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## **Resveratrol (trans-3, 5, 4'-trihydroxystilbene) induces SIRT1 and down-regulates NF- $\kappa$ B activation to abrogate DSS-induced colitis**

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## Resveratrol attenuates colonic inflammation

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**ABBREVIATIONS:** COX, cyclooxygenase; CD, crohn's disease; DSS, dextran sulfate sodium; IBD, inflammatory bowel disease; NF- $\kappa$ B, nuclear transcription factor kappaB; SIRT1, silent information regulator 1; TNF- $\alpha$ , tumor necrosis factor-alpha; UC, ulcerative colitis; IL-1 $\beta$ , interleukin 1 beta; IL, interleukin; IFN- $\gamma$ , interferon gamma; ELISA, Enzyme-linked immunosorbent assay; RT-PCR, reverse transcription-polymerase chain reaction; RES, resveratrol; Veh, Vehicle.

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## ABSTRACT

Inflammatory bowel disease (IBD) is a chronic, relapsing, and tissue-destructive disease. Resveratrol (3,4,5-Trihydroxy-trans-stilbene), a naturally occurring polyphenol that exhibits beneficial pleiotropic health effects, is recognized as one of the most promising natural molecules in the prevention and treatment of chronic inflammatory disease and autoimmune disorders. In the present study, we investigated the effect of resveratrol on dextran sodium sulphate (DSS)-induced colitis in mice and found that it effectively attenuated overall clinical scores as well as various pathological markers of colitis. Resveratrol reversed the colitis-associated decrease in body weight and increased levels of serum amyloid A (SAA), TNF- $\alpha$ , IL-6, and IL-1 $\beta$ . After resveratrol treatment, the percentage of CD4<sup>+</sup> T cells in mesenteric lymph nodes (MLN) of colitis mice was restored to normal levels and there was a decrease in these cells in the colon lamina propria (LP). Similarly, the percentages of macrophages in MLN and the LP of mice with colitis were decreased after resveratrol treatment. Resveratrol also suppressed cyclooxygenase-2 (COX-2) expression induced in DSS-exposed mice. Colitis was associated with a decrease in silent mating type information regulation-1 (SIRT1) gene expression and an increase in p-I $\kappa$ B $\alpha$  expression and nuclear transcription factor kappaB (NF- $\kappa$ B) activation. Interestingly, resveratrol treatment of mice with colitis significantly reversed these changes. This study demonstrates for the first time that SIRT1 is involved in colitis, functioning as an inverse regulator of NF- $\kappa$ B activation and inflammation. Furthermore, our results indicate that resveratrol may protect against colitis through up-regulation of SIRT1 in immune cells in the colon.

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The etiology and pathogenesis of two major forms of inflammatory bowel disease (IBD), Crohn's disease (CD) and ulcerative colitis (UC), are poorly understood (Podolsky, 2002). It is widely held that human IBD is multifactorial and caused by immunologic, environmental, and genetic factors. Recently, it has been suggested that human IBD may be the result of abnormalities of the immune system or normal gut flora (MacDonald et al., 2000). It has been also suggested that colitis in mice may be due to an overall autoimmune dysregulation or an imbalance in T cells (Hollander et al., 1995). It has been shown that intestinal colon mucosa of CD patients are dominated by T cells producing inflammatory cytokines such as interleukin (IL)-1 $\beta$ , IL-6, and TNF- $\alpha$  (Fiocchi, 1998).

The polyphenolic phytoalexin, resveratrol (3,5,4'-trihydroxy-trans-stilbene), is a naturally occurring stilbene found in peanuts, grapes, and red wine that exert several biological activities (Gholam et al., 2007). It has been shown to extend the life span of yeast and mice and regulates tumor growth, and oxidation (de la Lastra and Villegas, 2005). It also reduces both acute and chronic chemically induced edema (Jang et al., 1997), lipopolysaccharide-induced airway inflammation (Birrell et al., 2005). The anti-inflammatory mechanism of resveratrol is not completely understood, but reductions in the expression and activity of COX-1 and COX-2 have been reported (Martin et al., 2006). Resveratrol also modulates early inflammation in colitis, but its effects during chronic colitis remain undetermined (Martin et al., 2004).

SIRT1 is a member of the class III group of histone deacetylases collectively called sirtuins (SIRT1s). SIRT1 is homologous to the yeast Sir2 gene, which has been implicated in chromatin silencing, cell survival, and aging (North and Verdin, 2004). SIRT members are considered be nuclear sensors of redox signaling. Recent studies have documented a function of SIRT in genetic control of aging (Michan and Sinclair, 2007). Overexpression of SIRT orthologs

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has been found to increase the life span of *Caenorhabditis elegans* and *Drosophila*, indicating that SIRT family members function in longevity (Tissenbaum and Guarente, 2001). It has also been shown that SIRT1 prevents neuronal degeneration and protects cardiomyocytes from oxidative stress-mediated cell damage (Pillai et al., 2005). Resveratrol activates SIRT1, a longevity gene, extending the life span of diverse species.

NF- $\kappa$ B is a key regulator of inducible expression of many genes involved in immune and inflammatory response in the gut. NF- $\kappa$ B-induced cytokines contribute to the stimulation, activation, and differentiation of immune cells, thus perpetuating inflammation. Many established drugs are known to mediate, at least in part, anti-inflammatory effects of inflammation score via inhibition of NF- $\kappa$ B activity. Proinflammatory cytokines and bacterial pathogens activate NF- $\kappa$ B, mostly through I $\kappa$ B kinase-dependent phosphorylation and degradation of I $\kappa$ B proteins. NF- $\kappa$ B p65 has been shown to be critically important in chronic inflammatory diseases. Inhibition of NF- $\kappa$ B activation has been suggested as an anti-inflammatory strategy in IBD (Neurath et al., 1996). Interestingly, recent studies have demonstrated that SIRT1 inhibits NF- $\kappa$ B transcription by directly deacetylating the RelA/p65 protein at lysine 310 (Yeung et al., 2004).

Conventional treatment of colitis can reduce periods of active disease and help maintain remission, but these treatments often bring marginal results and the disease becomes refractory. Antibody therapy has some precedence in the treatment of colitis. Administration of anti-TNF- $\alpha$  antibody in mice (Powrie et al., 1994), Infliximab in humans (Mouser, 1999 #2258) and a CXCR3 ligand in IL-10<sup>-/-</sup> mice (Singh et al., 2003a) have been shown to inhibit the progression of colitis. We have also shown that mucosal CD4<sup>+</sup> T cells elevated in active disease can be abrogated by anti-CXCL10 Ab treatment (Singh et al., 2008b). Unfortunately, the side effects

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associated with these treatments could result in adverse reactions or poor responses by the patients, thereby limiting their clinical use (Mouser and Hyams, 1999).

For this reason, many colitis sufferers turn to unconventional treatments in the hope of abating symptoms of active disease. It is estimated that 40% of IBD patients use some form of megavitamin therapy or herbal or dietary supplement (Head and Jurenka, 2004). Due to the strong anti-inflammatory and antioxidant properties of resveratrol, we hypothesized that resveratrol may be highly effective against colitis. Here, we provide results indicating that orally administered resveratrol ameliorates DSS-induced colitis in mice. Although resveratrol was found to act through multiple pathways, we found that mice with colitis had decreased expression of the SIRT1 gene in the colon and a consequent up-regulation of NF- $\kappa$ B activation. Resveratrol treatment reversed these effects.

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## **Materials and methods**

### **Animals**

Female C57BL/6 mice aged 8 to 12 weeks were purchased from Jackson Laboratories (Bar Harbor, ME). The animals were housed and maintained in micro-isolator cages under conventional housing conditions at the South Carolina School of Medicine animal facility. Experimental groups consisted of six mice each and the study was repeated three times.

### **Acute colitis induced by DSS**

Acute colitis was induced using DSS as described elsewhere (Dieleman et al., 1998). Briefly, eight week-old BL/6 mice received either water or drinking water containing 3% DSS (MP Biomedical, LLC, Ohio) (*ad libitum*) for seven days followed by water cycle alone for seven days. The body weight of mice was monitored every day from day 0 at the start of resveratrol treatment. Mice received either 100 $\mu$ l of 10, 50 and 100 mg/kg body weight dose of resveratrol by oral gavage as described (Singh et al., 2007) or saline on alternate days, starting with the day mice received DSS (*ad libitum*). Resveratrol (3,4,5-Trihydroxy-trans-stilbene), a purified compound with the molecular formula C<sub>14</sub>H<sub>12</sub>O<sub>3</sub> was obtained from Sigma Chemical Co (St. Louis, MO). The Certificate of Origin indicated that it was originally purified and extracted from the Bushy Knotweed plant and was found to be greater than 99% pure by both gas chromatography and thin-layer chromatography. At the end of the experiments blood was collected and colon samples were washed with phosphate-buffered saline, cut longitudinally, formalin fixed, and paraffin embedded.

### **Cell isolation**

Spleens and MLN from individual mice were mechanically dissociated respectively and RBC's lysed with lysis buffer (Sigma St. Louis, MO). Single cell suspensions of spleen and

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MLN were passed through a sterile wire screen (Sigma St. Louis, MO). Cell suspensions were washed twice in RPMI 1640 (Sigma St. Louis, MO) and stored in media containing 10% fetal bovine serum (FBS) on ice until used after one to two hours. The small intestine/colon was cut into 1-cm stripes and stirred in PBS containing 1mM EDTA at 37 °C for 30 min. The cells from intestinal LP were isolated as described previously (Singh et al., 2003a). In brief, the LP was isolated by digesting intestinal tissue with collagenase type IV (Sigma St. Louis, MO) in RPMI 1640 (collagenase solution) for 45 min at 37 °C with moderate stirring. After each 45 min interval, the released cells were centrifuged, stored in complete media and mucosal pieces were replaced with fresh collagenase solution for at least two times. LP cells were further purified using a discontinuous Percoll (Pharmacia, Uppsala, Sweden) gradient collecting at the 40–75% interface. Lymphocytes were maintained in complete medium, which consisted of RPMI 1640 supplemented with 10 ml/L of nonessential amino acids (Mediatech, Washington, DC), 1 mM sodium pyruvate (Sigma), 10 mM HEPES (Mediatech), 100 U/ml penicillin, 100 µg/ml streptomycin, 40 µg/ml gentamycin (Elkins-Sinn, Inc., Cherry Hill, NJ), 50 µM mercaptoethanol (Sigma) and 10 % FCS (Atlanta Biologicals).

### **Flow cytometry analysis**

Cells from the spleen, MLN, and LP were freshly isolated as described above for each experimental group. For three to four color FACS cell surface antigens staining, cells were pre-blocked with Fc receptors for 15 min at 4 °C. The cells were washed with FACS staining buffer (PBS with 1% BSA), and then stained with CY-, FITC- or PE-conjugated anti-CD3 (145-2C11), -CD4 (H129.19), -CD8 (LY-2 53-6.7), -CD11b (M1/70), -CD11c (HL3), and/or -CD69, -CD62L (BD-PharMingen, San Diego CA), for 30 minutes with occasional shaking at 4 °C. The cells were washed two times with FACS staining buffer and thoroughly re-suspend in BD



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Cytofix/Cytoperm (BD-PharMingen, San Diego CA) solution for 20 min. The cells were again washed two times with BD perm/wash solution after keeping it 10 min at 4 °C. For intracellular cytokines, re-suspended fixed permeabilized cells were stained with pre-determined APC fluoro-chrome-conjugated anti-cytokine antibody (TNF- $\alpha$ , IFN- $\gamma$  for 30 min. at 4 °C in the dark). Lymphocytes were then washed thoroughly with FACS staining buffer and analyzed by flow cytometry (FC 500 by Beckman Coulter Fort Collins Co).

### **Cytokine quantitation by Luminex™ analysis**

T helper cell-derived cytokines IL-1 $\beta$ , IL-6, IFN- $\gamma$ , and TNF- $\alpha$  in the serum were determined by Beadlyte™ mouse multi-cytokine detection system kit (Bio-Rad, Hercules, CA). Filter bottom ELISA plates (Bio Rad Hercules, CA) were rinsed with 100  $\mu$ l of bio-plex assay buffer and removed using a Millipore™ Multiscreen Separation Vacuum Manifold System (Bedford, MA), set at 5 mm Hg. Analyte beads in assay buffer were added into wells followed by 50  $\mu$ l of serum or standard solution and incubated for 30 minutes at RT with continuous shaking (at setting #3) using a Lab-Line™ Instrument Titer Plate Shaker (Melrose, IL). The filter bottom plates were washed as before and centrifuged at 300x g for 30 seconds. Subsequently, 50  $\mu$ l of anti-mouse IFN- $\gamma$ , IL-1 $\beta$ , IL-6 or TNF- $\alpha$  Ab-biotin reporter solution was added in each well followed by incubation with continuous shaking for 30 minutes followed by centrifugation and washing. Next, 50  $\mu$ l streptavidin-phycoerythrin solution was added and incubated with continuous shaking for 10 minute at RT. 125  $\mu$ l of Bio-Plex assay buffer was added and Beadlyte™ readings were measured using a Luminex™ System (Austin, TX) and calculated using Bio Rad Bio-plex™ software. The cytokine Beadlyte™ assays were capable of detecting > 5 pg/ml for each analyte.

