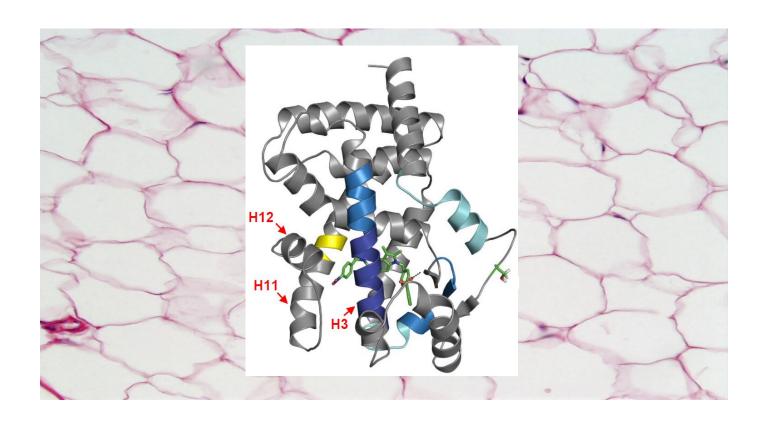


# Non-agonist PPARg ligands and energy metabolism

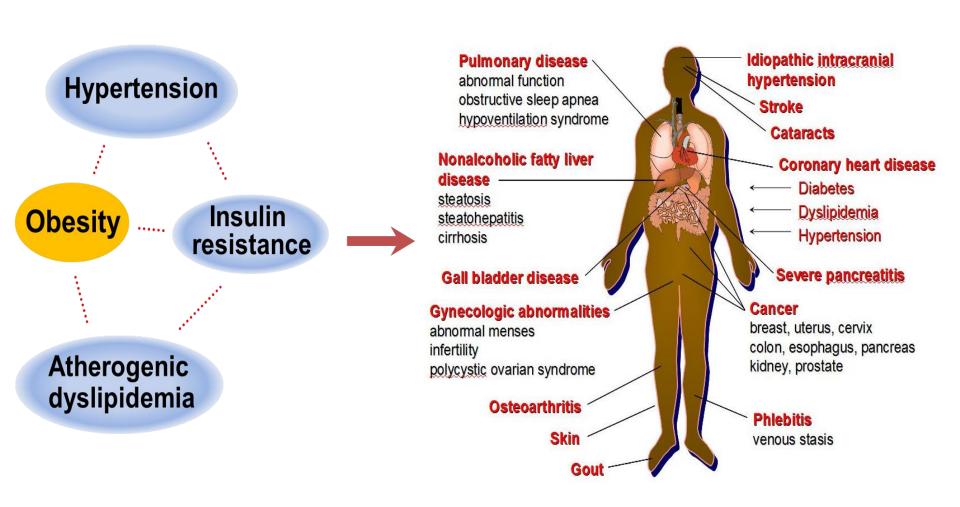


Jang Hyun Choi Ph.D.

울산과학기술원 (UNIST)

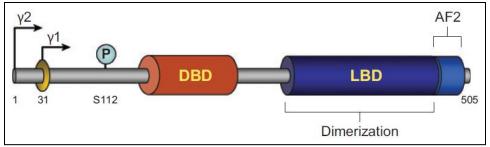


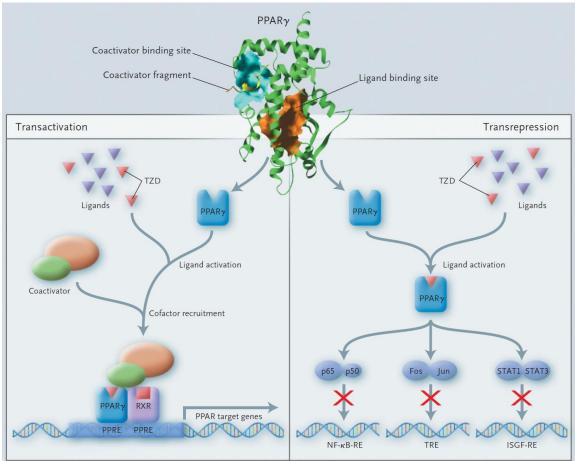
### **Metabolic Syndrome**





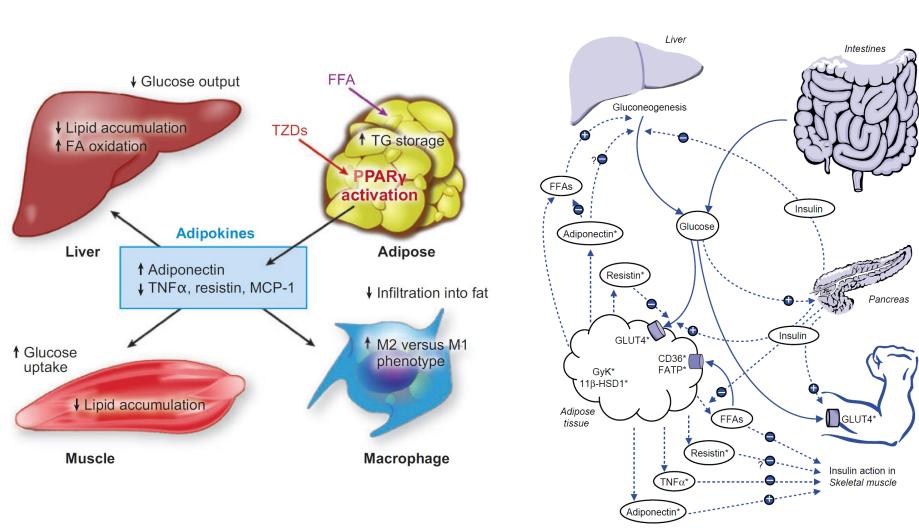
### What is PPAR $\gamma$ ?







