

Buck Institute for Research on Aging



01 August, 2017

***Research Advisory Committee on
Gulf War Veteran's Illnesses***

Senescent cells and aging

Lawrence Berkeley National Laboratory



Disclosure:

*I am a scientific co-founder of
UNITY Biotechnology*

Aging = susceptibility to (chronic) disease

not a coincidence! caused by basic aging process(es)

*Neurodegeneration,
memory loss*

Osteoporosis

*Macular degeneration,
hearing loss*



Heart disease

Vascular disease

*Sarcopenia,
frailty*

*Diabetes,
metabolic syndrome*

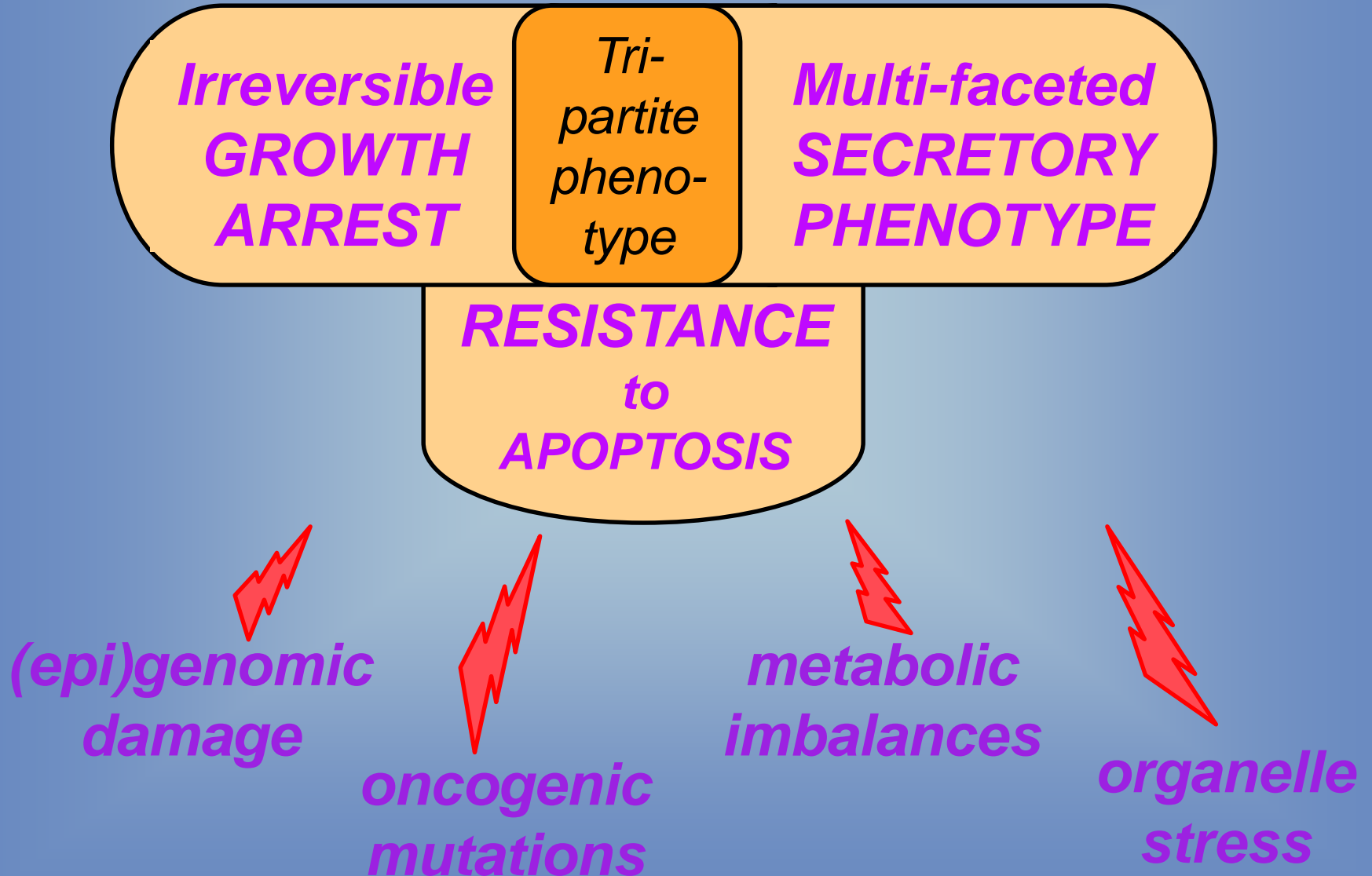
*Decreased
lung, kidney, etc function*

CANCER

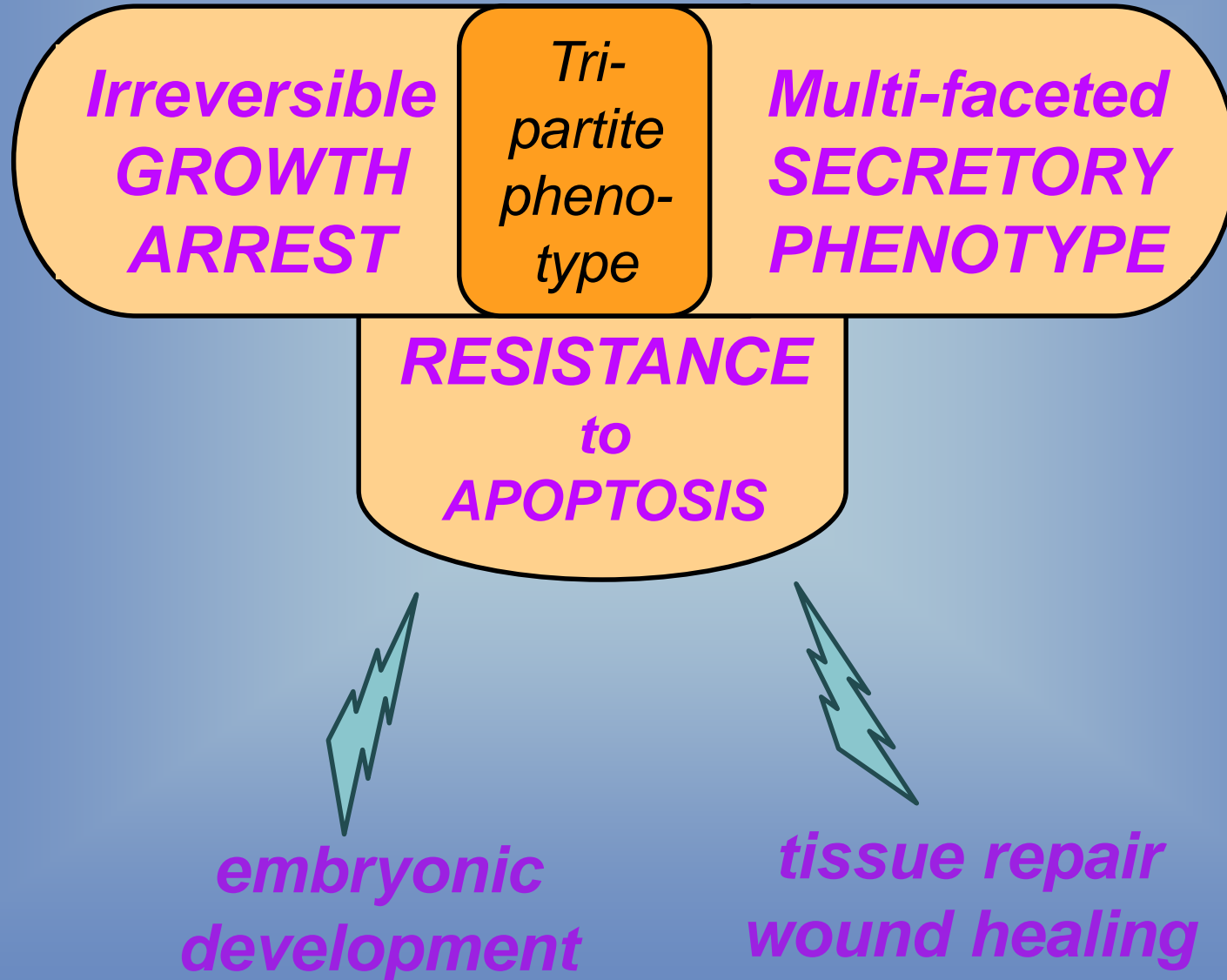
Cellular senescence: a candidate basic aging process

*What is cellular
senescence?*

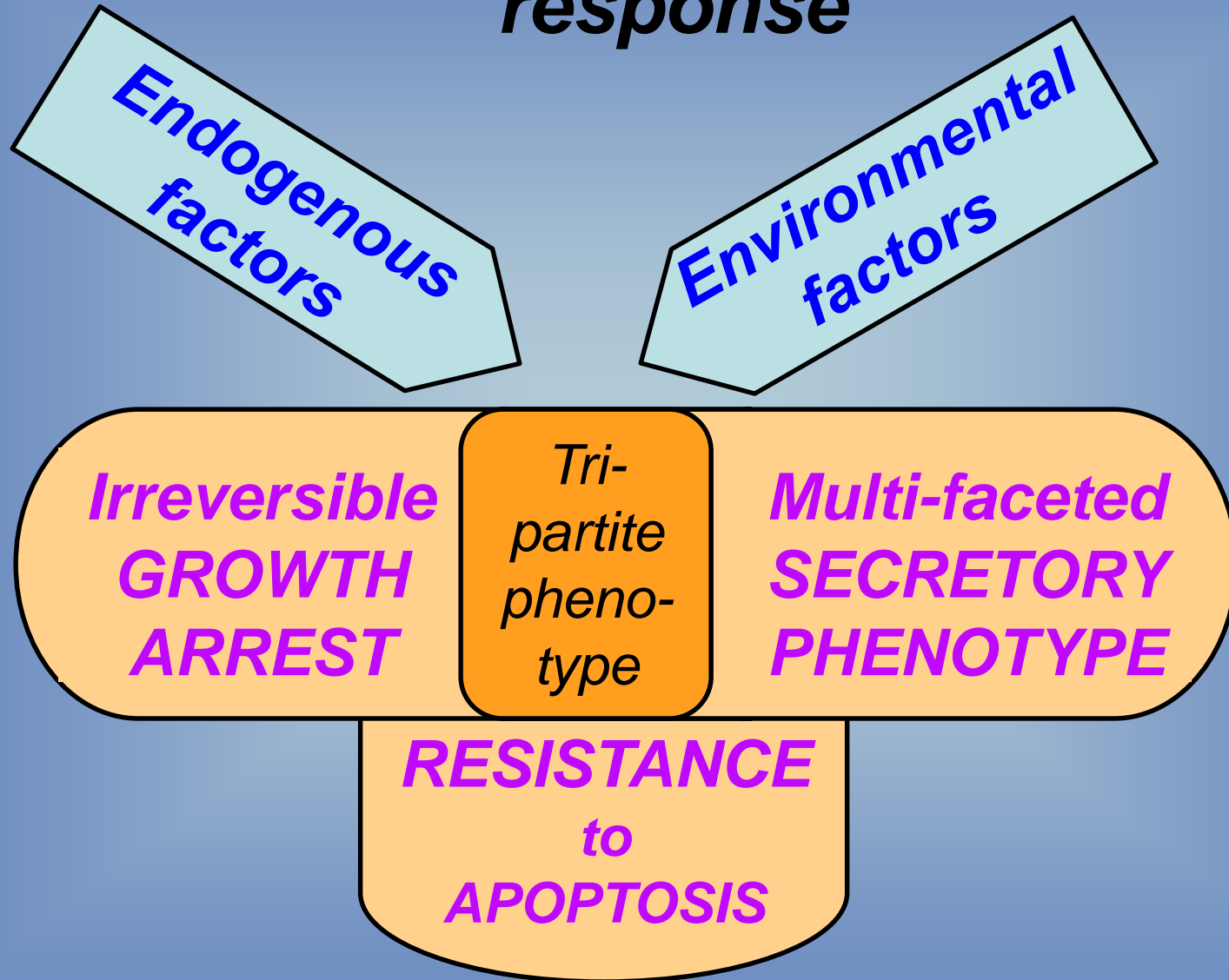
Cellular senescence, a complex stress response



