Lysophosphatidic Acid Signaling Protects Pulmonary Vasculature From Hypoxia-Induced Remodeling

Hsin-Yuan Cheng, Anping Dong, Manikandan Panchatcharam, Paul Mueller, Fanmuyi Yang, Zhenyu Li, Gordon Mills, Jerold Chun, Andrew J. Morris, Susan S. Smyth

Objective—Lysophosphatidic acid (LPA) is a bioactive lipid molecule produced by the plasma lysophospholipase D enzyme autotaxin that is present at 100 nmol/L in plasma. Local administration of LPA promotes systemic arterial remodeling in rodents. To determine whether LPA contributes to remodeling of the pulmonary vasculature, we examined responses in mice with alterations in LPA signaling and metabolism.

Methods and Results—Enpp2−/− mice, which are heterozygous for the autotaxin-encoding gene and which have reduced expression of autotaxin/lysophospholipase D and approximately half normal plasma LPA, were hyperresponsive to hypoxia-induced vasoconstriction and remodeling, as evidenced by the development of higher right ventricular (RV) systolic pressure, greater decline in peak flow velocity across the pulmonary valve, and a higher percentage of muscularized arterioles. Mice lacking LPA1 and LPA2, 2 LPA receptors abundantly expressed in the vasculature, also had enhanced hypoxia-induced pulmonary remodeling. With age, Lpar1−/−2−/− mice spontaneously developed elevated RV systolic pressure and RV hypertrophy that was not observed in Lpar1−/− mice or Lpar2−/− mice. Expression of endothelin-1, a potent vasconstrictor, was elevated in lungs of Lpar1−/−2−/− mice, and expression of endothelinB receptor, which promotes vasodilation and clears endothelin, was reduced in Enpp2−/− and Lpar1−/−2−/− mice.

Conclusion—Our findings indicate that LPA may negatively regulate pulmonary vascular pressure through LPA1 and LPA2 receptors and that in the absence of LPA signaling, upregulation in the endothelin system favors remodeling. (Arterioscler Thromb Vasc Biol. 2012;32:24-32.)

Key Words: lipids ■ pulmonary artery ■ pulmonary hypertension ■ autotaxin ■ lysophosphatidic acid
quently, nitric oxide levels, as well as endothelin levels, both important regulators of pulmonary vascular tone. Thus, LPA has actions on both vascular SMCs and endothelial cells that trigger a dysregulation in their function that is similar to what is observed in a variety of pathological conditions, including PH. However, until recently, tools to probe the role of the autotaxin-LPA signaling nexus in vascular pathophysiology were not available.

Recent progress in identifying enzymes and receptors responsible for LPA metabolism and signaling has enabled the development of mouse models and pharmacological tools to investigate the involvement of LPA in cardiovascular regulation and function. LPA signaling responses are mediated by selective G protein–coupled receptors. Eight G protein–coupled receptors for LPA (LPA1–8) have been identified. Although a complete range of subtype specific receptor antagonists is not presently available, the use of LPA receptor–selective probes and studies of mice with genetic deletion of LPA receptors have provided valuable information on their pathophysiologic roles in diverse settings, including neuropathic pain, lung inflammation, reproduction, and vascular injury responses. LPA is produced in the blood and other tissues through hydrolysis of lysophosphatidylcholine, catalyzed by the secreted enzyme autotaxin/lysophospholipase D encoded by the ectonucleotide pyrophosphatase/phosphodiesterase 2 (Enpp2) gene. Although a complete range of subtype specific receptor antagonists is not presently available, the use of LPA receptor–selective probes and studies of mice with genetic deletion of LPA receptors have provided valuable information on their pathophysiologic roles in diverse settings, including neuropathic pain, lung inflammation, reproduction, and vascular injury responses.

Substantial evidence identifies a role for LPA in regulating phenotypic modulation of cultured vascular SMCs that can be recapitulated in vivo by local administration of LPA to systemic arteries. The use of mice with genetic deficiencies and small molecule inhibitors of LPA receptors supports a role for the autotaxin-LPA signaling nexus in systemic arterial remodeling in rodent models. In this study, we used mice with alterations in LPA signaling and metabolism and previously characterized models of PHa to identify an unexpected role for LPA in regulation of the pulmonary vasculature and hypoxia-induced remodeling.

**Methods**

All procedures conformed to the recommendations of the Guide for the Care and Use of Laboratory Animals (Department of Health, Education, and Welfare publication number NIH 78–23, 1996, University of Kentucky) and were approved by the institutional animal care and use committee. Generation and characterization of Enpp2−/− and Lpar1−/−Lpar2−/− mice were as previously described. The Enpp2−/− mice were backcrossed >10 generations to the FVB background, whereas the Lpar1−/−, Lpar2−/−, and Lpar1−/−Lpar2−/− mice were backcrossed >10 generations to the BALB/c background. Mice were housed in cages with HEPA-filtered air in rooms on 14-hour light cycles and fed Purina 5058 rodent chow ad libitum. Details of the methods are included in the supplemental materials, available online at http://atvb.ahajournals.org.

