Estrogen Regulation of Endothelial and Smooth Muscle Cell Migration and Proliferation
Role of p38 and p42/44 Mitogen-Activated Protein Kinase

Pedro Geraldes, Martin G. Sirois, Pascal N. Bernatchez, Jean-François Tanguay

Objective—Restenosis is a major limitation of percutaneous coronary intervention. Migration and proliferation of vascular cells remain a cornerstone in neointimal formation. The cardioprotection of estrogen is well recognized, but the intracellular mechanisms related to these beneficial effects are not completely understood.

Methods and Results—We investigated the effects of 17β-estradiol (17βE) on mitogen-activated protein kinase (MAPK) activity and the migration and proliferation of porcine aortic endothelial cells (PAECs) and porcine smooth muscle cells (PSMCs). Treatment with 17βE (10⁻⁸ mol/L) abrogated p38 and p42/44 MAPK phosphorylation mediated by platelet-derived growth factor-BB as well as the migration and proliferation of PSMCs. In contrast, treatment with 17βE (10⁻⁸ mol/L) induced the phosphorylation of p38 and p42/44 MAPK and the migration and proliferation of PAECs. Interestingly, the effects of 17βE on PSMCs and PAECs were reversed by selective estrogen receptor antagonists (tamoxifen, 4-OH-tamoxifen, and raloxifene). These results suggest that in PSMCs, 17βE inhibits chemotactic and mitogenic effects of platelet-derived growth factor-BB as well as p38 and p42/44 MAPK phosphorylation. In contrast, 17βE promotes in PAECs the phosphorylation of p42/44 and p38 MAPK as well as the migration and proliferation of these cells.


Key Words: 17β-estradiol ■ smooth muscle ■ endothelium ■ mitogen-activated protein kinase

Restenosis, occurring in 20% to 40% of patients, is currently the primary limitation of percutaneous transluminal coronary angioplasty. Proprietary interests play an important role in bone maintenance, in the cardiovascular system, and in the growth, differentiation, and biological activity of various tissues. Moreover, numerous in vivo studies in various animal models have demonstrated that the neointimal formation induced after balloon injury is increased in the absence of estrogen but is decreased in its presence. The protective effects of 17β-estradiol (17βE) are related to favorable changes in the plasma lipid profile, to the inhibition of vascular smooth muscle cell (VSMC) proliferation and migration, to the relaxation of coronary vessels through endothelial NO synthase (eNOS) activity, and to the reduction of platelet and monocyte aggregation, tumor necrosis factor-α release, and extracellular matrix synthesis. We have shown that local delivery of 17βE reduces the neointimal thickness produced by coronary balloon injury in a porcine model.

Estrogen can bind 2 estrogen receptors (ERs), ERα and ERβ, which are expressed in all vascular cell types. The classic genomic mechanism, or long-term effect of estrogen on vascular tissues, is dependent on a change in gene expression. Most recently, a second mechanism related to the direct effect of estrogen has been identified. Several studies have demonstrated that 17βE can activate many intracellular signaling responses. The mitogen-activated protein kinase (MAPK) cascade plays a central role in the cellular signal transduction pathway in response to vascular stimuli. Well-characterized subfamilies of the MAPKs, extracellular signal–regulated kinase and p38 MAPK pathways, are involved in chemotactic and mitogenic activity in a variety of cell types. These MAPKs are stimulated after arterial injury. Therefore, we hypothesized that an acute administration of 17βE may influence these MAPK activities in vascular cells. Estrogens can modulate intracellular events through other ligand receptors and reduce neointimal formation after injury in ERαβ knockout mice. These results suggest that estrogen may provide a protection against endothelial injury in the absence of ERαβ.

In the present study, we evaluated the activity of 17βE on endothelial and smooth muscle cell (SMC) proliferation and...
migration and p42/44 and p38 MAPK phosphorylation. Furthermore, we examined whether the actions of 17βE on p42/44 and p38 MAPK signal transduction pathways are ER dependent.

**Methods**

**Cell Culture**

Porcine aortic endothelial cells (PAECs) and porcine SMCs (PSMCs) expressing ERα and ERβ were isolated from freshly harvested aortas and cultured in DMEM (Life Technologies Inc) containing 5% FBS (HyClone Laboratories) and antibiotics (penicillin and streptomycin, Sigma Chemical Co). PAECs were characterized by their cobblestone monolayer morphology. PSMCs were characterized by anti-smooth muscle α-actin monoclonal antibodies and by specific morphology for SMCs. PAECs and PSMCs between the third and eighth passages were used.

