



UNIVERSITAT^{DE}
BARCELONA

**NRF2 and RIP140 as new therapeutic targets
for X-linked adrenoleukodystrophy (X-ALD):
Control of redox/metabolic homeostasis
and inflammation**

Pablo Ranea Robles



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UNIVERSITAT DE BARCELONA

Programa de Doctorat en Biomedicina

NRF2 and RIP140 as new therapeutic targets for X-linked adrenoleukodystrophy (X-ALD): Control of redox/metabolic homeostasis and inflammation

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Y la nueva generación, encabezada por Leire. Ya has demostrado que vales para esto, así que nada, para adelante como haces ahora, que 4 años se pasan volando y hay que aprovechar y disfrutar de todos los momentos. Seguro que ahora van llegando compañeros y compañeras que harán más llevadero todo este viaje. Si son gente como Laura, o como Sergi, seguro tendrás una experiencia tan buena como la mía ;)

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LIST OF ABBREVIATIONS

Only those appearing more than once in the text. The rest, as well as the full name of genes and proteins, are indicated in its first appearance in the text

6-OHDA	6-hydroxydopamine
AASA	Aminoadipic semialdehyde
ABC	ATP-binding cassette
ACTH	Adrenocorticotrophic hormone
AD	Alzheimer's disease
ADP	Adenosine diphosphate
ALS	Amyotrophic lateral sclerosis
AMN	Adrenomyeloneuropathy
AMP	adenosine monophosphate
ARE	Antioxidant response element
ATP	Adenosine triphosphate
A β	Amyloid- β
BAT	Brown adipose tissue
BTB	Broad complex, tramtrack, and bric-a-brac
cAMN	Cerebral adrenomyeloneuropathy
ccALD	Childhood cerebral adrenoleukodystrophy
cDNA	Complementary deoxyribonucleic acid
CEL	Carboxyethyl lysine
CML	Carboxymethyl lysine
CNS	Central nervous system
CoA	Coenzyme A
CTL	Control
DKO	Abcd1/Abcd2 double knockout
DMF	Dimethyl fumarate
DNA	Deoxyribonucleic acid
DS	Down syndrome
EAE	Experimental autoimmune encephalomyelitis
EMA	European Medicines Agency
ER	Endoplasmic reticulum
FAD	Flavin adenine dinucleotide
FADH2	Flavin adenine dinucleotide (reduced form)
FDA	Food and Drug Administration
GC/MS	Chromatography/mass spectrometry
GSA	Glutamic semialdehyde
GSH	Reduced glutathione
GSSG	Oxidized glutathione
HD	Huntington's disease
HSCT	Hematopoietic stem cell transplantation
IF	Immunofluorescence
IHC	Immunohistochemistry
IL	Interleukin
IVR	Intervening region
LA	Lipoic acid
LDL	Low-density lipoprotein
LPC	Lysophosphatidylcholine

LSCS	Lumbar spinal cord slices
MDA	Malondialdehyde
MDAL	MDA-lysine
MIM	Mitochondrial inner membrane
miR	Micro RNA
MPTP	1-methyl-4-phenyl-1,2,3,6-tetrahydropyridine
MRI	Magnetic resonance imaging
mRNA	Messenger ribonucleic acid
mtDNA	Mitochondrial DNA
NAC	N-acetyl-L-cysteine
NAD ⁺	Nicotinamide adenine dinucleotide
NADH	Nicotinamide adenine dinucleotide (reduced form)
NADPH	Nicotinamide adenine dinucleotide phosphate, (reduced form)
NAWM	Normal appearing white matter
OSCSC	Organotypic spinal cord slice cultures
OXPPOS	Oxidative phosphorylation
PBDs	Peroxisome biogenesis disorders
PBMC	Peripheral blood mononuclear cells
PD	Parkinson's disease
PEDs	Single peroxisomal enzyme deficiencies
PEX	Peroxisins
PPi	Pyrophosphate
R.C.R	Respiratory control ratio
RCDP	Rhizomelic chondrodysplasia punctata
RNS	Reactive nitrogen species
ROS	Reactive oxygen species
TBS-T	Tris-buffer saline - Tween 20
TMEV-IDD	Theiler's murine encephalomyelitis virus-induced demyelinating disease
UPS	Ubiquitin proteasome system
USA	United States of America
VLCFA	Very long-chain fatty acids
WAT	White adipose tissue
WT	Wild-type
X-ALD	X-linked adrenoleukodystrophy

SUMMARY

Summary

X-linked adrenoleukodystrophy (X-ALD) is a rare neurometabolic disease characterized by the loss of function of the peroxisomal transporter ABCD1, which leads to an accumulation of very long-chain fatty acids, inducing mitochondrial reactive oxygen species. Clinical phenotypes in humans range from adrenal insufficiency to fatal inflammatory cerebral demyelination. *Abcd1*-null mice (*Abcd1*⁻ mice) develop late onset axonal degeneration in the spinal cord and locomotor disability resembling the most common phenotype in humans, adrenomyeloneuropathy (AMN). Oxidative stress and mitochondrial dysfunction are key common features in X-ALD patients as well as in *Abcd1*⁻ mouse. In this thesis, we sought to explore novel therapeutic targets that would contribute to better understand the pathophysiology of the disease, based on the existing knowledge on these hallmarks of X-ALD. First, we studied the nuclear factor erythroid-derived 2, like 2 (NFE2L2, also known as NRF2), in X-ALD mouse models (*Abcd1*⁻ and *Abcd1*⁻/*Abcd2*^{-/-} mice) and in fibroblasts derived from healthy subjects and X-ALD patients. Here, we identify that NRF2, the master regulator of endogenous antioxidant response, and its target genes are impaired in X-ALD due to an aberrant activity of the AKT/GSK-3 β axis. Moreover, GSK-3 β inhibitors reactivated the blunted NRF2-dependent response upon oxidative stress in X-ALD fibroblasts (Chapter I). In a second study, we sought to determine the role of RIP140 (receptor interacting protein 140), a transcriptional coregulator essential for metabolic homeostasis and inflammatory response, in X-ALD pathophysiology. To address this objective we studied RIP140 in *Abcd1*⁻ mouse, organotypic spinal cord slice cultures (OSCSC) from mice and normal appearing white matter (NAWM) from healthy subjects and cerebral X-ALD patients. We found out a redox-dependent increase of RIP140 in the spinal cord and OSCSC from *Abcd1*⁻ mice, as well as an induction of RIP140 in the NAWM of childhood cerebral ALD (ccALD) patients (Chapter II). Finally, we explored the therapeutic potential of targeting NRF2 and RIP140, independently, in X-ALD mice (*Abcd1*⁻ and *Abcd1*⁻/*Abcd2*^{-/-} mice). Regarding NRF2, we followed a pharmacologic approach, by treating *Abcd1*⁻ and *Abcd1*⁻/*Abcd2*^{-/-} mice with dimethyl fumarate, an FDA-approved NRF2 activator (Chapter I). In the case of RIP140, we followed a genetic approach, by crossing RIP140-deficient mice with X-ALD mouse models (Chapter II). In both cases, the therapeutic intervention led to an amelioration of i) mitochondrial dysfunction, ii) bioenergetic failure, iii) oxidative damage and iv) dysregulated inflammatory profile, and most importantly, halted axonal degeneration and behavioural abnormalities in X-ALD mice (Chapters I and II). Collectively, these findings reveal an impairment of the AKT/GSK-3 β /NRF2 axis that controls endogenous response against oxidative stress, as well as point to RIP140 as a candidate for the impaired mitochondrial biogenesis and induction of proinflammatory response in X-ALD. Finally, the results of this doctoral thesis indicate that therapies based on NRF2 activation and RIP140 inhibition may be valuable strategies to treat X-ALD and other neurodegenerative disorders which share impaired redox homeostasis, mitochondrial dysfunction and neuroinflammation among their hallmarks.

Resumen

La adrenoleucodistrofia ligada al cromosoma X (X-ALD) es una enfermedad neurometabólica rara, que se caracteriza por la pérdida de función del transportador peroxisomal ABCD1. Como consecuencia se acumulan ácidos grasos de cadena muy larga, que inducen la producción de especies reactivas de oxígeno en la mitocondria. El cuadro clínico de X-ALD en humanos es variable, desde la insuficiencia adrenal hasta una desmielinización inflamatoria cerebral que suele ser fatal. Los ratones nulos para el gen *Abcd1* (ratones *Abcd1*^{-/-}) desarrollan una degeneración axonal de aparición tardía en la médula espinal, además de presentar incapacidad locomotora, un fenotipo similar al más común en humanos, la adrenomieloneuropatía (AMN). El estrés oxidativo y la disfunción mitocondrial son unas características claves de X-ALD, tanto en el modelo de ratón como en humanos. En esta tesis, hemos decidido explorar nuevas dianas terapéuticas que contribuyan a una mejor comprensión de la fisiopatología de esta enfermedad, basándonos en el conocimiento existente sobre estas alteraciones en X-ALD. En primer lugar, estudiamos el factor nuclear NRF2 (nuclear factor, erythroid-derived 2, like 2; también NFE2L2) en los modelos animales de X-ALD (ratones *Abcd1*^{-/-} y *Abcd1*^{-/-}/*Abcd2*^{-/-}) y en fibroblastos de pacientes con X-ALD y sujetos sanos. Así, identificamos que NRF2, el regulador maestro de la respuesta antioxidante endógena, así como sus genes diana, están inhibidos en X-ALD, debido a una actividad aberrante del eje AKT/GSK-3β. Además, inhibidores de GSK-3β reactivaron la respuesta frente al estrés oxidativo dependiente de NRF2, que estaba bloqueada en los fibroblastos de pacientes con X-ALD (Capítulo I). En el segundo estudio, pretendemos determinar el papel de RIP140 (receptor interacting protein 140) en la fisiopatología de X-ALD. RIP140 es un coregulador transcripcional esencial para la homeostasis metabólica y la respuesta inflamatoria. Para lograr este objetivo, primero estudiamos RIP140 en los ratones *Abcd1*^{-/-}, en cultivos organotípicos de láminas de médula espinal (OSCSC) de ratón, y en sustancia blanca cerebral de apariencia normal (NAWM) de pacientes X-ALD. De este modo, encontramos una inducción mediada por estrés oxidativo de RIP140 en la médula espinal y en OSCSC de los ratones *Abcd1*^{-/-}, además de una activación de RIP140 en NAWM de pacientes con ALD cerebral infantil (ccALD) (Capítulo II). Por último, investigamos el potencial terapéutico de estas vías para tratar X-ALD, mediante la administración en la dieta de dimetil fumarato, un activador de NRF2 aprobado por la FDA, a los ratones X-ALD (Capítulo I); y a través de la delección del gen *Rip140* en los ratones X-ALD (Capítulo II). En ambos casos, la intervención terapéutica conllevó una mejora de i) la disfunción mitocondrial, ii) el fallo bioenergético, iii) el daño oxidativo, iv) la alteración del perfil inflamatorio, y sobre todo, detuvo la degeneración axonal y previno las alteraciones en el comportamiento en los ratones X-ALD (Capítulos I y II). En conjunto, estos resultados muestran una disfunción del eje AKT/GSK-3β/NRF2, que controla la respuesta antioxidante endógena, así como apuntan a RIP140 como responsable de la disminuida biogénesis mitocondrial y la inducción de la respuesta pro-inflamatoria que observamos en X-ALD. Finalmente, los resultados derivados de esta tesis doctoral indican que terapias basadas en la activación de NRF2 o la inhibición de RIP140 tienen un valor potencial como estrategias terapéuticas para tratar pacientes con X-ALD u otras enfermedades neurodegenerativas, que compartan como sello distintivo, un fallo en la homeostasis redox, disfunción mitocondrial y neuroinflamación.

Resum

L'adrenoleucodistrofia lligada al cromosoma X (X-ALD) és una malaltia neurometabòlica rara, que es caracteritza per la pèrdua de funció del transportador peroxisomal ABCD1. Com a conseqüència s'acumulen àcids grassos de cadena molt llarga, que indueixen la producció d'espècies reactives d'oxigen en el mitocondri. El quadre clínic de X-ALD en humans és variable, des de la insuficiència adrenal fins a una desmielinització inflamatòria cerebral que sol ser fatal. Els ratolins nuls per al gen *Abcd1* (ratolins *Abcd1^{-/-}*) desenvolupen una degeneració axonal d'aparició tardana en la medul·la espinal, a més de presentar incapacitat locomotora, un fenotip similar al més comú en humans, l'adrenomieloneuropatia (AMN). L'estrès oxidatiu i la disfunció mitocondrial són unes característiques claus de X-ALD, tant en el model de ratolí com en humans. En aquesta tesi, hem decidit explorar noves dianes terapèutiques que contribueixin a una millor comprensió de la fisiopatologia d'aquesta malaltia, basant-nos en el coneixement existent sobre aquestes alteracions en X-ALD. En primer lloc, hem estudiat el factor nuclear NRF2 (nuclear factor, erythroid-derived 2, like 2; també NFE2L2) en els models animals de X-ALD (ratolins *Abcd1^{-/-}* i *Abcd1^{-/-} Abcd2^{-/-}*) i en fibroblasts de pacients amb X-ALD i subjectes sans. Així, hem identificat que NRF2, el regulador mestre de la resposta antioxidant endògena, així com els seus gens diana, estan inhibits en X-ALD, a causa d'una activitat aberrant de l'eix AKT/GSK-3 β . A més, inhibidors de GSK-3 β van reactivar la resposta enfront de l'estrès oxidatiu dependent de NRF2, que estava bloquejada en els fibroblasts de pacients amb X-ALD (Capítol I). En el segon estudi, pretenem determinar el paper de RIP140 (receptor interacting protein 140) en la fisiopatologia de X-ALD. RIP140 és un coregulador transcripcional essencial per a l'homeòstasi metabòlica i la resposta inflamatòria. Per aconseguir aquest objectiu, primer hem estudiat RIP140 en els ratolins *Abcd1^{-/-}*, en cultius organotípics de làmines de medul·la espinal (OSCSC) de ratolí, i en substància blanca cerebral d'aparença normal (NAWM) de pacients X-ALD. D'aquesta manera, hem trobat una inducció de RIP140 intervinguda per estrès oxidatiu en la medul·la espinal i en OSCSC dels ratolins *Abcd1^{-/-}*, a més d'una activació de RIP140 en NAWM de pacients amb ALD cerebral infantil (ccALD) (Capítol II). Finalment, hem investigat el potencial terapèutic d'aquestes vies per tractar X-ALD, mitjançant l'administració en la dieta de dimetil fumarat, un activador de NRF2 aprovat per la FDA, als ratolins X-ALD (Capítol I); i a través de la deleció del gen *Rip140* en els ratolins X-ALD (Capítol II). En tots dos casos, la intervenció terapèutica va comportar una millora de i) la disfunció mitocondrial, ii) la fallada bioenergètica, iii) el dany oxidatiu, iv) l'alteració del perfil inflamatori i, sobretot, va aturar la degeneració axonal i va prevenir les alteracions en el comportament en els ratolins X-ALD (Capítols I i II). En conjunt, aquests resultats mostren una disfunció de l'eix AKT/GSK-3 β /NRF2, que controla la resposta antioxidant endògena, així com senyalen a RIP140 com a responsable de la disminuïda biogènesis mitocondrial i la inducció de la resposta pro-inflamatòria que observem en X-ALD. Finalment, els resultats derivats d'aquesta tesi doctoral indiquen que teràpies basades en l'activació de NRF2 o la inhibició de RIP140 tenen un valor potencial com a estratègies terapèutiques per tractar pacients amb X-ALD o altres malalties neurodegeneratives, que comparteixin com a segell distintiu, una fallada en l'homeòstasi redox, disfunció mitocondrial i neuroinflamació.

INTRODUCTION

1 Introduction

1.1 Peroxisomes and related disorders

1.1.1 Peroxisome overview

Peroxisomes are small single-bound membrane subcellular organelles containing a granular matrix and a crystalline core, and present in virtually all eukaryotic cells (Schluter et al., 2010). They were first observed by Johannes Rhodin, during his doctoral thesis on the ultrastructure of proximal tubule cells from mouse kidney (Rhodin, 1954), and then described by Christian de Duve and collaborators, which named them peroxisomes, based on the presence of oxidases, that generate hydrogen peroxide (H_2O_2), and catalase within these organelles (De Duve et al., 1966). Evolutionarily, these organelles were thought to have an endosymbiotic origin similar to mitochondria, as they also contain their own protein import system and share some functions as well as a fission machinery. However, the current view of peroxisomes origin points to the endoplasmic reticulum (Gabaldon et al., 2006; Schluter et al., 2006; van der Zand et al., 2012) and mitochondria (Sugiura et al., 2017) as the organelles from which peroxisomes are formed. Peroxisomes perform essential metabolic functions in the organism, being dynamic organelles that are able to adjust their number and protein content in response to metabolic needs and physiological conditions. The shape and size of peroxisomes also vary in different tissues depending on their needs, with a diameter ranging from 0.1 μm to 1 μm (Smith et al., 2013).

1.1.2 Peroxisome functions

Virtually all types of peroxisomes degrade toxic H_2O_2 by catalase and are involved in fatty acid β -oxidation (Lazarow et al., 1976). Additionally, peroxisomes in higher eukaryotes carry out essential functions for metabolic homeostasis (R. J. Wanders et al., 2006) such as fatty acid α -oxidation; glyoxylate detoxification (Breidenbach et al., 1967); and anabolic functions, for instance the biosynthesis of bile acids, docosahexaenoic acid (C22:6 ω 3) and ether phospholipids like plasmalogens (Hajra et al., 1982).

The first function described about peroxisomes was the detoxification of reactive oxygen species (Schrader et al., 2004). These organelles harbour both the oxidases that generate H_2O_2 , as well as the enzymes needed for their disposal, such as catalase (De Duve et al., 1966), glutathione peroxidase (A. K. Singh et al., 1994) and peroxiredoxin V (PMP20) (Yamashita et al., 1999). Moreover, superoxide anion can also be generated in the peroxisome by xanthine oxidase (Angermuller et al., 1987), and then inactivated by superoxide dismutases (Cu/Zn-SOD and Mn-SOD), enzymes reported as present in the peroxisome (Dhaunsi et al., 1992; G. A. Keller et al., 1991; A. K. Singh et al., 1999). Together with reactive oxygen species, the detection of inducible nitric oxide synthase (iNOS) enzyme in peroxisomes, suggest that peroxisomes may be also a source of nitric oxide and its subsequent toxic species, such as peroxynitrite (Stolz et al., 2002).

Fatty acid β -oxidation is a universal property of peroxisomes in most organisms, either as the sole site of β -oxidation, like in yeasts and plants, or as a shared function with mitochondria, in higher eukaryotes. Short- and medium-chain fatty acids are exclusively, while long-chain fatty acids are predominantly, β -oxidized in mitochondria, whereas very long-chain fatty acids (VLCFA), particularly hexacosanoic acid (C26:0), can only be oxidized by peroxisomes (I. Singh et al., 1984b). Mitochondrial and peroxisomal fatty acid β -oxidation share a similar mechanism but differ in their function, as suggested by the different clinical signs and symptoms observed in disorders associated with inherited defects in mitochondrial and peroxisomal- β oxidation (R.J. Wanders, 2003). They share a common mechanism of fatty acid substrates chain shortening by 2 carbons through a sequential cycle of dehydrogenation, hydration, dehydrogenation, and thiolitic cleavage that produces acetyl-coenzyme A (Acetyl-CoA) molecules. On the other hand, they differ in how the flavin adenine dinucleotide (reduced form) ($FADH_2$) produced in the first dehydrogenation step is reoxidized. In peroxisomes, the $FADH_2$ reacts with O_2 to produce H_2O_2 , which is degraded by peroxisomal catalase into H_2O and O_2 , while in mitochondria, the reoxidation of $FADH_2$ is coupled to the electron transport chain to produce energy. Both β -oxidation pathways, together with their similitudes and differences have been illustrated in **Fig. 1**.

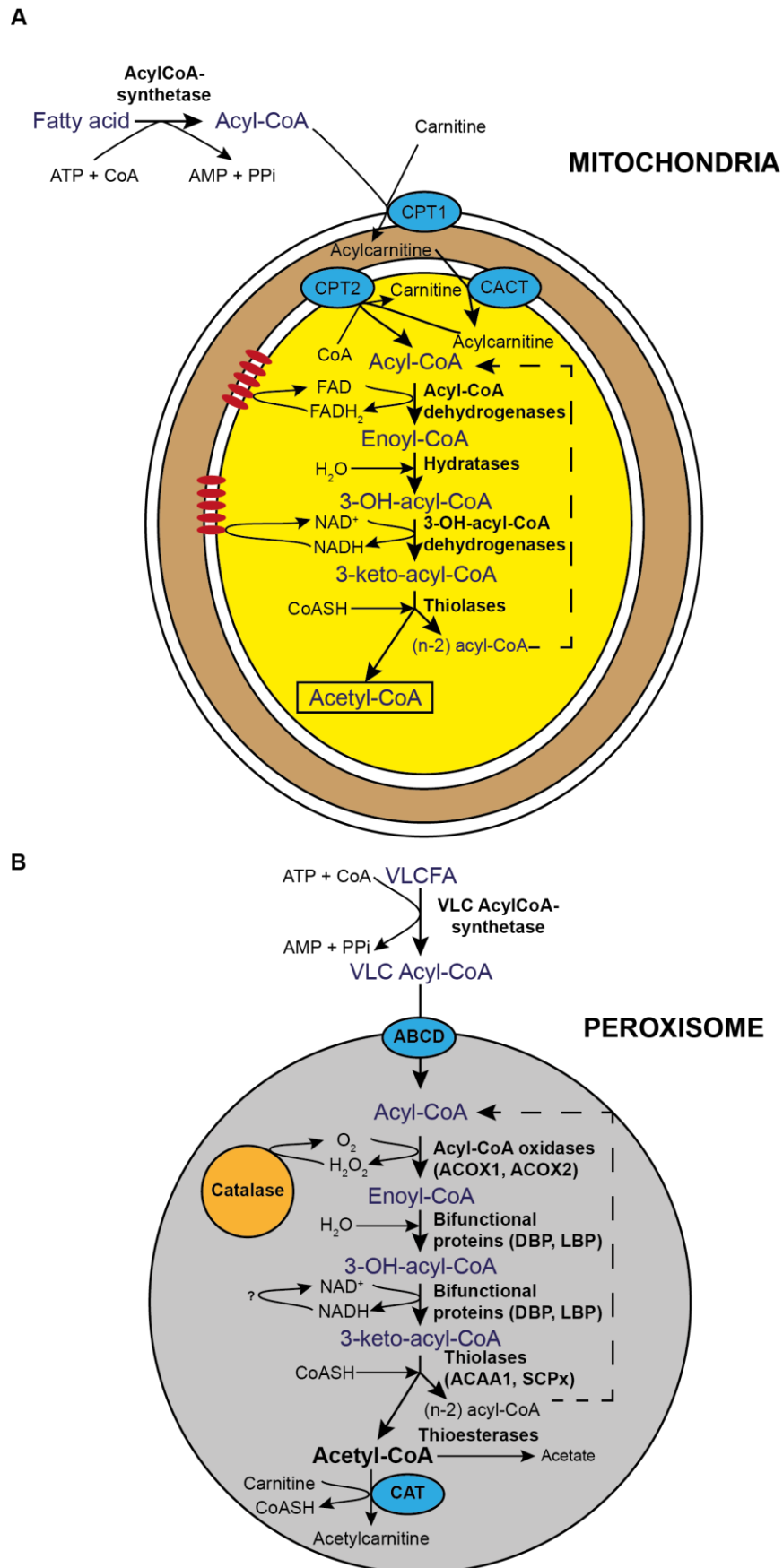


Figure 1 Comparative schematic representation of mitochondrial and peroxisomal fatty acid β -oxidation in humans

A) In the mitochondrion, fatty acids are activated with CoA, but long-chain fatty acids need to be transported into the mitochondrion via the carnitine cycle, which involves CPT1, CACT and CPT2. Then *via* a series of reactions, acyl-CoA chain is shortened by two carbons, releasing acetyl-CoA, which can enter in the Krebs cycle to generate ATP. B) On the other hand, in the peroxisomes, VLCFA are activated by VLCS (very-long chain acyl-CoA synthetases) in the cytosol, then transported into the peroxisome by ABCD proteins (ABCD1 in the case of C26:0). Once in the peroxisome, similar reactions are carried out by different enzymes, shortening the acyl chain by two carbons, yielding one acetyl-CoA molecule, which can be exported to the cytosol after being transformed into acylcarnitine, by CAT, or into acetate, by thioesterases. Acylcarnitine and acetate can then enter into the mitochondrion for the complete oxidation of the fatty acid. Abbreviations: CPT1 (carnitine palmitoyltransferase 1), CPT2 (carnitine palmitoyltransferase 2), CACT (carnitine acylcarnitine translocase), ACOX (acyl-CoA oxidase), DBP (D-bifunctional protein), LBP (L-bifunctional protein), ACAA1 (acetyl-CoA acyltransferase 1), SCPx (sterol carrier protein X), CAT (carnitine acyltransferase).

Acetyl-CoA molecules, together with other products of β -oxidation in the peroxisome such as medium-chain acyl-CoA are transferred to the mitochondria for full oxidation to CO₂ and H₂O via carnitine- and thioesterase-mediated pathways, although this process is not well known yet.

1.1.3 Peroxisomal ABC transporters

This dissertation focuses on adrenoleukodystrophy protein (ALDP or ABCD1), as mutations in *ABCD1* lead to X-linked adrenoleukodystrophy (Mosser et al., 1993), the disease that our group has been studying since more than 20 years. ATP-binding cassette (ABC) transporters couple ATP hydrolysis to the transport of substrates across biological membranes. ABCD1 belongs to the mammalian peroxisomal ABC subfamily D (ABCD) half transporters, which also include ALD-related protein (ALDRP or ABCD2) (Lombard-Platet et al., 1996); peroxisomal membrane protein of 70 kDa (PMP70 or ABCD3) (Kamijo et al., 1990) and PMP70-related protein (PMP70R or ABCD4) (Shani et al., 1997). All the four ABCD subfamily genes are conserved in vertebrates whereas in *Drosophila* and yeasts, only two members of the subfamily are present. Particularly, in yeasts, Pxa1p and Pxa2p are the orthologs of *ABCD1* and *ABCD3*, respectively. In the brain, ABCD1 is expressed strongly in the glia (astrocytes, microglia and a subpopulation of oligodendrocytes) and endothelial cells, but not in most neurons, with the exception of a few regions: hypothalamus, basal nucleus of Meynert, periaqueductal grey matter and the locus coeruleus (Fouquet et al., 1997;

Hoftberger et al., 2007; Troffer-Charlier et al., 1998). *ABCD2* is the closest homolog gene to *ABCD1* and is strongly expressed in neurons and the adrenal medulla (Ferrer et al., 2005). *ABCD1* and *ABCD2* proteins share 66% of identity, with overlapping functions (Pujol et al., 2004), and a mirror expression in most tissues (Troffer-Charlier et al., 1998). *ABCD3* is involved in the transport of hydrophilic substrates like long-chain unsaturated-, long branched-chain- and long-chain dicarboxylic fatty acids into the peroxisome (van Roermund et al., 2014), and is also essential for bile acid biosynthesis (Ferdinandusse et al., 2015). *ABCD4* is no longer considered a peroxisomal protein, since it is located in lysosomes and endoplasmic reticulum (Coelho et al., 2012; Kashiwayama et al., 2009).

Functional ABC transporters comprise two structurally similar halves, each containing six transmembrane alpha-helices and one hydrophilic nucleotide-binding domain (Dean et al., 2005). Half transporters need to homo- or hetero-dimerize to be functional. Indeed, homo-dimerization of *ABCD1* and hetero-dimerization of *ABCD1* with *ABCD2* and *ABCD3*, as well as functionally active *ABCD1/ACBD2* dimers have been described *in vitro* (Geillon et al., 2014; Genin et al., 2011; L. X. Liu et al., 1999). Conversely, *in vivo* evidence suggests that at least *ABCD1* and *ABCD3* function as homodimers (Guimaraes et al., 2004). Finally, a recent study has shown that *ABCD1* and *ABCD2* are organized in tetramers, i.e dimers of full transporters (Geillon et al., 2017).

1.1.4 Peroxisomal disorders

Most of the information known about the essential functions of peroxisomes comes from the phenotype of patients with mutations in genes encoding for peroxisomal proteins. The severity of these diseases varies ranging from early lethality to mild neurosensory defects. These disorders can be classified into peroxisome biogenesis disorders (PBDs) and single peroxisomal enzyme deficiencies (PEDs).

The majority of PBDs are autosomal recessive disorders caused by mutations in any of the 14 *PEX* genes encoding the peroxins, which are involved in the import of peroxisomal membrane and/or matrix proteins into the peroxisome (Smith et al., 2013).

Within PBDs, there are three distinct subtypes: the Zellweger spectrum disorders; rhizomelic chondrodysplasia punctata (RCDP) type 1 and 5; and the recently described peroxisomal fission defects. Genetic causes as well as phenotypic description of these disorders have been recently reviewed in detail (Waterham et al., 2016).

On the other hand, PEDs include defects of peroxisomal matrix enzymes as well as peroxisomal membrane proteins involved in metabolites transport. The biochemical and clinical consequences of each PED thus depend on the specific function of each affected protein in the peroxisome. Among PEDs, we can find defects in peroxisomal fatty acid α - and β -oxidation [including Refsum disease and X-linked adrenoleukodystrophy (X-ALD)]; glyoxylate metabolism; ether-phospholipid biosynthesis (RCDP type 2, 3 and 4); bile acid synthesis; and catalase metabolism, all of them comprehensively described in a recent review (Waterham et al., 2016).

In summary, peroxisomes play an essential role in metabolism and are crucial for life. Peroxisomal disorders comprise a heterogenous group of disorders that account for a substantial fraction of inborn errors of metabolism, with an estimated combined incidence of 1:5000 individuals and being X-ALD the most common among them, and also the central theme of this thesis.

1.2 The X-ALD case

1.2.1 History

The first report of X-ALD goes back to 1910, when Haberfeld and Spieler described the case of a six-year-old boy who died one year later. He had spastic paraparesis, constant changes of mood, incontinencia, inability to speak, together with other symptoms that would be later described as the prototypicals of the disease. This boy had an older brother who died at 8.5 years old due to a similar illness. In 1913, the neuropathological examination by Paul Schilder reported diffuse involvement of the cerebral hemispheres with severe loss of myelin, relative preservation of axons and accumulation of lymphocytes, fat-laden phagocytes and glial cells (Schilder, 1924). In 1923, Siemerling and Creutzfeldt described a similar case, but with adrenal gland involvement (Siemerling et al., 1923). The disease was first named Schilder's disease and later, in 1970, Blaw coined the term adrenoleukodystrophy.

After some decades with few advances, in 1976 X-ALD research achieved a milestone when Igarashi *et al.* found cholesterol, phospholipids and gangliosides esters within intracytoplasmic lamellae and lamellar-lipid inclusions from the brain and adrenals of X-ALD boys, which had an unusual high proportion of VLCFA (C24-30) (Igarashi et al., 1976; Powers et al., 1974). From that moment, X-ALD is classified as a lipid-storage disease. At that time, first adult patients were described (Budka et al., 1976; J. W. Griffin et al., 1977). The inclusion of X-ALD into the group of peroxisomal disorders arrived in 1984, when Singh *et al.* proved that X-ALD patients are not able to degrade VLCFA (1984b), a reaction localized in the peroxisome (I. Singh et al., 1984a). Before, it was shown that high levels of VLCFA accumulate in cultured skin fibroblasts and plasma from X-ALD patients (H. W. Moser et al., 1981; H. W. Moser et al., 1980), thus VLCFA levels could be used for diagnosis. In 1981 the X-ALD gene is mapped to Xq28, which corroborated the mode of inheritance proposed in the 60s (Fanconi et al., 1963). In 1993, Mosser *et al.* identified the X-ALD gene by positional cloning (1993), coding for a peroxisomal membrane ABC transporter (Mosser et al., 1994), referred to as ALDP protein, and later, as ABCD1.

1.2.2 Clinical features and diagnosis

X-ALD is the most common peroxisomal disease and leukodystrophy, with an estimated incidence of 1:17000 (Bezman et al., 2001). X-ALD affects the nervous system white matter and the adrenal cortex and, as others inborn errors of metabolism, is considered a progressive metabolic disease, as all patients are asymptomatic at birth. X-ALD patients display a complex range of clinical phenotypes, from adrenal insufficiency (Addison disease) to rapidly progressive and fatal cerebral demyelination (cerebral ALD). Overall, adrenal function is abnormal in 80% of patients (Dubey et al., 2005). Apart from other rare described phenotypes of X-ALD, such as “Addison only”, “adolescent cerebral” and “adult cerebral” (H. W. Moser et al., 2001), the two main clinical phenotypes in affected males are:

- 1) Adrenomyeloneuropathy (AMN): Virtually all patients who reach adulthood develop AMN, characterized by peripheral neuropathy and distal axonopathy involving corticospinal tracts of the spinal cord, but neither brain neuroinflammation nor cerebral demyelination. 40%-45% of affected patients present AMN, manifested in the late twenties as progressive spastic paraparesis, sphincter incontinencia, sexual disturbances and impaired adrenocortical function (Kemp et al., 2012). All symptoms progress over decades, leading to the development of additional cerebral demyelination (cerebral AMN, cAMN), in a high proportion of AMN patients at later stages, between 20% (van Geel et al., 2001) and 63% (de Beer et al., 2014) of the AMN patients, depending on the study.
- 2) Childhood cerebral ALD (ccALD): It is characterized by cerebral demyelination with a strong inflammatory component. Lesions show gadolinium enhancement just behind the leading edge of the lesion (**Fig. 2**). Cerebral white matter lesions in X-ALD can be scored using the Loes classification system on a scale from 0 (normal on magnetic resonance imaging, MRI) to 34 (severely abnormal) (Loes et al., 1994). The onset starts between four and eight years old. It affects approximately 35% of patients. Initially, main symptoms are behavioral or learning deficits, which usually lead to attention deficit or hyperactivity diagnosis. Next, progressive impairment of cognition, behaviour, vision, hearing

and motor function often leads to total disability within two years and eventually death before adolescence (Kemp et al., 2012).

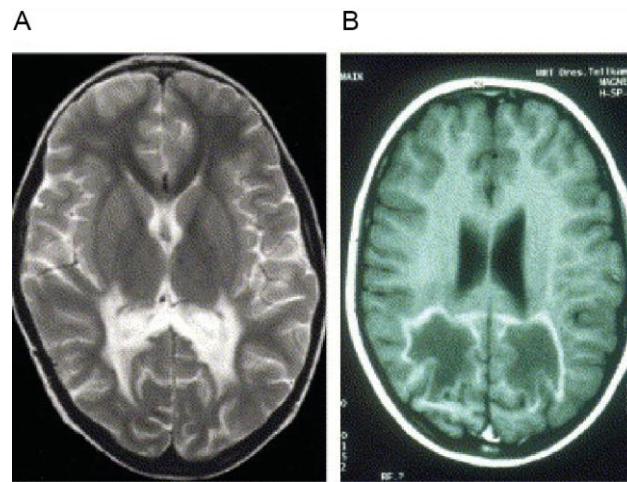


Figure 2 Typical white matter lesions in a ccALD patient

Extensive lesions can be appreciated by magnetic resonance imaging (MRI) in the parieto-occipital white matter by (A) increased signal intensity on T2-weighted image and (B) extensive gadolinium enhancement in the areas adjacent to demyelination on T1-weighted image. Adapted from Berger *et al* (2006).

Female carriers are also affected, as a recent study reported that >80% of these individuals developed signs and symptoms of myelopathy, although later than in men and with milder severity (Engelen et al., 2014).

Definitive diagnosis of X-ALD is achieved by demonstration of the biochemical defect (accumulation of VLCFA in plasma and organs) and by *ABCD1* mutation analysis. VLCFA are elevated in all male X-ALD patients regardless of age, disease duration, metabolic status, or clinical symptoms. Plasma VLCFA assay detects abnormally high concentrations of C26:0, especially C26:0-lysophosphatidylcholine (C26:0-LPC), and abnormally high ratios of C24:0/C22:0 and C26:0/C22:0, which can be detected at the day of birth, even in most heterozygous females (A. B. Moser et al., 1999a). Combined and highly sensitive mass spectrometry assays are highly accurate methods for diagnosis (Hubbard et al., 2009). Proper genetic counsel of affected families is also of huge importance. To identify the subset of males who will develop ccALD, all males with *ABCD1* mutations require clinical tracking and serial MRI to monitor neuroradiological changes, as well as evaluation of adrenocortical function to guide

treatment. Prenatal diagnosis using the VLCFA assay in cultured amniocytes or cultured chorion villus cells is also available (A. B. Moser et al., 1999b) and more recently direct DNA mutation analysis has become available, being of special interest in the case of heterozygous women, where VLCFA analysis can result in false negatives (Engelen et al., 2014). Recent validation of a method for detecting C26:0-LPC in dried blood spots from newborns (Hubbard et al., 2009) has permitted to include X-ALD in the Recommended Uniform Screening Panel (RUSP) in the United States of America (USA) (Kemper et al., 2017). Therefore, it is currently being applied in four states of the USA and the Netherlands, and it is expected to be implanted in more countries in the coming years. This new screening will allow the identification of the majority of X-ALD patients presymptomatically.

1.2.3 Genetics and biochemistry

1.2.3.1 X-ALD mutations and modifier genes

X-ALD patients carry a mutation in *ABCD1* (Mosser et al., 1993). *ABCD1* contains 10 exons and encodes for an mRNA of 4.3 kb that translates a protein of 745 amino acids. Up to date, over 1500 different mutations in *ABCD1* have been catalogued in the X-ALD database (Kemp et al., 2001) (see www.x-ald.nl), with 4% of the patients affected by *de novo* mutations (Y. Wang et al., 2011). Interestingly, all clinical phenotypes can occur within the same family (Berger et al., 1994; Kemp et al., 1994), indicating that there is no direct phenotype-genotype correlation. Even in monozygotic twins, different clinical phenotypes have been observed (Korenke et al., 1996). These evidences suggest that the defect in *ABCD1* and subsequent accumulation of VLCFA, results in adrenal insufficiency and myelopathy, but for the initiation of cerebral demyelination, further additional environmental triggers and/or genetic factors are required, altogether exemplified by the “three-hit” hypothesis (I. Singh et al., 2010). Initially, a segregation analysis based on 3,862 individuals from 89 kindreds suggested the presence of an autosomal modifier locus (H. W. Moser et al., 1992). The members of the ABCD subfamily, *ABCD2* (Holzinger et al., 1997; Holzinger et al., 1999) and to a lesser extent *ABCD3* (Braiterman et al., 1998; Pujol et al., 2004) seemed to be suitable candidates for modifier genes, as their overexpression compensate for the lack of *ABCD1* *in vitro* and *in vivo* (Kemp et al., 1998; Netik et al., 1999; Pujol et al., 2004). However, two

independent association studies comparing *ABCD2* and *ABCD3* polymorphisms within X-ALD patients with different clinical phenotypes failed to determine significant correlations (Maier et al., 2008; Matsukawa et al., 2011). A single nucleotide polymorphism (SNP) in the cluster of differentiation 1 (*CD1*) gene, rs973742, located 4 kb downstream from the *CD1D* gene, arose as another modifier candidate gene, but eventually, the association was no longer significant after Bonferroni correction for multiple testing (Barbier et al., 2012). Polymorphisms in two genes related to methionine metabolism (cystathionine beta-synthase, *CBS*; and transcobalamin 2, *TC2*), which is important for myelination, together with a polymorphism in superoxide dismutase 2 (*SOD2*), which is involved in the antioxidant response, were found associated with phenotypic outcome in X-ALD, although, again, the results were not conclusive (Brose et al., 2012; Linnebank et al., 2006; Semmler et al., 2009). Moreover, a recent report has found a correlation between total antioxidant capacity and SOD levels and activity in samples of monocytes and blood plasma from X-ALD patients with magnetic resonance imaging severity score in these patients (Turk et al., 2017), reinforcing the link between the response against oxidative stress and X-ALD, a topic which is discussed in detail in this thesis. Additionally, none of the human leukocyte antigen (HLA) type II haplotypes, a confirmed risk factor in multiple sclerosis (International Multiple Sclerosis Genetics et al., 2011), are involved in the triggering of inflammation that leads to cerebral demyelination in cerebral ALD (Berger et al., 1995; McGuinness et al., 1997; S. Schmidt et al., 2003). Furthermore, genes involved in fatty acid elongation such as elongation of very long-chain fatty acid-1 (*ELOVL1*) (Ofman et al., 2010) or fatty acid ω -oxidation (Sanders et al., 2006) may represent rational modulatory gene candidates, except for the fact that association studies still have to be performed concerning these genes. As in other rare diseases, the relatively small number of X-ALD patients makes difficult the extraction of definitive conclusions.

