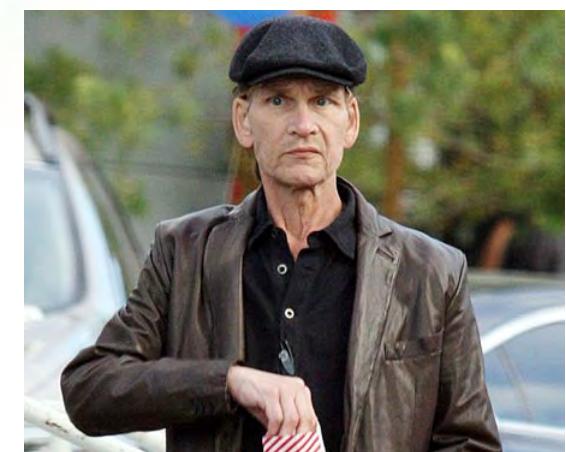
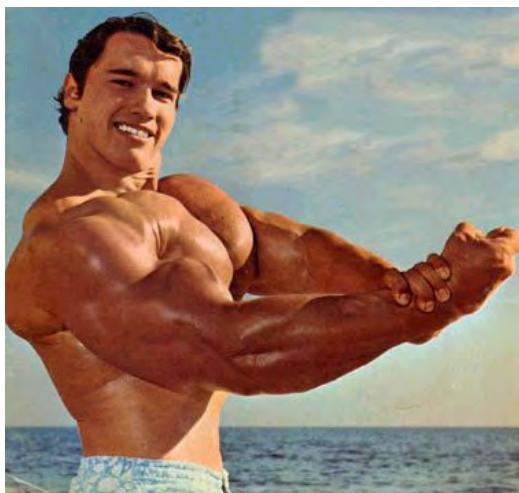
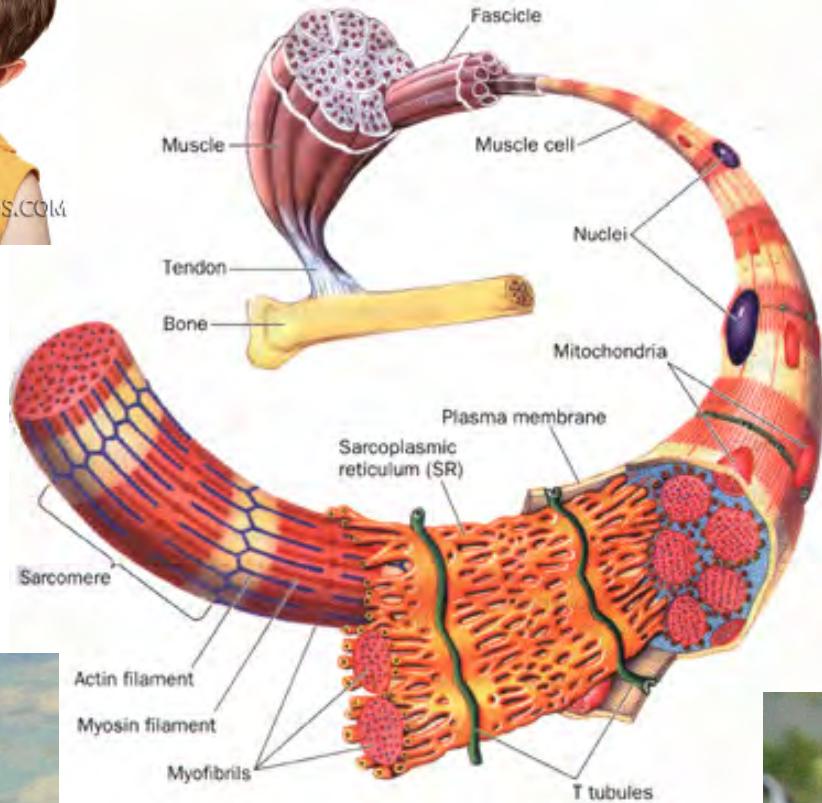
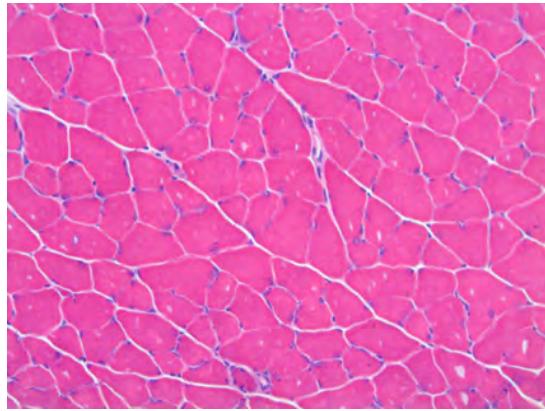


Signaling pathways that regulate skeletal muscle mass

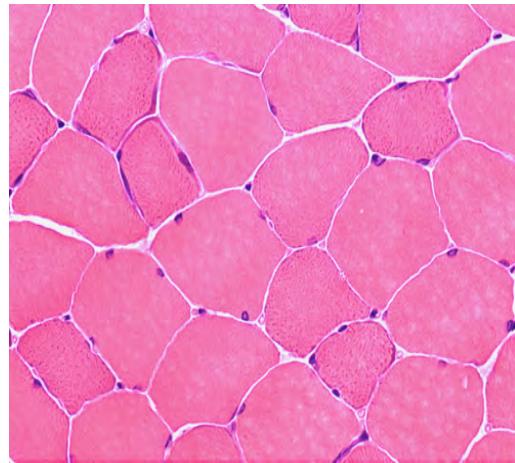
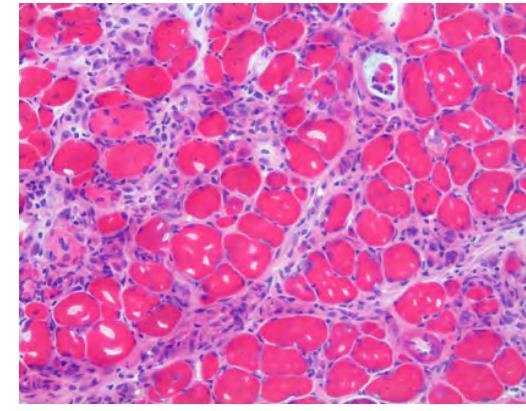
Denis Guttridge, Ph.D.

MVIMG 747, Neuromuscular Biology and Disease
May 24, 2012

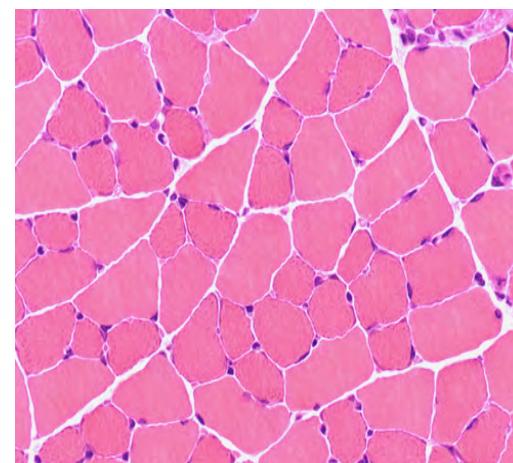


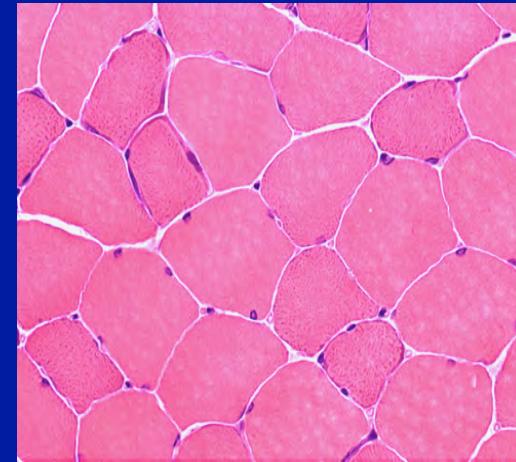
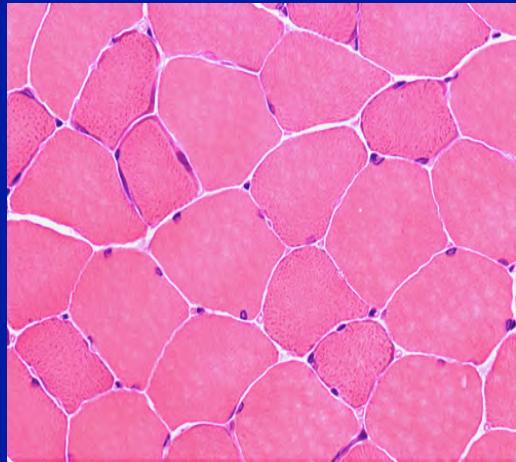


