Title: Human RAMP1 overexpressing mice are resistant to migraine therapies for motion

sensitivity: a mouse model of vestibular migraine

Abbreviated Title: Nausea and sway in RAMP1 overexpression

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Abstract:

Both enhanced motion-induced nausea and increased static imbalance are \observed

symptoms in migraine and especially vestibular migraine (VM). Motion-induced nausea and

static imbalance were investigated in a mouse model, nestin/hRAMP1, expressing elevated

levels of human RAMP1 in the CNS, which enhances CGRP signaling in the nervous

system. Behavioral surrogates such as the motion-induced thermoregulation and postural

sway center of pressure (CoP) assays were used to assess motion sensitivity.

Tail vasodilation analysis revealed that this model exhibits an increased sensitivity to

CGRP's effects at lower doses compared to control mice. In addition, the nestin/hRAMP1

mice exhibit a higher dynamic range in postural sway than their wildtype counterparts, along

with increased sway observed in nestin/hRAMP1 male mice that was not present in male

littermate controls. Results from migraine blocker experiments were challenging to interpret,

but the data suggests that olcegepant is incapable of reversing CGRP-induced alterations in

the nestin/hRAMP1 mice, while rizatriptan was ineffective in both the nestin/hRAMP1 and

control mice. The results indicate that overexpression of hRAMP1 leads to heightened

endogenous CGRP signaling. Results also suggest that both olcegepant and rizatriptan are

ineffective in reducing CGRP-triggered nausea and sway in this hypersensitive CGRP

mouse model. This study suggests that hypersensitivity to CGRP may be a mouse model

for difficult to treat cases of vestibular migraine.

Introduction

Migraine is a chronic neurological disorder that is marked by pain in the head, nausea, and heightened sensitivity to environmental stimuli such as light and sound. Certain people may also experience an aura before the onset of migraine symptoms [1]. Approximately 40% of patients with a history of migraine may experience vestibular migraine (VM), a unique type of migraine that makes patients vulnerable to recurrent vertigo and imbalances [2-6]. VM affects about 1-4% of adults in the US, with three times as many females affected as males. Furthermore, individuals with VM exhibit greater postural sway when encountering challenging surroundings and are more prone to motion sickness [7-12].

Calcitonin gene-related peptide (CGRP) is commonly considered a crucial factor that causes migraines. It is a vasoactive peptide present in the nervous system that contributes to vasodilation, inflammation, and pain modulation. CGRP signals through the CGRP receptor consisting of three subunits: calcitonin-like receptor (CLR), receptor activity-modifying protein 1 (RAMP1), and receptor component protein (RCP). RAMP1's significance in CGRP signaling has been widely studied as the rate-limiting subunit. It is essential for CLR translocation to the surface and for ligand binding [13-15].

A transgenic mouse model created by Russo et al. manifests sensitivity to CGRP by upregulating the CGRP receptor [14]. The nestin/hRAMP1 mouse model shows increased hRAMP1 expression in the nervous system and heightened sensitivity to the neuropeptide CGRP, as compared to wild-type mice. The mice were subjects of preclinical studies that analyzed surrogate behaviors for photophobia and allodynia. Their aversive reaction to light is amplified by intracerebroventricular (ICV) CGRP injections [14, 16, 17]. Moreover, hind paw withdrawals are detected at markedly lower doses of centrally-administered CGRP compared to their respective controls [18].

The CGRP receptor antagonist olcegepant (BIBN4096) effectively alleviates CGRP-

induced behaviors in both human and mouse receptors, as demonstrated by mouse models.

Moreover, preclinical models show that light aversion caused by CGRP is reduced through

selective serotonin receptor agonists like rizatriptan and sumatriptan. Early studies targeting

CGRP with olcegepant have led to the development of improved "gepants" and monoclonal

antibodies that can block either the CGRP receptor or the peptide. Numerous treatment

options for migraines based on antagonizing CGRP signaling have been investigated in

clinical trials, many of which have been approved by the FDA since 2018, and a few studies

have indicated that CGRP antagonists have been successful in treating vestibular

migraines, particularly in a subset of patients [19, 20]. Alternative treatments, such as vestibular

suppressants, have not been shown to alleviate vertigo and may cause drowsiness [21-23].

However, further research is needed to investigate the potential role of CGRP sensitization

in causing vestibular symptoms and to elucidate the associated mechanisms. .

CGRP is widely distributed throughout the vestibular central nervous system (CNS)

and is present on vestibular efferent fibers that innervate the inner ear [24-26]. In this study, we

aim to characterize the effects of CGRP in nestin/hRAMP1 mice by employing motion-

induced thermoregulation and postural sway assays. Furthermore, we seek to determine

whether olcegepant or rizatriptan can provide protection against any CGRP-induced

changes and will compare to C57BL/6J and unaffected littermates.

Materials & Methods

Animals

A total of 175 mice (95F/80M) were tested across all experiments, and all studies were sufficiently powered to detect sex differences. Mice were housed under a 12 to 12 day/night cycle at the University of Rochester's Vivarium under the care of the University of Rochester's Veterinary Services personnel. All animal procedures were approved by the University of Rochester's IACUC committee and performed in accordance with NIH standards.

The nestin/hRAMP1 mice were bred by crossing heterozygous or homozygous hRAMP1 loxP mice with heterozygous nestin-Cre mice to produce offspring that express elevated hRAMP1 in the nervous system. A detailed synopsis of their breeding design can be found in [15]. Control mice used in this study were hRAMP1 loxP mice not expressing nestin-Cre. Mice were housed under a 12-hour day/night cycle under the care of the University Committee on Animal Resources (UCAR) at the University of Rochester. Mice were housed with ad libitum access to necessities (food, water, bedding, and enrichment) with all studies sufficiently powered to detect sex differences. Mice were equilibrated in a testing room with an ambient temperature between 22-23°C for at least 30 minutes prior to testing. Mice were tested between 3-6 months of age. Different cohorts of mice were used to test motion-induced nausea and postural sway. Testing occurred from 9:00 am to 5:30 pm.

