# Chapter 5 ER Stress

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Abstract Glaucoma, an optic neuropathy resulting from retinal ganglion cell (RGC) death, is one of the leading causes of blindness worldwide. The causes of RGC death in glaucoma have been reported to arise from intraocular pressure, dysregulation of ocular circulation, autoimmune diseases, and genetic predisposition and so on. However, its pathological mechanisms remain unclear. Recently, it is focused on the involvement of endoplasmic reticulum (ER) stress in glaucoma. The authors demonstrated, for the first time, that various types of cellular stress induce ER stress before proceeding to RGC death. ER stress is caused by the accumulation of misfolded or unfolded proteins within the ER lumen. The excess ER stress leads to ER-stress-induced cell death, highlighting the possible mechanisms of neurodegenerative diseases, such as Alzheimer disease, amyotrophic lateral sclerosis, and Parkinson disease. This chapter introduces the involvement of ER stress in retinal cell death causing glaucoma and its therapeutic strategy.

**Keywords** Endoplasmic reticulum stress • Glucose-regulated protein 78 • Unfolded protein response

### 5.1 ER Stress and Neurodegeneration

In chronic neurodegenerative disorders such as Alzheimer disease, Parkinson disease, Huntington disease, and amyotrophic lateral sclerosis (ALS), abnormally unfolded proteins are known to aggregate and accumulate in neurons, and they are thought to be closely related to the initiation and development of these neurodegenerative diseases [1–3]. Recently, endoplasmic reticulum (ER) stress has been

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reported to induce neuronal cell death and, moreover, to play roles in neurodegenerative diseases [3]. ER stress is caused by a number of biochemical and physiological stimuli that result in the accumulation of unfolded proteins in the ER lumen, and it is closely associated with the neuronal cell injury caused by vascular and neurodegenerative diseases such as stroke, Alzheimer disease, and Parkinson disease [1, 4, 5].

The ER is the cellular organelle in which secreted and transmembrane proteins are newly synthesized, posttranslationally modified, and properly folded to function. Agents or conditions that adversely affect ER protein folding lead to an accumulation of unfolded or misfolded proteins in the ER, a condition defined as ER stress. ER stress activates signaling pathways, including the unfolded protein response (UPR) that counteracts the effects of the original stress. The accumulation of unfolded or misfolded proteins in the ER causes ER stress; a complex signaltransduction cascade, known as UPR, is activated to cope with ER stress [2], UPR is mediated by three types of ER transmembrane proteins: inositol-requiring enzyme 1 (IRE1), RNA-dependent protein kinase-like ER eukaryotic translation initiation factor  $2\alpha$  kinase (PERK), and activating transcription factor 6 (ATF6) [3], and the expression of both glucose-regulated protein 78 (GRP78)/BiP and C/EBPhomologous protein (CHOP) mRNAs is upregulated by the activation of these pathways (Fig. 5.1). UPR activates at least four pathways. One major component of the UPR is the elevated expression of molecular chaperones, such as GRP78/BiP, GRP94, and calreticulin, to increase protein folding activity and prevent protein aggregation [6]. Another component of UPR is the suppression of the protein burden through the global inhibition of translation. PERK is the sensor protein of UPR. The third component, ER-associated degradation, is extensive degradation of unfolded proteins. The final pathway induced by ER stress, CHOP, triggers cell cycle arrest and apoptosis [7]. ER stress can be induced by agents or conditions that interfere with (a) protein glycosylation (e.g., glucose starvation, tunicamycin, glucosamine), (b) disulfide-bond formation (e.g., DTT, homocysteine), (c)  $Ca^{2+}$ balance (A23187, thapsigargin, EGTA), and/or (d) a general overloading of the ER with proteins (e.g., viral or nonviral oncogenesis) [3, 6, 8].