**Mitogenic Assay**

Confluent PAECs and PSMCs were rinsed with DMEM and trypsinized. Cells were resuspended in 10 mL DMEM, 5% FBS, and antibiotics, and a cell count was obtained with Coulter counter. PAECs and PSMCs were seeded at 2.5 × 10^4 cells per well of 24-well tissue culture plates (Becton-Dickinson), stimulated for 24 hours in DMEM, 5% FBS, and antibiotics, and starved for 48 hours in DMEM, 0.1% FBS, and antibiotics. The initial cell number for growth was determined by using a Coulter counter. The cells were stimulated for 72 hours in DMEM, 1% or 5% FBS, and antibiotics with or without different concentrations of 17βE (Sigma), tamoxifen (Tam, Sigma), 4-OHT (4-OH-tamoxifen, 4-OH-Tam, Sigma), or raloxifene (Ral, Eli Lilly). After trypsinization, cell number was determined by using a Coulter counter.

**Chemotactic Assay**

Cell migration was evaluated by using a modified Boyden 48-well microchamber kit (NeuroProbe). Near-confluent PAECs and PSMCs were rinsed with DMEM and trypsinized. Cells were resuspended in DMEM, 5% FBS, and antibiotics, and a cell count was obtained. PAECs and PSMCs were seeded at 2.5 × 10^4 cells per well of 6-well tissue culture plates, stimulated for 24 hours in DMEM, 5% FBS, and antibiotics, and starved for 48 hours in DMEM, 0.1% FBS, and antibiotics. The initial cell number for growth was determined by using a Coulter counter. The cells were stimulated for 72 hours in DMEM, 1% or 5% FBS, and antibiotics with or without different concentrations of 17βE (Sigma), tamoxifen, 4-OHT, or Ral, respectively. After trypsinization, cell number was determined by using a Coulter counter.

**Statistical Analysis**

Data are mean±SEM. Statistical comparisons were performed by ANOVA, followed by an unpaired Student t test. A value of P<0.05 was considered significant.

**Results**

**Effects of 17βE on PSMC Proliferation**

First, we evaluated the effect of 17βE on PSMC proliferation. Stimulation of quiescent PSMCs with DMEM and 1% and 5% FBS significantly increased their proliferation from 9894±714 cells per well to 16 258±1441 and 42 500±2889 cells per well, respectively. Treatment with 17βE (10^−8 mol/L) abrogated by 88% and 90% the PSMC proliferation mediated by 1% and 5% FBS, respectively (data not shown). Then, we investigated how different estrogen antagonists may interfere with 17βE activity. Treatment of quiescent PSMCs with DMEM and 1% FBS increased the PSMC cell count from 10 213±734 to 16 100±1 142 cells per well (Figure 1). Treatment with 17βE (10^−8 mol/L) completely inhibited the 1% FBS mitogenic activity (Figure 1). The antimitogenic activity of 17βE on PSMCs was reversed by Tam (10^−7 mol/L), 4-OHT (10^−8 mol/L and 10^−7 mol/L), and Ral (10^−7 mol/L) by 75%, 81%, and 100%, respectively (Figure 1). In the absence of 17βE, treatment of PSMCs with these ER antagonists did not alter the mitogenic activity of 1% FBS (data not shown).
Figure 1. Effects of 17βE and ER antagonists on PSMC proliferation. PSMCs were seeded at 1.5×10^5 cells per well and stimulated as described in Methods. The cells were then stimulated with 17βE combined with Tam, 4-OHT, or Ral. Values are means of cell count obtained from 6 wells for each treatment. *P<0.05 compared with day 0; †P<0.05 compared with control; ‡P<0.05 compared with 17βE (10^{-8} mol/L).

Effects of 17βE on PSMC Migration

By use of a modified Boyden chamber assay, PDGF-BB at 1, 5, and 10 ng/mL (compared with 1% DMEM) dose-dependently and significantly induced the migration of PSMCs by 96%, 137%, and 202%, respectively, 5 hours after treatment (data not shown). Treatment with 17βE (10^{-8} mol/L) completely inhibited the chemotactic effect of 10 ng/mL PDGF-BB (Figure 2). Treatment of ER antagonists with 17βE was reversed completely by Tam, 4-OHT, or Ral. Values are means of cell count obtained from 6 wells for each treatment. *P<0.05 compared with 17βE (10^{-8} mol/L).