Drug administration

All intraperitoneal (IP) injections were performed with a fine 33-gauge insulin syringe.   Dulbecco PBS (saline) served as vehicle control diluent. The CGRP-receptor antagonist olcegepant and the selective serotonin receptor agonist rizatriptan were used as

migraine blockers in this study. The concentrations are listed: 0.1x, 0.5x, and 1.0x CGRP

were prepared at 0.01, 0.05, and 0.1 mg/kg (rat α-CGRP, Sigma), 1.0x olcegepant was

prepared at 1.0 mg/kg (BIBN4096, Tocris), and 1.0x rizatriptan was prepared at 0.6 mg/kg

(Sigma-Aldrich). Mice were tested approximately twenty to thirty minutes after injections.

Animals were gently handled without the need for anesthesia. All animal procedures were

approved by the University of Rochester's (IACUC) and performed in accordance with the

standards set by the NIH.

Motion-induced thermoregulation and center of pressure (CoP) testing for assessing

motion-induced nausea and postural sway in mouse models

Fig. 1 provides details regarding experimental methodologies pursued in this study.

Postural sway was evaluated using the center of pressure (CoP) assay. Around 10-12 CoP

areas were recorded per mouse, and a 10% robust outlier removal (ROUT) was applied to

eliminate outlier CoP areas from individual mouse trials. After this exclusion, each mouse

had a minimum of six CoP areas available for averaging in each testing condition. No

individual mice were excluded from the study.

We used a FLIR E60 IR camera (model: E64501) to head and tail temperatures of

mice before, during, and after a vestibular perturbation. The measurements were conducted

over a duration of 45 minutes. To summarize, we recorded baseline measurements for five

minutes prior to initiating the perturbation (-5 mins ≤ t ≤ 0 mins). Subsequently, mice were

recorded for 20 minutes (0 mins ≤ t ≤ 20 mins) during an orbital rotation at 75 rpm (2 cm

orbital displacement). After the perturbation, mice were additionally recorded for 20 minutes

to observe the recovery from hypothermia back to baseline (20 min ≤ t ≤ 40 min). FLIR

Tools+ was used for analyzing data.

We defined Δ tail vasodilations (^{o}C) as the transient increases in mouse tail

temperature in response to perturbation. These were computed by subtracting the baseline

tail temperature at time t = 0 minutes from the maximum tail temperature measured during

the first 10 minutes of the rotation (0 ≤ t ≤ 10). Additionally, we calculated the hypothermia

magnitude (Δ heads) by subtracting the baseline head temperature at time t = 0 minutes

from the minimum head temperature recorded throughout the entire experiment (0 mins ≤ t ≤

40 mins).

Data analysis and statistics

All statistical analyses were conducted in GraphPad Prism 9.5. Analyses were

conducted separately in females and males unless otherwise noted. Multivariate ANOVAs

and mixed-effect models were used to analyze Δ tail vasodilations and center of pressure

(CoP) ellipse areas, and are further elaborated in the results. Group averages of Δ tail

vasodilations and CoP ellipse areas are reported as mean ± SEM, and significance was set

at $p < 0.05$ for all analyses.

Analysis of Δ tail vasodilations involved defining a threshold of 1.5^{o}C to examine the

data as a binary outcome test. Tail temperature changes equal to or greater than +1.5^{o}C

were designated a Δ tail vasodilation and those less than +1.5^{o}C did not meet the criteria,

and were labeled as diminished tail vasodilations. Mice were excluded from further testing if

their Δ tail vasodilation after vehicle (saline) testing did not meet the criteria.

Second-order curve fitting was used for fitting head temperatures (B2*X^2 + B1*X +

B0) and R^2 fit were calculated per curve. Head recovery (mins) was approximated by

normalizing head temperature at x = 0 mins to y = 0 ^{o}C. An x-intercept quadratic model

approximated the recovery by detecting x-intercepts passed 20 minutes (when we stopped

the perturbation).

Results

No difference in Δ Heads/Magnitude of Hypothermia or Hypothermia Recovery

Head temperatures are depicted after intraperitoneal (IP) delivery of vehicle (saline),

1.0x CGRP, 1.0x CGRP + 1.0x Olcegepant, and 1.0x CGRP + 1.0x rizatriptan in males and

females (**Fig. 2A-J**). The magnitude of hypothermia was computed during an animal's test –

designated as the Δ head – and a 2-way ANOVA was computed across the factors i)

treatment and ii) strain in males and in females. No differences in hypothermia magnitude

were observed in mice regardless of treatment **(Fig. A-J).** In addition, no differences in

recovery were observed in the nestin/hRAMP1 mice compared to their controls for either

sex (**Table 1**).

Dose response on tail vasodilations

Motion-induced thermoregulation was examined at three different IP doses of CGRP

– 0.01 mg/kg, 0.05 mg/kg, and 0.1 mg/kg. These doses correspond to 0.1x CGRP, 0.5x

CGRP, and 1.0x CGRP respectively. When mice are injected with vehicle (saline), mice

exhibit a transient delta tail vasodilation in response to the vestibular perturbation. However,

this response is diminished after 1.0x CGRP (**Fig. 3B, E**). Dunnett multiple comparison's

test was used to compare Δ tail vasodilations changes after CGRP dose to vehicle, and a

significant effect on was observed after intraperitoneal injections of 0.5x CGRP and 1.0x

CGRP (**Fig. 3C, F**). Of the male controls, 50% and 53% exhibited diminished tail

vasodilations after treatment of 0.5x and 1.0x CGRP (*adj. p = 0.1 and adj. p < 0.001*

respectively), whereas 100% and 83% of male nestin/hRAMP1 mice were affected by 0.5x

