THE EFFECT OF ANGIOTENSIN II ON MYOSIN HEAVY CHAIN EXPRESSION IN CULTURED MYOCARDIAL **CELLS**

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SUMMARY

Anglotensin II (AII), the principal mediator of the renin-angiotensin system, is an important regulator of vascular and cardiac homeostasis. AII has also been shown to be a regulator of cardiac hypertrophy and of the corresponding changes in amount and composition of certain tissue proteins. We examined the trophic effects of AII on cultured myocytes derived from neonatal rat ventricles and followed, by Northern blot analysis and polyacrylamide gel electrophoresis, the expression of α - and β -myosin heavy chain iso-mRNAs and isoproteins. Our findings show that a single administration of AII is sufficient to induce a trophic response in cultured beating myocytes and to enhance the expression of β -myosin heavy chain iso-mRNA and isoprotein, having no effect on α -myosin heavy chain. Induction of α -myosin heavy chain expression by thyroid hormone before AII was administered showed that AII could not potentiate a shift from α - to β -myosin heavy chain predominance. We suggest that the potency of All to regulate the expression of myosin heavy chain isogenes is restricted to the β isoform and is overridden by thyroid hormone.

Key words: neonatal heart myocytes; angiotensin II; cellular hypertrophy; myosin heavy chains.

INTRODUCTION

Angiotensin II is a powerful vasoconstrictor and a positive inotropic and chronotropic effector of the heart. Whereas part of the regulatory effects of AII on the myocardium are secondary to its hemodynamic actions, others result from the direct interaction of AII with the cardiac cell (Baker et al., 1992). Angiotensin II has been shown to modulate myocyte contractility and to regulate its growth and gene expression. Stimulation of protein synthesis and cellular hypertrophy by AII and AII analogs was observed in cultured myocytes from embryonic chicks and from neonatal rats, the signal of All being mediated via the AT₁ receptor subtype (Allen et al., 1988; Aceto and Baker, 1990; Baker and Aceto, 1990; Sadoshima and Izumo, 1993a). Intracardiac production of AII by a local renin-angiotensin system implicates paracrine and autocrine routes for the regulatory actions of AII on the cardiac cell (Lindpainter et al., 1988). Autocrine release of AII has been shown to mediate stretch-induced hypertrophy of cardiac myocytes in culture (Sadoshima et al., 1993; Komuro et al., 1995). Angiotensin II is mitogenic to fibroblasts of the myocardial interstitium, promoting protein synthesis and the production of extracellular matrix components (Sadoshima and Izumo, 1993a; Schorb et al., 1993; Villareal et al., 1993).

Hypertrophy of the myocardial cell, a quantitative process by definition, involves marked qualitative changes also. These include the

Myosin is the major component of sarcomeric thick filaments, and in the rat heart it presents two isotypes, V1 and V3, the respective homodimers of α - and β MHC. Isotype V1 generates faster speed of contraction and higher ATPase activity with lower energetic efficiency than V3 (Schwartz et al., 1981; Alpert and Mulieri, 1982). The plasticity of myocardial performance during development and under altered hormonal and physiological states has long been correlated with transitions in MHC predominance. Isotype V3 is the fetal isoform of the rodent heart and is replaced by V1 during ontogenic development (Lompre et al., 1981). Cardiac hypertrophy caused by thyroid hormone shifts the heart to α MHC predominance, whereas hypertrophy caused by pressure overload results in βMHC predominance (Mercadier et al., 1981; Izumo et al., 1987). In sus-

stimulation of transcription of several classes of early response gene products which act as intracellular mediators of growth signals, and the upregulation of late response, tissue-specific proteins which alter the functional features of the heart. Part of the late response proteins are normally expressed in the embryonic heart (reviewed by Chien et al., 1993; Komuro and Yazaki, 1993). In cultured myocytes, AIIinduced hypertrophy has been associated with increased amounts of rRNA and of mRNAs for the proto-oncogenes *Egr-1, c-fos/c-jun,* and c -*myc*, as well as for α -skeletal actin, atrial natriuretic peptide, endothelin, and angiotensinogen (Aceto and Baker, 1990; Baker and Aceto, 1990; Sadoshima and Izumo, 1993a, 1993b; Sadoshima et al., 1993). As yet, no effect of AII on the amount and composition of myosin heavy chains (MHCs) has been reported.

