

**STUDYING THE ROLE OF ENDOCANNABINOID SIGNALING IN  
REPRODUCTION**

**By**

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# CHAPTER I

## INTRODUCTION

### I. Lipid Signaling in Reproduction

Although the human population is growing rapidly, 15% of couples worldwide are infertile (1, 2), with infertility defined as the inability to conceive after one year of regular sexual intercourse. Infertility is a worldwide social and economic concern. Early pregnancy loss in humans often happens due to defects that occur before, during or immediately after implantation. In addition, the implantation rate remains disappointingly low in *in vitro* fertilization and embryo-transfer (IVF-ET) techniques which have overcome several causes of human infertility. Therefore, studying the physiological, genetic and molecular basis of implantation is important. However, it is difficult to define the hierarchical landscape of molecular pathways during human pregnancy because of experimental difficulties and ethical restrictions on research with human embryos. It is hoped that experiments on mice and other animal models combined with feasible experiments in humans will generate meaningful information to address these critical issues. Although details of many of the molecular interactions during the periimplantation events have not yet been defined, increasing evidence from gene expression and transgenic mouse studies reveal that synchronous development of preimplantation embryos to the blastocyst stage and differentiation of the uterus to the receptive stage are prerequisites for the initiation of implantation (3-5).

Over the past several years, molecular and genetic studies have provided evidence that lipid mediators, including prostaglandins (PGs) and lysophospholipids, are critical signaling molecules in coordinating events of early pregnancy (6-9). PGs, a major group of eicosanoid lipid mediators, are generated from arachidonic acid (AA), which is released from membrane phospholipids by phospholipase A<sub>2</sub> (PLA<sub>2</sub>). AA thus released is transformed by cyclooxygenases (COXs) to PGH, which is then converted to various PGs by specific PG synthases (10). In mice, PGF<sub>2α</sub> is mainly generated by COX-1 as a luteolytic hormone acting on the corpus luteum, which is critical for the onset of parturition (15–18), whereas PGI<sub>2</sub> and PGE<sub>2</sub> generated by COX-2 are essential for ovulation, fertilization, implantation, and decidualization (11, 13, 19–22). The role of PGs during pregnancy is further illustrated by poor fertility, resulting from deferred implantation, in mice lacking cPLA<sub>2α</sub> (12). Lysophosphatidic acid (Lyso-PA) belongs to another group of lipid mediators, lysophospholipids. Lyso-PA influences a range of biological processes through its cell surface G protein-coupled receptors, LPA<sub>1–4</sub> (32). Mice missing LPA<sub>3</sub>, a G protein-coupled receptor of Lyso-PA, exhibit defects remarkably similar to defects in cPLA<sub>2α</sub>-deficient mice, such as deferred on-time implantation, retarded fetal development, embryo crowding, and sharing of one placenta by several embryos (12, 33). More intriguingly, the on-time implantation in LPA<sub>3</sub> deficient females is restored by PG supplementation (33). These studies suggest that appropriate lipid signaling is

indispensable for periimplantation events and that there is a cross-talk interaction between different lipid signaling pathways.

Recently, endocannabinoid signaling, mediated by another group of bioactive lipid molecules, has been highlighted as an important player in male and female reproductive systems. During the past 15 years, research from our laboratory demonstrated that the endocannabinoid system is present in the preimplantation embryo, oviduct and uterus, and revealed that appropriate endocannabinoid signaling is critical to preimplantation embryo development, their timely homing into the receptive uterus and on-time implantation (10-12). My work has added a new dimension to these studies in both male and female reproduction. The following chapters will illustrate these new findings.

## **II The Endocannabinoid System**

### **Introduction**

Marijuana, derived from the plant *Cannabis sativa*, has been used as a recreational drug for thousands of years due to its psychoactive effects including euphoria, sedation and analgesia. Because of its widespread use, research on the chemistry of *Cannabis* began decades ago (13). However, its major active component,  $\Delta^9$ -tetrahydrocannabinol ( $\Delta^9$ -THC), was not identified until 1964 (14). This discovery initiated a dramatic interest in cannabinoid research, further increased by the discovery and cloning of two types of cannabinoid receptors,

brain-type (CNR1) (15, 16) and spleen-type (CNR2) (17). Around the same time, several endogenous compounds targeting CNR1 and CNR2 were identified; they are collectively termed endocannabinoids. The two most studied endocannabinoids are anandamide (AEA) and 2-arachidonoylglycerol (2-AG). The structure of anandamide was first revealed in 1992 (18), while 2-AG was discovered in both the canine gut (19) and the rat brain (20) by two independent groups. All of the endocannabinoids, the enzymes responsible for their biosynthesis and degradation, and their receptors are collectively called the endocannabinoid system (Figure 1). Various aspects of the endocannabinoid system are described below.

### **AEA synthesis and degradation**

It is widely accepted that anandamide is derived from the precursor N-arachidonoylphosphatidylethanolamine (NAPE) through its reaction with NAPE-hydrolyzing phospholipase D (NAPE-PLD) (21, 22), a member of the metallo-lactamase family with  $\text{Ca}^{2+}$  sensitive enzyme activity (23, 24). However, unaltered polyunsaturated NAE (N-acyl-ethanolamine) levels in NAPE-PLD deficient mice suggests other anandamide synthetic pathways (25). Recently, two other enzymatic routes were identified: 1) double deacylation of NAPE by a phospholipase/lysophospholipase B,  $\alpha/\beta$ -hydrolase 4 (Abh4), to generate glycerophospho-NAE (GP-NAE) which is then cleaved by a phosphodiesterase to liberate anandamide (26), and 2) cleavage of NAPE by a phospholipase C to generate phosphoanandamide (pAEA), which is subsequently dephosphorylated

by a protein tyrosine phosphatase, PTPN22, to release anandamide (27). Although these pathways are found in both the CNS and peripheral tissues, the mechanisms by which these pathways can regulate and affect each other are still unknown.

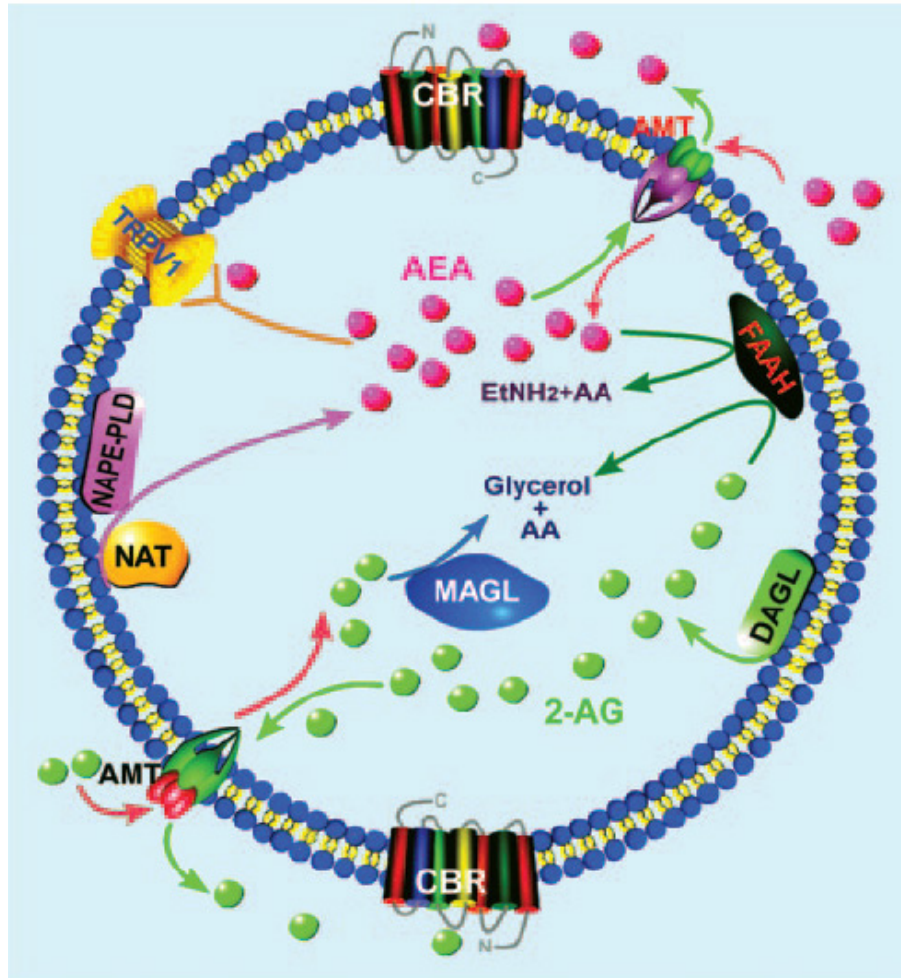


FIGURE 1. **The endocannabinoid system.** The synthesis of AEA from membrane *N*-arachidonylphosphatidylethanolamines is catalyzed by the sequential activity of NAT and NAPE-PLD, which releases AEA and phosphatidic acid. AEA is transported in both directions through the cell membrane by a selective AMT and, once taken up, is hydrolyzed by FAAH to ethanolamine (EtNH<sub>2</sub>) and AA. The main targets of AEA are CNR1 and CNR2 receptors (CBR),

showing an extracellular binding site, and type-1 vanilloid receptors (TRPV1), showing an intracellular binding site. 2-AG is also released from membrane lipids through the activity of DAGL. 2-AG can also be hydrolyzed by FAAH or, more importantly, by MAGL, releasing glycerol and AA. The transport of 2-AG across the cell membrane may be mediated by AMT or a related transporter, and CBR (but not TRPV1) is the target of this endocannabinoid. The picture is adapted from Wang et al, *Endo Rev*, 27: 427-448, 2006.

Anandamide is degraded to ethanolamine and arachidonic acid (AA) by a membrane-bound fatty acid amide hydrolase (FAAH) (28, 29). FAAH can also hydrolyze other fatty acid amides, including 2-AG and the sleep-inducing substance oleamide (30). FAAH has been shown to be critical for regulating both the magnitude and duration of anandamide and other fatty acid amide signaling (31). Recently, a second membrane-associated fatty acid amide hydrolase has been found in humans and other primate genomes but not in that of the rodent (32).

The transport mechanism of anandamide, an uncharged hydrophobic molecule, across the plasma membrane is still under debate (33, 34). In the current models, the enzymes for the synthesis and degradation of endocannabinoids are thought to be located within the cell, so that the stimulation of cannabinoid receptors by endocannabinoids from the extracellular component requires these lipid mediators to cross the plasma membrane twice. While pharmacological and biochemical evidence points towards the existence of a specific anandamide transport protein using transporter inhibitors (35-38), no direct evidence for such

a transporter has been provided. Recently developed drugs have been shown to inhibit anandamide transport without affecting FAAH activity (39). However, chemical evidence shows that anandamide uptake is not reduced by putative transport inhibitors in FAAH knock-out cells, favoring the model that anandamide traverses the cell plasma membrane by simple diffusion (40). In addition, FAAH may not need a transporter to help reach its substrate anandamide (41).

### **2-AG synthesis and degradation**

2-AG is derived from the precursor diacylglycerol by a membrane-bound sn1-diacylglycerol lipase (DAGL (42). To date, two isoforms of DAGL have been cloned, DAGL $\alpha$  and DAGL $\beta$ . The former is found mostly in the adult brain, while the latter is expressed in the developing brain (43). Like anandamide, 2-AG is produced on demand, but they differ in that anandamide often acts only as a partial agonist of cannabinoid receptors, while 2-AG acts as a full agonist. Interestingly, 2-AG's binding affinity to cannabinoid receptors is approximately 24 times less than that of anandamide but under most physiological conditions, 2-AG levels are much higher than anandamide (44). It still remains to be determined, therefore, how only a small percentage of 2-AG (10-20%) crosses the plasma membrane to interact with cannabinoid receptors (45).

2-AG accumulated in cells is degraded by either FAAH or a serine hydrolase, monoacylglycerol lipase (MAGL) (46). MAGL, a 33-KD protein, has been isolated, cloned and characterized in both rats and humans (46-48). Unlike FAAH, MAGL



is localized primarily in the cytosol, but not on the plasma membrane. Recently, using BV-2 cells, a mouse microglial cell line with MAGL activity, Muccioli et al. identified a novel protein which regulates 2-AG levels (49).

### **Cannabinoid receptors**

Endocannabinoids, as well as plant-derived and synthetic cannabinoids, target cannabinoid receptors CNR1 and CNR2. Both CNR1 and CNR2 are G protein-coupled receptors with seven transmembrane domains. CNR1 is present mostly in the central nervous system and in some peripheral tissues including the heart, testis, liver, small intestine and uterus, while CNR2 is abundantly expressed in the spleen and several immune cells, including astrocytes (50-52). Both CNR1 and CNR2 are coupled with G proteins in the  $G_{i/o}$  and  $G_q$  families, and the activation of cannabinoid receptors has different biological effects that are cell-type dependent. Signals mediated by cannabinoid receptors include regulation of  $Ca^{2+}$  channels (53-57), inhibition of adenylyl cyclase (16, 58), activation of phospholipase C (59) and stimulation of mitogen-activated protein kinases (MAPKs) including ERK, JNK and p38 (56, 60, 61).

In addition to CNR1 and CNR2, some evidence indicates the existence of other putative cannabinoid receptors (62). For example, it was shown that anandamide can protect murine neuroblastoma cells subjected to low serum-induced apoptosis by non-CNR1, non-CNR2 receptors (63). Furthermore, a novel cannabinoid receptor 3 (GPR55) has been reported (64, 65), which as of yet, is a

G protein-coupled orphan receptor. The physiological role of this receptor is not clearly understood.

Anandamide, but not 2-AG, can also activate receptors other than CNR1 and CNR2. One receptor that anandamide activates is the transient receptor potential vanilloid 1 (TRPV1) (66), a ligand-gated non-selective cationic channel. The binding of anandamide to its cytosolic binding site on TRPV1 triggers  $\text{Ca}^{2+}$  influx and eventual cytochrome c release (67, 68).

### **III. Endocannabinoids and Male Fertility**

#### **Introduction**

The role of the endocannabinoid system in male fertility remains largely unexplored. Previous studies showed that rat testes are able to synthesize AEA (69), and there is evidence that long term exposure to THC induces male infertility (70). In addition, AEA is also present in human seminal plasma at nanomolar ranges (71), and human sperm fertility is influenced by AEA (72). Furthermore, components of the endocannabinoid system are detected in different cell types in the testis. CNR1 is present in leydig cells (73), which secrete the main male hormone testosterone, whereas CNR2 is present in sertoli cells, which support spermatogenesis (74). Although some evidence indicates that testosterone secretion and sertoli cell function are both associated with AEA

levels in the testis, the underlying molecular mechanism of the association is still not known.

### **The endocannabinoid system in Sertoli cells**

Sertoli cells are located within the seminiferous tubes. Before being released into the seminiferous tubes, sperm in different developmental stages have direct contact with sertoli cells, which regulate spermatogenesis by providing nutrients and hormonal signals. In mice, the expression of CNR2 on sertoli cells is consistent throughout the lifespan (74). However, the FAAH activity declines with age. Previous studies showed that sertoli cells undergo apoptosis after being exposed to AEA (74), and that this effect is mediated by receptors other than CNR1, CNR2 and TRPV1. In fact, CNR2 located on sertoli cells can protect the cells from apoptosis. FAAH is regulated by FSH, a hormone critical for fetal and early neonatal sertoli cell proliferation and for regulating spermatogenesis in adult males (75). Additionally, FAAH can modulate the pro-apoptotic effect of AEA on sertoli cells (74) indicating a close interplay between endocannabinoid signaling and hormones. Collectively, these results indicate that the endocannabinoid system is a new potential target to treat male infertility.

### **The endocannabinoid system in sperm**

Endocannabinoid signaling has been shown to regulate sperm function in both invertebrates and mammals (72, 76-79). In sea urchins, sperm synthesize AEA (80) and AEA binds to CB receptors (77). Type-1 cannabinoid receptors and

FAAH are also found in the frog and rat (81). The endocannabinoid system in boars has been characterized by Dr. Maccarrone's group. Boar spermatozoa have the biochemical machinery to synthesize (NAPE-PLD), and degrade (AMT and FAAH) AEA (82). In addition, the targets of AEA, CNR1 and TRPV1 are present in boar spermatozoa. Only a limited number of studies have focused on understanding the role of the endocannabinoid system in sperm function using mouse models. There is evidence that CNR1 and FAAH are present in mouse spermatozoa (81). Another study shows that the biosynthetic and degrading enzymes of 2-AG, and CNR2 receptors are present in spermatogonia to spermatozoa during spermatogenesis in mice (83).

In mammals, ejaculated sperm must undergo a functional maturation, named "capacitation", to acquire the competence to fertilize an egg. During this biological process, intracellular calcium signaling is elevated and hyperactivated sperm motility is facilitated. These events are accompanied by changes in protein components on sperm heads that induce the acrosome reaction, enabling sperm to bind to the zona pellucida (ZP). Although previous studies show that this process involves modifications of intracellular ions (84, 85), plasma membrane fluidity (86), metabolism, and motility (87), the molecular signaling pathways and the local regulatory mechanism that allows capacitation to progress remain poorly understood. Recent evidence suggests that endocannabinoid signaling is involved in spermatogenesis and capacitation. In mouse spermatogenesis, while 2-AG likely plays an important role in promoting the meiotic progression of germ

cells by activating CNR2 receptors (83), endocannabinoid signaling through CNR1 helps keep sperm quiescent in the epididymis. A previous report showed that the percentage of motile sperm retrieved from the caput is lower than the sperm from the cauda, but the percentage of motile sperm within the caput is increased in the absence of CNR1 (88). Endocannabinoid signaling is also involved in sperm capacitation. In boars activation of CNR1 by an AEA-stable analog methanandamide (mAEA), inhibits capacitation (and hence the ability of sperm cells to react to ZP (zona pellucida) proteins with acrosome exocytosis) through a cAMP-dependent pathway, although CNR1 had no effect on spontaneous acrosome reaction (82). It was also noted that once the capacitation is completed, AEA stabilizes the acrosome membranes by activating TRPV1, thus reducing spontaneous acrosome reaction. In addition, AEA has been shown to reduce human sperm motility and capacitation-induced acrosome reaction (89). The effects can be blocked by a CNR1 antagonist SR141716, suggesting that the activity of AEA on sperm function requires CNR1 activation (89).

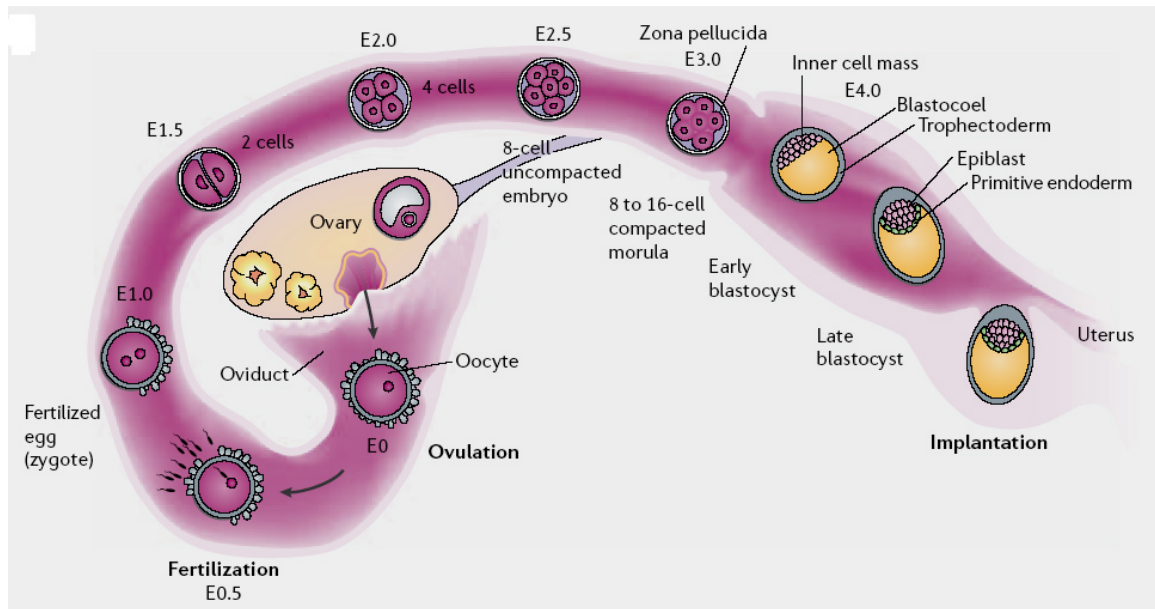
#### **IV. Endocannabinoids and Female Reproduction**

##### **Periimplantation events**

The beginning of a new life starts with the fertilization of an egg by a sperm (90, 91). The fertilized egg, now termed an embryo, develops inside the oviduct undergoing several mitotic divisions leading to a compacted ball of cells termed a

morula (Figure 2). The morula travels towards the uterus and, at the same time, a small cavity appears marking the beginning of the blastocyst stage. A blastocyst consists of two cell populations, the inner cell mass (ICM) which forms the embryo proper, and the outer layer of trophoblast cells which generates the placenta and extraembryonic membranes (5, 92-94).

