

duced by targeted expression of activated Armadillo and ER α were of a similar nature. Co-expression of both proteins synergistically enhanced the abnormal phenotype that was further aggravated by treatment with estradiol. Importantly, in mammals, estradiol is shown to have a prominent neuroprotective activity thought to be mediated by ER (28).

Physical and transcriptional interaction between β -catenin and androgen receptor has been observed previously (17, 18). However, in experiments presented in these reports no interaction between β -catenin and other nuclear hormone receptors, including ER, has been detected.

Thus, we have shown that Wnt and estrogen signaling pathways cross-talk *in vivo* through functional interaction between ER α and β -catenin. This interaction may underlie mechanisms of estrogen effects in pathological conditions and processes in which abnormalities of Wnt/ β -catenin signaling have been implicated, such as in colorectal cancer. In addition, we have established a novel experimental system in which to identify factors conserved between humans and *Drosophila* that may be involved in regulation of cross-talk between Wnt and estrogen signaling and for the screening of novel compounds able to interfere with this cross-talk.

Although other mechanisms may be involved (e.g. intranuclear sequestration), transcriptional modulation appears to be the major mechanism of functional ER α - β -catenin interaction. The genomic function of nuclear receptors is dependent on the recruitment of different coactivator and chromatin remodeling complexes (1, 2, 29, 30). β -Catenin has been shown to recruit coactivators, such as the p300/CBP complex (31), and components of the mammalian SWI/SNF and RSC chromatin remodeling complexes (32) that are also known to interact with ER α . Recruitment of additional co-activator and chromatin remodeling complexes may account for the transcriptional outcome of ER α - β -catenin interaction. The physiological consequences of this interaction may also depend on cell and tissue specificity in composition of the recruited regulatory complexes. Further experiments to identify all ER α - β -catenin complex components are required to determine whether the ER α - β -catenin interaction results only in quantitative changes in the composition of the recruited regulatory proteins or if factors specific to ER α - β -catenin protein complexes are involved.

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SRC-1 Is Necessary for Skeletal Responses to Sex Hormones in Both Males and Females

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ABSTRACT: We created *SRC-1*^{-/-} mice by mating floxed *SRC-1* mice with CMV-Cre transgenic mice. The *SRC-1*^{-/-} mice showed high turnover osteopenia under physiological conditions and hardly responded to osteoanabolic actions of exogenous androgen and estrogen in males and females, respectively, after gonadectomies, indicating that *SRC-1* is essential for the maintenance of bone mass by sex hormones.

Introduction: Steroid receptor coactivator-1 (*SRC-1*) is the first identified coactivator of nuclear receptors. This study investigated the role of *SRC-1* in skeletal tissues of males and females using the deficient (*SRC-1*^{-/-}) mice. **Materials and Methods:** *SRC-1*^{-/-} mice were generated by mating our original floxed *SRC-1* mice with CMV-Cre transgenic mice. Bone metabolism between 24-week-old *SRC-1*^{-/-} and wildtype (WT) littermates under physiological conditions was compared in males and females by radiological, histological, and biochemical analyses. Difference of skeletal responses to steroid hormones was examined by gonadectomies and exogenous administration experiments with the hormones. Statistical analysis was performed by ANOVA determined by posthoc testing using Bonferroni's method.

Results and Conclusions: Although *SRC-1*^{-/-} mice showed no abnormality in growth or major organs, both males and females showed osteopenia with high bone turnover in the trabecular bones, but not in the cortical bones, compared with WT littermates. Their serum levels of sex hormones were upregulated, suggesting a compensatory reaction for the insensitivity to these hormones. Gonadectomies caused decreases in BMDs of *SRC-1*^{-/-} and WT mice to the same levels; however, replacement with 5 α -dihydrotestosterone and 17 β -estradiol in males and females, respectively, failed to restore the bone loss in *SRC-1*^{-/-}, whereas the WT bone volume was increased to the sham-operated levels. In contrast, bone loss by administered prednisolone was similarly seen in *SRC-1*^{-/-} and WT mice. We conclude that *SRC-1* is essential for the maintenance of bone mass by sex hormones, but not for the catabolic action of glucocorticoid, under both physiological and pathological conditions.

J Bone Miner Res 2004;19:1452–1461. Published online on June 2, 2004; doi: 10.1359/JBMR.040515

Key words: steroid hormone, coactivator, estrogen, androgen, glucocorticoid, bone

INTRODUCTION

STEROID HORMONES ARE INVOLVED in mediating important physiological processes in numerous target tissues including breast, uterus, brain, and bone. The actions are mediated by their binding to structurally homologous nuclear receptors, which act as ligand-dependent transcription factors to either activate or repress target gene expression.⁽¹⁻³⁾ Among steroid hormones, the sex steroids estrogens and androgens are essential for normal skeletal development and maintenance of healthy bone remodeling during life.⁽⁴⁻⁷⁾ Estrogen deficiency causes osteoporosis with high bone turnover in postmenopausal women, and this disorder can be prevented or reversed by estrogen replace-

ment. Androgens are also known to exert beneficial effects on the maintenance of normal bone mass and remodeling. Patients with hypogonadism or androgen receptor (AR) defect often develop osteoporosis with high bone turnover, and testosterone supplementation can restore the BMD in eugonadal osteoporotic men.⁽⁸⁾ Contrary to the bone-sparing actions of estrogens and androgens, another steroid hormone, glucocorticoids, stimulate bone resorption and inhibit bone formation in humans and consequently lead to a decrease in bone mass. Excess glucocorticoids in vivo, as a result of either prolonged steroid therapy or Cushing's syndrome, lead to the development of osteoporosis, the degree of which seems to be related to the duration and dose of treatment.^(9,10)

Expressions of nuclear receptors of these steroid hormones, estrogen receptors (ERs), ARs, and glucocorticoid

The authors have no conflict of interest.

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receptor (GRs), in bone have been identified mainly in osteoblasts and bone marrow cells.^(4,5) The transcriptional activities of the receptors are mediated by interaction with several classes of coactivators/corepressors in a ligand-dependent manner.^(11,12) The first characterized steroid receptor coactivator (SRC) family contains three homologous members: SRC-1, SRC-2 (also known as TIF2 and GRIP1), and SRC-3 (also known as p/CIP, AIB1, RAC3, ACTR, and TRAM-1).⁽¹³⁻¹⁶⁾ The SRC coactivators have been reported to function in several ways: recruitment of histone acetyltransferases, histone methyltransferases, interaction with other coactivators, and contact with certain general transcription factors.⁽¹³⁾ There are several pieces of evidence that the SRC coactivators play important roles clinically in mediating the response to steroid hormones. A chromosomal translocation that involves SRC-2 was identified in acute myeloid leukemia.⁽¹⁷⁾ SRC-3 overexpression was documented in breast, ovarian, and pancreatic cancer.^(18,19) These data suggest the possibility that the SRC family could modulate the response to steroid hormones in bone as well.

SRC-1 was originally cloned as a strong transactivator of GR⁽¹⁴⁾ and has been reported to enhance the actions of many nuclear receptors, including ERs and AR.⁽¹³⁾ Clinical involvement of SRC-1 has not yet been found; however, its *in vivo* function has been investigated by analyses of the SRC-1-deficient mice created by the O'Malley group using a conventional gene targeting method.⁽²⁰⁾ There were no apparent abnormalities in their major organs except for a partial resistance to sex hormones and thyroid hormone.⁽²⁰⁻²³⁾ Aiming at generating double/triple mutant mice with tissue-specific SRC-1 deficiency and other cofactor gene mutations such as SRC-2 and SRC-3 without embryonic lethality in the future, we first created floxed SRC-1 mice in which the SRC-1 gene locus was flanked by loxP sites. In this study, the first using the floxed mice, we generated SRC-1-deficient (SRC-1^{-/-}) mice, whose SRC-1 function was generally blocked, by mating them with CMV-Cre transgenic mice. To define the functions of SRC-1 in skeletal tissues of both males and females, we analyzed the bone phenotype of the SRC-1^{-/-} mice under physiological conditions and under stimulation by estrogens, androgens, or glucocorticoids.

MATERIALS AND METHODS

Generation of SRC-1^{-/-} mice

Mouse SRC-1 genomic clones were obtained by screening an embryonic stem (ES) cell genomic library in λ phage (Stratagene) using human SRC-1 cDNA as a probe. A 20-kb fragment of mouse SRC-1 containing exons 3-5, encoding the basic-helix-loop-helix (bHLH) domain, was used to construct the targeting vector (Fig. 1A). The targeting vector consisted of a 7.7-kb 5' homologous region containing exon 4, a 3.3-kb 3' homologous region, a single loxP site, and the phosphoglycerate kinase-neomycin (PGKneo) cassette between the two loxP sites. The linearized targeting vector was electroporated into ES cells (25 μ g/1.0 \times 10⁷ cells) using a Gene Pulser II (Bio-Rad Laboratories) at 250 V and 500 μ F, and G418 neomycin-resistant clones were expanded as described previously.⁽²⁴⁾ Two ES cell clones (Fig. 1B, 4p29 and 4q30) containing a targeted SRC-1L3

allele were identified by Southern blot analysis of EcoRI-digested ES cell genomic DNA, using 5' (probe 1) and 3' (probe 2) external probes and a neomycin probe. Targeted ES cells were aggregated with single eight-cell embryos from ICR mice (CLEA Japan) and returned to a pseudo-pregnant host of the same strain to generate chimeras as described previously.⁽²⁴⁾ Chimeric males were crossed with C57BL/6J females (CLEA Japan) to produce germ line transmission of the targeted L3 allele. SRC-1^{L3/L3} mice were then crossed with the CMV-Cre transgenic mice to generate SRC-1^{L3/L3} (also designated as SRC-1^{+/-}) mice (mice bearing one allele in which exon 4 and the neomycin cassette were deleted). Inbreeding of SRC-1^{L3/L3} mice yielded SRC-1^{L3/L3} (also designated as SRC-1^{-/-}) mice homozygous for the deletion of SRC-1 exon 4. Because SRC-1^{L3/L3} mice and CMV-Cre transgenic mice were in different strains, all SRC-1^{-/-} mice used in this study had been backcrossed for 10 generations into the C57BL/6 background.

Animal conditions

All mice were kept in plastic cages under standard laboratory conditions with a 12-h dark, 12-h light cycle and a constant temperature of 23°C and humidity of 48%. The mice were fed a standard rodent diet (CE-2; CLEA Japan) containing 25.2% protein, 4.6% fat, 4.4% fiber, 6.5% ash, 3.44 kcal/g, 2.5 IU vitamin D₃/g, 1.09% calcium, and 0.93% phosphorus with water ad libitum. In each experiment, homozygous wildtype (WT) and SRC-1^{-/-} mice that were littermates generated from the intercross between heterozygous mice were compared. All experiments were performed according to the protocol approved by the Animal Care and Use Committee of the University of Tokyo.

