

3,5,3'-Triiodo-L-Thyronine Regulates Actin Cytoskeleton Dynamic in The Differentiated PC-12 Cells during Hypoxia through An $\alpha\beta3$ Integrin

Tamar Barbakadze, Ph.D.^{1,2}, Elisabed Kvergelidze, M.Sc.^{1,2}, Judit Bátor, Ph.D.^{3,4}, József Szeberényi, D.Sc.³, David Mikeladze, D.Sc.^{1,2*}

1. Faculty of Natural Sciences and Medicine, Ilia State University, Tbilisi, Georgia

2. Laboratory of Biochemistry, Ivane Beritashvili Center of Experimental Biomedicine, Tbilisi, Georgia

3. Department of Medical Biology and Central Electron Microscopic Laboratory, Medical School, University of Pécs, Pécs, Hungary

4. Janos Szentagothai Research Centre, University of Pécs, Pécs, Hungary

Abstract

Objective: Thyroid hormones are involved in the pathogenesis of various neurological disorders. Ischemia/hypoxia that induces rigidity of the actin filaments, which initiates neurodegeneration and reduces synaptic plasticity. We hypothesized that thyroid hormones via alpha-v-beta-3 ($\alpha\beta3$) integrin could regulate the actin filament rearrangement during hypoxia and increase neuronal cell viability.

Materials and Methods: In this experimental study, we analysed the dynamics of actin cytoskeleton according to the G/F actin ratio, cofilin-1/p-cofilin-1 ratio, and p-Fyn/Fyn ratio in differentiated PC-12 cells with/without T3 hormone (3,5,3'-triiodo-L-thyronine) treatment and blocking $\alpha\beta3$ -integrin-antibody under hypoxic conditions using electrophoresis and western blotting methods. We assessed NADPH oxidase activity under the hypoxic condition by the luminometric method and Rac1 activity using the ELISA-based (G-LISA) activation assay kit.

Results: The T3 hormone induces the $\alpha\beta3$ integrin-dependent dephosphorylation of the Fyn kinase ($P=0.0010$), modulates the G/F actin ratio ($P=0.0010$) and activates the Rac1/NADPH oxidase/cofilin-1 ($P=0.0069$, $P=0.0010$, $P=0.0045$) pathway. T3 increases PC-12 cell viability ($P=0.0050$) during hypoxia via $\alpha\beta3$ integrin-dependent downstream regulation systems.

Conclusion: The T3 thyroid hormone may modulate the G/F actin ratio via the Rac1 GTPase/NADPH oxidase/cofilin1 signaling pathway and $\alpha\beta3$ -integrin-dependent suppression of Fyn kinase phosphorylation.

Keywords: Actin Filament, Hypoxia, Integrin, PC-12, Thyroid Hormone

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Introduction

The thyroid hormones, including 3,5,3'-triiodo-L-thyronine (T3) and L-thyroxine (T4), play a significant role as a regulator of cell growth, development, and metabolism. Thyroid hormones involve in the pathogenesis of various neurological diseases. There is evidence linking alterations in thyroid hormone levels to the pathogenesis of Alzheimer disease (1). Also, Thyroid dysfunction was observed in children with autism spectrum disorder (2). Low T3 plasma level after an acute ischemic stroke is associated with a greater stroke severity and worse functional outcomes (3, 4). However, the relationship between thyroid hormones, functional post-stroke outcomes, and recovery time is complex and requires further investigation.

Thyroid hormones primarily target the nuclear receptor; however, recent investigations have suggested

a non-nuclear, non-genomic action (5, 6). The non-genomic effects of thyroid hormones occur partly due to the activation of the cell surface-exposed integrin alpha-v-beta-3 ($\alpha\beta3$) receptor (5). Thyroid hormones binding to the $\alpha\beta3$ receptor can enhance the adhesion to extracellular matrix substrates (7) and activate the protein kinase B (Akt) and extracellular signal-regulated kinase (ERK) signalling pathways (8, 9). The $\alpha\beta3$ receptor seems to contain a T3-specific binding site and a region at which both T4 and T3 bind in the hormone-binding domain (6). Binding to the T3-specific site activates the phosphoinositide 3-kinase (PI3K) pathway. In contrast, the T4 does not activate the PI3K pathway, but acts on the ERK-dependent signalling (9). In the differentiation state, PC-12 cells are predominantly regulated by the T3 via the PI3K/Akt pathway (8, 9), suggesting that T3 and T4 act differently on the intracellular regulatory systems via the $\alpha\beta3$ integrin.

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*Corresponding Address: Faculty of Natural Sciences and Medicine, Ilia State University, Tbilisi, Georgian

Email: davit_mikeladze@iliauni.edu.ge



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Generally, a cytoskeleton is responsible for various functions in all cell types, such as the organization of subcellular organelles and regulating cell motility and dynamics (10). Dysregulation of the cytoskeletal organization contributes to many pathological disorders, including hypoxia-related diseases (11, 12). Therefore, the cytoskeleton dynamic nature helps its components rapid rearrangement in response to extracellular signals (10). The Actin is the central component of the cytoskeleton that contributes to most cell functions and a tissue organization (13). Thyroid hormones are involved in an actin polymerization in the central nervous system (14). Several actin-binding proteins control an actin polymerization and its dynamic. They maintain a monomeric G-actin pool, promote a F-actin polymerization, restrict an actin filament length, and regulate a filament assembly and disassembly (13). There is an evidence that an actin polymerization is mainly modulated by the rT3 and T4, but not by the T3 in astrocytes, which directly regulates the F-actin elongation in the neurites of neurons (15). However, there are not enough data about the integrin-mediated action of thyroid hormones on the actin polymerization during hypoxia.