#### 5.1.1 ER Stress and Retinal Ganglion Cell Death

Retinal ganglion cell (RGC) death is a common feature of many ophthalmic disorders such as glaucoma, optic neuropathies, and retinovascular diseases, such as diabetic retinopathy and retinal vein occlusions. RGC death has been reported to occur via a variety of mechanisms involving, for example, oxidative stress [9], excitatory amino acids [10], nitric oxide (NO) [11], and apoptosis [12]. Glutamate, one of the excitatory amino acids, is the main neurotransmitter in the retinal signaling pathway. Excessive glutamate increases both intracellular Ca<sup>2+</sup> and NO production through activation of the *N*-methyl-D-aspartate (NMDA)-type glutamate receptor, resulting in retinal cell death [13, 14]. However, little is known about the



**Fig. 5.1** ER-stress-signal pathways. *BiP*, glucose-regulated protein (GRP)78/BiP;  $eIF2\alpha$ , eukaryotic initiation factor  $2\alpha$ ; *CHOP*, C/EBP-homologous protein; *XBP-1*, X-box-binding protein 1; *ATF4*, activating transcription factor 4; *TRAF2*, TNF receptor-associated factor 2; *ASK1*, apoptosis signal-regulating kinase 1; *JNK*, c-Jun NH(2)-terminal kinase; *IRE1*, inositol-requiring enzyme 1; *PERK*, PKR-like ER kinase

role, if any, of ER stress in retinal damage. Recently, Uehara et al. [15] reported that in primary cortical culture, even mild exposure of NMDA induces apoptotic cell death. They demonstrated to be caused by an accumulation of polyubiquitinated proteins and increases in X-box-binding protein (XBP-1) mRNA splicing and CHOP mRNA, representing activation of the UPR signaling pathway. They also found that protein-disulfide isomerase (PDI), which assists in the maturation and transport of unfolded secretory proteins, prevented the neurotoxicity associated with ER stress. They suggest that neurodegenerative disorders might be mediated by S-nitrosylation of PDI, which would reduce its enzymatic activity. Their results strongly suggest that the activation of ER stress may participate in the retinal cell death occurring after NMDA-receptor activation and/or ischemic insult.

NMDA receptors may participate in the processes of excitotoxicity and neuronal death in the retina [16, 17]. Previous studies have found that TUNEL-positive cells can be observed in the retinal ganglion cell layer (GCL) and inner nuclear layer (INL) of the mouse retina at an early stage (within 24 h) after an intravitreal injection of NMDA [18, 19]. The hallmark of NMDA-induced neuronal death is a sustained increase in the intracellular Ca<sup>2+</sup> concentration accompanied by overactivation of vital Ca<sup>2+</sup>-dependent cellular enzymes [20]. Thus, the signal-transduction



**Fig. 5.2** Expression and localization of XBP-1–venus fusion protein in ERAI mouse retinas after various types of retinal damage. (a) Representative fluorescence photographs of increased XBP-1–venus fusion protein in ERAI mouse flat-mounted retina after *N*-methyl-D-aspartate (NMDA), intraocular pressure (IOP) elevation, or tunicamycin insult. The fluorescence (*green*) arising from

