## Unexpected redundancy between β-adrenoceptor subtypes in early muscle regeneration

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Skeletal muscles can be injured by myriad insults that compromise their functional capacity. Regenerative processes are often slow and incomplete, and so developing novel therapeutic strategies to enhance muscle regeneration represents an important research area. We have shown previously that the  $\beta$ -adrenoceptor (AR) signalling pathway plays an important role in skeletal muscle regeneration after injury (Beitzel *et al.*, 2004; 2007), and that transgenic mice lacking both  $\beta_1$ - and  $\beta_2$ -ARs have delayed regeneration following myotoxic injury (Sheorey *et al.*, 2008, Church *et al.*, 2010). In the present study we further investigated the relative contribution of individual  $\beta$ -AR subtypes to the early stages (up to 7 days) of muscle repair after injury.

Mice (8-9 weeks) lacking  $\beta_1$ -adrenoceptors ( $\beta_1$ -AR KO),  $\beta_2$ -adrenoceptors ( $\beta_2$ -AR KO), or both subtypes of  $\beta$ -adrenoceptors ( $\beta_1/\beta_2$ -AR KO), were obtained from The Jackson Laboratory (Bar Harbour, ME, USA). Littermate wildtype mice were used as controls for the  $\beta_1$ -AR KO and  $\beta_2$ -AR KO mice, while control mice for the  $\beta_1/\beta_2$ -AR KO mice were from a C57BL/6 background, as employed previously (Sheorey *et al.*, 2008). Mice were anaesthetized (ketamine 80mg/kg and xylazine 10mg/kg; i.p.) such that they were unresponsive to tail or toe pinch, and the *tibialis anterior* (TA) muscle of the right hindlimb was injected with the myotoxin, Notexin (1µg/ml, i.m.) to cause complete muscle fibre degeneration. Mice were allowed to recover for 7 days, after which TA muscle function was assessed *in situ* as reported previously (Gehrig *et al.*, 2010). Briefly, mice were anaesthetized (60 mg/kg, sodium pentobarbital, i.p.), the right TA muscle was surgically exposed, and the distal tendon was attached to the lever arm of a force transducer, with the knee and foot immobilized. At the conclusion of the experiment mice were killed by cardiac excision while still anaesthetized deeply.

As reported previously (Church *et al.*, 2010), when muscle function was examined in uninjured TA muscles, both  $\beta_2$ -AR KO mice and  $\beta_1/\beta_2$ -AR KO mice produced significantly less force (Po) than controls (P < 0.05), and TA muscles from  $\beta_1$ -AR KO mice showed no significant deficit in force production. At 7 days postinjury, the regenerating TA muscles of  $\beta_1/\beta_2$ -AR KO mice produced significantly less force than those of controls (P < 0.05) but neither  $\beta_1$ -AR KO nor  $\beta_2$ -AR KO mice showed any delayed restoration of force producing capacity. When force production was normalized to cross-sectional area (sPo), or to that of uninjured controls (to account for altered force production between the strains), a similar result was obtained, with the  $\beta_1/\beta_2$ -AR KO mice displaying delayed restoration of function while mice lacking either  $\beta_1$ - or  $\beta_2$ -adrenoceptors alone did not.

These results suggest that while the absence of both  $\beta_1$ - and  $\beta_2$ -adrenoceptors can delay muscle regeneration after injury, the absence of either subtype alone does not. This apparent redundancy in the  $\beta$ -AR signalling pathway in skeletal muscle is unexpected, and may have important implications for the use of  $\beta$ -AR agonists to enhance regeneration after injury, as well as in the treatment of other conditions where muscle wasting and weakness are indicated.

- Beitzel F, Gregorevic P, Ryall JG, Plant DR, Sillence MN & Lynch GS. (2004) *Journal of Applied Physiology* **96**, 1385-1392.
- Beitzel F, Sillence MN & Lynch GS. (2007) American Journal of Physiology, Endocrinology and Metabolism 293, E932-940.

Gehrig SM, Koopman R, Naim T, Tjoakarfa C & Lynch GS. (2010) American Journal of Pathology 176, 29-33.

- Sheorey R, Ryall JG, Church JE & Lynch GS. (2008) Proceedings of the Australian Physiological and Pharmacological Society **39**, 76P.
- Church JE, Trieu J, Moore P, Gregorevic P & Lynch GS (2010). Proceedings of the Australian Physiological and Pharmacological Society **41**, 162P.

Supported by the NHMRC (project grant #509313). JEC was supported by a postdoctoral fellowship from the Association Française contre les Myopathies (AFM, France).

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