dystrophy

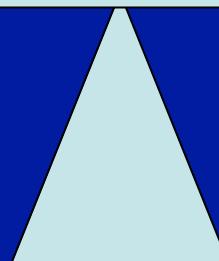


atrophy

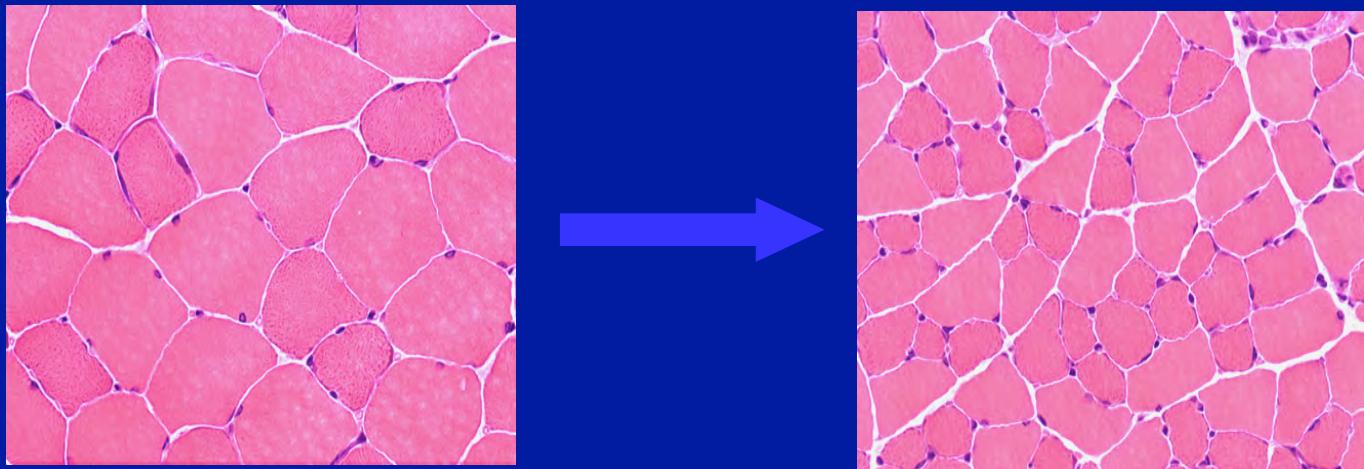




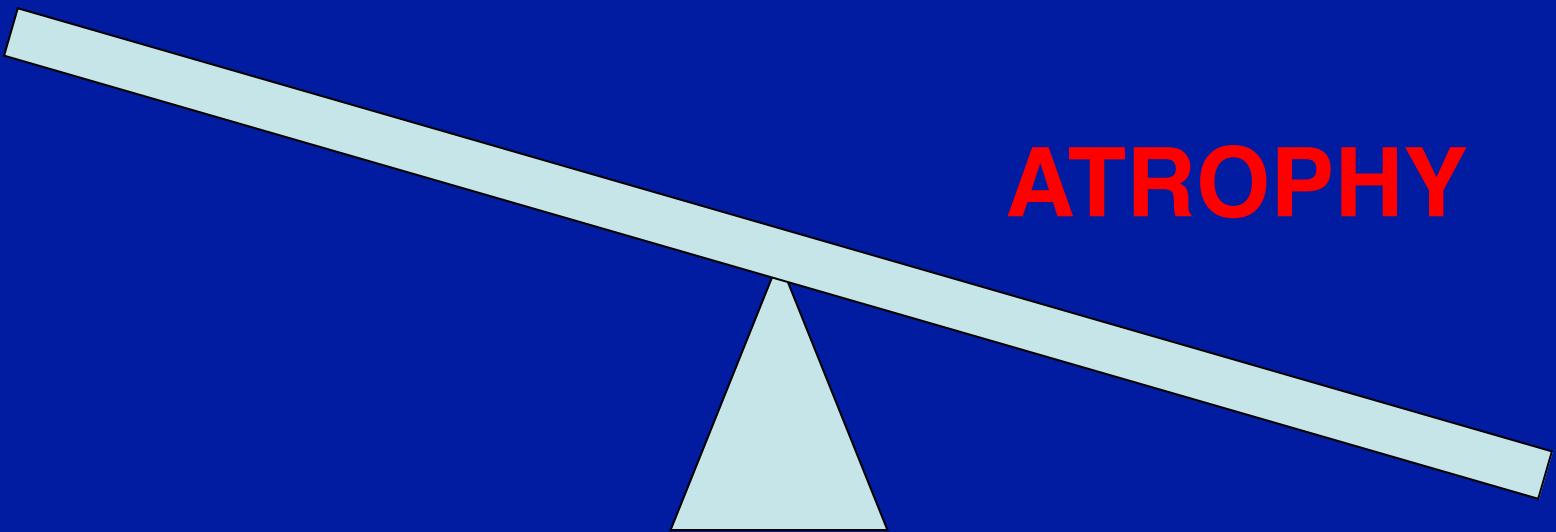
HYPERTROPHY

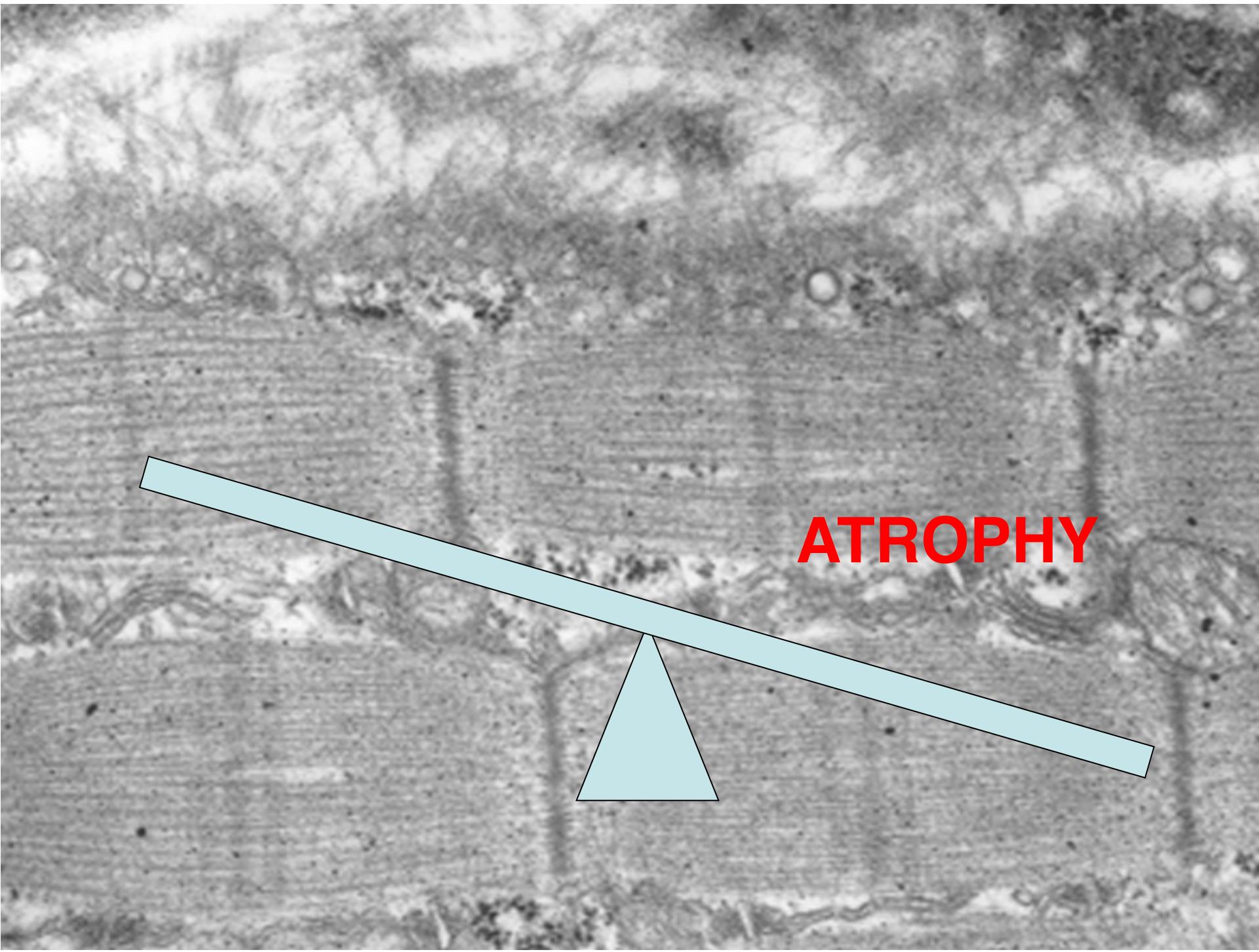


ATROPHY



ATROPHY

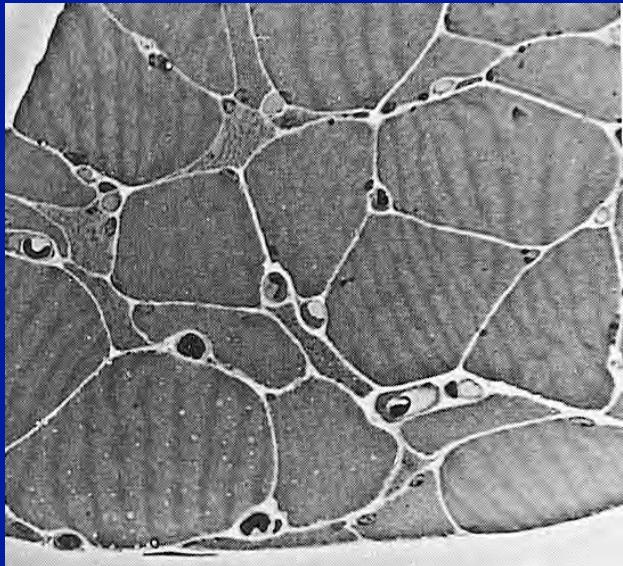




A black and white micrograph showing a cross-section of skeletal muscle tissue. The fibers appear thick and somewhat disorganized, indicating a state of atrophy. A prominent feature is a large, clear, circular area, likely a vacuole or a degenerated muscle fiber.

