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International Centre for Genetic Engineering and Biotechnology (ICGEB)

# Terapia Genica e Medicina Rigenerativa

Trieste

# Cardiovascular Biology Lab

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# Terapia Genica e Medicina Rigenerativa

- Biologia dell'invecchiamento
- Introduzione all'ingegneria genetica e alla terapia genica
- Vettori retrovirali e terapia genica delle malattie del sistema ematopoietico
- Vettori AAV e terapia genica delle malattie del muscolo e dell'emofilia
- Nuove terapie per la malattie oculari
- Terapia genica delle malattie neurodegenerative
- Terapia genica delle malattie cardiovascolari
- Vettori adenovirali e terapia genica dei tumori
- Tecniche di silenziamento genico e applicazioni
- Cellule staminali
- Terapia cellulare e genica per la rigenerazione della pelle
- Rigenerazione cardiaca
- Terapia cellulare del sistema nervoso
- Gene editing
- Ingegneria tessutale

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# Aging

Trieste

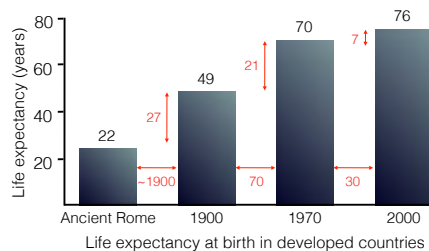
## Aging



Aging is commonly characterized as a **progressive, generalized impairment of function, resulting in an increasing vulnerability to environmental challenge and a growing risk of disease and death.** It is also usually accompanied by a decline in fertility. Thus, aging is associated with major age-related losses in Darwinian fitness, posing the puzzle of why it has not been more effectively opposed by natural selection.

*"It is remarkable that after a seemingly miraculous feat of morphogenesis, a complex metazoan should be unable to perform the much simpler task of merely maintaining what is already formed"* (Williams, 1957)

## How long shall we live?



- US Census Bureau Middle Series: life expectancy in 2050 will be ~82 years for both sexes in the US
- US Social Security Administration: life expectancy of 78.1, 80.4 and 83.5 years for both sexes in 2066 on three alternative assumptions
- G7 Industrialized Countries: life expectancy in 2050 with a maximum of 90.9 in Japan and a minimum of 82.9 years in USA

## Shall we live forever?

Maximum life span for the human species (unchanged in the last 100,000 years): 125 years

The longest-lived human being is Jeanne Calment (122.5 years), died in France, in August 1997

### Maximum life span in other species:

- Rat: 3 years
- Squirrel: 25 years
- Sheep: 12 years
- Turtle: 150 years
- Dog: 15-30 years
- Fly: 3 months
- Canary 15 years
- Bat 50 years

In animal studies, **maximum life span** is often taken to be the mean life span of the most long-lived 10% of a given cohort. By another definition, however, maximum life span corresponds to the age at which the oldest known member of a species or experimental group has died. Calculation of the maximum life span in the latter sense depends upon initial sample size.

### EXISTENCE OF A BIOLOGICAL CLOCK?

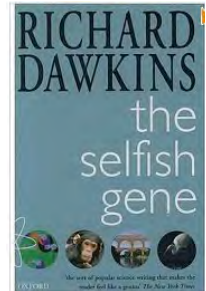
## Why do we age?

Final part of the developmental program

(aging selected because provides advantage to the species?)

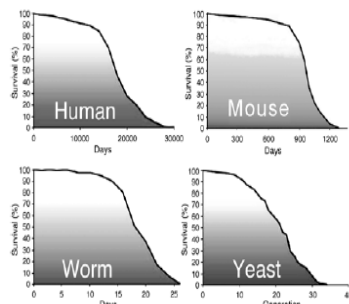
## How do we age?

Exhaustion of the proliferative or functional capacity of all or some somatic cells (eg. in stem cells?)  
Changes in biochemical composition of tissues (increased adipose tissue, lipofuscin deposit, increased ECM component cross-linking, increased glycation products)



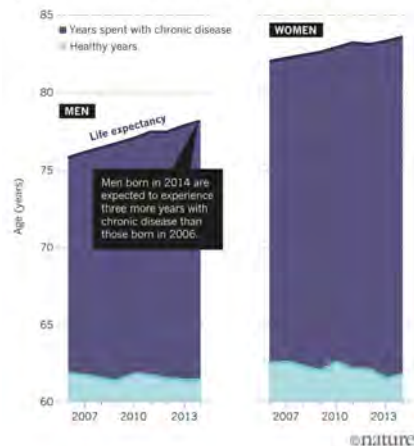
## Age-related diseases are degenerative in nature and compressed at the end of our life

- Increased mortality with age maturation
- Increased susceptibility and vulnerability to disease (centenarians live >90% of their lives in very good health and with high level of independence - marked morbidity compression toward the end of life)



### MORE YEARS OF WHAT?

In Europe, men and women are living longer. They are also spending more years with chronic conditions such as diabetes, cancer and Alzheimer's disease.



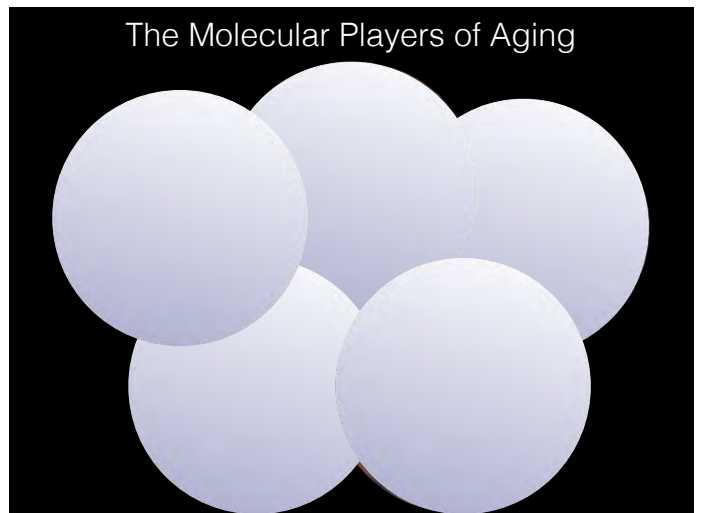
Nature 2018

## Theories of Aging

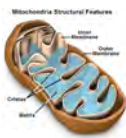
1. **Somatic mutation theory or Loose cannon theory or Free radical theory of aging.** Damage produced by free radicals, glucose, or other agents slowly disrupt cellular macromolecules. This causes an age-related increase in somatic mutation and other forms of DNA damage
2. **Telomere loss theory.** A decline in cellular division capacity with age linked to the progressive shortening of telomeres as cells divide
3. **Mitochondrial theory.** Accumulation of mitochondrial DNA mutations with age
4. **Altered proteins theory and waste accumulation theory.** Accumulation over time of damaged proteins (e.g. Alzheimer's disease, Parkinson's disease, cataract, etc.). Linked to functional declines of proteasomes and chaperones
5. **Antagonistic pleiotropic theory.** Pleiotropic genes exist having opposite effects on fitness at different ages: they are beneficial in early life, when natural selection is strong, but harmful at later ages, when selection is weak
6. **Mutation accumulation theory.** Since late-acting alleles, arising by de novo germline mutation, are not efficiently selected by natural selection, over successive generations they accumulate within the genome.
7. **Rate of living theory.** Metabolic rate is inversely correlated with longevity. Smaller mammals tend to have high metabolic rates and thus tend to die at an earlier age than larger mammals
8. **Weak link theory.** A specific physiologic system (e.g. the neuroendocrine or the immune system) is particularly vulnerable over time and its dysfunction accelerates senescence of the whole organism
9. **Error catastrophe theory.** Errors in DNA transcription or RNA translation eventually lead to genetic errors that promote senescence
10. **Master clock theory.** Aging is under genetic control (gene that controls telomere shortening? or cell division? or DNA repair?)
11. **Disposable soma theory.** Since the metabolic resources of an organism are limited (chiefly, energy), the organism should optimally allocate them between the maintenance and repair of its soma and the other functions that it must carry out in order to maximise its Darwinian fitness (growth, reproduction...)
12. **Combined network theories of aging.** Multiplicity of aging mechanisms (e.g.: a gradual accumulation of mtDNA mutations might lead to a steady increase in the production of ROS and a gradual decline in energy production



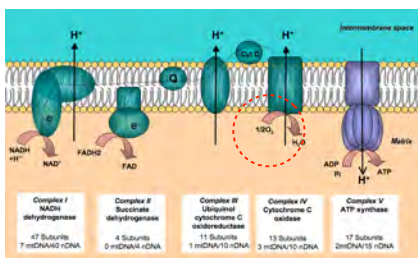
## The Molecular Players of Aging





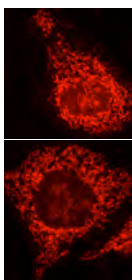


We use oxygen to generate energy!



