

# Reg蛋白家族在糖尿病中的研究现状

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收稿日期: 2024年3月11日; 录用日期: 2024年4月4日; 发布日期: 2024年4月12日

## 摘要

糖尿病(Diabetes Mellitus, DM)是一种全球流行病, 随着生活水平的提高及全球老龄化, DM患病率越来越高, 成为世界范围内主要的健康负担。胰岛 $\beta$ 细胞功能受损和数量减少是糖尿病病理生理机制的中心环节。目前1型糖尿病(Type 1 Diabetes Mellitus, T1DM)和病程较长的2型糖尿病(Type 2 Diabetes Mellitus, T2DM)患者的治疗主要是补充外源性胰岛素, 但难以控制血糖长期稳定达标, 且不良管理可带来严重后果, 需要新的治疗策略来保护或补充功能胰岛 $\beta$ 细胞群, 从而维持血糖稳态。再生蛋白(Regenerating protein, Reg)属于钙依赖凝集素超家族成员, 是一种具有营养、抗凋亡、抗炎、抗菌和免疫调节作用的多功能分泌分子。根据Reg基因编码蛋白的一级结构, Reg蛋白家族可分为4个亚型(I, II, III, IV)。近年来, Reg蛋白在促进胰岛 $\beta$ 细胞再生和改善血糖水平中的作用引起重视, 可能成为潜在的糖尿病预测及治疗的新靶点。本文就Reg基因蛋白结构、功能及其在糖尿病领域的研究现状进行综述。

## 关键词

糖尿病, 再生蛋白, 研究现状

# Current Research Status of Regenerating Protein (Reg) Family in Diabetes Mellitus

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Received: Mar. 11<sup>th</sup>, 2024; accepted: Apr. 4<sup>th</sup>, 2024; published: Apr. 12<sup>th</sup>, 2024

## Abstract

Diabetes Mellitus (DM) is a global epidemic. With the improvement of people's living standards and

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文章引用: 郑亚莲, 杨刚毅. Reg 蛋白家族在糖尿病中的研究现状[J]. 临床医学进展, 2024, 14(4): 759-767.

DOI: 10.12677/acm.2024.1441087

global aging, it has become a major health burden worldwide. Impaired function and decreased number of islet beta cells are the central link in the pathophysiological mechanism of diabetes mellitus. At present, the treatment of Type 1 Diabetes Mellitus (T1DM) and Type 2 Diabetes Mellitus (T2DM) patients with a long course of disease is mainly to supplement exogenous insulin, but it is difficult to control blood sugar for a long time to reach the standard. Poor management can lead to serious consequences, and new therapeutic strategies are needed to protect or supplement the functional islet beta cell population to maintain glucose homeostasis. Regenerating proteins (Reg) belong to the calcium-dependent lectin superfamily, which is a multifunctional secretory molecule with nutritional, anti-apoptotic, anti-inflammatory, antibacterial and immunomodulatory effects. According to the primary structure of the protein encoded by Reg gene, the Reg protein family can be divided into four subtypes (I, II, III, IV). In recent years, the role of Reg protein in promoting islet beta cell regeneration and improving blood glucose level has attracted attention, which may become a potential new target for diabetes prediction and treatment. This article reviews the structure, function and research status of Reg gene protein in the field of diabetes.