It is only at the blastocyst stage that an embryo makes its first physical and physiological contact with the uterine endometrium to begin the process of implantation (Figure 2). A reciprocal interaction between the blastocyst and receptive uterus is essential for successful implantation. For instance, the uterus can only accept the blastocyst for attachment when it is in the receptive state. It is only then that the uterus is able to support blastocyst growth, attachment, and subsequent implantation (3, 5, 95, 96). Although the genetic and molecular basis for implantation is not yet clearly understood, gene expression studies and genetically engineered mouse models have shown that various signaling pathways are involved in the implantation process with endocannabinoid signaling being a key player (3-5, 97).



**FIGURE 2. Preimplantation embryo development and implantation in mice.** Following fertilization in the oviduct, the embryo undergoes several rounds of mitotic cell division, ultimately forming a ball of cells called a morula. At the late morula stage, the embryo enters the uterine lumen and transforms into a blastocyst that contains a cavity (called a blastocoel) with two distinct cell populations, the inner cell mass (ICM) and the trophectoderm (the progenitor of trophoblast cells). Before implantation, the blastocyst escapes from its outer shell (the zona pellucida) and differentiates to produce additional cell types — the epiblast and the primitive endoderm. At this stage, the trophectoderm attaches to the uterine lining to initiate the process of implantation. E, embryonic day.

### **Endocannabinoid signaling in the mouse female reproductive system**

Both CNR1 and CNR2 receptors are expressed in the female mouse reproductive system. In preimplantation embryos, CNR1 is expressed from the late 2-cell through the blastocyst stage, whereas CNR2 is present from the 1-cell stage. CNR1 is localized primarily in the mural trophectoderm and intermittently

in the polar trophoctoderm, but not in the inner cell mass (58). However, CNR1, but not CNR2, is also found in both the oviduct and uterus (12, 98).

Not only are the receptors present in these tissues, but also the enzymes necessary for the synthesis and degradation of anandamide. For example, NAPE-PLD is present in the nucleus and cytoplasm of preimplantation embryos from the 1-cell stage to the blastocyst stage and FAAH is present from the 2-cell stage to the blastocyst stage. Notably, FAAH is uniquely found in outer cell layers of morulae and in the trophoctoderm of blastocysts. In the oviduct, NAPE-PLD levels are higher in the isthmus compared to levels in the ampullary region, whereas FAAH shows the reverse pattern, being higher in the ampullary region (11, 99). This inverse relationship holds true for FAAH and NAPE-PLD following implantation, in that NAPE-PLD levels are higher in inter-implantation sites on days 5 and 7 (day 1 = presence of vaginal plug) where FAAH levels are low, and NAPE-PLD levels are lower in implantation sites where FAAH levels are higher (100).

With respect to 2-AG synthesis, the dominant DAGL isoform, DAGL $\alpha$ , is almost undetectable on days 1 and 4 of pregnancy, but is markedly upregulated in the luminal epithelium of inter-implantation sites on days 5 and 7. MAGL is present at low levels in both the luminal and glandular epithelia on days 1 through 4 of pregnancy. On days 5 through 7, MAGL expression is induced in subepithelial stromal cells at the site of blastocyst attachment and in the embryo, whereas at



the interimplantation sites its lower level of expression is restricted to the luminal and glandular epithelia (100).

The tightly regulated spatiotemporal expression patterns of the key synthetic and hydrolytic enzymes and cannabinoid receptors create appropriate endocannabinoid signaling conducive to successful early pregnancy events, including preimplantation embryo development and on-time implantation.

### **Endocannabinoid signaling and preimplantation embryo development**

Development of preimplantation embryos to blastocysts is critical for achieving implantation competency. Delayed development leads to defective implantation or implantation failure and, consequently, compromised pregnancy (5). Embryos exposed to high levels of endocannabinoids, as well as to plant-derived and synthetic cannabinoids, show retarded development. For example, high levels of anandamide causes blastocysts to have a reduced number of trophectoderm cells and decreases the rate of zona-hatching (101, 102). It has also been shown that anandamide, 2-AG, THC and WIN55212-2 (a synthetic cannabinoid agonist) arrest development of two-cell embryos to blastocysts (Figure 3) (58, 103). This arrested development, however, can be rescued by SR141716A and AM251 (CNR1 selective antagonists), but not by SR144528 (a CNR2 specific antagonist). Furthermore, a CNR2 agonist, AM663, fails to affect embryo development (103). These studies collectively indicate that endocannabinoids and cannabinoids mediate their effects on preimplantation embryos through CNR1.

The availability of *Cnr1*<sup>-/-</sup> and *Cnr2*<sup>-/-</sup> mouse models greatly expanded the field of endocannabinoid research. Using these mice, it was observed that *Cnr1*<sup>-/-</sup> and *Cnr1*<sup>-/-</sup> *Cnr2*<sup>-/-</sup> embryos recovered from oviducts on day 3 and from uteri on day 4 of pregnancy show aberrant development compared with wild-type embryos (104).

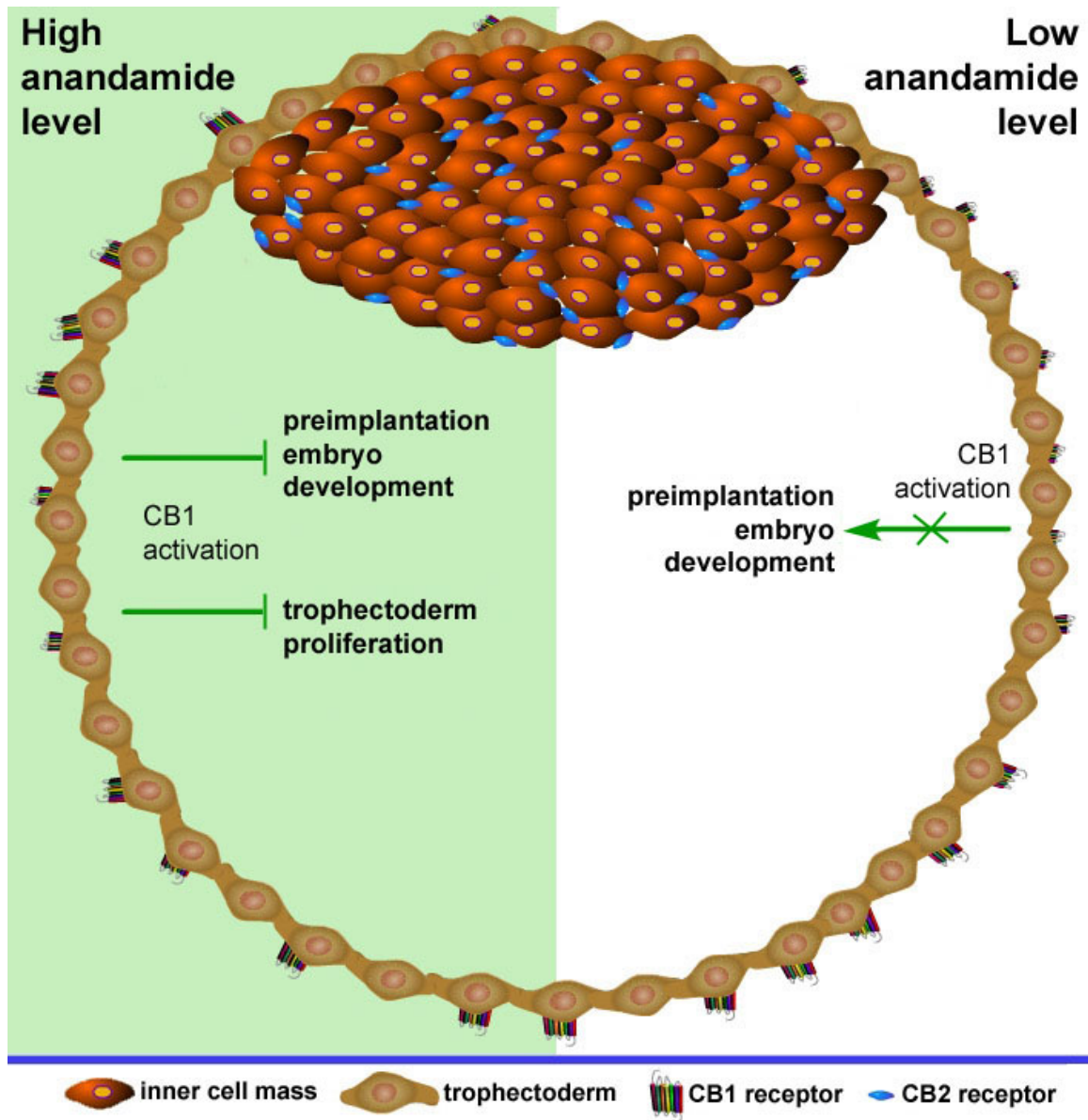


FIGURE 3. Cannabinoid signaling in preimplantation embryo development.

At a higher level of anandamide (28nM), cannabinoid signaling mediated by CNR1 inhibits trophoctoderm proliferation and preimplantation embryo development. Blockage of endocannabinoid signaling also causes retarded preimplantation embryo development.

Interestingly, heterozygous embryos recovered from *Cnr1*<sup>-/-</sup> females mated with wild-type males showed normal embryo development (12). This finding prompted the hypothesis that while high cannabinoid levels can arrest early embryonic development, appropriate cannabinoid signaling under normal physiological conditions is beneficial to normal embryo development. This idea was then confirmed by in vitro embryo culture experiments, showing that low levels of anandamide (7 nM) promoted trophoblast differentiation and growth, while higher levels (28 nM) inhibited such development (105). The normal development of heterozygous embryos in a *Cnr1* deficient environment indicated that embryonic *Cnr1* receptors, but not oviductal *Cnr1* receptors, directed proper early embryonic development (10). It has been shown previously that most (79%) 2-cell wild-type embryos fail to develop to the blastocyst stage in the presence of excess anandamide. In contrast, more than 80% of *Cnr1*<sup>-/-</sup> or *Cnr1*<sup>-/-</sup>*Cnr2*<sup>-/-</sup> double mutant embryos develop into blastocysts in the presence of similar levels of anandamide. However, in vitro development of *Cnr2*<sup>-/-</sup> embryos, like wild-type embryos, was severely compromised in the presence of anandamide (104). These results lend genetic support to the previous conclusion that CNR1, but not CNR2, respond to cannabinoids to govern embryonic development.

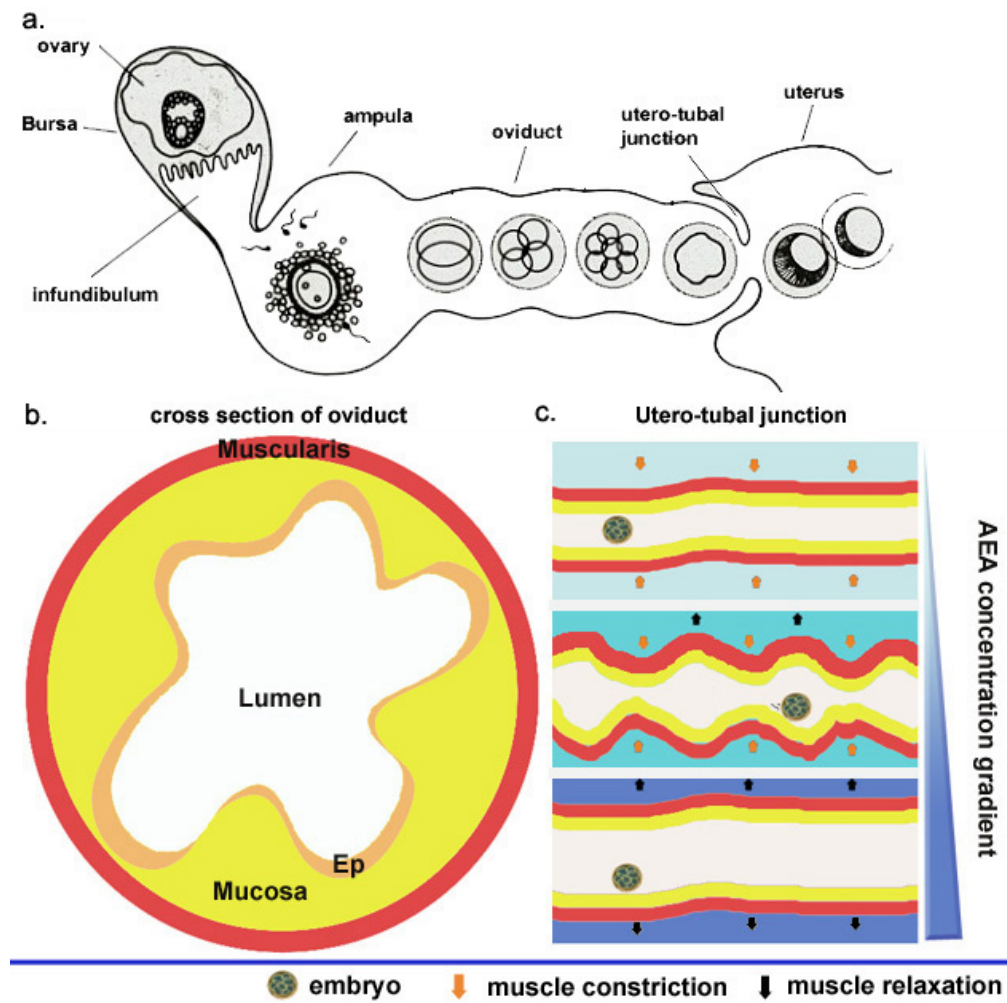
Interestingly, *Cnr2*<sup>-/-</sup> embryos collected from the oviduct on day 3 and uterus on day 4 also show some aberrant development (104), indicating that CNR2 does play some role in preimplantation embryo development. Recent observations of CNR2 expression in embryonic stem cells identified by microarray analysis (106) together with its absence in trophoblast stem cells (107), suggest that CNR2 expression is restricted to the inner cell mass of blastocysts. Thus, it is conceivable that CNR2 may play a role in ICM cell development and therefore, development of the embryo proper.

Collectively, cannabinoid signaling regulates preimplantation embryo development, with the current model implicating its mediation by the CNR1 receptor. Although the role of CNR2 remains puzzling, it seems to function as a low level cannabinoid signaling gatekeeper for preimplantation embryo development.

### **Endocannabinoid signaling and oviductal-uterine embryo transport**

In parallel with preimplantation development, embryos are transported from the oviduct into the uterus. Embryos enter the uterus at the late morula stage and, coincident with this transport, a cavity appears marking the early blastocyst stage. The embryo only achieves implantation competency at the blastocyst stage. Thus, a successful implantation depends on the normal and timely transport of embryos from the oviduct into the uterus (Figure 4a). Although there is no evidence for implantation of embryos in the mouse oviduct, embryos can implant

in the human oviduct (Fallopian tube). Thus, a dysfunctional regulation of oviductal-uterine transport results in oviductal retention of embryos and can cause ectopic pregnancy in women (108, 109).



**FIGURE 4. a. Murine oviduct transport of preimplantation embryo.** An egg is fertilized in the ampulla of the oviduct. Through cell division, it becomes a 2-cell, 4-cell, and 8-cell embryo, and eventually forms a morula. The morula passes through the utero-tubal junction to enter the uterus. **b. Schematic picture of cross section of the oviduct.** Ep, epithelium. **c. Muscularis movement of utero-tubal junction at different concentrations of AEA.** In the absence of AEA, NE causes muscle constriction, resulting in a narrow lumen. In the higher

concentration of AEA, cannabinoid signaling through CNR1 reduces the secretion of NE, thus relaxing muscle cells, resulting in a bigger lumen. The appropriate concentration of AEA triggers the muscle relaxation bit by bit to make a wave of the lumen, which is conducive for the embryo to enter uterus. Part a. is adapted from “Manipulating the Mouse Embryo; A Laboratory Manual”, page 497, 1994, Hogan, B et al.

Studies have shown that *Cnr1*<sup>+/-</sup> embryos have normal preimplantation development in *Cnr1*<sup>-/-</sup> oviducts. Interestingly, about 40% of the *Cnr1*<sup>-/-</sup> mothers still show pregnancy loss (12, 104). The observation that some *Cnr1*<sup>-/-</sup> females, mated with wild type males, did not have embryos in the uterus when flushed on the morning of day 4 of pregnancy suggested oviductal retention of embryos. *Cnr1*<sup>-/-</sup>/*Cnr2*<sup>-/-</sup> mice also show oviductal retention, but wild-type and *Cnr2*<sup>-/-</sup> mice do not, suggesting oviductal retention results specifically from the absence of *Cnr1*. This can be explained by the expression of *Cnr1* in the mouse oviduct. This same study showed that all of the oviduct-trapped embryos were morphologically and physiologically healthy, because they were able to implant in day 4 pseudopregnant uteri upon transfer, suggesting again that oviductal retention is due to maternal, but not embryonic defects. This speculation was further confirmed by reciprocal embryo transfers between *Cnr1*<sup>-/-</sup> and wild-type female mice. Only *Cnr1*<sup>-/-</sup> recipients displayed oviductal retention of embryos, irrespective of embryonic genotypes (12). In addition, wild-type mice with pharmacologically inhibited CNR1, but not CNR2, also show high rates of embryo retention in the oviduct. Notably, *Faah*<sup>-/-</sup> mice, which have higher oviductal anandamide levels, and wild-type mice exposed to THC or

methanandamide (an anandamide analog) also show oviduct embryo retention (11). All of these observations suggest that the regulation of oviduct-uterine transport is not simply an up-or-down regulation of endocannabinoid signaling. Instead, it suggests that a finely regulated endocannabinoid tone mediated by CNR1 in the oviduct regulates normal embryo oviductal transport.

It is known that the transport of an embryo through the oviduct is aided by a wave of oviduct muscle movement, ultimately controlled by the sympathetic nervous system (110). Stimulation of  $\beta$ 2 adrenergic receptors ( $\beta$ 2-AR) causes sphincter muscle relaxation, whereas stimulation of  $\alpha$ 1 adrenergic receptors ( $\alpha$ 1-AR) produces muscle contraction. It has been shown that reciprocal stimulation of these two receptors causes a wave of contractility and relaxation, which is conducive to the passage of embryos from the oviduct to the uterus (110, 111). It has also been found that exposure of wild-type oviducts to either an  $\alpha$ 1-AR agonist or a  $\beta$ 2-AR antagonist causes embryos to be retained in the oviduct. In addition, *Cnr1* expression in the muscularis (Figure 4b) of the oviduct is colocalized with  $\alpha$ 1 and  $\beta$ 2 adrenergic receptors, and oviductal nerve terminals in *Cnr1*<sup>-/-</sup> mice have increased releases of norepinephrine (NE) (12). These observations lead to speculation that CNR1-mediated endocannabinoid signaling is functionally coupled to adrenergic signaling to regulate oviductal motility, and the oviductal muscularis is predominantly in a contraction phase in the absence of CNR1. In contrast, high levels of endocannabinoid signaling, in either *Faah*<sup>-/-</sup> mice with naturally higher anandamide levels or wild-type mice exposed to

excessive natural or synthetic cannabinoid ligands, cause the oviductal muscularis to shift to a relaxation phase, thus impairing oviductal embryo transport to the uterus (Figure 4c).

