Implications of ADAM17 activation for Hyperglycemia, Obesity and Type 2 Diabetes

Jennifer Matthews¹*, Sofia Villegas²*, Lakshini Herat³, Markus Schlaich⁴,⁵, Vance Matthews⁶#

¹ Dobney Hypertension Centre, School of Biomedical Science - Royal Perth Hospital Unit, University of Western Australia, Crawley, WA 6009, Australia; jen.matthews@uwa.edu.au

² Dobney Hypertension Centre, School of Biomedical Science - Royal Perth Hospital Unit, University of Western Australia, Crawley, WA 6009, Australia; 22496118@student.uwa.edu.au

³ Dobney Hypertension Centre, School of Biomedical Science - Royal Perth Hospital Unit, University of Western Australia, Crawley, WA 6009, Australia; lakshini.weerasekera@uwa.edu.au

⁴ Dobney Hypertension Centre, School of Medicine - Royal Perth Hospital Unit, University of Western Australia, Crawley, WA 6009, Australia; markus.schlaich@uwa.edu.au

⁵ Department of Cardiology and Department of Nephrology, Royal Perth Hospital, Perth, WA 6000, Australia; markus.schlaich@uwa.edu.au

⁶ Dobney Hypertension Centre, School of Biomedical Science - Royal Perth Hospital Unit, University of Western Australia, Crawley, WA 6009, Australia; vance.matthews@uwa.edu.au

* equal first authorship

# Correspondence: Vance B Matthews, BSc, PhD, Senior Research Fellow, School of Biomedical Sciences, Dobney Hypertension Centre, Royal Perth Hospital Unit, University of Western Australia, Level 3, MRF Building, Rear 50 Murray Street, Perth 6000, Australia. vance.matthews@uwa.edu.au; Tel.: +61-8-9224-0239
Introduction

There is increasing evidence showing the link between metabolic syndrome and cardiovascular disease, chronic kidney disease, stroke and diabetes [1]. The metabolic syndrome is defined as a cluster of independent risk factors which co-exist, leading to an increased risk of the above mentioned diseases. Geographically, studies have shown varied levels of the prevalence of the metabolic syndrome, ranging from approximately 35% in the United States [2], 36% in Australia [3], up to 26% in Europe [1] and up to 37% in Asia [1].

There is a slightly different definition of metabolic syndrome between the NCEP ATPIII Criteria [4] and the World Health Organisation (WHO) [5]. Although their criteria is very similar in many aspects, there are some slight differentiations based on what they believe to be the predominant causes of metabolic syndrome.

The NCEP [4] categorises an individual as having metabolic syndrome when they have at least 3 out of 5 of the following markers:

1) Waist Circumference >102cm (40 inches) in males and >88cm (35 inches) in females;
2) Elevated Triglycerides >1.7 mmol/L (150mg/dL);
3) Lowered High Density Lipoprotein (HDL) cholesterol levels < 1.0 mmol/L (40 mg/dl) in males, < 1.3 mmol/L (50 mg/dl) in females;
4) Elevated Fasting Glucose greater than 5.6 mmol/L (100 mg/dl) (due to Insulin Resistance); and/or
5) Elevated Blood Pressure > 130/85 mmHg.
WHO [4, 5] categorises an individual as having metabolic syndrome when they have insulin resistance or diabetes, plus at least 2 out of 5 of the following markers:

1. Waist/Hip ratio: >0.90 in males and >0.85 in females OR BMI >30 kg/m²;
2. Elevated Triglycerides >1.7 mmol/L (150 mg/dL);
3. Lowered High Density Lipoprotein (HDL) cholesterol levels <0.9 mmol/L (35 mg/dL) in males, <1 mmol/L (39 mg/dL) in females;
4. Elevated Blood Pressure >140/90 mmHg;
5. Microalbuminuria: Urinary albumin excretion rate ≥20 μg/min or albumin:creatinine ratio ≥30 mg/g.

Some lifestyle factors associated with metabolic syndrome include obesity, lack of physical activity and some genetic factors, such as mutations in genes regulating lipid metabolism [3].

Obesity is a rapidly growing global pandemic which has almost tripled since 1975. As of 2016, more than 1.9 billion adults alone (>18 years) were overweight and of these, over 600 million were classified as obese [6]. Low grade, chronic inflammation has been associated with the development of metabolic syndrome, mediated via activation of various cytokines. Here, we focus specifically on the role of the metalloproteinase ADAM17 (Figure 1) and how it may impact the metabolic syndrome.

What is ADAM17?

To date, the mouse genome contains at least 34 Adam genes, while the human genome contains at least 27 Adam loci [9, 10]. ADAM17 (also known as TACE or tumor necrosis
factor alpha converting enzyme), was first discovered by Roy Black et al. in 1997 [11, 12]. ADAM17 consists of numerous domains which include the pro-domain, metallocproteinase domain, disintegrin domain and membrane proximal domain. The pro-domain ensures that ADAM17 remains in an inactive state, until it is cleaved which thereby allows the metallocproteinase domain to become catalytically active [13]. Zinc binding to the metallocproteinase domain is also required for activity [8, 14]. Interestingly, the disintegrin domain also possesses adhesive properties [14]. ADAM17 is a metallocproteinase that has been identified as the sheddase for a broad range of membrane bound proteins expressed on numerous cell types including haematopoietic cells [15, 16, 17]. It plays a major role in chemokine/cytokine shedding, cell signalling, proliferation and growth [18]. As you will discover in this review, ADAM17 has both beneficial and detrimental effects. Although it has been shown to be beneficial for embryonic development, liver health and adipocyte differentiation, it is also implicated in the pathogenesis of many different diseases including, but not limited to cancer [19], heart disease [20], diabetes [21, 22], rheumatoid arthritis [23] and alzheimers disease [24]. In this review, we aim to highlight the impact of ADAM17 on the progression of Metabolic Syndrome.

**Functional Importance of ADAM17**

Proteolysis usually occurs at the membrane-adjacent part of the substrate, many of which are receptors [25]. If the receptor shedding occurs before the ligand binding, the solubilised receptor can inhibit the ligand binding to cell surface receptors. This will be discussed in more detail later.
Although there are marked detrimental consequences of having excess amounts of ADAM17 activity, there is also a need for a balanced discussion on the important roles that it plays too.