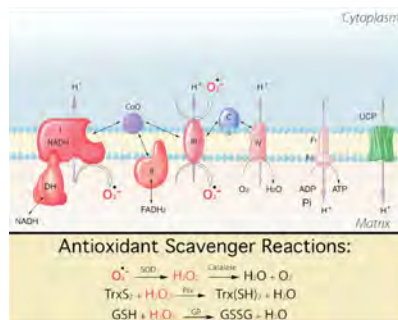
Oxidative phosphorylation: The metabolic pathway in mitochondria in which energy released by the oxidation of nutrients is used to reform ATP

In a cardiomyocyte, there are ~10,000 mitochondria, which occupy ~30% of the cytoplasm



red: mitochondria

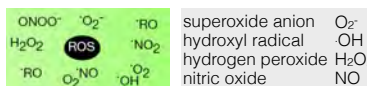
## Reactive oxygen species (ROS)



ROS are produced in multiple compartments:

- mitochondria (90%)
- NADPH oxidases on the plasma membrane
- lipid metabolism in the peroxisomes
- cytosolic enzymes such as cyclooxygenases
- cytochrome P450 enzymes

0.2-2% of total oxygen consumption is funneled to ROS generation



## The "free radical theory of aging" (Harman, 1956)

Aging and its associated degenerative diseases can be attributed to deleterious effects of free radicals on various cell components

Now better called "Oxidative stress theory of aging" (many ROS are not free radicals)

Mitochondria are the main source of ROS



## Mitochondrial mutations and aging

- The **mutation rate** in mitochondria is 10-20 times faster than the nuclear DNA mutation rate
- Specific mutations in mitochondria could lead to **defects in energy production** and production of ROS by faulty electron transport
- Age-dependent declines in mitochondrial function** are seen in many species including **humans**
- Inherited mitochondrial DNA variants** are associated with aging and longevity (the J haplogroup is more represented in centenarians in **Northern Italy** than in younger subjects)
- Knock-in mice** expressing a proof-reading deficient form of a nuclear-encoded mitochondrial DNA polymerase exhibit an increased mitochondrial mutation rate, appearance of a number of age-related phenotypes - including **hair loss, kyphosis, and reduced fertility - , and shortened life span**

## C. elegans mutants, oxidative stress and aging



**isp-1** mutants are **long-lived** (missense mutation in a component of complex III of the respiratory chain in mitochondria)

A **systematic RNAi** screen sought to inactivate over 5600 random C. elegans genes screening for long-lived animals: ~15% of the identified genes regulate mitochondrial activity

**mev-1** mutants (mutation in a subunit of complex II) have increased ROS generation and are **short lived**; mice heterozygous for mitochondrial SOD2: increased incidence of nuclear DNA damage and tumor formation

**clk-1** mutants are **long-lived** (lack an enzyme required in the biosynthesis of ubiquinone (coenzyme Q), an electron acceptor for both complex I and II-dependent respiration - NB: although coenzyme Q is sold as a life-extending anti-oxidant, its withdrawal from the diet of wt worms increases life span by 60%!!)

You can live longer if you have mutations that makes the mitochondrion less functional and thus able to generate lower amount of ROS



**Indy** (I'm not dead yet): **50%** increase in life span. Indy encodes a protein with sequence homology to mammalian sodium dicarboxylate cotransporters, which import Krebs cycle intermediates into cells. Indy is expressed in the midgut and the fat body, the fly functional equivalent of mammalian liver and white adipose tissue. Indy mutations create a metabolic state similar to that found in dietary restriction.

**Mth** (methuselah): 25% increase in life span. Family of the seven transmembrane spanning GTP-binding protein-coupled receptors (GPCR). The cognate ligand is the product of the stunted gene, encoding for a subunit of the  $F_1F_0$ -ATP synthase of the electron transport chain (!)



# Oxidants and antioxidant therapies in aging



Box 1 Table Oxidants, antioxidants and diseases of ageing		
Disease system	Laboratory/animal studies	Clinical data
Cardiovascular	The atherosclerotic blood vessels have increased levels of ROS <sup>10</sup>	PHS1: no overall benefit of beta-carotene on CVD/DBP benefit in high-risk subgroup <sup>11</sup>
	Vitamin E protects against development of atherosclerosis <sup>12</sup> Depletion of SOD leads to heart failure <sup>13</sup> and overexpression protects against injury <sup>14</sup>	CHAOS trial: vitamin E reduced rate of non-fatal myocardial infarct <sup>15</sup> ATBC study: no overall benefit on CVD rate with vitamin E or beta-carotene <sup>16</sup> Increase in CVD deaths with beta-carotene <sup>17</sup>
Ophthalmological	Offspring of pregnant mice depleted of glutathione develop cataracts <sup>18</sup>	PHS1: non-significant reduction in cataracts and macular degeneration with vitamin E and multivitamins <sup>19</sup>
	Retinal pigments produce ROS after light exposure <sup>20</sup>	NHS: carotenoids intake may decrease risk of cataracts <sup>21</sup>
Neurological	Retinal degeneration in primates with vitamin A or E deficiencies <sup>22</sup>	Vitamin E not protective in early Parkinson's disease <sup>23</sup>
	Mutations in SOD1 result in human ALS <sup>24</sup> and transgenic animal models rescued by antioxidants <sup>25</sup>	Vitamin E beneficial in Alzheimer's disease <sup>26</sup>
	NMDA receptor stimulation produces superoxide <sup>27</sup> Defects in the function of complex I seen in Parkinson's disease <sup>28</sup>	N-acetylcysteine does not effect survival in ALS <sup>29</sup>

The references cited above should be viewed as only representative examples derived from a much larger, relevant body of literature, which owing to space constraints cannot be fully presented. Acronyms and abbreviations: PHG1, Physicians' Health Study 1; CHADS, Cardiovascular Heart Antioxidant Study; ATBC, Alpha-Tocopherol, beta-Carotene Cancer Prevention Study; NHS, Nurses' Health Study; CVD, cardiovascular disease; ALS, amyotrophic lateral sclerosis; NMDA, N-methyl-D-aspartate glutamate receptors.

In humans, meta-analysis of randomized controlled trials showed that selenium and vitamin C have no effect while standard antioxidant supplementation (vitamins A and E and beta-carotene) actually increases mortality



## Antioxidants Could Spur Tumors by Acting on Cancer Gene

Many people take vitamins such as A, E, and C thinking that their antioxidant properties will ward off cancer. But some clinical trials have suggested that such antioxidants, which stop DNA-damaging molecules called free radicals, have the opposite effect and raise cancer risk in certain people. Now, in a provocative study that shows something surprising about the antioxidant use of vitamin supplements, Swedish researchers have shown that moderate doses of two widely used antioxidants spare the growth of early lung tumors in mice.

Some cancer specialists caution against having public health advice on the study, published online this week in *Science's Translational Medicine*. "We can't extrapolate from this study to make a recommendation for people," says Barry Kessler, director of the Division of Cancer Prevention at the National Cancer Institute in Bethesda, Maryland. He notes that the science of antioxidants is complicated and that the results of most studies often don't apply to humans. Still, Kessler and others say the new findings demand further exploration.

The researchers already knew that people who consumed lots of fruits and vegetables had less cancer. They suggested that antioxidants in these foods might be protecting them. But in the 1970s, researchers discovered that large amounts of beta-carotene and vitamin E could be used to test whether the antioxidants in food protect against cancer. A clinical trial in 1994 showed that antioxidants protect smokers from lung cancer and found that people who ate a lot of fruits and vegetables had less cancer. A more recent trial in 2005 showed that antioxidants protect against prostate cancer. In the Swedish study, researchers found that high doses of vitamins can be harmful.