In conclusion, the spatiotemporal expression of NAPE-PLD and FAAH in the oviduct creates an appropriate endocannabinoid tone, mediated by CNR1, to ultimately regulate the release of NE. Then, through the sympathetic nervous system, this signaling controls oviduct muscle contraction, consequently regulating oviduct-uterine embryo transport.

### **Endocannabinoid signaling and implantation**

Attachment of the embryo to the luminal epithelium of the maternal uterus is a crucial step in mammalian reproduction. As the embryo travels into the uterus and differentiates into a blastocyst, the uterine cells undergo proliferation and differentiation to achieve a receptive state to accept the blastocyst for implantation. It is thought that blastocyst activation and uterine receptivity are two distinct events in the process of implantation (96), coordinated by estrogen and progesterone (112). Implantation can only occur when the blastocyst becomes implantation competent and the uterus achieves the receptive phase. The first attachment reaction occurs between the trophectoderm of the blastocyst and the uterine luminal epithelium.



Our laboratory has provided evidence that lower levels of AEA and CNR1 are beneficial for implantation. AEA levels have been measured in both receptive and nonreceptive uteri, with the former having a lower level of AEA compared with the latter (102). AEA levels are also critical in regulating preimplantation embryo development. In vitro experiments show that natural, synthetic or endogenous cannabinoids can inhibit preimplantation embryo development and blastocyst zona-hatching in culture, whereas blastocysts exposed to low levels of AEA show accelerated trophoblast differentiation and outgrowth (58, 102, 103). In vivo experiments show that wild-type blastocysts collected from the uterus on the early morning of day 4 of pregnancy have higher levels of AEA binding, and this binding remarkably declines in blastocysts recovered on the evening of day 4 prior to implantation. These observations suggest that implantation competency requires downregulation of AEA binding to the blastocyst (104). Immunostaining of CNR1 confirms that CNR1 is lower in activated blastocysts, but higher in dormant blastocysts (56, 104). Collectively, these results show that coordinated down-regulation of blastocyst CNR1 and uterine AEA levels are important for both blastocyst activation and uterine receptivity, two events critical for successful implantation.

To further address the underlying mechanism(s) by which differential uterine AEA levels are created, the expression profiles of NAPE-PLD and FAAH were examined in the uterus. Higher levels of *Nape-pld* mRNA and NAPE-PLD activity are found in nonreceptive uteri and in interimplantation sites, whereas both

mRNA and protein levels are lower in implantation sites and receptive uteri (99, 100). It is interesting that FAAH expression and activity show an inverse relationship. Higher FAAH expression and activity are observed at implantation sites and in the receptive uteri. Evidence points toward the possibility that the implanting blastocyst exerts an inhibitory effect on uterine *Nape-pld* expression, and upregulates uterine FAAH activity by releasing a lipid “FAAH activator” (99, 113). These observations suggest a potential role of the implanting embryo in regulating uterine AEA levels, perhaps to serve as a protective mechanism against exposure to detrimental levels of AEA. Regardless of its control, it is obvious that tight regulation of AEA plays an important role in implantation.

Other studies demonstrate that endocannabinoid signaling mediated by CNR1 on the embryo is coupled with different downstream signaling pathways, depending on the concentration of AEA. For instance, it has been shown that AEA-induced stimulatory and inhibitory effects in blastocyst function are mediated by ERK and  $Ca^{2+}$  signaling pathways. For example, while AEA at a low concentration (7 nM) activates ERK signaling via CNR1, higher AEA levels (28nM) fail to activate ERK, but instead inhibit  $Ca^{2+}$  mobilization (56). These results, combined with evidence that women with elevated peripheral AEA levels have spontaneous pregnancy loss (114, 115), demonstrate that endocannabinoid signaling is at least one of the pathways determining the fate of implantation and ultimately successful pregnancy.

With this introduction of the role of endocannabinoid signaling in male and female reproduction, I present my work on endocannabinoid signaling in fertilization and placentation in the next two chapters.

## CHAPTER II

### GENETIC LOSS OF *Faah* COMPROMISES MALE FERTILITY

#### **Abstract**

Marijuana is the most commonly used illicit drug. Although there is some indication that reproductive functions in males are impaired in chronic marijuana users, the genetic evidence and underlying causes remain largely unknown. Here we show that genetic loss of *Faah*, which encodes fatty acid amide hydrolase (FAAH), results in elevated levels of anandamide, an endocannabinoid, in the male reproductive system, leading to compromised fertilizing capacity of sperm. This defect is rescued by superimposing deletion of cannabinoid receptor 1 (*Cnr1*). Retention of *Faah*<sup>-/-</sup> sperm on the egg zona-pellucida provides evidence that sperm's capacity to penetrate the zona barrier is dampened by elevated anandamide levels. Collectively, the results show that aberrant endocannabinoid signaling via CNR1 impairs normal sperm function. Besides unveiling a new regulatory mechanism of sperm function, this study has clinical significance in male fertility.

## Introduction

There is some evidence that male fertility in humans is negatively regulated by long-term exposure to marijuana extracts (reviewed in (10)). The major psychoactive component of marijuana is  $\Delta^9$ -tetrahydrocannabinol (THC). Although *in vitro* experiments have shown that THC exerts adverse effects on sperm function (reviewed in (116)), there is still no *in vivo* or genetic evidence that cannabinoids impair male fertility. After THC was identified in 1964 (14), research on cannabinoids exploded with the discovery and cloning of two G-protein coupled cannabinoid receptors, brain-type *Cnr1* encoding CNR1 (15, 16) and spleen-type *Cnr2* encoding CNR2 (17). Around the same time, several endogenous lipid molecules targeting CNR1 and CNR2 were identified, collectively called endocannabinoids. The two most studied endocannabinoids are *N*-arachidonylethanolamide (known as anandamide) and 2-arachidonoylglycerol (2-AG) (18-20). Anandamide levels are regulated by a balance between the rate of its synthesis and degradation. Anandamide was thought to be produced primarily from *N*-arachidonoylphosphatidylethanolamine (NAPE) by NAPE-hydrolyzing phospholipase D (NAPEPLD) (23). However, genetic studies in NAPEPLD deficient mice (25) and the recent identification of other anandamide synthetic pathways (26, 27) have revealed that regulation of anandamide synthesis is more complex than previously thought. Anandamide is degraded to ethanolamine and arachidonic acid by a membrane-bound fatty acid amide hydrolase (FAAH) (28, 29). Although FAAH can hydrolyze other endocannabinoids including 2-AG (30), studies in *Faah*<sup>-/-</sup> mice show that FAAH is

a major player in regulating the magnitude and duration of anandamide signaling (27, 117).

Sperm undergo a long journey to acquire fertilization capacity (118-120). Through the process of spermatogenesis, spermatogonia differentiate into highly polarized sperm which then undergo maturation in the epididymis before capacitation, acquiring motility in the female reproductive tract. After traveling through the uterine lumen and reaching ovulated eggs in the oviduct ampulla, capacitated sperm navigate through cumulus cells surrounding the egg to contact the zona-pellucida (zona), the outermost membrane of the egg. Upon binding to the zona, sperm undergo a  $\text{Ca}^{++}$ -dependent exocytotic event known as the acrosome reaction which is essential for their zona penetration and homing into the perivitelline space. After a sperm binds to an egg plasma membrane, the two gametes unite, resulting in egg activation, pronuclear formation and syngamy. Each step in the process is essential for successful fertilization.

There are reports that endocannabinoids and their receptors are present in testes and sperm of invertebrates and vertebrates, including sea urchins, frogs, rats, mice, boars and humans (89). This conserved expression across species suggests that endocannabinoid signaling plays important roles in male reproduction. *In vitro* studies also showed that endocannabinoid signaling inhibits capacitation of boar sperm in a cAMP-dependent pathway and prevents the acrosome reaction (82), and that anandamide reduces human sperm motility by quenching mitochondrial activity (89). However, there is no *in vivo* genetic evidence of endocannabinoid signaling impacting male reproductive functions.

In this study, we used gene targeted mice for *Faah* to mimic the conditions of long-term exposure to marijuana to explore roles of cannabinoid/endocannabinoid signaling in male fertility.

## **Materials and Methods**

### **Mice**

Targeted deletion of *Faah*, *Cnr1* or *Cnr2* in mice (129/SvJ-C57BL/6J) has previously been described (117, 121, 122). Double mutants for *Faah/Cnr1* or *Faah/Cnr2* were generated using appropriate breeding strategies. Adult WT, *Faah*<sup>-/-</sup>, *Faah*<sup>-/-</sup>/*Cnr1*<sup>-/-</sup> and *Faah*<sup>-/-</sup>/*Cnr2*<sup>-/-</sup> mice were housed at the Institutional Animal Care Facility according to NIH and institutional guidelines. Experiments were conducted on mice between 3 and 4 months of age. Testes and epididymis from *Faah*<sup>-/-</sup> and WT males were processed for anandamide measurement and in situ hybridization.

### **Western blotting**

Tissue samples were homogenized in lysis buffer [150 mmol/L NaCl, 1% NP40, 0.5% deoxycholate, 0.1% SDS, and 50 mmol/L Tris (pH 8)] containing proteinase and phosphatase inhibitors. The lysates were centrifuged at 9,880 x *g* for 10 min at 4°C. Supernatants (25 µg) were boiled for 5 min in SDS sample buffer. Samples were run on 10% SDS-PAGE gels under reducing conditions and transferred onto nitrocellulose membranes. Membranes were blocked with 10% carnation milk in TBST and probed with antibodies against mouse FAAH (1:1000;

custom made by Ben Cravatt's lab (117)), CNR1 (1:2000) (123), CNR2 (1:250; Cayman),  $\beta$ -actin (ACTB) (1:100; Santa Cruz Biotechnology), overnight at 4°C. After thorough washings, blots were incubated in peroxidase-conjugated donkey/anti-goat IgG (1:2000) or donkey/anti-rabbit IgG (1:2000; Jackson ImmunoResearch Lab, Inc.), followed by washings. Protein signals were detected using chemiluminescent reagents (Amersham).

### **Immunohistochemistry**

Immunostaining in Bouin's solution-fixed paraffin embedded sections (6  $\mu$ m) was performed using antibodies specific to FAAH (1:200) (117), CNR1 (1:200) (123), or CNR2 (1:250; Cayman) following antigen retrieval in citrate buffer (pH 6.0) for 10 minutes in an autoclave. A Histostain-Plus (DAB) kit (Zymed) was used to visualize the antigen. Reddish brown deposits indicate sites of positive immunostaining.

### **Immunofluorescence**

Sperm were isolated from the epididymis of mature WT males and thoroughly washed in PBS. Sperm were fixed with 1% formaldehyde at room temperature for 15 min. After blocking in 1% BSA/PBST, sperm were incubated with CNR1 antibody (1:200; ~500ng/ml IgG)(123) with or without blocking peptide overnight at 4°C. After thorough washings, secondary antibodies conjugated with Cy3 (Jackson ImmunoResearch Laboratories Inc.) were used to detect



immunofluorescence signaling. SYTO13 green fluorescence dye (Invitrogen) was used for nuclear staining.

### **Anandamide assay**

Testes and sperm (100 mg) were pooled separately from 5 WT or *Faah*<sup>-/-</sup> mice in each group ( $n = 3-6$ ) and were assayed for anandamide as previously described (12). Briefly, the pre-weighed samples were homogenized in ethyl acetate with 0.5% acetic acid. <sup>2</sup>H<sub>8</sub>-labeled anandamide was added as an internal standard to a mortar immediately prior to homogenization. The homogenate was centrifuged and the supernatant was dried, reconstituted in chloroform and purified on a silica-based solid-phase extraction cartridge. The eluent was dried, reconstituted in 1:8 of aqueous silver acetate to methanolic silver acetate and analyzed by reverse phase positive-ion ESI-HPLC-MS-MS. Quantification was performed by stable isotope dilution against the octadeuterated internal standard.

### **In situ hybridization**

Frozen sections (12 μm) were hybridized with <sup>35</sup>S-labeled cRNA probes for mouse *Cnr1* or *Cnr2* as previously described (124). Sections hybridized with sense probes served as negative controls and showed no positive signals.

### ***In vitro* fertilization (IVF)**

IVF was performed as previously described (125). Briefly, WT females were superovulated by intraperitoneal injections of 5 IU pregnant mare serum

gonadotropin (PMSG, Sigma) followed by injections of 5 IU human chorionic gonadotropin (hCG, Sigma) 48 h later. Cumulus–oocyte complexes (COCs) were collected from the oviduct ampulla 12–14 h post-hCG injection and placed in 100  $\mu$ l droplets of HTF medium (Chemicon, Temecula, CA, USA). In most IVF experiments, zona-intact eggs were used. In some IVF experiments zona-free eggs were used. COCs were treated with hyaluronidase (Sigma) and cumulus-free eggs were then exposed to acidic Tyrode's solution and passed through a pipette several times until zona pellucidae were dissolved. Eggs were washed three times in HTF medium and incubated for >1 hour to allow surface proteins to recover (126). Sperm were collected from the cauda of the epididymis and placed into 400 ml HTF medium to allow capacitation for 2.5 h in a humidified 5% CO<sub>2</sub> incubator at 37°C. Sperm ( $\sim 1.2\text{--}1.5 \times 10^6$  sperm/ml) were then co-incubated with eggs to allow fertilization. After 6 h, sperm were removed and putative zygotes placed in 200  $\mu$ l drops of KSOM (potassium simplex optimized medium; Chemicon) and incubated in a humidified 5% CO<sub>2</sub> incubator at 37°C. The cleavage rate (two-cell stage) after 24 h was used as an index of fertilization. Formation of blastocysts at 120 h indicated developmental potential of fertilized embryos.

### **Evaluation of sperm-zona binding in IVF**

After sperm were incubated with eggs for 2 hours in IVF experiments, eggs were removed and attached sperm were stained with propidium iodide and FITC conjugated antibody specific to IZUMO, generated in Okabe's laboratory (127).

### **Analysis of acrosome reaction by flow cytometry**

WT and *Faah*<sup>-/-</sup> caudal sperm were incubated in the HTF medium with anti-IZUMO antibody conjugated with FITC to monitor spontaneous acrosome reaction by flow cytometry at 30 minutes intervals for up to 3 h. Sperm were stained with propidium iodide (10 µg/ml) 2 minutes before flow cytometry analysis. Viable sperm were selected by propidium iodide staining, while acrosomal reacted sperm were identified by anti-IZUMO antibody staining (127).

### **Evaluation of sperm motility**

After capacitation 20 µl of media containing sperm ( $2 \times 10^6$  sperm/ml) was placed on a pre-warmed slide under a cover slip for 30 and 90 minutes. Sperm motility was recorded in 12 frames per second for 20 seconds at a resolution of 640 X 512 pixels. The total travel distance and linear travel distance (linear distance from the starting point to end point) and travel time were measured by Nikon Nis-elements' object tracking function. The curvilinear velocity was calculated from the total distance traveled divided by the travel time. The linear velocity was calculated from the linear travel distance divided by the travel time, whereas linearity was calculated from the linear velocity divided by the curvilinear velocity.

## Results

### *Faah*<sup>-/-</sup> males have compromised fertility

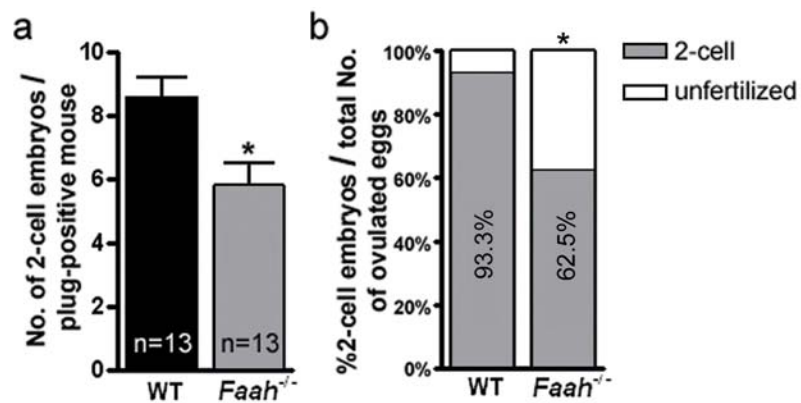
We have previously shown that FAAH is a key metabolic regulator of anandamide levels in mice (117) and that FAAH deficiency results in higher anandamide levels in the female reproductive tract, impairing normal oviductal embryo transport and embryo development (27). In the course of these studies, analysis of breeding results showed that litter sizes generated by mating wild-type (WT) females with *Faah*<sup>-/-</sup> males are 13% smaller than those resulting from breeding WT females with WT males (Table 1). These results suggested that FAAH deficiency compromises male fertility.

**Table 1.** Reproductive performance of *Faah*<sup>-/-</sup> males

Genotype		No. of litters examined*	Average litter size (mean ± SEM)
♀	♂		
WT	WT	30	8.1±0.4
	<i>Faah</i> <sup>-/-</sup>	23	7.0±0.4 <sup>†</sup>
<i>Faah</i> <sup>-/-</sup>	WT	21	6.3±0.2
	<i>Faah</i> <sup>-/-</sup>	39	4.1±0.3 <sup>‡</sup>

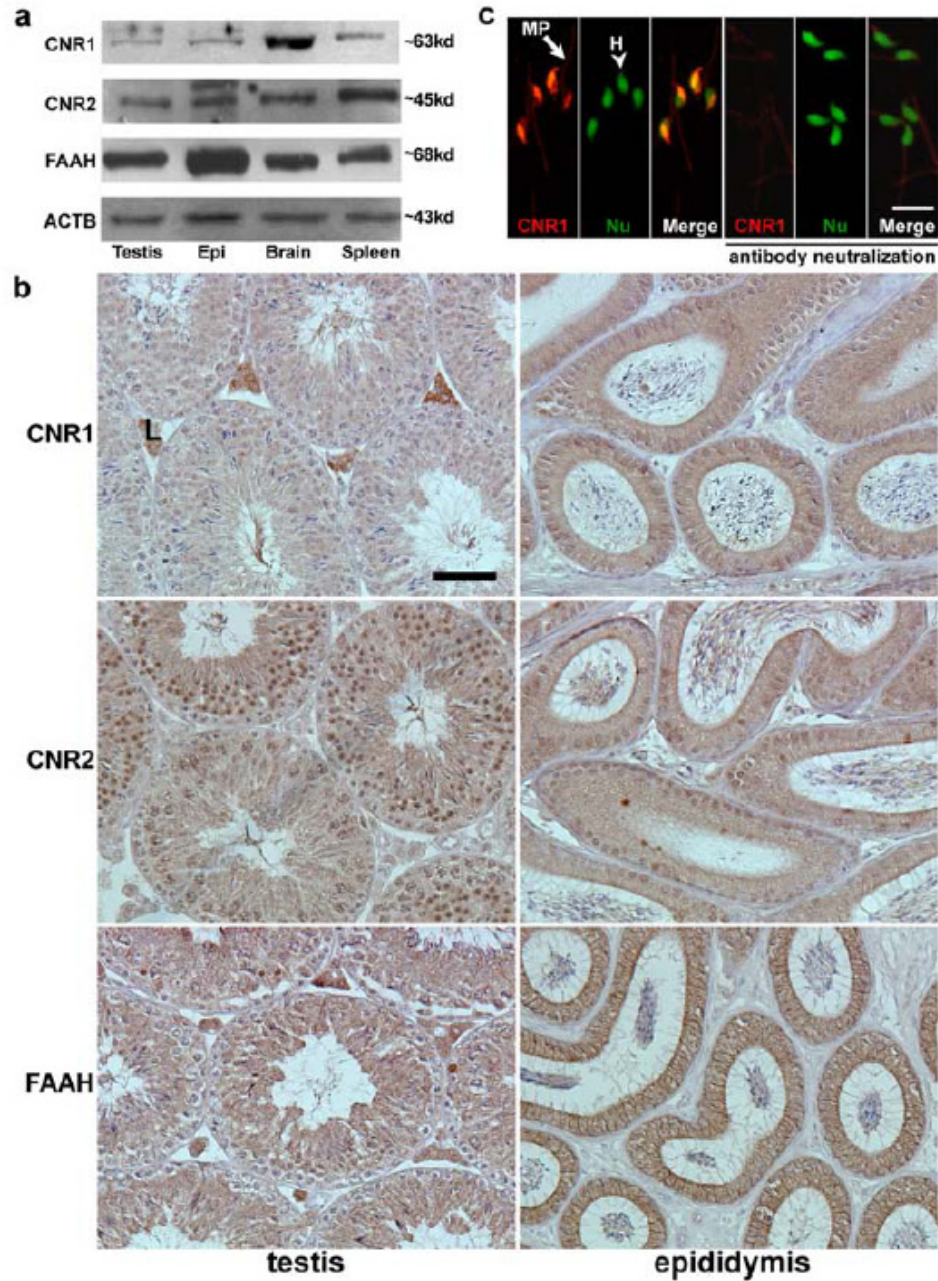
Litter sizes were recorded from indicated crossing strategies. \*Litters were produced using different males. <sup>†</sup>*P*=0.06. *P* value was generated by unpaired t-test of litter sizes produced from breedings of WT females by *Faah*<sup>-/-</sup> males compared with those generated from breedings of WT females by WT males. <sup>‡</sup>*P*<0.001. *P* value was generated by unpaired t-test of litter sizes from breeding *Faah*<sup>-/-</sup> females with *Faah*<sup>-/-</sup> males compared to litter sizes from breeding *Faah*<sup>-/-</sup> females with WT males.

