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**REGULATION AND FUNCTION OF P75<sup>NTR</sup>;  
CYTOKINE MEDIATED P75<sup>NTR</sup> REGULATION AND ITS FUNCTIONAL ROLE**

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## ABSTRACT OF THE DISSERTATION

### **Regulation and Function of p75<sup>NTR</sup>:**

### **Cytokine mediated p75<sup>NTR</sup> regulation and its functional role**

by Soyoung Choi

Thesis Director: Dr. Wilma J. Friedman

The p75 neurotrophin receptor (p75<sup>NTR</sup>) has been known to play multiple roles in cell survival and apoptosis (Friedman, 2000; Maggirwar et al., 1998; Rabizadeh et al., 1993), axonal growth (Bentley and Lee, 2000), and cell differentiation (Hosomi et al., 2003). This multifunctional receptor is more widely expressed during development than in adults (Friedman, 2000; Yan and Johnson, 1988). However, it is reexpressed in the brain after injury or in disease (Casha et al., 2001; Kokaia et al., 1998; Ramos et al., 2007; Roux et al., 1999; Yaar et al., 1997). Although previous studies demonstrated that p75<sup>NTR</sup> is induced by seizure in neurons, where it causes apoptosis, (Roux et al., 1999; Volosin et al., 2008), the mechanisms involved in regulating p75<sup>NTR</sup> expression after brain injury are unknown. The immediate response that occurs in many pathological conditions is the production of proinflammatory cytokines. Thus, I hypothesized that those essential proinflammatory cytokines may be responsible for the reexpression of p75<sup>NTR</sup> seen following brain injury or in disease. Using both *in vitro* and *in vivo* methods, this thesis evaluated the mechanisms that regulate p75<sup>NTR</sup> after cytokine treatment in distinct cellular contexts and the functional consequences of p75<sup>NTR</sup> expression on neuronal death. The results demonstrated that IL-1 $\beta$  and TNF $\alpha$  induce p75<sup>NTR</sup> expression in neurons and astrocytes by distinct signaling mechanisms. Moreover, IL-1 $\beta$  exacerbates proNGF-mediated neuronal death by

recruiting sortilin receptor and p75<sup>NTR</sup> to the cell surface. IL-1 $\beta$  preferentially induces the monomeric forms of p75<sup>NTR</sup>, which associates with sortilin and is sufficient to activate proNGF mediated apoptotic signaling. IL-1 $\beta$  increases p75<sup>NTR</sup> expression and increases NGF in vivo without the context of injury, but does not induce cell death. Overall, these results suggest that IL-1 $\beta$  release following injury or in disease may facilitate proNGF-mediated cell death by regulating surface expression of the p75<sup>NTR</sup>-sortilin complex to exacerbate neuronal death after injury that can be activated by proneurotrophins.

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## Table of Contents

|             |   |             |
|-------------|---|-------------|
| <b>I.</b>   | <b>Abstract.....</b>  | <b>ii</b>   |
| <b>II.</b>  | <b>Table of Contents.....</b>   | <b>v</b>    |
| <b>III.</b> | <b>List of Illustrations.....</b>   | <b>viii</b> |
| <b>IV.</b>  | <b>List of abbreviations.....</b>   | <b>x</b>    |
| <b>V.</b>   | <b>Introduction.....</b>  | <b>1</b>    |
|             | 1. The p75 neurotrophin receptor.....   | 2           |
|             | 1.1 p75 <sup>NTR</sup> structure and function.....  | 2           |
|             | 1.2 p75 <sup>NTR</sup> ligands.....   | 6           |
|             | 1.3 p75 <sup>NTR</sup> coreceptors and their distinctive functions.....   | 7           |
|             | 1.4 p75 <sup>NTR</sup> intracellular adaptors and downstream signaling pathways.....  | 9           |
|             | 2. Proinflammatory cytokines.....   | 11          |
|             | 2.1 IL-1 $\beta$ signaling.....   | 12          |
|             | 2.2 TNF $\alpha$ signaling.....   | 15          |
|             | 3. The role of proinflammatory cytokines and p75 <sup>NTR</sup> in CNS injury or disease.....                                     | 16          |
|             | 4. Significance.....  | 20          |
| <b>VI.</b>  | <b>Research Aims.....</b>   | <b>22</b>   |
|             | 1. Determine whether cytokines regulate p75 <sup>NTR</sup> expression in the absence of brain injury in vivo and in vitro.....    | 22          |
|             | 2. Identify the mechanisms of p75 <sup>NTR</sup> regulation after cytokine treatment in different cellular contexts in vitro..... | 22          |
|             | 3. Examine the functional roles of elevated p75 <sup>NTR</sup> after cytokine treatment.....                                      | 23          |
|             | 4. Elucidate the consequences of p75 <sup>NTR</sup> induction following IL-1 $\beta$ treatment in vivo.....                       | 23          |
| <b>VII.</b> | <b>Materials and Methods.....</b>   | <b>24</b>   |
|             | 1. Primary hippocampal neuronal cultures.....   | 24          |

|   |           |
|---|-----------|
| 2. Primary hippocampal astrocyte cultures.....  | 24        |
| 3. Western blot analysis and Immunoprecipitation.....   | 25        |
| 4. Biotinylation of cell surface proteins.....  | 26        |
| 5. Immunostaining.....  | 27        |
| 6. Quantitative real-time reverse transcription PCR.....  | 27        |
| 7. Survival assay.....  | 28        |
| 8. Cell transfection and immunostaining, and co-immunoprecipitation...  | 28        |
| 9. Confocal microscopy and acceptor photobleaching.....   | 29        |
| 10. Animals and stereotaxic cannulation of the hippocampus.....   | 30        |
| 11. Brain preparation for immunohistochemistry.....   | 30        |
| 12. Brain preparation for Quantitative real-time reverse transcription PCR<br>and Western blot.....   | 31        |
| 13. Analysis of Cerebrospinal fluid (CSF).....  | 32        |
| 14. In situ zymography.....   | 32        |
| <b>VIII. Results.....</b>   | <b>34</b> |
| 1. Chapter 1. p75 <sup>NTR</sup> regulation following proinflammatory cytokine<br>treatment in the hippocampus <i>in vivo</i> and <i>in vitro</i> .....           | 36        |
| 1.1 p75 <sup>NTR</sup> expression following IL-1 $\beta$ infusion <i>in vivo</i> .....  | 36        |
| 1.2 IL-1 $\beta$ and TNF $\alpha$ increases p75 <sup>NTR</sup> expression in primary<br>hippocampal neurons and astrocytes <i>in vitro</i> .....                  | 37        |
| 1.3 Surface expression of p75 <sup>NTR</sup> following cytokine<br>treatment.....   | 37        |
| 2. Chapter 2. Mechanisms of p75 <sup>NTR</sup> regulation after cytokine treatment<br>in different cellular contexts <i>in vitro</i> .....                        | 38        |
| 2.1 Signaling pathways required for IL-1 $\beta$ induction of<br>p75 <sup>NTR</sup> in hippocampal neurons and astrocytes.....                                    | 38        |
| 2.2 TNF $\alpha$ induces p75 <sup>NTR</sup> via NF $\kappa$ B in both neurons and<br>astrocytes.....  | 40        |
| 3. Chapter 3. Functional roles of elevated p75 <sup>NTR</sup> after IL-1 $\beta$<br>treatment.....  | 42        |
| 3.1 IL-1 $\beta$ primed neurons are more vulnerable to proNGF<br>than NGF.....  | 42        |
| 3.2 Recruitment of p75 <sup>NTR</sup> and sortilin to the cell surface and<br>generation of monomeric p75 <sup>NTR</sup> following IL-1 $\beta$<br>treatment..... | 43        |

|  |            |
|--|------------|
| 3.3 Monomeric p75 <sup>NTR</sup> is responsive to proNGF.....  | 43         |
| 4. Chapter 4. Effects of IL-1 $\beta$ on p75 <sup>NTR</sup> expression and cell death <i>in vivo</i> ..... | 46         |
| 4.1 No effect of IL-1 $\beta$ infusion on cell death <i>in vivo</i> .....                                  | 46         |
| 4.2 IL-1 $\beta$ releases NGF into the CSF.....  | 47         |
| <br>   |            |
| <b>IX. Discussion.....</b>   | <b>49</b>  |
| <b>X. Conclusion and Future Directions.....</b>  | <b>61</b>  |
| <b>XI. Figures and Legends.....</b>  | <b>64</b>  |
| <b>XII. References.....</b>  | <b>111</b> |
| <b>XIII. Curriculum Vitae.....</b>   | <b>132</b> |



### III. List of Illustrations

|            |  |    |
|------------|--|----|
| Figure 1.  | Schematic illustration of the structure of p75 <sup>NTR</sup> .....  | 64 |
| Figure 2.  | Unilateral IL-1 $\beta$ infusion increases p75 <sup>NTR</sup> expression<br><i>in vivo</i> .....   | 66 |
| Figure 3.  | IL-1 $\beta$ and TNF $\alpha$ induce p p75 <sup>NTR</sup> in neurons and astrocytes.....   | 69 |
| Figure 4.  | Increased p75 <sup>NTR</sup> expression induced by IL-1 $\beta$ and TNF $\alpha$<br>is present on the cell surface in both neurons<br>and astrocytes.....                                  | 71 |
| Figure 5.  | IL-1 $\beta$ activates p38 MAPK in both neurons and astrocytes,<br>and NF $\kappa$ B only in astrocytes.....   | 73 |
| Figure 6.  | Signaling pathways required for IL-1 $\beta$ induction of p75 <sup>NTR</sup><br>in hippocampal neurons and astrocytes.....   | 75 |
| Figure 7   | Confirmation that inhibiting p38 MAPK or NF $\kappa$ B inhibit their<br>respective pathways.....   | 77 |
| Figure 8.  | TNF $\alpha$ phosphorylates I $\kappa$ B in neurons, and both I $\kappa$ B and p38<br>MAPK in astrocytes.....  | 79 |
| Figure 9.  | TNF $\alpha$ induces p75 <sup>NTR</sup> via NF $\kappa$ B in both neurons and<br>astrocytes.....   | 81 |
| Figure 10. | Schematic diagram showing the signaling pathways activated by<br>IL-1 $\beta$ and TNF $\alpha$ in neurons (red) and astrocytes (black) leading to<br>induction of p75 <sup>NTR</sup> ..... | 83 |
| Figure 11. | IL-1 $\beta$ primed neurons are more vulnerable to proNGF than<br>NGF.....   | 85 |

|            |   |     |
|------------|---|-----|
| Figure 12. | IL-1 $\beta$ recruits sortilin receptors to the plasma membrane as well as p75 <sup>NTR</sup> .....       | 87  |
| Figure 13. | IL-1 $\beta$ increases monomeric p75 <sup>NTR</sup> .....   | 89  |
| Figure 14. | Characterization of p75 <sup>NTR</sup> mutants in hippocampal neurons.....                                | 91  |
| Figure 15. | proNGF increases the association between sortilin and C257A p75 <sup>NTR</sup> mutant.....                | 93  |
| Figure 16. | FRET analysis on the association between sortilin and C257A p75 <sup>NTR</sup> upon proNGF treatment..... | 95  |
| Figure 17. | proNGF activates C257A p75 <sup>NTR</sup> mutant.....   | 97  |
| Figure 18. | C257A mutant p75 <sup>NTR</sup> is not responsive to NGF.....   | 99  |
| Figure 19. | IL-1 $\beta$ is not sufficient to mediate cell death <i>in vivo</i> .....                                 | 101 |
| Figure 20. | IL-1 $\beta$ release NGF into the CSF.....  | 103 |
| Figure 21. | IL-1 $\beta$ increases tPA activity.....  | 105 |
| Figure 22. | Proposed model of IL-1 $\beta$ mediated cellular changes in non-injury vs. injury situations.....         | 107 |
| Table 1    | Comparison of IL-1 $\beta$ effects with injury and disease.....   | 109 |

#### **IV. List of abbreviations**

|              |  |
|--------------|--|
| BDNF         | brain-derived neurotrophic factor        |
| Cc3          | cleaved caspase 3                        |
| CRD          | cysteine rich domains                    |
| CSF          | cerebrospinal fluid                      |
| Cys          | cysteine                                 |
| DISC         | death-inducing signaling complex         |
| DD           | death domain                             |
| Erk          | extracellular signal regulated kinase    |
| ECD          | extracellular domain                     |
| FADD         | Fas-associated death domain              |
| FRET         | fluorescence resonance energy transfer   |
| GFAP         | glial fibrillary acidic protein          |
| ICD          | intracellular domain                     |
| IKK          | ikappaB kinase                           |
| IL-1 $\beta$ | interleukin-1 beta                       |
| IP           | intraperitoneal                          |
| IRAK         | interleukin-1 receptor-associated kinase |
| JNK          | c-Jun-N-terminal kinase                  |
| MAG          | myelin associated glycoprotein           |
| MAPK         | mitogen-activated protein kinase         |
| MEKK         | MAP kinase kinase kinase                 |
| MEM          | minimum essential medium                 |
| NGF          | nerve growth factor                      |

|                    |   |
|--------------------|---|
| NT-3               | neurotrophin 3  |
| NT4/5              | neurotrophin 4/5  |
| NTR                | neurotrophin receptor   |
| NgR                | nogo receptor   |
| NADE               | p75 <sup>NTR</sup> -associated death executor                   |
| NFkB               | nuclear factor kappa B  |
| NRAGE              | neurotrophin receptor-interacting MAGE homolog                  |
| NRIF               | neurotrophin receptor interacting factor                        |
| LINGO-1            | LRR and Ig domain containing, Nogo receptor-interacting protein |
| OMgp               | oligodendrocyte myelin glycoprotein                             |
| p-p38              | phospho-p38 MAPK  |
| p75 <sup>NTR</sup> | p75 neurotrophin receptor                                       |
| PAI-1              | plasminogen activator inhibitor-1                               |
| PDE                | phosphodiesterase   |
| PKA                | protein kinase A  |
| PKC                | protein kinase C  |
| PI3K               | phosphoinositide 3 kinase                                       |
| PLC $\gamma$       | phospholipase c gamma   |
| RIP                | receptor intramembrane proteolysis                              |
| SFM                | serum free media  |
| TACE               | tumor necrosis factor- $\alpha$ -converting enzyme              |
| TAK1               | transforming growth factor $\beta$ -activated kinase 1          |
| TNF $\alpha$       | tumor necrosis factor alpha                                     |
| TNFR               | tumor necrosis factor receptor                                  |

|       |  |
|-------|--|
| tPA   | tissue plasminogen activator                                 |
| TRADD | TNFR type 1-associated death domain                          |
| TRAF  | TNFR-associated factors                                      |
| Trk   | tropomyosin receptor kinase                                  |
| TUNEL | terminal deoxynucleotidyl transferase dUTP nick end labeling |

## V. Introduction

The p75 neurotrophin receptor (p75<sup>NTR</sup>) is known to play multiple roles in regulating neuronal survival, death, and axonal growth (Frade et al., 1996; Friedman, 2000; Greene and Rukenstein, 1981; Maggirwar et al., 1998; Rabizadeh et al., 1993). p75<sup>NTR</sup> is more widely expressed during development than in adults (Friedman, 2000; Yan and Johnson, 1988). However, p75<sup>NTR</sup> is reexpressed in several pathological conditions such as traumatic brain injury, seizure, ischemia, oxidative stress, axonal injury, and Alzheimer's disease (Casha et al., 2001; Kokaia et al., 1998; Ramos et al., 2007; Roux et al., 1999; Yaar et al., 1997). The role of p75<sup>NTR</sup> in those pathological conditions has been proposed to be involved in neurodegeneration and axonal regeneration. For example, pilocarpine-induced seizures induce p75<sup>NTR</sup> upregulation in the hippocampus (Roux et al., 1999) and mediates neuronal apoptosis by activating the intrinsic caspase-9,6,3 cascade (Troy et al., 2002). These studies suggest that there is a tight correlation between p75<sup>NTR</sup> expression after injury and neurodegeneration. Although there are many studies demonstrating that p75<sup>NTR</sup> is upregulated in several pathological conditions, the mechanisms regulating p75<sup>NTR</sup> expression after injury are not well defined. Thus, elucidating the mechanisms of p75<sup>NTR</sup> regulation is an important step toward identifying therapeutic targets for injury-induced cell death or neurodegenerative diseases.

Interleukin-1 $\beta$  (IL-1 $\beta$ ) and tumor necrosis factor- $\alpha$  (TNF $\alpha$ ) are essential proinflammatory cytokines released from several cell types,

including astrocytes and microglia, after brain injury (Giulian et al., 1986). These cytokines are also highly expressed in Alzheimer's disease (Fillit et al., 1991; Griffin et al., 1989; Wang et al., 1997), Parkinson's disease (Mogi et al., 1996; Mogi et al., 1994), and spinal cord injury (Wang et al., 1997; Xu et al., 1998), conditions in which p75<sup>NTR</sup> is induced. IL-1 $\beta$  and TNF $\alpha$  are upregulated within 2 hours after these types of injury, before p75<sup>NTR</sup> induction and significant cell death (Buttini et al., 1994; Casha et al., 2001; Eriksson et al., 2000; Fan et al., 1996; Minami et al., 1992; Roux et al., 1999; Taupin et al., 1993). Therefore, cytokine induction precedes p75<sup>NTR</sup> induction after damage, and may play a role in regulation of p75<sup>NTR</sup> expression. Indeed, data from microarray analysis on astrocytes after IL-1 $\beta$  treatment showed increased p75<sup>NTR</sup> mRNA (John et al., 2005).

The studies in this thesis examined the mechanisms of p75<sup>NTR</sup> induction, as well as the functional consequences of elevated p75<sup>NTR</sup> on neuronal survival.

## **1. The p75 neurotrophin receptor**

### **1.1 p75 structure and function**

The p75 neurotrophin receptor (p75<sup>NTR</sup>) is a member of the tumor necrosis factor receptor (TNFR) superfamily. It consists of an extracellular domain (ECD), a single transmembrane domain and an intracellular domain (ICD)

(Figure 1). The ECD contains four cysteine-rich domains (CRDs). Structural modeling and genetic studies suggest that the third CRD is responsible for binding neurotrophins (Baldwin et al., 1992; Chapman and Kuntz, 1995; Dechant and Barde, 2002; Shamovsky et al., 1999; Welcher et al., 1991; Yan and Chao, 1991).

Unlike the classical tyrosine kinase receptors, which are activated through ligand-mediated receptor dimerization, which consequently stabilizes the kinase domain (Hubbard, 1999; Schlessinger, 2002), TNFR superfamily members are self-associated to form trimers in the cell membrane and undergo a conformational change upon ligand binding, leading to a favorable conformational arrangement for interaction with intracellular adaptors (Chan, 2000). In TNF receptor family members such as Fas, TNFR1, and CD41, ligand-independent receptor trimerization occurs through CRD1 (Chan et al., 2000; Siegel et al., 2000). However, it is not yet been established whether CRD1 has the same function in  $p75^{\text{NTR}}$ , nor is it clear whether  $p75^{\text{NTR}}$  exists as a preassociated form, like most TNF receptor superfamily members. Furthermore, there has been debate about the stoichiometry of  $p75^{\text{NTR}}$ -neurotrophin binding (Gong et al., 2008; He and Garcia, 2004). Recently, Vilar et al. has proposed a model suggesting that  $p75^{\text{NTR}}$  exists as a dimer, and that nerve growth factor (NGF)-mediated activation occurs through a conformational rearrangement of these receptor dimers (Vilar et al., 2009). In their model,  $p75^{\text{NTR}}$  forms disulfide-linked dimers through the Cys257 in the transmembrane domain, and a mutation of this cysteine residue to an alanine residue abolished NGF-mediated  $p75^{\text{NTR}}$



activation. However, this mutation did not affect the myelin associated glycoprotein (MAG)-mediated p75<sup>NTR</sup> downstream signaling, implying that the mechanisms of p75<sup>NTR</sup> activation are unique to distinct ligands. Thus, it is still difficult to draw a general model for the mechanisms of p75<sup>NTR</sup> activation.

The ECD has a single asparagine-linked carbohydrate (N-glycosylation) in CRD1 and several O-glycosylation sites in the juxtamembrane stalk domain for modification of the protein (Large et al., 1989). Glycosylation of proteins has multiple roles such as mediating protein-protein interaction, proper folding or cellular localization. However, N-glycosylation of p75<sup>NTR</sup> does not seem to be involved in either trafficking to the plasma membrane or binding to NGF, as mutating the N-glycosylation site of p75<sup>NTR</sup> does not affect the cell surface expression of the mutant or its ability to bind to NGF (Baldwin and Shooter, 1995). Whereas O-glycosylation of p75<sup>NTR</sup> has been shown to direct p75<sup>NTR</sup> to the apical domain in polarized epithelial cells (Monlauzeur et al., 1998; Yeaman et al., 1997), a p75<sup>NTR</sup> mutant lacking the stalk domain where O-glycosylation sites are present is still expressed in the basolateral plasma membrane of the epithelial cells (Yeaman et al., 1997), or in the cell surface of COS 7 cells (Baldwin and Shooter, 1995). These studies suggest that the two glycosylation modifications on p75<sup>NTR</sup> may have different roles other than involving in trafficking to the plasma membrane.

p75<sup>NTR</sup> ICD contains a prominent feature called the death domain, which is structurally similar to the death domain found in TNFR1, Fas, and FADD

(Eberstadt et al., 1998; Huang et al., 1996; Liepinsh et al., 1997; Sukits et al., 2001). However, p75<sup>NTR</sup> and other TNFR superfamily members seem to have different activation mechanisms and signaling pathways. For example, although TNFR1 and Fas require ligand-mediated oligomerization of their death domains in order to interact with intracellular adaptors (Huang et al., 1996), p75<sup>NTR</sup> does not display any aggregation of its death domain upon activation (Liepinsh et al., 1997). Although p75<sup>NTR</sup> is also categorized as a death receptor due to the ability to induce cell death as other TNF receptors, the underlying signaling pathways are distinct from other death receptors. While TNF receptors mediate cell death through activating the extrinsic apoptotic signaling pathway, in which caspase-8 is involved to activate a cascade of sequential caspases (Locksley et al., 2001), the intrinsic apoptotic cascade, caspase-9, 6, and 3, is activated in p75<sup>NTR</sup> induced cell death (Troy et al., 2002).

The ICD has two different forms of post-translational modifications: palmitoylation at cysteine (Barker et al., 1994) and phosphorylation on serine and threonine residues (Grob et al., 1985; Taniuchi et al., 1986). Palmitoylation of p75<sup>NTR</sup> is required for  $\gamma$ -secretase-mediated receptor cleavage, generating a C-terminal fragment and consequently activating death signaling (Underwood et al., 2008) (Figure 1). A functional role for p75<sup>NTR</sup> phosphorylation has not been well established since most studies have shown that a ligand does not change the phosphorylation level of p75<sup>NTR</sup> (Grob et al., 1985; Taniuchi et al., 1986). However, it has been demonstrated that NGF increases PKA (protein kinase A) mediated p75<sup>NTR</sup> phosphorylation, leading to its localization to lipid rafts in cells

expressing p75<sup>NTR</sup> but not TrkA (Higuchi et al., 2003). Interestingly, phosphorylation or glycosylation of p75<sup>NTR</sup> is found only in monomeric p75<sup>NTR</sup> not oligomers (Gong et al., 2008; Grob et al., 1985), suggesting that these two posttranslational modifications may be involved in receptor oligomerization.

## 1.2 p75<sup>NTR</sup> ligands

p75<sup>NTR</sup> activation results in various cellular responses depending upon the binding of different ligands, combinations of coreceptors, and intracellular adaptors. There are four different neurotrophins, nerve growth factor (NGF), brain derived neurotrophin factor (BDNF), neurotrophin-3 (NT-3) and neurotrophin-4 (NT-4) that bind p75<sup>NTR</sup> to regulate neuronal survival, differentiation, and axonal growth. These four neurotrophins also bind to tropomyosin-related kinase (Trk) receptors, which belong to the receptor tyrosine kinase family. The Trk family is comprised of 3 members, TrkA, TrkB, and TrkC, which have different specificities for each neurotrophin. The neurotrophins are synthesized as unprocessed pro-forms, and are proteolytically cleaved to their mature forms. While the mature neurotrophins bind to both Trk receptors and p75<sup>NTR</sup> with similar affinity ( $K_d=1$  nM), the unprocessed forms bind to p75<sup>NTR</sup> with a much higher affinity ( $K_d=0.2$ nM) than to Trk receptors ( $K_d > 5$ nM) (Chao and Bothwell, 2002; Lee et al., 2001).