The thyroid hormone- $\alpha\text{v}\beta\text{3}$ integrin interaction results in a small guanosine triphosphatase (GTPase) signalling (16), which controls the cytoskeleton. A Rho family GTPases (Rho, Rac) acts on the actin cytoskeleton by modulating the actin-binding protein activity (17). The reciprocal effects of Rho and Rac (Rac activation and Rho inhibition) on a dendritic motility can be involved in a dendritic dynamic (18). The Rho family members play a critical role in the mediating ischemia/reperfusion injury-induced nicotinamide adenine dinucleotide phosphate (NADPH) oxidase activation, reactive oxygen species (ROS) generation, and oxidative stress in the brain, which greatly contributes to neuronal degeneration and cognitive dysfunction after cerebral ischemia (19).

Actin-depolymerizing factor/cofilin can sever filaments increasing their depolymerization and thus regulating the dynamics of actin filaments (20). Cofilins play an important role in normal development, and dysregulation of their functions causes severe complications of tissue homeostasis and health (21, 22). They can be potentially involved in the progression of neurodegenerative disorders forming cofilin-actin rods that affect normal neuronal function (23). Cofilin phospho-regulation is crucial for a wide variety of cellular processes, such as neuronal development, and synaptic plasticity. Through it a variety of extracellular stimuli regulate actin cytoskeletal reorganization (20).

Recent data highlighted the importance of cytoskeletal dynamic in hypoxia (17); however, further research is needed to determine the role of thyroid hormones in the recovery of cellular pathological changes caused by hypoxia-ischemic processes. Despite of the growing interest in the actin cytoskeleton and hypoxia interactions, the molecular mechanisms of these interactions are not completely understood. We hypothesized that thyroid hormones via the $\alpha\text{v}\beta\text{3}$ integrin signalling and actin

dynamic could affect the hypoxia-induced cell damage and increase the cell survival during hypoxia.

Materials and Methods

In this experimental study, differentiated PC-12 cells were used for investigation the role of T3 thyroid hormone in cell survival during hypoxia. This study was approved by the LEPL Ilia State University Committee of Establishing Ethical Norms Adherence in Research Projects (R/135-22).

Cell line culturing

In this experimental study, PC-12 pheochromocytoma cells (CRL-1721TM, ATCC, USA) were used. PC-12 cells display a chromaffin cell-like morphology, but undergo rapid changes following treatment with the nerve growth factor (NGF), including neurite outgrowth. These cells are widely employed as model systems to examine the signal transduction process in neurons, predominantly of the dopaminergic origin. PC-12 cells were cultured in the T25 flasks (690 170, Greiner Bio-One GmbH, Austria) in a humidified atmosphere containing 5% CO₂ at 37°C in a high-glucose Dulbecco's modified Eagle's medium (DMEM, 30-2002TM, ATCC, USA) supplemented with 10% heat-inactivated horse serum (HS, H1138, Sigma-Aldrich, USA), 5% fetal bovine serum (FBS, F2442, Sigma-Aldrich, USA), and 100 U/mL penicillin/streptomycin (15140148, GibcoTM, USA) as well as 50 µg/mL gentamicin sulphate (15750060, GibcoTM, USA). To induce differentiation, PC-12 cells were incubated in a low serum-containing DMEM 1% HS and 1% FBS (H1138 and F2442, Sigma-Aldrich, USA) supplemented with 100 ng/mL NGF (N-245 Alomone Labs, Israel) in T25 flasks for five days. The NGF-containing medium was replaced every two days with a fresh complete DMEM medium. Cells were considered differentiated if the length of one or more neurites exceeded the diameter of the cell body. Cell viability was counted using Trypan blue dye assay (145-0013, Bio-Rad, USA) and an Automated Cell Counter (TC20TM, Bio-Rad, USA) (24). Differentiated PC-12 cells (5×10⁶ cells per sample) were treated with T3 and $\alpha\text{v}\beta\text{3}$ integrin blocking antibody 1 µg/mL (23C6; sc-7312, Santa Cruz, USA), and incubated for 1 hour under hypoxic condition. The 10 nM T3 (T6397, Sigma-Aldrich, USA) concentration was used in this experiment. The $\alpha\text{v}\beta\text{3}$ blocking antibody 1 µg/mL (23C6; sc-7312, Santa Cruz, USA) was used as an $\alpha\text{v}\beta\text{3}$ integrin inhibitor (25) to evaluate the involvement of the $\alpha\text{v}\beta\text{3}$ integrin in thyroid hormone-induced effects. Hypoxia conditions (0-1% oxygen) were maintained using nitrogen gas in a BioSpherix C-Chamber placed in a CO₂ incubator and controlled by a controller (ProOx Model P110, BioSpherix, USA). Hypoxia was maintained for an hour. A differentiated PC-12 cells (5×10⁶ cells per sample) without any treatment during one-hour hypoxia was used as a control (control, H).