CGRP and 1.0x CGRP (*adj. p = 0.004* and *adj. p = 0.02 respectively)*, highlighting a

potential sensitivity to CGRP in the male nestin/hRAMP1. A majority of female controls

(78% and 88%) exhibited diminished Δ tail vasodilations with doses of 0.5x and 1.0x CGRP

(*adj. p < 0.0001 at each dose*). In comparison, male controls also exhibited diminished Δ tail

vasodilations at 0.5x and 1.0x CGRP, whereas 88% and 80% of female nestin/hRAMP1

tested at 0.5x CGRP and at 1.0x CGRP exhibited diminished Δ tail vasodilations (*adj. p =*

0.0007 and adj. p = 0.001 respectively). Based on the dose response experiments, it is

evident that titrating the dose of CGRP to 1.0x leads to disruption in motion-induced

thermoregulation in a strong majority of mice. It is also observed that nestin/hRAMP1 males

are more readily affected by incremental doses of CGRP than their complement controls

(**Table 2**).

Olcegepant's efficacy on Δ tail vasodilations is similar between nestin/hRAMP1 and

controls.

The CGRP-receptor antagonist olcegepant was assessed for its efficacy in motion-

induced nausea. Raw temperatures after intraperitoneally delivered (IP) 1.0x CGRP + 1.0x

olcegepant treatment are depicted (**Fig. 4A, D**). Post-hoc analysis was conducted using

Tukey's multiple comparisons test. In female controls, 1.0x CGRP caused reduced Δ tail

vasodilations, but co-administration of olcegepant helped to block this response in a portion

of females. This observation was also seen in nestin/hRAMP1 mice, where some females

showed restored Δ tail vasodilations with olcegepant (**Fig. 4B**). In males, olcegepant was

effective in blocking 1.0x CGRP-induced changes in male controls and male nestin/hRAMP1

mice (**Fig. 4E**). A separate group of mice were tested at 0.5x CGRP, and mice with

diminished Δ tail vasodilations were further tested with 0.5x CGRP + 1.0x olcegepant. We

observed a majority of CGRP-affected female controls and nestin/hRAMP1 to regained their

delta tail vasodilations with olcegepant blocking this sub-maximal dose. However, unlike

male controls where a majority regained their tail vasodilation with olcegepant, male

nestin/hRAMP1 still presented with diminished Δ tail vasodilations compared to their vehicle

response (*0.5x CGRP vs 0.5x CGRP + 1.0x Olceg, p = 0.04*), suggesting an enhanced

sensitivity to CGRP at this submaximal dose that is not being blocked with olcegepant (**Fig.**

4F).

Rizatriptan does not block CGRP-induced changes on Δ tail vasodilations

Rizatriptan was also examined across Δ tail vasodilations in a similar testing scheme

and analysis as olcegepant. Observed in both sexes of nestin/hRAMP1 and controls, Δ tail

vasodilations during CGRP+rizatriptan testing resembled CGRP-induced changes rather

than vehicle. Unlike olcegepant, rizatriptan had no protective effect on Δ tail vasodilations

(**Fig. 5A-D**).

A subset of nestin/hRAMP1 mice were also assessed after IP delivery of 0.5x CGRP

+ rizatriptan (**Fig. 5E**). Even at the half dose, rizatriptan did not recover Δ tail vasodilations

in these mice.

Nestin/hRAMP1 mice exhibit greater postural sway at baseline than controls

Prior to testing CGRP and the effects of blockers, baseline center of pressure (CoP)

responses were compared between nestin/hRAMP1 and controls. Two-way ANOVA with

Dunnett's multiple comparisons test computed the following factors: i) male vs female and ii)

controls versus nestin/hRAMP1 on sway obtained after vehicle injections (saline). While

biological sex had no effect on sway ($F_{(1, 81)} = 2.609$, $p = 0.11$), a significant difference

was observed between controls and nestin/hRAMP1 ($F_{(1, 81)} = 35.45$, $p < 0.001$). Female

controls exhibited a CoP of 0.91 ± 0.09 cm^2, whereas female nestin/hRAMP1 mice had

CoPs of 1.56 ± 0.12 (*adj. p < 0.001*). Similarly, male controls had CoP 0.69 ± 0.06 cm^2, but

male nestin/hRAMP1 had larger CoP at 1.41 ± 0.17 (*adj. p < 0.001*). The higher sway in the

nestin/hRAMP1 suggest the potential implications of endogenous CGRP having a greater

impact on static imbalance due to upregulated hRAMP1 in the nervous system (**Fig. 6A**).

Higher CGRP doses up to 0.1 mg/kg induce significant sway in female controls

Changes in center of pressure (CoP) after intraperitoneally administered 0.1x CGRP,

0.5x CGRP, and 1.0x CGRP were examined using the same statistical tools used for the

motion-induced thermoregulation experiments. Two-way mixed-effected models were used

to assess CGRP dose and controls versus nestin/hRAMP1, and Dunnett's multiple

comparisons was used to compare differences in CoP after each CGRP dose to vehicle. In

male nestin/hRAMP1 and controls, no differences were detected due to CGRP (**Fig. 6C**).

Female controls exhibited significantly higher CoP after 1.0x CGRP compared to their

vehicle response (*adj. p < 0.001*) (**Fig. 6B**). In contrast, female nestin/hRAMP1 mice did not

significantly change their CoP in response to increasing doses of CGRP.

Olcegepant and not rizatriptan blocks CGRP-induced changes in female control sway,

but nestin/hRAMP1 mice are not sensitive to CGRP or either migraine blocker.

