

Clinical significance of Cofilin-1 in Early Prediction of Type 1 Cardiorenal Syndrome

Ahmed Mohamed Abd-el-Rahim Abd-el-Kader^{1*}, Mabrouk Ibrahim Ismail², Walid Afify², Nafesa Mohammed Kamal², Hanan Abdelsalam Ali Samour², Fatima Al Taher Taha Morsi²

¹Internal Medicine Department, Al-Ahrar Teaching Hospital, General Organization for Teaching Hospitals and Institutes (GOTHI), Egypt

²Internal Medicine & Nephrology Department, Faculty of Medicine - Zagazig University

***Corresponding author:** Ahmed Mohamed Abd-el-Rahim Abd-el-Kader

Email: ahmed.abdelr7em10@gmail.com,

Abstract:

Type 1 cardiorenal syndrome (CRS) is a severe complication for acute decompensated heart failure patients. This review aimed at evaluating the feasibility of using urine cofilin-1 as a biomarker for predicting CRS.

Keywords: Cofilin-1, Cardiorenal Syndrome, cardiac.

Introduction:

The organization of cell populations within animal tissues is essential for the morphogenesis of organs during development. Cells recognize three-dimensional positions with respect to the whole organism, and regulate cell shape, motility, migration, polarization, growth, differentiation, gene expression, and cell death according to extracellular signals. These signals include various soluble factors and molecules that direct cell–cell and cell–substrate adhesion. Remodeling of the actin cytoskeleton is essential for these cellular responses and morphological changes, and must be regulated spatially and temporally by a number of complex signaling pathways (1).

The roles of regulators of the actin cytoskeleton and its signaling pathways during tissue development and organ morphogenesis have been actively studied in recent years. The cofilin/actin-depolymerizing factor (ADF) family proteins (cofilin) are conserved from yeast to human. Cofilin, one of the essential actin regulating proteins, binds to both monomeric globular (G)-actins and filamentous (F)-actins, and severs the F-actin, which causes the depolymerization of the F-actin (2).

Since cofilin has a higher affinity for ADP-bound actin filaments than ATP-bound filaments, the “aged” actin filaments are selectively disassembled. These activities are essential for generating actin cytoskeleton dynamics in cells. It has been found that the activity of cofilin is spatiotemporally regulated by phosphorylation, lipid binding, and the binding proteins downstream of various signaling pathways. LIM-kinases and Slingshot phosphatases phosphorylate and dephosphorylate cofilin, respectively. The level of phosphorylation of cofilin in cells is altered dynamically during various cellular responses, and the change in the phosphorylation level is critical for the regulation of actin cytoskeleton dynamics (3).

Structure and regulation of cofilin:

Cofilin was purified and identified as a 20-kDa protein, which induces depolymerization of actin filaments in an extract from avian or porcine brain. The cofilin family is composed of non-muscle type cofilin-1 (also named n-cofilin), muscle type cofilin-2 (also named m-cofilin) and actin depolymerizing factor (ADF, also named destrin) in mammals (4).

At least one cofilin protein exists in all eukaryotic cells. Cofilins are globular proteins with a core consisting of four or five β -sheets, which is surrounded by four or five helices. Cofilin amino acid sequence and structure are highly conserved from human to yeast (5).

The ADF-homology (ADF-H) domain, which contains a homologous sequence to cofilin, is conserved in five actin-related protein families, including twinfilin, coactosin actin-binding protein 1 (ABP1), drebrin, and glia maturation factor-like protein (GMF). Although these proteins exhibit actin or actin-related protein 2/3 (Arp2/3) complex binding activities, they do not have actin depolymerizing and severing activities, except for yeast twinfilin. The functions of the ADF-H domain diversified during evolution (4).

Cofilin preferentially binds to ADP-bound F-actin and destabilizes and severs the actin filaments, resulting in depolymerization of the short actin filaments (figure 1). One of the roles of the actin severing activity of cofilin is to generate free actin monomers for polymerization (6).