Effects of 17βE on PSMC Proliferation

Quiescent PAECs were stimulated with DMEM and 1% FBS, which raised the basal cell count from 13 328±560 to 24 244±843 cells per well. The addition of 17βE (10^{-10} to 10^{-7} mol/L) induced a dose-dependent proliferation of PAECs, with a maximum induction at 10^{-8} mol/L (data not shown). To investigate how ER antagonists may interfere with the positive effect of 17βE on endothelial cell proliferation, quiescent PAECs were stimulated with DMEM and 1% FBS, which raised the cell count from 10 512±832 to 29 138±870 cells per well in 72 hours. Treatment of PAECs with 17βE (10^{-8} mol/L) induced the proliferation of PAECs by 37% over 1% FBS treatment (Figure 4). Pretreatment with Tam, 4-OHT, and Ral (10^{-7} mol/L) completely inhibited the 17βE mitogenic activity in PAECs (Figure 4). Treatment of these cells with ER antagonists in the absence of 17βE did not affect the mitogenic effect of 1% FBS (data not shown).
migration of PAECs by 46%, 124%, and 114%, respectively, in 5 hours (P<0.05, data not shown). In another series of experiments, compared with bFGF (10 ng/mL) treatment alone, a combined treatment with 17βE (10⁻⁸ mol/L) significantly stimulated (by 121%) PAEC migration (Figure 5). Pretreatment of PAECs with ER antagonists (10⁻⁷ mol/L) 5 minutes before the addition of 17βE completely prevented the chemotactic activity of 17βE (10⁻⁸ mol/L) on PAECs (Figure 5). We also investigated whether the ER antagonists in the absence of 17βE had an effect on bFGF chemotactic activity. The ER antagonists did not alter the chemotactic activity of bFGF (10 ng/mL) on PAECs (data not shown).

**Effects of 17βE on PAEC p42/44 and p38 MAPK Phosphorylation**

Considering that 17βE can stimulate the proliferation and migration of PAECs, we evaluated the effect of 17βE on the phosphorylation of p42/44 and p38 MAPK in PAECs. Control (PBS-treated) PAECs showed a basal phosphorylation of p42/44 MAPK. Stimulation with 17βE (10⁻⁸ mol/L) increased time-dependently at 5, 10, 15, and 30 minutes the phosphorylation of p42/44 MAPK by 1122%, 1074%, 1420%, and 1835%, respectively (data not shown). Pretreatment with Tam, 4-OHT, or Ral (10⁻⁷ mol/L) decreased by 36% (P<0.05), 44% (P<0.05), and 66% (P<0.05) the phosphorylation of p42/44 MAPK mediated by a 5-minute treatment with 17βE (10⁻⁸ mol/L) (Figure 6). Similar to the results for p42/44 MAPK, treatment of PAECs with 17βE at 10⁻⁸ mol/L (compared with unstimulated [PBS-treated] PAECs) induced a time-dependent phosphorylation of p38 MAPK, with a maximum stimulation at 30 minutes (data not shown). Pretreatment with ER antagonists (10⁻⁷ mol/L) 5 minutes before the addition of 17βE inhibited by 84%, 81% (P<0.05), and 98% (P<0.05) the phosphorylation of p38 MAPK induced by a 30-minute treatment with 17βE at 10⁻⁸ mol/L (Figure 6). In the absence of 17βE stimulation, treatment with the ER antagonists did not alter the basal phosphorylation of PAEC p42/44 and p38 MAPK (data not shown).
Discussion

Several studies have shown that estrogen treatment may have beneficial effects on the cardiovascular system by reducing postinjury neointimal formation in animal carotid arteries and by improving some aspects of endothelial function in postmenopausal women. We have previously demonstrated that a local delivery of 17\(\beta\)-estradiol on a porcine coronary angioplasty reduces the degree of restenosis by up to 50% and improves the reendothelialization, eNOS expression, and vascular healing. In the present study, we observed that treatment with 17\(\beta\)-estradiol stimulates PAECs but reverses PSMC phosphorylation of p42/44 and p38 MAPK. Our results also suggest that these effects of 17\(\beta\)-estradiol are at least partially ER dependent.