### **Acute phase (SAA) ELISA**

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SAA level was determined by ELISA (Biosource International, Camarillo, CA). In brief, 50  $\mu$ l of SAA-specific mAb solution was used to coat micro-titer strips to capture SAA. Serum samples and standards were added to wells and incubated for 2 hours at RT. After washing in the assay buffer, the HRP-conjugated anti-SAA mAbs solution was added and incubated for 1 hour at 37 °C. After washing, 100  $\mu$ l TMB (Biosource International, Camarillo, CA), substrate solution was added. The reaction was stopped after incubation for 15 minutes at RT. After the stop solution was added, the plates were read at an optical density of 450 nm.

### **Histology**

Colon was preserved using 10% buffer neutral formalin followed by 4% paraformaldehyde and embedded in paraffin. Fixed tissues were sectioned at 6  $\mu$ m, and stained with hematoxylin and eosin for microscopic examination. Intestinal lesions were multi-focal and of variable severity. Grades were given to intestinal sections that took into account the number of lesions as well as severity. A score (0 to 4) was given based on the established criteria already described (Singh et al., 2003a). The summation of these scores provided a total colonic disease score per mouse. The summation of these disease scores provided a total colonic disease score that could range from 0 to 4 with grade 1 lesions in proximal, middle and distal colon segments.

### **SIRT1, COX1 and COX2 mRNA expression**

For RT-PCR primer design, mouse mRNA sequences for COX-1 and COX-2 mRNAs were obtained from the NIH-NCBI. Primers were designed using the Beacon™ 2.0 computer program to generate 342 and 361 base pair fragments of COX-1 and COX-2 respectively. Thermodynamic analysis of the primers was conducted using the following computer programs: Primer Premier™ and MIT Primer III (Boston, MA). The resulting primer sets were compared against the entire mouse genome to confirm specificity and to ensure that they flanked mRNA

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splicing regions. To detect the expression of COX-1, COX-2 in LP cells harvested from colon of mice as described in materials and method, sets of mouse COX-1-specific forward (5'-ACAGG ATGAACAGTCTACCCACC-3') and reverse (5'-GTAGGAATCAGAACAGATGCTGA-3') primers, and COX-2-specific forward (5'-ACCATTTGAACTATTCTACCAGC-3') and reverse (5'-AGTCGGCCTGGGATGGCATCAG-3') primers were used. In brief, total RNAs from spleen (SP), mesenteric lymph nodes (MLN), and colon LP lymphocytes were harvested and cDNAs were synthesized as described earlier (Singh et al., 2007). PCR was performed for 30 cycles using the following conditions: 30 s 95 °C (denaturing temperature), 40 s at 54 °C (annealing temperature), and 60 s at 72 °C (extension temperature), with a final incubation at 72 °C for 10 min for SIRT1. However, the annealing temperature for COX-1 and COX-2 was 57 °C. The PCR products, generated from mouse gene primer pairs, were normalized against PCR products generated from mouse 18S (215 bp), forward (5'-GCCCGAGCCGCCTGGATAC-3') and reverse (5'-CCGGCGGGTCATGGGAATA AC-3') primers after electrophoresis on 1.5% agarose gel and visualization with UV light. The band intensity of PCR products was determined using Bio Rad image analysis system (Bio Rad Hercules, CA). The fold increase mRNA in each tissue sample was evaluated by RT-PCR analysis using the Bio-Rad Icyler and software (Hercules, CA).

### **Western blot analysis for SIRT1 and p-I $\kappa$ B $\alpha$ -Ser32 expression**

Immunoblotting was performed as described previously (Singh et al., 2007). The cells were suspended in RIPA lysis buffer (Santa Cruz Biotechnology, CA) for p-I $\kappa$ B $\alpha$ -Ser32 and SIRT1 analysis. Cell lysates for SIRT1 and p-I $\kappa$ B $\alpha$ -Ser32 was prepared by freezing, thawing and the protein concentration was measured using a standard Bradford assay (Bio Rad, WI). The

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protein concentration for p-I $\kappa$ B $\alpha$ -Ser32 and SIRT1 was measured using standard BCA protein assay kit (Pierce, Rockford, IL). The proteins were fractionated in 12% SDS-PAGE and transferred onto PVDF membranes using a dryblot apparatus (BioRad, Hercules, CA). The membrane was incubated in blocking buffer (SIRT1; 5% milk and 0.05% Tween 20, p-I $\kappa$ B $\alpha$ -Ser32; 1% milk, 1% BSA and 0.05% Tween 20) for 1 hr at RT. This was followed by incubation in mouse SIRT1- and - p-I $\kappa$ B $\alpha$ -Ser32 specific (1: 200; Santa Cruz Biotechnology, CA) primary antibody and beta-actin (1:5000; Sigma-Aldrich St. Louis, MO) primary antibody at 4 °C for overnight. HRP-conjugated secondary Ab was used at 1:2000 dilutions (Cell Signaling Technology, Inc Danvers, MA). The membrane was then washed 3 times (10-15 min) with washing buffer (PBS + 0.2% Tween 20) and incubated for 1 hr in HRP-conjugated secondary antibody (Cell Signaling Technology, Inc Danvers, MA) in blocking buffer. The membranes were then washed several times and incubated in developing solution (equal volume of solution A and B; ECL Western Blotting Detection Reagents, Amersham Biosciences England) and signal was detected using Chemi Doc System (Bio-Rad, Hercules CA). Densitometry analyses of the western blots were performed using Chemi Doc Software (Bio-Rad, Hercules CA).

### **Electrophoretic Mobility Shift Assay (EMSA)**

The double stranded oligonucleotide probes corresponding to wild type or mutant NF- $\kappa$ B motifs were synthesized. The sequences of hairpin oligonucleotide probes are described below:

#### **Wild-type NF- $\kappa$ B probe:**

Forward probe containing NF- $\kappa$ B motif: 5'-ACAGGAGAAAGGTGTTTCCCTTGACTGC-3'

Reverse probe containing NF- $\kappa$ B motif: 5'-GCAGTCAAGGGAAACACCTTTCTCCTGT-3'

#### **Mutant NF- $\kappa$ B probe:**

Forward probe containing mutant NF- $\kappa$ B motif:

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5'-ACAGGAGAAAGGTGTTTAAATTGACTGC-3'

Reverse probe containing mutant NF- $\kappa$ B motif:

5'-GCAGTCAATTTAAACACCTTTCTCCTGT-3'

### **Preparation of nuclear extracts from LPL (colon)**

To prepare nuclear extract for EMSA, LPL cells from colon of mice induced with water (control) or induced with DSS (DSS) and treated with resveratrol were harvested. All subsequent steps were done on ice following the protocol described earlier (Singh *et al.*, 2007). In brief, the cell pellet was suspended in 200  $\mu$ l of buffer A (10 mM HEPES, pH 7.9, 1.5 mM MgCl<sub>2</sub>, 10 mM KCl, and 0.5 mM dithiothreitol) and lysed by passing through a 28-gauge needle four times. The nuclei were then pelleted by centrifugation for 10s, and the supernatant was aspirated. The crude nuclei preparation was then extracted by adding 120  $\mu$ l buffer C (20 mM HEPES, pH 7.9, 25% (v/v) glycerol, 420 mM KCl, 1.5 mM MgCl<sub>2</sub>, 0.2 mM EDTA, 0.5 mM dithiothreitol, and 0.5 mM phenylmethylsulfonyl fluoride) and incubating for 15 min on ice. 120  $\mu$ l buffer D (20 mM HEPES, pH 7.9, 0.2 mM EDTA, 0.5 mM phenylmethylsulfonyl fluoride, and 0.5 mM dithiothreitol) was added and then centrifuged for 10 min at 15,000 rpm. The supernatant was harvested, snap frozen in liquid nitrogen, and stored at -80 °C. The protein concentration was determined using the BCA protein determination kit from Pierce, using albumin as a protein standard.

### **Generation of double stranded NF- $\kappa$ B oligo probes and radio- labeling**

Equal concentration of forward and reverse oligo probes of wild type and mutant NF- $\kappa$ B were incubated first at 95 °C for 3 min and then allowed to cool down at room temperature in a standard thermal cycler. The double stranded wild- types and mutant NF- $\kappa$ B oligonucleotide probes were 5-end-labeled by mixing 1-5 pmol of oligonucleotide with 10  $\mu$ Ci of [ $\gamma$ -<sup>32</sup>P] ATP

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(MP Biomedicals, Aurora, OH), and 8 units of T4 polynucleotide kinase (New England Biolabs) in 1X PNK buffer and incubating for 1 h at 37 °C. After incubation, the end-labeled oligonucleotides were purified from free ATP by passing over a NICK column (Amersham Biosciences). The 3–5 µg nuclear protein were mixed with 1 µl radiolabeled oligonucleotide (50,000 cpm) in a reaction mix containing 1 µl binding buffer (10 mM Tris, 1 mM EDTA, 1 mM dithiothreitol, 100 mM KCl, 10% (v/v) glycerol) and 1 µg poly (dI-dC) (Amersham Biosciences) as a nonspecific inhibitor in a final volume of 25 µl. These reaction mixtures were incubated for 30 min at 25 °C. The samples were resolved on a 6% polyacrylamide gel in Tris borate EDTA that has been pre run for 30 min. The gels were dried and exposed to X-ray film. For the specific and nonspecific competition analyses, equimolar amounts of the cold hairpin oligonucleotide competitors were added to the binding reaction before the addition of the labeled oligonucleotide probes.

### **Statistics**

The data were expressed as the mean  $\pm$  SEM and compared using a two-tailed paired student's *t*-test or an unpaired Mann Whitney U test. The results were analyzed using the Statview II statistical program (Abacus Concepts, Inc., Berkeley, CA) and Microsoft Excel (Microsoft, Seattle, WA). Single-factor variance ANOVA analyses were used to evaluate groups. Results were considered statistically significant if *p* values were < 0.05 between the control and the experimental groups.

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## **Results**

### **Effect of resveratrol on DSS-induced colitis in mice**

We used the following groups of mice in our study. The control group consisted of BL/6 mice given no treatment; the RES designated group, received resveratrol alone suspended in 100  $\mu$ l of distilled water (oral gavage); mice in the DSS+vehicle group were given DSS alone (3%) in drinking water; DSS+RES mice received a combination of DSS in drinking water and resveratrol by oral gavage. DSS administration by drinking water for seven days induced acute colitis in BL/6 mice, as shown by significant weight loss, diarrhea, ruffled fur, and occasional bleeding. DSS-induced colitis brought about a 15% to 20% reduction in initial body weight. The weight of mice continued to decline throughout the study (Fig. 1). When resveratrol was administered into DSS-treated mice at 10, 50 and 100 mg/kg body weight, a dose dependent improvement in body weight was noted, however, complete recovery from DSS-induced decrease in body weight was seen only at dose of 100 mg/kg body weight (Fig. 1). Throughout the study, mice receiving resveratrol alone showed no significant alterations in the various parameters such as inflammation score, inflammatory cytokine and SAA levels when compared to control mice. Thus, we primarily compared results between DSS+vehicle versus DSS+RES groups.

### **Resveratrol prevented elevations of serum amyloid A (SAA) and inflammation scores, and restored colon length after colitis**

We have previously shown that SAA levels are indicators of the progression of colitis (Singh et al., 2003a). SAA concentrations in the DSS+vehicle group were elevated significantly as compared to concentrations in untreated control mice. In contrast, mice in the DSS+resveratrol group had markedly decreased SAA levels as compared with mice in the DSS+vehicle group. The effect of resveratrol was dose-dependent with highest levels of SAA

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inhibition seen at 100 mg/kg (Fig. 2A). Moreover, the results suggested the utility of using SAA as an indicator of acute colitis in the DSS-induced colitis model. When we histologically scored the progression of colitis, we found that the mean scores of mice in the DSS+resveratrol group were significantly lower than those of mice given DSS+vehicle (Fig. 2B). In these studies as well, only the highest dose of resveratrol (100mg/kg) was effective (Fig. 2B). DSS-induced animals had shortened colons (Fig. 2C) as compared to those of control mice. Most importantly, treatment with resveratrol at 100 but not 10 or 50 mg/kg body weight significantly increased colon length in DSS administered group (Fig. 2C). These results clearly indicated that resveratrol at a dose of 100mg/kg attenuated SAA levels, increased colon length, and diminished inflammation in mice with DSS-induced colitis. Therefore, in all subsequent experiments, we used 100mg/kg body weight of resveratrol.

