

26	MKRN2-300	PSVYVVEDQNK KNEL	69	APEX1-250	ADSFRLHYPNT PYAY	112	SOSTDC1-9	YLLPLACILMKS CLA	155	VEGFD-173	TSVPELVPVKVA NHT
27	MKRN2-367	QGTVRFFNSVR LWDF	70	APEX1-271	MNARSKNVGW RLDYF	113	SOSTDC1-156	KITVVTACKCKR YTR	156	ZNF187-27 4	CQKAFRLNSHL AQHV
28	MKRN2-402	GDLFMHLSGVE SSEP	71	PARP15-9	FLHNIVVSNCF YFQ	114	RNPC3-234	VLFGKPMVVQF ARSA	157	TUFM-25	FLQGLLRLLKA PAL
29	KCNS3-76	FRYVLNFYYTG KLHV	72	PARP15-382	YVVRVLTGVFT KGRA	115	CDC45L-15	QSQRVLLFVAS DVDA	158	TUFM-408	KFNILLRQPMIL EKG
30	KCNS3-171	IWIRMENPAYCL SAK	73	CLK1-75	EYRNDYTGCE PGHR	116	CDC45L-196	TSSAMVMFELA WMLS	159	MIER3-359	NILNSFTASDLT ALT
31	KCNS3-193	SVVLASIVAMCV HSM	74	CLK1-115	SKHRIHHSTSH RRSH	117	CDC45L-459	LFSRPASLSLLS KHL	160	MIER3-507	FISAHALHQHAA LHS
32	KCNS3-240	RLAAAPCQKKF WKNP	75	KIF12-102	LYISRQTAQQM PSVD	118	CDC45L-488	LLPLVMAAPLS MEHG	161	ERp27-74	ILHSMVQKFPG VSFG
33	ATP6V0A1- 128	LKFILRKTQQFF DEM	76	KIF12-203	CVSPSAQCLPE TLST	119	ZNF649-480	QGKSPVNMVTV AMVA	162	ERp27-159	VIQIHLLIMNKA SP
34	ATP6V0A1- 214	YVHKSVFIIFQ GDQ	77	KIF12-218	LRYPASRAQRT TRPQ	120	ABAT-370	FRPNAPYRIFNT WLG	163	C3orf37-16 9	DNWRLLTMAGI FDCW
35	ATP6V0A1- 269	QMVNLQTEDHR QRVL	78	CTNND1-13 4	VRLLRKARDMD LTEV	121	ABAT-387	SKNLLAEVINII KR	164	HAPLN1-26 1	FYYLIHPTKLTY DVA
36	ATP6V0A1- 297	VRKMKAIYHTLN LCN	79	CTNND1-21 1	LRNVSSERSEA RRKL	122	ABAT-446	DDSIRNKLILIAR NK	165	RNF32-29	LQLRNLVSADH SKTQ
37	ATP6V0A1- 426	RESRILSQKNEN EMF	80	CTNND1-48 0	NKSGNRSEKEV RAAA	123	CLIC5-41	ILWLKGVVFNVT TVD	166	RNF32-187	IKCVTRIQAQWR GCV
38	ATP6V0A1- 494	LRGNPVLQLNP ALPG	81	CTNND1-52 5	NNASRSQSSHS YDDS	124	CLIC5-212	TGLWRYLKNAV ARDE	167	GLCE-17	CALFTLVTVLLW NKC
39	ATP6V0A1- 526	TNKLTLFNSFKM KMS	82	TCF7L2-162	SNKVPVQHPH HVHP	125	H2AFY-42	LWLKGVVFNVT TVDL	168	GLCE-504	PSSFVLNGFMY SLIG
40	ATP6V0A1- 774	LLLLFFATATLT VAI	83	TCF7L2-334	KEMRAKVVAEC TLKE	126	H2AFY-214	LWRYLKNAVAY DEFT	169	UXS1-134	VSDLVNLGLVAL MNSN
41	SIAH1-43	VCFDYVLPPIQ CQS	84	MYBBP1A-2 51	LKMAASSVKKD RKLP	127	TOP3B-301	LNTVEMLRVAS SSLG	170	ETV3-124	NYPFINIRSSGKI QT
42	SIAH1-182	QSCFGFHFMLV LEKQ	85	MYBBP1A-3 95	VRFLSPPALQG YVAW	128	TOP3B-628	HRFMKYIAKPSRLH			
43	SIAH1-211	LIGTRKQAEFNA YRL	86	MYBBP1A-2 036	KTLISMREVRSC FEDP	129	KIAA0391-4	YLFGIRSFPLWKSP			

Table 2: List of amino acid sequences of synthetic peptides used for the second screening. A total of 170 peptides were predicted as epitopes derived from 67 antigen proteins. The selected useful antigen peptides are shown in bold. Numbers of peptide names represent the first amino acid number of the original proteins.

		SOSTDC1-156	CTNND1-211	CLDND1-69	CCNG2-231	TFAM-231	TOP3B-628	MYBBP1A-1134	MYBBP1A-1306
HD	Average	1,730	2,302	4,518	2,053	3,374	1,799	1,739	2,505
	SD	442	884	2,329	492	2,882	367	433	676
	Cut-off value	2,613	4,071	9,176	3,036	9,139	2,532	2,606	3,858
	Total No.	111	111	111	111	111	111	111	111
	Positive No.	5	6	5	5	1	5	6	3

	Positive (%)	4.50%	5.40%	4.50%	4.50%	0.90%	4.50%	5.40%	2.70%
SLE	Average	2,211	3,049	3,780	2,994	4,283	2,319	2,149	3,215
	SD	968	2,992	2,606	5,308	4,169	2,321	1,974	3,101
	Total No.	84	84	84	84	84	84	84	84
	Positive No.	13	8	4	10	1	11	10	11
	Positive (%)	15.50%	9.50%	4.80%	11.90%	1.20%	13.10%	11.90%	13.10%
	P (vs HD)	0.000048	0.029	-	0.109	0.089	0.045	0.065	0.042

Table 3: Comparison of serum antibody levels between HD and SLE patients examined by AlphaLISA. Shown are average, SD, cut-off values (average + 2SD), total sample numbers, the number of positive sera of which the antibody levels were higher than the cut-off value, and the positive rate (%) of HD; average, SD, total sample number, number of positive sera of which the antibody levels were higher than the cut-off value, and the positive rate (%) of SLE patients; and P value of comparison between HD and SLE patients. P values lower than 0.05 and positive rates higher than 10% were marked in bold.

		SOSTDC1-156	CTNND1-211	CLDND1-69	CCNG2-231	TFAM-231	TOP3B-628	MYBBP1A-1134	MYBBP1A-1306
HD	Average	2,970	2,233	2,948	1,804	4,694	2,386	2,074	3,808
	SD	1,187	739	1,691	442	1,392	757	703	1,060
	Cut-off value	5,344	3,711	6,331	2,688	7,479	3,900	3,479	5,928
	Total No.	128	128	127	128	125	128	127	128
	Positive No.	6	6	3	7	5	6	6	7
	Positive (%)	4.70%	4.70%	2.40%	5.50%	4.00%	4.70%	4.70%	5.50%
CI	Average	3,549	2,529	3,587	1,936	5,133	2,619	2,292	4,672
	SD	1,241	1,227	1,941	413	1,508	941	902	5,267
	Total No.	128	128	128	128	125	127	128	128
	Positive No.	13	6	10	9	11	9	8	12
	Positive (%)	10.20%	4.70%	7.80%	7.00%	8.80%	7.10%	6.30%	9.40%
	P (vs. HD)	0.00017	0.020	0.0055	0.015	0.018	0.030	0.033	0.071
CVD	Average	3,260	2,815	3,624	1,948	5,084	2,358	2,278	4,136
	SD	1,076	876	1,568	454	1,514	901	740	1,114
	Total No.	128	128	128	128	124	128	128	128
	Positive No.	7	16	9	7	4	6	8	7
	Positive (%)	5.50%	12.50%	7.00%	5.50%	3.20%	4.70%	6.30%	5.50%
	P (vs. HD)	0.042	2.70E-08	0.0011	0.011	0.036	-	0.025	0.016

Table 4: Comparison of serum antibody levels among HD, CI patients and CVD patients examined by AlphaLISA.

Discussion

There are various types of autoantibodies in the sera of SLE patients due to the dysfunction of T cells and the accelerated activation of B cells. Available data suggest that young women with SLE are at a substantially increased risk of AMI, congestive heart failure, and cerebrovascular accidents [12-14]. If autoantibodies develop during the progress of CI and CVD, they can be amplified in patients with

SLE due to their dysregulated immune systems. Thus, we performed the first screening using SLE sera and then the second and third screenings using CI and CVD samples. Through the first screening by protein array method followed by second screening using crude peptide antigens and validation tests using three sets of control HD and patients' sera, we identified SOSTDC1, CTNND1, CLDND1 and CCNG2 as novel useful markers for the diagnosis of atherosclerosis-related diseases such as CI, CVD and DM.

