

# IS LEPTIN A PRO-OR ANTI-APOPTOTIC AGENT?

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## ABSTRACT

Apoptosis, the regulated destruction of a cell, is characterized by biological and morphological changes and involves a large web of integrating pathways and factors. Apoptosis is necessary to eliminate excess cells and cells that hinder development, and hence the importance of apoptotic pathways and apoptotic agents in removing adipocytes for the treatment of obesity has been recently explored. Leptin was widely recognized for its ability to regulate adipose tissue mass by influencing food intake and energy expenditure. Recent findings, however, demonstrated that leptin treatment initiated apoptosis in adipose tissue. Leptin-induced adipocyte apoptosis was a surprising finding, as adipocytes were thought to be extremely stable; however, both pro- and anti-apoptotic effects of leptin have been demonstrated in several cell types. In particular, anti-apoptotic effects have been shown in certain types of cancer cells, and are correlated with the presence of leptin receptors. While leptin's effects on energy balance, including induction of adipocyte apoptosis, are primarily mediated by the central nervous system, it is possible that anti-apoptotic effects of leptin are mediated through autocrine or paracrine effects. In this chapter both anti-apoptotic and pro-apoptotic effects of leptin in several cell types are reviewed.

Leptin is a cytokine-like hormone that is expressed primarily in adipose tissue, with low levels also detected in the skeletal muscle, placenta, and the brain (Trayhurn and Beattie, 2001). Leptin is a non-glycosylated protein with a molecular mass of 16 KD (Harvey, 2003). Its expression in adipose tissue is up-regulated by a variety of factors, such as glucocorticoids, acute infection, and pro-inflammatory cytokines, and is down-regulated by cold exposure, adrenergic stimulation, and growth hormone (Trayhurn and Beattie, 2001). Leptin was originally discovered as the missing protein in the genetically obese ob/ob mouse (Halaas et al., 1995), and it clearly plays a role in regulation of body fat content, in part through effects on eating behavior, body temperature, physical activity, lipid mobilization and adipose tissue apoptosis (Choi et al., 2005; Gullicksen et al., 1999; Qian et al., 1998a). However, it also is involved in the regulation of bone formation (Elefteriou et al., 2004; Gordeladze et al., 2002; Gullicksen et al., 2003). In addition, leptin has a concomitant fluctuation with seasonal changes and is probably involved in seasonal control of body fat (Bartness et al., 2002). Thus, leptin is a hormone with multiple functions in most of the body systems (Friedman, 2002).

Consistent with leptin having structural similarities to cytokines, the leptin receptor (ObR) belongs to the cytokine receptor class I superfamily (Tartaglia et al., 1995). Several isoforms of ObR (a, b, c, d, e) with different lengths of C-termini have been identified (Lee et al., 1996). The long form of the receptor, ObRb mediates most leptin functions and the short form, ObRa, facilitates transport of leptin via the blood- brain barrier (Tartaglia, 1997). Leptin receptors are widely expressed throughout the brain in areas such as the cortex, cerebellum, brainstem, basal ganglia, and hippocampus (Harvey, 2003), and it is generally accepted that the hypothalamus is the critical action site for leptin's effects on energy balance (Elmquist, 2000; White et al., 2000). Further, the presence of leptin receptor mRNA in the meninges and the microcirculation implies that leptin receptors at one or all of these sites are responsible for transporting leptin into or out of the CNS (Elmquist et al., 1998).

The finding of structural similarity between leptin and its receptor and cytokine-receptor systems that control hematopoiesis prompted investigations showing that leptin stimulated blood cell formation and proliferation (Gainsford et al., 1996). In contrast, Prins et al. suggested that leptin might decrease adipocyte volume and number via its CNS action, thereby influencing adipose tissue mass (Prins and O'Rahilly, 1997). Thus, contradictory findings on the effects of leptin and leptin receptors on cell proliferation and apoptosis have been reported. Before discussing the anti- and pro-apoptotic effects of leptin, we will briefly discuss the types of apoptotic pathways and molecular events leading to this process.

