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Molecular mechanisms of Cardiac Fibrosis

동아의대 김 영대

Cardiac Fibrosis

- Accumulation of extracellular matrix (ECM) in the myocardium
- Integral component of most cardiac pathological conditions.

Extracellular Matrix (ECM)

Structural proteins:

Collagen I, III: fibrillar collagen

Collagen IV, V: basement membrane

Collagen V, VI: co-localized with collagen I, III

Elastic fibers:

Elastin, fibrillin

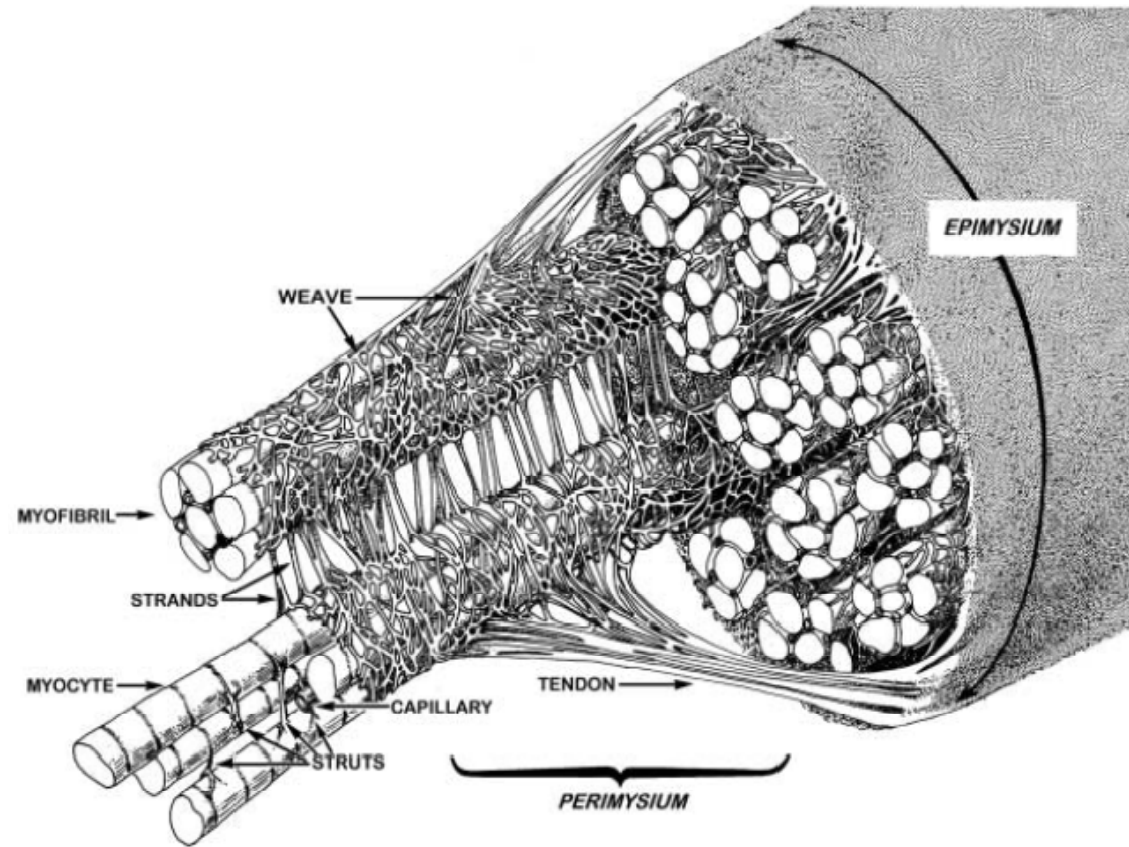
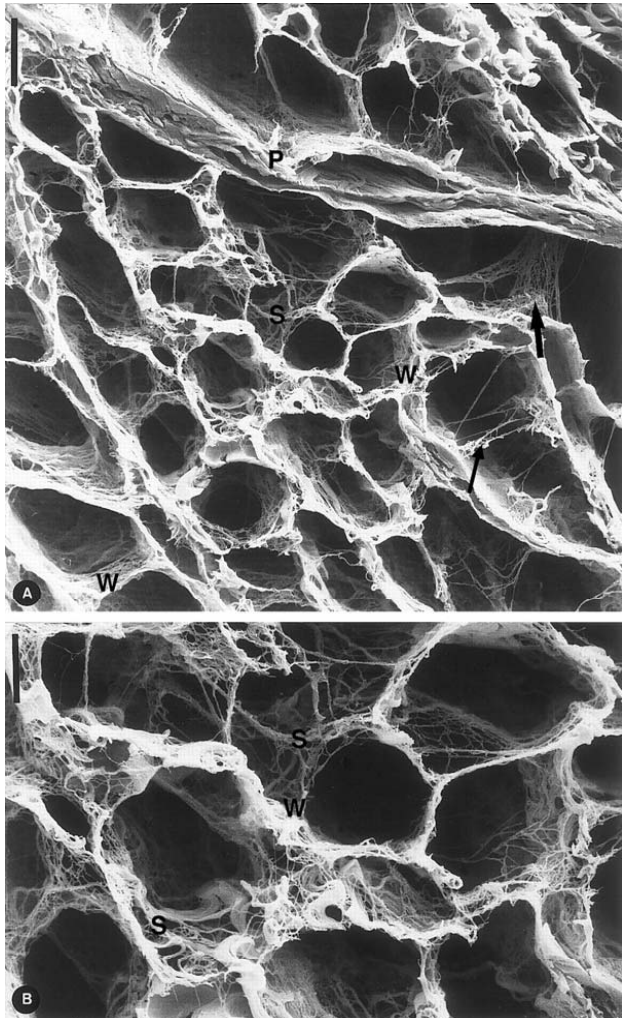
Adhesive proteins:

Fibronectin

Laminin

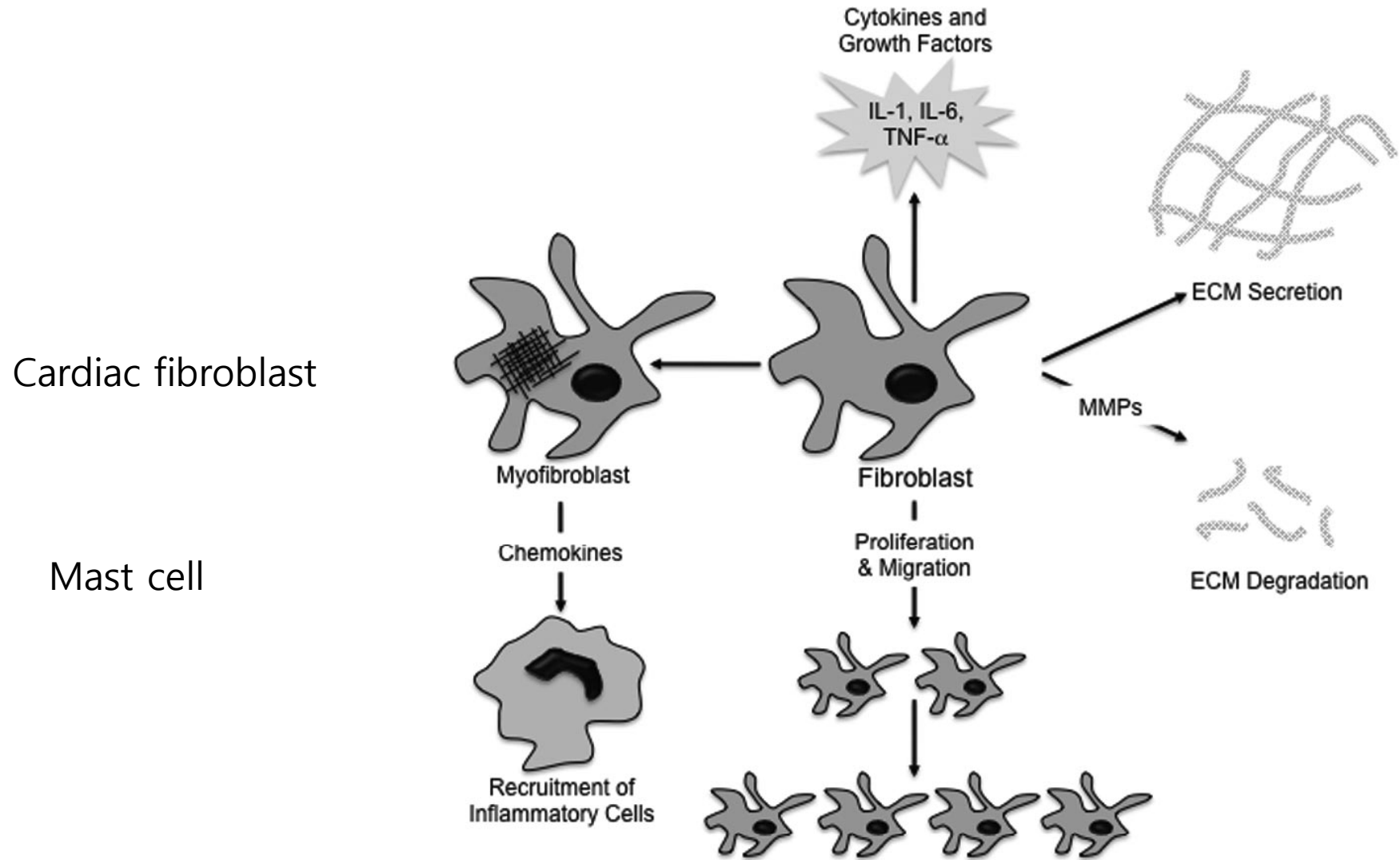
Integrins

Fibrillar collagen network of the heart



Rossi MA, et al. Circulation 1998;97:934-5.

Cardiac fibroblasts: Key regulators of ECM modulation





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Cardiac fibroblasts: At the heart of myocardial remodeling

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Myofibroblast

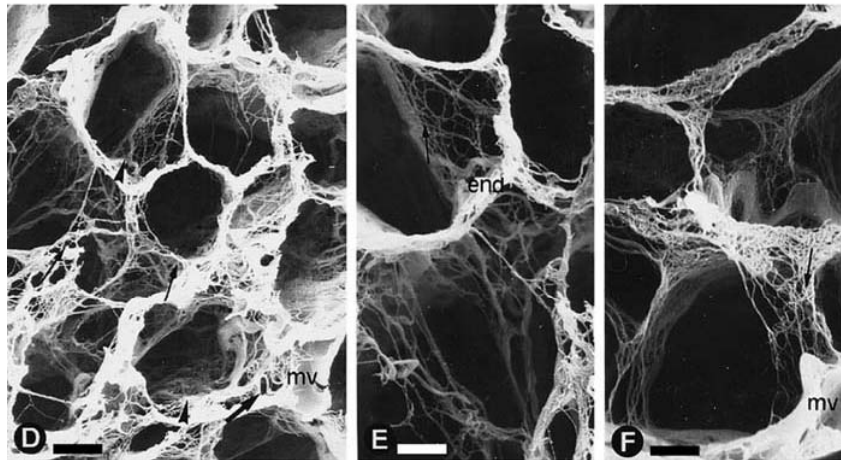
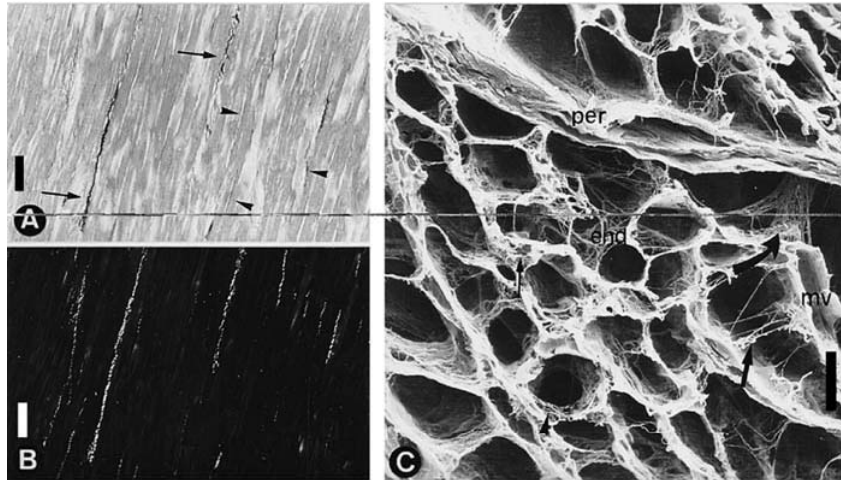
Remodeling

