β-arrestin-2 alleviates rheumatoid arthritis injury by suppressing NLRP3 inflammasome activation and NF-κB pathway in macrophages

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ABSTRACT
Rheumatoid arthritis (RA) is a chronic inflammatory joint disorder that inflicts damage to the joints of the hands and wrist. The aim of this study was to investigate the protective effect of β-Arrestin-2 (βArr2) on RA in vivo and in vitro. The βArr2 adenovirus (βArr2-Ad) or the control (Con-Ad) was injected into the ankle joint cavity of collagen-induced arthritis (CIA) mice. According to the results, an improvement was shown in the symptoms and pathological injury of RA after an upregulation of βArr2. Correspondingly, the inflammatory response was attenuated, as evidenced by the decreased serum pro-inflammatory cytokines levels and NF-κB pathway-related proteins. Nucleotide-binding domain leucine-rich repeat and pyrin domain containing receptor 3 (NLRP3) inflammasome activation was inhibited in CIA mice treated with βArr2-Ad injection, as reflected by the diminished IL-18 level and declined protein levels of inflammasome components in the ankle joint. Likewise, the anti-inflammatory effect of macrophages was also validated by in vitro experiments. In summary, βArr2 effectively ameliorates ankle inflammation in CIA mice via NF-κB/NLRP3 inflammasome, providing theoretical and clinical basis for RA therapy.

1 Introduction
Rheumatoid arthritis (RA) is an inflammatory disease that causes the destruction of cartilage and bone, and is characterized by synovial inflammation[1]. Pro-inflammatory cytokines are mainly secreted by macrophages and they play critical part in the initiation and progression of chronic inflammation [2]. The existing anti-rheumatoid medicines cannot cure or effectively prevent the progression of RA [3]. Therefore, the inhibition of inflammation may be an effective treatment for RA.

β-arrestins are vital regulatory protein of G protein-coupled receptors (GPCRs), and exist in various tissues and cells of organisms [4]. β-arrestins could bind to GPCRs-dependent or independent signal molecules. As a scaffold protein, β-arrestins engage in regulating multiple signaling pathways in a diverse range of diseases [5,6], including NF-κB pathway. Current studies have found that β-Arrestin-2 (βArr2) played an anti-inflammatory effect in multiple inflammation-related diseases. For example, βArr2 functioned to negatively regulate the inflammatory response in polymicrobial sepsis [7]. In addition, by inhibiting the production of proinflammatory chemokines, βArr2 limited the recruitment of myeloid immune cells and attenuated allergic skin inflammation [8]. Another study showed that βArr2 of infiltrated macrophages negatively regulated inflammation in infarcted hearts, thereby enhancing inflammation when βArr2 was knocked out [9]. βArr2 plays a protective role in inflammation. Myocardial infarction and the deficiency of βArr2 prominently contributed to the severity of RA [10]. However, the mechanism of βArr2 in RA is still unclear.

Inflammasome could induce inflammation through the production of pro-inflammatory factors in organisms, such as IL-1β. NLRP3 inflammasome has been the most intensively investigated one among all the inflammasomes [11]. It is mainly composed of NLRP3, procaspase-1, and apoptosis-associated speck-like protein (ASC).

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The NF-κB involved signal pathway could promote the synthesis of NLRP3 inflammasome, pro interleukin (IL)-1β, and proIL-18. Then, the formation of IL-1β and IL-18 could be catalyzed and secreted outside the cell [12,13]. Inhibition of NLRP3 inflammasome has become a significant therapy in many inflammatory diseases [14]. Activation of NLRP3 inflammasome has been confirmed to promote the development of RA, and the inhibition of NLRP3 inflammasome formation and activation could successfully restrain the initiation and progression of RA [15,16]. In addition, βArr2 has been shown to inhibit NLRP3 inflammasome in inflammatory disorders [17,18]. However, the regulation mechanism of NLRP3 inflammasome in RA remains unknown.

Therefore, this study aimed at evaluating the effects of βArr2 on RA, and to determine whether βArr2 ameliorate inflammation of RA through NF-κB/NLRP3 inflammasome. Our research discovered that βArr2 effectively inhibited NLRP3 inflammasome and NF-κB in macrophages of CIA mice while it exhibited amelioration of the RA injury.