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tained high-renin hypertension, an increased proportion of ventricular β MHC has been attributed to the resultant hemodynamic overload and not to the AII generated by high renin activity (Buttrick et al., 1991). To find out whether the upregulation of β MHC may also be a primary response of myocytes to excess AII besides being secondary to the hemodynamic pressure, we examined myocytes grown in culture, devoid of hemodynamic load. Our findings show that a single administration of AII is sufficient to induce both hypertrophy of cultured myocytes and upregulation of βMHC iso-mRNA and isoprotein, with no marked effect on aMHC.

MATERIALS AND METHODS

Cell cultures. Primary myocyte cultures were prepared as previously described (Kessler-Icekson et al., 1984; Bergman et al., 1995). In brief, ventricles from 1-2-day-old Wistar rats were dissociated enzymatically at room temperature with $\dot{\text{RDB}}^{\tau\text{M}}$, a protease isolated from fig tree extract. Five to six 20-min cycles of digestion dispersed the tissue fragments completely. To reduce the proportion of nonmyocytes, we used one of two protocols. In the first protocol, the freshly dispersed cells were suspended in IB1, a "rich" serum-free medium composed of Dulbecco modified Eagle's medium (DMEM) and Ham's F12 at a 1:1 ratio, 10 mM HEPES at pH 7.3, 0.1% bovine serum albumin (BSA), 2 mg glucose/ml, 25 μ g insulin/ml, 25 μ g transferrin/ml, MEM amino acids and vitamins, 0.1 μ M hydrocortisone, 0.5 mg fetuin/ml, and antibiotics. The cells were seeded at a density of 1.5×10^5 per cm² into collagen-coated culture dishes in the presence of 0.1 mM bromodeoxyuridine (BrdU) (Simpson et al., 1982). Twenty-four hours later, the medium was replaced with IB2, a "poor" serum-free medium composed of DMEM : Ham's F12 (1:1), 10 mM HEPES at pH 7.3, 0.1% BSA, 2.5 μ g insulin/ml, 2.5 μ g transferrin/ml, $0.1 \mu M$ hydrocortisone, and antibiotics containing BrdU. The cells were kept in this medium for two more days, then shifted to fresh BrdUfree IB2 24 h before the administration of experimental treatments.

In the second protocol to reduce the proportion of nonmyocytes, the dispersed cells were suspended in IB/FCS (DMEM : Ham's F12, 10% fetal calf serum, and antibiotics), placed in collagen-free 100-mm culture dishes, and incubated for 45-60 min. Unsettled cells were collected, BrdU was added, and the myocyte-enriched cell suspension was seeded into collagen-coated culture dishes at 1.5×10^5 per cm². Twenty-four hours later, the medium was replaced with BrdU-free IB2. The cells were maintained in this medium for 2-3 d until the experiments began. Myocytes of the two plating procedures had similar morphology and resumed spontaneous beating 24 h postplating, but cells from procedure 2 were beating more vigorously. We attribute this to a shorter exposure of the cultures to BrdU (24 instead of 72 h). We used either 35- and 60-mm culture dishes or 12- and 24-well culture plates, depending on the design of the experiments. Experimental treatments were given in IB2.

Determination of protein and DNA and phenylalanine incorporation. Cell cultures were rinsed three times with cold PBS-1 mM ethylenediaminetetraacetic acid (EDTA). The cells were scraped from the dish, collected in PBS-1 mM EDTA, homogenized by mild sonication, and sampled for the determination of protein and DNA. Protein was measured spectrophotometrically with BSA as a standard (Lowry et al., 1951). DNA was measured fluorimetrically with calf thymus DNA as a standard (Labarca and Paigen, 1980).

We added $[14C]$ phenylalanine (>450 mCi/mmole) to the experimental medium at $0.1-0.2 \mu$ Ci/ml for 24 h. At the end of incubation, the medium was aspirated, the cultures were rinsed three times with cold PBS-1 mM EDTA, and overlaid with ice-cold 5% trichloroacetic acid (TCA). After 45 min in the cold, the cultures were rinsed four times with cold 5% TCA and thoroughly aspirated. Each culture received 0.45 ml of 1 mM NaOH-0.1% sodium dodecyl sulfate (SDS), was incubated 10 min at 37° C, and was sampled in duplicate for liquid scintillation counting.

