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Iron Deficiency Causes a Shift in AMP-Activated Protein

Kinase (AMPK) Catalytic Subunit Composition

in Rat Skeletal Muscle

John F. Merrill

#### A thesis submitted to the faculty of Brigham Young University in partial fulfillment of the requirements for the degree of

Master of Science

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#### ABSTRACT

#### Iron Deficiency Causes a Shift in AMP-Activated Protein Kinase (AMPK) Catalytic Subunit Composition in Rat Skeletal Muscle

John F. Merrill Department of Physiology and Developmental Biology, BYU Master of Science

To determine effects of iron deficiency on AMPK activation and signaling, as well as the AMPKα subunit composition in skeletal muscle, rats were fed a control (C=50-58 mg/kg Fe) or iron deficient (ID=2-6 mg/kg Fe) diet for 6-8 wks. Their respective hematocrits were  $47.5\% \pm$ 1.0 and 16.5%  $\pm$  0.6. Iron deficiency resulted in 28.3% greater muscle fatigue (p<0.01) in response to 10 min of stimulation (1 twitch/sec) and was associated with a greater reduction in phosphocreatine (C: Resting 24.1  $\pm$  0.9  $\mu$ mol/g, Stim 13.1  $\pm$  1.5  $\mu$ mol/g; ID: Resting 22.7  $\pm$  1.0  $\mu$ mol/g, Stim 3.2  $\pm$  0.7  $\mu$ mol/g; p<0.01) and ATP levels (C: Resting 5.89  $\pm$  0.48  $\mu$ mol/g, Stim  $6.03 \pm 0.35 \mu mol/g$ ; ID: Resting  $5.51 \pm 0.20 \mu mol/g$ , Stim  $4.19 \pm 0.47 \mu mol/g$ ; p<0.05). AMPK activation increased with stimulation in muscles of C and ID animals. A reduction in Cytochrome c and other iron-dependent mitochondrial proteins was observed in ID animals (p<0.01). The AMPK catalytic subunit ( $\alpha$ ) was also examined because both isoforms are known to play different roles in responding to energy challenges. In ID animals, AMPK $\alpha$ 2 subunit protein content was reduced to 71.6% of C (p<0.05), however this did not result in a significant difference in resting AMPK $\alpha$ 2 activity. AMPK $\alpha$ 1 protein was unchanged, however an overall increase in AMPKa1 activity was observed (C: 0.91 pmol/mg/min; ID: 1.63 pmol/mg/min; p<0.05). Resting phospho Acetyl CoA Carboxylase (pACC) was unchanged. This study indicates that chronic iron deficiency causes a shift in the expression of AMPK $\alpha$  subunit composition and potentially altered sensitivity to cellular energy challenges.

Key words: AMPK, AMPK alpha, iron deficiency, anemia, energy metabolism, skeletal muscle

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#### Introduction

Iron is important for oxygen transport and ATP synthesis. If these processes are impaired by iron deficiency, cellular adaptations occur, such as an increased glucose dependence, in response to that deficiency (2, 19). The 5'AMP-activated protein kinase (AMPK) has been characterized as a major cellular energy sensor (7), which may mediate some of these adaptations. AMPK is activated in response to energy challenges such as hypoxia, muscle contraction, and hypoglycemia. Therefore, we set out to investigate the effects of iron deficiency on AMPK activation and signaling.

Iron deficiency is the most common worldwide nutrient deficiency. Of the world's total population, 24.8% of individuals are anemic (1). Anemia occurs at all stages of the life cycle, in both developing and developed countries, being most prevalent in pregnant women and young children (41.8% and 47.4% respectively)(1). Iron deficiency is a metabolic stress because it compromises both the capacity for oxygen supply to tissues (anemia), as well as the capacity to utilize oxygen due to impairment of mitochondrial capacity (8). This type of energetic stress, due to either decreased oxygen supply or utilization, has been shown to cause an increase in AMPK activation (13).

AMPK is a cellular energy sensor that when activated, stimulates catabolic processes that increase ATP synthesis, and concurrently inhibits anabolic processes that consume ATP (21). Nutritional or environmental stress, such as hypoglycemia, hypoxia, and/or muscle contraction, lead to an increase in the AMP:ATP ratio (23). The function of the enzyme is altered by the interaction of the AMPK subunits as conformational changes occur. AMPK is a heterotrimer consisting of one alpha catalytic subunit and two regulatory subunits, beta and gamma (16), and multiple isoforms of all subunits have been identified ( $\alpha$ 1,  $\alpha$ 2,  $\beta$ 1,  $\beta$ 2,  $\gamma$ 1,  $\gamma$ 2,  $\gamma$ 3) (17, 24).

AMPK complexes containing the  $\alpha$ 2 isoform are more sensitive to changes in AMP concentration than are complexes containing  $\alpha$ 1 (33). Furthermore each isoform of the  $\alpha$  subunit affects different downstream signaling pathways. For example, the  $\alpha$ 1 subunit is more important in the inhibition of protein synthesis via the mTOR pathway (30, 31). The activation of AMPK is largely determined by phosphorylation of Thr<sup>172</sup> on the  $\alpha$  subunit, which causes a greater than 20-fold increase in activity (7). This is primarily done by the predominant AMPK kinase in skeletal muscle, LKB1 (18, 34), and is enhanced when the AMP:ATP ratio is high by nucleotide binding to the  $\gamma$  subunit of AMPK (6). Binding of AMP to the  $\gamma$  subunit increases activation of AMPK by up to fivefold, but also makes AMPK a poorer substrate for the phosphatase and increases phosphorylation by LKB1 (a net increase in activity of >1000-fold) (4, 38). Conversely, when the AMP:ATP ratio is low, the nucleotide binding sites on  $\gamma$  are occupied by ADP or ATP, eliminating inhibition of the phosphatase, decreasing net enzymatic activity (3).

Exercise is a metabolic stress on the cell, which has been shown to increase the activation of AMPK (32, 42). Muscle contraction during exercise increases the AMP:ATP ratio because excitation-contraction coupling depends on the hydrolysis of ATP to ADP as its source of energy. Myokinase catalyzes a reaction that transfers a phoshoryl group from one ADP to another, which regenerates one ATP, and forms one AMP (2 ADP  $\rightarrow$  ATP + AMP). This reaction is important for limiting the increase in ADP when the rate of ATP hydrolysis is high, and thus results in an increase in the AMP:ATP ratio (7, 14, 15). The concerted effects of iron deficiency and muscle contraction on AMPK activation however are still unknown. A muscle cell that is metabolically stressed due to iron deficiency may be even more adversely affected by exercise than an iron sufficient cell. This increased stress likely has consequences on AMPK activation and signaling.