Cellular senescence, a physiological response



Cellular senescence, a complex stress response



Cellular senescence, an evolutionary balancing act

**Irreversible
GROWTH
ARREST**

**Tri-
partite
pheno-
type**

**Multi-faceted
SECRETORY
PHENOTYPE**

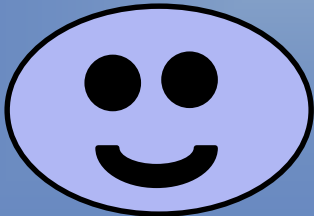
**RESISTANCE
to
APOPTOSIS**

**Tissue
remodeling/
repair**

**Aging
phenotypes**

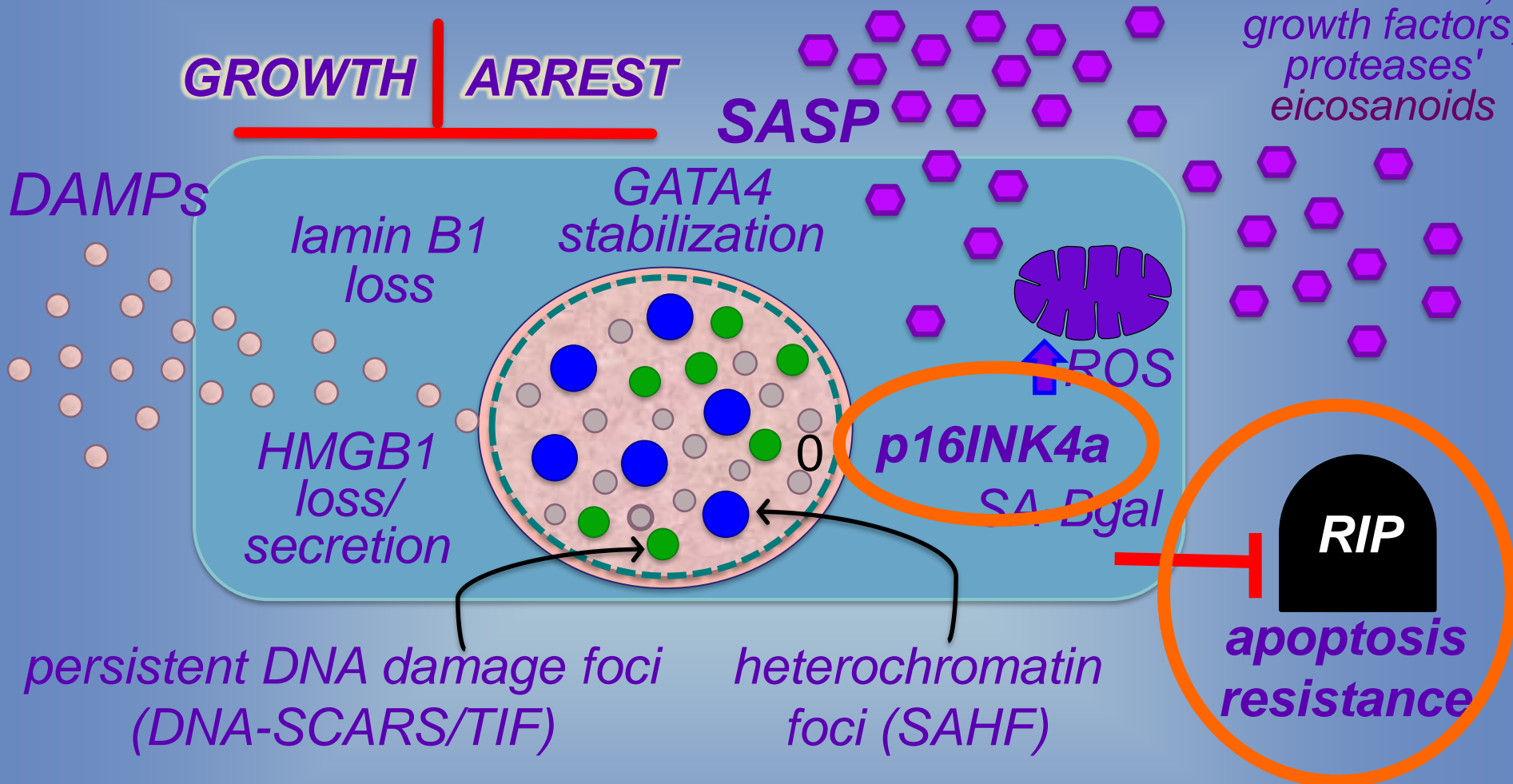
**Tumor
suppression**

**Age-related
disease (including
cancer)**



*How are senescent cells
defined?*

What defines a senescent cell?



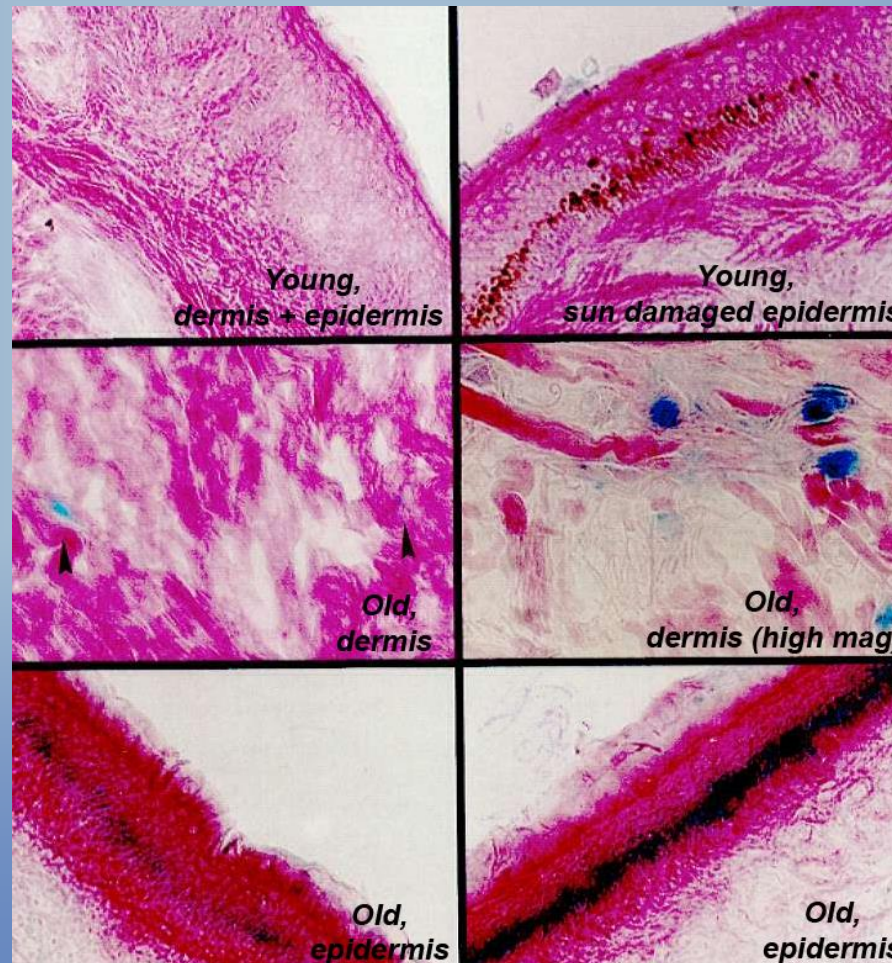
ps – there are no senescence-SPECIFIC markers

*When and where do senescent
cells occur?*

Senescent cells increase with age in many tissues

Human, non-human primates, rodents, zebrafish skin, retina, liver, spleen, aorta, kidney, lung, etc.

**SA-Bgal staining,
human skin**



young

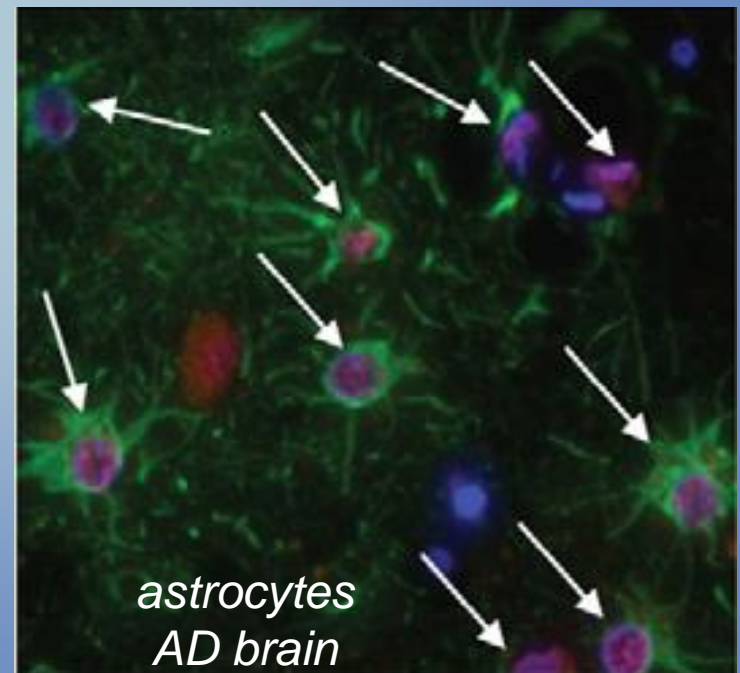
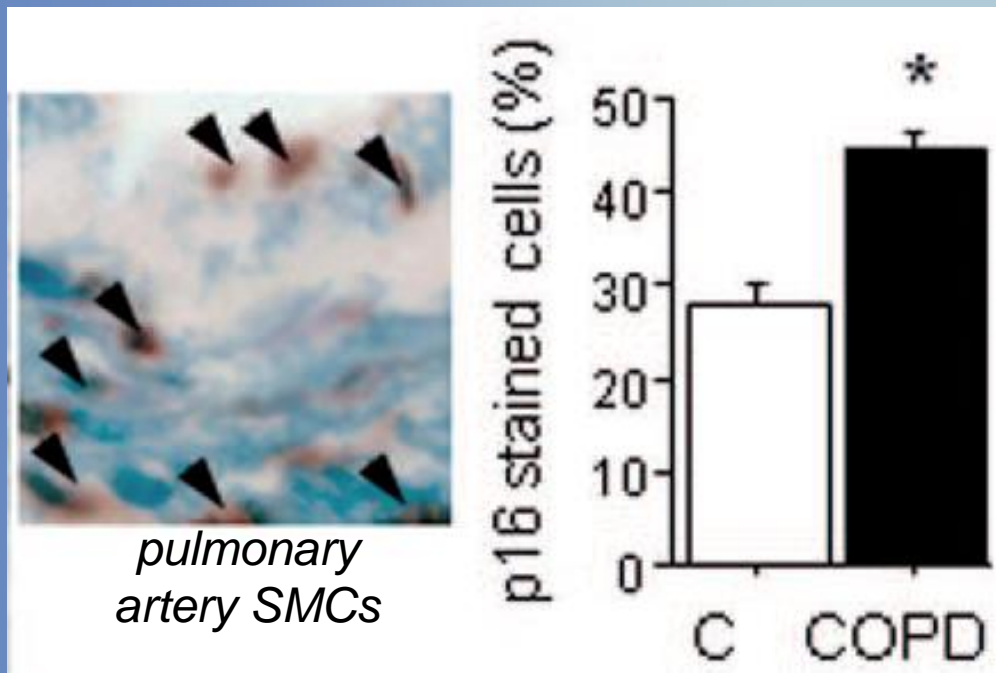
old

old

Senescent cells are present at sites of many age-related pathologies

Venous ulcers, atherosclerotic plaques, arthritic joints, COPD, visceral fat, AD brain, etc

Benign prostatic hyperplasia, pre-neoplastic lesions



Senescent cells

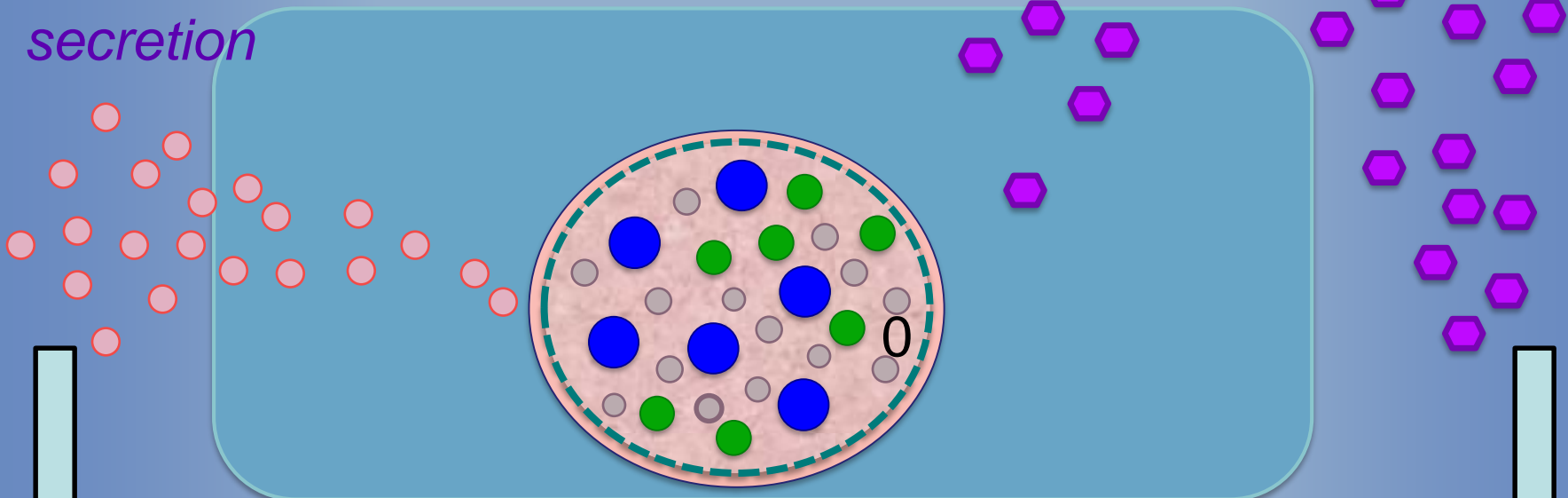
Present at the right time and place to drive aging and multiple age-related diseases

*How do senescent cells drive aging?
DO senescent cells drive aging?*

How might they do it?