**Statistics**

All results were expressed as mean±SD. In vitro studies were repeated a minimum of 3 times, and results were analyzed by the Student t test or ANOVA. Statistical significance within strains was determined using ANOVA with multiple pair-wise comparisons. Statistical analysis was performed using Sigma-STAT software, version 3.5 (Systat Software Inc). Changes with a probability value of less than 0.05 for a type I error were considered significant.

**Results**

**Reduction in Autotaxin/Lysophospholipase D Levels Promotes Hypoxia-Induced Pulmonary Remodeling in Mice**

LPA promotes phenotypic modulation of cultured vascular SMCs and systemic arterial remodeling in experimental models. To determine whether LPA contributes to remodeling of the pulmonary vasculature, we examined responses in mice engineered to have reduction in LPA synthesis. Heterozygous Enpp2+/− mice have 50% of normal plasma LPA levels but no obvious vascular developmental abnormalities. We previously reported lower autotaxin protein levels in the lungs of Enpp2+/− mice. In keeping with those observations, Enpp2 mRNA expression in lungs of Enpp2+/− mice was 20±10% that in lungs from wild-type (WT) littermate controls (P<0.05). No difference in lung expression of LPA1–5 receptor mRNA was observed in Enpp2+/− mice (data not shown).

We used a hypoxia model to stimulate pulmonary vasconstriction and promote vascular remodeling. Exposure of WT mice to hypoxia (FiO2=0.1) increases pulmonary arterial pressure, which can be monitored by measuring right ventricular systolic pressure (RVSP) (Figure 1A). Following exposure to hypoxia for 3 weeks, a significant increase in RVSP occurred in WT mice (30.3±2.3 mm Hg; n=6) compared with RVSP in age-matched normoxic littermates (25.7±2.1 mm Hg; n=6; P<0.05). Under normoxic conditions, Enpp2+/− mice displayed an RVSP (23.8±1.8 mm Hg; n=5) similar to that of their WT littermates (Figure 1A). However, following a 3-week exposure to hypoxia, Enpp2+/− mice developed higher RVSP (36.2±5.2 mm Hg; n=7; P<0.05) than WT littermate mice (Figure 1A). Peak flow velocity across the pulmonary valve decreased by 8.0±5.7% following hypoxia in WT mice. The decline in peak flow velocity was approximately twice as great (16.2±8.4%) in Enpp2+/− littermates after exposure to hypoxia (Table 1).

To evaluate the role of pulmonary vascular remodeling in the enhanced RVSP and peak flow response of the Enpp2+/− mice to hypoxia, we examined muscularization of small pulmonary arterioles. Lung sections stained with elastin and counterstained with hematoxylin were analyzed for the presence of smooth muscle nuclei and muscularized microvessels. Following 3 weeks of hypoxia, WT mice developed approximately a 2-fold increase in muscularized pulmonary arterioles compared to normoxic controls (Table 1). In contrast, hypoxic Enpp2+/− mice failed to develop increased muscularization of pulmonary arterioles. Analysis of musculature in small arterioles and venules revealed that muscularization was significantly decreased in Enpp2+/− mice compared to WT mice under normoxic or hypoxic conditions.

In summary, the significant hypoxia-induced increase in muscularization of pulmonary arterioles in WT mice was suppressed in Enpp2+/− mice. These results suggest that LPA plays a critical role in mediating hypoxia-induced pulmonary vascular remodeling.

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of WT controls (Figure 1B). Thus, by 3 parameters, Enpp2<sup>-/-</sup> mice showed an exaggerated pulmonary vascular response to hypoxia consistent with an augmentation in hypoxia-induced PH.

**Genetic Inactivation of LPA<sub>1</sub> and LPA<sub>2</sub> Promotes Hypoxia-Induced Pulmonary Remodeling in Mice**

The exaggerated response of the pulmonary vasculature of Enpp2<sup>-/-</sup> mice to hypoxia suggests that LPA signaling may be protective in this setting. We therefore predicted that inactivation of the relevant LPA receptors would also result in exaggerated remodeling responses to hypoxia. LPA<sub>1</sub> and LPA<sub>2</sub> receptors are reported to be abundantly expressed in cultured endothelial and vascular SMCs. We observed relatively high expression in murine blood vessels, making these receptors candidates for mediating the pulmonary vascular remodeling responses. WT and Lpar1<sup>-/-</sup> mice (8–14 weeks old) were subjected to hypoxia for 3 weeks.