When comparing mRNA expression from normal appearing white matter (NAWM) from AMN patients versus ccALD patients, few genes have shown a differential pattern of expression. For instance, *ABCD4* and acyl-CoA synthetase bubblegum family member-1 (*ACSBG1*) were decreased only in NAWM from ccALD patients when compared to controls (Asheuer et al., 2005). Recently, other differentially expressed genes or molecules have been found out between AMN and ccALD, such as 25-hydroxycholesterol and cytochrome P450 family 4 subfamily F member 2 (*CYP4F2*),

associated to cholesterol metabolism (J. Jang et al., 2016; van Engen et al., 2016) and nuclear factor kappa B (NFκB)-dependent inflammatory components regulated by a microRNA, miR-196a (Shah et al., 2017). Viral infections associated to demyelination have been also investigated as a plausible environmental factor in X-ALD, even though, for the moment, this possibility has been ruled out after negative results of an immunohistochemical search for viral antigens in the white matter of cerebral ALD patients (Ito et al., 2001). Complementary to this, some studies suggest that head trauma may be a possible environmental trigger for cerebral ALD (Bouquet et al., 2015; Raymond et al., 2010; Weller et al., 1992).

Taken together, these evidences strongly indicate a highly unlikely existence of a single modifier gene/locus. Thus, clinical phenotype of ALD patients will probably be defined by the intertwin of rare genetic variants and environmental factors. Further research is needed to shed light on these factors.

1.2.3.2 Biochemistry

In X-ALD, VLCFA content is increased, mainly C24:0 and C26:0 fatty acids, in cholesterol esters and complex lipids such as gangliosides, phosphatidylcholine, sphingomyelin, cerebroside and sulfatides (Igarashi et al., 1976; H. W. Moser et al., 1981; Wiesinger et al., 2013). VLCFA accumulation is caused by an impaired ability of the peroxisomes to degrade VLCFA (I. Singh et al., 1984a; I. Singh et al., 1984b; R. J. Wanders et al., 1987). To initiate peroxisomal β-oxidation, VLCFA need to be activated by thioesterification with CoA. As mentioned above, until the discoverment of *ABCD1* as the mutated gene in X-ALD, VLCFA oxidation defect was first misassigned to a defect in the very long-chain fatty acyl-CoA synthetase (VLCS) enzyme (Lazo et al., 1988; R. J. Wanders et al., 1988).

ABCD1 is an integral peroxisomal membrane protein with the ATP-binding domain located towards the cytoplasmic surface of the peroxisomal membrane (Contreras et al., 1996). Experimental evidence of actual *ABCD1* function comes from complementation studies, in which expression of wild-type *ABCD1* cDNA in X-ALD fibroblasts restores VLCFA β-oxidation (Braiterman et al., 1998; Shinnoh et al., 1995) and reduces VLCFA levels (Cartier et al., 1995). Structural and functional features of *ABCD1* were also

extracted from studies with the *Saccharomyces cerevisiae* peroxisomal ABC half transporters, Pxa1p and Pxa2p, which form a heterodimer to import acyl-coA esters into the peroxisome (Hettema et al., 1996). Since ABCD1 protein expression in yeast is able to restore the growth of mutants lacking these genes in oleate-enriched medium, it was demonstrated that ABCD1 transports acyl-CoA esters across the peroxisomal membrane (van Roermund et al., 2008). In X-ALD fibroblasts, β -oxidation activity is reduced up to 75%-85% of the levels measured in normal fibroblasts (McGuinness et al., 2001). This fact is explained by the ability of ABCD3 to also transport VLCFA-CoA into the peroxisome (Wiesinger et al., 2013). The impairment in the degradation of VLCFA causes a rise in the levels of cytosolic VLCFA-CoA, and further elongation of the chain length by ELOVL1, the human VLCFA-specific elongase (Ofman et al., 2010). This elongation leads to enhanced incorporation of VLCFA into complex lipids (Kemp et al., 2005). In summary, ABCD1 is active as a homodimer, and *ABCD1* mutations impair the import of VLCFA-CoA into the peroxisome, leading to accumulation of VLCFA.

1.2.4 Animal models for X-ALD

The identification of *ABCD1* as the gene mutated in X-ALD allowed the generation of ABCD1-deficient mice (*Abcd1*^{-/-}), seeking for an animal model which could be used to better understand X-ALD pathophysiology. In 1997, three different groups developed three independent X-ALD mouse models, by inactivating *Abcd1* gene (Forss-Petter et al., 1997; T. Kobayashi et al., 1997; J. F. Lu et al., 1997). The three models display the main biochemical hallmark of the disease, which is accumulation of VLCFA. Despite this, these mice do not develop cerebral demyelination or brain inflammation, characteristic of ccALD. However, around 18 months of age, these mice develop a late-onset AMN-like phenotype. This phenotype is characterized by spastic paraparesis due to degeneration of corticospinal tracts, without signs of inflammatory demyelination in the brain. Axonal pathology is found in sciatic nerves and spinal cord, including slower sciatic nerve conduction and motor behaviour abnormalities in rotarod, bar cross and treadmill tests (Pujol et al., 2002). ABCD1-deficient mice have been instrumental in dissecting pathomechanisms of AMN (Fourcade et al., 2008; Galino et al., 2011; Launay et al., 2015; Launay et al., 2013; Launay et al., 2017; Lopez-Erauskin et al., 2013; Morato et al., 2013; Morato et al., 2015). In an attempt to obtain a more severe

phenotype, ABCD1/ABCD2 double-deficient mice (*Abcd1^{-/-}/Abcd2^{-/-}*) were generated, although they do not develop brain inflammation or demyelination either (Pujol et al., 2004). The neuropathology in these mice is also restricted mainly to the spinal cord and, due to the contribution of ABCD2, the dorsal root ganglia, resulting in a sensory neuropathy. Nevertheless, these defects are more pronounced and start at 12 months of age, earlier than upon ABCD1 deficiency alone (Pujol et al., 2004), setting up a suitable preclinical model for testing disease-modifying drugs (Launay et al., 2017; Lopez-Erauskin et al., 2011; Mastroeni et al., 2009; Morato et al., 2013; Morato et al., 2015). Furthermore, since *Abcd1^{-/-}* mouse does not present a progressive phenotype that leads to cerebral demyelination and neuroinflammation, it underscores the hypothesis that considers that genetic and/or environmental factors trigger the onset of cerebral forms of X-ALD.

Drosophila mutants of *bubblegum (bbg)* and *double bubble (dbb)* very long-chain acyl-CoA synthetases have been also claimed as X-ALD models (Min et al., 1999; Sivachenko et al., 2016), as these mutations provoke profound effects on behaviour and brain morphology, although the mouse model of the same gene does not present neurodegeneration (Heinzer et al., 2003). The ortholog of *ABCD1* and *ABCD2* in *Caenorhabditis elegans*, *pmp-4*, is also being studied as another animal model for X-ALD (data not published).

Collectively, several animal models have been developed to study X-ALD. The most studied one is *Abcd1^{-/-}* mouse, which develops an AMN-like phenotype. Further efforts are needed to obtain a model for the devastating ccALD.

1.2.5 Therapies for X-ALD

Given the wide clinical spectrum of X-ALD patients, different therapeutic strategies must be considered for individual symptoms. Follow-up in boys and men with X-ALD is important to detect adrenocortical insufficiency and also to early identify first signs of cerebral demyelination to propose allogeneic hematopoietic stem cell transplantation (HSCT), the only available intervention able to arrest the progression of cerebral demyelination.

As 70% of X-ALD patients develop adrenal insufficiency, X-ALD diagnosed boys and men should be monitored by measuring adrenocorticotrophic hormone (ACTH) levels in plasma and with the ACTH stimulation test. Then, if necessary, they must be treated with steroid replacement, in the same way as for other forms of primary adrenal insufficiency (H. W. Moser et al., 2007). Therapies addressed to correct VLCFA accumulation and to improve neurologic symptoms are listed below:

1) Lorenzo's oil is a 4:1 mixture of oleic (C18:1 ω 9) and erucic (C22:1 ω 9) acids, which competes for the fatty acid elongation system, preventing the synthesis of saturated VLCFA. Oral administration of this oil, combined with moderate reduction of fat in the diet, reduces plasma levels of VLCFA within four weeks (A. B. Moser et al., 1987), so it was a promising therapeutic strategy in the 80s-90s. Nevertheless, VLCFA levels in brain do not change (Rasmussen et al., 1994) and further studies proved that Lorenzo's oil administration does not stop the progression of X-ALD (Aubourg et al., 1993; van Geel et al., 1999). Even though a study with 89 asymptomatic boys with normal MRI showed that Lorenzo's oil might prevent cerebral demyelination (H. W. Moser et al., 2005), there is no definitive evidence for the efficacy of Lorenzo's oil in the prevention of the onset of cerebral ALD.

2) Lovastatin, a cholesterol-lowering drug, normalizes VLCFA levels in X-ALD fibroblasts and in plasma of X-ALD patients (I. Singh et al., 1998a; I. Singh et al., 1998b). However, in a placebo-controlled trial, it did not lower C26:0 levels in peripheral-blood cells, and its effect on plasma VLCFA were attributed to be a consequence of a nonspecific decrease in the level of low-density lipoprotein (LDL)-cholesterol (Engelen et al., 2010).

3) Bezafibrate gave hope for therapy, as it reduces *de novo* C26:0 synthesis, by competitive inhibition of ELOVL1 in X-ALD fibroblasts (Engelen et al., 2012a), but it does not lower VLCFA levels in plasma or lymphocytes of X-ALD patients (Engelen et al., 2012b).

4) Immunomodulators or immunosuppressants aimed to reduce brain inflammation have not worked in X-ALD. Neither cyclophosphamide nor subcutaneous injections of

interferon (IFN)- β 1a nor intravenous immunoglobulins injection stopped the progression of the disease (Cappa et al., 1994; Korenke et al., 1997; Naidu et al., 1988).

5) Pharmacological induction of *ABCD2* gene expression: Since overexpression of *ABCD2* in X-ALD fibroblasts and in *Abcd1*⁻ mice prevents VLCFA accumulation (Flavigny et al., 1999; Netik et al., 1999; Pujol et al., 2004), *ABCD2*-inducing drugs were proposed as a therapeutic option for X-ALD. Nevertheless, 4-phenylbutyrate (4-PBA) (Kemp et al., 1998; McGuinness et al., 2001; H. W. Moser et al., 2000), fenofibrate (Albet et al., 1997; Fourcade et al., 2001) and valproic acid (Fourcade et al., 2010) had little success when tested.

6) Antioxidant supplementation: Given the important role of oxidative stress in X-ALD, antioxidant therapies were tested in the X-ALD animal models. A combination of antioxidants (vitamin E, N-acetylcysteine and lipoic acid) halts axonal degeneration and prevents locomotor deficits in *Abcd1*⁻ mice (Lopez-Erauskin et al., 2011). These results from our group, have led to a phase II clinical trial in AMN patients with a cocktail of antioxidants (NCT01495260). High-dose of antioxidants resulted in the normalization of several protein and DNA oxidative damage biomarkers and a significant reduction of several inflammation markers such as chemokines and lipid mediators. In addition, the results showed a significant reduction in central motor conduction time in both legs (upper motorneuron), and an improvement in the six-minute walking test (6MWT) in eight out of ten patients (Montserrat Ruiz personal communication).

7) Apart from these therapeutic strategies, the only useful therapy for cerebral X-ALD is HSCT (Aubourg et al., 1990). HSCT arrests neuroinflammation, probably through an improvement in microglial functions, as these cells derive from bone marrow progenitors (Eglitis et al., 1997). HSCT can only be performed at an early stage of the disease, meaning a score of ≤ 9 in the X-ALD MRI Severity Scale (Loes et al., 2003) and no neurologic or neuropsychological deficits. Because of this, monitoring of X-ALD boys is so important. In these conditions the 5-year survival is above 90% (A. Mahmood et al., 2007; Miller et al., 2011). Anyway, HSCT remains associated with high risks of morbidity and mortality, and it is not easy to find a matching donor. The absence of biomarkers that can predict the evolution of cerebral disease together with the fact that HSCT performed in childhood does not seem to prevent myelopathy and

peripheral neuropathy in adulthood (van Geel et al., 2015) makes mandatory the search of new therapies for X-ALD patients.

8) A recent alternative to allogeneic HSCT is gene therapy, by transplantation of genetically corrected autologous CD34⁺, with encouraging results in the first two treated boys, in which this therapy has impeded the progression of the disease (Cartier et al., 2009).

To sum up, given that the only available therapy (HSCT) has a narrow therapeutic window and elevated risks associated; together with the fact that most of the approaches followed until now have failed, much more research on X-ALD pathophysiology and subsequent therapies needs to be done.

1.2.6 Pathophysiology of X-ALD

The mechanisms of how VLCFA accumulation leads to axonal degeneration in AMN, or cerebral inflammatory demyelination in ccALD are not known yet. First evidences pointed to destabilization of myelin sheaths components due to VLCFA accumulation (Bizzozero et al., 1991). Conversely, the wide clinical spectrum of X-ALD phenotypes and the lack of cerebral demyelination in *Abcd1*-null mice, in spite of VLCFA accumulation in brain (Pujol et al., 2002), indicates the presence of additional mechanisms associated to VLCFA accumulation. Examining the phenotype of *Pex7*^{-/-} mice, which present a defect in the biosynthesis of plasmalogens; these cellular components were associated to the VLCFA-induced damage characteristic of X-ALD (Brites et al., 2009). VLCFA could also alter the permeability of the inner mitochondrial membrane by substituting the lateral chains of phospholipid bilayers and physically interfering with the assembly of oxidative phosphorylation (OXPHOS) system, or by increasing membrane microviscosity (Knazek et al., 1983; Whitcomb et al., 1988) and provoking its disruption (J. K. Ho et al., 1995).

Compelling evidence indicates that X-ALD recapitulates the pathological hallmarks of the main neurodegenerative disorders, exemplified by redox dyshomeostasis; mitochondrial dysfunction; proteostasis impairment, the latter being defined by

proteasomal and autophagy flux dysfunction; and neuroinflammation (Pujol, 2016). The following sections explain and illustrate the different molecular pathways affected in X-ALD, as well as the plausible therapeutic targets derived from them, which would be the focus of this thesis.

1.3 Hallmarks of X-ALD

1.3.1 Redox dyshomeostasis

1.3.1.1 ROS: Hero and villain

Since Denham Harman proposed the free-radical theory of aging in 1956 (Harman, 1956), a large body of evidence has been accumulated showing that living organisms have adapted to coexist with free radicals but also have developed diverse mechanisms to cope with them. Oxygen plays a dual role in the life of organisms. While being essential for life, it also generates by-products that are toxic in high concentrations. Free radicals [such as superoxide ($O_2^{\bullet-}$) and hydroxyl (HO^{\bullet})] and other reactive small molecules (e.g. H_2O_2 and peroxynitrite), previously thought as unregulated species with random and non-specific targets, play important physiological roles in the organisms, including metabolic regulation, immune function, stem cell-renewal and aging (Holmstrom et al., 2014; Pan et al., 2011; W. Yang et al., 2010).

Oxidative stress occurs when redox homeostasis is unbalanced, leading to an excess of reactive oxygen/nitrogen species (ROS/RNS), mainly H_2O_2 and superoxide anions. This excess disrupts the oxidation-reduction cellular balance (redox balance), inducing damage to biomolecules such as DNA, lipids and proteins, perturbing cellular thiol levels, and deregulating cellular signaling pathways implicated in a myriad of human diseases. These disorders range from neurodegenerative diseases to metabolic disorders such as obesity or type 2 diabetes (C. E. Cross et al., 1987; Halliwell, 2006). Oxidative lesions can also transform lipid properties and induce mutations in mitochondrial and nuclear DNA, causing mitochondrial dysfunction and pathology (Richter et al., 1988). Proteins can be directly damaged by ROS or indirectly by reacting with active aldehyde products of lipid peroxidation, e.g. malondialdehyde (MDA) and hydroxynonenal (HNE) (Esterbauer et al., 1991), or as a result of alterations in membrane lipid microenvironment secondary to peroxidative processes (Hecht et al., 1992; Stadtman et al., 2000). These changes are detrimental if the modified residues are essential for the activity or turnover of the protein (Y. Wang et al., 2012).

Apart from exogenous sources such as ionizing radiation, diet, metals, pesticides or other toxic compounds, ROS can be generated endogenously in a variety of sites and conditions (e.g. ischemia–reperfusion and enzymatic reactions). These molecules are generated in metabolic processes that consume oxygen in the mitochondria, peroxisomes and endoplasmic reticulum, although the majority of ROS is produced in mitochondria (Boveris et al., 1972; Halliwell, 2007), where superoxide anion is produced during the flow of electrons along the respiratory chain to produce ATP (Jensen, 1966; Murphy, 2009). Mitochondrial complex I and III are the major sites of superoxide production, both in the matrix site and mitochondrial inner membrane space. Other enzymes contributing to superoxide generation within mitochondria include 2-oxoglutarate dehydrogenase (OGDH), pyruvate dehydrogenase (PDH), mitochondrial glycerol 3-phosphate dehydrogenase (GPDH) and the electron transfer flavoprotein-ubiquinone oxidoreductase system (Brand, 2010). Another modulator of mitochondrial ROS production is the proton motive force (pmf), composed of an electrical gradient (ψ , mitochondrial membrane potential) and a chemical gradient (pH) across the inner mitochondrial membrane. Mitochondrial ROS production and pmf are positively correlated (Echtay et al., 2002). Extra mitochondrial sources of ROS comprise, for instance, the membrane nicotinamide adenine dinucleotide phosphate, (reduced form) oxidase (NADPH); lipoxygenases; cyclooxygenases; peroxidases; other heme proteins; xanthine oxidase; peroxisomal β -oxidation and hepatic P-450 microsomal detoxification. To combat ROS produced from such a vast set of sources, the cell is equipped with its own antioxidant defences.

1.3.1.2 Antioxidant defences

Before formulating therapeutic approaches towards the modulation of ROS levels, a comprehensive understanding of antioxidant pathways is essential. This section comprises, first, a description of the set of antioxidant defences present in the organism, which can be classified in enzymatic and non-enzymatic defences. Then, a review about the therapeutic approaches based on antioxidant research, and finally, an extensive explanation of the main regulatory pathways of antioxidant response, with a special focus on nuclear factor, erythroid-2 like 2 (NFE2L2, also NRF2) transcription factor.

1.3.1.2.1 Enzymatic antioxidant defences

Enzymatic antioxidant defences include SODs, glutathione peroxidases (GPXs), catalase, peroxiredoxins (PRDXs), thioredoxin system, glutaredoxins (GRLXs) and glutathione S-transferases (GSTs) (**Fig. 3**).

SODs accelerate the dismutation of two molecules of superoxide ($O_2^{\bullet-}$) into one molecule of H_2O_2 and one molecule of O_2 , reducing the consequent harmful effects of superoxide anion radical. Animals possess three SOD enzymes, one containing active-site manganese (MnSOD/SOD1), another one containing active-site copper and zinc (CuZnSOD/SOD2) and an extracellular SOD (SOD3) (Fridovich, 1995). SOD1 is localized in the mitochondrial matrix, whereas SOD2 is present in mitochondrial intermembrane space and in the rest of the cell, including the peroxisome, as commented before. The importance of SODs is evidenced by the phenotypes displayed by multiple animal models with mutations in SOD enzymes. Mice lacking SOD2 exhibit extensive mitochondrial damage and neurodegeneration before perinatal death (Lebovitz et al., 1996). Another key evidence of the association between oxidative stress and neurodegenerative diseases came from the identification of pathological mutations in SOD2 in familial amyotrophic lateral sclerosis (ALS) patients (Rosen et al., 1993). Nevertheless, SODs must work together with other enzymes that catalyze H_2O_2 .

These enzymes include catalase, mainly a peroxisomal enzyme, and glutathione peroxidases (GPXs), which are another important H_2O_2 scavenger enzymes, especially in the brain (Brigelius-Flohe, 1999). GPXs couple the reduction of H_2O_2 and other peroxides to H_2O or the corresponding alcohols with the oxidation of reduced glutathione ($GSH \rightarrow GSSG$). GSSG can be converted back to GSH by glutathione reductase (GR). Among the eight described GPXs (GPX1-8), GPX1-4 are selenoproteins with a selenocysteine (Sec) in the catalytic centre, while GPX6 is a selenoprotein in humans, but not in rats or mice. On the other hand GPX 5, 7 and 8 possess a cysteine (Cys) in the active site (Brigelius-Flohe et al., 2013). Among them, GPX4 plays a crucial neuroprotective function by controlling the production of lipid hydroperoxides and apoptosis (M. H. Yoo et al., 2010; S. E. Yoo et al., 2012).

Peroxiredoxins are another important group of ROS scavengers that reduce H₂O₂ and organic peroxides by a cycle of peroxide-dependent oxidation and thiol-dependent reduction (catalyzed by thioredoxins) of Cys residues (Rhee et al., 2005). The six isoforms of PRDX (I to VI) are classified into three subgroups based on the number and position of the Cys residues involved (2-Cys, atypical 2-Cys and 1-Cys). Peroxiredoxins depend on the thioredoxin system, composed by thioredoxin (TXN) and thioredoxin reductase (TXNRD), and the responsible of the reduction of the 2-Cys PRDXs (Chae et al., 1994a; Chae et al., 1994b; Luthman et al., 1982).

Thioredoxin system comprises TXN, truncated TXN (TXN-80), TXNRD, NADPH, and a natural TXN inhibitor, the thioredoxin-interacting protein (TXNIP). Thioredoxin system is involved in the regulation of redox signaling, being pivotal for growth promotion, neuroprotection, inflammatory regulation, apoptosis, and atherosclerosis (D. F. Mahmood et al., 2013). In humans, three distinct TXNs are present. TXN1 is cytosolic, TXN2 is mitochondrial, while TXN3 is only expressed in spermatozoa. TXN-80 is a truncated form of TXN1, whose functions are not well defined yet (Pekkari et al., 2004). Mammalian TXNRD are selenoproteins that reduce the active site disulfide in thioredoxins' Cys residues, in a NADPH-dependent manner. Three isoforms encoded by three different genes are present in humans, TXNRD1 (cytosolic), TXNRD2 (mitochondrial) and TXNRD3 (present in testis) (Arner, 2009). Finally, thioredoxin interacting protein (TXNIP) is a negative modulator of TXN1 (Junn et al., 2000). Recently, TXN2 deficiency in a patient led to impaired mitochondrial redox homeostasis as well as early-onset neurodegeneration (Holzerova et al., 2016)

The same function of the thioredoxin system can be performed by glutaredoxins (Fernandes et al., 2004). In humans four glutaredoxins have been described (GRLX1, GRLX2, GRLX3 and GRLX5). GRLX1 and GRLX3 reside mainly in the cytoplasm. GRLX2 and GRLX5 are mitochondrial, although two GRLX2 isoforms (GRLX2B and GRLX2C) can be found in the nucleus and cytosol of some testicular and cancer cells (Lillig et al., 2008). Glutaredoxins protect against oxidative stress by catalyzing reduction of protein mixed disulfides with GSH. When oxidized, GRLXs isoforms are regenerated by GSH (Fernandes et al., 2004).

Glutathione S-transferases, also related to GSH, compose a family of cytosolic, mitochondrial and microsomal enzymes, whose main function is detoxifying reactive electrophilic compounds (chemotherapeutic agents, insecticides, herbicides, carcinogens, and by-products of oxidative stress) by conjugation with GSH (Hayes et al., 2005). Mammalian cytosolic GSTs are all dimeric, with at least 17 subunits existing in humans (Board et al., 2013), only one mitochondrial subunit although also identified in peroxisomes (κ subunit) (Morel et al., 2004) and six microsomal GSTs subunits (mostly involved in the synthesis of eicosanoids).

1.3.1.2.2 Nonenzymatic antioxidant defences

Nonenzymatic antioxidants act by scavenging free radicals, embodying molecules such as ascorbic acid (vitamin C), α -tocopherol (vitamin E), glutathione, carotenoids, flavonoids, and other antioxidants. Most of them are ingested with the diet, although others can be synthesized endogenously (Forman et al., 2014).

Among them, the most important antioxidant system of the organism is glutathione (GSH/GSSG) (**Fig. 3**). Actually, glutathione antioxidant functions are performed by a system composed of i) GSH, a γ -L-Glu-L-Cys-Gly tripeptide; ii) NADPH-dependent glutathione reductase (GR, a pyridine nucleotide disulfide oxidoreductase GSSG reductase); iii) some of the GRLX isoforms described above, that act as thiol-disulfide reductases; iv) and several GPXs (also described above) (S. C. Lu, 2013). GSH is synthesized in the cytosol in two steps that require ATP. The first and rate-limiting step is catalyzed by glutamate-cysteine ligase (also known as γ -glutamylcysteine synthase, GCL). GCL is a heterodimeric enzyme composed by a catalytic subunit, GCLC and a regulatory (modifier) one, GCLM. In the second step, glutathione synthetase (GS) catalyzes the addition of glycine, which availability is rate-limiting too (Dalton et al., 2004). Cytosolic glutathione (the most abundant pool in the cell) is transported into the mitochondrion, the endoplasmic reticulum and the nucleus. GSH is the predominant form, except in the endoplasmic reticulum, where it exists mainly as GSSG (Hwang et al., 1992). GSH is only metabolized extracellularly by γ -glutamyl transpeptidase (GGT), allowing for recycling of GSH into its constituent amino acids (γ -glutamyl cycle) (S. C. Lu, 2013).

GSH/GSSG redox system enables optimum performance of multiple redox sensitive biochemical and biophysical processes, but can also directly scavenge free radicals (Winterbourn, 1993), although the physiological relevance of this latter function is still debated (Forman et al., 2014). The antioxidant function of GSH is thus accomplished by GPX-catalyzed and GRLX-catalyzed reactions, which reduce H_2O_2 and lipid peroxide, or reduce thiol groups in proteins, while GSH is oxidized to GSSG. GSSG is reduced back to GSH by GR at the expense of FAD and NADPH, forming a redox cycle (S. C. Lu, 2013).

GR acts as a dimer, utilizing FAD and NADPH to reduce one GSSG to two GSH (Schulz et al., 1978). GR adopts a central role in glutathione metabolism by linking the cellular NADPH pool with the GSH/GSSG pool, thus collaborating to maintain a reducing intracellular milieu (high GSH and low GSSG levels) (S. C. Lu, 2013).

Moreover, the interaction between GSH and free thiols in Cys residues of proteins, leads to reversible disulfides, in a process called S-glutathionylation. This process may result in the activation or inhibition of protein function (Grek et al., 2013). Thereby S-glutathionylation is able to modulate different cellular pathways, affect gene expression by affecting different transcription factors, and serves as a protective mechanism against irreversible cysteine oxidation. S-glutathionylation can be spontaneous or can be catalyzed by GSTP (Manevich et al., 2004), whereas it is reverted mainly by glutaredoxins (Fernandes et al., 2004). The role of these modifications in neurodegenerative diseases has been extensively reviewed in (Sabens Liedhegner et al., 2012).

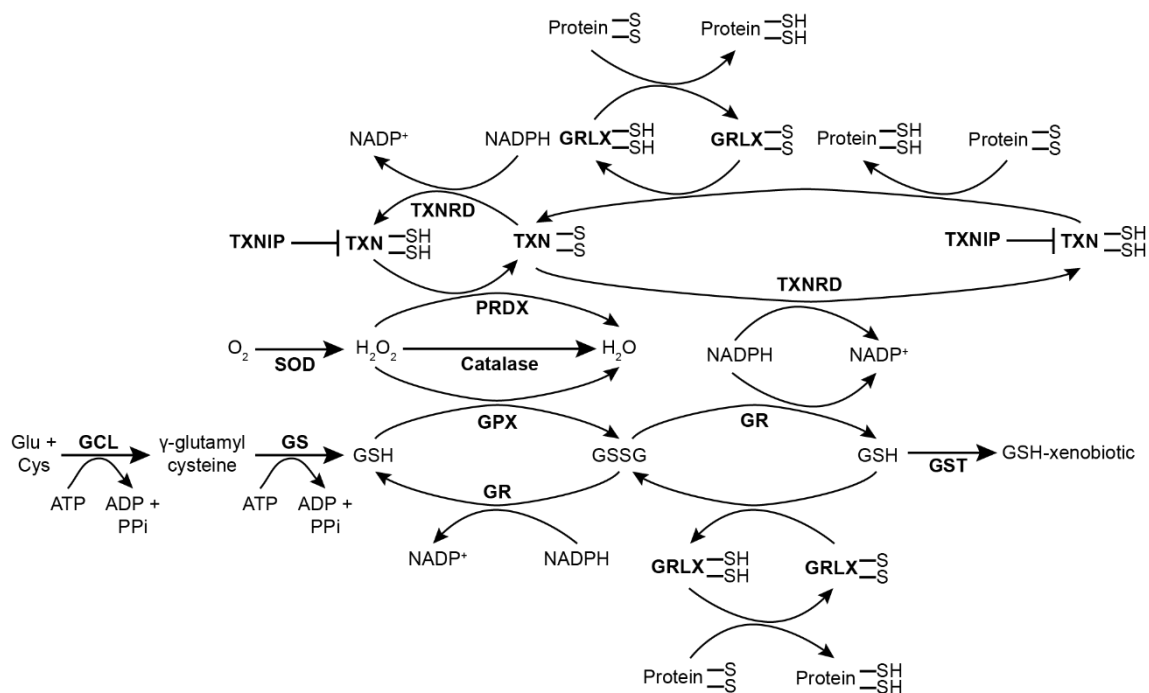


Figure 3 Glutathione and enzymatic antioxidant defence system

This schematic view of the endogenous antioxidant system embodies every arm of this system, as explained in detail in the introduction. Abbreviations: GCL (glutamate-cysteine ligase), GS (glutathione synthetase), GPX (glutathione peroxidase), GR (glutathione reductase), GST (glutathione S-transferase), GRLX (glutaredoxin), PRDX (peroxiredoxin), SOD (superoxide dismutase), TXN (thioredoxin), TXNIP (thioredoxin-interacting protein), TXNRD (thioredoxin reductase). Adapted from Zhang *et al.* (2014).

1.3.1.3 Oxidative stress in X-ALD

Evidences of oxidative stress associated to neurodegeneration are found in the majority of neurodegenerative disorders such as Parkinson's disease (PD) (Chung *et al.*, 2004); ALS (Mitsumoto *et al.*, 2008; Simpson *et al.*, 2004); multiple sclerosis (Haider *et al.*, 2011); Alzheimer's disease (AD) (Lopez *et al.*, 2013); and Huntington's disease (HD) (Browne *et al.*, 1999; C. M. Chen *et al.*, 2007). Neurons are especially sensitive to oxidative damage because of their high metabolic needs (Halliwell, 2001), considering that the brain represents about 2% of the total body weight yet it accounts for 20% of all the energy consumed by the organism. Reversing the ion influxes needed for action potential and synaptic neurotransmission consumes high amounts of energy (A. Ames, 3rd, 2000; Attwell *et al.*, 2001). Other factors determining the higher susceptibility of neurons to oxidative damage are: i) large dependence on oxidative phosphorylation

compared to other cells (Hall et al., 2012); ii) a relatively poor expression of antioxidant defences in comparison with other cells from the CNS (Bell et al., 2015); iii) they are enriched in metals which can act as catalysts for reactive species formation (Ward et al., 2012); and iv) they possess a high content of highly peroxidizable polyunsaturated fatty acids in their membranes (Adibhatla et al., 2010).

In the case of peroxisomal diseases, and in particular, X-ALD, it is currently well established that oxidative stress plays a key role in the pathophysiology of these diseases (Galea et al., 2012; I. Singh et al., 2010). Indeed, peroxisome-deficient mice exhibit an increase of SOD2 in different organs, reflecting oxidative stress (Baumgart et al., 2001). In X-ALD first clues were given by studies showing higher oxidizability of LDL in plasma from ALD patients compared to that of control subjects (Di Biase et al., 2000), and detecting expression of iNOS in astrocytes and microglia from brain tissue of X-ALD patients but not in controls (Gilg et al., 2000). Then, studies by Vargas *et al.* and Powers *et al.* detected oxidative stress in plasma, erythrocytes, fibroblasts (Vargas et al., 2004) and human adrenal cortex and brain sections from ccALD patients (Powers et al., 2005). X-ALD derived lymphoblasts also present higher levels of oxidative stress (Uto et al., 2008). Later, a series of studies from our group have demonstrated that oxidative stress is an early event in X-ALD pathophysiology. Fibroblasts and peripheral blood mononuclear cells (PBMC) derived from X-ALD patients display a twofold increase in the concentration of selected biomarkers of oxidative damage [glutamic semialdehyde (GSA) and amino adipic semialdehyde (AASA) for carbonylation; N ϵ -(carboxymethyl)-lysine (CML), N ϵ -(carboxyethyl)-lysine (CEL) for glycooxidation/lipoxidation; and N ϵ -MDA-lysine (MDAL) for lipoxidation], analyzed by gas chromatography/mass spectrometry (GC/MS) (Fourcade et al., 2008; Fourcade et al., 2010).

Using ABCD1-deficient mice, our group uncovered an aberrant accumulation of MDAL, a consequence of lipoxidative damage to proteins, in the spinal cord of these mice as early as 3.5 months of age. At 12 months of age, *Abcd1*^{-/-} mice accumulate additional proteins modified by oxidative damage arising from metal-catalyzed oxidation and glycooxidation/lipoxidation (Fourcade et al., 2008). We also unveiled an impairment of bioenergetic homeostasis due to oxidation of key enzymes of glycolytic pathway and Krebs cycle (Galino et al., 2011; Lopez-Erauskin et al., 2013), together

with an impairment of the mitochondrial oxidative phosphorylation, including mitochondrial DNA (mtDNA) oxidation (see below, in “Mitochondrial dysfunction in X-ALD”, for more details) (Lopez-Erauskin et al., 2013). Defects in bioenergetic homeostasis in X-ALD are associated with a decreased activity of pyruvate kinase, and lower levels of ATP, nicotinamide adenine dinucleotide (reduced form) (NADH) and GSH compared to controls (Galino et al., 2011). Alterations in energetic metabolism are also found in other neurodegenerative disorders, such as AD (Rhein et al., 2009), HD (Mochel et al., 2011) or ALS (Dupuis et al., 2004). Finally, a functional genomic analysis of transcriptomic data from the spinal cord of X-ALD mouse model and NAWM of X-ALD patients revealed a dysregulation in a wide array of mitochondrial genes related to the pyruvate and oxoglutarate dehydrogenase complexes, tricarboxylic acid (TCA) cycle, OXPHOS system and antioxidant defences (Schluter et al., 2012). Collectively, all these data provide enough evidences of the key role of oxidative stress in X-ALD.

In addition, VLCFA accumulation has been identified as the causative agent of redox imbalance in X-ALD. Excess of C26:0 generates ROS in human fibroblasts (Fourcade et al., 2008; Fourcade et al., 2010); immortalized neuronal and oligodendrocyte cell cultures (Baarine et al., 2012; Zarrouk et al., 2012); and mitochondria and primary astrocytes from WT and *Abcd1*^{-/-} mice brain (Kruska et al., 2015). In X-ALD fibroblasts, ROS generated by C26:0 oxidize mtDNA and impair OXPHOS system, triggering mitochondrial ROS production from electron transport chain complexes (Lopez-Erauskin et al., 2013).

Besides an excess of reactive oxygen species, oxidative stress can be caused by a deficit in endogenous antioxidant response. Measurement of the status of antioxidant defences in X-ALD has been done in multiple ways. Total antioxidant reactivity (TAR) is reduced in plasma from symptomatic AMN, ccALD patients (Deon et al., 2007; Turk et al., 2017; Vargas et al., 2004) and carrier women (Deon et al., 2008). Vargas *et al.* found no difference in total radical-trapping antioxidant potential (TRAP), indicative of non-enzymatic antioxidant defences (2004). However, GSH is reduced in the spinal cord of ABCD1-deficient mice (Galino et al., 2011) as well as in lymphocytes and erythrocytes from X-ALD patients (Petrillo et al., 2013). Furthermore, excess of C26:0 in X-ALD fibroblasts induces GSH depletion, and X-ALD fibroblasts present higher

sensitivity to L-buthionine-sulfomixine (BSO), an inhibitor of GSH synthesis (Fourcade et al., 2008). In brief, these data suggest a deficit in the antioxidant defences in X-ALD.

Regarding enzymatic defences, Fourcade *et al.* described changes in the expression of enzymatic antioxidant defences such as catalase, SOD1, SOD2 and GPX1 in the spinal cord of the X-ALD mouse model (Fourcade et al., 2008). VLCFA induce the expression of some enzymatic antioxidant defences like catalase and GPX1 in WT mice-derived organotypic spinal cord slice cultures (OSCSC) (Fourcade et al., 2008), or SOD in 158N murine oligodendrocytes (Baarine et al., 2012). Interestingly, upon C26:0 treatment, control fibroblasts do not show any lesion characteristic of oxidative damage, whereas X-ALD fibroblasts do, suggesting that the mechanisms that should buffer the oxidative stress caused by C26:0 may work less efficiently in X-ALD fibroblasts (Fourcade et al., 2008). Increased activity of GPX1, catalase and SODs has been detected in erythrocytes and fibroblasts from ccALD patients (Vargas et al., 2004), suggesting a pro-oxidative status in these cells compared to control. SOD2 expression is increased in astrocytes (Powers et al., 2005) and fibroblasts (Fourcade et al., 2008) from X-ALD patients, and its level and enzymatic activity have been associated with cerebral demyelination (Brose et al., 2012; Turk et al., 2017).

