Mitogen-Activated Protein Kinase Inhibitors Improve Heart Function and Prevent Fibrosis in Cardiomyopathy Caused by Mutation in Lamin A/C Gene

Wei Wu, MD*; Antoine Muchir, PhD*; Jian Shan, MD; Gisèle Bonne, PhD; Howard J. Worman, MD

Background—Mutations in the lamin A/C gene, LMNA, can cause dilated cardiomyopathy. We have shown abnormal activation of the extracellular signal-regulated kinase (ERK) and the c-jun N-terminal kinase (JNK) branches of the mitogen-activated protein kinase signaling cascade in hearts from Lmna<sup>H222P/H222P</sup> mice that develop dilated cardiomyopathy. We recently showed that partial inhibition of ERK and JNK signaling before the onset of cardiomyopathy in Lmna<sup>H222P/H222P</sup> mice prevented the development of left ventricle dilatation and decreased cardiac ejection fraction at a time when they occurred in untreated mice.

Methods and Results—To determine whether pharmacological inhibitors of ERK and JNK signaling could be clinically useful to treat cardiomyopathy caused by LMNA mutation, we administered them to Lmna<sup>H222P/H222P</sup> mice after they developed left ventricular dilatation and decreased ejection fraction. Lmna<sup>H222P/H222P</sup> mice were treated with ERK and JNK signaling inhibitors from 16 to 20 or, in pilot experiments, 19 to 24 weeks of age. The inhibitors blocked increased expression of RNAs encoding natriuretic peptide precursors and proteins involved in sarcomere architecture that occurred in placebo-treated mice. Echocardiography and histological analysis demonstrated that treatment prevented left ventricular end-systolic dilatation, increased ejection fraction, and decreased myocardial fibrosis.

Conclusion—Inhibitors of ERK and JNK signaling could potentially be used to treat humans with cardiomyopathy caused by LMNA mutations. (Circulation. 2011;123:53-61.)

Key Words: cardiomyopathy ■ LMNA ■ mitogen-activated protein kinases ■ pharmacology

Dilated cardiomyopathy is characterized by ventricular dilatation and impaired systolic function with 20% to 48% of cases familial. Mutations in LMNA encoding A-type nuclear lamins have been shown to cause several human diseases with at least 3 having dilated cardiomyopathy as a predominant feature: autosomal Emery-Dreifuss muscular dystrophy, limb girdle muscular dystrophy type 1B, and dilated cardiomyopathy type 1A. Given the phenotypic overlap of these disorders, they can be described as LMNA dilated cardiomyopathy with variable skeletal muscle involvement. LMNA mutations appear to be responsible for 8% of familial cardiomyopathies. The onset of symptoms in LMNA cardiomyopathy is variable, ranging from the first to sixth decade of life and occurring most frequently in the third decade. Its natural history is more aggressive than most other familial cardiomyopathies, with high rates of arrhythmias leading to sudden death and advanced heart failure necessitating cardiac transplantation.

Clinical Perspective on p 61

To identify potential targets to treat cardiomyopathy caused by LMNA mutation, we have been examining cellular signaling pathways in hearts of Lmna<sup>H222P</sup> knock-in mice, a model of the human disease. Male Lmna<sup>H222P/H222P</sup> mice develop left ventricular (LV) dilatation and depressed contractile function starting at 8 to 10 weeks of age and invariably develop LV dilatation and decreased cardiac contractility at 16 weeks. We have shown abnormal activation of the extracellular signal-regulated kinase (ERK) and the c-Jun N-terminal kinase (JNK) branches of the mitogen-activated protein kinase (MAPK) signaling cascade in hearts of Lmna<sup>H222P</sup> knock-in mice before the onset of clinically detectable cardiomyopathy.