### Role of TZDs in PPARγ-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

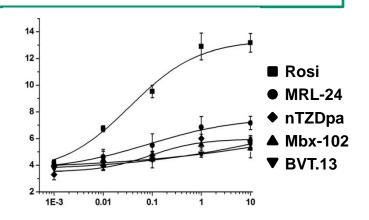
**Early Onset Hypertension** 



### Paradoxes regarding PPARγ and insulin-resistance

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

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





### Paradoxes regarding PPARγ and insulin-resistance

- 1. Partial loss of function mutations in PPAR $\gamma$  in humans unambiguously cause severe insulin resistance.
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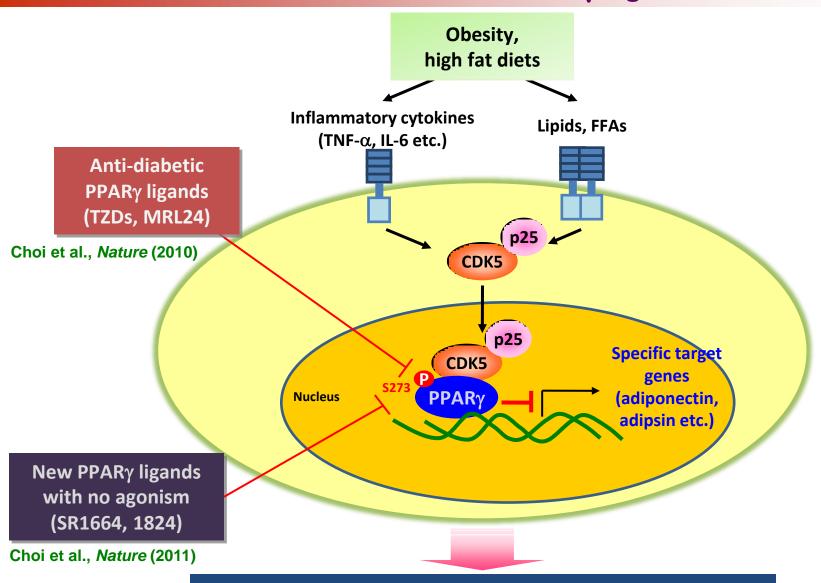


Can we separate PPAR<sub>γ</sub> agonism from anti-diabetic actions?

Are there novel mechanisms linking PPAR<sub>γ</sub> to insulinresistance?



## Schematic model of PPARγ phosphorylation and anti-diabetic PPARγ ligands

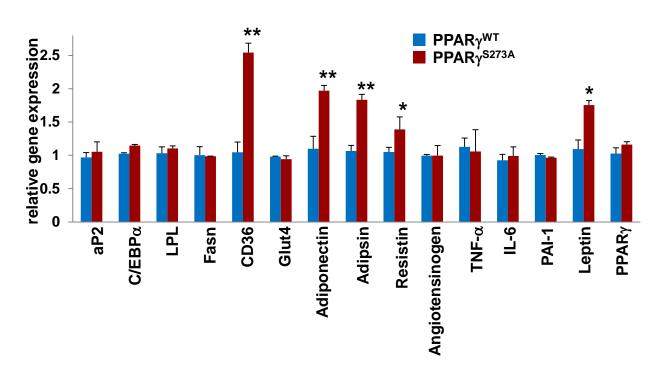


**Insulin Resistance, Ectopic Lipid Deposition** 



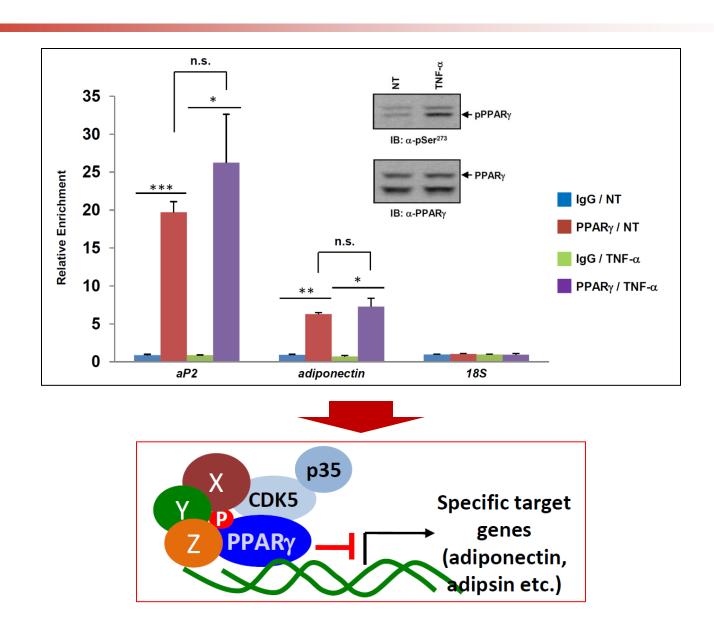
### **Key questions**

- 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 $\gamma$ ?



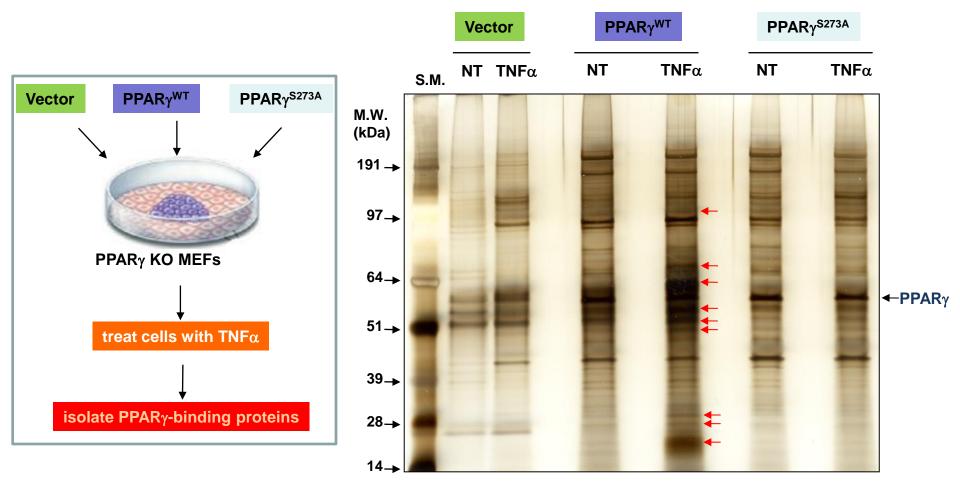


### No difference of DNA occupancy by phosphorylation



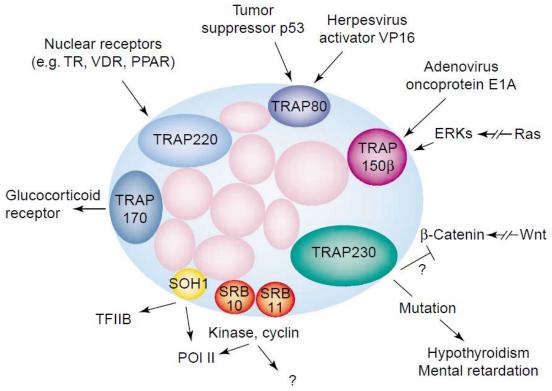


### Identifying PPARγ-binding proteins in phosphorylationdependent manner





## Thyroid hormone receptor-associated proteins (TRAP/MED)



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

<sup>&</sup>lt;sup>a</sup>Abbreviations: RNAi, RNA interference; TRAP, thyroid hormone receptor associated protein.