*Embryonic Development*

ADAM17 is particularly important for embryonic development as studies have shown that the embryos of ADAM17 deficient mice have defects in the mammary epithelium, vascular system, lung, eye, hair, heart and skin and therefore may die early on in pregnancy or even a few days after birth. Those mice that survived have reduced lymphocyte numbers, impaired T and B cell development and reduced body weight [8, 26].

*Liver Health*

The impact that ADAM17 has on liver health is controversial and it can act like ‘Jekyll and Hyde’ by playing both beneficial and detrimental roles in liver biology. Studies involving upregulation of this metalloproteinase have been instrumental in highlighting that ADAM17 plays a major role in hepatosteatosis and liver inflammation, ultimately contributing to the development of metabolic syndrome [27]. However, there is also research indicating that ADAM17 plays a role in protecting hepatocytes from apoptosis in cases of drug induced liver failure and that adenoviral delivery of ADAM17 prevented acetaminophen induced liver failure in a clinically relevant model of Fas-dependent fulminant hepatitis [28].

*Adipocyte Differentiation*

ADAM17 may sometimes act like a ‘double edged sword’ in relation to adipocyte differentiation. Although there are many studies demonstrating the detrimental effect of ADAM17 shedding on adiposity, one of its substrates, pre-adipocyte factor 1 (Pref-1) may
be beneficial as discussed in more detail below. Interestingly, Pref-1 inhibits adipocyte differentiation [29].

Implications of ADAM17 in the Metabolic Syndrome

Obesity

ADAM17 was first identified as being responsible for shedding of the pro-inflammatory cytokine tumor necrosis factor alpha (TNF-α) [12]. There is a well-recognised link between TNF-α and obesity, inflammation and diabetes and an increased expression of TNF-α is found in the adipose tissue of obese and insulin resistant animal and human models [30]. The TNF-α in human adipose tissue positively correlates with BMI, percentage of body fat and hyperinsulinemia and studies have shown that weight loss decreases TNF-α levels [30].

Knocking out ADAM17 in mice leads to extremely lean animals. ADAM17 deficient mice exhibit one of the most pronounced examples of hypermetabolism reported in a rodent system to date. Elevated levels of uncoupling protein-1 in the brown adipose tissue of ADAM17 deficient mice compared with wild-type mice suggests that this lowered ADAM17 activity is linked to increased sympathetic outflow [31]. Interestingly, we have recently shown that sympatho-excitation in white adipose tissue is associated with beiging of adipose tissue [32].

In an independent study [33], high-fat diet (HFD) treated TaceMx1 mice (which have ADAM17 knocked out in hematopoietic cells) were found to have lower adipose tissue weights, systolic blood pressure, fasting glucose, fasting lipid levels and serum adiponectin levels. In addition, ADAM17 inactivation increased energy expenditure and oxidation of both
fat and carbohydrate and improved glucose tolerance and insulin sensitivity when compared with the HFD wild-type (WT) mice.

**Diabetes/Insulin Resistance**

As mentioned previously, ADAM17 expression is significantly increased in the liver and adipose tissue of mice that have been fed a HFD and it is positively associated with the development of insulin resistance and hepatosteatosis [33]. As increased ADAM17 expression is correlated with insulin resistance [30], it is likely that decreasing ADAM17 activity via various therapeutic strategies may increase insulin sensitivity and ultimately have a beneficial effect on obesity.

One study has highlighted that when ADAM17 is activated within the white adipocytes, it leads to the expression of inflammatory molecules such as Interleukin 6 (IL-6), Monocyte Chemotactic Protein 1 (MCP-1) and Suppressor of Cytokine Signaling 3 (SOCS3) [30, 34]. This expression then leads to a low-grade inflammatory state that forces the macrophages to migrate into adipose tissue where they mediate enhanced insulin resistance [30].

**Hypertension**

Neurogenic hypertension is a form of high blood pressure which eventuates due to hyperactivation of the sympathetic nervous system. One mechanism by which neurogenic hypertension may occur is by ADAM17 mediated ACE2 (Angiotensin-converting enzyme type 2) shedding which results in loss of membrane bound ACE2. This may promote high blood pressure as a consequence of a failure of ACE2 to convert angiotensin-II (vasoconstrictor) to angiotensin 1-7 (vasodilator) [35, 36]. These findings are supported by studies highlighting that ADAM17 activation on glutamatergic neurons has been
demonstrated to result in sympathoexcitation which may induce neurogenic hypertension [37].

Substrates for ADAM17 and Implications for Obesity and Type 2 Diabetes

Since the discovery of ADAM17, a vast array of proteins have been shown to be targets for shedding by this protease (Figure 2). It has been shown that the high glucose levels that exist during diabetes may be mediating increased expression of ADAM17 in cell types such as the mesangial cells [44] and therefore result in the subsequent cleavage of substrates. ADAM17 has also been shown to be governed by a number of cytokines. For instance IL-1β and TNFα may increase ADAM17 expression [45]. Additionally, external factors such as hypoxia have been shown to induce ADAM17 expression within human glioma cells by promoting Sp1 mediated transcription of the Adam17 gene [46]. The shedding event often promotes biological processes that may influence the metabolic syndrome. We will now discuss an important selection of ADAM 17 substrates.

TNF-α

TNF-α was the first white adipose tissue derived inflammatory cytokine that was recognized to confer a link between obesity, inflammation and diabetes. It appears to be a crucial contributor to adipokine dysregulation in adipocytes [12, 30]. Interestingly, ADAM17 mediated cleavage of TNF-α is implicated in both central and peripheral inflammation [18].

TNF-R1 and TNF-R2

The receptors for the cytokine TNF-α are TNF-R1 and TNF-R2. Both are shed by ADAM17 to release a soluble receptor which is between 30 and 40 kDa [47, 48]. These soluble
receptors act to inhibit the binding of circulating TNF-α to the membrane bound TNF receptors [49, 50].

Pre-Adipocyte Factor 1 (Pref-1)

As mentioned previously, ADAM17 may play a beneficial role in reducing adiposity as it is responsible for releasing Pref-1, which is known to inhibit adipose tissue differentiation. Pref-1 belongs to a ‘family of epidermal growth factor like repeat containing proteins’ which are highly expressed in 3T3-L1 cells and it is reduced during adipocyte differentiation.