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also shown that lamin A variants that cause cardiomyopathy activate ERK and JNK when expressed in cultured cells.14 From these results, we hypothesized that activation of ERK and JNK plays a primary pathogenic role in the development of cardiomyopathy. Our recent work has shown that small-molecule inhibitors of ERK and JNK signaling administered to male Lmna<sup>H222P/H222P</sup> mice before the onset of detectable cardiomyopathy prevented LV dilatation and decreases in cardiac ejection fraction (EF) at an age when placebo-treated mice had significant abnormalities in these parameters.15,16

A critical question relevant to potential treatment of human subjects with ERK and JNK inhibitors regards their effectiveness after the onset of cardiac dysfunction. It would be impractical to use such drugs as prophylactic treatment in asymptomatic humans with LMNA mutations, especially given the variable age of onset, usually adulthood. To help answer this question, we initiated the present study to determine whether inhibitors of ERK and JNK signaling would be beneficial in Lmna<sup>H222P/H222P</sup> mice after LV dilatation and decreased cardiac EF have already occurred.

**Methods**

An expanded Materials and Methods section is available in the online-only Data Supplement. Lmna<sup>H222P/H222P</sup> mice were generated and genotyped with polymerase chain reaction primers as described.13 Drugs dissolved in dimethyl sulfoxide (DMSO) were delivered into the peritoneal cavity by injection at 3 mg·kg<sup>-1</sup>·d<sup>-1</sup> for 5 days a week. Equal volumes of DMSO were administered as placebo. Cardiac structure and contractility were assessed by echocardiography. Representative stained cardiac sections were photographed with a Microphot SA (Nikon) light microscope attached to a Spot RT Slide camera (Diagnostic Instruments) with a ×10 objective. Images were processed with Adobe Photoshop CS (Adobe Systems). RNA transcripts measured with real-time reverse-transcription polymerase chain reaction were quantified with iQ SYBR Green Supermix (Bio-Rad Laboratories, Hercules, CA). Statistical comparisons were made with an unpaired Student t-test or a 1-way ANOVA with the Tukey posthoc test to evaluate the significance of differences between means.

**Results**

**Rationale for Treatment of Lmna<sup>H222P/H222P</sup> Mice**

Our hypothesis was that treatment with a MAPK/ERK kinase (MEK) 1/2 inhibitor, which inhibits activation of ERK, or a JNK inhibitor would improve cardiac structure and function in Lmna<sup>H222P/H222P</sup> mice when the compounds are administered after these parameters are significantly abnormal. Because the animal care facility at Columbia University Medical Center prohibits removal and reentry of mice from its barrier facility, we could not obtain echocardiograms on individual subjects before and after treatment. To test our hypothesis, we therefore assigned 16-week-old male Lmna<sup>H222P/H222P</sup> mice to 3 different treatment arms (placebo DMSO, n=28; MEK1/2 inhibitor PD98059, n=22; JNK inhibitor SP600125, n=29) and examined parameters of cardiac structure and function at 20 weeks of age, after 4 weeks of treatment. At 16 weeks, male Lmna<sup>H222P/H222P</sup> mice are known to have markedly increased LV end-diastolic diameter (LVEDD) and LV end-systolic diameter (LVESD) compared with Lmna<sup>+/+</sup> mice.13,15,16 Lmna<sup>H222P/H222P</sup> mice also have depressed cardiac contractility, with fractional shortening decreased by 20% to 40% compared with Lmna<sup>+/+</sup> mice.13,15 Myocardial fibrosis occurs in Lmna<sup>H222P/H222P</sup> mice at 16 weeks of age.16

At 20 weeks, LVEDD and LVESD increase further in Lmna<sup>H222P/H222P</sup> mice, and cardiac contractility also progressively deteriorates.16 During the 4-week treatment protocol, 6 mice in the DMSO group, 3 in the PD98059 group, and 3 in the SP600125 group died before reaching 20 weeks of age for evaluation.

**Effect of PD98059 and SP600125 on ERK and JNK Signaling**

Systemic administration of the MEK1/2 inhibitor PD98059 and the JNK inhibitor SP600125 to Lmna<sup>H222P/H222P</sup> mice from 16 to 20 weeks of age partially blocked the phosphorylation of ERK1/2 (Figure 1A) and JNK (Figure 1B), respectively, in hearts. At 3 mg·kg<sup>-1</sup>·d<sup>-1</sup>, PD98059 was highly selective for blocking ERK signaling because phosphorylation of JNK was not significantly inhibited (Figure 1A). At 3 mg·kg<sup>-1</sup>·d<sup>-1</sup>, SP600125 was specific of the JNK signaling because phosphorylation of ERK1/2 was not significantly inhibited (Figure 1B).

