



Original Contribution

Inhibition of vascular smooth muscle cell proliferation by the vitamin E derivative pentamethylhydroxychromane in an in vitro and in vivo study: pivotal role of hydroxyl radical-mediated PLC γ 1 and JAK2 phosphorylation

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ABSTRACT

Abnormal proliferation of vascular smooth muscle cells (VSMCs) plays an important role in the development of cardiovascular diseases. PMC (2,2,5,7,8-pentamethyl-6-hydroxychromane) is the most potent hydrophilic derivative of vitamin E. In this study, we investigated the mechanisms of PMC inhibition of VSMC proliferation in vitro and in vivo. PMC (20 and 50 μ M) obviously suppressed proliferation of PDGF-BB-stimulated cells, but not resting cells, and arrested cell cycle progression at the G₂/M phase. A significant reduction in neointimal formation in carotid arteries was observed in PMC (5 mg/kg/day)-treated rats after balloon angioplasty. Activation of STAT3, JAK2, PLC γ 1, PKC δ , and ROS, but not ERK1/2, AKT, or PKC α , was markedly inhibited by PMC in PDGF-BB-stimulated VSMCs. Deferoxamine and PMC significantly inhibited the phosphorylation of PLC γ 1 and JAK2 and arrested cell cycle progression at the G₂/M phase. These events, however, were reversed in the presence of Fe²⁺. Moreover, PMC directly inhibited hydroxyl radical formation in both the Fenton reaction and VSMCs according to an electron spin resonance study. In conclusion, this study demonstrates for the first time that PMC inhibits VSMC proliferation in vitro and balloon injury-induced neointimal formation in vivo. The inhibitory mechanism of PMC may involve the inhibition of hydroxyl radical-mediated PLC γ 1–PKC δ and JAK2–STAT3 activation and causes cell cycle arrest at the G₂/M phase. PMC treatment may represent a novel approach for lowering the risk of or improving function in abnormal VSMC proliferation-related vascular diseases.

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Abnormal proliferation of vascular smooth muscle cells (VSMCs)¹ is implicated in the pathogenesis of several diseases including atherosclerosis, restenosis after angioplasty, transplant vasculopathy, and failure of vein graft bypass [1]. Numerous growth factors and cytokines are

reported to be released in human vascular lesions by dysfunctional endothelial cells, inflammatory cells, platelets, and VSMCs, and these mediate chemoattraction, cell migration, proliferation, apoptosis, and matrix modulation [2]. Basic fibroblast growth factor initiates medial proliferation of VSMCs, whereas platelet-derived growth factor (PDGF) induces subsequent migration of VSMCs toward the intima. Intimal proliferation and matrix accumulation were reported to occur under the influence of PDGF, transforming growth factor- β , angiotensin II, epidermal growth factor, and insulin-like growth factor 1 [3]. Although all of these factors may play roles in driving cellular events that lead to vascular proliferative diseases, it is generally considered that PDGF is the main cause [4].

PDGF is a peptide growth factor that provides signals for the proliferation of target cells. PDGF isoforms consist of various combinations of two polypeptide chains (the A- and B-chain), e.g., PDGF-AA, -AB, and -BB. The α - and β -receptors of PDGF were reported to have specific affinities for their isoforms, e.g., the β -receptor interacts only with the PDGF B-chain [5]. PDGF receptor (PDGFR)- β

Abbreviations: CCA, common carotid artery; DCF-DA, 2,7-dichlorofluorescein diacetate; DMEM, Dulbecco's modified Eagle's medium; DMSO, dimethyl sulfoxide; ECL, enhanced chemiluminescence; EEL, external elastic lamina; ERK, extracellular-regulated kinase; ESR, electron spin resonance; FBS, fetal bovine serum; IEL, internal elastic lamina; IP₃, inositol-(1,4,5)-trisphosphate; JAK, Janus kinase; MTT, 3-(4,5-dimethylthiazol-2-yl)-2,5-diphenyltetrazolium bromide; NADPH, nicotinamide adenine dinucleotide phosphate; NOX, NADPH oxidase; PDGFR, platelet-derived growth factor receptor; PI3K, phosphatidylinositol 3-kinase; PIP₂, phosphatidylinositol 4,5-bisphosphate; PKC, protein kinase C; PLC γ , phospholipase C γ ; ROS, reactive oxygen species; SDS-PAGE, sodium dodecyl sulfate–polyacrylamide gel electrophoresis; STAT, signal transducers and activators of transcription; VSMC, vascular smooth muscle cell.

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increases in atherosclerotic lesions, and its expression is primarily limited to VSMCs [6]. PDGF-BB propagates mitogenic signals through the autophosphorylation of its PDGFR- β on tyrosine residues. Tyrosine-phosphorylated PDGFR- β interacts with several other cytoplasmic proteins that constitute Src homology 2 (SH2) domains, including phospholipase C γ (PLC γ), *ras* guanine 5'-triphosphatase-activating protein, phosphatidylinositol 3-kinase (PI3K), tyrosine phosphatase SHP-2, and members of the signal transducers and activators of transcription (STAT) family. Secondary messengers include inositol-(1,4,5)-trisphosphate (IP₃) and diacylglycerol, intracellular calcium release, and protein kinase C (PKC) activation [7]. Furthermore, the PDGFR transmits its signal into the intracellular space by producing reactive oxygen species (ROS), particularly superoxide (O₂⁻) and hydrogen peroxide (H₂O₂). H₂O₂ plays a pivotal role in PDGF-BB-induced signals because it freely diffuses across cellular membranes and is more stable than O₂⁻ [8]. H₂O₂ was reported to stimulate the phosphorylation of extracellular-regulated kinase (ERK) 1/2 in PDGF-BB-stimulated VSMC proliferation [9].

PMC (2,2,5,7,8-pentamethyl-6-hydroxychromane), the most potent derivative of vitamin E (i.e., α -tocopherols), in which a phytol chain is replaced by a methyl group (Figs. 1A and B), can act as a potent antioxidant and inhibit nuclear factor- κ B activation [10,11]. It is more hydrophilic than other α -tocopherol derivatives and has potent antiplatelet and free radical-scavenging activities [11]. Recently, we also found that PMC treatment may represent a novel approach to lowering the risk of or improving the function in ischemia-reperfusion brain injury-related disorders [12].

By considering the pivotal roles of VSMC proliferation in the development of atherosclerosis and restenosis, this study was designed to examine the inhibitory mechanisms of PMC in PDGF-BB-stimulated VSMC proliferation in vitro and balloon injury-induced neointimal formation in vivo.

Materials and methods

Materials

Male Wistar rats were purchased from BioLASCO (Taipei, Taiwan). Dulbecco's modified Eagle's medium (DMEM), trypsin (0.25%), L-glutamine, penicillin/streptomycin, and fetal bovine serum (FBS) were purchased from Gibco (Gaithersburg, MD, USA). PMC, α -tocopherol, 3-(4,5-dimethylthiazol-2-yl)-2,5-diphenyltetrazolium bromide (MTT), 2,7-dichlorofluorescein diacetate (DCF-DA), deferoxamine, and dimethyl sulfoxide (DMSO) were from Sigma-

Aldrich (St. Louis, MO, USA). Recombinant PDGF-BB was from PeproTech (Rocky Hill, NJ, USA); propidium iodide (PI) was from Calbiochem (Darmstadt, Germany). The RNase A and anti-PKC α and anti-PKC δ monoclonal antibodies (mAbs) were from BD Bioscience (San Jose, CA, USA); the anti-PLC γ 1 and anti-phospho-PLC γ 1 (Tyr⁷⁸³) polyclonal antibodies (pAbs) were from Signalway Antibody (Pearland, TX, USA). The anti-ERK1/2, anti-phospho-ERK1/2 (Thr²⁰²/Tyr²⁰⁴), anti-phospho-AKT (Ser⁴⁷³), anti-Janus kinase 2 (JAK2), and anti-phospho-JAK2 (Tyr^{1007/1008}) pAbs and the anti-AKT mAb were purchased from Cell Signaling (Beverly, MA, USA). The anti-phospho-STAT3 (Tyr⁷⁰⁵) pAb was from Biovision (Mountain View, CA, USA); the anti- α -tubulin mAb was from NeoMarkers (Fremont, CA, USA). The Hybond-P polyvinylidene difluoride (PVDF) membrane, enhanced chemiluminescence (ECL) Western blotting detection reagent and analysis system, horseradish peroxidase (HRP)-conjugated donkey anti-rabbit immunoglobulin G (IgG), and sheep anti-mouse IgG were from Amersham (Buckinghamshire, UK). PMC was dissolved in DMSO and stored at 4 °C until used.

VSMC isolation and culture

All animal experiments and care were carried out according to the *Guide for the Care and Use of Laboratory Animals* (NIH, National Academy Press, Washington, DC, 1996). VSMCs were enzymatically dispersed from thoracic aortas of male Wistar rats (250–300 g). The thoracic aorta was removed and stripped of the endothelium and adventitia. VSMCs were obtained by a modified method of a combined collagenase and elastase digestion [13]. Cells were grown in DMEM supplemented with 20 mM Hepes, 10% FBS, 1% penicillin/streptomycin, and 2 mM glutamine at 37 °C in a humidified atmosphere of 5% CO₂. VSMCs from passages 4 to 8 were used in all experiments. Primary cultured rat aortic VSMCs showed the "hills and valleys" pattern, and the expression of α -smooth muscle actin was confirmed (data not shown).