		SOSTDC1-156	CTNND1-211	CLDND1-69	CCNG2-231	TFAM-231	TOP3B-628	MYBBP1A-1134	MYBBP1A-1306
HD	Average	4,823	1,833	7,307	3,989	1,5203	7,546	3,680	5,356
	SD	1,793	179	3,501	1,226	5,761	1,690	2,469	1,039
	Cut-off value	8,409	2,190	14,308	6,442	26,725	10,926	8,618	7,435
	Total No.	137	137	137	137	136	136	136	136
	Positive No.	7	4	5	7	2	6	6	7
	Positive (%)	5.10%	2.90%	3.60%	5.10%	1.50%	4.40%	4.40%	5.10%
CI	Average	5,686	1,870	8,917	4,638	16,009	8,753	3,555	5,876
	SD	1,949	229	4,494	1,421	4,614	5,002	1,374	1,616
	Total No.	139	139	139	139	139	139	139	139
	Positive No.	11	8	14	12	1	12	3	16
	Positive (%)	7.90%	5.80%	10.10%	8.60%	0.70%	8.60%	2.20%	11.50%
	P (vs HD)	0.00016	0.137	0.001	0.000063	0.202	0.0078	-	0.0017
CVD	Average	5,565	1,938	9,274	4,580	17,035	9,013	4,117	5,845
	SD	2,033	397	5,780	1,418	3,718	5,739	2,160	1,451
	Total No.	108	108	108	108	108	108	108	108
	Positive No.	9	9	13	8	4	14	5	12
	Positive (%)	8.30%	8.30%	12.00%	7.40%	3.70%	13.00%	4.60%	11.10%
	P (vs HD)	0.0032	0.012	0.0022	0.00071	0.003	0.011	0.143	0.0036

Table 5: Comparison of serum antibody levels among HD, CI patients and DM patients examined by AlphaLISA.

	SOSTDC1-156		CTNND1-211		bCLDND1-69		bCCNG2-231	
	r value	P value	r value	P value	r value	P value	r value	P value
Gender	-0.079	0.0408	0.019	0.6341	-0.019	0.6226	0.057	0.1448
Age	0.182	<0.0001	0.157	<0.0001	0.102	0.0089	0.057	0.1420
Height	-0.062	0.1131	-0.054	0.1639	-0.009	0.8115	-0.028	0.4770
Weight	-0.008	0.8351	-0.125	0.0013	-0.065	0.0932	-0.044	0.2595
Body mass index	0.039	0.3227	-0.111	0.0043	-0.074	0.0586	-0.027	0.4849
Intima media thickness (IMT)	0.218	<0.0001	0.117	0.0127	0.040	0.3920	0.019	0.6819
Diabetes	0.110	0.0045	0.013	0.7397	-0.036	0.3614	0.017	0.6708
Hypertension	0.160	<0.0001	0.066	0.0919	0.038	0.3346	0.035	0.3678
Albumin/globulin ratio	0.011	0.7883	-0.005	0.9026	-0.001	0.9827	0.066	0.0962
Aspartate transaminase	0.004	0.9241	0.009	0.8197	0.016	0.6736	-0.011	0.7763
Alanine transaminase	-0.013	0.7353	0.015	0.7042	-0.051	0.1903	-0.006	0.8714
Alkaline phosphatase	0.046	0.2624	0.007	0.8733	-0.031	0.4473	-0.042	0.2991
Lactate dehydrogenase	-0.016	0.6972	0.061	0.1269	-0.015	0.7089	0.025	0.5356

Citation: Goto K, Sugiyama T, Matsumura R, Zhang XM, Kimura R, et al. (2015) Identification of Cerebral Infarction-Specific Antibody Markers from Autoantibodies Detected in Patients with Systemic Lupus Erythematosus. J Mol Biomark Diagn 6: 219. doi: 10.4172/2155-9929.1000219

Total bilirubin	0.046	0.2502	-0.017	0.6647	0.026	0.5049	0.015	0.7068
Choline esterase	-0.039	0.3834	0.009	0.8342	0.018	0.6893	-0.001	0.9749
gamma-GTP	0.027	0.4988	-0.004	0.9311	-0.019	0.6432	0.003	0.9400
Total protein	-0.044	0.2729	-0.073	0.0656	-0.011	0.7861	0.002	0.9596
Albumin	-0.024	0.5439	-0.065	0.0994	-0.013	0.7397	0.054	0.1743
Blood urea nitrogen	-0.019	0.6331	-0.038	0.3306	0.000	0.9916	-0.040	0.3009
Creatinin	0.010	0.7904	-0.021	0.5848	0.023	0.5547	-0.007	0.8603
Estimated glomerular filtration rate	-0.004	0.9326	0.023	0.5866	-0.010	0.8060	-0.004	0.9214
Uric acid	-0.019	0.6690	0.030	0.5104	0.011	0.7992	0.025	0.5729
Amylase	-0.084	0.0875	-0.015	0.7540	0.017	0.7362	-0.074	0.1322
Total cholesterol	-0.067	0.1131	0.033	0.4346	-0.054	0.2030	-0.022	0.5983
HDL cholesterol	-0.002	0.9599	0.000	0.9931	0.038	0.4340	0.087	0.0694
Triglyceride	-0.031	0.5086	0.013	0.7773	-0.028	0.5419	-0.035	0.4594
Na	-0.001	0.9811	0.002	0.9500	0.003	0.9370	0.077	0.0507
K	-0.025	0.5245	0.043	0.2779	0.031	0.4397	0.058	0.1393
Cl	0.005	0.8985	0.061	0.1236	0.007	0.8680	0.036	0.3583
C-reactive protein	0.047	0.3018	-0.046	0.3182	0.056	0.2241	-0.050	0.2732
LDL cholesterol	-0.119	0.0275	0.043	0.4254	-0.070	0.1940	-0.091	0.0913
White blood cell	0.015	0.7028	-0.041	0.2992	0.030	0.4382	-0.036	0.3629
Red blood cell	-0.005	0.9062	-0.049	0.2110	0.030	0.4471	-0.009	0.8185
Hemoglobin	0.013	0.7468	-0.059	0.1360	0.034	0.3896	0.007	0.8621
Hematocrit	0.017	0.6567	-0.047	0.2325	0.039	0.3262	0.031	0.4225
Mean cell volume	0.072	0.0647	0.026	0.5057	-0.005	0.896	0.049	0.2145
Mean corpuscular hemoglobin	0.050	0.1988	-0.018	0.6498	0.009	0.8229	-0.002	0.9513
Mean corpuscular hemoglobin concentration	-0.021	0.6015	-0.070	0.0737	0.019	0.6314	-0.067	0.0891
Red cell distribution width	0.021	0.5894	-0.011	0.7837	-0.002	0.9551	-0.030	0.4462
Platelet	-0.031	0.4254	-0.027	0.4944	0.027	0.4896	0.010	0.8020
Mean platelet volume	0.005	0.8969	0.025	0.5186	-0.019	0.6356	0.025	0.5217
Procalcitonin	-0.020	0.6023	-0.016	0.6912	0.035	0.3677	0.031	0.4303
Platelet distribution width	-0.002	0.9667	-0.002	0.9601	-0.037	0.3433	0.006	0.8785
Blood sugar	0.047	0.2467	0.011	0.7832	-0.069	0.0909	-0.063	0.1215
HbA1c	0.016	0.7264	0.015	0.7405	-0.067	0.1310	-0.042	0.3409
Smoking habit	0.152	<0.0001	-0.058	0.1368	-0.010	0.8047	-0.036	0.3532
Alcohol drinking habit	0.058	0.1386	-0.053	0.1762	0.029	0.4552	-0.033	0.3934
Green tea drinking habit	-0.017	0.6664	0.018	0.6377	-0.014	0.7178	0.054	0.1690
Coffee drinking habit	-0.064	0.1022	-0.005	0.8913	-0.008	0.8346	0.021	0.5904

Chinese tea drinking habit	-0.083	0.0323	-0.025	0.5245	-0.023	0.5616	0.003	0.9440
Working habit	-0.137	0.0005	-0.073	0.0659	-0.024	0.5457	-0.057	0.1472
Exercise habit	-0.029	0.484	-0.011	0.7888	-0.024	0.5572	-0.049	0.2309

Table 6: Correlation analysis between antibody marker levels and the subject's information. Shown are correlation coefficients (r) and P values calculated by Spearman's analysis. Significant correlations are marked in bold.

The following information is known for these selected markers: SOSTDC1/sclerostin domain containing 1 (Accession No.: NM_015464) is a member of bone morphogenetic protein (BMP) of TGF- β superfamily [25,26]. It works as a BMP antagonist and suppresses cell proliferation, differentiation or cell death induced by BMP. BMPs also play important parts in the development of atherosclerosis [27]. CTNND1/catenin (cadherin-associated protein), delta 1 (Accession No.: NM_001085458) is a member of the Armadillo protein family and mediates the signaling from the cell-adhesion molecule cadherin onto cells [28]. CLDND1/claudin domain containing 1 (Accession No.: NM_001040181) contains the domain of claudin which is involved in tight junction, but its function is not known [29]. CCNG2/cyclin G2 (Accession No.: NM_004354): It is a member of the cyclin family and induced by DNA damaging agents [30].

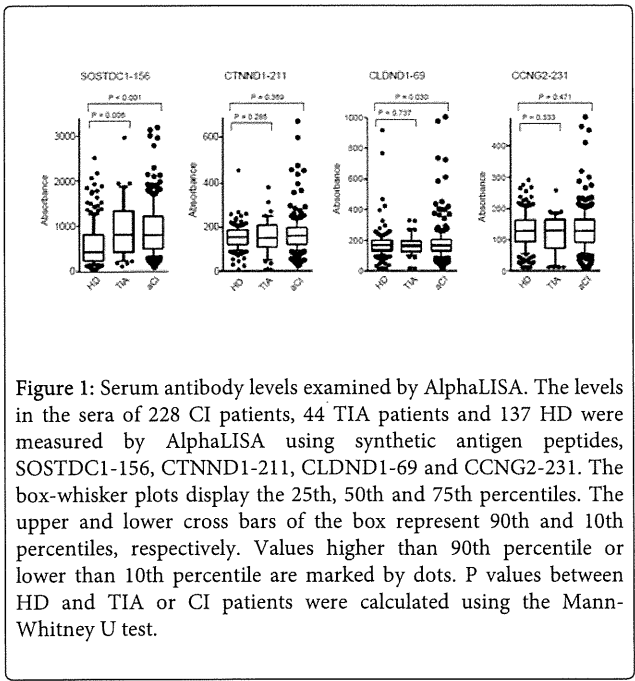


Figure 1: Serum antibody levels examined by AlphaLISA. The levels in the sera of 228 CI patients, 44 TIA patients and 137 HD were measured by AlphaLISA using synthetic antigen peptides, SOSTDC1-156, CTNND1-211, CLDND1-69 and CCNG2-231. The box-whisker plots display the 25th, 50th and 75th percentiles. The upper and lower cross bars of the box represent 90th and 10th percentiles, respectively. Values higher than 90th percentile or lower than 10th percentile are marked by dots. P values between HD and TIA or CI patients were calculated using the Mann-Whitney U test.