Considering all these evidences, antioxidants were then suggested as a therapeutic strategy for X-ALD patients. Several studies supported this approach. Vitamin E (α -tocopherol) prevents oxidative lesions to X-ALD fibroblasts induced by excess of C26:0 (Fourcade et al., 2008). N-acetylcysteine (NAC) reverses mitochondrial damage markers and cyclophilin D-mediated opening of the mitochondrial permeability transition pore in X-ALD fibroblasts (Lopez-Erauskin et al., 2012). Lipoic acid (LA), NAC and vitamin E, individually or combined at lower doses, prevent C26:0-dependent ROS accumulation in X-ALD fibroblasts (Lopez-Erauskin et al., 2011). Moreover, *in vivo*, a cocktail of NAC, LA and vitamin E neutralizes oxidative stress and damage to proteins; preserves bioenergetic homeostasis; and prevents axonal degeneration and locomotor deficits in the X-ALD mouse models (Lopez-Erauskin et al., 2011). These preclinical results led to a phase II clinical trial with a cocktail of antioxidants (NCT01495260) in AMN patients, which results were detailed before in this thesis.

1.3.1.4 Antioxidant therapeutics

Since an excess of free radicals and reactive species has proven to be harmful, it seemed reasonable that scavenging them with supplements of antioxidants would protect against oxidative damage. Indeed, first studies in the early 90s with animal models showed the potential of dietary antioxidants such as α -tocopherol (Vit E) (Parola et al., 1992). Studies over these decades have demonstrated the beneficial effects of antioxidants supplements for a myriad of neurodegenerative pathologies in animal models, including X-ALD (Kamat et al., 2008; Lopez-Erauskin et al., 2011).

So, why all these promising *in vitro* and *in vivo* (with animal models) evidences do not usually translate into successful human clinical trials? (Petersen et al., 2005; H. H. Schmidt et al., 2015; Sesso et al., 2008; Shuaib et al., 2007). This contradiction has been defined as the *antioxidant paradox* (Halliwell, 2000). The recent results of a large study investigating the effect of vitamin E or selenium supplements to prevent dementia illustrate perfectly this paradox. The authors concluded that these compounds do not prevent neurodegeneration or dementia, even though it is known that oxidative stress plays a role in the onset of dementia (Kryscio et al., 2017). One possible reason is that rats and mice appear to be more sensitive to dietary antioxidant levels than humans, being therefore more likely to display less oxidative damage after antioxidant supplementation (Halliwell, 2011; Lehr et al., 1999). Furthermore, exposure to oxygen in experiments with cell cultures, isolated organs, and cell-free models represent artificial conditions due to a very high partial oxygen pressure of about 200 μ M, much more than physiological concentrations (Halliwell, 2014; Kojo, 2012). Other reasons have been pointed to play a role in the so called *antioxidant paradox*, for instance the lack of a correct antioxidant efficacy assessment *in vivo* (Cocheme et al., 2010).

The predominating trend in the last decades has been that protection by diets containing antioxidants against different chronic diseases and cancer is due to their antioxidant capacity (B. N. Ames et al., 1993). However, this idea of a free radical scavenger mechanism for antioxidant supplements cannot be substantiated on a kinetic basis *in vivo*, as explained in detail in (Forman et al., 2014). Even when reaching high concentrations of a given antioxidant in cells or plasma, the reactions rates are insignificant in comparison with enzymatic reactions catalyzed by various peroxidase

and peroxiredoxins (Flohe et al., 2011). Hence, endogenous antioxidants provide for biologically relevant antioxidant defences rather than antioxidant supplements.

As we have seen in this section, ROS play a dual role that requires a tight regulation of ROS producing and detoxifying pathways, since low levels are needed for physiological functions, but an excess is harmful. A good example could be found in the muscle, where diverse regulatory systems, both positive and negative, have evolved to enable adaptation to oxidative environments (Y. C. Jang et al., 2010; Ristow et al., 2009). Thereby, and given the unprosperous results of antioxidant supplements in clinical trials, therapeutic efforts should seek the activation of endogenous antioxidant response while leaving ROS physiological functions unaltered. Therefore, one of the main challenges in redox biology is to develop effective antioxidants for human use, particularly in the brain.

1.3.1.5 NRF2/ARE system

At the center of this new focus, i.e targeting endogenous antioxidants, is the transcription factor NRF2, a member of the cap 'n' collar (CNC) subfamily of basic region leucine zipper (bZip) transcription factors, and also considered the master regulator of endogenous antioxidant response (Andrews et al., 1993; Moi et al., 1994). NRF2-mediated signaling activates a whole battery of cytoprotective defences against oxidative stress and phase-II detoxifying enzymes through binding to antioxidant response element (ARE) sequences in the DNA (Favreau et al., 1991; Itoh et al., 1997; Rushmore et al., 1990). In *Caenorhabditis elegans*, skinhead-1 (SKN-1) protein has a significant homology with NRF2 and binds to an ARE-like element to regulate oxidative stress-related genes (An et al., 2003). In *Drosophila* CncA, CncB, and CncC proteins are similar to mammalian CNC bZip proteins (Sykiotis et al., 2008). Hundreds of genes are regulated by this system, including heme oxygenase-1 (*HMOX1*); NAD(P)H:quinone oxidoreductase-1 (*NQO1*) and enzymes involved in the metabolism of glutathione such as GSTs, GCL and GPXs (J. M. Lee et al., 2003; McMahon et al., 2001; Thimmulappa et al., 2002). An extensive list of NRF2-controlled genes has been reported by Ma *et al.* and Tebay *et al.* (Ma, 2013; Tebay et al., 2015).

Among the prototypical target genes regulated by NRF2, *HMOX1*, *NQO1*, *GCLC* and *GSTA3* can be highlighted, as they were studied in this thesis as readout of NRF2 pathway status. *GCLC* encodes for the catalytic subunit of GCL, the enzyme involved in the rate-limiting step of glutathione synthesis, where *GSTA3* encodes for one of the glutathione S-transferases. The functions of these proteins are detailed in the “Non-enzymatic antioxidant defences” section. *HMOX1* encodes for HO-1 protein, which catalyzes the rate-limiting step in the degradation of free heme [iron (Fe) protoporphyrin (IX)] into biliverdin, carbon monoxide (CO) and free iron (Fe^{2+}). HO-1 expression is induced upon oxidative stress due to NRF2-dependent signaling (Alam et al., 1999), and it provides cytoprotection against oxidative stress caused by potentially toxic free heme (not contained within the heme pockets of hemoproteins), as less reactive iron can be stored as ferritin, which is a non toxic form (Gozzelino et al., 2010). NQO1 protein is a cytosolic homodimeric FAD-dependent flavoprotein, also regulated by NRF2/ARE signaling (Favreau et al., 1991; Nioi et al., 2003). NQO1 provides cytoprotection by different mechanisms. First, it catalyzes two electron-reduction and detoxification of a

myriad of substrates, in particular quinones and its derivatives, using NADH or NADPH as electron donors (Talalay et al., 2004). This reduction, bypassing the toxic semiquinone intermediate, generates hydroquinone, which is relatively stable and can be further conjugated and excreted (R. Li et al., 1995). In addition, oxidoreductase activity maintains the endogenous lipid-soluble antioxidants, such as α -tocopherol-hydroquinone and coenzyme Q10 in their reduced and active forms (Landi et al., 1997; Siegel et al., 1997). Finally, NQO1 regulates the stability of p53 tumour suppressor protein in response to DNA damage (Asher et al., 2001).

Antioxidant response induction requires a common DNA sequence called ARE, 5'-RTGASnnnGCR-3' (Rushmore et al., 1991), later updated to 5'-TMAnnRTGAYnnnGCR-3' (M = A or C; R = A or G; Y = C or T; W = A or T; S = C or G; n = any nucleotide) (Nioi et al., 2003). NRF2 binding to the promoter of its target genes requires small musculoaponeurotic fibrosarcoma (MAF) proteins (MAFF, MAFG and MAFK), forming heterodimers (Itoh et al., 1997; Katsuoka et al., 2005; Toki et al., 1997). On the other hand, BTB (Broad complex, tramtrack, and bric-a-brac) domain and CNC homolog proteins (BACH1 and BACH2) inhibit NRF2 signaling by competitive binding of small MAF proteins (Oyake et al., 1996). In general NRF2 activates an endogenous response against oxidative stress embodying hundreds of genes by binding to ARE sequences in the DNA forming heterodimers with small MAF proteins.

NRF2 is a modular protein comprising 597 amino acids in rodents, and 605 amino acids in humans, structurally divided into seven Neh (NRF2-ECH homology) domains. ECH terminology derives from the name given by Yamamoto and collaborators when they described the chicken NRF2 orthologous protein, which was called erythroid cell-derived protein with CNC homology (ECH) (Itoh et al., 1995). NRF2 regulation is determined by two separate protein domains, one based on KEAP1-dependent cysteine thiol-based redox signaling, and another domain regulated by a redox-insensitive mechanism (McMahon et al., 2004), that are detailed in the following section.

1.3.1.5.1 KEAP1-dependent regulation of NRF2

Under non-stress conditions, Kelch ECH associating protein 1 (KEAP1) sequesters NRF2 in the cytoplasm for its degradation by the ubiquitin-proteasome system (Itoh et

al., 1999), thus inhibiting NRF2-dependent antioxidant response (**Fig. 4**). Half life of NRF2 is around 20 min, due to its rapid degradation by proteasomes at basal conditions, resulting in low levels of NRF2 protein in most of the cells (A. Kobayashi et al., 2004; D. D. Zhang et al., 2004). The two main domains of KEAP1 are BTB and Kelch/DGR (double glycine repeat).

BTB domain in the N-terminal region of KEAP1 interacts with a Cullin-3-based E3 ubiquitin ligase complex that recognizes NRF2, delivering it to the proteasome. Kelch/DGR (double glycine repeat) domain in the C-terminal region mediates binding of KEAP1 to the Neh2 domain of NRF2. Intervening region (IVR) or linker region (LR), which is rich in cysteines, is found between BTB and DGR domains (X. Li et al., 2004; Ogura et al., 2010). The proposed mechanism of NRF2-KEAP1 interaction is denoted as “hinge-and-latch”, in which a dimer of KEAP1 interacts with the ETGE and DLG domains of one molecule of NRF2. DLG domain interaction with KEAP1 is the first disrupted upon oxidative stress, preventing more NRF2 to bind KEAP1, and thus allowing newly synthesized NRF2 to translocate to the nucleus (McMahon et al., 2006; Ogura et al., 2010; Tong et al., 2006). (**Fig. 4**)

By the mechanism just explained before, oxidative stress or electrophiles modify redox-sensitive cysteine residues in KEAP1 (especially Cys 151 in BTB domain, and Cys 273/Cys 288 in IVR domain), provoking derepression of NRF2 and its subsequent nuclear translocation to the nucleus. Electrophiles such as sulforaphane, dexamethasone mesylate, synthetic triterpenoids or dimethyl fumarate (Dinkova-Kostova et al., 2002; Dinkova-Kostova et al., 2005; Dinkova-Kostova et al., 2001; Linker et al., 2011) modify cysteines residues on KEAP1, disrupting its interaction with NRF2 (T. Yamamoto et al., 2008; D. D. Zhang et al., 2003). *In vivo* data from *Keap1* knockout mice supports this NRF2/KEAP1 interaction, as these mice show constitutive hyperactivation of NRF2 leading to postnatal lethality (Wakabayashi et al., 2003). However, apart from this redox sensitive KEAP1-dependent regulation, there are several upstream signaling pathways that can also regulate NRF2-dependent response.

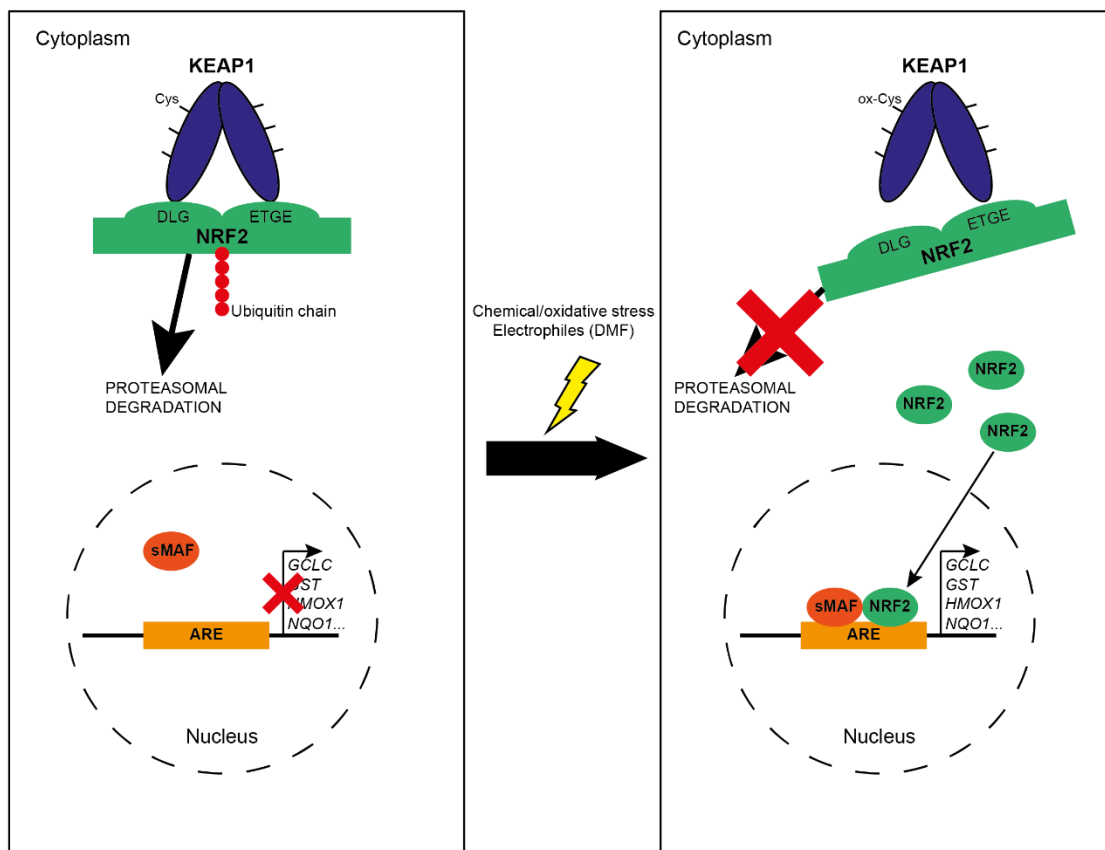


Figure 4 Schematic overview of the KEAP1-dependent NRF2 regulation

Under basal conditions (left side), NRF2 is bound to its cytoplasmic repressor KEAP1, and is degraded by the ubiquitin-proteasome system. Upon exposure to a stressor or electrophiles, which modify cysteine residues on KEAP1, newly synthesized NRF2 can translocate to the nucleus. Once in the nucleus, NRF2 dimerizes with small MAF proteins (sMAF) and binds to antioxidant response element (ARE) sequences in the DNA, and then activates the transcription of hundreds of genes involved in the endogenous antioxidant response, inflammation and many other functions. Abbreviations: DMF (dimethyl fumarate), KEAP1 (Kelch ECH associating protein 1), NRF2 (nuclear factor, erythroid-2 like 2), GCLC (glutamate-cysteine ligase, catalytic), GST (glutathione S-transferase), HMOX1 (heme oxygenase-1), NQO1 (NAD(P)H:quinone oxidoreductase-1). Adapted from Bryan et al. (2013).

1.3.1.5.2 KEAP1-independent regulation of NRF2 pathway

In this category, the most important and better described regulatory mechanism is mediated by signaling pathways that regulate glycogen synthase kinase-3 beta (GSK-3 β) (Martin et al., 2004; Rada et al., 2011; Rojo et al., 2008b; Salazar et al., 2006). Among them, phosphoinositide 3-kinase (PI3K)/AKT and canonical WNT signaling pathways are involved in NRF2 regulation. The interaction between GSK-3 and NRF2 was first described in *C. elegans*, where SKN-1 interacts with GSK-3 (An et al., 2005)

and AKT (Tullet et al., 2008). PI3K/AKT association with NRF2 is particularly interesting in the case of neurodegenerative diseases because it connects antioxidant cytoprotective response with other essential cellular functions in the CNS, such as pro-survival signaling (Dudek et al., 1997). Activation of PI3K/AKT protects PC12 cells against several stresses/toxins such as 1-methyl-4-phenylpyridinium (MPP⁺) (Salinas et al., 2001), 6-hydroxydopamine (6-OHDA) (Salinas et al., 2003) and amyloid- β (A β) fragment A β (25-35) (Martin et al., 2001) while reducing ROS levels and inducing the expression of *HMOX1*, a prototypical NRF2 target gene (Salinas et al., 2003). Other stressors such as peroxynitrite and sulfur amino acid deprivation lead to PI3K/AKT-mediated NRF2 activation (Kang et al., 2002; Kang et al., 2000). However, the link between these two pathways was elusive until GSK-3 β mediated phosphorylation of NRF2 was described (Rada et al., 2011), providing a conceptual frame that embodies both pathways.

Modulation of GSK-3 β by pharmacologic modulators and genetic variants has led to the demonstration that GSK-3 β modulates NRF2-dependent antioxidant response (Salazar et al., 2006). In particular, GSK-3 β phosphorylates serine residues in the Neh6 domain of NRF2, creating a recognition motif for beta-transducin containing protein (β -TrCP), an adaptor protein for the Cull1-dependent SCF (Skp1-Cullin-F-box) E3 ubiquitin ligase, and leading to the ubiquitination and proteasomal degradation of NRF2 independently of KEAP1 (Rada et al., 2011; Rada et al., 2012) (**Fig. 5**). The functional relevance of this pathway *in vivo* was demonstrated in the hippocampus of mice with postnatal neuronal deficiency of GSK-3 β . These neurons display increased levels of NRF2, phase-II gene products and GSH, together with lower levels of carbonylated proteins and MDA (Rada et al., 2012). In addition, oxidative damage activates GSK-3 β leading to NRF2 inhibition in neurons (Rojo et al., 2008a; Rojo et al., 2008b). To sum up, GSK-3 β plays a fundamental role in the regulation of NRF2-dependent response.

GSK-3 is a highly conserved serine/threonine protein kinase encoded by two similar genes encoding GSK-3 α (51 kDa) and GSK-3 β (47 kDa) proteins (Woodgett, 1990). GSK-3 is expressed ubiquitously in virtually all mammalian tissues, with high expression in the brain, in particular in neurons and glia (Ferrer et al., 2002; Pandey et al., 2009; Perez-Costas et al., 2010; Yao et al., 2002).

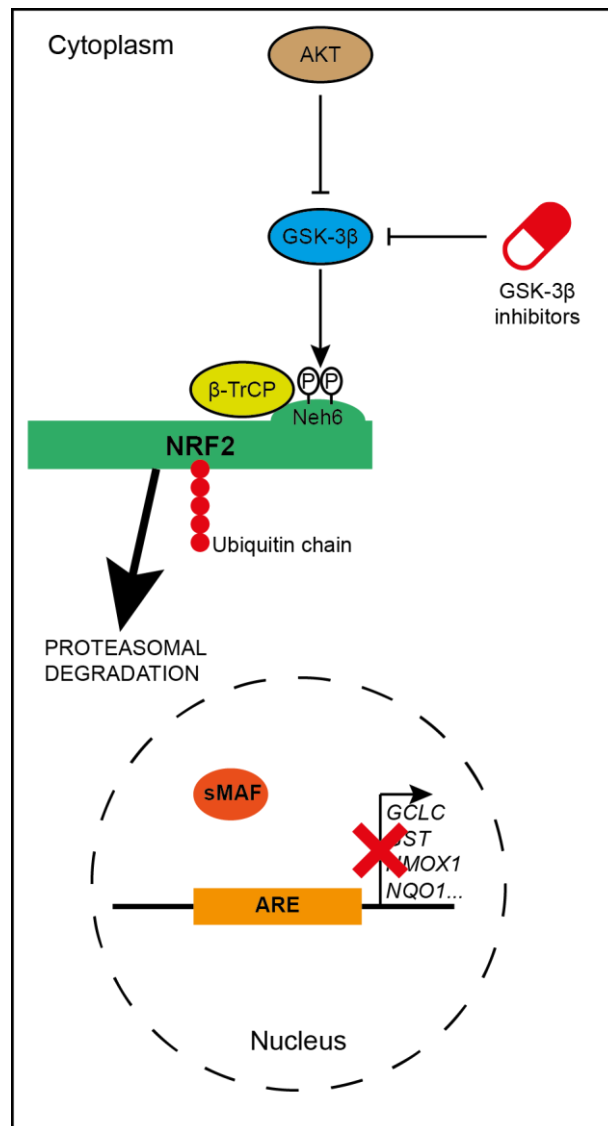


Figure 5 Schematic overview of the GSK-3 β dependent negative regulation of NRF2

GSK-3 β , which is inhibited by AKT-mediated phosphorylation, phosphorylates several amino acids in the Neh6 domain of NRF2, creating a recognition motif. Then, β -TrCP, an adaptor protein, recognizes this motif, and allows ubiquitination of NRF2 and its subsequent proteasomal degradation. GSK-3 β inhibitors induce the NRF2 pathway by preventing NRF2 phosphorylation by GSK-3 β . Abbreviations: GSK-3 β (glycogen synthase kinase-3 beta), β -TrCP (beta transducing containing protein).

GSK-3 is a unique kinase due to its high activity under resting conditions (Sutherland et al., 1993) and its inhibition, mediated by extracellular signals that phosphorylate a serine residue (Ser9 in GSK-3 β , Ser21 in GSK-3 α), leading to a decrease in its enzymatic activity (Stambolic et al., 1994; Welsh et al., 1993). GSK-3 is constitutively phosphorylated in resting cells on a Tyr residue (Y216 in GSK-3 β and Y279 in GSK-3 α), associated with facilitation of substrate phosphorylation (Hughes et al., 1993). Insulin, for instance, inactivates GSK-3 *via* PI3K/AKT-mediated phosphorylation of

Ser9/21 residues (D. A. Cross et al., 1995). Other regulators of GSK-3 β include the mammalian target of rapamycin (mTOR) pathway and mitogen-activated protein kinase (MAPK) cascades. Another particularity compared with other protein kinases is the preference of GSK-3 for primed substrates, i.e. substrates previously phosphorylated by another kinase (Dajani et al., 2001; ter Haar et al., 2001).

Regarding its function, GSK-3 is involved in multiple cellular pathways including glycogen metabolism, inflammation, apoptosis, cell cycle regulation and proliferation (Diehl et al., 1998; S. Shin et al., 2011; H. Wang et al., 2011). Dysregulation of signaling pathways involving GSK-3 is associated with the pathogenesis of human diseases such as diabetes, AD, bipolar disorder and cancer (Amar et al., 2011; Freyberg et al., 2010; Medina et al., 2014).

Focusing on the nervous system, GSK-3 β has attracted a lot of attention after being pointed as the kinase responsible for Tau phosphorylation (Hanger et al., 1992; Mandelkow et al., 1992). Since then, functional studies of GSK-3 through the use of knockout mice, have revealed fundamental roles for this kinase in memory, behavior, and neuronal fate determination (Kaidanovich-Beilin et al., 2009; W. Y. Kim et al., 2009; Y. C. Li et al., 2011; K. J. Liu et al., 2007; Peineau et al., 2008). *Gsk-3 α* -null mice are viable (MacAulay et al., 2007), but *Gsk-3 β* knockout mice die *in utero* (Hoeflich et al., 2000), thus studies in mice are performed on heterozygous mice (*Gsk-3 β ^{+/-}*) or in cellular-specific knockouts. These *Gsk-3 β ^{+/-}* mice display an antidepressant phenotype which mimics the effect of lithium (O'Brien et al., 2004), a GSK-3 inhibitor drug widely used as mood stabilizer in psychiatric disorders such as schizophrenia and bipolar disorder (P. S. Klein et al., 1996; Stambolic et al., 1996). On the other hand, GSK-3 overexpressing mice present hyperactivity and mania (Prickaerts et al., 2006), reinforcing the central role of GSK-3 in psychiatric disorders. Altogether, these studies have unveiled a key role of GSK-3 in the CNS.

1.3.1.5.3 *NRF2/ARE in neurodegenerative diseases: a promising target*

The relevance of NRF2 pathway in physiology is evidenced by the phenotype of *Nrf2* knockout mice, which are more susceptible to a broad range of chemical toxicity and disease conditions associated with oxidative stress (Chanas et al., 2002; Chowdhry et

al., 2010; Itoh et al., 1997; Yoh et al., 2001) including neurodegenerative diseases (Hubbs et al., 2007; Johnson et al., 2010; Lastres-Becker et al., 2012). In the recent years, NRF2/ARE has emerged as a promising therapeutic target against neurodegenerative disorders, not only because NRF2 induces a whole battery of antioxidant genes, but also because NRF2 regulates genes involved in proteostasis (Kapeta et al., 2010; Komatsu et al., 2010; Kwak et al., 2003; Pajares et al., 2016; Pickering et al., 2012), neuroinflammation (Innamorato et al., 2008; Rojo et al., 2010) and bioenergetics (Holmstrom et al., 2013; Ludtmann et al., 2014) in the nervous system. Alterations in these pathways are common in neurodegenerative disorders. Consequently, activating NRF2-dependent response should lead to a sustained neuroprotective effect, as it has been demonstrated in other models of neurodegenerative diseases (Kaidery et al., 2013; Kanninen et al., 2009; Lastres-Becker et al., 2016; Neymotin et al., 2011; Stack et al., 2010).

Pharmacologic targeting of NRF2 can be achieved by a dual strategy through KEAP1 or GSK-3 β /TrCP. Single-hit activation of NRF2-dependent response is usually achieved by electrophilic compounds that react with specific redox-sensitive cysteine residues described before (Zenkov et al., 2013). However, some of these compounds might also be targeting GSK-3 β pathway through other pathways, such as activation of PI3K/AKT or inhibition of phosphatases like phosphotyrosine phosphatase 1B (PTP1B) (Mobasher et al., 2013) and phosphatase and tensin homolog (PTEN) (Pitha-Rowe et al., 2009; Rojo et al., 2014). Therefore, GSK-3 β inhibitors open new avenues of research on NRF2 activation.

1.3.1.5.4 Dimethyl fumarate as NRF2 inducer

Among NRF2 activators, I would like to highlight, given the interest for this thesis, dimethyl fumarate (DMF), a drug derived from the simple organic acid fumaric acid. Although free fumaric acid is poorly absorbed by the gastrointestinal tract, its ester derivatives, namely monomethyl fumarate (MMF) and DMF have been proved to be beneficial in treating psoriasis since the late 50s (Schweckendiek, 1959). Fostered by the safe profile and its immunomodulatory properties, the role of DMF in other immune diseases, such as multiple sclerosis, has been explored (Schimrigk et al., 2006). Indeed, DMF (Tecfidera) has been recently approved by the US Food and Drug Administration

(FDA) and the European Medicines Agency (EMA) for the treatment of relapsing remitting multiple sclerosis (Fox et al., 2012; Gold et al., 2012; Kappos et al., 2008). DMF has also been successfully tested in preclinical studies for other neurodegenerative diseases, e.g. multiple sclerosis (Schilling et al., 2006), HD (Ellrichmann et al., 2011), PD (Ahuja et al., 2016; Lastres-Becker et al., 2016) and Theiler's murine encephalomyelitis virus-induced demyelinating disease (TMEV-IDD) (K. Kobayashi et al., 2015).

First studies on DMF mechanism of action were focused on its immunomodulatory properties. DMF induces pro-apoptotic effects on T cells *in vitro* (Treumer et al., 2003), although the proposed mechanism is associated with a Th2 response shift, characterized by production of anti-inflammatory cytokines, such as interleukin(IL)4, IL5 and IL10 (de Jong et al., 1996; Litjens et al., 2004; Wilms et al., 2010). DMF also target other immunological cell types like neutrophils, monocytes/macrophages, endothelial cells and keratinocytes (Loewe et al., 2002; Nibbering et al., 1993; Schilling et al., 2006; Stoof et al., 2001). Recent evidences from multiple sclerosis patients show that DMF reduces lymphocyte counts about 50% after one year of treatment (Fox et al., 2012; Gold et al., 2012; Longbrake et al., 2016; Spencer et al., 2015), as well as alters circulating T helper cell subsets *in vivo* (Gross et al., 2016). Collectively, these evidences show that immunomodulation is an important feature in the mechanism of action of DMF.

Interestingly, DMF may exert neuroprotective, and possibly also myelin-restoring effects beyond its immunomodulatory mechanisms (Arnold et al., 2014; MacManus et al., 2011). On a molecular level, seminal contributions on DMF mechanism of action have involved NRF2-dependent antioxidant response (Linker et al., 2011; Scannevin et al., 2012). DMF modifies Cys 151 residue of KEAP1, allowing NRF2 translocation to the nucleus and ultimately leading to the transcriptional activation of prototypical target genes including *HMOX1* and *NQO1*. These protective effects are lost in NRF2-deficient mice (Linker et al., 2011; Scannevin et al., 2012).

Clinically, oral DMF is well tolerated by the patients, although 30-40% of them experiment transient gastrointestinal irritations and flushing, typically within the first 2-3 months of treatment. Thereafter, these adverse effects disappear (Phillips et al., 2015).

Lymphocytopenia is another side effect of DMF treatment (Longbrake et al., 2015), and related to this, rare cases of progressive multifocal leukoencephalopathy (PML) have been associated to DMF treatment (Nieuwkamp et al., 2015; Rosenkranz et al., 2015). Hence, the latest Committee for Medicinal Products for Human Use (CHMP) decision includes testing for total number of lymphocytes every 3 months after starting DMF treatment (Linker et al., 2016), to minimize the risks of immunosuppression.

To sum up, DMF is an immunomodulatory drug and also activates NRF2 antioxidant pathway, being a promising drug candidate for those diseases presenting oxidative stress and neuroinflammation among their hallmarks.

1.3.2 Mitochondrial dysfunction: X-ALD as a secondary mitochondrial disease

Mitochondria derive from an α -proteobacterial endosymbiont (Gray et al., 1999). These organelles are comprised of two separate membranes, the mitochondrial outer membrane (MOM) and the mitochondrial inner membrane (MIM), that encapsulate the intermembrane space and matrix compartments. They contain a circular genome, mtDNA, which encodes 13 out of the 1500 mitochondrial proteins, while the rest are encoded in the nucleus. Mitochondria form a dynamic, interconnected network that is intimately integrated with other cellular compartments, like the peroxisome (Schrader et al., 2015). The main function of mitochondria is the production of energy through the OXPHOS system in the form of ATP, which is the end product of catabolic processes such as glycolysis and tricarboxylic acid cycle (Krebs cycle). During these processes NAD^+ or FAD are reduced to form NADH and FADH_2 , respectively. Electron transport chain (ETC) consists of four complexes (I-IV) in which electrons from NADH/ FADH_2 are transferred, generating a proton gradient across the mitochondrial inner membrane, which drives the ATP-synthase (complex V) to transform ADP into ATP. Mitochondria regulate other important functions such as β -oxidation of fatty acids; biosynthesis of amino acids, heme group and steroids; calcium homeostasis; cell death; thermogenesis; and cellular stress responses (McBride et al., 2006). Thereby, mitochondrial dysfunction is associated with a myriad of human inherited disorders and is implicated in neurodegenerative disorders, cardiomyopathies, metabolic syndrome, cancer, and obesity (Nunnari et al., 2012).

1.3.2.1 Mitochondrial dysfunction associated to neurodegeneration

Due to the high metabolic needs of the central nervous system, explained before, improper functioning of mitochondria have devastating effects on neuronal survival (Court et al., 2012). Additionally, mitochondria are essential for non-neuronal cells in the CNS. For instance, mitochondrial function is critical for the differentiation of oligodendrocytes, as well as to provide the lipids necessary for myelination (Bonora et al., 2014; Schoenfeld et al., 2010). Furthermore, lack of functional mitochondria in oligodendrocytes or Schwann cells in mice lead to a severe neuropathy (Funfschilling et

al., 2012). Astrocytes' functions, including support of neurotransmission and supply of energetic substrate, e.g. lactate, to neurons, also require mitochondrial function (Cambron et al., 2012; Hayakawa et al., 2016), even though a recent report claims that astrocytes are naturally glycolytic cells (Supplie et al., 2017). Inflammatory responses mediated by microglia are also modulated by mitochondria (Ferber et al., 2010; Park et al., 2013). Thus, mitochondrial function is essential in neuronal and glial cells.

There are plenty of evidences supporting an important role of mitochondrial dysfunction in the pathogenic cascade of the majority of neurodegenerative diseases. For more details, there are extensive reviews on this topic (Johri et al., 2012a; M. T. Lin et al., 2006). Briefly, it has been described in AD (Swerdlow et al., 2010), PD (Franco-Iborra et al., 2016), HD (Bossy-Wetzel et al., 2008; Browne et al., 2004), ALS (Magrane et al., 2009) and in white matter disorders (Morato et al., 2014). It is worth to note that some mitochondrial diseases, caused by mutations in genes encoding mitochondrial proteins, are, in fact, neurodegenerative diseases such as Leber's hereditary optic neuropathy or Leigh syndrome (Ylikallio et al., 2012), underscoring the importance of this organelle in the central nervous system. Alterations in mitochondrial dynamics are also common in the majority of neurodegenerative diseases, although this aspect of mitochondria is not commented in this section, given that it was not studied in this thesis.

1.3.2.1.1 Mitochondrial dysfunction in X-ALD

Although X-ALD cannot be considered a primary mitochondrial disease, due to its peroxisomal origin, recent evidences point at mitochondria as a central hub in the pathophysiology of the disease. Even though one study found no alterations in respiratory chain from mitochondria isolated from 9-month-old *Abcd1*⁻ mice muscle and brain, despite the accumulation of VLCFA (Oezen et al., 2005); further studies have reported mitochondrial abnormalities in the adrenal cortex and the spinal cord of mice lacking ABCD1 (Lopez-Erauskin et al., 2013; McGuinness et al., 2003; Morato et al., 2013) and ABCD2 (Ferrer et al., 2005). Furthermore, the results from the transcriptomic functional analysis in X-ALD mice and human patients unravelled a common metabolic abnormality signature, characterized, among other pathways, by mitochondrial dysregulation (Schluter et al., 2012). In addition, evidences of mitochondrial structural alterations are present in AMN patients (Powers et al., 2001; Schroder et al., 1996) as

well as in other peroxisomal disorders, like in Zellweger patients (Goldfischer et al., 1973) or *Pex5^{-/-}* mice (Baumgart et al., 2001; Peeters et al., 2015). These results are consistent with mitochondrial alterations caused by a peroxisome dysfunction.

Evidences of oxidative stress have been detailed in the former section. In our group, we have demonstrated that VLCFA-derived ROS are mainly originated in the mitochondria and that oxidative stress induces mitochondrial membrane depolarization (Fourcade et al., 2008; Lopez-Erauskin et al., 2013), as well as triggers the opening of the mitochondrial permeability transition pore due to Cyclophilin D oxidation (Lopez-Erauskin et al., 2012). Using *ex vivo* spinal cord slices from *Abcd1⁻* mice, excess of VLCFA induced mitochondrial ROS formation from complexes I and II, and impaired complex V function by oxidation (Lopez-Erauskin et al., 2013). Similar mechanisms have been observed *in vitro* using SK-NB-E neuroblastoma cell line (Zarrouk et al., 2012); B12 oligodendrocytes and U87 astrocytes (Baarine et al., 2015); and primary astrocytes from WT and *Abcd1⁻* mice (Kruska et al., 2015). In the latter study, Kruska and collaborators also found VLCFA-dependent impairment of Ca^{2+} retention capacity, as well as higher Ca^{2+} retention capacity in brain mitochondria from 6-month-old *Abcd1⁻* mice (Kruska et al., 2015). These results has permitted our group to hypothesize on how VLCFA excess triggers oxidative stress from the mitochondria in X-ALD, based also on other data which suggest that C26:0 may replace the lateral chain of phospholipids of the MIM, increasing membrane microviscosity (Whitcomb et al., 1988), together with interfering with OXPHOS system and inducing ROS production (Lopez-Erauskin et al., 2013). In short, these studies demonstrate the interplay between mitochondrial dysfunction and oxidative stress in the pathophysiology of X-ALD.

In addition, mitochondrial amount is also altered in X-ALD. *Abcd1⁻* mice as well as X-ALD patients present mitochondrial depletion in the spinal cord and in the affected white matter, respectively (Morato et al., 2013). This depletion comprises reduction of mtDNA levels as well as decreased expression of mitochondrial proteins such as cytochrome c (Cyt C), complex I subunit NADH:ubiquinone oxidoreductase subunit B8 (NDUFB8), complex II subunit succinate dehydrogenase complex iron sulfur subunit B (SDHB) and voltage-dependent anion channel (VDAC), concomitant with a downregulation of the mitochondrial biogenesis pathway driven by sirtuin 1/peroxisome proliferator-activated receptor, gamma, coactivator 1 alpha/peroxisome proliferator-

activated receptor, gamma (SIRT1/PGC-1 α /PPAR γ) pathway. Indeed, boosting mitochondrial generation *via* PPAR γ activation with pioglitazone (Morato et al., 2013) or by SIRT1 activation with resveratrol or SIRT1 overexpression (Morato et al., 2015) normalizes redox balance and prevents axonal degeneration in X-ALD mice. The next section includes details regarding what is known about the association between mitochondrial biogenesis impairment and neurodegeneration, and how this pathway can be targeted to ameliorate X-ALD.

1.3.2.2 Mitochondrial biogenesis and neurodegeneration: SIRT1/PGC-1 α /PPAR γ pathway and a new player, RIP140

Maintenance of mitochondrial network through the balance of mitochondrial turnover by mitophagy; mitochondrial shape by fission and fusion; and generation of new mitochondria *via* mitochondrial biogenesis is critical for metabolic homeostasis (Whitaker et al., 2016). The metabolic flexibility needed for the adaptation to different nutritional status is given, in part, by mitochondrial biogenesis, which is governed in large part by PGC-1 α , a transcriptional coactivator that interact with transcription factors and nuclear receptors to regulate a network of approximately 1,500 genes, coordinating mitochondrial biogenesis and oxidative metabolism (Scarpulla, 2011). Thereby, this pathway regulates energy production. Another essential point is that only 13 out of these genes are encoded by mtDNA, thus this gene-network is comprised mainly by nuclear-encoded genes that control mitochondrial function. These nuclear-encoded mitochondrial proteins are translated on cytosolic ribosomes and imported into the mitochondrion through various mitochondrial protein import systems (Neupert et al., 2007).

1.3.2.2.1 Upstream metabolic sensors

To conform the tight regulatory system that allows adaptations to changes in environmental conditions, upstream sensor of these variations are essential. Among them, I would like to highlight mTOR, adenosine monophosphate (AMP)-activated protein kinase (AMPK) and sirtuin 1 (SIRT1). mTOR stimulates anabolic pathways and suppress autophagy when energy is abundant (Saxton et al., 2017). AMPK is activated

by a decrease in ATP production, which increases AMP/ATP ratio, and increased ADP concentrations, both of them go along with a reduction in caloric intake or increase in energy expenditure (Mihaylova et al., 2011). SIRT1 is a NAD⁺-dependent deacetylase (Imai et al., 2000; Vaziri et al., 2001) that together with AMPK, coordinately regulates mitochondrial mass, nutrient oxidation, and ATP production *via* PGC-1 α (Canto et al., 2009). In X-ALD these upstream sensors are altered, as mTOR signalling is aberrant, inhibiting autophagy (Launay et al., 2015). AMPK levels are decreased in fibroblasts and lymphoblasts from ccALD patients compared with cells from AMN patients, as well as in NAWM from ccALD patients compared with controls (J. Singh et al., 2014; J. Singh et al., 2016). SIRT1 is also inhibited, and its activation by resveratrol or transgenic overexpression in *Abcd1* mice is neuroprotective (Morato et al., 2015).

