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INSULIN-LIKE GROWTH FACTOR-1 AFTER HYPOXIC-ISCHEMIC BRAIN INJURY:

EFFECTS AND MODES OF ACTION ON NEURONAL SURVIVAL

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ABSTRACT

Insulin/insulin-like growth factor (IGF)s naturally occur in the central nervous system (CNS) and have an important role in cell proliferation and differentiation during brain development and maturation. IGFs, IGF binding protein (IGFBP)s and their receptors are expressed in damaged brain regions suggesting a role for the IGFs system after brain injury. It is now known that neurons can die some hours, even days after an injury. This programmed death is termed delayed neuronal death (DND). The process of DND might provide a therapeutic window of opportunity for insulin/IGFs to reduce brain damage after an insult.

Unilateral hypoxic-ischemic (HI) brain injury was induced using a modified Levine rat model. Intracerebral ventricular (ICV) administration was chosen for the delivery of the peptides. The effects of IGF-1 on neuroprotection were tested when given either before or after the HI insult. The dose response of IGF-1 on neuronal rescue was also determined. The distribution of IGF-1 after HI injury was examined following central administration of ³H-IGF-1. The mode of action of IGF-1 on brain rescue was studied by comparing the treatment effects of IGF-1, IGF-2, des-N-(1-3)IGF-1 (des-IGF-1), insulin, N-terminal tripeptide of IGF-1 (GPE) and (+)-5-Methyl-10,11-dihydro-1H-dibenzo[a,d]cyclo-hepten-5,10-iminemaleate (MK801).

IGF-1 reduced cortical infarction and neuronal loss when given after, but not before, an HI insult in a dose dependent manner. HI brain injury enhanced the penetration of IGF-1 into the brain parenchyma after ICV administration possibly via perivascular pathways and white matter tracks. The effective dose of IGF-1 did not alter cortical temperature and serum glucose concentration. Insulin did not alter the outcome at an equimolar dose to IGF-1. The treatment effect of des-IGF-1 was only found at a higher dose. IGF-2 counteracted the treatment effects of IGF-1 on neuronal rescue and tissue uptake of ³H-IGF-1. An equimolar dose of GPE showed a similar response to IGF-1. MK801, an N-methyl-D-aspartate (NMDA) receptor antagonist did not show significant effect in this model.

In summary, IGF-1 was neuroprotective after HI brain injury. The effect of IGF-1 on neuronal rescue depends on the dose and time of delivery. The treatment effect of IGF-1 was independent of hypoglycaemia and hypothermia. The results suggest that this effect is mediated via type one IGF receptors. Distinctive treatment effects by des-IGF-1 and IGF-2 suggested a critical role for IGFBPs on neuronal rescue with IGF-1. A secondary mode of IGF-1 action on brain rescue could be through the proteolytic production of GPE. In summary, IGF-1 can improve neuronal outcome in vivo suggesting possible clinic application as a therapeutic agent.

PUBLICATIONS ARISING FROM THIS THESIS

PAPERS:

Gluckman PD, Klempt ND, Guan J, Mallard EC, Sirimanne E, Dragunow M, Klempt M, Singh K, Williams CE, Nikolics K (1992) A role for IGF-1 in the rescue of CNS neurons following hypoxic-ischemic injury. *Biochem Biophys Res Commun* 182:593-599.

Guan J, Williams CE, Gunning M, Mallard EC, Gluckman PD (1993) The effects of IGF-1 treatment after hypoxic-ischemic brain injury in adult rats. *J Cereb Blood Flow Metab* 13:609-616.

Guan J, Williams CE, Skinner SJM, Mallard EC, Gluckman PD (1996) The effects of insulinlike growth factor (IGF)-1, IGF-2, and des-IGF-1 on neuronal loss after hypoxic-ischemic brain injury in adult rats: evidence for a role for IGF binding proteins. *Endocrinology* 137:893-898.

Guan J, Skinner SJM, Beilharz EJ, Hua KM, Hodgkinson SC, Gluckman PD, Williams CE (1996) The movement of IGF-1 into the brain parenchyma after hypoxic-ischemic injury. *Neuroreport* 7:632-636.