Proliferation assay

VSMCs (2×10^4 cells/well) were seeded on 24-well plates and cultured in DMEM containing 10% FBS for 24 h. The medium was then replaced by serum-free medium for 24 h. Starved VSMCs were pretreated with α -tocopherol and PMC (20 and 50 μ M) or an isovolumetric solvent control (0.1% DMSO) for 20 min and then stimulated with PDGF-BB (10 ng/ml) or not for 48 h. The cell number was measured using a colorimetric assay based on the ability of mitochondria in viable cells to reduce MTT as previously described [14]. The cell number index was calculated as the absorbance of treated cells/control cells \times 100%.

Cell cycle analysis

For the cell cycle analysis, starved VSMCs (2×10^5 cells/dish) were pretreated with PMC (20 and 50 μ M) or a solvent control for 20 min and then stimulated with PDGF-BB (10 ng/ml) or not for 24 h. After 24 h, the cells were detached from the plate using trypsin, washed with PBS, and then fixed in 70% ethanol for 30 min. Cells were then washed with PBS and resuspended in a solution containing RNase (50 μ g/ml), PI (80 μ g/ml), and Triton X-100 (0.2%). Samples were incubated for 20 min and subjected to a flow cytometric analysis (Beckman Coulter, Ramsey, MN, USA).

Immunoblotting study

Immunoblotting analyses were performed to determine the expression of proteins (ERK1/2, AKT, STAT3, JAK2, PLC γ 1, PKC α , and PKC δ) in VSMCs as described previously [15]. Starved VSMCs (2×10^5 cells/dish) were treated with PMC (20 and 50 μ M), deferoxamine (0.5 and 1 mM), or a solvent control for 20 min, followed by

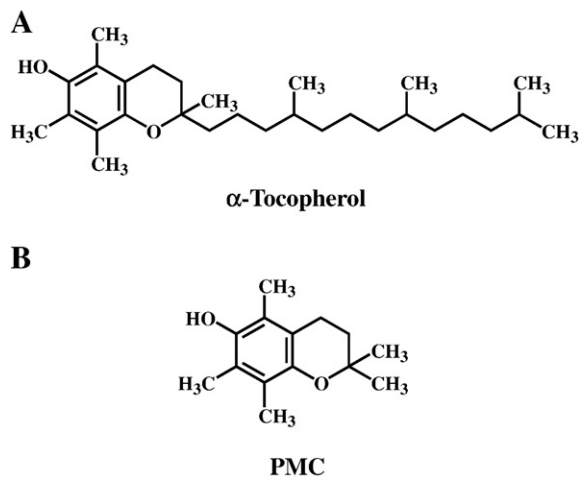


Fig. 1. Chemical structures of (A) α -tocopherol and (B) PMC (2,2,5,7,8-pentamethyl-6-hydroxychromane).

the addition of PDGF-BB (10 ng/ml) or H₂O₂ (1 mM) for 10 min. After the experimental period, the proteins were extracted with lysis buffer. Lysates were centrifuged, the supernatant protein (50 µg) was collected and subjected to sodium dodecyl sulfate–polyacrylamide gel electrophoresis (SDS–PAGE), and the separated proteins were electrophoretically transferred onto 0.45-µm PVDF membranes. Blots were blocked with TBST (10 mM Tris-base, 100 mM NaCl, and 0.01% Tween 20) containing 5% bovine serum albumin for 1 h and then probed with various primary antibodies. Membranes were incubated with HRP-linked anti-mouse IgG or anti-rabbit IgG (diluted 1:3000 in TBST) for 1 h. Immunoreactive bands were detected by an ECL system. Bar graphs depict the ratios of quantitative results obtained by scanning reactive bands and quantifying the optical density using videodensitometry (Bio-Profil; Biolight Windows application version 2000.01; Vilber Lourmat, France).

Cell fractionation

Cytosolic and membrane fractions were prepared from VSMCs as described previously with slight modifications to determine PKC α and PKC δ translocation [16]. In brief, starved VSMCs (1×10^6 cells/dish) were pretreated with a solvent control (0.1% DMSO) or PMC (20 and 50 µM) for 20 min, followed by the addition of PDGF-BB (10 ng/ml). After treatment, the cells were washed, scraped into buffer, and centrifuged for 1 h. The supernatant was designated the cytosolic fraction. The pellet was extracted with lysis buffer and centrifuged for 20 min. The supernatant was saved as the membrane fraction. Proteins (15 µg) were determined by SDS–PAGE with immunoblotting.

Measurement of intracellular ROS

Starved VSMCs (2×10^5 cells/dish) were loaded with DCF-DA (20 µM) for 20 min. After treatment with PMC (20 and 50 µM) or a solvent control for 20 min, cells were stimulated with PDGF-BB (10 ng/ml) for 10 min, washed with PBS, and then detached using trypsin. Levels of intracellular ROS were detected by flow cytometry (Beckman Coulter). Data were collected from 10,000 cells per experimental group. All experiments were repeated at least four times to ensure reproducibility.

Measurement of hydroxyl radical (HO[•]) formation by electron spin resonance (ESR) spectrometry

The ESR method used a Bruker EMX ESR spectrometer (Billerica, MA, USA) as described previously [17]. In brief, a Fenton reaction solution (50 µM FeSO₄ + 2 mM H₂O₂) or VSMCs (5×10^6 /ml) were pretreated with a solvent control (0.1% DMSO) or PMC (50 µM) for 10 min with or without PDGF-BB (10 ng/ml). The rate of hydroxyl radical-scavenging activity was defined by the following equation: inhibition rate = $1 - [\text{signal height (PMC)}/\text{signal height (solvent control)}]$ [17].

Balloon angioplasty of the carotid artery in rats

In brief, male Wistar rats (350–400 g) were anesthetized with chloral hydrate (0.4 g/kg, ip), and a 2F embolectomy balloon catheter (Edwards Lifescience, Irvine, CA, USA) was introduced into the right common carotid artery (CCA) via the external artery [18]. The balloon was inflated to distend the CCA and was then withdrawn to the external artery. The procedure was repeated three times, the catheter was removed, and the distal external artery segment was ligated. All animals were divided into five groups: (i) a sham-operated group, (ii) a control (normal saline) group, (iii) a solvent (DMSO) group, and groups treated with PMC at (iv) 5 or (v) 10 mg/kg/day or with (vi) α -tocopherol (10 mg/kg/day). A mini-osmotic pump (Alzet, Cupertino, CA, USA) (0.5 µl/h) containing

sufficient solution was subcutaneously implanted at the back of the neck. Fourteen days after the balloon angioplasty, the rats were anesthetized and perfused with normal saline. The right CCA was isolated and then cut into 5-µm sections, stained with hematoxylin and eosin, and photographed using a microscope (Nikon Eclipse TS100, Tokyo, Japan); the neointimal areas were measured using an Image-Pro Express 6.0 system (Bethesda, MD, USA). Areas within the external elastic lamina (EEL), the internal elastic lamina (IEL), and the lumen were measured. The intima area/media area (I/M) ratio was calculated using the following formula: (IEL area – lumen area)/(EEL area – IEL area) [18].

Statistical analysis

Experimental results are expressed as the means \pm SEM and are accompanied by the number of observations. Data were assessed by the method of analysis of variance. If this analysis indicated significant differences among the group means, then each group was compared with the others using the Newman–Keuls method. A *P* value of <0.05 was considered statistically significant.

Results

Effects of PMC on VSMC proliferation and cell cycle progression stimulated by PDGF-BB

Fig. 2A shows a reduction in the number of resting VSMCs that were treated with α -tocopherol (20 and 50 µM) in a concentration-dependent manner (nontreated group, $100.0 \pm 0.0\%$; 20 µM α -tocopherol, $71.4 \pm 5.0\%$; 50 µM, $58.9 \pm 3.9\%$); however, there were no significant effects observed after PMC (20 and 50 µM) treatment in resting cells. On the other hand, when VSMCs were stimulated by PDGF-BB (10 ng/ml), proliferation increased by approximately 92% (Fig. 2A). Concentration-dependent inhibition was observed in PDGF-BB-stimulated cells during PMC (20 and 50 µM) treatment, at approximately 46.0 and 63.0%, respectively. α -Tocopherol (20 and 50 µM) also exhibited a similar inhibitory effect on cell proliferation of approximately 32.4 and 68.1%, respectively (Fig. 2A). These results suggest that PMC inhibited VSMC proliferation only in the activated state, not in resting cells, whereas α -tocopherol affected both.