RT-PCR analysis

Total RNA was extracted from excised femora and tibiae using an ISOGEN kit (Wako Pure Chemical Industries) and reverse transcribed using XL reverse transcriptase (Takara Shuzo Co.) and an oligo (dT) primer (Takara Shuzo Co.). After first-strand cDNA synthesis, 5% of the reaction mixture was amplified with r-TaqDNA polymerase (Takara Shuzo Co.) using specific primer pairs: 5'-CATGTAGCCATG-AGG TCCACCAC-3' and 5'-TGAAGGTCGGTGTGAACG-GATTTGGC-3' for G3PDH; 5'-TACTGAGAAGAGGCCG-CAGGG-3' and 5'-CCAGAAGAAGAGGGCCAGC-3' for SRC-1 (exon 4-exon 5); and 5'-ATGAGTGGCCTTG-GGGACAG-3' and 5'-CCAGAAGAAGAGGGCCAGC-3' for SRC-1 (exon 3-exon 5). Up to 35 cycles of amplification were performed, with each cycle consisting of 96°C for 30 s, 55°C for 60 s, and 72°C for 60 s.

Western blot analysis

To detect SRC-1 protein expression, bone cell lysates were separated by SDS-PAGE and transferred onto nitrocellulose membranes. Membranes were probed with a goat polyclonal antibody raised against a carboxyl terminus peptide of human SRC-1 that is identical to the corresponding mouse sequence (1:1000 dilution, C-20; Santa Cruz Biotechnology) and a rabbit polyclonal antibody raised against a recombinant protein corresponding to amino acids 350-

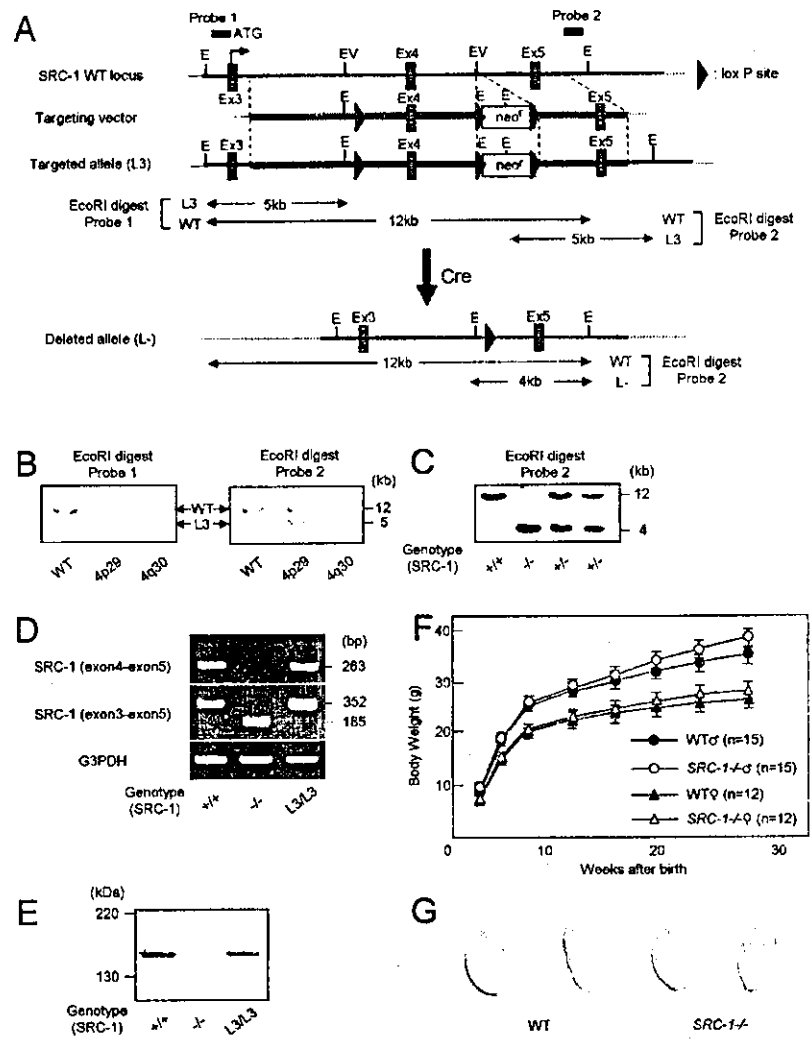


FIG. 1. Targeted disruption of mouse *SRC-1* gene. (A) Strategy to generate *SRC-1*^{-/-} mice showing the WT *SRC-1* locus, the targeting vector, the targeted allele (L3), and the deleted allele (L-) obtained after Cre-mediated excision. Exons (Ex) are shown as shaded boxes. The location of probes 1 and 2 are indicated. E, *EcoRI*; EV, *EcoRV*; *neo^r*, PGKneo cassette. LoxP sites are indicated as black arrowheads. (B) Southern blot analysis of targeted ES clones. Genomic DNA from WT ES cells and homologous targeted clones (4p29 and 4q30) were digested with *EcoRI* for hybridization with probe 1 (left) and 2 (right). (C) Southern blot analysis of offspring of heterozygous mates with probe 2. (D) Detection of the *SRC-1* transcript by RT-PCR in long bones of WT, *SRC-1*^{-/-}, and floxed *SRC-1* (*SRC-1*^{L3/L3}) mice. (E) Western blot analysis of the *SRC-1* protein using an antibody against a carboxyl terminus of the *SRC-1* peptide in long bones of WT, *SRC-1*^{-/-}, and floxed *SRC-1* (*SRC-1*^{L3/L3}) mice. (F) Growth curves determined by the body weight of WT and *SRC-1*^{-/-} mice in both sexes. Data are expressed as means (symbols) ± SE (error bars) for 15 mice/group for males and 12 mice/group for females. There were no significant differences between WT and *SRC-1*^{-/-} mice in either sex ($p > 0.05$). (G) Smaller testes were observed in male *SRC-1*^{-/-} mice.

690 mapping within an internal region of *SRC-1* of mouse origin (1:1000 dilution, M-341; Santa Cruz Biotechnology) and then a peroxidase-conjugated second antibody. Blots were visualized using an ECL detection kit (Amersham Biosciences).

Radiological analysis

Bone radiographs of excised femora, tibiae, and the fifth lumbar vertebrae from 12-, 16-, and 24-week-old WT and *SRC-1*^{-/-} littermates were taken using a soft X-ray apparatus (model CMB-2; SOFTEX). BMD was measured by DXA using a bone mineral analyzer (PIXImus Mouse Densitometer; GE Medical Systems). CT was performed with a pQCT analyzer (XCT Research SA+; Stratec Medizintechnik) operating at a resolution of 80 μm . Metaphyseal pQCT scans of femora were performed to measure the trabecular volumetric BMD. The scan was positioned in the metaphysis at 1.2 mm proximal from the distal growth plate. This area contains cortical as well as trabecular bone. The trabecular bone region was defined by setting the threshold to 395 mg/cm^3 according to a previous report.⁽²⁵⁾ Mid-diaphyseal pQCT scans of femora were performed to deter-

mine the cortical volumetric BMD and the cortical thickness. The mid-diaphyseal region of femora in mice contains mostly cortical bone. The cortical bone region was defined by setting the threshold to 690 mg/cm^3 .⁽²⁵⁾ The interassay CVs for the pQCT measurements were <2%. μCT scanning of the fifth lumbar vertebrae was performed using a composite X-ray analyzer (model NX-CP-C80H-IL; Nittetsu ELEX Co.), and a total of 300 cross-sectional tomograms per vertebra were obtained with a slice thickness of 10 μm and reconstructed at 12 \times 12 pixels into a 3D feature by the volume-rendering method (software, VIP-Station; Teijin System Technology) using a computer (model SUN SPARK-5; Sun Microsystems). Electronic sections were cut in the transverse, coronal, and sagittal planes on 3D reconstructed images.

Histological analysis

Histological analyses were performed using 24-week-old WT and *SRC-1*^{-/-} littermates. For von Kossa and toluidine blue stainings, lumbar vertebrae were fixed with 70% ethanol, embedded in glycol methacrylate without decalcification, and sectioned in 3- μm slices using a microtome (model 2050; Reichert Jung). For calcein double labeling,

mice were injected subcutaneously with 16 mg/kg body weight of calcein at 10 and 3 days before death. Sections with toluidine blue stainings were used to visualize calcein labels under fluorescent light microscopy. TRACP⁺ cells were stained at pH 5.0 in the presence of L(+)-tartaric acid using naphthol AS-MX phosphate (Sigma-Aldrich Co.) in *N,N*-dimethyl formamide as the substrate. The specimens were subjected to histomorphometric analyses using a semi-automated system (Osteoplan II; Carl Zeiss), and measurements were made at 400× magnification. Parameters for the trabecular bone were measured in an area 0.3 mm in length from the cortical bone at the fifth lumbar vertebrae. Nomenclature, symbols, and units are those recommended by the Nomenclature Committee of the American Society for Bone and Mineral Research.⁽²⁶⁾

Serum and urinary biochemistry

Blood samples from 24-week-old WT and *SRC-1*^{-/-} littermates (*n* = 15/genotype for males and *n* = 12/genotype for females) were collected by heart puncture under Nembutal (Dainippon Pharmaceutical Co.) anesthesia, and urine samples were collected for 24 h before death using oil-sealed bottles in metabolism cages (CL-0305; CLEA Japan). The levels of calcium, phosphorus, and alkaline phosphatase activity in serum were measured using a calcium HR kit (Wako Pure Chemical Industries), an inorganic phosphorus II kit (Wako Pure Chemical Industries), and a liquitech alkaline phosphatase kit (Roche Diagnostics), respectively, with an autoanalyzer (type 7170; Hitachi Hith-Technologies). Serum osteocalcin levels were measured using the competitive radioimmunoassay (RIA) kit (Biomedical Technologies). Serum testosterone and 17β-estradiol (E₂) levels were measured using RIA kits (Diagnostic Products), and serum leptin was assayed with the ELISA-based Quantikine M mouse leptin immunoassay kit (R&D Systems). Urinary deoxyypyridinoline was measured using the Pyliliks-D ELISA (Metra Biosystems). The values were corrected according to urinary creatinine (Cr), as measured by a standard colorimetric technique with an autoanalyzer (type 7170).