1.3.2.2.2 Regulation of mtDNA transcription and replication

Apart from nuclear-encoded proteins imported into the mitochondrion, 13 mitochondrial proteins are encoded by the mitochondrial genome (mtDNA). Human mtDNA (16 kb) encodes 37 genes, including: 7 of the 46 subunits of complex I (ND1, 2, 3, 4, 4L, 5, and 6); one of the 11 subunits of complex III (cytochrome b, CYTB); 3 of the 13 subunits of complex IV (COX I, II, and III); 2 of the 16 subunits of complex V (ATP6 and ATP8); 2 rRNAs (12S and 16S); and 22 tRNAs. All 13 proteins encoded by mtDNA are essential subunits of respiratory complexes I, III, IV and V. These subunits are transcribed from mtDNA through multigenic transcripts that are processed and translated into individual mRNAs (Taanman, 1999). Mitochondrial transcription machinery consists of an RNA polymerase (POLRMT), two transcription factors including transcription factor A, mitochondrial (TFAM) (Larsson et al., 1998) and one of the two transcription factor B paralogues (TFB1M and TFB2M); together with a family of termination factors (mTERFs) (Bonawitz et al., 2006). In addition, the replication machinery contains the heterotrimeric mtDNA polymerase gamma (POLG) (Y. S. Lee et al., 2009), the hexameric DNA helicase TWINKLE (Milenkovic et al., 2013) and the tetrameric mitochondrial single-stranded DNA-binding protein (mtSSB) (Korhonen et al., 2004).

1.3.2.2.3 Regulation of nuclear-encoded mitochondrial genes: PGC-1 α related pathways

However, the majority of genes involved in mitochondrial biogenesis are encoded in the nucleus, controlled by a series of transcriptional coactivators and corepressors, in which, PGC-1 α is the best-known component. PGC-1 α belongs to a small family of transcriptional coactivators composed of PGC-1 α , PGC-1 β (J. Lin et al., 2002) and PGC-1-related coactivator (PRC) (Andersson et al., 2001). PGC-1 α was discovered in adaptive thermogenesis, due to its interaction with PPAR γ , increasing its transcriptional activity upon cold exposure, as well as inducing uncoupling protein-1 (UCP1) expression (Puigserver et al., 1998). In addition to PPAR γ , PGC-1 α binds several transcription factors and nuclear receptors, such as nuclear respiratory factors 1 and 2 (NRF-1, NRF-2), ERR α , YY1, myocyte enhancer factor 2C (MEF2C), PPAR α and many others (Scarpulla, 2006; Schreiber et al., 2004). NRF-1, ERR α , YY1 and MEF2C regulate the expression of the respiratory chain components while PPAR α and ERR α control fatty acid oxidation. Moreover, PGC-1 α network is involved in multiple metabolic functions, including the OXPHOS system, antioxidant defences (St-Pierre et al., 2006), adaptive thermogenesis, glucose/fatty acid metabolism and muscle fiber type switching (Scarpulla et al., 2011). Furthermore, the expression of PGC-1 family is integrated with the cellular energetic status, as distinct environmental factors such as temperature, growth factors, nutrient availability or energy deprivation, modulate the expression of these proteins (Scarpulla et al., 2011).

Mitochondrial biogenesis is also controlled by a set of transcriptional coregulators which fine tune the network of genes involved in energetic homeostasis (Feige et al., 2007). Indeed, more than 350 coregulators have been identified (<http://www.nursa.org>). Among the most important, steroid receptor co-activator protein 1 (SRC1) acts as a coactivator, whereas nuclear receptor corepressor 1 (NCOR1), NCOR2 (also known as silencing mediator of retinoid and thyroid hormone receptors, SMRT) and receptor interacting protein 140 (RIP140; also called nuclear receptor interacting protein 1, NRIP1) are members of the corepressor counterpart. SRC1 coactivator recruitment instead of SRC2 or SRC3 leads to an oxidative programme mediated by PPAR γ activity (Picard et al., 2002). On the other hand, inhibition of the corepressors enhances mitochondrial function. For instance, muscle-specific NCOR1-deficient mice and gei-8-

mutant worms (NCOR1 homolog) present increased mitochondrial number and activity in muscle (H. Yamamoto et al., 2011). NCOR1 deletion in mice adipocytes leads to adipogenesis, reduced inflammation, and enhanced systemic insulin sensitivity (P. Li et al., 2011). RIP140 is a unique ligand-dependent coregulator that can also exert some functions as a coactivator. RIP140 interacts with multiple nuclear receptors to modulate important metabolic functions (Christian et al., 2006). Since the case of RIP140 is of special interest for this thesis, the following section is dedicated to describe the current knowledge about this particular transcriptional coregulator.

1.3.2.2.4 RIP140: A dual-faced coregulator

RIP140 is a transcriptional coregulator of nuclear receptors (NRs) such as estrogen-related receptors (ERRs), liver X receptor (LXR), retinoic acid/X receptors (RAR/RXR), thyroid hormone receptors (TR α/β), glucocorticoid receptor (GR), and peroxisome proliferator-activated receptors (PPAR- $\alpha/\delta/\gamma$) and other transcription factors including NF κ B and E2F1 (Augereau et al., 2006; Nautiyal et al., 2013). Although not much is known about RIP140 in comparison with other coregulators, it was one of the first transcriptional coregulators to be discovered, by its interaction with estrogen receptor alpha (ER α) (Cavailles et al., 1995). *RIP140* mRNA is transcribed from multiple promoters, although the open-reading frame is confined to a single exon (exon 4) (Augereau et al., 2006). RIP140 interacts with its partners by 9 LXXLL motifs and a 10th LXXML motif in the C-terminal of RIP140 protein that is required for the interaction of retinoic acid receptor (RAR) with retinoid X receptor (RXR) transcription factors (Wei et al., 2001). Even though the first reports reported a coactivator function of RIP140 (Joyeux et al., 1997), soon it was unveiled that RIP140 can act both as a coactivator and as a corepressor (Chuang et al., 1997). Then, a series of studies demonstrated that RIP140 mainly acts as a corepressor. RIP140 recruits histone deacetylases (HDACs) for its repressive actions (Wei et al., 2000), by four repressive domains (RD) on its structure (Castet et al., 2004; Christian et al., 2004). HDACs remove acetyl groups on lysines, leading to a closed chromatin state, and thus repressing transcription (Perissi et al., 2010). In conclusion, RIP140 is a particular transcriptional coregulator, mainly acting by repressing the transcription of multiple nuclear receptors and transcription factors.

RIP140 can be regulated post-translationally. Acetylation of Lys446 of RIP140 prevents the interaction of RIP140 with one of its partner required for repressive action, C-terminal binding protein (CtBP) (Vo et al., 2001). Other eight acetylated lysines identified in RIP140 might be important for the repressive function and subcellular localization (Huq et al., 2005). RIP140 can be phosphorylated in 11 residues, although not well characterized. One example is MAPK-mediated phosphorylation of Thr202 and Thr207 residues of RIP140, which enhances the recruitment of HDAC3 and thus, the repressive action of RIP140 (Gupta et al., 2005). In addition, phosphorylation modulates the interaction of RIP140 with 14-3-3 protein, inducing a cytoplasmic location of RIP140 (Zilliacus et al., 2001). Protein kinase C epsilon (PKC ϵ) phosphorylation of RIP140's Ser-102 and Ser-1003 residues triggers its export to the cytoplasm in adipocytes (Gupta et al., 2008; Huq et al., 2006). Then, RIP140 interacts with Akt substrate of 160 KDa (AS160), impeding its phosphorylation by AKT, and thus negatively regulates GLUT4 trafficking and glucose uptake in adipocytes (P. C. Ho et al., 2009). In brief, RIP140 is modified post-translationally as well as exerts some of its functions in the cytoplasm, although these are not well described yet. Thus, further investigations should be addressed to understand better RIP140 regulation and its subcellular localization implications.

RIP140 is considered a master regulator of metabolic homeostasis, by regulating glucose and lipid metabolism in metabolic tissues such as skeletal muscle, liver, heart and adipose tissue. RIP140-deficient mice provide the evidence for a central role of RIP140 in metabolic homeostasis, as these mice are leaner and present 70% reduction in body fat than their control littermates, resistance to diet-induced obesity and increased clearance and insulin sensitivity (Berriel Diaz et al., 2008; Herzog et al., 2007; Leonardsson et al., 2004; Seth et al., 2007). However, the first phenotype noted in *Rip140*-null mice, apart of the 20% reduction in body weight, was female infertility (R. White et al., 2000). In other metabolic tissues, adipocytes lacking RIP140 and white adipose tissue (WAT) of *Rip140*-null animals present a marked increase in UCP1 expression, typically expressed in brown adipose tissue (BAT), which display much more mitochondria than WAT (Christian et al., 2005; Leonardsson et al., 2004). Moreover, RIP140 inhibits genes related to fatty acid oxidation, mitochondrial biogenesis and oxidative phosphorylation in adipocytes (Powelka et al., 2006). In short, RIP140 inhibits multiple pathways associated to metabolic functions (**Fig. 6**).

Another essential of choosing RIP140 as a target of study for this thesis is given by its role in NFκB-dependent proinflammatory response, which is induced in *Abcd1* mice spinal cord (Schluter et al., 2012). In this case, RIP140 exerts a coactivator role by interacting with RELA (p65) subunit of NFκB and promoting the transcription of pro-inflammatory cytokines such as IL1β, IL6 and tumour necrosis factor alpha (TNFα) (P. C. Ho et al., 2012; Zschiedrich et al., 2008). The role of RIP140 in inflammation is also illustrated in studies using mice in which RIP140 has been knocked-down in macrophages. Upon exposure to high-fat diet, these mice present an increase of alternatively polarized M2 macrophages which improves insulin resistance and a decrease of classically polarized M1 macrophages, which usually represents a state of chronic inflammation. This chronic inflammation correlates with an increased in RIP140 expression in macrophages (P. S. Liu et al., 2014). Subsequently, injection of macrophages extracted from WAT of the animals in which RIP140 was knocked-down, leads to a reduction of pro-inflammatory response and ameliorates diet-induced insulin resistance (P. S. Liu et al., 2015). Altogether, these evidences highlight the role of RIP140 in inflammation as a coactivator (**Fig. 6**).

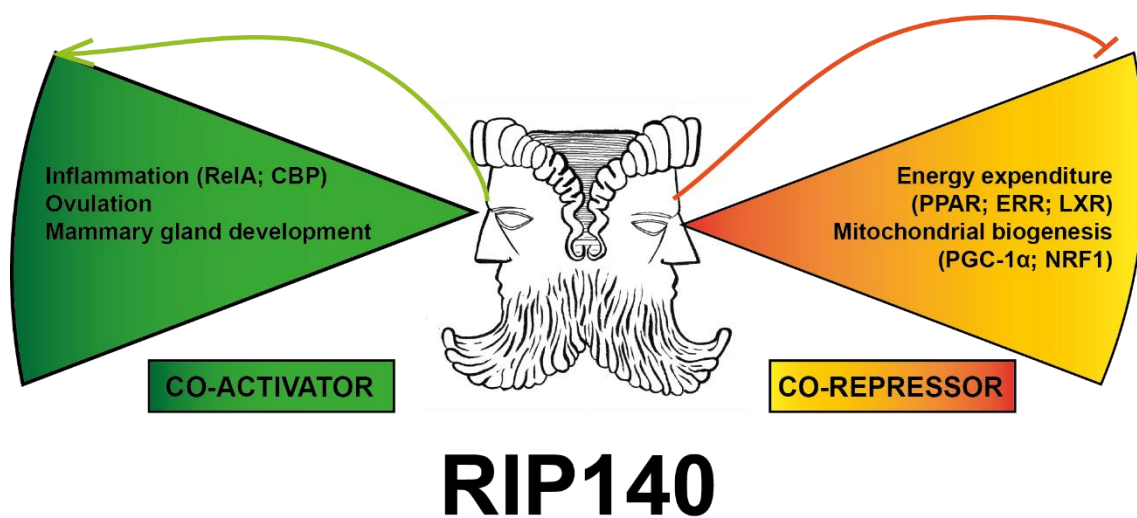


Figure 6 Janus-like dual function of RIP140 as a co-activator and a co-repressor

Transcriptions factors involved in the corresponding role of RIP140 are specified between brackets. Abbreviations: RelA (p65), CBP (CREB-binding protein), PPAR (Peroxisome proliferator-activated receptor), ERR (estrogen-related receptor), LXR (liver X receptor), PGC-1α (peroxisome proliferator-activated receptor, gamma, coactivator 1 alpha); NRF1 (nuclear respiratory factor 1).

In the transcriptomics analysis of X-ALD that we have commented before, it emerges that a metabolic and inflammatory interplay; characterized by mitochondrial dysregulation, insulin desensitization and an NF κ B-mediated proinflammatory response; has an important role in the pathophysiology of X-ALD (Schluter et al., 2012). Moreover, our group have also found that most of the genes involved in mitochondrial biogenesis are down-regulated in X-ALD, as evidenced in our recent studies with pioglitazone and resveratrol in the X-ALD model, in which an inhibition in SIRT1/PGC-1 α /PPAR γ underlies biochemical defects and axonal degeneration (Morato et al., 2013; Morato et al., 2015). Additionally, RIP140 is considered the antagonist coregulator of PGC-1 α , as they share common targets (Hallberg et al., 2008). Hence, RIP140 could provide a plausible link between metabolic impairment and induction of inflammation in X-ALD.

1.3.2.2.5 Mitochondrial biogenesis impairment in neurodegeneration

Given the importance of mitochondria in metabolism, especially in the CNS, a tight regulation in the PGC-1 α mediated biogenesis of these organelles is mandatory. The phenotype of PGC-1 α null mice reflect the important functions of this coactivator in the nervous system, as these mice are hyperactive and present lesions in the striatum (J. Lin et al., 2004). The mRNA expression of the genes involved in mitochondrial biogenesis is decreased in most of the tissues of these mice, including the brain (Leone et al., 2005; J. Lin et al., 2004). Furthermore, loss of PGC-1 α leads to oxidative phosphorylation impairment and bioenergetics deficit in many tissues, being the mice intolerant to exercise (Handschin et al., 2007). Moreover, PGC-1 α -deficient mice are more sensitive to chemically-induced neurodegeneration of the substantia nigra and hippocampus, and increasing PGC-1 α levels protects neural cells against oxidative stress (St-Pierre et al., 2006).

Evidences about the role of RIP140 in nervous system and/or neurodegenerative diseases are scarce (Katsouri et al., 2012). RIP140 is expressed in the mouse brain, particularly in neurons from cortex, hippocampus, and pituitary gland (Duclot et al., 2012), recently reproduced in another study (Blondrath et al., 2016). Studies about the functions of RIP140 in nervous system describe a role of RIP140 in memory formation (Duclot et al., 2012), aging (Yuan et al., 2012), modulation of neuronal ER stress (Feng

et al., 2014) and generation of A β peptide (Blondrath et al., 2016). In addition, RIP140 levels are altered in the heart (Conti et al., 2007) and fibroblasts (Piccoli et al., 2013) from Down syndrome (DS) fetuses, as well as in the hippocampus from DS patients (Gardiner, 2006). Intriguingly, gene pathways altered in RIP140 KO mice (Powelka et al., 2006), resemble dysregulated pathways identified by transcriptomics in the spinal cord of *Abcd1*⁻ mice (Schluter et al., 2012). Overall, even though RIP140 controls a myriad of pathways involved in neurodegeneration, not much is known about its role in the CNS.

Besides the limited data about RIP140 in neurodegeneration, there are plenty of evidences of dysregulation of the pathways that regulate mitochondrial biogenesis in neurodegenerative diseases. In animal models and patients of PD, PGC-1 α target genes are downregulated (Zheng et al., 2010). In addition, restoration of PGC-1 α levels protects neural cells against oxidative stress (Zheng et al., 2010), whereas PGC-1 α -deficient mice are more susceptible to 1-methyl-4-phenyl-1,2,3,6-tetrahydropyridine (MPTP)-induced neurodegeneration (St-Pierre et al., 2006). Parkin interacting substrate (PARIS), an upstream regulator of parkin, a protein mutated in genetic forms of PD, represses PGC-1 α by binding to its promoter, leading to a progressive loss of dopaminergic neurons (J. H. Shin et al., 2011). In HD, mutant huntingtin (HTT) interacts with the promoter of PGC-1 α , repressing downstream pathways (Cui et al., 2006). Lack of PGC-1 α in HD knockin mice provokes a more severe neurodegeneration, which is reversed by lentiviral-mediated delivery of PGC-1 α into the striatum (Cui et al., 2006). In addition, PGC-1 α expression is reduced in the striatum of HD patients and several HD mouse models (Weydt et al., 2006), as well as in muscle tissue (Chaturvedi et al., 2009). PGC-1 α expression is also decreased in the brain of AD patients, in M17 cells harbouring the swedish mutation in human amyloid precursor protein (APP^{swe}) and in neurons derived from Tg2576 mice (AD model) (Qin et al., 2009; Rice et al., 2014; Sheng et al., 2012). Equally, this pathway is inhibited in ALS, a fatal neurodegenerative disease characterized by motor neuron loss, in which decreased levels of PGC-1 α are found in the SOD1G93A ALS mouse model and in human sporadic ALS (Thau et al., 2012). In the same way, multiple sclerosis patients display lower levels of PGC-1 α in the brain than controls (Witte et al., 2013). On the whole, PGC-1 α and its downstream targets are dysregulated in neurodegenerative disorders.

Since PGC-1 α is downregulated in all these neurodegenerative disorders, multiple efforts have been made to overexpress this protein *in vivo* as a therapeutic target. Nevertheless, in few cases, the results have rendered unexpected outcomes. On one hand, PGC-1 α overexpression have led to neuroprotection in several studies using MPTP-induced PD mouse model (Mudo et al., 2012), SOD1-G93A ALS mice (Zhao et al., 2011), R6/2 and N171-82Q HD mice (Johri et al., 2012b; Tsunemi et al., 2012), and APP23 AD mice (Katsouri et al., 2016). Conversely, when PGC-1 α is delivered into the rat nigrostriatal system by an adenovirus, it leads to degeneration of dopaminergic neurons, as well as does not prevent neurodegeneration induced by α -synuclein overexpression (Ciron et al., 2012). Similar result was obtained in an AD mouse model, in which overexpression of PGC-1 α exacerbates A β and tau deposition (Dumont et al., 2014). In addition, another study found out that PGC-1 α overexpression in skeletal muscle leads to muscle atrophy with depletion of ATP (Miura et al., 2006). Consequently, a word of caution has to be established about this kind of approach, seeking for new pharmacological targets that can better fine tune the transcriptional network of mitochondrial biogenesis.

Likewise, modulation of upstream regulators of PGC-1 α also exerts neuroprotection. Activation of SIRT1 results in amelioration of motor function, reduction in brain atrophy and attenuation of mutant-HTT-mediated metabolic abnormalities in HD mice (Jiang et al., 2011), whereas SIRT1 brain-specific deletion leads to exacerbation of brain pathology (Jeong et al., 2011). Lentiviral-mediated injection of SIRT1 in the hippocampus of p25 transgenic mice also confers protection against neurodegeneration (D. Kim et al., 2007). Therapeutic strategies directed at increasing the supply of NAD⁺, such as NAD⁺ boosters or inhibitors of poly(ADP-ribose) polymerase 1 (PARP1), an enzyme that competes with SIRT1 for NAD⁺, also seem promising in providing neuroprotective effects (Bai et al., 2015; Verdin, 2015). For instance, induction of nicotinamide mononucleotide adenylyl-transferase 1 (NMNAT1) activity, involved in the synthesis of NAD⁺ in the nucleus (Magni et al., 2004), leads to axonal protection (Araki et al., 2004). In patients with xeroderma pigmentosum group A (XPA), both PARP1 inhibition and NAD⁺ supplementation reverse mitochondrial phenotype (Fang et al., 2014; Pirinen et al., 2014). In addition, pharmacological stimulation of PGC-1 α expression with nicotinamide riboside, the precursor of NAD⁺, results in reduced A β levels and attenuated cognitive deterioration in Tg2576 AD mice (Gong et al., 2013). In

our group we have recently explored this pathway, by treating X-ALD mice with a PPAR γ agonist (pioglitazone) and with resveratrol, which among other targets, induces SIRT1 activity. Both compounds, as well as genetic overexpression of SIRT1 reverses biochemical defects and, more importantly, prevents axonal degeneration and locomotor deficits (Morato et al., 2013; Morato et al., 2015). To sum up, therapies addressed to replenish NAD⁺ and thereby, activating SIRT1/PGC-1 α axis, have been proved to be neuroprotective.

1.3.3 Other hallmarks of X-ALD: A focus on neuroinflammation

Apart from redox dyshomeostasis and mitochondrial dysfunction, which constitute the central core of this thesis, other hallmarks of X-ALD and the majority of neurodegenerative diseases deserve a special mention, with a special focus on neuroinflammation.

1.3.3.1 Proteostasis impairment

Disruption in protein homeostasis (proteostasis), evidenced by the presence of misfolded or aggregated proteins, is prevalent in most neurodegenerative disorders, and has been documented in animal models as well as in the brain of the patients (Douglas et al., 2010; Selkoe, 2003). Within this hallmark, we can embody malfunction of the proteasome, alterations in the autophagic flux and endoplasmic reticulum stress. All of them are different pathological conditions arising from an improper response against misfolded proteins. Indeed, in our group we have described alterations in these three pathways in X-ALD (Launay et al., 2015; Launay et al., 2013; Launay et al., 2017).

1.3.3.1.1 Ubiquitin-proteasome system

Most soluble misfolded proteins are cleared through the ubiquitin-proteasome system (UPS), the major eukaryotic proteolytic pathway (Ciechanover, 1998). Proteins assigned to be degraded are tagged by polyubiquitination, and then sent for destruction to the 26S proteasome (Wilkinson, 2000). The link between UPS and neurodegeneration is clearly exemplified by juvenile forms of PD caused by mutation in Parkin, an ubiquitin-ligase (Kitada et al., 1998). Alterations in this pathway are commonly found in the majority of neurodegenerative disorders (Hyun et al., 2003; J. N. Keller et al., 2000; McNaught et al., 2001). Moreover oxidative stress and protein aggregates inhibit the UPS (Bence et al., 2001; Davies et al., 2007). Indeed, in X-ALD chronic and progressive malfunctioning of the UPS is caused by the accumulation of oxidatively modified proteins. Furthermore, excess of C26:0 induces the appearance of immunoproteasomes, together with their translocation to mitochondria in X-ALD fibroblasts (Launay et al., 2013).

1.3.3.1.2 Autophagic flux

Autophagy represents an alternative way of degrading misfolded proteins, by their delivery to the lysosome (Ravikumar et al., 2002). It is worth to note that deletion of genes involved in the autophagic pathway causes neurodegeneration in mice (Hara et al., 2006; Komatsu et al., 2006). Moreover, alterations in autophagy, as well as in mTOR, a key upstream regulator of this process, and also one of the most important nutrient sensors, as stated above, have been described elsewhere (Cuervo et al., 2004; J. H. Lee et al., 2010). Again, we have recently reported impaired autophagy together with mTOR pathway dysregulation in X-ALD, which, together with the neuropathology, is reversed with administration of temsirolimus, an mTOR inhibitor analog of rapamycin (Launay et al., 2015).

1.3.3.1.3 ER stress

The ER is an essential organelle for the maturation and processing of proteins folded through the secretory pathway. For that purpose, ER contains a dynamic network of chaperones, foldases and co-factors in the lumen (Matus et al., 2011). When homeostasis in the ER is disrupted, abnormally folded proteins accumulate, leading to ER stress, which engages the unfolded protein response (UPR) (Ron et al., 2007), a physiological response addressed to restore the capacity to generate properly folded proteins and reduce the amount of misfolded proteins. Signs of ER stress have been detected in most animal models of neurodegeneration and more recently in the brain of human patients, for example in ALS (Nassif et al., 2010; Saxena et al., 2009), PD (Hoozemans et al., 2007), HD (Vidal et al., 2011), AD (Hoozemans et al., 2005), and in diseases associated with myelin (W. Lin et al., 2009). Unlike the cases mentioned, in X-ALD no aggregated protein has been described up to date. Instead, oxidative stress (van der Vlies et al., 2003) and lipid dyshomeostasis (Hou et al., 2014) are the culprit of ER stress activation and UPS engagement in X-ALD (Launay et al., 2017), a relationship that has been also described in other peroxisomal deficiency models (J. Huang et al., 2011; Kovacs et al., 2012) and in neurodegenerative disorders, e.g ALS (Ilieva et al., 2007), AD and PD (Holtz et al., 2006; Uehara et al., 2006).

1.3.3.2 (Neuro)Inflammation

In a thesis about X-ALD we need to talk about inflammation, mainly because it is a primary differential factor between AMN and ccALD, as inflammation is present in the cerebral demyelination of the ccALD phenotype. However, the molecular mechanisms that govern disease progression, and its transformation to the cerebral inflammatory form, remain unknown. In many ways, X-ALD resembles multiple sclerosis, since infiltrating inflammatory cells are mainly macrophages and T cells rather than B cells (D. E. Griffin et al., 1985; Powers et al., 1992), but an autoimmune component has not been identified in X-ALD. In contrast to multiple sclerosis lesions, where these cells lead the lesion edge, inflammatory cells in X-ALD trail the demyelinating edge, suggesting that they emerge as a secondary feature after white matter degeneration (Eichler et al., 2008; Schaumburg et al., 1975). Classical pro-inflammatory cytokines, such as TNF α (Powers et al., 1992) and IL6 (McGuinness et al., 1997), among others, have been detected in inflammatory lesions in ccALD.

Nevertheless, is actually the adult form, AMN, a pure non-inflammatory phenotype? Recent data do not seem to support this hypothesis. In the transcriptomics analysis with samples from the X-ALD mouse model and cerebral X-ALD patients, induction of NF κ B-dependent pro-inflammatory response represents one of the main pathways dysregulated, together with increased expression of several proinflammatory cytokines (Schluter et al., 2012). Moreover, a recent study from our group unveils a low-grade inflammatory induction in plasma and PBMC from AMN patients, with a mixed profile of M1 and M2 components induction (Ruiz et al., 2015). PBMC from cerebral and AMN patients secrete higher amounts of TNF- α than PBMC obtained from controls (Lannuzel et al., 1998). Therefore, AMN cannot be considered anymore as a non-inflammatory disease.

Microglia are one of the main players in the abnormal inflammatory response of X-ALD. These cells are the immune-resident cells in the brain, performing a myriad of physiological functions in the CNS (Tremblay et al., 2011), but also involved in the pathogenesis of almost all CNS diseases (Cartier et al., 2014). The key role of microglia in inflammatory demyelination in X-ALD is evidenced by the fact that bone marrow transplantation and gene therapy are able to arrest demyelination (Cartier et al., 2009).

As microglial cells derive from the same origin than monocytes and macrophages (Ginhoux et al., 2010), these are the only cells of central nervous system that come from the bone marrow after transplantation. In the case of gene therapy, genetically-corrected CD34⁺ cells differentiate into microglia in the brain (Asheuer et al., 2004). In addition, studies from our group using *Abcd1*⁻ and *Abcd1*/*Abcd2*^{-/-} mice show that microgliosis and astrogliosis are consistent features in the neuropathology of these mice (Lopez-Erauskin et al., 2011; Pujol et al., 2004). Furthermore, VLCFA triggers inflammatory response mainly by abnormal activation of microglia and apoptosis in mice injected with C24:0-LPC (Eichler et al., 2008). Subsequently, activated microglia produce higher amounts of the proinflammatory cytokine TNF α , that together with IL1 β , induce further accumulation of VLCFA (Khan et al., 1998), creating a vicious cycle that worsens the pathology of X-ALD. The role of microglia in neurodegeneration is not limited to X-ALD, being common in other neurodegenerative disorders, such as ALS (Boillee et al., 2006a; Boillee et al., 2006b). Recently, microglial-like cells have been obtained from human pluripotent stem cells, expanding the therapeutic potential of targeting these cells in central nervous system disorders (Muffat et al., 2016).

To conclude, X-ALD pathophysiology displays most of the features of neurodegenerative disorders, meaning that data coming from research in this rare disease could be applied to a vast number of patients suffering from these disorders. This introductory chapter describes what is known about the main hallmarks of X-ALD, that are oxidative stress, mitochondrial dysfunction (these two explained in more detail as required for a better understanding of the approaches followed in the studies that compose this thesis), proteostasis impairment and neuroinflammation. These hallmarks have been represented in **Fig. 7** as a general scheme of the pathophysiology of X-ALD.

Hallmarks of X-ALD

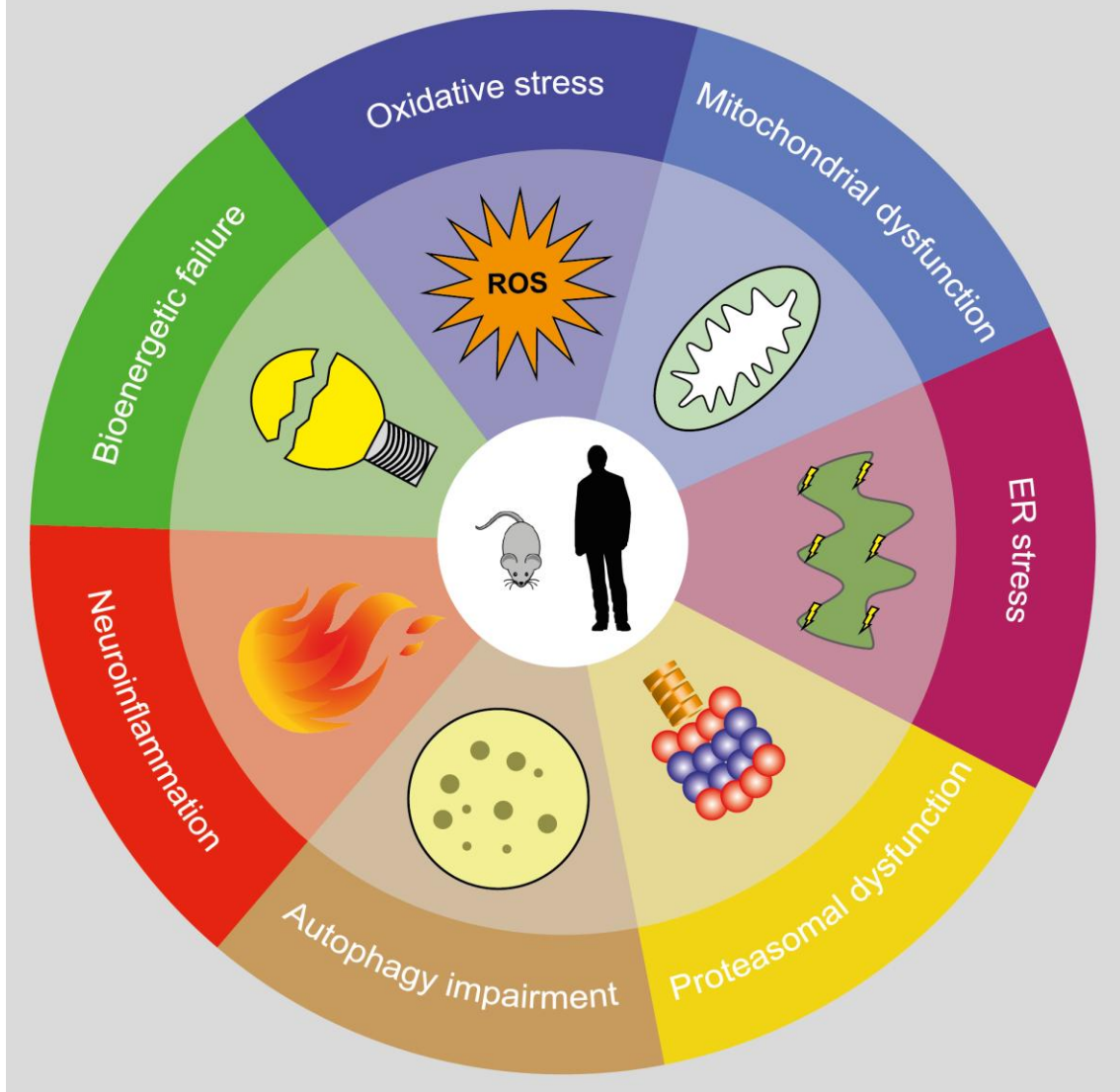


Figure 7 The hallmarks of X-linked adrenoleukodystrophy (X-ALD)

The scheme lists the seven hallmarks of X-ALD described in this thesis: oxidative stress; mitochondrial dysfunction; bioenergetic failure; neuroinflammation; and loss of proteostasis due to autophagy impairment, endoplasmic reticulum (ER) stress and proteasomal malfunction. All of them have been described in the animal models as well as in the human patients of X-ALD.

AIM AND OBJECTIVES

2 Aim and objectives

The main aim of this study is to identify new therapeutic targets for X-ALD that also contribute to understand the pathophysiology of this disease, based on the existing knowledge on the hallmarks of X-ALD that are also shared with other neurodegenerative disorders. This aim was accomplished by fulfilling the following objectives:

- 1) To determine the role of **endogenous antioxidant response pathway mediated by NRF2** in the pathophysiology of X-ALD, and its applicability as a pharmacologic target in X-ALD. To complete this objective, we:
 - a) Studied **NRF2 pathway and its associated regulatory signalling pathway AKT/GSK-3 β** in WT and *Abcd1*⁻ mice, as well as in skin fibroblasts derived from healthy subjects and X-ALD patients
 - b) Evaluated the **therapeutic potential of DMF**, an NRF2 activator, for X-ALD. For this purpose, we tested the effect of DMF treatment on the classical biochemical defects found in *Abcd1*⁻ mice, as well as on axonal degeneration and locomotor impairment in *Abcd1/Abcd2*^{-/-} mice.
- 2) To explore the **role of RIP140**, a transcriptional coregulator essential for metabolic homeostasis and inflammatory response, in X-ALD pathophysiology, and its possible application as a therapeutic target for X-ALD. To fulfil this objective, we:
 - a) Analysed **RIP140 expression, localization and its regulation by oxidative stress**, *in vivo* and *ex vivo* in WT, *Abcd1*⁻ and *Rip140*^{-/-} mice, and normal-appearing white matter (NAWM) from the brain of healthy subjects and cerebral X-ALD patients
 - b) Assessed **whether RIP140 deficiency can exerts neuroprotection** in X-ALD mice, by crossing RIP140-deficient mice with *Abcd1*⁻ and *Abcd1/Abcd2*^{-/-} mice. We therefore determined the effect of RIP140 loss on the classical biochemical defects found in *Abcd1*⁻ mice, but also on axonal degeneration and behavioural abnormalities present in *Abcd1/Abcd2*^{-/-} mice.

MATERIALS AND METHODS

3 Materials and Methods

3.1 Reagents and antibodies

The following chemicals were used: DMF (Ref. 242926), hexacosanoic acid (C26:0, Ref. H0388), oligomycin (Ref. O4876), hydrogen peroxide (H₂O₂) were from Sigma-Aldrich (Steinheim, Germany). Trolox (Ref. 648871) was from Calbiochem (Billerica, MA, USA). GSK-3 β inhibitors CHIR99021 (6-[[2-[[4-(2,4-Dichlorophenyl)-5-(5-methyl-1H-imidazol-2-yl)-2-pyrimidinyl]amino]ethyl]amino]-3-pyridinecarbonitrile; Ref.361559), SB216763 (3-(2,4-Dichlorophenyl)-4-(1-methyl-1H-indol-3-yl)-1H-pyrrole-2,5-dione; Ref.1616) were from Calbiochem and Tocris Biosciences (Bristol, UK), respectively. Detailed information on antibodies is summarized in **Tables 1 and 2**.

3.2 Human samples

3.2.1 Post-mortem brain samples

Brain tissue samples from X-ALD patients and age-matched controls were obtained from the National Institutes of Health (NIH) NeuroBioBank. Frozen blocks of normal-appearing white matter (NAWM) were dissected from frontal or parietal lobes from controls and ccALD and cAMN patients. All children and adults with cerebral ALD had the more frequent parieto-occipital form of cerebral ALD. Informed written consent was obtained from all patients or their legal representatives, and the local ethics committee approved the studies. Detailed information about the brain samples including age and post-mortem interval until processing of the sample is summarized in **Table 3**.

Table 1 List of primary antibodies used in this thesis

Antibody	Source	Reference	Dilution
8-oxo-dG	Abcam	62623	1:1000
AKT	Cell Signaling	4685	1:1000
pSer473 AKT	Cell Signaling	4060	1:1000
pThr308 AKT	Cell Signaling	13038	1:1000
Aldolase A	Novus Biologicals	600-915	1:5000
APP	AbD Serotec	AHP538	1:100
Cytochrome C	BD Biosciences Pharmigen	55643	1:500
GFAP	Dako	Z0334	1:500
GFP	Aves Lab	GFP-1020	1:1000
GSK-3 β	Cell Signaling	9315	1:1000
pSer9/21 GSK-3 α/β	Cell Signaling	9331	1:1000
pTyr216/279 GSK-3 α/β	EMD Millipore	05-413	1:1000
IBA1	Wako	019-19741	1:1000
I κ B α	Santa Cruz	sc-1643	
P-I κ B α (Ser32/36)	Cell Signaling	9246S	
IKK α	Oncogen	OP-133	
IKK β	Cell Signaling	-	
P-IKK α/β (Ser180/181)	Santa Cruz	sc-23470	
Lamin B1	Abcam	16048	1:10000
MDA	-	Hall et al. 2007 ¹	1:1000
Neurofilament H non-phosphorylated (SMI32)	Covance Antibody-Biolegend	801701	1:3000
NRF2	Abcam	31163	1:500
p50	Santa Cruz	sc-7178	
p65	Santa Cruz	sc-109	
P-p65 (Ser536)	Cell Signaling	3036S	
p100/p52	EMD Millipore	05-361	
RIP140	Cancer Research UK	6D7	1:50
SDHB	Invitrogen	459230	1:500
Synaptophysin	Leica Biosystems	299-L-CE	1:500
α -Tubulin	Sigma-Aldrich	T6074	
γ -Tubulin	Sigma-Aldrich	T6557	1:20000

¹ Hall, E. D., Oostveen, J. A., Andrus, P. K., Anderson, D. K., & Thomas, C. E. (1997). Immunocytochemical method for investigating in vivo neuronal oxygen radical-induced lipid peroxidation. *J Neurosci Methods*, 76(2), 115-122.

