

Review

Polyglutamine diseases: a transcription disorder?

H. Okazawa

Department of Molecular Therapeutics, Tokyo Metropolitan Institute for Neuroscience, PRESTO, Japan Science Technology Corporation, 2–6, Musashi-dai, Fuchu, Tokyo 183-8526 (Japan), Fax: + 0081 42321 8678, e-mail: okazawa@tmin.ac.jp or okazawa-ky@umin.ac.jp

Received 14 January 2003; received after revision 20 February 2003; accepted 31 March 2003

Abstract. Various molecular processes including unfolded protein response, protein transport, synaptic transmission and transcription are implicated in the pathology of polyglutamine diseases caused by the expanded polyglutamine-containing proteins. More than 20 transcription-related factors have been reported to interact with disease proteins, and the pathological interaction is

known to repress gene expression. The whole shape of nuclear events evoked by disease proteins is now emerging with information on these transcription-related factors and with findings on the similarity between nuclear bodies and pathological inclusion bodies. This article reviews ‘transcription theory’, a rapidly growing hypothesis in polyglutamine diseases.

Key words. Polyglutamine disease; transcription; cofactor; splicing; RNA; nuclear body; aggregation; ubiquitin; SUMO; proteasome; neuronal death.

Introduction

Polyglutamine diseases are a specific group of hereditary neurodegeneration caused by expansion of CAG triplet repeats in an exon of disease genes which leads to production of a disease protein containing an expanded polyglutamine stretch (see review [1–4]). Among various triplet repeats, CAG expansion is the only one that causes neurodegeneration. Expansion of GCG repeats produces abnormal polyA-binding protein containing an elongated polyalanine tract, whereas the mutant protein causes cell death limited to skeletal muscles, known as oculopharyngeal muscular dystrophy [5]. The expanded polyglutamine tract is sufficient to cause neurodegeneration, because transgenic mice expressing the mutant polyglutamine exclusively show similar pathology [6, 7]. So far, nine neurodegenerative disorders, including Kennedy’s disease, Huntington’s disease, spinocerebellar atrophy-1, -2, -3, -6, 7, 17 and dentatorubral pallidolusian atrophy (DRPLA) are known to belong to the polyglutamine diseases. In most

polyglutamine diseases, expansion to over 40 repeats leads to onset (see review [4]). The threshold number is consistent with the length necessary for polar zipper formation [8, 9]. The only exception is SCA6, in which more than 21 repeats in the α 1-voltage-dependent calcium channel subunit leads to onset. The discrepancy might be relevant to loss of channel function, but this speculation has not been proved. Most of the disease proteins are cleaved to peptides before they aggregate and form inclusion bodies. Mutant huntingtin, the disease protein of Huntington’s disease, is the earliest example that is cleaved in culture cells and neurons [10–14]. Androgen receptor, ataxin-3 and atrophin-1/DRPLA (disease proteins of Kennedy’s disease, SCA3 and DRPLA, respectively) are cleaved by caspases [15–18]. N-terminal cleavage of ataxin-7 by unknown proteases was also reported [19]. Li’s group recently reported that the N-terminal fragment of huntingtin is selectively accumulated in the striatal neurons, and proposed that the brain region-specific cleavage leads to selective neuronal death [20]. However, this view was challenged by a re-

port showing that mutant huntingtin is more resistant to proteolysis, and N-terminal peptides arise from normal huntingtin in diseased brains [21]. Collectively, the polyglutamine diseases share a common molecular pathology and can be considered as a homogeneous disease entity.

At present, a critical question to be answered is how mutant proteins cause human pathology. It is generally accepted that aggregate or inclusion bodies are an important hallmark of polyglutamine diseases. However, it is not clear whether the aggregate directly induces neuronal dysfunction and death. It is also suggested that soluble proteins or cleaved peptides in monomer or oligomer states are toxic before aggregation. Soluble or oligomer disease proteins may bind to cellular proteins and abrogate their functions during the process of aggregation. If we accept this hypothesis, it is essential to know which cellular proteins bind to the polyglutamine disease proteins. Actually, a large number of binding proteins have already been reported. They can be classified into nuclear transcription-related factors, ubiquitin-proteasome proteins and cytoskeleton-related proteins. The ubiquitin-proteasome group includes Hsp70, Hsp 72, Hsp90, Nedd8 and HDJ-2/HSDJ. These proteins regulate various cellular functions by changing the protein concentration in cells through degradation; thus, interaction with proteasome-related proteins could be a physiological reaction to degrade abnormal polyglutamine proteins. Alternatively, unfolded mutant protein in the endoplasmic reticulum (ER) may trigger the ER stress response, leading to proteasome activation and apoptosis cascade (see review [22]). As for cytoskeletal proteins, abnormal function of HIP [23, 24] may lead to vesicle transport dysfunction, and inhibition of HAP [25] may lead to dysfunction of microtubule-associated protein transport (see review [26]). Furthermore, results from many laboratories have shown that numerous transcription-related factors interact with polyglutamine disease. In contrast to other types of neurodegeneration, interaction with transcription-related factors is specifically reported in polyglutamine diseases. In this sense, these results may suggest that transcriptional dysfunction is a specific cue of polyglutamine disease pathology. In this review, I will focus on this new hypothesis of polyglutamine diseases and will ask whether the transcription theory has been established. Naturally, the aim is not to rule out the other pathological elements but to seek mutual links among the pathological elements.

