

**Characterisation of Substance P and Transient  
Receptor Potential Melastatin Channel Messenger  
RNA and Protein Expression in Acute and Chronic  
Neurological Disorders**

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Philosophy

# **Declaration**

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# Table of Contents

<b>1</b>	<b>Introduction</b>	<b>1</b>
1.1	Acute Neurological Disorders . . . . .	1
1.2	Traumatic Brain Injury . . . . .	1
1.2.1	Epidemiology . . . . .	1
1.2.2	Pathology . . . . .	1
Diffuse Axonal Injury . . . . .	2	
Oedema . . . . .	2	
Oxidative Stress . . . . .	3	
Mitochondrial Dysfunction . . . . .	4	
Inflammation . . . . .	5	
Magnesium Decline . . . . .	5	
1.2.3	Physiological Role of Magnesium . . . . .	6
Functions . . . . .	6	
Neuroprotection in TBI . . . . .	7	
Deficiency . . . . .	7	
Homeostasis and Transport . . . . .	8	
1.2.4	TRPM Channels and Acute Brain Injury . . . . .	9
1.3	Chronic Neurological Disorders . . . . .	10
1.4	Parkinson's Disease . . . . .	10
1.4.1	Epidemiology . . . . .	10
1.4.2	Pathology . . . . .	10
1.4.3	Aetiology . . . . .	11
Genetic Factors . . . . .	11	
Environmental Factors . . . . .	12	
Inflammation . . . . .	13	
Oxidative Stress . . . . .	15	
Mitochondrial Dysfunction . . . . .	17	
1.4.4	Treatments . . . . .	18
1.4.5	Substance P and PD . . . . .	19
1.4.6	TRPM Channels and Magnesium in PD . . . . .	20
1.5	The Transient Receptor Potential Channel Family . . . . .	22

1.5.1	Overview . . . . .	22
1.5.2	The Transient Receptor Potential Melastatin Family . . . . .	22
1.5.3	TRPM7 . . . . .	23
	Permeability . . . . .	23
	Protein Kinase Activity . . . . .	24
	Regulation of TRPM7 Activity . . . . .	25
	Role in Cell Viability . . . . .	26
	Role in Synaptic Transmission . . . . .	26
	Role in CNS Pathology . . . . .	27
1.5.4	TRPM6 . . . . .	29
	Properties . . . . .	29
	Multimerisation with TRPM7 . . . . .	30
	Hypomagnesaemia with Secondary Hypocalcaemia . . . . .	30
1.5.5	TRPM3 . . . . .	31
1.5.6	TRPM2 . . . . .	32
	Properties and Localisation . . . . .	32
	Activation . . . . .	32
	Role in Cell Death . . . . .	33
	Genetic Variants of TRPM2 . . . . .	33
1.6	Substance P . . . . .	34
1.6.1	History . . . . .	34
1.6.2	The Mammalian Tachykinins . . . . .	34
	Overview . . . . .	34
	Synthesis . . . . .	35
	Distribution . . . . .	35
	Release and Metabolism . . . . .	35
	Neurokinin Receptors . . . . .	36
1.6.3	Biological Effects of SP . . . . .	37
	Neurotransmission and Nociception . . . . .	37
	Inflammation . . . . .	37
	SP in CNS Disorders . . . . .	37
<b>2</b>	<b>Real-time RT-PCR</b>	<b>39</b>
2.1	Introduction to PCR . . . . .	39
2.2	Reverse Transcription PCR . . . . .	40
2.3	Quantitative, Real-time RT-PCR . . . . .	41
2.3.1	The Real-time RT-PCR Assay . . . . .	41
	Detection Chemistries . . . . .	42
	Data Analysis . . . . .	43
2.3.2	Normalisation . . . . .	44