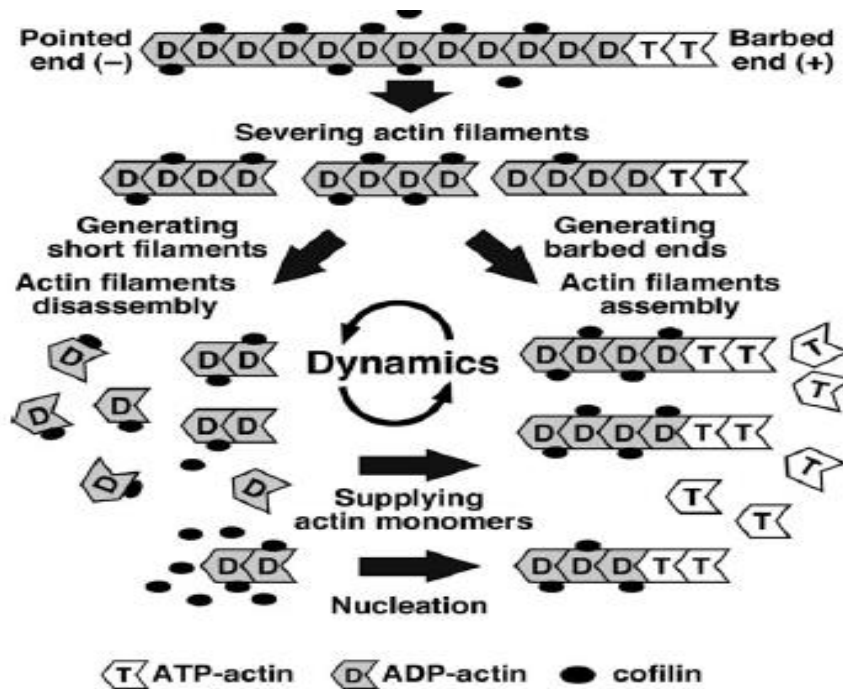


Figure (1): Model of the actin assembly and disassembly by cofilin. Cofilin preferentially binds to ADP-bound actin in an actin filament and severs the actin filament into short filaments. In one pathway, the short filaments are depolymerized and regenerated to ATP-bound actin monomers. The regenerated actin monomers contribute to assembly of the actin cytoskeleton by increasing the concentration of actin monomers. In an alternate pathway, the short filaments contribute to increasing the barbed ends and nuclei for actin polymerization. In other pathways, the high concentration of cofilin promotes the nucleation of actin, leading to actin assembly. Cofilin promotes the dynamics of the actin cytoskeleton by disassembling actin filaments and by supplying actin monomers, nuclei, and barbed ends.

Cofilin promotes both actin filament disassembly, by severing, and actin polymerization, by supplying actin monomers, resulting in enhanced dynamics of the actin cytoskeleton. An alternative model was proposed in which the severing activity of cofilin generates short filaments and new barbed ends for actin assembly. Furthermore, it was proposed that the high concentration of cofilin promotes the nucleation of actin, leading to actin assembly (7).

When the cellular morphology changes, cofilin promotes the generation of actin monomers, nuclei, and newly barbed ends for the assembly of actin structures such as lamellipodia, filopodia, and stress fibers, and also promotes the turnover of these structures. In contrast, the inactivation of cofilin in response to extracellular signals decelerates the actin turnover and contributes to the assembly of actin structures (8).

Cofilin activity is regulated by several molecular mechanisms (figure 2). Cofilin is inactivated by phosphorylation at an N-terminal Serine-3 (Ser-3) residue, and by the binding of phosphatidylinositol 4,5-bisphosphate (PI (4,5)P₂) and cortactin. Likewise, cofilin is activated by actin-interacting protein-1 (Aip1) and cyclase-associated protein-1 (CAP1) (9).

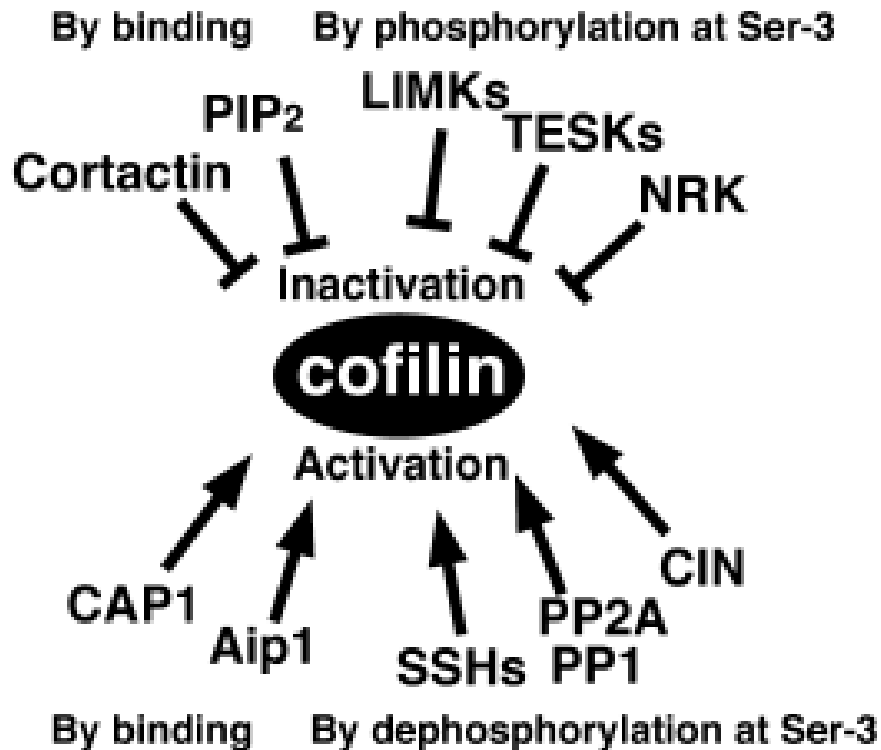


Figure (2): The regulatory molecules of cofilin activity. Cofilin is phosphorylated and inactivated by LIM-kinases (LIMKs), testicular protein kinases (TESKs), and Nck-interacting kinase (NIK)-related kinase (NRK), and by binding of PIP₂ and cortactin. In contrast, cofilin is dephosphorylated and reactivated by slingshot protein phosphatases (SSHs), PP1, PP2A, and chronophin (CIN). Cofilin is also activated by the binding of Aip1 and CAP1.

