

PARK7/DJ-1 in Gut-Brain Axis Diseases

Subjects: [Medicine](#), [Research & Experimental](#)

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Parkinson's disease 7 (PARK7/DJ-1) is a multifunctional protein whose protective role has been widely demonstrated in neurodegenerative diseases, including PD, AD, or ischemic stroke. Recent studies also revealed the importance of PARK7/DJ-1 in the maintenance of the gut microbiome and also in the regulation of intestinal inflammation. All these findings suggest that PARK7/DJ-1 may be a link and also a potential therapeutic target in gut and brain diseases.

PARK7/DJ-1

gut-brain axis

inflammatory bowel diseases

Crohn's disease

ulcerative colitis

neurodegenerative disorders

Parkinson's disease

Alzheimer's disease

blood-brain barrier

oxidative stress

1. Introduction

There is a growing awareness within the medical and scientific communities about the frequent co-occurrence of gastrointestinal and neurodegenerative disorders.

Indeed, over the past few years, numerous epidemiological and experimental studies have demonstrated that inflammatory bowel diseases (IBD) or celiac disease (CeD) increase the risk of neurodegenerative disorders, including Parkinson's (PD) or Alzheimer's (AD) diseases ^[1]. This pathologic crosstalk between the two organs was described as the "gut-brain axis" (GBA) and is suggested to be regulated through systemic inflammatory and neuronal pathways ^[2]. IBD, the chronic inflammation of the small and/or large intestine, is characterized by inappropriate activation of the immune response against environmental factors and gastrointestinal dysbiosis resulting in local and systemic inflammation in genetically susceptible individuals ^[3]. As a result of the intestinal inflammation, plenty of intestine-derived inflammatory mediators, including cytokines and bacterial products, spread via the circulation ^[2]. It has been suggested that some of these factors can disrupt the blood-brain barrier (BBB), which is a selectively permeable border of the brain microvascular endothelial cells that protect the central nervous system (CNS) against the circulating toxins and pathogens ^[4]. The impaired BBB then allows the passage of intestine-derived factors to enter the brain thus inducing inflammation and neurodegenerative changes. This is what we call the systemic inflammatory pathway of GBA.

Besides the systemic pathway, however, the existence of a neural pathway is also suggested. Recent experimental results demonstrated that intestinal inflammation leads to increased local alpha-synuclein (α -syn) expression that

can be transported retrogradely through the nervus vagus from the gut to the brain thereby facilitating the onset of PD [5]. However, the knowledge about the role of nervus vagus in GBA crosstalk is sparse.

In the past decade, the role of Parkinson's disease 7 (PARK7/DJ-1) has been demonstrated in neurodegenerative diseases [6]. Indeed, the mutation altering the amount or function of PARK7/DJ-1 leads to the rare, autosomal recessive juvenile form of PD [7]. It has been shown that neuronal cells are more vulnerable to oxidative stress in the absence of PARK7/DJ-1 and the decreased expression of PARK7/DJ-1 leads to a toxic accumulation of misfolded proteins, including α -syn leading to neuronal apoptosis [6]. In addition, pharmacological activation of PARK7/DJ-1 was neuroprotective in animal models of PD, AD, and ischemic stroke, as well [8][9].

2. Gut-Brain Axis

2.1. Epidemiological Evidence of a Gut-Brain Axis

IBD, including Crohn's disease (CD) and ulcerative colitis (UC), affects more than 6.8 million people worldwide with a constantly growing prevalence [10]. It is well known that besides the gastrointestinal manifestations of IBD it can also affect the musculoskeletal system and the skin [11]. More recent epidemiological data also suggest a pathological crosstalk between intestinal inflammation and the development of neurodegenerative disorders, including PD and AD. Indeed, Lin et al. were the first who demonstrated the associations between the development of PD and IBD in a retrospective cohort study [12]. They found that IBD was associated with a 35% increased risk of PD. Within a few years, numerous independent large cohort studies confirmed their original observation. A Danish study demonstrated that IBD patients have a 22% increased risk of PD as compared with non-IBD individuals [13]. Similarly, a Swedish and an American study also found an increased PD hazard ratio in IBD patients compared to controls [14][15]. Also, the meta-analysis of Zhu et al. showed that CD and UC increase the risk of PD by nearly 30% compared to controls [16]. In accordance with the above studies, a South Korean cohort study showed that IBD patients were at a 1.87 times higher risk for PD than controls, respectively [17].

Similar to PD, epidemiological studies also revealed an increased risk of AD and dementia in patients with IBD. A meta-analysis by Fu et al. demonstrated that the risk of AD was increased by 52% in patients with gastrointestinal pathologies [18]. In addition, a recently published population-based cohort study demonstrated that the overall incidence of dementia among patients with IBD was significantly elevated (5.5% vs. 1.4% among controls) [19].