DAMPs
HMGB1
loss/
secretion

SASP*



*SASP = senescence-associated secretory phenotype

Inflammation

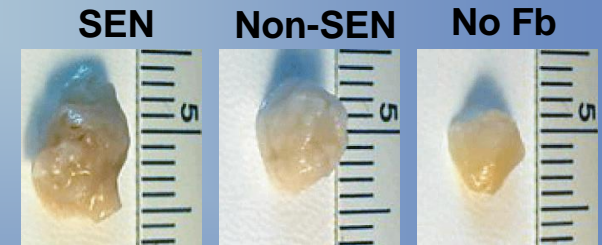
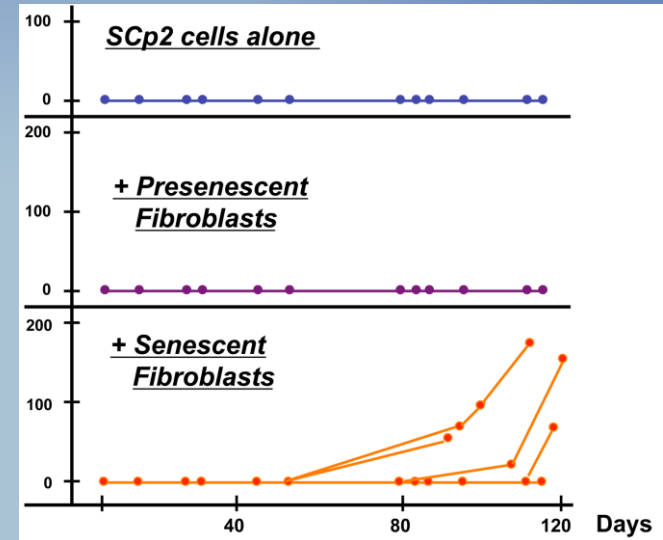
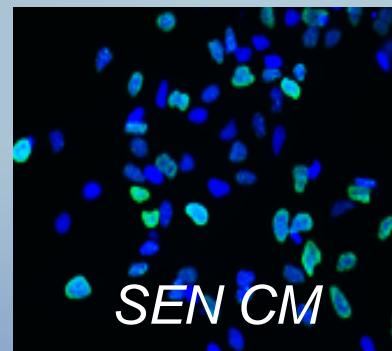
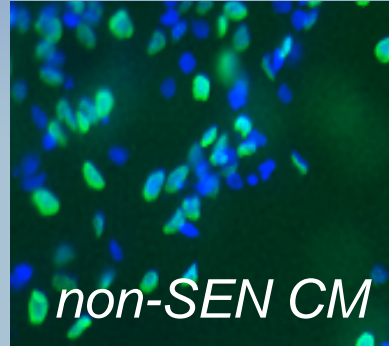
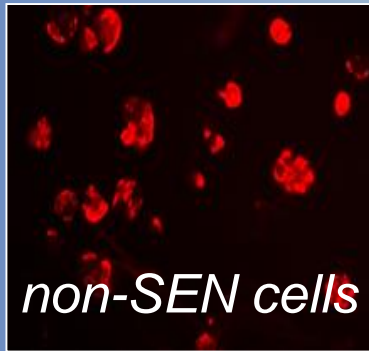
destroys
tissues

disrupts normal
cell/tissue functions

prevents stem
cell functions

promotes
cancer

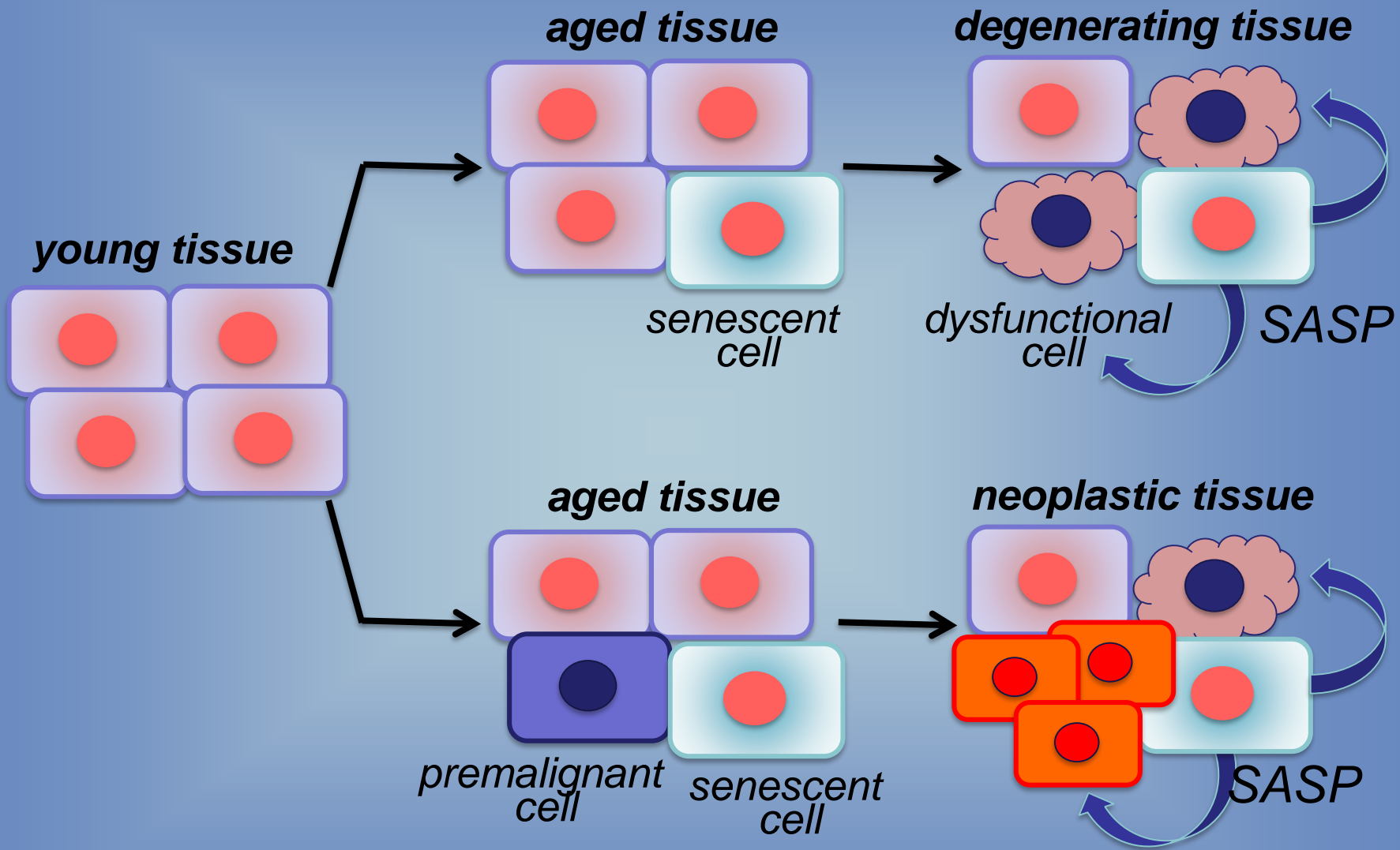
Senescent cells have potent paracrine activities on normal, premalignant and malignant cells



disrupt normal structures, functions

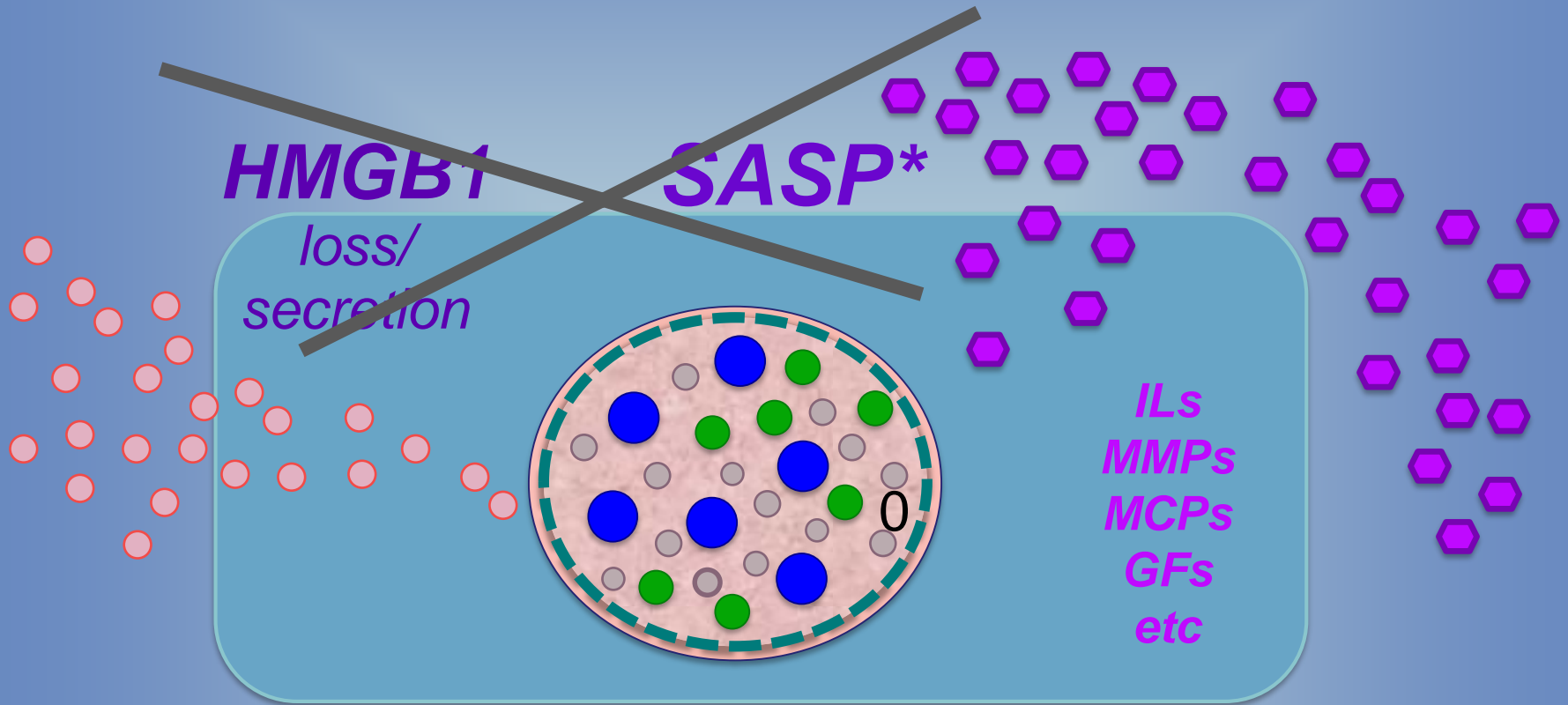
disrupt stem cell functions

promote malignant phenotypes



Are you depressed yet?

Strategies to combat aging phenotypes and pathologies fueled by senescent cells



Suppress secretory phenotype

What are the pathways and molecules that drive the secretory phenotype?