### **Resveratrol ameliorates serum inflammatory cytokine increases associated with colitis**

TNF- $\alpha$ , IL-6, and IL-1 $\beta$  are often over-produced during inflammatory diseases, including IBD (Powrie et al., 1994). Resveratrol treatment decreased IFN- $\gamma$ , TNF- $\alpha$ , IL-6, and IL-1 $\beta$  levels in the serum of mice with acute colitis (Fig. 3). To determine the effect of resveratrol on the production of Th1 cytokines (e.g., IFN- $\gamma$  and TNF- $\alpha$ ) expressed during colitis, we enumerated, IFN- $\gamma$ - and TNF- $\alpha$ -expressing CD4<sup>+</sup> T cells. We observed a significant decline in the number of CD4<sup>+</sup> T cells expressing IFN- $\gamma$  or TNF- $\alpha$  in the spleen, MLN, and LP of mice given DSS+resveratrol as compared with mice treated with DSS+vehicle (Fig. 4). Taken together, these findings clearly indicated that resveratrol treatment decreases systemic, inductive MLN and effector LP mucosal sites of CD4<sup>+</sup> T cells that express TNF- $\alpha$  and IFN- $\gamma$ , restoring the numbers of these cells to those found in naïve mice or mice treated with resveratrol alone.

### **Resveratrol modulates the severity of colitis**



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Mice given resveratrol had significant reductions in intestinal inflammation (Fig. 5). The mean histological scores of mice with severe colitis that were given DSS+vehicle were significantly higher than the scores of mice treated with DSS+resveratrol (Figs. 2B and 5). The pathologic changes associated with colitis included transmural necrosis, edema, and diffuse leukocyte infiltrates (polymorphonuclear leukocytes, lymphocytes and eosinophils) in the colon. The architecture of the crypts was distorted and the lamina propria was thickened in the area of distorted crypts. Most importantly, the number of these infiltrates was significantly reduced after resveratrol treatment (Fig. 5). After resveratrol treatment, mice showed marked improvement in the characteristic intestinal inflammation associated with DSS-induced acute colitis.

### **Resveratrol reduces effector CD4<sup>+</sup> T cells from MLN and LP**

Previous studies from our laboratory have demonstrated that resveratrol causes apoptosis in activated T cells and to a lesser extent in naïve T cells (Singh et al., 2007). To determine whether resveratrol has different effects on effector T cells than it does on regulatory T cells, we assessed surface phenotype and cell numbers in both MLNs and LPs. DSS+resveratrol treatment significantly reduced the number of activated T cells in both MLN and LP (CD4<sup>+</sup> CD69<sup>+</sup>) as compared to numbers in the DSS+vehicle group (Fig. 6 A-D). The CD4<sup>+</sup> T cell population bearing CD62L was unaffected by resveratrol treatment (data not shown). These results are consistent with the notion that resveratrol targets rapidly proliferating T-cell populations and reduces activated T- cell populations in the MLN and LP.

### **Resveratrol modulates macrophages in DSS-induced colitis**

Large populations of macrophages are present in normal intestinal mucosa. These are important for host immunological, inflammatory, and T-cell responses to luminal antigens. To determine the effect of resveratrol on macrophages during colitis progression, we examined

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changes in the percentage and number of macrophages after DSS induction of colitis and after resveratrol treatment. Macrophage numbers were significantly increased in MLNs and LPs after DSS+vehicle induction; these cells in both locations were significantly reduced after DSS+resveratrol treatment (Fig. 7A, B). The only significant change in the dendritic (CD11c<sup>+</sup>) cells populations in any of the groups tested was a slight increase in these cells in the LPs of mice given DSS+vehicle. These findings indicate not only that DSS induction considerably increases the percentage of macrophages in the MLN and LP but also that resveratrol reverses these increases.

### **Resveratrol modulates CD4<sup>+</sup> T cells during colitis**

We analyzed T cells in the spleen, MLN, and LP by flow cytometry. While we did not notice any major changes in CD4<sup>+</sup> and CD8<sup>+</sup> T cells in the spleen, the distribution of these cells changed significantly in the MLN and LP. CD4<sup>+</sup> T cells made up 39.2% of cells in the MLN and 12.6% of cells in the LP in control mice (Fig. 8A). After the induction of colitis with DSS+vehicle, the percentage of CD4<sup>+</sup> T cells in MLN decreased to 18.2% of the total cells. This decrease was reversed to 29.3% in MLNs after DSS+resveratrol treatment. Conversely, lymphocytes from normal LPs contained 12.6% CD4<sup>+</sup> T cells. After DSS+vehicle induction, lymphocytes increased to 29.6%. After DSS+resveratrol treatment, the percentage of CD4<sup>+</sup> T cells in the LP decreased to 19.9%, slightly higher than the normal level (Fig. 8A). Similarly, CD8<sup>+</sup> T cells comprised 21.7% of all cells in the MLN of control mice. DSS+vehicle treatment significantly decreased the percentage of CD8<sup>+</sup> T cells to 17.7% in the MLN, whereas DSS+resveratrol treatment increased the percentage of CD8<sup>+</sup> T cells in the MLN to 23.2% (Fig. 8A). The changes in the percentages of both CD4<sup>+</sup> and CD8<sup>+</sup> T cells correspond well with the total number of cells in each group (Fig. 8B).

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Together, these findings indicate that resveratrol treatment considerably increased the percentage of CD4<sup>+</sup> T helper lymphocytes in the MLN while decreasing the percentage of such cells in the LP. Moreover, resveratrol treatment substantially decreased the loss (or emigration) of CD4<sup>+</sup> T lymphocytes from the LP and increased the percentage of CD4<sup>+</sup> T lymphocytes in the MLN after DSS-induced colitis.

### **Resveratrol suppresses COX-2 expression**

COX-1 and COX-2 are expressed at varying levels in different tissues and are important in physiological homeostasis and inflammation. COX-2 is induced under various inflammatory conditions, including inflammatory bowel disease, and in mouse models of colitis (Fukata et al., 2006). To further quantify the effect of resveratrol on inflammatory markers, we used RT PCR analysis to examine COX-1 and COX-2 expression in T cells from spleens, MLN, and LP of each group of mice. The levels of both COX-1 and COX-2 expression decreased significantly in resveratrol-treated mice as compared to controls. Similarly, in DSS+resveratrol treated mice, there were significant decreases in COX-1 and COX-2 levels in all lymphoid organs tested as compared to DSS+ vehicle-treated mice (Fig. 9 A, B). The effect of resveratrol on COX-1 was modest, while that on COX-2 was more potent.

### **Role of SIRT1 gene expression during colitis and the effect of resveratrol**

Increasing evidence shows positive effects of resveratrol and SIRT1 activation in several age-related disorders (Pearson et al., 2008). We next investigated the potential function of SIRT1 in the colitis model. To this end, we used Western blot analysis to examine SIRT1 expression in cells from the LPs of mice with colitis. The cells from LPs of control mice expressed significant levels of SIRT1; that expression was significantly increased after resveratrol treatment (Fig. 10A, B). In DSS+vehicle-treated mice, levels of SIRT1 expression

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decreased significantly during acute colitis, a change that was reversed by resveratrol treatment. These results indicated that SIRT1 is down-regulated in LP cells during colitis, and that resveratrol treatment increases SIRT1 expression.

### **Inverse correlation between SIRT1 and p-I $\kappa$ B $\alpha$ activity**

In the pathogenesis of IBD, dysregulation of cytokine production and signaling mechanisms of intestinal epithelial cells, lymphocytes, and macrophages has been implicated. NF- $\kappa$ B is considered to be a key factor in the pathogenesis of IBD. Moreover, an inverse correlation between SIRT1 and NF- $\kappa$ B activation has been reported (Pfluger et al., 2008). As an index of NF- $\kappa$ B activation, we measured the levels of p-I $\kappa$ B $\alpha$  expression in LP cells. Resveratrol caused a significant decrease in p-I $\kappa$ B $\alpha$  expression in LP cells in both control and induced-colitis mice (Fig. 10 A, B). Overall, there was an inverse correlation between SIRT1 and p-I $\kappa$ B $\alpha$  expression. To confirm that the phosphorylation of p-I $\kappa$ B $\alpha$  led to nuclear translocation of NF- $\kappa$ B, we did a gel shift assay with nuclear extracts. As shown in Figure 10C, we observed an NF- $\kappa$ B-specific band in nuclear extracts from LPLs of control and DSS-treated mice, which disappeared when mutant or cold NF- $\kappa$ B oligomers were added. The translocation of NF $\kappa$ B in control mice may be due to activation of LP by the gut microflora. Interestingly, resveratrol treatment caused a significant decrease in nuclear translocation of NF- $\kappa$ B in both groups of mice.

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## Discussion

There has been significant progress towards the treatment of IBD in recent years. However, available treatments often produce side effects, leaving patients with no other options. Therefore, alternative treatment modalities are much needed. We show here that the oral administration of resveratrol, an ingredient primarily found in red grapes, reverses DSS- induced colitis in mice. We have found that resveratrol treatment resolves colitis, corrects weight loss, and reduces local and systemic SAA, IL-6, IL-1 $\beta$ , IFN- $\gamma$ , TNF- $\alpha$  levels. Our results suggest that increases in the number of mucosal CD4<sup>+</sup> T cells and macrophages during acute colitis can be mitigated by resveratrol treatment. Moreover, resveratrol elevates SIRT1 gene expression and down-regulates p-I $\kappa$ B $\alpha$  as well as COX-2 expression in the colons of mice with colitis. Taken together, these results also establish for the first time that the anti-aging gene, SIRT1, has a significant function in colitis, having been decreased in the LPs of mice with colitis and upregulated after resveratrol treatment, with consequent decrease in NF- $\kappa$ B activity.

CD4<sup>+</sup> T cells have a major role in the induction of IBD and that much of the intestinal damage caused by this disease is a result of T- cell-mediated injury (Elson et al., 1996). We have previously shown that adoptive transfer of CXCR3<sup>+</sup> CD4<sup>+</sup> T cells results in colitis in TCR ( $\beta$  x  $\delta$ )<sup>-/-</sup> mice (Singh et al., 2003b). The number of CD4<sup>+</sup> T cells in the LP represents the majority of lymphocytes increased in DSS-treated mice as compared with control mice. These cells were attenuated by the administration of resveratrol.

In the present study, we have shown that majority of CD4<sup>+</sup> T cells express TNF- $\alpha$  and IFN- $\gamma$  (Fig. 4) and that the number of these cells significantly declined in MLN and LP after resveratrol treatment. These results confirmed our earlier findings that the numbers of CD4<sup>+</sup> T cells in spleens, MLN, and LP represent the majority of lymphocytes expressing inflammatory

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cytokines during colitis (Singh et al., 2008a). This is also in agreement with the findings of other studies using DSS-induced colitis models that showed the potentiation of CD4<sup>+</sup> T cells in colitis (Dieleman et al., 1998; Shintani et al., 1998; Grose et al., 2001; Ogawa et al., 2004). The present results imply that intestinal inflammation is driven by the presence of CD4<sup>+</sup> T cells and potentiated by Th1 and inflammatory cytokines, which can be abrogated by resveratrol treatment.

In this study, resveratrol treatment reversed the increase in the percentages of activated CD4<sup>+</sup> T cells in MLN and LP during colitis, clearly indicating that resveratrol has potent anti-inflammatory effects that parallel the reduction in colitis-induced T-cell expansion. This is supported by our findings that the percentage of colitis-induced CD69<sup>+</sup> cells was reduced (Fig. 6). The preferential reduction in effector T-cell response was supported by decreased TNF- $\alpha$  and IFN- $\gamma$  in LP, with concomitant reductions in systemic IL-1 $\beta$  and IL-6 (Fig. 3). We have previously reported that resveratrol induces apoptosis in activated T cells (Singh et al., 2007). Thus, the decrease in activated T cells during colitis may result from apoptosis induction by resveratrol.