Therapeutic agents

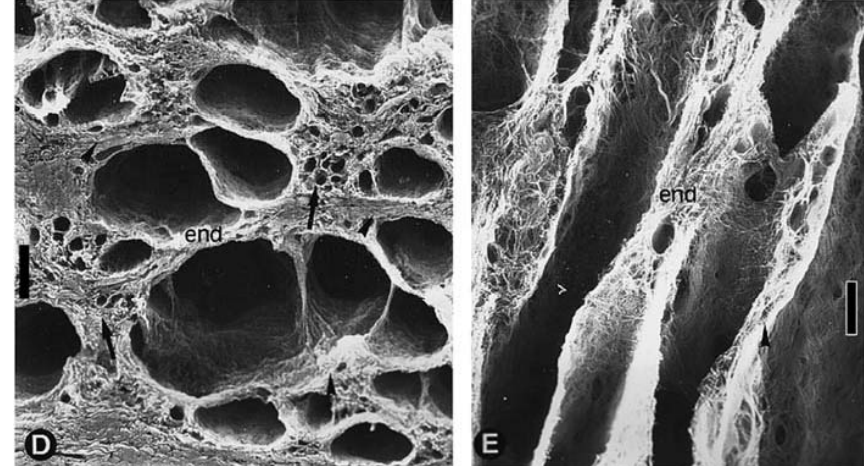
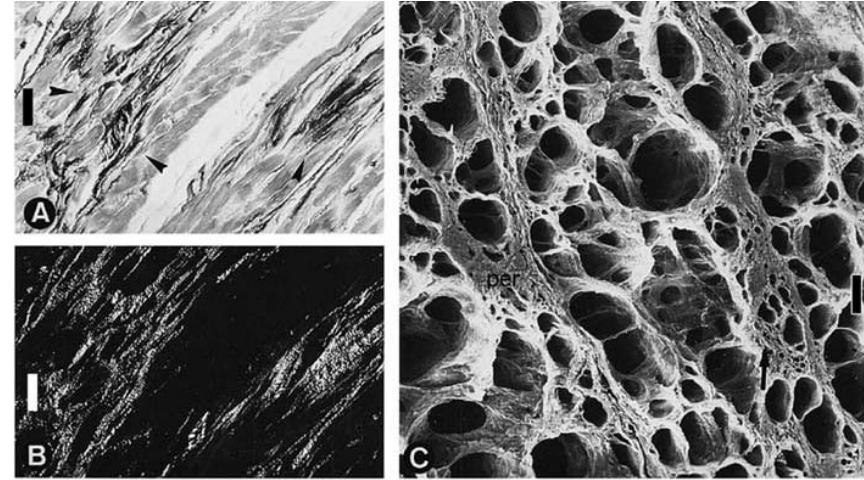
ABSTRACT

Cardiac fibroblasts are the most prevalent cell type in the heart and play a key role in regulating normal myocardial function and in the adverse myocardial remodeling that occurs with hypertension, myocardial infarction and heart failure. Many of the functional effects of cardiac fibroblasts are mediated through differentiation to a myofibroblast phenotype that expresses contractile proteins and exhibits increased migratory, proliferative and secretory properties. Cardiac myofibroblasts respond to proinflammatory cytokines (e.g. TNF α , IL-1, IL-6, TGF- β), vasoactive peptides (e.g. angiotensin II, endothelin-1, natriuretic peptides) and hormones (e.g. noradrenaline), the levels of which are increased in the remodeling heart. Their function is also modulated by mechanical stretch and changes in oxygen availability (e.g. ischaemia-

Connective tissue matrix in LV hypertrophy due to hypertension in human



Control heart (250-350 g)



Hypertrophied heart (701-900 g)

Cardiac Fibrosis contributes to..

- Increased stiffness, diastolic dysfunction
- Reduced coronary reservoir
- Atrial and ventricular arrhythmia, sudden death
- Decreased contractility
- Chamber dilatation and systolic failure

Contents

Molecular Mechanisms of Cardiac Fibrosis

- Mechanical stress
- Neurohormonal

Angiotensin II/TGF-beta /Endothelin 1

Aldosterone (Mineralocorticoid receptor)

Origin of Cardiac Fibroblast

Contents

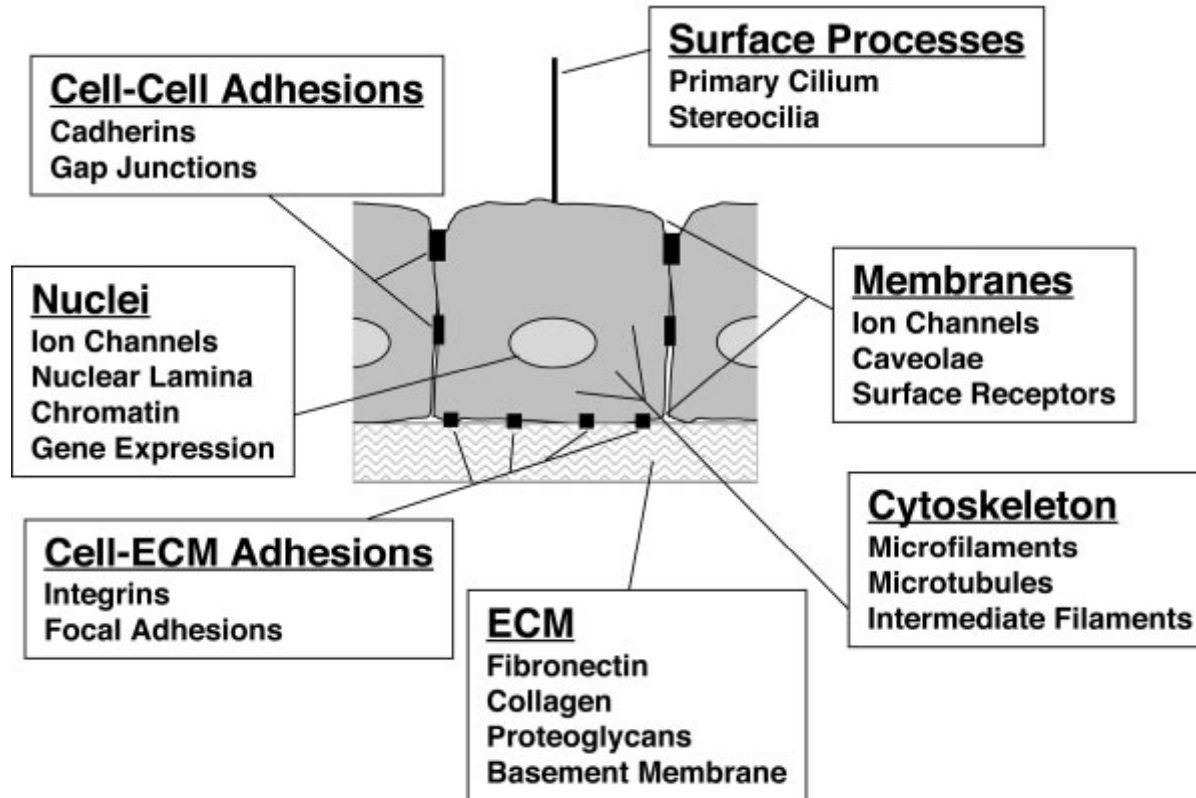
Molecular Mechanisms of Cardiac Fibrosis

- Mechanical stress
- Neurohormonal

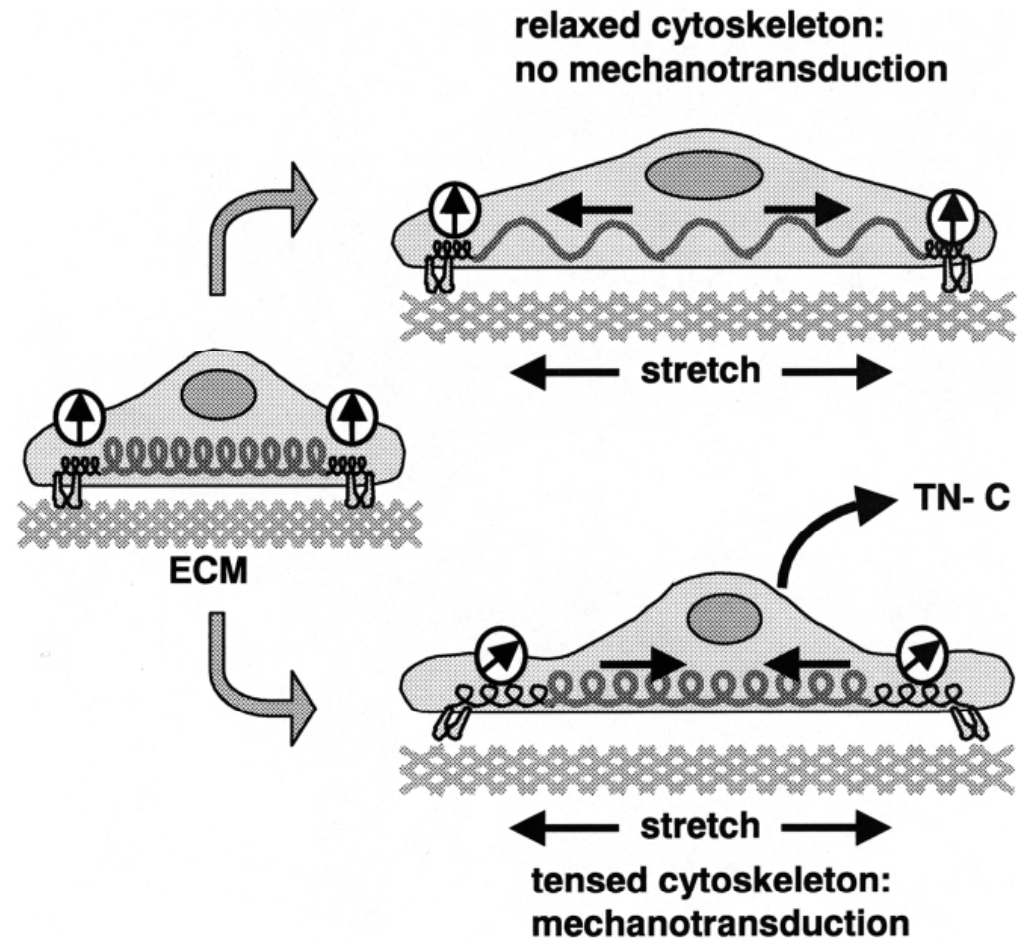
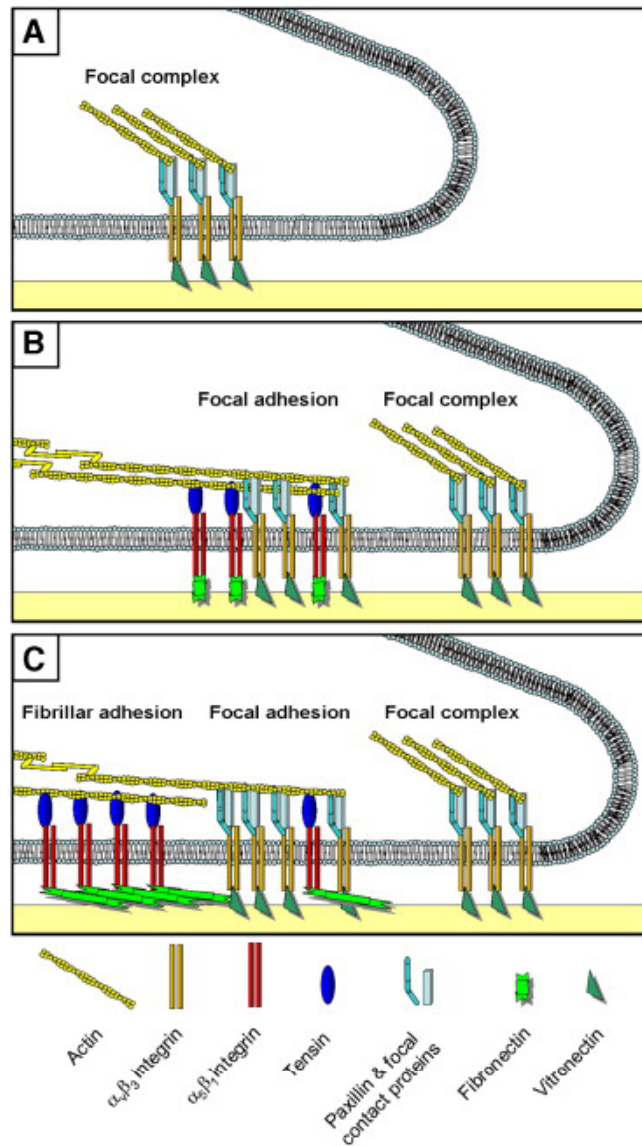
Angiotensin II/TGF-beta /Endothelin 1