<b>3 Materials and Methods</b>	<b>48</b>
3.1 Materials . . . . .	48
3.2 Methods . . . . .	50
3.2.1 Animal Ethics and Care . . . . .	50
3.2.2 Rodent Model of Traumatic Brain Injury . . . . .	50
Animal Sacrifice . . . . .	51
3.2.3 Rodent Models of Parkinson's Disease . . . . .	52
Animal Sacrifice . . . . .	53
3.2.4 Immunohistochemistry . . . . .	53
Haematoxylin and Eosin Staining . . . . .	53
SP and TRPM Channel Immunohistochemistry . . . . .	54
3.2.5 RNA Extraction . . . . .	55
3.2.6 Reverse Transcription . . . . .	56
3.2.7 Real-time RT-PCR . . . . .	57
Primer Design . . . . .	57
Real-time PCR Amplification . . . . .	58
Reference Gene Stability and Data Analysis . . . . .	59
Statistical Analysis . . . . .	59
<b>4 Reference Gene Validation</b>	<b>62</b>
4.1 Introduction . . . . .	62
4.2 Materials and Methods . . . . .	64
4.2.1 RNA Extraction and Reverse Transcription . . . . .	64
4.2.2 Real-time RT-PCR . . . . .	64
4.2.3 PCR Data Analysis . . . . .	64
4.3 Results . . . . .	65
4.3.1 RNA Quality . . . . .	65
4.3.2 Reference Gene Stability . . . . .	65
4.3.3 SP Normalised to Individual Reference Genes . . . . .	66
4.4 Discussion . . . . .	67
<b>5 SP Expression In TBI</b>	<b>69</b>
5.1 Introduction . . . . .	69
5.2 Materials and Methods . . . . .	70
5.2.1 Rodent Model of TBI . . . . .	70
5.2.2 Human TBI Cases . . . . .	70
5.2.3 RNA Extraction and Real-time RT-PCR . . . . .	71
5.2.4 SP Immunohistochemistry . . . . .	71
5.2.5 Statistical Analysis . . . . .	71
5.3 Results . . . . .	72

5.3.1	RNA Quality . . . . .	72
5.3.2	SP mRNA Quantification . . . . .	72
5.3.3	SP Immunohistochemistry . . . . .	73
5.4	Discussion . . . . .	74
<b>6</b>	<b>TRPM Channel Expression In TBI</b>	<b>78</b>
6.1	Introduction . . . . .	78
6.2	Materials and Methods . . . . .	81
6.2.1	Rodent Model of TBI . . . . .	81
6.2.2	Human TBI Cases . . . . .	81
6.2.3	RNA Extraction and Real-time RT-PCR . . . . .	82
6.2.4	TRPM Channel Immunohistochemistry . . . . .	82
6.2.5	Statistical Analysis . . . . .	82
6.3	Results . . . . .	83
6.3.1	TRPM2 Expression . . . . .	83
6.3.2	TRPM3 Expression . . . . .	84
6.3.3	TRPM7 Expression . . . . .	86
6.3.4	TRPM6 Expression . . . . .	87
6.4	Discussion . . . . .	88
6.4.1	TRPM2 . . . . .	88
6.4.2	TRPM3 . . . . .	90
6.4.3	TRPM7 . . . . .	91
6.4.4	TRPM6 . . . . .	94
6.4.5	Conclusions . . . . .	95
<b>7</b>	<b>SP Gene Expression in PD</b>	<b>96</b>
7.1	Introduction . . . . .	96
7.2	Materials and Methods . . . . .	98
7.2.1	Rodent Models of PD . . . . .	98
7.2.2	Human PD Cases . . . . .	99
7.2.3	RNA Extraction and Real-time RT-PCR . . . . .	99
7.2.4	Statistical Analysis . . . . .	99
7.3	Results . . . . .	100
7.3.1	Experimental PD . . . . .	100
7.3.2	Clinical PD . . . . .	100
7.4	Discussion . . . . .	100
<b>8</b>	<b>TRPM Channel Expression in PD</b>	<b>104</b>
8.1	Introduction . . . . .	104
8.2	Materials and Methods . . . . .	107
8.2.1	Rodent Models of PD . . . . .	107