Gonadectomy and hormone treatment

Male WT and *SRC-1*^{-/-} littermates were orchidectomized or sham-operated at 16 weeks of age and implanted subcutaneously with 60-day time-release pellets (Innovative Research of America) containing either placebo or 5α-dihydrotestosterone (DHT; 10 mg/pellet; 8 mice/group). Female WT and *SRC-1*^{-/-} littermates were ovariectomized or sham-operated at 16 weeks of age and implanted subcutaneously with 60-day time-release pellets containing either placebo or E₂ (0.025 mg/pellet; 8 mice/group). For the glucocorticoid experiment, male WT and *SRC-1*^{-/-} littermates were implanted subcutaneously with 60-day time-release pellets containing either placebo or prednisolone (4 mg/pellet) at 16 weeks of age (8 mice/group). BMD of the fifth lumbar vertebrae was measured *in situ* by DXA using a bone mineral analyzer (PIXImus Mouse Densitometer) at 16 and 24 weeks. All mice were killed at 24 weeks of age, seminal vesicles of male and uteri of female mice were

excised and weighed, and BMD of the excised fifth lumbar vertebrae was measured by DXA.

Statistical analysis

All data are expressed as means ± SE. Means of groups were compared by ANOVA, and significance of differences was determined by posthoc testing using Bonferroni's method.

RESULTS

Generation of *SRC-1*^{-/-} mice by a *Cre-loxP* system

We targeted exon 4 of the *SRC-1* gene, which encodes the bHLH domain to generate functionally null *SRC-1* mutant mice (Fig. 1A). The targeting vector was designed with three loxP sites flanking exon 4 and the PGKneo cassette. Complete excision of exon 4 and floxed PGKneo cassette in the *L3* allele mediated by Cre recombinase was confirmed in the genomic DNA sequence of F₂ offspring, and the mutation resulted in the creation of a stop codon at exon 5 by splicing exon 3 and 5 transcripts. Thus, the truncated protein produced from the deleted allele lacks the C-terminal region that includes all *SRC-1* functional domains for transcriptional activation, histone acetyltransferase activity, and interactions with nuclear receptors, CBP, P300, and p/CAF.^(14,27,28)

Chimeric males derived from targeted *L3* ES clones transmitted the mutation through their germline, yielding floxed *SRC-1* (*SRC-1*^{L3/L3}) mice. Floxed *SRC-1* mice grew normally and exhibited no overt abnormalities with normal *SRC-1* mRNA and protein expression levels (Figs. 1D and 1E). Floxed *SRC-1* mice were crossed with CMV-Cre transgenic mice to generate *SRC-1* heterozygous (*SRC-1*^{+/-}) mice. Inbreeding of heterozygous *SRC-1*^{+/-} mice yielded *SRC-1*^{-/-} mice in accordance with Mendelian expectations (Fig. 1C). Short *SRC-1* transcripts exclusive of exon 4 were detected by RT-PCR in the long bones of *SRC-1*^{-/-} mice (Fig. 1D); however, because of the creation of a stop codon at exon 5, no *SRC-1* protein expression was shown by Western blot analysis using an antibody against a carboxyl terminus of the *SRC-1* peptide, confirming disruption of the *SRC-1* gene (Fig. 1E). Similar mRNA and protein expression patterns were observed in tissues including liver, kidney, isolated primary osteoblasts, and bone marrow cells, even when we used other primer sets and antibodies (data not shown).

Both male and female *SRC-1*^{-/-} mice grew normally and were apparently indistinguishable from WT littermates. Growth curves determined by the body weight were somewhat similar between WT and *SRC-1*^{-/-} mice in both males and females during the observation period up to 28 weeks, although a slight increase of body weight caused by obesity was seen in both sexes of *SRC-1*^{-/-} mice as they got older (Fig. 1F). While no abnormality of reproductive organs, including ovary and uterus, was found in female *SRC-1*^{-/-} mice, a slight hypoplasia of testis was seen (~20% in weight) in males (Fig. 1G). These abnormalities were the same as those reported in the *SRC-1*-deficient mice generated by a conventional method.⁽²⁰⁾

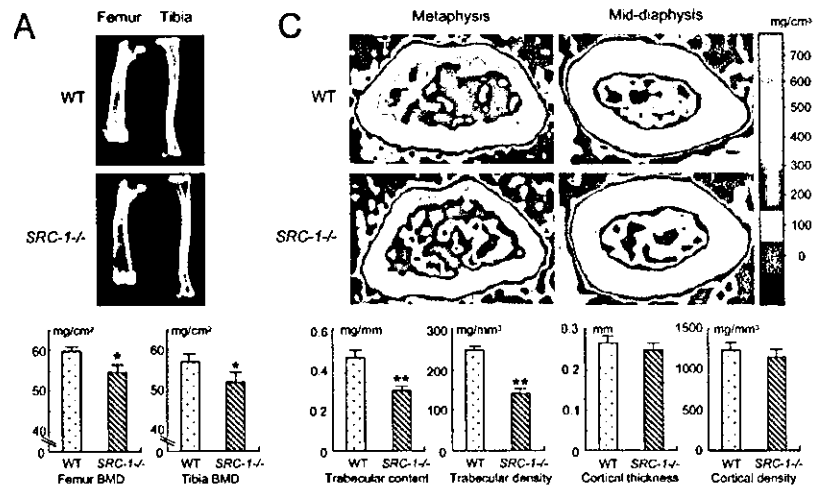
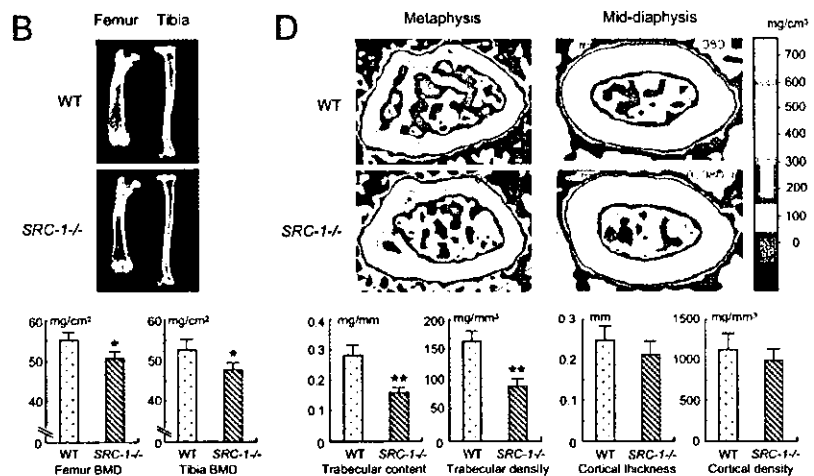


FIG. 2. Radiological findings of the long bones in *SRC-1*^{-/-} and WT littermates. (A and B) Plain X-ray images of femur and tibia in representative (A) males and (B) females of both genotypes at 24 weeks of age. The BMD of the entire femurs and tibias measured by DXA is shown in the graphs below. (C and D) pQCT images of the distal metaphysis (left) and the mid-diaphysis (right) of the femurs in representative (C) males and (D) females of both genotypes at 24 weeks of age. The color gradient indicating BMD is shown in the right bars. The trabecular content and density at the metaphysis and the cortical thickness and density at the mid-diaphysis are shown in the graphs below. Data in all graphs are expressed as means (bars) \pm SE (error bars) for 15 mice/group for males and 12 mice/group for females. Significant difference from WT: * $p < 0.05$, ** $p < 0.01$.



Osteopenia in male and female *SRC-1*^{-/-} mice

To learn the physiological role of SRC-1 in skeletal tissues, we analyzed the long bones and vertebrae of *SRC-1*^{-/-} mice. The lengths of the long bones and the trunk of these mice were similar to those of WT littermates, at least during the observation period up to 24 weeks of age, indicating that SRC-1 is not involved in the regulation of skeletal growth. BMD was similar between long bones of the two genotypes at 12 weeks of age and tended to be lower in *SRC-1*^{-/-} than WT mice at 16 weeks, although this was not statistically significant (data not shown). At 24 weeks, however, *SRC-1*^{-/-} mice showed ~10% less BMD of long bones than WT littermates in males (Fig. 2A) and females (Fig. 2B). When trabecular and cortical bones were analyzed separately in the femora using pQCT, *SRC-1*^{-/-} mice showed ~35–45% lower BMC and BMD of trabecular bones; however, the cortical bones were not affected by the SRC-1 deficiency in either males (Fig. 2C) or females (Fig. 2D).

To investigate the abnormalities of the *SRC-1*^{-/-} trabecular bones in more detail, we performed morphological analyses of vertebral bodies that are rich in trabecular bone in males and females at 24 weeks of age. 3D CT analysis of

the fifth lumbar vertebrae confirmed the decrease in *SRC-1*^{-/-} trabecular bone in both sexes (Fig. 3).

Histomorphometric analyses confirmed that the bone volumes (BV/TV) were decreased by 30–40% in the *SRC-1*^{-/-} males and females compared with those of WT littermates (Table 1). Parameters for both bone formation (Ob.S/BS, MAR, and BFR) and resorption (N.Oc/B.Pm, Oc.S/BS, and ES/BS) were also significantly higher in *SRC-1*^{-/-} mice. The increase in bone resorption parameters (~60–80%) exceeded that in bone formation parameters (~30–60%), indicating a state of high-turnover osteopenia that is characteristic of osteoporosis with sex hormone deficiency.

Biochemical markers in the serum and urine supported the increase of bone turnover by SRC-1 deficiency (Table 2). Bone formation markers (serum alkaline phosphatase and osteocalcin) and a bone resorption marker (urinary deoxypyridinoline) were higher in both males and females of *SRC-1*^{-/-} mice than those in WT littermates. The serum calcium and phosphorus levels were similar between the two genotypes, suggesting that the skeletal abnormalities by SRC-1 deficiency were not the result of the changed calcium or phosphorus levels. Considering that *SRC-1*^{-/-} mice

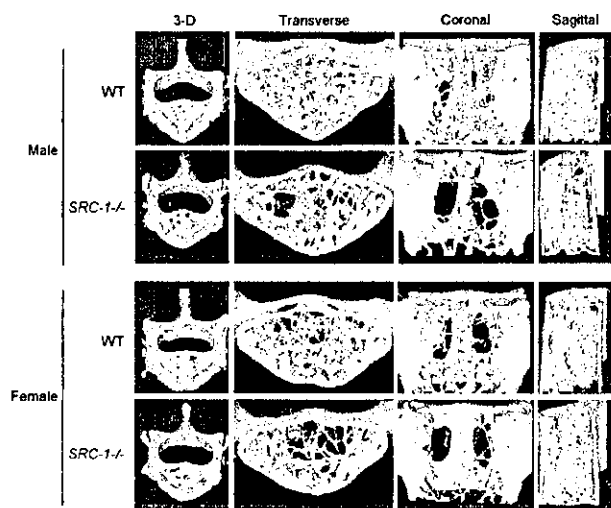


FIG. 3. Radiological and histological findings of the lumbar vertebrae in *SRC-1^{-/-}* and WT littermates. 3D CT images of the fifth vertebrae in representative males and females of both genotypes at 24 weeks of age. The BMD of the entire fifth vertebrae measured by DXA was 58.7 ± 3.5 (male WT), 49.0 ± 2.1 (male *SRC-1^{-/-}*), 48.7 ± 3.3 (female WT), and 41.6 ± 1.4 mg/cm² (female *SRC-1^{-/-}*) for 15 mice/group for males and 12 mice/group for females. There were significant differences between WT and *SRC-1^{-/-}* in both sexes ($p < 0.05$).

showed a slight obesity at this age, we measured the serum level of leptin, which has recently been reported to be an antiosteogenic factor. The level was somewhat upregulated, although not significantly, in *SRC-1^{-/-}* mice. Interestingly, despite the high bone turnover, the serum levels of both testosterone in males and estradiol in females were elevated in *SRC-1^{-/-}* mice, suggesting a compensatory mechanism in the endocrine system for the insensitivity to these sex hormones.