**Effect of the PD98059 and SP600125 on Cardiac Expression of Natriuretic Peptides and Myosin Light Chain**

One of the features of dilated cardiomyopathy is the upregulation of cardiac hormones such as natriuretic peptides as a compensatory mechanism to maintain cardiac output.17,18 Upregulation of genes involved in sarcomere organization also occurs.19,20 We therefore assayed the expression of Mlc-2a messenger RNA (mRNA), encoding a cardiac isoform of myosin light chain, and NppA and NppB mRNAs, encoding natriuretic peptides precursors, in hearts from Lmna<sup>+/+</sup> mice, DMSO-treated Lmna<sup>H222P/H222P</sup> mice, and inhibitor-treated Lmna<sup>H222P/H222P</sup> mice (Figure 2). In hearts from DMSO-treated Lmna<sup>H222P/H222P</sup> mice, expression of Mlc-2a mRNA was significantly increased ≈30-fold compared with hearts of Lmna<sup>+/+</sup> mice (Figure 2). Similarly, in hearts from Lmna<sup>H222P/H222P</sup> mice, NppA and NppB mRNA levels showed significant 36-fold and 17-fold increases in expression compared with hearts of Lmna<sup>+/+</sup> mice (Figure 2). Treatment of Lmna<sup>H222P/H222P</sup> mice with PD98059 or SP600125 significantly decreased the expression of Mlc-2a, NppA, and NppB mRNAs at 20 weeks of age (Figure 2). Hence, pharmacological inhibition of ERK or JNK signaling reversed the molecular compensatory processes that occur in Lmna<sup>H222P/H222P</sup> mice with cardiomyopathy.

**Effect of PD98059 and SP600125 on LV Dilatation and Contractility in Lmna<sup>H222P/H222P</sup> Mice**

After 4 weeks of treatment with DMSO, PD98059, or SP600125, Lmna<sup>H222P/H222P</sup> mice were anesthetized, and cardiac dimensions and function were measured by echocardiography. M-mode transthoracic echocardiography showed
increased LVEDD and LVESD in \textit{Lmna}^{H222P/H222P} mice treated with DMSO compared with \textit{Lmna}^{+/+} mice (Figure 3). \textit{Lmna}^{H222P/H222P} mice treated with PD98059 and SP600125 had significantly smaller LVESD compared with the DMSO-treated mice (Figure 3). Fractional shortening and EF were reduced in \textit{Lmna}^{H222P/H222P} compared with \textit{Lmna}^{+/+} mice but increased in the \textit{Lmna}^{H222P/H222P} mice treated with PD98059 or SP600125.

The Table shows the composite echocardiographic data for the 3 treatment arms for \textit{Lmna}^{H222P/H222P} mice and \textit{Lmna}^{+/+} mice for comparison. Compared with \textit{Lmna}^{+/+} mice, \textit{Lmna}^{H222P/H222P} mice treated with DMSO had significantly increased LVEDD and LVESD. The EF of DMSO-treated male \textit{Lmna}^{H222P/H222P} mice at 20 weeks was 53.87 ± 2.58%, which was decreased by 28% compared with \textit{Lmna}^{+/+} mice. \textit{Lmna}^{H222P/H222P} mice treated with PD98059 or SP600125 had a statistically significant reduction in the LVESD compared with mice treated with DMSO; however, LVEDD was not significantly different. \textit{Lmna}^{H222P/H222P} mice treated with PD98059 had an EF of 65.46 ± 2.64%, an increase of ≈22% (P < 0.005) compared with the DMSO-treated group. The EF of \textit{Lmna}^{H222P/H222P} mice treated with SP600125 was 61.88 ± 1.66%, an increase of ≈15% (P < 0.005) compared with the DMSO-treated group. Overall, these results showed that PD98059 and SP600125 have positive effects on cardiac contractility when administered after cardiac dysfunction occurs in \textit{Lmna}^{H222P/H222P} mice.

