TRPV4 deficiency causes sexual dimorphism in bone metabolism and osteoporotic fracture risk


Original Full Length Article

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We explored the role of transient receptor potential vanilloid 4 (TRPV4) in murine bone metabolism and association of TRPV4 gene variants with fractures in humans. Urinary and histomorphometrical analyses demonstrated reduced osteoclast activity and numbers in male Trpv4−/− mice, which was confirmed in bone marrow-derived osteoclast cultures. Osteoblasts and bone formation as shown by serum procollagen type 1 amino-terminal propeptide and histomorphometry, including osteoid surface, osteoblast and osteocyte numbers were not affected in vivo. Nevertheless, osteoblast differentiation was enhanced in Trpv4−/− bone marrow cultures. Cortical and trabecular bone mass was 20% increased in male Trpv4−/− mice, compared to sex-matched wild type (Trpv4+/+) mice. However, at the same time intracortical porosity was increased and bone matrix mineralization was reduced. Together, these lead to a maximum load, stiffness and work to failure of the femoral bone, which were not different compared to Trpv4−/− mice, while the bone material was less resistant to stress and less elastic. The differential impacts on these determinants of bone strength were likely responsible for the lack of any changes in whole bone strength in the Trpv4−/− mice. None of these skeletal parameters were affected in female Trpv4−/− mice. The T-allele of rs1861809 SNP in the TRPV4 locus was associated with a 30% increased risk (95% Cl: 1.1–1.6; p = 0.013) for non-vertebral fracture risk in men, but not in women, in the Rotterdam Study. Meta-analyses with the population-based LASA study confirmed the association with non-vertebral fractures in men. This was lost when the non-population-based studies Ms. Os and UFO were included. In conclusion, TRPV4 is a male-specific regulator of bone metabolism, a determinant of bone strength, and a potential risk predictor for fractures through regulation of bone matrix mineralization and intra-cortical porosity. This identifies TRPV4 as a unique sexually dimorphic therapeutic and/or diagnostic candidate for osteoporosis.

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skeleton but the data obtained are yet inconclusive [11,12]. Although both studies used the same mouse model, one study examined male mice while the other study examined female mice. This may implicate that TRPV4 is a potential driver of skeletal sexual dimorphism such as differences in size and strength [13].

In order to address this, we studied a head-to-head comparison of male and female Trpv4−/− mice with respect to the bone phenotype as well as bone cell differentiation patterns. In addition, we tested genetic variants in the Trpv4 gene locus for association with fracture risk and bone parameters in human cohorts within a meta-analysis.

**Material and methods**

**Mice, tissue collection and serum/urine analyses**

Mice lacking TRPV4 were generated as described extensively [14]. Briefly, cross-breeding of C57BL/6 TRPV4+/+ and TRPV4−/− mice resulted in offspring that were heterozygous for TRPV4. This offspring, bred within the Radboud University Nijmegen Medical Centre animal facility, was intercrossed to obtain TRPV4−/− mice. These were subsequently inter-crossed and compared to age-matched TRPV4+/+ mice. Male and female 20-week-old mice, fed ad libitum, were placed in metabolic cages to collect 24 hour urine. Next, mice were sacrificed and serum was collected. Bones were collected for microcomputed tomography and histomorphometry (left femurs), 3-point bending tests (right femurs), and bone marrow cultures (tibiae). Serum Ca²⁺ was colorimetrically determined with a Ca²⁺ assay kit (Sigma, St. Louis, MO, USA) according to the manufacturer’s description at 595 nm, using a Bio-Rad microplate reader (Bio-Rad, Hercules, CA, USA). Urinary deoxypyridinoline (DPD) as a marker for bone resorption was analyzed using a MetraDDP enzyme immunoassay (Quidel, San Diego, CA, USA). Serum procollagen type 1 amino-terminal propeptide (PINP) as a marker for bone formation was measured with an EIA (IDS, Boldon, UK). The animal ethics board of the Radboud University Medical Centre Nijmegen approved all experimental procedures.

**Bone mechanical properties (3-point bending)**

Femurs were stored in phosphate-buffered saline at −20 °C until further use. Before the 3-point bending test, femurs were scanned according to the settings mentioned above. The procedure was carried out as previously described in detail [16]. Briefly, femurs were placed in a custom made 3-point bending device, with the loading posts 10 mm apart. Mechanical testing was performed, using a Single Column Lloyd LRX System (Lloyd Instruments, Fareham, UK). Displacement (mm) and force (N) were registered. Using the same settings for filtration, segmentation and binarization as mentioned above in the microCT section, the MOI, reflecting the ability of the bone to withstand torsion, was calculated using CaAnalyzer software (Bruker MicroCT). It is the integral of the product of the distance between the area of the cortical bone and the center of gravity on one hand and the cortical bone itself on the other. This was determined in the μCT scan-derived cross-section that corresponded to the fracture site resulting from the bending test. From the resulting displacement to force graphs as well as the MOI values, ultimate force (N), stiffness (N/mm), work to failure (mJ), ultimate stress (N/mm²) and elastic modulus (GPa) were determined as described before [17].