The phosphorylation level of cofilin is regulated by a number of extracellular signals. Cofilin is phosphorylated at Ser-3 by several kinases. The major kinases of cofilin in mammals are LIM-kinase family proteins, which consist

of LIM domain containing protein kinase 1 (LIMK1), LIMK2, Testicular protein Kinase 1 (TESK1), and TSK2. Nck-interacting kinase (NIK)-related kinase (NRK) also phosphorylates cofilin (10).

On the other hand, cofilin is dephosphorylated by members of the Slingshot (SSH) protein phosphatase family, which includes SSH1, SSH2, and SSH3 in mammals. It was also reported that the haloacid dehalogenase, chronophin (CIN), and the general protein phosphatases, protein phosphatase1 (PP1) and protein phosphatase 2A (PP2A), also dephosphorylate cofilin (3).

Although, cofilin is found in all eukaryotes, from yeast to human, including plants, orthologous LIMK and SSH genes are not found in yeast, *Caenorhabditis elegans* (*C. elegans*), *Dictyostelium*, or in plants. The phosphoregulation of cofilin may have evolved as a mechanism for actin cytoskeleton reorganization during complex multicellular processes in some higher-level organisms (3).

Signal transduction-mediated phosphoregulation of cofilin:

A number of studies have investigated the functions of LIMKs and SSHs, and their respective signaling pathways, during the response to extracellular signals. LIMK1 was discovered while cloning the c-Sea receptor tyrosine kinase from a human cDNA library. The other members, LIMK2, TSK1, and TSK2 were cloned by low-stringency DNA hybridization, using the LIMK1 cDNA as a probe (11).

The LIMK proteins contain tandem, N-terminal LIM domains, which contain Zn-finger motifs, an internal PDZ-like domain and a C-terminal protein kinase domain (figure 3). The TSK proteins are related to the LIMKs and contain the highly homologous kinase domain of LIMKs at the N-terminus and a unique C-terminal proline-rich domain (11).

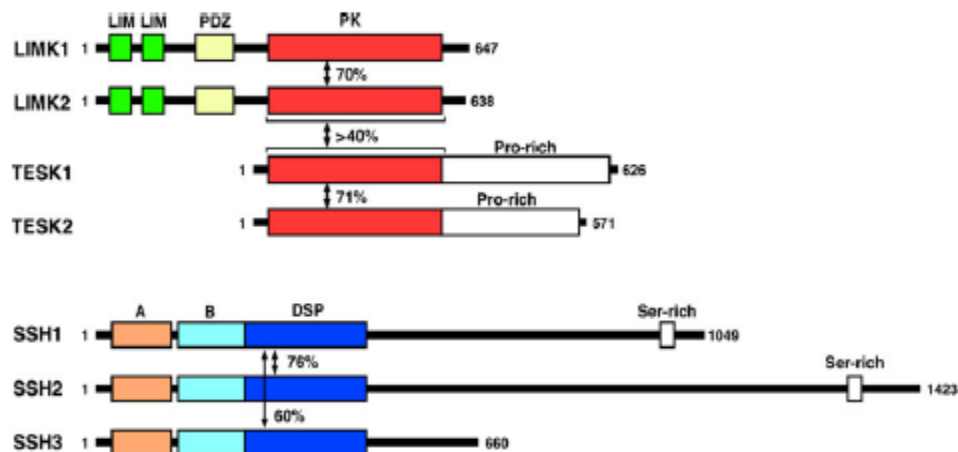


Figure (3): Structures of human LIM-kinases (LIMKs), testicular protein kinases (TESKs), and slingshot protein phosphatases (SSHs). The numbers on both sides of the schemata indicate the length of the amino acid sequences of the LIMKs and SSHs. The percentages indicate the identities of amino acid sequences in the kinase domains. LIM, LIM domain; PDZ, PDZ domain; PK, protein kinase domain; Pro-rich, proline-rich region; A and B, N-terminal conserved domains in SSHs; DSP, dual specificity protein phosphatase domain; Ser-rich, Serine-rich region.

LIMKs and TESKs phosphorylate cofilin at Ser-3 and inactivate its actin binding activity. LIMK1 is activated and contributes to lamellipodia or stress fiber formation downstream of Rho signaling. LIMKs are phosphorylated at a conserved threonine residue (Thr-508 in human LIMK1 or Thr-505 in human LIMK2) in the activation loop of the kinase domain and activated by Rho-associated kinase (ROCK), p21-activated kinase-1, -2, -4 (PAK1, PAK2, and PAK4), and myotonic dystrophykinase-related Cdc42-binding kinase-a (MRCKa) (12), which are downstream effectors of RhoA, Rac1 and Cdc42, respectively (figure 4). LIMK1 is also activated downstream of Ca²⁺-signaling. LIMK1 is phosphorylated at the same Thr-508 residue by Ca²⁺/calmodulin-dependent protein kinase (CaMK) II and IV (13).

