

Effect of unacylated ghrelin on dystrophic muscle in vivo

PhD student: **Hana Šustová**

Tutor: Nicoletta Filigheddu

SCIENTIFIC BACKGROUND

Muscle dystrophy is a group of diseases characterised by progressive muscle wasting. With an approximative frequency of 1 in 3500 live male births, the most common and lethal among them is Duchenne muscular dystrophy (DMD), an X-linked recessive disorder caused by mutations in the gene encoding cytoskeletal protein dystrophin (Moser, 1984; Koenig *et al.*, 1988). Dystrophin connects F-actin in the subsarcolemmal cytoskeleton to the laminin in extracellular matrix (ECM) (Ervasti and Campbell, 1993) though stabilizing the fiber membrane during contractions. The mutation in dystrophin results in a frameshift error and production of non-functional protein unable to effectuate the connection between cytoskeleton and ECM. This leads to the damage of muscle fibers with subsequent necrosis. Partial regeneration of the damaged muscle occurs thanks to satellite cells - stem cell muscle progenitors, but the constant process of degeneration and regeneration leads to the exhaustion of satellite cell pool and produces a larger, but weaker muscle where the muscle is slowly replaced by fibrotic tissue.

Nowadays, the treatment of muscle dystrophy does not provide any resolutive method and focuses mainly on the suppression of the inflammation by use of glucocorticoids, though offering only limited beneficial effects for the patients. Moreover, corticosteroid use is known to have adverse side-effects, such as behavioral changes, immune suppression, hypertension, development of central adiposity, insuline resistance, glucose intolerance, and bone demineralization (Schacke *et al.*, 2002; Rockall *et al.*, 2003; Merlini *et al.*, 2012) limiting its length-of-use and effectiveness. Prednisolone, which is the standard-of-care for DMD boys, was shown to increase cardiac damage seen as collagen deposition and deterioration in function in mdx mice (Guerron *et al.*, 2010; Janssen *et al.*, 2014). Therefore is needed to search for novel treatments for DMD. Several new strategies have been already proposed (exon skipping, upregulation of utrophin, myogenic cell transplantation). Nevertheless, these therapies represent a major challenge because muscle is the most abundant tissue in the body.

Ghrelin is a small circulating peptide released mainly by cells in stomach in two forms – acylated (AG) and unacylated (UnAG). AG binds to growth hormone secretagogue receptor 1a (GHSR1a) and mediates growth hormone release, increased food intake, and adiposity (Kojima *et al.*, 1999; Tschop *et al.*, 2000; Theander-Carillo *et al.*, 2006). In nephrectomized animals, AG increases cytochrome C oxidase and PGC-1 α and PGC-1 β activity though preventing muscle wasting through Akt phosphorylation (Barazzoni *et al.*, 2010; Tamaki *et al.*, 2015).

More abundant UnAG, together with AG, binds to a yet not identified receptor distinct from GHSR1a and promotes survival, differentiation and proliferation of myoblast, and has an anti-apoptotic effect on cardiomyocytes and endothelial cells *in vitro* (Baldanzi *et al.*, 2002; Filigheddu *et al.*, 2007; Togliatto *et al.*, 2013). UnAG was shown to protect skeletal muscle cells *in vivo* from atrophy induced by fasting or denervation and to induce regeneration after hindlimb ischemia via p38/mitogen-activated signalling (Porporato *et al.*, 2013; Togliatto *et al.*, 2013). The research of last years demonstrated the antioxidant

role of UnAG in different cell types (Zhang *et al.*, 2010; Zhang *et al.*, 2011; Togliatto *et al.*, 2013; Dieci *et al.*, 2014). In transgenic mice, UnAG reduces inflammatory cytokines and reactive oxygen species (ROS) production (Cappellari *et al.*, under revision). UnAG also promotes the satellite cell self-renewal, protecting their pool from exhaustion in pathological conditions of dystrophy.

Based on the observations *in vitro* and *in vivo* on muscle regeneration, reduced inflammation and together with our unpublished data demonstrating enhanced satellite cell self-renewal, UnAG seems to have therapeutic potential for muscle wasting that occurs in conditions of cancer cachexia, aging or muscle dystrophy. This project focuses on description of UnAG effect on muscle *in vivo* in mdx mouse, which is the most effective model of DMD, for characterizing the structural and functional properties of therapeutic interventions.

