

Membrane and Nuclear Estrogen Receptor α actions: From Tissue Specificity to Medical Implications

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Conflict of interest : Financial support from Mithra Pharma (Be)

Pubmed search : estrogen receptor (ER) > 80 000 papers....

Unresolved/pending questions ?

- 1- Medical issues of estrogens / ER ?**
- 2- Respective roles of ER alpha and beta ?**
- 3- ER_a is a nuclear receptor, but is it only a nuclear receptor ?**
- 4- ER_a is also a membrane receptor: *in vivo* evidences and physiological significance in vessels ?**
- 5- New modulation/modulators of ER in medicine ?**

1- Medical issues of hormonal estrogens (E) treatments ?

- **Menopause** : E remain the most efficient treatment for:
 - the climacteric symptoms,
 - the prevention of bone demineralization and fractures;

but E increase the risk of breast cancer (with progestins).

- **Contraception** : E increase the risk of VTE
- **Breast cancer** : benefit of anti-E: tamoxifen (agonist in other tissues such as bone).
- **New treatments with an increased benefit/risk ratio ?**

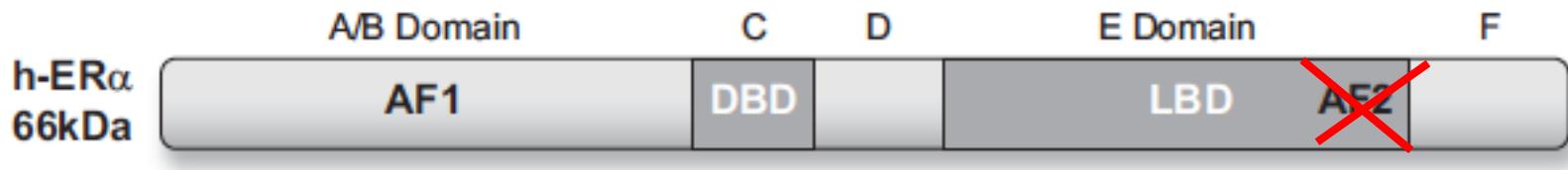
2- Roles of ER alpha and beta?

Mouse models are relevant to study estrogens effects in women

		Mouse models			
Benefits/Prevention	HT(E) Women	OVX (ovariectomized)	+ E2		
	Coronary events (early atheroma)	Atheroma (HChol)			Aortic Sinus
	Type 2 Diabetes	Glucose intolerance and Insulino-resistance (HFD)			Obesity/Adipocyte size
Risks	Osteoporosis	Bone demineralization			Trabecular bone
	Breast Cancer (+ progestin)	Epithelial cell proliferation			Mammary gland (Ki67 staining)
	Endometrial Cancer (- progestin)	Epithelial cell proliferation			Uterus (Ki67 staining)

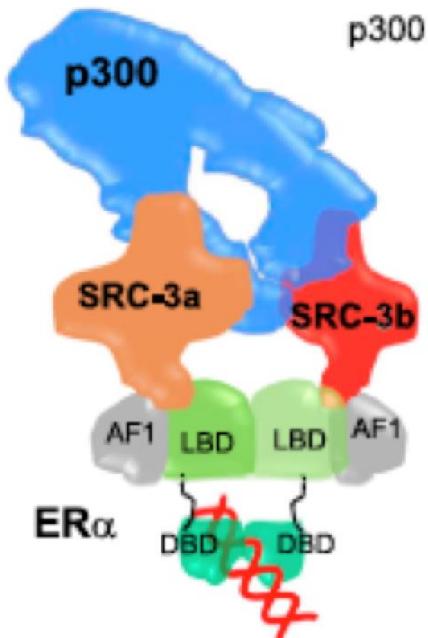
All these effects are abolished in ER α -/-, but not in ER β -/-, demonstrating the key role of ER α

3- ER α as a nuclear transcription factor : role of activation function AF2

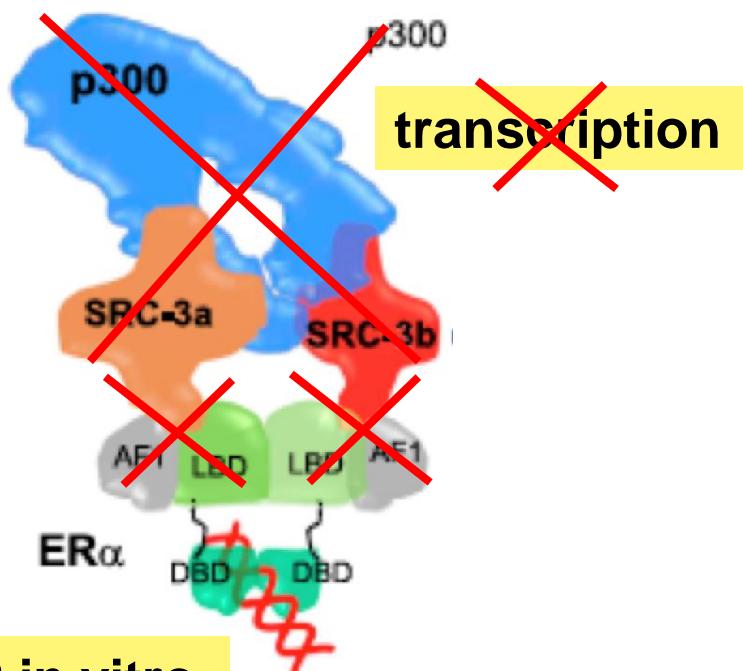


O'Malley et al. Mol Cell 2014

cryomicroscopy

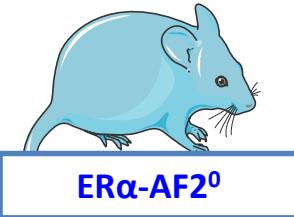


Activation of
AF2 =>
Recruitment of
CoA and then
RNA-pol-II =>
transcription



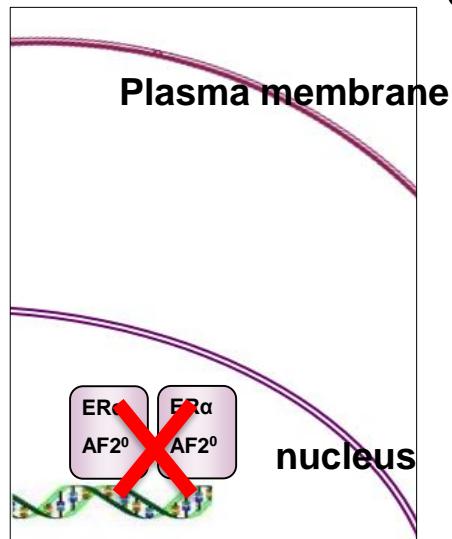
Structure and key role of AF2 in vitro

Role of AF2 in vivo?



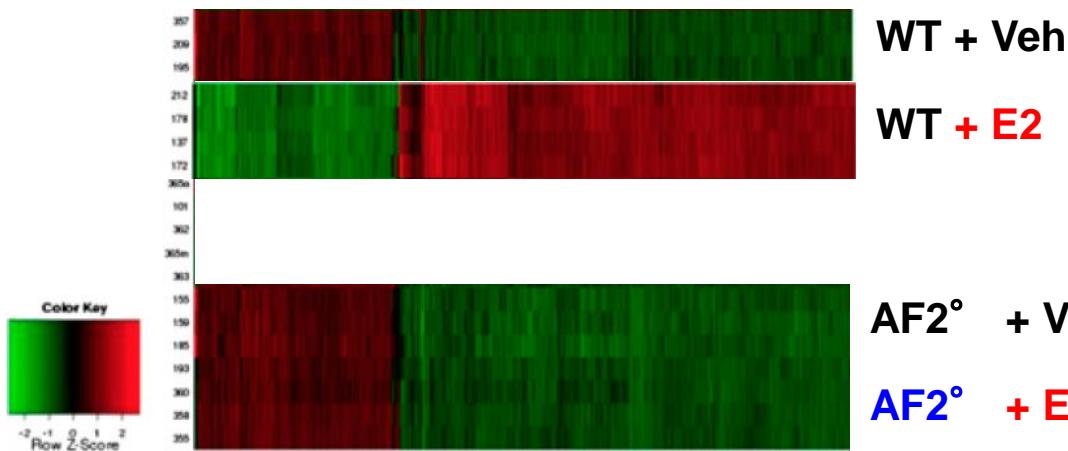
**Deletion of 7 AA (543–549) in helix 12
=> AF2-deficient mice = ER α -AF2°**

Uterus



Uterine samples from ER α -AF2° mice or WT controls treated with E2 (8 μ g/kg, 6 h) or vehicle (Veh)

Gene expression profiles (microarray analysis, Agilent)



AF2° abrogates nuclear, transcriptional and proliferative actions of E2 in the uterus

Comparison of the E2 effects in ER α -/- and in AF2° -ER α

mice

Effect of E2 action on:	ER α -/-	AF2°ER α	References
Atheroma	0	0	Billon et al. Circ. 2009 Billon et al. PNAS 2011
T2 Diabetes	0	0	Handgraaf et al. Diabetes 2013
Bone demineralization	0	0	Börjesson et al. PNAS 2011
Endometrial proliferation	0	0	Abot et al. Endocrinology 2013
Breast proliferation	0	0	In preparation

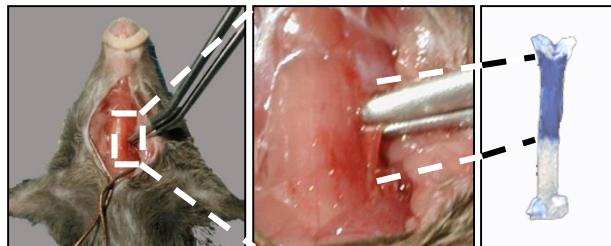
0 means abrogation of the effect of E2 compared to WT

AF2° - ER α abrogate all the in vivo actions of E2 ... but one...