**Quantitative backscattered electron imaging**

The distal half of femoral bone samples were fixed in 70% v/v ethanol, dehydrated in ethanol, and embedded in polymethylmethacrylate. Sample blocks containing grinded and polished surfaces of longitudinal femoral sections were manufactured. Bone mineralization density distribution (BMDD) from the trabecular metaphyseal and epiphyseal as well as from the cortical mid-shaft region was determined using quantitative backscattered electron imaging (qBEI). A digital scanning electron microscope (DSM 962, Zeiss, Oberkochen, Germany) operated at an accelerating voltage of 20 kV, a probe current of 110 pA and equipped with a four-quadrant semiconductor backscattered electron detector, was used. Images with spatial resolution of 1 µm per pixel were acquired for BMDD measurements. This technique is well established and validated and the details of the method have been published elsewhere [18,19]. The following BMDD parameters were calculated 1) CaMean is the weighted average Ca concentration of the mineralized tissue area, obtained from the integrated area under the BMDD curve. 2) CaPeak is the peak position of the BMDD histogram showing the most frequently occurring wt.% Ca of the measured areas. 3) CaWidth is the width at half-maximum of the BMDD histogram curve indicating the heterogeneity of mineralization and 4) CaLow is the percentage of bone area with a calcium concentration of less than 17.68 wt.% Ca, which reveals the amount of bone area undergoing primary mineralization; and CaHigh, the portion of bone area with a calcium concentration higher than 25.30 wt.% Ca.

**Bone histomorphometry**

After excision, femurs were routinely embedded in methyl-metacrylate as described before [2]. Sections of 6 µm were subjected to tartrate-resistant acid phosphatase (TRAP) staining. Sections were deacylated, hydrated and rinsed in 0.2 M sodium acetate/50 mM tartaric acid for 5 min. Naphthol AS-MX (0.5 mg/ml) and 1.1 mg/ml Fast red TR salt (both from Sigma, St. Louis, MO, USA) were added and incubated for 120 min at 37 °C. Counterstaining was performed with haematoxylin for 5 s and after air-drying, the sections were embedded in Permount (Thermo Fischer Scientific, Waltham, MA, USA). For osteoid measurements, a von Kossa staining was used. After incubation with 2% w/v silver nitrate (ICN Biomedicals, Irvine, CA, USA) for 5 min in daylight, the sections were counterstained with eosin. The sections were dehydrated and embedded in Entellan (Electron Microscopy Sciences, Hatfield, PA, USA). Eosin-stained osteoid was specifically visualized, using fluorescent imaging with a 365 nm excitation/420 nm
emission filter. For osteoblast and osteocyte measurements, sections were stained with a Goldner staining as described before [20].

Images were taken from the TRAP and Goldner stainings with a Zeiss Axiosvert 200 MOT system (Carl Zeiss BV, Jena, Germany) and used for osteoid stainings. Measurements were performed, using the software package Bioquant (Version 7.20; Bioquant image analysis corporation, Nashville, Tennessee, USA).

Quantitative PCR analysis (Q-PCR)

RNA isolation, cDNA syntheses, and Q-PCR were performed as described previously [21]. Primer and probe sequences and concentrations used for Q-PCR are listed in Supplementary Table 1.

Bone marrow cultures

Bone marrow cells derived from TRPV4+/+ and TRPV4−/− mice directed towards osteoclasts and osteoblasts were cultured as described in detail [2,22]. After 6 days of culture, TRAP and coomassie brilliant blue stainings were used to stain for osteoclasts and resorption pits on bone slices left behind by osteoclasts, respectively [2]. Osteoclast number and resorption surface were measured as well as resorption surface per osteoclast, using the freely available ImageJ software (version 1.41; http://rsweb.nih.gov/ij/). Alkaline phosphatase and alizarin red staining were performed on osteoblast cultures at days 9 and 21 of culture, respectively, as described earlier [2]. Colony numbers and mineralized area were quantified using Bioquant.

Genetic association studies in humans

To evaluate the effect of genetic variants in TRPV4 on bone outcomes, we first focused on the Rotterdam Study where deep phenotyping on bone parameters is available followed by replication assessment of fracture outcomes in three additional studies.

