

Synaptic actions of FGF -1 in the arcuate nucleus of the hypothalamus and dorsal vagal complex

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Obesity

Obesity is a worldwide epidemic

Contributes to multiple top 10 global causes of death including:

- Heart disease
- Stroke
- Lower respiratory infections

Diabetes (~450 million people worldwide)

- Roughly 40% of adults in U.S. are obese
- 72% when including those overweight

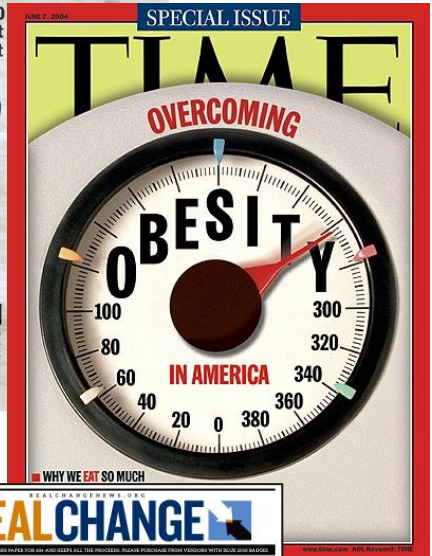
Massachusetts 5th *least* obese state!

CDC 2017
WHO 2018
Flegal JAMA 2013
Ogden et al. 2014



Shock official figures reveal 190,000 leave primary school overweight — and 22,000 are dangerously fat

BRITAIN'S CHILD OBESITY DISGRACE



Middle East HEALTH

Obesity

- › World Obesity Federation confirms obesity is 'chronic relapsing disease'
- › Obesity in adolescents up 10-fold in past 4 decades

UK NHS
Innovative restructuring to meet increasing demand for services

Public Health
64th WHO EMR committee meeting resolutions pave way for better health

In the News

- Rape spreads in Iraq
- WHO condemns attacks on Syrian hospitals
- Lancet Commission calls for reform in Regenerative Medicine research
- New genetic test set to transform breast cancer prevention

Bahrain: RIZ, Egypt: CHG, Iran: BRF, Iraq: HOS, Jordan: FS, Kuwait: KIL, Lebanon: LPT, Libya: DAW, Qatar: QFC, Saudi Arabia: SFA, Syria: SYA, UAE: UAE, Yemen: YH

\$2 REAL CHANGE

Priced out of produce

Rising cost of fruits and vegetables creating an obesity crisis in South Africa, pg. 6

BLOCKING GRANTS: This one sneaky trick that makes federal funding disappear! | p.3
CAP & GOWN: Raising high school grad rates among foster kids is homelessness prevention | p.4
CRUSHER: Trouble keeping up with the Joneses? A new book shows the game is rigged | p.8

Paucity of therapeutics

Conventional weight loss programs

- **Less than 3%** are at or below post-treatment weight 4-5 years after a successful weight-loss program

Bariatric Surgery

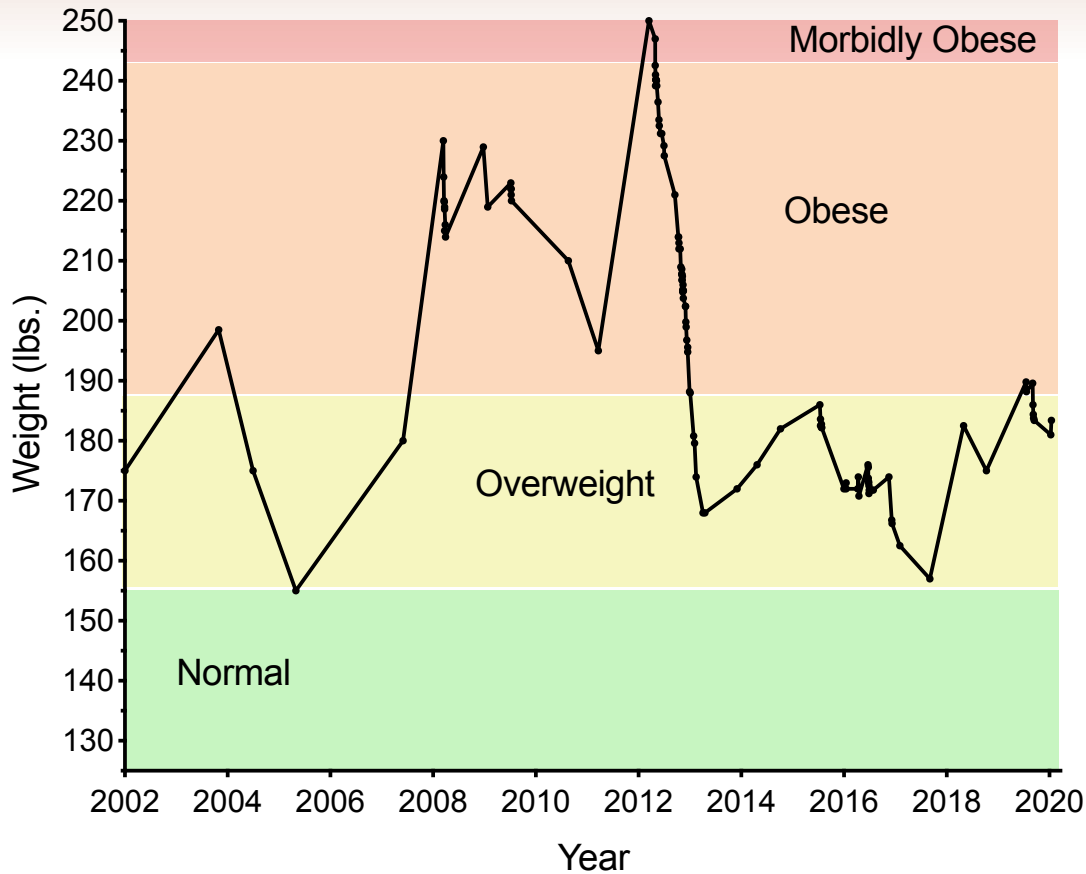
- Most effective
- Highly invasive
- Paired with conventional weight loss programs

Current Pharmaceuticals

- Adverse side-effects
- Low compliance rate
- Few effective options



“It’s easy- exercise and eat right.”



My SNPs

- Rs1121980 (C;T) – 1.67 higher risk
- Rs17817449(G;T) – 1.3x higher risk
- Rs5746059(A;G) – 4.6% higher fat mass
- Rs12970134(A;G) – **MC4R gene variant**

~35 mi/week	Sedentary	~35 mi/week plus strength
~10 mi/week	50-150 mi/week, plus strength, plus two races a month	

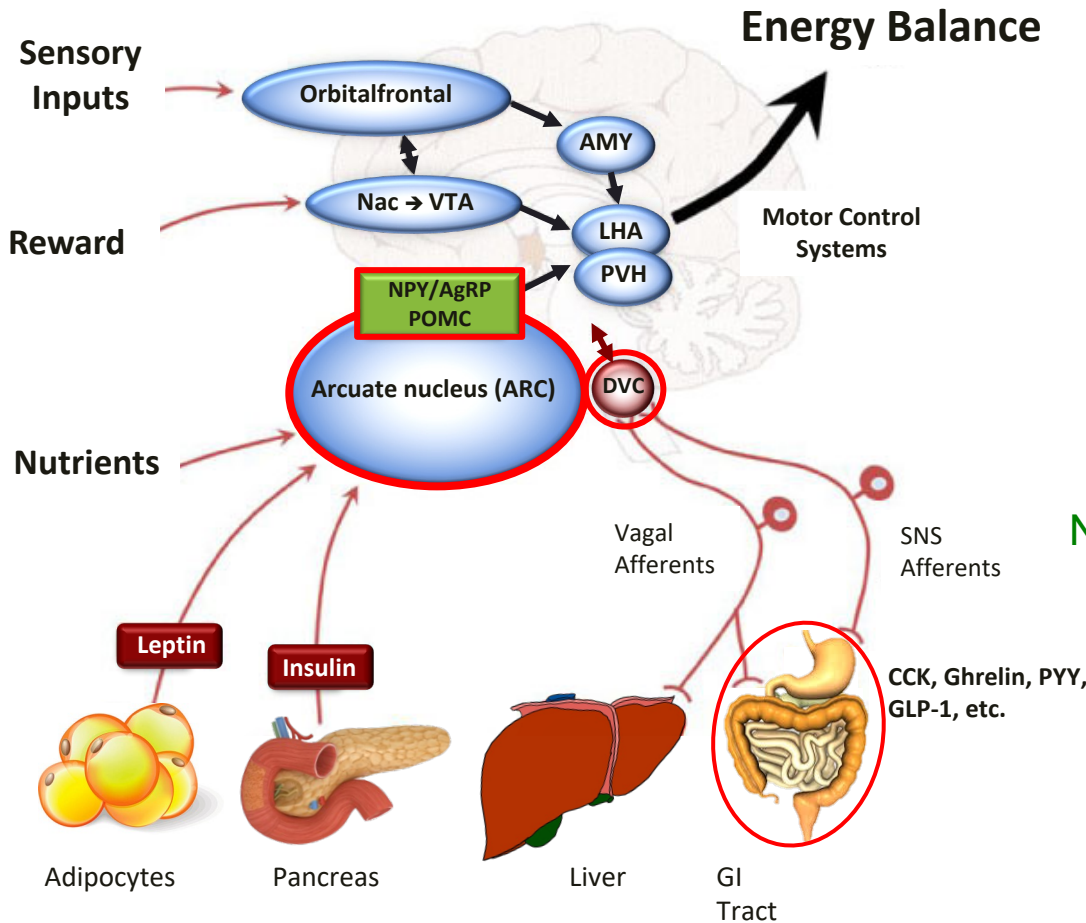
Current attempts are not an effective long-term strategy

What causes obesity?

Long-term positive energy balance



What regulates food intake and energy metabolism?



Orexigenic

(↑ Food intake)

- NPY
- AgRP
- Ghrelin
- Insulin

Anorexigenic

(↓ Food intake)

- αMSH
- Leptin
- PYY
- GLP-1
- CCK
- Insulin

NPY/AgRP neurons

GABA

POMC neurons

Primary central circuits:

- Dorsal vagal complex (DVC)
- Hypothalamus

Recent Projects

- Impact of postnatal overnutrition on neural development and central leptin signaling
- Drug discovery partnership
- Industry-academic collaboration to investigate the role of reelin in metabolic systems
- Central actions of fibroblast growth factor -1 (FGF1)

Fibroblast Growth Factor -1 (FGF1)

Member of FGF protein family (~17 kDa)

Involved in:

- Embryonic development
- Cell growth
- Tissue repair

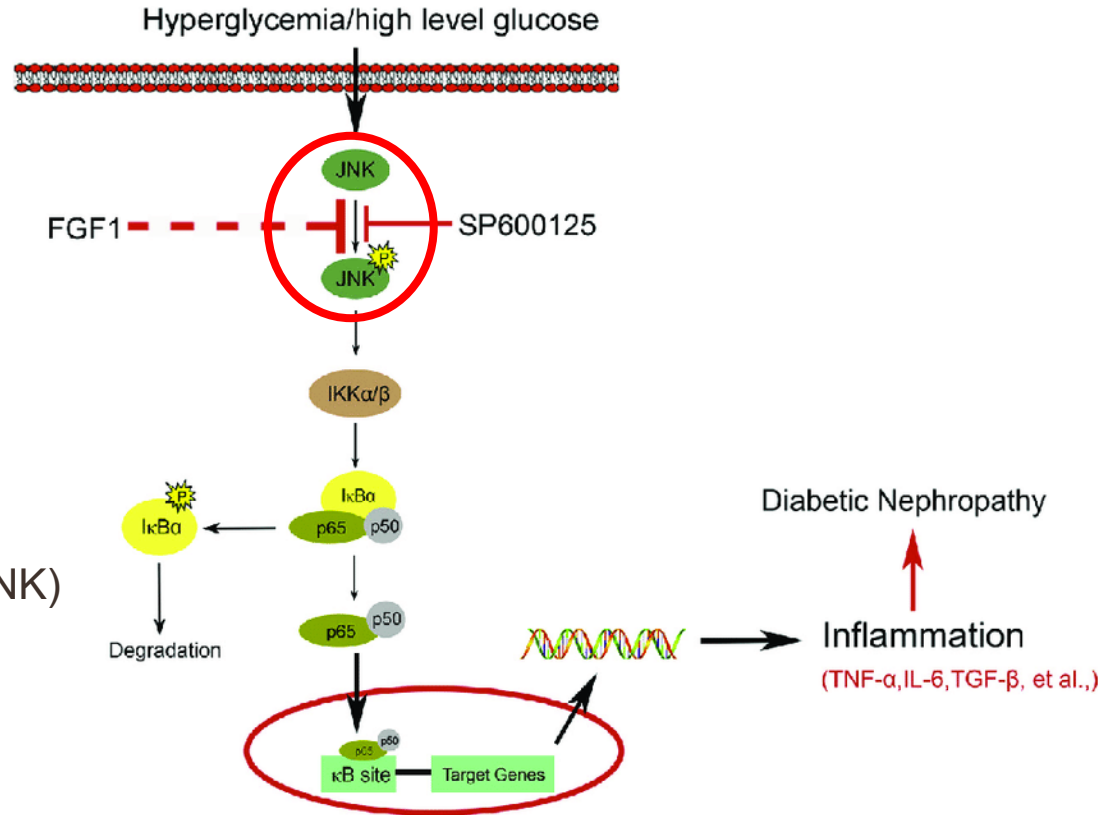
Receptor binding

- Tyrosine kinase receptors

Intracellular (c-jun N-terminal kinase; JNK)