**Table 1. Peak Flow Velocity Across the Pulmonary Valve Before and After 3 wk of Exposure to Normoxia or Hypoxia**

<table>
<thead>
<tr>
<th>Genotype</th>
<th>Condition</th>
<th>n</th>
<th>Baseline</th>
<th>After 3 wk</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enpp2&lt;sup&gt;+/+&lt;/sup&gt;</td>
<td>Normoxia</td>
<td>4</td>
<td>879±44</td>
<td>993±70</td>
</tr>
<tr>
<td>Enpp2&lt;sup&gt;+/+&lt;/sup&gt;</td>
<td>Hypoxia</td>
<td>6</td>
<td>899±76</td>
<td>824±55</td>
</tr>
<tr>
<td>Enpp2&lt;sup&gt;-/-&lt;/sup&gt;</td>
<td>Normoxia</td>
<td>5</td>
<td>928±66</td>
<td>923±41</td>
</tr>
<tr>
<td>Enpp2&lt;sup&gt;-/-&lt;/sup&gt;</td>
<td>Hypoxia</td>
<td>7</td>
<td>961±93</td>
<td>802±95</td>
</tr>
</tbody>
</table>

Results are presented as mean±SD in mm/s.

Exposure of Enpp2<sup>-/-</sup>, which are on the FVB background, to hypoxia did not result in mortality. However, the Lpar1<sup>-/-</sup> mice are on the BALB/c background, and approximately 10% of the WT mice and 55% of the Lpar1<sup>-/-</sup> mice died during the 3-week exposure to hypoxia. The surviving Lpar1<sup>-/-</sup> mice displayed evidence of hemodynamic compromise (heart rate <300 bpm), and therefore, we were unable to obtain accurate RVSP measurements following exposure to hypoxia. Because sustained elevation in RVSP produces RV hypertrophy, we analyzed heart cross-sections to detect RV hypertrophy as an indirect marker for RVSP. In comparison with WT mice, Lpar1<sup>-/-</sup> mice developed more pronounced RV hypertrophy after hypoxia (Figure 2A and 2B). Similar to Enpp2<sup>-/-</sup> mice, the Lpar1<sup>-/-</sup> mice had an approximately 2-fold greater reduction in peak flow velocity across the pulmonary valve after hypoxia than their WT controls (Table 2). Analysis of the lungs revealed significantly more muscularized and fewer nonmuscularized pulmonary arterioles in Lpar1<sup>-/-</sup> mice than in age-matched WT controls (Figure 2C). Likewise, Lpar1<sup>-/-</sup> mice had thicker pulmonary arteriolar walls, suggesting positive arteriolar remodeling (Figure 2D). Together, these results indicate that mice lacking LPA signaling through LPA<sub>1</sub> and LPA<sub>2</sub> receptors were hyperresponsive to hypoxia-induced pulmonary remodeling and RV hypertrophy, providing further support for a protective role of LPA signaling in the pulmonary vasculature and indicating that these effects are mediated by LPA<sub>1</sub> and LPA<sub>2</sub>.
Mice Lacking LPA₁ and LPA₂ Develop PH With Age

Under normoxic conditions, the pulmonary arterioles in Lpar1^{-/-}2^{-/-} mice were more muscularized and thicker than those in WT control mice (Figure 2C and 2D). Changes in elastin gene expression (Eln) in lungs from Lpar1^{-/-}2^{-/-} mice was 1.9±0.37-fold higher than in WT controls, and quantification of elastin staining on lung sections confirmed an increase in perivascular elastin content in Lpar1^{-/-}2^{-/-} mice (Figure 3A–3C). Together, these observations indicate that alterations in the pulmonary vasculature occur in Lpar1^{-/-}2^{-/-} mice even in the absence of hypoxia. To determine whether these alterations promoted the subsequent development of pulmonary arterial hypertension, we measured RVSP in young and old Lpar1^{-/-}2^{-/-} mice. Although no significant difference
Table 2.  Peak Flow Velocity Across the Pulmonary Valve Before and After 3 wk of Exposure to Hypoxia

<table>
<thead>
<tr>
<th>Genotype</th>
<th>n</th>
<th>Baseline</th>
<th>After 3 wk</th>
</tr>
</thead>
<tbody>
<tr>
<td>WT</td>
<td>6</td>
<td>633.99±90.22</td>
<td>552±154</td>
</tr>
<tr>
<td>Lpar1−/− 2−/−</td>
<td>5</td>
<td>607.66±90.78</td>
<td>466±149</td>
</tr>
</tbody>
</table>

Results are presented as mean±SD in mm/s.