Rotterdam Study

Individuals were derived from the Rotterdam Study (n = 7983), a single-center prospective population-based cohort study of determinants of disabling chronic diseases in the elderly. The Medical Ethics Committee of Erasmus University Medical School approved the Rotterdam Study, and participants provided written informed consent. Both the rationale and the design of the study have been extensively described previously [23,24]. In brief, the Rotterdam Study was designed in the mid-1980s as a response to the demographic changes that were leading to an increase of the proportion of elderly people in most populations. It was clear that this would produce a strong rise in elderly people living with diseases, as most diseases cluster at the end of life, and that to discover the causes of diseases in the elderly one would have to study the risk factors of those diseases. The design of the Rotterdam Study is that of a prospective cohort study among, initially, 7983 persons living in the well-defined Ommoord district in the city of Rotterdam in The Netherlands (78% of 10,215 invitees). They were all 55 years of age or over and the oldest participant at the start was 106 years. The participants were all examined in some detail at baseline. They were interviewed at home and then had an extensive set of examinations in a specially built research facility in the center of their district. These examinations focussed on possible causes of invalidating diseases in the elderly in a clinically state-of-the-art manner, as far as the circumstances allowed. The emphasis was put on imaging (of heart, blood vessels, eyes, skeleton and later brain) and on collecting bodily fluids that enabled further in-depth molecular and genetic analyses.

Height and weight were measured in a standing position wearing indoor clothing without shoes. BMI was computed as weight in kilograms divided by height in meters squared (kg/m²). During the home interview, female participants were asked to recall their age at menopause, and responses were validated as described previously [25]. Assessment of vertebral fracture, incident non-vertebral fractures, bone mineral density (BMD) and bone geometry measurements has been described in detail previously [26]. In short, fractures where derived from general practitioner records and validated by two trained physicians. BMD and hip structural analysis measurements were derived from DXA scans acquired with a GE Lunar DPX-L scanner.

TRPV4 SNP genotyping

Markers present in the TRPV4 gene region of interest (chromosome 12q24, positions 108,705,277 to 108,755,595) plus 50 kb up- and downstream of the gene (HapMap release 27, February 2009) were extracted from Illumina HumanHap 550 K beadchip arrays as described earlier [27] and included 32 haplotype-tagging SNPs. These cover most of the common genetic variance in the TRPV4 region spanning chromosome 12 some 12 positions 108623000 to 108801400 and including 78 markers. Markers were excluded if: a) they deviated significantly from Hardy–Weinberg equilibrium (p < 1 x 10⁻⁶, n = 0), b) the low minor allele frequency (MAF) was below 5% (n = 2), or c) they had a call rate < 95% (n = 3). The exclusion of 5 tagging markers due to low minor allele frequency or genotyping call rate did not substantially affect coverage in the region as only 3 additional markers would be missed. This resulted in 27 SNPs from the Illumina array in the TRPV4 locus area available for gene-wide association analyses, using PLINK v1.05 (Supplementary Fig. 1 and Supplementary Table 2). Genomic control was used to correct for potential population stratification using genome-wide data [28]. The genomic inflation factor (based on median chi-squared) ranged between 1.015 (non-vertebral fracture) and 1.049 (femoral neck BMD) across all bone trait analyses providing evidence against the presence of significant population stratification affecting the results.

Association analysis

Association of the rs1861809 SNP with bone mineral density (BMD; femoral neck and lumbar spine BMD) were analyzed. Furthermore, association with osteoporotic, non-vertebral, fragility, hip, wrist and vertebral fracture risk as well as hip structural parameters, including narrow neck (NN) width, NN cortical thickness (Ct.Th), NN cross-sectional moment of inertia (CSMI) and NN buckling ratio (BR) was assessed.

Replication cohorts

For replication, men and women from the prospective population-based cohort study LASA (Longitudinal Aging Study Amsterdam, n = 904), the prospective study MrOS Sweden (n = 2829) and the nested case–control study UFO (Umeå Fracture and Osteoporosis, n = 2807) cohorts were genotyped for rs1861809, the most significantly associated marker in the Rotterdam Study using TaqMan Allele discrimination assay (Applied Biosystems, Nieuwkerk a/d IJssel, the Netherlands) and included in the analysis. The Longitudinal Aging Study Amsterdam (LASA) is an ongoing multidisciplinary cohort study investigating associations between genotypes, lifestyle and osteoporotic fractures (average age 65 years of age). The study is based on the prospective and
population-based Northern Sweden Health and Disease Study cohort, initiated to assess risk factors for diabetes and cardiovascular disease 

