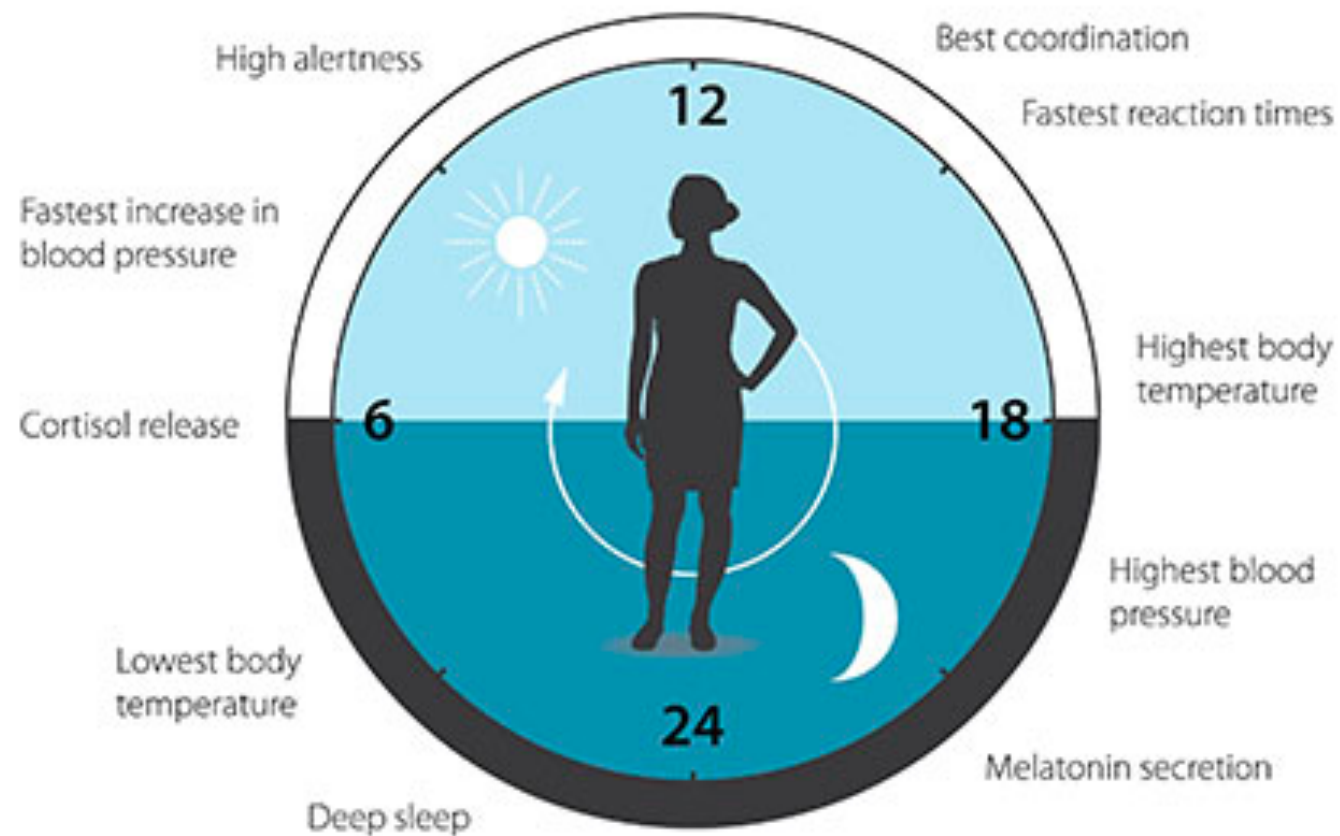


Circadian Rhythm: Molecular Mechanisms and Pharmacology



Scott Pedersen

MacMillan Group Meeting

January 10th, 2023

The Circadian Rhythm: The Clock of Life

A circadian rhythm or circadian cycle, is a natural, internal process that regulates the sleep–wake cycle and repeats roughly every 24 hours.

- Responsive to external stimuli (e.g. light, feeding, exercise)
- Widely observed in plants, animals, fungi, and cyanobacteria

But how does this work?

Outline

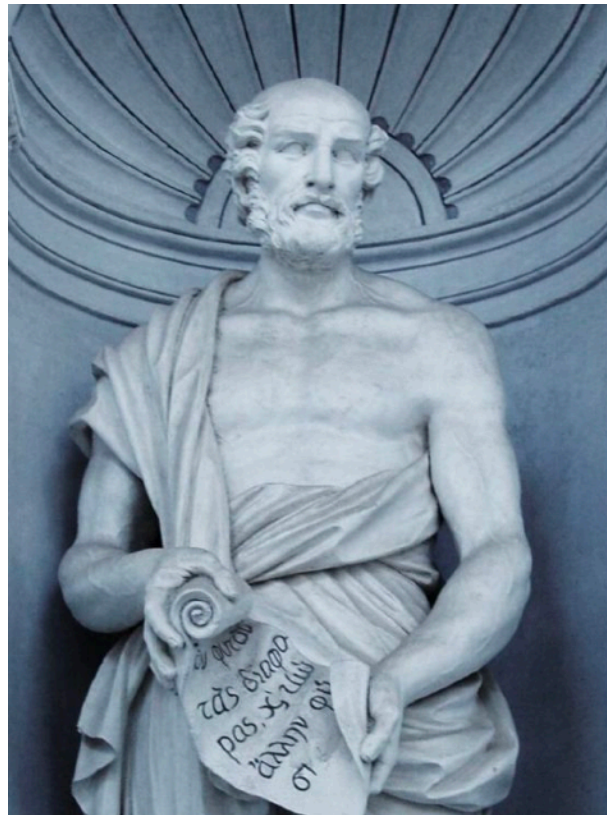
- Discovery of circadian rhythm
- Molecular mechanisms of mammalian circadian rhythms
- Overview of associated diseases and treatment landscape
- Case studies in modulating the circadian machinery

Outline

- Discovery of circadian rhythm
- Molecular mechanisms of mammalian circadian rhythms
- Overview of associated diseases and treatment landscape
- Case studies in modulating the circadian machinery

Circadian rhythms: a timeline

371 BC - First written account of a circadian rhythm



10:00



22:00

Theophrastus

Greek philosopher + father of botany

371 BC – 287 BC

“... tree with many leaves like the rose, and that this closes at night, but opens at sunrise, and by noon is completely unfolded; and at evening again it closes by degrees and remains shut at night, and the natives say that it goes to sleep.”

Circadian rhythms: a timeline

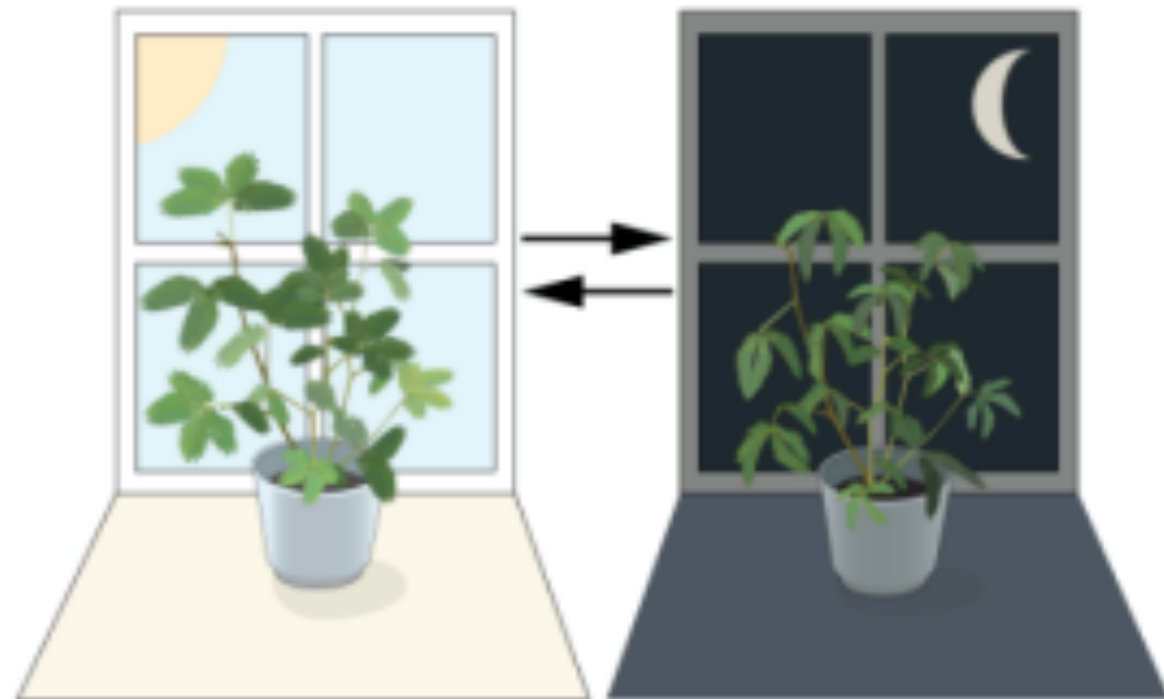
1729 - first controlled experiment implicating a “biological clock”



Jean-Jeaque de Mairan

French scientist

1678–1771



Mimosa pudica

Circadian rhythms: a timeline

1729 - first controlled experiment implicating a “biological clock”



Jean-Jeaque de Mairan

French scientist

1678–1771

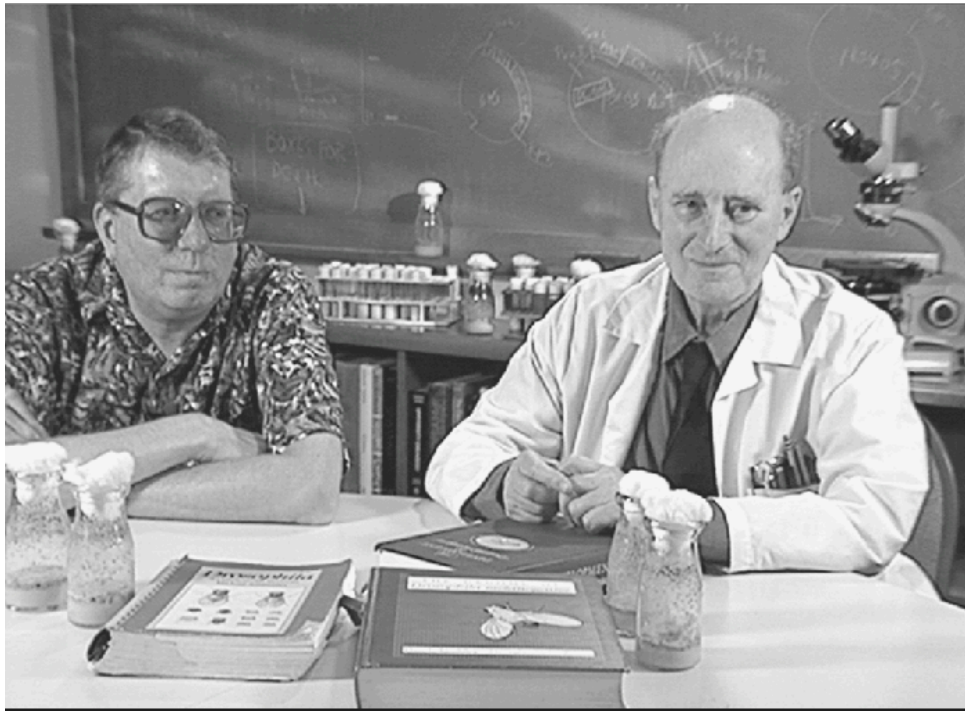


Mimosa pudica

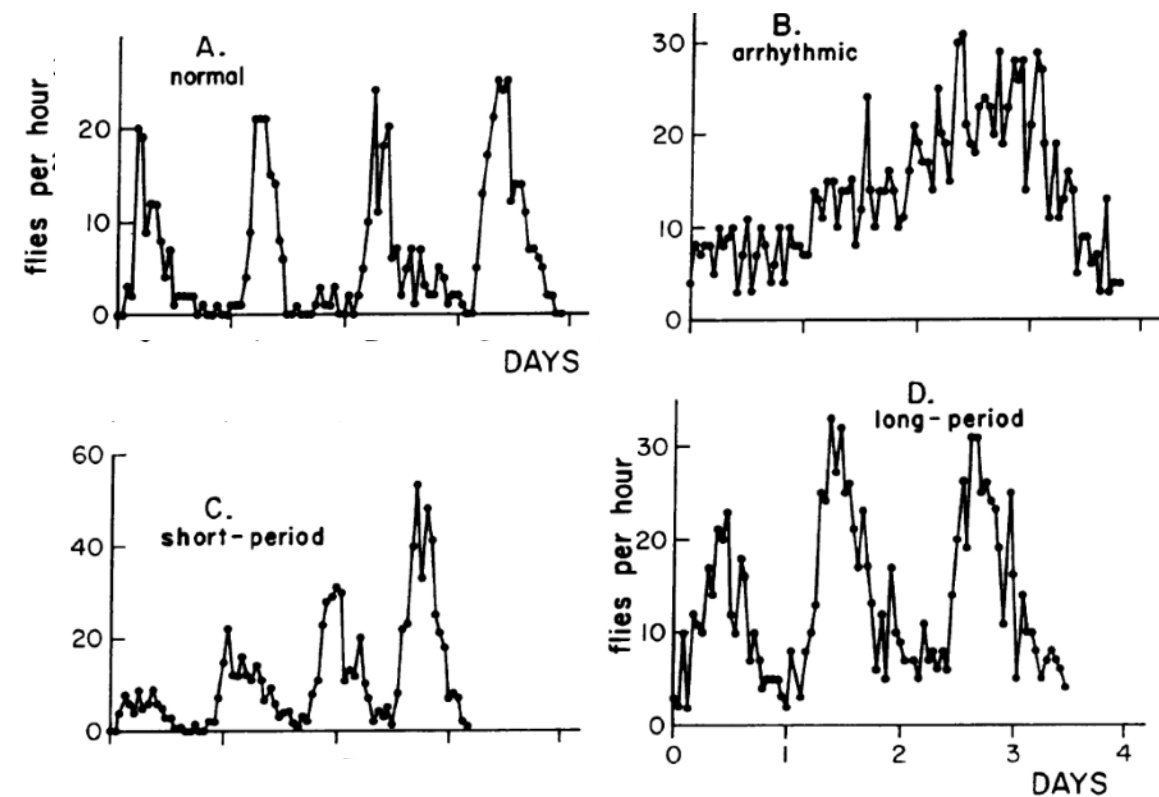
Continued adherence to the daily rhythm in an unlit environment suggested a free running, intrinsic biological timer

Circadian rhythms: a timeline

1971 - genetic link discovered for the first time



Ron Konopka (left) Seymour Benzer (right)



- 1971 Konopka and Benzer discover three genetic mutants of *drosophila* with altered circadian rhythms
- Different rhythms in eclosion (hatching) and locomotion were observed
- Mutations mapped to the same locus, subsequently named *period*

Circadian rhythms: a timeline

1984 - drosophila period gene isolated



Jeffrey Hall



Michael Rosbash



Michael Young

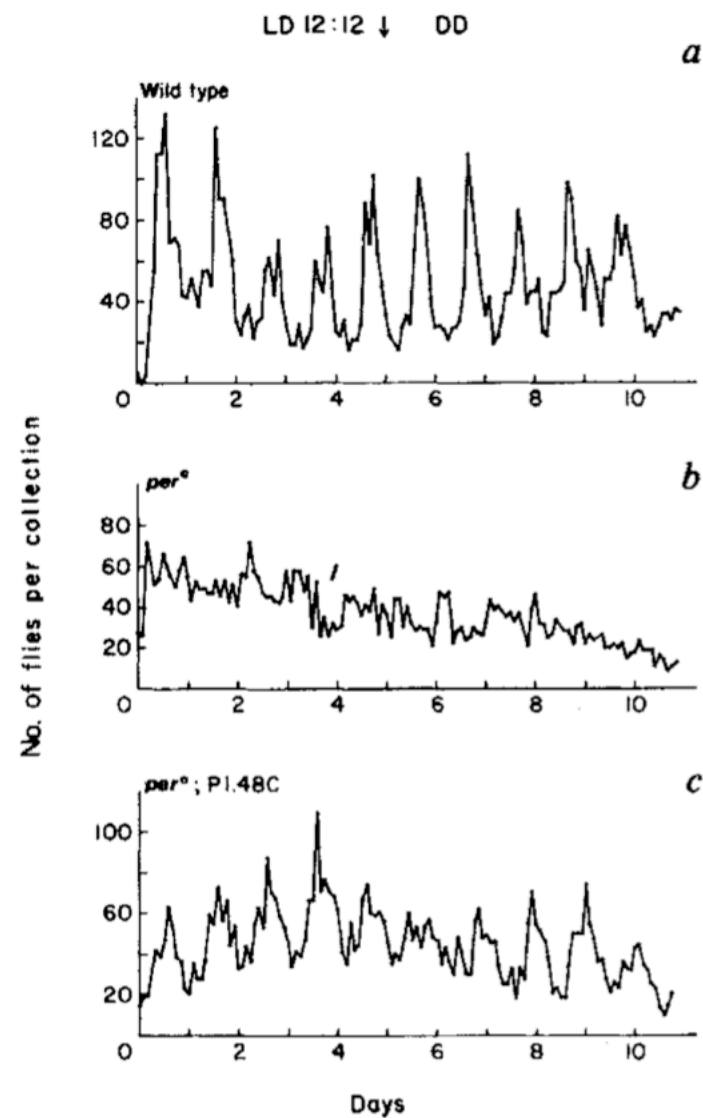
Key finding: certain subsegments of the per region would restore rhythmicity in
circadian locomotor behavior transduced into the genome of arrhythmic flies

Zehring, W. A. et al. *Cell*. **1984**, 39, 369.

Bargiello, T. A.; Jackson, F. R.; Young, M. W. *Nature*. **1984**, 312, 752.

Circadian rhythms: a timeline

1984 - drosophila period gene isolated



Wild type: eclosion occurs with rhythmicity

Per mutant: no rhythmicity in eclosion

Rhythmicity restored when *per*
gene transduced into mutant flies

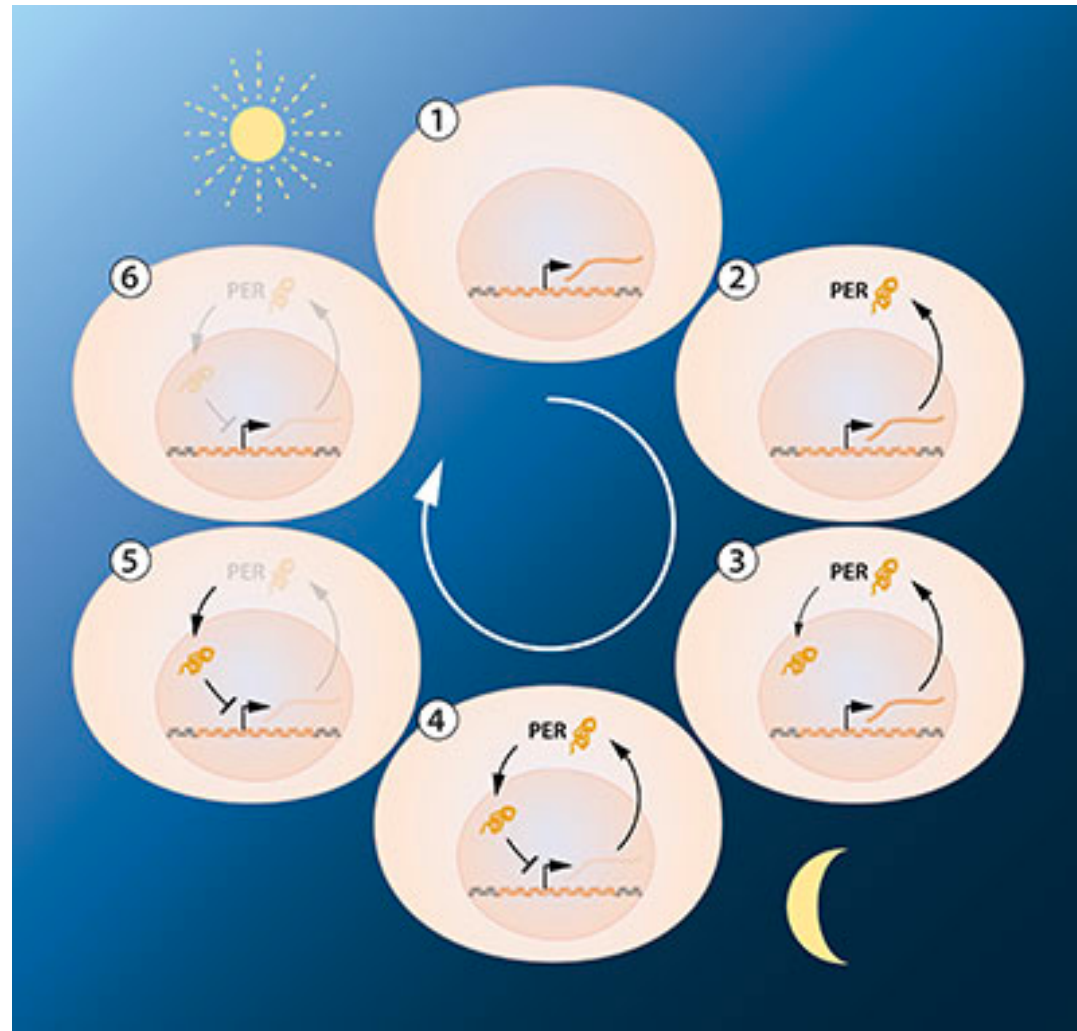
Implication of a transcription/translation feedback loop

Zehring, W. A. et al. *Cell*. 1984, 39, 369.

Bargiello, T. A.; Jackson, F. R.; Young, M. W. *Nature*. 1984, 312, 752.

