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1	RESEARCH ARTICLEMOLECULAR BIOLOGY
2	Xiao et al.: Astrocytic Rab8a/SNARE in NPP
3	Rab8a/SNARE complex activation
4	promotes vesicle anchoring and transport
5	in spinal astrocytes to drive neuropathic
6	pain
7	Yunqiao Xiao ^{1,2#} , Gengyi Wang ^{1#} , Guiqiong He ¹ , Wanxiang Qin ³ , Ying Shi ^{4*}
8	¹ Institute of Neuroscience, Chongqing Medical University, Chongqing, China
9	² University-town hospital of Chongqing medical University, Chongqing, China
10	³ Department of Pain Care, Southwest hospital, Army Medical University, Chongqing, China
11	⁴ Department of Pain Care, The First Affiliated Hospital of Chongqing Medical University,
12	Chongqing, China
13	[#] These authors contributed equally to this work.
14	*Corresponding author: Ying Shi; E-mail: <u>driris56789@163.com</u>
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22	

23 ABSTRACT

Neuropathic pain (NPP) remains a clinically challenging condition, driven by the activation 24 of spinal astrocytes and the complex release of inflammatory mediators. This study aimed to 25 examine the roles of Rab8a and SNARE complex proteins in activated astrocytes to uncover 26 the underlying mechanisms of NPP. The research was conducted using a rat model with 27 chronic constriction injury (CCI) of the sciatic nerve and primary astrocytes treated with 28 lipopolysaccharide. Enhanced expression of Rab8a was noted specifically in spinal dorsal 29 horn astrocytes through immunofluorescence. Electron microscopy observations showed 30 31 increased vesicular transport and exocytic activity in activated astrocytes, which was corroborated by elevated levels of inflammatory cytokines such as IL-1 β and TNF- α detected 32 through quantitative PCR. Western blot analyses confirmed significant upregulation of Rab8a, 33 VAMP2, and Syntaxin16 in these cells. Furthermore, the application of botulinum neurotoxin 34 type A (BONT/A) reduced the levels of vesicle transport-associated proteins, inhibiting 35 vesicular transport in activated astrocytes. These findings suggest that the Rab8a/SNARE 36 pathway in astrocytes enhances vesicle transport and anchoring, increasing the secretion of 37 bioactive molecules that may play a crucial role in the pathophysiology of NPP. Inhibiting 38 this pathway with BONT/A offers a novel therapeutic target for managing NPP, highlighting 39 its potential utility in clinical interventions. 40



43 INTRODUCTION

Neuropathic pain (NPP) represents a global therapeutic challenge characterized by complex 44 pathophysiological mechanisms and a lack of effective clinical analgesics [1, 2, 3, 4, 5]. The 45 functional specificity of cortical networks and their projection targets in the pain process 46 occurs at least on four interconnected levels: dynamic activity states within the cortical 47 network; functionally distinct subdomains; specific circuit connections that distinguish pain 48 49 from other functions; and co-active cell assemblies [6]. Among these, intercellular communication and molecular signaling pathways within specific circuit connections play a 50 51 pivotal role in the sensitization and regulation of nociceptive pathways in the sensory nervous system and the pathological process of NPP [7, 8, 9, 10]. 52

Astrocytes, distinguishable by their expression of glial fibrillary acidic protein (GFAP) across 53 all major branches and processes, dynamically modulate in response to injury through gap 54 junction protein complexes that physically couple adjacent cells, allowing free exchange of 55 ions and cytoplasmic components [11]. Inhibition of astrocyte activation can significantly 56 alleviate pain caused by peripheral nerve damage in the early stages of NPP [12, 13, 14]. 57 Astrocytes mediate intercellular communication within the nervous system through the 58 production and secretion of neuroactive substances [15, 16, 17]. Injury signals drive 59 phenotypic transformation of astrocytes and the release of inflammatory mediators, playing 60 roles in central and peripheral sensitization and participating in the progression of NPP. An 61 important characteristic of their activation is the increased release of bioactive molecules 62 such as inflammatory factors, ATP, and glutamate [18, 19, 20, 21, 22, 23, 24]. 63

Furthermore, astrocytes contain vesicles that store and release bioactive molecules in an activity-dependent manner, a principal mechanism in the pathophysiology of neurodegenerative diseases [25, 26, 27, 28, 29, 30, 31]. However, the specific mechanisms by which astrocytes in NPP increase the secretion of bioactive molecules remain unclear [32], 68 complicating the identification of targets for intervention.