Others are more restrained. "It's a provocative study," says cancer biologist David Fensholt of Cold Spring Harbor Laboratory in New York. "Perhaps we should look more carefully at what is available over the counter." But he would like to see a more detailed explanation of how the cells' sensing of reactive species controls p53 activity. Lung disease researcher Steven Hwang of Johns Hopkins University in Baltimore, Maryland, wonders if the results would be the same in mice with cancer sparked by a carcinogen, rather than an existing mutation. "The model is great, but it's very aggressive model," Hwang says.

Another lung cancer researcher adds, in fact, that the results of this study are very surprising. "The model is great, but it's very aggressive model," Hwang says.

Complicated relationships are evident in the mice containing the antioxidants developed more lung tumors, their tumors were more aggressive, and they lived only half as long. Follow-up studies suggested that by reducing reactive oxygen species and DNA damage in the cells, the antioxidants spare the cell cycle so enzymes can repair damaged DNA and triggers apoptosis, or self-destruction, in severely damaged cells. In cancer cells in which p53 had been turned off, Lindahl and Bergo found the antioxidant had no effect on cell proliferation.

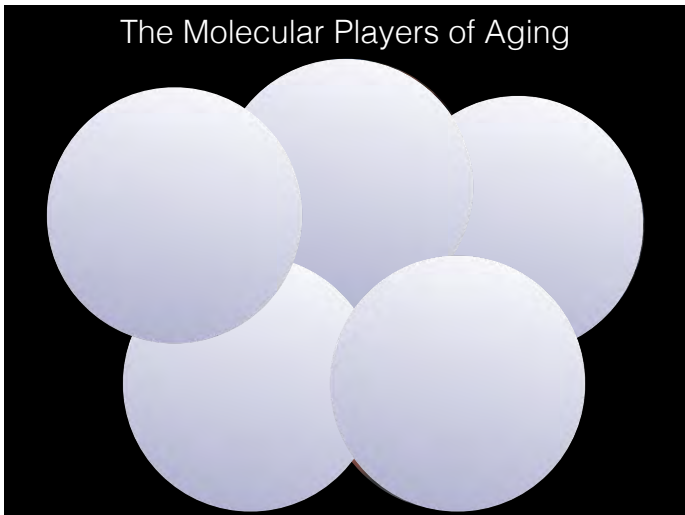
The implication, Bergo suggests, is that people at high risk of cancer—such as smokers—and others who have frequent tumors should avoid taking over-antioxidants. "The antioxidant already in the diet is enough to protect against cancer," he says. "It's not that you need a small amount that much become a cancer, it will reduce p53 and the tumor will grow," Bergo says.

A clinical researcher involved with the above study that tested antioxidants to prevent lung and prostate cancer says he is "thrilled" by the study. "It's the first paper I've seen that goes into some of the recent molecular biology to explain what we see," says medical oncologist Gary Groshen of the Swedish Cancer Institute in Seattle, Washington. "This really shows that high doses of vitamins can be harmful."

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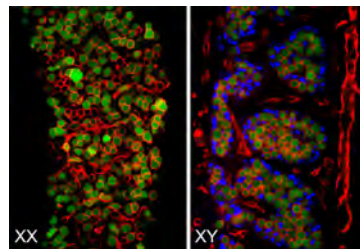


## The Molecular Players of Aging



## ROS cannot be all... Various evidences go against the ROS theory of aging

High oxidative damage levels in the longest-living rodent, the naked mole-rat



Germ cells are immortal

Why do not they age? Do they have special mechanisms to protect themselves from ROS?



Animal cloning is possible

## Potential targets for ROS in aging

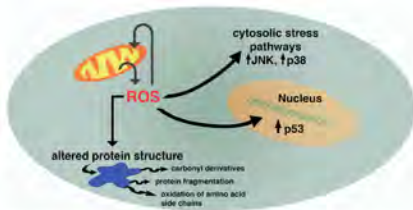
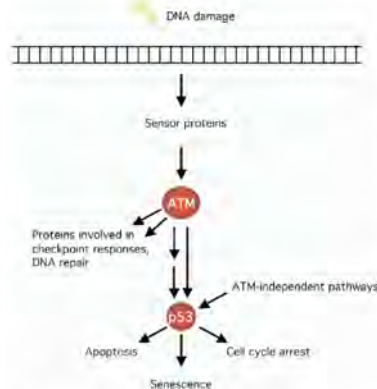
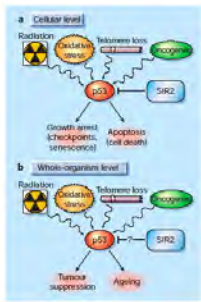


Figure 3. Potential Targets of ROS within Cells that May Determine the Rate of Aging  
ROS generated within the mitochondria can potentially feed back on the organelle and directly damage mitochondrial DNA and other components in a putative vicious cycle. Similarly, mitochondrial oxidants can damage nuclear DNA leading to activation of p53 and other DNA damage pathways. Cytosolic elements including stress-activated kinases such as JNK and p38 may be potential targets. Finally, direct oxidative modification of proteins may be an important element of aging (see Baran and Stadtman [1997]).

## The DNA Damage Response: senescence, checkpoints, cell proliferation and cancer

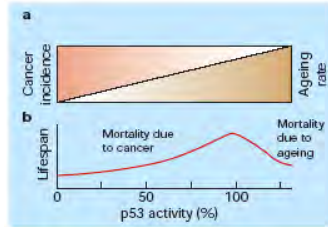


## Aging: the price for tumor suppression?



Cellular senescence might have evolved as a mechanism of tumor suppression. Therefore, ageing would be an antagonistically pleiotropic manifestation of evolutionary pressure to prevent malignant transformation

A fine equilibrium between the anti-neoplastic and pro-ageing effects of p53 may lead to the optimal lifespan for an organism



... but turtles can live up to 150 years



... do they form more tumors than other species?

## Double stranded DNA break repair by non-homologous end-joining

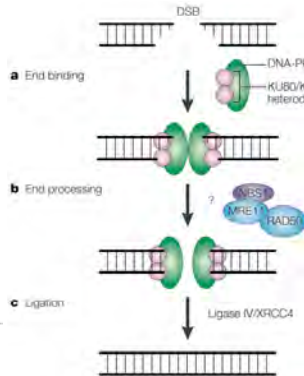


Figure 5 | **Double-stranded break repair by non-homologous end-joining.** a) After double-stranded break (DSB) formation, the Ku-DNA-PK<sub>cs</sub> complex is probably involved in the initial recognition of the DSB and in the juxtaposition of the DNA ends. b) The ends might be processed, which results in the removal or addition of a few base pairs. c) This is followed by end-joined ligation by the DNA ligase IV-XRCC4 complex. The role of the RAD50-MRE11-NBS1 complex is not yet clear. It might be involved in the unwinding and/or nucleolytic processing of the ends. Non-homologous end-joining does not make use of a template for repair and, therefore, this DSB-repair pathway is intrinsically error prone. DNA-PK<sub>cs</sub> catalytic subunit DSB-dependent protein kinase; XRCC4, X-ray-repair-cross-complementing defective repair in Chinese hamster mutant 4; MRE11, meiotic recombination 11; NBS1, Nijmegen breakage syndrome 1.

van Gent, DC, et al. (2001). Nat Rev Genet 2, 196-206.