Furthermore, the DNA content was analyzed by PI staining to investigate the effect of PMC on cell cycle progression in VSMCs. A flow cytometric study found concentration-dependent accumulation at the G₂/M phase in PMC (20 and 50 µM)-treated VSMCs (Fig. 2B). After stimulation with PDGF-BB (10 ng/ml), increases in the percentages of cells in the S (from 4.4 ± 0.5 to $7.0 \pm 0.2\%$, $P < 0.05$; $N = 5$) and G₂/M phases (from 17.9 ± 1.9 to $24.8 \pm 0.4\%$, $P < 0.001$; $N = 5$) were observed (Fig. 2B, graphs a and b), whereas the percentage in the G₀/G₁ phase was reduced (from 76.4 ± 1.2 to $67.0 \pm 0.4\%$, $P < 0.001$; $N = 5$; Fig. 2B, graphs a and b). PMC (50 µM) treatment resulted in an obvious accumulation of cells at the G₂/M phase, and a reduction was noted in the G₀/G₁ phase compared with the DMSO-treated group (G₂/M phase, $24.8 \pm 0.4\%$ vs $33.8 \pm 0.6\%$, $P < 0.001$; $N = 5$; G₀/G₁ phase, $67.0 \pm 0.4\%$ vs $56.4 \pm 1.2\%$, $P < 0.001$; $N = 5$; Fig. 2B, graph d). These results indicate that PMC was effective in arresting cell cycle progression at the G₂/M phase in VSMCs stimulated by PDGF-BB.

Effects of PMC on balloon injury-induced neointimal formation in CCAs

The study showed a remarkable increase in neointimal formation in DMSO-treated balloon-injured rats compared to sham-operated rats (Figs. 3A, images a and b, and 3B). Administration of PMC (5 and 10 mg/kg/day) showed a concentration-dependent reduction in the I/M ratio compared to the DMSO-treated group (DMSO, 1.8 ± 0.1 , $N = 7$; 5 mg/kg/day, 0.8 ± 0.2 , $N = 5$; 10 mg/kg/day, 0.5 ± 0.2 , $N = 5$; Figs. 3A, images c and d, and 3B). α -Tocopherol (10 mg/kg/day)

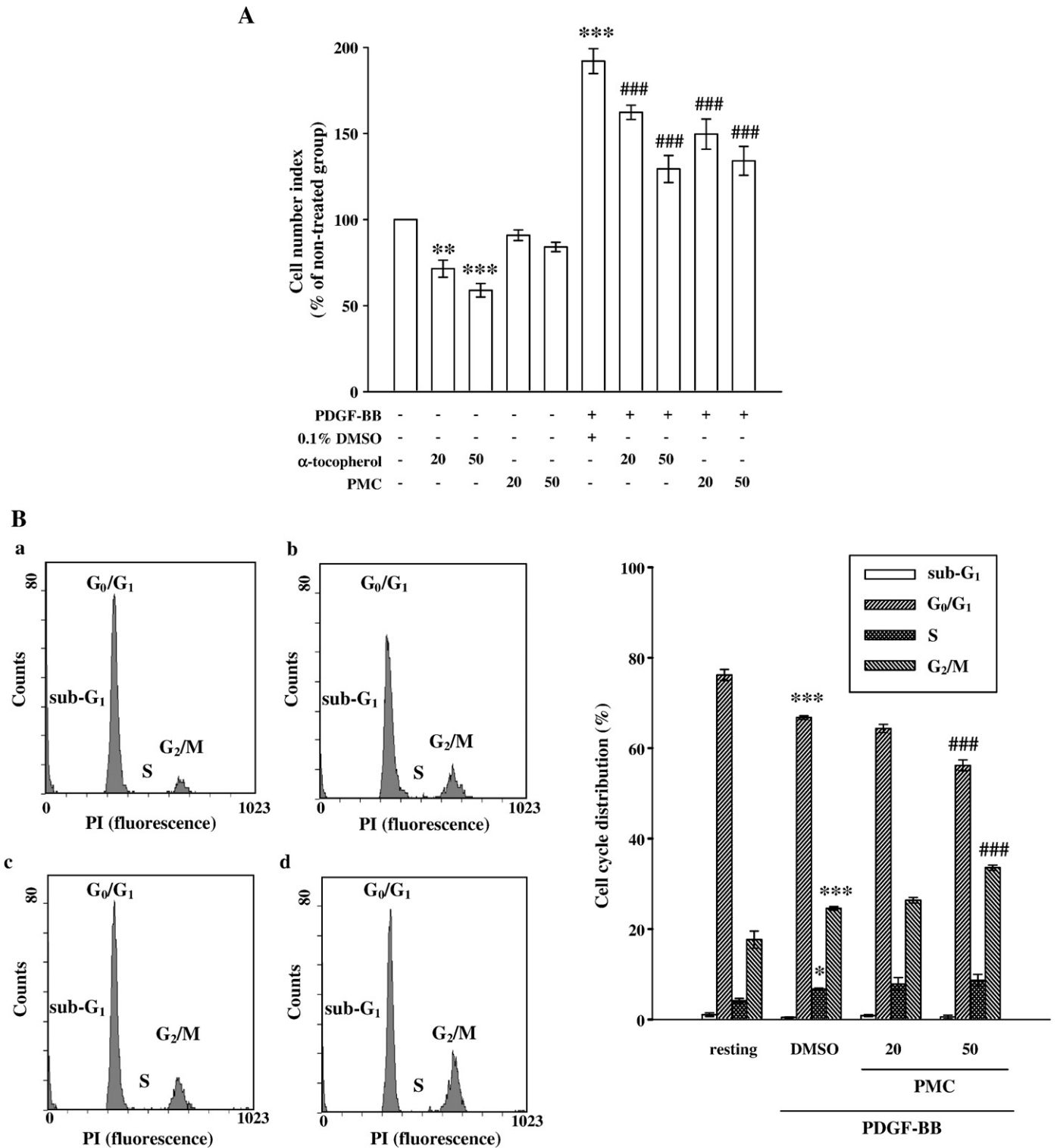


Fig. 2. Effects of PMC on cell proliferation and cell cycle progression in vascular smooth muscle cells (VSMCs) stimulated by PDGF-BB. (A) VSMCs (2×10^4 cells/well) were treated with PBS (resting) or pretreated with α -tocopherol (20 and 50 μ M), PMC (20 and 50 μ M), or an isovolumetric solvent control (0.1% DMSO), followed by the addition of PDGF-BB (10 ng/ml). Cell numbers were evaluated by an MTT assay as described under Materials and Methods. (B) VSMCs (2×10^5 cells/dish) were (graph a) treated with PBS (resting) or pretreated with (graph b) solvent control (0.1% DMSO) or (graph c) 20 μ M or (graph d) 50 μ M PMC, followed by the addition of PDGF-BB (10 ng/ml). Representative DNA histograms of propidium iodide fluorescence in cells assessed by flow cytometry are shown. Compiled statistical data are shown on the right. * $P < 0.05$, ** $P < 0.01$, and *** $P < 0.001$, compared to the resting (PBS treatment) group; ### $P < 0.001$, compared to the PDGF-BB group. Data are presented as the means \pm SEM ($N = 5$).

showed no significant effect on neointimal formation (1.5 ± 0.2 , $N = 5$; Figs. 3A, image e, and 3B). On the other hand, treatment of rats with DMSO did not significantly influence neointimal formation compared to normal saline-treated (control) rats (Fig. 3B).

Effects of PMC on PDGF-BB-induced signaling pathways in VSMCs

PDGF-BB-induced expression of several signaling proteins, including ERK1/2, AKT, STAT3, JAK2, PLC γ 1, PKC α , and PKC δ , was

