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Muscle Ciliary Neurotrophic Factor Receptor α Contributes to Motor Neuron STAT3 Activation Following Peripheral Nerve Lesion

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Abstract

Expression of the ciliary neurotrophic factor (CNTF) receptor essential ligand binding subunit, CNTF receptor α (CNTFR α), is induced in motor neurons and skeletal muscle following peripheral nerve lesion. We previously found muscle CNTFR α promotes motor neuron axon regeneration post-lesion. Both nerve lesion and CNTF administration activate motor neuron signal transducer and activator of transcription 3 (STAT3), a transcription factor implicated in axon growth, suggesting CNTF receptors may contribute to the lesion-induced STAT3 activation. However, many receptor types signal through STAT3, and if CNTF receptors contribute, motor neuron receptors seemed most likely to regulate motor neuron STAT3. To determine the role played by muscle CNTFR α , we used *in vivo*, muscle-specific CNTFR α depletion in mice and report here that this selectively impairs the second phase, sustained motor neuron STAT3 activation post-lesion. Thus, muscle CNTFR α makes an essential contribution to motor neuron STAT3 activation during axon regeneration and may thereby promote axon regeneration through such signaling. We also report CNTFR α quantitative PCR suggesting involvement of many denervated muscle types, as well as muscle damaged at the lesion site. The present data add to the evidence suggesting that enhancing muscle CNTFR α expression may promote motor neuron regeneration in trauma and disease.

Graphical Abstract

Using muscle-specific CNTFR α gene disruption and the mouse sciatic nerve crush model, this study shows muscle CNTFR α contributes to the pSTAT3 response in lesion motor neurons. Image shows pSTAT3 immunohistochemistry of spinal cord ventral horns from control (A,B) and CNTFR α -knockdown (C,D) mice with lesioned side on right (B,D).

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Keywords

mouse; sciatic nerve; *mlc1f-Cre*; regeneration

INTRODUCTION

CNTF receptors contain CNTFR α , leukemia inhibitory factor receptor β (LIFR β) and gp130 (Davis *et al.*, 1993a). Unlike LIFR β and gp130, CNTFR α is unique to CNTF receptors and required for all CNTF receptor signaling (Davis *et al.*, 1993a; Elson *et al.*, 2000). Therefore, CNTFR α disruption best reveals endogenous CNTF receptor function. Unconditional CNTFR α knockout mice die perinatally with motor neuron (MN) loss (DeChiara *et al.*, 1995), precluding adult studies needed to identify neuroregenerative mechanisms to target in adult MN diseases and neurotrauma.

Adult MNs survive and regenerate axons following nerve crush (e.g., Lee *et al.*, 2013), and are therefore used to identify mechanisms supporting adult MN maintenance and axon regeneration. Indirect data suggest CNTF receptor involvement. Neuromuscular CNTFR α expression is restricted to MNs and skeletal muscle (MacLennan *et al.*, 1996; Lee *et al.*, 1997) and nerve crush increases expression in both cell types during axon regeneration (Davis *et al.*, 1993b; Helgren *et al.*, 1994; MacLennan *et al.*, 1999). CNTF administration accelerates post-lesion axonal regeneration (Sahenk *et al.*, 1994).

Moreover, CNTF administration and nerve lesion both activate MN STAT3 through Tyr705 phosphorylation (MacLennan *et al.*, 2000; Kirsch *et al.*, 2003; Lee *et al.*, 2004) and phospho-Tyr705 STAT3 (pSTAT3) activation promotes axon growth (Shin *et al.*, 2012; Pernet *et al.*, 2013; Luo *et al.*, 2016). However, many receptor types signal through STAT3 (Levy and Darnell, 2002). Therefore, it was not known whether CNTF receptors contribute to STAT3 activation in regenerating MNs. Moreover, it seemed most likely that if they did contribute to MN STAT3 activation, involvement would be limited to MN CNTF receptors.

In the studies here, muscle-specific *in vivo* gene disruption and pSTAT3 immunohistochemistry were used to directly determine the contribution of muscle CNTFR α to post-lesion MN STAT3 activation. The work also includes CNTFR α quantitative real-time PCR (qRT-PCR) to assess the potential involvement of different classes of denervated muscles, as well as muscle damaged at the lesion site.

