

# ***Vascular Biology and HHT***

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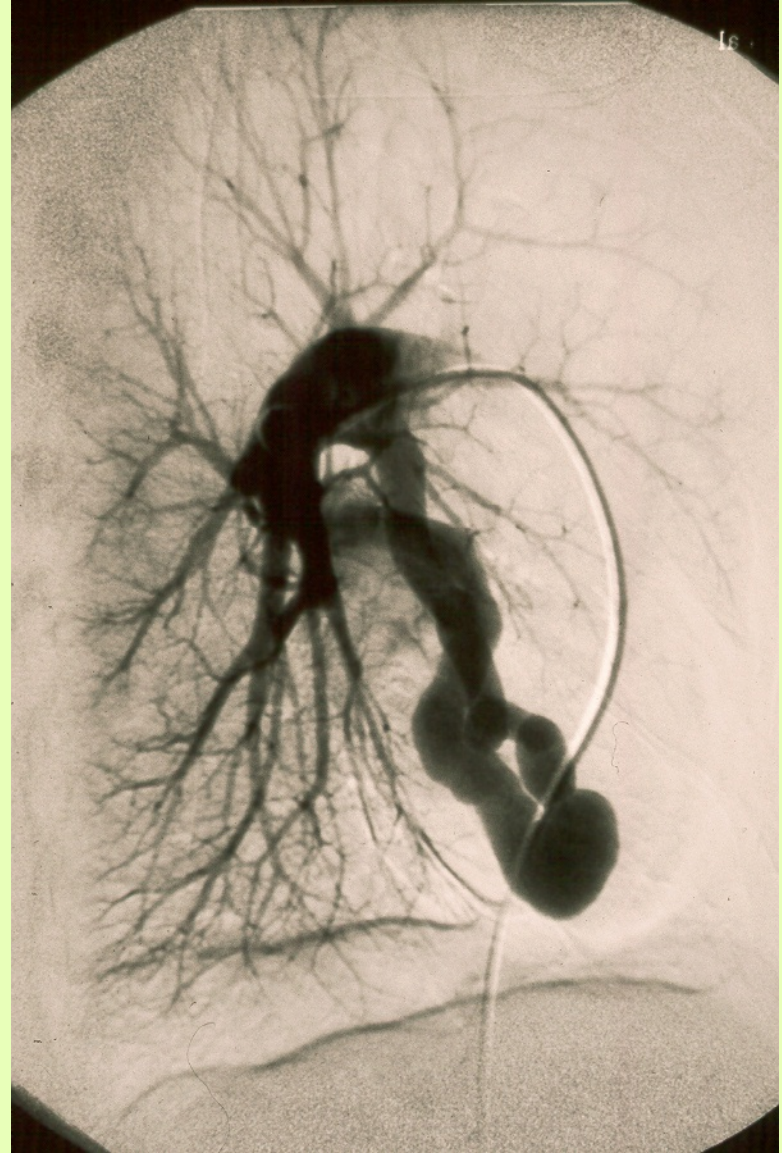
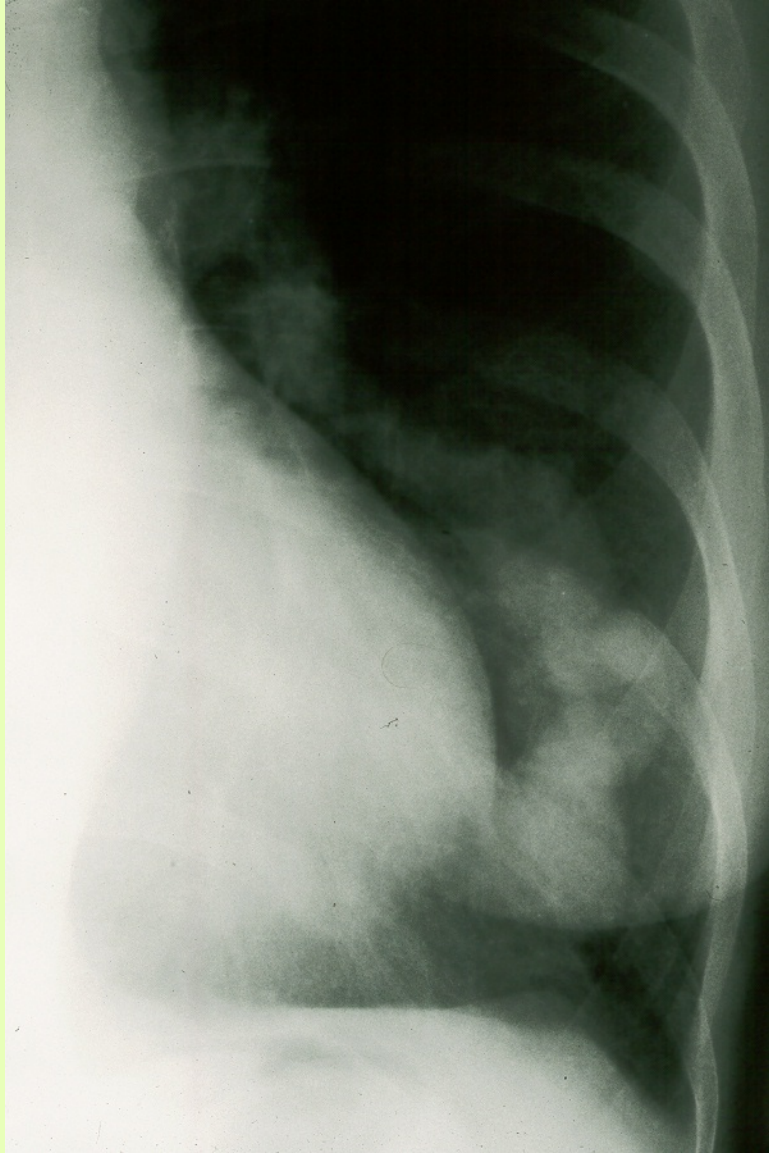
## ***The genes associated with HHT1 and HHT2 are implicated in vascular homeostasis***

- HHT is characterized by focal loss of capillaries, dilated vessels and arteriovenous malformations
- Endoglin and ALK1 are expressed primarily in endothelial cells
- Mice with a single copy of these genes (*Eng*<sup>+/-</sup> and *Alk1*<sup>+/-</sup>) can develop clinical signs of HHT
- Mice lacking *Endoglin* or *Alk1* genes die at mid-gestation of cardiovascular defects