Preparation of cell fractions from the PC-12 cell line for electrophoresis and western blotting

After one hour of exposition to the hypoxic condition (0-1% oxygen), PC-12 cells (5×10^6 cells per sample) were detached from the cell culture flasks using 0.025% trypsin/EDTA (59418C, Sigma-Aldrich, USA) containing phosphate-buffered saline (PBS, 137 mM NaCl (S9888, Sigma-Aldrich, USA), 2.7 mM KCl (P3911, Sigma-Aldrich, USA), 10 mM Na_2HPO_4 (S9763, Sigma-Aldrich, USA), and 1.8 mM KH_2PO_4 (P8709, Sigma-Aldrich, USA pH=7.4) (incubation with trypsin containing buffer for 1 minute at 37°C) and scraped using scrapers (CSL2518, Bioland Scientific LLC, USA). After the detachment and scraping of the PC-12 cells from the flasks, trypsin inactivation was performed using resuspension of detached PC-12 cells in one volume of aprotinin-containing PBS (1 mg/mL) (78432, Thermo Scientific™, USA) and pelleted by centrifugation at $300 \times g$. After centrifugation, the pelleted PC-12 cells were washed twice with 5 ml PBS buffer. Washed PC-12 cells (as pellet) were lysed using a lysis buffer (20 mM 4-(2-hydroxyethyl)-1-piperazine ethane sulfonic acid (HEPES, H3375, Sigma-Aldrich, USA), pH=7.4, 10 mM KCl (P3911, Sigma-Aldrich, USA), 10 mM MgCl_2 (M8266, Sigma-Aldrich, USA), 1 mM ethylenediaminetetraacetic acid (EDTA, E9884, Sigma-Aldrich, USA), 1 mM ethylene glycol-bis (β -aminoethylether)-N, N, N', N'-tetraacetic acid (EGTA, 324628, Millipore, USA), 250 mM sucrose (35580, Serva, Germany), 1 mM dithiothreitol (DTT, 43819, Sigma-Aldrich, USA), and protease inhibitor cocktail (P8340, Sigma-Aldrich, USA)), and passed through a 25 Ga needle ten times using a 1 mL syringe. Lysed cells were centrifuged at $720 \times g$ for 5 minutes, nuclei and intact cells were removed, and the supernatant was used for electrophoresis and western blotting analysis.

F-actin and G-actin fractionation

Fractionation was performed according to the method described by Bhambhani et al. (26), with some modifications. Incubated PC-12 cells were homogenized in the F-actin stabilization buffer 0.1 M 1,4-piperazinediethanesulfonic acid, pH=6.9 (PIPES, sc-216099, ChemCruz, USA), 30% glycerol (G7893, Sigma-Aldrich, USA), 5% dimethyl sulfoxide (DMSO, D8418, Sigma-Aldrich, USA), 1 mM MgSO_4 (39773.01, Serva, Germany), 1 mM EGTA (324628, Millipore, USA), 1% Triton X-100 (X100, Sigma-Aldrich, USA), 1 mM adenosine triphosphate (ATP, A1852, Sigma-Aldrich, USA), and protease inhibitor (P8340, Sigma-Aldrich, USA). The protein concentration of the homogenates was measured using the Pierce Micro BCA™ Protein Assay Kit (23235, Thermo Fisher Scientific, USA), incubated at 37°C for 10 minutes and then, centrifuged at $720 \times g$ for 5 minutes at room temperature. The supernatant was centrifuged at $134,000 \times g$ at 37°C for one hour in an ultracentrifuge (CS150NX, Himac, Japan) to separate

G-actin (in the supernatant) from F-actin (in pellet) fractions. Actin proteins were detected in the both fractions by sulfate-polyacrylamide gel electrophoresis (SDS-PAGE) and western blotting using an anti- β actin antibody (sc-47778, Santa Cruz, USA).

