Expression of SR-PSOX, a Novel Cell-Surface Scavenger Receptor for Phosphatidylserine and Oxidized LDL in Human Atherosclerotic Lesions

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Abstract—Receptor-mediated endocytosis of oxidized low density lipoprotein (Ox-LDL) by macrophages and the subsequent foam cell transformation in the arterial intima are key events in early atherogenesis. Recently, we have identified a novel macrophage cell-surface receptor for Ox-LDL by expression cloning from a cDNA library of phorbol 12-myristate 13-acetate–stimulated THP-1 cells, designated as the scavenger receptor for phosphatidylserine and oxidized lipoprotein (SR-PSOX). Here, we examined SR-PSOX expression in human atherosclerotic lesions. Total cellular RNA and fresh frozen sections were prepared from human carotid endarterectomy specimens (from 21 patients) and directional coronary atherectomy specimens (from 11 patients). Fragments of human aortas of 2 patients without visible atherosclerotic lesions served as negative controls. Quantitative reverse transcription–polymerase chain reaction demonstrated that SR-PSOX mRNA expression was prominent in atherosclerotic lesions but undetectable in normal aortas. Immunohistochemistry showed that SR-PSOX was predominantly expressed by lipid-laden macrophages in the intima of atherosclerotic plaques in carotid endarterectomy and directional coronary atherectomy specimens, although its expression was not detectable in normal arterial wall. Double-labeled immunohistochemistry confirmed that SR-PSOX is expressed by intimal macrophages. Taken together, SR-PSOX may be involved in Ox-LDL uptake and subsequent foam cell transformation in macrophages in vivo and thus may play important roles in human atherosclerotic lesion formation. (Arterioscler Thromb Vasc Biol. 2001;21:1796-1800.)

Key Words: atherosclerosis ■ immunohistochemistry ■ lipoproteins ■ macrophages ■ receptors

Accumulation of lipid-laden foam cells derived from a monocyte-macrophage lineage in the arterial intima appears to be a key event in early atherogenesis. Several lines of evidence suggest that oxidized LDLs (Ox-LDLs) may play crucial roles in the pathogenesis of atherosclerosis.1,2 Uptake of Ox-LDL in macrophages by receptor-mediated endocytosis appears to be involved in cellular accumulation of cholesteryl ester and subsequent foam cell transformation. So far, several different cell-surface receptors, such as scavenger receptors class A (SR-A),3–5 CD36,6 SR-BI,7 CD68,8 and lectin-like receptor for Ox-LDL (LOX-1),9 have been identified to support cellular uptake of Ox-LDL. Recently, by expression cloning from a cDNA library of phorbol 12-myristate 13 acetate (PMA)-stimulated THP-1 cells, we have identified a novel cell-surface receptor for Ox-LDL, which has been designated the scavenger receptor for phosphatidylserine and oxidized lipoprotein (SR-PSOX).10

Human SR-PSOX is a 30-kDa type I membrane protein consisting of 254 amino acids, which does not share any structural homology with other Ox-LDL receptors. SR-PSOX can bind and internalize Ox-LDL but not a significant amount of acetylated or native LDL. Internalized Ox-LDL, in cells expressing SR-PSOX, was subjected to lysosomal degradation. SR-PSOX also recognizes phosphatidylserine, polyninosinic acid, and dextran sulfate but not polycytidylic acid or chondroitin sulfate. In addition to PMA-stimulated THP-1 cells, expression of SR-PSOX has also been shown on human monocyte-derived macrophages and murine thioglycollate-elicited peritoneal macrophages.10 These data demonstrate that SR-PSOX is a novel class of molecule that belongs to the scavenger receptor family; however, the relation of this novel receptor to atherogenesis has not yet been clarified. In the present study, therefore, we have explored the expression of SR-PSOX in atherosclerotic lesions of human
carotid and coronary arteries. We provide evidence that SR-PSOX is abundantly expressed by lipid-laden macrophages in the intima of atherosclerotic plaques, although its expression was not detectable in normal arterial walls.