Circadian rhythms: a timeline

1984 - drosophila period gene isolated



Per and the circadian clock

- *period* DNA transcribed into *period* mRNA
- *period* mRNA is transported into cytoplasm
- *period* RNA translated into *PER* protein
- *PER* protein accumulates in cell's nucleus
- *PER* protein inhibits transcription of *period* gene
- *PER* protein cleared by cell, resetting cycle

Implication of a transcription/translation feedback loop

Circadian rhythms: a timeline



Jeffrey Hall



Michael Rosbash



Michael Young



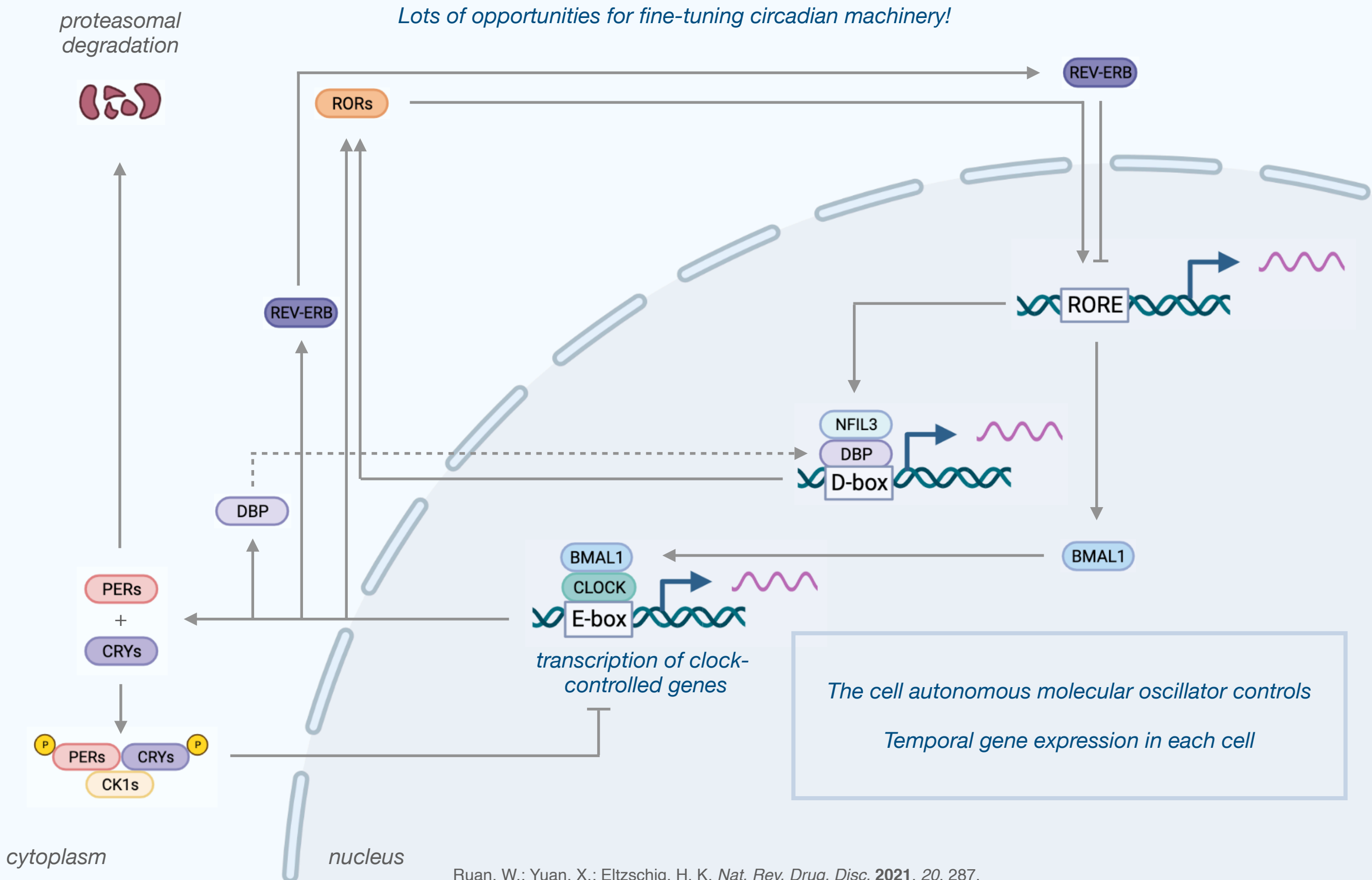
The Nobel Prize in Physiology and Medicine 2017 was awarded jointly to
Jeffrey C. Hall, Michael Rosbash, and Michael W. Young

“for their discoveries of molecular mechanisms controlling the circadian rhythm”

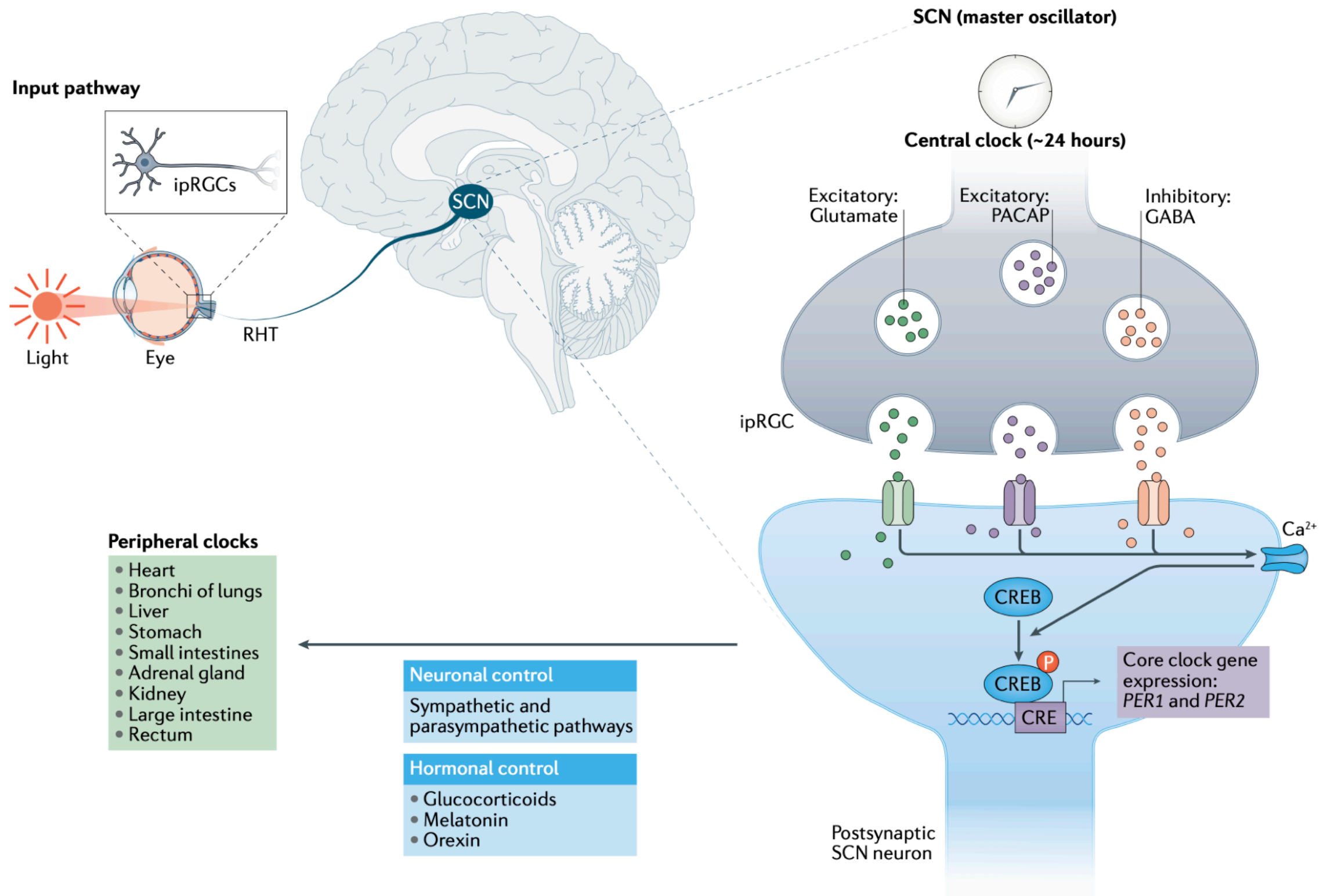
Outline

- Discovery of circadian rhythm
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- Case studies in modulating the circadian machinery

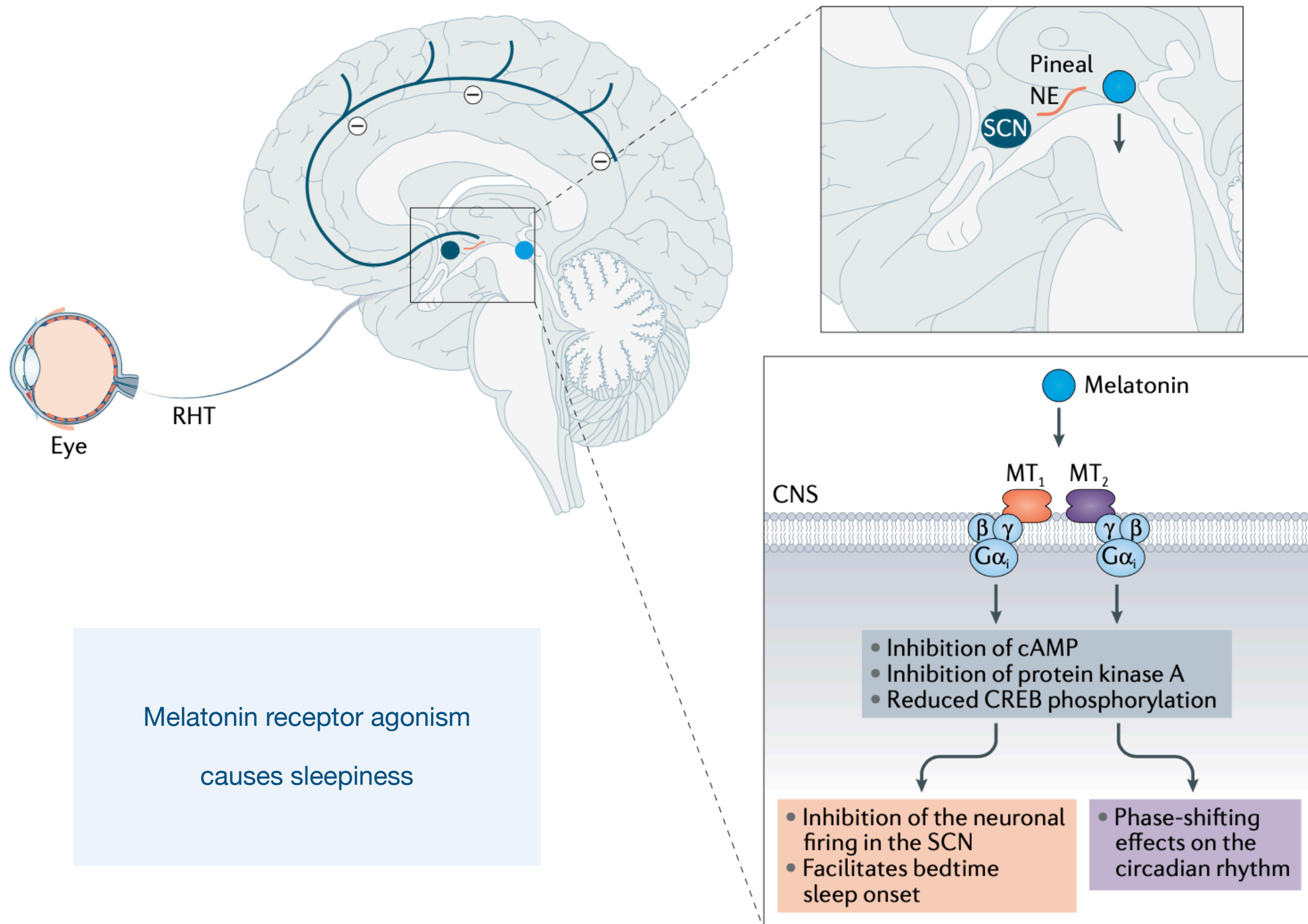
The Ubiquitous, Cell-Autonomous Molecular Oscillator



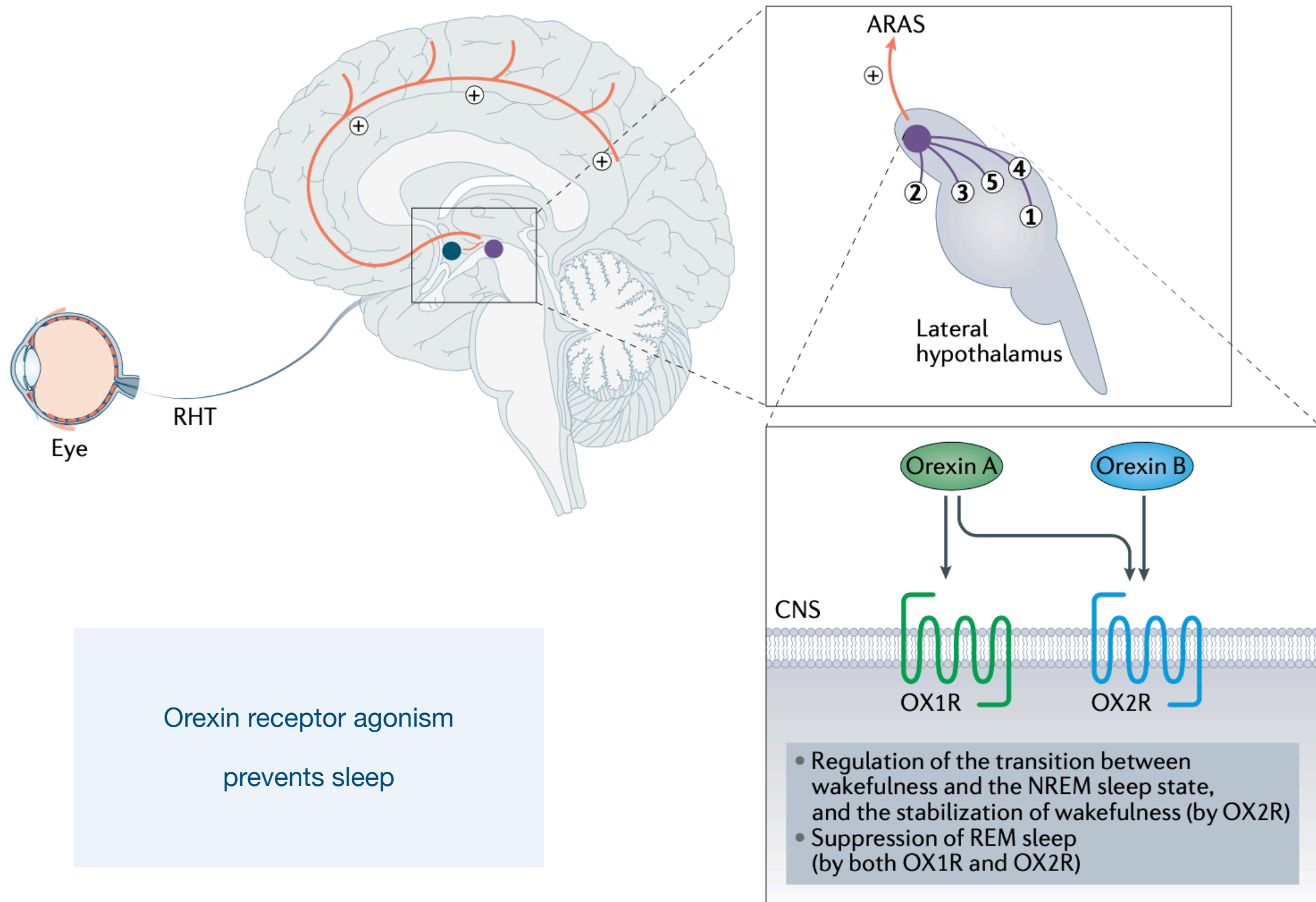
Suprachiasmatic Nucleus (SCN): The Master Oscillator



Hormonal signaling from the SCN: melatonin



Hormonal signaling from the SCN: orexin



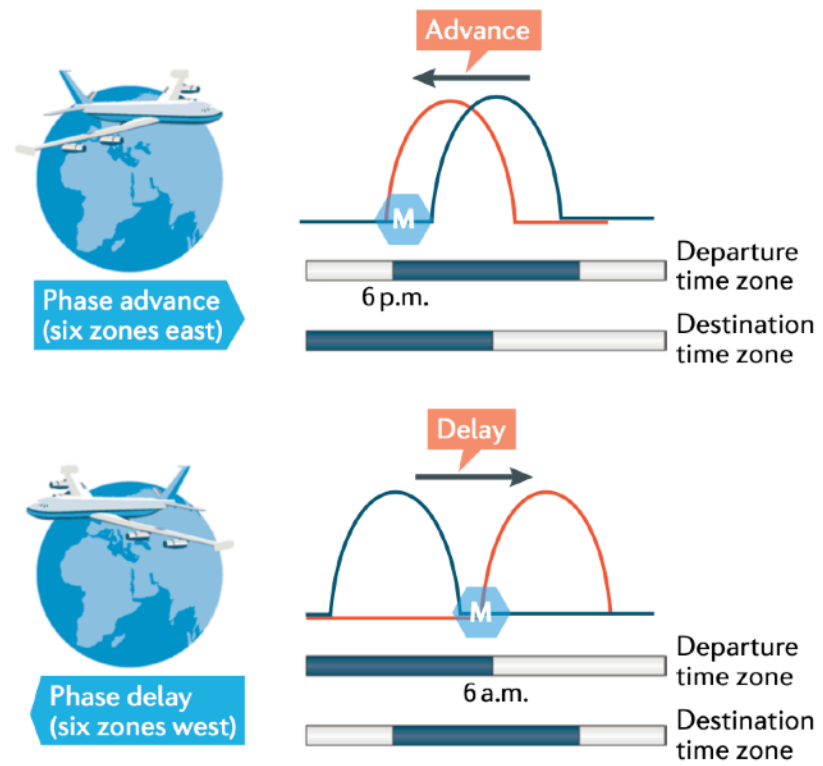
Outline

- Discovery of circadian rhythm
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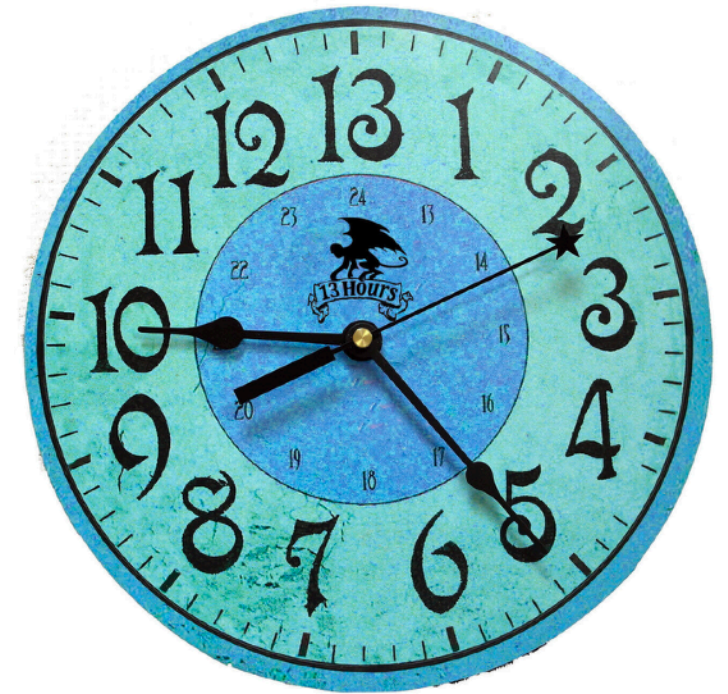
Some common sleep disorders



Insomnia



Jet Lag or Shiftwork

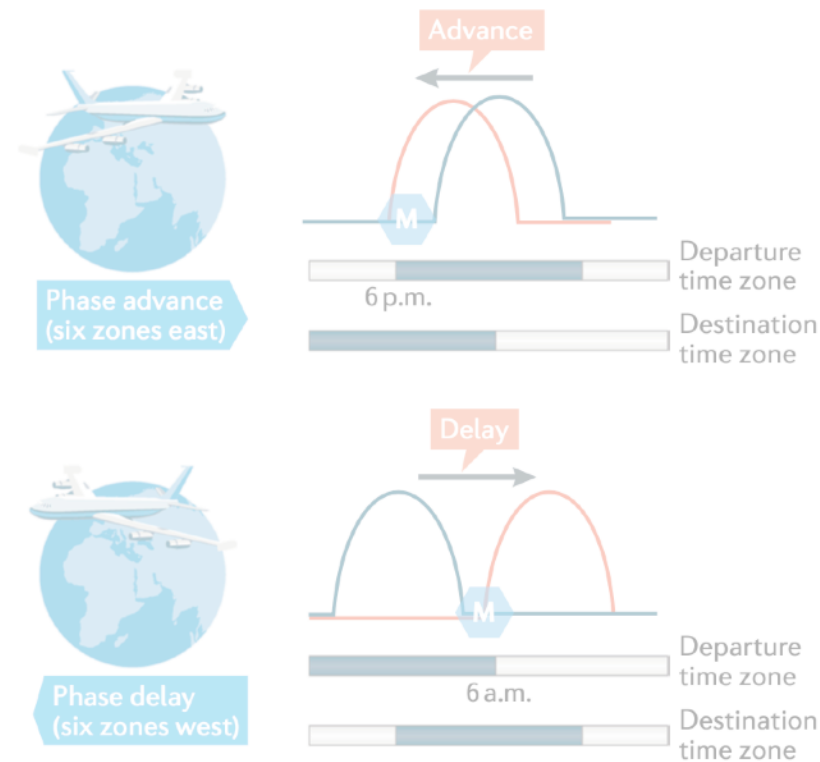


Non-24

Some common sleep disorders



Insomnia



Jet Lag or Shiftwork



Non-24

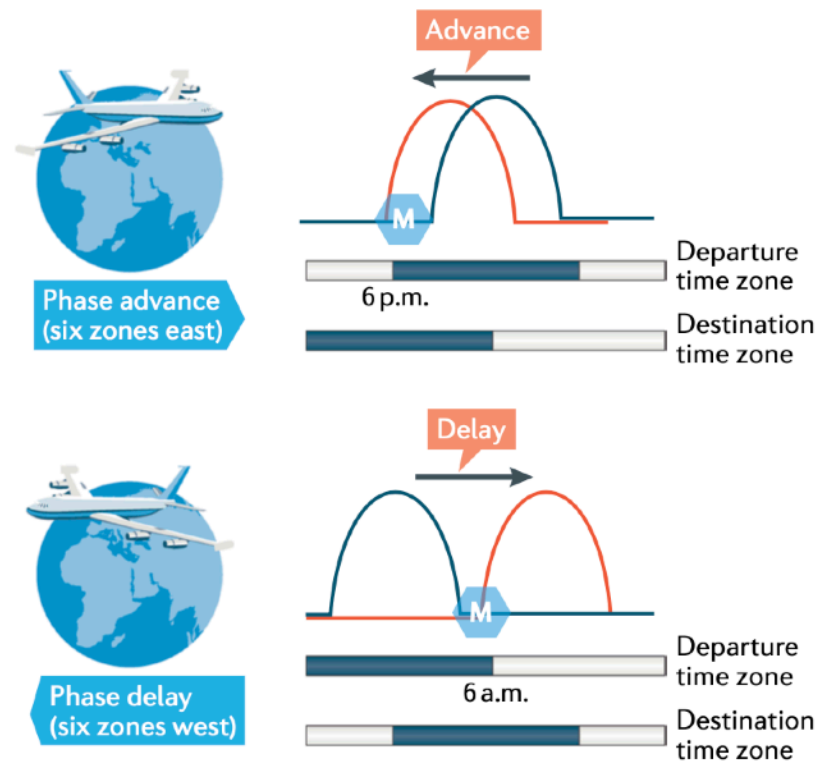
25% of Americans develop insomnia each year;
10% progress to chronic insomnia