MATERIALS and METHODS

Floxed CNTFR α (Lee *et al.*, 2008) and *mlc1f-Cre* (Bothe *et al.*, 2000; from Dr. Steven Burden [NYU]) mice were genotyped by tail biopsy PCR and maintained on a 129SvEvBrd background. CNTFR α -depleted/knockdown mice (*mlc1f-Cre*^{+/-}/*flxCNTFR α* ^{+/+}) and non-floxed littermate controls (*mlc1f-Cre*^{+/-}/*flxCNTFR α* ^{-/-}) were generated by *mlc1f-Cre*^{+/-}/*flxCNTFR α* ^{+/-} X *mlc1f-Cre*^{-/-}/*flxCNTFR α* ^{+/-} breeding (both sexes; 2.5–4 months old; housed 4/pressurized individually ventilated cage) and processed in parallel (blind to genotype) through all procedures (total mice used in experiments=37).

For the unilateral sciatic nerve crush, mice were anesthetized with 100 mg/kg ketamine; 20 mg/kg xylazine. Mid-thigh skin was opened and a 5 mm longitudinal cut in the biceps femoris exposed the underlying nerve which was freed from surrounding connective tissue where it passes superficial to the tendon of the obturator internus. The nerve was crushed for 10 seconds with Dumont #5 Biologic Tip forceps (Fine Science Tools). The biceps femoris muscle and overlying skin were then closed with 4-0 suture. The mice were then monitored until completely recovered from anesthetic, and daily thereafter.

University of Cincinnati IACUC approved all procedures (06-09-04-01) as conducted in accordance with U.S. NIH/OLAW regulations.

Statistics:

In each pSTAT3 immunohistochemistry experiment Student's t-tests were used to compare the knockdown and littermate control mice. For each CNTFR α qRT-PCR analyses, an ANOVA was conducted to evaluate the main effects of knockdown and lesion. All statistics performed with GraphPad Prism 5 software.

TaqMan CNTFR α qRT-PCR (GAPDH normalization) was performed with an Applied Biosystems StepOnePlus Real-Time PCR system and ThermoFisher primers (CNTFR α ; cat.#4331182 [Mm00516693_m1], GAPDH; cat.# 4331182 [Mm9999915_g1]).

Following overdose with avertin (20 mg/ml; IP), mice were perfused with 4°C saline and then 4°C 4% paraformaldehyde. Spinal cords were post-fixed in 4% paraformaldehyde overnight at 4°C and then cryoprotected for at least 48 hours in 30% sucrose with 2.5mM sodium azide before sectioning. Every sixth 30um coronal cryostat section was collected throughout the complete L5 cord, which contains the sciatic nerve projecting MNs (Janjua and Leong, 1984), and processed slide mounted with previously described immunohistochemistry details (Lee *et al.*, 2004) using an antiserum (1:1,000) specifically recognizing Tyr705-phosphorylated STAT3 (Cell Signaling Technology; #9131), ABC amplification (Vector Laboratories; #PK-6100) and cyanine-3 tyramide (Perkin Elmer; #SAT704B).

Individuals *unaware of genotype* stereologically quantified (Hyman *et al.*, 1998) MNs displaying a lesion-induced pSTAT3 response (lesion side MNs with nuclear pSTAT3 label much greater than any contralateral MNs; data in Figure 3). With very little contralateral label (e.g., Figure 4), this reliably measured relative pSTAT3 response, particularly given the substantial knockdown effect (Figure 3). This response was not observed outside the area of expected sciatic MNs, further indicating its specificity. MNs were identified by their characteristic location in the ventro-lateral horn and their large nuclei.

The pSTAT3 antiserum has been extensively characterized by western blot (e.g., Starr *et al.*, 1997) and MN immunohistochemistry. *In vivo* CNTF-induced pSTAT3 MN labelling, under the immunohistochemical conditions used here, is: 1) blocked by preabsorption with the antigen peptide but not a non-phosphorylated control or a pseudorandomized phospho-Tyr peptide with the same residues (MacLennan *et al.*, 2000), 2) induced by low picogram quantities of CNTF and leukemia inhibitory factor, which signal through STAT3 Tyr705-

phosphorylation, but not much greater quantities of neurotrophin-3 and brain derived neurotrophic factor, which activate MN phospho-tyrosine-based signaling unrelated to pSTAT3 (MacLennan *et al.*, 2000), and 3) blocked by a specific CNTF receptor antagonist (MacLennan *et al.*, 2000).

Images (Figure 4) captured with a 12 megapixel DXM1200 camera and Nikon E800 microscope with a 10X (NA=0.45) lens were identically adjusted with CorelDRAW.