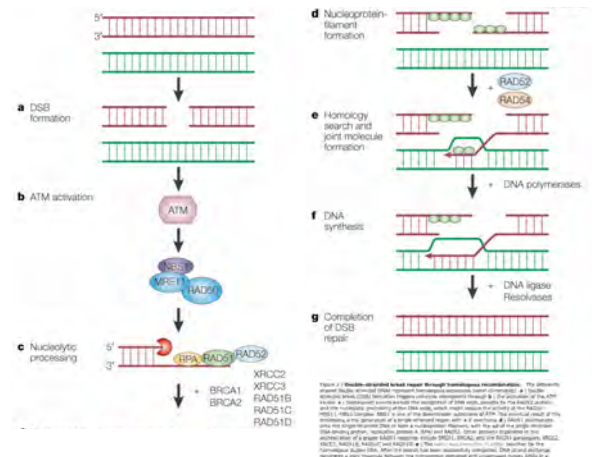


Figure 7 | **Double-stranded break repair through homologous recombination.** The currently accepted model for HR repair involves a double-strand break (DSB) formation. a) The broken DNA ends (DSB) are recognized by the MRN complex (MRE11-NBS1) and the MRN complex is recruited to the DSB ends. b) The MRN complex is recruited to the DSB ends and the MRN complex is recruited to the DSB ends. c) The MRN complex is recruited to the DSB ends and the MRN complex is recruited to the DSB ends. d) The MRN complex is recruited to the DSB ends and the MRN complex is recruited to the DSB ends. e) The MRN complex is recruited to the DSB ends and the MRN complex is recruited to the DSB ends. f) The MRN complex is recruited to the DSB ends and the MRN complex is recruited to the DSB ends. g) The MRN complex is recruited to the DSB ends and the MRN complex is recruited to the DSB ends.

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## Human progeroid syndromes

Disease*	OMIM†	Gene	Function	Major phenotypes
Werner syndrome	277,700	WRN (wt. 1)	Helicase/nuclease	Skin atrophy, cataracts, diabetes mellitus, osteoporosis, hypogonadism, atherosclerosis, cancer predisposition <sup>§</sup>
Butterfield-Thrombocytopenic syndrome	268,400	FcγCD4 (wt. 38)	Helicase	Polydactyly, osteoporosis, osteofibrous dysplasia, cataracts, cancer predisposition <sup>§</sup>
Cockayne syndrome, type-B	215,400	COS1 (wt. 32)	WD repeat protein	Neurodegeneration, skeletal abnormality (reduced ribs), impaired sexual development, photosensitivity <sup>§</sup>
Cockayne syndrome, type-B1	133,540	ERCC1 (wt. 53)	Helicase	Neurodegeneration, photosensitivity <sup>§</sup>
Ataxia-telangiectasia	208,000	ATM (wt. 30)	Kinase	Developmental dysfunction, sensitivity to ionizing radiation, cancer predisposition <sup>§</sup>
Nijmegen breakage syndrome (Ataxia-telangiectasia variant)	251,280	NBS1 (wt. 57)	Linker	Mitochondrial growth retardation, immunodeficiency, cancer predisposition, sensitivity to ionizing radiation <sup>§</sup>

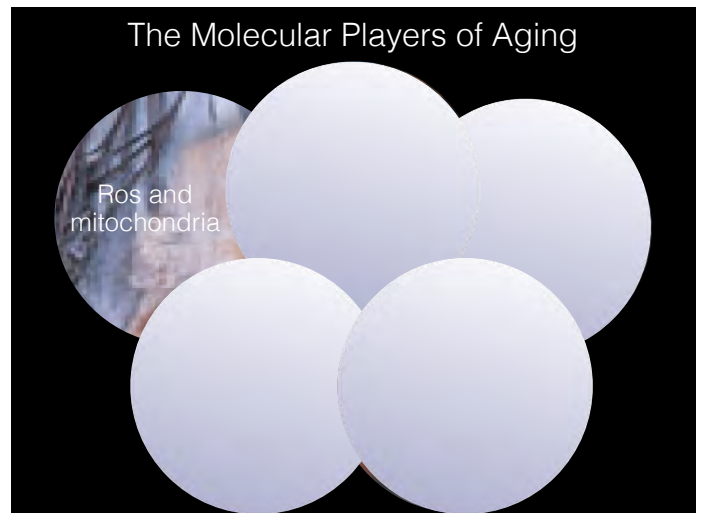
\*The exact location of the gene is given in parentheses.  
†OMIM, Online Mendelian Inheritance in Man (wt. 58)

### Werner syndrome



Werner syndrome is genetic recessive disorder. It is a type of progeria disease that occurs in adults ages twenty to thirty. People who are affected start to age rapidly beginning in their twenties and thirties and look as though they are twenty or more years older than what they actually are. Along with looking older patients develop other types of diseases and disorders that occur with normal aging. Werner's strikes about three in every 1 million people worldwide, although it is slightly more common in Japan.

## The Molecular Players of Aging





# Cellular senescence

- Normal human cells have a limited ability to proliferate in vitro (Hayflick, 1965)
- Growth potential of a primary cell declines 0.2 population doublings per year of life
- Correlation between the number of senescent cells in vivo and age of donor
- Cells from progeria syndrome patients have limited doubling potential
- Association with several molecular changes
- Overexpression of telomerase overcomes senescence; overexpression of ras induces senescence

**TABLE 1. Selected Alterations in Cell Phenotype with the Onset of Senescence**

Phenotypic alteration in senescence*	Cell type	Ref.
Permanent growth arrest	All	13, 19, 64, 65
Repression of c-fos	Fibroblasts, T lymphocytes	66, 67
Repression of cyclins A and B	Fibroblasts	68
G <sub>1</sub> arrest on reinduction without division	Fibroblasts, T lymphocytes	69, 37
Elevated collagenase	Fibroblasts	42
Elevated TIMP-2	Fibroblasts, endothelial cells	44, 70
Elevated PAI-1	Fibroblasts, endothelial cells	44
Elevated catanin	Fibroblasts	71
Transcriptional repression of IGF-1	Fibroblasts	72
Induction of Wnt3, 10	Fibroblasts	73
inhibitor of Ca <sup>2+</sup> -dependent membrane currents	Fibroblasts	56
Elevated β <sub>1</sub> -ta expression	Fibroblasts	74
Decreased IL-6 expression	Fibroblasts	74
Senescence-associated β-galactosidase	Fibroblasts, keratinocytes, mammary epithelial cells, endothelial cells, neonatal melanocytes	23
Induction of SAG gene	Fibroblasts	75
Repression of 17α-hydroxylase	Adrenocortical cells	11
Elevation of cyclin-chromosome B and NADH deH, inducible	Fibroblasts	76
Elevated histone-depression	Fibroblasts	77

\*TIMP-2, tissue inhibitor of metalloproteinase 2; PAI-1, plasminogen activator inhibitor 1; IGF-1, insulin-like growth factor 1; IL, interleukin.

# Senescent cells accumulate with age and contribute to age-related disease

Local clearance of senescent cells attenuates the development of post-traumatic osteoarthritis and creates a pro-regenerative environment

Ok Hee Jeon<sup>1,4</sup>, ChaeYun Kim<sup>1,2,4</sup>, Remi-Martin Laberge<sup>3,4</sup>, Marco Demaria<sup>1,2,4</sup>, Soma Rotheri<sup>1</sup>, Alain P. Vassero<sup>1,4</sup>, Jae Wook Chung<sup>1</sup>, Do Han Kim<sup>1</sup>, Yan Pooni<sup>1</sup>, Nathaniel David<sup>1</sup>, Darren J Baker<sup>1</sup>, Jan M van Deursen<sup>1</sup>, Judith Campisi<sup>2</sup> & Jennifer H Elisseeff<sup>1</sup>

Senescent cells (SenCs) accumulate in many vertebrate tissues with age and contribute to age-related pathologies<sup>1-3</sup>, presumably through their secretion of factors contributing to the senescence-associated secretory phenotype (SASP)<sup>4,5</sup>. Removal of SenCs delays several pathologies<sup>6,7</sup> and increases healthy lifespan<sup>8</sup>. Aging and trauma are risk factors for the development of osteoarthritis (OA)<sup>9</sup>, a chronic disease characterized by degeneration of articular cartilage leading to pain and physical disability. Senescent chondrocytes are found in cartilage tissue isolated from patients undergoing joint replacement surgery<sup>10,11</sup>, and their role in disease pathogenesis is unknown. To test the idea that SenCs might play a causative role in OA, we used the p16<sup>INK4a</sup> transgenic mouse, which harbors a p16<sup>INK4a</sup> (Cdkn2a) promoter driving the expression of a fusion protein containing synthetic Abeta42 and monomeric red fluorescent protein domains, as well as a homologous form of herpes simplex virus 1 (designated HSV1-p16<sup>INK4a</sup>). This mouse strain allowed us to selectively follow and remove SenCs after anterior cruciate ligament transection (ACLT). We found that SenCs accumulated in the articular cartilage and synovium after ACLT, and selective elimination of these cells ameliorated the development of post-traumatic OA, reduced pain and increased cartilage development. In articular chondrocytes, an anti-senescence molecule that selectively killed SenCs validated these results in humans, non-traumatic and aged mice. Selective removal of the SenCs from in vitro cultures of chondrocytes isolated from patients with OA undergoing total knee replacement decreased expression of senescence and inflammatory markers while also increasing expression of cartilage tissue extracellular matrix proteins. Collectively, these findings support the use of SenCs as a therapeutic target for treating degenerative joint disease.

