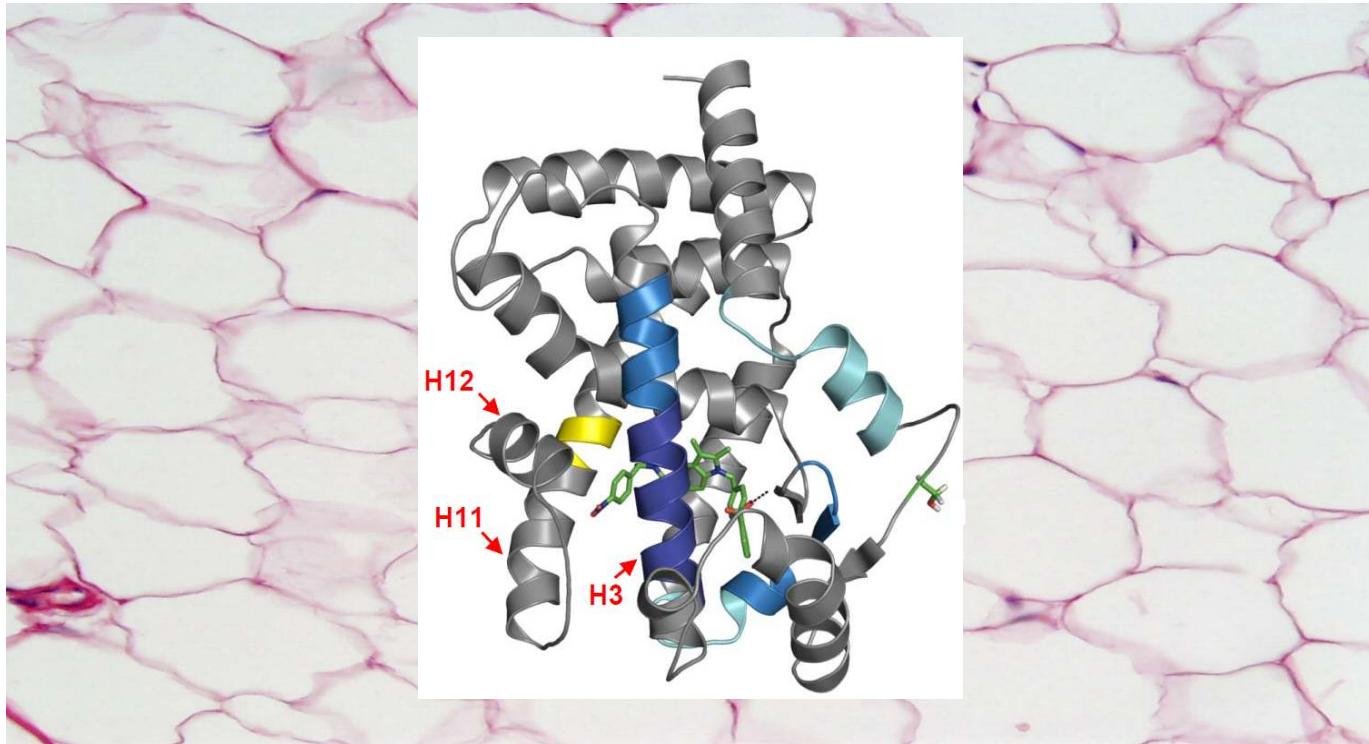


PPAR γ , phosphorylation and the anti-diabetic PPAR γ ligands

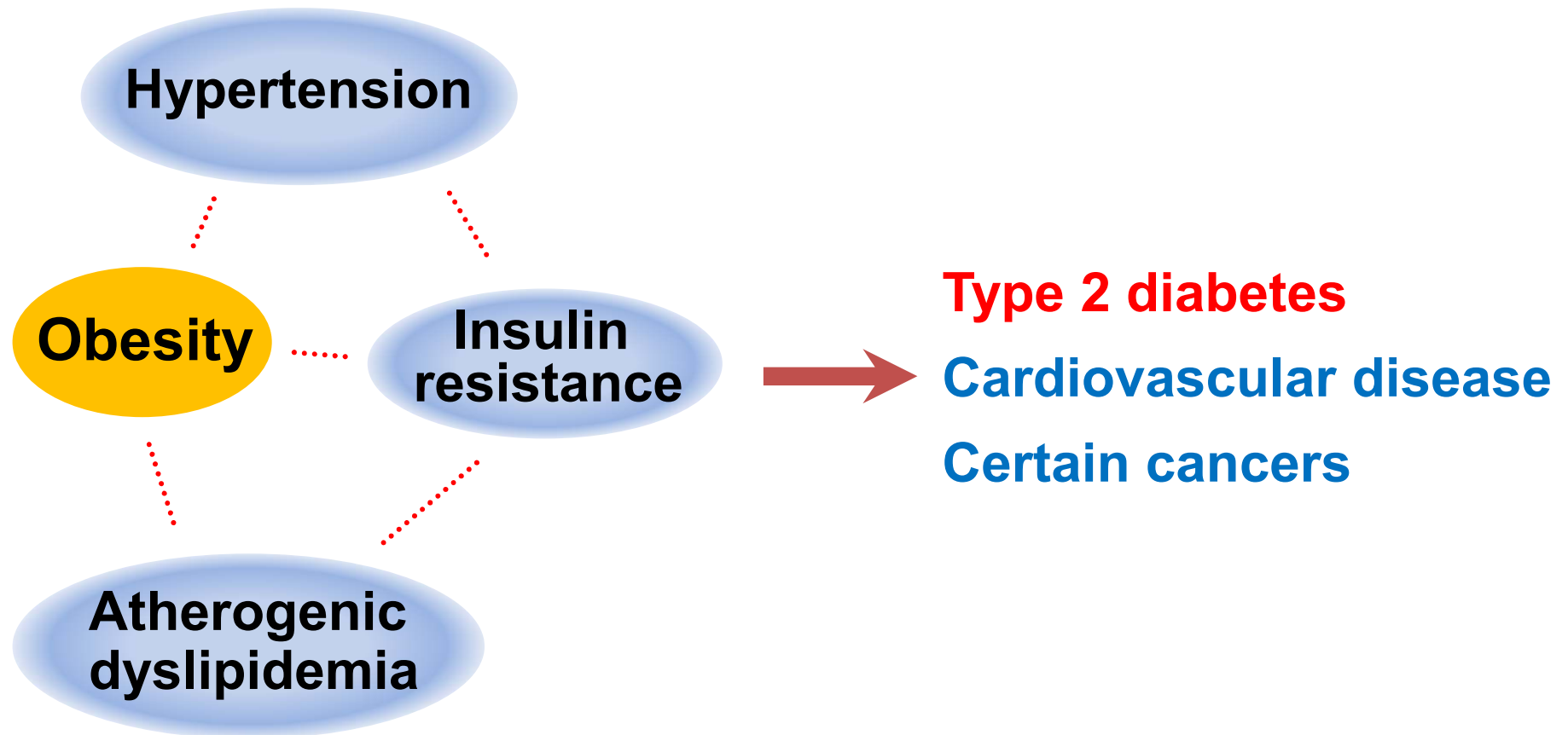
a new look at an old friend



Jang Hyun Choi Ph.D.

UNIST

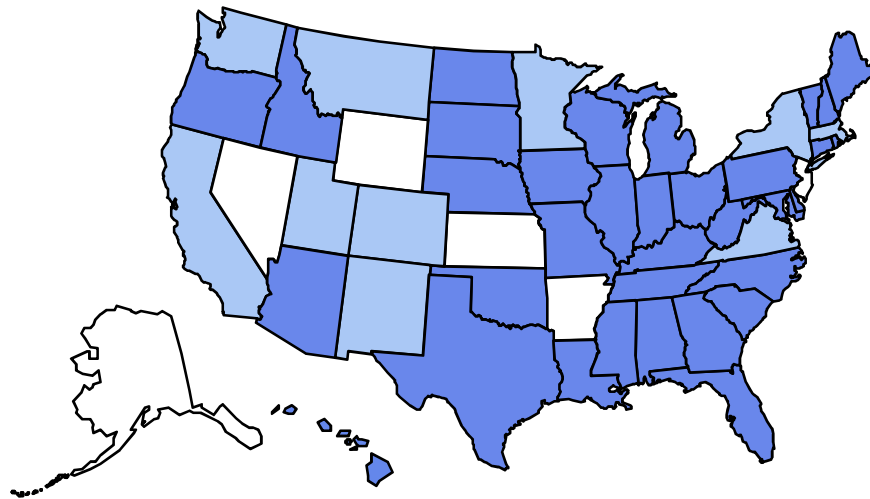
Metabolic Syndrome



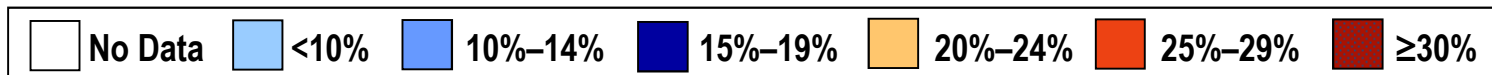
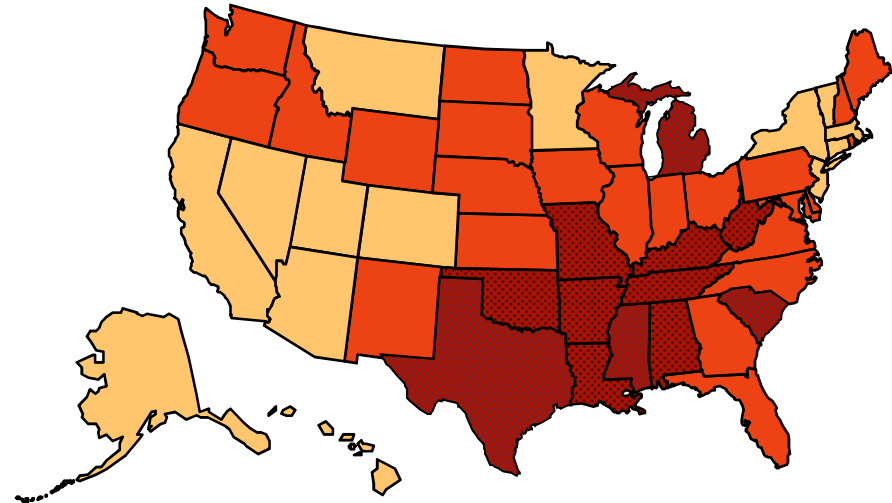
Obesity trends among U.S. adults

(*BMI ≥ 30 , or about 30 lbs. overweight for 5'4" person)

1990



2010



David, after a short stay in America



What should we do for managing metabolic syndrome?

Management of diabetes

- The major strategies for treating diabetes are:

A

• **Diet and Exercise**

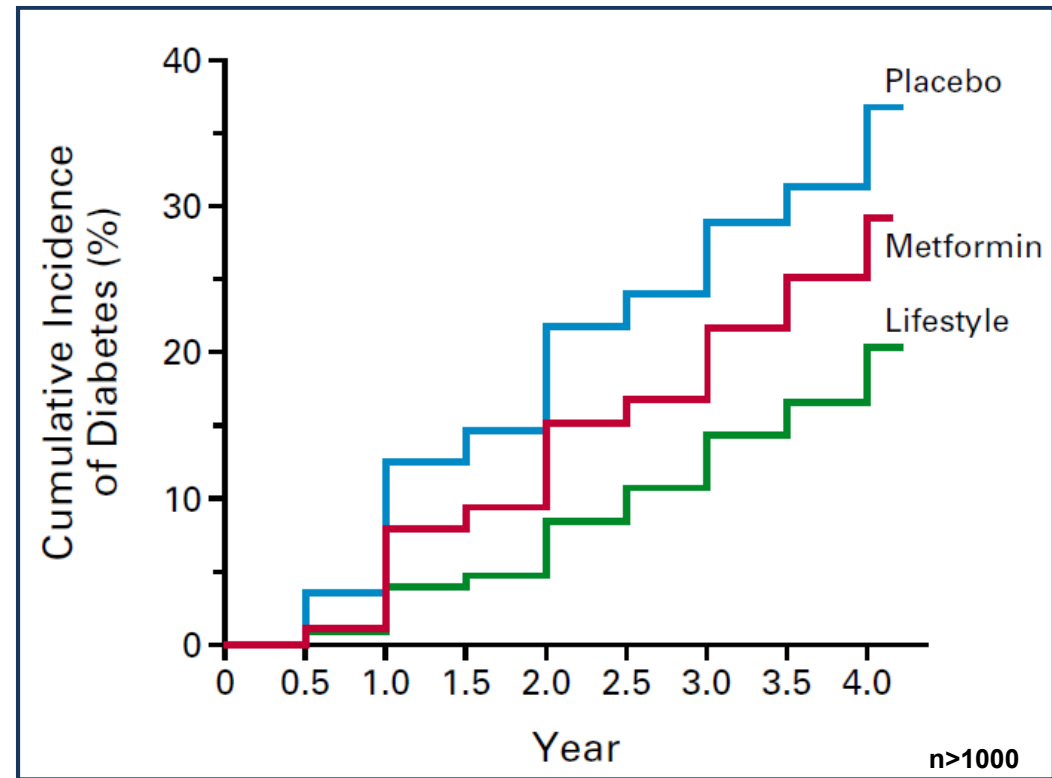
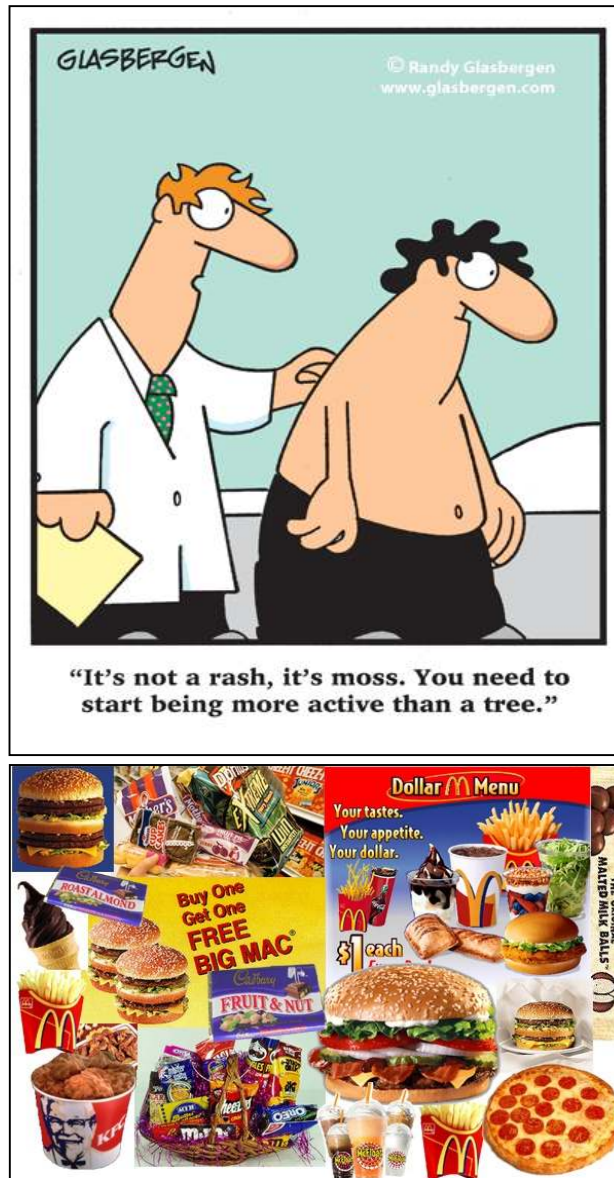
B

• **Oral hypoglycaemic therapy**

C

• **Insulin Therapy**

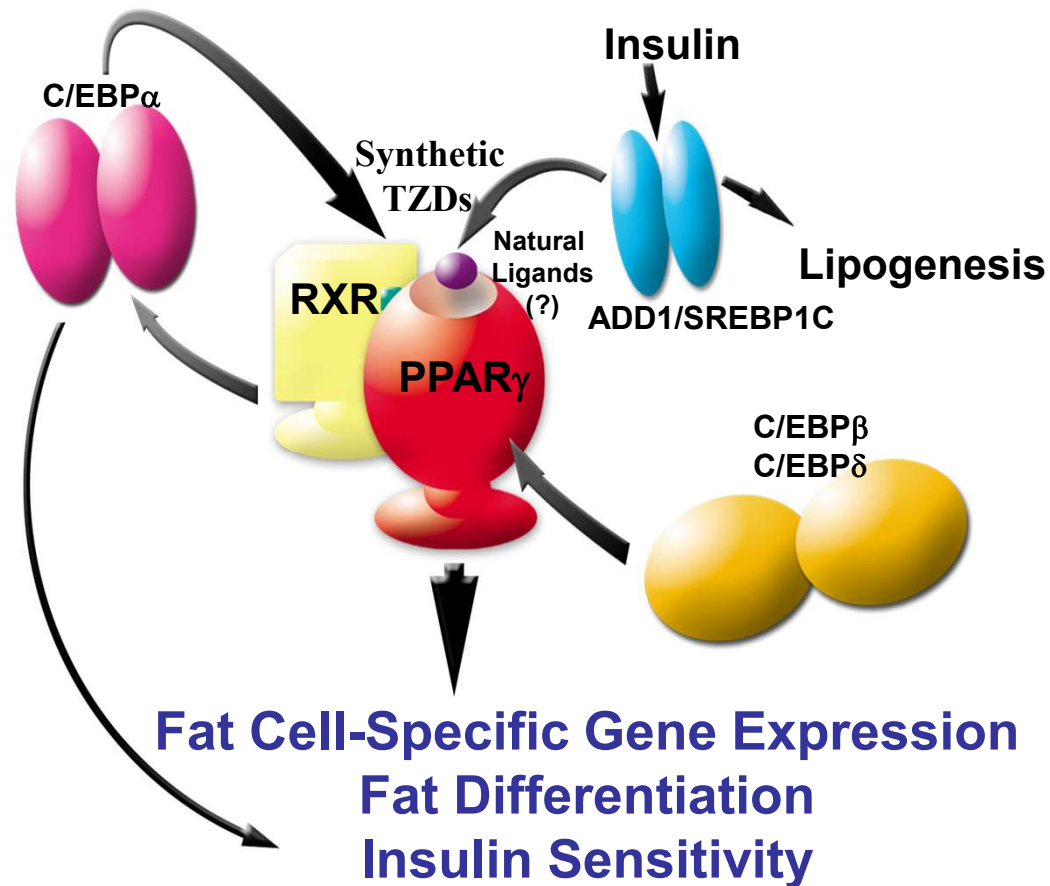
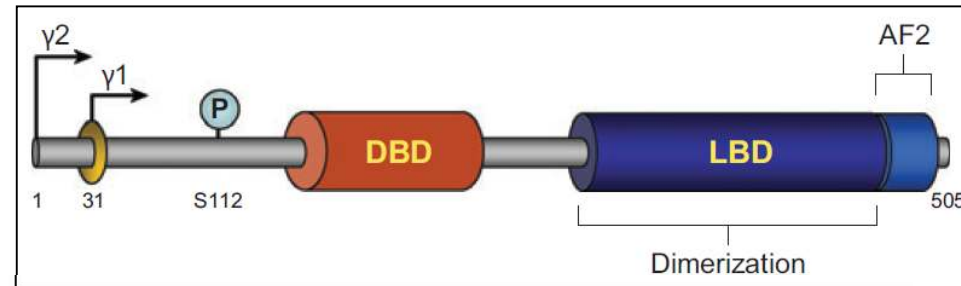
Exercise and diet