Statistical analyses

If not stated otherwise, SPSS 15.0 (SPSS, Chicago, IL, USA) was used for the statistical analyses. In all non-genetic experiments values were expressed as mean ± SEM unless stated otherwise. Differences between groups were tested for significance using the Student-t-test. Baseline parameters and bone geometric data from the genetic studies were expressed as mean ± SD. Differences between groups were tested for significance using ANOVA. Values were considered significantly different at p < 0.05. To estimate the risk of fractures, odds ratios with 95% confidence intervals (95% CI) were calculated using logistic regression models. Trend analysis assuming an underlying additive genetic model was done for the presence of zero, one, or two copies of the associated allele [34]. Since we took only one SNP forward for the replication studies no multiple testing penalty was applied, hence p-values < 0.05 were considered statistically significant.

Results

Bone phenotype of male and female Trpv4−/− mice

μCT analyses demonstrated a positive effect on bone mass following TRPV4 deficiency in male but not in female mice. Male Trpv4−/− mice displayed increased femoral trabecular (Figs. 1A and B) and cortical (Figs. 1C–E) bone mass compared to female Trpv4+/+ mice. Femoral bone size was also increased in male Trpv4−/− mice as exemplified by larger femoral head volume, diaphyseal volume, perimeter (Figs. 1F–H, respectively) and femoral length (Supplementary Table 3). In females, all parameters described above were unaffected. A summary of these and additional μCT parameters are listed in Supplementary Table 3.

Fig. 1. Bone microarchitecture in male and female Trpv4+/+ and Trpv4−/− mice. In the femoral head, (A) trabecular thickness, (B) trabecular bone volume fraction and (F) femoral head volume were determined. Cortical bone parameters included (C) cortical thickness, (D) cortical volume, (G) diaphyseal volume and (H) perimeter. (E) Representative 3D reconstructions for the mid-diaphyseal cortices for each group are shown (arrows indicate thicker cortices in male Trpv4−/− mice). White bars: Trpv4+/+ mice; black bars: Trpv4−/− mice. Data are presented as means ± SEM. *p < 0.05 versus male Trpv4+/+ mice (n = 6).
We first studied osteoclast function in these Trpv4−/− mice. Urinary DPD analysis showed reduced bone resorption in male Trpv4−/− mice compared to Trpv4+/+ (Fig. 2A). Histomorphometrical analyses of TRAP staining on bone sections confirmed this (Fig. 2B). In femurs from male Trpv4−/− mice, osteoclast number (Fig. 2C) and surface area resorbed (data not shown) was significantly reduced. In contrast, no differences in bone resorption and osteoclast number were observed between the female Trpv4+/+ and Trpv4−/− mice (Fig. 2A and data not shown).

Bone marrow-derived osteoclast cultures supported the in vivo observations that osteoclast number and resorption is disturbed in male Trpv4−/− but not female mice. Fewer osteoclasts developed from male Trpv4−/− bone marrow compared to that of Trpv4+/+ mice (Fig. 2D), which is paralleled by a significantly reduced resorption surface area (Fig. 2E). Resorption surface per osteoclast analyses demonstrated that osteoclast activity from Trpv4−/− cultures is impaired (Fig. 2F). None of these differences were found in female Trpv4−/− bone marrow-derived osteoclast cultures (e.g. osteoclast numbers: 35.1 ± 3.3 versus 29.6 ± 5.4, p = 0.44 for female Trpv4+/+ versus Trpv4−/− mice).

When osteoclast–osteoblast coupling during bone remodeling is intact, reduced osteoclast function should lead to attenuated osteoblast activity. In male Trpv4−/− mice, bone formation was unaffected despite reduced bone resorption as shown by serum P1NP analyses (Fig. 3A). This is supported by histomorphometrical assessment of bone sections showing no differences in number of osteoblast lining trabecular bone (Fig. 3B), percentage osteoblast surface (Fig. 3C) and osteocytes in cortices (Fig. 3D) between male Trpv4+/+ and Trpv4−/− mice.

While the in vivo findings strongly suggest that osteoblast differentiation and function remain unaffected in Trpv4−/− mice, osteoblast differentiation was enhanced in bone marrow cultures. Trpv4−/− osteoblast cultures showed a significant increase in the number of alkaline phosphatase positive colonies (Fig. 3E) as well as elevated Ca2+ deposition, although this did not reach significance (Fig. 3F). Colony size was not affected in cultures from male Trpv4−/− mice (0.1 ± 0.02 mm versus 0.15 ± 0.02 mm, p = 0.1 for male Trpv4+/+ mice). TRPV4 may directly affect osteoblast and osteoclast function as it is abundantly expressed in both cell types (Figs. 3G-J). No differences in alkaline phosphatase positive colony numbers and Ca2+ deposition were observed between osteoblast cultures from female Trpv4+/+ and Trpv4−/− mice bone marrow (data not shown).