<sup>&</sup>lt;sup>b</sup>Heterozygotes: dwarfism, pituitary hypothyroidism, transcriptional dysregulation; homozygotes: poor embryonic heart trabeculation, thin neural tube, cell cycle dysregulation and apoptosis, attenuated thyroid hormone receptor function.

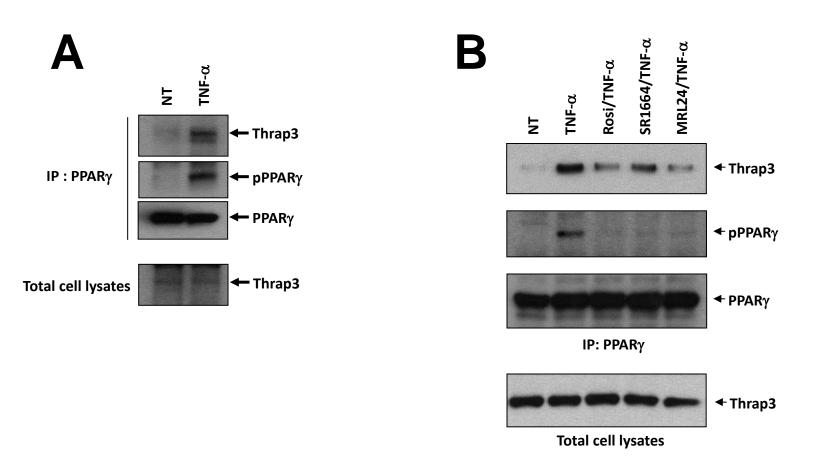


## Thrap3 (thyroid hormone receptor-associated protein 3) TRAP150

- 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.