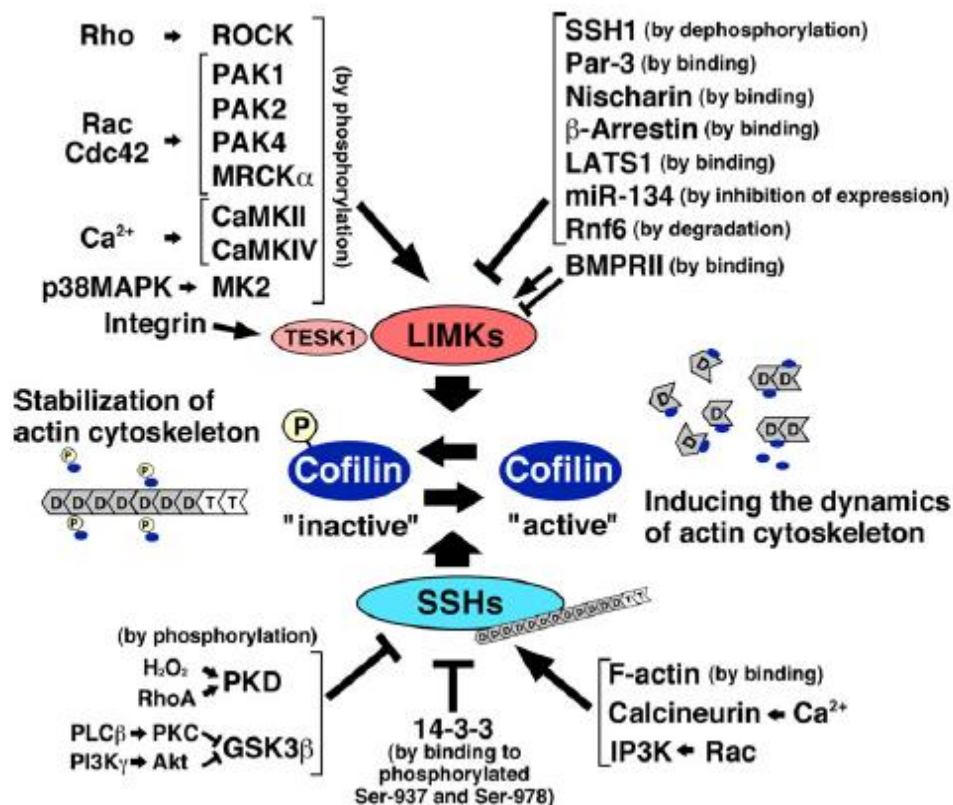


Figure (4): The regulatory mechanisms of LIM-kinases (LIMKs), testicular protein kinases (TESKs), and slingshot protein phosphatases (SSHs). LIMKs are phosphorylated and activated by the indicated upstream kinases (upper left) and are inactivated by molecules with their indicated actions (upper right). TESK1 is activated downstream of an integrin signal. SSHs are activated and inactivated by the indicated molecules (bottom). Activation of LIMKs and inactivation of SSHs stabilize the actin cytoskeleton, and, conversely, inactivation of LIMKs and activation of SSHs accelerate the dynamics of the actin cytoskeleton via a mechanism that corresponds to the dephosphorylation of cofilin.

Another phosphorylation site for the activation of LIMK1 has been identified. LIMK1 is phosphorylated at the Ser-323 residue by p38 mitogen-activated protein kinase (MAPK)-activated protein kinase-2 (MAPKAPK-2/MK2) downstream of p38-MAP kinase in response to vascular endothelial growth factor (VEGF) in vascular endothelial cells. BMP signal also regulates LIMK1 activity. Bone morphogenic protein (BMP)-4 and -7 stimulation activates LIMK1 (14).

However, two groups reported opposite mechanisms. **Foletta et al. (15)** reported that binding of LIMK1 to the cytoplasmic C-terminal domain of BMP receptor II (BMPRII) inhibits LIMK1 and that LIMK1 is activated when released from BMPRII by the binding of BMP4 to BMPRII. **Lee-Hoeflich et al. (16)** reported that LIMK1 binds to the cytoplasmic domain of BMPRII and is activated downstream of Cdc42 when BMP7 activates Cdc42 through BMP receptor I.

In both models, LIMK1 is activated by the BMP stimulation. In contrast, LIMK1 is inactivated by several mechanisms. LIMK1 is dephosphorylated and inactivated by Slingshot-1 phosphatase. LIMKs are also inactivated by the binding of polarity protein Par-3, Nischarin, b-arrestin, and the tumor suppressor protein, LATS1. The degradation of LIMK1 by the ubiquitin-proteasome system is induced by the RING finger E3 ubiquitin ligase, Rnf6. The translation of LIMK1 protein is posttranscriptionally suppressed by the microRNA, miR-134 (17).

