

1 Normal pancreatic  $\beta$ -cell function in mice with *RIP-Cre*-mediated inactivation of

2 p62/SQSTM1

3

4 **Running title:** Role of p62/SQSTM1 in  $\beta$ -cell function

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## Abstract

27 Recent studies have suggested that decreased pancreatic  $\beta$ -cell function and mass are  
28 common features of patients with type 2 diabetes mellitus. Pancreatic  $\beta$ -cell  
29 homeostasis is regulated by various types of signaling molecules and stress responses.  
30 Sequestosome 1/p62 (SQSTM1, hereafter referred to as p62) is a ubiquitin-binding  
31 adaptor protein involved in cell signaling, oxidative stress, and autophagy. Because  
32 p62 appears to play an important role in maintaining mitochondrial quality control, it is  
33 possible that the loss of *p62* in pancreatic  $\beta$  cells contributes to mitochondrial  
34 dysfunction, and thus leading to impaired glucose tolerance. In this study we  
35 investigated the physiological roles of p62 by inactivating *p62* in a  $\beta$ -cell specific  
36 manner. We found that firstly, rat insulin-2 promoter-*Cre* (*RIP-Cre*)-mediated *p62*  
37 inactivation did not cause body weight gain, although ubiquitous inactivation of *p62*  
38 was previously shown to result in severe obesity. Secondly, we found no gross  
39 structural disorganization of the islets of *p62*-deficient mice. Consistent with normal  
40 islet morphology, no impairment in glucose tolerance was observed in mice with

41 *RIP-Cre*-mediated *p62* deletion. These results suggest that *p62* is dispensable for

42 normal islet organization and  $\beta$ -cell function.

43

44

## Introduction

45 Type 2 diabetes mellitus is a metabolic disorder characterized by hyperglycemia  
46 resulting from the complex interplay of multiple genetic and environmental factors,  
47 resulting in both decreased insulin action on target tissues and defective pancreatic  
48  $\beta$ -cell insulin secretion in response to glucose [1]. The natural history of diabetes is  
49 strongly associated with the disability of pancreatic  $\beta$  cells to adapt to meet the  
50 increased demand for insulin secretion caused by increased insulin resistance [2].  
51 Therefore, elucidating the molecular mechanisms underlying pancreatic  $\beta$ -cell  
52 dysfunction is a key to understanding the pathology of diabetes [3,4].

53         Sequestosome 1 (SQSTM1, referred to hereafter as p62) is a multifunctional  
54 scaffold protein that can interact with several signaling pathways through its functional  
55 subdomains, including the Phox and Bem1 (PB1) domain, zinc-finger domain, TNF  
56 receptor-associated factor 6 (TRAF6)-binding domain, and Kelch-like ECH-associated  
57 protein 1 (Keap1) interacting region (KIR) [5-7]. p62/SQSTM1 can activate the  
58 antioxidant response by interacting with the Keap1-Nrf2 pathway [8-10]. The  
59 Keap1-Nrf2 antioxidant response pathway is one of the major cellular defense

60 mechanisms against oxidative insults [11,12]. p62/SQSTM1 also contains a ubiquitin  
61 association domain and LC3-interacting region, and is thus selectively degraded by  
62 autophagy together with ubiquitinated proteins that are recruited to autophagosomes  
63 via p62 [13,14]. Based on the assumption that the degradation of p62 largely depends  
64 on autophagy, the accumulation of cellular p62 has been widely used as a diagnostic  
65 marker for autophagic failure [15]. In fact, p62 accumulates in tissues such as liver,  
66 brain, and heart under autophagy-deficient conditions [16-18].

67 p62 has been reported to play a crucial role in the regulation of metabolism in  
68 white adipose tissue and liver. Mice with global inactivation of *p62* (*p62*<sup>-/-</sup>) were found  
69 to develop mature-onset obesity and several features of metabolic syndrome, including  
70 excess fat accumulation in white adipose tissue and liver, impaired glucose tolerance,  
71 and insulin sensitivity [19]. A subsequent study on brain-specific *p62* knockout mice  
72 demonstrated that a lack of *p62* in the brain causes leptin resistance, thereby leading to  
73 hyperphagia and obesity [20]. The p62 protein is also involved in several  
74 ageing-related pathologies. *p62*<sup>-/-</sup> mice have a reduced lifespan and show premature  
75 aging phenotypes with increased mitochondrial damage and dysfunction [21]. Given

76 the importance of p62 in maintaining mitochondrial homeostasis through the  
77 autophagic degradation of damaged mitochondria, or so called mitophagy, it is  
78 possible that loss of *p62* in pancreatic  $\beta$  cells contributes to mitochondrial dysfunction  
79 and thereby reduces insulin release, resulting in impaired glucose tolerance [5]. On the  
80 other hand, a recent study reported that in contrast to what has been reported for  
81 ubiquitin-induced pexophagy and xenophagy, p62 appears to be dispensable for  
82 mitophagy [22]. The same study also reported that mitochondrial-anchored ubiquitin is  
83 sufficient to recruit p62 to mitochondria and promote mitochondrial clustering, but  
84 does not promote mitophagy, further demonstrating the controversy regarding the role  
85 of p62 in the mitochondrial homeostasis of  $\beta$  cells. Therefore, in this study, as the first  
86 step towards elucidating the role of p62 itself in  $\beta$  cells, we investigated the effects of  
87  $\beta$ -cell-specific *p62* ablation on  $\beta$ -cell function.