The effects of hypoxia on AMPK activation have been documented (27), as well as the adverse effects of iron deficiency on mitochondrial enzyme content (8, 29, 41), and AMPK phosphorylation due to iron deficiency (13). The objective of this study was to examine: 1) the extent to which chronic AMPK activation occurs due to iron deficiency, 2) how AMPK activation and signaling due to muscle stimulation is affected during iron deficiency, and 3) the effects of iron deficiency on the AMPK $\alpha$  subunit composition in skeletal muscle.

#### **Materials and Methods**

#### Animals

Male Wistar rats were kept in a temperature controlled and well-ventilated room with a 12:12 hour light dark cycle. They were kept in stainless steel mesh wire bottom cages, with no bedding material, and no access to feces. All rats were given free access to distilled water. The iron deficient (ID) group was fed *ad libitum* and the control (C) group was pair fed to the ID group (see below). All experimental procedures were approved by the institutional animal care and use committee of Brigham Young University.

#### Body Weight

The rats were weighed 2-3 times per week from the first day on the diets up to, and including the day of sacrifice.

#### **Treatments**

The ID rats were fed an iron deficient diet *ad libitum* for 6-8 weeks (n=15). The iron deficient diet was obtained from Teklad Lab Animal Diets (Harlan Laboratories, Madison, WI), and consisted of: Casein (low Cu & Fe), DL-methionine, sucrose, corn starch, corn oil, mineral

mix (Fe deficient), vitamin mix, choline bitartrate, ethoxyquin) (TD.80396, contains approximately 2-6 ppm Fe). The C rats were fed the same diet with 48 ppm added iron (TD.80394), pair fed to the ID group for the same period of time (n=15). All rats were approximately 21 days of age on day 0 of treatment.

*In situ* muscle stimulation was performed as described previously (15). Briefly, the rat was anesthetized with 60 mg/kg sodium pentobarbital ip and the sciatic nerve was isolated and stimulated at rate of 1 twitch contraction per second for 10 minuntes (0.25 ms square wave, 6-7 V, using Grass S88X stimulator). In order to limit the oxygen deficit due to reduced hemoglobin in the blood, the anesthetized rat of both C and ID groups was provided with 100% oxygen throughout the procedure.

#### Tissue Analysis

#### **Dissections**

After 6-8 weeks of treatment and right hind-limb stimulation, gastrocnemius, soleus, plantaris, and mixed quadriceps muscles were removed quickly and clamp frozen with liquid nitrogen chilled metal tongs. They were each wrapped in separate aluminum foils and stored in a -90°C freezer. The stimulated right hind limb muscles were removed and frozen prior to the rested left hind limb muscles. Blood was also taken and stored in eppendorf tubes in a -90°C freezer.

#### Muscle Contractions

Muscle contractions were elicited using the stimulation procedure described previously (15). The fatigue profile of the gastrocnemius-plantaris-soleus (GPS) complex of muscles was determined in response to a mild contraction protocol consisting of direct sciatic nerve stimulation at a rate of 1 pulse per second. Muscle force was measured using a force transducer

(Grass FT103) and performance data was collected using data acquisition software (iWORX). Following the muscle stimulations, the aforementioned calf muscles were quickly dissected from the right hind-limb and flash-frozen with tongs maintained in liquid nitrogen. Corresponding muscles in the contra-lateral unstimulated limb were subsequently dissected and frozen as rested control muscles.

#### Homogenization

Frozen muscles were pulverized in liquid nitrogen, weighed, and homogenized as a 5% solution in homogenization buffer (20 mM Tris-HCl, 250 mM Mannitol, 50 mM NaF, 5 mM Sodium Pyrophosphate, 1 mM EDTA, 1 mM EGTA, 1% Triton X-100, 50 mM  $\beta$ -glycerophosphate, 1 mM Sodium Orthovanadate, 1 mM DTT, 1 mM Benzamadine, 0.1 mM PMSF, 5 µg/ml Soybean Trypsin Inhibitor, pH 7.4) (50 mg muscle powder/1 ml buffer) then stored in -90°C freezer.

#### <u>Hematocrit</u>

Blood was taken from the tail 4 weeks after the start of feeding, and once weekly after that, to determine degree of iron deficiency anemia. This was done by drawing blood into a capillary tube and centrifuging for 5 min at 14,500 rpm.

#### Protein Quantification

The standard Lowry Protein Assay protocol (BioRad, Hercules, CA) was used to measure the protein concentration in each muscle homogenate so that an equal amount of protein was added to each well for electrophoresis.

#### Hemoglobin Quantification

A hemoglobin quantification assay was used to determine the degree of anemia reached in the ID rats versus the C rats on the day of sacrifice as previously described (10, 36). Briefly, known concentration hemoglobin standards were made by adding the appropriate amount of hemoglobin to the appropriate volume of Drabkin's solution (1 vial of Drabkin's reagent with 1000 ml water and 0.5 ml Brij 35 Solution). Abs<sub>540nm</sub> was recorded and used to make a linear standard curve. Whole blood samples were diluted 10-fold in 0.9% NaCl solution. 2.5 ml Drabkin's solution was added to a series of test tubes. 10 µl of whole blood sample was added to each test tube and allowed to sit for 15 min at room temperature. Abs<sub>540nm</sub> was recorded and compared with standard curve to determine hemoglobin concentration of each sample.

#### AMPK Activity Assay

An AMPK Activity Assay was used to directly measure and compare the amount of AMPK that was activated in the different experimental groups. The protocol used was described previously (9, 42). Briefly, immunoprecipitation was performed on spun muscle homogenates in order to isolate AMPK $\alpha$ 1 and AMPK $\alpha$ 2 with the appropriate antibodies (AMPK $\alpha$ 1 1:10,000 from Bethyl – cat. no. A300-507A; AMPK $\alpha$ 2 1:4,000 from Bethyl – cat. no. A300-508A). AMPK activity was quantitated by measuring the rate of incorporation of radiolabeled phosphate from ATP into an artificial peptide substrate (SAMS) with a sequence similar to that of liver acetyl-CoA carboxylase, a natural substrate for AMPK.

#### Citrate Synthase Activity Assay

A citrate synthase assay was used to measure the difference in activity of the enzyme between the C group and the ID group as previously described by Srere (35).

