnson, 2007). Upon activation, MAPKs regulate key cellular events in the cytoplasm by phosphorylation of membrane-associated and cytoplasmic proteins including other kinases and cytoskeletal elements. Activated MAPKs also translocate to the nucleus to phosphorylate transcription factors such as c-Jun, c-Fos, Elk-1, c-Myc and other components of the transcriptional machinery to coordinate the expression of downstream target genes (Kyriakis & Avruch, 2012).

In contrast to the high degree of MAPK substrate selectivity, MAP2K and MAP3K frequently function promiscuously in several pathways and are often subject to regulation by multiple stimuli (Biondi & Nebreda, 2003; Kallunki *et al*, 1994; Tanoue & Nishida, 2003). In order to preserve the selectivity and efficiency of the MAPK signaling pathways, there are scaffold proteins that select the particular MAPK pathway elements and bring them together. In some cases, scaffold proteins are distinct polypeptides that bind specific MAPK pathway components. Alternatively, core MAPK signaling components themselves can also possess intrinsic scaffolding properties (Morrison & Davis, 2003).

MAPK phosphatases or Dual Specificity Phosphatases (MKPs or DUSP) are protein phosphatases that dephosphorylate both the phosphothreonine and phosphotyrosine residues on activated MAPKs. Removal of the phosphates renders MAPKs inactive, effectively ensuring a fast and efficient control of the signaling pathway (Kyriakis & Avruch, 2012; Barr & Bogoyevitch, 2001). Depending on the MKP, they can act over one

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or several of the MAPKs, such as the ERK specific inactivation by the cytoplasmic MKP-3/DUSP6 or the nuclear MKP-1/DUSP1, which is able to dephosphorylate ERK, JNK and p38 (Owens & Keyse, 2007).

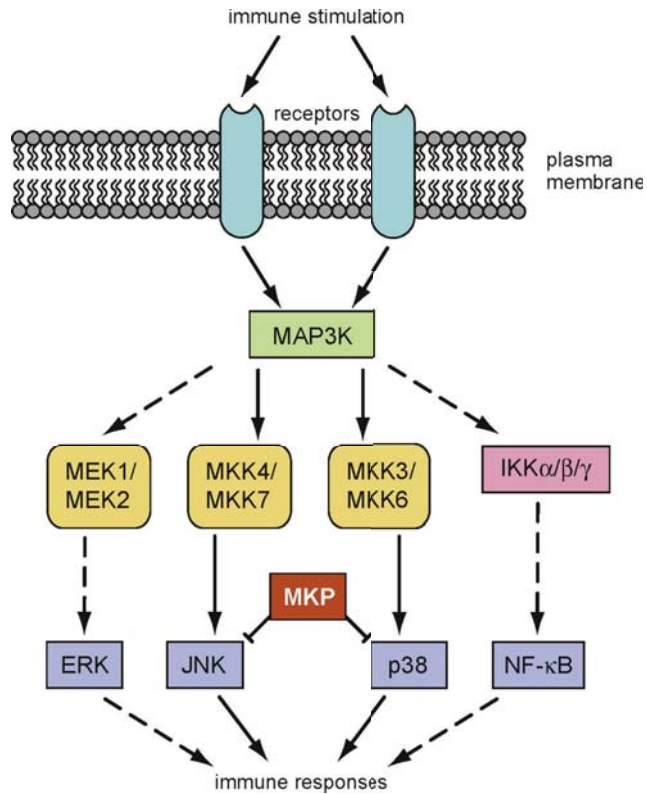


Figure 1. Organization of the MAPK cascade in the immune system. Stimulation of receptors in the immune system results in the activation of the three-tiered kinase module comprised of MAP3K, MAP2K and MAPK through sequential protein phosphorylation. Activated MAPKs are dephosphorylated by MKPs. Certain MAP3Ks such as TAK1 and MEKK3 also contribute to the activation of the IKK/NF- κ B pathway. Although not depicted here, p38 can be also activated by MAP2K-independent mechanisms. Adapted from (Huang *et al*, 2009).

JNK pathway

JNK was initially identified and purified as a protein kinase activated in the liver of rodents exposed to cycloheximide and therefore named SAPK (Kyriakis & Avruch, 1990). Later studies identified JNK as a ultraviolet (UV) activated kinase that phosphorylated the c-Jun transcription factor in two residues (Ser63 and Ser73) of the transactivation domain ((Hibi *et al*, 1993; Adler *et al*, 1992; Pulverer *et al*, 1991). Subsequent studies led to the molecular cloning of JNK and the demonstration that it was a member of the MAPK group of signaling proteins (Derijard *et al*, 1994; Kyriakis *et al*, 1994).

The JNKs are encoded by three different genes, *jnk1* to 3, which are also named *mapk8* to 10 respectively (Kyriakis *et al*, 1994). All JNKs contain the characteristic Thr-X-Tyr MAPK motive, in particular the in the Thr183-Pro-Tyr185 sequence located in activation loop in the subdomain VIII. Whereas *jnk1* and *jnk2* are expressed ubiquitously, *jnk3* expression is restricted to certain tissues (Gupta *et al*, 1996).

Each *jnk* gene is subjected to two alternative splicing sites, one site in a region between the corresponding subdomains IX and X (resulting the α and β isoforms) and a second one in the 3' terminus of the Coding DNA Sequence (CDS) (resulting the 1 and 2 isoforms). This last site is responsible for the differences in the molecular weight, from 46 to 55 KDa. In contrast to observations made for JNK1 and JNK2, JNK3 isoforms with alternative sequences within protein kinase subdomains IX and X have not been detected (Gupta *et al*, 1996). Accordingly, 10 polypeptides exist but the functional significance of each one remains unclear because of a high redundancy (Fig. 2). In the case of the α and β isoforms apparently differ modestly in their affinities for substrates (Derijard *et al*, 1994; Kallunki *et al*, 1994; Kyriakis *et al*, 1994). Some other isoforms have been predicted but not detected at the protein level yet.

The functional analysis of JNK by gene disruption in mice confirmed that there is extensive complementation between the JNK isoforms and although there are also tissue-specific defects in signal transduction that may reflect the JNK isoform profile of

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individual tissues. This complicates the analysis of JNK knockout (KO) mice and indicates the need for studies of compound mutants that lack expression of all JNK isoforms in specific tissues, as double mice *jnk1/2* KO are not viable (Tournier, 2000).

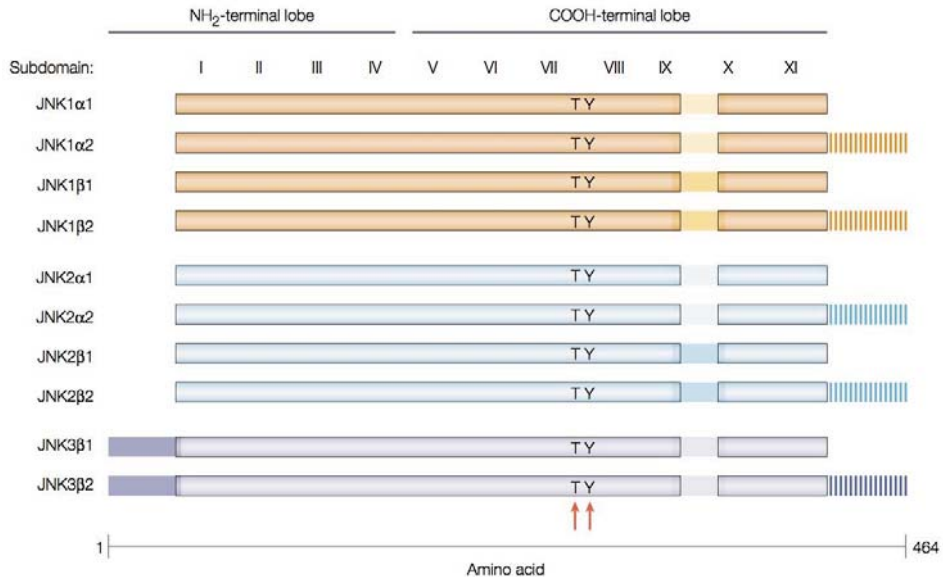


Figure 2. Structural features of the JNK proteins. The JNKs are composed by 11 protein kinase subdomains (indicated as I–XI). The protein kinase activation loop is located between subdomains VII and VIII, and contains the threonine (T) and tyrosine (Y) residues that are phosphorylated for full kinase activation. The members of the JNK family are generated by alternative splicing of three *jnk* genes to produce ten different isoforms. The shaded regions indicate the differences. There are two key alternative splicing sites: the first is between subdomain IX and X of the COOH-terminal lobe of the corresponding protein, which results in splice forms that demonstrate altered substrate specificity; the second alternative splicing site occurs at the 3' end of the CDS, and results in proteins that differ in length by either 42 or 43 amino acids (depicted as hatched regions) (Adapted from Manning & Davis, 2003).

JNKs, while activated by mitogens, are also vigorously activated by a variety of environmental stresses (heat shock, ionizing radiation, oxidants), genotoxins (topoisomerase inhibitors and alkylating agents), ischemic reperfusion injury, mechanical shear stress, vasoactive peptides, proinflammatory cytokines, PAMPs/DAMPs and by translational inhibitors like cycloheximide (Weston & Davis, 2007; Kallunki *et al*, 1994). For some of the stimuli, like TNF- α or IL-1 β , the signaling cascade that leads to the phosphorylation and activation of JNK is well described, while

for other stimuli, such as osmotic stress and UV radiation, there is still some controversy.

In any case, it is known that JNKs are activated by the MAP2Ks, MKK4/SEK1 and MKK7/MEK7 (Rana *et al*, 1996; Yao *et al*, 1997). Comparison of the biochemical properties between them indicates that these protein kinases have different substrate specificity. Thus, MKK4 can activate both JNK and p38 MAPK (Dérjard *et al*, 1995; Lin *et al*, 1995). In contrast, MKK7 selectively activates JNK (Holland *et al*, 1997; Moriguchi *et al*, 1997; Tournier *et al*, 1997). Although both MKK4 and MKK7 are dual-specificity protein kinases that can phosphorylate JNK on Tyr and Thr, these residues are phosphorylated preferentially by MKK4 and MKK7, respectively (Lawler *et al*, 1998). Because dual phosphorylation of these sites is required for JNK activation (Derijard *et al*, 1994), these *in vitro* experiments suggest that MKK4 and MKK7 may cooperate to activate JNK. However, JNK activation in response to TNF- α strictly needs MKK7 and MKK4 can not compensate it (Tournier *et al*, 2001).

At the same time, MKK4 and MKK7 are also activated by a double phosphorylation by a MAP3K. In this case there are several kinases capable to do it: MEKK1, ASK1, MLK, TAK1 and TPL2. Even so, there is a large functional redundancy as these MAP3K can activate other signaling pathways. Together, these protein kinases are able to form signaling cascades that can function as defined signaling modules that mediate JNK activation in response to specific stimuli.

As mentioned, scaffold proteins create a functional signaling module and to control the specificity of signal transduction. In the case of JNK there several proteins in charge like the JNK interacting proteins (JIP), Axin or POSH (Plenty of SH₃). These proteins collect specific MAP3K-MAP2K-MAPK core modules into organized signaling oligomers. Gene disruption of these scaffold proteins result in JNK deficient activation whereas overexpression has the opposite effect (Yasuda *et al*, 1999; Whitmarsh *et al*, 2001)

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Activated JNK is inactivated through dephosphorylation of threonine and/or tyrosine residues. The dephosphorylation could be achieved by dual phosphatases and, in the case of JNK, the ones in charge are MKP-1/2/X/5/7 and M36 (Kondoh & Nishida, 2007). This way the magnitude and duration of the activation can be regulated.

Downstream JNK

The first described target of JNK was c-Jun, a member of the Activator Protein 1 (AP-1) transcription complex. c-Jun phosphorylation on Ser63 and Ser73 by JNK increases its activity regulating genes implied in cell processes such as proliferation, differentiation and apoptosis. AP-1 complex is a dimer formed by members of the families JUN, FOS, ATF (Activating Transcription Factor) and MAF (v-maf musculoaponeurotic fibrosarcoma oncogene homolog). These proteins bind to form homo- and heterodimers with distinct binding affinities to different response elements in the DNA like TREs (TPA Response Elements) and CREs (cAMP Response Elements) (Eferl & Wagner, 2003). The activity of these AP-1 complexes can be regulated then for both, the dimer composition and their post-translational modifications.

Phosphorylation of c-Jun by JNK increases its activity by reducing its ubiquitination (Musti *et al*, 1997) and also by favoring the dissociation of a transcriptional repressor complex that includes the histone deacetylase HDAC3 (Weiss *et al*, 2003). Moreover, activated c-Jun promotes its own gene transcription (Karin *et al*, 1997). In addition, other members of the AP-1 complex like ATF-2 can also be phosphorylated/activated by JNK (Livingstone *et al*, 1995). In the other hand, c-Jun phosphorylation can promote its recognition by the E3 ubiquitin ligase Fbw7 (Nateri *et al*, 2004), and JNK can also phosphorylate and activate Itch, another E3 ubiquitin ligase that targets c-Jun (Gao *et al*, 2004).

Finally, related to the nuclear activity of JNK, it has been described that it binds to a large set of active promoters during the differentiation process of stem cells into neurons (Tiwari *et al*, 2012). Additionally, it binds and phosphorylates the histone H3

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which results in an increase in the transcription of the JNK-bound promoters containing phosphorylated H3 (Tiwari *et al*, 2012). Other transcriptional regulators that can be phosphorylated by JNK, a part from the already described c-Jun and ATF-2, are Elk-1, c-Myc and p53 (Lin, 2003; Fuchs *et al*, 1998). Regarding the cytoplasmatic actions of JNK through phosphorylation of different substrates, it has been implicated in a wide range of processes, like inflammation, apoptosis and insulin resistance, which will be described in further sections of this introduction.

Nowadays is also accepted a major role of JNK in the oncogenic transformation and tumor development. For example, it has been stated that JNK phosphorylation of c-Jun is essential for the transformation induced by Ras (Adjei, 2001) or β -catenin/TCF-4 (Nateri *et al*, 2005). Its activity has also been observed to be increased in tumoral cell lines (Davis, 2000) and its inhibition has been associated with a decrease of the tumorigenicity and a sensibilization against anti-cancer drugs (Potapova *et al*, 1997, 2000).

NUCLEAR RECEPTOR SUPERFAMILY

Nuclear Receptors (NRs)

Nuclear hormone receptors are ligand-regulated sequence-specific transcription factors that may activate or repress gene expression. Ligand-activated gene transcription is generally mediated by binding of NR to their cognate DNA elements (Beato *et al*, 1995). Though negative binding elements have been described, repression is mainly conducted by interference with other transcription factors, of which AP-1 and NF- κ B are one of the most representatives.

Glucocorticoid Receptor (GR)

Glucocorticoids play a key physiological role in development, cellular proliferation and differentiation. In addition, the prominent pharmacological actions of these hormones have prompted their widespread medical use to treat diverse pathological conditions such as asthma, allergic rhinitis, rheumatoid arthritis and leukemia (Barnes, 1998). Glucocorticoids exert most of their actions by binding to an intracellular regulator that belongs to the NR superfamily.

Hormone-activated GR regulates gene transcription, either positively or negatively, by two major modes of action. Essentially, it can bind to promoters of target genes or interfering with other transcriptional regulators. This mechanism is known as transrepression and are DNA-Independent protein to protein interactions. Important sets of genes transrepressed by GR are those that are under positive control of AP-1 and/or NF- κ B. Actually, this is thought to be the mechanism by which glucocorticoids exert their anti-inflammatory and immune-suppressive actions (Herrlich, 2001).

In the case of AP-1, it exerts the inhibition by binding directly to c-Jun (Schüle *et al*, 1990) and attracting transcriptional corepressors like TIF2/GRIP1 (Rogatsky *et al*, 2001, 2002). In addition, GR can inhibit JNK activation, and therefore AP-1 activation, by a direct interaction (Caelles *et al*, 1997; Bruna *et al*, 2003). Moreover, JNK inhibition by

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A successful acute inflammatory response results in the elimination of the infectious agent followed by a resolution and repair phase, which is mediated mainly by tissue-resident and recruited macrophages (Serhan & Savill, 2005). In case it fails to eliminate the pathogen, chronic inflammatory state starts. In addition to persistent pathogens, chronic inflammation can occur as a result of autoimmune responses or undegradable foreign bodies (Medzhitov, 2008).

Inflammation is essential for life and preservation of function, as reflected by the increase of risk of suffering diseases and reduced life span in patients carrying genetic mutations in the principal genes involved in the inflammatory process (Biesma *et al*, 2001; Bunting *et al*, 2002). However, tuning the magnitude of the response is crucial: insufficient responses result in immunodeficiency, which can lead to infection and cancer, and over reaction causes morbidity in diseases such as Crohn's disease, atherosclerosis or rheumatoid arthritis.

Thus, the medical focus is centered in both, inhibiting inflammation and learning how to induce inflammation more effectively. Deeper understanding of the molecular basis involved in the control of the inflammatory processes is fundamental for the design and refinement of new, powerful and specific drugs. Given the fine line in between the healing inflammatory process from the malignant one, a tight, efficient and precise mechanism is needed. The regulation of the inflammation response as been widely studied, resulting the most relevant signaling pathways implicated JNK/AP-1 and I κ B α Kinase/Nuclear Factor- κ B (IKK/NF- κ B).

Moreover, in the last decade has become evident that metabolic and immune response pathways or nutrient- and pathogen-sensing systems have been evolutionarily conserved throughout species. As a result, immune response and metabolic regulation are highly integrated and the proper function of each is dependent on the other. This interface can be viewed as a central homeostatic mechanism, dysfunction of which can lead to a cluster of chronic metabolic disorders, particularly obesity, type 2 diabetes and cardiovascular disease (Hotamisligil, 2006).

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Introduction to the NF- κ B family

NF- κ B was described for first time more than 30 years ago as a nuclear factor required for the transcription of the light chain κ of the immunoglobulins produced by the B-lymphocytes (Sen & Baltimore, 1986). Besides its role in the transcriptional regulation of the immune system, NF- κ B is also involved in many other processes such as apoptosis (Yang *et al*, 1993) and oncogenesis (Mayo & Baldwin, 2000).

The NF- κ B family is composed by two subfamilies: the Rel and the NF- κ B proteins. All of them share at the N-terminus a RHD (Rel Homology Domain) of about 300 amino acids, which is responsible for the dimerization and binding to the DNA. Another important domain is the NLS (Nuclear Localization Sequence). Normally, the Rel members contain a transactivation domain located in their C-terminus, while the NF- κ B members do not. As a result of this, the members of the NF- κ B subfamily require dimerization with a Rel protein to become transcriptional activators (Gilmore, 2006; Hayden & Ghosh, 2004, 2012) (Fig. 4).

NF- κ B activation

In a non-stimulated situation, NF- κ B would stay bound to I κ B (Inhibitor of NF- κ B) in the cytoplasm and therefore, it will remain in an inactive state (Baeuerle & Baltimore, 1988). When the pathway is activated by a stimulus, such as the cytokines TNF- α , IL-1 β or LPS (lipopolysaccharide), I κ B is degraded so NF- κ B is free to go into the nucleus and exert its action.

The extracellular signals detected by specific receptors and, with the collaboration of some adaptor proteins, activate the I κ B Kinases (IKKs). The IKK complex is composed of two catalytic subunits (IKK α of IKK1 and IKK β or IKK2) and two regulatory subunits (IKK γ or NEMO, the NF- κ B Essential Modifier) (Fig. 4). Once active, IKKs phosphorylate the I κ Bs in the residues Ser 32 and Ser 36 (for I κ B α). This phosphorylation is detected by the

E3 ubiquitin ligase SCF^{βTRCP} and results in the poly-ubiquitination of the inhibitor in the residues Lys 21 and Lys 22 and its fast degradation through the proteasome pathway (Winston *et al*, 1999) (Fig. 5).