Olcegepant and rizatriptan were examined for their ability to protect against 1.0x

CGRP-induced changes in CoP. 1.0x CGRP induced significantly higher CoP in female

controls than compared to their vehicle response, but co-administration of 1.0x CGRP + 1.0x

Olcegepant led to lower CoP compared to 1.0x CGRP alone (*female controls: CGRP vs*

CGRP+olcegepant, adj. p = 0.0004) (**Fig. 7A**). In contrast, rizatriptan did not have an effect

on female control CoP, as 1.0x CGRP + 1.0x rizatriptan led to sway that resembled 1.0x

CGRP induced changes (**Fig. 7C**). Interestingly, the CoP results on female controls

dramatically differ from their nestin/hRAMP1 counterparts. Female nestin/hRAMP1 mice did

not further increase their sway after 1.0x CGRP, nor did co-delivery of 1.0x olcegepant or

1.0x rizatriptan modulate their CoP any further.

When examining male controls and nestinhRAMP1 (**Fig. 7B and 7D**), CGRP and

CGRP co-delivered with olcegepant/rizatriptan did not modulate their sway when compared

to their response to vehicle. It is clear that male nestin/hRAMP1 mice have higher CoP

values after vehicle and 1.0x CGRP than male controls, but olcegepant and rizatriptan do

not affect male CoP sway. We did not further test male controls with olcegepant or

rizatriptan, since no changes were observed after 1.0x CGRP, and male controls had a

much lower dynamic range in their CoP than did the nestin/hRAMP1.

Table 2 is provided and gives specific details regarding the multivariate statistics (F-

statistics, p-values, and post-hoc analyses) used in this study for motion-induced nausea

and postural sway comparisons.

<u>Discussion</u>

Migraine treatment aims not only to address pain and ensure freedom from

headache, but also to alleviate the most bothersome symptoms (MBS), such as nausea,

vomiting, photophobia, or phonophobia. Photophobia is the most prevalent MBS and affects

50% of migraine patients, while nausea -the second most frequent MBS- affects 30% of

migraine patients [27]. Furthermore, individuals suffering from migraines also encounter

difficulty with postural control and balance, resulting in increased sway area and velocity [3, 4,

28, 29]. A study examining various lighting conditions during bipedal and unipedal stances of

migraine patients concluded that migraine-associated photophobia is linked to postural sway

[30]. Additionally, nausea is linked to calcitonin gene-related peptide (CGRP; and sensory

pathways linked to nausea involve the vestibular system and the area postrema, which is a

circumventricular organ associated with nausea and vomiting [31]. CGRP receptors have

been detected in the area postrema through the localization of RAMP1 and RAMP3 mRNA

in this region [32]. Previous research has demonstrated that the neuropeptide amylin, which

has a similar structure to CGRP, can stimulates certain subsets of area postrema neurons

directly [33]. As the area postrema is not enclosed by the blood-brain barrier, systemic

delivery of CGRP can affect area postrema neurons and potentially alter this region during

motion-induced nausea and sickness. Moreover, overexpression of RAMP1 may exacerbate

this condition.

The nestin/hRAMP1 mouse model has been extensively studied to manipulate

CGRP's effects, simulate migraine-like surrogate behaviors, and assess the efficacy of

migraine drugs. The model first elucidated that the CGRP receptor is a critical aspect of

neurogenic inflammation [15]. Later studies examined the mouse model to assess mechanical

allodynia and photophobia. . This study examined the impact of CGRP on motion-induced

nausea and postural sway using the motion-induced thermoregulation and center of

pressure assays. Further, we investigated whether the CGRP-receptor antagonist

olcegepant or the selective serotonin receptor agonist rizatriptan could mitigate CGRP-

induced changes in the nestin/hRAMP1 and its littermate controls.

The study revealed several fascinating findings. Initially, the investigation did not

identify significant differences in hypothermia magnitude or time to recover from

hypothermia in mice irrespective of treatment. As a result, it is reasonable to conclude that

CGRP and its blockers do not partially shape this element of the nausea response in mouse

models. Notably, male and female nestin/hRAMP1 mice demonstrated lower baseline head

temperatures when compared to wildtype littermate control. Many prior studies investigating

cAMP signaling in the regulation of central body temperature have demonstrated that an

increase in cAMP levels leads to hypothermia, and conversely, a decrease in cAMP levels

leads to hyperthermia. The administration of the adenylyl cyclase activator forskolin or

treatment with dibutyryl-cAMP has induced hypothermia in mice and rats [34-36]. The lower

baseline temperature in the nestin/hRAMP1 at steady state may be due to increased central

cAMP levels resulting from elevated expression of central/neural hRAMP1. The dose of IP

CGRP had a significant impact on the presentation of Δ tail vasodilations in both male and

female mice. At higher doses (0.5x and 1.0x CGRP), the majority of mice, including both

nestin/hRAMP1 and control mice, showed reduced Δ tail vasodilations. At the highest dose

of 1.0x CGRP, which is 0.1 mg/kg, most mice do not show a significant increase in Δ tail

vasodilation after being stimulated with provocative rotation. The strong effect observed at

the maximum dose of CGRP prompted us to investigate the impact of the CGRP-receptor

antagonist olcegepant and the serotonin receptor agonist (5HT1B/1D) rizatriptan.

Olcegepant effectively restored tail vasodilations in male mice and, to a lesser

extent, in female mice, in both nestin/hRAMP1 mice and controls. However, rizatriptan did

not offer protection and resulted in changes comparable to those resulting from CGRP-

induced alterations. Rizatriptan and other triptans have been extensively researched as

drugs that indirectly inhibit the release of CGRP in migraine treatment. Further investigation

into the effects of half the maximum dose was conducted through the co-administration of

olcegepant or rizatriptan. It was discovered that at half the maximum dose of CGRP,

olcegepant improved the response of both nestin/hRAMP1 and control mice; however, it

was more effective in control male mice than nestin/hRAMP1 male mice. Rizatriptan did not

restore Δ tail vasodilations in nestin/hRAMP1 mice, even at 0.5 CGRP.