Rab proteins, acting as molecular switches in vesicle transport, interact with upstream 69 regulators and downstream effectors, playing a critical role in vesicle movement, docking, 70 and fusion [33, 34]. In their active GTP-bound form, Rab proteins activate downstream 71 effector proteins, recruit cytoplasmic adhesion factors, and regulate vesicle dynamics [35, 36, 72 37, 38, 39, 40, 41, 42]. The fusion of vesicles with the cell membrane also relies on a set of 73 74 transmembrane proteins known as the SNARE complex, which provides the molecular basis for directed vesicle transport, targeting, docking, and membrane fusion [43, 44, 45]. Currently, 75 76 the role of Rab8a in vesicle release processes in spinal astrocytes has not been reported. Thus, this study aims to examine the modification of Rab8a in activated astrocytes using a rat 77 model with sciatic nerve ligation and lipopolysaccharide (LPS)-treated primary astrocytes to 78 investigate its role in SNARE complex formation and vesicle transport and to explore the 79 impact of the Rab8a/SNARE signaling pathway on NPP and its mechanisms. By revealing 80 the role of this signaling pathway in regulating astrocyte vesicle transport and secretion 81 functions, we aim to provide a new perspective on the molecular mechanisms of NPP and lay 82 the groundwork for developing targeted therapeutic strategies, which hold significant 83 scientific and clinical relevance. 84

85

86 MATERIALS AND METHODS

87 Experimental animals

Male Sprague-Dawley (SD) rats, aged 7-8 weeks (200-230 g), were obtained from the Experimental Animal Research Institute of the Army Medical University. These rats were housed in a controlled environment at 25°C with a 12-hour light/dark cycle, with free access to food and water. The animal experimental processes were approved by the Ethnic Committee of The First Affiliated Hospital of Chongqing Medical University 93 (AMUWEC20210719) and conducted in strict accordance with the standard of the Guide for
94 the Care and Use of Laboratory Animals published by the Ministry of Science and
95 Technology of the People's Republic of China in 2006.

96

97 Induction of NPP through chronic constriction injury (CCI)

Ten SD rats (aged 7-8 weeks, weighing 200-230 g) were utilized. The sample size calculation 98 was based on setting the range of acceptable degrees of freedom (DF) for ANOVA analysis 99 between 10 and 20. Let N represent the total number of subjects, k the number of groups, and 100 101 n the number of subjects per group, calculated as n = DF/k + 1. Hence, the minimum total sample size N(min) was determined to be 6, and the maximum total sample size N(max) was 102 11 [46]. The ten rats were randomly divided into two groups: a normal group (control group, 103 n=5) and a CCI group (ligation group, n=5). Each group underwent specific procedures: the 104 normal group received a sham operation without ligation; the CCI group was subjected to a 105 procedure established in previous studies [47]. Briefly, a blunt dissection was performed in 106 the biceps femoris, exposing the common sciatic nerve at the mid-thigh level. Approximately 107 1 cm of the nerve was freed from surrounding connective tissue near its trifurcation, and three 108 loops of 4.0 non-absorbable surgical suture (Shanghai Fosun) were loosely tied around it at 1 109 mm intervals. Under 30x magnification, these ties did not significantly compress the nerve's 110 diameter but did induce slight and transient twitches in the muscles innervated by the sciatic 111 nerve. The test animals were subsequently maintained for 14 days. 112

