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Protease-Activated Receptor 1 is implicated in irritable bowel syndrome mediators-induced signaling to thoracic human sensory neurons

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1 Abstract : words 243

2

3 Proteases and Protease-Activated Receptors (PARs) are major mediators involved in irritable
4 bowel syndrome (IBS). Our objectives were to decipher the expression and functionality
5 (calcium signaling) of PARs in human dorsal root ganglia (DRG) neurons, and to define
6 mechanisms involved in human sensory neuron signaling by IBS patient mediators.

7 Human thoracic DRG were obtained from the national disease resource interchange.
8 Expression of PAR₁, PAR₂ and PAR₄ was assessed by immunohistochemistry and RT-qPCR in
9 whole DRG or in primary cultures of isolated neurons. Calcium signaling in response to PAR
10 agonist peptides (PAR-AP), their inactive peptides (PAR-IP), thrombin (10u/ml), supernatants
11 from colonic biopsies of IBS patients or healthy controls (HC), with or without PAR₁ or PAR₄
12 antagonist were studied in cultured human DRG neurons.

13 PAR₁, PAR₂ and PAR₄ were all expressed in human DRG, respectively in 20%, 40% and 40% of
14 the sensory neurons. PAR₁-AP increased intracellular calcium concentration in a dose-
15 dependent manner. This increase was inhibited by PAR₁ antagonism. In contrast, PAR₂-AP,
16 PAR₄-AP and PAR-IP did not cause calcium mobilization. PAR₁-AP-induced calcium flux was
17 significantly reduced by pre-incubation with PAR₄-AP, but not with PAR₂-AP. Thrombin
18 increased calcium flux, which was inhibited by a PAR₁ antagonist and increased by a PAR₄
19 antagonist. Supernatants from colonic biopsies of IBS patients induced calcium flux in human
20 sensory neurons compared to HC, this induction was reversed by a PAR₁ antagonist.

21 Taken together, our results highlight that PAR₁ antagonism should be investigated as a new
22 therapeutic target for IBS symptoms.

23

24 Keywords: Proteases; PARs; Protease-Activated Receptors; Visceral pain; Inflammation;
25 Irritable Bowel Syndrome; Visceral hypersensitivity; Thrombin; Human dorsal root ganglia
26 neurons.

27 **Introduction**

28 Irritable Bowel Syndrome (IBS) affects 11 to 20% of the Western population with a
29 higher prevalence in women [14; 31]. IBS associates abdominal pain, diarrhea (IBS-D),
30 constipation (IBS-C) or both (IBS-A, for alternate) [30]. Although IBS is a functional
31 gastrointestinal disorder, not associated with gross structural or biochemical abnormalities
32 [23], several recent studies indicate the presence of meaningful micro-organic changes [7].
33 One of the emerging ideas to explain the visceral pain associated with IBS is that sensory
34 neurons innervating the colon are hyperexcitable in these patients [10; 11; 13]. However,
35 because of the difficulties associated with human sensory neuron cultures, it has been
36 difficult to evaluate the relevance of identified mediators in the context of human pathology.

37 Among the molecular targets explored to decipher neuronal hyperexcitability in IBS,
38 several studies showed that proteases released by colonic biopsies of IBS patients were able
39 to activate mouse and rat intestinal neurons *in vitro* and to induce somatic and visceral
40 hypersensitivity *in vivo* [9; 13; 17; 38; 47]. Proteases are known to signal to mouse or rat
41 sensory neurons through the activation of Protease-Activated Receptors (PARs) [19; 46; 53;
42 55], a family of G protein-coupled receptors that includes 4 members: PAR₁, PAR₂, PAR₃ and
43 PAR₄ [40]. Only PAR₁, PAR₂ and PAR₄ seem to be able to signal through calcium mobilization
44 and to exert a role in nociception and pain (PAR₃ has been considered more as a co-factor
45 for other PAR activation[35] so far). PAR₁, 2 and 4 are activated by the proteolytic cleavage of
46 their N-terminal domain, which reveals a tethered ligand that binds and activates the
47 receptors. The role of PARs in visceral inflammation and pain has been well studied in
48 animal models[49; 50]. Both PAR₁ and PAR₂ agonists induce calcium mobilization in rodent
49 sensory neurons[17; 21]. PAR₂ agonists induce pain in somatic and visceral models [51; 53],
50 while PAR₁ and PAR₄ agonists attenuate nociception and pain symptoms in rodents [4-6; 32].
51 In mouse sensory neurons, the calcium mobilization induced by supernatants from colonic
52 biopsies of IBS patients is dependent on supernatant's proteolytic activity and on PAR₂
53 expression in mouse primary afferents [17]. In contrast, PAR₄ activation inhibits PAR₂-
54 induced calcium mobilization and intrinsic excitability of colonic dorsal root ganglia (DRG)
55 neurons, as well as overall pain [5; 6; 28]. However, in the context of human nociception and
56 pain, the effects of PAR agonists and PAR signaling mechanisms are largely unknown.

57 Proteases show different specificity for the different PARs[52]. For instance, thrombin
58 can activate PAR₁, PAR₃, PAR₄ and to a lower extent PAR₂, trypsin can activate PAR₂, PAR₃
59 and PAR₄ and at high concentrations PAR₁ [25; 33; 42]. In the context of IBS, trypsin and
60 trypsin-3 are up-regulated, and are considered as possible endogenous agonists for PARs[9;
61 43].

62 Our study aimed at deciphering PAR signaling in human sensory neurons,
63 determining whether proteases and PARs could play a role in human sensory neuron biology
64 and nociceptive mechanisms. Further, we investigated human sensory neuron responses to
65 IBS mediators in cultured human DRG neurons. Although not only neurons projecting from
66 the digestive tract are present in our cultures, the present study could give insights in the
67 response of human primary afferents to mediators present in IBS patient tissues.

68

69 **Methods**

70 **Chemicals**

71 Each agonist and inactive peptides of PARs, respectively PAR-AP and PAR-IP, were
72 purchased from Genscript (France): PAR₁-AP (TFFLR), PAR₂-AP (SLIGKV), PAR₄-AP (GYPGQV),
73 PAR₁-IP (RLLFT), PAR₂-IP (LRGILS) and PAR₄-IP (YAPGQV). Thrombin, PAR₁-antagonist
74 (SCH79797), PAR₂ antagonist (GB83) and PAR₄-antagonist (ML354) were obtained from
75 Tocris (Denver, USA).

76

77 **Patient biopsies and supernatant collection**

78 Colon biopsy samples from 24 patients with IBS (8 IBS-D, 8 IBS-C, 8 IBS-A) and 5 healthy
79 controls, HCs) undergoing colorectal cancer screening were collected during colonoscopy at
80 the Department of Medical and Surgical Sciences of the University of Bologna, Italy
81 (Supplementary Table 1, available online at <http://links.lww.com/PAIN/A553>). Rome III
82 criteria were used for the diagnosis of IBS patients. Additional exclusion criteria were major
83 abdominal surgery, celiac disease, asthma, allergic disorders, anti-inflammatory treatments,
84 organic syndrome. Symptoms as bloating, pain and bowel habit changes in the last 12
85 months were also excluded from control group.

86

87 Supernatants from colonic biopsies were obtained following a previously validated and
88 published method [8], with few modifications. Briefly, after removal, biopsies were
89 immersed in plastic tubes containing 1 ml of HEPES-Krebs solution. After weighing the
90 biopsies, supernatant volume was adjusted to incubate 15 mg of biopsies in 1 ml of buffer.
91 Incubation was carried out in oxygenation at 37°C for 25 min. Samples were centrifuged at
92 200g for 10 min and supernatant collected and stored at -20°C until the assay.

93

94 **Human Dorsal Root Ganglia Neurons Isolation**

95 Experiments were conducted under the Institutional Review Board numbers IRB00003888,
96 FWA00005831. Human DRG (thoracic position 11 and 12) were collected in Dulbecco's
97 Modified Eagle's medium by the National Disease Resource Interchange (NDRI). Twenty DRG
98 were obtained from 10 post-mortem donors (21-60 years old, 10 hours maximum post-
99 mortem) with the following exclusion criteria: chemotherapy, drug abuse, infectious disease,
100 neurodegenerative diseases and opioid medications. None of the donors had a reported
101 history of colitis or inflammatory bowel disease, but no information was provided about
102 possible IBS. DRG were cut in small pieces, rinsed in Hank's balanced salt solution (HBSS;
103 Thermo Fisher, Villebon-sur-Yvette, France) and digested in L-Cystein (pH 7.4, Sigma Aldrich,
104 Missouri, USA), Papain (27 µg/ml, Sigma Aldrich, Missouri, USA) for 20 minutes at 37°C,
105 rinsed 2 minutes in Leibovitz's L15 Medium (Thermo Fisher Scientific, Waltham,
106 Massachusetts, USA) containing 10 % of FBS. A second enzymatic dissociation was
107 performed in 4 mg/ml dispase II (Sigma Aldrich, Missouri, USA), and 1 mg/ml collagenase
108 (collagenase (type IV, Serlabo Technologies, France) for 15 minutes at 37°C, followed by
109 mechanical dissociation. This step was repeated until complete dissociation of the DRG up to
110 4 times. Finally, neurons were plated in 8-wells Nunc™ Lab-Tek™ II CC2™ chamber slide
111 system (Thermo Fisher Scientific, Waltham, Massachusetts, USA) and cultured for 7 days in
112 complete Neurobasal-A medium (Thermo Fisher Scientific, Waltham, Massachusetts, USA)
113 containing penicillin (100 µg/ml), streptomycin (100µg/ml), B27 (1X, Thermo Fisher
114 Scientific, Waltham, Massachusetts, USA), L-glutamine (1X, Thermo Fisher Scientific,
115 Waltham, Massachusetts, USA), and inhibitors of mitosis (Cytosine-B-arabinofuranoside
116 1.5µM, F-Uridine 10µM, Uridine, 10µM, Sigma Aldrich, Missouri, USA). Cytosine-B-
117 arabinofuranoside was removed after 3 days of culture and the medium was changed every
118 2 days.

