1. 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

2. Author names and Affiliations: Shafaqat M. Rahman[1], Linda Guo[1], Carissa

Minarovich[1], Laura Moon[1], Anna Guo[1,] Anne E. Luebke[1,2*]

[1]University of Rochester, Department of Biomedical Engineering, Rochester, NY 14627

[2]University of Rochester Medical Center, Department of Neuroscience, Del Monte Institute

of Neuroscience, Rochester, NY 14642

*Corresponding author: Anne E. Luebke, aluebke@ur.rochester.edu

3. Corresponding author contact details: Anne E. Luebke,

aluebke@ur.rochester.edu

4. Structured Abstract:

Background:

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.

Methods: Behavioral surrogates such as the motion-induced thermoregulation and

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

Results: 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.

Conclusions: This study suggests that hypersensitivity to CGRP may be a mouse

model for difficult to treat cases of vestibular migraine.

5. Trial Registration: NA

6. Keywords: CGRP, RAMP1, vestibular, gastric distress, motion-sickness,

nausea, postural sway, motion-sensitivity, migraine, mouse, olcegepant,

rizatriptan.

Acknowledgments: This work was fully supported by NIH R01-DC017261 (AEL). We

would like to thank Abigail Dweh and Laura Nafis for their contributions to the data

analysis. We would also like to thank Dr. Andrew Russo for providing the nestin/hRAMP1

mice for these studies.

Conflict of interest statement: No authors have any financial or non-financial

competing interests.

.

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-H**). 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. 2I-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. 2-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.

251 **Olcegepant and not rizatriptan blocks CGRP-induced changes in female control**

252 **sway, but nestin/hRAMP1 mice are not sensitive to CGRP or either migraine**

253 **blocker.**

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

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

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

257 1.0x Olcegepant led to lower CoP compared to 1.0x CGRP alone (*female controls: CGRP*

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

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

260 1.0x CGRP induced changes (**Fig. 8A**). Interestingly, the CoP results on female controls

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

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

263 or 1.0x rizatriptan modulate their CoP any further.

264   When examining male controls and nestinhRAMP1 (**Fig. 7B and 8B**), CGRP and

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

266 compared to their response to vehicle. It is clear that male nestin/hRAMP1 mice have

267 higher CoP values after vehicle and 1.0x CGRP than male controls, but olcegepant and

268 rizatriptan do not affect male CoP sway. We did not further test male controls with

269 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. Due

to no real differences being detected in the nestin/hRAMP1 at 0.5x CGRP versus 1.0x

CGRP, we did not further examine the effects of olcegepant or rizatriptan at 0.5x CGRP

like we did during motion-induced thermoregulation studies.

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.

Discussion

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.

Study Highlight Bullet points:

• Enhanced motion-induced nausea is an observed symptom in migraine and

especially vestibular migraine (VM).

• Increased static postural sway is an observed symptom in migraine and especially

vestibular migraine (VM).

• We used two different motion-sensitivity assays to examine motion-sensitivity

(motion-sickness/nausea assay and postural sway assay) in mice

overexpressing human RAMP1 in the CNS and unaffected control mice.

• Differences in motion-induced thermoregulation after systemic CGRP were

blocked by olcegepant but not by triptans in both unaffected control mice and

mice over-expressing human RAMP1 in their CNS.

•   Mice overexpressing RAMP1 in their CNS exhibit greater postural sway at

baseline than unaffected controls

•   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.

References

1. Ashina M, Terwindt GM, Al-Karagholi MA, et al. Migraine: disease characterisation, biomarkers, and precision medicine. *Lancet* 2021; 397: 1496-1504. 20210325. DOI: 10.1016/S0140-6736(20)32162-0.

2. Abouzari M, Cheung D, Pham T, et al. The Relationship Between Vestibular Migraine and Motion Sickness Susceptibility. *Otology & Neurotology* 2020; 41: 1116-1121. DOI: 10.1097/mao.0000000000002705.

3. Akdal G, Donmez B, Ozturk V, et al. Is balance normal in migraineurs without history of vertigo? *Headache* 2009; 49: 419-425. DOI: 10.1111/j.1526-4610.2008.01256.x.