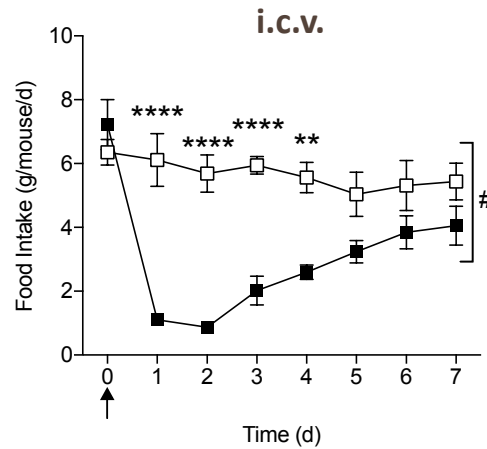
Ubiquitous expression

Knockouts are highly diabetic on HFD

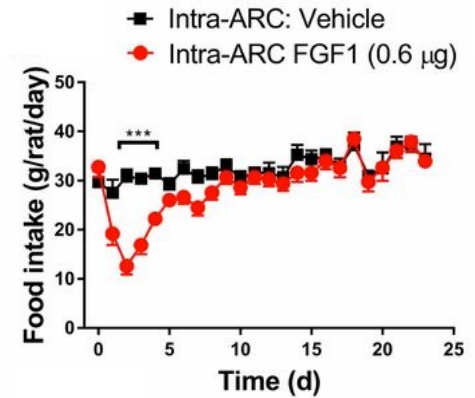


FGF1 reduces food intake in diabetic rodent models

db/db mouse model

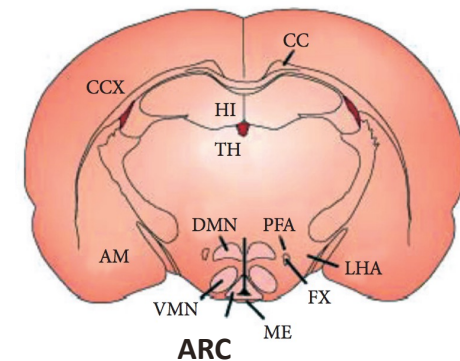


Zucker diabetic rat (ZDF)

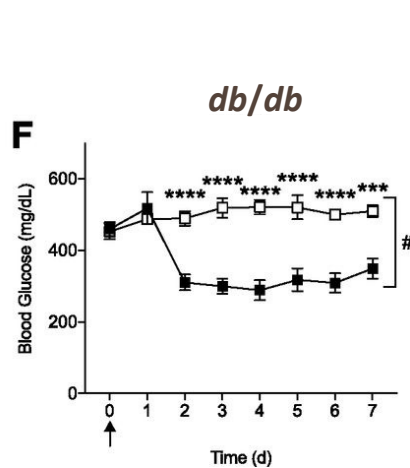
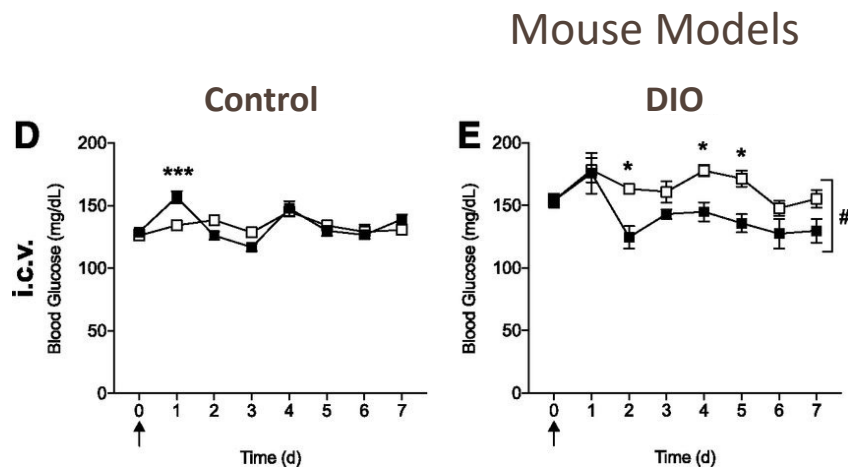


db/db – leptin receptor mutation

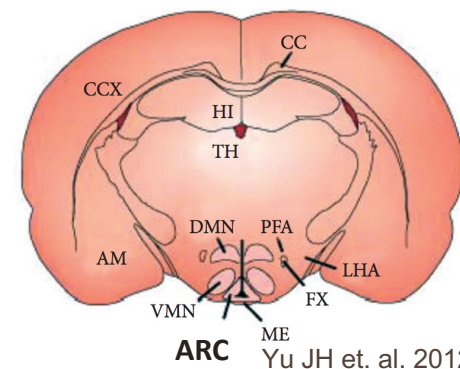
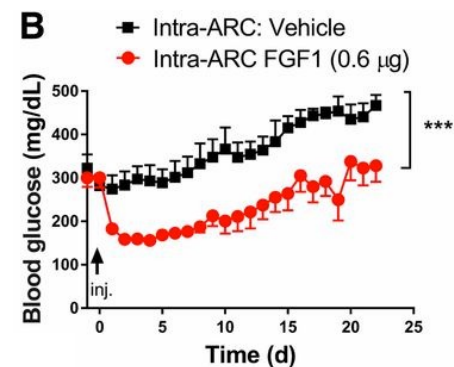
ZDF – leptin receptor mutation



FGF1 reduces blood glucose in DIO and diabetic mouse models

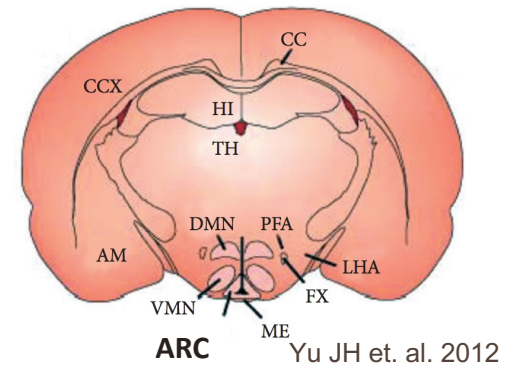
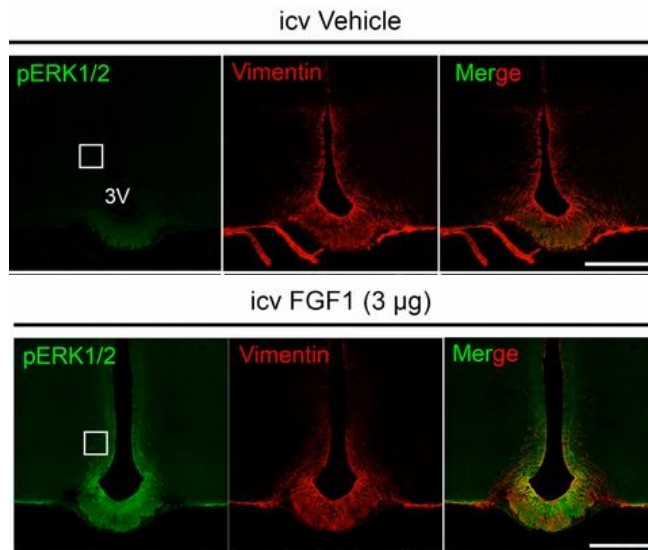
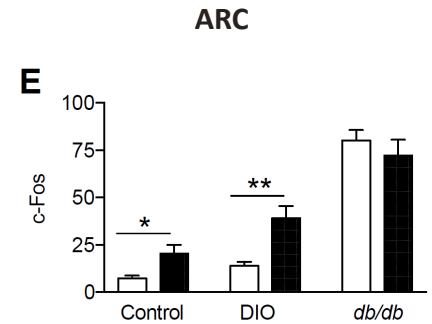
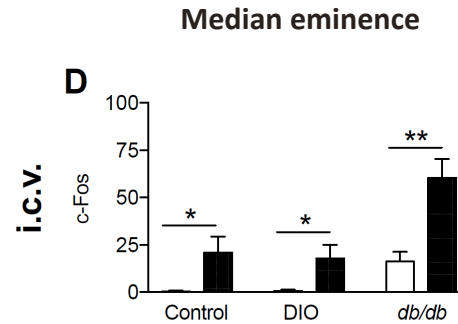
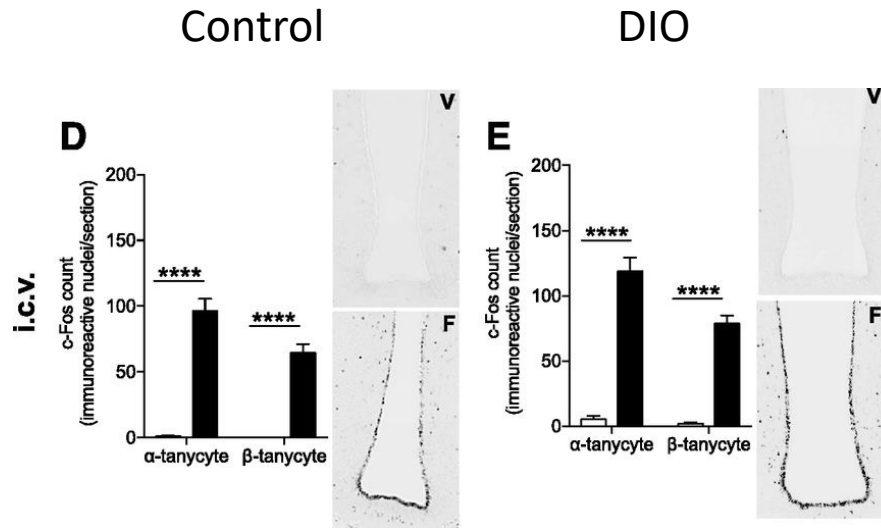


Zucker Diabetic Rat (ZDF)

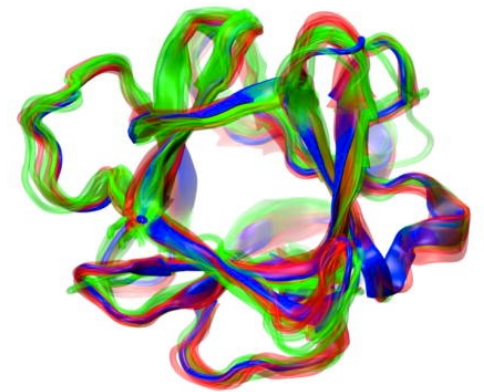


DIO – diet induced obese
db/db – leptin receptor mutation
 ZDF – leptin receptor mutation