### ***Apoptosis: a Basic Biologic Phenomenon***

Apoptosis is considered the principal mechanism of "programmed cell death" in mammalian tissues. The term "apoptosis" was first devised in 1972 after identifying morphologically similar cell deaths in many pathological conditions as well as in normal tissue (Kerr et al., 1972). Apoptosis, also conceptualized as a self directed-cellular "suicide", is different from other types of cell death like necrosis or oncosis (Majno and Joris, 1995). However, other forms of programmed cell death, namely aponecrosis (Formigli et al., 2000), autophagy (Debnath et al., 2005) and paraptosis (Sperandio et al., 2004), have also been described

recently. The morphological features of apoptosis are similar across cell types and species (Abrams et al., 1993). Cell shrinkage, chromatin condensation, cellular budding and rapid phagocytosis by phagocytes or adjacent cells are the typical events of apoptosis that occur in fixed sequence. Light and electron microscopy have been used to identify the various morphological changes that occur during apoptosis (Hacker, 2000).

The rapid increase in the number of publications on apoptosis over the past two decades followed identification of several genes and molecular pathways that are involved in the execution of apoptosis. Apoptosis is a coordinated and energy-dependent process involving a cascade of molecular events. Two apoptotic pathways identified to date are the extrinsic, or death receptor pathway, and the intrinsic, or mitochondrial pathway. However, these two pathways are linked and molecules in one pathway influence the other (Igney and Krammer, 2002).

### ***1. Extrinsic Pathway***

This pathway is triggered by the binding of an extracellular ligand to a death receptor which belongs to tumor necrosis factor (TNF) receptor gene superfamily (Locksley et al., 2001). Death factors, Fas ligand (FasL) or tumor necrosis factor (TNF), bind to their death receptors and induce apoptosis, killing the cells within hours. Members of the TNF receptor family carry cysteine-rich extracellular domains and have a cytoplasmic domain of about 80 amino acids called the "death domain" (Ashkenazi and Dixit, 1998). FasL and Fas receptor interaction leads to binding of cytoplasmic adapter protein, FADD (Fas associated death domain) and TNF $\alpha$ /TNF receptor interaction leads to binding of TRADD (TNFR1-associated death domain) with recruitment of FADD (Hsu et al., 1995; Wajant, 2002). FADD subsequently binds to the prodomain of caspase-8 and a complex, termed death-inducing signaling complex (DISC), is formed which further activates caspase-8. Caspase-8 then activates a series of downstream caspases that result in cleavage of structural and regulatory intracellular proteins, ultimately leading to apoptosis (Chinnaiyan et al., 1996).

### ***2. Intrinsic Pathway***

The stimuli activating this pathway are not receptor mediated, but the signals produced act within the cell and lead to mitochondrial initiated events. Oligomerization of two pro-apoptotic proteins, Bax and Bak in the mitochondrial outer membrane activates this pathway resulting in an opening of the mitochondrial permeability transition (MPT) pore, loss of the mitochondrial transmembrane potential and release of cytochrome *c*, second mitochondria-derived activator of caspase (Smac/DIABLO), and Omi stress-regulated endoprotease/high temperature requirement protein A2 (Omi/HtrA2) and the serine protease HtrA2/Omi (Du et al., 2000; Garrido et al., 2006; Suzuki et al., 2001). These proteins activate the caspase-dependent mitochondrial pathway. The release of a second group of pro-apoptotic proteins, apoptosis inducing factor (AIF), and endonuclease G from the mitochondria is a late event that occurs after the cell has committed to die. AIF translocates to the nucleus and causes DNA fragmentation into approximately 50-300 kb pieces and condensation of peripheral nuclear chromatin (Joza et al., 2001).

The activation of the execution caspases, caspase-3, caspase-6, and caspase-7 begins the process of apoptosis. These caspases activate cytoplasmic endonucleases, and proteases that

degrade and cleave nuclear material and cytoskeletal proteins like cytokeratins, poly(ADP-ribose) polymerase (PARP), the nuclear matrix protein NuMA and others (Slee et al., 2001), resulting in morphological and biochemical changes seen in apoptotic cells.

