

REVIEW ARTICLE

Regulation of Bone Resorption by Osteoclasts- an Overview

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ABSTRACT

Osteoporosis is related to estrogen deficiency and aging. Bone loss can also occur as a result of inflammation-associated diseases such as rheumatoid arthritis and periodontitis, which share several pathologic features with osteoporosis. Estrogen deficiency is associated with increased osteoclast activation, decreased osteoblast function, and increased inflammatory bone-resorbing cytokines (e.g., interleukin-1, -6, and tumor necrosis factor α). The differentiation of osteoclasts is regulated by the cytokines macrophage colony-stimulating factor, RANK ligand, and osteoprotegerin secreted by osteoblasts. Bone resorption is the unique function of osteoclasts. Podosomes are essential features of osteoclast migration. Podosomes are F-actin rich structures joined radially by actin fibers called F-actin cloud. Upon attachment to the bone surface, osteoclasts reorganize their cytoskeleton to form sealing zones. Sealing zone formation is required for efficient bone resorption to occur by osteoclasts. Integrin $\alpha\beta3$ and TNF-alpha mediated signaling mechanisms regulate the assembly/disassembly of podosomes during migration and the organization of sealing zones during bone resorption. A brief description is provided on these aspects in this review.

1. Introduction

Osteoporosis is a disease caused by the imbalanced activities of bone cells such as osteoclasts and osteoblasts. Osteoclasts mediate bone resorption or erosion, and osteoblasts facilitate the bone formation. Osteoclasts in excessive numbers or increased activity cause a faster rate of loss of bone than the action of osteoblasts to rebuild bone, which puts individuals at risk for fracture. Excess bone loss leads to pathological postmenopausal osteoporosis or bone-metastasis associated bone loss in cancer patients. Anti-osteoporosis therapy up to now has targeted mostly osteoclasts. Low bone mass is caused by an increase in the recruitment and activity of osteoclasts. The precise cause of osteoporosis is not entirely known. However, there is a relationship between the lack of estrogen due to ovarian failure and the onset of loss of bone mass. Furthermore, estrogen deficiency in women also increases the production of inflammatory cytokine Tumor Necrosis Factor-alpha (TNF- α) from T-cells to a level sufficient to modify the formation and function of bone-resorbing osteoclasts. Therefore, the neutralization of these cytokines could protect the bone loss caused by estrogen deprivation ¹.

2. Bone cells and osteoclastogenesis

Osteoclasts are multinucleated giant cells that are responsible for bone resorption. These cells are derived from hematopoietic precursors or stem cells in the monocyte/macrophage lineage. The differentiation process is known as 'osteoclastogenesis' is mediated by two key cytokines, such as Macrophage Colony-Stimulating Factor-1 (M-CSF) and the Receptor Activator of Nuclear factor-kB Ligand (RANKL). Osteoblasts are derived from mesenchymal stem cells from the bone marrow and periosteum of the

bone. These cells are involved in the formation and mineralization of bones. Osteoblasts then mature into osteocytes, which do not form bone matrix. Osteoblasts secrete cytokines such as M-CSF1 and RANKL besides osteoprotegerin (OPG), which are involved in osteoclastogenesis. RANKL belongs to the tumor necrosis factor family, and the Receptor Activator of Nuclear factor-kB (RANK) is the receptor for RANKL. OPG is a soluble decoy receptor for RANKL, and it is also considered a critical regulator of osteoclastogenesis. OPG functions to reduce osteoclastogenesis and osteolysis by competitively binding to RANKL and blocks the interaction of RANKL with its receptor RANK. The process of osteogenesis ensues with the balancing between the activities of osteoblasts (bone formation) and osteoclasts (bone resorption).

3. Podosomes and sealing zones in osteoclasts

The bone-resorbing function of osteoclasts is dependent on actin cytoskeletal remodeling. Osteoclasts are uniquely and profoundly migratory. They depend on rapid changes in their actin cytoskeleton to undertake the controlled cycles of migration and adhesion on the bone surface during bone resorption. Osteoclasts depend on podosomes for attachment and movement on the bone surface. Podosomes are found in highly motile cells, and these are comparable to focal adhesion structures. Although podosomes and focal adhesions are different morphologically and functionally, some functional differences exist. Podosomes are highly dynamic structures with a life-span of 2-12 min compared with 30min for the focal adhesions ². Podosomes are dot-like aggregates with packed filamentous actin (F-actin) surrounded by a globular monomeric form of actin (G-actin) ³. These dot-

like podosomes cluster in a ring around the cell periphery⁴.

On the bone surface, osteoclasts exhibit a continuous band of F-actin rich ring-like structures called sealing zones, which confine the area of bone resorption. Loss of peripheral podosome structures occurs in resorbing osteoclasts. Under these conditions sealing zones provide a tight attachment. Researchers denoted these structures as sealing zones, actin rings or sealing rings¹³⁻²⁰. Sealing zone formation has been considered a marker of osteoclast activation for bone resorption.