RESULTS

To specifically deplete muscle CNTFR α we crossed floxed CNTFR α mice (Lee *et al.*, 2008) with mice carrying a Cre recombinase (Cre) gene inserted into the myosin light chain *If* locus (*mlc1f-Cre*) (Bothe *et al.*, 2000), a locus expressed very selectively in skeletal muscle cells (Lyons *et al.*, 1990). *Mlc1f-Cre* excises floxed sequence in all adult skeletal muscles tested, with no excision in brain, spinal cord, sciatic nerve, liver, heart or stomach (Bothe *et al.*, 2000; Lee *et al.*, 2013).

CNTFR α -depleted/knockdown mice (*mlc1f-Cre+/-/flxCNTFR α +/+*) were compared with non-floxed, littermate controls (*mlc1f-Cre+/-/flxCNTFR α -/-*). We have shown by semi-quantitative PCR that extensor digitorum longus (EDL) muscle CNTFR α expression is increased by sciatic nerve crush and inhibited in the muscle CNTFR α -depleted mice (Lee *et al.*, 2013). Here we used real time PCR to quantitatively compare EDL, soleus and tibialis anterior muscles, which are denervated by the lesion but have different functions and fiber type compositions (Augusto *et al.*, 2004).

All muscles displayed a dramatic lesion-induced increase in CNTFR α expression (Figure 1A-C; tibialis, $F_{1,8}=248.1$, $p<0.0001$; EDL, $F_{1,8}=133.0$, $p<0.0001$; soleus, $F_{1,8}=54.4$, $p<0.0001$) with CNTFR α gene excision greatly reducing CNTFR α expression (Figure 1A-C; tibialis, $F_{1,8}=162.0$, $p<0.0001$; EDL, $F_{1,8}=979.1$, $p<0.0001$; soleus, $F_{1,8}=30.72$, $p=0.0005$). The large but incomplete decrease is consistent with previous *mlc1f-Cre* work (Bothe *et al.*, 2000) and may result from Cre expression in most but not all the many nuclei in each myofiber.

We also quantified CNTFR α expression in biceps femoris muscle which was longitudinally cut during the nerve crush procedure. It displayed an ~2-fold increase in CNTFR α expression (Figure 2A; $F_{1,10}=10.1$, $p=0.0099$). The gene excision again greatly reduced CNTFR α expression (Figure 2A; $F_{1,10}=58.2$, $p<0.0001$).

We next determined whether muscle CNTFR α depletion affects the MN STAT3 activation which occurs during the ~2-week period of axon regeneration following sciatic nerve crush (Lee *et al.*, 2004). This activation involves STAT3 Tyr705 phosphorylation and nuclear translocation (Levy and Darnell, 2002). To track this at a subcellular level *in vivo*, we used an extensively characterized (see Methods) phospho-Tyr705-STAT3-specific antiserum and quantified MNs displaying a lesion-induced increase in nuclear phospho-Tyr705-STAT3 (see Methods). As previously found (Lee *et al.*, 2004), this pSTAT3 activation was restricted to MNs, like the pSTAT3 response seen after intraparenchymal CNTF injection (MacLennan *et al.*, 2000). The muscle CNTFR α depletion had no effect on MN pSTAT activation at one day

post-lesion (Figure 3; $t=0.15$, $p=0.88$, $n=7$, $df=6$) but substantially decreased the MN pSTAT3 activation 1 week post-lesion (Figures 3,4; $t=7.83$, $p=0.0014$, $n=5$ $df=4$).

DISCUSSION

We previously found muscle-specific CNTFR α disruption surprisingly has no effect on muscle itself, but instead impairs MN axon regrowth and motor recovery following nerve lesion (Lee *et al.*, 2013) indicating muscle CNTFR α makes an essential/non-redundant contribution to these functions. Here we show the same muscle CNTFR α depletion decreases lesion-induced MN STAT3 activation. This form of STAT3 activation has been implicated in axon growth (Shin *et al.*, 2012; Pernet *et al.*, 2013; Luo *et al.*, 2016). Therefore, together the data raise the possibility that muscle CNTFR α 's promotion of axon regeneration and motor recovery may at least partly result from its contribution to MN STAT3 activation.