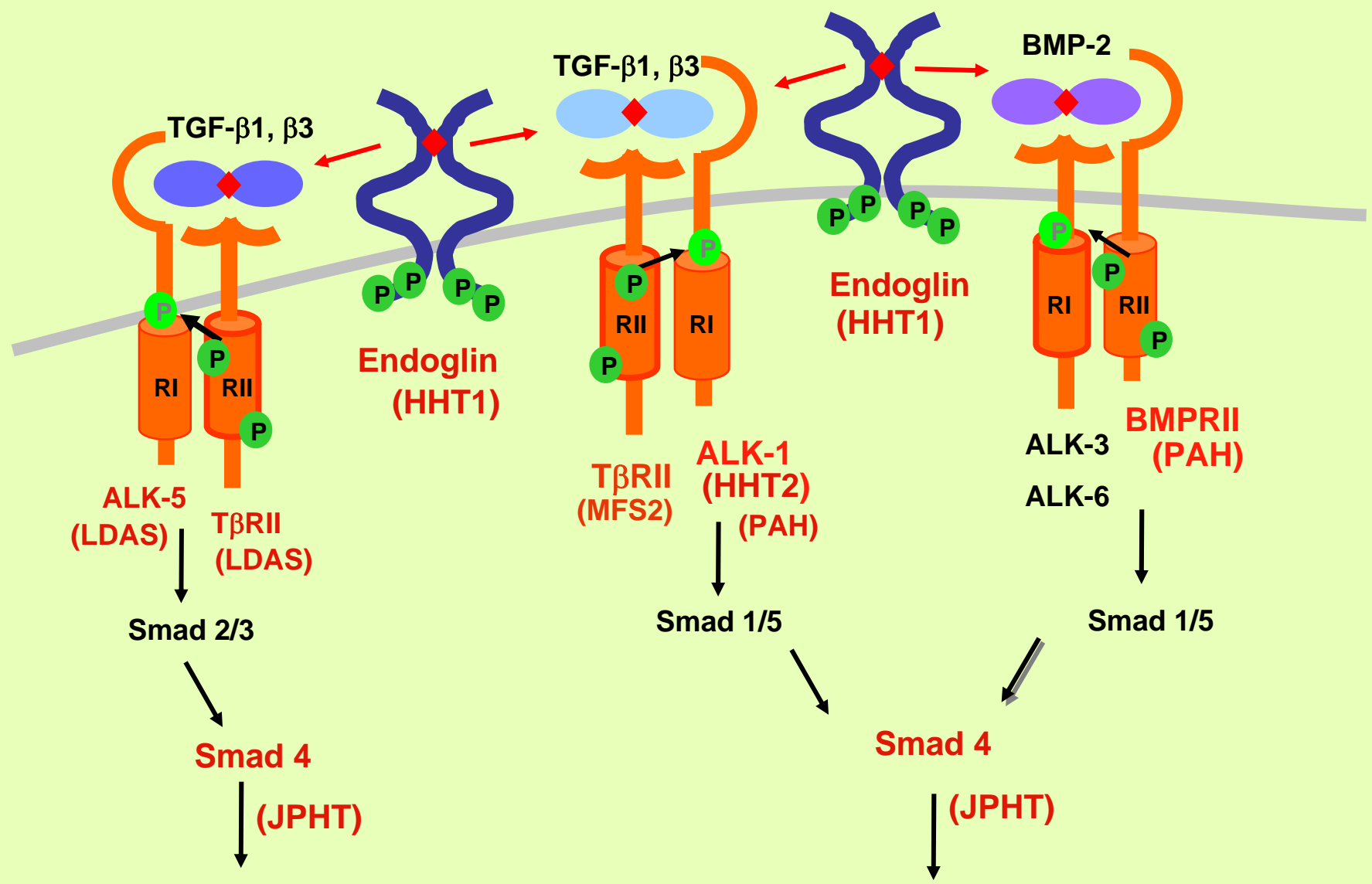
# ***Gastrointestinal telangiectases***



# ***Pulmonary Arteriovenous Malformations***



# Vascular Diseases associated with TGF- $\beta$ superfamily

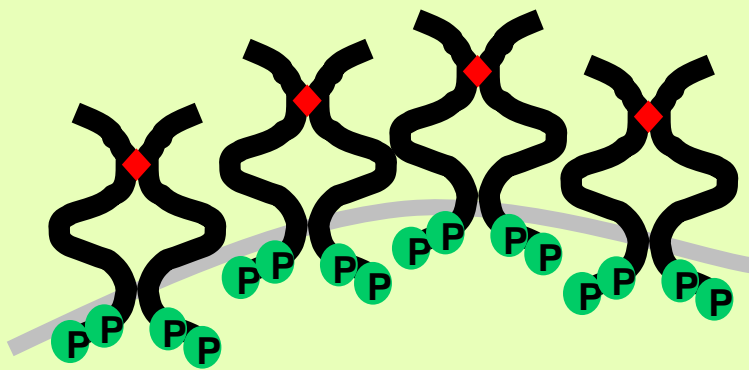


# ***Mechanisms of HHT pathogenesis***

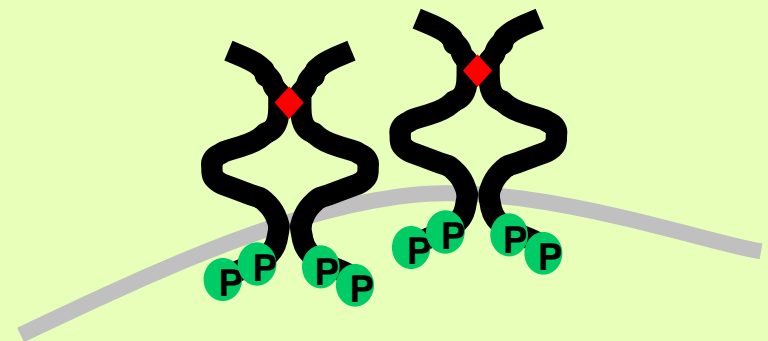
- **Haploinsufficiency in endoglin or ALK1**
- **Impaired endothelial Nitric Oxide synthase (eNOS) activation leading to superoxide production**
- **Enhanced vasodilation and impaired myogenic response**
- **Dysfunctional TGF- $\beta$ /endoglin/eNOS pathway**

# *Haploinsufficiency is associated with HHT*

Non-affected individual



HHT1 patient



Endothelial cells or activated monocytes



## ***Endoglin levels are reduced in blood monocytes of HHT1 patients***

Group	Mutation confirmed	Number	Age		Endoglin level (%)	
			Median	Range (25-75%)	Median	Range (25-75%)
<b>HHT1</b>	<i>Endoglin</i>	109	42.4	21.3	<b>48.0*</b>	19.0
<b>HHT2</b>	<i>ALK1</i>	61	42.2	22.3	<b>91.0</b>	37.0
<b>Control</b>	None	84	37.9	38.9	<b>88.5</b>	29.5

The two-sided pair normal approximation obtained from the Two-Sample Wilcoxon test is reported: \*  $P < 0.001$  for HHT1 relative to HHT2 and control groups.



## ***Levels of endoglin and ALK1 are selectively reduced in endothelial cells of HHT1 and HHT2 newborns***

Family type	Newborn Status	#	Endoglin level (%)		#	ALK1 level (%)	
			Median	Range (25-75%)		Median	Range (25-75%)
<b>HHT1</b>	<b><i>ENG</i> mutation</b>	30	<b>45.0*</b>	13.0	7	94.0	18.0
HHT1	No <i>ENG</i> mutation	18	98.0	17.0	3	92.0	23.0
<b>HHT2</b>	<b><i>ALK1</i> mutation</b>	8	98.5	25.5	4	<b>60.5<sup>^</sup></b>	24.5
HHT2	No <i>ALK1</i> mutation	6	106.5	31.0	3	96.0	3.0

\* The two-sided pair normal approximation (Two-Sample Wilcoxon test) for comparison to the group without *Eng* mutation ( $P < 0.001$ ).

The t-test was used for comparison to the groups with and without an *ALK-1* mutation ( $P = 0.0002$  in both cases).

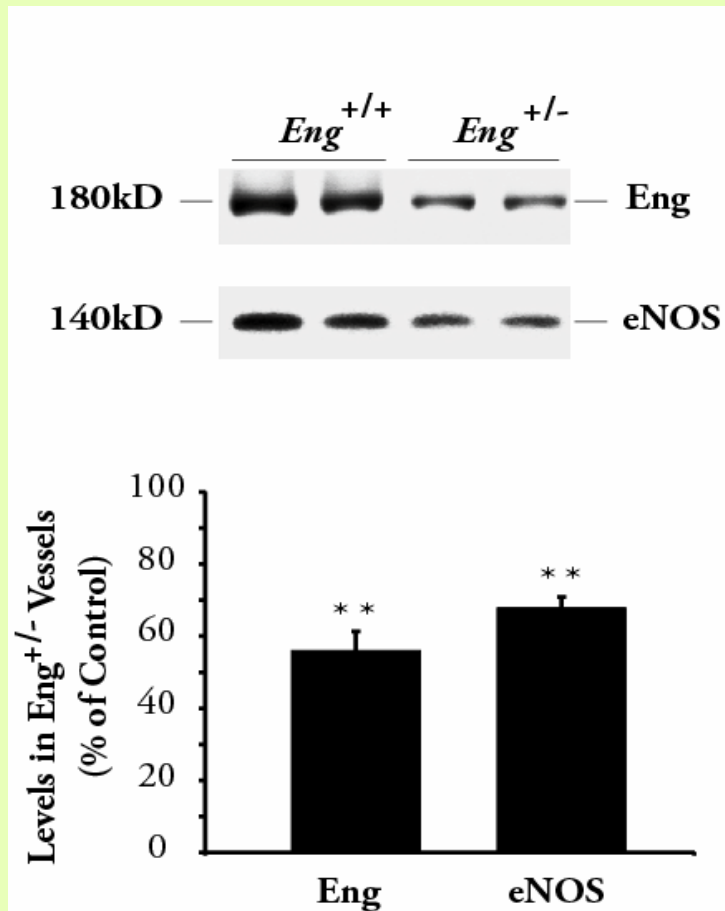
<sup>^</sup>Distribution of ALK1 levels for this group was  $P = 0.03$  (by T-test), when compared to the combined HHT1 groups or to the last group.

