

综述

核转录因子TDP-43的病理作用及在疾病诊疗中的应用研究进展

岳娇^{1,2}, 李琴³, 杨兵⁴, 安豫⁴, 唐晓峰⁴, 陈颖梅¹, 卢柯吉⁵, 王鹏¹, 李公任¹, 裴海峰^{1*}

¹解放军西部战区总医院心内科, 四川成都 610083; ²西南交通大学医学院, 四川成都 610031; ³解放军西部战区总医院干部病房, 四川成都 610083; ⁴解放军第950医院心肾内科, 新疆叶城 844900; ⁵成都中医药大学医学与生命科学学院, 四川成都 611130

[中图分类号] R363

[文献标志码] A

[DOI]

10.11855/j.issn.0577-7402.2022.10.1026

[声明]

本文所有作者声明无利益冲突

[引用本文]

岳娇, 李琴, 杨兵, 等. 核转录因子TDP-43的病理作用及在疾病诊疗中的应用研究进展[J]. 解放军医学杂志, 2022, 47(10): 1026-1033.

[收稿日期] 2021-11-22

[录用日期] 2022-04-13

[上线日期] 2022-05-20

[摘要] 核转录因子TAR DNA结合蛋白43(TDP-43)是一种普遍表达且在进化上高度保守的DNA/RNA结合蛋白。在生理状态下, TDP-43主要定位于细胞核、细胞质(含量不超过30%)时可发挥生理学作用, 如参与mRNA的转录、剪接、翻译、转运以及维持mRNA的稳定性等, 若错误定位于线粒体则发挥相应的病理作用。近年来的研究发现, 除了在神经退行性疾病中发挥作用外, TDP-43还在肿瘤、男性不育和骨性关节炎(OA)等其他疾病的病理进程中起重要作用。因此, TDP-43的基因表达、亚细胞器转位、功能以及与疾病的关系越来越受到关注。本文对TDP-43的病理作用及其在疾病诊疗中的应用研究进展进行综述, 以期对相关疾病的诊断及治疗提供更多帮助。

[关键词] TAR DNA结合蛋白43; 亚细胞定位; 神经退行性疾病; 病理学

Research progress on the pathological effects of nuclear transcription factor TDP-43 and its application in disease diagnosis and treatment

Yue Jiao^{1,2}, Li Qin³, Yang Bing⁴, An Yu⁴, Tang Xiao-Feng⁴, Chen Ying-Mei¹, Lu Ke-Ji⁵, Wang Peng¹, Li Gong-Ren¹, Pei Hai-Feng^{1*}

¹Department of Cardiology, ³Cadre Ward, General Hospital of Western Theater Command of Chinese PLA, Chengdu, Sichuan 610083, China

²Clinical Medical College, Southwest Jiaotong University, Chengdu, Sichuan 610031, China

⁴Department of Cardiology and Nephrology, 950th Hospital of Chinese PLA, Yecheng, Xinjiang 844900, China

⁵College of Medicine and Life Sciences, Chengdu University of Traditional Chinese Medicine, Chengdu, Sichuan 611130, China

*Corresponding author, E-mail: web2010@foxmail.com

This work was supported by the National Natural Science Foundation of China (81970241), and the Key Project of the General Hospital of Western Theater Command of Chinese PLA (2021-XZYG-A03)

[Abstract] Nuclear transcription factor TAR DNA-binding protein 43 (TDP-43) is a DNA/RNA binding protein commonly expressed and highly conserved in evolution. In physiological state, TDP-43, when localized mainly in nucleus and cytoplasm (no more than 30%), may play a physiological role, such as participating in mRNA transcription, splicing, translation, transport and maintaining the stability of mRNA, while its mislocalization in mitochondria might play a corresponding pathological role. Recent

[基金项目] 国家自然科学基金(81970241); 西部战区总医院院管重点项目(2021-XZYG-A03)

[作者简介] 岳娇, 硕士研究生, 主要从事心肌损伤与心肌重构方面的研究

[通信作者] 裴海峰, E-mail: web2010@foxmail.com

researches found that, in addition to produce a marked effect in neurodegenerative diseases, TDP-43 also plays an important role in the pathological process of tumors, male infertility, osteoarthritis (OA) and other diseases. Therefore, the gene expression, subcellular organelle translocation, function and the relationship with diseases of TDP-43 have attracted more and more attention. The research progress of pathological effects of TDP-43 has been reviewed in present paper, so as to provide more help for diagnosis and treatment of related diseases.