4. Akdal G, Ozge A and Ergor G. The prevalence of vestibular symptoms in migraine or tension-type headache. *J Vestib Res* 2013; 23: 101-106. DOI: 10.3233/VES-130477.

5. Cohen JM, Bigal ME and Newman LC. Migraine and vestibular symptoms-- identifying clinical features that predict "vestibular migraine". *Headache* 2011; 51: 1393-1397. DOI: 10.1111/j.1526-4610.2011.01934.x.

6. Dieterich M, Obermann M and Celebisoy N. Vestibular migraine: the most frequent entity of episodic vertigo. *J Neurol* 2016; 263 Suppl 1: S82-89. 2016/04/17. DOI: 10.1007/s00415-015-7905-2.

7. King S, Priesol AJ, Davidi SE, et al. Self-motion perception is sensitized in vestibular migraine: pathophysiologic and clinical implications. *Sci Rep* 2019; 9: 14323. 2019/10/06. DOI: 10.1038/s41598-019-50803-y.

8.   King S, Wang J, Priesol AJ, et al. Central Integration of Canal and Otolith Signals

is Abnormal in Vestibular Migraine. *Front Neurol* 2014; 5: 233. 2014/11/27. DOI:

10.3389/fneur.2014.00233.

9.   Lewis RF, Priesol AJ, Nicoucar K, et al. Dynamic tilt thresholds are reduced in

vestibular migraine. *J Vestib Res* 2011; 21: 323-330. 2012/02/22. DOI: 10.3233/VES-

2011-0422.

10.   Lewis RF, Priesol AJ, Nicoucar K, et al. Abnormal motion perception in vestibular

migraine. *Laryngoscope* 2011; 121: 1124-1125. 2011/04/27. DOI: 10.1002/lary.21723.

11.   Wang J and Lewis RF. Contribution of intravestibular sensory conflict to motion

sickness and dizziness in migraine disorders. *J Neurophysiol* 2016; 116: 1586-1591.

2016/07/08. DOI: 10.1152/jn.00345.2016.

12.   Wang J and Lewis RF. Abnormal Tilt Perception During Centrifugation in Patients

with Vestibular Migraine. *J Assoc Res Otolaryngol* 2016; 17: 253-258. 2016/03/10. DOI:

10.1007/s10162-016-0559-7.

13.   Zhang Z, Dickerson IM and Russo AF. Calcitonin gene-related peptide receptor

activation by receptor activity-modifying protein-1 gene transfer to vascular smooth

muscle cells. *Endocrinology* 2006; 147: 1932-1940. 20051222. DOI: 10.1210/en.2005-

0918.

14.   Russo AF, Kuburas A, Kaiser EA, et al. A Potential Preclinical Migraine Model:

CGRP-Sensitized Mice. *Mol Cell Pharmacol* 2009; 1: 264-270.

15.   Zhang Z, Winborn CS, Marquez de Prado B, et al. Sensitization of calcitonin gene-

related peptide receptors by receptor activity-modifying protein-1 in the trigeminal

ganglion. *J Neurosci* 2007; 27: 2693-2703. DOI: 10.1523/JNEUROSCI.4542-06.2007.

16.   Kaiser EA, Kuburas A, Recober A, et al. Modulation of CGRP-induced light

aversion in wild-type mice by a 5-HT(1B/D) agonist. *J Neurosci* 2012; 32: 15439-15449.

DOI: 10.1523/JNEUROSCI.3265-12.2012.

17.   Recober A, Kaiser EA, Kuburas A, et al. Induction of multiple photophobic

behaviors in a transgenic mouse sensitized to CGRP. *Neuropharmacology* 2010; 58: 156-

165. 2009/07/18. DOI: S0028-3908(09)00214-7 [pii]

10.1016/j.neuropharm.2009.07.009.

18.   Marquez de Prado B, Hammond DL and Russo AF. Genetic enhancement of

calcitonin gene-related Peptide-induced central sensitization to mechanical stimuli in mice.