**Methods**

**Tissue Samples**

Fresh frozen sections (6 μm) were prepared from human carotid endarterectomy specimens from 21 patients who had transient ischemic attacks or minor completed strokes before their operations, and sections were also prepared from human directional coronary atherectomy specimens from 11 patients who underwent elective percutaneous coronary interventions because of angina pectoris or asymptomatic myocardial ischemia. Fragments of human aortas without visible atherosclerotic lesions were obtained from 2 patients who underwent cardiovascular surgery. These tissue samples were embedded in Tissue-Tek OCT compound (Miles Laboratories Inc), frozen in liquid nitrogen, and stored at −80°C until use. Total cellular RNA was isolated from 8 carotid endarterectomy specimens and 2 aortic tissue samples by Trizol reagent (GIBCO-BRL) after homogenization as previously described.11

**Reverse Transcription–PCR Analysis**

Equal amounts of total cellular RNA (250 ng) was reverse-transcribed with oligo(dT) primer by use of AMV Reverse Transcriptase (Takara). Transcribed cDNAs were used for polymerase chain reaction (PCR) with specific primers for human SR-PSOX (5′-ACTAGCCAGCAATGACAC-3′ and 5′-CTTATTTAGACGTACGGTGACAC-3′) and GAPDH (5′-CTTGTCACCAGGGGCTGCTTTT-3′ and 5′-CATGAGTCCACCACACCCCTGTG-3′) with Ex Taq DNA polymerase (Takara). PCR products were then subjected to electrophoresis through 1% agarose gels and ethidium bromide staining.

**Immunocytochemistry of COS-7 Cells Transfected With Human SR-PSOX**

COS-7 cells were cultured onto Laboratory-Tek II chamber slides (Nalge Nunc) and transfected with the mammalian expression vector containing the full length of human SR-PSOX cDNA by use of LipofectAMINE Plus (GIBCO-BRL). At 48 hours after the transfection, cells were fixed for 2 minutes in cold acetone and then stained with 2 different rabbit anti-human SR-PSOX polyclonal antibodies, which we have previously generated,10 by the avidin-biotin complex peroxidase method. In brief, cells were incubated with these anti-human SR-PSOX polyclonal antibodies, followed by incubation with a biotinylated goat anti-rabbit IgG (DAKO). Endogenous peroxidase activity was blocked with methanol containing 0.3% hydrogen peroxide, after which avidin-biotin peroxidase complexes (ABC Elite Kit, Vector Labs) were added. Staining with the antibodies was visualized with 3,3′-diaminobenzidine tetrahydrochloride (Vector Labs). Sections were subsequently incubated with the cell-specific antibodies; this incubation was followed by incubation with alkaline phosphatase–conjugated anti-mouse IgG (PharMingen) and visualized with fast red alkaline phosphatase substrate solution (Vector Labs).

**Results**

**Upregulated Expression of SR-PSOX mRNA in Human Atherosclerotic Plaques**

To examine the levels of SR-PSOX mRNA expression in human atherosclerotic plaques, total cellular RNA was isolated from carotid endarterectomy specimens and normal aortic tissue samples, and then reverse transcription (RT)-PCR analyses were performed. As shown in Figure 1, SR-PSOX mRNA expression was prominent in human atherosclerotic plaques. In contrast, in the unaffected human aortas, SR-PSOX mRNA was not detectable. Amounts of GAPDH mRNA, which served as an internal control, were not significantly different. Total RNA isolated from human peripheral monocyte-derived macrophages showed RT-PCR products with the same molecular size.

**Immunoreactivity of Anti-Human SR-PSOX Polyclonal Antibodies**

To explore the expression of SR-PSOX in atherosclerotic lesions by immunohistochemistry, we generated 2 different rabbit polyclonal antibodies against human SR-PSOX, which were raised by immunization with conjugates of carrier protein and synthetic peptides corresponding to extracellular (181 to 200) and intracellular (235 to 254) amino acid residues.10 Both of these polyclonal antibodies were equally bound to human SR-PSOX expressed on the cell surface of COS-7 cells, which had been transfected with human SR-PSOX cDNA but did not react with untransfected COS-7 cells. Figure 2 shows the immunocytochemistry of COS-7 cells expressing human SR-PSOX by use of 1 of the 2 polyclonal antibodies.

**Increased Expression of SR-PSOX by Intimal Macrophages in Human Carotid Atherosclerotic Lesions**

Immunohistochemical staining of human carotid endarterectomy specimens with the anti-SR-PSOX antibodies showed that SR-PSOX was abundantly expressed in the intima of
atherosclerotic plaques (Figure 3A). At higher magnification, SR-PSOX was found to be expressed by macrophage-like cells in the intima (Figure 3B). In fact, immunostaining with these 2 different anti-human SR-PSOX antibodies showed the same results. In addition, staining of the serial sections by cell-type–specific antibodies indicated that SR-PSOX-positive cells were mostly CD68-positive macrophages (Figure 3C) but not α-actin-positive smooth muscle cells (Figure 3D). Oil red O staining of the adjacent sections showed lipid deposition in these SR-PSOX-positive macrophages in the intima of atherosclerotic lesions (Figure 3F). Furthermore, double-labeled immunohistochemistry with use of the anti-SR-PSOX and anti-CD68 antibodies confirmed that SR-PSOX was expressed by intimal macrophages (Figure 3G). In contrast, SR-PSOX expression was not detectable in normal arterial wall (data not shown).