119 For RT-qPCR and single-cell PCR studies, human thoracolumbar DRG (T9-L1) were acquired
120 from five (three females, two males) human adult organ donors (22.2 ± 2.08 years of age)
121 during the removal of vital organs for transplantation. The harvested intact DRG were kept
122 for quantitative-reverse-transcription-PCR (RT-qPCR) mRNA expression studies, while
123 additional DRG were dissociated to allow individual DRG neurons to be isolated and studied
124 with single-cell-reverse-transcription-PCR (RT-PCR).

125

126 **Calcium imaging of human sensory neurons**

127 After washing with HBSS, cultured neurons were incubated for 1 hour (30 min at 37°C
128 followed by 30 min at room temperature) in solution containing fluo-4 acetoxymethyl (AM)
129 1mM (Thermo Fisher Scientific, Waltham, Massachusetts, USA) reconstituted in 0.01%
130 pluronic F-127 and 0.7% DMSO (Sigma Aldrich, Missouri, USA). The fluorescence was
131 measured at 460-490 nm excitation and 515 nm emission in each well. Neurons were
132 imaged using an inverted microscope (Zeiss, 10x-objective) and a CCD camera (Zeiss).
133 Acquisition parameters were kept constant within each experiment. A kinetic of 80
134 recordings (one per second) was performed. From 0 to 5-sec basal fluorescence was
135 determined, from 6 to 60-sec, neurons were exposed to the different molecules studied and
136 finally to a KCl solution (50 mM), in order to discriminate neurons from glial cells. Neurons
137 were identified by Image J software and variations in the fluorescence intensity of each
138 neuron was measured. Results were expressed as $\Delta F/F$, representing the fluorescence
139 intensity ratio between the highest measure during the 6 to 60 seconds period, and baseline
140 measure.

141

142 In a first set of experiments, neurons were treated with individual PAR agonist peptides:
143 PAR₁-AP (1, 10, 50 or 100 μ M), PAR₂-AP (100 μ M), PAR₄-AP (100 μ M) or neurons were pre-
144 incubated for 5 minutes with PAR₂-AP (100 μ M) or PAR₄-AP (100 μ M), before being exposed
145 to PAR₁-AP (100 μ M). For these experiments, the inactive peptides (PAR-IP, 100 μ M) and
146 vehicle (HBSS) were used as control. In a second set of experiments, neurons were pre-
147 incubated for 5 minutes with antagonist of PAR₁ (SCH79797, 10 μ M) or its vehicle (HBSS,
148 0.01% DMSO) and treated with PAR₁-AP (100 μ M). In a third set of experiments, neurons
149 were pretreated 5 minutes with the PAR₁ antagonist (SCH79797, 10 μ M), the PAR₄ antagonist
150 (ML354, 10 μ M) or vehicle (HBSS, 0.01% DMSO) and were then treated with thrombin (10

151 U/ml). In a last set of experiments, neurons were pretreated 5 minutes with the PAR₁
152 antagonist (SCH79797, 10 μ M) or vehicle, before being exposed to supernatants from colonic
153 biopsies of IBS-D, IBS-C, IBS-A patients or HCs.

154

155 **Immunofluorescence in human Dorsal Root Ganglia**

156 Experiments were conducted under the Institutional Review Board numbers IRB00003888,
157 and FWA00005831. Three Human DRG T11 and 3 DRG T12 (thoracic position 11 and 12)
158 were cryoprotected in Tissue-Tek[®] optimum cutting temperature compound (Sakura
159 Finetek, Netherlands) after their collection by the NDRI. Cryoprotected DRG were cut into 35
160 μ m sections in a cryostat (Leica CM1950; Nanterre, France) and mounted on Superfrost
161 slides (Thermo Fisher Scientific, Villebonne-sur-Yvette, France). Cultured DRG neurons were
162 fixed with paraformaldehyde 4% during 20 min. Both slides and cultures were washed in
163 Phosphate Buffered Saline (PBS), 0.5% Triton X-100, and 1% Bovine Serum Albumin solution
164 (BSA, Sigma Aldrich, Missouri, USA) and were incubated overnight at 4°C with primary
165 antibodies diluted at 1:100 for tissues and 1:500 for cultures and directed against PGP9.5,
166 PAR₁, PAR₄ (respectively, AB86808, AB111976, AB70400, Abcam, Cambridge, England) and
167 PAR₂ (LSB2321, LifeSpan, Seattle, USA). After washing in PBS, slices or cultures were
168 incubated with the appropriate secondary antibody conjugated to Alexa Fluor 488 or Alexa
169 Fluor 555, they were washed, and mounted with ProLong Gold reagent containing 40,6-
170 diamidino-2-phenylindole (DAPI, Molecular Probes). Controls for the specificity of the
171 antibodies include incubation in the absence of secondary antibody, incubation in the
172 presence of immunizing peptides and the use of PAR-deficient tissues or cells (not shown).
173 Images were acquired using Zeiss LSM-710 confocal microscopes (Carl Zeiss MicroImaging,
174 Jena, Germany) with 10x objective in the inverted configuration [20]. Quantification of
175 labelling was determined using Image J software.

176

177 **Quantitative-reverse-transcription-PCR (RT-qPCR):**

178 RNA was extracted from either whole human DRG or single human DRG neurons using RNA-
179 isolation kits (PureLink™ and Cells-to-CT™; Ambion). RT-qPCR was performed using human-
180 specific Taqman primers for PAR₁, PAR₂, PAR₄ and GAPDH (Hs00169258_m1,
181 Hs00608346_m1, Hs00765740_m1, Hs01006385_g1, Hs99999905_m1). The comparative

182 cycle threshold method was used to quantify the abundance of target transcripts to
183 reference genes.

184

185 **Single cell PCR:**

186 26 single dissociated DRG neurons were picked using a micromanipulator at 40x
187 magnification. Cells were under a continuous slow flow of sterile and RNA/DNAse free PBS to
188 reduce contamination. After a cell was picked, the glass capillary was broken into a tube
189 containing 10ul of Lysis buffer and DNase (TaqMan® Gene Expression Cells-to-CT™ Kit;
190 Ambion). The whole content was used for cDNA synthesis (SuperScript® VILO™ cDNA
191 Synthesis Kit, Thermo Fisher) and PAR₁, PAR₂, PAR₄ expression was measured using
192 Taqman™ RT-qPCR for 50 cycles. For every coverslip, a bath control was taken and analyzed
193 together with samples. TUBB3 (Hs00964962_g1) expression served as positive control. One
194 cell was excluded because no TUBB3 expression was present. Twenty-six cells were used to
195 calculate frequency of presence of PAR₁, PAR₂ and PAR₄.

196

197 **Statistical Analysis**

198 Data are presented as means ± standard error of the mean (SEM). Analyses were performed
199 using GraphPad Prism 5.0 software (GraphPad, San Diego, CA). Comparisons between-
200 groups were performed by Mann-Whitney test or Wilcoxon matched pairs test. Multiple
201 comparisons within groups were performed by Kruskal-Wallis test, followed by Dunn's post-
202 test. Statistical significance was accepted at P < 0.05.

203

204 **Study approval**

205 The collection of biopsies from colonic patients was approved by the local Ethic Committee
206 (64/2004/O/Sper and EM14/2006/O) and conducted in accordance with the Declaration of
207 Helsinki. IBS patients and HCs gave their written and informed consent. Fixed and fresh
208 human DRG were collected with the NDRI (reference: DCEN1 001), all human DRG trials were
209 conducted following the opinion number 14-164 of the institutional review board
210 (IRB00003888) of French institute of medical research and health.

211

212

213 **Results**

214 **-PAR expression in human DRG neurons-**

215 In whole human DRG, PAR mRNA expression was assessed by RT-qPCR analysis. The
216 relative mRNA abundance of PAR₂ was the highest followed by PAR₄ and PAR₁ (Figure 1a).
217 Then, to determine if PARs were expressed in neurons at the protein level, the percentage of
218 neurons, identified by Pgp9.5 immunostaining and expressing each PAR was studied (Figure
219 1b). PAR₁, PAR₂ and PAR₄ were respectively expressed in 20%, 40% and 40% of neurons
220 (Figure 1c). The percentage of PAR-positive neurons was expressed in function of the
221 diameter of neurons. PAR₁ was preferentially expressed in 30 to 50 μM diameter neurons,
222 PAR₂ in neurons with a diameter < 30 μM and PAR₄ in 30 to 50 μM diameter neurons (Figure
223 1d).

224 PAR expression was then assessed in cultured human DRG neurons. Cultures were
225 90% pure for Pgp9.5 neuronal marker staining (Supplementary Figure 1, available online at
226 <http://links.lww.com/PAIN/A553>). Single cell PCR experiments showed that PAR₁, PAR₂ and
227 PAR₄ mRNA were respectively expressed in 20%, 25% and 17% of neurons (Figure 2a left
228 panel). We found that 75% of PAR₁ expressing neurons also expressed PAR₂, 100% of the
229 PAR₄ expressing neurons also expressed PAR₂, whilst 25% of the PAR₁ expressing neurons
230 also expressed PAR₄ (Figure 2a right panel). PAR₁, PAR₂ and PAR₄ were respectively
231 expressed at the protein level in 35%, 36% and 27% of neurons (Figure 2b and 2c). These
232 results demonstrate that human DRG neurons in culture continue to express PAR₁, PAR₂ and
233 PAR₄ and no major or significant difference was observed between the level of expression of
234 PARs in whole DRGs and in cultured DRGs.