[Key words] TAR DNA-binding protein 43; subcellular localization; neurodegenerative disease; pathology

核转录因子TAR DNA结合蛋白43(TDP-43)是核不均一核糖核蛋白(hnRNP)家族中一种普遍表达且在进化上高度保守的DNA/RNA结合蛋白^[1-2]。最初于1995年发现它是人类免疫缺陷病毒1型(human immunodeficiency virus type 1, HIV-1)的转录抑制因子^[3], 随后众多研究者开始致力于探索其在细胞病理生理过程中的作用。生理状态下TDP-43主要定位于细胞核, 少部分位于细胞质(含量不超过30%)^[4], 在mRNA的转录、剪接、翻译、转运以及维持mRNA稳定性等方面发挥着重要作用; 而在病理状态下, TDP-43转位至线粒体时则发挥相应的病理作用, 影响线粒体的形态与功能^[5]。目前发现, TDP-43不仅在肌萎缩侧索硬化症(amyotrophic lateral sclerosis, ALS)、额颞叶痴呆(frontotemporal dementia, FTD)、阿尔兹海默症(Alzheimer's disease, AD)等神经退行性疾病中发挥作用, 还在肿瘤、男性不育、骨性关节炎(osteoarthritis, OA)等疾病中发挥重要作用。因此, 以TDP-43作为治疗靶点进行干预, 或许可预防或延缓相应疾病的进展。本文对TDP-43病理作用的最新研究进展进行综述, 以期对TDP-43相关疾病的诊断和治疗提供依据。

1 TDP-43分子

TDP-43是一种广泛表达且在进化上高度保守的DNA/RNA结合蛋白, 由位于1号染色体上Chrlp36.2的TARDBP基因编码。它由414个氨基酸组成, 包含6个外显子, 分子量约为43 000^[1]。TARDBP基因敲除小鼠于胚胎早期即死亡, 提示TDP-43蛋白对胚胎早期发育具有重要作用^[6]。TDP-43是异质性hnRNP家族成员, 该家族蛋白由一个N末端、两个串联RNA识别基序(RNA recognition motif, RRM)、一段核定位信号(nuclear location signal, NLS)序列、一段核输出信号(nuclear export signal, NES)序列以及一个C末端所构成^[3]。N末端对维持TDP-43的正常构象和生物活性至关重要^[7]; RRM主要介导TDP-43与DNA或RNA的结合^[8]; NLS和NES负责TDP-43在细胞核与细胞质之间的穿梭^[9]; C末端结构域富含甘氨酸区域及朊蛋白样结构域, 对剪接调控和促进微小RNA(miRNA)的加工, 甚至TDP-43在疾病中的毒性作用至关重要^[6,10]。

2 TDP-43在细胞中的作用

2.1 在细胞核中的作用 TDP-43主要存在于细胞核内, 具有转录、剪接以及处理miRNA和长链非编码RNA(lncRNA)等多种功能。(1)转录: 1995年, Ou等^[3]发现TDP-43可与HIV-1长末端重复序列的调节元件TAR结合, 抑制该元件的体外转录, 影响HIV-1的表达。体内染色质免疫沉淀(ChIP)实验结果显示, TDP-43可与小鼠acrv1启动子结合, 从而抑制精母细胞中acrv1的转录^[11]。(2)剪接: Lukavsky等^[12]发现, TDP-43可作为反式作用因子与人类囊性纤维化跨膜传导调节因子(cystic fibrosis transmembrane conductance regulator, CFTR)第9外显子的UG重复区结合, 并引发外显子9的跳跃。此外, 它还可调节反式激活反应-DNA结合蛋白(TAR DNA-binding protein, TARDBP)、肉瘤融合蛋白(fused in sarcoma, FUS)、 α -突触核蛋白(α -synuclein, SNCA)、亨廷顿蛋白(huntingtin, HTT)和淀粉样前体蛋白(amyloid precursor protein, APP)等重要基因转录本的剪接模式^[13]。细胞核TDP-43减少可触发数百个剪接事件的失调^[14], 如在转基因小鼠模型中, ALS相关TDP-43的突变被证实可改变mRNA的剪接过程。(3)miRNA和lncRNA的处理: 最近的研究证实了TDP-43与Drosha或Dicer蛋白的相互作用。TDP-43与Drosha蛋白相互作用可促进pri-miRNA的产生^[15]。TDP-43蛋白还可调控人类神经元细胞系Dicer蛋白的mRNA和蛋白水平, 从而广泛影响miRNA的生物发生^[16]。此外, 在全基因组研究中发现, NEAT1和MALAT1等lncRNA可与TDP-43结合^[17]。有趣的是, NEAT1和MALAT1在FTD TDP-43病理亚型(FTLD-TDP)中的表达水平也较高^[18]。