AIM OF THE PROJECT

- to assess effect of unacylated ghrelin on skeletal muscle *in vivo* in mdx mice

EXPERIMENTAL PROCEDURES

Mice

C57BL/6-*Myh6/Ghrl* transgenic (Tg) mice over-expressing the ghrelin gene in the heart and characterized by high levels of circulating UnAG and unchanged AG levels (Porporato *et al.*, 2013) were crossed with dystrophin-deficient mdx mice (C57BL/ScSn-Dmdmx/J) obtaining mdx Tg- and mdx Tg+ animals. The genotype was determined by PCR.

Grasping test

Mice were gently lifted by the tail and allowed to grasp a grid connected to an ordinary electronic balance. While grasping, the animal continued to be lifted by the tail with increasing firmness until it lost its grip. At this precise moment, the values shown by the balance were recorded. The measurement was repeated 5 times.

Hanging wire test

Hanging wire test is a functional test for measuring muscle force and endurance. The animals underwent 3 min hanging starting with 10 points, where every fall was scored by -1 point and every reach by +1 point.

Latency to fall

Latency to fall is the longest time between two falls measured during hanging wire test.

RESULTS

The data were collected at several time points found in the literature as breaking points of the dystrophic phenotype – 1, 3 and 6 months of age. Functional tests were performed also at 4 and 5 months to capture the exact moment of changes in physical condition that follow the histological and biological occurrence.

1 month: Upregulation of unacylated ghrelin improves muscle regeneration

The cross-sectional area (CSA) measurement of quadriceps showed a shift to larger fibers in mdx Tg+ animals (Fig. 1). This can be explained or as improved regeneration or impaired degeneration of skeletal muscle due to high UnAG levels since at 3 weeks of age occurs the first degeneration/regeneration wave in mdx phenotype.

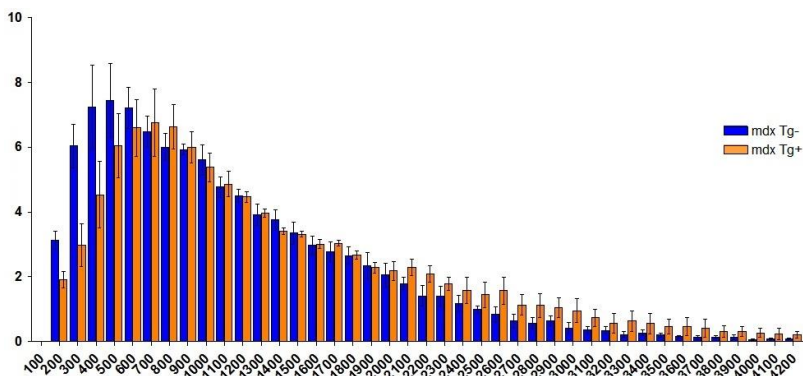


Fig. 1: Measurement of CSA of quadriceps of 1-month-old mdx Tg- and mdx Tg+ animals (N=3).

3 months: Unacylated ghrelin hampers skeletal muscle degeneration

Histological analysis at 3 months showed decreased necrosis of muscle fibers in diaphragm (Fig. 2A; $P < 0.05$ vs. mdx Tg-) and quadriceps (Fig. 2B), seen as lower Evans Blue Dye (EBD) uptake. High levels of UnAG also protects diaphragm from collagen deposition (Fig. 2C) though slowing down the degeneration of skeletal muscle and its replacement by fibrotic tissue.

Muscle functionality was tested by grasping test, and mdx Tg+ animals showed statistically significant longer average holding time ($P < 0.05$) compared to mdx Tg- mice (Fig. 2D).