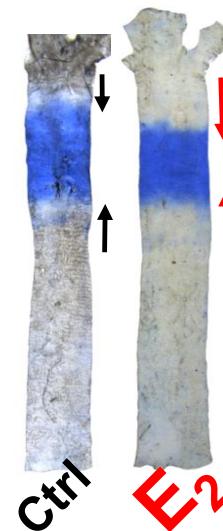
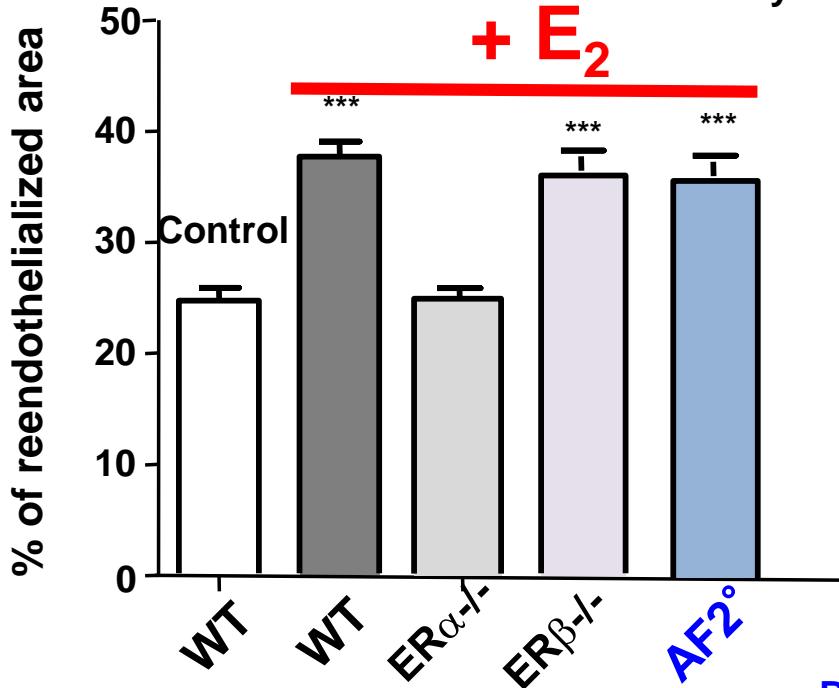
Model of Reendothelialization = endothelial healing

Electric injury model of the common carotid artery in ovariectomized C57Bl/6 mice

Brouchet et al. Circulation 2001



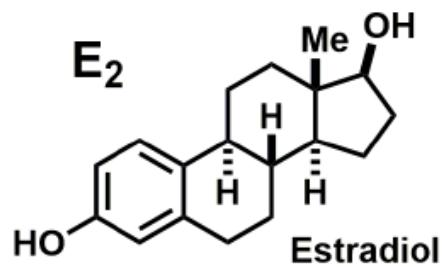
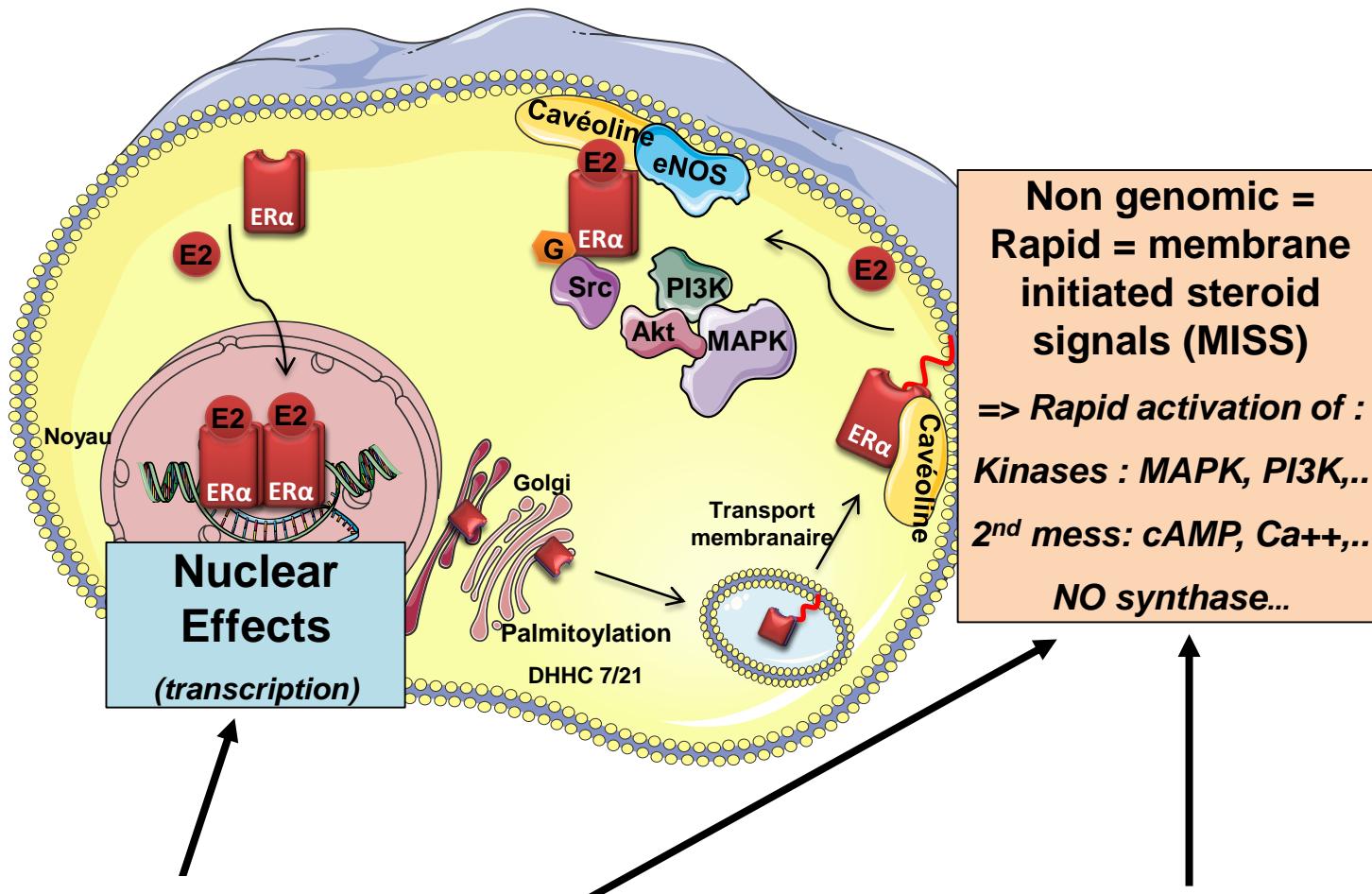
Day 0



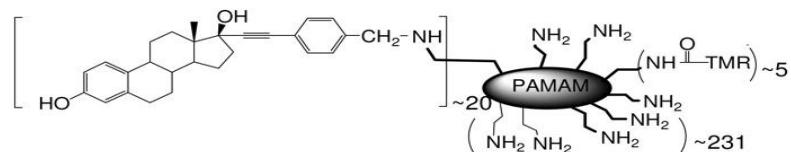
Day 3 post-injury :
E2 accelerates of
reendothelialization
in WT mice

AF2 is dispensable for the accelerative effect of E2 on reendothelialization,
although ER α is necessary.