113

114 Astrocyte culture

Primary astrocytes were prepared from one-day-old SD rats, following the procedure described by Sebastian Schildge et al. [48]. These cells were isolated from the cerebral cortex and subsequently cultured in 25 cm² flasks pre-coated with 50 μ g/mL poly-D-lysine. The

culture medium used was DMEM (Gibco, New York, USA) supplemented with 10% 118 heat-inactivated fetal bovine serum and 1% penicillin-streptomycin (Beyotime, Shanghai, 119 China). The cultures were maintained under conditions of 5% CO₂ at 37°C. The medium was 120 replaced the day following the initial culture and thereafter every two days. On the seventh 121 day, the cultures were placed on a rotating shaker at 37°C for 6 hours (240 rpm) to detach 122 microglial and oligodendrocyte precursor cells. Following this, the medium was discarded, 123 and the astrocytes were cultured at a final density of 1.2×10^6 cells per well in 6-well plates 124 and 4×10^4 cells per well in 96-well plates for subsequent cell counting kit-8 (CCK8) assay. 125

126 In the drug treatment groups, astrocytes were co-incubated with LPS (100 ng/mL) and botulinum toxin A (BONT/A) (0.1 U/mL) for one hour [49, 50, 51, 52]. In this study, LPS 127 was used as a cell activator and BONT/A as a vesicular secretion inhibitor. 128 Immunofluorescence (IF) staining with GFAP (an astrocyte marker, BM-0055, Bioss, Wuhan, 129 China) was performed to identify the astrocytes. A high-purity population of astrocytes (over 130 95% GFAP-positive) was obtained [53]. To ensure cell culture quality, high-quality fetal 131 bovine serum and culture medium, along with sterile plastic products designed specifically 132 for tissue culture, were used. To prevent microbial contamination, 100 U/mL 133 penicillin-streptomycin (Bi Yun Tian, C0222) was employed to protect against cellular 134 contamination. Mycoplasma testing was performed prior to experiments to exclude 135 mycoplasma infections. 136

137

138 Cell viability assay

Cell viability was assessed using CCK-8 (Bioss, Beijing, China). Astrocytes were cultured in
96-well plates for 24 hours. Following treatment with LPS (100 ng/mL) for 24 hours, CCK-8
solution was added to each well and incubated at 37°C for 2 hours. Absorbance was
measured at 450 nm using a microplate reader.

143 Immunohistochemistry (IHC)

Spinal cord tissues from CCI rats were collected on day 14 post-sciatic nerve ligation. Rats 144 were deeply anesthetized with isoflurane (2-2.5%, airflow 500-700 mL/min) and then 145 perfused intracardially with 4% paraformaldehyde (Sigma) pre-cooled to 4°C. The spinal 146 cord was quickly removed and immersed in 4% paraformaldehyde at 4°C overnight. After 147 fixation, the spinal cord was dehydrated, and the lumbar enlargement region was sectioned 148 into 16 µm thick slices. Endogenous peroxidase activity was blocked using 3% H₂O₂ for 20 149 minutes. Sections were incubated with 10% normal goat serum and anti-Rab8a antibody 150 151 (1:150; LifeSpan Biosciences) at 37°C for 1 hour, followed by overnight incubation at 4°C. After PBS rinsing, sections were incubated at 37°C for 1 hour and visualized using an 152 enhanced nickel-DAB staining reagent for 5 minutes. IHC images were captured using a 153 microscope (Leica). Five random spinal cord sections were selected by two experienced 154 pathologists in a blinded manner, and the average optical density of all positively stained 155 astrocytes in the selected fields was measured and analyzed using Image-Pro Plus 6.0. 156

157

158 Immunofluorescence (IF) staining

For double-labeling IF experiments on spinal cord sections, prepared slices were treated with 159 3% H₂O₂ for 20 minutes to suppress endogenous peroxidase activity. The sections were then 160 incubated at 37°C for 1 hour, followed by overnight treatment at 4°C with 10% normal goat 161 serum. Subsequently, the slices were incubated with anti-GFAP monoclonal antibody (1:250, 162 Bioss) at 37°C for 1 hour, followed by co-incubation with anti-Rab8a polyclonal antibody 163 (1:150, LifeSpan Biosciences) at 37°C for 1 hour, and then overnight at 4°C. 164 FITC-conjugated goat anti-mouse antibody (1:500, Abcam, UK) and Cy3-conjugated goat 165 anti-rabbit antibody (1:600, Jackson ImmunoResearch, USA) were added and incubated at 166 37°C for 1 hour. Finally, nuclei were stained with 4',6-diamidino-2-phenylindole (DAPI) 167

(Sigma, USA) and analyzed by two experienced pathologists in a blinded manner using alaser scanning confocal microscope (Olympus, Japan).