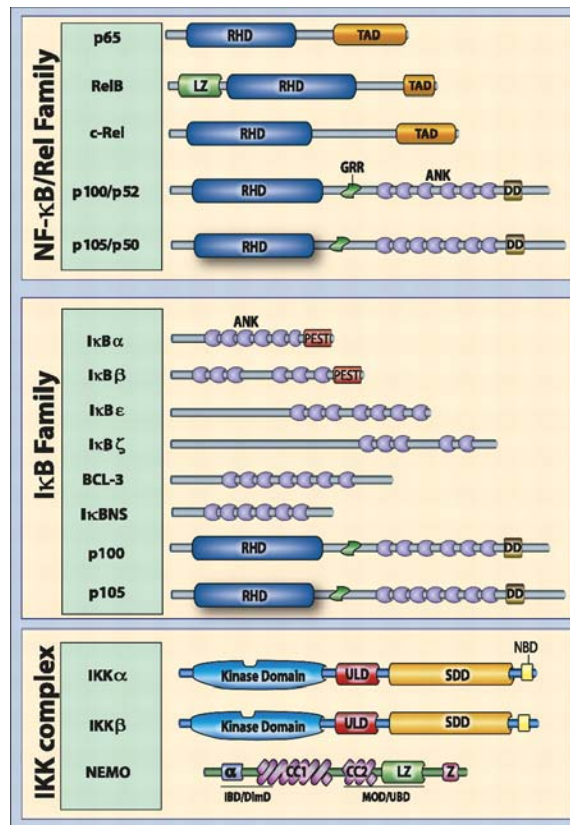


Figure 4. Components of the NF-κB pathway. The mammalian Rel (NF-κB) protein family consists of five members: p65 (RelA), RelB, c-Rel (Rel), and the precursor proteins p100 (NF-κB2) and p105 (NF-κB1), the latter giving rise to p52 and p50, respectively. The IκB family consists of eight bona fide members, IκBα, IκBβ, IκBε, IκBζ, BCL-3, IκBNS, p100, and p105, which are typified by the presence of multiple ankyrin repeat domains. The IKK complex consists of IKKα, IKKβ, and NEMO. Relevant domains typifying each protein family are indicated. (ANK) Ankyrin repeat domain; (DD) death domain; (RHD) REL homology domain; (TAD) transactivation domain; (LZ) leucine zipper domain; (GRR) glycine-rich region; (SDD) scaffolding and dimerization domain; (ULD) ubiquitin-like domain; (Z) zinc finger domain; (CC) coiled-coil domain; (NBD) NEMO-binding domain; (α) α-helical domain; (IBD/DimD) IKK-binding domain/dimerization domain; (MOD/UBD) minimal oligomerization domain/ubiquitin-binding domain; (PEST) proline-rich, glutamic acid-rich, serine-rich, and threonine-rich (Adapted from Hayden & Ghosh, 2012).

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There are several I κ B (I κ B α , I κ B β , I κ B γ , I κ B ϵ , ...), every one with different affinity to the diverse NF- κ B dimers and different patterns of phosphorylation and degradation. Structurally, they are characterized by a series of ankyrin-repeat sequences, from five to seven, that interact with the RHD domain from the NF- κ B. This way, I κ Bs not only inhibit the nuclear translocation but also they inhibit their ability to bind to the DNA (Chen & Ghosh, 1999) (Fig. 4).

I κ B α is largely the most abundant and studied while the standard NF- κ B dimer is the p65/p50. In the binding of I κ B α with p65/p50, only the NLS of p65 is masked, causing a balance in between the import-export of the NF- κ B complexes from the cytoplasm and nucleus. When the pathway is activated this equilibrium is broken and the degradation of I κ B α favors the nuclear translocation of NF- κ B (Ghosh *et al*, 2002). In the case of I κ B β and I κ B ϵ , they have a more slow degradation so they are especially important in the persistent stimulations of the NF- κ B pathway (Hoffmann *et al*, 2002).

For the NF- κ B dimers containing the proteins p100 and p105, there is no I κ B. The protein itself is masking the NLS and, once the pathway is stimulated and p100 or p105 phosphorylated, the same β TrCP is in charge to remove the I κ B-like C terminus allowing the active p52 N-terminal half to function in transcriptional regulation (Xiao *et al*, 2001; Pomerantz & Baltimore, 2002). This route is called the non-canonical pathway (Fig. 5).

Other atypical mechanisms to activate NF- κ B have been described, most of them characterized by being IKK-independent. For example, the I κ B α phosphorylation by CK2 in response to UV radiation (Kato *et al*, 2003), or the activation by chemotherapeutic drug doxorubicin, that can happen independently of IKK and where the classical Ser 32 and Ser 36 I κ B α phosphorylations are not required (Tergaonkar *et al*, 2003).

Once in the nucleus, NF- κ B is capable to bind some specific sequences called κ B sites and activate transcription of many genes (Hayden & Ghosh, 2004). Actually, some of the genes whose transcription is activated are *I κ B α* , constituting a negative feedback

regulatory mechanism to self-limit the activation of the pathway (Brown *et al*, 1993; Ito *et al*, 1994).

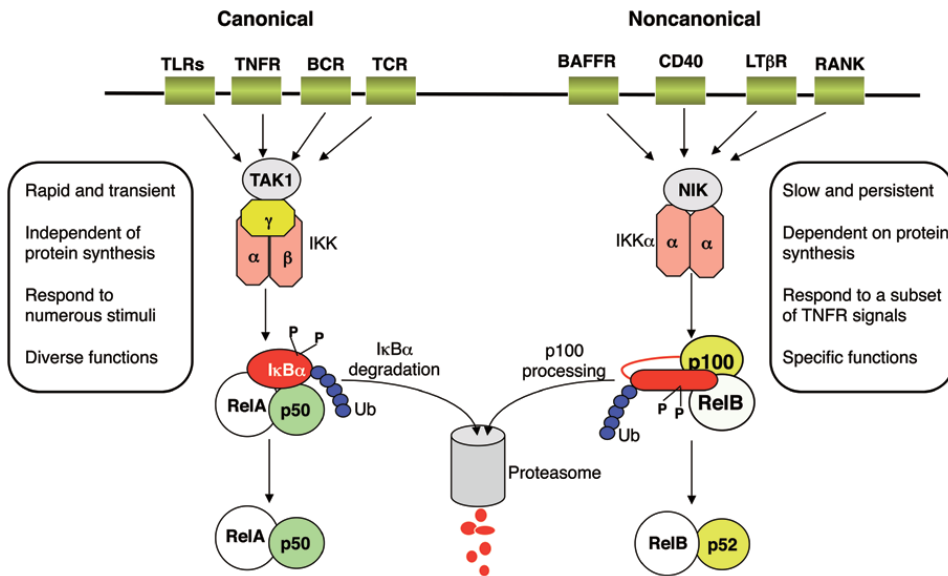


Figure 5. Canonical and non-canonical NF-κB signaling pathways. Canonical pathway is triggered by numerous signals, including those mediated by innate and adaptive immune receptors. It involves activation of IKK complex by Tak1, IKK-mediated IκBα phosphorylation, and subsequent degradation, resulting in rapid and transient nuclear translocation of the prototypical NF-κB heterodimer RelA/p50. Non-canonical NF-κB pathway relies on phosphorylation-induced p100 processing, which is triggered by signaling from a subset of TNFR members. This pathway is dependent on NIK and IKKα, but not on the trimeric IKK complex, and mediates the persistent activation of RelB/p52 complex (Modified from Sun, 2011).

The regulation of the NF-κB may involve other levels of regulation like different protein abundance or post-translational modifications that can alter its activity, such as ubiquitination, sumoylation and acetylation (Perkins, 2006; Natoli & Chiocca, 2008).

Introduction to the SCF^{BT₂CP} Ubiquitination complex

Ubiquitination of proteins requires three sequential steps that are regulated by three different enzymes. First of all, an E1 ubiquitin-activating enzyme activates ubiquitin by a two-step reaction using ATP as an energy source and resulting in a thioester linkage between the C-terminal carboxyl group of ubiquitin and E1 cysteine sulfydryl group.

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Secondly, ubiquitin is transferred from the E1 to a cysteine group in the active site of a ubiquitin-conjugating enzyme E2 via a trans(thio)esterification reaction.

The final step of the ubiquitination cascade creates an isopeptide bond between the side chain of a lysine residue of the target protein and the COOH-terminal glycine residue of ubiquitin. This step requires the activity of an E3 ubiquitin-protein ligase (often termed simply ubiquitin ligase). Repeated rounds of ubiquitination result in the formation of long chains of ubiquitin molecules (poly-ubiquitination), which labels the target protein for 26S proteasomal degradation (Hershko & Ciechanover, 1998).

In most eukaryotes, there is only one E1, a considerable but limited number of E2s (about 60 in mammals), and a much larger number of E3s. In this scheme, the E3s serve the critical role of selecting specific substrates for ubiquitin conjugation (Gao & Karin, 2005). E3 enzymes function as substrate recognition modules of the system and are capable of interaction with both E2 and substrate. Each E3 recognizes a set of substrates and cooperates with one or a few E2s to catalyze substrate ubiquitination. A single E2 can interact with several E3s and thereby affect a large number of targets. Thus, regulation of E3 catalytic activity or the E3-substrate interaction allows for a greater degree of selectivity than regulation of E2 catalytic activity.

In the case of NF- κ B activation, I κ B α degradation by poly-ubiquitination is a key step and SCF ^{β TrCP} is the E3 responsible of it. SCF ^{β TrCP} multiprotein complex forms part of the RING (Really Interesting New Gene Domain) E3 ligase family (Joazeiro & Weissman, 2000), that differs from the other main family, HECT (Homologous to E-AP C-terminus domain), because they enable they direct transfer of the ubiquitin from the E2 to the substrate.

SCF complexes are composed of the scaffold protein Cul1, the RING-domain protein Rbx1/Roc1 (RING box protein/Regulator of cullins 1), the adaptor protein Skp1 (S-phase kinase associated protein 1), and an F box protein that binds the substrate. Rbx1

associates with Cul1 and the E2, while Skp1 interacts simultaneously with Cul1 and with the F box protein, in this case β TrCP (Skowyra *et al*, 1997; Wu *et al*, 2003) (Fig. 6).

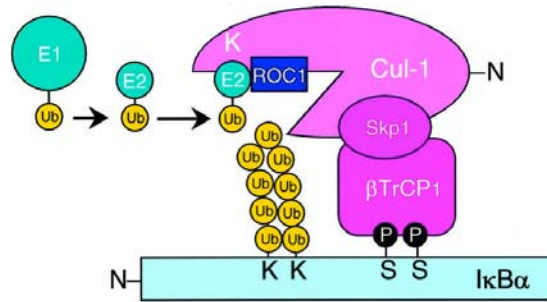


Figure 6. Schematic representation of $\text{I}\kappa\text{B}\alpha$ ubiquitination. (Adapted from Kawakami *et al*, 2001). See the main text for further explanation.

As an F-Box protein, β TrCP has a characteristic F-Box domain that is used to bind to the adaptor protein. The C-terminal domain of the F-box, the part in charge of the substrate recognition, is variable and determines the three subfamilies: the Fbws, that contain several repeats of WD-40; the Fbls, that have leucine rich repeats; and the Fbxs, that include all the rest (Cenciarelli *et al*, 1999). β TrCP belongs to the first of the subfamilies, the Fbw. Two isoforms have been described: β TrCP1 (or Fbw1) and β TrCP2 (or Fbw2) that have a 75% similarity. Concerning the WD-40 domain, they have seven and four WD-40 repeats each that bind to their substrate at the same motif: DS^*GXXS^* (where * indicates the residues that have to be phosphorylated) (Winston *et al*, 1999).

A part from $\text{I}\kappa\text{B}\alpha$ and other members of the NF- κB pathway ($\text{I}\kappa\text{B}\beta$, $\text{I}\kappa\text{B}\epsilon$, p100 and p105) (Shirane *et al*, 1999; Fong & Sun, 2002; Lang *et al*, 2003), other substrates for β TrCP have been described: β -catenin, the activator of the transcription factor Tcf; Emi1, the APC (Anaphase-Promoting Complex) inhibitor; and ATF4 (Latres *et al*, 1999; Margottin-gouget *et al*, 2003; Lassot *et al*, 2001). This wide variety of substrates that it is able to recognize and target to degradation gives β TrCP a very important role in the regulation of biological processes like cell cycle, inflammatory response or oncogenesis.

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Regulation of the activity of the SCF^{βTrCP} complex

As long as the levels of βTrCP in the cell are generally low, it was suggested that the processes that would affect the abundance and localization of βTrCP would be of great importance in the regulation of the activity of the SCF^{βTrCP}. Indeed, the function of the complex can be downregulated by expressing βTrCP negative dominant forms (Yaron *et al*, 1998) or knocking out βTrCP (Nakayama *et al*, 2003; Guardavaccaro *et al*, 2003b). Oppositely, the overexpression of βTrCP leads to a greater and faster degradation of its substrates (Fuchs *et al*, 1999; Kroll *et al*, 1999).

The two βTrCP paralogs have similar biochemical properties. Regarding its cellular localization, βTrCP1 is mainly in the nucleus, even though it may have cytoplasmic substrates as IκBα. A nuclear protein, hnRNP-u, works as a pseudosubstrate sequestering active βTrCP1 in the nucleus until a higher affinity substrate (phospho-IκBα) appears (Davis *et al*, 2002). The other isoform, βTrCP2, is mainly cytoplasmic, most probably because of its inability to bind hnRNP-u. Even so, its abundance and affinity to IκBα is lower and βTrCP1 seems to be the main responsible of its degradation (Davis *et al*, 2002; Suzuki *et al*, 2000; Putters *et al*, 2011).

Actually, many studies show that the βTrCP isoforms are partially redundant and they are able to compensate each other's function in some situations (Nakayama *et al*, 2003). This has been reported for the degradation of Wee1, IκB, Per1 and the RE1-silencing transcription factor (Rest) (Suzuki *et al*, 2000; Watanabe *et al*, 2004; Shirogane *et al*, 2005; Westbrook *et al*, 2008). Conversely, the early mitotic inhibitor 1 (Emi1) explicitly requires both βTrCP1 and βTrCP2 for its degradation (Guardavaccaro *et al*, 2003b). In addition, genetic evidence from gene knock-out experiments in mice shows that βTrCP2 is essential in early development while deletion of βTrCP1 does not affect viability but impairs spermatogenesis and reduces fertility (Guardavaccaro *et al*, 2003b). βTrCP1 hereafter will be referred as βTrCP.

In relation to protein abundance, it has been described that βTrCP levels can be increased by the wnt and JNK pathways (Spiegelman *et al*, 2000, 2001). Regarding

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β TrCP mRNA, it is very unstable, but unlike the majority of mRNAs where 3'UTR determines the rate of mRNA turnover, β TrCP mRNA contains cis-acting destabilizing elements within its coding region. It has been shown that degradation of mRNA of β TrCP is dependant on miR-183, a microRNA that interacts with the coding region of β TrCP mRNA. This binding targets it to degradation through binding to argonaute (Elcheva et al, 2009). The degradation, however, is prevented by the RNA-binding protein CRD-BP (also known as IMP-1 or IGF2BP1) that binds to the coding region of β TrCP mRNA and stabilizes it (Noubissi et al, 2006).

In addition to the mechanisms regulating the abundance and localization of β TrCP, a potential role of post-translational modifications of β TrCP and other members of the complex is likely to happen in the assembly and activity of the SCF ^{β TrCP} E3 ubiquitin ligases (Fuchs *et al*, 2004). On the other hand, the low availability of β TrCP in the cell, can affect the ubiquitination of some specific target due to the competition with the other targets plus other proteins that can interact with β TrCP, such as the HIV viral protein Vpu (Bour *et al*, 2001; Besnard-Guerin *et al*, 2004).

Furthermore, there exists an extra level of control of the SCF ^{β TrCP} activity, which is the assembly of the complex. The abundance of the rest of the proteins of the complex in a normal situation is not a limiting factor, but their post-translation modifications have a key role in the assembly and the functionality of the complex. Importantly, CSN (COP9 signalosome) was shown to control Nedd8 modification of the Cul1 subunit (Lyapina *et al*, 2001). Nedd8 conjugation to Cul1 stimulates the activity of SCF, and the CSN inhibits the complex by deneddylating it (Cope *et al*, 2002). In contrast, there are several studies indicating that CSN is required to sustain CRL activity in cells (Bosu & Kipreos, 2008). This apparent paradox is resolved by the observation that CSN-mediated inactivation of SCF ^{β TrCP} counteracts autocatalytic breakdown of the F-Box and adaptor proteins (Cope & Deshaies, 2006; Wee *et al*, 2005).

Introduction

JNK and NF- κ B

As mentioned before, JNK and NF- κ B are key signaling cascades in many biological functions. Several of these processes are shared, like inflammatory response and apoptosis, so, as it would be expected, their activity is coordinated. In this regard, they have both activators and targets in common. Both pathways can be activated by the MAP3K MEKK1 (Hirano *et al*, 1996; Lee *et al*, 1997), by IRAK-1 (Li *et al*, 2001), by TRAF6 (Song *et al*, 1997; Cao *et al*, 1996) and by PKC ζ (Castrillo *et al*, 2003; Leitges *et al*, 2001). Concerning the downstream targets, they are able to activate a wide number of genes implicated in inflammation, apoptosis and cancer (Read *et al*, 1997; Kanakaraj *et al*, 1998).

The possibility of the existence of a crosstalk in between the two pathways has been studied in the last years by many groups in the field, resulting in the discovery of a complex interacting network at different levels and with distinct nature depending on the stimuli and cell type.

JNK/NF- κ B activation in response to TNF- α

TNF- α is proinflammatory cytokine mainly produced by the activated macrophages and plays an important role in the septic shock, induction of other cytokines, proliferation, differentiation and apoptosis. Moreover it has been related to diseases such as malaria, SIDA or cancer. Many of the TNF-induced cellular responses are mediated by either one of the two TNF receptors, TNFR1 and TNFR2, both of which belong to the TNF receptor super-family (Loetscher *et al*, 1990; Smith *et al*, 1990). In response to TNF- α treatment, the transcription factor NF- κ B and MAP kinases, including JNK, are activated in most types of cells and, in some cases, apoptosis or necrosis could also be induced (Smith *et al*, 1994).

The pathogenic stimuli induce the TNF- α production by macrophages and T-cells. TNF- α is primarily produced as a 212-amino acid-long type II transmembrane protein arranged

in stable homotrimers. From this membrane-integrated form, a soluble form is released via proteolytic cleavage by the metalloprotease TNF- α converting enzyme (TACE) (Black *et al*, 1977). Then TNF- α triggers the local expression of chemokines and cytokines, promoting the adhesion, extravasation, attraction, and activation of leukocytes at the site of infection. Later, TNF- α facilitates transition from innate to acquired immunity by enhancing antigen presentation and T cell costimulation (Varfolomeev & Ashkenazi, 2004)

When TNFR1 binds to TNF- α , the conformation of the intracellular domain is changed such it can interact with TNFR-associated factor containing death domains (TRADD), which in turn recruits TNFR-associated factors (TRAFs) including TRAF2 and TRAF5, as well as the cellular inhibitor of apoptosis proteins 1 and 2 (c-IAP1/2) to form the TNF receptor signaling complex (TNF-RSC), which is important for both the activation of IKK and the MAPK pathways, including JNK and p38 (Varfolomeev *et al*, 2012). In the case of TNFR2, it does not contain a binding domain for TRADD, but it is able to form a complex with TRAF2 and TRAF5.

A linear ubiquitin assembly complex (LUBAC) containing HOIL-1, HOIP and Sharpin has recently been identified (Ikeda *et al*, 2011). LUBAC is recruited to the TNF-RSC by TRADD, TRAF2/5 and c-IAP1/2 (Fig. 7). LUBAC stabilizes TNF-RSC, but it also ubiquitinates the receptor-interacting protein 1 (RIP1) and the regulatory subunit of IKK (also called NEMO) (Niu *et al*, 2011) (Fig. 7). This results in the formation of the IKK complex and the TAK1 (TGF β -activated kinase 1)/TAB1/2 (TAK1 binding protein 1 and 2) complex.

Polyubiquitinated RIP1 triggers TAK1 activation, which in turn activates IKK α/β , JNK and p38 leading to NF- κ B and AP-1 activation, respectively. AP-1 and NF- κ B bind to DNA binding sites located in the promoter regions of their target genes and initiate gene expression.

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In the case of NF- κ B, a LUBAC/TAK-1 independent activation can happen in the non-canonical pathway. Upon TRAF binding to a TNFR, the NF- κ B-inducing kinase (NIK) is displaced from the TRAF complex. As a result of displacement of NIK, NIK binds and phosphorylates IKK α , leading to activation of IKK α kinase activity (Sanjo *et al*, 2010).

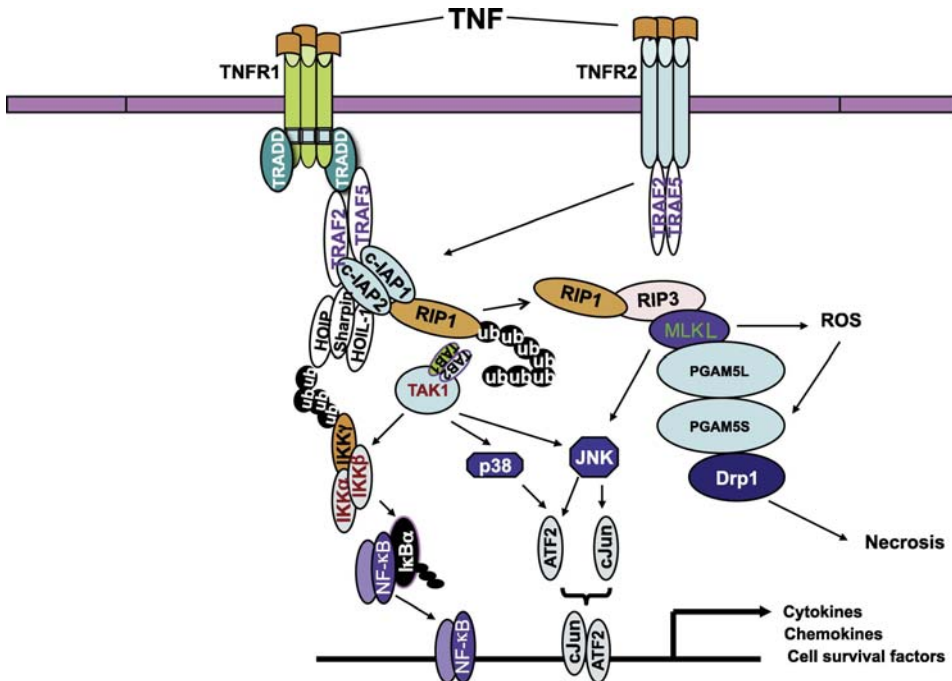


Figure 7. A model of TNF- α signaling in inflammation, apoptosis and necrosis. TNF binds to TNFR1 and TNFR2. TNFR1 interacts with TRADD, in turn recruiting TRAF2, TRAF5 and c-IAP1/2. RIP1 and LUBAC are then recruited, leading to ubiquitination of RIP1 and IKK γ and the formation of the IKK and TAK1 complexes. Polyubiquitinated RIP1 triggers TAK1 activation, which in turn activates IKK α/β , JNK and p38 leading to NF- κ B and AP-1 activation, respectively (Adapted from Chu, 2012).