2.2 在细胞质中的作用 虽然大多数TDP-43位于细胞核内, 但高达30%的TDP-43蛋白存在于细胞质中, 对mRNA稳定性、转运和翻译等具有重要作用。(1)mRNA稳定性: TDP-43与细胞质组分中许多mRNAs的3'UTR结合后, 在mRNA稳定性和(或)转运中起作用。TDP-43可直接与Nefl mRNA的3'UTR相互作用, 稳定Nefl基因转录, 而Nefl基因编码的亚基对神经纤维中轴突的生长和功能具有重要调节作用^[19-21]。随后的研究发现, TDP-43可与组

蛋白去乙酰酶6(HDAC6)mRNA结合并调控其稳定性,从而调节HDAC6蛋白的表达水平^[22]。然而,TDP-43不仅可促进mRNA的稳定性,还会对mRNA的稳定性产生负面影响。血管内皮生长因子a(Vegfa)和程序蛋白(Grn)mRNA似乎均通过TDP-43与其3'UTR的结合而变得不稳定^[23]。(2)mRNA转运:神经元是高度极化、结构复杂的细胞。突触末端通常位于离细胞体较远的位置,因此,mRNA运输和局部翻译对于维持神经元的正常功能至关重要。mRNAs主要以核糖核蛋白(RNP)复合物或RNA颗粒的形式进行运输。Chu等^[24]及Cacciottolo等^[25]发现,TDP-43信使核糖核蛋白(mRNP)颗粒存在于神经元树突和轴突中,并与此处存在的几个已知的mRNA转运蛋白[双链RNA结合蛋白Staufen1、脆性X智力低下蛋白(Fragile X mental retardation protein, FMRP)和运动神经元生存基因(survival motor neuron, SMN)等]共定位,在神经元刺激下共定位程度有所增加。还有研究发现,与ALS相关的TDP-43突变体会损害果蝇、小鼠皮质神经元和ALS患者诱导多能干细胞衍生的运动神经元内的RNP颗粒运输^[26]。(3)mRNA翻译:最近一项对果蝇的研究发现,TDP-43可调节神经肌肉连接处的FUTSCH(MAP1B的同源基因)mRNA的定位和翻译^[27]。TDP-43还可与翻译机制中的其他蛋白质如活化C激酶1受体(RACK1)、翻译起始和延伸因子相互作用^[28]。Russo等^[29]发现,细胞质TDP-43水平升高可抑制成神经细胞瘤中的蛋白合成,这种效应可通过过表达RACK1来挽救。

2.3 在线粒体中的作用 目前研究多关注位于细胞核和细胞质的TDP-43,但其实TDP-43在线粒体中也发挥着重要作用。TDP-43突变或过度表达并在线粒体蓄积,可引起线粒体形态异常,线粒体运输障碍、功能失调,以及线粒体融合-分裂动力学异常,从而损害细胞能量供应,最终导致神经元损伤。(1)线粒体形态异常:在野生型和突变型TDP-43转基因小鼠模型的细胞中出现形态异常的线粒体,主要表现为线粒体长度增加,线粒体密度减少,以及短小、结构异常甚至基质肿胀的嵴,而下调TDP-43水平则可改善异常的线粒体形态结构^[30-31]。(2)线粒体运输障碍:除改变线粒体形态外,在TDP-43突变、过表达及缺失的细胞和动物模型中也发现轴突及树突的线粒体顺行和逆行运输受损^[32-34],疾病相关突变可能会加剧这种损伤,提示TDP-43介导的线粒体运输可能涉及多个不同的途径。值得注意的是,转基因小鼠中线粒体转运障碍发生在疾病症状甚至线粒体形态学异常出现之前^[35],提示线粒体转运障碍可能是TDP-43转基