Analysis of MHC. Isolation of myosin from the cell cultures and the electrophoretic separation of MHCs was as we previously described (Kessler-Icekson, 1988). Radiolabeled myosin was isolated from cultures incubated with $[^{14}C]$ phenylalanine (2 µCi/ml) for 48 h. After electrophoresis, the gels were dried and exposed to Kodak film type X-OMAT-AR.

Analysis of RNA. Total cellular RNA was isolated by acid guanidinium thiocyanate phenol/chloroform extraction (Chumczynski and Sacchi, 1987).

RNA at 15 or 20 µg/lane was size-fractionated on 1% agarose-formaldehyde gels, transferred to nitrocellulose membranes (Hybond-C extra) and UV- or heat-immobilized. The membranes were probed with ³²P-labeled oligonucleotides with T4 polynucleotide kinase and [7-32p]ATP. Forty-two nucleotide oligoprobes, 3'GGACAGGTCGTCTITCTCGGAGCGGCAACGGTAGGGTG TTAT5 ' for aMHC, and 3'GAGATGGGTTGGGATTCCTACGGACACTTCG GGACTCTGGAC5 ' for β MHC, corresponded to nucleotides 1285-1327 at the nontranslated 3' end of the respective mRNAs (Mahdavi et al., 1982). Between hybridizations with the two MHC probes, the membranes were dehybridized and exposed to X-ray film to ensure removal of previous radioactivity. Hybridizations were performed overnight at 42° C in 6XSSC, 50 mM phosphate buffer at pH 6.5, 10X Denhardt's solution, 1% SDS, 50% formamide, and 200 µg/ml salmon sperm DNA. The membranes were rinsed with $2XSSC-0.1\%$ SDS four times briefly at room temperature (RT), 30 min at 65° C, 5 min at RT, and then briefly in 2XSSC at RT. The membranes were exposed to Kodak film type X-OMAT-AR, and the intensity of labeled bands was quantified by soft laser scanning densitometry (Biomed Instruments, Fullerton, CA, USA). Variations between lanes were corrected by normalization to 18S rRNA measured by hybridization with an oligoprobe specific for 18S rat rRNA (Mendez et al., 1987; Carrier et al., 1992).

Data analysis. The values obtained for replicate dishes (three or more) in an experiment were calculated relative to the mean value of the controls in the same experiment. The calculated values (% control) of identical treatments from several experiments (3-11 repetitions) were pooled and tested statistically with Student's t-test. Probability values lower than 0.05 were considered statistically significant.

Materials. Cell culture media and supplements were purchased from Biological-Industries, Beit Haemek, Israel. Cell culture dishes and multiwell plates were from Sterilin (Stone, England) or Nunc (Roskilde, Denmark). RDB TM was from Israel Institute for Biological Research, Ness-Ziona, Israel. Losartan was a gift of DuPont-Merck, Wilmington, DE, USA. The [¹⁴C]phenylalanine and Hybond-C membranes were from Amersham, Little Chalfont, U.K. The $[\gamma$ -³²P]ATP was from Amersham or Rotem Industries, Beer-Sheva, Israel. The T4 polynucleotide kinase was from New England Biolabs, Beverly, MA, USA, and All and all other chemicals were from Sigma Chemical Co., St. Louis, MO, USA.

RESULTS

AII Effect on Protein Accumulation

An increase in the amount of incorporated phenylalanine or in the protein-to-DNA ratio indicates protein accumulation and is considered a measure of myocyte hypertrophy (Simpson, 1985; Meidell et al., 1986). The maximal increase in phenylalanine incorporated into myocytes treated for 24 h with increasing concentrations of AII, each administered as a single dose, was 35%, obtained with 100 nM AII (Fig. 1). The trophic effect of All was totally blocked by losartan, a nonpeptide inhibitor of the AT_1 receptor (Timmermans et al., 1991). Myocytes treated with 10 nM AII-100 nM losartan or 100 nM AII-1000 nM losartan incorporated phenylalanine at 97 \pm 6.3% and 93 \pm 13% of the control, respectively. A 72-h follow-up of protein accumulation by the cells showed a significant augmentation in the protein-to-DNA ratio by 48 and 72 h of treatment (Fig. 2). The anabolic hormone triiodothyronine (T3, 5 nM) increased the protein-to-DNA ratio by 40-50% under similar experimental conditions (Fig. 2).