JNK/NF- κ B interaction in response to TNF- α

The interaction between JNK and NF- κ B is essential in regulation of TNF- α induced apoptosis. It has been demonstrated that NF- κ B controls the expression of various anti-apoptotic proteins including XIAP, IAP and GADD45 α , which inhibit caspase-dependent apoptosis, as well as genes that inhibit JNK activation (Wang *et al*, 1998; Barkett & Gilmore, 1999; Smaele *et al*, 2001). In this regard, TNF- α induces TRAF2 phosphorylation at serines 11 and 55 and that leads to a prolonged IKK activity and NF-

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κ B-dependent gene expression (Blackwell *et al*, 2009; Thomas *et al*, 2009). This activation exerts an inhibitory action over of JNK, protecting the cells against oxidative stress-induced cell death (Zhang *et al*, 2011a).

In the other hand, JNK is not only involved in several forms of cell-specific and stress-induced apoptosis but also JNK activation has also been described as an antiapoptotic agent by phosphorylating the apoptosis regulator protein BAD (Yu *et al*, 2004). Therefore, a balance in between JNK and NF- κ B is decisive for the cell survival/apoptosis and the inhibition of NF- κ B activation would be required for prolonged JNK activation, which would results in apoptosis (Smaele *et al*, 2001; Zhang *et al*, 2004).

Moreover, oxidative stress can also partly activate JNK pathway. This occurs when the levels of reactive oxygen species (ROS) in the cells are higher than the capacity of antioxidant factors they have. In response to persistent TNF α stimulation, ROS formation and accumulation induces cell damage by inhibiting NF- κ B activity and activating JNK (Bubici *et al*, 2006).

In the case of NF- κ B, it has been shown that various antioxidant enzyme genes including manganese-dependent SOD (MnSOD), metallothionein, glutathione S-transferase, and ferritin heavy chain (fhc), are induced by TNF- α in an NF- κ B-dependent fashion (Pham *et al*, 2004), which would prevent ROS accumulation and JNK activation. At some point, however, ROS are accumulated either by impaired induction of antioxidant enzymes or because NF- κ B fails to suppress some latent signaling cascades and therefore induce ROS (Nakano *et al*, 2006).

This accumulation of ROS inactivates the MKPs (Kamata *et al*, 2005) and also induces ASK1 (Tobiume *et al*, 2001; Matsuzawa *et al*, 2005). Hence, ROS activates the JNK pathway downstream of TNFRs both by inducing MAP3Ks and inhibiting MKPs (Zhang *et al*, 2011a). Being JNK activated but not NF- κ B signaling, apoptosis will occur.

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Several studies demonstrate that the proapoptotic JNK cascade ultimately induces apoptosis via the mitochondria-dependent pathway. JNK phosphorylates members of the Bcl-2 family of proteins, such as Bcl-2 and Bcl-xL, and inactivates their antiapoptotic function (Yamamoto *et al*, 1999; Fan *et al*, 2000). Furthermore, JNK also activates proapoptotic members of the Bcl-2 family, Bim and Bmf, and has a role in the induction of the caspase 8-independent cleavage of Bid (Deng *et al*, 2003). Finally, it has been reported that JNK phosphorylates the 14-3-3 protein, a cytoplasmic anchor of Bax, and that phosphorylated 14-3-3 fails to sequester Bax into the cytoplasm, therefore inhibiting its translocation to the mitochondria (Tsuruta *et al*, 2004).

In conclusion, the biological response of cells to TNF- α is determined by both the physiological context and the time course of JNK/NF- κ B signaling. Essentially, JNK and NF- κ B would be transiently activated for 10 to 30 min, which would favor survival. After NF- κ B activation, JNK would be turned down to inhibit its pro-apoptotic effects. However, if the stimuli persists for more than 6 hours, then ROS will accumulate causing NF- κ B inhibition and JNK activation, in this case in a relatively smaller scale but more persistent, what would lead to apoptosis (Ventura *et al*, 2006).

JNK effect on β TrCP

In addition to collaborate and antagonize in response to TNF- α , a positive interaction of JNK over NF- κ B pathway has been described. Activation of JNK leads to accumulation of β TrCP mRNA in a transcriptional-independent manner (Spiegelman *et al*, 2001). Therefore, IKK and JNK collaborate in response to stress to increase I κ B α degradation and NF- κ B activation. However, JNK is not sufficient to activate NF- κ B but is able to multiply the activation started by IKK. This is explained because despite the increase in β TrCP, I κ B α still needs to be phosphorylated by the IKK so it is targeted to degradation (Spiegelman *et al*, 2001). Nonetheless, JNK is necessary as NF- κ B is not activated in MEFs JNK1/2 KO. At the same time, JNK favors the assembly of the SCF ^{β TrCP} complex and the activated form can be found bound to it (Arevalo, 2008).

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It is also of particular interest that some JNK actions besides NF- κ B activity are also mediated through SCF^{βTrCP}, like the ubiquitination of the cell cycle phosphatase Cdc25B (Uchida *et al*, 2011). In this case, JNK may be targeting the Cdc25B for ubiquitination by phosphorylation but also increasing the amount of ubiquitination complex.

These crosstalk events have been related to be present in some inflammatory pathologies, like rheumatoid arthritis, and other biological processes, such as chemotherapeutic resistance. Clarifying the exact mechanisms might help the development of new pharmacological strategies.

GLUCOSE HOMEOSTASIS AND INSULIN SIGNALING

Glucose homeostasis

Glucose is a monosaccharide that represents an essential biological energy source, enabling the generation of ATP following glycolysis. Although many tissues can also use fats and protein as an energy source, red blood cells can only use glucose and the brain does it preferentially. Glucose is stored in the body, importantly in the liver and the skeletal muscle, as glycogen. Circulating levels of glucose are controlled in an opposite manner by two hormones: insulin and glucagon.

In response to high blood glucose levels, insulin is released to the blood stream from β -cells in the islets of Langerhans in the pancreas. Insulin stimulates the glucose uptake (through the membrane transporters Glut) and storage in the tissues as glycogen (glycogenesis). The individual Glut subtypes differ in their tissue distribution, substrate specificity, kinetic properties, and intracellular localization, allowing members of the Glut family to finely regulate whole-body glucose homeostasis. The more important glucose transporters are Glut1, specially important in fetal tissues and adult erythrocytes; Glu2, which is a bidirectional transporter present in liver, renal and pancreatic β -cells; Glut3, expressed in neurons; and Glut4, found in adipose tissues and the skeletal muscle.

On the other hand, low glucose levels cause secretion of glucagon from pancreatic α -cells. Glucagon promotes the conversion of liver glycogen to glucose (glycogenolysis) and release of glucose back into the blood thanks to the bidirectionality of its glucose transporter Glut2. In contrast, in pancreatic β -cells, free flowing glucose is required so that the intracellular environment of these cells can accurately gauge the serum glucose levels

During starvation and intense exercise, glucose can also be generated from non-carbohydrate precursors (i.e. pyruvate, amino acids and glycerol), in a process called gluconeogenesis that takes place in liver and kidney.

Insulin signaling

Insulin circulates through the blood stream until it finds an Insulin Receptor (IR) embedded in the cell membrane. The main endocrine insulin target tissues are skeletal muscle, liver and adipose tissue. Insulin also has an autocrine function by stimulating the release of new insulin and inducing its own gene expression (Muller *et al*, 2006), together with other glucose homeostasis related genes such as Glut2.

The binding of ligand to extracellular domain of the IR induces structural changes within the receptor leading to autophosphorylation of various tyrosine residues in its intracellular domain. These changes enable the recruitment of specific adapter proteins such as the IR substrate proteins (IRS). Multiple tyrosine residues of IRS itself are then phosphorylated by hormone bound-IR. This enables IRS engage and activate several signaling pathways.

Among them, PI3K has a major role in insulin signal transduction, mainly via the activation of the Akt/PKB cascade (Cross *et al*, 1995; Alessi *et al*, 1996). Activated Akt induces glycogen synthesis, through inhibition of GSK-3 (Weeren *et al*, 1998); protein synthesis via mTOR and downstream elements (Pullen *et al*, 1998); cell survival, through inhibition of several pro-apoptotic agents (Datta *et al*, 1997) and glucose uptake through Glut translocation from vesicles to the cytoplasmic membrane (Tanti *et al*, 1997) (Fig. 8). At the same time it produces a JNK-mediated negative feedback results in serine phosphorylation and inactivation of IRS signaling (Lee *et al*, 2003) (Fig.9).

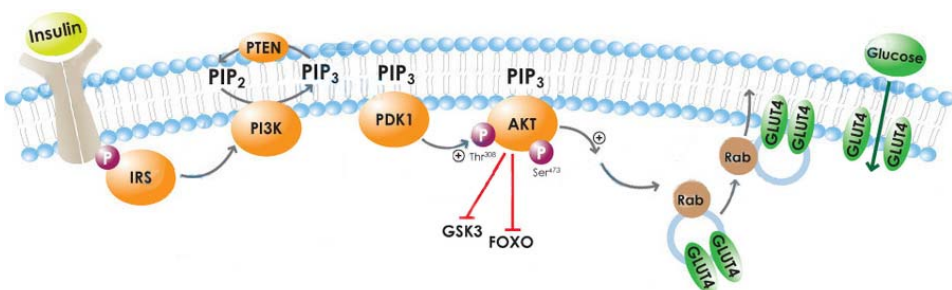


Figure 8. Schematic representation of Insulin signaling pathway. (Adapted from www.caymanchem.com). See the main text for further explanation.

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Diabetes Mellitus

Type 1 and type 2 diabetes are conditions in which glucose cannot be properly moved into the cells, either due to a lack of insulin or due to cellular resistance to insulin. This creates two problems: high blood glucose levels (hyperglycemia) and a depletion of stored glucose. When the blood glucose concentration is higher 9-10 mmol/L, reabsorption of glucose in the proximal renal tubules is incomplete, and part of the glucose is excreted through the urine (glycosuria). This increases the osmotic pressure of the urine and inhibits reabsorption of water by the kidney, resulting in increased urine production (polyuria). Lost blood volume causes dehydration and increased thirst.

Type 1 diabetes results from the body's failure to produce insulin due to the autoimmune destruction of the pancreatic β -cells. In contrast, type 2 diabetes results from insulin resistance, a condition in which cells fail to respond to insulin properly.

The incidence of type 2 diabetes is increasing alarmingly especially as a result of the tremendous increase in human obesity, a major risk factor for the development of this disease. Type 2 diabetes is characterized by defects in both insulin sensitivity and insulin secretion – either of which may predominate – that result in glucose intolerance and hyperglycemia with severe consequences. The obesity epidemic is caused by changes in eating habits and a decrease in physical activity, which together lead to an increased energy intake and reduced energy expenditure. Consequently, there is a massive expansion of adipose tissue. Obesity is often associated with a low-grade, chronic inflammatory state.

Moreover impaired insulin signaling also contributes to elevated plasma FFA levels. Insulin resistance leads to an increased release of FFA from adipose tissue that reduces skeletal muscle FFA uptake. The net consequence of this may be an augmented influx of FFA to the liver, which leads to fatty liver and exacerbates IR (Pansuria *et al*, 2012).

JNK and insulin resistance

In fact, the increased levels of pro-inflammatory cytokines, such as TNF- α , interleukin IL-1 β , IL-6, and others, have a major role in promoting peripheral insulin resistance (Gregor & Hotamisligil, 2011). Furthermore, other conditions found in obesity, namely the induction of endoplasmic reticulum stress caused by adipocyte hypertrophy and the increased plasma level of FFAs, also contribute to peripheral insulin resistance (Ozcan *et al*, 2004; Solinas *et al*, 2006). At the molecular level, several serine/threonine protein kinases are activated by these stimuli, including JNK and the IKK, which both target IRS-1 for serine phosphorylation (Fig.9). As a result, IRS-1 recruitment to the hormone-bound IR is inhibited, thereby preventing activation of the insulin-signaling cascade (Solinas & Karin, 2010). In contrast, in normal conditions, insulin-bound IR triggers IRS-1 tyrosine phosphorylation, thus allowing the recruitment and activation of downstream effectors, such as the phosphatidylinositol 3-kinase (PI3K)-Akt cascade (Taniguchi *et al*, 2006) (Fig.9).

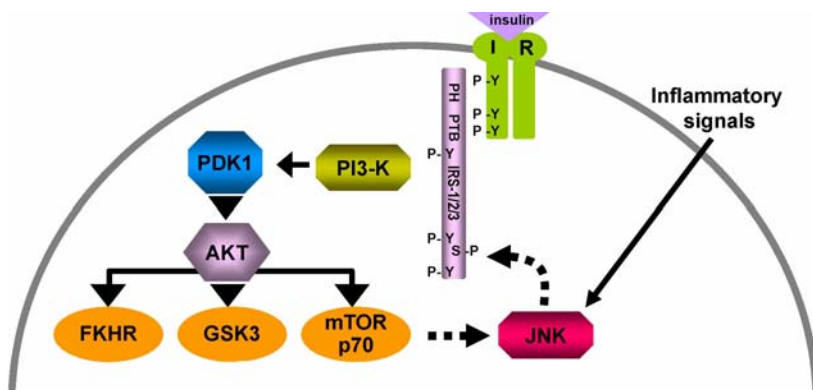


Figure 9. JNK pathway in the regulation of insulin signaling. Insulin acts on its receptor to increase tyrosine phosphorylation of the IR and IRS. Tyrosine phosphorylated IRS proteins lead to activation of the PI3 kinase pathway to increase AKT phosphorylation. Increased AKT phosphorylation regulates the activation of mTOR/p70 (S6K). Activation of mTOR signaling has been shown to trigger IRS-1 degradation, a feedback inhibition for insulin signaling, through kinases that increase serine phosphorylation of IRS-1, such as JNK. Inflammatory signals lead to insulin resistance through several inflammatory kinases, including JNK (Yang & Trevillyan, 2008).

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In both dietary and genetic mouse models of obesity, there is a significant increase in JNK activity in peripheral insulin-target tissues, such as skeletal muscle, adipose tissue and liver, which promotes insulin resistance (Hirosumi *et al*, 2002). Consistently, the administration of the JNK inhibitory peptide JNKi-1 to these mice markedly improves insulin signaling in these tissues by reducing IRS-1 serine phosphorylation and in doing so increasing Akt phosphorylation (Kaneto *et al*, 2004).

In addition to the negative interaction of JNK with IR signaling in peripheral insulin-responsive tissues, this kinase has also been implicated in promoting insulin resistance in pancreatic β -cells. In particular, FFA treatment results in sustained JNK activation in these cells concomitantly with the inhibition of the autocrine insulin action as a result of JNK-mediated IRS-1 and IRS-2 phosphorylation at serine residues that interfere with their binding to activated IR (Solinas *et al*, 2006). Accordingly, treatment with JNKi-1 or *jnk1* deficiency relieves the inhibition of glucose-induced insulin transcription by FFAs and enhances obesity-inhibited and glucose-induced insulin secretion in isolated pancreatic islets (Solinas *et al*, 2006; Kaneto *et al*, 2004; Bennett, 2003; Varona-Santos *et al*, 2008). Insulin signaling within the β -cells has also been shown to play a critical role in maintaining the essential function of the β -cells (Wang *et al*, 2010).

JNK and apoptosis in pancreatic β -cells

JNK is involved not only in the inhibition of insulin secretion but also in the loss of pancreatic β -cells induced by pro-inflammatory stimuli such as IL-1 β (Ammendrup *et al*, 2000; Kim *et al*, 2005). In this regard, treatment of insulin-secreting cell lines or cultured pancreatic islets with JNK inhibitors, such as JNKi-1, SP600125 or the TZD rosiglitazone, prevents IL-1 β -induced apoptosis (Díaz-Delfín *et al*, 2007; Bennett, 2003; Bonny *et al*, 2001). In addition, *jnk1*-deficient islets are more resistant to cytokine-induced cell death than wild type or *jnk2*-deficient islets (Varona-Santos *et al*, 2008).

Finally, activation of the JNK pathway may also be relevant for islet transplantation since it is induced during islet isolation (Abdelli *et al*, 2004); moreover, JNK inhibitors

have been shown to preserve whole-islet mass (Fornoni *et al*, 2008; Noguchi *et al*, 2005) and prevent islet apoptosis (Noguchi *et al*, 2005) and graft loss (Noguchi *et al*, 2007).

Nonetheless, *in vivo* data supporting these roles of JNK have been obtained using mainly genetic and/or chemical inhibition of the kinase, tools that allow the assessment of JNK requirement but not JNK sufficiency to achieve all these effects.

JNK and obesity

The rapid increase in the prevalence of obesity is a major global health problem. Overweight is a known risk factor for many diseases like type 2-diabetes, non-alcoholic fatty liver disease (NAFLC), hypertension, stroke as well as some forms of cancer. The production of proinflammatory cytokines is important early events in the development of obesity-associated complications. As explained in previous sections of this introduction, JNK has a central role in obesity and insulin resistance and it has been shown that its activity in the peripheral tissues is abnormally elevated in obesity.

So far studies using JNK1 knockout mice have demonstrated that they exhibit protection from diet-induced obesity, glucose intolerance, and insulin resistance (Hirosumi *et al*, 2002). In order to recapitulate the protection of the conventional knockout, JNK1 has been conditionally inactivated in classical insulin sensitive tissues including adipose tissue, muscle and liver (Sabio *et al*, 2009, 2008, 2010) but also in the hypothalamus and the pituitary gland (Velloso *et al*, 2008; De Souza *et al*, 2005; Bruning *et al*, 2000). Second, JNK inhibition prevents a state of β -cell dysfunction, which might contribute to the development of overt diabetes (Kaneto *et al*, 2004; Bennett, 2003).

On the other hand, some studies connect lack of insulin secretion and protection to high-fat diet-induced obesity. Some examples are the cholecystokinin gut-deficient mice (Lo *et al*, 2011, 2010); the β -pancreatic cells specific fatty acid receptor GPR40 knockout mice (Kebede *et al*, 2008; Steneberg *et al*, 2005); and the Cav1.2 calcium

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channel β -cell depletion (Schulla *et al*, 2003; Uebele *et al*, 2009). All those animals are significantly leaner and they exhibit protection against HFD induced-insulin resistance.

Besides that, obesity is associated with increased risk of development of severe Acute Pancreatitis (AP) through unclear mechanisms that may include augmented necrosis of intra- and peripancreatic fat, fatty pancreas, alterations in the network of cytokines and adipokines, metabolic dysregulation, and reduced respiratory excursion. It has been demonstrated that Rosiglitazone prevents development of severe AP in HFD-fed mice through a mechanism including PPAR γ (Pini *et al*, 2012). In the same line, JNK1 signaling plays an essential role in macrophage induced β -cell apoptosis and the development of hyperglycemia in streptozotocin-induced pancreatic injury (Fukuda *et al*, 2008).

JNK and insulin in ageing

Ageing is a complex process of accumulation of molecular, cellular and organ damage, which leads to a loss of function and an increase in the vulnerability to disease and death. Despite the complexity of ageing, it has been shown that dietary and genetic alteration can substantially increase healthy life span of laboratory model organisms.

Essentially, when the food intake of organisms such as yeast and rodents is reduced to a certain extent (dietary restriction), they live longer than organisms fed a normal diet. A similar effect is seen when the activity of nutrient-sensing pathways, such as the Insulin-like Growth Factor-1 (IGF-1)/insulin and the TOR (target of rapamycin) pathways, is reduced by mutations or chemical inhibitors suggesting that they may induce a physiological state similar to that resulting from periods of food shortage (Fontana *et al*, 2010). Actually, caloric restriction, the most proven treatment known to increase mammalian lifespan, invariably reduces circulating IGF-I and insulin levels (Gems & Partridge, 2001).