Frequently associated with anxiety, depression,
risk of cardiovascular disease, and poor quality of life

Some common sleep disorders



Insomnia



Jet Lag or Shiftwork



Non-24

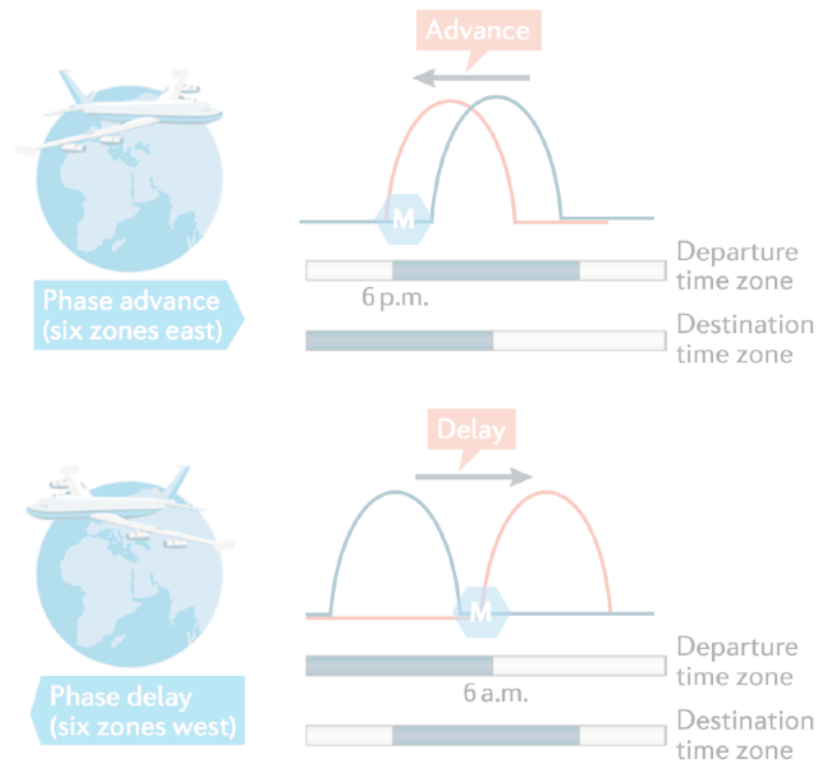


Mice subjected to a chronic jet lag paradigm (8-hour phase shift)
Showed significantly reduced lifespan with disease development, including
neurodegeneration, severe ulcerative dermatitis, aging, cystic
renal dysplasia, and cancer

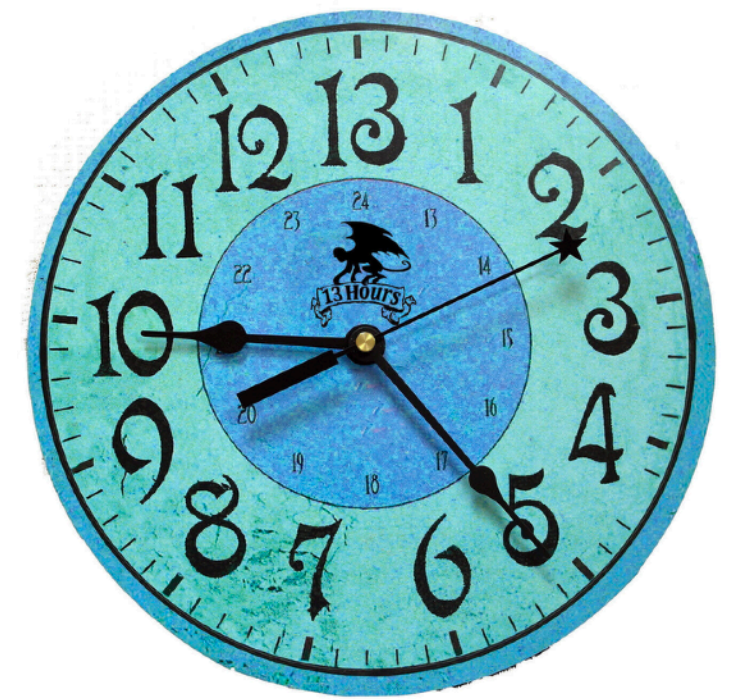
Some common sleep disorders



Insomnia



Jet Lag or Shiftwork



Non-24

chronic steady pattern comprising daily delays in sleep onset and wake times in an individual living in a society

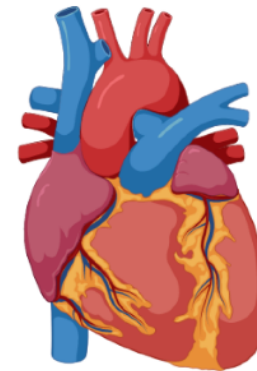
>50% of the totally blind suffer from this affliction, rarely occurs in sighted people

Circadian rhythm signaling in disease

Circadian rhythm aberrations are implicated
in many chronic and acute illnesses



Rescuing or repairing circadian rhythm could
Minimize the progression of or outright
prevent a wide range of diseases



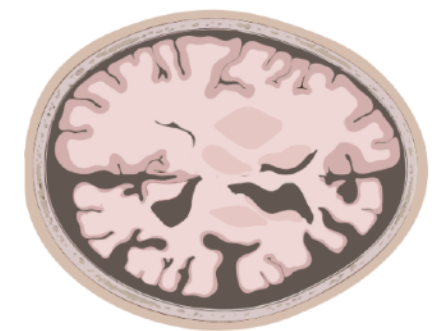
Heart attack/ stroke



Daily headaches



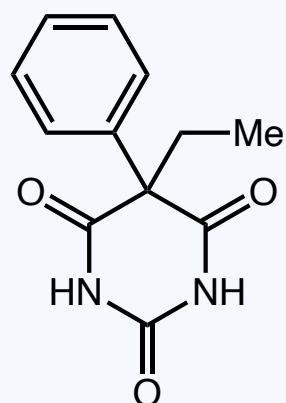
Aging



Alzheimer's

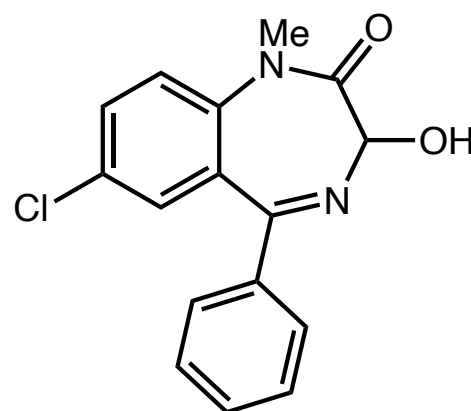
Current landscape of sleep medicine

barbiturates (1903)

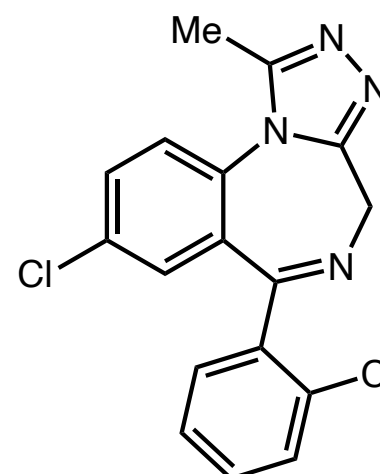


Phenobarbital
(Luminal)

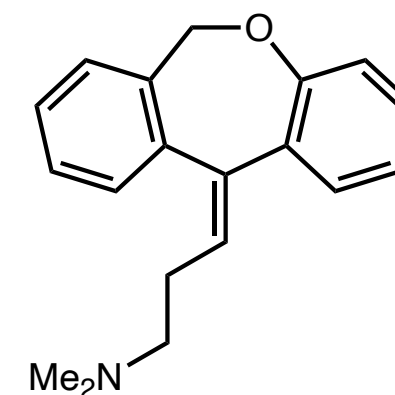
benzodiazepines (1960s)



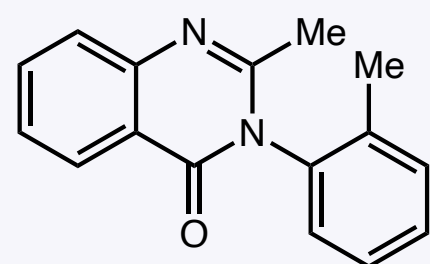
temazepam
(Restoril)



triazolam
(Halcion)

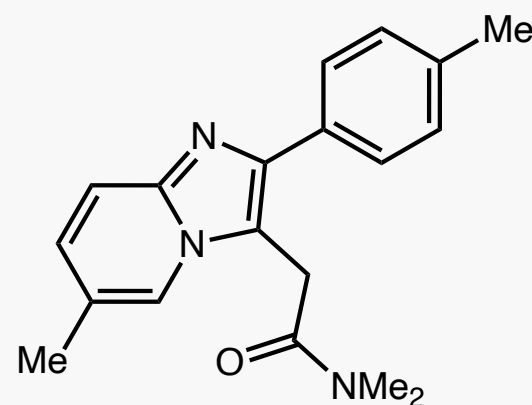


doxepin

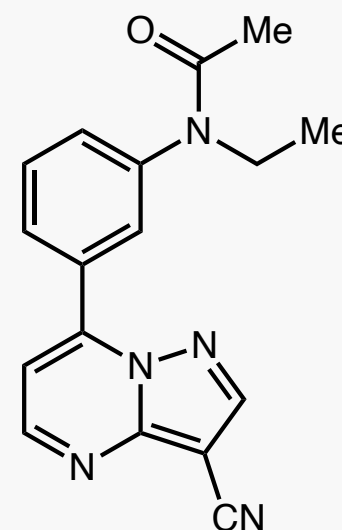


methaqualone (1961)
(Quaalude)

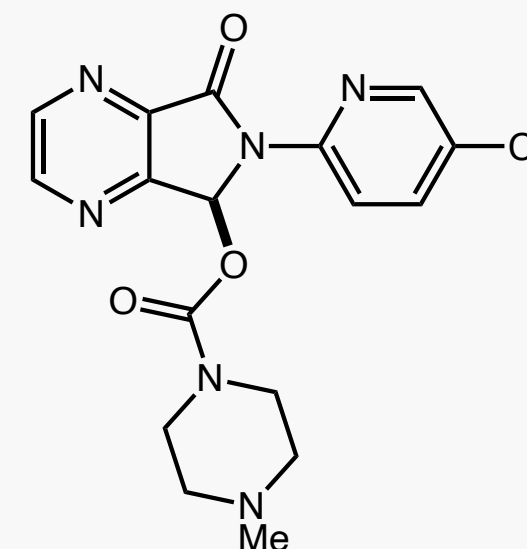
non-benzodiazepines (1980s)



zolpidem
(Ambien)



zaleplon
(Sonada)

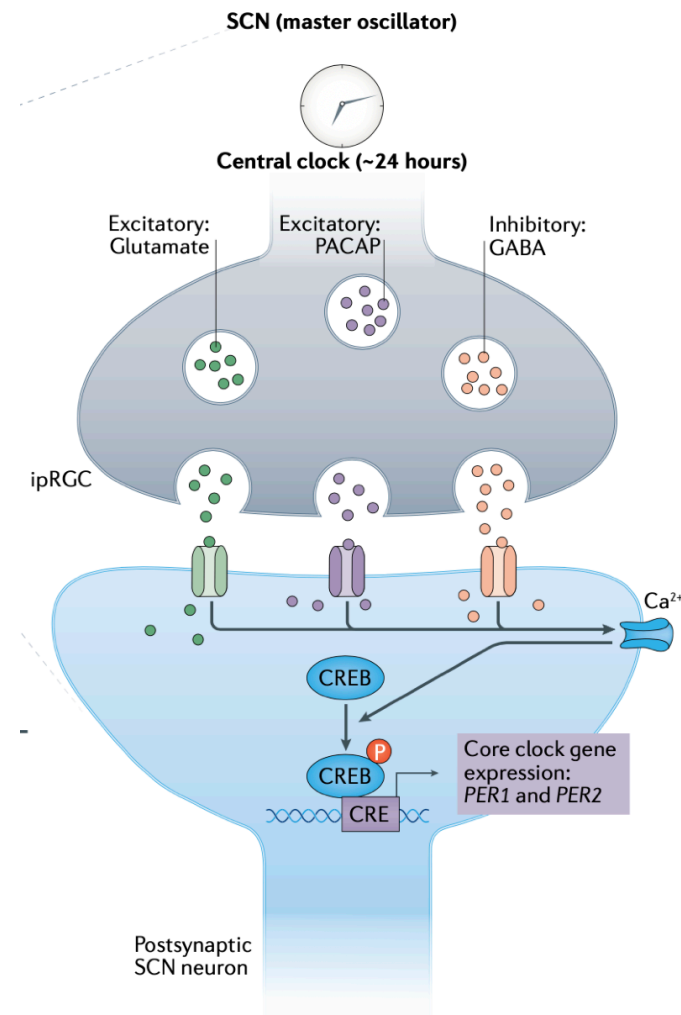


eszopiclone
(Lunesta)

Current landscape of sleep medicine

Why do all of these medicines exhibit similar negative effects?

All either act as GABA_A receptor agonists or positive allosteric modulators



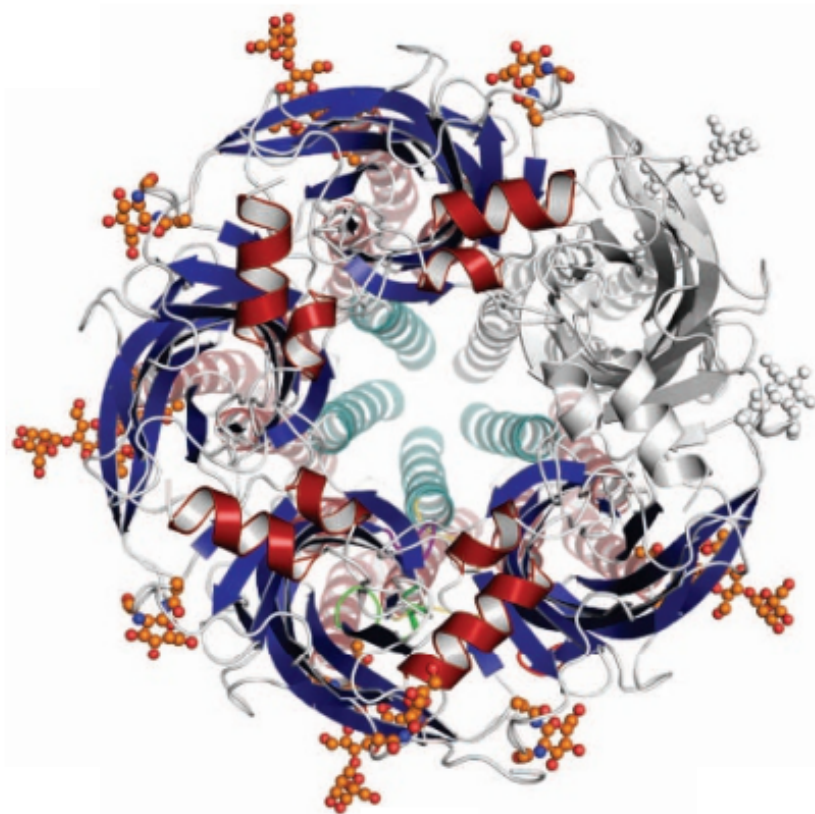
Miller, P.S.; Aricescu A. R. *Nature* **2014**, 512, 270.

Coleman, P.J. *et al. Annu. Rev. Pharmacol. Toxicol.* **2017**, 57, 509.

Current landscape of sleep medicine

Why do all of these medicines exhibit similar negative effects?

All either act as GABA_A receptor agonists or positive allosteric modulators



- Activates chloride ion flux in neurons
- inhibit the propensity of neurons containing GABA_A to propagate action potentials
 - change in mood, slowed reaction time, motor deficits, amnestic effects, and respiratory effects

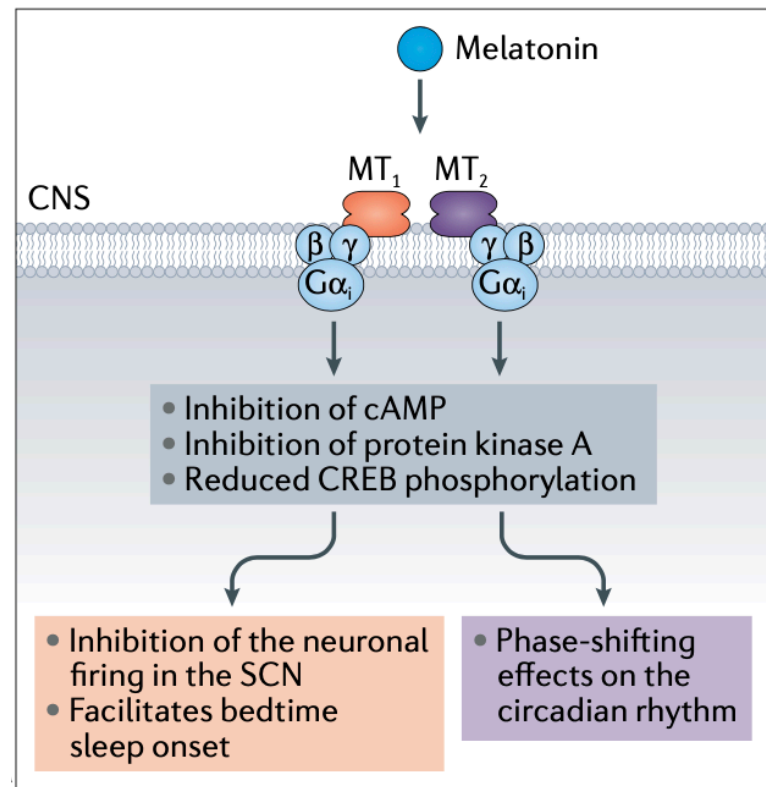
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Coleman, P.J. *et al. Annu. Rev. Pharmacol. Toxicol.* **2017**, 57, 509.