Interaction between disease proteins and transcription-related factors

So far, more than 20 nuclear proteins relevant to transcription are suggested to interact with polyglutamine

disease proteins (table 1). They include LANP, PQBP-1, N-CoR, ARA24, CBP, p53, mSin3A, TAF_{II}130, ETO/MTG8, p160/GRIP1, Sp1, C-terminal binding protein (CtBP), CA150, SC35, MLF1 and so on [27–47]. In some of them, interaction was verified by biochemical experiments and colocalization. In other proteins, interaction was suggested only with colocalization. Nuclear receptors such as glucocorticoid receptor are known to affect nuclear translocation of mutant androgen receptor [48, 49]. Promyelocytic leukemia protein (PML) is partially colocalized with ataxin-1 [50]. TATA-binding protein (TBP) and PML are colocalized with ataxin-3 in nuclear inclusion bodies of human brain [51, 52]. Rich et al. reported colocalization of ataxin-1 and RED [53]. Another TBP-associating factor, TAF_{II}30 (not TAF_{II}130), was reported to accumulate in nuclear inclusions of

Table 1. The polyglutamine disease protein-binding proteins.

Interacting protein, binding domain	Disease protein	Reference
<i>Interaction was confirmed by biochemical and morphological experiments</i>		
LANP:	ataxin-1	[27]
PQBP-1, polar amino acid rich domain	ataxin-1, poly-Q	[28, 29]
N-CoR, C-terminal domain	huntingtin	[30]
ARA24, N-terminal domain	androgen receptor, poly-Q	[31]
p53	huntingtin	[32]
mSin3A	huntingtin	[32]
ETO/MTG8, N-terminal domain, non poly-Q	atrophin-1	[35]
P160/GRIP1, C-terminal domain	androgen receptor	[36]
A2BP1	ataxin-2, C-terminal domain	[37]
CBP, CH3 domain/ a part of acetyltransferase domain	huntingtin	[32, 34, 38, 39,]
TAF _{II} 130 (colocalization with ataxin-2, -3 and huntingtin was also reported)	atrophin-1	[42]
CBP	atrophin-1	[34]
CA150	huntingtin	[43]
CRX	ataxin-7	[44]
Sp1	huntingtin	[45]
C-terminal binding protein [CtBP]	huntingtin	[46]
<i>Colocalization confirmed by morphological experiments</i>		
PML	ataxin-1	[50]
TATA-binding protein [TBP]	ataxin-3	[51]
PML	ataxin-3	[51, 52]
RED	ataxin-1	[53]
TAF _{II} 30	ataxin-7	[19]
SC35	huntingtin	[46]
<i>Genetic relationship and colocalization reported</i>		
MLF 1	polyglutamine tract	[47]

ataxin-7 [19]. A *Drosophila* homologue of MLF1 (myeloid leukemia factor 1) was shown to suppress polyglutamine toxicity [47]. Furthermore, although not included in the table, androgen receptor and TBP are the causative genes of polyglutamine diseases, and these transcription factors with abnormal polyglutamine tracts are known to self-aggregate [54–57]. Some factors such as polyglutamine binding protein-1 (PQBP-1) [28, 29] and ataxin-2 binding protein (A2BP1) [37] are also implicated in splicing. In addition, ataxin-1 itself possesses RNA-binding activity [58]. The recent notion that RNA modifications are tightly linked to transcription at the C-terminal domain of RNA polymerase II (Pol II) indicates that perturbation of these factors leads to transcriptional dysfunction in a large sense.

How, then, do polyglutamine disease proteins interact with transcription-related factors? As far as we know, binding domains to the polyglutamine disease protein are not identical. Moreover, the binding domain to the polyglutamine disease proteins has not been exactly determined in most cases. Unfortunately, we have only limited information. ETO/MTG binds to a domain other than the polyglutamine sequence [35]. LANP binds strongly to the C-terminal portion of ataxin-1, but interacts only weakly with the N-terminal part, including the polyglutamine tract [27]. Meanwhile, PQBP-1 binds to the polyglutamine tract via its polar amino acid-rich domain [29]. TAF_{II}130 also seems to interact with the polyglutamine region [42]. Conversely, the binding domains of these nuclear factors seem to be divergent (table 1). Therefore, in contrast to the established self-interaction mechanism among disease proteins (reviewed by [9]), motifs necessary for the binding between disease proteins and partner molecules cannot be extracted from these data.

In our experience of screening polyglutamine-binding proteins by the yeast two-hybrid method, various types of proteins with no definite motif were isolated, and they share only polar amino acid sequences [59]. Meanwhile, an interaction between polyglutamine disease proteins and transcription-related proteins had been suspected before cloning of binding proteins because the polyglutamine tract is found in many nuclear transcription factors. They include Oct-2, Brn-2, CBP, TBP, androgen receptor, glucocorticoid receptor and so on. Cytoplasmic proteins containing a polyglutamine stretch are far fewer than nuclear proteins with polyglutamine repeats. Although the physiological functions of the polyglutamine sequence have not been clarified, it was reported that the polyglutamine stretch functions as a transcriptional activation domain in Oct-2 [60–62]. It suggests that the polyglutamine tract may function as a protein-binding motif and play a certain role in transcription.