In mice, as in yeast, worms, and flies, reduced activity of nutrient-sensing pathways can increase mouse life span. Mutations in growth hormone (*gh*) and *igf-1* genes can

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substantially increase life span in mice (Bartke, 2005), although precisely how is as yet poorly understood. Moreover, inhibition of the mTOR pathway, either with rapamycin or deletion of ribosomal S6 protein kinase 1 (S6K1), increases mouse life span and also reducing incidence of age-related pathologies, including bone, immune, and motor dysfunction (Harrison *et al*, 2009; Selman *et al*, 2009). In the case of rapamycin it has been recently described that inhibition of mTORC1 is the responsible for the for the increased lifespan whereas inhibition of mTORC2 would be mediating the metabolic side effects of this drug like insulin resistance (Lamming *et al*, 2012)

The insulin/IGF signaling (IIS) pathway in worms and flies regulates body weight, ageing and is a life span determinant (Holzenberger *et al*, 2003; Cohen *et al*, 2009). Null mutations of the insect insulin-receptor substrate Chico, which acts downstream from IR, also extends lifespan (Clancy *et al*, 2001).

In vertebrates, the IR regulates energy metabolism whereas IGF-1R promotes growth (Lupu *et al*, 2001). Longevity increases in several mouse strains with low global activity of the growth hormone (GH)/IGF-1 axis. Life expectancy increases in mice that are heterozygous in terms of inactivation of the IGF-I receptor in whole body (Holzenberger *et al*, 2003). Longevity also increases in mouse models with reduced IGF-I bioavailability due to knockout of the IGF binding protein (IGFBP) specific protease PAPP-A (Conover & Bale, 2007), and in mice with defective IGF-1 signaling downstream of the IGF-1 receptor such as mice lacking the IGF-I receptor substrate p66shc (Migliaccio *et al*, 1999) and mice that overexpress KLOTHO (Kurosu *et al*, 2005), an hormone that actually also inhibit insulin signaling.

It seems clear then that IGF-1 is responsible for lifespan regulation in vertebrates, but the contribution of insulin signaling still remains unclear. Actually they share many of the downstream mediators, such as PI3K and Akt, and insulin and IGF-1 receptors share structural and functional homology to a large extent. They are activated by their own ligands, but at high concentrations of the ligands, they can also cross-react with each other's receptors. Therefore effects found when stimulating with high insulin

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concentrations may actually be due to activation of the IGF-IRs (Johansson & Arnqvist, 2006). Moreover, there have been described hybrid receptors, consisting of an insulin receptor $\alpha\beta$ -dimer and an IGF-IR $\alpha\beta$ -dimer, in tissues where cells coexpress IRs and IGF-IRs (Bailyes *et al*, 1997; Moxhams *et al*, 1989).

Concerning insulin signaling, reduction of IR function in humans results in type 2-diabetes and homozygous loss of IR function results in leprechaunism, which usually leads to death within the first year of life (Wertheimer *et al*, 1993), and neonatal lethality in mice (Accele *et al*, 1996). However, complete loss of function of the insulin/IGF receptor also results in lethality in flies and worms (Gems & Partridge, 2001).

In the same line, mild insulin resistance or inhibited insulin sensitivity, either natural or rapamycin-induced, has been suggested to extend lifespan and also to prevent some typical diabetic diseases like retinopathy and nephropathy (Blagosklonny, 2012). Actually treatment with rapamycin also causes a reduction of insulin secretion, similarly to what happens with CR. Rapamycin is a known inhibitor to mTOR, which activates S6 kinase (S6K) and consequently causes degradation of insulin-receptor substrates (IRS), thus impairing insulin signaling (Harrison *et al*, 2009). However, there are pieces of the mechanism still to be elucidated because decreased mTORC1 signaling was sufficient to extend life span independently from changes in glucose homeostasis (Lamming *et al*, 2012).

Regarding JNK, worms with increased expression of JNK have extended lifespan under normal conditions (Oh *et al*, 2005). Actually one of the mechanisms that has been proposed is its interaction with the IIS/Insulin signaling pathway (Biteau *et al*, 2011). Similar consequences of JNK activation have been described in *D. melanogaster*. It has been described that moderate activation of JNK activation signaling results in increased stress tolerance and extended lifespan by inhibiting cellular and organism-wide responses to insulin signaling in flies (Wang *et al*, 2005). However nothing has been studied in mammals.

NUCLEAR RECEPTOR SUPERFAMILY

Nuclear Receptors (NRs)

Nuclear hormone receptors are ligand-regulated sequence-specific transcription factors that may activate or repress gene expression. Ligand-activated gene transcription is generally mediated by binding of NR to their cognate DNA elements (Beato *et al*, 1995). Though negative binding elements have been described, repression is mainly conducted by interference with other transcription factors, of which AP-1 and NF- κ B are one of the most representative.

Glucocorticoid Receptor (GR)

Glucocorticoids play a key physiological role in development, cellular proliferation and differentiation. In addition, the prominent pharmacological actions of these hormones have prompted their widespread medical use to treat diverse pathological conditions such as asthma, allergic rhinitis, rheumatoid arthritis and leukemia (Barnes, 1998). Glucocorticoids exert most of their actions by binding to an intracellular regulator that belongs to the NR superfamily.

Hormone-activated GR regulates gene transcription, either positively or negatively, by two major modes of action. Essentially, it can bind to promoters of target genes or interfering with other transcriptional regulators. This mechanism is known as transrepression and are DNA-Independent protein to protein interactions. Important sets of genes transrepressed by GR are those that are under positive control of AP-1 and/or NF- κ B. Actually, this is thought to be the mechanism by which glucocorticoids exert their anti-inflammatory and immune-suppressive actions (Herrlich, 2001).

In the case of AP-1, it exerts the inhibition by binding directly to c-Jun (Schüle *et al*, 1990) and attracting transcriptional corepressors like TIF2/GRIP1 (Rogatsky *et al*, 2001, 2002). In addition, GR can inhibit JNK activation, and therefore AP-1 activation, by a direct interaction (Caelles *et al*, 1997; Bruna *et al*, 2003). Moreover, JNK inhibition by

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GR can also be transcriptionally mediated, as GR can induce MKP-1 gene transcription (Kassel *et al*, 2001). In addition to that, inhibition of JNK by dexamethasone may also affect the activity of NF- κ B through β TrCP; hence it is also contributing to transrepression of NF- κ B by the Glucocorticoid Receptor (GR) (Arevalo, 2008).

Peroxisome proliferator-activated receptor γ (PPAR γ)

The interaction between JNK and nuclear receptors has also been described for other members of the NR family like Peroxisome proliferator-activated receptor γ (PPAR- γ), which has been implicated in distinct physiological and pathological processes, such as adipogenesis, insulin sensitivity, type 2 diabetes, atherosclerosis, inflammation, and cancer (Rosen & Spiegelman, 2001).

As well as GR, PPAR γ also negatively modulates the AP-1 and NF- κ B pro-inflammatory pathways. It has been demonstrated that PPAR γ inhibits activation of AP-1 and JNK activity and reduces activity of IKK and consequent degradation of I κ B α , resulting in reduced activation of NF- κ B (Zingarelli *et al*, 2003). In a similar manner, the hypoglycemic action of thiazolidinediones (TZDs), a group of synthetic PPAR γ ligands with insulin-sensitizing activity, is mediated by the inhibition of JNK (Díaz-Delfín *et al*, 2007).

OBJECTIVES

Objectives

The general objective of this thesis is the study of the JNK pathway cross talk with the NF- κ B, nuclear receptors and insulin signaling pathways, respectively.

Detailed objectives:

1. Gain insight on the mechanism(s) by which JNK increases β TrCP mRNA and protein levels
2. Study the phenotype regarding the glucose homeostasis of a transgenic mouse with JNK specifically activated in the β -pancreatic cells in standard conditions.
3. Study the phenotype regarding glucose homeostasis of a transgenic mouse with JNK specifically activated in the pancreatic β -cells subjected to challenges such as high-fat high-carbohydrate induced obesity or ageing.

MATERIALS AND METHODS

Cell culture

HEK293T and Mice Embryonic Fibroblasts (MEFs) cells were cultured in a 5% CO₂ atmosphere and 37°C in DMEM (Dulbecco's Modified Eagle Medium) supplemented with 10% FBS (Fetal Bovine Serum), L-glutamine (2 mM), penicillin and streptomycin (100 I.U./mL and 100 µg/mL, respectively).

Transfection

HEK293T cells were transfected using different expression plasmids (Table 1) with Polyethyleneimine (PEI) (Polyscience, Inc) (Boussif *et al*, 1995). Briefly, the plasmid DNA and the PEI were mixed in the wright proportion in 150 mM NaCl and after 30 minutes of incubation, the transfection mixture was added to the cells. After at least 5 hours of transfection and up to 24 hours, the medium was changed and cells were kept at least 24 hours to enable gene expression.

Insert	Tag	Species	Backbone
βTrCP	myc	Mouse	pcDNA3
βTrCP ΔF	myc	Mouse	pcDNA3
JNK	HA	Human	pCEFL-KZ
Skp1	flag	Human	pcDNA3.1
SKP2	myc	Human	pcDNA3
βTrCP	flag	Human	pcDNA3
MKK7D	-	Mouse	pCAGGS
ΔMEKK1	-	Mouse	pCEV29
TOP flash - Luciferase	-	Human - Firefly	Unknown
FOP flaso - Luciferase	-	Human - Firefly	Unknown
Renilla	-	Sea pansy	pRL-TK

Table 1: List of plasmids used.

Materials and methods

Site-directed mutagenesis

To generate the β TrCP δ miR183 mutant, site-directed mutagenesis was performed according to manufacturer's instructions (Stratagene) using specific primers (with the appropriate reverse complement) (Table 2) and the expression vector pcDNA-h β TrCP as the template. All constructs were sequenced after generation with the commercial kit ABI PRISM BigDye Terminator Cycle Sequencing Ready Reaction Kit (Applied Biosystems).

Name	Sequence (5' \rightarrow 3')
β TrCP ^{δmiR183} FW	5' cacattggaatgcaagcggatactcactggacacacaggttcagtcctctg 3'
β TrCP ^{δmiR183} RV	5' cagaggactgaacctgtgtgtccagtgagtatccgcttgattccaatgtg 3'

Table 2: List of primers used.

Cell extracts, immunoprecipitation and immunoblot analysis

Cells were lysed with lysis buffer that contained 50 mM of Tris (pH 7.5), 100 mM NaCl, 50 mM NaF, 1 mM DTT, 1 mM EDTA, 1 mM EGTA, 10 mM β -glycerolphosphate, 2 mM Na₃VO₄, 25 nM calyculin A, 1% TX100, 0.5 mM PMSF, 1 μ g/L leupeptin and 1 μ g/mL aprotinin. Whole cell extracts were obtained by centrifugation at 13.200 rpm for 10 minutes. Protein concentrations were determined using the Bradford reagent (BioRad). Immunoprecipitations were carried out with the indicated antibodies pre-bound to protein A/G dynabeds (Invitrogen). 1 mg of lysate was incubated for 1 hour at 4°C and washed three times with lysis buffer. Immunoblotting was carried out after separation of proteins by SDS-PAGE and transfer to PVDF membranes (Immobilon-P Transfer Membrane, Millipore).

Membranes were probed with the following primary and secondary antibodies (Table 3 and 4) and were detected by ECL Chemiluminiscense (Thermo Scientific).

Antigen	Company / Reference
MKK7	Santa Cruz / sc-7104
JNK	Santa Cruz / sc-474

Materials and methods

GFP	Roche / 11814460001
Akt	Cell Signaling / 9272S
Phospho-Akt	Cell Signaling / 4060P
Caspase 3	Cell Signaling / 9662
Pdx1	Upstate / 07-696
GLUT2	Chemicon / AB1342
Nek-9	(Roig <i>et al</i> , 2002)
ERK-1	Santa Cruz / sc-93
Flag	Sigma / F3165
β TrcP	Santa Cruz / sc-15354
myc	9e10 hybridoma
SKP1	Zymed / 32-3800
Cul1	Zymed / 71-8700
FoxO1	Cell Signaling / 9454
p27	Santa Cruz / sc-1641
Insulin	Dako / A0564
Glucagon	Dako / A0565

Table 3: Primary antibodies list.

Antigen	Conjugated	Company / Reference
Rabbit IgG	Peroxidase	Jackson / 115-095-003
Mouse IgG	Peroxidase	Jackson / 115-035-003
Goat IgG	Peroxidase	Jackson / 705-035-003
Mouse IgG	Alexa Fluor 594 (red)	Invitrogen / A11005
Mouse IgG	Alexa Fluor 488 (green)	Invitrogen/ A11001
Rabbit IgG	Alexa Fluor 488 (green)	Invitrogen / A11008
Rabbit IgG	Alexa Fluor 594 (red)	Invitrogen / A11012
Guinea pig IgG	Cy TM 2 (green)	Jackson / 706-225-148

Table 4: Secondary antibodies list.

Materials and methods

Protein expression in bacteria

GST-fusion proteins were expressed in *E. coli* Rosseta™ 2 (DE3) or *E. coli* BL21 (DE3) induced with isopropyl- β -D-thiogalactopyranoside (IPTG) for 16 hours at 18°C or 3 hours at 30°C (Table 4). They were purified with glutathione-sepharose (GE Healthcare) following standard protocols, and eluted with 25 mM reduced glutathione. All purified proteins were resolved in SDS-PAGE acrylamide gels and stained with Coomassie blue (Sigma) to check protein size and purity.

Insert	Tag	Species	Backbone
cJun	GST	Chicken	pGEX-4T1
JNK3 β 2	GST	Rat	pGEX-4T1

Table 4: List of plasmids used.

Luciferase assay

Alterations in transcriptional activity of β -catenin were measured by a reporter gene luciferase assay: TOP/FOPflash. The TOP reporter construct is specific for β -catenin transcriptional activity, comprising 3 tandem repeats of TCF binding sites. FOP is the negative control with a mutated TCF binding site. Renilla expression vector served as the transfection control.

Upon LiCl 30 mM treatment for 5 hours, cells were lysed using Passive Lysis Buffer and the assay was prepared using the Promega Dual Luciferase Assay Kit as per manufacturer's instructions. Luciferase activity was monitored using a Berthold Technologies Lumat LB 9507 Single Tube Luminometer.

Animals and *in vivo* studies

Transgenic mice C57BL/6J-Tg(Gfp^{loxP}-MKK7D)Ccf were generated by microinjection of oocytes with the transgen GFP^{loxP}-MKK7D (Fig. 15A), and two independent lines were selected for this study. All the experiments described in this study were performed in

Materials and methods

both transgenic mouse lines, and comparable results were obtained. The RIP-Cre (C57BL/6-Tg(Ins2-Cre)25Mgn) and RIP-CreER (STOCK-Tg(Ins2-cre/ERT)1Dam/J) mouse strains were obtained from The Jackson Laboratory (Bar Harbor, Maine USA). The mice used in this study came from crosses of heterozygous Cre recombinase or Cre recombinase/estrogen receptor (ER)-expressing male mice with homozygous GFP^{loxP}-MKK7D female mice. To activate the Cre recombinase/ER fusion protein, 10 mg of tamoxifen (Sigma, T5648) diluted in corn oil was administered to 8-week-old mice by oral gavage every other day for 5 days. Experiments were performed two weeks after tamoxifen treatment.

The glucose tolerance test (GTT) and insulin tolerance test (ITT) were performed in mice fasted for 6 h before intraperitoneal injection of glucose (2 mg/g body weight) or insulin (0.5 U/g body weight), respectively. Blood was collected from the tail at the indicated time points, and plasma insulin and glucose were determined by enzyme-linked immunosorbent assay (ELISA) (Merckodia 10-1249), and with an automatic glucometer (Elite, Bayer), respectively. Rosiglitazone (1 mg/kg body weight) or vehicle (PBS) was administered to 2-month-old mice by oral gavage once a day for 10 consecutive days. All animal procedures were approved by the Animal Care Research Committee of the University of Barcelona.

Islet isolation and insulin secretion

After pancreas digestion by intraductal injection of collagenase, isolated islets were purified by centrifugation in ficoll gradients. They were then washed twice with Hank's Balanced Salt Solution and cultured in RPMI 2% fetal bovine serum for 3 h. Afterwards, islets were handpicked, transferred to secretion vials in groups of six, and incubated for 60 min with a HEPES Krebs Ringer bicarbonate (HKRB) buffer with 2.8 mM glucose, unless otherwise indicated. Supernatants were recovered, and insulin secretion was analyzed by ELISA. JNKi-1, 3-isobutyl-1-methylxanthine (IBMX), KCl, succinate, KIC, rosiglitazone, and tolbutamide were used at 10 μ M, 50 μ M, 40 mM, 10 mM, 10 mM, 10 mM, and 250 mg/mL, respectively.

Materials and methods

JNK immunocomplex assay

JNK was immunoprecipitated and the JNK activity associated with the immunoprecipitates was determined by its capacity to phosphorylate in vitro the substrate GST-cJun. Alternatively, possible targets of JNK were immunoprecipitated and incubated with GST-JNK to determine the capacity of JNK to phosphorylate them.

The cells were lysated with a buffer that contained 20 mM HEPES-Na (pH 7.5), 10 mM EGTA, 40 mM β -glycerolphosphate, 2.5 mM $MgCl_2$, 1% NP-40, 2 mM Na_3VO_4 , 1 mM DTT, 0.5 mM PMSF and 1 μ g/L aprotinin. 1 mg of cell extract was immunoprecipitated with the appropriated antibody and after three washes with the lysis buffer, the immunoprecipitate was incubated with either the substrate (GST-cJun) or the kinase (GST-JNK) for 30 minutes at 30°C in presence of 20 μ M of ATP and 0.5 μ Ci of [γ - 32 P] ATP in a buffer containing 20 mM HEPES-Na (pH 7.5), 20 mM β -glycerolphosphate, 20 mM $MgCl_2$, 0.1 mM Na_3VO_4 and 2 mM DTT.

Reactions were terminated by addition of 5X Laemli buffer and boiling, and proteins were resolved by SDS-PAGE. Coomassie staining was used to visualize proteins and kinase activity was measured with a PhosphorImager system.

Immunohistochemistry

When relevant, mice were fasted for 6 h before intraperitoneal injection of glucose (2 mg/g body weight) or insulin (0.5 U/g body weight), respectively. The pancreas was surgically removed, fixed in 4% paraformaldehyde in PBS, dehydrated and embedded in paraffin. 5- μ m sections were made with a manual microtome and stained with hematoxilin and eosin or immunostained with the indicated antibodies (Table 3 and 4) and DAPI (0.01 mg/mL). Slides were analyzed by fluorescence or confocal microscopy (Upright Microscope Nikon E1000 or Leica TCS SPE, respectively).

Quantitative real-time PCR (qRT-PCR)

Pancreatic islets were isolated as described above and they were stimulated either with insulin (2 $\mu\text{g/L}$ for 3 hours) or glucose (24.4 mM for 16 hours). In the case of HEK293T cells, the lysis was performed 24 hours after the transfection. In both cases RNA was extracted with TRIzol reagent (Invitrogen) following Manufacturer's Instructions. RNA was reverse-transcribed with M-MLV reverse transcriptase (Invitrogen) and quantified by qRT-PCR using SYBR Green (Applied Biosystems). The pairs of primers that were used are shown in Table 6.

Gene	Forward primer	Reverse primer
gapdh (mouse)	aagggctcatgaccaca	gatgcagggatgatgttctg
ins1 (mouse)	tgaccagctataatcagagacca	aggtggggaccacaagat
ins2 (mouse)	aggcttttgtcaagcagcac	ggcttgaaggctcacctgctc
glut2 (mouse)	aatggctgcctcattctttg	caagagggtccagtcaatg
gapdh (human)	agaaggctggggctcatttg	aggggcatccacagtcttc
βTrCP (human)	catacaacagctgtgccaga	tgcttgggcacaatcata

Table 6: List of genes and primers analyzed by quantitative real-time PCR.

Caspase 3/7 activity assay

Caspase3/7 activity was measured in extracts of pancreatic islets (10 μg) with the Caspase-Glo 3/7 Assay (Promega) according to the manufacturer's instructions.

Statistical analysis

Data were analyzed with a two-tailed unpaired Student's test. Values are presented as means + SE.

RESULTS

JNK EFFECT OVER β TrCP

As mentioned in the introduction it has been described that JNK has a stabilizing effect both on β TrCP mRNA and protein. Not only this, but both effects seem to be independent (Spiegelman *et al*, 2001; Arevalo, 2008). In the present thesis we have characterized the two mechanisms by which JNK is achieving the β TrCP accumulation and consequently increase NF- κ B activation. Moreover, we have analyzed if the levels of other targets of β TrCP are also affected by the increase of its E3 ubiquitin ligase or if JNK induction also augments other SCF^{F-Box} complexes.

Stabilization at a protein level

We tested the effects of JNK on β TrCP levels by overexpression of a constitutively activated form of MKK7 (MKK7D), which is a strictly specific activator of JNK. As a positive control was used a N-terminus truncated MEKK1 (Δ MEKK1), which is known as a very potent upstream activator of JNK pathway but also of IKK (Lee *et al*, 1997). We observed, as it was previously described, an increase of β TrCP protein levels in a MKK7D dose dependent manner, and thereby JNK-dependent activation (Fig. 10A).

As long as the SCF ^{β TrCP} ubiquitination ligase is a dynamic complex, we also analyzed if activating JNK other members of the complex were stabilized. As a result of this, we found that protein levels of SKP1 were also largely increased by activating JNK with MKK7D or Δ MEKK1 (Fig. 10B). In this case, however, the up-regulation of SKP1 protein levels by MKK7D was not strictly proportional to the JNK activity.