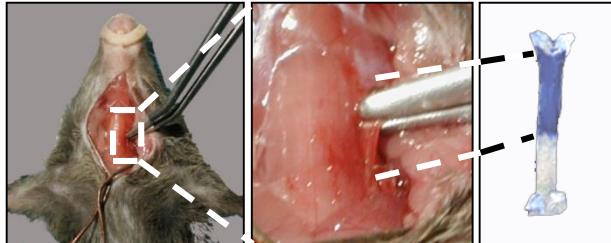
4- ER α is also a membrane receptor



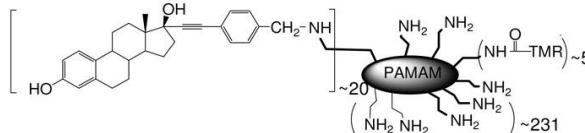
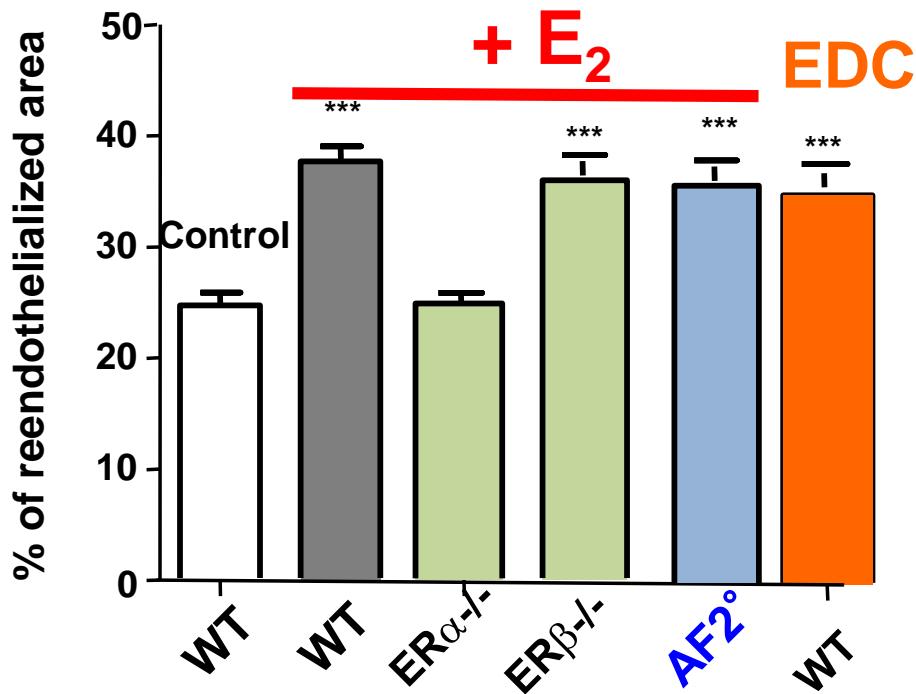
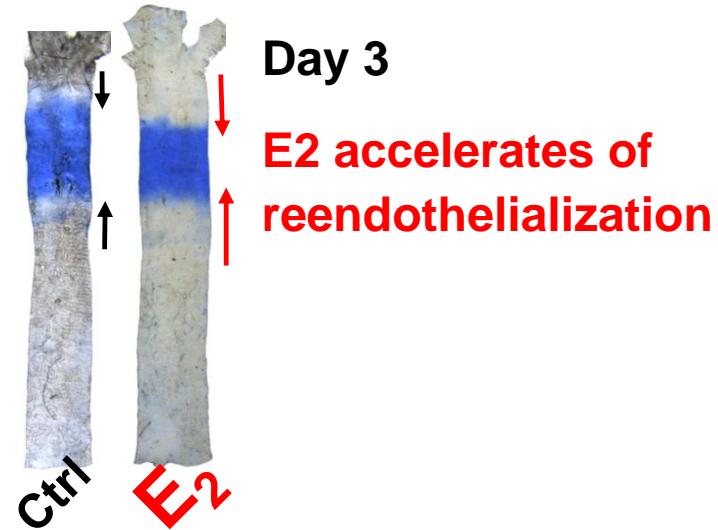
J and B Katzenellenbogen et al.
Estrogen Dendrimer Conjugate EDC



Reendothelialization

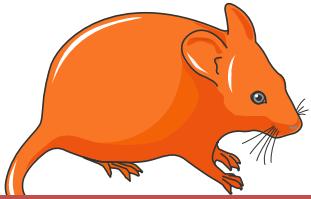


Day 0

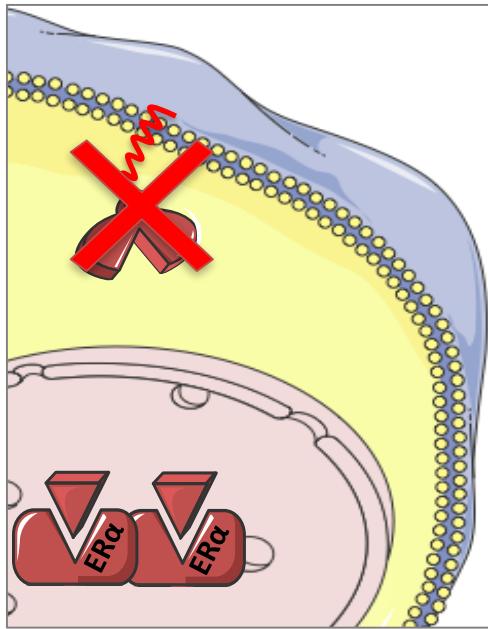


Chambliss Katzenellenbogen J, Shaul. JCI 2010

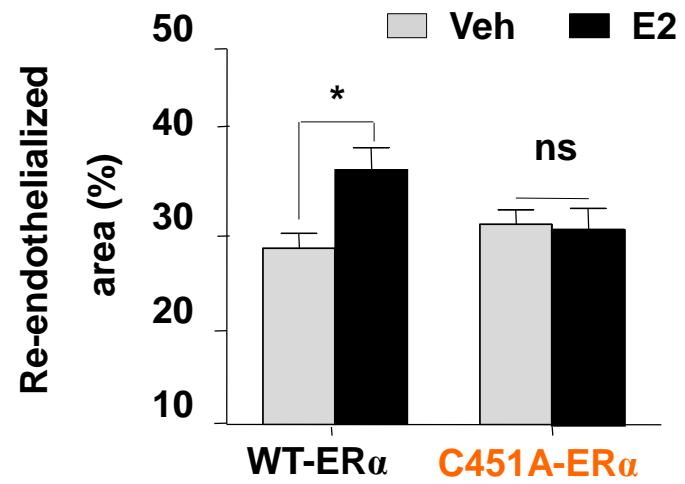
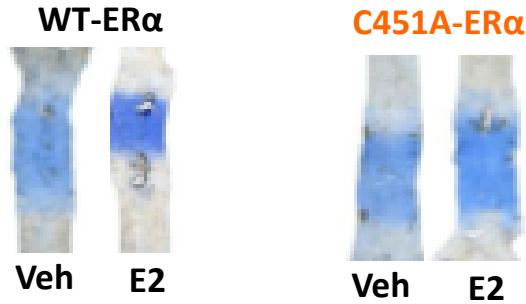
Pharmacological activation of membrane ER α is sufficient to accelerate reendothelialization.
But is membrane ER α necessary for this effect ?

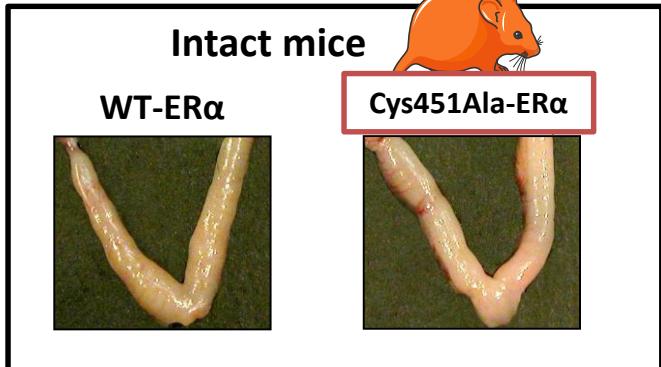


*First Model of Selective
inactivation of membrane ER α =
Membrane ER α loss-of-function
Cys451Ala-ER α = Palm°
mice*



Abrogation of the E2-induced acceleration of reendothelialization



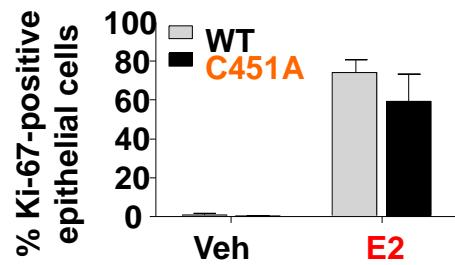
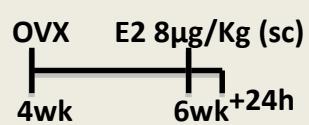


Palm° mice : preservation of E2-induced uterine growth and gene expression

Vehicle E2 6 h

WT C451A WT C451A

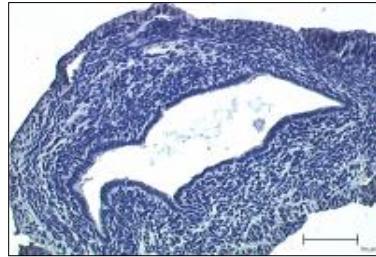
Ovariectomized mice



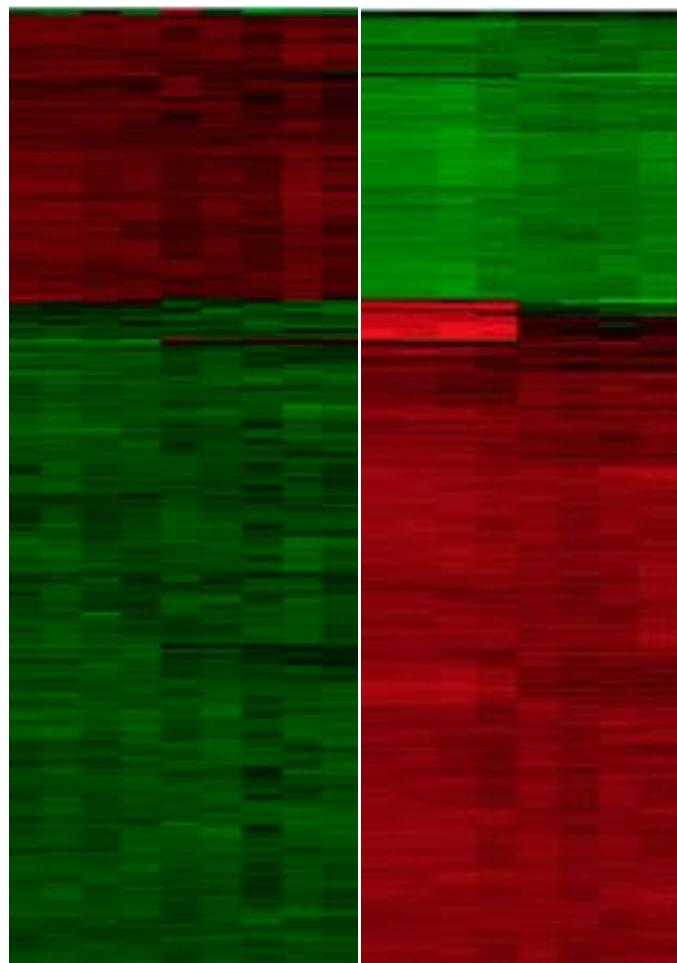
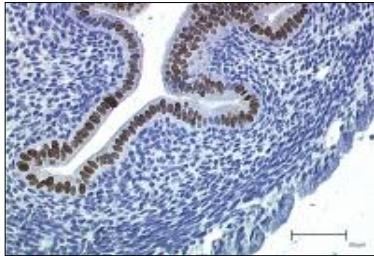
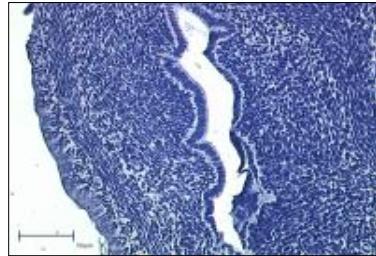
Vehicle