因小鼠的早期病理特征。由于细胞骨架对于线粒体的细胞内运输和定位至关重要,可以推测TDP-43疾病相关突变导致的细胞骨架完整性丧失可能导致线粒体运输异常^[36-37],这或许可作为一个治疗靶点。(3)线粒体功能失调:研究显示,TDP-43可在ALS或FTD患者的线粒体中积聚,疾病相关突变反过来也可使线粒体内TDP-43蛋白明显增多^[38]。在野生型和突变型TDP-43的细胞及动物模型中可见线粒体膜电位降低、活性氧(ROS)生成增加,ATP生成受到抑制^[32,34,39]。Wang等^[39]发现,TDP-43蛋白在ALS患者神经元的线粒体中累积,并可见呼吸链复合物I的活性受到严重抑制,呼吸链复合物IV的活性受到部分抑制,而呼吸链复合物II、III、V的活性未见明显变化。在线粒体内,TDP-43可抑制编码呼吸链复合物I亚基ND3和ND6的线粒体转录信使RNA(mRNAs)的翻译,并特异性导致复合物I的解体^[38]。(4)线粒体融合-分裂动力学异常:线粒体可频繁地进行融合与分裂,这一特性在调控线粒体的形态和功能等方面具有十分重要的作用。Prasad等^[13]发现,介导线粒体外膜融合的线粒体融合蛋白2(Mfn2)过表达可减轻TDP-43诱导的线粒体形态及功能障碍。在突变型TDP-43 ALS患者的外周成纤维细胞中,动力蛋白相关蛋白1(dynamamin-related protein 1, Drp1)和线粒体分裂蛋白1(mitochondrial fission protein 1, Fis1)可导致线粒体碎片化增加及线粒体功能障碍,而选择性肽抑制剂P110可改善此种情况^[40]。因此,这一机制在调控线粒体形态和功能方面至关重要。

3 TDP-43与疾病的关系

3.1 TDP-43在神经退行性病变中的病理特征 在许多神经退行性疾病中可发现TDP-43包涵体。TDP-43包涵体是额颞叶变性(FTLD)和ALS最明显的组织病理学特征^[41],也是AD等许多其他疾病中的次要组织病理学特征^[42]。目前,习惯将以ALS、FTLD为代表的与病理性TDP-43沉积相关的神经源性疾病称为TDP-43蛋白病。

3.1.1 TDP-43在ALS中的病理特征 ALS是最常见的累及运动神经元的神经退行性疾病,其特征为脊髓、脑干和运动皮质的上、下运动神经元进行性丧失而致肌肉无力,最终导致呼吸衰竭^[4]。5%~10%的ALS通过显性基因突变的方式遗传,最常见的突变发生在TDP-43、超氧化物歧化酶(SOD)、肉瘤融合蛋白(FUS)和9号染色体开放阅读框72(C9orf72)中。其余90%的病例为散发性^[4,43],其中大多数可见TDP-43泛素阳性包涵体。ALS的组织病理学特征主要表现为TDP-43从细胞核中被清除^[44],以及骨

架状、致密颗粒状、路易体状等细胞质内含物。TDP-43的异常蓄积在ALS患者整个大脑中均有一定程度的表现。然而,中枢神经系统受影响最严重的区域是运动皮质、脊髓、基底节和丘脑^[45]。根据TDP-43蛋白病变从脊髓、皮质运动神经元和胶质细胞向其他皮质区的扩散程度不同可对ALS的疾病进程进行分期^[46-47]。值得注意的是,部分FTLD病例与ALS病例在临床症状、遗传学和病理特征上有较大重叠,提示这两类疾病可能存在相关性^[48]。

3.1.2 TDP-43在FTLD中的病理特征 FTLD是一种以行为、人格及语言障碍为主要特征性疾病,包括3种临床综合征:行为变异额颞叶型痴呆(behavioral variant frontotemporal dementia, bvFTD)即狭义的FTD或FTD额叶型,语义性痴呆(semantic dementia, SD),以及进行性非流利性失语(progressive non-fluent aphasia, PNFA)^[49]。Capitini等^[50]发现,FTLD患者脑、脊髓胞质内存在散在分布的泛素阳性而Tau蛋白和突触核蛋白阴性的颗粒样物质,其中,TDP-43是泛素阳性包涵体的主要成分。随后,有两项研究发现,在FTLD患者的额颞叶皮质区域神经轴突和神经元胞质包涵体内广泛表达TDP-43,而枕叶区域和小脑区未受明显影响^[51-52]。在FTLD-TDP病例中发现的包涵体主要分为4个亚型,1型为在皮质浅层较长断面的神经元胞质中有少量的神经元胞质包涵体,2型为在浅层和深层皮质层中有较多的神经元胞质包涵体,3型为在皮质表层有大量短小的神经突起和胞质包涵体,4型与VCP基因突变相关,大多数TDP-43包涵体为核包涵体^[53]。