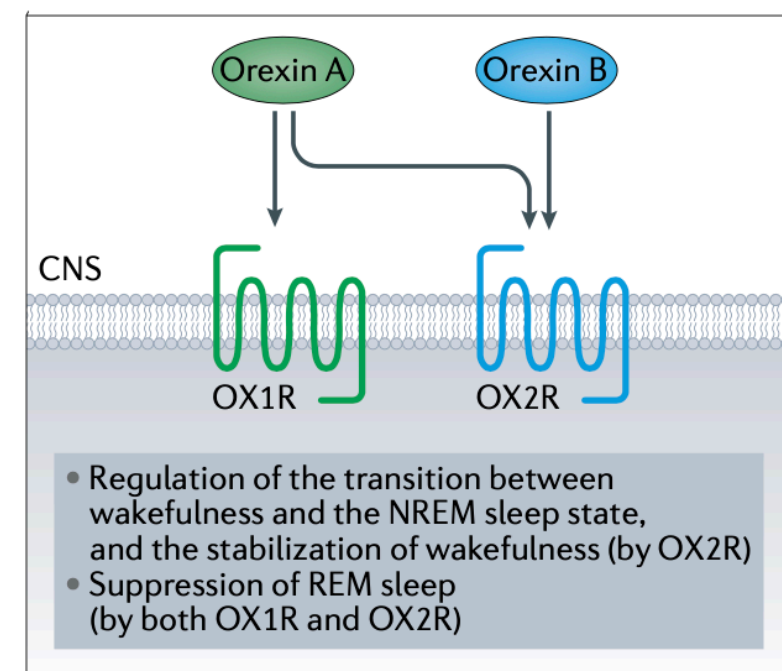
Hormonal signaling opportunities

Melatonin and orexin – two complementary hormones

Melatonin signalling pathway



Orexin signalling pathway



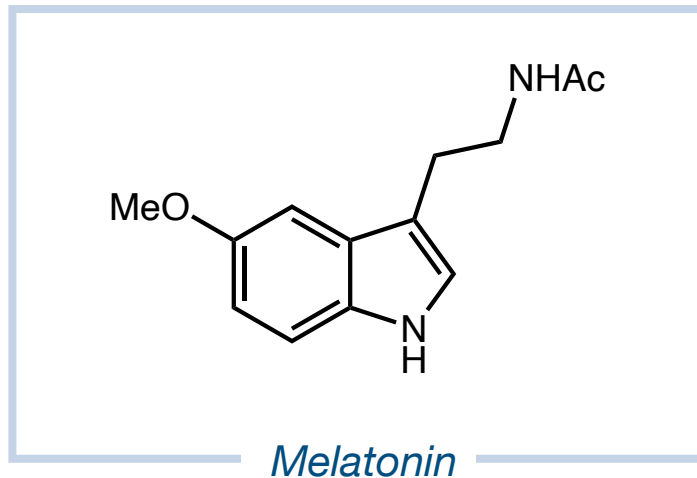
Agonism via melatonin or melatonin analogues

- Accelerate sleep onset
- Improve sleep duration
- Minimally impact other processes

Therapeutic goals

Antagonism via novel inhibitors

Melatonin supplementation as a sleep aid



- Approved for medical use in Europe, considered a dietary supplement in the US
- Found to decrease sleep latency by 7.1 minutes and increase sleep duration by 8.3 minutes
- Conclusion: safe, but minimally effective

Study	WMD (95% CI)	Relative weight
Kunz D, 2010 [23]	38.2 (-35.34 to 111.73)	0.78
Luthringer R, 2009 [24]	2.2 (-19.13 to 23.53)	9.29
Mundey K, 2005 [28]	15 (-33.56 to 63.56)	1.79
Almeida Montes LG, 2002 [-21 (-42.84 to 0.84)	8.87
Zhadanova IV, 2001 [31]	13 (-23.47 to 49.47)	3.18
Kayumov L, 2001 [33]	22.3 (-13.65 to 58.24)	3.27
Dawson D, 1998 [35]	90.5 (1.39 to 179.6)	0.53
Ellis CM, 1996 [36]	-21.6 (-85.86 to 42.66)	1.02
Dahlitz M, 1991 [38]	-34.8 (-128.15 to 58.55)	0.49
James SP, 1989 [39]	-1.5 (-42.18 to 39.18)	2.56
<i>Objective</i>	<i>0.34 (-11.2 to 11.87)</i>	
Wade AG, 2011 [21]	7.8 (-0.69 to 16.29)	58.63
Smits MG, 2003 [29]	43 (15.62 to 70.37)	5.64
Smits MG, 2001 [32]	29 (-3.74 to 61.74)	3.95
<i>Subjective</i>	<i>11.93 (4.06 to 19.8)</i>	
Overall	8.25 (1.75 to 14.75)	

Fixed-effect model

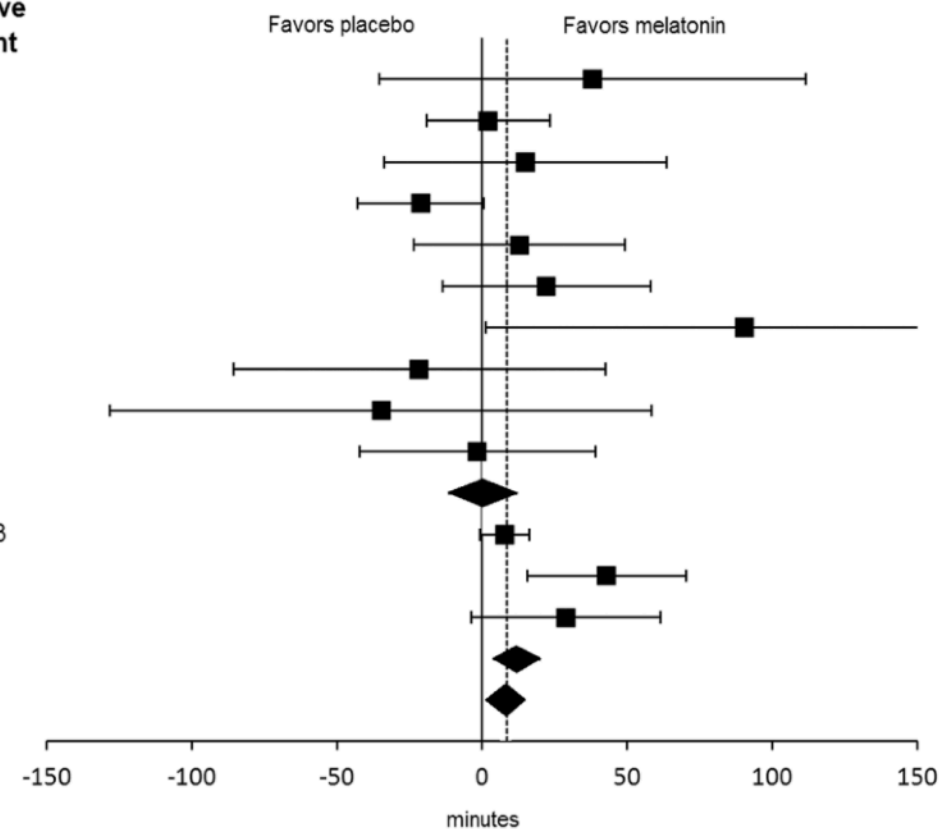
Z=2.48 p=0.013

Random-effect model

WMD=8.48 minutes [95% CI: -4.02 to 20.98], Z=1.33, p=0.184

Heterogeneity

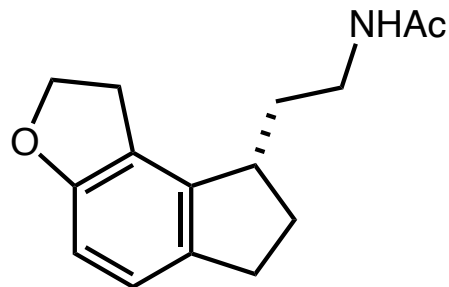
I²=44% p=0.044



Note: melatonin in the US is not well quality controlled. Melatonin content has been found to range from -83% to +478% the listed amount

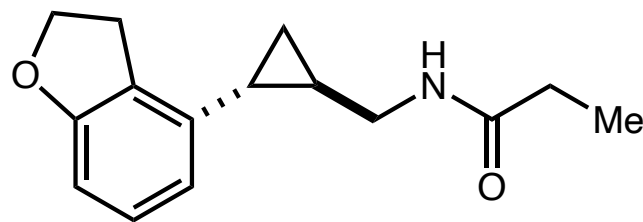
Other melatonin receptor agonists (late 2000s)

Goal: improve pharmacokinetics and half-life of melatonin (20–50 minutes)



ramelteon
(Rozerem)

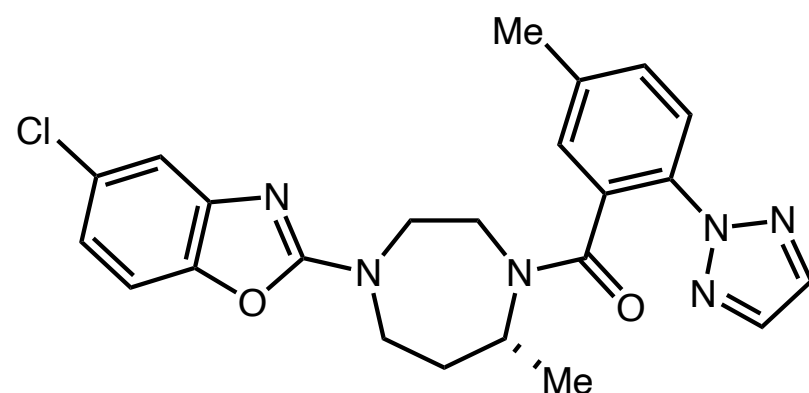
- Half life of 1–2.6 hours
- sleep latency decreased by 4–7 minutes
- meta analyses show mixed impact on total sleep time
- approved for treatment of insomnia



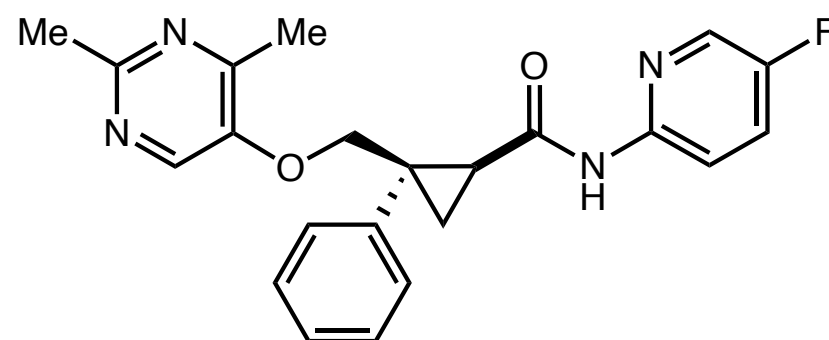
tasimelteon
(Hetlioz)

- Half life of 55–100 minutes
- Approved as orphan drug for N24SWD in blind patients
- Found to increase total sleep time by 60 minutes in patients with 8 hour jet lag from eastward travel, and improve time to sleep
- rejected by FDA 3 times between 2014 and 2022 for this indication.

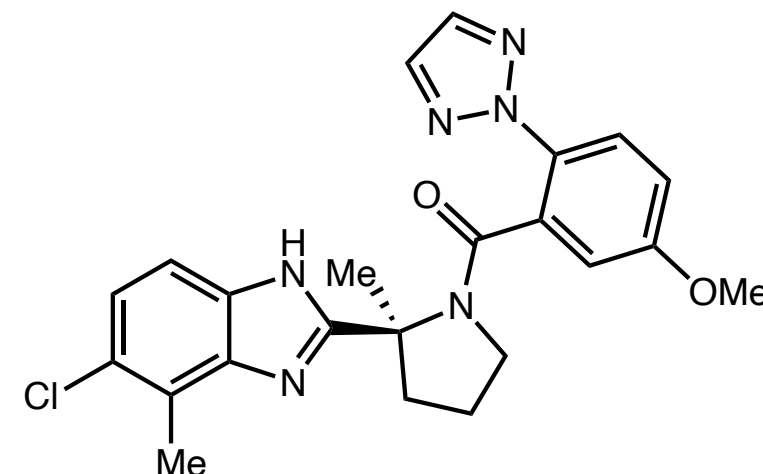
Orexin receptor antagonists (2010s)



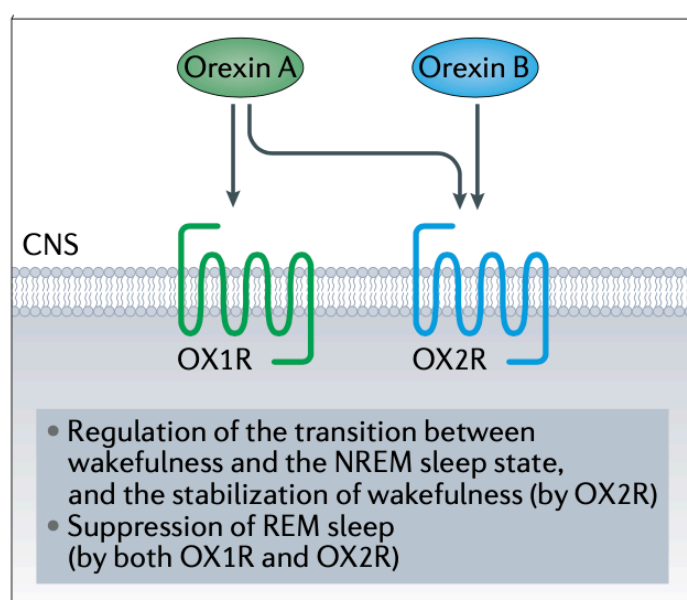
Suvorexant



Lemborexant












Daridorexant



*Mechanism of action:
prevent binding of orexin to
promote sleep*

- Preserve night time arousability (monkey)
- Improved daytime cognitive performance (Compared to other sleep aids, rats)
- Beneficial effects in total sleep time, decreases in waking after sleep onset, subjective sleep latency
- No evidence of addiction potential!
- Not as effective as benzodiazepines/ nonbenzodiazepines

A universal first line of treatment

Sleep Hygiene	Stimulus Control	Sleep Restriction	Relaxation	Cognitive	Wrap-Up
 appropriate bedroom environment  avoiding screen-based devices before bedtime  avoiding coffee or alcohol consumption	 using bedroom only to sleep  leaving bedroom when cannot fall asleep	 restricting sleep times  increasing in-bed sleep times	 taking short and long relaxations during the day	 restructuring undesired thinking patterns	going over each component to prevent the relapse of insomnia

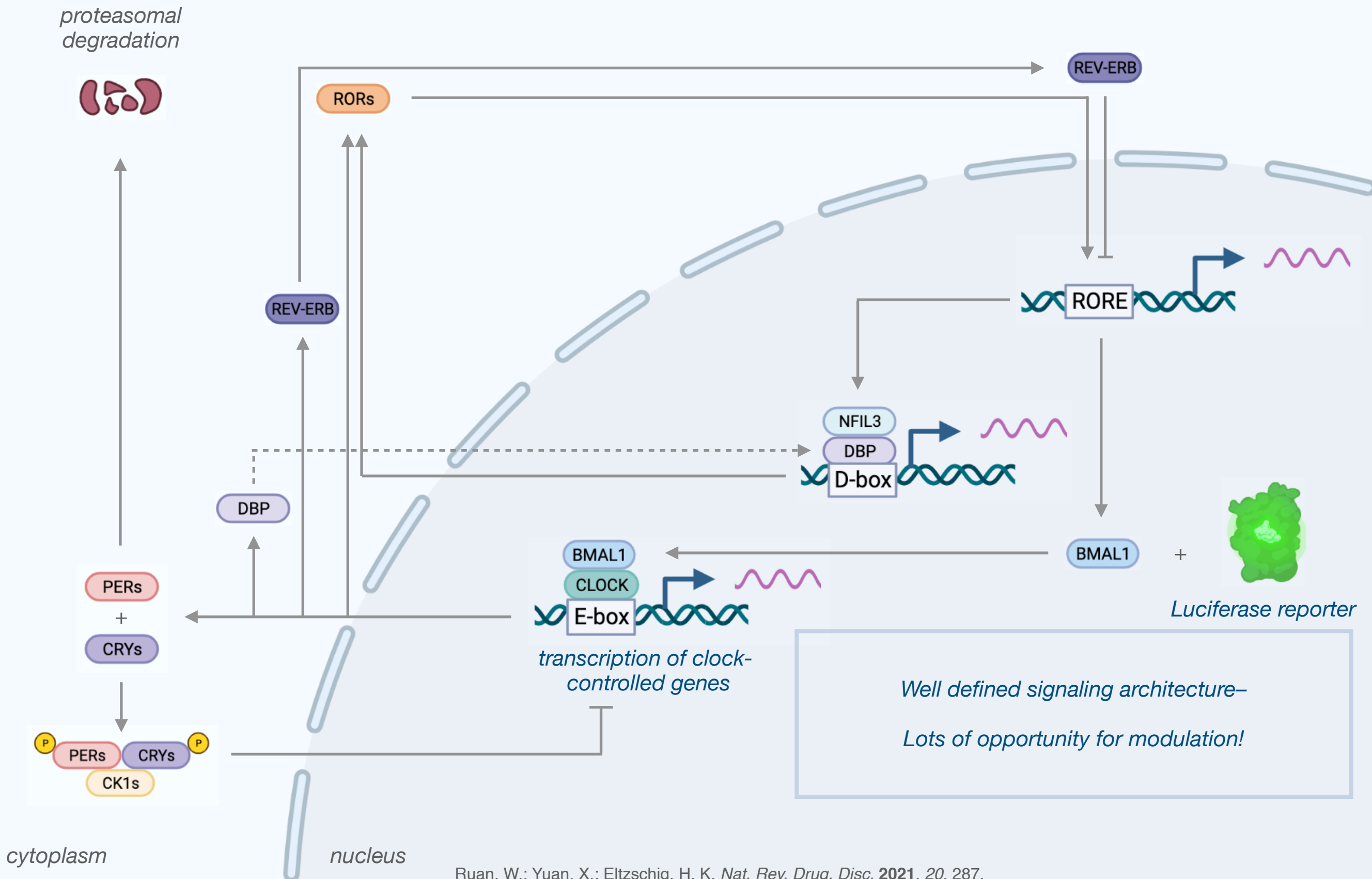
Cognitive behavioral therapy for insomnia (CBT-I) is considered the gold standard

Behavioral treatment by American and European guidelines

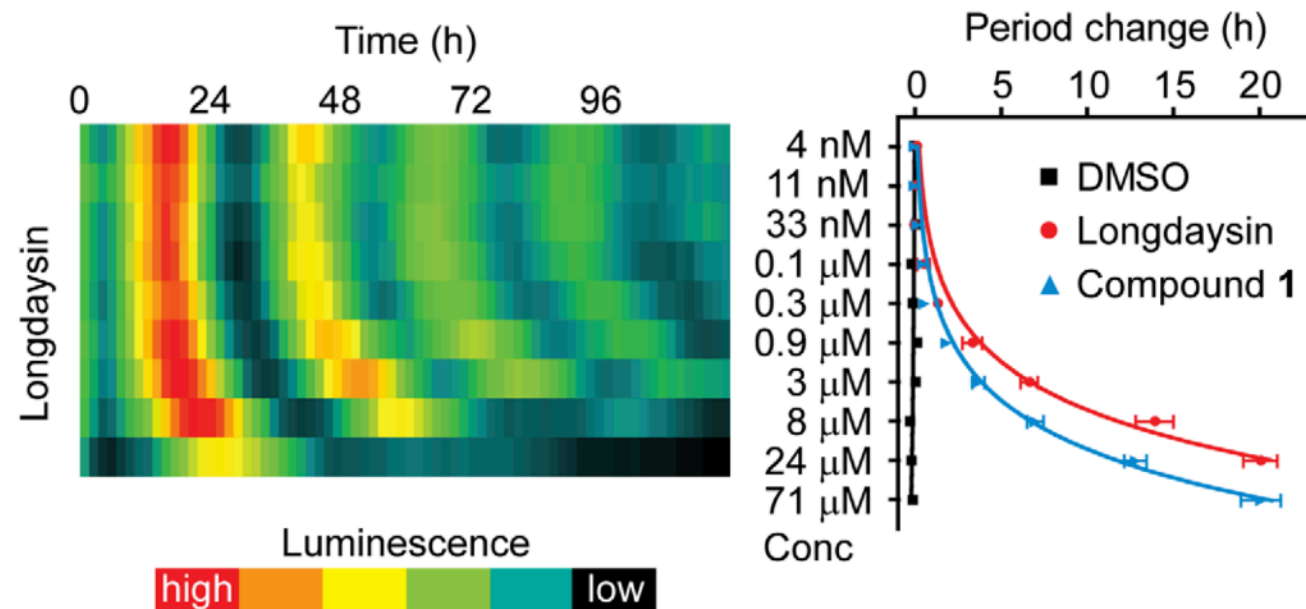
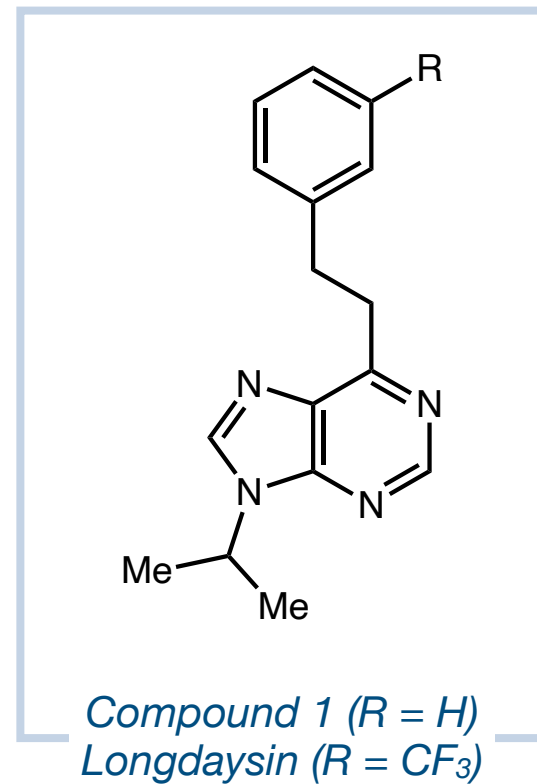
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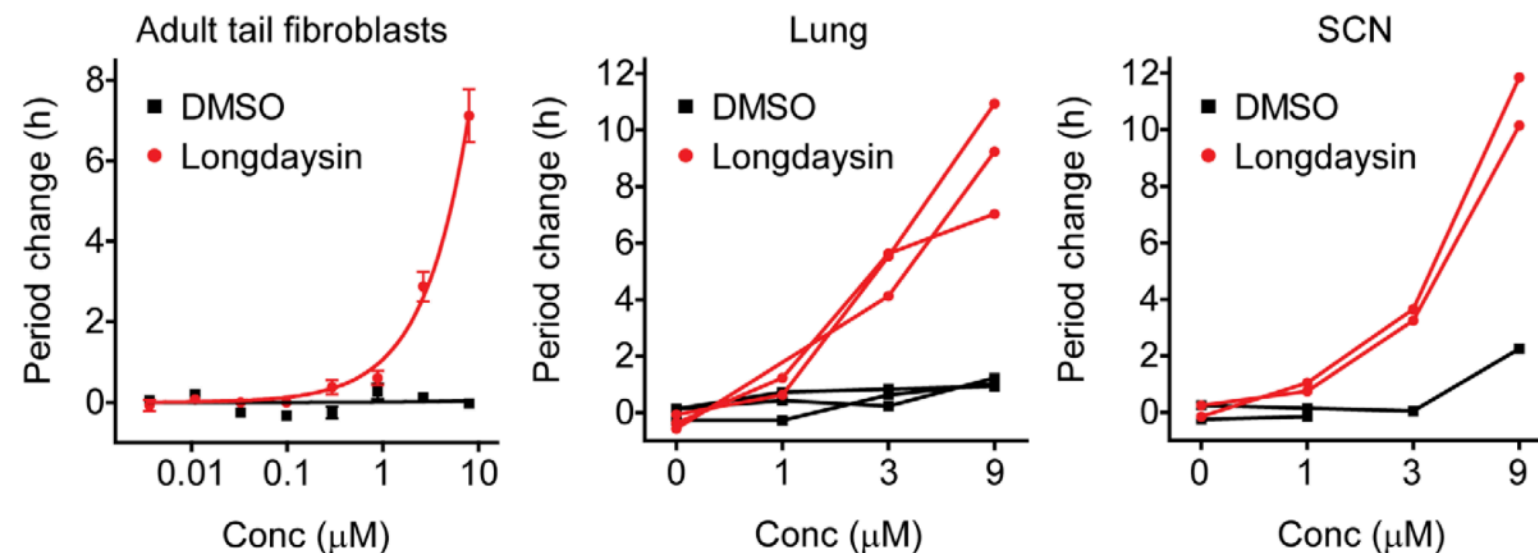
The Ubiquitous, Cell-Autonomous Molecular Oscillator