Sciatic nerve lesion induces an essentially immediate pSTAT3 increase in lesion site axons that reaches spinal MN nuclei 24 hrs later (Lee *et al.*, 2004) as pSTAT3 acts as a retrograde transcription factor (Ben-Yaakov *et al.*, 2012). While this transient, variable lesion site response does not lend itself to quantification, we did not observe any reliable decrease in it with muscle CNTFR α depletion (data not shown). Although not conclusive, this is consistent with the lack of CNTFR α depletion effect on MN nuclear pSTAT3 1 day post-lesion (Figure 3) since the axonal pSTAT3 response, while maximal at 1 day post-lesion, is gone by 3 days post-lesion (Lee *et al.*, 2004). In other words, the data suggest the axonal response contributes to the 1 day post-lesion MN pSTAT3 increase but does not directly contribute to the 1 week post-lesion increase. Here we find muscle CNTFR α depletion does not affect MN STAT3 activation 1 day post-lesion but substantially reduces activation at 1 week (Figure 3). Together the data suggest a rapid pSTAT3 response starting in lesion site axons contributes to an early MN nuclear pSTAT3 increase independent of muscle CNTFR α expression, but a second phase, longer lasting MN nuclear pSTAT3 response is substantially dependent on muscle CNTFR α .

Unconditional knockout work indicates the ligand CNTF is essential for the initial phase of post-lesion MN STAT3 activation but is not required for the second longer lasting phase (Kirsch *et al.*, 2003). It has been suggested that Schwann cell CNTF released by the lesion produces an initial surge of CNTF receptor activation mediating early MN responses (Sendtner *et al.*, 1992b). Therefore, current data suggest two phases of MN STAT3 response with the initial phase at least partly resulting from CNTF activation of STAT3 in lesion site axons leading to the MN nuclei response 1 day post-lesion. This phase is independent of muscle CNTFR α and presumably involves MN expressed CNTFR α . In contrast, the second phase STAT3 response involves muscle CNTFR α and a CNTF receptor ligand other than CNTF. The complex of cardiotrophin-like cytokine/cytokine-like factor-1 (CLC/CLF) also serves as a CNTF receptor ligand (Elson *et al.*, 2000) and may participate in this second phase response. Unfortunately, conditional genetic disruption techniques will need to be developed to address this because complete unconditional knockout of CLF (Elson *et al.*, 2000) or CLC (Zou *et al.*, 2009) leads to perinatal death.

Muscle CNTFR α may promote muscle CNTF receptor signaling leading to release of unidentified muscle factor(s) acting directly or indirectly on MNs to activate STAT3. Moreover, following nerve lesion, muscle CNTFR α is released in a soluble, functional form (Davis *et al.*, 1993b) that could potentially, over time, enhance MN CNTF receptor signaling, including STAT3 activation, by diffusing to regenerating axons for retrograde transport to MN soma, or diffusing directly to the soma. *In vitro* data also suggest muscle CNTFR α is released as a CNTFR α /CLC complex able to activate CNTF receptor signaling including STAT3 (Plun-Favreau et al., 2001).

The separation between the mid-thigh lesion and lower limb denervated muscles may seem to argue against factors from these muscles acting directly on axotomized MNs. However, the rapid, dramatic increase in muscle CNTFR α expression is sustained for at least 10 days (Helgran *et al.*, 1994) suggesting CNTFR α and/or CNTFR α -dependent factors from denervated muscles could act on MNs, particularly with several days to diffuse to regenerating axons and contribute to the second phase of STAT3 activation.

The CNTFR α qRT-PCR data suggest a wide variety of denervated muscles are involved. They also identify, for the first time, the damaged lesion site muscle as another potential source of CNTFR α contributing to MN STAT3 activation and the muscle CNTFR α -dependent axon regeneration and motor recovery (Lee *et al.*, 2013). This muscle is analogous to lesion site muscle invariably damaged clinically with accidental nerve lesion. Although the CNTFR α expression is much less than in denervated muscles (Figure 2B), the damage-induced increase in expression, and the muscles' close proximity to the crushed axons, both suggest it may participate.

While CNTFR α depletion substantially reduces the second phase of MN STAT3 activation it does not eliminate it. The activation may be completely dependent on muscle CNTFR α with the remaining 20% of muscle CNTFR α expression sustaining the STAT3 activation observed. Alternatively, CNTFR α expressed by MNs may contribute, as could other STAT3-signaling receptor types.

Sciatic nerve lesion also increases pSTAT3 in dorsal root ganglion neurons (Lee *et al.*, 2004). Unfortunately, we were unable to establish a quantitative assay for mouse dorsal root ganglion pSTAT3 (likely due to variability in fix, antibody penetration, etc. with such small tissues). However, it certainly remains possible that muscle CNTFR α contributes to this pSTAT3 activation.