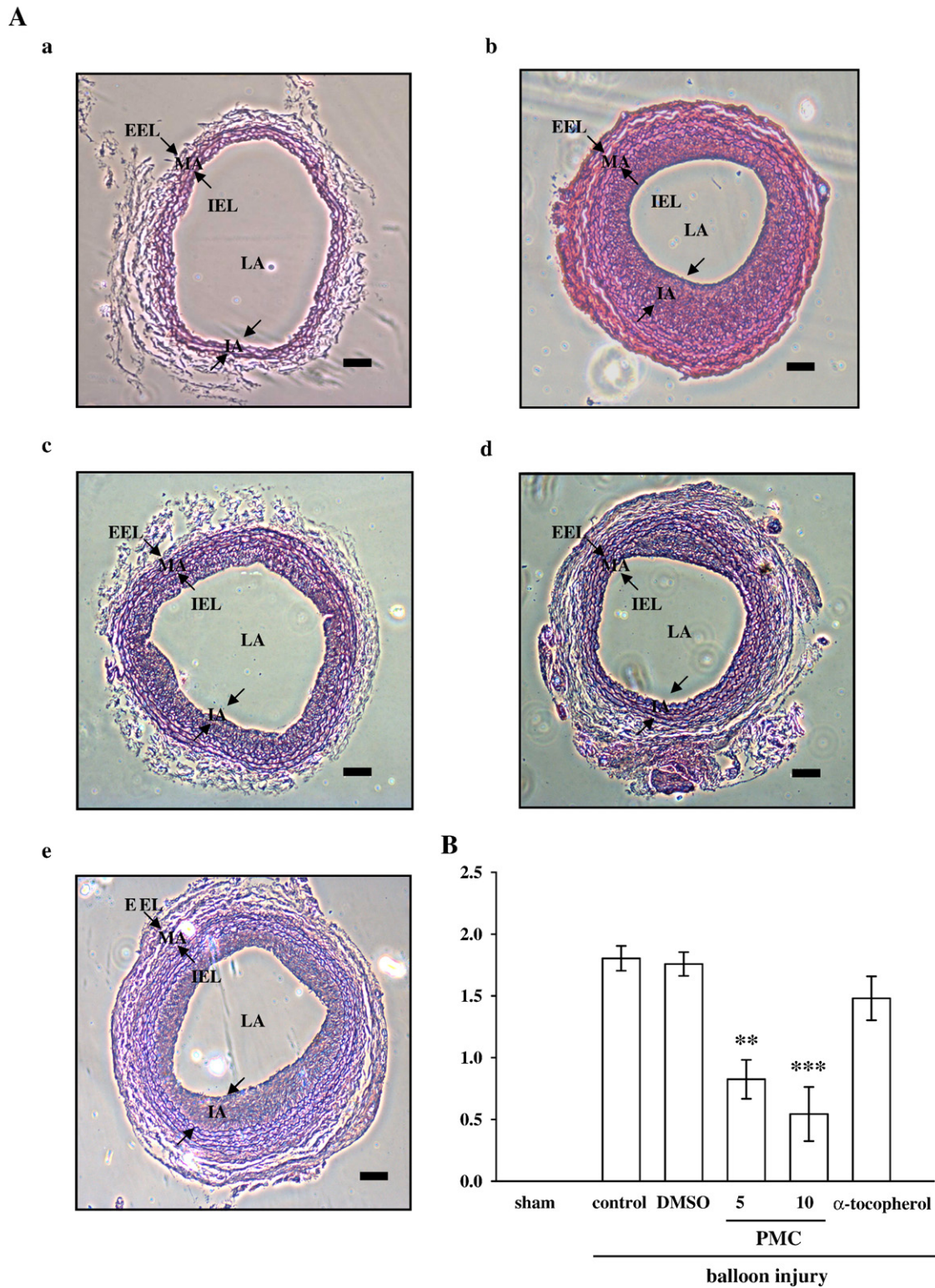


Fig. 3. Effects of PMC and α -tocopherol on balloon injury-induced neointimal formation in rat carotid arteries. (A) Microscopic images were taken in (image a) a sham-operated group and groups administered (image b) an isovolumetric solvent (DMSO), (images c and d) PMC (5 and 10 mg/kg/day), or (image e) α -tocopherol (10 mg/kg/day) 14 days after balloon angioplasty. Compiled statistical data are shown in (B). The black bar indicates 100 μ m (original magnification \times 400). ** P <0.01 and *** P <0.001, compared to the solvent (DMSO) group. Data are presented as the means \pm SEM (N = 5–7). IA, intimal area; MA, media area; LA, lumen area; IEL, internal elastic lamina; EEL, external elastic lamina.

detected to unravel the mechanisms of PMC in PDGF-BB-induced VSMC proliferation. Phosphorylated JAK2, STAT3, and PLC γ 1, but not ERK1/2 or AKT, stimulated by PDGF-BB were markedly inhibited in the presence of PMC (20 and 50 μ M; Figs. 4 and 5A). In addition,

PDGF-BB induced PKC δ but not PKC α translocation from the cytosol to the membrane (Figs. 5B and C). PMC (20 and 50 μ M) concentration-dependently inhibited PKC δ translocation in VSMCs (Fig. 5C).

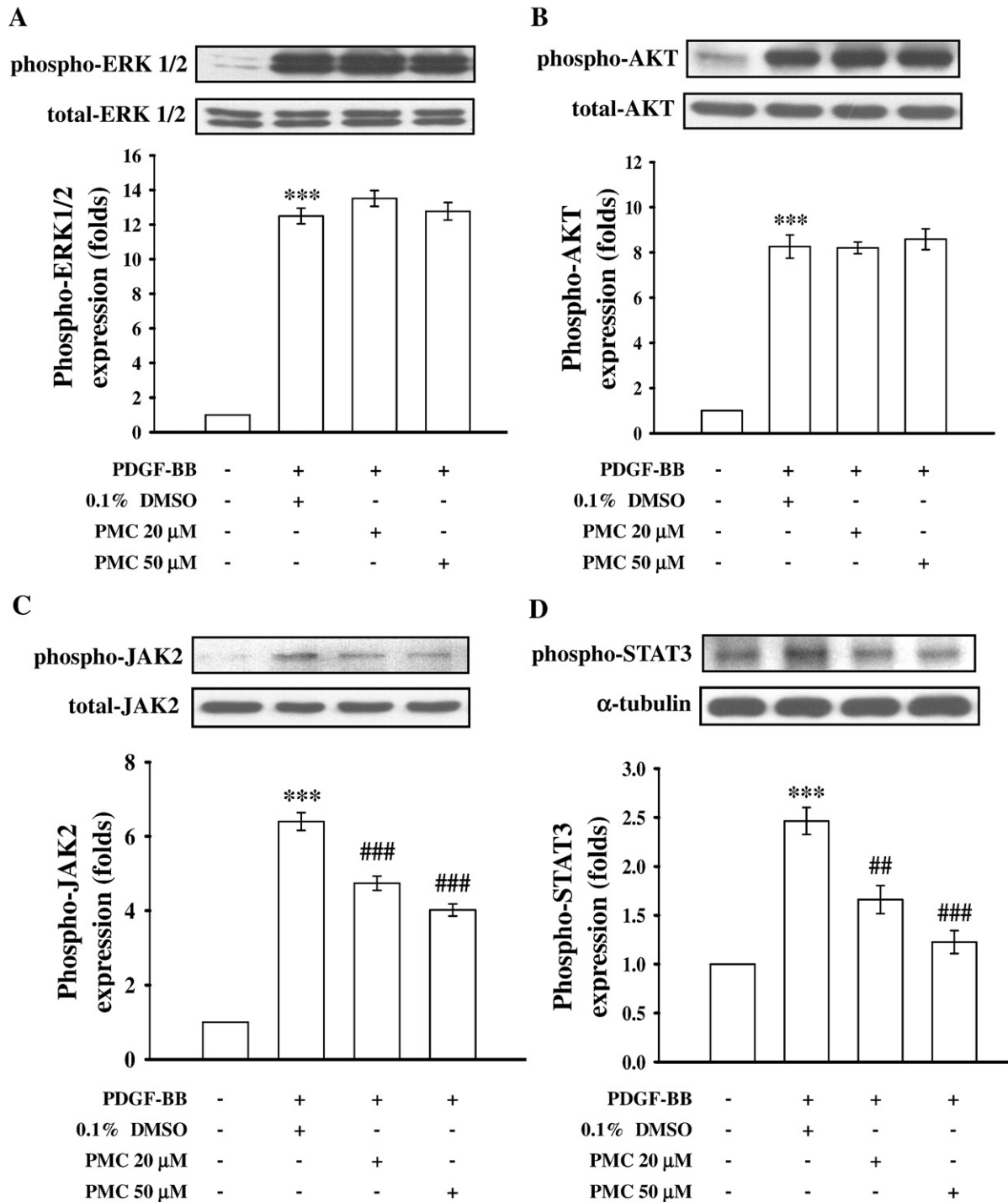


Fig. 4. Effects of PMC on ERK1/2, AKT, JAK2, and STAT3 phosphorylation in VSMCs stimulated by PDGF-BB. VSMCs (2×10^5 cells/dish) were treated with PBS (resting) or pretreated with a solvent control (0.1% DMSO) or PMC (20 and 50 μM), followed by the addition of PDGF-BB (10 ng/ml) to trigger (A) ERK1/2, (B) AKT, (C) JAK2, and (D) STAT3 phosphorylation. *** $P < 0.001$, compared to the resting (PBS treatment) group; ## $P < 0.01$ and ### $P < 0.001$, compared to the PDGF-BB group. Data are presented as the means \pm SEM ($N = 5$).