### *Anti-apoptotic Effects of Leptin*

Although the discovery of leptin was based on its ability to regulate adipose tissue mass, leptin was later considered a multifunctional factor in the development of hematopoietic, reproductive and immunologic functions (O'Brien S et al., 1999; Tessitore et al., 2004). Mitogenic effects of leptin on breast cancer cells (Dieudonne et al., 2002), colonic epithelium (Hardwick et al., 2001), gastric mucosal cells (Schneider et al., 2001) and osteoblastic cells (Gordeladze et al., 2002) have also been reported recently. Although most cases of obesity are characterized by an increase in leptin levels, leading to resistance to leptin's effects on body fat regulation (Frederich et al., 1995), some cell types may not become resistant to leptin. For example, it has been reported that cancer cells are responsive to leptin, thus the high circulating levels of leptin that occur with obesity may be associated with the increased incidence of cancer in obese individuals (Somasundar et al., 2003).

Leptin has been shown to activate estrogen receptor  $\alpha$  (ER $\alpha$ ) through mitogen activated protein kinase pathway (MAPK) in breast cancer cells (Catalano et al., 2004), and high levels of interleukin-1 $\alpha$  (IL-1 $\alpha$ ) produced by breast cancer cells stimulated the expression of leptin (Kumar et al., 2003). Increased leptin further induced the transcription of aromatase, followed by activation of activator protein 1 (AP-1), signal transducers and activators of transcription 3 (STAT3) and extracellular signal regulated kinase 2 (ERK 2) which promoted estradiol synthesis (Catalano et al., 2003). (May be we can include a picture showing the effect of leptin on cell proliferation – see figure from a paper below). Confirming these findings, leptin abrogated anti-cancerous effects of estrogen antagonists in vitro leading to proliferation of breast cancer cells that are positive for ER $\alpha$  (Garofalo et al., 2004). Thus it is possible that elevated serum leptin levels might lead to the development of antiestrogen resistance in obese individuals suffering from breast cancer.

Recent studies show that leptin affects the risk of clinically relevant prostate cancer through testosterone, a well-established mitogen (Chang et al., 2001). Leptin also stimulated cell proliferation, migration and angiogenesis in prostate cancer cells by increasing the expression of vascular endothelial growth factor (VEGF), transforming growth factor (TGF- $\beta$ 1), and basic fibroblast growth factor (bFGF). In addition, leptin increased the migration of normal epithelial cells (Sierra-Honigsmann et al., 1998). Therefore, high leptin levels associated with obesity may be a risk factor in prostate cancer patients (Frankenberry et al., 2004). Similarly leptin stimulated proliferation of insulin-secreting tumor cell lines (Okuya et al., 2001), although when pancreatic cells are treated with leptin in vitro, the mitogenic effects are not observed. In fact the growth of pancreatic cells was significantly reduced with leptin treatment (Somasundar et al., 2003). Leptin also serves as a survival signal in a variety of cell types, including T cells, macrophages and neutrophils, by enhancing proliferative and antiapoptotic activities. Some of the mechanisms involved in leptin's antiapoptotic effects in eosinophils include delayed cleavage of proapoptotic Bax proteins, mitochondrial release of cytochrome c, and second mitochondria-derived activator of caspase (Conus et al., 2005).

Leptin is believed to play an important role in regulating the onset of puberty (Friedmann & Halaas, 1998); e.g., treatment of female mice with leptin accelerated the maturation of the