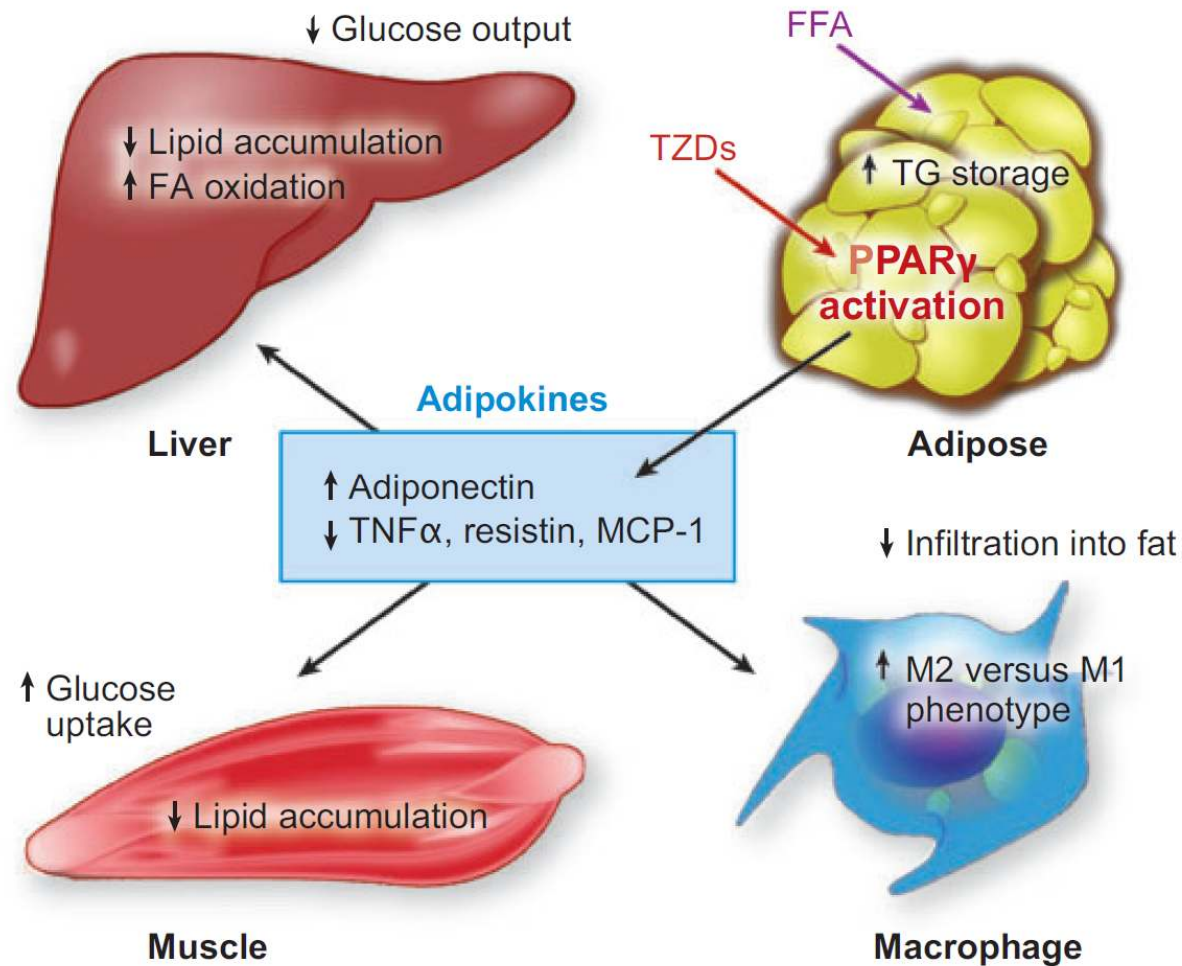
Oral hypoglycemic medications

Drug Class	Drug Name	Brand Name	Mechanism of Action
Biguanides	Metformin	Glucophage	Inhibit glucose production by the liver
Sulfonylureas (second-generation)	Glimepiride Glipizide Glyburide	Amaryl Glucotol Diabeta Glynase PresTab Micronase	Increase insulin secretion by pancreatic beta cells
Meglitinides	Repaglinide Nateglinide	Prandin Starlix	Increase insulin secretion by pancreatic beta cells
Thiazolidinediones (PPAR γ specific full agonist ligands)	Pioglitazone Rosiglitazone	Actos Avandia	Increase glucose uptake by skeletal muscle
Alpha-glucosidase inhibitors	Acarbose Miglitol	Precose Glyset	Inhibit carbohydrate absorption in the small intestine

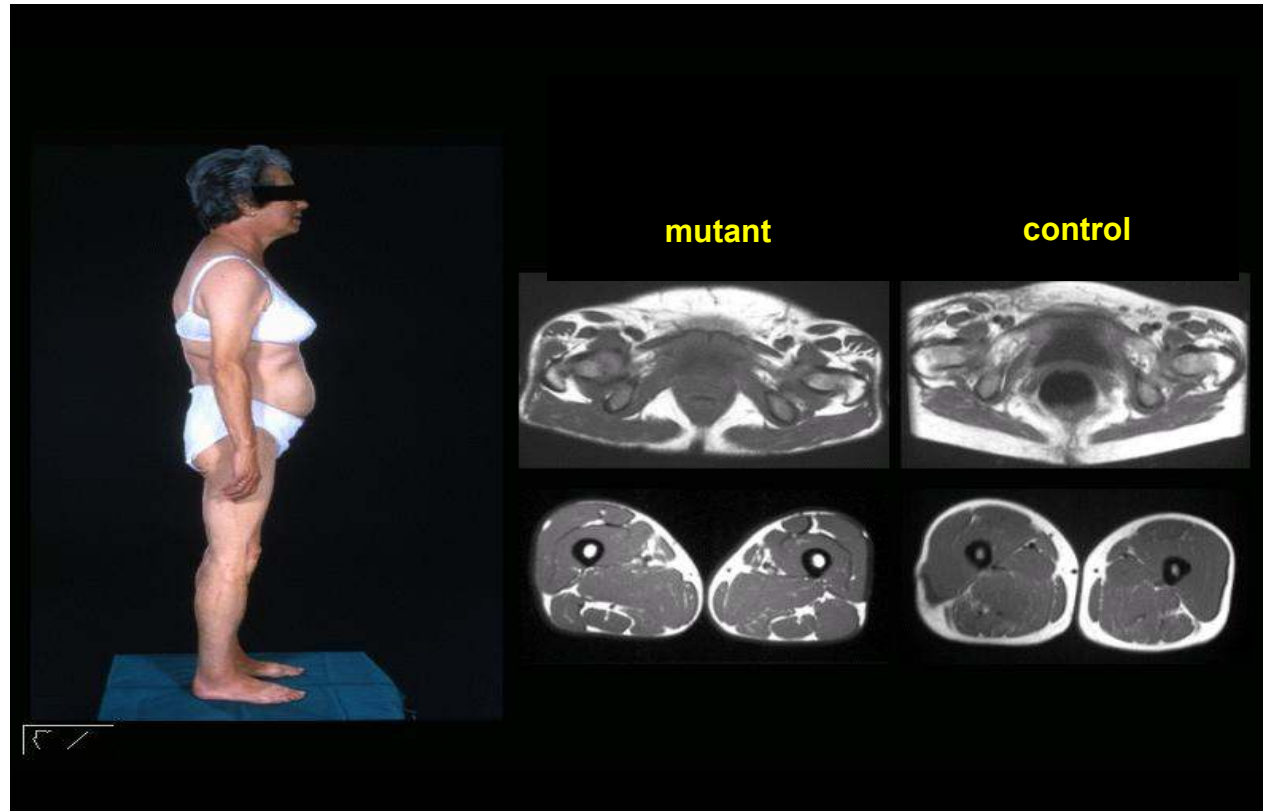
What is PPAR γ ?



Role of TZDs in PPAR γ -mediated glucose metabolism



Dominant-negative PPAR γ mutation in human



P467L mutation
MRI images
56-year-old female

Severe Insulin Resistance

Limb and buttock lipodystrophy

Severe dyslipidaemia

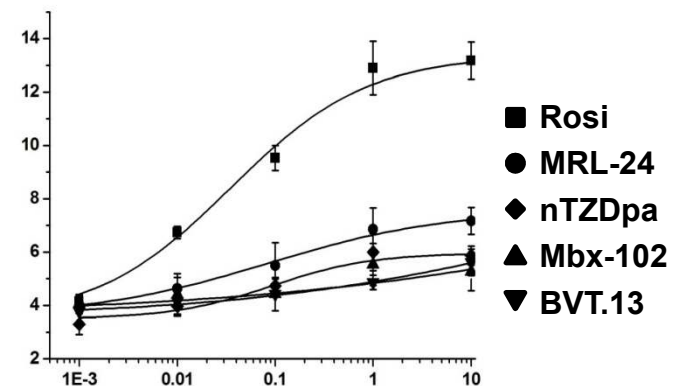
Early Onset Hypertension

Nature (1999)
Diabetes (2003)

Paradoxes regarding PPAR γ and insulin-resistance

1. Partial loss of function mutations in PPAR γ in humans unambiguously cause severe insulin resistance.
2. PPAR γ agonists improve insulin-resistance and diabetes.
3. **Most PPAR γ target genes** are already fully “**ON**” in obesity.
4. **Severe side effects** of PPAR γ full agonists (TZDs) such as heart failure, weight gain, fluid retention.
5. Some PPAR γ ligands with **poor agonist activity (partial agonists)** still have **marked anti-diabetic actions**.

PPAR γ full agonist ligands : TZDs (rosiglitazone etc.)
PPAR γ partial agonist ligands : MRL24, nTZDpa etc.



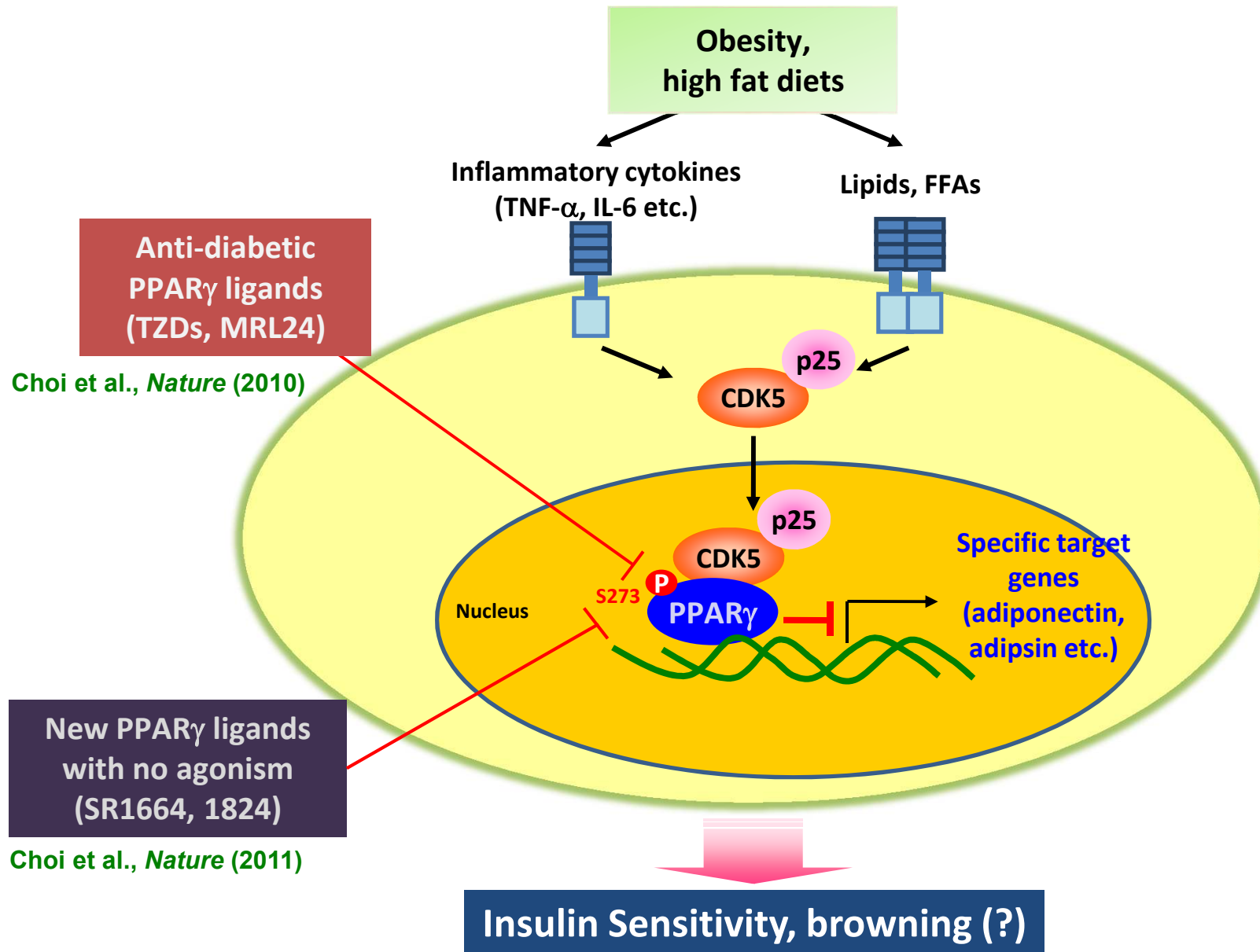
Paradoxes regarding PPAR γ and insulin-resistance

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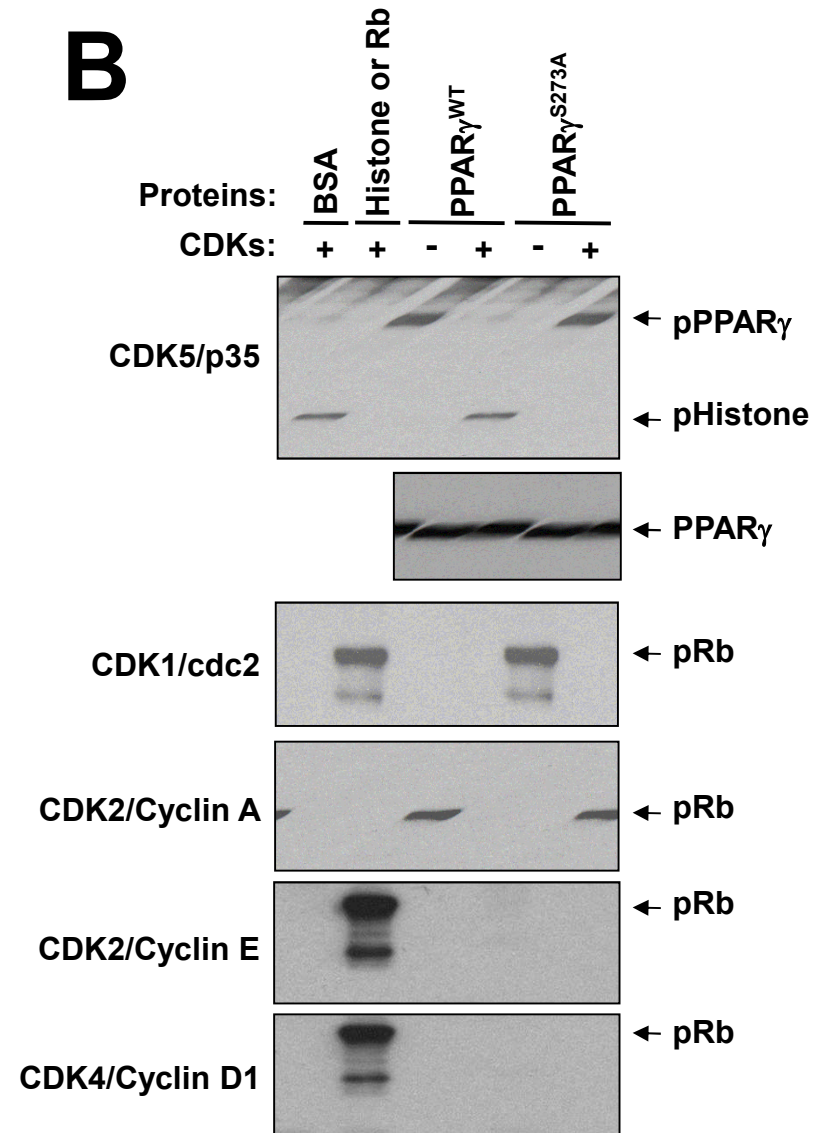
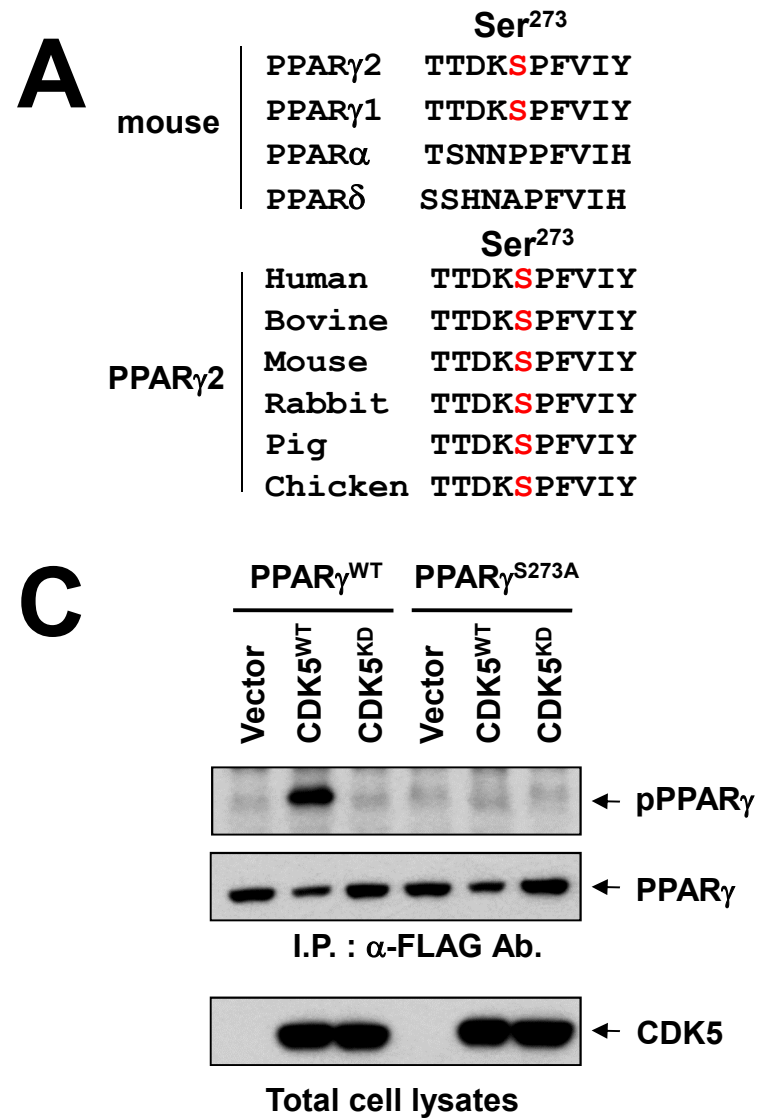


**Can we separate PPAR γ agonism from anti-diabetic actions?
Are there novel mechanisms linking PPAR γ to insulin-resistance?**