Roles of ROS and HO[•] involved in PMC-mediated inhibition of VSMC proliferation

To determine the efficacy of PMC in inhibiting PDGF-BB-induced ROS formation in VSMCs, a cell-permeative ROS-sensitive dye, DCF-DA (nonfluorescent in a reduced state but fluorescent upon oxidation by ROS), was used [19]. In this study, PDGF-BB (10 ng/ml) induced ROS formation by almost twofold compared to resting (untreated) cells, whereas treatment with PMC (20 and 50 μM) markedly

inhibited this reaction by approximately 77.4 and 93.4%, respectively (Fig. 6A). Different ROS may influence diverse PDGFR-mediated signaling events [20]. In the following study, we used deferoxamine as a potent ferrous iron chelator to further evaluate the role of hydroxyl radicals in PMC-mediated inhibition of cell proliferation stimulated by PDGF-BB. As shown in Fig. 6B, treatment with deferoxamine (0.5 and 1 mM) significantly inhibited both PLCγ1 and JAK2, but not ERK1/2 or AKT, phosphorylation in VSMCs stimulated by PDGF-BB (Figs. 6B–F). On the other hand, PMC (20

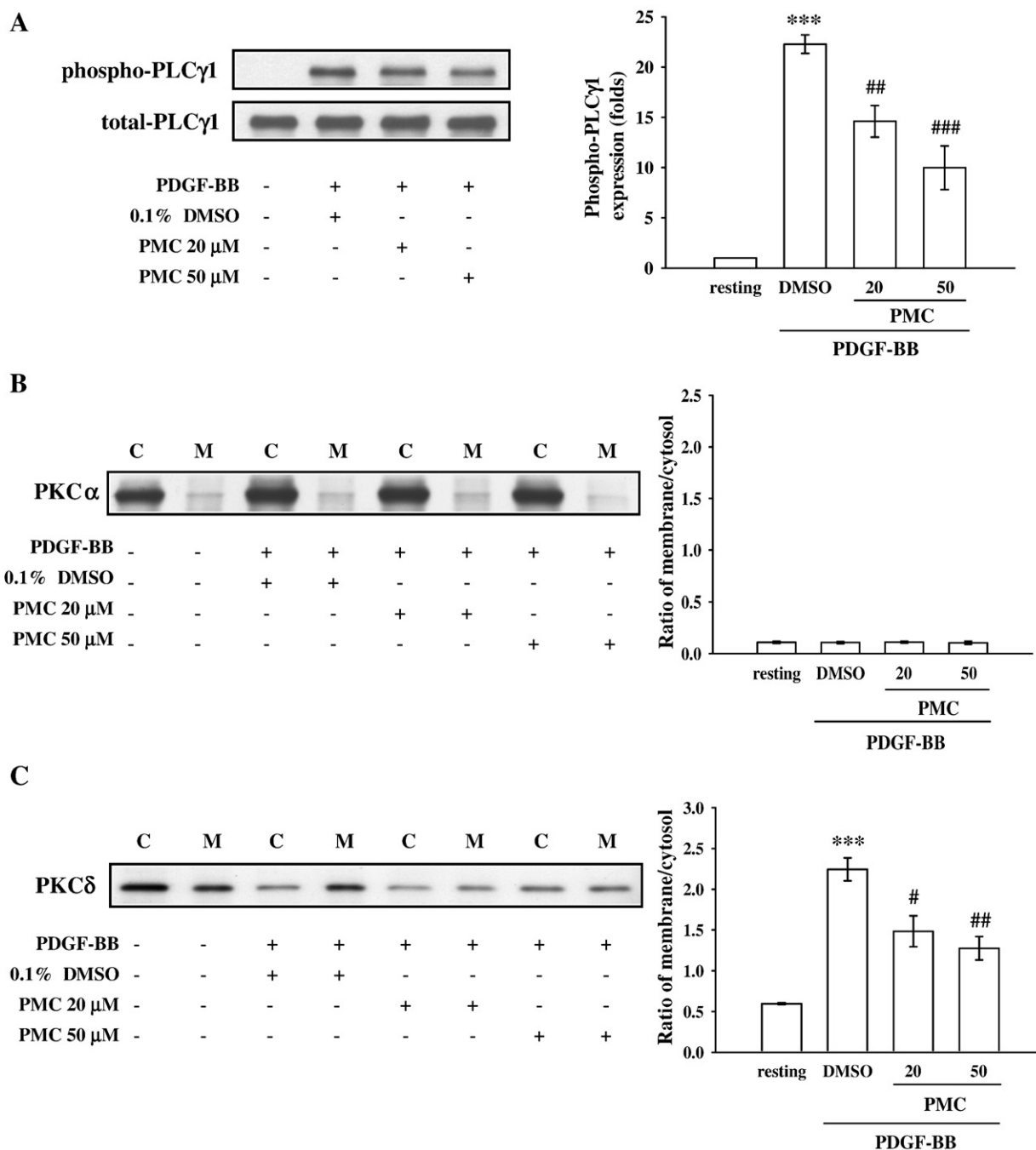


Fig. 5. Effects of PMC on PLC γ 1 phosphorylation and PKC α and δ translocation in VSMCs stimulated by PDGF-BB. VSMCs (2×10^5 cells/dish) were treated with PBS (resting) or pretreated with a solvent control (0.1% DMSO) or PMC (20 and 50 μ M), followed by the addition of PDGF-BB (10 ng/ml) to trigger (A) PLC γ 1 phosphorylation and (B and C) PKC α and δ translocation. *** $P < 0.001$, compared to the resting (PBS treatment) group; # $P < 0.05$, ## $P < 0.01$, and ### $P < 0.01$, compared to the PDGF-BB group. Data are presented as the means \pm SEM ($N = 5$).

and 50 μ M) and deferoxamine (DFO; 0.5 and 1 mM) also significantly inhibited both PLC γ 1 and JAK2, but not ERK1/2 or AKT, phosphorylation in VSMCs stimulated by H₂O₂ (1 mM; Fig. 7). These results indicate that both PLC γ 1 and JAK2 phosphorylation was regulated by hydroxyl radicals in VSMCs.

Effects of PMC on hydroxyl radical-mediated PLC γ 1 and JAK2 phosphorylation and cell cycle progression in VSMCs stimulated by PDGF-BB

Fig. 8A shows that PMC (50 μ M) obviously attenuated hydroxyl radical formation in the Fenton reaction (Fe²⁺ + H₂O₂) by approxi-

mately 60% compared to the solvent (0.1% DMSO)-treated group according to the ESR study. Moreover, a typical ESR signal of hydroxyl radical formation was shown with PDGF-BB (10 ng/ml) stimulation compared to resting (PBS-treated) cells (Fig. 8B, traces a and b); PMC (50 μ M) significantly attenuated hydroxyl radical formation by approximately 40% in VSMCs stimulated by PDGF-BB (10 ng/ml; Fig. 8B, trace c). Furthermore, the addition of Fe²⁺ (10 μ M) significantly reversed the PMC-mediated inhibitory effect of PLC γ 1 and JAK2 phosphorylation in VSMCs stimulated by PDGF-BB (Fig. 8C).

As shown in Fig. 9, the flow cytometric analysis revealed that deferoxamine (10 and 20 μ M) concentration-dependently induced cell accumulation at the G₂/M phase compared to solvent (PBS)-