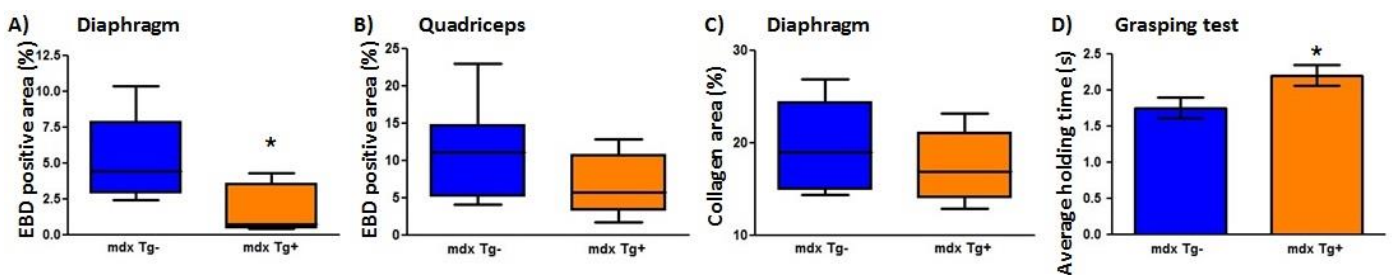


Fig. 2: Animals were injected intraperitoneally with 5 μ l/1 g 1% EBD to visualize necrotic areas. EBD positive area of 3-month-old mdx Tg- and mdx Tg+ animals in **A**) diaphragm ($N_{\text{mdx Tg-}}=7$; $N_{\text{mdx Tg+}}=6$), * $P < 0.05$ vs. mdx Tg-, and **B**) quadriceps ($N_{\text{mdx Tg-}}=7$; $N_{\text{mdx Tg+}}=6$). **C**) Measurement of collagen deposition by trichrome staining in diaphragm of mdx Tg- and mdx Tg+ animals ($N=6$). **D**) Average holding time in grasping test of 3-month-old mdx Tg- and mdx Tg+ animals ($N_{\text{mdx Tg-}}=22$, $N_{\text{mdx Tg+}}=18$), * $P < 0.05$ vs. mdx Tg-.

4 months: Upregulation of UnAG in mdx dystrophic mice improves muscle function

At 4 months of age, we tested the muscle function of mdx Tg⁻ and mdx Tg⁺ animals by hanging wire test. Obtained results show strong improvement in muscle function viewed as higher average score of mdx Tg⁺ animals compared to mdx Tg⁻ (Fig. 3A) statistically significant from 80 s. Mdx Tg⁺ mice shown also statistical difference in the latency to fall – a time between two falls measured during hanging wire test (Fig 3B). This can be translated as bigger strength of mdx Tg⁺ muscles protected from degeneration by high levels of UnAG.

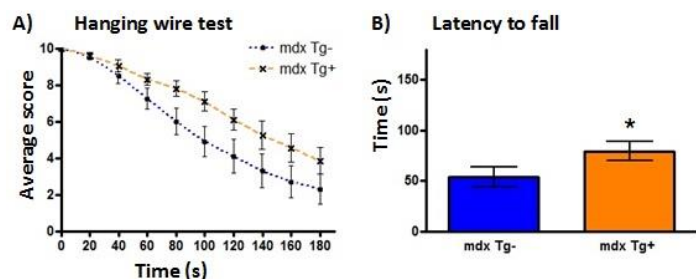


Fig. 3: A) Average score trend in hanging wire test of 4-months-old mdx Tg⁻ and mdx Tg⁺ mice. Final score is represented (N=21). **B)** Average latency to fall of 4-months-old mdx Tg⁻ and mdx Tg⁺ mice (N=21), *P<0.05 vs. mdx Tg⁻.

5 months: Upregulation of UnAG in mdx dystrophic mice improves muscle function

Similarly to 4 months, at 5 months we saw improvement of muscle function measured as higher average score (Fig. 4) and longer time between two falls (data not shown) during hanging wire test of mdx Tg⁺ animals compared to mdx Tg⁻.

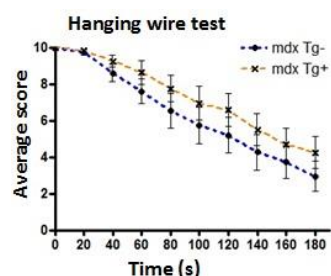


Fig. 4: Average score obtained in hanging wire test of 5-months-old mdx Tg⁻ and mdx Tg⁺ animals, final score is represented (N_{mdx Tg⁻}=18; N_{mdx Tg⁺}=19).

6 months: Upregulation of UnAG leads to decrease in collagen deposition and improved muscle function

At 6 months of age, due to continuous cycles of degeneration and impaired regeneration, mdx muscles are slowly replaced by fibrotic tissue. Although the collagen area in diaphragm enlarged from 3 to 6 months of age (Fig. 2C, 5A), upregulation of UnAG significantly lowered collagen deposition in mdx Tg⁺ compared to mdx Tg⁻ animals. Histological analysis revealed lower EBD uptake in quadriceps of mdx Tg⁺ animals indicating decreased necrosis (Fig. 5B) of muscle fibers.