235 **-Effects of PAR agonists on calcium mobilization in human DRG neurons-**

236 Calcium flux in response to specific synthetic agonist peptides of each PAR was
237 quantified in human sensory neuron cultures. Only PAR₁-activating peptide (PAR₁-AP, 100-
238 μM) evoked a transient increase in [Ca²⁺]_i that was maximal after 20 seconds and declined
239 to baseline afterwards, compared to PAR₂-AP and PAR₄-AP (Figure 3a). This activation was
240 characterized by an increased percentage of responding neurons (Figure 3b) and increased
241 amplitude (ΔF/F) of response (Figure 3c), compared to its inactive peptide (PAR₁-IP, 100-
242 μM). PAR₁-AP-induced calcium mobilization was dose-dependent (Figure 3d) and abolished

243 by a PAR₁ antagonist (SCH79797, 10- μ M) (Figure 3d). Agonists and inactive peptides of PAR₂
244 and PAR₄ (all at 100- μ M) had no significant effect on calcium signaling in human cultured
245 DRG (Figure 3a, 3b and 3c).

246 As PAR₂ and PAR₄ agonist peptides did not induce calcium mobilization, we tested
247 their potential inhibitory role on PAR₁-AP-induced calcium flux. Human DRG were pretreated
248 with PAR₂-AP or PAR₄-AP and, 5 min after later, PAR₁-AP was added (all agonists at 100 μ M).
249 The transient increase in [Ca²⁺]_i induced by PAR₁-AP was decreased by PAR₄-AP but not by
250 PAR₂-AP pretreatment (Figure 3e). Both the percentage of responding neurons and the
251 amplitude of response induced by a PAR₁ agonist were significantly reduced by PAR₄-AP, but
252 not by PAR₂-AP pretreatment (Figure 3f and 3g).

253 - Thrombin signals to human DRG neurons

254 Considering the calcium mobilization responses of human sensory DRG neurons to
255 PAR₁ and PAR₄ peptidic agonists, we investigated the effects of thrombin (10U/ml), a known
256 endogenous activator of both PAR₁ and PAR₄. The average amplitude of thrombin-induced
257 calcium response in human DRG neurons was significantly increased compared to vehicle
258 (Figure 4a). Pre-treatment with a PAR₁ antagonist (SCH79797, 10 μ M) significantly reduced
259 the effects of thrombin on the percentage of responding neurons. Pre-treatment with a PAR₄
260 antagonist (ML354, 10 μ M) had no effect on this parameter (Figure 4b). Considering only
261 neurons that responded to thrombin by mobilizing calcium (23% or all neurons), the
262 amplitude of their response to thrombin was significantly increased in the presence of PAR₄
263 antagonist, but was not modified by a PAR₁ antagonist (Figure 4c). These results
264 demonstrated that in human DRG neurons, thrombin activates both PAR₁ and PAR₄, exerting
265 opposite effects in terms of calcium mobilization.

266 -IBS patient mediators mobilize calcium in human DRG neurons through a PAR₁-dependent 267 mechanism-

268 IBS supernatants, but not supernatants from healthy control, evoked a transient
269 increase in [Ca²⁺]_i that was maximal after 30 seconds and declined to baseline afterwards
270 (Figure 5a). Supernatants from colonic biopsies of IBS patients significantly increased the
271 amplitude of the calcium flux response and the percentage of responding neurons compared
272 to healthy control supernatants (Figure 5b and 5c). Neither the percentage of responding

273 neurons, nor the amplitude of the response of human neurons to IBS patient tissue biopsy
274 supernatants correlated with abdominal pain scores or abdominal frequency scores
275 (supplementary Figure 2, available online at <http://links.lww.com/PAIN/A553>). When
276 considered by subgroups, only supernatants from IBS-A patients induced a significant
277 increase in the number of responding neurons (Supplementary Figure 3, available online at
278 <http://links.lww.com/PAIN/A553>). PAR₁ antagonist (SCH79797, 10 μM) pretreatment of
279 human sensory neurons decreased the transient increase in [Ca²⁺]_i induced by IBS
280 supernatants (Figure 5d). The antagonist significantly reduced both the percentage of
281 responding neurons to IBS supernatants (all IBS subgroups together) and the amplitude of
282 their response (Figure 5e and 5f).

283

284 Discussion

285 Since their discovery in rodent neurons [46; 53], PARs have been considered as new
286 important therapeutic targets for the treatment of pain. A number of *in vivo* and *in vitro*
287 studies have confirmed this potential role for PARs, particularly in the context of visceral
288 pain and hypersensitivity [19; 49; 51; 52]. However, the relevance of considering PAR
289 signaling as an important pathway for human pain has not been thoughtfully addressed thus
290 far. Indeed, only one study performed in human subjects refers to a possible role for PAR₂ in
291 pruritus[45], but no study has investigated the expression and functionality of PARs in
292 human DRG neurons. Here, we provide evidences that PAR₁, PAR₂ and PAR₄ are all expressed
293 in human sensory neurons. Furthermore, we showed that in culture, the expression of PARs
294 is generally conserved and that the culture conditions we have defined for human DRG
295 neurons can be used to investigate the functionality of human sensory neurons. Although
296 our results provide new insights on human primary afferent signaling, the link to activation
297 of pain pathways would clearly require further experiments.

298 Previous studies performed in rodent primary afferents have demonstrated the
299 expression of the three functional PARs: PAR₁, PAR₂ and PAR₄ [21; 46]. We confirmed here
300 that those three receptors are also expressed in human primary afferent neurons both in cell
301 bodies of whole DRG neurons and in cultures. In rodent sensory neurons, both PAR₁ and
302 PAR₂ agonists induced calcium mobilization [15-17; 21]. In contrast, PAR₄ agonists did not

303 mobilize calcium, but decreased pro-nociceptive mediator-induced calcium signaling [6; 28].
304 In human sensory neurons, we demonstrated that only PAR₁ agonist induced calcium
305 mobilization. Like in rodents, in human DRG neurons, PAR₄ was not able to mobilize calcium,
306 but decreased calcium mobilization induced by other agonists. Taken together, our results
307 clearly demonstrated that both PAR₁ and PAR₄ were present and functional in human
308 primary afferents, where they exerted opposing effects. The PAR peptide agonists used in
309 the present study have been well characterized for their selectivity [26; 27]. The doses that
310 were used for these peptide agonists in the present study are considered to be highly
311 selective for their targeted receptors in cell culture assays. Therefore, we can reasonably
312 think that the results obtained are truly representative of PAR selective activation. Indeed,
313 this was confirmed for PAR₁ activation by incubation in the presence of the PAR₁ antagonist.
314 At the concentrations used, both SCH79797 and ML354 antagonists were considered
315 selective for inhibition of PAR₁ and PAR₄ respectively, compared to the inhibition of other
316 PARs [1; 57]. However, PAR₁-independent effects have also been described for the
317 SCH79797 compound [22], and one cannot rule out that the effects of this antagonist alone
318 cannot be due to MAPK inhibition as it has been shown in cell lines at similar concentrations
319 [22]. The PAR₄ antagonist ML354 is potent only at micro-molar ranges, showing a reasonable
320 selectivity for PAR₄, but one cannot rule out at this concentration off-target binding for this
321 antagonist [57].

322 Although DRG cultures were 90% pure for neurons, some glial cells or other
323 supporting cells might still be present in our culture conditions. PARs are known to be
324 expressed and functional in glial cells and to some extent, glial PAR activation might account
325 for some of the calcium responses observed in our cultures.

326 Translating cellular signaling of sensory neurons into nociceptive response *in vivo* is
327 complex, and the study of calcium signaling in primary afferents cannot fully reflect pain
328 pathway activation. We found no correlation between pain severity scores and pain
329 frequency scores with the percentage of responding neurons or with the amplitude of the
330 response to IBS tissue supernatants. This could be due to the low number of samples we
331 included in this study considering the precious nature of human DRG neuron cultures.
332 Indeed, other animal studies suggest that calcium signals in sensory neurons are often
333 associated with pro-nociceptive signals. Calcium mobilization and increasing excitability of

334 neurons reflected the sensitization of neurons associated to visceral hypersensitivity [12].
335 However, in rodents, while PAR₁ agonists mobilized calcium in primary afferents [21], they
336 also increased nociceptive threshold and reduced inflammatory hyperalgesia [4; 32]. In the
337 present study, we showed that PAR₁ specific activation mobilized calcium in human sensory
338 neurons. The pro-nociceptive nature of this PAR₁ signal is supported by our subsequent
339 observations demonstrating the involvement of PAR₁ activation in IBS patient biopsy
340 supernatants-induced activation of human sensory neurons. Interestingly, in human
341 submucosal and myenteric plexi, PAR₁-AP (TFLLR), thrombin or supernatants of colonic
342 biopsies from IBS patients were also able to induce spike discharges and calcium signaling.
343 This reflected enteric neuronal excitability [29; 34]. This suggests that in humans, PAR₁ might
344 be functional both in submucosal and myenteric neurons, as well as in primary afferents (per
345 our results). In the context of IBS, this means that PAR₁ could contribute as our results
346 suggested, to hyperexcitability of extrinsic sensory neurons leading to visceral
347 hypersensitivity symptoms, but could also contribute to motor and secretory dysfunctions
348 controlled by intrinsic enteric neurons. However, one has to be careful establishing a link
349 between primary afferent response and activation of pain pathways, as in rodents, PAR₁ can
350 be activated in primary afferents, but was shown to be analgesic. Therefore, the pro-
351 nociceptive effects of PAR₁ agonists remain to be demonstrated in humans. Our study paves
352 the way for studying in human clinical trials the potential that PAR₁ antagonists already
353 developed for use in human could have at reducing pain and hyperalgesia.