88

89

## Materials and Methods

90

### 91 *Animal experiments*

92 All mice were housed in specific pathogen-free barrier facilities, maintained under a  
93 12-hour light/12-hour dark cycle, and provided standard rodent food (Oriental Yeast,  
94 Tokyo, Japan) and water *ad libitum*. Rat insulin 2 promoter-driven Cre recombinase  
95 [23] was used to delete *p62* in a pancreatic  $\beta$ -cell-specific manner. The generation of  
96 *p62<sup>flox/+</sup> (f/+)* mice was performed as described previously [20]. *RIP-Cre* mice were  
97 crossed with *p62<sup>f/+</sup>* mice to generate *p62<sup>f/+</sup>:RIP-Cre* mice. Next, *p62<sup>f/+</sup>* mice were  
98 crossed with *p62<sup>f/+</sup>:RIP-Cre* mice to generate *p62<sup>f/f</sup>:RIP-Cre* mice.

99

### 100 *Measurement of blood glucose and insulin levels*

101 To measure non-fasting glucose levels, glucose levels were measured in the morning.  
102 For the intraperitoneal glucose tolerance test (IPGTT), after an overnight fast (16 h),  
103 age-matched 22-week-old male mice were injected intraperitoneally with glucose (0.5  
104 g/kg body weight). A few microliters of blood were taken from the tail vein of awake



105 mice, and glucose levels were measured using whole blood with a compact glucose  
106 analyzer (ACCU-CHEK® Compact Plus, Roche Diagnostics, Basel, Switzerland) at  
107 the indicated time points. To measure insulin levels, whole blood samples were  
108 collected from the orbital sinus in awake mice and centrifuged. After centrifugation,  
109 plasma was stored at  $-80\text{ }^{\circ}\text{C}$  until analysis. Insulin levels were measured using an  
110 enzyme-linked immunosorbent assay kit (Morinaga Co., Kanagawa, Japan).

111

#### 112 *Isolation of mouse islets*

113 After anesthetization of mice and euthanasia by cutting of their carotid arteries, the  
114 distal ends of the common bile duct were clamped adjacent to the duodena.  
115 Subsequently, common bile ducts were cannulated with a 30-G needle near the liver.  
116 Acinar tissue was disrupted by injecting 1.5 mL of a 0.15% collagenase solution. Then,  
117 pancreata were removed, and incubated in 1 mL of 0.15% collagenase solution for 40  
118 min at  $37\text{ }^{\circ}\text{C}$ . For isolating islets from the digested acinar tissue, pancreata were  
119 shaken for 1 min in conical tubes with 40 mL Hank's balanced salt solution (HBSS).  
120 Next, solutions were incubated for 90 sec until the islets sunk to the bottom of the tube.

121 Then, supernatants were aspirated and 50 mL of HBSS was added. This cycle of  
122 incubating, aspirating, and adding was continued until the solution became clear. The  
123 islets were transferred to dishes and collected using a micropipette under a dissecting  
124 microscope.

125

#### 126 ***RT-PCR analysis***

127 Total RNA was extracted from isolated islets using RNeasy Plus Mini Kit (Qiagen,  
128 Valencia, CA, USA), and cDNA was synthesized using Ovation RNA Amplification  
129 System V2 (Nugen, San Carlos, CA, USA) according to the manufacturer's protocols.

130 Real-time PCR was performed using TaqMan Custom Arrays (Applied Biosystems,  
131 Foster City, CA, USA). The expression levels of *Sqstm1/p62* (Mm00448091\_m1)  
132 mRNAs were quantified by TaqMan Real-Time PCR Assays (Applied Biosystems,  
133 Foster City, CA, USA), and normalized to *glucuronidase beta* (*Gusb*,  
134 Mm01197698\_m1). Data are expressed as the mean  $\pm$  SE.

135

#### 136 ***Immunohistochemistry and morphometric analysis***

137 After anesthetization, 22-week-old mice were thoroughly perfused with saline  
138 followed by 4% paraformaldehyde. Pancreata were removed and fixed with 4%  
139 paraformaldehyde for at least 2 days at 4 °C until embedding. Fixed tissues were  
140 embedded in paraffin and then cut into 4- $\mu$ m-thick sections and mounted onto slides.  
141 The sections were blocked with 2% bovine serum albumin for 30 min at room  
142 temperature, and then incubated with each primary antibody overnight at 4 °C. The  
143 primary antibody for guinea pig anti-human insulin (Dako, Glostrup, Denmark) was  
144 diluted to 1:1,000 in 2% bovine serum albumin. The streptavidin-biotin complex  
145 method was used for detection, and hence the sections were incubated with  
146 biotinylated goat anti-guinea pig IgG (1:1,000) secondary antibody for 60 min at room  
147 temperature.  $\beta$ -cell areas were determined using five insulin-stained sections from each  
148 mouse, and each section was separated by at least 200  $\mu$ m to avoid double scoring of  
149 the same islet. Images of pancreatic tissue were captured using a microscope  
150 (BZ-9000; Keyence, Osaka, Japan). Areas of insulin-stained pancreatic islets were  
151 determined automatically using image analysis software (WinROOF; Mitani Corp.,  
152 Fukui, Japan).