Functions of interacting nuclear factors

Functions of the transcription factors that bind to polyglutamine disease proteins are essential to understand the overall effect of disease proteins on transcription (fig. 1). TBP binds to a TATA box located upstream of various genes. It is a main component of the TFIID fraction that associates with nearly 10 TBP-associating factors (TAFs). TBP recruits RNA polymerase II to the core promoter region of DNA (reviewed by [63]). LANP is a leucine-rich acidic nuclear protein with unknown function [64]. It was also reported as a human leucocyte-associated antigen (HLA) class II associate protein, an inhibitor of phosphatase 2A, an inhibitor of oncogenic transformation and a possible modulator of interactions between microtubule-associated proteins (MAPs) and microtubules [65–68]. PQBP-1 binds to the C-terminal domain of Pol II [29] and a splicing factor, U5-15kD [69, 70], and connects transcription and splicing machineries. It binds to the RNA polymerase II C-terminal domain of Pol II (Pol II-CTD) via its WW domain, and the interaction seems to be intensified by phosphorylation of the 2nd serine residue in the repeat sequences (YSPTSPS) of Pol II-CTD [29]. CA150, possessing specific Ala-Gln (AQ) repeats and two WW domains, also binds to hyperphosphorylated Pol II-CTD more strongly [71], suggesting that these two polyglutamine binding factors seem to have a close relationship. It is of note that another hereditary neurodegeneration gene product ‘survival of motor neurons’ protein (SMN) also associates with Pol II [72]. N-CoR is a repressive transcription cofactor for nuclear steroid receptors. In addition to steroid receptors, it interacts with histone deacetylase and DNA methyltransferase, and forms a repressor complex. RED is a specific protein containing acidic/basic repeats with unknown function [53]. Since proteins containing the acidic/basic repeats, such as RD, MURED and PQBP-1, are involved in splicing or transcription, RED might participate in such nuclear functions. ARA24 was isolated as a binding protein to the polyglutamine sequence of androgen receptor [31] and turned out to be identical to Ran. Ran is a critical guanosine triphosphatase (GTPase) that supplies energy for nuclear import and export of proteins [73]; thus, interaction between AR and Ran/ARA24 might be involved in nuclear transport. Genetic studies have actually shown that Ran/ARA24 affects protein/RNA nuclear transport, cell cycle regulation nuclear structure for mitotic regulation and RNA/DNA synthesis. Interestingly, the affinity of ARA24 to AR is decreased by expansion of poly-Q in AR [31].

CREB-binding protein (CBP) is a platform protein on which various kinds of transcription-related factors gather (see review [74, 75]). It contains multiple protein interaction domains, including three zinc fingers, CREB-binding domain, bromo-domain, and glutamine-rich domain, to

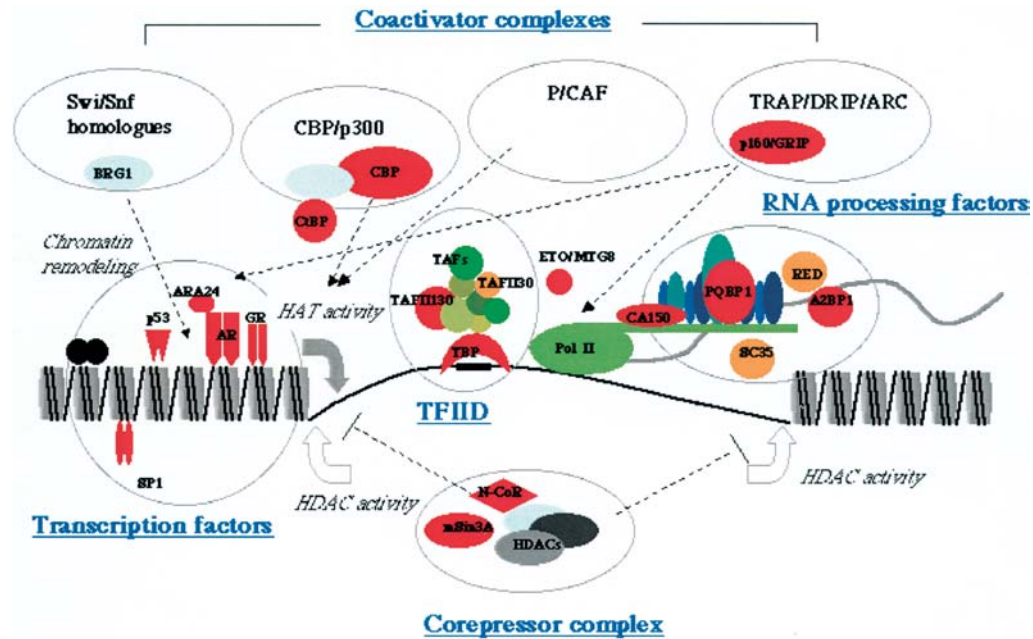


Figure 1. Functional distribution of binding partners of polyglutamine disease proteins. Proteins whose interaction was verified by biochemical and morphological analyses are indicated in red, while those suggested by morphological observation are shown in orange. See table 1 for which disease protein interacts with each protein. Proteins whose functions remain unclear are not shown in this figure. Functions of coactivator complexes are different. Swi/Snf complex possesses DNA remodeling activity. CBP/p300 and P/CAF groups possess HAT activity. TRAP/DRIP/ARC complex does not possess either activity. Corepressor complexes repress transcription basically via HDAC activity.