Aldosterone (Mineralocorticoid receptor)

Mediators of Mechanotransduction

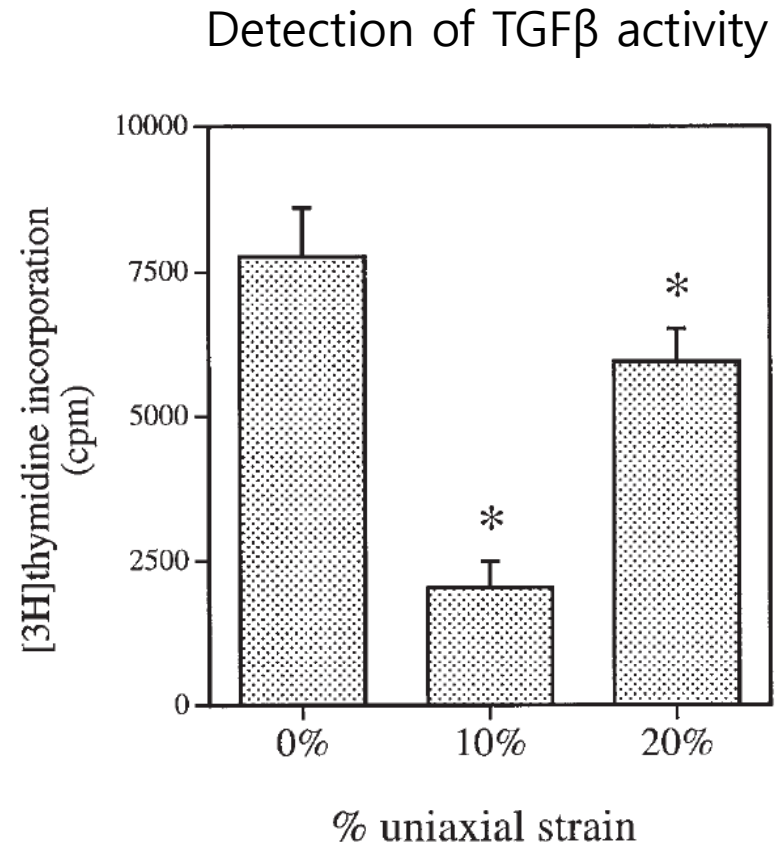
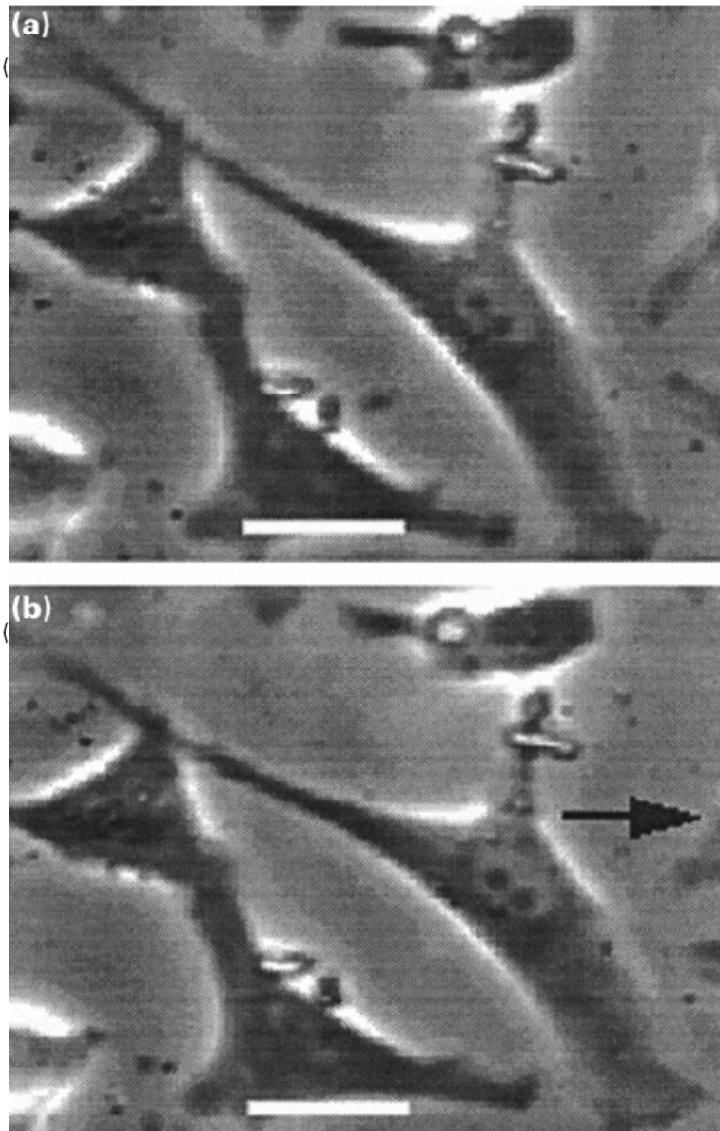


How do fibroblasts translate mechanical signals into change in ECM production?