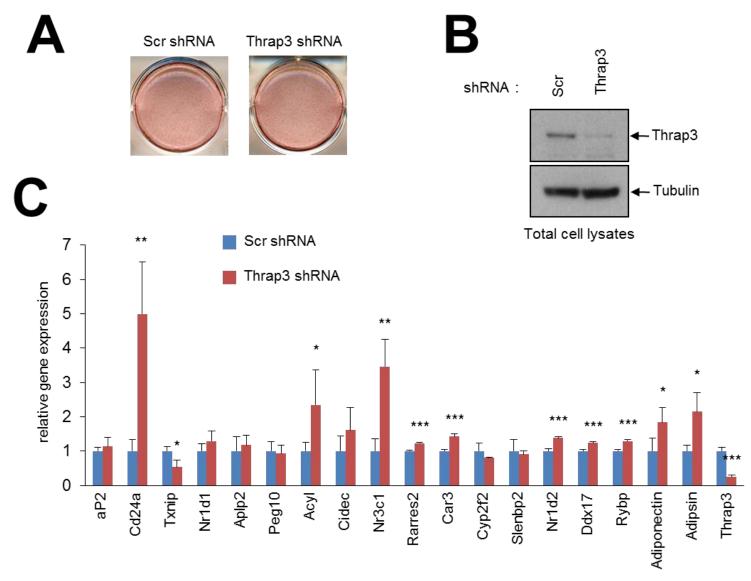


### Thrap3 interacts with phosphorylated PPARy



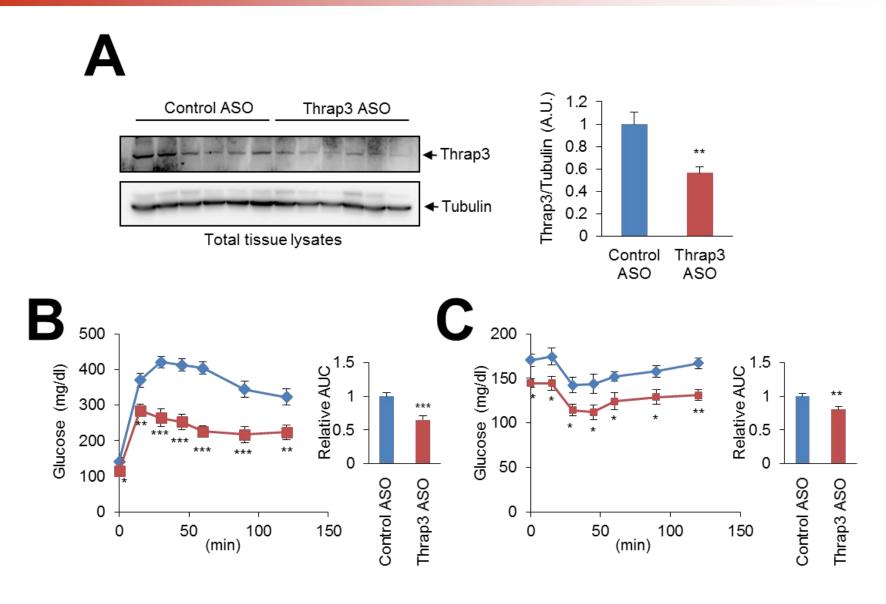


### **Specific gene regulation by Thrap3**



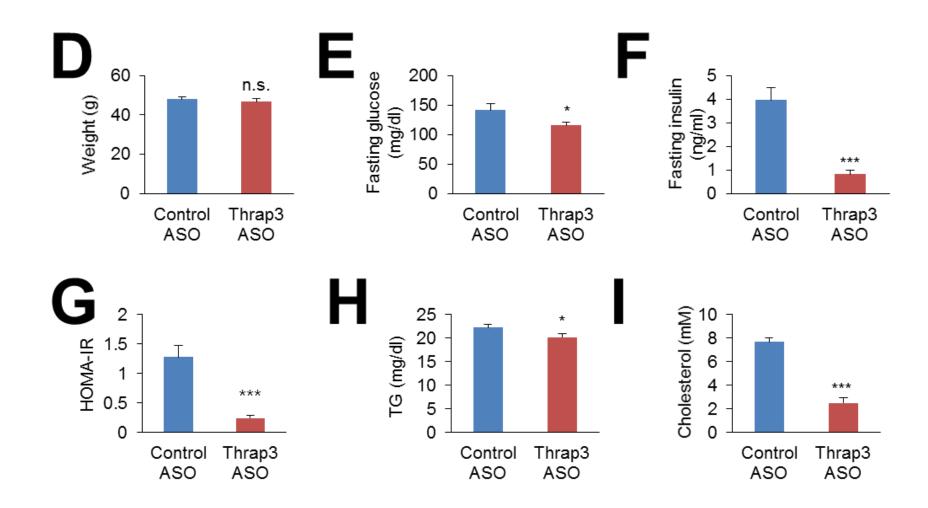


### Improved insulin sensitivity by Thrap3 ASO in vivo



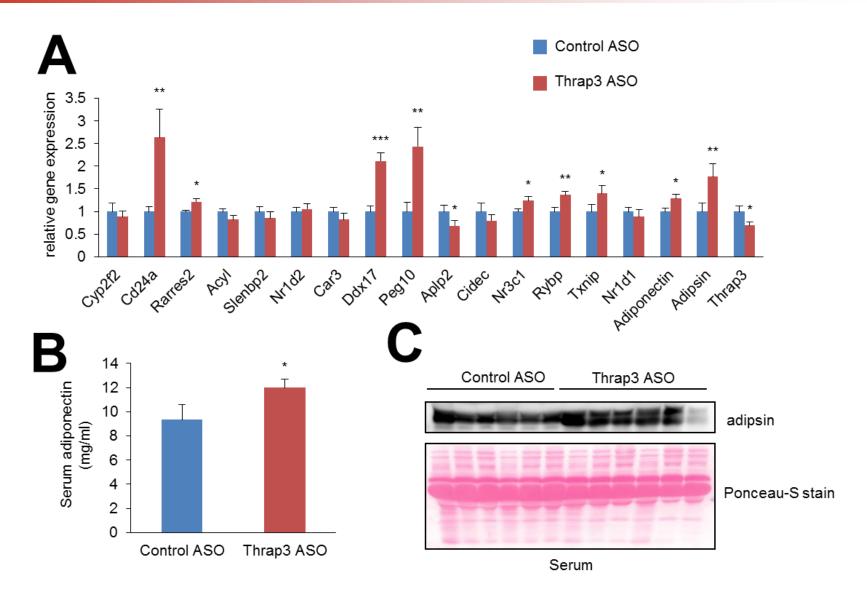


### Improved insulin sensitivity by Thrap3 ASO in vivo



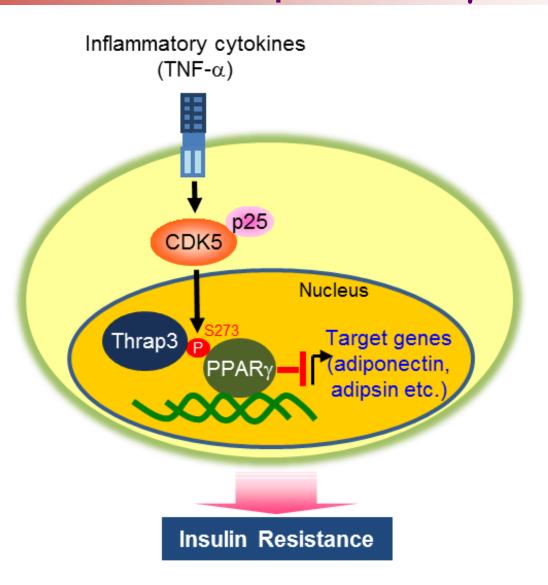


### Improved insulin sensitivity by Thrap3 ASO in vivo





## Proposed model of functional interaction between Thrap3 and PPAR<sub>γ</sub>

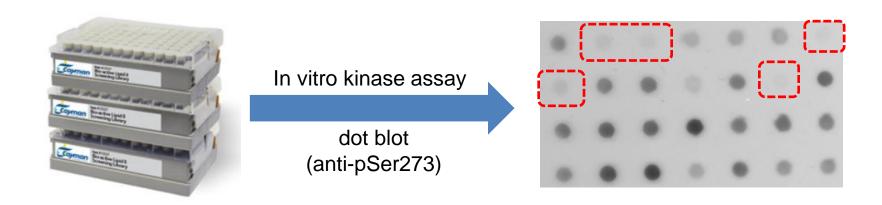




## Key Question: Screening strategy to identify non-agonist PPAR<sub>γ</sub> ligands

### Synthetic chemical library

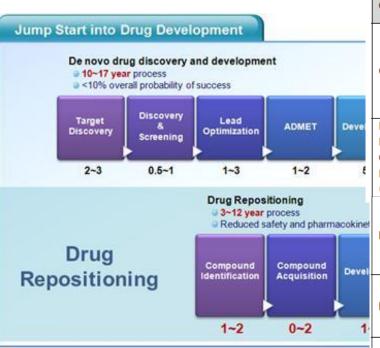
**Selection** 



- Can we develop the novel non-agonist PPAR
   γ ligands?
  - → 1. No transcriptional activation
    - 2. Specific binding to PPARγ
    - 3. Block CDK5-mediated PPARγ phosphorylation
    - 4. Improve insulin sensitivity
    - 5. Lack side effects including weight gain and fluid retention