## Keywords

Diabetes Mellitus, Regenerating Protein (Reg), Current Research Status

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## 1. 引言

糖尿病(Diabetes Mellitus, DM)是一种严重的慢性疾病,已成为全球范围内社会负担和死亡的主要原因之一。2021年国际糖尿病联盟(International diabetes federation, IDF)发布的全球糖尿病地图显示:全球有5.37亿人患有糖尿病。根据柳叶刀发表的一项关于糖尿病全球疾病负担研究,预计到2050年全球患糖尿病的人数将增加到13.1亿人。此外,IDF发布的数据提示,全球每10名成年人中就有1名罹患糖尿病,中国是西太平洋地区死于糖尿病人数最多的国家,中国的糖尿病相关医疗支出位居世界第二[1][2]。1型糖尿病(Type 1 Diabetes Mellitus, T1DM)是一种自身免疫性疾病,以T细胞介导的胰岛 $\beta$ 细胞破坏为特征,导致胰岛素合成和分泌不足[3]。在T1DM的自然病史中,出现血糖异常症状(包括多尿症或糖尿病酮症酸中毒)时, $\beta$ 细胞团已经达到一个临界阈值(通常是正常量的20%~30%) [4]。2型糖尿病(Type 2 Diabetes Mellitus, T2DM)患病人数约占糖尿病总人数的90%,其特征是胰岛素抵抗和进行性胰岛 $\beta$ 细胞功能减退。与非糖尿病患者胰岛相比,T2DM患者胰岛组织中 $\beta$ 细胞数量减少约40%,胰岛 $\beta$ 细胞功能在T2DM发病时减少约80% [5]。

T1DM患者因自身胰岛素分泌绝对缺乏,需终身使用胰岛素替代治疗,而外源性胰岛素治疗存在低血糖、体重增加、过敏反应、皮下脂肪增生、脂肪萎缩以及注射部位疼痛等不良反应,使得患者依从性降低,增加了血糖控制难度[6]。T2DM患者早中期可以通过不同作用机制的降糖药物控制血糖,但是现有降糖药物并不能阻止胰岛 $\beta$ 细胞功能的进行性下降。一项横断面研究显示,我国T2DM患者的胰岛 $\beta$ 细胞功能以每年2%的速度下降[7]。而外源性补充胰岛素无法完全模拟生理性胰岛素分泌的精细调控,难以维持血糖控制的长期稳定达标。糖尿病患者需要新的治疗策略来保护或补充功能胰岛 $\beta$ 细胞群,从而维持血糖稳态,增加胰岛 $\beta$ 细胞数量、改善胰岛 $\beta$ 细胞的分泌功能、加强内源性胰岛素代谢调节有助于重建胰岛素分泌的生理调节机制,是改善糖尿病临床疗效的潜在希望。随着近年来对再生蛋白

(Regenerating protein, Reg)家族的深入研究, Reg 蛋白在糖尿病治疗领域脱颖而出, 有望为胰岛再生和修复提供新途径。故本文就 Reg 基因蛋白结构、功能及其在糖尿病领域的研究现状进行综述, 以期为临床诊治提供思路。

## 2. Reg 蛋白家族

### 2.1. Reg 蛋白家族分类

1979 年, 在胰腺结石中发现了第一个 Reg 蛋白, 命名为胰腺结石蛋白(Pancreatic stone protein, PSP) [8]。由于其抑制胰腺结石形成的潜在作用, PSP 也被称为抑石药[9]。1984 年, Yonemura 等人在胰腺切除 90% 术后的大鼠再生胰岛中发现该蛋白, 其可改善术后糖尿病大鼠疾病状态[10], 由此创造了术语“再生蛋白”, 后来有报道称 Reg I 蛋白。自 Reg I 蛋白发现以来, 再生蛋白家族其他成员陆续被发现, 根据 Reg 基因编码蛋白质的一级结构, Reg 蛋白家族可分为 4 类: Reg I、Reg II、Reg III、Reg IV, 为了标准化不同物种间 Reg 蛋白的名称, 将 Reg 蛋白家族进一步分类, 在啮齿类动物中, Reg 蛋白家族包括大鼠 Reg I、小鼠 Reg I, Reg II 仅有小鼠 Reg II, 大鼠 Reg III $\alpha$ 、Reg III $\beta$ 、Reg III $\gamma$  及小鼠 Reg III $\alpha$ 、Reg III $\beta$ 、Reg III $\gamma$ 、Reg III $\delta$ , 大鼠和小鼠 Reg IV。在人类中, Reg 蛋白家族包括人 Reg I $\alpha$  和 Reg I $\beta$ , 人 Reg III $\beta$  和 Reg III $\gamma$ , 人 Reg IV [11]。如表 1 所示。

