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Editorial

## Kisspeptin system in female reproduction: A next-generation target in the manipulation of sex hormones



The discovery of the neuropeptide kisspeptin, originally derived from its antimetastatic property affecting malignant melanoma cells, as well as its role in reproductive function, was a milestone in the field of reproductive biology.<sup>1,2</sup> Conventionally, the capacity for reproductive activity in mammals involves coordinated communication between the hypothalamus, the anterior pituitary, and the gonads [the hypothalamic–pituitary–gonadal (HPG) axis]. This includes hypothalamic neuropeptides [gonadotropin-releasing hormone (GnRH), synthesized in GnRH neurons scattered throughout the preoptic area, as well as the organum vasculosum laminae terminalis, and releasing into the portal circulation in a pulsatile manner], gonadotropins [luteinizing hormone (LH) and follicle-stimulating hormone (FSH) secreted by pituitary gonadotroph cells], and sex steroid hormones (androgen secreted by theca cells, as well as estrogen secreted by granulosa cells and progesterone secreted by luteinizing theca and granulosa cells) secreted by the ovaries.<sup>1</sup> However, there have been significant advances in our understanding of the hierarchical pathways that control GnRH release, where it has been particularly noted that peptides and signaling pathways regulate GnRH neuronal activity. Evidence now indicates that kisspeptins, encoded by the *KISS1* gene and secreted by kisspeptin neurons, are critical regulators of sexual differentiation and maturation, as well as normal adult reproduction function in female mammals (menstrual cycles in women and estrous cycles in rodents).<sup>3,4</sup> Kisspeptin neurons are localized in the arcuate nucleus and the rostral periventricular nucleus of the third ventricle or the preoptic area. The latter releases kisspeptin to gonadotrophs (GnRH neurons) and is mediated by kisspeptin receptors (Kiss1r) that are highly expressed in GnRH neurons and in other areas of the brain, as well as in most endocrine tissues, including the pituitary gland, ovary, and placenta.<sup>5</sup>

The study by Luo et al<sup>6</sup> in this issue of the *Journal of the Chinese Medical Association* entitled, “Expression of kisspeptin/kiss1r system in developing hypothalamus of female rat and the possible effects on reproduction development and maintenance” evaluated correlations between activity and/or expression of the kisspeptin/kiss1r system in the hypothalamus of rats and development of rats from Day 7 of infancy to Day

63 of adult stage. The authors found that the coexpression pattern of the kisspeptin/kiss1r system and GnRH I in the ventromedial nucleus of the hypothalamus and around the ventral surface of the third ventricle in rats was time dependent, revealing the lowest expression levels occurring during the infant stage and higher expression levels during the adult age. Based on the obvious and significant time-dependent and progressive increase in coexpression of both the kisspeptin/kiss1r system and GnRH I, the authors concluded that the kisspeptin/kiss1r system may be mediated through GnRH neurons to activate and maintain reproductive function.<sup>6</sup> As a result,<sup>6</sup> this current issue reconfirmed the critical role of kisspeptin/kiss1r in the reproductive system. However, Luo et al's<sup>6</sup> paper did not provide additional information regarding the relationship between the initiation of ovulation cycles (or aging processes of the ovary) and activity of the kisspeptin/kiss1r system. Additionally, the authors also failed to discuss the expression patterns of kisspeptin neurons located in different areas, given that the two populations of kisspeptin neurons respond differently to estradiol feedback from the ovary through sexual dimorphism.<sup>4</sup> It was reported that kisspeptin neurons in the rostral periventricular nucleus of the third ventricle presented a marked sexual dimorphism, with more kisspeptin neurons in females compared to males, and represented the main drivers of preovulatory GnRH/LH surge.<sup>4</sup> By contrast, kisspeptin neurons in the arcuate nucleus are not sexually dimorphic.<sup>4</sup> Furthermore, GnRH neurons do not express estrogen receptor  $\alpha$ , which is a primary estrogen target,<sup>7,8</sup> suggesting that estrogen acts as a regulator of GnRH secretion through an indirect mechanism. In fact, estrogen feedback to GnRH neurons is mediated by kisspeptin neurons, which display estrogen-dependent changes in kisspeptin expression.<sup>4</sup> Therefore, it is well known that the use of GnRH analogues to control HPG functions via stimulatory or inhibitory mechanisms of action<sup>9,10</sup> might also be reproducible by kisspeptin analogues, suggesting that Kiss1r agonists and antagonists might provide another option to control HPG functions.<sup>11</sup> Additionally, the kisspeptin/neurokinin B/dynorphin system in the arcuate nucleus has provided important clues to the neural mechanisms of GnRH pulse-generation systems.<sup>12</sup>

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A recent review by Matsui and Asami<sup>11</sup> summarized the available knowledge of both agonist and antagonist. Kisspeptin agonists more profoundly suppressed testosterone levels in rats and monkeys relative to natural kisspeptin, and Phase I clinical studies showed that subcutaneous infusion of kisspeptin analogues for 2 weeks in healthy male volunteers rapidly, but reversibly, reduced testosterone levels in a dose-dependent manner.<sup>13</sup> This effect might vary dramatically in normal healthy women, because twice-daily subcutaneous injection of kisspeptin analogues does not abolish menstrual cyclicity in healthy female volunteers.<sup>14</sup> This emerging new information suggested that additional physiological and pharmacological studies are necessary to deepen our understanding of the kisspeptin/kiss1r system to eventually provide novel therapeutic approaches similar to GnRH analogues, as we have previously reported.<sup>15</sup>

### Conflicts of interest

The authors declare that they have no conflicts of interest related to the subject matter or materials discussed in this article.