Similarly to previous time points, 6-months-old mdx Tg⁺ performed better in hanging wire test (Fig. 5C) reaching higher average score and longer time in latency to fall (Fig. 5D).

Interestingly, the weight normalized to tibial length was increased in gastrocnemius (Fig. 5E), quadriceps (Fig. 5F) and extensor digitorum longus (data not shown) of mdx Tg⁻ compared to mdx Tg⁺ animals probably due to compensative hypertrophy present in dystrophic muscles as a result of damage. Moreover, the weight of mdx Tg⁺ muscles was similar to the one of WT (data not shown). But the

analysis of Feret diameter distribution of these muscles did not show any difference between mdx Tg- and mdx Tg+ mice (Fig. 5G-H). Therefore, the difference in the weight of these muscles in mdx Tg- could be explained by increased fibrosis or fat deposition.

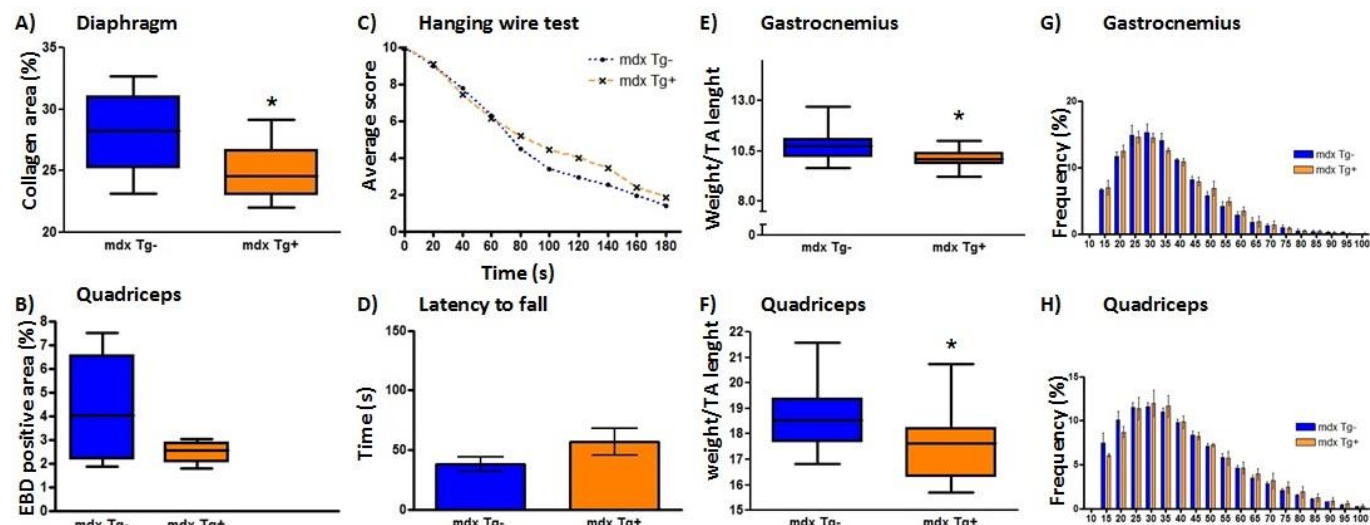


Fig. 5: A) Collagen deposition measured by trichromic staining in diaphragm (N=7), *P<0.05 vs. mdx Tg-. **B)** EBD positive area in quadriceps of 6-months-old mdx Tg- and mdx Tg+ animals (N=4). Animals were injected intraperitoneally with 5 ul/1 g 1% EBD to visualize necrotic areas. **C)** Hanging wire test of 6-months-old mdx Tg- and mdx Tg+ mice (N_{mdx Tg-}=23; N_{mdx Tg+}=20). **D)** Average latency to fall of 6-months-old mdx Tg- and mdx Tg+ mice (N_{mdx Tg-}=23; N_{mdx Tg+}=20). Muscle weight of **E)** gastrocnemius (N=12) and **F)** quadriceps (N_{mdx Tg-}=13; N_{mdx Tg+}=12) of 6-months-old mdx Tg- and mdx Tg+ animals normalized to tibial length, *P<0.05 vs. mdx Tg-. Feret diameter distribution of **G)** gastrocnemius (N=3) and **H)** quadriceps (N=3) of 6-months-old mdx Tg- and mdx Tg+ animals.