Insensitivity to administration of sex hormones in gonadectomized SRC-1^{-/-} mice

To examine the involvement of SRC-1 in the skeletal actions of sex hormones, we performed hormone administration experiments (Figs. 4A–4D). After orchidectomy and ovariectomy on males and females, respectively, at 16 weeks of age, a slow-releasing pellet of sex hormone or placebo was subcutaneously implanted, and BMD was measured at 24 weeks. Effects of gonadectomies and hormone replacements were confirmed by seminal vesicle and uterine weights of males and females, respectively (Table 3). Both orchidectomy and ovariectomy markedly decreased these weights in WT and *SRC-1^{-/-}* mice. DHT and E₂ restored them to the levels similar to those of sham-operated mice in WT, whereas these hormones restored almost one-half of them in *SRC-1^{-/-}* mice, which is consistent with a previous study using another *SRC-1* knockout mouse.⁽²⁰⁾ Regarding BMD, besides the raw BMD values (Figs. 4A and 4C), the percent changes from baseline to final BMD during 8 weeks (Figs. 4B and 4D) were also compared between WT and *SRC-1^{-/-}* mice. Both orchidectomy and ovariectomy decreased bone volumes of the two genotypes to the same

levels in both sexes (~ 45.0 mg/cm² in males and 38.5 mg/cm² in females). When slow-releasing pellets of DHT and E₂ were subcutaneously implanted in the gonadectomized males and females, respectively, they prevented bone loss in WT mice. However, these hormone replacements restored little of the bone loss in *SRC-1^{-/-}* mice, indicating that SRC-1 deficiency impairs the skeletal responses to sex hormones in both males and females.

We further examined the contribution of SRC-1 to the catabolic action of glucocorticoids on bone (Figs. 4E and 4F). When a slow-releasing pellet of prednisolone was implanted at 16 weeks, BMD was reduced similarly in WT and *SRC-1^{-/-}* littermates, $\sim 10\%$ during the following 8 weeks, suggesting that SRC-1 is not essential in the bone catabolic action of glucocorticoids mediated by GR.

DISCUSSION

In this study, we originally generated *SRC-1^{-/-}* mice by means of a Cre-loxP system and confirmed the lack of *SRC-1* gene expression in bone and other tissues. There is another *SRC-1* knockout mouse line that was generated by the O'Malley group, using a conventional gene targeting method.⁽²⁰⁾ Because both our *SRC-1^{-/-}* mice and the conventional *SRC-1* knockout mice have similar genetic backgrounds by being extensively backcrossed into C57BL/6, we assume that the two mice should exhibit similar phenotypes. Modder et al.⁽²⁹⁾ recently reported skeletal phenotypes of the conventional *SRC-1* knockout mice showing resistance to the osteoanabolic action of estradiol in ovariectomized females, which is consistent with our results. Comparison of the two knockout mice is summarized in Table 4. In the conventional knockout mice, the targeting event inserted an in-frame stop codon at the Met (381) in exon 11, causing the downstream deletion of genomic sequence. Although the RNA encoding the bHLH-PAS domain was normally expressed in the knockout mice, all SRC-1 functional domains for transcriptional activation were confirmed to be disrupted, and it was not likely to have a dominant negative effect, because the bHLH-Per-Arnt-Sim (PAS) domain interacted with neither the full-length SRC-1 nor other SRC-1 family members such as TIF2.⁽²⁰⁾ In our *SRC-1^{-/-}* mice, a stop codon created in the middle of the bHLH-PAS domain at exon 5 predicts a truncated product that is shorter than that in the conventional *SRC-1* knockout mice. Besides the skeletal finding in female mice in the previous report,⁽²⁹⁾ this study revealed that the SRC-1 deficiency also caused resistance to osteoanabolic action of androgen in orchidectomized males and no abnormality in osteocatabolic action of glucocorticoids. Discrepancy between the previous and present studies seems to be the bone phenotype under physiological conditions: their conventional *SRC-1* knockout mice did not exhibit osteopenia, whereas our *SRC-1^{-/-}* mice did. We believe, however, that this discrepancy is caused by the difference in age when the analyses were done: 12 weeks for them versus 24 weeks for us. In fact, our study also did not detect significant difference of BMD at 12 weeks between WT and *SRC-1^{-/-}* littermates of either sex under physiological conditions. It is speculated that, with aging, the compensatory elevation of

TABLE 1. HISTOMORPHOMETRY OF TRABECULAR BONE OF LUMBAR VERTEBRAE

	BV/TV (%)	Ob.S/BS (%)	MAR ($\mu\text{m}/\text{day}$)	BFR ($\mu\text{m}^3/\mu\text{m}^2/\text{day}$)	N.Oc/B.Pm (/100 mm)	Oc.S/BS (%)	ES/BS (%)
Male							
WT	16.48 \pm 2.09	6.27 \pm 0.63	0.94 \pm 0.19	0.08 \pm 0.02	94.24 \pm 11.31	2.10 \pm 0.15	3.45 \pm 0.49
SRC-1 ^{-/-}	11.53 \pm 1.39*	9.15 \pm 0.81*	1.40 \pm 0.15*	0.13 \pm 0.02	159.05 \pm 12.02 [†]	3.50 \pm 0.21 [†]	5.73 \pm 0.57 [†]
Female							
WT	12.97 \pm 0.65	8.55 \pm 0.51	1.02 \pm 0.11	0.11 \pm 0.01	109.66 \pm 12.64	2.41 \pm 0.19	3.72 \pm 0.25
SRC-1 ^{-/-}	7.73 \pm 0.95 [†]	11.02 \pm 1.32	1.42 \pm 0.08*	0.18 \pm 0.03*	174.95 \pm 24.39*	4.28 \pm 0.31 [†]	6.47 \pm 0.21 [†]

Parameters for the trabecular bone were measured in an area 0.3 mm in length from cortical bone at the fifth lumbar vertebrae in toluidine blue and calcein double-labeled sections. Data are expressed as means \pm SEM ($n = 15/\text{group}$ for males and $n = 12/\text{group}$ for females). BV/TV, trabecular bone volume expressed as a percentage of total tissue volume; Ob.S/BS, percentage of bone surface covered by cuboidal osteoblasts; MAR, mineral apposition rate; BFR, bone formation rate expressed by MAR \times percentage of bone surface exhibiting double labels plus one half single labels; N.Oc/B.Pm, number of mature osteoclasts in 10 cm of bone perimeter; Oc.S/BS, percentage of bone surface covered by mature osteoclasts; ES/BS, percentage of eroded surface.

* $p < 0.05$; [†] $p < .01$; significantly different from WT mice.

TABLE 2. SERUM AND URINARY BIOCHEMISTRY

	Serum							Urine
	ALP (IU/liter)	Osteocalcin (ng/ml)	Ca (mg/dl)	P (mg/dl)	Leptin (ng/ml)	Testosterone (ng/ml)	17 β -estradiol (pg/ml)	DPD (nM/mM Cr)
Male								
WT	78.16 \pm 6.91	20.61 \pm 1.76	7.93 \pm 0.21	7.52 \pm 0.49	6.01 \pm 0.74	2.45 \pm 0.33	2.34 \pm 0.21	8.29 \pm 0.42
SRC-1 ^{-/-}	99.67 \pm 8.16*	26.42 \pm 2.16*	8.11 \pm 0.18*	7.51 \pm 0.57	7.45 \pm 0.57	3.41 \pm 0.42*	2.78 \pm 0.28	11.31 \pm 0.1 [†]
Female								
WT	90.22 \pm 5.74	25.05 \pm 1.62	8.04 \pm 0.11	7.18 \pm 0.29	6.87 \pm 0.67	ND	5.18 \pm 0.57	9.32 \pm 0.19
SRC-1 ^{-/-}	117.13 \pm 7.72*	33.34 \pm 1.41 [†]	7.87 \pm 0.19	7.15 \pm 0.41	8.18 \pm 1.24	ND	7.12 \pm 0.64*	12.71 \pm 0.28 [†]

Data are expressed as means \pm SEM ($n = 15/\text{group}$ for males and $n = 12/\text{group}$ for females). ALP, alkaline phosphatase; Ca, calcium; P, phosphorus; DPD, deoxypyridinoline; ND, not detected.

Concentration of DPD was collected according to urinary creatinine concentration.

* $p < 0.05$; [†] $p < 0.01$; significantly different from WT mice.

sex hormone levels through a feedback mechanism becomes too weak to catch up with the decreased sensitivity to these hormones by the SRC-1 deficiency.

Administration experiments with steroid hormones revealed that the SRC-1 deficiency caused resistance to osteoanabolic actions of sex hormones in gonadectomized male and female mice. More interesting is that SRC-1^{-/-} mice exhibited osteopenia under physiological conditions at 24 weeks, suggesting a bone-sparing role of endogenous SRC-1. This is also likely to be caused by the impairment of actions of endogenous sex hormones on bone for the following reasons. First, morphological and biochemical analyses revealed that SRC-1^{-/-} mice exhibited the decrease in trabecular bone with a high turnover state, which is characteristic of the pathology of sex hormone deficiencies. Second, the serum sex hormone levels were upregulated in SRC-1^{-/-} mice of both sexes, implicating a compensatory reaction for the insensitivity to them. Third, in the absence of sex hormones by gonadectomies, the BMD decreased to similar levels between WT and SRC-1^{-/-} mice. These results indicate that the SRC-1 function is essential for the maintenance of bone mass by sex hormones under both physiological and pathological conditions.