Although it is synthesized as a transmembrane protein, Pref-1 is processed to generate both a large 50 kDa soluble form, as well as small soluble forms. However, it is important to note that only the large soluble form is biologically active and inhibits adipogenesis. It is ADAM17 which releases this large 50 kDa soluble form. Mice lacking Pref-1 show accelerated fat deposition, but those mice that have overexpression of Pref-1 show reduced expression of adipocyte markers, as well as a decrease in fat mass [29].

IL-6R

IL-6 is a key regulator of a multitude of immune responses which range from bacterial infections to liver regeneration. ADAM17 is one of the metalloproteinases that mediates the release of the IL-6R from the cell membrane [51]. We and others have shown that when the 80 kDa membrane bound form of the receptor is subjected to shedding by ADAM17, a 60 kDa agonistic soluble IL-6R (sIL-6R) is generated [52]. The process of sIL-6R binding to circulating IL-6 and then subsequently stimulating cells of the body is called trans-signalling [52]. Trans-signalling has been linked to cancer and we have also shown that trans-signalling promotes obesity induced adipose tissue inflammation [53].
Epidermal Growth Factor Receptor Ligands [EGFR] (in particular epiregulin)

A feedback signalling cascade known as the EGFR/ADAM17 axis occurs through the shedding of the EGFR ligands by ADAM17. This cascade is particularly sensitive to external triggers such as cigarette smoke and bacterial toxins, resulting in increased shedding of many growth factors, cytokines and cytokine receptors which are all substrates of ADAM17 [54]. ADAM17 has been implicated in the shedding of the EGFR ligands TGF-α and HB-EGF. The other EGFR ligands amphiregulin and epiregulin have been identified as novel substrates of ADAM17 [55]. It was found that eNOS−/− db/db mice with advanced Diabetic Neuropathy who were treated with the EGFR inhibitor Erlotinib displayed decreases in fasting blood glucose levels, improved glucose tolerance and insulin sensitivity and lowered levels of adiponectin [56].

Fractalkine (FKN)

Fractalkine (FKN) is the sole member of the CX3C chemokine family and is a potent chemoattractor for T cells, monocytes and natural killer cells. Although FKN is predominantly expressed in the epithelial cells, increased expression can also be seen in atherosclerotic lesions, psoriatic plaques and in human kidneys with glomerulonephritis. FKN cleavage occurs in response to inflammatory stimuli such as hypertension and diabetes, amongst other cardiovascular diseases. ADAM17 has been found to be responsible for the inducible cleavage of FKN. When FKN was transfected into host cells, inducible cleavage was blocked using the ADAM17 inhibitor TAPI-2 [57].

In human studies, plasma fractalkine levels were significantly higher in type 2 diabetes (T2D) patients when compared with non-diabetics and was found to correlate positively with many pro-inflammatory cytokines, including TNF-α [58]. It has been shown in human studies that
those individuals with the highest fractalkine levels also have the highest BMI, Waist Circumference, Weight/Hip Ratio, % Fat, Blood Glucose, Insulin, HOMA-IR, Triglycerides and Total Cholesterol, as well as lowered HDL-c levels [59]. In murine studies [60], male C57BL/6 Cx3cr1^{-/-} (fractalkine knockout) mice display improved glucose tolerance compared to WT mice, independent of obesity. The Cx3cr1^{-/-} mice also possessed improved insulin sensitivity compared to the WT mice [60].

**IL-1R**

Interleukin 1 (IL-1α and IL-1β) are major proinflammatory cytokines which have metabolic consequences. IL-1β has been shown to promote β cell destruction in Type 1 Diabetes [61] and increase insulin resistance. IL-1α has been shown to reduce insulin signalling, as well as increase plasma triglyceride levels [62]. In addition, IL-1β plays a role in T2D [63], by it’s involvement in the pathogenesis of insulin resistance and ultimately promoting islet cell death. The release of IL-1β from β-cells under metabolic stress and autocrine signalling via IL1R leads to NF-κB activation and subsequent synthesis and release of IL-1β and chemokines from β-cells. The latter promotes pancreatic immune cell infiltration and cytokine release from β-cells.

Interleukin 1 ligands also plays an essential role in the regulation of innate immunity and it binds to two different receptors, IL-1R1 and IL-1R2. IL-1R1 is capable of transducing cellular signals due to its cytoplasmic domain, but IL-1R2 acts as a decoy receptor for IL-1 as it lacks this cytoplasmic domain [64]. ADAM17 indirectly enhances IL-1 signalling in cells by selectively cleaving the decoy receptor IL-1R2 and in turn promotes IL-1 binding the IL-1R1 which allows signalling [64]. By changing the balance between IL-1R1 and its decoy receptor IL-1R2, ADAM17 enhances sensitivity to IL-1.
Co-factors of ADAM17

iRhom

The Rhomboid Proteins (iRhoms), particularly iRhom 1 and 2 are a necessary component of ADAM17 biology. iRhom is a protease which is necessary for the maturation and trafficking of ADAM17 from the endoplasmic reticulum (ER) through the Golgi and absence of cellular iRhom will result in impaired exit of ADAM17 out of the ER. [65] The iRhom’s play a number of different roles including intercellular signalling, mitochondrial dynamics, parasite invasion and protein quality control [66]. Both iRhom 1 and iRhom 2 are jointly responsible for all ADAM17 activity. Beyond this, iRhom 2 can actually control the substrate specificity of ADAM17 [66].

The IRhom 2 protein has been found to be increased in obese mice with adipose tissue inflammation. When iRhom 2 is knocked out, those mice fed a high fat diet had a mitigation of obesity, insulin resistance and chronic adipose tissue inflammation in comparison to that in mice with iRhom 2 overexpression [67]. With metabolic disorder there is an upregulation of iRhom2 in the macrophages which produces TNFα production. The iRhom 2 in macrophages facilitates the trafficking of ADAM17 and thereby promotes inflammation [67].

ADAM17 Inhibitors

TIMP 3: the endogenous ADAM17 inhibitor

Tissue Inhibitor of Metalloproteinase 3 (TIMP-3) is the only known endogenous inhibitor of ADAM17. It has been found to control cytokine and growth factor bioavailability so as to regulate inflammation, cell death and survival in the liver [31]. While downregulation of TIMP-3 increases ADAM17 activity, upregulation of TIMP-3 conversely inhibits ADAM17
activity. TIMP-3 deficient mice have also been shown to possess a heightened level of inflammation and impaired glucose tolerance due to increased levels of TNF-α caused by uncontrolled shedding [31]. The inhibitor, TIMP-3 was found to be downregulated in adipose tissue/obesity and this correlated with an increase in ADAM17 [31]. When coupled with insulin resistance, TIMP-3 downregulation has also been found to accelerate liver inflammation and steatosis [31].

