

# Nocturnal Depletion of Hypothalamic Dynorphin in Anorexic Walker-256 Tumor-Bearing Rats

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STEELE, T. D., H. U. BRYANT, P. V. MALVEN AND G. K. W. YIM. Nocturnal depletion of hypothalamic dynorphin in anorexic Walker-256 tumor-bearing rats. PHARMACOL BIOCHEM BEHAV 29(3)541-545, 1988 —Rats implanted with the Walker-256 (W-256) tumor exhibit marked anorexia that is most apparent at night. In this model, the hypothalamic kappa opioid system was examined for deficits that might contribute to this tumor-induced anorexia. In anorexic tumor-bearing rats (TBR), nocturnal levels of ir-DYN-8 were significantly reduced in the hypothalamus, but ir-DYN-17 levels were not. Accumulation of <sup>3</sup>H-etorphine or <sup>3</sup>H-ethylketocyclazocine, a putative ligand for the kappa receptor subtype, was not increased in the hypothalamus of the TBR, as might have been expected if there were less endogenous dynorphin to occupy the opioid receptors in this region. *In vitro* binding assays with <sup>3</sup>H-ethylketocyclazocine indicated that dynorphin depletion in the TBR was not sufficient to increase the numbers of kappa opioid receptors in the hypothalamus. Also, the sensitivity of kappa opioid receptors involved in feeding was not altered in the TBR as indicated by an intact feeding response to ketocyclazocine. In summary, the marginal deficits of hypothalamic dynorphin in W-256 tumor-bearing rats that coincide with the phase of tumor-induced anorexia may contribute to the reduction in food intake.

Hypothalamic dynorphin      Nocturnal depletion      Anorexic

THE anorexia frequently associated with many forms of malignancies can be one of the primary debilitating features of the disease [30]. This anorexia subsequently contributes to cancer cachexia, a syndrome which as many as two-thirds of cancer patients suffer from prior to death [23]. Pharmacological treatments of the anorexic condition may improve the physiological well-being of the patient during the course of the disease.

Numerous studies have sought to define inadequacies in the appetite control system which underlie the reduced appetitive drive and food intake observed during tumor growth in a variety of animal models [6, 17, 23, 27]. Since the regulation of feeding is controlled by a variety of both central and peripheral components, a broad spectrum of possible defects exists. Rats bearing the Walker-256 (W-256) carcinosarcoma have been utilized extensively for the study of potential defects in appetite regulation that may contribute to tumor-induced anorexia. Alterations in plasma and brain amino acids [13,14] and central neurotransmitter levels [24,25] have been investigated as potential factors in the anorexia of the W-256 tumor-bearing rat (W-256 TBR). In addition, levels of hormones of the pituitary-adrenal axis are altered in these animals [35].

Much evidence has implicated the endogenous opioids as

potential neuromediators in the control of both normal and pathological feeding states [5, 12, 19, 33]. The kappa opioid receptor and its endogenous ligand dynorphin-A (DYN) [3] appear to have a profound influence on appetite regulation in rats [18, 20, 21] and in squirrel monkeys [9]. The W-256 TBR displays a feeding profile similar to that of animals treated with the opiate antagonist naloxone [33], as well as that of normal rats forced to drink 2% NaCl [2]. Spontaneous nocturnal and 2-deoxyglucose-induced hyperphagias are suppressed in response to both treatments [2,33]. The NaCl drinking regimen depletes DYN and vasopressin levels of the neurohypophysis [11], but not in the hypothalamus or other brain areas generally associated with feeding [1]. In the anorexic W-256 TBR, daytime levels of immunoreactive DYN 1-17 (ir-DYN-17) and DYN 1-8 (ir-DYN-8) are likewise depleted in the pituitary, but not in the hypothalamus [34]. However, hypothalamic levels of DYN in rats follow a circadian rhythm, increasing at night when spontaneous food intake of the rat is greatest [26,28], and the anorexia of the W-256 TBR is most apparent [22,24]. Thus, the present study was conducted to determine if nocturnal depletion of hypothalamic DYN accompanies the nocturnal anorexia of the W-256 TBR.

Since the initial portion of this study indicated that noc-

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turnal levels of ir-DYN were reduced in the hypothalamus of the W-256 TBR, the kappa opioid receptor system was further examined for possible compensatory changes as have been observed following depletion of opioids by monosodium glutamate-induced lesions of the arcuate nucleus [29]. Specifically, hypothalamic uptake of exogenously administered radiolabelled opioid agonists, used to estimate *in vivo* binding, was measured to ascertain if the DYN depletion was severe enough to reduce the degree of opioid receptor occupation by the endogenous ligand. *In vitro* binding of  $^3\text{H}$ -ethylketocyclazocine to hypothalamic membranes was also examined to determine if the depletion of DYN resulted in up-regulation of hypothalamic opioid receptors. Finally, the biological responsiveness of the kappa-mediated feeding system was assessed by monitoring the feeding response of the W-256 TBR to ketocyclazocine. In view of the difficulty in stimulating food intake when ketocyclazocine is given at night [21], daytime ketocyclazocine-induced feeding was measured.