Guan J, Williams CE and Gluckman PD (1996) The effect and mode of action of GPE on neuronal protection after HI brain injury in adult rats. (in preparation)

REVIEWS/CHAPTERS:

Gluckman PD, Guan J, Beilharz EJ, Klempt ND, Klempt M, Miller O, Sirimanne E, Dragunow M, Williams CE (1993) The role of the insulin-like growth factor system in neuronal rescue. *Ann N Y Acad Sci* 692:138-148.

Gluckman PD, Beilharz EJ, Johnston BM, Guan J, Dragunow M, Williams CE (1994a) Growth factors and perinatal asphyxia. In: Frontiers in Endocrinology: Developmental Endocrinology, edited by Sizonenko PC, Aubert ML, Vassalli J. *Rome: Ares-Serono Symposia*, PP 231-237

Gluckman PD, Williams CE, Guan J, Beilharz EJ, Johnston BM (1994b) The role of IGF-1 in the response to organ injury - studies in the central nervous system. In: Insulin-like growth factors and their regulatory proteins, edited by Baxter RC, Gluckman PD, Rosenfeld RG. *Elsevier, Amsterdam*, pp 427-434.

Williams CE, Guan J, Miller O, Beilharz EJ, McNeill H, Sirimanne E, Gluckman PD (1995) The role of the growth factors IGF-1 and TGF beta-1 after hypoxic-ischemic brain injury. *Ann N Y Acad Sci.* 765:306-307.

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ABBREVIATIONS

ACh:

Acetylcholine

AMPA:

 α -amino-3-hydroxy-5-methyl-4-isoxozolepropionate

ANOVA:

Analysis of variance

BBB:

Blood brain barrier

BCB:

Blood cerebrospinal fluid barrier

BDNF:

Brian-derived neurotrophic factor

BSA:

Bovine serum albumin

CBB:

Cerebrospinal fluid brain barrier

[Ca++]i:

Intracellular Calcium

ChAT:

Choline acetyltransferase

CNS:

Central nervous system

CSF:

Cerebrospinal fluid

Des-IGF-1:

Des-N-(1-3) insulin-like growth factor-1

DND:

Delayed neuronal death

EAAs:

Excitatory amino acids

ECF:

Extracellular fluid

ECoG:

Electrocorticogram

EGF:

Epidermal growth factor

FAM:

40% formalin, glacial acetic acid and methanol 1:1:8

aFGF:

Acidic fibroblast growth factor

bFGF:

Basic fibroblast growth factor

GFAP:

Glial fibrillar acidic protein

GH:

Growth hormone

GluTs:

Glucose transporters

xiv

GPE:

N-terminal tripeptide of IGF-1 (gly-pro-glu)

HI:

Hypoxia-ischemia

ICV:

Intracerebral ventricle

IGF:

Insulin-like growth factor

IGFBP:

Insulin-like growth factor binding protein

IL:

Interleukin

IP:

Intraperitoneal

IT:

Intrathecle

IV:

Intravenous

MK801:

 $(+)\hbox{-}5\hbox{-}Methyl\hbox{-}10,11\hbox{-}dihydro\hbox{-}1H\hbox{-}dibenzo[a,d] cyclo\hbox{-}hepten\hbox{-}5,10\hbox{-}imine male ate}$

M6P/IGF-2 receptor: Mannose-6-phosphate/IGF-2 receptor

NBQX:

2,3-dihydroxy-6-nitro-7-sulfamoyl-benzo(F)quinoxaline

NGF:

Nerve growth factor

NIRS:

Near infrared spectroscopy

NMDA:

N-methyl d-aspartate

NO:

Nitric oxide

NOS:

Nitric oxide synthase

PBS:

Phosphate buffered saline

PCP:

Phencyclidine

PNS:

Peripheral nervous system

PVS:

Perivascular space

RIA:

Radioimmunoassay

SAP:

Sympathoadrenal projection

S.E.M.:

Standard Error of the Mean

S.D.:

Standard Deviation

ΧV

TGF β -1:

Transforming growth factor β -1

TNF α :

Tumour necrosis factor- α