**Exogenous ADAM17 inhibitors**

ADAM17 has been found to be a promising therapeutic target for cancers of many tissues including breast, brain, colon, kidney, lung, liver, ovaries, pancreas and prostate. Thus far, exogenous ADAM17 inhibitors have been trialled in the setting of cancer.

**Anti-ADAM17 antibody D1/GW280264X**

ADAM17 is highly expressed in ovarian cancer cells. When ADAM17 was inhibited in ovarian cancer cell lines using either Anti-ADAM17 antibody D1 or GW280264X, the cancer cells were sensitized to cisplatin induced apoptosis, therefore significantly reducing cell viability [68].

**TMI-005 (apratstat)**

It has been found that ADAM17 can promote radiotherapy resistance in non-small-cell lung cancers. In *in vitro* studies, treating lung adenocarcinoma A549 cells with the ADAM17 inhibitor TMI-005, it was found that the inhibitor sensitized the tumorigenic cells to the radiotherapy. In murine studies, dual therapy with TMI-005 and radiotherapy prolonged survival in mice [69].
ZLDI-8

ZLDI-8 is one of the ADAM17 inhibitors that has been used to suppress the metastasis of Hepatocellular Carcinoma (HCC). It has been demonstrated that ZLDI-8 enhances the chemotherapeutic effects on tumor cell proliferation blockade, induction of apoptosis and cell cycle arrest by inhibiting the notch pathway and blocking chemical resistance [70].

TNF484

Aside from ZLDI-8, TNF484 is another ADAM17 inhibitor that has been shown to inhibit cell proliferation, migration and invasion of some HCC cell lines [71].

Although these exogenous ADAM17 inhibitors have been used mostly in the setting of cancer, it would be intriguing to assess their action in the setting of obesity and diabetes in animal models in the future.

Side Effects of ADAM17 Inhibitors

In human studies [72], the administration of ADAM17 inhibitors in the clinical setting has proven to effectively decrease inflammatory mediators without any known side effects. In other human studies, the inhibitor INCB7839, which was used to treat breast cancer, was discontinued due to it causing an increase in deep vein thrombosis in a number of patients [73]. There have also been side effects noted after using ADAM17 inhibitors, such as musculoskeletal and liver toxicity [73]. Further studies need to be conducted to discover other novel potential side effects.

Novel Hypothesis: Future research to unravel the role of ADAM17 in hyperglycemia
Sodium Glucose Co-Transporter 2 (SGLT-2) helps to reabsorb up to 95% of glucose in the S1 & S2 segments of the proximal tubule. We hypothesise that in the setting of diabetes, an increase in ADAM17 elevates the renal sympathetic nervous system activity and in turn SGLT2 expression which promotes glucose reabsorption and hyperglycemia. Glucose is an upstream mediator of hyper-activation of the sympathetic nervous system, which prevails in obesity and type 2 diabetes [74]. It is interesting to note that glucose is also a stimulus for promoting expression of ADAM17 which contributes to the metabolic syndrome [55, 75].

SGLT2 inhibition decreases glucose reabsorption, increases glucose excretion and is approved for use as a mode of treatment for diabetes [76]. The use of SGLT2 inhibitors has been shown to significantly reduce cardiovascular mortality and cardiovascular events [76]. Our team has shown that SGLT2 inhibition promotes sympatho-inhibition and this may be a mechanism underlying cardiorenal benefits [77].

We anticipate that ADAM17 expression and activity may be reduced with SGLT2 inhibition which may decrease both sympathetic nervous system hyperactivation and hyperglycaemia.

We and others have conducted SGLT2 inhibition in mice [77]. We believe that SGLT2 inhibition should be conducted in diabetic mice and ADAM17 expression and activity should be further studied in this animal model.

Other ADAM family members and their involvement in the metabolic syndrome
Our group has previously sought to ascertain whether the metalloproteinases ADAM19 and ADAM28 correlate with parameters of the metabolic syndrome in mice and humans. We showed for the first time in humans that both ADAM19 and ADAM28 are strongly correlated with parameters of the metabolic syndrome, particularly body mass index (BMI), relative fat and the index of insulin resistance (HOMA-IR) [78, 79]. We also demonstrated in our diet induced obesity mouse model that neutralising ADAM19 therapy results in weight loss and improves insulin sensitivity [78]. In addition, down-regulation of ADAM28 with siRNA technology resulted in a lack of weight gain, promotion of insulin sensitivity/glucose tolerance, decreased liver TNF-α levels and reduced blood urea nitrogen, alkaline phosphatase and aspartate aminotransferase in our diet induced obesity mouse model. ADAM28 knock-out mice also displayed reduced body weight, elevated high density lipoprotein cholesterol levels and reductions in blood urea nitrogen, alkaline phosphatase and aspartate aminotransferase [80]. Therefore, neutralisation of ADAM19 and ADAM28 may be a potential therapeutic approach to treat obesity and T2D. Clinical trials should be conducted in humans using ADAM19 and ADAM28 inhibitors.

Conclusion

After considering our previous metabolic studies with regards to ADAM19 and ADAM28 and the fact that ADAM17 plays a multitude of roles in the pathogenesis of many diseases, it is vital to further understand the role ADAM17 plays in promoting features of the metabolic syndrome. Such studies will demonstrate that ADAM17 is a valuable therapeutic target to treat obesity and diabetes. It is highly likely that ADAM17, ADAM19 and ADAM28 work in concert to promote the metabolic syndrome.
References

1. Sigit FS, Tahapary DL, Trompet S, Sartono E, Van Dijk KW, Rosendaal FR, De Mutsert R. (2020) The prevalence of metabolic syndrome and its association with body fat distribution in middle-aged individuals from Indonesia and the Netherlands: a cross-sectional analysis of two population-based studies. Diabetol Metab. Syndr. 12, 2. https://doi.org/10.1186/s13098-019-0503-1

2. Hirode G, Wong RJ. (2020) Trends in the prevalence of metabolic syndrome in the United States, 2011-2016. Jama 323, 2526-2528, https://doi.org/10.1001/jama.2020.4501

3. Ranasinghe P, Mathangasinghe Y, Jayawardena R, Hills AP, Misra A. (2017) Prevalence and trends of metabolic syndrome among adults in the asia-pacific region: a systematic review. BMC Public Health. 17, 101, https://doi.org/10.1186/s12889-017-4041-1