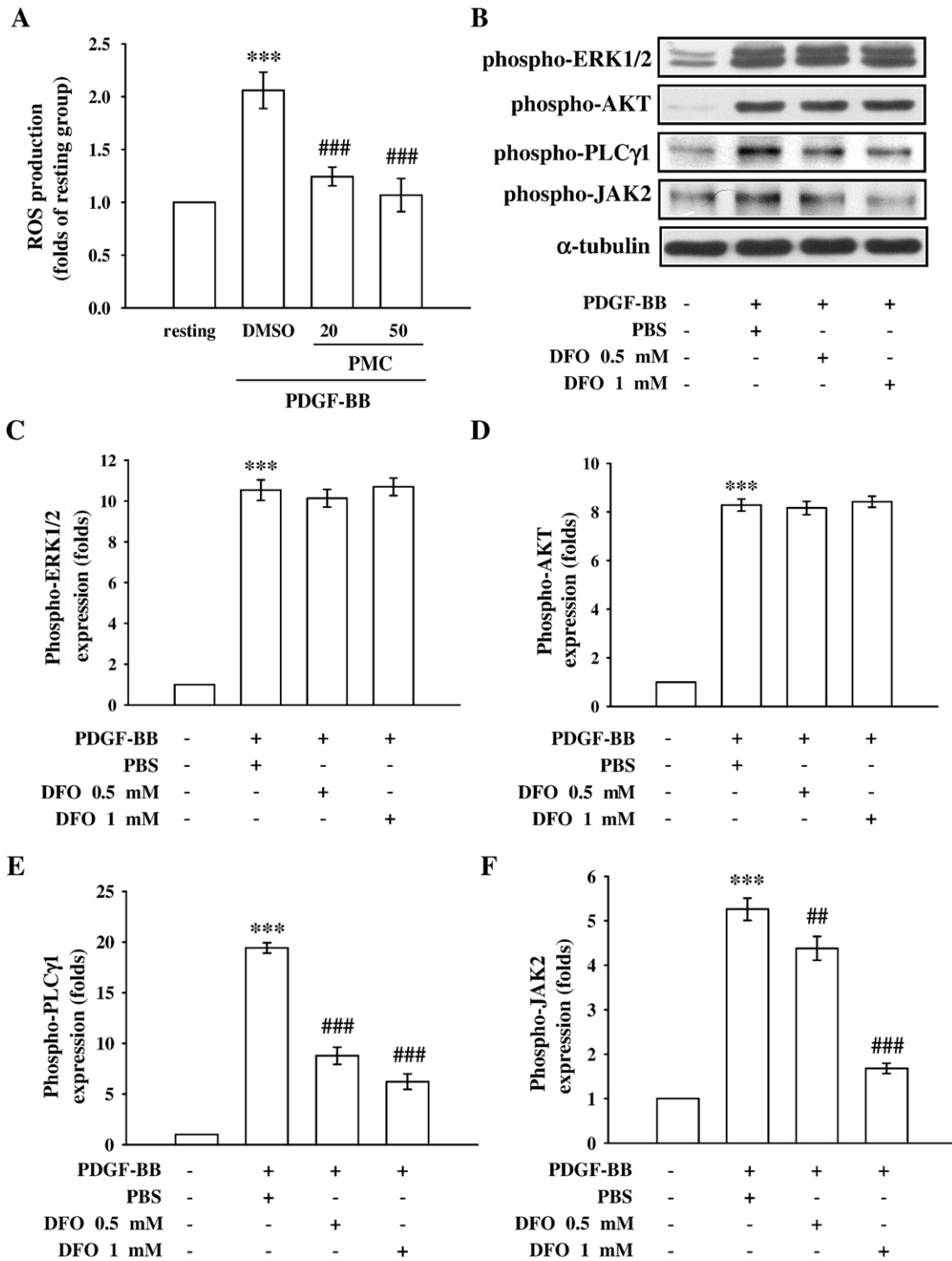


Fig. 6. Effects of PMC and deferoxamine on ROS formation and ERK1/2, AKT, PLC γ 1, and JAK2 phosphorylation in VSMCs stimulated by PDGF-BB. VSMCs (2×10^5 cells/dish) were treated with PBS (resting) or pretreated with a solvent control (0.1% DMSO or PBS), PMC (20 and 50 μ M), or deferoxamine (DFO; 0.5 and 1 mM), followed by the addition of PDGF-BB (10 ng/ml) to trigger (A) ROS formation and (B) ERK1/2, AKT, PLC γ 1, and JAK2 phosphorylation. (C–F) Compiled statistical data are shown. *** $P < 0.001$, compared to the resting (PBS treatment) group; ## $P < 0.01$ and ### $P < 0.001$, compared to the PDGF-BB group. Data are presented as the means \pm SEM ($N = 5$).

treated cells stimulated by PDGF-BB (DFO 10 μ M vs PBS, $P < 0.05$; $N = 5$; 20 μ M vs PBS, $P < 0.01$; $N = 5$; Fig. 9A). On the other hand, Fe $^{2+}$ (10 μ M) significantly reversed the PMC (50 μ M)-mediated arrest of cell cycle progression at the G $_2$ /M phase stimulated by PDGF-BB (PMC vs PMC + Fe $^{2+}$, $P < 0.01$; $N = 5$; Fig. 9B). These results imply that PMC arrest of the cell cycle progression at the G $_2$ /M phase may be related, at least partly, to the scavenging of hydroxyl radicals.

Discussion

This study demonstrates for the first time that PMC, a potent hydrophilic α -tocopherol derivative, inhibits PDGF-BB-stimulated cell proliferation via hydroxyl radical-mediated PLC γ 1 and JAK2 phosphorylation, resulting in cell cycle progression being arrested at the G $_2$ /M phase. VSMC proliferation and neointimal formation are

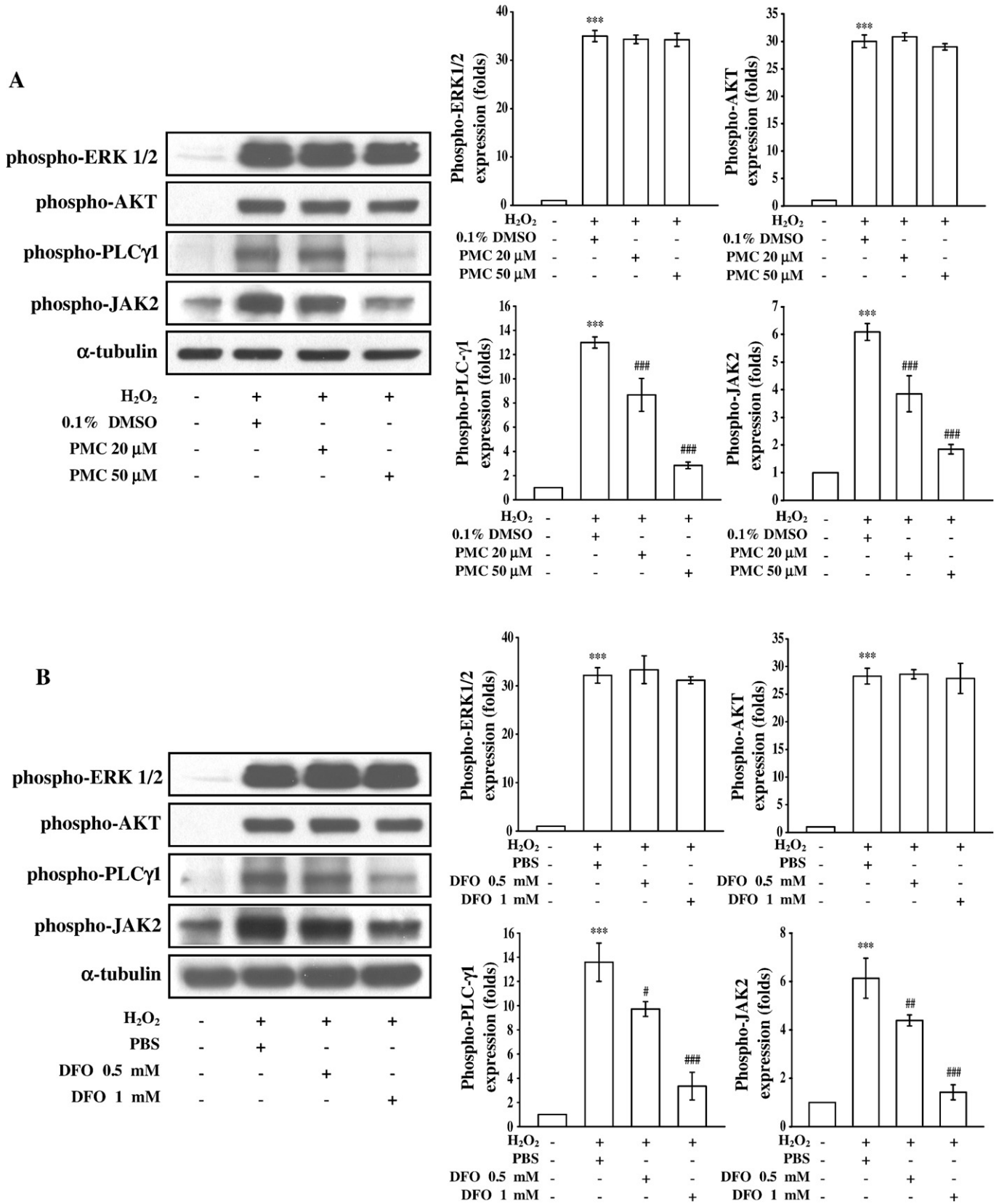


Fig. 7. Effects of PMC and deferoxamine on ERK1/2, AKT, PLC γ 1, and JAK2 phosphorylation in VSMCs stimulated by H₂O₂. VSMCs (2×10^5 cells/dish) were treated with PBS (resting) or pretreated with (A) a solvent control (0.1% DMSO) or PMC (20 and 50 μ M) or (B) a solvent control (PBS) or deferoxamine (DFO; 0.5 and 1 mM), followed by the addition of H₂O₂ (1 mM) to trigger ERK1/2, AKT, PLC γ 1, and JAK2 phosphorylation. *** $P < 0.001$, compared to the resting (PBS treatment) group; # $P < 0.05$, ## $P < 0.01$, and ### $P < 0.001$, compared to the H₂O₂ group. Data are presented as the means \pm SEM ($N = 5$).