CONCLUSION

Taken together, these data show positive effect of high levels of circulating UnAG on muscle condition in mdx murine model, observed as lower EBD uptake and lower collagen deposition in studied muscles, and overall better functionality in grasping test, hanging wire test and latency to fall. This suggests that UnAG could be seen as a novel approach to treat muscular dystrophies or alone or as an adjuvant therapy. UnAG also triggers decrease in ROS and cytokine production (Cappellari *et al.*, under revision) therefore reducing the inflammation and creating more enhancing environment for regeneration process enhancing satellite cell self-renewal and protecting their pool from the depletion.

Cardiac dysfunction is often given only a secondary focus, however, it's a critical component of DMD progression because the lethality of DMD for human consist in respiratory or cardiac failure (Moser, 1984; Emery and Muntoni, 2003). As previously described, mdx mice develop cardiac fibrosis and increased expression of procollagen type I and III in heart leading to diastolic and systolic dysfunction and also acute heart failure is evident (Yasuda *et al.*, 2005; Au *et al.*, 2011). Since it was previously shown that UnAG inhibit apoptosis in cardiomyocytes *in vitro* (Nagaya *et al.*, 2001; Baldanzi *et al.*, 2002; Okumura *et al.*, 2002; Nagaya *et al.*, 2004; Rizzo *et al.*, 2013), it is necessary also to study the effect of UnAG also on cardiac muscle *in vivo* and compare obtained results with treatment by glucocorticoids, that are now considered as standard-of-care for DMD but were shown to have detrimental effect on cardiac tissue, to show a possible advantage in use of UnAG alone or in combination with standard drugs.

ACKNOWLEDGMENTS

This work is supported by the Muscular Dystrophy Association (MDA).

REFERENCES

- Au, C.G., Butler, T.L., Sherwood, M.C., Egan, J.R., North, K.N., Winlaw, D.S. (2011). Increased connective tissue growth factor associated with cardiac fibrosis in the mdx mouse model of dystrophic cardiomyopathy. *Int J Exp Pathol.* 92, 57-65.
- Baldanzi, G., Filigheddu, N., Cutrupi, S., Catapano, F., Bonisconi, S., Fubini, A., Malan, D., Baj, G., Granata, R., Broglio, F., Papotti, M., Surico, N., Bussolino, F., Isgaard, J., Deghenghi, R., Sinigaglia, F., Prat, M., Muccioli, G., Ghigo, E., Graziani, A. (2002). Ghrelin and des-acyl ghrelin inhibit cell death in cardiomyocytes and endothelial cells through ERK1/2 and PI 3-kinase/AKT. *J Cell Biol.* 3, 1029-37.
- Barazzoni, R., Zhu, X., DeBoer, M., Datta, R., Culler, M. D., Zanetti, M., Guarnieri, G., Marks, D.L. (2010). Combined effects of ghrelin and higher food intake enhance skeletal muscle mitochondrial oxidative capacity and AKT phosphorylation in rats with chronic kidney disease. *Kidney International.* 7, 23–28.
- Cappellari, G.G., Zanetti, M., Semolic, A., Vinci, P., Ruozi, G., Filigheddu, N., Guarnieri, G., Graziani, A., Giacca, M., Barazzoni, R. (2015). Unacylated ghrelin reduces reactive oxygen species generation and inflammation and enhances signalling in skeletal muscle. under revision
- Dieci, E., Casati, L., Pagani, F., Celotti, F., Sibilìa, V. (2014). Acylated and unacylated ghrelin protect MC3T3-E1 cells against tert-butyl hydroperoxide-induced oxidative injury: pharmacological characterization of ghrelin receptor and possible epigenetic involvement. *Amino Acids.* 46, 1715-25.
- Emery, A.E., Muntoni, F. (2003). *Duchenne Muscular Dystrophy.* Oxford Univ. Press
- Ervasti, J.M., Campbell, K.P. (1993). A role for the dystrophin-glycoprotein complex as a transmembrane linker between laminin and actin. *J Cell Biol.* 122, 809-823.
- Filigheddu, N., Gnocchi, V.F., Coscia, M., Cappelli, M., Porporato, P.E., Taulli, R., Traini, S., Baldanzi, G., Chianale, F., Cutrupi, S., Arnoletti, E., Ghè, C., Fubini, A., Surico, N., Sinigaglia, F., Ponzetto, C., Muccioli, G., Crepaldi, T., Graziani, A. (2007). Ghrelin and des-acyl ghrelin promote differentiation and fusion of C2C12 skeletal muscle cells. *Mol Biol Cell.* 18, 986-94.
- Guerron, A.D., Rawat, R., Sali, A., Spurney, C.F., Pistilli, E., Cha, H.J., Pandey, G.S., Gernapudi, R., Francia, D., Farajian, V., Escolar, D.M., Bossi, L., Becker, M., Zerr, P., de la Porte, S., Gordish-Dressman, H., Partridge, T., Hoffman, E.P., Nagaraju, K. (2010). Functional and molecular effects of arginine butyrate and prednisone on muscle and heart in the mdx mouse model of Duchenne Muscular Dystrophy. *PLoS One.* 5, e11220.
- Janssen, P.M.L., Murray, J.D., Schill, K.E., Rastogi, N., Schultz, E.J., Tran, T., Raman, S.V., Fortney, J.A.R. (2014). Prednisolone attenuates improvement of cardiac and skeletal function and histopathology by lisinopril and spironolactone in the mdx mouse model of Duchenne muscular dystrophy. *PLoS One.* 9, e88360.
- Koenig, M., Monaco, A.P., Kunkel, L.M. (1988). The complete sequence of dystrophin predicts a rod-shaped cytoskeletal protein. *Cell.* 51, 919-928.