Results

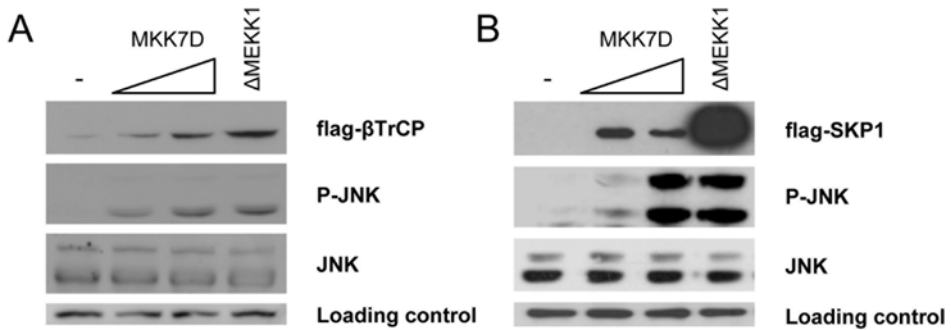


Figure 10. JNK activation leads to an increase of β TrCP and SKP1 protein levels. Immunoblot analysis of flag, phospho-JNK (P-JNK) and JNK in extracts from HEK293T cells transfected with equal amounts of flag-h β TrCP (A) or flag-hSKP1 (B) together with an empty vector (-), increasing doses of MKK7D or Δ MEKK1 expression vector, as indicated.

β TrCP and SKP1, whose levels are increased by JNK activation, form the core of the SCF ^{β TrCP} complex that will trigger the assembly of the rest of the complex (Bosú & Kipreos, 2008). Thus, the observed increases might obey to a cross-stabilization due to their interactions.

Results in Fig. 11A confirmed this hypothesis as β TrCP and SKP1 levels were higher when coexpressed. Moreover, this stabilization requires β TrCP-Skp1 interaction, as it was not achieved when using β TrCP^{ΔF}, a mutant form of β TrCP that lacks the F-Box domain and therefore cannot interact with SKP1 (Fig. 11A). Actually, SKP1 levels were even decreased by β TrCP^{ΔF} in a dose dependent manner (Fig. 11A and B). As long as endogenous β TrCP was still present, these results suggest that the stability of SKP1 might be determined by the interaction with β TrCP and some other component of the complex that is being sequestered by the transfected β TrCP^{ΔF}.

The stabilization of β TrCP by JNK activation was also depending on its interaction with SKP1. Even though β TrCP^{ΔF} protein levels were slightly increased by MKK7D overexpression (and that may be the result of mRNA stabilization), it was not in the same extend as the β TrCP^{wt} (Fig. 11C). These results indicate that the interaction with SKP1 is needed to achieve the full JNK effect on β TrCP.

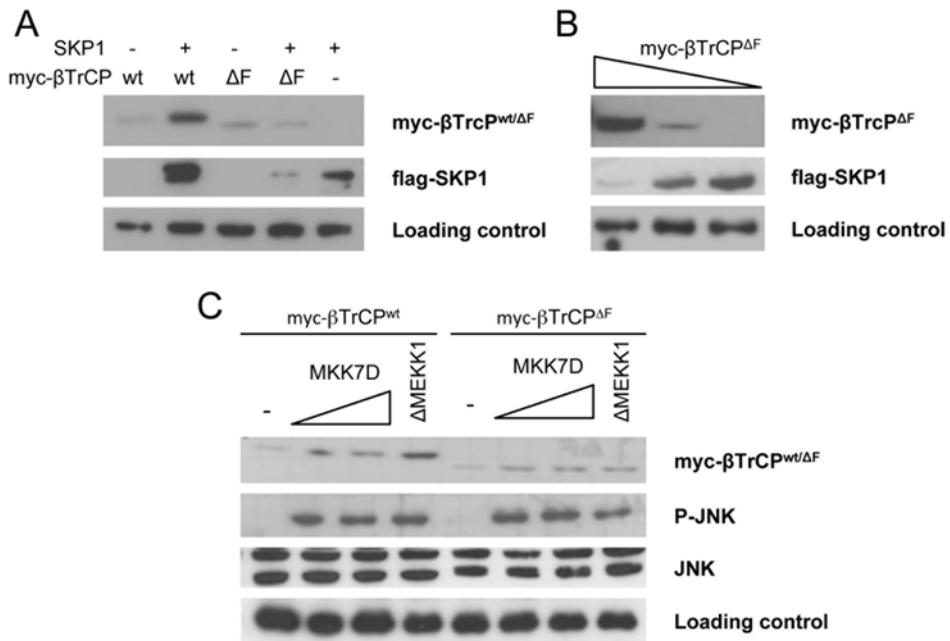


Figure 11. SKP1 and βTrCP interaction is needed for the JNK full effect on βTrCP. A: Myc and flag immunoblot analysis of extracts of HEK293T cells transfected with flag-SKP1 and either myc-βTrCP wild type or its truncated form myc-βTrCP^{ΔF}. B: Myc and flag immunoblot analysis of extracts of HEK293T cells transfected with flag-SKP1 and increasing doses of myc-βTrCP^{ΔF}. C: Myc, phospho-JNK (P-JNK) and JNK of extracts of HEK293T cells transfected with either myc-βTrCP wild type or myc-βTrCP^{ΔF} and either MKK7D or ΔMEKK1.

JNK and the βTrCP mRNA - miR183 (microRNA 183) - CRD BP system

As long as βTrCP mRNA is known to be stabilized by JNK we decided to further investigate the mechanism. So far it has been described that this stabilization is transcription independent and using an expression vector containing βTrCP CDS is enough to achieve it. On the other hand, searching the literature, we found that the miR183 - CRDBP system (described in the introduction) stabilize βTrCP mRNA through interacting with its CDS region.

Firstly, we reproduced the mutant form of βTrCP (βTrCP^{δmiR-183}), which was already described (Elcheva *et al*, 2009). We mutated six nucleotides in the miR-183-binding region of βTrCP in a way that it does not affect its amino acid sequence. These mutations was predicted to disrupt the formation of a nearly perfect duplex between

Results

miR-183 and β TrCP mRNA (Fig. 12A). Although the efficiency of translation was not altered, transcripts of β TrCP ^{δ miR-183} were more stable than their corresponding wild-type mRNAs (Elcheva *et al*, 2009).

To verify if the miR-183 was involved in the JNK transcription-independent stabilization of β TrCP mRNA we evaluated the capacity of JNK to induce β TrCP ^{δ miR-183} mRNA. Actually, when miR-183 interaction was already inhibited, JNK did not further increase the levels of β TrCP mRNA, suggesting that the JNK pathway counteracts miR-183 to regulate β TrCP mRNA stability (Fig. 12B and C). This was not happening when using Δ MEKK1 (Fig. 12B and C), which also activates other pathways apart from JNK, indicating that there are other mechanisms within the CDS that can be affected by Δ MEKK1.

Given that the β TrCP ^{δ miR-183} mRNA is not stabilized when selectively activating JNK, we further analyzed if the resulting protein was increased by cotransfection with MKK7D. Indeed, they were not only augmented after JNK activation, but the basal protein levels were already higher and this effect was maintained when activating JNK (Fig. 12D). These results indicate that there are several ways how JNK is enhancing β TrCP protein levels.

When studying the amino acidic sequence of CRD-BP, the protein that protects β TrCP mRNA from the attack of the miRNA-RISC system, we identified a putative JNK phosphorylation site that was conserved across the species (Fig. 13A). Actually, this site has been identified in many large-scale phosphoproteomic analysis as a phospho site (Olsen *et al*, 2006; Dephoure *et al*, 2008; Daub *et al*, 2008). However the kinase responsible to its phosphorylation it is unknown.

To evaluate CRD-BP as a JNK substrate, we performed an *in vitro* kinase assay with purified GST-JNK and immunoprecipitated CRDP. Apparently, JNK would be phosphorylating CRD-BP (Fig. 13B). Even though CRD-BP and GST-JNK have similar molecular weight (Fig. 13C) and JNK it is known to autophosphorylate itself *in vitro*

assays, this possibility is discarded because no phosphorylation was detected when there is only GST-JNK and no CRD-BP (Fig. 13B lane 3).

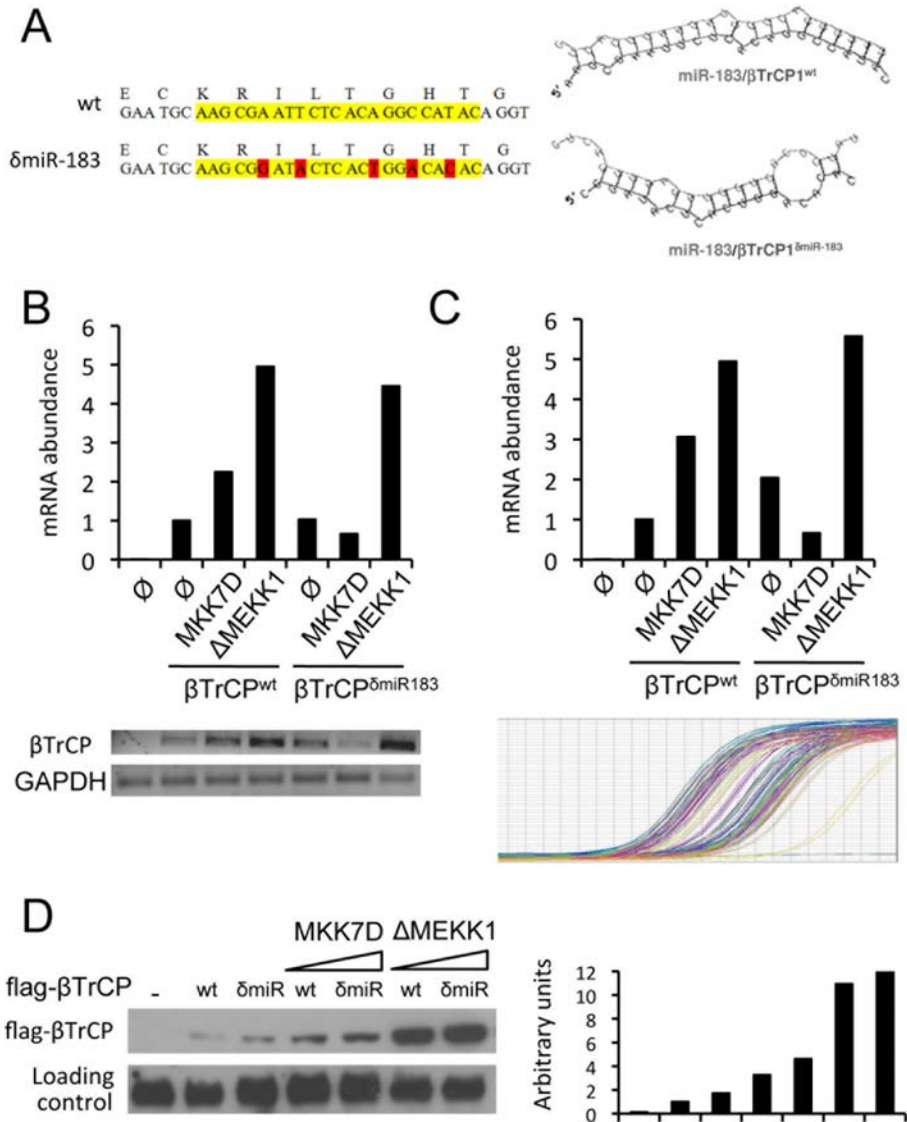


Figure 12. JNK is affecting the β TrCP - miR-183 interaction but still can increase the β TrCP^{δmiR183} mutant. **A:** schematic representation of the amino acid and nucleotide sequence of the β TrCP^{wt} (wt) and the β TrCP^{δmiR183} (δ miR-183) and their predicted structure when bound to miR-183 (Adapted from Elcheva *et al*, 2009). In the right panel, yellow highlights the sequence where the miRNA binds and in red appear the mutations. Semiquantitative RT-PCR (**B**) and real time quantitative PCR (**C**) of RNAs extracted from HEK293T cells transfected with β TrCP^{wt} and β TrCP^{δmiR183} together with MKK7D or Δ MEKK1 as indicated. These samples were also analyzed by immunoblot against flag, the tag of both β TrCP^{wt} and β TrCP^{δmiR183} (**D**).

Results

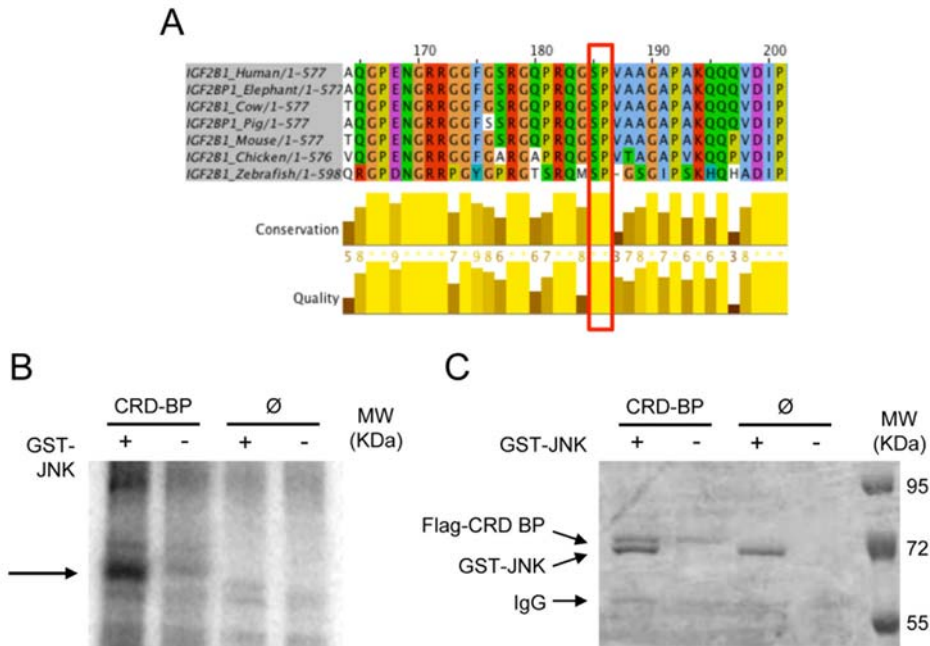


Figure 13. JNK phosphorylates CRD-BP *in vitro*. A: Schematic representation of the amino acid sequence of the CRD-BP from different species and the graphic displaying the degree of conservation in between them and quality of the alignment. The red square highlights the putative phosphorylation site of JNK. Phosphoimager scan (B) and coomassie blue staining of an SDS-PAGE of immunoprecipitates of HEK293T cells transfected with CRD-BP or an empty vector (\emptyset) that were incubated with or without GST-JNK in presence of $[\gamma\text{-}^{32}\text{P}]\text{ATP}$.

JNK and other ubiquitination pathways

The activity of the $\text{SCF}^{\beta\text{TrCP}}$ ubiquitination complex is not limited to $\text{I}\kappa\text{B}\alpha$. There are many other known targets such as CDC25A (Guardavaccaro *et al*, 2003a), Claspin (Peschiaroli *et al*, 2006) or β -catenin (Latres *et al*, 1999). As long as βTrCP and the whole $\text{SCF}^{\beta\text{TrCP}}$ are augmented after JNK activation, we further studied what was the effect of JNK activation over other targets of βTrCP .

Regarding β -catenin, by activating JNK we were not able to detect a significant decrease in its protein level or activity in a steady state of the signaling pathway. However, when inhibiting GSK3, the kinase that phosphorylates β -catenin targeting it to degradation

(Willert & Nusset, 1998), we detected a 25% decrease of the TCF activity by activating JNK (Fig. 14A).

As long as other SCF^{F-Box} complexes, like SCF^{SKP2}, share components like SKP1 and Cul1 and the F-Box mRNA also has binding sites for CRD-BP, we tested if their levels could be altered by JNK activity. In fact, SKP2 protein levels turned to be increased by both, JNK activity (Fig. 14B) and SKP1 overexpression (Fig. 14C). Accordingly, p27^{Kip1} (p27), a *bona fide* target of SKP2, was found to be increase in two independently obtained lines of MEFs lacking JNK1/2 (Fig. 14D).

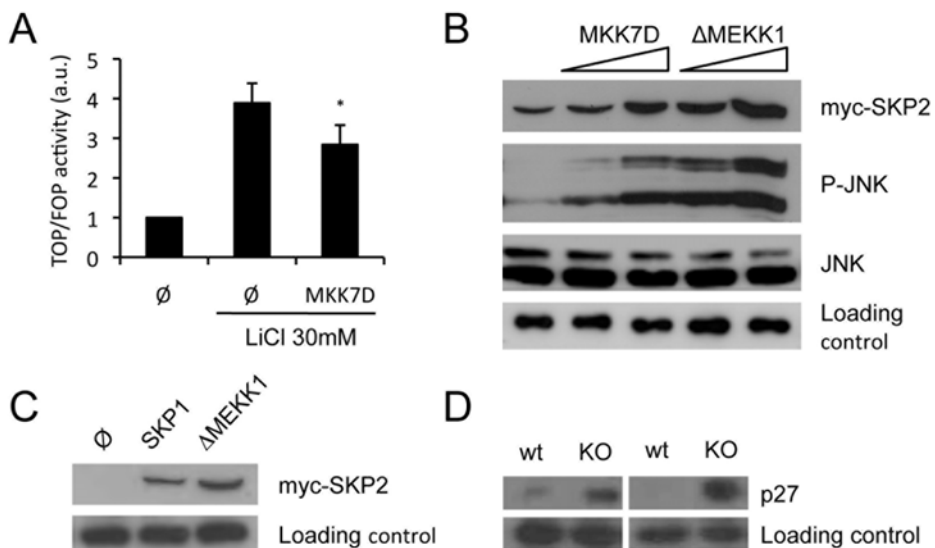


Figure 14. JNK affects other target of β TrCP and also other SCF^{F-Box} complexes. A: TOP/FOP luciferase reporter assay in HEK293 transfected with or without MKK7D expression vector and with or without 5 hours induction with LiCl, as indicated. B: Immunoblot analysis of myc, P-JNK and JNK of HEK293T cells transfected with equal amounts of myc-SKP2 together with an empty vector or increasing doses of MKK7D or Δ MEKK1 expression vector, as indicated. C: Immunoblot analysis of myc of HEK293T cells transfected with equal amounts of myc-SKP2 together with an empty vector, SKP1 or Δ MEKK1 expression vector, as indicated. D: Immunoblot analysis of p27 of two independently obtained JNK1/2 KO MEFs.

***IN VIVO* JNK ACTIVATION IN PANCREATIC β -CELLS LEADS TO GLUCOSE INTOLERANCE CAUSED BY CENTRAL INSULIN RESISTANCE**

MKK7D overexpression in pancreatic β -cells leads to JNK activation.

To gain insight into the effects of JNK activation on pancreatic β -cells and glucose homeostasis, we generated a transgenic mouse model that allows JNK activation in a Cre recombinase expression-dependent manner to study the effects of JNK activation in pancreatic β -cells regarding glucose homeostasis and β -cell function. We constructed a transgene (GFPloxP-MKK7D) in the context of the pCAG vector, which contains the CMV enhancer and chicken β -actin promoter sequences driving the constitutive expression of the GFP gene, which was flanked by two loxP sites and followed by a MKK7D expression unit (Fig. 15A).

The MKK7D sequence encodes the MAP2K of JNK, MKK7, which carries two mutations (S271D and T275D) that mimic the active form and has previously been used to trigger JNK activity in mice (Petrich *et al*, 2003). To activate JNK in pancreatic β -cells, mice harboring this transgene were crossed with RIP-Cre mice to obtain animals expressing either GFP (Control mice) or, due to the Cre recombinase-dependent excision of the GFP expression cassette, MKK7D (MKK7D mice).

Immunoblot analysis of extracts from pancreatic islets isolated from these animals demonstrated that Cre recombinase expression drastically reduced GFP expression while, concomitantly, increasing MKK7D expression, thereby resulting in augmented JNK phosphorylation and activity (Fig. 15B). MKK7D mice were born and developed normally, although they showed a slight decrease in body weight that was gender-independent (Fig. 15B).