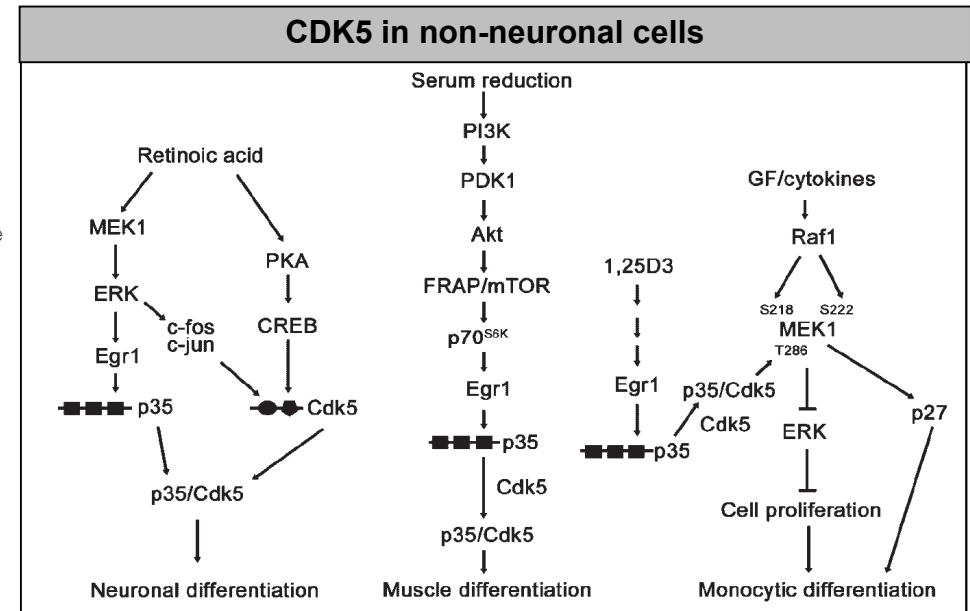
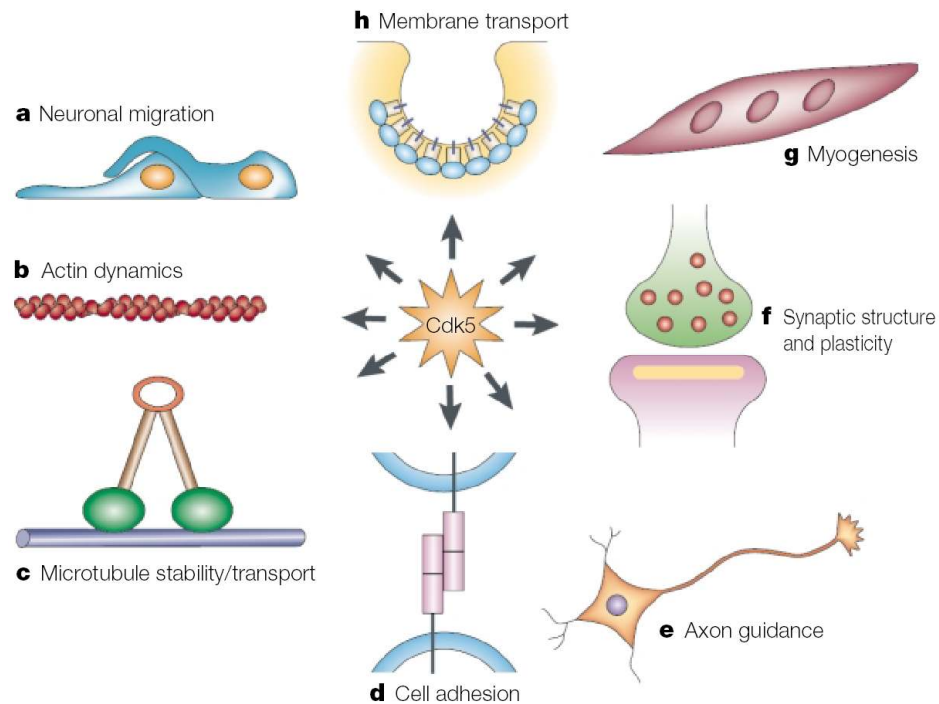
Schematic model of PPAR γ and anti-diabetic PPAR γ ligands



Cdk5 phosphorylates PPAR γ



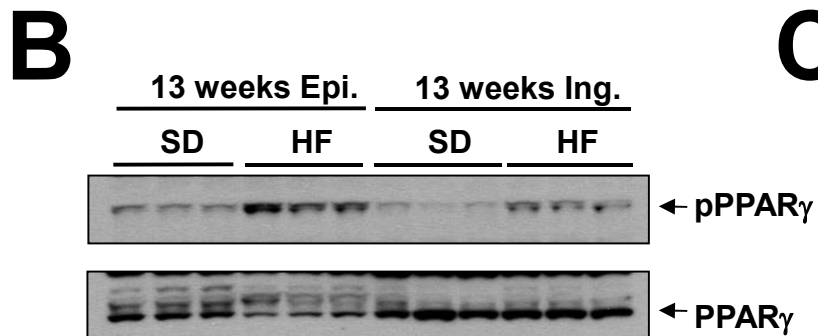
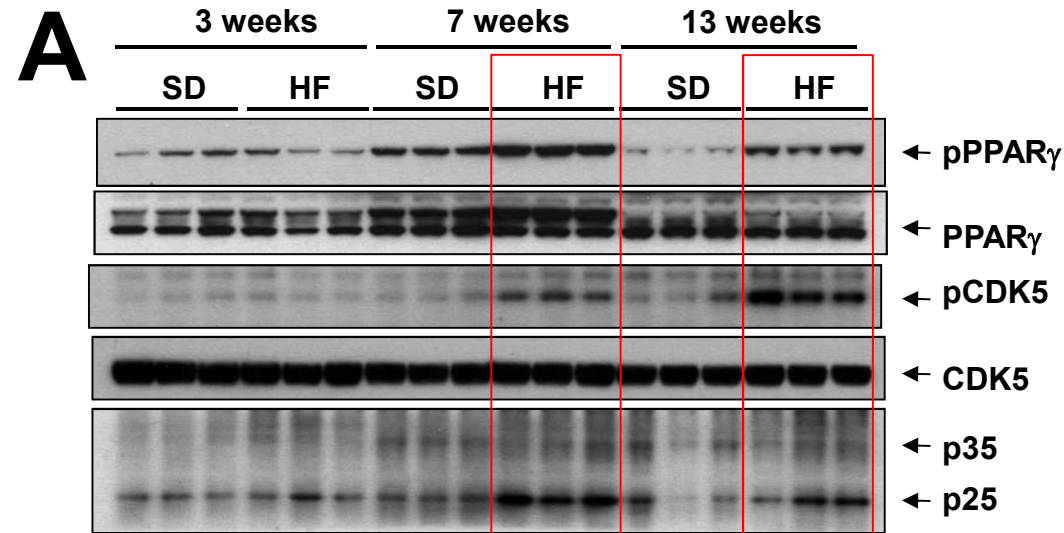
What is Cdk5?



CDK5 KO : perinatal death
Defect on corticogenesis
Cerebellar defoliation

Bioassay (2004)
Nat. Med. (2005)
Nat. Rev. MCB (2001)

Obesity-induced phosphorylation of PPAR γ in fat tissues

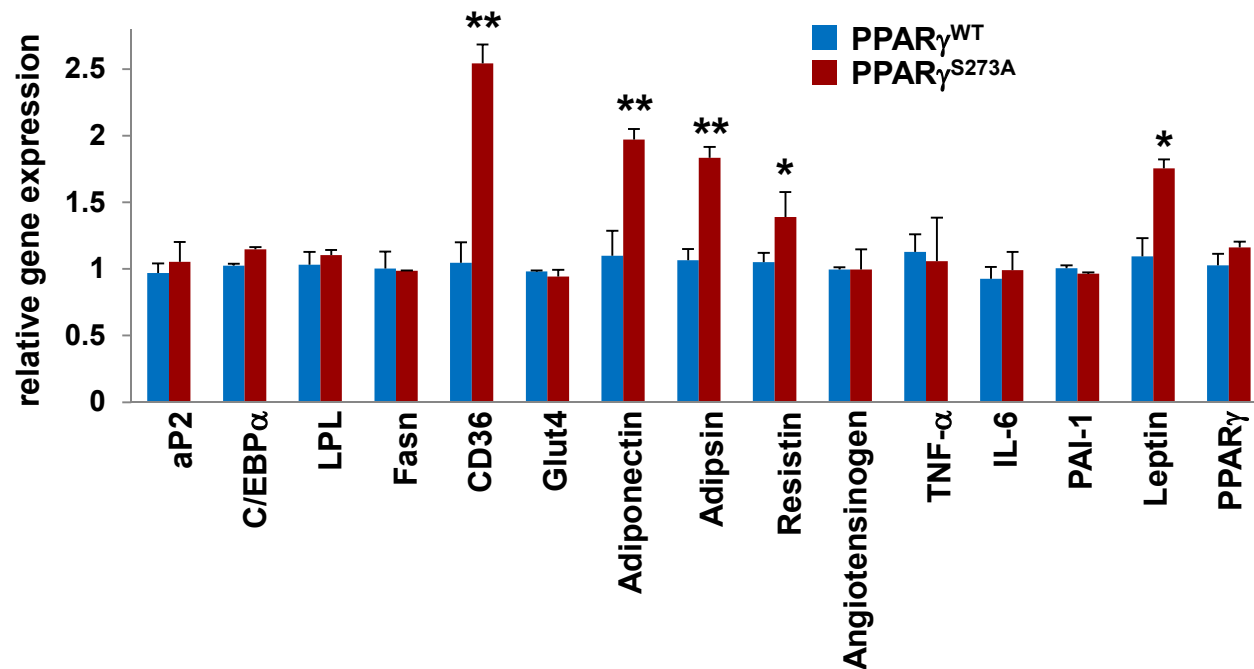


C

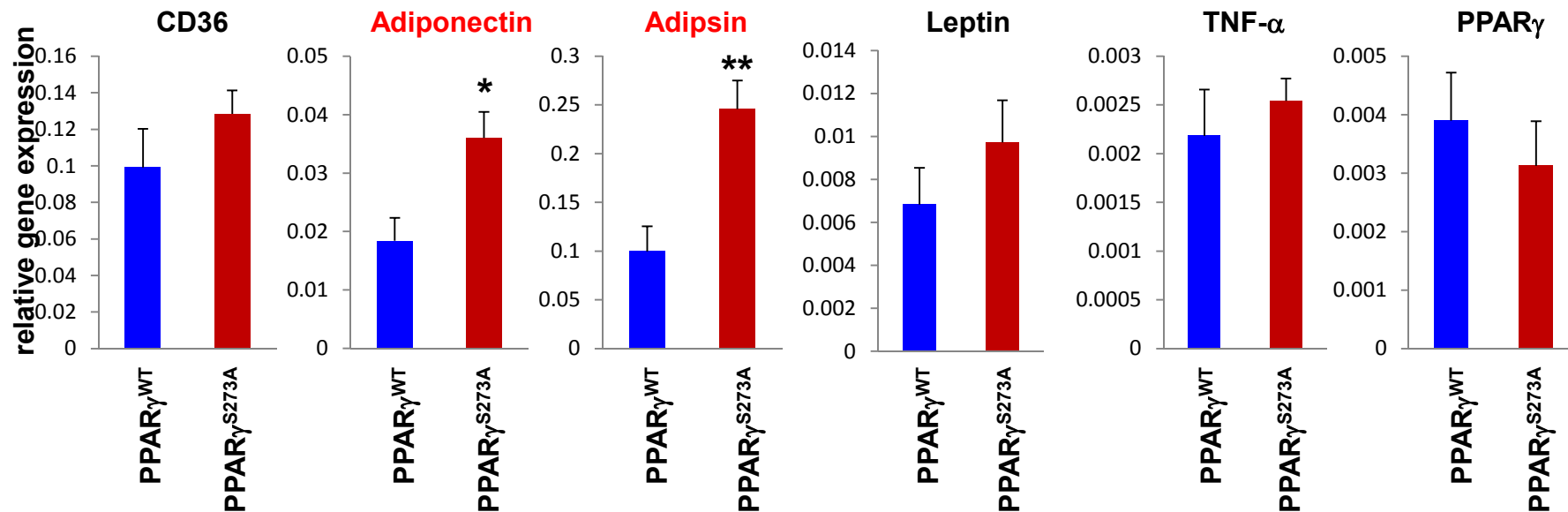
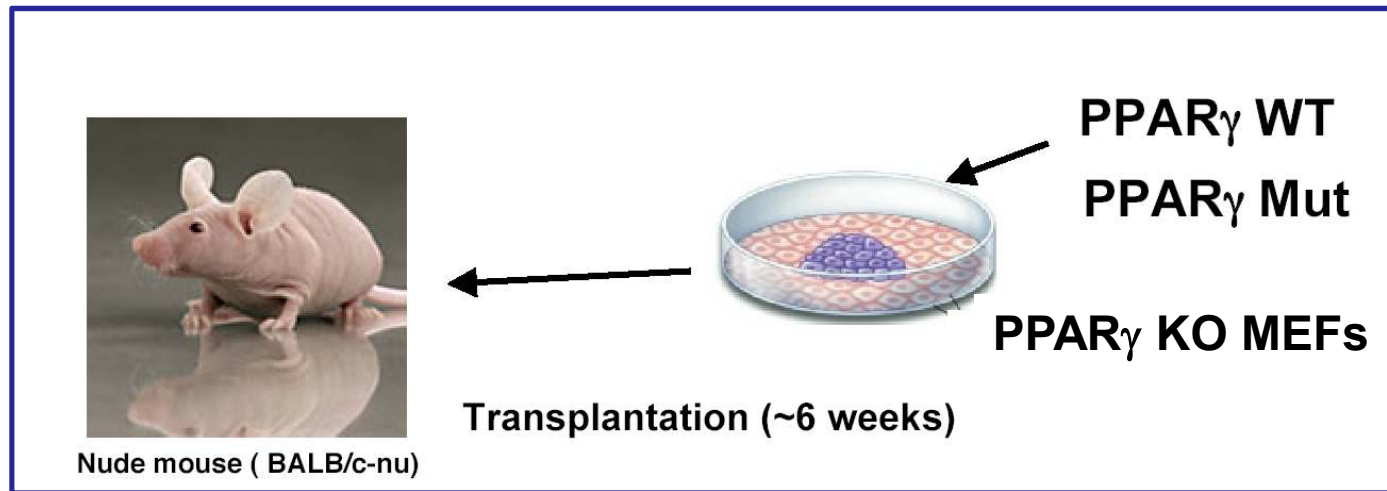
	7 weeks Chow	7 weeks HFD	13 weeks Chow	13 weeks HFD
Weight (grams)	26.2 ± 0.3	33.8 ± 1***	29.4 ± 0.6	44.5 ± 1.1***
Glucose (mg/dl)	88.2 ± 6.4	92.6 ± 5.4	115.4 ± 8.9	124.4 ± 6.5
Insulin (ng/ml)	0.1 ± 0.03	0.18 ± 0.06	0.24 ± 0.03	1.07 ± 0.13**

What is the biological role of phosphorylation?

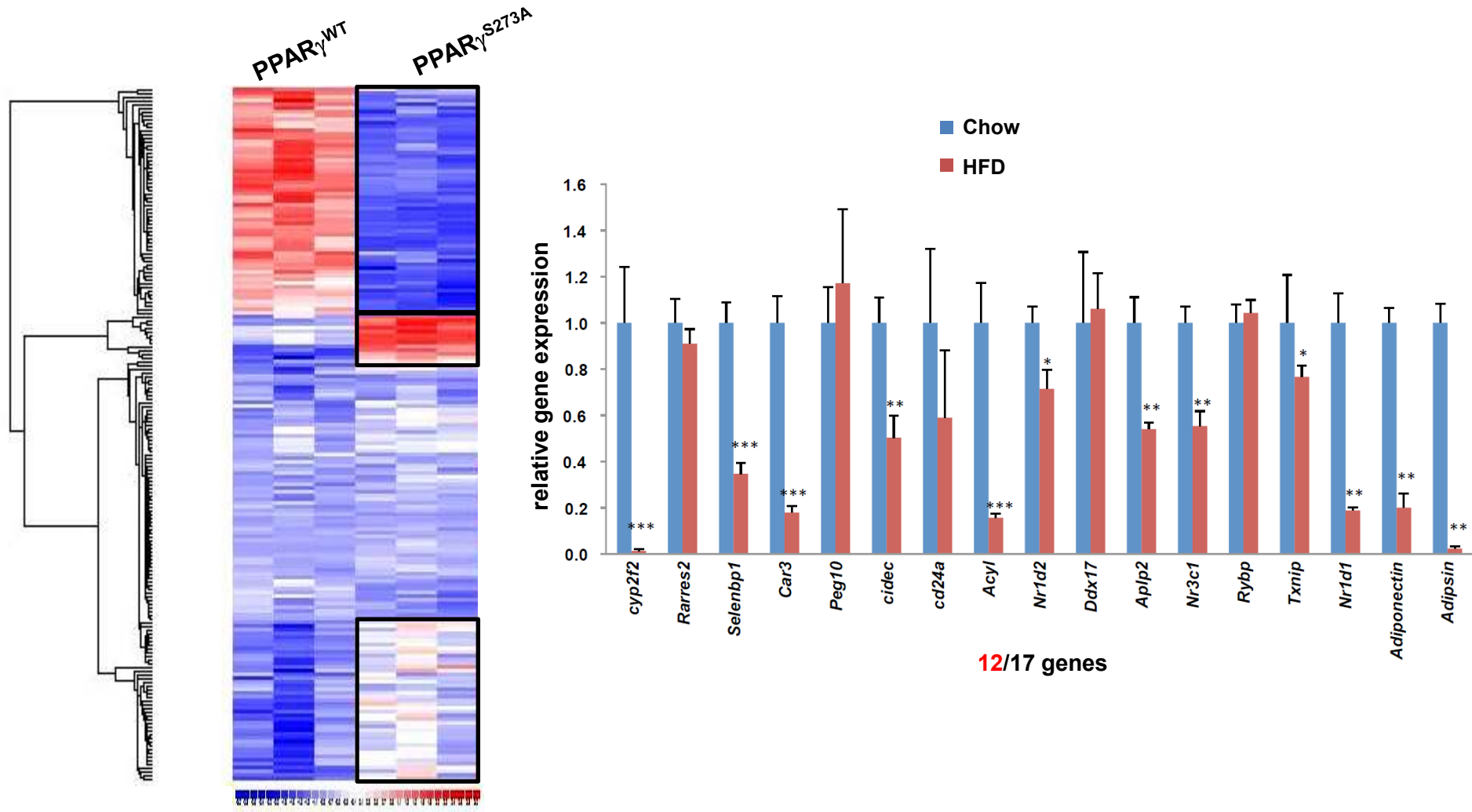
Specific fat cell genes regulated by phosphorylation



Specific fat cell genes regulated by phosphorylation

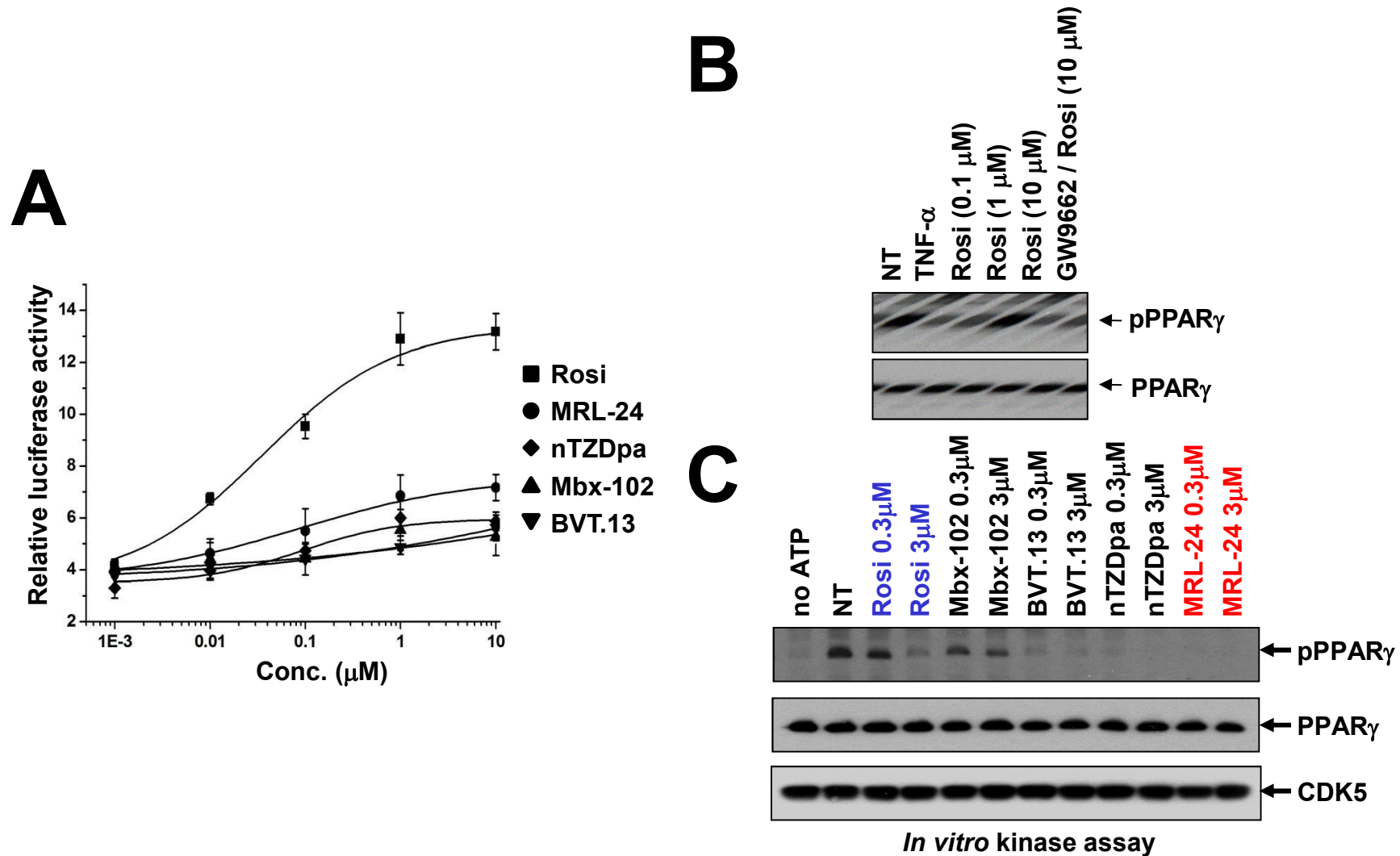


Specific gene sets regulated by phosphorylation



Phosphorylation of PPAR γ might play an important role in the context of obesity and diabetes.