The positivity was approximately 10% and 13% at most. Multiple factors can affect the progress of CI, CVD and DM. Spearman correlation analysis between the antibody levels and the information of the patients revealed that the levels of SOSTDC1-156 but not of CTNND1-211, CLDND1-69 or CCNG2-231 are correlated with IMT, hypertension and smoking (Table 6). Thus, the SOSTDC1-156 marker can predict atherosclerotic CI caused by hypertension and/or smoking habit. There are many causes that affect the progress of CI, and each antibody marker may be associated with a respective cause of CI. Thus, the positivity of each marker cannot be expected to particularly

high. The development of an increasing number of such antibody markers may make the prediction of the onset of CI at a strong possibility.

We used the sera of patients with CI within two weeks of onset. Various antigens appear immediately after the onset of CI whereas the antibodies are not produced until two weeks later. Thus, the antibodies specifically detected in sera immediately after the onset are known to have been present prior to the onset. By measuring the levels of these antibodies, it is possible to predict the onset, i.e., serum antibody markers can be prediction markers for the onset of CI.

In most cases, CI is not induced suddenly but mediated frequently by health issues such as TIA and asymptomatic CI. When small infarctions occur, it is possible for antigens to leak out from infarction lesions. Repeated exposure to such antigens may raise the antibodies to detectable levels. In fact, the antibody levels against SOSTDC1-156 were found to be higher in TIA patients than that of those in HD (Figure 1). The antibody levels of CCNG2-231 were highly associated with DM (Table 5), and therefore, it may be useful for the early diagnosis of DM. If the levels of both SOSTDC1-156 and CCNG2-231 were high, the patient might suffer from CI caused by DM. CTNND1-211 and CLDND1-69 may contribute to diagnose CVD. Application of these biomarkers for the clinical use is very important and the early development of the diagnosis kit is expected.

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Deletion of Nardilysin Prevents the Development of Steatohepatitis and Liver Fibrotic Changes

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Abstract

Nonalcoholic steatohepatitis (NASH) is an inflammatory form of nonalcoholic fatty liver disease that progresses to liver cirrhosis. It is still unknown how only limited patients with fatty liver develop NASH. Tumor necrosis factor (TNF)- α is one of the key molecules in initiating the vicious circle of inflammations. Nardilysin (N-arginine dibasic convertase; *Nrd1*), a zinc metalloendopeptidase of the M16 family, enhances ectodomain shedding of TNF- α , resulting in the activation of inflammatory responses. In this study, we aimed to examine the role of *Nrd1* in the development of NASH. *Nrd1*^{+/+} and *Nrd1*^{-/-} mice were fed a control choline-supplemented amino acid-defined (CSAA) diet or a choline-deficient amino acid-defined (CDAA) diet. Fatty deposits were accumulated in the livers of both *Nrd1*^{+/+} and *Nrd1*^{-/-} mice by the administration of the CSAA or CDAA diets, although the amount of liver triglyceride in *Nrd1*^{-/-} mice was lower than that in *Nrd1*^{+/+} mice. Serum alanine aminotransferase levels were increased in *Nrd1*^{+/+} mice but not in *Nrd1*^{-/-} mice fed the CDAA diet. mRNA expression of inflammatory cytokines were decreased in *Nrd1*^{-/-} mice than in *Nrd1*^{+/+} mice fed the CDAA diet. While TNF- α protein was detected in both *Nrd1*^{+/+} and *Nrd1*^{-/-} mouse livers fed the CDAA diet, secretion of TNF- α in *Nrd1*^{-/-} mice was significantly less than that in *Nrd1*^{+/+} mice, indicating the decreased TNF- α shedding in *Nrd1*^{-/-} mouse liver. Notably, fibrotic changes of the liver, accompanied by the increase of fibrogenic markers, were observed in *Nrd1*^{+/+} mice but not in *Nrd1*^{-/-} mice fed the CDAA diet. Similar to the CDAA diet, fibrotic changes were not observed in *Nrd1*^{-/-} mice fed a high-fat diet. Thus, deletion of nardilysin prevents the development of diet-induced steatohepatitis and liver fibrogenesis. Nardilysin could be an attractive target for anti-inflammatory therapy against NASH.

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Introduction

Nonalcoholic fatty liver disease (NAFLD) is a condition in which excess fat accumulates in the hepatocytes of patients without a history of alcohol abuse [1]. NAFLD is a hepatic manifestation of metabolic syndromes, such as obesity, type-II diabetes mellitus, and hyperlipidemia. Its prevalence is increasing particularly in the developed countries [1,2]. Nonalcoholic steatohepatitis (NASH) is a severe form of NAFLD, in which liver inflammation is observed and which progresses to liver fibrosis. A part of NAFLD patients develops NASH that leads to liver fibrosis. However, the exact causes and mechanisms of the development of NASH remain unknown.

Recent investigations have suggested a “multi-hit process” model for the development of NASH [3]. Liver inflammation including NASH can be initiated or enhanced by multiple cytokines secreted mainly by Kupffer cells or macrophages [4].

During liver fibrogenesis, myofibroblasts, that are not present in normal liver, also contribute to liver fibrogenesis through the remodeling of extracellular matrix [5]. In pro-inflammatory cascades, there are several key factors that play a crucial role in initiating or halting inflammation. Tumor necrosis factor (TNF)- α is one of such key molecules, and anti-TNF- α therapies are used widely to treat human inflammatory disorders, such as rheumatoid arthritis and inflammatory bowel diseases [6,7]. To activate TNF- α , a membrane-bound pro-TNF- α must be appropriately and sufficiently cleaved by the prototypical sheddase, TNF- α -converting enzyme (TACE) [8]. Previously, we showed that nardilysin (N-arginine dibasic convertase; *Nrd1*), a zinc metalloendopeptidase of the M16 family that ubiquitously localizes in various organs, enhances the shedding of TNF- α through TACE activation [9–13]. Nardilysin binds to TACE and directly enhances its catalytic activity [10,11]. It also promotes the ectodomain shedding of

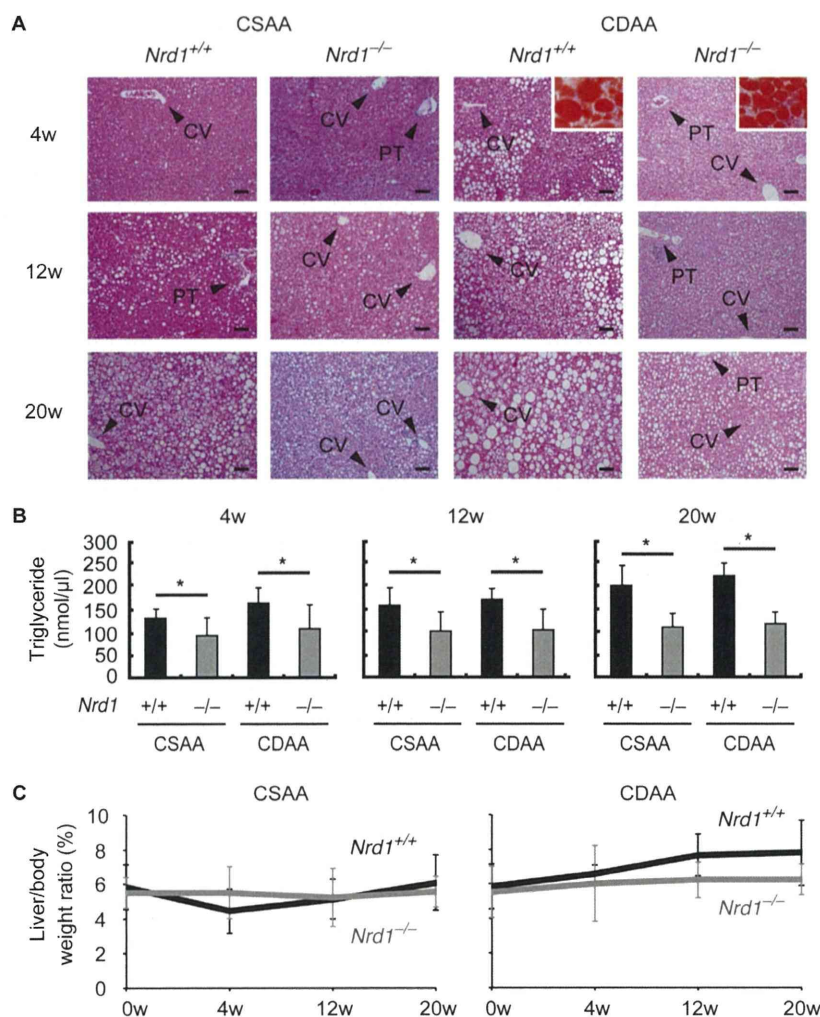


Figure 1. CDAA diet caused hepatic steatosis in *Nrd1*^{+/+} and *Nrd1*^{-/-} mice. A. Histology of the livers of *Nrd1*^{+/+} and *Nrd1*^{-/-} mice fed the CSAA (left) or CDAA (right) diets. Representative changes of the liver with regard to fat deposition at 4 (upper), 12 (middle), and 20 (lower) weeks during the experiments are depicted. Fat deposits were confirmed by oil red O staining shows (orange, inset). CV indicates central vein, and PT marks portal triad. Bars indicate 100 μm. B. Quantification of triglyceride in the liver. Triglyceride in the liver was increased in the livers of both *Nrd1*^{+/+} and *Nrd1*^{-/-} mice during administration of the CDAA or CSAA diets, although it was significantly more prominent in *Nrd1*^{+/+} mice. n = 4–5, each. **P* < 0.05. C. There was no significant difference in the liver/body weight ratio between *Nrd1*^{+/+} and *Nrd1*^{-/-} mice during the experiments. doi:10.1371/journal.pone.0098017.g001

TNF-α, resulting in activation of the TNF-α/nuclear factor-κB pro-inflammatory signaling cascade [12].