This is further evident from our findings of significantly reduced litter sizes generated by *Faah*<sup>-/-</sup> females mated with *Faah*<sup>-/-</sup> males compared to those generated by breeding *Faah*<sup>-/-</sup> females with WT males (Table 1). These breeding results prompted us to further examine the fertility of *Faah*<sup>-/-</sup> males. We used WT females mated with either *Faah*<sup>-/-</sup> or WT males. Females were killed on the morning of day 2 of pregnancy and oviducts flushed to record fertilized (2-cell embryos) and unfertilized eggs. We observed that WT females mated with *Faah*<sup>-/-</sup> males had significantly reduced numbers of fertilized eggs compared with those recovered from WT females mated with WT males. In addition, the number of WT females yielding fertilized eggs was lower (Figure 5 a & b). These data clearly corroborate the breeding data that FAAH deficiency impairs male fertility.



**FIGURE 5. FAAH deficiency impairs sperm fertility.** (a) Number of 2-cell embryos per plug-positive WT females mated with WT or *Faah*<sup>-/-</sup> males. Numbers of plug-positive mice (n) used are shown within the bars. \**P* < 0.05, unpaired *t*-test. (b) Percent 2-cell embryos and unfertilized eggs retrieved from the same groups. Thirteen mice were used in each group. \**P* < 0.01, chi square test.

Collectively, our findings show that *Faah*<sup>-/-</sup> sperm under perform even in the WT female reproductive tract and that function of null sperm is further compromised in the *Faah*<sup>-/-</sup> female reproductive tract. These observations provide evidence that paternal FAAH deficiency is a cause for compromised fertility.

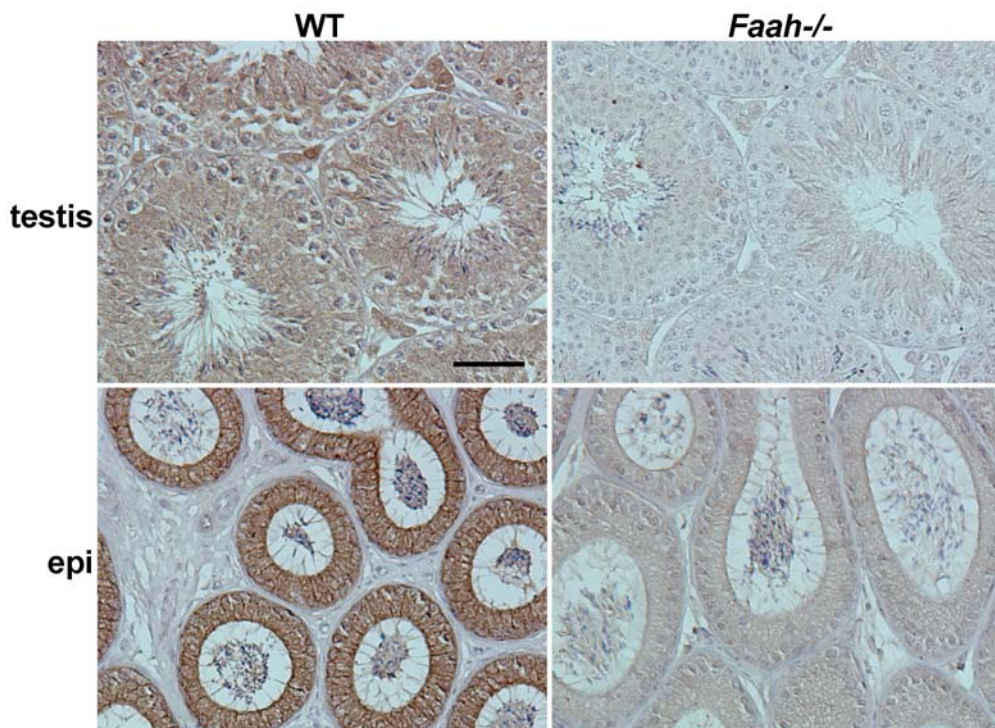


**FIGURE 6. FAAH and CB receptors are expressed in the male reproductive tract.** (a) Western blotting of CNR1, CNR2 and FAAH in the WT testis and epididymis. Brain tissue extracts served as positive controls for CNR1 and FAAH, while spleen tissue samples as positive controls for CNR2. ACTB is a loading control. Epi, epididymis. (b) Immunolocalization of CNR1, CNR2 and FAAH in the testis and epididymis. Bar, 50  $\mu$ m. L, Leydig cells. (c) CNR1 immunostaining (red) in sperm (left 3 panels); sperm exposed to CNR1 antibody pre-absorbed with an antigenic peptide (right 3 panels). In each group, CNR1 staining, nuclear staining and merged pictures were showed from left to right. Nuclei were counter-stained with Cyto-13 (green). H (arrowhead) indicates sperm head, while MP (arrow) indicates sperm midpiece. Nu, nuclear. Bar, 10  $\mu$ m.

### **Endocannabinoid signaling is present in the male reproductive system**

The extent and duration of anandamide signaling via CNR1 and/or CNR2 is mainly regulated by FAAH (117). Thus, we examined the expression of CNR1, CNR2 and FAAH in the testis and epididymis to study potential roles of anandamide in regulating male fertility. Western blotting analysis showed that FAAH, CNR1 and CNR2 are present in both the testis and epididymis of WT mice (Figure 6a). We next examined cell - specific localization of FAAH and CB receptors in the testis and epididymis of WT mice by immunohistochemistry (Figure 6b). We found that while CNR1 was present in Leydig cells and epididymal epithelial cell surfaces, testicular spermatocytes and spermatids showed modest positive staining. In contrast, CNR2 was localized in spermatocytes and Sertoli cells encircling spermatocytes/spermatids in the testis. In the epididymis, epithelial cell surfaces were decorated with CNR2 immunostaining, whereas signals were undetectable in interstitial cells. FAAH

was present in spermatocytes and spermatids, while spermatogonia had little or no positive signals. Sertoli cells and Leydig cells also showed positive staining of FAAH. The localization of FAAH was clearly evident on cell surfaces of the epididymal epithelium. The antibody specificity was



**FIGURE 7. FAAH protein is absent in *Faah*<sup>-/-</sup> testis and epididymis.** Immunostaining of FAAH in the testis and epididymis of WT and *Faah*<sup>-/-</sup> mice. Epi, epididymis. Bar, 50 $\mu$ m.

confirmed using *Faah*<sup>-/-</sup> tissues (Figure 7). The presence of FAAH on both the testis and epididymis suggests that endocannabinoid levels in these tissues are tightly regulated by FAAH.

The presence of CNR1 and CNR2 on sperm was also examined by immunofluorescence. As shown in Figure 6c, CNR1 immunofluorescence is



primarily noted in anterior regions of sperm heads, the site of the acrosomal sac, but also in the midpiece. CNR1 is undetectable in the principle and end piece of sperm tails. Sperm incubated with CNR1 antibody pre-absorbed with an antigenic peptide showed that while the signal in the anterior region of sperm heads is specific, the signal is non-specific in the midpiece (Figure 6c). Interestingly, CNR2 was undetectable in sperm (Figure 8). Our findings of the presence of FAAH, CNR1 and CNR2 in the testis and epididymis, and that of FAAH and CNR1 in sperm, would suggest that endocannabinoid signaling plays a role in spermatogenesis and sperm maturation.

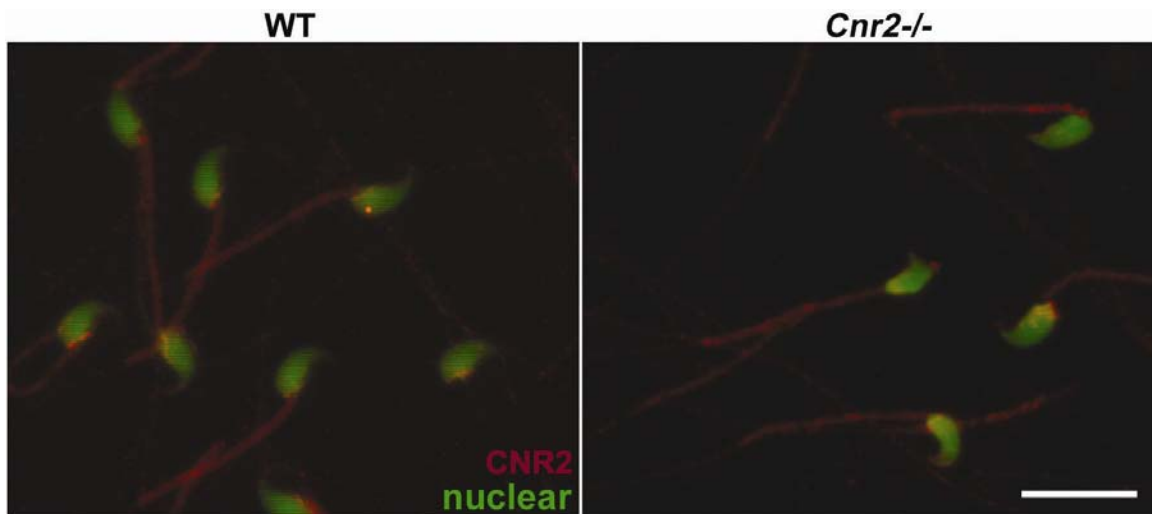
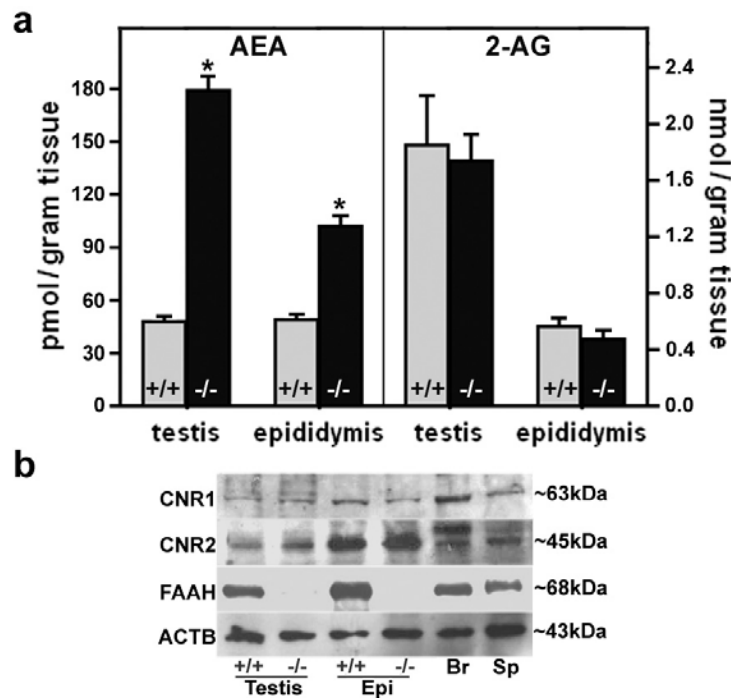


FIGURE 8. **CNR2 is undetectable in sperm.** Non-specific fluorescence (red) was noted in the midpiece of both WT and *Cnr2*<sup>-/-</sup> sperm. Bar, 10µm.

### **FAAH deficiency elevates anandamide levels in the testis and epididymis**

To provide genetic evidence for FAAH's function in the male reproductive system, we measured anandamide and 2-AG levels in the testis and epididymis of WT

and *Faah*<sup>-/-</sup> mice using reverse-phase high-performance liquid chromatography/tandem mass spectrometry. As shown in Figure 9a, the testis and epididymis from *Faah*<sup>-/-</sup> mice had significantly increased anandamide levels, suggesting that FAAH is a primary enzyme that regulates anandamide turnover in these tissues. Higher testicular anandamide levels in *Faah*<sup>-/-</sup> males corroborate our previous observation (128). However, levels of 2-AG in the testis and epididymis were comparable between *Faah*<sup>-/-</sup> and WT males (Figure 9a). These results are consistent with our previous data in the uterus, showing unaltered 2-AG levels in the absence of FAAH (27).



**FIGURE 9. FAAH deficiency elevates anandamide levels.** (a) Anandamide, but not 2-AG, levels in *Faah*<sup>-/-</sup> testis and epididymis were higher than those in WT (n=10; \**P* < 0.05, unpaired *t*-test). (b) Western blotting of CNR1, CNR2 and FAAH in the testis and epididymis of WT and *Faah*<sup>-/-</sup> males. Brain and spleen samples served as positive controls, while ACTB served as a loading control. Epi, epididymis. Br, brain. Sp, spleen.

Higher anandamide levels in the *Faah*<sup>-/-</sup> testis and epididymis prompted us to speculate that reduced fertility in these males is due to persistent and/or elevated endocannabinoid signaling. However, it is possible that there is a negative feedback loop to downregulate the expression of CB receptors to counter the consequence of high anandamide levels. To address this possibility, we examined the status of CB receptors in the testis and epididymis of WT and *Faah*<sup>-/-</sup> mice by Western blotting. As shown in Figure 9b, levels of CNR1 and CNR2 protein in these tissues were comparable between *Faah*<sup>-/-</sup> and WT males. These results suggest that higher anandamide levels do not appreciably downregulate CNR1 or CNR2 expression. To further confirm that expression of CNR1 and CNR2 is not altered in *Faah*<sup>-/-</sup> males, in-situ hybridization and immunohistochemistry were performed. Expression patterns of both CNR1 and CNR2 were similar in WT and *Faah*<sup>-/-</sup> epididymis (data not shown). Collectively, the data suggest that the status of CB receptors is not altered by higher anandamide levels and that heightened signaling via CNR1 and/or CNR2 occurs in the presence of increased anandamide levels.

### **FAAH deficiency impairs sperm fertilizing capacity**

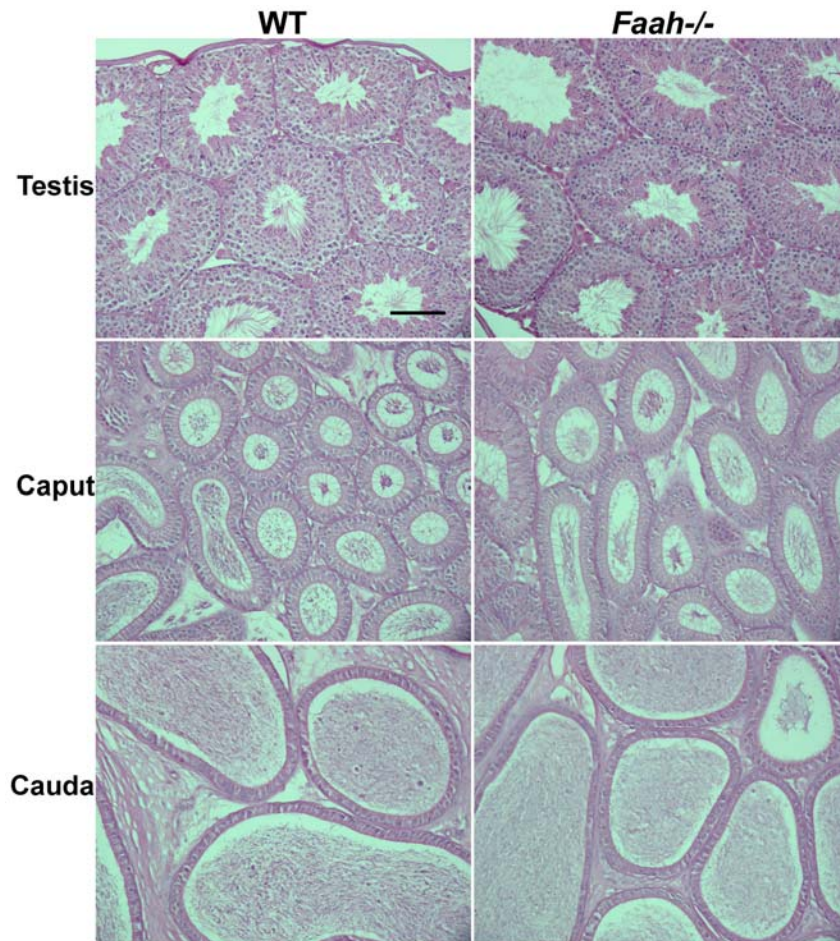
Our *in vivo* breeding data led us to speculate that higher anandamide levels in males lacking FAAH results in their reduced fertility. To examine this, we first compared histology of the testis and epididymis as well as sperm morphology

between *Faah*<sup>-/-</sup> and WT males at the age of 3-4 months. To our surprise, no apparent histological abnormalities were observed in these tissues missing *Faah* (Figures 10). We next explored whether FAAH deficiency in males impairs sperm's fertilizing capacity by performing *in vitro* fertilization (IVF) experiments using *Faah*<sup>-/-</sup> or WT sperm with WT eggs. Sperm retrieved from the caudal epididymis were subjected to capacitation *in vitro* for two hours before placing them with eggs in culture. The fertilization rate was calculated by counting the number of 2-cell embryos developed on the second day after IVF. As shown in Table 2, sperm retrieved from WT males showed a 75% fertilization rate with 97% of 2-cell embryos developing to blastocysts. In contrast, *Faah*<sup>-/-</sup> sperm showed remarkably a reduced fertilization rate (42%), although development of fertilized eggs into blastocysts was comparable (89%) to those of WT (97%). These results suggest that the fertilizing capacity of *Faah*<sup>-/-</sup> sperm is compromised due to impairment in the male reproductive tract before ejaculation, since no exogenous anandamide was added to the capacitation medium.