153

154 *Statistical analyses*

155 All quantitative data are reported as the mean  $\pm$  SEM. Statistical analyses were  
156 performed using the unpaired two-tailed Student *t*-test or nonrepeated ANOVA. A  
157 *p*-value of less than 0.05 was considered to indicate a significant difference between  
158 groups.

159

160 *Ethical approval*

161 The animal experiment protocol was approved by the Ethics Review Committee of  
162 Animal Experimentation of Juntendo University.

163

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## Results

165

166 To analyze the physiological roles of *p62* in pancreatic  $\beta$  cells, *p62<sup>ff</sup>:RIP-Cre* mice  
167 were generated by crossing *p62<sup>ff</sup>* mice with *p62<sup>+/+</sup>:RIP-Cre* mice. Quantitative  
168 RT-PCR analysis indicated that *p62* mRNA levels of *p62<sup>ff</sup>:RIP-Cre* (referred to  
169 hereafter as *p62<sup>ff</sup>:Cre*) islets were reduced by more than 70% of that of *p62<sup>+/+</sup>:Cre*  
170 islets (Fig. 1). Given that  $\beta$  cells constitute 70% of normal islet cells [24] and the  
171 recombination efficiency of *RIP-Cre* is reported to be 80%-90% [25], *p62* expression  
172 was efficiently eliminated from  $\beta$  cells in *p62<sup>ff</sup>:Cre* islets. No gross abnormalities were  
173 observed in *p62<sup>ff</sup>:Cre* mice. In contrast to the body weight gain observed in ubiquitous  
174 *p62*-knockout mice [19] and brain-specific *p62*-knockout mice [20], *p62<sup>ff</sup>:Cre* mice  
175 were indistinguishable in body weight from age-matched control *p62<sup>+/+</sup>:Cre*  
176 littermates between the ages of 6 and 22 weeks (Fig. 2A). There was no difference in  
177 non-fasting blood glucose levels between the two groups (Fig. 2B). The glucose  
178 tolerance test (GTT) indicated no deterioration of glucose tolerance in *p62<sup>ff</sup>:Cre* mice  
179 (Fig. 3A). During the GTT, a normal insulin secretion profile was observed, which was  
180 comparable to that of *p62<sup>+/+</sup>:Cre* mice (Fig. 3B). Moreover, histological analysis

181 demonstrated that there were no apparent morphological abnormalities or degenerative  
182 changes in the islets of *p62*-deficient mice (Fig. 4A). There was no significant change  
183 in islet cell mass, assessed by insulin immunostaining, in *p62<sup>ff</sup>:Cre* mice compared  
184 with *p62<sup>+/+</sup>:Cre* mice (Fig. 4B, C). The normal  $\beta$ -cell mass observed in  $\beta$ -cell-specific  
185 *p62*-deficient mice is consistent with the normal  $\beta$ -cell proliferation in response to  
186 increased insulin resistance observed in global *p62*-deficient mice. Taken together, we  
187 conclude that there are no differences between  $\beta$ -cell-specific *p62*-deficient mice and  
188 control mice in terms of body weight, non-fasting blood glucose levels, glucose  
189 tolerance, islet cell mass, and  $\beta$ -cell morphology. These results indicate that  
190 *p62/SQSTM1* in pancreatic  $\beta$  cells is dispensable for normal islet architecture, normal  
191 glucose tolerance, and  $\beta$ -cell function.

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## Discussion

195 Ubiquitous inactivation of *p62* (*p62*<sup>-/-</sup>) has been reported to result in early onset  
196 glucose intolerance and maturity-onset obesity [19]. Our results further confirmed that  
197 impaired glucose tolerance in *p62*<sup>-/-</sup> mice is primarily due to peripheral insulin  
198 resistance, excluding the possible involvement of *p62* function in pancreatic  $\beta$  cells.  
199 *p62*<sup>-/-</sup> mice develop insulin resistance before their obesity becomes apparent [19]. *p62*<sup>-/-</sup>  
200 mice have increased fat content due to the hyperactivation of ERK, which causes  
201 adipogenesis and obesity. At the molecular level, it has been demonstrated that p62  
202 controls adipogenesis by inhibiting ERK activation via a direct interaction [19]. In  
203 contrast to such a cell-autonomous role of p62 in adipocyte differentiation, our study  
204 highlights the dispensable role of p62 in normal  $\beta$ -cell function and homeostasis, at  
205 least when mice are fed a normal diet.