### **Drug Repositioning**

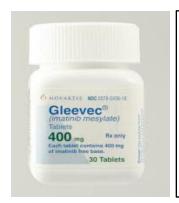


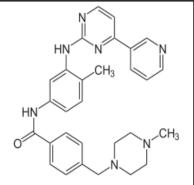
Company	Reposition Drug	ning Repositioning Type	Date	Value	Reference
Celgene	Thalidomic (Thalidomi		1998	\$224 million in 2003 (US)	Drug Repositioning strategies 2007 by Data monitering(p22)
Forest Laboratoric Cypress Bioscience (Buyer/Sel	Milnacipra		2004	US \$25 million, Up to US\$250 million in milestones	Touch Briefing 2006 Drug Repositioning - Drug Discovery 2006
Pfizer	Sidenafil (Viagra, Revatio)	Erectile dysfuntion, pulmonary arterial hypertension	2007	\$2 billion	Drug Repositioning strategies 2007 by Business Insight(p19)
Pfizer	Minoxidil (Rogaine)	Baldness	1998	\$162 million in 1995	Drug Repositioning strategies 2007 by Data monitering(p77)
Lilly	Duloxetine (Yentreve)	Stress urinary incontinence (SUI)	2007	\$0.8 billion	Drug Repositioning strategies 2007 by Data monitering(p21)
Lilly	Gemcitabii (Gemzar)	ne Cancer	2007	\$1.2 billion	Drug Repositioning strategies 2007 by Business Insight(p19)
Lilly	Raloxifene (Evista)	Osteoporosis	2007	\$1 billion	Drug Repositioning strategies 2007 by Business Insight(p19)
GSK	Bupropion (Zyban)	Help smoking cessation	2002	\$125 million in 2003	Drug Repositioning strategies 2007 by Business Insight(p114)



### **Gleevec (Imatinib)**

4-[(4-methylpiperazin-1-yl)methyl]- N-(4-methyl-3-{[4-(pyridin-3-yl)pyrimidin-2-yl]amino}phenyl)benzamide





BCR-ABL tyrosine kinase Substrate

Proliferation

ATP

BCR-ABL tyrosine kinase Substrate

Proliferation

CML

ATP

ATP

Imatinib

TYR

Substrate

CML

- marketed by Novartis
- tyrosin-kinase inhibitor
- works as a targeted therapy by preventing BCR-Abl, which leads to apotosis.
- used in the treatment of multiple cancers, most notably Philadelphia chromosomepositive chronic myelogenous leukemia (Ph+CML)
- inhibits c-kit and PDFG receptor

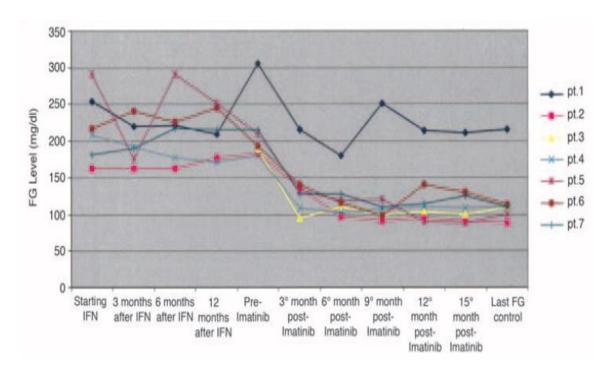


### Gleevec improves fasting glucose in patients



### Imatinib Mesylate May Improve Fasting Blood Glucose in Diabetic Ph+ Chronic Myelogenous Leukemia Patients

Breccia M, Muscaritoli M, Aversa Z, Mandelli F, Alimena G



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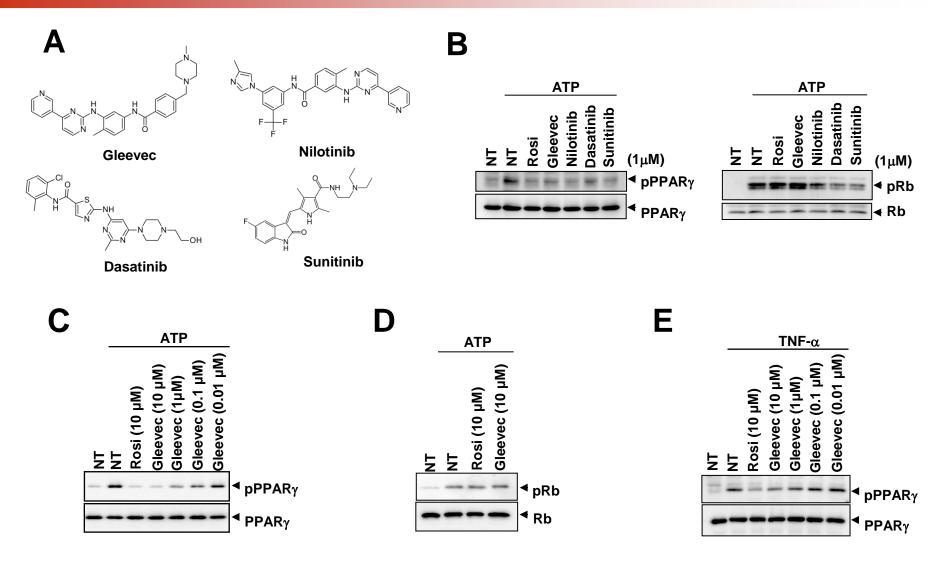
J. Clin Oncol. (2004) 15: 653-4655