8.2.2	Human PD Cases . . . . .	108
8.2.3	RNA Extraction and Real-time RT-PCR . . . . .	108
8.2.4	TRPM Channel Immunohistochemistry . . . . .	108
8.2.5	Statistical Analysis . . . . .	109
8.3	Results . . . . .	109
8.3.1	Rodent Models of PD . . . . .	109
8.3.2	Clinical PD . . . . .	111
8.4	Discussion . . . . .	112
8.4.1	TRPM2 . . . . .	112
8.4.2	TRPM3 . . . . .	115
8.4.3	TRPM7 . . . . .	116
8.4.4	Conclusions . . . . .	119
<b>9</b>	<b>General Discussion</b>	<b>120</b>
<b>A</b>	<b>Appendix - Gene Expression Analysis in FFPE Tissue</b>	<b>130</b>
A.1	Pilot Studies . . . . .	130
A.1.1	Background . . . . .	130
A.1.2	Experimental Procedures . . . . .	130
	RNA Extraction . . . . .	131
A.1.3	Real-time RT-PCR . . . . .	132
	Conclusions . . . . .	133
<b>B</b>	<b>Appendix - Clinical Information</b>	<b>134</b>
B.1	Details of Post Mortem Human Brain Tissue . . . . .	134
B.1.1	TBI Tissue . . . . .	134
B.1.2	PD Tissue . . . . .	134
<b>C</b>	<b>Appendix - Rat TBI Micrographs</b>	<b>137</b>
<b>D</b>	<b>Appendix - Human TBI Micrographs</b>	<b>149</b>
<b>Bibliography</b>		<b>153</b>

# List of Figures

1.1	Consequences of Blood-Brain Barrier Disruption . . . . .	15
1.2	Dopamine Synthesis and Metabolism . . . . .	16
1.3	General Structure of TRP Channels . . . . .	22
1.4	Structural Diagram of TRPM Channels . . . . .	23
1.5	Mechanisms of TRPM7 Regulation by GPCR . . . . .	26
1.6	TRPM7 Channel Activation During Ischaemia . . . . .	29
1.7	Alternative Splicing of Human TAC1, TAC3 and TAC4 Genes . . . . .	36
2.1	Diagram of the PCR Process . . . . .	40
2.2	Example of an Agarose Gel . . . . .	40
2.3	Real-time PCR Amplification and Standard Curves . . . . .	42
2.4	Melt Curve Analysis . . . . .	43
3.1	Induction of Rodent TBI . . . . .	51
4.1	geNorm Ranking of Reference Genes in Rat TBI . . . . .	66
4.2	SP mRNA Level Normalised to Individual Reference Genes . . . . .	67
5.1	Bioanalyzer Assessment of RNA Integrity . . . . .	72
5.2	SP mRNA Level Following TBI . . . . .	73
5.3	SP Immunoreactivity Following TBI . . . . .	74
5.4	SP Protein Expression Following TBI . . . . .	74
6.1	TRPM2 Expression Following TBI . . . . .	83
6.2	TRPM3 Expression Following TBI . . . . .	85
6.3	TRPM7 Expression Following TBI . . . . .	86
6.4	TRPM6 Expression Following TBI . . . . .	88
6.5	Potential Mechanisms of TRPM Channel-Mediated Cell Death in TBI . . . . .	93
7.1	Brain Regions Investigated in Human PD Study . . . . .	99
7.2	SP mRNA Level in PD . . . . .	100
8.1	TRPM2 Expression in Experimental PD . . . . .	110
8.2	TRPM3 Expression in Experimental PD . . . . .	110