# ***How can haploinsufficiency in ENG or ALK1 lead to dilated vessels and AVMs?***

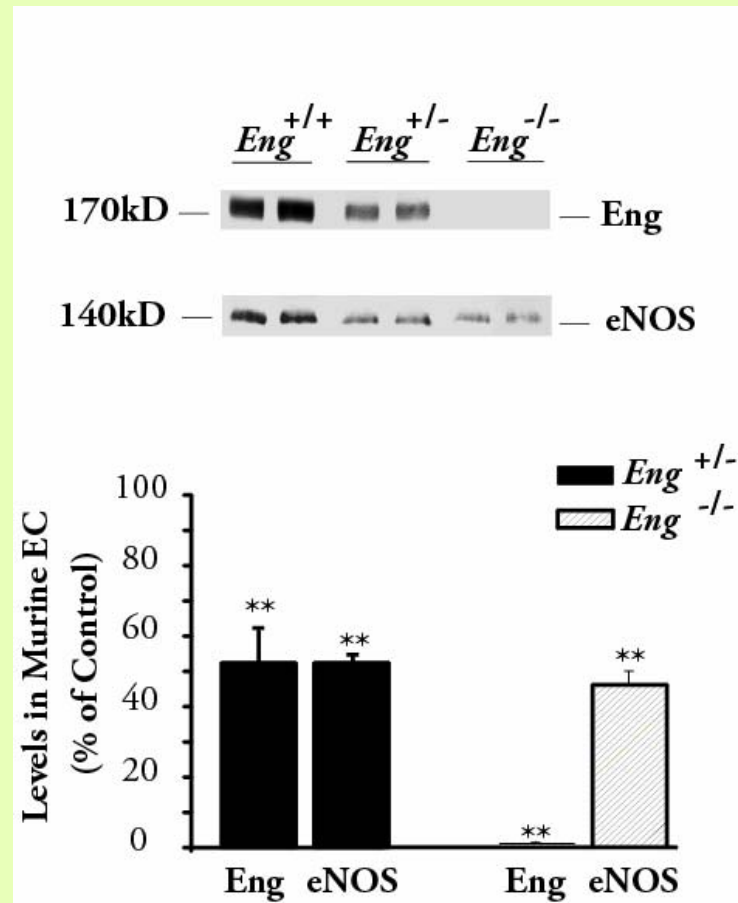
- We speculated that the production of Nitric Oxide (NO) by eNOS may be altered in HHT, where vessels are dilated.
- NO regulates vascular tone.
- Reduced NO levels are often associated with cardiovascular disease.
- Modeling of the hemodynamics of the microcirculation predicts that loss of local vasomotor control may cause AVMs. (*Quick, CM. et al. 2001*)
- We hypothesized that:
  - ***Endoglin may modulate eNOS activation and thereby contribute to the local regulation of vascular tone and integrity.***