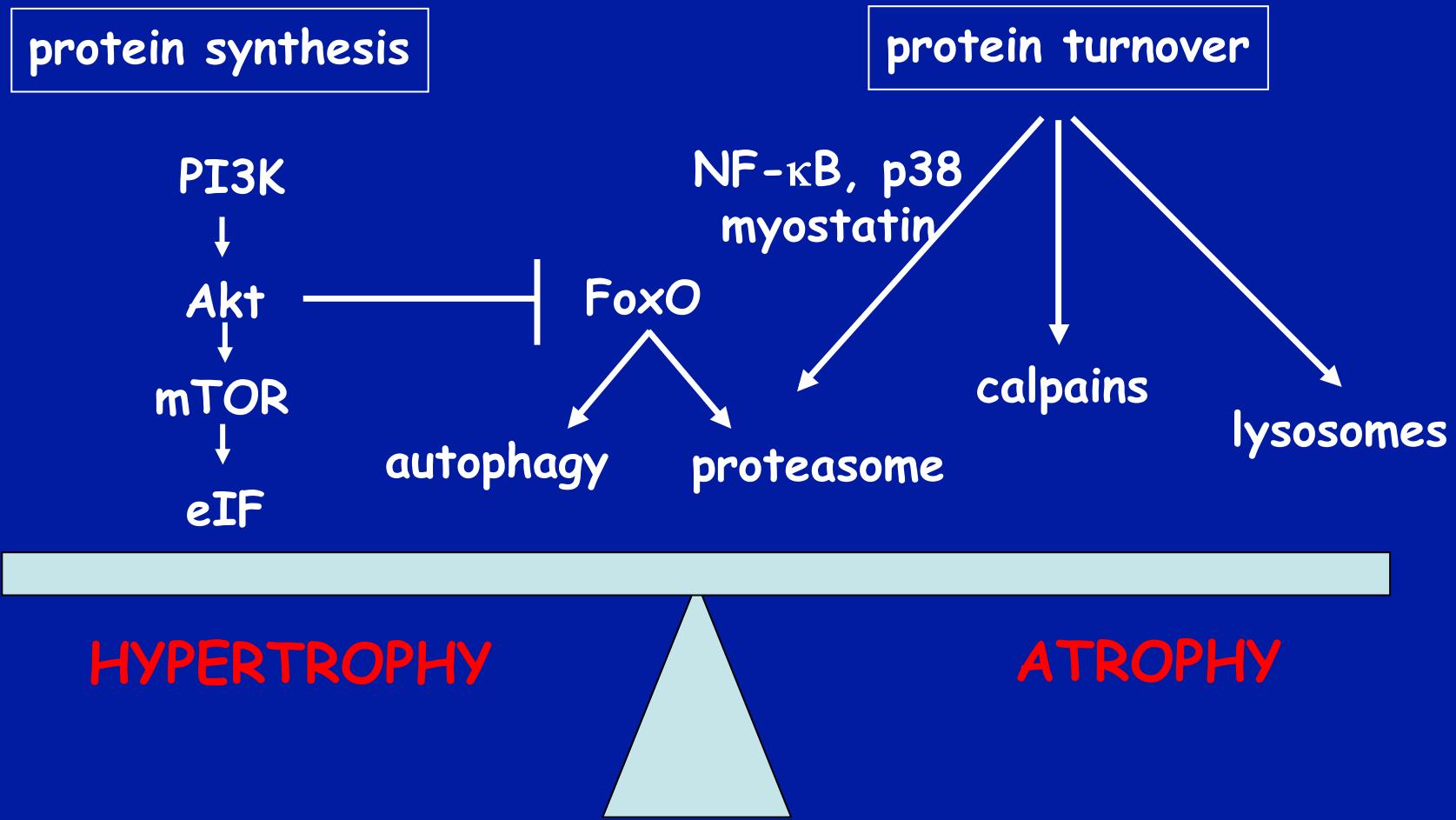
ATROPHY

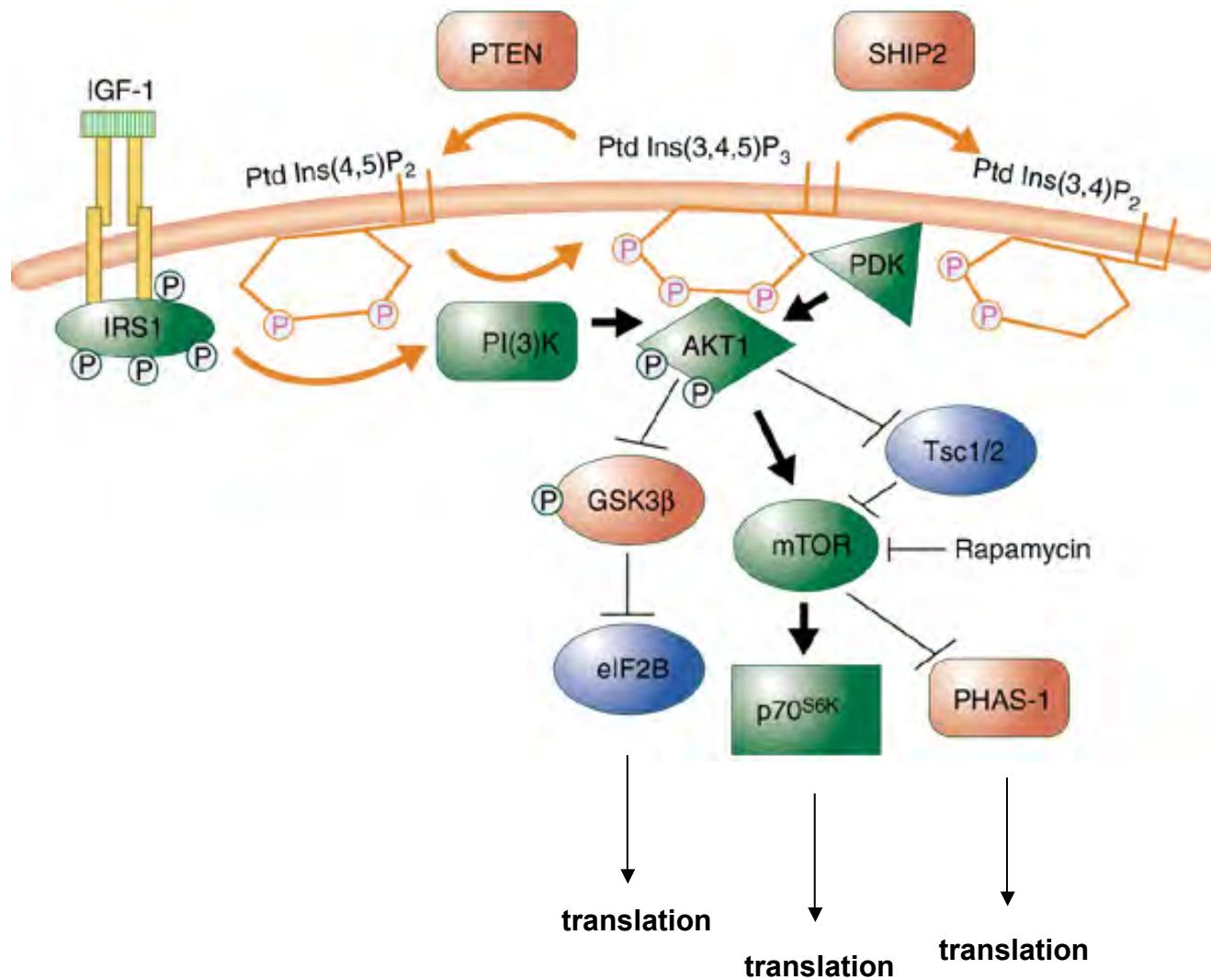
Cancer, COPD, Denervation, Renal Failure, (most forms of cachexia)



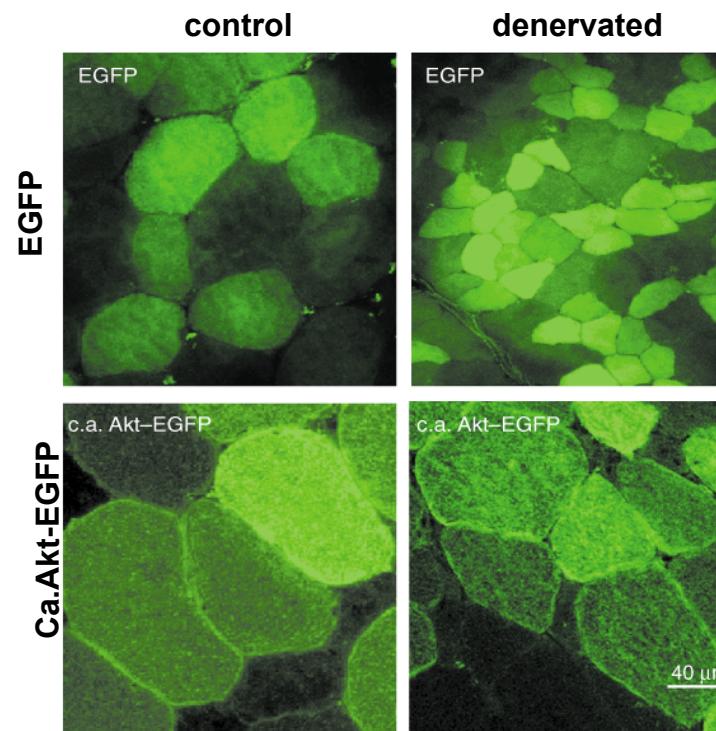
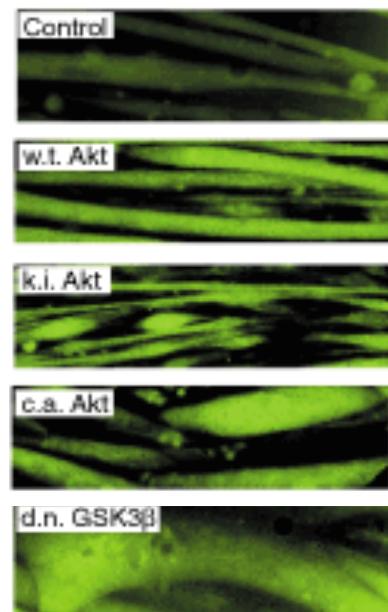
Human Biopsy (carcinoma)

- **type II atrophy (fast twitch fibers)**
- **increase vascularization (cancer)**
- **lack of immune infiltrates**
- **no strong indication of apoptosis**

