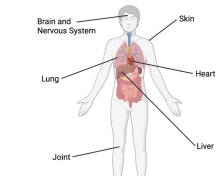
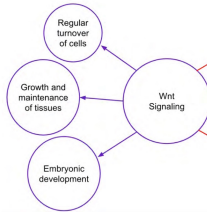


Fibrosis can occur in all soft tissues of the body



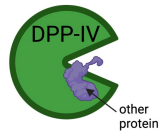
- Fibrosis can be thought of as uncontrolled scarring
- When you get a wound, your body heals itself by depositing large amounts of extracellular matrix (ECM)
- Fibrosis involves the deposition of extracellular matrix in all tissues as well as the loss of fat cells or adipocytes in some tissues.
- Fibrosis can affect all soft tissues, impair organ function, and contributes to approximately 45% of all deaths in Europe and North America¹.
- In the Alt Lab, we study skin fibrosis because of the distinct fibroblast and adipocyte layers which allow us to make connections to other types of fibrosis

Mediators of fibrosis need investigation to find therapies for fibrosis



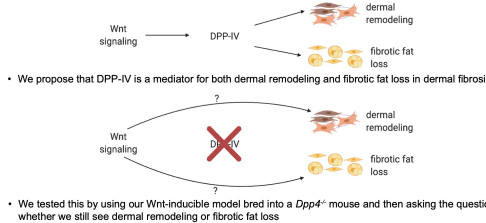
- Wnt signaling cannot be inhibited because of its roles in normal tissue function
- No therapies can effectively reverse both the ECM and fat loss aspects of fibrosis
- As such, downstream mediators of fibrosis need investigation to find therapies for fibrosis

Dpp4 is a likely target downstream of Wnt activation

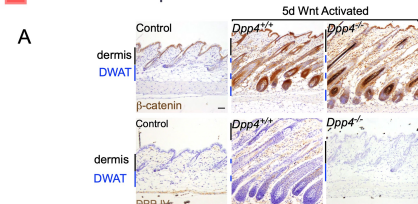


- In a screen of fibrotic proteins, the Alt Lab identified dipeptidyl peptidase 4 (DPP-IV) as a possible mediator of both fibrotic fat loss and dermal expansion
- DPP-IV is transcriptionally regulated
- DPP-IV has been implicated in fibroblast activation and metabolic fat loss before
- DPP-IV already has FDA-approved inhibitors for its role in diabetes, suggesting therapies for fibrosis may be within reach

Hypothesis: I hypothesize that DPP-IV promotes Wnt-stimulated dermal remodeling and fibrotic fat loss in skin fibrosis.

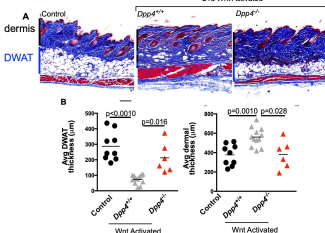


Validation of β -catenin and DPP-IV

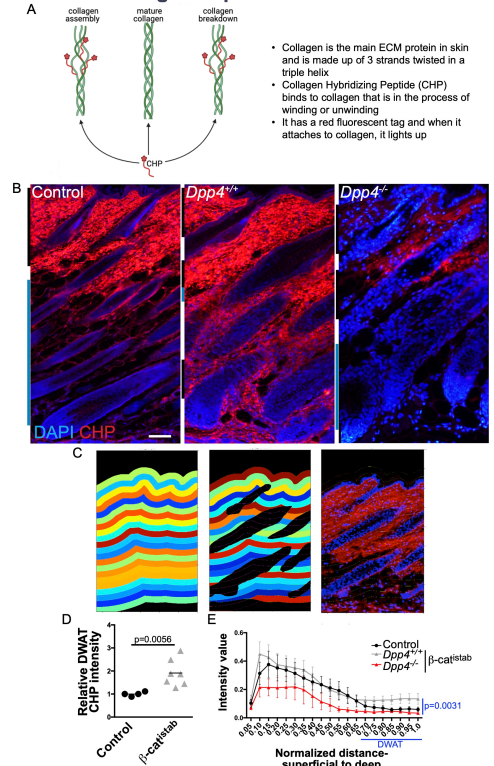


Dpp4^{-/-} mice are protected against Wnt-induced skin fibrosis

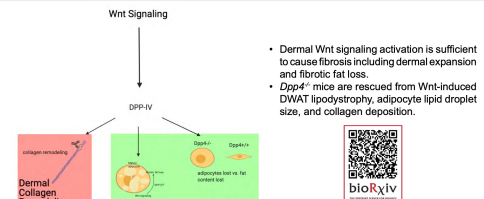
Dpp4^{-/-} mice retain dermal and DWAT thickness similar to control mice