Effect of PD98059 and SP600125 on Myocardial Fibrosis in \textit{Lmna}^{H222P/H222P} Mice

Later-stage cardiomyopathy caused by \textit{LMNA} mutations is characterized by myocardial fibrosis.\cite{21,22} As shown by Sirius Red and Goomori trichome staining, hearts from \textit{Lmna}^{H222P/H222P} mice 20 weeks of age treated with DMSO had a significant increase in fibrosis compared with hearts from \textit{Lmna}^{+/+} mice (Figure 4A and 4B). In contrast, \textit{Lmna}^{H222P/H222P} mice treated with PD98059 or SP600125 had a lower degree of cardiac fibrosis than DMSO-treated mice (Figure 4A and 4B).

We quantified the myocardial fibrotic area of each animal by determining the ratio of fibrotic tissue (stained blue with Goomori trichrome) to the total tissue area in each micrograph (Figure 4C). Hearts from DMSO-treated \textit{Lmna}^{H222P/H222P} mice had 15.01 ± 0.9% fibrotic tissue per total surface examined (Figure 4D). Systemic treatment with PD98059 or SP600125 significantly lowered the area of fibrotic tissue to 4.48 ± 1% (P < 0.0005) and 5.86 ± 0.4% (P < 0.0005), respectively (Figure 4D).

Excessive extracellular matrix, predominantly collagen proteins, defines fibrotic tissue. We therefore determined the expression of genes encoding a protein of the extracellular matrix (\textit{Fn1} encoding fibronectin) and genes encoding type I collagen (\textit{Col1a1} and \textit{Col1a2}) using real-time reverse-transcription polymerase chain reaction. At 20 weeks of age, hearts from \textit{Lmna}^{H222P/H222P} mice treated with DMSO had a 5-fold increase in \textit{Col1a1}, a 4-fold increase in \textit{Col1a2}, and a 4-fold increase in \textit{Fn1} mRNAs compared with hearts from \textit{Lmna}^{+/+} mice (Figure 5). Treatment with PD98059 and SP600125 significantly lowered the expression of \textit{Col1a1}, \textit{Col1a2}, and \textit{Fn1} (Figure 5). These results demonstrated that \textit{Lmna}^{H222P/H222P} mice treated with either MEK1/2 or JNK inhibitors had decreased progression of myocardial fibrosis.

Effect of PD98059 and SP600125 on Nuclear Shape in Cardiomyocytes in \textit{Lmna}^{H222P/H222P} Mice

We have reported abnormal elongation of nuclei in cardiomyocytes of \textit{Lmna}^{H222P/H222P} mice.\cite{15,16} Nuclei in cardiomyocytes in hearts from \textit{Lmna}^{H222P/H222P} mice treated with DMSO were elongated compared with those in \textit{Lmna}^{+/+} mice (Figure 6A). Nuclei of cardiomyocytes in hearts of \textit{Lmna}^{H222P/H222P} mice treated with PD98059 or SP600125 \textit{Lmna}^{H222P/H222P} mice had an overall shape that was more “rounded” than those in hearts of mice treated with DMSO (Figure 6A). Mean length of cardiomyocyte nuclei in hearts of \textit{Lmna}^{H222P/H222P} mice treated with DMSO was significantly longer than in hearts from \textit{Lmna}^{+/+} mice (P < 0.0005; Figure 6B). The mean lengths of nuclei in cardiomyocytes in
hearts from Lmna<sup>H222P/H222P</sup> mice treated with PD98059 or SP600125 were significantly shorter than in the hearts of mice in the DMSO-treated group (P<0.0005; Figure 6B). Similar nuclear elongation has also been reported in Lmna<sup>H222P/H222P</sup> knockout mice, suggesting a role of lamins in determining nuclear shape in cardiomyocytes.23,24 Although other abnormalities in nuclear morphology have been observed in hearts of Lmna<sup>H222P/H222P</sup> mice when cardiac tissue is examined by electron microscopy,13 we could not assess these ultrastructural alterations with the light microscopic methods we used.