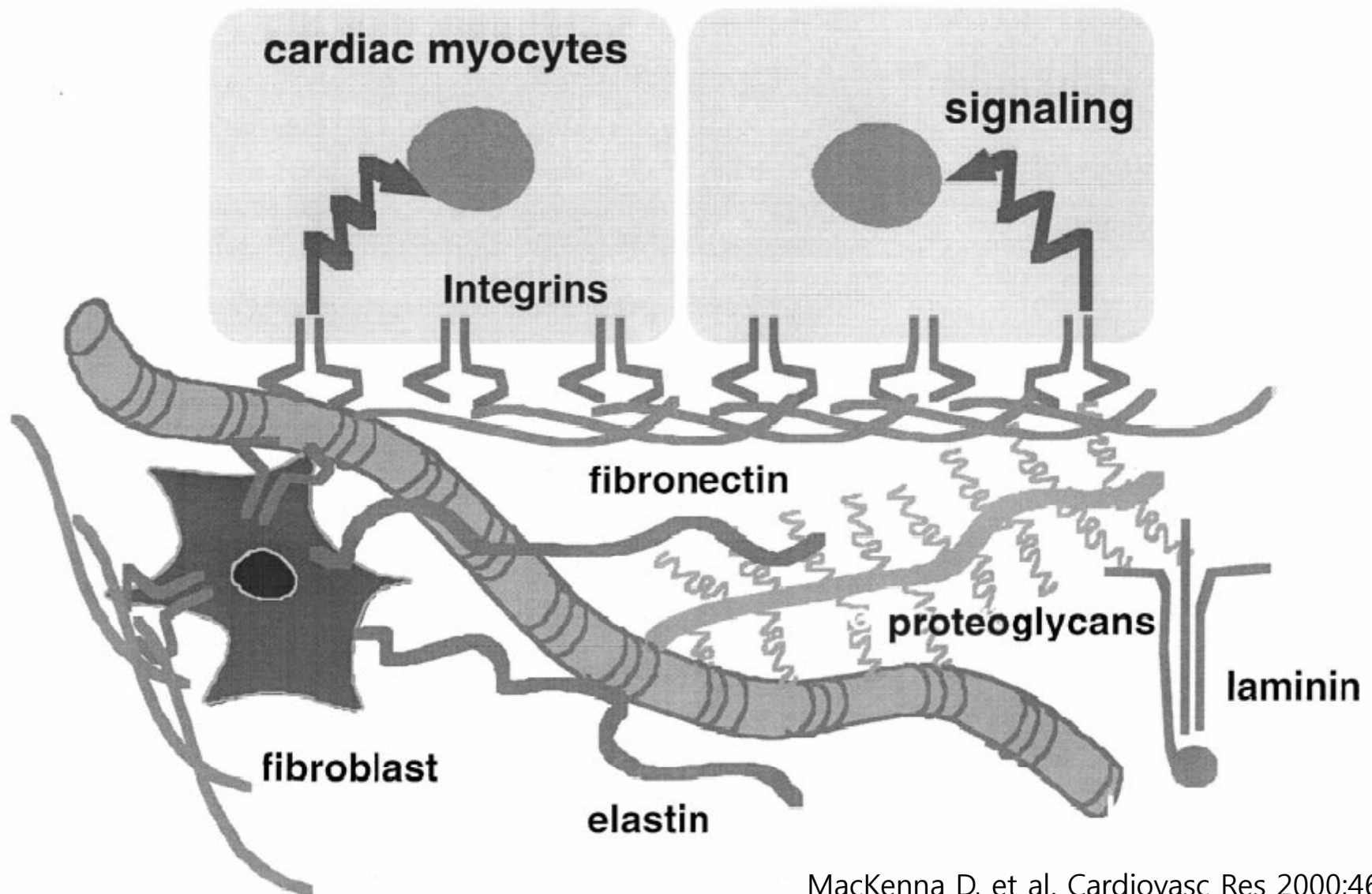


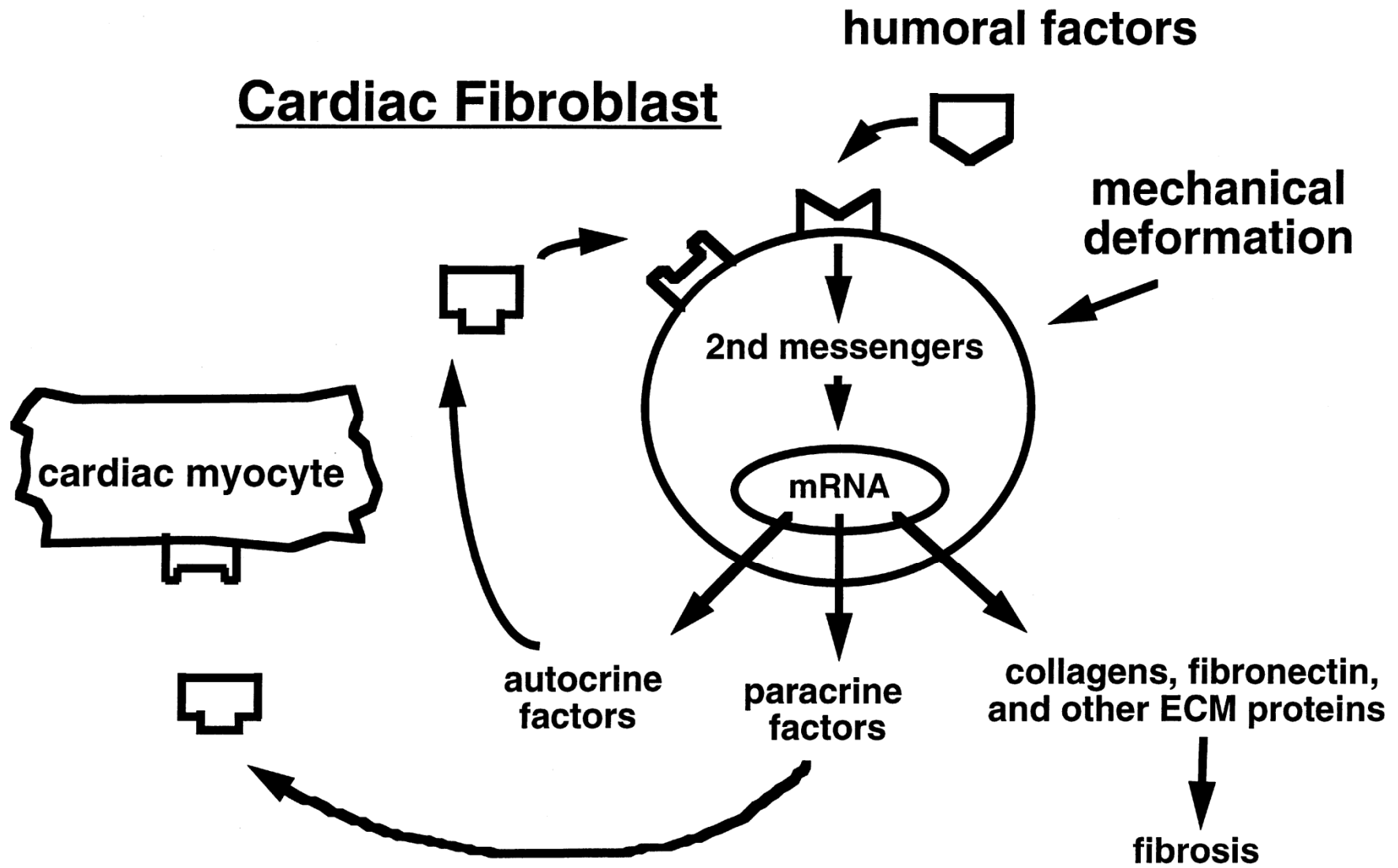
TN-C : Tenascin-C

Responses of Cardiac Fibroblasts to Mechanical Strain



MYOCARDIAL ENVIRONMENT





Molecular Mechanisms of Cardiac Fibrosis

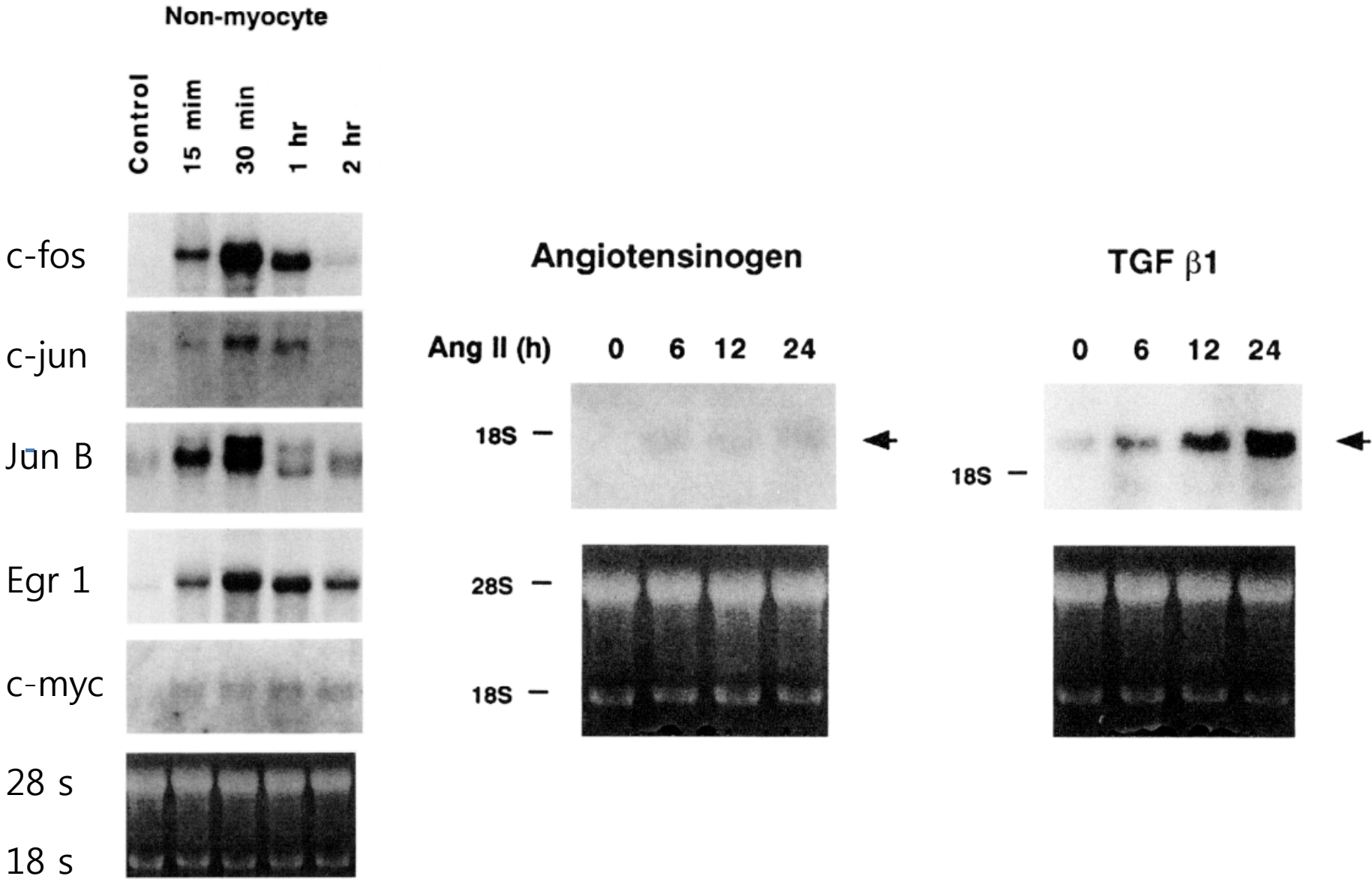
- Mechanical stress

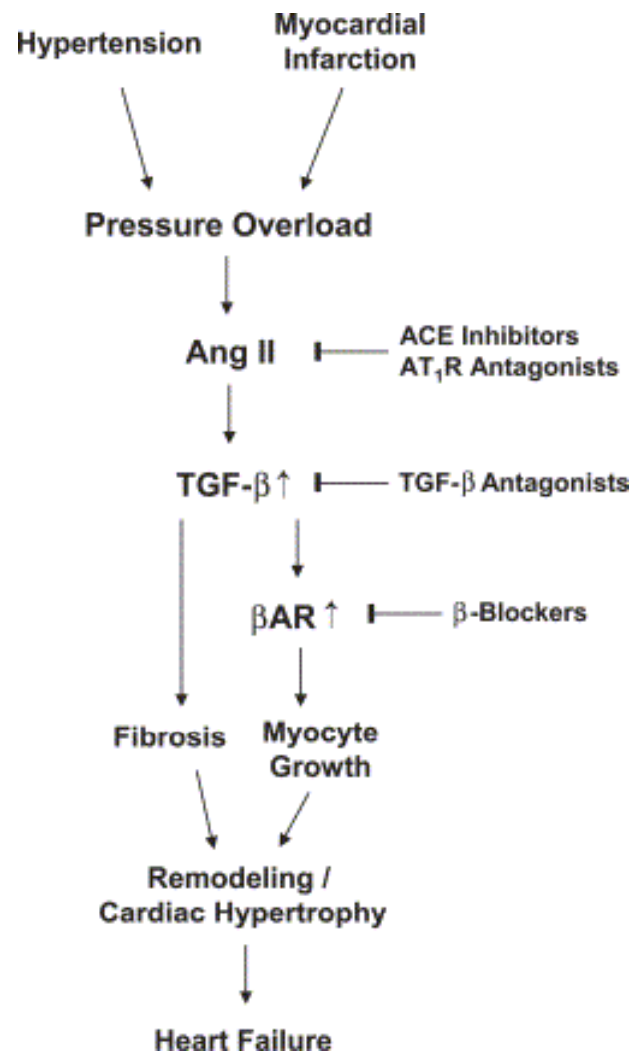
- Neurohormonal

Angiotensin II/TGF-beta /Endothelin 1

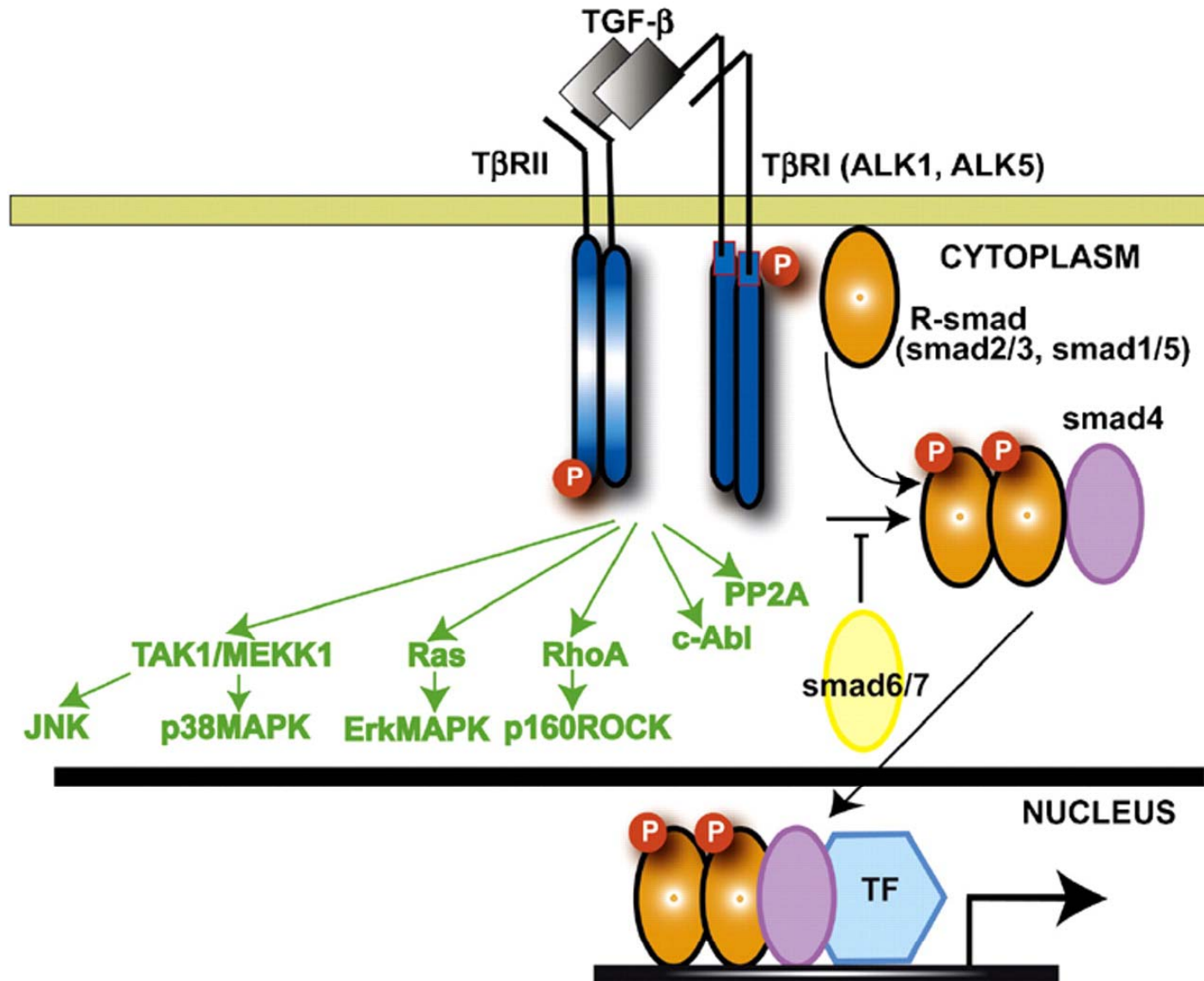
Aldosterone (Mineralocorticoid receptor)