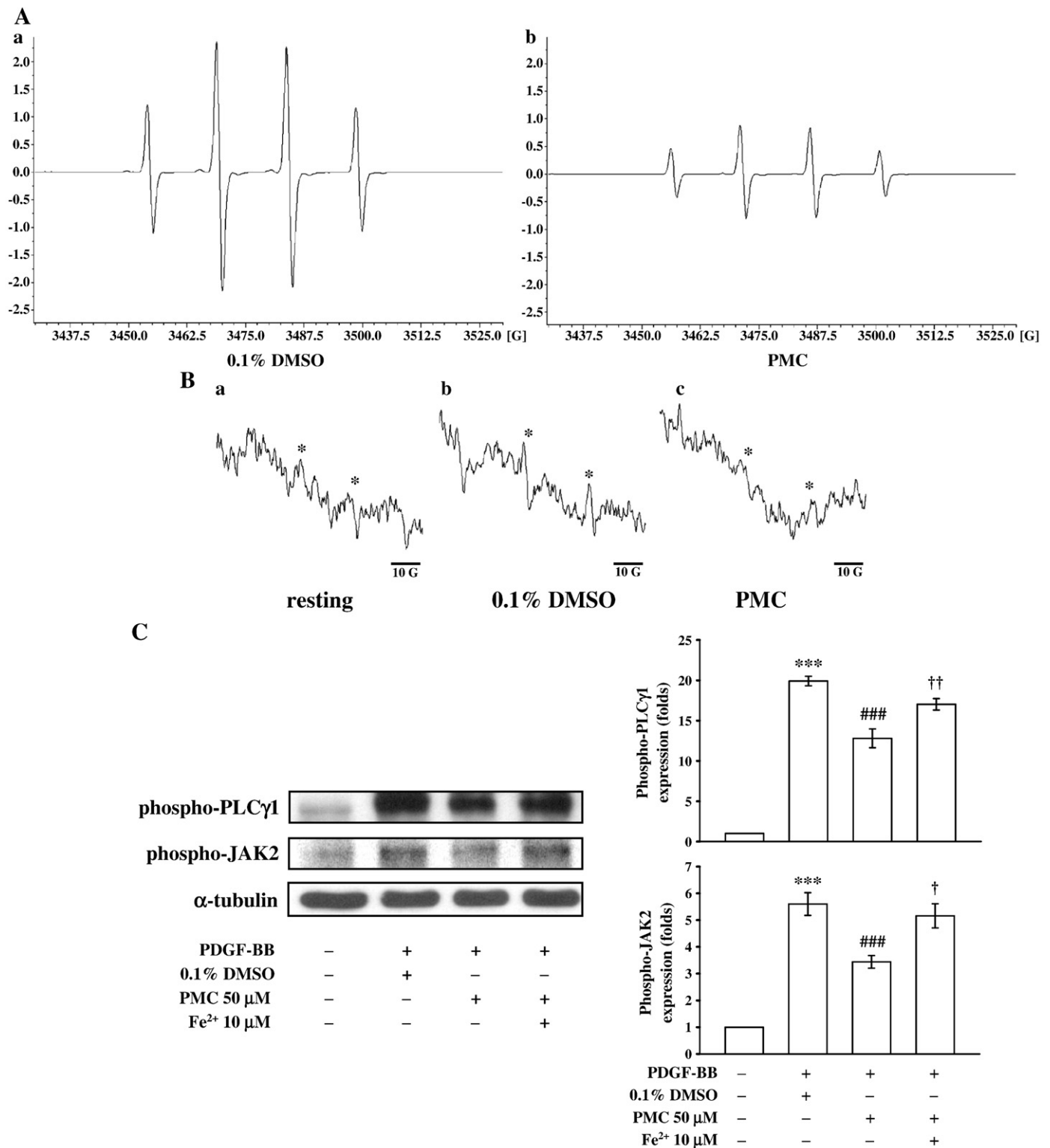


Fig. 8. Effects of PMC in hydroxyl radical-mediated PLC γ 1 and JAK2 phosphorylation in VSMCs stimulated by PDGF-BB. (A) ESR spectra show the effects of a solvent control (spectrum a, 0.1% DMSO) and PMC (spectrum b, 50 μ M) on hydroxyl radical formation in the Fenton reaction. (B) VSMCs (5×10^6 cells/ml) were treated with PBS (trace a, resting) or pretreated with a solvent control (trace b, 0.1% DMSO) or PMC (trace c, 50 μ M), followed by the addition of PDGF-BB (10 ng/ml). Asterisks indicate the formation of hydroxyl radicals. Spectra are representative examples of three similar experiments. (C) VSMCs (2×10^5 cells/dish) were treated with PBS (resting) or pretreated with a solvent control (0.1% DMSO), PMC (50 μ M), or PMC with FeSO $_4$ (10 μ M), followed by the addition of PDGF-BB (10 ng/ml) to trigger PLC γ 1 and JAK2 phosphorylation. *** P <0.001, compared to the resting (PBS treatment) group; ### P <0.001, compared to the PDGF-BB group; † P <0.05 and †† P <0.01, compared to the PMC group. Data are presented as the means \pm SEM (N = 5).

important events in the pathophysiological course of atherosclerosis and restenosis after balloon angioplasty. Therefore, modulation of VSMC proliferation has critical therapeutic implications [1]. The high lipophilicity of α -tocopherol and its relatively slow cellular uptake

may lead to its clinical usefulness, especially in emergencies [21]. Therefore, development of more-hydrophilic analogues of α -tocopherol is important in exploring its pharmacological function and clinical applications. PMC was reported to be about 18 times more potent

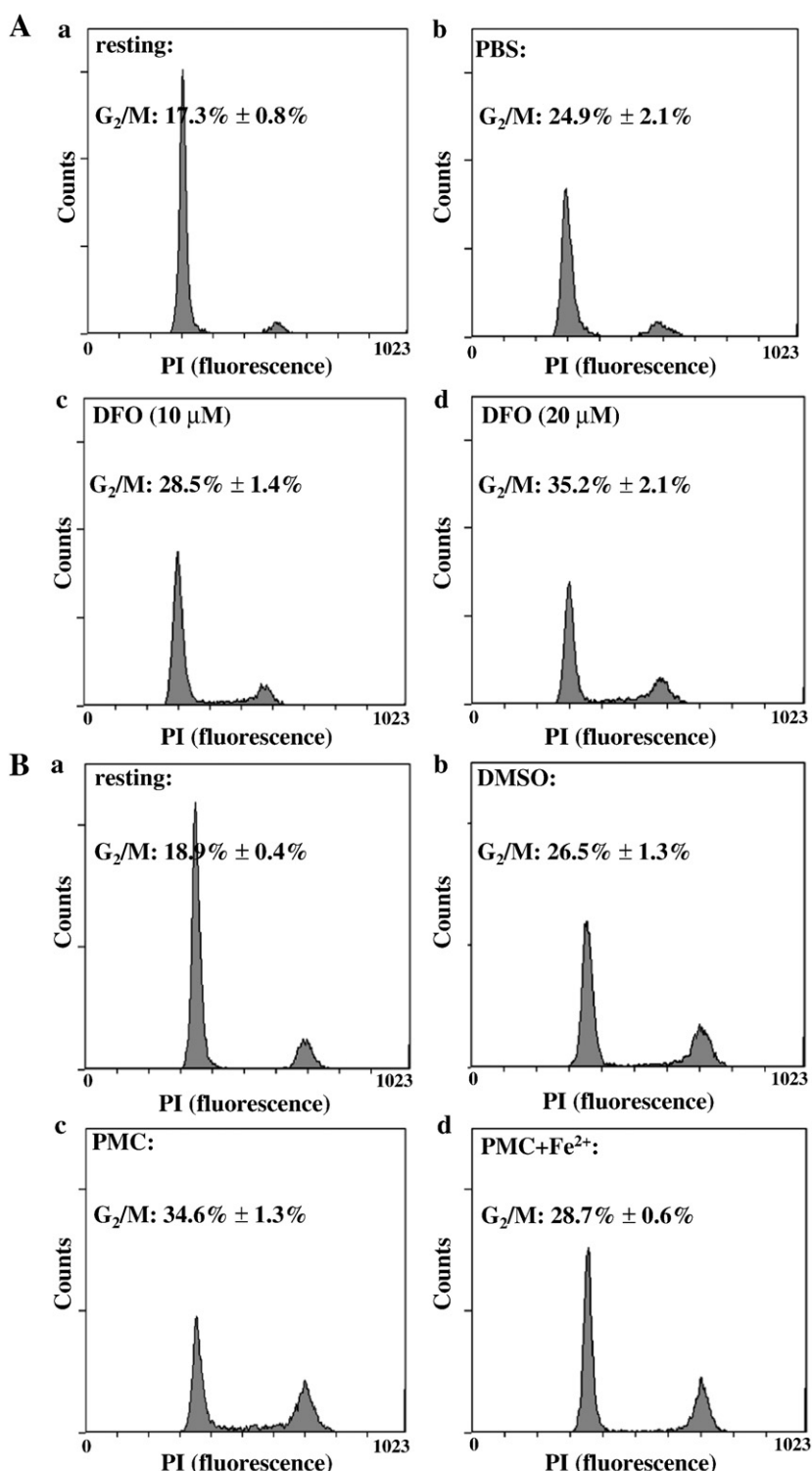


Fig. 9. Effects of deferoxamine and PMC on cell cycle progression in VSMCs stimulated by PDGF-BB. (A) VSMCs (2×10^5 cells/dish) were (graph a) treated with PBS (resting) or pretreated with (graph b) a solvent control (PBS) or (graph c) 10 μ M or (graph d) 20 μ M deferoxamine (DFO). (B) VSMCs (2×10^5 cells/dish) were (graph a) treated with PBS (resting) or pretreated with (graph b) a solvent control (0.1% DMSO), (graph c) PMC (50 μ M), or (graph d) PMC (50 μ M) plus FeSO₄ (10 μ M), followed by the addition of PDGF-BB (10 ng/ml) to trigger cell cycle progression. Representative DNA histograms of propidium iodide fluorescence in cells assessed by flow cytometry are shown. The profiles are representative examples of five similar experiments.

than α -tocopherol in inhibiting lipid peroxidation by thiobarbituric acid-reactive substances [11]. In this study, we found that PMC inhibited only PDGF-BB-stimulated VSMC proliferation and showed no effects in resting cells, indicating that PMC does not interfere with the growth of normal VSMCs.