Phenotypic screening for circadian rhythm perturbation

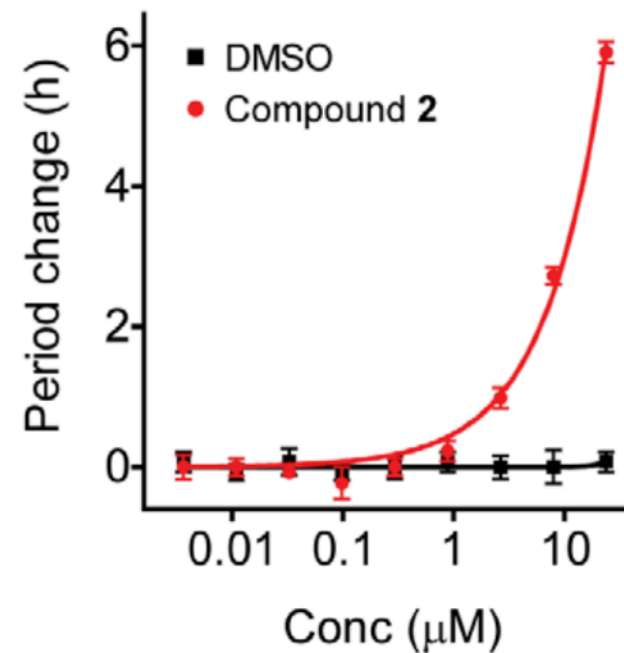
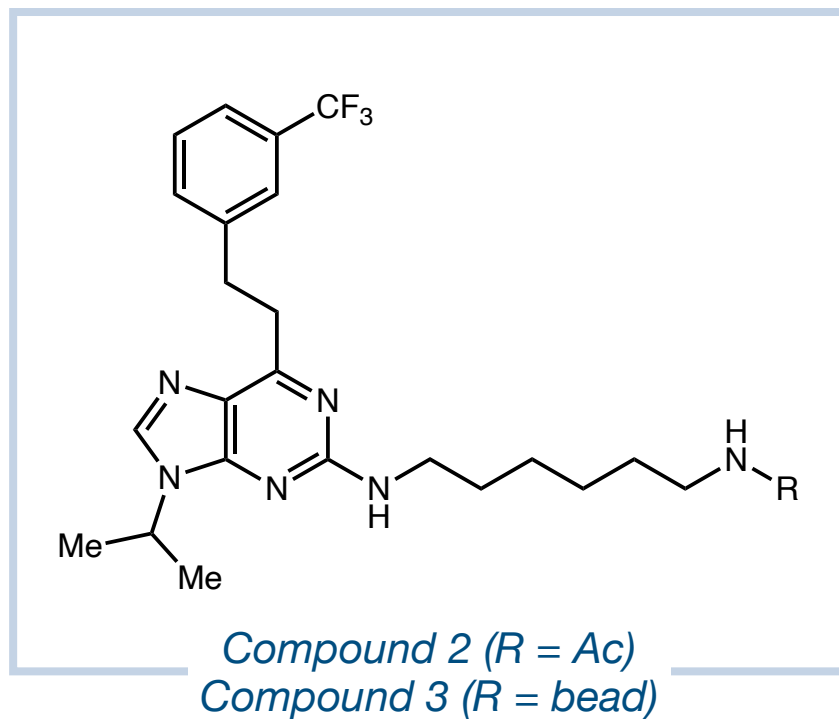


Longdaysin found to shift the period of circadian rhythm gene expression in a dose dependent manner in human U2OS cells



Longdaysin induced period change observed in diverse cell cultures

What proteins does longdaysin target?



U2OS cell lysate
 ↓ competition (–): add DMSO
 (+): add free longdaysin
 ↓ pull-down with compound 3
 ↓ ppt (bound proteins)
 ↓ peptide identification by LC-MS/MS
 Longdaysin-binding proteins

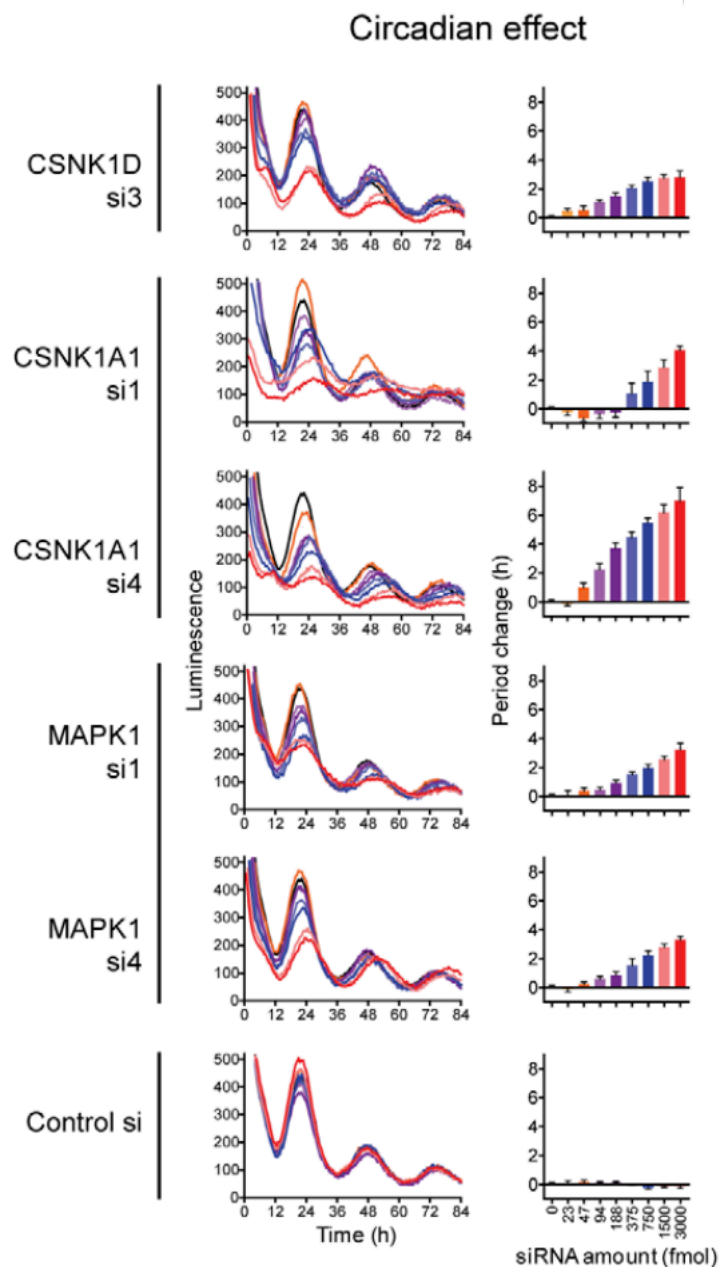
U2OS Cell-Based Circadian Assay
(Concentrations for Period Change, μM)^a

In Vitro Kinase Assay (IC₅₀, μM)^b

Compound	5 h	10 h	15 h	CKIδ	CKIα	ERK2	CDK7
Longdaysin	1.5	5.7	13	8.8	5.6	52	29
Compound 1	4.4	17	38	21	23	160	29

*targets identified to be ~10 kinases with unknown connection
to clock mechanisms*

Which of Longdaysin's targets causes phase delay?



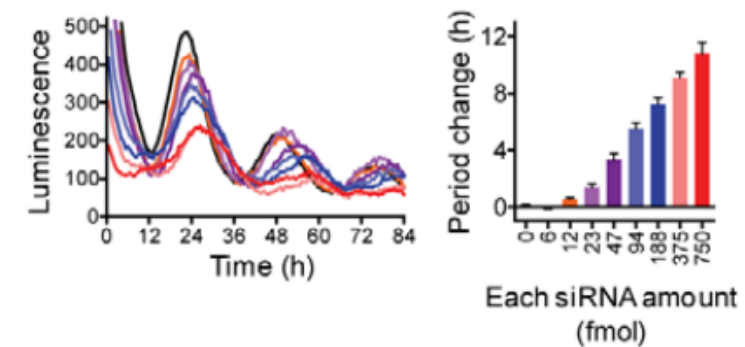
Knockout of individual genes coding for longdaysin

did not induce phase delay



Multiple knockdown effect

CSNK1D si3 +
CSNK1A1 si4 +
MAPK1 si4

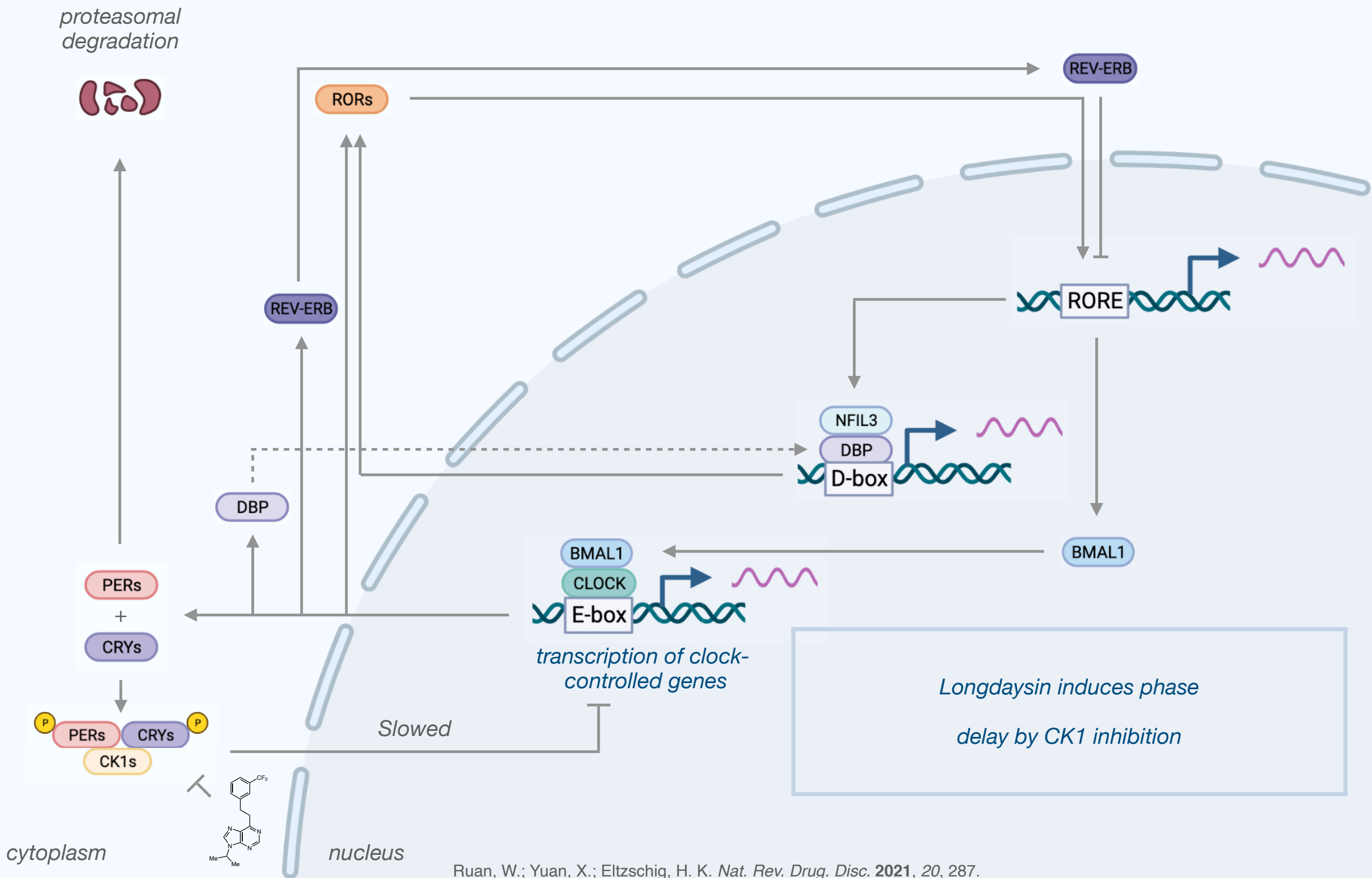


Knocking out CK1 δ , CK1 α , and ERK together recapitulated

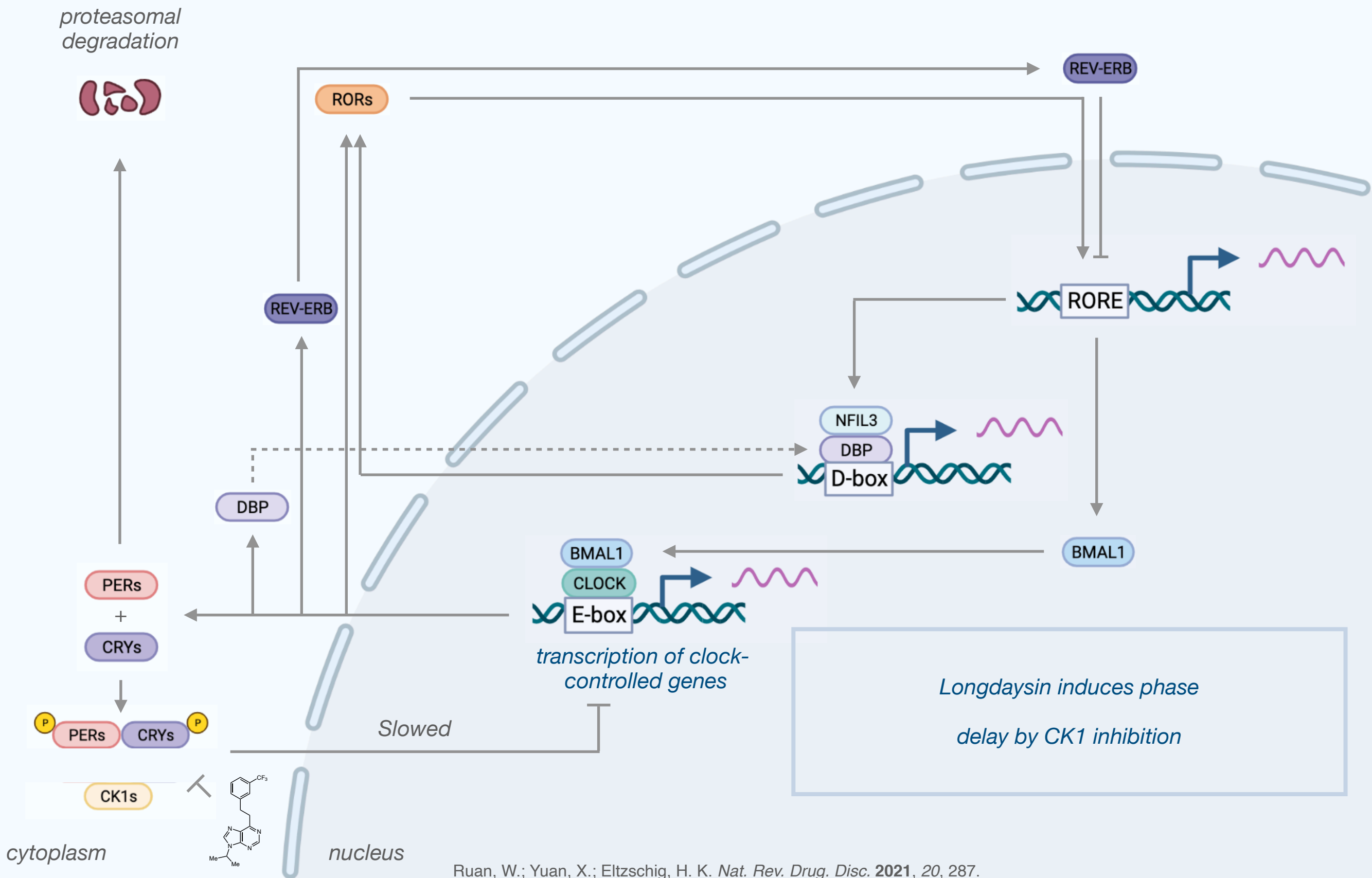
phase delay of Longdaysin

Key point: no one kinase solely responsible for maintaining circadian rhythm

The Ubiquitous, Cell-Autonomous Molecular Oscillator



The Ubiquitous, Cell-Autonomous Molecular Oscillator

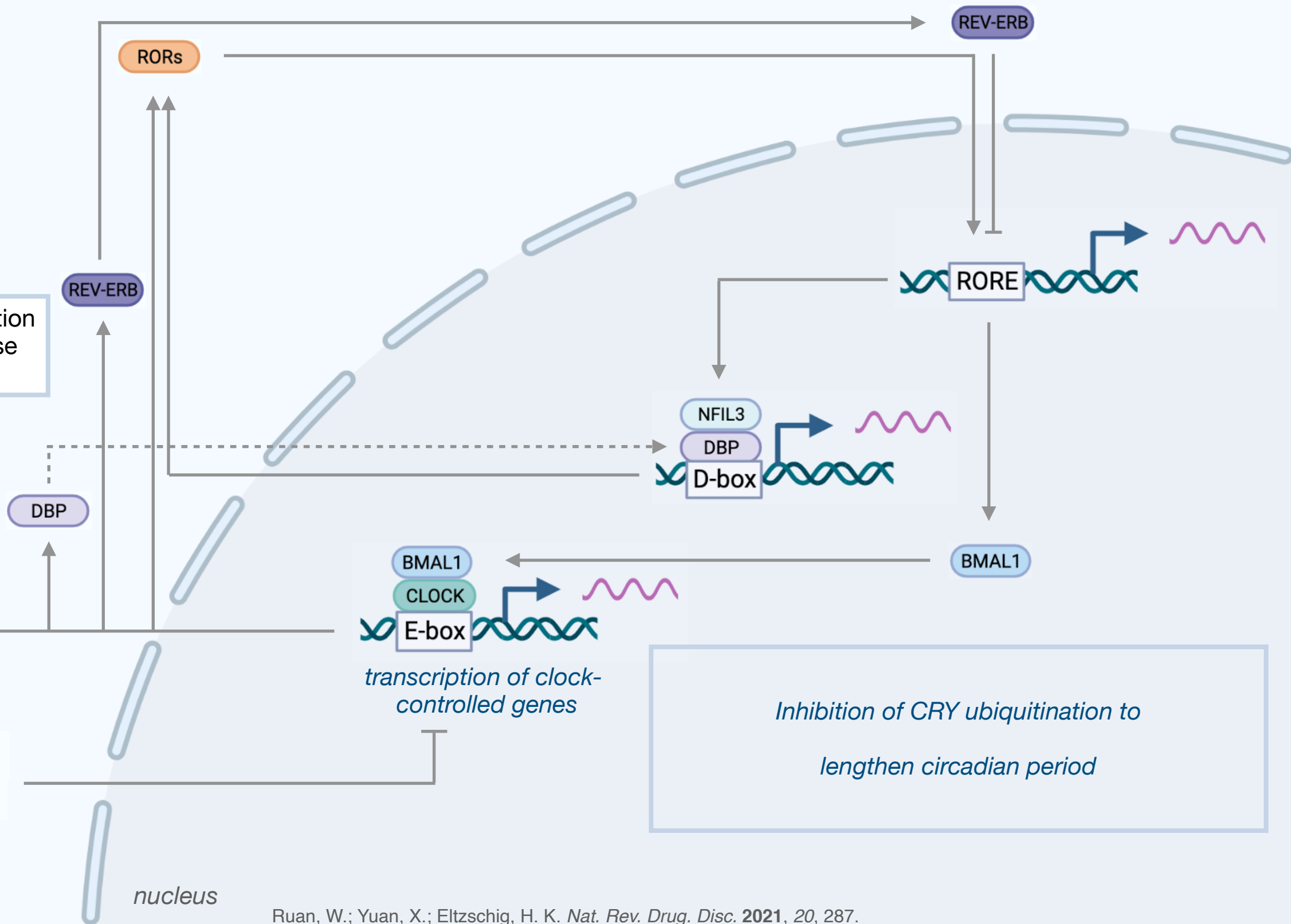
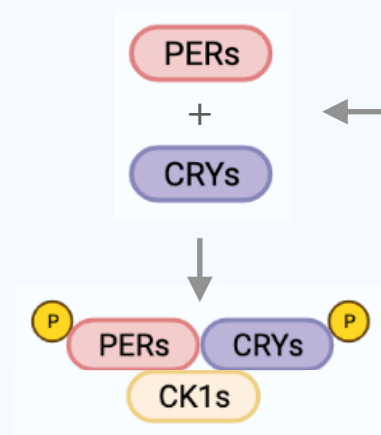


The Ubiquitous, Cell-Autonomous Molecular Oscillator

proteasomal
degradation



Will slowing degradation
of CRY induce phase
delay?