#### Western Blot

Standard Western blot protocol was used. Western blot analysis was performed on gastrocnemius muscles for AMPK $\alpha$ 1 (1:10,000 from Bethyl; cat. no. A300-507A), AMPK $\alpha$ 2 (1:4,000 from Bethyl; cat. no. A300-508A), AMPK pan  $\alpha$  (1:2,000 from Cell Signaling; cat. no. 2532L), phosphoAMPK $\alpha$  (1:1,000 from Cell Signaling; cat. no. 4188L), ACC (1:2,000 from Cell Signaling; cat. no. 3662), phosphoACC (1:5,000 from Cell Signaling; cat. no. 3661S), hexokinase II (1:10,000 from Santa Cruz; cat. no. sc-6521), myoglobin (1:3,000 from Santa Cruz; cat. no. sc-25607), cytochrome c oxidase complex 1 (COX-1) and succinate dehydrogenase (1,5:000 OxPhos Cocktail Ab from Invitrogen; cat. no. 458009), and cytochrome c (1:5,000 from Sigma; cat. no. C5723). Western blot analysis was also performed on mixed quadriceps muscle for citrate synthase (1:10,000 from Alpha Diagnostic; cat. no. CISY11-A).

#### High-Performance Liquid Chromatography (HPLC)

Preparation of tissues for HPLC were done using the Perchlorate Tissue Extraction method as described by Chen (5). Briefly, muscles were ground to powder at liquid nitrogen temperature and then homogenized in 3.5% perchloric acid in a volume 19 times the wet weight of the muscle. The homogenates were then centrifuged at 12,000 rpm for 7 min to remove protein. This was followed by neutralization of the supernatant with tri-n-octylamine and 1,1,2-trichlorotrifluoroethane. After vortexing for 1 min, the neutralized homogenates were again centrifuged at 2,000 rpm for 7 min. The top phase was saved, checked for pH (it should be between 5.5-6.5), and stored at -80°C. Adenine nucleotides (ATP, ADP, AMP) and IMP were quantified by reverse-phase HPLC, as described by Tullson et al. (40). Phospocreatine (PCr) and creatine (Cr) concentrations were measured by ion exchange HPLC as described by Wiseman and colleagues (44).

Free ADP ( $[ADP_f]$ ) and free AMP concentrations ( $[AMP_f]$ ) were estimated based on the following equations

 $[ADP_f] = [ATP][creatine]/K_{obs}[H^+][phosphocreatine]$ 

where  $K_{obs} = 1.66 \text{ x } 10^{-6} \text{ mM}^{-1}$ , and assuming 76% water, and 14% vascular volume (20)

$$[AMP_f] = [ADP_f]^2 / K_{obs}[ATP]$$

where  $K_{obs} = 1.05 \text{ x } 10 (11, 25)$ . pH was assumed to be 7 in rested animals (11) however based on the differences in phosphocreatine, fatigue, and IMP accumulation, we estimated pH to be 6.6 in the C animals following stimulation and 6.2 in the ID animals following stimulation (11).

#### **Statistics**

For comparisons including iron deficiency and muscle stimulation (4 different groups) two-way analysis of variance was used. Fisher's least significant difference post-hoc test was applied where appropriate. When making a simple comparison between ID and C a student's ttest was used. SigmaStat statistical software was used. Statistical significance is defined as p<0.05. Results are presented as means  $\pm$  SEM.

#### Results

#### Degree of Iron Deficiency

Animals fed a diet deficient in iron content became anemic by 6 weeks of feeding. This was evident by a significant reduction of both hematocrit and hemoglobin (Figures 1a and 1b).

#### Body Mass

Mean body mass of both C and ID groups were not different on day 0 of treatment at 21 days of age. On day 11, the mean body mass of the C group was 20% greater than that of the ID group. Due to this large disparity between the two groups we began pair feeding the C group to

the ID group on day 13. The C group continued, however, to grow at a higher rate than the ID group. After 6 weeks of treatment, the majority of that being pair feeding, the mean body mass of the C group was  $282 \pm 3$  g, while that of the ID group was  $167 \pm 5$  g (Figure 2). The ratio of the mean tibialis anterior muscle mass to the mean body mass was measured to determine whether growth of the skeletal muscle was proportionate to total body growth. This ratio was not different between the two groups (C: 1.86 mg muscle weight/g body weight  $\pm$  0.06; ID: 1.87 mg muscle weight/g body weight  $\pm$  0.03).

#### Effect of Iron Deficiency on Mitochondrial Enzyme Expression

The electron transport chain (ETC) of the mitochondria depends on iron as an electron acceptor/donor at multiple steps of electron transport. Cytochrome c, Cytochrome c oxidase I (COX1), and Succinate Dehydrogenase are all iron-dependent enzymes of the ETC. Because they depend on iron for enzymatic activity, it would be expected that their protein content would decrease with iron deficiency. All three of these enzymes decreased significantly with iron deficiency (p<0.01) (Figure 3), confirming that iron deficiency created a situation of significant energy insult.

#### Skeletal Muscle Performance

It has been shown that muscle contraction causes an increase in AMPK activity (22). In order to further show differences in AMPK activation due to iron deficiency, *in situ* muscle stimulation was performed. In past studies with a low-demand stimulation protocol similar to ours, oxygen has been supplied during muscle stimulation, and C rats showed little or no fatigue (26). Therefore, in the present study, oxygen was supplied to both the C and ID groups to limit the oxygen deficit due to anemia and increase our ability to focus on muscle specific effects of iron deficiency. Evidence that this approach was successful in limiting the hypoxia of the control rats includes: 1) the resting concentration of phosphocreatine was not different between C and ID muscles and 2) a difference in AMPK activity under these conditions was not observed at rest, as others have shown. Although this did serve to limit the oxygen deficit, it did not eliminate it completely. Hemoglobin concentration in the ID rats was reduced by about half, meaning that the ID rats only had about 50% of the oxygen carrying capacity of the C rats. Even with supplementation of 100% oxygen, the ID rats during stimulation were likely hypoxic compared to the C rats.

The mean initial force generated by the C group was 39% greater than that generated by the ID group (C:  $601 \pm 42$  g; ID:  $433 \pm 34$  g). Although the mean body mass of the C group was greater, the amount of force generated by the right hindlimb GPS complex per gram of muscle mass was not different between the two groups (C:  $0.24 \pm 0.03$  g/mg muscle;  $0.32 \pm 0.04$  g/mg muscle). In order to analyze relative fatigue, force data was analyzed as a percent of the initial force generated by each group during the 10 minutes of stimulation. Although within the first 1-2 minutes of stimulation, the amount of force generated by the two groups increased, the force generated by the ID group dropped to 72% of the initial force after 10 minutes of stimulation, whereas the C group was able to generate 100% of the initial force by the end of the same 10-minute period (Figure 4). These data suggest that 1 Hz muscle stimulation for 10 minutes was only a mild contraction protocol and provide evidence that the supplemental oxygen improved the fatigue profile of C animals.

