Diabetes elevates the risk for neurological diseases, but little is known about the underlying mechanisms. Brain-derived neurotrophic factor (BDNF) is secreted by microvascular endothelial cells (ECs) in the brain, functioning as a neuroprotectant through the activation of the neurotrophic tyrosine kinase receptor TRKB. In a rat model of streptozotocin-induced hyperglycemia, we found that endothelial activation of MMP9 altered TRKB-dependent trophic pathways by degrading TRKB in neurons. Treatment of brain microvascular ECs with advanced glycation endproducts (AGE), a metabolite commonly elevated in diabetic patients, increased MMP9 activation, similar to in vivo findings. Recombinant human MMP9 degraded the TRKB ectodomain in primary neuronal cultures, suggesting that TRKB could be a substrate for MMP9 proteolysis. Consequently, AGE-conditioned endothelial media with elevated MMP9 activity degraded the TRKB ectodomain and simultaneously disrupted the ability of endothelium to protect neurons against hypoxic injury. Our findings demonstrate that neuronal TRKB trophic function is ablated by MMP9-mediated degradation in the diabetic brain, disrupting cerebrovascular trophic coupling and leaving the brain vulnerable to injury.
Cerebrovascular degradation of TRKB by MMP9 in the diabetic brain

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Diabetes elevates the risk for neurological diseases, but little is known about the underlying mechanisms. Brain-derived neurotrophic factor (BDNF) is secreted by microvascular endothelial cells (ECs) in the brain, functioning as a neuroprotectant through the activation of the neurotrophic tyrosine kinase receptor TRKB. In a rat model of streptozotocin-induced hyperglycemia, we found that endothelial activation of MMP9 altered TRKB-dependent trophic pathways by degrading TRKB in neurons. Treatment of brain microvascular ECs with advanced glycation endproducts (AGE), a metabolite commonly elevated in diabetic patients, increased MMP9 activity, similar to in vivo findings. Recombinant human MMP9 degraded the TRKB ectodomain in primary neuronal cultures, suggesting that TRKB could be a substrate for MMP9 proteolysis. Consequently, AGE-conditioned endothelial media with elevated MMP9 activity degraded the TRKB ectodomain and simultaneously disrupted the ability of endothelium to protect neurons against hypoxic injury. Our findings demonstrate that neuronal TRKB trophic function is ablated by MMP9-mediated degradation in the diabetic brain, disrupting cerebrovascular trophic coupling and leaving the brain vulnerable to injury.

Results and Discussion

In situ zymography showed an upregulation of MMP activity in the cerebrovasculature of 6-week streptozotocin-induced diabetic rat cortex (Figure 1, A and C). To confirm this MMP signal in blood vessels, we performed gelatin zymography on the microvessel-enriched fractions of control and streptozotocin-induced hyperglycemic cortex (Figure 1B). These elevations in MMP9 were much higher and occurred in neurons as hyperglycemic cortex (Figure 1B). These elevations in MMP9 were selectively enriched fractions of control and streptozotocin-induced blood vessels, we performed gelatin zymography on the microves-

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antibody. The MMP9-treated sections displayed reduced TRKB signals, similar to what was observed in the diabetic sections, suggesting that an MMP-dependent mechanism might be operating in vivo (Figure 2A). To confirm whether TRKB is degraded by MMP9 in vivo, we probed for proteolytic fragments of TRKB processing in whole-brain extracts by Western blotting. An approximately 25-kDa fragment was detected in normal brain extracts in addition to full-length TRKB (Figure 2B). A significant increase in the levels of this fragment was observed in the 6-week and 12-week diabetic brain extracts, suggesting an increase in MMP-dependent TRKB processing (Figure 2, B and C).

To further test this hypothesis, we incubated a TRKB/Fc human chimera with increasing amounts of active rhMMP9 (0.1–1 μM/ml) at 37°C for 2 hours. Heat-inactivated rhMMP9 was used as a control for nonenzymatic effects of the purified MMP9 protein. The TRKB/Fc human chimera contains the whole extracellular domain of human TRKB fused to the C-terminal histidine-tagged Fc region of human IgG1 and is used in several studies as a decoy TRKB receptor to inhibit BDNF-related mechanisms. Upon treatment with rhMMP9, a dose-dependent reduction in the TRKB band and a corresponding increase in the approximately 25-kDa cleaved fragment were detected (Figure 2D). Mass spectrometry confirmed that the 25-kDa fragment was part of the TRKB protein (Supplemental Figure 2). The addition of heat-inactivated rhMMP9 did not result in these proteolytic activities (Figure 2D). Treatment of TRKB/Fc with active rhMMP7 did not produce any proteolytic fragments, suggesting that this degradation might be mostly mediated by MMP9 (Figure 2D). Since exogenous recombinant MMP9 can degrade TRKB protein, we next asked whether this is also true with the MMP9 that is present in AGE-stressed ECs. Conditioned medium from AGE-stressed ECs was collected and added to TRKB/Fc, and Western blotting was performed again. Increasing concentrations of AGE-stressed endothelial MMP9 is blocked by anti-RAGE antibodies. (I) Representative Western blot shows increased pERK in cells exposed to AGE-BSA for 48 hours. (J) Representative zymogram shows that U0126 (5 μM) prevents the AGE-BSA–induced increase in MMP9. Std, standard.