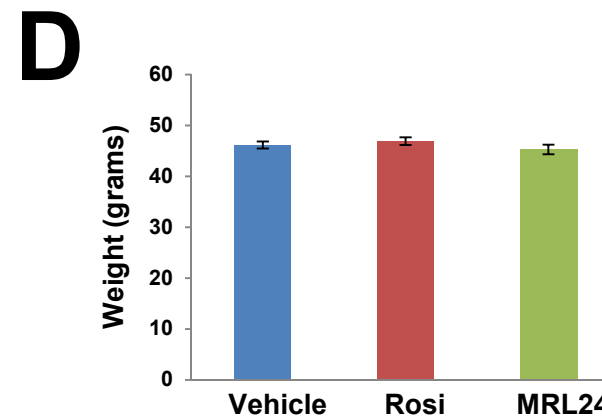
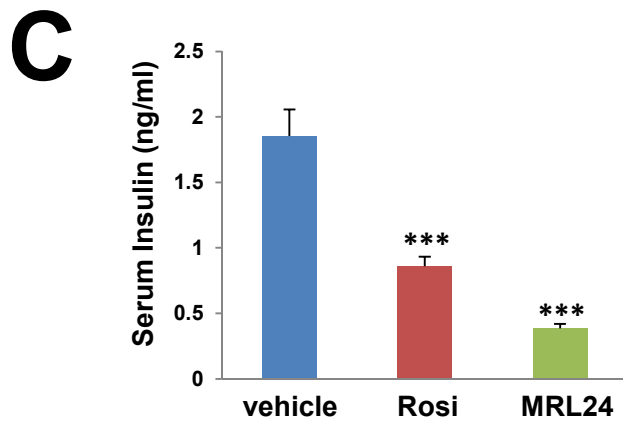
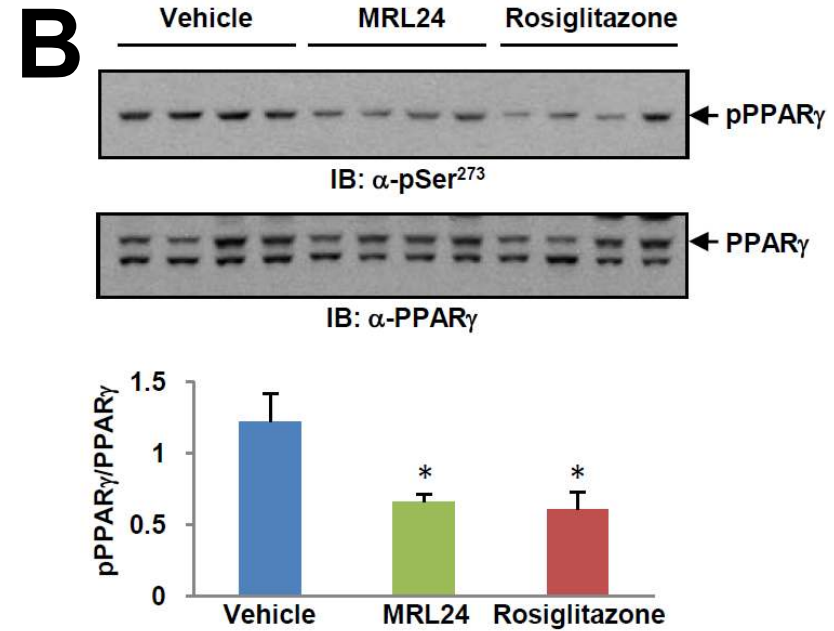
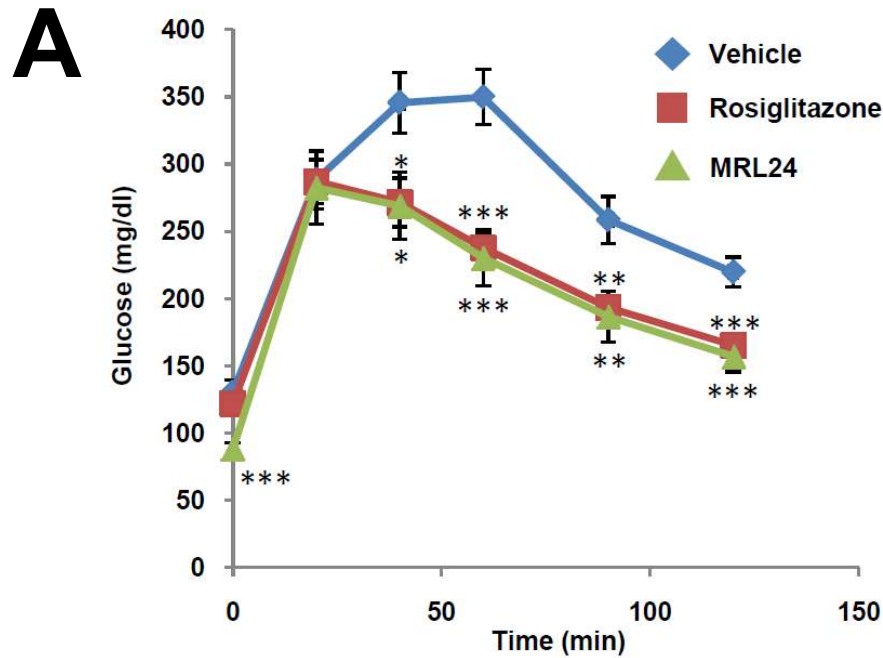
PPAR γ ligands block the phosphorylation of PPAR γ



Anti-diabetic PPAR γ ligands directly block the phosphorylation independent of PPAR γ agonism.

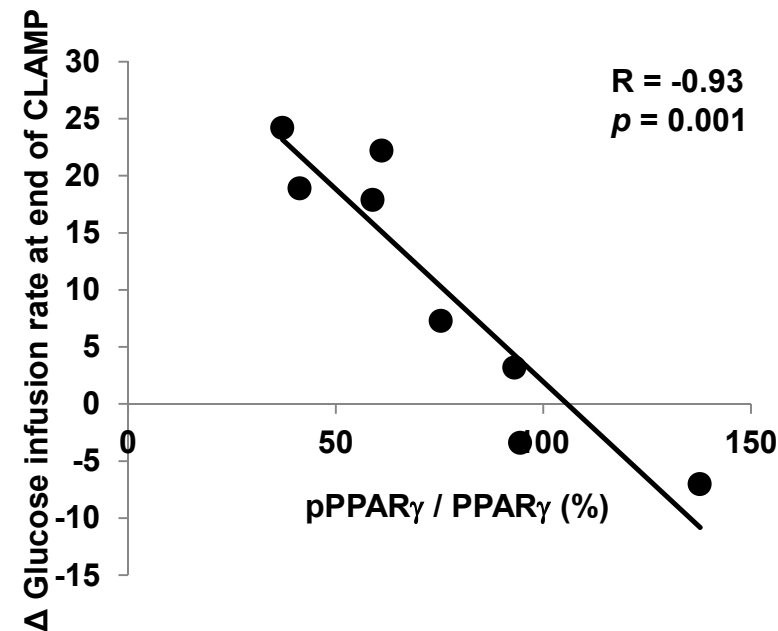
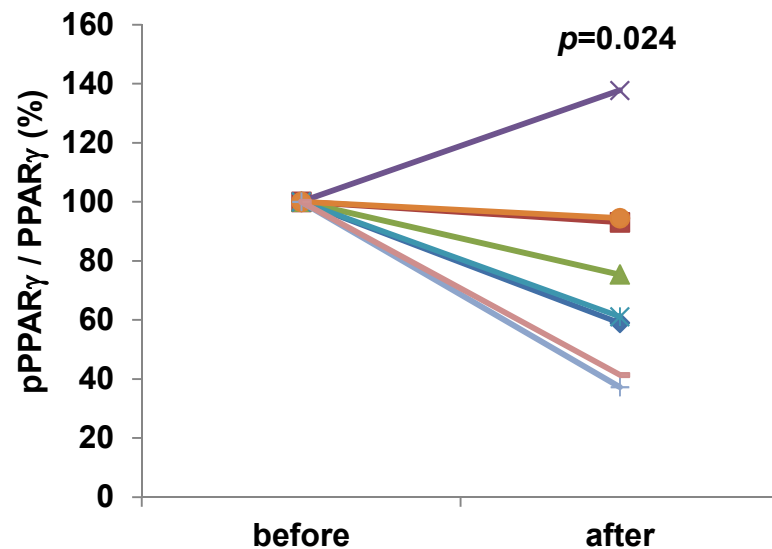
What is the physiological role of phosphorylation *in vivo*?

Anti-diabetic effects of PPAR γ ligands in HFD mice



Modulation of PPAR γ phosphorylation by rosiglitazone during the therapy of human type 2 diabetes

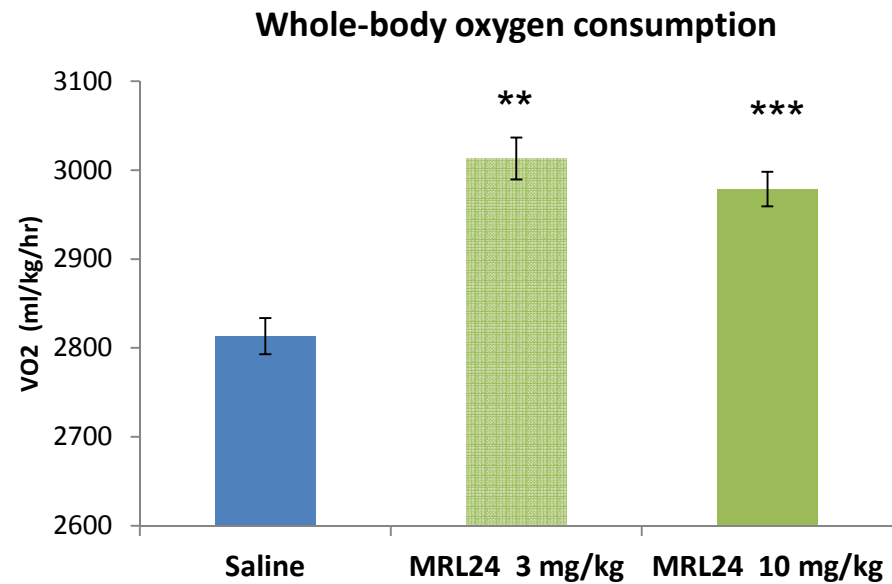
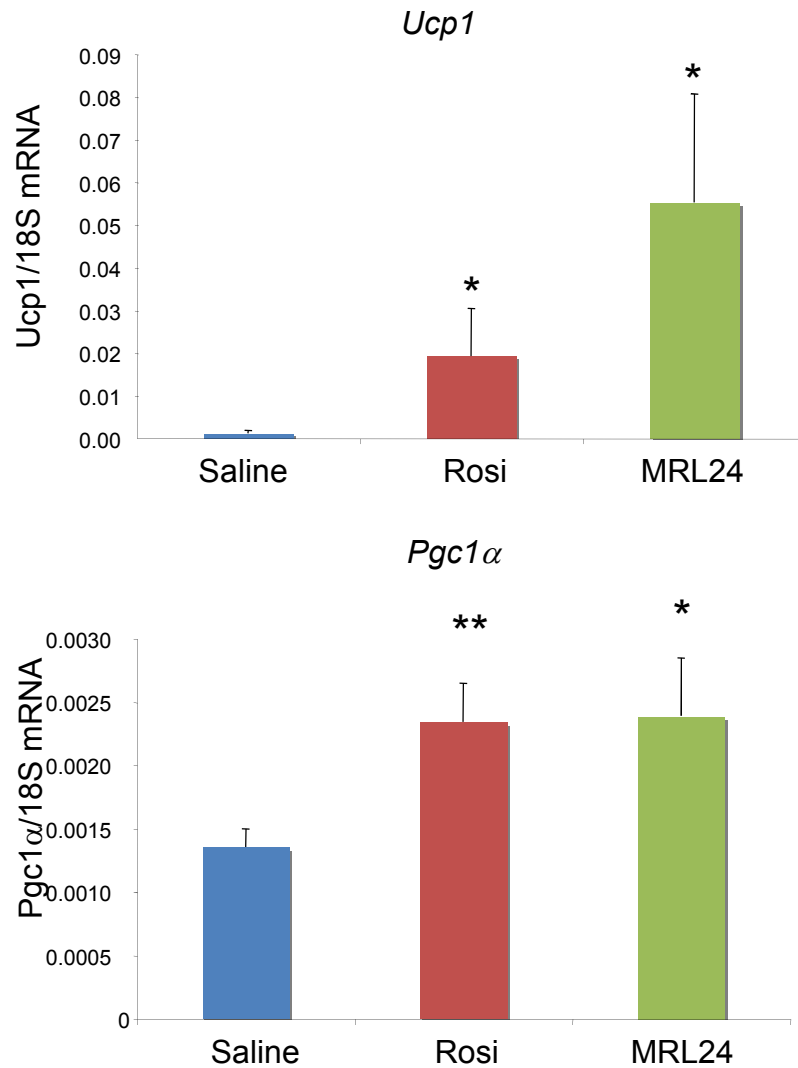
Newly diagnosed T2D, male, 6 months treatment, 4mg/day



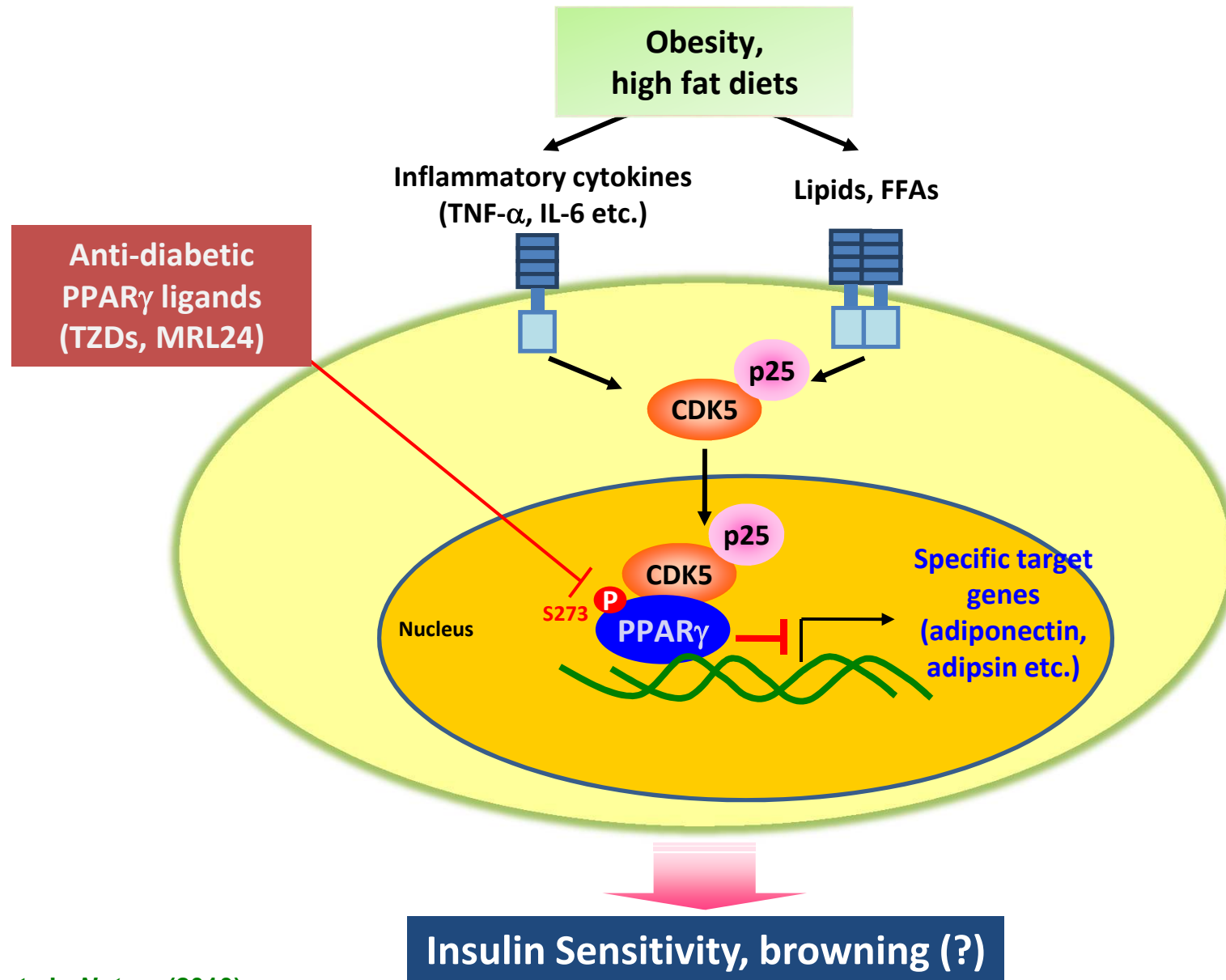
Matthias Blueher, U. Leipzig

Phosphorylation of PPAR γ tightly correlates with insulin sensitivity.