FGF1 increases cFos and pERK1/2 in the ARC, median eminence, and in tanycytes

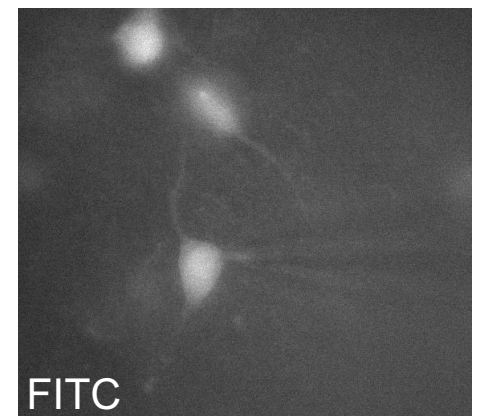
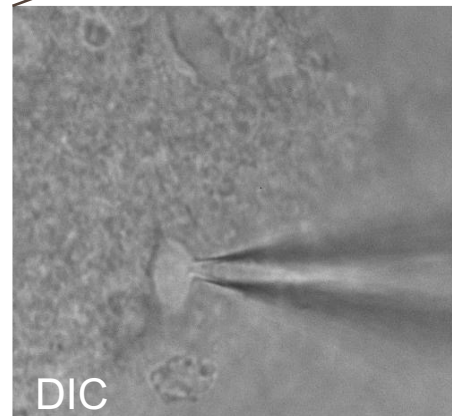
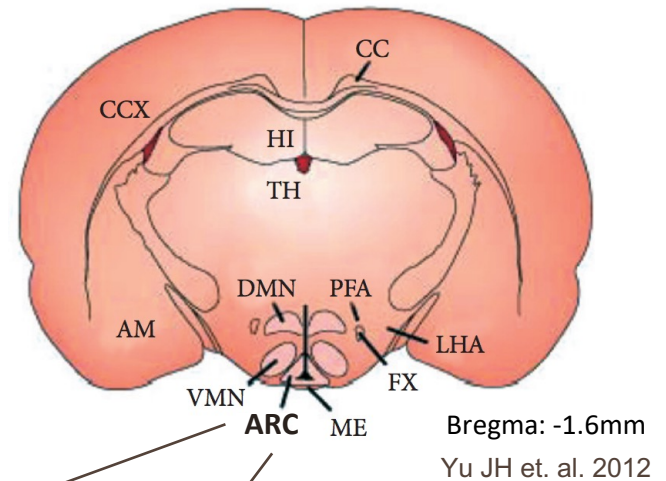


Does FGF1 act directly on ARC-POMC or -NPY neurons and, if so, what are the potential mechanisms by which it acts?



Methodology

- **Coronal hypothalamic brain slice**
 - Preserves the arcuate nucleus
- **Patch-clamp in the arcuate**
 - Measure changes in currents and voltages
- **Transgenic mice**
 - Proopiomelanocortin (POMC) -EGFP
 - Neuropeptide Y (NPY) -GFP

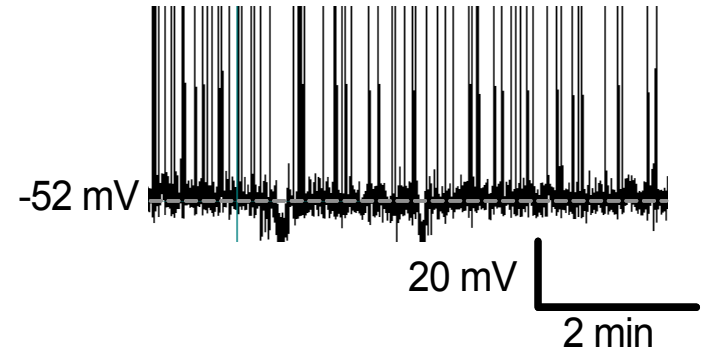


Methodology

Patch-clamp techniques:

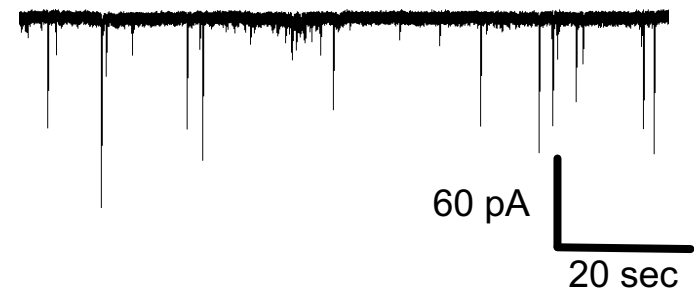
- **Neuronal activity (Current Clamp)**

- Membrane potential (mV)
- Action potentials (Frequency (Hz))



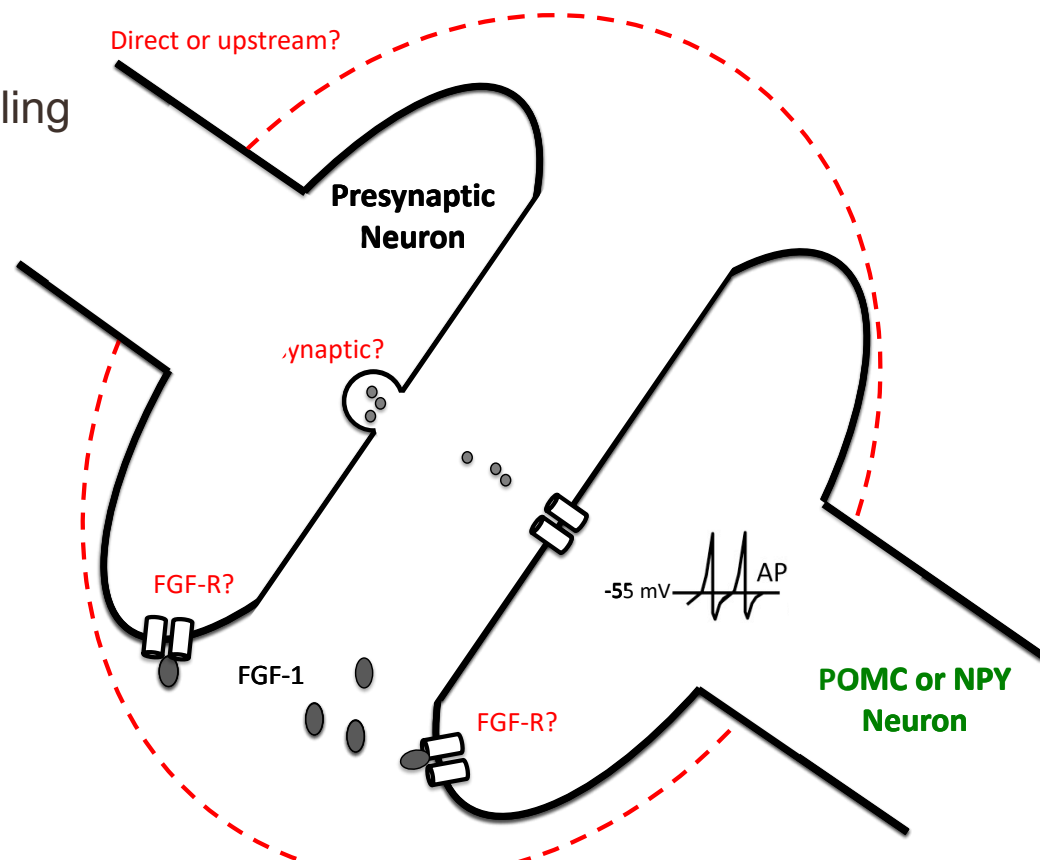
- **Neurotransmitter release/receptor binding (Voltage Clamp)**

- Voltage held at -60 mV
- Measure changes in current:
 - Frequency (Hz)
 - Amplitude (pA)



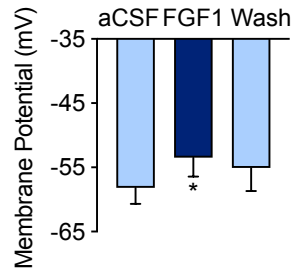
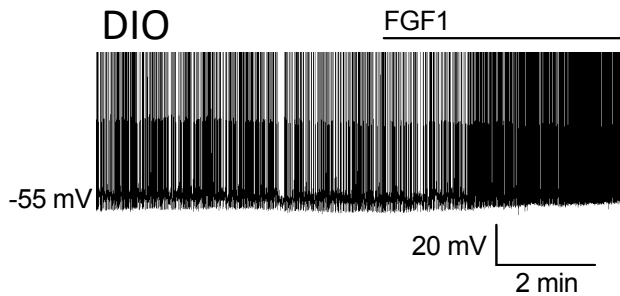
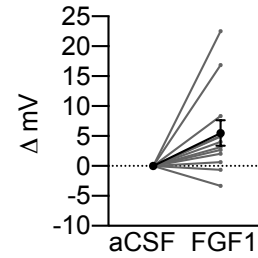
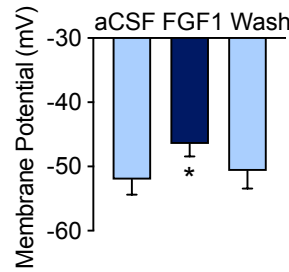
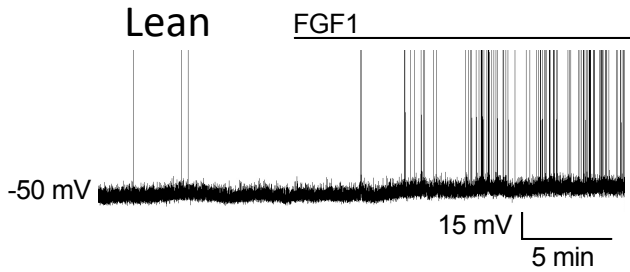
Objectives

- 1) Does FGF1 alter the activity of ARC-POMC or -NPY neurons?
- 2) Does FGF1 alter neurotransmitter release?
- 3) What receptor mediates FGF1 signaling on these neurons?

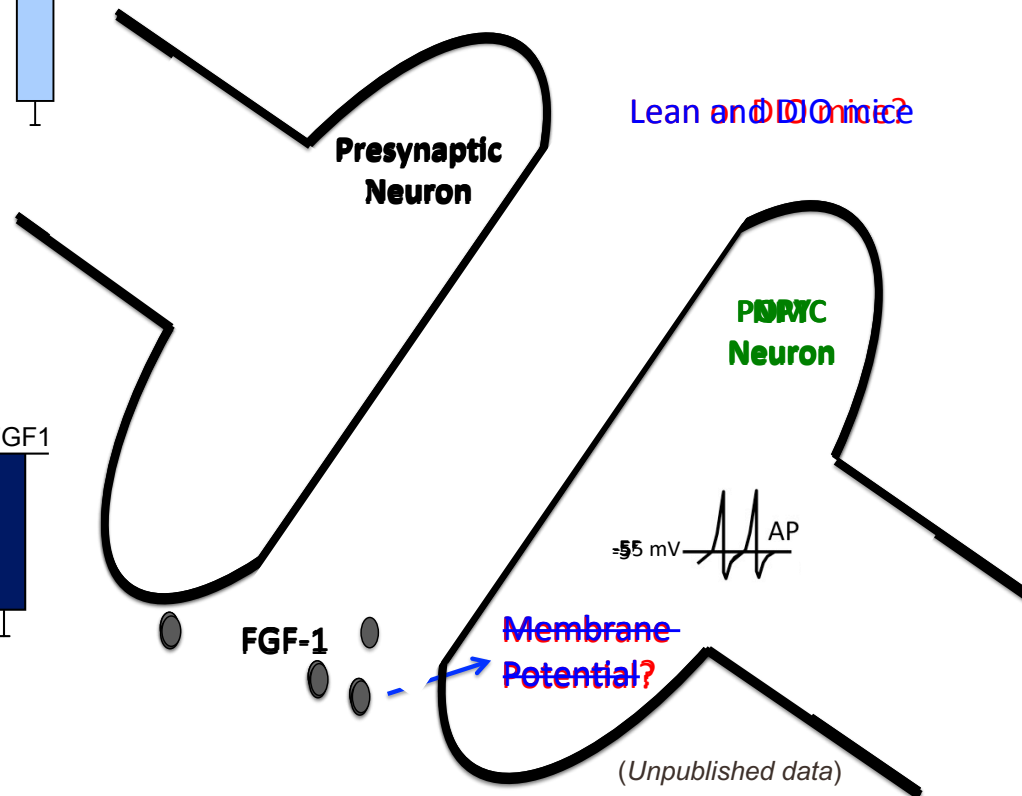
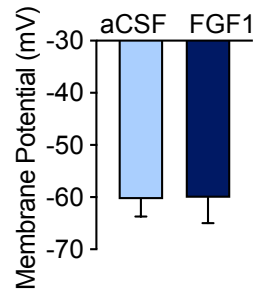
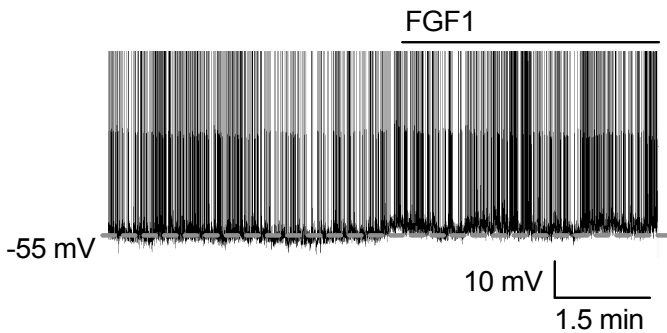


