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BETATROPHIN: A NOVEL MEDICAL ADVANCE

***Dr. Moumita Hazra**



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**BETATROPHIN: A NOVEL
MEDICAL ADVANCE**

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PREFACE

The present edition is the first edition of this academic medical book on “Betatrophin: A Novel Medical Advance”. This book is being published with an immense delight, addressing the latest advances in anti-diabetic pharmacotherapeutics, and the medical developments involving betatrophin. The chapters have been meticulously scripted, with an arduous effort to brighten up the infinite horizons of these interesting novel advance in Medical Pharmacotherapeutics, termed, Betatrophin.

Dr. Moumita Hazra
Author and Editor

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CHAPTER 1: BETATROPHIN: A NOVEL MEDICAL ADVANCE

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Betatrophin: Betatrophin is a protein of 198 amino acids. In humans, it is encoded by C19orf80 gene.

Angiopoietin-like protein (ANGPTL)8(TD26, RIFL, Lipasin, Betatrophin), located in the corresponding intron of *DOCK 6*, is a newly recognised ANGPTL family member that is expressed mostly in liver and adipose tissue, and is markedly upregulated by feeding and suppressed by fasting. It has been implicated in both triglyceride and glucose metabolism. Hepatic overexpression of ANGPTL8 promotes proliferation of pancreatic β cells, causes hypertriglyceridemia, increased insulin secretion and contributes to glucose homeostasis. Co- expression of ANGPTL8 and ANGPTL3 increased plasma triglyceride level more than 10-fold, suggesting that the two proteins act together, and co-ordinate the transport of triglycerides to tissues in response to food intake. ANGPTL8, a paralog of ANGPTL3 that arose through duplication of ancestral *DOCK* gene, regulates post-prandial TAG and fatty acid metabolism by controlling activation of its progenitor, and perhaps other ANGPTLs. Inhibition of ANGPTL8 provides a new therapeutic strategy for reducing plasma lipoprotein levels.

Gene for betatrophin: The gene for betatrophin is located on mouse chromosome 9 (gene symbol: Gm6484), and on human chromosome 19 (gene symbol: C19orf80).

Discovery: The link between betatrophin and islet cell proliferation, was discovered by Douglas Melton and Peng Yi from the Department of Stem Cell and Regenerative Biology, Harvard Stem Cell Institute, Harvard University, USA in 2013. The earlier names of betatrophin were TD26, RIFL, Lipasin, and ANGPTL8. Betatrophin is a member of angiopoietin-like gene family and shares extensive homology with ANGPTL4 and ANGPTL3.^[1, 2, 3, 4, 5, 6]

CHAPTER 2: BETATROPHIN: PHARMACODYNAMICS, PHARMACOKINETICS AND MOLECULAR PHARMACOLOGY

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Functions

Betatrophin acts as a putative peptide hormone found in mice. It causes dramatic pancreatic beta cell proliferation and beta cell mass expansion. On parenteral administration of betatrophin cDNA in mice, it initiates its action at pancreas, for lowering the blood sugar level. The encoded 22kDa protein contains N-terminal secretion signal and two coiled-coil domains, and lacks C-terminal fibrinogen-like domain (unlike other angiopoietin-like proteins), like ANGPTL4 and ANGPTL3. It inhibits lipoprotein lipase and elevates the circulating triglyceride levels in mice. Mice lacking betatrophin/ANGPTL8 exhibits markedly decreased uptake of VLDL-derived fatty acids into adipose tissue and improves glucose tolerance in mice. The antidiabetic drugs or subcutaneous insulin injection (a) do not provide same degree of glycaemic control as functional pancreatic beta cells, and (b) do not prevent debilitating consequences of the disease. Betatrophin causes (a) long-term restoration of normal glycaemic control, and (b) potentially curative therapy.

Mechanism of Action

The liver-specific deletion of insulin receptor, causes a compensatory increase in pancreatic beta cell replication (Michael *et al*, 2000). The overexpression of constitutively active MEK1 (mitogen-activated or extracellular signal-regulated protein kinase) kinase in mouse liver increases replication rate in pancreatic beta cells and improves glucose tolerance through innervation-dependent mechanism (Imai *et al*, 2008). Although, it is unknown how liver signals pancreatic beta cells to proliferate is unknown. The recent work by Kulkarni's group indicated at the possibility that liver cells secrete a protein that acts directly on the islet cells (El Ouaamari *et al*, 2013; Flier *et al*, 2001).

Molecular Mechanisms

The molecular mechanisms by which ANGPTL8/betatrophin regulates glucose metabolism are poorly understood in human. Two sub-clones of HepG2 cells, ANGPTL8/betatrophin knockouts and ANGPTL8/betatrophin over-expressors, were

established using TALENs (transcription activator-like effector nucleases) and through stable transfection, respectively.

Over-expression of ANGPTL8/betatrophin enhanced the insulin-stimulated activation of the Akt-GSK3 β or Akt-FoxO1 pathway, no matter whether the cells were present with insulin resistance or not. In contrast, knockout of ANGPTL8/betatrophin did not affect the Akt-GSK3 β or Akt-FoxO1 pathway unless the HepG2 cells were preset with insulin resistance.

ANGPTL8/betatrophin might play an important role in glucose metabolism in the context of insulin resistance.

Secretion

Betatrophin is secreted by liver, in the mice, and by white adipose tissue and brown adipose tissue, in the humans. It is reduced by fasting and elevated upon insulin resistance and during pregnancy.^[1, 2, 3, 4, 5, 6]

CHAPTER 3: BETATROPHIN: CLINICAL PHARMACOLOGY

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Clinical Significance: Betatrophin treatment augments or replaces insulin injections by increasing the number of endogenous insulin-producing cells in diabetics. It is also therapeutically used in the treatment for type II diabetes, and perhaps even type I diabetes.

Clinical Preparations

The clinical preparations are as follows: Betatrophin (human): Fc (human) (rec.) AG-40B-0145-C010 10 µg.

AG-40B-0145-3010 MultiPack 3 x 10 µg Betatrophin (mouse) (rec.)

AG-40B-0144-C010 10 µg

AG-40B-0144-3010 MultiPack 3 x 10 µg Betatrophin (mouse): Fc (human) (rec.) AG-40B-0142-C010 10 µg

AG-40B-0142-3010 MultiPack 3 x 10 µg^[1, 2, 3, 4, 5, 6]

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