Table 2 List of secondary antibodies used in this thesis

Antibody	Source	Reference	Dilution
Goat anti-chicken Alexa 488	Invitrogen	A11039	1:500
Goat anti-rabbit HRP	Dako	P0448	1:10000
Goat anti-mouse HRP	Dako	P0447	1:15000
Rabbit anti-goat HRP	Dako	P0449	1:15000

3.2.2 Primary human fibroblasts

Primary human fibroblasts were prepared from skin biopsies collected from healthy individuals (n=5) and AMN patients (n=5) according to the IDIBELL guidelines for sampling, including informed consent from the persons involved or their representatives. The fibroblasts were grown in Dulbecco's Modified Eagle Medium (Gibco, Thermo Fisher Scientific Inc., Rockford, IL, USA) containing 10% foetal bovine serum (Cultek, Ref. 91S1800; Madrid, Spain), 100 U/ml penicillin and 100 µg/ml streptomycin (Pen Strep; Gibco, Ref. 15140-122) and maintained at 37 °C in humidified 95% air / 5% CO₂ incubator. The compounds tested were added at 80–90% cell confluence with the following concentrations: 15 µM oligomycin or 50 µM C26:0 (diluted in Ethanol) for 18 and 24 hours, respectively. GSK-3β inhibitors (CHIR99021 and SB216763) were dissolved in dimethylsulfoxide (DMSO) and added 18 hours after C26:0 treatment for 6 hours at 3 and 10 µM, respectively. All experiments were performed with fibroblasts at passage 10 to 20.

Table 3 List of human brain samples used in this study

Phenotype	Sex	Post-mortem		Phenotype	Sex	Post-mortem	
		Age	interval (hours)			Age	interval (hours)
Control	Male	7	12	Control	Male	32	7
Control	Male	8	12	Control	Male	34	6
Control	Male	12	13	Control	Male	35	12
Control	Male	13	5	Control	Male	35	23
Control	Male	13	18	Control	Male	37	12
Control	Male	13	16	Control	Male	37	9
ccALD	Male	6	12	Control	Male	39	14
ccALD	Male	8	1	Control	Male	39	24
ccALD	Male	8	22	Control	Male	31	15
ccALD	Male	9	9	Control	Male	31	13
ccALD	Male	9	15	Control	Male	31	13
ccALD	Male	13	14	Control	Male	32	12
				Control	Male	33	8
				Control	Male	52	13
				Control	Male	53	17
				Control	Male	57	16
				Control	Male	57	16
				Control	Male	58	17
				Control	Male	59	18
				Control	Male	61	21
				Control	Male	62	6
				Control	Male	64	22
				Control	Male	68	13
				cAMN	Male	27	11
				cAMN	Male	28	18
				cAMN	Male	33	6
				cAMN	Male	35	40
				cAMN	Male	36	2
				cAMN	Male	38	4
				cAMN	Male	39	5
				cAMN	Male	39	2
				cAMN	Male	39	7
				cAMN	Male	43	6
				cAMN	Male	44	8
				cAMN	Male	45	19
				cAMN	Male	47	22
				cAMN	Male	48	14
				cAMN	Male	52	20
				cAMN	Male	58	17
				cAMN	Male	63	23

3.3 Mouse experiments

We used male mice of a pure C57BL/6J background. All of the methods employed in this study were in accordance with the Guide for the Care and Use of Laboratory Animals (Guide, 8th edition, 2011, NIH) and European (2010/63/UE) and Spanish (RD 53/2013) legislation. Experimental protocol had been approved by IDIBELL, IACUC (Institutional Animal Care and Use Committee) and regional authority (3546 DMAH, Generalitat de Catalunya, Spain). IDIBELL animal facility has been accredited by The Association for Assessment and Accreditation of Laboratory Animal Care (AAALAC, Unit 1155). Animals were housed at 22°C on specific-pathogen free conditions, in a 12-hour light/dark cycle, and *ad libitum* access to food and water. Cages contained 3 to 5 animals.

We used two X-ALD mouse models in this study. We characterized the effect of DMF administration or RIP140 deletion on the biochemical signs of adult AMN in *Abcd1* mice at 12 months of age. These mice show biochemical signs of pathology, including oxidative stress (Fourcade et al., 2008) and energetic homeostasis impairment (Galino et al., 2011), before the first clinical signs of AMN-like pathology (axonopathy and locomotor impairment) appear at 20 months (Pujol et al., 2002).

To address the therapeutic effect of DMF administration or RIP140 deletion, we assessed the clinical signs of AMN in *Abcd1/Abcd2*^{-/-} (DKO) mice, which display increased VLCFA accumulation in the spinal cord (Pujol et al., 2004), higher levels of oxidative damage to proteins (Fourcade et al., 2008; Galino et al., 2011), and a more severe AMN-like pathology with an earlier onset at 12 months of age (Pujol et al., 2004).

Antioxidant cocktail (NAC, α -LA and α -tocopherol) treatment was performed as described before (Galino et al., 2011). Specifically, 430 mg/kg/day of α -LA (0.5% wt/wt) and 90IU/kg/day (65mg/kg/day) of α -tocopherol (1050IU/kg of chow) were mixed into AIN-76A chow from Dyets (Bethlehem, PA). 850mg/kg/day of NAC (1%) were dissolved in drinking water (pH 3.5).

For biochemical analysis, we killed the mice and stored the tissues at -80°C after snap-freezing them in liquid nitrogen, except for mitochondrial respiration, in which the tissue was used fresh. For histological analysis, spinal cord and brain were harvested from the mice after perfusing them with 4% paraformaldehyde (PFA; Sigma-Aldrich, Ref. 441244) in 0.1 M phosphate buffer pH 7.4. Histological and behavioural tests were performed in a blind way with respect to the animal's genotype and also for the treatment administered.

3.3.1 DMF administration to mice

DMF was mixed into AIN-76A chow from Dyets to provide a dose of 100 mg/kg/day. Human equivalent dose would be 8 mg/kg/day (240 mg in a typical 60 kg person). This is equivalent to the starting dose of BG-12/Tecfidera that is 120 mg twice a day for multiple sclerosis patients (EMA/204830/2013).

For the characterization of biochemical signs on adult X-ALD mice, 8-months-old animals were randomly assigned to one of the following dietary groups for 4 months. Group I: wild-type (WT) mice received normal AIN-76A chow (n=12); group II: *Abcd1*⁻ mice received normal AIN-76A chow (n=12); group III: *Abcd1*⁻ mice received AIN-76A chow containing DMF (n=12). To evaluate the effect of DMF on the clinical signs of AMN-like pathology, 12-months-old animals were randomly assigned to one of the following dietary groups for 6 months. Group I: WT mice received normal AIN-76A chow (n=14); group II: *Abcd1*⁻/*Abcd2*^{-/-} mice received normal AIN-76A chow (n=16); group III: *Abcd1*⁻/*Abcd2*^{-/-} mice received AIN-76A chow containing DMF (n=14). DMF had no effect on weight or food intake under any treatment protocol, and none of the mice administered with DMF experienced any adverse events or death during treatment.

3.3.2 Generation of *Rip140* knockout mice with knock-in of eGFP

A conditional knockout mouse of the *Rip140* gene with knock-in of eGFP was generated by Ozgene (Bentley DC, Australia). The conditional allele was based on Cre-mediated inversion of sequence between lox66 and lox71 sites. The inversion was used

to disrupt the exon 4 splice acceptor sequence and introduce a gene-trap cassette that consisted of a splice acceptor sequence, the eGFP coding sequence and a polyadenylation signal. Thereby, a lox66 site was placed in intron 3 and a lox71 site in exon 4, upstream of the start codon in the untranslated region of the gene. The gene-trap cassette was in reverse orientation relative to transcription of the *Rip140* gene. The PGK-neo selection cassette was inserted between the gene-trap cassette and exon 4. The PGK-neo cassette was flanked by FRT (flippase recognition target) sites and was deleted using FLP-recombinase (conditional allele (neo removed)) (**Fig. 8a**).

The targeting vector was constructed using three genomic fragments; the 5' homology arm, the exon 4 splice acceptor fragment and the 3' homology arm; all of which was generated by PCR. Both homology arms are approximately 5-6 kb in length. For the conditional allele (neo removed), splicing from exon 3 to exon 4 occurred normally. The splice acceptor and the polyA signal in the gene-trap cassette were not recognized because they were in inverted orientation (**Fig. 8a**). Cre-mediated recombination between the lox66 and lox71 sites resulted in the generation of one loxP site and one double-mutant lox site. In the inverted locus, splicing occurred from exon 3 to the splice acceptor in the gene-trap cassette, resulting in expression of eGFP (**Fig. 8a**). Mice heterozygous for the *Rip140* floxed allele (conditional *Rip140* mice) were crossed with mice expressing Cre recombinase under the control of CMV promoter to generate *Rip140* heterozygous (*Rip140*^{+/-}) mice.

Specific primers used for genotyping mouse tail-tip genomic DNA were as follows: a common primer (5'-TGAGCGTTGTGTTGGATGA-3') used together with specific primers for the WT- (5'-ATAGCAGTCGGGCAGAGATC-3'), conditional- (5'-CCACTACCTGAGCACCCAGT-3') or KO-allele (5'-TGGATGTGGCTGTTCATGTGT-3'). These combinations of primers amplified a 504 bp segment for the conditional allele, a 704 bp segment for the WT allele, and a 530 bp segment for the KO allele (**Fig. 8b**), under the following PCR conditions: 94°C for 30 s, 54°C for 30 s, 72°C for 60 s (WT allele); and 94°C for 30 s, 62°C for 30 s, 72°C for 90 s (conditional and knockout alleles).

Rip140^{-/-} females obtained were infertile, as already described for another RIP140-deficient mouse (R. White et al., 2000). Furthermore, *Rip140*^{-/-} mice offspring did not

have expected Mendelian ratios, as the proportion of null offspring coming from matings of *Rip140*^{-/-} male mice with *Rip140*^{+/-} heterozygous female mice was less than the expected 50% (data not shown). This same observation is found in the other *Rip140* KO mice (R. White et al., 2000).

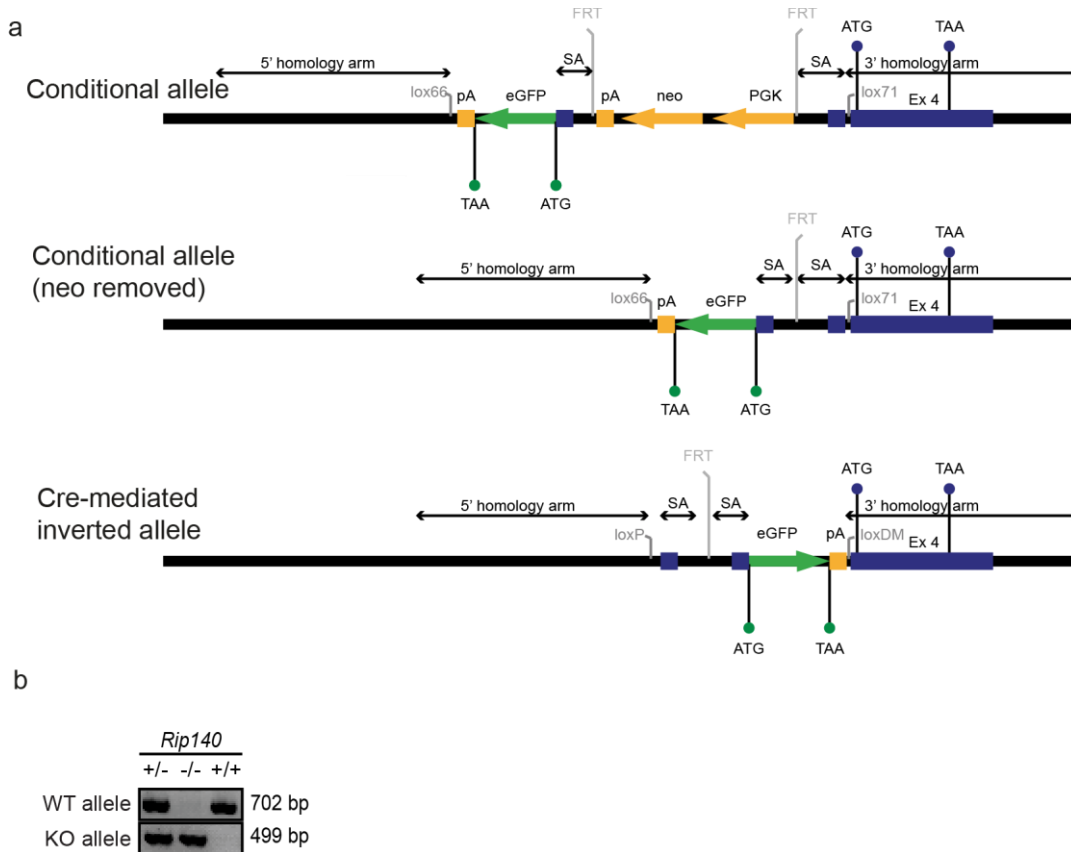


Figure 8 Generation of RIP140 knockout mice

a) Schematic view of the procedure used to disrupt coding exon of *Rip140* in mice. [SA (splice acceptor), pA (polyA), neo (neomycin), PGK (phosphoglucokinase)]. **b)** PCR bands obtained after genotyping RIP140 wild-type (*Rip140*^{+/+}), heterozygous (*Rip140*^{+/-}) and knockout (*Rip140*^{-/-}) mice tails

3.4 Organotypic spinal cord slice culture (OSCSC)

The spinal cord from 18-day-old WT and *Abcd1*⁻ mice were immediately removed after mice dissection and placed in ice-cold dissecting media (pH 7.15). Next, the spinal cord was cut into 350 μ m-thick slices using a McIlwain tissue chopper to generate the

organotypic spinal cord slice cultures (OSCSC) and placed into a sterile Petri dish with Grey's balanced salt solution. Spinal cord slices were then transferred onto Millicell-CM cultured plate inserts (Millipore, MA, USA). The inserts were placed into wells of a 6-well plate containing 1 mL of medium containing 50% minimum essential media (MEM) with Earl's salts and glutamine, 25% Hanks balanced salt solution and 25% horse serum supplemented with 20 mM of HEPES acid-salt and D-glucose (6 mg/mL) (Thermo Fisher Inc.). Slices were incubated at 37°C, changing the media twice a week (Krassioukov et al., 2002). After two weeks of culture, OSCSC were treated with C26:0 (100 µM) dissolved in ethanol (Fourcade et al., 2008), hydrogen peroxide (H₂O₂) (10 µM) and/or Trolox (500 µM) (Calbiochem).

3.5 Nuclear-cytoplasmic fractionation in human fibroblasts

We performed subcellular fractionation of human skin fibroblasts from X-ALD patients and age-matched healthy subjects (CTL) to study NRF2 translocation to the nucleus, using a non-ionic detergent lysis method with slight modifications (Abmayr et al., 2006; Suzuki et al., 2010). Briefly, cells grown in 100 mm diameter dishes (Nunc Dish, Thermo Fisher Inc.) were washed in ice-cold phosphate buffer saline (PBS) pH 7.4, and collected by trypsinization (0.25% Trypsin-EDTA Solution A; Biological Industries USA, Cromwell, CT, USA) in a 15-mL falcon tube. After a centrifugation and a new ice-cold PBS wash, cell-pellet was resuspended with 140 µL of lysis buffer (0.1% Nonidet P-40 in PBS, plus proteases (Complete Mini, Ref. 11836153001; Roche Diagnostics GmbH; Mannheim; Germany) and phosphatases (PhosSTOP, Ref. 04906845001; Roche Diagnostics GmbH) inhibitors) and scratched twenty times to lyse the cells. At this step, 20 µL of the homogenate were taken as total extract. After 10 minutes incubation in ice, we centrifuged at 300 x g during 5 min at 4°C in an Eppendorf® microcentrifuge. Supernatant was collected as cytoplasmic fraction. Then, we added 70 µL of RIPA buffer (50 mM Tris pH 8.0, 150 mM NaCl, 12 mM deoxycholic acid and 1% Nonidet P-40; complemented with proteases/phosphatases inhibitors) to the pellet to obtain nuclear fraction. After homogenising the pellet through a syringe with a 25G needle, and 30 min of shaking at 4°C, we centrifuged for 10 min at 16,100 x g at 4°C. Supernatant was collected as nuclear fraction. After sonicating all the subcellular fractions, we performed immunoblot procedure as described below. Lamin

B1 and Aldolase A were used as markers for nuclear and cytoplasmic fraction, respectively.

3.6 Quantitative real-time PCR

Total RNA was extracted from human brains, human fibroblasts and mouse tissues using RNeasy Kit (Qiagen, Hilden, Germany). Total DNA was extracted from mouse spinal cord using Genra Puregene Tissue Kit (Qiagen, Hilden, Germany). One μg of RNA was transcribed into cDNA using Superscript II reverse transcription reagents (Invitrogen, Thermo Fisher Scientific Inc.) in a final volume of 25 μL . Dilutions ranging from 1/75 to 1/10 of cDNA or 100 ng of DNA were used to measure mRNA or mtDNA levels, respectively. The expression of the genes of interest was analyzed by Q-PCR using TaqMan[®] Gene Expression Assays (Thermo Fisher Scientific Inc.) and standardized Taqman[®] probes (**Table 4**) on a LightCycler[®] 480 Real-Time PCR System (Roche Diagnostics GmbH). Relative quantification was carried out using the 'Delta-Delta Ct' ($\Delta\Delta\text{Ct}$) method with *mRplp0/hrPLP0* as endogenous control. To quantify mouse mtDNA content, primers for mouse cytochrome b (*Cytb*) were designed (Custom TaqMan Gene Expression Assays; Thermo Fisher Scientific Inc.). The sequences for *Cytb* primers were: ATGACCCCAATACGCAAAATTA (forward) and GGAGGACATAGCCTATGAAGG (reverse) and the FAM-labeled probe sequence was TTGCAACTATAGCAACAG. Quantification of mtDNA was referred to nuclear DNA (nDNA) as determined by the amplification of the intron-less mouse nuclear gene *C/ebpa* (Morato et al., 2013). Transcript quantification was performed in triplicates for each sample.

3.7 Immunoblot

Human brains, human fibroblasts and mouse tissues were homogenized in radioimmunoprecipitation assay (RIPA) buffer, then sonicated, centrifuged and heated for 10 min at 70°C after adding 4X NuPAGE[®] LDS Sample Buffer (Invitrogen, Thermo Fisher Scientific Inc.). Twenty to 100 μg of proteins were loaded onto 8% Novex NuPAGE[®] SDS-PAGE gel system (Invitrogen, Thermo Fisher Scientific Inc.), and run for 60-90 min at 120 V in NuPAGE[®] MOPS SDS Running Buffer (Invitrogen, Thermo

Fisher Scientific Inc.) supplemented with 5 mM sodium bisulfite (Ref. 243973, Sigma-Aldrich). SeeBlue® Plus2 Pre-stained (Invitrogen, Thermo Fisher Scientific Inc.) was used as a ladder.

Resolved proteins were transferred onto nitrocellulose membranes using iBlot® 2 Gel Transfer Device (Invitrogen, Thermo Fisher Scientific Inc.). After blocking in 5% bovine serum albumin (BSA, Sigma-Aldrich) in 0.05% TBS-Tween (TBS-T) for 1 h at room temperature, membranes were incubated with corresponding diluted primary antibodies (**Table 1**) in 5% BSA in 0.05% TBS-T overnight at 4°C. Following incubation with diluted secondary antibody (**Table 2**) in 0.05% TBS-T for 1 hour at room temperature, proteins were detected with ECL western blotting analysis system (GE Healthcare, Buckinghamshire, UK), followed by exposure to CL-XPosure Film (Thermo Fisher Scientific Inc.) as earlier described (Galino et al., 2011). Immunoblots were quantified by densitometry using ImageJ v1.50i (U. S. National Institutes of Health, Bethesda, MD, USA).

Table 4 List of Q-PCR probes used in this thesis

Gene	Species	Taqman ref.
<i>Arg1</i>	Mouse	Mm00475991
<i>Cebpa</i>	Mouse	Mm00514283
<i>Ccl5</i>	Mouse	Mm01302427
<i>Ccr6</i>	Mouse	Mm99999114
<i>Chil3</i>	Mouse	Mm00657889
<i>Cxcl9</i>	Mouse	Mm00434946
<i>Cxcl10</i>	Mouse	Mm00445235
<i>Cxcl12</i>	Mouse	Mm00457276
<i>Gsta3</i>	Mouse	Mm01233706
<i>Hmox1</i>	Mouse	Mm00516005
<i>Igf1</i>	Mouse	Mm00439560
<i>Il1β</i>	Mouse	Mm01336189
<i>Il10</i>	Mouse	Mm00439614
<i>Il6</i>	Mouse	Mm00446190
<i>Mif</i>	Mouse	Mm01611157
<i>Nfkb2</i>	Mouse	Mm00479807
<i>Nqo1</i>	Mouse	Mm01253561
<i>Nrf1</i>	Mouse	Mm00447996
<i>Pgc-1α</i>	Mouse	Mm00447183
<i>Pparγ</i>	Mouse	Mm01184322
<i>Retnla</i>	Mouse	Mm00445109
<i>Rip140</i>	Mouse	Mm01343437
<i>Rplp0</i>	Mouse	Mm01974474
<i>Sirt1</i>	Mouse	Mm00490758
<i>Tfam</i>	Mouse	Mm00447485
<i>Tgfβ1</i>	Mouse	Mm01178820
<i>Tnfa</i>	Mouse	Mm00443258
<i>Tnfrsf1a</i>	Mouse	Mm01182929
<i>RIP140</i>	Human	Hs00942766
<i>GCLC</i>	Human	Hs00155249
<i>HMOX1</i>	Human	Hs01110250
<i>NQO1</i>	Human	Hs00168547
<i>RPLP0</i>	Human	Hs99999902

3.8 High resolution respirometry

O₂ consumption was measured in sets of five permeabilized lumbar spinal cord slices (LSCS) (n=5 mice per genotype) at 37°C in MiR05 medium pH 7.4 by high-resolution respirometry using an Oxygraph-2k (Oroboros Instruments, Innsbruck, Austria) as previously described (Lopez-Erauskin et al., 2013).

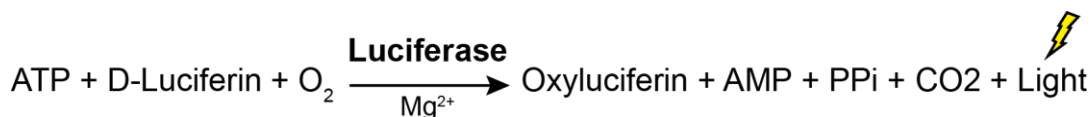
In detail, fresh spinal cords were rinsed in ice-cold normal saline and cut into slices with a tissue chopper adjusted to a cut width of 300 µm. O₂ consumption was measured in sets of 5 LSCS at 37°C with high-resolution respirometry in permeabilized conditions (including substrates and inhibitors of specific respiratory complexes) using an Oxygraph-2k (Oroboros Instruments, Innsbruck, Austria) with chamber volumes set at 2 mL. Spinal cord permeabilization was a modification of a previously published method (Safiulina et al., 2004). About 12-15 slices of the lumbar region were collected and transferred quickly into an individual well of a 6-well tissue culture plate with 2 mL of ice-cold permeabilization medium (7.23 mM potassium ethylene glycol-bis{b-aminoethyl ether}N,N,N',N'-tetraacetate [K₂-EGTA]; 2.77 mM CaK₂-EGTA; 60 mM N,N-bis{2-hydroxyethyl}-2-aminoethanesulfonic acid [BES]; 5.69 mM MgATP, 20 mM taurine; 3 mM K₂HPO₄; 0.5 mM dithiothreitol [DTT] and 81 mM potassium methanesulfonate, pH 7.1 at 25°C), rinsed and immediately transferred into another well with the same medium containing 20 µL of saponin stock solution (5 mg/mL; final concentration 50 µg/mL). LSCS were then shaken by gentle agitation at 4°C for 30 min. Afterwards, all samples were quickly transferred from the saponin permeabilization medium into 2 mL of respiration medium (7.23 mM K₂-EGTA; 2.77 mM CaK₂-EGTA; 100 mM potassium salt of 2-{N-morpholino}ethanesulfonic acid [K-MES], 1.38 mM MgCl₂; 20 mM taurine; 3 mM K₂HPO₄; 0.5 mM DTT; 20 mM imidazole and 5 mg/mL BSA, pH 7.1 at 25°C), then shaken by gentle agitation for 10 min in the cold room (on ice) before performing respirometry.

In order to avoid tissue disaggregation, LSCS required setting a slow bar stirring speed (150 rpm), but not too low to compromise homogeneity of substrate and oxygen concentrations in the measuring chambers, and, therefore, signal stability. DatLab software (Oroboros Instruments, Innsbruck, Austria) was used for data acquisition (2 s

time intervals) and analysis, which includes calculation of the time derivative of oxygen concentration and correction for instrumental background oxygen flux (Gnaiger, 2001). Respiration of LSCS required tissue or cell permeabilization before placing the sample in the measurement chamber. Initially, we measured endogenous respiration in the absence of additional substrates. For evaluation of relative contributions of mitochondrial complexes to oxygen consumption, several specific mitochondrial inhibitors and substrates were added sequentially and calculated as steady-state respiratory flux in the time interval between 5 and 10 min after their addition. First, we added glutamate (10 mM) and malate (5 mM) to increase NADH levels in order to measure the complex I non-phosphorylative activity, or state 2. ADP (10 mM) was added to quantify the complex I-dependent phosphorylative activity, or state 3. Immediately afterwards, we added succinate (10mM), which is the substrate for complex II. At this point, the level of oxygen consumption corresponded to complex I- and II-dependent phosphorylative activity. The addition of rotenone (0.5 μ M; Sigma-Aldrich) inhibits complex I; therefore, oxygen consumption measured after the addition of rotenone only reflects complex II-dependent phosphorylative activity (in the absence of electron back flux to complex I). Then, complex III activity was inhibited with antimycin A (2.5 μ M; Sigma-Aldrich) to obtain residual oxygen consumption. In order to avoid oxygen limitations, all the experiments were performed above 50% oxygen saturation. Oxygen consumption was normalized for actual protein content in the respirometer chambers.

3.9 ATP measurement

ATP levels were measured by a chemiluminescence system using ATPlite 1step (PerkinElmer, Inc., Waltham, MA, USA). Measurement of ATP was performed according to the manufacturer's instructions, and relative ATP levels were calculated by normalizing the luminescence obtained to the total protein concentration of the sample measured by BCA (bicinchoninic acid assay). The ATPlite 1step assay system is based on the production of light caused by the reaction of ATP with added luciferase and D-luciferin, as depicted in the following reaction:



3.10 NAD-NADH determination

NAD⁺ and NADH were quantified in the mice spinal cord by the NAD cycling assay as previously described (Galino et al., 2011). For NAD⁺ determination, ~10 mg of frozen tissue were homogenized with a motor-driven grinder in 200 μ L of ice-cold 0.05 M HCl. The homogenate was centrifuged (16,000 x g, 5 min, 4°C), and supernatant was collected. After the second centrifugation (16,000 x g, 5 min, 4°C), the supernatant was kept at 4°C for 30 min. For the NADH determination, ~10 mg of frozen tissue were homogenized with a motor-driven grinder in 200 μ L of ice-cold 0.02 M NaOH. The homogenate was centrifuged (16,000 x g, 5 min, 4°C), and supernatant was collected. After the second centrifugation (16,000 x g, 5 min, 4°C), the supernatant was incubated at 60°C for 30 min to eliminate NAD⁺. Next, we neutralized both extracts with 0.2 M potassium phosphate buffer pH 7.5 on ice, then homogenates were centrifuged for 5 min at 16,000 x g and the supernatants were collected for NAD⁺ or NADH measurement. Fifteen μ L of supernatant containing NAD⁺ or NADH extract were added to 300 μ L of cycling buffer (100 mM Tris-HCl; 5 mM EDTA; 0.5 mM 3-(4,5-dimethylthiazol-2-yl)-2,5-diphenyltetrazolium bromide [MTT]; 1 mM phenazine ethosulfate [PES], and 0.15 mg/mL alcohol dehydrogenase [ADH]) and incubated for 5 min at 37°C. Then, 15 μ L of EtOH (0.6 M final concentration) were added to start the reaction, and then the mixture was centrifuged for 30 s at 16,000 x g. The absorbance of supernatant was measured at 570 nm after 10 min in a microplate spectrophotometer (PowerWave Microplate Spectrophotometer, BioTek). For quantification, values of the linear increase in absorbance were compared with values of NAD⁺ or NADH standards. Data were normalized to milligram of tissue.

3.11 Pyruvate kinase activity

Pyruvate kinase (PK) activity in mice spinal cord was determined by a spectrophotometric method as previously described (Galino et al., 2011). Briefly, 15 μ g of mitochondria-free supernatant were added to 0.2 mL of reaction buffer (50 mM Tris-HCl pH 7.4, 100 mM KCl, 20 mM MgCl₂, 0.3 mM NADH, 4 mM ADP, 1 mM phosphoenolpyruvate (PEP), and 5 units/mL of lactate dehydrogenase [LDH]). NADH was spectrophotometrically recorded every two minutes at 340 nm during 16 minutes in

a microplate spectrophotometer (PowerWave Microplate Spectrophotometer, BioTek). The measurement recorded at sixth minute was used for the analysis. All assays were performed in triplicate at room temperature. PK activity ($\mu\text{mol}/\text{min}$) was normalized to milligram of tissue.

3.12 Evaluation of oxidative lesions

AASA, CML, CEL and MDAL concentrations in total proteins from spinal cord homogenates were measured with GC/MS, as reported (Fourcade et al., 2008). The amounts of products were expressed as the ratio of micromole of AASA, CML, CEL, or MDAL per mol of lysine.

3.13 Immunohistochemistry (IHC)/Immunofluorescence (IF)

Mice were anaesthetized by intraperitoneal injection of Sodium Pentobarbital (Dolethal®; Vetoniqual, Alcobendas, Spain) diluted 1/10 in physiological serum (Braun, Rubí, Spain). Spinal cord and brain were harvested after perfusing the mice with 4% paraformaldehyde (PFA; Sigma-Aldrich, Ref. 441244) in 0.1 M phosphate buffer pH 7.4.

For studying axonal degeneration, spinal cord was embedded in paraffin and serial sections (4 μm thick) were cut in a transversal or longitudinal (1 cm long) plane with a microtome (Microm HM 340E, Thermo Fisher Scientific). IHC studies performed in WT; *Abcd1*^{-/-}/*Abcd2*^{-/-}; *Abcd1*^{-/-}/*Abcd2*^{-/-} + DMF; *Abcd1*^{-/-}/*Abcd2*^{-/-}/*Rip140*^{-/-} and *Rip140*^{-/-} mice were carried out with the avidin–biotin peroxidase method.

After antigen retrieval step using 10 mM citrate buffer pH 6.0 and endogenous peroxidases blocking step using 3% H₂O₂ (H1009, Sigma-Aldrich), the rehydrated sections were stained with 3% Sudan black (Ref. 199664, Sigma-Aldrich) or processed for IHC. At least three spinal cord sections were analysed per animal and per stain. After primary antibody incubation (**Table 1**), the sections were incubated with the Labelled Streptavidin-Biotin2 System (LSAB2, Ref. K0675, Dako). Staining was visualized after incubation with 3-3'-diaminobenzidine (DAB) substrate chromogen

(Ref. D5637, Sigma-Aldrich) which results in a brown-coloured precipitate at the antigen site. After dehydrating the sections, slides were mounted with DPX (Ref. 06522, Sigma-Aldrich).

Images were acquired using Olympus BX51 microscope (20x/N.A 0.50 Ph 1 UPlan FL N; Olympus Corporation, Tokyo, Japan) connected to an Olympus DP71 camera and Cell^B software (Olympus Corporation). The researcher was blinded to both the genotype and the treatment of the sample when analysing the results.

For GFP immunofluorescence (IF) studies, spinal cord and brain from one-month-old WT and *Rip140*^{-/-} mice were equilibrated in 30% sucrose after perfusion. Then tissues were embedded with tissue freezing medium (O.C.T, Sakura) inside disposable plastic molds (Sakura; Torrance, CA, USA). Serial sections (5 μ M thick) were cut in coronal and sagittal planes with a cryostat (1950M; Leica Biosystems, Wetzlar, Germany). IF was performed using a chicken anti-GFP (GFP-1020; Aves Lab, Tigard, OR, USA) as primary antibody and an Alexa 488-conjugated goat anti-chicken IgG (Thermo Fisher Inc.) as secondary antibody. Nuclei were stained by DAPI (Thermo Fisher Inc.). Confocal images were collected using a Leica TCS SP5 confocal microscope (Leica Biosystems), and processed with ImageJ v1.50i (U. S. National Institutes of Health, Bethesda, MD, USA). Since there was some background present as a result of the IF procedure, sections from WT mice were used to set the background where no eGFP signal was observed, to determine specific eGFP signal in *Rip140*^{-/-} mice. The researcher was blinded to the genotype of the sample when analysing the images.

3.14 Behavioural tests

3.14.1 Horizontal bar cross test

Bar cross test uses a wooden bar of 100 cm in length and 2 cm in width (diameter). This bar is just wide enough for mice to stand on with their hind feet hanging over the edge such that any slight lateral misstep will result in a slip. The bar was elevated 50 cm from the bench surface, so that animals did not jump off, yet were not injured upon falling from the bar. The mice were put on one end of the bar and expected to cross to the other end. To eliminate the novelty of the task as a source of slips, all animals were given two

trials on the bar the day before and at the beginning of the testing session. In the experimental session, the numbers of hind limbs lateral slips and the time to cross the bar were counted on three consecutive trials. The researchers that performed this experiment were blinded for the genotype or treatment of the mice.

3.14.2 Treadmill test

Treadmill apparatus (Panlab, Barcelona, Spain) consist of a belt (50 cm long and 20 cm wide) varying in terms of speed (5–30 cm/s) and slope (0–25°) enclosed in a plexiglass chamber. An electrified grid is located to the rear of the belt on which foot shocks (0.5 mA) were administered whenever the mice fell down the belt. The mice were placed on the top of the belt in the opposite direction to the movement of the belt. Thus, to avoid the foot shocks, the mice had to move forward. The latency to falling off the belt (time of shocks in seconds) and the number of shocks received were measured. The mice were evaluated in five trials in a single-day session, always between 2 p.m. and 6 p.m. In the first trial, the belt speed was set at 20 cm/s and the inclination at 5°. In the second and third trial, the belt speed was 10 cm/s and the slope was increased to 10° and 20°, respectively. Then, for the fourth and the fifth trials, the slope was maintained at 20° and the belt speed was increased to 20 and 30 cm/s, respectively. For the three first trials, mice ran for 1 min. For the fourth and fifth tests, times of the experiment were 3 minutes, and 7 minutes and 30 seconds, respectively. Intervals between each test were 1, 1, 5 and 20 minutes, respectively. When the mice were subjected to consecutive trials at increasing speeds of up to 20 cm/s and a 20° slope, no differences were detected from one session to another between the WT and *Abcd1⁻/Abcd2⁻* mice. However, when the belt speed was increased up to 30 cm/s and the slope was 20°, differences were detected between the *Abcd1⁻/Abcd2⁻* mice and the controls because this task requires greater coordination. These conditions were therefore chosen to assess the effects of the treatment or the genotype.

3.14.3 Hind limbs clasping test

Assessment of hind limbs clasping was done by suspending WT, *Abcd1⁻/Abcd2⁻*, *Abcd1⁻/Abcd2⁻/Rip140⁻* and *Rip140⁻* mice from their tails until they reached a vertical

position. The hind limbs extension reflex was analysed for 10 seconds in three consecutive trials separated by 5 min rest. The hind limbs extension reflex was scored as described in **Table 5**, adapted from Dumser *et al.* (2007). The researcher was blinded for the genotype of the mice while performing these behavioural tests.

3.15 Statistical analysis

The values were expressed as the mean \pm standard deviation (SD), unless explicitly noted otherwise, in that case values were expressed as the mean \pm standard error of the mean (SEM). The significant differences (* $p < 0.05$, ** $p < 0.01$, *** $p < 0.001$) when comparing two groups were determined by a two-tailed unpaired Student's *t* test. When comparing more than two groups, significant differences were determined by one-way or two-way ANOVA followed by Tukey's *post hoc* test or Kruskal Wallis non-parametric test followed by Dunn's *post hoc* test, after verifying normality (Shapiro-Wilk test). Statistical analyses were performed using SPSS for Windows version 12.0.

Table 5 Scoring system for the clasping test

SCORE	PHENOTYPE
0	Total paralysis of the hindlimbs
0.5	Both hindlimbs are entirely retracted and touching the abdomen during 100% of the time suspended
0.75	Both hindlimbs are entirely retracted toward the abdomen during 100% of the time suspended
1	Both hindlimbs are partially retracted toward the abdomen during 100% of the time suspended
1.25	alternating clasping and flexion of hindlimbs, although clasping occurs for more than 50% of the time suspended
1.5	Alternating clasping and flexion, equally occurring during 100% of the time suspended
1.75	Alternating clasping and flexion of hindlimbs, although flexion occurs for more than 50% of the time suspended
2	Flexion of hindlimbs during 100% of the time suspended
2.25	Alternating flexion and extension of hindlimbs, although flexion occurs for more than 50% of the time suspended
2.5	Alternating flexion and extension, equally occurring during 100% of the time suspended
2.75	Alternating flexion and extension of hindlimbs, although extension occurs for more than 50% of the time suspended
3	Extension of hindlimbs in an angle $<90^\circ$ during 100% of the time suspended
3.5	Alternating extension of hindlimbs in an angle $<90^\circ$ and $\geq 90^\circ$ during 100% of the time suspended
4	Extension of hind limbs in an angle $\geq 90^\circ$ during 100% of the time suspended

RESULTS

4 Results

4.1 Chapter I: Study of AKT/GSK-3 β /NRF2 antioxidant pathway in X-ALD pathophysiology: Neuroprotective effect of dimethyl fumarate in a mouse model of X-ALD

4.1.1 NRF2-dependent antioxidant pathway is altered in an X-ALD mouse model

Given the central role of NRF2 in the antioxidant cellular defence associated with redox dyshomeostasis in X-ALD (Fourcade et al., 2008), we asked whether NRF2-dependent antioxidant pathway was altered in X-ALD. In the last years, the right size of NRF2 protein in western blot has been a subject of controversy. Using tissue and cell samples from *Nrf2*^{-/-} mice, the specific NRF2 band was detected at around 100 kDa but not at the predicted 68 kDa (Lau et al., 2013). We found out decreased NRF2 protein levels in *Abcd1*⁻ mice spinal cord at 12 months of age (**Fig. 9a**), a presymptomatic stage of the disease in this mouse model, but not earlier at 3 months of age (**Fig. 9b**). The dysregulation of NRF2 protein levels was organ-specific as we did not observe any change in non-affected tissues in this mouse model, such as cortex or liver (**Fig. 9b**). To further address whether NRF2 pathway was altered, we measured mRNA expression of NRF2 classical target genes (*Hmox1*; *Nqo1* and glutathione S-transferase alpha-3, *Gsta3*) at the same age, and we observed a slight significant decrease of their expression in *Abcd1*⁻ mice spinal cord at 12 months of age (**Fig. 9c**), in the line of a downregulated NRF2 pathway.