Kojima, M., Hosoda, H., Date, Y., Nakazato, M., Matsuo, H., Kangawa, K. (1999). Ghrelin is a growth-hormone-releasing acylated peptide from stomach. *Nature*. 402, 656-60.

Merlini, L., Gennari, M., Malaspina, E., Cecconi, I., Armaroli, A., Gnudi, S., Talim, B., Ferlini, A., Cicognani, A., Franzoni, E. (2012). Early corticosteroid treatment in 4 Duchenne muscular dystrophy patients: 14-year follow-up. *Muscle Nerve*. 45, 796-802.

Moser H., (1984). Review of studies on the proportion and origin of new mutants inn Duchenne muscular dystrophy. *Current Clinical Practices*. 20, 41-52.

Nagaya, N., Uematsu, M., Kojima, M., Ikeda, Y., Yoshihara, F., Shimizu, W., Hosoda, H., Hirota, Y., Ishida, H., Mori, H., Kangawa, K. (2001). Chronic administration of ghrelin improves left ventricular dysfunction and attenuates development of cardiac cachexia in rats with heart failure. *Circulation*. 104, 1430-5.

Nagaya, N., Moriya, J., Yasumura, Y., Uematsu, M., Ono, F., Shimizu, W., Ueno, K., Kitakaze, M., Miyatake, K., Kangawa, K. (2004). Effects of ghrelin administration on left ventricular function, exercise capacity, and muscle wasting in patients with chronic heart failure. *Circulation*. 110, 3674-9.

Okumura, H., Nagaya, N., Enomoto, M., Nakagawa, E., Oya, H., Kangawa, K. (2002). Vasodilatory effect of ghrelin, an endogenous peptide from the stomach. *J Cardiovasc Pharmacol*. 39, 779-83.

Porporato, P.E., Filigheddu, N., Reano, S., Ferrara, M., Angelino, E., Gnocchi, V.F., Prodam, F., Ronchi, G., Fagoonee, S., Fornaro, M., Chianale, F., Baldanzi, G., Surico, N., Sinigaglia, F., Perroteau, I., Smith, R.G., Sun, Y., Geuna, S., Graziani, A. (2013). Acylated and unacylated ghrelin impair skeletal muscle atrophy in mice. *J Clin Invest*. 123, 611-22.

Rizzo, M., Rizvi, A.A., Sudar, E., Soskic, S., Obradovic, M., Montalto, G., Boutjdir, M., Mikhailidis, D.P., Isenovic, E.R. (2013). A review of the cardiovascular and anti-atherogenic effects of ghrelin. *Curr Pharm Des*. 19, 4953-63.