206 As p62 appears to play an important role in maintaining mitochondrial quality  
207 control through mitophagy, it is possible that the loss of *p62* in pancreatic  $\beta$  cells may  
208 cause mitochondrial dysfunction and thus result in impaired glucose tolerance [5].  
209 Normal  $\beta$ -cell function and mass in  $\beta$ -cell-specific *p62*-deficient mice suggested

210 redundant autophagy receptors; for instance, NBR1, which shares similar functional  
211 domains with p62, may have a compensatory role in mitophagy when p62 is deficient  
212 [26]. However, a recent study reported that NBR1 is dispensable for PARK2-mediated  
213 mitophagy regardless of the presence or absence of p62 [27]. Thus, other mitophagy  
214 receptors, such as BCL2L13 and FKBP8, may be involved in the autophagic  
215 degradation of damaged mitochondria [28, 29]. Further studies will hence be needed to  
216 determine the molecules that may compensate for p62 in *p62<sup>ff</sup>:RIP-Cre* mice.

217 Harada et al. reported that brain-specific *p62* disruption by *nestin-Cre* results in  
218 significant body weight gain compared with control mice at 20 weeks of age [20].  
219 Importantly, pair feeding completely abolished the obese phenotype of brain-specific  
220 *p62* KO mice, indicating that p62 in the brain inhibits appetite and thus controls body  
221 weight homeostasis [20]. It has been demonstrated that *RIP-Cre* is expressed in a  
222 subset of neurons in the hypothalamus, and that deletion of *Stat3* results in progressive  
223 obesity [30]. We found that *p62<sup>ff</sup>:RIP-Cre* mice show no noticeable obesity,  
224 suggesting that p62 function in a brain area other than the *Rip-Cre*-expressing area is  
225 important for appetite regulation.



226 We previously reported that autophagy deficiency in  $\beta$  cells is associated with  
227  $\beta$ -cell dysfunction [31]. Mice with  $\beta$ -cell specific autophagy deficiency  
228 (*Atg7<sup>fl/fl</sup>:RIP-Cre*) showed impaired glucose tolerance with abnormal  $\beta$ -cell  
229 morphology. In that study, a large amount of p62 accumulation was observed. It has  
230 been reported that the liver injury occurring in liver-specific autophagy-deficient mice  
231 is largely suppressed by the concomitant loss of *p62*, indicating that liver injury is  
232 caused by a p62-dependent mechanism [14]. In contrast, the molecular mechanisms as  
233 to how  $\beta$  cells are damaged under autophagy deficiency is largely unknown. Here we  
234 show that the loss of p62 in pancreatic  $\beta$  cells does not affect their morphology or  
235 function. Therefore, future studies should focus on investigating whether the  
236 accumulation of p62/SQSTM1 contributes to  $\beta$ -cell failure under autophagy-deficient  
237 conditions, by generating  $\beta$ -cell specific *Atg7/p62* double KO mice.  
238

239

## **Conflicts of Interest**

240

241 All authors report no conflicts of interest.

242

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244

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- 342

343 **Figure legends**

344

345 **Fig. 1 Expression of *p62* in beta-cell specific *p62*-knockout mice**

346 Quantitative real-time PCR analysis of *p62* in *p62<sup>+/+</sup>:RIP-Cre* (*p62<sup>+/+</sup>:Cre*) and  
347 *p62<sup>ff</sup>:RIP-Cre* (*p62<sup>ff</sup>:Cre*) islets. mRNAs were prepared from islets of mice with the  
348 indicated genotypes at 24 weeks of age. Values were normalized to the amount of  
349 mRNA in *p62<sup>+/+</sup>:Cre* islets. Expression levels of *p62* mRNAs were decreased by more  
350 than 70% in islets of *p62<sup>ff</sup>:Cre* mice (n = 3 each, \**p* < 0.001). Data are the mean ±  
351 SEM.

352

353

354 **Fig. 2 Ablation of *p62* in β cells does not lead to body weight gain nor to**  
355 **differences in non-fasting blood glucose levels**

356 Changes in body weight (A) and non-fasting blood glucose levels (B) of *p62<sup>+/+</sup>:Cre*  
357 (blue circles; n = 10), *p62<sup>ff</sup>:Cre* (green circles; n = 10), and *p62<sup>ff</sup>:Cre* (red circles; n =  
358 10) mice between 6 and 22 weeks of age. Data represent the mean ± SEM.

359

360 **Fig. 3 Ablation of p62 in  $\beta$  cells does not exacerbate glucose tolerance**

361 Blood glucose concentrations (A) and serum insulin levels (B) measured during  
362 IPGTT at the age of 22 weeks. Blue circles,  $p62^{+/+}:Cre$  mice (n = 10); green circles,  
363  $p62^{f/+}:Cre$  mice (n = 10); and red circles,  $p62^{f/f}:Cre$  mice (n = 10). Data represent the  
364 mean  $\pm$  SEM.