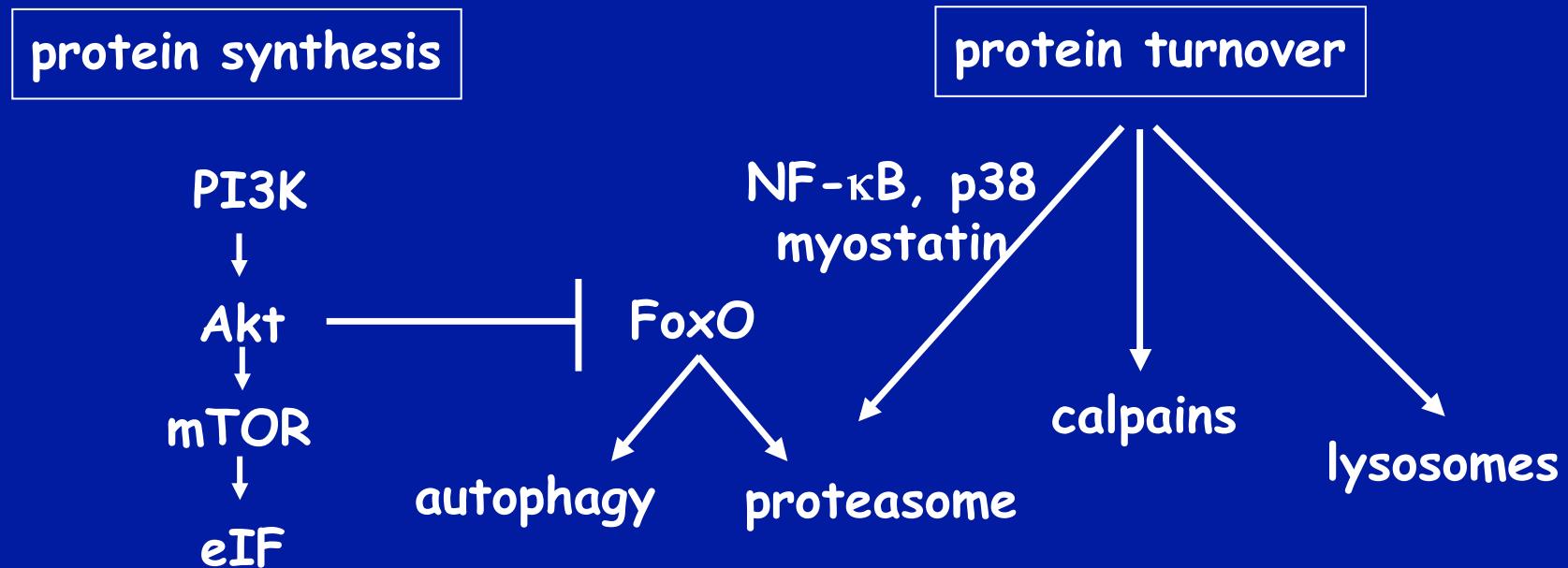




C2C12 myofibers

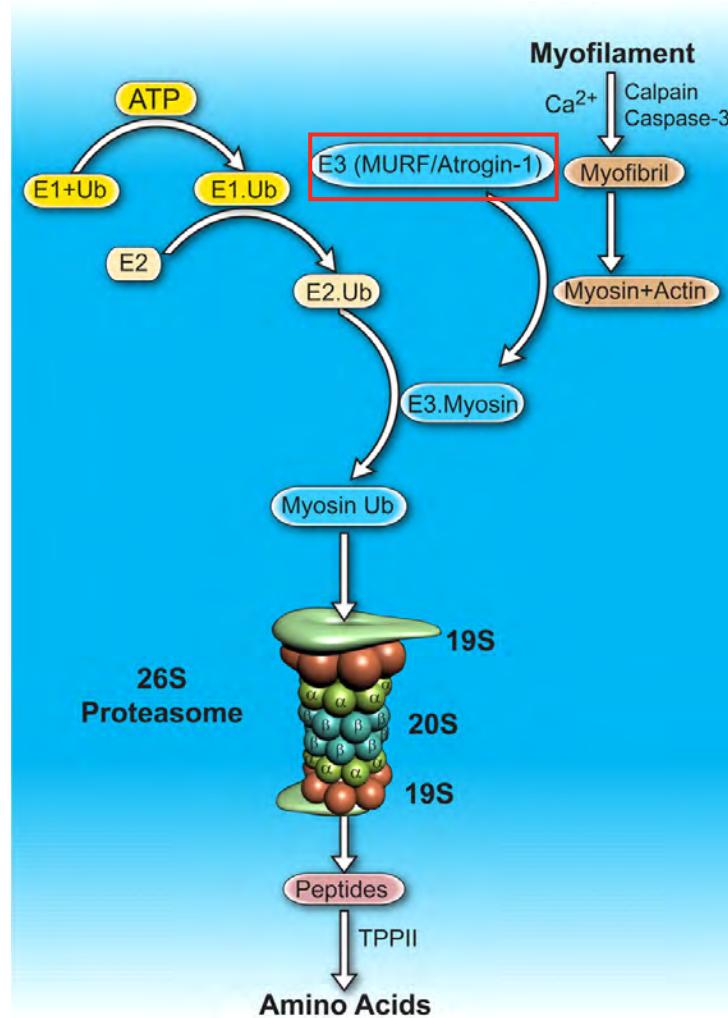


Bodine et al., *Nature Cell Biol.*, 2001

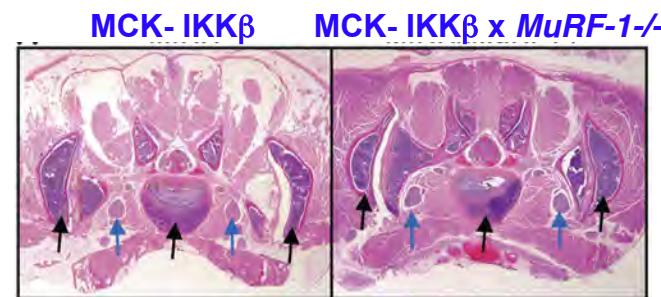
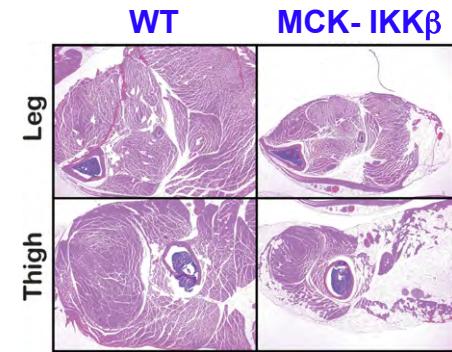
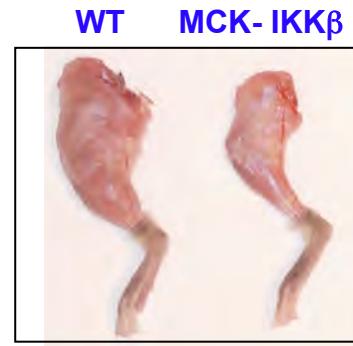
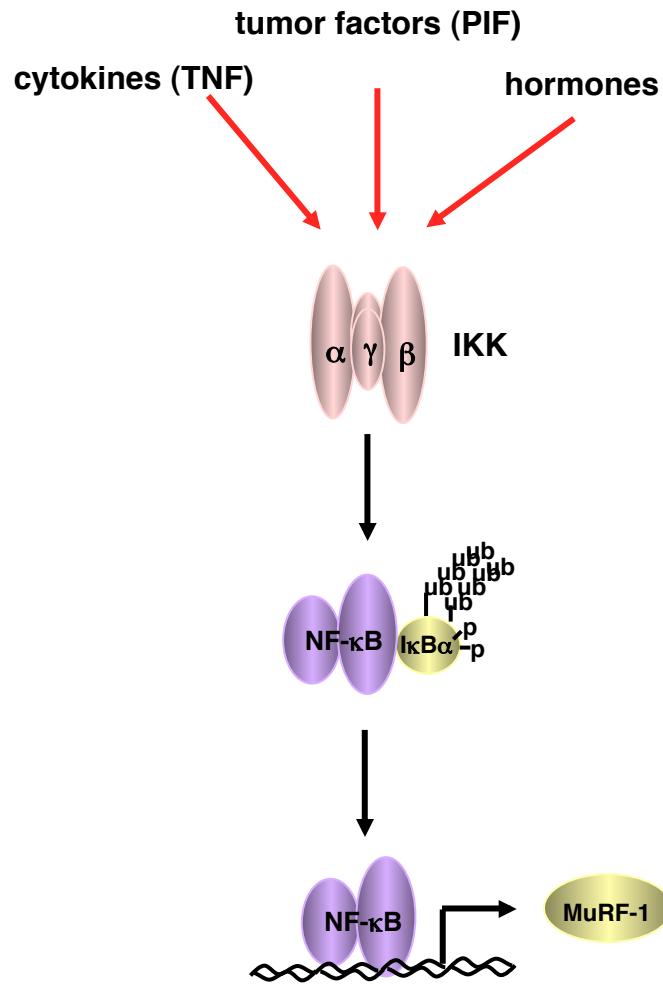


HYPERTROPHY

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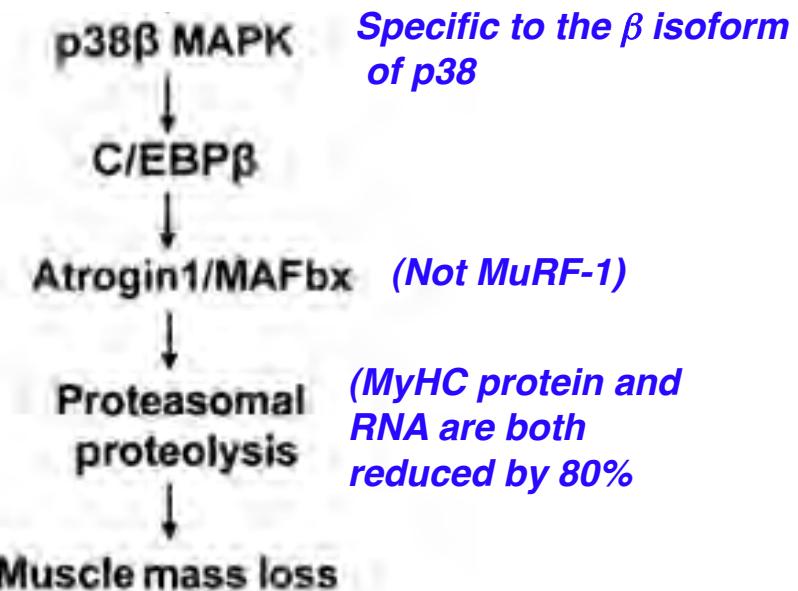