Other than neurotrophins, p75<sup>NTR</sup> has been shown to have various

ligands, such as prion protein fragment PrP (Della-Bianca et al., 2001), the A $\beta$  peptide of the amyloid precursor protein (APP) (Kuner et al., 1998; Perini et al., 2002; Yaar et al., 2002; Yaar et al., 1997), which has been shown to result in neuronal cell death upon binding (Sotthibundhu et al., 2008). In addition, the rabies virus glycoprotein (RGV) has been reported to bind to p75<sup>NTR</sup>, serving for the virus penetration into the nervous system (Tuffereau et al., 1998).

### **1.3 p75<sup>NTR</sup> coreceptors and their distinctive functions**

p75<sup>NTR</sup> can function as a complex with various membrane proteins, including all three Trk receptors. Initially, most p75<sup>NTR</sup>-related studies had focused on neurotrophin-mediated Trk receptor signaling as a coreceptor because p75<sup>NTR</sup> lacks intrinsic catalytic activity. p75<sup>NTR</sup> in fact increases the activation of Trk receptors by enhancing the binding affinity of neurotrophins to Trk receptors (Hantzopoulos et al., 1994; Mahadeo et al., 1994; Verdi et al., 1994). However, recent focus has shifted toward identifying a role for p75<sup>NTR</sup> independent of Trk receptors, since it was demonstrated that p75<sup>NTR</sup> induces sphingomyelin hydrolysis and ceramide production (Dobrowsky et al., 1994). One of the outstanding findings is that p75<sup>NTR</sup> is involved in cell death independent of Trk receptors (Kaplan and Miller, 2000).

In the process of neuronal pruning during development, Trk receptor signaling mediated by target derived neurotrophins is a key factor for proper development. Neurons compete for the limited amount of adequate

neurotrophins and those neurons that failed to get supported by appropriate neurotrophins die due to the lack of survival signaling mediated by Trk receptor (Deppmann et al., 2008; Hamburger and Levi-Montalcini, 1949; Levi-Montalcini, 1987). As an alternative mechanism, p75<sup>NTR</sup> has been also shown to mediate apoptosis during the period of naturally occurring cell death, providing a molecular mechanism for active apoptosis in neurons that have weak Trk signaling (Bamji et al., 1998). In the p75<sup>NTR</sup> knockout mice, there are more cholinergic neurons and cholinergic hyperinnervation of the hippocampus (Van der Zee et al., 1996; Yeo et al., 1997). Furthermore, overexpression of p75<sup>NTR</sup> intracellular domain mediates neuronal apoptosis in many brain areas (Majdan et al., 1997), suggesting that p75<sup>NTR</sup> may contribute to programmed cell death in development.

Sortilin, which is a member of Vps10p-domain receptor family of sorting receptors, has been identified as a co-receptor for p75<sup>NTR</sup> (Nykjaer et al., 2004). Sortilin acts as a molecular switch to apoptosis in neurons coexpressing p75<sup>NTR</sup> and Trk receptors by increasing the binding affinity of proneurotrophins to the p75<sup>NTR</sup>-sortilin complex. This tripartite complex of p75<sup>NTR</sup> with sortilin and pro-neurotrophin triggers cell death (Nykjaer et al., 2004). Indeed, age-dependent neurodegeneration and cell death following corticospinal lesion is prevented in the sortilin knockout mice (Jansen et al., 2007), suggesting sortilin has a distinct role as a p75<sup>NTR</sup> coreceptor in proneurotrophin-mediated apoptosis. Sortilin is exclusively expressed in cell bodies and dendrites throughout the CNS and PNS (Sarret et al., 2003),

and the majority of sortilin is located on intracellular membranes (Mazella, 2001; Nielsen et al., 2001; Petersen et al., 1997). It has been reported that NRH2, a mammalian p75<sup>NTR</sup> homologue, redistributes sortilin to the cell surface, rendering cells more susceptible to proneurotrophin- induced death (Kim and Hempstead, 2009).

In addition to trks and sortilin, p75<sup>NTR</sup> interacts with Nogo receptor (NgR), mediating the inhibition of neurite outgrowth by modulating RhoA activity (Yamashita and Tohyama, 2003). p75<sup>NTR</sup> forms a tripartite complex with Nogo receptor and the LINGO-1 (LRR and Ig domain containing, Nogo receptor-interacting protein) (Mi et al., 2004) and this receptor complex can be activated by three myelin associated inhibitory factors; oligodendrocyte myelin glycoprotein (OMgp), myelin associated glycoprotein (MAG) ,and Nogo (Wang et al., 2002).

#### **1.4 p75<sup>NTR</sup> intracellular adaptors and downstream signaling pathways**

TNFR superfamily members do not have an intrinsic kinase domain. They signal through an association between oligomerized intracellular domains and cytoplasmic adaptor proteins. TNFR- associated factors (TRAF) bind to TNFR superfamily members and convey the receptor signal to downstream effectors such as nuclear factor kappa B (NFκB), JNK, and Src (Bradley and Pober, 2001). Since it lacks a kinase domain, p75<sup>NTR</sup> is assumed to initiate signaling by recruiting an intracellular adaptor protein as

most TNFR superfamily members do. Several interacting molecules have been reported (Roux and Barker, 2002). Among the TRAF family, TRAF2, TRAF4, and TRAF6 have been shown to interact with p75<sup>NTR</sup> in HEK 293 cells, and it is suggested that TRAF2 preferentially binds to monomeric p75<sup>NTR</sup> (Ye et al., 1999). Whereas TRAF6 was found to cause apoptosis in Schwann cells and sympathetic neurons (Khursigara et al., 1999; Yeiser et al., 2004), we have shown that hippocampal neurons lack TRAF6 (Srinivasan et al., 2004), but express TRAF2 (Volosin et al., 2008).

Neurotrophin receptor interacting factor (NRIF) is another adaptor protein that interacts with the p75<sup>NTR</sup> ICD. In studies with sympathetic neurons and Schwann cells, NRIF was reported to transduce cell death signals through nuclear translocation with the help of TRAF6-mediated polyubiquitination, acting as a transcription factor (Geetha et al., 2005; Linggi et al., 2005). Interestingly, we have recently found that NRIF induces cell death through the same mechanisms with ubiquitination and nuclear translocation even in the absence of TRAF6, probably through TRAF2 (Volosin et al., 2008). Therefore, p75<sup>NTR</sup> may have various functions and mechanisms in different cellular contexts. Other adaptor proteins, NUAGE and NADE have also been shown to interact with p75<sup>NTR</sup> to mediate neurotrophin-induced cell death (Linggi et al., 2005; Park et al., 2000; Salehi et al., 2000). Another p75<sup>NTR</sup> adaptor protein, SC-1, has been found to regulate the cell cycle by forming a complex with histone deacetylases (HDACs) (Chittka et al., 2004).

p75<sup>NTR</sup> mediated death signaling through these adaptor proteins has been revealed to converge on the activation of Jun N-terminal kinase (JNK), p53, and caspases (Roux and Barker, 2002). Furthermore, p75<sup>NTR</sup> has been known to mediate intracellular signaling through regulated intramembrane proteolysis (RIP), which involves two sequential cleavages; the extracellular part of p75<sup>NTR</sup> is shed by  $\alpha$ -secretase and the following intramembrane region is cleaved by  $\gamma$ -secretase (Figure 1). The released intracellular domain (ICD) travels to the nucleus and regulates transcription (Parkhurst et al., 2010). Recently, it has been shown that NRIF nuclear translocation is required for hippocampal neuronal cell death along with the p75<sup>NTR</sup> cleavage (Kenchappa et al., 2006; Volosin et al., 2008).

As noted earlier, p75<sup>NTR</sup> associates with Trk receptors to refine specificity for its ligands. Additionally, neurotrophins may simultaneously activate Trk and p75<sup>NTR</sup>, resulting in different outcomes depending on spatial and temporal expression of the receptors. Activation of the Trk mediated phosphatidylinositol 3-kinase (PI3K) pathway is a dominant survival signaling over p75<sup>NTR</sup> promoted death signaling in sympathetic neurons. NGF treatment inhibited p75<sup>NTR</sup> mediated cell death in sympathetic neurons, which express TrkA and p75<sup>NTR</sup> (Bamji et al., 1998). In contrast, NGF induces p75<sup>NTR</sup> mediated apoptosis in a subpopulation of retinal ganglion cells which have decreased expression of TrkB or have failed to be supported by BDNF (Frade et al., 1999; Frade et al., 1996). In different types of cells such as basal forebrain neurons, Trk-mediated PI3K signaling



was not enough to overcome p75<sup>NTR</sup>-mediated apoptotic signaling (Song et al., 2010). Thus, neurotrophins may induce p75<sup>NTR</sup>-mediated apoptosis depending upon distinct cellular context. Furthermore, p75<sup>NTR</sup> expression is limited in certain brain areas after development and its expression is increased in many pathological conditions, facilitating neurodegeneration. Therefore, the goal of this work is to identify mechanisms of p75<sup>NTR</sup> regulation following injury.

## **2. Proinflammatory cytokines**

Interleukin-1 $\beta$  (IL-1 $\beta$ ) and tumor necrosis factor- $\alpha$  (TNF $\alpha$ ) are essential proinflammatory cytokines released from several cell types, including astrocytes and microglia, in response to diverse brain insults such as infection, injury, and acute and chronic neurodegenerative diseases. IL-1 $\beta$  and TNF $\alpha$  have several physiological functions in neuroinflammation.

IL-1 $\beta$  is known to induce production of other cytokines and growth factors (Benveniste, 1992; Merrill and Benveniste, 1996), change blood flow (Maher et al., 2003; Monroy et al., 2001), and affect neuroendocrine responses and the activity of the HPA axis (Berkenbosch et al., 1987; Sapolsky et al., 1987). In addition, both IL-1 $\beta$  and TNF $\alpha$  influence neurodegeneration (Thornton et al., 2006; Zhao et al., 2001), and inhibition of endogenous IL-1 $\beta$  and TNF $\alpha$  protects against neuronal injury that occurs after cerebral ischemia (Meistrell et al., 1997; Relton and Rothwell, 1992).

In addition to effects on neurodegeneration, IL-1 $\beta$  also affects remyelination by oligodendrocytes after injury (Mason et al., 2001). These cytokines are highly expressed in Alzheimer's disease (Fillit et al., 1991; Griffin et al., 1989; Wang et al., 1997), Parkinson's disease (Mogi et al., 1996; Mogi et al., 1994), and spinal cord injury (Wang et al., 1997; Xu et al., 1998), conditions in which p75<sup>NTR</sup> is also induced.

## 2.1 IL-1 signaling

The interleukin-1 (IL-1) family includes two agonists, IL-1 $\alpha$  and IL-1 $\beta$ , and a naturally occurring IL-1 receptor antagonist (IL-1ra). IL-1 $\alpha$  and IL-1 $\beta$  are produced as inactive precursor forms. Most pro-IL-1 $\alpha$  resides in the cell cytosol or is transported to the cell membrane, where it may remain as a precursor or get cleaved to its active form by membrane bound proteases (Endres et al., 1989; Lonnemann et al., 1989). In contrast to IL-1 $\alpha$ , the processed form of IL-1 $\beta$  by IL-1 $\beta$  converting enzyme (ICE, also known as caspase-1) is released into the extracellular space (Dinarello, 1996). When introduced exogenously, both mature IL-1 $\alpha$  and IL-1 $\beta$  have similar functional outcomes (Dinarello, 1998; Dinarello and Thompson, 1991). They bind two different plasma membrane proteins, IL-1 receptor type I and II (Colotta et al., 1993; Loddick et al., 1998; Sims et al., 1993). Upon binding its ligand, IL-1 receptor type I associates with IL-1 receptor accessory protein (IL-1RAcP) (Sims and Dower, 1994; Wesche et al., 1997b). This heterodimeric receptor complex serves as a scaffold for the association of MyD88 and

Tollip, consequently recruiting other adaptor proteins, IRAK1 and IRAK4 (IL-1 receptor associated serine/threonine-specific protein kinase), triggering IRAK4 autophosphorylation and the phosphorylation of IRAK1 (Burns et al., 2000; Cao et al., 1996a; Wesche et al., 1997a). Next, TRAF6, which is an E3 ubiquitin ligase, is recruited to the complex and synthesizes a polyubiquitin chain to itself with the help of E2 conjugating complexes (Ubc13/Uev1a) (Deng et al., 2000; Lamothe et al., 2007; Wang et al., 2001). This activates TAK1 (transforming growth factor  $\beta$ -activated kinase 1), which subsequently activates several kinases in different downstream signaling pathways. Numerous signaling pathways activated by IL-1 have been reported so far, including activation of: NF $\kappa$ B, MAP-kinase family, phosphatidylinositol-3 kinase (PI3-K), sphingomyelinase, and protein kinase C (PKC) (Martin and Wesche, 2002). Previously, we have reported that IL-1 $\beta$  activates NF $\kappa$ B in astrocytes and the p38 MAPK pathway in neurons (Srinivasan et al., 2004), suggesting that cytokine-mediated signaling pathways may vary depending upon cellular context.

The NF $\kappa$ B pathway can be activated by TAK1, PKC, or MEKK3-dependent pathways upon IL-1 stimulation. TAK1 or PKC activates IKK $\beta$ , which subsequently phosphorylates I $\kappa$ B $\alpha$ , followed by poly-ubiquitination for degradation. Thereby, NF $\kappa$ B is freed from the NF $\kappa$ B-I $\kappa$ B complex, and translocates to the nucleus for gene activation, which is referred to as the classical NF $\kappa$ B pathway (Baeuerle and Baltimore, 1996; Thanos and Maniatis, 1995; Verma et al., 1995). Unlike TAK1 or PKC dependent NF $\kappa$ B

activation, MEKK3 mediated IKK $\beta$  activation phosphorylates I $\kappa$ B $\alpha$  in a way that avoids proteasome-dependent degradation but still releases NF $\kappa$ B (Yao et al., 2007).

Two MAPK pathways, including p38 and JNK, are activated by TAK1 (Sato et al., 2005) and other MAPKKs, such as MEKK3, activate JNK but not p38 in mammalian cells (Blank et al., 1996).

IL-1RII, which lacks the intracellular domain, cannot signal, and has been known as a decoy receptor because it has lower affinity for IL-1 $\alpha$ , thereby trapping IL-1 $\beta$  and preventing accessibility to IL-1RI (Colotta et al., 1993). The third member of the IL-1 family, IL-1ra, competes with IL-1 $\alpha$  or IL-1 $\beta$  for binding to IL-1RI (Dinarello, 1998; Dripps et al., 1991). All members of the IL-1 and IL-1 receptor families are expressed throughout the brain at low or undetectable concentrations (Vitkovic et al., 2000). Therefore, most functional roles of IL-1 have been analyzed in disease or injury settings. In fact, IL-1 $\alpha$ , IL-1 $\beta$ , and IL-1RI knockout mice show no physiological or developmental defects (Glaccum et al., 1997; Horai et al., 1998). Although the role of IL-1 in immune reactions following injury or in disease states have been more extensively accepted, several studies have been suggested the involvement of IL-1 in long-term potentiation (LTP) (Ross et al., 2003; Schneider et al., 1998) or in the regulation of sleep patterns (Krueger et al., 2001) in healthy conditions.

Various factors such as inflammatory stimuli (Hetier et al., 1988),

other cytokines (Lieberman et al., 1989), and cellular injury (Davies et al., 1999; Depino et al., 2005) induce IL-1 release in numerous cell types, including microglia (Giulian et al., 1986; Hetier et al., 1988; Yao et al., 1992), astrocytes (Knerlich et al., 1999; Lieberman et al., 1989; Zhang et al., 2000), oligodendrocytes (Blasi et al., 1999), and neurons (Lechan et al., 1990; Takao et al., 1990; Watt and Hobbs, 2000).

## **2.2 TNF signaling**

TNF $\alpha$  is a member of the TNF superfamily of ligands and is produced as a monomeric type-2 transmembrane protein (tmTNF), which is cleaved to soluble TNF by the extracellular protease, TNF $\alpha$  convertase (TACE) (Idriss and Naismith, 2000). Both tmTNF and soluble TNF bind two TNFR superfamily members, TNFR1 and TNFR2. While TNFR1 is expressed in most cell types and has a preference for soluble TNF, TNFR2 expression is restricted to cells of the immune system with a preference for tmTNF. TNFR preexists as a trimer on the membrane prior to ligand binding and changes conformation upon binding to facilitate interaction with intracellular adaptor proteins. Cellular responses to TNF can be diverse depending on the activating intracellular signaling pathways, including nuclear factor kappa-B (NF $\kappa$ B), p38, c-jun N-terminal kinase (JNK), and the ceramide/sphingomyelinase signaling pathway (MacEwan, 2002). The most well characterized function of TNF is the induction of apoptosis. TNF binding to TNFR1 recruits adaptor protein TRADD (TNF receptor-associated DD protein), RIP (receptor-interacting protein), TRAF2, and FADD (fas-associated DD protein).

Activation of the different signaling pathways leading to NF $\kappa$ B activation or apoptosis upon TNF binding has been shown to be dependent on different complex formation. Rapid and transient TNFRI-TRADD-RIP-TRAF2 complex formation at the plasma membrane triggers NF $\kappa$ B activation. If this fails and the complex is dissociated from TNFRI, then FADD can be associated to the complex, recruiting pro-caspase-8 to form a DISC (death-inducing signaling complex) that can activate the extrinsic apoptosis pathway (Micheau and Tschopp, 2003). Although both cytokines have specific receptors, it has been known that they share intracellular signaling effectors such as NF $\kappa$ B and MAPK.

### **3. The role of proinflammatory cytokines and p75<sup>NTR</sup> in CNS injury or disease**

In the CNS, proinflammatory cytokines such as IL-1 $\beta$  and TNF $\alpha$  have immediate actions under inflammatory conditions following acute CNS disorders such as trauma, stroke, or epilepsy and chronic neurodegenerative diseases such as Alzheimer's and Parkinson's disease or multiple sclerosis (Allan et al., 2005). Proinflammatory cytokines, particularly IL-1 $\beta$ , are initially produced by microglia within minutes to hours after insult/injury, and subsequently their expression is observed in astrocytes (Nieto-Sampedro and Berman, 1987). Many studies have shown that IL-1 $\beta$  is involved in promoting harmful effects following insult/injury by inducing other proinflammatory cytokines such as TNF $\alpha$ , IL-6 (Chung and Benveniste, 1990; Sparacio et al., 1992), chemokines (Peterson et al., 1997; Rivieccio et al.,

2005), adhesion molecules (Kyrkanides et al., 1999), matrix metalloproteinases (Thornton et al., 2008), cyclooxygenases-2 (Molina-Holgado et al., 2000), and neurotoxic factors such as nitric oxide (NO) (Chao et al., 1997). Although IL-1 $\beta$  alone is not neurotoxic in the absence of insult or injury (Loddick and Rothwell, 1996; Relton and Rothwell, 1992; Shafteel et al., 2007; Yamasaki et al., 1995), IL-1 $\beta$  has a synergistic effect on neurotoxicity when administered with other cytokines (Chao et al., 1995; Hu et al., 1997) and exacerbates neurodegeneration following ischemia or epilepsy (Lawrence et al., 1998; Yamasaki et al., 1995), possibly with the release of these neurotoxins.

However, not only does IL-1 $\beta$  produce neurotoxic factors, but many studies have shown that IL-1 $\beta$  also induces trophic factors such as ciliary neurotrophic factor (CNTF) (Herk et al., 2000), fibroblast growth factor (FGF) (Ho and Blum, 1997), and NGF (Carman-Krzan et al., 1991; Friedman et al., 1996; Spranger et al., 1990). For example, IL-1 $\beta$  mediated NGF release from astrocytes enhances neuronal survival after injury in specific brain areas where TrkA is present, such as basal forebrain cholinergic neurons (Kromer, 1987; Williams et al., 1986). The contradictory aspects of IL-1 $\beta$  effects following injury implies that it may have influence on a variety of cell types in the CNS, thereby the balance between neuroprotective and neurotoxic factors released from various cells might be a contributing element for IL-1 $\beta$  mediated cellular outcome in injury/disease onset.

p75<sup>NTR</sup> is induced following many types of brain injury and in several

diseases, and this expression has been tightly correlated with cell death occurring in pathological conditions (Armstrong et al., 1991; Casha et al., 2001; Ernfors et al., 1989; Kokaia et al., 1998; Martinez-Murillo et al., 1998; Roux et al., 1999; Syroid et al., 2000). For example, p75<sup>NTR</sup> expression is increased in entorhinal, piriform cortex, and hippocampus where neuronal apoptosis is induced following pilocarpine mediated seizure (Roux et al., 1999). More direct evidence has been shown in p75<sup>NTR</sup> knockout mice, in which the amount of cell death was significantly attenuated in the knockout mice compared to wild type animals following pilocarpine induced seizure (Troy et al., 2002). These studies indicated a role for p75<sup>NTR</sup> in injury-mediated cell death. Furthermore, it has been suggested that p75<sup>NTR</sup> plays a role in cholinergic neuronal degeneration which is an early and key feature of Alzheimer's disease (Wu et al., 2005; Yan and Feng, 2004). Increased levels of proNGF have been detected in AD (Fahnestock et al., 2001) and proNGF isolated from AD patients has been revealed to cause p75<sup>NTR</sup> mediated neuronal cell death (Pedraza et al., 2005). These studies indicate a role for p75<sup>NTR</sup> in cell death following injury or in diseases, in addition to developmental programmed cell death.

Although p75<sup>NTR</sup> has been implicated in developmental apoptosis as well as neurodegeneration in several pathological situations, there is a possibility of different p75<sup>NTR</sup>-mediated cell death mechanisms being used in development versus pathological conditions. Indeed, sortilin, which is a necessary p75<sup>NTR</sup> coreceptor for cell death signaling, appeared to be involved in p75<sup>NTR</sup>-mediated cell death after injury or in age-dependent neurodegeneration but not during



development (Jansen et al., 2007). Additionally, many studies have demonstrated that high levels of proNGF are detected as a result of altering the activity of proNGF processing enzymes such as tissue plasminogen activator (tPA) or matrix metalloproteinase-7 (MMP7) (Le and Friedman, 2012), activating p75<sup>NTR</sup> mediated cell death following brain injury/insults (Lee et al., 2001). Interestingly, increased level of proNGF has been reported in Alzheimer's disease (Fahnestock et al., 2001) and proNGF purified from Alzheimer's patients appears to be more potent in inducing apoptosis than proNGF from healthy brain (Podlesniy et al., 2006). As the disease progresses, a decrease in the TrkA to p75 ratio has been observed (Mufson et al., 2010), thus favoring apoptotic proNGF/p75 signaling in Alzheimer's disease. These studies may suggest that proNGF binding to p75<sup>NTR</sup>-sortilin complex might be a major mechanism in cell death occurring specifically after injury or in Alzheimer's disease.

It is interesting to note that common changes have been observed in various pathological conditions including pilocarpine mediated seizure and Alzheimer's disease. proNGF and p75<sup>NTR</sup> are common proteins upregulated in those situations and these consequences throughout the variety of pathological situations imply that there might be a common mechanism that is responsible for proNGF and p75<sup>NTR</sup> regulation.

#### **4. Significance**

The p75<sup>NTR</sup> has various functions throughout the nervous system. Often referred to as a promiscuous receptor, p75<sup>NTR</sup> has several binding partners and

ligands, eliciting distinct consequences depending upon the cellular context. Thus, this receptor does not likely have “canonical” activation mechanisms, which is supported by recent findings demonstrating that different ligands require distinct p75<sup>NTR</sup> activation mechanisms (Vilar et al., 2009). What makes this receptor more complicated is that p75 can initiate signaling even in the absence of ligands through  $\gamma$ -secretase mediated receptor proteolysis (Le Moan et al., 2011). p75<sup>NTR</sup> not only mediates cell death by neurotrophins, proneurotrophins, and A $\beta$  or other factors, possibly activating RIP, but also inhibits axonal growth and regeneration following injury. All the complexity of p75<sup>NTR</sup> demands more intensive and specific studies on identifying its function and mechanism of action in distinct cellular contexts. Therefore, finding biological factors leading to p75<sup>NTR</sup> regulation in different cell types especially after injury or disease may contribute to understanding the specific function of p75<sup>NTR</sup> following brain injury and in neurodegenerative disease.

