Objective—Transgenic overexpression of the human cysteinyl leukotriene receptor 2 (CysLT2R) in murine endothelium exacerbates vascular permeability and ischemia/reperfusion injury. Here, we explore the underlying mechanisms of CysLT2R activation-mediated inflammation and delineate the relative contributions of endogenous murine CysLT2R and the transgene-derived receptor.

Approach and Results—We created a novel mouse with only endothelial-expressed CysLT2R (endothelium-targeted overexpression mice [EC]/CysLT2R-knockout mice [KO]) by crossing EC with KO to dissect the role of endothelial CysLT2R in tissue injury. Surprisingly, we discovered that damage in EC/KO mice was not elevated (24% versus 47% EC) after ischemia/reperfusion. We examined vascular permeability and leukocyte recruitment/rolling responses in the cremaster vasculature after cysteinyl leukotriene (cystLT) stimulation. Mice possessing transgenic endothelial CysLT2R overexpression, whether EC or EC/KO, when stimulated with cystLTs, exhibited vascular hyperpermeability, declining leukocyte flux, and a transient increase in slow-rolling leukocyte fraction. Mice lacking endogenous CysLT2R (both KO [20±3 cells/min] EC/KO [24±3]) showed lower-rolling leukocyte flux versus wild-type (38±6) and EC (35±6) mice under unstimulated conditions. EC/KO mice differed from EC counterparts in that vascular hyperpermeability was not present in the absence of exogenous cystLTs.

Conclusions—These results indicate that endothelial and nonendothelial CysLT2R niches have separate roles in mediating inflammatory responses. Endothelial receptor activation results in increased vascular permeability and leukocyte slow-rolling, facilitating leukocyte transmigration. Nonendothelial receptors, likely located on resident/circulating leukocytes, facilitate endothelial receptor activation and leukocyte transit. Activation of both receptor populations is required for injury exacerbation. (Arterioscler Thromb Vasc Biol. 2014;34:00–00.)

Key Words: capillary permeability ■ cysteinyl leukotriene receptor 2 ■ inflammation ■ leukocytes ■ reperfusion injury

Myocardial infarction is one of the leading killers in the Western world today, and everincreasing obesity rates in the industrialized world make cardiovascular disease a growing threat to public health.1 Myocardial infarction is characterized by a blockage of the coronary circulation, usually caused by atherosclerotic plaque rupture, leading to cessation of oxygen and nutrient delivery to the myocardium. Timely restoration of flow to the affected area, reperfusion, is paramount. However, this treatment method is also a double-edged sword; although necessary to salvage cardiac function, it also evokes reperfusion damage, a combination of oxidative stress and inflammation that results in additional myocardial injury.2

Leukotrienes are potent proinflammatory lipid mediators synthesized from arachidonic acid via the actions of 5-lipoxygenase and 5-lipoxygenase–activating protein. Cysteinyl leukotrienes (cystLTs) are a subfamily of leukotriene molecules, thus termed because of a common cysteine moiety in their respective structures. The cystLTs, leukotriene C4, D4, and E4, exert their effects by binding to sequenced G-protein–coupled receptors: cysteinyl leukotriene receptor 1 (CysLT1R), cysteinyl leukotriene receptor 2 (CysLT2R), and a novel CysLT2R receptor (GPR99).3 CysLT2R binds LTD4 preferentially to LTC4, whereas CysLT1R binds LTD4 and LTC4 with equal affinity. Both receptors bind LTE4, the most stable and abundant cystLT, with weak affinity.4 In contrast, GPR99 displays preferential binding affinity for LTE4, with weak affinity for LTC4 and LTD4.5

The involvement of CysLT2R in airway inflammation has been studied extensively. Indeed, CysLT2R pharmacological antagonists are popular antiasthma treatment options.
CysLT2R, in humans, is expressed in umbilical vein endothelial cells, macrophages, platelets, and the cardiac Purkinje system, and coronary endothelial cells. CysLT2R research had been previously hampered by a lack of selective pharmacological agents, the majority of work instead using the nonselective CysLT antagonist/partial agonist Bay-u9773 or genetic models of CysLT2R expression modulation. However, recent studies have characterized 2 novel CysLT2R-selective antagonists: HAMI3379 and BayCysLT2, which are proving to be useful tools in eicosanoid research.