(three pathways relevant to cancer and aging)

The DNA Damage Response (DDR) pathway

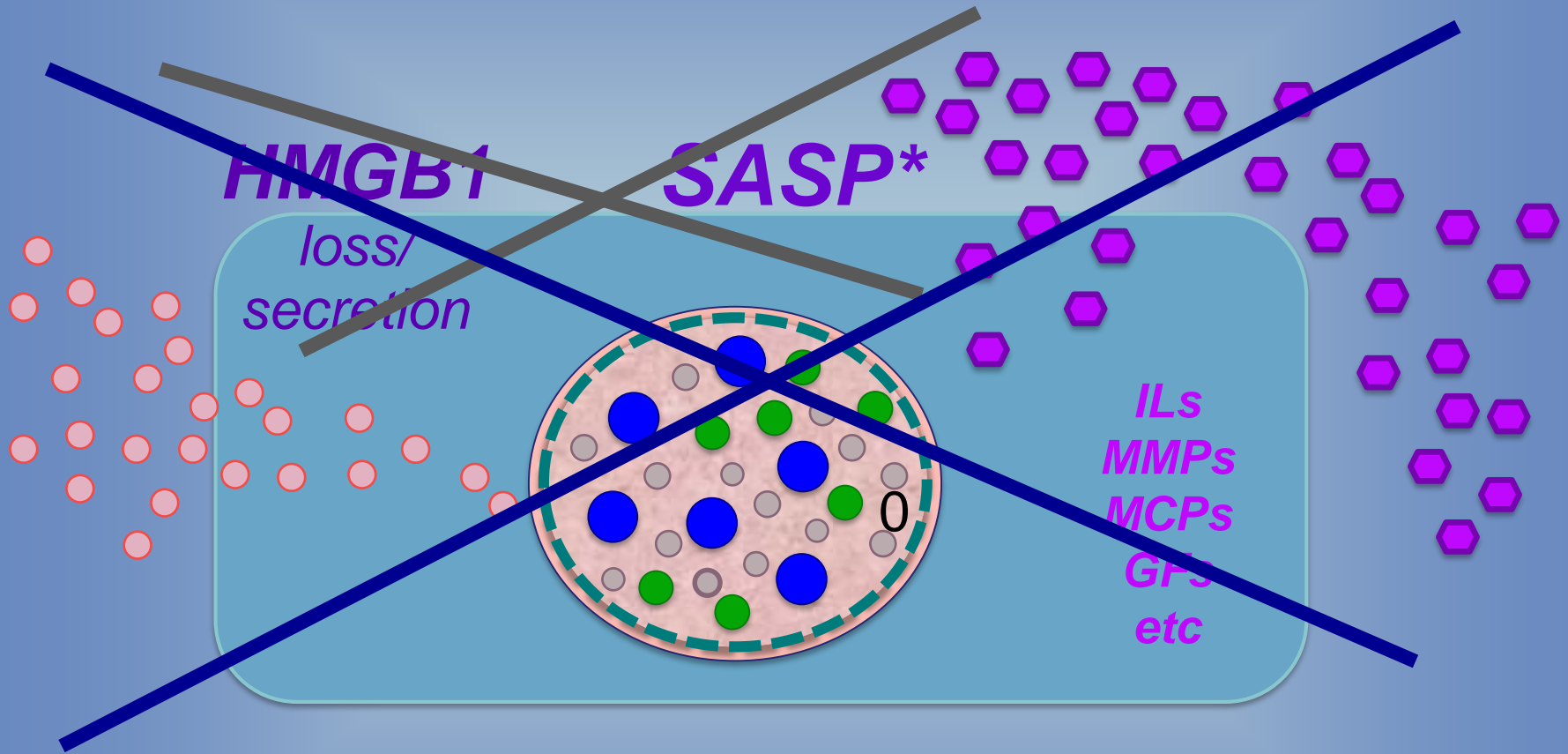
The p38MAPK-NF- κ B pathway

The mTOR pathway

These are important pathways that are required for tissue homeostasis

Drugs that suppress the SASP require continuous dosing (a safe drug?)

Strategies to combat aging phenotypes and pathologies fueled by senescent cells



Suppress secretory phenotype

Kill/eliminate senescent cells

p16-3MR (tri-modal reporter) mice

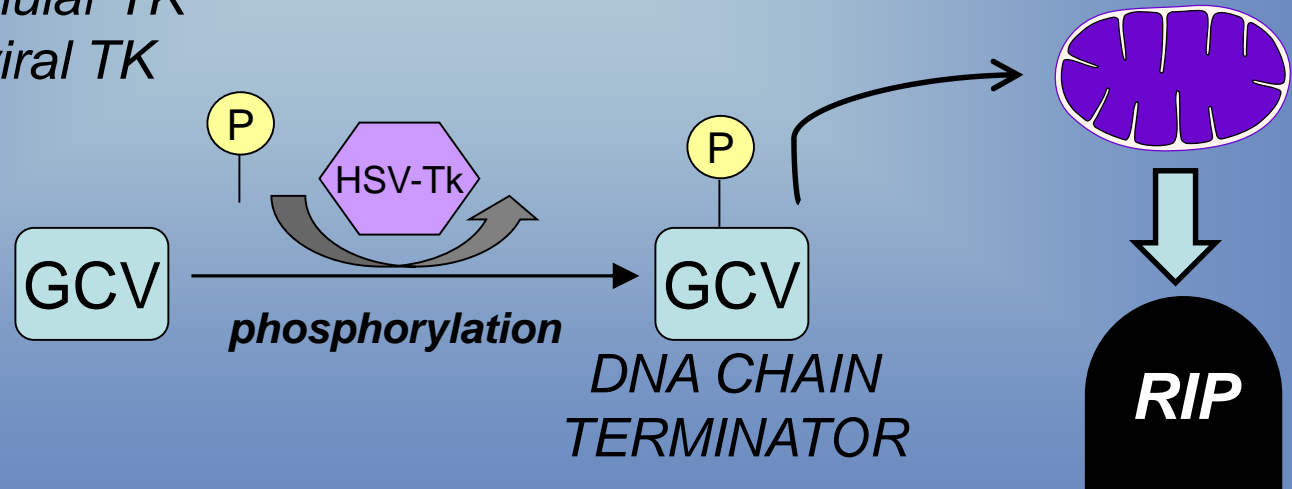
BAC containing murine INK4a locus inserted into mouse genome

3MR knock-in: downstream of p16^{INK4a} promoter + inactivation of p14ARF
Mice have normal (diploid) copies of p16 and p14 genes



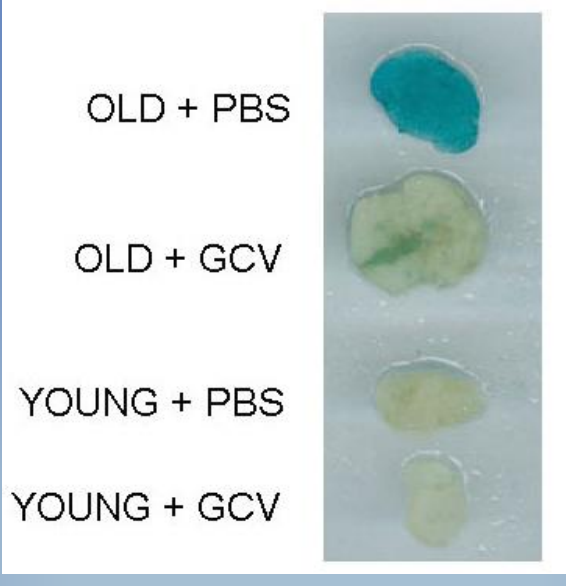
3MR: renilla luciferase; modified red fluorescent protein; herpes simplex virus thymidine kinase

GCV = gancyclovir
Low affinity for cellular TK
High affinity for viral TK



Senescent cells can be eliminated from naturally aged mice

Luminescence and GCV treatment in aging p16-3MR mice



parallel age-related increase in endogenous p16INK4a, 3MR, IL-6, etc; all reduced by GCV treatment

Senescent cells

Alzheimer's and Parkinson's disease

Atherosclerosis

Cardiovascular dysfunction

Cancer metastasis and recurrence

Chemotherapy (HAART) cardiotoxicity, fatigue

Cognitive decline/loss of neurogenesis

Diabetes

Myeloid → lymphoid skewing

Osteoarthritis

Sarcopenia/frailty

Wound healing, tissue regeneration

Cellular senescence

Adverse effects of chemotherapy

Parkinson's disease and brain aging

Injury-induced osteoarthritis

Wound healing

*Many cancer + other therapies →
DNA damage*

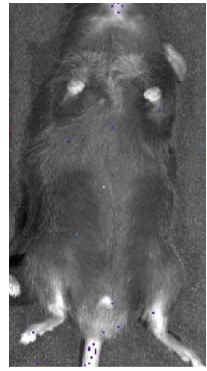
DNA damage → senescence/SASP

*DNA damaging therapies →
long- and short-term adverse side effects*

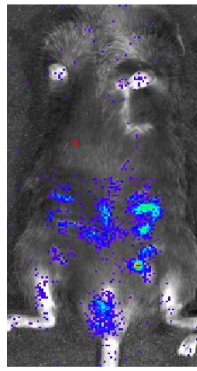
"Among adult survivors of childhood cancer, the prevalence of adverse health outcomes was high medical assessment identified a substantial number of previously undiagnosed problems that are more prevalent in an older population."

*Clinical ascertainment of health outcomes among adults treated for childhood cancer
Hudson et al, JAMA, 2013*

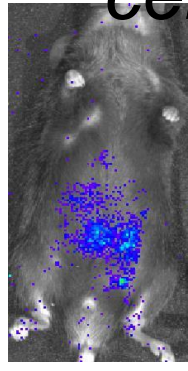
DNA damaging therapies → persistent senescent cells



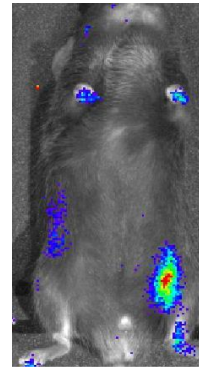
ctrl



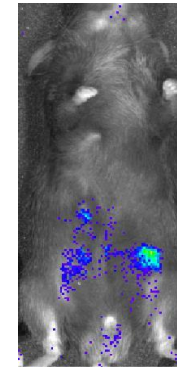
doxorubicin



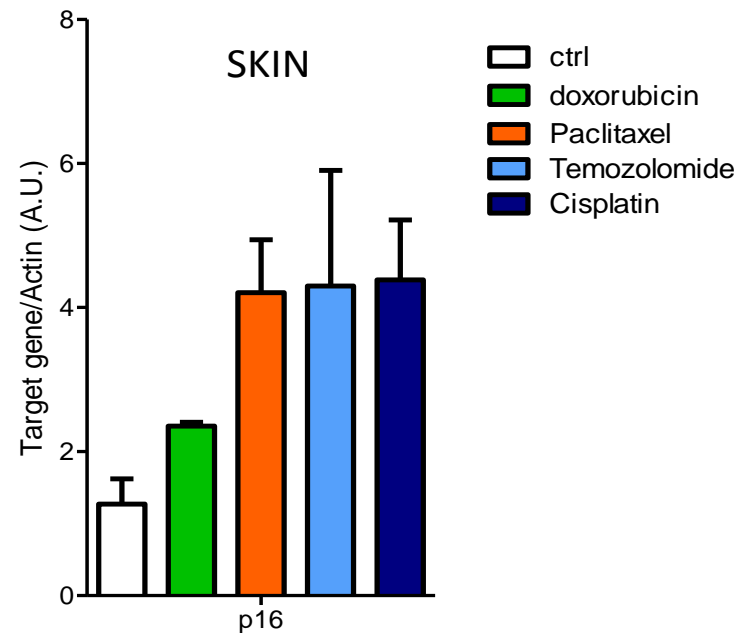
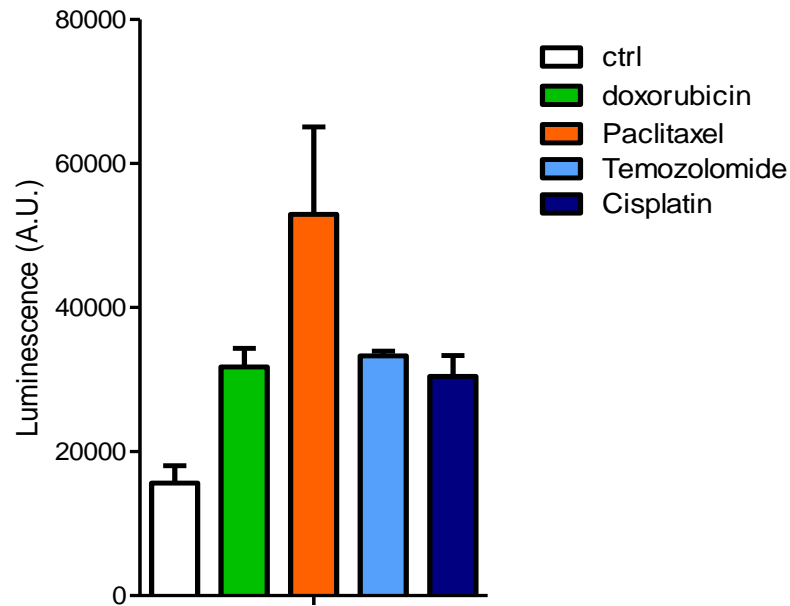
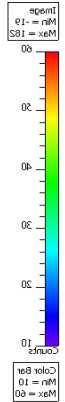
paclitaxel