TESK1 is activated by integrin-mediated cell adhesion to the extracellular matrix. Although TESKs are predominantly expressed in the testes, the functions and the regulatory mechanisms of TESKs in mammals are not well known. A *Drosophila* orthologue of TESK, Center divider (Cdi) was analyzed for a possible role in development (11).

To precisely regulate actin cytoskeleton reorganization, dephosphorylation of cofilin has to be spatiotemporally regulated by various signaling mechanisms. Slingshot cofilin phosphatase was originally identified by genetic studies of a *Drosophila* mutant with abnormal morphologies of bristles, wing hairs, and eyes. Slingshot was named for the characteristic bifurcated bristles and hairs. The other family members, SSH2 and SSH3, were isolated from mammals (18).

The SSH proteins contain a conserved N-terminal domain, a protein phosphatase domain, which is distantly related to the MAPK phosphatases (MKPs). SSH1 and SSH2, but not SSH3, have a long C-terminal domain containing a Ser-rich region (3).

Since the phenotypes of animals with mutations in actin-related proteins often include abnormal bristles, slingshot was identified as a cofilin phosphatase. Three mammalian SSH proteins dephosphorylate cofilin at Ser-3. Among the mammalian SSHs, the mechanisms of activation and the functions of SSH1 are the best characterized (3).

SSH1 localizes to F-actin-rich structures, such as stress fibers, lamellipodia, and cortical actin networks in cultured cells. SSH1 has an F-actin binding activity and the ability of SSH1 to dephosphorylate cofilin is strongly activated by binding to F-actin (19).

SSH1 is activated by the stimulation of the chemoattractant, SDF-1, through Rac-phosphoinositide 3-kinase (PI3K) signaling in Jurkat T cells. Increasing the Ca²⁺ permeability of cells using a calcium ionophore activates calcineurin, which induces SSH1 activation and cofilin dephosphorylation (20).

SSH1 is also negatively regulated by phosphorylation and by binding 14-3-3 proteins. 14-3-3 protein binds to phosphorylated Ser-937 and Ser-978 residues in the C-terminal, serine-rich region of human SSH1 and inhibits the binding of SSH1 to actin filaments. The dissociation of 14-3-3 protein from SSH1 facilitates neuregulin-induced lamellipodia formation (21).

Protein kinase D (PKD) is inactivated by hydrogen peroxide (H₂O₂) and phosphorylates SSH1 at Ser-937 and Ser-978 downstream of RhoA, resulting in the induction of actin polymerization. PKD also phosphorylates the conserved Ser-402 of SSH1 within the phosphatase domain, thereby inactivating SSH1. In addition, PKD phosphorylates and activates PAK4, thereby activating LIMK1 (22).

Tang et al. (23) indicated that PKD is a negative regulator of SSH1 and elevates the level of phospho-cofilin. Glycogen synthase kinase 3b (GSK3b) phosphorylates the N-terminal region of SSH2 and inhibits SSH2 activity. When neutrophils are stimulated by chemoattractants, GSK3b is phosphorylated and inactivated by the PLC β -PKC

and PI3Kb-Akt signaling pathways, resulting in the activation of SSH2 (23). The activity and the localization of LIMKs/TESKs and SSHs are coordinately regulated downstream of various signaling pathways.

Expression patterns of cofilin; LIMKs, TSKs, and SSHs:

Cofilin-1 and ADF are expressed in almost all tissues and cells. The ratio of the amount of cofilin-1 and ADF differs in each cell type and within each developing period. The differences in the ratios correlate with the different phenotypes of cofilin-deficient and ADF-deficient mice. Muscle type cofilin-2 is specifically expressed in skeletal and cardiac muscles (24).

limk1 mRNA is predominantly expressed in neural tissues, and both limk1 and limk2 mRNAs are widely expressed in various developing and adult tissues (25). tesk1 and tesk2 mRNAs are predominantly expressed in testes and are detected at lower levels in other tissues (11). The ssh1, ssh2, and ssh3 mRNAs are widely expressed in various tissues with distinctly different patterns (26).

Role of cofilin-1 in prediction of type 1 cardiorenal syndrome:

Cofilin-1 is an essential structural protein of renal tubular cells and plays a crucial role in mediating cell actin-associated motility and shape. For this reason, cofilin-1 is thought to be one of the most important mediators for epithelial-mesenchymal transition or de-differentiated renal tubular cells, which are critical for AKI and long-term renal function loss (27).

The higher intracellular cofilin-1 level indicates renal cells changed in both phenotype and function in nephropathy due to the inflammatory process. Additionally, adding angiotensin in cell culture induces cofilin-1-related cell cycle arrest, which has been the most important biomarker to AKI in recent years (28).

Therefore, the close relationships between cofilin-1 and epithelial-mesenchymal transition and cell cycle arrest assume the central role of urine cofilin-1 level in detecting CRS under the proper measurement method. Moreover, cofilin-1 also correlates with the severity of HF as atrial natriuretic peptide, and the dual role of cofilin-1 in heart and renal failure may also be the reason why cofilin-1 could be used as a biomarker among CRS patients (29).