#### *High-Energy Phosphates*

Aside from the major mechanisms of ATP synthesis from carbohydrate and fatty acid substrates, the concentration of ATP is buffered, particularly during mild to moderate energy demands, through the creatine kinase system. In addition, an increase in the concentration of ADP during exercise is limited by the myokinase reaction (2ADP  $\leftarrow \rightarrow$  ATP + AMP), resulting in an increase in AMP Much of that AMP is then converted to IMP by AMP deaminase. Thus, during exercise, muscle AMP and IMP increase and muscle ATP and phosphocreatine decrease. The purpose of measuring the concentration of high-energy phosphates in the tissues was to determine and compare the cellular energy state of the ID and C groups. Low cellular energy can be specifically associated with activation of AMPK.

Phosphocreatine levels decreased in the C group by 45.9% during the 10-minute stimulation period. In the ID group however, phosphocreatine levels were reduced by 85.9% (Table 1). IMP concentration increased modestly in C rats during stimulation (3.6-fold), but increased by a much larger amount in ID rats (8.7-fold) (Table 1). There was also a large increase in estimated free concentration of AMP with stimulation in the ID rats, which approached statistical significance (p=0.05). These data confirm the greater degree of energetic challenge faced by the ID rats in response to the mild stimulation protocol.

#### Analysis of AMPK Activation

After establishing that the ID rats were iron deficient and that this did create a metabolic stress, we examined the effects of chronic iron deficiency and *in situ* muscle stimulation on activation of the two AMPK $\alpha$  isoforms. In accordance with previous findings (32, 42), the overall effect of stimulation was a significant increase in activation of both AMPK $\alpha$  isoforms in both the C and ID groups. The two AMPK $\alpha$  isoforms, however, were affected differently by iron deficiency. Although it has been shown to be more AMP-dependent than AMPK $\alpha$ 1 (33), resting AMPK $\alpha$ 2 activity was not significantly different between the C and ID groups (Figure 5a). Iron deficiency however did cause an increase in resting AMPK $\alpha$ 1 activity which approached

statistical significance (p=0.05). Also, activation of AMPK $\alpha$ 1 did not increase significantly due to stimulation in the C group alone, but in the ID group, stimulation did result in a significant increase in AMPK $\alpha$ 1 activation (p=0.05) (Figure 5b).

Since AMPK is activated by phosphorylation, the ratio of the expression of phosphoAMPK to total AMPKα is also a reflection of total AMPK activation. This ratio did not increase significantly due to iron deficiency. It did, however increase with stimulation of both the C and ID groups (Figure 5c).

Acetyl CoA Carboxylase (ACC) is a downstream substrate of AMPK, and is inhibited by phosphorylation. The ratio of expression phosphoACC to total ACC was therefore used as an additional indicator of AMPK activation. Although ACC phosphorylation did increase greatly with stimulation, it did not increase significantly in rested tissues with iron deficiency (Figure 5d).

#### Analysis of AMPK Expression

AMPK complexes containing the  $\alpha$ 2 isoform sense and respond differently to energy stresses than AMPK complexes containing the  $\alpha$ 1 isoform. AMPK $\alpha$ 2 is more sensitive to changes in AMP concentration than AMPK $\alpha$ 1 (33). Expression of the two AMPK $\alpha$  isoforms was measured to determine if transcriptional adaptations occur in order to make up for the energetic stress created by iron deficiency. AMPK $\alpha$ 2 protein content decreased significantly (p<0.05) (Figure 6a), while AMPK $\alpha$ 1 did not change significantly (Figure 6b). These data suggest a slight shift in the AMPK $\alpha$  subunit composition due to the chronic stress of iron deficiency. A non-isoform-specific AMPK pan  $\alpha$  antibody was also used to quantitate expression of total AMPK, which was determined to be unchanged with iron deficiency (Figure 6c).

#### Chronic Activation of AMPK

Treatment with AICAR (a chemical activator of AMPK) has been shown to increase expression of Hexokinase II in skeletal muscle (43). Therefore, we examined Hexokinase II expression as an indicator of chronic AMPK activation and found it to be increased dramatically with iron deficiency (p<0.01) (Figure 7a).

Citrate synthase is the first enzyme in the citric acid cycle. It can be upregulated by chronic activation of AMPK. Western blot data for citrate synthase revealed that its expression was not changed with iron deficiency (Figure 7b). Citrate synthase activity data also revealed no change with iron deficiency (Figure 7c).

#### Discussion

AMPK is a key regulator of cellular energy homeostasis. It becomes activated by various energy challenges which result in an increase in the AMP:ATP ratio. Iron deficiency is one such energy challenge. It results in a decrease in the iron-containing enzymes of the electron transport chain, without affecting the non-iron dependent enzymes of the citric acid cycle (41). These changes lead to a decrease in muscle respiratory capacity as well as increased susceptibility to fatigue (29). The ability of AMPK to sense energetic insults such as this leads to the question as to whether its activity increases, and how its expression and signaling are affected during iron deficiency. Following 6-8 weeks of treatment, AMPK $\alpha$ 2 expression in ID animals was reduced significantly compared to C (p<0.05). AMPK $\alpha$ 1 expression was not different as a result of iron deficiency. Under the conditions in this study, iron deficiency did not result in a difference in resting AMPK $\alpha$ 2 activity, which approached statistical significance (p=0.05). Also, muscle stimulation

did not result in increased activation of AMPK $\alpha$ 1 in the C group, but in the ID group, stimulation did result in a significant increase in AMPK $\alpha$ 1 activity (p=0.05). The novel findings of this study are that chronic iron deficiency causes a shift in the expression of AMPK $\alpha$  subunit composition as well as potentially altered sensitivity of AMPK $\alpha$ 1 and AMPK $\alpha$ 2 to energy challenges such as muscle contraction.