**SR-PSOX Expression in Human Coronary Atherosclerotic Lesions**

In addition to carotid atherosclerotic lesions, we have examined the expression of SR-PSOX in human coronary atherosclerotic lesions obtained by directional coronary atherectomy. As shown in Figure 4A, SR-PSOX was focally expressed by cells accumulated in the intima of atherosclerotic plaques. Immunostaining of the adjacent sections with

![Figure 2. Single-labeled immunocytochemistry of human SR-PSOX-transfected COS-7 cells (A) and untransfected COS-7 cells (B) with anti-human SR-PSOX polyclonal antibody. At 48 hours after the transfection, cells were fixed with cold acetone and then immunostained with antibodies by avidin-biotin complex peroxidase method as described in Methods. Original magnification ×200.](image)

![Figure 3. Immunohistochemical staining of human carotid atherosclerotic lesions. A through E. Single-labeled immunohistochemistry of human carotid endarterectomy specimens. Serial fresh frozen sections were fixed with cold acetone and stained with anti-human SR-PSOX polyclonal antibody (original magnification ×100 [A] and ×1000 [B]), anti-human CD68 monoclonal antibody (original magnification ×100 [C]), anti-human smooth muscle α-actin monoclonal antibody (original magnification ×100 [D]), and nonimmune rabbit IgG (original magnification ×100 [E]) as described in Methods. F. Oil red O staining of the adjacent sections for detection of lipids accumulated in foam cells in the atherosclerotic plaques (original magnification ×100). G. Double-labeled immunohistochemistry of human carotid atherosclerotic lesions with anti-human SR-PSOX and anti-human CD68 antibodies (original magnification ×1000). Anti-SR-PSOX antibody was visualized by avidin-biotin complex peroxidase technique and appeared brown on the slides, whereas the cell-specific antibody was visualized by alkaline phosphatase method and appeared red.](image)
SR-PSOX is a novel class of cell-surface receptors for Ox-LDL, isolated from a cDNA library of PMA-stimulated THP-1 cells. Although SR-PSOX does not share any structural homology with other scavenger receptor families, it can bind and internalize Ox-LDL with high affinity. In addition to PMA-stimulated THP-1 cells, expression of SR-PSOX has been demonstrated on human monocyte-derived macrophages and murine thioglycollate-elicited peritoneal macrophages in vitro. As shown in the present study, SR-PSOX is abundantly expressed by lipid-laden macrophages accumulated in the intima of human atherosclerotic lesions but not by endothelial cells or smooth muscle cells. Therefore, SR-PSOX may be involved in Ox-LDL uptake and subsequent foam cell transformation in macrophages and thus may play important roles in atherosclerotic lesion formation. In addition, SR-PSOX appears identical to CXCL16, a novel membrane-anchored chemokine directed to activated T lymphocytes, which express its counterreceptor CXCR6/Bonzo. Therefore, SR-PSOX might also act as a chemokine for certain subsets of T lymphocytes accumulated with macrophages in atherosclerotic lesions.

Previous studies have indicated that the regulation of scavenger receptor expression varies among different molecules. For example, tumor necrosis factor-α and transforming growth factor-β inhibit the expression of SR-A and CD36 in macrophages, although these cytokines can induce LOX-1 expression. Peroxisome proliferator-activated receptor γ ligands can upregulate CD36 expression but not SR-A. It remains unclear whether SR-PSOX expression can be regulated by these proinflammatory stimuli or nuclear receptors. As shown in other Ox-LDL receptors, SR-PSOX might also be expressed in other cell types, including vascular smooth muscle cells, under certain pathological conditions; however, the present study shows that macrophages are the only cell type that can express SR-PSOX in human atherosclerotic lesions.

In summary, our present study provides the first evidence that SR-PSOX is abundantly expressed in lipid-laden macrophages accumulated in human atherosclerotic lesions. Further studies related to the regulatory mechanisms of SR-PSOX expression in macrophages and the pathophysiological consequences of Ox-LDL uptake through this novel receptor may provide new insights into the pathogenesis of atherosclerosis.
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