354 In agreement with the results previously generated in mouse primary afferents [6;
355 28], we observed in human neurons as well, that PAR₄-AP did not mobilize calcium, but
356 significantly reduced calcium mobilization of stimulated sensory neurons. Here, we
357 demonstrated for the first time an inhibitory effect for PAR₄ activation on human sensory
358 pathways, suggesting that like in rodents [5; 6], PAR₄ activation could contribute at reducing
359 pain and hypersensitivity. Taken together, our results highlight opposite effects for PAR₁ and
360 PAR₄ activation in human primary sensory afferents. Considering that both receptors are
361 activated by thrombin, although at different concentrations, it was important to investigate
362 the overall effect of thrombin on human primary neuron calcium signaling. Thrombin is
363 attracted to PAR₁ by a Hirudin-like site located at the N-terminal end of the receptor [56].
364 Thrombin binding facilitates the cleavage of PAR₁, which thus does not require high

365 concentrations of thrombin for its activation (0.1 to 1u/ml). In contrast, PAR₄ has no hirudin-
366 like site and higher concentrations of thrombin are requested to activate PAR₄ (10u/ml) [36].
367 We deliberately used a concentration of thrombin that would activate both PAR₁ and PAR₄
368 and observed that thrombin induced a PAR₁-dependent calcium mobilization in human
369 primary afferents (Figure 4 a,b). We also observed that the amplitude of the thrombin
370 response in human sensory neurons was reduced by concomitant PAR₄ activation. Indeed,
371 PAR₄ blockade enhanced the amplitude of thrombin-induced calcium response (Figure 4c). In
372 keeping with these functional results, our single cell PCR data show that a population of
373 human DRG neurons expressing PAR₁ also expresses PAR₄. Interestingly, PAR₄ was strongly
374 expressed in human DRG neurons. The magnitude of PAR₄ effect on PAR₁- or thrombin-
375 induced calcium signals in primary afferents was not as strong as it could have been
376 expected considering the strong PAR₄ expression. In primary afferents, PAR₄ might have
377 other function than counteracting the PAR₁-induced signals.

378 In contrast to studies reporting calcium mobilization in rodent sensory neurons after
379 stimulation with PAR₂-APs, or in other human cell lines [37; 54], we observed that human
380 sensory neurons did not mobilize calcium after exposure to PAR₂-APs. Interestingly, PAR₂
381 expression in human sensory DRG neurons was clearly demonstrated both at the mRNA and
382 protein levels (Figures 1 and 2). This result was quite surprising since numerous studies have
383 demonstrated that human cells expressing PAR₂, mobilize calcium after exposure to PAR₂
384 tethered ligand synthetic peptide [39]. The lack of calcium mobilization in human sensory
385 neurons exposed to PAR₂ synthetic agonist does not mean that the receptor is silent or non-
386 functional. Indeed, other signaling pathways that have been previously described for PAR₂,
387 such as pERK or cAMP signaling might be implicated in human sensory neurons. Such
388 pathways would have to be investigated in future studies. Furthermore, in human
389 submucosal neurons, PAR₂-AP induces very weak calcium mobilization [34], while PAR₂ has
390 been shown to be functional and potently activated by the Trypsin-3 protease in the same
391 neurons [43]. This suggests that depending on the type of agonists that are tested (synthetic
392 peptides or proteases), the cell response might be diverse and more or less potent. Similar
393 findings have been reported for PAR pharmacology in a number of cells and tissues [39].

394

395 One crucial step in studying the relevance of PARs as therapeutic targets is the
396 definition of protease profile and activities associated with pathological states. Indeed, the
397 opposite roles for PAR₁ and PAR₄ we have defined here in human primary afferent signaling,
398 suggest that depending on the proteases present and their concentration, pro- or anti-
399 nociceptive signals could be prominent. Thrombin can activate both PAR₁ and PAR₄, but as
400 mentioned above, at different concentrations. Therefore, the concentration of active
401 thrombin detected in colonic tissues from IBS patients could give an important indication on
402 the activation status of PARs and the overall nociceptive signals. Cathepsin G activates PAR₄
403 [44], and disarms PAR₁ [41]. Here again, the presence of cathepsin G in tissues could modify
404 nociceptive status and accordingly participate to pain relief. Thus, it is clear that protease
405 profiling will be an important step towards our comprehension of nociceptive signaling to
406 primary afferents. However, the results presented here clearly defined that PAR₁ activation
407 on sensory neurons is involved in sensory response to mediators associated with IBS in
408 humans, even though the proteases responsible for PAR₁ activation are not yet defined.
409 Whether PAR₁ activation can potentiate transient receptor potential channels as it was
410 demonstrated in rodent sensory neurons both for PAR₁ [48] and PAR₂ [2; 3; 15; 16; 18; 24]
411 would still have to be confirmed in human primary afferents.

412 One major limitation of the present study though is that even if we have harvested
413 thoracic DRGs containing neurons projecting from the colon, not all neurons present in the
414 culture dishes are colonic projections. We cannot define whether colonic projections are
415 responding to supernatants of IBS patients, or even whether colonic projections are indeed
416 expressing the different PARs. In animal studies, retrograde labeling of projecting neurons is
417 used to identify the origin of the neurons, but this is hardly applicable to human studies.

418 In conclusion, this study describes in human sensory neurons, the expression of PARs
419 and their ability to generate calcium signaling. The results highlight the functionality of PAR₁
420 as an activator of calcium-dependent signaling and PAR₄ as an inhibitor of such signaling.
421 Most importantly, mediators from IBS patient tissues signal to human primary afferent in a
422 PAR₁-dependent mechanism, illustrating the potential of PAR₁ antagonism as a new
423 therapeutic option to treat symptoms associated with IBS.

424

425 **Authors participation**

426 CD, TB, SG-C, SMB, and CR performed experiments and statistical analysis. MRG and GB
427 provided technical and material supports. CD, NC, NV have drafted the manuscript. NC and
428 NV designed and supervised the study and obtained funding.

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439

440 **References**

- 441 [1] Ahn HS, Foster C, Boykow G, Stamford A, Manna M, Graziano M. Inhibition of cellular action of
442 thrombin by N3-cyclopropyl-7-[[4-(1-methylethyl)phenyl]methyl]-7H-pyrrolo[3, 2-f]quinazoline-1,3-
443 diamine (SCH 79797), a nonpeptide thrombin receptor antagonist. *Biochem Pharmacol*
444 2000;60(10):1425-1434.
- 445 [2] Amadesi S, Cottrell GS, Divino L, Chapman K, Grady EF, Bautista F, Karanjia R, Barajas-Lopez C,
446 Vanner S, Vergnolle N, Bunnett NW. Protease-activated receptor 2 sensitizes TRPV1 by protein kinase
447 Cepsilon- and A-dependent mechanisms in rats and mice. *J Physiol* 2006;575(Pt 2):555-571.
- 448 [3] Amadesi S, Nie J, Vergnolle N, Cottrell GS, Grady EF, Trevisani M, Manni C, Geppetti P, McRoberts
449 JA, Ennes H, Davis JB, Mayer EA, Bunnett NW. Protease-activated receptor 2 sensitizes the capsaicin
450 receptor transient receptor potential vanilloid receptor 1 to induce hyperalgesia. *J Neurosci*
451 2004;24(18):4300-4312.
- 452 [4] Asfaha S, Brussee V, Chapman K, Zochodne DW, Vergnolle N. Proteinase-activated receptor-1
453 agonists attenuate nociception in response to noxious stimuli. *Br J Pharmacol* 2002;135(5):1101-
454 1106.
- 455 [5] Asfaha S, Cenac N, Houle S, Altier C, Papez MD, Nguyen C, Steinhoff M, Chapman K, Zamponi GW,
456 Vergnolle N. Protease-activated receptor-4: a novel mechanism of inflammatory pain modulation. *Br*
457 *J Pharmacol* 2007;150(2):176-185.