reproductive tract leading to an early onset of the estrous cycle and reproductive capability (Chehab et al. 1997; Ahima et al. 1997). A surge in plasma leptin concentration observed in prepubertal males (humans) further supports the role of leptin in puberty (Mantzoros et al., 1997). Leptin replacement therapy has been successful in restoration of spermatogenesis and reproductive function (Mounzih et al., 1997) in leptin-deficient ob/ob mice. Since the identification of leptin receptors on germ cells and Leydig cells within the testis (Caprio et al., 2003; El-Hefnawy et al., 2000), a direct regulatory role for leptin in reproduction had been suggested, as the impaired spermatogenic process in the leptin-deficient mouse was due to elevated germ cell apoptosis (Bhat et al., 2006). Treatment with exogenous leptin had advanced the onset of attenuation of ovarian apoptosis and enhancement of folliculogenesis (Paczoska-Eliasiewicz et al., 2006) and maturity (Almog et al., 2001). As a balancing act of homeostasis in developing corpora lutea, leptin acts as a pro- or antiapoptotic factor, which reverses the antiapoptotic action of IGF-I in order to protect cells from excessive apoptosis in maintaining appropriate cell number (Gregoraszczyk and Ptak, 2005). Leptin promotes cognitive function and neural survival during adverse conditions. During conditions of energy depletion, AMPK reacts to minimize neural insult and enhances neurogenesis, but in severe conditions, it redirects neuronal fate towards apoptosis (Dagon et al., 2005). Under such conditions of impaired learning and memory, restoration of leptin function inhibits AMPK activation, thereby improving cognitive function (Randt et al., 1971), inhibiting neural apoptosis and inducing neural survival (Dagon et al., 2005). The differential effects of leptin on cancer cells are thought to be mediated by leptin receptors. A number of cancer cell lines were reported to express leptin receptor isoforms, including breast cancer, choriocarcinoma and colon carcinoma cells (Attoub et al., 2000; Dieudonne et al., 2002; O'Neil et al., 2001). However, the expression and involvement of intracellular mediators like STAT and JAK in the activation of leptin and expression of leptin receptor needs further investigation. The cytokine-inducible inhibitors of STAT signaling (Naka et al., 1997) like suppressors of cytokine signaling (SOCS) that limit cellular response to leptin (Wang and Campbell, 2002) might contribute to the differential effects of leptin on different types of cancer cells. Thus, circulating leptin might act as a growth factor for development of several cancers in vivo supporting the link between obesity and risk of cancer proliferation (Table 1).

### ***Pro-apoptotic Effects of Leptin***

Although leptin can regulate adiposity indirectly by influencing food intake and energy expenditure (Zhang et al., 1999), interest in leptin stems from its weight reducing effects in rodents (Halaas et al., 1995). Both central and peripheral administration of leptin resulted in a dose-dependent decrease in body weight in both ob/ob (genetically obese mice) and wild-type mice (Ahima and Flier, 2000; Halaas et al., 1995), and this reduction was greater in ob/ob mice than pair-fed mice (Pellemounter et al., 1995). The weight reducing effect of leptin in rodents was later shown to be partly a result of induction of adipocyte apoptosis (Qian et al., 1998a). Extreme depletion of adipose depots and prolonged recovery time for repletion of fat stores following long-term leptin treatment suggests that leptin decreases adiposity not only by stimulating lipolysis but also by triggering apoptosis (Della-Fera et al., 2001; Gullicksen et al., 2003). In contrast, as discussed in the previous section, leptin acts as either an anti-apoptotic agent or a mitogen in several other cell lines.

Apoptosis has been studied extensively in cancer cells, but until recently apoptosis has not been considered a part of normal adipocyte life cycle. Adipocytes were considered an extremely stable cell type, and Prins et al. (Prins and O'Rahilly, 1997) first reported that fat mass is balanced by cell acquisition and deletion, and that apoptosis plays an important role in the regulation of adipose tissue mass in humans. This report triggered several studies to investigate adipocyte apoptosis, including reports that ICV (intracerebroventricular) leptin induced adipocyte – specific apoptosis in rats (Qian et al., 1998a). The mechanism, however, through which leptin induces apoptosis in adipocytes is not fully understood.