Resistance to stress and elastic modulus is reduced in male Trpv4−/− mice

To assess whether increased bone mass led to improved bone strength, 3-point bending tests were performed on femurs from male and female Trpv4+/+ and Trpv4−/− mice (Figs. 4A-E). Maximum load, stiffness and work to failure were not different between Trpv4+/+ and Trpv4−/− mice (Figs. 4A-C). Interestingly, the femurs from Trpv4−/− mice were less resistant to stress (Fig. 4D) and less elastic (Fig. 4E). However, polar moment of inertia was increased in the Trpv4−/− mice at the site of fracture (Fig. 4F). None of these differences were seen in bones from female mice (e.g. stress: 87.6 ± 2.9 GPa versus 75.0 ± 3.4 GPa, p = 0.31 for female Trpv4+/+ versus Trpv4−/− mice).

We assessed cortical porosity by quantifying the holes appearing in the cortical bone (Fig. 4G–H). Cortical porosity was more than doubled in the male Trpv4−/− mice compared to Trpv4+/+ mice (Fig. 4I and Supplementary Table 3). The diameter of these holes varied between 40 and 160 μm. Increased cortical porosity was not observed in the female mice (Supplementary Table 3). Bone mineral density of the femoral trabecular and cortical compartment was unaltered and slightly but significantly increased, respectively, in the Trpv4−/− mice (Figs. 4J–K).

Finally, we measured bone mineralization density distribution at three positions in femurs of the male Trpv4+/+ and Trpv4−/− mice (Fig. 4A). This distribution protein of the bone matrix of Trpv4−/− mice was significantly lower mineralized compared to Trpv4+/+ mice at all skeletal sites analyzed including metaphysis, epiphysis and corticalis as shown by the significant reduction of CaMean, CaPeak and CaHigh (Figs. 5B, C and D). The width of the BMDD curve (CaWidth) is not altered indicating that the
heterogeneity in mineralization is not different between the genotypes (Fig. 5E). The fraction of lowly mineralized bone areas (CaLow), i.e. areas of ongoing bone formation (primary mineralization), in the Trpv4−/− mice is not different from that in Trpv4+/+ mice (Fig. 5F).

Human genetic association studies on TRPV4 and fracture risk

We investigated the contribution of TRPV4 to bone phenotypes in humans by studying the association of genetic variants in the TRPV4 gene locus with skeletal phenotypes and fracture risk. Baseline characteristics for the Rotterdam Study population are provided in Supplementary Table 4. Using PLINK software, we tested 27 tagging single nucleotide polymorphisms (SNPs) in the TRPV4 locus for potential association with bone mineral density (BMD), hip geometry and fracture risk in the Rotterdam Study (Supplementary Table 2 and Supplementary Fig. 1) as a discovery cohort. Two intronic tagging SNPs located between exons 2 and 3 of the TRPV4 gene (rs10850783, C to A, minor allele frequency = 27.4% and rs1861809, C to T, 27.3%; Supplementary Table 2 and Supplementary Fig. 1) were found to be associated with osteoporotic fractures (p = 0.002). These SNPs were in complete linkage disequilibrium and so rs1861809 was chosen for further analyses. No association was observed for rs1861809 with femoral neck and lumbar spine BMD in either men or women (Supplementary Table 5). The hip bone geometric parameters' narrow neck (NN) width and NN cross-sectional moment of inertia (CSMI) were significantly higher in men with the TT genotype (p = 0.006 and p = 0.02, respectively), but this effect was not observed in women (p = 0.2 and 0.14, respectively; Supplementary Table 5). NN cortical thickness (Ct.Th) and buckling ratio (BR) were not significantly different between the genotypes in either men or women (Supplementary Table 5).

Risk of osteoporotic fractures was 1.9 times higher in men homozygous for the T-allele of rs1861809 (Table 1). Men had a 40% increased risk for osteoporotic fractures per T-risk allele (95% CI = 1.1–1.7, p = 0.005). For fragility and hip fractures the risk was 1.6 times (95% CI = 1.1–2.2, p = 0.005; and 1.1–2.4, p = 0.011, respectively) higher per risk allele, while for wrist fractures the risk was 2 times (95% CI = 1.1–2.2, p = 0.005).
CI = 1.1–3.5, \( p = 0.014 \) higher per risk allele. In contrast to men, no association with any type of fracture was observed for women (Table 1).