- 458 [6] Auge C, Balz-Hara D, Steinhoff M, Vergnolle N, Cenac N. Protease-Activated Receptor-4 (PAR4): a
459 role as inhibitor of visceral pain and hypersensitivity. *Neurogastroenterol& Motil* 2009;21(11):1189-
460 e1107.
- 461 [7] Barbara G, Feinle-Bisset C, Ghoshal UC, Quigley EM, Santos J, Vanner S, Vergnolle N, Zoetendal
462 EG. The Intestinal Microenvironment and Functional Gastrointestinal Disorders. *Gastroenterology*
463 2016.
- 464 [8] Barbara G, Stanghellini V, De GR, Cremon C, Cottrell GS, Santini D, Pasquinelli G, Morselli-Labate
465 AM, Grady EF, Bunnett NW, Collins SM, Corinaldesi R. Activated mast cells in proximity to colonic
466 nerves correlate with abdominal pain in irritable bowel syndrome. *Gastroenterology*
467 2004;126(3):693-702.
- 468 [9] Barbara G, Wang B, Stanghellini V, de Giorgio R, Cremon C, Di Nardo G, Trevisani M, Campi B,
469 Geppetti P, Tonini M, Bunnett NW, Grundy D, Corinaldesi R. Mast cell-dependent excitation of
470 visceral-nociceptive sensory neurons in irritable bowel syndrome. *Gastroenterology* 2007;132(1):26-
471 37.
- 472 [10] Brierley S. Altered Ion Channel/Receptor Expression and Function in Extrinsic Sensory Neurons:
473 The Cause of and Solution to Chronic Visceral Pain? *Adv Exp Med Biol* 2016;891:75-90.
- 474 [11] Brierley SM, Linden DR. Neuroplasticity and dysfunction after gastrointestinal inflammation. *Nat*
475 *Rev Gastroenterol Hepatol* 2014;11(10):611-627.
- 476 [12] Buhner S, Braak B, Li Q, Kugler EM, Klooker T, Wouters M, Donovan J, Vignali S, Mazzuoli-Weber
477 G, Grundy D, Boeckxstaens G, Schemann M. Neuronal activation by mucosal biopsy supernatants
478 from irritable bowel syndrome patients is linked to visceral sensitivity. *Exp Physiol* 2014;99(10):1299-
479 1311.
- 480 [13] Buhner S, Li Q, Vignali S, Barbara G, De Giorgio R, Stanghellini V, Cremon C, Zeller F, Langer R,
481 Daniel H, Michel K, Schemann M. Activation of human enteric neurons by supernatants of colonic
482 biopsy specimens from patients with irritable bowel syndrome. *Gastroenterology* 2009;137(4):1425-
483 1434.
- 484 [14] Canavan C, West J, Card T. The epidemiology of irritable bowel syndrome. *Clin Epidemiol*
485 2014;6:71-80.
- 486 [15] Cenac N, Altier C, Chapman K, Liedtke W, Zamponi G, Vergnolle N. Transient receptor potential
487 vanilloid-4 has a major role in visceral hypersensitivity symptoms. *Gastroenterology* 2008;135(3):937-
488 946, 946 e931-932.
- 489 [16] Cenac N, Altier C, Motta JP, d'Aldebert E, Galeano S, Zamponi GW, Vergnolle N. Potentiation of
490 TRPV4 signalling by histamine and serotonin: an important mechanism for visceral hypersensitivity.
491 *Gut* 2010;59(4):481-488.
- 492 [17] Cenac N, Andrews CN, Holzhausen M, Chapman K, Cottrell G, Andrade-Gordon P, Steinhoff M,
493 Barbara G, Beck P, Bunnett NW, Sharkey KA, Ferraz JG, Shaffer E, Vergnolle N. Role for protease
494 activity in visceral pain in irritable bowel syndrome. *J Clin Invest* 2007;117(3):636-647.
- 495 [18] Cenac N, Bautzova T, Le Faouder P, Veldhuis NA, Poole DP, Rolland C, Bertrand J, Liedtke W,
496 Dubourdeau M, Bertrand-Michel J, Zecchi L, Stanghellini V, Bunnett NW, Barbara G, Vergnolle N.
497 Quantification and Potential Functions of Endogenous Agonists of Transient Receptor Potential
498 Channels in Patients With Irritable Bowel Syndrome. *Gastroenterology* 2015;149(2):433-444 e437.
- 499 [19] Coelho AM, Vergnolle N, Guiard B, Fioramonti J, Bueno L. Proteinases and proteinase-activated
500 receptor 2: a possible role to promote visceral hyperalgesia in rats. *Gastroenterology* 2002;122
501 1035-1047.
- 502 [20] D'Aldebert E, Cenac N, Rousset P, Martin L, Rolland C, Chapman K, Selves J, Alric L, Vinel JP,
503 Vergnolle N. Transient receptor potential vanilloid 4 activated inflammatory signals by intestinal
504 epithelial cells and colitis in mice. *Gastroenterology* 2011;140(1):275-285.
- 505 [21] de Garavilla L, Vergnolle N, Young SH, Ennes H, Steinhoff M, Ossovskaya VS, D'Andrea MR,
506 Mayer EA, Wallace JL, Hollenberg MD, Andrade-Gordon P, Bunnett NW. Agonists of proteinase-
507 activated receptor 1 induce plasma extravasation by a neurogenic mechanism. *Br J Pharmacol*
508 2001;133(7):975-987.

509 [22] Di Serio C, Pellerito S, Duarte M, Massi D, Naldini A, Cirino G, Prudovsky I, Santucci M, Geppetti
510 P, Marchionni N, Masotti G, Tarantini F. Protease-activated receptor 1-selective antagonist SCH79797
511 inhibits cell proliferation and induces apoptosis by a protease-activated receptor 1-independent
512 mechanism. *Basic Clin Pharmacol Toxicol* 2007;101(1):63-69.

513 [23] Enck P, Aziz Q, Barbara G, Farmer AD, Fukudo S, Mayer EA, Niesler B, Quigley EM, Rajilic-
514 Stojanovic M, Schemann M, Schwille-Kiuntke J, Simren M, Zipfel S, Spiller RC. Irritable bowel
515 syndrome. *Nat Rev Dis Primers* 2016;2:16014.

516 [24] Grant AD, Cottrell GS, Amadesi S, Trevisani M, Nicoletti P, Materazzi S, Altier C, Cenac N,
517 Zamponi GW, Bautista-Cruz F, Lopez CB, Joseph EK, Levine JD, Liedtke W, Vanner S, Vergnolle N,
518 Geppetti P, Bunnett NW. Protease-activated receptor 2 sensitizes the transient receptor potential
519 vanilloid 4 ion channel to cause mechanical hyperalgesia in mice. *J Physiol* 2007;578(Pt 3):715-733.

520 [25] Hollenberg MD, Mihara K, Polley D, Suen JY, Han A, Fairlie DP, Ramachandran R. Biased signalling
521 and proteinase-activated receptors (PARs): targeting inflammatory disease. *Br J Pharmacol*
522 2014;171(5):1180-1194.

523 [26] Hollenberg MD, Saifeddine M, Al-Ani B, Gui Y. Proteinase-activated receptor 4 (PAR4): action of
524 PAR4-activating peptides in vascular and gastric tissue and lack of cross-reactivity with PAR1 and
525 PAR2. *Can J Physiol Pharmacol* 1999;77(6):458-464.

526 [27] Hollenberg MD, Saifeddine M, Sandhu S, Houle S, Vergnolle N. Proteinase-activated receptor-4:
527 evaluation of tethered ligand-derived peptides as probes for receptor function and as inflammatory
528 agonists in vivo. *Br J Pharmacol* 2004;143(4):443-454.

529 [28] Karanjia R, Spreadbury I, Bautista-Cruz F, Tsang ME, Vanner S. Activation of protease-activated
530 receptor-4 inhibits the intrinsic excitability of colonic dorsal root ganglia neurons.
531 *Neurogastroenterol Motil* 2009;21(11):1218-1221.

532 [29] Kugler EM, Mazzuoli G, Demir IE, Ceyhan GO, Zeller F, Schemann M. Activity of protease-
533 activated receptors in primary cultured human myenteric neurons. *Front Neurosci* 2012;6:133.

534 [30] Longstreth GF, Thompson WG, Chey WD, Houghton LA, Mearin F, Spiller RC. Functional bowel
535 disorders. *Gastroenterology* 2006;130(5):1480-1491.

536 [31] Lovell RM, Ford AC. Global prevalence of and risk factors for irritable bowel syndrome: a meta-
537 analysis. *Clin Gastroenterol Hepatol* 2012;10(7):712-721 e714.

538 [32] Martin L, Auge C, Boue J, Buresi MC, Chapman K, Asfaha S, Andrade-Gordon P, Steinhoff M,
539 Cenac N, Dietrich G, Vergnolle N. Thrombin receptor: An endogenous inhibitor of inflammatory pain,
540 activating opioid pathways. *Pain* 2009;146(1-2):121-129.

541 [33] Mihara K, Ramachandran R, Saifeddine M, Hansen KK, Renaux B, Polley D, Gibson S, Vanderboor
542 C, Hollenberg MD. Thrombin-Mediated Direct Activation of Proteinase-Activated Receptor-2:
543 Another Target for Thrombin Signaling. *Mol Pharmacol* 2016;89(5):606-614.

544 [34] Mueller K, Michel K, Krueger D, Demir IE, Ceyhan GO, Zeller F, Kreis ME, Schemann M. Activity of
545 protease-activated receptors in the human submucous plexus. *Gastroenterology* 2011;141(6):2088-
546 2097 e2081.

547 [35] Nakanishi-Matsui M, Zheng YW, Sulciner DJ, Weiss EJ, Ludeman MJ, Coughlin SR. PAR3 is a
548 cofactor for PAR4 activation by thrombin. *Nature* 2000;404(6778):609-613.

549 [36] Nieman MT, Schmaier AH. Interaction of thrombin with PAR1 and PAR4 at the thrombin
550 cleavage site. *Biochemistry* 2007;46(29):8603-8610.

551 [37] Oikonomopoulou K, Hansen KK, Saifeddine M, Vergnolle N, Tea I, Diamandis EP, Hollenberg MD.
552 Proteinase-mediated cell signalling: targeting proteinase-activated receptors (PARs) by kallikreins and
553 more. *Biol Chem* 2006;387(6):677-685.

554 [38] Ostertag D, Annahazi A, Krueger D, Michel K, Demir IE, Ceyhan GO, Zeller F, Schemann M.
555 Tryptase potentiates enteric nerve activation by histamine and serotonin: Relevance for the effects
556 of mucosal biopsy supernatants from irritable bowel syndrome patients. *Neurogastroenterol Motil*
557 2017;29(9).

558 [39] Ramachandran R, Altier C, Oikonomopoulou K, Hollenberg MD. Proteinases, Their Extracellular
559 Targets, and Inflammatory Signaling. *Pharmacol Rev* 2016;68(4):1110-1142.

560 [40] Ramachandran R, Hollenberg MD. Proteinases and signalling: pathophysiological and therapeutic
561 implications via PARs and more. *Br J Pharmacol* 2008;153 Suppl 1:S263-282.

562 [41] Renesto P, Si-Tahar M, Moniatte M, Balloy V, Van Dorsselaer A, Pidard D, Chignard M. Specific
563 inhibition of thrombin-induced cell activation by the neutrophil proteinases elastase, cathepsin G,
564 proteinase 3: evidence for distinct cleavage sites within the aminoterminal domain of the thrombin
565 receptor. *Blood* 1997;89:1944-1953.

566 [42] Riewald M, Ruf W. Science review: role of coagulation protease cascades in sepsis. *Crit Care*
567 2003;7(2):123-129.

568 [43] Rolland-Fourcade C, Denadai-Souza A, Cirillo C, Lopez C, Jaramillo JO, Desormeaux C, Cenac N,
569 Motta JP, Larauche M, Tache Y, Berghe PV, Neunlist M, Coron E, Kirzin S, Portier G, Bonnet D, Alric L,
570 Vanner S, Deraison C, Vergnolle N. Epithelial expression and function of trypsin-3 in irritable bowel
571 syndrome. *Gut* 2017.

572 [44] Sambrano GR, Huang W, Faruqi T, Mahrus S, Craik C, Coughlin SR. Cathepsin G activates
573 protease-activated receptor-4 in human platelets. *JBiolChem* 2000;275(10):6819-6823.