2 Methods

2.1 Mice and ethics statement

Male DBA/1 J mice (10–12 weeks) were kept in cages with filters, and were fed with water and food by standards. The mice injected with adenovirus were kept in a low-pressure isolation cage. The experimental protocol was approved by the Institutional Animal Care and Use Committee (Approval No. ZJCLA-IACUC-20010018) according to the National Institute of Health Guide for Care and Use of Animals.

2.2 Adenovirus construction

According to literature [19], the recombinant adenovirus encoding murine βArr2 (βArr2-Ad) was synthesized, and the empty adenovirus particles (Con-Ad) was used as the control. Briefly, βArr2 was cloned into shuttle vector pAdTrack-CMV by using standard cloning protocols, and the shuttle vectors were recombined with pAdEasy-1 to form the viral constructs. The ankle joints of mice were injected intra-articularly with 6 μL βArr2-Ad or Con-Ad once a week for 4 consecutive weeks.

2.3 Type II collagen-induced arthritis (CIA) model

For construction of CIA model [20], bovine type II collagen (Chondrex, 2 mg/mL) was mixed with the same volume of complete Freund Adjuvant (Chondrex) in ice bath. After full emulsification, the mice were first immunized with 100 μL emulsion by injection at the base of their tail subcutaneously, which was recorded as day (D) 0. On D21, the booster immunization was performed, 2 mg/mL bovine type II collagen was mixed with the same volume of incomplete Freund Adjuvant (Chondrex), and then phaco-emulsified in ice bath. The mice were injected with 100 μL emulsion at the base of their tail. Generally, the incidence of arthritis was 90% at 42–56 days. Mice in control group did not receive bovine type II collagen immunization.

The model group was further divided into model group, model+Con-Ad group, and model +βArr2-Ad group. The above three groups represented CIA mice, CIA mice injected with Con-Ad, CIA mice injected with βArr2-Ad, respectively. Adenovirus injection was scheduled from D22 to D43, and adenovirus was injected into the ankle joint of CIA mice once a week.

After the booster immunization, the body weight and the redness and swelling of the ankle joint, metatarsophalangeal joint and interphalangeal joint of the mice were recorded per two days. The mice were sacrificed on D44 for related testing.

2.4 Histology analysis

After mice were sacrificed, the ankle joints of the right hind limb were soaked in 10% formalin for 24 hours. After decalcification with 10% ethylene diamine tetraacetic acid (EDTA) over 21 days, the joints were sliced into 5 μm sections, and stained with hematoxylin and eosin (H&E) [20].

2.5 Cell culture and treatment

Mouse macrophages RAW 264.7 (ATCC, TIB-71™) were cultured in dulbecco’s modified eagle medium (DMEM) (Gibco, #11995- 065) with 10% fetal bovine serum (FBS) (Gibco #16000-044) and 1% penicillin-streptomycin at 37°C containing 5% CO₂[21]. Lipopolysaccharide (LPS, 1 μg/mL;
Sigma-Aldrich) was used to treat macrophages for 24 hours for subsequent detection.

2.6 Cell transfection

Macrophages were transfected with βArr2 overexpressing adenovirus (βArr2-Ad) or Con-Ad, and the transfection experiment was performed [22].

2.7 Western blot assay[23]

Proteins extracted from the ankle joint synovial tissues or cell were separated by using 10% dodecyl sulfate, sodium salt-polyacrylamide gel electrophoresis (SDS-PAGE) and then transferred to PVDF membrane. After blocking with 5% nonfat dry milk for 1 hour, the specific primary antibodies including βArr2 (Abcam, ab54790), NLRP3 (Abcam, ab263899), ASC (Cell Signaling Technology (CST), #67824) and caspase-1 p20 (Adipogen, AG-20B-0042B), Phospho-NF-κB-p65 (P-p65, Abcam, ab239882), p-IκBα (CST, #4814), and IκBα (CST, #2859) were incubated on the membrane overnight at 4°C. In the next day, the membrane was added to the corresponding horse-radish peroxidase-labeled secondary antibodies. Finally, the target protein was visualized by detecting the enhanced chemiluminiscent (ECL) fluorescence. GAPDH (Abcam, ab8245) was applied as the internal control.