There is evidence linking CysLTs to cardiovascular disease and inflammation. Expression of components of the leukotriene synthesis pathway is found in human atherosclerotic lesions. Furthermore, genetic polymorphisms in 5-lipoxygenase pathway genes have been correlated to increased myocardial infarction and stroke risk in some populations but not all. CysLT2R can mediate vascular permeability, susceptibility to gastrointestinal tract inflammation, and increased vulnerability to ischemic injury in the heart and brain. CysLT2R expression is increased after hypoxic/ischemic stress. Previous work from our laboratory has shown that CysLT2R-selective antagonism can abrogate myocardial ischemia/reperfusion injury in transgenic mice overexpressing the human CysLT2R receptor in vascular endothelium (hEC-CysLT2R). However, we were unable to delineate the relative roles of the transgenic endothelial CysLT2R versus endogenous murine CysLT2R present on various cell types.

To study this, we have created a novel mouse model by crossing CysLT2R-knockout mice (KO) with hEC-CysLT2R mice (EC), resulting in a model with selective endothelial CysLT2R expression. Using these novel mice, we examine how CysLT2R mediates postischemic myocardial injury and vascular inflammatory responses.

### Materials and Methods

A summary of the murine genotypes used in this study can be found in the Table. Detailed Materials and Methods are available in the online-only Supplement.

#### Results

**Transgenic CysLT2R Is Found in Both Tissues and Circulating Cells**

Tie2 is known to be expressed in certain circulating leukocytes in addition to endothelial cells and, thus, we compared transgenic CYSLTR2 mRNA expression levels in tissues and circulating cells from mice possessing the CYSLTR2 transgene. Comparable amounts of CYSLTR2 expression was noted between EC and EC/KO mice in lung tissues. Less CYSLTR2 expression was found in peripheral blood leukocytes and bone marrow cells in both EC and EC/KO mice relative to lung expression. We also confirmed the absence of transgene expression in WT mice, as well as the absence of endogenous murine Cysltr2 expression in EC/KO mice (Figure I in the online-only Data Supplement). These results indicate that Tie2-expressing nonendothelial cells do not comprise the bulk of transgenic CYSLTR2 present in our overexpression mouse models. In addition, there is no difference in transgenic CYSLTR2 expression between EC and EC/KO mice. This indicates that any phenotypic differences noted between EC and EC/KO mice are likely the result of removal of the endogenous murine CysLT2R.

**Endothelium-Targeted CysLT2R Overexpression Does Not Exacerbate Infarction Damage in the Absence of Endogenous CysLT2R**

Our previous findings have established that transgenic CysLT2R overexpression in the endothelium, in the presence of endogenous murine CysLT2R expression, results in significantly increased infarction volume after myocardial ischemia/reperfusion in mice. However, transgenic mice without endogenous CysLT2R expression (EC/KO) did not show this phenomenon (Figure 1). Indeed, both WT (23.2±2.2%, n = 13) and EC/KO (24.0±3.0%, n = 14) groups showed significantly lower infarction volumes than EC mice (47.2±1.9%, n = 12; P<0.001 against both groups). Volume at risk did not vary between any of the experimental groups (Figure 1B). We also found that CysLT2R-knockout mice

### Table. CysLT2R Expression Profile in Featured Mouse Genotypes

<table>
<thead>
<tr>
<th>Genotype</th>
<th>Endothelial Expression</th>
<th>Nonendothelial Expression</th>
</tr>
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<tbody>
<tr>
<td>WT</td>
<td>mCysLT2R</td>
<td>mCysLT2R</td>
</tr>
<tr>
<td>EC</td>
<td>mCysLT2R</td>
<td>mCysLT2R</td>
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<td>KO</td>
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<tr>
<td>EC/KO</td>
<td>hCysLT2R</td>
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Expression levels (denoted by + signs) of endogenous murine (mCysLT2R [cysteinyl leukotriene receptor 2]) and transgenic (hCysLT2R) human CysLT2R in endothelial and nonendothelial cells in various murine genotypes. EC indicates endothelium-targeted overexpression–CysLT2R mouse model; KO, CysLT2R-knockout mouse model; and WT, wild-type mouse model.
Vascular Permeability Responses in EC/KO Mice Differ From Those in EC Mice

Given that CysLT2R-mediated myocardial injury seems not to be exclusively mediated by the endothelium-overexpressed CysLT2R transgene, we sought to investigate how and to what extent knockout of endogenous CysLT2R would affect endothelial/vascular permeability. This is especially pertinent because based on previous work, endogenous CysLT2R expression is significantly less than transgene expression.21 These results indicate that CysLT2R-mediated exacerbation of myocardial ischemia/reperfusion injury is not solely mediated by endothelium-targeted CysLT2R.