#### A Shift Toward Greater AMPKal Expression

Muscle contraction in ID rats resulted in a greater increase in AMPKa1 activation than in C rats. Increased AMPK phosphorylation, or covalent activation of AMPK, occurs when an increase in the AMP: ATP ratio results in AMP binding to the  $\gamma$  subunit. This AMP binding also results in allosteric activation of AMPK, which alone, increases activity by up to fivefold (38). AMPK $\alpha 2$  is more responsive to an increase in the concentration of free AMP (AMP<sub>f</sub>) than AMPKa1 (33). In our calculation of the difference of AMP<sub>f</sub> concentration between C and ID groups with stimulation, we did not achieve strong statistical significance because of the large variability between samples. An increase in AMP<sub>f</sub> concentration however, can be assumed based on the significant increase in IMP concentration, since IMP is a product of AMP deamination. Interestingly, we did not see a change in AMPK $\alpha 2$  activity with iron deficiency, even though the HPLC data confirms an increase in the concentration of IMP in the iron deficient, stimulated muscles. Of particular interest is the finding that AMPKa1 activity did increase with iron deficiency. Therefore, there is an apparent inconsistency with the energy status and the AMPK activity data. The protocol used to assess AMPK activity however, fails to reflect the allosteric activation of AMPK that is to be expected with the elevated levels of IMP and AMP<sub>f</sub> that were seen in the ID rats following muscle stimulation. Unlike our in vitro method of measuring

AMPK activity, measuring phosphorylation of ACC should account for the allosteric activation of AMPK, as this is a method of measuring total *in vivo* AMPK activity. However protein analyses indicate that muscle stimulation in the ID rats did not cause a greater increase in ACC phosphorylation than in C rats. This suggests that the reasons for the increase in AMPK $\alpha$ 1 activity with muscle stimulation in the ID group may be due to more than just the change in energy status. One possible explanation is the fact that AMPK $\alpha$ 1 activity has been shown to increase with overload of the plantaris muscle in LKB1<sup>-/-</sup> mice, with a concurrent increase in CaMKK activity (28). This suggests that AMPK $\alpha$ 1 is the preferred target for CaMKK, a known upstream kinase of AMPK. Further testing to determine if CaMKK activation is altered due to iron deficiency is necessary in order to confirm this assumption.

Since activation of AMPK $\alpha$ 1 increased significantly with stimulation in ID animals, we conclude that there may be an increase in the contribution of AMPK $\alpha$ 1 to total AMPK activity with iron deficiency. This is not to say that the contribution of AMPK $\alpha$ 1 became greater than that of AMPK $\alpha$ 2 to total AMPK activity (AMPK $\alpha$ 2 activity still increased more with stimulation in the ID group than AMPK $\alpha$ 1 activity). AMPK $\alpha$ 1 simply became more responsive to stimulation in the ID group than it was in the C group. This increase in AMPK $\alpha$ 1 contribution to total AMPK activity is further confirmed by the finding that AMPK $\alpha$ 2 expression decreased with iron deficiency, whereas AMPK $\alpha$ 1 expression did not change. Together, these data indicate that iron deficiency may cause a shift toward AMPK $\alpha$ 1 having a greater role in the activity of AMPK in skeletal muscle.

#### Evidence of Chronic AMPK Activation

Han et al. showed that iron deficiency causes chronic activation of AMPK (13). This is not surprising since iron deficiency causes a decrease in the oxygen carrying capacity of blood as well as a decrease in mitochondrial capacity. The stress that this puts on energy metabolism should be enough to cause chronic AMPK activation due to the mild energy demands of normal ambulatory activity. As reflected by the phosphorylation state of AMPK and ACC however, we did not measure such an increase in chronic AMPK activity. This was likely due to the supplementation of the anesthetized rats with pure oxygen. Due to the length of time during which rested animals were provided with pure oxygen, the effects of iron deficiency on resting muscle AMPK activity were likely masked.

Chronic AMPK activation increases expression of certain mitochondrial and glycolytic enzymes (12, 43). Hexokinase II is regulated by CREB, which can also be phosphorylated by AMPK (37, 39). In support of chronic AMPK activation, hexokinase II expression did increase with iron deficiency. In the present study, iron deficiency presents a unique energy challenge in that many oxidative enzymes of the electron transport chain, enzymes that are generally increased by AMPK activation, are iron-dependent, however all iron-dependent mitochondrial proteins examined were severely reduced due to iron deficiency. Citrate synthase, a non-iron dependent mitochondrial enzyme, was not reduced with iron deficiency. Two possible explanations for this result are: 1) AMPK was not chronically activated with iron deficiency, or 2) iron deficiency has an overall negative impact on mitochondrial content, including transcription of all mitochondrial proteins, and chronic AMPK activation actually prevents down-regulation of the non-iron dependent enzymes, rescuing the cell from complete mitochondrial deficiency. Due to the known affect of AMPK activation on citrate synthase,

further work is needed to determine if AMPK is playing a role in preserving citrate synthase expression.

A decrease in important mitochondrial enzymes, as seen in the present study, reflects a significant decrease in muscle oxidative capacity, and is therefore a possible explanation for the stunted growth seen in the ID rats. Skeletal muscles depend on oxidative phosphorylation far more than any other process for the conversion of nutrients to usable forms of energy. In this case it would be expected that any ingested nutrients would not be efficiently used for the production of ATP necessary for protein synthesis and normal growth.

Previous studies have shown that iron deficiency leads to in increased dependence on glucose metabolism (2, 19). The decrease in mitochondrial proteins seen with iron deficiency in previous (41), as well as in the present study, support these findings that iron deficiency causes a shift away from oxidative metabolism. A novel finding shown here is a significant increase in Hexokinase II expression, supporting previous findings that iron deficiency causes a shift toward glycolytic metabolism in order to compensate for the loss of oxidative capacity. As previously stated, chronic AMPK activation increases hexokinase II expression, supporting the idea that AMPK is at least in part responsible for the shift toward glycolytic metabolism seen with iron deficiency. A transgenic model in which AMPK activation is prevented might provide insight into this question.

Another possible explanation for the stunted growth seen in the ID rats is the role of AMPK in inhibition of the actions of mTOR. As previously stated, AMPK $\alpha$ 1 is more important than AMPK $\alpha$ 2 in the inhibition of protein synthesis via the mTOR pathway (28, 31). This shift toward AMPK $\alpha$ 1 having a greater role in total AMPK $\alpha$  activity is another possible explanation for the large difference in body mass between the C and ID groups. If AMPK $\alpha$ 1 proportionally

increases with iron deficiency, the mTOR pathway would be further inhibited in ID animals than in C animals, causing increased inhibition of protein synthesis, and therefore decreased growth.

As a cellular sensor and regulator of energy homeostasis, AMPK senses and responds to many energy challenges, such as iron deficiency, in a variety of ways. Here we provide evidence for a chronic increase in AMPK activity. We also show a decrease in AMPK $\alpha$ 2 protein, with no concurrent change in AMPK $\alpha$ 1 protein, resulting in an overall shift in AMPK catalytic subunit composition. These data suggest that iron deficiency results in a possible shift toward an increase in the role of AMPK $\alpha$ 1 signaling in total AMPK regulation of cellular energy homeostasis. Iron deficiency also causes a shift away from oxidative and toward glycolytic metabolism in rat skeletal muscle. Taken together, these results lead to the question as to whether AMPK is responsible for the metabolic shift seen with iron deficiency. Future work needs to be done in order to determine if such is the case.