Western blotting

For the analysis of cofilin1, p-cofilin1 (phosphorylated cofilin), Fyn, and p-Fyn (phosphorylated Fyn) proteins in the supernatant of cell lysates (see "Preparation of cell fractions") and β -actin in the F (pellet) and G (supernatant) fractions (see in the F-actin and G-actin fractionation section), appropriate samples (the same amount of protein) were boiled at 90°C with Laemmli 2× Concentrate Sample Buffer containing 4% SDS, 20% glycerol, 10% 2-mercaptoethanol, 0.004% bromphenol blue and 0.125 M Tris HCl, pH approx. 6.8. (S3401, Sigma-Aldrich, USA) for 5 minutes, cooled at room temperature, and centrifuged at $16,000 \times g$ 3 minutes using centrifuge (Sigma 3-16 PK, Germany), followed by separation via sodium dodecyl SDS-PAGE on 7.5-15% gels and transfer to nitrocellulose membranes (88018, Thermo Scientific, USA) (26). After blocking with 5% bovine serum albumin (8076.1, Roth, Germany) dissolved in TBST [Tris-HCl-buffer: 250 mM Tris-HCl (648317, Millipore, USA), 27 mM KCl (P3911, Sigma-Aldrich, USA), 1.37M NaCl (S9888, Sigma-Aldrich, USA), pH=7.4] with 0.05% Tween 20 (P1379, Sigma-Aldrich, USA), then nitrocellulose membranes were incubated with the appropriate primary antibodies dissolved in the blocking solution: anti-cofilin1 at ratio 1:500 (sc-53934, Santa Cruz Biotechnology, USA), anti-p-cofilin1 at ratio 1:500 (sc-271921, Santa Cruz Biotechnology, USA), anti-Fyn at ratio 1:500 (sc-434, Santa Cruz Biotechnology, USA), anti-p-Fyn at ratio 1:500 (sc-377555, Santa Cruz Biotechnology, USA). This step was done according to the manufacturing protocol. Subsequently, the membranes were incubated with secondary antibodies at ratio 1:2000 (ab112458, Abcam, USA). Immunolabeled bands were visualized using enhanced chemiluminescence (sc-2048, Santa Cruz Biotechnology, USA) and analysed by the Image J (1.53k, National Institute of Health, USA). After the chemiluminescence visualisation the p-cofilin1, nitrocellulose membrane was stripped using stripping buffer [1 L Stripping Buffer: 15 g glycine (3187.2, Roth, Germany), 1 g sodium dodecyl sulphate (SDS, 11667289001, Sigma-Aldrich, USA), 10 mL Tween 20 (P1379, Sigma-Aldrich, USA), pH=2.2] and re-probed for cofilin1 analyzing. After the chemiluminescence visualisation the p-Fyn, nitrocellulose membrane was stripped using stripping buffer (1 L Stripping Buffer: 15 g glycine, 1 g SDS, 10 mL Tween 20, pH=2.2) and re-probed for Fyn protein detection using the stripping method. Briefly, after the first chemiluminescence visualisation, the membranes were incubated with fresh stripping buffer using a volume that will cover the membrane, incubated at room temperature for 10 minutes, buffer was discarded and incubation with fresh

stripping buffer was repeated. After this step, buffer was discarded and membrane was washed for 10 minutes in PBS. Washing procedure in PBS was repeated. Finally, membrane was washed twice in TBST for 5-5 minutes. All procedures were performed at room temperature. The stripped and washed membrane was blocked in 5% bovine serum albumin TBST solution for the next western blotting.

NADPH oxidase assay

NADPH oxidase was analysed using lucigenin, according to the method described by Zhang et al. (27), with modifications by Wang and Lou (22). Differentiated PC-12 cells (1×10^6) were washed with PBS and disrupted by sonication in ice-cold Krebs buffer [130 mM NaCl (S9888, Sigma-Aldrich, USA), 5 mM KCl (P3911, Sigma-Aldrich, USA), 2 mM $MgCl_2$ (M8266, Sigma-Aldrich, USA), 1.5 mM $CaCl_2$ (C1016, Sigma-Aldrich, USA), 5 mM glucose (G8270, Sigma-Aldrich, USA), 35 mM phosphoric acid (04102, Sigma-Aldrich, USA), and 20 mM HEPES (H3375, Sigma-Aldrich, USA), pH=7.4]. After centrifugation at 1000 x g, the pellet was resuspended with Krebs buffer, contained 0.5 mM lucigenin (sc-202698, ChemCruz, USA). NADPH oxidase produces free radicals in the result of addition of NADPH (0.1 mM), as the substrate, and in the presence of lucigenin induces luminescence, which intensity was measured using microplate fluorescence reader (Twinkle LB979, Berthold, USA) with bottom optics in the clear-bottomed plates. Luminescence readings increased linearly within 5 minutes and were expressed as Relative Light Units (RLU/minute).

Rac1, activation assay

Rac1 activation assay was performed using the Rac1,2,3 G-LISA Activation Assay Kit (BK125, Cytoskeleton, USA), according to the manufacturer's protocol. The cytosolic fraction of PC-12 cells was used. The results were expressed as optical density (OD) per mg of total protein.

Cytotoxicity assay

Cytotoxicity was analysed by monitoring the release of lactate dehydrogenase (LDH) into the culture medium from hypoxia-exposed damaged PC-12 cells. LDH was assayed using the LDH assay kit (88954, Pierce™, USA). Released LDH from damaged PC-12 cells was analysed using a microplate spectrophotometer reader (ELx808, BioTek, USA) with an optical density at a wavelength of 490 nm and 680 nm.

Statistical analysis

Statistical analysis was performed by SPSS software (SPSS v. 25, IBM, USA). One-Way analysis of variance and Tukey's Supplementary Test statistical method were used to evaluate the significance of the experimental data. A value of $P < 0.05$ was considered as statistically.

Results

To study the non-genomic $\alpha\beta 3$ integrin-mediated effects of T3 thyroid hormone during hypoxia, we treated differentiated PC-12 cells with T3 and $\alpha\beta 3$ -integrin inhibitor ($\alpha\beta 3$ blocking antibody), and exposed to hypoxic condition for one hour. We found, that T3 thyroid hormone increased the viability of PC-12 cells ($P=0.0050$) during hypoxia. This pro-survival effect of T3 hormone was abolished by the $\alpha\beta 3$ antibody ($P=0.0153$), which underlined the integrin-mediated regulation of cell viability during hypoxia (Fig.1).