Figure 1. Myocardial injury is not elevated in endothelium-targeted overexpression–human cysteinyl leukotriene receptor 2 (CysLT2R) mouse model–CysLT2R-knockout (EC/KO) mice after ischemia/reperfusion. A, Representative tetrazolium chloride–stained ventricular sections from wild-type (WT), endothelium-targeted CysLT2R-overexpressing (EC), CysLT2R-knockout (KO), and EC/KO mice. Morphometric analysis of (B) left ventricular volume at risk and (C) infarct size in the groups mentioned above showed that infarction volume was significantly greater in EC mice compared with WT. However, this phenomenon was not seen in EC/KO mice.

(KO; 17.8±2.2%, n = 12) had a tendency of lower infarction volumes than WT and EC/KO groups (Figure 1C; P=0.096 versus WT, P=0.11 versus EC/KO). These findings were unexpected because endogenous CysLT2R expression is significantly less than transgene expression.21 These results indicate that CysLT2R-mediated exacerbation of myocardial ischemia/reperfusion injury is not solely mediated by endothelium-targeted CysLT2R.

Endothelial-Targeted CysLT2R Overexpression
Results in Diminishing Leukocyte Flux in Cremaster Vasculature After Leukotriene Stimulation

Next, we investigated the effects of cysLT stimulation on rolling leukocyte flux in murine cremaster postcapillary venules. WT mice (n=6) showed an increase in rolling leukocyte flux after 5 minutes postcysLT stimulation (+13±5 cells/min; P=0.07 versus start), and this was maintained until the end of the experiment at 15 minutes (+12±5; P=0.07 versus start). CysLT-stimulated cremaster preparations of KO mice (n=6) did not show significantly altered basal rolling leukocyte counts versus nontransgenic counterparts (WT and KO). Complete blood counts for all genotypes were undertaken, and no significant differences in baseline leukocyte numbers or differential counts were detected (data not shown).
changed at 5 minutes (−2±2) but showed a significant decline by 15 minutes (−10±3; \(P=0.002\) versus start). Changes in rolling leukocyte flux in EC and EC/KO mice were statistically significant versus WT mice (Figure 5). These results indicate that endothelial CysLT2R overexpression significantly alters rolling leukocyte flux counts postleukotriene stimulation.

### Cysteinyl Leukotriene Stimulation Results in Increased Leukocyte Slow-Rolling Fraction in Cremaster Vasculature in Mice Expressing Endothelial CysLT2R

Before firm adhesion and transmigration, leukocytes undergo slow rolling, a phenomenon characterized by leukocyte velocity decreasing to <10 \(\mu\text{m/s}\). Slow rolling is mediated by E-selectin/CD18 binding and is triggered by proinflammatory cytokines.27,28 We examined rolling leukocyte velocity in cremaster venules in the absence and presence of cysteinyl leukotriene stimulation. Rolling leukocyte velocity distribution in the unstimulated cremaster muscle did not differ significantly among the 4 genotypes. However, WT (\(n=6\) mice, 58% slow rolling leukocytes → 79%), EC (\(n=8\) mice, 65% → 78%), and EC/KO (\(n=7\) mice, 59% → 70%) groups all presented a significant shift in rolling leukocyte velocity distribution toward increased slow-rolling (sub 10 \(\mu\text{m/s}\)) at 5 minutes postcysLT stimulation (Figure 6). KO mice (\(n=6\) mice, 61 → 64%) did not display this trend. The presence of this phenomenon in EC/KO mice indicates that it is the endothelial CysLT2R niche that drives promotion of slow-rolling leukocytes. Interestingly, although WT mice showed a significantly increased proportion of slow-rolling leukocytes through all 3 poststimulation time points, both EC and EC/KO mice saw slow-rolling cell fraction return to prestimulation levels by 10 minutes.

Median rolling leukocyte velocity in the unstimulated cremaster muscle did not differ significantly between the 4 genotypes. However, median rolling leukocyte velocity in WT, EC, and EC/KO mice all decreased significantly at 5 minutes post-leukotriene stimulation. This phenomenon persisted in WT...
and EC mice at 10 and 15 minutes (albeit nonsignificantly in the latter group) but was transient in EC/KO mice. In addition, median velocity in EC mice was significantly lower than EC/KO mice at 10 minutes postsysLT stimulation, and both WT and EC mice showed significantly lower median velocity compared with EC/KO mice at 15 minutes poststimulation (Figure 7). This indicates that nonendothelial CysLT2R activation may also play a role in mediating/sustaining leukocyte slow-rolling.