FGF1 activates ARC-POMC-EGFP neurons

POMC-EGFP



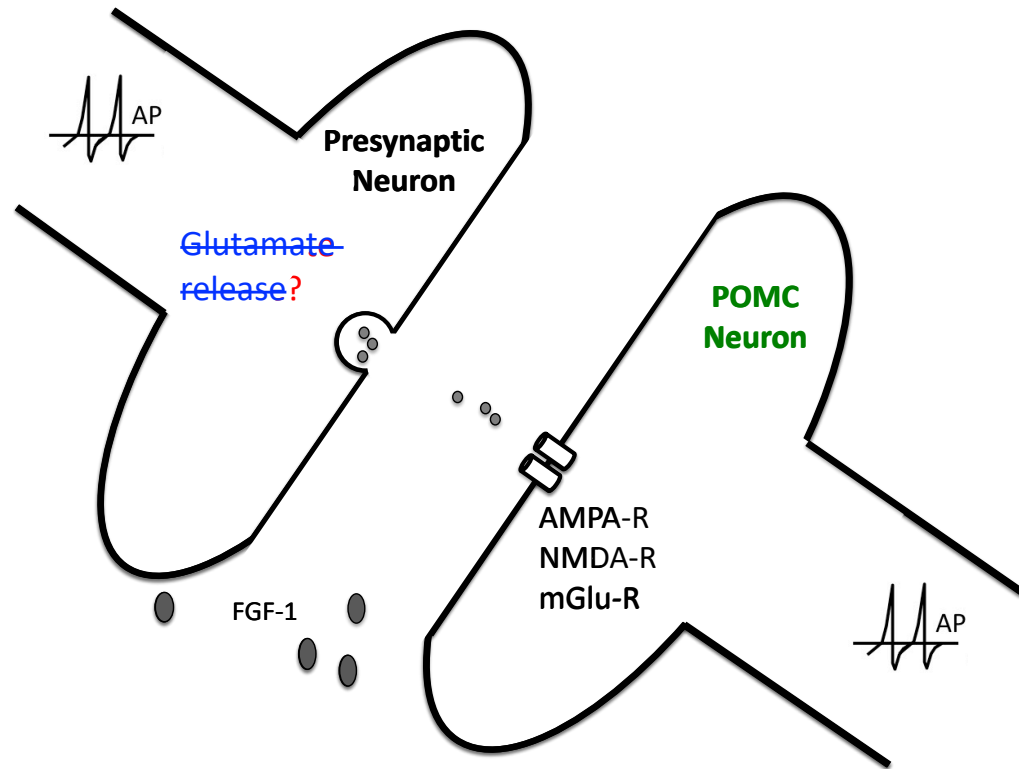
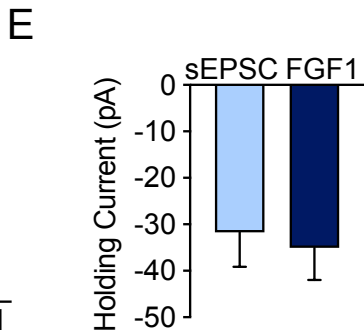
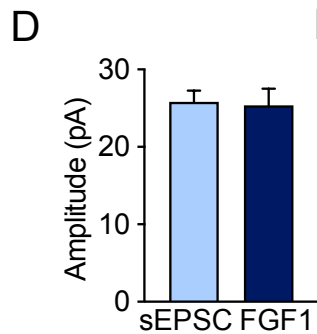
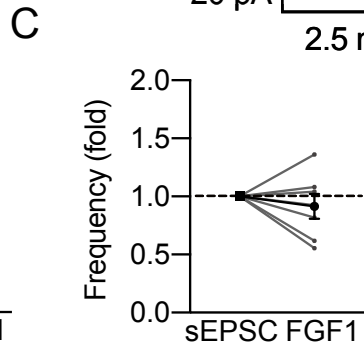
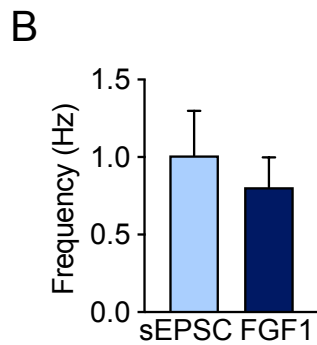
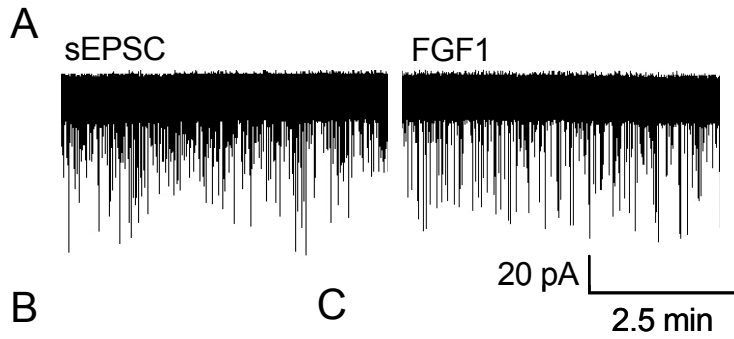
NPY-GFP



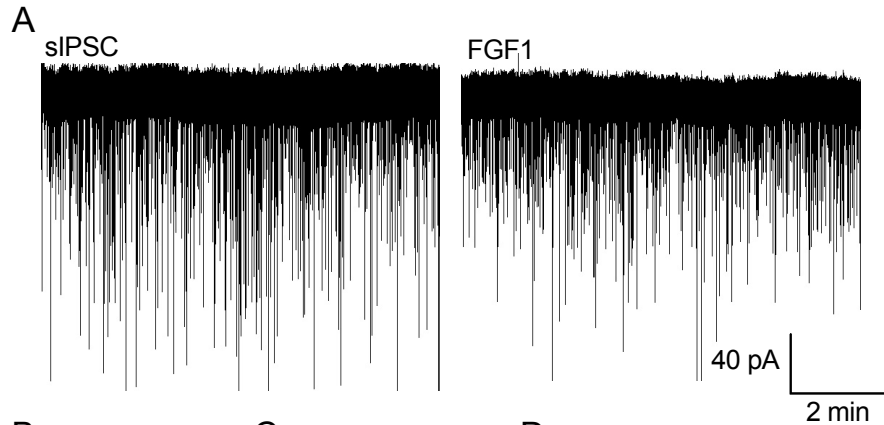
FGF1 does not alter spontaneous excitatory inputs on ARC-POMC neurons

Excitatory postsynaptic currents (EPSCs)

Bicuculline (BIC) - GABA_A receptor antagonist

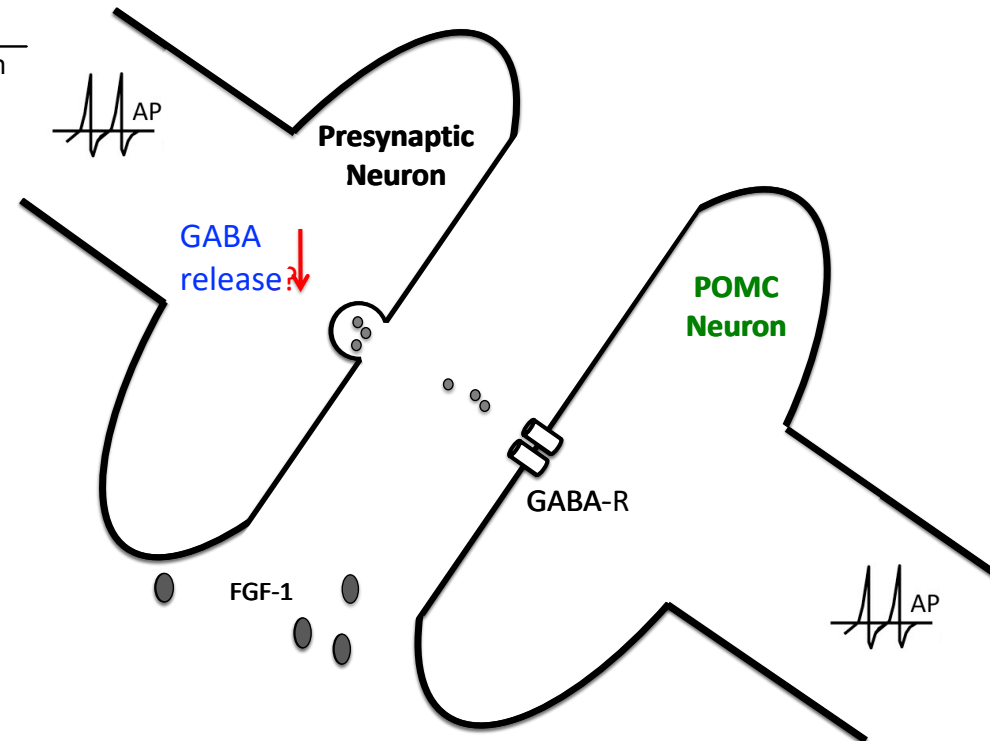
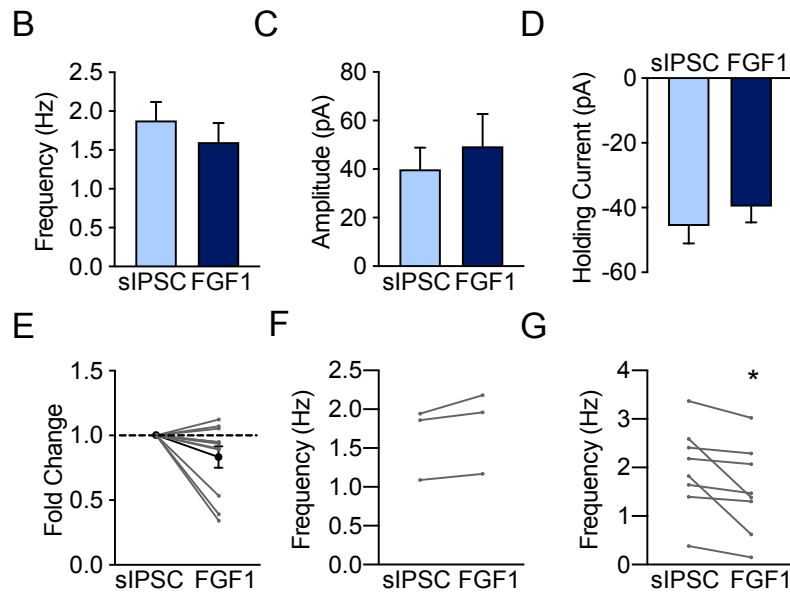