4. Grundy S, Brewer B, Cleeman J, Smith S, Lenfant C. (2004) Definition of Metabolic Syndrome. Circulation. 109:433-438, https://doi.org/10.1161/01

5. Huang P (2009) A comprehensive definition for metabolic syndrome. Disease Models and Mechanisms. 2, 231-237, https://doi.org/10.1242

6. Skurski J, Penniman CM, Geesala R, Dixit G, Pulipati P, Bhardwaj G, Meyerholz DK, Issuree PD, O'Neill BT, Maretzky T. (2020) Loss of iRhom2 accelerates fat gain and insulin resistance in diet-induced obesity despite reduced adipose tissue inflammation. Metabolism. 106,154-194, https://doi.org/10.1016/j.metabol.2020.154194

7. Sommer A, Kordowski F, Büch J, Maretzky T, Evers A, Andrä J, Düsterhöft S, Michalek M, Lorenzen I, Somasundaram P, Tholey A. (2016) Phosphatidylserine exposure is required for ADAM17 sheddase function. Nature Comm. 7, 11523, https://doi.org/10.1038/ncomms11523

8. Gooz M. (2010) ADAM-17: the enzyme that does it all. Critical Rev. Biochem. Mol. Biol. 45, 146-169, https://doi.org/10.3109/10409231003628015

9. Cho C. (2012) Testicular and epididymal ADAMs: expression and function during fertilization. Nat. Revol. Urol. 9, 550-560, https://doi.org/10.1038/nrurol.2012.167

10. Bahudhanapati H, Bhattacharya S, Wei S. (2015) Evolution of vertebrate adam genes; duplication of testicular adams from ancient adam9/9-like loci. PloS one. 10, e0136281, https://doi.org/10.1371/journal.pone.0136281

11. Black RA, Rauch CT, Kozlosky CJ, Peschon JJ, Slack JL, Wolfson MF, Castner BJ, Stocking KL, Reddy P, Srinivasan S, Nelson N. (1997) A metalloproteinase disintegrin that releases tumour-necrosis factor-α from cells. Nature. 385, 729-733, https://doi.org/10.1038/385729a0

12. Seals DF, Courteide SA. (2003) The ADAMs family of metalloproteases: multidomain proteins with multiple functions. Genes Dev. 17, 7-30, https://doi.org/10.1101/gad.1039703

13. Lambrecht BN, Vanderkerken M, Hammad H. (2018) The emerging role of ADAM metalloproteinases in immunity. Nat. Rev. Immunol. 18, 745-758, https://doi.org/10.1038/s41577-018-0068-5

14. Dreymueller D, Uhlig S, Ludwig A. (2015) ADAM-family metalloproteinases in lung inflammation: potential therapeutic targets. Am. J. Physiol. Lung. Cell Mol. Physiol. 308, 325-343, https://doi.org/10.1152/ajplung.00294.2014

15. Peschon JJ, Slack JL, Reddy P, Stocking KL, Sunnarborg SW, Lee DC, Russell WE, Castner BJ, Johnson RS, Fitzner JN, Boyce RW. (1998) An essential role for
ectodomain shedding in mammalian development. *Science.* 282, 1281-1284, https://doi.org/10.1126/science.282.5392.1281
16. Wang Y, Herrera AH, Li Y, Belani KK, Walcheck B. (2009) Regulation of mature ADAM17 by redox agents for L-selectin shedding. *J. Immunol.* 182, 2449-2457, https://doi.org/10.4049/jimmunol.0802770
17. Condon TP, Fournier S, Sawyer GJ, Baker BF, Kishimoto TK, Bennett CF. (2001) ADAM17 but not ADAM10 mediates tumor necrosis factor-α and L-selectin shedding from leukocyte membranes. *Antisense and Nucleic Acid Drug Dev.* 11, 107-116, https://doi.org/10.1089/108729001750171353
18. de Queiroz TM, Lakkappa N, Lazartigues E. (2020) ADAM17-mediated shedding of inflammatory cytokines in hypertension. *Front. Pharmacol.* 11, 1154, https://doi.org/10.3389/fphar.2020.01154
19. Ni P, Yu M, Zhang R, He M, Wang H, Chen S, Duan G. (2020) Prognostic Significance of ADAM17 for Gastric Cancer Survival: A Meta-Analysis. *Medicina.* 56, 322, https://doi.org/10.3390/medicina56070322
20. Canault M, Leroyer AS, Peiretti F, Lesche G, Tedgui A, Bonardo B, Alessi MC, Boulanger CM, Nalbone G. (2007) Microparticles of human atherosclerotic plaques enhance the shedding of the tumor necrosis factor-α converting enzyme/ADAM17 substrates, tumor necrosis factor and tumor necrosis factor receptor-1. *Am J. Pathol.* 171, 1713-1723, https://doi.org/10.2353/ajpath.2007.070021
21. Shalaby L, Thouinajam M, Tawfik A, Li J, Hussein K, Jahng WJ, Al-Shabrawey M, Kwok HF, Bartoli M, Gutsaeva D. (2020) Role of Endothelial ADAM17 in Early Vascular Changes Associated with Diabetic Retinopathy. *J. Clin. Med.* 9, 400, https://doi.org/10.3390/jcm9020400
22. Maekawa M, Tadaki H, Tomimoto D, Okuma C, Sano R, Ishii Y, Katsuda Y, Yoshiuchi H, Kakefuda R, Ohta T, Sasase T. (2019) A Novel TNF-α Converting Enzyme (TACE) Selective Inhibitor JTP-96193 Prevents Insulin Resistance in KK-Ay Type 2 Diabetic Mice and Diabetic Peripheral Neuropathy in Type 1 Diabetic Mice. *Biol. Pharm. Bull.* 42, 1906-1912, https://doi.org/10.1248/bpb.b19-00526
23. Ishii S, Isozaki T, Furuya H, Takeuchi H, Tsubokura Y, Inagaki K, Kasama T. (2018) ADAM-17 is expressed on rheumatoid arthritis fibroblast-like synoviocytes and regulates proinflammatory mediator expression and monocyte adhesion. *Arthritis Res. Ther.* 20, 159, https://doi.org/10.1186/s13075-018-1657-1
24. Hartl D, May P, Gu W, Mayhaus M, Pichler S, Spaniol C, Glaab E, Bobbili DR, Antony P, Koegelsberger S, Kurz A. (2020) A rare loss-of-function variant of ADAM17 is associated with late-onset familial Alzheimer disease. *Mol. Psychiatry.* 25, 629-639, https://doi.org/10.1038/s41380-018-0091-8
25. Crowe PD, Walter BN, Mohler KM, Otten-Evans C, Black RA, Ware CF. (1995) A metalloprotease inhibitor blocks shedding of the 80-kD TNF receptor and TNF processing in T lymphocytes. *J. Exp. Med.* 181, 1205-1210, https://doi.org/10.1084/jem.181.3.1205
26. Canault M, Certel K, Schatzberg D, Wagner DD, Hynes RO. (2010) The lack of ADAM17 activity during embryonic development causes hemorrhage and impairs vessel formation. *PloS one.* 5, 133-134, https://doi.org/10.1371/journal.pone.0013433
27. Fiorentino L, Vivanti A, Cavalera M, Marzano V, Ronci M, Fabrizi M, Menini S, Pugliese G, Menghini R, Khokha R, Lauro R. (2010) Increased tumor necrosis factor α-converting enzyme activity induces insulin resistance and hepatosteatosis in mice. *Hepatology.* 51, 103-110, https://doi.org/10.1002/hep.23250
28. Murthy A, Defamie V, Smookler DS, Di Grappa MA, Horiuchi K, Federici M, Sibilia M, Blobel CP, Khokha R. (2010) Ectodomain shedding of EGFR ligands and TNFR1
dictates hepatocyte apoptosis during fulminant hepatitis in mice. J. Clin. Invest. 120, 2731-2744, https://doi.org/10.1172/JCI42686