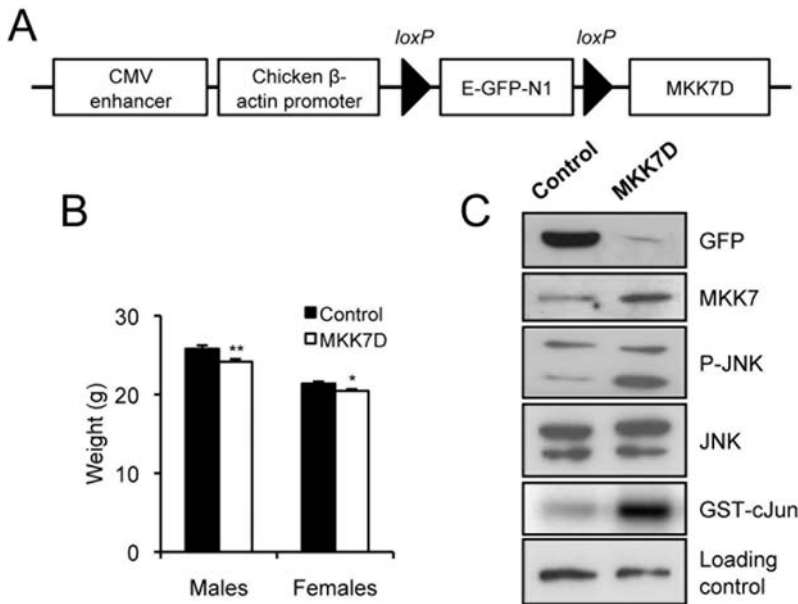


Figure 15. MKK7D overexpression in pancreatic β -cells leads to JNK activation and a slight body weight decrease. A: Diagram of the GFPloxP-MKK7D transgene. Transgenic mice constitutively express GFP under the control of the CMV enhancer/chicken β -actin promoter (Control mice). When crossed with RIP-Cre mice, the GFP cassette is floxed in pancreatic β -cells, leading to the constitutive expression of MKK7D in this cell type (MKK7D mice). B: Immunoblot analysis of GFP, MKK7, phospho-JNK (P-JNK) and JNK in extracts from isolated pancreatic islets of Control and MKK7D mice (first to fourth panels). Fifth panel shows JNK activity assessed by immunocomplex assay. C: Body weight comparison of Control and MKK7D 3-months old mice.

JNK activation in pancreatic β -cells disrupts glucose homeostasis.

The JNK pathway has emerged as a main player in glucose homeostasis not only because of its physiological role as a negative-feedback mechanism of the insulin-signaling pathway (Lee *et al*, 2003), but also because of its contribution to insulin resistance in peripheral tissues (Hirosumi *et al*, 2002) as well as in pancreatic β -cells (Solinas *et al*, 2006) in diverse pathological scenarios. Therefore, we focused our attention on the effects of pancreatic β -cell-specific activation of JNK on glucose homeostasis in our MKK7D transgenic mice. Although we found no significant differences in glycemia and insulinemia between 6-h fasted Control and MKK7D mice (Fig. 16A and B), the GTT showed that the latter were glucose-intolerant (Fig. 16C). Furthermore, this defect in glucose homeostasis was not due to decreased peripheral

Results

insulin sensitivity, as shown by the ITT (Fig. 16D), but to an impaired capacity to increase plasma insulin level in response to hyperglycemia (Fig. 16E). Actually in this experimental set up we failed to differentiate a first peak of insulin that occurs within the 5 first minutes after the induction with glucose.

Overall, these results indicated that MKK7D mice suffered from pancreatic dysfunction. This glucose-intolerant phenotype was repeated to a similar extent in males and females of both transgenic lines and was observed in animals as early as 1 month old.

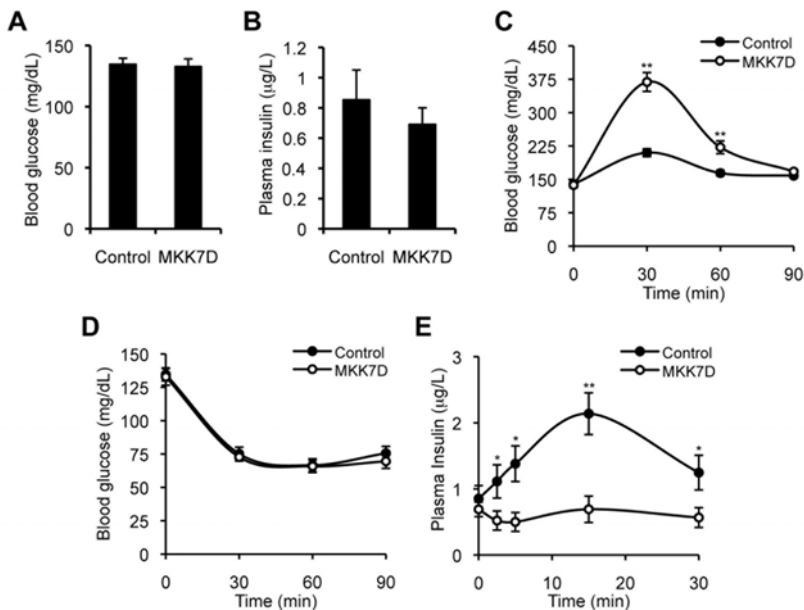


Figure 16. JNK activation in pancreatic β -cells leads to glucose intolerance as a result of an impaired capacity to increase insulinemia in response to hyperglycemia. Plasma glucose (A) and insulin (B) level in 6-h fasted Control and MKK7D mice. GTT (C), ITT (D) and glucose-stimulated insulin secretion (E) in Control and MKK7D 3 months-old mice.

JNK activation in pancreatic β -cells does not cause major morphostructural changes in islets.

The success of JNK inhibitors in increasing the survival of pancreatic islets or insulin-secreting cell lines subjected to transplantation protocols and/or exposed to pro-inflammatory cytokines, respectively, has led to the notion that the JNK pathway plays

a fundamental role in mediating β -cell death (Díaz-Delfín *et al*, 2007; Bonny *et al*, 2001; Aikin *et al*, 2004; Fornoni *et al*, 2008; Noguchi *et al*, 2005, 2007). This role might have been consistent with the phenotype we observed in the MKK7D mice. Therefore, we performed a histological analysis of the pancreatic islets by haematoxylin-eosin staining, and immunostaining using antibodies against insulin and glucagon.

In contrast to what we expected, the islet shape, number, size, and distribution and number of α - versus β -cells did not differ between Control and MKK7D mice (Fig. 17A-D) nor did the overall size of the pancreas (Fig. 17E). In addition, no differences regarding pancreas or islet insulin content were observed (Fig. 17F and G).

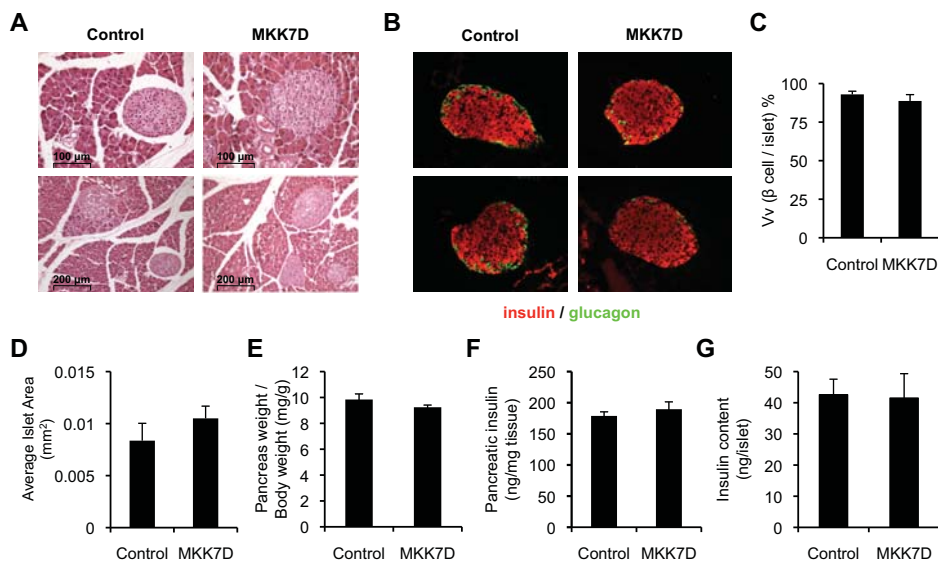


Figure 17. JNK activation in pancreatic β -cells affects neither the morphology nor the insulin content of the islets. Pancreatic histological sections of Control and MKK7D animals stained with haematoxylin and eosin (A) or analyzed by immunohistochemistry with antibodies against insulin and glucagon (B). Average β -cell percentage (C) and total islet area (D), pancreatic weight relative to body weight (E), insulin content of pancreas (F) and isolated islets (G) from Control and MKK7D 3-months old mice.

Data from the literature demonstrate that JNK-induced β -cell apoptosis is mediated by caspase 3 (Kim *et al*, 2005). In this regard, analysis of caspase 3 cleavage (Fig. 18A) and activity (Fig. 18B) in isolated islets showed that MKK7D-triggered activation of JNK did not lead to an activation of caspase 3. These results do not support the notion that major morphological or structural defects of pancreatic islets caused by massive β -cell

Results

death were responsible for the glucose-intolerant phenotype observed in the MKK7D mice.

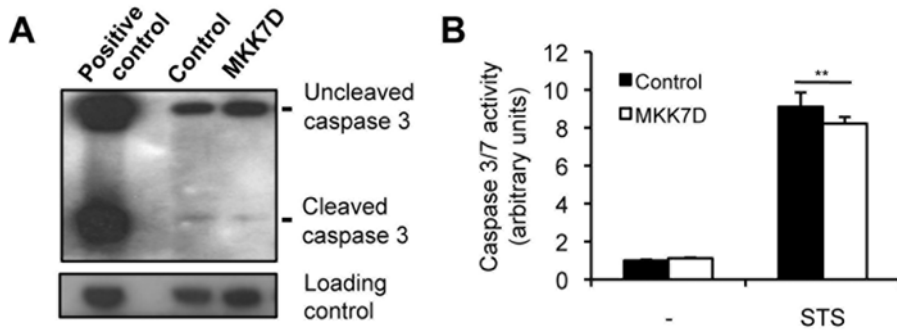


Figure 18. JNK activation in pancreatic β -cells does not activate Caspase 3. A: Immunoblot analysis of caspase 3 in extracts from isolated islets of Control and MKK7D mice. Positive control was an extract from neurons overnight treated with staurosporine. B: Caspase 3 activity in extracts from isolated islets untreated (-) or incubated for 20 hours with 10 μ M staurosporine (STS) of Control and MKK7D mice.

JNK activation in pancreatic β -cells impairs insulin signaling.

As the morphology and structure of the pancreas and islets were apparently unaffected by the activation of JNK in β -cells, next we performed a series of functional assays addressed to analyze insulin secretion and signaling in response to glucose in isolated islets. First, we determined glucose-induced insulin secretion. In agreement with the studies in mice, we observed an impaired capacity of isolated islets from the MKK7D mice to secrete insulin in response to glucose when compared to Control mice (Fig. 19A). Moreover, this impairment was overcome when islets were incubated with a cell-permeable inhibitory peptide of JNK, JNKi-1 (Fig. 19B).

Afterwards, we confirmed that this defect was not caused by a reduction in overall amount or a subcellular mislocalization of the glucose transporter GLUT2 (Fig. 19C and D) or defects in the glucose signaling pathway, since insulin secretion of islets from MKK7D and Control mice was equally increased by a range of compounds, such as IBMX, KCl, succinate, KIC, and tolbutamide, which activate this pathway at different steps (Fig. 19E).

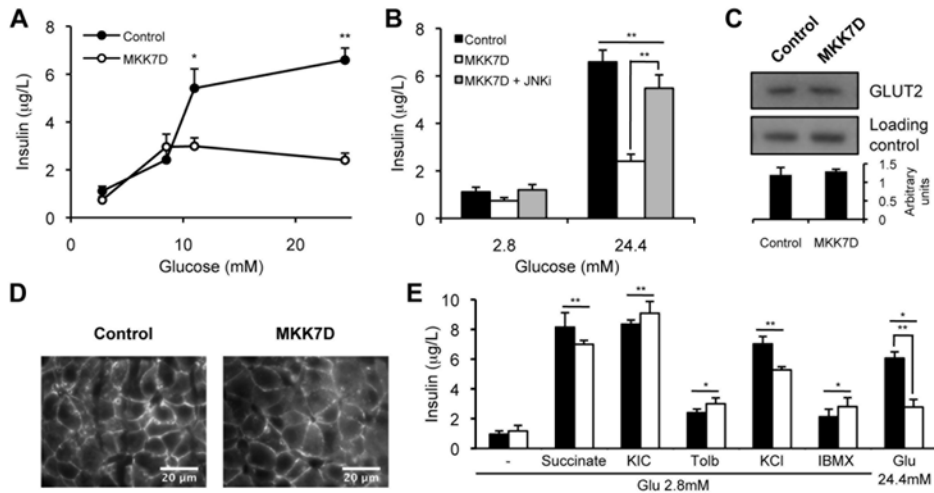


Figure 19. JNK activation in pancreatic β -cells impairs glucose-stimulated insulin secretion. Insulin secretion of pancreatic islets isolated from Control and MKK7D mice stimulated with the indicated concentrations of glucose (A) and in the presence or absence of JNKi-1 (JNKi), as indicated (B). Analysis of GLUT2 expression by immunoblot in extracts from pancreatic islets (C) and subcellular localization by immunohistochemistry in pancreatic sections (D) of Control and MKK7D mice. E: Insulin secretion of islets isolated from Control and MKK7D mice in response to 2.8 mM (-) and 24 mM glucose (Glu), succinate, KIC, tolbutamide (Tolb), KCl and IBMX, as indicated.

As long as insulin induces its own release, next we studied insulin-induced secretion of this hormone in isolated islets. We found that this autocrine action of insulin was impeded in islets derived from MKK7D mice and, again, this defect was overcome when these islets were incubated with JNKi-1 (Fig. 20A). These results strongly pointed to a JNK activation-dependent interference with insulin signaling. To test this hypothesis, we analyzed insulin-induced phosphorylation of Akt, a key protein in the insulin-signaling pathway (Kubota *et al*, 2012a). We found that this process was impaired in islets from MKK7D mice (Fig. 20B). Accordingly, insulin-induced expression of insulin target genes was also inhibited in these islets (Fig. 20C), regardless of their increased content in the transcriptional activator Pdx1 (Fig. 20E). Similar results were observed studying glucose-induced expression of this set of insulin target genes (Fig. 20D). Immunohistochemistry analysis of pancreatic sections of Control and MKK7D mice showed that Pdx1 is equally located in the nucleus in basal conditions but, in contrast to Control animals, MKK7D mice failed to induce Pdx1 nucleocytoplasmic shuttling in response to glucose or insulin (Fig. 4F)

Results

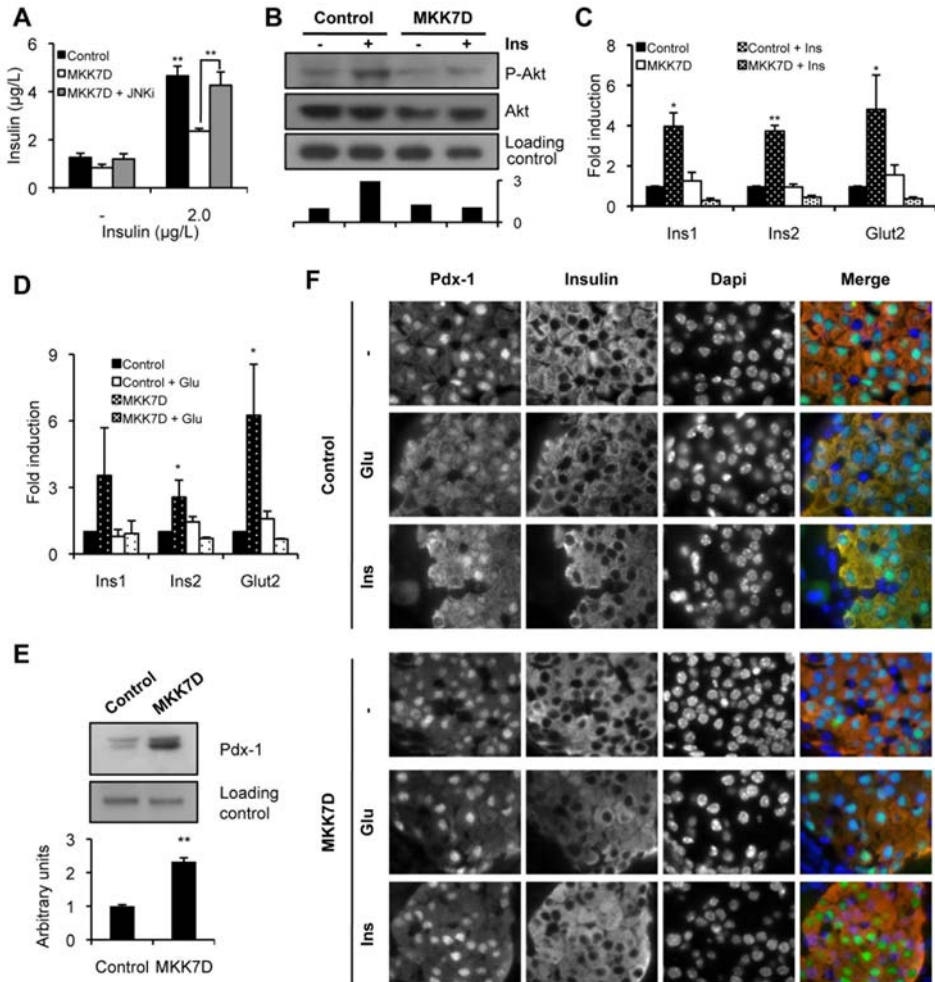


Figure 20. JNK activation in pancreatic β -cells impairs insulin signaling. A: Insulin-induced insulin secretion of pancreatic islets isolated from Control and MKK7D mice in the presence or absence of JNKi-1 (JNKi), as indicated. Secretions were performed in basal glucose concentration (2.8 mM). B: Immunoblot analysis of phospho-Akt (P-Akt) and Akt in extracts of islets from Control and MKK7D mice incubated with or without insulin (Ins), as indicated, for 20 min. The ratio of phospho-Akt versus total Akt is represented at the bottom panel. qRT-PCR analysis of the indicated insulin target genes in islets from Control and MKK7 mice incubated with or without insulin (Ins), as indicated, for 3 hours (C), or glucose, as indicated, for 16 hours (D). E: Immunoblot analysis of Pdx1 in extracts from pancreatic islets of Control and MKK7D mice. The ratio of Pdx1 versus loading control is represented at the bottom panel. F: Immunohistochemistry analysis of Pdx1 and insulin in pancreatic sections from Control and MKK7D mice untreated (-) or treated with glucose (Glu) or insulin (Ins) for 30 min.

Transient JNK activation in adulthood recapitulates the glucose-intolerant phenotype shown by MKK7D mice.

The experiments described above using the JNK inhibitory peptide showed that the JNK interference with the insulin-induced insulin secretion was reversible. Next, we addressed whether JNK activation is required early during development in order to achieve the phenotype or whether it occurs immediately after JNK activation, independently of the developmental stage.

Thus, transgenic mice were crossed with mice expressing a tamoxifen-inducible Cre recombinase/ER in pancreatic β -cells to obtain Control and MKK7DTam mice. Despite the overexpression of Cre-recombinase/ER in the β -cells, none of these mice were intolerant to glucose (Fig. 21A). The Cre-dependent recombination of the transgene was induced in adulthood by the administration of tamoxifen (see Research Design and Methods), and efficiency and concomitant JNK activation were confirmed by immunoblot analysis (Fig. 21B).

Tamoxifen-treated MKK7DTam mice (and Control animals) were subjected to a GTT and ITT. These tests revealed that these animals were glucose-intolerant (Fig. 21C), preserved peripheral insulin sensitivity (Fig. 21D), and were unable to increase insulinemia in response to hyperglycemia (Fig. 21E). Moreover, islets isolated from these mice did not secrete insulin in response to glucose or insulin (Fig. 21F). Therefore, upon tamoxifen treatment, MKK7DTam mice mimicked the phenotype previously observed in MKK7D mice.

Results

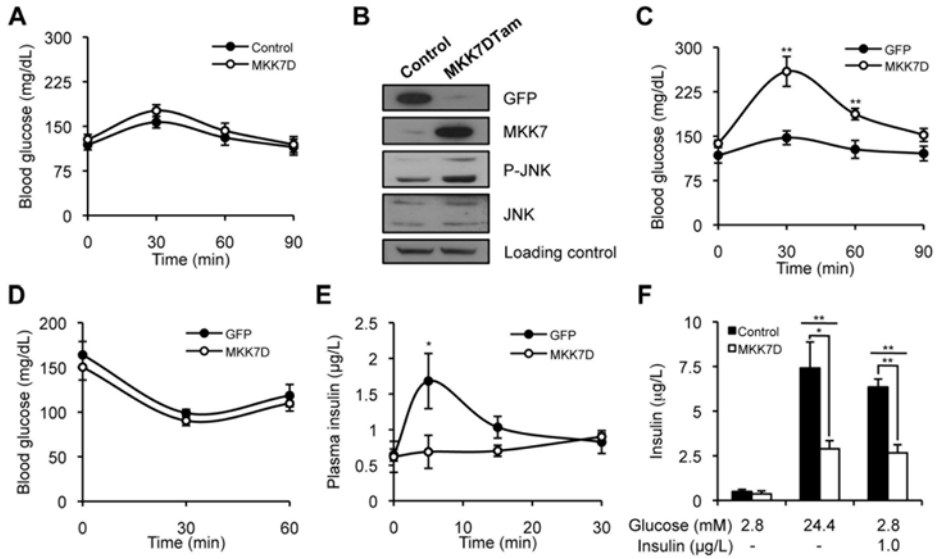


Figure 21. Tamoxifen-inducible JNK activation in adult mice causes glucose intolerance. A: GTT of Control and MKK7DTam 8-week-old mice before treatment with tamoxifen. B: Immunoblot analysis of GFP, MKK7, phospho-JNK (P-JNK) and JNK in extracts from isolated pancreatic islets of tamoxifen-treated Control and MKK7DTam mice. C, D and E: GTT, ITT and glucose-stimulated insulin secretion, respectively, in tamoxifen-treated Control and MKK7DTam mice. E: Insulin secretion of pancreatic islets isolated from tamoxifen-treated Control and MKK7DTam mice stimulated with glucose and insulin as indicated.