Proinflammatory cytokines are induced early after brain insults, which precedes by several hours the p75<sup>NTR</sup> induction in the same tissue. The increase in brain IL-1 has also been reported in several neurodegenerative disorders including Alzheimer’s disease, Parkinson’s disease, and amyotrophic lateral sclerosis (ALS). A study demonstrating that IL-1 increases p75<sup>NTR</sup> mRNA in astrocytes (John et al., 2005) may suggest IL-1 as a possible player for p75 regulation in neurons as well after brain injury/insults. IL-1 acts on a variety of cells in the CNS, resulting in numerous functions, sometimes contradictory outcomes in conjunction with the variety of cellular contexts. It therefore is

critically meaningful to investigate the distinct mechanisms of p75<sup>NTR</sup> regulation by IL-1 in the absence of additional environmental changes occurring after injury/insults to tease out possible different mechanisms of p75<sup>NTR</sup> regulation in specific cell types. Furthermore, neurotrophins have been potential therapeutic targets for the treatment of various neurodegenerative diseases such as Alzheimer's disease (Lad et al., 2003), indicating the importance of understanding the p75<sup>NTR</sup> activation mechanisms under different situations. Therefore, it will be crucial to understand the influences of p75<sup>NTR</sup> upregulation following injury/insults.

## **VI. Research Aims**

**1. Specific Aim 1: Determine whether cytokines regulate p75<sup>NTR</sup> expression in the absence of injury *in vivo* and *in vitro*.**

Although there have been numerous studies demonstrating increased levels of p75<sup>NTR</sup> expression in the brain after injury, the specific signals have been unknown. We hypothesized that proinflammatory cytokines which are produced during the initial response to injury may be responsible for p75<sup>NTR</sup> regulation. To examine the specific effect of IL-1 $\beta$  on p75<sup>NTR</sup> regulation, cannulated rats were utilized in the absence of injury that might give numerous secondary influences. Since IL-1 $\beta$  affects glia as well as neurons, the experiments in this aim were done in hippocampal neurons and astrocytes to determine whether both IL-1 $\beta$  and TNF $\alpha$  regulate p75<sup>NTR</sup> in both cell types.

**2. Specific Aim 2: Identify the mechanism of p75<sup>NTR</sup> regulation after cytokine treatment in different cellular contexts *in vitro*.**

Our previous study suggested that the signaling pathway activated by IL-1 $\beta$  is cell type-specific. IL-1 $\beta$  activates NF $\kappa$ B in hippocampal astrocytes, but not in neurons (Srinivasan et al., 2004). Therefore, we studied the signaling mechanisms leading to p75<sup>NTR</sup> expression both in neurons and astrocytes. Two major signaling pathways, NF $\kappa$ B and p38 MAPK pathways that are known to be activated by cytokines, were examined using the different cell types *in vitro*. The experiments in this aim defined the mechanism of p75<sup>NTR</sup> regulation by IL-1 $\beta$  and TNF $\alpha$  in neurons and astrocytes.

**3. Specific Aim 3: Examine functional roles of p75<sup>NTR</sup> elevated after cytokine treatment.**

Increased expression of p75<sup>NTR</sup> in neurons after injury has been shown to lead to cell death via the intrinsic caspase cascade. Thus, the experiments in this

aim investigated cell death following cytokine mediated p75<sup>NTR</sup> upregulation. *In vitro*, cell death inducing ligands such as high dose of NGF or low dose of proNGF were applied to IL-1 $\beta$  primed neurons to examine whether IL-1 $\beta$  exacerbates NGF or proNGF mediated neuronal cell death. The experiments in this aim defined the distinct p75<sup>NTR</sup> activation mechanisms by specific ligands following IL-1 $\beta$  priming.

#### **4. Specific Aim 4: Elucidate the consequences of p75<sup>NTR</sup> induction following IL-1 treatment in vivo.**

IL-1 $\beta$  was infused into the cannulated rat hippocampus to determine whether IL-1 $\beta$  itself has any effect on hippocampal neuronal cell death *in vivo*. In vivo, many cell types are present in the hippocampus including microglia, astrocytes, and neurons that are known to be sources of neurotrophins. p75<sup>NTR</sup> expression, NGF/proNGF level, and cell death were tested following IL-1 $\beta$  infusion. The experiments in this aim examined consequences of p75<sup>NTR</sup> expression following cytokine treatment.

## **VII. Materials and Methods**

Materials. IL-1 $\beta$  was generously provided by Dr. Ron Hart, (Rutgers University, Piscataway, NJ) and NGF was provided by Genentech. TNF $\alpha$  was purchased

from R&D systems, Inc. (Minneapolis, MN). SB203580 and SN-50 were obtained from Alexis Biochemicals (San Diego, CA). Eagle's MEM, Ham's F12, and penicillin-streptomycin were purchased from Invitrogen (Carlsbad, CA). All other materials were obtained from Sigma (St. Louis, MO).

### **1. Primary hippocampal neuronal cultures**

Neuronal cultures were prepared as described previously (Farinelli et al., 1998; Friedman, 2000). Rat hippocampi were dissected from embryonic day 18, dissociated, plated on poly-D-lysine (0.1mg/ml)-coated dishes, and maintained in a serum-free environment. The medium consisted of a 1:1 mixture of Eagle's MEM and Ham's F12 supplemented with glucose (6mg/ml), insulin (25µg/ml), putrescine (60µM), progesterone (20nM), transferrin (100µg/ml), selenium (30nM), penicillin (0.5U/ml), and streptomycin (0.5µ/ml). Cultures were maintained in 5% CO<sub>2</sub> at 37°C for 5 days and subjected to different treatments.

### **2. Primary hippocampal astrocyte cultures**

Astrocyte cultures were prepared as described previously (McCarthy and de Vellis, 1980; Srinivasan et al., 2004). Rat hippocampi were dissected from embryonic day 21, dissociated, plated on poly-D-lysine (0.1mg/ml)-coated flasks, and maintained in Eagle's MEM with Earle's salts, 2mM L-glutamine, 15% heat-inactivated fetal bovine serum, 6mg/ml glucose, penicillin (0.5U/ml), and streptomycin (0.5µ/ml). After 7-9 days incubation in 5% CO<sub>2</sub> at 37°C, cells were

shaken at 450 rpm for 10 min to remove microglia and neurons, followed by fresh medium change and returned to the incubator. Cells were shaken at 225 rpm overnight to eliminate additional non-astrocytic cells. Cells were replenished with fresh medium containing 0.1mM cytosine arabinoside, maintained for 3 days. Cells were trypsinized and replated at subconfluent density and were kept in 5% CO<sub>2</sub> at 37°C for 4 days before treatment.

### **3. Western blot analysis and Immunoprecipitation.**

Cells were lysed in RIPA buffer (50mM Tris-HCl, pH7.5 150mM NaCl, 5mM EDTA, 1% Nonidet P-40, 0.5% deoxycholic acid, 0.5% SDS) supplemented with a protease inhibitor mixture (Roche Products, Welwyn Garden City, UK), 1mM sodium vanadate, and 5mM sodium fluoride. Proteins were quantified by Bradford assay (Bio-Rad, Hercules, CA) and equal amounts of proteins were run on 10% polyacrylamide gel, transferred onto a nitrocellulose membrane. Membranes were blocked in 5% non-fat milk in TBST and then probed with antibodies to p75<sup>NTR</sup> (Upstate Biotechnology, Inc., Lake Placid, NY), actin (Sigma, St. Louis, MO), phospho-p38 (P-p38), phospho-IkB (P-IkB), or phospho-CREB (P-CREB) (Cell Signaling Technology, Beverly, MA). P-p38, P-IkB, P-CREB blots were stripped and reprobed with anti-p38, anti-IkB, anti-CREB (Cell Signaling Technology), respectively. Bands were visualized by x-ray film exposure using enhanced chemical luminescence (Pierce, Rockford, IL). For IkB ubiquitination studies, cells were treated with IL-1 $\beta$  or TNF $\alpha$  for the indicated periods, then lysed in buffer (50mM Tris-HCl, pH7.5, 150mM NaCl, 1mM EDTA, 5mM NaF,

1mM  $\text{Na}_3\text{VO}_4$ , 1% Triton X-100, and protease inhibitors), and centrifuged. Supernatants were incubated with anti-I $\kappa$ B overnight at 4°C and then incubated with protein A agarose at 4°C for 2h. Immunoprecipitates were washed three times with lysis buffer, and analyzed by Western blot for ubiquitin (Santa Cruz Biotechnology, Santa Cruz, CA).

#### **4. Biotinylation of cell surface proteins**

Cells were treated with IL-1 $\beta$  for 6 h and washed with pre-chilled PBS once and with PBS++ (PBS containing 1mM  $\text{MgCl}_2$  and 2.5 mM  $\text{CaCl}_2$ ) twice. Cell surface proteins were biotinylated with sulfo-NHS-SS-Biotin (Pierce) at 4°C for 1 h, quenched with glycine, and washed with PBS++ twice. Biotinylated cells were lysed in buffer containing 50mM Tris, 150mM NaCl, 1mM EDTA, 1% Nonidet P40, 0.5% deoxycholate, protease inhibitor mixture, 1mM sodium vanadate and 5mM sodium fluoride, and lysates were incubated with streptavidin-agarose (Pierce) overnight at 4°C. After centrifugation (4500g for 3min at 4°C), supernatants were saved and pellets were washed with lysis buffer three times. Pellets and supernatants were analyzed by Western blot for p75<sup>NTR</sup> (upstate), sortilin (BD), and transferrin receptor (Invitrogen).

#### **5. Immunostaining**

To visualize nuclear translocation of NF $\kappa$ B, cells were plated on plastic Lab-Tek slide wells and treated with IL-1 $\beta$  or TNF $\alpha$  with or without preincubation



with SN-50 for 30 min. Cells were fixed in 4% paraformaldehyde, washed with PBS, permeabilized with PBS plus 0.3% Triton X-100, blocked in PBS/5% goat serum/0.3% Triton X-100, and then incubated with anti-p65 (Santa Cruz Biotechnology, Santa Cruz, CA) overnight at 4°C. Slides were washed three times with PBS, incubated with secondary antibodies coupled to the Alexa 555 fluophore (Molecular Probes Inc., Eugene, OR) for 1h at room temperature, then washed with PBS three times. Hoechst 33342 (1µg/ml, Sigma) was used to visualize the nuclei.

## **6. Quantitative real-time reverse transcription PCR**

Primary hippocampal neurons or astrocytes were treated with IL-1 $\beta$  or TNF $\alpha$  for 2, 4 or 8 h, and mRNA was isolated using TRIzol reagent (Invitrogen). cDNA was generated using SuperScript<sup>TM</sup> II RT with random hexamers (Invitrogen), and SYBR-green-based quantitative real-time PCR was performed using primers specific for p75NTR (rat, forward 5'-CTGATGCTGAATGCGAAGAG-3' and reverse 5'-TCACCATATCCGCCACTGTA-3') or actin (forward 5'-TCATGAAGTGTGACGTTGACATCCGT-3' and reverse 5'-CTTAGAAGCATTTGCGGTGCACGATG-3') with the comparative CT method ( $\Delta\Delta CT$ )(ABI).

## **7. Survival assay.**

To assess cell viability following ligand treatment, primary hippocampal neurons were lysed, and only healthy nuclei were counted using a hemocytometer as described previously (Farinelli et al., 1998; Maroney et al., 1999; Friedman, 2000). Nuclei of dead cells were discriminated from nuclei of healthy cells by pyknotic and irregular shapes, typical representation of apoptotic cells. Cell counts were performed in triplicate wells.

## **8. Cell transfection, immunostaining, and co-immunoprecipitation**

Cells were transfected with p75<sup>NTR</sup> shRNAs alone or cotransfected with wild-type or mutant p75<sup>NTR</sup> by electroporation with recommended program by manufacturer on an Amaxa Nucleofactor device. For neurons, cells were kept in serum (DMEM+10% HS) for 2-3 h, then medium was changed into serum-free medium and cells were used for Western blot assay on the third day after transfection. For immunostaining, neurons were plated on poly-D-lysine (0.1mg/ml)-coated cover glass in SFM, transfected with lipofectamine2000 (Invitrogen) after 3 DIV and, were used on the second day after transfection. Cells were fixed in 4% paraformaldehyde, washed with PBS, permeabilized with PBS plus 0.3% Triton X-100, blocked in 5% goat serum with permeabilizing buffer, and then incubated with anti-cleaved caspase 3 (Cell Signaling) and anti-HA (covance) to identify p75<sup>NTR</sup> constructs overnight at 4°C. Glass cover slips were washed three times with PBS, incubated with secondary antibodies coupled to the Alexa 594 and 488 fluorophores (Molecular Probes Inc., Eugene, OR) for 1h at room temperature, then washed with PBS three times. Hoechst 33342

(1µg/ml, Sigma) was applied to visualize the nuclei. For co-immunoprecipitation, transfected cells were treated with proNGF for 30 min, lysed in modified TNE buffer (50mM Tris, 137mM NaCl, 2mM CaCl) containing 0.2% triton, 60mM octylglucoside and protease inhibitors (Roche). 400µg of protein were immunoprecipitated with anti-p75 (Chemicon) or anti-HA (Covance) overnight at 4°C and then incubated with Protein G-sepharose beads for 4 h at 4°C. Beads were washed three times with lysis buffer and analyzed by Western blot for sortilin (BD) and p75 (Upstate).

## **9. Confocal microscopy and acceptor photobleaching**

A Zeiss LSM 510 confocal laser scanning microscope (Carl Zeiss AG, Jena, Germany) was used to perform the acceptor photobleaching. Neurons were treated with proNGF or NGF for 30 min, then fixed in 4% paraformaldehyde, washed with PBS, blocked in 5% goat serum in PBS, and then incubated with anti-sortilin (Alpha-Diagnostic) and anti-HA (Covance) overnight at 4°C. The secondary antibodies for FRET pairs were goat-anti-mouse 488 and goat-anti-rabbit 555 (Alexa). Ten fluorescence images were taken, four before and six after illuminating at 545 nm (bleaching beam). Regions of interest were analyzed by comparing the mean fluorescence intensity, which was adjusted by subtraction of the background fluorescence, before and after photobleaching of the acceptor. FRET was considered to have occurred when the donor intensity was at least 10% higher after acceptor bleaching.

## **10. Animals and Stereotaxic cannulation of the hippocampus**

Male Sprague Dawley rats (250-275g) were anaesthetized with ketamine (50mg/kg)/xylazine (10mg/kg) and placed in stereotaxic frame for bilateral implantation of cannula into dorsal hippocampus. The following coordinates were used: anterior-posterior = -3.1mm from bregma, lateral =  $\pm 2$  mm from midline, dorsoventral = -3mm from skull (Paxinos et al., 1985). Skull holes were made with a dental drill and the guide cannula and support screw were fixed with dental cement. After 7 days, 10 $\mu$ g (in 0.5 $\mu$ l) of IL-1 $\beta$  was infused unilaterally into the hippocampus via the guide cannula at a rate of 0.5 $\mu$ l/min. Animals found to have an incorrectly placed cannula were excluded.

All animal studies were conducted using the NIH (National Institutes of Health) guidelines for the ethical treatment of animals with approval of the Rutgers Institutional Animal Care and Facilities Committee.

## **11. Brain preparation for Immunohistochemistry**

Two days after IL-1 $\beta$  infusion, rats were anesthetized with ketamine/xylazine and perfused transcardially with saline followed by 4% paraformaldehyde. The brains were removed and postfixed in 4% paraformaldehyde before being cryoprotected in 30% sucrose for 2 d. Brains were then sectioned on a cryostat (Leica), mounted onto charged slides for immunostaining. Frozen brain sections (12  $\mu$ m) were warmed at 37°C for 1 min,

washed with PBS , blocked in 10% goat serum with PBS plus 0.3% Triton X-100, and then incubated with anti- p75<sup>NTR</sup> (192 IgG; Chemicon; 1:500) and anti-GFAP (generously provided by Dr. James Goldman, Columbia; 1:500), or anti- p75<sup>NTR</sup> (Upstate; 1:500) and anti-NeuN (Chemicon; 1:500) overnight at 4°C. The sections were then washed three times with PBS for 15 min, followed by incubation with the secondary antibodies, donkey anti-rabbit, goat anti-mouse, texas red conjugated anti-mouse (Jackson; 1:500) in the dark for 1 h, washed three times with PBS for 15 min, and coverslipped. Hoechst 33342 dye (1 µg/ml; Sigma) was added into PBS during the last wash to label nuclei. Sections were mounted with anti-fading medium (ProLong Gold; Invitrogen) and were examined by fluorescence microscopy (Nikon). Cell death was examined by terminal deoxynucleotidyl transferase (TdT)-mediated dUTP nick end labeling (TUNEL) staining following manufacturer's manual (Roche, Mannheim, Germany).

## **12. Brain preparation for Quantitative real-time reverse transcription PCR**

Dorsal hippocampi were freshly dissected and mRNA and proteins were isolated using TRIZOL reagent (Invitrogen, Carlsbad, CA). cDNA was generated using SuperScript<sup>TM</sup> II Reverse Transcriptase with random hexamers (Invitrogen), and SYBR-green based quantitative real-time PCR was performed using primers specific for

p75<sup>NTR</sup> (rat, forward: 5'- CTGATGCTGAATGCGAAGAG-3', reverse: 5'- TCACCATATCCGCCACTGTA-3'),

NGF (rat, forward: 5'-CAAGGACGCAGCTTTCTATCCTG-3', reverse: 5'-

CTTCAGGGACAGAGTCTCCCTCT-3'), or  
 actin (forward:5'-TCATGAAGTGTGACGTTGACATCCGT-3',reverse :5'-  
 CTTAGAAGCATTGCGGTG CACGATG-3') with the comparative CT method  
 ( $\Delta\Delta CT$ )(ABI).

### **13. Analysis of Cerebrospinal fluid (CSF)**

Rats were anesthetized with ketamine/xylazine and placed in a stereotaxic frame for collecting CSF from cisterna magna using a 25 gauge needle. Only CSF samples that did not contain blood contamination were mixed with protease inhibitors, flash frozen, and stored at -80°C until analysis.

### **14. In Situ Zymography**

One day following IL-1 $\beta$  infusion, rats were anesthetized with ketamine/xylazine, and their brains were flash frozen, and sectioned on a cryostat (Leica), mounted onto charged slides for in situ zymography. Fresh frozen sections (12 $\mu$ m) were covered with a buffer containing 1% low-melting point agarose (BioRad, Hercules, CA), 0.1 M Tris, pH 7.5, 2.5% milk and 20  $\mu$ g/mL plasminogen. Areas of tPA activity were detected in black spots on dark field of views, where the endogenous enzyme degraded the substrate.

## **VIII. Results**

### Overview

Previous work has demonstrated that increased p75<sup>NTR</sup> plays a role in neurodegeneration following brain insults and in neurodegenerative diseases. However, the mechanisms of p75<sup>NTR</sup> regulation in these pathological conditions have not been identified. Using both in vivo and in vitro approaches to investigate the effect of IL-1 $\beta$  as a potential player in p75<sup>NTR</sup> regulation without the context of additional injury, IL-1 $\beta$  was found to have direct effect on p75<sup>NTR</sup> regulation both in hippocampal neurons and astrocytes in vitro. TNF $\alpha$ , another type of proinflammatory cytokine, also increased p75<sup>NTR</sup> expression both in neurons and astrocytes (Chapter 1). Because p75<sup>NTR</sup> may act differently depending upon cellular context, identifying the cell specific mechanisms of p75<sup>NTR</sup> regulation is critical. Investigating the roles of the NF $\kappa$ B and p38 MAPK pathways leading to p75<sup>NTR</sup> expression showed the mechanisms governing this regulation are cytokine- and cell-type specific (Chapter 2). The functional role of p75<sup>NTR</sup> expressed following IL-1 $\beta$  treatment was examined with regard to its capability to induce cell death upon ligand binding. IL-1 $\beta$  was found to exacerbate only proNGF, not NGF, mediated cell death by recruiting sortilin and p75<sup>NTR</sup>, which are required for proNGF-mediated apoptosis, to the cell surface. IL-1 $\beta$  also increased the ratio of monomeric to dimeric p75<sup>NTR</sup>. We used a p75<sup>NTR</sup> monomeric mutant, which lacks the ability to form a disulfide bond at Cys257 located in the transmembrane domain, thereby failing to form a dimer. proNGF was found to preferentially activate monomeric p75<sup>NTR</sup>, resulting in cell death. In accordance with a previous study (Vilar et al., 2009), NGF was not able to respond to monomeric p75<sup>NTR</sup>, indicating that IL-1 $\beta$  mediated monomeric p75<sup>NTR</sup> induction is favorable to respond to proNGF rather than NGF (Chapter 3). Given



previous studies demonstrating that IL-1 $\beta$  itself is not neurotoxic to healthy neurons, the effect of IL-1 $\beta$  infusion into healthy brain was assessed since IL-1 $\beta$  is a well-known factor to increase NGF mRNA in astrocytes (Friedman et al., 1996). Although the exogenous IL-1 $\beta$  increased NGF and p75<sup>NTR</sup> expression in the hippocampus (Chapter 1), no cell death was detected. Furthermore, IL-1 $\beta$  induced NGF release rather than proNGF, possibly by increasing tPA activity (Chapter 4). These findings are consistent with the idea that IL-1 $\beta$  itself is not neurotoxic, probably due in part to the lack of death-inducing ligands such as proNGF in the healthy brain, which is altered in pathological conditions where high levels of proNGF have been reported. Altogether, proinflammatory cytokines induced in numerous pathophysiological situations, particularly IL-1 $\beta$ , may play a key role in the induction of p75<sup>NTR</sup>, leading to increased vulnerability to cell death occurring particularly after injury or in disease.

## **Chapter 1. p75<sup>NTR</sup> regulation following proinflammatory cytokine treatment in the hippocampus in vivo and in vitro**

### ***1.1 p75<sup>NTR</sup> expression following IL-1 $\beta$ infusion in vivo***

To investigate whether IL-1 $\beta$  induces p75<sup>NTR</sup> expression *in vivo*, IL-1 $\beta$  (10ng) was directly infused into one hippocampal hemisphere through a cannula. As a control, saline was infused into the other side of hippocampus. To examine p75<sup>NTR</sup> mRNA level, dorsal hippocampus was dissected and analyzed by quantitative PCR. p75<sup>NTR</sup> mRNA level was increased in the tissue sample that had been infused with IL-1 $\beta$  for 4h as compared to the contralateral side with saline infusion (Figure 2A). Western blot analysis of tissue samples taken from dorsal hippocampus 2 days after IL-1 $\beta$  infusion shows that p75<sup>NTR</sup> protein level was also elevated by IL-1 $\beta$  (Figure 2B). Since IL-1 $\beta$  can affect multiple cell types, sections were double labeled with anti- p75<sup>NTR</sup> and a neuronal marker, NeuN, or a glial marker, GFAP to examine where p75<sup>NTR</sup> was regulated following IL-1 $\beta$  infusion. Increased p75<sup>NTR</sup> was colocalized with NeuN staining (Figure 2C) and GFAP staining (Figure 2D), suggesting that IL-1 $\beta$  mediates p75<sup>NTR</sup> expression in hippocampal neurons and also in non-neuronal cells *in vivo*, as expected.

### ***1.2 IL-1 $\beta$ and TNF $\alpha$ increases p75<sup>NTR</sup> expression in primary hippocampal neurons and astrocytes *in vitro****

To further investigate whether proinflammatory cytokines such as IL-1 $\beta$  and TNF $\alpha$  directly induce p75<sup>NTR</sup> in different cell types, cultured hippocampal

neurons and astrocytes were treated with IL-1 $\beta$  or TNF $\alpha$  for 1, 4, 8, 12, or 24 hours and the levels of p75<sup>NTR</sup> were evaluated by Western blot analysis. The expression of p75<sup>NTR</sup> was increased by IL-1 $\beta$  and TNF $\alpha$  both in neurons (Figure 3A-D) and astrocytes (Figure 3E-H) relative to actin. Elevated p75<sup>NTR</sup> expression in astrocytes was detected within 1 hour and showed a peak after 8 hour treatment with cytokines (Figure 3E-H), while in neurons increases were detected at 4 hr and peaked at 8-12hr (Figure 3A-D). The increased p75<sup>NTR</sup> expression induced by IL-1 $\beta$  was transient in both cell types, returning to baseline by 24 hour (Figure 3A, E), while treatment with TNF $\alpha$  induced a more sustained p75<sup>NTR</sup> increase in both neurons and astrocytes, remaining elevated at 24 hour (Figure 3B, F). p75<sup>NTR</sup> mRNA was determined by quantitative PCR and mRNA expression peaked after 4 hour of treatment of both cytokines in both neurons (Figure 3I) and astrocytes (Figure 3J). These results suggest that both cytokines have direct effect on p75<sup>NTR</sup> induction in neurons and astrocytes.