During the investigation of postural sway, we observed that nestin/hRAMP1 mice

showed higher baseline sway levels than control mice.   Our previous research has

demonstrated that males do not encounter variations in their center of pressure while being

exposed to provocation rotation or CGRP. In contrast, female controls treated with 0.1

mg/kg CGRP encounter postural sway. In this study, we found that male mice have a higher

range of sway than their littermate controls. This change is associated with increased levels

of CGRP, which have an effect on sway due to elevated signaling mediated by hRAMP1

overexpression. This finding is internally consistent with other behavioral studies in

nestin/hRAMP1 mice, who also exhibit light sensitivity to normal room lighting that is not

observed in littermate controls.

In conclusion, this study demonstrates a heightened sensitivity to motion in the

nestin/hRAMP1 model through the induction of nausea and static imbalance changes,

compared to unaffected control mice. It is important to understand the mechanisms

associated with CGRP signaling, not only for pain but also for other migraine symptoms

such as nausea and motion sensitivity, and to develop new therapies aimed at alleviating

these debilitating symptoms in migraine patients.

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Fig.1: (A) Calcitonin gene-related peptide (CGRP) receptor structure consists of receptor

activity modifying protein 1 (RAMP1), calcitonin-receptor like receptor (CLR), and receptor

component protein (RCP). The nestin/hRAMP1 mice are designed to have enhanced CGRP

signaling due to overexpression of human RAMP1 (hRAMP1). **(B-C)** Methods for motion-

induced thermoregulation and center of pressure (CoP) testing as surrogate behaviors for

motion-induced nausea and postural sway.

Fig. 2: Head temperatures during motion-induced nausea test after intraperitoneal (IP)

injections of vehicle, CGRP, CGRP + olcegepant, or CGRP + rizatriptan in female **(A – D)**

and male **(F-I)** nestin/hRAMP1 vs controls. **(E-J)** Hypothermia magnitudes (Δ heads) were

not different between nestin/hRAMP1 and controls after each treatment in either sex.

Sample sizes are listed for male (M) and female (F): vehicle = 17M/18F nestin/hRAMP1 and

27M/26F controls; CGRP - 9M/10F nestin/hRAMP1 and 17M/17F controls; CGRP + Olceg -

9M/10F nestin/hRAMP1 and 10M/10F controls; CGRP + Riza - 9M/10F nestin/hRAMP1 and

7M/7F controls. A legend is provided to indicate color code and symbol shape across

treatment, mouse strain, and sex.

Fig. 3: Tail temperatures during motion-induced nausea test and dose response analyses of

Δ tail vasodilations are depicted in females (left) and males (right). **(A, D)** Mice exhibit a

transient tail vasodilation approximately 5 to 10 minutes after the rotation starts. However,

this response is diminished after 1.0x CGRP as seen in **(B, E)**. Dunnett multiple

comparison's test is used to compare Δ tail vasodilations at each CGRP dose to vehicle. **(C)**

In female nestin/hRAMP1 and controls, a significant effect on Δ tail vasodilations is observed

due to 0.5x CGRP and 1.0x CGRP. **(F)** Male controls were affected by 1.0x CGRP but not

0.5x CGRP, whereas male nestin/hRAMP1 mice were affected by 0.05x CGRP and 1.0x

CGRP, highlighting a potential sensitivity to CGRP in the male nestin/hRAMP1. Sample

sizes are listed for male (M) and female (F): vehicle = 17M/18F nestin/hRAMP1 and

27M/26F controls; 0.1x and 0.5x CGRP = 8M/8F nestin/hRAMP1 and 10M/9F controls, 1.0x

CGRP - 9M/10F nestin/hRAMP1 and 17M/17F controls. A legend is provided, and

significance levels are indicated as follows: $p < 0.05^*$, $p < 0.01^{**}$, $p < 0.001^{***}$.

Fig. 4: The CGRP-receptor antagonist olcegepant was assessed for its efficacy in motion-

induced nausea. Drugs were injected intraperitoneally at the following concentrations: 0.5x

CGRP – 0.05 mg/kg, 1.0x CGRP – 0.1 mg/kg, 1.0x olcegepant – 1 mg/kg. **(A, D)** Tail

temperatures after intraperitoneally delivered CGRP + olcegepant treatment are depicted.

Post-hoc analysis was conducted using Tukey's multiple comparisons test. **(B)** In female

controls, 1.0x CGRP caused reduced Δ tail vasodilations, but co-administration of

olcegepant helped some female controls regain a similar response to their vehicle test. This

observation was also seen in nestin/hRAMP1 mice, where some females showed restored Δ

tail vasodilations with olcegepant. (E) Olcegepant was more effective in blocking CGRP-

induced changes in male controls and male nestin/hRAMP1 mice. A separate group of mice

were tested at 0.5x CGRP, and mice with Δ tail vasodilations < 1.5 $^{\circ}$C were further tested

with 0.5x CGRP + 1.0x olcegepant. **(C)** A majority of CGRP-affected female controls and

nestin/hRAMP1 regained their tail vasodilation response with olcegepant blocking this sub-

maximal dose. **(F)** While a majority of 0.5x CGRP-affected male controls regained their tail

vasodilation with olcegepant, many male nestin/hRAMP1 still presented with diminished Δ

tail vasodilations compared to their vehicle response. For detailed F-statistics and p-values,

please refer to Table 2. Sample sizes are listed: vehicle, 1.0x CGRP, and 1.0x CGRP + 1.0x

olcegepant - 9M/10F nestin/hRAMP1 and 10M/10F controls; 0.5x CGRP = 8M/8F

nestin/hRAMP1 and 10M/9F controls; 0.5x CGRP + 1.0x olcegepant = 8M/7F

nestin/hRAMP1 and 5M/7F controls. A legend is provided, and significance levels are

indicated as follows: $p < 0.05^*$, $p < 0.01^{**}$, $p < 0.001^{***}$, $p < 0.0001^{****}$