574 [45] Steinhoff M, Neisius U, Ikoma T. Proteinase-activated receptor-2 mediates itch: a novel pathway
575 for pruritus in human skin *J Neurosci* 2003;In press

576 [46] Steinhoff M, Vergnolle N, Young SH, Tognetto M, Amadesi S, Ennes HS, Trevisani M, Hollenberg
577 MD, Wallace JL, Caughey GH, Mitchell SE, Williams LM, Geppetti P, Mayer EA, Bunnett NW. Agonists
578 of proteinase-activated receptor 2 induce inflammation by a neurogenic mechanism. *Nat Med*
579 2000;6:151-158.

580 [47] Valdez-Morales EE, Overington J, Guerrero-Alba R, Ochoa-Cortes F, Ibeakanma CO, Spreadbury I,
581 Bunnett NW, Beyak M, Vanner SJ. Sensitization of peripheral sensory nerves by mediators from
582 colonic biopsies of diarrhea-predominant irritable bowel syndrome patients: a role for PAR2. *Am J*
583 *Gastroenterol* 2013;108(10):1634-1643.

584 [48] Vellani V, Kinsey AM, Prandini M, Hechtfisher SC, Reeh P, Magherini PC, Giacomoni C,
585 McNaughton PA. Protease activated receptors 1 and 4 sensitize TRPV1 in nociceptive neurones. *Mol*
586 *Pain* 2010;6:61.

587 [49] Vergnolle N. Modulation of visceral pain and inflammation by protease-activated receptors. *BrJ*
588 *Pharmacol* 2004;141(8):1264-1274.

589 [50] Vergnolle N. Postinflammatory visceral sensitivity and pain mechanisms. *Neurogastroenterol*
590 *Motil* 2008;20 Suppl 1:73-80.

591 [51] Vergnolle N. Protease-activated receptors as drug targets in inflammation and pain.
592 *PharmacolTher* 2009;123(3):292-309.

593 [52] Vergnolle N. Protease inhibition as new therapeutic strategy for GI diseases. *Gut*
594 2016;65(7):1215-1224.

595 [53] Vergnolle N, Bunnett NW, Sharkey KA, Brussee V, Compton SJ, Grady EF, Cirino G, Gerard N,
596 Basbaum AI, Andrade-Gordon P, Hollenberg MD, Wallace JL. Proteinase-activated receptor-2 and
597 hyperalgesia: A novel pain pathway. *Nat Med* 2001;7(7):821-826.

598 [54] Vergnolle N, Macnaughton WK, Al-Ani B, Saifeddine M, Wallace JL, Hollenberg MD. Proteinase-
599 activated receptor 2 (PAR2)-activating peptides: identification of a receptor distinct from PAR2 that
600 regulates intestinal transport. *Proc Natl Acad Sci U S A* 1998;95(13):7766-7771.

601 [55] Vergnolle N, Wallace JL, Bunnett NW, Hollenberg MD. Protease-activated receptors in
602 inflammation, neuronal signaling and pain. *Trends PharmacolSci* 2001;22(3):146-152.

603 [56] Vu TK, Hung DT, Wheaton VI, Coughlin SR. Molecular cloning of a functional thrombin receptor
604 reveals a novel proteolytic mechanism of receptor activation. *Cell* 1991;64:1057-1068.

605 [57] Young SE, Duvernay MT, Schulte ML, Nance KD, Melancon BJ, Engers J, Wood MR, Hamm HE,
606 Lindsley CW. A Novel and Selective PAR4 Antagonist: ML354. *Probe Reports from the NIH Molecular*
607 *Libraries Program*. Bethesda (MD), 2010.

608

609

610 **Figure legends**

611 **Figure 1: Expression of PARs in whole human DRG.** (a) Relative expression of PAR₁
612 (white bar), PAR₂ (gray bar) and PAR₄ (black bar) mRNA in human DRG normalized with
613 GAPDH expression; n=5 human DRG from 5 different donors. (b) Representative pictures of
614 PAR₁ (blue), PAR₂ (red), PAR₄ (green) and PGP9.5 (white, arrows = neurons, arrow heads =
615 nerves fibers) immunodetection on slices of human DRG; scale bar = 50 μm. (c) Percentage
616 of PAR expression on PGP9.5 positive cells in slices of T11 and T12 DRG from 3 donors.
617 For PAR₁ expression 154 neurons were counted, 162 for PAR₂ and 89 for PAR₄. (d)
618 Percentage of PAR-immunoreactive neurons according to the diameter of neuronal perikarya.
619 (c), (d), n = 3 x (T11 + T12). For each condition, an average of the percentage obtained on 3
620 pictures was performed.

621

622 **Figure 2: Expression of PARs in cultured human DRG neurons.**

623 (a) Expression of PAR₁ (in white), PAR₂ (in gray) and PAR₄ (in black) mRNA transcripts by
624 single-cell RT-qPCR (left panel) of human neurons (TUBB3 positive cells). Pie charts
625 representation of the expression (dark color) or not (light color) of PAR₁ (in blue), PAR₂ (in
626 red) and PAR₄ (in green) mRNA in human neurons (right panel). Each segment represents a
627 single neuron. n = 26 neurons. (b) Representative pictures of PARs (in red) and PGP9.5 (in
628 green) immunodetection in cultures of human DRG; scale bar = 50 μm. (c) Percentage of
629 PAR expression on PGP9.5-positive cells in human DRG neuron cultures from 5 different
630 donors. Two wells for each condition were counted: 112 neurons for PAR₁ labelling, 134 for
631 PAR₂ and 88 for PAR₄ were counted.

632

633 **Figure 3: Effects of PAR-AP in human sensory neurons.**

634 (a) Representative trace of calcium flux experiment obtained in one well of human sensory
635 neuron culture exposed to PAR₁-AP, PAR₂-AP or PAR₄-AP (100 μM each). Percentage of
636 responding neurons (b) and amplitude of intracellular calcium mobilization ($\Delta F/F$; c) in
637 human sensory neurons exposed to PAR agonist peptides (PAR-AP, 100 μM, black bar) or
638 inactive peptides (PAR-IP, 100 μM, white bar). n=6 to 8 independent experiments of 3 wells
639 per condition and 20-53 neurons per well. (d) Calcium flux amplitude of responding neurons
640 exposed to PAR₁-IP (100 μM, white bar) or to increasing doses of PAR₁-AP (1, 10, 50 and
641 100 μM, black bar) pretreated or not with a PAR₁ antagonist (SCH79797, 10μM). n=4 to 5
642 independent experiments of 3 wells per condition and 36-62 neurons per well. (e)

643 Representative trace of calcium flux experiment obtained in one well of human sensory
644 neurons culture exposed to PAR₁-AP (100 μM) and pre-incubated with PAR₂-AP or PAR₄-
645 AP (100 μM each). Percentage of responding neurons (**f**) and amplitude of intracellular
646 calcium mobilization (ΔF/F; **g**) in human sensory neurons exposed to PAR₁-AP (100 μM, all
647 bars) and pretreated with PAR₂-IP or PAR₄-IP (100 μM, white bar), PAR₂-AP (100 μM, gray
648 bar) or PAR₄-AP (100μM, black bar). n=3 to 4 independent experiments of 3 wells per
649 condition and 30-58 neurons per well. Statistical analysis was performed using Kruskal-
650 Wallis analysis of variance and subsequent Dunn's post hoc test. * p<0.05, ** p<0.01, ***
651 p<0.001, significantly different from the corresponding inactive-peptide groups; £££ p <
652 0.001, significantly different from PAR₁-AP (100μM).

653

654 **Figure 4: Effects of thrombin in human DRG neurons.**

655 Percentage of responding neurons (**a**) and amplitude of intracellular calcium mobilization
656 (ΔF/F; **b**) in human DRG neurons exposed to thrombin (10 U/mL, black bar) or its vehicle
657 (HBSS, white bar). n=3 to 4 independent experiments of 3 wells per condition and 31-45
658 neurons per well. Statistical analysis was performed using Mann-Whitney test. * p<0.05, **
659 p<0.01, significantly different from HBSS group. Percentage of responding neurons (**c**) and
660 amplitude of intracellular calcium mobilization (ΔF/F; **d**) in human sensory neurons exposed
661 to thrombin (10 U/mL, all bars) and pretreated with PAR₁ antagonist (SCH79797, 10 μM,
662 gray bar), PAR₄ antagonist (ML354, 10 μM, black bar) or their vehicle (HBSS, white bar).
663 n=3 independent experiments of 3 wells per condition and 39-68 neurons per well. Statistical
664 analysis was performed using Kruskal-Wallis analysis of variance and subsequent Dunn's
665 post hoc test. * p<0.05, *** p<0.001, significantly different from the corresponding inactive-
666 peptide groups.

667 **Figure 5: Effects of supernatants from colonic biopsies of IBS patients or healthy**
668 **controls on calcium mobilization in human DRG neurons.**

669 (**a**) Representative trace of calcium flux experiment obtained in one well of human sensory
670 neuron culture exposed to supernatant of diarrhea-predominant IBS patient (hexagon) or to
671 healthy control (HC, circle). Amplitude of intracellular calcium mobilization (ΔF/F; **b**) in
672 human sensory neurons and percentage of responding neurons (**c**) exposed to supernatants
673 from colonic biopsies of IBS patients: constipation-predominant (-C, triangle), diarrhea-
674 predominant (-D, hexagon), alternate (-A, square) or to supernatants from colonic biopsies of
675 healthy control (HC, circle). (**d**) Representative trace of calcium flux experiment obtained in

676 one well of human sensory neurons culture exposed to supernatant of alternate-predominant
677 IBS patient (square) and pretreated with PAR₁ antagonist (SCH79797, 10 μM, gray square) or
678 its vehicle (white square). Amplitude of intracellular calcium mobilization ($\Delta F/F$; **e**) in human
679 sensory neurons and percentage of responding neurons (**f**) exposed to supernatants from
680 colonic biopsies of IBS patients: constipation-predominant (-C, triangle), diarrhea-
681 predominant (-D, hexagon) or alternate (-A, square) and pretreated with PAR₁ antagonist
682 (SCH79797, 10 μM), or its vehicle. Data are represented as scattered dot plot with line at
683 mean. Each symbol represents one patient. n=6 independent experiments of 3 wells per
684 condition and 42-53 neurons per well. Statistical analysis was performed using Mann-
685 Whitney test (**b** and **c**) or Wilcoxon matched pairs test (**e** and **f**). * p<0.05, ** p<0.01,
686 significantly different from HC (**b** and **c**) or from IBS group (**e** and **f**).