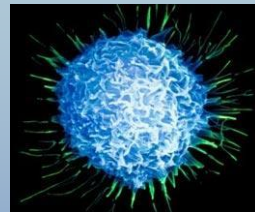
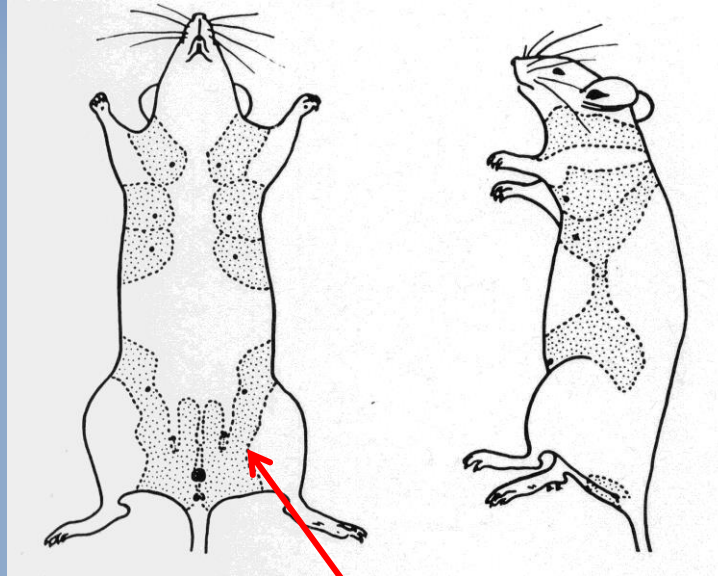
cisplatin



temozolomide



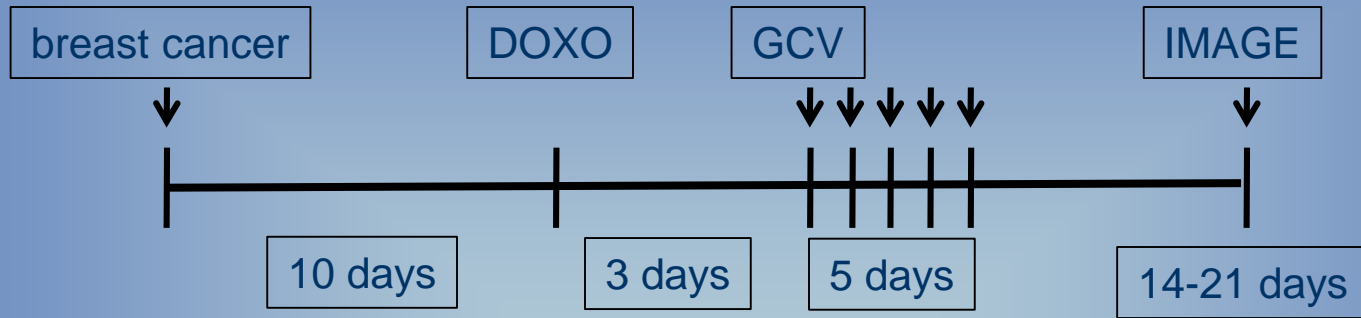
Senescent cells promote metastases MMTV-PyMT breast cancer



*MMTV-PyMT cells
expressing firefly
luciferase*

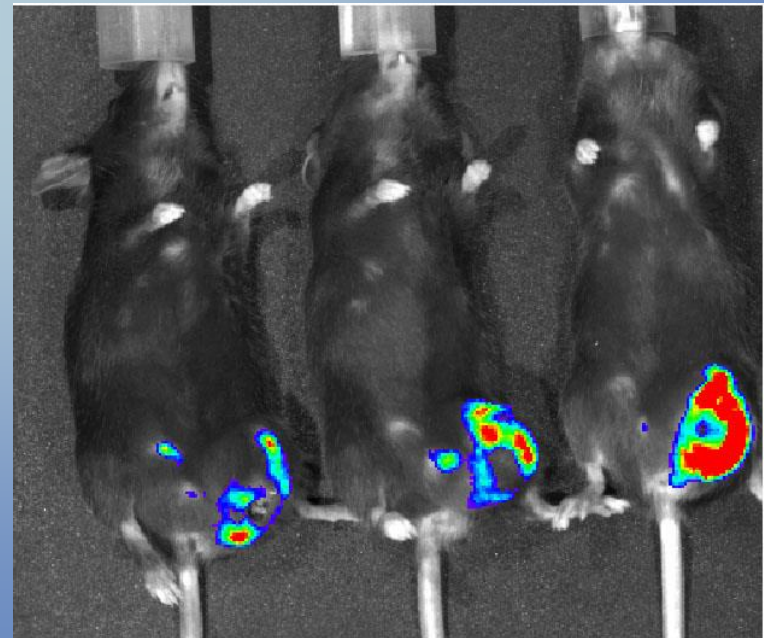
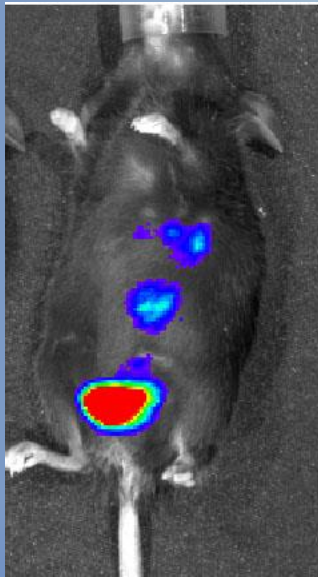
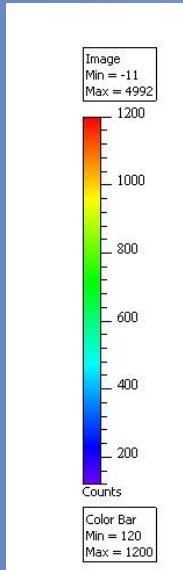
*Inject into inguinal mammary fat pad →
multifocal mammary adenocarcinomas
+ lung/liver metastases*

Senescent cells promote metastases in mice with breast cancer



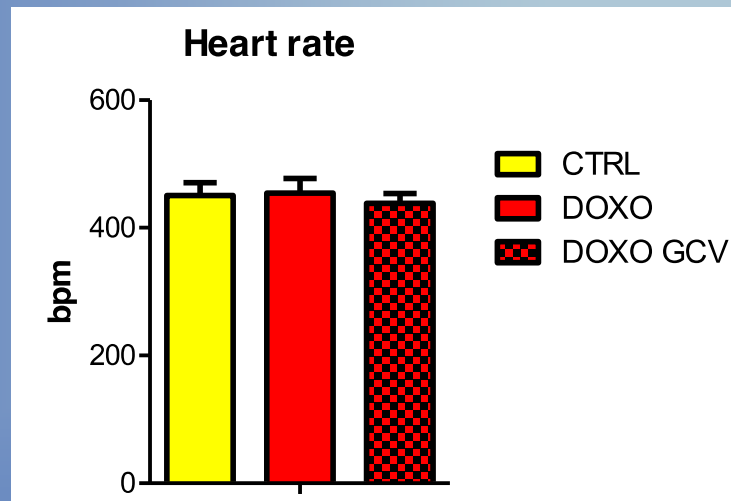
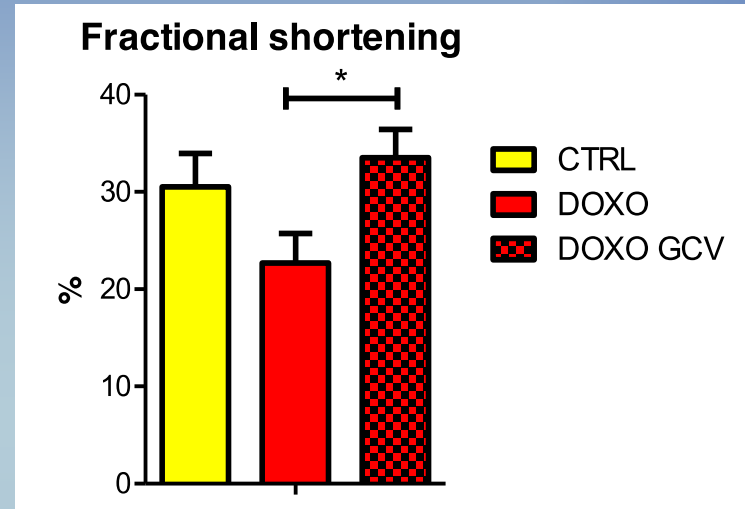
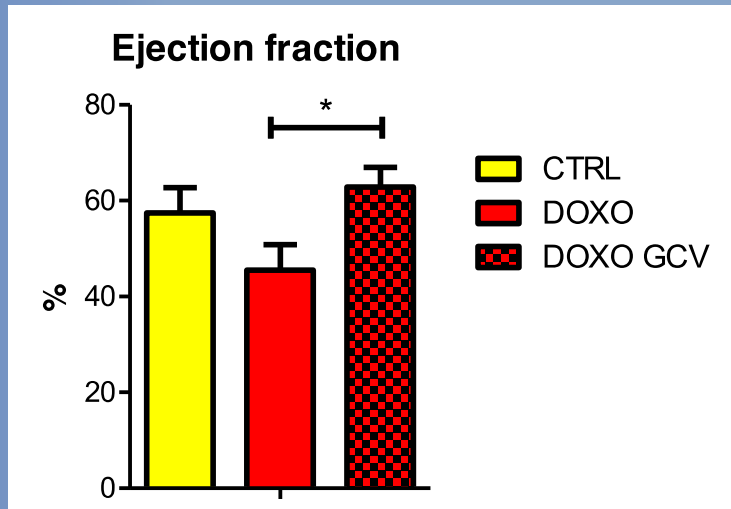
Control

GCV



*Cardiotoxicity often limits
chemotherapy*

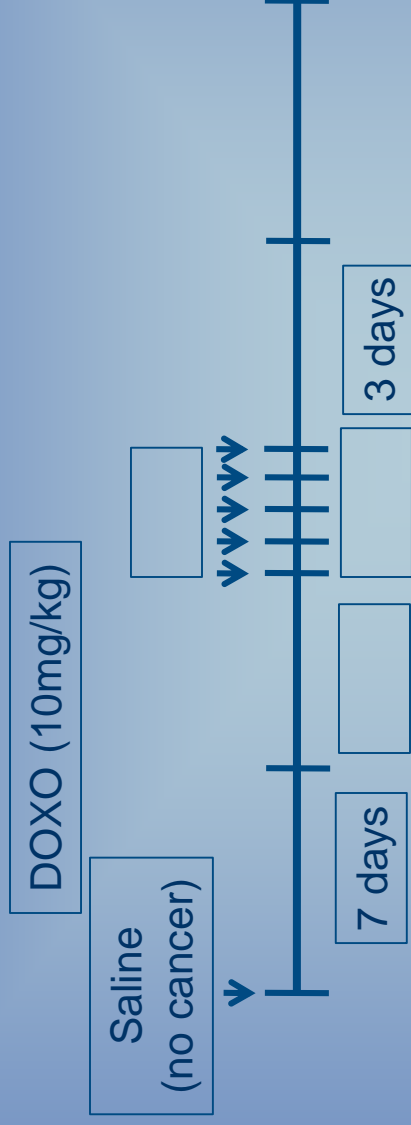
Senescent cells contribute to chemotherapy-induced cardiotoxicity



21 days post-doxo
No effect 7 days post

*Chemotherapy-induced
loss of activity (fatigue?)*

Mice without breast cancer treated with chemotherapy (doxorubicin)



Metabolic cages



Behavior: mice + chemotherapy (no cancer)

EFODA			
TFODA			
DWART			
TWART			
WHEEL			
IHOME			
THOME			
LLNGE			
SLNGE			

Interaction with food hopper A (significant uptake found)

Interaction with food hopper A (no significant uptake)

Interaction with water dispenser (significant uptake found)

Interaction with water dispenser (no significant uptake)

Interaction with wheel (>= 1 revolution)

Entered habitat (stable mass reading)

Interaction with habitat (no stable mass reading)

Long lounge (> 60 sec, no non-XY sensor interactions)

Short lounge (5 - 60 sec, no non-XY sensor interactions)