Rosiglitazone reestablishes the glucose homeostasis and insulin signaling disrupted by JNK activation in pancreatic β -cells.

We have previously reported that TZDs, in a PPAR γ -dependent manner, are able to inhibit obesity- and pro-inflammatory cytokine-induced activation of JNK and, in doing so, alleviate insulin resistance (Díaz-Delfín *et al*, 2007). In fact, JNK inhibition by TZDs, such as troglitazone and rosiglitazone, has been documented in a variety of cell types and circumstances (Díaz-Delfín *et al*, 2007; Khandoudi *et al*, 2002; Hernandez *et al*, 2004; Yoon *et al*, 2010).

Particularly relevant to this study is the reported inhibition of IL-1 β -induced activation of JNK by rosiglitazone in insulin-secreting cell lines, where expression of PPAR γ was

also documented (Díaz-Delfín *et al*, 2007). Therefore, we tested the effect of rosiglitazone treatment on the phenotype exhibited by MKK7D mice.

For this purpose, MKK7D and Control mice were treated with rosiglitazone for 10 consecutive days and, afterwards GTTs were performed. Rosiglitazone treatment significantly improved glucose tolerance in the MKK7D mice (Fig. 22A and B) and also restored normal insulin secretion in response to hyperglycemia in these animals (Fig. 22C and D), while no changes were observed in peripheral sensitivity to insulin in none of the animals tested, as assessed by ITT (Fig. 22E).

Moreover, the direct action of rosiglitazone on β -cells was further assessed by confirming the ability of this drug to restore insulin secretion in response to glucose, as well as to insulin, in islets isolated from rosiglitazone-treated MKK7D mice (Fig. 22F). As a result of JNK mediating the feedback inhibition of the insulin-signaling cascade (Lee *et al*, 2003), rosiglitazone treatment of islets from Control mice further augmented insulin-induced insulin secretion (Fig. 22F). This effect was not observed in response to glucose because experiments were conducted at an already saturating glucose dose (Fig. 19A). At molecular level, rosiglitazone inhibited MKK7D-induced activation of JNK and, accordingly, restored insulin-induced Akt phosphorylation (Fig. 22G).

Results

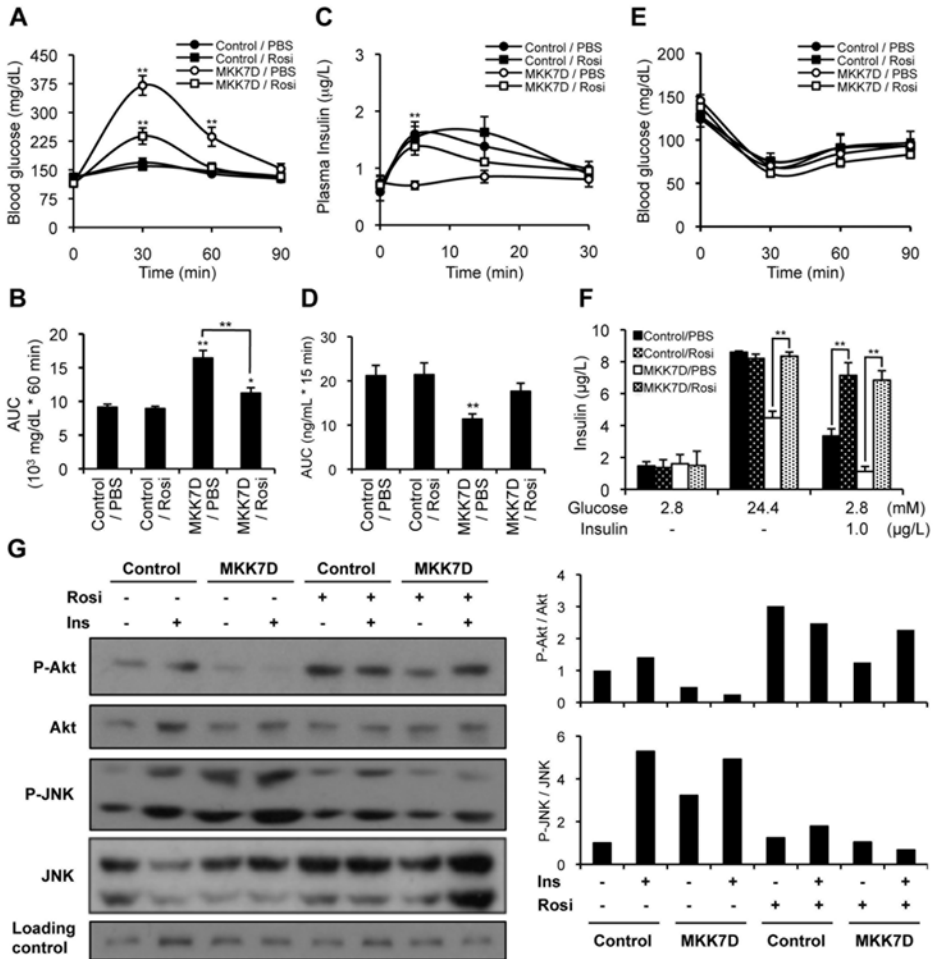


Figure 22. Rosiglitazone counteracts JNK-induced β -cell dysfunction. . GTT (A) and the corresponding area under the curve (AUC) for the first 60 min (B), glucose-stimulated insulin secretion (C) and the corresponding AUC for the first 15 min (D), and ITT (E) performed in Control and MKK7D 2-month-old mice treated for 10 days with rosiglitazone (Rosi) or PBS, as indicated. F: Insulin secretion of pancreatic islets isolated from Control and MKK7D mice treated with PBS or rosiglitazone. Islets were stimulated with glucose and insulin as indicated. G: Immunoblot analysis performed in extracts of pancreatic islets from Control and MKK7D mice treated with rosiglitazone and insulin (20 min), as indicated. The ratio of phospho-Akt and phospho-JNK versus AKT and JNK, respectively, are represented at the right side panels.

***In vivo* JNK activation in pancreatic β -cells protects mice from HFD-induced insulin resistance and hyperinsulinemia**

As long as the MKK7D mice do not secrete insulin in response to glucose and exhibit central insulin resistance, we investigated what were the effects of feeding them with a high-fat and high-carbohydrate diet (HFD). Previous studies using mice with impaired insulin secretion have connected it with a protection from HFD-induced insulin resistance (Lo *et al*, 2010; Kebede *et al*, 2008; Uebele *et al*, 2009). However, the increased plasma level of FFA induce JNK activation and insulin resistance (Solinas & Karin, 2010) which may affect β -pancreatic cells performance in the MKK7D mice which already have high JNK activity. Actually, acute pancreatitis developed upon HFD feeding is protected by the treatment with rosiglitazone, a JNK inhibitor. Nevertheless, *jnk1* deficiency relieves the inhibition of glucose-induced insulin transcription by FFA and enhances the obesity-inhibited and glucose-induced insulin secretion (Solinas *et al*, 2006; Kaneto *et al*, 2004; Bennett, 2003).

In fact, MKK7D mice resulted to be partially protected from obesity-induced HFD. They were leaner than the Control mice (Fig. 23A) and had normal fasted blood glucose after 13 weeks of HFD, whereas the Control mice start developing fasting hyperglycemia after 9 weeks of being fed with HFD, corresponding to 13 weeks of age (Fig. 23B).

Indeed, Control mice developed a standard HFD-induced type-2 diabetes. As they had higher basal blood glucose and insulin, developed insulin resistance, and, therefore were glucose intolerant (Fig. 23B to F). Remarkably, MKK7D mice, despite a lower but sufficient increase in weight due to HFD, remained insulin sensitive and had normal basal blood glucose and insulin levels (Fig. 23A, B, E and F). Moreover, their glucose intolerance was not worsened by the HFD (Fig. 23D).

Results

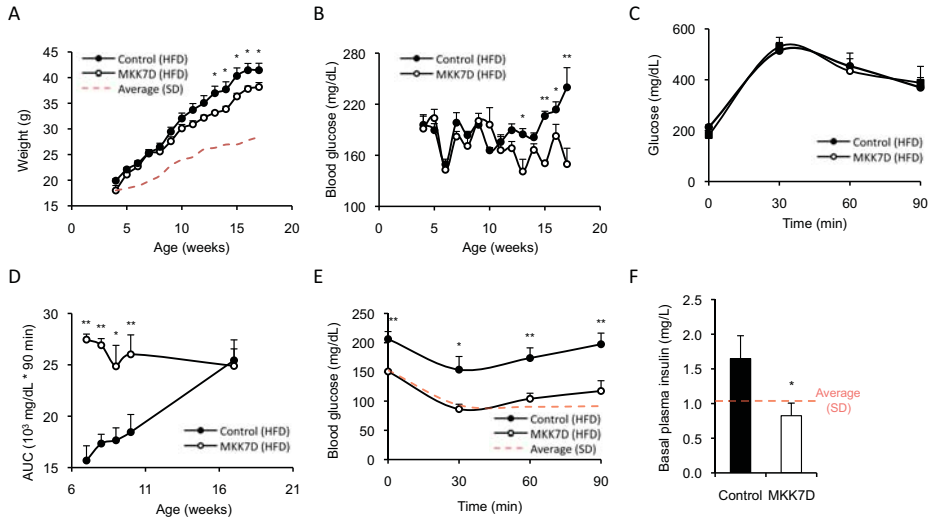


Figure 23. JNK activation in pancreatic β -cells protects from HFD-induced type-2 diabetes. A: Body weight curve of Control and MKK7D mice fed with HFD and average mice with standard diet (SD). B: Plasma glucose level in 6-h fasted Control and MKK7D mice fed with HFD. GTT (C) of 17-weeks old Control and MKK7D mice fed with high fat diet and the corresponding area under the curve (AUC) for the first 90 min at the indicated ages (D). ITT (E) and basal plasma insulin (F) of Control and MKK7D mice fed with HFD and average mice with SD. (Male mice; n = 6 for Control and n = 4 for MKK7D).

Increased life and health span in MKK7D mice

Glucose metabolism and insulin signaling have been also related to ageing. Specially IGF-1 is responsible to regulate lifespan (Holzenberger *et al*, 2003) but as long as insulin and IGF-1 share common downstream effectors and hybrid receptors have been described (Baillyes *et al*, 1997), insulin is also a focus of interest in ageing (Lamming *et al*, 2012). So far the studies using full IR KO have resulted in dramatic illness and early lethality (Wertheimer *et al*, 1993) but same results were obtained when using the IGF-1R KO (Gems & Partridge, 2001).

In this regard, MKK7D mice may be a good tool to study the impact of insulin in ageing as long as they have normal basal insulin levels but they lack the normal peaks of insulin in response to glucose. Actually, this phenotype resembles dietary restriction or the mutations in the nutrient sensing pathways, which also have been related to extended lifespan (Fontana *et al*, 2010).

MKK7D are protected from age induce obesity (Fig. 24A and B). Additionally, MKK7D mice had lower basal blood glucose than Control mice (Fig. 24C). In fact, glucose intolerance of MKK7D mice was progressively ameliorated (Fig. 24D) and their triglycerides were reduced to equal the levels of Control mice (Fig. 24E).

However, there were some age-symptoms that Control mice started to have like insulin resistance (Fig. 22F) and hyperinsulinemia (Fig. 22G) that the MKK7D mice not. These are indicators of initial diabetes before basal blood glucose increase and they become glucose intolerant. In this regard, MKK7D mice seem to be protected from them. On the top of that, general condition of Control mice was generally worse, having more infections, gastrointestinal problems and hyperplasias. Actually, at the age of 20 months 40% of lethality of Control mice whereas only a 10% of MKK7D mice was observed (Fig. 24H).

Therefore, according to these results overexpression of JNK in the pancreatic β -cells reduces insulin secretion by inhibiting insulin signaling, at least in youth, without affecting the general state of the mice. Actually this glucose intolerance and insulin secretion impairment seems to be beneficial in old ages by reducing diabetic traits in elderly and apparently extending lifespan. In spite of these, further analysis of the tissues and age markers are needed to clarify what the real state of the MKK7D mice is.

Results

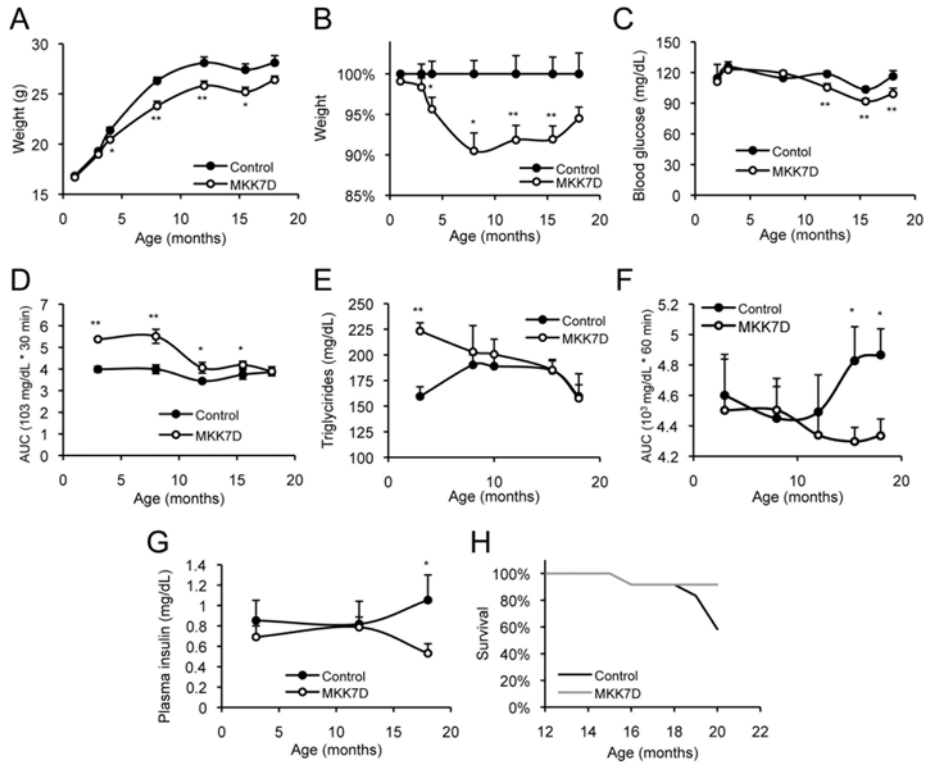


Figure 24. JNK activation in pancreatic β -cells protects against age-induced hyperinsulinemia, insulin resistance and extends lifespan. Body weight (A) and body weight percentage with respect the Control mice (B) comparison of Control and MKK7D mice. C: 6-h fasted plasma glucose level, area under de curve (AUC) of a GTT (D), 6-h fasted blood triglycerides levels (E), AUC of an ITT (F), 6-h fasted plasma insulin level (G) and survival percentage of Control and MKK7D mice at the indicated ages. (Female mice; n = 15/genotype).

DISCUSSION

JNK AND THE SCF^{F-BOX} COMPLEXES

It is becoming more and more evident that signaling pathways cannot be studied as lineal and isolated cascades. Actually, it is the coordination of the different pathways what enables complex and tuned responses to a wide range of stimuli. In the case of inflammation, the two main pathways involved are JNK and NF- κ B (Kyriakis & Avruch, 2012; Hayden & Ghosh, 2012). Essentially, the most known interaction in between them is the repressory effect of NF- κ B over JNK in order to prevent apoptosis (Smaele *et al*, 2001; Tang *et al*, 2001). However, much little is known about the JNK activation needed to induce NF- κ B in response to certain stimuli. Indeed, this positive effect of JNK on NF- κ B is feasible to happen as long as they have common upstream activators (Lee *et al*, 1997). In the case of inflammation, for example, a joint labour could be clearly beneficial and could determine the correct functioning and the efficiency of the response.

Up until now, the main described effect of JNK on NF- κ B has been the increase of the SCF ^{β TrCP} ubiquitination complex (Arevalo, 2008). We have tried to investigate separately the effects at β TrCP protein and mRNA level since they have been described to be independent (Spiegelman *et al*, 2001).

Regarding transcription independent stabilization, we have proved that protein-to-protein interaction is very important for the SCF ^{β TrCP} complex stability and therefore NF- κ B activation. The core complex, formed by SKP1 and β TrCP, is increased just by overexpressing one of the members. This effect is lost when using the β TrCP ^{Δ F}, highlighting the importance of this interaction. Indeed, β TrCP ^{Δ F} exerts a dominant negative action on SKP1 levels reinforcing the theory in which the interaction SKP1- β TrCP is crucial for the stability of the complex. Not only this but this result indicates that there might be some other protein needed that is being sequestered by β TrCP ^{Δ F}. However, the fact that β TrCP ^{Δ F} can still be stabilized by JNK activation, supports the idea that there is more than one mechanism by which JNK is enhancing the levels of the complex.

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Indeed, active JNK can be found bound to the SKP1- β TrCP dimer (Arevalo, 2008) also supporting the idea that JNK could be acting as a scaffolding protein of the complex, enabling and/or enhancing its formation. JNK would not be the first kinase that acts in this way on an ubiquitination complex. The kinase DYRK2 was found to associate and serve as a molecular assembler for the EDV ubiquitination complex independently of its kinase activity (Maddika & Chen, 2009).

Another positive effect of JNK on β TrCP is the augmentation of the β TrCP mRNA in a transcription independent way. Results of this thesis suggest that this stabilization could be mediated by phosphorylation of CRD-BP by JNK. As long as the biochemical effect of phosphorylation on CRD-BP activity was not measured, it is not sure that this is the mechanism by which JNK induces β TrCP mRNA. Anyhow, the CRD-BP-miR183 system was clearly affected because the transcription of the mutant form of β TrCP, β TrCP ^{δ miR183}, was not induced anymore by activating specifically JNK. Hence, the JNK-mediated CRD-BP phosphorylation would be useless as long as mir183 cannot bind β TrCP ^{δ miR183} anymore.

Nevertheless, β TrCP ^{δ miR183}, as well as β TrCP ^{Δ F}, retained the capacity of being stabilized at a protein level by JNK activation. All this results together indicate the complexity by which JNK is stabilizing β TrCP. In spite of this, all the results point towards an increase of β TrCP, and therefore an induction of NF- κ B, upon JNK stimulation. This interaction may be critical for some responses such as IL-1 β , where both JNK and NF- κ B have a pro-apoptotic role (Cnop *et al*, 2005; Giannoukakis *et al*, 2000).

This interaction could be also very important in the cellular signaling induced by some anticancer drugs such as Doxorubicin. It has already been described that JNK-induced apoptosis is activated in response to this drug used in cancer chemotherapy (Panaretakis *et al*, 2005). Essentially, NF- κ B activation has been related to cancer therapy-induced apoptosis resistance (Wang *et al*, 1996). However, some reports challenge this model and propose that NF- κ B activity seen in response to DNA damage induced by ultraviolet radiation and chemotherapeutics can function to promote cell

death (Campbell *et al*, 2004; Ho *et al*, 2005; Ashikawa *et al*, 2004). These studies further suggest that NF- κ B activation may be required for doxorubicin to induce cell death and therefore that combining targeted NF- κ B inhibition could actually serve to counteract the desired cell killing effects of chemotherapy. Again the answer to this inconsistency may be explained by the differences in the cellular types and duration of the stimuli. Anyhow, it is clear that NF- κ B activation in certain cases is relevant to induce apoptosis. Therefore, the joint response of the two pathways could be again essential for the efficiency of this anticarcinogenic agent.

In agreement with this first part of the results, β -catenin, another substrate for β TrCP was also affected. Indeed, Wnt signaling pathway also needed to be activated prior to see any difference in β -catenin activity. In addition, this is not the only mechanism by which JNK antagonizes Wnt/ β -catenin signaling. Firstly, JNK can also phosphorylate and activate GSK3, what would trigger β -catenin phosphorylation and ubiquitination (Hu *et al*, 2008, 2009). Moreover, other studies indicate that JNK antagonizes canonical Wnt signaling by reducing nuclear β -catenin (Liao *et al*, 2006) In contrast, JNK can also cooperate with Wnt/ β -catenin as JNK-induced phosphorylated c-Jun can bind TCF4/ β -catenin and enhance the transcription of common target genes (Nateri *et al*, 2005).

Considering that SCF^{F-Box} complexes share a great number of the proteins and regulators, the increase protein levels of SKP2 in response to JNK activation is not unexpected. Neither is it the consequent increase of its target p27 protein levels found in MEFs *jdk1/2* KO. The similarities in between SCF ^{β TrCP} and SCF^{SKP2} can be found at different levels. First of all, they share components of the complex, like SKP1 and Cul1 for instance. Besides that, SKP2 mRNA also has predicted binding sites for CRD-BP, which we have suggested to be activated by JNK. Not only this but the final ensemble of the complex is regulated in both cases by COP2 (Denti *et al*, 2006; Wolf *et al*, 2003).