ACCEPTED

Figure 1

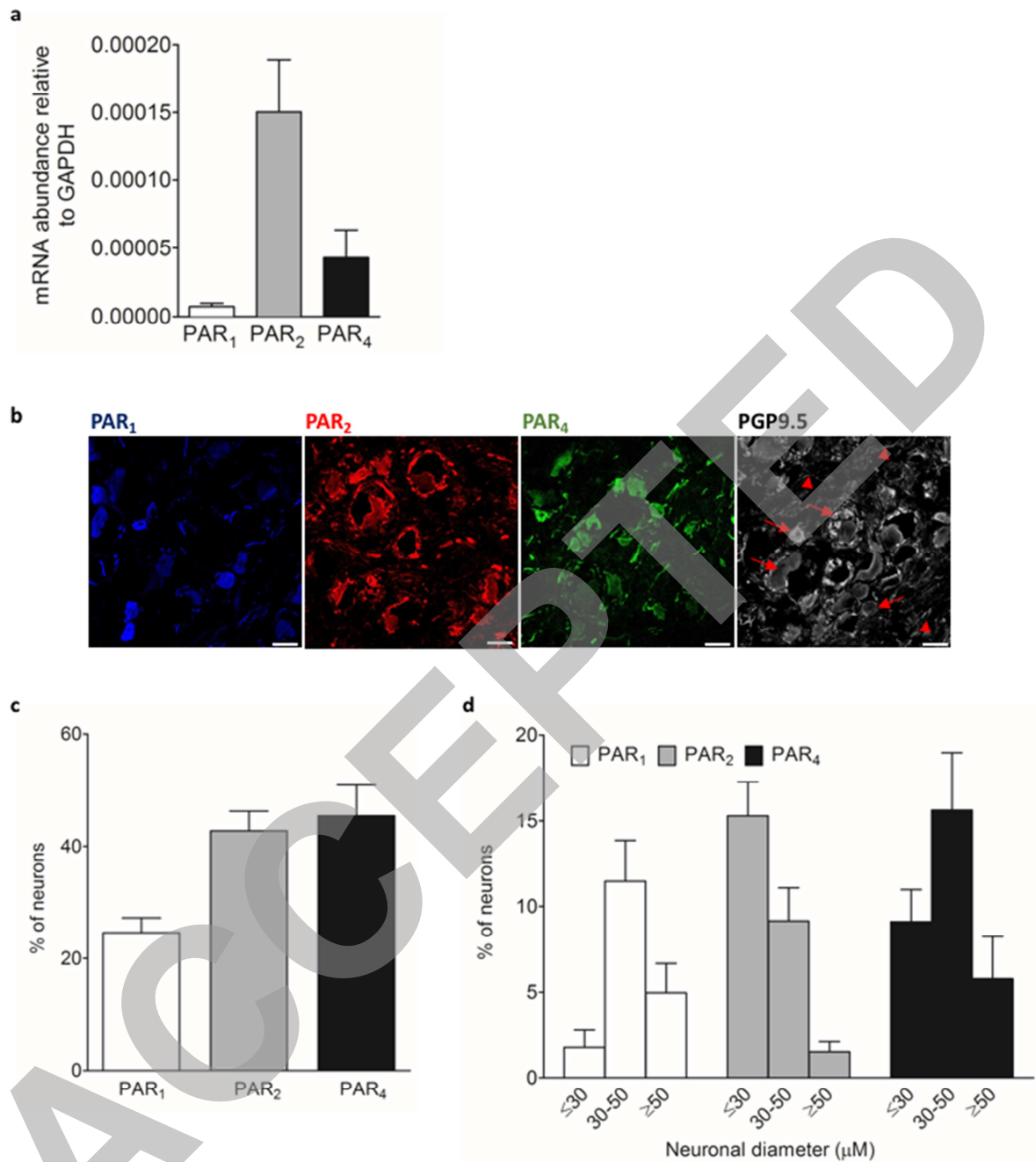


Figure 2

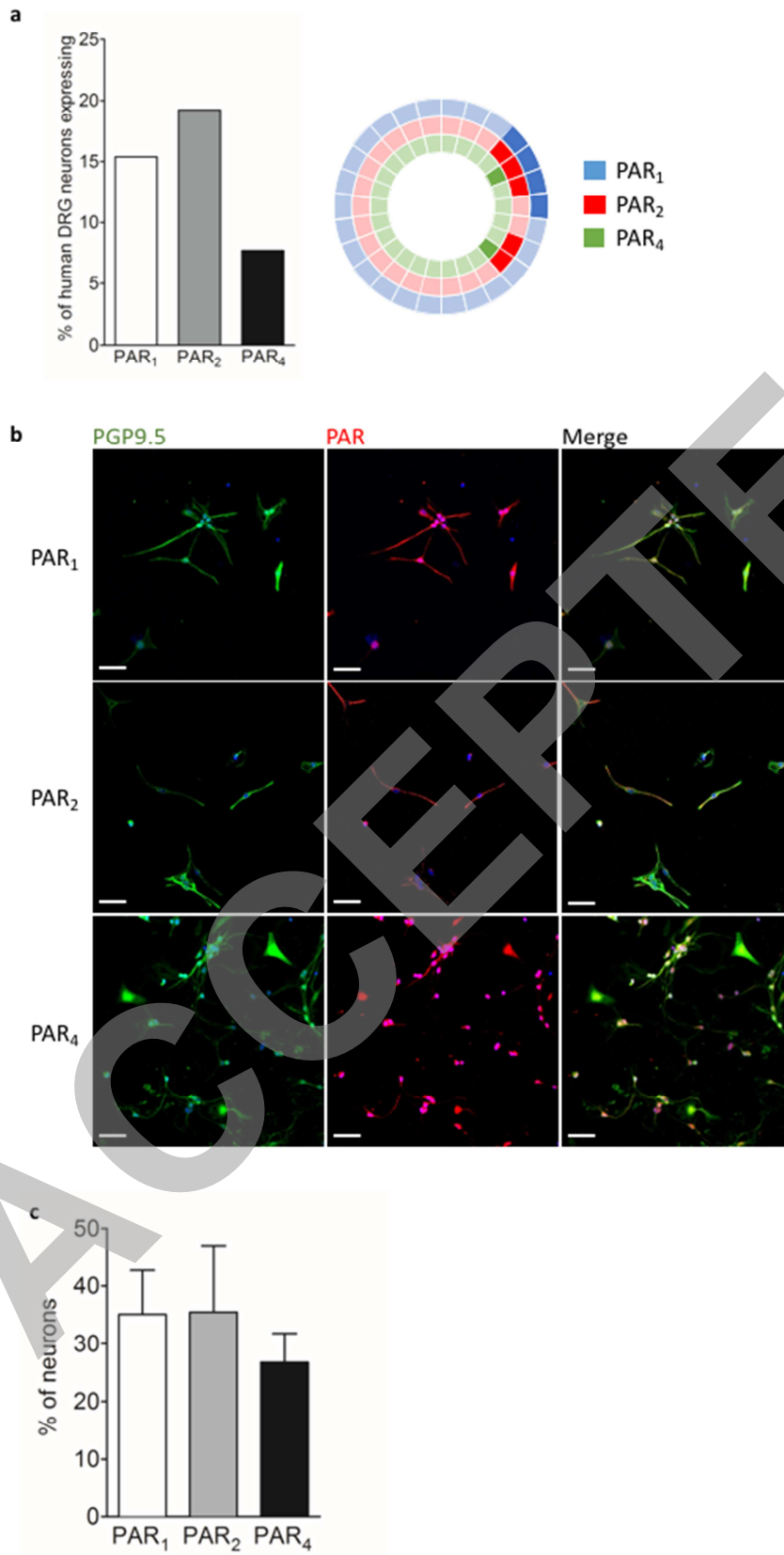


Figure 3

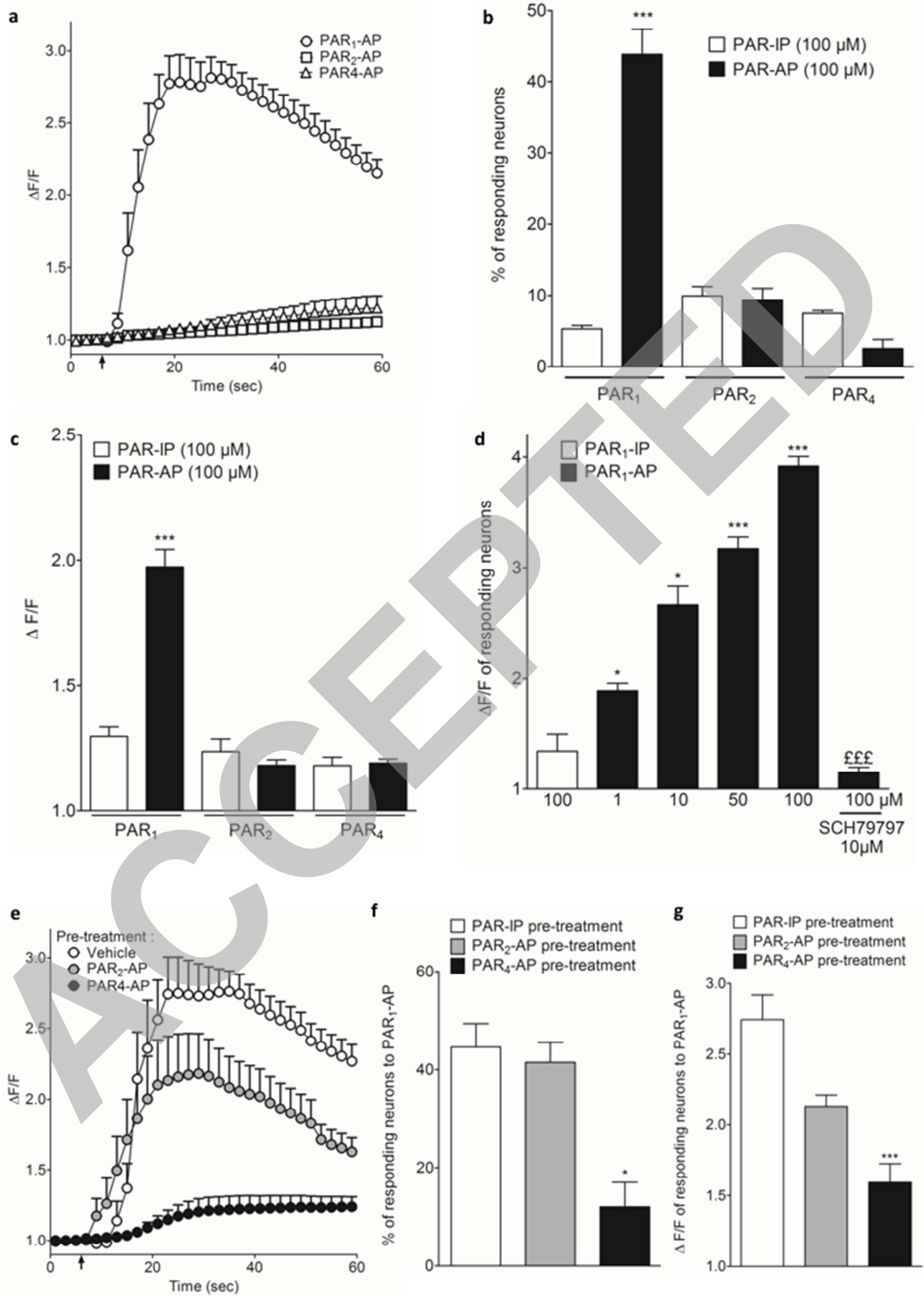


Figure 4

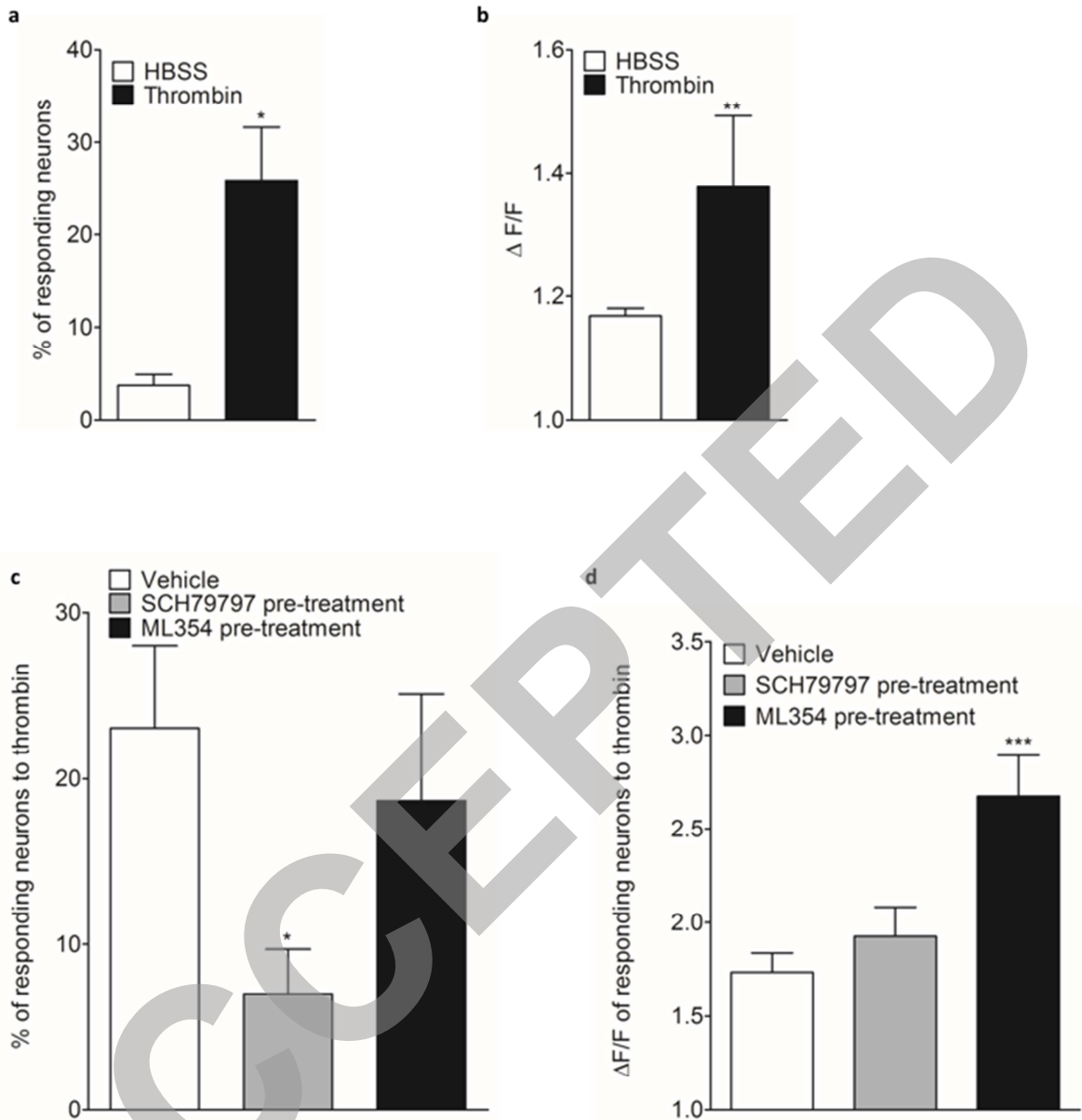
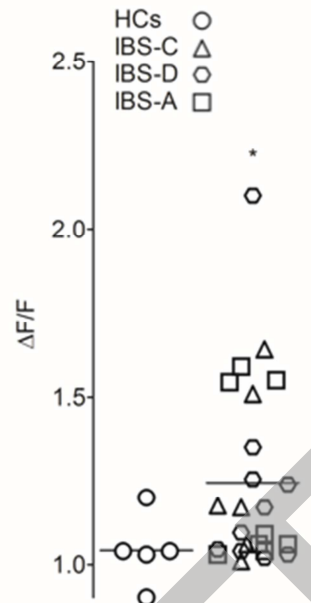
