

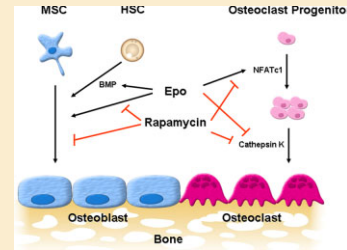
mTOR Signaling and Bone Formation

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Recently, emerging evidence demonstrates that erythropoietin (Epo) plays an important role in bone formation and fracture healing. While the role of Epo and Epo/Epo receptor (EpoR) signaling pathways for production of red blood cells are well established, little is known about Epo/EpoR signaling in non-hematopoietic cells. Here, Kim et al investigated the effects of mTOR signaling on Epo-mediated osteoblastogenesis and osteoclastogenesis. Epo directly induces the differentiation of human bone marrow stromal cells (hBMSCs) into osteoblasts. mTOR inhibition by rapamycin blocks Epo-dependent and -independent osteoblastic phenotypes in hBMSCs and mouse bone marrow-derived stroma cell line ST2, respectively. Epo in combination with receptor activation of NF- κ B ligand (RANKL) increases the number of osteoclasts generated from mouse marrow mononuclear cells (mMMCs) and from mouse macrophage cell line RAW264.7 cells. Rapamycin treatment also inhibits Epo-dependent and -independent osteoclastogenesis in mMMCs and Raw264.7 cells. Furthermore, the authors found that Epo increases NFATc1 expression and decreases cathepsin K expression in an mTOR-independent pathway plays an important role in Epo-mediated bone homeostasis.



Glucose Activates RUNX2: DNA Association

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Transcriptional control of gene expression in vascular endothelial cells (EC) is mediated through specific DNA-binding factors. The Runt-domain family member RUNX2 regulates cytokine, matrix, and metalloproteinase levels to promote angiogenesis. However, the precise mechanisms through which this occurs have not been described. Pierce et al report that glucose activates cell signaling and RUNX2 phosphorylation to promote cell cycle progression. RUNX2 DNA binding in response to glucose was mediated by cyclin-dependent kinase (CDK)4 activity and coincided with pRB phosphorylation in the G1 phase. The p21^{Cip1} protein is a CDK inhibitor that is normally repressed by RUNX2 and is responsible, in part, for restraining cell cycle progression. RUNX2 localized to focal subnuclear regions after glucose treatment and associated with a glucose-responsive RUNX2 binding site in the p21^{Cip1} promoter. A RUNX2 cdk-site mutant expressed in EC exhibited dominant negative activity. It inhibited EC proliferation, reduced monolayer wound healing, and disrupted tubulogenesis (*in vitro* model of angiogenesis). Therefore, the studies by Pierce et al have begun to define both the mechanisms regulating RUNX2 phosphorylation in response to glucose and its relevance to endothelial cell function. These findings may lead to the identification of novel cellular targets regulating tumor angiogenesis, which could be exploited for therapeutic benefit.