MRL-24 increases metabolic rate and thermogenic gene expression *in vivo*



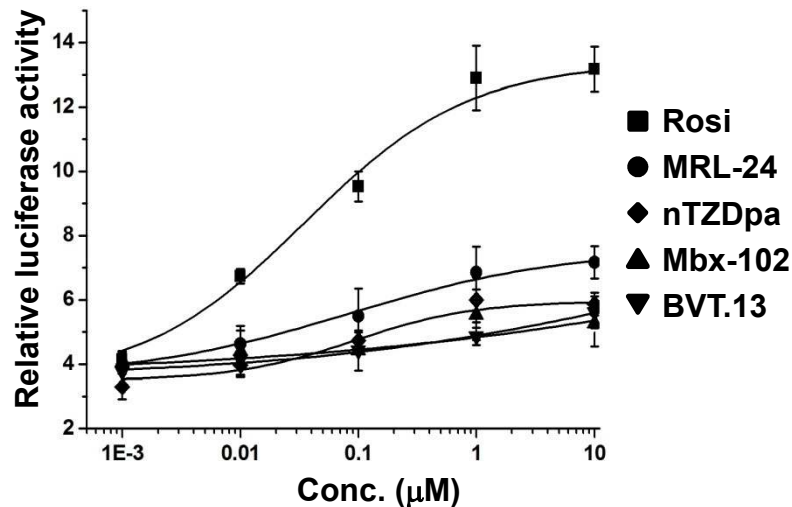
Proposed model of PPAR γ phosphorylation and PPAR γ ligands



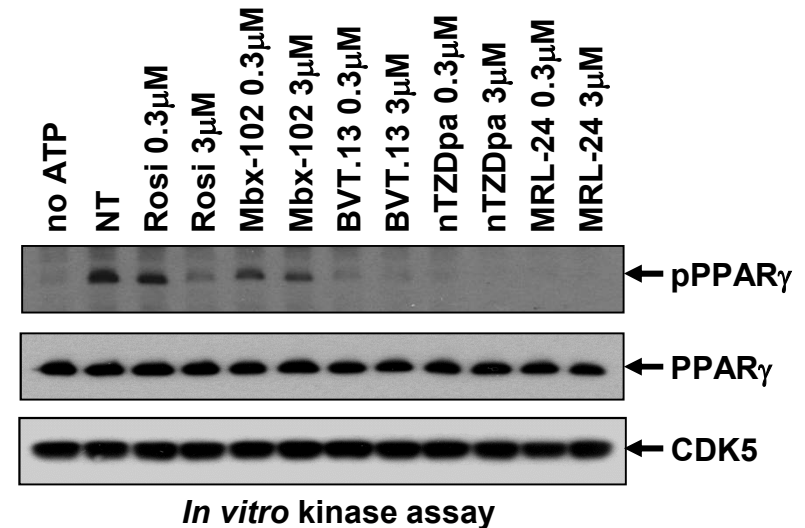
Many unanswered questions?

- The TZD drugs are PPAR γ agonists and block Cdk5-mediated phosphorylation. **Can PPAR γ ligands be developed with no classical agonism and still block Cdk5-mediated phosphorylation of PPAR γ ?**
- **Would such compounds have anti-diabetic activity?**
- Would they have a better therapeutic window than TZDs?

A

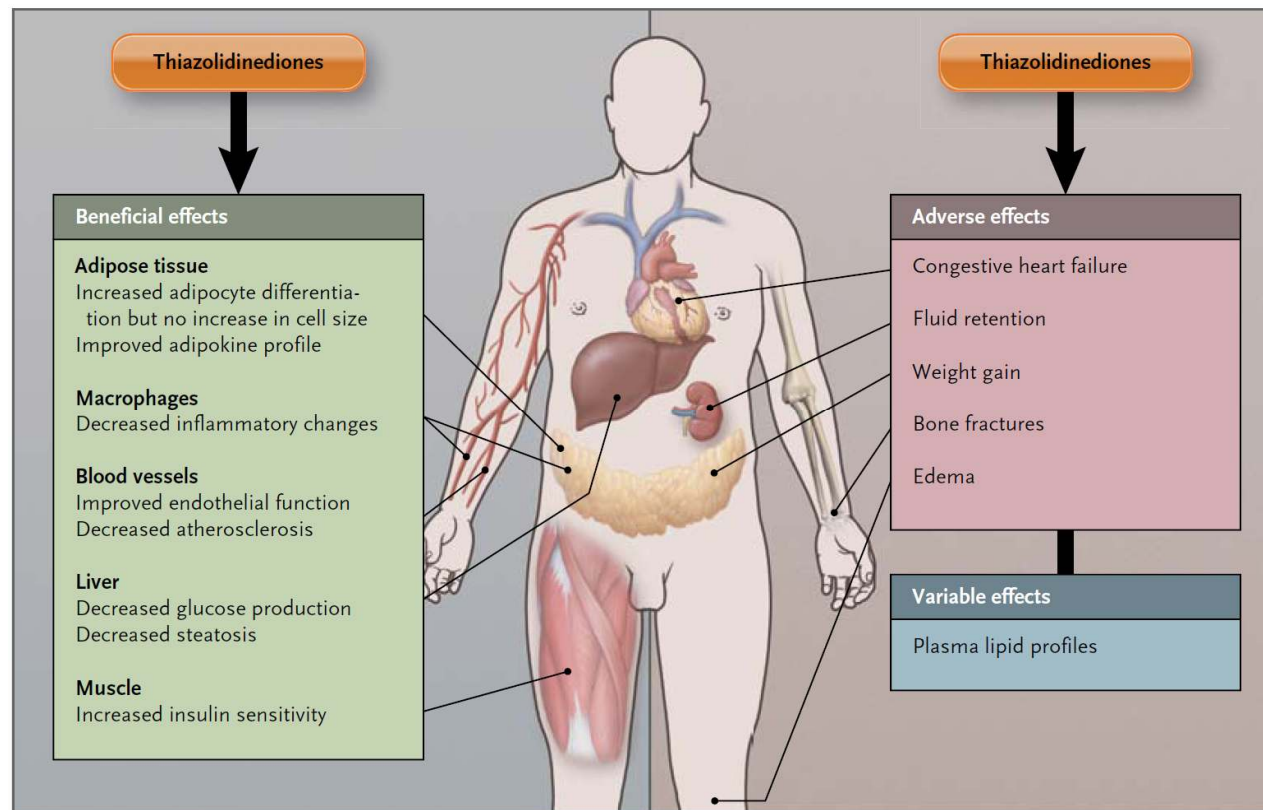


B



Many unanswered questions?

- The TZD drugs are PPAR γ agonists and block Cdk5-mediated phosphorylation. Can PPAR γ ligands be developed with no classical agonism and still block Cdk5-mediated phosphorylation of PPAR γ ?
- Would such compounds have anti-diabetic activity?
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Withdrawal of Avandia because of its side effects

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GSK's diabetes drug Avandia is to be withdrawn from the market in Europe because of high levels of heart attack, heart failure and stroke in patients.

Europe's regulator the EMA has ordered the suspension of the drug, but its US counterpart the FDA has decided to allow it remain on the market, albeit with further restrictions on its use.

hankooki.com 한국일보

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통합 뉴스 검색어를 입력하세요.

한국일보 즐겨찾기 | 지면보기 | 독자의 소리

2011. 3. 10. (목)

뉴스 | 핫이슈 | 포토 | TV | 멀티미디어

프리미엄 정보

• 80kg주부. 48kg작~뺏어요! 비법은

• 허리가 지루동해서 병원 갔더니..

• 티안나게 교성형들?? 정말 이가격에?

• 혈당, 중성지방, 배변을 비타민으로 해결?

광고문의

• 라식, 라섹 가장 많은 부작용은?

• 팔자주름 한 번 치료로 90살까지??

• 금니 가격으로 임플란트를??

• 신종 조혈제 없이 확인하는 나의 마음 한도는?

한국일보 > 뉴스 > 경제

미투데이 | 트위터 | 싸이월드 공감 | +크게 | +작게 | |

경제

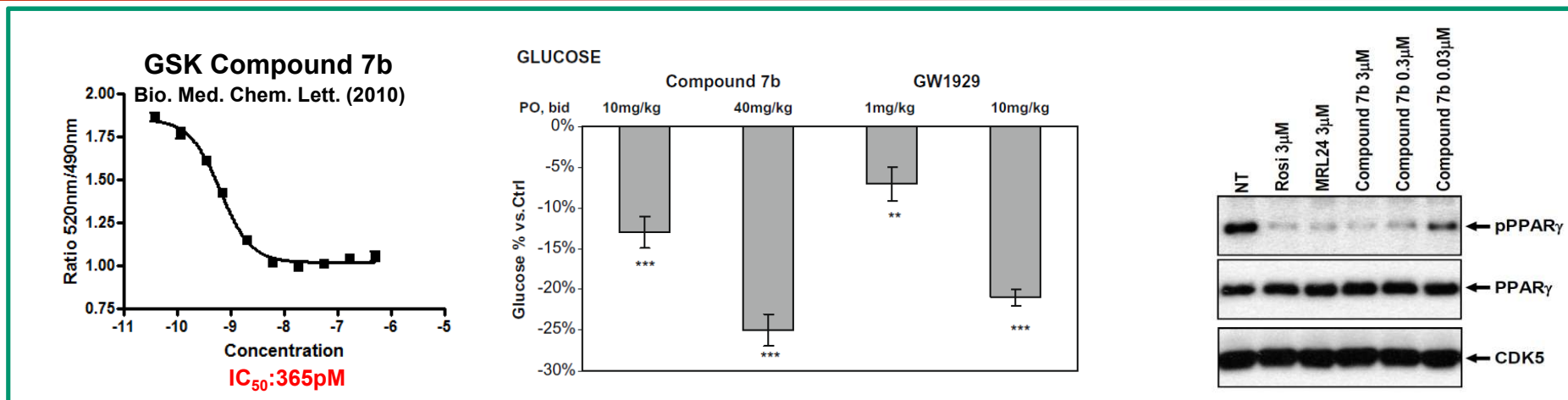
당뇨병약 '아반디아' 국내도 사용중지

(서울=연합뉴스) 김세영 기자 =

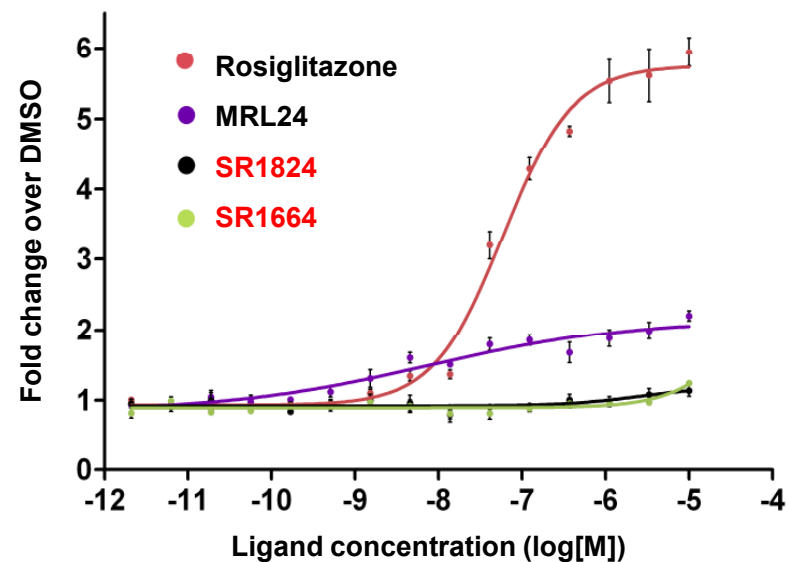
식품의약품안전청은 24일 심장발작과 뇌졸중 위험을 높이는 것으로 알려진 당뇨병치료제인 글락소스미스클라인의 아반디아(성분명:로시글리타존) 등 15개 품목에 대해 처방·조제 등 국내 사용을 중지시킨다고 밝혔다.

식약청의 아반디아의 사용중지 결정은 건강보험심사평가원에도 통보됐다.

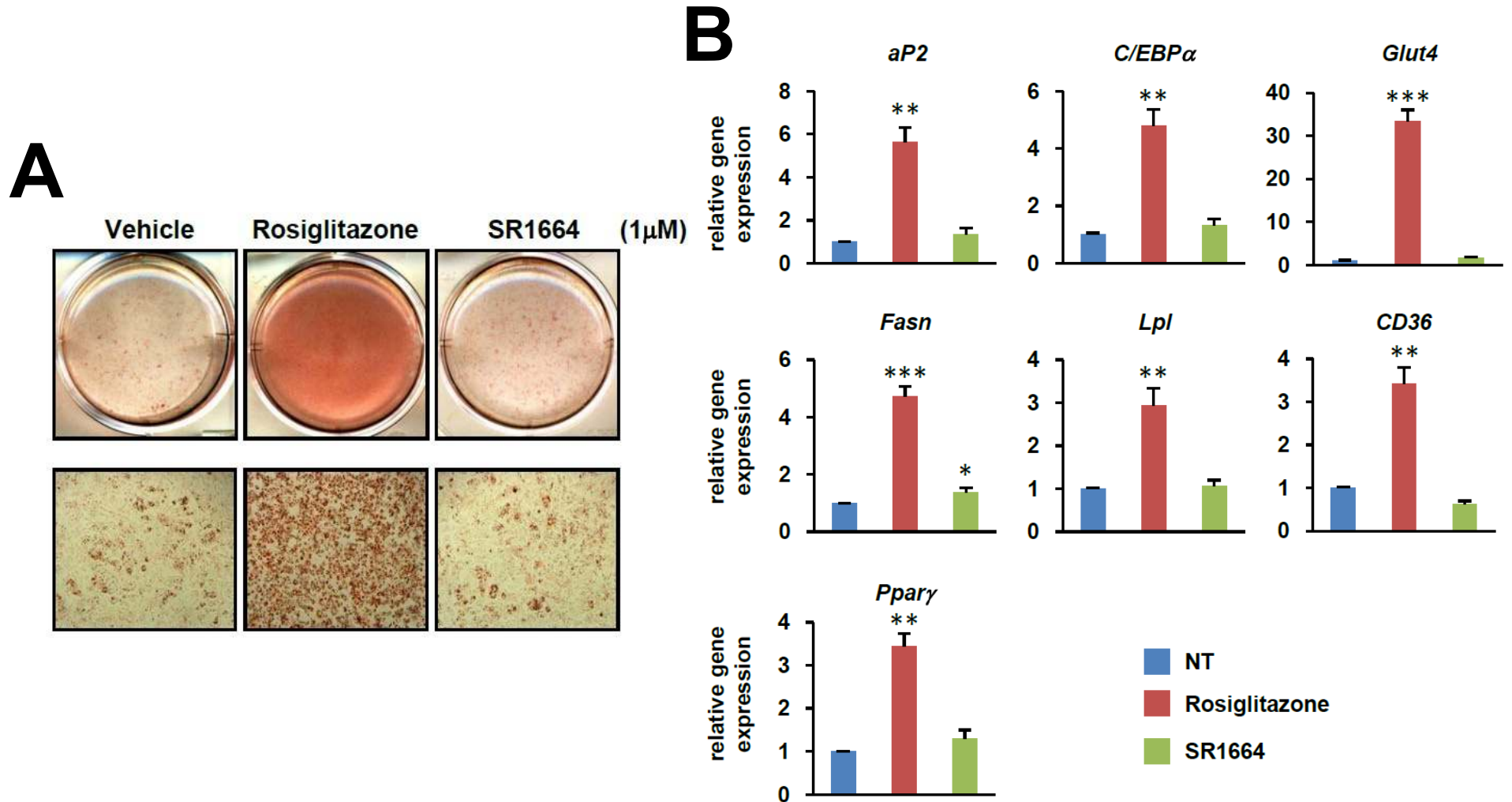
Development of chemical derivatives of Compound 7b



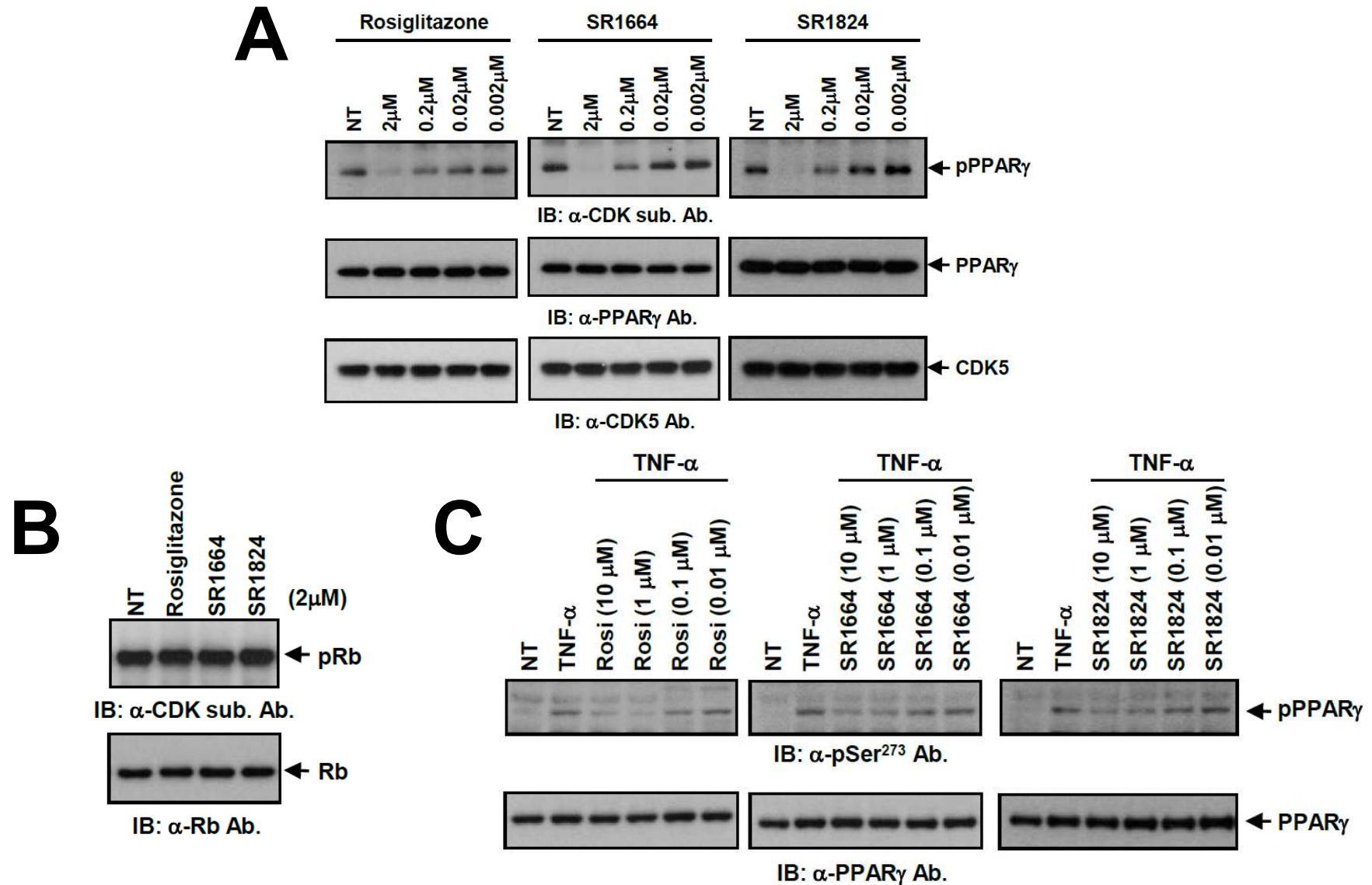
Compound	IC ₅₀ (binding affinity)	Ki	EC ₅₀ (PPRE) (%relative to rosiglitazone)
rosiglitazone	18nM	6.45nM	7.4nM (100%)
Compound 7b	370pM	132.61pM	540nM (15%)
SR1663	2nM	716pM	20nM (23%)
SR1664	80nM	28.67nM	Not active (0%)
SR1665	466nM	167.02nM	3μM (7%)
SR1666	76nM	27.24nM	300nM (26%)
SR1701	13nM	4.65nM	2.7μM (20%)
SR1706	>1000nM		Not tested
SR1707	No binding		Not tested
SR1708	10nM	3.58nM	Not active (0%)
SR1713	No binding		Not tested
SR1714	17nM	6.09nM	>1μM (9%)
SR1717	4nM	1.43nM	Not active (0%)
SR1824	28nM	10.03nM	Not active (0%)



SR1664 has no effect on adipogenesis



SR1664 & SR1824 block PPAR γ phosphorylation

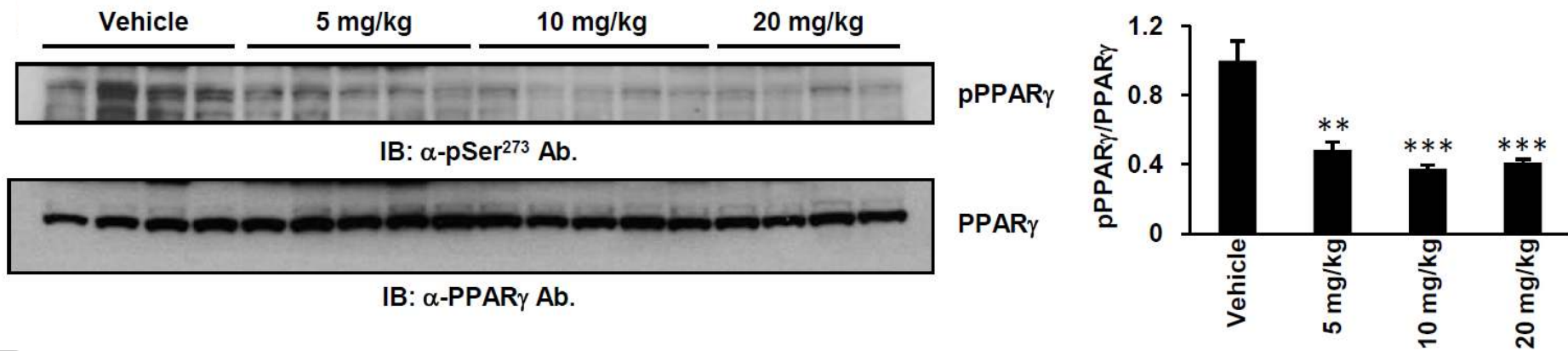


What is the physiological role of SR1664 in whole body metabolism?