**Table 1.** Member of the regenerative protein family

**表 1.** 再生蛋白家族成员

Name	Other names
Mouse	
Reg I	Reg, PSP, PTP (cleaved form), Lithostathine
Reg II	PTP2, PSP2, Lithostathine 2
Reg III $\alpha$	PAP II
Reg III $\beta$	PAP I, PAP, HIP
Reg III $\gamma$	PAP III
Reg III $\delta$	INGAP-rP, INGAP
Reg IV	Reg4, RELP
Rat	
Reg I	Reg, PSP, PTP (cleaved form), Lithostathine
Reg III $\alpha$	Reg3, PAP II
Reg III $\beta$	PAP, PAP I, HIP, Reg2, Peptide23
Reg III $\gamma$	PAP III
Reg IV	Reg4
Human	
Reg I $\alpha$	REG1A, PSP, Lithostathine, PTP
Reg I $\beta$	REG1B, REGH, REGL, Lithostathine, RS
Reg III $\beta$	REG3A, PAP, HIP, PAP I, Reg2, PTP
Reg III $\gamma$	REG3G, Reg3, PAP IB, PAP II, PAP III
Reg IV	REG4

## 2.2. Reg 蛋白结构、分布及相关作用

Reg 蛋白家族中,除了 Reg IV 基因有 7 个外显子,其它 Reg 基因都有 6 个外显子和 5 个内含子。在人类中,Reg IV 基因位于染色体 1p11-3 上,而其它基因位于染色体 2p12 [11]。Reg 蛋白家族的相对分子质量为 16,000~17,000,根据蛋白质一级结构和结构域特征,Reg 蛋白家族属于钙依赖性凝集素超家族成员,而凝集素被认为具有有丝分裂特性。Reg 蛋白含有约 120 个氨基酸的钙依赖碳水化合物识别域(Carbohydrate recognition domains, CRD),可选择性结合多种配体和碳水化合物[12]。Reg 蛋白的另一个结构特征是氨基末端都有一个类似信号肽的结构,由 21~25 个氨基酸残基构成,具有胰蛋白酶的裂解位点[13],胰蛋白酶消化产生可溶性短肽和剩余的由大约 130 个残基组成的不可溶性片段[14]。

ME Zenilman 等人用 Northern 分析法测定 Reg 基因在大鼠胰腺导管细胞、腺泡细胞和胰岛  $\beta$  细胞中的表达,发现 Reg mRNA 在腺泡中表达,但不在胰岛  $\beta$  细胞或导管胰腺细胞系中表达,并且 Reg 蛋白对胰岛  $\beta$  细胞系和导管细胞系均有有丝分裂作用[15]。最近有研究表明,Reg I 在胃肠嗜铬素样细胞中表达,其产生受胃泌素刺激,作为有丝分裂因子促进胃上皮细胞增殖[16]。Reg II 仅在小鼠中检测到,没有人同源基因,已知 Reg II mRNA 主要表达于正常的胰腺腺泡和增生性胰岛中[17]。Reg III 主要在肠道中高表达,在消化道上皮细胞的再生过程中起作用,IL-22 信号转导可诱导肠内 Reg III $\alpha$  和 Reg III $\gamma$  表达,增强肠干细胞和 Paneth 细胞的存活[18]。另一方面,Reg III 也在胰腺中表达,在氧化应激过程中发挥抗凋亡和抗炎作用[19]。最近发现的成员 Reg IV 最初是由 Hartupée 等人从溃疡性结肠炎 cDNA 文库中分离出来的[20]。Reg IV 主要在胃肠道表达,包括结肠、小肠、胃和胰腺,在前列腺癌中有少量表达,组织受损时在其他部位也有异位表达[21]。近年来,多项研究表明 Reg IV 可能参与组织修复、细胞增殖和迁移。在实验性胰腺炎小鼠中,Reg IV 可以通过调控 Notch 信号促进胰腺再生和预防胰腺炎后胰腺外分泌功能不全[22]。肠道 Reg IV 缺乏可通过增加小鼠肠道脂肪吸收,使小鼠易发生高脂肪饮食诱导的肝脏脂肪变性,而诱导 Reg IV 表达可降低肠道脂肪吸收[23]。而在胃癌、结直肠癌、胰腺癌、胆囊癌、卵巢癌和尿路上皮癌中,Reg IV 的过表达与侵袭性行为和不良预后密切相关[24]。