In males, as well as activating the AR, androgens can be converted into estrogens by the enzyme aromatase,⁽³⁰⁾ and

therefore can exert their effects not only through the AR, but also through the ERs. Because DHT cannot be converted to estrogens by aromatase, loss of the osteoanabolic effect of exogenous DHT in SRC-1^{-/-} orchidectomized male mice can be interpreted as a defect in AR, but not ER, signaling. Furthermore, we and others recently revealed that the androgen/AR signaling is indispensable for male-type bone remodeling, independent of the estrogen/ER signaling, by the analysis of AR-deficient mice.^(31,32) Under physiological conditions, however, there are many reports showing the essential contribution of the estrogen/ER signaling to male bones. Inhibition of aromatase activity in male rats impairs bone remodeling and mimics the effect of orchidectomy,^(33,34) and the aromatase-deficient mice develop osteopenia.⁽³⁵⁾ Two men with mutations in the *aromatase P450* gene exhibited delayed skeletal maturation and osteopenia, despite high levels of circulating androgens and the ability to respond to estradiol.^(36,37) These observations are similar to those seen in a man with a mutation in the ER,⁽³⁸⁾ reinforcing the importance of the estrogen/ER signaling in male bones. In addition, the SRC-1 transcriptional activation of AR is known to be much weaker than that of ERs.⁽³⁹⁾ Therefore, the bone loss seen in SRC-1^{-/-} males may, at least in part, be caused by impairment of the

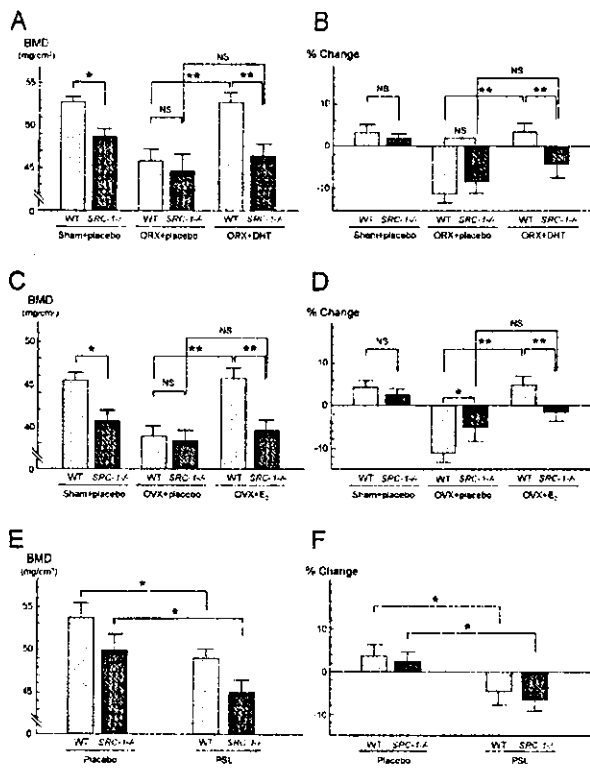


FIG. 4. Effects of gonadectomy and hormone administrations on BMD of vertebrae in *SRC-1*^{-/-} and WT littermates. (A and B) Male WT and *SRC-1*^{-/-} littermates were orchidectomized or sham-operated at 16 weeks of age and implanted subcutaneously with slow-releasing pellets containing either placebo or DHT (10 mg/pellet). At 16 and 24 weeks of age, BMD of the fifth lumbar vertebrae was measured by DXA. (C and D) Female WT and *SRC-1*^{-/-} littermates were ovariectomized or sham-operated at 16 weeks of age and implanted subcutaneously with slow-releasing pellets containing either placebo or E₂ (0.025 mg/pellet). BMD was measured as described above. (E and F) Male WT and *SRC-1*^{-/-} littermates without operation were implanted subcutaneously with slow-releasing pellets containing either placebo or prednisolone (PSL; 4 mg/pellet) at 16 weeks of age. BMD was measured as described above. Both the (A, C, and E) raw BMD values of the excised vertebrae at 24 weeks and (B, D, and F) the percent changes of BMD of the vertebrae measured *in situ* during 8 weeks were compared between WT and *SRC-1*^{-/-} mice. Data in all graphs are expressed as means ± SE (error bars) for 8 mice/group. Significant difference: **p* < 0.05, ***p* < 0.01. NS, not significant (*p* > 0.05).

estrogen/ER signaling, as well as of the androgen/AR signaling.

It is interesting that SRC-1 deficiency caused the decrease of trabecular bone but not of cortical bone. Similar findings are reported in a study using the conventional *SRC-1* knockout mice.⁽²⁹⁾ A previous study examining ER α and ER β expressions by immunohistochemistry in neonatal human ribs showed that trabecular bone contains both ERs, whereas only ER α was detected in cortical bone.⁽⁴⁰⁾ Modder et al.⁽²⁹⁾ also showed that the cancellous bone of the mouse vertebrae contains both ERs, whereas the cortical bone of the mouse femur contains exclusively ER α . In addition, another recent study revealed that, in osteoblastic cells, SRC-1 potentiates the transcriptional activity of co-expressed ER α /ER β or ER β alone, with little or no poten-

tiation of ER α .⁽⁴¹⁾ Hence, as Modder et al.⁽²⁹⁾ stated in their report, at least in females, the discrepancy of the SRC-1 contribution between trabecular and cortical bone may be caused by the relative expression of ER α versus ER β in the two kinds of bone and to the specific interactions of SRC-1 with these receptor isoforms in bone cells. In males as well, difference of effects on the two kinds of bone can be explained by the distinctions of expression and activation of the ER isoforms, because estrogen/ER signaling is important in male bone, as described above. Regarding AR, its distribution in the trabecular and cortical bones remains unknown. Further studies on the expression and the interaction with SRC-1 of AR and ERs will elucidate the clinical importance of SRC-1 in human bones.

The conventional *SRC-1* knockout mice are reported to be obesity prone under a high-fat diet.⁽⁴²⁾ In this study as well, our *SRC-1*^{-/-} mice, fed a standard diet, showed higher body weight and serum leptin levels compared with those of WT littermates, although both were slight and not statistically significant. A series of recent reports showed that leptin, an anorexigenic hormone secreted by adipocytes, also shows antiosteogenic action centrally through hypothalamic and sympathetic nervous systems.⁽⁴³⁾ However, this low level of increase in the leptin level seems inadequate to explain the significant bone loss by the SRC-1 deficiency. In addition, the *SRC-1*^{-/-} bone exhibited high bone turnover with stimulated bone formation, which is the opposite of leptin action.

Nuclear receptors exert their tissue-specific function using different coactivator/corepressor complexes ingeniously and appropriately in each tissue.^(11,12,44) Therefore, it is possible that not only the dysfunction of nuclear receptors or their ligands, but also that of the cofactors, leads to various disorders. The function of cofactors might explain the difference among individuals in the sensitivity to hormones and related agents as well. Despite important roles of sex hormones in bone, the effect of their gain or loss of function varies widely among individuals, and this has not yet been fully explained by analyses of the receptor levels. Accumulated genetic studies have failed to identify a definite association of the ER or AR gene polymorphisms with BMD.⁽⁴⁵⁾ Furthermore, a case of testicular feminization in a patient without an AR gene mutation was reported as a possible co-factor disease.⁽⁴⁶⁾ From the results of this study, SRC-1 may be a strong candidate that regulates the variety of the pathophysiology of sex hormone-deficient osteoporosis and therapeutic effects of hormone replacements in humans, because humans are known to be more sensitive to sex hormone deficiency than mice.

ACKNOWLEDGMENTS

We thank Dr Yasuji Yamamoto (Taiho Pharmaceutical Co., Ltd.) for helpful discussion and Kaori Yamamoto (ELK Corp.) and the hard tissue research team at Kureha Chemical Industry Co., Ltd. for technical assistance. This study was supported by a Grant-in-Aid for Scientific Research from the Japanese Ministry of Education, Culture, Sports, Science, and Technology (15659348).

TABLE 3. EFFECTS OF GONADECCTOMIES AND HORMONE REPLACEMENTS ON REPRODUCTIVE TISSUES

	WT			SRC-1 ^{-/-}		
	Sham + placebo	Gonadectomy + placebo	Gonadectomy + hormone	Sham + placebo	Gonadectomy + placebo	Gonadectomy + hormone
Seminal vesicle weights of males (g)	0.31 ± 0.03	0.03 ± 0.01*	0.35 ± 0.03	0.28 ± 0.03	0.03 ± 0.01*	0.18 ± 0.02 [†]
Uterine weights of females (g)	0.12 ± 0.02	0.02 ± 0.01*	0.13 ± 0.03	0.11 ± 0.03	0.02 ± 0.01*	0.05 ± 0.02 [†]

Data are expressed as means ± SEM (*n* = 8/group for males and females).

* *p* < 0.01, significantly different from the respective sham group.

[†] *p* < 0.01, significantly different from the respective WT mice.

TABLE 4. COMPARISON BETWEEN TWO SRC-1^{-/-} KNOCKOUT MICE

	Modder et al. ⁽²⁹⁾	This study
Generation of mice		
Targeting method	Conventional	Floxed mice × CMV-Cre transgenic mice
Locus of stop codon	Exon 11	Exon 5
Genetic background	C57BL/6	C57BL/6
Physiological conditions		
Age of analysis	12 weeks	12 & 24 weeks
Skeletal phenotype		
12 weeks	Normal	Normal
24 weeks	—	Osteopenia
Hormone administration experiments		
Age	12–20 weeks	16–24 weeks
Estrogen action on females	Decreased	Decreased
Estrogen dose/pellet	15 μg/60-d & 60 μg/60-d	25 μg/60-d
Androgen action on males	—	Decreased
Glucocorticoid action on males	—	Unaffected

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Received in original form December 19, 2003; in revised form April 14, 2004; accepted May 7, 2004.



Function of androgen receptor in gene regulations[☆]

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Abstract

Most of the androgen actions are considered to be mediated by the androgen receptor (AR) of the target genes. The AR is composed of a fairly large molecule because of the long A/B domains of its N-terminal. However, the independent roles of the AR as well as those of the estrogen receptors largely remained unknown mainly due to the lack of the AR knockout (ARKO) mice line. We have succeeded in generating the ARKO mouse by means of a conditional targeting using the Cre/loxP system. The ARKO males grew healthily although they showed a typical feature of the testicular feminization mutation (Tfm) and the hormonal assay revealed significantly lower serum androgen and higher LH levels in comparison with those of the wild type (WT) males. The serum estrogen levels were, however, comparable between both the ARKO and the WT. Another hallmark of the ARKO males was a state of high bone turnover osteopenia, in which the acceleration in the bone resorption clearly exceeded the bone formation. Male-typical behaviors were disrupted in male ARKO mice. Aiming at a quick differentiation of an androgen-dependent polyQ disease such as Kennedy's disease, the authors also developed the *Drosophila* fly-eye model in which the wild type and the polyQ-expanded human AR (hAR) was induced in the eyes of *Drosophila*. When androgen was administered to the flies induced with the polyQ-expanded hAR, their optical nerves were devastated.

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Keywords: Androgen; Androgen receptor; KO mice; Transgenic fly

1. Introduction

The androgen receptor (AR), a member of the steroid hormone receptors superfamily, is composed of a fairly large protein in comparison with thyroid hormone receptors (TR), Vitamin D receptors (VDR), retinoid receptors (RXR) as well as estrogen receptors [1–3]. It is because the A/B domains of the N-terminal of the AR that include a polyQ repeat are much longer than those of other receptors [4–6]. Androgen controls the expression of genes via the AR, in which the AR positively or negatively regulates the expression of the target genes acting as androgen-dependent transcription factors, under the existence of co-activators [5–7]. When the AR functions on the DNA of the genes, the complex of the co-activators interact as a trigger with the basal transcription factor and the AR for initiating the transcription.

