

Influence of *myo*-inositol on protein turnover in C₂C₁₂ myotubes

E. Zacharewicz and A.P. Russell, Deakin University, 221 Burwood Hwy, Burwood, VIC 3125, Australia.

Introduction: Muscle atrophy is a devastating condition present in numerous neuromuscular and chronic diseases (Skipworth *et al.*, 2006). Loss of muscle tissue leads to weakness, loss of independence, reduced response to chemotherapies and is used as a negative prognostic factor (Al-Majid & McCarthy, 2001; Andreyev *et al.*, 1998; Tisdale, 2002). Identifying therapeutic targets which reverse muscular atrophy and maintain muscle mass remain key research priorities. Recently d-*myo*-inositol-1,2,6-trisphosphate (α -trinositol, AT) has been shown to attenuate the loss of body mass in a MAC-16 tumour murine cachexia model, attenuate protein degradation in C₂C₁₂ myotubes and increase protein synthesis *via* upregulating the phosphorylation of mTOR and attenuating the autophosphorylation of eukaryotic initiation factor 2 α (eIF-2 α) (Russell *et al.*, 2009, Russell *et al.*, 2010). However, AT is not naturally present in mammalian tissue and furthermore its association with target molecules in the body has not yet been fully characterised. Naturally occurring *myo*-inositol (MI) is present in all mammalian and plant cells, is obtained from the diet and synthesised *de novo* by kidney cells (Clements & Darnell, 1980; Clements & Reynertson, 1977; Holub, 1986). To date, no study has looked at the role of natural MI on the regulation of protein turnover. Therefore the aims of the study were to investigate the role of MI on protein synthesis and degradation and Akt and eIF2 α phosphorylation under catabolic conditions in C₂C₁₂ myotubes. A secondary aim was to investigate the role of MI in C₂C₁₂ myoblast cell proliferation.

Methods: C₂C₁₂ myotubes were treated with the catabolic stimuli dexamethasone (DEX, 1 μ M) for 24 h and TNF α (50 ng/ml) for 2 and 24 h, in the presence and absence of MI (100 μ M). Protein synthesis was determined by the incorporation of ³H-tyrosine into myotubes. Protein degradation was determined by the release of ³H-tyrosine into the medium as a fraction of total ³H-tyrosine. The expression of the muscle specific atrophy genes, muscle atrophy F box (MAFbx/atrogen-1) and muscle RING finger 1 (MuRF-1) was determined by PCR. The expression of phosphorylated Akt and eIF2 α proteins, as well as atrogen-1 and MuRF-1 proteins was determined by western blot analysis. Myoblast proliferation was determined by the incorporation of 5-bromo-2-deoxyuridine (BrDU) into newly synthesised DNA during serum starvation, with and without MI (0-1000 μ M), and in the presence of TNF α (0-250 ng/ml).

Results: DEX decreased protein synthesis by 15% ($p < 0.001$) and increased protein degradation by 34% ($p < 0.001$). MI, either alone, or when combined with DEX, did not influence protein synthesis or protein degradation. MI decreased MuRF1 mRNA by 18%, when compared to basal conditions ($p < 0.05$). DEX increased atrogen-1 mRNA expression by 47%, when compared to basal levels; an effect attenuated by 44% ($p = 0.05$) with MI. TNF α treatment did not influence protein synthesis or degradation. However, TNF α treatment for 2 h decreased MuRF-1 mRNA by 30% ($p = 0.04$) and increased atrogen-1 mRNA expression by 90% ($p = 0.09$). MI, either alone, or when combined with TNF α , had no effect MuRF-1 or atrogen-1 mRNA levels. TNF α and serum starvation decreased myoblast proliferation by 18% ($p < 0.01$) and 16% ($p < 0.001$), respectively. MI blocked the serum starvation ($p < 0.008$), but not the TNF α , reduction in proliferation.

Conclusion: These results show that natural MI does not influence protein synthesis or degradation. However, MI attenuates the DEX-induced up regulation of atrophy-gene expression in C₂C₁₂ myotubes. The measurement of atrogen-1, MuRF1, Akt and eIF2 α protein levels is currently being performed. MI may play a protective role in maintaining C₂C₁₂ myoblast proliferation during serum starvation.

Al-Majid, S & McCarthy, DO. (2001) *Biological Research for Nursing*, **2**: 155-166.

Andreyev, HJ, Norman, AR, Oates, J & Cunningham, D 1998. *European Journal of Cancer (Oxford, England: 1990)* **34**: 503-509.

Clements, RS, Jr. & Darnell, B (1980) *American Journal of Clinical Nutrition*, **33**: 1954-1967.

Clements, RS, Jr. & Reynertson, R (1977) *Diabetes*, **26**: 215-221.

Holub, BJ (1986) *Annual Review of Nutrition*, **6**: 563-597.

Russell, ST, Siren, PMA, Siren, MJ & Tisdale, MJ (2009) *Cancer Chemotherapy And Pharmacology*, **64**: 517-527.

Russell, ST, Siren, PMA, Siren, MJ & Tisdale, MJ (2010) *Experimental Cell Research*, **316**: 286-295.

Skipworth, RJE, Stewart, GD, Ross, JA, Guttridge, DC & Fearon, KCH (2006) *Surgeon*, **4**: 273-283.

Tisdale, MJ (2002) *Nature Reviews Cancer*, **2**: 862.