# *eNOS levels are reduced in $Eng^{+/-}$ mice*

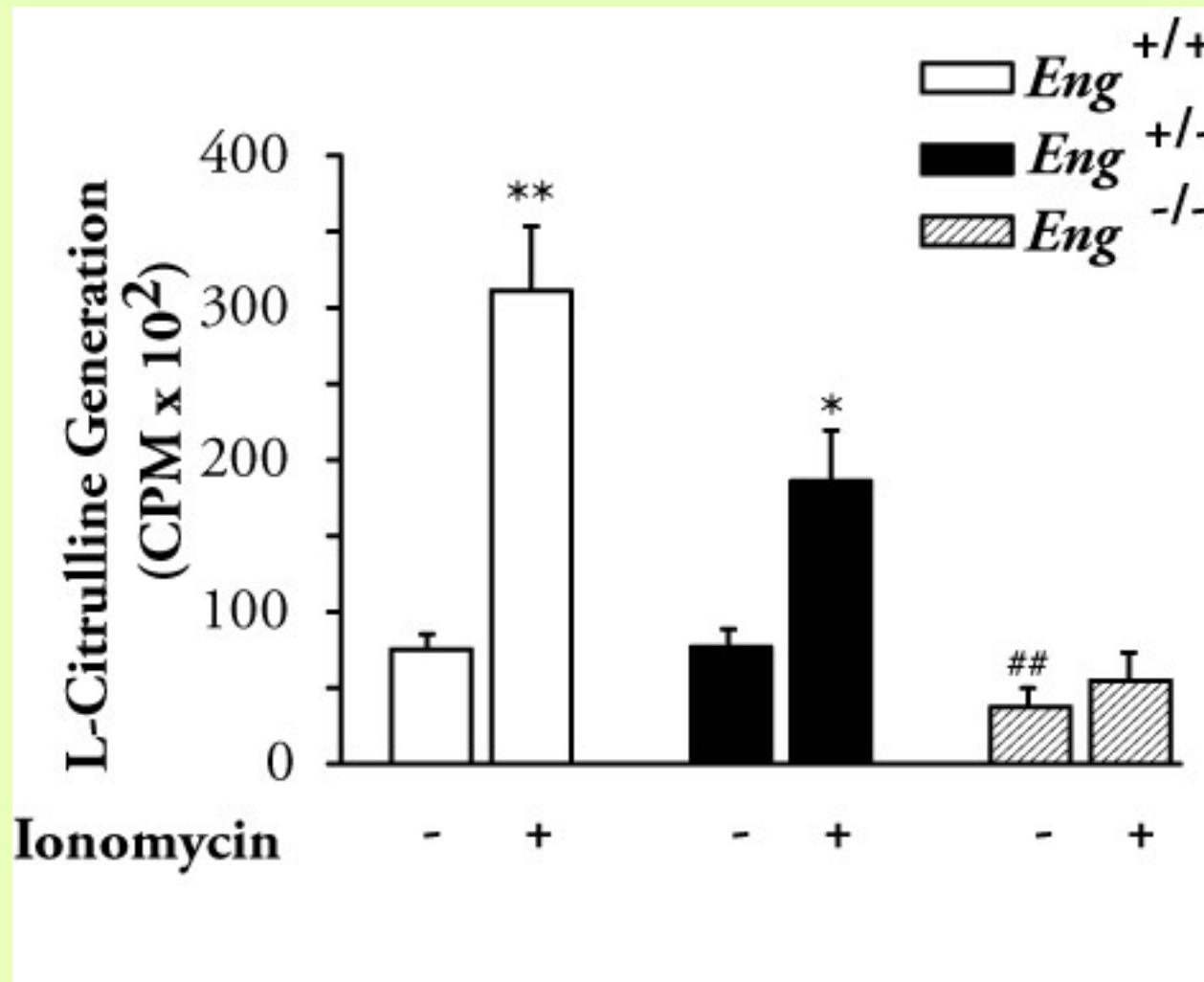
## Blood Vessels



## Endothelial Cells

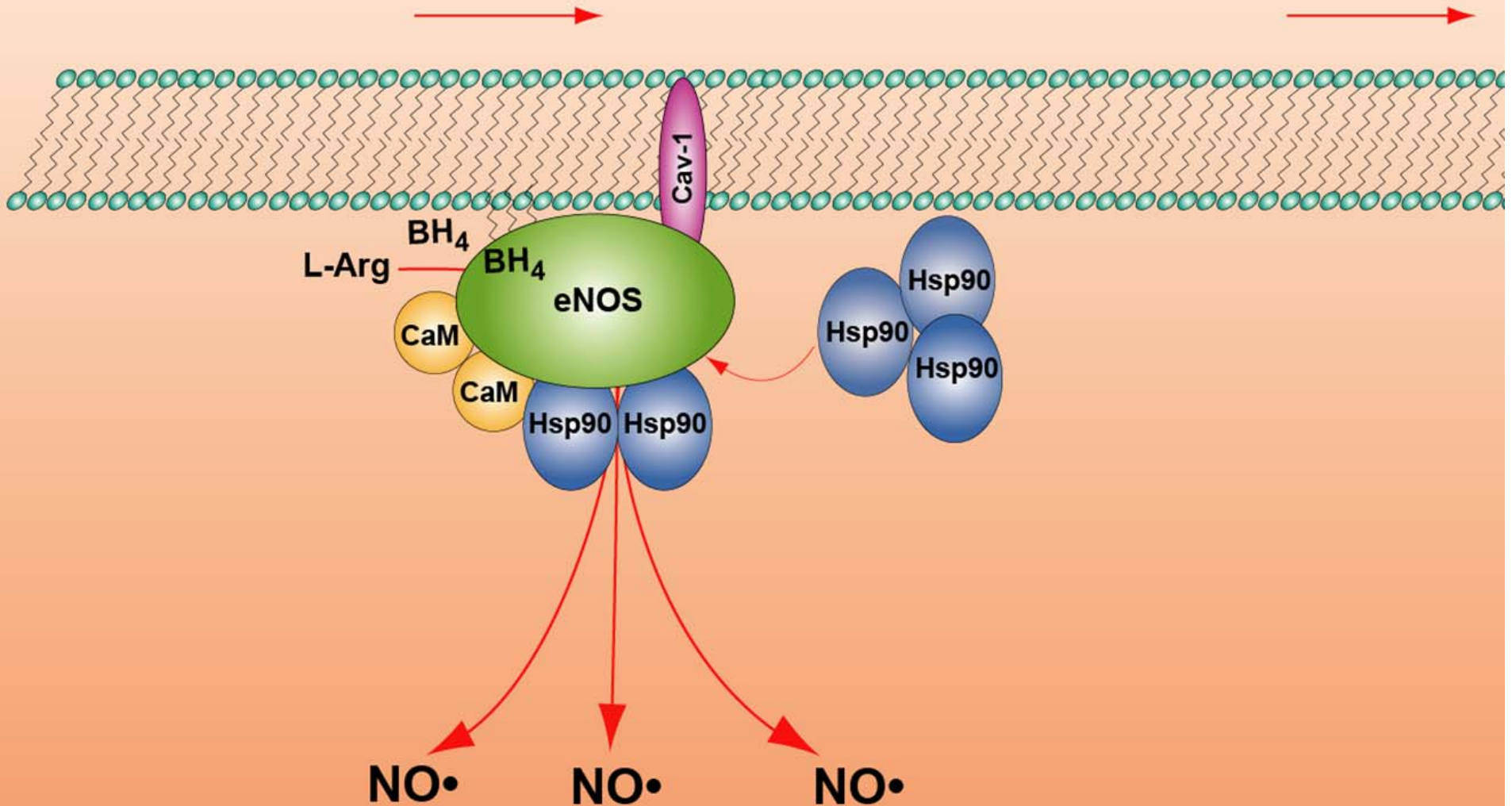


# ***NO production is impaired in $Eng^{+/-}$ and $Eng^{-/-}$ endothelial cells***

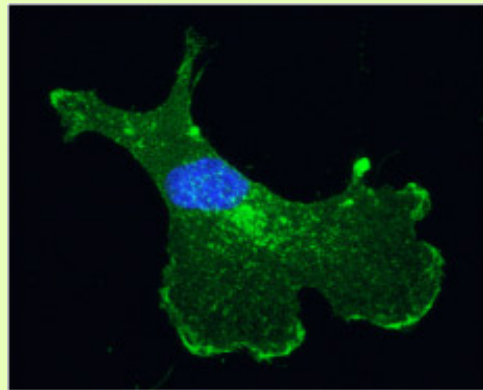


# Could endoglin associate with eNOS and hsp90?

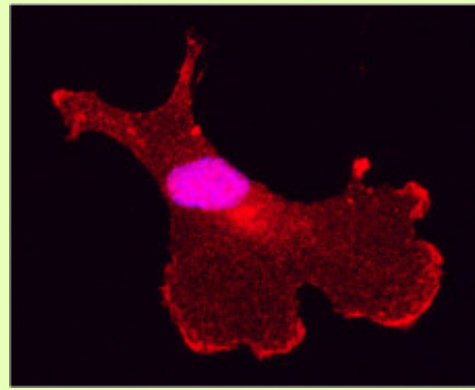
*Pressure / Shear / Flow*



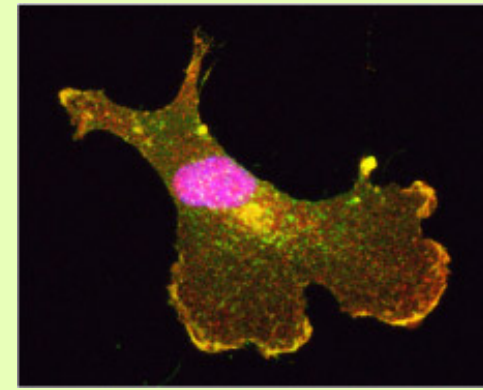
# ***Endoglin Associates with eNOS in Human Endothelial Cells***