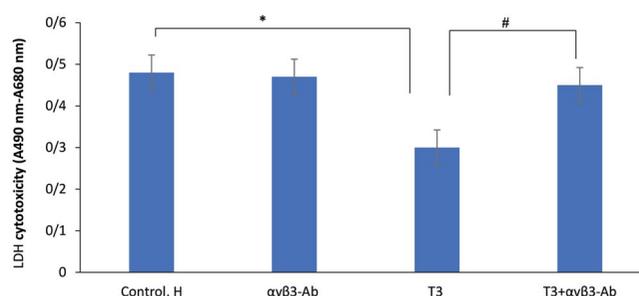


Fig.1: Analysis of the cytotoxicity in differentiated PC-12 cells under hypoxia with/without 10 nM T3 hormone and $\alpha\beta 3$ antibody ($\alpha\beta 3$ -Ab, 1 $\mu\text{g/ml}$) during 1 hour hypoxia by the LDH test as described in "Materials and Methods". Results of triplicate experiments are shown as mean \pm SEM. Error-bars denote one standard error of the mean and asterisk and hash indicate a statistically significant difference. LDH; Lactate dehydrogenase, *, $P=0.0050$ vs. control and #; $P=0.0153$ vs. T3 hormone treatment.

Next, we analysed the actin cytoskeletal contents, monomer-G actin and filament polymer-F actin, and determined the G/F actin ratio. Our results showed that treatment of cells with T3 thyroid hormone increased the G/F actin ratio ($P=0.0010$) during hypoxia. The impact of T3 hormone was abolished by the addition of an anti- $\alpha\beta 3$ integrin antibody ($P=0.0020$, Fig.2A, 2B).

Furthermore, we have found that T3 hormone treatment increased the cofilin1/p-cofilin1 ratio ($P=0.0045$) during hypoxia by decreasing phosphorylation of cofilin1 (reduced p-cofilin content), which was abolished by the $\alpha\beta 3$ -integrin blocking antibody ($P=0.0058$, Fig.3A, B). To evaluate the integrin downstream regulator of the cofilin1/p-cofilin1 ratio, we further analysed the effect of T3 hormone on the phosphorylation of the Fyn kinase (a member of the Src-family of kinases) in the differentiated PC-12 cells during hypoxia. In the hypoxic cells, we found that T3 hormone reduced the content of the phosphorylated Fyn kinase and accordingly decreased the p-Fyn/Fyn ratio ($P=0.0010$, Fig.4A, B). This ratio is restored to the control level by an $\alpha\beta 3$ -integrin blocking antibody ($P=0.0138$).

In addition, we analysed the Rac activity and found that in the hypoxic cells, addition the T3 hormone increased the Rac activity ($P=0.0069$), and this effect was eliminated after the treatment the cells with $\alpha\beta3$ -integrin blocking antibody ($P=0.0078$, Fig.5A). As one of the most important

targets of Rac, we assessed the NADPH oxidase activity and found that the T3 hormone adding to the hypoxic cells induces an elevation of NADPH oxidase activity ($P=0.0010$). This effect was abolished after treating the cells with anti- $\alpha\beta3$ integrin ($P=0.0014$, Fig.5B).

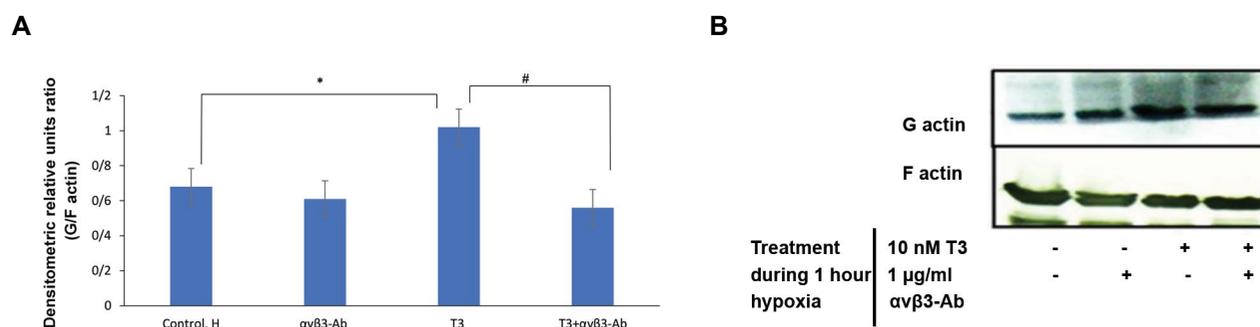


Fig.2: Immunoblotting analysis. **A.** Diagram Analysis of the G- and F-actin content in differentiated PC-12 cells under hypoxia with/without 10 nM T3 hormone and $\alpha\beta3$ antibody ($\alpha\beta3$ -Ab, 1 $\mu\text{g/ml}$) during 1 hour hypoxia. Results of triplicate experiments are shown as mean \pm SEM. Error-bars denote one standard error of the mean and asterisk and hash indicate a statistically significant difference. *; $P=0.0010$ vs. control and #; $P=0.0020$ vs. T3 hormone treatment. **B.** Western blots of the G and F actins in the differentiated PC-12 cells with/without 10 nM T3 hormone treatment and $\alpha\beta3$ antibody ($\alpha\beta3$ -Ab, 1 $\mu\text{g/ml}$) during 1 hour hypoxia. Bands were quantified by Image J.