Along with TNF- $\alpha$ , sustained acute-phase responses are also associated with both human IBD and murine colitis (Berg et al., 1996). The activated macrophages increase IL-6 and IL-1 $\beta$  expression in patients with IBD (Casini-Raggi et al., 1995). IFN- $\gamma$  has critical role in the induction and progression of colitis (Parronchi et al., 1997). In the present study, we demonstrated that expression of local and/or systemic TNF- $\alpha$ , IL-6, IL-1 $\beta$ , and IFN- $\gamma$  was decreased by resveratrol treatment in mice after DSS induction of colitis. These results are in agreement with previously published *in-vivo* and *in-vitro* findings that resveratrol reduces the

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level of inflammatory cytokines and inflammatory cell infiltrates in the colon (Martin et al., 2006).

In active IBD, there is increased turnover and activation of monocytes (Mee and Jewell, 1980), which are the source of intestinal macrophages. In the present study, there was a significant increase in CD11b<sup>+</sup> macrophages in both MLN and LP in DSS- induced mice as compared to normal mice (Fig. 7). This is in agreement with other studies using the DSS induced model of colitis, which showed increased macrophages during colitis (Shibata et al., 2007). Moreover, we found that this increase in CD11b<sup>+</sup> cells was reversed to the normal level after resveratrol treatment.

We also determined changes in the expression of COX-1 and COX-2 in DSS-induced colitis. Previous studies have shown that (Li et al., 2002) increases in COX-2 expression in trinitrobenzenesulphonic acid (TNBS)-induced colitis in rats, which were reduced by resveratrol treatment (Martin et al., 2006). Here we found that expression of COX-2, but not COX-1, was significantly increased in spleens, MLN, and LP cells during DSS-induced colitis. Resveratrol caused a marked decrease in COX-2 and, to a modest extent, COX-1, as in the TNBS model of colitis in rats (Martin et al., 2004).

SIRT1 is considered be longevity factor, since overexpression of this deacetylase increases the life span of many species tested (Tissenbaum and Guarente, 2001). SIRT1 activation suppresses gene transcription and promotes cell survival by deacetylating targets such as histones, NF- $\kappa$ B, p53, and KU70 (Blander and Guarente, 2004). It has been reported that, once activated, SIRT1 can act as a sensor of decreased calorie intake (Picard et al., 2004). The role of SIRT1 in colitis has not previously been investigated. It is interesting that SIRT1 expression was significantly decreased in the LP cells of mice with colitis and that resveratrol

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treatment caused a significant increase in SIRT1 expression in these mice. It was striking that these data correlated with a significant increase in p-I $\kappa$ B $\alpha$  and an increase in NF- $\kappa$ B nuclear translocation. In contrast, treating mice with resveratrol reversed these effects in LP cells. These results suggest that activation of LP cells during colitis may down-regulate SIRT1 and thereby promote NF- $\kappa$ B activation. Resveratrol, by enhancing SIRT1 expression, may down-regulate NF- $\kappa$ B activation and thereby decrease the inflammation triggered by DSS. A similar lower induction of cytokines by down-modulation of NF- $\kappa$ B activity by SIRT1 has been reported in high-fat-diet-induced metabolic damage (Pfluger et al., 2008). Thus, resveratrol, by inhibiting NF- $\kappa$ B activation, may promote the induction of apoptosis in activated immune cells (Singh et al., 2007).

Recently, it has been reported that low doses of resveratrol (1 mg/kg/day) induced SIRT3 and SIRT7 but not SIRT1 in DSS induced colitis in rat (Larrosa et al., 2009). The non-induction of SIRT1 in this rat model can be explained by two possibilities. First, resveratrol was administered for 25 days, with DSS exposure only during the last five days. Thus, the rats had been preconditioned with resveratrol, whereas we administered resveratrol on the day of DSS exposure. Secondly, for SIRT1 expression, we used purified lamina propria (LP) lymphocytes whereas Larrosa et al used the distal part of the colon. Additional studies are necessary to determine if the levels of SIRT1, 3 and 7 in the colon are influenced by the dose and length of exposure to resveratrol.

In an earlier study, we noted that 100-250mg/kg body weight dose of resveratrol was necessary to prevent inflammation in experimental autoimmune encephalomyelitis model (Singh et al., 2007). In the current study, we observed that a similar dose of 100mg/kg body weight was necessary to effectively ameliorate DSS-induced colitis. In other experimental models as well,



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resveratrol has been used at high concentrations such as 500, 1000 and 1500 mg/kg body weight, for 10 days, to inhibit tumor growth in BALB/c mice in a dose-dependent manner (Liu et al., 2003) or 100 mg/kg body weight to delay tumorigenesis in rats (Bhat and Pezzuto, 2001). Furthermore, the dose that we have used is feasible to achieve in humans because the human equivalent dose (HED) of 100mg/kg in mouse is 486 mg, considering an average human weight of 60 kg. Currently, there are several nutraceutical companies selling purified resveratrol in 500 mg quantities in capsule form. Thus, our doses reflect the potential pharmacological/dietary supplement dose to treat colitis rather than the concentrations achievable through normal consumption food containing resveratrol.

In summary, our studies suggest that resveratrol acts as an anti-inflammatory agent by targeting multiple pathways, including the SIRT1 gene, which has not been previously investigated with regard to its association with colitis. The present study suggests that administering DSS to mice triggers Th1 cells (CD4<sup>+</sup> T cells) and macrophages to emigrate from MLN to the LP and increase TNF- $\alpha$  and IL-6 cytokine production, which potentially leads to the development of acute colitis. Resveratrol treatment suppressed all indicators of inflammation including cytokines and Th1 cells, as well as expression of COX-2 and activation of NF- $\kappa$ B, thereby ameliorating colitis. Interestingly, we found, for the first time, that colitis induction may down-regulate SIRT1 and promote both NF- $\kappa$ B activation and consequent cytokine production in the colon, and that resveratrol may reverse these effects by up-regulating SIRT1. We propose that such a mechanism may be critical in down-regulating the inflammation associated with colitis. Our studies also suggest that SIRT1 may be a novel therapeutic target against colitis.

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## References

- Berg DJ, Davidson N, Kuhn R, Muller W, Menon S, Holland G, Thompson-Snipes L, Leach MW and Rennick D (1996) Enterocolitis and colon cancer in interleukin-10-deficient mice are associated with aberrant cytokine production and CD4<sup>(+)</sup> TH1-like responses. *Journal of Clinical Investigation* **98**:1010-1020.
- Bhat KP and Pezzuto JM (2001) Resveratrol exhibits cytostatic and antiestrogenic properties with human endometrial adenocarcinoma (Ishikawa) cells. *Cancer Res* **61**:6137-6144.
- Birrell MA, McCluskie K, Wong S, Donnelly LE, Barnes PJ and Belvisi MG (2005) Resveratrol, an extract of red wine, inhibits lipopolysaccharide induced airway neutrophilia and inflammatory mediators through an NF-kappaB-independent mechanism. *FASEB J* **19**:840-841.
- Blander G and Guarente L (2004) The Sir2 family of protein deacetylases. *Annu Rev Biochem* **73**:417-435.
- Casini-Raggi V, Kam L, Chong YJ, Fiocchi C, Pizarro TT and Cominelli F (1995) Mucosal imbalance of IL-1 and IL-1 receptor antagonist in inflammatory bowel disease. A novel mechanism of chronic intestinal inflammation. *Journal of Immunology* **154**:2434-2440.
- de la Lastra CA and Villegas I (2005) Resveratrol as an anti-inflammatory and anti-aging agent: mechanisms and clinical implications. *Mol Nutr Food Res* **49**:405-430.
- Dieleman LA, Palmen MJ, Akol H, Bloemena E, Pena AS, Meuwissen SG and Van Rees EP (1998) Chronic experimental colitis induced by dextran sulphate sodium (DSS) is characterized by Th1 and Th2 cytokines. *Clin Exp Immunol* **114**:385-391.
- Elson CO, Beagley KW, Sharmanov AT, Fujihashi K, Kiyono H, Tennyson GS, Cong Y, Black CA, Ridwan BW and McGhee JR (1996) Hapten-induced model of murine inflammatory

JPET# 160838

- bowel disease: mucosa immune responses and protection by tolerance. *Journal of Immunology* **157**:2174-2185.
- Fiocchi C (1998) Inflammatory bowel disease: etiology and pathogenesis. *Gastroenterology* **115**:182-205.
- Fukata M, Chen A, Klepper A, Krishnareddy S, Vamadevan AS, Thomas LS, Xu R, Inoue H, Arditi M, Dannenberg AJ and Abreu MT (2006) Cox-2 is regulated by Toll-like receptor-4 (TLR4) signaling: Role in proliferation and apoptosis in the intestine. *Gastroenterology* **131**:862-877.
- Gholam PM, Flancbaum L, Machan JT, Charney DA and Kotler DP (2007) Nonalcoholic fatty liver disease in severely obese subjects. *Am J Gastroenterol* **102**:399-408.
- Grose RH, Howarth GS, Xian CJ and Hohmann AW (2001) Expression of B7 costimulatory molecules by cells infiltrating the colon in experimental colitis induced by oral dextran sulfate sodium in the mouse. *J Gastroenterol Hepatol* **16**:1228-1234.
- Head K and Jurenka JS (2004) Inflammatory bowel disease. Part II: Crohn's disease--pathophysiology and conventional and alternative treatment options. *Altern Med Rev* **9**:360-401.
- Hollander GA, Simpson SJ, Mizoguchi E, Nichogiannopoulou A, She J, Gutierrez-Ramos JC, Bhan AK, Burakoff SJ, Wang B and Terhorst C (1995) Severe colitis in mice with aberrant thymic selection. *Immunity* **3**:27-38.
- Jang M, Cai L, Udeani GO, Slowing KV, Thomas CF, Beecher CW, Fong HH, Farnsworth NR, Kinghorn AD, Mehta RG, Moon RC and Pezzuto JM (1997) Cancer chemopreventive activity of resveratrol, a natural product derived from grapes. *Science* **275**:218-220.

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- Larrosa M, Yanez-Gascon MJ, Selma MV, Gonzalez-Sarrias A, Toti S, Ceron JJ, Tomas-Barberan F, Dolara P and Espin JC (2009) Effect of a low dose of dietary resveratrol on colon microbiota, inflammation and tissue damage in a DSS-induced colitis rat model. *J Agric Food Chem* **57**:2211-2220.
- Li ZG, Hong T, Shimada Y, Komoto I, Kawabe A, Ding Y, Kaganoi J, Hashimoto Y and Imamura M (2002) Suppression of N-nitrosomethylbenzylamine (NMBA)-induced esophageal tumorigenesis in F344 rats by resveratrol. *Carcinogenesis* **23**:1531-1536.
- Liu HS, Pan CE, Yang W and Liu XM (2003) Anti-tumor and immunomodulatory activity of resveratrol on experimentally implanted tumor of H22 in Balb/c mice. *World J Gastroenterol* **9**:1474-1476.
- MacDonald TT, Monteleone G and Pender SL (2000) Recent developments in the immunology of inflammatory bowel disease. *Scand J Immunol* **51**:2-9.
- Martin AR, Villegas I, La Casa C and de la Lastra CA (2004) Resveratrol, a polyphenol found in grapes, suppresses oxidative damage and stimulates apoptosis during early colonic inflammation in rats. *Biochem Pharmacol* **67**:1399-1410.
- Martin AR, Villegas I, Sanchez-Hidalgo M and de la Lastra CA (2006) The effects of resveratrol, a phytoalexin derived from red wines, on chronic inflammation induced in an experimentally induced colitis model. *Br J Pharmacol* **147**:873-885.
- Mee AS and Jewell DP (1980) Monocytes in inflammatory bowel disease: monocyte and serum lysosomal enzyme activity. *Clin Sci (Lond)* **58**:295-300.
- Michan S and Sinclair D (2007) Sirtuins in mammals: insights into their biological function. *Biochem J* **404**:1-13.