**Table 2.** Higher anandamide levels impair sperm fertilizing capacity *in vitro* via CNR1.

<b>Genotypes</b>	<b>No. of eggs used for IVF</b>	<b>% IVF rate (No. of 2-cell embryos/total No. of eggs used)</b>	<b>% development (No. of blastocysts /total no. of 2-cell embryos used)</b>
<b>WT</b>	624	75 (466/624)	97 (450/466)
<b><i>Faah</i><sup>-/-</sup></b>	528	42 (221/528)*	89 (197/221)
<b><i>Faah</i><sup>-/-</sup>/<i>Cnr1</i><sup>-/-</sup></b>	177	70 (124/177)	93 (115/124)
<b><i>Faah</i><sup>-/-</sup>/<i>Cnr2</i><sup>-/-</sup></b>	118	11 (13/118)*	84.6 (11/13)

IVF rates of WT eggs fertilized by sperm of different genotypes were recorded on day 2 post-fertilization. The rate of blastocyst formation from 2-cell embryos was evaluated on the 5<sup>th</sup> day of culture. Fertilizing capacity of *Faah*<sup>-/-</sup> or *Faah*<sup>-/-</sup>/*Cnr2*<sup>-/-</sup> sperm was significantly lower than WT sperm (\*P<0.01;  $\chi^2$ -analysis).



**FIGURE 10. The histology of *Faah*<sup>-/-</sup> testis and epididymis is comparable to those of WT mice.** H&E staining of the testis, caput and cauda sections from *Faah*<sup>-/-</sup> males show histology similar to WT males. Bar, 100 $\mu$ m.

### **Deletion of *Cnr1* reverses impaired fertilizing capacity of *Faah*<sup>-/-</sup> sperm**

Sustained higher anandamide levels in the male reproductive tract lacking FAAH are capable of exerting endocannabinoid signaling either through CNR1, CNR2 or both. To address this question, we generated *Faah*<sup>-/-</sup>/*Cnr1*<sup>-/-</sup> and *Faah*<sup>-/-</sup>/*Cnr2*<sup>-/-</sup> double mutant mice. We again performed IVF using sperm retrieved from *Faah*<sup>-/-</sup>/*Cnr1*<sup>-/-</sup> or *Faah*<sup>-/-</sup>/*Cnr2*<sup>-/-</sup> males with eggs isolated from WT females. As shown in Table 2, sperm isolated from *Faah*<sup>-/-</sup>/*Cnr1*<sup>-/-</sup> males exhibited a 70% fertilization rate with 93% of fertilized eggs developing to the blastocyst stage, but sperm isolated from *Faah*<sup>-/-</sup>/*Cnr2*<sup>-/-</sup> males showed a remarkably low fertilization rate (11%). These data show that in the absence of CNR1, *Faah*<sup>-/-</sup> sperm escape the deleterious effects of higher anandamide levels. It is interesting to note that *Faah*<sup>-/-</sup>/*Cnr2*<sup>-/-</sup> sperm had a more inferior fertilizing capacity than *Faah*<sup>-/-</sup> sperm. The results provide genetic evidence that higher anandamide levels work through CNR1 in the *Faah*<sup>-/-</sup> male reproductive tract to impair sperm fertilizing capacity.

### ***Faah*<sup>-/-</sup> sperm have poor zona-penetrating ability**

Our next objective was to see which step in the fertilization process is impaired in *Faah*<sup>-/-</sup> sperm. We first examined whether *Faah*<sup>-/-</sup> sperm can adhere to zona-pellucidae and if so, whether they can undergo acrosome reaction. IZUMO, a recently discovered protein, is not displayed on plasma membranes of acrosome-intact sperm (127). Following acrosome reaction, IZUMO is exposed and participates in sperm-egg fusion. Thus, only acrosome-reacted sperm are stained by the IZUMO antibody.

WT or *Faah*<sup>-/-</sup> sperm were incubated with WT eggs for 2 hours and then stained with propidium iodide to label cell nuclei. We found that after the 2-hour incubation most WT sperm detached from the zona surface (Figure 11a), whereas numerous *Faah*<sup>-/-</sup> sperm were still attached to the zona. Even after several washings, *Faah*<sup>-/-</sup> sperm remained adherent to the zona indicating good binding of *Faah*<sup>-/-</sup> sperm to the zona. These results suggested that most eggs were fertilized by WT sperm, but eggs incubated with *Faah*<sup>-/-</sup> sperm were still unfertilized. We then stained the sperm attached to eggs with the IZUMO antibody.

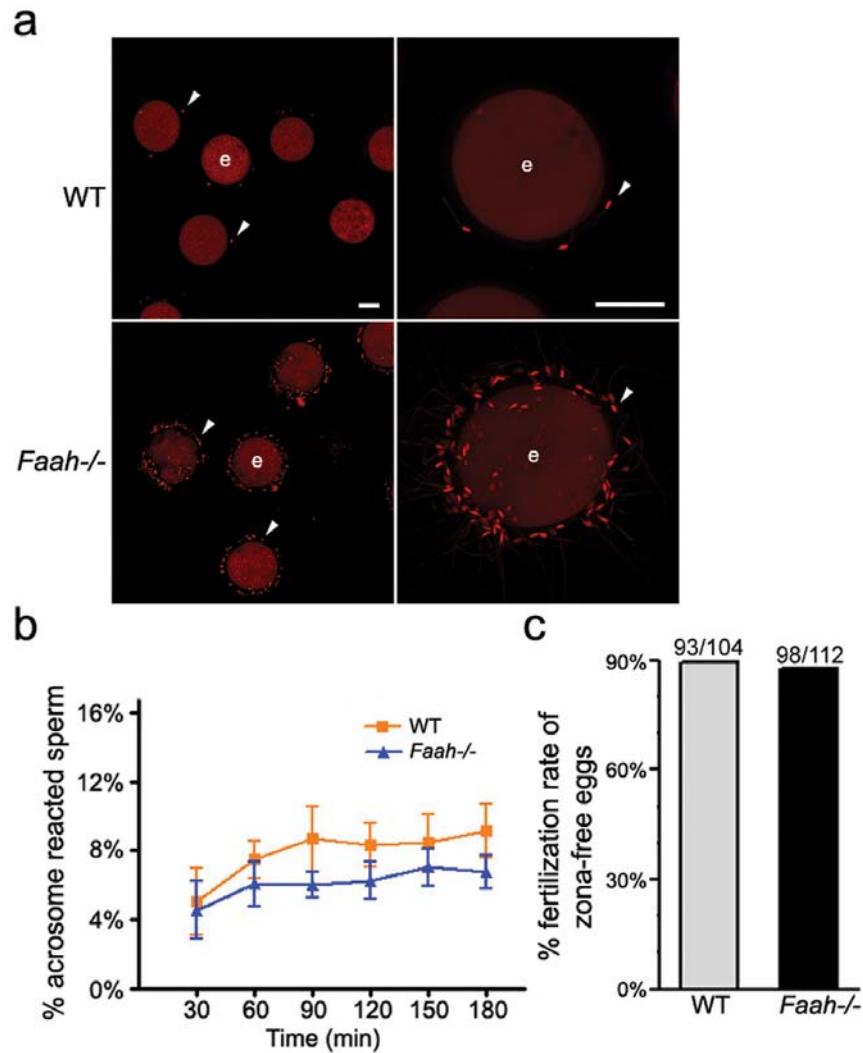


FIGURE 11. **Zona-penetrating capacity of *Faah*<sup>-/-</sup> sperm is inferior.** (a) Sperm-egg interactions using zona-intact WT eggs. After 2 hours of incubation with eggs, *Faah*<sup>-/-</sup> sperm were still attached to zona pellucidae. Bar, 40μm. Arrow heads indicate sperm on the zona-intact egg surface; e, egg. (b) Spontaneous acrosome reaction as assessed by flow cytometry. Rate (%) of acrosome-reacted WT and *Faah*<sup>-/-</sup> sperm at each time point was analyzed by flow cytometry as described in the methods and no statistically significant difference was noted between the two groups as analyzed by student t test. (c) IVF rates of zona-free WT eggs fertilized by WT or *Faah*<sup>-/-</sup> sperm. Numbers above the bars indicate the number of fertilized eggs/total zona-free eggs used for IVF.



Many *Faah*<sup>-/-</sup> sperm remaining on the zona surface showed positive signal by the IZUMO antibody (figure 12), indicating they underwent acrosome reaction. To further confirm that *Faah*<sup>-/-</sup> sperm undergo normal acrosome reaction, we examined the spontaneous acrosome reaction rate of *Faah*<sup>-/-</sup> sperm. The acrosome reaction, which occurs during sperm penetration through the zona, can also occur spontaneously without binding to the zona. Analysis of spontaneous acrosome reaction is used to assess the fertilizing ability of human (129) and mouse sperm (130). We compared the status and time-course of spontaneous acrosome reaction of WT and *Faah*<sup>-/-</sup> sperm in the fertilization medium by flow cytometry. While viable sperm were selected by propidium iodide staining, acrosome-reacted sperm were identified by IZUMO staining. As shown in figure 11b, the percentage of acrosome-reacted *Faah*<sup>-/-</sup> sperm is somewhat lower than that of WT acrosome-reacted sperm, but the difference is not statistically significant. Collectively, these data suggest that *Faah*<sup>-/-</sup> sperm can bind to the zona and undergo acrosome reaction, but still have difficulty fertilizing eggs.

The acrosome reaction is not the only prerequisite for zona penetration: sperm motility and acrosomal release of proteases are also involved in this process (120). To examine whether *Faah*<sup>-/-</sup> sperm can penetrate the zona successfully, we performed IVF using sperm from *Faah*<sup>-/-</sup> or WT mice incubated with zona-free WT eggs. To our surprise, *Faah*<sup>-/-</sup> sperm exhibited a comparable fertilizing capacity with WT sperm (Figure 11c), indicating that the zona is a major barrier for normal fertilization by *Faah*<sup>-/-</sup> sperm.

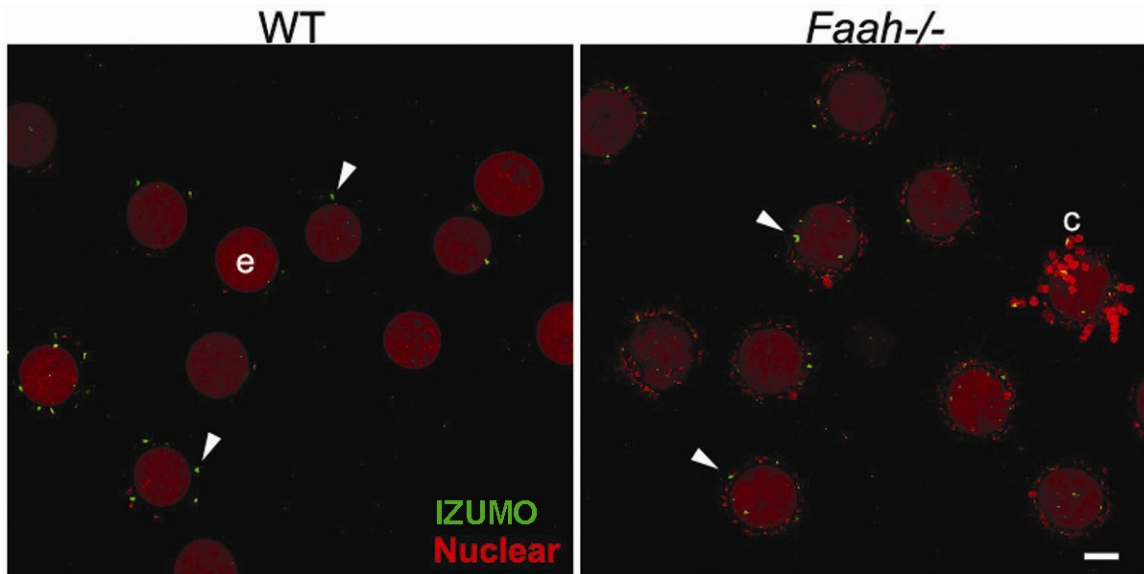
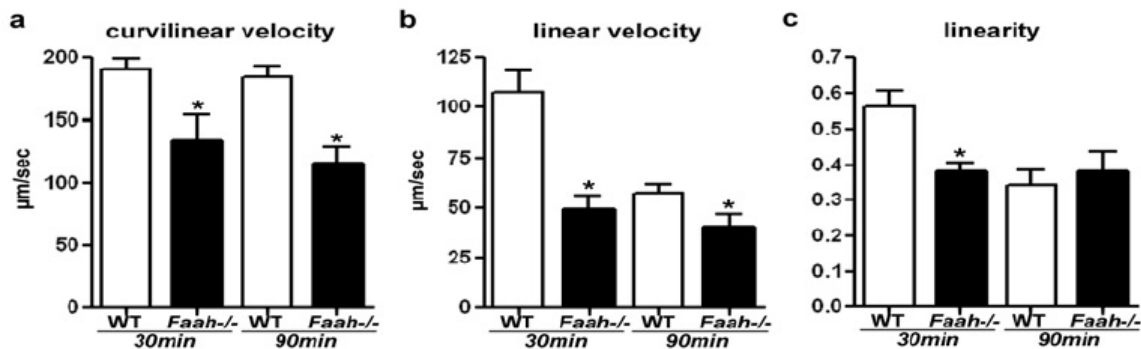


FIGURE 12. **Immunofluorescence of IZUMO in sperm.** After 2 hours of incubation with zona-intact WT eggs, sperm on the zona were stained with propidium iodide (red) and with an antibody to IZUMO (green). Arrowheads indicate acrosome-reacted sperm on eggs. Bar, 40 $\mu$ m. E, egg; c, cumulus cells.

### **Sperm motility is attenuated in *Faah*<sup>-/-</sup> males**

It is generally accepted that robust sperm motility is an important component of normal male fertility (131), and that hyperactivated sperm motility is correlated with sperm's ability to fertilize zona-intact eggs (132). In a low viscosity medium, motility of hyperactivated sperm is characterized by asymmetrical flagellar bends with larger amplitude and curvature, and moving trajectories that are irregular and highly curved (133). We often observed sluggish motility of *Faah*<sup>-/-</sup> sperm when they were incubated in the capacitation medium. We speculated that the reduced zona-penetrating ability of *Faah*<sup>-/-</sup> sperm could be due to their reduced motility and/or hyperactivation. Therefore, we assayed motility of WT and *Faah*<sup>-/-</sup> sperm after capacitation for 30 and 90 minutes *in vitro*. In this measurement, the

curvilinear velocity was calculated from the total distance traveled divided by the travel time; this parameter indicates sperm's swimming ability. The linear velocity was calculated from the distance between the start and end points divided by the travel time. The linearity is the ratio of linear velocity over the curvilinear velocity; this is an indicator of straightness of sperm movement.



**FIGURE 13. Motility of *Faah*<sup>-/-</sup> sperm is inferior.** (a) Curvilinear velocity of WT and *Faah*<sup>-/-</sup> sperm. Curvilinear velocities of *Faah*<sup>-/-</sup> sperm were significantly lower than those of WT at 30 and 90 minutes of capacitation. (\*P < 0.01, unpaired t-test) (b) Linear velocity of WT and *Faah*<sup>-/-</sup> sperm. Linear velocities of *Faah*<sup>-/-</sup> sperm were significantly lower than those of WT sperm (\*P < 0.05, unpaired t-test). (c) Linearity of WT and *Faah*<sup>-/-</sup> sperm. Linearity of *Faah*<sup>-/-</sup> sperm was significantly lower than WT sperm at 30 minutes of capacitation. (\*P < 0.05, unpaired t-test).

The movement of *Faah*<sup>-/-</sup> sperm was significantly slower than those of WT sperm both at 30 and 90 minutes of incubation in the capacitation medium (Figure 13a). The movement of WT sperm was primarily straight at 30 minutes of capacitation with symmetrical flagellar beats. After 90 minutes of capacitation, WT sperm showed a hyperactivated movement pattern, resulting in reduced linear velocity (Figure 13b) and linearity (Figure 13c); the curvilinear velocity was

not significantly changed (Figure 13a). However, *Faah*<sup>-/-</sup> sperm demonstrated irregular movement at 30 minutes of capacitation distinguished by low linear velocity and linearity (Figure 13b and 13c). Although their moving trajectories were erratic, the seemingly hyperactivated movement of *Faah*<sup>-/-</sup> sperm was not the consequence of harder beating of flagellum after capacitation, because the moving speed of *Faah*<sup>-/-</sup> sperm stayed at low levels. These results show that heightened anandamide signaling in the male reproductive tract compromises motility of *Faah*<sup>-/-</sup> sperm, leading to reduced zona-penetration and fertilization.

## **Discussion**

Emerging evidence shows that endocannabinoid signaling plays critical roles in reproduction. Endocannabinoid signaling is operative in the oviduct, uterus and embryo, and aberrant endocannabinoid signaling adversely affects oviductal transport of embryos and their development (10). Consistent with our present findings, endocannabinoids and their receptors were reported to be present in the testis and sperm of both invertebrates and vertebrates (68, 69, 79, 82, 89, 134). However, our studies showing the presence of the endocannabinoid system in different regions along the male reproductive tract suggests that endocannabinoid signaling has diverse physiological functions. In this respect, Sertoli cells exposed to higher anandamide levels were shown to undergo apoptosis (74), and FAAH activity is regulated by follicle stimulating hormone in mouse sertoli cells (135). In addition, sperm fertility and acrosome reaction were

reported to be adversely affected if exposed *in vitro* to high anandamide levels (77, 89).

Although these *in vitro* studies suggested a role for endocannabinoids in male reproduction, our experiments were designed to see *in vivo* effects of sustained higher anandamide levels in the male reproductive tract on various aspects of sperm function. We used *Faah*<sup>-/-</sup> mice with higher anandamide levels as a model system to mimic the conditions of long-term exposure to marijuana to explore the role of cannabinoid/endocannabinoid signaling in male fertility. Results of our IVF experiments with *Faah*<sup>-/-</sup> sperm show a resemblance to reduced sperm fertilizing capacity and motility in marijuana users (136-138). Our findings of compromised fertilizing capacity of *Faah*<sup>-/-</sup> sperm *in vivo* and *in vitro* as well as their inability to recover in normal capacitating medium provide strong evidence that functional impairment of sperm exposed to higher anandamide levels *in vivo* persists for a prolonged period or becomes irreversible. Our results are clinically relevant since long-term *in vivo* exposure to marijuana is implicated in reduced male fertility (136-138).

IVF experiments using zona-free eggs is an established method to study cellular mechanisms of gamete adhesion and fusion (139). Using this strategy, here we have shown that *Faah*<sup>-/-</sup> sperm are capable of adhering to and fusing with zona-free eggs similar to WT sperm. The fact that the fertilization rate of *Faah*<sup>-/-</sup> sperm increased from 42% with zona-intact eggs to 90% with zona-free eggs suggests that the zona is a major barrier to *Faah*<sup>-/-</sup> sperm, since these null sperm display comparable spontaneous acrosomal reaction rates to WT sperm

as evident from IZUMO staining and flow cytometry analysis. We speculate that factors other than the acrosomal reaction weaken the sperm's penetrating capacity through the zona. Sperm motility and acrosomal enzymes are both involved in zona penetration (120). It is possible that contents released from the acrosomal sac lack appropriate protease activity required for penetration, or that *Faah*<sup>-/-</sup> sperm cannot acquire hypermotility following capacitation. Our results suggest that reduced motility is a contributing factor for the reduced zona-penetrating ability of *Faah*<sup>-/-</sup> sperm. However, other factors such as protease activity may also contribute to sperm's reduced capacity for zona penetration. It is interesting to note that *Faah*<sup>-/-</sup> sperm show asymmetric flagellar beats at 30 minutes of capacitation. We still do not know whether *Faah*<sup>-/-</sup> sperm show straight-forward moving trajectory before 30 minutes of capacitation. Although it would be interesting to know the motility of *Faah*<sup>-/-</sup> sperm right after they are placed in the capacitation medium, we were unable to acquire this information because of the time necessary for sperm manipulation and counting.