29. Wang Y, Kim KA, Kim JH, Sul HS. (2006) Pref-1, a preadipocyte secreted factor that inhibits adipogenesis. J. Nutr. 136, 2953-2956, https://doi.org/10.1093/jn/136.12.2953

30. Menghini R, Fiorentino L, Casagrande V, Lauro R, Federici M. (2013) The role of ADAM17 in metabolic inflammation. Atherosclerosis. 228, 12-17, https://doi.org/10.1016/j.atherosclerosis.2013.01.024

31. Gelling RW, Yan W, Al-Noori S, Pardini A, Morton GJ, Ogimoto K, Schwartz MW, Dempsey PJ. (2008) Deficiency of TNFα converting enzyme (TACE/ADAM17) causes a lean, hypermetabolic phenotype in mice. Endocrinology. 149, 6053-6064, https://doi.org/10.1210/en.2008-0775

32. Matthews JR, Herat LY, Magno AL, Gorman S, Schlaich MP, Matthews VB. (2020) Sglt2 inhibitor-induced sympathoexcitation in white adipose tissue: A novel mechanism for beiging. Biomedicines. 8, 514, https://doi.org/10.3390/biomedicines8110514

33. Kaneko H, Anzai T, Horii K, Morimoto K, Anzai A, Nagai T, Sugano Y, Maekawa Y, Itoh H, Yoshikawa T, Okada Y. (2011) Tumor necrosis factor-α converting enzyme inactivation ameliorates high-fat diet-induced insulin resistance and altered energy homeostasis. Circ. J. 75, 2482-2490, https://doi.org/10.1253/circj.CJ-11-0182

34. Serino M, Menghini R, Fiorentino L, Amoruso R, Mauriello A, Lauro D, Sbraccia P, Hribal ML, Lauro R, Federici M. (2007) Mice heterozygous for tumor necrosis factor-α converting enzyme are protected from obesity-induced insulin resistance and diabetes. Diabetes. 56, 2541-2546, https://doi.org/10.2337/db07-0360

35. Xu J, Molinas AJR, Mukerjee S, Morgan DA, Rahmouni K, Zsombok A, Lazartigues E. (2020) Activation of ADAM17 (A Disintegrin and Metalloproteinase 17) on Glutamatergic Neurons Selectively Promotes Sympathoexcitation. Hypertension. 73, 1266 - 1274, https://doi.org/10.1161/HYPERTENSIONAHA.119.12832

36. Xia H, Sirramula S, Chhabra KH, Lazartigues E. (2013) Brain angiotensin-converting enzyme type 2 shedding contributes to the development of neurogenic hypertension. Circ. Res. 113, 1087-1096, https://doi.org/10.1161/CIRCRESAHA.113.301811

37. Palau V, Pascual J, Soler MJ, Riera M. (2019) Role of ADAM17 in kidney disease. Am. J. Physiol. Renal Physiol. 317, 333-342, https://doi.org/10.1152/ajprenal.00625.2018
42. Kefaloyianni E, Muthu ML, Kaeppler J, Sun X, Sabbisetti V, Chalaris A, Rose-John S, Wong E, Sagi I, Waikar SS, Renneke H. (2016) ADAM17 substrate release in proximal tubule drives kidney fibrosis. JCI insight. 1, e87023, https://doi.org/10.1172/jci.insight.87023

43. Patel VB, Clarke N, Wang Z, Fan D, Parajuli N, Basu R, Putko B, Kassiri Z, Turner AJ, Oudit GY. (2014) Angiotensin II induced proteolytic cleavage of myocardial ACE2 is mediated by TACE/ADAM-17: a positive feedback mechanism in the RAS. J. Mol. Cell Cardiol. 66, 167-176, https://doi.org/10.1016/j.yjmcc.2013.11.017

44. Li R, Uttarwar L, Gao B, Charbonneau M, Shi Y, Chan JS, Dubois CM, Krepinsky JC. (2015) High glucose up-regulates ADAM17 through HIF-1α in mesangial cells. J. Biol. Chem. 290, 21603-21614, https://doi.org/10.1074/jbc.M115.651604

45. Wawro K, Wawro M, Strzelecka M, Czarnek M, Bereta J. (2019) The role of NF-kB and Elk-1 in the regulation of mouse ADAM17 expression. Biol Open. 8(2): bio039420. https://doi.org/10.1242/bio.039420.