### ***1.3 Surface expression of p75<sup>NTR</sup> following cytokine treatment***

p75<sup>NTR</sup> is a cell surface receptor that can bind a variety of different ligands to mediate distinct cellular functions. To assess whether the elevated p75<sup>NTR</sup> was localized to the cell surface, biotinylation assays were performed on cytokine treated neurons and astrocytes. Nearly all the detectable p75<sup>NTR</sup> was present at the cell surface after 8 hr of treatment with IL-1 $\beta$  or TNF $\alpha$  in neurons and little p75<sup>NTR</sup> was detected in the intracellular fraction (Figure 4A). Similar to neurons, IL-1 $\beta$  and TNF $\alpha$  treated

astrocytes had elevated p75<sup>NTR</sup> at the cell surface, but not in cytosolic compartment (Figure 4B), suggesting that p75<sup>NTR</sup> induced by cytokines is present at the cell surface in both neurons and astrocytes. To assess specificity of the biotin pull-down, cells were incubated with or without biotin, and lysates were pulled down with the streptavidin beads, and then subjected to Western blot analysis. Only samples labeled with biotin showed p75<sup>NTR</sup> band (Figure 4C).

## **Chapter 2. Mechanisms of p75<sup>NTR</sup> regulation after cytokine treatment in different cellular contexts in vitro**

### ***2.1 Signaling pathways required for IL-1 $\beta$ induction of p75<sup>NTR</sup> in hippocampal neurons and astrocytes***

In our previous studies, we have demonstrated that IL-1 $\beta$  activates distinct signaling pathways in neurons and astrocytes. IL-1 $\beta$  activates the classical NF $\kappa$ B pathway in astrocytes but not in neurons, whereas p38 MAPK (but not JNK (c-Jun N-terminal kinase) or ERK (extracellular-signal-regulated kinase) MAPK) is activated by IL-1 $\beta$  in hippocampal neurons (Srinivasan et al., 2004). Therefore, the underlying signaling mechanisms governing IL-1 $\beta$  regulation of p75<sup>NTR</sup> in both cell types was investigated.

To confirm the activation of specific signaling pathways in the different cell types, cultured cells treated with IL-1 $\beta$  were lysed and analyzed by Western blot for phospho-p38 and phospho-I $\kappa$ B. IL-1 $\beta$  induced

robust transient phosphorylation of p38 MAPK in hippocampal neurons (Figure 5A). Activation of NF $\kappa$ B signaling was monitored by phosphorylation and degradation of I $\kappa$ B, which is necessary for nuclear translocation of NF $\kappa$ B. In neurons, no I $\kappa$ B phosphorylation was detected (results not shown), consistent with our previous study showing that IL-1 $\beta$  does not activate NF $\kappa$ B in hippocampal neurons (Srinivasan et al., 2004). However, in astrocytes there was robust increase in phospho-I $\kappa$ B 5 min after IL-1 $\beta$  treatment, with a subsequent loss of I $\kappa$ B protein (Figure 5B). Interestingly, IL-1 $\beta$  also activated p38 MAPK signaling in astrocytes, phospho-p38 MAPK increased within 5min after IL-1 $\beta$  treatment and peaked at 10 min in astrocytes (Figure 5C). Thus, IL-1 $\beta$  activates both NF $\kappa$ B and p38 MAPK signaling in astrocytes, but only p38 MAPK in hippocampal neurons.

To examine which signaling pathway was responsible for the IL-1 $\beta$  mediated p75<sup>NTR</sup> upregulation in the different cell types, neurons or astrocytes were pretreated either with a p38 MAPK inhibitor SB203580 (10  $\mu$ M) or an NF $\kappa$ B inhibitor SN-50 (10  $\mu$ M) for 30 min. IL-1 $\beta$  was then applied to the cells for 8 hr, and p75<sup>NTR</sup> levels were analyzed by Western blot. In hippocampal neurons, the p38 MAPK inhibitor reduced the IL-1 $\beta$  mediated p75<sup>NTR</sup> upregulation (Figure 6A, C). As expected, the NF $\kappa$ B inhibitor, SN-50, did not prevent the p75<sup>NTR</sup> expression in neurons. In astrocytes, both the p38 MAPK inhibitor and the NF $\kappa$ B inhibitor completely prevented the IL-1 $\beta$  induction of p75<sup>NTR</sup> expression (Figure 6B, D), indicating that p75<sup>NTR</sup> induction in astrocytes requires both the p38 MAPK and NF $\kappa$ B pathways. To confirm that p38 MAPK inhibitor blocked the p38

MAPK activation, astrocytes were pretreated with the inhibitor prior to IL-1 $\beta$  treatment and p-p38 levels were analyzed by Western blot. Both IL-1 $\beta$  and TNF $\alpha$  increased p-p38 level and SB203580 completely blocked the p-p38 level increased by IL-1 $\beta$  (Figure 7A) and TNF $\alpha$  (Figure 7B). Confirmation that the NF $\kappa$ B inhibitor blocked the NF $\kappa$ B signaling pathway is shown by staining cells with p65. SN-50 treated cells showed the absence of nuclear p65 staining (Figure 7C), indicating that SN-50 blocked the NF $\kappa$ B nuclear translocation.

## ***2.2 TNF $\alpha$ induces p75<sup>NTR</sup> via NF $\kappa$ B in both neurons and astrocytes***

Both IL-1 $\beta$  and TNF $\alpha$  elicited increased p75<sup>NTR</sup> expression in hippocampal neurons; however, the signaling mechanisms activated by these cytokines were distinct. In contrast to the effects of IL-1 $\beta$ , TNF $\alpha$  elicited a modest transient phosphorylation of I $\kappa$ B (Figure 8A, C), but failed to induce activation of p38 MAPK (Figure 8B, D). Moreover, p65 staining in nuclei was visible with TNF $\alpha$  treated neurons, but not with IL-1 $\beta$  treated neurons (Figure 8E), confirming activation of the NF $\kappa$ B pathway by TNF $\alpha$  in neurons.

In astrocytes, TNF $\alpha$  treatment induced phosphorylation of I $\kappa$ B, which peaked at 10 min (Figure 8F) and decreased afterwards. I $\kappa$ B protein was degraded after phosphorylation (Figure 8F). TNF $\alpha$  also activated the p38 MAPK pathway in astrocytes, inducing robust phosphorylation that peaked at 10-20 min after treatment (Figure 8G). Thus, TNF $\alpha$ , like IL-1 $\beta$ , induced

activation of both the NF $\kappa$ B and p38 MAPK pathways in hippocampal astrocytes.

Interestingly, although TNF $\alpha$  induced phosphorylation of I $\kappa$ B in hippocampal neurons and astrocytes, loss of I $\kappa$ B protein was only observed in astrocytes (Figure 8F), not in neurons (Figure 8A). Once I $\kappa$ B is phosphorylated, it goes through polyubiquitination and proteasome-dependent degradation (Karin and Ben-Neriah, 2000). To investigate whether the ubiquitination of I $\kappa$ B occurred in neurons, astrocytes and neurons were treated with TNF $\alpha$  for the indicated times and the cell lysates were immunoprecipitated with anti-I $\kappa$ B antibody and analyzed by Western blot for detecting ubiquitination. There was increased ubiquitinated I $\kappa$ B in the TNF $\alpha$  treated astrocytes; however, no ubiquitination was detected in neurons treated with TNF $\alpha$  (Figure 8H), consistent with the lack of I $\kappa$ B degradation.

TNF $\alpha$  induced phosphorylation of I $\kappa$ B and nuclear translocation of NF $\kappa$ B in hippocampal neurons, suggesting that the increase in p75<sup>NTR</sup> expression induced by this cytokine might be mediated by NF $\kappa$ B. Treatment of the neurons with the NF $\kappa$ B inhibitor SN50, but not the p38 MAPK inhibitor SB203580, prevented the TNF $\alpha$ -evoked increase in p75<sup>NTR</sup> (Figure 9A, C), demonstrating that TNF $\alpha$  regulates p75<sup>NTR</sup> expression via NF $\kappa$ B signaling, whereas IL-1 $\beta$  regulates p75<sup>NTR</sup> via p38 MAPK signaling in hippocampal neurons (Figure 6).

Similar to the effects in neurons, the p38 MAPK inhibitor did not prevent the TNF $\alpha$  mediated p75<sup>NTR</sup> upregulation in astrocytes (Figure 9B, D), whereas NF $\kappa$ B inhibition blocked the TNF $\alpha$  mediated p75<sup>NTR</sup> expression (Figure 9B, D). Confirmation that the inhibitors blocked their respective signaling pathways is

shown in figure 7. Thus, in astrocytes, IL-1 $\beta$  requires both the p38 MAPK and NF $\kappa$ B pathways to regulate p75<sup>NTR</sup> expression; however, TNF $\alpha$  regulates p75<sup>NTR</sup> only through the NF $\kappa$ B pathway. Moreover, TNF $\alpha$  signaled via the NF $\kappa$ B pathway to regulate p75<sup>NTR</sup> in both hippocampal neurons and astrocytes, whereas IL-1 $\beta$  signaled via the p38 MAPK pathway in both cell types and via NF $\kappa$ B only in astrocytes (Figure 10).

### **Chapter 3. Functional roles of p75<sup>NTR</sup> after IL-1 $\beta$ treatment**

#### ***3.1 IL-1 $\beta$ primed neurons are more vulnerable to proNGF than NGF***

Previous studies established that high dose of NGF or low dose of proNGF induces p75<sup>NTR</sup> mediated cell death in hippocampal neurons which do not express TrkA (Friedman, 2000; Volosin et al., 2008). To investigate the functional consequences of IL-1 $\beta$  mediated p75<sup>NTR</sup> upregulation, hippocampal neurons were pretreated with IL-1 $\beta$  for 4-6 hours to allow p75<sup>NTR</sup> induction, and then subjected to either NGF or proNGF treatment overnight. Either NGF (100ng/mL) or proNGF (1-10ng/mL) caused hippocampal neuronal death (Figure 11), consistent with previous studies. Interestingly, whereas IL-1 $\beta$  did not affect NGF mediated cell death in IL-1 $\beta$  primed neurons (Figure 11A), proNGF induced more cell death (Figure 11B), suggesting that IL-1 $\beta$  may make neurons more vulnerable to proNGF.



### ***3.2 Recruitment of p75<sup>NTR</sup> and sortilin to the cell surface and generation of monomeric p75<sup>NTR</sup> following IL-1 $\beta$ treatment***

Since sortilin is a required coreceptor for p75<sup>NTR</sup> in proNGF mediated neuronal cell death (Nykjaer et al., 2004), the level of sortilin at the cell surface was examined. Biotinylation assays showed increased sortilin on the cell surface in IL-1 $\beta$  primed neurons (Figure 12). Increased surface level of p75<sup>NTR</sup> was also detected as shown earlier (Figure 4). Transferrin receptor level wasn't changed by IL-1 $\beta$  treatment.

It has been recently shown that disulfide linked p75<sup>NTR</sup> dimerization through Cys257 is necessary for NGF mediated p75<sup>NTR</sup> signaling (Vilar et al., 2009). Mutation of cysteine to alanine at 257 (p75<sup>NTR</sup>-C257A) results in monomeric form of p75<sup>NTR</sup>, which does not respond to NGF. To evaluate which form of p75<sup>NTR</sup> was found in IL-1 $\beta$  primed neurons, cultured hippocampal neurons were treated with IL-1 $\beta$  for 4, 8, 12, or 24h and analyzed on non-reducing gels. The levels of p75<sup>NTR</sup> monomers gradually increased, while dimers were unchanged over time (Figure 13A, C). The gradual increase of p75<sup>NTR</sup> monomers were also detected with the increasing doses of IL-1 $\beta$  treatment (Figure 13B, D), suggesting that p75<sup>NTR</sup> induced by IL-1 $\beta$  may be monomeric rather than dimeric.

### ***3.3 Monomeric p75<sup>NTR</sup> is responsive to proNGF***

To investigate whether monomeric p75<sup>NTR</sup> associated with sortilin following proNGF treatment, the monomeric p75<sup>NTR</sup> mutant (p75<sup>NTR</sup>-C257A) was compared to wt-p75<sup>NTR</sup>. Either wt-p75<sup>NTR</sup> or p75<sup>NTR</sup>-C257A was introduced into hippocampal neurons together with p75<sup>NTR</sup> shRNA to knock down endogenous p75<sup>NTR</sup>. To validate the p75<sup>NTR</sup> mutants, cell lysates were collected and subjected gel electrophoresis under non-reducing conditions 2 days after transfection. Both dimers and monomers were observed in wt-p75<sup>NTR</sup> and only monomers were detected with mutation of Cys257 to alanine (p75<sup>NTR</sup>-C257A) (Figure 14).

To examine whether monomeric mutant (p75<sup>NTR</sup>-C257A) associated with sortilin following proNGF treatment, transfected neurons were treated with 10ng/mL proNGF for 30 mins and then cell lysates were subjected to co-immunoprecipitation analysis. Whereas non-transfected neurons showed increased level of association between p75<sup>NTR</sup> and sortilin upon proNGF treatment (Figure 15A, B), the association between wt-p75<sup>NTR</sup> and sortilin was not changed by the ligand (Figure 15A, B). However, proNGF significantly increased the association between p75<sup>NTR</sup>-C257A and sortilin (Figure 15A,B). To further confirm the molecular association between p75<sup>NTR</sup> and sortilin, acceptor photobleaching FRET was performed. Following acceptor photobleaching of sortilin (Alexa-555), donor fluorescence of HA-tagged wt- p75<sup>NTR</sup> (Figure 16A) or p75<sup>NTR</sup>-C257A (Figure 16B) was increased upon proNGF treatment, indicating that the distance between p75<sup>NTR</sup> and sortilin was within the close proximity FRET could detect. The average of FRET efficiency showed that proNGF increased more sortilin

interaction with p75<sup>NTR</sup>-C257A than with wt-p75<sup>NTR</sup> (Figure 16C). These data shows that monomeric p75<sup>NTR</sup> has a capability to interact with sortilin in the presence of proNGF.

To assess whether the proNGF was able to induce cell death through monomeric p75<sup>NTR</sup>, wt-p75<sup>NTR</sup> or monomeric p75<sup>NTR</sup> mutant (p75<sup>NTR</sup>-C257A) along with p75<sup>NTR</sup> shRNA to knock down the endogenous p75<sup>NTR</sup> were introduced into hippocampal neurons. These transfected neurons were treated with 10ng/mL proNGF for 8 hours and then analyzed the cleaved caspase 3 level using Western blot analysis (Figure 17A, C) and immunohistochemistry (Figure 17B, D). Caspase-3 mediated cell death is a well-established biological outcome after p75<sup>NTR</sup> activation by neurotrophins (Troy et al., 2002). Mock transfection showed a slight increase of cleaved caspase 3 level with proNGF and transfection with p75 shRNA showed p75 knock-down, which is correlated with the reduced amount of cleaved caspase 3 level even in the presence of proNGF (Figure 17A). Whereas wt-p75<sup>NTR</sup> transfected neurons was not affected with proNGF on the level of cleaved caspase-3, proNGF significantly increased the level of cleaved caspase-3 with p75<sup>NTR</sup>-C257A (Figure 17A, B, C, and D), which is correlated with the previous co-immunoprecipitation analysis showing the increased association of sortilin only with p75<sup>NTR</sup>-C257A (Figure 15A,B). To further confirm the level of cleaved caspase-3 following proNGF treatment, transfected neurons were treated with 10ng/mL proNGF for 6hrs, and then cells were fixed and stained for cleaved caspase-3 and HA, which allows to discriminate the transfected neurons since both wt-p75<sup>NTR</sup> and mutated

p75<sup>NTR</sup> have HA tag. Consistent with Western blot analysis, proNGF showed the significant increase of cleaved caspase-3 level only in p75<sup>NTR</sup>-C257A transfected neurons (Figure 17B, D), indicating that monomeric p75<sup>NTR</sup> responds to proNGF to activate the underlying signaling pathway as well as to enhance the interaction with sortilin.

To ascertain whether the monomeric p75<sup>NTR</sup> mediated the enhanced vulnerability to proNGF after IL-1 $\beta$  treatment, we introduced wt-p75<sup>NTR</sup> and monomeric p75<sup>NTR</sup> mutant (p75<sup>NTR</sup>-C257A) into neurons and analyzed NGF induced apoptosis by analyzing activation of caspase-3. Consistent with the study done by Vilar et al, the C257A mutant was not responsive to NGF in our system (Figure 18A, B), supporting the concept that dimers are necessary for NGF mediated p75<sup>NTR</sup> activation. These results suggest that monomeric p75<sup>NTR</sup> can be activated by proNGF in a complex with sortilin as opposed to the NGF requirement for disulfide-linked p75<sup>NTR</sup> dimers.

## **Chapter 4. Effects of IL-1 $\beta$ on p75<sup>NTR</sup> expression and cell death in vivo**

### ***4.1 No effect of IL-1 $\beta$ infusion on cell death in vivo***

In light of previous work showing cell death mediated by p75<sup>NTR</sup>, I examined whether IL-1 $\beta$  induced cell death as a result of p75<sup>NTR</sup> induction *in vivo*. Neither IL-1 $\beta$  nor saline infusion induced TUNEL positive cells (Figure 19A), which is consistent with many studies demonstrating that IL-1 $\beta$  itself doesn't induce cell death (Lawrence et al., 1998). To validate the

TUNEL assay, the consecutive section was treated with DNase-I to generate DNA fragments and then performed the TUNEL assay, showing positive staining (Figure 19B). These findings confirm that IL-1 $\beta$  alone is not sufficient to mediate cell death even with the p75<sup>NTR</sup> induction.

#### ***4.2 IL-1 $\beta$ releases NGF into the CSF***

IL-1 $\beta$  is well known to regulate NGF expression and secretion in the brain (Spranger et al., 1990; Yasuda et al., 2007). To confirm the NGF regulation by IL-1 $\beta$ , tissue samples were taken from dorsal hippocampus 4 hour after IL-1 $\beta$  or saline infusion. NGF mRNA levels were increased by IL-1 $\beta$  compared to saline infusion (Figure 20A). Since we demonstrated that IL-1 $\beta$  also increased p75<sup>NTR</sup> and proNGF has been suggested to be involved in cell death in concert with p75<sup>NTR</sup> following injury (Beattie et al., 2002), we investigated which forms of NGF were secreted following infusion of IL-1 $\beta$ . The cerebrospinal fluid (CSF) was collected from the rats and analyzed by Western blot. The CSF taken from the IL-1 $\beta$  infused rat showed increased mature NGF compared to the CSF samples from control rat (Figure 20B). ProNGF was not detected in either of the samples (Figure 20B). These results suggest that IL-1 $\beta$  regulates NGF gene expression, with the subsequent secretion of mature NGF.

Our lab has recently demonstrated that enzymes such as MMP7 and tPA that process proNGF cleavage are reduced following seizures, leading to increased extracellular proNGF. To investigate whether IL-1 $\beta$  may alter proNGF processing enzyme activity to result in increased NGF rather than

proNGF, in situ zymography for MMP7 and tPA was performed. IL-1 $\beta$  infused side showed no change in MMP7 activity, but increases of tPA activity was detected compared to saline infused side (Figure 21), suggesting that IL-1 $\beta$  increases NGF possibly by increasing the tPA mediated cleavage of proNGF to NGF. Taken together, these data suggest that IL-1 $\beta$  induces p75<sup>NTR</sup> and NGF expression, but does not stabilize proNGF *in vivo* and therefore is not sufficient to induce cell death.

## IX. Discussion

The p75 neurotrophin receptor is induced in CNS neurons after many types of injury and in neurodegenerative disease (Kokaia et al., 1998; Roux et al., 1999; Casha et al., 2001; Ramos et al., 2007; Yaar et al., 1997), and can mediate many different cellular responses, including neuronal apoptosis or survival, and regulation of axonal growth (Greene and Rukenstein, 1981; Rabizadeh et al., 1993; Frade et al., 1996; Maggirwar et al., 1998; Friedman, 2000). However, the signals that regulate p75<sup>NTR</sup> induction are not well characterized. Since many different types of pathophysiological conditions induce expression of p75<sup>NTR</sup>, this study investigated whether specific proinflammatory cytokines, which are highly expressed in the brain following injury or in neurodegenerative disease (Minami et al., 1992; Taupin et al., 1993; Buttini et al., 1994; Fan et al., 1996; Eriksson et al., 2000), might play a role in p75<sup>NTR</sup> regulation.

*Mechanism of p75<sup>NTR</sup> regulation is cytokine and cell type specific*

In addition to the seizure-induced regulation of p75<sup>NTR</sup> previously

observed in brain neurons (Troy et al., 2002; Roux et al., 1999), our lab has recently demonstrated that this receptor is induced astrocytes as well, following pilocarpine-induced seizure (Volosin et al., 2008). In astrocytes, we have determined that stimulation of  $p75^{\text{NTR}}$  with NGF negatively regulates cell proliferation (Cragolini et al., 2009). Thus, this thesis investigated the mechanisms that regulate  $p75^{\text{NTR}}$  induction in both primary hippocampal neurons and astrocytes. This study demonstrated that the proinflammatory cytokines IL-1 $\beta$  and TNF $\alpha$  induce  $p75^{\text{NTR}}$  expression in both hippocampal neurons and astrocytes. However, the underlying signaling pathways leading to  $p75^{\text{NTR}}$  induction was cytokine- and cell type-specific. Whereas IL-1 $\beta$  induced  $p75^{\text{NTR}}$  via p38 MAPK in neurons, and via both p38 MAPK and NF $\kappa$ B in astrocytes, TNF $\alpha$  induced  $p75^{\text{NTR}}$  via NF $\kappa$ B both in neurons and astrocytes. Thus, inflammatory cytokines play a key role in regulating  $p75^{\text{NTR}}$  expression, and the cellular specificity may provide a possible therapeutic target for the CNS diseases.

#### *Mechanisms of IL-1 $\beta$ regulation of $p75^{\text{NTR}}$*

The release of IL-1 $\beta$  after injury elicits diverse effects including the production of other cytokines and growth factors, thereby promoting inflammatory activity. This study has shown that IL-1 $\beta$  induced  $p75^{\text{NTR}}$  expression in primary hippocampal neurons and astrocytes. The increased  $p75^{\text{NTR}}$  expression was transient and returned to baseline by 24 hr, which may be due to the actions of IL-1Ra, the naturally occurring IL-1 $\beta$  receptor antagonist (Hannum et al., 1990), providing negative feedback. Many signaling pathways can be activated by IL-1 $\beta$



in different cell types, including the classic NF $\kappa$ B pathway, as well as the JNK, ERK, and p38 MAP kinase pathways (Dunne and O'Neill, 2003; O'Neill, 2002). Our lab has previously established that hippocampal neurons utilize a different signaling pathway compared to astrocytes (Srinivasan et al., 2004). While IL-1 $\beta$  activated NF $\kappa$ B in astrocytes, it failed to do so in hippocampal neurons, activating p38 MAPK signaling instead (Srinivasan et al., 2004). It has been reported that TRAF6 is necessary for IL-1 $\beta$  mediated NF $\kappa$ B activation (Cao et al., 1996b) and our lab has previously shown that TRAF6 is detected in astrocytes, but not in neurons (Srinivasan et al., 2004). Thus, IL-1 $\beta$  failed to activate NF $\kappa$ B in neurons, probably in part due to the absence of TRAF6 in hippocampal neurons.

It is important to note that only pathological concentrations (nM range) of IL-1 $\beta$  induced the p75 expression, which is correlated with the concentrations of IL-1 $\beta$  that activate p38 MAPK in neurons. Moreover, IL-1 $\beta$  activation of p38 MAPK was necessary for p75<sup>NTR</sup> induction in the hippocampal neurons. p38 MAPK is one of mitogen-activated protein kinase (MAPK) and has been known to be activated by various stress related signals (Chen et al., 2001; Kyriakis and Avruch, 2001), brain inflammation (Kaminska et al., 2009), HIV-associated neurocognitive disorders (Medders and Kaul, 2011), and ischemic injury (Barone et al., 2001). Specifically, p38 MAPK inhibitor, SB239063 has been shown to facilitate neuroprotection following a severe stroke (Barone et al., 2001), possibly through inhibiting p75<sup>NTR</sup> expression in part. Thus, the amount of IL-1 $\beta$  released in pathological conditions could be a critical factor to determine its functions in traditional inflammation and neurodegeneration versus other functions such as sleep regulation or synaptic plasticity in the brain. Indeed, our lab has recently

reported that IL-1 $\beta$  plays a role in synaptic plasticity through src activation only with physiological concentrations (pM range) (Huang et al., 2011). Interestingly, pathological concentrations activate only p38 MAPK, which is suggested to inhibit src activation, and the IL-1 $\beta$  mediated src activation is a neuron-specific effect through a splice variant of the IL-1 $\beta$  receptor accessory protein (AcPb) which is found in neurons, but not in astrocytes (Huang et al., 2011). This suggests that IL-1 $\beta$  may have distinct effect in different cellular contexts due to the presence of diverse intracellular protein compositions.