pathways for NMDA-mediated cell death in the retina are well studied, but not yet fully understood. To illuminate the role and distribution of ER stress in vivo, we focused on the retina of ER-stress-activated indicator (ERAI) transgenic mice carrying a human XBP-1 and venus, a variant of green fluorescent protein (GFP) fusion gene, in which effective identification of cells under ER-stress conditions is possible in vivo, as described in our previous report [21]. In flat-mounted retinas, fluorescence arising from the XBP-1-venus fusion protein was detected following various stimulations [tunicamycin, NMDA, and intraocular pressure (IOP) elevation] (Fig. 5.2). To our knowledge, this is the first report demonstrating that NMDA and ischemic insult (elevating IOP), in addition to tunicamycin, can activate the ER-stress signal (measured as the splicing of the XBP-1 and venus fusion gene in ERAI transgenic mice) in the retina in vivo. Interestingly, ER stress was also induced in the retina after a transient IOP elevation, defined as an ischemiareperfusion model. It has been reported that this model exhibits retinal cell damage similar to that induced by NMDA and that both of these examples of damage are protected against by dizocilpine, an NMDA-receptor antagonist, and by NO synthetase-inhibitor treatment [13, 22]. Although little is known about the precise mechanisms responsible for activation of ER stress after NMDA or IOP elevation (ischemia-reperfusion), both stimuli cause intracellular Ca2+ overload and increased NO production, resulting in apoptotic cell death. Several lines of study suggest that intracellular Ca<sup>2+</sup> overload and excessive production of NO deplete  $Ca^{2+}$  in the ER, thereby resulting in ER stress [23, 24]. Uehara et al. [15] reported that NO induces S-nitrosylation of PDI, an enzyme that assists in the maturation and transport of unfolded secretory proteins and thereby helps to prevent the neurotoxicity associated with ER stress. S-nitrosylated PDI exhibits reduced enzymatic activity and induces cell death through the ER-stress pathway. These mechanisms may contribute to the activation of ER stress in the retina after NMDA stimulation or IOP elevation. Accordingly, our findings may provide important new insights into the mechanisms underlying the retinal cell damage induced by NMDA and by ischemia-reperfusion. In transverse retinal sections, we observed an increase in fluorescence intensity within the cells of the GCL and IPL at 12 and 24 h, respectively, after NMDA injection. The cells displaying increased fluorescence were ganglion cells (at 12 h after the injection), amacrine cells in IPL (at 24 h), and

Fig. 5.2 (continued) XBP-1-venus fusion protein was observed under an epifluorescence microscope. The scale bar represents 25  $\mu$ m. (b) Distribution of increased XBP-1-venus fusion protein in retinal cross sections from ERAI mice after NMDA injection at 40 nmol/eye. The distribution of fluorescence (*green*) arising from XBP-1-venus fusion protein was observed under a laser confocal microscope. Each large box shows an enlargement of the area within the corresponding small box. (c) Localization of XBP-1-venus fusion protein in ERAI mouse retina after NMDA injection. In the retinal nerve fiber layer (*upper panels*), Thy-1-positive cells (*red*) can be seen to merge with XBP-1-venus fusion protein (*green*). In the *middle panels*, OX-42 (a microglia marker)-positive cells (*red*) are partly merged with XBP-1-venus fusion protein (*green*). In the inner plexiform layer (*lower panels*), HPC-1 (an amacrine marker)-positive cells (*red*) are merged with XBP-1-venus fusion protein (*green*). Modified from Shimazawa et al. [95]

microglia in GCL (at 72 h). These data indicate that ganglion cells may be more sensitive to ER stress than the other retinal cells examined. To further clarify the participation of ER stress, we examined the changes in GRP78/BiP and CHOP in the retina after NMDA-induced injury. We found (a) that NMDA induced GRP78/BiP proteins in the retina at 12 h after its injection (on the basis of immunoblots) and (b) that NMDA induced both GRP78/BiP and CHOP in the retina (especially within retinal ganglion cells and INL) at 12 h after its injection (on the basis of our immunostaining results). The expression of the CHOP gene reportedly increases in the rat retina after intravitreal injection of NMDA [25]. Furthermore, Awai et al. [26] found that treatment with MK-801, an NMDAreceptor antagonist, inhibited the increases in CHOP mRNA and protein in the mouse retina that are observed after intravitreal injection of NMDA and moreover that CHOP-deficient mice were resistant to NMDA-induced retinal damage. However, CHOP-deficient mice partially suppressed the NMDA-induced cell death, and therefore other pathways, such as mitochondrial dysfunction, may be engaged in the retinal cell death. Collectively, the above results indicate that NMDA can cause ER stress in the retina and that the neurotoxicity induced by NMDA is due in part to a mechanism dependent on CHOP protein induction through excessive ER stress. In conclusion, we have identified a close association between ER stress and retinal damage, and these results suggest that the ER-stress-signal pathway might be a good target in the treatment of retinal diseases.