Molecular Phenotype of cardiac cell in response to angiotensin II

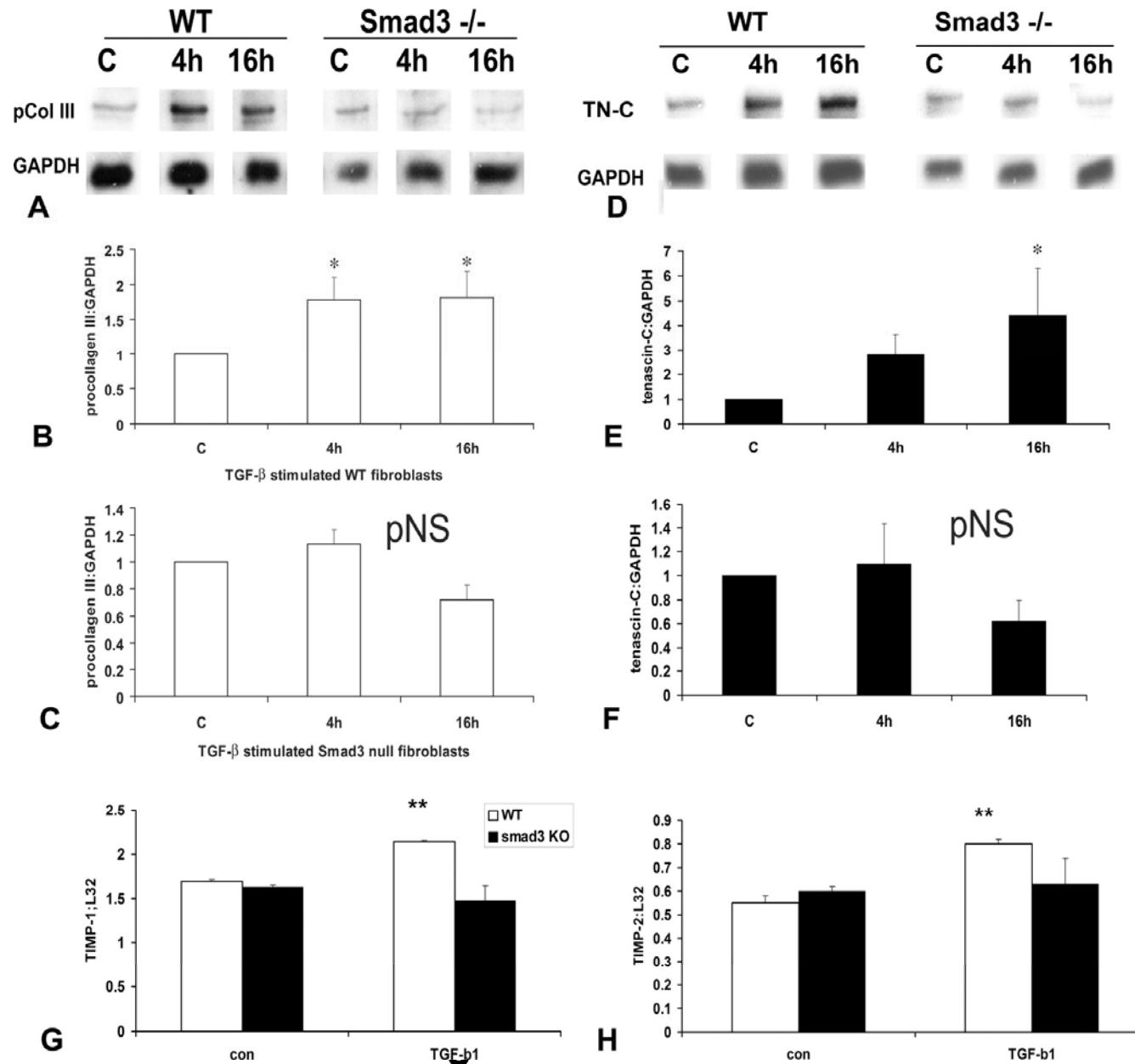




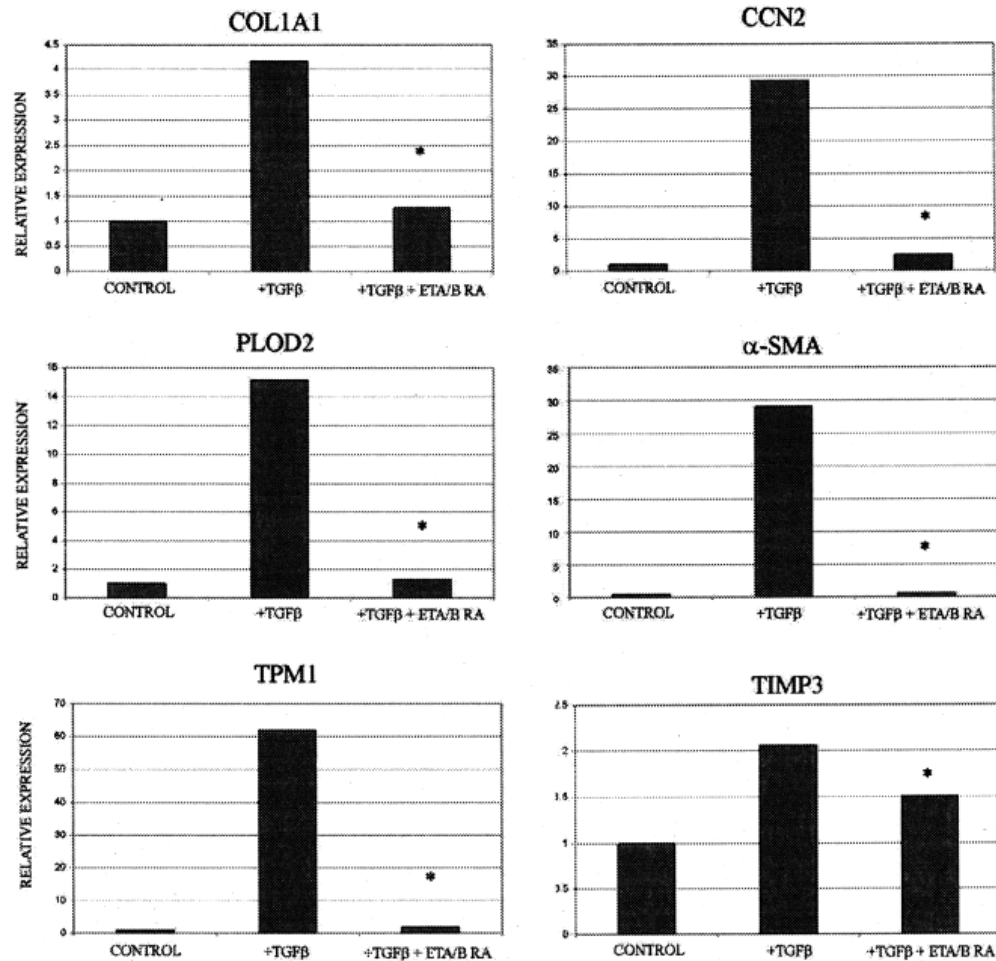
TGF- β signaling pathways



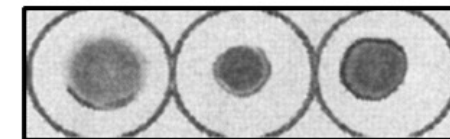
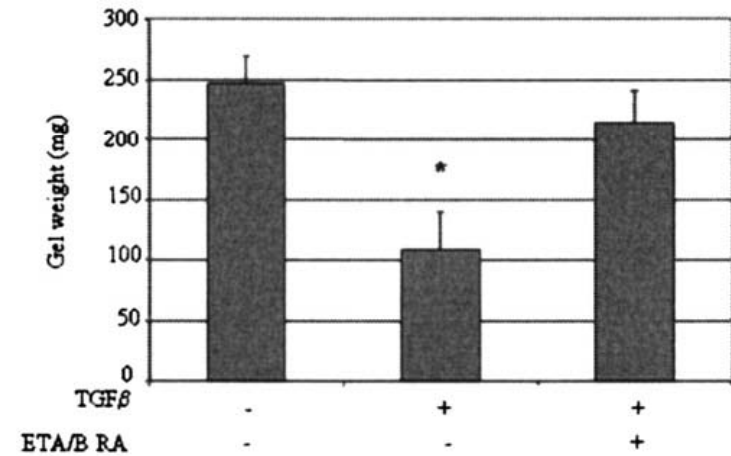
Essential Role of Smad3 in Infarct Healing and Cardiac Remodeling



Endothelin is a downstream mediator of profibrotic response of TGF- β in human lung fibroblasts



TGF β induced collagen gel contraction



TGF β 1
ETA/B RA

-	+	+
-	-	+

ETA/B RA; endothelinA/B receptor antagonist

TGF- β induces the ET-1 promoter in a Smad-independent JNK/AP-1 pathway.