Next, we sought replication of our genetic associations in other cohorts, including LASA, MrOS and UFO (baseline characteristics in Supplementary Tables 6 and 7). In men from the LASA study the same trend for increased risk for osteoporotic fracture was observed in carriers of the T-allele (OR = 1.5, 95% CI 0.9–2.5, \( p = 0.11 \)) (Supplementary Table 8). Meta-analyses of the Rotterdam and LASA studies together were consistent with a 40% increase in risk for osteoporotic fracture (OR = 1.4, CI = 1.1–1.7, \( p = 0.001 \)) per risk allele (Fig. 6). However, in the Swedish MrOS and UFO studies, no evidence for association with osteoporotic fracture risk was observed in either study. (Supplementary Table 8 and Fig. 6). In the meta-analysis, including all four cohorts, the association of the polymorphism with osteoporotic fracture was lost for men (OR = 1.1, CI = 1.0–1.3, \( p = 0.167 \); Fig. 6). As expected, for women the association with osteoporotic fractures was consistent with a 40% increase in risk for osteoporotic fracture (Fig. 6).
Fig. 5. Bone matrix mineralization is reduced in mice lacking Trpv4. Using qBEI, BMDD was measured at 3 locations in femurs from male Trpv4+/+ and Trpv4−/− mice (A). CaPEAK (B), CaMean (C), CaHIGH (D), CaWIDTH (E) and CaLOW (F) were measured in the trabecular compartment of the femoral metaphysis and epiphysis as well as in the diaphyseal cortex (corticalis). Data are presented as means ± SEM. *p < 0.05 versus Trpv4+/+ controls (n = 6).

remained absent (OR = 1.0, CI = 0.9–1.0, p = 0.303; Fig. 6) nor were any significant associations found for other types of fractures (data not shown).

Discussion

In this multidisciplinary study, using Trpv4−/− mice, ex vivo cell biological analyses and genetic association data from human cohorts, we demonstrate that TRPV4 is an important sexually dimorphic factor for determining bone strength, with potentially clinically relevant implications at the population level.

Male Trpv4−/− mice display reduced osteoclast function and osteoclast–osteoblast uncoupling

TRPV4 deficiency leads to an increased bone mass phenotype in male, but not in female mice. This predominantly results from decreased osteoclast formation/differentiation and activity, which has

Table 1

Fracture risks in the Rotterdam Study population for rs1861809.

<table>
<thead>
<tr>
<th>Trait</th>
<th>Men</th>
<th>Women</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>CC</td>
<td>CT</td>
</tr>
<tr>
<td>Non-vertebral fractures</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No. fractures/total no.</td>
<td>46/675</td>
<td>113/1176</td>
</tr>
<tr>
<td>(%)</td>
<td>6.8%</td>
<td>16.7%</td>
</tr>
<tr>
<td>OR (95% CI)</td>
<td>1</td>
<td>1.0 (1.0–2.1)</td>
</tr>
<tr>
<td>Osteoporotic fractures</td>
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<td></td>
</tr>
<tr>
<td>No. fractures/total no.</td>
<td>41/675</td>
<td>89/1176</td>
</tr>
<tr>
<td>(%)</td>
<td>6.1%</td>
<td>7.6%</td>
</tr>
<tr>
<td>OR (95% CI)</td>
<td>1</td>
<td>1.3 (0.9–1.9)</td>
</tr>
<tr>
<td>Fracture risks</td>
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<td></td>
</tr>
<tr>
<td>No. fractures/total no.</td>
<td>15/675</td>
<td>41/1176</td>
</tr>
<tr>
<td>(%)</td>
<td>2.2%</td>
<td>3.5%</td>
</tr>
<tr>
<td>OR (95% CI)</td>
<td>1</td>
<td>1.6 (0.9–3.0)</td>
</tr>
</tbody>
</table>

Data are presented as number of fractures as a percentage of total for each genotype, stratified by gender. Odds ratios (OR) are depicted with 95% confidence intervals (CI). All associations were adjusted for gender, age, height and weight. Trend values represent p-value for an allele–dose effect.

B.C.J. van der Eerden et al. / Bone xxx (2013) xxx–xxx

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been demonstrated before [11,12,35]. Considering the importance of osteoblast–osteoclast coupling in bone turnover it was anticipated that impaired osteoclast differentiation would lead to reduced osteoblast differentiation. However, bone formation is not affected in the male Trpv4−/− mice in this study, although it is enhanced in ex vivo cultures. This implies that TRPV4 acts indirectly in vivo, through mesenchymal stem cells (MSCs) and limits their differentiation into osteoblasts.