#### 5.1.2 ER Stress in Glaucoma

Glaucoma is a multifactorial optic neuropathy characterized by RGC death [27]. This irreversible RGC death results in progressive visual field loss along with decreased color sensitivity and contrast [28]. Although RGC death can be observed in patients with normal ocular tension [29], if genetic, environmental, and other factors are involved [30], elevated IOP is a recognized risk factor for RGC degeneration in glaucoma. At present, the only well-established treatment of glaucoma involves lowering the IOP; however, visual field loss continues to progress in a subset of glaucoma patients even if medical and surgical treatments successfully lower the IOP [31]. Thus, new approaches to treating glaucoma, such as directly preventing RGC death, have been required in addition to regulating IOP, but the associated pathological mechanisms remain unclear. Therefore, further studies will be needed to clarify the precise mechanisms in glaucoma pathogenesis.

Previous studies suggest that there is a significantly higher rate of glaucoma occurrence among patients with Alzheimer disease (AD), the most common form of dementia, than control subjects, suggesting a possible relationship between these two diseases [32]. Briefly, Bayer et al. [32] noted that Alzheimer's patients had a greater rate of glaucoma occurrence (25.9 %) than a control group (5.2 %). Subsequently, we reported (a) that the concentrations of A $\beta_{1-42}$  and tau were decreased and increased, respectively, in vitreous fluid from patients with glaucoma and

73

diabetic retinopathy (vs. macular hole controls) [33], (b) that in AD transgenic mice (Tg2576/PS1 mutant), there was a significant decrease in the visual function [34], and (c) that  $\beta$ -secretase inhibitors reduced glutamate-induced cell death in rat primary cultured retinal ganglion cells [35]. On the other hand, a chronic elevation of IOP induces  $A\beta$  in RGCs in experimental rat glaucoma [30]. This result is consistent with some reports on experimental glaucoma models of rats [36] and mice [37]. Furthermore, Guo et al. [36] reported that neutralizing antibody to  $A\beta$ significantly delays and attenuates RGC apoptosis in experimental glaucoma. These findings indicate that  $A\beta_{1-42}$  neurotoxicity as AD brain may be involved in RGC death in glaucoma; however, the study by Guo and colleagues [36] did not use primate, but rodents (mouse and rat) for the study of experimental glaucoma. Recently, we found that the expression of  $A\beta_{1-42}$  was increased in the retina and the optic nerve head (ONH) of monkeys with experimental glaucoma [38]. Thus, accumulations of A $\beta$  in the retina and ONH may be involved in glaucoma pathogenesis. So far, many researchers [39-42] reported that the accumulation of A $\beta$  may be associated with ER stress in the brains of AD model mice and AD patients; therefore, ER stress may be closely related to RGC death in glaucoma. Doh et al. [43] investigated whether ER stress induced RGC death in chronic ocular hypertension, one of the RGC death mechanisms, using an experimental glaucoma rat model and demonstrated that GRP78/BiP, p-PERK, and CHOP were significantly expressed in the retina with chronic IOP elevation. This finding strongly suggests that ER stress is involved in RGC death in glaucoma, and the PERK-p $eIF2\alpha$ -CHOP pathway plays a role in the RGC death associated with ER stress. Recently, Yang et al. [44] reported that the expression of various ER-resident proteins, including GRP78/BiP and PDI, and ER sensor proteins detecting UPR including ATF6 and IRE1 was increased in the retina of glaucoma patients. These findings strongly supported the involvement of ER stress in glaucoma pathogenesis, but further studies will be needed to demonstrate it.

#### 5.1.3 ER Stress in Lateral Geniculate Nucleus of Glaucoma

Recent evidence indicates that glaucomatous damage extends from the retina to the visual center of the brain, including the lateral geniculate nucleus (LGN) and the primary visual cortex [45–47]. In particular, neuronal damage in the LGN in monkey glaucoma models can be detected in the early phase (the first few weeks) after IOP elevation [48–50]. Furthermore, relay neurons, a type of LGN neuron that proceed to synapse in the visual cortex, were more vulnerable than the other types of LGN neurons after IOP elevation [51, 52]. In addition, most of the degenerative and compensatory changes in the LGN occur in the relay neurons after total deafferentation [53, 54]. Therefore, protecting relay and retinal neurons may be effective in preventing blindness in glaucoma cases because visual information entering the eye is processed in the retina and then transmitted to the LGN, from where signals are relayed to the visual cortex.