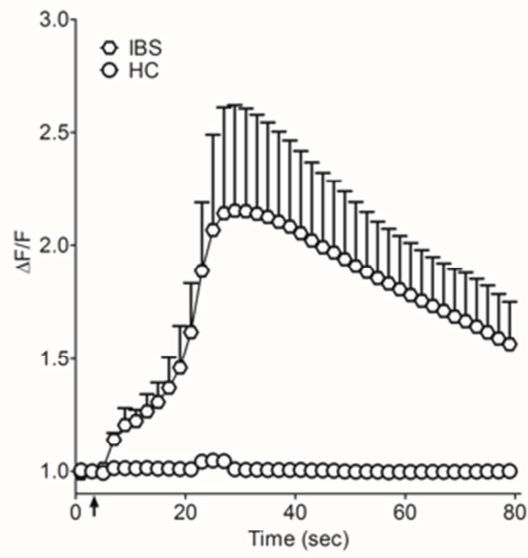
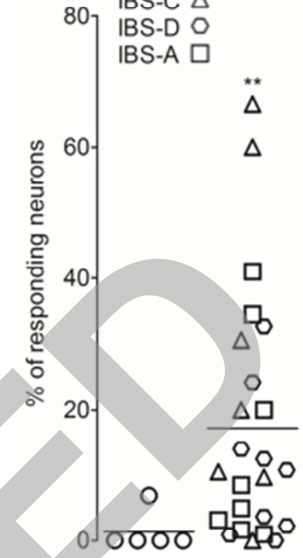


Figure 5

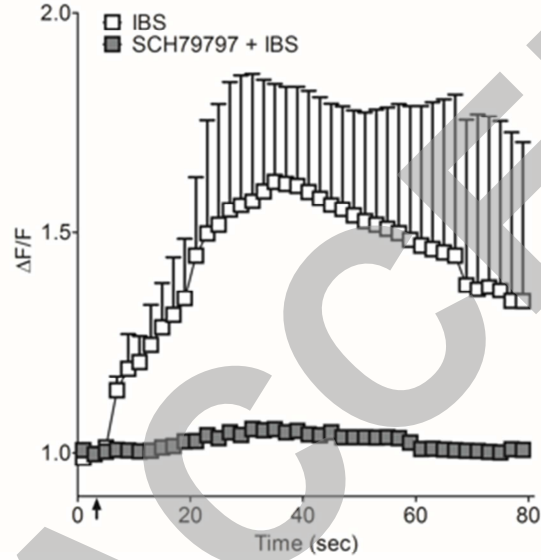
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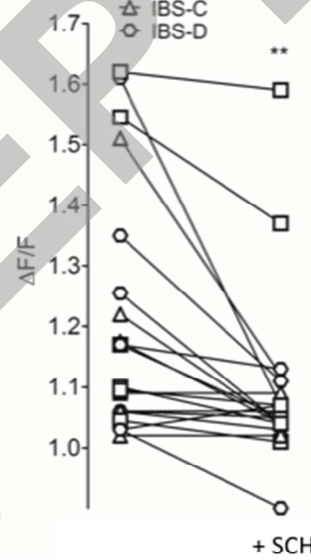
c



d



e



e