3.1.3 TDP-43在AD中的病理特征 AD是常发生于老年人群的神经退行性疾病,约50%的AD病例有病理性TDP-43形成。AD的病理特征为神经内沉积高度磷酸化的Tau蛋白及细胞外 β -淀粉样蛋白斑块形成^[54-55]。最近的研究发现,病理性TDP-43不仅在AD患者的海马、杏仁核等大脑边缘系统中沉积,还会累及脑干、新皮质和基底神经节等^[56]。Josephs等^[57]分析了195例伴有TDP-43蛋白沉积的AD患者的临床、神经影像学和病理特征,将AD患者的TDP-43异常沉积按扩散的严重程度分为5个阶段:首先发生在杏仁核(I期),然后发展到海马内嗅皮质和下脚(II期),进一步扩散至海马齿状回和枕颞部皮质(III期),然后至颞下回(IV期)、额叶及基底节(V期)。

3.2 TDP-43与其他疾病的关系 过去几十年的研究主要针对TDP-43异常表达与神经退行性疾病之间的关系,但TDP-43在其他疾病中的作用则很少报道。近年来一些研究发现,TDP-43在肿瘤、男

性不育和OA中也发挥了重要作用。

3.2.1 TDP-43与肿瘤的关系 研究发现,TDP-43在黑色素瘤、肝癌和乳腺癌中高度过表达。肿瘤细胞的主要能量来源为葡萄糖,TDP-43可能通过调节葡萄糖转运蛋白4(GLUT4)的表达来调节黑色素瘤和乳腺癌细胞的增殖和转移^[58-59]。在肝癌中,TDP-43高表达通过TDP-43/miR-520/PFKFB3轴调控糖酵解水平和ATP的产生^[60]。在黑色素瘤中,TDP-43的表达增加与患者较低的生存率相关,而下调TDP-43表达可抑制黑色素瘤的细胞增殖和转移^[58]。然而,目前也有研究发现,TDP-43高表达在神经胶质瘤与乳腺癌中预示着较好的预后,三结构域家族蛋白16(TRIM16)通过结合并稳定TDP-43的表达,使其下游E2F转录因子1(E2F1)和磷酸化的视网膜神经胶质瘤蛋白(pRb)水平降低,从而抑制肿瘤细胞的生长^[61]。

3.2.2 TDP-43与男性不育症的关系 Reddi等^[62]发现,TDP-43在男性睾丸组织中也有表达,而另一项在转基因小鼠中的研究发现,SP-10近端启动子作为绝缘体能阻止在体细胞转录,因此,TDP-43与SP-10近端启动子结合可参与精子的形成过程^[63]。近期研究发现,在不育男性中出现的精母细胞减数分裂阻滞可能是TDP-43功能丧失的结果^[64]。综上,TDP-43与男性的生育功能有关,进而可能与男性不育相关。有研究发现,异常表达的TDP-43可作为精子发生缺陷的标志物,进而作为男性不育的候选标志物^[65]。

3.2.3 TDP-43与OA的关系 研究发现,OA患者患帕金森病的风险略有增加^[66],且OA还可加速并加重小鼠AD的病理进程^[67]。此外,一些被TDP-43调控的miRNA,如miR-558^[68]和miR-132^[69],也与OA的发生相关,提示TDP-43可能在OA中发挥重要作用。有研究发现,TDP-43在OA退变软骨中的表达水平明显降低,提示TDP-43具有软骨降解作用^[70]。体外实验表明,TDP-43可通过GTP酶激活蛋白SH3结构域结合蛋白1(Ras-GTPase-activating protein SH3 domain binding protein 1, G3BP1)调节应激颗粒(stress granules, SGs)的装配,从而在氧化应激情况下维持软骨细胞内稳态,而关节内注射重组TDP-43可减轻软骨降解和软骨下骨重塑,提示TDP-43可作为OA的潜在治疗靶点^[71]。

4 以TDP-43为靶点的诊疗应用前景

随着对TDP-43病理作用研究的不断深入,未来可有针对性地制定对症治疗策略,以预防或消除TDP-43异常聚集、错误折叠引发的疾病。其中几种内在的细胞降解机制具有关键作用,即自