Recent studies of two subtypes of estrogen receptors, ER α and ER β , found that, especially in the knockout mouse, a

clear phenotypes such as osteoporosis were not manifested perhaps because the plasma level of androgen had been extremely elevated [8]. This may be explained by the fact that androgen is the precursor of estrogen in the female mouse. It has been also reported that in the aromatase knockout female mouse, the circulating testosterone levels are markedly elevated [9]. Such being the case, there was a demand in developing the androgen receptor knockout (ARKO) mouse to investigate the actions of sexual steroid hormones individually. Androgen is required for the genital organs as well as sexual behavior not only in males but also in females. And in the clinical aspect, it is well known that some prostatic cancer can be androgen-dependently aggravated. A clarification of these issues was also expected with the development of the ARKO mouse.

2. Phenotypes of androgen knockout mouse

There were basic and technical difficulties in generating an ARKO mouse. When the AR gene is mutated in the male mouse, the mouse turns out phenotypic female without having a normal female or male genitalia and is infertile [10,11]. Moreover, as the AR gene is located only

[☆] Presented at the 12th Workshop on Vitamin D (Maastricht, The Netherlands, 6–10 July 2003).

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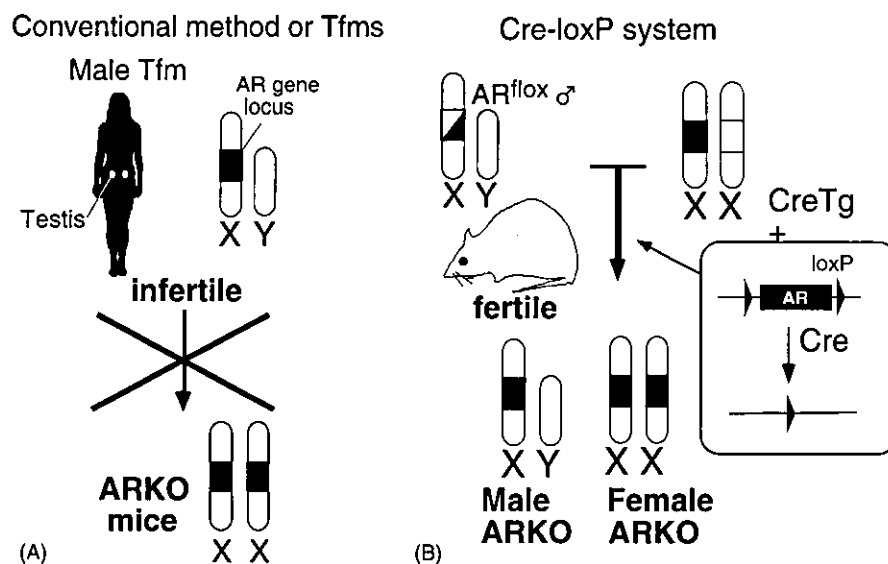


Fig. 1. Strategy for generating ARKO mice line when the male AR^{lox} mouse with a partially modified AR gene induced by lox P and the female transgenic mouse (CreTg⁺) generated by applying recombinase Cre were mated, all the AR genes were disrupted during the embryogenesis; thus, an ARKO mice line was obtained.

on the X chromosome, there is no male heterozygote of the AR gene-disrupted animals to transfer the mutated AR gene. It is thus impossible to obtain a female homozygote by either naturally occurring genetic mutations or conventional targeted gene disruption method. Thus, the animal which has a recessive genotypic change in the AR gene can not be generated by means of the usual methods.

Such being the case, we planned to introduce the recombinase Cre/Lox-P base sequence (Cre-lox P system) into the mouse AR gene locus (Fig. 1) to generate ARKO

mice line [12]. To begin with, we generated a potential AR knockout (ARKO) mouse (floxed AR^f) by introducing the lox P, a capsid of a DNA breaking enzyme, in the AR gene by homologous recombination in ES cells. Three lox P sites were successively introduced in the first intron of the mouse AR gene. The male floxed AR mice are completely fertile/normal so far, and showed a normal expression and function of the AR, nevertheless, under the partially modified AR gene. On the other hand, a female transgenic mouse was generated by applying the recombinase Cre, which induces a recombination at the site between the two lox P

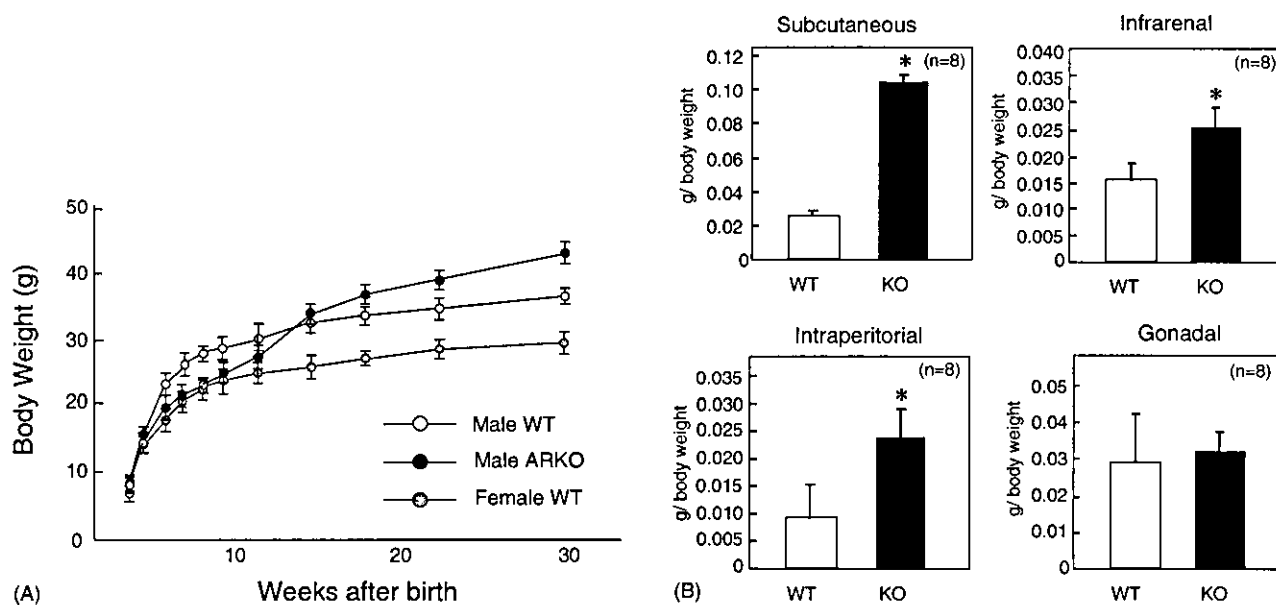


Fig. 2. Obesity in adult male ARKO mice: (A) growth curve of ARKO mice; (B) wet tissue weight of adipose tissue of male ARKO mice (Sato et. al [13]).

sequences in the same direction. Thus, in the Cre transgenic female mouse (CreTg⁺), one of the two AR gene has been disrupted to generate the female CreTg⁺ mice with heterozygous disruption of the AR gene. When the male floxed AR mice and these female CreTg⁺ mice were mated, the AR gene was disrupted by expressed Cre under the CMV strong promoter during the embryogenesis.

The male ARKO which looks like a complete female had the small testes and cecum-like vagina but had no uterus and ovaries; and showed a similarity with the clinical Tfm. [13] The histological findings such as the hypertrophic Leydig cells suggested impaired spermatogenesis. The growth curves for 56 days after the birth of the female ARKO mouse (Fig. 2) were completely comparable with those of the WT female but those of the male ARKO were clearly retarded in comparison with those of the WT male and were rather similar to those of the females.

Estimation of plasma hormone levels in the male ARKO revealed markedly lowered androgens as well as a luteinizing hormone, but there was no difference in the estradiol level in comparison with that of the wild type (WT). These suggest that we can investigate the effect of androgens independently by using the ARKO mouse in that only the AR is disrupted while the estrogen receptors remain intact.

The bone densitometry showed a marked osteopenia, and the 3D-CT indicated that both of the trabecular bone and cortical bone volumes were remarkably reduced in the ARKO male mouse in comparison with that of the WT littermate male mouse at 6–16 weeks of age. Since the bone volumes result from bone remodeling which is the coupling of the formation/resorption of the bone, we compared bone formation and resorption on the proximal tibia in the ARKO and WT male by means of an histomorphometric analysis. Unexpectedly, the bone formation in the ARKO male exceeded that of the WT male by 15–20% (Fig. 3). On the