For IF staining experiments detecting GFAP in astrocytes, astrocytes grown on microscope 170 slides were fixed in 4% paraformaldehyde at 37°C for 30 minutes, followed by incubation in 171 5% BSA at 37°C for 1 hour and then overnight incubated with anti-GFAP monoclonal 172 antibody (1:250, Bioss) at 4°C. The cells were then incubated at 37°C for 1 hour with 173 FITC-conjugated goat anti-mouse antibody (1:500, Abcam, UK). Nuclei were visualized with 174 DAPI staining (Bioss, Beijing, China), and images were captured using a microscope (Leica). 175 176 In the double-labeling, IF experiments, astrocytes grown on microscope slides were fixed with 4% paraformaldehyde at 37°C for 30 minutes, then incubated in 5% BSA at 37°C for 1 177 hour, followed by overnight incubation with anti-Rab8a polyclonal antibody (1:250, LifeSpan 178 Biosciences) at 4°C. FITC-conjugated goat anti-mouse antibody (1:500, Abcam, UK) and 179 Cy3-conjugated goat anti-rabbit antibody (1:600, Jackson ImmunoResearch, USA) were 180 added and incubated at 37°C for 1 hour. Nuclei were stained with DAPI (Cat# D9542-5MG, 181 Sigma, USA) and analyzed using a laser scanning confocal microscope (Leica). 182

183

184 Western blot assay

Cell lysates were collected from primary astrocyte cultures in RIPA buffer containing a 185 protease inhibitor cocktail for Western blot analysis 1-hour post-LPS stimulation. The 186 reaction mixtures were centrifuged at $12,000 \times g$ for 15 minutes at 4°C. Samples containing 2 187 µg of protein were heated at 100°C for 5 minutes in a loading buffer (5x Loading Buffer, 188 Beyotime, Shanghai, China). Separation was conducted using polyacrylamide gels (10-12.5%, 189 Epizyme, Beijing, China). Following membrane transfer, the membranes were incubated 190 overnight at 4°C with anti-GFAP monoclonal antibody (1:1000, Bioss), anti-Rab8a 191 polyclonal antibody (1:1000, LifeSpan), anti-VAMP2 polyclonal antibody (1:1000, Cell 192

Signaling), anti-Syntaxin16 polyclonal antibody (1:1000, Cell Signaling), and anti-β-actin
(1:1000, Proteintech). The membranes were then incubated for 1 hour with horseradish
peroxidase-conjugated secondary antibodies and visualized using ECL solution (Biosharp,
Shanghai, China). Immunocomplexes were detected using the Bio-Rad system, and relative
immunoreactivity levels were quantified using Image Lab software.

198

199 Quantitative real-time polymerase chain reaction (qPCR)

Total RNA from astrocytes was isolated using the RNAeasy[™] animal RNA isolation kit with 200 201 the spin column, following the manufacturer's instructions (Beyotime, Shanghai, China). RNA sample transcription was repeated using the PrimeScript[™] RT reagent kit with gDNA 202 Eraser (Takara, Japan), according to the manufacturer's instructions. Real-time qPCR was 203 conducted using SYBR Premix Ex Taq II (Takara). The thermal cycling program included a 204 10-minute pre-incubation at 95°C, followed by 45 cycles of 10 seconds at 95°C, 30 seconds 205 at 60°C, and 60 seconds at 65°C. The specificity of the PCR products was verified through 206 melt curve analysis. 207

208

209 Electron microscopy (EM)

Astrocytes were co-incubated with LPS (100 ng/mL) or LPS (100 ng/mL) and BONT/A (0.1 U/mL) for 24 hours. Cells were then detached using a 0.025% trypsin-EDTA solution and fixed with 2.5% glutaraldehyde at 4°C for 12 hours. The prepared cells were further fixed with 1% osmium tetroxide at 4°C for 1 hour. After gradient dehydration, the cells were embedded in resin. Embedded cell sections were then observed under a transmission EM.