In contrast to neurons, IL-1 $\beta$  activated both the p38 MAPK pathway and the NF $\kappa$ B pathway in astrocytes. Pharmacological inhibitors were used to determine which of these pathways regulated the induction of p75<sup>NTR</sup> expression in astrocytes. Interestingly, inhibition of either pathway prevented the increase in p75<sup>NTR</sup> expression, indicating that both p38 MAPK signaling and the NF $\kappa$ B pathways are required for p75<sup>NTR</sup> induction in astrocytes.

#### *Mechanisms of TNF $\alpha$ regulation of p75<sup>NTR</sup>*

TNF $\alpha$  is another major proinflammatory cytokine that is produced in the brain after injury (Taupin et al., 1993; Fan et al., 1996), and frequently acts synergistically with IL-1 $\beta$ . In contrast to the actions of IL-1 $\beta$ , TNF $\alpha$  activated the NF $\kappa$ B pathway in hippocampal neurons, indicated by phosphorylation of I $\kappa$ B, demonstrating that these two inflammatory cytokines signal via distinct pathways. This is probably due to the fact that different signaling pathways converging to NF $\kappa$ B activation are being engaged. TRAF6 is a necessary adaptor protein in IL-1 $\beta$ -mediated NF $\kappa$ B activation. As mentioned earlier, TRAF2, which is detected in

neurons instead of TRAF6, is a key adaptor protein in TNF $\alpha$ -mediated NF $\kappa$ B activation, possibly rendering cytokine specific effects on neurons. Inhibition of NF $\kappa$ B nuclear translocation with SN50 prevented TNF $\alpha$ -mediated p75<sup>NTR</sup> induction in the hippocampal neurons, confirming that the distinct pathways activated by the two different cytokines both lead to induction of p75<sup>NTR</sup>.

Interestingly, although TNF $\alpha$  treatment of hippocampal neurons lead to I $\kappa$ B phosphorylation, there was no subsequent ubiquitination and degradation of the protein as normally seen in astrocytes and other cell types (Verstrepen et al., 2008). An alternative pathway for activation of NF $\kappa$ B has been demonstrated as a MEKK3 (MAPK/ERK kinase kinase 3)-dependent pathway in which I $\kappa$ B is phosphorylated and dissociated from NF $\kappa$ B, but is not degraded (Yao et al., 2007). Since that is what we observed in response to TNF $\alpha$  treatment of neurons, this pathway is likely to be the one involved.

In astrocytes, TNF $\alpha$  activated both the NF $\kappa$ B and p38 MAPK pathways, similar to the effects of IL-1 $\beta$ . However, blocking NF $\kappa$ B nuclear translocation with SN50 prevented TNF $\alpha$ -mediated induction of p75<sup>NTR</sup>, while the p38 MAPK inhibitor had no effect, indicating that the NF $\kappa$ B pathway mediates p75<sup>NTR</sup> induction by TNF $\alpha$  in both neurons and astrocytes. This is in contrast to the regulation of p75<sup>NTR</sup> by IL-1 $\beta$  in astrocytes, which required signaling via both the NF $\kappa$ B and p38 MAPK pathways. Thus, these two key inflammatory cytokines have a common target in regulation of the p75<sup>NTR</sup>, but the mechanisms by which they regulate expression of this receptor are distinct both in hippocampal neurons and astrocytes. To date, only two transcription factors, Sp1 and Egr-1 have been known to regulate p75<sup>NTR</sup> gene expression. Hypo-osmotic stress

regulates  $p75^{\text{NTR}}$  by increasing cellular levels of Sp1 in primary cortical neuron (Ramos et al., 2007). Given the fact that activation of p38 MAPK signaling pathway is the major stress response, it is highly plausible that p38 MAPK might be a key intermediate molecule to activate Sp1 to regulate  $p75^{\text{NTR}}$  expression in neurons. Furthermore, Egr-1 has been suggested to upregulate  $p75^{\text{NTR}}$  in Schwann cells following injury (Nikam et al., 1995). Thus, different signaling pathways may turn on distinct transcription factors to modulate  $p75^{\text{NTR}}$  expression in various cell types.

Since  $p75^{\text{NTR}}$  is a cell surface receptor that binds a variety of ligands to mediate different cellular effects, it was important to determine whether the inflammatory cytokines not only increased expression of this receptor in the neurons and astrocytes, but whether the elevated levels of receptor expression were on the cell surface where it may be activated by ligand. Biotinylation experiments determined that the increased  $p75^{\text{NTR}}$  expression was nearly completely present on the cell surface, confirming that the receptor would be accessible for ligand binding.

#### *Functional roles of elevated $p75^{\text{NTR}}$ after cytokine treatment*

The  $p75^{\text{NTR}}$  plays an important role in neuronal apoptosis, serving as a receptor for proneurotrophins that are released in the hippocampus following seizures or in neurodegenerative disease (Volosin et al., 2008; Yaar et al., 1997). Thus, understanding the mechanisms that regulate expression of this receptor may serve as a potential therapeutic target for neuroprotection following injury or in disease. There has been contradictory

data on the effect of direct administration of IL-1 $\beta$  to the rat brain. Whereas one group has shown that IL-1 $\beta$  and TNF $\alpha$  administration caused neuronal loss in the substantia nigra (Carvey et al., 2005), most studies have shown that IL-1 $\beta$  alone did not directly affect healthy neurons either in vitro or in vivo (Chao et al., 1995; Lawrence et al., 1998). However, IL-1 $\beta$  is known to exacerbate neuronal degeneration, and the naturally occurring IL-1Ra has been shown to be neuroprotective in models of ischaemia and excitotoxicity (Simi et al., 2007). The neuronal induction of p75<sup>NTR</sup> by inflammatory cytokines may contribute to neurodegeneration in these pathological conditions.

Since IL-1 $\beta$  can exacerbate neuronal death after injury, this study investigated whether the increases in p75<sup>NTR</sup> mediated enhanced cell death in IL-1 $\beta$  primed neurons. Interestingly, results showed that p75<sup>NTR</sup> elevated by IL-1 $\beta$  increased vulnerability to proNGF, but not NGF, in hippocampal neurons.

In addition, in order for proNGF to activate p75<sup>NTR</sup> mediated cell death, sortilin is required as a coreceptor for p75<sup>NTR</sup>. This study showed that IL-1 $\beta$  recruits sortilin to the cell surface as well as p75<sup>NTR</sup>. Sortilin is mostly present in intracellular membranes and IL-1 $\beta$ -mediated sortilin recruiting to plasma membrane may be a crucial factor to cause the p75<sup>NTR</sup> mediated cell death observed following injury or in disease. Mechanisms of how IL-1 $\beta$  recruits sortilin to the cell surface are undefined. However, recent a study has demonstrated that NRH2, a mammalian homologue of p75<sup>NTR</sup>, may regulate sortilin trafficking to the cell surface (Kim and Hempstead,

2009). Furthermore, coexpression of NRH2 and p75<sup>NTR</sup> has been reported in subpopulations of cells where proNGF mediated cell death was elicited (Kanning et al., 2003; Murray et al., 2004). Thus, it is highly plausible that IL-1 $\beta$  may regulate NRH2 as well as p75<sup>NTR</sup>, to mediate sortilin trafficking.

#### *Mechanisms of proNGF mediated p75<sup>NTR</sup> activation*

The mechanisms of p75<sup>NTR</sup> activation and the stoichiometry of p75<sup>NTR</sup>, its coreceptor, and ligands are not fully understood. Recently, the concept of a ligand specific p75<sup>NTR</sup> activation mechanism was proposed in which NGF requires disulfide-linked dimers through the Cys<sup>257</sup> in the transmembrane domain for p75<sup>NTR</sup> activation (Vilar et al., 2009).

This study found that hippocampal neurons contained both monomeric and dimeric p75<sup>NTR</sup>, and that monomeric p75<sup>NTR</sup> was specifically elevated by IL-1 $\beta$ . The IL-1 $\beta$  primed neurons responded only to proNGF, reflecting the concept of a ligand specific p75<sup>NTR</sup> activation mechanism. Indeed, replacing endogenous p75<sup>NTR</sup> with a monomeric p75<sup>NTR</sup> mutant induced proNGF mediated neuronal apoptosis. Furthermore, monomeric p75<sup>NTR</sup> mutant was able to associate with sortilin upon proNGF treatment. Therefore, the current study demonstrated for the first time that monomeric p75<sup>NTR</sup> had the capability of association with sortilin upon proNGF treatment, leading to neuronal cell death. This is distinct from the mechanisms of NGF mediated p75<sup>NTR</sup> activation, where dimeric p75<sup>NTR</sup> is required for receptor conformational changes upon NGF binding. Although proNGF increased the association between monomeric p75<sup>NTR</sup> and sortilin, the association between

wt-p75<sup>NTR</sup> and sortilin was not increased by proNGF, probably due to the presence of high level of dimers rather than monomers in wt-p75<sup>NTR</sup> transfected neurons.

### *Consequences of p75<sup>NTR</sup> induction following IL-1 $\beta$ treatment*

The most immediate response to injury is the induction of proinflammatory cytokines which are responsible for various cellular functions such as inflammation, the production of other cytokines, growth factors, and neurotrophins. Most cell types such as microglia, astrocytes, neurons, oligodendrocytes, endothelial cells, and invading leukocytes in the brain have been reported to express IL-1 $\beta$  as well as IL-1RI even under normal conditions. Although mice lacking IL-1 $\alpha$ , IL-1 $\beta$ , and IL-1RI have shown no physiological or developmental defects, abundant IL-1RI expression in the hippocampus indicates a possible physiological role of IL-1 $\beta$  in this area. In accordance with this receptor expression pattern, IL-1 $\beta$  has been shown to be highly involved in synaptic function by modulating NMDA receptor in the hippocampus. Furthermore, it is highly possible that such a high expression level of IL-1RI in the hippocampus may contribute the vulnerability of this area following brain injury or in Alzheimer's patients.

IL-1 $\beta$  is the first proinflammatory cytokine that is released by microglia initially in response to brain injury. The mechanism of how IL-1 $\beta$  is released from cells has been suggested to involve in cleavage of pro-IL-1 $\beta$  by ICE-1 (caspase-1) and activation of purinergic P2X7 receptor by extracellular ATP released from damaged cells (Di Virgilio, 1995; Ferrari et al., 1997). Initial release of IL-1 $\beta$  has

been known to activate other cell types such as astrocytes in a paracrine manner, resulting in inducing the release of IL-1 family, such as IL-1 $\beta$  and IL-1ra, other growth factors such as NGF, and nitric oxide. Thus, balance between neuroprotective and detrimental effectors released by IL-1 $\beta$  may influence secondary cellular effects accordingly.

Extensive evidence has suggested that p75<sup>NTR</sup> plays an important role in neuronal death occurring after injury or in neurodegenerative diseases. Specifically, our lab has established that p75<sup>NTR</sup> is involved in neuronal death following seizure, acting as a receptor for proNGF, which is released in response to injury. In this thesis, increased levels of p75<sup>NTR</sup> were observed following direct infusion of IL-1 $\beta$  into the hippocampus without injury, suggesting increased levels of p75<sup>NTR</sup> in response to seizure or in disease may be due to the effect of proinflammatory cytokines that are elevated. Consistent with previous studies, direct infusion of IL-1 $\beta$  into the hippocampus of the rat brain increased NGF mRNA levels. Although many studies have shown the IL-1 $\beta$  mediated NGF release from various types of cells, those studies did not clarify the forms of NGF that were produced. Here, IL-1 $\beta$  caused the release of mature NGF, not proNGF which is observed after seizure treatment and in disease. Interestingly, IL-1 $\beta$  increased tPA activity, which activates plasmin, in turn enhancing proNGF processing. This is contrary to what we found previously with seizure-induced injury, where reduced activity of the proNGF processing enzymes, tPA and MMP7, was observed following seizure. Furthermore, IL-1 $\beta$  itself was not sufficient to mediate cell death *in vivo* even with the elevated p75<sup>NTR</sup> expression. This is consistent with *in vitro* data in which NGF did not activate monomeric p75<sup>NTR</sup>



generated by IL-1 $\beta$ . Compared to injury or in disease, it is likely the presence of NGF rather than proNGF, that fails to elicit p75<sup>NTR</sup> mediated cell death, such as occurs in the hippocampus after injury or in Alzheimer's disease (Table 1).

Injury to the brain is accompanied by neuroinflammation, which is characterized by activation of microglia, astrocytes, and endothelial cells, and release of cytokines. Microglia have been believed to be the first to be activated and to migrate to damaged tissue. IL-1 $\beta$  is initially released from microglia due in part to the slight changes in ionic balance such as extracellular potassium level following brain insults (Gehrmann et al., 1995) and this initial production of IL-1 $\beta$  may have diverse actions on microglia and other cell types such as astrocytes through an autocrine and paracrine manner. Not only is IL-1 $\beta$  produced as an early event after microglia activation, other types of inflammatory mediators, which can lead to leakage of the blood brain barrier and neuronal hyperexcitability, are released, resulting changes in brain parenchyma. Chronic neuroinflammation has been suggested to be a causative factor for several neurodegenerative diseases. In those diseases, sustained NF $\kappa$ B activation has been reported in astrocytes. Furthermore, this thesis has found sustained p75<sup>NTR</sup> expression specifically in astrocytes, implying that astrocytes may act as replenishing source for IL-1 $\beta$  throughout the disease development.

Whereas the majority of studies have demonstrated that IL-1 $\beta$  alone did not initiate damage in healthy cells, IL-1 $\beta$  is known to exacerbate

neuronal death with other cytokines or after injury. However, the mechanisms by which IL-1 $\beta$  contributes to neuronal degeneration have been unknown. Here, this study demonstrated that IL-1 $\beta$  may sensitize neurons and make them more vulnerable to proNGF mediated cell death by modifying the p75<sup>NTR</sup>/sortilin complex. Specifically, generation of monomeric p75<sup>NTR</sup> and recruiting sortilin to cell surface favors proNGF mediated p75<sup>NTR</sup> activation. Interestingly, this correlates with the environmental changes in Alzheimer's disease where the increased level of IL-1 $\beta$  and proNGF has been reported. A previous study has indicated that the relative proportion of disulfide-linked p75<sup>NTR</sup> dimers is variable depending on different cell types (Grob et al., 1983; Grob et al., 1985; Vilar et al., 2009). Thus, IL-1 $\beta$  may serve as a key switch altering the ratio of monomeric to dimeric p75<sup>NTR</sup> following injury or in disease, possibly through receptor modifications; thereby supporting proNGF mediated signaling rather than NGF. Overall, this study suggests that the cellular environment modified following injury or in disease may determine the different ratio of p75<sup>NTR</sup> species (monomers, dimers, or oligomers), changing various cellular outcomes depending on the presence of distinct ligands with the various combinations of p75<sup>NTR</sup> coreceptor.

## **X. Conclusion and Future Directions**

The work in this thesis aimed to identify the mechanisms of  $p75^{\text{NTR}}$  upregulation that were observed under various pathological conditions.  $p75^{\text{NTR}}$  mediated neuronal death is well established both in development and pathological conditions where extensive  $p75^{\text{NTR}}$  upregulation is observed.

The data presented in this thesis suggest that IL-1 $\beta$  may exacerbate neuronal death by creating a cellular environment more vulnerable to proNGF mediated neuronal death following injury or in neurodegenerative disease. Neurotrophins have been therapeutic targets in numerous disorders. Specifically,

NGF has been suggested to treat the Alzheimer's disease because cholinergic basal forebrain neurons, which are severely damaged in this disease, are dependent on NGF for their survival. It is therefore crucial to understand how NGF treatment may overcome the monomeric p75 if it is truly found in disease.

Although studies have been pursued to understand the p75<sup>NTR</sup> activation mechanisms, its complex character with the existence of several ligands and coreceptors may impede clarification of how this receptor is activated. It is clear that p75<sup>NTR</sup> may have distinct activation mechanisms depending upon different cellular environments as a recent study has demonstrated that NGF requires a conformational change upon binding to dimeric p75<sup>NTR</sup> in order to signal. However, the work in this thesis showed that proNGF may not necessarily require dimeric p75<sup>NTR</sup> to induce signaling, since monomeric p75<sup>NTR</sup>, which is not activated by NGF, was able to respond to proNGF. When considering the stoichiometry of proNGF and the p75<sup>NTR</sup>-sortilin complex, in which the mature domain of proNGF binds p75<sup>NTR</sup> and the pro-region interacts with sortilin, this is more likely the scenario for proNGF mediated p75<sup>NTR</sup> activation mechanisms. Nonetheless, the possibility of dimeric p75<sup>NTR</sup> activation by proNGF remains to be further investigated.

As mentioned previously, different cells contain various ratios of p75<sup>NTR</sup> forms (monomers, dimers, or oligomers). This work suggested that IL-1 $\beta$  may alter the functional outcome of p75<sup>NTR</sup> by increasing monomeric p75<sup>NTR</sup>, hence favoring proNGF mediated cell death signaling. However, the mechanisms of

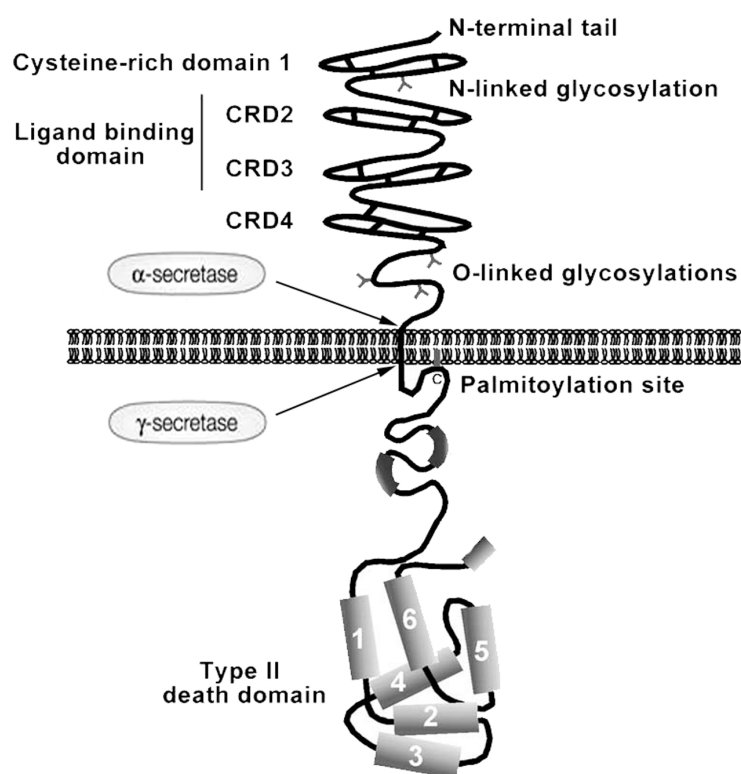
generating monomeric  $p75^{NTR}$  remain unknown. Possible mechanisms may include  $p75^{NTR}$  modifications such as glycosylation, phosphorylation, or s-nitrosylation at cysteine 257 where the disulfide bond is linked.

Although this study demonstrated that IL-1 $\beta$  may be involved in  $p75^{NTR}$  regulation following injury or in disease, the elevated  $p75^{NTR}$  by IL-1 $\beta$  was not sufficient to induce cell death in the absence of proNGF, from the results showing that IL-1 $\beta$  infusion directly into the hippocampus *in vivo* induced  $p75^{NTR}$  expression but failed to mediate cell death, probably due to the increased activity of tPA, resulting in the increase of NGF, which is in contrast to the injury situation (Figure 22A). It indicates that additional mechanisms may be involved in regulating proNGF processing enzymes, or some novel signals to stabilize proNGF may be engaged following injury or in disease (Figure 22B). It has been demonstrated that phosphodiesterase PDE4A4/5 interaction with  $p75^{NTR}$  increases PAI-1 (plasminogen activator inhibitor-1) and decreases tPA following injury (Sachs et al., 2007), suggesting a possible mechanism for the reduced tPA activity found after injury or in disease. Additionally, it has been reported that proNGF isolated from Alzheimer's patients is highly glycosylated and more stable than proNGF from normal individuals, suggesting possible additional modification mechanisms for proNGF.

Our recent studies have demonstrated that  $p75^{NTR}$  is also induced in astrocytes and serves to attenuate proliferation of these cells (Cragnolini et al, 2009). Since excessive glial proliferation can lead to scarring and inhibition of the

potential for regeneration, the induction of p75<sup>NTR</sup> on astrocytes may be beneficial. Thus, it may be therapeutically beneficial to prevent p75<sup>NTR</sup> induction in hippocampal neurons, to prevent neuronal loss, yet permit p75<sup>NTR</sup> induction in astrocytes to attenuate glial proliferation. The distinct mechanisms of cytokine-mediated p75<sup>NTR</sup> regulation that was identified in this study may facilitate the cell type-specific regulation of this receptor, and the functional consequences. Thus, further investigation is required to find the functional role of p75<sup>NTR</sup> in astrocytes or other cell types in pathological conditions.

Figure 1



Roux and Barker, 2002

**Figure 1.** Schematic illustration of the structure of p75<sup>NTR</sup>.

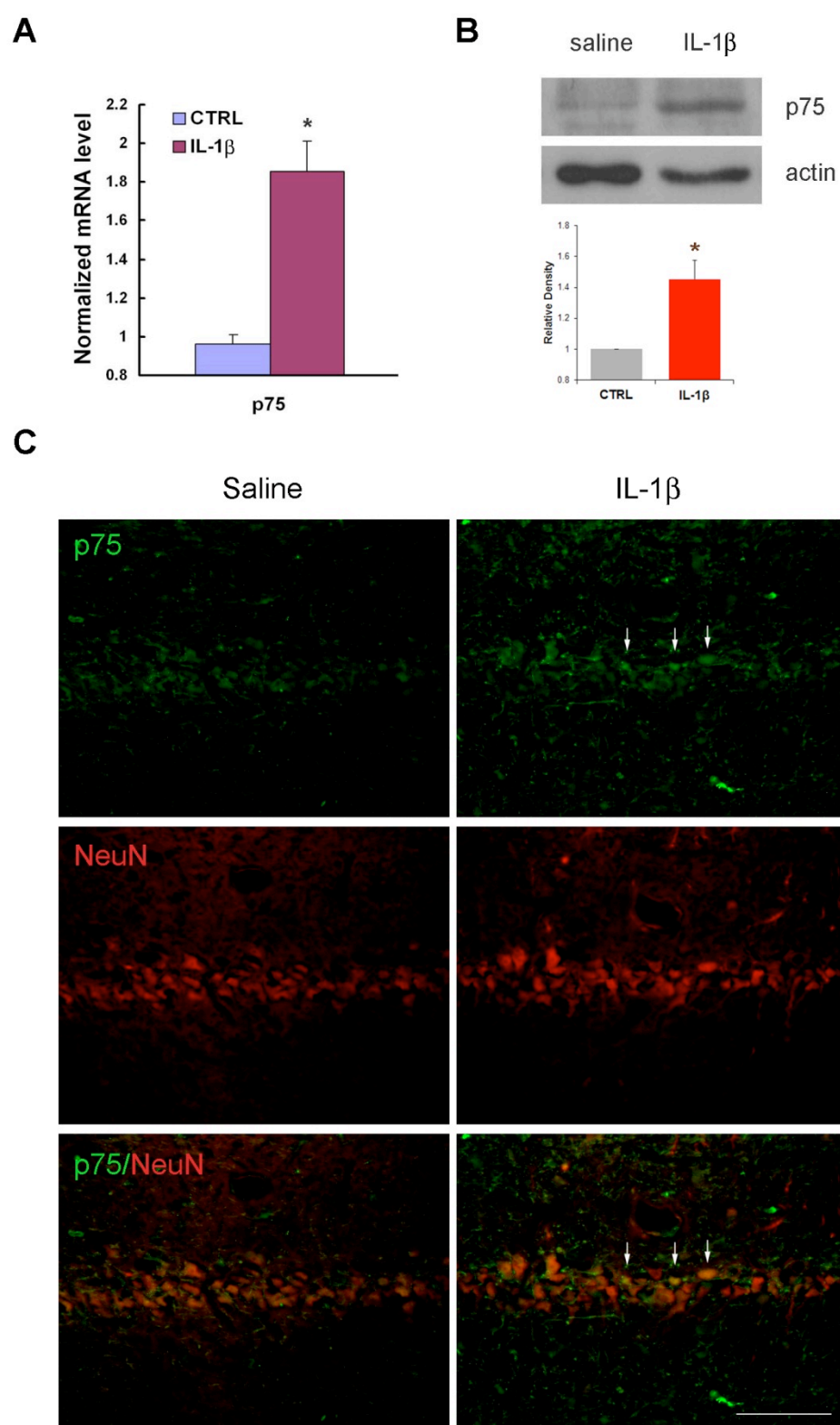
p75<sup>NTR</sup> consists of an extracellular domain (ECD), a single transmembrane domain and an intracellular domain (ICD). The ECD contains four cysteine rich domains (CRDs), and the ICD has the death domain. There are several modifications in the ECD and ICD of p75<sup>NTR</sup>. Note two cleavage sites by  $\alpha$ -secretase and  $\gamma$ -secretase consecutively, generating a signaling C-terminal fragment (CTF).