In this study, we aimed to elucidate the mechanisms that distinguish NASH from simple liver steatosis. We examined the role of nardilysin, that is known to enhance TNF-α shedding, in the development of steatohepatitis using *Nrd1*^{+/+} and *Nrd1*^{-/-} mice fed a choline-deficient and amino acid-defined (CDAA) diet and a high-fat diet (HFD), that are used widely to reproduce the natural course of NASH and liver fibrosis in mice as well as in humans.

Materials and Methods

Ethics statement

All animal experiments were undertaken in accordance with institutional guidelines. The Review Board of Kyoto University granted ethical approval for this study.

Animal models

Nardilysin-deficient (*Nrd1*^{-/-}) mice (CDB0466K: <http://www.cdb.riken.jp/arg/mutant%20mice%20list.html>) were previously described [13]. Male *Nrd1*^{+/+} and *Nrd1*^{-/-} mice with the BL6/CBA background were bred and housed in a temperature- and light-controlled facility with unlimited access to food and water. To induce steatohepatitis and liver fibrotic changes, 10–12-week old male mice were fed a control choline-supplemented amino acid-defined (CSAA) diet or a choline-deficient amino acid-defined (CDAA) diet (Research Diets, New Brunswick, NJ, USA) for 4, 12, or 20 weeks according to the previous reports [14,15]. As another diet-induced model of steatohepatitis and liver fibrosis, mice were fed a HFD (Oriental Bio Service, Kyoto, Japan) for 20 weeks on the basis of previous studies [16,17]. Triglyceride levels in the livers were determined with Triglyceride Quantification kit (Abcam, Cambridge, MA, USA) according to the manufacture's protocol. Serum levels of alanine aminotransferase (ALT) were

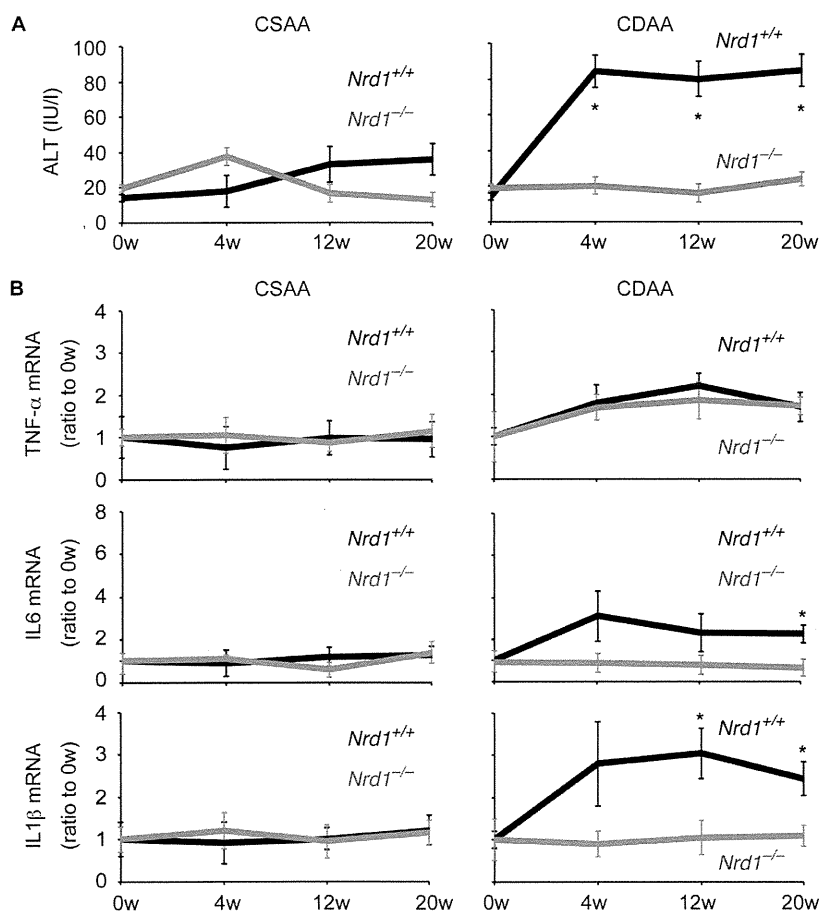


Figure 2. CDAA diet did not cause steatohepatitis in *Nrd1*^{-/-} mice. A. Serum ALT was not elevated in both *Nrd1*^{+/+} and *Nrd1*^{-/-} mice fed the CSAA diet (left). Serum ALT levels were significantly elevated in *Nrd1*^{+/+} mice, but were not elevated in *Nrd1*^{-/-} mice upon administration of the CDAA diet (right). Each value depicts the mean $\pm$ standard errors ($n=5-15$, each). * $P<0.05$. B. Relative expression of mRNA are shown as relative values compared to those at 0 w. mRNA of TNF- α was increased in both *Nrd1*^{+/+} (significantly) and *Nrd1*^{-/-} mice fed the CDAA diet compared with those fed the CSAA diet, with no significant difference between the two groups. In contrast, the mRNA expression levels of IL6 and IL1- β were increased only in *Nrd1*^{+/+} mice, and these levels were significantly higher than respective values in *Nrd1*^{-/-} mice fed the CDAA diet. ($n=5-16$, each) * $P<0.05$.

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measured using a Transaminase CII-Test Wako kit (Wako Pure Chemical Industries, Osaka, Japan).

Histological analyses and immunostainings

The liver was resected at various time points, fixed with 4% buffered paraformaldehyde solution, embedded in paraffin, and sectioned into 5- μ m thickness. Oil red O (Wako Pure Chemical Industries) staining was performed to confirm fatty deposition. Sirius red (saturated picric acid containing 0.1% Direct Red 80 and 0.1% Fast Green FCF; Sigma-Aldrich, St. Louis, MO, USA) staining was done to visualize collagen deposition. Stained fibrotic areas were measured as percentage area in a representative $\times 100$ high-power field in each mouse using Image J software. For the immunostainings the sections were incubated overnight with the primary antibodies at 4°C, after which the secondary antibodies were added. Kupffer cells or macrophages were stained with rat anti-F4/80 monoclonal antibody (Abcam). TNF- α staining was performed with anti-TNF- α goat polyclonal antibodies (R&D systems, Minneapolis, MN, USA). Activated myofibroblasts were stained with anti- α -smooth muscle actin (SMA) rabbit polyclonal

antibody (Abcam). Negative controls were prepared with isotype IgG.

Real-time quantitative reverse transcription-polymerase chain reaction (qRT-PCR)

Total RNA was extracted using Trizol (Life Technologies, Carlsbad, CA, USA). Single-strand complementary DNA (cDNA) was synthesized using a Transcriptor First Strand cDNA Synthesis kit (Roche Applied Science, Basel, Switzerland). qRT-PCR was performed using SYBR Green I Master (Roche Applied Science) and Light Cycler 480 (Roche Applied Science). Values are expressed as arbitrary units relative to glyceraldehyde 3-phosphate dehydrogenase (GAPDH). The primer sets used were: TNF- α -Forward, CCCTCACACTCAGATCATCTTCT, TNF- α -Reverse, GCTACGACGTGGGCTACAG; interleukin (IL) 6-Forward, TAGTCCCTTCCCTACCCCAATTTCC, IL6-Reverse, TTGGTCCT-TAGCCACTCCTTC; IL1- β -Forward, GCAACTGTTCTGA-ACTCAACT, IL1- β -Reverse, ATCTTTTGGGGTCCGTCAA-CT; CCR2-Forward, ATCCACGGCATACTATCAACATC, CC-R2-Reverse, CAAGGCTCACCATCATCGTAG; collagen I-For-