Although it is still not clear how intestinal diseases affect the development of CNS diseases, some previous epidemiological observations suggest that the systemic spreading of intestinal inflammation may be involved in the pathological crosstalk between the two organs. Indeed, a study of Peter et al. demonstrated that anti-tumor necrosis factor (TNF- α) therapy of the patient with IBD reduced the incidence of PD by 78%, as well [14]. Moreover, a South Korean study found that in IBD patients receiving anti-TNF therapy did not develop PD, and corticosteroid therapy also reduced the risk of PD by 92% among CD patients [17]. Moreover, a lower risk of PD was demonstrated in IBD patients treated with anti-inflammatory mesalazine or its derivative sulfasalazine [20].

Besides IBD, the role of CeD and gluten sensitivity has been suggested in the development of neurological and psychiatric disorders, including epilepsy, anxiety, depression, autism, and schizophrenia, as well [21]. Although the knowledge is sparse it is easy to accept that, similarly to IBD, the systemic spreading of inflammation may contribute to the development of CNS diseases.

All of these epidemiological observations support the theory of the so-called "gut-brain axis", in which the gastrointestinal alterations contribute to the development of CNS diseases, possibly through inflammatory mechanisms.

2.2. Experimental Evidences of Gut Brain-Axis

Besides the epidemiological observations, numerous experimental studies, using animal models of UC and CD, have demonstrated that gastrointestinal inflammation may affect the brain. In these experimental models, the chemical agent 2,4,6- trinitrobenzene sulfonic acid (TNBS) or dextran sodium sulfate (DSS) were used to induce local, human IBD-like inflammation in the intestine of the mice [22][23]. These data demonstrated that intestinal inflammatory processes induce PD and AD-related pathological changes in the brain, including increased BBB permeability, neuro-inflammation, α -syn aggregation, and dopaminergic loss [24][25][26].

These experimental results are in accordance with the epidemiological observations suggesting that intestinal inflammation can induce PD and AD-associated pathological alterations in the CNS. The relevant experimental evidences demonstrating the GBA crosstalk were summarized in **Table 1**.

Table 1. Experimental results demonstrating the pathological crosstalk between the gut and brain.

Animal Model of IBD	Effect on the CNS	Refs.
TNBS-induced colitis in rabbit	Increased blood-brain barrier permeability	Hathaway et al. [27]
TNBS-induced colitis in rat	Elevated blood-brain barrier permeability and reduced endothelial barrier antigen expression	Natah et al. [28]
	Increased interleukin IL-6 expression in the hypothalamus and cerebral cortex	Wang et al. [29]
DSS-induced colitis in mouse	Elevated TNF- α , IL-1 β , and IL-6 expression in the substantia nigra	Villarán et al.

Animal Model of IBD	Effect on the CNS	Refs.
		[30]
	Increased TNF- α and IL-6 expression in the cortex and decreased TJ protein occludin and claudin-5 in the brain	Han et al. [31]
	Increased nigral level of IL-1 β and dopaminergic neuron death	Garrido Gil et al. [32]
	Increased COX-2 expression in the hippocampus and hypothalamus	Do et al. [33]
	α -syn aggregation in the midbrain	Grathwohl et al. [34]
	Microglial polarization into M1 and M2 phenotype in the medial prefrontal cortex	Sroor et al. [35]
	Increased IL-1 β , IL-6, TNF- α and IL-10 expression in the hippocampus	Gampierakis et al. [36]
	NLRP3 activation, amyloid plaque accumulation, and apoptosis in hippocampus, Cortex	He et al. [37]
	Elevated IL-1 β and TNF- α expression in the brain	Talley et al. [38]
	Increased microglia and astrocyte activation and loss of dopaminergic neurons in the substantia nigra pars compacta after PD inducing MPTP treatment	Gil-Martínez et al. [39]
	Increased neurotoxic effect of MPTP treatment	Houser et al. [40]
1. Brudek, T. <i>Inflammation</i> 2017, 19, 9, S331–S344.		

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3. **PARK7/DJ-1** in inflammatory bowel disease: Pathogenesis. *World J. Gastroenterol.* 2014, 20, 91–99.

PARK7/DJ-1 is an evolutionarily conserved 20 kDa protein that forms homodimers and is composed of 189 amino acids. Galea, J. The blood–brain barrier in systemic infection and inflammation. *Cell. Mol. Immunol.* 2021, 18, 2489–2501.

oxidative statuses (Cys106-SH/-SOH/-SO₂H/-SO₃H) that affects its three-dimensional structure and thereby its function. *Cell. Mol. Immunol.* 2021, 18, 2489–2501.