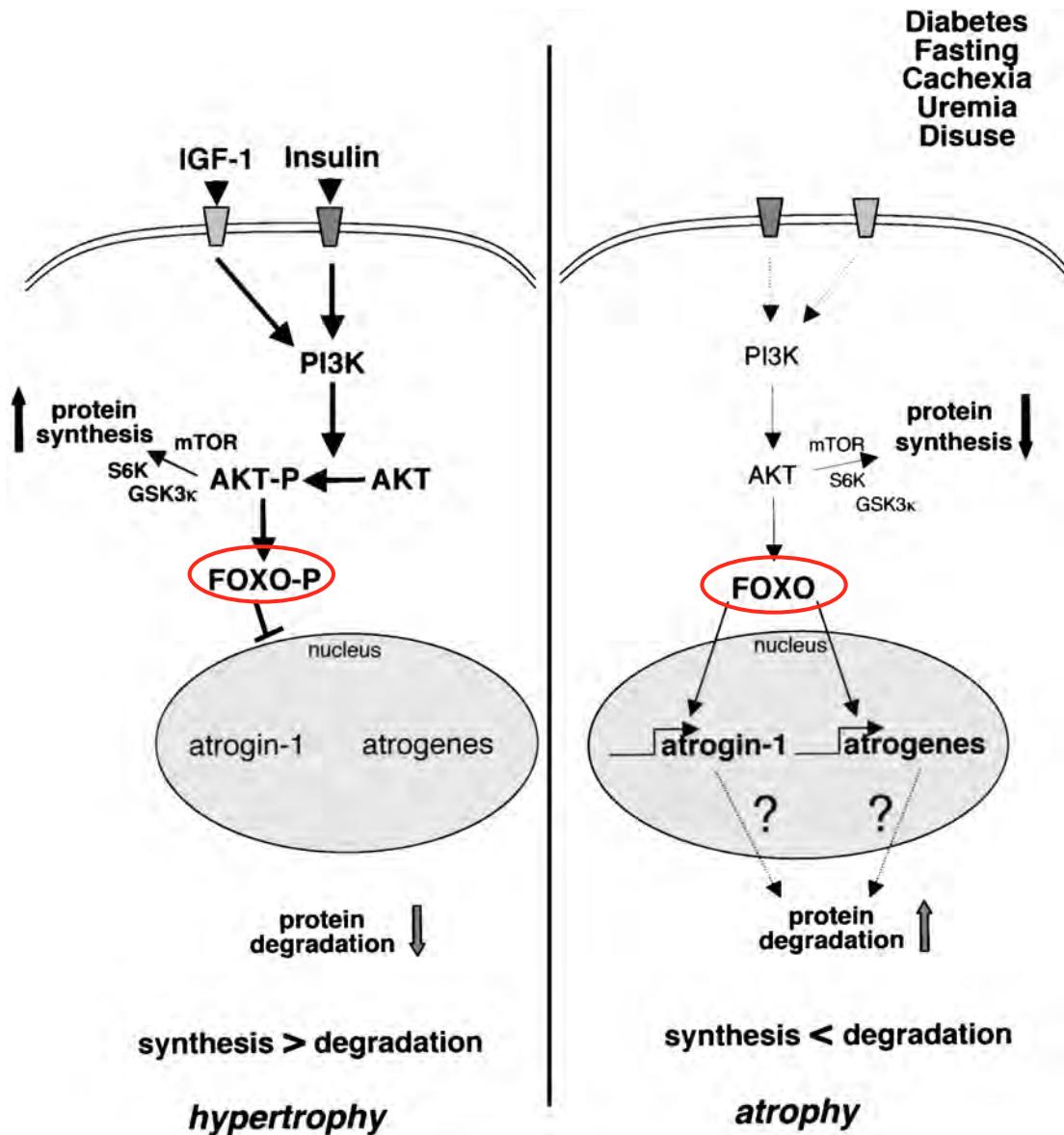
Tisdale, M. J. Physiol. Rev., 2009

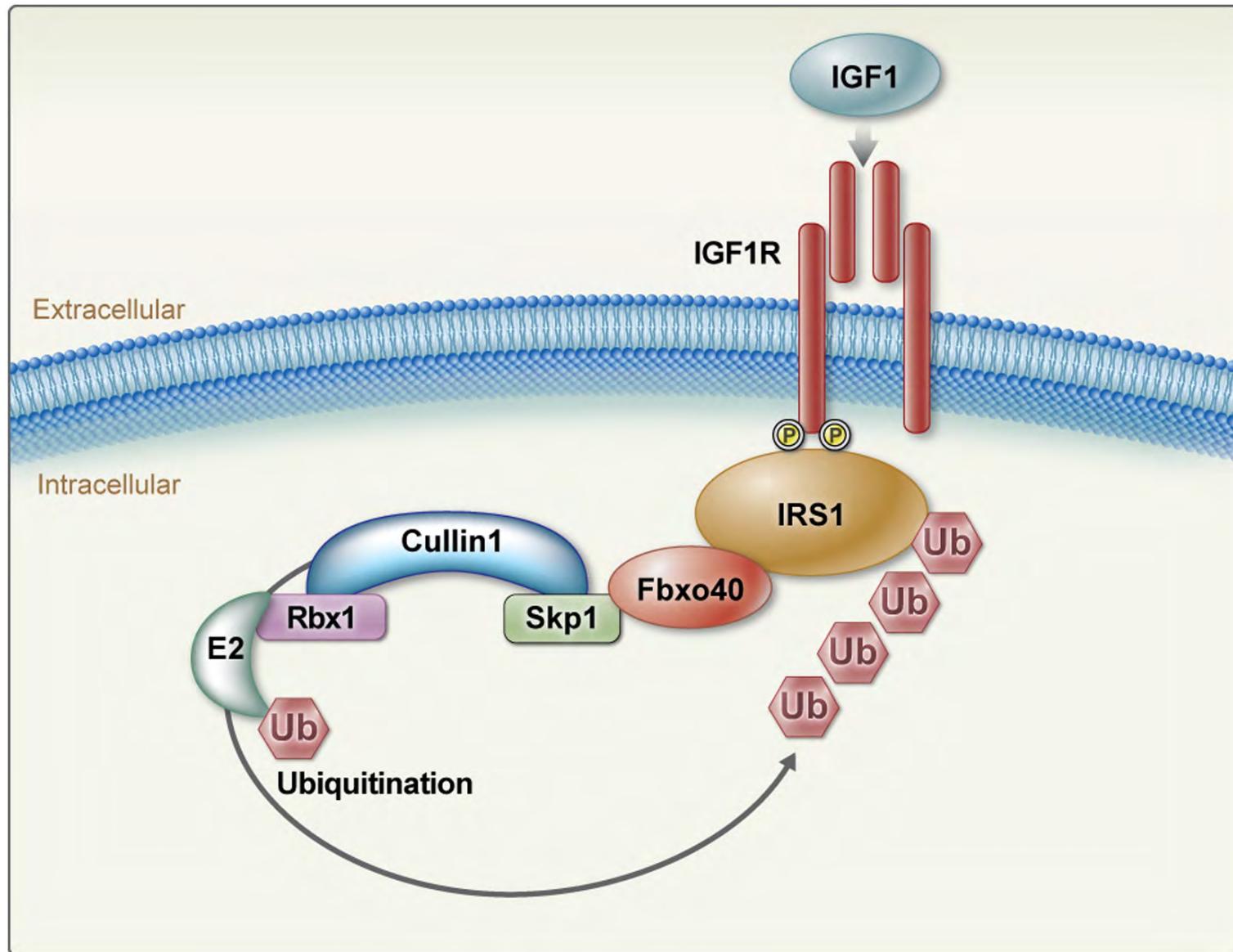


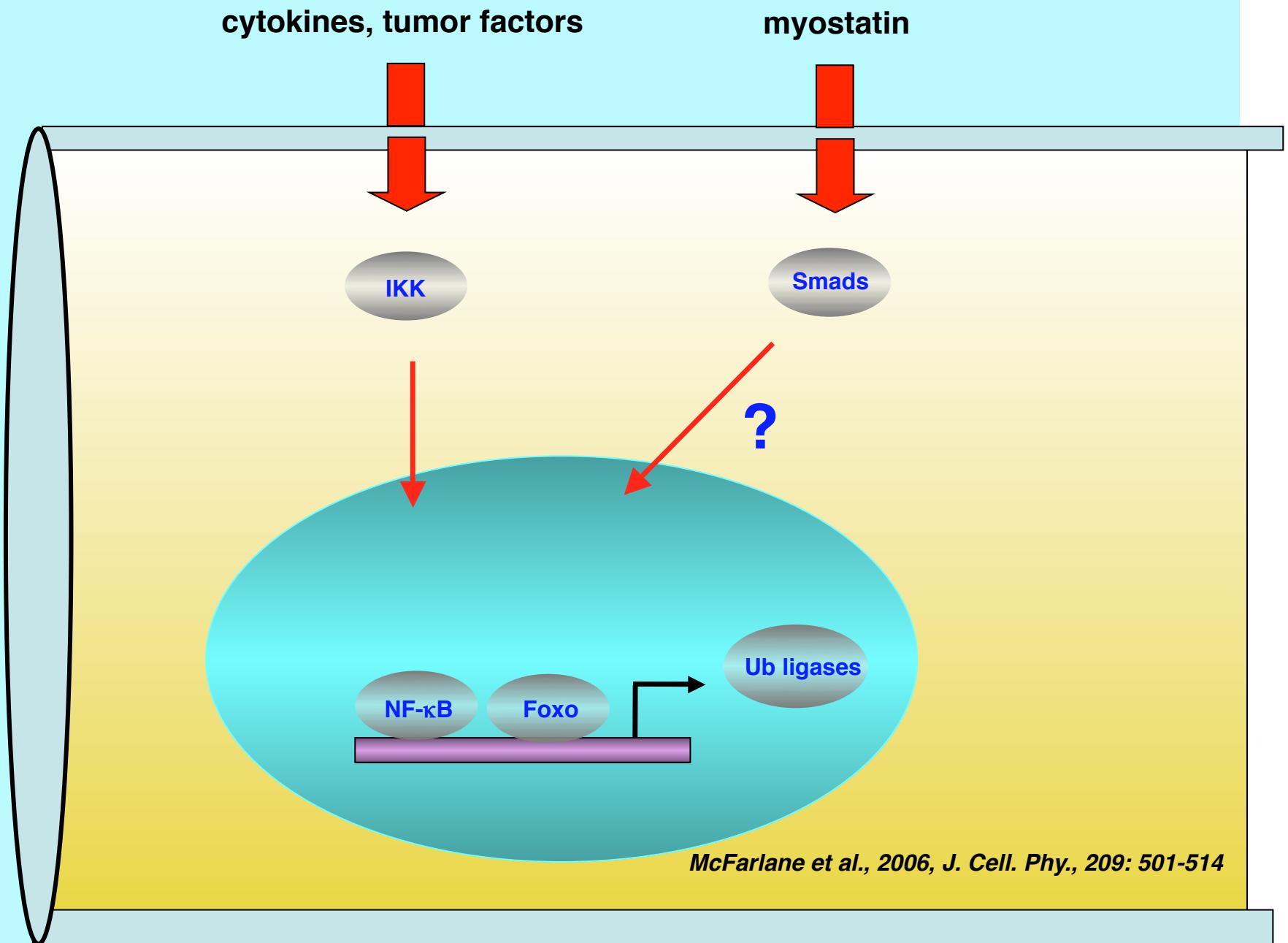
C/EBP β mediates tumour-induced ubiquitin ligase atrogin1/MAFbx upregulation and muscle wasting

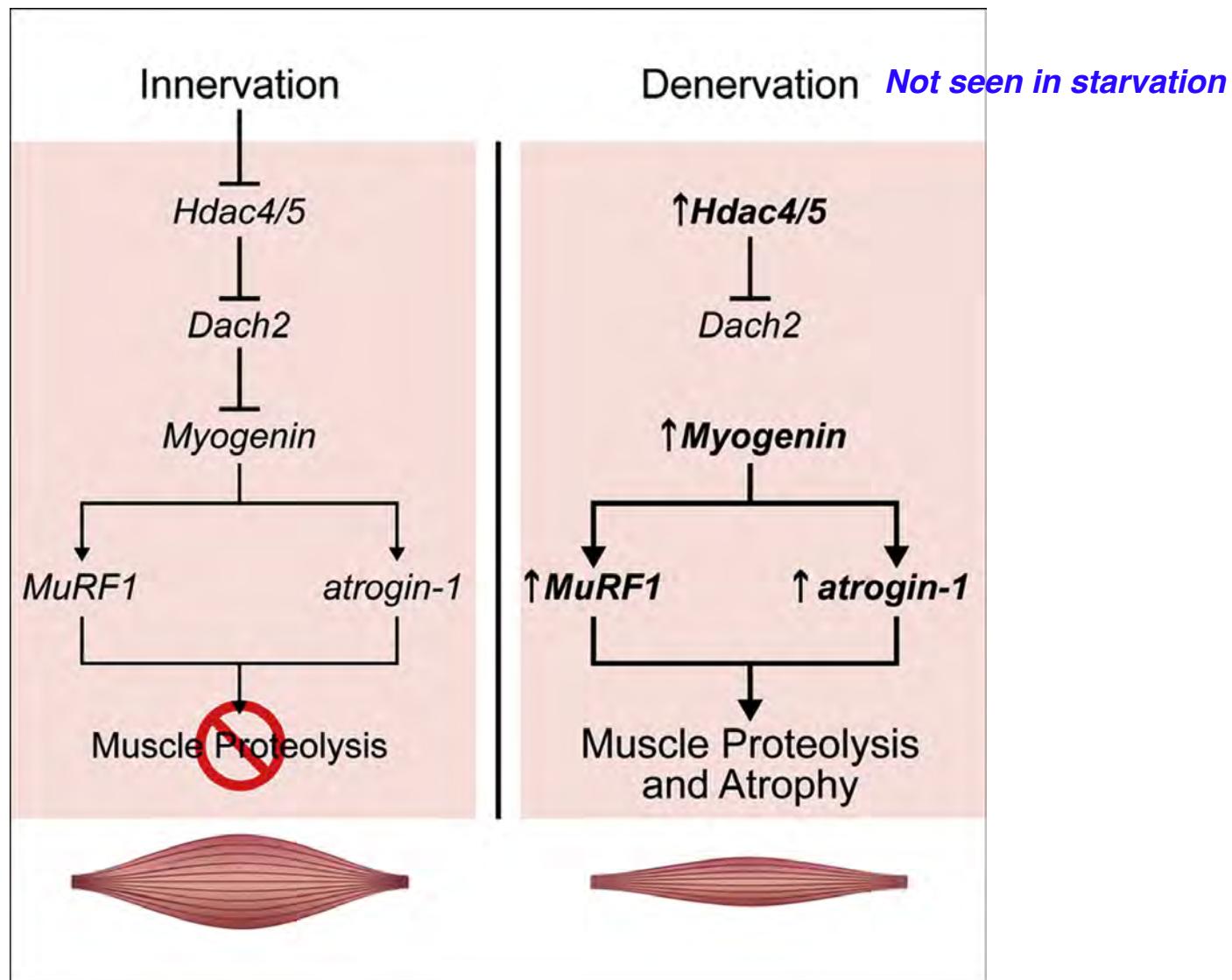
Guohua Zhang¹, Bingwen Jin²
and Yi-Ping Li^{1,*}