which more than 40 partners bind. Between the 2nd and 3rd zinc fingers, CBP has a domain carrying histone acetyltransferase (HAT) activity. However, as is well known, CBP is not the sole protein possessing HAT activities. In addition to MOZ and MLL, which belong to the CBP family, numerous proteins of the GNAT, MYST, SRC and TAF_{II}250 families possess HAT activity (see review [74, 75]). p53 is a well-known transcription factor that exerts various physiological effects, including cell cycle arrest and apoptosis. One of the famous targets of p53 is p21. After DNA damage by X-ray irradiation, activated ATM phosphorylates p53, increases the binding of p53 to regulatory cis elements and increases transcription from target genes, including p21 (reviewed by [76]). p21 suppresses G1/S and S cdk proteins. TAF_{II}130 is one of the numerous TBP-associating factors. ETO/MTG8 is a nuclear protein expressed in the brain, and it is known as a fusion partner of the AML1/ETO chimera oncoprotein [77–79]. ETO has a homologous domain to TAF110 and other motifs for protein interaction, suggesting that ETO is a TAF-like factor. N-CoR interacts with mSin3A and suppresses transcription [80]. p160 is another transcriptional cofactor that mediates interaction between a transcription factor and the core transcription machinery. Sp1 is a ubiquitous transcription factor involved in essential gene regulation. CtBP was isolated as a binding protein to adenovirus E1A [81], and shown to interact with mammalian polycomb

proteins and delta-EF1, which function as their transcription corepressors [82]. CRX is a homeobox transcription factor that binds to the TAATCC/A sequence upstream of photoreceptor-specific genes [83–86]. Mutation of CRX leads to abnormal development of photoreceptors, the autosomal dominant form of cone-rod dystrophy and other retinal diseases. The *Drosophila* homologue of MLF-1, a fusion gene of the t(3;5)(q25.1;q34) of myelodysplastic syndrome and acute leukemia [87], was found to be a suppressor of polyglutamine toxicity in the poly-glutamine transgenic fly [47]. PML was isolated as a fusion gene at the t(15;17) translocation found in acute promyelocytia leukemia. It has a self-associating nature through the coiled-coil domain [88], and is now known to be a scaffold for nuclear bodies regulating the concentration, modification and/or compartmentalization of transcription factors in the nucleus [89].

Taken together, the proteins that interact with polyglutamine disease proteins are distributed around the core transcription machinery or Pol II (fig. 1), which is now known to exert DNA methylation, histone acetylation and RNA modification simultaneously (see review [90, 91]). It is of note that polyglutamine disease proteins bind to multiple components of coactivator complexes except Swi/Snf DNA remodeling factors. Disease proteins also bind to corepressor complex components such as N-CoR or CtBP. The distribution of nuclear proteins that interact

with polyglutamine disease proteins (fig. 1, indicated in red and orange) suggests that polyglutamine disease proteins would disturb a wide range of transcriptional functions. Furthermore, together with recent notions that transcription and RNA modifications are simultaneous processes conducted by multiple groups of proteins on the genomic DNA (see review [90, 92]), the map suggests that the target of polyglutamine disease proteins is extended to the functional link between transcription and RNA processing.

Nuclear localization of aggregates: where in the nucleus?

Most polyglutamine disease proteins form aggregates in the nucleus. Although nuclear aggregates are reported to be dispensable for cell death in SCA2 and other polyglutamine diseases [93], it is definitely true that aggregate formation is an important hallmark of polyglutamine diseases. Even if nuclear aggregates are dispensable for cell death, many reports suggest that nuclear localization of the disease protein is relevant to the pathological process of polyglutamine diseases. Therefore, it is essential to know exactly where in the nucleus the mutant protein accumulates, in order to understand complex events induced by the disease protein. Davies et al. and Waelter et al. reported beautiful pictures of nuclear aggregates in transgenic mouse and culture cells using electron microscopy [94, 95]. According to their data, huntingtin seems to aggregate in the nuclear matrix but spares peripheral chromatin and nucleolus. However, it should be mentioned that they did not focus exclusively on this question. We found that PQBP-1/ataxin-1 coinclusions are also distributed in the nuclear matrix outside of heterochromatin [29]. In addition, the Wanker group and the Pittman group reported that normal ataxin-3 distributes in the nuclear matrix [96, 97]. These data suggest that mutant protein does not accumulate in the heterochromatin where DNA is densely compacted; instead, they aggregate in the nuclear matrix, where proteins can move freely among nuclear bodies such as Cajal/coiled bodies and speckles/gems.

Several research efforts using marker proteins of various types of nuclear bodies are very helpful in investigating the accumulation site of abnormal proteins. The Orr group reported that mutant ataxin-1 is involved in the PML body, but does not colocalize with SC35, a marker protein of spliceosome. Meanwhile, Kegel et al. have shown colocalization of huntingtin and SC35 [46]. On the other hand, atrophin-1/DRPLA gene product does not colocalize with PML but with ETO, which is considered as a new nuclear body marker protein [35]. Similarly, PQBP-1 can be considered to be a new marker of the nuclear body that colocalizes with ataxin-1 [29]. These

findings suggest that even in the nuclear matrix, different disease proteins accumulate at distinct sites. In the cases of ETO and PQBP-1, the nuclear bodies enlarge when the elongated polyglutamine protein is coexpressed. As for normal polyglutamine proteins, the Orr group reported that normal ataxin-1 distributes in the nuclear matrix, and some forms relatively small nuclear body-like structures [50]. Collectively, these results suggest that polyglutamine disease proteins are located in the nuclear matrix under physiological conditions and some of them form relatively small nuclear bodies.

Nuclear aggregates/inclusions and nuclear bodies

Despite the aforementioned similarities between nuclear bodies and nuclear aggregates, it is not clear whether nuclear aggregates originate from nuclear bodies. The concept of hard and insoluble inclusion bodies originates from pathological observations. The fibrous aggregate structure of polyglutamines is very similar to that of beta-amyloid, the main insoluble component of senile plaque in Alzheimer's disease [8]. Biochemical experiments further supported that at least some pathological inclusion bodies are detergent insoluble, leading to the concept of 'aggregates'. They were believed to be an isolated territory in the nucleus. On the other hand, nuclear body is an anatomical or cell-biological term. Cajal body and speckles were found by anatomical observations. Considering that these two terms possess different historical backgrounds, it is necessary to compare these two concepts with updated data to know the origin of polyglutamine disease inclusions. Many people believed that nuclear inclusions and nuclear bodies are totally different structures. The most significant difference between nuclear inclusion bodies and nuclear bodies was assumed to be protein transport. Transcription and splicing factors shuttle between the nuclear bodies and nuclear matrix. Depending demand, these factors are stored in the nuclear bodies or transported to appropriate sites in the nucleus (mainly, the margin between chromosome territory and the nuclear matrix). On the other hand, it was believed that transport does not occur in nuclear inclusions (= aggregates).