4. Galea, J. The blood–brain barrier in systemic infection and inflammation. *Cell. Mol. Immunol.* 2021, 18, 2489–2501.

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15. Weimers, P. A.; Halvorsen, P. A.; Park, D. M. C.; Saunders, P. W. M.; Rn; Ludvigsson, J. F.; Peters, B. J.; Oles, J. O. Inflammatory Bowel Disease and Parkinson's Disease: A Nationwide Swedish Cohort Study. *Inflamm. Bowel Dis.* 2019, **25**, 111–120. The protective effect of the administration of recombinant PARK7/DJ-1 was demonstrated in the rodent model of 6-hydroxydopamine (6-OHDA) and MG-132 treatment-induced PD [61]. Furthermore, it has been demonstrated that pharmacological protection of PARK7/DJ-1 against overoxidation preserves its antioxidant properties. Indeed, Miyazaki et al. and Kitamura et al. identified small molecule compounds, including UCP0054277, UCP0054278, and Compound 23 (Comp23), that can bind to the C106 region of PARK7/DJ-1 and keep it in reduced, biologically active form [62]. The protective effects of these compounds against oxidative stress were confirmed in hydrogen peroxide (H₂O₂) treated wild-type and PARK7/DJ-1-knockdown SH-SY5Y neuronal cells [8][62][63]. In further experiments, they also demonstrated that administration of UCP0054278 and/or Comp23 suppressed the loss of dopaminergic neurons and motor dysfunction in an animal model of 6-OHDA or rotenone-induced PD [8][53]. Glyoxalase activity of PARK7/DJ-1 in neuroprotection may also be of great importance since AGEs have been suggested to contribute to the development of neurodegenerative diseases. Indeed, glycation-mediated AGE formation has been reported in the Lewy bodies in PD patients [64]. The relationship between AGEs and PD could be due to the ability of AGEs to cross-link α-syn, as has been shown using in vitro studies [65].

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They demonstrated that overexpression of PARK7/DJ-1 ameliorated mutant Htt toxicity in a yeast and *Drosophila* model of HD, suggesting the importance of the chaperoning activity of PARK7/DJ-1 in vivo. Their results also demonstrated that mild oxidation of PARK7/DJ-1 at cysteine 106 is required for its chaperone function;

27. Hathaway, C.A.; Appleyard, C.B.; Reilly, M.H.; Williams, D.A. Experimental colitis increases blood-brain barrier permeability in rabbits. *Am. J. Physiol.-Gastrointest. Liver Physiol.* 1999, 276, G1174–G1180.

4.5. Role of PARK7/DJ-1 in Ischemia-Reperfusion Induced Brain Injury

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The importance of PARK7/DJ-1 has also been demonstrated in the ischemic-reperfusion injury of the brain. Indeed,

29. Wang, K.; Yuan, C.-P.; Wang, W.; Yang, Z.-Q.; Cui, W.; Mu, L.-Z.; Yue, Z.-P.; Yin, X.-L.; Hu, Z.-M.; Liu, J.-X. Expression of interleukin 6 in brain and colon of rats with TNBS-induced colitis. *World J. Gastroenterol.* 2010, 16, 2252–2259.

intrastriatal injection of recombinant human PARK7/DJ-1 markedly reduced infarct size after middle cerebral artery occlusion of rats and protected SH-SY5Y against H₂O₂-induced apoptosis [60]. PARK7/DJ-1 deficient animals produced a significantly larger infarct size in the animal model of Endothelin-1 induced stroke compared to wild-type controls [70].

30. Villarán, R.F.; Espinosa-Oliva, A.M.; Sarmiento, M.; De Pablos, R.M.; Argüelles, S.; Delgado-Cortés, M.J.; Sobrino, V.; Van Rooijen, N.; Venero, J.J.; Herrera, A.J. Ulcerative colitis exacerbates lipopolysaccharide-induced damage to the nigral dopaminergic system: Potential risk factor in Parkinson's disease. *J. Neurochem.* 2010, 114, 1687–1700.

On the contrary, the administration of ND13 corresponding to the 13-N-terminal amino acids of PARK7/DJ-1 was shown to improve motor function after ischemic injury [71]. Similarly, PARK7/DJ-1 binding Comp23 reduced the infarct size of cerebral ischemia in rats [8][63][72].