Discussion

Endothelial CysLT2R Is Not the Sole Mediator of CysLT2R-Mediated Ischemia/Reperfusion Injury Exacerbation

Endothelial expression of functionally relevant CysLT2Rs has been well established for almost a decade now, and endothelial-targeted overexpression of CysLT2R results in exacerbation of vascular permeability, edema, upregulation of cell adhesion molecules, and myocardial infarction damage. The ability of CysLT2R pharmacological antagonism to abolish these phenomena lent support to the idea that endothelial-expressed CysLT2R was the principal mediator of these effects. Given the disparity in levels between endogenous murine CysLT2R expression and the overexpressed endothelial-targeted hCysLT2R transgene, it was also logical to think that these biological responses were endothelium driven.

However, our experiments using a novel endothelium-limited CysLT2R-overexpressing mouse model indicate that CysLT2R-mediated exacerbation of inflammation is only partially driven by endothelial cell–expressed receptors, and that other CysLT2R receptor niches may play a vital role in initiating and mediating the inflammatory response. Despite
possessing the same overexpression of endothelial hCysLT2R as the EC model, EC/KO mice have significantly less severe myocardial damage after ischemia/reperfusion. Because transgenic CysLT2Rs account for the majority of endothelial CysLT2R in EC mice,21 it was not expected that removal of the murine endothelial receptor would affect CysLT2R-mediated mechanisms involving the endothelium, indicating that the endothelium is not the sole mediator of increased I/R injury in EC mice.

We also note for the first time that KO mice show a tendency for reduced I/R damage versus WT counterparts. The reason that the difference between damage in KO and WT mice is relatively small compared with that between WT and EC mice is that basal CysLT2R expression in murine cardiac vasculature is low.9 However, basal human CysLT2R expression is higher,8 and leukotriene production and leukotriene receptor expression are elevated in pathological states,11,29,30 indicating that our EC model more closely represents human CysLT2R expression levels. Indeed, our experimental data (Figure II in the online-only Data Supplement) indicate that human CYSLTR2 expression is higher than that found in our EC mice.

Explaining our results required closer examination of the various proinflammatory mechanisms stemming from CysLT2R activation. We have shown that basal rolling leukocyte flux is significantly higher in mice that possess endogenous nonendothelial CysLT2R (WT and EC groups) compared with mice that do not (KO and EC/KO groups), regardless of presence or absence of transgenic endothelial CysLT2R. Although leukocyte recruitment to injured tissue is a key component of tissue repair,31,32 exacerbated leukocyte recruitment and improper resolution of the inflammatory response can result in additional injury.31 We have previously shown that transgenic overexpression of endothelial CysLT2R results in vascular hyperpermeability,12 and our EC/KO model was in agreement with this finding, showing significantly elevated
extravascular FITC-albumin accumulation after cysLT stimulation. The extent and magnitude of the vascular permeability response in EC/KO mice was comparable with that seen in EC mice, indicating that nonendothelial CysLT2R does not play a significant role in CysLT2R-mediated vascular hyperpermeability.

The presence of rolling leukocytes does not automatically translate into leukocyte transmigration. Indeed, the presence of a patrolling vascular leukocyte reservoir consisting primarily of rolling or crawling monocytes that do not extravasate until after exposure to irritants and injury has been characterized in the mesenteric and coronary vasculature. However, we saw a significant decrease in rolling leukocyte flux as well as a transient but significant increase in slow-rolling leukocyte proportion in EC and EC/KO mice after cysLT stimulation. These findings, in combination with the aforementioned cysLT-induced hyperpermeability response in EC and EC/KO mice, support a mechanism whereby CysLT2R activation results in increased rolling leukocyte flux, decreased rolling leukocyte velocity, and vascular hyperpermeability, resulting in the elevated edema and leukocyte extravasation into the injured myocardium, which have been shown to be hallmarks of CysLT2R-mediated exacerbation of I/R injury. 11,14