E2 24h

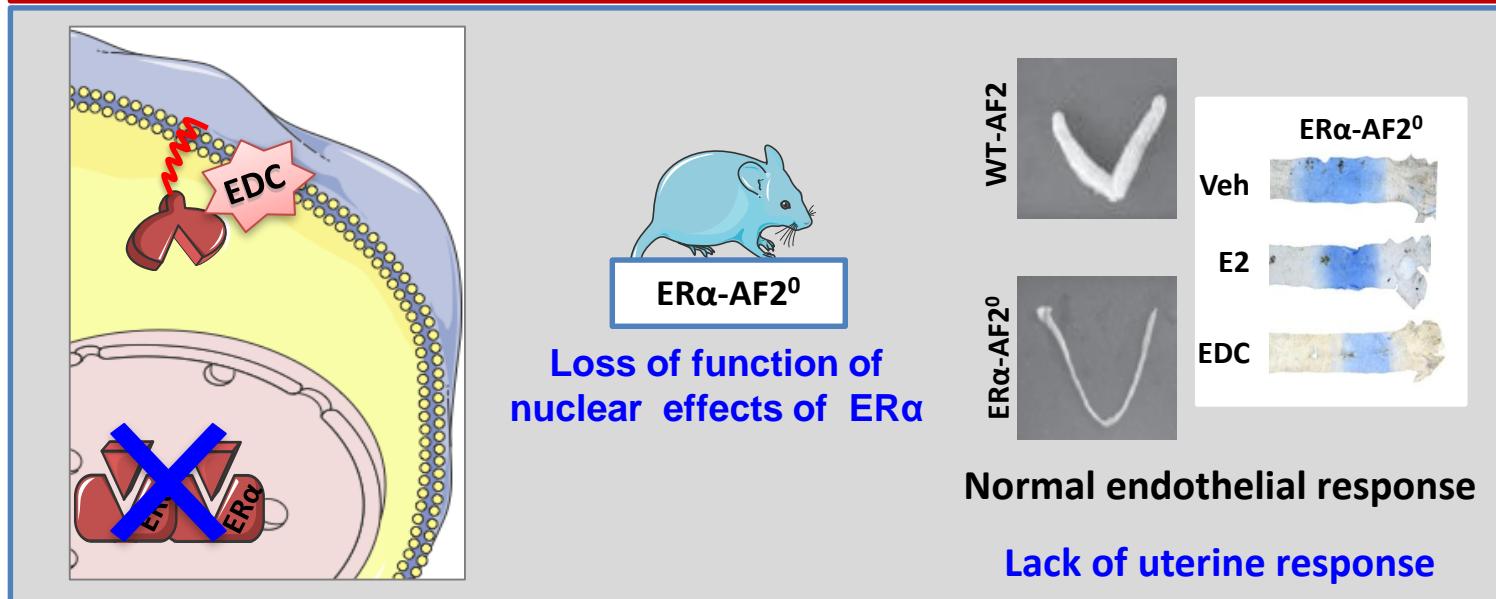
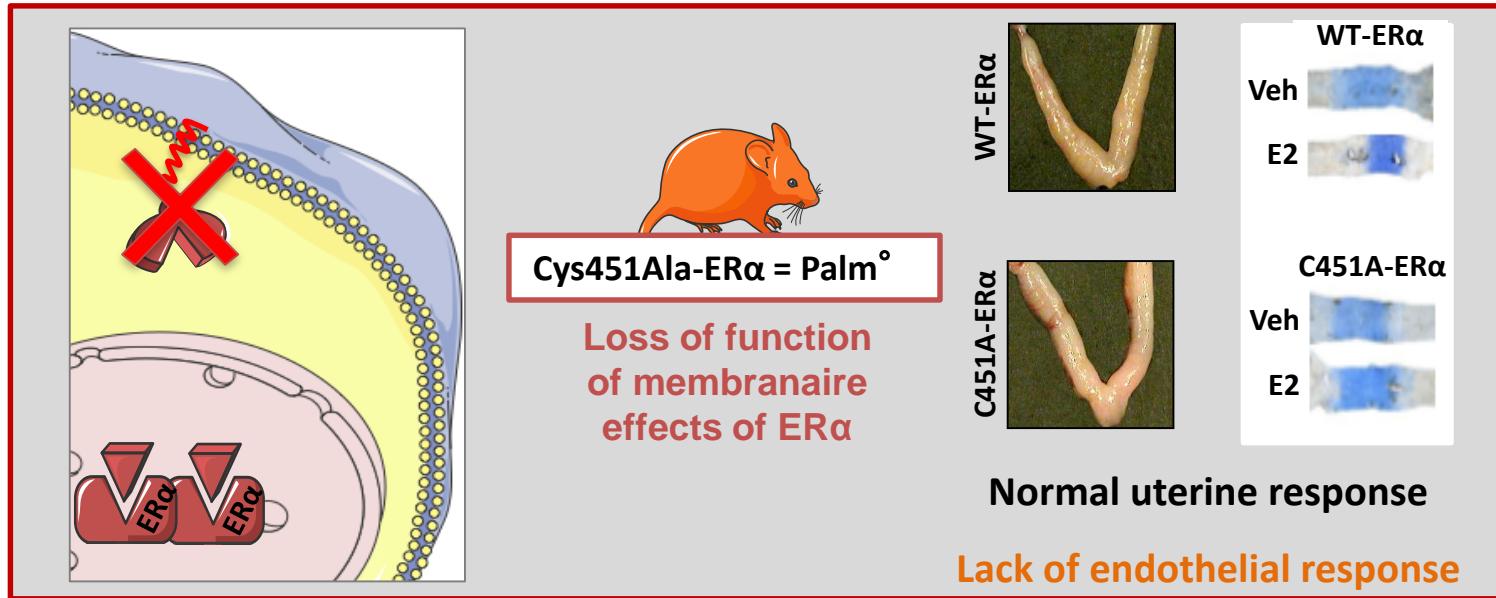
WT-C451



C451A-ER α



Summary : Specific roles of membrane and nuclear ER α in vascular and uterus effects (tissue-specificity+++)



Physiological Role of E2/ER_a in the endothelium ?

Physiological Remodelling of the Maternal Uterine Circulation during Pregnancy

Maurizio Mandala^{1,2} and George Osol²

¹Department of Cellular Biology, University of Calabria, Arcavacata di Rende (CS), Italy, and ²Department of Obstetrics, Gynecology and Reproductive Sciences, University of Vermont, Burlington, VT, USA

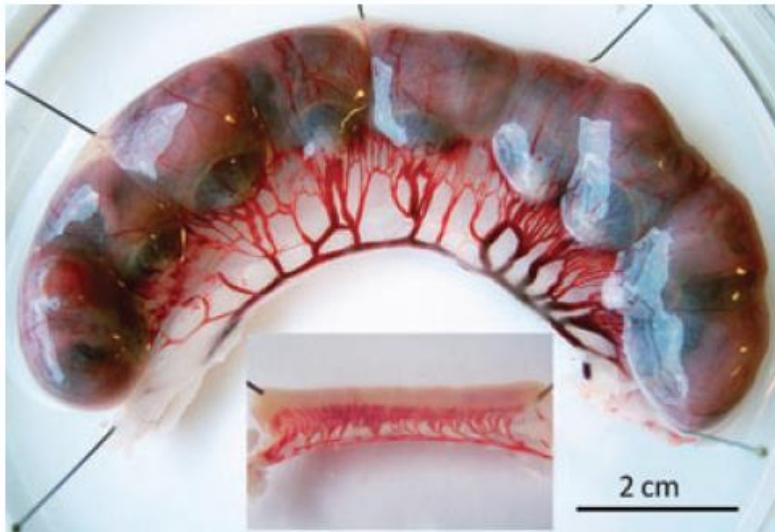


Fig. 1. Extent of uterine vascular remodelling during pregnancy in the rat. Photograph showing one uterine horn from a pregnant (top) versus age-matched nonpregnant (bottom) rat showing the extent of vascular growth that occurs during gestation. The main uterine arteries and veins run parallel to the uterine wall and are connected to it by the smaller arcuate and radial vessels. In the pregnant uterus, nine placentas and foetuses are also visible. Both photographs are equally scaled.