46. Szalad A, Katakowski M, Zheng X, Jiang F, Chopp M. (2009) Transcription factor Sp1 induces ADAM17 and contributes to tumor cell invasiveness under hypoxia. Journal of Experimental and Clinical Cancer Research. 28(129). https://doi.org/10.1186/1756-9966-28-129

47. Dutch N, Ayaşlioğlu E, Tutkak H, Aydintuğ OT. (2005) Cytokine inhibitors: soluble tumor necrosis factor receptor 1 and interleukin-1 receptor antagonist in Behçet’s disease. Rheumatol. Int. 25, 1-5, https://doi.org/10.1007/s00296-003-0400-6

48. Matthews V, Schuster B, Schütze S, Bussmeyer I, Ludwig A, Hundhausen C, Sadowski T, Safitg P, Hartmann D, Kallen KJ, Rose-John S. (2003) Cellular cholesterol depletion triggers shedding of the human interleukin-6 receptor by ADAM10 and ADAM17 (TACE). J. Biol. Chem. 278, 38829-38839, https://doi.org/10.1074/jbc.M210584200

52. Matthews V, Schuster B, Schütze S, Bussmeyer I, Ludwig A, Hundhausen C, Sadowski T, Saftig P, Hartmann D, Kallen KJ, Rose-John S. (2003) Cellular cholesterol depletion triggers shedding of the human interleukin-6 receptor by ADAM10 and ADAM17 (TACE). J. Biol. Chem. 278, 38829-38839, https://doi.org/10.1074/jbc.M210584200

53. Kraakman MJ, Kammoun HL, Allen TL, Deswaerte V, Henstridge DC, Estevez E, Matthews VB, Neill B, White DA, Murphy AJ, Peijs L. (2015) Blocking IL-6 trans-signaling prevents high-fat diet-induced adipose tissue macrophage recruitment but does not improve insulin resistance. Cell Metabol. 21, 403-416, https://doi.org/10.1016/j.cmet.2015.02.006

54. Stolarczyk M, Scholte BJ. (2018) The EGFR-ADAM17 axis in chronic obstructive pulmonary disease and cystic fibrosis lung pathology. Mediators Inflamm. 2018, 1067134, https://doi.org/10.1155/2018/1067134
55. Sahin U, Weskamp G, Kelly K, Zhou HM, Higashiyama S, Peschon J, Hartmann D, Saftig P, Blobel CP. (2004) Distinct roles for ADAM10 and ADAM17 in ectodomain shedding of six EGFR ligands. J. Cell Biol. 164, 769-779, https://doi.org/10.1083/jcb.200307137

56. Li Z, Li Y, Overstreet J, Chung S, Niu A, Fan X, Wang S, Wang Y, Zhang M, Harris R. (2018). Inhibition of Epidermal Growth Factor Receptor Activation Is Associated with Improved Diabetic Nephropathy and Insulin Resistance in Type 2 Diabetes. Diabetes. 67(9):1847-1857. https://doi.org/10.2337/db17-1513.

57. Garton KJ, Gough PJ, Blobel CP, Murphy G, Greaves DR, Dempsey PJ, Raines EW. (2001) Tumor necrosis factor-α-converting enzyme (ADAM17) mediates the cleavage and shedding of fractalkine (CX3CL1). J. Biol. Chem. 276, 37993-38001, https://doi.org/10.1074/jbc.M106434200

58. Shah R, Hinkle C, Ferguson J, Mehta N, Li M, Qu L, Lu Y, Putt M, Ahima R, Reilly M. (2011). Fractalkine is a Novel Human Adipochemokine Associated with Type 2 Diabetes. Diabetes. 60(5):1512-1518, https://doi.org/10.2337/db10-0956.

59. Xueyao Y, Saifei Z, Dan Y, Qianqian P, Xuehong D, Jiaqiang Z, Fenping Z, Hong L. (2014). Circulating Fractalkine Levels Predict the Development of the Metabolic Syndrome. International Journal of Endocrinology. http://dx.doi.org/10.1155/2014/715148.

60. Shah R, O’Neill S, Hinkle C, Caughey J, Stephan S, Lynch E, Bermingham K, Lynch G, Ahima R and Reilly M. (2015). Metabolic Effects of CX3CR1 Deficiency in Diet-Induced Obese Mice. PLOS One. https://doi.org/10.1371/journal.pone.0138317

61. Perrier S, Darakhshan F, Hajduch E. (2006). IL-1 receptor antagonist in metabolic diseases: Dr Jekyll or Mr Hyde. FEBS Letters. 580(27):6289-6294. https://doi.org/10.1016/j.febslet.2006.10.061.

62. Ballak D, Stienstra R, Tack C, Dinarello C and van Diepen J. (2015) IL-1 family members in the pathogenesis and treatment of metabolic disease: Focus on adipose tissue inflammation and insulin resistance. Cytokine. 75(2) 280-290, https://doi.org/10.1016/j.cyto.2015.05.005.

63. Gonzalez L, Garrie K, Turner M. (2018). Type 2 diabetes – An autoinflammatory disease driven by metabolic stress. BBA – Molecular Basis of Disease. 1864: 3805-3823, https://doi.org/10.1016/j.bbadis.2018.08.034.

64. Uchikawa S, Yoda M, Tohmonda T, Kanaji A, Matsumoto M, Toyama Y, Horiiuchi K. (2015) ADAM17 regulates IL-1 signaling by selectively releasing IL-1 receptor type 2 from the cell surface. Cytokine. 71, 238-245, https://doi.org/10.1016/j.cyto.2014.10.032

65. Düstehöft S, Babendreyer A, Giese AA, Flashove C, Ludwig A. (2019) Status update on iRhom and ADAM17: It’s still complicated. Biochim. Biophys. Acta. Mol. Cell Res. 1866, 1567-1583, https://doi.org/10.1016/j.bbamcr.2019.06.017

66. Dulloo, I, Muliyil S, Freeman M, (2019) The molecular, cellular and pathophysiological roles of iRhom pseudoproteases, Open Biology, 9:190003, https://doi.org/10.1098/rsob.190003

67. Minxuan X, Chenxu G, Yuting Q, Deshuai L, Qiang L, Jing F, Yekuan W, Linfeng H, Ping H, Jun T. (2019). iRhom2 serves as a facilitator in obesity by enhancing adipose inflammation and insulin resistance. bioRxiv. https://doi.org/10.1101/600460.