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	Cor	ntrol	Iron	Def
	Rest	Stim	Rest	Stim
ATP (n=6-8)	$5.89\pm0.48$	$6.03\pm0.35$	$5.51\pm0.20$	$4.19 \pm 0.47 \ddagger$
ADP (n=6-8)	$0.79\pm0.08$	$0.96\pm0.07$	$0.73\pm0.03$	$1.03\pm0.07$
AMP (n=6-8)	$0.06\pm0.01$	$0.09\pm0.02$	$0.05\pm0.00$	$0.16\pm0.06$
IMP (n=6-8)	$0.22 \pm 0.01$	$0.80\pm0.30$	$0.26\pm0.02$	$2.26 \pm 0.63 \ddagger$
PCr (n=9-10)	$24.1\pm0.9$	$13.1 \pm 1.5$	$22.7\pm1.0$	$3.2 \pm 0.7 \ddagger$
Cr (n=9-10)	$15.8 \pm 1.1$	$28.3\pm2.3$	$19.2\pm0.9$	$37.0 \pm 1.8 \ddagger$

 Table 1. High energy phosphate concentrations in gastrocnemius muscle

Values are means  $\pm$  SE in  $\mu$ mol/g wet wt. PCr, phosphocreatine; Cr, creatine.  $\pm$ Significantly different from control (p<0.01).

#### **Figure Legend**

*Figure 1.* Plasma Hematocrit and Hemoglobin Concentration. A. Hematocrit decreased dramatically with iron deficiency ( $\ddagger$  indicates statistical significance, p<0.01) (n=4). B. Hemoglobin concentration decreased significantly with iron deficiency ( $\ddagger$  indicates statistical significance, p<0.01) (n=4).

*Figure 2*. Mean Body Mass of Control and Iron Deficient Groups. The rate of growth of the ID group was beginning to decrease by the end of the treatment period, whereas the C group did not show a decrease in growth rate. The mean body mass of the C group was significantly greater than the ID group by day 10 of treatment (p<0.01). A difference that continued to increase throughout the treatment period (n=15).

*Figure 3.* Abundance of Mitochondrial Proteins. Iron-containing proteins of the electron transport chain are expected to decrease with iron deficiency. A. Cytochrome c protein levels decreased dramatically with iron deficiency (p<0.01). B. COX1 protein levels decreased dramatically with iron deficiency (p<0.01). C. Succinate dehydrogenase protein levels were undetectable in tissues of ID animals. Since below 2 arbitrary units would have been considered to be significantly different, it can be concluded that the reduction in succinate dehydrogenase was statistically significant.

*Figure 4*. Force of Muscle Contraction. Fatigue was much greater in the ID group as evidence by the drop off in force that they were able to generate after continued 1 Hz muscle stimulation. After 6 min 40 sec the amount of force generated by the C rats was significantly greater than that of the ID rats (p<0.01) (n=11-14).

Figure 5. Acute Activation of AMPK. A. AMPKa2 activity in resting limb did not increase with

iron deficiency. AMPK $\alpha$ 2 increased with stimulation in both C and ID groups (\* indicates statistical significance, p<0.05) (n=9-10). B. AMPK $\alpha$ 1 activity in resting limb did not increase with iron deficiency. AMPK $\alpha$ 1 activity in stimulated limb did increase with iron deficiency (‡ indicates statistical significance, p<0.01). Also, activity of  $\alpha$ 1 did not increase with muscle stimulation in the C rats, whereas it did increase with stimulation in the ID rats (\* indicates statistical significance, p=0.05) (n=8-10). C. AMPK phosphorylation did not significantly increase with iron deficiency. It did however increase with stimulation in both the C (\* indicates statistical significance, p=0.05) and ID groups (‡ indicates statistical significance, p<0.01) (n=3-4). D. Phosphorylation of ACC, a direct target of AMPK, did not significantly increase with iron deficiency, but did increase with stimulation in both C and ID groups (‡ indicates statistical statistical significance, p<0.01) (n=6-8).

*Figure 6.* AMPK Expression. A. AMPK $\alpha$ 2 protein content decreased with iron deficiency (\* indicates statistical significance, p<0.05) (n=5-6). B. AMPK $\alpha$ 1 protein content was not different between the two groups (n=8). C. Total AMPK pan  $\alpha$  protein content did not change with iron deficiency (n=4). The decrease in total AMPK $\alpha$  is not surprising given that  $\alpha$ 2 is the more abundant isoform found in skeletal muscle. The decrease in  $\alpha$ 2, with no concurrent decrease in  $\alpha$ 1 indicates a slight shift in  $\alpha$  subunit composition due to iron deficiency.

*Figure 7*. Chronic Activation of AMPK. A. Hexokinase expression increased significantly with iron deficiency ( $\ddagger$  indicates statistical significance, p<0.01) (n=6). B. There was no difference in citrate synthase expression between C and ID groups (n=6). C. There was no difference in citrate synthase activity between C and ID groups (n=7-8).

## Figures







Figure 2. Mean Body Mass of Control and Iron Deficient Groups.



Mean Body Mass

Figure 3. Abundance of Mitochondrial Proteins.





Figure 4. Force of Muscle Contraction.



Figure 5. Acute Activation of AMPK.















Figure 7. Chronic Activation of AMPK.



#### **Appendix I – Protocols**

#### AMPK Activity Assay

Homogenates were centrifuged at 10,000x g for 10 min. 20  $\mu$ l anti-rabbit AMPK $\alpha$ 1 or  $\alpha$ 2 antibody was added to 40  $\mu$ l packed cell volume of Protein G sepharose and rotated for 45 min at 4°C on the roller mixer. Slurry was centrifuged (16,100x g, 1 min) and pellet was washed 2 times with 1.0 ml 0°C IP buffer. The final pellet was resuspended in 70  $\mu$ l IP buffer. 50  $\mu$ l of spun homogenate was added to 10  $\mu$ l aliquots of slurry and mixed overnight at 4°C on the roller mixer. Each sample was centrifuged (15,000x g, 1 min) and pellet was washed 2 times with 1.0 ml 0°C IP buffer containing 1 M NaCl. Pellet was washed with 0.5 ml lysate assay buffer and 30  $\mu$ l hepes buffer was added to each pellet after all liquid was removed by aspiration. 10  $\mu$ l of resuspended pellet was added to the bottom of a 1.6 ml eppendorf tube.

AMPK assay was done at timed intervals by adding 15 µl of the working assay cocktail (containing <sup>32</sup>P-ATP) and incubating at 700 rpm and 37°C for 10 min. At the end of the 10 min incubation, the reaction mix was drawn into and out of a cut off tip, and 15 µl was transferred to the P81 filter paper. After allowing the liquid to soak into the paper for 15 seconds, it was dropped into 100 ml of 1% phosphoric acid. About 5 min after all papers were in the acid, acid was poured off. 80 ml of phosphoric acid was added, allowed to sit about 5 min, and poured off as before. Papers were washed a total of six times in the phosphoric acid. After being allowed to dry, papers were analyzed by liquid scintillation counting using Ecolite and counts per minute (cpm) were recorded and used to calculate specific activity of the tissues.