FGF1 decreases spontaneous inhibitory inputs on most ARC-POMC neurons



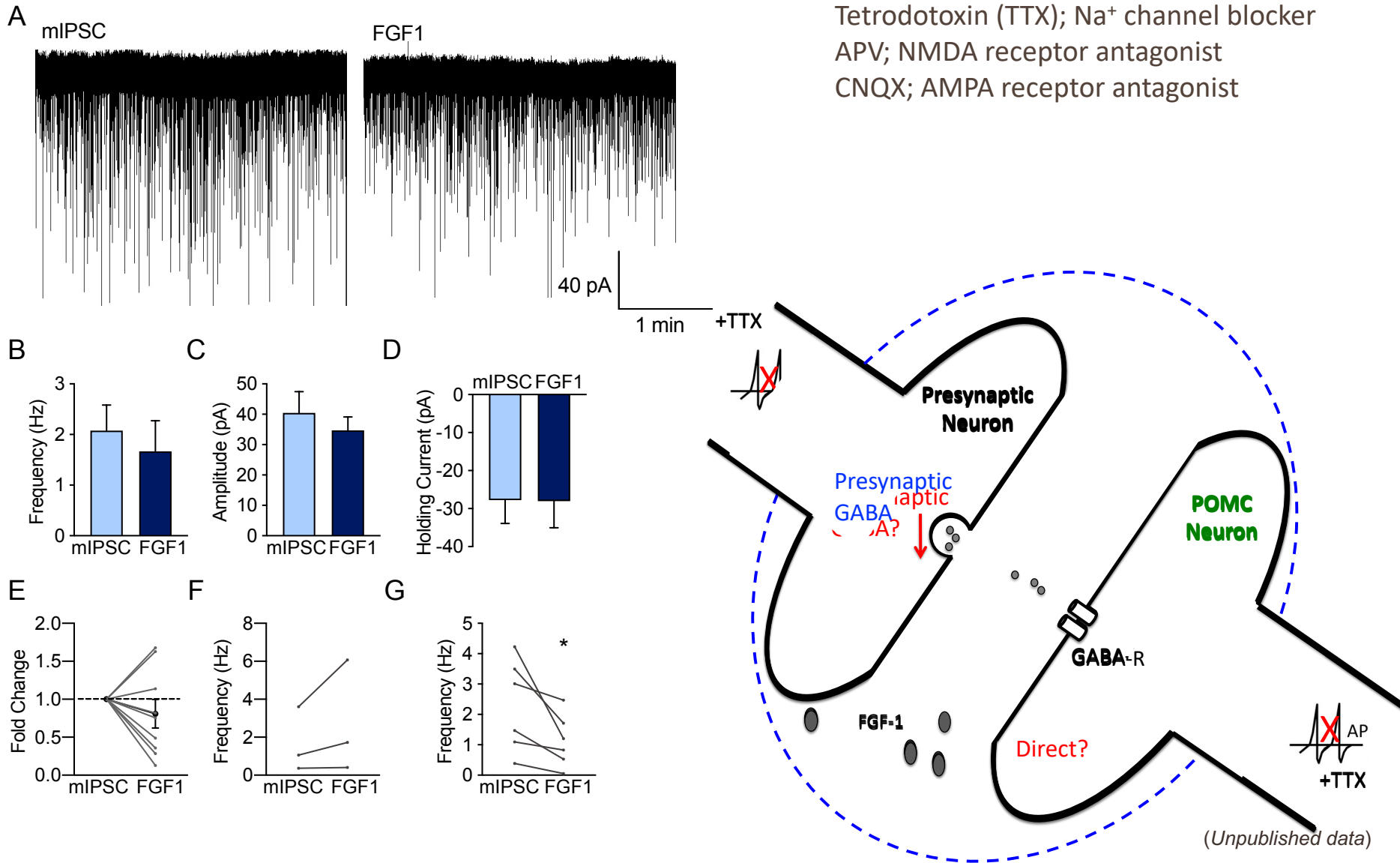
Inhibitory postsynaptic currents (IPSCs)

APV; NMDA receptor antagonist
CNQX; AMPA receptor antagonist



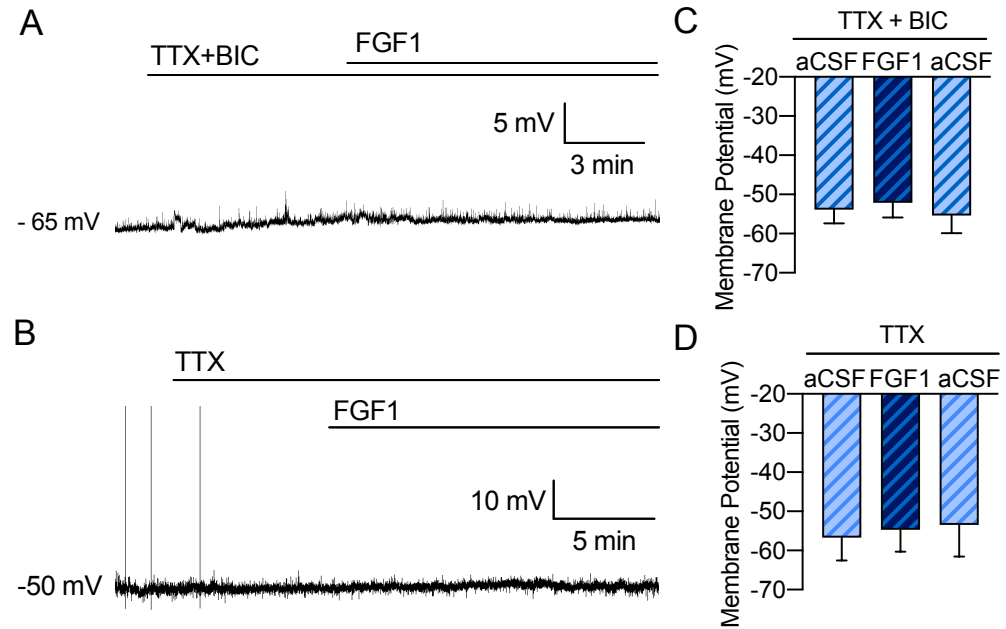
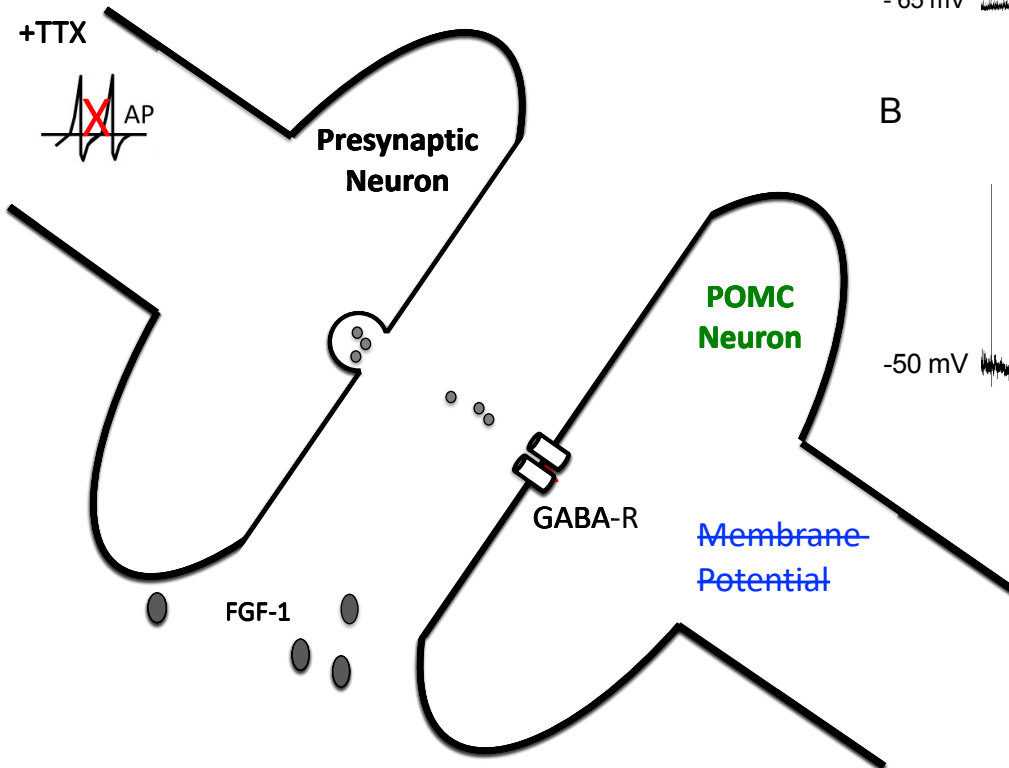
(Unpublished data)

FGF1 locally decreases inhibitory inputs on most ARC-POMC-EGFP neurons



FGF1 activation of ARC-POMC-EGFP neurons is indirect

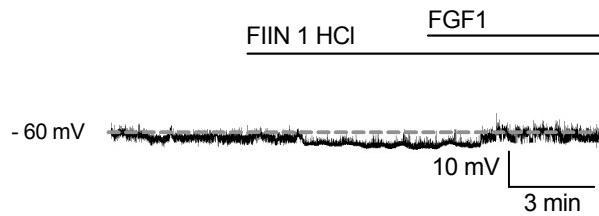
Tetrodotoxin (TTX) – Na⁺ channel blocker
Bicuculline (BIC) - GABA_A receptor antagonist



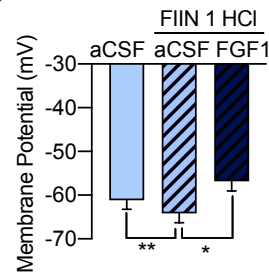
(Unpublished data)

FGF1 actions on ARC-POMC neurons are independent of FGF receptors

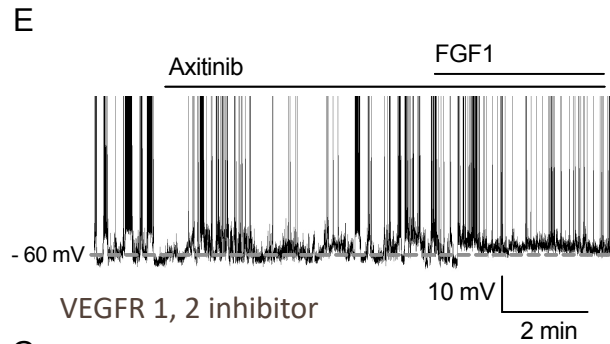
C FGFR 1, 2, 3, 4 inhibitor



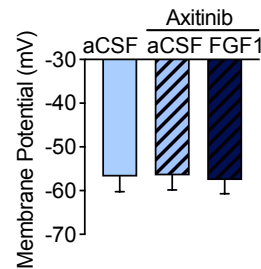
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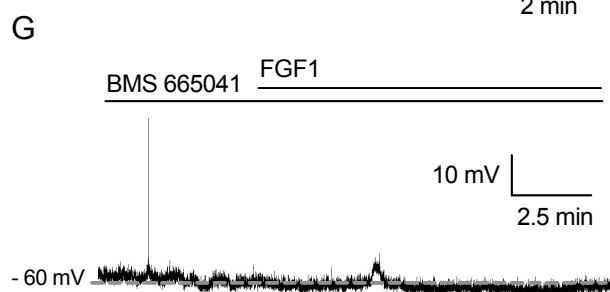
E VEGFR 1, 2, 3, 4 inhibitor



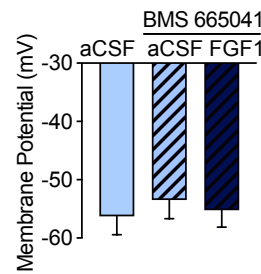
F



G VEGFR 1, 2 inhibitor

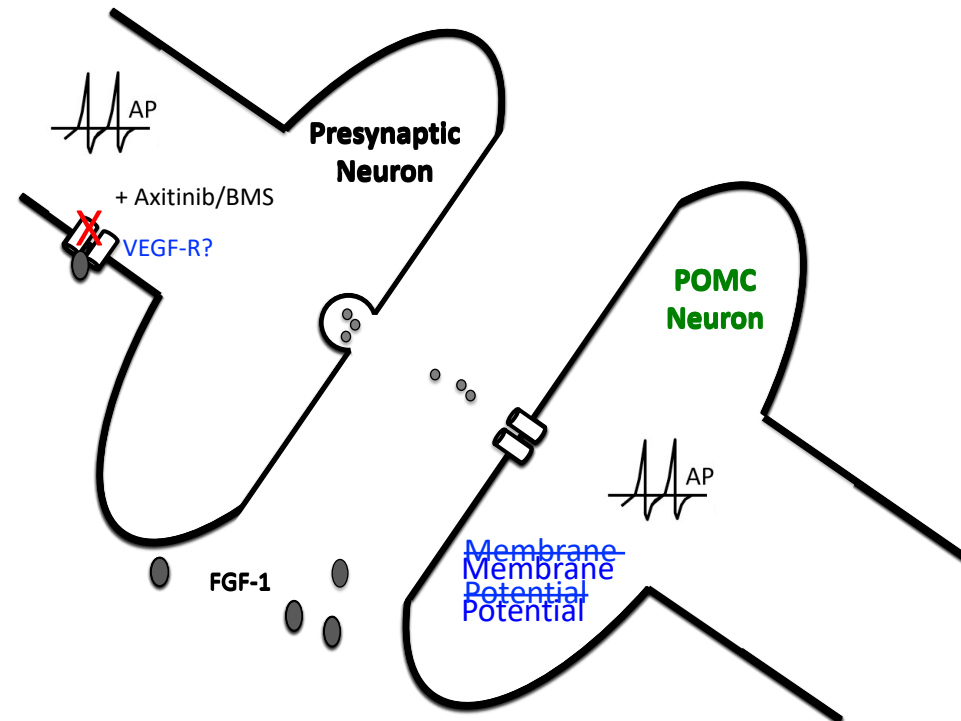


H



VEGFR

- Regulates tanyocyte permeability (leptin transport)
- Tyrosine kinase with similar binding domains
- FGF impacts VEGF signaling and VEGFR expression
- FGF1 most promiscuous FGF