Studies indicate that the effective dose of leptin when administered centrally is much lower than effective peripheral doses (Sato et al., 1999). In addition, we have shown that leptin does not act directly on adipocytes to cause apoptosis (Ambati et al. 2007). So it is possible that leptin's effects on adipocyte apoptosis are mediated via increased sympathetic activity. Moreover, the beta-2 adrenergic agonist, clenbuterol, increased adipose tissue apoptosis in vivo (Page et al., 2004), which further supports the hypothesis that leptin might be acting through the CNS to induce adipocyte apoptosis via adrenergic stimulation. Adrenergic stimulation activated uncoupling protein 1 (UCP-1), which uncouples mitochondrial respiration in brown adipose tissue (BAT) (Nicholls and Locke, 1984) and white adipose tissue (WAT) (Yoshitomi et al., 1998). Interestingly, mRNA levels of uncoupling protein 2 (UCP-2), which is present in white adipose tissue and not BAT, increased more than 10-fold upon leptin treatment. This report supports the possibility that UCP-2 might be playing an important role in leptin induced adipocyte apoptosis (Fleury et al., 1997). Uncoupling of mitochondrial respiration in adipose tissue promotes free radical generation, like reactive oxygen species (ROS), which are directly involved with the induction of apoptosis (Negre-Salvayre et al., 1997). Leptin has also been found to increase ROS in endothelial cells by increasing fatty acid oxidation via protein kinase A activation (Yamagishi et al., 2001), and by stimulating polymorphonuclear neutrophils in response to infection (Caldefie-Chez et al., 2001).

Leptin has also been shown to induce the expression of angiopoietin (Ang-2) in adipose tissue, which coincided with initiation of apoptosis in adipose endothelial cells leading to adipose tissue regression (Cohen et al. 2001). Likewise, leptin administration also decreased Bcl-2/Bax ratio, while an increase in the Bcl-2/Bax ratio in the fat pads during recovery is seen to prevent cell loss as the tissues show a tendency to return to control levels. Leptin has also been reported to induce  $\beta$ -cell apoptosis by enhanced release of IL- $\beta$  and suppressed release of IL-1 receptor antagonist in human pancreatic islets (Maedler et al., 2004), thus contributing to the loss of  $\beta$ -cells in diabetes (Donath et al., 2005).

While we cannot assume leptin-induced adipose apoptosis to be mediated only centrally, when tested in *in vitro* experiments, leptin did not act directly to induce adipocyte apoptosis (Ambati et al., 2007), thus supporting the hypothesis that leptin acts primarily centrally by initiating neural or humoral signals to induce adipocyte apoptosis. In addition, peroxisome proliferator-activated receptor  $\gamma$  (PPAR $\gamma$ ), which activates adipocyte differentiation through transactivation of adipocyte specific genes, also triggers both apoptotic and anti-apoptotic pathways (Chawla and Lazar, 1994), and leptin caused a 70–80% increase in PPAR $\gamma$  expression in the epididymal fat pad (Qian et al., 1998b). Apart from regulating feeding behavior, leptin might also control intestinal function through regulation of apoptosis in jejunal and ileal mucosa (Lin et al., 2005).

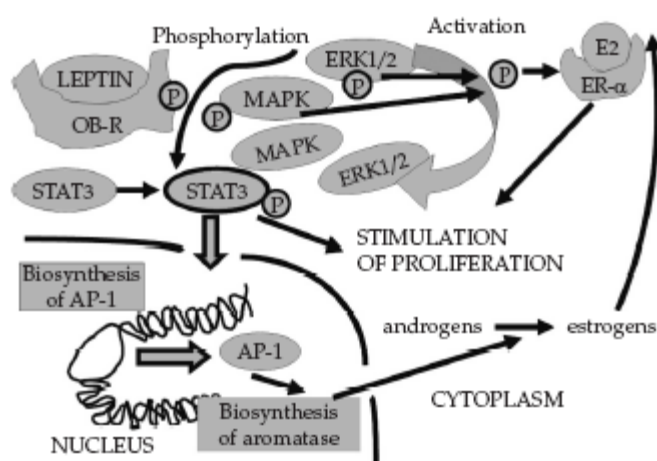
256 Leptin promotes cell proliferative and has anti-apoptotic effects in a variety of cancer and  
 257 normal cell types. Supraphysiological levels of leptin can cause dramatic reductions in body  
 258 weight and fat in laboratory rodents, and leptin-induced adipose tissue apoptosis could help  
 259 explain the observation of slower recovery of body weight after leptin treatment is terminated.  
 260 Nevertheless, apoptosis, which has not been well studied in adipocytes, now appears to be an  
 261 important component in the loss of body fat caused by leptin administration. Better  
 262 understanding of mechanisms involved in leptin's pro-apoptotic effects on adipose tissue  
 263 could lead to development of more effective treatments for obesity, and possibly also other  
 264 disorders of metabolism.