## 2.3. Reg 蛋白表达调控及信号通路

Reg 蛋白的表达受多种诱导剂的调控,包括营养物质、激素、生长因子和细菌感染,特别是细胞因子,是 Reg 蛋白表达的主要调节因子[25]。链脲佐菌素诱导小鼠糖尿病后,小鼠胰岛 Reg I 呈阳性[26]。在给药环磷酰胺的非肥胖糖尿病(Non-Obese Diabetic,NOD)小鼠中,Reg II 也过表达[27]。在干扰素  $\gamma$  和 TNF- $\alpha$  单独处理的大鼠胰腺腺泡 AR42J 细胞中,Reg I 表达上调,促炎性和促凋亡因子脂多糖也通过上调 TNF- $\alpha$  和白细胞介素直接或间接地促进 Reg I 表达[28]。因此,Reg I 的表达可能与细胞凋亡的引发有关。Reg 蛋白也与中枢神经系统细胞的增殖有关,大鼠 Reg III $\beta$  是雪旺细胞或运动神经元有丝分裂原,促进损伤后的再生,突变的白血病抑制因子(Leukemia inhibitory factor, LIF)受体纯合的小鼠胚胎在其运动和感觉神经元中不表达 Reg III $\beta$  [29],由此可推测通过 LIF 受体复合物(gp130 和 LIF 受体  $\beta$ )作用于 LIF 家族细胞因子可调节 Reg III $\beta$  的表达。Reg 蛋白的表达也存在于其他内分泌组织中,如垂体和卵巢,并受上述因素的调节。如当使用生长激素释放激素时,大鼠垂体细胞分泌 Reg III $\beta$ ,而暴露于生长抑素具有相反的效果[30]。

尽管有大量证据表明 Reg 蛋白在正常和病理条件下与细胞分化、增殖和保护细胞免于凋亡有关,但对 Reg 信号传递的途径知之甚少。Reg 蛋白的推定受体[31]与人类外泌素样糖基转移酶 3 (Exostosin-like gene 3, EXTL3)的同源性超过 97% [32]。该基因编码  $\alpha$ -1,4-N-乙酰氨基葡萄糖转移酶 I 和 II 酶,参与硫酸肝素的生物合成。在成年小鼠中,在脾脏、肝脏、睾丸、胃和心脏中检测到 Extl3 转录本,而在胰腺和大脑中发现表达最强[33]。进一步研究发现, $\beta$ -细胞中过表达 EXTL3 可触发活化转录因子-2 的表达[34],



Reg I $\alpha$  通过其受体 EXTL3 在神经元细胞系和海马原代神经元中调控神经突触生长[35]。另一方面, 推测 CD44 可能是 Reg IV 受体, 因为两者在结直肠癌增殖[36]中表现出相互作用。Wang 等人发现 G 蛋白偶联受体 37 与 Reg IV 是同一复合体的一部分, 介导 Reg IV 的信号转导, 促进胃癌细胞的腹膜转移[37]。