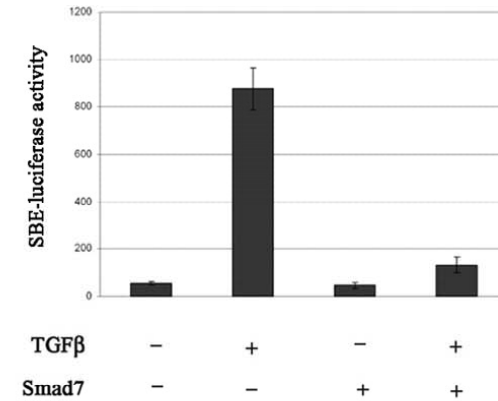
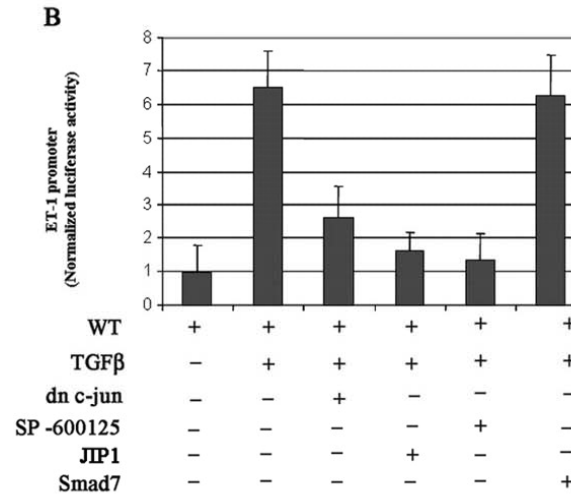
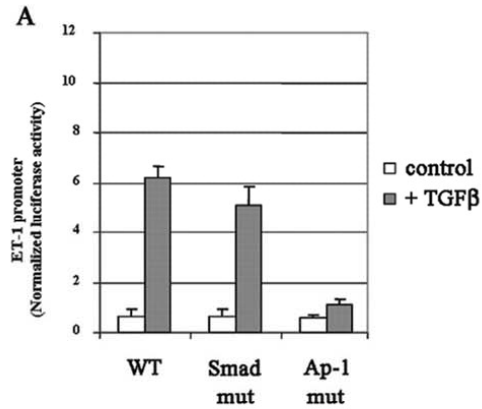
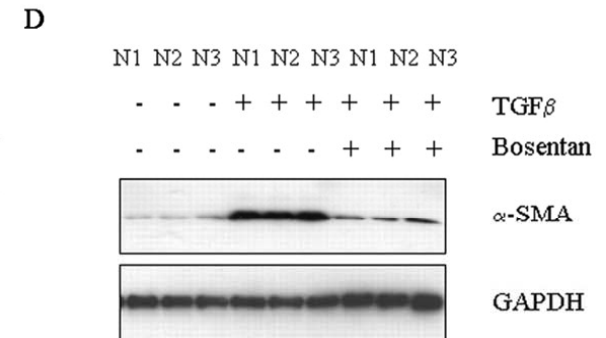
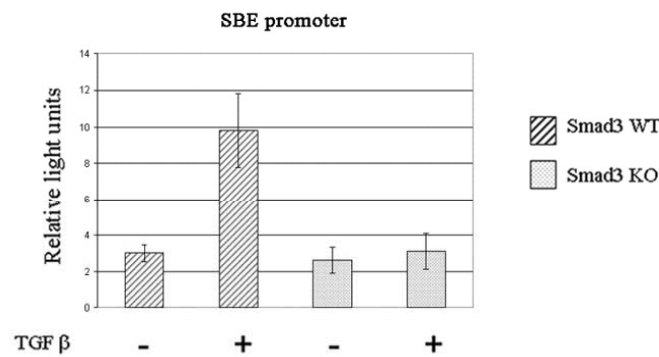
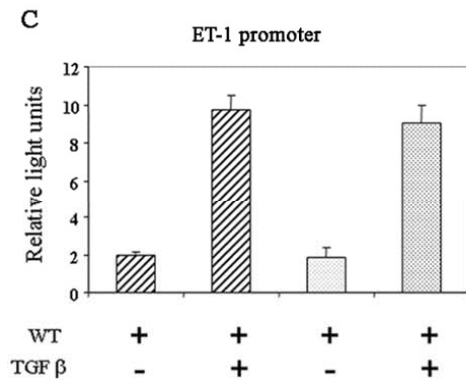
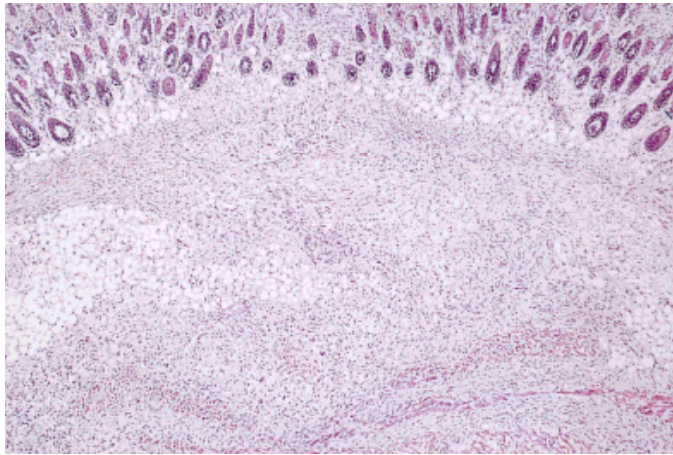


Figure 2

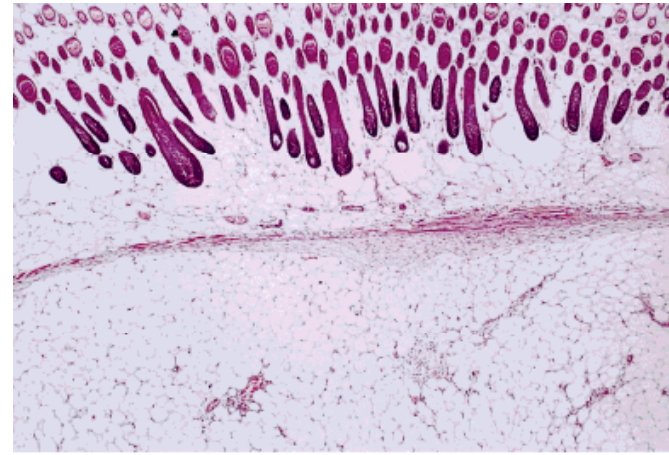


Role and Interaction of **Connective Tissue Growth Factor** with TGF- β in **Persistent Fibrosis**: A mouse model



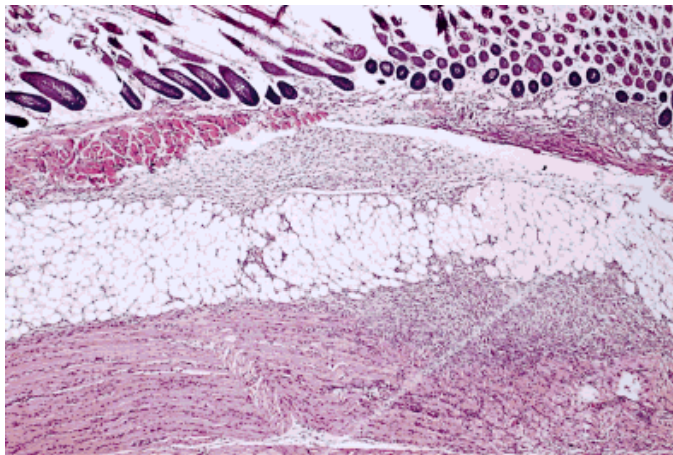
TGF- β (day 1-3)

Day 3



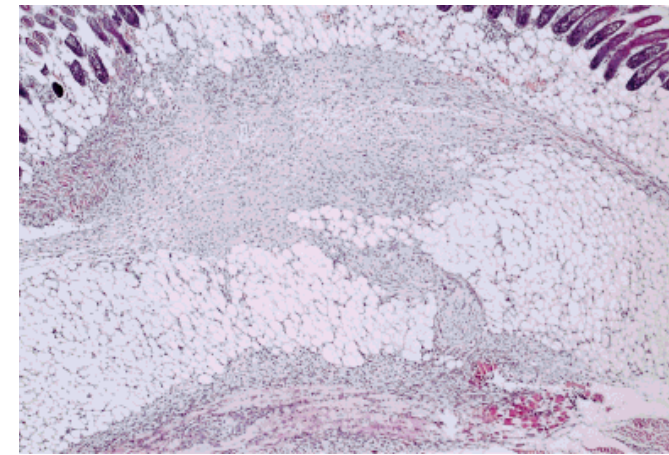
TGF- β (day 1-7)

Day 7



TGF- β +CTGF (day 1-7)

Day 11

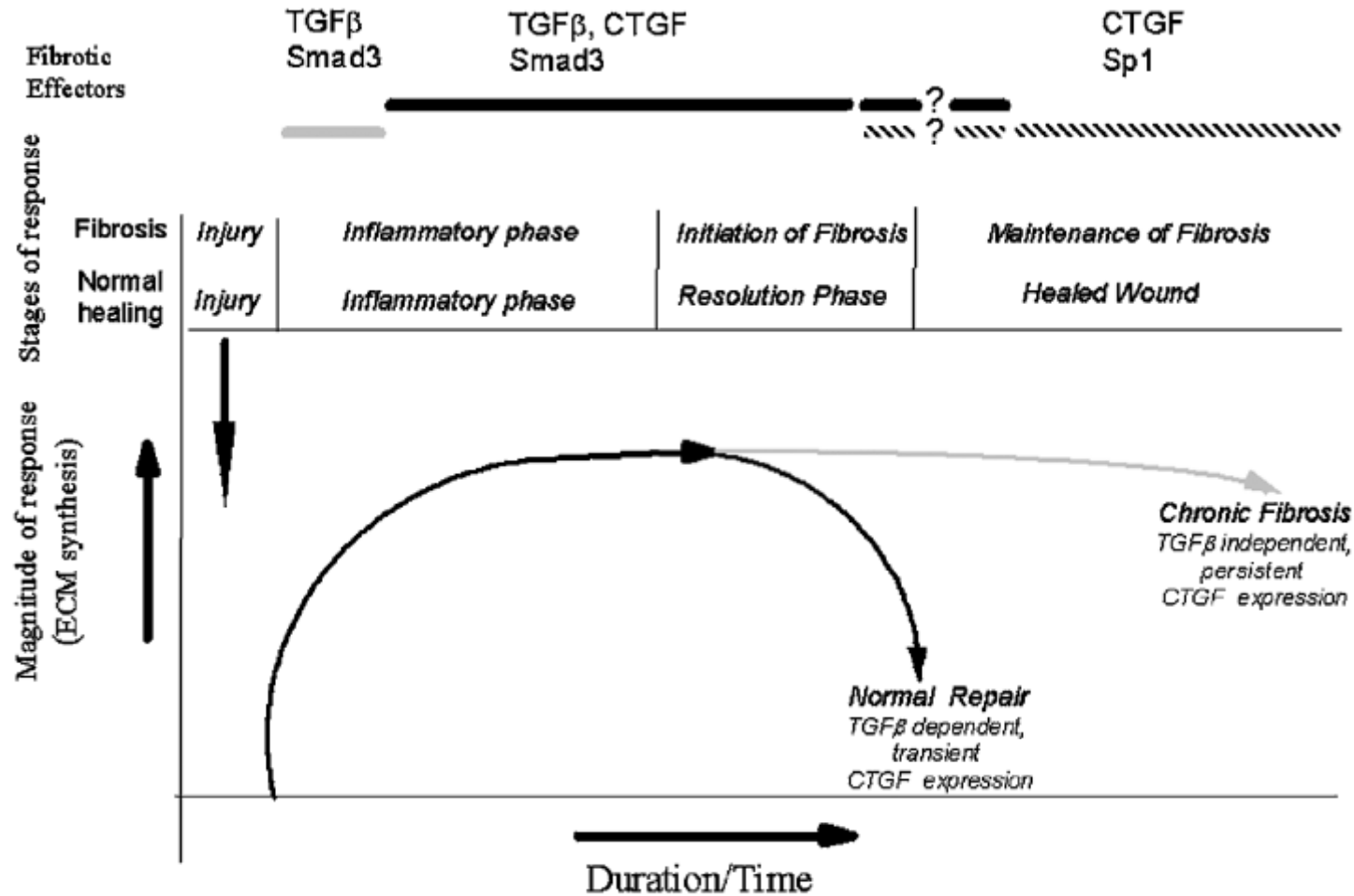


TGF- β (day 1-3) CTGF (day 4-7) Day 8

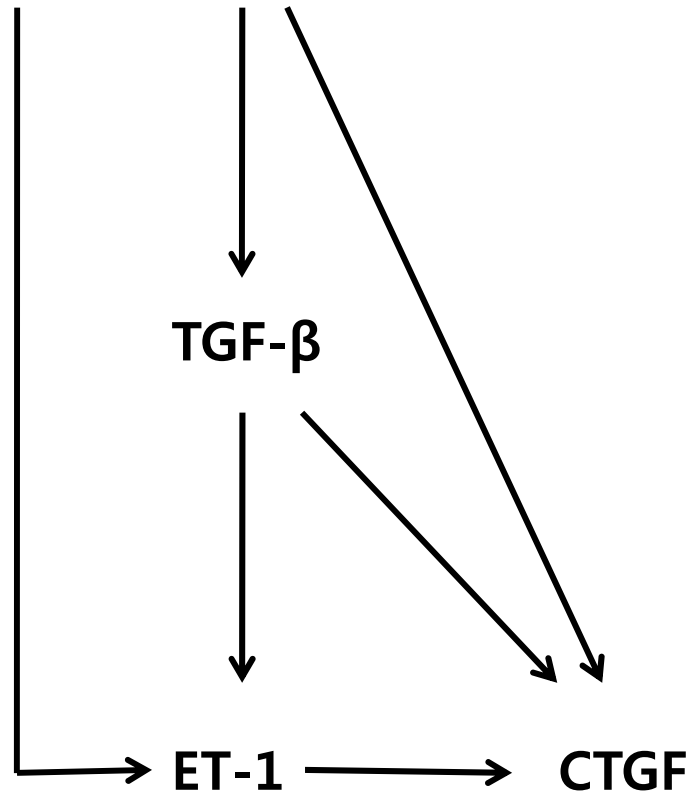
Injection into neck subcutaneous tissue of newborn BALB/c mouse

Mori T, et al. J Cell Physiol 1999;181:153-9.