In the LGN, the relay neurons predominately express the NMDA receptor [55– 58]. In glaucoma models, excessive activation of this receptor leads to an overload of intracellular  $Ca^{2+}$  [59, 60]. Such elevations in  $Ca^{2+}$  elicit the activation of NO formation through NO-synthase activation [15, 61–63]. NO induces S-nitrosylation of PDI and inhibits its enzymatic activity as described in Sect. 5.1.1 [15]. As a consequence, this leads to excess accumulation of misfolded or unfolded proteins within the ER that may lead to ER-stress-induced cell death via the p-eIF2 $\alpha$ -CHOP signal pathway [15, 64–66]. The involvement of ER stress in relay neuronal atrophy and death within the LGN via the NMDA-Ca<sup>2+</sup>-NO synthase/NO pathway after IOP elevation supports our results: memantine, an NMDA antagonist, and lomerizine, a Ca<sup>2+</sup> channel blocker, reduced neuronal atrophy in the LGN after retinal damage [60, 67]. Furthermore, we demonstrated that TUNEL-positive apoptotic cells and the production of ER-stress-related proteins were increased in LGN neurons of glaucoma monkeys [68]. Regarding the localization of ER-stressrelated proteins, parvalbumin-positive relay neurons in the LGN layers connected to the eye with elevated IOP were found to express p-eIF2a and CHOP at 11-24 weeks after chronic IOP elevation. Delayed neuronal death in these regions progressed gradually following RGC axon loss by IOP elevation. As expression of the ER-stress-related proteins measured here may be detected before dying cells at each sampling point (i.e., at 4, 11, 15, and 24 weeks after IOP elevation), the number of cells positive for ER-stress markers may be relatively low in comparison with the number (and extent) of parvalbumin-positive relay neuron loss in the LGN. The total number of detectable neuron loss in the LGN, but not cells positive for ER-stress markers, increased during the study period. Therefore, the number of ERstress-positive cells in the LGN at each sampling point may be smaller than those undergoing neuronal cell death. In this context, it is noteworthy that the timing of the upregulation of p-eIF2 $\alpha$  and CHOP proteins coincided with the timing of the decrease in neuronal cells during the study period and these ER-stress-related proteins were co-localized with parvalbumin-positive relay neurons. Furthermore, the increase in polyubiquitinated proteins was preceded by an increase in TUNELpositive cells in the LGN after the laser photocoagulation treatment during the study period. These findings indicate that excessive ER stress (caused by the accumulation of misfolded or unfolded proteins) induces LGN neuronal death via the activation of the ER-dependent apoptotic pathway, suggesting that the ER-stress pathway may play an important role in LGN neuronal death after IOP elevation. On the other hand, an increase in GRP78/BiP was not detected in the LGN after IOP elevation during the study period as assessed by immunostaining (data not shown). A possible explanation for this observation is a direct cytotoxic effect of p-eIF2 $\alpha$  [69] and activation of the caspase-3 pathway [70–72], whereby p-eIF2 $\alpha$  directly mediates apoptosis in response to activation of the double-stranded RNA-dependent protein kinase (PKR). In fact, we have previously shown that inhibition of PKR activation was neuroprotective against ER-stress-induced RGC death [73]. Although GRP78/BiP expression requires further studies, the present data suggest that impaired induction of antiapoptotic GRP78/BiP is accompanied by a strong induction of proapoptotic signal in the ER, indicating a signal imbalance **Fig. 5.3** Chemical structure of 1-(3,4-dihydroxyphenyl)-2-thiocyanate-ethanone (BIX)



leaning toward cell death. We have previously shown that a preferential inducer of GRP78/BiP exhibited the potential to be a therapeutic agent for ER-stress-induced retinal diseases [74–76]. In conclusion, the present study indicates that ER stress may be involved in LGN neuronal death after IOP elevation and the upregulation of p-eIF2 $\alpha$  and CHOP protein levels in the parvalbumin-positive relay neurons may play roles in the cell death process induced by high IOP in monkey. These findings also indicate that ER stress induced by retinal damage may play a pivotal role in the pathogenesis of the blindness caused by retinal diseases such as glaucoma.