8.3	TRPM7 Expression in Experimental PD . . . . .	111
8.4	TRPM Channel mRNA Levels in Clinical PD . . . . .	111
8.5	TRPM Channel Staining of Rat Striatum . . . . .	112
8.6	TRPM Channel Staining of Rat SN . . . . .	113
9.1	Potential Interaction Between SP and TRPM7 in CNS Disorders . . . . .	129
A.1	Electropherograms from the Agilent Bioanalyzer . . . . .	132
A.2	Real-time PCR Amplification Curves - FFPE tissue RNA (1) . . . . .	132
A.3	Real-time PCR Amplification Curves - FFPE tissue RNA (2) . . . . .	133
C.1	H & E Staining of Rat TBI Cerebral Cortex . . . . .	138
C.2	H & E Staining of Rat TBI Hippocampus - CA1 Region . . . . .	139
C.3	H & E Staining of Rat TBI Hippocampus - Dentate Gyrus . . . . .	140
C.4	TRPM2 Staining of Rat TBI Cerebral Cortex . . . . .	141
C.5	TRPM2 Staining of Rat TBI Hippocampus . . . . .	142
C.6	TRPM3 Staining of Rat TBI Cerebral Cortex . . . . .	143
C.7	TRPM3 Staining of Rat TBI Hippocampus . . . . .	144
C.8	TRPM7 Staining of Rat TBI Cerebral Cortex . . . . .	145
C.9	TRPM7 Staining of Rat TBI Hippocampus . . . . .	146
C.10	TRPM6 Staining of Rat TBI Cerebral Cortex . . . . .	147
C.11	TRPM6 Staining of Rat TBI Hippocampus . . . . .	148
D.1	H & E Staining of Clinical TBI Cases - Parietal Cortex . . . . .	150
D.2	H & E Staining of Clinical TBI Cases - Hippocampus . . . . .	150
D.3	TRPM2 Staining of Clinical TBI Cases . . . . .	151
D.4	TRPM3 Staining of Clinical TBI Cases . . . . .	151
D.5	TRPM7 Staining of Clinical TBI Cases . . . . .	152

# List of Tables

3.1	Immunohistochemistry Antibodies . . . . .	54
3.2	Human Primer Sequences . . . . .	60
3.3	Rat Primer Sequences . . . . .	61
4.1	Reference Gene Validation - TBI . . . . .	66
4.2	Reference Gene Validation - Rat PD . . . . .	66
4.3	Reference Gene Validation - Human PD . . . . .	67
8.1	Summary of PD Study Design - TRPM Channel Expression . . . . .	107
A.1	RNA Concentrations – FFPE Tissue . . . . .	131
A.2	RNA Integrity – FFPE Tissue . . . . .	131
B.1	Human TBI Tissue – Fresh Frozen . . . . .	135
B.2	Human TBI Tissue – FFPE . . . . .	136
B.3	Human PD & Control Tissue . . . . .	136

# List of Abbreviations

6-OHDA	6-hydroxydopamine
ACE	Angiotensin Converting Enzyme
ACTB	$\beta$ -actin
AD	Alzheimer's Disease
ADP	Adenosine Diphosphate
ADPR	Adenosine Diphosphoribose
AET	Anti-Excitotoxic Therapy
AIHW	Australian Institute of Health and Welfare
ALS	Amyotrophic Lateral Sclerosis
ALS-G	Amyotrophic Lateral Sclerosis of Guam
AMP	Adenosine Monophosphate
APP	Amyloid Precursor Protein
ATP	Adenosine Triphosphate
B2MG	$\beta$ -2-microglobulin
Ba <sup>2+</sup>	Barium
BBB	Blood-Brain Barrier
BG	Basal Ganglia
bp	Base Pairs
Ca <sup>2+</sup>	Calcium
cAMP	Cyclic AMP