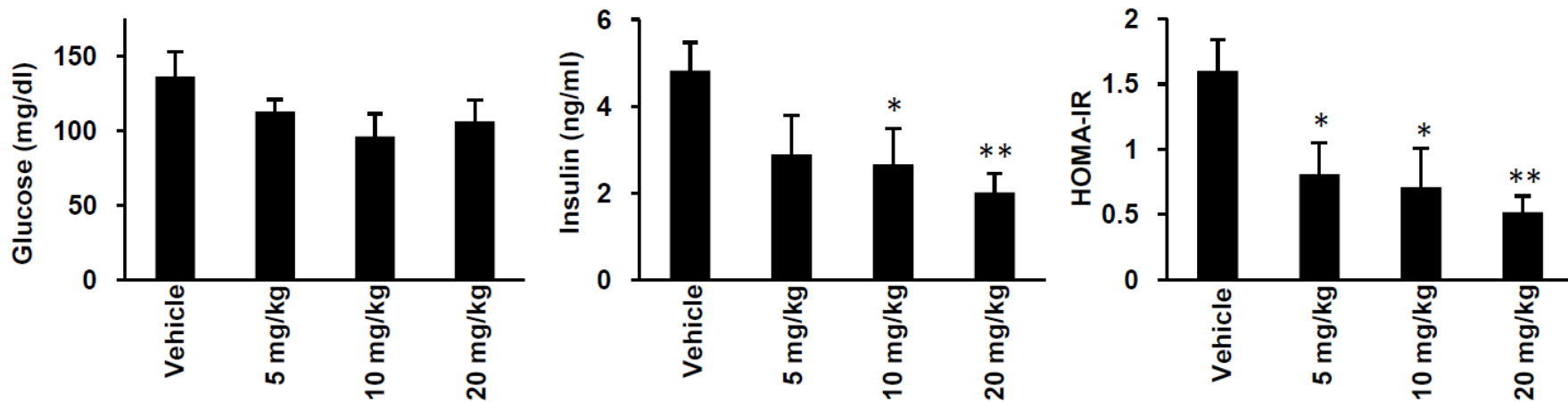
- 1.DIO mouse model**
- 2.Ob/ob mouse model**

SR1664 improves glucose tolerance in DIO mice

A

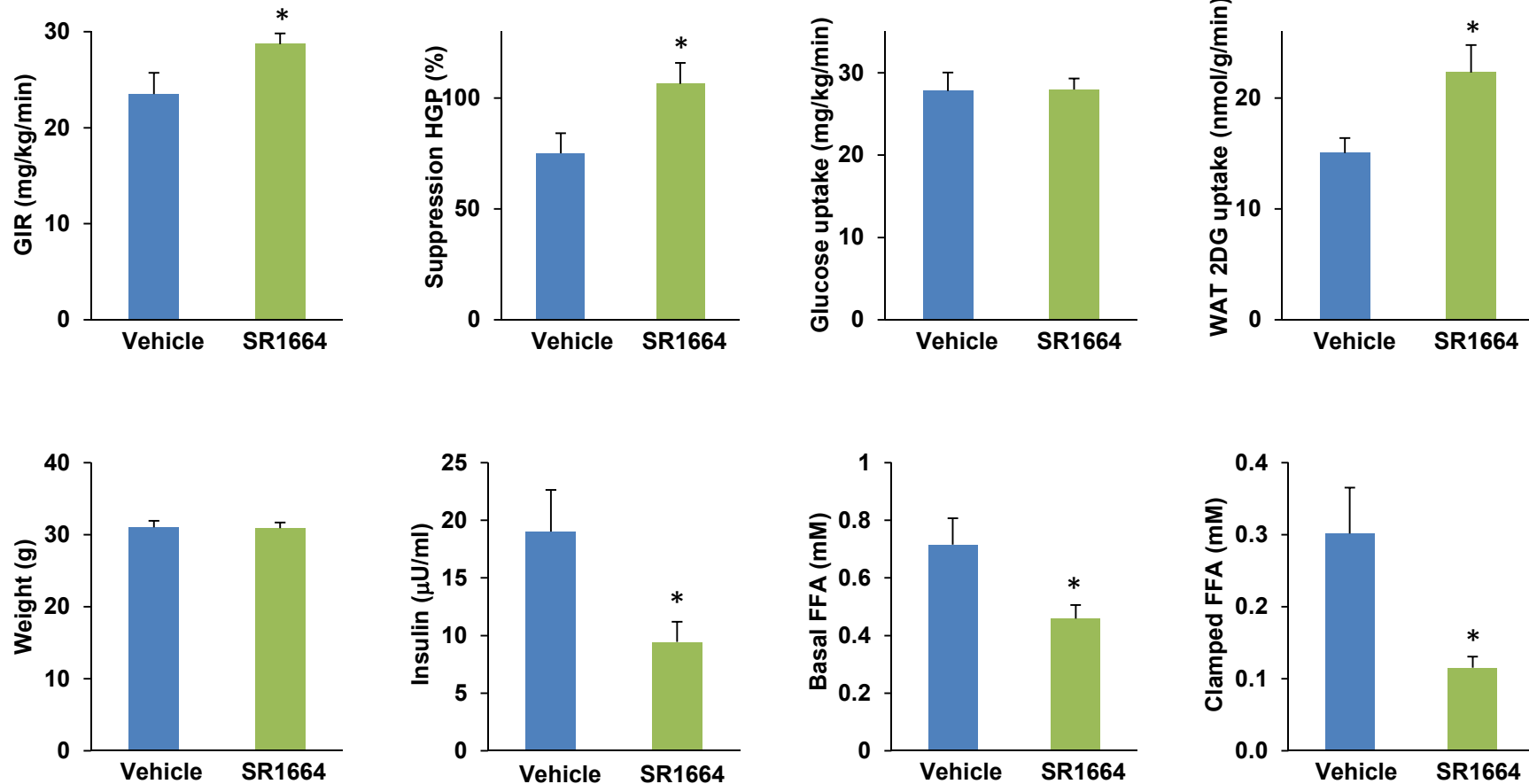


B



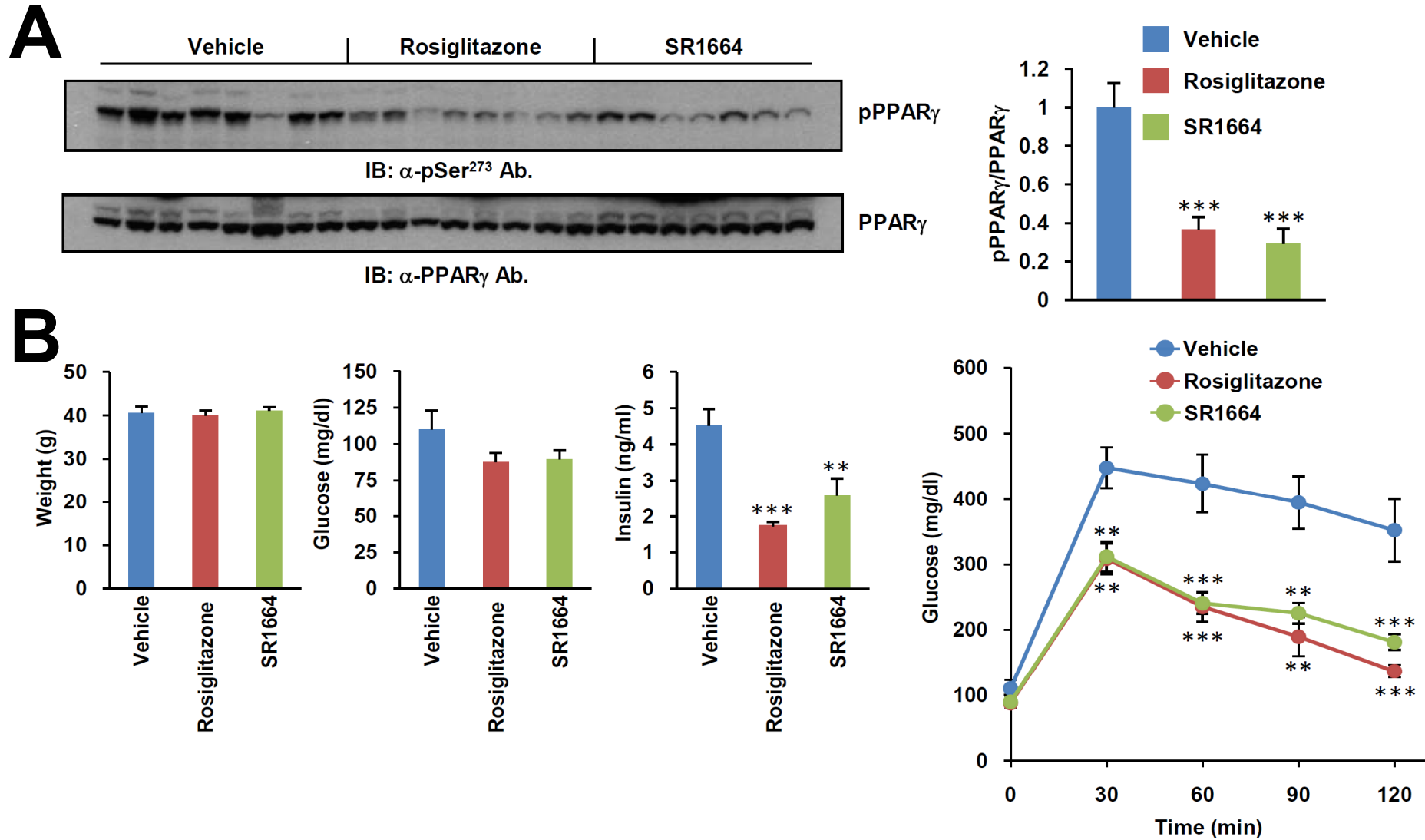
5 days injection in DIO mice (twice/day)

SR1664 improves glucose tolerance in DIO mice (CLAMP)



5 days injection in DIO mice (twice/day)
Dr. Gerald Shulman, Yale Univ.

SR1664 improves glucose tolerance in ob/ob mice

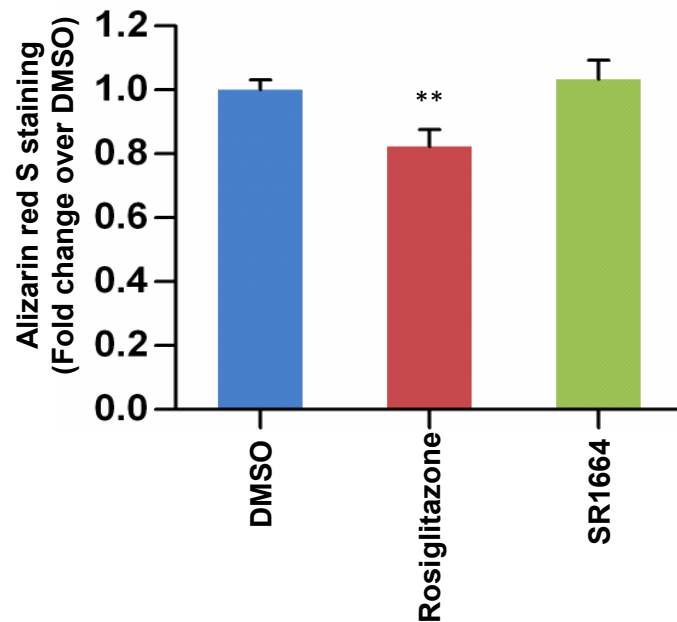


**Would SR1664 have a better
therapeutic window than TZDs
(less side effects)?**

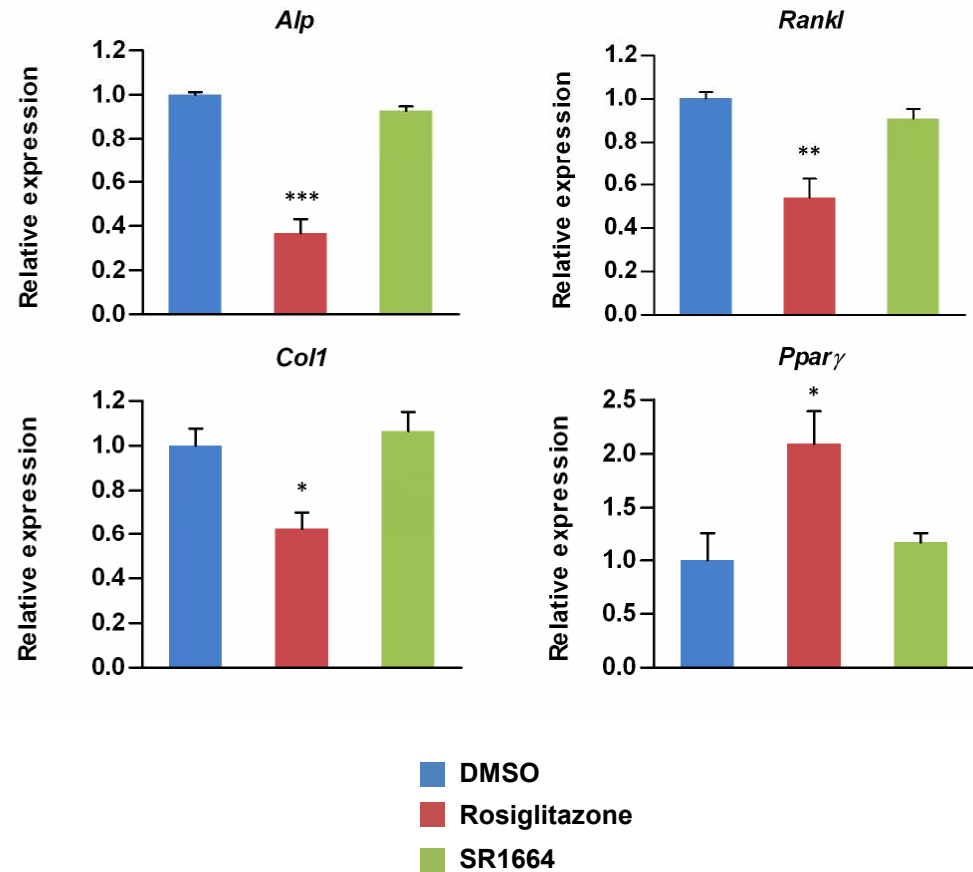
- 1. Bone mineralization**
- 2. Weight gain, Fat % change**
- 3. Hemodilution**