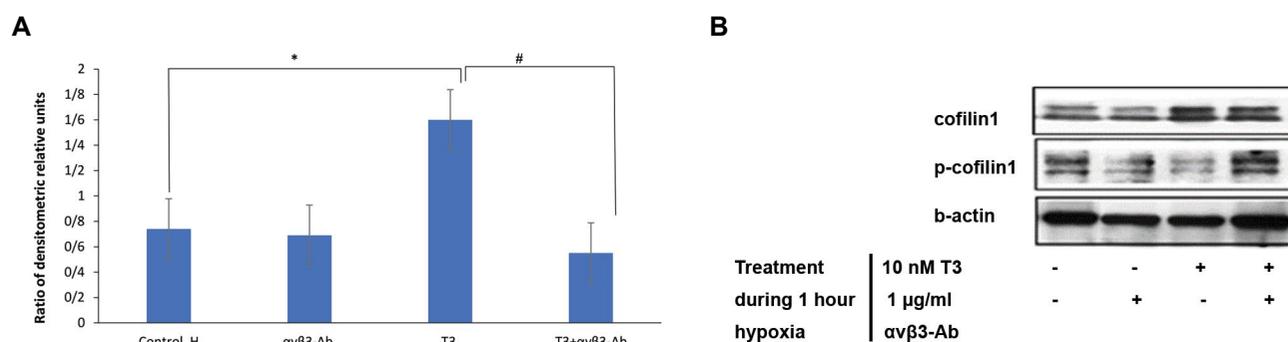


Fig.3: Immunoblotting analysis. **A.** Ratio of cofilin1/p-cofilin1 in the differentiated PC-12 cells with/without 10 nM T3 and $\alpha\beta3$ antibody ($\alpha\beta3$ -Ab, 1 $\mu\text{g/ml}$) during 1 hour hypoxia. Results of triplicate experiments are shown as mean \pm SEM. Error-bars denote one standard error of the mean and asterisk and hash indicate a statistically significant difference. *; $P=0.0045$ vs. control and #; $P=0.0058$ vs. T3 treatment. **B.** Western blots of cofilin1 p-cofilin1, and beta-actin (loading control) in differentiated PC-12 cells with/without 10 nM T3 hormone and $\alpha\beta3$ antibody ($\alpha\beta3$ -Ab, 1 $\mu\text{g/ml}$) during one-hour hypoxia. Bands were quantified by Image J.

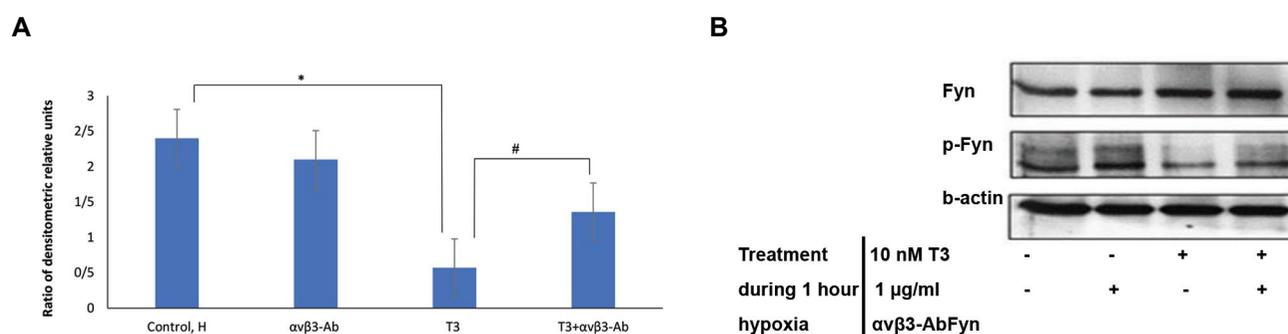


Fig.4: Immunoblotting analysis. **A.** Diagram of the p-Fyn/Fyn ratio in differentiated PC-12 cells with/without 10 nM T3 and $\alpha\beta3$ antibody ($\alpha\beta3$ -Ab, one $\mu\text{g/ml}$) during 1 hour hypoxia. Results of triplicate experiments are shown as mean \pm SEM. Error-bars denote one standard error of the mean and asterisk and hash indicate a statistically significant difference. *; $P=0.0010$ vs. control and #; $P=0.0138$ vs. T3 treatment. **B.** Western blots of p-Fyn, Fyn and beta-actin (loading control) in the differentiated PC-12 cells with/without 10 nM T3 hormone and $\alpha\beta3$ antibody ($\alpha\beta3$ -Ab, 1 $\mu\text{g/ml}$) during one-hour hypoxia. Bands were quantified by Image J.