365

366 **Fig. 4 Ablation of p62 in islets does not result in morphological abnormalities of islets**

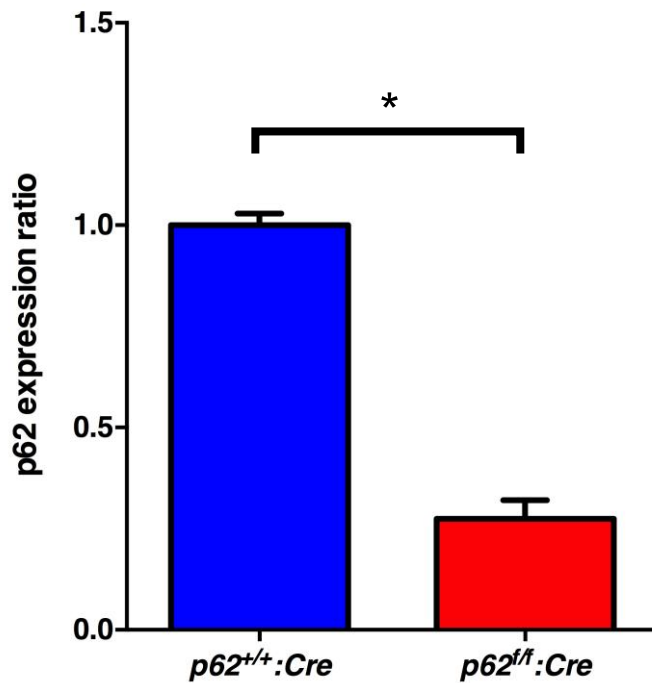
367 (A) Representative images of hematoxylin and eosin staining of islets of 22-week-old  
368  $p62^{+/+}:Cre$ ,  $p62^{f/+}:Cre$ , and  $p62^{f/f}:Cre$  mice. Scale bars represent 100  $\mu$ m.

369 (B) Representative images of insulin staining of the islets of 22-week-old  $p62^{+/+}:Cre$ ,  
370  $p62^{f/+}:Cre$ , and  $p62^{f/f}:Cre$  mice. Scale bars represent 100  $\mu$ m.

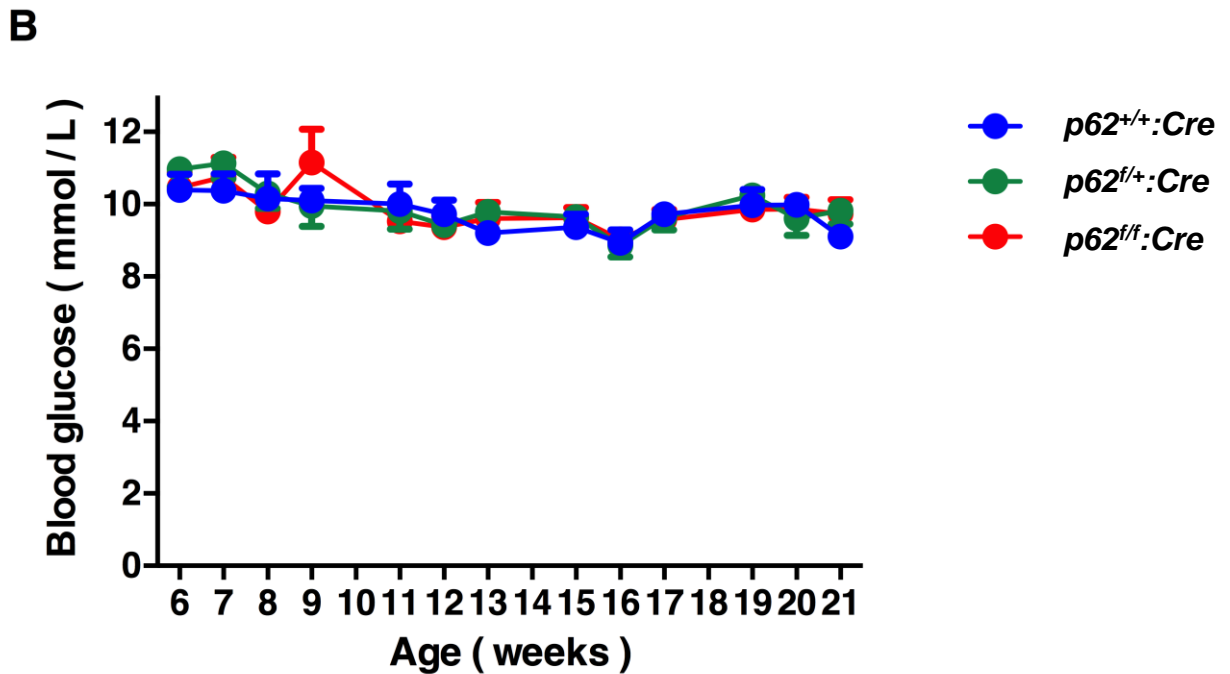
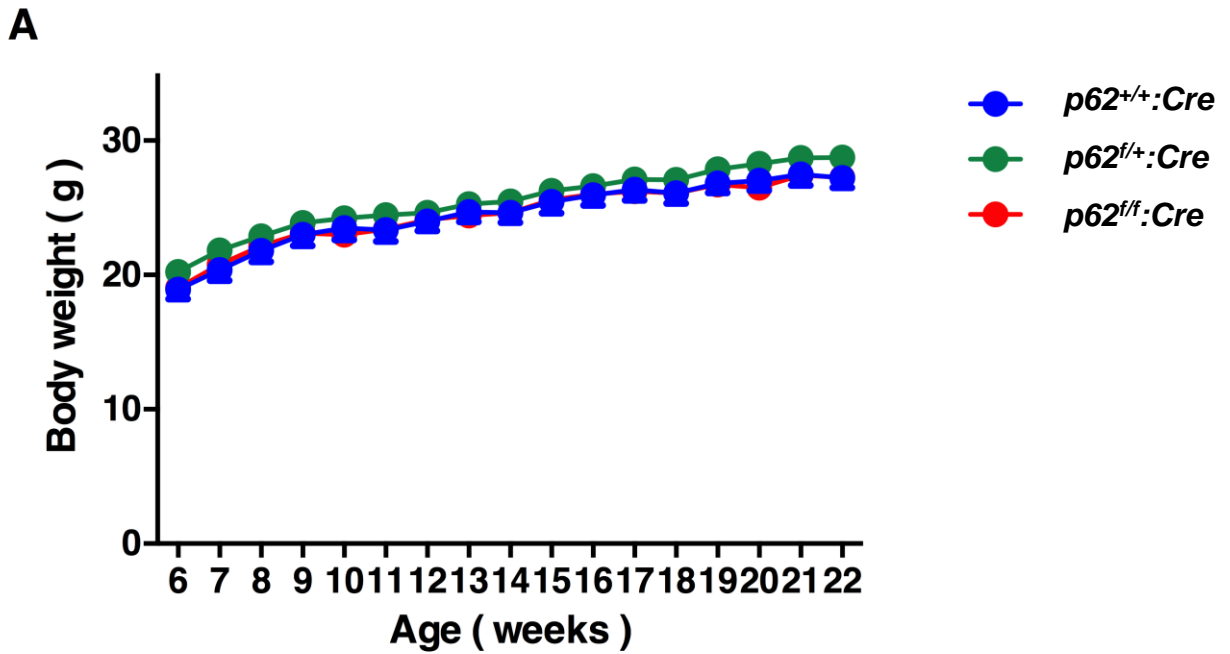
371 (C) Percent islet area of  $p62^{+/+}:Cre$  (n = 4),  $p62^{f/+}:Cre$  (n = 5), and  $p62^{f/f}:Cre$  mice  
372 (n = 6). Data represent the mean  $\pm$  SEM.