No changes in bone mineralization by SR1664

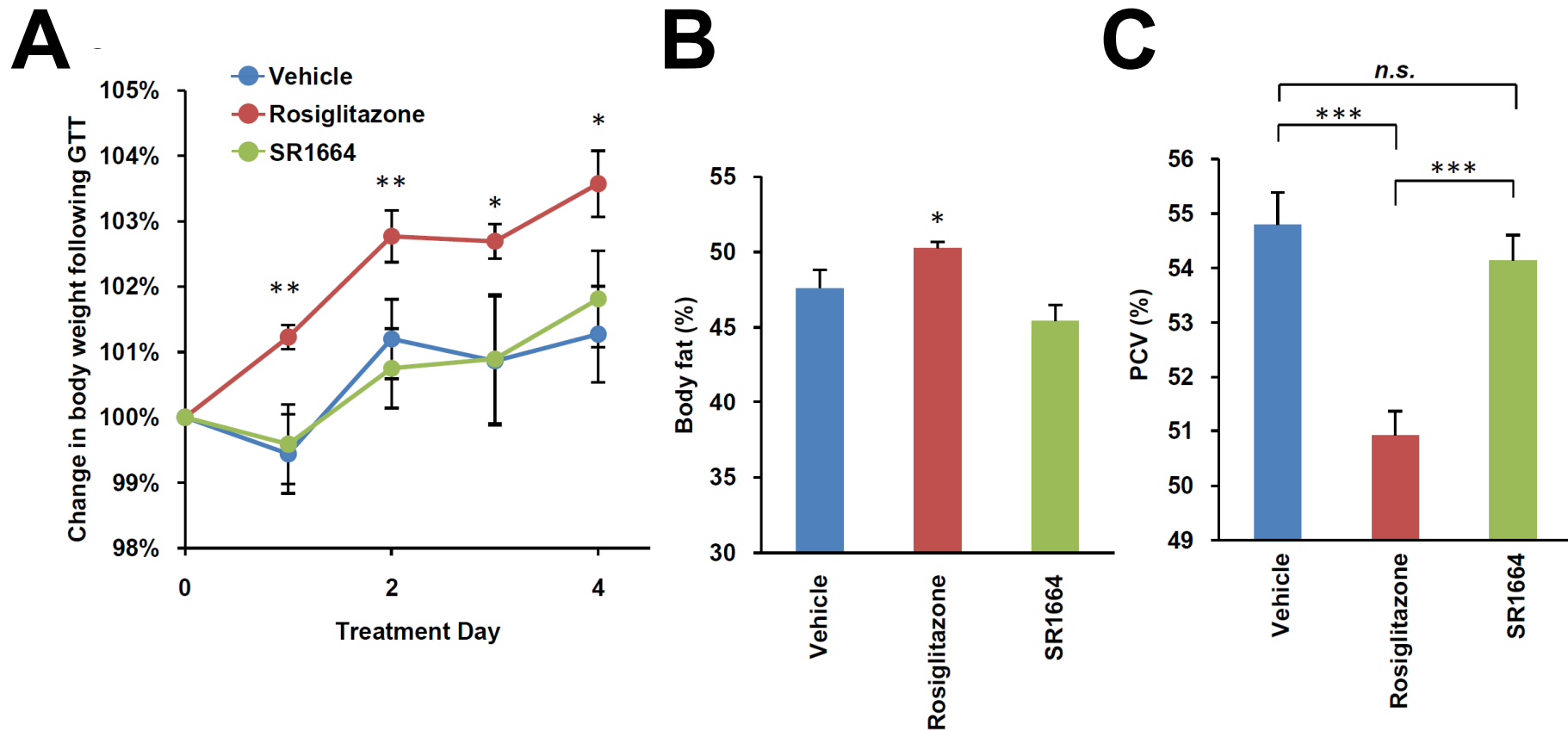
A



B

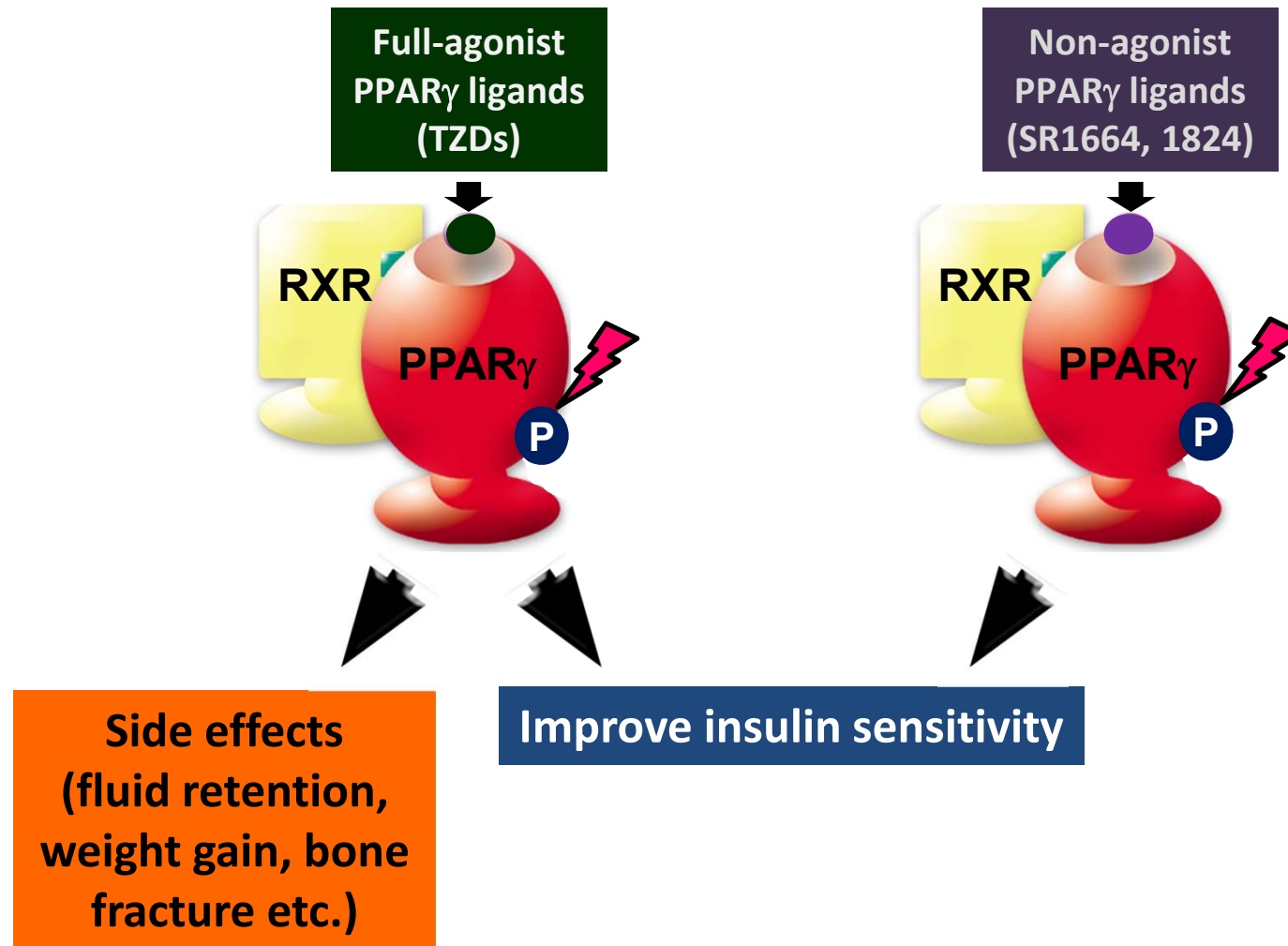


No changes in weight, fat % and hemodilution by SR1664



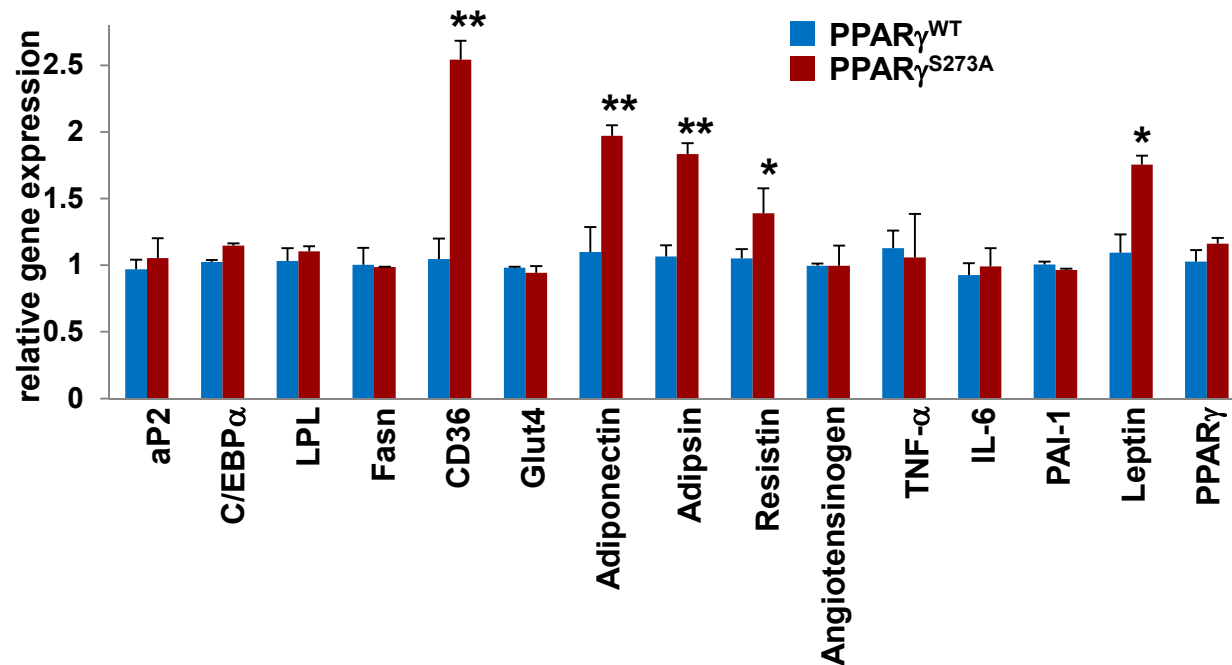
11 days 40 mg/kg (BID), ob/ob mice

Proposed model of full- or non-agonist PPAR γ ligands

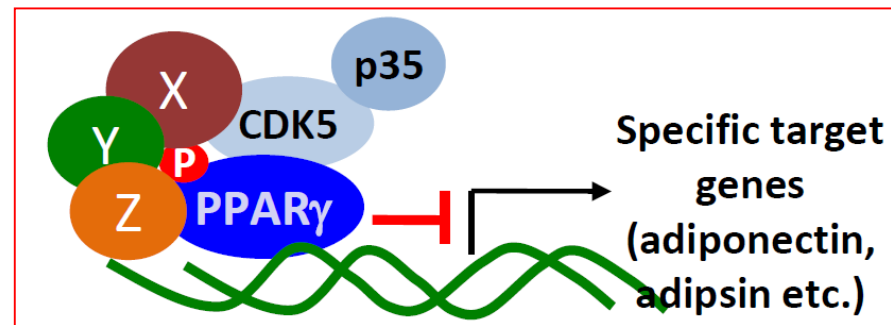
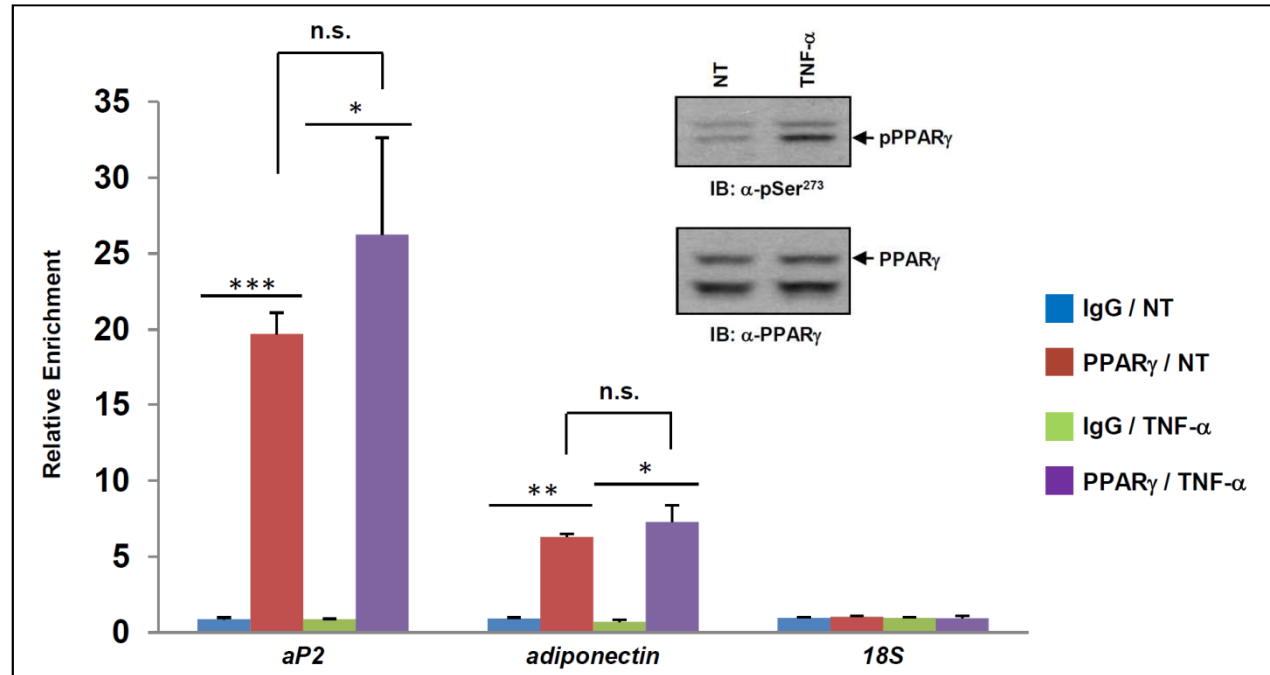


Burning key questions

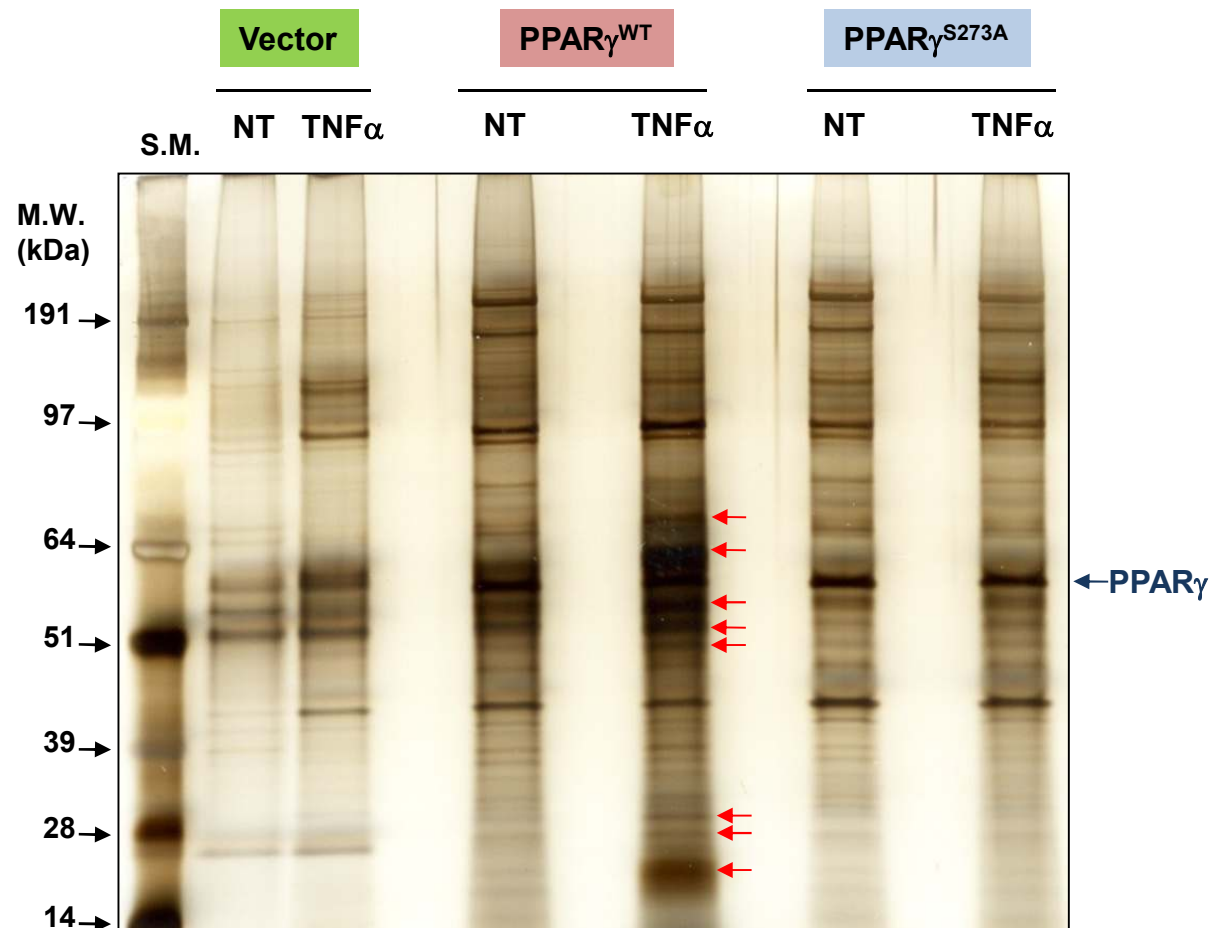
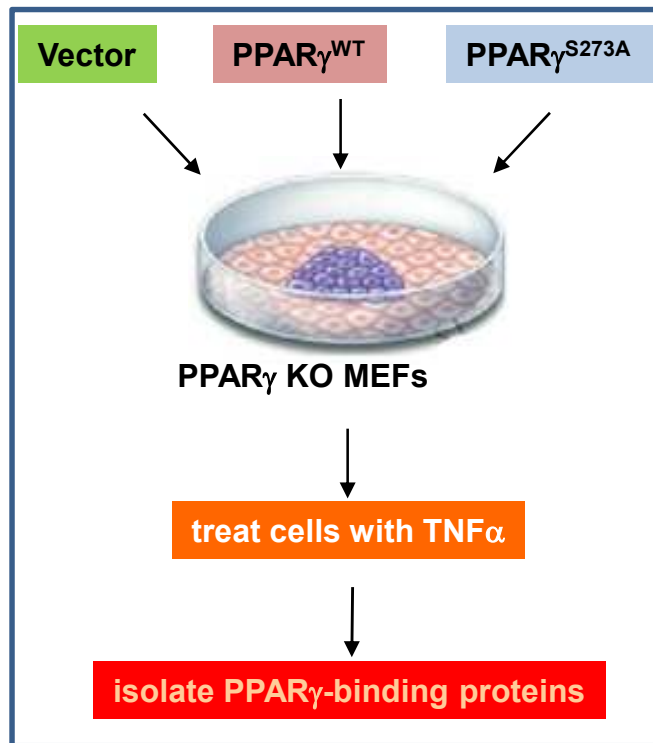
- What is the molecular mechanism regulating the **specific gene expression program** controlled by phosphorylation?
 - ➔ 1. **Different DNA occupancy** by phosphorylation?
 - 2. **Specific modulators** binding to PPAR γ ?



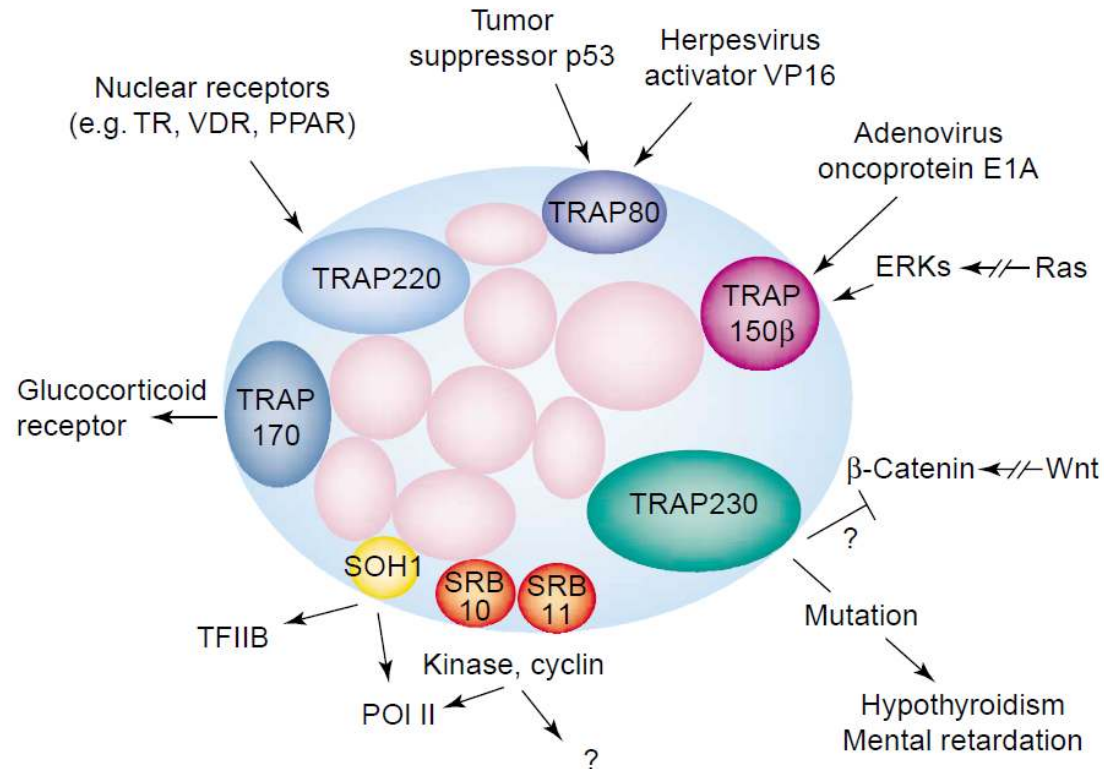
No difference of DNA occupancy by phosphorylation



Identifying PPAR γ -binding proteins in phosphorylation-dependent manner



Thyroid hormone receptor-associated proteins (TRAP/MED)



Subunit	Organism	Method	Phenotype	Refs
MED6	<i>C. elegans</i>	RNAi	Embryonic lethal	37
MED7	<i>C. elegans</i>	RNAi	Embryonic lethal	37
MED10/NUT2	<i>C. elegans</i>	RNAi	Embryonic lethal	37
TRAP150β/SUR-2	<i>C. elegans</i>	Chemical mutagenesis	Larval lethal	38
TRAP80	<i>D. melanogaster</i>	P insertion	Recessive lethal	39
SRB7	Mouse	Homologous recombination	Recessive, embryonic lethal	40
TRAP220	Mouse	Homologous recombination	Recessive, embryonic lethal ^b	41,42
TRAP230	Human	Spontaneous mutation	Male dementia; hypothyroidism	61

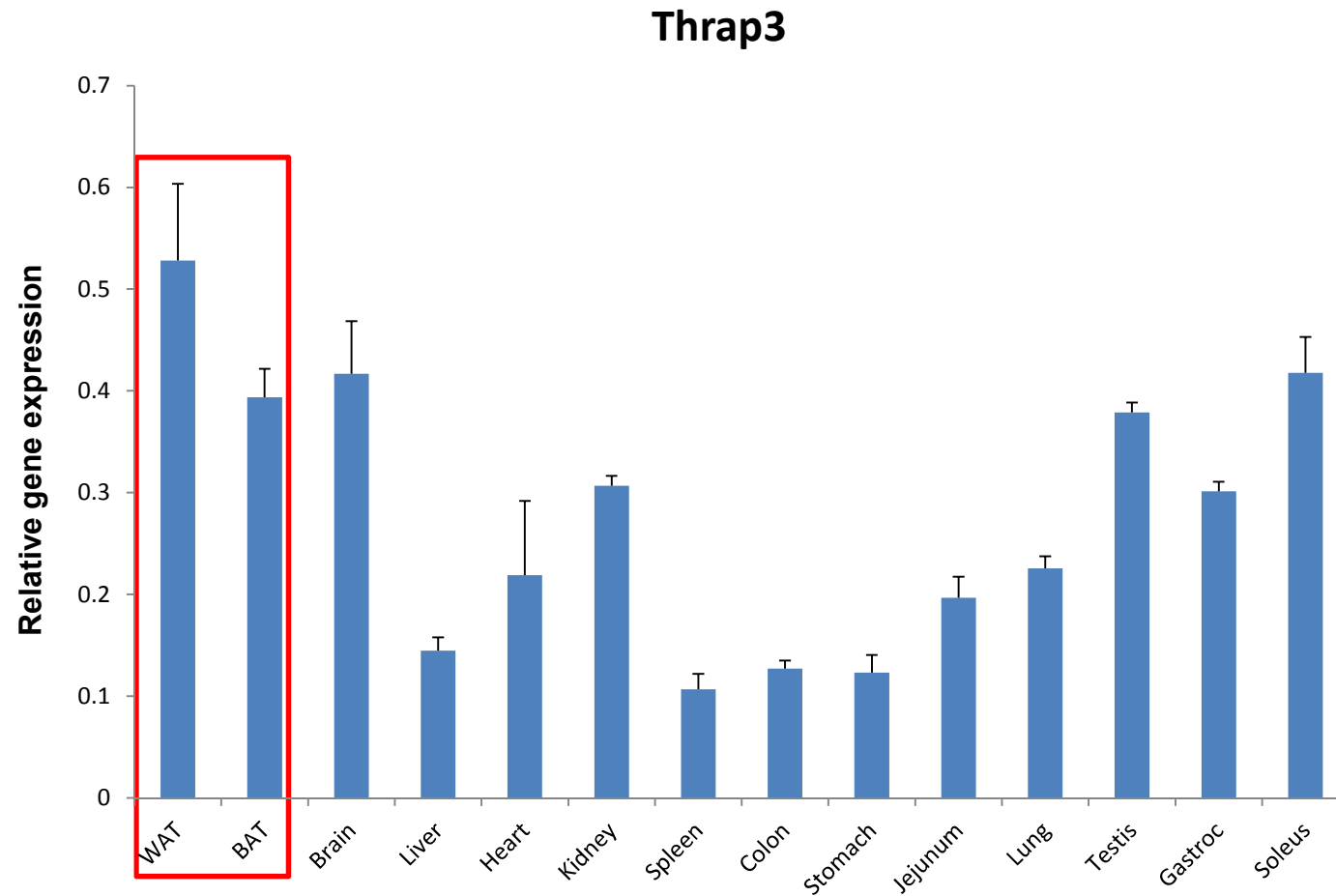
^aAbbreviations: RNAi, RNA interference; TRAP, thyroid hormone receptor associated protein.