J Pain 2009; 10: 992-1000. DOI: 10.1016/j.jpain.2009.03.018.

19.   Lovato A, Disco C, Frosolini A, et al. Monoclonal Antibodies Targeting CGRP: A

Novel Treatment in Vestibular Migraine. *Medicina (Kaunas)* 2023; 59 2023/09/28. DOI:

10.3390/medicina59091560.

20.   Russo CV, Sacca F, Braca S, et al. Anti-calcitonin gene-related peptide monoclonal

antibodies for the treatment of vestibular migraine: A prospective observational cohort

study. *Cephalalgia* 2023; 43: 3331024231161809. 2023/03/23. DOI:

10.1177/03331024231161809.

21.   Bisdorff AR. Management of vestibular migraine. *Ther Adv Neurol Disord* 2011; 4:

183-191. DOI: 10.1177/1756285611401647.

22.   Furman JM and Marcus DA. A pilot study of rizatriptan and visually-induced motion

sickness in migraineurs. *Int J Med Sci* 2009; 6: 212-217. 20090806. DOI:

10.7150/ijms.6.212.

23.   Neuhauser H, Radtke A, von Brevern M, et al. Zolmitriptan for treatment of

migrainous vertigo: a pilot randomized placebo-controlled trial. *Neurology* 2003; 60: 882-

883. DOI: 10.1212/01.wnl.0000049476.40047.a3.

24.   Ohno K, Takeda N, Tanaka-Tsuji M, et al. Calcitonin gene-related peptide in the

efferent system of the inner ear. A review. *Acta Otolaryngol Suppl* 1993; 501: 16-20. DOI:

10.3109/00016489309126206.

25.   Xiaocheng W, Zhaohui S, Junhui X, et al. Expression of calcitonin gene-related

peptide in efferent vestibular system and vestibular nucleus in rats with motion sickness.

PLoS One 2012; 7: e47308. 20121009. DOI: 10.1371/journal.pone.0047308.

26.   Zhang Y, Zhang Y, Tian K, et al. Calcitonin gene-related peptide facilitates

sensitization of the vestibular nucleus in a rat model of chronic migraine. *J Headache Pain*

2020; 21: 72. 20200610. DOI: 10.1186/s10194-020-01145-y.

27.   Munjal S, Singh P, Reed ML, et al. Most Bothersome Symptom in Persons With

Migraine: Results From the Migraine in America Symptoms and Treatment (MAST) Study.

Headache 2020; 60: 416-429. 20191214. DOI: 10.1111/head.13708.

28.   Carvalho GF, Bonato P, Florencio LL, et al. Balance Impairments in Different

Subgroups of Patients With Migraine. *Headache* 2017; 57: 363-374. 20161219. DOI:

10.1111/head.13009.

29.   Carvalho GF, Chaves TC, Dach F, et al. Influence of migraine and of migraine aura

on balance and mobility--a controlled study. *Headache* 2013; 53: 1116-1122. 20130523.

DOI: 10.1111/head.12135.

30.   Pinheiro CF, Moraes R, Carvalho GF, et al. The Influence of Photophobia on

Postural Control in Patients With Migraine. *Headache* 2020; 60: 1644-1652. 20200813.

DOI: 10.1111/head.13908.

31.   Lutz TA, Senn M, Althaus J, et al. Lesion of the area postrema/nucleus of the

solitary tract (AP/NTS) attenuates the anorectic effects of amylin and calcitonin gene-

related peptide (CGRP) in rats. *Peptides* 1998; 19: 309-317. DOI: 10.1016/s0196-

9781(97)00292-1.

32.   Coester B, Foll CL and Lutz TA. Viral depletion of calcitonin receptors in the area

postrema: A proof-of-concept study. *Physiol Behav* 2020; 223: 112992. 20200601. DOI:

10.1016/j.physbeh.2020.112992.

33.   Coester B, Pence SW, Arrigoni S, et al. RAMP1 and RAMP3 Differentially Control

Amylin's Effects on Food Intake, Glucose and Energy Balance in Male and Female Mice.