Antimitogenic and Antichemotactic Effects of 17\(\beta\)-E in PSMCs

VSMCs contribute to the pathological formation of restenosis by migrating from the media to the intima, proliferating, and depositing extracellular matrix proteins. PDGF, which is secreted from platelets and macrophages recruited at the early inflammatory lesion, has been described as playing an important role in restenosis. In animal experiments, PDGF-BB has been associated with SMC proliferation and migration. In the present study, treatment with 17\(\beta\)-E (10\(^{-8}\) mol/L) inhibited the proliferation and migration of PSMCs stimulated by PDGF-BB. Our results are consistent with those of other authors who were able to demonstrate that estrogen can inhibit VSMC proliferation and migration in vitro and in vivo experiments. It is also well established that PDGF-BB activates ERKs, such as MAPKs. We have demonstrated that PDGF-BB can induce the phosphorylation of p42/44 MAPK and p38 MAPK within 5 and 30 minutes, respectively, in PSMCs. To better understand the nongenomic effects of estrogen, we have shown that treatment of PSMCs with 17\(\beta\)-estradiol for a short period of time reduced the phosphorylation of p42/44 and p38 MAPK mediated by PDGF-BB by 100% and 85%, respectively. A previous study has also observed that estrogens mediate their inhibitory effects on SMCs by reducing p42/44 MAPK activity. To determine whether the antimitogenic and antichemotactic effects of 17\(\beta\)-E on PSMCs are ER dependent or independent, we pretreated these cells with ER antagonists before treatment with 17\(\beta\)-estradiol. We showed that pretreatment of PSMCs with ER antagonists reversed the effect of 17\(\beta\)-stradiol, ie, prevention of the phosphorylation of p42/44 and p38 MAPK induced by PDGF-BB. These ER antagonists are also called selective ER modulators and may have potential positive effects on cardiovascular diseases. In contrast, we have not observed any beneficial effect of Tam, 4-OHT, or Ral alone in the prevention of PSMC proliferation and migration and MAPK activity mediated by PDGF-BB.

17\(\beta\)-E Promotes Reendothelialization by Increasing the Proliferation and Migration of PAECs

Reendothelialization plays a critical role in restenosis. The improvement of endothelium regeneration will accelerate vascular healing after balloon injury and will reduce neointimal formation. A previous study has noted that the administration of estrogen in healthy young men is associated with enhanced arterial endothelial function. We have shown that local delivery of 17\(\beta\)-estradiol improves reendothelialization and eNOS expression after angioplasty. In the present study, we propose that 17\(\beta\)-estradiol increases reendothelialization by increasing the proliferation and migration of PAECs. Previous studies have demonstrated that estrogen can rapidly induce the activation of various pathways. To examine the nongenomic effects of 17\(\beta\)-E on PAEC proliferation and migration, we evaluated the MAPK activity of these cells after a brief administration of 17\(\beta\)-estradiol. Our results demonstrated that treatment of PAECs with 17\(\beta\)-E increased p42/44 and p38 MAPK phosphorylation within 5 and 30 minutes of stimulation, respectively. These results support other studies that have observed that estrogen can preserve the actin cytoarchitecture during metabolic stress, induce the migration of endothelial cells by stimulation of the p38 MAPK pathway and stimulate p42/44 MAPK in human endothelial cells. To determine whether these rapid activations of p42/44 and p38 MAPK by 17\(\beta\)-estradiol are ER dependent or independent, PAECs were pretreated with Tam, 4-OHT, or Ral. Our results suggest that pretreatment of PAECs with ER antagonists reverses the phosphorylation of p42/44 and p38 MAPK mediated by 17\(\beta\)-estradiol.

### Table: Expression of MAPKs

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<tr>
<th>Treatment</th>
<th>p-p44 MAPK</th>
<th>p-p42 MAPK</th>
<th>p-p38 MAPK</th>
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<td>17(\beta)-E (10(^{-8}) M)</td>
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<td>+</td>
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<tr>
<td>Tam (10(^{-7})M)</td>
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<td>+</td>
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<tr>
<td>4-OHT (10(^{-7})M)</td>
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<td>Ral (10(^{-7})M)</td>
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<th>Mean ± SEM (n=3)</th>
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<th>396</th>
<th>281</th>
<th>208</th>
<th>117</th>
<th>121</th>
<th>102</th>
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<td>17(\beta)-E (10(^{-8}) M)</td>
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<td>+</td>
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<td>Ral (10(^{-7})M)</td>
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Figure 6. Effects of 17\(\beta\)-E and ER antagonists on PAEC p42/44 and p38 MAPK activity. PAECs were rinsed and pretreated for 5 minutes with Tam, 4-OHT, or Ral and then stimulated with 17\(\beta\)-E for 5 minutes (for p42/44 MAPK) and for 30 minutes (for p38 MAPK). Proteins were detected by Western blot analysis. Image densitometry results are given as relative expression (percentage) compared with PBS-treated cells.
17βE. Interestingly, treatment of PAECs with ER antagonists alone did not affect the proliferation, migration, or MAPK activity of these cells.

In conclusion, an acute administration of 17βE activates p42/44 and p38 MAPK, thus promoting the proliferation and migration of PAECs, and in contrast, it inhibits these events in PSMCs. Our results suggest that the beneficial effects of treatment with 17βE on restenosis may be explained by a reduction of PSMC migration and proliferation combined with positive endothelial cell migrating and proliferating activity. These effects of 17βE appear to be at least partially ER dependent.

References
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