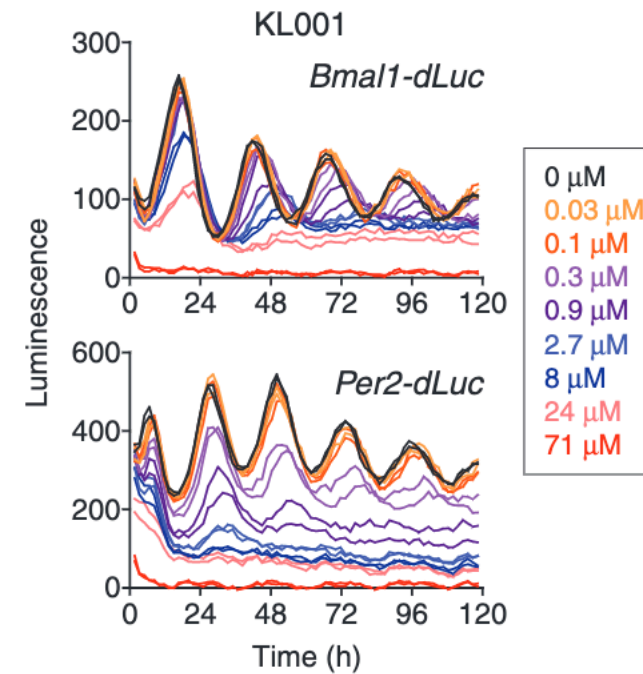
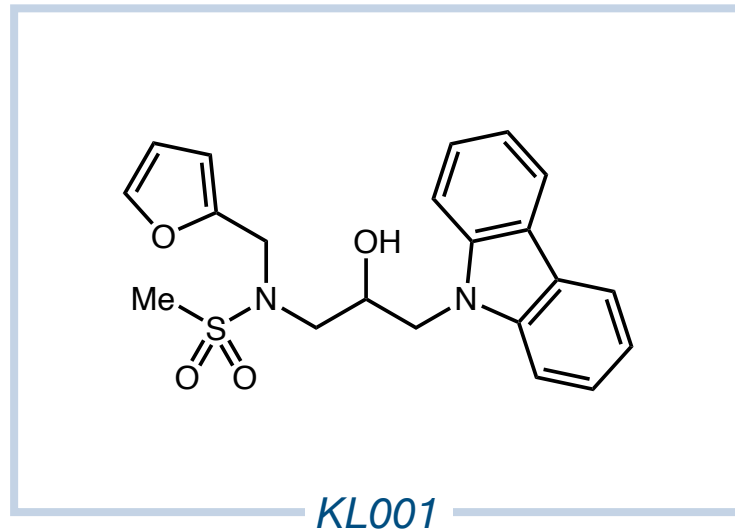


cytoplasm

nucleus

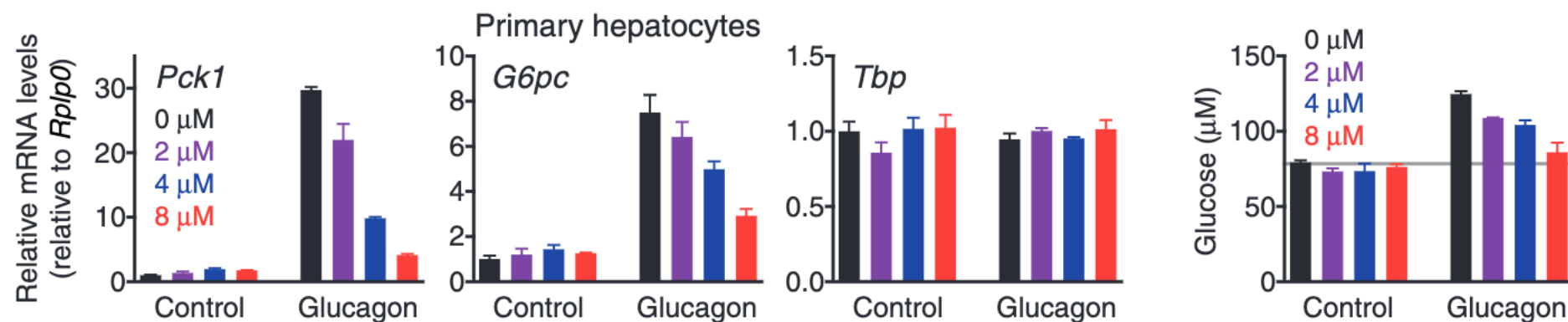
Cryptochrome ubiquitination inhibition leads to period lengthening

KL001 found to induce phase delay by inhibiting CRY ubiquitination

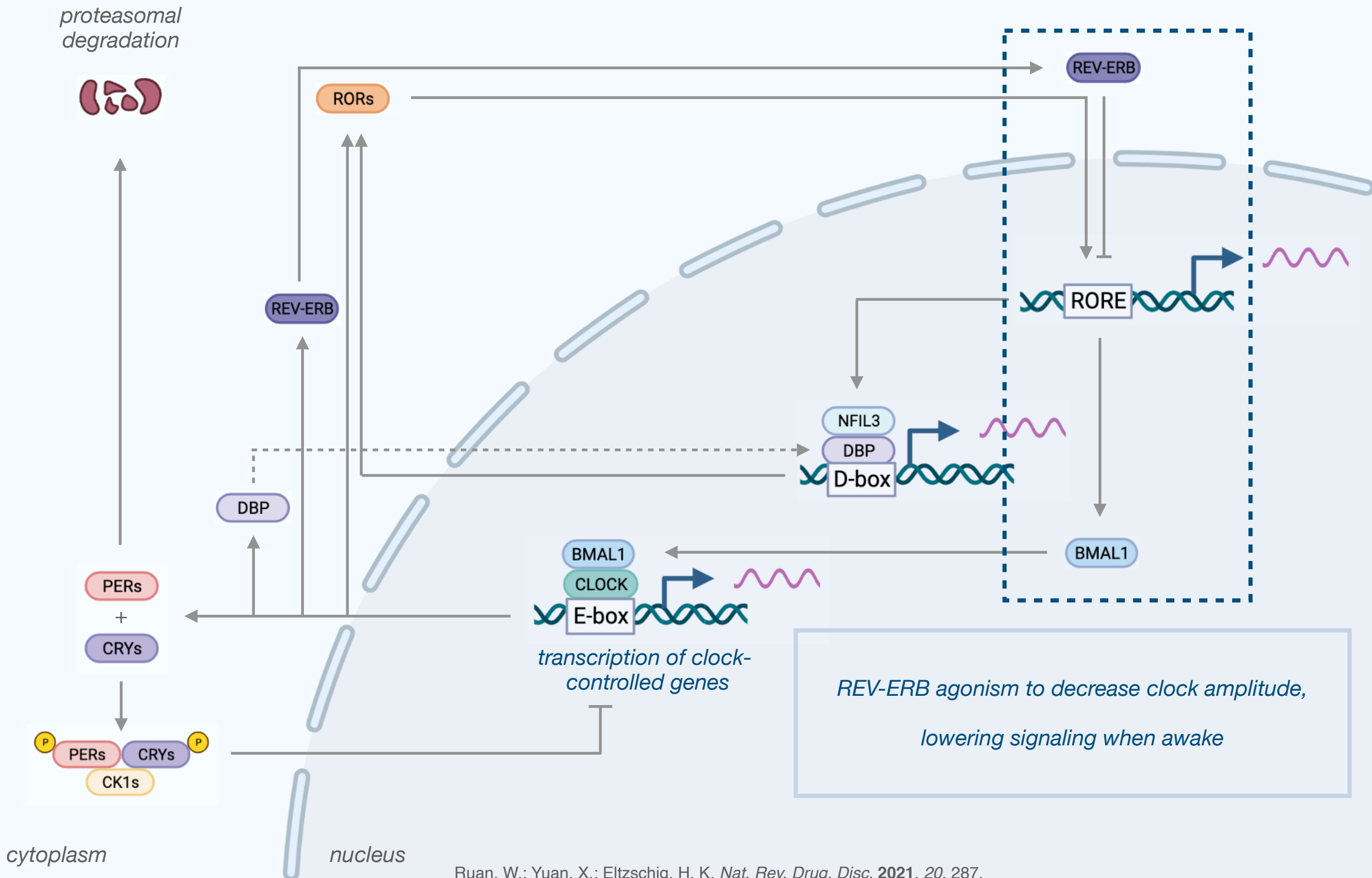


CRY proteins negatively regulate genes encoding rate-limiting enzymes of gluconeogenesis

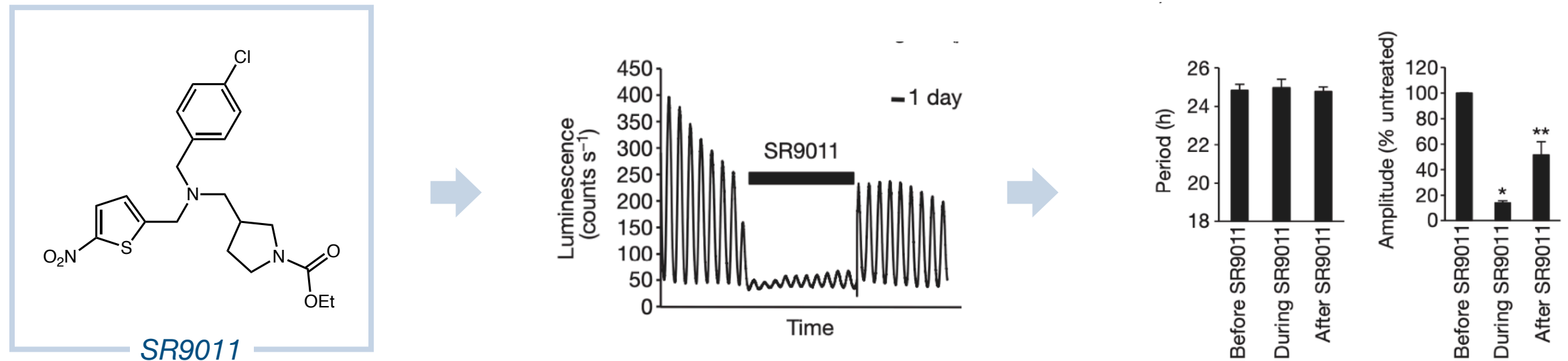
Opportunity for development of therapeutics for diabetes treatment



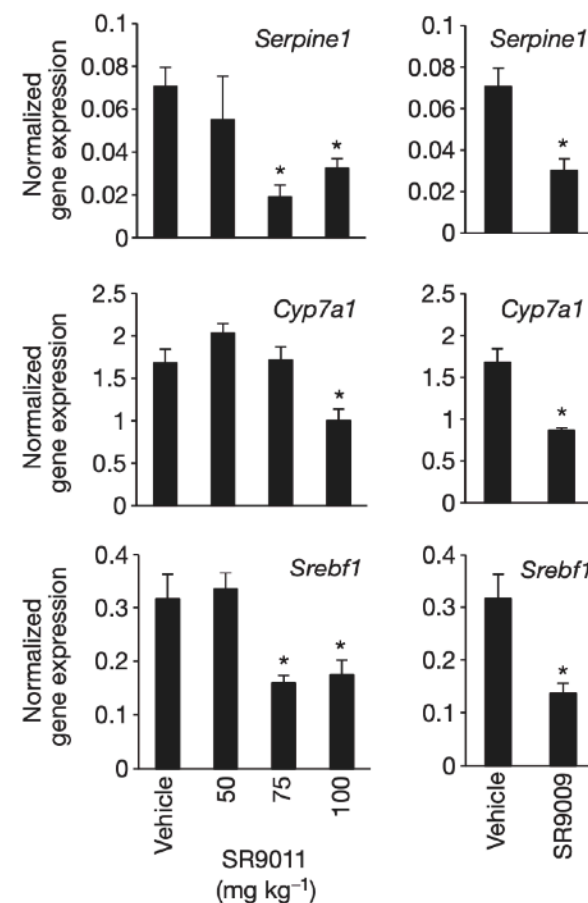
The Ubiquitous, Cell-Autonomous Molecular Oscillator



Can diminished expression of BMAL1 lower clock amplitude?



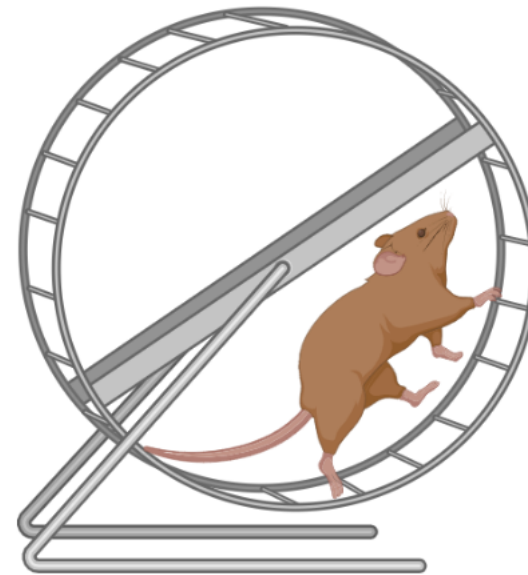
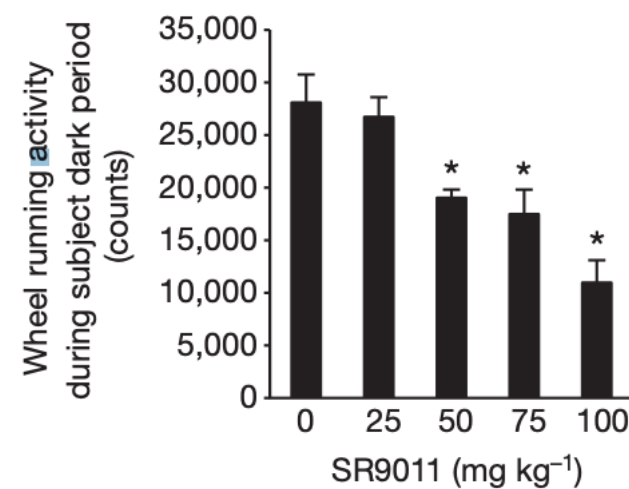
REV-ERB agonism successfully shrinks amplitude of circadian signaling without modifying period



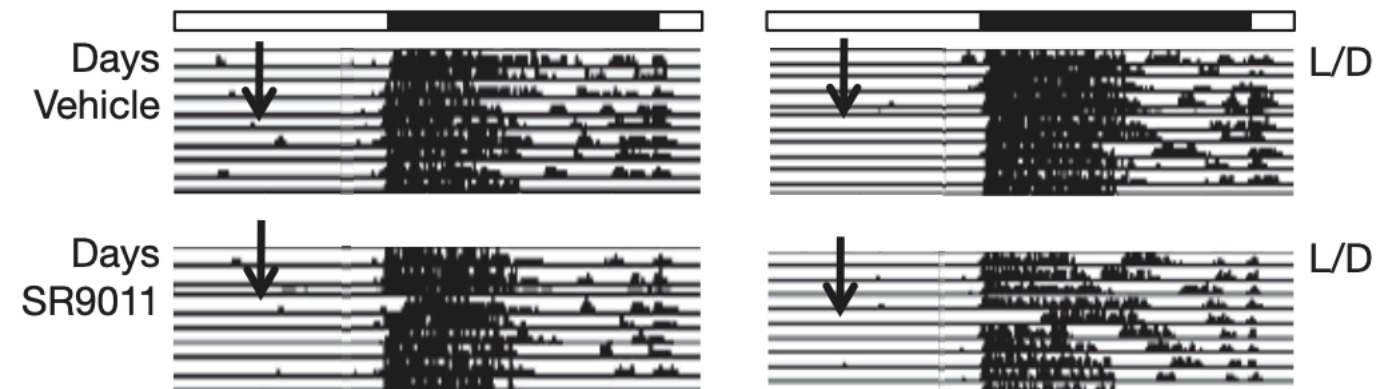
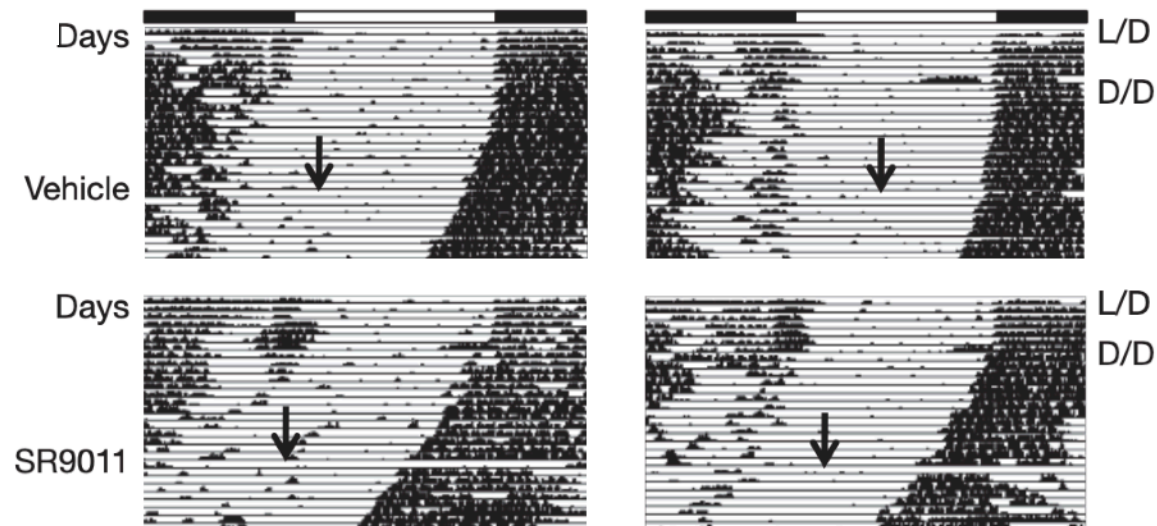
*Expression of clock dependent genes
accordingly down-regulated*

Diminished expression of BMAL1 in mice

How does diminished expression of BMAL1 effect the activity of mice?



Mouse activity levels drop when
BMAL1 is suppressed

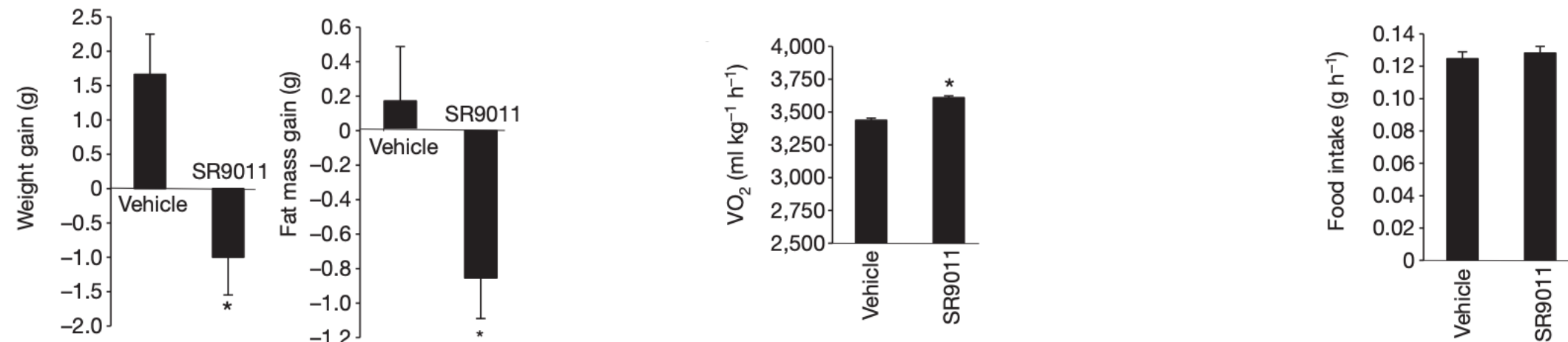


SR9011 lowered activity significantly
in mice kept solely in dark

SR9011 delayed circadian activity by 3 h
in mice kept in 12h light/dark cycles

SR9011 interacts with metabolism

Despite lowered activity, mice were observed to lose weight following dosing with SR9011



Elevated energy expenditure (by VO₂) coupled with conserved food intake led to weight loss