in RVSP was observed in WT and Lpar1−/− 2−/− mice at age 8 to 14 weeks (Figure 4A), Lpar1−/− 2−/− mice developed an age-dependent increase in RVSP (58.5±4.5 versus 28.6±8.0 mm Hg in WT mice; P<0.05) that did not occur in age-matched Lpar1−/− or Lpar2−/− mice (Figure 4B). In agreement with the age-dependent elevation in RVSP observed in Lpar1−/− 2−/− mice, peak flow velocity across the pulmonary valve was 11% lower in Lpar1−/− 2−/− (n=18) than in WT (n=22; P<0.05) mice at 2 to 3 months of age and declined further in Lpar1−/− 2−/− mice with age, such that by 6 to 9 months of age, the peak flow velocity was 18% lower in the Lpar1−/− 2−/− mice (n=14) than in WT controls (n=11; P<0.001) (Table 3). In keeping with the elevated RVSP, histological sections of hearts revealed thicker RV free walls and enlarged RV chambers in older Lpar1−/− 2−/− mice (Figure 4C), which was not observed in Lpar1−/− or Lpar2−/− mice (Figure 4D). No difference in the number of cardiomyocyte nuclei in the RV was observed in heart cross-sections. The average cross-section area of individual cardiomyocytes in the Lpar1−/− 2−/− RV tended to be larger than in WT mice, but the difference did not reach statistical significance (P=0.057) (Supplemental Figure I). We previously reported that systemic blood pressure was normal in Lpar1−/− 2−/− mice.1 No difference in LV cardiomyocyte size, LV wall thickness, or LV ejection fraction was observed in Lpar1−/− 2−/− mice, suggesting that the alterations were RV specific (Supplemental Figure I and data not shown). No histological evidence of cardiac fibrosis or inflammation was observed in the Lpar1−/− 2−/− cardiac tissue. Taken together, the physiological and histological changes indicate that Lpar1−/− 2−/− mice develop PH and possibly RV hypertrophy spontaneously with age.

We excluded hypoxia as a cause for pulmonary arterial hypertension in Lpar1−/− 2−/− mice. Arterial oxygen saturation in WT mice was 96±1% and 97±1% at 1 to 2 months and 6 months of age, respectively. Corresponding values in the Lpar1−/− 2−/− mice were 95±2%, 97±0.3%, and 96±2% at 1 to 2 months, 3 to 4 months, and >6 months of age, respectively. Additionally, hemoglobin (17.6±1.3 g/dL) and hematocrit (53.3±4.4%) values in Lpar1−/− 2−/− mice did not differ from age-matched WT (17.4±1.6 g/dL and 55.3±7.9%), indicating that the Lpar1−/− 2−/− mice did not develop secondary polycythemia, which would be expected to occur in the setting of prolonged hypoxia (Supplemental Figure II). Because alterations in endothelial permeability have been reported to contribute to the development of PH, we examined pulmonary vascular permeability in Lpar1−/− 2−/− mice. Following intravascular administration, Evans Blue dye accumulation in the lung tissue of WT and Lpar1−/− 2−/− mice was similar after normalization to wet lung weight (Supplemental Figure IIIA). In accordance with Evans Blue data, no histological evidence of edema was seen in the lung tissue of Lpar1−/− 2−/− mice, and wet lung weight/leg bone length was the same in Lpar1−/− 2−/− and WT mice. Examination of pulmonary valves did not reveal any notable abnormalities of Lpar1−/− 2−/− mice, excluding pulmonary stenosis as a cause for the elevated RVSP (Supplemental Figure IIIB). Plastic casting and microcomputed tomography analysis of the pulmonary vasculature also did not reveal obvious obstruction in the structure of the main pulmonary artery (data not shown).

![Figure 3](http://www.atvb.ahajournals.org/) Perivascular elastin deposition in wild-type (WT) and Lpar1−/− 2−/− lungs. A, Representative images of lung sections of 12-week-old WT and Lpar1−/− 2−/− mice. Sections were stained with elastin staining. Vessels are indicated by arrowheads. B, Quantitative reverse transcription–polymerase chain reaction analysis of elastin expression level in lungs of 12-week-old WT (n=3) and Lpar1−/− 2−/− (n=3) mice. The expression level of WT was set as 1, and data are presented as mean±SD. C, Quantification of perivascular elastin content in 12-week-old Lpar1−/− 2−/− (n=4) mice and age-matched WT (n=4) mice.

Figure 3.
In light of the established role of LPA as a stimulus for arterial vascular remodeling and in provoking acute increases in systemic blood pressure in WT and Lpar1<sup>-/-</sup>2/-<sup>-/-</sup> mice, the heightened pulmonary vascular remodeling in mice with attenuated LPA signaling suggested that perhaps LPA has different effects in the systemic and pulmonary vasculature. Therefore, we investigated acute LPA responses in isolated arterial vascular remodeling and in provoking acute increases in pulmonary artery pressure on average by 130% (from a mean of 5.4±1.2 to 7.1±2 mm Hg). Together, these results suggest that the phenotype observed in the Enpp2<sup>+/−</sup> and Lpar1<sup>-/-</sup>2/-<sup>-/-</sup> mice may be due to an indirect effect of loss of LPA signaling on another mediator(s).