The present data and our previous work (Lee *et al.*, 2013) suggest muscle CNTFR α upregulation promotes MN regeneration by indirectly regulating MN signaling. Therefore, enhancing muscle CNTFR α expression may be worth considering as a therapeutic to promote MN regeneration in trauma and disease. In contrast to MN gene expression, skeletal muscle gene expression can be enhanced in humans with gene therapy techniques currently approved for market (Ylä-Herttuala, 2012).

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Abbreviations:

CLC	cardiotrophin-like cytokine
CLF	cytokine-like factor-1
CNTF	ciliary neurotrophic factor
CNTFRα	ciliary neurotrophic factor receptor α
Cre	Cre recombinase
EDL	extensor digitorum longus
flxCNTFRα	floxed CNTFR α gene
LIFRβ	leukemia inhibitory factor receptor β
MN	motor neuron
PFA	paraformaldehyde
pSTAT3	phospho-Tyr705 STAT3
STAT3	signal transducer and activator of transcription 3
qRT-PCR	quantitative real-time PCR

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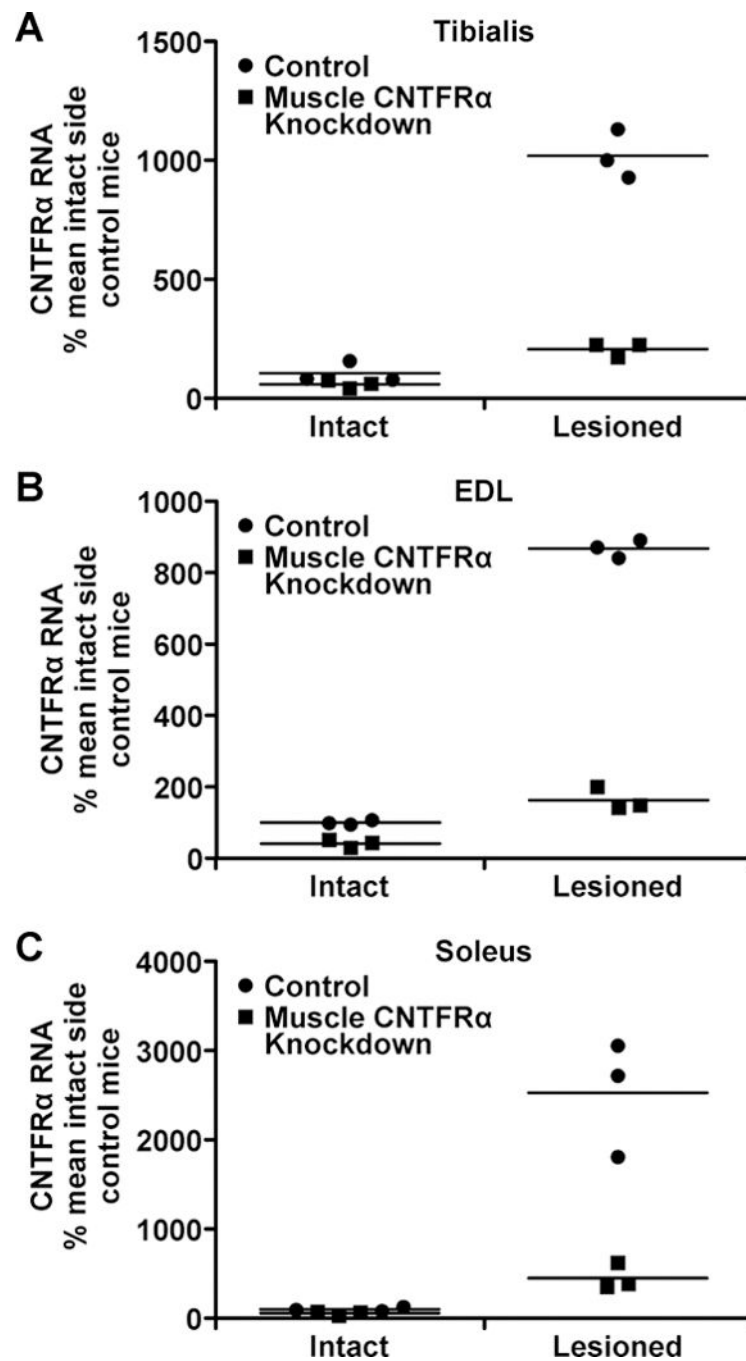


Figure 1. Muscle CNTFR α gene disruption greatly reduces CNTFR α expression in a wide range of denervated muscles.