rate

eration

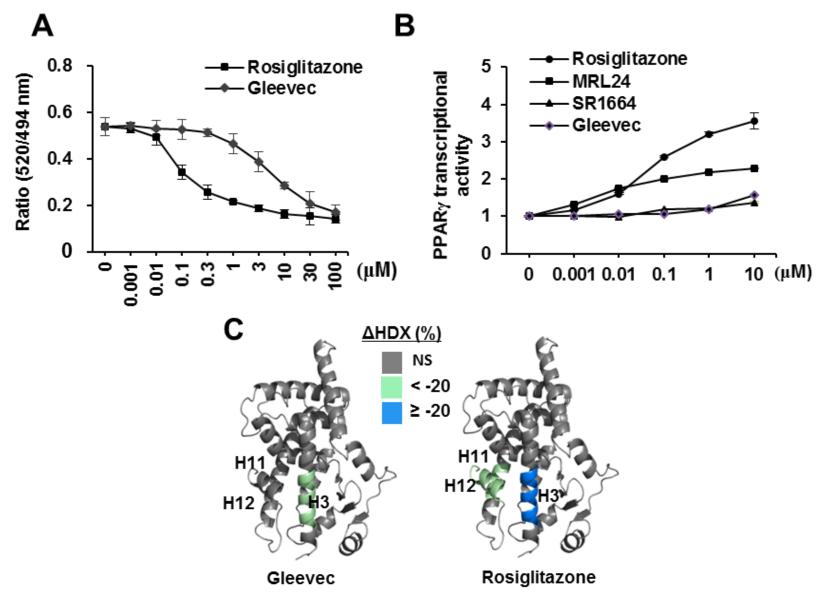


### Gleevec blocks CDK5-mediated PPARγ phosphorylation



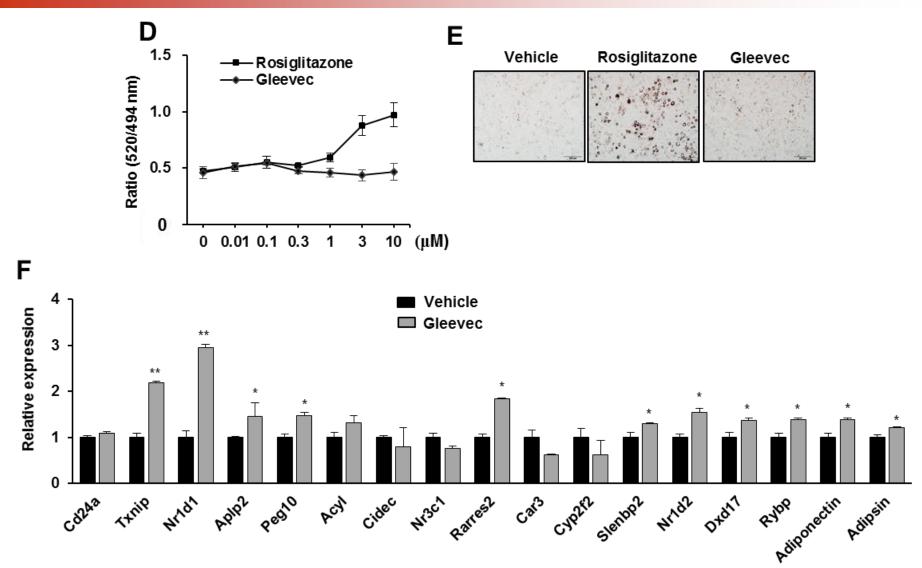


### Gleevec is a non-agonist PPAR<sub>γ</sub> ligand



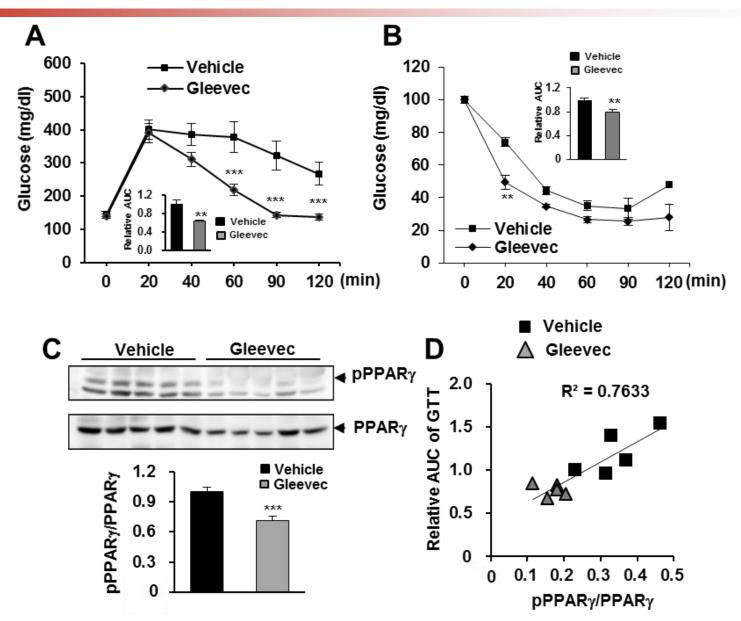


### Gleevec is a non-agonist PPAR<sub>γ</sub> ligand



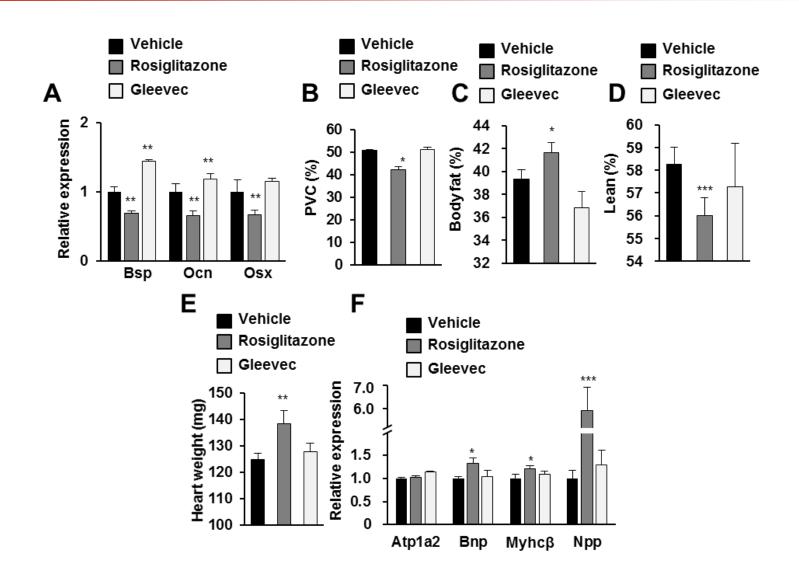


### Gleevec improves insulin sensitivity



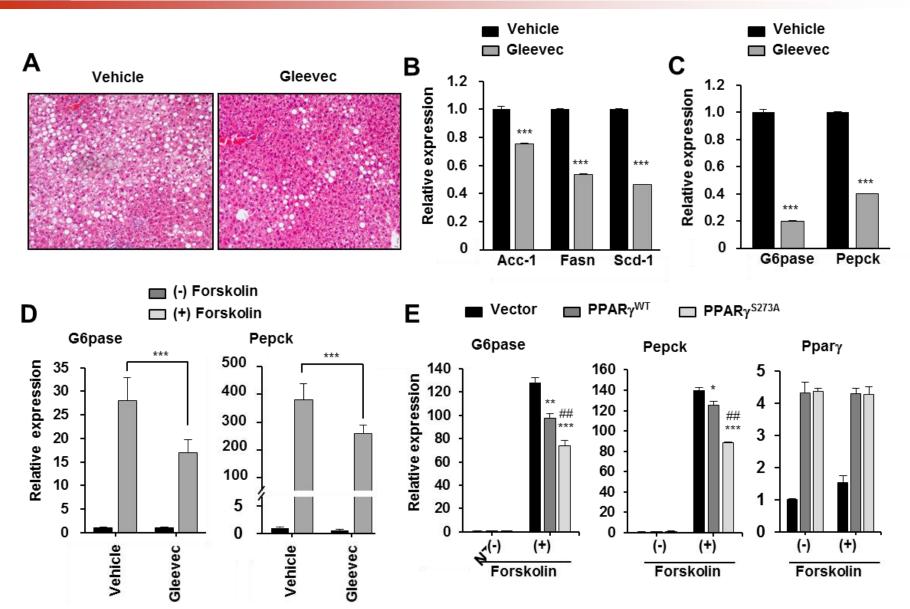


