Targeting the cell cycle inhibitor p57Kip2 promotes adult human β cell replication

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Children with focal hyperinsulinism of infancy display a dramatic, non-neoplastic clonal expansion of β cells that have undergone mitotic recombination, resulting in paternal disomy of part of chromosome 11. This disomic region contains imprinted genes, including the gene encoding the cell cycle inhibitor p57Kip2 (CDKN1C), which is silenced as a consequence of the recombination event. We hypothesized that targeting p57Kip2 could stimulate adult human β cell replication. Indeed, when we suppressed CDKN1C expression in human islets obtained from deceased adult organ donors and transplanted them into hyperglycemic, immunodeficient mice, β cell replication increased more than 3-fold. The newly replicated cells retained properties of mature β cells, including the expression of β cell markers such as insulin, PDX1, and NKX6.1. Importantly, these newly replicated cells demonstrated normal glucose-induced calcium influx, further indicating β cell functionality. These findings provide a molecular explanation for the massive β cell replication that occurs in children with focal hyperinsulinism. These data also provided evidence that β cells from older humans, in which baseline replication is negligible, can be coaxed to re-enter and complete the cell cycle while maintaining mature β cell properties. Thus, controlled manipulation of this pathway holds promise for the expansion of β cells in patients with type 2 diabetes.

Introduction

Hyperinsulinism of infancy is a clinical syndrome of pancreatic β cell dysfunction characterized by a failure to suppress insulin secretion in the presence of hypoglycemia (1). In most patients, the disease is caused by recessive mutations of the sulfonylurea receptor 1 (SUR1) gene ABCC8 or the potassium channel (KIR6.2) gene KCNJ11 (2, 3), encoding the two subunits of the β cell ATP-sensitive K+ (KATP) channel, which controls insulin secretion. Histologically, hyperinsulinism presents as two major subtypes: diffuse and focal (4). The diffuse form involves all β cells (5), while in focal hyperinsulinism, adenomatous hyperplasia occurs within a limited region of the pancreas. This mass of β cells originates from clonal expansion of a single cell, in which a recessive mutation of either the ABCC8 or KCNJ11 gene is inherited on the paternal allele (Figure 1A). On that background, a somatic recombination of the p terminus of chromosome 11 occurs during fetal development, resulting in duplication of the paternal allele concomitant with loss of the maternal allele, leading to homozgyosity for the mutated ABCC8/KCNJ11 locus and uniparental disomy for all genes telomeric to ABCC8/KCNJ11 (6, 7). The duplicated segment contains several maternally expressed imprinted genes including CDKN1C, which encodes the cyclin-dependent kinase inhibitor p57Kip2 (8). Therefore, in β cells descendant from this mutant precursor, p57Kip2 expression is extinguished (9).

p57Kip2 causes cell cycle arrest in terminally differentiated cells through inhibition of several G1 cyclin/CDK complexes, and its expression of β cell markers such as insulin, PDX1, and NKX6.1. Importantly, these newly replicated cells demonstrated normal glucose-induced calcium influx, further indicating β cell functionality. These findings provide a molecular explanation for the massive β cell replication that occurs in children with focal hyperinsulinism. These data also provided evidence that β cells from older humans, in which baseline replication is negligible, can be coaxed to re-enter and complete the cell cycle while maintaining mature β cell properties. Thus, controlled manipulation of this pathway holds promise for the expansion of β cells in patients with type 2 diabetes.

Results and Discussion

Since p57Kip2 is expressed in β cells of humans but not in those of rodents, we used islets from deceased human organ donors for our study. To modulate p57Kip2 expression, we used shRNA-mediated gene suppression delivered by lentiviral particles, which can efficiently transduce nondividing cells and express the shRNA construct (12). First, we tested multiple shRNAs to specifically abolish CDKN1C mRNA expression in HEK293 cells (Figure 1B) and used the most efficient construct (pS7c) to produce lentiviral particles. Transduction of human islets with p57Kip2 shRNA lentivirus caused over a 70% reduction in CDKN1C mRNA levels (Figure 1C) in infected cells, while it did not affect the mRNA levels of other cell cycle inhibitors such as p16, p21, and p27 (Supplemental Figure 1A; supplemental material available online with this article; doi:10.1172/JCI69519DS1). Cultured human islets transduced with lentiviral particles and cultured for 72 hours showed strong expression of turbo-GFP in about 25% of the cells (Figure 1D).

Attempts at stimulating human β cell replication in cultured, lentivirally transduced human islets were unsuccessful (data not shown). Therefore, we chose to transplant transduced human islets under the kidney capsule of immunodeficient mice, which allows for islet revascularization and exposure to host factors. Immunodeficient mice were rendered diabetic using streptozotocin (STZ) to provide an additional mitogenic stimulus for the transplanted β cells (13). During the entire transplantation period (~20 days), replicating cells were labeled by the thymidine analog BrdU, which was supplied in the drinking water. Immunostaining of the grafts

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for turbo-GFP showed an overall increase in the percentage of β cells expressing GFP compared with that observed in cultured islets, likely due to spread of the virus and continued protein accumulation in the graft (Figure 1E). The majority of the grafts showed normalized blood glucose levels over time in both experimental and control grafts (Figure 2A). Importantly, the number of BrdU-positive β cells increased by more than 3-fold in p57Kip2-suppressed β cells when compared with nontargeting (NT) shRNA–treated control islets (2.71% ± 0.44% and 0.84% ± 0.13% respectively, P < 0.01; Figure 2B) from all 4 donors. The effect of p57Kip2 suppression was specific to β cells, since BrdU-positive α and δ cells were extremely rare in recovered grafts (Supplemental Figure 2).