CNTFR α knockdown and littermate controls received a unilateral sciatic nerve crush.

Twenty-four hours later, ipsilateral and contralateral tibialis anterior (A), EDL (B), and soleus (C) muscles were dissected for CNTFR α qRT-PCR. $n=3$ /condition. All lesion and knockdown effects were significant ($P<0.0005$; text for statistics).

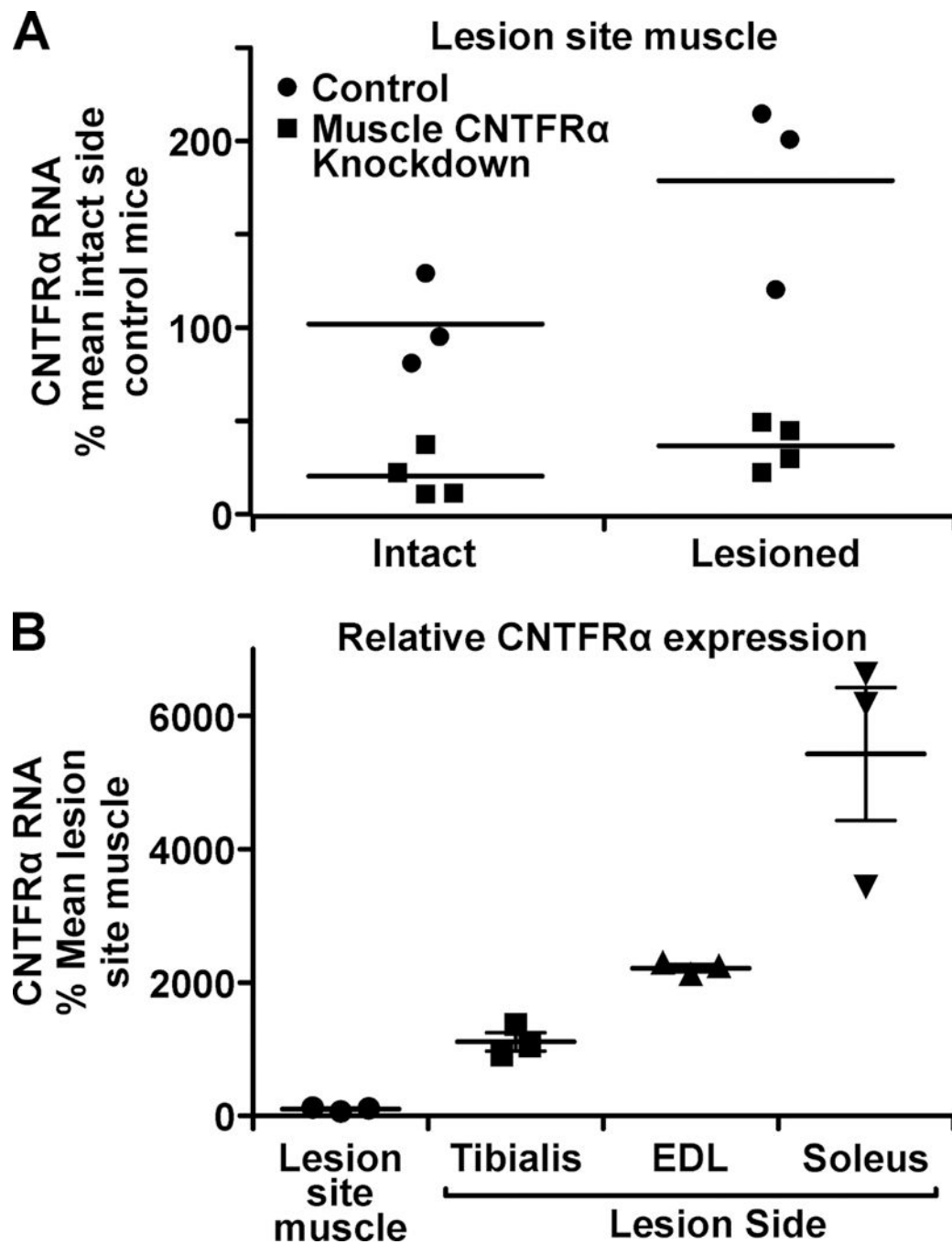


Figure 2. CNTFR α is induced in muscle damaged at the lesion site. Muscle CNTFR α knockdown and littermate controls received a unilateral sciatic nerve crush. Twenty-four hours later biceps femoris muscles ipsilateral and contralateral to the lesion were dissected. CNTFR α RNA, quantified by qRT-PCR, is presented relative to control mouse intact side biceps femoris (**A**) and denervated muscles (**B**). Biceps femoris damage increases CNTFR α expression ($p=0.0099$) which is reduced by the knockdown ($p<0.0001$). $n=4$ knockdown, 3 controls.