% Total time

*p-value: * < 0.05; ** < 0.01; *** < 0.001*

N=5

Measurements at night

Demaria et al, in progress

Cellular senescence

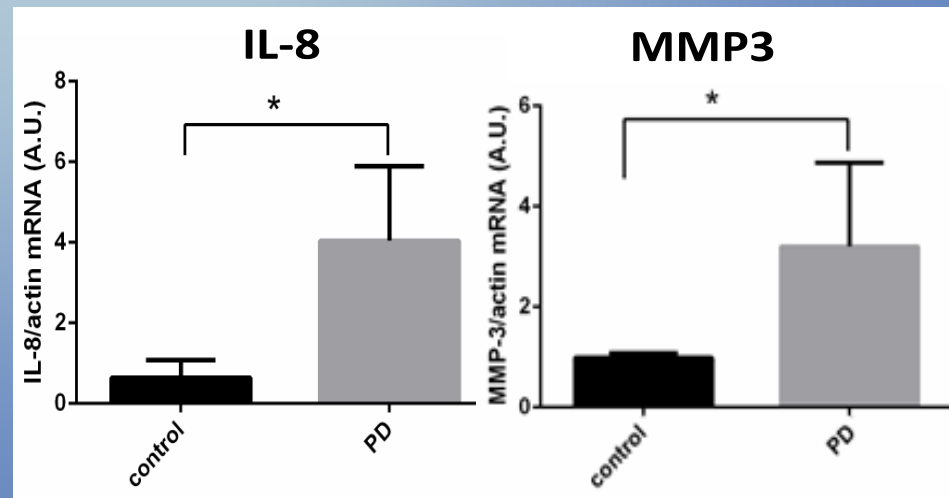
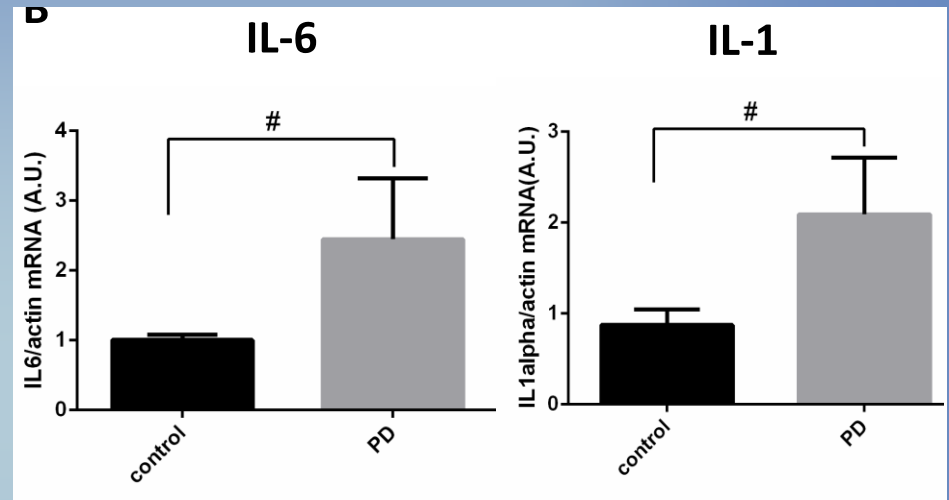
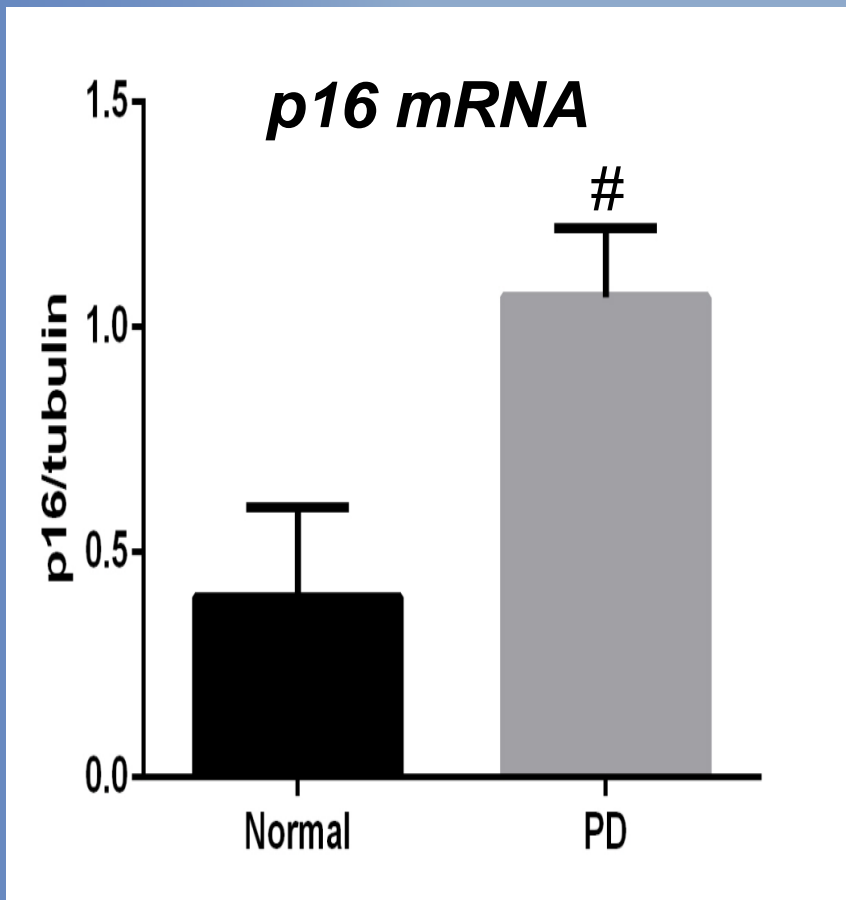
Adverse effects of chemotherapy

Parkinson's disease and brain aging

Injury-induced osteoarthritis

Wound healing

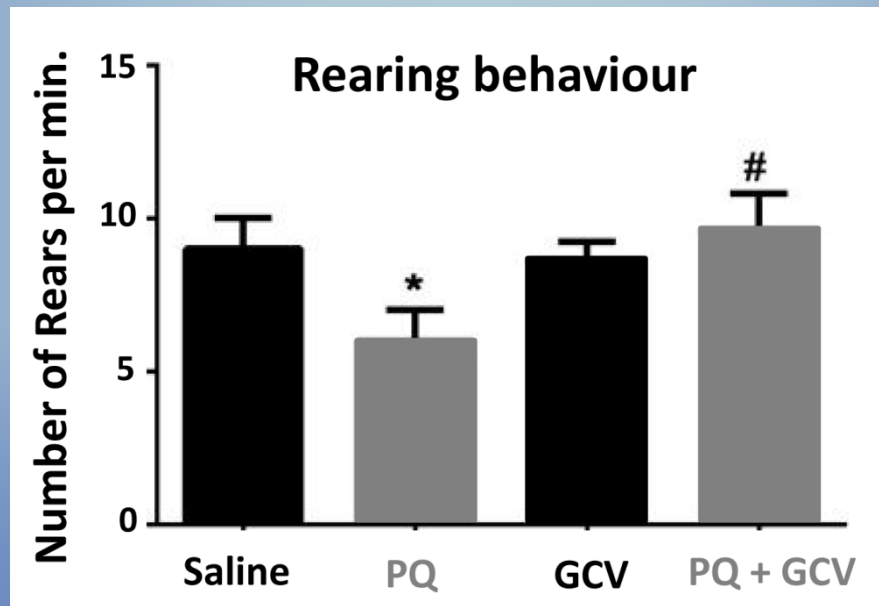
Senescence marker $p16^{INK4a}$ increases in brains of human PD patients



*Paraquat (PQ) causes
Parkinson's disease in
mice and humans*

*PQ causes astrocytes to
undergo senescence*

PQ reduces motor neuron function; restored by GCV



Cellular senescence

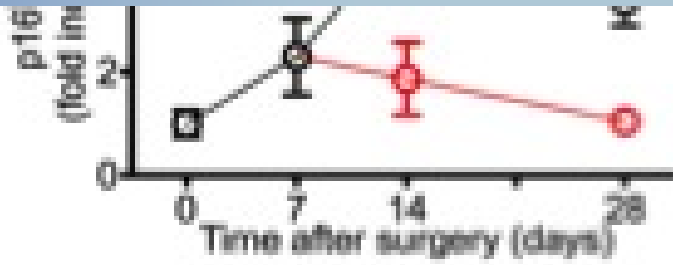
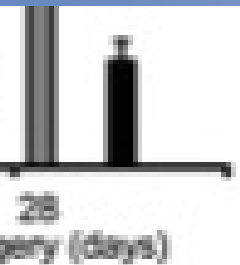
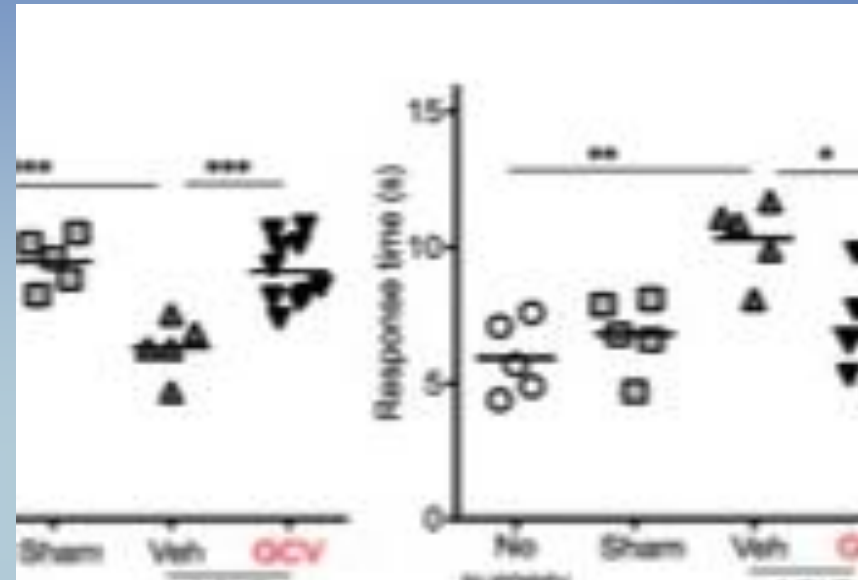
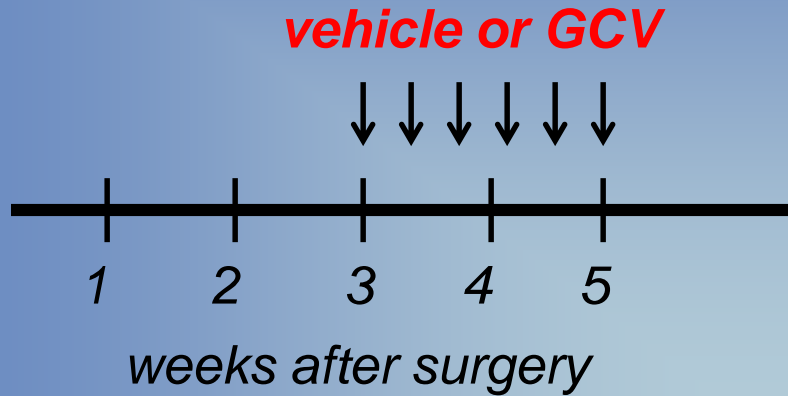
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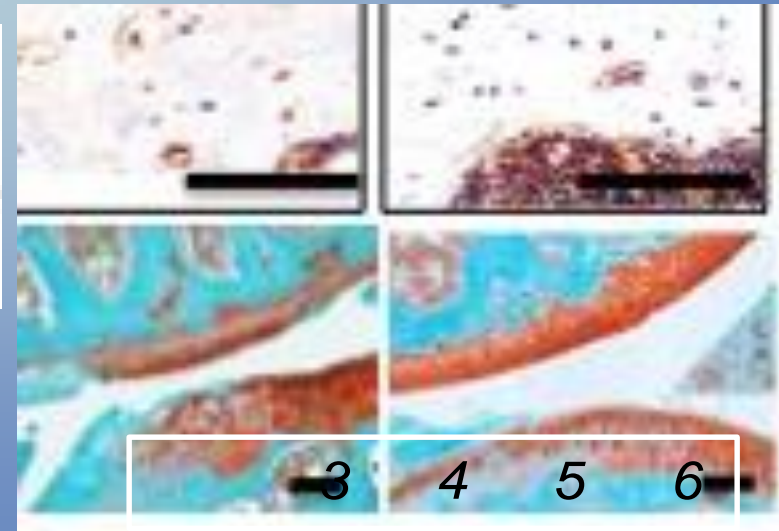
Surgical cut in anterior cruciate ligament



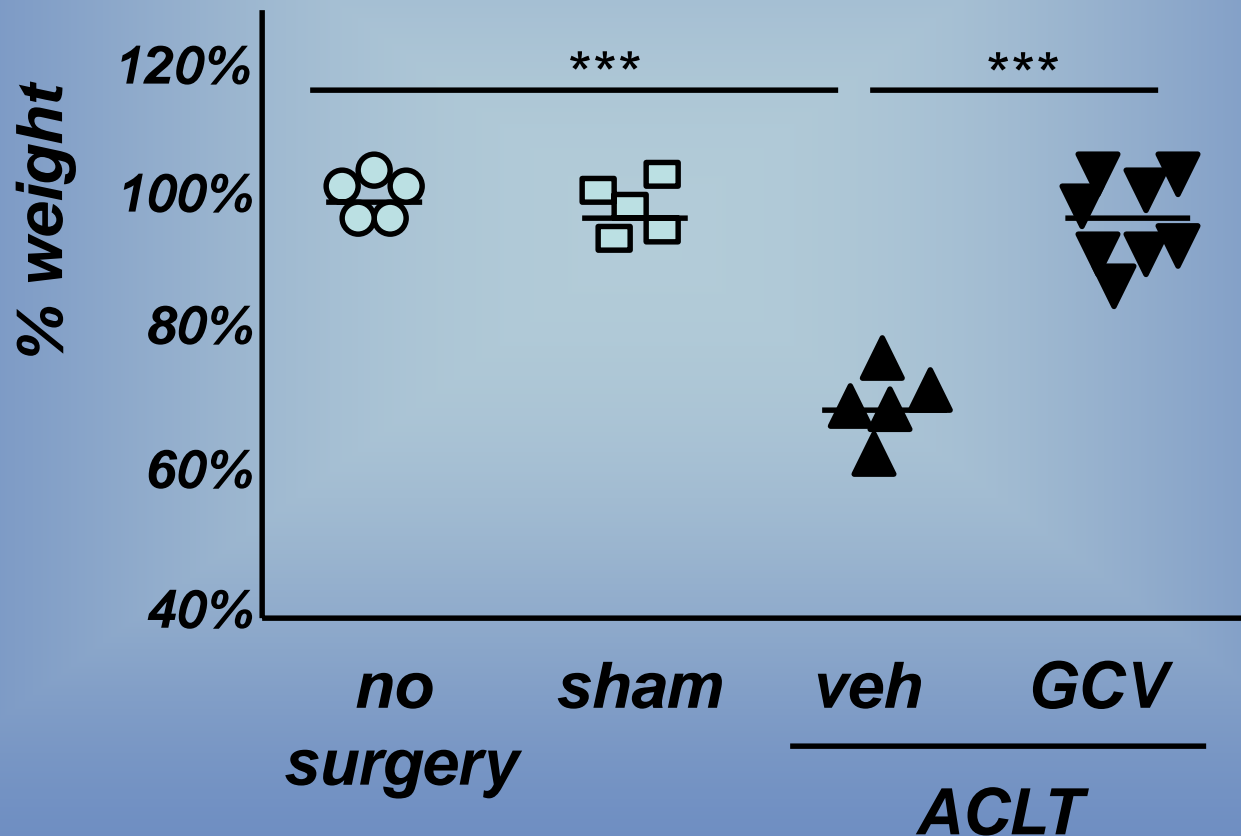
sham

vehicle

GCV



*Surgical cut in anterior cruciate ligament:
eliminating senescent cells restores function*



Cellular senescence, an evolutionary balancing act (why did the SASP evolve?)