However, the concept of nuclear inclusion bodies began to change with recent observations. An initial observation would be disassembly of nuclear proteins in the dividing cell [53]. Despite the suspected nature of 'aggregates', fluorescent fusion proteins of mutant ataxin-1 disperse when cells divide. Furthermore, three reports directly showed dynamics of nuclear inclusions using new techniques. The first one came from the Paulson group [98]. They used fluorescence recovery after photobleaching (FRAP) and fluorescence loss in photobleaching (FLIP) on aggregates formed by green fluorescent protein-tagged polyglutamine disease proteins. In the case of

ataxin-3 and huntingtin fusion proteins, recovery after photobleaching at aggregates was very slow, and FLIP did not remarkably induce protein release from aggregates. On the other hand, ataxin-1 showed rapid recovery from photobleach and rapid release from aggregates. Their findings clearly indicated heterogeneity among so-called aggregates, and showed that ataxin-1 inclusion body has a homologous character to nuclear bodies. Similar approaches were reported from the other two groups. The Mancini group [99] partially reconfirmed the data of the Paulson group. However, they added the result that larger inclusions of mutant ataxin-1 showed slower exchange of the disease proteins. The Morimoto group compared the exchange of different components in the same aggregate [100]. According to their data, polyglutamine, especially elongated, proteins are tightly associated with the inclusion body structure, whereas other proteins involved in inclusion dynamically go into or out of the inclusion bodies.

These reports suggest similarities between inclusions and nuclear bodies. We can now imagine the following story (fig. 2). Mutant proteins accumulate in nuclear bodies to form insoluble fibrils based on tight interactions via the polar zipper. Some nuclear proteins with a high affinity for the disease protein are harbored in the nuclear bodies. Meanwhile, other components leave the pathological nuclear bodies just as they move away from physiological nuclear bodies. However, the release becomes difficult when the pathological nuclear body becomes the large nuclear aggregates composed of insoluble fibrils (fig. 2). It is of note that inclusions of mutant protein emerge exactly at the same site in the nucleus after photobleaching. This suggests that nuclear inclusion bodies have a certain anchor in the nuclear matrix. The character is again similar to that of nuclear bodies. PML bodies are known to locate almost at the same positions in the nucleus, except smaller nuclear bodies can move slightly in an energy-dependent manner [101]. Collectively, nuclear bodies and nuclear inclusions are closely related, and the nature of nuclear inclusion bodies is dependent on the type of disease protein, the length of polyglutamine stretch and the size of inclusions.

Transcriptional repression: general or specific?

A number of reports support transcriptional repression in polyglutamine diseases. As described, this idea originated from the observation that mutant proteins interact with various transcription-related proteins. However, it remains unclear whether polyglutamine disease proteins generally repress transcription or suppress transcription of a specific gene. Specific suppression might be possible if a disease protein interacts with a specific transcription factor that regulates the enhancer of a specific gene.

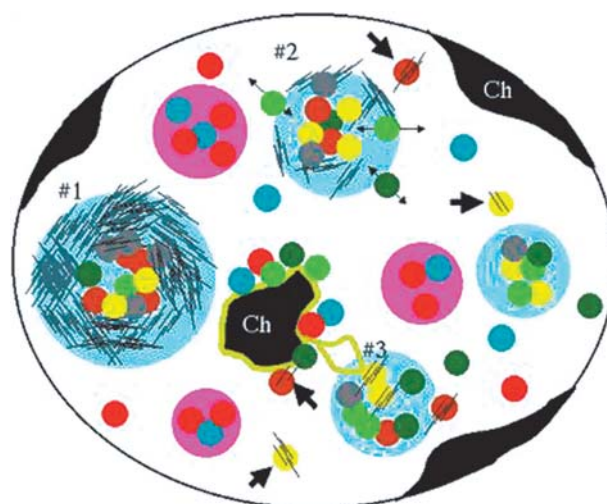


Figure 2. Schematic representation of the nucleus, indicating the hypotheses for transcriptional repression. Short black lines indicate fibrous aggregates of polyglutamine disease proteins. They aggregate in nuclear bodies (blue or pink circles). Fibrous aggregates develop the large nuclear body (#1) to a nuclear inclusion, from which various transcription factors (various colors of small circles) are not released (sequestration theory). Meanwhile, in a relatively smaller body (#2), transcription factors are still able to move in or away from the nuclear body (dynamic inclusion). The polyglutamine disease protein prefers blue bodies to pink bodies. Thus, factors involved (brown, yellow, gray) in blue bodies are more easily affected, but the influence is dependent on affinity for the disease protein and is variable among the factors. Transcription is performed at the boundary between chromatin territory (Ch) and nuclear matrix (light green belt). Red, blue and green factors are abundant, but gray, yellow and brown factors are decreased at the transcription site. Some of the brown and yellow factors interact with the soluble or preaggregate form of the disease protein (arrows), and recruitment to the transcription site or transcription activity is abrogated. It is also possible that the functions of transcription-related factors are disturbed in nuclear bodies (#3).