$\text{Cd}^{2+}$	Cadmium
cDNA	Complementary DNA
CNS	Central Nervous System
$\text{Co}^{2+}$	Cobalt
CSF	Cerebrospinal Fluid
Ct	Cycle Threshold
$\text{Cu}^{2+}$	Copper
DA	Dopamine
DAB	3, 3'-diaminobenzidine tetrahydrochloride
DAG	Diacylglycerol
DAI	Diffuse Axonal Injury
DNA	Deoxyribonucleic Acid
DNase	Deoxyribonuclease
dNTP	Deoxynucleoside Triphosphate
ds	Double-stranded
dsDNA	Double-stranded DNA
EDTA	Ethylenediaminetetraacetic Acid
FAD	Familial Alzheimer's Disease
$\text{Fe}^{2+}$	Ferrous Iron
$\text{Fe}^{3+}$	Ferric Iron
FFPE	Formalin-Fixed, Paraffin-Embedded
GAPDH	Glyceraldehyde-3-Phosphate Dehydrogenase
$\text{Gd}^{3+}$	Gadolinium
gDNA	Genomic DNA
GP	Globus Pallidus
GPCR	G-Protein-Coupled Receptor

GTP	Guanosine Triphosphate
GUSB	$\beta$ -glucuronidase
H & E	Haematoxylin and Eosin
$\text{H}_2\text{O}_2$	Hydrogen Peroxide
HMBS	Hydroxymethylbilane Synthase
HPRT	Hypoxanthine Guanine Phosphoribosyltransferase
HSH	Hypomagnesaemia with Secondary Hypocalcaemia
ICP	Intracranial Pressure
IgG	Immunoglobulin G
IL	Interleukin
IMVS	Institute of Medical and Veterinary Science
$\text{IP}_3$	Inositol 1,4,5-triphosphate
IU	International Units
$\text{K}^+$	Potassium
L	litre
L-DOPA	L-3,4-dihydroxyphenylalanine (levodopa)
LRRK	Leucine-Rich Repeat Kinase
M	Molar
MAO	Monoamine Oxidase
MFB	Medial Forebrain Bundle
$\text{Mg}^{2+}$	Magnesium
$\text{MgSO}_4$	Magnesium Sulphate
$\text{Mn}^{2+}$	Manganese
$\text{MPP}^+$	1-methyl-4-phenylpyridinium
MPTP	1-methyl-4-phenyl-1,2,3,6-tetrahydropyridine
mRNA	Messenger RNA

MTG	Mid-Temporal Gyrus
Na <sup>+</sup>	Sodium
NAD	Nicotinamide Adenine Dinucleotide
NAT	N-acetyl-tryptophan
NH&MRC	National Health and Medical Research Council
NHS	Normal Horse Serum
Ni <sup>2+</sup>	Nickel
NK-1R	Neurokinin-1 Receptor
NKA	Neurokinin A
NKB	Neurokinin B
NMDA	N-methyl-D-aspartate
NMDAR	N-methyl-D-aspartate Receptor
NO	Nitric Oxide
NUDT9	Nudix (nucleoside diphosphate linked moiety X)-type motif 9
O <sub>2</sub> <sup>-</sup>	Superoxide
OGD	Oxygen-Glucose Deprivation
OH•	Hydroxyl Radical
ONOO <sup>-</sup>	Peroxynitrite
PARP	poly(ADP-ribose) polymerase
PBS	Phosphate Buffered Saline
PCR	Polymerase Chain Reaction
PD	Parkinson's Disease
PD-G	Parkinsonism Dementia Complex of Guam
PIP <sub>2</sub>	Phosphatidylinositol 4,5-bisphosphate
PKA	Protein Kinase A
PLC	Phospholipase C