2.8 Enzyme-linked immunosorbent assay (ELISA)

The levels of IL-1β, tumor necrosis factor (TNF)-α, IL-6 and IL-18 in the serum and cell supernatant were determined by ELISA kit (NeoBioScience, Mouse TNF-α, IL-6, IL-18 ELISA kit) in line with the manufactures’ instructions, and the absorbance of the sample at 450 nm was detected through a microplate reader (Thermo Fisher Scientific, Inc.).

2.9 Data and statistical analysis

Graphpad Prism (Version 8.0) was employed in this study. Data were represented as mean ± sd. Differences were assessed using t-test or one-way analysis of variance. P-value <0.05 represented a significant difference.

3 Results

3.1 βArr2 improves the pathological process of RA in CIA mice

In order to explore the effects and mechanisms of βArr2 on RA, we constructed the RA mice model and macrophage inflammation model, and explore the effects of βArr2 on pathological injury, inflammatory response, and the expression of NF-κB/NLRP3 inflammasome. Firstly, a RA mice model was constructed by collagen-induced arthritis (CIA). In order to study the effect of βArr2 on RA, βArr2-Ad was injected into the ankle joint cavity of CIA mice for 4 consecutive weeks (Supplementary materials, Figure S1). The results of the ankle joints showed that βArr2 improved the arthritis symptoms of CIA mice, and suppressed the redness and swelling of the hind limb (Figure 1a). Then, the histopathological injury was observed through histological staining. H&E staining indicated that CIA mice had inflammatory cell infiltration, synovial hyperplasia and joint destruction, and the injection of βArr2-Ad was effective in alleviating the damage (Figure 1b). These results demonstrated that βArr2 improved the pathological process of RA in CIA mice.

3.2 βArr2 reduces NF-κB-mediated inflammation in the ankle joint of CIA mice

In accordance with the severe histological change, it was hypothesized that βArr2 played anti-inflammatory effect in mice. The serum levels of IL-1β, TNF-α and IL-6 in CIA mice were remarkably higher than those in control group. After 4 weeks, the secretion of pro-inflammatory factors dropped considerably (Figure 2a). Next, in order to prove the regulation of βArr2 on the anti-inflammatory production by the blockage of NF-κB signaling, we determined the phosphorylation of the NF-κB subunit p65 and IκBα in ankle joint synovial tissue. Western blot results signaled that the injection of βArr2-Ad inhibited the high expressions of p-p65 and p-IκBα, which means that βArr2-Ad inhibited the activation of NF-κB pathway (Figure 2b). These data suggested that βArr2 reduced the inflammatory response mediated by NF-κB pathway in CIA mice.
3.3 βArr2 inhibits NLRP3 inflammasome activation of CIA mice

As we all know, NF-κB pathway contributes to the assembly of NLRP3 inflammasome and catalyzes the secretion of IL-18 and IL-1β [12,13]. Here, we determined the levels of NLRP3 components in mice ankle joints. The expressions of NLRP3, ASC and caspase-1 p20 were higher in the ankle joint of CIA mice than those in the control group (Figure 3a). The level of pro-inflammatory factor IL-18 had also been verified to be elevated by ELISA (Figure 3b, the level of IL-1β was showed in Figure 2). It was worth noting that the injection of βArr2-Ad reduced the levels of NLRP3, ASC, caspase-1 p20 and IL-18 (Figure 3a,b). Combined with the above results, βArr2 inhibited NLRP3 inflammasome activation of CIA mice.