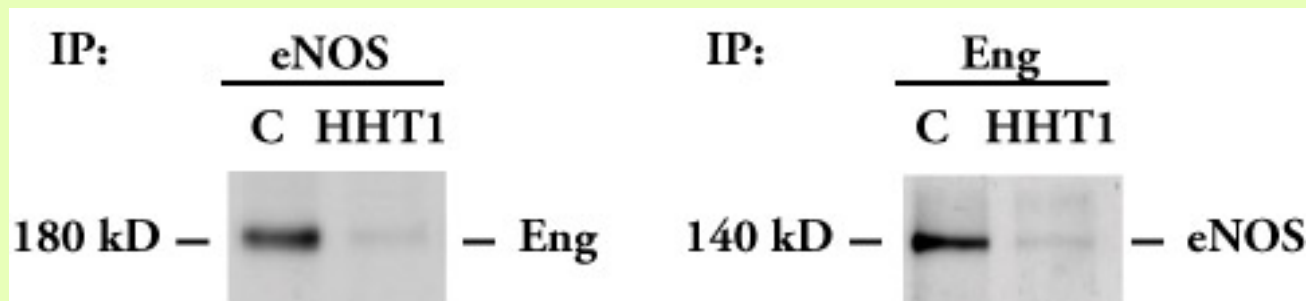
**Eng**



**eNOS**

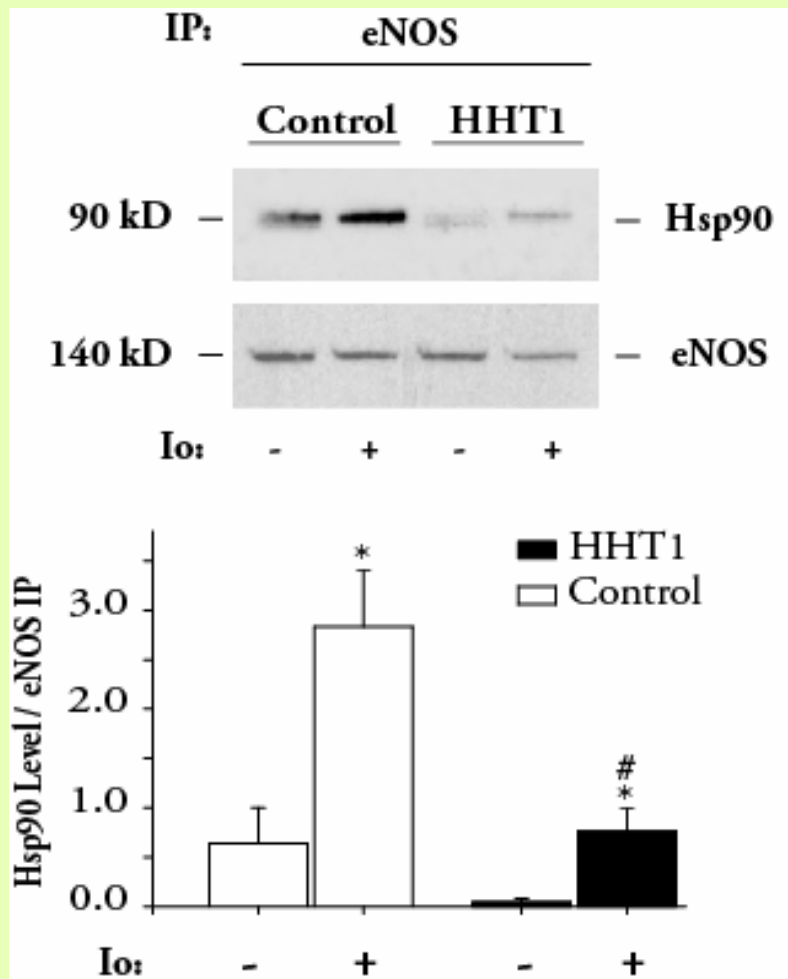


**Eng / eNOS Merge**

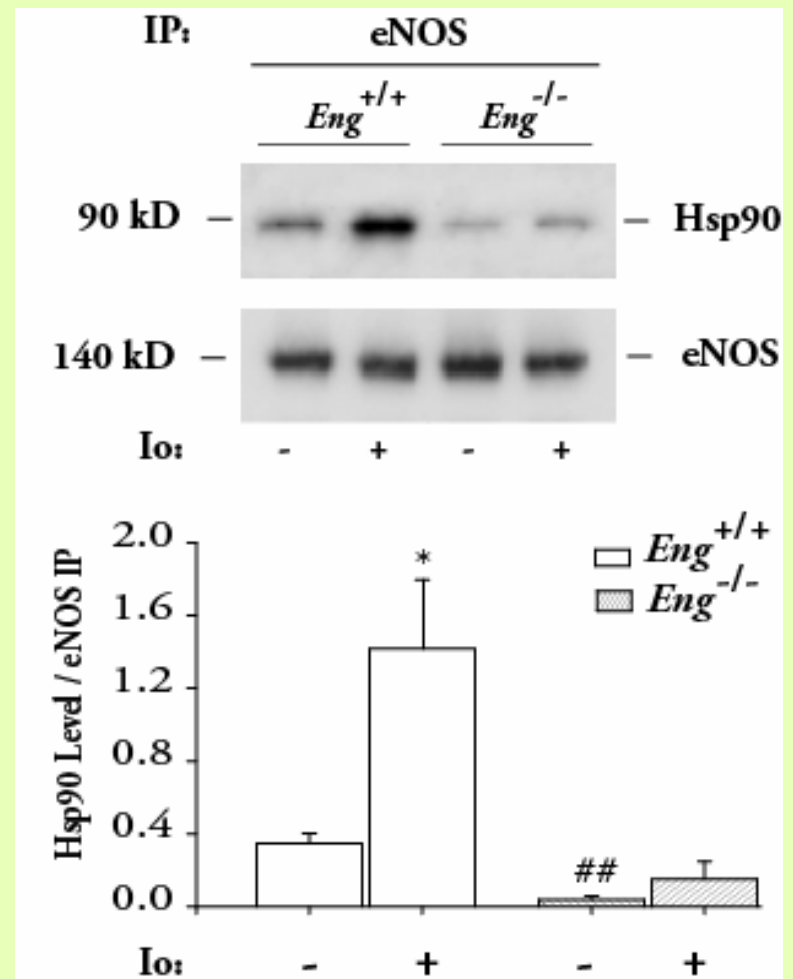


# Endoglin Modulates the eNOS Activation Complex

## Human Endothelial Cells



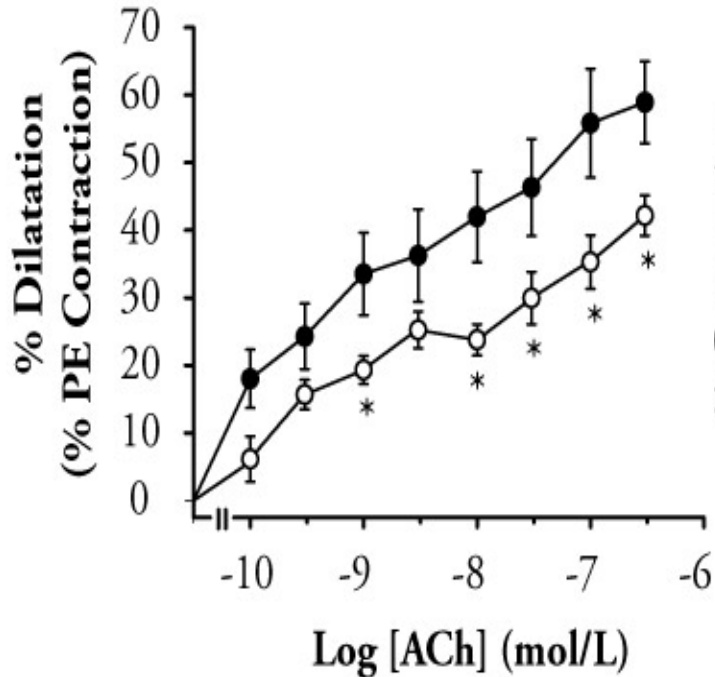
## Murine Endothelial Cells



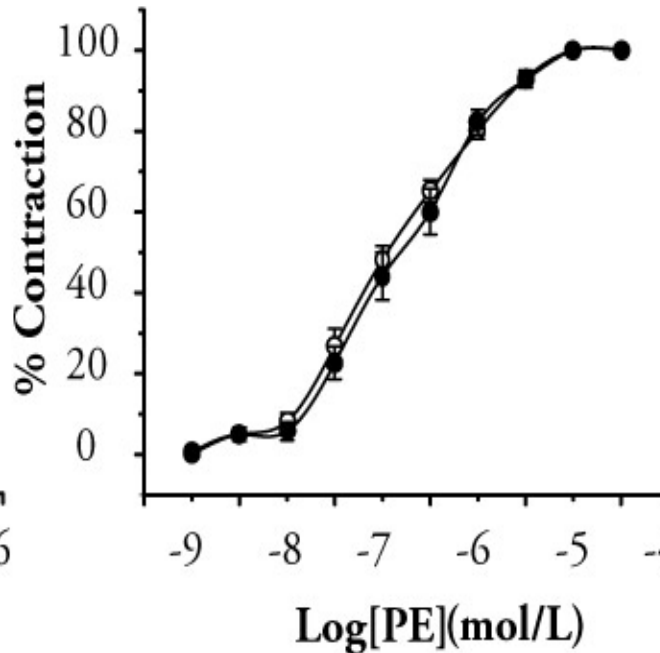


# Increased Endothelium-Dependent Dilatation in *Eng*<sup>+/-</sup> Resistance Arteries

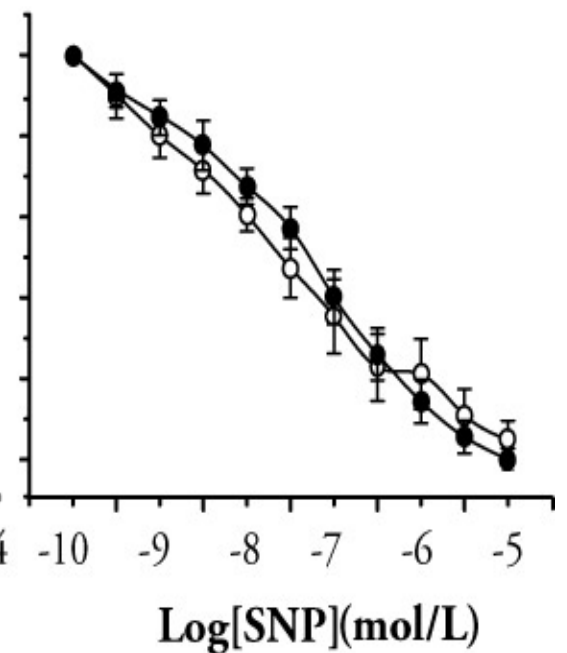
### Endothelium-Dependent Dilatation



### Smooth Muscle Contractility



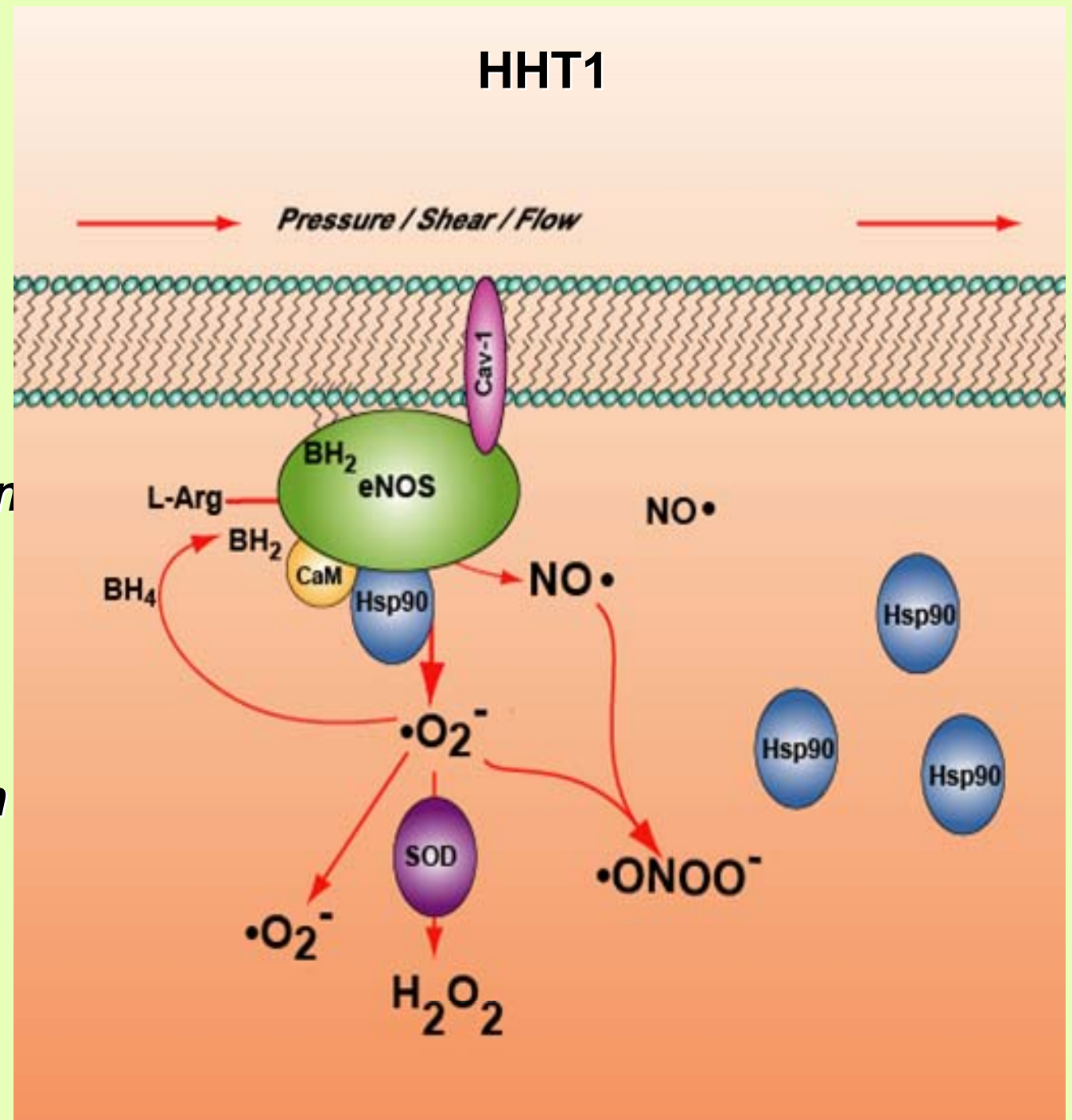