**Pilot Study of PD98059 and SP600125 to Treat More Advanced Heart Disease in Lmna<sup>H222P/H222P</sup> Mice**

In a pilot study, we assessed treatment of Lmna<sup>H222P/H222P</sup> mice with PD98059 and SP600125 at a more advanced stage of disease and for a longer time. We assigned 19-week-old male Lmna<sup>H222P/H222P</sup> mice to 3 different treatment arms (placebo DMSO, n=4; MEK1/2 inhibitor PD98059, n=3; JNK inhibitor SP600125, n=3) and examined parameters of cardiac structure and function. Systemic administration of PD98059 and SP600125 to Lmna<sup>H222P/H222P</sup> mice partially blocked phosphorylation of ERK1/2 and JNK in hearts from 24-week-old mice (Figure IA in the online-only Data Supplement). At 24 weeks, Lmna<sup>H222P/H222P</sup> mice treated with PD98059 had decreased LV dilatation and increased fractional shortening compared with DMSO-treated mice (Figure IB in the online-only Data Supplement). There was also a trend toward decreased LV dilatation and increased fractional shortening in the Lmna<sup>H222P/H222P</sup> mice treated with SP600125 (Figure IB in the online-only Data Supplement). Cardiac expression of Mic-2a, NppA, NppB, Col1a1, and Col1a2 mRNAs was also significantly reduced in the inhibitor-treated Lmna<sup>H222P/H222P</sup> mice at 24 weeks, except for NppB in those treated with SP600125 (Figure IC in the online-only Data Supplement).

**Discussion**

Our previous work has documented the effectiveness of inhibiting ERK and JNK signaling in preventing or delaying
the onset of cardiomyopathy in *Lmna<sup>H222P/H222P</sup>* mice. In those studies, MEK and JNK inhibitors were administered before the onset of any detectable structural or functional cardiac abnormalities. A critical remaining question was whether MEK and JNK inhibitors would be effective in improving heart function in *Lmna<sup>H222P/H222P</sup>* mice when initiated after the onset of cardiac disease, which would be more analogous to potential treatment in human patients. In this study, we therefore tested the extent to which a treatment course starting after the onset of cardiac disease in *Lmna<sup>H222P/H222P</sup>* mice would be beneficial. Our results showed that pharmacological inhibitors of ERK and JNK signaling blocked increased expression of RNAs encoding natriuretic peptide precursors and proteins involved in sarcomere architecture, prevented LV end-systolic dilation, increased cardiac EF, and decreased myocardial fibrosis. Two recent studies showed that either a calcium-sensitizing agent<sup>25</sup> or a β-blocker<sup>24</sup> also improved cardiac function in mouse models of *Lmna*-associated cardiomyopathy. Our work provides support for the possibility that MEK or JNK inhibitors could overcome the lack of definitive treatments for human patients suffering from cardiac disease caused by *LMNA* mutations.

Changes in myocardial structure and function in response to injury and proliferation of the nonmyocyte cell populations of the heart, referred to as myocardial remodeling, alter cardiac performance over the long term. Part of such remodeling includes fibrosis, which results in exaggerated mechanical stiffness and causes systolic dysfunction.<sup>27</sup> Established therapies for heart failure may also derive a significant part of their benefit from actions on cardiac fibroblasts. A beneficial effect on cardiac fibrosis has been reported for angiotensin-converting enzyme inhibitors, angiotensin receptor blockers, diuretics, and aldosterone antagonists. Treatment of *Lmna<sup>H222P/H222P</sup>* mice with MEK or JNK inhibitors had a profound beneficial effect on myocardial fibrosis, a characteristic of later-stage cardiomyopathy caused by *LMNA* mutations.<sup>21,22</sup> Activation of ERK and JNK signaling pathways by various stimuli has been correlated to several cellular processes such as cell proliferation and remodeling of extracellular matrix. Inhibition of ERK and JNK signaling pathways could therefore have a beneficial effect on cardiac function by also acting directly to decrease the proliferation of myocardial fibroblasts. Such a hypothesis needs to be tested. It also remains to be determined whether simultaneous inhibition of both ERK and JNK signaling has additive effects in cardiomyopathy caused by *Lmna* mutation.