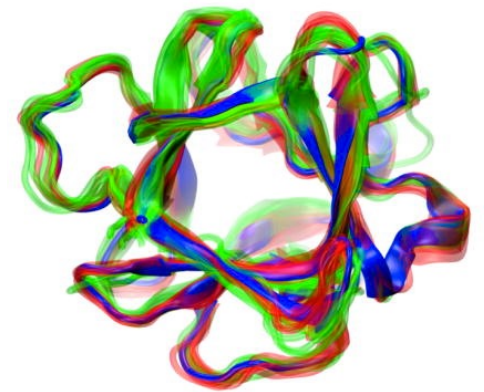
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Summary

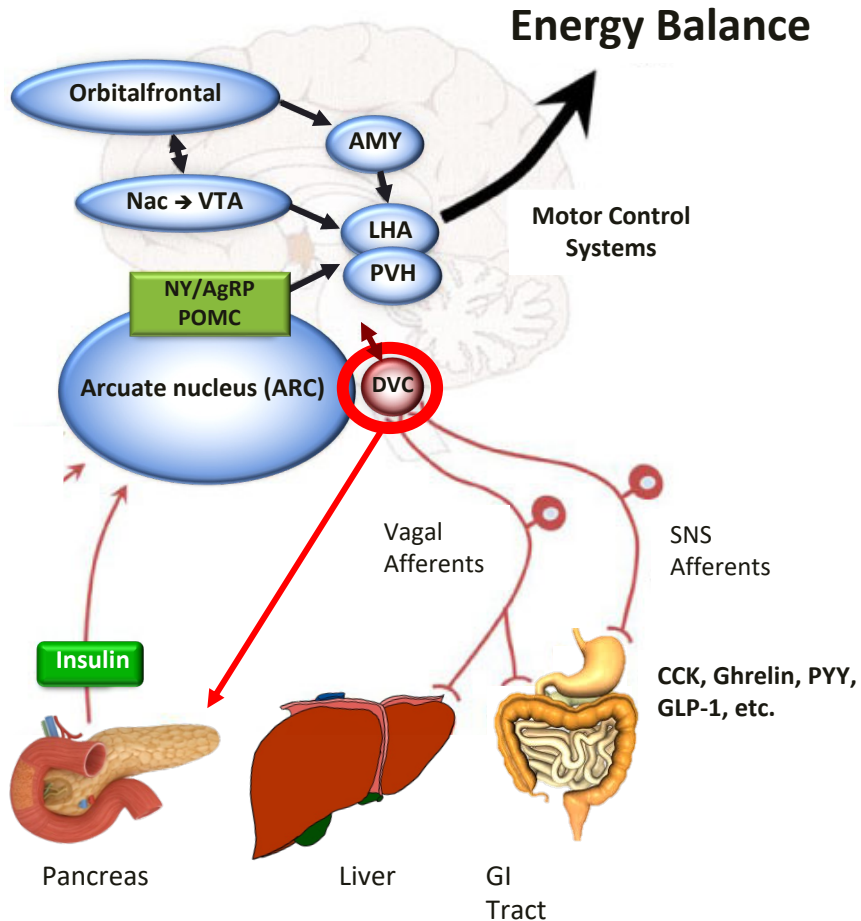
In the arcuate nucleus:

- FGF1 depolarized ARC-POMC, but not NPY neurons
- FGF1 decreases inhibitory inputs onto ARC-POMC neurons
- FGF1 activation of ARC-POMC neurons is indirect
- VEGF receptors are involved in FGF1 activation of ARC-POMC neurons

Does FGF1 have any actions in the hindbrain?

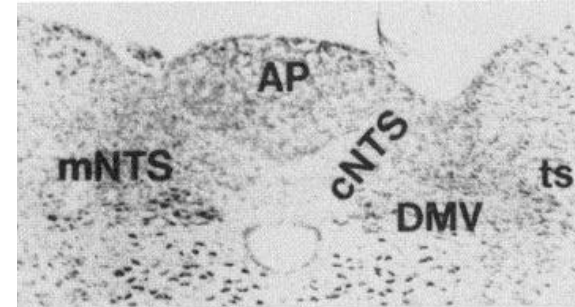


Role of dorsal vagal complex (DVC) in energy homeostasis



Dorsal vagal complex (DVC)

- Nucleus of the solitary tract (NTS)
- Area postrema (AP)
- Dorsal motor nucleus of the vagus (DMV)



Dorsal vagal complex (DVC) controls glucoprivic feeding

Glucoreceptors Controlling Feeding and Blood Glucose: Location in the Hindbrain

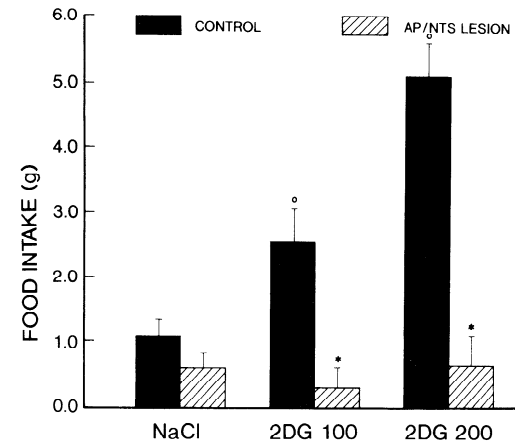
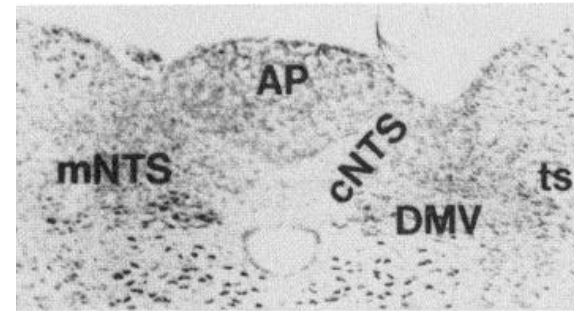
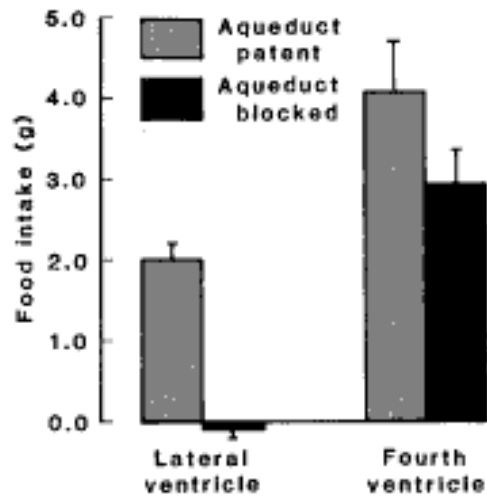
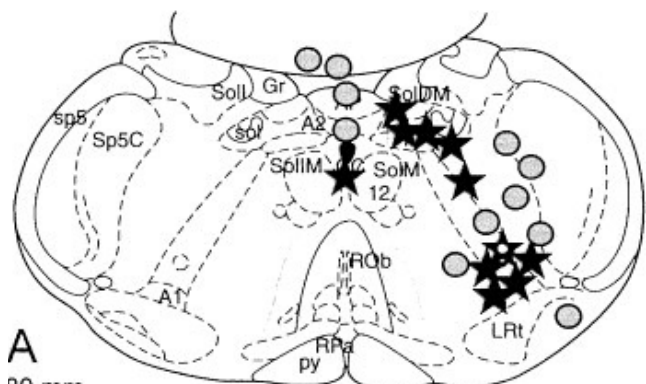


FIG. 6. Food intake of area postrema-nucleus of solitary tract (AP-NTS)-lesioned rats and controls during 6-h tests after subcutaneous injection of 2-deoxy-D-glucose (2-DG, 100 and 200 mg/kg) and NaCl (0.9%, mean of 4 tests). Rats were maintained and tested on medium-fat, high-carbohydrate powdered diet. * $P < 0.001$, lesion vs. control for same 2-DG dose; ° $P < 0.004$, control 2-DG vs. NaCl.

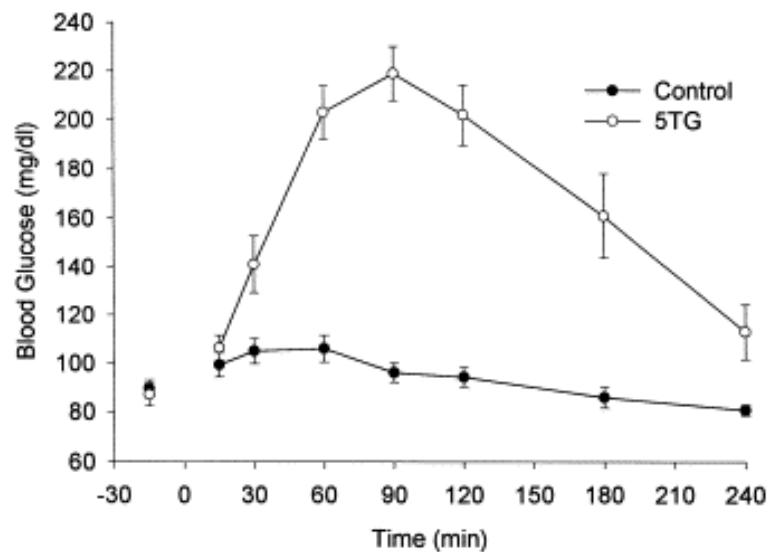
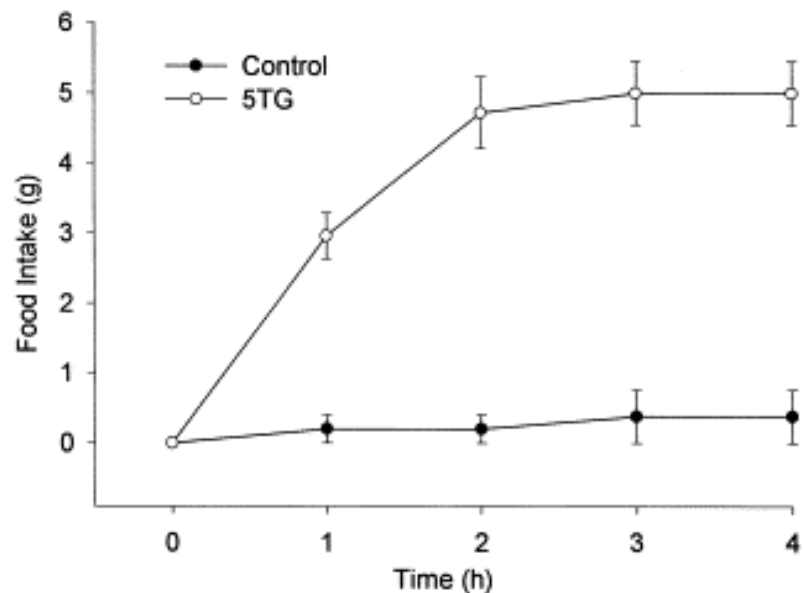
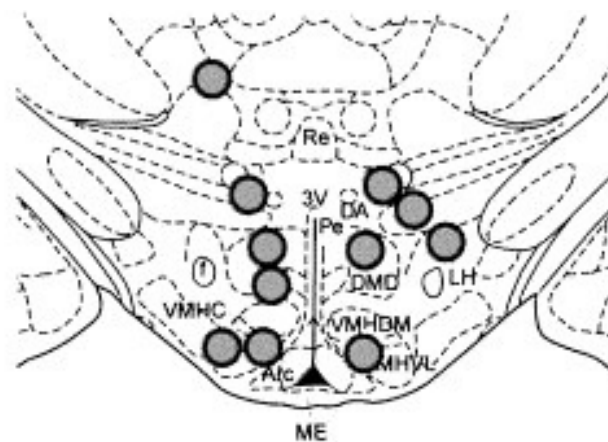
Dorsal vagal complex (DVC) controls feeding and blood glucose