### Endothelium-Independent Dilatation



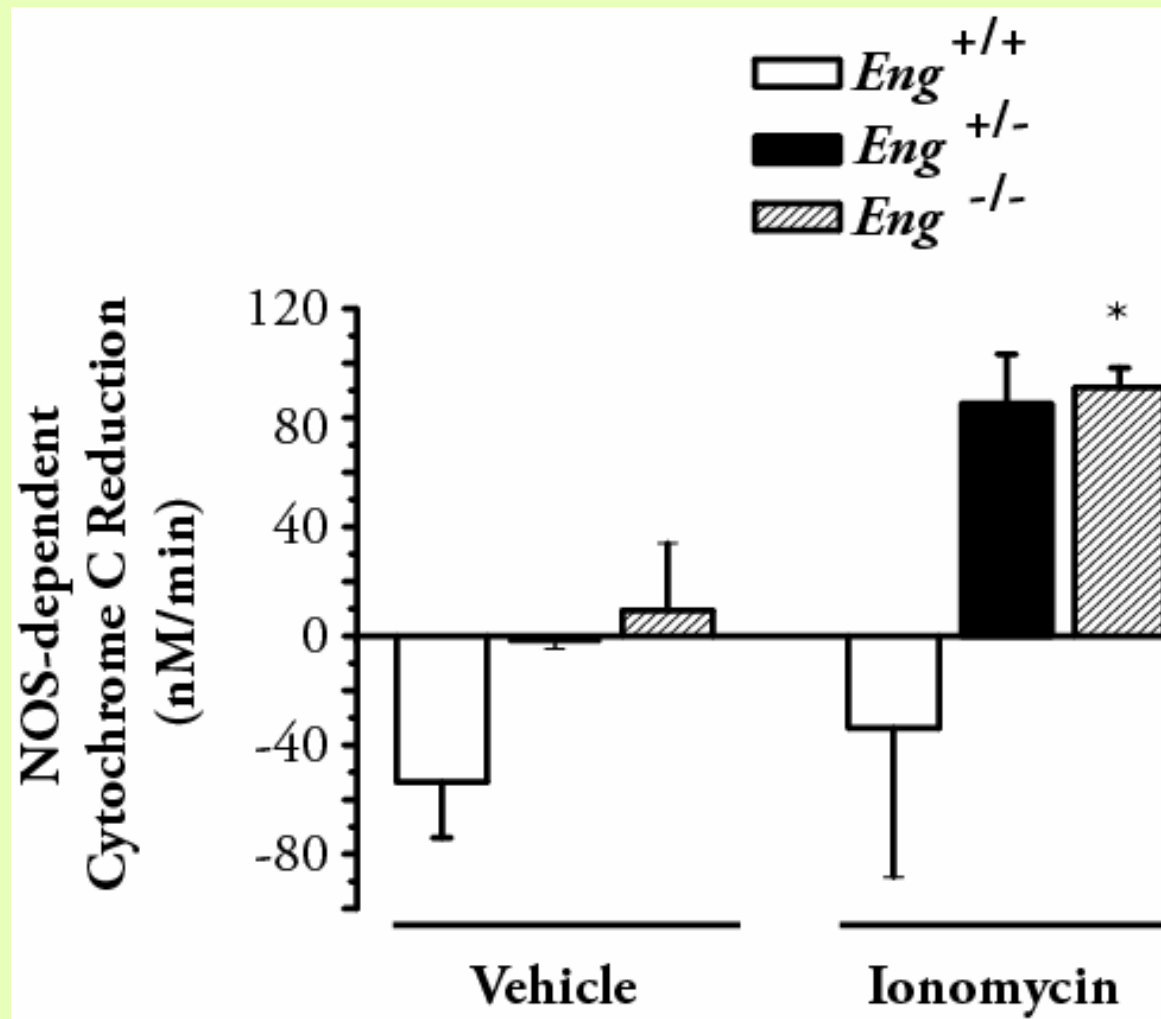
\**P* < 0.05

# HHT1

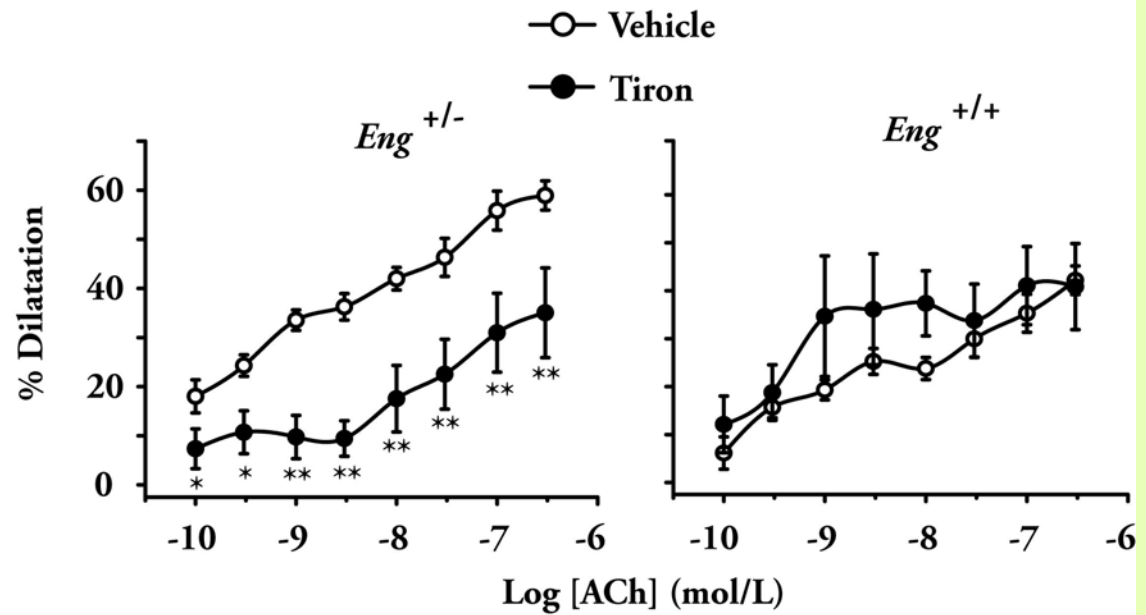
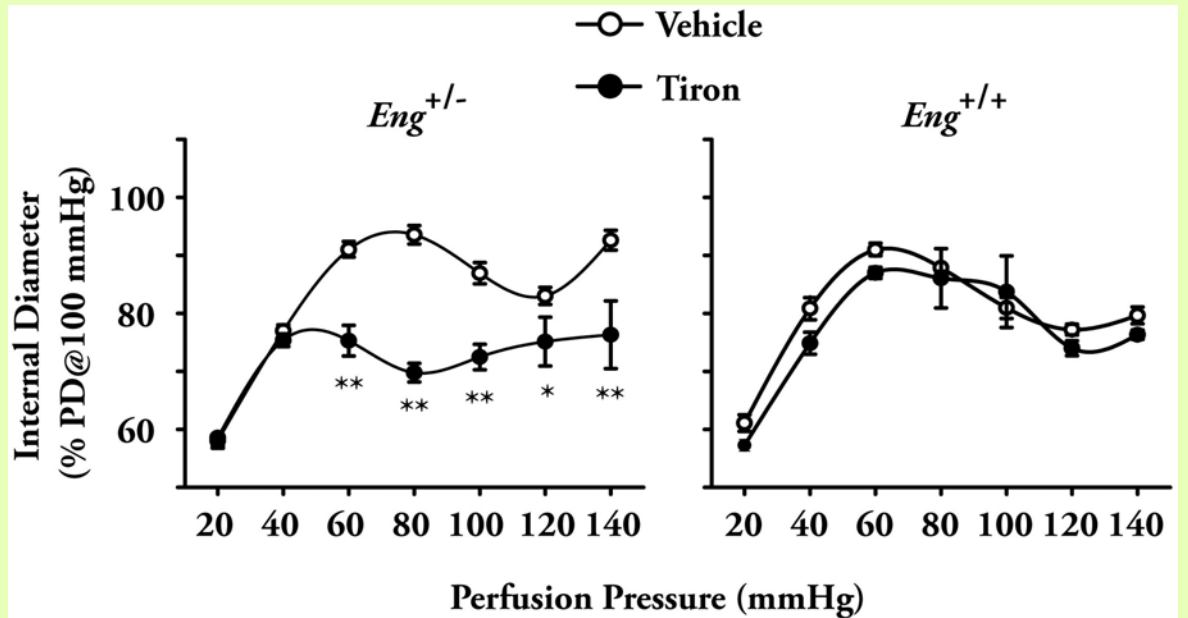
**Pressure on endothelial sites with reduced endoglin leads to uncoupling of eNOS activity and production of damaging superoxide and initiation of lesion**



# ***eNOS-derived $O_2^-$ Production in $Eng^{+/-}$ and $Eng^{-/-}$ Endothelial Cells***



**Reversal with  
the anti-oxidant  
Tiron  
of abnormal  
myogenic  
response  
and  
acetylcholine-  
induced  
dilatation**