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# Clearance of senescent glial cells prevents tau-dependent pathology and cognitive decline

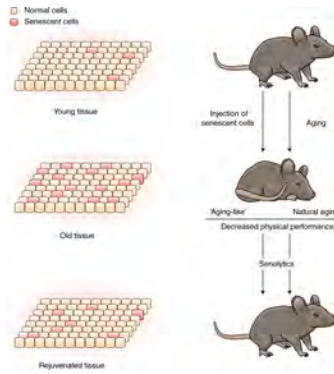
Tyler J. Bassler<sup>1,2</sup>, Axel Asht<sup>1,2</sup>, Charlton F. Meyer<sup>1</sup>, Barbara L. Swenson<sup>1</sup>, Jun M. van Deursen<sup>1</sup> & Darren J Baker<sup>1,2\*</sup>

Cellular senescence, which is characterized by an irreversible cell cycle arrest<sup>1</sup> accompanied by a distinctive secretory phenotype<sup>2</sup>, can be induced through various intracellular and extracellular factors. Senescent cells that express the cell cycle inhibitor protein p16<sup>INK4a</sup> have been found to strongly drive naturally occurring age-related disease deterioration<sup>3,4</sup> and contribute to several diseases associated with aging, including osteoarthritis<sup>5</sup> and neurodegeneration<sup>6,7</sup>. Various markers of senescence have been observed in patients with neurodegenerative diseases<sup>8,9</sup>, however a role for senescent cells in the pathology of these pathologies is unknown. Here we explore a causal link between the accumulation of senescent cells and cognitive senescence in mice. We found that the

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# Senolytic drugs contrast aging phenotypes

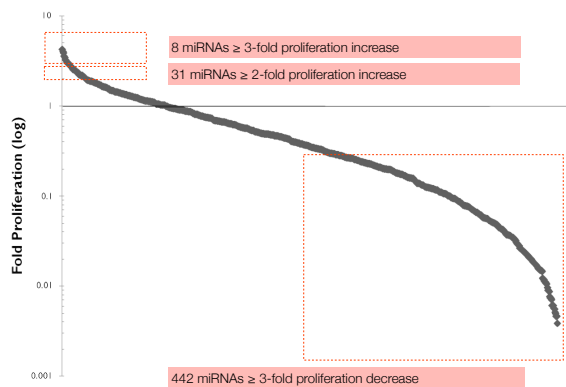
- Senolytic drugs:** drugs that preferentially kill senescent cells
- In old mice, or mice 'aged' with senescent cells, as senolytic drugs (**dasatinib** and **quercetin**) increase remaining lifespan by 36%, enhance healthspan, reduce frailty and delay age-related diseases



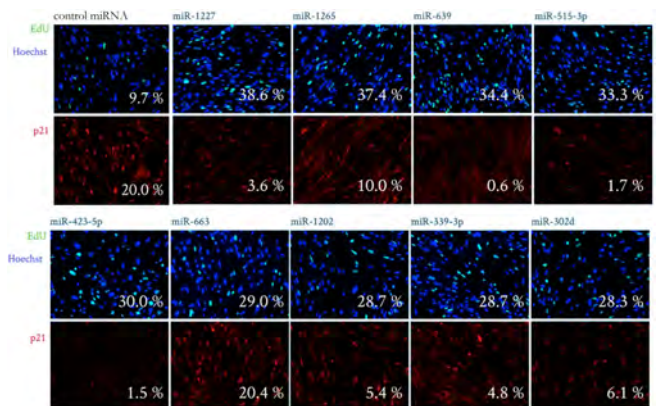
Senolytics improve physical function and increase lifespan in old age, Nature Medicine, August 2018

# High throughput screening to identify microRNAs bypassing cellular senescence

# High throughput screening identifies microRNAs bypassing cellular senescence



# Screening results: top hits



# Telomeres are shortened during cellular senescence



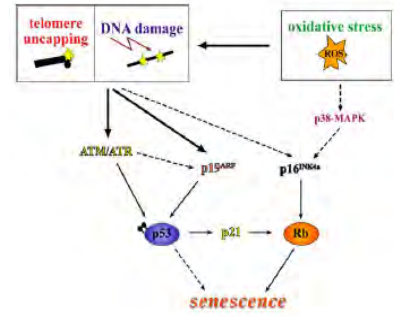
Vertebrate telomeres are long stretches (1-50 kb) of dsDNA containing the repetitive sequence **TTAGGG**, which terminate in 100-200 bases of ssTTAGGG at the 3' end. This 3' overhang circles back end embed in the duplex DNA

The extended telomeric cap helps maintain the stability of the genome



# Telomeres uncapping causes a DNA damage response

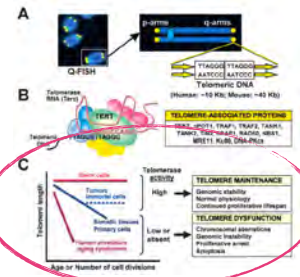
Senescent telomeres lose some of their single-stranded portion - the telomeric overhang - which is crucial for the maintenance of the T-loop and the subsequent formation of the cap



Telomere uncapping (disruption of the proper structure of the protective cap) seems to be recognised as a dsDNA break, activating the DNA damage machinery.

# Telomeres

In normal human cells, at every replication cycle the telomere loses its terminal part and gets shortened



Cells age if telomeres are shortened but senescence is delayed if the telomerase is produced and telomeres can be restored

## Three Scientists Win Nobel Prize in Medicine

Their work involved the health of cells and the aging process. Transcript of radio broadcast: 05 October 2009

This is the VOA Special English Health Report. The winners are Elizabeth Blackburn from the University of California, San Francisco; Jack Szostak from Harvard Medical School in Massachusetts and Carol Greider from Johns Hopkins University in Maryland. They will share the one million four hundred thousand dollar prize.

The scientists' work begins with telomeres. These are like protective coverings on the ends of chromosomes. Elizabeth Blackburn compares them to the plastic tips on the ends of shoelaces. She says without telomeres the chromosome and the genes it holds would come apart.

Telomeres are necessary for a cell to divide. They also are involved in directing the number of divisions. Mizz Blackburn and Mister Szostak discovered the special system of genetic information in the telomeres that protects the chromosomes from ruin. Later, Mizz Blackburn and Mizz Greider discovered the substance in the body that builds telomeres. The scientists named the enzyme telomerase.

Their research showed that cells age if telomeres are shortened. But, cell death is delayed if a lot of the enzyme telomerase is produced.

Rune Toftgard is a Nobel Committee member from Sweden's Karolinska Institute. He says the work of telomeres is important to the understanding of how genetic material is copied and saved.

