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ender differences in susceptibility to coronary heart disease have been firmly established: the incidence of various manifestations of coronary atherosclerosis is less in premenopausal women than age-matched men. The protective role of estrogen covers a broad range of mechanisms including improvement of endothelial regeneration after arterial injury. Mediated primarily by the estrogen receptor alpha (ERα), 17β-estradiol (E2) stimulates migration and proliferation of endothelium. This effect involves among others, eNOS activity, prostacyclin, endothelin, bFGF, and VEGF-R2 signaling. Estrogen also stimulates the recruitment of endothelial progenitor cells (EPCs), which in experimental and emerging clinical studies appear to be important effectors of endothelium repair (for review see Besler et al). In rodents, E2 increases the number of circulating EPCs and enhances their adherence and homing to the region of vascular damage. This process is ERα dependent and EPCs are believed to play a nonredundant role in the E2 enhanced reendothelialization. Likewise, in premenopausal women a higher number of circulating EPCs is found during the fertile period. In addition, male EPCs showed a lower adherence capacity as compared to premenopausal female EPCs, an effect that was abolished by E2 supplementation.

The study by Lam Shang Leen and colleagues, as published in the current issue of Arteriosclerosis, Thrombosis, and Vascular Biology, adds a new dimension to the role of E2 and EPCs in endothelial repair. Their elegant study provides clear evidence for positioning osteopontin (OPN) downstream of E2/ERα-signaling with an unprecedented role for OPN in the homing of EPCs to the region of vascular damage. Intriguingly, OPN expression in both the injured vessel wall and bone marrow–derived EPCs appear essential for E2-induced enhancement of reendothelialization (see Figure).

OPN is an adhesive protein of the small integrin-binding ligand N-linked glycoprotein (SIBLING) family that is expressed as an extracellularly immobilized (through binding to fibronectin and collagen) or secreted protein by a wide variety of cells including ECs, smooth muscle cells (SMCs), macrophages, bone marrow–derived cells, and osteoblasts. Its expression is upregulated by a plethora of stimuli including interleukin (IL)-1, glucocorticoids, VEGF-A, and bFGF, as well as estrogen and cardiovascular burden. The biological function of OPN can be modified by matrix metalloproteases (ie, MMP-2, -3, -9) and thrombin, which cleave OPN and as such impart a different affinity to integrin members (ie, α5β1, αVβ3) and CD44-isoforms with consequences for cell-cell interaction, attachment, migration, and haptotaxis. Based on this binding to integrins and CD44, OPN contains hematopoietic cells in the bone marrow compartment close to the endothelial zone while keeping these cells in a quiescent state. The same linker function might underlie the homing of EPCs to regenerating endothelium. Recently, such a parallel between homing to the bone marrow and to injured endothelium was also established for c-kit and its membrane bound ligand.

The observation that OPN in both the bone marrow and the vascular compartment is required for E2-stimulated EPC homing raises several questions. This observation is based on cross transplantation of bone marrow from OPN±/− and OPN−/− mice. The difference between these two models in terms of OPN expression in the bone marrow may in fact not be large. Osteoblasts are the primary source of OPN within the bone marrow and may survive irradiation regimes because of their low turnover. The surviving osteoblast population after irradiation and subsequent transplantation should therefore be considered chimeric and, as a consequence, residual OPN expression will persist in the bone marrow. Hence, it can be expected that in both transplantation modes reduced OPN-signaling in the bone marrow will affect the donor EPC-population. Lam Shang Leen et al found no change in the number of circulating Sca-1+/VEGF-R2±-cells by OPN or E2, suggesting unaffected release of EPCs from the bone marrow. However, several EPC subclasses have been described, and it is plausible that E2 and OPN effects are EPC subclass-selective. The ability of E2 or OPN to implement phenotypic changes has been shown. For instance in endometrial endothelial


Disclosures

None.
Affirmative Action of Osteopontin on Endothelial Progenitors
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doi: 10.1161/ATVBAHA.108.176446
Arteriosclerosis, Thrombosis, and Vascular Biology is published by the American Heart Association, 7272 Greenville Avenue, Dallas, TX 75231
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Print ISSN: 1079-5642. Online ISSN: 1524-4636

The online version of this article, along with updated information and services, is located on the World Wide Web at:
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