However, although vessels in EC mice showed leakage in the absence of exogenous cysLT stimulation, vessels in EC/KO mice did not. Moos et al12 attributed the phenomenon in EC mice to small amounts of leukotrienes liberated during the surgical exposure of the cremaster muscle taking advantage of an increased abundance of endothelial CysLT2R. If this is the case, why do these liberated leukotrienes not exert a similar effect on vessels in EC/KO mice? The answer may be that leukotrienes released during tissue injury do not directly activate endothelial CysLT2R. Rather, trauma results in localized leukotriene production/release29,34 and the subsequent activation of nonendothelial CysLT2Rs. This in turn results in cysLT production in close proximity to endothelial cells, a vital feature given the short half-lives of LTC4 and LTD4 resulting in the activation of endothelial CysLT2R and autocrine cysLT production mechanisms. Sufficient leukotriene presence (ie,
exogenous application) would be able to bypass the nonendothelial step and directly activate endothelial receptors, explaining how EC/KO mice can still present hyperpermeability after exogenous stimulation. The exact cellular identity of the non-endothelial CysLT2R niches being activated in mice has yet to be determined; however, leukocytes and other circulatory cells are leading candidates because CysLT2R is expressed by monocytes, macrophages, eosinophils, and platelets in humans. Eosinophils, mast cells, macrophages, and parenchymal cells are capable of producing cysLTs, and neutrophils and monocytes produce the cysLT precursor LTA4, which is converted to LTC4 by endothelial cells and platelets. Finally, endothelial cells produce LTC4 in an autocrine manner on CysLT2R activation.

A limitation of the study is using the cremaster vasculature to extrapolate findings to the coronary circulation, given the known physiological and anatomic heterogeneity among microvascular beds. However, the observations in the cremaster vasculature do not contradict the post-I/R injury damage phenotypes detected in the myocardium. A novel and nonobtrusive method of real-time cardiac intravital microscopy imaging has just been realized, affording an opportunity...
Various Tissue-Specific CysLT₂R Niches Play Divergent yet Synergistic Roles in Mediating CysLT₂R-Mediated Ischemia/Reperfusion Injury Exacerbation

We previously proposed a mechanism whereby CysLT₂R activation after ischemia/reperfusion injury resulted in elevated leukocyte extravasation and increased inflammation, resulting in increased tissue injury. Our present findings indicate that leukotriene release after injury/ischemia activates CysLT₂R niches, likely circulating leukocytes, and that this facilitates leukocyte recruitment to the site of injury and activation of endothelial CysLT₂R (possibly via localized leukotriene production). Endothelial CysLT₂R activation results in vascular hyperpermeability, resulting in edema, and an increase in the proportion of slow-rolling leukocytes, promoting leukocyte extravasation. Activation of both endothelial and nonendothelial CysLT₂R likely yields a synergistic effect. Insufficient endothelial CysLT₂R activation would result in higher numbers of rolling leukocytes that do not extravasate en masse (seen in WT mice), whereas absence of nonendothelial activation would result in limited-rolling leukocyte flux (seen in EC/KO mice), and thus decreased leukocyte migration to the surrounding tissue, regardless of vascular hyperpermeability (Figure 8).

In conclusion, we have used a novel endothelium-limited CysLT₂R-overexpressing mouse model to delineate the differing roles that endothelial and nonendothelial CysLT₂R niches play in mediating postinjury inflammatory responses. We show that nonendothelial CysLT₂R niches are vital to leukocyte recruitment and endothelial CysLT₂R activation, whereas endothelial CysLT₂R activation mediates extent of vascular permeability. Although further work is required to clarify the precise molecular mechanisms underlying these phenotypes (ie, cytokine release profile or induction of angiogenesis), as well as any involvement by other cell types (ie, adipose tissue) in close proximity to the vasculature, the revelation that endothelial CysLT₂R activation alone does not govern CysLT₂R-mediated proinflammatory responses indicates that more attention should be devoted to the role of nonendothelial CysLT₂R expression in cardiovascular injury.
Acknowledgments
We thank Professor Satoshi Ishii for providing LaCZ-CysLT2 KO mice, Drs Shetuan Zhang and Donald H. Maurice for providing human tissue samples, and Deborah Harrington for assistance with murine blood counts.

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Disclosures
None.

References

**Significance**

This study, to our knowledge, is the first to explore the contributions of human cysteinyl leukotriene receptor 2 (CysLT₂R) expression niches to inflammatory response modulation in vivo. Leukotrienes have been linked to cardiorespiratory disease for decades, but the majority of the work has focused on asthma. Recent work has uncovered that CysLT₂R activation results in exacerbation of postischemia/reperfusion injury, but the underlying mechanisms remain unclear. We present here evidence that CysLT₂R-mediated exacerbation of ischemia/reperfusion injury is not solely driven by endothelial receptor activation. Instead, activation of nonendothelial CysLT₂Rs, most likely located in circulating leukocytes, facilitates the activation of endothelial receptor niches, which in turn results in vascular hyperpermeability and leukocyte extravasation. These findings aid in our understanding of leukotriene-mediated inflammatory responses and also provide a potential therapeutic target for regulating not only postmyocardial infarction inflammation but also other leukotriene-mediated inflammatory mechanisms.
Multiple-Site Activation of the Cysteinyl Leukotriene Receptor 2 Is Required for Exacerbation of Ischemia/Reperfusion Injury
Nathan C. Ni, Laurel L. Ballantyne, Jeffrey D. Mewburn and Colin D. Funk