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*Figure 1. Leptin binds to its receptor OB-R, which becomes phosphorylated by MAPK or ERK. These intracellular kinases probably activate STAT3 by phosphorylation of its tyrosine residue. STAT3 is translocated to the nucleus, where it induces transcription of AP-1 that induces transcription of aromatase. Aromatase changes androgens into estrogens in adipose tissue. Estradiol activates its membrane receptors (ER $\alpha$ ) and contributes to proliferation of breast epithelial cells. ER $\alpha$  is sensitized for estrogen stimulation by MAPK and ERK, which can transactivate this receptor independently of estrogens. Apart from induction of aromatase, STAT3 may contribute to cell proliferation by activation of other genes.*

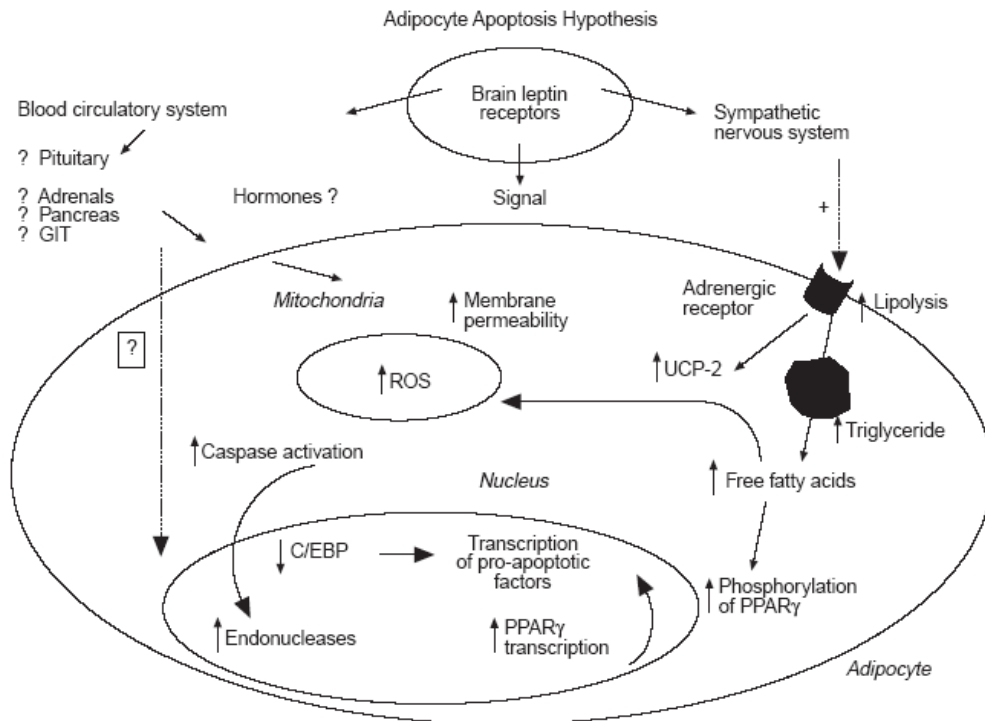
OB-R – leptin receptor, P – phosphate residue, AP-1 – transcription activator protein 1, E2 – estradiol, ER $\alpha$  – estrogen receptor  $\alpha$ , ERK1/2 – extracellular signal-regulated kinase 1/2, MAPK – mitogen-activated protein kinase

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**Fig. 4** Adipocyte apoptosis hypothesis. Leptin, acting via brain receptors, causes a hormonal and/or neural signal to be sent to adipose tissue depots. This signal triggers a cascade of events, possibly including increased production and activation of PPAR $\gamma$ , decreased production of C/EBPs, disruption of mitochondrial energy metabolism and increased production of reactive oxygen species, that lead to increased transcription of endonucleases, proteases and phospholipases. These enzymes ultimately result in apoptotic cell death.