Dpp4^{-/-} mice are protected from Wnt-induced fibrotic collagen deposition

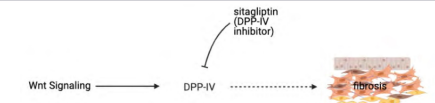


Summary



- Dermal Wnt signaling activation is sufficient to cause fibrosis including dermal expansion and fibrotic fat loss.
- Dpp4*^{-/-} mice are rescued from Wnt-induced DWAT lipodystrophy, adipocyte lipid droplet size, and collagen deposition.

Future Directions



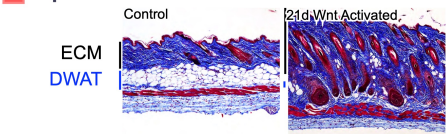
- Since genetic deletion is not an effective therapy for fibrotic disease, investigation of the effects of FDA approved DPP-IV inhibitors, like ataglipitin, is being done.

Acknowledgements:

Thank you to: Anna Jussila for her mentorship; Dr. Radhika Atit for her guidance; Brian Zhang for his support; Emily Hamburg-Shields and Marissa Steele for initiating this study, and other members of the Alt Lab for their help and guidance; Funding provided by the NIH-NIAMS T32 Musculoskeletal Predoctoral Training Grant (T32 AR 7505-31) (AJ); NIH-NIAMS T32 Dermatology Predoctoral Training Grant (T32 AR 7569-25) (AJ); NIH-NIAMS R01 AR076938 (RA & VH); NIH R01 DE01870 (RA); Scleroderma Research Foundation (RA); Global Fibrosis Foundation (RA); the Beckman Foundation (SK). Additionally, this work was supported by a summer research scholarship provided by CWRU SOURCE (BZ). Schematics made in BioRender.

- In order to induce fibrosis through Wnt, we use an inducible, reversible genetic model consisting of three transgenes. A) Cre recombinase is produced, which promotes production of reverse tetracycline transactivator (rtTA). Upon feeding our mice with doxycycline, the rtTA forms a complex with doxycycline resulting in the transcription of stabilized β -catenin
- B) β -catenin immunohistochemical (IHC) staining reveals that nuclear β -catenin is expressed in a greater proportion of dermal cells following Wnt activation relative to control skin. Scale bar=100 μ m.

Activation of Wnt signaling results in ECM deposition and loss of fat cells



- Over-expression of the Wnt pathway in skin results in dermal fibrosis, resulting in the loss of the DWAT and thickening of the dermis.
- These changes result in loss of mechanical function of the skin, loss of the skin's thermoregulating properties, and reduced immune functionality of the skin. Scale bar=100 μ m

References:

- Bergmann, C. & Dörken, B. (2018). Canonical Wnt signaling in systemic sclerosis. *Laboratory Investigation*, 98(2), 153-155. doi:10.1093/labinvest/abx154.
- Ortiz, J., Jussila, A., & Chong, C. M. (2018). Defining dermal adipose tissue. *Dev. Dermatol.*, 23(1), 101-113. doi:10.1111/ddev.12305.
- Evans, T. & Anand, S. (2015). Negative Regulation of Dermal Fibroblasts by Enlarged Adipocytes through Release of Free Fatty Acids. *J. Invest. Dermatol.*, 131(10), 2054-2058. doi:10.1016/j.jid.2015.04.001.
- Hamburg, E. J. & Alt, R. P. (2012). Sustained β -Catenin Activity in Dermal Fibroblasts is Sufficient for Skin Fibrosis. *J. Invest. Dermatol.*, 132(10), 2469-2472. doi:10.1038/jid.2012.151.
- Margaret, R. G., Korman, E. B., D. Wei, J., Wood, T. A., Graham, L. V., Whitfield, M. L., Scherer, P. E., Tsunashima, M. G. & Varga, J. (2015). Myofibroblasts in Murine Cutaneous Fibrosis Originate from Adipocytes Through Transcriptional Repression. *Arthritis & Rheumatism*, 67(2), 2072-2079. doi:10.1002/art.38095.
- Wei, J., Melchior, D., Korman, E., Hirschfeld, M., Lam, A. P., LaFuria, R., & Varga, J. (2015). Canonical Wnt signaling induces skin fibrosis and subcutaneous lipodystrophy: A novel mouse model for scleroderma? *Arthritis & Rheumatism*, 63(6), 1267-1277. doi:10.1002/art.38092.