One crucial feature of podosomes is their dynamic nature, and they are rapidly constructed and removed. Sealing zones have very stable adhesion to ECM on the bone surface. It is not completely known whether sealing zones are derived from podosomes. It is mostly presumed that towards the resorption phase, the sealing zones are derived from the fusion of podosomes²¹⁻²³. However, various findings suggest that the sealing zones have a unique three-dimensional organization on the bone. Podosomes do not fuse to form an actin ring onto the dentine slice or mineralized matrix^{24, 25}. Osteoclasts are multinucleated giant cells. An osteoclast can do resorption of the bone underneath one area of the cell, and at the same time, another area of the cell can organize podosomes⁵.

Gelsolin is an actin capping protein, and it is present in the podosomes of osteoclasts. It has a unique role in regulating the assembly and disassembly of the actin filaments present in the podosomes of osteoclasts through its binding to polyphosphoinositides. Osteoclasts derived from gelsolin knockout mice failed to exhibit podosomes. However, these osteoclasts still revealed sealing zones and matrix resorption *in vitro*; however, the resorbed areas are small as a

result of the absence of podosomes and the hypomotile nature of osteoclasts¹¹. Studies in gelsolin knockout mice indicate that podosomes do not fuse to form the sealing zones. Several questions about the mechanisms involved in sealing zone formation remain unanswered. Does sealing zone formation require a progression from podosomes? What is the mechanism of initiation of the organization of sealing zone formation?

4. Role of integrin $\alpha v \beta 3$ signaling in osteoclast function

Integrin alpha v beta 3 ($\alpha v \beta 3$) is the principal osteoclast integrin. It recognizes the Arg-Gly-Asp (RGD) motif of the extracellular matrix proteins located on the bone surface. Osteoclasts from $\beta 3$ knockout ($\beta 3^{-/-}$) mice failed to form sealing zones on the bone matrix during resorption *in vitro*. These mice demonstrated an age-dependent increase in bone mass, consistent with the dysfunction of osteoclasts^{27, 28}. Integrin signaling, which involves different pathways and molecules (e.g., Src, PYK2, c-Cbl, p130Cas, PTP-PEST, Vav, PI3-kinase, and WASP) have been shown to participate in the formation of the sealing zones during bone resorption^{12, 19, 29-38}. Src has been implicated as a crucial downstream target of integrin signaling in osteoclast function^{19, 39-42}. Osteoclasts from c-Src kinase knockout ($\text{Src}^{-/-}$) mice shared several features with $\beta 3^{-/-}$ -osteoclasts⁴³. Although $\text{Src}^{-/-}$ mice exhibited an increase in osteoclast number, these mice develop severe osteopetrosis due to dysfunctional bone resorption. Osteoclasts from $\text{Src}^{-/-}$ mice do not form sealing zones. Similar cytoskeletal arrangements in osteoclasts isolated from c- $\text{Src}^{-/-}$ and $\beta 3^{-/-}$ mice suggest a commonality of intracellular signaling pathways. PYK2 is a calcium-sensitive protein tyrosine kinase, and it belongs to a member of the focal adhesion kinase (FAK) family of protein

kinases. C-src kinase activity and targeting of C-Src kinase by PYK2 are essential for the cytoskeletal reorganization involved in osteoclastic bone resorption in response to $\alpha\beta 3$ signaling^{6,44}.

Many actin-binding proteins (ABPs) assist in stabilizing and rearranging the organization of the actin cytoskeleton during cell migration and adhesion. A few ABPs appear to have a role in osteoclast function. Spatial configurations of actin filaments by actin-binding and actin regulatory proteins account for the highly specific changes in cell shape during migration and bone resorption^{18, 19,33,35,45-52}. Rho family GTPases have been shown to be essential in the formation and organization of podosomes as well as for polarization of osteoclasts on the bone surface during bone resorption^{30, 35, 47, 53-56}. Rac1 and Rac2 are involved in the formation of the podosome belt and bone resorption besides Rho A⁵⁷⁻⁵⁹. Rac1- and Rac2-deficient osteoclasts exhibited reduced resorption activity⁵⁹. Overall studies by these groups imply the essential role of RhoGTPase modulators on the function of osteoclasts.