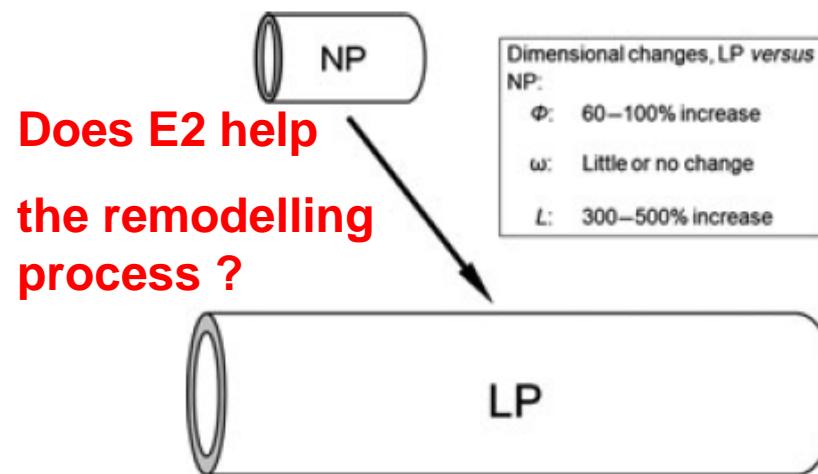
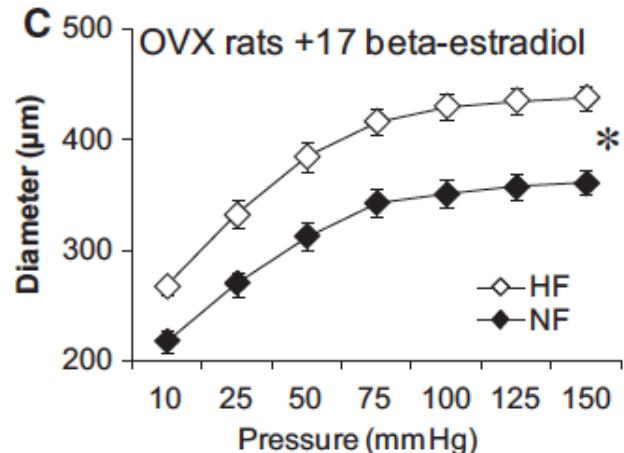
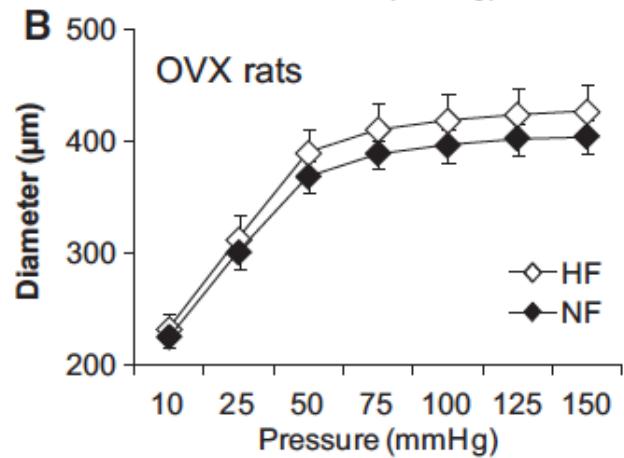
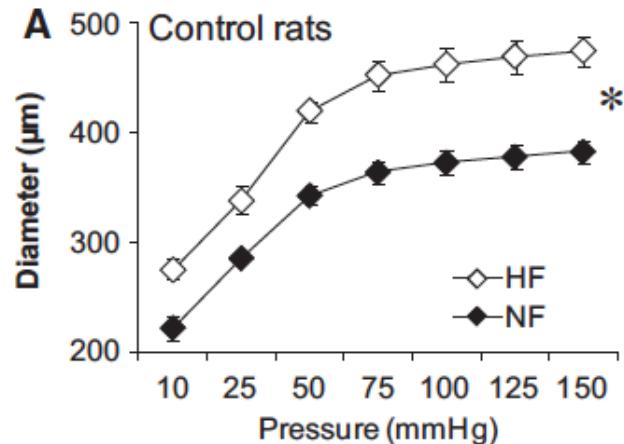
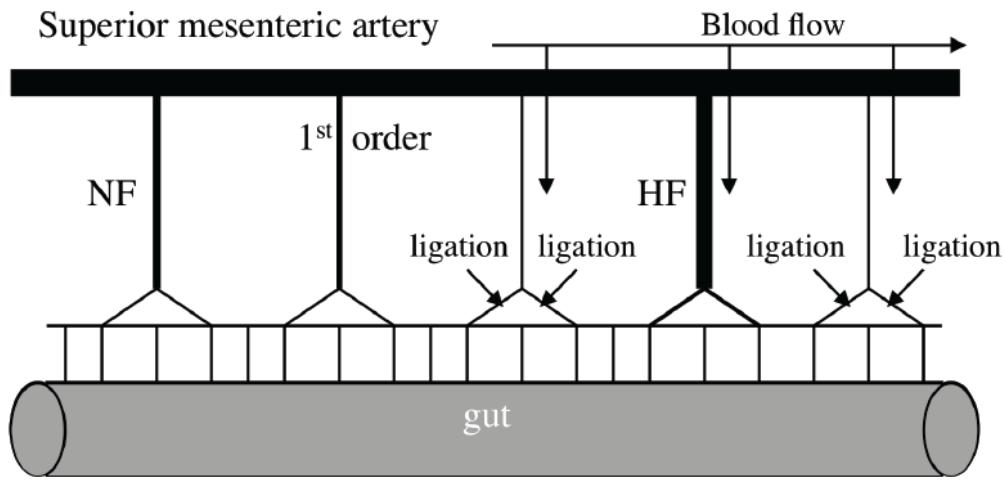


Fig. 2. Three-dimensional pattern of gestational uterine artery remodelling. Based on the published data, this drawing shows the approximate extent of uterine radial artery widening (circumferential growth), lengthening (axial elongation) but not wall thickness during gestation in the rat. Φ = diameter; ω = wall thickness; L = axial length; LP = late pregnant (day 20/22); NP = age-matched nonpregnant.

Role of estrogen in the rodent model of Blood Flow Mediated Remodelling of resistance arteries.

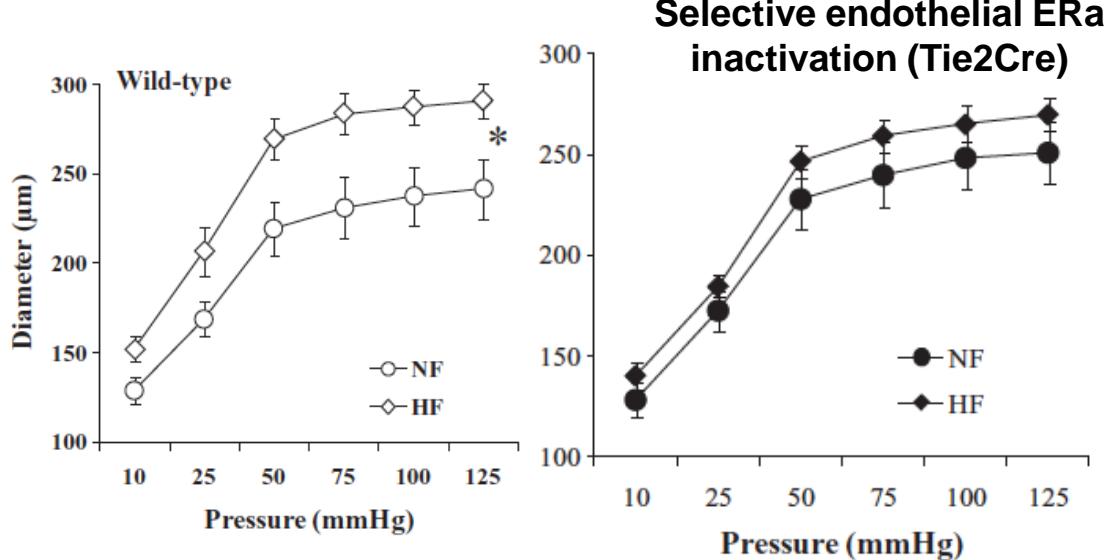
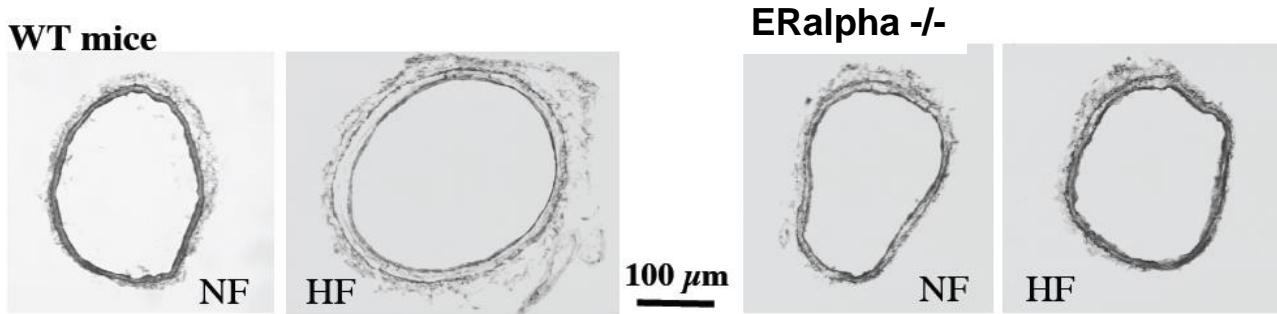
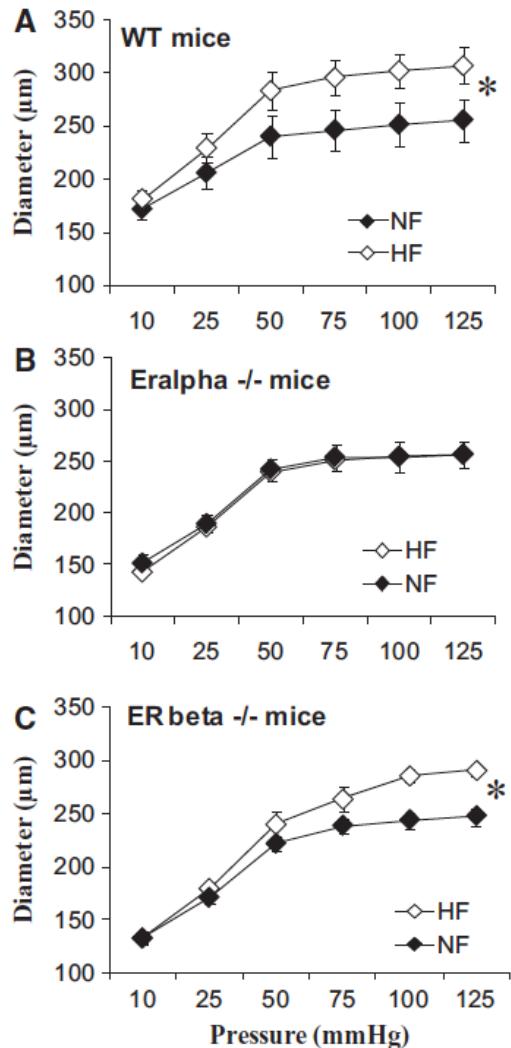
Daniel Henrion et al., INSERM et Université d'Angers