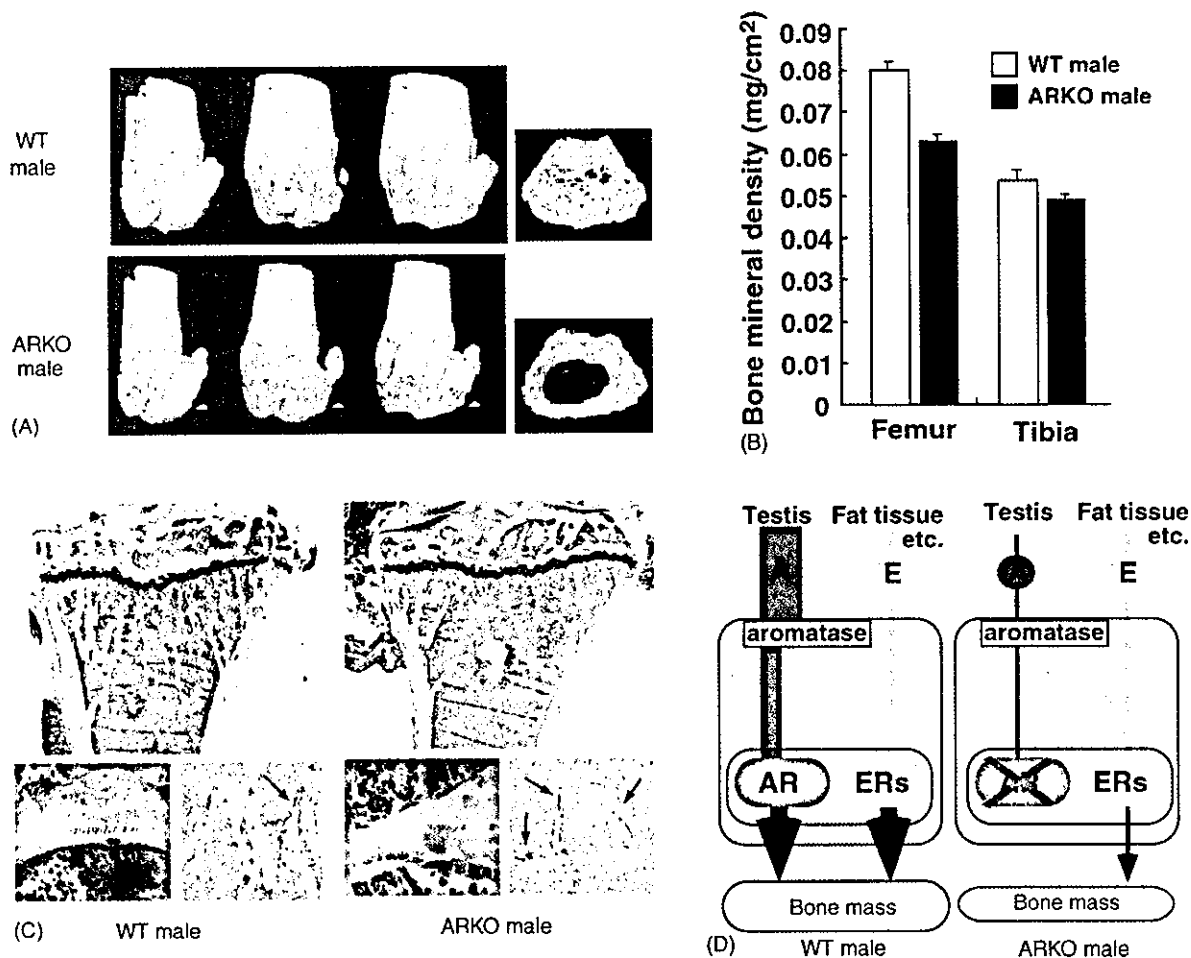


Fig. 3. Osteopenia in male ARKO mice: (A) three-dimensional CT images of distal femora and axial sections of distal metaphyses of male ARKO mice; (B) bone mineral density of male ARKO femur and tibia; (C) high turnover of male ARKO bone. Histological features and histomorphometry of the proximal tibiae from 8-week-old male ARKO and WT mice. For Villanueva-Goldner staining of sections from representative ARKO and WT male littermates, mineralized bone is stained green; (D) schema of skeletal sex hormone action. In male WT mice, skeletal sex hormone activities are mediated by both AR and ER. In female WT mice, skeletal function of ER is likely to dominate over that of AR as serum levels of AR ligands in females are quite low. In male ARKO mice, testicular testosterone production is severely impaired by hypoplasia of the testes, leading to a lack of skeletal sex hormone actions. In contrast, female ARKO mice may not be greatly affected by disruption of AR signaling.

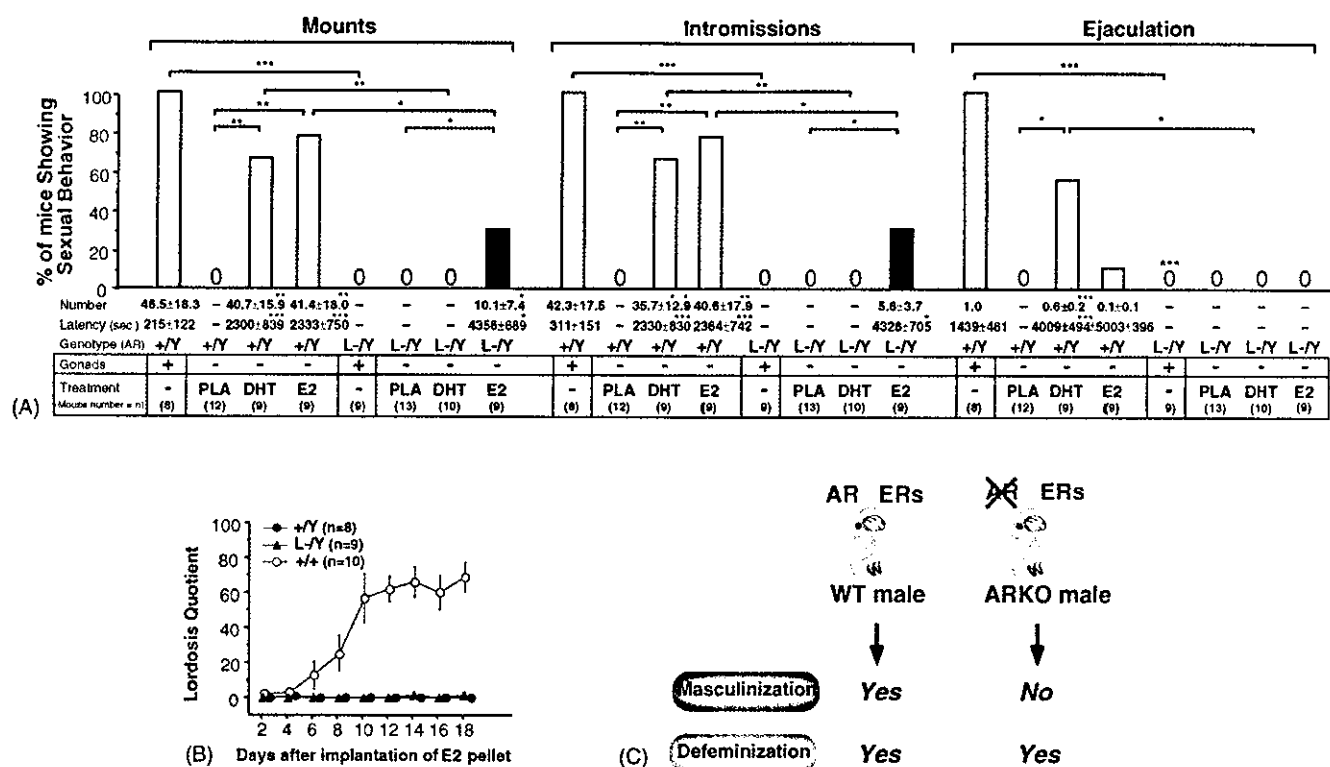


Fig. 4. Male-typical behaviors were impaired in male ARKO mice: (A) impaired male sexual behaviors in ARKO mice were partially recovered by estrogen, but not by androgen; (B) no female sexual behavior (lordosis) in male ARKO mice; (C) brain masculinization requires AR function.

other hand, the bone resorption in the ARKO male was more remarkable and exceeded that of the WT male by 40–50%. In view of these results, we concluded that the reduction in the bone found in the ARKO male was based on the high bone turnover osteopenia [14].

A characteristic change was seen in the body fat composition [13]. More than 10 weeks after the birth ARKO male became fat and the weight exceeded the normal growth curve; and the accumulation of white fat which almost doubled in comparison with the WT male was recognized under celiotomy (Fig. 2). Since there were no clear differences in serum lipids, especially in total cholesterol and free fatty acid, the AR might have suppressed the differentiation of the adipose cells. On the other hand, the sexual behavior of the ARKO mouse either as male or female was found not to be normal; nevertheless the normal gonadal differentiation was found in the ARKO female. Thus, it was considered that abnormal sexual behavior resulted in lowered number of offspring by about half of that of the WT female.

Male-typical behaviors were abolished in male ARKO mice, however, these mice showed no female sexual behavior. Estrogen treatment was effective to recover the impaired male sexual behaviors except ejaculation, suggesting that both of androgen and estrogen signalings mediated their nuclear receptors are essential for expression and maintenance of male sexual behaviors (T. Sato and T. Matsumoto, unpublished result) (Fig. 4).

3. Functional analyses of polyQ-expanded AR mutant in drosophila fly-eye model

An important disease group other than the testicular feminization mutation (Tfm) and androgen insensitivity syndrome (AIS) that is related to the mutation of the AR gene is the triplet repeat disease, or so-called polyQ expansion, in which the poly Q repetitions of the A/B domain of the N-terminal are expanded [4,5]. Spinobulbar muscular atrophy (SBMA) is one of the polyQ diseases and also named as Kennedy's disease. Other polyQ diseases such as Huntington's disease, spino-cerebellar ataxia (SCA1), and Machado-Joseph disease are seen both in males and females [15,16], while manifestation of SBMA can not be seen in the female, even if she is a carrier. Since the AF-1 functions of the A/B domain are androgen-dependent, the reason that the disease occurs only in the male was considered to be dependent on the concentration of androgen.

Aiming at proving this theory, we tried to use the *Drosophila* fly-eye model [17]. As the lifespan of the fly is short, we thought we could quickly obtain the assay results. The fly possesses nuclear receptors [18]. For example, it has the receptors for ecdysone, metamorphic hormone, and its partner gene, the ultrabithorax gene. The latter is identical to the human retinoid receptor (RXR). Since the ecdysone receptor of the fly functions as a heterodimer, its DNA binding site is considered to be a direct repeat sequence; on the contrary, the DNA binding site of the human steroid

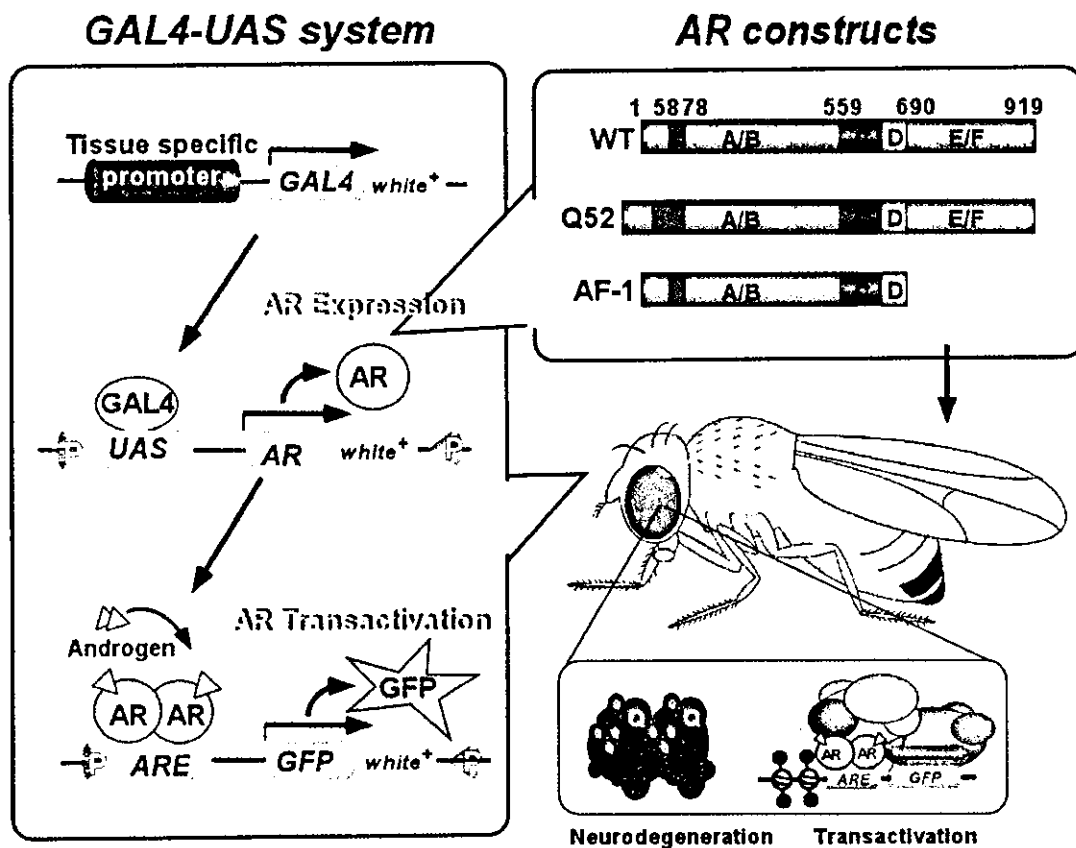


Fig. 5. Inducing hARs to the *Drosophila* eye, the human ARs, wild type, and polyQ-expanded, were induced in the *Drosophila* eyes using GAL4 UAS, then the reporter genes were bound to the GFP.