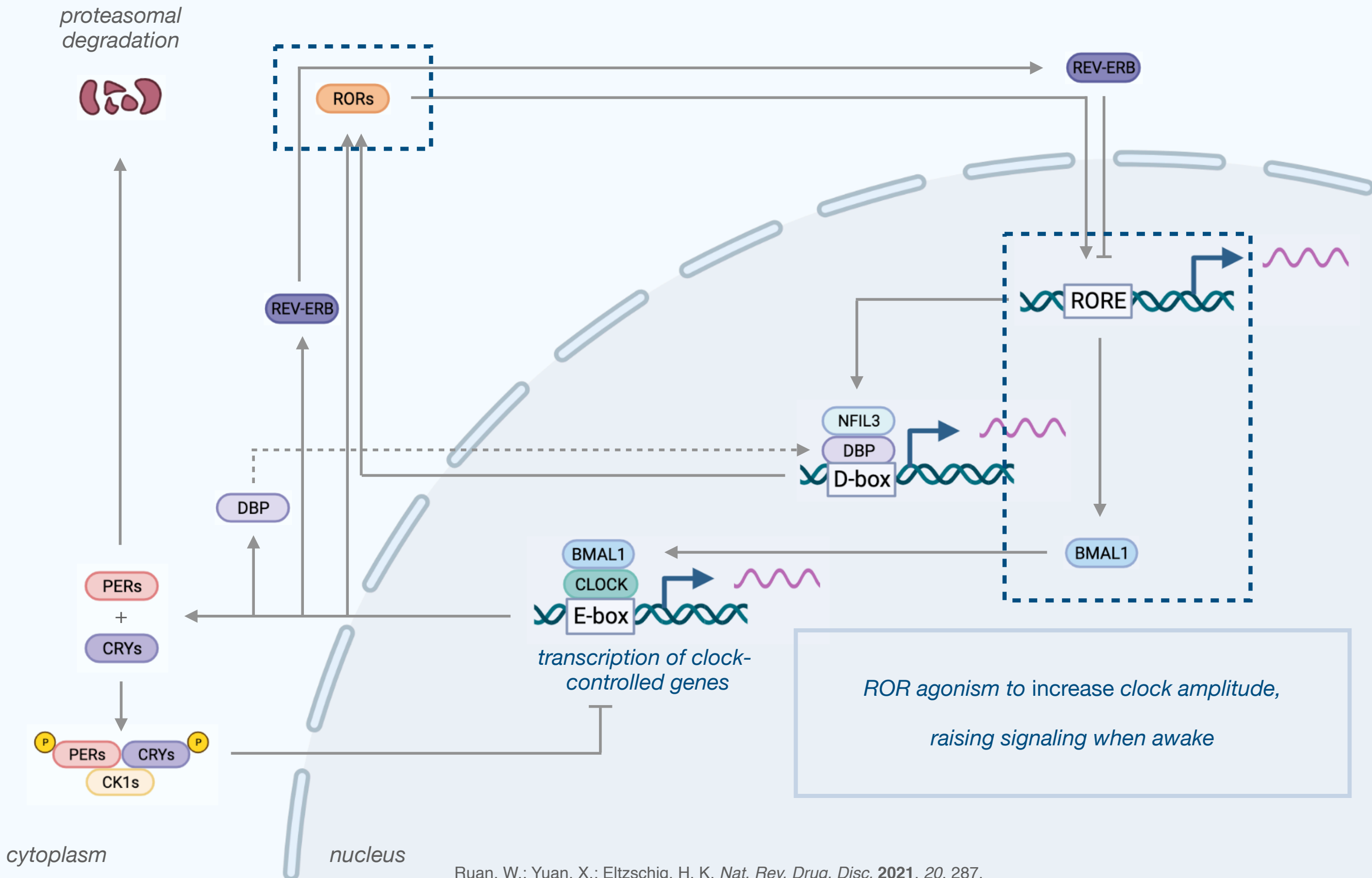


Decreased fat mass, plasma triglycerides, and cholesterol levels

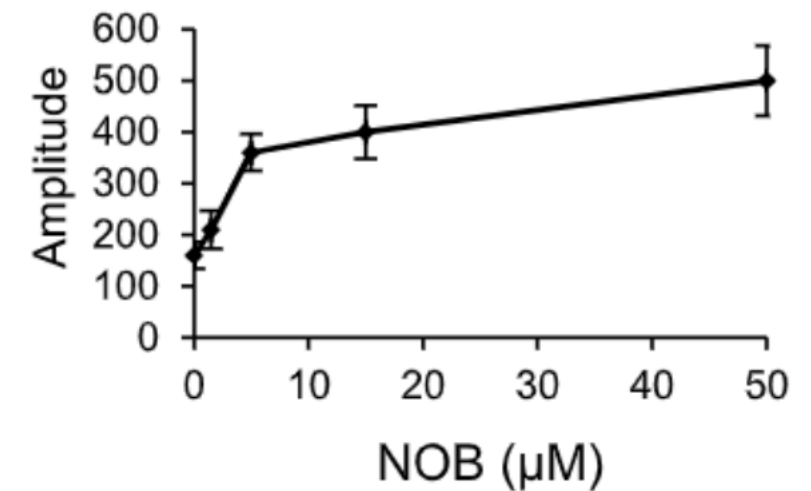
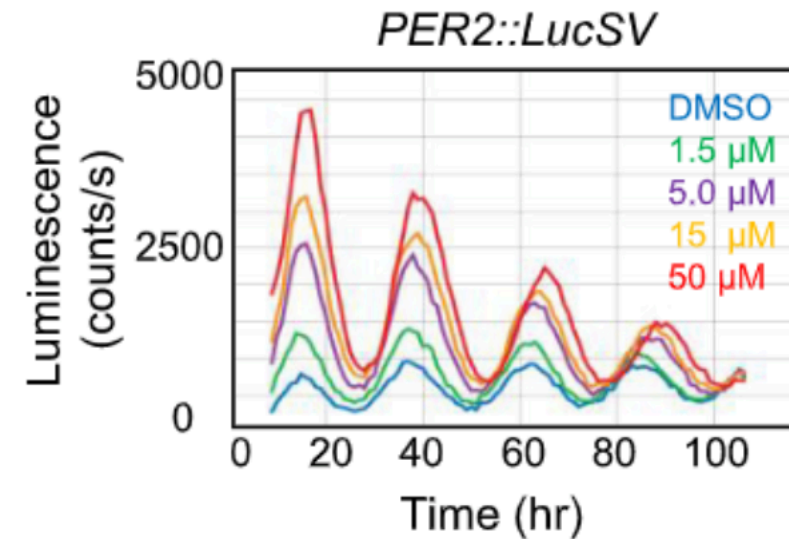
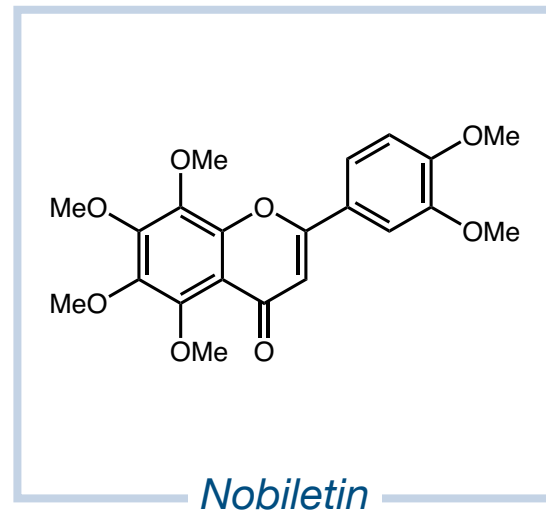


REV-ERB agonists as a treatment for metabolic diseases?

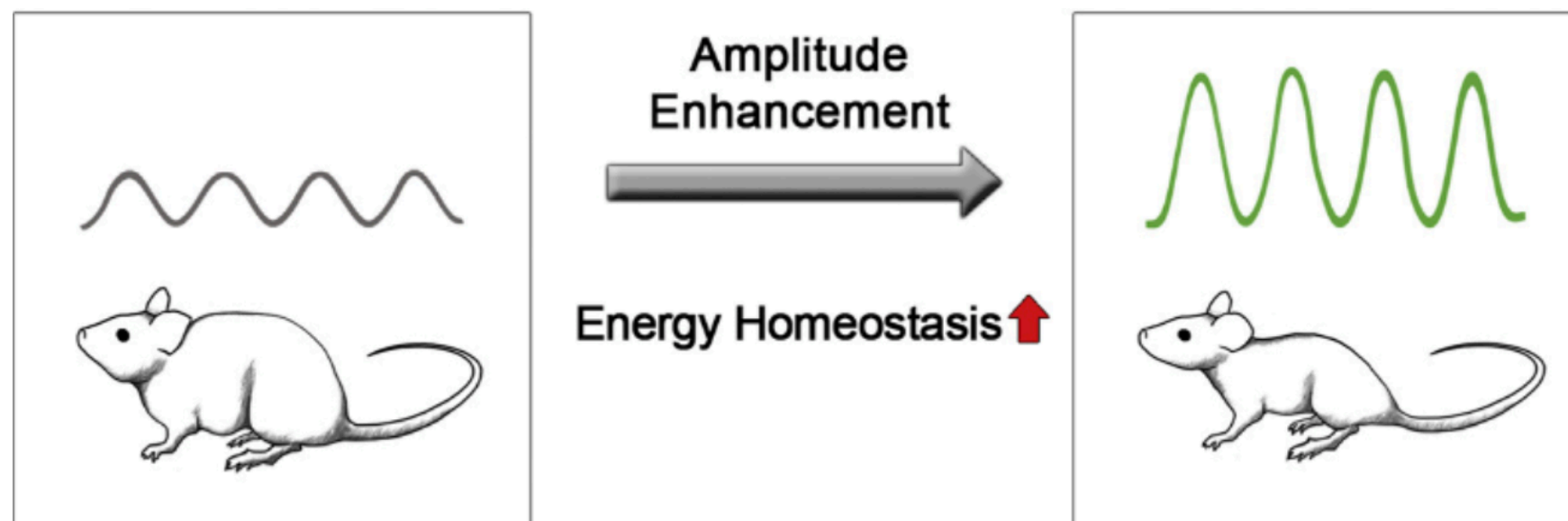
The Ubiquitous, Cell-Autonomous Molecular Oscillator



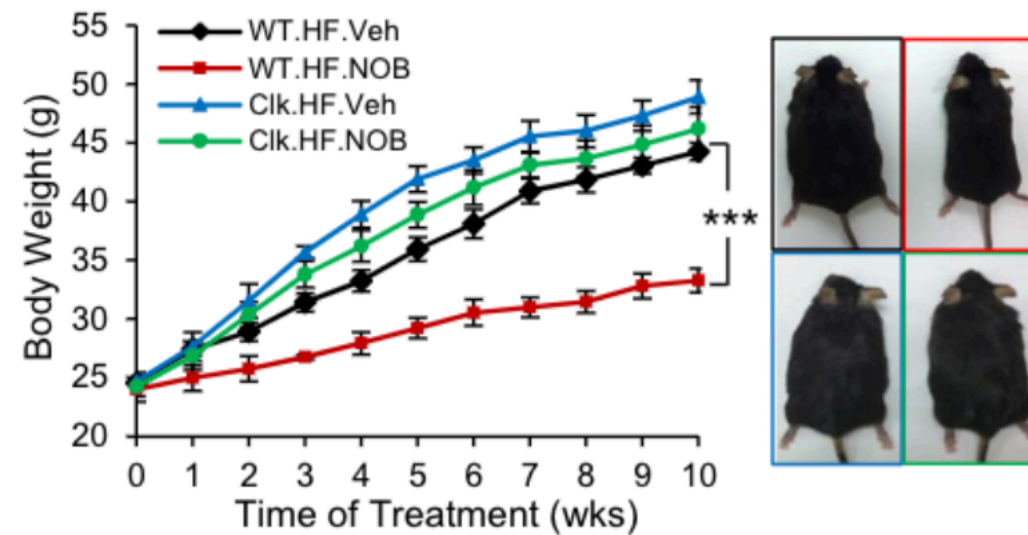
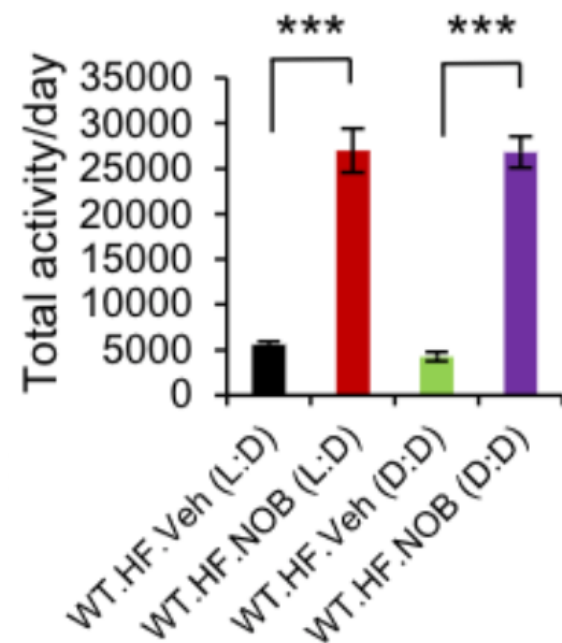
Nobiletin as a circadian amplitude enhancer via ROR agonism



Nobiletin treatment increased the amplitude of circadian rhythm gene expression



Nobiletin treatment led to weight loss in mice via increased activity



Nobiletin treated mice were more active regardless of light schedule

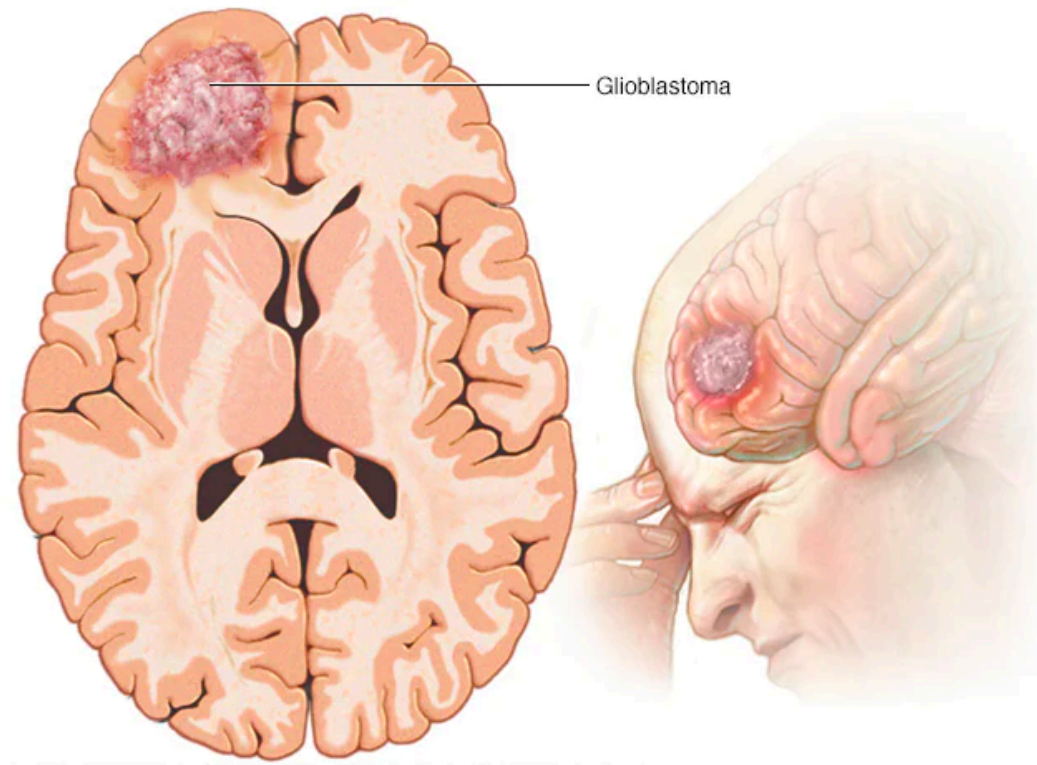


Nobiletin treated mice on a high fat diet gained less weight than controls – in a clock dependent manner



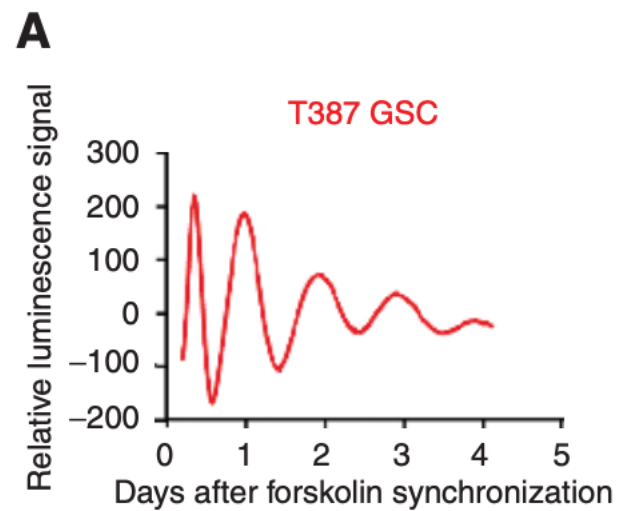
Circadian rhythm amplification as a treatment for metabolic disease and/or age related decline?

Circadian rhythm modulators in the treatment of glioblastoma



5–10% survive >5 years after diagnosis

***Standard of care is maximal surgical resection,
radiation therapy, and chemotherapy***

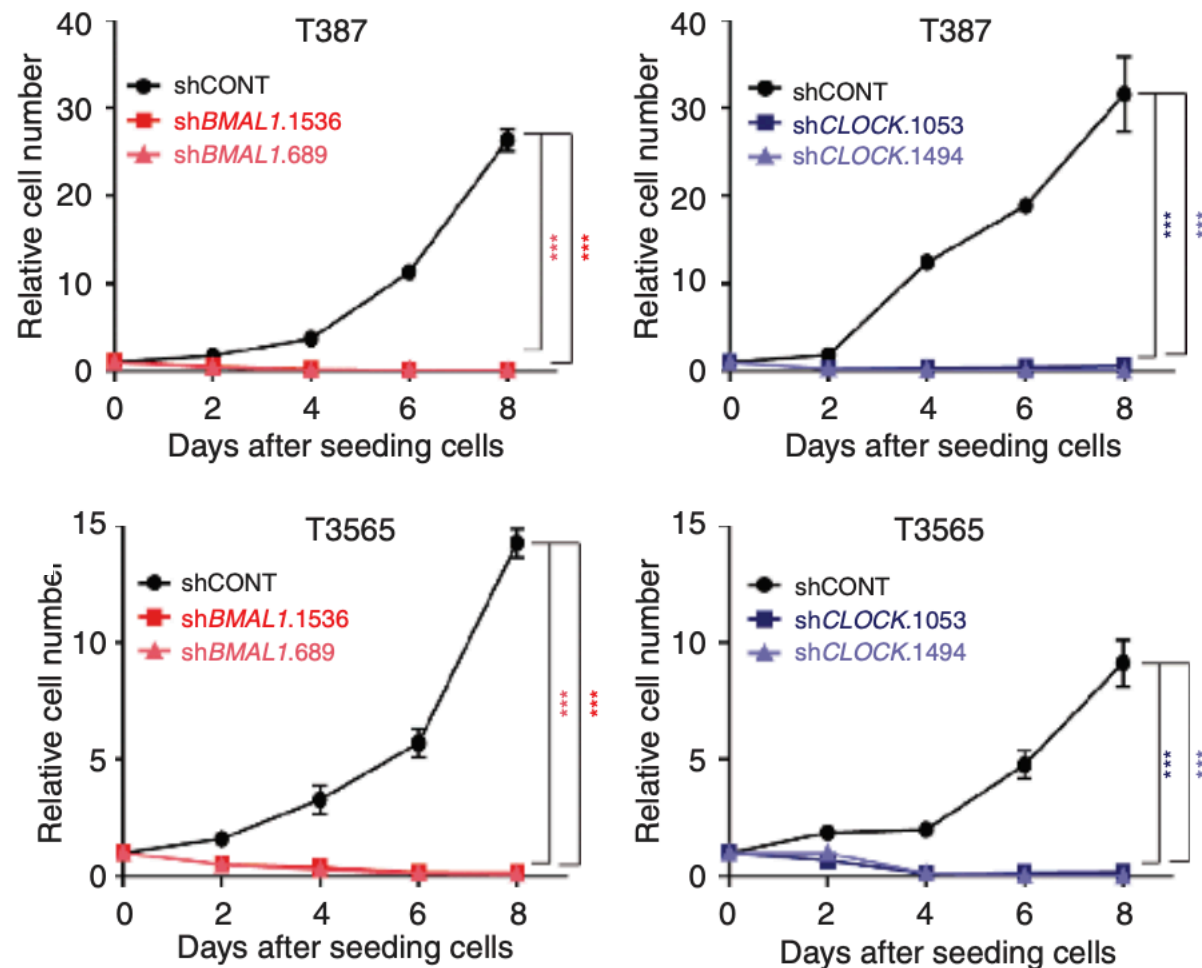


***Glioblastoma stem cells found to exhibit
Strong circadian signaling–***

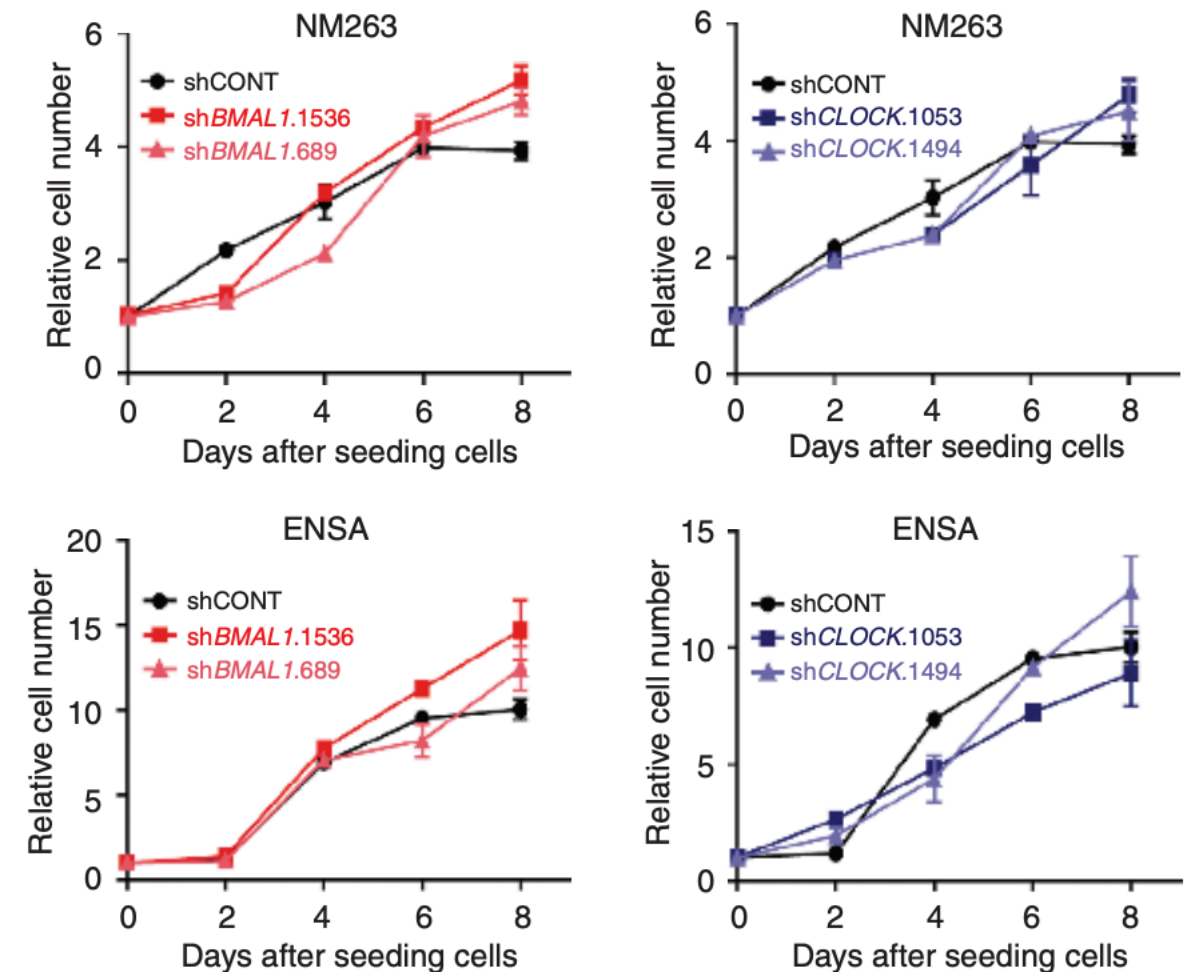
A therapeutic opportunity?