215

216 Ethical statement

217 The animal experimental processes were approved by the Ethnic Committee of The First

Affiliated Hospital of Chongqing Medical University (AMUWEC20210719) and conducted in strict accordance with the standard of the Guide for the Care and Use of Laboratory Animals published by the Ministry of Science and Technology of the People's Republic of China in 2006.

222

223 Statistical analysis

224 All statistical analyses were conducted using version 4.2.1 of R (R Foundation for Statistical Computing). Quantitative data in this study were analyzed using GraphPad Prism version 225 9.5.0. Data were presented as mean \pm standard deviation. Initially, tests for normality and 226 homogeneity of variance were performed. If the data were normally distributed and the 227 variances were homogeneous, unpaired t-tests were used to compare differences between two 228 groups. One-way analysis of variance (ANOVA) was employed to compare differences 229 among multiple groups, followed by Tukey's post-hoc test for pairwise comparisons. A P <230 0.05 was considered statistically significant, while a P < 0.01 was considered highly 231 significant. 232

233

234 **RESULTS**

Activation of astrocytes and increased Rab8a expression in the spinal dorsal horn of CCI rats

In our study of the sciatic nerve ligation model in rats, we conducted IHC and IF staining to investigate the potential mechanisms related to astrocytes in NPP. IHC analysis revealed a significant increase in Rab8a expression in the spinal dorsal horn of rats subjected to sciatic nerve ligation compared to controls (Figure 1A-B, P < 0.01).

IF staining further explored the distribution of Rab8a in the spinal dorsal horn. GFAP (greenfluorescence), a marker of astrocytes, showed a notable increase in the NPP model, indicating

the activation of astrocytes. Rab8a (red fluorescence) staining was observed in various cell
types within the spinal dorsal horn, but a significant increase in Rab8a expression was
evident in activated astrocytes (Figure 1C). These findings highlight the association between
Rab8a expression and astrocyte activation, suggesting its potential importance in the
pathophysiology of NPP.

248

249 Upregulation of cytokine expression in LPS-induced activated astrocytes

LPS is commonly utilized to simulate inflammatory responses, prompting a series of experiments to investigate its effects on astrocytes. Initially, we assessed the viability of astrocytes to gauge the activating effect of LPS. The results demonstrated a significant increase in the survival rate of astrocytes cultured with LPS compared to the control group (Figure 2A, P < 0.05).

- IF and Western blot analyses revealed a significant increase in the expression of the GFAP protein in cells treated with LPS (Figure 2B, P < 0.05). Moreover, compared to the control group, cells in the LPS group exhibited increased cell volume and shorter, thicker processes (Figure 2C). This phenomenon likely reflects the morphological changes of astrocytes under LPS treatment, further supporting their activated state.
- Further analysis through qPCR was conducted to measure the mRNA levels of pro-inflammatory cytokines, including TNF- α and IL-1 β , in activated astrocytes. The results showed significant upregulation of TNF- α and IL-1 β mRNA levels in activated astrocytes (Figure 3A-B, P < 0.001).
- In summary, our findings reveal the activating effects of LPS on astrocytes, including increased cell viability, elevated expression of GFAP protein, morphological changes, and the upregulation of pro-inflammatory cytokines TNF- α and IL-1 β mRNA levels in activated astrocytes.

268 Increased vesicular transport in LPS-induced activated astrocytes

To investigate changes in vesicular transport within activated astrocytes, EM was employed to examine vesicular transport. In the LPS-treated group, the Golgi apparatus was increased and enlarged, with more Golgi vesicles around the trans-Golgi network (TGN). Mitochondrial numbers were increased, showing swollen, spherical forms with reduced cristae. The quantity of vesicles in activated astrocytes was higher in the LPS group, with vesicles accumulating near the cell membrane (Figure 4A-B).