The cell cycle can be divided into distinct phases including a synthesis (S) phase, in which DNA is replicated, and a mitosis (M) phase, in which cell division occurs. In animal cells, the growth and synthesis of components required for these phases are regulated by extracellular growth factors, and they occur mainly in two gap phases,

G₁ (between M and S) and G₂ (between S and M) [22]. In this study, we found that loss of the proliferative capacity of VSMCs treated with PMC was associated with G₂/M phase arrest. PDGF released from platelets after adhesion to an injured vessel wall may be a key stimulus for VSMC proliferation, and it is a major contributor to neointimal formation [5]. In the *in vivo* study, we further demonstrated that administration of PMC led to a significant reduction in neointimal formation in the CCA induced by balloon angioplasty, which implies that the inhibitory activity of PMC may result from suppression of PDGF-BB-stimulated VSMC proliferation. On the other hand, in the early stage of the inflammatory process after vascular injury, activated leukocytes, neutrophils as well as monocytes, and platelets play an important role. These inflammatory processes are followed by the proliferation of vascular components, such as VSMCs and extracellular matrix, leading to neointimal thickening [23]. In our previous studies [11,12], we have demonstrated that PMC possesses potent inhibitory effects against neutrophil activation, inflammatory responses, and platelet aggregation. Therefore, these inhibitory effects of PMC may also be involved in reduction of neointimal formation.

PDGFR- β engages several well-characterized signaling pathways, e.g., Ras-ERK1/2, PI3K-AKT, PLC γ -PKC, and JAK-STAT, which are known to be involved in multiple cellular and developmental responses [24]. In this study, PMC suppressed PDGF-BB-stimulated PLC γ phosphorylation and PKC δ translocation in VSMCs. Phosphoinositide-specific PLC is a key enzyme in signal transduction, and there are six major families of PLC enzymes, which consist of at least 13 PLC isoforms. PLC γ is the only isoform of PLC that is activated by tyrosine phosphorylation [25]. PLC γ 1 was reported to play an important role in mitogenic responses in VSMCs, including cell migration and proliferation [26]. Activated PLC γ 1 hydrolyzes its substrate, phosphatidylinositol 4,5-bisphosphate (PIP₂), to produce two secondary messengers: IP₃ and diacylglycerol. The former provokes the release of intracellularly stored Ca²⁺ to elevate cytoplasmic free Ca²⁺ levels, and the latter serves as an endogenous activator of PKC [27] (Fig. 10). We examined the effects of PMC on the activation of the two most abundant PKC isozymes, PKC α and PKC δ , in VSMCs and found that PMC suppressed PKC δ but not PKC α translocation in VSMCs. A study conducted by Ha and Exton [28] also demonstrated that PDGF can induce PKC ϵ translocation but not that of PKC α or PKC ζ . PKC δ was reported to have important roles in VSMC proliferation and survival [29]. This therefore suggests that PMC suppresses cell proliferation through inhibition of the PLC γ -PKC δ cascade in VSMCs (Fig. 10).

On the other hand, the JAK-STAT cascade is also known to play an important role in the PDGF-induced signaling pathway. JAKs form a

family of intracellular tyrosine kinases comprising four members: JAK1, JAK2, JAK3, and Tyk2. With the exception of JAK3, which is primarily expressed in hematopoietic cells, the others are ubiquitously expressed [30]. Activated JAKs, in turn, phosphorylate STAT proteins (which are recruited to the tyrosine-phosphorylated receptor through their SH2 domain) on a single tyrosine residue, inducing the translocation of STATs to the nucleus [30]. The JAK-STAT cascade was initially recognized as the primary mediator of intracellular signaling induced by interferon in hematopoietic and immune cells. PDGF-BB can induce JAK-STAT activation, which is known to be involved in cell proliferation and migration in VSMCs [31]. This study showed that PMC can suppress PDGF-BB-induced JAK2 and STAT3 phosphorylation, indicating that the JAK2-STAT3 cascade is involved in the inhibitory mechanisms of PMC in cell proliferation by VSMCs (Fig. 10).

In 1995, Sundaresan et al. [9] reported that PDGF can induce the intracellular production of ROS in VSMCs. They also provided evidence that the introduction of catalase, a scavenger of H₂O₂, into cells leads to a reduction in PDGF-induced tyrosine phosphorylation of ERK1/2. Recently, NADPH oxidase (NOX) was implicated as a possible ROS-producing system, which in turn responds to PDGF stimulation. NOX produces O₂⁻ via a single-electron reduction (Fig. 10). O₂⁻ is highly reactive and short-lived and can spontaneously or enzymatically dismutate to a second signaling intermediate, H₂O₂, via superoxide dismutase [8] (Fig. 10). Moreover, we also demonstrated that diphenylene iodonium chloride (10 μ M), an inhibitor of NOX, obviously inhibited hydroxyl radical formation, which is approximated at 70% in VSMCs stimulated by PDGF-BB (10 ng/ml) in the ESR study (N = 3; data not shown). Although production of O₂⁻ contributes to the main biological activity of NOX, much of the signaling is mediated by the dismutation product H₂O₂. H₂O₂ is more stable than O₂⁻ and is capable of crossing biological membranes and then interacting with ferrous ion (in the Fenton reaction) to cause the formation of the very aggressive and short-lived hydroxyl radicals [8] (Fig. 10). H₂O₂ is known to be involved in PDGF-BB-induced ERK1/2 and PLC γ 1 activation in VSMCs [9,32]. It was also reported that activation of the JAK-STAT cascade responds to PDGF-BB-induced H₂O₂ formation in fibroblasts [33]. Moreover, Wedgwood and Black [34] confirmed that EUK-134, a superoxide dismutase/catalase mimetic, completely abolished VSMC proliferation and revealed an increase in cells at the G₂/M phase due to the scavenging of ROS, indicating that ROS play an important role in VSMC proliferation. In the present study, the ESR study provided direct evidence that PMC obviously inhibited hydroxyl radical formation in both the Fenton reaction and the PDGF-BB-stimulated VSMCs. PMC and deferoxamine

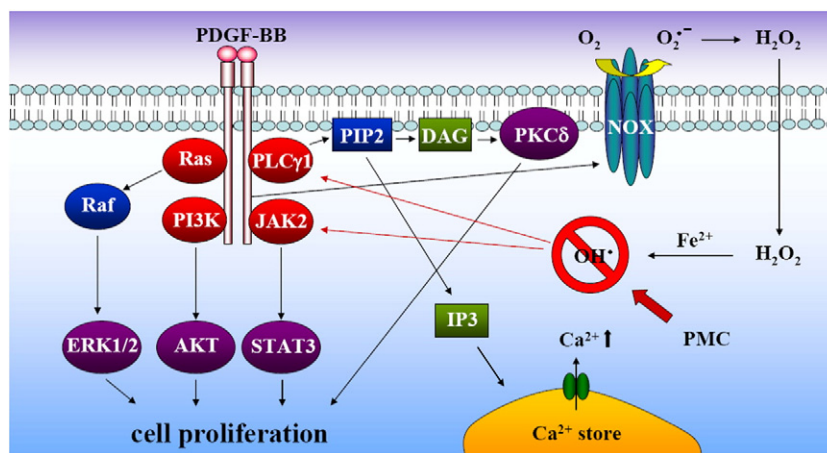


Fig. 10. Hypothetical scheme of the inhibitory mechanism of PMC in VSMC proliferation stimulated by PDGF-BB. PDGF-BB propagates mitogenic signals through PDGFR- β , which engages several well-characterized signaling pathways, i.e., Ras-Raf-ERK1/2, PI3K-AKT, PLC γ -PKC δ , and JAK2-STAT3. Activated PLC γ 1 hydrolyzes PIP₂ to produce two secondary messengers, IP₃ and diacylglycerol (DAG). Nicotinamide adenine dinucleotide phosphate oxidase (NOX) produces superoxide (O₂⁻), followed by the induction of H₂O₂. H₂O₂ is capable of interacting with Fe²⁺ to cause hydroxyl radical (OH \cdot) formation, which can activate PLC γ 1 and JAK2 phosphorylation.

selectively suppressed both JAK2 and PLC γ 1 phosphorylation and arrested cell cycle progression at the G₂/M phase, and both effects were significantly reversed in the presence of Fe²⁺. These results suggest that activation of both JAK2–STAT3 and PLC γ 1–PKC δ as well as the accumulation of cells at the G₂/M phase may be regulated by hydroxyl radicals in VSMCs (Fig. 10).

In conclusion, this study demonstrates for the first time that PMC, a potent hydrophilic α -tocopherol derivative, inhibits PDGF-BB-stimulated VSMC proliferation and neointimal formation after angioplasty in carotid arteries of rats. The mechanisms of PMC inhibition of VSMC proliferation may involve the inhibition of hydroxyl radical-mediated PLC γ 1–PKC δ and JAK2–STAT3 activation and cause cell cycle arrest at the G₂/M phase. PMC is more hydrophilic than α -tocopherol, and thus there should be fewer limitations in its clinical application compared to α -tocopherol. Therefore, PMC may be a potential therapeutic agent for treating VSMC proliferation-related vascular diseases.

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