### Gleevec does not induce side effects of TZDs





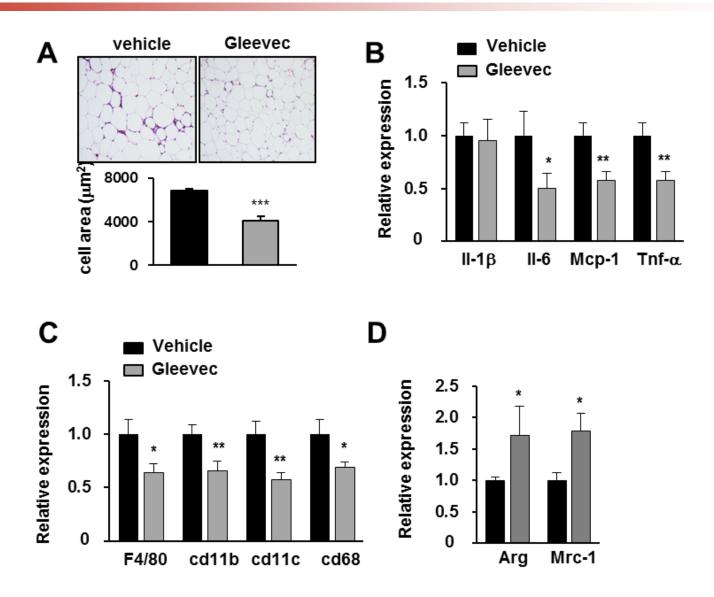
### Gleevec ameliorates fatty liver



Choi et al., Diabetes (2016)

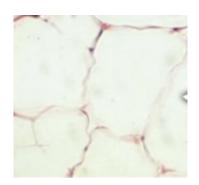


### Gleevec ameliorates adipose tissue inflammation





### Three types of adipocytes

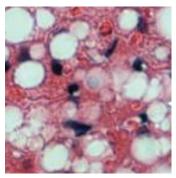


White adipocytes



**Stores energy** 

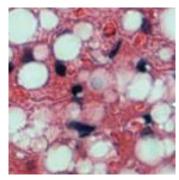
Single large lipid droplet Adipokine secretion Pro-inflammatory Low mitochondria No UCP-1 In obesity