Several signalling pathways can regulate NRF2-dependent response, in particular, those ones modulating GSK-3 β activity, such as AKT/GSK-3 β pathway (Rada et al., 2011; Rojo et al., 2008b; Salazar et al., 2006). Since our group previously reported a common dysregulation of insulin signaling pathways in X-ALD mouse model and cAMN and ccALD patients (Schluter et al., 2012), and AKT/GSK-3 β axis is one of the main regulators of this pathway, thereby we studied AKT/GSK-3 β pathway in *Abcd1*⁻ mice spinal cord. We uncovered less AKT activation, as shown by decreased phosphorylation

of AKT at Threonine 308 residue (pThr308) relative to total AKT levels. Subsequently, one of its target, GSK-3 β , was more active, as indicated by reduced phosphorylation of GSK-3 β at Serine 9 residue (pSer9) compared with total GSK-3 β levels (**Fig. 9d**). We also quantified phosphorylation of other residues such as Serine 473 (pSer473) of AKT, another marker of AKT activation, and Tyrosine 216 (pTyr216) of GSK-3 β , which indicates GSK-3 β activation. We did not observe any changes neither in these phosphorylated forms of AKT and GSK-3 β nor in total levels of AKT and GSK-3 β (**Fig. 9d**).

In summary, these data show that AKT/GSK-3 β /NRF2 axis was dysregulated in *Abcd1*^{-/-} mouse spinal cord.

4.1.2 NRF2-dependent antioxidant pathway activation is impaired in X-ALD patients-derived fibroblasts

The fibroblasts of X-ALD patients are a good surrogate cell model for dissecting disease mechanisms, as they recapitulate the main X-ALD hallmarks: (i) accumulation of VLCFA, (ii) higher production of free radicals of mitochondrial origin (Lopez-Erauskin et al., 2013), (iii) loss of energetic homeostasis (Galino et al., 2011), (iv) altered proteostasis (Launay et al., 2015; Launay et al., 2013) and ER stress (Launay et al., 2017). Using this cell system, we sought to determine whether fibroblasts from X-ALD patients had an alteration of the AKT/GSK-3 β /NRF2 pathway.

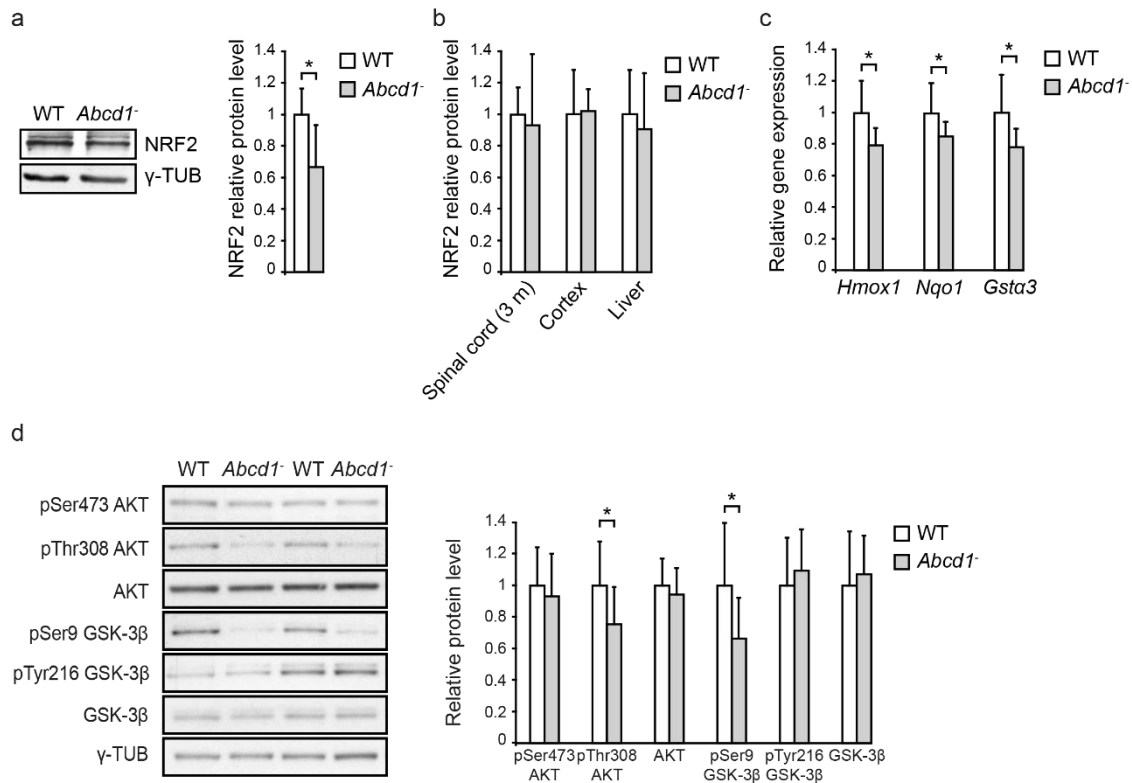


Figure 9 NRF2-dependent antioxidative pathway is altered in X-ALD

a) NRF2 protein levels were measured in WT (n=6) and *Abcd1*⁻ (n=6) spinal cord at 12 months of age. Protein levels were normalized relative to γ -tubulin (γ -TUB) and quantification is depicted as fold change to WT mice. **b)** NRF2 protein levels were measured in WT (n=8) and *Abcd1*⁻ (n=8) spinal cord at three months of age (3m), as well as in cortex and liver at 12 months of age. Protein levels were normalized relative to γ -tubulin (γ -TUB) and quantification is depicted as fold change to WT mice. **c)** NRF2-dependent antioxidative genes (*Hmox1*, *Nqo1* and *Gsta3*) expression in WT (n=8) and *Abcd1*⁻ (n=8) mice spinal cord at 12 months of age. Gene expression levels were normalized relative to mouse *Rplp0* and depicted as fold change to WT mice. **d)** pSer473 AKT, pThr308 AKT, AKT, pSer9 GSK-3 β , pTyr216 GSK-3 β and GSK-3 β protein levels were measured in WT (n=12) and *Abcd1*⁻ (n=12) mice spinal cord at 12 months of age. Protein levels were normalized relative to corresponding non-phosphorylated proteins or γ -TUB (in the case of AKT and GSK-3 β). Quantification is depicted as fold change to WT mice. Data are shown as mean \pm SD (* p<0.05 after unpaired Student's t test).

At baseline, we noted that nuclear NRF2 protein levels were raised and cytoplasmic NRF2 levels were decreased in X-ALD fibroblasts compared with controls (**Fig. 10a**). In addition, *GCLC* mRNA expression was increased in X-ALD fibroblasts (**Fig. 10b**), reflecting the pro-oxidative status in these cells compared with control fibroblasts (Fourcade et al., 2008; Vargas et al., 2004). Then, we treated control and X-ALD

fibroblasts with C26:0, the main VLCFA accumulated in the patients; and oligomycin, which acts as a mitochondrial stressor (Fourcade et al., 2008; Paupe et al., 2009). Both compounds generate mitochondrial ROS in fibroblasts (Lopez-Erauskin et al., 2013). We showed that both C26:0 and oligomycin activated NRF2-dependent response in control fibroblasts, which was characterized by both higher NRF2 translocation to the nucleus (**Fig. 10c**) and increased expression of NRF2 target genes (*HMOX1*, *NQO1* and *GCLC* mRNA) (**Fig. 10d**). However, this physiological response against oxidative stress was blunted in X-ALD fibroblasts (**Fig. 10c-d**).

Furthermore, upon C26:0 and oligomycin treatment, AKT was activated, which was characterized by increased phosphorylation of Ser473 and Thr308 residues, whereas one of its targets, GSK-3 β , was inactivated, as shown by higher pSer9 GSK-3 β levels in treated-control fibroblasts (**Fig. 10e**). This physiological response against oxidative stress was impaired in X-ALD fibroblasts, as phosphorylated levels of AKT and GSK-3 β did not change upon C26:0 or oligomycin treatment (**Fig. 10e**).

As GSK-3 β activation can repress NRF2, we sought to determine the role of GSK-3 β in the impaired NRF2 response against oxidative stress in X-ALD fibroblasts. To address this question, we assessed whether specific inhibitors of GSK-3 β (CT99021 and SB216763) (Coghlan et al., 2000; Ring et al., 2003) could rescue NRF2-dependent response in X-ALD fibroblasts. We reveal that GSK-3 β inhibition by both compounds reactivated NRF2 pathway upon C26:0 treatment, as evidenced by the upregulation of NRF2-target genes in X-ALD fibroblasts (**Fig. 10f**).

Collectively, these data indicate an altered NRF2-dependent response under oxidative conditions in X-ALD patients' fibroblasts and point to GSK-3 β activation upstream of NRF2, as responsible for this inhibition of NRF2 pathway.

4.1.3 NRF2 activation by DMF prevents mitochondrial depletion and bioenergetic failure in X-ALD mice

The abovementioned results demonstrate that NRF2 pathway is inhibited in X-ALD. We therefore decided to treat *Abcd1*^{-/-} mice with DMF, a classical activator of NRF2

(Linker et al., 2011; Scannevin et al., 2012) and we evaluated the possible therapeutic benefits of this drug. Indeed, DMF has shown beneficial effects in clinical trials for relapsing-remitting multiple sclerosis (Fox et al., 2012; Gold et al., 2012) and has recently been approved by the FDA and the EMA for the treatment of relapsing forms of multiple sclerosis. It has also been successfully tested in preclinical studies for other neurodegenerative diseases as HD (Ellrichmann et al., 2011) and PD (Ahuja et al., 2016; Lastres-Becker et al., 2016). In order to verify that the dietary administration of DMF was effective, we first measured NRF2 protein levels and mRNA expression of three classical NRF2-target genes (*Hmox1*, *Nqo1* and *Gsta3*). Interestingly, DMF induced both NRF2 protein levels (**Fig. 11a**) and NRF2 target genes expression in *Abcd1*⁻ mice spinal cord at 12 months of age (**Fig. 11b**).

Next, we examined the effect of DMF on mitochondrial dysfunction in *Abcd1*⁻ mouse spinal cord at 12 months of age (Morato et al., 2013). DMF normalized mtDNA levels (**Fig. 11c**) and mitochondrial biogenesis genes mRNA expression (*Sirt1*, *Pgc-1α*, *Nrf1* and *Tfam*) (**Fig. 11d**). We previously reported decreased levels of ATP in the spinal cord of *Abcd1*⁻ mice (Galino et al., 2011), suggesting that a deficit in energy homeostasis is a key feature in X-ALD pathology. In the present study, we unveil that DMF prevented bioenergetic failure in X-ALD mouse spinal cord at 12 months of age, as ATP levels were normalized by DMF treatment (**Fig. 11e**).

In summary, DMF activated NRF2-dependent antioxidant pathway, as well as prevented mitochondrial depletion and bioenergetic failure in *Abcd1*⁻ mice spinal cord.

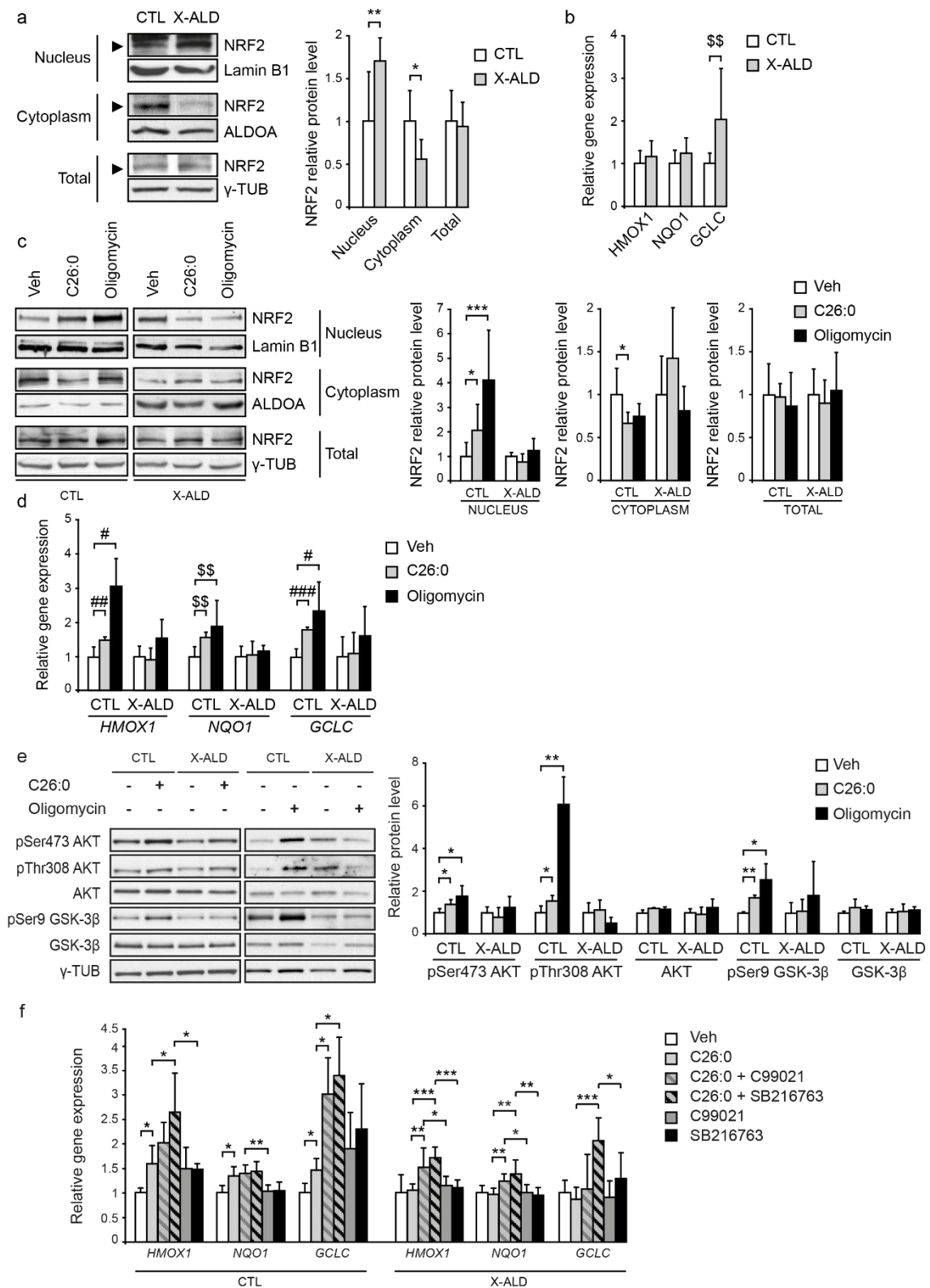


Figure 10 AKT/GSK-3 β /NRF2-dependent antioxidative pathway activation upon oxidative stress induced by VLCFA or Oligomycin is impaired in X-ALD patients' fibroblasts

a) NRF2 protein levels in nuclear, cytoplasmic and total extracts from control (CTL) (n=5) and X-ALD (n=5) fibroblasts. Protein levels were normalized relative to Lamin B1 in nuclear fraction, Aldolase A (ALDOA) in cytoplasmic fraction and γ -TUB in total fraction. Quantification is depicted as fold change to control fibroblasts. **b)** NRF2-dependent antioxidative genes (*HMOX1*, *NQO1* and *GCLC*) expression in CTL (n=5) and X-ALD (n=5) fibroblasts under basal conditions. Gene expression levels were measured by quantitative RT-PCR and normalized relative to *RPLP0*. Quantification is depicted as fold change to control fibroblasts. **c)** NRF2 protein translocation to the nucleus upon VLCFA (C26:0, 50 μ M, 24h) or Oligomycin (15 μ M, 18h) in control (CTL) (n=5 per condition, left panels) and X-ALD (n=5 per condition, right panels) fibroblasts. Protein levels were normalized relative to Lamin B1 in nuclear fraction, Aldolase A (ALDOA) in cytoplasmic fraction and γ -TUB in total fraction. Quantification is depicted as fold change to vehicle-treated (Veh) fibroblasts. **d)** NRF2-dependent antioxidative genes (*HMOX1*, *NQO1* and *GCLC*) expression upon oxidative stress in CTL (n=5 per condition) and X-ALD (n=5 per condition) fibroblasts. Gene expression levels were measured by quantitative RT-PCR and normalized relative to *RPLP0*. Quantification is depicted as fold change to vehicle-treated (Veh) fibroblasts. **e)** pSer473 AKT, pThr308 AKT, pSer9 GSK-3 β , pTyr216 GSK-3 β , AKT and GSK-3 β protein levels were measured upon oxidative stress in CTL (n=5 per condition) and X-ALD (n=5 per condition) fibroblasts. Protein levels were normalized relative to corresponding non-phosphorylated proteins or γ -TUB (in the case of AKT and GSK-3 β) and quantification is depicted as fold change to vehicle-treated (Veh) fibroblasts. **f)** NRF2-dependent antioxidative genes (*HMOX1*, *NQO1* and *GCLC*) expression after GSK-3 β inhibition in VLCFA-treated CTL (n=5 per condition) and X-ALD (n=5 per condition) fibroblasts. Gene expression levels were measured by quantitative RT-PCR and normalized relative to *RPLP0*. Quantification is depicted as fold change to vehicle-treated (Veh) fibroblasts. Data are shown as mean \pm SD. * p<0.05, ** p<0.01, *** p<0.001 after **(a)** unpaired Student's t test, or **(e,f)** one-way ANOVA test followed by Tukey's post-hoc test. **b)** # p<0.05, ## p<0.01, ### p<0.001 after one-way ANOVA test followed by Dunnett's post-hoc test. **(b, d)** \$\$ p<0.01 after non-parametric Kruskal-Wallis' test.

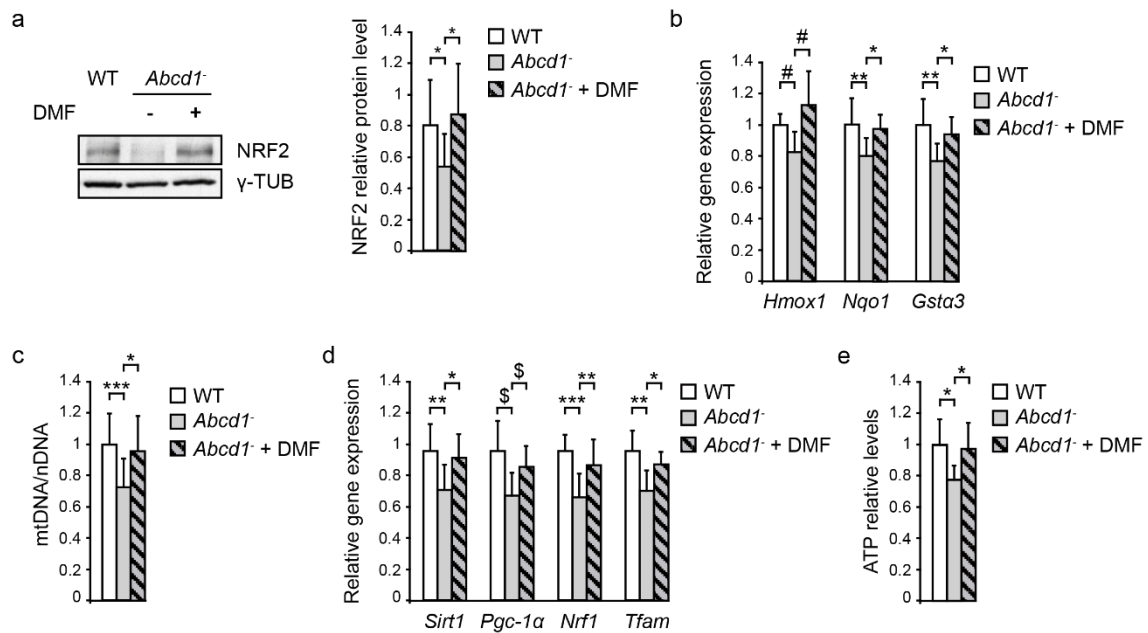


Figure 11 NRF2 activation by DMF prevents mitochondrial depletion and bioenergetic failure in *Abcd1*⁻ mice

a) NRF2 protein levels in WT (n=6), *Abcd1*⁻ (n=6) and DMF-treated *Abcd1*⁻ mice (*Abcd1*⁻ + DMF, n=6) mice spinal cord at 12 months of age. Protein levels were normalized relative to γ -TUB and quantification is depicted as fold change to WT mice. **b)** NRF2-dependent antioxidative genes (*Hmxo1*, *Nqo1* and *Gsta3*) expression in WT (n=8), *Abcd1*⁻ (n=8) and *Abcd1*⁻ + DMF (n=8) mice spinal cord at 12 months of age. Gene expression levels were normalized relative to *Rplp0*. Quantification is represented as fold change to WT mice. **c)** Mitochondrial DNA (mtDNA) levels in WT (n=8), *Abcd1*⁻ (n=8) and *Abcd1*⁻ + DMF (n=8) mice spinal cord at 12 months of age. mtDNA content was measured by quantitative RT-PCR and expressed as the ratio of mtDNA (*CytB* levels) to nuclear DNA (nDNA, *Cebpa* levels). Quantification is depicted as fold change to WT mice. **d)** *Sirt1*, *Pgc-1a*, *Nrf1* and *Tfam* expression was measured by quantitative RT-PCR in WT (n=8), *Abcd1*⁻ (n=8) and *Abcd1*⁻ + DMF (n=8) mice spinal cord at 12 months of age. Gene expression levels were normalized relative to *Rplp0*. Quantification is depicted as fold change to WT mice. **e)** ATP levels in WT (n=8), *Abcd1*⁻ (n=8) and *Abcd1*⁻ + DMF (n=8) mice spinal cord at 12 months of age. Quantification is represented as fold change to WT mice. Data are shown as mean \pm SD (* p<0.05, ** p<0.01, *** p<0.001 after one-way ANOVA test followed by Tukey's post-hoc test; # p<0.05 after one-way ANOVA test followed by Dunnett's post-hoc test; \$ p<0.05, \$\$ p<0.01 after non-parametric Kruskal-Wallis' test).

4.1.4 DMF treatment prevents inflammatory imbalance and oxidative damage to proteins and lipids in X-ALD mice

Although AMN patients do not present overt brain inflammation leading to demyelination, we have found a low-grade inflammatory dysregulation in *Abcd1*⁻ mouse spinal cord and in AMN patients. In *Abcd1*⁻ mouse, a functional genomics assay detected NFκB-mediated inflammatory pathway activation in *Abcd1*⁻ mouse spinal cord, and also increased expression of several proinflammatory genes (Schluter et al., 2012). Regarding AMN patients, we have recently described a general dysregulation of inflammatory pathways in PBMC and plasma from AMN patients (Ruiz et al., 2015). As DMF is a classical immunomodulatory drug (Linker et al., 2011; Schilling et al., 2006), we examined its effects on mRNA expression of several inflammation-related genes in *Abcd1*⁻ mice spinal cord.

At 12 months of age, *Abcd1*⁻ mouse exhibited a general imbalance of both M1 and M2 markers in spinal cord. mRNA expression of *Nfkb2*, which belongs to the non-canonical NFκB pathway, as well as mRNA expression of the majority of M1 markers was increased in *Abcd1*⁻ mouse spinal cord, including *Il1β*, *Tnfa*, tumour necrosis factor receptor superfamily member 1a (*Tnfrsf1a*), chemokine (C-C motif) ligand 5 (*Ccl5*), chemokine (C-X-C motif) ligand 9 (*Cxcl9*), *Cxcl10* and chemokine (C-C motif) receptor type 6 (*Ccr6*) (**Fig. 12a**). Also, some M2 markers were upregulated, as, chitinase-like 3 (*Chil3*), *Cxcl12*, insulin-like growth factor 1 (*Igf1*) and transforming growth factor, beta 1 (*Tgfb1*) (**Fig. 12b**). Only few of them were decreased in *Abcd1*⁻ mouse spinal cord: *Il6*, resistin like alpha (*Retnla*, also called *Fizz1*) and macrophage migration inhibitory factor (*Mif*) (**Fig. 12a-b**).

DMF prevented most of the alterations observed in this inflammatory profile, normalizing mRNA levels of *Nfkb2*, *Il6*, *Tnfa*, *Ccl5*, *Cxcl10*, *Ccr6* (**Fig. 12a**), and *Mif*, *Cxcl12*, *Tgfb1*, *Igf1* (**Fig. 12b**). However, DMF had no effect on *Tnfrsf1a*, *Cxcl9* and *Fizz1* mRNA (**Fig. 12a-b**). Furthermore, DMF exacerbated the induction of *Il1β* and *Chil3* mRNA in *Abcd1*⁻ mouse spinal cord (**Fig. 12a-b**). Interestingly, *Il10* mRNA, an anti-inflammatory cytokine, was upregulated by DMF (**Fig. 12b**).

Apart of its anti-inflammatory properties, DMF also has antioxidant properties, so we measured the effect of DMF on several quantitative markers of oxidative damage to lipids and proteins, like direct carbonylation of proteins (AASA), glycooxidation and lipoxidation (CEL and CML), and protein lipoxidation (MDAL) (Fourcade et al., 2008). We reported an antioxidant role of DMF, as it normalized AASA, CEL, CML and MDAL levels in *Abcd1*⁻ mice spinal cord (**Fig. 12c**).

Collectively, these data show that DMF was able to normalize inflammatory profile and prevented oxidative damage to lipids and proteins in *Abcd1*⁻ mice.

4.1.5 DMF prevents axonal degeneration in X-ALD mice

To evaluate the effect of DMF on axonal degeneration and locomotor impairment in X-ALD mice, *Abcd1/Abcd2*^{-/-} (DKO) mice were fed with chow supplemented with DMF (100 mg/kg). First, we assessed immunohistochemical signs of neuropathology, present in DKO mice, at 18 months of age, and characterized by (i) microgliosis; (ii) astrocytosis; (iii) axonal degeneration, shown by accumulation of APP and synaptophysin in axonal swellings; (iv) lipidic myelin debris, showed by Sudan Black staining (Pujol et al., 2004); (v) oxidative damage to DNA, indicated by increased 8-oxo-7,8-dihydro-2'-deoxyguanosine (8-oxo-dG) staining (Lopez-Erauskin et al., 2011); (vi) unhealthy motor neurons seen by reduced staining of SMI-32, an antibody that labels a non-phosphorylated epitope of neurofilament proteins and (vii) decreased mitochondrial content observed by cytochrome c (Cyt C) staining in motor neurons (Morato et al., 2013) (**Fig. 13a-y**).

DMF reversed microgliosis and astrocytosis in DKO mice spinal cord (**Fig. 13a-f**), prevented the accumulation of APP and synaptophysin in axons (**Fig. 13g-l, y**), halted the appearance of myelin debris along the spinal cord (**Fig. 13m-o**), and also reduced oxidative damage to DNA shown by a reduced staining by 8-oxo-dG antibody in DKO mice treated with DMF (**Fig. 13p-r**). In addition, mitochondrial levels and motor neurons health were improved with DMF treatment (**Fig. 13s-x**).

Altogether, these data reveal that DMF treatment prevented the presence of the immunohistochemical signs of X-ALD neuropathology in *Abcd1*⁻/*Abcd2*⁻ mice.

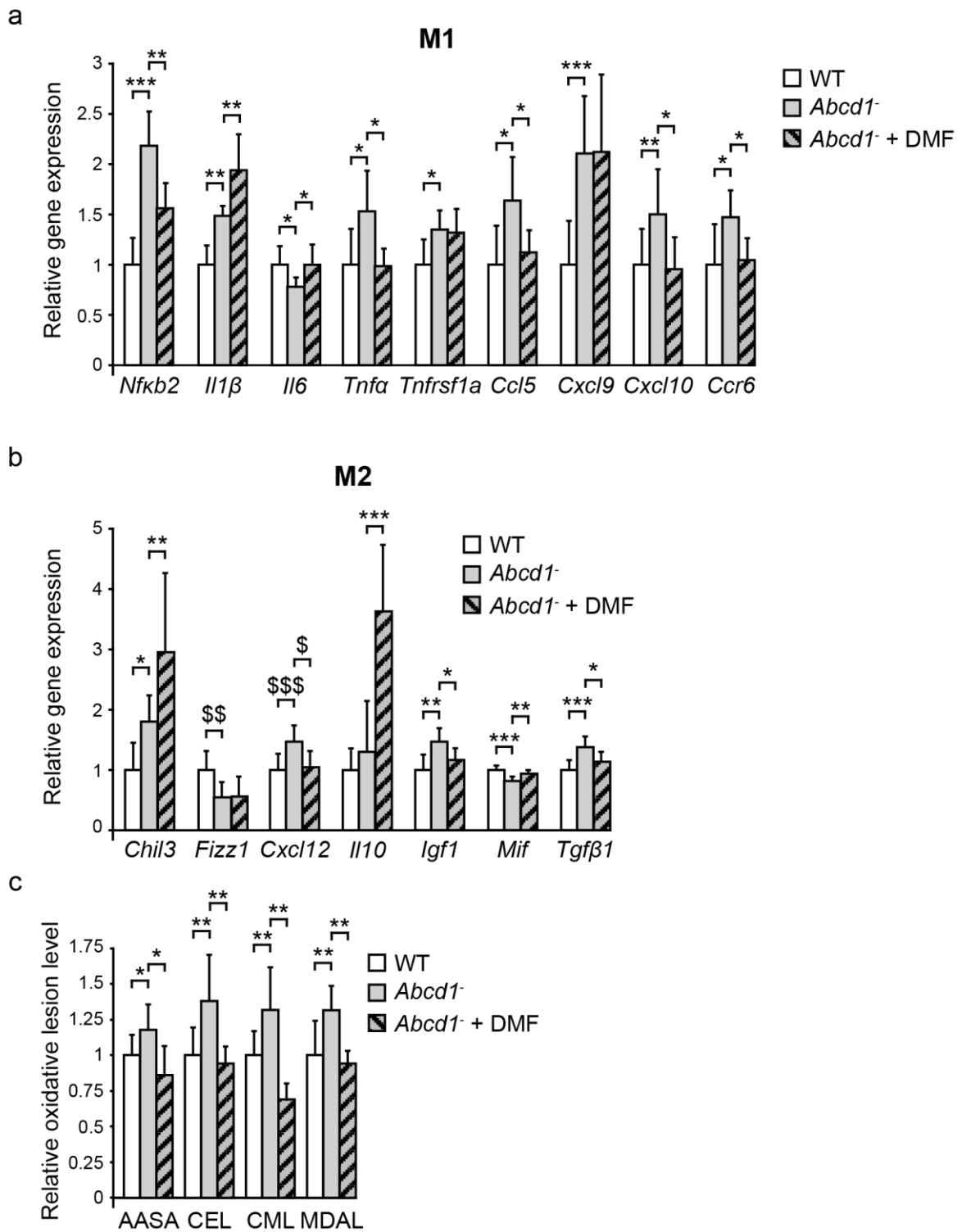


Figure 12 DMF treatment prevents inflammatory imbalance and oxidative damage to proteins and lipids in *Abcd1*⁻ mice

a) Th1 (*Nfkb2*, *Il1 β* , *Il6*, *Tnfa*, *Tnfrsf1a*, *Ccl5*, *Cxcl9*, *Cxcl10*, *Ccr6*) and **b)** Th2 (*Fizz1*, *Chil3*, *Cxcl12*, *Il10*, *Igfl1*, *Mif*, *Tgfb1*) inflammatory profile in WT (n=8), *Abcd1*⁻ (n=8) and *Abcd1*⁻ + DMF (n=8) mice spinal cord at 12 months of age. Cytokines, chemokines and other inflammation-related genes expression was measured by quantitative RT-PCR. Gene expression levels were normalized relative to *Rplp0*. Quantification is depicted as fold change to WT mice. **c)** Oxidative lesions to lipids and proteins in WT (n=5), *Abcd1*⁻ (n=5) and *Abcd1*⁻ + DMF (n=5) mice spinal cord at 12 months of age. AASA, CEL, CML and MDAL levels were measured by GC/MS. Quantification is represented as fold change to WT mice. Data are shown as mean \pm SD (* p<0.05, ** p<0.01, *** p<0.001 after one-way ANOVA test followed by Tukey's post-hoc test; \$ p<0.05, \$\$ p<0.01, \$\$\$ p<0.001 after non-parametric Kruskal-Wallis' test).

4.1.6 DMF reverses locomotor deficits of X-ALD mice

Next, we measured the effect of DMF on the neurological phenotype of DKO mice at 18 months of age, by performing bar cross and treadmill tests at the end of the treatment. As already described (Lopez-Erauskin et al., 2011), DKO mice took longer time to cross the bar, and tended to slip off more times while crossing the bar. After DMF treatment, treated DKO mice behaved similar to WT mice, indicating that DMF ameliorated the ability of DKO mice to cross the bar (**Fig. 13z**). In addition, as earlier described as well (Lopez-Erauskin et al., 2011), DKO behaved worse than WT in the treadmill test. The total number and duration of shocks was higher than in WT. DMF treatment also improved the performance of DKO mice in this test, up to the level of WT mice (**Fig. 13z**).

In summary, these data indicate that DMF treatment halted the progression of locomotor deficits in *Abcd1*⁻/*Abcd2*^{-/-} mice.

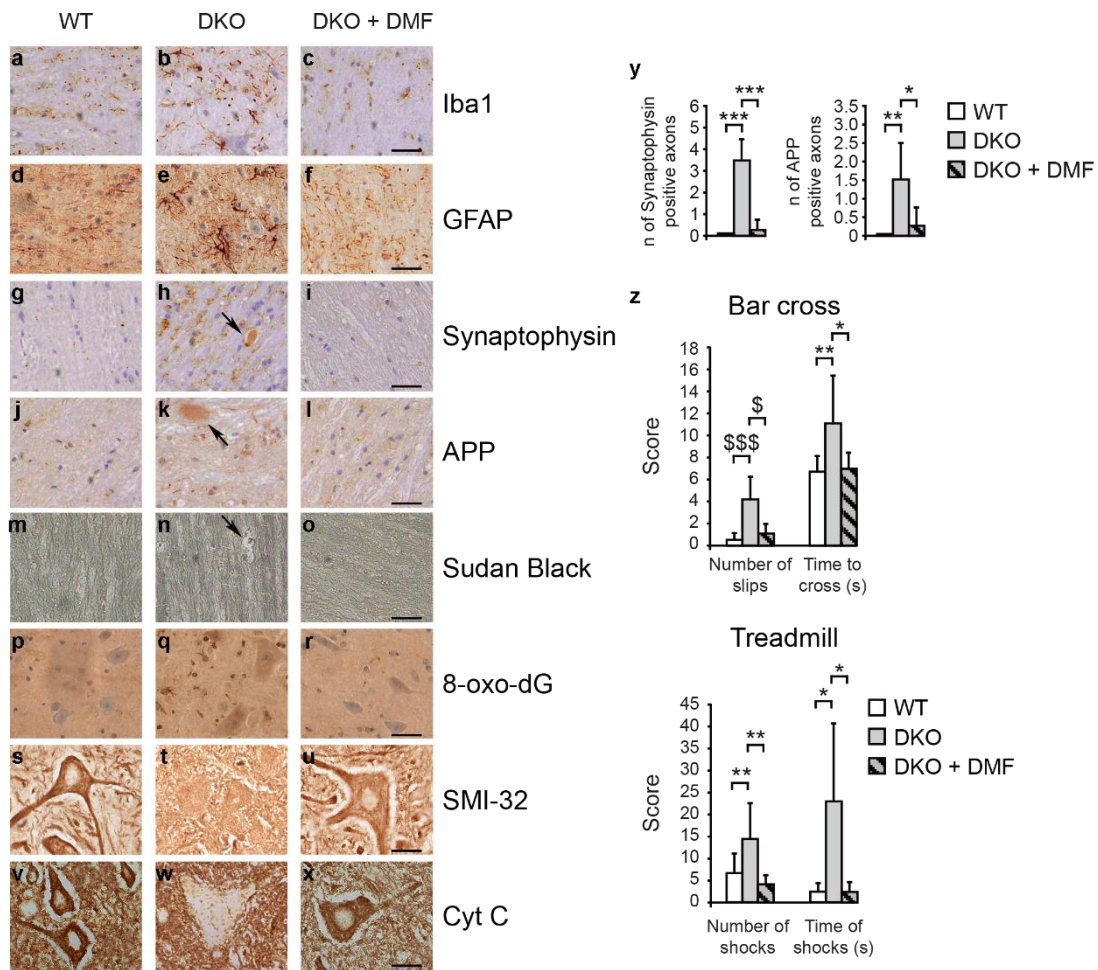


Figure 13 DMF treatment prevents axonal degeneration and locomotor impairment in *Abcd1⁻/Abcd2⁻* mice

a-x Immunohistological analysis of axonal pathologies performed in 18-month-old WT, *Abcd1⁻/Abcd2⁻* (DKO) and *Abcd1⁻/Abcd2⁻* mice treated with DMF (DKO + DMF) (n= 5 per genotype and condition). Spinal cord immunohistological sections were processed for (a-c) Iba1, (d-f) GFAP, (g-i) Synaptophysin, (j-l) APP, (m-o) Sudan black, (p-r) 8-oxo-dG, (s-u) SMI-32 and (v-x) Cyt C immunostaining. Representative images for (a, d, g, j, m, p, s, v) WT, (b, e, h, k, n, q, t, w) DKO, and (c, f, i, l, o, r, u, x) DKO + DMF are shown. Scale bars = 25 μ m (a-r) and 125 μ m (s-x).

y Quantification of synaptophysin and APP accumulations in spinal cord immunohistological sections of WT (n=5), DKO (n=5) and DKO + DMF (n=5) mice.

z Bar-cross and treadmill tests performed on 18-month-old WT (n=14), *Abcd1⁻/Abcd2⁻* (DKO) (n=16) and *Abcd1⁻/Abcd2⁻* mice treated with DMF (DKO + DMF) (n= 14). Data showed refers to number of slips and time (seconds) spent to cross the bar, in the bar cross, as described in Methods. In the treadmill test, data showed refers to number of shocks and time of shocks at the last time point measured (7 minutes and 30 seconds), as described in Methods. Values are expressed as mean \pm SD (* p<0.05, ** p<0.01, *** p<0.001 after one-way ANOVA test followed by Tukey's post hoc test; \$ p<0.05, \$\$\$ p<0.001 after non-parametric Kruskal-Wallis' test).

4.2 Chapter II: Study of the role of nuclear receptor coregulator RIP140 in X-ALD pathophysiology: Neuroprotective effect of RIP140 deletion in X-ALD mouse models

4.2.1 RIP140 is induced in X-ALD mouse model spinal cord *via* a redox-dependent mechanism

We previously reported a decrease in mitochondrial content together with an impairment of the signalling pathway governing mitochondrial biogenesis. Indeed, we previously found that *Pgc-1 α* , the master regulator of this pathway, was down regulated, while the transcriptional coregulator *Rip140* was induced in 12-month-old *Abcd1*⁻ spinal cord (Schluter et al., 2012). Since RIP140 represses mitochondrial biogenesis among many other metabolic pathways and is considered the antagonist of PGC-1 α (Hallberg et al., 2008), we explored the role of RIP140 in X-ALD. First, we studied RIP140 expression in the *Abcd1*⁻ mouse. We found out increased *Rip140* mRNA and RIP140 protein levels in 12-month-old *Abcd1*⁻ mice spinal cord (**Fig. 14a-b**), 6 months prior to the disease onset. The dysregulation of RIP140 protein levels was organ-specific as we did not observe any change in non-affected tissues in this mouse model, such as cortex or liver (**Fig. 14c**).