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Materials and Methods

Mouse Models

All mice used in this study have a C57Bl/6 genetic background. hEC-CysLT2R (EC) transgenic mice were previously described. Briefly, these mice possess 7 copies of the human CYSLTR2 coding region placed under the control of the Tie2 promoter/enhancer for endothelial-targeted CysLT2R overexpression. LacZ-CysLT2R knockout (KO) mice contain a LacZ cassette under control of the Cysltr2 promoter with Cysltr2 disruption. X-Gal staining can be used as a reporter for native sites of CysLT2R expression. These two strains were crossed to generate a whole-body (including endogenous endothelial expression) CysLT2R knockout mouse that possesses endothelium-targeted overexpression of the human CysLT2R. This mouse is referred to as EC/KO. Details of the endogenous and transgenic CysLT2R expression profile of each genotype utilized can be found in Table 1.

Isolation of Bone Marrow Cells and Peripheral Blood Leukocytes

Bone marrow cells were obtained by flushing murine femurs and tibiae with phosphate buffered saline (PBS). Effluent was collected and centrifuged, and the pellet was used for RNA extraction. Peripheral blood leukocytes were obtained by collecting blood from mice via cardiac puncture using syringes containing 0.1 ml heparin (Sandoz Canada Inc, Boucherville, QC, Canada), and then subjecting heparinized blood to Ficoll-Paque (GE Healthcare, Mississauga, ON, Canada) gradient centrifugation. Leukocytes were thus collected, washed with PBS, and pelleted for RNA extraction.

RNA Extraction and Quantitative Real-Time PCR

Total RNA from murine and human tissues were obtained using guanidinium thiocyanate-phenol-chloroform extraction. In brief, cells or tissue were manually homogenized while immersed in TRI reagent (Sigma-Aldrich, St. Louis, MO). Chloroform (Thermo Fisher Scientific, Ottawa, ON, Canada) was then added, and the suspension was separated into three phases via centrifugation (10 min, 13,000g, 4°C). The clear upper aqueous layer was isolated, and RNA was precipitated using isopropanol, pelleted, and resuspended in diethyl pyrocarbonate-treated double-distilled H2O (Invitrogen, Carlsbad, CA). RNA quality and quantity were assessed using an Agilent Bioanalyzer (Agilent Technologies, Mississauga, ON, Canada) and Nanodrop N-1000 spectrophotometer (Nanodrop, Wilmington, DE), respectively. Total RNA was reverse-transcribed to cDNA using the iScript kit (Bio-Rad Laboratories, Hercules, CA) according to the manufacturer's protocol. Quantitative real-time PCR was performed using a thermal cycler (Applied Biosystems model 7500) with SYBR Green PCR master mix (Bio-Rad Laboratories, Mississauga, ON, Canada). Gapdh or GAPDH was used as a control housekeeping gene. Human CYSLTR2 (forward: 5’ TGA AAC CAT CCA TCT CCG TAT 3’; reverse: 5’ TGT GCA GTT CCT GCT GTT GTT AT 3’), murine Cysltr2 (forward: 5’ CAT GTG TAT GCC TGA TGT CTA CCA 3’; reverse: 5’ CAT TTG CCG TAC CCA GTC TCA 3’), and murine Tie2 primers (forward: 5’ CGG ACT GAC TAC GAG CTG TG 3’; reverse: 5’ CTT GGA GGA GGG AGT CCG AT 3’) were acquired from Eurofins MWG Operon (Huntsville, AL). Data were calculated using the 2−ΔΔCT method and are presented as fold-induction of transcripts for target genes normalized to Gapdh (forward: 5’ CAT GGC CTT CCG TGT TCC TA 3’; reverse: 5’ ATG CCT GCT TCA CCA
CCT TCT 3') or GAPDH (forward: 5’ CAC CAT CTT CCA GGA GCG AG 3’; reverse: 5’ AAA TGA GCC CCA GCC TTC TC 3’), with respect to controls.