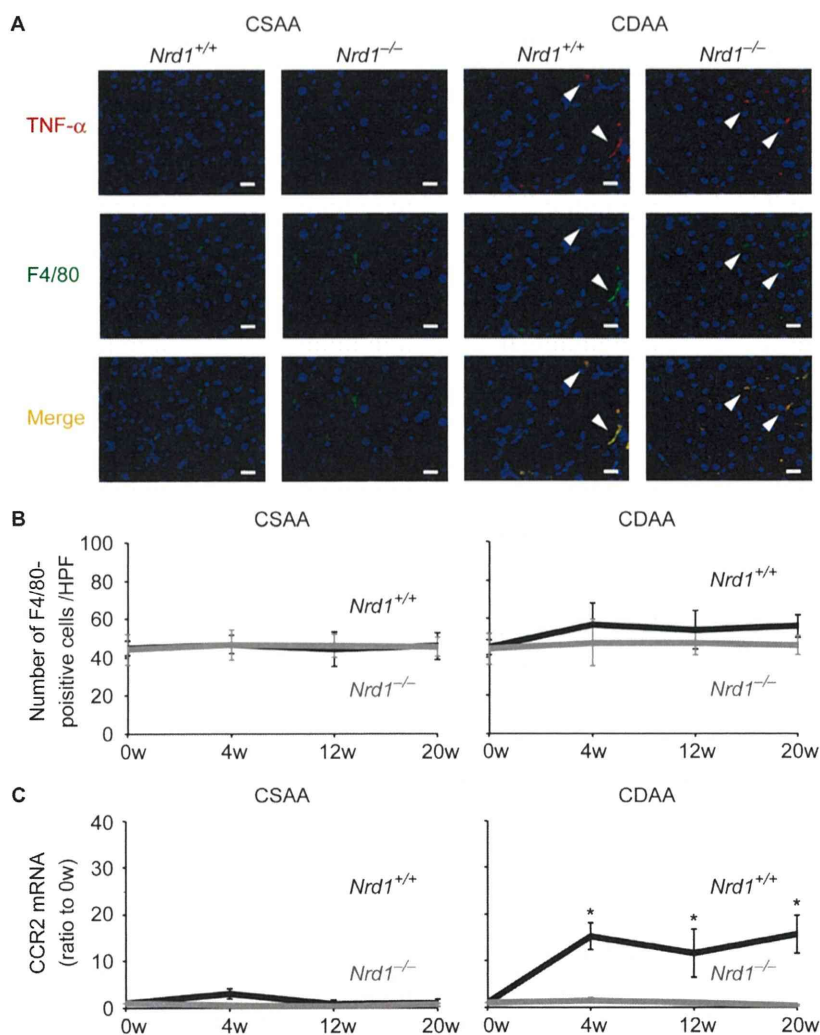


Figure 3. TNF- α was expressed in *Nrd1*^{+/+} and *Nrd1*^{-/-} mice fed the CDAA diet. A. Immunohistochemistry showed that TNF- α protein (red, arrowheads) was expressed in F4/80-positive Kupffer cells or macrophages (green, arrowheads) in the livers of both *Nrd1*^{+/+} and *Nrd1*^{-/-} mouse fed the CDAA diet for 20 weeks (right), but not in mice fed the CSAA diet for 20 weeks (left). A blue color indicates DAPI-positive nuclei. Bars indicate 50 μ m. B. The number of F4/80-positive cells/ $\times$ 100 high-power field (HPF) in livers slightly increased (approximately 1.2 times) only in *Nrd1*^{+/+} mice fed the CDAA diet (right). C. Relative expression of mRNA are shown as relative values compared to those at 0 w. The mRNA expression level of CCR2 was increased in *Nrd1*^{+/+} mice fed the CDAA diet, and the levels were significantly higher than respective values in *Nrd1*^{-/-} mice fed the CDAA diet. * P <0.05.

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ward, GCTCCTCTTAGGGGCCACT, collagen I-Reverse, ATTGGGGACCCTTAGGCCAT; collagen IV-Forward, TCCGGGAGAGATTGGTTTCC, collagen IV-Reverse, CTGGCCTATAGCCCTGGT; tissue inhibitor of metalloproteinase (Timp) 1-Forward, CTTGGTTCCCTGGCGTACTC, Timp1-Reverse, ACCTGATCCGTCCACAAACAG; transforming growth factor (TGF)- β 1-Forward, CTCCCGTGGCTTCTAGTGC, TGF- β 1-Reverse, GCCTTAGTTTGGACAGGATCTG; α -SMA-Forward, GTCCCAGACATCAGGGAGTAA, α -SMA-Reverse; TCGGATACTTCAGCGTCAGGA.

Measurement of cytokine levels by enzyme-linked immunosorbent assay (ELISA)

To determine the production and secretion of TNF- α protein in CDAA-treated mouse liver, a modified protocol that described in previous reports was used [18,19]. In brief, a liver fragment was

divided into two specimens (100 μ g each). One specimen was subjected directly to protein extraction, and the amount of protein extracted was determined using a Bio-Rad protein assay kit (Bio-Rad Laboratories, Hercules, CA, USA). The other was cultured in a 24-well flat-bottomed culture plate in serum-free Dulbecco's modified Eagle's medium (D-MEM; Life Technologies) supplemented with penicillin and streptomycin (Life Technologies). After 12 hours, the supernatant was collected and the protein level measured. The amounts of TNF- α , IL6, and IL1- β proteins were measured using a Mouse ELISA Ready-SET-Go! kit (eBioscience, San Diego, CA, USA) according to the manufacturer's protocol.

Mouse peritoneal macrophage experiments

Mouse peritoneal macrophages were isolated from 8-week-old female C57BL/6J mice. Peritoneal cells were harvested by peritoneal lavage with 10 ml PBS. Cells were re-suspended and

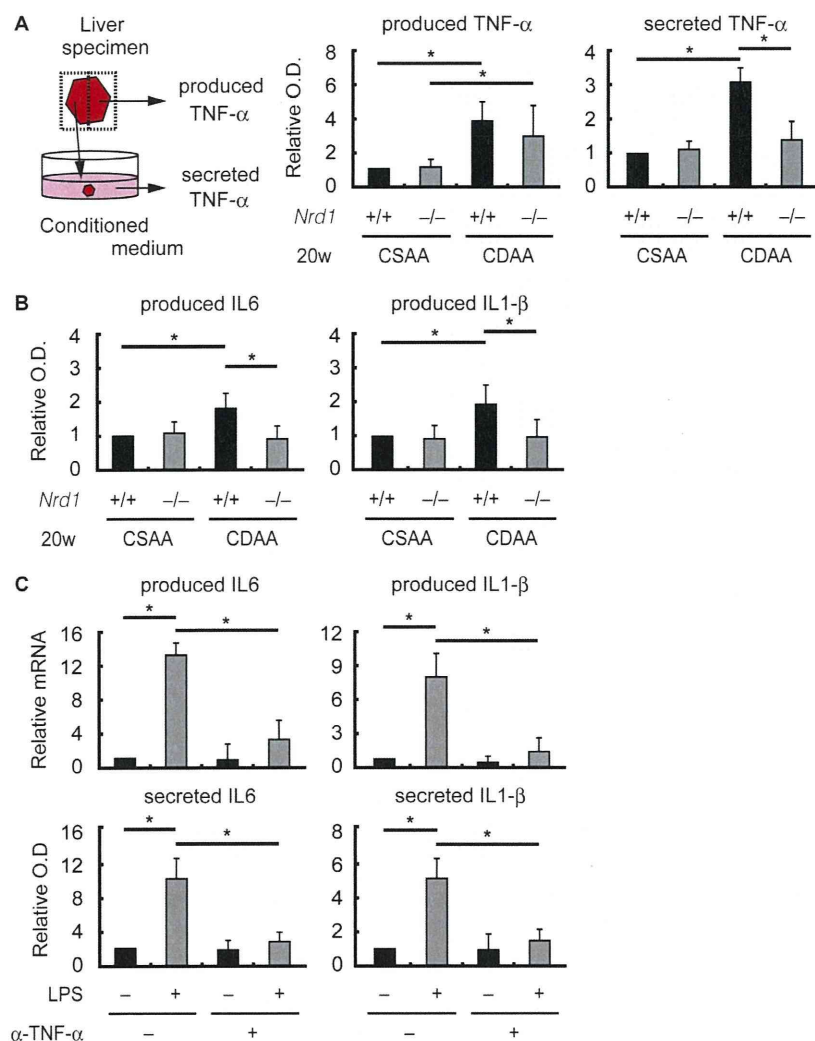


Figure 4. TNF- α was not sufficiently secreted from in *Nrd1*^{-/-} mice fed the CDAA diet. A. A liver fragment was divided into two pieces. One was directly subjected to protein extraction directly and measurement of TNF- α (produced TNF- α). The other piece was cultured in serum-free medium for 12 hours, and the supernatant was subjected to measurement of TNF- α (secreted TNF- α). The relative optical density (O.D.) to that of *Nrd1*^{+/+} fed the CSAA diet was determined by ELISA for TNF- α . Production of TNF- α from liver specimens were not significantly different between *Nrd1*^{+/+} and *Nrd1*^{-/-} mice fed the CDAA diet for 20 weeks ("produced TNF- α "). In contrast, TNF- α secreted from liver specimens was significantly increased in *Nrd1*^{+/+} mice fed the CDAA diet for 20 weeks compared with those fed the CSAA diet; however, the elevation was not observed in *Nrd1*^{-/-} mice under the same condition ("secreted TNF- α "). * P <0.05. B. Production of IL6 and IL1- β proteins were significantly increased only in *Nrd1*^{+/+} mice fed the CDAA diet for 20 weeks compared with those in *Nrd1*^{-/-} mice fed the CSAA diet for 20 weeks. * P <0.05. C. mRNA (upper, 'produced') and protein (lower, 'secreted') production of IL6 and IL1- β were significantly increased after LPS treatment in *Nrd1*^{+/+} mouse peritoneal macrophages. However, administration of anti-TNF- α neutralizing antibodies significantly suppressed the production of IL6 and IL1- β in the presence of LPS. * P <0.05. doi:10.1371/journal.pone.0098017.g004

cultured in D-MEM supplemented with 10% FCS, 100 mg/ml of penicillin, 100 mg/ml of streptomycin, and 1.25 μ g/ml of amphotericin B. 1.0×10^6 peritoneal cells were seeded into a 48-well dish, and incubated for 2 hours. Then, cells were washed in PBS, and re-cultured in the serum-free medium. To inhibit TNF- α activity, either control serum or 0.4 μ g/ml of anti-TNF- α neutralizing polyclonal antibodies (R&D systems) was administered into the culture medium. After 30 minutes later, 1 μ g/ml of lipopolysaccharide (LPS) were added. Medium and cells were collected 2 hours after the stimulation, and subjected to the analyses according to the methods described above.

Statistical analyses

Results are the mean $\pm$ standard deviation unless stated otherwise. Differences between treatments, groups, and strains were analyzed using the two-tailed Student's t-test.