PNS	Peripheral Nervous System
POL2R	RNA Polymerase II
PPT	Preprotachykinin
PS	Pregnenolone Sulphate
PTEN	Phosphatase and Tensin homolog
R <sup>2</sup>	Coefficient of Determination
RIN	RNA Integrity Number
RNA	Ribonucleic Acid
RNase	Ribonuclease
RNS	Reactive Nitrogen Species
ROS	Reactive Oxygen Species
RPL13A	Ribosomal Protein L13A
rpm	Revolutions Per Minute
rRNA	Ribosomal RNA
RT	Reverse Transcription
RT-PCR	Reverse Transcription Polymerase Chain Reaction
SD	Standard Deviation
SDHA	Succinyl Dehydrogenase Subunit A
SEM	Standard Error of the Mean
SN	Substantia Nigra
SNpc	Substantia Nigra pars compacta
SP	Substance P
SPC	Streptavidin-Peroxidase Complex
Sr <sup>2+</sup>	Strontium
TAC1	Tachykinin, Precursor 1
TBI	Traumatic Brain Injury

TBP	TATA Box Binding Protein
TGF- $\beta$	Transforming Growth Factor- $\beta$
TM	Transmembrane
TNF- $\alpha$	Tumour Necrosis Factor- $\alpha$
TRP	Transient Receptor Potential
TRPM	Transient Receptor Potential Melastatin
V	Volts
Zn <sup>2+</sup>	Zinc
°C	Degrees Celsius

# Abstract

Traumatic brain injury (TBI) is the leading cause of death and disability in people under 40 years of age, with motor vehicle incidents accounting for the majority of severe TBI cases. Despite the public health burden of TBI, there are no effective treatment options available, with survivors often left with debilitating long-term deficits. Following TBI, a cascade of pathophysiological processes is initiated in the central nervous system, including oedema, inflammation, magnesium decline and oxidative stress. These factors play a role in the high morbidity and mortality following TBI, however, their underlying molecular mechanisms remain poorly understood.

Parkinson's Disease (PD) is a common neurodegenerative disease and affects approximately 1 % of the population over 65 years of age. PD is characterised by the progressive degeneration of dopaminergic neurons in the substantia nigra pars compacta, leading to a reduction of dopamine levels in the striatum. The pathogenesis of PD is poorly understood, but is likely to involve oxidative stress and inflammatory processes. Current treatments that replace dopamine lose efficacy after several years.

Treatments for TBI and PD are thus urgently required; this requires a greater understanding of the pathophysiology of these disorders at a molecular level. Recent studies from our laboratory have demonstrated a link between the neuropeptide, substance P (SP), and the development of cerebral oedema and neurologic deficits following TBI, which are attenuated with the administration of an NK-1 (neurokinin-1, SP receptor) antagonist. In addition, studies using a rat model of PD have similarly established a putative role for SP in this disease process.

Transient receptor potential melastatin (TRPM) channels are a diverse family of ion channels, many of which are highly expressed in the brain. It is likely that TRPM7 and TRPM6 regulate cellular magnesium homeostasis. TRPM7 and TRPM2 are critical mediators of ischaemic neuronal death, and mutations in the TRPM7 and TRPM2 genes confer a genetic susceptibility to parkinsonism. The function of TRPM3 is not well understood, but evidence suggests it may be involved in brain function.

The aims of the present thesis were to: quantify the mRNA level and protein expression of SP, TRPM2, TRPM3, TRPM6 and TRPM7 channels following TBI in human clinical cases and over a time course of experimental TBI in rats; and to characterise the mRNA level of

SP, TRPM2, TRPM3 and TRPM7 channels in both clinical PD cases and two rodent models of PD (early and late disease stage), and the protein expression of TRPM channels in early experimental PD.

We demonstrate an upregulation of SP expression in clinical and experimental TBI, supporting our previous studies implicating SP release with TBI pathophysiology. Changes in TRPM channel expression at both the transcript and protein level were also observed following both TBI and in PD, suggesting that TRPM channels may contribute to the oxidative stress, inflammation and neuronal death associated with these disorders. This thesis provides novel information regarding the molecular mechanisms underlying TBI and PD, which is relevant to the development of effective treatment strategies.