A

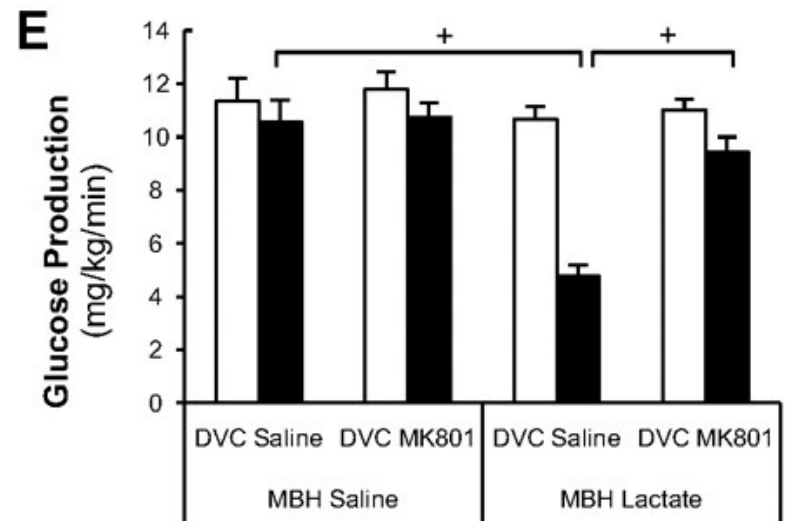
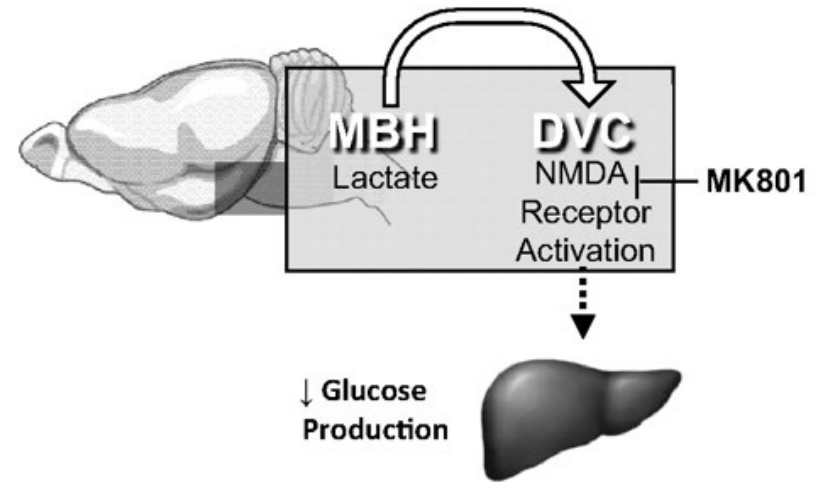
80 mm

Mean ○ = 3.3 ± 3.4 mg%
 Mean ★ = 63.2 ± 8.7 mg%

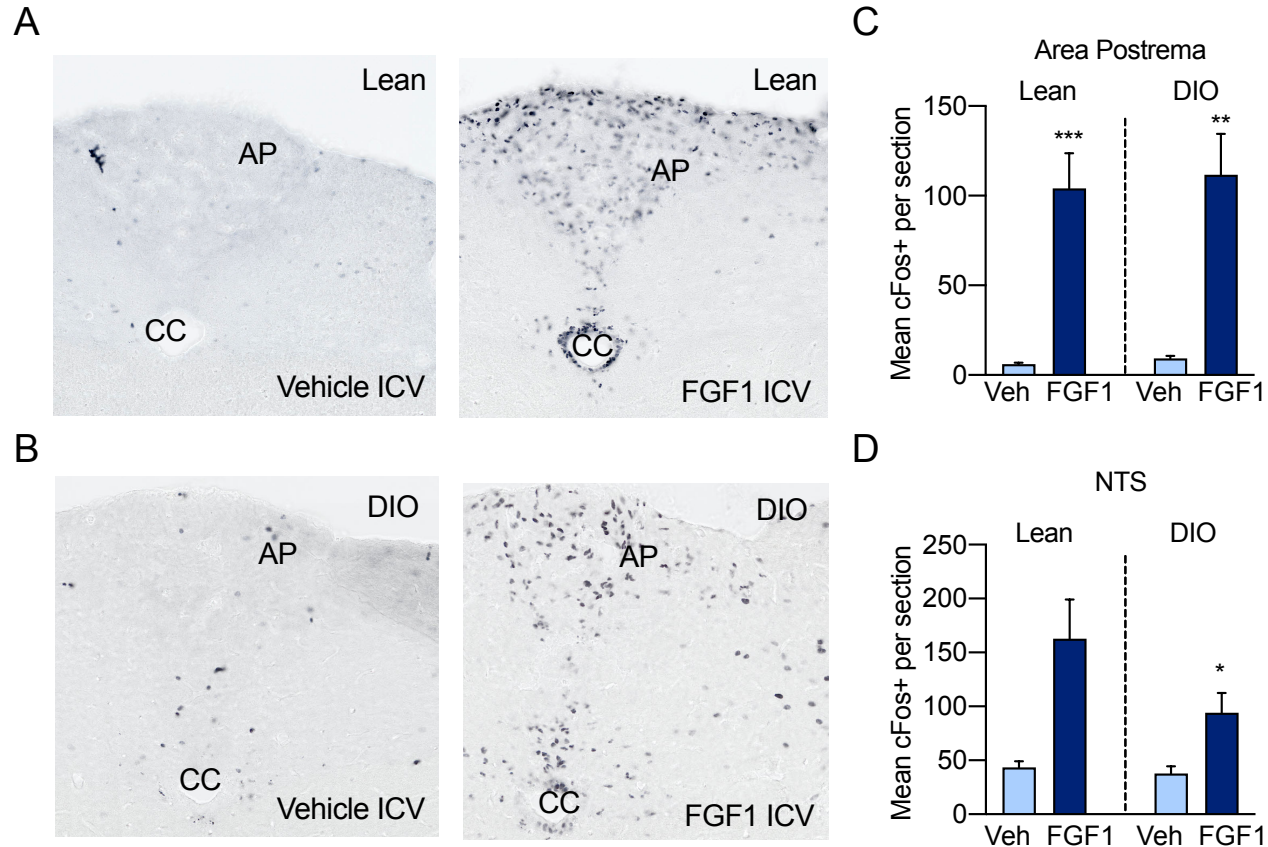


Dorsal vagal complex (DVC) controls ARC nutrient sensing

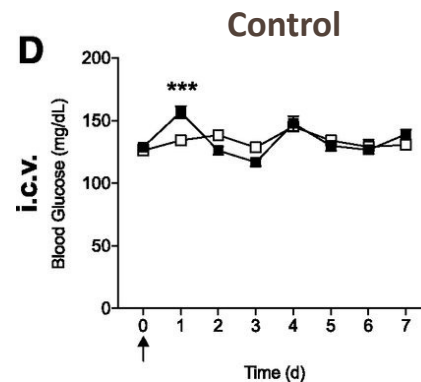
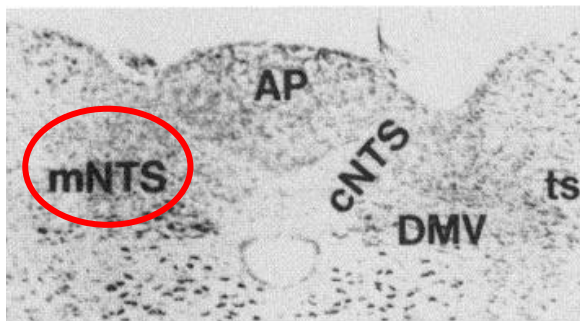
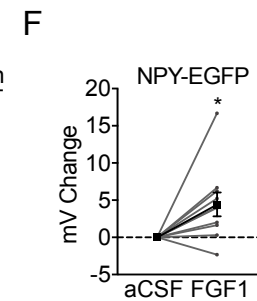
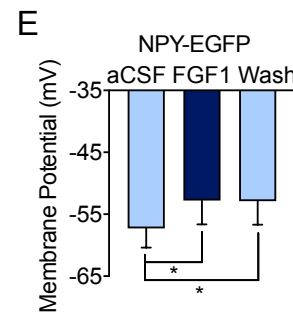
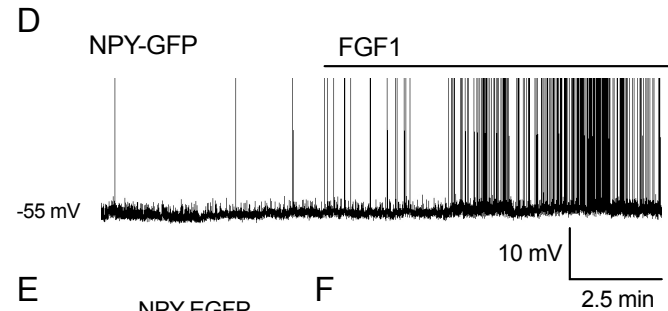
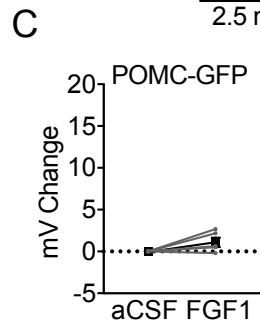
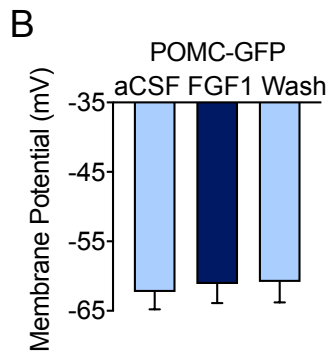
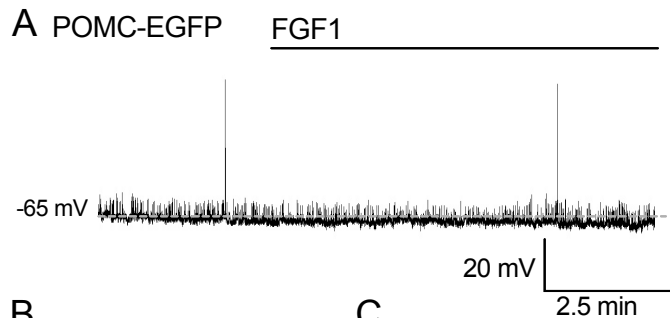
- Lactate infusion into medial basal hypothalamus (MBH) decreases hepatic glucose production
- NMDA receptor antagonist in DVC blocks this effect
- Same result for dominant negative AMPK adenovirus injections into MBH