AII Effect on MHC Composition

When neonatal heart myocytes are grown in serum-free, T3-deficient medium, β MHC is constitutively expressed (Kessler-Icekson, 1988). Administration of AII to such cells increased the relative abundance of β MHC iso-mRNA by about 90%, whereas that of α MHC remained at background levels *(lanes C* and A in Fig. 3 a; A in Fig. 4). The intensity of radioactive labeling of β MHC isoprotein was higher in AII-treated than in AII-untreated myocytes, whereas no detectable incorporation could be found in α MHC isoprotein (Fig. $3 b$). As the stimulatory effect of AII was restricted to the β MHC, it did not modify the distribution of MHC phenotype; the neonatal myocytes retained 13MHC as the predominant isoform *(lanes C* and A in Fig. 3 c).

We then tested for the ability of AII to shift the myocytes from α to β MHC predominance, once they produced α MHC at the time of AII administration. This was achieved by a 24-h treatment with T3 (5 nM), followed by a 24-h T3-washout before an additional 48 h in 100 nM AII. The results demonstrate that AII could not downregulate the expression of α MHC and reestablish the predominance of β MHC iso-mRNA and isoprotein (T/A in Figs. 3,4). We conclude that the potency of AII to regulate the expression of MHC isoforms is restricted to the β MHC and is overridden by thyroid hormone.

DISCUSSION

The central finding of this study is that the BMHC isogene is upregulated during AII-induced hypertrophy of beating myocytes from neonatal rat hearts. Despite the immature nature of these cells, which retain the capacity to divide and express fetal heart proteins, they are generally accepted as an adequate model for studies of myocardial cell hypertrophy in response to humoral and physical stimuli (e.g., Simpson et al., 1982; Simpson, 1985; Meidell et al., 1986; Aceto and Baker, 1990; Baker and Aceto, 1990; Komuro et al., 1990, 1995; Waspe et al., 1990; Bishopric et al., 1992; Sadoshima and Izumo, 1993a, 1993b; Sadoshima et al., 1993; Johnson et al., 1994). To allow the cells to hypertrophy, the cultures must be kept subconfluent, a condition that favors overgrowth by nonmyocytes. The standard measures preventing nonmyocyte overgrowth include differential plating, cytostatic agents, and serum-free medium. In many cases, these measures yield cleaner myocyte populations that are either quiescent or poorly contracting (Simpson, 1985; Waspe et al., 1990; Bishopric et al., 1992; Johnson et al., 1994). Because perpetual contractions are the normal presentation of cardiomyocytes in *vivo,* we restricted our study to spontaneously beating cultures, being aware that the basal rate of protein synthesis may be affected by the mechanical activity (McDermott et al., 1985; Johnson et al., 1994).

Previous studies on AIl-induced hypertrophy showed that whereas embryonic chick myocytes responded to a single dose of AII, neonatal rat myocytes required multiple administrations to obtain a similar effect (Accto and Baker, 1990; Baker and Aceto, 1990; Sadoshima and Izumo, 1993a). We describe conditions in which neonatal rat myocytes, like embryonic chick myocytes, undergo hypertrophy over 48 h after a single administration of All. The overall increase in protein accumulation we observed (10-40%) was somewhat lower than that reported in multiple-administration experiments (40-50%, Sadoshima and lzumo, 1993a), a possible result of All decrease with time. The effect of cell contraction, endogenous AII, or both could also lower the increment of AII-induced hypertrophy by raising basal protein synthesis. The concentration we used, 100 nM, yielded the maximal effect in our dose-response experiments (about 40% above the control). Although this concentration is much higher than the picomolar levels found in the circulation (Huang et al., 1989), the concentrations of locally generated AII in the vicinity of the myocytes *in vivo* are as yet unknown. Angiotensin II also stimulates the expression of angiotensinogen in cultured myocytes (Sadoshima and

FIG. 1. Concentration dependence of protein accumulation. Four-d-old cultures grown as in protocol 2 (Materials and Methods) received 1-500 nM angiotensin II and $[14C]$ phenylalanine for 24 h. The percent increase in phenylalanine incorporation was calculated considering the untreated cultures as 100%. Each point summarizes 3-11 independent experiments. *Bars* indicate the mean \pm SE; an *asterisk* indicates a value significantly different from that of untreated cultures ($P < 0.05$).

Izumo, 1993a), and it is possible that newly formed AII helps sustain the trophic effects of exogenously added AII over prolonged periods by positive-feedback regulation.