TRPV4 is also abundantly expressed on osteoblasts, which suggests a direct effect; the mechanism through which TRPV4 acts on osteoblasts remains elusive. In contrast to our data, it was demonstrated very recently that bone marrow-derived MSCs from Trpv4−/− mice actually were less osteogenic compared to wild type MSCs, whereas the opposite was seen for adipose tissue-derived MSCs[36]. However, these findings are difficult to directly correlate with our data, due to the methodological differences in cell collection (cell sorting), additional passaging of the cells before osteogenic differentiation and culturing under hypoxic conditions, which has been shown to have profound effects on osteogenic differentiation [37]. The reduced bone resorption (DPD as a marker) together with the unchanged bone formation marker (P1NP) demonstrates osteoblast–osteoclast uncoupling following TRPV4 deficiency in male mice only. A summary of the results and a more detailed reasoning for this conclusion is shown in panels 1–6 in Fig. 7. Based on the current data we propose that lack of TRPV4 in male mice, but not in female mice, enhances osteoblast development via an osteoblast-intrinsic mechanism (observed: in vitro enhanced osteoblast development; panel 4) that (partially) overrules the in vivo osteoclast–osteoblast coupling signal (observed: in vivo unchanged bone formation; panels 4 and 6) that would have led to reduced osteoblast activity as a consequence of the reduced osteoclast activity and bone resorption (observed: in vivo and in vitro; panels 2 and 6). Overall, these analyses demonstrate a clear sex-specific effect of TRPV4 on bone phenotype, which is due to impaired osteoblast function and disturbed coupling between osteoclasts and osteoblasts.

Male Trpv4−/− mice have increased cortical porosity and reduced matrix mineralization

Despite reduced osteoclast activity, male Trpv4−/− mice have increased cortical porosity, an important predictor in diagnosing osteoporosis [38]. In fact, non-vertebral fractures at predominantly cortical sites account for 80% of all fracture age-related osteoporosis [39]. In several mouse models where osteoclast function is increased, such as one where the PTH receptor is constitutively active, or one that overexpresses cathepsin K, intracortical porosity is abundant [40,41]. In addition, mice lacking the gastrin receptor Cckbr associated with hypochlorhydria also suffer from increased cortical porosity due to low intestinal Ca2+ absorption and secondary hyperparathyroidism [42]. However, cortical porosity may well arise from insufficient bone remodeling during bone development. For bone remodeling, osteoclast activity is required, which is defective in the male Trpv4−/− mice. An alternative, intriguing explanation is the process of osteocytic osteolysis, a mechanism by which osteocytes are able to resorb their surrounding perilacunar extracellular matrix, which may lead to intracortical porosity (Reviewed in: [43,44]). Although osteocyte density was not altered in femoral cortices of our male Trpv4−/− mice (Fig. 3D) the presence of osteocytic osteolysis remains to be established. However, to achieve this yet robust means to quantitatively assess osteocytic osteolysis need to be developed.

The reduction in matrix mineralization in Trpv4−/− mice demonstrates a role for this ion channel in mineralization of bone. The maintenance of cortical bone strength observed in Trpv4−/− male mice despite an increased cortical porosity and the observed reduced bone matrix mineralization can be best explained by a compensatory effect of the increase in bone mass, as reflected by an enhanced moment of inertia. In general, reduced bone matrix mineralization causes a lower ultimate stress and elastic modulus and increased intracortical porosity weakens additionally the mechanical competence of whole cortical bone [45,46]. Interestingly, BMD was only slightly increased in these mice. However, taken into account, that a change in BMD has to be considered as the sum of changes in bone volume and bone matrix mineralization [47], it seems that the extent of the increase in bone volume fairly compensated for the increase in porosity and the reduction in bone matrix mineralization in these Trpv4−/− mice.

The T-allele of rs1861809 is associated with increased fracture risk in men

In the Rotterdam Study we observed that the rs1861809 polymorphism between exons 2 and 3 of TRPV4 harbors BMD-independent sex-specific effects on osteoporotic fracture risk. Our study and others claim that it is crucial to study men and women independently to determine sex-specific genetic factors that contribute to osteoporosis risk.
TRPV4−/− mice. TRPV4−/− bone function is characterized by a balance between osteoclastic (OC) bone resorption and osteoblastic (OB) bone formation (panel 1). In male TRPV4−/− mice, osteoclast differentiation and function is reduced in vivo and ex vivo (panel 2). In healthy bone metabolism, bone formation is reduced to achieve a new balance (panel 3). However, in the male TRPV4−/− mice, bone formation was unaffected (panel 4) and osteoblast differentiation was even enhanced ex vivo (panel 5). Together, these data clearly indicate that uncoupling between bone resorption and formation exists (panel 6), leading to the increased bone mass phenotype observed in male TRPV4−/− mice.