Results

Nrd1^{-/-} mice did not develop steatohepatitis with CDAA diet

The CDAA diet is deficient in choline only, but contains methionine, allowing observation of the sequential development of steatohepatitis and liver fibrotic changes in a longer experimental

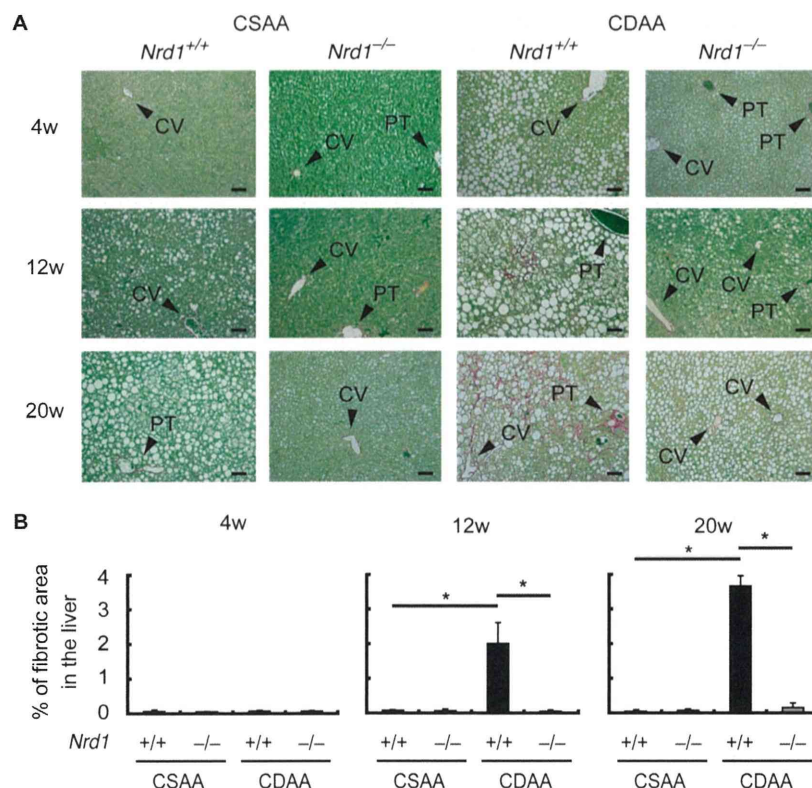


Figure 5. Liver fibrotic area was not observed in *Nrd1*^{-/-} mice fed the CDAA diet. A. Liver fibrosis was determined by Sirius red staining (red) in *Nrd1*^{+/+} and *Nrd1*^{-/-} mice at 4 (upper), 12 (middle), and 20 (lower) weeks in the livers of *Nrd1*^{+/+} and *Nrd1*^{-/-} mice fed the CSAA or CDAA diet. Fibrotic changes were not observed in *Nrd1*^{+/+} or *Nrd1*^{-/-} mice fed the CSAA diet (left). Fibrotic changes were prominent in *Nrd1*^{+/+} mice, but not in *Nrd1*^{-/-} mice fed the CDAA diet (right). Bars indicate 100 μ m. B. Quantification of fibrotic areas. Fibrotic areas were observed and increased in a time-dependent manner only in the livers of *Nrd1*^{+/+} mice fed the CDAA diet. $n=5-8$, each. $*P<0.05$. doi:10.1371/journal.pone.0098017.g005

period in mice [4,14]. The control CSAA diet also causes mild steatosis, but does not result in steatohepatitis and liver fibrotic changes in mice [4,14]. To study the role of nardilysin during the development of steatohepatitis followed by liver fibrosis, *Nrd1*^{+/+} and *Nrd1*^{-/-} mice were fed the CSAA or CDAA diets. Histology and oil red O staining showed that fat accumulation in the livers of both *Nrd1*^{+/+} and *Nrd1*^{-/-} mice occurred during administration of the CDAA or CSAA diets and increased in a time-dependent manner, although fat accumulation in *Nrd1*^{+/+} mice was more prominent than that in *Nrd1*^{-/-} mice (Figure 1A). Size of fat deposition was greater in *Nrd1*^{+/+} mice than in *Nrd1*^{-/-} mice in both diet groups at each time point (Figure 1A), and triglyceride levels in the liver were significantly higher in *Nrd1*^{+/+} mice (Figure 1B). There was no significant difference in the liver/body weight ratio between *Nrd1*^{+/+} and *Nrd1*^{-/-} mice fed CSAA or CDAA diets (Figure 1C). Thus, administration of CSAA or CDAA diets induced hepatic steatosis in mice to a varying degree. However, serum ALT levels were significantly increased in *Nrd1*^{+/+} mice upon administration of the CDAA diet, whereas they were not increased in *Nrd1*^{-/-} mice fed the CDAA diet (Figure 2A). Serum ALT level was elevated in neither *Nrd1*^{+/+} nor *Nrd1*^{-/-} mice fed the CSAA diet (Figure 2A). Consistent with these findings, qRT-PCR showed that mRNA expression of inflammatory cytokines, such as IL6 and IL1- β , was significantly increased only in *Nrd1*^{+/+} mice fed the CDAA diet when fat accumulation and elevation of ALT were prominent, whereas they were not increased in *Nrd1*^{-/-} mice fed the CDAA diet, and in both *Nrd1*^{+/+} and *Nrd1*^{-/-} mice fed the

CSAA diet (Figure 2B). These data indicated that nardilysin played an important role in the development of steatohepatitis and accompanied the production of inflammatory cytokines in mice fed the CDAA diet.

Nrd1 was required for sufficient secretion of TNF- α

TNF- α is one of the key molecules that are involved in the development of NASH [4–7,20]. Because secretion of activated TNF- α is the initial step in nardilysin-mediated production of inflammatory cytokines [12], we hypothesized that sufficient secretion of TNF- α by nardilysin is required for the development of steatohepatitis. Thus, we aimed to ascertain whether TNF- α was produced and secreted sufficiently in the livers of *Nrd1*^{+/+} and *Nrd1*^{-/-} mice fed the CDAA diet. qRT-PCR showed that the mRNA of TNF- α was increased in both *Nrd1*^{+/+} and *Nrd1*^{-/-} mice fed the CDAA diet, and that in contrast to the results looking at IL6 and IL1- β mRNA levels, there was no significant difference between *Nrd1*^{+/+} and *Nrd1*^{-/-} mice (Figure 2B). Immunohistochemistry showed that TNF- α protein was detected in F4/80-positive Kupffer cells or macrophages in both *Nrd1*^{+/+} and *Nrd1*^{-/-} mice fed the CDAA diet for 20 weeks (Figure 3A, right, arrowheads). Conversely, TNF- α protein was barely detected in F4/80-positive Kupffer cells or macrophages in both *Nrd1*^{+/+} and *Nrd1*^{-/-} mice fed the control CSAA diet for 20 weeks (Figure 3A, left). The number of F4/80-positive cells/ $\times 100$ high power field (HPF) in the liver was slightly increased only in *Nrd1*^{+/+} mice fed the CDAA diet but not in *Nrd1*^{-/-} mice fed the CDAA diet and those

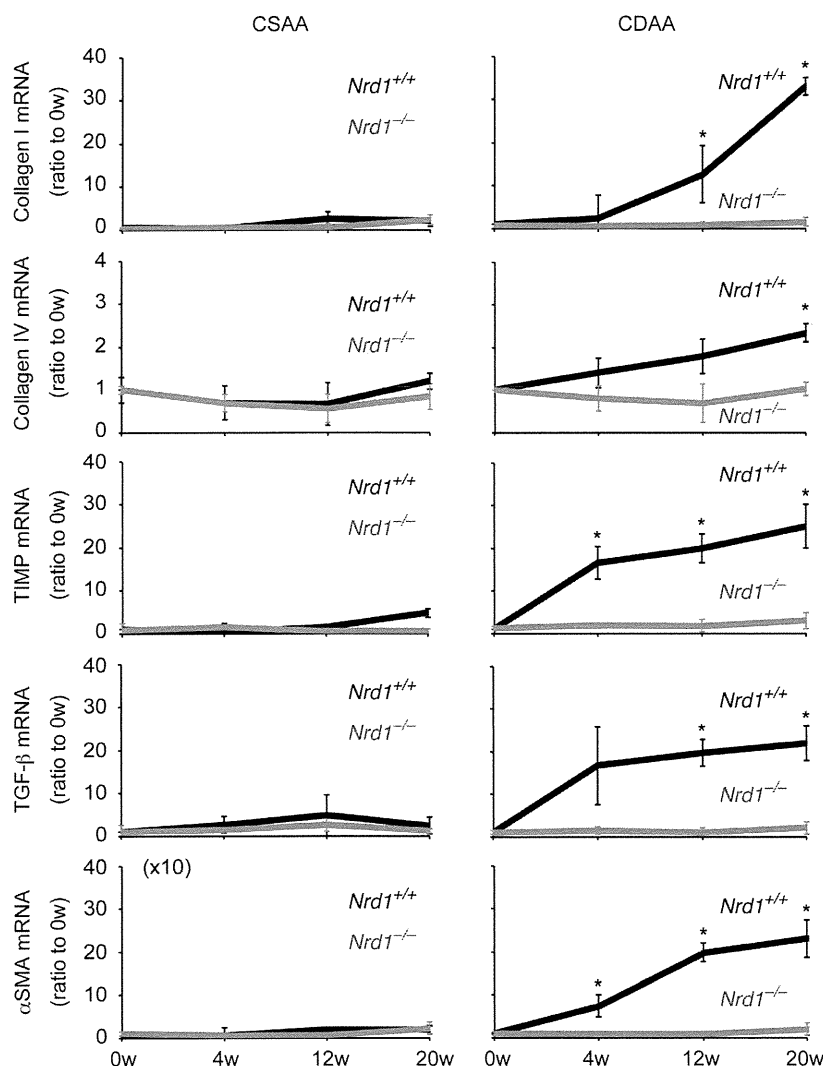


Figure 6. Fibrogenic factors were not elevated in *Nrd1*^{-/-} mice fed the CDAA diet. During CDAA diet administration, mRNA expression levels of collagen I, collagen IV, TIMP, TGF-β, and αSMA were significantly increased in the livers of *Nrd1*^{+/+} mice but not in those of *Nrd1*^{-/-} mice. Those factors were not altered by administration of the CSAA diet in *Nrd1*^{+/+} or *Nrd1*^{-/-} mice. **P* < 0.05. doi:10.1371/journal.pone.0098017.g006