Chen et al. (30) detected urine cofilin-1 as a biomarker for predicting CRS among patients in the coronary care unit (CCU) and concluded that the gold nanoparticle-based immunoassay localized surface plasmon-coupled fluorescence biosensor (LSPCFB) could exploit the potential of urine cofilin-1 as a single biomarker to predict CRS among CCU patients.

Clinical significance of cofilin:

Cancer:

For the past two decades, scientists have extensively studied the role of cofilin in tumor invasion ability, but this research has continued and has carried out new research directions in cancer metastasis. The lamellar pseudopodia play a major role in driving the migration of cancer cells, and cortical proteins regulate the formation of dendritic pseudopodia through phosphorylation and dephosphorylation, a number of studies have shown that metastasis of cancers is associated with cofilin-related mechanisms that regulate the movement of these cells (9).

Studies have been conducted to screen cofilin-1 as differentially expressed proteins in melanoma (31) and ovarian cancer tissues (32). The expression of activated cofilin-1 was significantly increased in cell lines such as breast

cancer (MTLn3) (33), lung cancer (A549) (34) and prostate cancer (PC3) (35), while the expression of phosphorylated inactivated cofilin-1 was significantly decreased.

Activated cofilin-1 could induce the formation of invasive pseudopodia, determine the migration direction of cancer cells, promote the proliferation and invasion of cancer cells, and decrease the activation free cofilin-1 after knockout of cell lines, cell invasive pseudopodia production decreased or maturation disorder, cancer cell proliferation, invasion ability greatly weakened. Cofilin-1 high expression is related to the formation of drug resistance mechanism after chemotherapy in lung adenocarcinoma and ovarian cancer, and provides a target for drug therapy (36).

The ROCK/Lin11, ISL-1 and LIMK/cofilin signaling cascades are thought to be crucial for the regulation of this link in the cofilin molecular regulatory mechanisms of cancer metastasis. More broadly, the factors that activate the signaling cascade mainly include receptor tyrosine kinases, G protein-coupled receptors, integrins and their ligands, growth factors, hormones, fibronectin, collagen, and laminin. This also provides a theoretical basis for ROCK/LIMK/cofilin signaling proteins as good candidates for cancer prevention strategies or treatment (37).

Sengelaub et al. (38) have shown that these molecules are associated with known signaling pathways that affect cofilin, like PLCY1, PLCβ1 which are considered another pathway for cofilin activation in breast cancer. LIMK controls cancer cell migration by connecting signals from Rho families, altering cofilin activity and regulating actin dynamics. Whereas in lung cancer A549 cells and human osteoblastoma cells, there is a cofilin signaling pathway that responds to folate levels and stromal cell-derived factor-1 to regulate cell motility, respectively.

Li and Chen (39) implicated that Pak1 is associated with the regulation of the Limk1/cofilin pathway, which is responsible for governing cell motility and morphologic changes, thereby facilitating cancer metastasis. They also suggested the correlation between cancer metastasis and ROCK/LIMK/cofilin signaling proteins, so some scholars have proposed therapeutic strategies to use ROCK study of tumor metastasis prevention.

Neurological diseases:

ADF/cofilin plays an important role in the improvement of the structure and function of the nervous system, such as growth cone extension, axonal transport, cell tail retraction and so on. Cofilin effects on nervous system diseases are mainly carried out in three aspects:

- (1) Involvement in neuronal differentiation: Talens-Visconti have found that the Rho protein family is widely distributed in the nervous system, and the RhoE molecules can promote the remodeling of actin to induce neuronal differentiation by inhibiting the signal pathway (37).
- (2) Participation in neuronal movements: lee and other studies have found that the directional movement of neurons is closely related to the dynamic changes of actin. The leading edge of neurons pushes the neurons forward through F-actin remodeling and pulls the neurons forward at the base through the depolymerization of the neurons. Marsick studies have found that nerve growth factors and netrin-1 are injected into temporal retinal nerve cells to activate cofilin signaling pathways in nerve cells to accelerate actin polymerization. Growth cone cells (vegetative cone) that are suitable for growth in the environment eventually turn to growth (40).
- (3) The plasticity involved in synapses: actin cytoskeleton plays an important role in the structure and function of postsynaptic and synaptic plasticity (41).

Cofilin can accelerate the depolymerization of actin monomers by severing actin filaments, thus improving the turnover and deformation ability of actin. This characteristic makes cofilin have the ability to regulate the dynamic changes of dendrites and spinous processes of neurons. Zhang studies have found that when the Ser3 site of cofilin protein is in a non-phosphorylated state, the protein is activated, which causes the morphological structure of dendritic spine to deform (41).

Due to the role of these cofilin in the development of nervous system diseases, cofilin is mainly involved in the pathogenesis of epilepsy, Parkinson's disease, Alzheimer's disease, spinal cord injury, ischemic brain injury and neuropathic pain. In addition, it was also found that cofilin can play an important role in regulating the progression of spinal cord lateral bundle-related diseases (42).