#### METHOD

##### General

Male, Sprague-Dawley rats obtained from Harlan Sprague-Dawley Inc. (Madison, WI, Building 205) weighing 100–150 g were housed in individual cages (25×21×20 cm) with a wire mesh floor in a temperature-controlled room (24–26°C) on a 12/12 hr light cycle (light onset at 0800). During a 3–5 day acclimation period, the animals had free access to food (Wayne Lab-Blox) placed on the floor of the cage, and water was available ad lib.

##### Tumor Implantation

The Walker-256 carcinosarcoma, a non-metastasizing tumor, was obtained from the E. G. and G. Mason Research Institute (Worcester, MA). Using sterile techniques, and a 13-gauge trocar, the tumor fragments were implanted into the right hind limb of ether anesthetized host rats. Control animals were anesthetized and received sham trocar injections in an identical manner.

##### Feeding Studies

Measurements of nocturnal food intake were begun at least one day prior to tumor implantation. Measurements were made by placing a pre-weighed amount of food on the cage floor immediately prior to the beginning of the dark cycle and subtracting the amount remaining, including spillage collected on paper towels, at light onset. Experiments were conducted when nocturnal feeding in W-256 TBR had decreased by about 50% compared to non-TBR, usually on day 8 of tumor growth when tumor volume was approximately 35 mm<sup>3</sup>.

##### Dynorphin Radioimmunoassay

Six W-256 TBR and six sham-implanted animals were sacrificed by decapitation approximately 4 hr into the dark cycle on day 8 after tumor implantation. Daytime measurements of hypothalamic ir-DYN-17 and ir-DYN-8 were obtained from two non-TBR. Brains were dissected on a chilled, glass plate according to the method of Glowinski and Iversen [7]. After dissection, the tissue was placed in parafilm, frozen on dry ice and stored at –70°C until time of extraction.

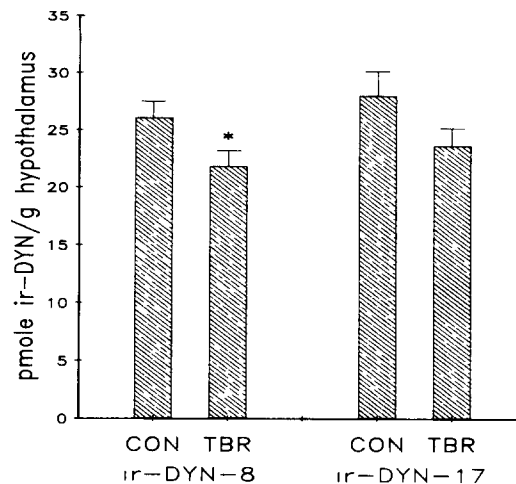


FIG 1 Hypothalamic tissue concentrations of immunoreactive dynorphin-A 1–8 (ir-DYN-8) and 1–17 (ir-DYN-17) for animals sacrificed during the nocturnal phase of the lighting cycle. Bars represent means ( $\pm$  S.E.M.) from six controls (CON) and six W-256 tumor-bearing rats (TBR). \* $p < 0.05$  for CON vs TBR.

For the extraction, the tissue was weighed, transferred to polypropylene tubes, homogenized in acidified methanol (1:1 mixture of absolute methanol and 0.1 N HCl) with a Brinkmann Polytron, and then centrifuged at 1500×g for 15 min at 4°C. The resulting supernatant was used for the DYN assays.

Assays for ir-DYN-17 and ir-DYN-8 have been previously described and validated [1]. Tissue concentrations of ir-DYN-17 and ir-DYN-8 were expressed as picomoles/g wet weight. Statistical comparisons were performed with a one-way analysis of variance (ANOVA).