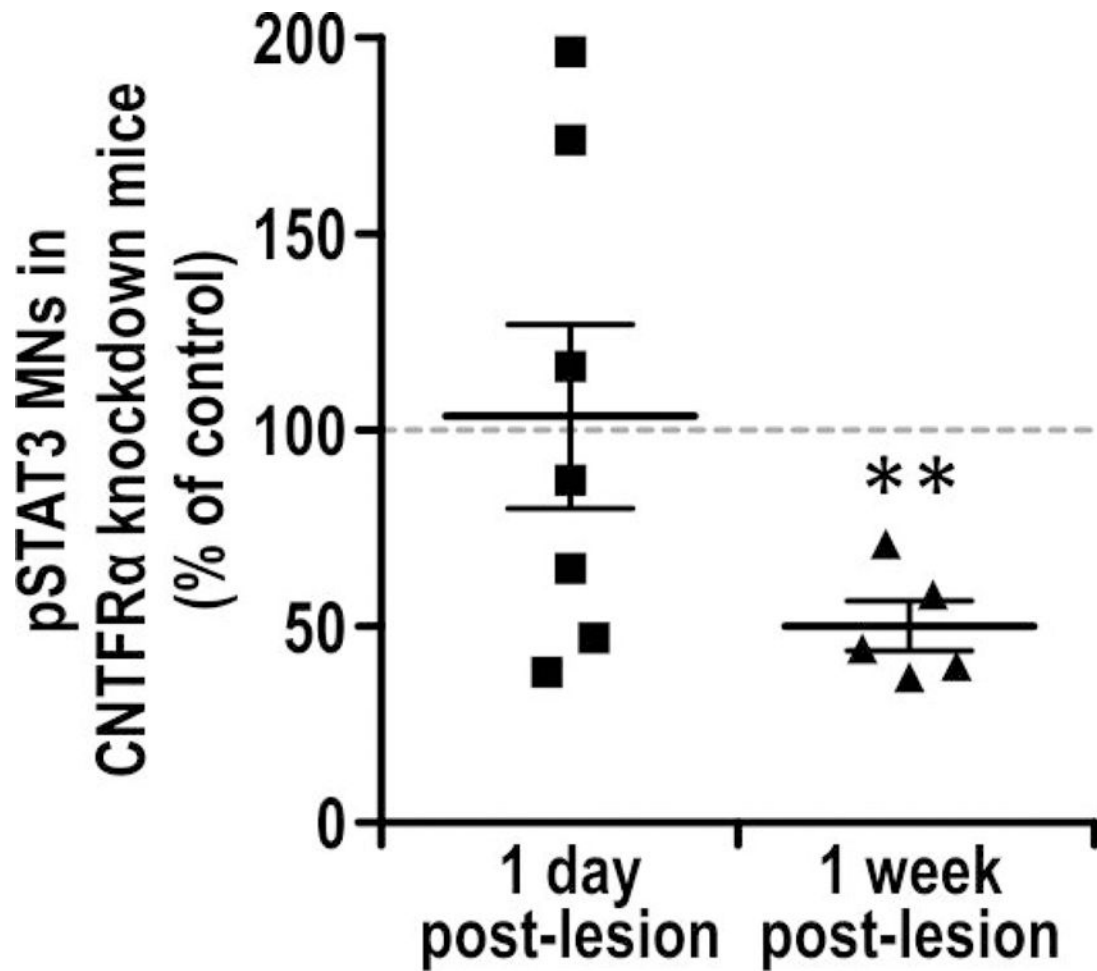


Figure 3. Muscle CNTFR α knockdown selectively reduces the second phase of lesion-induced STAT3 activation in motor neurons.

Muscle CNTFR α knockdown and littermate controls received a unilateral sciatic nerve crush. MNs with a lesion-induced pSTAT3 response were immunohistochemically quantified. The knockdown had no effect on STAT3 activation one day post-lesion ($p=0.88$, $n=7$), but substantially reduced activation one week post-lesion (** $p=0.0014$, $n=5$).