Our study in *Lmna<sup>H222P/H222P</sup>* mice was designed similar to a human clinical trial. It assessed primary end points (LV dilatation, EF) and “surrogate” secondary end points (expression of natriuretic peptide precursors) that are used in many human clinical heart failure trials. Although mortality is a reasonable end point in a phase III clinical trial for advanced heart failure, it is rarely, if ever, used in the initial drug assessment phase or in treatment of subjects with heart disease that is not end stage,<sup>38</sup> both of which were the case in our study. Furthermore, *Lmna<sup>H222P/H222P</sup>* mice have diaphragmatic muscle involvement (not reported in humans with *LMNA* mutations) and significant skeletal muscle pathology as they age, which may be noncardiac causes of mortality.<sup>13</sup> Nonetheless, the measurements of LV function we used correlate with prognosis in many human clinical trials, and their behavior parallels changes in mortality with treatment.<sup>38</sup> For example, LV end-systolic volume, which is determined by measuring LVESD, is the major determinant of survival in human subjects after recovery from myocardial infarction and after coronary artery bypass grafting for impaired LV function.<sup>39,40</sup> A study by Heywood et al<sup>41</sup> also showed in human subjects with an EF <40% treated with angiotensin-converting enzyme inhibitors or angiotensin receptor blockers that an increase of >15% in EF resulted in mortality of only ∼2%/y. In our study, PD98059 and SP600125 improved the EF of *Lmna<sup>H222P/H222P</sup>* mice ∼22% and 15%, respectively, compared with placebo. Taking into account the fact that EF improvement is an important predictor for survival in human subjects with systolic dysfunction, we speculate that small-molecule inhibitors of the ERK and JNK signaling pathways could have a positive effect on survival of patients with *LMNA* mutations. Although not an end point in our study, during the 4-week treatment protocol starting at 16 weeks of age, 6 mice in the DMSO group, 3 in the PD98059 group, and 3 in the SP600125 group died before reaching 20 weeks of age, suggesting that treatment with MEK1/2 or JNK inhibitors trended toward improved survival. Furthermore, our pilot study treating *Lmna<sup>H222P/H222P</sup>* mice up to 24 weeks of age, when they have a mortality rate of ∼25%/y, showed improvements in echocardiographic and cardiac biochemical parameters.

The choice of therapeutic agents in clinical trials is predicated, at least in part, on the efficacy of drugs studied in murine models of disease.<sup>42–44</sup> Both PD98059 and SP600125, which we used in this study to inhibit ERK and JNK,
signaling, respectively, are tool compounds and are not suitable for use in humans secondary to problems with bioavailability and toxicity. Therefore, any future clinical trial of MEK or JNK inhibitor in human subjects with cardiomyopathy caused by LMNA mutations would require the use of superior drugs, including possibly those that have already entered the pipeline of pharmaceutical companies for other indications. For example, a second-generation oral MEK inhibitor, PD0325901 (Pfizer), has markedly improved properties, including better potency against MEK, better bioavailability, increased metabolic stability, and a longer MEK suppression. PD0325901 has been administered to humans and has entered a phase II clinical trial to treat advanced non–small-cell lung cancer. Similarly,
AZD6244/ARRY-142886 (AstraZeneca/Array Biopharma) is in phase II clinical trials for patients with cancers. Superior JNK inhibitors are also in preclinical development for use in humans. Hence, our results in Lmna<sup>H222P/H222P</sup> mice with cardiac dysfunction could lay the foundation for clinical trials of MEK and JNK inhibitors that are currently being developed for cancer and inflammatory conditions in human subjects with cardiomyopathy caused by LMNA mutations.

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Disclosures
Drs Worman and Muchir are inventors on a pending PCT patent application on methods for treating and/or preventing cardiomyopathies by ERK and JNK inhibition filed by the trustees of Columbia University in New York, NY. The other authors report no conflicts.

