

# RIPK1和肌萎缩侧索硬化症研究进展

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## 摘要

肌萎缩侧索硬化症(Amyotrophic lateral sclerosis, ALS)是一种慢性进展的致死性疾病, 受体相互作用蛋白激酶1 (Receptor-interacting protein kinase 1, RIPK1)可能是治疗ALS的关键靶点。在RIPK1介导的程序性坏死中, RIPK1的激活主要受其泛素化和磷酸化调节, 其中K63泛素化和M1泛素化及其下游的磷酸化决定是否激活RIPK1以介导细胞生存或死亡。在RIPK1介导的炎症中, RIPK1通过介导炎症基因的表达或者炎症因子的转录直接促进炎症的发生, 或者通过调控小胶质细胞来介导脊髓炎症微环境。因此, RIPK1可能是ALS发病关键因素。目前已有用于治疗ALS的RIPK1抑制剂进入临床试验, 但是其在炎症性疾病的进一步研究中发现疗效欠佳。最近研究发现在SOD1<sup>G93A</sup>小鼠中遗传失活RIPK1并不会改善其病理和临床表现, 这为以RIPK1为靶点治疗ALS提供了不同的见解。

## 关键词

RIPK1, 肌萎缩侧索硬化症, 程序性坏死

# Research Progress of RIPK1 and Amyotrophic Lateral Sclerosis

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## Abstract

Amyotrophic lateral sclerosis (ALS) is a chronic progressive fatal disease, and receptor-interacting protein kinase 1 (RIPK1) may be a key target for the treatment of ALS. In RIPK1-mediated pro-

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grammed necrosis, the activation of RIPK1 is mainly regulated by its ubiquitination and phosphorylation. K63 ubiquitination and M1 ubiquitination and their downstream phosphorylation determine whether RIPK1 is activated to mediate cell survival or death. In RIPK1-mediated inflammation, RIPK1 directly promotes the occurrence of inflammation by mediating the expression of inflammatory genes or the transcription of inflammatory factors, or mediates the spinal cord inflammatory microenvironment by regulating microglia. Therefore, RIPK1 is a key factor in the pathogenesis of ALS. At present, RIPK1 inhibitor used to treat ALS has entered clinical trials, but it was found to be less effective in further research on inflammatory diseases. Recent studies have found that genetic inactivation of RIPK1 in SOD1<sup>G93A</sup> mice does not improve its pathological and clinical manifestations, which may be the reason for the lack of efficacy of RIPK1 inhibitors in clinical trials.

## Keywords

RIPK1, Amyotrophic Lateral Sclerosis, Necroptosis

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## 1. 引言

肌萎缩侧索硬化症是一种严重的神经系统退行性疾病，通常在起病后3~5年内死亡，其特征是运动皮层、脑干和脊髓上、下运动神经元的进行性丧失，导致进行性肌肉无力和萎缩。目前对于ALS运动神经元丢失的机制尚不清楚。近年来，RIPK1已经成为治疗神经退行性疾病、自身免疫性疾病和炎症性疾病的重要靶点。有大量的研究表明RIPK1在不同的信号机制调控下可以介导凋亡、程序性坏死和炎症等不同的信号通路[1]-[6]。RIPK1介导的程序性坏死和炎症被认为是ALS的重要发病机制。目前以RIPK1为靶点开发的用于治疗ALS的抑制剂已经进入了临床试验阶段。本文综述了RIPK1激酶活性的调控机制、RIPK1参与ALS的发病机制以及以RIPK1为靶点治疗ALS的研究进展。

## 2. RIPK1是TNF- $\alpha$ 信号通路重要介质

肿瘤坏死因子 $\alpha$ (tumor necrosis factor  $\alpha$ , TNF- $\alpha$ )通过一系列信号级联反应参与多种退行性疾病的发病机制[7]。而RIPK1的激活是TNF- $\alpha$ 通路中的关键介质，并决定了下游细胞的死亡或存活[4]。转化生长因子 $\beta$ 激活激酶1(transforming growth factor- $\beta$ -activated kinase 1, TAK1)可被活化的RIPK1招募，并激活kappa B激酶抑制剂(inhibitor of kappa B kinase, IKK)，从而促进核因子 $\kappa$ B(nuclear factor kappa-B, NF- $\kappa$ B)信号通路的激活，从而导致促生存因子或促炎细胞因子的转录[8]。复合物IIa的形成是RIPK1激活的另一通路，可以导致RIPK1依赖的凋亡(RIPK1-dependent apoptosis, RDA)[9]。而当半胱氨酸蛋白酶活性缺乏时，活化的RIPK1通过形成复合物IIb导致程序性坏死，并进一步触发细胞膜的破坏和细胞裂解[1]。