Key Role of Estrogens and Endothelial Estrogen Receptor α in Blood Flow–Mediated Remodeling of Resistance Arteries

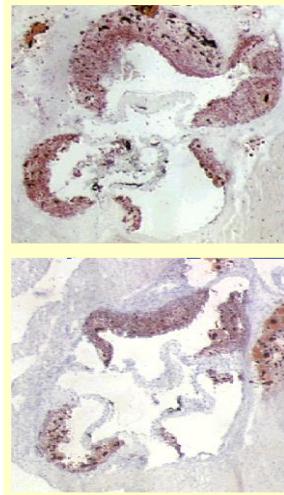
K. Tarhouni, A. L. Guihot, M. L. Freidja, B. Toutain, B. Henrion, C. Baufreton, F. Pinaud, V. Procaccio, L. Grimaud, A. Ayer, L. Loufrani, F. Lenfant, J. F. Arnal, D. Henrion

Arterioscler Thromb Vasc Biol. 2013;33:605-611

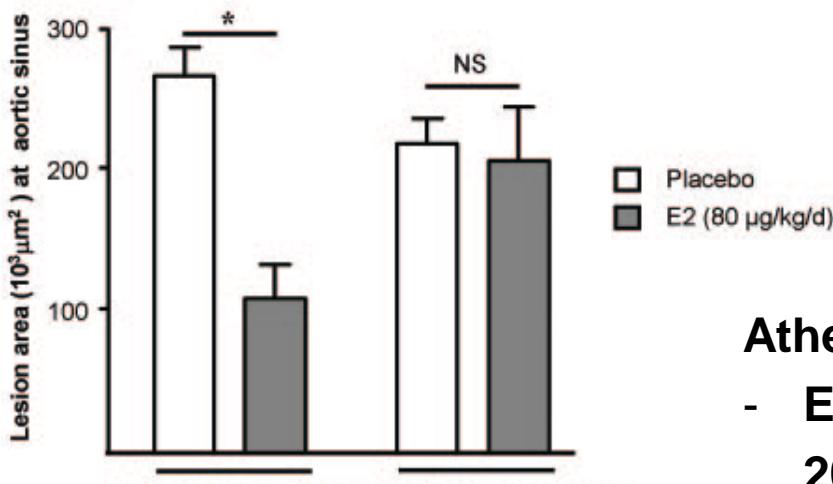
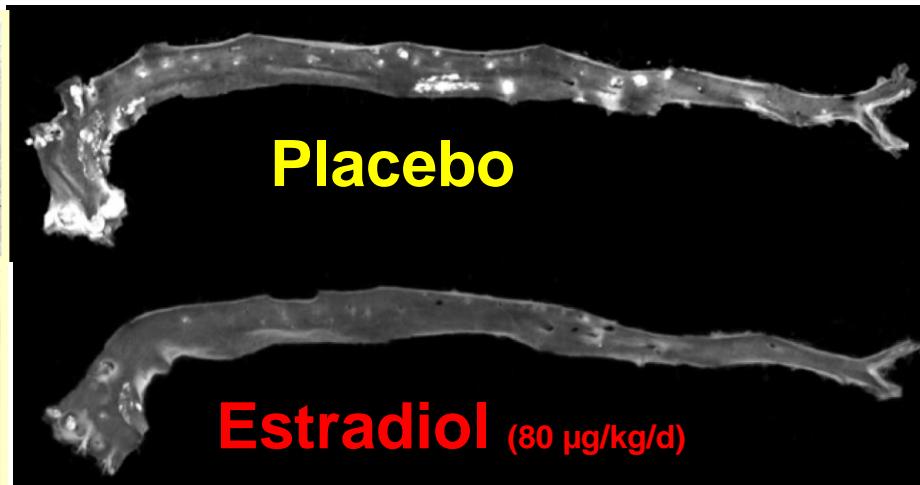


Endogenous and exogenous E2 prevents early atheroma in all models of hypercholesterolemic animals : from mouse to monkey...

Aortic root



« En face » aorta: atheroma deposit in white



Atheroprotection by E2 in mice through:

- Endothelial ER α (Tie2-Cre; Circulation 2009)
- Nuclear ER α (AF2° ; PNAS 2011)

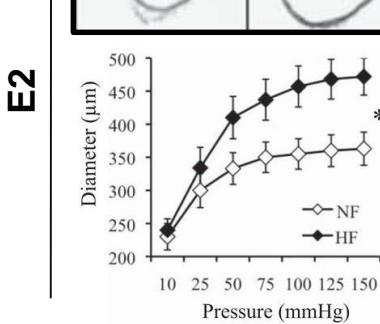
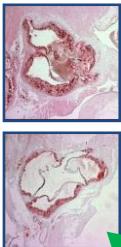
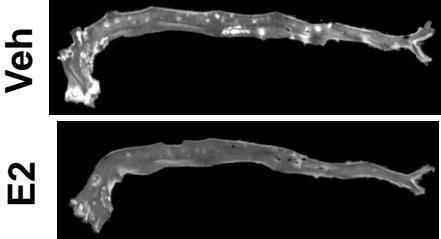


Vascular effects of E2 : Key role of endothelial ER α

Atheroprotection

Maeda, Korach et al. 2000

Billon Gales et al. Circulation 2009



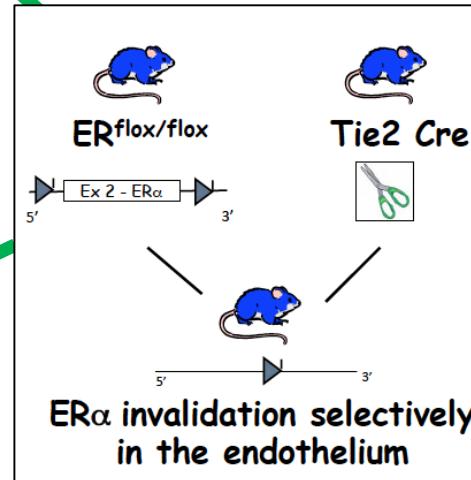
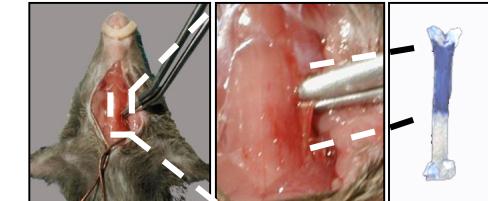
Flow mediated remodeling

Tarhouni K. et al. ATVB 2013

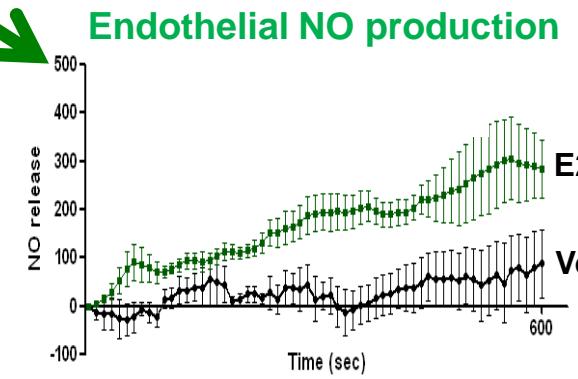
Endothelial healing

Bouchet et al. Circulation 2001

Toutain CE et al. ATVB 2009

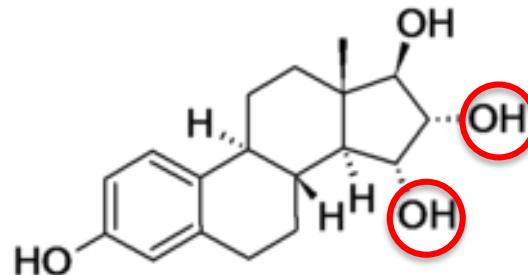


Leads to abrogation of most of the vascular effects of E2



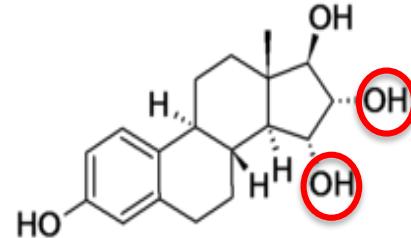
5- Medical implications: SERMs uncoupling membrane /nuclear actions ?

Estetrol (E4)



- is a natural estrogen, that is produced only by the primate fetal liver during pregnancy.
- circulates at high concentrations (up to 30 nM) in the foetal plasma.
- has a very long half-life (30 hours in women).