### 3. Reg 蛋白家族在糖尿病中的病理生理学

早期研究表明, 使用人 Reg I $\alpha$  蛋白和免疫调节剂联合治疗 NOD 小鼠, 可明显改善糖耐量和胰腺  $\beta$  细胞团[38]。Reg I 基因的破坏可降低胰岛  $\beta$  细胞的增殖能力, 与此相反, 携带 Reg I 转基因 NOD 小鼠的糖尿病发展显著延缓, 提示 Reg I 蛋白可能是胰岛  $\beta$  细胞的再生因子[39]。有研究报道, 野生型小鼠在 EMC (encephalomyocarditis)病毒感染后, 胰腺中腺泡样细胞簇出现了 Reg I 的高表达, Reg I 的高表达可能与 IL-6 和 IL-1b 介导的炎症通路有关, 并且发现 Reg I 在 EMC 病毒诱导的  $\beta$  细胞损伤中具有再生功能[40] [41]。有学者发现, 用含有分枝杆菌的佐剂(Complete Freund's adjuvant, CFA)对 NOD 小鼠进行免疫治疗, 可下调自身免疫抑制 NOD 小鼠糖尿病的进展, 并且能使小部分终末期 NOD 小鼠恢复正常血糖, 学者推测, 糖尿病前期小鼠使用 CFA 免疫可能诱导 Th17 细胞产生 IL-22, IL-22 与胰岛  $\beta$  细胞上的受体复合物结合后, 激活 JAK-STAT3 信号转导通路, 可导致 Reg I 基因表达上调, 这可能与 NOD 小鼠  $\beta$  细胞再生和高血糖逆转有关[42]。尽管 Reg I 具有促进胰岛  $\beta$  细胞再生的作用, 但有研究表明, Reg I $\alpha$  在胰腺癌细胞增殖中有重要作用, 其促肿瘤活性可能会阻碍其在糖尿病治疗中的临床应用, 但可以为理解糖尿病和胰腺癌之间关系的分子机制提供新的见解[43]。在临床研究中, 不同类型的糖尿病, 包括 T1DM、年轻的成熟型糖尿病(MODY)、和 T2DM 均有血清 Reg I $\alpha$  水平的升高。T2DM 患者在首次诊断时和出现并发症后均出现 Reg 上调, T2DM 和 MODY 患者的 Reg 水平与发病时间相关, 在 T1DM 中观察到循环中 Reg I $\alpha$  水平与病程呈负相关[44] [45] [46], 与非糖尿病患者和 T2DM 患者相比, T1DM 患者血清中 Reg I $\alpha$  水平的升高其相应的自身抗体水平显著升高。有研究发现 Reg I $\alpha$  水平与年龄、血肌酐、尿素氮呈正相关, 与肾小球滤过率(estimated glomerular filtration rate, eGFR)呈负相关, Reg I $\alpha$  与 eGFR 的关系提示 Reg I $\alpha$  可能是肾功能不全的一个潜在指标[47]。

Reg II 基因通常在胰腺腺泡细胞中表达, 并在糖尿病、胰腺炎和高脂肪饮食(estimated glomerular filtration rate, HFD)和胰腺再生过程中被显著诱导, Qing Li 等人对 Reg II 基因缺陷的小鼠进行了研究, 发现在老年小鼠中, Reg II 缺乏可导致小鼠胰岛体积减少、胰岛素水平降低。同样, 在 HFD 诱导的肥胖小鼠中, 胰岛细胞增殖率、胰岛补偿面积减少, 这些结果证明, 对于肥胖和衰老, Reg II 基因的正常表达对胰岛的维护和补偿是至关重要的[48]。Gurr [49]等人发现 Reg II 可作为自身抗原参与 NOD 小鼠糖尿病的发生, 给 NOD 小鼠注射全长的 Reg II 蛋白, 在早期能够延缓其糖尿病的发生, 随后 Reg II 蛋白加速糖尿病的发生。而 Luting Yu 等人研究证明, 用重组 Reg II 蛋白(rReg II)治疗链脲佐菌素(STZ)诱导的糖尿病小鼠, 可保留糖尿病小鼠的胰岛  $\beta$  细胞质量, 改善血糖, 进一步的 rReg II 治疗可抵抗自身抗原的破坏作用。因此, rReg II 对胰岛  $\beta$  细胞的保护作用大于作为自身抗原的破坏作用[50]。Hong Wang 等人提出, 小鼠 Reg II 基因的表达与胰腺中细胞内清除活性氧(ros)的硒依赖性谷胱甘肽过氧化物酶 1 (GPX1)和 Cu-Zn 超氧化物歧化酶(SOD1)活性之间存在很大程度的反向关系。实验证明, 敲除了 GPX1 和 SOD1 基因的小鼠胰岛中 Reg II 表达上调, 与胰岛  $\beta$  细胞量减少和胰岛素分泌量减少有关, 而 GPX1 过表达的小鼠胰岛中 Reg II 表达下调, 并伴有胰岛增生、高胰岛素血症和葡萄糖刺激的胰岛素分泌增加, 提示我们不应该简单地将 Reg II 视为胰岛  $\beta$  细胞的生长因子, 它也可能是作为一种急性应激反应物, 调节代谢改变[51]。