Xiao et al. (43) found that the expression level of cyclin (cell division cycle 42, cdc42) in patients with epilepsy was significantly increased, which could cdc42 activate LIM1 and promote the phosphorylation of cofilin protein. The formation of neural cones and processes leads to the formation of abnormal neural circuits.

An LRRK2-PKA-cofilin signaling pathway is associated with Parkinson's disease. Parisiadou found out: after LRRK2 gene knockout, the activity of SPNs protein kinase A and postsynaptic density protein-95 in striatal projection neurons decreased, and the expression of the latter decreased, which led to the hyperphosphorylation of cofilin and hindered the maturation of dendrites (44).

Cofilin is associated with chronic neuroinflammation during Alzheimer's disease, a process that exacerbates the oxidative cascade of neurodegeneration by cofilin- actin complexes to accelerate mitochondrial decline and ATP depletion and destroy essential actin dynamics. The Mst3b/LIMK1/cofilin system and involved in the pathogenesis and repair of spinal cord injury. When the Mst3b/LIMK1/cofilin system in the injured spinal cord cells is overactivated, the injured spinal cord cells have more growth cone branches, while in the contrast test, the pathway is inhibited by silencing Mst3b molecules. It was found that there were very few neural cones in this kind of spinal cord cells. The pathogenesis of ischemic brain injury is similar to that of this disease, both of which are due to the imbalance of cofilin and p-cofilin. This physiological process is related to hypoxic-ischemic brain damage, and may also be related to the occurrence of learning and memory dysfunction (45).

Qiu et al. (46) have found that when various factors stimulate the sciatic nerve to cause its injury, the Rho/LIMK/cofilin system will be activated, causing neurogenic pain in the body, while in contrast tests, the use of Simvastatin to treat injured neurons can reduce the activity of the Rho/LIMK/cofilin system. Symptoms of neurogenic pain are also alleviated.

Shaw and Bamberg (47) have found it possible to treat neurological diseases by regulating cofilin activity and controlling actin. During treatment, cofilin activity-related neurological diseases can be treated by developing targeted and cell-specific peptide reagents. Current research needs to focus on developing NLG1-CTD peptides with higher affinity to bind and lead to SPAR degradation, but this peptide may provide a neuron-specific cofilin phosphorylation enhancer that works upstream of LIMK activation, and possibly long term stability through the use of D-amino acids, might be the future direction for research in this area.

Kidney disease:

The phenotypic characteristics of the inherent cells in renal tissue can be changed with different physiological and pathological states. Except for glomerular endothelial cells, all the other inherent cells have reported cytoskeletal proteins as phenotypic markers. As an important member of the cytoskeletal protein, silk fibroin also plays an

important role in renal disease by regulating the actin cytoskeleton of various inherent cells of kidney. Cofilin-related renal diseases are associated with glomerular epithelial cells and renal tubular epithelial cells.

First, actin dynamics determines and maintains the normal morphology of renal podocytes during development, as well as its recovery after damage, and plays an important role in the branches of ureteral buds during renal development. The loss of cofilin-1 and destrin in the epithelium of the ureter bud in mice caused normal epithelial tissue to be disturbed, cell migration to be inhibited, and branch morphogenesis of the kidney was inhibited in the early stage, resulting in renal failure (48).

Mutant mice with specific knockdown of podocyte cofilin were unable to form podocyte secondary podocytes, resulting in typical podocyte fusion and a large amount of proteinuria and renal impairment were observed at three months (49).

Lee et al. (50) confirmed that TGF- β stimulation can cause phosphorylation of cofilin in mice and human podocytes. Garg et al. (51) have confirmed in vitro that cofilin and nephrin are located on the cell membrane together, which can be dephosphorylated and activated by PI3K/SSH1L pathway to maintain the normal morphology and function of podocytes. The specific knockout of podocyte cofilin gene can lead to podocyte injury and proteinuria. In mouse and human podocytes, cofilin and synaptic polar proteins are distributed in the same position. The therapeutic effect of cyclosporine A on massive proteinuria in nephrotic syndrome is related to the immune regulation of T cells and the stabilization of podocyte actin cytoskeleton by acting on synaptic polar proteins. Cyclosporine A can inhibit purine mycin-induced fusion of rat podocytes and decrease the expression of synaptic polar protein, reduce proteinuria, and increase the expression of cofilin. The effect of cyclosporine A on reducing urinary protein may be to stabilize the actin cytoskeleton of podocytes by up regulating the expression of cofilin.

Kolavennu et al. (52) showed that high glucose and high osmotic pressure can activate the Rho-ROCK signaling pathway and inactivate the phosphorylation of cofilin in diabetes mellitus, which affects actin dynamics and is one of the pathogenic factors of diabetic nephropathy.

Secondly, Thirone et al. (53) have found that cofilin promotes actin depolymerization and plays a key role in maintaining the polarity and function of proximal tubular epithelial cells. Cofilin proteins play an important role in the acidification mechanism of renal tubular epithelial cells and the assembly and transportation macromolecular substances by depolymerizing filamentous actin.