It was actually reported that interaction of huntingtin and SP1 repressed transcription from the D1A dopamine receptor gene [45], although this finding did not rule out suppression of other neuronal genes. On the other hand, recent investigations have increased the number of candidate transcription factors that bind to mutant proteins. Among those transcription factors, CBP has attracted attention. Many groups have investigated the effect of CBP on transcription in the presence of disease protein because CBP is a representative coactivator that possesses HAT activity and interacts with numerous transcription factors (fig. 1). CBP has been suggested to interact and colocalize with androgen receptor, huntingtin and atrophin-1 [32–34]; thus it is plausible that mutant proteins affect coactivator function. Actually, it was reported that huntingtin binds to a domain of CBP (other than the HAT domain) and represses HAT activity [38, 39]. This story was supported by the observation that the inhibitor of histone deacetylase (HDAC), the counterpart of HAT, res-

cues neurodegeneration by mutant proteins (see review [40]) and by the results of the knockout mice of CREB, the partner of CBP, showing neurodegeneration [41]. Histone acetylation unwinds DNA from nucleosome and activates transcription. Since CBP interacts with many transcription factors, its binding to disease proteins should affect a wide range of gene expression rather than that of a specific gene. We also found interaction between PQBP-1 and Pol II and observed that interaction between PQBP-1 and ataxin-1 affects general transcription via Pol II dysfunction [29].

Three groups recently reported how gene expressions are affected in the transgenic mouse or striatal neuron models of Huntington's disease by microarray analyses [102–104]. Simultaneously, the Fischbeck group reported altered gene expression in cells expressing mutant androgen receptor [105]. According to their data, expression levels of many genes are changed. In addition, Luthi-Carter et al. pointed out that expression of the Pol II large subunit gene was changed significantly [102]. Interestingly, the message of Pol II was increased, while the protein was decreased. Their data show that multiple transcription factors but not a specific one are influenced in the transgenic mouse model. These results seem to support further the general transcription hypothesis. According to the data of Sipione et al., expression of the DNA remodeling complex, which includes no binding protein to the polyglutamine disease proteins so far, was also affected [104]. In addition, some RNA-processing factors were influenced. Accumulating results collectively suggest that transcription is affected generally but not specifically. However, the relative importance of each transcriptional dysfunction in the pathology must be evaluated with further data.

Why is transcription repressed by nuclear inclusions?

Why then is transcription repressed by nuclear inclusion bodies? The most prevailing idea came from findings that the polyglutamine-interacting protein, CBP, is sequestered into aggregates by disease proteins [32–34]. These reports have shown that sequestration of the essential nuclear protein into inclusion bodies dramatically disturbs transcription. The sequestration theory couples with the depletion of nuclear factors from the nuclear matrix. The total amount of CBP in the nuclear matrix is decreased by sequestration into the inclusion bodies, and the transcriptional activity is attenuated. The hypothesis is very attractive, and explains well the mechanism of transcriptional repression (fig. 2). Meanwhile, it was recently reported that the amount of CBP protein is not decreased in the nuclear matrix even after inclusion body formation [106]. It is also noteworthy that CBP is one of many coactivators possessing HAT activity; thus, HAT activity might be supplied from the other coactivators (fig. 1). In

addition, recent findings on the nature of inclusion bodies described above have challenged the sequestration theory. It is possible that proteins in some kinds of inclusion bodies are completely sequestered from other nuclear portions. It is also possible that proteins could not leave the inclusions once they are included. However, on the other hand, some types of inclusion bodies, such as those of ataxin-1, actively import and export proteins. In addition, disease proteins do not exist in all the nuclear bodies, as we will see later in this section. Therefore, sequestration theory may require a kind of update together with the new data (fig. 2).

Alternatively, how can we explain transcriptional repression by polyglutamine disease protein? If sequestration alone cannot fully explain the repression mechanism, interaction with disease proteins in a nuclear compartment other than inclusion bodies must affect the functions of transcription factors. New findings in cell biology are useful for this consideration. Fine structures in the nucleus that were not known in classical morphology have been recently elucidated, and the view of the functions of nuclear compartments has been changing rapidly. Genomic DNA inactive for transcription is compacted in chromatin territory. Transcription and RNA modification factors are released from nuclear bodies, recruited to the relaxed genomic DNA at the transitional zone between chromatin territory and nuclear matrix, and conduct transcription of messenger RNA (mRNA) and transfer RNA (tRNA) by Pol II (see review [89, 107, 108]). Considering these findings, the first explanation will be that transcription is disturbed by the interaction between disease proteins and transcription factors that takes place at the critical zone in the nucleus (fig. 2). On the other hand, nuclear bodies have been considered as the storage compartment for nuclear factors not used currently. Recent data are also changing the view of nuclear bodies. HDAC1 and mSin3A which wind DNA around histones to repress transcription, are recruited to the PML body, and PML bodies are enlarged when the transcription is repressed [109], suggesting that the PML body is a functional platform for the nuclear factors to actively repress transcription, instead of being a simple storage place. The Cajal body is also reported to function as an essential place for assembling splicing factors, and this assembly is critical for transcription [110]. Nuclear bodies might be an active factory rather than a simple buffer compartment. Therefore, the second explanation will be that disease proteins disturb functions of nuclear bodies (fig. 2) in addition to simply shifting nuclear factors from the matrix to the nuclear body. According to this theory, disease proteins repress transcription in nuclear bodies before they grow into nuclear inclusions. These hypotheses should be examined once the detailed functions of nuclear bodies and the relationship between nuclear bodies and nuclear inclusions are clarified.