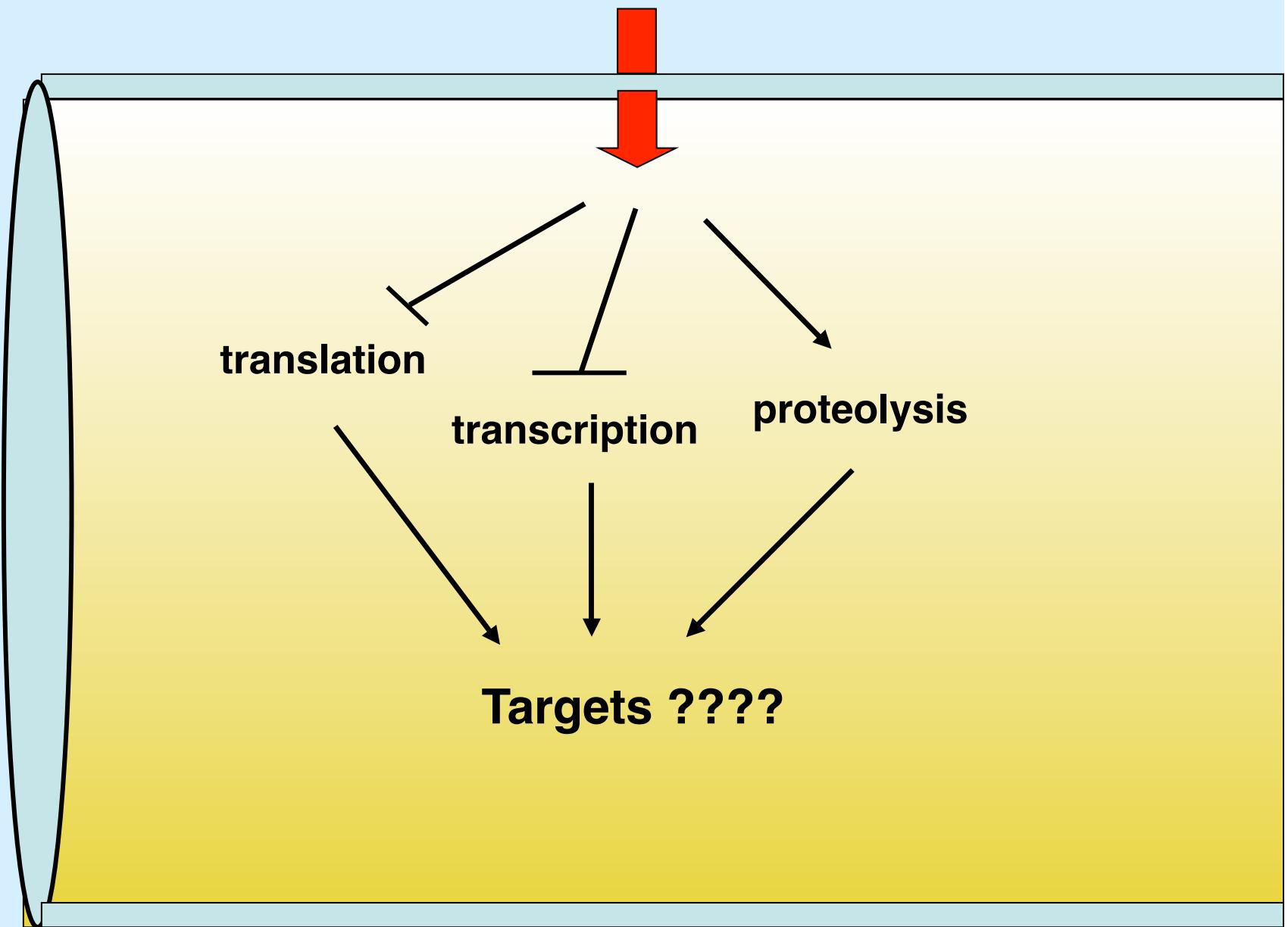




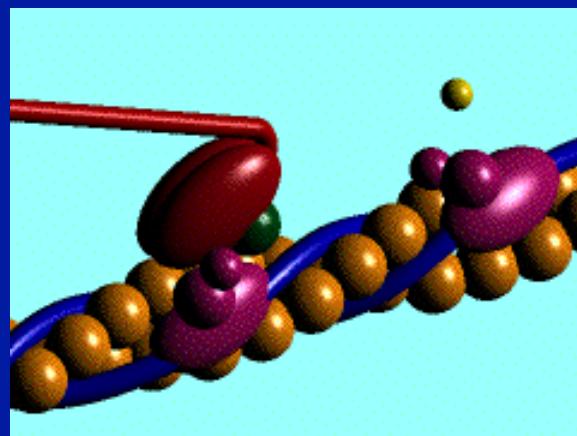
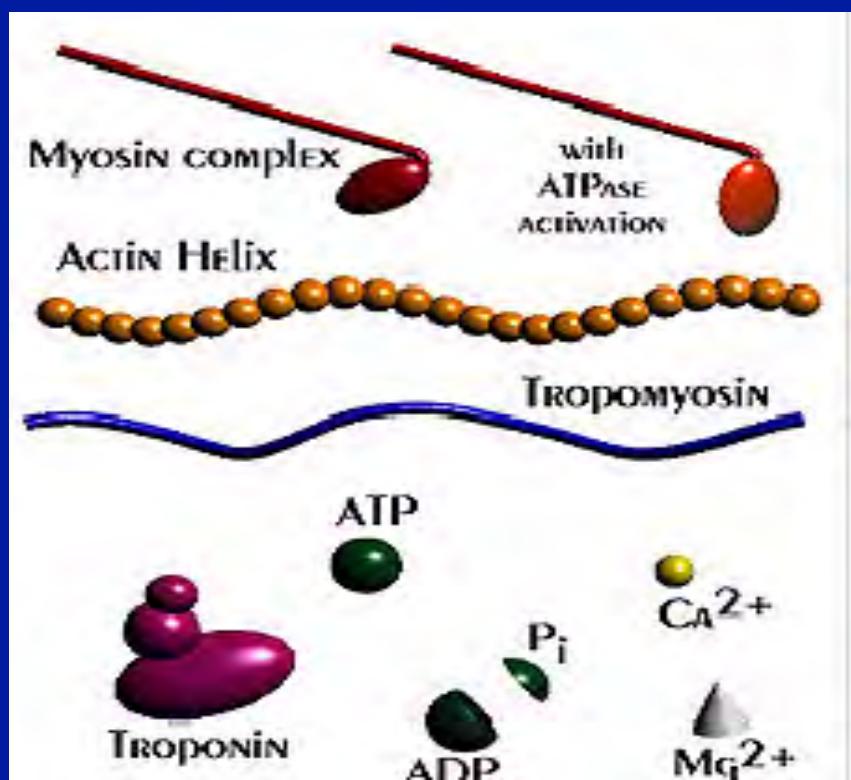
Moresi et al., Cell, 2010, 143: 35

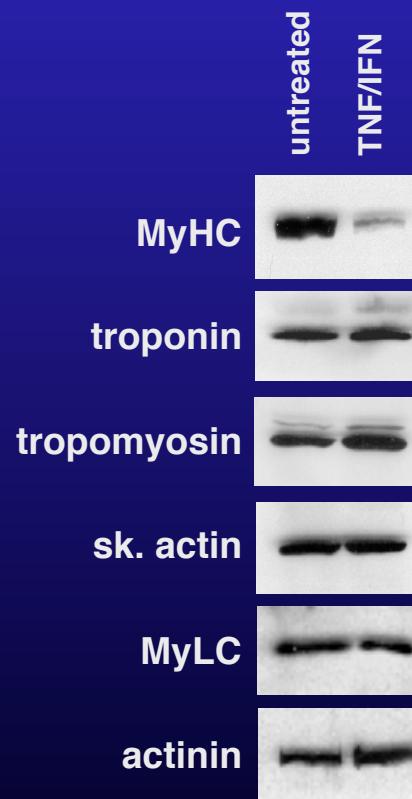
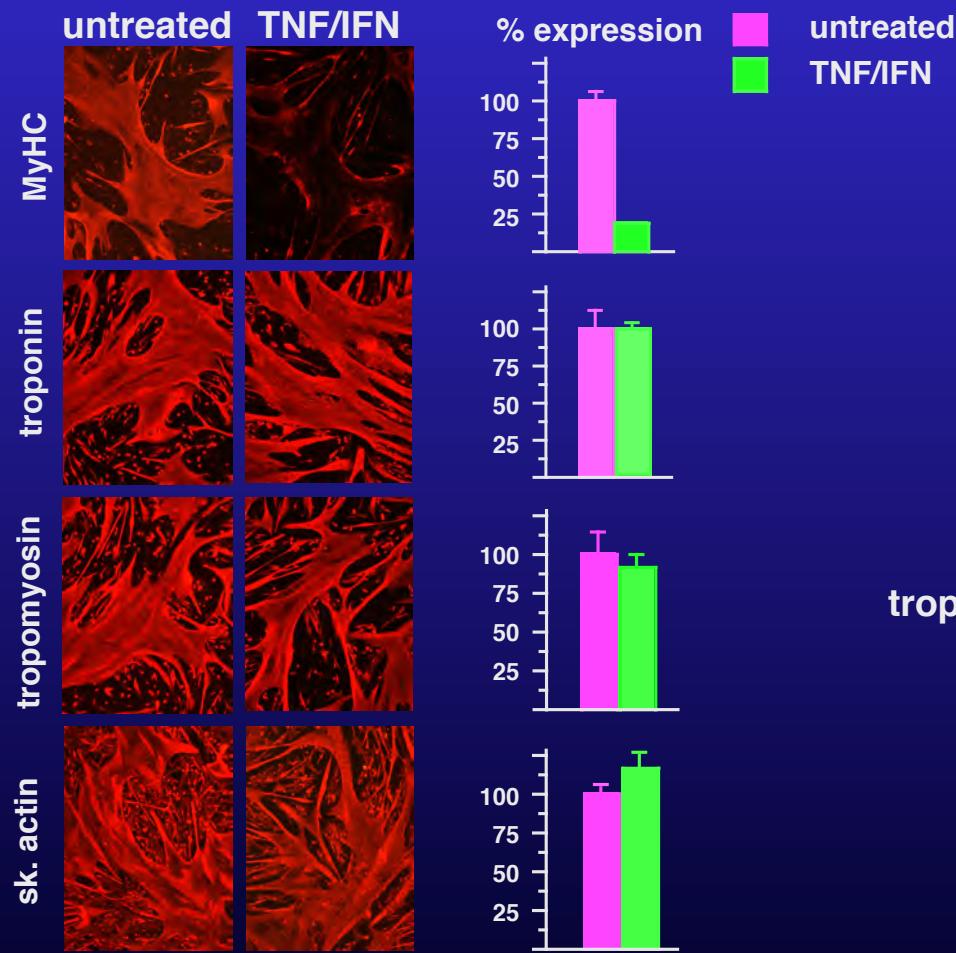
myofibril

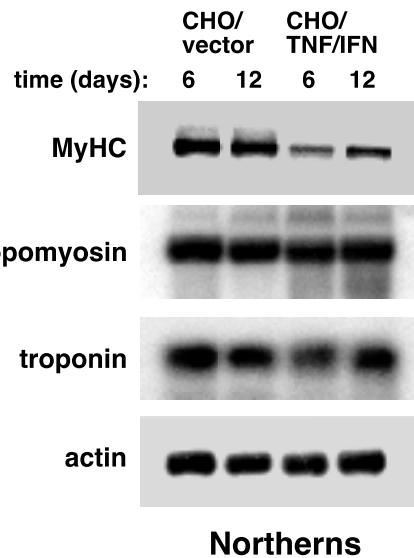
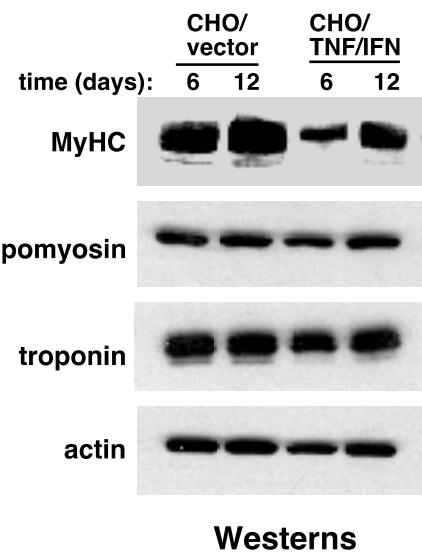
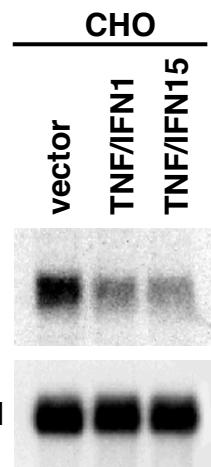
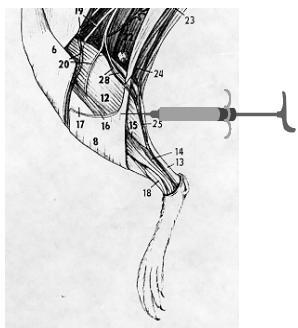
cachectic factors