## 5.1.4 ER Stress Targeting Agents for Neuroprotection in Glaucoma

GRP78/BiP, a highly conserved member of the 70 kDa heat-shock protein family, is one of the chaperones localized to the ER membrane [23, 77], and it is a major ER-luminal Ca<sup>2+</sup>-storage protein [78, 79]. GRP78/BiP works to restore folding in misfolded or incompletely assembled proteins [80-82], the interaction between BiP and misfolded proteins being dependent on its hydrophobic motifs [83–85]. Proteins stably bound to BiP are subsequently translocated from the ER into the cytosol, where they are degraded by proteasomes [86, 87]. Previous reports have show that induction of BiP prevents the neuronal death induced by ER stress [88–91]. Hence, a selective inducer of BiP might attenuate ER stress and be a new, useful therapeutic agent for the treatment of ER-stress-associated diseases. This seemed an interesting idea, and we recently identified BiP inducer X (BIX, Fig. 5.3) while screening for low-molecular-mass compounds that might induce BiP using highthroughput screening with a BiP reporter assay system (Dual-Luciferase Reporter Assay; Promega Corporation, Madison, WI) [74]. We found that BIX preferentially induced BiP mRNA and protein in SK-N-SH cells and reduced tunicamycininduced cell death. Intracerebroventricular pretreatment with BIX reduced the infarction size after focal cerebral ischemia in mice. In view of the retinal research described above, we wondered whether BIX might reduce the retinal ganglion cell loss and CHOP expression induced by tunicamycin or NMDA treatment.

BIX preferentially induced GRP78/BiP mRNA in RGC-5 (a retinal precursor cell line) [76]. Although it also induced GRP94, calreticulin, p58IPK, and ASNS, these inductions were lower than that of GRP78/BiP. This is consistent with our previous study that BIX preferentially induced BiP with slight inductions of GRP94, calreticulin, and CHOP mediated by the ATF6 pathway accompanied by

activation of ERSEs and that BIX does not affect the pathway downstream of IRE1 or the translational control branch downstream of PERK in SK-N-SH cells [74]. Therefore, BIX is not just an ER stressor such as tunicamycin or thapsigargin, and we consider that the induction of GRP78/BiP by BIX is mediated by the ATF6 pathway in RGC-5 similar to that in SK-N-SH cells. Next, we evaluated the effects of BIX, as a preferential inducer of GRP78/BiP, on ER-stress-induced in vitro cell death in RGC-5 and in vivo retinal damage in mice. BIX reduced tunicamycininduced cell death in RGC-5 and also reduced both tunicamycin-induced and NMDA-induced retinal damage in mice [76]. Our previous study revealed that BIX (a) reduced tunicamycin-induced cell death in SK-N-SH cells, (b) contributed to the induction of GRP78/BiP expression via the ATF-6 pathway (but not via the PERK or IRE1 pathways), and (c), on intracerebroventricular injection, prevented the neuronal damage induced by focal ischemia in mice [74]. Furthermore, immunostaining revealed that intravitreal injection of BIX significantly induced GRP78/BiP protein in mouse retina. On the other hand, there was little protective effect of BIX against RGC-5 damages after staurosporine treatment. Staurosporine is well known as a nonspecific inhibitor of protein kinases and initiates caspasedependent apoptosis in many cell types [92, 93]. Our previous studies revealed that staurosporine induced cell death without any changes in the expression of BiP or CHOP protein [73, 94]. Furthermore, a preliminary study showed that treatment with BIX (1 and 5 µM) did not inhibit RGC-5 cell death 48 h after serum deprivation, which does not induce any UPR responses such as BiP or CHOP (unpublished data). These results strongly support that BIX selectively protects cell damage induced by ER stress. Recently, we reported that in mice, increased expressions of XBP-1 splicing, BiP, and CHOP could be detected after the induction of retinal damage by tunicamycin, NMDA, or an elevation of IOP [95]. That report was the first to demonstrate an involvement of ER stress and BiP in retinal cell death in mice. Hence, we asked whether BIX can prevent such retinal damage. By histologic analysis and TUNEL staining, we estimated that BIX reduced tunicamycin-induced retinal damage. Furthermore, we used Thy-1-CFP transgenic mice to examine the effect of BIX in a large retinal area [96]. This transgene contains a CFP gene under the direction of regulatory elements derived from the mouse Thy-1 gene, and the transgenic mice express CFP protein in RGC and in the inner part of the IPL of the retina [96]. BIX exerted protective effects against tunicamycin-induced retinal damage in the Thy-1–CFP transgenic mice (Fig. 5.4) and NMDA-induced retinal damage in ddY mice. NMDA is well known to induce RGC death and optic nerve loss (effects mediated by excitatory glutamate receptor), and such neuronal death is believed to play a role in many neurologic and neurodegenerative diseases [14, 97]. Uehara et al. [15] noted that mild exposure to NMDA induced apoptotic cell death in primary cortical culture, and they demonstrated this effect to be caused by an accumulation of polyubiquitinated proteins and increases in XBP-1 mRNA splicing and CHOP mRNA (reflecting activation of the UPR signaling pathway). They also found that PDI, which assists in the maturation and transport of unfolded secretory proteins, prevented the neurotoxicity associated with ER stress. These findings suggested that activation of ER stress