Model of sustained, chronic fibrosis

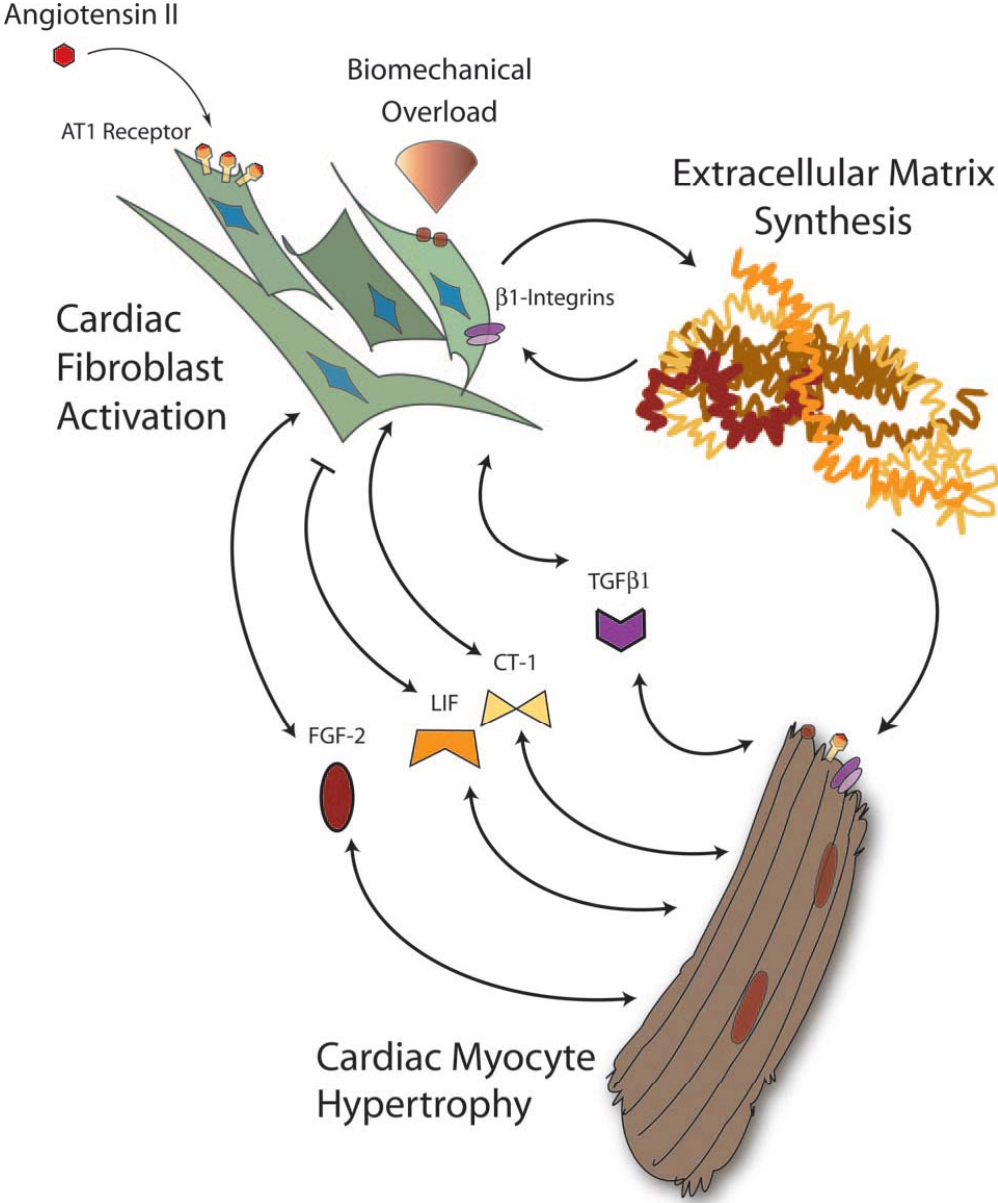


Angiotensin II



Fibrosis

Cross-talk between fibroblast and cardiomyocyte



Molecular Mechanisms of Cardiac Fibrosis

- Mechanical stress

- Neurohormonal

Angiotensin II/TGF-beta /Endothelin 1

Aldosterone (Mineralocorticoid receptor)

Aldosterone :

Genomic pathways

Mineralocorticoid Receptor (MR):

A member of steroid/thyroid/retinoids superfamily of ligand-activated transcription factor

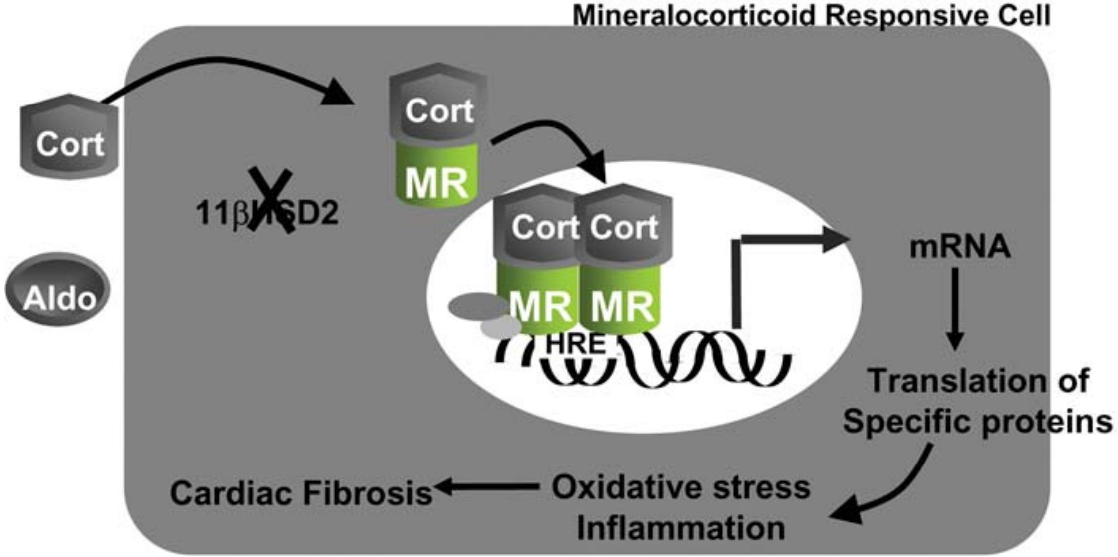
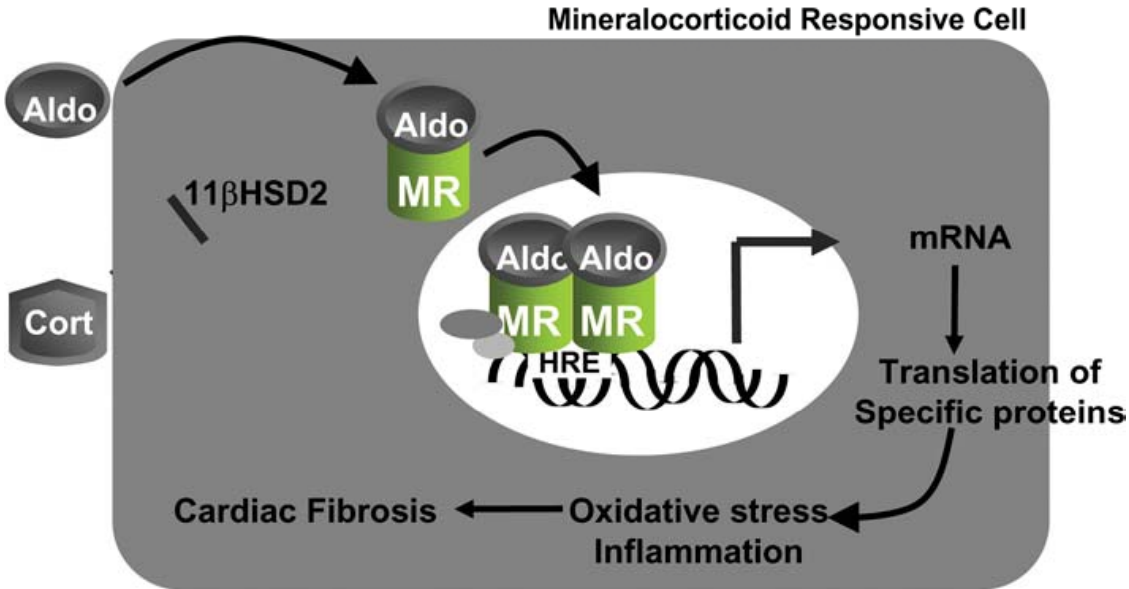
Epithelial tissue & Non-epithelial tissue (heart, brain, vessel wall)

Rapid 'non-genomic pathways

PKC $_{\xi}$ -dependent mechanism (heart)

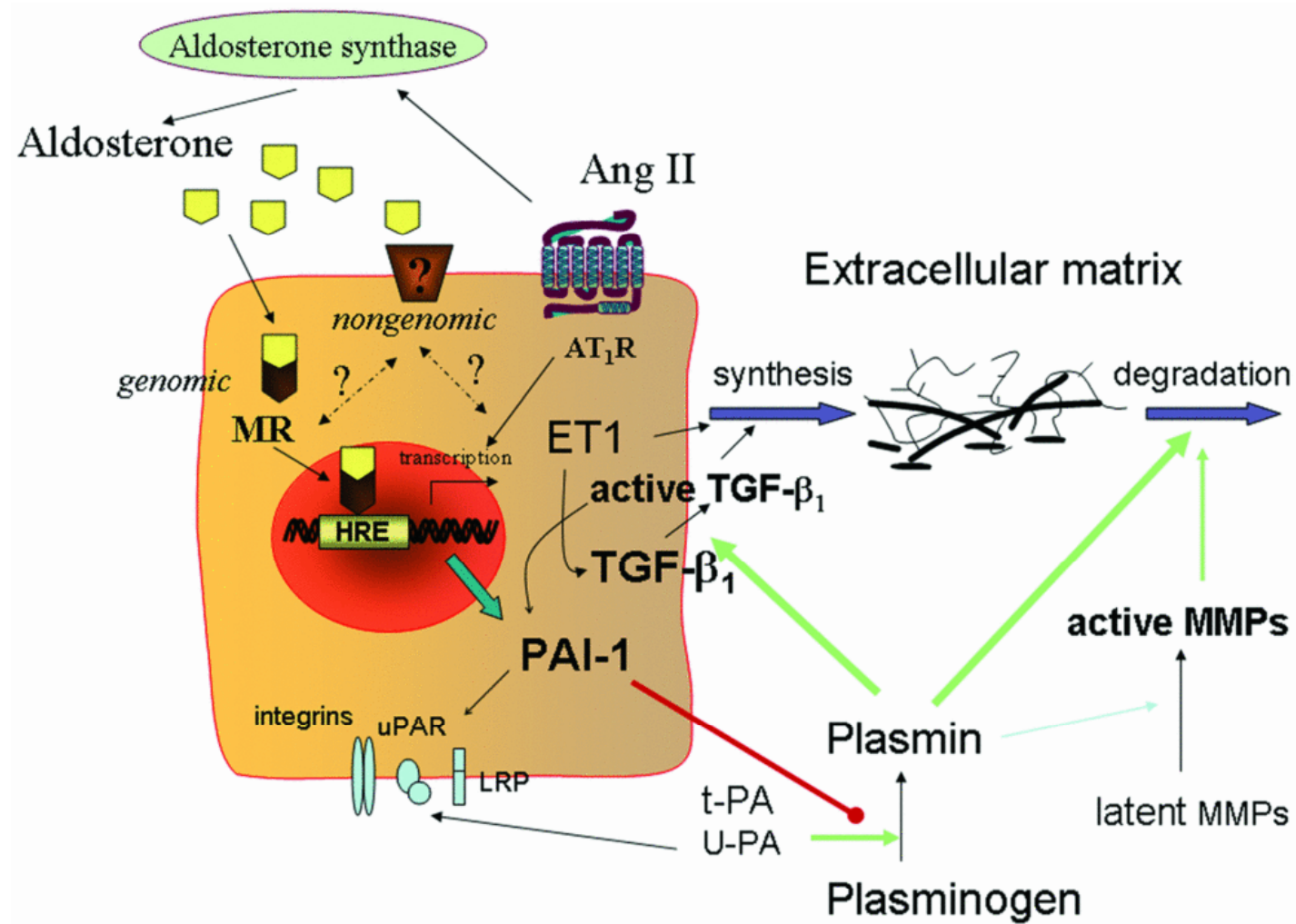
Ins(1,4,5)P $_3$, diacylglycerol, PKC- \uparrow [Ca $^{2+}$] (VSMCs and endothelial cells)