Next, since oxidative stress plays a decisive role in the pathogenic cascade of X-ALD pathophysiology, we analysed whether oxidative stress regulates RIP140 expression. First, we reported normalization in RIP140 protein levels after administration of a cocktail of antioxidants in 12-month-old *Abcd1*⁻ mice spinal cord (**Fig. 14d**). Then, we explored the molecular mechanism underlying this redox-dependent increase of RIP140 levels. For that purpose, we used an *ex vivo* model, i.e organotypic spinal cord slice cultures (OSCSC) (Fourcade et al., 2008). First, we showed that, just as in the *Abcd1*⁻ mice spinal cord, *Rip140* mRNA expression was increased in *Abcd1*⁻ OSCSC compared with WT OSCSC (**Fig. 14e**), which proved that OSCSC can be used as a good *ex vivo* model to study molecular mechanisms associated to RIP140 dysregulation in mice spinal cord. Using this *ex vivo* model, we revealed a redox-dependent induction of

RIP140 expression, since the addition of 10 μ M of hydrogen peroxide (H_2O_2) or excess of C26:0, the fatty acid accumulated in X-ALD, provoked an increase of RIP140 (mRNA expression and protein levels) in OSCSC from WT and *Abcd1*⁻ mice (**Fig. 14e-f**). We confirmed that the induction of RIP140 was due to a redox-dependent mechanism, as the addition of Trolox together with C26:0 prevented the increase of RIP140 (mRNA expression and protein levels) in OSCSC from WT and *Abcd1*⁻ mice (**Fig. 14g-h**).

In short, we report an induction of *Rip140* mRNA expression and RIP140 protein levels in *Abcd1*⁻ mice spinal cord, a phenomenon that was modulated by C26:0 *via* a redox dependent mechanism.

4.2.2 RIP140 is induced in the normal appearing white matter from ccALD patients but not from cAMN patients

To translate these findings obtained with animal models of X-ALD to the human X-ALD pathology, we measured RIP140 mRNA and protein levels in normal appearing white matter (NAWM) from the brain of cAMN patients, ccALD patients and age-matched control subjects. We observed increased mRNA expression and protein levels of RIP140 in the normal appearing white matter (NAWM) of ccALD patients, but not in the NAWM of cAMN patients, when compared to control individuals (**Fig. 14i-j**).

In summary, these data demonstrate that RIP140 was induced in the NAWM from ccALD patients.

4.2.3 RIP140 deletion prevents mitochondrial depletion and bioenergetic failure in X-ALD mice

The abovementioned results demonstrate that RIP140 is induced in X-ALD mouse model and in ccALD patients. We therefore decided to generate a *Rip140* knockout (*Rip140*^{-/-}) mouse and crossbred it with our X-ALD mouse models (*Abcd1*⁻ and *Abcd1*⁻/*Abcd2*^{-/-} mice), to ascertain the role of RIP140 in the pathophysiology of X-ALD. Initially, we confirmed there was no expression of RIP140 protein in *Rip140*^{-/-} mice

tissues (**Fig. 15a**). Next, given that eGFP is expressed under the *Rip140* promoter in this *Rip140*^{-/-} mouse, we studied the localization of RIP140 protein in mouse central nervous system by IF using an anti-GFP antibody. We identified RIP140 expression in neuronal layers from cortex, cerebellum and hippocampus; together with motor neurons of the spinal cord (**Fig. 15b**).

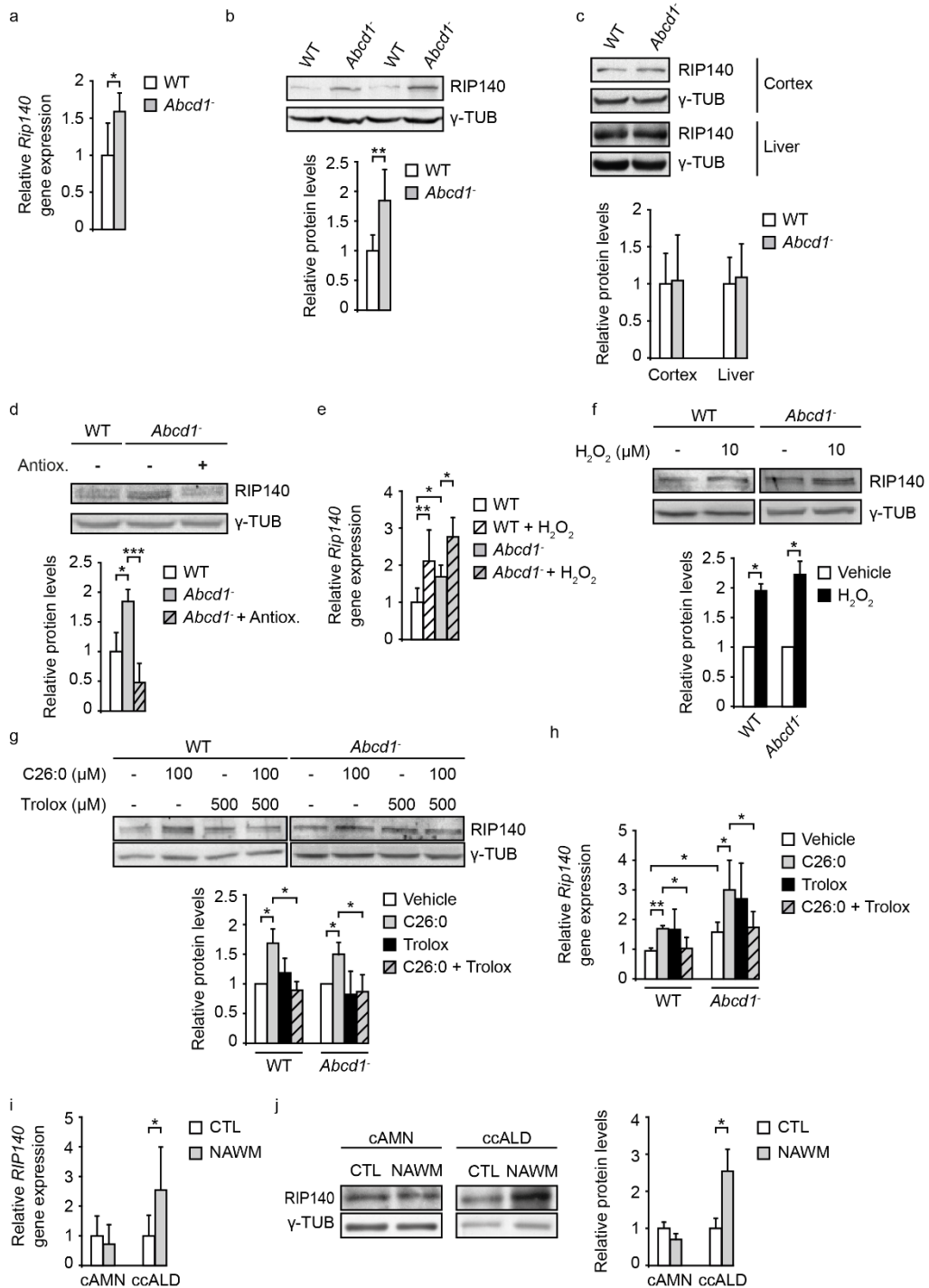


Figure 14 RIP140 is induced in X-ALD mouse model (*Abcd1*^{-/-} mice) spinal cord via a redox-dependent mechanism, as well as in NAWM from the brain of ccALD patients

a) Representative immunoblots showing RIP140 protein levels in WT (n=8) and *Abcd1*⁻ (n=8) mice spinal cord at 12 months of age. Protein levels were normalized relative to γ -TUB and quantification is depicted as fold change to WT mice. **b)** *Rip140* mRNA expression was measured by quantitative RT-PCR in WT (n=8) and *Abcd1*⁻ (n=8) mice spinal cord at 12 months of age. Gene expression levels were normalized relative to *Rplp0*. Quantification is depicted as fold change to WT mice. **c)** Representative immunoblots showing RIP140 protein levels in cortex and liver from WT (n=8) and *Abcd1*⁻ (n=8) mice at 12 months of age. Protein levels were normalized relative to γ -TUB and quantification is depicted as fold change to WT mice. **d)** Representative immunoblots showing RIP140 protein levels in the spinal cord of WT (n=6), *Abcd1*⁻ (n=6) and *Abcd1*⁻ mice treated with an antioxidant cocktail (*Abcd1*⁻ + Antiox.) at 12 months of age. Protein levels were normalized relative to γ -TUB and quantification is depicted as fold change to WT mice. **e)** *Rip140* mRNA expression was measured by quantitative RT-PCR in OSCSC from WT and *Abcd1*⁻ mice treated with 10 μ M H₂O₂ or vehicle (n=6 per genotype and treatment). Gene expression was normalized relative to *Rplp0*. Quantification is depicted as fold change to vehicle-treated WT OSCSC. **f)** Representative immunoblots showing RIP140 protein levels in OSCSC from WT and *Abcd1*⁻ mice treated with 10 μ M H₂O₂ or vehicle (n=6 per genotype and treatment). Protein levels were normalized relative to γ -TUB and quantification is depicted as fold change to the corresponding vehicle-treated OSCSC. **g)** Representative immunoblots showing RIP140 protein levels in WT and *Abcd1*⁻ OSCSC treated with 100 μ M C26:0 and/or 500 μ M Trolox, compared with vehicle-treated OSCSC (n=6 per genotype and treatment). Protein levels were normalized relative to γ -TUB and quantification is depicted as fold change to the corresponding vehicle-treated OSCSC. **h)** *Rip140* mRNA expression was measured by quantitative RT-PCR in WT and *Abcd1*⁻ OSCSC treated with 100 μ M C26:0 and/or 500 μ M Trolox, compared with vehicle-treated OSCSC (n=6 per genotype and condition). Gene expression was normalized relative to *Rplp0*. Quantification is depicted as fold change to vehicle-treated WT OSCSC. **i)** *RIP140* mRNA expression was measured by quantitative RT-PCR in control adults (n=23), control children (n=6), cAMN patients (n=17) and ccALD patients (n=6) cerebral white matter. Gene expression levels were normalized relative to *RPLP0*. Quantification is depicted as fold change to CTL patients (adults for cAMN or children for ccALD). **j)** Representative immunoblots showing RIP140 protein levels in cerebral white matter from controls (CTL) (n=6) and cerebral NAWM from cAMN (n=6) and ccALD (n=6) patients. Protein levels were normalized relative to γ -TUB and quantification is depicted as fold change to corresponding CTL patients (adults for cAMN or children for ccALD). Values are expressed as **(a-h)** mean \pm SD, or **(i-j)** mean \pm SEM. * p<0.05; ** p<0.01; *** p<0.001 after **(a, b)** unpaired Student's t test, **(d, i-j)** one-way ANOVA test followed by Tukey's post-hoc test or **(e-h)** two-way ANOVA test followed by Tukey's post-hoc test.

Since RIP140 is a master regulator of mitochondrial biogenesis by co-repressing the transcription of the genes involved in this pathway (Powelka et al., 2006), we measured mtDNA levels in different tissues from WT and *Rip140*^{-/-} mice at 3 months of age. We discovered that RIP140 deletion increased mtDNA levels in spinal cord; skeletal muscles as gastrocnemius and soleus; and brown adipose tissue (**Fig. 15c**).

We did not detect any differences neither in other tissues from central nervous system (cortex, cerebellum, pons and hippocampus) nor in other metabolic tissues such as heart, liver or white adipose tissue (data not shown).

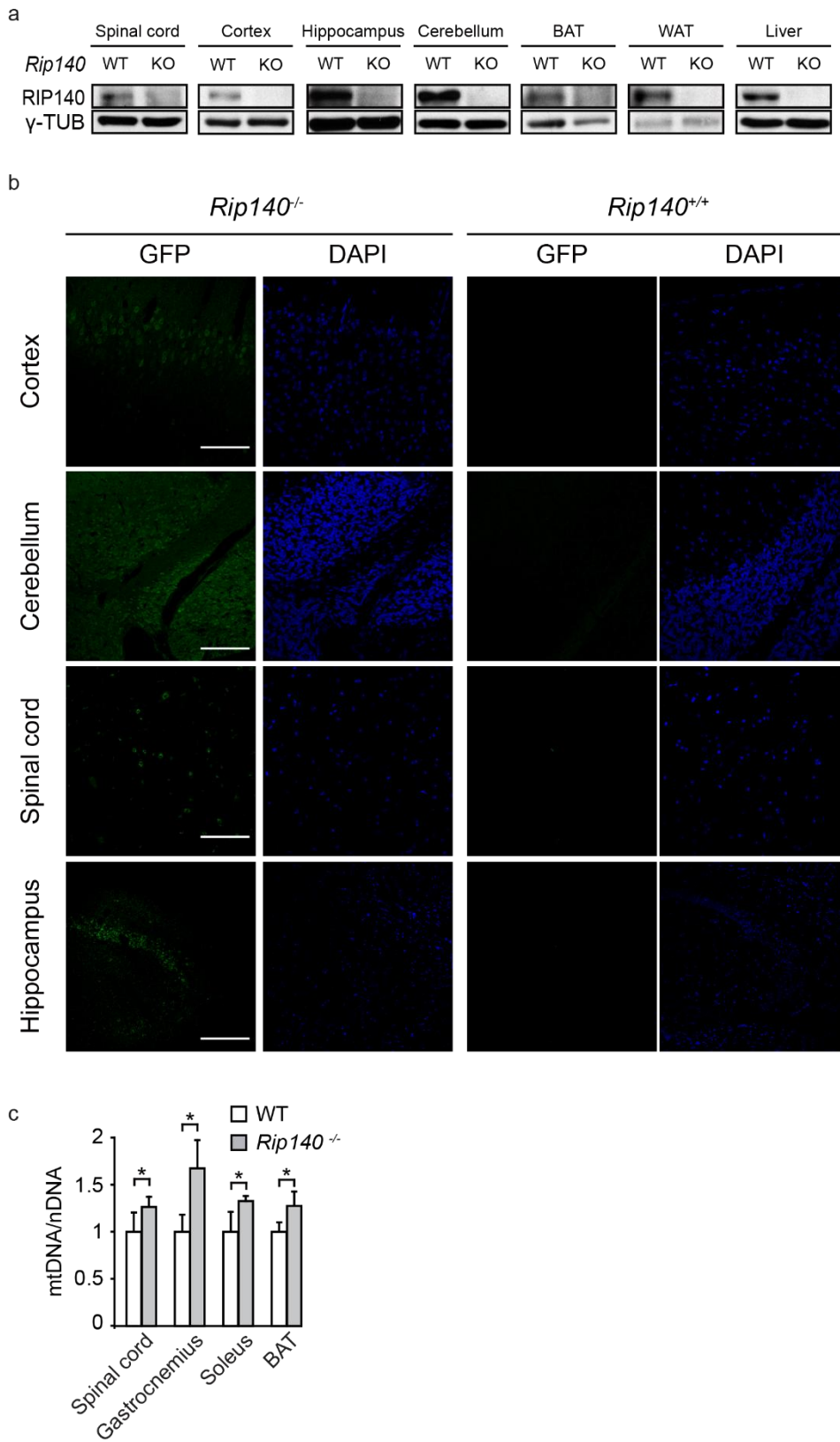


Figure 15 *Rip140*^{-/-} mice characterization

a) RIP140 protein expression in tissues from wild-type and *Rip140*^{-/-} mice. RIP140 immunoblot was performed in spinal cord, cortex, cerebellum, hippocampus, brown adipose tissue (BAT), white adipose tissue (WAT) and liver. b) Representative confocal immunofluorescent images from mouse central nervous system structures (cortex, cerebellum, hippocampus and spinal cord) showing eGFP expression (green) and DAPI (blue, nuclei). Immunofluorescence was performed with a GFP antibody on frozen sections from *Rip140*^{-/-} mice and from *Rip140*^{+/+} mice, that served as negative controls for GFP expression. Scale bar = 100 μM. c) Mitochondrial DNA (mtDNA) levels in WT (n=5) and *Rip140*^{-/-} (n=4) mice spinal cord, gastrocnemius, soleus and brown adipose tissue at 3 months of age. mtDNA content was measured by quantitative RT-PCR and expressed as the ratio of mtDNA (*CYTB* levels) to nuclear DNA (nDNA, *CEBPa* levels). Quantification is depicted as fold change to WT mice. Values are expressed as mean ± SD * p<0.05 after unpaired Student's t test.

Then, we sought to determine the effect of RIP140 deletion on mitochondrial dysfunction in *Abcd1*⁻ mouse spinal cord at 12 months of age. Loss of RIP140 normalized mtDNA levels (**Fig. 16a**); mitochondrial biogenesis genes mRNA expression (*Sirt1*, *Pgc-1α*, *Pparγ*, *Tfam* and *Nrf1*) (**Fig. 16b**); and protein levels of a mitochondrial complex I subunit, NDUFB8 [NADH dehydrogenase (ubiquinone) 1 beta subcomplex 8]; and a complex II subunit SDHB [succinate dehydrogenase complex, subunit B, iron sulfur (Ip)] (**Fig. 16c**). In the 12-month-old *Rip140*^{-/-} mice spinal cord we only detected increased mRNA expression of *Tfam* but no change in the expression of the other genes governing mitochondrial biogenesis (**Fig. 16b**). Moreover, the increased quantity of mtDNA at 3 months of age (**Fig. 15c**) was not maintained at 12 m (**Fig. 16a**).

To determine whether RIP140 can modulate mitochondrial function, measured by oxidative phosphorylation (OXPHOS) activity, we carried out high-resolution respirometry using Oroboros technology. Loss of RIP140 prevented OXPHOS impairment, previously observed in 12-month-old *Abcd1*⁻ mice spinal cord (Morato et al., 2015), normalizing respiratory control ratio (R.C.R), as well as oxygen consumption after the addition of ADP; ADP + succinate; or ADP + succinate + rotenone (State 3) (**Fig. 16d**).

We then analysed the effect of RIP140 deletion on bioenergetics, by measuring ATP, NADH and NAD⁺ levels; together with pyruvate kinase activity. Lack of RIP140 prevented decline of ATP (**Fig. 16e**) and NADH levels (**Fig. 16f**); increased NAD⁺

levels (**Fig. 16g**) and normalized pyruvate kinase activity (**Fig. 16h**) in 12-month-old *Abcd1/Rip140*^{-/-} mice spinal cord.

Altogether, these findings illustrate that loss of RIP140 normalized mitochondrial depletion and malfunction, and prevented alterations of energetic homeostasis, in *Abcd1*⁻ mice spinal cord.

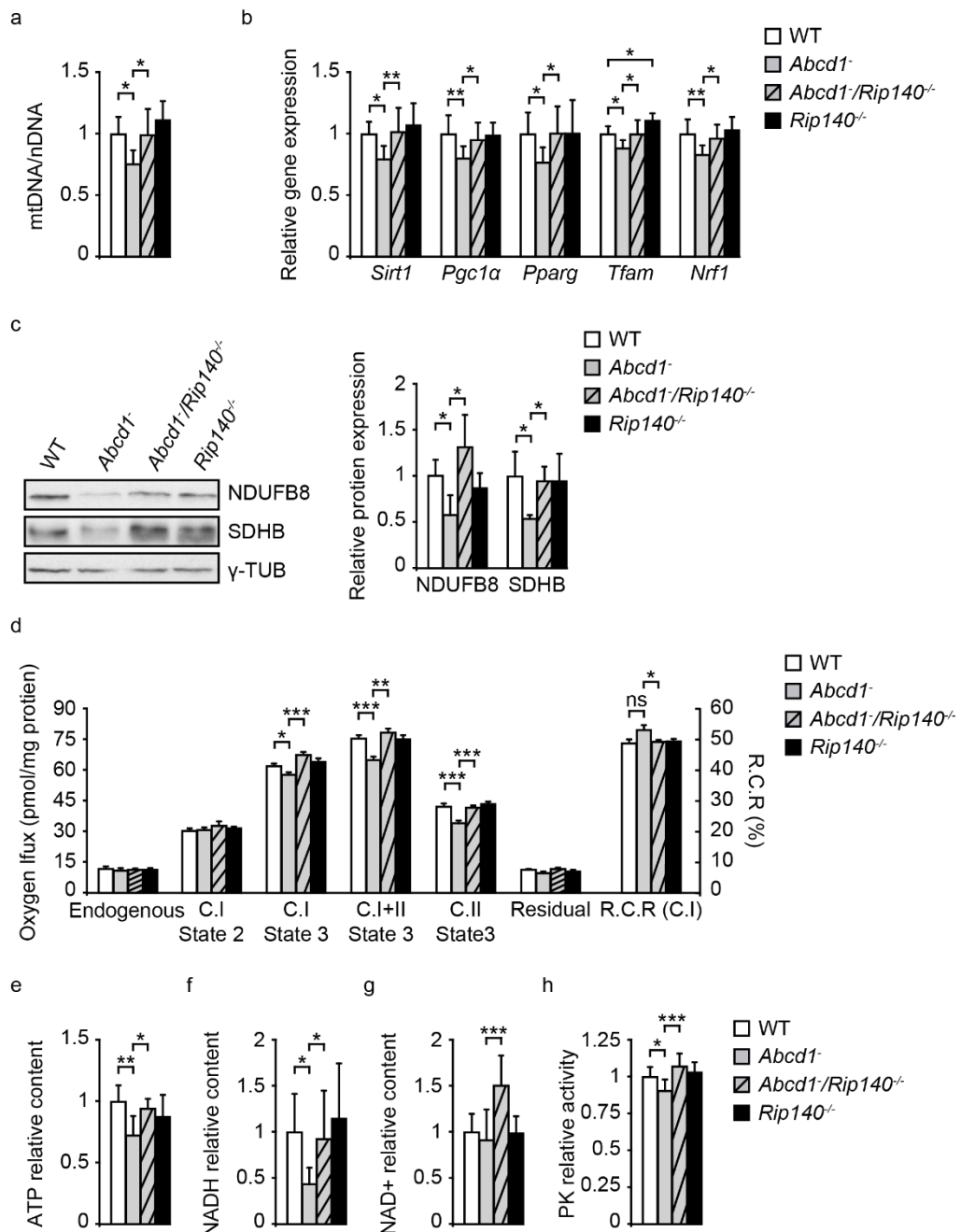


Figure 16 RIP140 deletion restores mitochondrial number and function as well as bioenergetic deficits in X-ALD mouse spinal cord

a) mtDNA levels in WT (n=8), *Abcd1*⁻ (n=8), *Abcd1/Rip140*^{-/-} (n=8) and *Rip140*^{-/-} (n=8) mice spinal cord at 12 months of age. mtDNA content was measured by quantitative RT-PCR and expressed as the ratio of mtDNA (*CYTB* levels) to nuclear DNA (nDNA, *CEBPA* levels). Quantification is depicted as fold change to WT mice. **b)** *Sirt1*, *Pgc-1a*, *Pparγ*, *Tfam* and *Nrf1* mRNA expression was measured by quantitative RT-PCR in WT (n=8), *Abcd1*⁻ (n=8), *Abcd1/Rip140*^{-/-} (n=8) and *Rip140*^{-/-} (n=8) mice spinal cord at 12 months of age. Gene expression levels were normalized relative to *Rplp0*. Quantification is depicted as fold change to WT mice. **c)** Representative immunoblots showing mitochondrial complex I (NDUFB8) and complex II (SDHB) protein levels in WT (n=6), *Abcd1*⁻ (n=6), *Abcd1/Rip140*^{-/-} (n=6) and *Rip140*^{-/-} (n=6) mice spinal cord at 12 months of age. Protein levels were normalized relative to γ -TUB and quantification is depicted as fold change to WT mice. **d)** *Ex vivo* mitochondrial respiration analysis performed on permeabilized sections of 12-month-old spinal cord from WT (n=5), *Abcd1*⁻ (n=5), *Abcd1/Rip140*^{-/-} (n=6) and *Rip140*^{-/-} (n=5) mice. (C.I = complex I. C.II = complex II). **e)** ATP levels in 12-month-old spinal cord from WT (n=8), *Abcd1*⁻ (n=6), *Abcd1/Rip140*^{-/-} (n=9) and *Rip140*^{-/-} (n=10) mice. Data are shown as fold change respect to WT mice. **(f,g)** NADH and NAD⁺ levels in 12-month-old spinal cord from WT (n=10), *Abcd1*⁻ (n=9), *Abcd1/Rip140*^{-/-} (n=9) and *Rip140*^{-/-} (n=9) mice. Data are shown as fold change with respect to WT mice. **h)** PK activity in 12-month-old spinal cord from WT (n=6), *Abcd1*⁻ (n=6), *Abcd1/Rip140*^{-/-} (n=7) and *Rip140*^{-/-} (n=7) mice. Data are shown as fold change with respect to WT mice. **(a-h)** Values are expressed as mean \pm SD * p<0.05; ** p<0.01; *** p<0.001 after one-way ANOVA test followed by Tukey's post-hoc test

4.2.4 Loss of RIP140 prevents NF κ B activation and normalizes inflammatory profile in *Abcd1*⁻ mice spinal cord

RIP140 modulates proinflammatory response *via* NF κ B (P. C. Ho et al., 2012; Zschiedrich et al., 2008) as part of its functions as a co-activator. In X-ALD, we have already described a low-grade inflammatory dysregulation in *Abcd1*⁻ mice spinal cord and in AMN patients (Ruiz et al., 2015; Schluter et al., 2012). Hence, we examined the effect of RIP140 deletion on neuroinflammation in *Abcd1*⁻ mice spinal cord. First, we checked protein levels of the components of NF κ B pathway, and we found out an activation of canonical (RELA/p65) and non-canonical (NF κ B2/p52) NF κ B pathway in 12-month-old *Abcd1*⁻ mice spinal cord, as well as their regulators pI κ B α and I κ B β /IKK β (**Fig. 17a**). RIP140 absence in *Abcd1*⁻ mice impeded NF κ B pathway activation, restoring p65, p52, pI κ B α and IKK β levels in *Abcd1/Rip140*^{-/-} mice spinal cord at 12 months of age (**Fig. 17a**). Moreover, RIP140 deficiency itself altered NF κ B pathway in mice spinal cord, as depicted by decreased levels of phosphorylated-Ser536 p65 in *Rip140*^{-/-} mice spinal cord (Sakurai et al., 1999) (**Fig. 17a**).

Then, we quantified mRNA expression of several cytokines, chemokines and related inflammatory genes in 12-month-old WT, *Abcd1*⁻, *Abcd1/Rip140*^{-/-} and *Rip140*^{-/-} mice spinal cord. We revealed that lack of RIP140 normalized the expression of pro-inflammatory M1 genes like *Ccl5*, *Ccr6*, *Cxcl9*, *Cxcl10*, *Nfkb2*, *Tnfa* and *Tnfrsf1a* in the spinal cord of *Abcd1/Rip140*^{-/-} mice (**Fig. 17b**). Besides, RIP140 deletion in *Abcd1*⁻ mice restored mRNA expression of some anti-inflammatory M2 genes, such as *Fizz1*, *Igf1* and *Tgfb1* (**Fig. 17c**). However, lack of RIP140 in *Abcd1*⁻ mice did not normalize levels of *Il6* and arginase 1 (*Arg1*) and indeed, led to a further increase in *Il1β* and *Chil3* (**Fig. 17b-c**). Ablation of RIP140 in WT mice provoked a decrease in the expression of *Il6* and *Nfkb2*, as well as an increase in *Chil3* expression in *Rip140*^{-/-} mice spinal cord (**Fig. 17b-c**).

Collectively, these data evidence that lack of RIP140 precluded NFκB pathway activation and prevented inflammatory profile dysregulation in *Abcd1*⁻ mice spinal cord.

4.2.5 RIP140 deficiency halts axonal degeneration and neurological symptoms in *Abcd1/Abcd2*^{-/-} mice

Finally, we assessed the impact of RIP140 absence on axonal degeneration and the behavioural phenotype characteristic of *Abcd1/Abcd2*^{-/-} mice. We analysed these parameters at three different ages: 12, 15 and 18 months of age, which range from the onset of the neurological symptoms up to a more advanced stage of the pathology. We also evaluated these parameters on *Rip140*^{-/-} mice to discard any deleterious consequence of deleting RIP140.

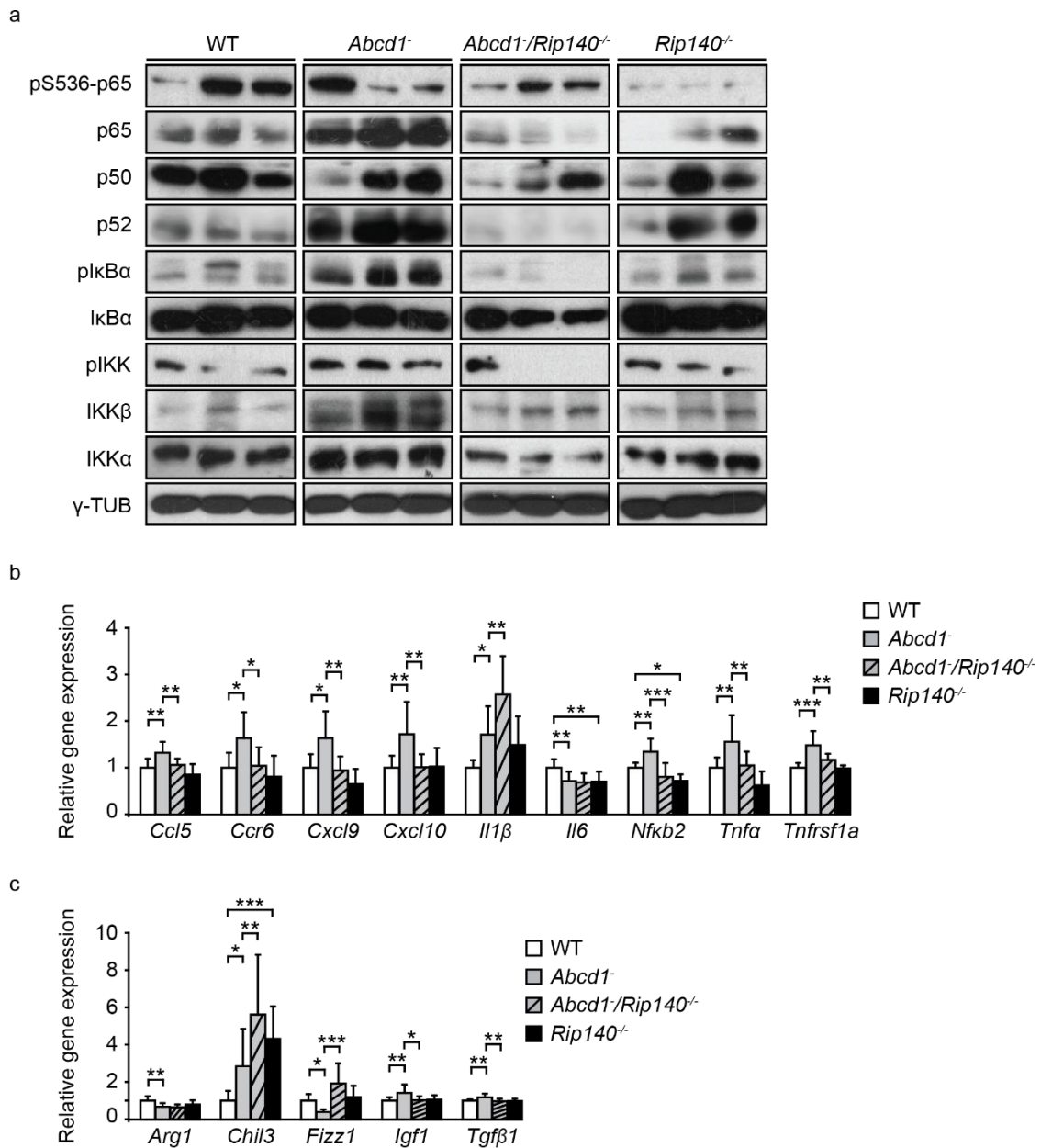


Figure 17 RIP140 deletion prevents NFκB pathway activation and normalizes inflammatory genes expression in X-ALD mouse spinal cord

a) Western blots to monitor levels of pSer536-p65, p65, NFκB1 (p50), NFκB2 (p52), pIκBα, IκBα, pIKKα/β, IKKα and IKKβ were performed in whole spinal cord lysates from 12-month-old WT (n=8), *Abcd1*^{-/-} (n=8), *Abcd1*^{-/-}/*Rip140*^{-/-} (n=8) and *Rip140*^{-/-} (n=8) mice. Protein levels were normalized relative to γ-TUB. **b)** Th1 (*Ccl5*, *Ccr6*, *Cxcl9*, *Cxcl10*, *Il1β*, *Il6*, *Nfkb2*, *Tnfa*, *Tnfrsf1a*) and **c)** Th2 (*Arg1*, *Chil3*, *Fizz1*, *Igf1*, *Tgfβ1*) genes expression in WT (n=12), *Abcd1*^{-/-} (n=12), *Abcd1*^{-/-}/*Rip140*^{-/-} (n=12) and *Rip140*^{-/-} (n=12) mice spinal cord at 12 months of age. mRNA expression was measured by quantitative RT-PCR. Gene expression was normalized relative to *Rplp0*. Quantification is depicted as fold change to WT mice. Data are shown as mean ± SD * p<0.05; ** p<0.01; *** p<0.001 after one-way ANOVA test followed by Tukey's post-hoc test.

We examined the consequences of RIP140 loss on the immunohistochemical signs of X-ALD neuropathology, present in *Abcd1⁻/Abcd2⁻* mice at 18 months of age, characterized by (i) microgliosis; (ii) astrocytosis; (iii) axonal degeneration, determined by accumulation of APP and synaptophysin in axons; (iv) lipidic myelin debris, depicted by Sudan Black staining (Pujol et al., 2004); (v) oxidative damage to lipids and proteins, indicated by MDA staining (Lopez-Erauskin et al., 2011); (vi) damage to motor neurons, reflected by a reduced staining of SMI-32, an antibody that labels a non-phosphorylated epitope of neurofilament proteins; and (vii) mitochondrial depletion, featured by decreased cytochrome c (Cyt C) staining in motor neurons (Morato et al., 2013) (**Fig. 18a-g'**).

Lack of RIP140 reversed microgliosis and astrocytosis in *Abcd1⁻/Abcd2⁻* mice spinal cord (**Fig. 18a-h**), prevented the accumulation of APP and synaptophysin in axons (**Fig. 18i-p, g'**), blocked the appearance of myelin debris along the spinal cord (**Fig. 18q-t**), as well as attenuated oxidative damage reflected by a reduced staining by MDA antibody (**Fig. 18u-x**). In addition, motor neurons health along with mitochondrial levels were ameliorated in *Abcd1⁻/Abcd2⁻/Rip140⁻* mice, as shown by SMI-32 and Cyt C staining, respectively (**Fig. 18y-f'**). RIP140 ablation did not cause any abnormalities in these stainings in WT mice (**Fig. 18a-g'**)

Complementary, we examined the repercussions of RIP140 deletion on the behavioural phenotype of X-ALD mice. We have previously characterized behavioural abnormalities of X-ALD mice in the bar cross and treadmill tests (Lopez-Erauskin et al., 2011). Here, we also investigated the hind limbs claspings phenotype, which consists in a retraction of the hind limbs towards the midline, when suspending the mouse by its tail for ten seconds. This neurological phenotype has been described before in the X-ALD mouse model and in other animal models of neurodegenerative disorders (Dumser et al., 2007; Lalonde et al., 2011). We uncovered mildly sustained claspings of hind limbs in *Abcd1⁻/Abcd2⁻* mice at 12, 15 and 18 months of age (**Fig. 19a**). In addition, we unveiled that lack of RIP140 prevented the appearance of the hind limbs claspings phenotype (**Fig. 19a**) and halted locomotor impairment, measured by bar cross and treadmill tests (**Fig. 19b-c**) in *Abcd1⁻/Abcd2⁻* mice at the three ages analysed. Loss of RIP140 did not have any effect on the behavioural parameters analysed (**Fig. 19a-c**).

Overall, RIP140 absence prevented axonal degeneration and halted the onset of neurological symptoms in *Abcd1⁻/Abcd2⁻* mice.

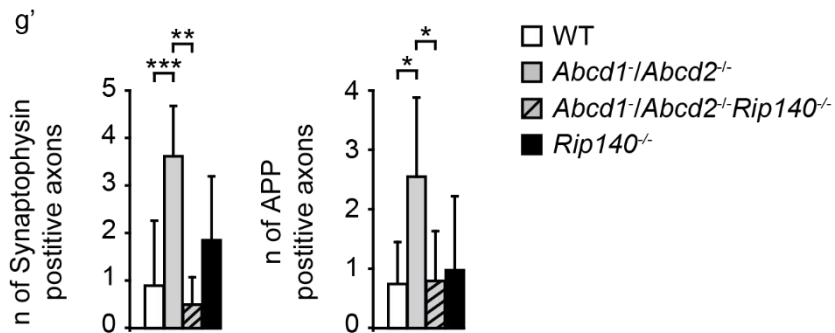
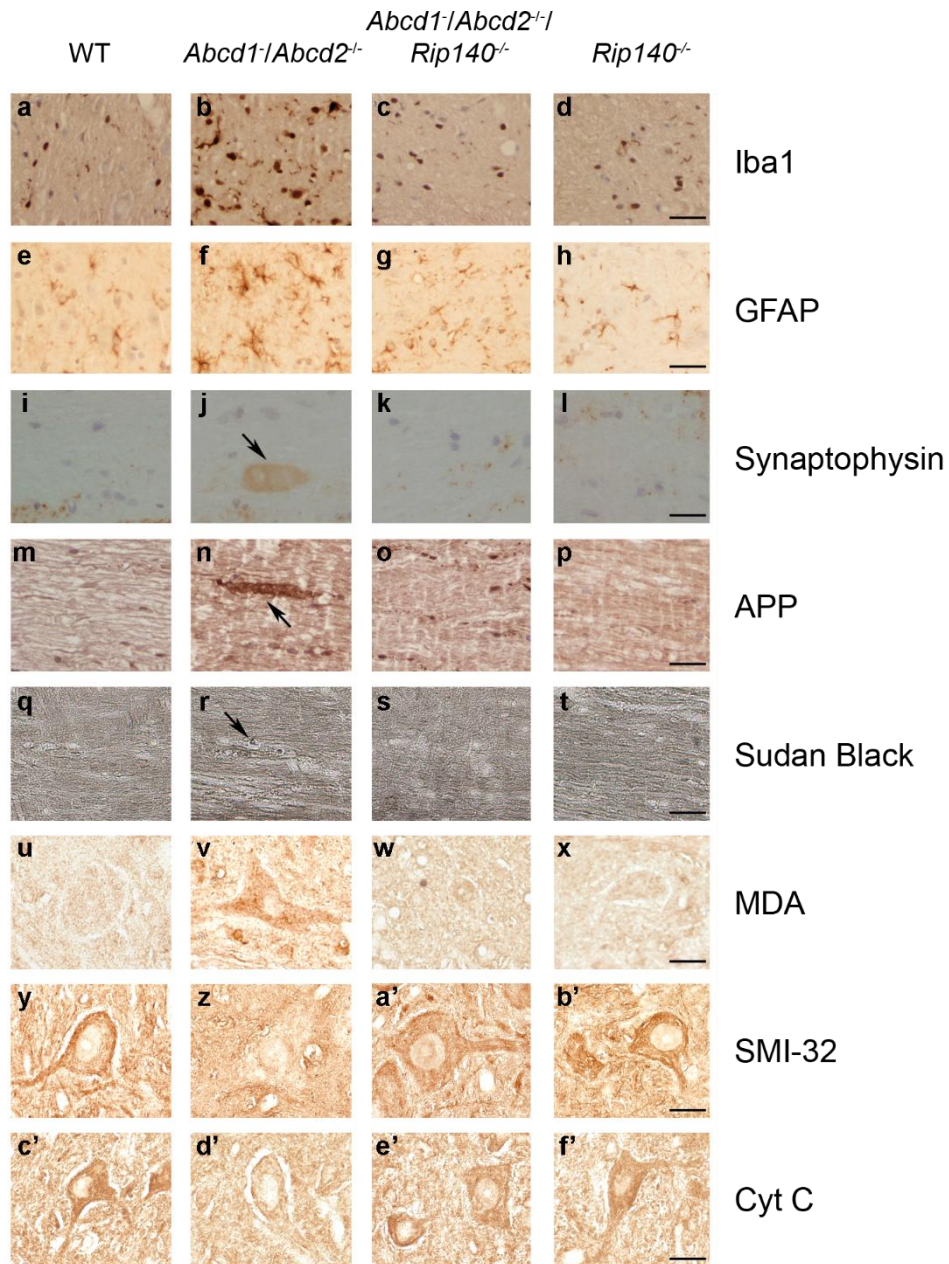


Figure 18 Loss of RIP140 halts axonal degeneration in *Abcd1⁻/Abcd2⁻* mice

Immunohistological analysis of axonal pathologies performed in 18-month-old WT, *Abcd1*^{-/-}/*Abcd2*^{-/-}, *Abcd1*^{-/-}/*Abcd2*^{-/-}/*Rip140*^{-/-} and *Rip140*^{-/-} (n= 5 per genotype) (A-X). Spinal cord sections were processed for (a-d) Iba1, (e-h) GFAP, (i-l) Synaptophysin, (m-p) APP, (q-t) Sudan black, (u-x) MDA, (y-b') SMI-32 and (c'-f') Cyt C immunostaining. Representative images for (a, e, i, m, q, u, y, c') WT, (b, f, j, n, r, v, z, d') *Abcd1*^{-/-}/*Abcd2*^{-/-}, (c, g, k, o, s, w, a', e') *Abcd1*^{-/-}/*Abcd2*^{-/-}/*Rip140*^{-/-} and *Rip140*^{-/-} (d, h, l, p, t, x, b', f') are shown. Scale bars = 25 μ m (a-t) and 125 μ M (u-f'). g') Quantification of synaptophysin and APP accumulations in axons. Values are expressed as mean \pm SD * p<0.05; ** p<0.01; *** p<0.001 after one-way ANOVA test followed by Tukey's *post hoc* test.