Short telomeres are associated to senescence but there is no proof that telomere shortening is causative in aging

## The Molecular Players of Aging

# Is longevity controlled by a genetic (biologic) program?

- C. elegans:** at 20°C it lives, on average, 17 days, with a maximum of 25 days; in conditions of high density and food, it transforms into a larval form (dauer), which that does not reproduce and lives 60 days
- Social insects:** queens and workers are born from the same eggs fertilized by the same drone; workers live a few weeks in summer and a few months in winter; queens live several years
- Some animals (turtles, deep water fishes, american lobster)** age very slowly; these animals show no limit to body mass increase







**Healthy aging: is smaller better? - a mini-review.**

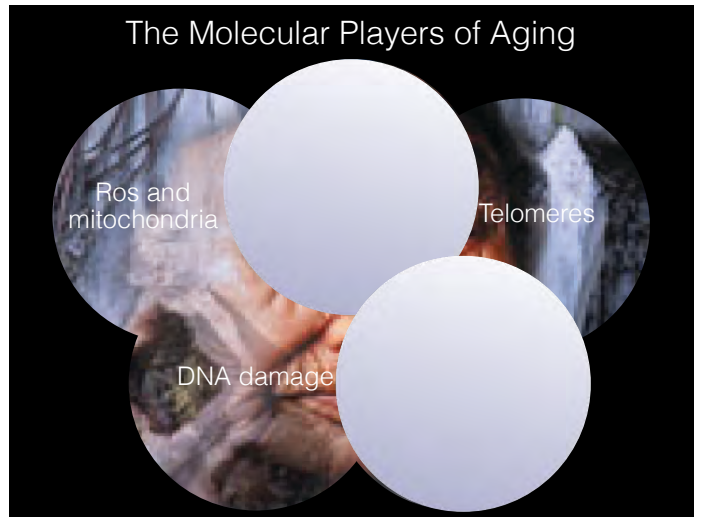
Bartke A.

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**Abstract**

A recent report of virtually complete protection from diabetes and cancer in a population of people with hereditary dwarfism revived interest in elucidating the relationships between growth, adult body size, age-related disease and longevity. In many species, smaller individuals outlive those that are larger and a similar relationship was shown in studies of various human populations. Adult body size is strongly dependent on the actions of growth hormone (GH) and the absence of GH or GH receptor in mice leads to a remarkable extension of longevity. Many mechanisms that may account for, or contribute to, this association have been identified. It is suggested that modest modifications of the diet at different ages may extend human healthspan and lifespan by reducing levels of hormones that stimulate growth.

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**Sir2 genes and aging**

Genetic studies indicate that the **major genetic determinant of replicative life span in yeast is SIR2 (loss-of-function mutations shorten life span, increased gene dosage extend it).**

The SIR2 ortholog in *C. elegans* is a key determinant of life span in this animal.

The fact that yeast and *C. elegans* diverged from a common ancestor about one billion years ago suggests that all the descendants of that ancestor (including mammals) will possess SIR2-related genes involved in regulating their life span.



Table 1 | Sirtuin localization and function

Sirtuin	Class	Localization	Activity	Targets	Refs
SIRT1	I	Nucleus, cytosol	Deacetylation	PGC1α, FOXO1, FOXO3, p53, Notch, NF-κB, HIF1α, LXR, FXR, SREBP1c and more	5,30,32, 33,39, 41,42
SIRT2	I	Cytosol	Deacetylation	Tubulin, PEPCK, FOXO1, PAR3	58-61
SIRT3	I	Mitochondria	Deacetylation	LCAD, HMGCS2, GDH, OXPHOS complexes, SOD2, IDH2 and more	46-49, 51-57
SIRT4	II	Mitochondria	ADP-ribosylation	GDH	17
SIRT5	III	Mitochondria	Deacetylation, demethylation, desuccinylation	CPS1	21-23
SIRT6	IV	Nucleus	Deacetylation, ADP-ribosylation	H3K9, H3K56	14,18-20, 63
SIRT7	IV	Nucleus	Unknown	Unknown	15,64

CPS1, carbamoyl phosphate synthetase 1; FOXO, forkhead box O; FXR, farnesoid X receptor; GDH, glutamate dehydrogenase; HIF1α, hypoxia-inducible factor 1α; HMGCS2, 3-hydroxy-3-methylglutaryl CoA synthase 2; IDH2, isocitrate dehydrogenase 2; LCAD, long-chain acyl CoA dehydrogenase; LXR, liver X receptor; NF-κB, nuclear factor-κB; OXPHOS, oxidative phosphorylation; PAR3, partitioning defective 3 homologous; PEPCK, phosphoenolpyruvate carboxykinase; PGC1α, peroxisome proliferator-activated receptor-γ co-activator 1α; SIRT, sirtuin; SOD2, superoxide dismutase 2; SREBP1c, sterol-response element-binding protein 1c.

**Differences in Coronary Mortality Can Be Explained by Differences in Cholesterol and Saturated Fat Intakes in 40 Countries but Not in France and Finland**

A Paradox

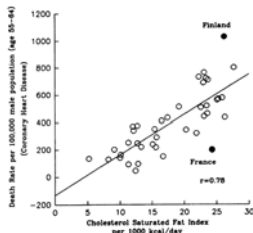
Sabine M. Artaud-Wild, BS, RD; Sojia L. Connor, MS, RD; Gary Scrimo, PhD; William E. Connor, MD

**Background.** For decades, the coronary heart disease (CHD) mortality rate has been four or more times higher in Finland than in France despite comparable intakes of dietary cholesterol and saturated fat. A potential answer to this paradox is provided by this study of 40 countries and the analysis of other metrics in the diets besides cholesterol and saturated fat.

**Methods and Results.** CHD death rates for men aged 35 to 64 years were derived from the World Health Organization annual vital statistics. Dietary intakes were gathered from the Food and Agriculture Organization of the United Nations database. Forty countries at various levels of economic development and 40 dietary variables were investigated, including a lipid score that combined the intakes of cholesterol and saturated fat (Cholesterol-Saturated Fat Index [CSI]). The CSI was significantly and positively related to CHD mortality in the 40 countries. The countries with low CSI had low CHD death rates. Countries with high CSI had a wide range of CHD death rates. France, Finland, and other Western industrialized countries had similar CSIs. After adjusting for cholesterol and saturated fat, milk and many components of milk (butterfat, milk protein, calcium from milk, and riboflavin) and total calcium remained positively related to CHD mortality for all 40 countries. There were differences in the consumption of these foods and nutrients in France and Finland. Milk and butterfat (fat from milk, cream, cheese, and butter) consumption was higher in Finland than in France. The consumption of plant foods, recently shown to be protective against CHD (vegetables and vegetable oils containing monounsaturated and polyunsaturated fatty acids), was greater in France than in Finland.

**Conclusions.** Over the years, France and Finland, with similar intakes of cholesterol and saturated fat, consistently have had very different CHD mortality rates. This paradox may be explained as follows. Given a high intake of cholesterol and saturated fat, the country in which people also consume more plant foods, including small amounts of liquid vegetable oils, and more vegetables (more antioxidants) had lower rates of CHD mortality. On the other hand, milk and butterfat were associated with increased CHD mortality, possibly through their effects on thrombosis as well as on atherosclerosis. (Circulation. 1993;88:2771-2778).

Key Words • thrombosis • diet • cholesterol • heart disease • mortality



**BMJ** *helping doctors make better decisions*

**Review of moderate alcohol consumption and reduced risk of coronary heart disease: is the effect due to beer, wine, or spirits?**

Eric B Rimm, assistant professor of epidemiology and nutrition,<sup>a</sup> Arthur BMJ 1996;312:731-736 (23 March)

ORIGINAL ARTICLE

**Roles of Drinking Pattern and Type of Alcohol Consumed in Coronary Heart Disease in Men**

Kenneth J. Mukamal, M.D., M.P.H., Katherine M. Conigrave, M.B., B.S., Ph.D., Murray A. Mittleman, M.D., Dr.P.H., Carlos A. Camargo, Jr., M.D., Dr.P.H., Meir J. Stampfer, M.D., Dr.P.H., Walter C. Willett, M.D., Dr.P.H., and Eric B. Rimm, Sc.D.

Annals of Internal Medicine

Established in 1926 by the American College of Physicians

**Type of Alcohol Consumed and Mortality from All Causes, Coronary Heart Disease, and Cancer**

Morten Grønbaek, MD, DrMedSci; Ulrik Becker, MD, DrMedSci; Ditte Johansen, MSc; Adam Gottschau, MSc; PhD; Peter Schnohr, MD; Hans Ole Hein, MD; Gorm Jensen, MD, DrMedSci; and Thorikild I.A. Sørensen, MD, DrMedSci





And so, what can we do?