Fig. 5: The selective serotonin receptor agonist rizatriptan – a clinically prescribed migraine

drug – was assessed for its efficacy in motion-induced nausea. Drug concentrations are

listed: 0.5x CGRP – 0.05 mg/kg, 1.0x CGRP – 0.1 mg/kg, 1.0x rizatriptan – 0.6 mg/kg. **(A-B)**

Raw temperatures after CGRP + rizatriptan treatment are depicted. **(C - D)** In female and

male controls, CGRP caused diminished Δ tail vasodilations and CGRP+rizatriptan did not

block these effects. The nestin/hRAMP1 mice resembled control mice, as rizatriptan was not

effective in blocking CGRP-induced changes. **(E)** A small subset of nestin/hRAMP1 mice

assessed rizatriptan's efficacy at half the maximum CGRP dose, but no blocker effects were

observed. F-statistics and p-values can be found in Table 2. Sample sizes are as follows:

vehicle, 1.0x CGRP, and 1.0x CGRP + 1.0x rizatriptan – 9/10 Nestin/hRAMP1 and 7/7

Controls; vehicle, 0.5x CGRP, and 0.5x CGRP + 1.0x rizatriptan – 4F/4M nestin/hRAMP1.

Significance levels are listed: $p < 0.05^*$, $p < 0.01^{**}$, $p < 0.001^{***}$

Fig. 6: (A) 2-way ANOVA computed the factors i) male vs female and ii) controls versus

nestin/hRAMP1 on sway obtained after vehicle injections (saline). While biological sex had

no effect on sway ($F_{(1, 81)} = 2.609$, $p = 0.11$), a significant difference was observed

between controls and nestin/hRAMP1 ($F_{(1, 81)} = 35.45$, $p < 0.001$). Tukey's multiple

comparisons indicated nestin/hRAMP1 males and females have a higher sway baseline

than their complement controls. **(B)** CGRP induces higher CoP ellipse areas in female

controls at 1.0x CGRP but not in female nestin/hRAMP1. **(C)** While male nestin/hRAMP1

sway is significantly higher than male controls at all doses of CGRP, there is no modulation

in their sway area with increasing CGRP dose. Before/after plots are placed next to violin

plots and show animals that were specifically tested with 1.0x CGRP. Sample sizes are

listed: vehicle and 1.0x CGRP– 18M/22F nestin/hRAMP1 and 17M/28F controls; 0.1x and

0.5x CGRP -8M/8F nestin/hRAMP1 and 8M/9F controls. Dose response statistics for sway

can be found in top half of Table 2. $p < 0.05^*$, $p < 0.01^{**}$, $p < 0.001^{***}$

Fig. 7: Changes in sway were observed after vehicle, CGRP, CGRP + olcegepant or CGRP

+ rizatripta treatment in controls and nestin/hRAMP1, using same concentrations from

motion-induced thermoregulation studies. **(A)** In female controls, CGRP causes increases

in postural sway but co-administration of olcegepant blocks CGRP-induced changes. In

contrast, female nestin/hRAMP1 mice do not appear affected by CGRP, and olcegepant is

not an effective blocker. **(B)** Male nestin/hRAMP1 mice do not respond to CGRP or

CGRP+olcegepant. For male controls, a paired t-test was used to compare vehicle vs

CGRP effects but no differences were observed. The lack of a CGRP-induced change in

male control sway provided us the rationale to discontinue testing these mice with blockers.

Sample sizes include 9M/14F nestin/hRAMP1 and 10M/18F controls repeatedly tested. Full

list of F and p-values for these sway experiments are found in Table 2. Significance levels

are indicated as $p < 0.05^*$, $p < 0.01^{**}$, $p < 0.001^{***}$, $p < 0.0001^{****}$.

Table Legends

Table 1. Time to recover from hypothermia (minutes) was analyzed between

nestin/hRAMP1 and controls using an x-intercept quadratic model. Males and females were

separated. A constraint to the model was applied so that the x-intercept analyzed occurred

after time = 20 minutes. While F-statistics and p-values are listed, comparisons are made

more confidently in curve fits with $R^2 \geq 0.60$. No significant differences were observed in

hypothermia recovery between nestin/hRAMP1 and controls. While 1.0x CGRP + 1.0x

olcegepant testing appeared significant between female nestin/hRAMP1 and controls, curve

fits were poor so an interpretation is not made. Sample sizes are listed for male (M) and

female (F): vehicle = 17M/18F nestin/hRAMP1 and 27M/26F controls; CGRP - 9M/10F

nestin/hRAMP1 and 17M/17F controls; CGRP + Olceg - 9M/10F nestin/hRAMP1 and

10M/10F controls; CGRP + Riza - 9M/10F nestin/hRAMP1 and 7M/7F controls/

Table 2. Percentage of mice with diminished delta tail vasodilations during motion-induced

thermoregulation test after each treatment (row). Columns are categorized by

nestin/hRAMP1 vs controls and male vs female.

Table 3. Multivariate statistics are listed per study with corresponding F and p values. Dose

responses were analyzed using 2-way repeated measures (RM) mixed effects models to

handle missing values since not all animals were repeatedly tested with every CGRP dose,

whereas 1.0x CGRP + 1.0x blocker studies used 2-way RM ANOVAs since animals were

repeatedly tested.