JPET# 160838

- Mouser JF and Hyams JS (1999) Infliximab: a novel chimeric monoclonal antibody for the treatment of Crohn's disease. *Clinical Therapeutics* **21**:932-942; discussion 931.
- Neurath MF, Pettersson S, Meyer zum Buschenfelde KH and Strober W (1996) Local administration of antisense phosphorothioate oligonucleotides to the p65 subunit of NF-kappa B abrogates established experimental colitis in mice. *Nat Med* **2**:998-1004.
- North BJ and Verdin E (2004) Sirtuins: Sir2-related NAD-dependent protein deacetylases. *Genome Biol* **5**:224.
- Ogawa A, Andoh A, Araki Y, Bamba T and Fujiyama Y (2004) Neutralization of interleukin-17 aggravates dextran sulfate sodium-induced colitis in mice. *Clin Immunol* **110**:55-62.
- Parronchi P, Romagnani P, Annunziato F, Sampognaro S, Becchio A, Giannarini L, Maggi E, Pupilli C, Tonelli F and Romagnani S (1997) Type 1 T-helper cell predominance and interleukin-12 expression in the gut of patients with Crohn's disease. *American Journal of Pathology* **150**:823-832.
- Pearson KJ, Baur JA, Lewis KN, Peshkin L, Price NL, Labinskyy N, Swindell WR, Kamara D, Minor RK, Perez E, Jamieson HA, Zhang Y, Dunn SR, Sharma K, Pleshko N, Woollett LA, Csiszar A, Ikeno Y, Le Couteur D, Elliott PJ, Becker KG, Navas P, Ingram DK, Wolf NS, Ungvari Z, Sinclair DA and de Cabo R (2008) Resveratrol delays age-related deterioration and mimics transcriptional aspects of dietary restriction without extending life span. *Cell Metab* **8**:157-168.
- Pfluger PT, Herranz D, Velasco-Miguel S, Serrano M and Tschop MH (2008) Sirt1 protects against high-fat diet-induced metabolic damage. *Proc Natl Acad Sci U S A* **105**:9793-9798.

JPET# 160838

- Picard F, Kurtev M, Chung N, Topark-Ngarm A, Senawong T, Machado De Oliveira R, Leid M, McBurney MW and Guarente L (2004) Sirt1 promotes fat mobilization in white adipocytes by repressing PPAR-gamma. *Nature* **429**:771-776.
- Pillai JB, Isbatan A, Imai S and Gupta MP (2005) Poly(ADP-ribose) polymerase-1-dependent cardiac myocyte cell death during heart failure is mediated by NAD<sup>+</sup> depletion and reduced Sir2alpha deacetylase activity. *J Biol Chem* **280**:43121-43130.
- Podolsky DK (2002) The current future understanding of inflammatory bowel disease. *Best Practice & Research in Clinical Gastroenterology* **16**:933-943.
- Powrie F, Leach MW, Mauze S, Menon S, Caddle LB and Coffman RL (1994) Inhibition of Th1 responses prevents inflammatory bowel disease in scid mice reconstituted with CD45RBhi CD4<sup>+</sup> T cells. *Immunity* **1**:553-562.
- Shibata W, Maeda S, Hikiba Y, Yanai A, Ohmae T, Sakamoto K, Nakagawa H, Ogura K and Omata M (2007) Cutting edge: The IkappaB kinase (IKK) inhibitor, NEMO-binding domain peptide, blocks inflammatory injury in murine colitis. *J Immunol* **179**:2681-2685.
- Shintani N, Nakajima T, Okamoto T, Kondo T, Nakamura N and Mayumi T (1998) Involvement of CD4<sup>+</sup> T cells in the development of dextran sulfate sodium-induced experimental colitis and suppressive effect of IgG on their action. *Gen Pharmacol* **31**:477-481.
- Singh NP, Hegde VL, Hofseth LJ, Nagarkatti M and Nagarkatti P (2007) Resveratrol (trans-3,5,4'-trihydroxystilbene) ameliorates experimental allergic encephalomyelitis, primarily via induction of apoptosis in T cells involving activation of aryl hydrocarbon receptor and estrogen receptor. *Mol Pharmacol* **72**:1508-1521.

JPET# 160838

- Singh UP, Singh R, Singh S, Karls RK, Quinn FD, Taub DD and Lillard JW, Jr. (2008a) CXCL10<sup>+</sup> T cells and NK cells assist in the recruitment and activation of CXCR3<sup>+</sup> and CXCL11<sup>+</sup> leukocytes during Mycobacteria-enhanced colitis. *BMC Immunol* **9**:25.
- Singh UP, Singh S, Singh R, Cong Y, Taub DD and Lillard JW, Jr. (2008b) CXCL10-producing mucosal CD4<sup>+</sup> T cells, NK cells, and NKT cells are associated with chronic colitis in IL-10<sup>(-/-)</sup> mice, which can be abrogated by anti-CXCL10 antibody inhibition. *J Interferon Cytokine Res* **28**:31-43.
- Singh UP, Singh S, Taub DD and Lillard JW, Jr. (2003a) Inhibition of IFN-gamma-inducible protein-10 abrogates colitis in IL-10<sup>(-/-)</sup> mice. *J Immunol* **171**:1401-1406.
- Singh UP, Singh S, Weaver CT, Iqbal N, McGhee JR and Lillard JW, Jr. (2003b) IFN-g-Inducible Chemokines Enhance Adaptive Immunity and Colitis. *Journal of Interferon & Cytokine Research* **23**:2000.
- Tissenbaum HA and Guarente L (2001) Increased dosage of a sir-2 gene extends lifespan in *Caenorhabditis elegans*. *Nature* **410**:227-230.
- Yeung F, Hoberg JE, Ramsey CS, Keller MD, Jones DR, Frye RA and Mayo MW (2004) Modulation of NF-kappaB-dependent transcription and cell survival by the SIRT1 deacetylase. *EMBO J* **23**:2369-2380.

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## Legends for Figures

### **Figure 1. Change in body weight of mice after DSS induction and resveratrol treatment**

BL/6 mice were given no treatment ( $\Delta$ , control), resveratrol (100 mg/kg body weight) alone suspended in 100  $\mu$ l of distilled water by oral gavage ( $\square$ , RES), DSS alone (3%) in drinking water ( $\bullet$ , DSS+vehicle), or a combination of DSS and resveratrol (DSS+RES) at 10 ( $\blacklozenge$ ), 50 ( $\boxtimes$ ) and 100 ( $\circ$ ) mg/kg body weight of resveratrol for fourteen days. After seven days, DSS was replaced with a water cycle (*ad libitum*) for another seven days. The body weight of the mice was recorded daily. Changes in body weight were expressed as a percentage of the weight minus the change in weight divided by the weight before the onset of colitis at day 1 (current weight-weight of previous day/day 1 weight). The statistical significance between values of each group was assessed by Student's t test. Data represents the mean of three experiment involving 6 mice per group.

### **Figure 2. Effect of resveratrol on changes in SAA levels, colitis scores, and colon lengths in mice with DSS-induced colitis**

In mice treated with DSS and resveratrol, as described in the legend for Fig 1, the persistence or improvement of colitis was monitored by evaluating SAA levels (A), inflammation scores (B), and colon lengths(C). Asterisks indicate statistically significant differences ( $P < 0.01$ ) between groups of 6 mice treated with DSS+vehicle and DSS+resveratrol.

### **Figure 3. Resveratrol-mediated reduction of serum levels of IL-1 $\beta$ , IL-6, TNF- $\alpha$ , and IFN- $\gamma$ in DSS- induced colitis**

Colitis was induced in mice that were exposed to vehicle or 100mg/kg body weight of resveratrol as described in the legend to Fig 1. Serum cytokines were measured 14 days after the DSS induction of colitis by ELISA assay. The data presented are the mean concentrations

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from 6 mice  $\pm$  SEM in serum.

**Figure 4. Changes in the number of CD4<sup>+</sup>T cells expressing IFN- $\gamma$  and TNF- $\alpha$  in mice with colitis mice given resveratrol treatment**

Splenic, MLN, and LP lymphocytes were isolated from the four groups of BL/6 mice as described in Fig 1 legend. Changes in the numbers of CD4<sup>+</sup>T cells expressing IFN- $\gamma$  and TNF- $\alpha$  were determined by flow cytometry and expressed as the total number of cells/mice  $\pm$  SEM. Data shown are from a representative experiment; three independent experiments involving 6 mice/group yielded similar results. Asterisks indicate statistically significant differences ( $P < 0.01$ ) between groups treated with DSS+vehicle versus DSS+resveratrol (100mg/kg).

**Figure 5. Histological characterization of DSS-induced colitis after resveratrol treatment**

Histological sections of colons from the 4 groups of mice were presented (as described in Fig 1). DSS+vehicle-treated mice showed significant lymphocyte infiltration and distortion of glands, while DSS+resveratrol-treated mice showed colon lumen having markedly decreased lymphocyte infiltration. Other pathologic changes during DSS-induced colitis included diffuse leukocyte infiltrates, distorted crypts, and thickening of the lamina propria in the area of distorted crypts in the colon. These changes were significantly reversed in DSS+resveratrol (100mg/kg) groups.

**Figure 6. Effect of resveratrol on effector T cells in MLNs and LPs after DSS-induced colitis**

MLN, and LP lymphocytes were isolated from the 4 groups of mice as described in Fig 1 and stained for CD4<sup>+</sup> CD69<sup>+</sup> T cells. Changes in the mean fluorescent intensity of CD69<sup>+</sup> expressed by CD4<sup>+</sup> T cells from MLNs and LPs were compared from various groups (Panels A & C). The number (mean of 6 samples  $\pm$  SEM) of CD69-expressing CD4<sup>+</sup> T cells from each

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group was counted, as shown in Panels B & D. Asterisks indicate statistically significant differences; i.e.,  $p < 0.01$  between DSS+vehicle versus DSS+resveratrol (100mg/kg) treated group.

**Figure 7. Resveratrol reduced DSS-induced macrophages in MLN and LP**

Splenic, MLN and LP lymphocytes were isolated from the four groups of mice as described in Fig. 1 legend, and stained for CD11b<sup>+</sup> and CD11c<sup>+</sup> markers using flow cytometry. The numbers in the bottom right quadrant indicate the total percentage of CD11b<sup>+</sup> cells; the upper left quadrant indicates the total percentage of CD11c<sup>+</sup> cells (Panel A). The numbers (mean of 6 samples  $\pm$  SEM) of total CD11b<sup>+</sup> T cells from MLN and LP in each group were counted (Panel B). Data from a representative one of 3 independent experiments is shown. Resveratrol was used at 100mg/kg.

**Figure 8. Resveratrol modulates DSS-induced CD4<sup>+</sup> and CD8<sup>+</sup> T cells during colitis**

Splenic, MLN and LP lymphocytes were isolated from the four groups BL/6 mice as shown in Fig 1 legend, and stained for CD4<sup>+</sup> and CD8<sup>+</sup> T cells using flow cytometry. The numbers in the bottom right quadrant indicate the total percentage of CD4<sup>+</sup> T cells (Panel A); the upper left quadrant indicates the total percentage of CD8<sup>+</sup> T (Panel A) cells. The number (mean of 6 samples  $\pm$  SEM) of total CD4<sup>+</sup> T cells from MLN and LP in each group was counted (Panel B). Data is shown from a representative one of 3 independent experiments. Resveratrol was used at 100mg/kg.

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**Figure 9. Effect of resveratrol on COX1 and COX-2 expression in DSS-induced colitis**

Splenic, MLN and LP lymphocytes were isolated from the four groups of BL/6 mice as described in Fig 1 legend, and analyzed for COX-1 and COX-2 expression by RT-PCR (Panel A). The 18S housekeeping gene was used as a positive control. Expression levels were compared to 18S and normalized. Data from multiple experiments on COX-2 expression are shown as mean  $\pm$  SEM (Panel B). Asterisks indicate statistically significant differences ( $p < 0.01$ ) between groups treated with DSS+vehicle versus DSS+ resveratrol (100mg/kg).

**Figure 10. Resveratrol up-regulates SIRT1 and down-regulates p-I $\kappa$ B $\alpha$  activity at the effector site of colitis**

Colon LP lymphocytes were isolated from various groups of mice as described in Fig 1 legend, and analyzed for p-I $\kappa$ B $\alpha$  and SIRT1 expression (Panels A & B) by Western blot and EMSA analysis of NF- $\kappa$ B motif (Panel C). Double-stranded wild type and mutant NF- $\kappa$ B oligonucleotide probes were generated. Nuclear protein (3-5  $\mu$ g) generated from colon LP lymphocytes of various groups of mice as described were used in each reaction. Radiolabeled ( $P^{32}$ ) wild-type NF- $\kappa$ B or mutant NF- $\kappa$ B probes were either directly used or used after incubation with nuclear protein. Arrow 1 shows wild type and mutant NF- $\kappa$ B probe DNA bands. Arrows 2 and 3 indicate NF- $\kappa$ B-nuclear protein complexes. Data from multiple experiments have been depicted as mean  $\pm$  SEM (Panel B). The 18S housekeeping gene was used as the positive control. The expression levels were compared to 18S and normalized. Asterisks indicate statistically significant differences ( $p < 0.01$ ) between groups treated with DSS+vehicle versus DSS+ resveratrol (100mg/kg).