Reversal of the defects of FAAH deficiency in the absence of CNR1 suggests that anandamide signaling exerts its effects on sperm through CNR1. Since CNR1 is expressed in the testis, epididymis and sperm, it is not clear where and how CNR1-mediated signaling regulates sperm fertility. Since sperm display CNR1, it is possible that higher anandamide levels directly target sperm to alter their function. Alternatively, heightened signaling via CNR1 in the presence of higher anandamide levels in *Faah*<sup>-/-</sup> testis and epididymis perhaps changes the internal milieu to affect sperm maturation, affecting sperm fertility. Our findings

that *Faah*<sup>-/-</sup>/*Cnr2*<sup>-/-</sup> sperm show inferior fertilizing capacity compared to sperm deleted of *Faah*<sup>-/-</sup> only suggests that anandamide working via CNR2 is important for normal sperm fertility. Alternatively, in the absence of CNR2, higher levels of anandamide are exclusively available to CNR1 which may further enhance its adverse effects on sperm function. The latter speculation seems more probable, since homozygous crossings of *Cnr2*<sup>-/-</sup> mice have an average litter size of about 7 (n=6), whereas homozygous crossings of *Faah*<sup>-/-</sup>/*Cnr2*<sup>-/-</sup> produces an average of 4 pups per litter (n=12). Although breeding data are confounded by maternal factors other than IVF results, this observation suggests that CNR2 has limited roles in sperm function under normal physiological anandamide levels.

The present investigation has high physiological significance, since sperm in *Faah*<sup>-/-</sup> males and those in chronic marijuana users are all subjected to enhanced cannabinoid/endocannabinoid signaling. Beneficial effects of anandamide in neurodegeneration, cancer, pain and anxiety (140-143) have prompted increasing interest and effort in developing FAAH inhibitors as novel therapeutic drugs. Thus, the adverse effects of anandamide should be carefully weighed against its beneficial effects. This study provides insights into male fertility regulation by endocannabinoid signaling, and may shed light on improving male fertility.

## CHAPTER III

### ENDOCANNABINOID SIGNALING DIRECTS DIFFERENTIATION OF TROPHOBLAST CELL LINEAGES AND PLACENTATION

#### **Abstract**

Placentation is critical for fetal development. Exposure to marijuana during pregnancy has adverse effects, but it is not known if the placenta is a target of cannabinoid/endocannabinoid signaling. Using mice as a model organism, we found that the endocannabinoid system is present in the ectoplacental cone and spongiotrophoblast cells. We also observed that aberrant endocannabinoid signaling confers premature trophoblast stem cell differentiation, and defective trophoblast development and invasion. These defects are reflected in retarded fetal development and elevated spontaneous pregnancy loss. Because the endocannabinoid system is conserved across species, including humans, our study suggests that endocannabinoid signaling is critical to placentation and pregnancy success in humans.



## Introduction

In eutherians, the placenta is the sole bridge between the mother and fetus. While maternal resources filtered across the selective barrier of the placenta nourish and protect the conceptus, the placenta also reshapes the maternal physiology to facilitate fetal survival. Most placental functions are attributed to various trophoblast cell lineages: trophoblast giant cells, spongiotrophoblast, syncytiotrophoblast and glycogen trophoblast cells (144). The fact that all trophoblast cell types are derived from trophoblast stem (TS) cells suggest that differentiation of TS cells is a finely tuned process (145). An appropriate ratio of different trophoblast cell types is a prerequisite for normal placentation, and any aberration in trophoblast differentiation compromises normal placentation.

In mice, immediately after implantation, the mural trophectoderm penetrates the uterine stroma, forming primary trophoblast giant cells (TGC). The polar trophectoderm, which is adjacent to the inner cell mass, forms the extraembryonic ectoderm and ectoplacental cone (EPC), in which progenitor cells that differentiate into secondary trophoblast giant cells reside. Both primary and secondary giant cells undergo multiple rounds of endoreduplication, resulting in cells with polyploid nuclei (146, 147). The EPC and extraembryonic ectoderm cells remain diploid, and give rise to the spongiotrophoblast and labyrinth layers of the placenta (145). *In vivo*, the progenitor cells in the extraembryonic ectoderm and EPC generate chorionic trophoblasts or spongiotrophoblasts (SPT). However, *in vitro* TS cells primarily differentiate into TGC, leading to the concept

that while differentiation to the giant cell lineage is a default pathway, differentiation to other lineages requires distinct signals (94).

Endocannabinoid signaling is a critical regulator of various pregnancy events in mice and humans. Abnormal cannabinoid/endocannabinoid signaling leads to a series of defects that are reflected in embryo development, oviductal transport of embryos, implantation, parturition and early fetal loss in mice (12, 104, 148-151). There is evidence that the endocannabinoid system is also present in the human placenta (152, 153). However, the definitive role of endocannabinoid signaling in placentation remains undefined.

Endocannabinoid signaling is normally mediated by two G-protein coupled cannabinoid receptors, CNR1 (15, 16) and CNR2 (17). Several endogenous bioactive lipid molecules targeting CNR1 and CNR2 have been identified, collectively called endocannabinoids. To date, most work on endocannabinoid signaling has focused on the roles of anandamide (AEA) and 2-arachidonoylglycerol (2-AG) (18-20). AEA levels are regulated by a balance between the rate of its synthesis and degradation. Several AEA synthetic pathways have recently been identified (23, 26, 27). The presence of multiple pathways provides evidence that the regulation of AEA synthesis is complex. AEA is degraded to ethanolamine and arachidonic acid by a membrane-bound fatty acid amide hydrolase (FAAH) (28, 29). Although FAAH can hydrolyze other endocannabinoids including 2-AG (30), studies in *Faah*<sup>-/-</sup> mice show that FAAH is

the major player regulating the magnitude and duration of anandamide signaling (27, 117).

Cannabinoid receptors have been cloned from various species, including the sea urchin, fish, leech, cat, dog, bovine, mouse and human (154). The evolutionary conserved nature of the endocannabinoid system across species from invertebrates to vertebrates suggests its important biological functions. Studies indicate that mice and humans have many similarities regarding the regulation of endocannabinoid signaling and its physiological roles. For instance, successful implantation requires tightly regulated anandamide signaling in both mice and humans (10, 104, 155). The absence of CNR1 in mice causes oviductal retention of preimplantation embryos (156), while women with ectopic pregnancy have attenuated expression of CNR1 in the Fallopian tube (157).

Previous studies have shown the presence of the endocannabinoid system in the human placenta (158). However, the underlying mechanism of endocannabinoid signaling affecting pregnancy success is not known. In this study, we used a genetic approach to address this question. We found midgestational fetal loss in mice missing *Cnr1*. Further in vivo and in vitro studies show that CNR1 deficient TS cells fail to appropriately differentiate to normal placentation, leading to midgestational fetal demise and compromised pregnancy outcome.

## **Materials and Methods**

### **Reagents**

Antibodies to anti-CNR1 (N-15) antibody were purchased from Santa Cruz Biotechnology; anti-cytokeratin antibody was from DAKO Diagnostics; anti-phospho-AKT (Ser-473 or 308) was from Cell Signaling. Anti-FAAH antibody was a gift from Dr. Benjamin F. Cravatt (The Scripps Research Institute, CA). SR141716 and SR144528 were dissolved in ethanol and diluted to a final concentration with ethanol less than 0.1%.

### **Animals**

Adult wild-type, *Cnr1* and *Faah* mutant mice on C57BL/6J genetic background generated as previously described (117, 159) were housed in the animal care facility of Cincinnati Children's Hospital Medical Center according to National Institutes of Health and institutional guidelines for laboratory animals. Female mice were mated with fertile males and were checked for vaginal plug at 0900h for confirmation of pregnancy (day 1). To examine the postimplantation development of embryos, mice were killed between 0900-1000h on the given day as described in the paper and implantation sites were weighed, then frozen or fixed for further study. Some implantation sites of day 12 and 14 were dissected out to weigh the placenta and fetus.

### **In situ and Northern hybridization**

In situ hybridization and Northern blotting were performed as previously described (124). Antisense 35S-labeled or 32P-labeled cRNA probes produced from specific cDNA were used to detect the specific mRNA on frozen sections or membranes. The densities of Northern bands were quantified using Scion Image software.

### **Trophoblast Stem (TS) Cell Culture**

Wild-type or *Cnr1*<sup>-/-</sup>*Cnr2*<sup>-/-</sup> trophoblast stem cell (TS) lines were generated as previously reported (160). Cells were maintained in a proliferative state in media (TS maintaining media) containing 70% embryonic mouse fibroblast cells conditioned medium, 30% TS cell medium, 25ng/ml FGF4 and 1 µg/ml heparin, incubated in a humidified tissue culture incubator at 37°C, 5% CO<sub>2</sub> atmosphere. To introduce TS cell spontaneous differentiation, cells were cultured in medium without conditioned medium, serum, FGF4 and heparin for up to 6 days with medium changed everyday.

### **BrdU (5-Bromo-2'-deoxyuridine) incorporation**

Two hours before sacrifice, animals were injected intraperitoneally with BrdU reagent (catalog No. 00-0103, Invitrogen, CA) at 1ml/100 gram body weight. Implantation sites were fixed in 10% neutral buffered formalin, and embedded in paraffin. The Brdu signals on paraffin sections were detected using the BrdU staining kit (catalog No. 93-3943, Invitrogen, CA), following the manufacturer's protocol.

### **Proliferation assay**

The proliferation assays of the wild-type or *Cnr1*<sup>-/-</sup>*Cnr2*<sup>-/-</sup> TS cells were performed using the Cell Proliferation Assay kit (Promega). In brief, TS cells (0.5, 1, 2 X 10<sup>3</sup> cell/100 µl well) were suspended in TS maintaining media, seeded on to 96-well plates and incubated until analyzed. At different time points, mixed MTS/PMS solution (20µl/well) was added and incubated for 4 hours and then absorbance read at 490 nm under an ELISA plate reader (Bio-TEK). The proliferation assay was performed on counted cells seeded for 1 hour to determine the correlation coefficients of absorbance-cell number standard curves. The cell numbers at different time points were calculated by the coefficient using standard curves. The assays were performed in triplicate and the experiments were repeated three times.

### **Invasion assay**

The invasion assays were performed in 24-well BD Biocoat Matrigel invasion chambers following the manufacturer's instructions. In brief, Matrigel inserts rehydrated with RPMI1640 medium were placed over the BD Falcon TC companion plate containing 0.75 ml/well TS maintaining media. Wild-type or *Cnr1*<sup>-/-</sup>*Cnr2*<sup>-/-</sup> TS cells were suspended in TS maintaining media with different treatments but minus condition medium and serum at a density of 10 X 10<sup>4</sup> cell/ml. Then 0.5 ml cell suspensions were seeded within the Matrigel inserts immediately. After 22 or 44 hours incubation, the Matrigel and non-invading cells

are removed by cotton swab from the upper surface of the membrane of the inserts. The invaded cells at the lower surface of the membrane were then fixed with 10% neutral buffered formalin and stained with crystal violet. After air drying, the cells could be counted or a picture taken under an inverted microscope. The assays were performed in triplicate and the experiments were repeated three times.

### **Statistical Analysis**

Comparison of means was performed using Student's *t* test. Data are shown as mean  $\pm$  SEM.

### **Results**

#### **Genetic loss of *Cnr1* compromises pregnancy success in mice**

Endocannabinoid signaling is a key player in regulating female fertility. Our previous studies have shown that about 30% of embryos are trapped in the oviduct of *Cnr1*<sup>-/-</sup> mice (12). In addition, our breeding data of *Cnr1*<sup>-/-</sup> females crossed with *Cnr1*<sup>-/-</sup> males show a 50% reduction in litter sizes compared to crosses between wild-type (WT) females and males (Figure 14a). This dramatic reduction in litter sizes suggests that approximately 20% of embryos are lost during gestation, considering that 30% of embryos are trapped in the oviduct. Moreover, 40% of plug-positive *Cnr1*<sup>-/-</sup> females did not produce any litters (12), underscoring the fact that embryo loss during gestation is even more severe.

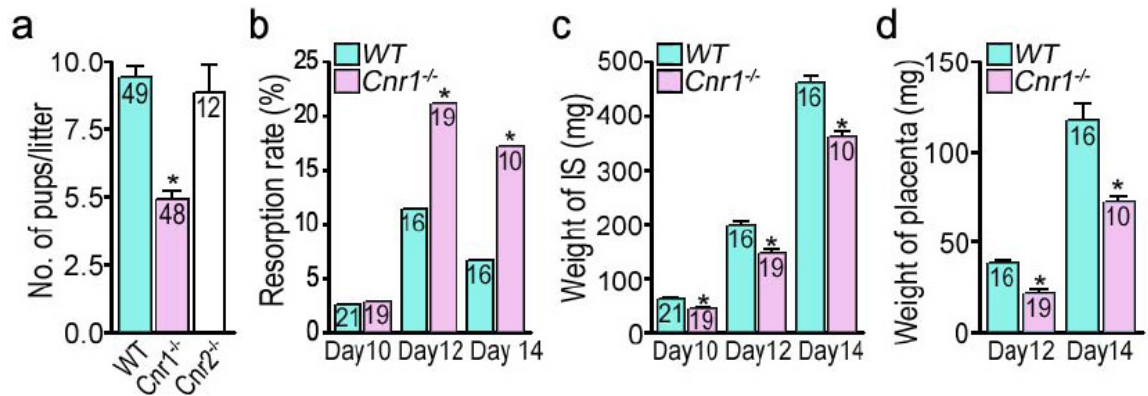


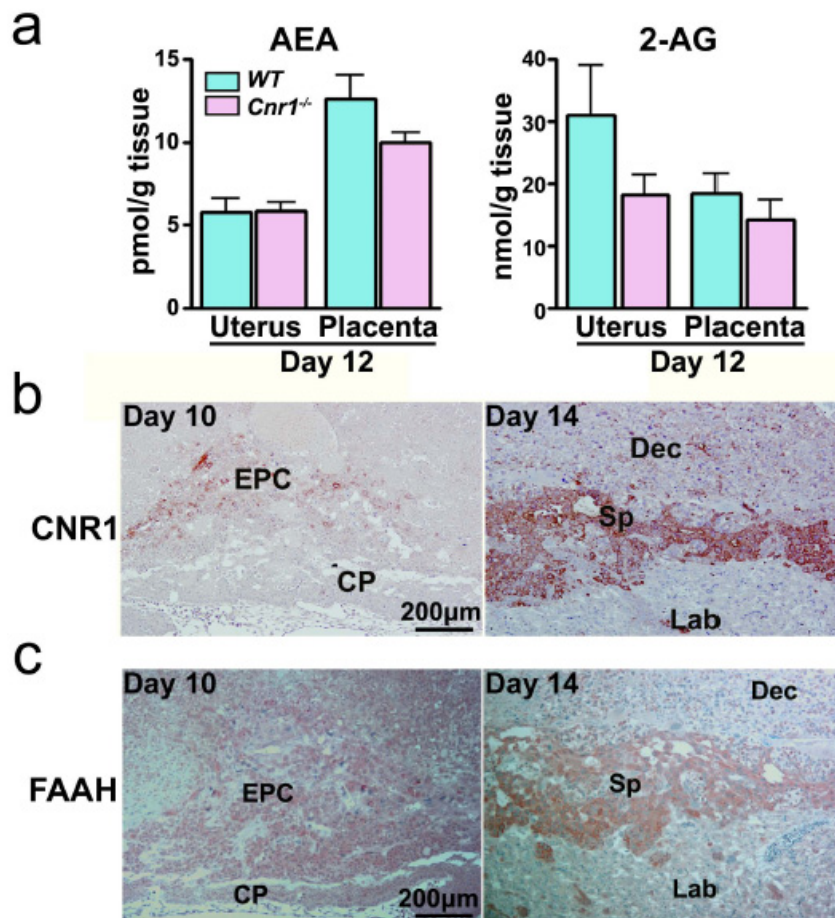
FIGURE 14. ***Cnr1*<sup>-/-</sup> mice have compromised placentation, embryo development and pregnancy outcome.** (a) *Cnr1*<sup>-/-</sup>, but not *Cnr2*<sup>-/-</sup>, mice have smaller litter size (unpaired *t*-test, \**P*<0.05). (b) A higher rate of resorptions is seen in *Cnr1*<sup>-/-</sup> mice on days 12 and 14 of pregnancy (*F*-test, \**P*<0.05). (c) *Cnr1*<sup>-/-</sup> implantation sites (IS) weigh less than those of WT at midgestation (unpaired *t*-test, \**P*<0.05). (d) Average weights of *Cnr1*<sup>-/-</sup> placentas are less than those of WT on days 12 and 14 of pregnancy (unpaired *t*-test, \**P*<0.05). Numbers within bars indicate numbers of dams examined.

In order to determine the stage when the sign of resorption is clearly evident, we examined the pregnancy status on days 10 through 14 in *Cnr1*<sup>-/-</sup> and WT females. We found that a higher rate of resorption occurs on days 12 and 14 of pregnancy in mutant females (Figure 14b). Furthermore, weights of implantation sites in *Cnr1*<sup>-/-</sup> females are less than those in WT mice (Figure 14c). Since placentation occurs during this period, we also recorded placental weights. Placental weights in *Cnr1*<sup>-/-</sup> mice are also significantly lower than those in WT mice (Figure 14d). These results prompted us to hypothesize that CNR1 deficiency causes placentation defects, and thus fetal death during midgestation.

### Endocannabinoid system is present in midgestational placentas



To investigate the role of the endocannabinoid system in midgestation, we first measured the levels of the two most studied endocannabinoids, AEA and 2-AG, which target CNR1 evoking various biological functions. We found that the levels of both AEA and 2-AG are comparable between WT and *Cnr1*<sup>-/-</sup> females in day 12 uteri and placentas (Fig 15a). Furthermore, the expression pattern of CNR1 was examined by immunohistochemistry. We found that CNR1 positive cells are present in the EPC on day 10 of pregnancy. On day 14, CNR1 is expressed in the SPT layer which is derived from the EPC (Fig 15b). FAAH showed expression patterns similar to CNR1 (Fig 15c). The presence of endocannabinoid



**FIGURE 15. Endocannabinoid system is present in midgestational placentas.** (a) Levels of AEA and 2-AG are comparable in WT and *Cnr1*<sup>-/-</sup> midgestational uteri and placentas. Uterine and placental samples were pooled separately from 5 pregnant WT or *Cnr1*<sup>-/-</sup> mice in each group (n = 4-5) (b) CNR1 is present in trophoblast cells in the EPC on day 10 of pregnancy and SPT layer on day 14 of pregnancy. (c) FAAH expression pattern is similar to CNR1 in midgestational placentas. Results are representative of at least 2 to 3 independent samples. EPC, ectoplacental cone; CP, chorionic plate; Dec, decidua basalis; Sp, spongiotrophoblast; Lab, labyrinth.

ligands, receptors and a key regulatory enzyme in midgestation placentas suggests that endocannabinoids play an important role in placentation. Additionally, the restricted expression of CNR1 and FAAH within the EPC, and thereafter in the SPT, led to the speculation that generation, differentiation, and/or maintenance of SPT cells is regulated by endocannabinoid signaling, and an aberration of this signaling, as in CNR1 deficiency, leads to abnormal placentation.

### **Spongiotrophoblast development is compromised in *Cnr1*<sup>-/-</sup> mice**

To better understand the underlying cause of midgestational embryo loss in the absence of CNR1, we analyzed placental development in WT and *Cnr1* null mice. Placental lactogen I (*Pl1*), encoding the prolactin-like hormone, is specifically expressed in TGC (161), while trophoblast-specific protein  $\alpha$  (*Tpbpa*, also known as 4311) is explicitly expressed in SPT cells (162). In situ hybridization results show that *Pl1* expression in *Cnr1*<sup>-/-</sup> placentas on day 10 of pregnancy is comparable to that in WT mice (Figure 16a). However, *Tpbpa* expression is

appreciably reduced in *Cnr1*<sup>-/-</sup> placentas, providing evidence that the development of the SPT layer has been compromised. These results are consistent with Northern hybridization results, showing much higher *Tpbpa* expression in WT mice compared with *Cnr1*<sup>-/-</sup> mice on day 10 of pregnancy. *Pl1* expression levels are similar in *Cnr1*<sup>-/-</sup> and WT females on the same day (Figure 16b).