**Alterations in Endothelin Signaling in Enpp2<sup>+/−</sup> and Lpar1<sup>-/-</sup>2/-<sup>-/-</sup> Mice**

To understand the basis for the enhanced response in the pulmonary vasculature of mice with attenuated LPA production, we examined expression of mediators implicated in regulating pulmonary vasoconstriction and vasodilation in the Enpp2<sup>+/−</sup> mice. Vegfr2, Pde5a, and Nos3 expression were normal in Enpp2<sup>+/−</sup> lungs. Exposure to hypoxia produced a 30% to 40% increase in Vegfr2 and Pde5a expression and a decline of 50% in Nos3 expression in WT mice. Similar changes occurred in Enpp2<sup>+/−</sup> mice. Exposure to hypoxia increased expression of Edn1 (encoding for endothelin-1, the most potent vasoconstrictor in the pulmonary circulation) in WT and Enpp2<sup>+/−</sup> by 50%. Hypoxia had no effect on expression of Ednra (endothelin [ET]A receptor) but reduced lung expression of Ednrb (ET<sub>B</sub> receptor) by 61±11% in WT mice (<i>P</i>&lt;0.05). Interestingly, Ednrb expression was 30±1% lower in Enpp2<sup>+/−</sup> than WT mice at baseline (<i>P</i>&lt;0.05) and declined further with hypoxia (<i>P</i>&lt;0.05). On the other hand, the expression levels of Edn1 and Ednra were similar in WT and Enpp2<sup>+/−</sup> mice at baseline or with hypoxia (Supplemental Figure IV). ET<sub>B</sub> is a vasodilatory and clearing receptor for endothelin. Reduced levels of ET<sub>B</sub> have been associated with acceleration of PH. Thus, an alteration in ET<sub>B</sub> expression may be due to an indirect effect of loss of LPA signaling on endothelin, which encodes the vasconstrictive ET<sub>A</sub> receptor, were significantly higher in Lpar1<sup>-/-</sup>2/-<sup>-/-</sup> mice than in WT controls (Figure 5A). As in the Enpp2<sup>+/−</sup> mice, Ednrb expression was lower in Lpar1<sup>-/-</sup>2/-<sup>-/-</sup> mice (Figure 5A). The elevation in expression of Edn1 and Ednra and the reduced expression of Ednrb were evident as early as postnatal day 3 and persisted at days 7 and 21 and in adulthood. In agreement with mRNA levels, ET-1 peptide content in the lung tissue was also higher in Lpar1<sup>-/-</sup>2/-<sup>-/-</sup> mice at postnatal day 7 (Figure 5B), and protein levels of ET<sub>B</sub> receptor were lower and those of ET<sub>A</sub> were higher (Figure 5C and 5D).

### Table 3. Peak Flow Velocity Across the Pulmonary Valve (PV) of Different Age Groups of Lpar1<sup>-/-</sup>2/-<sup>-/-</sup> Mice

<table>
<thead>
<tr>
<th>Genotype</th>
<th>Age (mo)</th>
<th>n</th>
<th>PV Velocity</th>
</tr>
</thead>
<tbody>
<tr>
<td>WT</td>
<td>2–3</td>
<td>22</td>
<td>737±76</td>
</tr>
<tr>
<td>WT</td>
<td>6–9</td>
<td>11</td>
<td>712±100</td>
</tr>
<tr>
<td>Lpar1&lt;sup&gt;-/-&lt;/sup&gt;2/-&lt;sup&gt;-/-&lt;/sup&gt;</td>
<td>2–3</td>
<td>18</td>
<td>667±152</td>
</tr>
<tr>
<td>Lpar1&lt;sup&gt;-/-&lt;/sup&gt;2/-&lt;sup&gt;-/-&lt;/sup&gt;</td>
<td>6–9</td>
<td>14</td>
<td>584±48</td>
</tr>
</tbody>
</table>

Results are presented as mean±SD in mm/s.
Discussion

By studying mice with loss-of-function mutations in genes required for LPA production and signaling, we have identified an unanticipated role for this mediator in protection from hypoxia-induced PH. We found that heterozygous inactivation of the LPA-producing enzyme autotaxin promotes the development of hypoxia-induced pulmonary arterial hypertension. Mice lacking LPA1 and LPA2 receptors were also more susceptible to hypoxia-induced pulmonary remodeling and spontaneously developed pulmonary arterial hypertension (characterized by elevated RVSP and increased pulmonary arteriolar muscularization and wall thickness) and RV hypertrophy with age. Our findings implicate both LPA1 and LPA2 as the main contributors to LPA's effect in the pulmonary vasculature. Because neither Lpar1−/− nor Lpar2−/− mice display the dramatic development of PH observed in Lpar1−/−/− mice, we conclude that these receptors act redundantly to promote the relevant signaling pathways.