5. Role of PARK7/DJ-1 in the Pathogenesis of

Gastrointestinal Diseases

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In addition to the previously discussed effects of PARK7/DJ-1 in the pathomechanism of CNS diseases, its role in

the disease of other organs including the heart [73][74][75], lung [76][77] and intestine [68][78][79][80][81][82][83][84] was recently studied.

32. Garrido-Gil, P.; Rodríguez-Pérez, A.I.; Domínguez-Mejide, A.; Guerra, M.J.; Labandeira-García, J.L. Bidirectional Neural Interaction Between Central Dopaminergic and Gut Lesions in

Parkinson's Disease Models. *Mol. Neurobiol.* 2018, 55, 7297–7316.

33. Do, J.; Woo, J. From Gut to Brain: Alteration in Inflammation Markers in the Brain of Dextran Sodium Sulfate-Induced Colitis Model Mice. *Clin. Psychopharmacol. Neurosci.* 2018, 16, 422.

First, the genome-wide association (GWA) study of Dubois et al. involving 4533 coeliac disease cases and 10750 controls suggested that the genomic region of the short arm of chromosome 1 containing the PARK7/DJ-1 gene and also that of TNF Receptor Superfamily Member 9 (TNFRSF9) is strongly associated with the risk of coeliac disease [85]. A year later, in 2011, another GWA study comprising 6687 cases with ulcerative colitis (UC) and 19718 controls prepared by Anderson et al. revealed that the 1p36 chromosomal region, containing TNFRSF9, ERFF11, UTS2, and PARK7/DJ-1 genes, is associated with a higher risk of UC [82].

35. Sroor, H.M.; Hassan, A.M.; Zenz, G.; Valadez-Cosmes, P.; Farzi, A.; Holzer, P.; El-Sharif, A.; Gomaa, F.A.; Z.M.; Kargl, J.; Reichmann, P. Experimental colitis reduces microglial cell activation in the mouse brain without affecting microglial cell numbers. *Sci. Rep.* 2019, 9, 20217.

Not long after this, Lee et al. demonstrated that cDJB-1.1, the *C. elegans* homolog of the human PARK7/DJ-1 is expressed in the intestine of the worms. In addition, their results showed that lack of cDJB-1.1 makes the worms vulnerable to glyoxal-induced intestinal toxicity, giving the first in vivo evidence suggesting the protective role of PARK7/DJ-1 in intestinal pathology [68].

36. Gampierakis, I.-A.; Koutmani, Y.; Semitekolou, M.; Morianos, I.; Polissidis, A.; Katsouda, A.; Charalampopoulos, I.; Xanthou, G.; Gravanis, A.; Karalis, K.P. Hippocampal neural stem cells and microglia response to experimental inflammatory bowel disease (IBD). *Mol. Psychiatry* 2021, 26, 1248–1263.

The first direct human evidence suggesting the possible role of PARK7/DJ-1 in the pathomechanism of small

37. He, X.F.; Li, L.L.; Xian, W.B.; Li, M.Y.; Zhang, L.Y.; Xu, J.H.; Pei, Z.; Zheng, H.Q.; Hu, X.Q. intestinal diseases was the study of Vörös et al. [78]. In this study, the researchers' research group demonstrated

Chronic colitis exacerbates NLRP3-dependent neuroinflammation and cognitive impairment in the increased mRNA expression and protein level of PARK7/DJ-1 in the small intestinal mucosa of patients with middle-aged brain. *J. Neuroinflamm.* 2021, 18, 153.

untreated coeliac disease. In this study, the researchers found that PARK7/DJ-1 immunopositivity is present in the epithelial cells of the duodenal crypt, and also in the lamina propria of duodenal biopsies derived from therapy-

38. Talbot, S.; Valiente, M.; Anderson, V.; Cannon, A.R.; Choudhry, M.A.; Campbell, E.M. DJ-1-deficient mice are resistant to the colitogenic and proinflammatory signals of the brain that is a mechanism of ameliorated by prophylactic treatment with the S100A9 inhibitor paquinimod. *J. Neuroinflamm.* 2021, 18, 263.

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40. Houser, M.C.; Caudle, W.M.; Chang, J.; Kannarkat, G.T.; Yang, Y.; Kelly, S.D.; Oliver, D.; Joers, V.; Shannon, K.M.; Keshavarzian, A.; et al. Experimental colitis promotes sustained, sex-dependent, T-cell-associated neuroinflammation and parkinsonian neuropathology. *Acta Neuropathol. Commun.* 2021, 9, 139.

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42. Kiss, R.; Zhu, M.; Jojart, B.; Czajlik, A.; Solt, K.; Forizs, B.; Nagy, E.; Zsila, F.; Beke-Somfal, T.; Tóth, G. Structural features of human DJ-1 in distinct Cys106 oxidative states and their relevance to its loss of function in disease. *Biochim. Biophys. Acta (BBA)-Gen. Subj.* 2017, 1861, 2619–2629.