**Fountain of Youth**  
St. Augustine, Florida

According to tradition, the natives of Hispaniola, Puerto Rico and Cuba told the early Spanish that in Bimini (Beniny), a land to the north, there was a river, spring or fountain where waters had such miraculous curative powers that any old person who bathed in them would regain his youth. About the time of Columbus's first voyage, says the legend, an Arawak chief named Sequene, inspired by the fable of the curative waters, had migrated from Cuba to southern Florida. It seems that other parties of islanders had made attempts to find Bimini, which was generally described as being in the region of the Bahamas.

Juan Ponce de Leon (1460-1521), who had been with Columbus on his second voyage in 1493 and who had later conquered and become governor of Puerto Rico, is supposed to have learned of the fable from the Indians. The fable was not new, and probably Ponce de Leon was vaguely cognizant of the fact that such waters had been mentioned by medieval writers, and that Alexander the Great had searched for such waters in eastern Asia. A similar legend was known to the Polynesians, whose tradition located the fountain of perpetual youth in Hawaii.

## Antiaging therapies

- (i) In mice, modest effects with **some antioxidants** and no effects with  $\alpha$ -lipoic acid (antioxidant) or coenzyme Q10 (which increases electron transport and has antioxidant activities)
- (ii) **Resveratrol** (sirtuin activator)
- (iii) **AMPK activators** (aspirin?)
- (iv) **Antiinflammatory agents** (aspirin and nitroflurbiprofen)
- (v) 4-hydroxy-phenyl-N-ter-butyl nitron (free radical scavenger)
- (vi) Nordihydroguaric acid (lipoxygenase inhibitor with structural similarity to resveratrol)
- (vii) **Drugs that regulate cholesterol metabolism** (genetically, a relationship exists between exceptional longevity and variants of several genes affecting lipoprotein metabolism)
- (viii) **Rapamycin** and other mTOR inhibitors
- (ix) Ongoing genetic screens in *C. elegans*, *Drosophila* and mammalian cells aimed at the identification of drugs, **siRNAs** and **microRNAs** that increase life span

Caloric restriction (CR) is the most effective environmental method to increase lifespan (and to prevent late-onset diseases!)

Dietary restriction extends lifespan in *S. cerevisiae*, *C. elegans*, *D. melanogaster*, rodents and primates.

**CR = 60-70% of what an animal would eat at libitum**

In rodents CR results in as much as a 50% increase in rodent longevity

Physiological effects of CR: acute phase followed by an adaptive period of several weeks to reach a stable, altered physiological state characterized by **lower body temperature** (possible marker for metabolic rate), **lower blood glucose and insulin levels** and **reduced fat and weight**.

The CR animals are more resistant to external stressors, including heat and oxidative stress; organs are typically smaller (except for the brain)

CR may represent an adaptation to scarcity in a boom and bust cycle; any organism that could slow aging and reproduction in times of scarcity and remain able to reproduce when food reappeared would enjoy a competitive advantage. Extremes examples are the formation of spored in microbes and dauer larvae in *C. elegans*

CR animals are resistant to disease, including **cancer** and **infections**

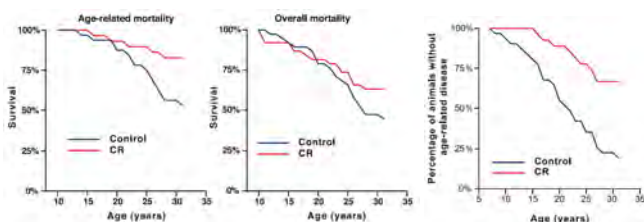
## Caloric Restriction Delays Disease Onset and Mortality in Rhesus Monkeys

Ricki J. Colman,<sup>1\*</sup> Rezaulyn M. Anderson,<sup>1</sup> Sterling C. Johnson,<sup>1,2,3</sup> Erik K. Kastman,<sup>2,3</sup> Kristopher J. Kosmetka,<sup>2,3</sup> T. Mark Beasley,<sup>2,3</sup> David B. Allison,<sup>1</sup> Christina Cruzem,<sup>2</sup> Heather A. Simmons,<sup>1</sup> Joseph W. Koenitz,<sup>1,2,3</sup> Richard Weindrach,<sup>1,2,3</sup>

Caloric restriction (CR), without malnutrition, delays aging and extends life span in diverse species; however, its effect on resistance to illness and mortality in primates has not been clearly established. We report findings of a 20-year longitudinal adult-onset CR study in rhesus monkeys aimed at filling this critical gap in aging research. In a population of rhesus macaques maintained at the Wisconsin National Primate Research Center, moderate CR lowered the incidence of aging-related deaths. At the time point reported, 50% of control fed animals survived as compared with 80% of the CR animals. Furthermore, CR delayed the onset of age-associated pathologies. Specifically, CR reduced the incidence of diabetes, cancer, cardiovascular disease, and brain atrophy. These data demonstrate that CR slows aging in a primate species.



Fig. 1. Adult rhesus monkey (A) and CR monkey (B) and CR monkey (C) and CR monkey (D) at 27.5 years of age. Control monkeys (A and C) are heavier than CR monkeys (B and D).



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### Severe Diet Doesn't Prolong Life, at Least in Monkeys

By Gina Kolata  
Published August 29, 2012 236 Comments

For 25 years, the rhesus monkeys were kept semi-starved, lean and hungry. The males' weights were so low they were the equivalent of a 6-foot-tall man who tipped the scales at just 120 to 133 pounds. The hope was that if the monkeys lived longer, healthier lives by eating a lot less, then maybe people, their evolutionary cousins, would, too. Some scientists, anticipating such benefits, began severely restricting their own diets.

The results of this major, long-awaited study, which began in 1987, are finally in. But it did not bring the vindication caloric restriction enthusiasts had anticipated. It turns out the skinny monkeys did not live any longer than those kept at more normal weights. Some lab test results improved, but only in monkeys put on the diet when they were old. The causes of death — cancer, heart disease — were the same in both the underfed and the normally fed monkeys.

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© 23 years study comparing obese and lean monkeys left in normally fed monkeys, but when full CR was imposed they're (almost) all dead.

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SESSIONS

## Caloric restriction (undernutrition without malnutrition)

Slows multiple age-related changes, delays the onset of cancer and multiple other age-related pathologies, and extends life span

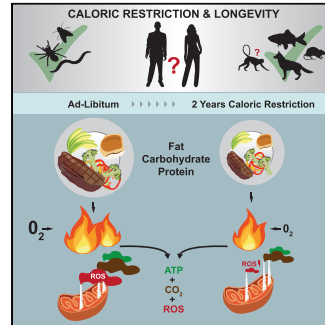
Periodic food deprivation (every-other-day intermittent feeding) may induce similar physiologic effects even when average caloric intake is not different from ad libitum intake

CALERIE (Comprehensive Assessment of Long-term Effects of Restricted Intake of Energy) trial: has tested effects of 2-3 years of CR (20-30% reduction) in young and middle-aged nonobese persons

## Cell Metabolism

Clinical and Translational Report

### Metabolic Slowing and Reduced Oxidative Damage with Sustained Caloric Restriction Support the Rate of Living and Oxidative Damage Theories of Aging

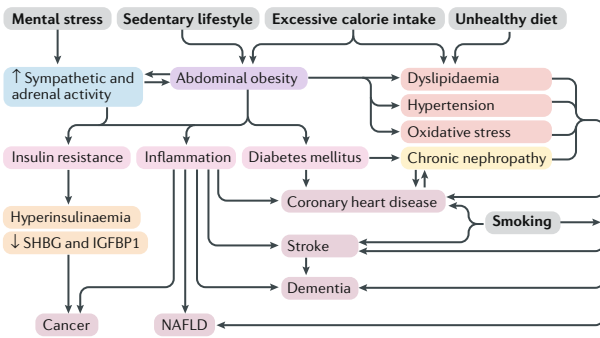


#### Highlights

- Caloric restriction (CR) extends maximum lifespan in most species
- Young, healthy individuals achieved 15% CR and 8 kg weight loss over 2 years
- Energy expenditure (24 hr and sleep) was reduced beyond weight loss
- Oxidative stress was also reduced, supporting two long-standing theories of aging