5. Role of TNF-alpha signaling in osteoclast function

RANKL is an essential and sufficient cytokine for osteoclast differentiation in the presence of macrophage colony-stimulating factor (M-CSF). However, proinflammatory factors such as TNF- α and interleukin-1 (IL-1) can also promote osteoclast differentiation and bone loss in postmenopausal osteoporosis and pathological conditions due to inflammation (e.g., rheumatoid arthritis and periodontitis)^{1, 60-67}. TNF- α stimulates osteoclast differentiation and resorption activity independent of the RANK- osteoclast differentiation factor (ODF) interaction in chronic

inflammatory diseases⁶⁸⁻⁷⁰. TNF- α directly activates the formation of sealing zones in osteoclasts formed *in vivo* or *in vitro*⁷⁰. The process of sealing zone formation requires a significant reorganization of actin filaments. Actin filaments generate tight sealing zones on the bone surface for efficient bone resorption processes to occur. The area encompassed by actin filaments in the sealing zone area ranges from 1-10 μ m. A dramatic increase in the local levels of F-actin and actin-binding proteins were found during the transformation of clustered podosomes into ring-like sealing zone structures⁷¹. Even though the formation of these actin filament-associated sealing zone is indispensable for osteoclast bone resorption, there is a shortage of information on the cell and molecular biology of the formation of sealing zones.

6. Role of L-plastin in osteoclast bone resorption

L-plastin (LPL) is an actin-bundling protein that cross-links actin filaments into tight bundles,⁷²⁻⁷⁴. LPL is also known as plastin-2, fimbrin, or cytoskeletal associated protein⁷⁵. It was shown to present in the podosomes of osteoclasts⁷. However, its role in osteoclasts was largely unknown. LPL consists of two tandem repeats of actin-binding domains (ABDs), which mediate the bundling of the actin filament. These ABDs assist in binding two actin filaments into parallel arrays for bundling assembly⁷⁷⁻⁷⁹. Phosphorylation of LPL on Serine 5 and Serine 7 amino acid (aa) residues regulate the actin-bundling activity of LPL⁸. Although TNF- α was shown to stimulate the resorptive activity of osteoclasts^{68, 81}, the actual target molecule(s) involved in the organization of sealing zones remains unknown.

In our recent studies, we have shown the role of LPL in the formation of the precursor sealing zones in osteoclasts cultured on dentine slices in the presence of TNF- α . These precursor zones were denoted as 'nascent sealing zones' (NSZs). We demonstrated previously that sealing zone formation occurs in two steps: the first step is the formation of an NSZ, which is regulated by the phosphorylation of LPL in a TNF- α -dependent way. The second step is the transition from nascent sealing zones to fully functional sealing rings, which is controlled by integrin $\alpha\beta 3$ signaling. Several studies demonstrated the role of integrin $\alpha\beta 3$ in the formation of sealing zones. However, we are the first one to elucidate the role of LPL in NSZ formation in response to TNF- α signaling independently of integrin signaling in osteoclasts⁸².

Serine phosphorylation of LPL in response to TNF- α treatment is a necessary process in the actin-bundling process involved in the organization of NSZs. We suggest this because the transduction of a small molecular peptide of LPL containing Ser-5 and Ser-7 amino acid residues [*MARGSVSDEE; 10aa] into osteoclasts suppressed the phosphorylation of endogenous LPL protein competitively. Therefore, the formation of NSZs and hence the formation of mature sealing zones were attenuated, which resulted in reduced bone resorption in vitro⁸³⁻⁸⁵. [Note: *patent pending for the small molecular peptide of LPL].

Furthermore, analyses in osteoclasts from L-plastin knockout (LPL -/-) mice have shown a defect in the formation of the sealing zones, which is associated with an increase in trabecular bone volume and a decrease in eroded perimeters, indicating a mild osteopetrosis phenotype²⁰. Consistent with our observations, others have also shown an increase in trabecular bone volume in

LPL-/- mice⁸⁶. Studies with small molecular weight LPL peptide and LPL-/- mice suggest that LPL phosphorylation is a potential mechanism in the formation of NSZs by LPL. The Abrogation of LPL phosphorylation and the formation of NSZs is a unique approach to block osteoclast-mediated bone resorption.

7. Conclusions

The regulation of the assembly of NSZs by TNF- α signaling is a prerequisite for the formation of sealing zones, which are required for bone resorption by osteoclasts. Excess osteoclast activity puts individuals at risk for fracture in bone loss-associated diseases, including osteoporosis, rheumatoid arthritis, and periodontitis. Although targeted therapies are currently available to treat and prevent osteoporosis by blocking osteoclast activity, evidence shows that long-term treatments cause a reduction in osteoblast-mediated bone formation, resulting in atypical skeletal fractures. The distinctiveness of the LPL peptide is its targeted effect on osteoclasts without interfering with the function of osteoblasts. We suggest that the small molecular weight LPL peptide has the potential for high translational control in the progression of physiological and pathological bone loss. The role of LPL in osteoclast sealing ring formation is unique because LPL-/- mice failed to form these structures. Other platin proteins or actin-binding proteins cannot substitute LPL's functions of actin-bundling and NSZ formation in LPL-/- mice. Moreover, peptides of LPL could be used in protein therapy for modulation of osteoclast bone resorption. LPL based signaling complex is an attractive target for pharmacological regulation of bone resorption.

9. References

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