##### In Vivo Uptake Assay

Two groups, consisting of eight W-256 TBR and eight controls, were used to determine the *in vivo* uptake of  $^3\text{H}$ -etorphine, a non-specific opiate receptor ligand [32], and  $^3\text{H}$ -ethylketocyclazocine, a putative kappa receptor agonist [16]. Studies were conducted approximately 4 hr into the dark cycle on day 8 of tumor growth for both groups. Rats were injected IV (tail vein) with 100  $\mu\text{l}$  of either  $^3\text{H}$ -etorphine (2  $\mu\text{Ci}$ , S.A. = 46 Ci/mmol, Amersham) or  $^3\text{H}$ -ethylketocyclazocine (5  $\mu\text{Ci}$ , S.A. = 22.5 Ci/mmol, New England Nuclear). The rats were sacrificed by decapitation 20 min later, and samples of hypothalamic and cerebellar tissue were taken. Uptake in cerebellar tissue was subtracted from hypothalamic uptake to correct for non-specific uptake [4,10]. Tissues were weighed, placed in plastic scintillation vials, and 500  $\mu\text{l}$  of tissue solubilizer (Soluene) was added to each sample. The samples were incubated in a shaking water bath at 37°C until decomposition occurred at which time 10 ml of ACS scintillant was added. Samples were counted in a Packard Tricarb Model 4530 scintillation counter. Corrected hypothalamic uptake for each rat was calculated as tissue dpm/mg tissue wet weight. Comparison between W-256 TBR and controls was by Student's *t*-test.

##### In Vitro Binding Assay

Animals were sacrificed by decapitation 4 hr into the dark cycle on day 8 of tumor growth, and the hypothalamus was

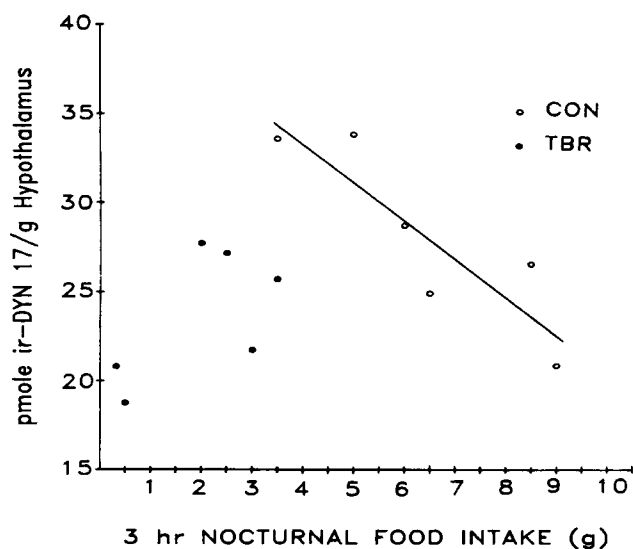


FIG 2 Relation between nocturnal ir-DYN-17 levels and 3 hr food intake in sham-implanted animals (CON, open circles,  $r = -0.88$ ,  $p < 0.02$ ) and in W-256 tumor-bearing rats (TBR, closed circles,  $p > 0.05$ )

rapidly dissected according to the methods of Glowinski and Iversen [7]. Hypothalamic samples from eight W-256 TBR and eight control animals were pooled, weighed, and homogenized in 30 volumes of 50 mM Tris-HCl buffer (pH=7.4) with a Brinkmann Polytron at setting 6 for 20 seconds. The homogenate was centrifuged at  $49,000 \times g$  for 20 min at  $4^\circ C$  in a Beckman L5-65 ultracentrifuge. The pellet was resuspended in 30 volumes of buffer and incubated in a  $37^\circ C$  water bath for 30 min to remove any endogenously bound ligand. The sample was centrifuged as before and resuspended in 30 volumes of buffer.

For binding analysis, a  $500 \mu l$  aliquot of homogenate was preincubated for 10 min at room temperature with  $100 \mu l$  of either unlabelled ethylketocyclazocine (supplied by D Leander, Eli Lilly & Co., Indianapolis, IN) or Tris-HCl. A 20 min incubation with  $^3H$ -ethylketocyclazocine was begun by adding  $100 \mu l$  of radioligand with final concentrations ranging from 0.1 to 10 nM. The incubation was terminated by filtration through Whatman GF-B filters, followed by a wash with 4 ml of Tris buffer. Filters were placed in plastic scintillation vials to which  $500 \mu l$  of Soluene was added and incubated overnight. Sample counting was done under the same conditions as for the *in vivo* uptake assay. An aliquot of each tissue was assayed for protein content by the method of Lowry [15].

Assay tubes were prepared in triplicate and the bound dpm for each tube was subjected to Scatchard analysis using a microcomputer program. Data are reported as picomoles/mg protein.