in *Nrd1*^{+/+} and *Nrd1*^{-/-} mice fed the CSAA diet (Figure 3B). qRT-PCR showed that mRNA expression of CCR2, a recruited macrophage marker, was significantly increased in *Nrd1*^{+/+} mice, but not in *Nrd1*^{-/-} mice (Figure 3C). This suggested that macrophages are not sufficiently recruited in *Nrd1*^{-/-} mice. At 20 weeks of a CDAA feeding, production of TNF-α protein was significantly upregulated in both *Nrd1*^{+/+} and *Nrd1*^{-/-} mouse livers (Figure 4A, produced TNF-α), but the increase in TNF-α protein secretion from liver specimens into the conditioned medium was decreased significantly (0.46-fold) by *Nrd1* knockout (Figure 4A, secreted TNF-α). In contrast, production of IL6 and IL1-β proteins were not increased in *Nrd1*^{-/-} mice fed a CDAA diet (Figure 4B). These data suggested that nardilysin was required for the shedding of TNF-α in mice fed the CDAA diet and possibly the induction of inflammation. To further investigate that possibility, we examined whether blocking TNF-α suppresses the production of IL6 and IL1-β. We used *Nrd1*^{+/+} mouse peritoneal macrophages as substitutes for Kupffer cells and recruited macrophages in the liver, and examined

the effect of pre-incubation with anti-TNF-α neutralizing antibodies on the production of IL6 and IL1-β. Following LPS stimulation mRNAs and secreted proteins of both IL6 and IL1-β from macrophages were significantly increased, and administration of anti-TNF-α neutralizing antibodies significantly suppressed the production of IL6 and IL1-β (Figure 4C). This also suggested that TNF-α secretion played an important role to induce IL6 and IL1-β production in mice.

Nrd1^{-/-} mice were resistant to CDAA diet-induced liver fibrotic changes

Persistent steatohepatitis results in hepatic fibrosis [1–4]. Using Sirius red staining we investigated whether secretion/production of inflammatory cytokines enhanced by nardilysin was associated with the development of liver fibrotic changes. Four weeks after CDAA feeding, fibrotic changes were not prominent in both *Nrd1*^{+/+} and *Nrd1*^{-/-} mice (Figure 5A and B). Twelve weeks after CDAA feeding, fibrotic changes were observed in *Nrd1*^{+/+} mice,

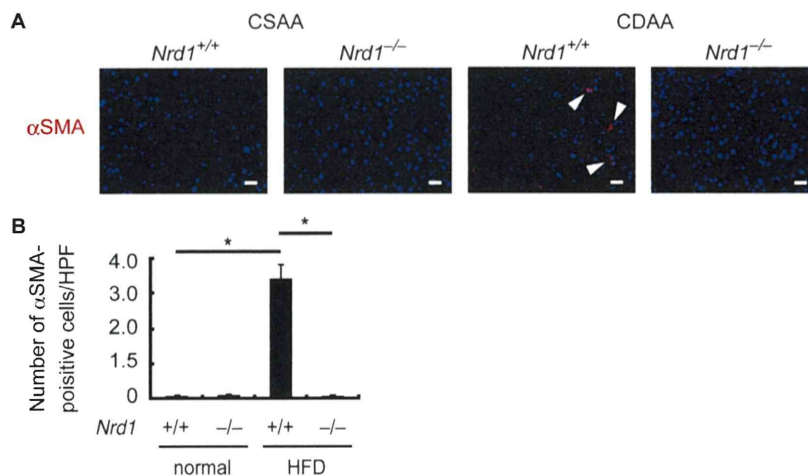


Figure 7. Activated myofibroblasts were not observed in *Nrd1*^{-/-} mice fed the CDAA diet. A. Immunostainings for αSMA demonstrated that activated myofibroblasts were detected in *Nrd1*^{+/+} mice fed a CDAA diet for 20 weeks, but not in *Nrd1*^{-/-} mice. Activated myofibroblasts were hardly detected by administration of the CSAA diet in *Nrd1*^{+/+} or *Nrd1*^{-/-} mice. Bars indicate 100 μm. B. The number of αSMA-positive cells/×400 high-power field (HPF) in livers increased only in *Nrd1*^{+/+} mice fed the CDAA diet for 20 weeks. **P* < 0.05. doi:10.1371/journal.pone.0098017.g007

whereas such changes were not prominent in *Nrd1*^{-/-} mice (Figure 5A and B). At 20 weeks of CDAA diet administration, fibrotic changes in *Nrd1*^{+/+} mice became more prominent, while they were not observed in *Nrd1*^{-/-} mice (Figure 5A and B). Fibrotic changes were not observed throughout the experiments in both *Nrd1*^{+/+} and *Nrd1*^{-/-} mice fed a CSAA diet (Figure 5A and B). Consistently, the increased mRNA expression of fibrogenic markers such as collagen I, collagen IV, TIMP1, TGF-β, and αSMA in *Nrd1*^{+/+} mouse livers were not observed in *Nrd1*^{-/-} mice fed the CDAA diet (Figure 6). Immunostainings for αSMA demonstrated that activated myofibroblasts were detectable only in *Nrd1*^{+/+} mice fed a CDAA diet (Figure 7A and B). Thus, nardilysin played a pivotal role in the development of liver fibrosis caused by the CDAA diet.

Nrd1^{-/-} mice were resistant to high fat diet-induced liver fibrogenesis

To further confirm the role of nardilysin in the development of steatohepatitis followed by liver fibrotic changes, *Nrd1*^{+/+} and *Nrd1*^{-/-} mice were also fed HFD. Similar to the CDAA diet, HFD administration for 20 weeks induces hepatic steatosis and liver fibrogenesis [16]. In the present study, steatosis was observed more prominently in *Nrd1*^{+/+} mice compared to *Nrd1*^{-/-} mice at 20 weeks of HFD administration, but not in mice fed a normal control diet (Figure 8A). Consistently, triglyceride in the liver were elevated in *Nrd1*^{+/+} and *Nrd1*^{-/-} mice (Figure 8B). However, serum ALT levels were significantly increased in *Nrd1*^{+/+} mice upon 20-week administration of the HFD, whereas they were not increased in *Nrd1*^{-/-} mice fed the HFD (Figure 8C). Furthermore, fibrotic changes were detected only in *Nrd1*^{+/+} mice fed a HFD (Figure 8D and E). Consistent with this finding, qRT-PCR showed that the mRNA expression of IL1-β was significantly increased only in *Nrd1*^{+/+} mice at 20 weeks of HFD feeding, but not in that of *Nrd1*^{-/-} mice (Figure 9A). mRNA expression levels of collagen I, collagen IV, TIMP, TGF-β, and αSMA were significantly increased in the livers of *Nrd1*^{+/+} mice fed a HFD for 20 weeks, but not in those of *Nrd1*^{-/-} mice (Figure 9B). Therefore, nardilysin also played an important role in the development of steatohepatitis and liver fibrogenesis induced by HFD in mice.

Discussion

In the present study, we demonstrated that steatosis was induced by the CDAA diet in both *Nrd1*^{+/+} and *Nrd1*^{-/-} mice, although fatty changes were less prominent in *Nrd1*^{-/-} mice. Importantly, steatohepatitis followed by liver fibrotic changes was observed only in *Nrd1*^{+/+} mice and not in *Nrd1*^{-/-} mice. Secretion of TNF-α, and the production of inflammatory cytokines and fibrogenic factors were not upregulated in *Nrd1*^{-/-} mice as compared with *Nrd1*^{+/+} mice. In the HFD model, steatohepatitis and liver fibrogenesis were hardly observed in *Nrd1*^{-/-} mice. These data suggested that nardilysin plays an important role in the development of steatohepatitis followed by liver fibrosis.

In mice fed with the CDAA diet, the levels of hepatic triglyceride content were lower in *Nrd1*^{-/-} mice compared with those in *Nrd1*^{+/+} mice, suggesting the possibility that nardilysin is involved in the regulation of hepatic lipid synthesis. A decreased steatosis in *Nrd1*^{-/-} mice may partly affect hepatic inflammation. However, steatosis did occur in the liver of *Nrd1*^{-/-} mice; on the other hand, hepatic inflammation was not observed despite the presence of steatosis in *Nrd1*^{-/-} mice. This indicated that nardilysin has an important role in the initiation and/or promotion of inflammatory responses induced by the CDAA diet. Persistent inflammation distinguishes steatohepatitis from simple hepatic steatosis [1–3]. Among pro-inflammatory factors, TNF-α is one of the key molecules that initiate inflammatory cascades, and its role in the progression of NASH has been discussed [4–7]. For example, apoptotic change in the liver, which contributes to the progression of NASH, is inhibited by an anti-TNF receptor neutralizing antibody or pentoxifylline in a mouse model of NASH [20]. The absence of TNFR1, a receptor for TNF-α, reduces IL6 mRNA production in the liver fed with the HFD even in the presence of elevated serum TNF-α [21]. The absence of TNFR1 also reduces liver lipid accumulation and macrophage accumulation in livers of HFD-fed mice [21]. Thus, inhibition of TNF-α signaling appears to play a pivotal role to suppress inflammatory reactions in NASH as well as other inflammatory disorders [22]. Although clinical application of anti-TNF-α therapy has not been established in the treatment of human NASH, anti-TNF-α neutralizing antibodies are effectively used to treat various human