Adapted from Roux and Barker, 2002



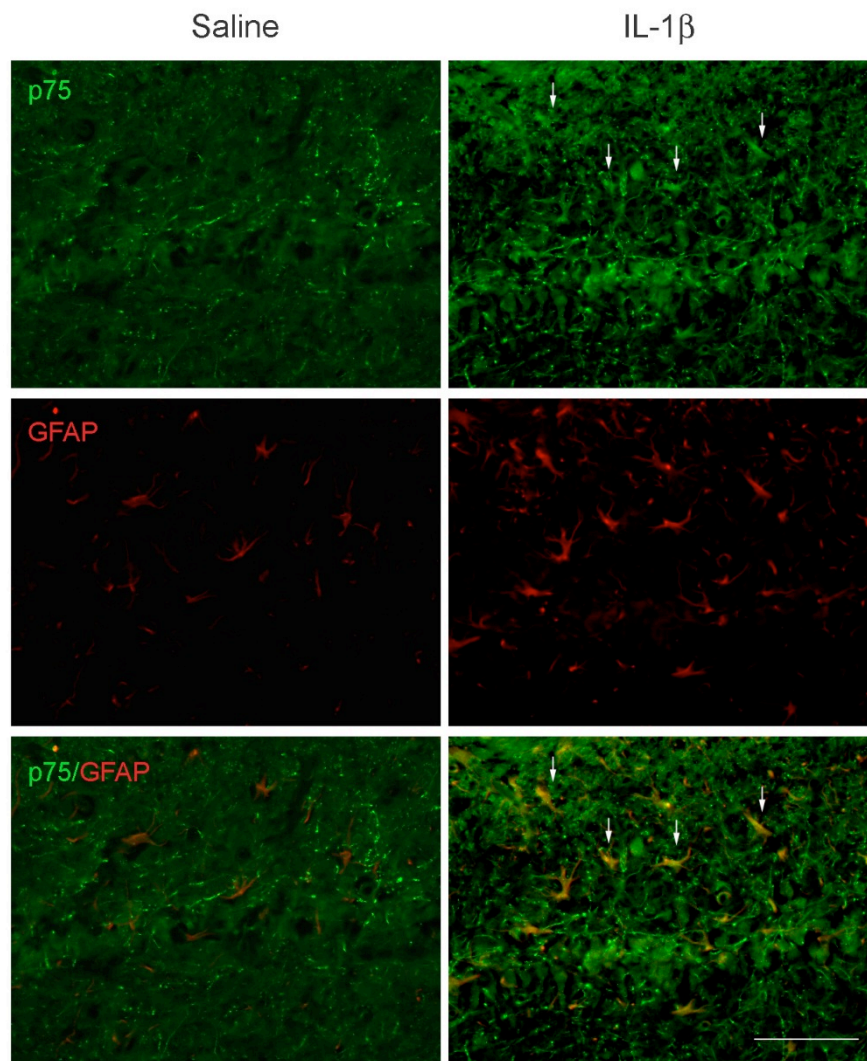


Figure 2





D

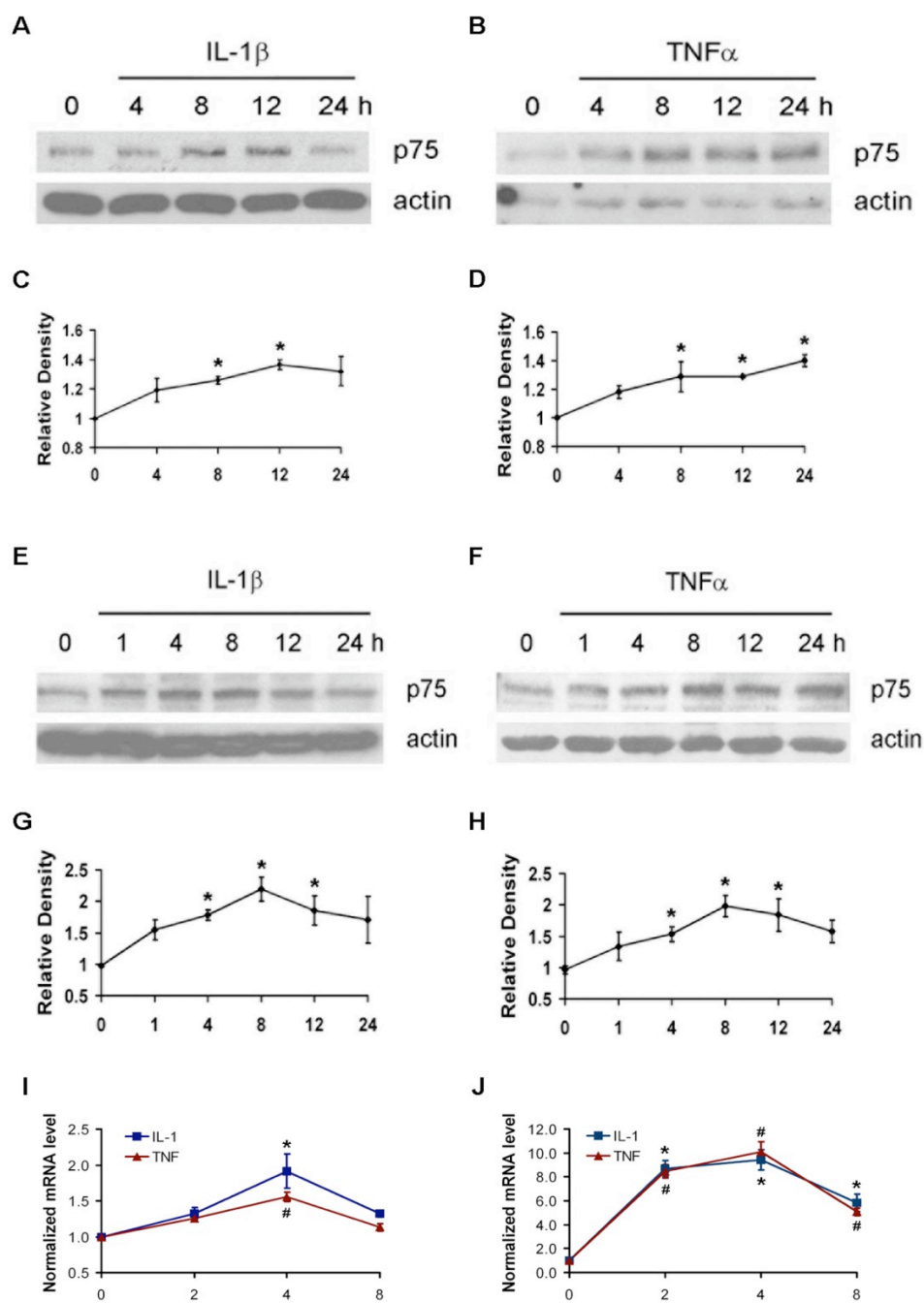


**Figure 2.** Unilateral IL-1 $\beta$  infusion increases p75<sup>NTR</sup> expression *in vivo*

Rats were cannulated 7 days before infusion with IL-1 $\beta$  (10ng). A. p75<sup>NTR</sup> mRNA is induced by IL-1 $\beta$ . Tissue was taken after 4 hr treatment with IL-1 $\beta$  (mean $\pm$ SEM, n = 3). Asterisk denotes difference from saline (p<0.05). B. 2 days after the infusion, each hippocampus was taken for Western blot assay and p75<sup>NTR</sup> expression was increased with IL-1 $\beta$  infusion. Quantification of blots from three experiments and densitometric values were normalized to actin and are expressed relative to the CTRL. Error bars represent SEM. \* p<0.05 relative to CTRL, two-tailed t test. C-D. 2 days after the IL-1 $\beta$  infusion, brains were perfused, sectioned through the hippocampus, immunostained with p75<sup>NTR</sup> (green) antibody and NeuN (red) (C) or GFAP (D). IL-1 $\beta$  infusion increased p75<sup>NTR</sup> expression (arrows) both in neurons and astrocytes in the CA1 of Hippocampus (right column) compared to saline infusion (left column). Scale bars = 50 $\mu$ m. Images are representative of two independent experiments.



Figure 3



**Figure 3.** IL-1 $\beta$  and TNF $\alpha$  induce p75<sup>NTR</sup> in neurons and astrocytes

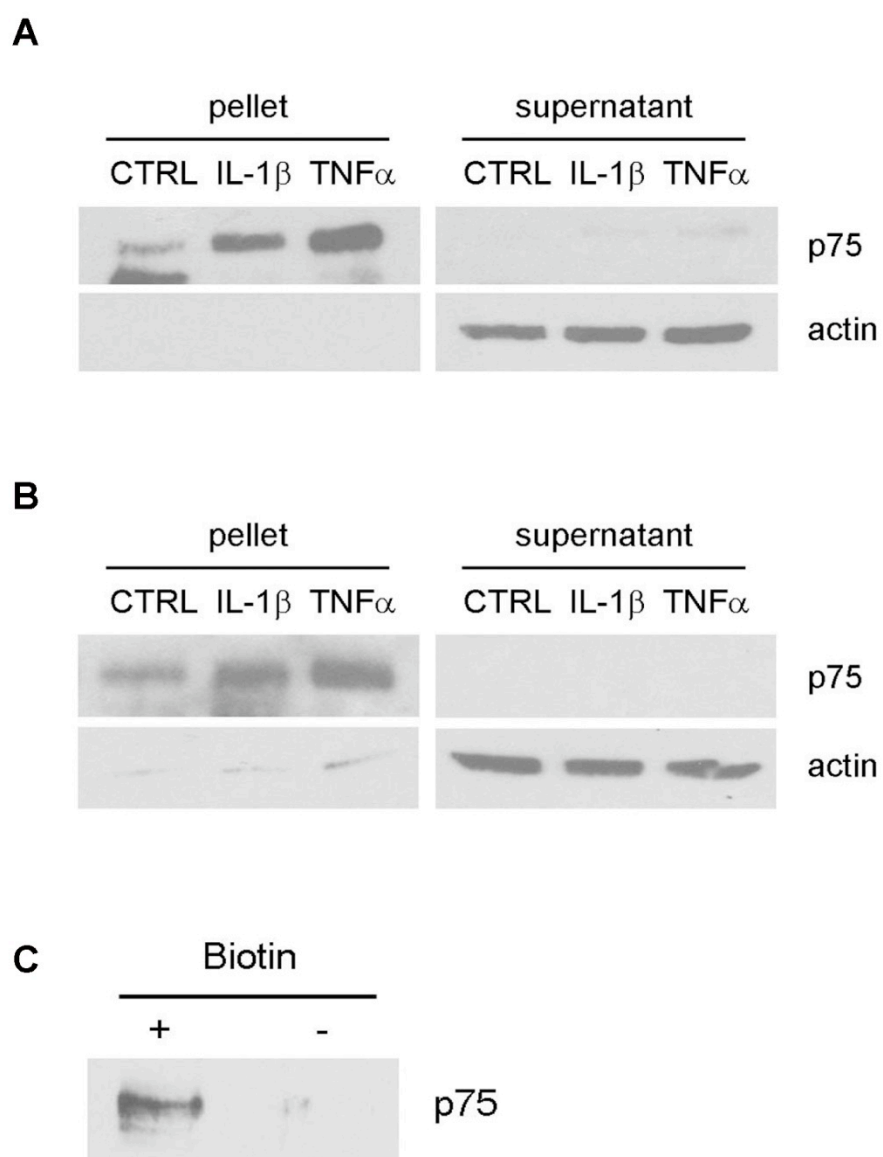
(A–D) Cultured hippocampal neurons were treated with either (A) IL-1 $\beta$  (10 ng/ml) or (B) TNF $\alpha$  (10 ng/ml) for 4, 8, 12 or 24 h, and were then lysed and analysed by Western blot for p75<sup>NTR</sup> and actin. (C) and (D) Quantification of blots from three experiments as in (A) and (B) respectively. Densitometric values were normalized to actin and are expressed relative to the untreated cells (time 0).

(E–H) Cultured hippocampal astrocytes were treated with either (E) IL-1 $\beta$  (10 ng/ml) or (F) TNF $\alpha$  (10 ng/ml) for 1, 4, 8, 12 or 24 h, and were then lysed and analysed by Western blot for p75<sup>NTR</sup> and actin. (G) and (H) Quantification of blots from three experiments as in (E) and (F) respectively. Densitometric values were normalized to actin and are expressed relative to the untreated cells (time 0).

(I and J) Quantitative real-time PCR analysis of p75<sup>NTR</sup> mRNA in hippocampal neurons (I) or astrocytes (J) treated with IL-1 $\beta$  or TNF $\alpha$  expressed relative to untreated control cultures. The significance was determined by ANOVA with Tukey's post-hoc analysis. Asterisk indicates values significantly different from control at  $P < 0.05$ .



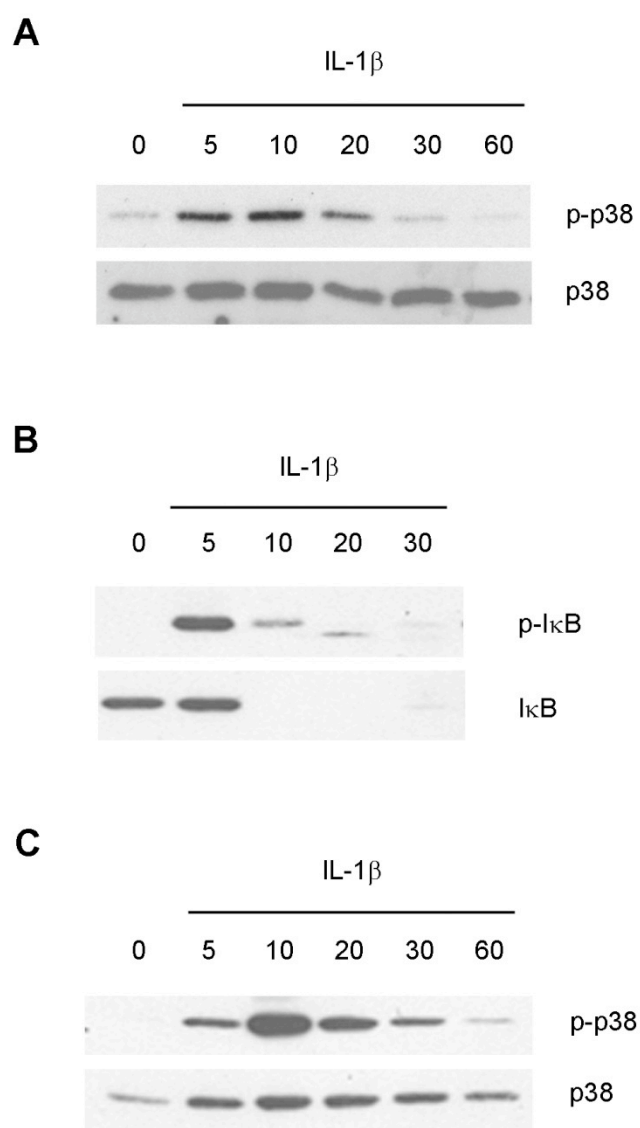
Figure 4



**Figure 4.** Increased p75<sup>NTR</sup> expression induced by IL-1 $\beta$  and TNF $\alpha$  is present on the cell surface in both neurons and astrocytes.

Cultured hippocampal neurons (A) or astrocytes (B) were treated with IL-1 $\beta$  or TNF $\alpha$  for 8 h, and incubated with biotin for 1 h. Cell lysates were precipitated with streptavidin. Biotinylated cell surface protein and non-biotinylated intracellular proteins were analyzed by Western blotting for p75<sup>NTR</sup>. Blots were stripped and reprobed for actin, which was only present in the intracellular fraction. CTRL, control. Blots are representative of three independent experiments. C. Hippocampal neurons were treated with or without biotin. In the absence of biotin, no p75<sup>NTR</sup> was detected.

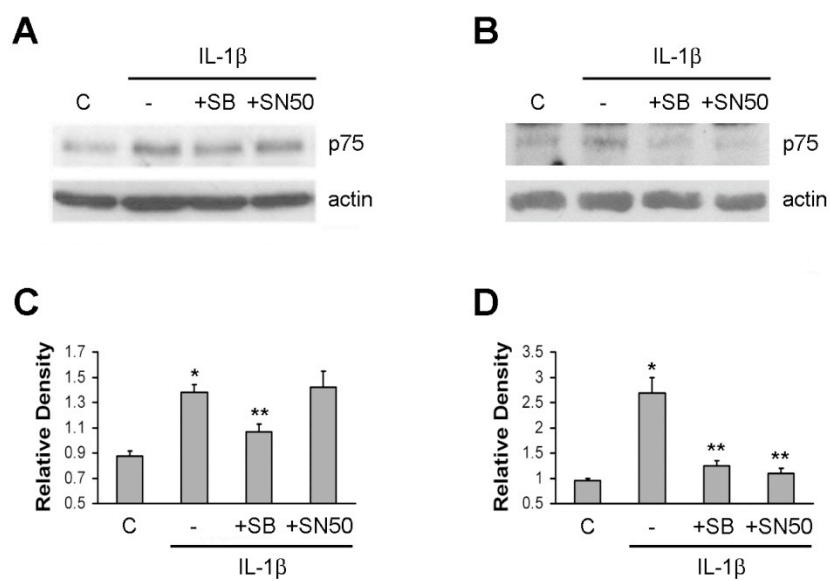
Figure 5



**Figure 5.** IL-1 $\beta$  activates p38 MAPK in both neurons and astrocytes, and NF $\kappa$ B only in astrocytes.

(A) Western blot analysis of phospho-p38 MAPK activation by IL-1 $\beta$  in neurons. Hippocampal neurons were cultured for 5 days, and treated with 10ng/mL IL-1 $\beta$  for 5, 10, 20, 30 and 60 min and probed for p-p38 MAPK. Blot was stripped and reprobed for total p38 MAPK (bottom). (B) Western blot analysis of phospho-I $\kappa$ B activation by IL-1 $\beta$  in astrocytes. Cultured astrocytes were treated with 10ng/mL IL-1 $\beta$  for 5, 10, 20, and 30 min and probed for phospho-I $\kappa$ B. Blot was stripped and re-probed for total I $\kappa$ B, which was degraded after phosphorylation (bottom). (C) Hippocampal astrocytes were treated with 10ng/mL IL-1 $\beta$  for 5, 10, 20, 30 and 60 min and probed for p-p38 MAPK. Blot was stripped and reprobed for total p38 MAPK (bottom).

Figure 6

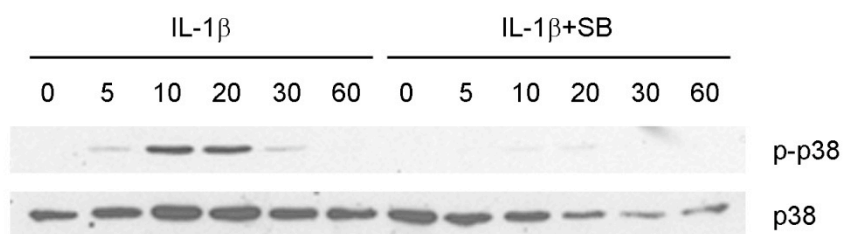
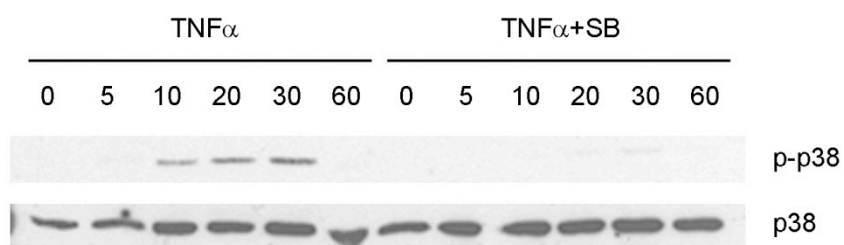
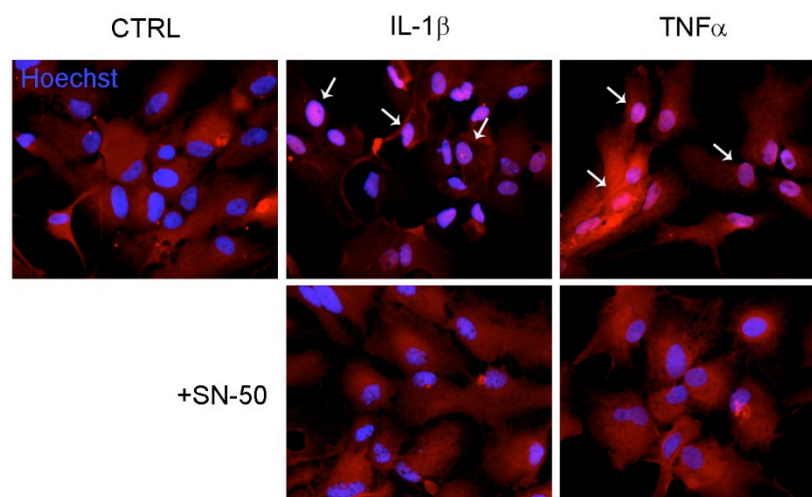


**Figure 6.** Signaling pathways required for IL-1 $\beta$  induction of p75<sup>NTR</sup> in hippocampal neurons and astrocytes.

(A) Hippocampal neurons were pretreated with SB203580 (10 $\mu$ M) or SN-50 (10 $\mu$ M) for 30 min and then 10ng/mL IL-1 $\beta$  was added to the culture for 8 hr. Western blot analysis was used to assess p75<sup>NTR</sup> and actin. (C) Quantification of 3 blots as shown in A. \* indicates IL-1 $\beta$  treatment is significantly different from control, \*\* indicates IL-1 $\beta$ +SB is significantly different from IL-1 $\beta$  alone. (B) Hippocampal astrocytes were pretreated for 30 min with the p38 MAPK inhibitor SB203580 (10 $\mu$ M) or the NF $\kappa$ B inhibitor SN-50 (10 $\mu$ M) prior to IL-1 $\beta$  treatment for 8 hours. Western blot analysis was used to detect the p75<sup>NTR</sup> and actin. IL-1 $\beta$  induces p75<sup>NTR</sup> receptor through both the NF $\kappa$ B and p38 MAPK pathways. (D) Quantification of 3 blots as shown in B. \* indicates IL-1 $\beta$  treatment is significantly different from control, \*\* indicates IL-1 $\beta$ +SB is significantly different from IL-1 $\beta$  alone.