Phenotype consistencies and inconsistencies across species

The consistency between the genetic association data in the Rotterdam and LASA Studies and the findings in the Trpv4−/− mice – that bone strength is affected in males but not in females – is striking. An explanation for increased fracture risk in men despite an increase in bone mass may reside in reduced bone matrix mineralization and/or increased cortical porosity, as was shown in the male mice. Although there are studies describing the assessment of cortical porosity in the distal radius [38], we currently have no bone matrix mineralization and cortical porosity data from the Rotterdam Study to corroborate this hypothesis at the population level. Interestingly, increased mid-pubertal cortical thickness is associated with an increase in forearm fractures but also with elevated cortical porosity [55], which is more pronounced in boys than in girls [56]. These processes evolve from endocortical bone resorption, most likely due to excess Ca²⁺ requirement in the growing adolescent [57,58]. It is tempting to speculate that this transient ‘weakness’ of the long bones, in combination with DNA variations in the TRPV4 locus may lead to more permanent alterations in bone structure and/or composition resulting in an increased fracture risk for elderly men. There is recent supporting data that reduction in bone matrix mineralization can contribute to the increased fracture risk in men [59,60].

Childhood fractures may actually better reflect the porosity phenotype we observe in the male Trpv4−/− mice, being bone growth related rather than bone loss related, which occurs in the human aging cohorts that we assessed in this study. Although fracture incidence seems to show a bimodal pattern with an increased fracture incidence during puberty, the incidence is still very low compared to that of the elderly population and studies will lack power. With recently initiated population studies such as the Generation R cohort focusing on children from birth to adulthood [61], we may be able to study childhood fractures in the forthcoming years.
Dominant mutations in the TRPV4 gene lead to a comprehensive family of bone dysplasias, ranging from lethal metatropic dysplasia to familial arthropathy with brachydactyly [62]. The range and severity of the skeletal conditions together with the knowledge that a single mutation in the TRPV4 gene leads to different dysplasias, suggests modulation by other parts of the genome. Despite the human mutations, which so far are all dominant and activating of nature, ablation of the whole gene in murine studies (thereby inactivating the gene) displays a surprisingly mild skeletal phenotype [111] and our data). Potentially, activating TRPV4 function by introducing the mutations leading to the various human bone dysplasias in a murine setting will phenocopy what we see in man but this requires extensive mouse genetic approaches.

**TRPV4 deficiency is sexually dimorphic**

The current study demonstrates a role for TRPV4 in explaining sexual dimorphism in bone metabolism and maintenance of bone strength. The underlying mechanism is unclear and currently purely speculative but other examples of a gender-specific bone phenotype have been described, for example in myeloid–specifically ablated leptin receptor knockout mice [63]. A role for sex steroid hormones such as androgens or estrogens seems logical but there is no data to support an interaction with TRPV4. It has been reported that TRPV4 is expressed in the testes of male rats [6,64] but a relation with sex steroid production has not been shown. Although we cannot fully explain the current sex-specific findings in the Trpv4−/− animals we did find an induction of TRPV4 mRNA expression by 17β-estradiol in cultured osteoblasts from male, but not female mice, suggesting a difference in sensitivity to sex steroids between males and females. It is worth mentioning that although sex was not mentioned in the majority of the reports describing a phenotypic type in Trpv4−/− mice, the ones that did, actually used male mice in their studies [11,65,66]. Of interest, in a recent review it was stated that sex differences also occur in the absence of hormonal changes through sex chromosome-mediated epigenetic regulation of autosomal chromosomes, such as DNA methylation and histone modifications [67].

**Conclusion**

In conclusion, TRPV4 is a male-specific determinant of bone strength. TRPV4 influences bone by uncoupling of osteoclast and osteoblast activity and increase in bone mass in a sexually dimorphic manner. In addition, TRPV4 plays a role in bone matrix mineralization, which is reduced, and together with enhanced cortical porosity, may lead to reduced elasticity of bone. The increased bone mass and moment of inertia observed in the male Trpv4−/− mice seem to preserve bone strength, but this compensation mechanism may be lost during aging, potentially leading to reduced bone strength and fracture risk. Finally, the human genetic association analyses, which support a role of TRPV4 in male but not female osteoporosis, need to be replicated and verified.

Supplementary data to this article can be found online at http://dx.doi.org/10.1016/j.bone.2013.09.017.

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