Rockall, A.G., Sohaib, S.A., Evans, D., Kaltsas, G., Isidori, A.M., Monson, J.P., Besser, G.M., Grossman, A.B., Reznek, R.H. (2003). Computed tomography assessment of fat distribution in male and female patients with Cushing's syndrome. *Eur J Endocrinol*. 149, 561-7.

Schäcke H¹, Döcke WD, Asadullah K. (2002). Mechanisms involved in the side effects of glucocorticoids. *Pharmacol Ther*. 96, 23-43.

Tamaki, M., Hagiwara, A., Miyashita, K., Wakino, S., Inoue, H., Fujii, K., Fujii, C., Sato, M., Mitsuishi, M., Muraki, A., Hayashi, K., Doi, T., Itoh, H. (2015). Improvement of Physical Decline Through Combined Effects of Muscle Enhancement and Mitochondrial Activation by a Gastric Hormone Ghrelin in Male 5/6Nx CKD Model Mice. *Endocrinology*. 156, 3638-48.

Theander-Carrillo, C., Wiedmer, P., Cettour-Rose, P., Nogueiras, R., Perez-Tilve, D., Pfluger, P., Castaneda, T.R., Muzzin, P., Schürmann, A., Szanto, I., Tschöp, M.H., Rohner-Jeanrenaud, F. (2006). Ghrelin action in the brain controls adipocyte metabolism. *J Clin Invest.* 116, 1983-93.

Togliatto, G., Trombetta, A., Dentelli, P., Cotogni, P., Rosso, A., Tschöp, M.H., Granata, R., Ghigo, E., Brizzi, M.F. (2013). Unacylated ghrelin promotes skeletal muscle regeneration following hindlimb ischemia via SOD-2-mediated miR-221/222 expression. *J Am Heart Assoc.* 5, e000376.

Tschöp, M., Smiley, D.L., Heiman, M.L. (2000). Ghrelin induces adiposity in rodents. *Nature.* 407, 908-13.

Yasuda, S., Townsend, D., Michele, D.E., Favre, E.G., Day, S.M., Metzger, J.M. (2005). Dystrophic heart failure blocked by membrane sealant poloxamer. *Nature.* 436, 1025-9.

Zhang, G., Yin, X., Qi, Y., Pendyala, L., Chen, J., Hou, D., Tang, C. (2010). Ghrelin and cardiovascular diseases. *Curr Cardiol Rev.* 6, 62-70

Zhang, Q., Huang, W.D., Lv, X.Y., Yang, Y.M. (2011). Ghrelin protects H9c2 cells from hydrogen peroxide-induced apoptosis through NF- κ B and mitochondria-mediated signaling. *Eur J Pharmacol.* 654, 142-9.

SEMINARS 2014-2015

- 06/11/2014 Dysregulated antigen receptor signaling: molecular lessons from two congenital lymphoproliferative disorders, Snow (University of the Health Sciences Bethesda, USA)
- 14/11/2014 Tissue engineering: the state of the art, Boccafoschi (University of Piemonte Orientale, Novara)
- 17/11/2014 Optical coherence tomography from bench to bedside shining the light during percutaneous vascular intervention, Gabrio (University of Piemonte Orientale, Novara)
- 21/11/2014 Regenerative medicine, Prat (University of Piemonte Orientale, Novara)
- 25/11/2014 La scoperta del bosone di Higgs, Arcidiacono and Ruspa (University of Piemonte Orientale, Novara)
- 28/11/2014 Humoral responses to HCV infection and clinical outcomes, Patel (University of Glasgow, UK)
- 04/12/2014 Uncovering the role β -HPV in field cancerization: a collaboration in progress, Patel (Cardiff, UK)
- 05/12/2014 Focus on deliver: from basics of NAFLD to hot topics in HBV & HCV infections, Safadi
- 16/12/2014 From the legend of Prometheus to regenerative medicine, Musaro (Rome)
- 17/12/2014 Microglia microvesicles: messengers from the diseased brain, Furlan (San Raffaele University, Milan)
- 19/01/2015 Anticancer strategy Targeting cancer cell metabolism in ovarian cancer, Song (College of Medicine Seoul National University)
- 20/01/2015 Different molecular mechanisms regulate hepatocyte differentiation during the transitions between epithelial and mesenchymal states, Alonzi (Istituto Nazionale per le Malattie Infettive "L. Spallanzani" IRCCS, Rome)
- 21/01/2015 Targeting the liver to cure myocarditis: a lesson from a model of STAT3-dependent autoimmune myocarditis, Poli (University of Turin)
- 27/01/2015 Myeloid cells as therapeutic target in cancer, Sica (University of Piemonte Orientale, Novara)
- 11/03/2015 Proof of principle for cell therapy: from autologous transplantation of tissue specific progenitors to gene corrected patient specific injured pluripotent stem cells, Bosnakovski (University "Goce Delcev" Stip, Macedonia)
- 09/04/2015 Signal control in iNKT cell development and function, Zhong (Duke University, North Carolina, USA)
- 21/04/2015 Actin-based mechanisms in the control of gene expression and cell fate, Percipalle (Karolinska Institutet, Sweden)
- 07/05/2015 An integrated approach to the diagnosis and treatment of ovarian cancer, McDonald (Georgia Tech University, Atlanta, USA)
- 14/05/2015 Conflicting interests and scientific communication, Ruff (Ottawa, Canada)
- 25/05/2015 Ribosomopathies, Ellis (University of Louisville, USA)
- 05/06/2015 Recent developments in (cutaneous) Human Polyomavirus research, Feltkamp (Leiden University Medical Center, The Netherlands)
- 26/06/2015 Satellite cells and muscle regeneration, Guttridge (Ohio State University, USA)
- 28/07/2015 Stem kidney cells, Cantaluppi
- 03/09/2015 Cell based models for studying molecular mechanisms of Facioscapulohumeral Muscular Dystrophy (FSHD); Toward animal model for Facioscapulohumeral Muscular Dystrophy (FSHD), Bosnakovski (University "Goce Delcev" Stip, Macedonia)