Figure 7

**A****B****C**

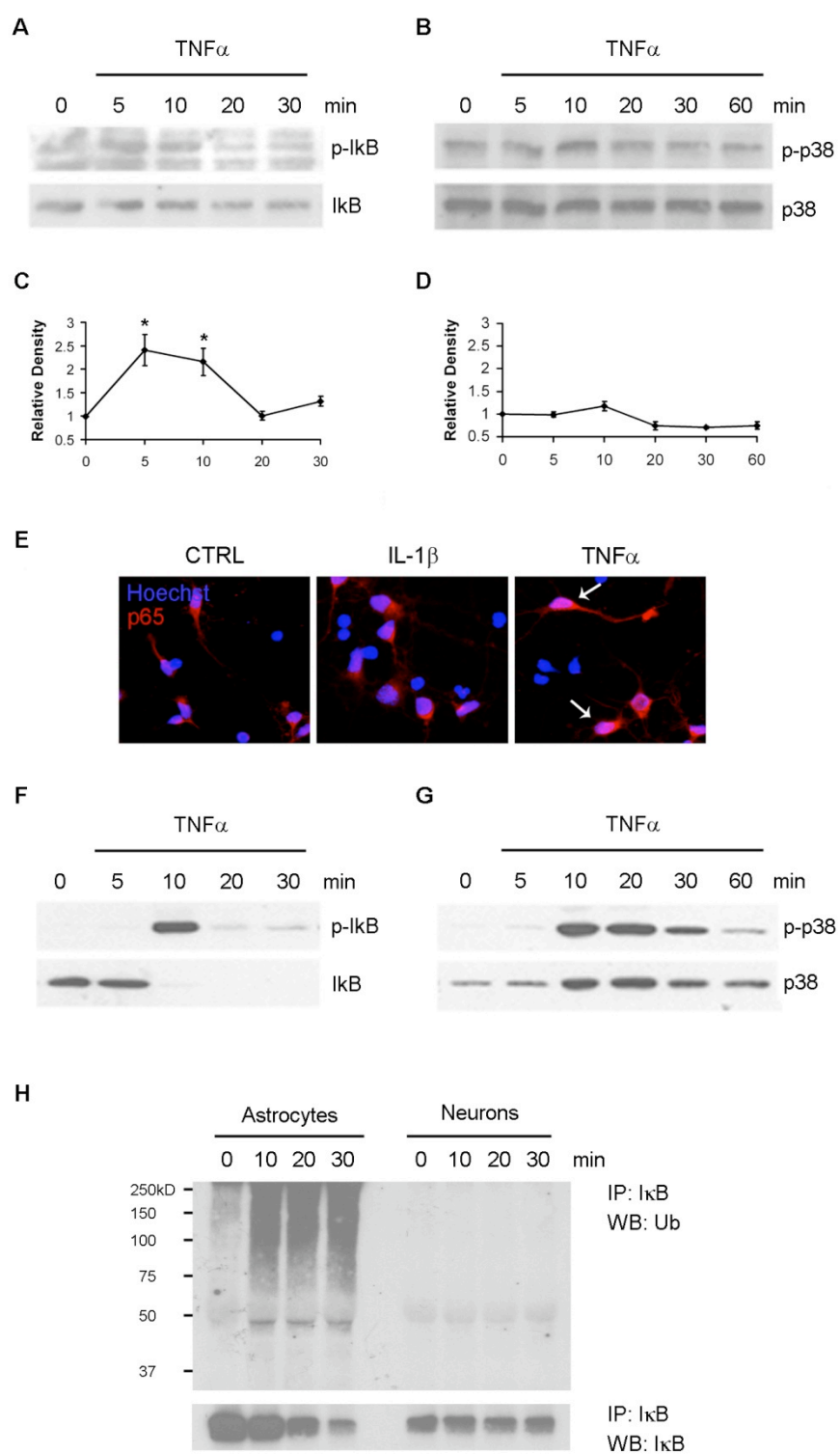


**Figure 7.** Confirmation that inhibitors of p38 MAPK and NFκB inhibit their respective pathways.

Treatment of hippocampal astrocytes with (A) IL-1β or (B) TNFα in the absence or presence of the p38 MAPK inhibitor showed that SB203580 inhibited p38 MAPK phosphorylation induced by either ligand. (C) To confirm the inhibitory effect of SN-50 on NFκB nuclear translocation, astrocytes were pretreated with vehicle or 10 μM SN-50 for 30 min and then treated with IL-1β or TNFα for 30 min. Cells were fixed and stained for p65, and nuclei were labeled with Hoechst. Nuclear staining of p65 was observed in IL-1β or TNFα treated astrocytes without SN50 (arrows, note pink color of the nuclei) and nuclear translocation of p65 was blocked by SN-50 (bottom).



Figure 8

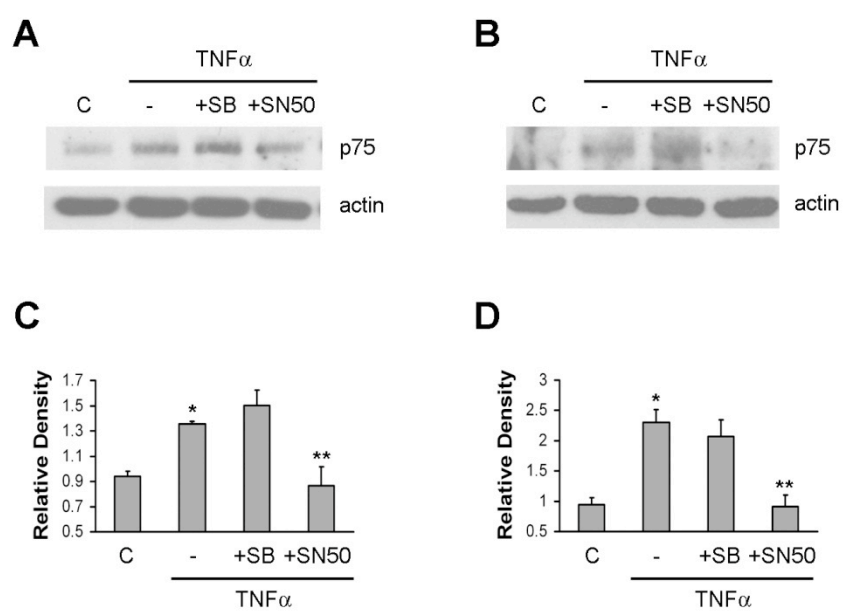




**Figure 8.** TNF $\alpha$  phosphorylates I $\kappa$ B in neurons, and both I $\kappa$ B and p38 MAPK in astrocytes

(A) Hippocampal neurons were cultured for 5 days and treated with TNF $\alpha$  for the indicated times. Lysates were probed for P-I $\kappa$ B, stripped and re-probed for total I $\kappa$ B. Note the lack of degradation of I $\kappa$ B. (B) Neuronal lysates were probed for P-p38 MAPK, stripped and re-probed for total p38 MAPK. (C) Quantification of 3 blots as shown in (A). Densitometric values were normalized to I $\kappa$ B and are expressed relative to the untreated cells (time 0). TNF $\alpha$  treatment significantly induced P-I $\kappa$ B at 5 and 10 min,  $p < 0.05$ . (D) Quantification of 3 blots as shown in (B). Densitometric values were normalized to p38 and are expressed relative to the untreated cells (time 0). TNF $\alpha$  treatment did not induce phosphorylation of p38 MAPK in hippocampal neurons. (E) Neurons were treated with IL-1 $\beta$  or TNF $\alpha$  for 30 min, fixed and immunostained for p65. Nuclei were identified with Hoechst labeling. Note the presence of nuclear p65 in TNF $\alpha$  but not IL-1 $\beta$  treated neurons. (F) Cultured astrocytes were treated with TNF $\alpha$  for the indicated times. Astrocyte lysates were probed for P-I $\kappa$ B, stripped and re-probed for total I $\kappa$ B. (G) Astrocyte lysates were probed for P-p38 MAPK, stripped and re-probed for total p38 MAPK. (H) Analysis of ubiquitinated I $\kappa$ B in astrocytes and neurons. Cells were treated with TNF $\alpha$  as indicated. Cell lysates were immunoprecipitated with anti-I $\kappa$ B and probed for ubiquitin. Blots were stripped and re-probed for I $\kappa$ B. Note that levels of total I $\kappa$ B decreased over time in the astrocytes, but not in the neurons.

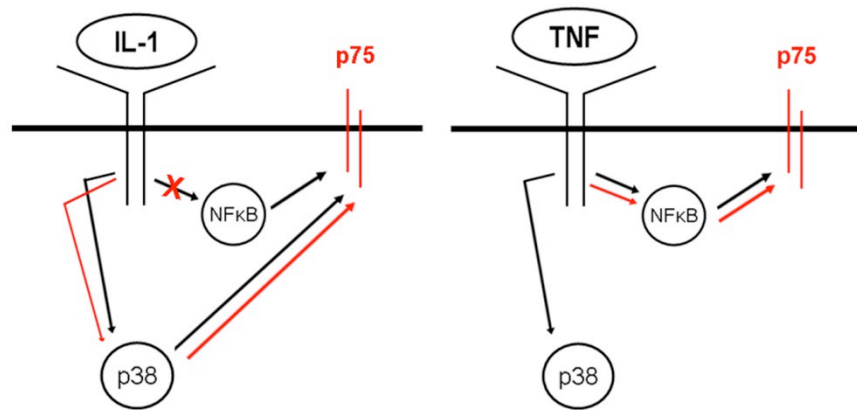
Figure 9



**Figure 9.** TNF $\alpha$  induces p75<sup>NTR</sup> via NF $\kappa$ B in both neurons and astrocytes.

(A) Hippocampal neurons were pretreated with SB203580 (10  $\mu$ M) or SN-50 (10  $\mu$ M) for 30 min and then 10 ng/ml TNF $\alpha$  was provided for 8 h. Western blot analysis was used to assess p75<sup>NTR</sup> and actin levels. (C) Quantification of three blots as shown in (A). \* indicates levels are significantly different from control,  $P < 0.05$ ; \*\* indicates TNF $\alpha$ +SN-50 is significantly different from TNF $\alpha$  alone,  $P < 0.05$ . (B) Hippocampal astrocytes were pretreated with SB203580 (10  $\mu$ M) or SN-50 (10  $\mu$ M) for 30 min and then 10 ng/ml TNF $\alpha$  was added to the culture for 8 h. Western blot analysis was used to assess p75<sup>NTR</sup> and actin. (D) Quantification of three blots as shown in (B). \* indicates levels are significantly different from control,  $P < 0.05$ ; \*\* indicates TNF $\alpha$ +SN-50 is significantly different from TNF $\alpha$  alone,  $P < 0.05$ . SB, SB203580. C, control.

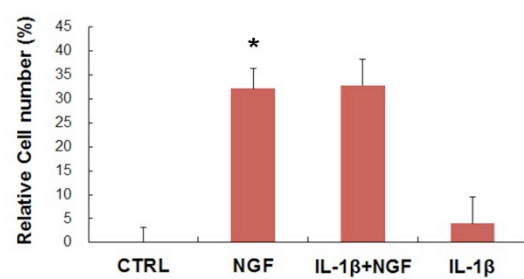
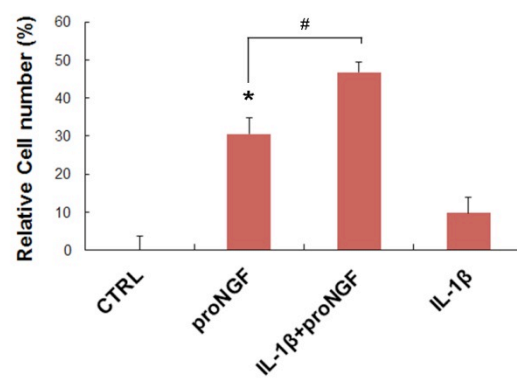
Figure 10

**Neuron / Astros**



**Figure 10.** Schematic diagram showing the signaling pathways activated by IL-1 $\beta$  and TNF $\alpha$  in neurons (red) and astrocytes (black) leading to induction of p75<sup>NTR</sup>.

Figure 11

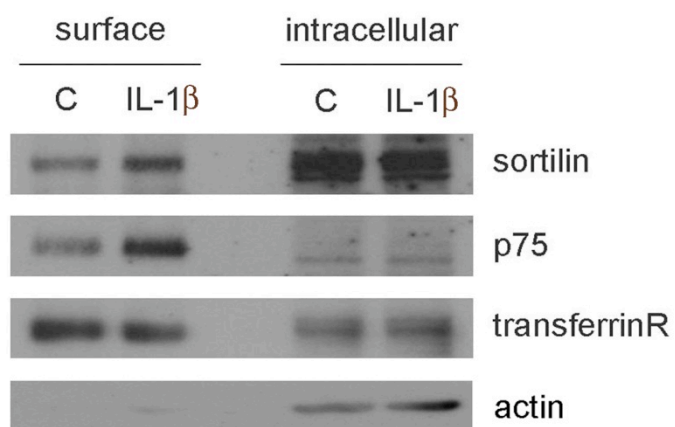
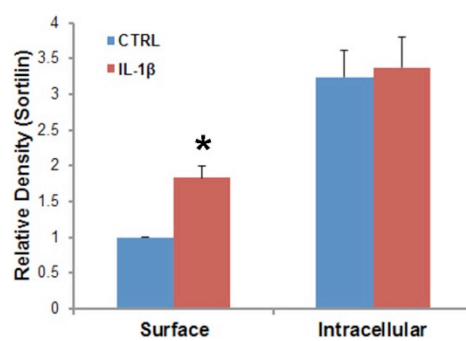
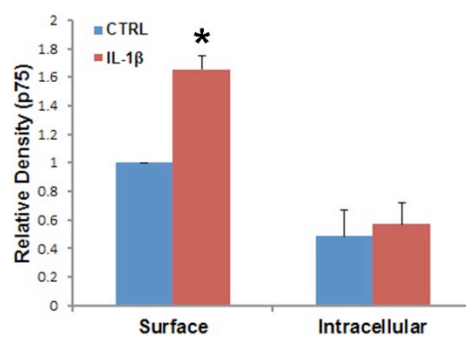
**A****B**

**Figure 11.** IL-1 $\beta$  primed neurons are more vulnerable to proNGF than NGF

A. Bars show percent cell death (mean $\pm$ SEM, n = 4) in hippocampal neuronal cultures. Cells were treated for 4-6 h with IL-1 $\beta$  (10ng/mL), followed by overnight treatment with NGF (100ng/mL). IL-1 $\beta$  didn't exacerbate NGF-mediated neuronal death. Asterisks denote difference from untreated control (p < 0.05). B. Bars indicate percent cell death (mean $\pm$ SEM, n = 4) in hippocampal neuronal cultures treated with IL-1 $\beta$  (10 ng/mL) for 4-6 hrs, followed by proNGF (1-10ng/mL). ProNGF elicited more cell death in IL-1 $\beta$  primed neurons. Asterisk denotes difference from no treatment and a dagger indicates difference from proNGF (p<0.05; one-way ANOVA and Tukey's post hoc analysis).



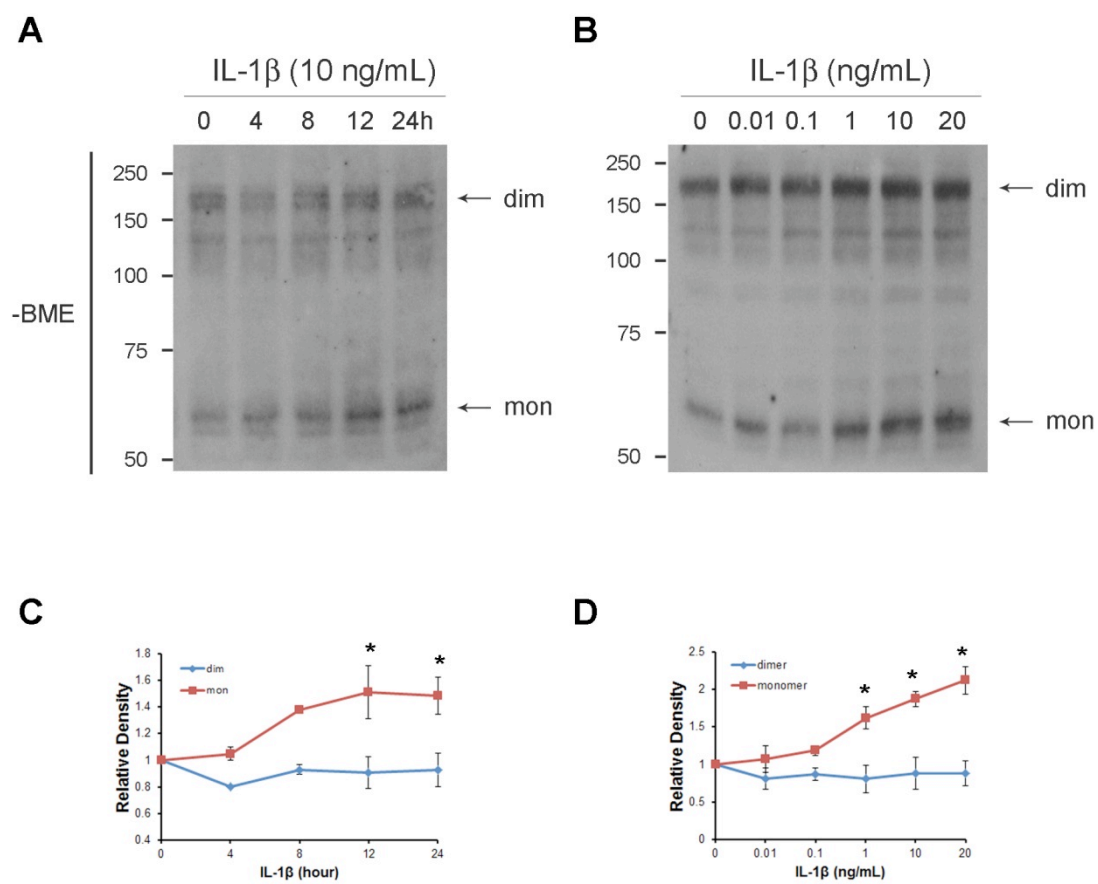
Figure 12

**A****B****C**

**Figure 12.** IL-1 $\beta$  recruits sortilin receptors to the plasma membrane as well as p75<sup>NTR</sup>.

A. Cultured hippocampal neurons were treated with IL-1 $\beta$  for 8h, and incubated with biotin for 1h. Cell lysates were precipitated with streptavidin. Biotinylated cell surface protein and nonbiotinylated intracellular proteins were analyzed by Western blotting for sortilin, p75<sup>NTR</sup> and transferrin receptor. Blots were stripped and re-probed for actin, which was only present in the intracellular fraction. B (sortilin) and C (p75<sup>NTR</sup>) show quantification from three blots. Asterisk denotes difference from no treatment ( $p < 0.05$ ; one-way ANOVA and Tukey's post hoc analysis).

Figure 13

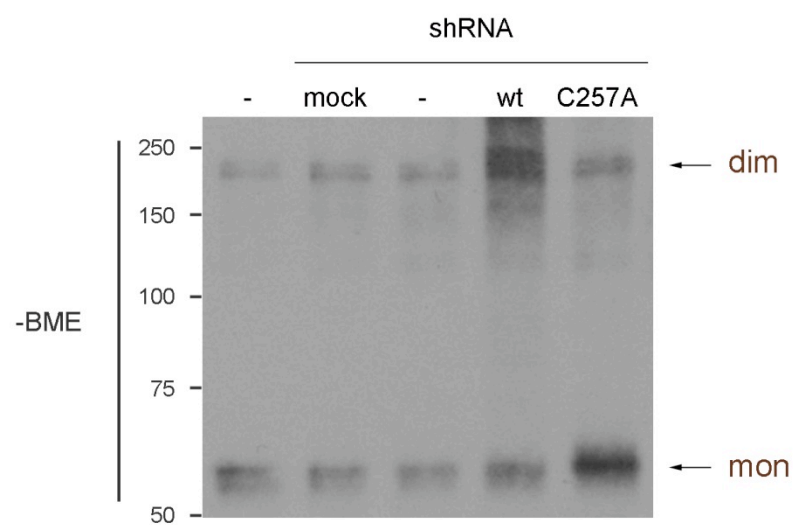


**Figure 13.** IL-1 $\beta$  increases monomeric p75<sup>NTR</sup>

A. Cultured hippocampal neurons were treated with IL-1 $\beta$  (10ng/mL) for 4, 8, 12, 24 hr as indicated, then lysed and analyzed for p75<sup>NTR</sup> in a non-reducing gel. p75<sup>NTR</sup> dimers and monomers were detected. Levels of monomer were increased while dimers were remained the same following IL-1 $\beta$  treatment. C. Quantification of blots from three experiments (A). Densitometric values were expressed relative to the untreated cells (time 0). The significance was determined by ANOVA with Tukey's post-hoc analysis. \* indicates values significantly different from time 0 at P<0.05. B. Cultured hippocampal neurons were treated with IL-1 $\beta$  for 12 hr with different doses of IL-1 $\beta$ , then lysed and analyzed for p75<sup>NTR</sup> in non-reducing gel. Levels of monomer were gradually increased from 1 ng/mL of IL-1 $\beta$ . D. Quantification of blots from three experiments. Densitometric values were expressed relative to the untreated cells. The significance was determined by ANOVA with Tukey's post-hoc analysis. \* indicates values significantly different from control at P<0.05.



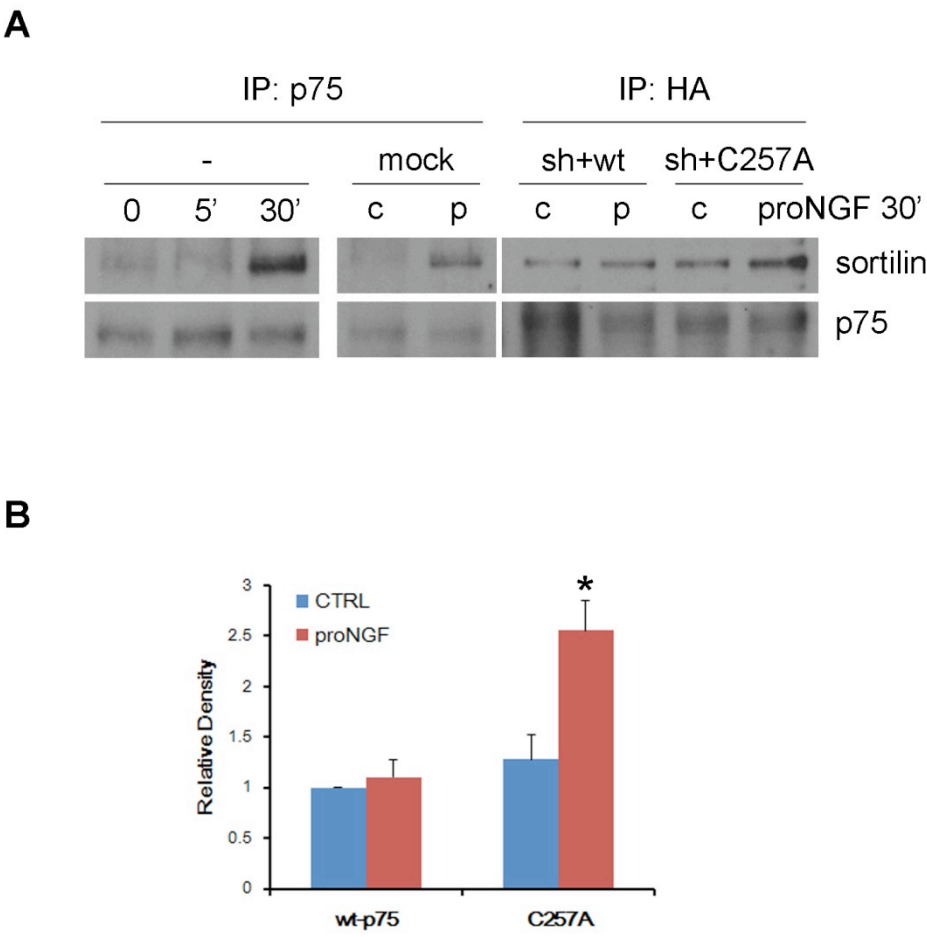
Figure 14



**Figure 14.** Characterization of p75<sup>NTR</sup> mutants in hippocampal neurons.

Western blot from a non-reducing gel shows distinct p75<sup>NTR</sup> constructs transfected in hippocampal neurons. Both dimeric and monomeric forms were observed with wt-p75<sup>NTR</sup>. Mutation of cysteine 257 (C257A) formed only monomers, confirming loss of disulfide bond.