References


Heart failure is responsible for considerable morbidity and mortality, and dilated cardiomyopathy (DCM) is a major cause. Molecular genetic studies have revealed mutations in various genes in patients with familial DCM, but the precise mechanisms of how they lead to heart muscle damage remain largely unknown. Mutations in LMNA encoding A-type nuclear lamins appear to be responsible for ~8% of cases of familial DCM, and patients with LMNA mutations have a poorer prognosis than those with DCM caused by mutations in most other genes. We have previously shown an abnormal activation of the extracellular signal-regulated kinase (ERK) and the c-jun N-terminal kinase (JNK) branches of the mitogen-activated protein kinase signaling cascade in hearts of mice with DCM caused by a mutation in Lmna. We now establish that treating these mice with chemical inhibitors of ERK and JNK after the onset of left ventricular dilatation and decreased cardiac ejection fraction, a time when human patients would be considered for therapy, improves cardiac function and significantly decreases myocardial fibrosis. These results provide proof of concept that pharmacological inhibitors of ERK and JNK signaling, some of which are currently in clinical development for other indications, could be studied in human clinical trials of patients with DCM caused by LMNA mutations.
Mitogen-Activated Protein Kinase Inhibitors Improve Heart Function and Prevent Fibrosis in Cardiomyopathy Caused by Mutation in Lamin A/C Gene
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Lamin A/C 유전자 돌연변이에 의한 섬모세 촉 وبين증에서 MAPK 억제제는 심근의 섬유화를 방지하고 심근기능을 호전시킬 수 있다.

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Summary

배경
Lamin A/C 유전자인 LMNA의 돌연변이는 확장성 심근병증을 유발할 수 있다. 본 연구자 돌연변이 Lmna^td270/td270 생쥐에서 ERK와 JNK 단백 kinase의 신호전달체계의 변화가 심근병증을 유발한다고 알려져 있다.

방법 및 결과
ERK와 JNK 신호전달체계를 억제하는 약물이 LMNA 돌연변이에 의한 심근병증 치료제로서 임상적 유용성이 있는지를 알아보기 위하여, Lmna^td270/td270 생쥐에서 심기능 저하와 좌심실 확장이 발생한 이후 억제제를 투여하였다. 지표연구로 생후 16-20주 혹은 생후 19-24주의 Lmna^td270/td270 생쥐에 ERK와 JNK 억제제를 투여하였 다. 억제제에 의하여 natriuretic peptide 전구물질 RNA의 발현과 수축에 관여하는 구조 단백 발현이 억제되었다. 심초음파와 조직검사에서 억제제 치료는 수축기말 좌심실 확장을 예방하였고, 구출률(ejection fraction)을 증가시켰으며, 좌심실 섬유화를 억제하였다.

결론
ERK와 JNK 억제제는 LMNA 돌연변이에 의한 심근병증 치료제로 사용될 수 있다.
일반적으로 유전체 돌연변이에 의한 심장병은 약제 치료에 의한 혈전을 기대하기 어렵다. 그러나 본 연구에서는 MAPK의 일종인 ERK와 JNK를 억제하는 약물이 LMN
 돌연변이 심근병증의 혈전을 가져올 수 있을음을 보였다.

세포의 핵적을 구성하는 A-type nucllar lamin은 LMINA
유전자로부터 전사되는데, 이 유전자의 돌연변이는 사
람에서 최소한 세 가지 이상의 확장성 심근병증을 유발
한다. 주로 근이형증을 동반하는 심근병증으로 Emery-
Drifuss 근이양증, 제1형 수지대형 근이양증 혹은 제
1형 심근병증이 유발된다. 이런 LMN 돌연변이는 가족
성 확장성 심근병증의 8%가량을 차지한다. LMINA 심근병
증의 증상은 매우 다양하여 출생 후 60대까지 두부 발생
할 수 있으나, 30대에서의 발현이 가장 흔하다. 이는 다른
가족형 확장성 심근병증에 비해 증상이 심하며 여유가
나보다. 특히 부정맥 발병이 의한 돌연사의 일가 심부전
으로 진행하여 심장이식을 필요하기도 한다.