It is noteworthy that disease proteins are not present in all nuclear bodies that carry a nuclear protein marker. For example, huntingtin does not exist in all of the PML bodies [46]. A similar finding was also reported in the cases of huntingtin/CtBP [46] and ataxin-1/PML [50]. It may suggest that even high expression of the disease protein affects the function of a nuclear protein in the nuclear body only partially, because the proteins that do not colocalize with the disease protein should function normally. If not all the nuclear protein molecules are affected or sequestered, the result might suggest dominance of the nuclear matrix for transcriptional repression.

Other possible effects of interaction between transcription factors and disease proteins

Interaction between polyglutamine disease proteins and transcription factors also occurs outside the nucleus. The Manicini group reported that steroid receptor coactivator 1 (SRC1) is sequestered by androgen receptor into cytoplasmic inclusions, and the aggregates stained positively for Hsp 70, Hsp90, Nedd8 and HDJ-2/HSDJ [111]. It is also noteworthy that colocalization of disease proteins with TAF_{II}130 is mainly observed in the perinuclear cytoplasmic inclusions [42], corresponding to the aggresome, which contains many proteasome proteins and functions as the center for protein degradation [112]. These results suggest that transcription factors interacting with mutant disease proteins also are also sequestered into the protein degradation compartment in the cytoplasm and that the proteasome system is activated by these substrates. In addition to protein degradation, the proteasome activation may also trigger apoptosis cascades. Cosegregation of mitochondria and various cellular organelles with mutant proteins into the aggresome [95] have been well described, and recent investigations revealed that mutant disease proteins accumulate in the ER and trigger the ER stress response [113 and see review 22].

Is there any other effect of ubiquitination induced by the interaction with disease proteins? The physiological functions of ubiquitination may suggest the answer. For example, the effects of the proteasome system on nuclear transport of transcription factors have been reported. Poly-ubiquitinated p53 in the nucleus is exported to the cytoplasm for degradation by the proteasome system. Covalent binding of SUMO (small ubiquitin-related modifier) to Mdm2 represses the ubiquitination of p53 and activation of the proteasome system [114]. In the case of nuclear factor kappa B (NF- κ B), nuclear import is activated by degradation of I- κ B, an inhibitory factor of NF- κ B in the cytoplasm (see review [115]), through ubiquitination. These findings indicate that ubiquitination critically regulates nuclear import and export of these transcription factors. Therefore, it is possible that disease proteins af-

fect the nuclear transport of transcription factors through ubiquitination. These possible effects via ubiquitination (fig. 3) have not been examined extensively, but would be worthwhile to investigate.

It is also possible that the SUMOylation affects pathology by changing the metabolism of transcription factors. As mentioned above, SUMOylation antagonizes ubiquitination and degradation of Mdm2, an enhancer of p53 ubiquitination. Thus, SUMO accelerates p53 function indirectly [113]. SUMOylation of RanGAP (Ran-GTPase activating protein-1) is known to regulate association of RanGAP to the nuclear pore complex (NPC) and control nuclear transport (see review [116]). SUMOylation of PML leads to incorporation of nuclear proteins into the PML nuclear body (see review [89]). Considering these findings, we recently tested the hypothesis that SUMOylation might be activated in human brain affected by polyglutamine disease. We found that SUMO-1 protein is increased in the neurons of human polyglutamine diseased brains and of ataxin-1 transgenic mice [117]. Two subsequent papers supported the change of SUMOylation in polyglutamine diseases, whereas their conclusions on the effect of SUMOylation seem to be mutually contradictory. The Bonini group reported that a mutant form of the SUMO-1 activating enzyme Uba2 enhanced pathology in the *Drosophila* model [118]. This finding suggests that SUMO has a protective role against polyglutamine disease pathology. On the other hand, Terashima et al. reported that SUMOylation leads to inclusion body formation and accelerates cell death [119]. Taken together, the meaning of activated SUMOylation in affected neurons awaits further analysis.

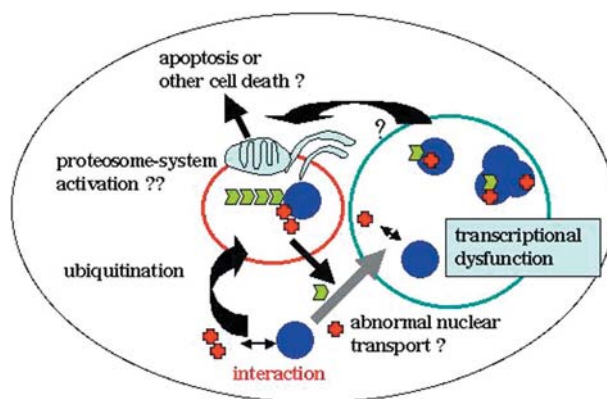


Figure 3. Possible pathological processes surrounding transcriptional repression. Cell, nucleus and aggresome are indicated with black, light blue and red circles, respectively. Transcription-related factors (blue) interact with polyglutamine disease proteins (red cross) either in the cytoplasm or the nucleus. Interaction induces ubiquitination (green arrow) of the factors, and the resultant increase of the substrate possibly leads to proteasome system activation. Ubiquitination may also affect nuclear transport. Apoptosis or other cell death cascade may be activated by transcriptional dysfunction and/or the proteasome system.