Myocardial Ischemia/Reperfusion

Myocardial infarction was induced via non-permanent left anterior descending coronary arterial ligation, as previously outlined 4. Briefly, analgesia was administered (20 mg/kg tramadol (Ultram; Chiron AS, Trondheim, Norway)) at least 1 h prior to surgery in mice 14-18 weeks of age. Mice were then anesthetized with 5% isoflurane, intubated, and constantly ventilated (150 breaths/min) with 1 to 5% isoflurane throughout the procedure. An incision was made at the fourth intercostal space, with 50 μl of 50% lidocaine/50% bupivacaine injected subcutaneously along the incision line as an analgesic. The intercostal muscles were cut in order to expose the heart. The pericardium was pulled apart, and 6-0 silk suture (Ethicon, Somerville, NJ) passed underneath the LAD and surrounding myocardium. Ischemia was induced for 30 minutes by tightening the suture against a piece of PE-10 tubing placed on top of the LAD and confirmed by visible paling of the affected myocardium and/or visibly altered ventricular contraction rhythm. Removal of the tubing and loosening of the ligature allowed reperfusion. The surgical site was closed and mice were extubated as soon as they exhibited signs of consciousness, followed by subcutaneous administration of 0.5 to 1.0 ml of warm lactated Ringer’s solution (Baxter, Mississauga, ON), and returned to their cages once fully mobile. The entire procedure was performed on a heated pad. All surgical procedures and treatment regimens were approved by the University Animal Care Committee at Queen’s University and adhered to the guidelines of the Canadian Council of Animal Care.

Analysis of Infarct Volume

Infarct volume was analyzed 48 hours post surgery as previously described 4. The heart was excised and retrogradely perfused via the aorta with phthalocyanine blue ink dye (Liquitex, Cincinnati, OH) following suture re-tightening in order to demarcate the non-risk region. The heart was then rinsed in ice-cold PBS, blotted dry, frozen in plastic wrap at -20°C for 15 minutes, and cut transversely into six 1.0 mm sections. Sections were immersed in 2,3,5-triphenyltetrazolium chloride (1%; Sigma-Aldrich) for 15 min at 37°C to demarcate viable and necrotic tissue. Stained sections were photographed on both sides using a digital camera (Q-Color5; Olympus, Tokyo, Japan). The infarct area (pale white), the area at risk (brick red), the non-risk area (blue), and the total left ventricular area were calculated for both sides of each section using ImageJ software (National Institutes of Health, Bethesda, MD). As described previously 3,4, infarct size was calculated as the ratio of the infarct volume to the volume at risk. Animals with risk volume in the 35 to 70% range of total left ventricle volume were used as inclusion criteria in the study.

Intravital Microscopy of the Cremaster Vasculature

Vascular permeability and leukocyte recruitment were examined using intravital confocal microscopy. Male mice 12-16 weeks of age were anaesthetized with ketamine (150 mg/kg) and xylazine (10 mg/kg). A catheter was placed in the right jugular vein for experiments that required intravenous FITC-albumin injection. The cremaster muscle was then exposed as described previously 5. Post-capillary venules (20-50 μm) were visualized using a Quorum WaveFX-X1 spinning disk confocal system (Quorum
Technologies Inc., Guelph, ON, Canada). Recordings were taken with a Hamamatsu EM-CCD camera (model 09100-13; Hamamatsu Photonics, Hamamatsu, Japan) using MetaMorph software (Molecular Devices, Sunnyvale, CA).

In order to assess vascular permeability, fluorescein isothiocyanate (FITC)-labeled albumin (25 mg/kg body weight) was injected via the jugular catheter, and fluorescence intensity in the preparation was recorded for 1 minute. At this point, cysLTs (5 μmol/L each LTC4 and LTD4) were superfused onto the visualized vessel – following which fluorescence readings were recorded for a further 14 minutes.

To evaluate leukocyte flux in the cremaster vasculature, mice were prepared as above without catheterization. Bright-field images were recorded for 2 min prior to cysLT administration, following which bright-field segments were recorded at 5, 10, and 15 minutes post-cysLTs for 2 min. No difference in vessel diameter was noted between experimental groups (data not shown).

**Analysis of Vascular Permeability**

Vascular permeability was assessed by measuring FITC-albumin extravasation from the vasculature into the surrounding tissue. Fluorescence intensity, ranging from 0-65536 arbitrary units as defined by the software auto scale function, was measured at five 1 mm² sites surrounding the post-capillary venule using MetaMorph software. The absolute fluorescence intensity was recorded every 5 frames, with measurement areas manually adjusted to account for field-of-view drift. The first derivative of the absolute fluorescence intensity was calculated to determine the fluorescence intensity rate of change (a measurement previously termed LIFT – leakage intensity factor for tissues 2).