^bHeterozygotes: dwarfism, pituitary hypothyroidism, transcriptional dysregulation; homozygotes: poor embryonic heart trabeculation, thin neural tube, cell cycle dysregulation and apoptosis, attenuated thyroid hormone receptor function.

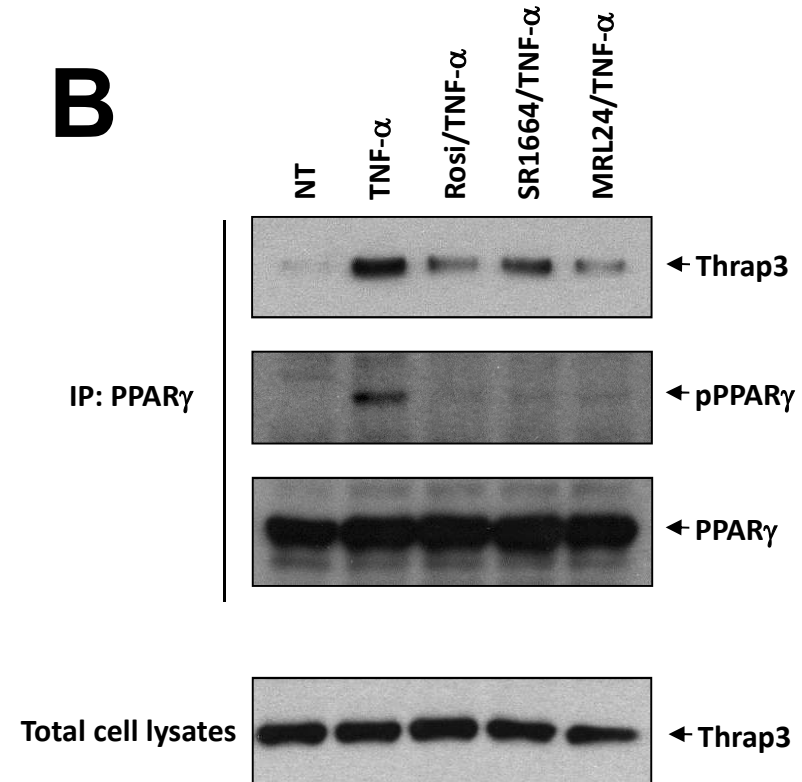
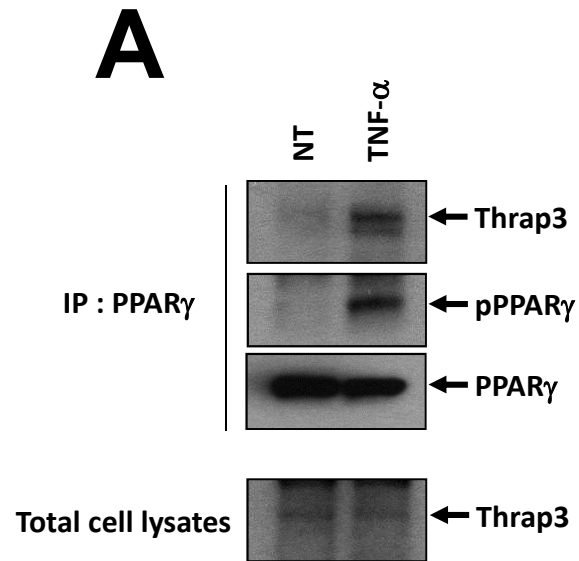
Thrap3 (thyroid hormone receptor-associated protein 3) TRAP150

- A subunit of the transcription regulatory complex TRAP/Mediator (no LXXLL motif)
- A component of the spliceosome
- It activates pre-mRNA splicing and promotes nuclear mRNA degradation (R/S-rich domain)
- Thrap3 is a real subunit of TRAP/Mediator????
- **The exact function of Thrap3 remains unclear.**

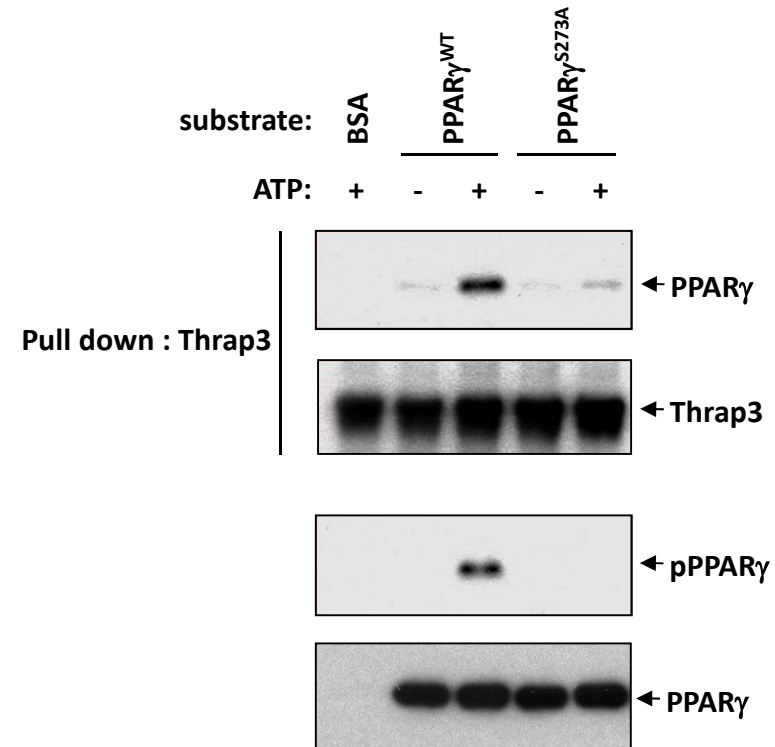
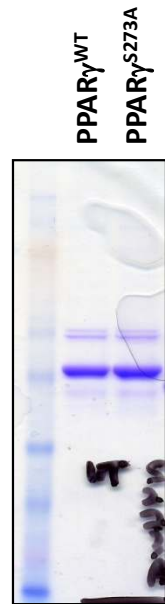
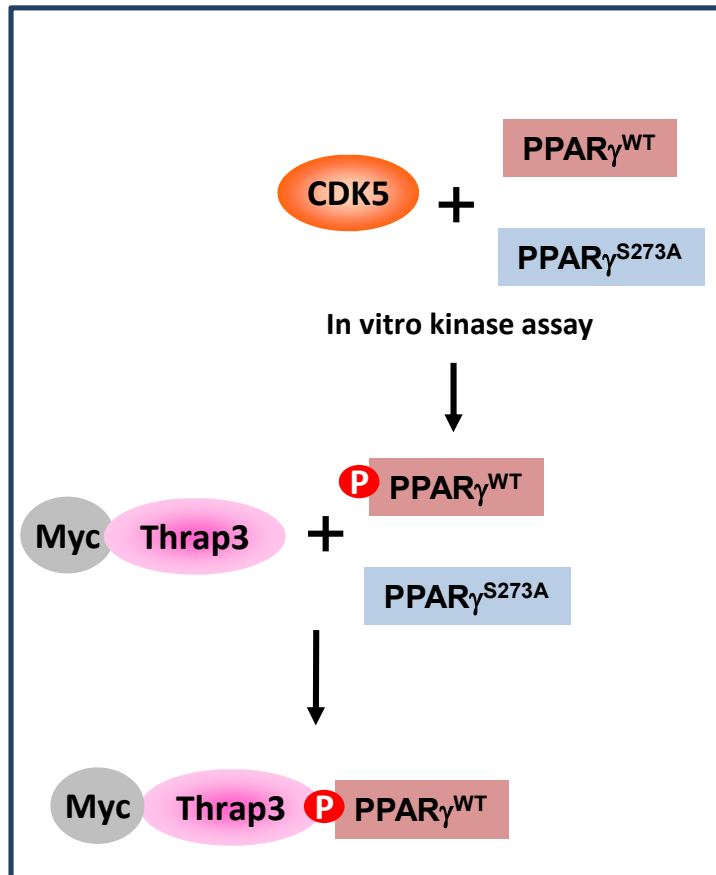
Tissue distribution of Thrap3



Thrap3 interacts with phosphorylated PPAR γ

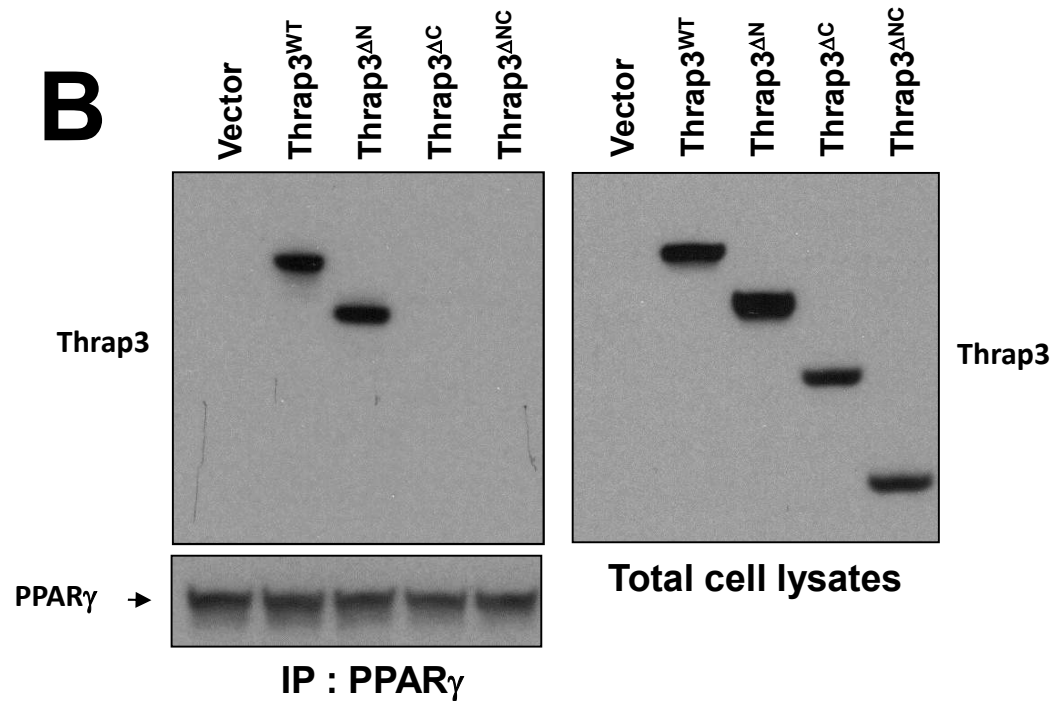
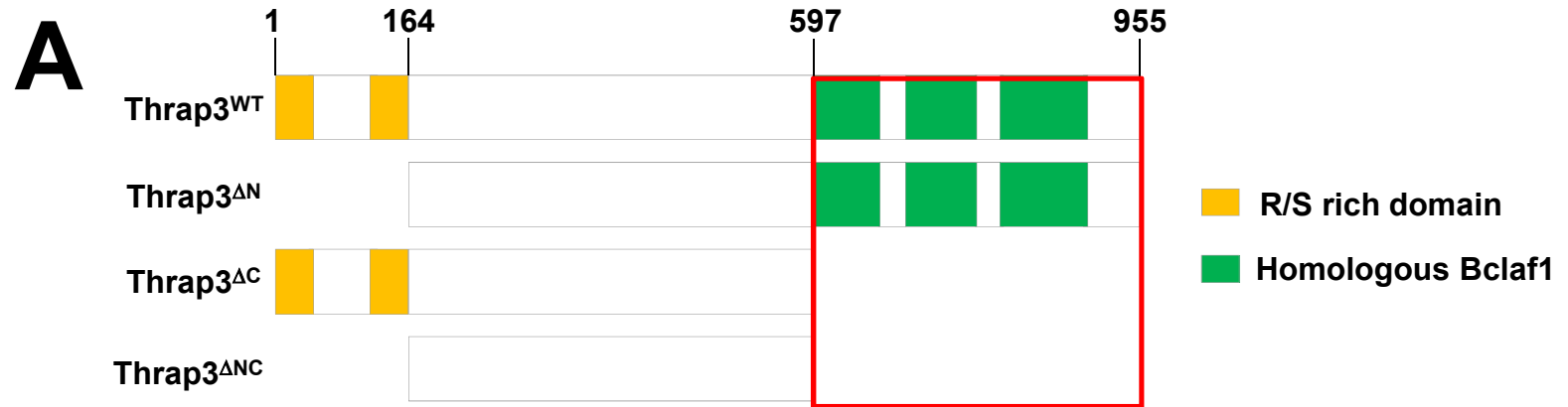


Direct interaction between phosphorylated PPAR γ and Thrap3

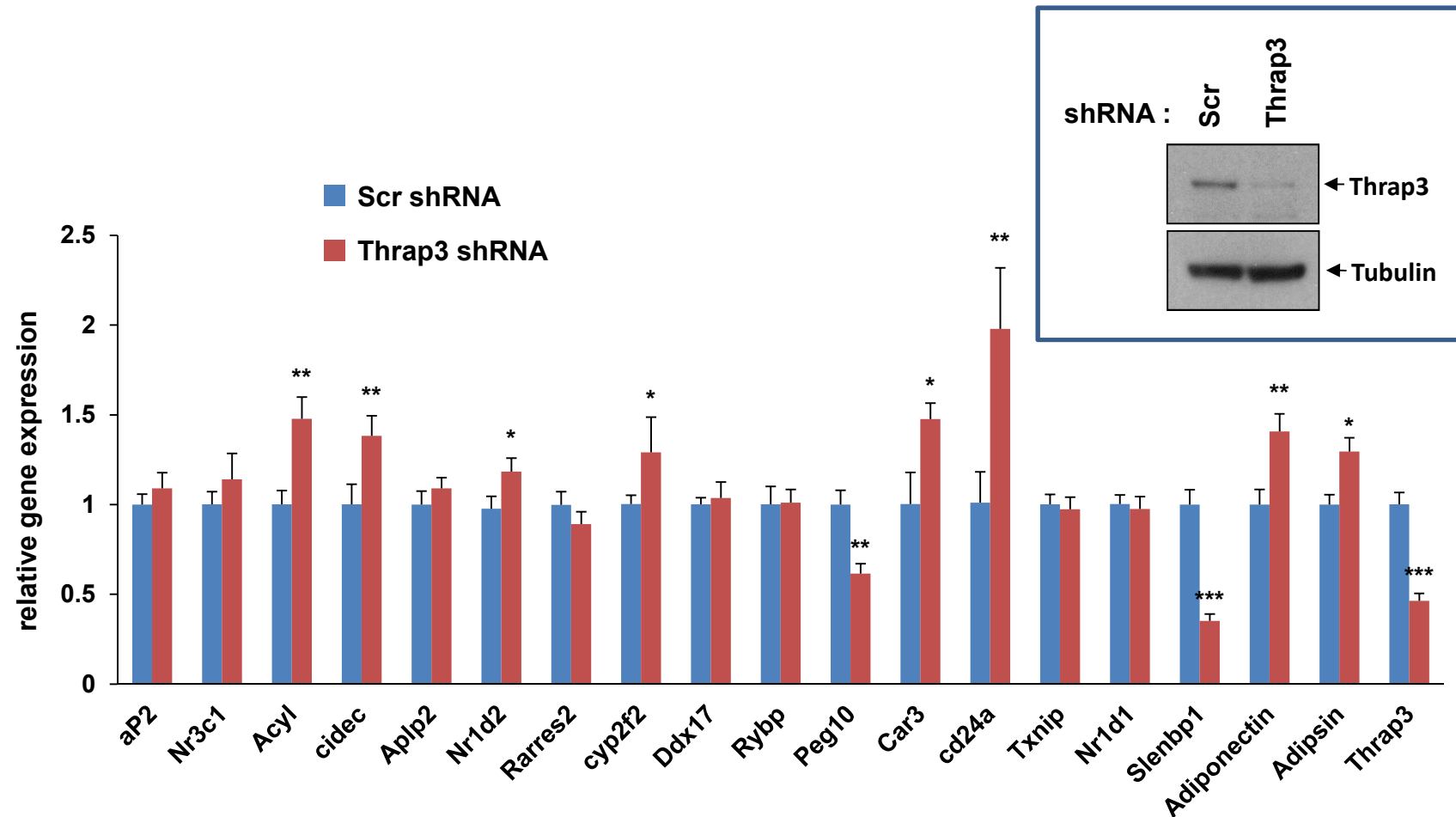


Thrap3 binds to phosphorylated PPAR γ at Ser273.

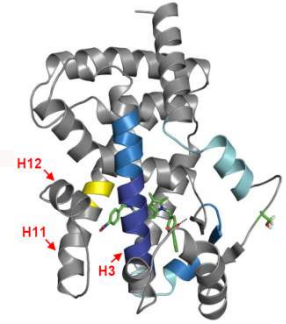
Domain mapping of Thrap3



Specific gene regulation by Thrap3



Conclusion



- Cdk5 is activated in obesity and modifies PPAR γ at serine 273
- Cdk5 phosphorylation of PPAR γ is sufficient to cause dysregulation of several fat cell genes, including some known to be aberrantly regulated in obesity, like adiponectin.
- Anti-diabetic PPAR γ ligands block this Cdk5-mediated phosphorylation directly, ***an activity completely separate from classical agonism***.
- These data now indicate that anti-diabetic PPAR γ ligands work therapeutically, **at least in part**, by inhibition of the Cdk5-mediated phosphorylation of PPAR γ .
- The development of entirely new classes of **PPAR γ -targeted drugs with no classical agonism** is feasible
- Thrap3 may regulate Cdk5/PPAR γ -specific gene reprogramming

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