***Irreversible
GROWTH
ARREST***

***Tri-
partite
pheno-
type***

***Multi-faceted
SECRETORY
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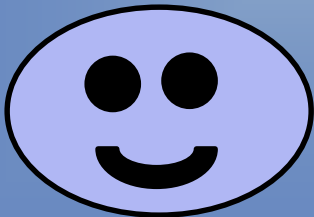
***RESISTANCE
to
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Cellular senescence

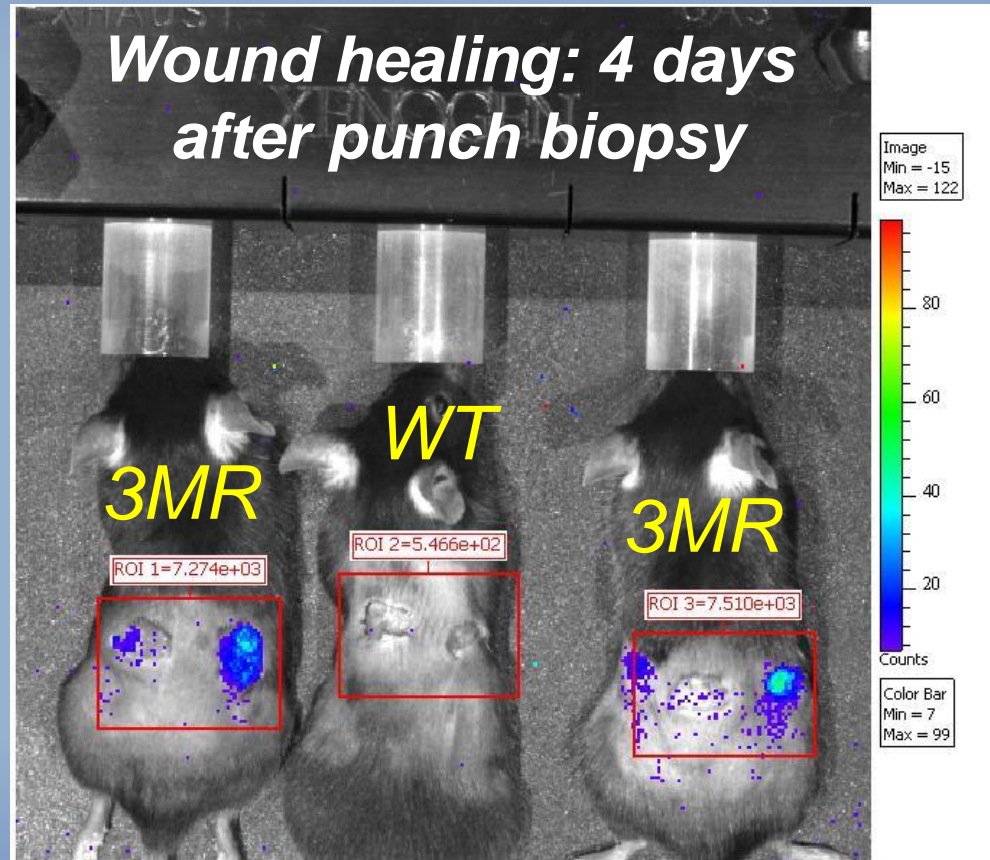
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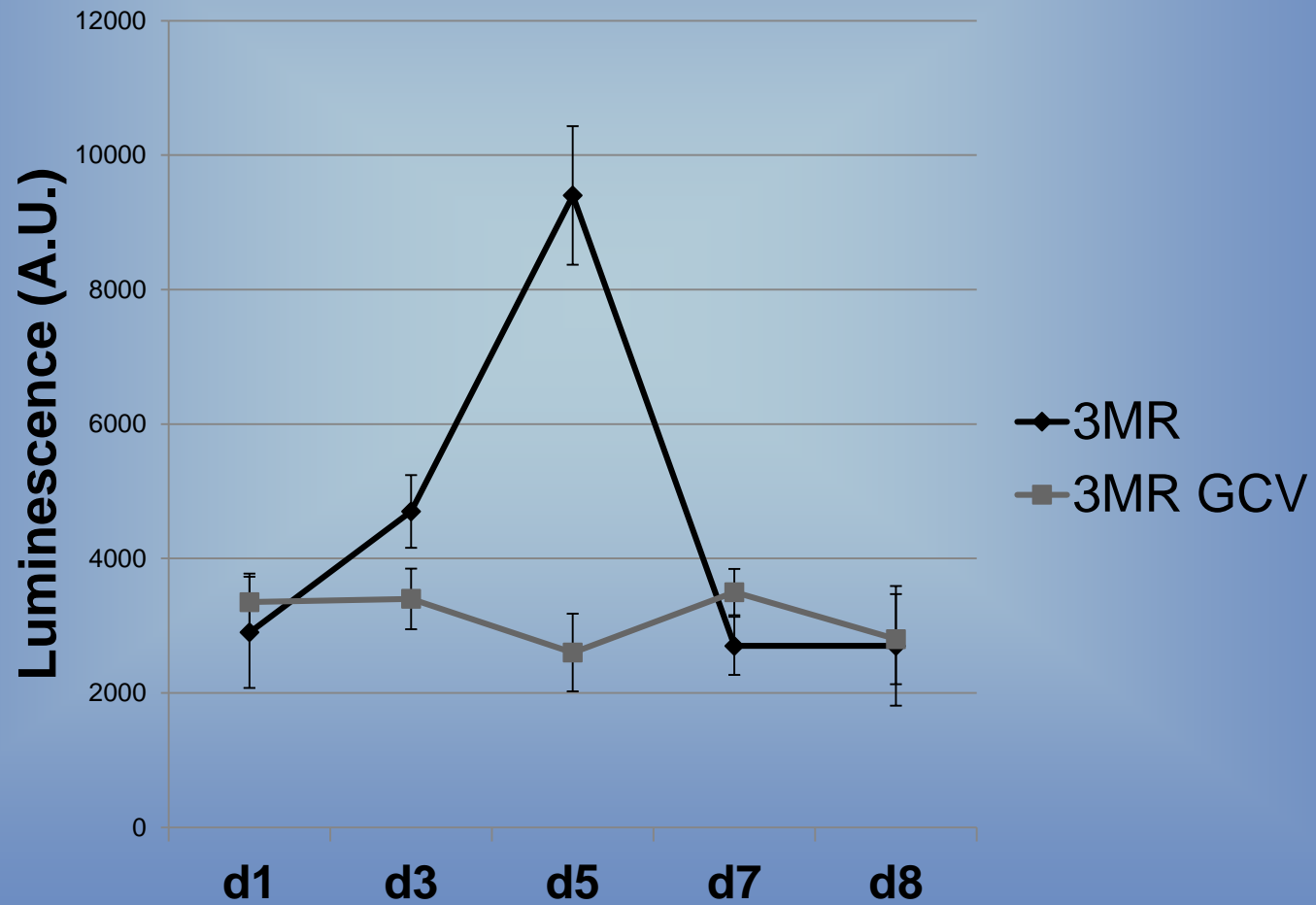
Wound healing

Cellular senescence is induced during wound healing



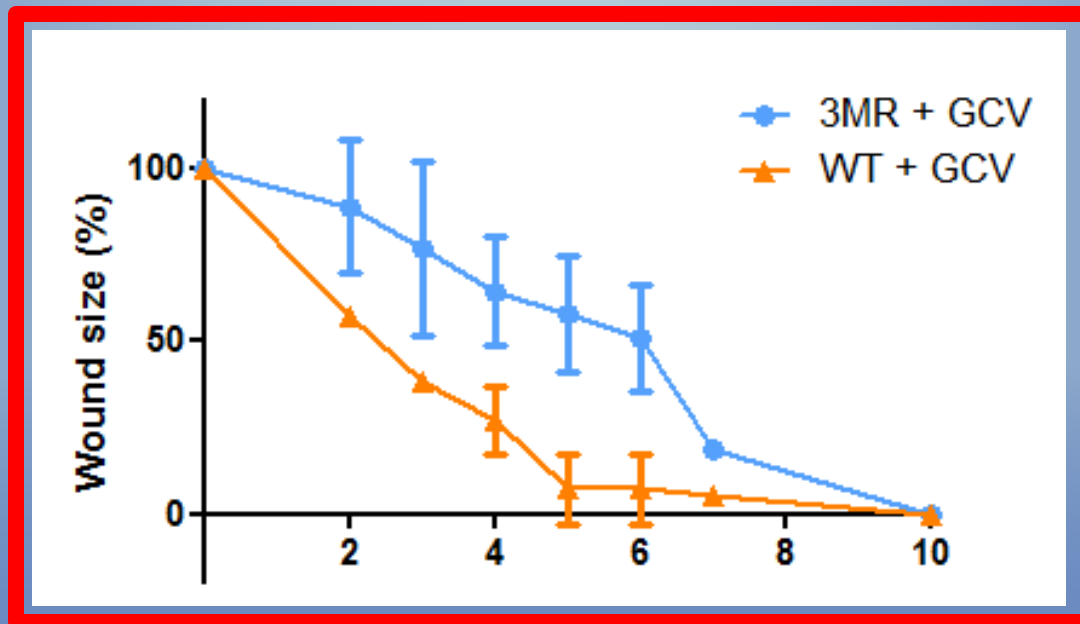
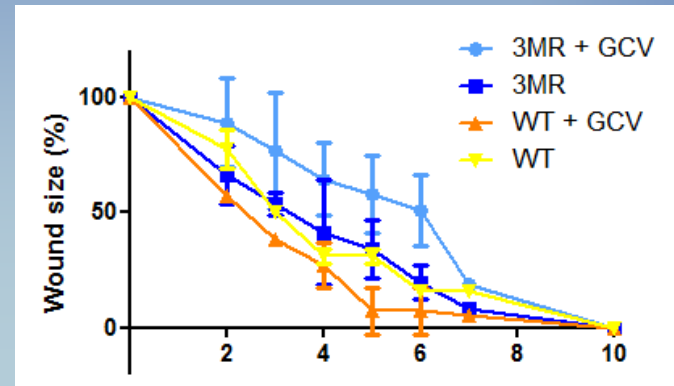
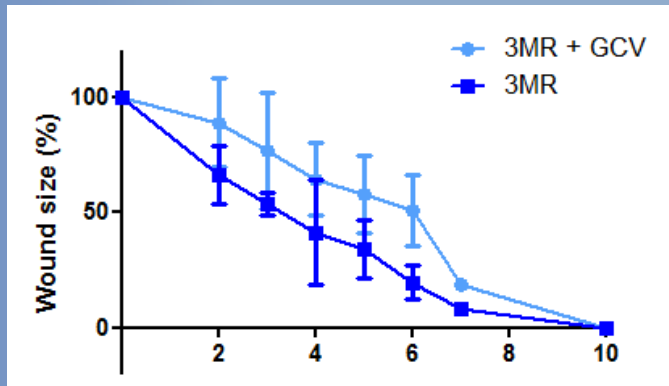
Induction of $p16^{INK4a}$, 3MR, IL-6 expression