**Fig. 5.4** Effects of BIX on retinal damage induced by intravitreal injection of tunicamycin (Tm) in Thy-1–CFP transgenic mice. Mouse retinas (flat mounts) at 7 days after intravitreal injection of (**a**) vehicle, (**b**) BIX (5 nmol), (**c**) Tm (1 µg), or (**d**) Tm (1 µg) plus BIX (5 nmol). Damage was evaluated by counting Thy-1–CFP-positive cell numbers in the four *white areas* shown in (**e**) (each area 0.144 mm<sup>2</sup> × 4 areas; total 0.576 mm<sup>2</sup>) at 7 days after the above intravitreal injections. (**f**) Effect of BIX against Tm-induced damage (indicated by decreased number of Thy-1–CFP-positive cells) at 7 days after intravitreal injection. Data are shown as mean  $\pm$  SE (n = 9 or 10). \*P < 0.05 versus tunicamycin alone. Scale bar represents 25 µm. Modified from Inokuchi et al. [76]

may participate in the retinal cell death occurring after NMDA-receptor activation and/or an ischemic insult [15]. BIX also attenuated the CHOP protein expression induced by either tunicamycin or NMDA in the mouse retina in vivo. As mentioned above, BIX may affect CHOP protein expression through ATF6 pathway, but no change was observed in BIX-treated RGC-5. In SK-N-SH cells, BIX slightly increased CHOP mRNA only at 2 h after the treatment. Expression of CHOP is mainly regulated by three transcription factors-ATF4, cleaved ATF6, and XBP-1-which are downstream effectors during ER stress in similar to other ER chaperones. These differences between BiP and CHOP expression by BIX may be due to the difference of their promoters. CHOP promoter contains at least two ERSE motifs (CHOP ERSE-1 and CHOP ERSE-2) located in opposite directions with a 9 bp overlap, and one of ERSEs is inactive [98]. On the other hand, BiP promoter has three functional ERSE motifs of the rat GRP78/BiP promoter (ERSE-163, ERSE-131, and ERSE-98) [99]. These variations in each promoter may contribute to the differences among the expressions of ER chaperons induced by BIX and the lack of CHOP expression.

In conclusion, we have demonstrated that BIX, a preferential inducer of BiP, inhibits both the neuronal cell death induced by ER stress in vitro in RGC-5 cells and in vivo in the mouse retina. Hence, an increase in BiP might be one of the targets of mechanisms bestowing neuroprotection in retinal diseases.

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