When porcine proximal tubular epithelial cells were cultured in high glucose environment for 6 h, the of intracellular p-cofilin and LIMK1 increased in a time-dependent manner, which indicated that high glucose glucose could increase the phosphorylation of cofilin by activating RhoA/ROCK/LIMK1 signaling pathway (54).

Actin kinetics changes damage the polarity and function of proximal tubular epithelial cells. Recent studies also indicate that cofilin may regulate the inflammatory response of renal tissue in hypertensive nephropathy by affecting the nuclear factor kappa-B activity of renal tubular epithelial cells and nuclear translocation. grape seed proanthocyanidins can regulate this inflammatory response through antioxidant mechanisms (55).

Heart disease:

Cofilin and actin alterations, as well as their interactions, have been shown to be important for the study of the pathogenesis of human myocardial disease. For example, the study noted that drug-stimulated cofilin-2 phosphorylation and gene overexpressed phosphorylation protein promote accumulated “stress-like” fibers and severely damaged cardiac cell contraction. Cofilin-1 also correlates with the severity of heart failure as an atrial

natriuretic peptide, and the dual role of cofilin-1 in heart and renal failure may also be the reason why cofilin-1 could be used as a biomarker among cardiorenal syndrome patients (30).

Aggregates with presenilin-1 and cofilin-2 have been identified in up to one-third of idiopathic dilated cardiomyopathy cases studied, indicating the potential predominance of misfolded proteins in heart failure (56).

But, the role of cofilin in heart disease is still lacking, and many intermediate links are unclear. Some studies have pointed out that cofilin-2 is a specific target for miR-21, and hydrogen sulfide can protect ischemia and inflammatory injury after myocardial ischemia by inducing microRNA-21. And 28 days after myocardial infarction, the expression of cofilin-2 promoting apoptosis has changed significantly (57). Xiao et al. (43) have shown that cofilin-2 and Bax form a protein complex in cardiomyocytes in response to oxidative stress; therefore, it suggests that cofilin-2 may function as a Bax transporter of mitochondria. But overall, cofilin studies on the direction of heart disease are lacking.

Osteoarthritis:

Cytoskeleton is a protein fiber grid system in eukaryotic cells, which plays an important role in the biomechanical or biochemical pathway of cell-specific stress conduction. Actin filaments are the main components of the cytoskeleton, providing the main viscoelastic solid features of chondrocytes. Destruction of the chondrocyte cytoskeleton is considered to be an important factor leading to a degeneration of articular cartilage. Cytoskeleton is involved in stress conduction in chondrocytes and may convert mechanical signals into biochemical signals, in which ADF/cofilin phosphorylation/dephosphorylation signaling pathways play an important role. When chondrocytes are subjected to certain physical or chemical stimulation, the free G-actin polymerizes to form F-actin, and microfilaments are formed through their own helix to complete the rearrangement of the cytoskeleton. Cofilin genes and proteins are highly expressed in chondrocyte model cells induced by mechanical force in the early stage of osteoarthritis, suggesting that cofilin gene expression is related to the biological characteristics of chondrocytes in the early stage of osteoarthritis (58).

Meanwhile, the cytoskeleton of osteoarthritis chondrocytes was rearranged under low concentration of leptin, which up regulated the protein content of cofilin and LIMK and inhibited the activity of cofilin protein. Moreover, cofilin-1 is associated with many inflammatory conditions, such as osteoarthritis and inflammatory pain, and some investigations indicated that overexpression of cofilin-1 can decrease glucocorticoid receptor expression and nuclear factor kappa-B activity (59).

Additionally, stabilizing actin filaments by inhibiting gene expression of the two main actin depolymerizing factors: cofilin 1 and destrin in hMSCs, enhanced cell viability and differentiation into osteoblastic cells in vitro, as well as heterotopic bone formation in vivo (60).

Concluding remarks:

Through the discussion of the latest mechanism of cofilin action, we believe that the advantages of cofilin in clinical practice are gradually reflected, and the most used at present is its research as a biomarker of tumor, nervous system disease and heart/kidney disease. But we also cannot ignore the significance of cofilin as actin-binding protein that severs actin filaments to cell movement. As a result, the presence of cofilin is very important in the rearrangement of chondrocytes and neurons, which also provides a basis for targeted clinical treatment of osteoarthopathy and nervous system diseases. Current diseases resulting from changes in activity due to phosphorylation of actin-binding proteins, are often possible to control actin-binding activity by designing targeted drugs, and its potential cannot be underestimated (61).

For example, phosphorylation of many actin-binding proteins is regulated by RhoA/ROCK and the cAMP/PKA pathways, these signaling pathways also play an important role. Because cofilin protein is widely existed in human body, when using its phosphorylation inhibitor as a treatment method, it often has systemic side effects (62).

Peng et al. (58) reported that warm acupuncture in rat knee osteoarthritis by down-regulating the expression of chondrocyte cytoskeleton protein ROCK, p-cofilin and phosphorylated LIMK1 to reduce arthritis injury in rats with knee osteoarthritis. This kind of treatment is worthy of further discussion.

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