373



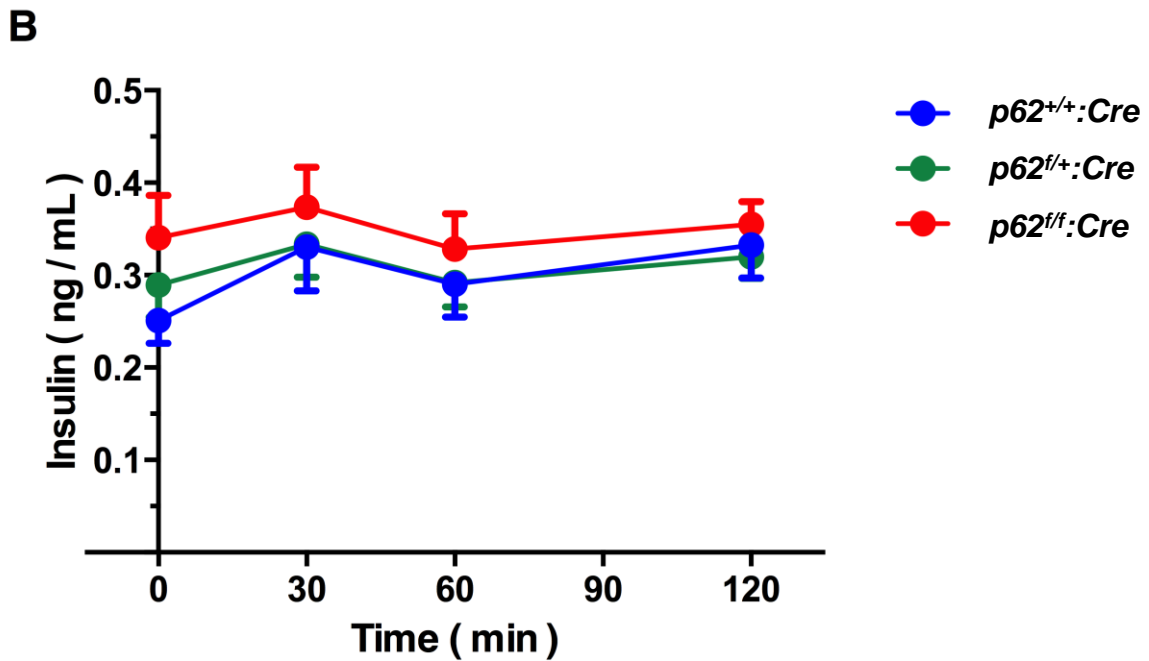
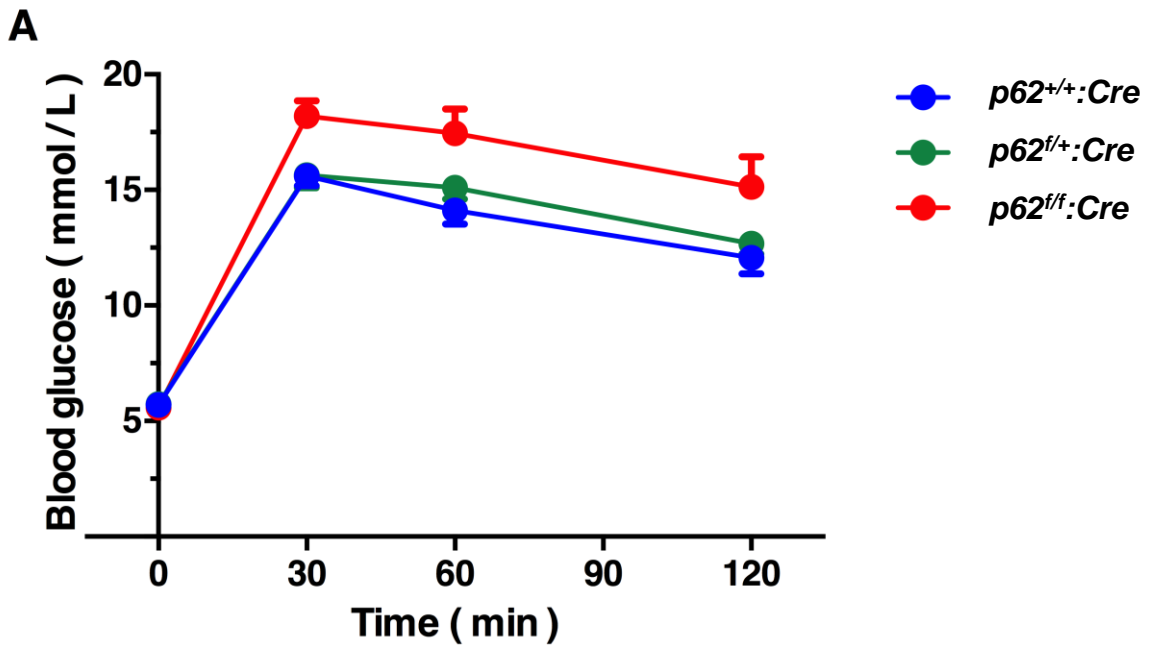