hormone receptor that functions as the homodimer is of a palindrome sequence. Such being the case, we expressed the human AR (hAR) in the fly-eye, tissue/stage specifically, using GAL4 UAS, a conditional gene expression system [19], under the expectation that this AR expression would not impair the functions of the intrinsic receptors in the fly. Then, the reporter gene, a DNA sequence, which can bind to the marker green fluorescent protein (GFP), was bound to the GFP (Fig. 5). In such a fly-eye model, the AR expression can be detected as red by staining it with the antibody; and the transcription function can be recognized as green fluorescent.

Naturally, the human AR has about 20 polyQ repetitions but when we induce too many repeat in the AR, the transcription ability is reduced and also the *in vitro* protein biosynthesis becomes suppressed. Consequently, we judged around 52 repetitions would be optimal for monitoring the transcription activity and the neural death. When androgen is fed to the fly that had expressed a wild type AR (ARwt), a green fluorescent is shown in the eye without any abnormal changes. But when the polyQ repeat AR is expressed, the optical nerves (photo-receptor neurons) of the fly are devastated unless the androgen feeding is discontinued; which means the nervous system disorders are androgen-dependent. When cartinostatic agents for prostatic cancer such as hydroxy flutamide and bicalutamide are administered concomitantly, the nerve

disorders of the fly were rather worsened. The results justify the development of a new-type anti-androgen for the treatment of prostatic cancer. As the AR is expressed in the nuclear and disrupts the optical nerves while keeping the transactivations, it was clarified that the disorder is based on an intranuclear event; and we recognized an androgen-dependent apoptosis was concurrently taking place.

Fig. 6 illustrates a speculation on the ligand-dependent structural alterations of the polyQ-expanded hAR [17]. The hAR that is inactive in the transactivity without ligand (androgen) gains transactivities under the existence of androgen by its structural alterations and also by recruiting co-activators [7,20]; while, the polyQ repeat induce apoptosis by their aggregating property. Since the plasma testosterone is much lower in the female patients (1/20–1/30), in comparison with those of the male patients, the polyQ aggregation may be difficult to occur. On the other hand, most androgen antagonists inhibit the transactivity of the AR by inhibiting recruitment of the co-activators; but they may not induce a structural alteration of the AR that deprive the aggregation by polyQ repeat. Adding finally, most of the polyQ diseases including Kennedy's disease are of late onset; and the disorders in the gonadal function and skeletal muscles appear after middle age. And on the other hand, the sensitivity of the fly-eye in expressing the polyQ repeat AR slightly changes depending on the stage.

Ligand-dependently structural alteration of the polyQ-expanded human androgen receptor

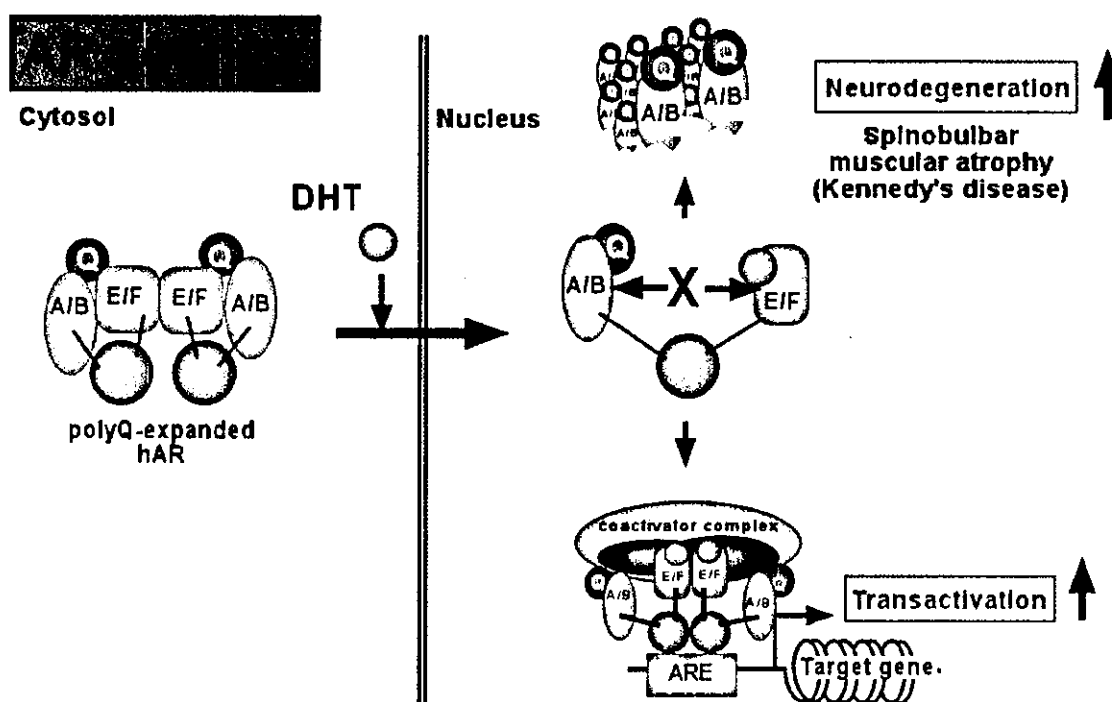


Fig. 6. Androgen-dependent structural alteration by the polyQ-expanded hAR. It is considered that the polyQ-expanded AR is inactive in the transactivation without the agonists (androgens); but under the existence of the agonists, it alters the molecular structure and also recruits the co-activators, while the polyQ repeat induces apoptosis by their aggregation.

In view of these results, we consider that for the management of Kennedy's disease, an anti-androgen treatment, such as an orchidectomy or the development of a new ligand that induces a structural alteration of the polyQ-expansion, may be required.

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Adenoviral Infection

Tohru Tsukui and Yutaka Toyoda

1. Introduction

Replication-defective adenoviruses (Ads), in which the E1A and E1B genes essential for replication are deleted, have several advantages as the vectors for introducing foreign genes into host cells. They are able to infect a large range of host cells and to transfer genes into nonproliferating cells without the replication of viral genome. However, there had been no reports of generating transgenic animals using this type of vector until we demonstrated that Ad-mediated transgenesis is possible and has distinct advantages over conventional microinjection and retrovirus vectors (*1*). The major advantage compared to the microinjection method is that the methodology is relatively simple so that sophisticated skill and an apparatus for micromanipulation are not needed and a large number of eggs can be handled simultaneously. Instead, you will need some expertise for constructing a recombinant Ad (rAD) and also for handling zona-free eggs. The former aspect is described herein only briefly; for details *see refs. 2-4*.

Another characteristic of this methodology is that the transgenic mice so far produced have a single transgene of almost the entire viral genome that can be stably transmitted to the next generation. This is in sharp contrast to the case of microinjection, in which multiple copies of the injected genes are frequently integrated in tandem fashion, although the precise mechanism of this single-copy integration is not yet well understood. The advantage as compared to the retroviral method is that the one-cell pronuclear stage eggs can be infected with Ad quite efficiently, resulting in the nonmosaic transgenic mice that have integrated foreign DNA in every cell. One of the disadvantages of this method is that the size of the inserted expression unit is limited, at about 7.5 kb. Although the Ad-mediated transgenesis is possible, it must be emphasized that

From: *Methods in Molecular Biology*, vol. 180: *Transgenesis Techniques*, 2nd ed.: *Principles and Protocols*
Edited by: A. R. Clarke © Humana Press Inc., Totowa, NJ

the conditions for introducing Ad into the pronuclear mouse eggs *in vitro*, characterized by the removal of egg coat (zona pellucida) and a high concentration of the virus around the eggs, are quite different from the situation for *in vivo* gene therapy using recombinant Ad. Because the Ad-mediated transgenesis has so far been demonstrated only in the mouse by using a recombinant vector (AxCANLacZ), as described in the text and in Fig. 1, further studies are needed before this technique can be established as a new tool for transgenesis in a range of constructs and species. Recently, other applications have become available for using rAd in transgenesis, and for investigating molecular function of a gene *in vivo* (*see Subheading 4.*).

1.1. Generation of rAd

Recombinant adenoviruses have several benefits for *in vitro* and *in vivo* gene transfer. They are able to infect both nondividing and dividing cells (such as zygotic eggs and neurons). Adenoviruses can be generated as a high-titer viral stock ($\sim 10^9$ pfu/mL) and are able to accommodate up to 7.5 kb of foreign DNA (*see Note 1*). Although it takes at least 1 mo to generate an rAd, these advantages make adenoviruses a powerful tool for molecular biologists. Different methods are available for generating rAD (3,5,6); however the COS-TPC method is more efficient than the other methods (3). An outline of the procedure we use for generating recombinant rAd is shown in Fig. 2.

1.2. Choice of Cassette Cosmids

Two types of cassette cosmids are available for constructing rADs:

1. pAxcwt (4): This type of cosmid cassette is useful for site or stage specific expression. Lack of promoter in this cosmid requires that the inserted DNA include both promoter and cDNA.
2. pAxCAwt (4): This type of cosmid cassette is useful for ubiquitous expression through its own CAG promoter (cytomegalovirus IE enhancer, chicken β -actin promoter, and rabbit β -globin poly [A] signal) (7); therefore, only cDNA is inserted.

2. Materials

1. F1 hybrid strains (C57BL/6JxC3H/HeJ) at 6–10 wk of age.
2. Female recipient mouse (7–10 wk of age) mated to a sterile male 2.5 d before transfer.
3. High-titer rAD ($>1 \times 10^8$ pfu/mL).
4. Pregnant mare's serum gonadotropin (PMSG; Sankyo Zoki, Japan).
5. Human chorionic gonadotropin (hCG; Sankyo Zoki, Japan).
6. Hyaluronidase (Sigma, St. Louis, MO).