The stimulatory effect of p57Kip2 suppression is especially remarkable considering that these studies were performed on islets from deceased organ donors over the age of 50 years, an age when significant β cell proliferation was thought to be impossible (14).

Measurement of both mouse and human C-peptide levels in transplanted mice revealed no significant difference between experimental and control groups (Figure 2C), demonstrating that sustained expression of the p57Kip2 shRNA construct was not detrimental to islet function. As described below, the lack of a significant increase in human C-peptide in mice transplanted with p57Kip2-suppressed islets is expected, since the total number of cells that underwent replication was not sufficient to substantially impact the overall mass of the entire graft.

p57Kip2 expression was suppressed in approximately one-third of all β cells, as assessed by immunostaining, and newly replicated β cells exhibited very low p57Kip2 protein levels (Figure 2D). Simi-
Figure 2
Increased β cell replication in p57Kip2-suppressed human islets. (A) Blood glucose levels of STZ-treated immunodeficient mice transplanted with p57Kip2-suppressed (blue line) and control human islets (red line) were not statistically different (n = 9 mice per group). (B) BrdU-positive β cells in shRNA lentiviral–transduced, engrafted human islets. Average percentage of BrdU-positive β cells in p57Kip2-suppressed islets (blue bars, 2.71%) was significantly higher (*P < 0.01) than in NT shRNA–transduced islets (red bars, 0.84%). (C) Human and mouse C-peptide levels of mice transplanted with p57Kip2-suppressed and control human islets (blue and red bars, respectively) just before graft recovery (n = 6 per group). (D) Proliferating β cells in p57Kip2-suppressed human islets show negligible p57Kip2 levels. Costaining for p57Kip2 (white), insulin (green), BrdU (red), and DNA (blue). Arrows point to BrdU-positive/p57Kip2-negative β cells. (E) No activation of the DNA damage response by p57Kip2 suppression was observed. Costaining for γH2AX (white), insulin (green), BrdU (red), and DNA (blue). Arrows point to BrdU-positive/γH2AX-negative β cells. (F) Forced cell cycle entry by overexpression of HNF4α induces the DNA damage response. Costaining for γH2AX (white), BrdU (red), and DNA (blue). Arrows point to BrdU/γH2AX double-positive islet cells. (G) 25% ± 9.5% (SD) of newly replicated β cells are doublets. Costaining for PDX1 (green), BrdU (red), and nuclei (blue). Arrows point to BrdU/PDX1 double-positive β cells in close proximity to one another. (H) Some newly replicated β cells stain for the cell cycle marker Ki67. Costaining for Ki67 (white), insulin (green), BrdU (red), and DNA (blue). Arrow points to a BrdU/insulin/Ki67-positive β cell. Scale bars: 20 μm.
larly, low p57Kip2 protein levels were present in BrdU-positive β cells in control grafts transduced with the NT shRNA virus (Supplemen-
tal Figure 2C), supporting the notion that p57 Kip2 limits human 
β cell replication. The background of BrdU incorporation observed 
in control grafts is likely driven by the mitogenic stimulus induced 
by the high blood glucose levels in the STZ-treated diabetic mice 
(13). Transplantation of lentivirally transduced islets into normo-
glycemic immunodeficient mice did not augment 
β cell replication, indicating that hyperglycemia is an important costimulant for the 
replication of adult human 
β cells in this system (Supplemental 
Figure 1, C–E). Since 
β cells in focal lesions frequently undergo 
apoptosis (7, 11), we performed 
TUNEL staining for apoptotic 
cells on recovered islets and found no 
TUNEL-positive 
β cells in the 
p57Kip2-suppressed graft (Supplemental Figure 2D).

DNA incorporation of BrdU does not necessarily indicate suc-
cessful replication, and forced entry of β cells into the cell cycle, 
either by overexpression of the transcription factor HNF4α or 
the cell cycle promoters cyclin D3 and CDK6, frequently leads to 
repeated firing of the same origins of replication, resulting in col-
lision of replication forks, induction of the DNA damage response, 
and cell cycle arrest (15). To evaluate whether p57Kip2 suppression 
resulted in DNA damage, we stained p57Kip2-suppressed islets for 
phosphorylated histone H2AX (γ H2AX), a well-established DNA 
damage marker (16). As shown in Figure 2E, none of the replicat-
ing cells were 
γH2AX-positive, indicating an absence of the DNA 
damage response, whereas human islets overexpressing HNF4α 
were positive for 
γH2AX (Figure 2F).