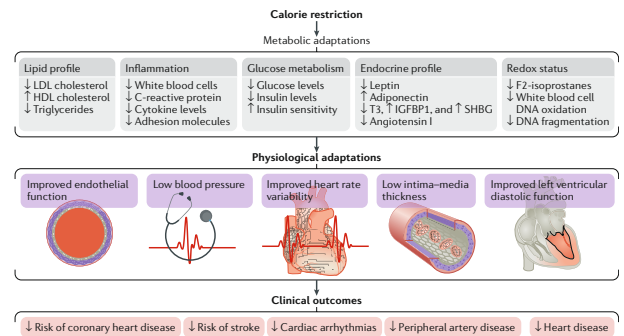
Redman et al., 2018, Cell Metabolism 27, 805-815  
April 3, 2018 © 2018 Elsevier Inc.  
<https://doi.org/10.1016/j.cmet.2018.02.019>

## Unhealthy lifestyle and disease risk



Most prevalent chronic diseases share a common metabolic substrate

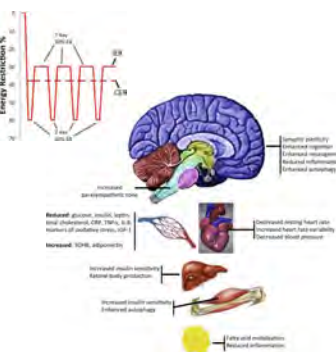
## Caloric restriction humans results in sustained beneficial effect on most CVD risk factors



## Intermittent fasting and meal time

Both intermittent fasting and time-restricted feeding extend lifespan up to 30% in mice

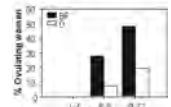
Eating at breakfast and lunch results in better **metabolic adaptation** (weight loss, glucose tolerance and insulin sensitivity) compare to a later meal pattern



Effects of caloric intake timing on insulin resistance and hyperandrogenism in lean women with polycystic ovary syndrome

Daniela JAKUBOWICZ\*, Maayan BARNEA<sup>1</sup>, Julio WAINSTEIN<sup>1</sup> and Oren FROY<sup>1</sup>

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BF: breakfast diet

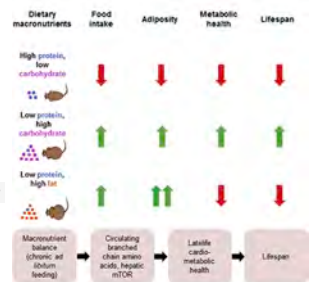
## Caloric restriction or dietary restriction?

### The Ratio of Macronutrients, Not Caloric Intake, Dictates Cardiometabolic Health, Aging, and Longevity in Ad Libitum-Fed Mice

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#### Highlights

- Food intake is regulated primarily by dietary protein and carbohydrate
- Low-protein, high-carbohydrate diets are associated with the longest lifespans
- Energy reduction from high-protein diets or dietary dilution does not extend life
- Diet influences hepatic mTOR via branched-chain amino acids and glucose





Reduced physical activity is a strong and independent predictor of CVD mortality although exercise do not eliminate the higher risk of death associated to visceral adiposity

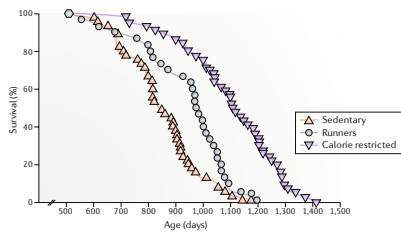


Fig. 4 | Calorie restriction, but not endurance exercise, increases maximal lifespan in rats. The survival curve for sedentary control rats is significantly different from that of runners ( $P < 0.02$ ) and calorie-restricted sedentary rats ( $P < 0.0001$ ). The survival curve for runners is also significantly different from that of calorie-restricted sedentary rats ( $P < 0.01$ ). Figure is adapted with permission from REF<sup>10</sup>, American Physiological Society.

## CR mimetics: the US National Institute on Aging Interventions Testing Program (NIA ITP)

Table 2 | Pharmacological interventions tested in the NIA ITP

Pharmacological intervention	Maximum lifespan	Median lifespan	Main mechanism of action
Acarbose	Yes	Yes	↓ Insulin signalling and ↑ hepatic mTORC2
Rapamycin	Yes	Yes	↓ Nutrient sensing pathways (mTOR)
Aspirin	No	Yes (only males)	↓ Inflammation and COX1 and COX2 activities
Northhydroxyacetic acid (NDGA)	No	Yes (only males)	↓ Inflammation and oxidative stress
17 $\alpha$ -Oestradiol	No	Yes (only males)	↑ Hepatic mTORC2 signalling
Pirotandim	No	Yes (only males)	↑ NRF2 activity
Caffeic acid phenethyl ester (CAPE)	No	No	↓ Inflammation and oxidative stress
Curcumin	No	No	↓ Oxidative stress
Enalapril	No	No	↓ ACE activity
Fish oil	No	No	↓ NLRP3 inflammasome
Green tea extract	No	No	↓ Oxidative stress
Medium-chain triglyceride oil	No	No	↓ Adipogenic genes and ↑ Insulin homeostasis
Metformin	No	No	↑ AMPK and ↓ mTOR activities
Methylene blue	No	No	↓ Oxidative stress
Nitrofurfurofen (NFF)	No	No	↓ COX1 and COX2 activities
4-Chl-PBN (4-phenyl-N-tert-butyl)nitrene	No	No	↓ Oxidative stress
Oxaloacetic acid	No	No	↑ NAD <sup>+</sup> /NADH ratio
Resveratrol	No	No	↑ SIRT1 and AMPK activities
Simvastatin	No	No	↑ HMG-CoA reductase activity
Ursodeoxycholic acid	No	No	↑ Xenobiotic stress resistance

ACE, angiotensin converting enzyme; AMPK, 5'-AMP-activated protein kinase; COX, cytochrome oxidase (also known as prostaglandin synthase); HMG-CoA, 3-hydroxy-3-methylglutaryl-CoA; mTOR, mechanistic target of rapamycin; mTORC2, constitutive target of rapamycin complex 2; NIA ITP, National Institute on Aging Interventions Testing Program; NRF1, NOD1, NOD2, and p38 domain-containing 3; NRF2, nuclear factor erythroid 2-related factor 2; SIRT1, NAD<sup>+</sup>-dependent protein deacetylase subclass 1; Metformin (1500 ppm) in combination with rapamycin (14 ppm) robustly extended lifespan.

A large multi-institutional study investigating treatments with the potential to extend lifespan and delay disease/dysfunction in genetically heterogeneous (outbred) mice

## Centenarians

- Highly prevalent in:
  - Okinawa, Japan
  - Sardinia, Italy
  - Loma Linda, California
  - Nicoya Peninsula
  - Costa Rica and Ikaria, Greece



### Where 100 is the New 80

Places with the highest percentage of the total population over the age of 100 (as of 2020)\*



\* Only countries/regional economies with more than 1,000 centenarians included. Source: UN World Population Prospects



## Caloric Restriction, CR Mimetics, and Healthy Aging in Okinawa: Controversies and Clinical Implications

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### Abstract

**Purpose of Review**—To examine the role of two nutritional factors implicated in the healthy aging of the Okinawans: caloric restriction (CR); and traditional foods with potential CR-mimetic properties.

**Recent Findings**—CR is a research priority for the U.S. National Institute on Aging. However, little is known regarding health effects in humans. Some CR-related outcomes, such as cause-specific mortality and lifespan, are not practical for human clinical trials. Therefore, epidemiological data on older Okinawans, who experienced a CR-like diet for close to half their lives, are of special interest. The nutritional data support mild CR (10–15%) and high consumption of foods that may mimic the biological effects of CR, including sweet potatoes, marine-based carotenoid-rich foods, and turmeric. Phenotypic evidence is consistent with CR (including short stature, low body weight, lean BMI), less age-related chronic disease (including cardiovascular diseases, cancer, and dementia) and longer lifespan (mean and maximum).

**Summary**—Both CR and traditional Okinawan functional foods with CR-mimetic properties likely had roles in the extended healthspan and lifespan of the Okinawans. More research is needed on health consequences of CR and foods with CR-mimetic properties to identify possible nutritional interventions for healthy aging.