Estetrol (E4) : fetal estrogen
(Mithra Pharma, Belgium)



In combination with a progestin (drospirenone or levonorgestrel),

E4 blocks ovulation

E4 has less effect on hemostatic biomarkers : « liver friendly »
compared with ethinylestradiol (EE)

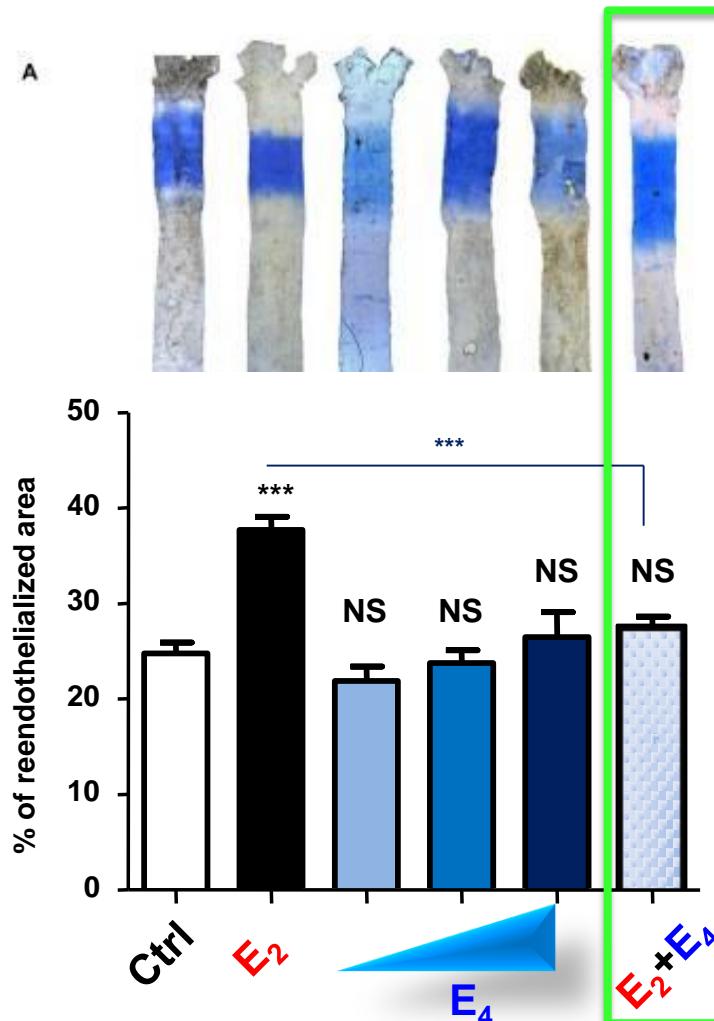
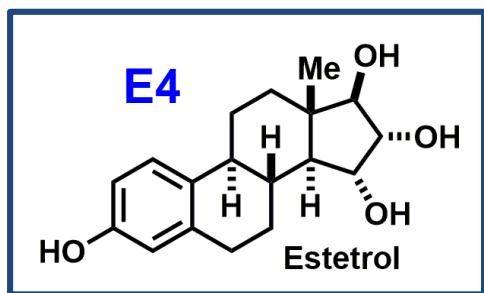
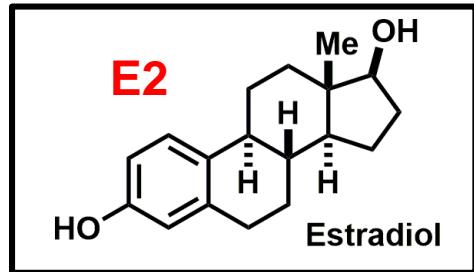
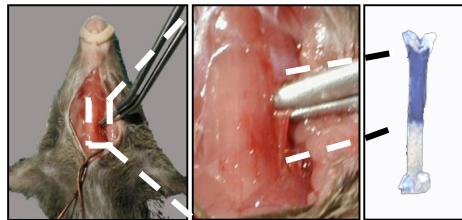
E4 could be safer than EE in terms of thromboembolic risk.

E4 (20 mg) currently developed :

- in oral contraceptive (clinical phase III in progress)
- at menopause , as E4 prevents Hot Flushes (clinical phase II)

Q : What are the mechanisms of action of E4 ?

However, E4 does not accelerate endothelial healing, thus appears devoid of membrane actions...

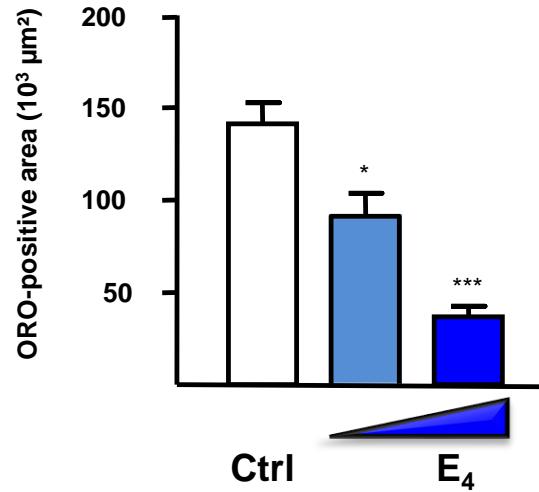
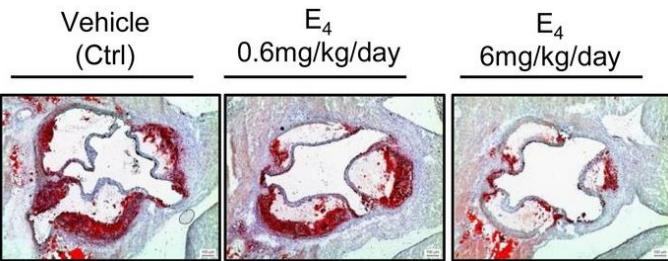
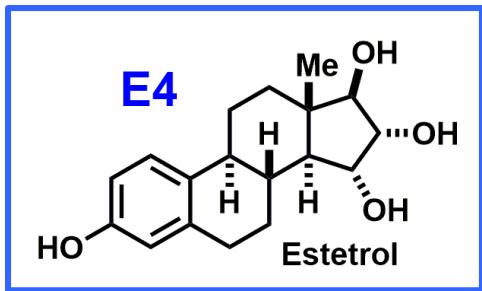


Suggests that
Membrane and
Nuclear ER α
could have
different
conformations
and binding
affinities

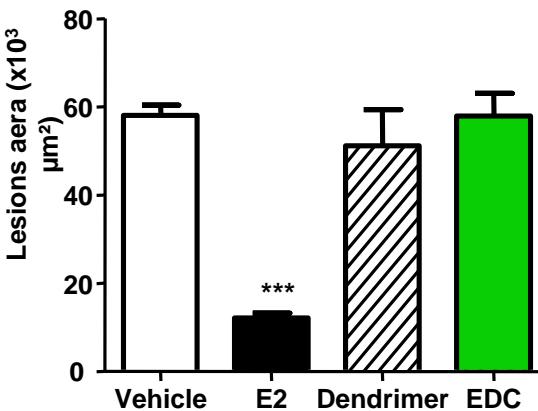
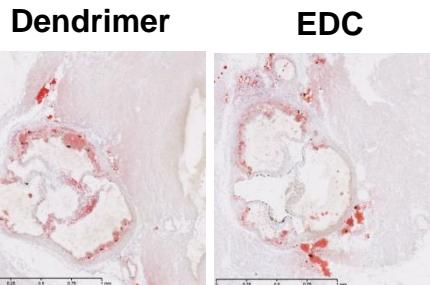
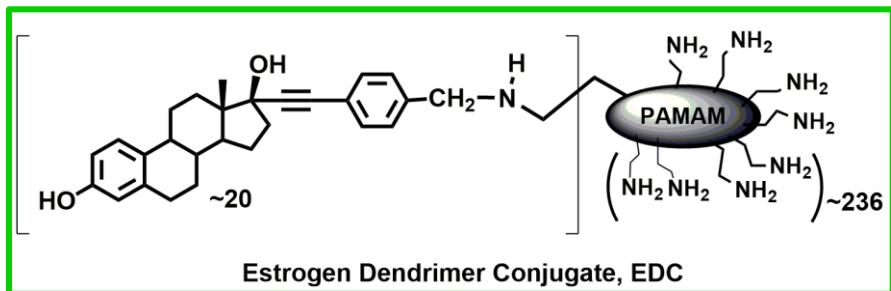
... and even antagonizes the accelerative effect of E2

Nuclear activation of ER α by E4 is sufficient to induce atheroprotection

Membrane activation of ER α by EDC is not sufficient to induce atheroprotection



Abot et al. EMBO Mol Med 2014



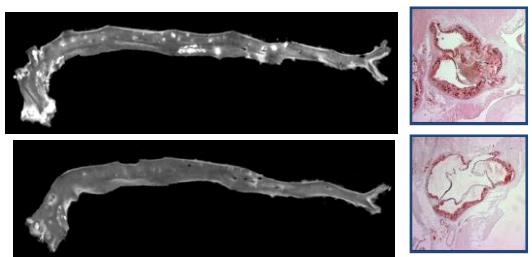
Unpublished data

Vascular effects of E2 depend on either membrane or nuclear ERα

Atheroprotection

Maeda, Korach et al. 2000

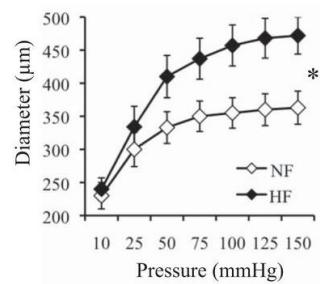
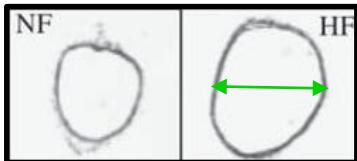
Billon Gales et al. Circulation 2009