Given the molecular basis of vesicle and plasma membrane fusion established by the SNARE complex [44], the co-expression of Rab8a and VAMP2 in activated astrocytes was further investigated through IF experiments. It was observed that the positive IF staining of Rab8a and VAMP2 was more aggregated in activated astrocytes. Additionally, astrocytes activated by LPS also exhibited co-localization of Rab8a and VAMP2 expression, with these proteins displaying a relatively uniform distribution across various cell types (Figure 5A).

Furthermore, co-localization of Rab8a and Syntaxin16 expression was also observed in astrocytes activated by LPS. However, the distribution of the positive IF staining for Rab8a and Syntaxin16 was not entirely consistent across different activated astrocytes (Figure 5B).

Western blot analysis further examined the expression levels of vesicular transport-related proteins (Rab8a, VAMP2, and Syntaxin16). The results indicated that, following LPS treatment, the levels of Rab8a, VAMP2, and Syntaxin16 proteins were significantly higher in astrocytes compared to the control group (Figure 5C-E, P < 0.05).

These findings reveal increased vesicular transport in LPS-induced activated astrocytes, accompanied by upregulation of protein levels of Rab8a and SNARE.

290

291 BONT/A inhibits vesicular transport in LPS-induced activated astrocytes

292 To assess the impact of the vesicular secretion inhibitor BONT/A on vesicular transport, we

conducted Western blot experiments to detect changes in proteins related to vesicular transport (Rab8a, VAMP2, and Syntaxin16) in astrocytes activated by LPS treatment following BONT/A administration. The results indicated a significant reduction in the expression levels of Rab8a, VAMP2, and Syntaxin16 proteins in astrocytes treated with BONT/A (BTX group) compared to those treated with LPS alone (LPS group) (Figure 6A-D).

To gain a comprehensive understanding of BONT/A's effect, EM was used to evaluate changes in vesicular transport. The findings demonstrated that vesicular transport within astrocytes activated by LPS was significantly inhibited following BONT/A treatment, evidenced by a decrease in the number of intracellular vesicles and a marked reduction in vesicle accumulation near the cell membrane (Figure 7A-B).

These results reveal the inhibitory effect of BONT/A on vesicular transport in astrocytes activated by LPS induction.

306

307 **DISCUSSION**

Our research demonstrates that injury signals drive the transformation and activation of 308 astrocytes, leading to increased release of pain-associated bioactive molecules such as 309 inflammatory factors, ATP, and glutamate. These molecules play roles in central and 310 peripheral sensitization and contribute to the progression of NPP [18, 19]. Astrocyte 311 activation is a heterogeneous process involving multiple molecular, cellular, and functional 312 changes, including alterations in vesicular secretion [25, 54, 55, 56]. However, the specific 313 mechanisms underlying vesicle and inflammatory mediator release remain unclear [32]. 314 Rab8a protein and the SNARE complex are involved in vesicle-directed transport, targeting 315 docking, and fusion with the cell membrane [43, 44, 45], but their mechanisms in NPP have 316 yet to be confirmed. 317

In our study using a CCI rat model, Rab8a was highly expressed in astrocytes within the 318 spinal dorsal horn following neural injury, suggesting increased vesicle docking and transport 319 activity, a possible manifestation of astrocyte activation. EM revealed a significant increase in 320 internal vesicle number and transport activity toward the plasma membrane, resulting in 321 heightened exocytic activity. Quantitative PCR, IF, and Western blot results showed 322 significant increases in the expression of cytokines such as TNF- α and IL-1 β , as well as 323 Rab8a, VAMP2, and Syntaxin16 in activated astrocytes. Treatment with BONT/A 324 significantly reduced the levels of Rab8a, VAMP2, and Syntaxin16 proteins in astrocytes. 325 326 Collectively, these findings suggest that the activation of the Rab8a/SNARE complex pathway is crucial for vesicular transport and bioactive molecule release in astrocytes and 327 represents an important component in the pathogenesis of NPP. 328