Figure 1
Cerebrovascular MMP9 is upregulated in diabetes. (A) Representative in situ zymograms of brain sections from 6-week diabetic and age-matched nondiabetic rats. Scale bars: 100 μm. (B) Representative zymogram showing increased MMP9 in microvessel-enriched fractions in 6-week diabetic rat cortex. (C and D) Quantification of MMP9 levels after in situ zymography and gelatin zymography of microvessel-enriched fractions, respectively. *P < 0.05 between control and diabetic rat sections; n = 4 per group. Error bars indicate SEM. (E) Representative zymogram showing a dose-dependent increase in MMP9 after AGE treatment (0–200 μg/ml). (F) Representative zymogram showing that exposure to 50 μg/ml AGE-BSA increased MMP9 secretion, while nonglycated BSA did not. (G) Densitometric analysis of zymogram (zym.) showing that AGE-BSA significantly increased pro- and active MMP9 compared with untreated cells or cells treated with normal BSA. *P < 0.05 between untreated and AGE-BSA treatment; n = 3 per group. Error bars indicate SEM. (H) Representative zymogram showing that the ability of AGE-BSA to upregulate endothelial MMP9 is blocked by anti-RAGE antibodies. (I) Representative Western blot shows increased pERK in cells exposed to AGE-BSA for 48 hours. (J) Representative zymogram shows that U0126 (5 μM) prevents the AGE-BSA–induced increase in MMP9. Std, standard.
To confirm whether the ectodomain was indeed accessible for MMP9 cleavage on live cells, we treated primary embryonic mouse neurons with increasing amounts of MMP9 (0–5 μg/ml) in serum-free media. A similar dose-dependent reduction in TRKB T1 was observed (Figure 2G). However, we were unable to detect the shed ectodomain fragment in the conditioned media, possibly because the fragment was further degraded or fragment levels were below blotting efficacy in the conditioned media of our neuronal cultures. Thus far, our results suggest that elevated MMP9 from diabetic endo thelium may degrade TRKB on neurons. To test whether this MMP-mediated TRKB degradation affects neuronal viability, media transfer experiments between brain ECs and primary neuronal cultures were performed (Figure 3A). First, we confirmed that our reagents, AGE-BSA and BB-94, had no direct effects on neuronal viability (Supplemental Figure 3). Then brain endothelial–conditioned medium was added to primary mouse neurons that were subjected to hypoxia for 24 hours. Hypoxia-killed neurons and conditioned medium from normal healthy brain ECs significantly reduced hypoxic neuronal death (Figure 3B), in part by suppressing caspase-3 (Supplemental Figure 4). This protection was dependent on BDNF, since cotreatment with TRKB/Fc negated the neuroprotection (Figure 3B). ELISAs showed that in our models, brain ECs produced approximately 100 pg/ml of BDNF. These BDNF levels were neurobiologically active; 100 pg/ml of exogenous BDNF protected against hypoxia (Supplemental Figure 5) and promoted neurite growth in primary neurons (Supplemental Figure 6). Having established that BDNF from normal brain ECs could protect neurons, we next asked whether MMP9 from AGE-stressed endothelium would degrade TRKB and negate this neuroprotection. Conditioned medium from normal brain ECs significantly reduced hypoxic neuronal death (Figure 3C and Supplemental Figure 7). In contrast, conditioned medium from AGE-BSA–treated ECs was no longer neuroprotective (Figure 3C and Supplemental Figure 7). The addition of the MMP inhibitor BB-94 (25 μM) restored the ability of AGE-BSA–treated ECs to protect against hypoxia (Figure 3C). Similarly, blockade of ERK signaling with U0126 not only prevented MMP9 production in AGE-BSA–treated cells, but also restored the neuroprotective capabilities of AGE-BSA–treated endothelial-conditioned medium (Figure 3D). Taken together, these findings suggest that the ability of brain ECs to protect neurons may be lost in diabetic brains because of disrupted trophic coupling, i.e., upregulated endothelial MMP9 degrades TRKB receptors on neurons (Figure 3E).