#### Citrate Synthase Activity Assay

Whole raw homogenates were diluted in 100 mM Tris buffer, pH 8.0. 100 mM Tris Buffer,

5,5'-Dithiobis(2-nitrobenzoic acid) (DTNB), Acetyl-CoA, and diluted homogenate was added to each cuvette and placed in a spectrophotometer at 30°C. After 7 min, oxaloacetate was added and the reaction was measured at 412 nm. This assay uses a coupled reaction to indirectly measure the reaction that citrate synthase catalyzes:

Acetyl-CoA + Oxaloacetate + H2O  $\rightarrow$  Citrate + CoA-SH + H+

Conenzyme A (CoA-SH) then reacts with DTNB to form TNB, a yellow product which increases along with citrate production and is measured at 412 nm.

#### Western Blot

Homogenates were centrifuged at 10,000x g for 10 min. Spun homogenates were dissolved in 2x or 4x Laemali's buffer and then subjected to SDS-PAGE. Membranes were blocked for 1 hour at room temperature in 5% non-fat dry milk in TBST or 4% BSA in TBST, incubated in the appropriate primary antibody overnight, washed 3x 5 min in TBST, incubated for 1 hour at room temperature with the appropriate secondary antibody, and washed 4x 5 min in TBST. Protein bands were visualized with ECL or ECL plus and quantified by densitometry.

#### Lowry Protein Assay

 $4 \ \mu$ l of homogenate or known standards was diluted in 100  $\mu$ l of water in triplicates. 1000  $\mu$ l of Working Reagent D was then added, tubes were vortexed, and let stand for 10 min at room temperature. Next, 100  $\mu$ l of Reagent E was added, tubes were vortexed, and let stand for 30 min at room temperature. Samples were then read at 500 nm on a spectrophotometer and compared to the standard curve to determine protein concentration.

Reagent A:	2% Na2CO3 in 0.1 N NaOH
Reagent B:	1% CuSO4• 5H20
Reagent C:	2% Na Tartrate

- Reagent D:Mix 50 ml of Reagent A with 0.5 ml of Reagent B and 0.5 ml of ReagentC. Discard after 1 day.
- Reagent E: Dilute 2N Folin-Ciocalteu stock solution 1:1 with water to make it 1N (prepare fresh on day of assay).

## Appendix II – Feeding Data

<i>Table 2</i> . Amount Fed Daily (g). ID animals (1-15) were fed ad libitum throughout the entire
treatment period. C animals (16-30) were fed ad libitum for the first 2 weeks and then pair fed to
the ID group for the duration of the treatment period. Sacrifice began during week 6 and
continued until the end of week 8.

Animal		Day of Treatment (Week 3)								
	14	15	16	17	18	19	20			
16	39.88	14.92	15.33	15.70	15.18	15.66	7.97			
17	40.89	14.94	15.34	15.70	15.10	15.53	8.07			
18	41.20	15.03	15.24	15.77	15.26	15.65	7.98			
19	41.82	15.00	15.29	15.79	15.11	15.67	8.04			
20	37.95	15.07	15.29	15.71	15.20	15.67	7.90			
21	41.75	14.93	15.26	15.77	15.16	15.60	7.96			
22	39.68	14.98	15.32	15.76	15.17	15.60	8.09			
23	40.74	14.97	15.36	15.65	15.23	15.63	8.07			
24	38.77	14.99	15.28	15.61	15.23	15.66	7.92			
25	41.80	15.00	15.25	15.62	15.29	15.66	8.03			
26	43.31	14.95	15.33	15.80	15.20	15.70	7.99			
27	40.09	14.99	15.36	15.77	15.14	15.59	8.00			
28	40.01	14.86	15.27	15.68	15.16	15.62	7.93			
29	41.74	14.86	15.38	15.62	15.14	15.70	7.91			
30	40.32	15.00	15.24	15.77	15.13	15.68	8.00			

Animal	Day of Treatment (Week 4)						
	21	22	23	24	25	26	27
16	16.52	16.81	17.25	15.29	15.34	15.31	15.39
17	16.43	16.85	17.33	15.26	15.36	15.39	15.31
18	16.46	16.95	17.36	15.37	15.30	15.29	15.25
19	16.50	16.99	17.36	15.28	15.29	15.25	15.37
20	16.54	16.81	17.23	15.21	15.37	15.35	15.26
21	16.44	16.81	17.22	15.38	15.26	15.20	15.32
22	16.60	16.92	17.32	15.35	15.35	15.35	15.40
23	16.44	16.98	17.39	15.36	15.26	15.29	15.31
24	16.60	16.83	17.35	15.25	15.30	15.23	15.38
25	16.58	16.92	17.24	15.24	15.26	15.28	15.26
26	16.60	16.86	17.39	15.36	15.31	15.24	15.26
27	16.45	17.00	17.33	15.22	15.25	15.39	15.33
28	16.45	16.89	17.31	15.29	15.25	15.32	15.28
29	16.50	16.90	17.30	15.39	15.32	15.30	15.27
30	16.56	16.94	17.35	15.35	15.38	15.24	15.26

Animal	Day of Treatment (Week 5)								
	28	29	30	31	32	33	34		
16	15.33	15.28	17.12	17.12	17.11	17.05	17.14		
17	15.28	15.24	17.15	17.14	17.08	17.08	17.15		
18	15.37	15.31	17.03	17.10	17.02	17.18	17.13		
19	15.31	15.27	17.05	17.07	17.09	17.11	17.13		
20	15.21	15.32	17.09	17.12	17.16	17.02	17.15		
21	15.36	15.33	17.12	17.08	17.09	17.07	17.15		
22	15.28	15.34	17.19	17.19	17.15	17.19	17.19		
23	15.25	15.40	17.07	17.18	17.20	17.16	17.05		
24	15.33	15.35	17.12	17.07	17.13	17.00	17.14		
25	15.29	15.37	17.09	17.16	17.16	17.02	17.18		
26	15.32	15.27	17.20	17.05	17.02	17.06	17.20		
27	15.39	15.33	17.18	17.13	17.04	17.17	17.09		
28	15.23	15.31	17.06	17.06	17.17	17.09	17.12		
29	15.27	15.39	17.14	17.06	17.11	17.18	17.15		
30	15.32	15.25	17.18	17.15	17.08	17.07	17.08		