Figure 15

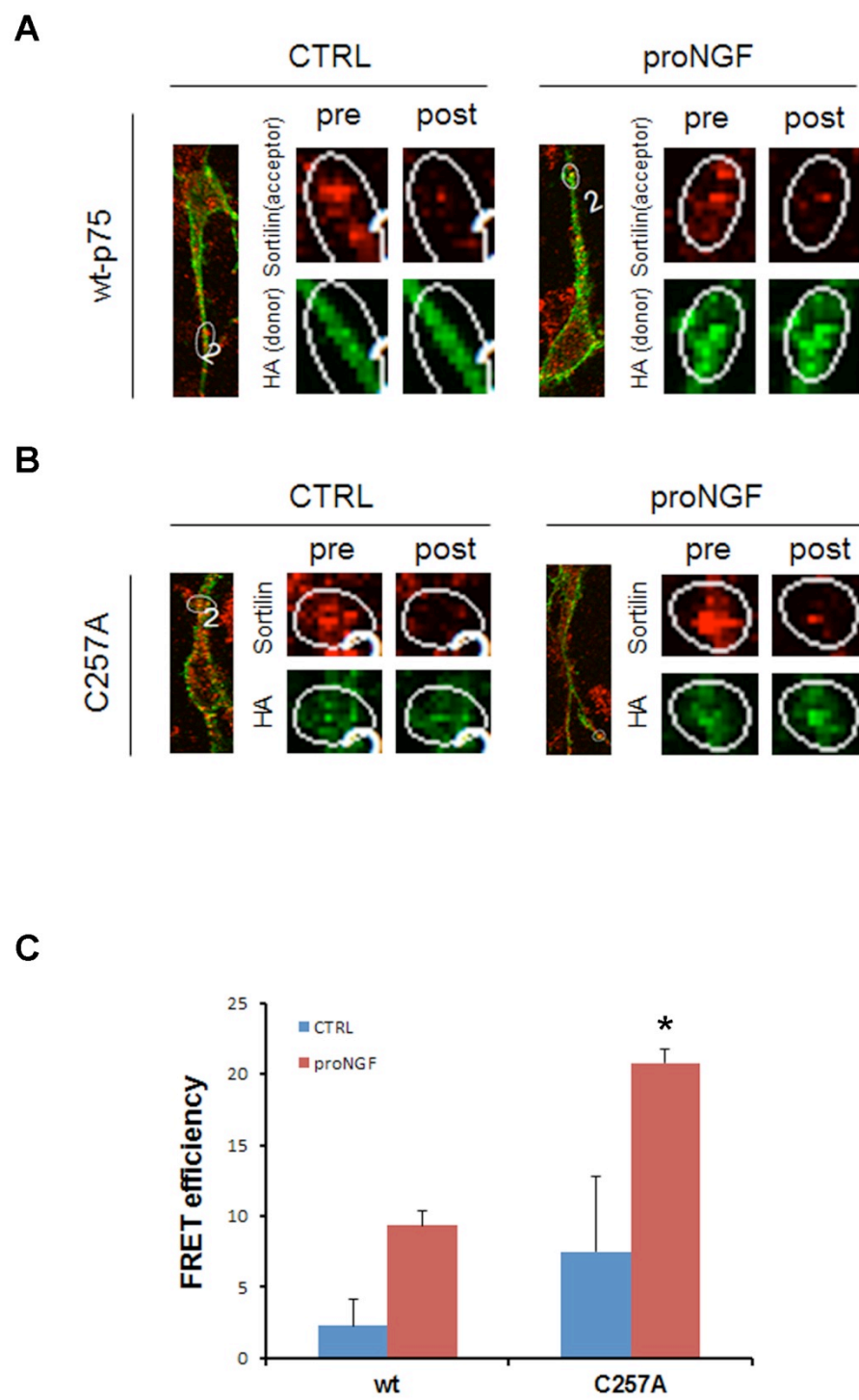


**Figure 15.** proNGF increases the association between sortilin receptor and C257A p75<sup>NTR</sup> mutant.

A. Transfected cells were treated with proNGF for 30 mins. Protein lysates were immunoprecipitated with either anti-p75<sup>NTR</sup> or anti-HA and immunoblotted for sortilin and p75<sup>NTR</sup>. Elevated association between p75<sup>NTR</sup>-C257A and sortilin were observed. B. Densitometric values were expressed relative to the untreated cells, showing quantification from three blots. The significance was determined by ANOVA with Tukey's post-hoc analysis. \* indicates values significantly different from control at  $P < 0.05$ .



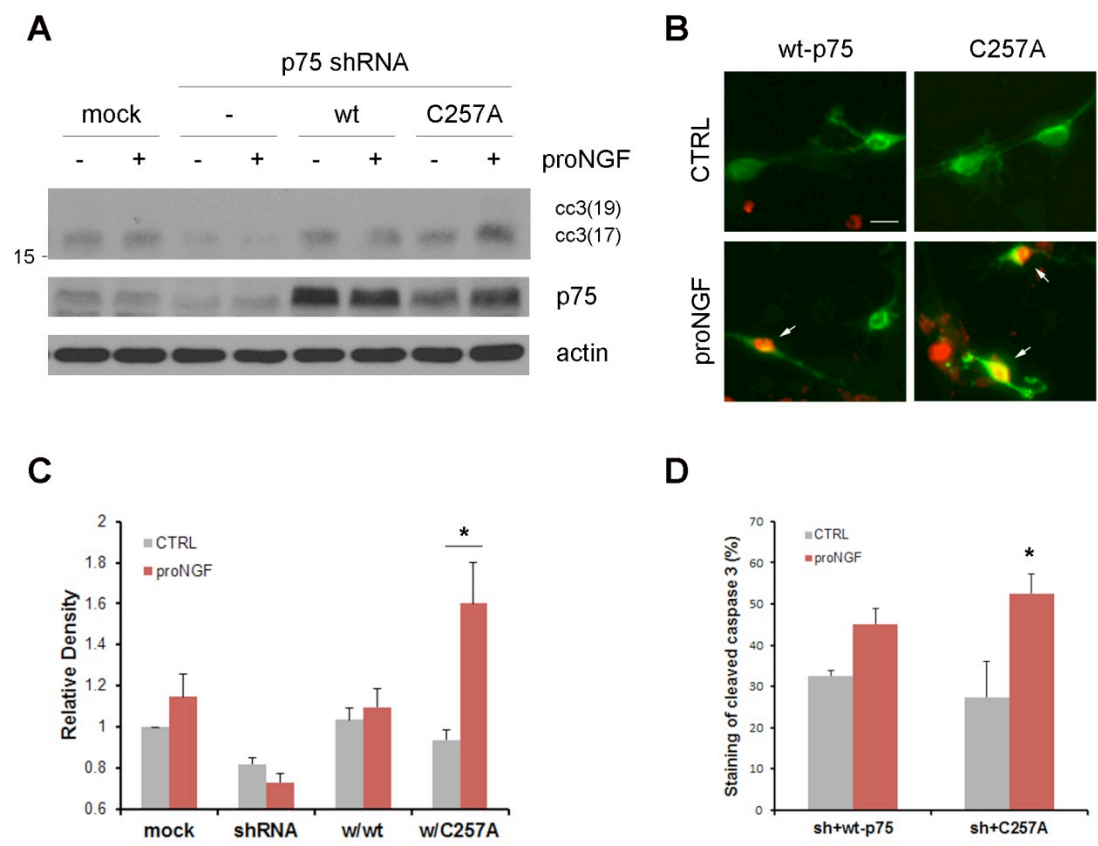
Figure 16



**Figure 16.** FRET analysis of the association between sortilin receptor and p75<sup>NTR</sup> mutant upon proNGF treatment.

Representative example of sortilin-p75NTR association in hippocampal neurons transfected with (A) wt-p75, and (B) C257A-p75NTR; images were acquired before and after bleaching the acceptor within ROI (white circle). C. Bars show quantification of number of cells that showed positive FRET events between HA tagged p75<sup>NTR</sup> constructs and sortilin using acceptor photobleaching FRET assay (mean±SEM, n = 2). Transfected cells were treated with pro-NGF for 30 min, fixed, and stained with anti-sortilin and anti-HA. proNGF increased the association between p75<sup>NTR</sup>-C257A and sortilin. Asterisk indicates difference from sh +wt-p75 CTRL.

Figure 17





**Figure 17.** proNGF activates C257A p75<sup>NTR</sup> mutant

A. Western blots for cleaved caspase-3, p75<sup>NTR</sup>, and actin of samples prepared from transfected cells with wt or C257A p75<sup>NTR</sup> constructs. More cleaved caspase-3 was detected in C257A-p75<sup>NTR</sup> after proNGF treatment.

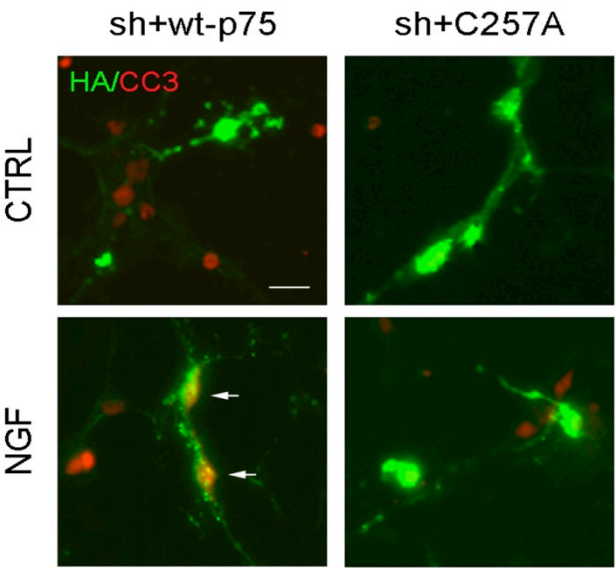
C. Quantification of blots from three experiments. Densitometric values were expressed relative to the untreated cells. The significance was determined by ANOVA with Tukey's post-hoc analysis. \* indicates values significantly different from control at  $P < 0.05$ .

B. Hippocampal neurons were transfected with HA tagged wt-p75<sup>NTR</sup> or C257A. Cells were assessed for anti-cc3 staining (red) to see cell death and for anti-HA staining (green) to visualize the transfected p75<sup>NTR</sup> constructs 48 hour after transfection. p75<sup>NTR</sup>-shRNA was cotransfected with all the constructs. Arrows indicate double labeled cells. Scale bars = 10 $\mu$ m.

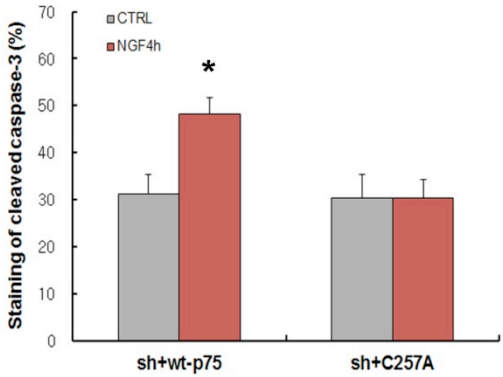
D. Quantification of positive cleaved caspase-3 staining of transfected cells from B (mean $\pm$ SEM, n = 4). Asterisk indicates difference from wt-p75<sup>NTR</sup> CTRL ( $p < 0.05$ ; one-way ANOVA and Tukey's post hoc analysis).

Figure 18

**A**



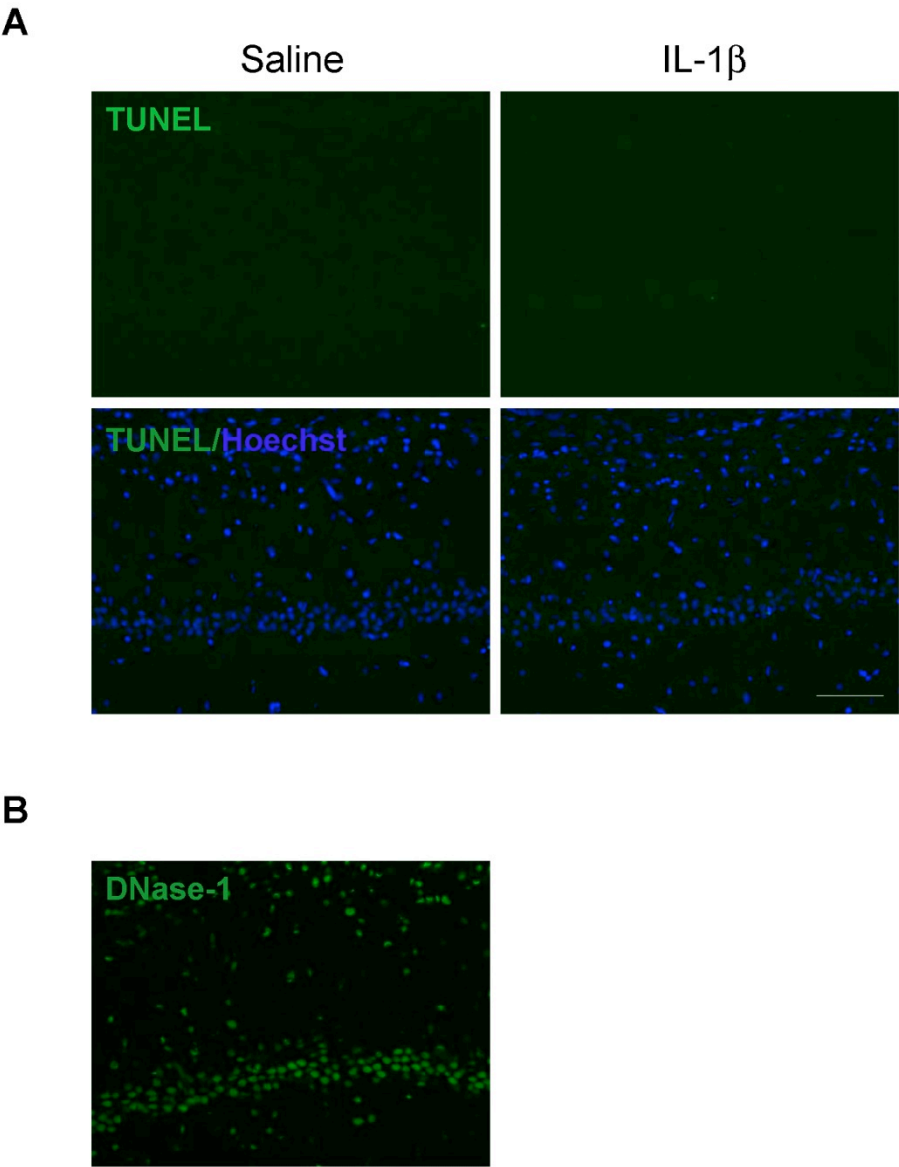
**B**



**Figure 18.** C257A mutant p75<sup>NTR</sup> is not responsive to NGF

Cultured hippocampal neurons were transfected with HA tagged wt-p75<sup>NTR</sup> or C257A. Cells were assessed for anti-cleaved caspase-3 (cc3) staining (red) to see cell death and for anti-HA staining (green) to visualize the transfected p75<sup>NTR</sup> constructs 48 hour after transfection. p75<sup>NTR</sup>-shRNA was cotransfected with all the constructs to knockdown endogenous p75<sup>NTR</sup>. Arrows indicate double labeled cells. Scale bars = 10 $\mu$ m. B. Quantification of CC3-positive transfected cells from B (mean $\pm$ SEM, n = 4). Note no responsive effect of NGF in C257A. Asterisk indicates difference from CTRL in wt-p75<sup>NTR</sup> (p<0.05; one-way ANOVA and Tukey's post hoc analysis).

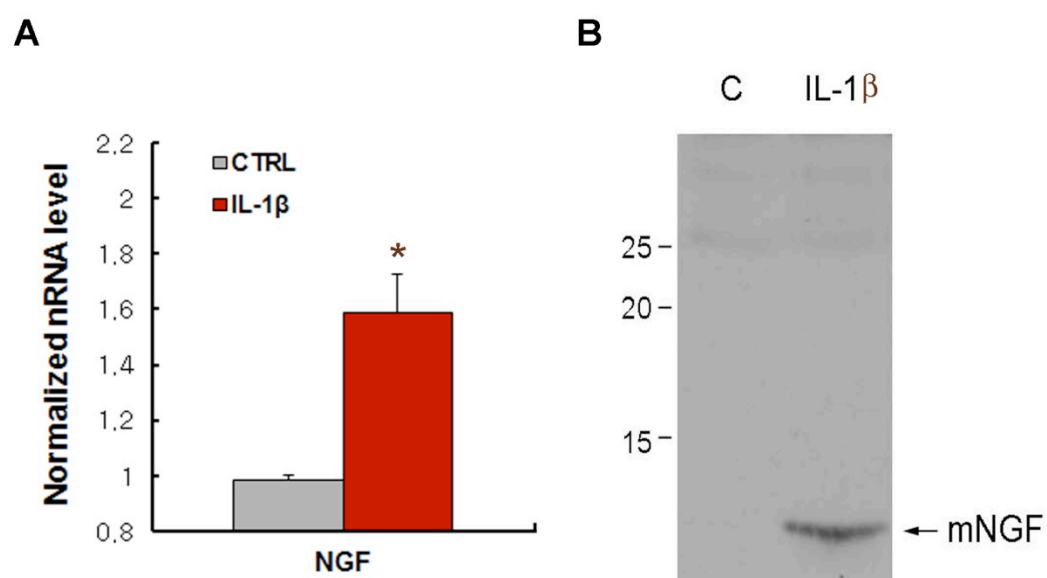
Figure 19



**Figure 19.** IL-1 $\beta$  is not sufficient to mediate cell death *in vivo*

A. TUNEL assay showed negative staining with both saline (Left column) and IL-1 $\beta$  (Right column) infusion, suggesting that IL-1 $\beta$  itself does not directly elicit cell death. Double staining for TUNEL (green) and Hoechst (blue). Images are representative of two independent experiments. B. Positive control TUNEL assay with DNase-I. Scale bars = 50 $\mu$ m.

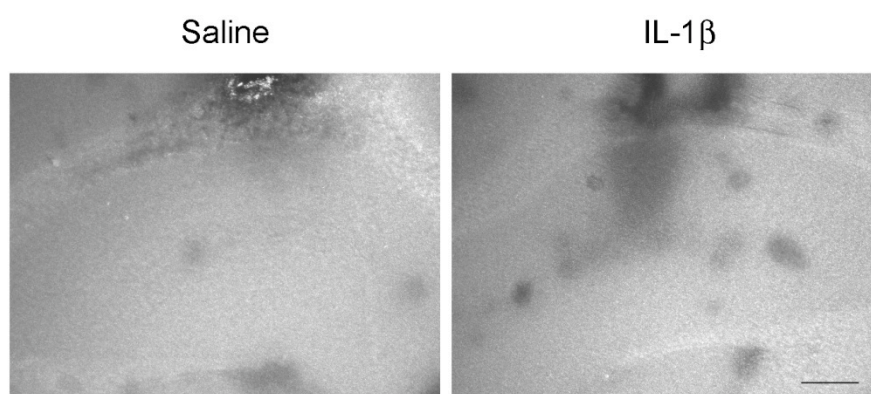
Figure 20



**Figure 20.** IL-1 $\beta$  release NGF into the CSF

A. Bars indicates NGF mRNA level (mean $\pm$ SEM, n = 3) by qPCR after 4 h treatment with IL-1 $\beta$ . Asterisk denotes difference from saline (p<0.05). B. Western blots show that mature NGF was detected in the Cerebrospinal fluid (CSF) collected from IL-1 $\beta$  infused rats. Blot is representative of three independent experiments.

Figure 21





**Figure 21.** IL-1 $\beta$  increases tPA activity

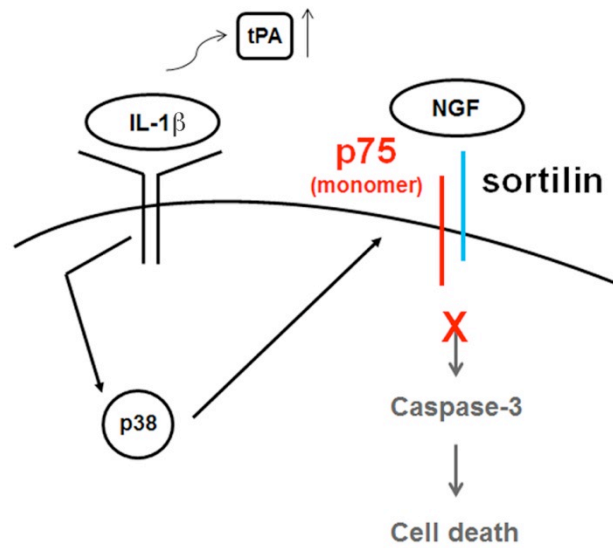
In situ zymogram showed increased tPA activity with IL-1 $\beta$  infusion. tPA activity was increased in response to IL-1 $\beta$  infusion. Fresh frozen sections were covered with an in situ zymogram assay buffer containing 20  $\mu$ g/mL plasminogen. Areas of tPA activity was detected in block spots on dark field of views. Images are representative of two independent experiments. Scale bars = 250 $\mu$ m



Figure 22

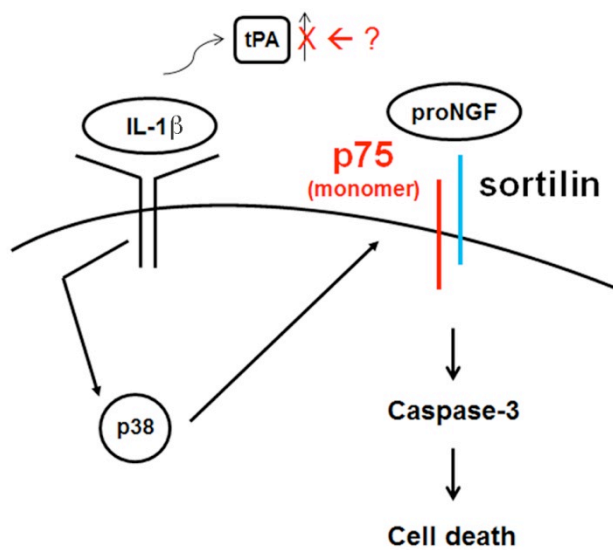
A

No Injury



B

Injury



**Figure 22.** Proposed model of IL-1 $\beta$  mediated cellular changes in non-injury vs. injury situations

IL-1 $\beta$  may increase monomeric p75<sup>NTR</sup> through p38 MAPK pathway in neurons. A. In the absence of additional brain injury, IL-1 $\beta$  may increase the secretion of NGF due to the increased activity of tPA, hence NGF may not respond the monomeric p75 induced by IL-1 $\beta$ . B. In injury onset, however, unknown mechanism may decrease the tPA activity, resulting in increased level of extracellular proNGF, which is now able to activate monomeric p75<sup>NTR</sup> to mediate cell death mechanism.

**Table 1**

|                | Injury   | AD       | <b>IL-1<math>\beta</math></b> |
|----------------|----------|----------|-------------------------------|
| p75            | ↑        | ↑        | ↑                             |
| NGF mRNA       | ↑        | ↑        | ↑                             |
| (proNGF↔NGF)   | (proNGF) | (proNGF) | <b>(NGF)</b>                  |
| tPA/plasmin    | ↓        | ↓        | ↑                             |
| Neuronal death | ↑        | ↑        | —                             |

**Table 1.** Comparison of IL-1 $\beta$  effects with injury and disease

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### XIII. Curriculum Vitae

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#### Major Publications

- Choi S**, Friedman WJ (2012) IL-1 $\beta$  regulates p75NTR expression and increases vulnerability to proNGF. *In preparation*
- Vilar M, Charalampopoulos I, Kenchappa RS, Reversi A, Klos-Applequist JM, Karaca E, Simi A, Spuch C, **Choi S**, Friedman WJ, Ericson J, Schiavo G, Carter BD, Ibáñez CF (2009) Ligand-independent signaling by disulfide-crosslinked dimers of the p75 neurotrophin receptor. *J Cell Sci.* 122(Pt 18):3351-7. Epub 2009 Aug 25.
- Choi S**, Friedman WJ (2009) Inflammatory cytokines IL-1 $\beta$  and TNF- $\alpha$  regulate p75NTR expression in CNS neurons and astrocytes by distinct cell-type-specific signalling mechanisms. *ASN Neuro.* 2009 May 20;1(2). pii: e00010. doi: 10.1042/AN20090009.
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- Jung-Jin Hwang, Mi-Ha Park, **So-Young Choi**, Jae-Young Koh (2005) Activation of the Trk Signaling Pathway by Extracellular Zinc: ROLE OF METALLOPROTEINASES. *J Biol Chem.* 280(12):11995-2001.
- So-Young Choi**, Jung-Jin Hwang and Jae-Young Koh (2003) NR2A induction and NMDA receptor dependent neuronal death by neurotrophin-4/5 in cortical cell culture. *J. Neurochem.* 88(3):708-16.
- Jung-Jin Hwang, **So-Young Choi** and Jae-Young Koh (2002) The role of NADPH oxidase, neuronal nitric oxide synthase and poly (ADP ribose) polymerase in oxidative neuronal death induced in cortical cultures by brain-derived neurotrophic factor and neurotrophin-4/5. *J. Neurochem.* 82: 894-902.