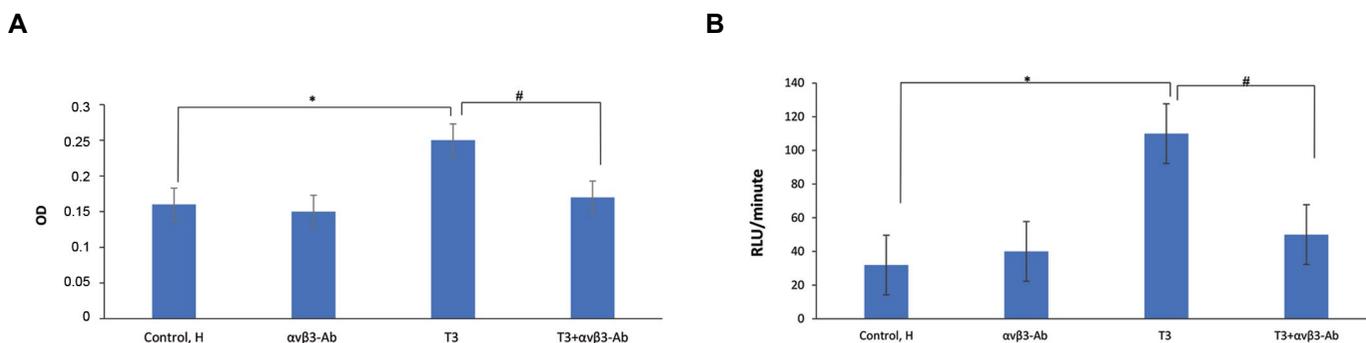


Fig.5: Analysis of the Rac 1 and NADPH oxidase activity in the differentiated PC-12 cells with/without 10 nM T3 hormone and $\alpha\text{v}\beta 3$ antibody ($\alpha\text{v}\beta 3\text{-Ab}$, 1 $\mu\text{g}/\text{ml}$) during 1 hour hypoxia. **A.** Level of Rac1 in the differentiated PC-12 cells with/without 10 nM T3 hormone and $\alpha\text{v}\beta 3$ antibody ($\alpha\text{v}\beta 3\text{-Ab}$, 1 $\mu\text{g}/\text{ml}$) during one h hypoxia. Results of triplicate experiments are shown as mean \pm SEM. Error-bars denote one standard error of the mean and the asterisk and hash indicate a statistically significant difference *; $P=0.0069$ vs. control and #; $P=0.0078$ vs. T3 hormone treatment. **B.** NADPH oxidase activity in the differentiated PC-12 cells with/without 10 nM T3 hormone and $\alpha\text{v}\beta 3$ antibody ($\alpha\text{v}\beta 3\text{-Ab}$, 1 $\mu\text{g}/\text{ml}$) during 1 hour hypoxia. NADPH oxidase activity was measured as Relative Light Unit per minute (RLU/minute). Results of triplicate experiments are shown as mean \pm SEM. Error-bars denote one standard error of the mean and asterisk or hash indicates a statistically significant difference. *; $P=0.0010$ vs. control and #; $P=0.0014$ vs. T3 hormone treatment.

The schematic representation of the results is described in Figure 6.

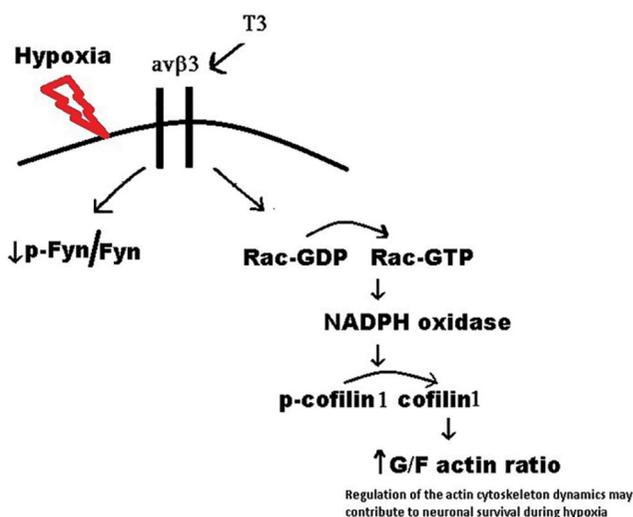


Fig.6: Schematic representation of the role of T3 hormone in actin cytoskeletal dynamic in the differentiated PC-12 cells during hypoxia. T3 hormone via $\alpha\text{v}\beta 3$ integrin suppresses Fyn activation and, on the other hand, through the Rac1/NADPH oxidase/cofilin1 pathway increases the G/F actin ratio. In this way, extracellular T3 hormone regulates the neuronal actin filament dynamic via the $\alpha\text{v}\beta 3$ integrin receptor during hypoxia.

Discussion

Thyroid hormones (T3 and T4) are crucial agents for normal brain development that contribute to recovery and neuronal regeneration after brain injury. These hormones act mainly through the nuclear receptors, but nongenomic actions of the T3 hormone were also found in the brain (28). We found that the T3 hormone treatment for one hour during hypoxia increased the viability of PC-12 cells. This pro-survival effect of the T3 hormone treatment was

abolished by the $\alpha\text{v}\beta 3$ antibody, which underlined the integrin-mediated T3-dependent modulation of the cell viability during hypoxia. This finding suggests that cell viability mainly depends on the presence of a T3 hormone in the extracellular medium, which contributes to the $\alpha\text{v}\beta 3$ -mediated pro-survival signalling during hypoxia.