**Fig. 1 Expression of *p62* in beta-cell specific *p62*-knockout mice**  
Quantitative real-time PCR analysis of *p62* in *p62<sup>+/+</sup>:RIP-Cre* (*p62<sup>+/+</sup>:Cre*) and *p62<sup>ff</sup>:RIP-Cre* (*p62<sup>ff</sup>:Cre*) islets. mRNAs were prepared from islets of mice with the indicated genotypes at 24 weeks of age. Values were normalized to the amount of mRNA in *p62<sup>+/+</sup>:Cre* islets. Expression levels of *p62* mRNAs were decreased by more than 70% in islets of *p62<sup>ff</sup>:Cre* mice (n = 3 each, \**p* < 0.001). Data are the mean ± SEM.



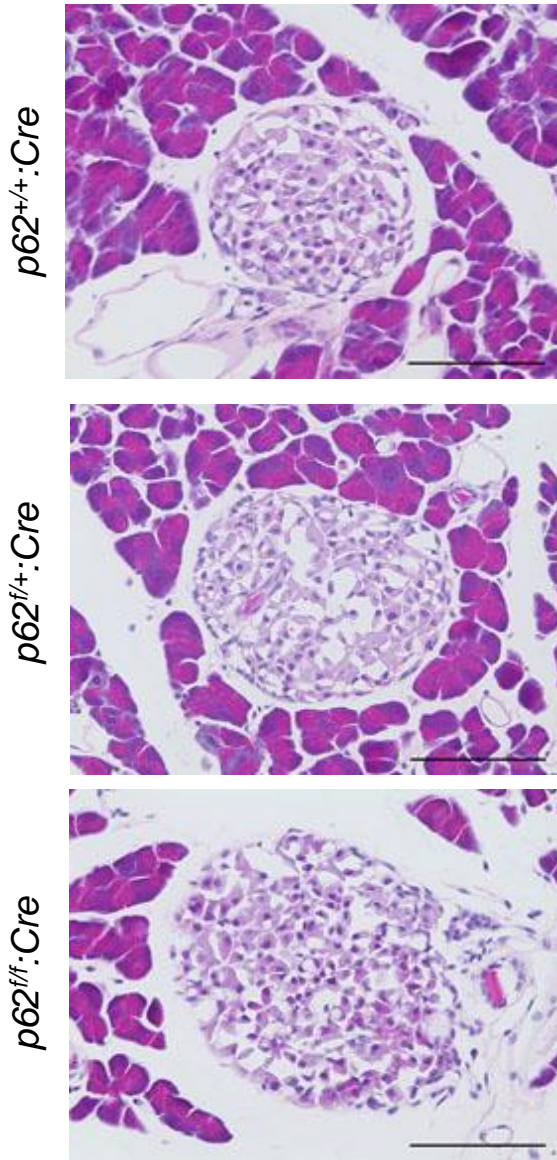
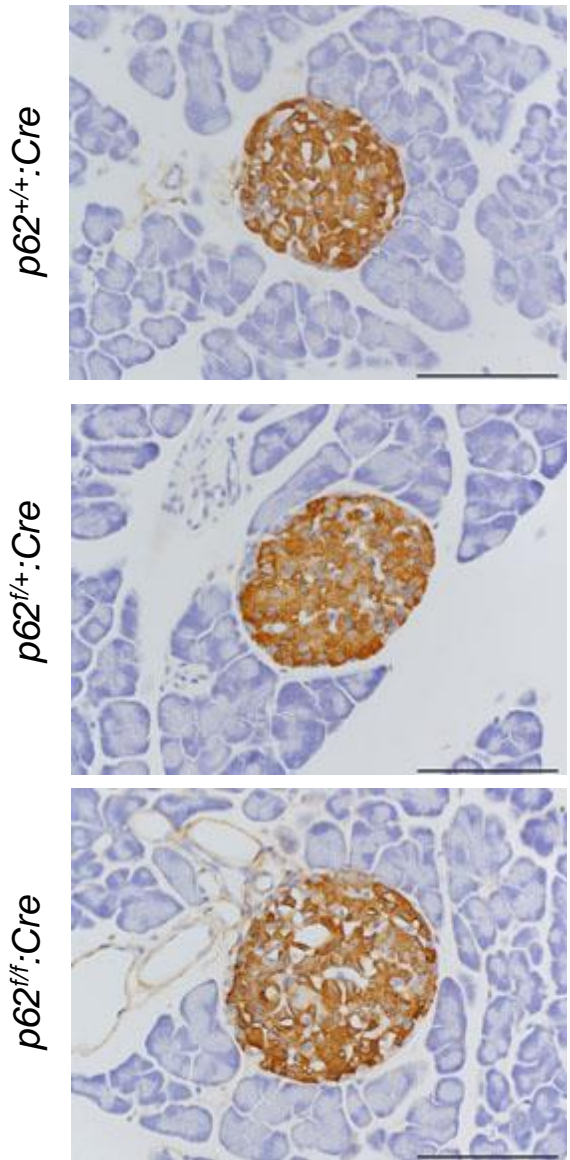
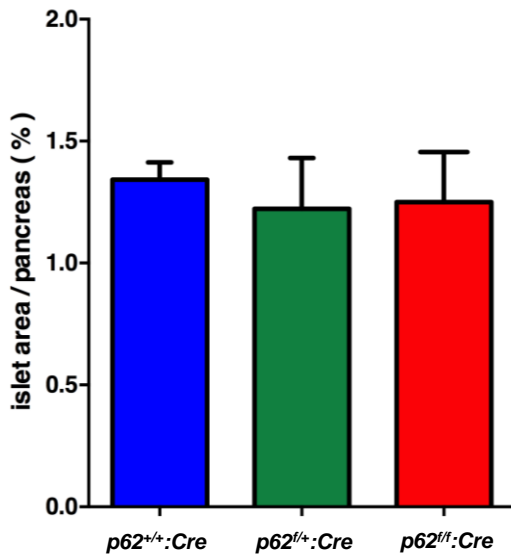
**Fig. 2 Ablation of *p62* in  $\beta$  cells does not lead to body weight gain nor to differences in non-fasting blood glucose levels**

Changes in body weight (A) and non-fasting blood glucose levels (B) of  $p62^{+/+}:Cre$  (blue circles;  $n = 10$ ),  $p62^{f/+}:Cre$  (green circles;  $n = 10$ ), and  $p62^{f/f}:Cre$  (red circles;  $n = 10$ ) mice between 6 and 22 weeks of age. Data represent the mean  $\pm$  SEM.