Our observations support the possibility that loss of cerebrovascular trophic coupling in diabetes may progressively increase the
The risk of neurodegeneration. Vascular enrichment of proteinases in diabetes perhaps has quiescent yet long-ranging effects in diabetic stroke: a higher incidence of microhemorrhages, elevated lacunar stroke with recursive hemorrhagic episodes, and even increased hemorrhagic risk after TPA therapy (9). TRKB ectodomain processing by MMP9 may be consistent with a novel mechanism in which neurotrophic receptor function is possibly regulated by local proteolytic activity. Of course, parallel mechanisms may also exist, including enhanced internalization of TRKB and other receptors in the metabolically perturbed diabetic brain. Nevertheless, a growing list of CNS molecules are emerging as substrates for MMPs, such as β-dystroglycan, zona occludens-1, and myelin basic protein (13). A selective increase or decrease in cell surface presentation of truncated receptors, internalization of ligand-bound receptors, and stimulus-dependent TRKB processing by agents such as zinc are some known pathways through which BDNF is trapped, salvaged, or scavenged (14, 15). Such mechanisms may predominate in situations requiring a rapid and reversible alteration of TRKB on neurons. Proteolytic modification could be another mechanism that disrupts constitutive TRKB dynamics in diseased brain. Chronic activation of cerebrovascular MMP9 and TRKB degradation in diabetes could be responsible for long-term TRKB insufficiency in neurons. Coupled with a lack of trophic support from dysfunctional vasculature, neurons would then be continually unable to respond to available neurotrophic support or compensatory growth factor secretion in affected brain. This hypothesis should eventually be tested in many other models of hyperglycemia, diabetes, and metabolic disease.

**Methods**

**Streptozotocin rat model of diabetes.** Diabetes was induced with standard streptozotocin (STZ) injections (57.5 mg/kg body weight). Induction of diabetes was verified after 3 days, and rats with blood glucose concentrations greater than 250 mg/dl were included (see Supplemental Methods for details).
brief report

Brain microvesSEL preparation by dexTRAN gradient cen trifugation. Brains were collected after PBS perfusion. Cortical gray matter was dissected and rolled on filter paper to remove the large blood vessels, then homogenized with PBS and centrifuged. After washing with PBS, the pellet was resuspended in 4 volumes of 18% dexTRAN and centrifuged at 1,500 g for 20 minutes. The new pellet was saved, and the remaining tissue was reprocessed twice in a similar fashion. All 3 pellets were pooled, washed again with PBS, and lysed in lysis buffer (Cell Signaling Technology) with proteinase inhibitors for immunoblotting. Microvessel-enriched fractions in all experiments were not pooled and were derived from a single animal cortex.

Immunohistochemistry. Whole-brain sections (20-μm thick) were prepared from frozen rat brains, air dried, fixed in ice-cold acetone, blocked with 5% BSA, and probed with anti-TRKB rabbit polyclonal antibody (Santa Cruz Biotechnology Inc.) or anti-NEUN antibody (Millipore).

Cell cultures. Primary human brain microvesSEL ECs (Cell Systems) were mostly derived from a heterogeneous mix of autopsied human brains obtained within a few hours after death. We used cells between passages 5 and 15 at about 90% confluence. Primary mouse embryonic cortex neurons were seeded on poly-d-lysine-coated plates used for conditioned media transfers experiments between days 8 and 10. All treatments with BSA, AGE-BSA, and the MEK/ERK inhibitor U0126 (Calbiochem) were performed in 1% serum MCDB medium supplemented with L-glutamine and 4.5 g/l D-glucose (see Supplemental Methods for details).

Cytotoxicity and immunoblotting. The MTT assay was used to assess cell death in all experiments with primary embryonic neurons. For immunoblotting, primary antibodies were obtained from Santa Cruz Biotechnology Inc. (anti-TRK rabbit polyclonal antibody) and Abcam (anti-TRK mouse monoclonal antibody) and Promega (total and pERK antibodies). Secondary antibodies were obtained from Pharmacia.

Hypoxia and media transfer experiments. Primary ECs were treated with or without AGE-BSA and with or without U0126 for 48 hours before the conditioned media were transferred to neurons. Conditioned media collected from ECs were transferred to primary mouse cortical neurons cultured overnight in serum-free neurobasal media minus B27 and antibiotics. Neurons were then placed in a hypoxic chamber (Billups-Rothenberg). The chamber with cells was perfused with a mixed atmosphere (90% nitrogen, 5% carbon dioxide, and 5% hydrogen) for 30 minutes, and the MTT assay was used to assess cell death in all experiments with primary embryonic neurons. For immunoblotting, primary antibodies were obtained from Santa Cruz Biotechnology Inc. (anti-TRK rabbit polyclonal antibody) and Abcam (anti-TRK mouse monoclonal antibody) and Promega (total and pERK antibodies). Secondary antibodies were obtained from Pharmacia.

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