Hypoxia induces F-actin filament accumulation due to the inactivation of actin-binding and severing protein, cofilin, by LIM kinase-mediated phosphorylation (17). Therefore, maintaining the typical G/F actin ratio is crucial for the actin filament dynamic regulation in the neuronal cell viability. In neurons, cofilin-1 may contribute to degenerative processes by forming cofilin-actin rods (23, 29). Based on these observations, we analysed the cytoskeletal content of actin, actin monomer-G actin, and filament polymer-F actin and determined the G/F actin ratio, a marker of cytoskeletal dynamics (30). According our results, the increased G/F actin ratio is mainly regulated through the $\alpha\text{v}\beta 3$ integrin receptor and this effect is correlated with the reduction of p-cofilin1 levels. Thus, changes in actin dynamics appear to be the result of the cofilin1 dephosphorylation.

Hypoxia induces an actin rearrangement in several cell types and tissues, presumably via the Rho GTPase signalling (17). The Rho family GTPases play an important role in the control of cellular morphology. There are several studies on the role of the Fyn, a member of the Src family of kinases, in the inactivation of the Rho and activation of the Rac, which triggers morphological alterations. Also, Rho and Rac exhibit contrasting effects on the cell morphological complexity (31, 32). On the other hand, the Fyn activation has an undesirable effect on neurons, that makes them more vulnerable to a synaptotoxicity. The opposite effect is achieved by reducing the Fyn activation, and while it may be neuroprotective, an excessive inhibition could lead to poor long-term potential and hypothetically may influence the cognitive function in humans. Thus, a

therapeutic aim to maintain a delicate balance between activation and inhibition of the Fyn is likely to optimize the neural networks function (33, 34). Overactivation of the Src family protein tyrosine kinases, including the Fyn, has been implicated in the pathogenesis of cerebral ischemia and can initiate apoptosis (35). Based on these observations, we analysed the effect of thyroid hormones on the phosphorylation of the Fyn in differentiated PC-12 cells during hypoxia. We found that the T3 hormone treatment decreased and maintained a moderate p-Fyn/Fyn ratio, suggesting that the T3 hormone regulates the actin cytoskeleton dynamic via $\alpha\beta3$ integrin through the dephosphorylation of the Fyn. Thus, our results agree with the observation that suppression of the Fyn kinase phosphorylation switches on the anti-apoptotic signalling cascade, especially in dopaminergic cells, and confirms the suggestion that pharmacological inhibitors directed at the Fyn activation could prove to be a therapeutic target in the treatment of dopaminergic degeneration during various neurological disorders including Parkinson's disease (36).

Several studies have shown that the Rac activation promotes the formation of lamellipodia and filopodia. Simultaneously, the Rho activity prevents neurite initiation, while inducing neurite retraction (37). It is demonstrated that Rac-mediated ROS production downregulates Rho activity (38). There is evidence that the Rac1 GTPase also can promote multiple pathological events and signalling pathways that collectively contribute to the neuronal damage and cognitive dysfunction following the cerebral ischemia (19). The Rac1 participates in a ROS formation via an NADPH oxidase activation in different cell lines. According to our findings, T3 hormone induced a moderate NADPH oxidase activation through binding the Rac1 to NADPH oxidase 2 (NOX2) in the differentiated PC-12 cells during the hypoxia condition. This effect is regulated through $\alpha\beta3$ integrin (39).

In our opinion, non-genomic mechanisms, initiated by T3 thyroid hormone via $\alpha\beta3$ integrin could contribute to the recovery of lost neurological functions after an ischemic stroke. Nevertheless, quantitative live cell imaging is needed for a more precise analysis of the non-genomic-dependent cytoskeleton rearrangement during ischemia.

The thyroid hormones level is significantly associated with post-stroke outcomes (40). According to our observations, one of the most critical targets of thyroid hormones is the $\alpha\beta3$ integrin, which can participate in the hypoxic brain repair processes and have a pro-survival role in the neuronal cells during hypoxia. This receptor plays a central and complex role in the cell-cell and cell-matrix interactions that mediate cell adhesion, migration, and invasion. Additionally, $\alpha\beta3$ integrin exerts intracellular effects on the actin cytoskeleton organization by regulating various signalling processes. As a cell surface receptor, this integrin has a central role in the pathophysiology of many brain diseases and is a potential target of new neurological drug development.

Modulation of the thyroid hormone signalling in the post-ischemic brain may be a promising therapeutic strategy that may regulate endogenous repair mechanisms.

Conclusion

In conclusion, our results show that T3 can regulate the actin filament dynamics by the increasing the alteration of the G/F actin ratio via the Rac1 GTPase/NADPH oxidase/cofilin1 pathway and $\alpha\beta3$ -integrin-dependent suppression of Fyn kinase phosphorylation. These findings suggest, that the T3 regulates the neuronal actin cytoskeleton dynamics via $\alpha\beta3$ integrin, which increases neuronal cell viability during hypoxia. In the future, we suppose to study the precise pathways of Fyn kinase regulation by T3 through $\alpha\beta3$ integrin during hypoxia.

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Authors' Contributions

E.K., J.B., T.B.; Contributed to all experimental work, and reviewed the literature for the manuscript. T.B., J.S., D.M.; Participated in study design, data collection and evaluation, drafting, and statistical analysis. D.M. Performed editing and approved the final version of this manuscript for submission. All authors approved the manuscript for submission.

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