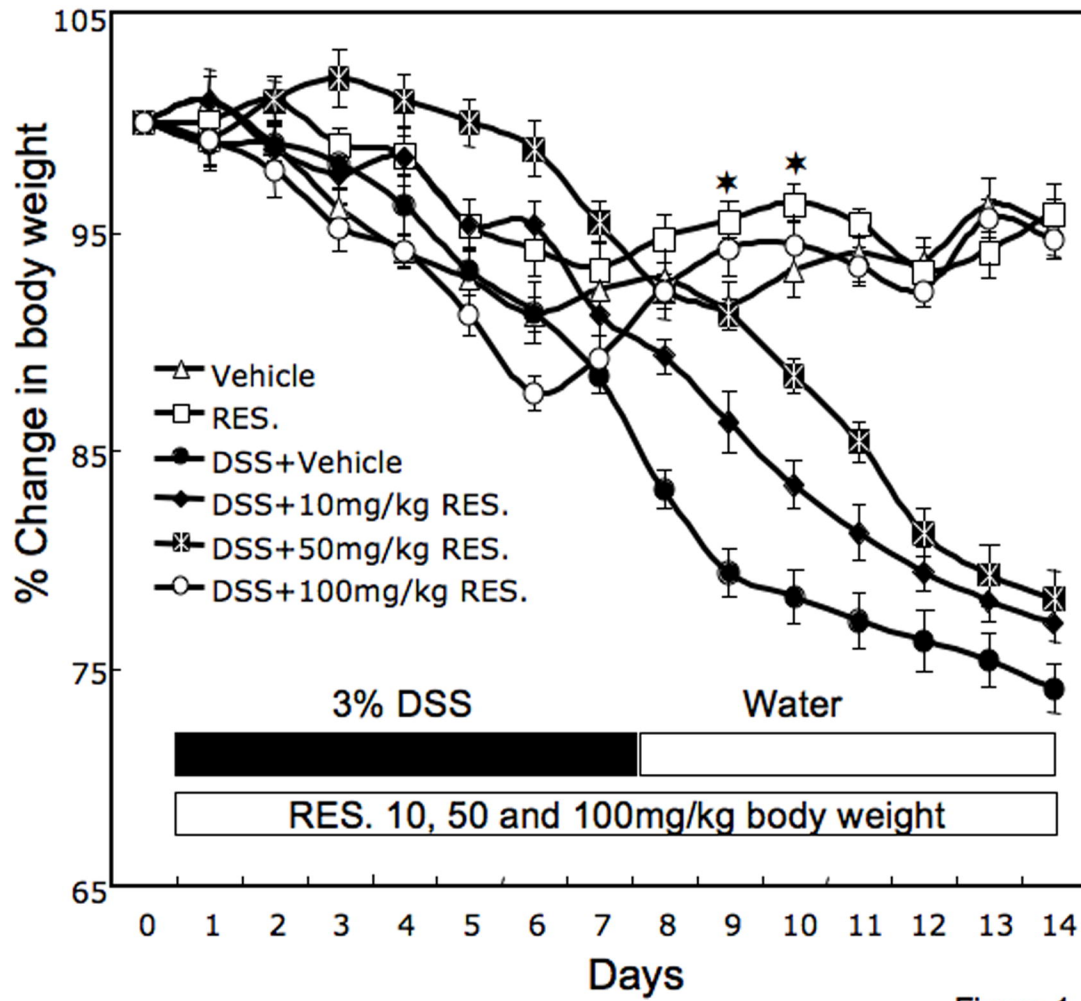


Figure 1

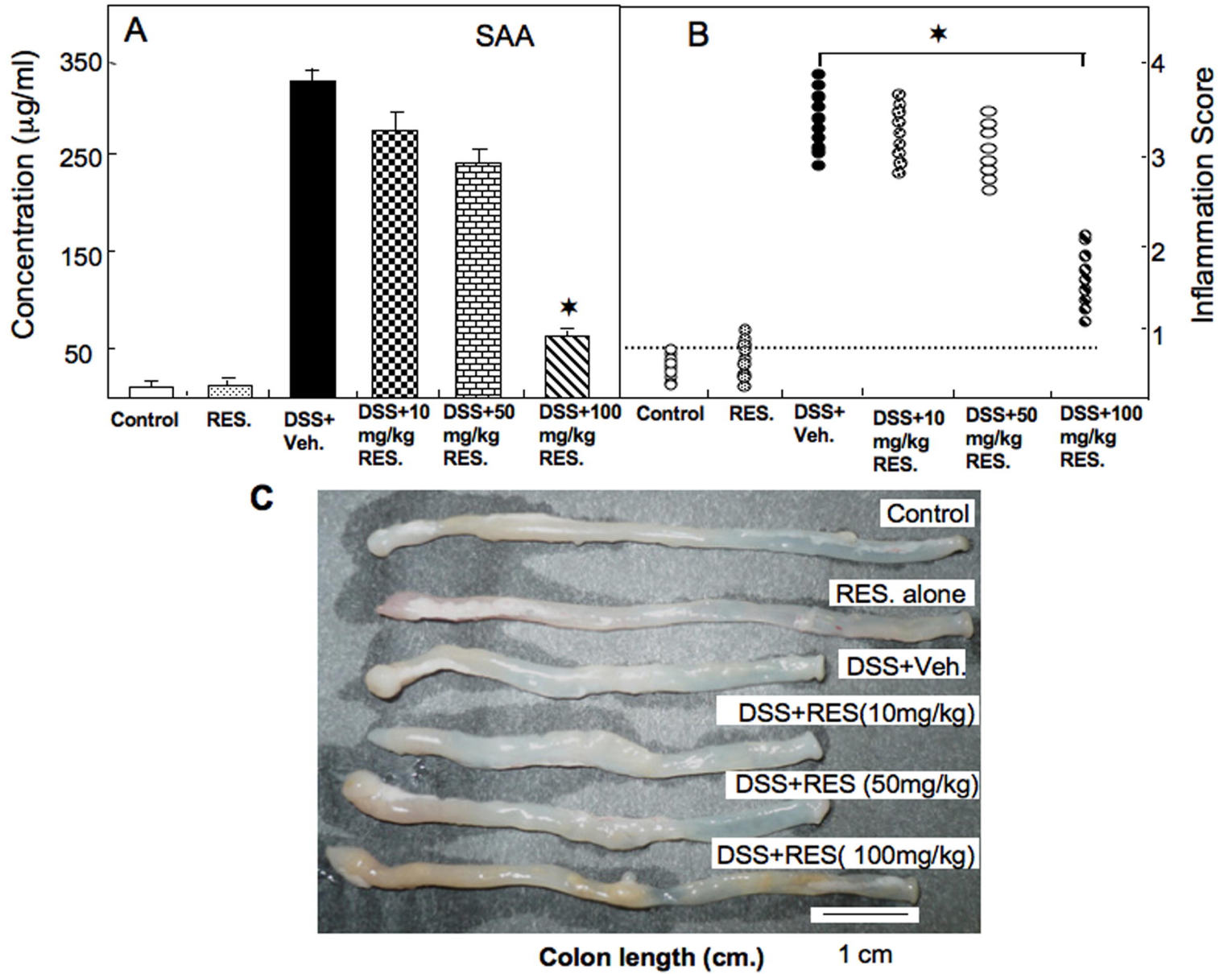


Figure 2

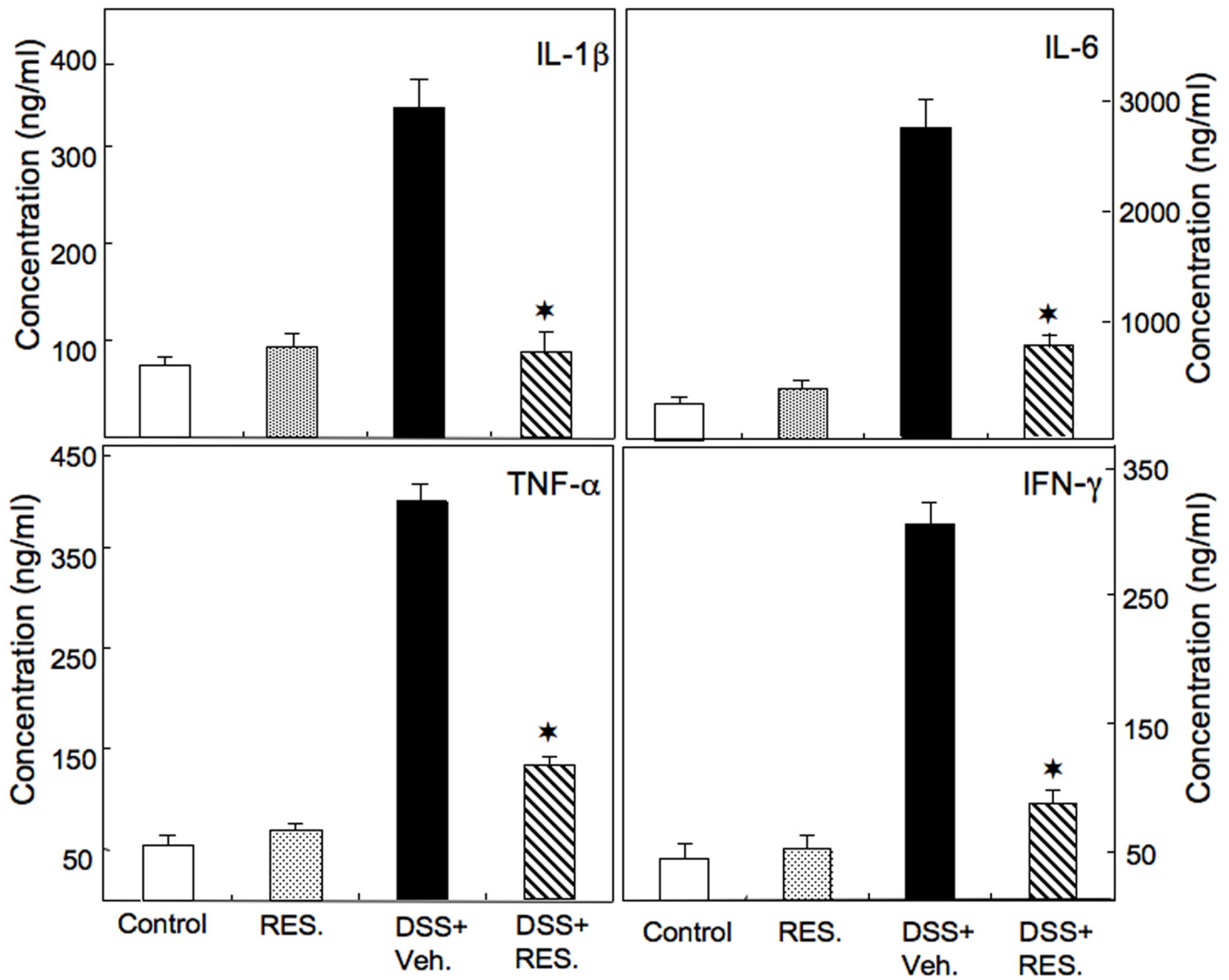


Figure 3