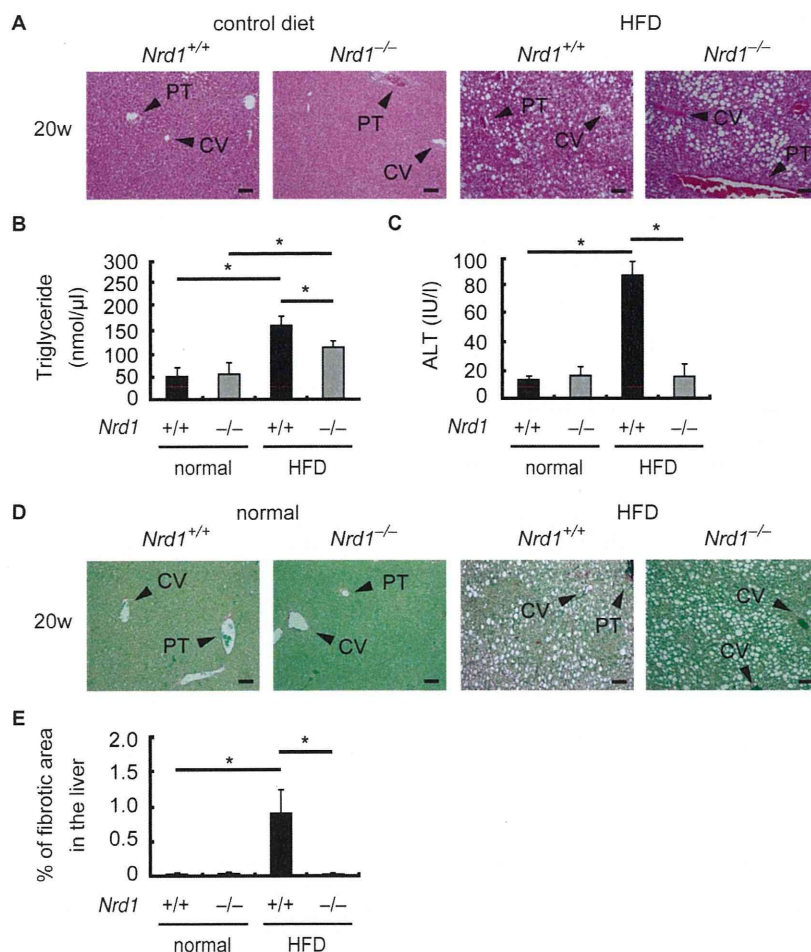


Figure 8. Liver fibrogenesis was not observed in *Nrd1*^{-/-} mice fed the HFD. A. Steatosis was observed in both *Nrd1*^{+/+} and *Nrd1*^{-/-} mice after 20-week HFD administration (right), but not in those fed a normal control diet (left). Bars indicate 100 μm. B. Quantification of triglyceride in the liver. Triglyceride was elevated in the livers of both *Nrd1*^{+/+} and *Nrd1*^{-/-} mice after 20-week HFD administration, although it was significantly higher in *Nrd1*^{+/+} mice. n=4, each. **P*<0.05. C. Serum ALT levels were significantly elevated in *Nrd1*^{+/+} mice upon administration of the HFD, but were not elevated in other mouse groups. **P*<0.05. D. Fibrotic area was less prominent in *Nrd1*^{-/-} mice than in *Nrd1*^{+/+} mice (right). Bars indicate 100 μm. E. Fibrotic area was observed only in the livers of *Nrd1*^{+/+} mice fed the HFD (right). n=5, each. **P*<0.05. doi:10.1371/journal.pone.0098017.g008

inflammatory disorders, such as rheumatoid arthritis and inflammatory bowel diseases [6,7]. We previously reported that nardilysin is essential for the sufficient activation of TNF- α in cooperation with TACE [10–12]. By the knockdown of *Nrd1*, TNF- α secretion is decreased concomitantly with decreased TACE activity, and the production of inflammatory cytokines such as IL6 and IL1- β is significantly suppressed [10–12]. In the present study, it is worth noting that TNF- α secretion from liver specimens was decreased significantly in *Nrd1*^{-/-} mice fed the CDAA diet, while TNF- α production was not different between *Nrd1*^{+/+} and *Nrd1*^{-/-} mice fed the CDAA diet. Consistently, the production of various inflammatory cytokines were not increased in the livers of *Nrd1*^{-/-} mice. Although the precise mechanism of the decreased inflammatory responses in *Nrd1*^{-/-} mice was not clear, it appeared likely that the impaired release of TNF- α in *Nrd1*^{-/-} mouse livers was one of the reasons for the reduced inflammatory reactions in *Nrd1*^{-/-} mice. As well, impaired recruitment of macrophages into the liver may also contribute to the reduced inflammatory reactions in *Nrd1*^{-/-} mice. It would be also possible that different activation status of TNF- α and

inflammatory responses conversely affect difference of fatty contents between *Nrd1*^{+/+} and *Nrd1*^{-/-} mice. Whatever the case, nardilysin seemed to play an important role in the development of steatohepatitis and liver fibrosis presumably through TNF- α activation.

Previous studies have shown that Kupffer cells and recruited macrophages interact with hepatic stellate cells, accelerate their activation, and promote the fibrogenic responses [4,17]. Activated myofibroblasts also promote the remodeling of the extracellular matrix and contribute to liver fibrosis [5]. Indeed, our immunohistochemical analyses showed that Kupffer cells and macrophages were major producers of TNF- α in the livers of mice fed the CDAA diet, and that α SMA-positive myofibroblasts were not prominent in *Nrd1*^{-/-} mice. Decreased release of TNF- α from Kupffer cells and recruited macrophages could be one of the mechanisms for the suppression of diet-induced steatohepatitis in *Nrd1*^{-/-} mice, and thus nardilysin in Kupffer cells and recruited macrophages may be required for the progression of NASH and liver fibrosis, concomitantly with the recruitment of myofibroblasts. However, we could not completely exclude the possible

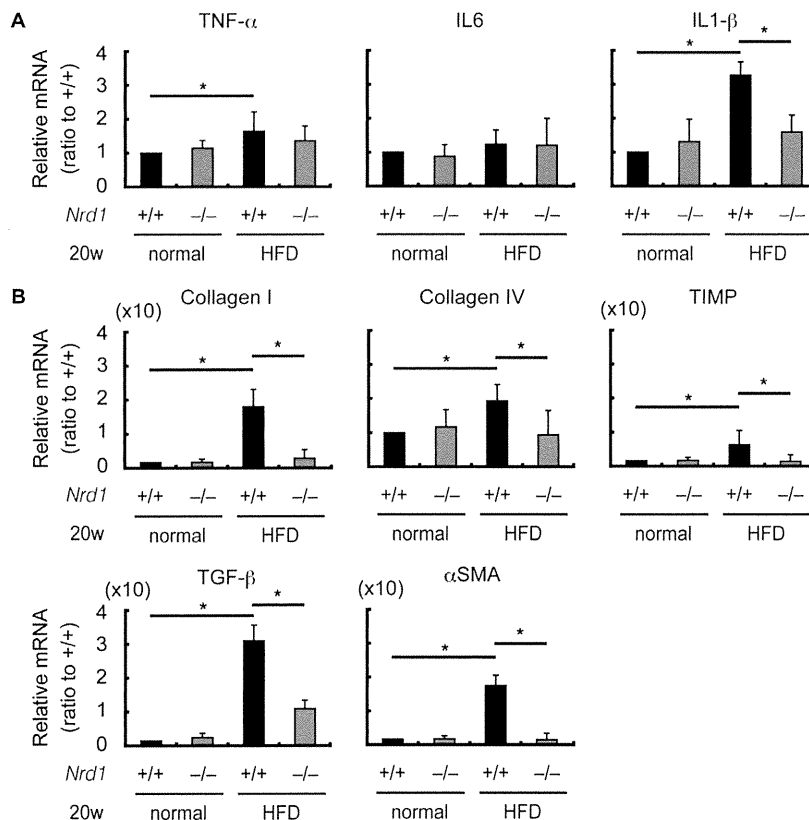


Figure 9. Inflammatory and fibrogenic factors were not increased in *Nrd1*^{-/-} mice fed the HFD. A. mRNA of TNF- α was slightly increased in both *Nrd1*^{+/+} (significantly) and *Nrd1*^{-/-} mice. In contrast to *Nrd1*^{+/+} mice, the mRNA expression level of IL1- β was not increased in *Nrd1*^{-/-} mice. * $P < 0.05$. B. mRNA expression levels of collagen I, collagen IV, TIMP, TGF- β , and α SMA in the livers of *Nrd1*^{+/+} mice fed a HFD for 20 weeks were significantly higher than the respective values of *Nrd1*^{+/+} mice fed the control diet. However, they were not altered by HFD in *Nrd1*^{-/-} mice. * $P < 0.05$. doi:10.1371/journal.pone.0098017.g009

contribution of nardilysin in other cells such as hepatocytes or endothelial cells for the development of NASH and liver fibrosis. Therefore, genetically-engineered mice lacking or strongly expressing nardilysin in Kupffer cells and macrophages may be required to confirm our hypothesis in future studies.

In summary, the present study indicates that nardilysin contributes to the development of diet-induced NASH and liver fibrotic changes by regulating chronic liver inflammation.

Nardilysin could be an attractive target for anti-inflammatory therapy against NASH and liver fibrosis.

Author Contributions

Conceived and designed the experiments: SIH HS. Performed the experiments: SIH YM KI MT Yoshito Kimura YT Yuto Kimura YN KK. Analyzed the data: SIH HS KK. Contributed reagents/materials/analysis tools: EN HK. Wrote the paper: SIH HS TC.

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