Neuroscience 2020; 447: 74-93. 20191224. DOI: 10.1016/j.neuroscience.2019.11.036.

34.   McDonough W, Rich J, Aragon IV, et al. Inhibition of type 4 cAMP-

phosphodiesterases (PDE4s) in mice induces hypothermia via effects on behavioral and

central autonomous thermoregulation. *Biochem Pharmacol* 2020; 180: 114158. 20200720.

DOI: 10.1016/j.bcp.2020.114158.

35.   Mei FC, Qiao J, Tsygankova OM, et al. Differential signaling of cyclic AMP:

opposing effects of exchange protein directly activated by cyclic AMP and cAMP-

dependent protein kinase on protein kinase B activation. *J Biol Chem* 2002; 277: 11497-

11504. 20020118. DOI: 10.1074/jbc.M110856200.

36.   Wachtel H and Loschmann PA. Effects of forskolin and cyclic nucleotides in animal

models predictive of antidepressant activity: interactions with rolipram.

Psychopharmacology (Berl) 1986; 90: 430-435. DOI: 10.1007/BF00174056.

491   Fig 1.

Fig. 2

Female Tail Temp (°C) - nestin/hRAMP1
Females-Tail Temp (C) - Controls
Female Tail Temp (°C) - nestin/hRAMP1
Females-Tail Temp (C) - Controls

Males- Tail Temp (C) - Controls
Male Tail Temp (°C) - nestin/hRAMP1
Males- Tail Temp (C) - Controls
Male Tail Temp (°C) - nestin/hRAMP1

Fig. 3

495   Fig. 4

496
497   Fig. 5

Fig. 6

○ Female Head Temp (°C) - nestin/hRAMP1   □ Males-Head Temp (°C) - Controls
○ Females-Head Temp (°C) - Controls   □ Male Head Temp (°C) - nestin/hRAMP1
● Female Head Temp (°C) - nestin/hRAMP1   ■ Males-Head Temp (°C) - Controls
● Females-Head Temp (°C) - Controls   ■ Male Head Temp (°C) - nestin/hRAMP1
◐ Female Head Temp (°C) - nestin/hRAMP1   ▬ Males-Head Temp (°C) - Controls
◐ Females-Head Temp (°C) - Controls   ▬ Male Head Temp (°C) - nestin/hRAMP1
◑ Female Head Temp (°C) - nestin/hRAMP1   ▯ Male Head Temp (°C) - nestin/hRAMP1
◑ Females-Head Temp (°C) - Controls   ▮ Males-Head Temp (°C) - Controls

500   Fig. 7

502   Fig. 8

506 **<u>Table 1</u>**

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

511 **Table 2**

Diminished Δ 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%

513
514

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

Figure Legends

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 **(E-H)** nestin/hRAMP1 vs controls. **(I-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)** Raw 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 ∆ 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 ∆ 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 ∆ tail vasodilations < 1.5 ^{o}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 ∆ tail vasodilations compared to their vehicle response. Before/after plots are provided alongside violin plots to visualize treatment differences within animals. 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 seen. F-statistics and p-values can

be found in bottom half of 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, and CGRP + olcegepant

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 effective either. **(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. Before/after plots show intra-animal changes to treatment. 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 the middle portion of Table 2.

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

Fig. 8: Sway changes after vehicle, CGRP, or CGRP + rizatriptan in nestin/hRAMP1

versus controls using concentrations from motion-induced thermoregulation studies. **(A)**

While rizatriptan blocked CGRP-induced changes in sway for a subset of female controls,

a majority of female controls were not responsive to rizatriptan in this study. **(A – B)**

Female and male nestin/hRAMP1 were not responsive to CGRP + rizatriptan. Sample

sizes include 9M/14F nestinRCP (-/-) and 10M/10F controls repeatedly tested. Full list of F

and p-values are found in the bottom portion of Table 2. Significance levels are set at $p <$

0.05^*, $p < 0.01^{**}$, $p < 0.001^{***}$, $p < 0.0001^{****}$

Table Legends

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

treated controls and nestinRCP (-/-) mice 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. 1-way ANOVAs were used in case strain differences

could not be made.