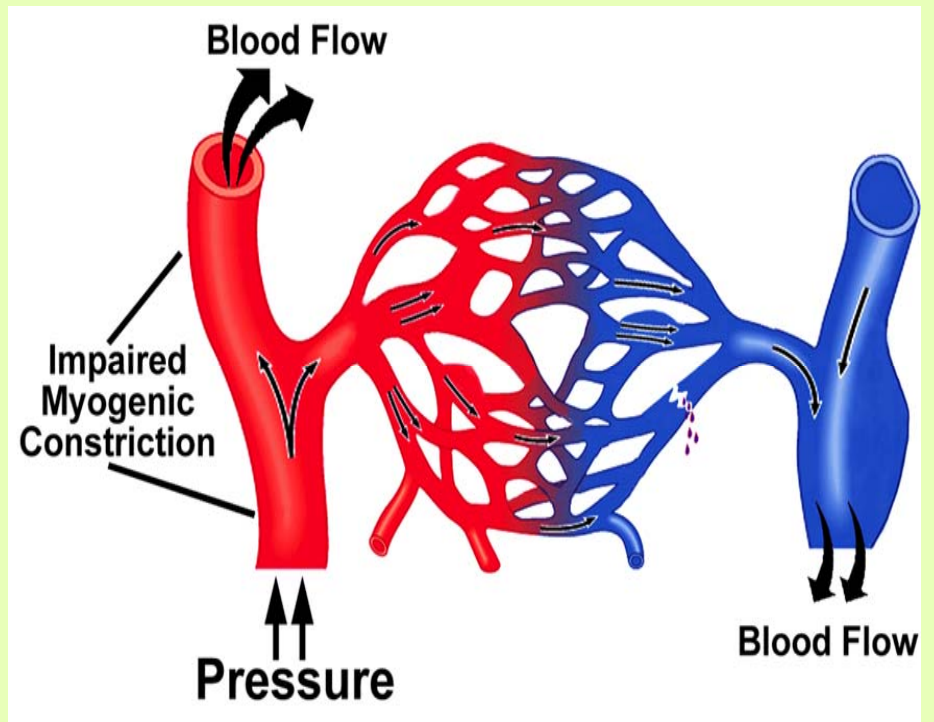
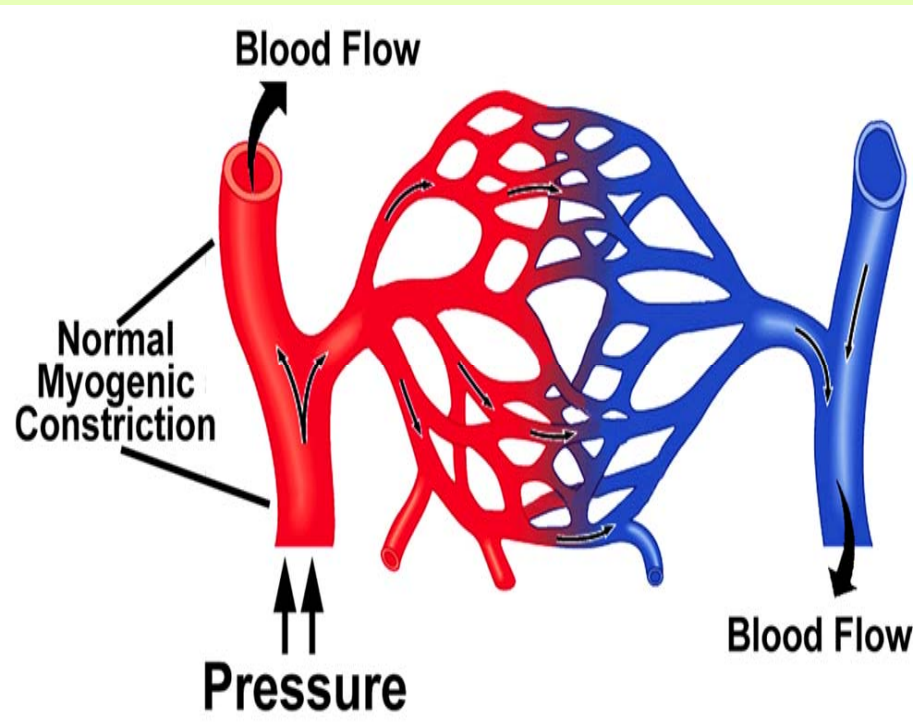


\*\**P* < 0.01

# *Model of HHT Pathogenesis*

**Normal**

**HHT**



# ***Conclusions on endoglin and eNOS functional association***

- **Novel role for endoglin in the local regulation of vascular tone**
- **Endoglin resides in caveolae where it associates with and stabilizes eNOS, and enhances eNOS-Hsp90 association during Ca<sup>2+</sup> activation**
- **In HHT1, eNOS activity is “uncoupled” generating superoxide instead of nitric oxide**
- ***Eng*<sup>+/-</sup> resistance arteries display impaired eNOS-dependent vasodilatation and myogenic reactivity which are restored by superoxide scavengers**
- **Can we link the role of endoglin in eNOS regulation to its function in the TGF-β1/β3 receptor complex?**

***How studying a different disease gave us clues about mechanisms of HHT?***



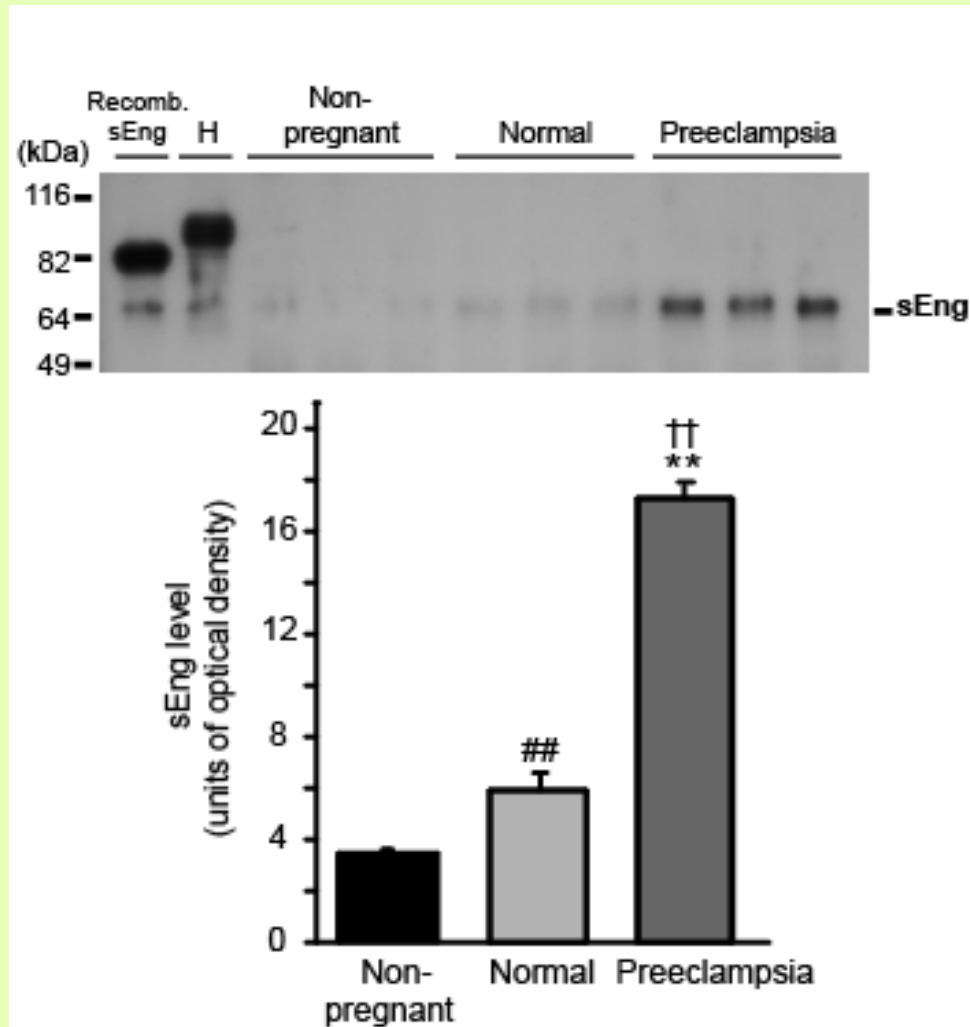
# ***Endoglin is upregulated in placenta during preeclampsia***

QuickTime™ and a  
TIFF (LZW) decompressor  
are needed to see this picture.