噬通路、泛素-蛋白酶体系统(ubiquitin-proteasome system, UPS)、内体-溶酶体途径(endosomal-lysosomal pathway, ELP)。

自噬是清除错误折叠蛋白的主要通路^[72]。有研究显示, TDP-43可通过增加自噬相关基因(atg7)、雷帕霉素靶蛋白相关调节蛋白(raptor)和动力蛋白激活蛋白(dynastic)的稳定性来调节自噬, 下调TDP-43后, 这些自噬mRNA的水平明显降低^[73-74]。Wang等^[75]发现, 突变型TDP-43可使自噬标记物微管相关蛋白轻链3(light chain 3, LC3)表达水平升高, 在疾病早期以自我防御的形式增强自噬对TDP-43的清除。已知自噬激活剂海藻糖可使突变型TDP-43及其C末端片段TDP-25、TDP-35经由自噬途径降解^[76-77], 而在自噬阻断剂3-MA的干预下, 突变型TDP-43及TDP-25、TDP-35的表达水平均增高, 进而从反面证实了突变型TDP-43及其C末端截短片段可经自噬通路降解。此外, 有研究发现, 雷帕霉素可抑制mTOR/mTORC1信号通路, 从而激活自噬, 促进TDP-43等异常蛋白的清除^[78], 这为新型治疗药物的设计和测试提供了一个有吸引力的靶点。

与自噬不同, UPS主要参与以可溶性、错误折叠蛋白质为主的底物降解。Casella等^[79]用预先形成的TDP-43聚集体转染小鼠NSC-34和Neuro2A细胞后发现, TDP-43寡聚体和不可溶性小聚集体通过自噬降解, 而可溶性的TDP-43单体主要被UPS降解, 如果使用蛋白酶体抑制剂MG132等药物损害UPS, 则在胞核和胞质中更容易形成泛素化TDP-43聚集体, 提示蛋白酶体通路可在TDP-43的降解过程中发挥作用, 这一作用在野生型TDP-43上尤为明显, 这与Budini等^[73]对野生型TDP-43的降解机制研究结论类似。

既往研究主要集中于自噬和UPS等途径对TDP-43的清除作用, 而近年的研究发现, ELP也参与了TDP-43的清除。Leibiger等^[80]发现, 删除ELP相关基因可明显增强TDP-43诱导的细胞毒性。有两项研究证实TDP-43经多泡体包裹后释放到溶酶体中, 由于空间的原因, 多泡体可包裹更小的TDP-43聚集体, 与自噬相比, ELP在TDP-43降解中的作用更为明显^[80-81]。因此, 当前主要考虑ELP可能在TDP-43降解中发挥更重要的作用。

此外, 还可设计一些抑制剂或多肽来预防TDP-43的错误定位。解聚酶增强型Hsp104是一种消除TDP-43聚集体的基因抑制剂, 且可介导TDP-43的再折叠^[82]。对于TDP-43错误定位到线粒体所引发的线粒体功能障碍, 有研究发现, TDP-43线粒体定位抑制肽PM1、PM3可降低线粒体内的TDP-43

蓄积, 恢复线粒体功能^[38], 预防神经元丢失, 并改善运动协调和认知缺陷^[83]。以TDP-43线粒体定位为靶点可能是治疗神经退行性病变的一种有潜力的方法。综上, 预防TDP-43的折叠和(或)增强其清除率是有效治疗TDP-43所引发疾病的最重要目标。

5 总结与展望

TDP-43是一种普遍表达且在进化上高度保守的DNA/RNA结合蛋白, 众多研究发现其存在异常的细胞器定位。在生理状态下, TDP-43蛋白主要定位于细胞核, 而在应激或病理状态下, TDP-43蛋白被转运至细胞质甚至线粒体内, 从而发挥相应的病理作用导致疾病。过去几十年对TDP-43研究的发现, TDP-43不仅在ALS、FTLD等神经退行性疾病中发挥作用, 在肿瘤、OA及男性不育等疾病中也具有重要作用。目前, TDP-43蛋白功能与其亚细胞定位之间的关系尚未完全明确, 深入探讨TDP-43亚细胞定位及其转位机制可进一步揭示TDP-43的生物学功能, 从而为相关疾病的治疗注入新理念, 本文为研究TDP-43的靶向药物和清除异常TDP-43的途径提供了新的视角。

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(责任编辑: 张小利)