Veh

E2

E2



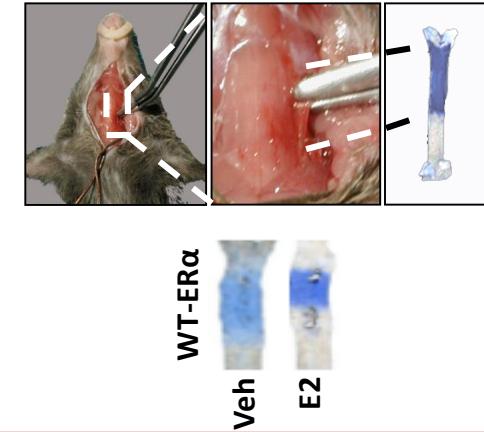
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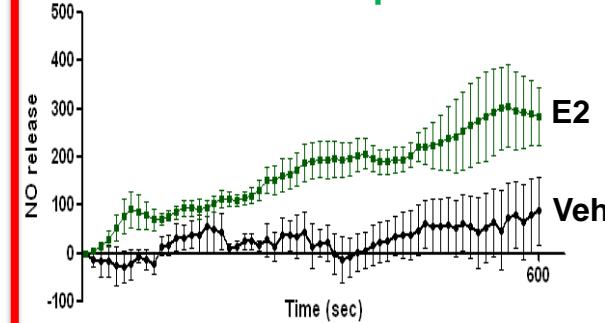


WT-ER α

Veh

E2

Endothelial NO production



Nuclear ERα-dep

Membrane ERα-dep

Conclusions – Take home messages

Combination of transgenic mouse models and pharmacological tools have began to delineate the respective roles of **Nuclear** and **Membrane** Er α in some tissues/functions:

1- Female **fertility** requires both.

2- **Uterus growth** : mainly Nuclear ER α actions.

3- Endothelial effets mediate most of the vasculoptrotective actions of E2 :

- Some effects are (**NO production and reendothelialization**) are dependent on **Membrane ER α**

– But others (**atheroprotection and FMR**) rely on **Nuclear ER α**

5- **Estetrol** (E4) is a unique fetal estrogen

- ER α **nuclear agonist/membrane antagonist** : a new natural SERM !

- May be a new oral contraceptive or treatment for menopause ?



Physiological Reviews®

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MEMBRANE AND NUCLEAR ESTROGEN RECEPTOR ALPHA ACTIONS: FROM TISSUE SPECIFICITY TO MEDICAL IMPLICATIONS

Jean-François Arnal, Françoise Lenfant, Raphaël Metivier, Gilles Flouriot, Daniel Henrion,
Marine Adlanmerini, Coralie Fontaine, Pierre Gourdy, Pierre Chambon,
Benita Katzenellenbogen, and John Katzenellenbogen



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Senior Researchers

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Fontaine C., CR1 INSERM**

Laurell H, CR1

Valera MC, MCU-PH

Brouchet L., PU-PH

Trémollières F., MCU-PH

Game X, PU-PH

Gourdy P., PU-PH

Guillaume M, AHU

Vinel A, AHU

Technicians

**Boudou F., Techn Univ.
Buscato M., Techn CDD**

Post-Doc and PhD

**Montagner A, Post Doc
Gagniac J, Doc
Zahreddine R, Doc**

..... past

**Adlanmerini M, PhD
Abot A, PhD
Handgraaf S, PhD
Fabre A, Post-doc
Pequeux C, Post-doc
Toutain, PhD**

Collaborations:

P Chambon (Strasbourg)

G Flouriot (Rennes)

R Métivier (Rennes)

D Henrion (Angers)

B Payrastre (Toulouse)

M Laffargue (Toulouse)

JC Guery (Toulouse)

J/B Katzenellenbogen(USA)

G Greene (USA)

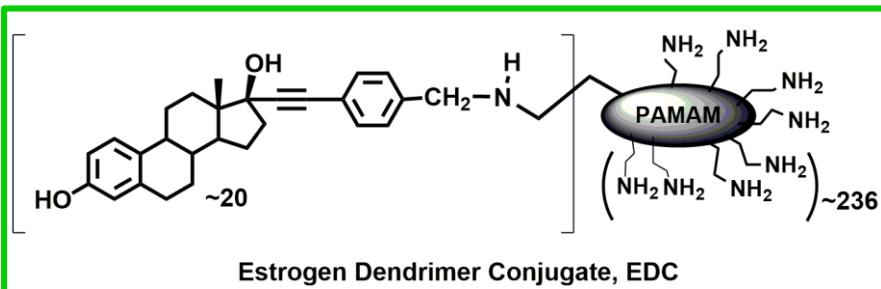
P Shaul (USA)

K Korach (USA)

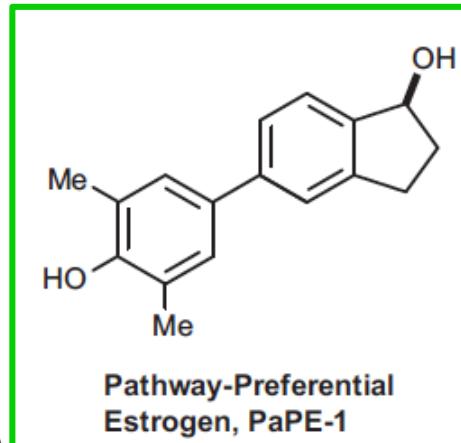
JM Foidart (Mithra, Liège Be)

B Komm (Pfizer, USA)

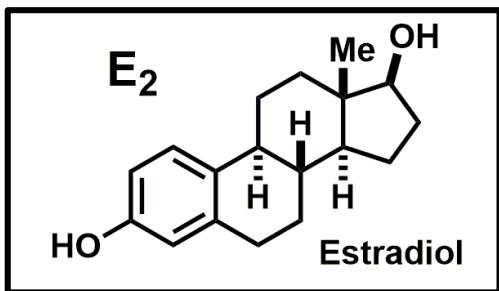
Profile of old and new SERMs



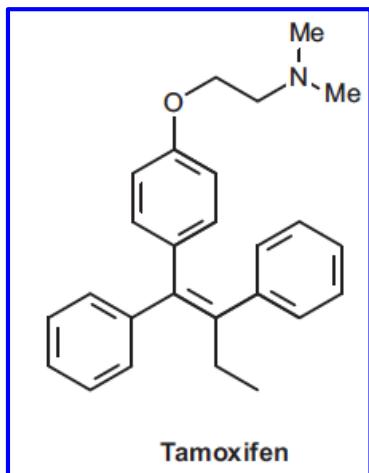
Estrogen Dendrimer Conjugate, EDC



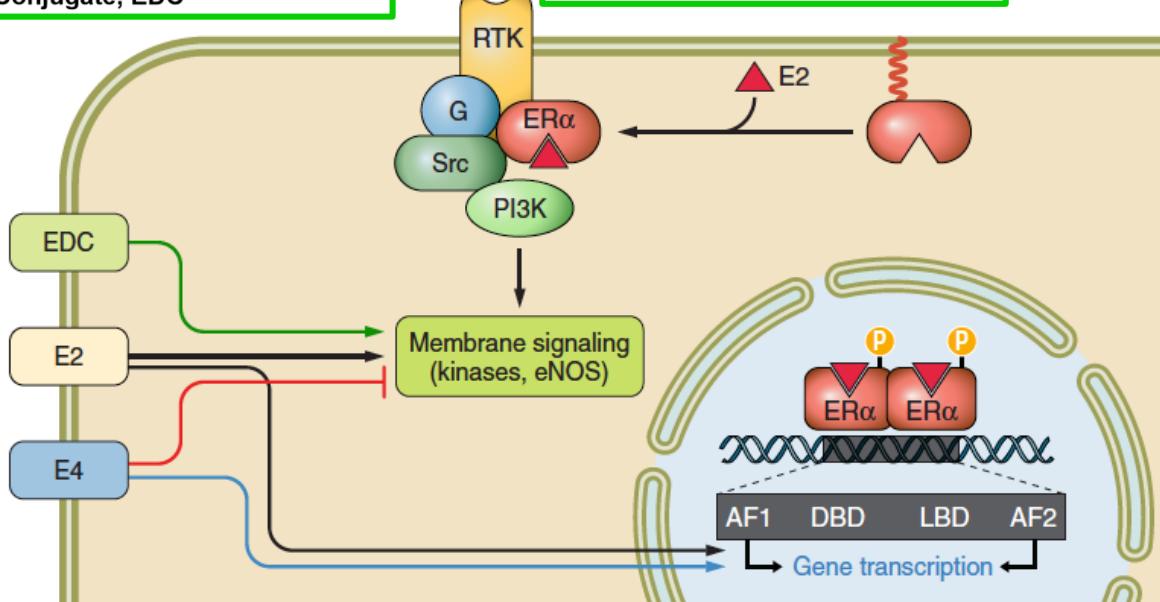
J Katzenellenbogen
Z Madak-Erdogan
Sci Sign. 2016



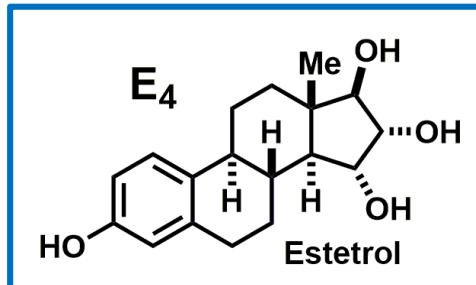
E₂
Estradiol



Tamoxifen



Nuclear effects



E₄
Estetrol