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### References

1. Simonneaux V, Bahougne T. A multi-oscillatory circadian system times female reproduction. *Front Endocrinol (Lausanne)* 2015;**6**:157.
2. Lee JH, Miele ME, Hicks DJ, Phillips KK, Trent JM, Weissman BE, et al. KiSS-1, a novel human malignant melanoma metastasis-suppressor gene. *J Natl Cancer Inst* 1996;**88**:1731–7.
3. Colledge WH. The neuroendocrine regulation of the mammalian reproductive axis. *Exp Physiol* 2013;**98**:1519–21.
4. Yeo SH. Neuronal circuits in the hypothalamus controlling gonadotrophin-releasing hormone release: the neuroanatomical projections of kisspeptin neurons. *Exp Physiol* 2013;**98**:1544–9.
5. Kotani M, Dethoux M, Vandenbogaerde A, Communi D, Vanderwinden JM, Le Poul E, et al. The metastasis suppressor gene KiSS-1 encodes kisspeptins, the natural ligands of the orphan G protein-coupled receptor GPR54. *J Biol Chem* 2001;**276**:34631–6.
6. Luo QQ, Hou Y, Yin N, Zhang HQ. Expression of kisspeptin/kiss1r system in developing hypothalamus of female rat and the possible effects on reproduction development and maintenance. *J Chin Med Assoc* 2016;**79**:546–53.
7. Huang BS, Lee WL, Wang PH. The slowing down of renal deterioration but acceleration of cardiac hypertrophy—is estrogen receptor  $\alpha$  a hero or villain? *Am J Physiol Renal Physiol* 2014;**307**:F1352–4.
8. Lee WL, Cheng MH, Tarng DC, Yang WC, Lee FK, Wang PH. The benefits of estrogen or selective estrogen receptor modulator on kidney and its related disease-chronic kidney disease-mineral and bone disorder: osteoporosis. *J Chin Med Assoc* 2013;**76**:365–71.
9. Chen YJ, Li YT, Huang BS, Yen MS, Sheu BC, Chow SN, et al. Medical treatment for heavy menstrual bleeding. *Taiwan J Obstet Gynecol* 2015;**54**:483–8.
10. Tsui KH, Lee FK, Seow KM, Chang WC, Wang JW, Chen SU, et al. Conservative surgical treatment of adenomyosis to improve fertility: controversial values, indications, complications, and pregnancy outcomes. *Taiwan J Obstet Gynecol* 2015;**54**:635–40.
11. Matsui H, Asami T. Effects and therapeutic potentials of kisspeptin analogs: regulation of the hypothalamic-pituitary-gonadal axis. *Neuroendocrinology* 2014;**99**:49–60.
12. Grachev P, Millar RP, O'Byrne KT. The role of neurokinin B signaling in reproductive neuroendocrinology. *Neuroendocrinology* 2014;**99**:7–17.
13. Scott G, Ahmad I, Howard K, MacLean D, Oliva C, Warrington S, et al. Double-blind, randomized, placebo-controlled study of safety, tolerability, pharmacokinetics and pharmacodynamics of TAK-683, an investigational metastatin analogue in healthy men. *Br J Clin Pharmacol* 2013;**75**:381–91.
14. Jayasena CN, Comminos AN, Nijher GM, Abbara A, DeSilva A, Veldhuis JD, et al. Twice-daily subcutaneous injection of kisspeptin-54 does not abolish menstrual cyclicity in healthy female volunteers. *J Clin Endocrinol Metab* 2013;**98**:4464–74.
15. Tsui KH, Lin LT, Wang PH. Luteal phase support with gonadotropin-releasing hormone agonist. *J Chin Med Assoc* 2014;**77**:505–7.

Kuan-Hao Tsui

Department of Obstetrics and Gynecology, Kaohsiung Veterans General Hospital, Kaohsiung, Taiwan, ROC

Department of Obstetrics and Gynecology, National Yang-Ming University, Taipei, Taiwan, ROC

Department of Pharmacy and Graduate Institute of Pharmaceutical Technology, Tajen University, Pingtung, Taiwan, ROC

Ben-Shian Huang

Department of Obstetrics and Gynecology, National Yang-Ming University Hospital, Ilan, Taiwan, ROC

Department of Obstetrics and Gynecology, National Yang-Ming University, Taipei, Taiwan, ROC

Peng-Hui Wang\*

Department of Obstetrics and Gynecology, Taipei Veterans General Hospital, Taipei, Taiwan, ROC

Department of Obstetrics and Gynecology, National Yang-Ming University, Taipei, Taiwan, ROC

\*Corresponding author. Dr. Peng-Hui Wang, Department of Obstetrics and Gynecology, Taipei Veterans General Hospital, 201, Section 2, Shih-Pai Road, Taipei 112, Taiwan, ROC.  
E-mail addresses: phwang@vghtpe.gov.tw, pongpong-wang@gmail.com, phwang@ym.edu.tw (P.-H. Wang).