**Table 1**

Anti-apoptotic effects of leptin

Model	Action of leptin	Reference
Hepatocarcinoma	Stimulated cell proliferation; apoptosis was suppressed by down regulating Bax proteins	Chen et al. 2007 (Chen et al., 2007)
Esophageal Adenocarcinoma OE33 cells	Enhanced cell proliferation & inhibition of apoptosis by stimulating EGFR and ERK phosphorylation.	Beales & Ogunwobi, 2007 (Beales and Ogunwobi, 2007)
	Stimulates cell proliferation and inhibits apoptosis via ERK, p38 MAPK, PI-3 kinase/Akt, and JAK-2 dependent activation of COX-2 and PGE2 production.	Ogunwobi et al. 2006 (Ogunwobi et al., 2006)
Cultured Chicken Ovarian cells	Stimulated antiapoptotic proteins Bcl2 and inhibited expression of all markers of cytoplasmic apoptosis (Bax, ASK-1, p53).	Sirotkin & Grossmann, 2007 (Sirotkin and Grossmann, 2007)
Hepatocellular Carcinoma, HepG2 cells	Offers cyto-protection with inhibition of ROS and enhanced activity of Superoxide dismutase (SOD)	Balasubramanian et al. 2007 (Balasubramaniyan et al., 2007)
Rodent Pancreatic Beta Cells, BRIN-BD11 Beta cell-line	Protects cells against apoptosis by upregulating Bcl-2 m RNA expression.	Brown & Dunmore, 2007

Human Colonic Cancer, T(84), HT29/cl.19A, Caco-2 Cell-lines	<p>Stimulates STAT3 and STAT5b phosphorylation.</p> <p>Enhances proliferation via MAPK and PI3-K pathways.</p> <p>Stimulates cell proliferation and inhibits apoptosis which involves JAK2, PI3 kinase and JNK and activation of STAT3 and AP-1.</p>	<p>(Brown and Dunmore, 2007)</p> <p>Briscoe et al. 2001 (Briscoe et al., 2001)</p> <p>Hoda et al. 2007 (Hoda et al., 2007)</p> <p>Ogunwobi &amp; Beales, 2007 (Ogunwobi and Beales, 2007)</p>
Hepatic Stellate Cells (HSCs)	Protects from apoptosis through its interaction with the apoptotic pathway proximal to mitochondrial activation.	Qamar et al. 2006 (Qamar et al., 2006)
Thymus cells	Inhibits apoptosis through a mechanism independent of activation of JAK-2, but depends on the engagement of IRS-1/PI-3 kinase pathway.	Mansour et al. 2006 (Mansour et al., 2006)
Human Eosinophils	Serves as a survival factor for human eosinophils, blocks apoptosis through delayed cleavage of Bax and mitochondrial release of cytochrome c	Conus et al. 2005 (Conus et al., 2005)
Neutrophils	Serves as a survival cytokine for neutrophils by protecting from apoptosis through signaling cascade	

Neuroblastoma Cells	involving PI3-K and MAPK dependent pathways, delayed cleavage of Bid and Bax proteins.	Bruno et al. 2005 (Bruno et al., 2005)
Prostate Cancer (DU145, PC3 human prostate cancer cells)	Inhibits apoptosis via potent down-regulation of caspase-10 and TNF-related apoptosis-inducing ligand.  Enhances proliferation and inhibits apoptosis through PI3K and MAPK leptin-receptor-activated pathways.	Russo et al. 2004 (Russo et al., 2004)  Somasundar et al. 2004 (Somasundar et al., 2004)

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