3.4 βArr2 reduces the inflammatory response by LPS treated macrophages

Macrophages infiltrated in the synovial fluids and tissues could secreted various pro-inflammatory cytokines, which contribute to the joint inflammation [24]. And it has been clearly demonstrated that macrophages released inflammatory cytokines after stimulation with LPS. Therefore, to verify the anti-inflammatory effect of macrophages on RA, the inflammation model was constructed through treating macrophages with LPS. The levels of IL-1β, TNF-α and IL-6 were markedly elevated upon the stimulation with LPS, and the levels were decreased after βArr2 overexpression (Figure 4a). Moreover, the NF-κB signaling of macrophages was activated under LPS stimulation with markedly high expressions of p-P65 and p-IκBα. But the effect was significantly blocked by βArr2 overexpression (Figure 4b). The results suggested that βArr2 reduced the inflammatory response of macrophages treated by LPS.

3.5 βArr2 inhibits NLRP3 inflammasome activation by LPS treated macrophages

Similar to the above, the expressions of NLRP3, ASC and caspase-1 p20 were upregulated in macrophages by LPS stimulation. βArr2 are well described as critical regulators of inflammatory response and their expression alters in response
**Figure 2.** βArr2 reduced NF-κB-mediated inflammation in CIA mice. After constructing the CIA mice model, βArr2-Ad was injected into the ankle joint cavity once a week for 4 consecutive weeks. (a) The levels of IL-1β, TNF-α and IL-6 in serum were detected by ELISA. (b) The expressions of related protein of the ankle joints of mice were detected by Western blot.

**Figure 3.** βArr2 inhibited NLRP3 inflammasome activation of CIA mice. After constructing the CIA mice model, βArr2-Ad was injected into the ankle joint cavity once a week for 4 consecutive weeks. (a) The levels of related protein of the ankle joints of mice were detected by Western blot. (b) The levels of IL-18 in serum were detected by ELISA.
to inflammatory stimuli [25]. Figure 5a showed that the expressions of βArr2 was reduced in macrophages by LPS stimulation. Transfection with βArr2-Ad decreased the expressions of the above proteins (Figure 5a). Figure 5b showed that the level of IL-18 in LPS-stimulated macrophages was elevated, but declined after βArr2 overexpression (Figure 5b). Those findings uncovered that βArr2 might have protected LPS-stimulated macrophage by inhibition of NLRP3 inflammasome.

4 Discussion

Our study found that βArr2 alleviated RA injury by inhibition of NLRP3 inflammasome and the NF-κB pathway in CIA mice, and we further confirmed the mechanism in macrophages.

RA is distinguished by chronic inflammation of the synovium of the joints. Macrophages and other immune cells infiltrate the synovium, could cause the destruction of cartilage and bone, and ultimately resulting in the disability and loss of employment [3]. The CIA mice model is the most widely used model of RA in study and it shared some common pathological features with RA in the aspects of synovial hyperplasia, monocyte infiltration, and cartilage degradation, etc. Type II collagen (CII) is a primarily protein of cartilage, and could induce autoimmune arthritis combined with complete Freund’s adjuvant [26]. At present, this model has been broadly applied in

Figure 4. βArr2 reduces the inflammatory response by LPS treated macrophages. The RA model in vitro was constructed through treating macrophages with LPS and then transfected with the overexpressed βArr2 for 48 hours. (a) The levels of IL-1β, TNF-α and IL-6 in macrophages were detected by ELISA. (b) The levels of related protein in macrophages were detected by Western blot.
various arthritis researches [21,27]. In this study, CIA model was established in mice immunostimulated with bovine type II collagen, and βArr2 prominently inhibited pro-inflammatory cytokines levels of CIA mice, exerting an anti-inflammatory effect.