As mentioned earlier, AII-induced hypertrophy of cultured myocytes has been associated with increased amounts of rRNA and of several mRNA species encoding growth-regulating and tissue-spe-

FIG. 2. Protein content in angiotensin II (AII)-treated myocytes. Four-dold cultures grown as in protocol 1 (Materials and Methods) received either AII (100 nM), the anabolic hormone triiodothyronine (T3, 5 nM), or none. Cultures were removed for the determination of protein and DNA at 24, 48, and 72 h. Each point summarizes nine experiments; *Bars* indicate the mean _+ SE; an *asterisk* indicates a value significantly different from that of untreated cultures (C) $(P < 0.05)$.

FIG. 3. AII effect on MHC iso-mRNA and isoprotein. (a) Autoradiograms of representative Northern blots. Identical lanes are shown of a membrane sequentially probed for α MHC-mRNA, β MHC-mRNA, and 18S-rRNA. Myocytes were incubated for 48 h with (A, T/A), or without (C,T) 100 nM AII. Part of the cultures were conditioned with 5 nM T3 and T3-washout (T, T/A) before AII treatment. (b) An autoradiogram of a dried gel showing radiolabeled MHCs from cultures incubated for 48 h with *(lane A)* or without *(lane C)* 100 nM AII in the presence of $[{}^{14}C]$ phenylalanine. (c) MHC polypeptides from cultures treated as in (a), subjected to denaturing electrophoresis. Equal amounts of protein were loaded in each lane and stained with silverstain.

cific proteins. When we undertook a similar study with the α - and β MHC isogenes, we found that the abundance of the β -, not α -, MHC mRNA was increased by AII and that the neosynthesis of its protein was enhanced. The abundance of β MHC mRNA, estimated relative to that of rRNA, was nearly doubled by AII. We did not measure the absolute content of rRNA in the myocytes, yet we point out that a concomitant increase in the amount of rRNA means that the absolute elevation in β MHC mRNA might be higher than detected.

Preferential increase in β MHC iso-mRNA and isoprotein was shown before in α_1 -adrenoceptor-stimulated neonatal rat myocytes (Waspe et al., 1990). Evidence was provided that activated protein kinase C induced an increase in transcription of the BMHC isogene which was mediated by the TEF-1 transcription factor (Kariya et al., 1991). Several reports attributed a central role to protein kinase C in the signal transduction pathways of AII-induced hypertrophy and gene regulation in cardiac myocytes (Baker and Aceto, 1990; Baker et al., 1992; Sadoshima and Izumo, 1993b). None of these studies explored the regulation of the β MHC isogenes. The detailed mechanism by which AII regulates the expression of the β MHC isogene remains to be elucidated.

In adult rats *in vivo,* AII acts on myocardial cells that coexpress α - and β MHC, α MHC being the predominant isoform. It is not clear, however, whether AII actively triggers a transition from α - to β MHC predominance. In the cultured myocytes, we found that AII could not potentiate the induction of β - and the deinduction of αMHC

isogenes when the expression of α MHC had been induced by T3. The observed dominant effect of T3 on the pattern of MHC distribution is compatible with reports from studies on cardiac and skeletal muscles *in vivo,* showing that the influence of thyroid hormone overrides the biochemical changes associated with adaptational hypertrophy (Izumo et al., 1987; Ianuzzo et al., 1991).

FIG. 4. Summary of densitometric quantifications of β MHC-mRNA. Symbols A, T, and T/A are as in Fig. 3. An *asterisk* indicates a value significantly different from that of untreated cultures ($P < 0.05$).

It is generally accepted that workload- and catecholamine-induced hypertrophies reactivate in the heart a 'fetal gene program' (reviewed by Chien et al., 1993; Komuro and Yazaki, 1993). Neonatal rat myocytes that are kept serum-free maintain the embryonic pattern of MHC distribution, the β isoform being constitutively expressed whereas the α isoform is nearly null (Kessler-Icekson, 1988). Therefore, the effect of AII on the β MHC isogene should be considered an upregulation rather than a reactivation of fetal gene expression. The same holds true for other markers of the embryonic heart such as α skeletal actin and atrial natriuretic peptide which are upregulated, not reactivated, by All in neonatal myocytes (Sadoshima et al., 1993; our unpublished data). The increase in β MHC expression may be viewed as part of a general enhancement in the production of preexisting proteins and not necessarily as a return to the fetal gene program. The issue of whether All signals the accumulation of every protein which is currently produced in the cells or is selective for the embryonic subset of cardiac isogenes remains open for further investigation.

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