본 연구에서는 LMINA 심근병증의 자료 가능성을 고려
하여 본 실험의 대를 모델로 Lmina H222P 유전자 병이형
쥐를 사용하였다. Lmina H222P 쥐는 출생 후 2-4주전
화심성 기능이 감소하기 시작하며, 16주후에는 약실 확
장과 기능 저하가 확장성 심근병증과 같은 상태가 된다.
이런 연구에서 Lmina H222P 유전자 병이형 쥐에서 확장
성 심근병증이 발생하게 되며, ERKextracellular signal-
regulated kinase와 JNK(c-Jun N-terminal kinase) 등의
MAPK/mitogen-activated protein kinase들이 비정상
적으로 활성화됨을 보았다. 즉, LMINA 돌연변이가 ERK와
JNK를 활성화시킨다. 또한, ERK과 JNK 억제제는 확장성
심근병증 발병 전 및 Lmina H222P 유전자 병이형 쥐에서
발현하였을 때 심근병증 발생을 예방하였다. 그러나 실험
세포에서의 발생을 억제하기 위해 한 억제물질의 효과
적 투여가 적절하지 못하다. 따라서 이미 확장성 심근병
증이 발병된 이후에도, 이런 억제의 효능이 지속되돌지가
의문이었다.

본 연구에서는 Lmina H222P 유전자 병이형 쥐에서 좌
심실 확장과 심기능 저하가 발현된 이후인 15-20주 혹은
15-24주에 약물을 투여하였었다. 약제는 ERK 억제제
PD98059와 JNK 억제제 SP600125가 사용되었다. 두 약
제는 효과적으로 실험소용품을 통해 평가한 심기능 저하
가 확장성 심근병증을 억제하였다. 또한, natriuretic peptide
등의 발현과 수축기능 저하와 연관된 MLC 단백 발현을
억제하였으며 조직의 성유화도 억제하였다.

실제로는 이상심과 유병률을 유발하는 심장관 중후군이
있으며, 이 중 확장성 심근병증은 심부전의 주된 원인 중간
이지만, 이 부분에서 확장성 심근병증은 유병률이 높아져
있지 않다. 가족형 확장성 심근병증은 여러 가지 유전자
의 돌연변이에 의해 발생하는 유전학적 신호에서 잘 알려
져 있으며, 이런 유전적 범위가 어떻게 심장의 구조와 구
성 단백질을 변화시켜 병의 상태의 심장병을 가져오는
지만 잘 알려져 있지 않다. LMINA 유전자 돌연변이에 의
한 심근병증은 전체 가족형 확장성 심근병증의 8%를 차
지하며, 다른 유전자 돌연변이에 의한 확장성 심근병증에
비하여 훨씬 낮은 예후를 보인다. LMINA 유전자 돌연변이에
의한 심근병증은 기질적 성장변화법을 취해나르는 ERK와
JNK의 활성화가 동안에 연속적인 활동으로 작용한다. 억
제제를 사용하여 이러한 중간 메개 신호단계 활성화를 차단
하였을 때, 확장성 심근병증의 발생을 예방할 수 있었다.

사람에서는 확장성 심근병증과 심부전이 이미 발생한 이
후의 치료가 중요하며, 현재 발생할지 예측이 어려운 질
환을 미리 예방하기 위해 투약하기가 어렵다. 본 연구는
이러한 심장병과 가족형 구조물이 감소한 LMINA 유전
자 돌연변이에 의한 심근병증에서도 ERK 억제제와 JNK
억제제는 심기능을 외면시키고 심근의 성유화를 억제
하는 데 효과적이었다.

본 연구는 LMINA 유전자 돌연변이에 의한 심근병증의 발
생과 심장의 병원을 이해하는데 중요한 신호단계 제제의
이해에 중요한 데 있다. 실제 LMINA 유전자 돌연변이에
의한 심근병증 환자에서 ERK 억제제와 JNK 억제제의 임
상적 끝을 예측할 수 있는 기초가 될 것이다.