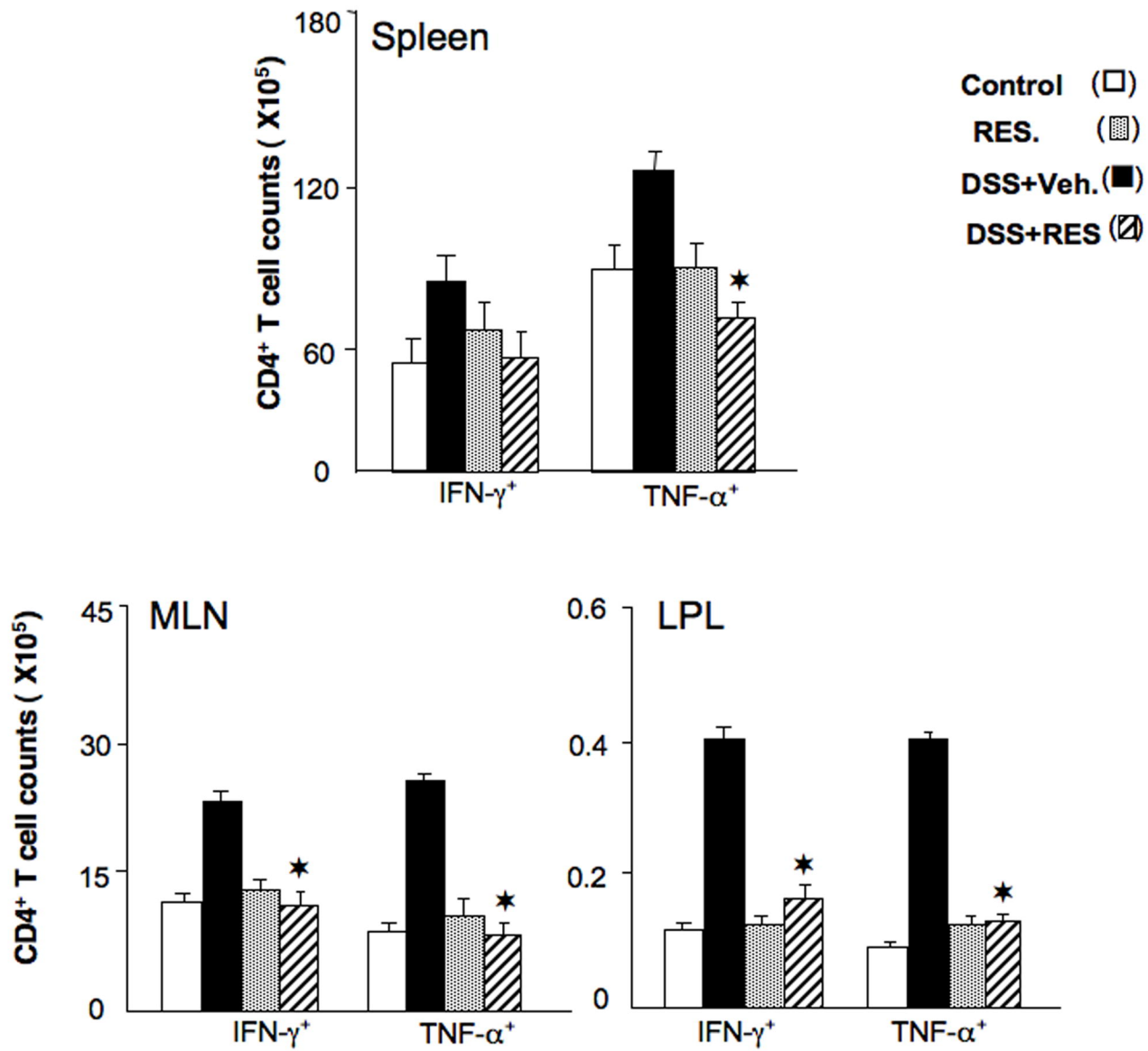


Figure 4



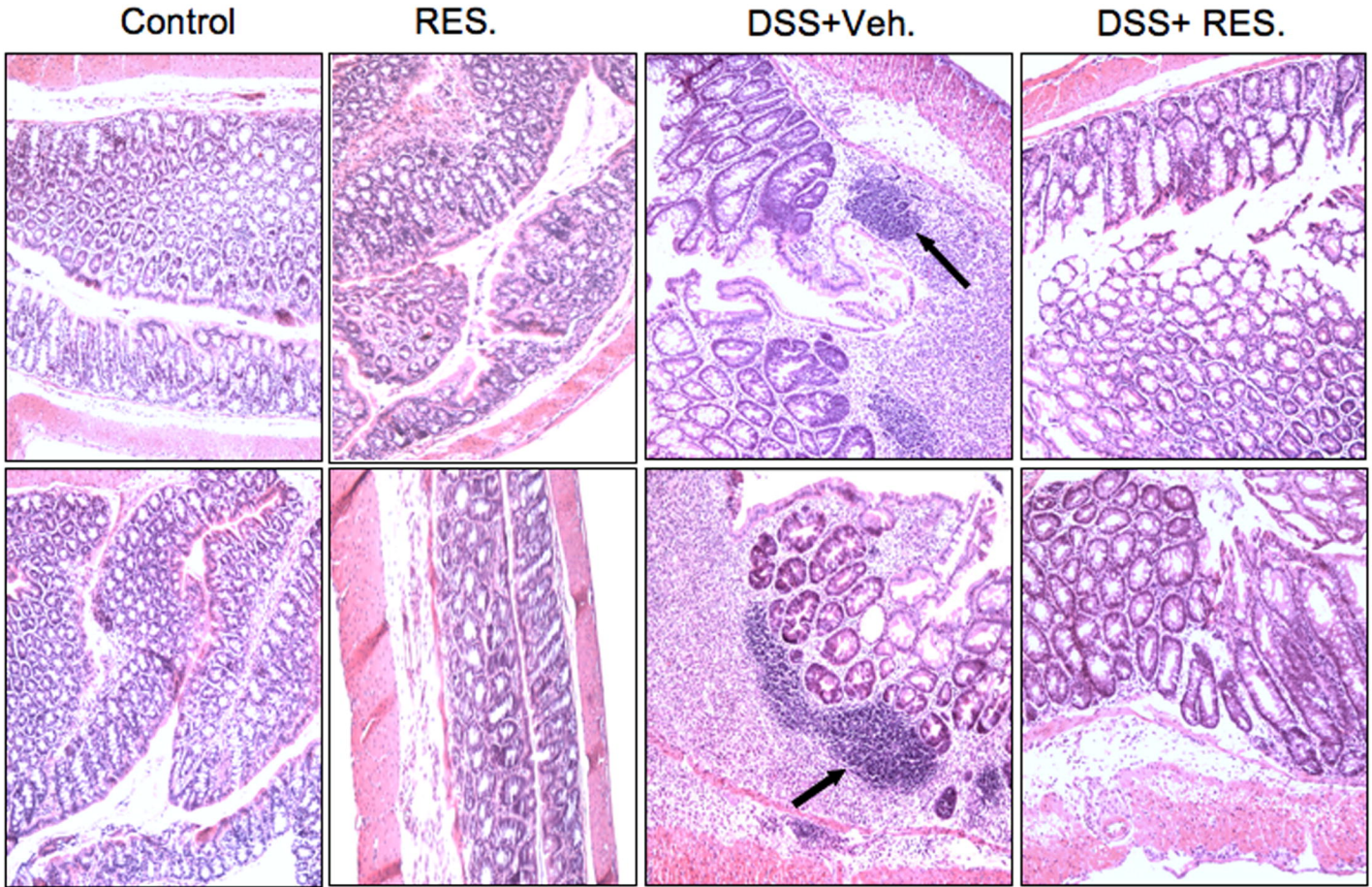


Figure 5

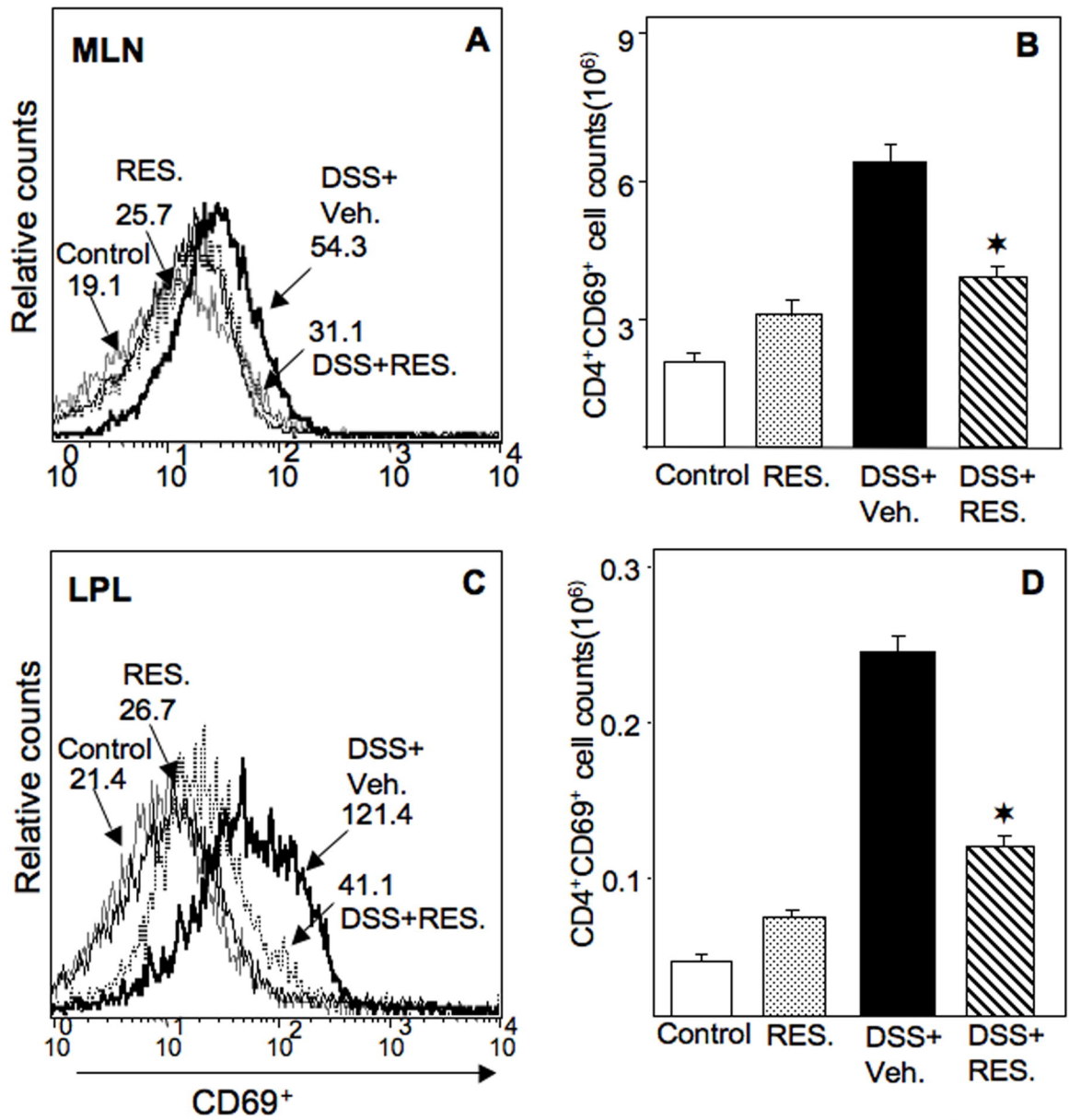
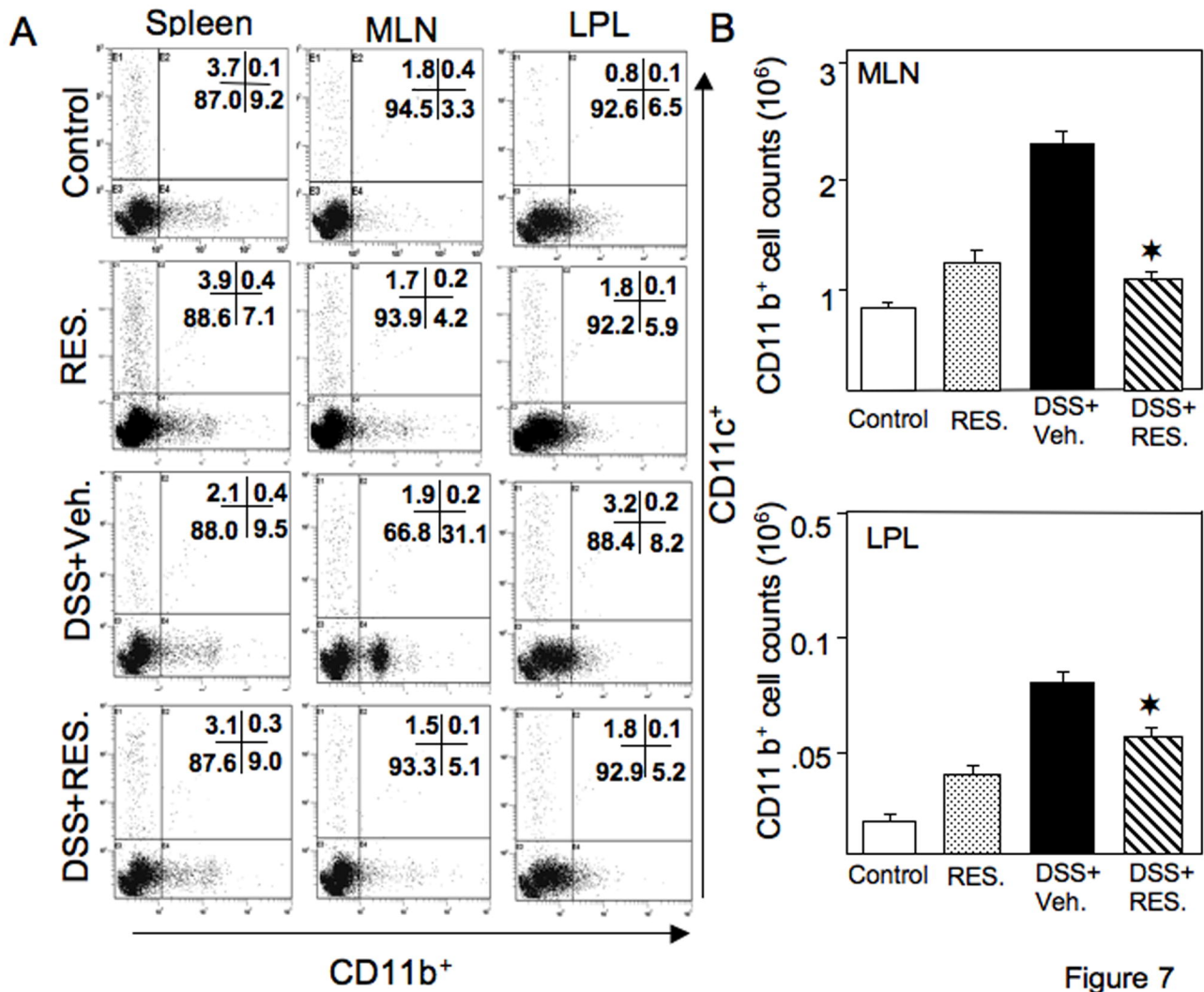