**Fig. 3 Ablation of p62 in  $\beta$  cells does not exacerbate glucose tolerance**

Blood glucose concentrations (A) and serum insulin levels (B) measured during IPGTT at the age of 22 weeks. Blue circles,  $p62^{+/+}:Cre$  mice ( $n = 10$ ); green circles,  $p62^{f/+}:Cre$  mice ( $n = 10$ ); and red circles,  $p62^{f/f}:Cre$  mice ( $n = 10$ ). Data represent the mean  $\pm$  SEM.

**A****B****C**

**Fig. 4 Ablation of *p62* in islets does not result in morphological abnormalities of islets**

(A) Representative images of hematoxylin and eosin staining of islets of 22-week-old *p62<sup>+/+</sup>:Cre*, *p62<sup>f/+</sup>:Cre*, and *p62<sup>ff/+</sup>:Cre* mice. Scale bars represent 100  $\mu$ m.

(B) Representative images of insulin staining of the islets of 22-week-old *p62<sup>+/+</sup>:Cre*, *p62<sup>f/+</sup>:Cre*, and *p62<sup>ff/+</sup>:Cre* mice. Scale bars represent 100  $\mu$ m.

(C) Percent islet area of *p62<sup>+/+</sup>:Cre* (n = 4), *p62<sup>f/+</sup>:Cre* (n = 5), and *p62<sup>ff/+</sup>:Cre* mice (n = 6). Data represent the mean  $\pm$  SEM.