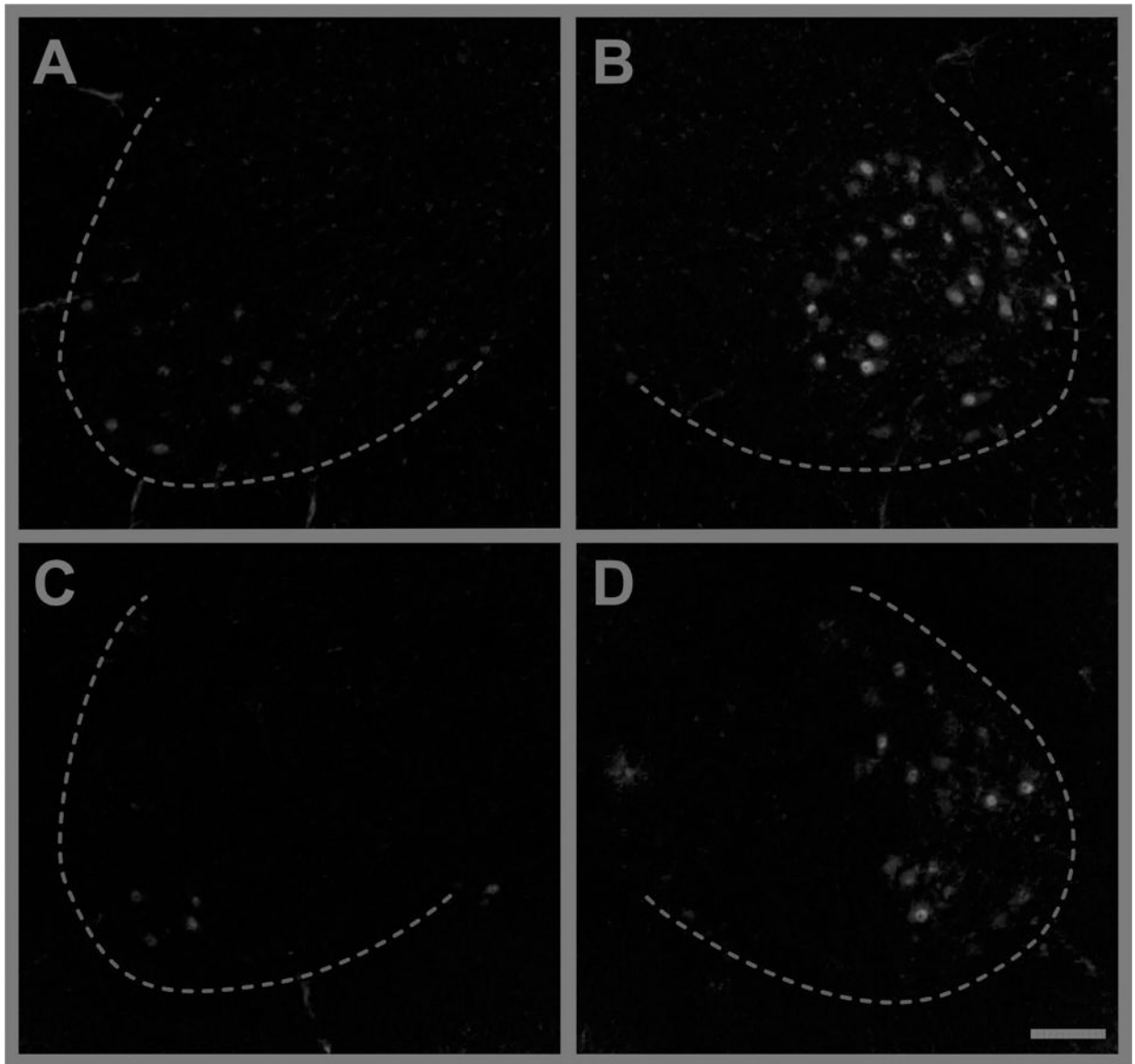


Figure 4. pSTAT3 immunohistochemistry examples.

Spinal cord ventral horns from control (A,B) and CNTFR α knockdown (C,D) mice 1 week post-lesion. Lesion on right (B,D); dorsal to top. The lesion-induced increase in MN nuclear pSTAT3 label was smaller with CNTFR α knockdown. Broken lines=grey matter borders not otherwise apparent since signal is highly specific to pSTAT3. Scale bar=100 μ m.