Animal		Day of Treatment (Week 6)								
	35	36	37	38	39	40	41			
16	17.13	17.10	15.58	15.32	15.54	15.47	27.71			
17	17.03	17.10	15.47	15.30	15.60	15.41	28.36			
18	17.18	17.04	15.44	15.48	15.47	15.51	28.29			
19	17.04	17.15	15.46	15.51	15.53	15.57	26.55			
20	17.12	17.06	15.47	14.80	15.47	15.53	27.16			
21	17.02	17.08	15.49	15.32	15.45	15.50	29.79			
22	17.14	17.19	15.46	15.36	15.50	15.49	27.76			
23	17.10	17.09	15.58	15.50	15.45	15.55	25.89			
24	17.18	17.08	15.48	15.33	15.48	15.51	27.68			
25	17.16	17.05	15.50	15.57	15.40	15.59	27.55			
26	17.10	17.03	15.52	15.46	15.58	15.59	26.62			
27	17.04	17.06	15.53	15.54	15.44	15.40	27.93			
28	17.05	17.10	15.50	15.51	15.59	15.56	27.90			
29	17.01	17.17	15.58	15.56	15.44	15.44	27.56			
30	17.05	17.16	15.55	15.47	15.59	15.55	27.45			

Animal		Day of Treatment (Week 7)							
	42	43	44	45	46	47	48		
18	15.41	15.55							
19	15.50	15.42							
20	15.54	15.52							
21	15.58	15.46	15.54	15.45					
22	15.56	15.44	15.45	15.40					
23	15.40	15.48	15.46	15.60	15.59	15.45	15.63		
24	15.47	15.43	15.56	15.49	15.56	15.40	15.49		
25	15.53	15.53	15.53	15.56	15.50	15.53	15.40		
26	15.46	15.52	15.60	15.56	15.40	15.54	15.57		
27	15.60	15.45	15.40	15.44	15.41	15.56	15.66		
28	15.52	15.60	15.58	15.51	15.50	15.58	15.45		
29	15.48	15.54	15.51	15.66	15.56	15.50	15.55		

15.54	15.44	15.49	15.41	15.46	15.44	15.54
Day of Treatment (Week 8)						
42	43	44	45	46	47	48
15.41	15.55					
15.50	15.42					
15.54	15.52					
15.58	15.46	15.54	15.45			
15.56	15.44	15.45	15.40			
15.54	15.44	15.49	15.41	15.46	15.44	15.54
	<u>42</u> <u>15.41</u> <u>15.50</u> <u>15.54</u> <u>15.58</u> <u>15.56</u> <u>15.54</u>	15.54         15.44           42         43           15.41         15.55           15.50         15.42           15.54         15.52           15.58         15.46           15.56         15.44           15.54         15.44	15.54         15.44         15.49           Day of 7           42         43         44           15.41         15.55         15.50         15.42           15.54         15.52         15.58         15.54           15.56         15.44         15.45           15.54         15.46         15.54           15.56         15.44         15.45           15.54         15.44         15.45	15.54         15.44         15.49         15.41           Day of Treatment (*         42         43         44         45           15.41         15.55         15.50         15.42         15.54         15.52           15.54         15.52         15.58         15.46         15.54         15.45           15.56         15.44         15.45         15.40         15.54         15.41	15.54         15.44         15.49         15.41         15.46           Day of Treatment (Week 8)         42         43         44         45         46           15.41         15.55         15.50         15.42         15.54         15.52           15.54         15.52         15.58         15.46         15.54         15.45           15.56         15.44         15.45         15.40         15.54         15.46           15.54         15.44         15.45         15.40         15.44         15.45	15.54         15.44         15.49         15.41         15.46         15.44           Day of Treatment (Week 8)           42         43         44         45         46         47           15.41         15.55         15.50         15.42         15.54         15.52           15.54         15.52         15.58         15.46         15.54         15.45           15.56         15.44         15.45         15.40         15.54         15.44           15.54         15.44         15.49         15.41         15.46         15.44

# Curriculum Vitae

#### **Contact Information**

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#### Education

M.S. in Physiology and Developmental Biology (Anticipated June 2012) Brigham Young University, Provo, UT

#### B.S. in Biology (2010)

Brigham Young University-Idaho, Rexburg, ID

#### **Research Experience**

#### Graduate Research Assistant, PDBio Dept. - BYU, 2010 - Present, Provo, UT

- Fed two groups of rats an iron deficient and control diet for 6 weeks
- Sacrificed rats and harvested tissues for analysis
- Analyzed tissues to measure for a number of markers indicative of iron deficiency, intracellular energy status, and isoform specific AMPK levels and activity

#### Field Assistant, Feedlot Health, Summer 2009, Okotoks, AB

- Assisted in data collection for various research projects
- Performed blood analyses such as total serum protein levels and packed cell volume
- Performed necropsies on feedlot cattle and took pictures of them for diagnosis

#### Research Assistant, Elanco Animal Health, Summer 2007, Calgary, AB

- Collected data after inspection for abscesses in the livers of steers and heifers at different meat packing plants
- Compiled reports, using Microsoft Access and Excel, based on the liver data for each feed yard that sent cattle into the plants

## **Professional Presentations/Abstracts**

**Merrill JF**, Hepworth SD, Willie S, Winder WW, Thomson DM, Hancock CR. "Iron deficiency causes a shift in AMP-activated protein kinase (AMPK) catalytic subunit composition in rat skeletal muscle." Experimental Biology Conference, 2012. (Poster)

#### **Volunteer experience**

#### ER Volunteer, Rockyview General Hospital, 2009-2010, Calgary, AB

- Assisted the triage Nurse in helping patients feel comfortable by answering any questions and helping them with any requests that they may have had
- Assisted patients in finding the bed that they were assigned to by the triage nurse and gave the patients' charts to the primary care nurse
- Helped visitors find the patient they were looking for

#### Hearing Clinic Worker, Smiles for Guatemala, Summer 2008, Quetzaltenango, Guatemala

- Cleaned wax and dirt out of patients' ears
- Used an otoscope to inspect for evidence of infection or a perforation in the tympanic membrane
- translated between English and Spanish when the local volunteers were not near by

#### Skills

#### **Assays and Experimental Techniques**

Immunoprecipitation, Enzyme Activity Assays, Homogenization, Protein Concentration Assays, Western Blotting, Protein Extraction, Nuclear/Cytosolic Isolation

#### Certifications

Laboratory Rat Handling, Laboratory Mouse Handling, Radiation Safety

#### Funding

Graduate Research Assistant 2010-2012 funding from NIH grant (W.W. Winder) Graduate Teaching Assistant 2012 - Endocrinology