Will knocking out key clock transcription factors impact cell growth?

Proof of concept: knockout core clock transcription factors to inhibit glioblastoma growth



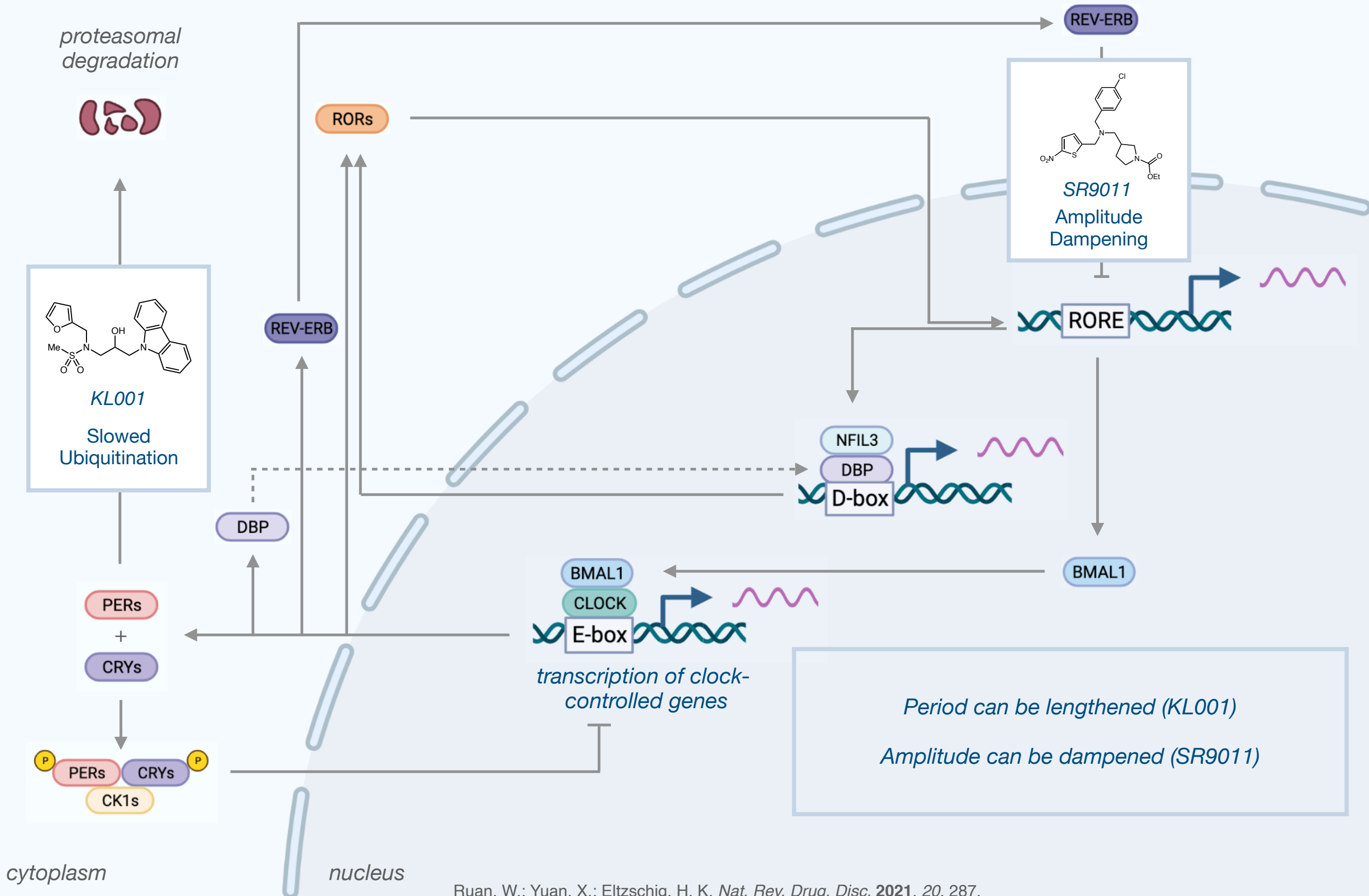
Growth in glioblastoma stem cells mitigated when BMAL1 and CLOCK genes were knocked out



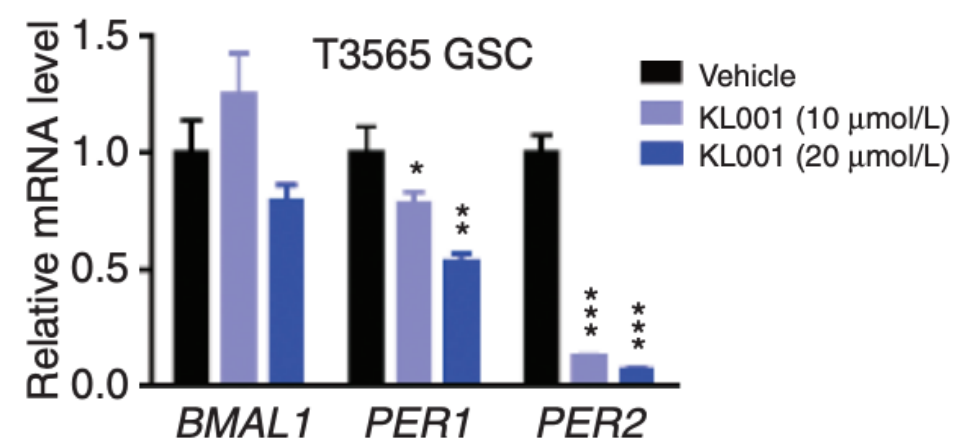
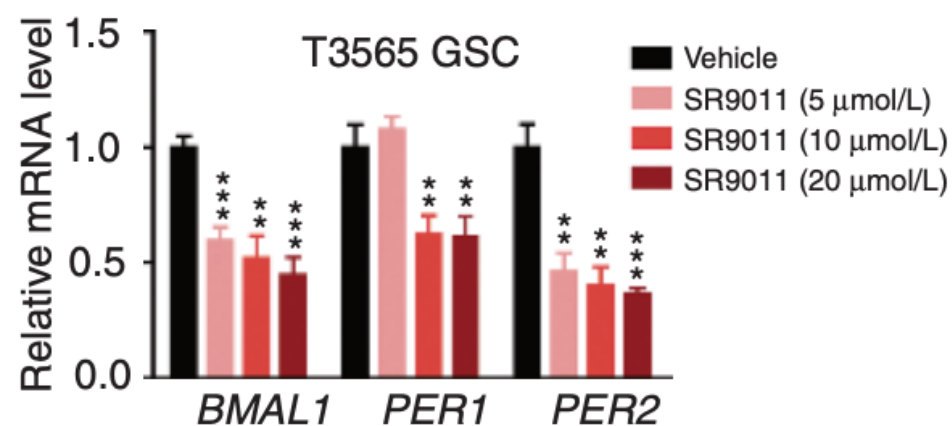
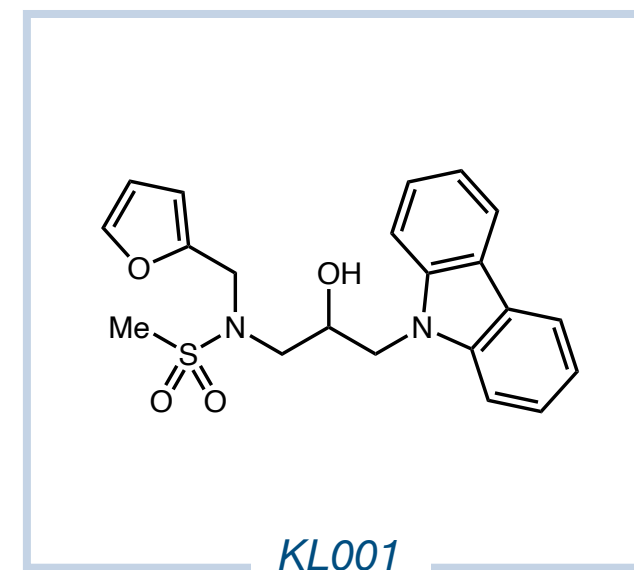
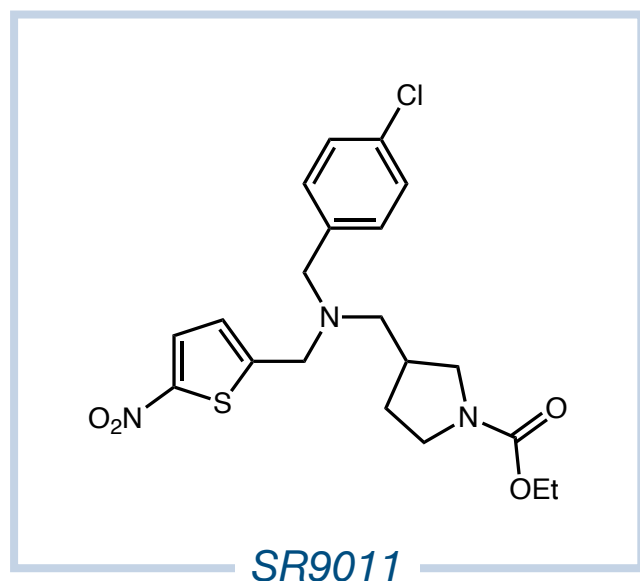
Growth in other brain cell cultures maintained upon BMAL1 and CLOCK knockout

Glioblastoma growth uniquely sensitive to clock activity

The Ubiquitous, Cell-Autonomous Molecular Oscillator

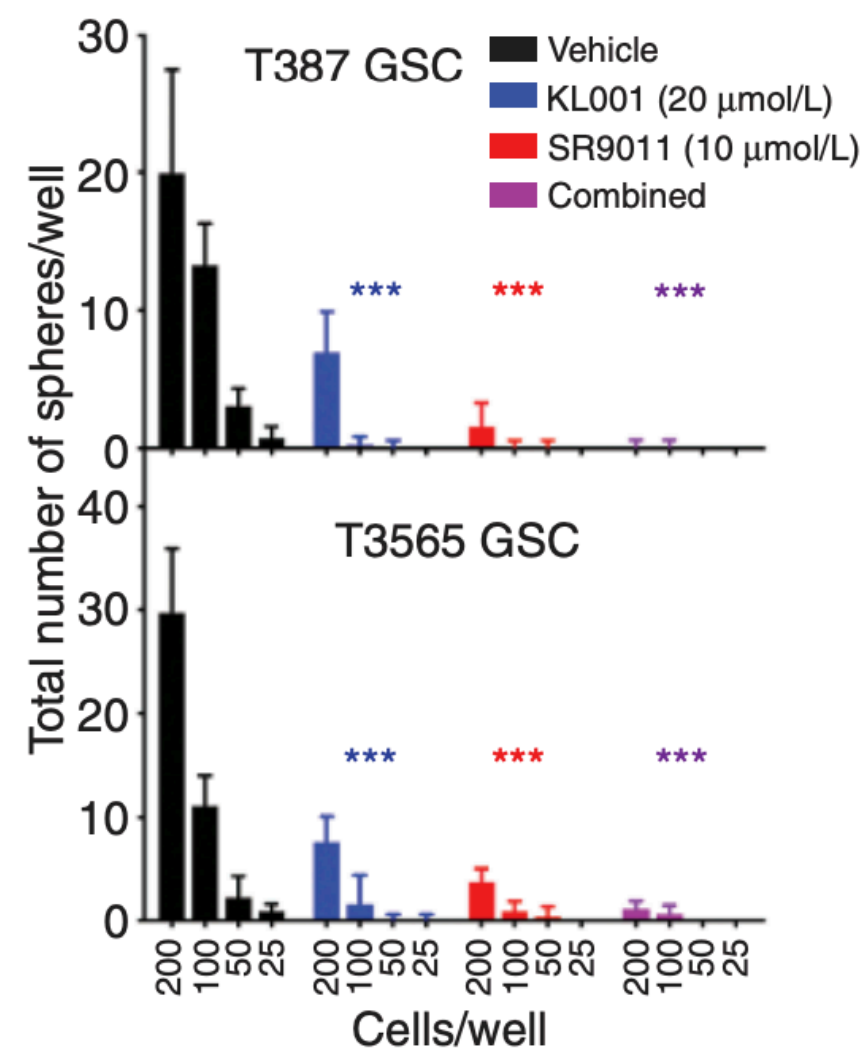
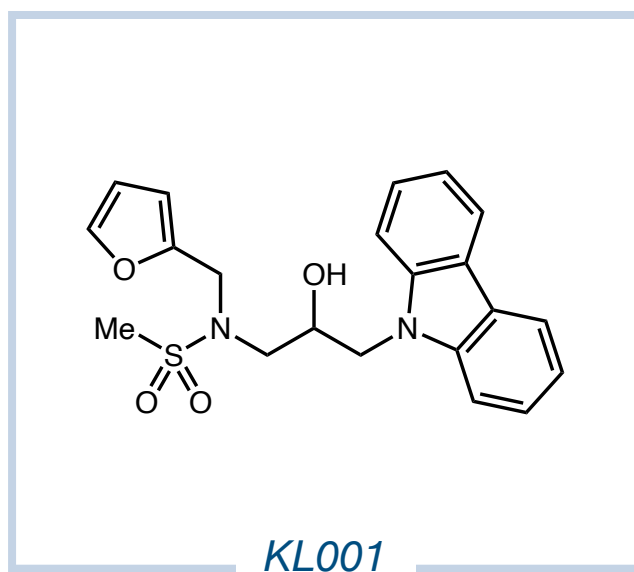
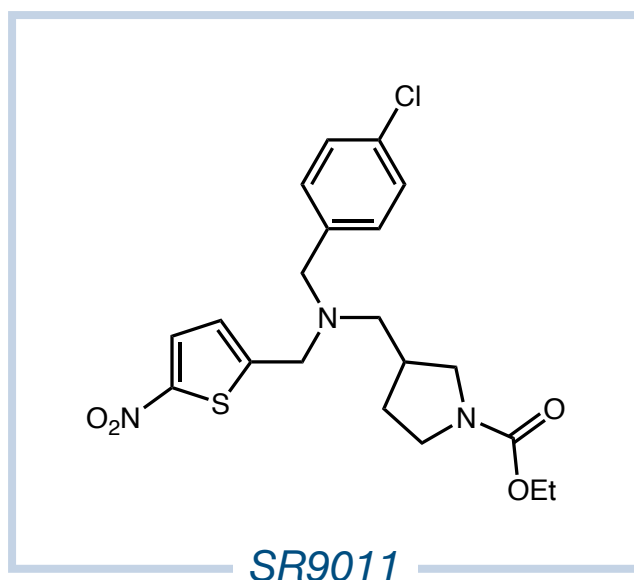


Pharmacological intervention in glioblastoma stem cell antagonism



Clock interactions are maintained in glioblastoma cells through dose dependent gene suppression

Pharmacological intervention in glioblastoma stem cell antagonism

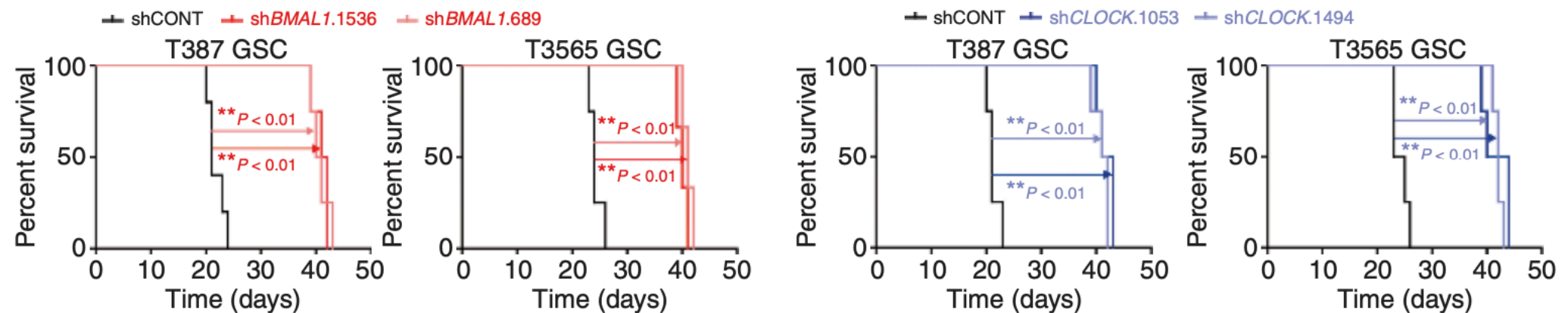


Both compounds inhibited GSC growth

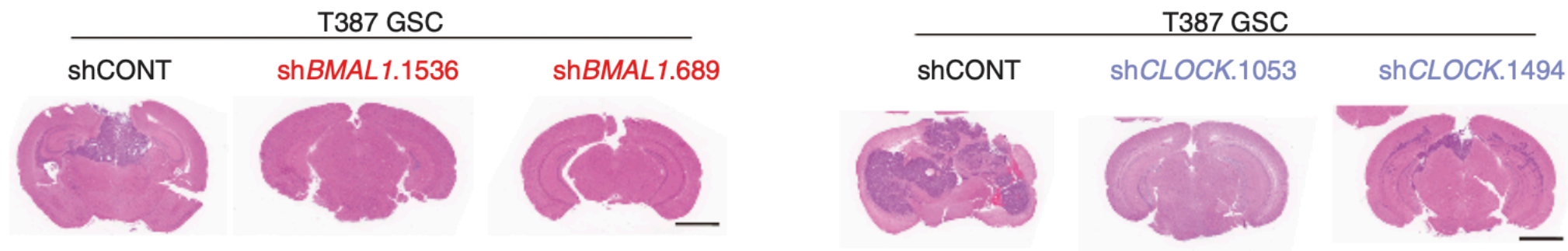
Combination approach proved more effective

Clock transcription factor knockout in glioblastoma bearing mice

Core clock transcription factor knockout experiments performed in mice bearing glioblastoma stem cells



Survival of mice with core clock transcription factors BMAL1 and CLOCK knocked out exhibited greatly improved lifespan



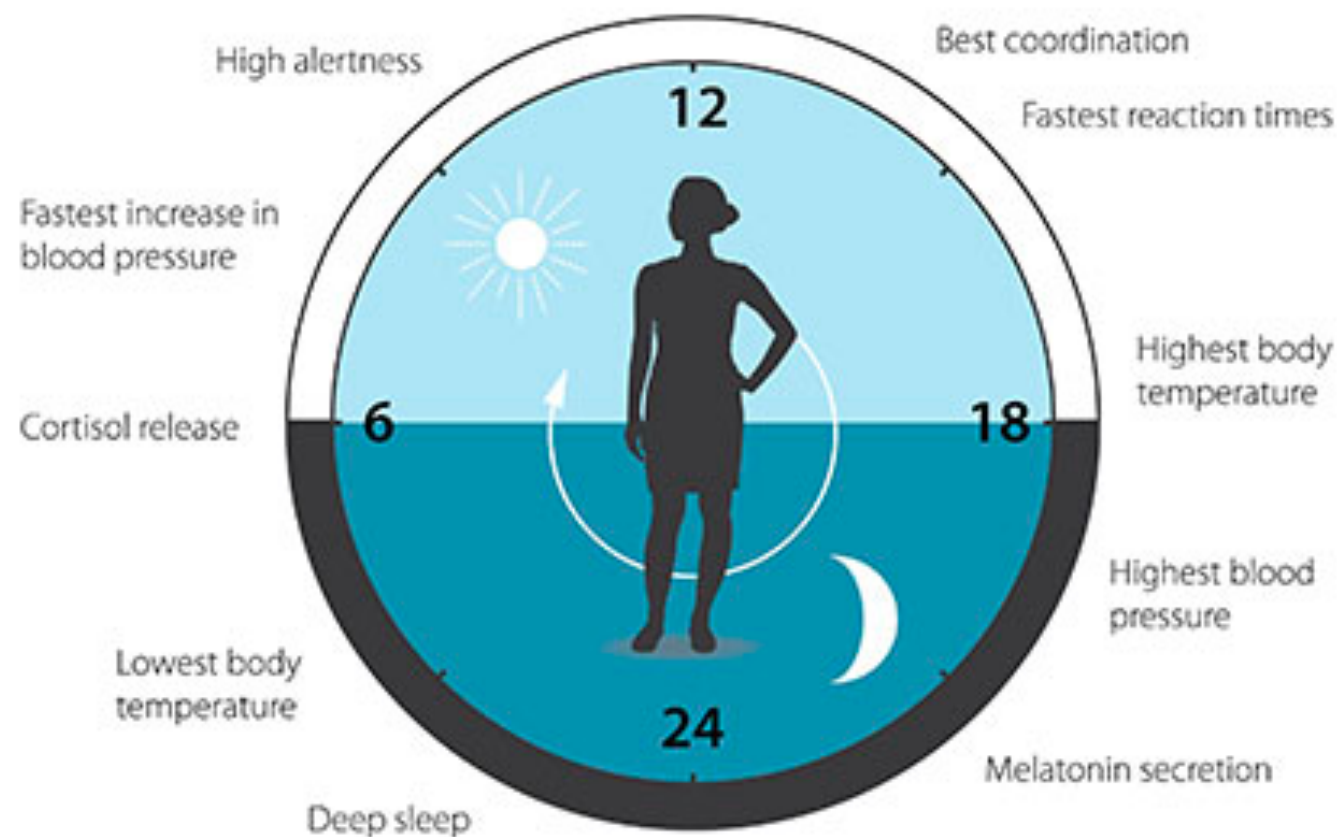
Visual examination of mouse brain slices reveals minimal glioblastoma signs in knockout mice compared to control

Perspective and Outlook

Circadian rhythm modulation offers an opportunity for treatment that is mechanistically distinct from classic approaches

Regulating the circadian machinery is a noteworthy approach for the treatment of a broad range of non-sleep related disorders

No period-shortening interventions have been published to date



Questions?