#### Daytime Ketocyclazocine-Induced Feeding

Ketocyclazocine, a gift of the Sterling-Winthrop Institute, was dissolved in an equimolar amount of HCl. Twelve W-256 TBR and twelve non-tumor animals were divided into two groups, one of which received ketocyclazocine (3 mg/kg, SC) and the other received an acidic saline solution (pH=4.9) as a control. Two-hour daytime food intake was monitored as

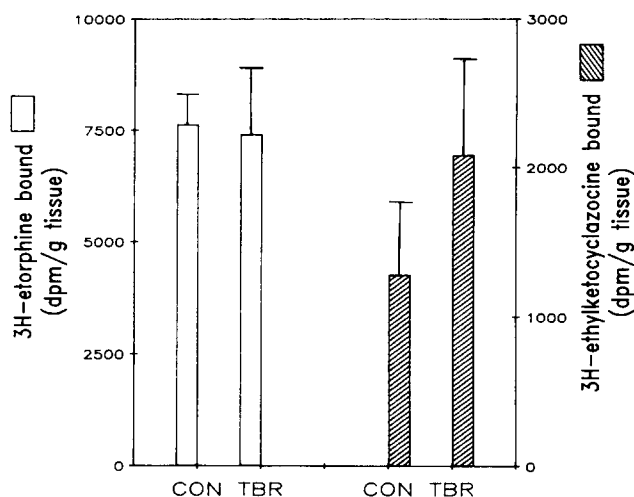


FIG 3 Corrected *in vivo* uptake of tritium in the hypothalamus of sham-implanted (CON) and W-256 tumor-bearing rats (TBR), 20 min after IV  $^3H$ -etorphine (open bars) or  $^3H$ -ethylketocyclazocine (hatched bars). Bars represent mean  $\pm$  S.E. of dpm/g tissue for 8 animals.

described for the nocturnal feeding studies. Statistical analysis was performed with a one-way ANOVA and a post-hoc Newman-Keuls test.

#### RESULTS

The levels of ir-DYN-8 and ir-DYN-17 in the hypothalamus of animals sacrificed approximately four hours into the nocturnal phase of the lighting cycle are shown in Fig 1. In W-256 TBR, nocturnal levels of ir-DYN-8 were 15% lower than those of sham-implanted animals ( $p < 0.05$ ). Mean nocturnal levels of ir-DYN-17 were also decreased by 15% in W-256 TBR, but were not significantly different from control.

The results of the regression analysis shown in Fig 2 reveals that nocturnal hypothalamic ir-DYN-17 levels of control rats were inversely correlated ( $r = -0.88$ ,  $p < 0.05$ ) to nocturnal food intake that was measured during the 3 hours just prior to sacrifice. In the W-256 TBR, no such correlation was observed ( $r = +0.64$ ,  $p > 0.10$ ).

As shown in Fig 3, corrected *in vivo* uptake of  $^3H$ -etorphine and  $^3H$ -ethylketocyclazocine in the hypothalamus did not differ in W-256 TBR and non-tumor-bearing rats. The *in vitro* binding analysis with  $^3H$ -ethylketocyclazocine also failed to detect significant differences in the number of kappa receptors present in the hypothalamus of the two groups [ $B_{max} \pm S.E.M.$  (pmole/mg protein) W-256 TBR =  $0.198 \pm 0.082$ , non-TBR =  $0.136 \pm 0.026$ ].

Administration of the kappa agonist ketocyclazocine markedly increased ( $p < 0.05$ ) two-hour daytime food intake in both the sham-implanted animals and the W-256 TBR (Fig 4). The degree of enhancement was similar in the two groups.

#### DISCUSSION

In the present study of the anorexic W-256 TBR, modest reductions in hypothalamic levels of ir-DYN-17 and ir-DYN-8 were observed during the *nocturnal* phase of the light cycle. This contrasts with our previous findings that *daytime*

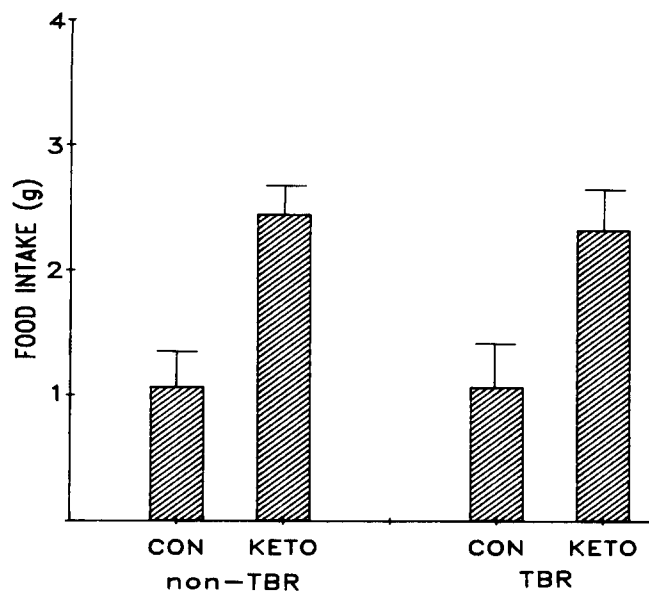


FIG 4 Daytime feeding response to ketocyclazocine (3 mg/kg, SC, KETO) in sham-implanted (non-TBR) and W-256 tumor-bearing rats (TBR). Control animals (CON) were injected with an acidic saline solution. Bars represent mean  $\pm$  S.E. 2 hr food intake for 6 animals.