Senescent cells are present transiently during wound healing



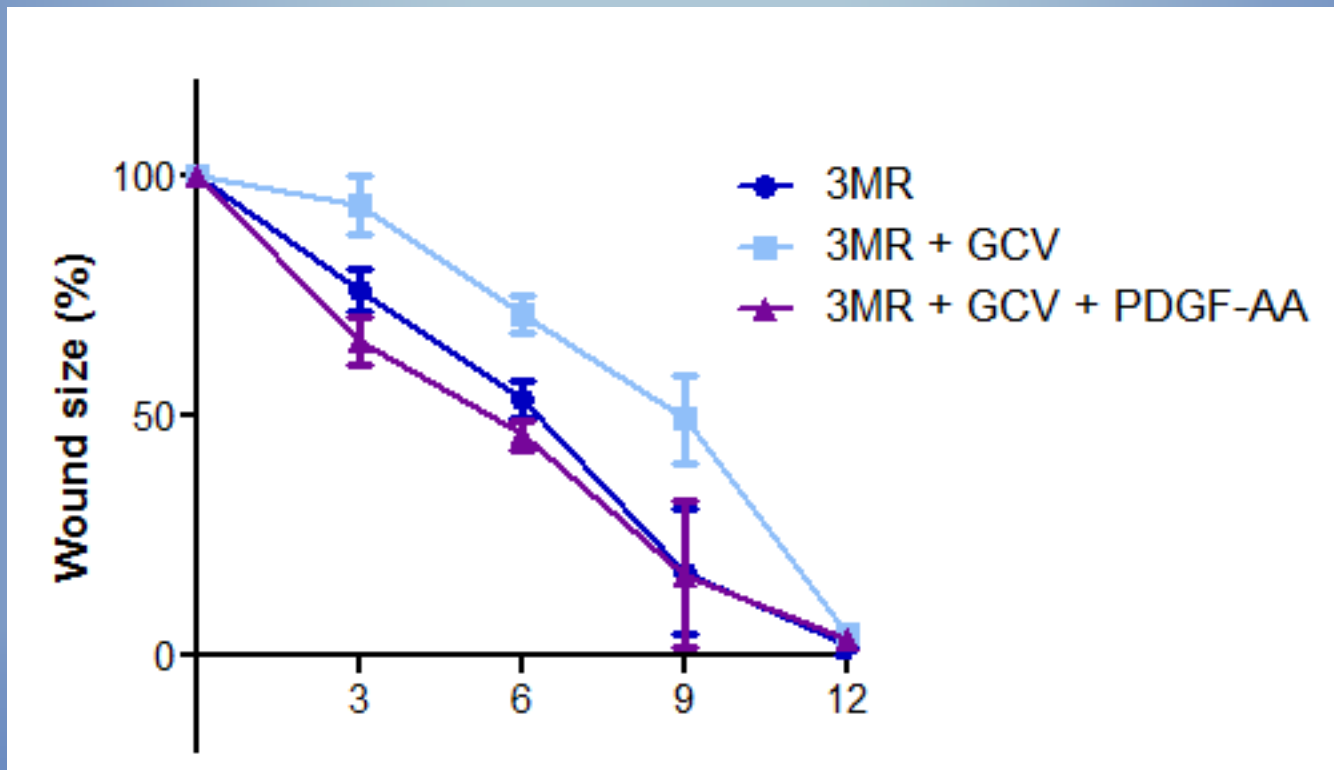
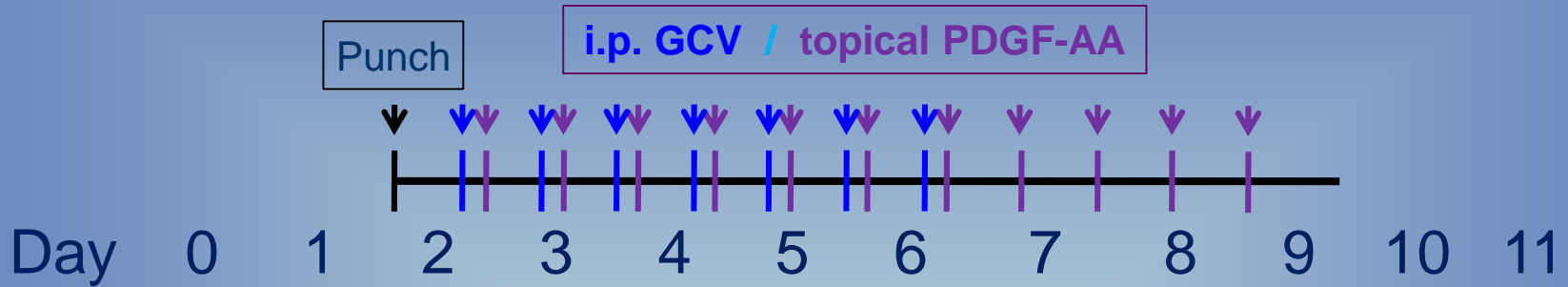
WOUND HEALING IS RETARDED BY ELIMINATING SENESCENT CELLS

GCV 0-5 days after biopsy

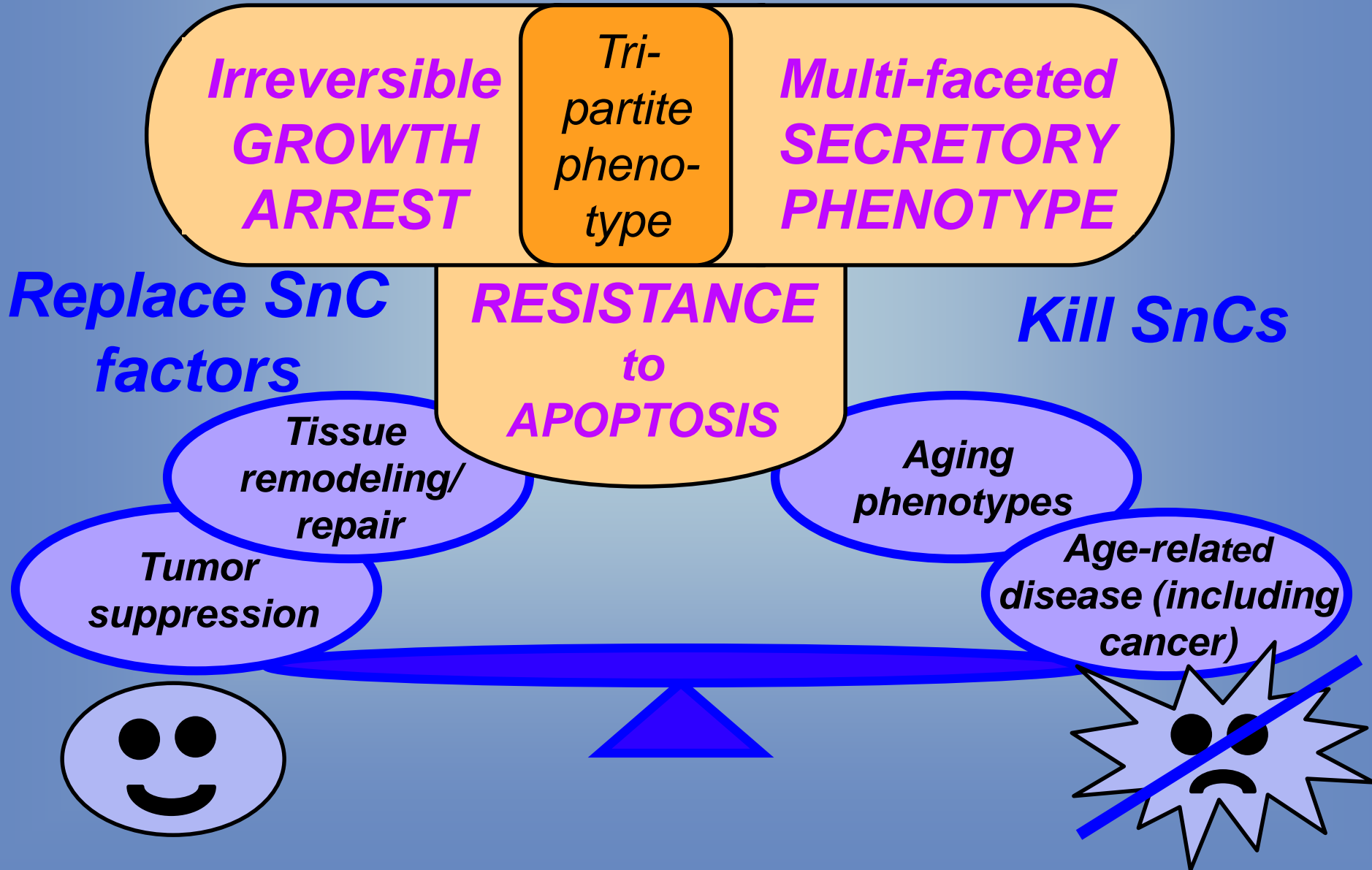


female mice

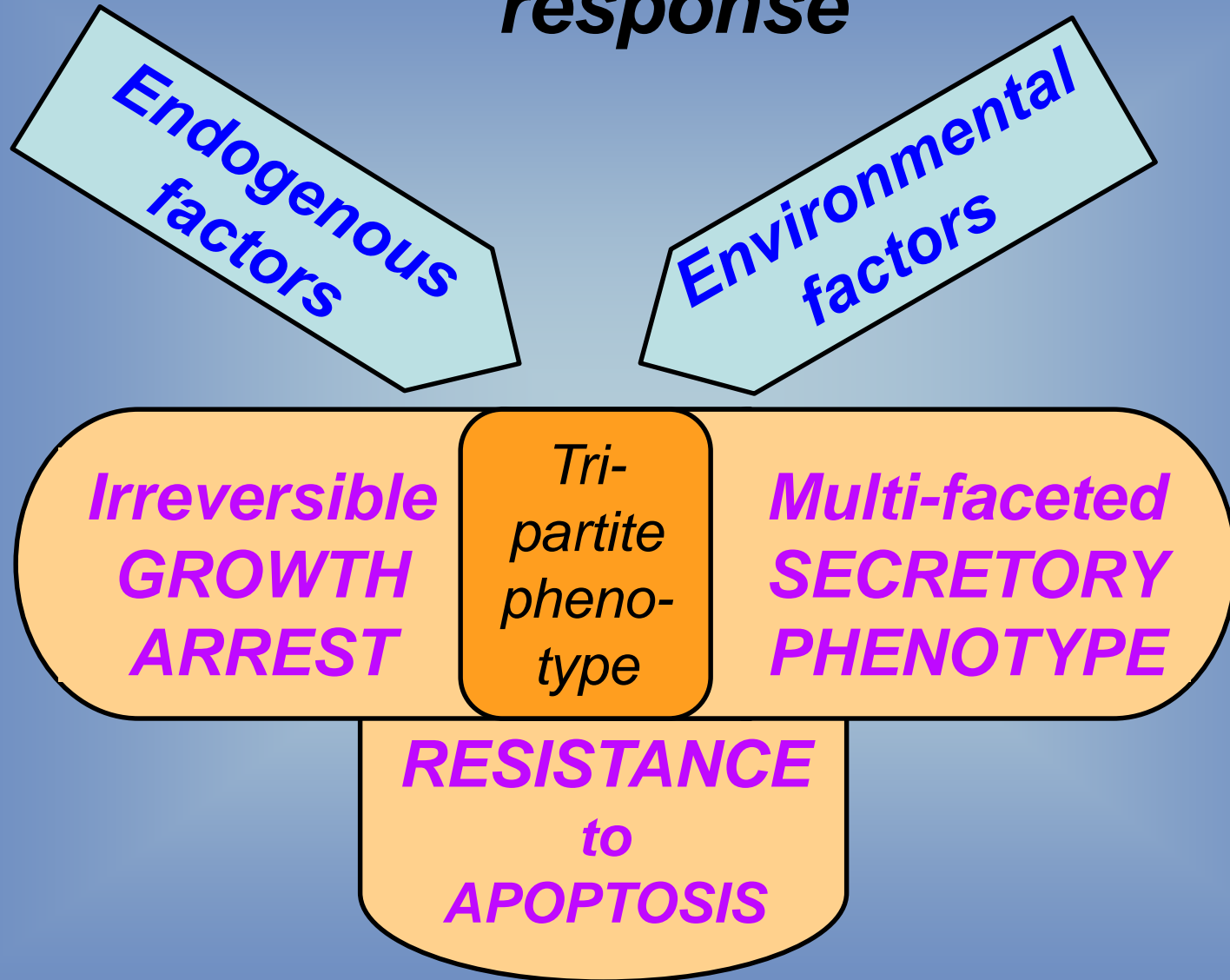
Topical PDGF-AA topical rescues slow wound healing in GCV-treated 3MR mice



Cellular senescence, an evolutionary balancing act



Cellular senescence, a complex stress response



THANKS!

Present lab members

Nick Aguirre

Fatouma Alimirah

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Albert Davalos

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Chandani Limbad

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Ying Zou

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Marco Demaria (ERIBA)

Pierre Desprez (CA Pacific Med Cntr)

Peter de Keizer (Erasmus U)

Francis Rodier (Montreal U)

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PPG: Jan Vijg, Yousin Suh (Einstein); Jan Hoeijmakers (Erasmus); Paul Hasty (UTHSCSA)

PPG: Jim Kirkland, Jan van Deursen, Tamara Tchkonja, Darren Baker, Nathan LeBrasseur (Mayo), Yuji Ikeno (UTHSCSA), Rich Miller (U MI) Jennifer Elisseeff (Johns Hopkins U)

Pete Nelson (Fred Hutch)

Steve Yannone, Paul Yaswen, Cilla Cooper (LBNL)

Julie Andersen, Pankaj Kapahi, Simon Melov, Brad

Gibson, Arvind Ramachandran, Birgit Schilling (Buck Inst)

Eiji Hara, Naoko Ohtani (Osaka U, Tokyo U)