In order to demonstrate successful replication, we evaluated 
“doublets,” i.e., the presence of BrdU-positive daughter cells in 
close proximity to one another. Since the division of cells is a 3D 
process, 2D sectioning is expected to capture about one-third 
of all doublets. Therefore, if all BrdU-positive cells underwent a 
complete cell cycle, we would expect approximately 33% of cells 
in doublets. Indeed, we found that 25% ± 9.5% of newly replicated 
β cells were present as doublets (Figure 2G). In addition, a frac-
tion of the BrdU-positive 
β cells stained for Ki67, a proliferation 
marker that is expressed throughout the cell cycle, labeling cells 
that were undergoing replication within 12 hours preceding recov-
ery of the graft (Figure 2H). As predicted, most 
β cells were BrdU 
positive, but Ki67 negative, since they had replicated several days 
before graft removal.

Cellular proliferation is frequently associated with transient 
de-differentiation (17). If stimulation of human β cell replication 
is to be pursued as a therapeutic approach to compensate for func-
tional β cell loss in diabetes, then newly replicated β cells must 
quickly reestablish the properties of mature 
β cells. Because the 
number of newly replicated β cells is small compared with that 
of the preexisting cells (about 2.7% on average), direct assessment 
of increased glucose-stimulated insulin production from whole 
transduced islets in “bulk assays” is not feasible, as these mea-
urements largely reflect the properties of preexisting cells. There-
fore, to assess whether 
β cells that had replicated in response to 
p57Kip2 suppression had regained their differentiation status, we 
performed dual immunofluorescence labeling for BrdU and mark-
ers of mature 
β cells. We observed that BrdU-positive β cells in 
p57-suppressed human islets expressed NKX6.1 and PDX1, thus 
maintaining or regaining the molecular signature of their mature 
counterparts (Supplemental Figure 3).
brief report

To test whether β cells regained functionality after replication, we performed single-cell calcium imaging using Fura-2. Increased intracellular Ca\(^{2+}\) ([Ca\(^{2+}\)]\(_i\)) is the penultimate step in glucose-stimulated insulin secretion, triggering the fusion of docked insulin granules with the plasma membrane (18). Therefore, the glucose thresholds for [Ca\(^{2+}\)]\(_i\) and insulin secretion are identical. We transplanted p57\(^{Kip2}\)-suppressed human islets under the kidney capsule of immunodeficient mice and monitored proliferation with BrdU for 20 days to capture any replication event. Recovered grafts were dispersed, and single islet cells were cultured, loaded with Fura-2, and analyzed for glucose-stimulated [Ca\(^{2+}\)]\(_i\). After completion of the calcium trace, the same cells were analyzed for BrdU incorporation by immunostaining. When comparing the calcium influx profile of newly replicated BrdU-positive β cells with their neighboring, nondividing β cells, we observed the typical response to glucose stimulation in both (Figure 3). We believe that this new methodology allows for the first time to directly confirm that function was regained in newly replicated human β cells.

In summary, this study provides a mechanistic, molecular explanation for increased β cell replication in children with focal hyperinsulinism (11). Our data further demonstrate that suppression of p57\(^{Kip2}\) in adult human pancreatic β cells, in concert with high levels of circulating glucose, allows successful β cell replication. Recently, we compared the expression profile of human pancreatic α, β, and acinar cells using high-throughput RNA sequencing analysis and showed that the p57\(^{Kip2}\) transcript is at least 30 times more abundant than that of any other cell cycle inhibitor in the adult human β cell (19). However, our data do not exclude the possibility that other genes in the imprinted region on chromosome 11 contribute to the clonal β cell expansion observed in focal hyperinsulinism and thus could be targeted to achieve a further enhancement of replication in adult β cells. Importantly, by reproducing the p57\(^{Kip2}\)-deficient state in β cells of aged human islets, we show that quiescent β cells can be coaxed to re-enter and successfully complete the cell cycle while maintaining essential properties of mature β cells. In contrast to prior reports of β cell replication using forced expression of cell cycle regulators (20), we found that p57\(^{Kip2}\) suppression did not cause appreciable DNA damage, and newly replicated β cells were fully glucose responsive. Thus, p57\(^{Kip2}\) is a promising target for diabetes therapy via β cell mass expansion.

Methods

Lentiviral transduction and xenotransplantation of human cadaveric islets. Cadaveric human islets were transduced with a lentivirus encoding an shRNA against p57\(^{Kip2}\) and transplanted under the kidney capsule of STZ diabetic, immunodeficient mice.

Statistics. Student’s t tests with paired observation and single-tail distribution were used to determine the significance of difference between the levels of β cell proliferation in the p57\(^{Kip2}\) shRNA- and NT shRNA-transduced islets. A P value of less than 0.01 was considered significant. All data are presented as the means ± SD of the mean.

Study approval. The experiments using islets obtained from cadaveric organ donors were declared exempt by the IRB of the University of Pennsylvania. The animal studies were approved by the IACUC of the University of Pennsylvania.

Full Methods and any associated references are available in the Supplemental Methods.

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