在小鼠中, Reg III 蛋白家族成员在肠道(Reg III $\alpha$ , Reg III $\beta$ , Reg III $\gamma$ )和胰腺(Reg III  $\delta$ )中大量表达[52] [53]。有啮齿动物研究报告称, 在高脂肪饮食或基因修饰引起的代谢紊乱中, 肠道 Reg III $\gamma$  表达下调, 导

致肥胖和糖调节受损,而多种类型的减肥手术可导致 Reg III $\gamma$  在肠道中的表达增加[54] [55]。此外,肠道中的胆汁酸和外源性胰高血糖素样肽-1 受体激动剂可刺激 Reg III $\gamma$  的产生[56] [57]。这些数据表明 Reg III $\gamma$  的产生受各种代谢条件的影响。在 NOD 小鼠中,注射慢病毒载体包装的 Reg III $\gamma$ ,发现其诱导调节性 T 细胞(regulatory T cells, Tregs)分化,抑制树突状细胞(dendritic cell, DC)成熟,减少胰岛淋巴细胞浸润,减弱自身免疫反应并通过激活 JAK2/STAT3 通路降低 1 型糖尿病的发生[58]。最近,EXTL3 被鉴定为 Reg III $\gamma$  的结合蛋白,并且 Reg III $\gamma$ -EXTL3 信号通路参与多种细胞生理功能的调节过程,小鼠胰岛  $\beta$  细胞的 EXTL3 缺失可导致葡萄糖调节和胰岛素分泌受损,以及胰岛形态异常[59]。使用免疫抑制药物他克莫司可抑制 STAT3 介导的转录激活并导致  $\beta$ -细胞衰竭,而这种情况可通过 Reg III $\gamma$  治疗恢复胰岛素分泌和线粒体功能[60] [61]。除了 Reg III $\gamma$  之外, Tehmina Siddique [62]等利用四氧嘧啶诱导的小鼠糖尿病模型研究 Reg III  $\delta$  生物活性肽对血糖以及胰腺基因表达水平的影响,发现给予 Reg III  $\delta$  治疗的模型小鼠血糖水平显著下降,并且几乎恢复到正常水平,定量聚合酶链反应分析结果表明,给予 Reg III  $\delta$  肽治疗后,转录因子 Ngn-3 和 Pdx-1 的 mRNA 水平明显增加,Reg III  $\delta$  有可能通过调节胰腺内分泌前体标志物 Pdx-1 和 Ngn-3 的基因表达来逆转高血糖。由基因工程表达菌 *E. coli* (T7 Expression)构建的重组 Reg III $\alpha$  蛋白,经纯化后能够促进 MIN6 细胞和原代胰岛增值,抵抗毒胡萝卜内酯诱导 MIN6 细胞内质网应激反应,表明重组 Reg III $\alpha$  蛋白具有作为外源性药物促进胰岛  $\beta$  细胞增值、抗凋亡活性[63]。

#### 4. 结语与展望

糖尿病的发生发展与胰岛  $\beta$  细胞功能损伤及数量减少密切相关,在针对胰岛  $\beta$  功能恢复及再生的治疗对策中,Reg 蛋白具有良好的发展前景。在糖尿病中,Reg 蛋白具有调节免疫、抗炎、促进胰岛  $\beta$  细胞再生、抗凋亡等作用,从而改善血糖水平。此外,Reg 蛋白水平与糖尿病病程密切相关,可以预测疾病的进展情况。但是目前对 Reg 蛋白确切的分子作用机制、调控机制、受体及受体后信号传递途径尚不十分清楚,大多数研究也仅限于动物模型上,有待进一步全面、规范、深入研究,为 Reg 蛋白在糖尿病领域的诊治明确思路,提供新靶点。

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