A

unaffected control

over-expressing hRAMP1
(nestin promoter)

B

Vestibular Challenge (VC) (20 m)

Inject vehicle/CGRP
or CGRP+blockers IP

75 rpm

1 cm

Post- VC (20 m)

-25 m

40 m

measure head /tail temperatures
(-5 to 40 m)

tail

before VC

during VC

after VC

C

Inject vehicle/CGRP
or CGRP+blockers IP

-25 m   test 10X

M_x

F_x

M_y

M_z

F_y

F_z

$COP_x = M_y/F_z$

$COP_y = -M_x/F_z$

560   **Fig. 1**

Fig. 2.

Female Tail Temp (ºC) - nestin/hRAMP1
Females-Tail Temp (C) - Controls
Female Tail Temp (ºC) - nestin/hRAMP1
Females-Tail Temp (C) - Controls
Males- Tail Temp (C) - Controls
Male Tail Temp (ºC) - nestin/hRAMP1
Males- Tail Temp (C) - Controls
Male Tail Temp (ºC) - nestin/hRAMP1

Fig. 3.

Fig. 4.

571 **Fig. 5.**

Fig. 6.

578   **Fig. 7.**

580 **Table 1**

Recovery from Hypothermia - controls vs nestin/hRAMP1							
Sex	Treatment	nestin/hRAMP1		controls		Recovery Difference	F(DFn, DFd)	p-val
		Recovery	Fit	Recovery	Fit			
Male	vehicle	40.10	0.90	39.80	0.88	0.30	0.08056 (1, 36)	0.78
	1.0x CGRP	42.00	0.73	40.63	0.82	1.37	0.2664 (1, 36)	0.61
	1.0x CGRP + 1.0x Olceg	44.00	0.50	39.60	0.50	4.40	1.598 (1, 36)	0.21
	1.0x CGRP + 1.0x Riza	35.94	0.55	36.33	0.36	-0.39	0.01133 (1, 36)	0.92
Female	vehicle	39.30	0.79	38.28	0.90	1.02	0.7515 (1, 36)	0.39
	1.0x CGRP	40.70	0.67	40.80	0.83	-0.10	0.001123 (1, 36)	0.97
	1.0x CGRP + 1.0x Olceg	39.39	0.39	31.50	0.32	7.89	3.294 (1, 36)	0.08
	1.0x CGRP + 1.0x Riza	38.79	0.74	41.44	0.34	-2.65	0.7528 (1, 36)	0.39

585 **Table 2**

Diminished △ tail vasodilations (< 1.5 ^{o} C)				
Treatment	Controls (F)	nestin/hRAMP1(F)	Controls (M)	nestin/hRAMP1 (M)
Vehicle	0%	0%	0%	0%
0.1x CGRP	22%	38%	0%	38%
0.5x CGRP	78%	88%	50%	100%
1.0x CGRP	88%	80%	53%	89%
0.5x CGRP + 1.0x Olceg	14%	38%	20%	38%
1.0x CGRP + 1.0x Olceg	60%	70%	20%	33%
1.0x CGRP + 1.0x Riza	71%	100%	86%	89%
0.5x CGRP + 1.0x Riza	NA	100%	NA	100%

587
588

Table 3

CGRP Dose Response on delta tail vasodilations and center of pressure (CoP) ellipse areas

Dose Response analysis	Factors	p-value	F (DFn, DFd)	Comparisons (Dunnett)	controls | adj. p val	nestinhRAMP1 | adj. p val
tail vasodilations (females) - 2 way RM ANOVA	CGRP dose	<0.0001	F (1.484, 27.20) = 43.67	Vehicle vs. 0.1x CGRP	0.082	0.557
	controls vs nestin/hRAMP1	0.9785	F (1, 42) = 0.0007370	Vehicle vs. 0.5x CGRP	<0.0001	0.001
				Vehicle vs. 1.0x CGRP	<0.0001	0.000
tail vasodilations (males) - 2 way RM-ANOVA	CGRP dose	<0.001	F (3.000, 56.00) = 20.74	Vehicle vs. 0.1x CGRP	>0.99	>0.99
	controls vs nestin/hRAMP1	0.02	F (1, 42) = 5.495	Vehicle vs. 0.5x CGRP	0.100	0.004
				Vehicle vs. 1.0x CGRP	<0.001	0.020
CoP (females) - 2way RM-ANOVA	CGRP dose	<0.001	F (2.548, 66.24) = 16.03	Vehicle vs. 0.1x CGRP	0.070	0.170
	controls vs nestin/hRAMP1	0.74	F (1, 48) = 0.1078	Vehicle vs. 0.5x CGRP	0.100	0.080
				Vehicle vs. 1.0x CGRP	<0.001	0.980
CoP (males) - 2way RM-ANOVA	CGRP dose	0.13	F (3, 61) = 1.96	Vehicle vs. 0.1x CGRP	0.220	0.870
	controls vs nestin/hRAMP1	<0.001	F (1, 33) = 15.77	Vehicle vs. 0.5x CGRP	>0.99	0.240
				Vehicle vs. 1.0x CGRP	0.560	0.520

Olcegepant efficacy on delta tail vasodilations and center of pressure (CoP) ellipse areas