68. Hedemann N, Rogmans C, Sebens S, Wesch D, Reichert M, Schmidt-Arras D, Oberg HH, Pecks U, van Mackelenbergh M, Weimer J, Arnold N. (2018) ADAM17 inhibition enhances platinum efficiency in ovarian cancer. Oncotarget. 9,16043-16058, https://doi.org/10.18632/oncotarget.24682
69. Sharma A, Bender S, Zimmermann M, Riesterer O, Broglini-Tenzer A, Pruschny MN. (2016) Secretome signature identifies ADAM17 as novel target for radiosensitization of non–small cell lung cancer. *Clin. Cancer Res.* **22**, 4428-4439, [https://doi.org/10.1158/1078-0432.CCR-15-2449](https://doi.org/10.1158/1078-0432.CCR-15-2449)

70. Lu HY, Zu YX, Jiang XW, Sun XT, Liu TY, Li RL, Wu Q, Zhang YS, Zhao QC. (2019) Novel ADAM-17 inhibitor ZLDI-8 inhibits the proliferation and metastasis of chemo-resistant non-small-cell lung cancer by reversing Notch and epithelial mesenchymal transition in vitro and in vivo. *Pharmacol. Res.* **148**, 104406, [https://doi.org/10.1016/j.phrs.2019.104406](https://doi.org/10.1016/j.phrs.2019.104406).

71. Xia C, Zhang D, Li Y, Chen J, Zhou H, Nie L, Sun Y, Guo S, Cao J, Zhou F, Li J. (2019) Inhibition of hepatocellular carcinoma cell proliferation, migration, and invasion by a disintegrin and metalloproteinase-17 inhibitor TNF484. *J. Res. Med. Sci.* **24**, 26, [https://doi.org/10.4103/jrms.JRMS_129_17](https://doi.org/10.4103/jrms.JRMS_129_17)

72. Qian M, Bai S, Brogdon B, Wu J, Liu R, Covington M, Vaddi K, Newton R, Fossler M, Garner C, Deng Y, Madusukiue T, Trzaskos J, Duan J, Decicco C, Christ D (2007) Pharmacokinetics and pharmacodynamics of DPC 333 ((2R)-2-((3R)-3-amino-3-[2-methyl-4-quinolinyl] methoxy) phenyl)-2-oxopyrrolidinyl-N-hydroxy-4-methylpentanamide), a potent and selective inhibitor of tumor necrosis factor alpha-converting enzyme in rodents, dogs, chimpanzees, and humans. *Drug Metab Dispos.* **35**(10):1916-25, [https://doi.org/10.1124/dmd.107.015933](https://doi.org/10.1124/dmd.107.015933).

73. Moss M and Minond D (2017) Recent Advances in ADAM17 Research: A Promising Target for Cancer and Inflammation. *Hindawi: Mediators of Inflammation.* [https://doi.org/10.1155/2017/967357](https://doi.org/10.1155/2017/967357)

74. Li R, Uttarwar L, Gao B, Charbonneau M, Shi Y, Chan JS, Dubois CM, Krepsinsky JC. (2015) High glucose up-regulates ADAM17 through HIF-1α in mesangial cells. *J. Biol. Chem.* **290**, 21603-21614, [https://doi.org/10.1074/jbc.M115.651604](https://doi.org/10.1074/jbc.M115.651604).

75. de Araujo Silva TG, Castorena-Gonzalez J, Restaino RM, Foote CA, Morales-Quinones M, Wheeler AA, Rawlings AL, Staveley-O’CarrolKF, Padilla J, Martinez-Lemus LA. (2019) ADAM17 Cleaves the Insulin Receptor α-Subunit on Endothelial Cells and Induces Vascular Insulin Resistance in Type 2 Diabetes. *FASEB J.* **33**, 685-687, [https://doi.org/10.1096/fasebj.2019.33.1_supplement.685.7](https://doi.org/10.1096/fasebj.2019.33.1_supplement.685.7)

76. Zinman B, Wanner C, Lachin JM, Fitchett D, Bluemke D, Hantel S, Matthews M, Devins T, Johansen OE, Woerle HJ, Broedl UC. (2015) Empagliflozin, cardiovascular outcomes, and mortality in type 2 diabetes. *N. Engl. J. Med.* **373**, 2117-2128, [https://doi.org/10.1056/NEJMoa1504720](https://doi.org/10.1056/NEJMoa1504720).

77. Herat LY, Magno AL, Rudnicka C, Hricova J, Carnagarin R, Ward NC, Arcambal A, Kiuchi MG, Head GA, Schlachter MP, Matthews VB. (2020) SGLT2 inhibitor--induced sympathoinhibition: a novel mechanism for cardiorenal protection. *JACC.* **5**,169-179, [https://doi.org/10.1016/j.jacbs.2019.11.007](https://doi.org/10.1016/j.jacbs.2019.11.007).

78. Weerasekera L, Rudnicka C, Sang QX, Curran JE, Johnson MP, Moses EK, Göring HH, Blangero J, Hricova J, Schlachter M, Matthews VB. (2017) ADAM19: a novel target for metabolic syndrome in humans and mice. *Mediators Inflamm.* **2017**, 7281986, [https://doi.org/10.1155/2017/7281986](https://doi.org/10.1155/2017/7281986)

79. Jowett JB, Okada Y, Leedman PJ, Curran JE, Johnson MP, Moses EK, Goring HH, Mochizuki S, Blangero J, Stone L, Allen H, Mitchell C, Matthews VB. (2012) ADAM28 is elevated in humans with the metabolic syndrome and is a novel sheddase of human tumour necrosis factor-a. *Immunol. Cell Biol.* **90**, 966-973, [https://doi.org/10.1038/icb.2012.44](https://doi.org/10.1038/icb.2012.44)
80. Herat L, Rudnicka C, Okada Y, Mochizuki S, Schlaich M, Matthews V. (2017) The metalloproteinase ADAM28 promotes metabolic dysfunction in mice. *Int. J. Mol. Sci.* **18**, 884, [https://doi.org/10.3390/ijms18040884](https://doi.org/10.3390/ijms18040884)

**Figures**

![Figure 1. Schematic representation of ADAM17 mediated shedding.](image)

Phosphatidylinerine transported to the outside of the membrane is required for ADAM17 activation [7]. ADAM enzymes are dependent on Zn$^{2+}$ for activation and absence of Zn$^{2+}$ renders the enzymes proteolytically inactive [8]. The function of ADAM17 includes shedding of receptors, growth factors and cytokines.
Figure 2. The effect of various ADAM17 substrates on bodily organ and cell tissue function.
ADAM17 shedding causes an alteration to homeostatic cell function due to the profound effects of ADAM17 mediated cleaved proteins [38-43] which circulate systemically and act at a molecular and cellular level.