Our findings raise the possibility that LPA has distinct effects in the pulmonary and systemic vasculature. LPA has been widely reported to stimulate cultured SMC migration and proliferation,13–15 direct LPA administration stimulates neointimal formation in rodent carotid arteries,17 and systemic LPA administration elevates blood pressure acutely in rodents.1 Based on its ability to promote migration and dedifferentiation of pulmonary vascular cells, LPA might be predicted to promote or exacerbate PH. LPA1 and LPA2 receptors regulate migratory responses in several cell types, including SMCs.1,34 It is possible that in the setting of attenuated LPA signaling, abnormal SMC migration results in a developmental abnormality of vessel formation that promotes PH. An alternative, but not exclusive, possibility is that LPA signaling plays a fundamental role in maintaining pulmonary vascular tone, and mice with inherited deficiencies in LPA signaling develop compensatory mechanisms to balance the loss of LPA, such as upregulation of endothelin signaling, that contribute to pathology. The ability of LPA to affect acutely systemic blood pressure in certain species was reported more than 30 years ago. However, to our knowledge, this is the first report to document the consequences of long-term deficiency of LPA signaling on vascular tone in an

Figure 5. Expression of ET-1 and its receptors in lungs of Lpar1−/−/− mice. A, Quantitative reverse transcription–polymerase chain reaction analysis of expression of Edn1 (encoding ET-1), Ednra (ETa), and Ednrb (ETB) in lungs of age-matched wild-type (WT) (hatched bars) and Lpar1−/−/− (open bars) mice. All results were graphed from 3 experiments and presented as mean±SD. The expression level of WT mice was set as 1. *P<0.05. B, ET-1 protein content in lungs of age-matched WT (n=5; hatched bars) and Lpar1−/−/− (n=10; open bars) mice. C and D, ETb (C) and ETA (D) protein levels quantitated by immunoblot analysis and normalized to β-actin expression (n=3 per group). Results are presented as mean±SD.
experimental model. Of interest is the observation that acute LPA administration alters systemic blood pressure but does not affect pulmonary resistance, whereas genetic deficiency in LPA signaling alters the pulmonary vasculature without affecting systemic blood pressure. It is possible that in the absence of LPA signaling, the endothelin pathway is upregulated to maintain systemic pressure at the expense of the pulmonary vasculature. LPA and endothelin share downstream signaling mediators, such as phospholipase C and D, and other work has identified unexpected consequences of genetic deletion of signaling pathways on other systems. Similar effects (for example, those mediated by alterations in coupling of receptors to G protein–coupled receptors) could account for upregulation of endothelin signaling in the absence of LPA receptors.

The development of PH may require several events, including a trigger (such as hypoxia), an imbalance in the ratio of vasodilators to vasoconstrictors, and a permissive genotype.35 The spontaneous development of PH in the Lpar1/−/−/−2/−/− mice may have been facilitated by permissive genetic modifiers on the BALB/c background. BALB/c mice are more prone than C3H and C57BL/6 mice to developing pulmonary vascular muscularization following smoke exposure.36 Enhanced hypoxic pulmonary vasoconstriction in BALB/c mice compared with C57BL/6 mice has been observed.37 The BALB/c background also modifies the phenotype of transforming growth factor-β1-deficient mice,38 and transforming growth factor-β signaling has been implicated in the development of PH. Differences of baseline cardiovascular phenotypes in mice on various genetic backgrounds are reported and may also explain the differences in peak flow velocity of normoxic Enpp2 and Lpar1/−/−/−2/−/− mice.39

The development of PH in the Enpp2+/−/− and the Lpar1+/−/−/−2/−/− mice was likely promoted by an imbalance in the ratio of vasodilators (nitric oxide and prostacyclins) to vasoconstrictors (ET-1 and thromboxane A2). No difference in expression of enzymes responsible for production of NO (endothelial nitric oxide synthase) or termination of its signaling (phosphodiesterase 5) was observed, nor were there changes in urinary prostacyclin or thromboxane metabolites.34 Similar effects (for example, those mediated by alterations in coupling of receptors to G protein–coupled receptors) could account for upregulation of endothelin signaling in the absence of LPA receptors.