hypothalamic levels of these peptides in W-256 TBR and non-tumor-bearing rats did not differ [34]. These divergent findings can be reconciled by the association of elevated nocturnal DYN levels in the hypothalamus with the maximal nocturnal feeding period of rats [26,28]. The observed nocturnal depletion concurs with our anticipation in this study that depletion of DYN in the W-256 TBR would be more apparent at night, the time when the W-256 TBR is anorexic [19, 22, 30].

The nocturnal hypothalamic levels of *ir*-DYN-17 and *ir*-DYN-8 reported here for non-tumor-bearing animals were higher than our previously reported levels obtained during the daytime [34]. Measurements of *ir*-DYN-8 and *ir*-DYN-17 in the hypothalamus of two non-TBR sacrificed during the daytime in the present study were similar to these previously reported daytime levels (approximately 16 pmole/mg tissue). Although the nocturnal levels of hypothalamic *ir*-DYN-17 and *ir*-DYN-8 levels in the W-256 TBR were also higher than daytime levels, the elevation of DYN in the W-256 TBR is not as marked as in the normal rat. Thus, if DYN levels indeed follow a circadian rhythm [27,29], the apparently modest reduction in nocturnal DYN may potentially reflect considerable "blunting" of the circadian elevation, and hence could contribute significantly to the nocturnal anorexia of the W-256 TBR.

Determining the relative importance of nocturnal DYN depletion in this tumor-induced anorexia is hindered by the

inability to assess turnover rates of this peptide [1]. This problem allows for only simple model speculation that a decrease in DYN levels, rather than release, leads to decreased food intake. The relationship between *ir*-DYN-17 levels and 3 hr food intake just prior to sacrifice in the W-256 TBR was in the direction consistent with this expectation (i.e., positive), but not significant ( $r = +0.64$ ,  $p < 0.17$ ). Surprisingly, the relation was reversed in non-tumor animals: animals that consumed the most food had the lowest *ir*-DYN-17 levels (Fig. 2). Given the well-documented stimulatory effect of kappa agonists on food intake [18, 20, 21], one interpretation of these data is that animals consuming the most food early in the night depleted a larger portion of their nocturnal DYN, thereby lowering their hypothalamic *ir*-DYN-17 levels toward daytime levels. A more detailed time-course analysis of the relationship between DYN levels and food intake in the W-256 TBR is required for a clearer understanding of the role of DYN depletion in this nocturnal anorexia.

The results of the subsequent studies did not indicate that the magnitude of the DYN depletion was severe enough to induce significant compensatory changes in the kappa opioid receptor. The unchanged uptake of  $^3\text{H}$ -etorphine, a non-specific, high affinity opioid receptor ligand [32], in the hypothalamus of the W-256 TBR indicates that opiate receptor occupation by endogenous opioids was not reduced. Even with the use of a radioligand with a higher selectivity for the kappa receptor,  $^3\text{H}$ -ethylketocyclazocine, significantly enhanced accumulation of radiolabel could not be demonstrated in the hypothalamus of the W-256 TBR. The *in vitro* study of  $^3\text{H}$ -ethylketocyclazocine binding to hypothalamic kappa receptors likewise failed to provide evidence for receptor up-regulation, since  $B_{\text{max}}$  was similar in control and the W-256 TBR. The intact ketocyclazocine-induced feeding response that was observed in the W-256 TBR in the daytime feeding study indicates that the kappa opioid receptor itself in these animals is not defective.

In conclusion, the apparently "blunted" nocturnal elevation of a potent appetite stimulant such as DYN may play a role in the selective reductions in nocturnal feeding in the W-256 TBR. In this regard, a coincident depression of nocturnal feeding and depletion of hypothalamic DYN has been previously observed in arcuate nucleus-lesioned rats [28]. It is most likely that diminished function of hypothalamic dynorphin systems represents only one of a number of factors, including alterations in brain catecholamine [13,25] and serotonergic activity [14,24], that underlie the nocturnal anorexia of the W-256 tumor-bearing rat.

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