**Analysis of Vascular Leukocytes**

Bright-field recordings of post-capillary venules (20-50 μm) in the cremaster muscle were taken pre/post-leukotriene stimulation. Two min sequences were recorded prior to leukotriene stimulation and at 5, 10, and 15 min following stimulation. Rolling leukocyte flux, defined as the number of rolling leukocytes/min in the observed vessel 6, was visually analyzed by three observers blinded to the study group using VirtualDub version 1.9.9. Leukocyte velocity of 15-30 randomly selected cells was measured by tracking individual leukocytes/mouse/time point using Image-Pro Plus (Media Cybernetics Inc., Rockville, MD). Median leukocyte velocity was used as a representative indicator of flow speed, as average velocity would be improperly skewed by loosely adherent fast rolling leukocytes. Rolling leukocyte speed distribution was analyzed and presented using histograms 7.

**Complete Blood Count**

Blood was extracted from mice using a heparinized 25G needle via cardiac puncture immediately following CO2-asphyxiation and was stored in 1.5 ml eppendorf tubes. Samples were kept on ice until analysis using a scil Vet abc machine (scil Vet Novations; Barrie, ON, Canada).

**Statistical Analysis**
For each experimental group, the mean and standard error were calculated. To compare groups at a single timepoint, we performed a two-tailed unpaired Student's t-test. To compare timepoints within a single group, we performed a two-tailed paired Student's t-test. To compare groups over multiple time-points, we performed one way analysis of variance with post hoc Newman-Keuls t-tests. Comparison of rolling leukocyte velocity between groups was done using a nonparametric Kruskal-Wallis one-way ANOVA to determine significant differences, followed by Dunn's test for multiple comparisons. All statistical analysis was carried out using Prism 5.0 (GraphPad Software Inc., San Diego, CA). P < 0.05 was considered a statistically significant difference.
Table 1: CysLT₂R expression profile in featured mouse genotypes. Expression levels (denoted by + signs) of endogenous murine and transgenic human CysLT₂R in endothelial and non-endothelial cells in various murine genotypes.

<table>
<thead>
<tr>
<th>Genotype</th>
<th>Endothelial Expression</th>
<th>Non-Endothelial Expression</th>
</tr>
</thead>
<tbody>
<tr>
<td>WT</td>
<td>mCysLT₂R +</td>
<td>mCysLT₂R +</td>
</tr>
<tr>
<td>EC</td>
<td>mCysLT₂R +</td>
<td>mCysLT₂R +</td>
</tr>
<tr>
<td></td>
<td>hCysLT₂R +++</td>
<td></td>
</tr>
<tr>
<td>KO</td>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td>EC/KO</td>
<td>hCysLT₂R +++</td>
<td>None</td>
</tr>
</tbody>
</table>
References


7. Jung U, Ley K. Mice lacking two or all three selectins demonstrate overlapping and distinct functions for each selectin. *Journal of immunology*. 1999;162:6755-6762
Supplementary Figure I: relative expression of (A) murine Cysltr2, (B) human CYSLTR2, and (C) murine Tie2 in lung tissue (containing vascular endothelium), bone marrow (BM) cells, and peripheral blood cells (PBL) in WT, EC, and EC/KO mice. No significant differences in Cysltr2 expression was noted between WT and EC mice, and minimal Cysltr2 was expressed in EC/KO mice (A). Likewise, no significant differences in CYSLTR2 expression was noted between EC and EC/KO mice, and the transgene was not found in WT mice (B). Transgenic CYSLTR2 expression in lung tissue was elevated relative to BM cells and PBLs in both EC and EC/KO mice. Murine Tie2 expression was markedly higher in lung tissue relative to BM and PBLs in both EC and EC/KO mice, indicating transgene targeting of predominantly endothelial cells over Tie2-expressing leukocytes (C). n = 3.
Supplementary Figure II: relative expression of CYSLTR2 in cardiovascular tissues from humans and transgenic endothelial cell-targeted CYSLTR2 overexpressing mice. Human CYSLTR2 expression in aortae and atriae from both humans (black) and EC mice (white) were examined via qPCR. Human samples showed significantly elevated CYSLTR2 gene expression relative to murine tissue counterparts. CYSLTR2 expression was normalized to either human GAPDH or murine Gapdh, corresponding to the sample origin. * = p < 0.05, ** = p < 0.01. n = 3-4.