5.4. The Role of PARK7/DJ-1 in Intestinal Dysbiosis

A recent publication of Singh et al. investigated the effect of PARK7/DJ-1 deficiency on the intestinal microbiome of mice. They investigated the effect of PARK7/DJ-1 deficiency and dysbiosis in mice of the intestine by analysis of fecal samples showed that overall composition of the microbiome did not differ between PARK7/DJ-1^{-/-} and PARK7/DJ-1^{+/+} mice at the phylum level. However, calculation of the F/B ratio showed that it decreased significantly in PARK7/DJ-1^{-/-} mice compared to PARK7/DJ-1^{+/+} mice, suggesting the functional role of PARK7/DJ-1 on the composition of the intestinal microbiome. The deeper analysis of the data compound no. 23 against neuronal cell death in MPTP-treated mouse model of Parkinson's disease. *J. Pharmacol. Sci.* 2015, 127, 305–310.

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Finally, since the association of the intestinal microbiome and also that of PARK7/DJ-1 with neurodegenerative diseases is well known, they investigated the molecular biological changes in the midbrain of PARK7/DJ-1^{-/-} mice

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6. Role of PARK7/DJ-1 in GBA Diseases

DJ-1 promotes colorectal cancer progression through activating PLAGL2/Wnt/BMP4 axis. *Cell*

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Based on the current knowledge, it is assumed that PARK7/DJ-1 represents a molecular link between intestinal

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54. As intestinal-derived inflammatory factors can reach the BBB and impair its integrity, the inflammation can also spread also to the brain. The increased presence of inflammatory mediators induces the inflammation of CNS and may also alter the synthesis and function of PARK7/DJ-1 itself in the brain (Figure 1). Indeed, it has been shown

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may induce its degradation (Table 2). Also, the oxidative stress is an important factor that regulates the synthesis and function of PARK7/DJ-1 in the brain. Moreover, oxidative stress has been demonstrated to play a key role in

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Figure 1. The role of PARK7/DJ-1 in GBA diseases. PARK7/DJ-1, through its antioxidant, anti-inflammatory, glyoxalase, and scavenger activity, protects intestinal epithelial cells, vascular endothelial cells, and BBB endothelial cells from oxidative stress and inflammation. Inflammation and oxidative stress are shown to be negative regulators of PARK7/DJ-1. The diagram illustrates the gut-brain axis with intestinal epithelial cells on the left and BBB endothelial cells on the right. A central vessel represents the systemic circulation. Arrows indicate the flow of inflammatory effectors and oxidative stress from the gut to the brain. A box labeled 'PARK7/DJ-1' with a downward arrow is shown in the brain, indicating its role in mitigating these effects. A legend at the bottom identifies the cell types: yellow for intestinal epithelial cells, pink for vascular endothelial cells, and red for BBB endothelial cells.

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Molecule	Effect on PARK7/DJ-1	Tissue or Cell Type	Refs.
Negative regulators of PARK7/DJ1			
H ₂ O ₂	Overoxidation	Human brain	[42][43]
p53	Reduced expression	mouse embryonic fibroblasts	[87]

Molecule	Effect on PARK7/DJ-1	Tissue or Cell Type	Refs.
BAG5	Decreased stability	HEK293 human embryonic kidney	[88]
MMP-3	Proteomic fragmentation	CATH.a mouse neuronal	[89]
LPS	Reduced expression	HT-29 human colonic adenocarcinoma	[90]
TNF-α	Reduced expression	HT-29 human colonic adenocarcinoma	[90]
TGF-β	Reduced expression	HT-29 human colonic adenocarcinoma	[90]
miR-128-3p	Reduced expression	Human hepatocellular carcinoma	[91]
miR-494	Reduced expression	3T3-L1 mouse adipocytes and Neuro-2a neuroblastoma	[92]
miR-203	Reduced expression	SW1990/DDP human pancreatic cancer cells	[93]
Positive regulators of PARK7/DJ1			
STAT5A	Increased expression	human leukemic pre-B	[94]
SG2NA	Protection from degradation	Neuro2a neuroblastoma	[95][96]
IL-17	Increased expression	HT-29 human colonic adenocarcinoma	[90]
H ₂ O ₂	Increased expression	HT-29 human colonic adenocarcinoma	[90]

PARK7/DJ-1 similarly to its effects in the gut has great importance in the protective mechanisms of the brain. damage. *J. Nutr. Biochem.* 2014, 25, 1045–1057.

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