UNIVERSITI TEKNOLOGI MARA

CELLULAR RESPONSES OF NORMAL HUMAN OSTEOBLASTS TO MULTIPLE ENVIRONMENTAL STRESSORS IN VITRO

AISHA BINTI MOHD DIN

Thesis submitted in fulfillment of the requirements for the degree of **Doctor of Philosophy**

Faculty of Medicine

January 2017

AUTHOR'S DECLARATION

I declare that the work in this thesis was carried out in accordance with the regulations of Universiti Teknologi MARA. It is original and is the results of my own work, unless otherwise indicated or acknowledged as referenced work. This thesis has not been submitted to any other academic institution or non-academic institution for any degree or qualification.

I, hereby, acknowledge that I have been supplied with the Academic Rules and Regulations for Post Graduate, Universiti Teknologi MARA, regulating the conduct of my study and research.

Name of Student	:	Aisha Binti Mohd Din
Student I.D. No.	:	2009377193
Programme	:	Doctor of Philosophy (Medicine) - MD990
Faculty	:	Medicine
Thesis Title	:	Cellular Responses of Normal Human Osteoblasts to
		Multiple Environmental Stressors in Vitro
Signature of Student	:	
Date	:	January 2017

ABSTRACT

Cells respond to environmental stress via the activation of various survival pathways and may possibly end with the initiation of cell death in order to eliminate damaged cells. The ability of cells to mount an adaptive or destructive response depends on the type and duration of the stress. The response to continuous orbital fluid shear stress (OFSS), moderate hypothermia (35°C) and moderate hyperthermia (39°) in this study demonstrated an anabolic effect on Normal Human Osteoblast (NHOst) cells where the cell metabolism, differentiation and proliferation was either promoted or retained. The anabolic effect correlated with an inhibition of osteoclast activity by reducing the RANKL/OPG ratio. In response to 3 days of OFSS, increase in NHOst mitochondrial metabolism and proliferation simultaneously prevented apoptosis. Meanwhile the increase in alkaline phosphatase (ALP) activity and osteocalcin (OCN) after recovery from OFSS suggested that NHOst function was promoted. The possible mechanism for the transduction of these anabolic signals might have been generated through the actin fibres of the cell's cytoskeleton. On the other hand, when NHOst were exposed to temperature stress for 1 h (acute), 12 h & 24 h (short) and 72 h (prolonged), cells responded by expressing heat or cold shock proteins according to hypo- and hyperthermia severity and exposure duration. Exposure to acute 1 h temperature stress lead to an overall reduction in NHOst metabolism, mRNA and protein expression. Overexpression of Rbm3 and Hsp70 promoted NHOst viability and proliferation in response to short and prolonged moderate hypo- and hyperthermia but not in severe exposure. Up regulation of Rbm3 was involved in the adaptation of NHOst survival while Cirbp was to inhibit NHOst survival. Despite NHOst were progressing in the cell cycle in response to moderate hypothermia, the percentage of NHOst undergoing apoptosis was slightly higher compared to NHOst under severe hypothermia. Both moderate and severe hypothermia showed apoptosis was activated via a caspase 3-independent pathway. Insignificant up regulation of caspase 8 and 9 under moderate hypothermia led to the activation of caspase 3, suggesting both extrinsic and intrinsic pathway was activated. Detachment of NHOst from the culture substratum in response to severe hyperthermia suggests that anoikis as a form of apoptosis was induced. The expression of ALP and OCN was dependent on the expression of Runx2. Meanwhile the overexpression of osterix showed that response to moderate hyperthermia in particular suggests that NHOst have the capability to mature. Prolonged exposure to moderate hypothermia promoted mineral deposition required for bone mineralization as the calcium nodules were slightly larger compared to control. In conclusion, continues exposure to OFSS and short term moderate hypo- and hyperthermia promote if not retains bone functionality in vitro.

TABLE OF CONTENTS

	Page
CONFIRMATION BY PANEL OF EXAMINERS	ii
AUTHOR'S DECLARATION	iii
ABSTRACT	iv
ACKNOWLEDGEMENT	v
PREFACE	vi
TABLE OF CONTENTS	vii
LIST OF TABLES	XV
LIST OF FIGURES	xix
LIST OF EQUATION	xxvi
LIST OF ABBREVIATIONS	xxvii

1.1	Overview	1
1.2	Research Question	2
1.3	Objective	2
1.4	Hypothesis	3

CHAPTER TWO: OVERALL LITERATURE REVIEW

2.1	Bone	4
	2.1.1 Structure of Bones	7
2.2	Physiology Of Bone Formation	8
	2.2.1 Osteoblasts	9
	2.2.2 Differentiation Of Mesenchymal Stem Cells to Osteoblast	10
	2.2.3 Development Of Osteoblast Phenotype	11
	2.2.4 Bone Matrix	13
2.3	Bone Remodelling	14
	2.3.1 The RANK/RANKL/OPG Pathway for Bone Remodelling	16

2.4	Bone Loss	18
	2.4.1 Osteoporosis	19
2.5	Environmental Factors Influences Bone Formation	21
2.6	Anabolic Stress: Mechanical Stress	21
	2.6.1 Bone Adapts To Mechanical Loading	22
	2.6.2 Anabolic Response To Mechanical Load	23
	2.6.3 Mechanotransduction	24
	2.6.3.1 Mechanosensitivity Of Bone Cells	25
	2.6.3.2 Osteocytes Perceive Mechanical Signal	26
	2.6.4 Recovery Periods Restore Mechanosensitivity	26
	2.6.5 Mechanical Loading Models	27
	2.6.5.1 Fluid Shear Stress As A Form Of Mechanical Load	28
	2.6.6 Cellular Mechanotransduction Theory	29
	2.6.6.1 Integrins As An "Outside-In" Mechanosensors	31
	2.6.7 The Cytoskeleton Acts As An Intracellular Mechanosensors	32
	2.6.7.1 Mechanical Properties Of Actin Filaments	34
	2.6.7.2 Mechanical Properties Of Tubulin Filaments	35
	2.6.8 Mechanical Signal At The Cellular Level	37
	2.6.8.1 mechanical Load Influences Osteoblast Metabolism	37
	2.6.8.2 B-Catenin Pathway	38
	2.6.8.3 Mechanical Response To Osteoblast Proliferation	39
	2.6.8.4 Osteoblast Differentiation In Response To Mechanical Stress	39
	2.6.8.5 Mechanical Loading Prevents Apoptosis	41
	2.6.8.6 Bone Maturation In Response To Mechanical Load	42
	2.6.8.9 Osteopontin	43
	2.6.8.10 Mechanical Response On Bone Mineralization Markers	44
2.7	Catabolic Stress: Temperature Stress	45
	2.7.1 Human Core Body Temperature	46
	2.7.2 Hypothermia	46
	2.7.2.1 Hypothermia In The Elderly	47
	2.7.3 Hyperthermia	48