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Disclosures

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Supplemental Material

Methods

Hypoxia model
Mice were exposed to oxygen-poor air (hypoxia) at normal atmospheric pressure by placement of their cages in a commercially available chamber (A-chamber, BioSpherix). The mice resided in the chamber for 24 hrs per day for 3 weeks to induce pulmonary hypertension and vascular remodeling, and were removed from the chamber only for cage, food, and water changes. The hypoxic environment within the chamber was achieved by inflow of compressed nitrogen gas. The oxygen concentration (FIO$_2$ = 0.10) was controlled by a commercially available oxygen controller (Proox model 110, BioSpherix). Prior and after 3 weeks of hypoxia treatment, echocardiography was performed to evaluate the cardiac function. RV pressures measurements were performed in both normoxic and hypoxic groups. Mice were then euthanized, and organs were collected for histological, biochemical, and gene expression analysis.

Echocardiography
Transthoracic echocardiography was performed using a 30 MHz probe and the Vevo 770 Ultrasonograph (VisualSonics). Mice were lightly anesthetized with 0.8% isoflurane, maintaining heart rate at 400–500 beats/min. The hair was removed from the chest using a chemical hair remover (Nair®). The heart rate and body temperature were maintained and recorded. Two-dimensional parasternal long- and short-axis views were obtained. For determining the flow across the pulmonary valve, high short-axis view was obtained at the level of the right ventricular outflow tract (RVOT) and in which the pulmonary valve can be easily seen. The Doppler mode cursor was positioned at the end of the pulmonary valve to record the peak velocity across the pulmonary valve.

RV pressure measurement
Under anesthesia (inhaled isoflurane 1 – 3%), the mouse was fixed in a supine position with tape on a mouse pad that has imbedded EKG electrodes and surface mounted semi-conductor temperature sensor that distributes heat through surface mounted resistors. Rectal temperature was monitored. Under direct visualization of the trachea, an endotracheal tube was inserted and connected to a Harvard rodent volume-cycled ventilator (Model 645, Harvard Apparatus) via the Y-shaped connector. Ventilation was performed with a tidal volume of 200 µL and a respiratory rate of
150/min. Oxygen was provided to the inflow of the ventilator. The chest cavity was opened by an incision of the left fourth intercostal space. An 1 French catheter (Millar Instruments) was quickly inserted into the RV and pressure traces was obtained by Chart 5 Pro (AD Instruments). The animal was euthanized while still under anesthesia, and organs were obtained for histology and RT-PCR analysis.

Real-time PCR
Lungs were collected from mice and weighed. A representative piece from taken from similar locations in each lung was immediately cut and stored in RNAlater (Qiagen). The tissues were homogenized by mortar and pestle, and total RNA was extracted using Trizol (Invitrogen) following manufacturer’s instructions. cDNA was prepared with Multiscribe reverse-trasncriptase enzyme as per manufacturer’s directions (High-Capacity cDNA Archive Kit; Applied Biosystems). mRNA expression was measured in real-time quantitative PCR using the following predesigned TaqMan® gene expression assays (Applied Biosystems): mouse genes- Enpp2 (Mm00516572_m1), Eln (Mm00514670_m1), Edn1 (Mm00438656_m1), Ednra (Mm01243722_m1), Ednrb (Mm00432989_m1), Vegfr2 (Mm01222419_m1), Pde5a (Mm01324391_m1), Nos3 (Mm00435204_m1), Lpar1 (Mm00439145_m1), Lpar2 (Mm00469562_m1), Lpar3 (Mm00469694_m1), Lpar4 (Mm01228532_m1), Lpar5 (Mm01190818_m1). All the probes used in the study spanned an exon junction and thus would not detect genomic DNA. An RNA sample without reverse transcription was used as a negative control. Samples were assayed on an ABI Prism® 7500 Fast Real-Time PCR System. Threshold cycles (Ct) were determined by an in-program algorithm assigning a fluorescence baseline based on readings prior to exponential amplification. Fold change in expression was calculated using the $2^{-\delta\delta C_T}$ method using 18s RNA as an endogenous control.

Histology
Mice were weighed, and hearts, lungs, livers, and kidneys were dissected, rinsed in PBS, and weighed. Hearts were cut in a cross section at the widest point. The top half of the heart was fixed with 4% paraformaldehyde and embedded in paraffin. 5μm sections of hearts and lungs were prepared with microtome. The sections were stained with hematoxylin and eosin for examination of gross appearance, whereas Masson’s Trichrome, periodic acid-Schiff, and van Gieson counterstained with hematoxylin (PAS-H) was employed to facilitate quantification of fibrosis, cardiomyocyte size, and elastin content respectively. Cardiomyocyte hypertrophy was assessed by measuring cross-sectional area of 50 cardiomyocytes per PAS-H-stained section in randomly selected fields having nearly circular capillary
profiles and centered nuclei in the LV or RV free walls. The morphology, muscularization percentage of small arterioles, and arteriolar wall thickness were quantified with lung sections immunostained with the biotinylated anti-\(\alpha\)-smooth muscle actin antibody (Sigma Chemical Co.). Small arterioles with diameters ranging in 15-100 \(\mu\)m are scored. Arterioles with no positive \(\alpha\)-smooth muscle actin staining are characterized as non-muscularized, wrapped with 0-75% positive staining as partially-muscularized, and >75% positive staining as fully-muscularized vessels. 50 arterioles in each section were counted. The percentages of non-muscularized vessels were used for statistical analysis. Arteriolar wall thickness and elastin content were quantified with Metamorph imaging software.