Interestingly, p27 is a cell cycle regulator that controls the cell cycle progression to G1 by inhibiting CDK2 and Cyclin E. It has been described that mutation or loss of p27 expression leads to an uncontrolled cellular proliferation and has been observed in

Discussion

metastatic carcinomas (Fero *et al*, 1996; Nakayama *et al*, 1996; Kiyokawa *et al*, 1996). Accordingly, MEFs JNK1/2 KO, that had more p27, had a lower mitotic index and were arrested in G1 (unpublished data from the lab). This effect would link JNK to cell cycle progression by inducing SCF^{SKP2} levels and activity, what would induce p27 degradation and progression to S phase. Actually, JNK has already been proposed as a G1/S transition regulator even no targets were proposed (Nagata *et al*, 1998).

Together all these results suggest a major role of JNK in the regulation of SCF^{F-Box} ubiquitination complexes. The possible implications of this interaction are very wide, as long as cellular functions, from inflammation to cell cycle, may be affected. The mechanism that we propose is complex, since it would be acting as a scaffold to trigger the SCF^{F-Box} formation but also, through the phosphorylation of CRD-BP and subsequent stabilization of microRNA targeted F-Box mRNAs. Moreover, additional steps of the pathway could be affected in specific cases such as the F-Box target phosphorylation or the activation/inactivation of the kinase in charge of doing it.

JNK ACTIVATION IN THE β -PANCREATIC CELLS

Insulin resistance is an early trait in the development of type-2 diabetes; afterwards, pancreatic β -cell failure caused by an increased insulin demand is the major determinant of progression to hyperglycemia, the hallmark of diabetes. Compelling evidence has demonstrated that exacerbated JNK activity participates in promoting insulin resistance in peripheral insulin-target tissues, namely skeletal muscle, adipose tissue and liver (Hirosumi *et al*, 2002; Nakatani *et al*, 2004; Tuncman *et al*, 2006; Sabio *et al*, 2010; Zhang *et al*, 2011b; Solinas *et al*, 2007; Masharani *et al*, 2011).

In addition, a few studies indicate that the JNK pathway is also involved in the negative regulation of insulin sensitivity in pancreatic β -cells. In this regard, *jnk1*-deficient pancreatic islets show increased glucose-induced insulin secretion (Varona-Santos *et al*, 2008) and protection against FFA-induced inhibition of glucose-triggered insulin gene transcription (Solinas *et al*, 2006). Nonetheless, *in vivo* data supporting a regulatory role of JNK in insulin sensitivity in pancreatic β -cells has been obtained using genetic and/or chemical inhibition of JNK (Solinas *et al*, 2006; Kaneto *et al*, 2004; Bennett, 2003; Varona-Santos *et al*, 2008; Kaneto *et al*, 2002), approaches that allow the assessment of JNK requirement but not competence of this kinase to perform a particular role.

With this aim, we generated a transgenic mouse model that allows JNK activation in a Cre recombinase expression-dependent manner, and, using mice strains expressing the Cre recombinase or Cre recombinase/ER under the control of the *Ins2* promoter, we achieved β -cell-specific activation of JNK in a constitutive and a tamoxifen-inducible manner, respectively.

Our results show that JNK activation in pancreatic β -cells produces a glucose-intolerant phenotype caused by impaired capacity to increase insulinemia in response to hyperglycemia. Although *in vivo* JNK activation by expression of a constitutively activated version of its immediately upstream activator MKK7D is a strategy previously shown to specifically induce JNK (Petrich *et al*, 2003), we confirmed that the observed defects were dependent on JNK activity as they were reverted by JNKi-1, a highly

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specific JNK inhibitor peptide (Bonny *et al*, 2001), and/or by rosiglitazone, a treatment also known to inhibit JNK activation in vivo and in several cell types, including insulin-secreting cell lines (Díaz-Delfín *et al*, 2007), and also shown in the current study.

Moreover, the glucose intolerance phenotype shown by MKK7D mice was exhibited independently of gender and the post-natal age of the animals (though the experiments shown were performed in 3-month old mice, GTT performed on animals from 1 to 12 months of age gave similar results), and by all the animals tested so far (around 200 mice). These findings suggest that the penetrance of this phenotype is close to 100%. In addition, it is likely to be achieved immediately after JNK activation and independently of the developmental stage, as comparable results were obtained in MKK7D and tamoxifen-treated MKK7DTam mice, and reversible, as it was reverted in vivo by a relatively short treatment with rosiglitazone (the shortest time tested has been 4 days) and in isolated islets by incubation with JNKi-1.

Finally, although in both mice strains used the Cre recombinase expression is under the Ins2 promoter sequences, known to also drive expression to certain regions of the brain (Wicksteed *et al*, 2010; Chan & Sherwin, 2012), the finding that isolated pancreatic islets show defects in glucose-induced insulin secretion strongly suggest that the described phenotype is a β -cell autonomous effect caused by JNK activation specifically in this cell type.

According to our results, JNK activation in pancreatic β -cells results in glucose intolerance as a result of impaired capacity to increase blood insulin level in response to hyperglycemia. However, insulin secretion in response to glucose consists in two phases and in an in vivo setting only the second one can be observed. Importantly, first phase is only dependant in blood glucose whereas a more complex stimuli. Therefore, we cannot discard that MKK7D mice still have the ability to secrete some insulin.

Moreover, this insulin secretion-impairment does not correlate with any obvious morphological or structural abnormality in the pancreas or the islets or with lower

insulin content. Moreover, basal glycemia and insulinemia were normal in MKK7D and tamoxifen-treated MKK7DTam mice.

In contrast, static insulin secretions of pancreatic islets isolated from these animals were markedly impaired in response to glucose and insulin, a defect that was reversed by incubation of the islets with the JNK inhibitor peptide or with rosiglitazone. In contrast, these same islets were not defective for IBMX-, KCl-, succinate, KIC or tolbutamide-induced insulin release. Overall, these results indicate that insulin secretion in response to insulin, but not to glucose metabolism (Ashcroft & Rorsman, 2012), was affected by JNK activation. Accordingly, insulin-induced Akt phosphorylation, a key event in insulin signaling (Kubota *et al*, 2012b), and the induction of expression of downstream insulin-target genes was impaired in islets from MKK7 mice.

Defective insulin signaling in MKK7D mice was also supported by their inability to induce Pdx1 nucleocytoplasmic shuttling in response to glucose or insulin. In this regard, Pdx1 translocation from nucleus to cytoplasm has been reported to occur upon inhibition of insulin signaling by oxidative stress in cultured cells (Kawamori *et al*, 2003). Despite no differences were observed between Control and MKK7D mice in Pdx1 subcellular location in basal conditions, the later maintained Pdx1 nuclear localization even 30 min after stimulation with glucose or insulin, a time point by which insulin signaling might be in the process to be turned off as insulinemia almost returned to basal level, whereas in Control mice Pdx1 shuttled from nucleus to cytoplasm suggesting that deactivation of the insulin signaling pathway was taking place. Moreover, the increased Pdx1 content in MKK7D islets might be also indicative of defective insulin signaling as this pathway regulates the steady-state level of Pdx1 (Humphrey *et al*, 2010).

Overall, these results are consistent with the previously reported role of JNK in blocking InsR signaling through IRS-1/-2 phosphorylation on serine (Solinas *et al*, 2006; Aguirre *et al*, 2000).

Discussion

TZD treatment improves the pancreatic condition in type 2 diabetes by alleviating insulin resistance in peripheral tissues in a PPAR γ -dependent manner (Willson *et al*, 1996; Berger *et al*, 1996). Nonetheless, an insulin-sensitizing action of these drugs directly on the pancreas has not been reported previously. Supporting this notion is the documented expression of PPAR γ in β -cells, where it regulates proliferation (Rosen *et al*, 2003). In addition, we had previously shown that the anti-diabetic action of rosiglitazone relies on the inhibition of the obesity-induced activation of the JNK pathway (Díaz-Delfín *et al*, 2007). Finally, we had also shown that rosiglitazone treatment improves the survival of insulin-secreting cells lines, such as Ins1-E and β TC3 cells, exposed to the pro-inflammatory cytokine IL-1 β , concomitantly with the inhibition of the cytokine-induced activation of JNK (Díaz-Delfín *et al*, 2007).

Therefore, we considered that the MKK7D mouse was a suitable animal model in which to test whether rosiglitazone ameliorates pancreatic insulin resistance independently of its action on peripheral tissues. Remarkably, rosiglitazone almost completely reverted the *in vivo* (glucose intolerance) and *in vitro* (glucose and insulin-induced insulin secretion) phenotype induced by JNK activation in pancreatic β -cells. These actions correlated with the ability of rosiglitazone to inhibit MKK7D-induced activation of JNK and, concomitantly, the recovery of insulin-induced phosphorylation of Akt, hence the InsR signaling. In addition, since none of these animals exhibited peripheral insulin resistance, the ITTs were not affected by rosiglitazone treatment in any group of mice. These results indicate that, in addition to their insulin-sensitizing action in peripheral tissues (mainly in adipose tissue), TZDs also ameliorate pancreatic insulin resistance, and that in both actions the inhibition of exacerbated JNK activity plays a fundamental role.

JNK is involved in the loss of pancreatic β -cells induced by pro-inflammatory cytokines (Ammendrup *et al*, 2000; Kim *et al*, 2005), and *jnk1* deficiency or treatment with JNK inhibitors prevents IL-1 β -induced apoptosis of isolated islets and/or insulin-secreting cell lines (Díaz-Delfín *et al*, 2007; Bennett, 2003; Varona-Santos *et al*, 2008; Bonny *et al*,

2001). Moreover, JNK inhibition enhances the survival of islets subjected to transplantation protocols (Aikin *et al*, 2004; Noguchi *et al*, 2005). While all these data support a role of JNK in promoting β -cell death, they do not distinguish whether JNK is sufficient or merely required to attain this process.

In this regard, our results support the notion that JNK activation is not sufficient to promote β -cell death as, contrary to what would be expected if JNK activation was sufficient, no morphological or structural abnormalities were found in the pancreas or islets of MKK7D mice. Moreover, the only activation of JNK did not induce cleavage and concomitant activation of caspase 3, a mediator of β -cell death in response to stimuli that also trigger JNK activity (Kim *et al*, 2005). Therefore, involvement of additional pathways deregulated in obesity and type 2 diabetes due to the chronic inflammatory state, increased FFAs and/or induction of endoplasmic reticulum stress (Gregor & Hotamisligil, 2011; Ozcan *et al*, 2004), such as the NF κ B cascade, might be required to effectively induce β -cell death (Eldor *et al*, 2006).

Not only this, but when we forced the engine by feeding the animals with HFD or letting them age, in both challenges MKK7D mice performed better than the Control mice. In both situations they were more sensible to insulin and had lower basal blood concentrations of glucose and insulin. These results also remark that JNK activation in β -cell was not as dramatic as previous results would suggest even in an extreme setting, even though some adaptation event seems to happen in old MKK7D mice.

In contrast to our findings, other studies have enhanced protection of HFD-induced diabetes by inducing insulin signaling in the β -cells, like the PTEN KO mice (Wang *et al*, 2010). However, in that model the protection was at a pancreatic level and the mice developed peripheral insulin resistance normally. PTEN KO mice enhance β -cell function by regulating negatively insulin signaling and increasing β -cell mass so they can overcome the increased insulin demand. In comparison, MKK7D mice were insulin sensitive until the end of the experiment even though they were glucose intolerant. Actually, from all the measured parameters, only the weight was increased even though

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it was not increased as much as Control mice. It is especially relevant that MKK7D mice did not develop HFD-induced insulin resistance.

Hence, the development of peripheral insulin resistance seems to require not only high circulating levels of FFA but also repeated peaks of insulin. Correspondingly, mice with induced hyperinsulinemia develop insulin resistance without having hyperglycemia or increased weight (Shanik *et al*, 2008). Actually, hyperinsulinemia is often preceding insulin resistance (Gray *et al*, 2010) and many patients with sustained hyperinsulinemia induced by an insulinoma have reduced responsiveness to administered insulin (Nankervis *et al*, 1985).

Additionally, it has been proposed that inhibition of JNK could be beneficial to prevent insulin resistance, specially in obese subjects (Nakatani *et al*, 2004; Henstridge *et al*, 2012). Actually, JNK1-deficient mice are protected against HFD-induced obesity and insulin resistance (Hirosumi *et al*, 2002). In the case of muscle or adipose tissue specific ablation of JNK1, the protection is only seen at the level of insulin sensitivity (Sabio *et al*, 2008, 2010). In contrast, inhibiting JNK in adipose by depletion of JIP1 is protective against HFD-induced obesity and insulin resistance (Jaeschke *et al*, 2004).

Here we provide further information about the impact of JNK activation/inactivation and insulin resistance. We therefore reprove systemic inhibition of JNK to prevent insulin resistance since as a result central insulin resistance would be diminished. Not only we have proved that it is beneficial for the glucose homeostasis in a HFD scenario but also β -cells would secrete more insulin and consequently enhancing insulin resistance.

Regarding the ageing experiments, one striking result is that MKK7D mice become glucose tolerant. Firstly they had a small increase in peripheral insulin sensitivity and in the other hand they started to secrete a little bit of insulin in response to glucose. However, both effects were very slight and not enough to explain the change in the glucose clearance. More studies should be performed to address this question but one

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of the options is that their renal tubes have lowered the glucose concentration threshold and it is being excreted through the urine. Alternatively, peripheral tissues may have got used to the lack of insulin peaks and they have increased their capacity to internalize glucose, for example, by increasing or changing the type of glucose transporters. This last hypothesis would be supported by the fact that the weight difference gap is becoming smaller. It should be also taken into consideration as well that recombination efficiency is about 85% and the remaining 15% may have repopulated the islets. However this theory cannot be addressed with alive mice.

Whatever the explanation is, MKK7D mice have shown to have an extended lifespan and better ageing both in terms of metabolic performance and overall physiology. Actually, the lack of insulin peaks, at least in youth, has resulted in an increase of a 30% in the survival at the age of 20 months. It needs to be pointed out that the mortality of Control mice is a bit higher than it would be expected for wild-type mice. One possible reason is that they have GFP expression in all the tissues what may induce cellular stress. Nevertheless, if that were the case, it would be the same for MKK7D mice except in β -cells, where Cre recombinase expression drastically reduces GFP expression while, concomitantly, increasing MKK7D expression. However, ageing markers like telomerase length or N-glycomics still need to be performed.

This lifespan increase is in agreement with the experiments with reduced IGF-1 levels or reduced IGF-1 signaling (Holzenberger *et al*, 2003; Cohen *et al*, 2009; Conover & Bale, 2007). In contrast reduction of function of the IR in humans results in type 2-diabetes and homozygous loss of IR function results in leprechaunism, which usually leads to death within the first year of life (Wertheimer *et al*, 1993), and neonatal lethality in mice (Accele *et al*, 1996). Nevertheless, complete loss of function of the insulin/IGF receptor also results in lethality in flies and worms (Gems & Partridge, 2001). However, some mice models with reduced insulin signaling also point to be protective against ageing (Harrison *et al*, 2009; Wang *et al*, 2005).

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Actually, IGF-1 and Insulin signaling have a common ancestral origin in flies and worms, IIS (Fontana *et al*, 2010). As a consequence, they share many downstream effectors, there exist hybrid receptors (Baillyes *et al*, 1997; Moxhams *et al*, 1989) and they can cross-react with each other's receptors (Johansson & Arnqvist, 2006). Therefore is likely to happen that the lack of insulin peaks is also reducing the IGF-1-like signaling induced by insulin, what would explain the results.

In fact, MKK7D mimic somehow caloric restriction as long as there is less amount of plasma insulin. As a consequence, in the two scenarios there is less insulin/IGF-1 signaling and indeed both have extended lifespan (Fontana *et al*, 2010). Accordingly, mutations in the nutrient sensing pathways also recapitulate the phenotype (Dilova *et al*, 2007).

In summary, our data support the relevance of JNK in the regulation of insulin sensitivity in pancreatic β -cells by showing that mere activation of this kinase is sufficient to inhibit IR signaling and hence promote insulin resistance in pancreatic β -cells *in vivo*. However, in this same experimental setting, JNK activation does not seem to elicit β -cell death, thereby suggesting that JNK activity may be required but is not sufficient for this process to occur. Moreover, we also provide the first evidence of insulin-sensitizing action of TZDs directly on pancreatic β -cells. Our observations therefore contribute to a better understanding of the molecular mechanisms that mediate the anti-diabetic action of these drugs.

At the same time, results with the experiments with HFD and ageing have shown that MKK7D mice didn't perform worse than the Control mice in these situations. Not only this but they had a better metabolic status and overall physiology. The experiments with HFD have denoted that insulin itself it is required for the development of peripheral insulin resistance and other traits of HFD-induced diabetes, while JNK activation in β -cells helped to maintain a normal condition. In the case of ageing, MKK7D overexpression also denoted the importance that insulin itself and not only IGF-1 can have in the extension of lifespan.

It is also remarkable that, even though JNK activity has already been shown that it is implicated in *C. elegans* and *D. melanogaster* life span (Wang *et al*, 2005; Lee *et al*, 2009; Neumann-Haefelin *et al*, 2008), this is the first mice model to demonstrate JNK involvement in ageing.

CONCLUSIONS

JNK effect on β TrCP

1. JNK targets miRNA183/CRD-BP system to stabilize β TrCP mRNA
2. SPK1- β TrCP complex formation is required for JNK-dependent SKP1 and β TrCP protein stabilization
3. The β TrCP substrate β -catenin is down regulated by the JNK-dependent increase of β TrCP.
4. The protein level of SKP2 and its substrate p27 are oppositely regulated by JNK

JNK activation in β -pancreatic cells and glucose homeostasis

1. JNK activation in pancreatic β -cells leads to glucose intolerance as a result of an impaired capacity to increase insulinemia in response to hyperglycemia.
2. JNK activation in pancreatic β -cells affects neither the morphology nor the insulin content of the islets.
3. JNK activation in pancreatic β -cells impairs insulin signaling and consequently inhibits insulin induced-insulin secretion and gene transcription.
4. Rosiglitazone counteracts JNK-induced β -cell dysfunction.
5. JNK activation in pancreatic β -cells is protective against HFD- and age-induced hyperinsulinemia and insulin resistance.
6. JNK activation in pancreatic β -cells extends lifespan in mice.

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LIST OF ABBREVIATIONS

AP	Acute Pancreatitis AP
ANK	Ankyrin repeat domain
AP-1	Activator Protein-1
APC	Anaphase-Promoting Complex
ASK	Apoptosis signal-regulating kinase
β TrCP	β -Transducin Repeat-Containing protein
CC	Coiled-coil domain
CSN	COP9 signalosome
CR	Caloric restriction
DAMPs	Danger-associated molecular patterns
DD	Death domain
DUSP	Dual-specificity phosphatase
ERK	Extracellular signal-regulated kinase
GH	Growth hormone
GR	Glucocorticoid Receptor
GRR	Glycine-rich region
HECT	Homologous to E-AP C-terminus domain
IBD/DimD	IKK-binding domain/dimerization domain
IFN	Interferon
I κ B	Inhibitor of NF- κ B
IKK	I κ B α Kinase
IL	Interleukin
IR	Insulin Receptor
IRS	Insulin receptor substrate
JIP	JNK interacting protein
JNK	c-Jun N-Terminal Kinase
KO	Knockout
LPS	Lipopolysaccharide
LZ	Leucine zipper domain
MAPK	Mitogen activated protein kinase
MEKK	MEK kinase
MKK	MAPK kinases
MKP	MAPK phosphatase
MLK	Mixed-lineage kinase
MOD	Minimal oligomerization domain
NBD	NEMO-binding domain
NEMO	NF- κ B Essential Modifier
NF- κ B	Nuclear Factor- κ B
NLK	Nemo-like kinase
NLS	Nuclear Localization Sequence
PAMP	Pathogen-associated molecular pattern
PEST	Proline-rich, glut. acid-rich, serine-rich, and threonine-rich

PRR	Pattern recognition receptors
POSH	Plenty of SH ₃
Rbx	RING box protein
RHD	Rel Homology Domain
RING	Really Interesting New Gene Domain
RIP	Receptor-interacting protein
Roc	Regulator of cullins
ROS	Reactive oxygen species
SAPK	Stress Activated Protein Kinase
SDD	Scaffolding and dimerization domain
Skp1	S-phase kinase associated protein 1
TAB1/2	TAK1 binding protein 1 and 2
TACE	TNF alpha converting enzyme
TAD	Transactivation domain
TAK1	TGFβ-activated kinase 1
TGF	Transforming growth factor
TNF	Tumor necrosis factor
TNFR	TNF receptor
TNF-RSC	TNF receptor signaling complex
TRADD	TNFR1-Associated Death Domain
TRAF	TNFR Associated factor
UBD	Ubiquitin-binding domain
ULD	Ubiquitin-like domain
UV	Ultraviolet