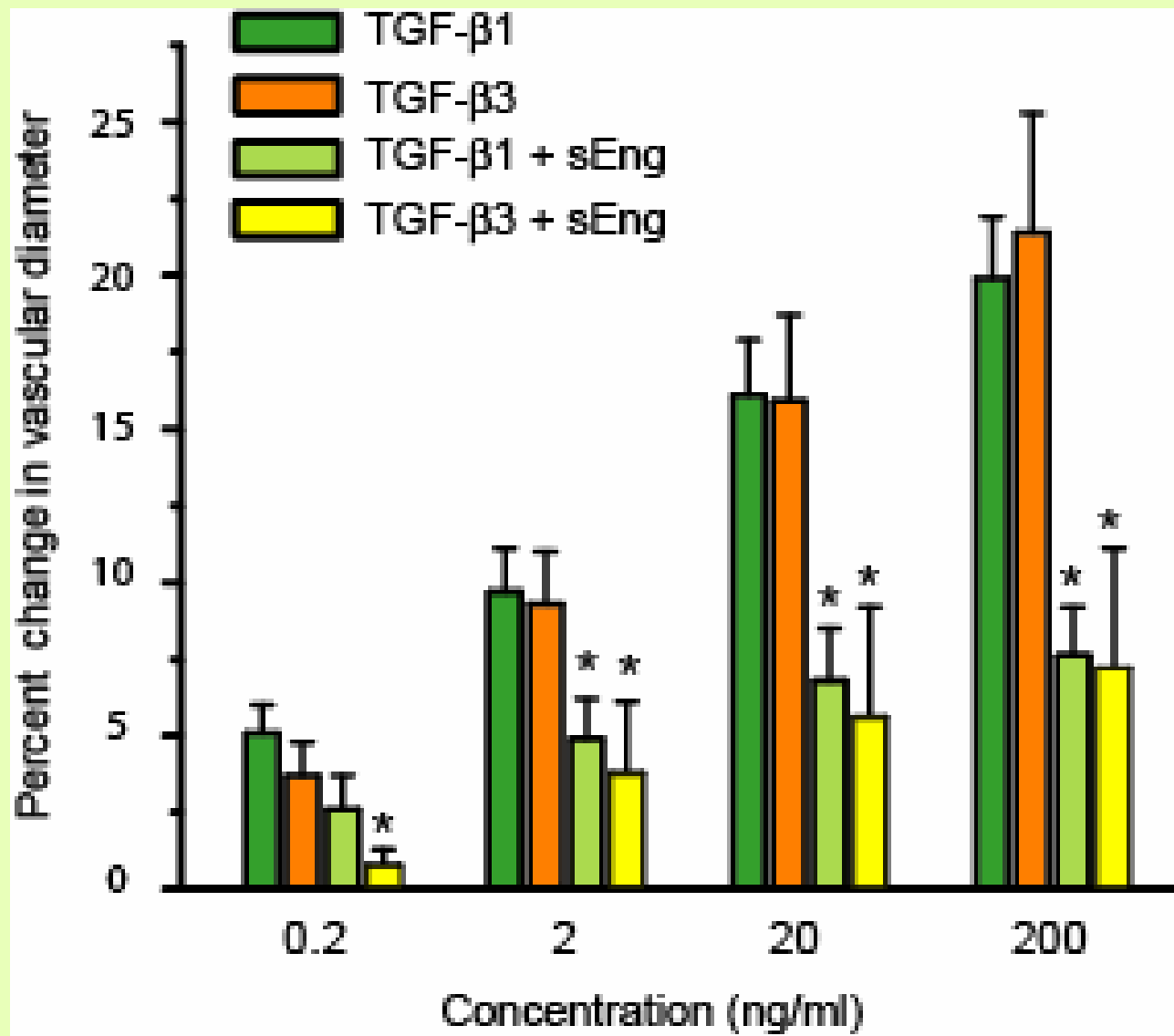
## ***What is pre-eclampsia?***

- **Associated with 5% of pregnancies worldwide**
- **A pregnancy-specific syndrome that causes hypertension and proteinuria in the third trimester**
- **Clinical manifestations reflect endothelial dysfunction, resulting in vasoconstriction**
  
- **High levels of circulating sVEGF-R1 of placental origin were found in pre-eclamptic patients (*A. Karamanchi et al*)**
- **We now report a soluble form of endoglin (sEng) circulating at increased levels and causally related to the pathogenesis (*S. Venkatesha, M. Toporsian et al. Nat Med June 4 2006*)**

# ***Increased levels of Soluble Endoglin (sEng) in the sera of pre-eclamptic women***



## ***TGF- $\beta$ 1 and - $\beta$ 3 induce vasodilation via an endoglin-dependent mechanism***



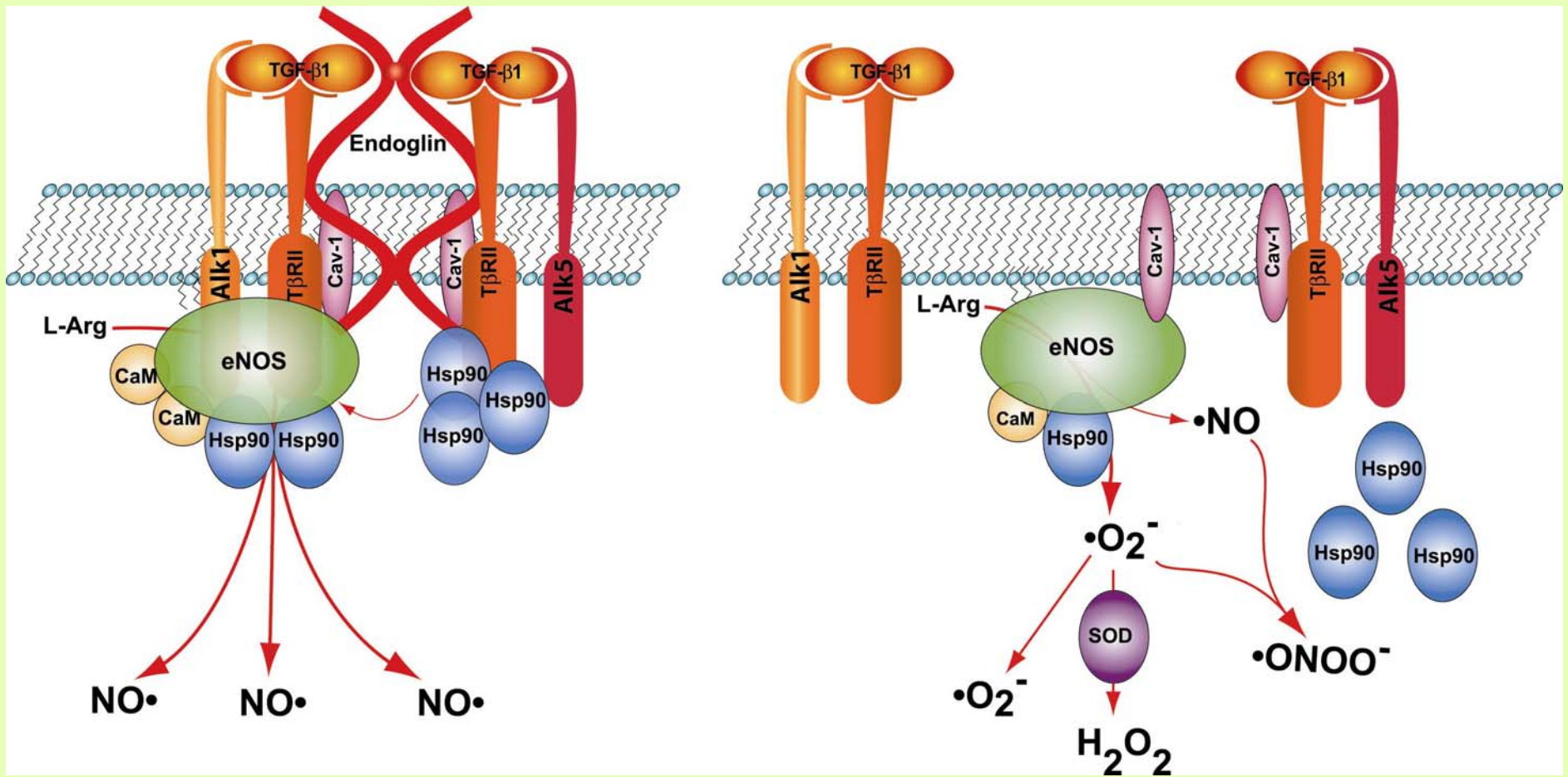
## ***Soluble endoglin (sEng) contributes to the pathogenesis of pre-eclampsia***

- **Endoglin expression much higher in the placenta of pre-eclamptic women**
- **Elevated levels of a placenta derived 65kDa sEng in sera of pre-eclamptic women**
- **Recombinant sEng can induce pre-eclampsia in mice**
- **Recombinant sEng blocks:**
  - TGF- $\beta$ 1 binding and Smad2 signaling in endothelial cells,**
  - TGF- $\beta$ 1 effects on eNOS activation and vasodilation**
  - capillary formation**

# Model of pathogenesis of HHT

Normal

HHT



# ***Acknowledgements***

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