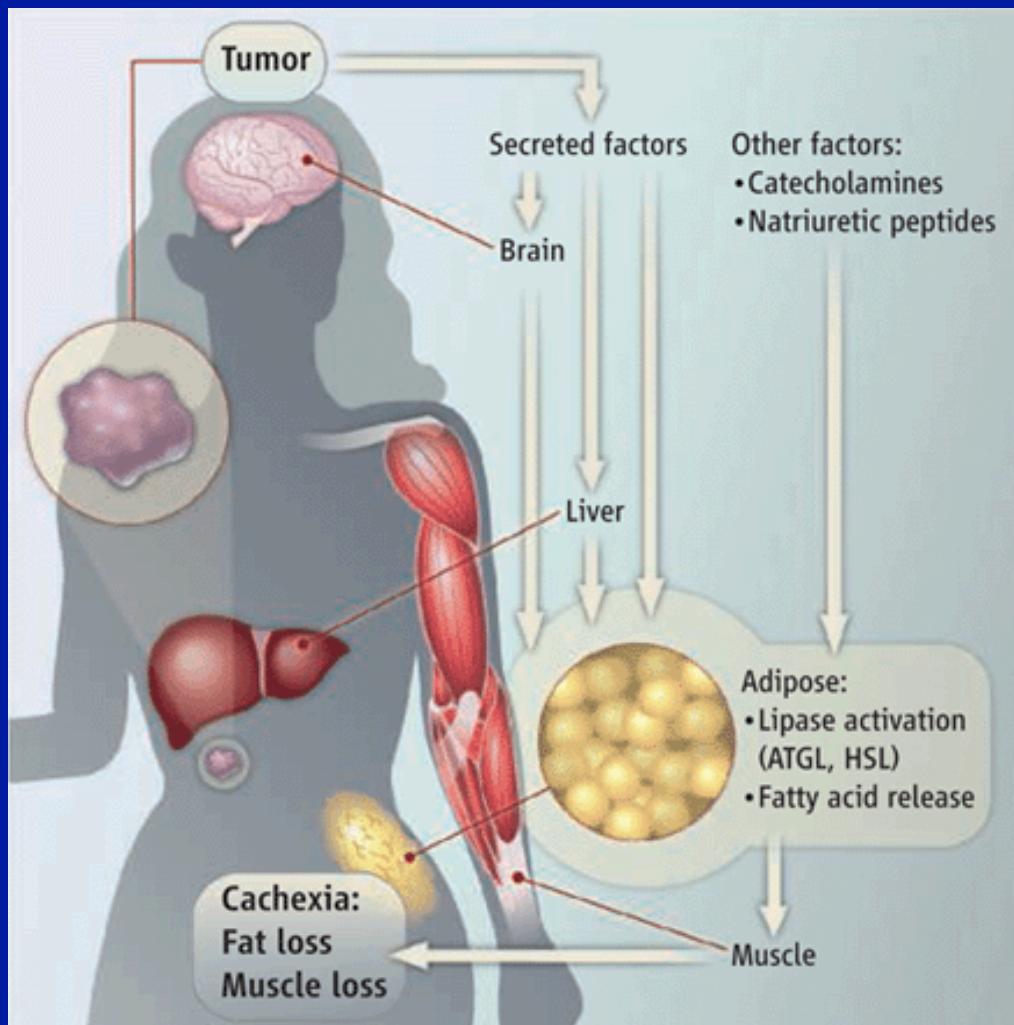




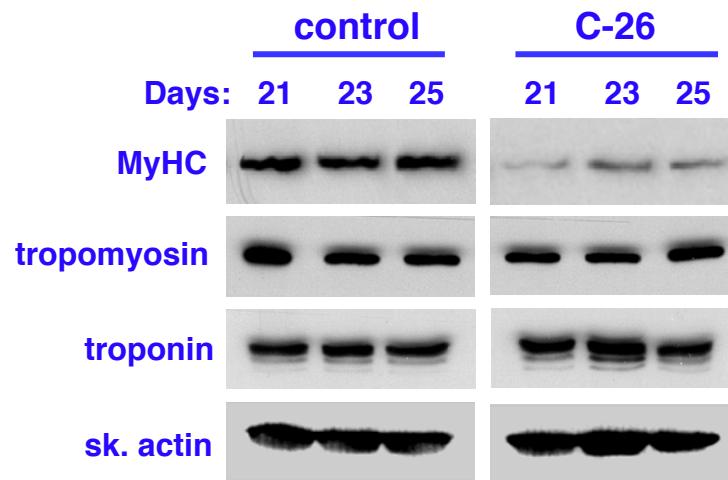
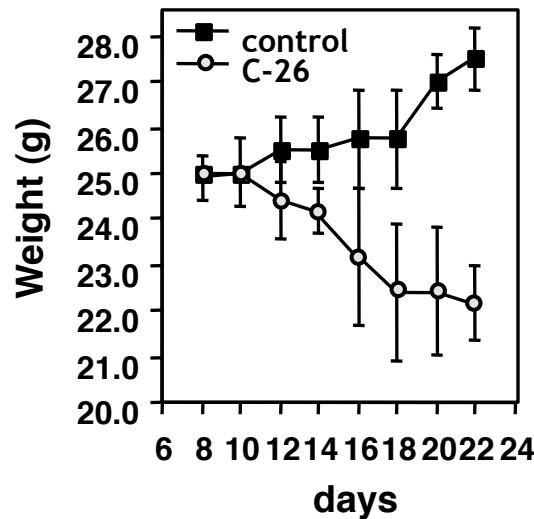
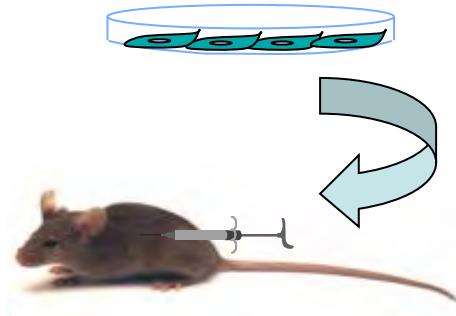


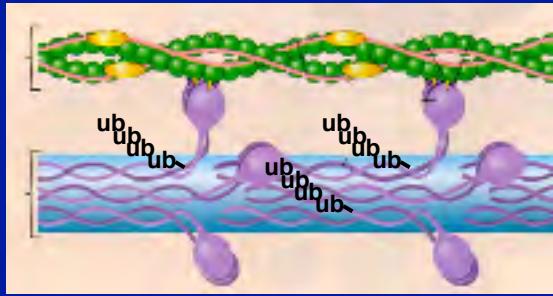


Cancer Cachexia



Colon-26 (C-26) Adenocarcinoma Cachexia Model



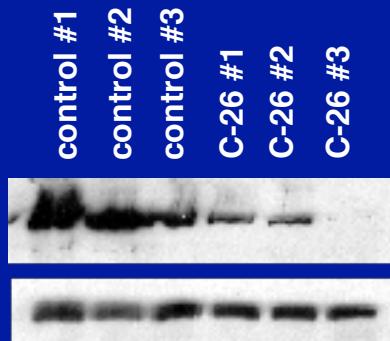
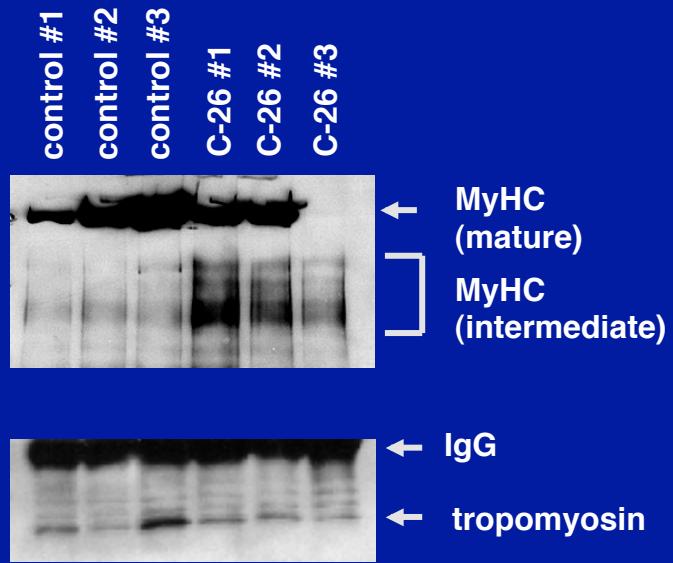


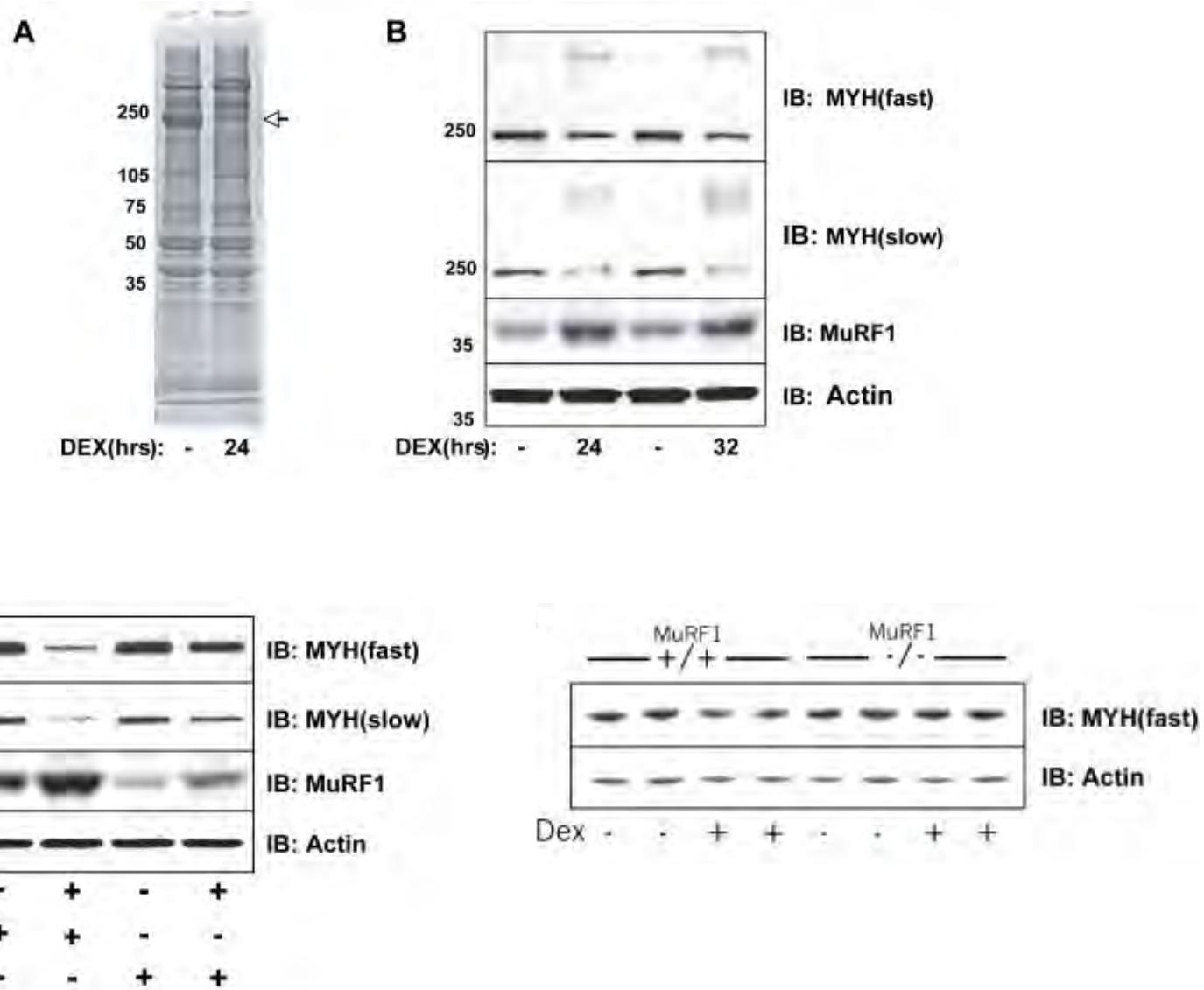
IP: Ub
IB: MyHC

IP: Ub
IB:tropo.