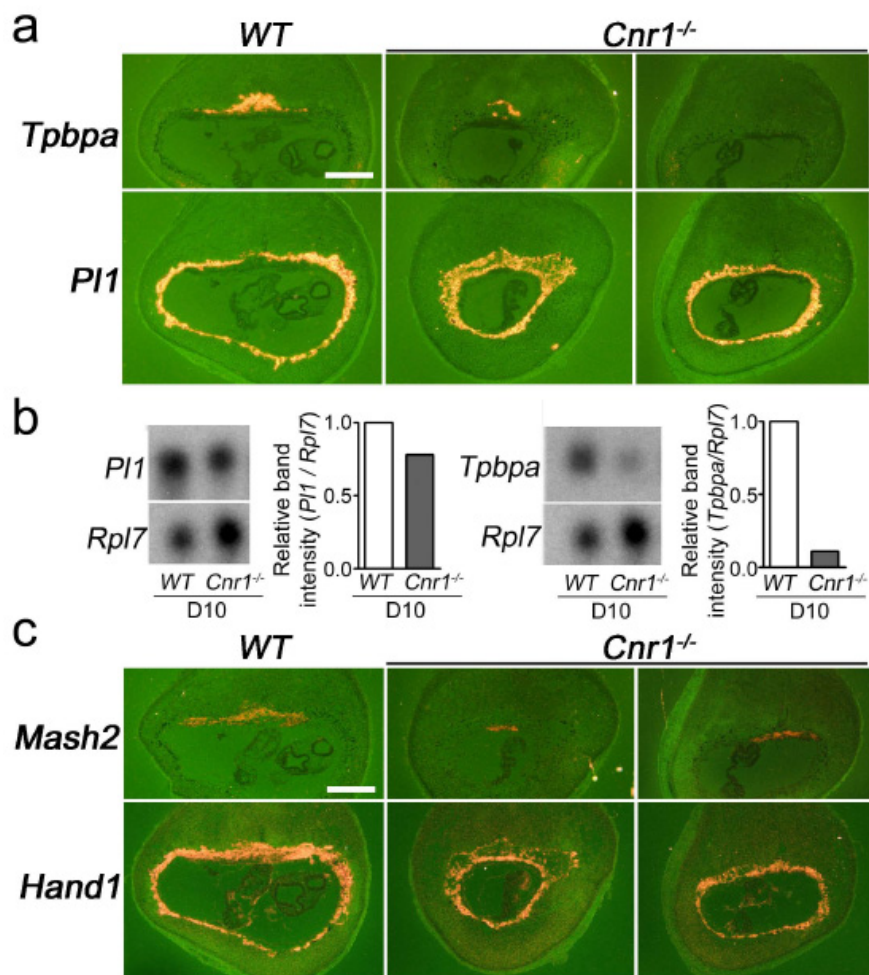


FIGURE 16. *Cnr1*<sup>-/-</sup> spongy layer is developmentally compromised. (a) While numbers of *Tpbpa* positive cells are considerably lower in *Cnr1*<sup>-/-</sup> placentas, *Pl1* expression in *Cnr1*<sup>-/-</sup> placentas on day 10 is comparable to that in WT placentas.

Scale bar: 500  $\mu\text{m}$ . (b) Northern blotting results using RNA samples from WT and *Cnr1*<sup>-/-</sup> implantation sites on day 10 of pregnancy show that *Tpbpa*, but not *Pl1*, levels are reduced. Levels of *Tpbpa* and *Pl1* mRNAs were normalized and quantified against *Rpl7* (a house-keeping gene) band intensities using the same membrane. (c) Levels of *mash2* transcript were reduced in *Cnr1*<sup>-/-</sup> placentas, but *Hand1* levels were comparable in WT and *Cnr1*<sup>-/-</sup> placentas. Scale bar: 500  $\mu\text{m}$ .

Secondary TGCs are differentiated from precursor cells present in the EPC and later in the SPT layer. The terminal differentiation of precursor cells is regulated by a reciprocal interaction between two basic helix-loop-helix transcription factor genes, *Hand1* and *Mash2* (163), and the expression of these genes overlap in the EPC and the SPT. *Mash2* maintains giant cell precursors in an undifferentiated state (164), whereas *Hand1* promotes differentiation into TGCs (165). The compromised SPT layer in *Cnr1*<sup>-/-</sup> mice may arise from misregulated expression of *Hand1* and *Mash2*. Therefore, we examined the expression of these two genes at the implantation site on day 10 by in situ hybridization. We observed similar *Hand1* expression patterns and signal intensity in both TGC and SPT cells in WT and *Cnr1*<sup>-/-</sup> mice (Figure 16c). However, the population of *Mash2* positive cells was reduced in *Cnr1*<sup>-/-</sup> placentas. These results offer two hypotheses: first, the deficiency of *Cnr1* in the EPC suppresses the proliferation of spongiotrophoblast cells, and thus reduces the population of *Tpbpa* positive trophoblast cells, or the lack of CNR1 in trophoblast precursor cells promotes their differentiation to TGC but not SPT cells.

## Trophoblast cell proliferation is stifled in *Cnr1*<sup>-/-</sup> EPC

To test the hypothesis that CNR1 deficiency inhibits trophoblast cell proliferation in the EPC, cell proliferation was examined by BrdU incorporation at the implantation sites on day 9 in *Cnr1*<sup>-/-</sup> and WT mice. SPT cells are derived from trophoblast cells in the EPC

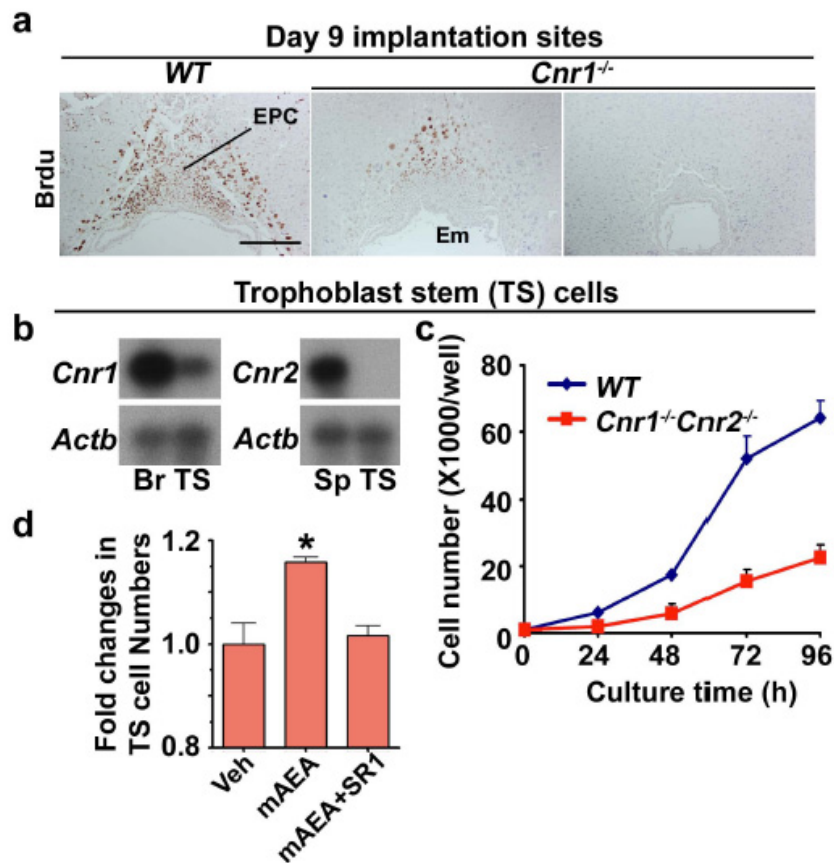


FIGURE 17. Compromised proliferation of trophoblast cells missing *Cnr1*.

(a) BrdU incorporation results show that *Cnr1*<sup>-/-</sup> TS cells in the EPC proliferate at a much slower rate compared to WT TS cells. EPC, ectoplacental cone; Em, embryo. Scale bar: 200µm. (b) RT-PCR analysis coupled with Southern blotting shows that *Cnr1*, but not *Cnr2*, is expressed in WT TS cells. RNA samples from brain (Br) and spleen (Sp) were used as positive controls for *Cnr1* and *Cnr2*,

respectively. TS, trophoblast stem cells. (c) Proliferation of *Cnr1*<sup>-/-</sup>/*Cnr2*<sup>-/-</sup> TS cells is much slower than WT TS cells *in vitro* (n=3). (d) Treatment with mAEA increases WT TS cell proliferation *in vitro*, and this effect is suppressed by a CNR1 specific inhibitor, SR1 (n=3; unpaired *t*-test, \**P*<0.05).

(166), which show rapid proliferation on day 9 of pregnancy. In WT mice, increased proliferation was observed in the EPC (Figure 17a), TGC and mesometrial decidual cells. However, the number of BrdU positive cells was considerably reduced in *Cnr1*<sup>-/-</sup> EPC and TGC. Although many *Cnr1*<sup>-/-</sup> embryos showed retarded development (Figure 17a, right panel), some *Cnr1*<sup>-/-</sup> embryos showing development comparable to WT embryos (Figure 17a, middle panel) also had fewer BrdU positive cells in EPC and TGC. Similar results were observed in *Cnr1*<sup>-/-</sup> day 11 implantation sites (Figure 18). Reduced proliferation of *Cnr1*<sup>-/-</sup> TS (Figure 17a), which later differentiate into SPT, may have resulted in compromised SPT development.

To complement our observations *in vivo*, proliferation of TS cells were assessed *in vitro* by MTS proliferation assays, in which the cell number is reflected by the absorbance of colored product in the presence of a substrate (167). Because *Cnr2* is not expressed in TS cells (Figure 17b), TS cells deficient in both *Cnr1* and *Cnr2* were used to substitute for *Cnr1*<sup>-/-</sup> TS cells in *in vitro* experiments. Standard curves for *Cnr1*<sup>-/-</sup>/*Cnr2*<sup>-/-</sup> and WT TS cells were generated from the absorbance values against known numbers of WT and *Cnr1*<sup>-/-</sup>/*Cnr2*<sup>-/-</sup> TS cells. To assess cell proliferation, the same numbers of *Cnr1*<sup>-/-</sup>/*Cnr2*<sup>-/-</sup> and WT TS

cells were seeded in multiple wells, and cell numbers were counted using standard curves on given time points shown in Figure 17c. *Cnr1<sup>-/-</sup>Cnr2<sup>-/-</sup>* TS cell proliferation was remarkably slower than WT TS cells. To confirm that the effect is mediated by CNR1, we further tested WT TS cell proliferation in the presence

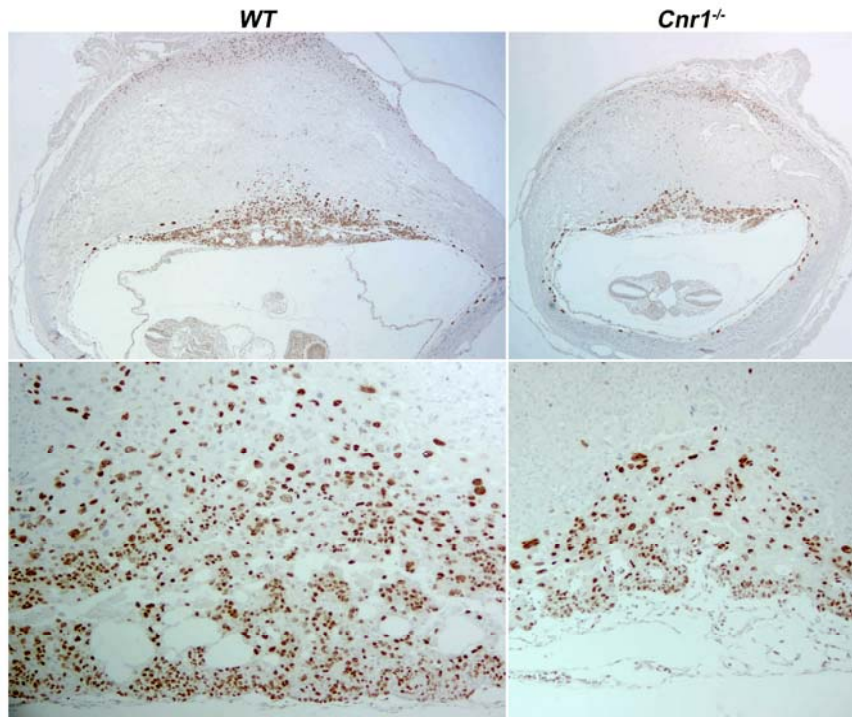
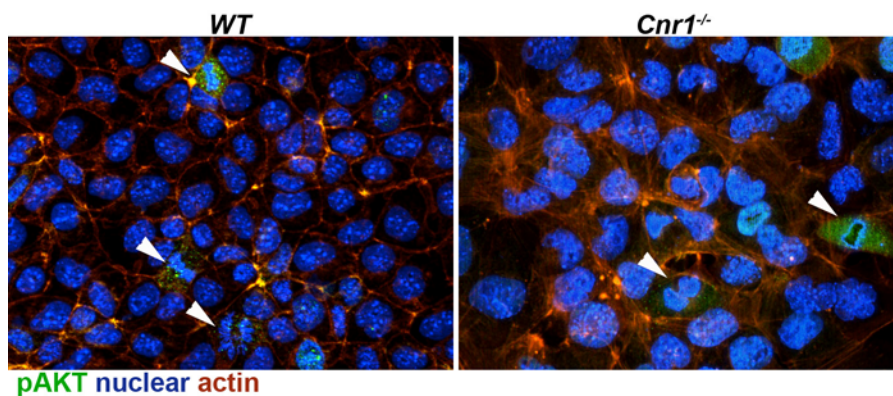


Figure 18. **Proliferation of *Cnr1<sup>-/-</sup>* trophoblast cells is compromised.** In day 11 (D11) implantation sites, the number of BrdU positive cells in *Cnr1<sup>-/-</sup>* EPCs is much less than in WT EPC. Results are representative of at least 2 to 3 independent samples.

of methanandamide (mAEA), a stable analog of AEA, or a vehicle (control). Compared to the control group, mAEA-treated WT TS cells proliferated at a significantly faster rate (Figure 17d), but were inhibited by SR141716 (SR1), a CNR1 selective antagonist, suggesting AEA promotes TS proliferation via CNR1.

SPT cell proliferation is tightly regulated by the PI3K-pAKT signaling pathway (168). In addition, cannabinoid signaling via CNR1 can regulate AKT activation by the  $G_{i/o}$ /PI3K pathway (169, 170). We speculated that

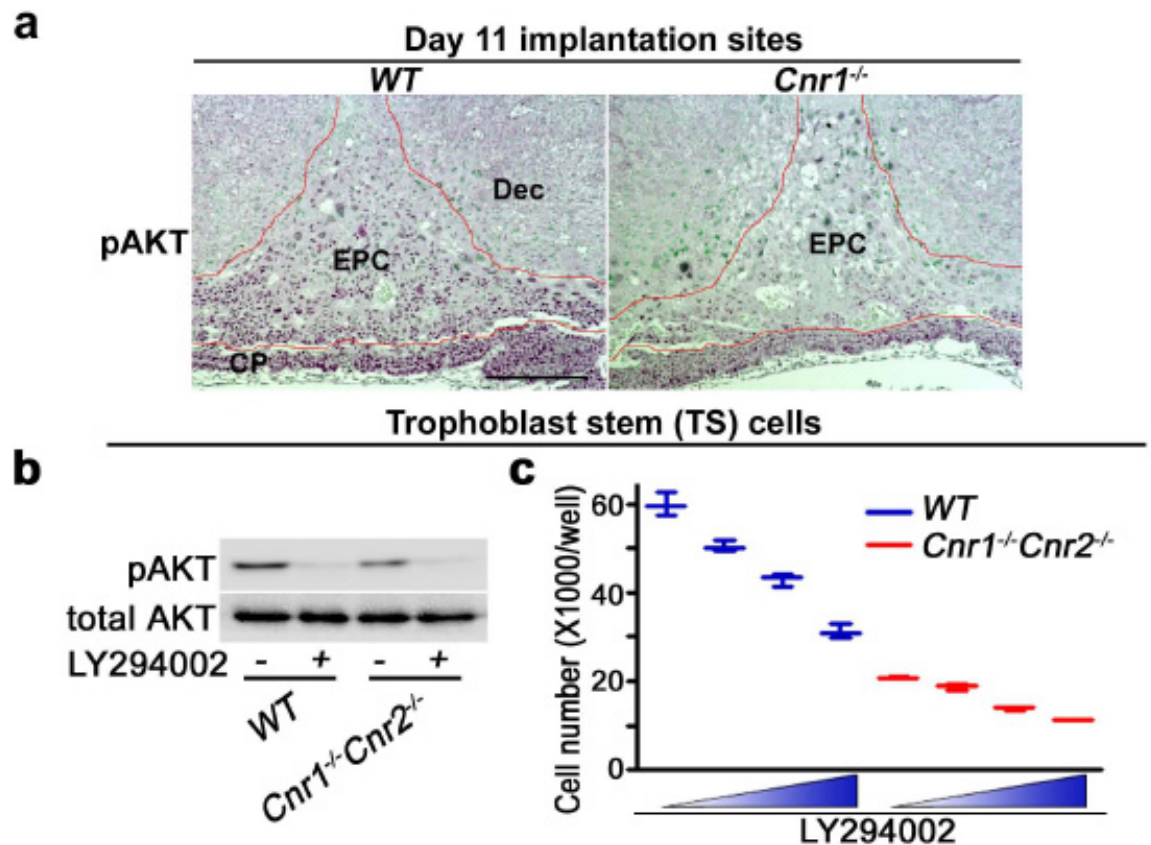


**FIGURE 19. pAKT is localized in TS cells undergoing division.** Immunofluorescence results show that pAKT is localized in TS cells in the M phase of the cell cycle (white arrowheads). TS cells were cultured in TS cell media as described in methods. Results are representative of 2 to 3 independent samples. Scale bar: 50 $\mu$ m.

endocannabinoid signaling via CNR1 would regulate trophoblast cell proliferation by altering AKT activation. Our immunofluorescence results show that pAKT is localized in TS cells undergoing division (Figure 19), suggesting pAKT plays a role in TS cell proliferation. To test whether CNR1-mediated signaling involves AKT signaling in placentation, pAKT was localized by immunohistochemistry in day 10 placentas. Most trophoblast cells in the WT EPC were positive for pAKT, whereas only sporadic trophoblast cells in the *Cnr1*<sup>-/-</sup> EPC were pAKT positive (Figure 20a). These results provide evidence that CNR1 deficiency suppresses AKT activation, thus downregulating trophoblast cell proliferation in the EPC and



SPT. To see whether AKT activation is mediated by the PI3K pathway, WT and *Cnr1<sup>-/-</sup>/Cnr2<sup>-/-</sup>* TS cells were treated with PI3K inhibitor LY294002 and pAKT levels were examined by Western blotting (Figure 20b). LY294002 was effective in attenuating PI3K activity in WT and *Cnr1<sup>-/-</sup>/Cnr2<sup>-/-</sup>* TS cells. Because CNR1 deficiency confers compromised TS cell proliferation both *in vivo* and *in vitro* (Figure 20a and 20c), we speculated that the blockage of PI3K in WT TS cells should mimic the effect seen in CNR1 deficiency. Indeed, addition of LY294002 significantly slowed down proliferation of WT and *Cnr1<sup>-/-</sup>/Cnr2<sup>-/-</sup>* TS cells in a concentration dependent manner (Figure 20c). Collectively, the results show that CNR1 mediated signaling via the PI3K-AKT pathway is critical for appropriate TS cell proliferation.