Rab8a, a small GTPase, is essential for vesicle transport in various cell types and is involved 329 in cilia formation [57, 58]. Rab8a can interact with effectors or directly with SNARE to 330 recognize t-SNARE on target membranes, promoting v-SNARE and t-SNARE pairing, thus 331 guiding vesicle-directed transport and targeted docking [59, 60, 61, 62, 63, 64]. The control 332 of vesicle transport by Rab8a may facilitate the formation of different membrane protrusions, 333 while VAMP2 and Syntaxin16, components of the SNARE complex, are critical proteins in 334 vesicle docking. Our results, combined with previous studies [65, 66], suggest that 335 Rab8a-mediated enhanced transport of vesicles from the trans-Golgi network (TGN) to the 336 plasma membrane may underpin the molecular basis for astrocyte release of bioactive 337 molecules involved in the onset and maintenance of NPP. Enhanced vesicular transport in 338 LPS-activated astrocyte models likely represents a crucial mechanism for the secretion of 339 bioactive molecules by activated astrocytes, with activated pathways for cytokine synthesis 340 and secretion contributing to disease progression. 341

342 Furthermore, the application of BONT/A suggests that targeting components of the SNARE

complex can effectively reduce vesicular transport in astrocytes. Preclinical and clinical 343 studies have reported the efficacy of BONT/A in treating central NPP. BONT/A inhibits the 344 secretion of substance P and CGRP in DRG, suppresses the expression of TRPV1 and P2X3, 345 and exerts central effects through retrograde axonal transport [67, 68, 69, 70]. BONT/A not 346 only cleaves SNAP-25 at presynaptic terminals but also cleaves SNARE proteins 347 retrogradely in growth cones and the central brain, inhibiting the exocytosis of vesicles 348 containing norepinephrine, glutamate, substance P, and calcitonin gene-related peptide 349 (CGRP), as well as the expression of vanilloid receptors. 350

351

352 CONCLUSION

In summary, our study reveals that the activation of the Rab8a/SNARE complex pathway and 353 subsequent enhanced vesicle transport activity in the spinal dorsal horn following neural 354 injury are likely critical components in the cytokine cascade reaction mechanisms of NPP 355 (Figure 8). By elucidating the role of the Rab8a/SNARE complex in the development of NPP, 356 this study provides important insights for understanding the molecular basis of NPP and 357 developing new therapeutic strategies. Given the persistent activation of astrocytes under 358 chronic pain conditions and their recognized role in NPP, directing therapeutic interventions 359 towards reactive astrocytes holds significant potential. Our research demonstrates the critical 360 role of these proteins in astrocytes and emphasizes the importance of vesicle transport in 361 regulating NPP, offering new potential targets for NPP treatment. Targeting the 362 Rab8a/SNARE complex pathway could be an effective strategy for alleviating or treating 363 NPP. Based on our current understanding of astrocyte-mediated NPP, considering targeting 364 related signaling pathways, hemichannels, or purinergic receptors to inhibit the release of 365 neuroglial mediators, such as by inhibiting the expression or function of Rab8a to reduce the 366 release of inflammatory mediators, could provide valuable directions for developing novel 367

368 NPP therapeutic drugs. Additionally, targeting downstream mediators released by astrocytes, 369 such as chemokines and cytokine signaling, is a viable treatment strategy. Given that 370 astrocyte dysregulation is a common feature of nearly all chronic pain pathologies, and the 371 activation of astrocytes remains strong throughout persistent pain conditions, whether 372 targeting the activation of astrocytes or preventing their transition to a pro-inflammatory state 373 without affecting their normal homeostatic functions remains a significant challenge.