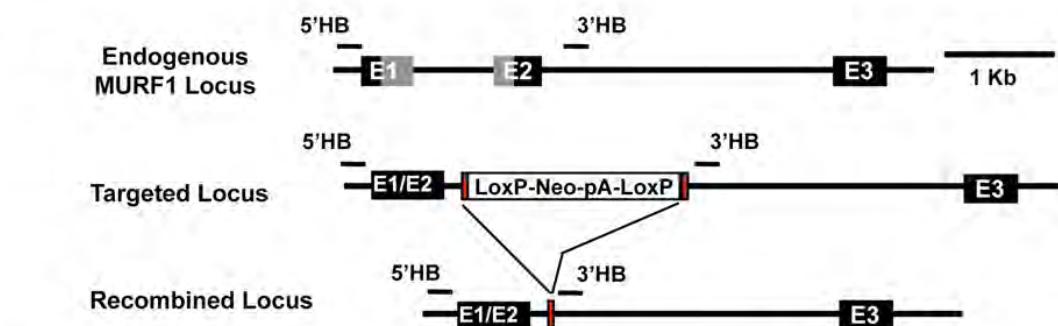
IP: Actin
IB: MyHC

IB: Actin

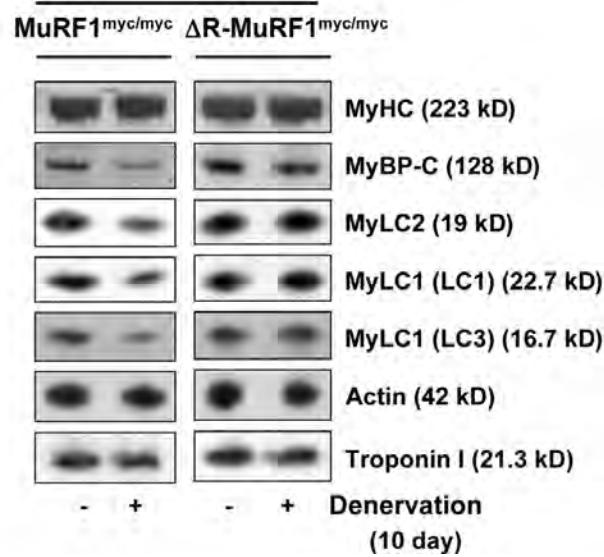




\triangle R-MuRF-1



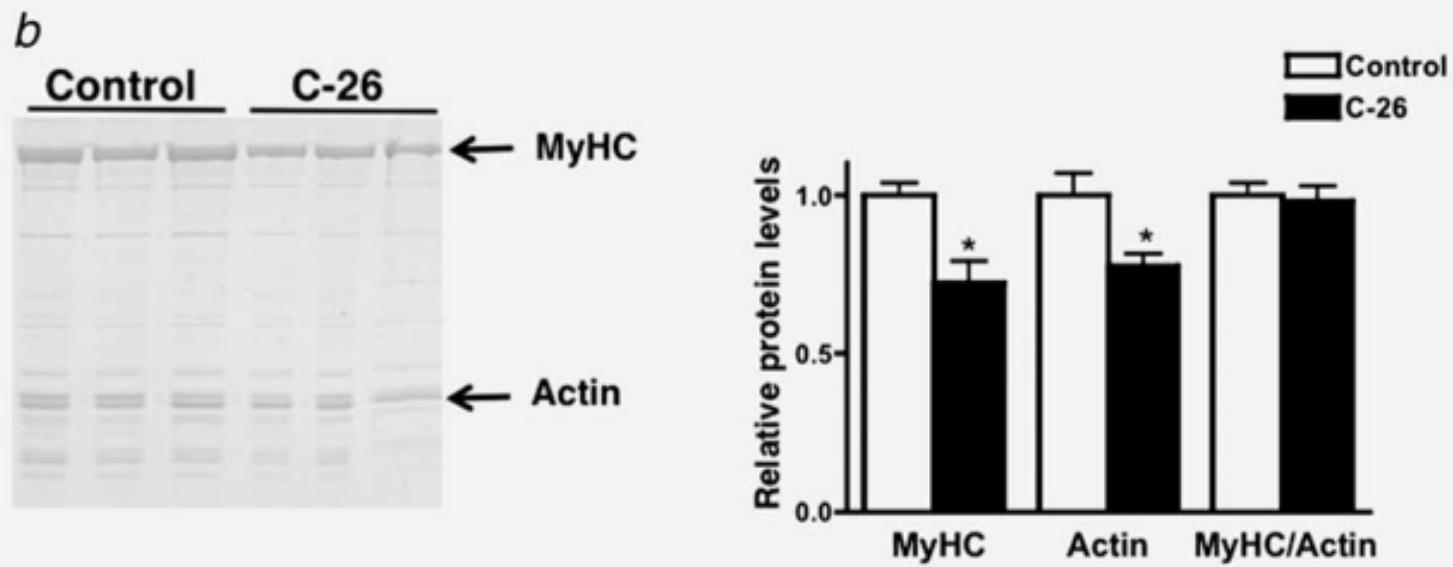
Myofibrillar fraction



Myosin heavy chain is not selectively decreased in murine cancer cachexia

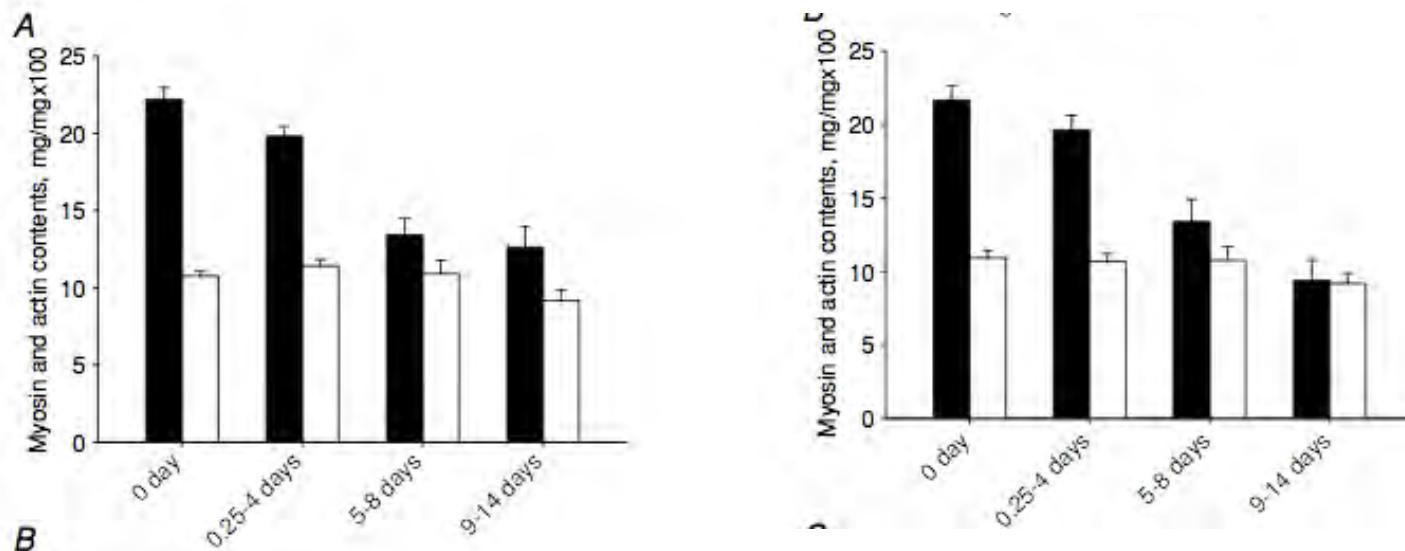
Pippa F. Cosper and Leslie A. Leinwand

Department of Molecular, Cellular, and Developmental Biology, University of Colorado at Boulder, Boulder, CO



Preferential skeletal muscle myosin loss in response to mechanical silencing in a novel rat intensive care unit model: underlying mechanisms

Julien Ochala¹, Ann-Marie Gustafson¹, Monica Llano Diez¹, Guillaume Renaud¹, Meishan Li¹, Sudhakar Aare¹, Rizwan Qaisar¹, Varuna C. Banduseela¹, Yvette Hedström¹, Xiaorui Tang², Barry Dworkin^{1,2}, G. Charles Ford³, K. Sreekumaran Nair³, Sue Perera⁴, Mathias Gautel⁴ and Lars Larsson^{1,5}



Muscle Paralysis and Myosin Loss in a Patient with Cancer Cachexia

V. BANDUSEELA^{1,*}, J. OCHALA^{1,*}, K. LAMBERG², H. KALIMO^{3,4}, L. LARSSON^{1,5}

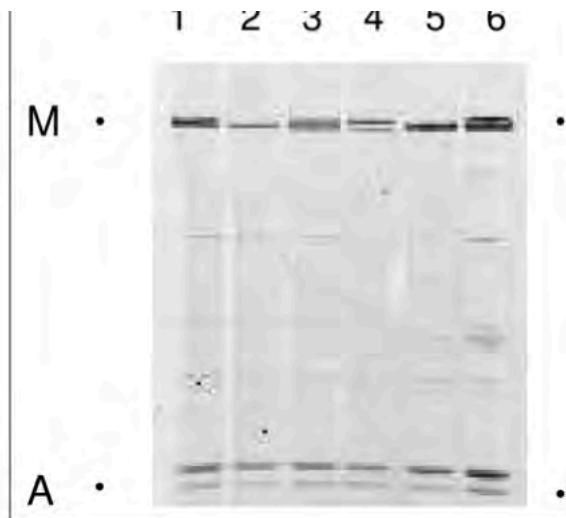
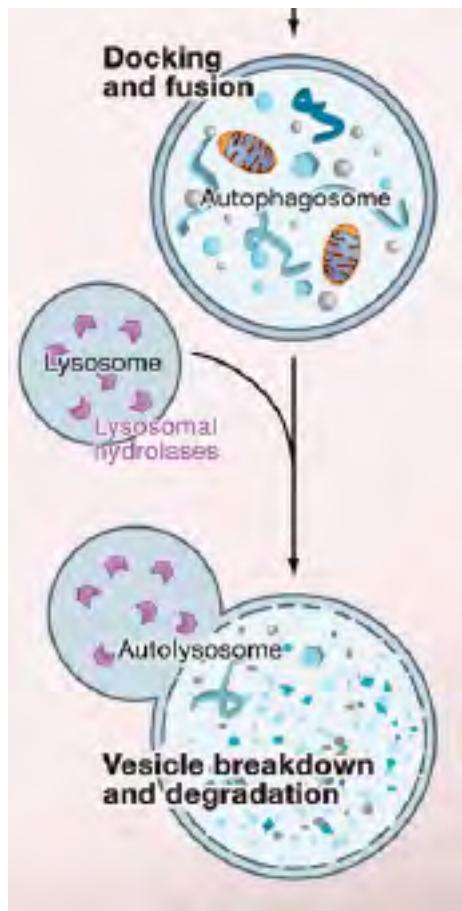
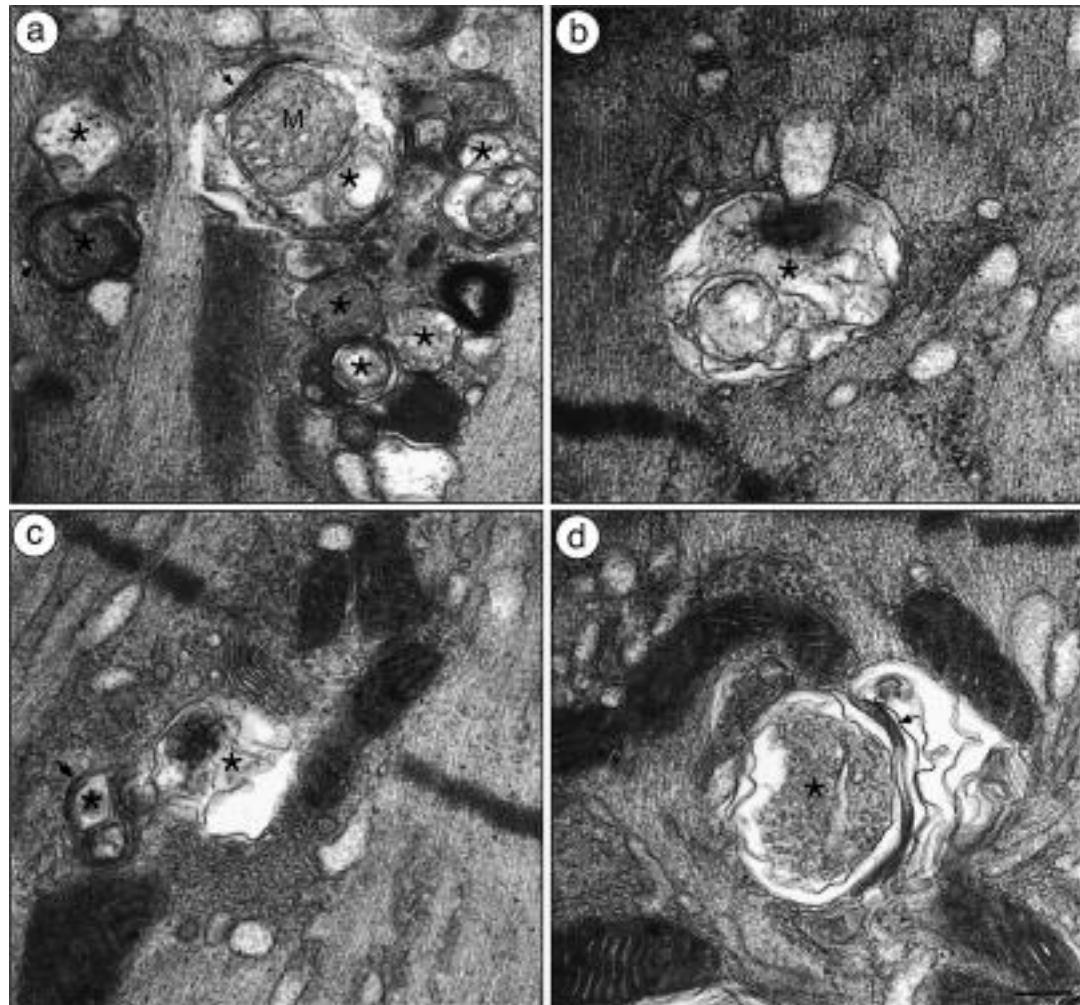


Figure 4. Myofibrillar protein separations on 12% SDS-PAGE in the patient with cancer cachexia (2, myosin:actin ratio 0.8), a patient with cachexia due to malnutrition (3, myosin:actin ratio 1.8), two healthy control subjects (1, myosin:actin ratio 2.0; 4, myosin:actin ratio 1.8), a patient with Charcot Marie-Tooths disease type 1 (5, myosin:actin ratio 2.1) and type type 2 (6, myosin:actin ratio 2.1). The part of the gel with the myosin (M) and actin (A) bands are shown.



Levine & Kroemer, 2008, *Cell*, 132: 27



Wang et al., *G&D*, 2005, 19:1715