Olcegepant analysis	Factors	p-value	F (DFn, DFd)	Comparisons (Tukey)	controls | adj. p val	nestinhRAMP1 | adj. p val
tail vasodilations (females) - 2 way RM ANOVA	vehicle vs 1.0x CGRP vs 1.0x CGRP + 1.0x olcegepant	<0.001	F (1.330, 23.95) = 15.68	Vehicle vs. 1.0x CGRP	<0.001	<0.001
	controls vs nestin/hRAMP1	0.460	F (1, 18) = 0.5770	Vehicle vs 1.0x CGRP + 1.0x Olceg	0.070	0.110
				1.0x CGRP vs 1.0x CGRP + 1.0x Olceg	0.570	0.790
tail vasodilations (males) - 2 way RM-ANOVA	vehicle vs 1.0x CGRP vs 1.0x CGRP + 1.0x olcegepant	< 0.001	F (1.626, 27.64) = 11.39	Vehicle vs. 1.0x CGRP	0.001	0.030
	controls vs nestin/hRAMP1	0.030	F (1, 17) = 5.885	Vehicle vs 1.0x CGRP + 1.0x Olceg	0.320	0.310
				1.0x CGRP vs 1.0x CGRP + 1.0x Olceg	0.300	0.230
CoP (females) - 2way RM-ANOVA	vehicle vs 1.0x CGRP vs 1.0x CGRP + 1.0x olcegepant	< 0.0001	F (1.98, 59.4) = 15.1	Vehicle vs. 1.0x CGRP	<0.0001	0.752
	controls vs nestin/hRAMP1	0.023	F (1, 30) = 5.77	Vehicle vs 1.0x CGRP + 1.0x Olceg	0.015	0.830
				1.0x CGRP vs 1.0x CGRP + 1.0x Olceg	0.000	0.990
CoP (males) - 1 way ANOVA on nestin/hRAMP1	vehicle vs 1.0x CGRP vs 1.0x CGRP + 1.0x olcegepant	0.561	F (1.62, 13.0) = 0.536	Vehicle vs. 1.0x CGRP	NA	0.841
				Vehicle vs 1.0x CGRP + 1.0x Olceg	NA	0.878
				1.0x CGRP vs 1.0x CGRP + 1.0x Olceg	NA	0.562
tail vasodilations (females) - 2 way RM ANOVA	vehicle vs 0.5x CGRP vs 0.5x CGRP + 1.0x olcegepant	<0.001	F (1.812, 24.46) = 15.61	Vehicle vs. 0.5x CGRP	0.020	0.002
	controls vs nestin/hRAMP1	0.006	F (1, 16) = 10.05	Vehicle vs 0.5x CGRP + 1.0x Olceg	0.580	0.020
				0.5x CGRP vs 0.5x CGRP + 1.0x Olceg	0.520	0.150
tail vasodilations (males) - 2 way RM-ANOVA	vehicle vs 0.5x CGRP vs 0.5x CGRP + 1.0x olcegepant	<0.001	F (1.498, 20.97) = 33.47	Vehicle vs. 0.5x CGRP	<0.001	<0.001
	controls vs nestin/hRAMP1	0.950	F (1, 15) = 0.004	Vehicle vs 0.5x CGRP + 1.0x Olceg	0.120	0.520
				0.5x CGRP vs 0.5x CGRP + 1.0x Olceg	0.020	0.040

Rizatriptan efficacy on delta tail vasodilations and center of pressure (CoP) ellipse areas

Rizatriptan analysis	Factors	p-value	F (DFn, DFd)	Comparisons (Tukey)	controls | adj. p val	nestinhRAMP1 | adj. p val
tail vasodilations (females) - 2 way RM ANOVA	vehicle vs 1.0x CGRP vs 1.0x CGRP + 1.0x rizatriptan	< 0.001	F (1.541, 23.11) = 39.84	Vehicle vs. 1.0x CGRP	0.020	<0.001
	controls vs nestin/hRAMP1	0.320	F (1, 15) = 1.076	Vehicle vs 1.0x CGRP + 1.0x Riza	0.010	0.001
				1.0x CGRP vs 1.0x CGRP + 1.0x Riza	>0.99	0.290
tail vasodilations (males) - 2 way RM-ANOVA	vehicle vs 1.0x CGRP vs 1.0x CGRP + 1.0x rizatriptan	< 0.001	F (1.659, 23.23) = 25.14	Vehicle vs. 1.0x CGRP	0.001	0.030
	controls vs nestin/hRAMP1	0.800	F (1, 14) = 0.06604	Vehicle vs 1.0x CGRP + 1.0x Riza	0.003	0.003
				1.0x CGRP vs 1.0x CGRP + 1.0x Riza	0.500	0.880
CoP (females) - 2way RM-ANOVA	vehicle vs 1.0x CGRP vs 1.0x CGRP + 1.0x rizatriptan	< 0.001	F (1.99, 43.7) = 9.90	Vehicle vs. 1.0x CGRP	<0.001	0.750
	controls vs nestin/hRAMP1	0.020	F (1, 22) = 6.28	Vehicle vs 1.0x CGRP + 1.0x Riza	0.020	0.260
				1.0x CGRP vs 1.0x CGRP + 1.0x Riza	0.950	0.160
CoP (males) - 1 way ANOVA on nestin/hRAMP1	vehicle vs 1.0x CGRP vs 1.0x CGRP + 1.0x rizatriptan	0.057	F (1.83, 14.6) = 3.59	Vehicle vs. 1.0x CGRP	NA	0.841
				Vehicle vs 1.0x CGRP + 1.0x Olceg	NA	0.130
				1.0x CGRP vs 1.0x CGRP + 1.0x Olceg	NA	0.069
CoP (females) - 1 way ANOVA on nestin/hRAMP1	vehicle vs 0.5x CGRP vs 0.5x CGRP + 1.0x rizatriptan	0.003	F (2, 6) = 18.3	Vehicle vs. 0.5x CGRP	NA	0.004
				Vehicle vs 0.5x CGRP + 1.0x Olceg	NA	0.005
				0.5x CGRP vs 0.5x CGRP + 1.0x Olceg	NA	0.991
CoP (males) - 1 way ANOVA on nestin/hRAMP1	vehicle vs 0.5x CGRP vs 0.5x CGRP + 1.0x rizatriptan	0.005	F (2, 6) = 14.5	Vehicle vs. 0.5x CGRP	NA	0.023
				Vehicle vs 0.5x CGRP + 1.0x Olceg	NA	0.005
				0.5x CGRP vs 0.5x CGRP + 1.0x Olceg	NA	0.362