**Beige adiocytes** 



Dissipates energy
Multiple lipid droplets
high mitochondria
UCP-1
Anti-obesity



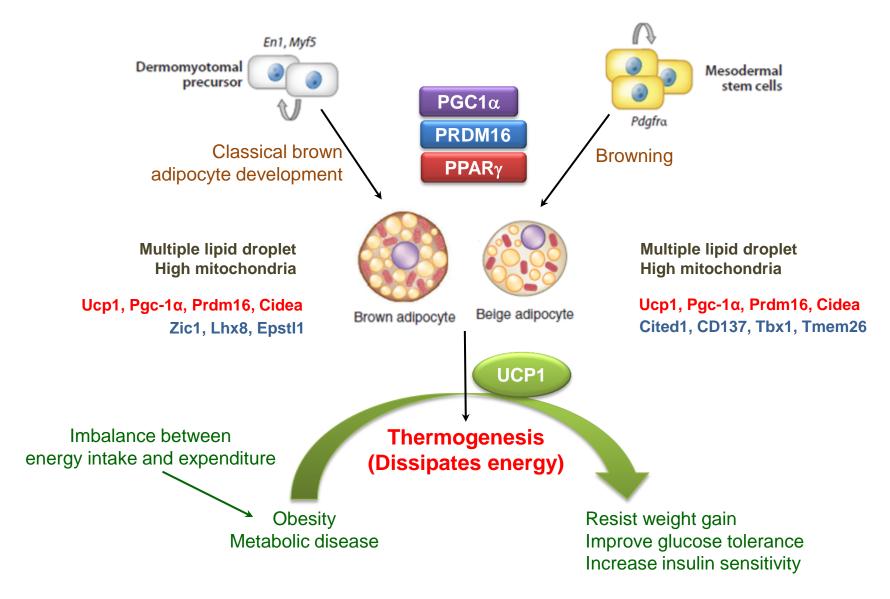
**Brown adipocytes** 



Dissipates energy
Multiple lipid droplets
high mitochondria
UCP-1
Anti-obesity

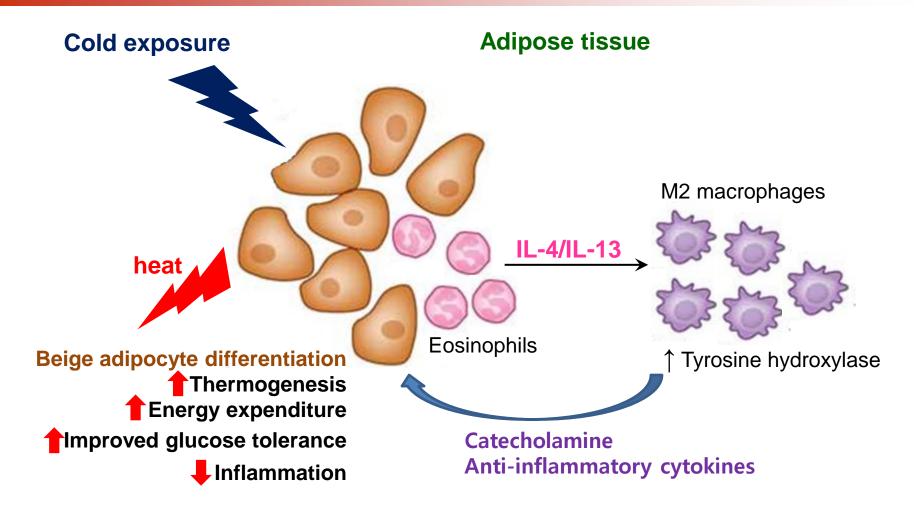


### Beige/Brown adipocytes and thermogenesis



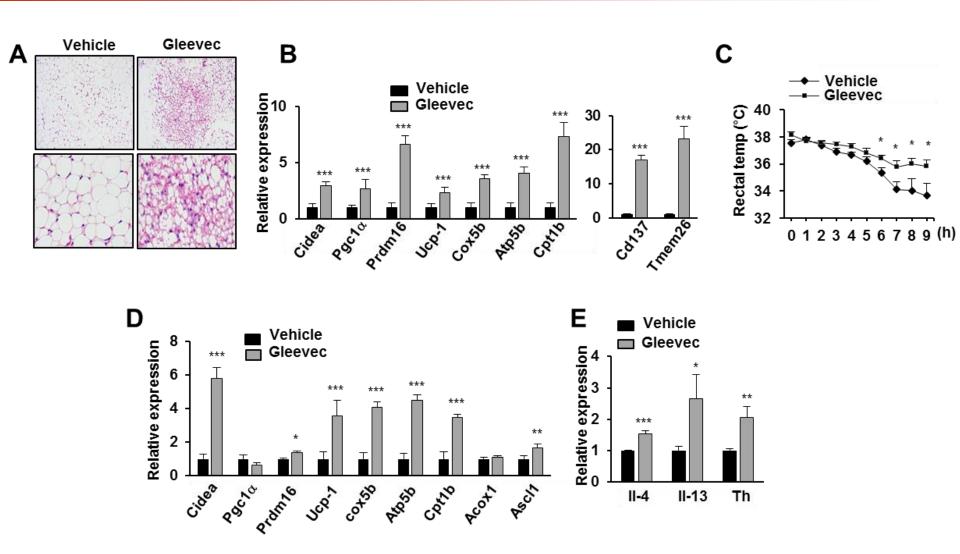


### Immune responses and browning of white adipose tissue



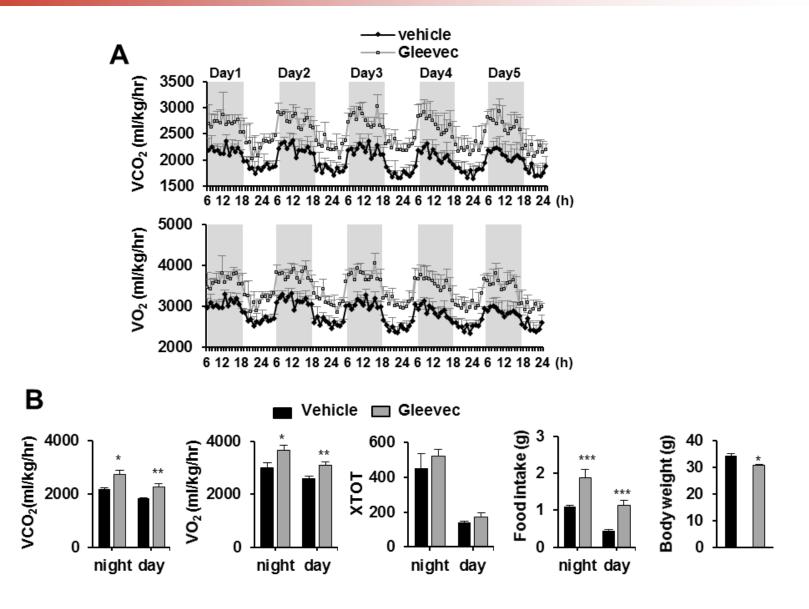


### Gleevec promotes browning of white adipose tissue



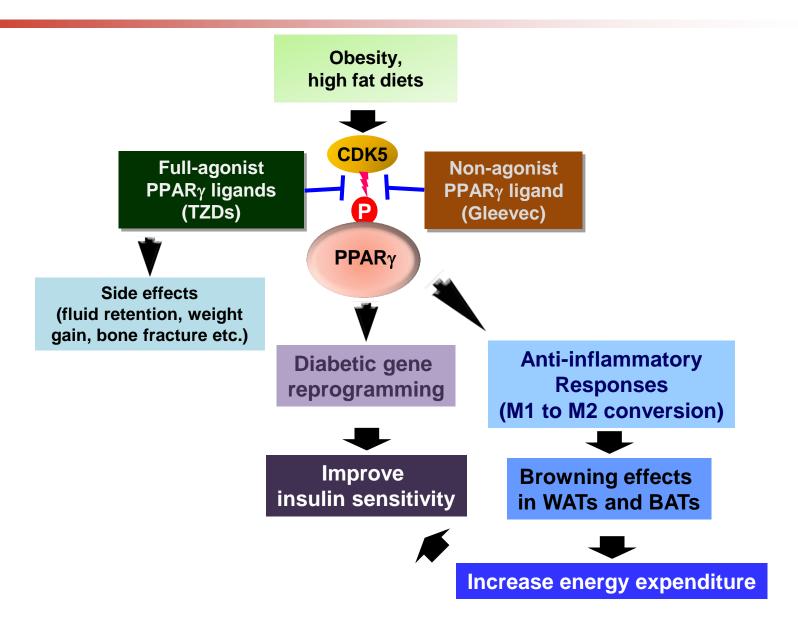


### Gleevec increases energy expenditure





### Hypothetical model of Gleevec in adipose tissue





### **Acknoledgements**

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