**Hematological analysis**

Retro-orbital bleeding was performed with mice anesthetized with isoflurane. Whole blood was collected into EDTA-coated tubes. Hemoglobin concentration and hematocrit were analyzed with ABC vet hematology analyzer (ABX) set to measure mouse blood cell parameters.

**Pulmonary vascular permeability**

Mice were kept anesthetized with pentobarbital. The neck skin was cut open, and 1% Evans blue in PBS was injected into the right jugular vein (100 \(\mu\)l / mice). 15 minutes later, heparin with PBS was perfused from RV to LV at a constant rate of 111.8 ml/hr (25 mmHg pressure). The perfused lung was dissected, weighed and immersed in 1ml formamide to extract Evans blue. The extraction was performed in a shaking water bath at 56°C for 24 hours. The extracted Evans blue was quantified by reading absorbance at 600 nm and normalized to lung weight.

**Quantification of Endothelin-1, ETA and ETB protein**

Lung tissues from postnatal day 7 old mice were homogenized with buffer containing 1% NP-40 and centrifuged at 13,000 rpm for 5 minutes to collect supernatant. The homogenized lungs were analyzed as a single batch for ET-1 by ELISA (R&D Systems, Minneapolis, MN) as described in the manufacturer’s protocol. Immunoblot analysis was performed with antibodies to ETA and ETB (Abcam) and the processed for quantification using the Odyssey infrared imaging system (LI-COR, Lincoln, NE, USA). The results are presented as the intensity of ET receptor to that of \(\beta\)-actin.
Supplementary Figure I. Cardiomyocyte hypertrophy in older $Lpar1^{-/-}2^{-/-}$ mice.
A. Representative images of RV cardiomyocytes in >45 week old age-matched WT and $Lpar1^{-/-}2^{-/-}$ mice. Hearts were sectioned at the widest point transversely, and stained with PAS. B. Cross-sectional area of individual cardiomyocytes in RV and LV of age-matched (>45 weeks old) WT (n=3) and $Lpar1^{-/-}2^{-/-}$ (n=4) mice. C Average number of cardiomyocytes/field in RV and LV of the same sets of WT (n=3) and $Lpar1^{-/-}2^{-/-}$ (n=4) mice.
Supplementary Figure II. Normal arterial oxygen saturation, hematocrit, hemoglobin in \( \text{Lpar1}^{-/-2/-} \) mice. A. Arterial oxygen saturation percentage (\( \text{O}_2 \) %) in WT (closed circle) and \( \text{Lpar1}^{-/-2/-} \) (open circle) mice at 8 to 32 weeks old. B. Hematocrit (HCT %) of > 27 week-old age-matched WT (n=8) and \( \text{Lpar1}^{-/-2/-} \) (n=6) mice. Data are presented as individual values and box plot with median with 25 to 75% confidence intervals. Data were analyzed by t-test. C, Hemoglobin concentration of > 27 week-old age-matched WT (n=9) and \( \text{Lpar1}^{-/-2/-} \) (n=6) mice. Data are presented as individual values and box plot with median with 25 to 75% confidence intervals. Data were analyzed by t-test. NS: not statistically significant.
Supplementary Figure III. Normal lung permeability and pulmonary valve architecture in \textit{Lpar1^{-/-}} mice. A. Evans blue extracted from lung of age-matched (~24 weeks old) WT (n=4) and \textit{Lpar1^{-/-}} (n=4) mice. Individual values (dots) and medium with 25 and 75% confidence intervals (box plots) are presented. Data were analyzed by t-test. NS: not statistically significant. B. Representative images of heart sections at the level of pulmonary valves in WT and \textit{Lpar1^{-/-}} mice. Sections were stained with Masson's trichrome staining. Pulmonary valves are indicated by arrows.
**Supplementary Figure IV. Expression of ET-1 and its receptors in lungs of Enpp2+/− mice.**

Quantitative RT-PCR analysis of expression of Edn1 (encoding ET-1), Ednra (ET_A) and Ednrb (ET_B) in lungs of age-matched WT (slashed bars) and Enpp2+/− (open bars). Mice under normoxic and hypoxic conditions. All results were graphed from four experiments and presented as mean ± S.D. The expression level of WT mice at normoxia is set as 1. *P<0.05.