RIPK1的激活主要由泛素化和磷酸化两种方式调控。在TNF $\alpha$ 激活TNFR1后形成复合物I，这一过程主要通过其自身死亡结合域招募RIPK1和肿瘤坏死因子受体相关死亡域蛋白(Tumor necrosis factor receptor type 1-associated death domain protein, TRADD)来完成[10]。首先复合物I中的TRADD招募适配器蛋白以催化RIPK1上的K63泛素修饰[11]。其次是复合物I招募精子发生关联2(spermatogenesis associated 2, SPATA2)和线性泛素化组装复合物(linear ubiquitination assembly complex, LUBAC)对RIPK1进行M1线性泛素修饰[12]。M1泛素链和K63泛素链通过与泛素链结合的方式招募下游信号分子对RIPK1进行磷

酸化或者对其自身去泛素化修饰以调控其激酶活性[9]。

## 2.1. RIPK1 的 K63 泛素修饰

在复合物 I 中, TRADD 招募适配器蛋白, 并介导 RIPK1 的 K63 泛素化[11]。随后, 具有泛素结合域的信号蛋白与 K63 泛素链结合并激活 TAK1 [13]。首先, TAK1 可以直接对 RIPK1 进行磷酸化, 其对 RIPK1 的磷酸化决定了 RIPK1 是与 Fas 相关死亡域蛋白(Fas-associated with death domain protein, FADD)结合导致 RDA 还是与 RIPK3 结合导致程序性坏死[14]。其次, TAK1 也可以进一步激活 IKK 或者 MAPK 活化蛋白激酶 2 (MAPK-activated protein kinase 2, MK2) 来抑制复合物 II 的形成[15] [16], 以促进细胞生存。NF- $\kappa$ B 信号通路也可以被 IKK 激活, 并导致促生存因子或促炎因子的转录[8]。最近研究表明, 降低泛素修饰酶 cIAP1 启动子区域中的 H3K73me3 水平有助于增强 K63-去泛素化[17]。

## 2.2. RIPK1 的 M1 线性泛素修饰

复合物 I 中的 TRADD/TRAF2/cIAP1 复合物招募 LUBAC 介导 RIPK1 的 M1 线性泛素修饰[18] [19] [20]。去泛素化酶 CYLD 及其适配器 SPATA2 也可以被招募到复合物 I 以介导 M1 泛素链的分解, 从而负性调控 RIPK1 的激活[21]。三种主要结合 M1 泛素链的泛素结合蛋白也参与负调控 RIPK1 的激活, 包括视神经磷酸酶(optineurin, OPTN)、NF- $\kappa$ B 必需调节因子(NF- $\kappa$ B essential modulator, NEMO)和 NF- $\kappa$ B 激活的 A20 结合抑制剂 1 (A20-binding inhibitor of NF- $\kappa$ B activation 1, ABIN1) [22] [23] [24]。此外, 复合物 I 中 RIPK1 的 M1 泛素化也介导了 TANK 结合激酶 1 (TANK-binding kinase 1, TBK1) 的募集, 导致 RIPK1 底物识别的重要位点 T189 的磷酸化, 从而阻断了 RIPK1 的激活[25]。

## 3. RIPK1 促进 ALS 炎症的发生

RIPK1 的激活可以介导炎症基因的表达, 这一过程独立于程序性坏死和 RDA [5] [26]。髓系细胞中 RIPK1 的激活可促进炎症基因的表达和促炎细胞因子的释放, 而这一过程并不依赖于细胞死亡[27] [28] [29]。研究表明, RIPK1 (有时与 RIPK3 一起)具有细胞死亡独立的信号活性, 导致多种炎症分子的转录上调[5] [27] [29]。炎症基因表达的调控涉及 RIPK1 下游的一系列信号转导, 然后进一步激活炎症转录因子 [4]。最新的研究表明, 活化的 RIPK1 募集 BRG1/BRM 相关因子(BRG1/BRM-associated factor, BAF)复合物进一步介导 BAF 复合物的关键成分 SMARCC2 的磷酸化, 从而促进染色质重塑并介导炎症反应的特定基因的转录[2]。越来越多的证据表明, RIPK1 可以直接促进炎症的发生。