**FIGURE 20. Endocannabinoid signaling regulates TS cell proliferation via PI3K/AKT signaling.** (a) *Cnr1*<sup>-/-</sup> placentas have less pAKT positive cells in the EPC as indicated by pAKT immunostaining. EPC, ectoplacental cone. Dec, decidua basalis. CP, chorionic plate. Results are representative of at least 2 to 3 independent samples. Scale bar: 200µm. (b) Levels of pAKT in TS cells were reduced by PI3K inhibitor LY294002. WT TS cells have higher pAKT levels compared to *Cnr1*<sup>-/-</sup>/*Cnr2*<sup>-/-</sup> TS cells. Total AKT served as a loading control. (c) LY294002 attenuated TS cell proliferation in a concentration dependent manner. TS cells of both phenotypes were treated with 0, 2, 20, 40µM LY294002 for 72 hours (n=3).

### **CNR1 deficient TS cells are biased to differentiate into trophoblast giant cells**

Since the SPT in the *Cnr1*<sup>-/-</sup> placenta is compromised, we examined whether the TS cell fate is biased in the absence of CNR1 in addition to its role in cell proliferation. *Cnr1*<sup>-/-</sup>/*Cnr2*<sup>-/-</sup> TS cells cultured in the presence of FGF4 and mouse embryonic fibroblast (MEF) condition medium displayed dramatic morphological changes. *Cnr1*<sup>-/-</sup>/*Cnr2*<sup>-/-</sup> TS cells were of irregular shape, bigger with large nuclei, and had numerous stress fibers (Figure 21a). Cytoskeleton reorganization and larger cell size indicate that TS cells are prone to differentiate into TGC (171). *Cnr1*<sup>-/-</sup>/*Cnr2*<sup>-/-</sup> TS cells resemble those in a differentiated state, forming loose and chaotic cell colonies (Figure 21a). Furthermore, spontaneous differentiation was induced in WT and *Cnr1*<sup>-/-</sup>/*Cnr2*<sup>-/-</sup> TS cells by culturing them in the absence of

FGF4 and MEF condition medium. The trophoblast giant cell and spongy cell markers were examined by Northern blotting. As shown in figure 21b, although WT and *Cnr1*<sup>-/-</sup>/*Cnr2*<sup>-/-</sup> TS cells differentiate into trophoblast giant cells, as evident by the expression of *PI1* gene, the SPT marker *Tpbpa* was only observed in WT trophoblast cells. These results indicate that endocannabinoid

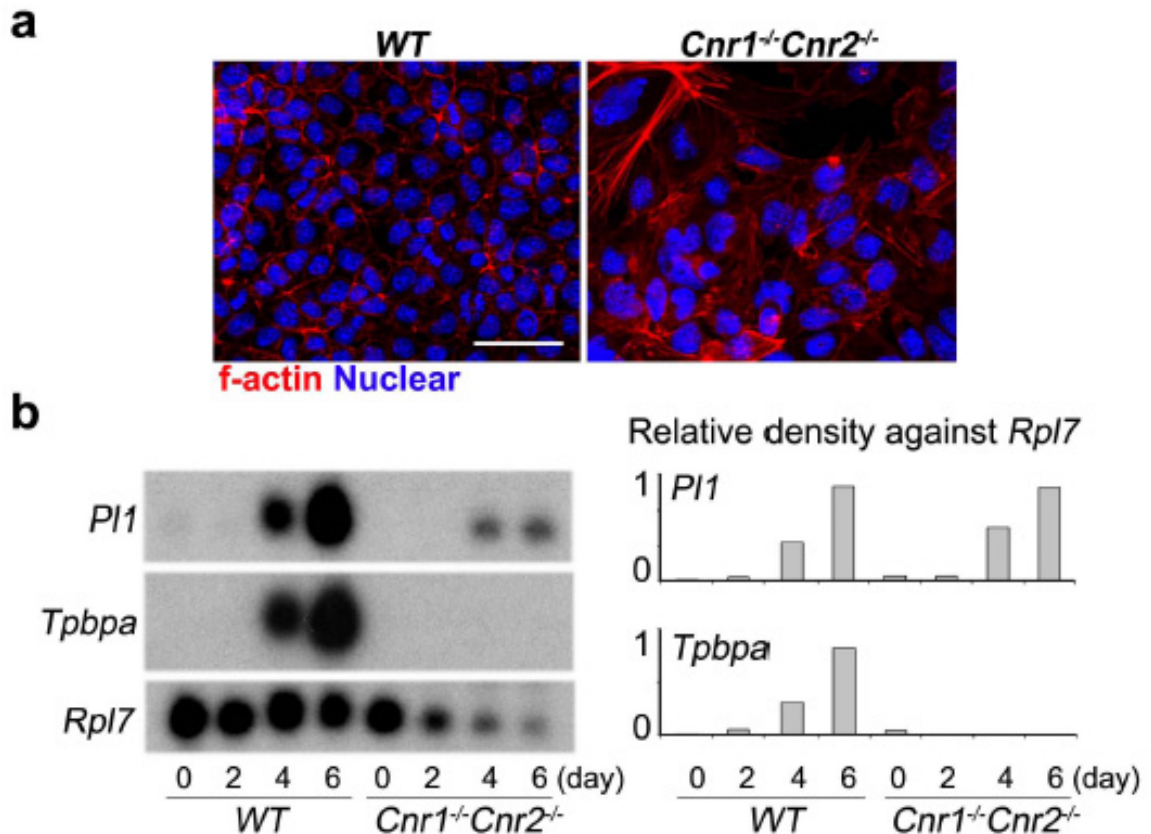


FIGURE 21. *Cnr1*<sup>-/-</sup> TS cells are more prone to differentiate into TGC. (a) Under similar culture conditions, *Cnr1*<sup>-/-</sup>/*Cnr2*<sup>-/-</sup> TS cells have more stress fibers, as evident from increased f-actin immunofluorescence staining. Results are representative of at least 2 to 3 independent samples. Scale bar: 50µm. (b) Northern blotting results from spontaneous differentiation experiments show that WT TS cells expressed both *PI1* and *Tpbpa*, whereas *Cnr1*<sup>-/-</sup>/*Cnr2*<sup>-/-</sup> TS cells expressed only *PI1*, suggesting that most *Cnr1*<sup>-/-</sup>/*Cnr2*<sup>-/-</sup> TS cells had differentiated

into TGCs. Levels of *Tpbpa* and *Pl1* mRNAs were normalized and quantified against *Rpl7* using the same membrane.

signaling is required to maintain the appropriate TS cell state; the absence of CNR1 signaling suppresses differentiation of TS cells into SPT cells, but promotes differentiation to TGC.

### ***Cnr1* deficient trophoblast cells show shallow invasion**

The maternal and fetal vascular systems are brought into close proximity through placentation, and trophoblast cells directly tap into the maternal vascular system (172). Thus, trophoblast cell invasiveness is critical for successful placentation. Cyclooxygenase-2 (COX2) is expressed in invading trophoblast cells with the initiation of placentation. Immunolocalization shows that *Cnr1*<sup>-/-</sup> EPC has reduced COX2 expression compared to WT EPC on day 10 of pregnancy (Figure 22b), suggesting that *Cnr1*<sup>-/-</sup> EPC cells are less invasive. Western blotting results are consistent with immunohistochemistry signals (Figure 22c). The invasion of glycogen trophoblast cells (GTC) into the decidua basalis is another indicator of trophoblast invasiveness. These cells, derived from the SPT on day 12, continue to express caudal type homeobox 2 (CDX2) (144). We examined CDX2 expression in the placenta on day 14. In WT females, an abundant number of CDX2-positive glycogen trophoblast cells invade into the decidual basalis, while only a sporadic number with shallow invasion were found beyond the TGC

border in *Cnr1*<sup>-/-</sup> mice (Figure 22a). The results suggest that the trophoblast invasive ability is compromised in the absence of CNR1.

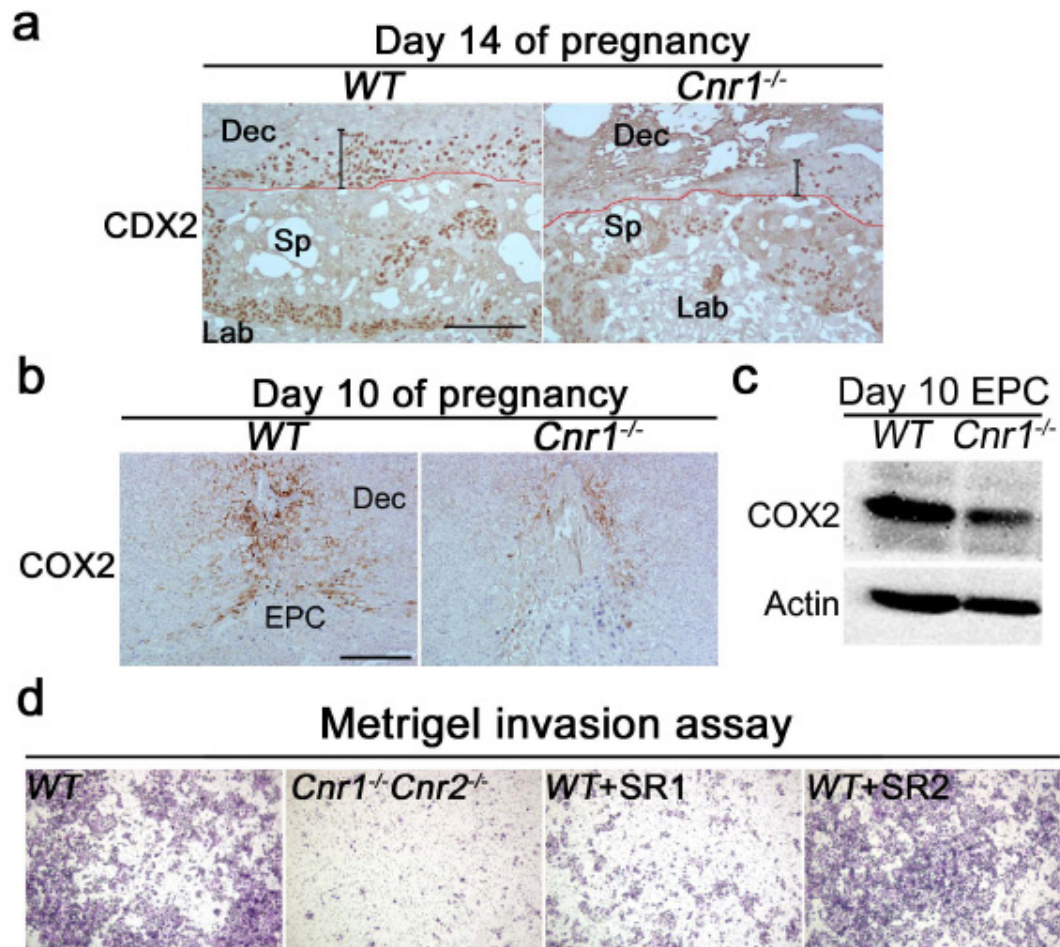


FIGURE 22. ***Cnr1*<sup>-/-</sup> trophoblast cells are less invasive.** (a) Glycogen trophoblast cell invasion into the decidua basalis on day 14 of pregnancy in *Cnr1*<sup>-/-</sup> mice is shallow as shown by CDX2 immunostaining. Scale bar: 100µm. (b) In *Cnr1*<sup>-/-</sup> mice, the number of COX2- positive cells, invading into the maternal decidua around the ectoplacental cone, is low. Scale bar: 200µm. (c) Western blotting of COX2 levels in extracts of isolated EPC from day 10 WT and *Cnr1*<sup>-/-</sup> implantation sites. (d) In *in vitro* invasion assays, numbers of *Cnr1*<sup>-/-</sup>/*Cnr2*<sup>-/-</sup> TS cells successfully penetrating through the matrigel are much lower than those of WT TS cells. Invasive capacity of WT TS cells is attenuated by a CNR1

antagonist SR1 (7nM), indicating that CNR1 is critical for normal TS cell invasion. Results are representative of at least 2 to 3 independent samples.

Matrigel invasion assays were used to study the invasive ability of TGC (173). Using this assay, we examined the effects of endocannabinoid signaling on TS cell invasive behavior *in vitro*. Only a limited number of *Cnr1<sup>-/-</sup>/Cnr2<sup>-/-</sup>* TS cells were able to penetrate through the matrigel membrane after 44 hrs in culture (Figure 22d), suggesting that CNR1 deficiency suppresses the invasive ability of trophoblast cells. In addition, WT TS cell invasiveness was blocked by the CNR1-selective antagonist SR1, but not SR144528 (SR2), a CNR2 antagonist. The results show that the silencing of CNR1 dampens trophoblast invasion.

## **Discussion**

To support fetal survival and growth, a functional placenta requires an appropriate and balanced amount of different trophoblast cells. Using the CNR1 deficient mouse, we show that endocannabinoid signaling, which presents in the EPC and thereafter in the spongiotrophoblast layer, plays roles in both trophoblast cell growth and differentiation. The ablation of CNR1-mediated endocannabinoid signaling inhibits TS cell proliferation, differentiation into SPT cells, and trophoblast invasiveness. Consequently, defective placentation and fetal development lead to increased rates of resorption in *Cnr1<sup>-/-</sup>* mice.

The spongy layer is located between the outer secondary TGCs and inner labyrinth layer. The function of the spongiotrophoblast layer is still not clearly

understood. It is thought to function as structural support for the developing labyrinth which is populated by maternal and fetal capillaries (172). Studies in *Mash2* deficient mice have revealed that all of the labyrinth, SPT and TGC layers are affected in the absence of *Mash2* (174), even though *Mash2* is specifically expressed within the spongy layer. This indicates that a well-developed spongiotrophoblast layer is required for normal placentation. We found that CNR1 is expressed in the EPC and later in SPT layers. The CNR1 deficient placenta has a reduced *Tbp**p*-positive SPT layer with unaffected TGCs. Thus, the compromised SPT development leads to abnormal placentation and consequently resorption of the fetoplacental unit.

The expression of *Hand1* and *Mash2* overlaps in the ectoplacental cone and spongiotrophoblast layer in which *Tbp**p**a*-positive trophoblast precursor cells reside. The coordinated antagonistic effects of *Hand1* and *Mash2* regulate the differentiation of the precursor cells into secondary TGCs (163). However, a recent cell lineage tracing study shows that not all secondary TGCs are derived from *Tbp**p**a* positive cells, indicating that the cell fate of some TGCs is decided before *Tbp**p**a* expression (175). *In vitro* spontaneous differentiation experiments with *Cnr1*<sup>-/-</sup>/*Cnr2*<sup>-/-</sup> TS cells show that *Tbp**p**a* is barely detected, indicating that most, if not all, TS cells differentiate into TGC cells in the absence of CNR1. It is possible that deficiency of CNR1 directly promotes differentiation of TS cells into TGCs *in vitro*, without going through the transition phase of *Tbp**p**a* positive precursor cells. Alternatively, the reduced *Tbp**p**a*-positive cells in *Cnr1*<sup>-/-</sup> mice

could be the consequence of reduced TS cell proliferation. To dissect out the role of CNR1 in TS cell proliferation from its role in TS cell differentiation, cell proliferation was examined using FGF4 and MEF-condition medium to keep the TS cells undifferentiated. We found that TS cell division is coupled with upregulated pAKT, and deficiency of CNR1 dampens TS cell proliferation by downregulating pAKT levels. These results are consistent with previous studies in other systems where CNR1 is coupled with Gi/o and activates AKT signaling by turning on 1-Phosphatidylinositol 3-Kinase (169, 170, 176).

In the MTS cell proliferation assay used to examine TS cell proliferation, the basic principle is that the mitochondria reductase in viable cells can turn phenazine methosulfate (PMS) and MTS into water-soluble formazan, giving a purple color. The absorbance (maximum at 490-500 nm) of this colored solution proportionally reflects the number of viable cells (167). Two standard curves were generated using the given number of WT or *Cnr1<sup>-/-</sup>/Cnr2<sup>-/-</sup>* TS cells. Both curves were linear, validating that the colorimetric readings are proportional to cell numbers. Intriguingly, the slope of the curve for *Cnr1<sup>-/-</sup>/Cnr2<sup>-/-</sup>* TS cells is greater than that of the WT TS cells, indicating *Cnr1<sup>-/-</sup>/Cnr2<sup>-/-</sup>* TS cells have more mitochondria reductase than WT TS cells. These results demonstrate that *Cnr1<sup>-/-</sup>/Cnr2<sup>-/-</sup>* TS cells are more metabolically active than WT TS cells.

Endocannabinoid signaling has been shown to be present in human and rat placentas (158, 177). The conserved presence of the endocannabinoid system in



placenta indicates its role in placentation. However, it was not clear how endocannabinoid signaling regulates placentation. Using the mouse model, we show here that endocannabinoid signaling is capable of interfering with the fate of mouse TS cell differentiation, and that aberrant endocannabinoid signaling causes defective placental development and higher incidence of fetal resorptions in midgestation. Our studies on endocannabinoid signaling in the mouse placenta may shed some light on potential endocannabinoid studies in humans.

## CHAPTER IV

### CLOSING REMARKS

More and more lipid molecules are being revealed as indispensable components of different biological signaling pathways. Some of these lipid mediators are found to be critical in coordinating events of early pregnancy. Our laboratory has demonstrated that appropriate endocannabinoid signaling is critical to preimplantation embryo development, their timely homing into the receptive uterus and on-time implantation (10-12). My work has added new dimensions to the role of endocannabinoid signaling by extending its role in sperm function in the context of fertilization in male reproduction and placentation in female reproduction.

In males, the components of the endocannabinoid system are found in the testis and epididymis. To study the effect of marijuana in reproductive functions in chronic marijuana users, I have characterized male reproductive phenotypes in mice with genetic loss of *Faah*. In these mice, the levels of anandamide in the testis and epididymis are elevated, mimicking long-term exposure to marijuana. The aberrant endocannabinoid signaling compromises the fertilizing capacity of sperm. Retention of *Faah*<sup>-/-</sup> sperm on the egg zona-pellucida provides evidence that sperm's capacity to penetrate the zona barrier is dampened. Furthermore, we showed this defect is rescued by superimposing deletion of *CNR1*, indicating

the endocannabinoid signaling on sperm is mediated by CNR1. Men who smoke marijuana frequently have significantly less seminal fluid, a lower total sperm count and their sperm behave abnormally, all of which may affect fertility adversely. My studies may provide therapeutic targets to improve male fertility.

In females, our lab's previous studies demonstrated the roles of endocannabinoid signaling in preimplantation embryo development and oviductal transportation. My work expands our understanding to midgestation in pregnancy. Previous studies in our lab showed the endocannabinoid system was present in embryos, and my work revealed that the expression of CNR1 and FAAH is retained in trophoblast stem cells and spongy cells during placentation. In addition, the endocannabinoids are also actively synthesized in placenta. Using mice deficient of CNR1, we showed endocannabinoid signaling via CNR1 is required for TS cells to appropriately differentiate into spongiotrophoblast and trophoblast giant cells. CNR1 deficient TS cells are biased to differentiate into trophoblast giant cells. In addition, CNR1 mediated endocannabinoid signaling via the PI3K-AKT pathway also regulates TS cell proliferation.

Genetically manipulated mouse models studied to date are not totally infertile, indicating the role of endocannabinoid signaling is complimentary to fertility regulation. However, my work, together with previous studies, demonstrates endocannabinoid signaling has various roles in different physiological processes in both male and female reproduction. The fact that it is present in different

animal species further proves that evolutionarily conserved lipid signaling is important for reproduction. Further studies are needed to reveal additional functions of endocannabinoid signaling in reproduction and other physiological processes.

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