CONGRESS

- 20/11/2014 Tolerogenic Vaccination in Autoimmune Diseases (Aula Magna, University of Piemonte Orientale, Novara)
- 22/11/2014 IRCAD – from Research to Therapy (Sala Consiglio Provincia di Novara, Novara)
- 08-12/06/2015 27a Riunione Nazionale "A. Castellani" dei Dottorandi di Ricerca in Discipline Biochimiche (Brallo di Pregiola, Pavia)
- 22/09/2015 The Biomania Student Scientific Meeting 2015 (Brno Observatory and Planetarium, Brno, Czech Republic)

POSTERS

Simone Reano, Elia Angelino, Michele Ferrara, **Hana Sustova**, Emanuela Agosti, Andrea Graziani, Nicoletta Filigheddu. Exploring the therapeutics potential of unacylated ghrelin in muscle dystrophy. MDA scientific conference, Washington DC, USA. March 11-14, 2015.

Emanuela Agosti, Elia Angelino, Simone Reano, **Hana Sustova**, Michele Ferrara, Sara Clerici, Andrea Graziani, Nicoletta Filigheddu. Protective effects of unacylated ghrelin in aging mice. Brallo-Pavia, Italy. June 8-12, 2015.

Hana Sustova, Simone Reano, Elia Angelino, Emanuela Agosti, Michele Ferrara, Sara Clerici, Andrea Graziani, Nicoletta Filigheddu. Positive effects of unacylated ghrelin on dystrophic muscle in vivo. Biochemical PhD students meeting. Brallo-Pavia, Italy. June 8-12, 2015.

Elia Angelino, Simone Reano, Michele Ferrara, **Hana Sustova**, Emanuela Agosti, Sara Clerici, Andrea Graziani, Nicoletta Filigheddu. Unacylated ghrelin enhances satellite cells activity and promotes skeletal muscle regeneration. International spring research day. Lugano-Vezia, Switzerland. June 19, 2015.

Hana Sustova, Simone Reano, Elia Angelino, Emanuela Agosti, Michele Ferrara, Sara Clerici, Andrea Graziani, Nicoletta Filigheddu. Positive effects of unacylated ghrelin on dystrophic muscle in vivo. Brno, Czech Republic. The Biomania Student Scientific Meeting 2015. September 22, 2015.

Simone Reano, Elia Angelino, Michele Ferrara, **Hana Sustova**, Emanuela Agosti, Sara Clerici, Nicoletta Filigheddu. Unacylated ghrelin stimulates satellite cells self renewal and skeletal muscle regeneration. EMBO workshop - Molecular mechanisms of muscle growth and wasting in health and disease. Ascona, Switzerland. September 20-25, 2015.