Figure 6



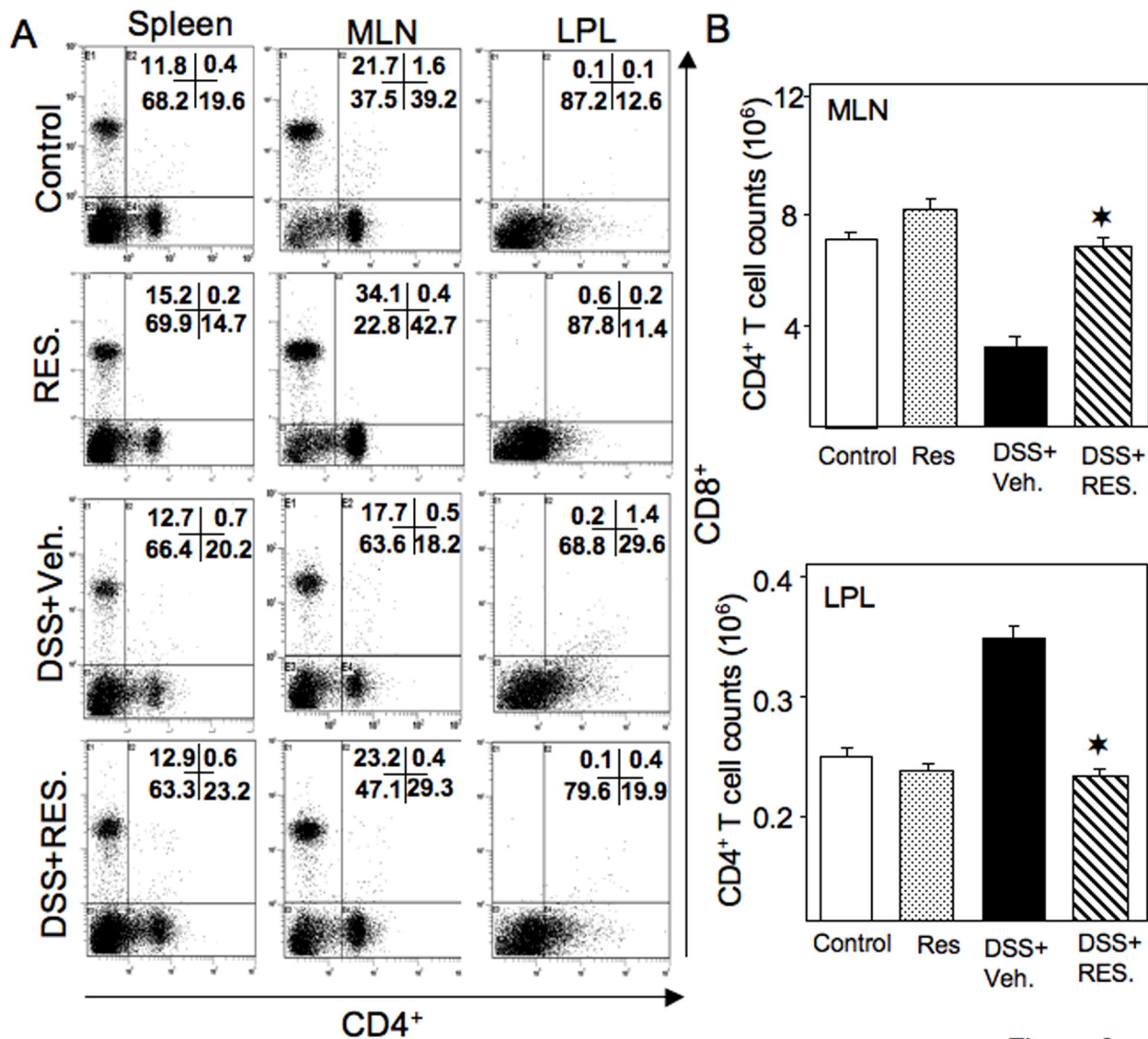


Figure 8

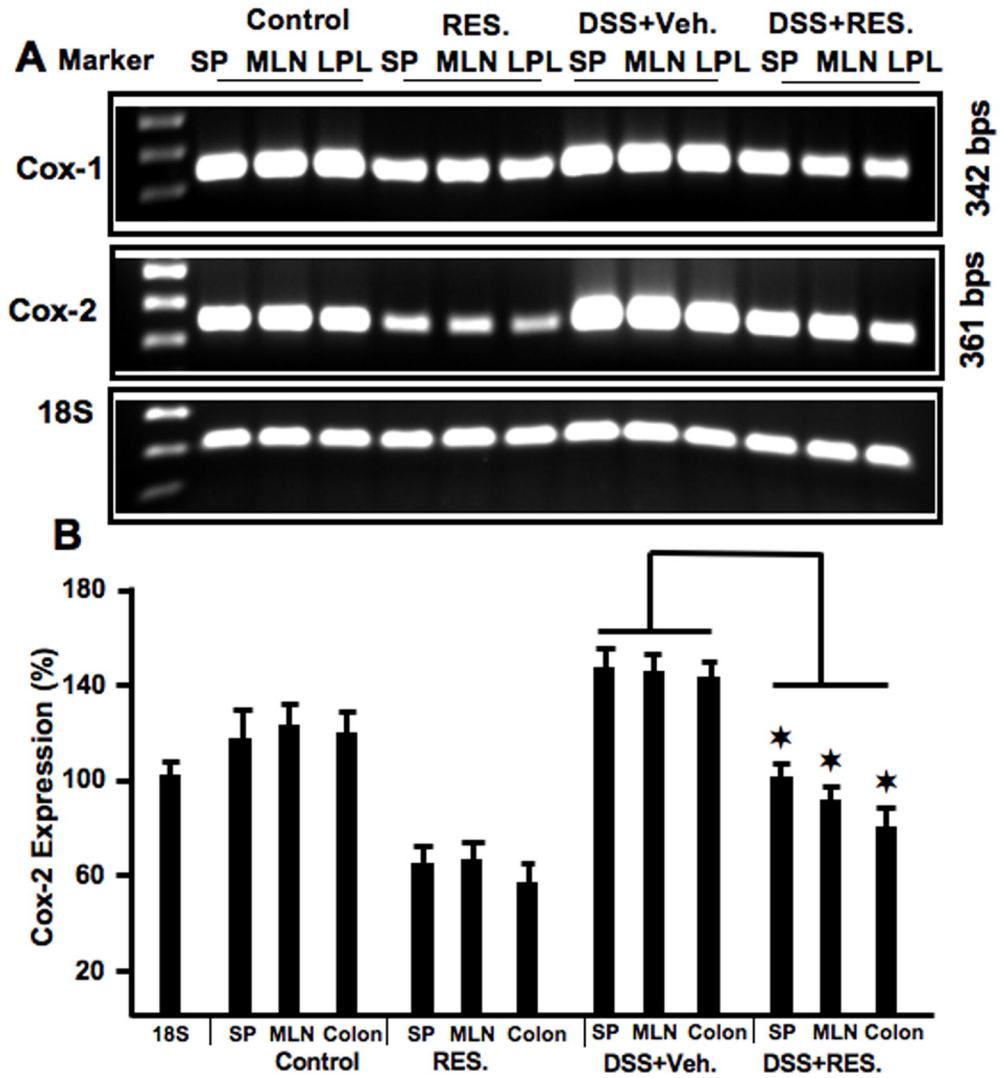


Figure 9

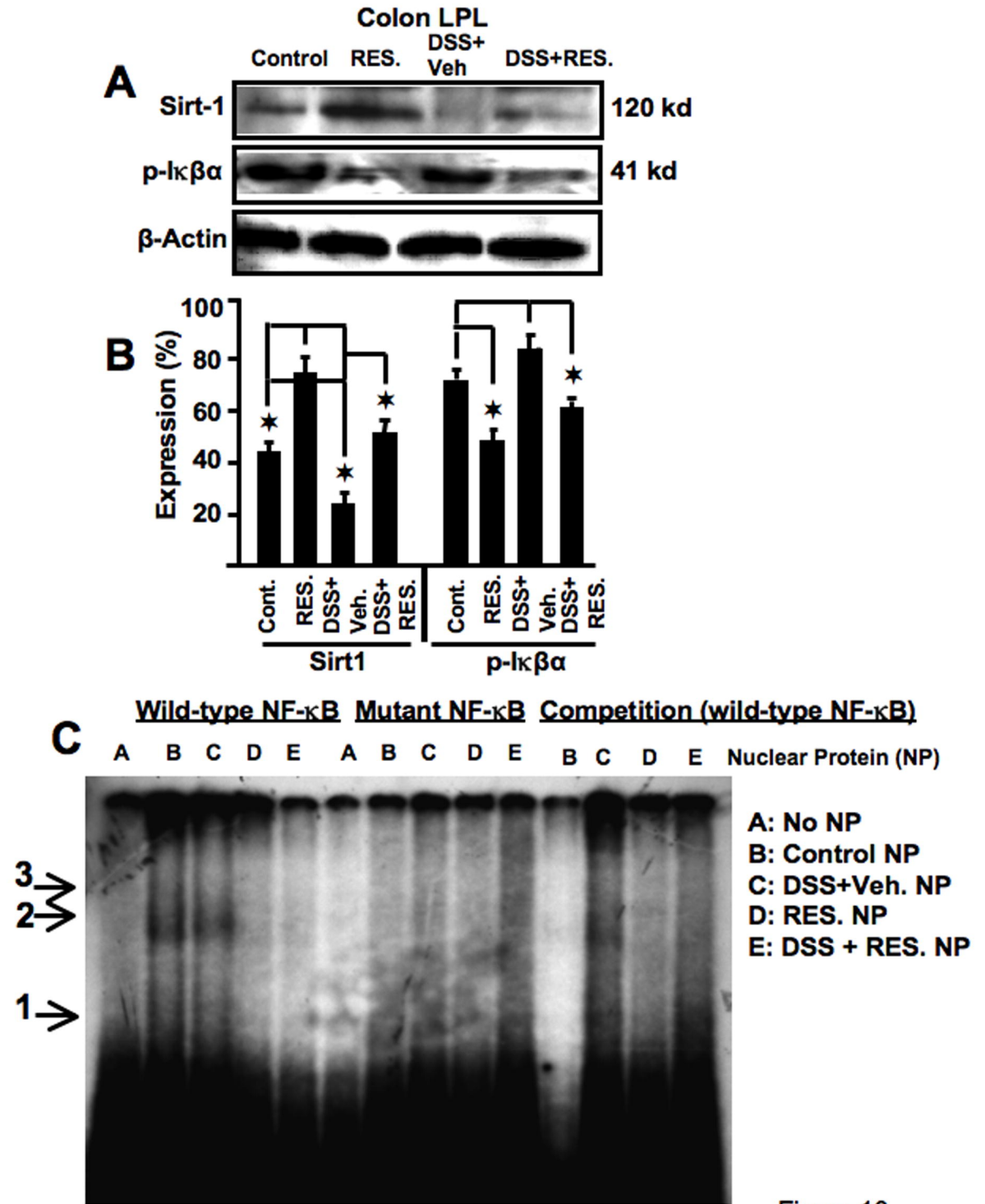


Figure 10