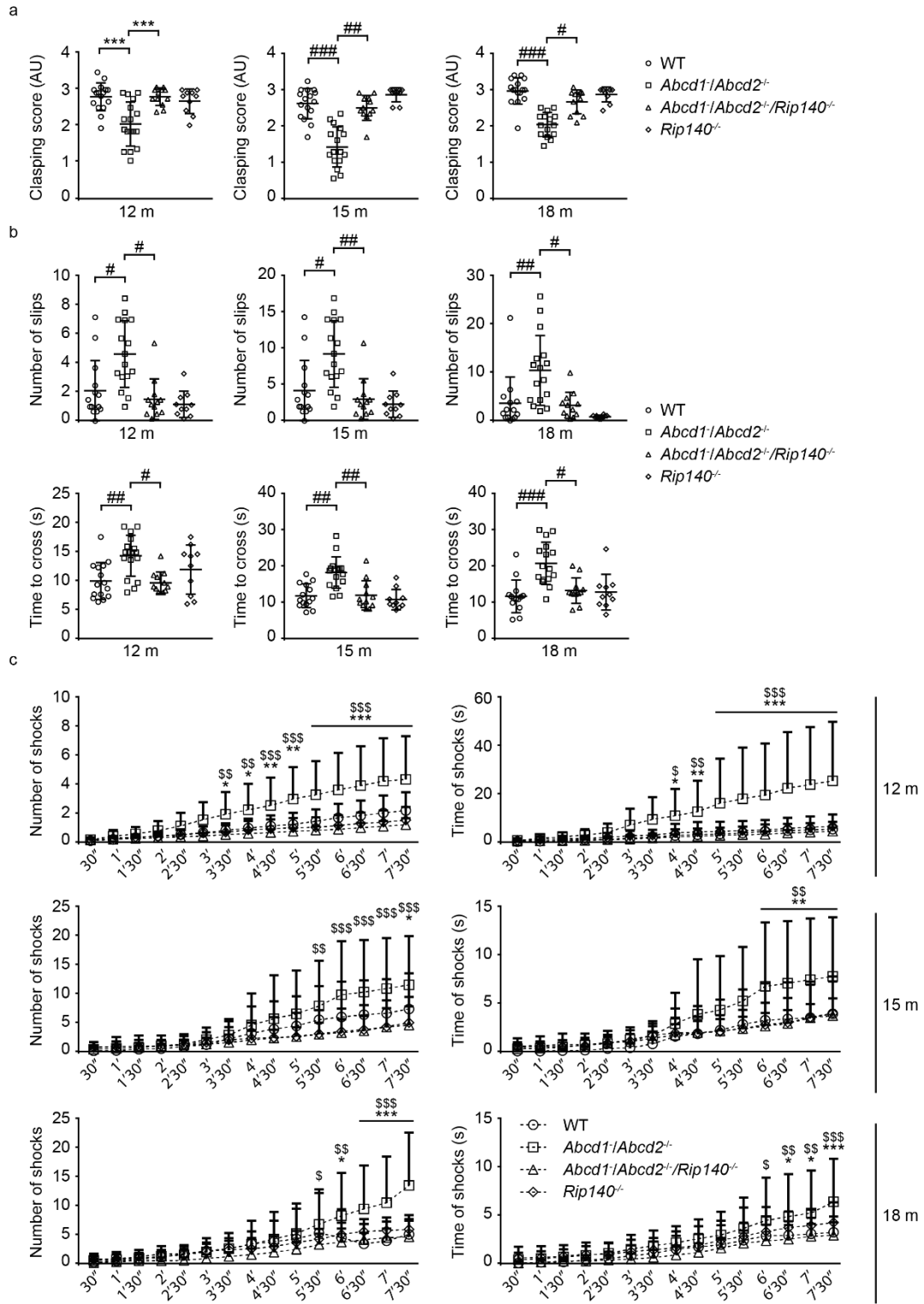


Figure 19 Loss of RIP140 prevents behavioural abnormalities in *Abcd1*^{-/-}/*Abcd2*^{-/-} mice

Clasping, bar-cross and treadmill behavioural tests were performed on 12, 15 and 18-month-old WT (n=15), *Abcd1/Abcd2*^{-/-} (n=16), *Abcd1/Abcd2*^{-/-}/*Rip140*^{-/-} (n=12) and *Rip140*^{-/-} (n=10) mice. Data shown refers to **a**) clasping score, **b**) number of slips and time (seconds) spent to cross the bar, and **c**) number of shocks and time of shocks (in seconds) in the treadmill test. Values are expressed as mean ± SD. **(a, b)** * p<0.05; ** p<0.01; *** p<0.001 after one-way ANOVA test followed by Tukey's *post hoc* test. # p<0.05; ## p<0.001; ### p<0.001 after non-parametric Kruskal-Wallis' test followed by Dunn's *post hoc* test. **(c)** * p<0.05; ** p<0.01; *** p<0.001 (WT vs *Abcd1/Abcd2*^{-/-}); \$ p<0.05; \$\$ p<0.001; \$\$\$ p<0.001 (*Abcd1/Abcd2*^{-/-} vs *Abcd1/Abcd2*^{-/-}/*Rip140*^{-/-}) after two-way ANOVA test followed by Tukey's *post hoc* test.

DISCUSSION

5 Discussion

5.1 Chapter I

In the present work we identify for the first time an impairment of the AKT/GSK-3 β /NRF2 axis in X-ALD. We found an inhibition of the endogenous antioxidant pathway mediated by NRF2 together with an aberrant upstream activation of GSK-3 β in the *Abcd1*⁻ mouse spinal cord, as well as a blunted response of AKT/GSK-3 β /NRF2 signalling pathway against oxidative stress in X-ALD patients' fibroblasts. This impairment in NRF2-dependent antioxidant response permits us to speculate why C26:0 generates oxidative lesion only in X-ALD fibroblasts but not in control fibroblasts, although it produces ROS in both cells (Fourcade et al., 2008).

The alteration of NRF2 antioxidant pathway here described is characterized by a reduction of *Hmox1*, *Nqo1* and *Gsta3* expression in *Abcd1*⁻ mice spinal cord. These enzymes are involved in cellular defence against oxidative stress and toxic and carcinogenic compounds (Dinkova-Kostova et al., 2010; J. M. Lee et al., 2003). We thus hypothesize that oxidative damage in X-ALD could be a consequence of low HMOX1, NQO1 and GST α 3 activity. Inactivation of NRF2 pathway is not a phenomenon limited to X-ALD, being reported in several neurodegenerative disorders including AD (Kanninen et al., 2008; Ramsey et al., 2007), ALS (Sarlette et al., 2008), Friedrich's ataxia (Paupe et al., 2009; Shan et al., 2013) and experimental autoimmune encephalomyelitis (EAE) mouse models (Morales Pantoja et al., 2016). A recent meta-analysis found NRF2 pathway as a common dysregulated hub in AD and PD patients (Q. Wang et al., 2017). Moreover, NRF2 has been reported to contribute to the pathology of PD and HD (Johnson et al., 2015) Indeed, NRF2-deficient mice are more vulnerable to striatal toxicity resulting from systemic administration of 3-nitropropionic acid (3-NP) (Calkins et al., 2005), MPTP (Burton et al., 2006; P. C. Chen et al., 2009) or 6-OHDA (Jakel et al., 2007). The importance of NRF2 in glial cells is evidenced in *Nrf2* knockout mice, which display astrogliosis and myelinopathy in the cerebellum (Hubbs et al., 2007). NRF2-deficient mice also develop a more severe myelin oligodendrocyte glycoprotein (MOG)-induced EAE with increased oxidative damage in

the CNS finally leading to enhanced demyelination and a more pronounced axonal loss (Johnson et al., 2010).

Several *in vitro* and *in vivo* studies have uncovered the potential of inducing NRF2-mediated transcription to protect from neurodegeneration resulting from mechanisms involving oxidative stress (J. M. Lee et al., 2003; Shih et al., 2005). *Ex vivo* studies and analysis of neurodegenerative models for motor neuron disorders, PD or cerebral ischemia indicated that NRF2-mediated neuroprotection may not only be directly mediated by, but critically involves effects *via* astrocytes (P. C. Chen et al., 2009; Kraft et al., 2004; Shih et al., 2005). Thereby, striatum is protected from MPTP toxicity in transgenic mice which overexpress NRF2 in astrocytes (P. C. Chen et al., 2009). In addition, a direct intrahippocampal gene delivery of NRF2 results in a reduction in diffuse A β burden, astrogliosis and oxidative damage which is correlated to spatial learning deficits in aged AD model (APP/PS1 mice) (Kanninen et al., 2009). Other NRF2 activators such as the synthetic triterpenoid, CDDO-methyl amide (2-cyano-N-methyl-3,12-dioxooleana-1,9(11)-dien-28 amide) have also neuroprotective effects in ALS (Neymotin et al., 2011), PD (Kaidery et al., 2013) and HD models (Neymotin et al., 2011; L. Yang et al., 2009). Furthermore, genetic variations in NRF2 gene have been associated with increased risk and/or earlier age of onset in AD, PD and ALS (Bergstrom et al., 2014; von Otter et al., 2010a; von Otter et al., 2010b).

Even though inactivation of NRF2 pathway is well renowned in the cascade of neurodegeneration process in these disorders, some studies have shown an induction of NRF2 pathway, either by increased expression of NRF2 targets or by increased NRF2 nuclear expression. Powers *et al.* showed an increased immunoreactivity of HO-1, a classical NRF2 target, in the demyelinating lesion of cAMN and ccALD brains (2005). NRF2 and/or target genes upregulation has been also shown in patients of multiple sclerosis (Licht-Mayer et al., 2015; van Horssen et al., 2010), HD (Browne et al., 1999), AD (Schipper et al., 2006; Tanji et al., 2013; Y. X. Wang et al., 2000) and PD (Ramsey et al., 2007; Schipper et al., 1998; van Muiswinkel et al., 2004). This could be a physiological response against oxidative stress, but limited and then it would not stop the progression of the disease, reinforcing the need for enhancing the expression of NRF2 until protective levels.

Little is known about the link between AKT/GSK-3 β and NRF2 in neurodegenerative diseases. Increased GSK-3 β has been reported in other neurodegenerative diseases, like tauopathies, in which GSK-3 β is one of the kinases responsible for the pathological phosphorylation of Tau (Llorens-Martin et al., 2014); PD (Credle et al., 2015; Duka et al., 2009) or multiple sclerosis (Beurel et al., 2013). Exacerbated GSK-3 β activity is also present in other peroxisomal diseases, like rhizomelic chondrodysplasia punctata (RCDP), in which plasmalogens deficiency leads to AKT inactivation and GSK-3 β activation (da Silva et al., 2014). Thereby, future works addressed to quantify AKT/GSK-3 β /NRF2 axis in other peroxisomal disorders should be very relevant in this field. Indeed, inactivation of the physiological response against oxidative stress mediated by this axis could contribute to the physiopathology of these disorders, thus opening the possibility of novel treatments with DMF or other activators of this pathway to fight these disorders.

In the present work, by inhibiting GSK-3 β in X-ALD fibroblasts with two different drugs, we restored NRF2 pathway function, allowing it to activate the transcription of NRF2 target genes upon oxidative stress. Therefore we open a new therapeutic target in X-ALD, which is inhibition of GSK-3 β , currently being investigated for other neurodegenerative diseases. In the senescence accelerated mouse-prone 8 (SAMP8) mouse, an AD mouse model, GSK-3 β inhibition led to NRF2 activation and decreased oxidative stress, as well as reduced tau phosphorylation and improved learning and memory (Farr et al., 2014). Another study has just uncovered the therapeutic potential of inhibiting the GSK-3 β pathway to restore the neurodevelopmental defects in hereditary spastic paraplegia (HSP) patients with SPG11 mutations (Mishra et al., 2016). It is also worth noting that pathways modulating GSK-3 β , for instance phosphoinositide 3-kinase (PI3K)/AKT and WNT/ β -catenin, also regulate myelination (Fancy et al., 2009; Guo et al., 2016). Unfortunately, GSK-3 inhibitors have had no success in clinical trials for neurodegenerative diseases. Two phase-II clinical trials with a GSK-3 β inhibitor (Tideglusib) showed no clinical benefit in AD (Lovestone et al., 2015) and progressive supranuclear palsy (PSP) (Tolosa et al., 2014). However, recent advances with new GSK-3 inhibitors, like L807mts (Licht-Murava et al., 2016), offers new hope for their success in clinical trials. Altogether with our results with GSK-3 β inhibitors, we suggest that future research should be directed to study deeper GSK-3 β

and associated regulatory pathways in X-ALD, which could end up in new therapeutic options for these patients.

GSK-3 β inhibitors have a pleiotropic effect, being upstream of NRF2, and given that the clinical trials with these compounds have not been satisfactory, we chose DMF to activate NRF2 in our X-ALD preclinical models (*Abcd1*⁻ and *Abcd1*⁻/*Abcd2*^{-/-} mice), in a similar dose as human patients are receiving for multiple sclerosis treatment. DMF has also been successfully tested in preclinical studies for other neurodegenerative diseases as multiple sclerosis (Schilling et al., 2006), HD (Ellrichmann et al., 2011), PD (Ahuja et al., 2016; Lastres-Becker et al., 2016) and TMEV-IDD (K. Kobayashi et al., 2015). Furthermore, DMF treatment has the advantage of giving a single hit that, besides boosting NRF2 antioxidant pathway, also improves proteostasis, mitochondrial function, and neuroinflammation. X-ALD and others neurodegenerative diseases are characterized by oxidative stress, misfolded protein aggregates, and neuroinflammation, the common targets of NRF2 therapeutic strategies (Johnson et al., 2015). DMF also raises GSH levels (S. X. Lin et al., 2011), which are decreased in X-ALD patients (Petrillo et al., 2013) and mouse models (Galino et al., 2011; Morato et al., 2015), by inducing GR activity (Hoffmann et al., 2017), an enzyme that is inhibited in X-ALD (Galino et al., 2011).

Metabolic alterations, mitochondrial dysfunction and neuroinflammation, common features in the majority of neurodegenerative diseases, can be also ameliorated with NRF2 activation. The effects of DMF on mitochondrial function have been described before *in vitro* (Ahuja et al., 2016; Peng et al., 2016; Scannevin et al., 2012). Here, we describe for the first time a positive effect of DMF on mitochondrial levels *in vivo* in the central nervous system, as DMF treatment restored mtDNA and mitochondrial biogenesis regulatory genes (*Sirt1*, *Pgc-1 α* , *Nrf1*, *Tfam*) expression levels, as well as restored ATP levels in the spinal cord of *Abcd1*⁻ mice at 12 months of age.

Neuroinflammation is another common feature of neurodegenerative diseases. In this study, we observed normalization in the expression levels of *Nfkb2* transcription factor and pro-inflammatory cytokines like *Tnfa*, *Ccl5*, *Cxcl10*, and *Ccr6*, as well as an increase in the anti-inflammatory cytokines *Il10* and *Chil3*. This effect of DMF is consistent with previous reports showing *in vivo* anti-inflammatory effects of DMF in

EAE model (Schilling et al., 2006). We also show that DMF prevented microgliosis and astrocytosis in *Abcd1/Abcd2*^{-/-} mice, which is consistent with the results of recent studies in PD mouse models (Jing et al., 2015; Lastres-Becker et al., 2016). The immunomodulatory effect of DMF in nervous system can be NRF2-dependent (Linker et al., 2011) or independent (Brennan et al., 2016). G-protein coupled receptor 109A (GPR109A, also known as the hydroxycarboxylic acid receptor 2 (HCA2)) is another DMF target (Parodi et al., 2015). As HCA2 is required for the therapeutic effects of DMF in EAE (H. Chen et al., 2014), future studies on the role of HCA2 in X-ALD and other demyelinating diseases should be performed to deeply understand how DMF ameliorates the disease in X-ALD mouse models.

X-ALD patients and mouse models show peripheral neuropathy, characterized by slower nerve conduction together with myelin abnormalities (Pujol et al., 2002). Recently, a new role of DMF in repairing peripheral nerve regeneration has been reported (Szepanowski et al., 2017), underscoring the multiple beneficial effects that DMF could exert for X-ALD patients. Importantly, a recent proof of NRF2 activation by DMF has been shown in PBMC and glial cells of multiple sclerosis patients treated with DMF from DEFINE and CONFIRM studies (Gopal et al., 2017).

In summary, our data unveil the role of NRF2 in the pathogenesis of X-ALD, showing that ABCD1 deficiency leads to an activation of GSK-3 β , which impairs the NRF2-mediated antioxidant response. Through the identification of a mechanism by which endogenous antioxidant response is impaired in X-ALD, we then used DMF, a well-known NRF2 activator, in X-ALD mouse models and identify a new therapeutic intervention that overcomes bioenergetic deficits, mitochondrial dysfunction and inflammatory dysregulation, as well as prevents axonal degeneration and locomotor deficits in X-ALD.

5.2 Chapter II

In this study, we sought to determine the role of RIP140, a nuclear receptor coregulator essential for energy homeostasis and NF κ B-mediated proinflammatory response, in the pathophysiology of X-ALD. Indeed, we reveal here that loss of RIP140 exerts neuroprotection in X-ALD mouse models, *via* improvement of mitochondrial content and function, together with reversal of bioenergetic deficits and prevention of NF κ B-dependent proinflammatory response. By acting on all these pathways, RIP140 inhibition halts axonal degeneration and prevents behavioural abnormalities in X-ALD mouse models.

Thus, our findings suggest that inhibition of RIP140 is a novel potential therapeutic strategy in disorders that share mitochondrial dysfunction and neuroinflammation as common hallmarks, such as multiple sclerosis, PD or HD (Green et al., 2011; Schapira et al., 2014; Witte et al., 2014). However, the body of evidence present in the literature is controversial about the role of RIP140 in central nervous system (CNS)-related disorders. RIP140 levels are elevated in the hippocampus of DS patients, probably because RIP140 is located in chromosome 21 (Gardiner, 2006). However, inhibition of RIP140 restores mitochondrial function and bioenergetic deficits in DS human foetal fibroblasts (Izzo et al., 2014). On the other hand, several studies have pointed out a protective role of RIP140 in CNS. For instance, nuclear export of RIP140 in hippocampal neurons protects neurons from ER stress-induced cell death (Feng et al., 2014). Given that ER stress is induced in X-ALD (Launay et al., 2017), inhibiting RIP140 would further boost ER stress, thus worsening X-ALD pathology. Our evidence presented here suggests this is not the case, as RIP140 deficiency restored every molecular defect analysed in X-ALD mice. As the implication of RIP140 in neuronal ER stress was determined in an acute state (Feng et al., 2014), we posit that further research should address the role of RIP140 in chronically induced ER stress, which is more relevant to neurodegenerative disorders (Lindholm et al., 2006). In another study, RIP140 expression was reduced in frontal cortex from AD patients compared with healthy controls, as well as associated to modulation of A β generation and GSK-3 expression (Blondrath et al., 2016). Interestingly, we describe aberrant GSK-3 β activation in X-ALD mice spinal cord in the first study of this thesis, thus the possible

role or RIP140 in GSK-3 regulation in X-ALD deserves further studies. Since several reports have described deleterious impact of RIP140 deletion on CNS (Duclot et al., 2012; Feng et al., 2014), we decided to analyse in *Rip140*^{-/-} mice every altered parameter in X-ALD mouse models. We did not find any defect in mitochondrial function and content; energy metabolism; neuroinflammation; axonal degeneration or behavioural tests; suggesting that RIP140 is not essential for any important function related to these pathways. Indeed, we found increased mtDNA levels in several three-month-old *Rip140*^{-/-} mice tissues, such as brown adipose tissue, skeletal muscles (soleus and gastrocnemius) and spinal cord, although this effect was not sustained at 12 months of age, similar to what have been previously described in skeletal muscles from the other RIP140-deficient mouse (Seth et al., 2007). As formerly described (Herbst et al., 2015), we did not detect increased mtDNA levels in 3-month-old *Rip140*^{-/-} mice cortex (data not shown).

The generation of a RIP140-deficient mouse with knock-in of eGFP, allowed us to study cellular localization of RIP140 in the CNS. We detected RIP140 expression by means of eGFP IF in neurons from cortex, hippocampus and cerebellum which is consistent with previous results using a RIP140-deficient mouse that expresses β -Gal under *Rip140* promoter (Blondrath et al., 2016; Duclot et al., 2012). Furthermore, we uncover here for the first time, expression of RIP140 in motor neurons of the spinal cord. While RIP140 expression in microglia and astrocytes of mouse CNS has been recently reported (Feng et al., 2015; Flaisher-Grinberg et al., 2014), we did not detect eGFP expression in these cells in *Rip140*^{-/-} mice, probably due to the very low expression of RIP140 that we can detect with the available antibodies (data not shown).

One of the main findings of this study is the anti-inflammatory effect of RIP140 deletion in *Abcd1*^{-/-} mice spinal cord. RIP140 is known to elicit a coactivator function on NF κ B-dependent proinflammatory response in macrophages and cardiomyocytes (P. C. Ho et al., 2012; Zschiedrich et al., 2008). Furthermore, in recent studies, RIP140 has been associated with inflammation in type 2 diabetes patients (Xue et al., 2013), as well as with the suppression of M2 macrophages polarization (Y. W. Lin et al., 2016). Here, loss of RIP140 leads to normalization of the inflammatory profile and prevented NF κ B pathway induction in X-ALD mice spinal cord. Another essential point that is closely related to the former one is the increment of RIP140 mRNA and protein levels that we

detected in NAWM from ccALD patients compared to controls subjects, but not in NAWM from cAMN patients compared to controls. In the literature, few studies have described plausible biomarkers to discern between the distinct clinical phenotypes present in X-ALD, although most of the findings have not been conclusive (Wiesinger et al., 2015). Recently, 25-hydroxycholesterol and *CYP4F2*, associated to cholesterol metabolism (J. Jang et al., 2016; van Engen et al., 2016) and NFκB-dependent inflammatory components regulated by a microRNA, miR-196a (Shah et al., 2017), have been proposed as differential biomarkers between the different phenotypes of X-ALD. Both pathways are controlled by RIP140 (P. C. Ho et al., 2011). Hence, RIP140 emerges as a candidate responsible for the induction of inflammatory disease in the “second hit” of the proposed “three-hit” hypothesis for the disease pathogenesis of X-ALD (I. Singh et al., 2010). However, the function of RIP140 on neuroinflammation remains elusive, and only two studies have described a correlation between RIP140 inhibition by umbelliferone and salidroside and a decrease in serum proinflammatory cytokines and NFκB pathway proteins in rat’s and mouse’s brain (T. Chen et al., 2016; Chunhua et al., 2016). These findings presented here underscore the importance of future research on the role of RIP140 in neuroinflammation. For instance, the impact of RIP140 overexpression on inflammatory profile analysing transgenic overexpressing RIP140 mice (Seth et al., 2007) would shed light on this question.

In this study we also unveil another level of regulation of RIP140, as we describe a redox-dependent modulation of RIP140, since H₂O₂ and C26:0 treatments increased RIP140 expression *ex vivo* in OSCSC from WT and *Abcd1*⁻ mice. In addition, trolox administration and antioxidant treatment prevented RIP140 induction in WT OSCSC and *Abcd1*⁻ mice spinal cord, respectively, confirming the role of oxidative stress in the induction of RIP140 mediated by the excess of C26:0. Other saturated fatty acids, such as palmitic acid (C16:0), increase RIP140 expression and the secretion of inflammatory cytokines in cultured control PBMCs (Xue et al., 2013). The expression of PGC-1α, which possesses antagonist functions to RIP140, is decreased upon exposure to saturated fatty acids, for example stearic acid (C18:0) (Crunkhorn et al., 2007). Thus, our findings suggest that RIP140 could be involved in the fatty-acid mediated PGC-1α inhibition, suggesting as well a link between fatty acid accumulation, the inhibition of mitochondrial function and the induction of proinflammatory cytokines, which would place RIP140 in a central position in the pathophysiology of metabolic and

neurodegenerative disorders sharing these features. Furthermore, given the important role of PGC-1 α pathway in the response against oxidative stress, in particular in the central nervous system (St-Pierre et al., 2006), these results open new avenues of research on the molecular mechanisms underlying neurodegeneration caused by oxidative stress and PGC-1 α /RIP140 dysregulation.

After ablating RIP140 in *Abcd1*^{-/-} mice, we observed raised levels of NAD⁺ in the spinal cord, thus we could speculate that RIP140 may activate AMPK (Canto et al., 2009) and/or inhibit NAD⁺ consuming enzymes, such as CD38 and poly(ADP-ribose) polymerases (PARPs) (Bai et al., 2015; Barbosa et al., 2007) in X-ALD mice spinal cord. In fact, RIP140 modulates AMPK activity/phosphorylation, at least in skeletal muscle (Fritah et al., 2012). Increased NAD⁺ availability activates SIRT1 (Imai et al., 2000), which could explain restored SIRT1/PGC-1 α /PPAR γ pathway and subsequent increase of mitochondrial biogenesis observed in X-ALD mice after RIP140 deletion. A recent study reported that suppression of another NAD⁺-dependent sirtuin, SIRT3, by RIP140 facilitated the development of cardiomyocyte hypertrophy, mitochondrial dysfunction and energy metabolic dysfunction in rat neonatal cardiomyocytes (You et al., 2017). Since SIRT3 has a main role in mitochondrial function (Giralt et al., 2012), it may be worthy to address further research on the relation between RIP140 and sirtuins in the CNS.

In conclusion, we show RIP140 induction in the spinal cord of X-ALD mice and in NAWM from ccALD patients. In addition, we uncover a new redox-dependent mechanism of RIP140 regulation. Finally, RIP140 deficiency exerts neuroprotection by inhibiting neuroinflammation and preventing mitochondrial and bioenergetic dysfunction in X-ALD mice. Since RIP140 deletion also halts axonal degeneration and improves the performance of X-ALD mice in behavioural tests, this study provides enough evidences to develop RIP140-inhibiting strategies to block neurodegeneration in X-ALD and related disorders that share mitochondrial damage and neuroinflammation as common features.

5.3 Global discussion

In this thesis, by modulating two single proteins, NRF2 and RIP140, pharmacologically and genetically, respectively, we provide proofs of a neuroprotective effect of these two approaches in X-ALD mouse models. Neuroprotection was achieved by modulation of multiple pathways related to antioxidant response; mitochondrial biogenesis and function; and neuroinflammation, among others. Thereby, these results lay the basis for new endeavours in developing therapies for X-ALD. Furthermore, given that these pathways are commonly altered in other neurodegenerative and metabolic disorders as it is detailed in the introductory section, these findings, obtained by studying a rare disease, can be expanded to millions of patients suffering these diseases, underscoring the applicability of rare diseases research in the biomedical field.

This thesis also provides enough evidences to consider oxidative stress, mitochondrial dysfunction and neuroinflammation as a central core in the pathophysiology of X-ALD, underlying axonal degeneration. Moreover, this work unveils the therapeutic potential of NRF2 activators and mitochondrial boosters acting by RIP140 inhibition for this devastating disease.

5.3.1 Antioxidant therapies and neurodegeneration: Time for a change of scope

Research in the recent decades has been focused on preventing the deleterious effect of oxidative stress produced by an excess of reactive species. The reasons of this monocentric vision probably derive from the central role of the mitochondrial theory of aging proposed by Harman in 1956 (Harman, 1956). With this aim, thousands of studies have tested antioxidant supplements able to scavenge reactive species, and thus reducing oxidative stress. Nevertheless, the increasing evidences about the essential physiological roles of reactive species have increased exponentially (Holmstrom et al., 2014; Pan et al., 2011; W. Yang et al., 2010), so nowadays these molecules and their effects are seen in a new light. To illustrate this new paradigm, recent studies on cancer have shown that an excess in the endogenous antioxidant response, instead of preventing cancer as previously thought, accelerates the progression of some

cancerogenous processes. NRF2, the transcription factor studied in this thesis, was usually considered a tumour suppressor due to its cytoprotective functions. Indeed, loss of NRF2 makes mice more prone to carcinogenesis and metastasis (Iida et al., 2004; Rachakonda et al., 2010), whereas NRF2 activation have been described to be beneficial in cancer chemoprevention (Hayes et al., 2010). However, aberrant hyperactivation of NRF2 signaling also protects malignant cells against oxidative stress, chemotherapeutic agents and radiotherapy (DeNicola et al., 2011). The mechanisms involved in NRF2 activation in cancer comprise mutations in NRF2 or KEAP1, and alterations in the regulation of this pathway by epigenetic silencing of KEAP1 promoter or by dysregulation of proteins implicated in the interaction between NRF2 and KEAP1, as explained in detail in (Menegon et al., 2016). Since activation of NRF2 could provoke deleterious effects, e.g carcinogenesis, timing and dosage of NRF2 activators, such as DMF, must be strictly controlled in order to avoid malignant transformation of cells in the patients. In the first study of this thesis, the degree of NRF2 activation observed in X-ALD mice is moderated, similar to the levels present in WT mice. Thereby, and given that the mice receiving DMF in the diet during 4 to 6 months did not present any adverse effects, together with the safety profile of DMF shown in multiple sclerosis clinical trials (Fox et al., 2012; Gold et al., 2012; Phillips et al., 2015), we recommend DMF to be tested in X-ALD patients. Anyway, similar recommendations to multiple sclerosis treatment regarding lymphocyte counts (Linker et al., 2016) should be addressed in these X-ALD patients when receiving DMF.

5.3.2 GSK-3 β : A connection to the mitochondrial network in X-ALD

The findings obtained in the first study highlight the role of GSK-3 β and associated signaling pathways in the pathophysiology of X-ALD. From our knowledge, this is the first report of an association of this protein with X-ALD. Furthermore, we show here the potential of GSK-3 β inhibitors to restore the antioxidant response in X-ALD patients, as we observed a normalization of this response in X-ALD fibroblasts upon GSK-3 β inhibitors treatment. This opens lots of possibilities to investigate about, since GSK-3 β regulates multiple pathways involved in a myriad of physiological functions (Diehl et al., 1998; S. Shin et al., 2011; H. Wang et al., 2011). One of the most promising, from my point of view, is the relation of GSK-3 β with mitochondria, in

particular with the mitochondrial network and the fission process regulated by dynamin-1-like protein (known as DRP1). Mitochondrial network maintenance is crucial for mitochondrial function. DRP1 controls one of the main processes in shaping the mitochondrial network: fission, the other being fusion (Smirnova et al., 1998). Indeed, alterations in DRP1 levels have been associated to neurodegeneration (B. Cho et al., 2013). Although it is not part of this thesis, in our laboratory, we are studying mitochondrial dynamics in X-ALD, and we have found that induction of DRP1 mediates increased mitochondrial fission in X-ALD (data not published). For more details on this topic, I would refer to the doctoral thesis of Patrizia Bianchi entitled “Impairment of mitochondrial dynamics in X-linked adrenoleukodystrophy” from this same group (Bianchi, 2016). Multiple post-translational modifications are implicated in the regulation of DRP1 including phosphorylation, ubiquitination, sumoylation and S-nitrosylation (D. H. Cho et al., 2009). GSK-3 β can modulate DRP1 by phosphorylation, either by the activation DRP1 when phosphorylating Ser40, Ser44 (Yan et al., 2015) and Ser616 residues (S. Huang et al., 2015), or by the inhibition of DRP1 thus promoting mitochondrial fusion when Ser693 is phosphorylated (Chou et al., 2012). Moreover, GSK-3 β inhibition impedes mitochondrial fragmentation exerting neuroprotective effects in AD and a diabetes mouse model (S. Huang et al., 2015; Yan et al., 2015). Furthermore, DRP1 is implicated in peroxisomal fission (Koch et al., 2003), a process that remains to be studied in X-ALD. In conclusion, the GSK-3 β /DRP1 axis offers an exciting new field of research on mitochondrial and peroxisomal fission in neurodegeneration.

5.3.3 RIP140 and neurodegeneration: The first step towards new therapies

From the results of our second study of this essay, we identify RIP140, a transcriptional coregulator with a central role in metabolic homeostasis and inflammatory response, as a new therapeutic target in X-ALD. However, as already discussed before, the functions of RIP140 in the CNS are not well known yet. To address those discrepancies we are generating mice overexpressing RIP140, to study the physiological consequences of a ubiquitous and moderate overexpression of RIP140, in particular in the CNS. By using these mice, we will be able to study the effect of RIP140 induction in mitochondrial

function and neuroinflammation, among other parameters. The results coming from that project will shed light on the potential of targeting this transcription factor. Furthermore, no specific inhibitor of RIP140 has been described up to date. Given the results obtained in this work, the discovery of such inhibitor would have tremendous possibilities for its use in a preclinical set to prevent neurodegeneration, and then translate it into the clinics. Our group will try also to advance in the quest of this inhibitor, by testing a library of FDA-approved compounds on HEK293T cells that overexpress RIP140 tagged to FLAG. This tag will permit us to conduct a low-throughput screening of this library to identify the most active compounds inhibiting RIP140, so then test them in mice.

Among the many functions of RIP140, this protein is also involved in cell-cycle regulation. RIP140, by interacting with RAR and estrogen receptors, and depending on the conditions, either promotes cell proliferation (K. A. White et al., 2005) or cell-cycle arrest (K. A. White et al., 2005). An essential clarification here is that postmitotic neurons cannot divide but they can re-enter in the cell cycle, often leading to apoptosis (Herrup et al., 2007). The role of alterations in the cell cycle in neurodegeneration is supported by studies which show an increase in cell-cycle proteins levels in the brain of patients who were suffering these diseases (Herrup et al., 2007; Lim et al., 2003; Ranganathan et al., 2003). In addition, the main mechanism behind this activation is oxidative stress (J. A. Klein et al., 2003). I propose that, since RIP140 has a role in this cell-cycle reentry and we have found in this study a redox-dependent regulation of RIP140, it would be worth to investigate this function of RIP140 in X-ALD. In particular, I propose to focus on E2F transcription factor 1 (E2F1), the key transcription factor of cell cycle re-entry, and also a known interactor of RIP140. E2F1 overexpression induces RIP140 expression, whereas RIP140 represses E2F1 expression, in a negative regulatory feedback (Docquier et al., 2012; Docquier et al., 2010). Once cell cycle is activated, hyperphosphorylation of retinoblastoma protein (pRB) allows E2F1 to activate the transcription of genes involved in the cell-cycle reentry that finally leads to neuronal apoptosis (Folch et al., 2012). Increased E2F1 levels have been found, for instance, in the brain of DS patients showing AD features (Motonaga et al., 2001), which also present an induction of RIP140 (Gardiner, 2006). Furthermore, loss of E2F1 protects against MPTP-induced neurotoxicity *in vivo*, underscoring the therapeutic potential of targeting RIP140/E2F1 axis. mTOR, which is also induced in X-ALD

(Launay et al., 2015), induces neuronal cell-cycle reentry and subsequent neurodegeneration (Khurana et al., 2006; Norambuena et al., 2017). Hence, studies on the role of E2F1 in X-ALD, using available E2F1-deficient (Blanchet et al., 2011), RIP140-overexpressing and RIP140-deficient mice, could provide insights on the role of RIP140/E2F1 axis in neurodegeneration and offer new therapeutic possibilities for X-ALD patients.

After the explanation of the results and its correspondent discussion and possible future works derived from them, the final conclusions of this thesis are stated in the next section.

CONCLUSIONS

6 Conclusions

1. ABCD1 (ALD protein) loss of function impairs NRF2-dependent antioxidant response in mouse spinal cord and primary human fibroblasts.
2. AKT/GSK-3 β axis, which modulates NRF2 pathway, is altered in X-ALD in *Abcd1*⁻ mouse spinal cord and X-ALD fibroblasts.
3. GSK-3 β inhibitors reactivate NRF2-dependent response in X-ALD fibroblasts upon C26:0-induced oxidative stress, unveiling a plausible molecular mechanism of antioxidant defence impairment in X-ALD
4. DMF, a NRF2 activator, reverses molecular defects as mitochondrial dysfunction, bioenergetics deficits, oxidative damage and inflammatory dysregulation in *Abcd1*⁻ mouse; and halts axonal degeneration and locomotor disability in *Abcd1/Abcd2*^{-/-} mouse. Therefore, DMF is a good candidate drug for X-ALD patients
5. RIP140, a master regulator of mitochondrial biogenesis and inflammation is increased in both the spinal cord of *Abcd1*⁻ mouse and the brain of ccALD patients
6. RIP140 is localized in neurons of cortex, cerebellum, hippocampus and spinal cord in mouse central nervous system
7. C26:0 modulates RIP140 expression via a redox-dependent mechanism, increasing its expression in mouse organotypic spinal cord slice cultures (OSCSC).
8. We uncover for the first time a neuroprotective effect of RIP140 deletion in a mouse model of X-ALD. Loss of RIP140 improves mitochondrial function, normalized bioenergetics deficit and inflammatory dysregulation; and prevents axonal degeneration and locomotor deficits in X-ALD mouse models.

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