Transcriptional repression causes neuronal dysfunction and death

In this review, I have shown the possible involvement of transcription-related factors in pathology. However, at present, it is not clear whether transcriptional dysfunction results in neuronal death. It is plausible that transcriptional repression, either specific or general, leads to downregulation of genes essential for neuronal function. Several reports show this line of evidence. Dunah et al. reported that huntingtin represses transcription of D1A dopamine receptor via its effect on the transcription factor SP1 [45]. The Sobue group reported that androgen deprivation suppresses progression of phenotype in the transgenic mouse model of Kennedy's disease [120]. The report suggested that transcriptional disturbance of a specific gene might be able to affect neuronal death. Similar cases suggesting dysfunction of specific neuronal gene transcription will probably be reported in cellular and animal models. However, we should not neglect a wide range of transcriptional effects induced by disease proteins that occur simultaneously, as we have already seen. So far, we have only a little evidence that transcriptional repression leads to neuronal death. Nor do we know what kind of cell death is induced by transcriptional repression in neurons. More than 20 years ago, it was reported that suppression of transcription by a specific inhibitor of Pol II, α -amanitin, leads to necrosis in culture cells [121]. Meanwhile, it was also reported that the drug induces upregulation of tumor necrosis factor (TNF), which leads to apoptosis [122, 123]. The mechanism inducing cell death after transcriptional repression was not clarified, and we do not know exactly what kinds of effects are induced by transcriptional repression. Furthermore, the extent of transcriptional repression necessary for cell death is not known. The answer is critical because transcription does not completely cease in neurons expressing mutant polyglutamine disease proteins. These points must be settled in order to confirm transcriptional repression as a cause of neuronal death in polyglutamine diseases.

Slow death or fast death?

The mechanisms of neuronal death in polyglutamine diseases have been investigated with cellular models and transgenic animal models, including mice and flies. Although these models help in understanding the pathology, we cannot rule out the possibility that the types of cell death observed might be different in different models. Mutant polyglutamine proteins induce apoptosis in cellular models and *Drosophila* models (see review [124]), while mouse models have not shown typical apoptosis of affected neurons [125, 126]. Furthermore, there is no definite proof that disease proteins induce apoptosis in hu-

man disease brains. The Bates group reported that transgenic mice expressing mutant huntingtin showed volume reduction of brain structures, while neuronal density did not change microscopically [6]. They reported later that neuronal death in transgenic mice is distinct from apoptosis [125]. The Tsuji group recently reported a similar case in the transgenic mouse of atrophin-1 [127 and oral presentation by Tsuji 2003]. They found neither decrease in neuronal density nor morphological change indicating neuronal death, but did find reduction of brain volume with aging. These reports collectively suggest that non-apoptotic neuronal death progresses gradually in their mouse models. It is possible that a similar type of non-apoptotic cell death occurs in human disease brains. Another important claim of the Tsuji group is that neurological symptoms could occur before neuronal death. Their data suggest that the stage of functional disturbance precedes the stage of neuronal death in their mouse model. The suggestion is very attractive and agrees well with recent reports that transcriptional repression occurs in important functional genes for neurons. However, since the pathology of most symptomatic patients clearly shows neuronal loss, further investigations are necessary to explain the entire pathological cascade.

Numerous reports suggest apoptosis in cellular models of neurodegenerative disorders (see review [22]). Cell-biological experiments have also supported the pathway from aggregation to apoptosis. Meanwhile, most data suggesting apoptosis in human disease brains are based on TdT-mediated dUTP-biotin nick end labeling (TUNEL) staining. As well known, TUNEL staining is not specific for apoptosis. It only detects cleaved ends of DNA that are produced both in apoptosis and in other types of cell death. Furthermore, peri- or postmortem events could lead to apoptosis of neurons in human pathology. Thus, these data have not proved apoptosis definitely, which is one reason views of apoptosis remain skeptical. A second reason for skepticism stems from the fact that apoptosis induces only rapidly progressive cell death. Even if we assume a kind of two-hit theory that different processes affect neurons at random, like cancer cells, the progress of neurodegeneration over decades in polyglutamine diseases is too slow for the apoptosis theory. Meanwhile, only a few results support transcriptional repression as the cause of slowly progressive neuronal death. One example is CREB knockout mice [41] and the other is our PQBP-1 transgenic mouse, which shows a late onset motor neuron disease-like phenotype [128]. However, it is clear that this hypothesis is worthwhile testing, since the molecular process of transcriptional death has not been clarified sufficiently.

Conclusion

This review has focused on one of the growing theories for the pathology of polyglutamine diseases. At present, despite of a number of experimental data the transcription theory remains inconclusive and further investigations is essential to establish it. Also, I would like to stress that we should not isolate this pathological mechanism from other possible mechanisms, but should seek mutual links among different pathological mechanisms to understand the whole shape of pathogenesis. Pathological and physiological analyses of the similarity between nuclear bodies and nuclear inclusions based on progress in the basic molecular biology of nuclear functions might open a window on the complex pathology of polyglutamine diseases.

Acknowledgement. I thank my laboratory members for critical discussions. This work was supported by grants from Japanese Ministry of Education, Science, Culture and Sports and PRESTO of the Japan Science Technology Corporation (JST).

Note added in Proof. After acceptance, I noticed two important papers are lacked. The first paper describes interaction between NF- κ B and huntingtin: Takano H. and Gusella J. F. (2002) The predominantly HEAT-like motif structure of huntingtin and its association and coincident nuclear entry with dorsal, and NF- κ B/Rel/dorsal family transcription factor. *BMC Neurosci.* **3**: 15.

The second one is on a possible transcriptional function of LANP: Seo S. B., McNamara P., Heo S., Turner A., Lane W. S. and Chakravarti C. (2001) Regulation of histone acetylation and transcription by INHAT, a human cellular complex containing the set oncoprotein. *Cell* **104**: 119–130.

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