ICV FGF1 injection induces cFos in the DVC



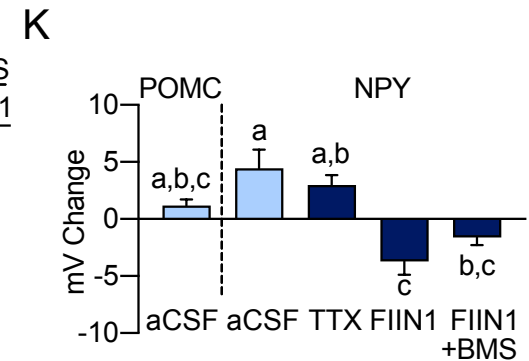
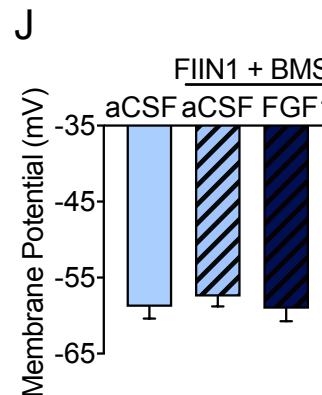
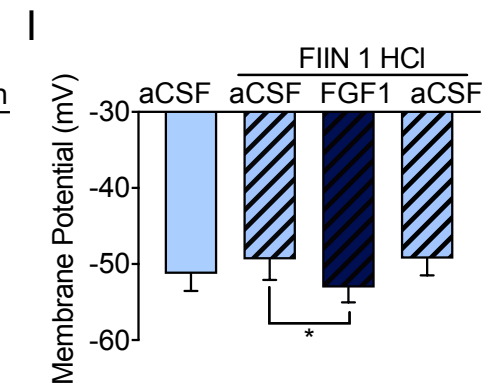
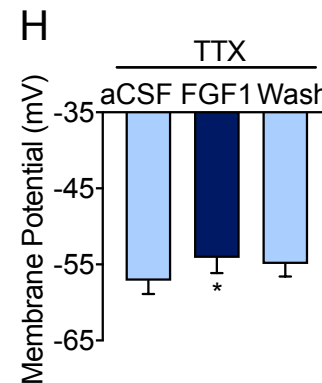
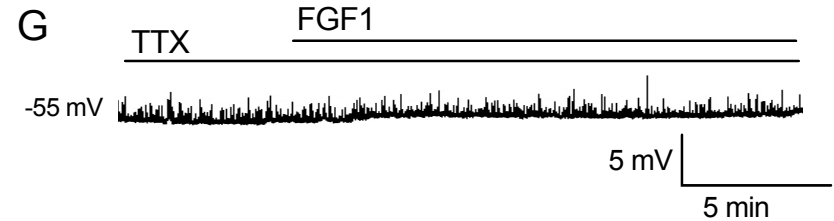
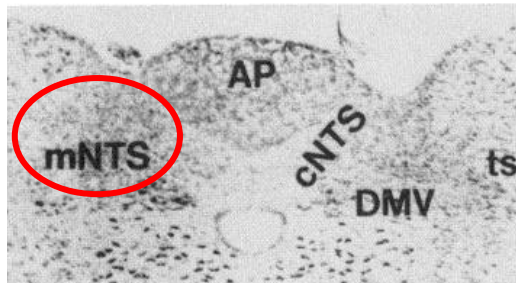
FGF1 depolarizes NTS-NPY-GFP neurons



(Unpublished data)
Ritter, *Brain Res.* 2000
Tennant K, *Diabetes* 2019

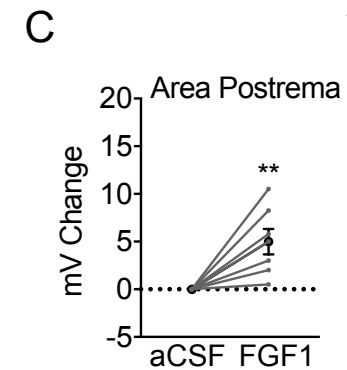
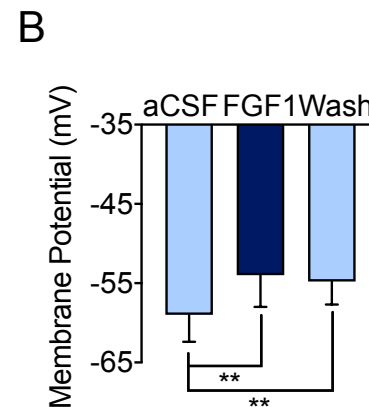
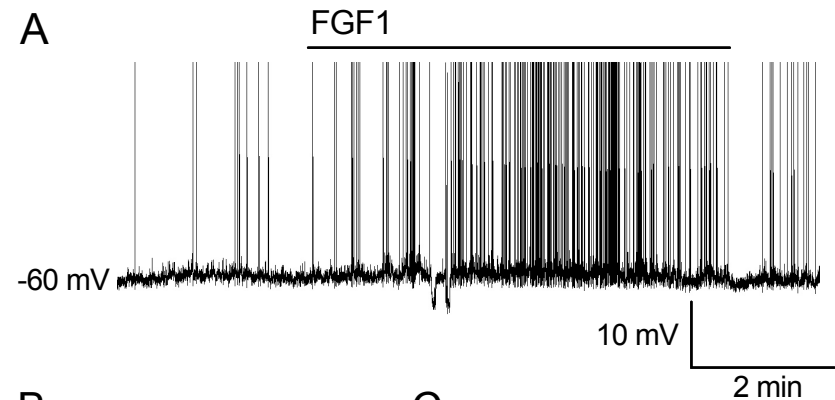
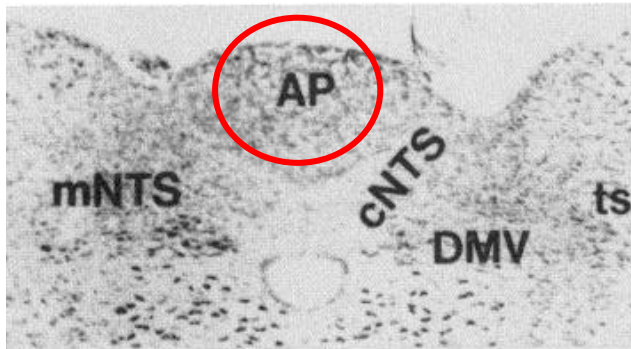
FGF1 actions on NTS-NPY-GFP neurons

- FGF1 effects are direct
- Mediated by FGF and VEGF receptors



(Unpublished data)

FGF1 activates unidentified neurons in the area postrema



Summary

In the dorsal vagal complex (DVC):

- FGF1 has direct actions on NTS-NPY neurons
- FGF1 actions on NTS-NPY neurons are mediated FGF and VEGF receptors
- FGF1 activates unidentified neurons in the area postrema

Implications

- FGF1 electrophysiological actions in ARC consistent with proposed glia/astrocyte mediated mechanisms
- cFos expression and direct electrophysiological actions on NTS/AP neurons consistent with DVC control of glucoregulation and food intake

Do FGF1 central actions on food intake and blood glucose require peripheral vagal innervation from the DVC?

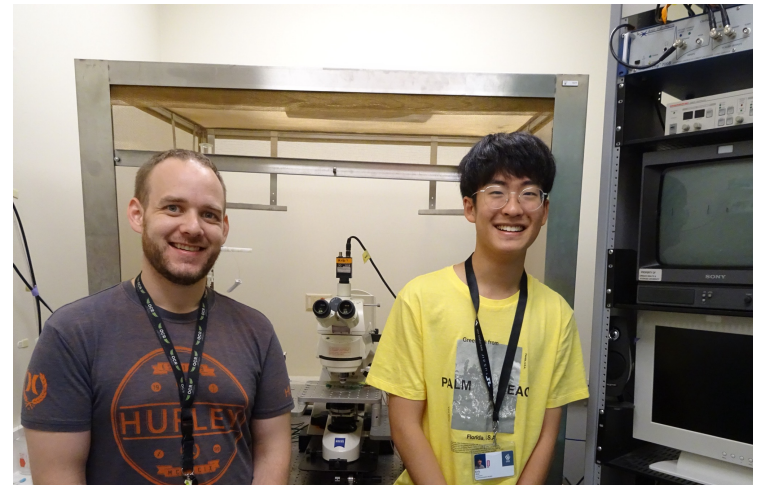
Acknowledgements

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- Katherine Tennant
- Eric Kim

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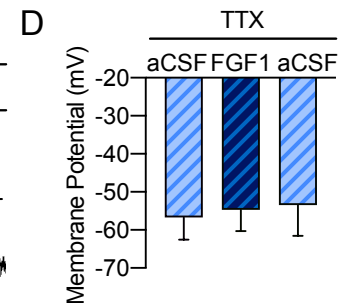
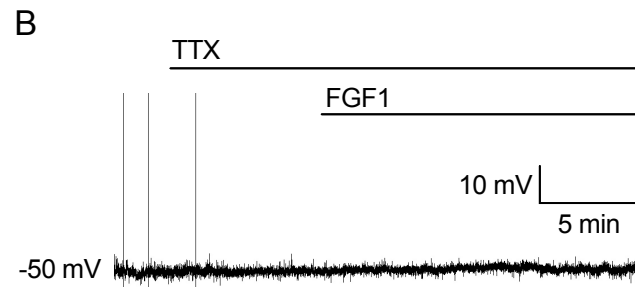
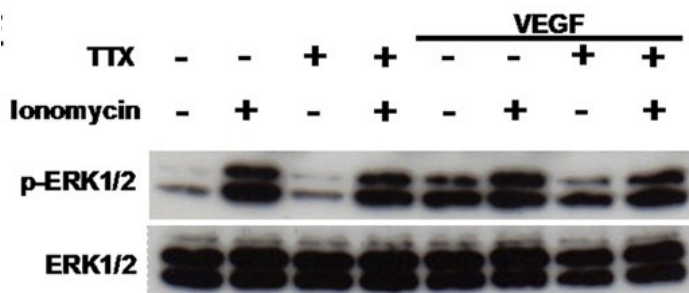
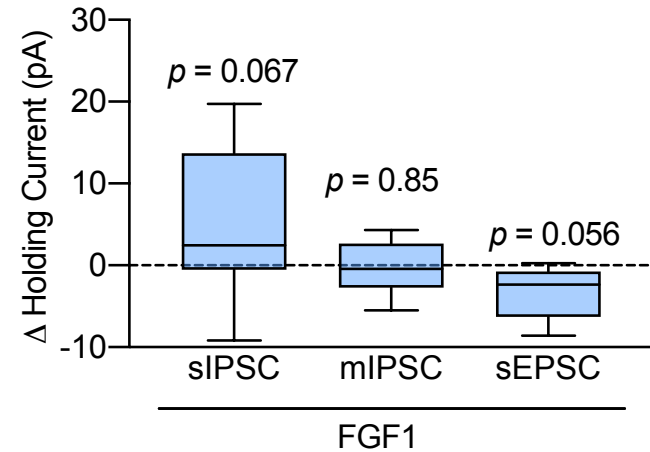
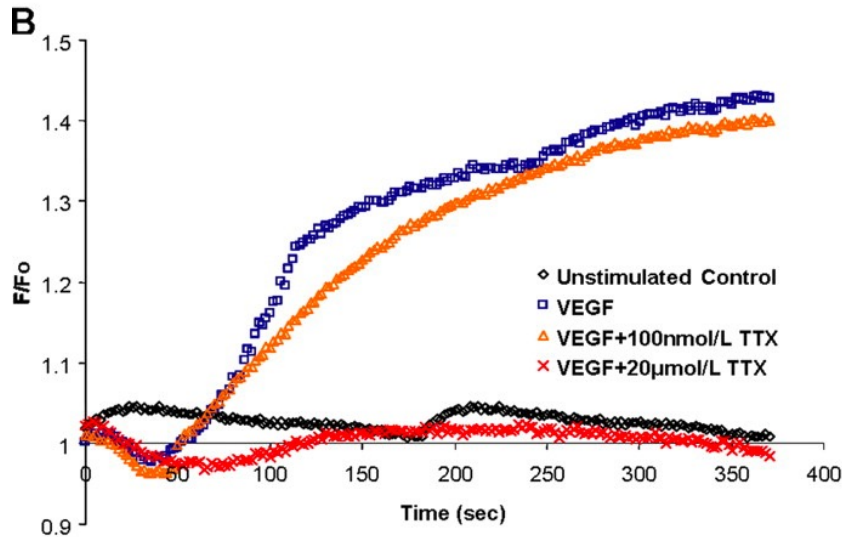
Ilia Karatsoreos



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Questions?

FGF1 effects may be mediated by voltage gated sodium channels (VGSC)



	FGFR1	FGFR2	FGFR3	FGFR4	VEGFR2	VEGFR1
FGF-1						

FIIN 1 (500 nM)

K_d	2.8 nM	6.9 nM	5.4 nM	120 nM	210 nM	210 nM

BMS 605541 (1 μ M)

IC_{50}	>5 μ M				23 nM	400 nM

Axitinib (100 nM)

IC_{50}	>5 μ M				0.2 nM	1.2 nM