It was reported in the past that βArr2 regulated the levels of pro-inflammatory factors through NF-κB pathway [28,29]. The effects of βArr2 on pro-inflammatory factors in different diseases are different. For example, βArr2 induced IL-6 production in the heart of mice through the ERK1/2-NF-κB signaling pathway [6]. βArr2 was associated with the upregulation of inflammatory cytokine and activation of NF-κB inflammation pathway during its protection against ischemia-reperfusion (I/R) injury in the liver [30]. Conversely, βArr2 inhibited the production of pro-inflammatory factors in another diseases. For instance, βArr2 inhibited the pro-inflammatory cytokines TNF-α and IL-6 and activation of transcription factor NF-κB, increased the expression of anti-inflammatory cytokines IL-10 and IL-4 in microglia for enhancing neurological function in encephalitis mice [31]. Consistent with prior studies, the activation of the NF-κB pathway played a critical part in inflammatory disorders, and the p50/p65 heterodimer was the most common form of NF-κB activation [32]. NF-κB could bind to the inhibitor IκB in cytoplasm, resulting in inactivated. In response to the external stimulation, IκB was phosphorylated, degraded, and released NF-κB subunits for nuclear translocation and various inflammatory factors were then activated [33]. Highly expressed inflammatory factors exacerbated the inflammatory response in RA [34]. TNFα and IL-1β activated T cells and stimulated the formation of osteoclasts [35]. IL-6 [36] stimulated the cells in the joint synovial tissue, and promoted the cartilage destruction and bone tissue damage in RA. Therefore, we hypothesized that βArr2 exerted an anti-inflammatory effect on RA by suppressing the NF-κB pathway. Here, after upregulated βArr2-Ad in ankle joint, the levels of inflammatory factors, the phosphorylation of p65 and the expression of IκBa were inhibited in CIA mice. For mechanism of βArr2 that regulates the NF-κB, studies showed that βArr2 could interact with IκBa directly to prolong NF-κB activation [37]. And the likely mechanism for βArr2 regulation of IκBa is by preventing the degradation of unassociated cytosolic IκBa protein, rather than the IκBa protein that associates with the NF-κB heterodimer in either cytosol or nuclei [38,39].

On the other hand, βArr2 has been shown to inhibit NLRP3 inflammasome in inflammatory disorders such as Parkinson's disease [17] and gout [40]. NLRP3 inflammasome was the most
thoroughly studied [11], and it contributed greatly in RA [41,42]. Activated NF-κB signaling promoted NLRP3 transcription of mRNA and subsequent translation and modification, which ultimately facilitates the assembly and expression of inflammasomes and stimulates the secretion of pro-inflammatory factor (IL-18 and IL-1β) [43]. Here, we noted that upregulation of βArr2 inhibited inflammasome components levels and the secretion of IL-18 and IL-1β in the ankle joint, thereby suppressing the activation of inflammasomes.

Generally, macrophages include M1 type and M2 type. M1 type refers to classic macrophages while M2 type refers to alternatively activated macrophages. Among them, M1-like macrophages stimulated by LPS are engaged in the resistance to pathogens [44]. It was found by previous studies that M1 polarized macrophages were located in the synovium of the joint in CIA mice [45]. As the major component of the outer membrane, gram-negative bacteria LPS could stimulate the immune response to activate the NF-κB pathway in macrophages and regulate inflammatory cytokines [46]. LPS has been widely employed in inflammation models in vitro [47–49]. In our research, LPS was used to stimulate macrophages for simulating the secretion of pro-inflammatory factor (IL-18 and IL-1β). And βArr2 might exert a protective effect by inhibiting the expression of inflammatory cytokines, NF-κB signaling and NLRP3 inflammasome. There are still some shortcomings. For example, we have found the effect of βArr2 on inflammation, NF-κB/NLRP3 inflammasome of RA, but the molecular mechanisms by which βArr2 regulates NF-κB signaling in RA has not been explored. This mentioned problem should be confirmed in the further.

5 Conclusion

In conjunction with the present results, it was proved for the first time that βArr2 effectively ameliorated the inflammation of CIA mice and macrophages by suppressing the activation of NF-κB signaling and NLRP3 inflammasome. These results further supported that βArr2 might have potential contribution to RA therapy.

Disclosure statement

No potential conflict of interest was reported by the author(s).

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Ethics approval

The experimental protocol was approved by the Institutional Animal Care and Use Committee (Approval No. ZJCLA-IACUC-20010018) according to the National Institute of Health Guide for Care and Use of Animals.

Author contributions

Feng Cao & Cheng Huang: Conceptualization; Methodology; Draft preparation.

Jiwei Cheng: Investigation; Data curation; Visualization; Validation.

Zhaochun He: Reviewing and Editing; Methodology; Supervision.

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