脊髓轴突变性是 ALS 早期病理改变, 而 OPTN 缺失的少突胶质细胞和髓系细胞可以导致类似的病理改变[6]。在 Optn<sup>-/-</sup> 小鼠的脊髓中发现多种促炎细胞因子水平升高, 但可以被 RIPK1 抑制降低[6]。因此, 髓系细胞和少突胶质细胞中 OPTN 的缺失也可以通过活化的 RIPK1 调控促炎小胶质细胞激活并导致髓鞘和轴突功能缺陷。最近的研究表明, RIPK1 调控的炎症小胶质细胞(RIPK1-Regulated Inflammatory Microglia, RRIMs)富集促进多种 ALS 小鼠模型的脊髓炎症环境形成, 并可以通过药理学或遗传抑制 RIPK1 来降低 RRIMs 水平, 说明 RIPK1 也通过调节小胶质细胞状态来介导脊髓炎症微环境的形成[3]。

## 4. 以 RIPK1 为靶点治疗 ALS

RIPK1 介导的神经炎症和细胞死亡的激活是 ALS 的重要病理机制[30]。导致 ALS 的 OPTN 和 TBK1 基因突变已被证明会促进中枢神经系统中 RIPK1 介导的程序性坏死和 RDA 的发生[6] [25]。Optn 编码一种可调节 RIPK1 泛素化和降解的泛素结合蛋白。RIPK1 参与介导 OPTN 缺乏引起的轴突丢失和髓鞘异常, 这通常是 ALS 患者的早期病理改变[6]。TBK1 可以通过磷酸化 RIPK1 阻断与底物的相互作用来抑制其激酶活性[25] [31]。TBK1<sup>-/-</sup> 的胚胎致死性小鼠可以通过杂合或纯合 RIPK1 激酶死亡 D138N 敲入突变完全

拯救，这为 TBK1 在调节 RIPK1 激活中的关键功能提供了基因验证[25]。在体外试验中，TBK1 缺失或药理抑制使细胞对 TNF- $\alpha$  诱导的 RIPK1 依赖的细胞死亡敏感[25] [31]。另外，在 TBK1<sup>+/−</sup> 小鼠的髓系中，TAK1 作为另一种 RIPK1 负性调控因子，其单倍体不足导致了 ALS/FTD 的许多特征，包括髓鞘异常、轴突变性、神经元丢失和细胞质 TDP-43 聚集[25]。因此，RIPK1 的激活可能介导了 ALS 的病理改变。

目前，用于治疗 ALS 的 RIPK1 抑制剂已经进入临床试验。由葛兰素史克公司开发的化合物 GSK2982772 成功地完成了 I 期临床试验，但在随后的溃疡性结肠炎及类风湿关节炎的临床研究中均无明确的疗效[32] [33] [34]，其对于 ALS 的治疗效果有待进一步研究。最近，赛诺菲和 Denali 开发的另一种 RIPK1 抑制剂(SAR443820)用于治疗 ALS，其 II 期临床试验尚在进行中[35]。

在近期的研究中发现，遗传失活 MLKL 并不影响 SOD1G93A 小鼠模型的疾病进展，随后的脊髓病理研究也发现通过 MLKL 遗传失活阻断程序性坏死信号通路不会影响 ALS 小鼠模型中的运动神经元变性[36]。另一项研究也表明遗传失活 RIPK1 不会改善 SOD1<sup>G93A</sup> 小鼠模型的病理和疾病进展[37]。因此，程序性坏死和 RIPK1 在导致 ALS 中的突出作用仍存在争议，这也部分解释了 RIPK1 抑制剂在临床试验中缺乏疗效的原因。

## 5. 讨论

在程序性坏死信号通路中，RIPK1 是关键的信号事件，其激活受多种不同机制的调控，以此决定下游级联信号的走向。RIPK1 也以非坏死依赖的方式调控炎症，其机制主要有自主调控和调节小胶质细胞以促进炎症两种方式。因此，RIPK1 被认为是介导 ALS 发病机制的重要因素。以 RIPK1 为靶点开发的抑制剂已经进行了初步的临床研究，但是在其他疾病的研中发现 RIPK1 抑制剂无临床疗效。在最近的研究中发现 RIPK1 失活并不能拯救 SOD1<sup>G93A</sup> 小鼠模型的疾病进展。因此，RIPK1 是否为 ALS 发病的重要机制尚需进一步研究。

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