374 Although this study provides important insights into the role of the Rab8a/SNARE complex in NPP, it has limitations. Firstly, the study is primarily based on animal models and cell 375 376 experiments, and its results need further validation in humans. Secondly, although BONT/A can inhibit vesicular transport in astrocytes, its specific mechanisms of action and long-term 377 effects require further investigation. Additionally, this study did not fully resolve all potential 378 molecular mechanisms of the Rab8a/SNARE complex pathway in the pathogenesis of NPP, 379 necessitating further research to elucidate these mechanisms. Future research should focus on 380 several key areas. Firstly, the findings of this study need to be validated in a broader range of 381 biological models and explored through clinical studies to assess their potential application in 382 human NPP treatment. Secondly, specific intervention methods targeting the Rab8a/SNARE 383 complex pathway, including small molecule inhibitors, and RNA interference techniques, 384 should be explored to develop new treatment strategies. Additionally, investigating the role of 385 the Rab8a/SNARE complex in other cell types beyond astrocytes, such as neurons and 386 microglia, may reveal more complex pathological mechanisms of NPP. 387

388

389 Author contributions

YQX, GYW and YS designed the study. GQH and WXQ collated the data, carried out data
analyses and produced the initial draft of the manuscript. YQX, GYW and YS contributed to
drafting the manuscript. All authors have read and approved the final submitted manuscript.

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646 TABLES AND FIGURES WITH LEGENDS





Figure 1. Activation of astrocytes and Rab8a expression in the spinal dorsal horn of CCI rats. (A) IHC staining of Rab8a in the spinal dorsal horn of CCI rats; (B) Quantitative analysis of Rab8a protein in the spinal dorsal horn of CCI rats; (C) IF staining in the spinal dorsal horn of CCI rats, showing GFAP-positive cells (green fluorescence) and the distribution of Rab8a (red fluorescence). **P < 0.01. CCI: Chronic constriction injury; IHC: Immunohistochemistry; GFAP: Glial fibrillary acidic protein.



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Figure 2. The effects of LPS on astrocytes. (A) The survival rate of astrocytes post-LPS treatment; (B) GFAP protein expression in astrocytes post-LPS treatment detected by Western blot; (C) IF staining of astrocytes post-LPS treatment, showing GFAP-positive cells (green fluorescence) and morphological changes. *P < 0.05. GFAP: Glial fibrillary acidic protein; LPS: Lipopolysaccharide; IF: Immunofluorescence.



662Figure 3. Expression of cytokines in activated astrocytes. (A) qPCR detection of TNF-α663mRNA levels in astrocytes post-LPS treatment; (B) qPCR detection of IL-1β mRNA levels in664astrocytes post-LPS treatment. ***P < 0.001. LPS: Lipopolysaccharide.

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Figure 4. Changes in vesicular transport in activated astrocytes. (A) EM observation of
vesicular transport in astrocytes post-LPS treatment; (B) Statistical graph of vesicular
transport quantity in astrocytes post-LPS treatment. ***P < 0.001. EM: Electron microscopy;
LPS: Lipopolysaccharide.



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Figure 5. Levels of vesicular transport-related proteins in activated astrocytes. (A-B) IF

staining of VAMP2 and Syntaxin16 in astrocytes post-LPS treatment; (C-E) Western blot detection of Rab8a and SNARE proteins (VAMP2 and Syntaxin16) levels in astrocytes post-LPS treatment. *P < 0.05, **P < 0.01. IF: Immunofluorescence; VAMP2: Vesicle-associated membrane protein; SNARE: Soluble N-ethylmaleimide-sensitive factor attachment protein receptor.



Figure 6. Effects of BONT/A on vesicular transport-related proteins in activated astrocytes. (A) Western blot detection of Rab8a, VAMP2, and Syntaxin16 protein expression in activated astrocytes post-BONT/A treatment; (B-D) Quantitative analysis of Rab8a, VAMP2, and Syntaxin16 proteins in activated astrocytes post-BONT/A treatment. *P < 0.05, **P < 0.01, ***P < 0.001. BONT/A: Botulinum neurotoxin type A.

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Figure 7. Effects of BONT/A on vesicular transport in activated astrocytes. (A) EM observation of vesicular transport in activated astrocytes post-BONT/A treatment; (B) Statistical analysis of vesicular transport quantity in activated astrocytes post-BONT/A treatment. **P < 0.01. BONT/A: Botulinum neurotoxin type A; EM: Electron microscopy.



Figure 8. Activated Rab8a/SNARE complex drives the molecular mechanism of NPP by
 promoting vesicle anchoring and transportation in spinal astrocytes. NPP: Neuropathic
 pain.