Genomic pathways



11 β -HSD1; 11 β -hydroxysteroid dehydrogenase

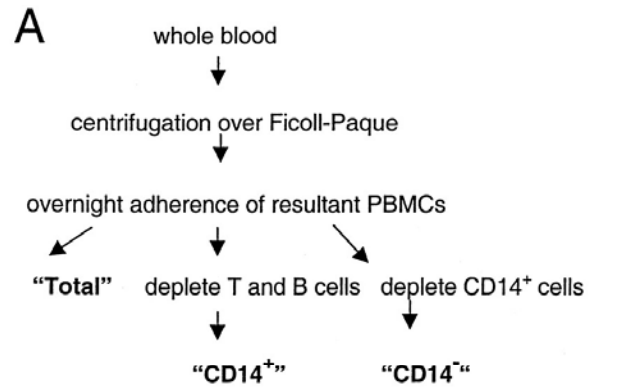
Possible mechanisms involved in profibrotic effect of aldosterone



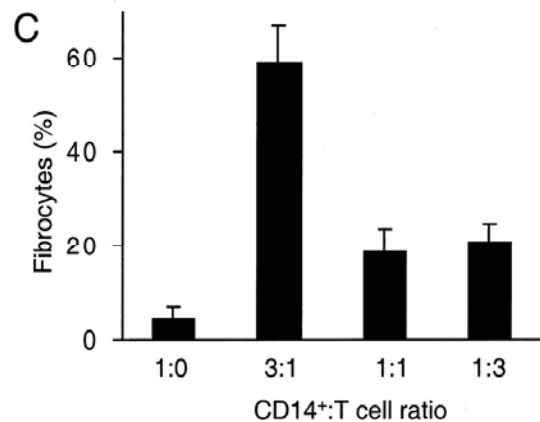
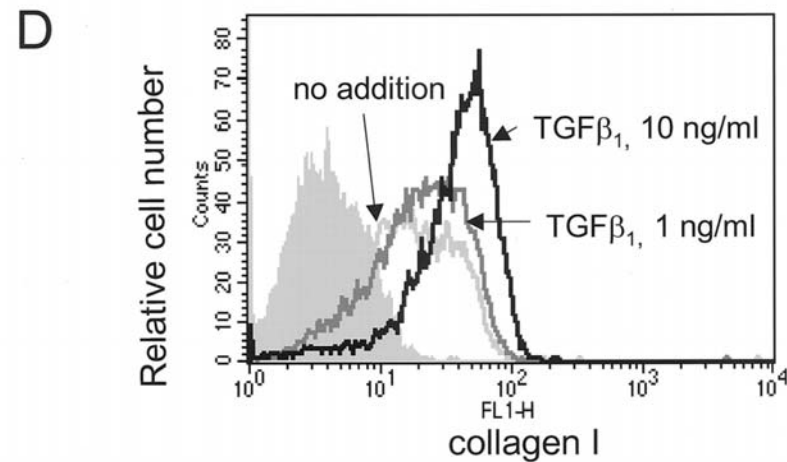
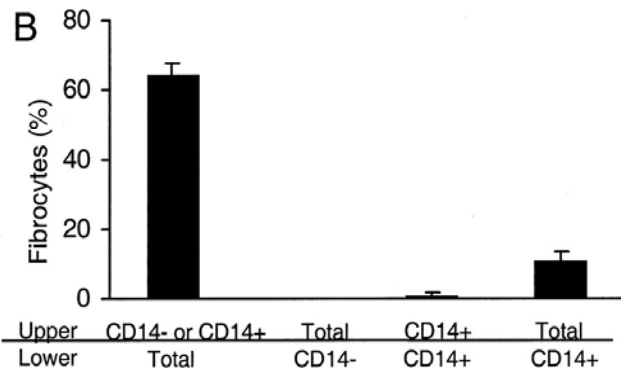
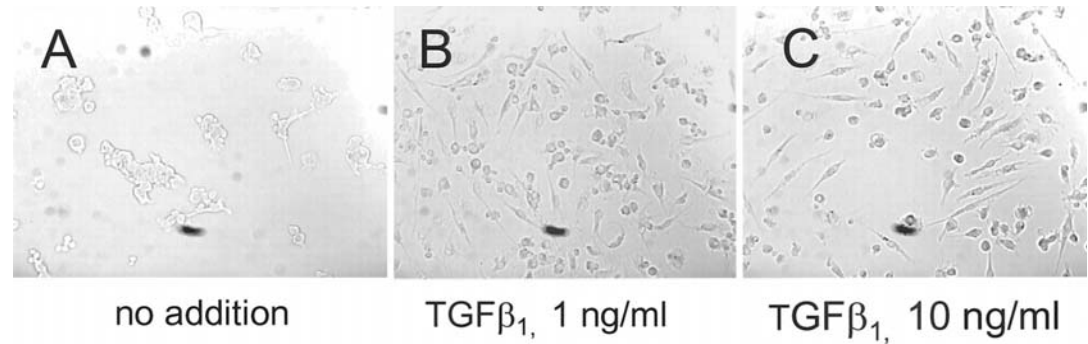
Origin of Cardiac Fibroblast

- 1. Local residential fibroblast**
- 2. Bone marrow-derived fibrocyte**
- 3. Epithelial-to-mesenchymal transition**

Peripheral blood fibrocytes: differentiation & migration to wound healing

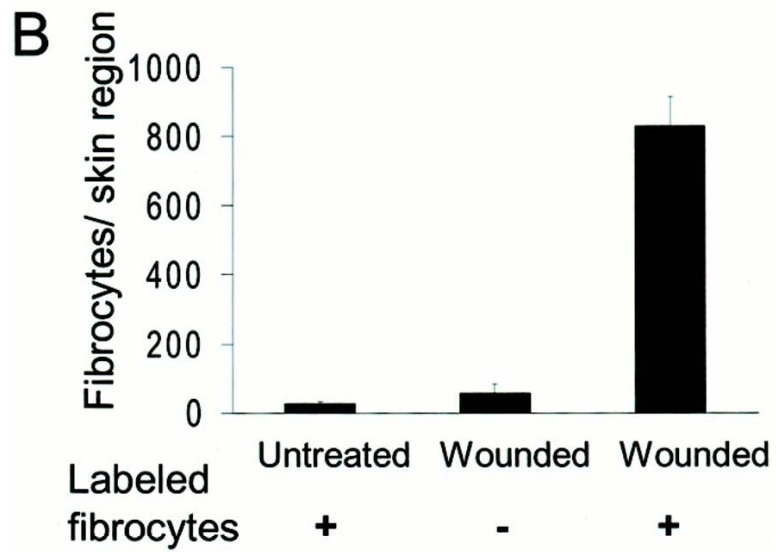
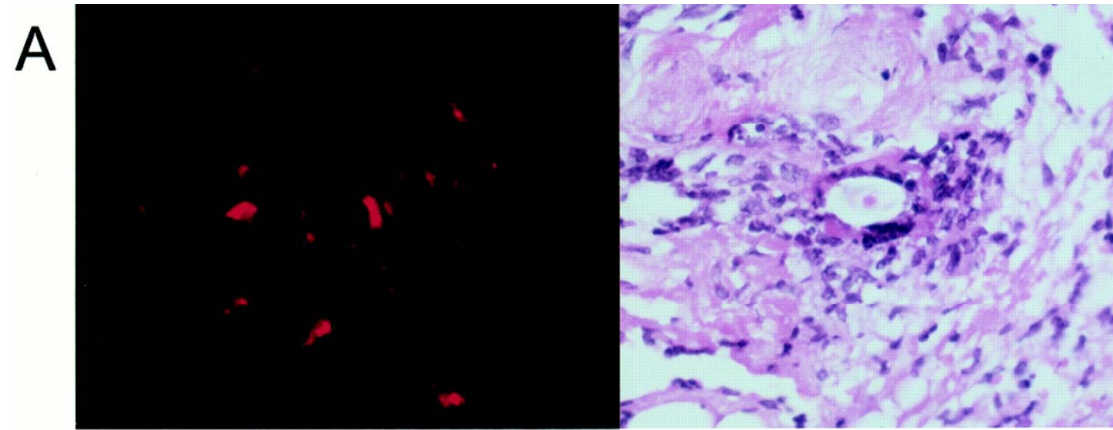
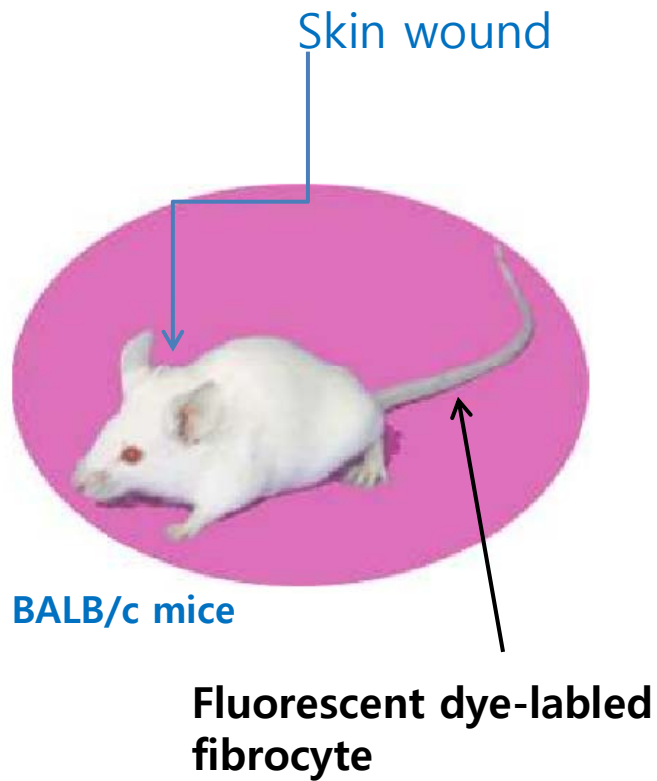


TGF-β promotes the differentiation of the fibrocytes

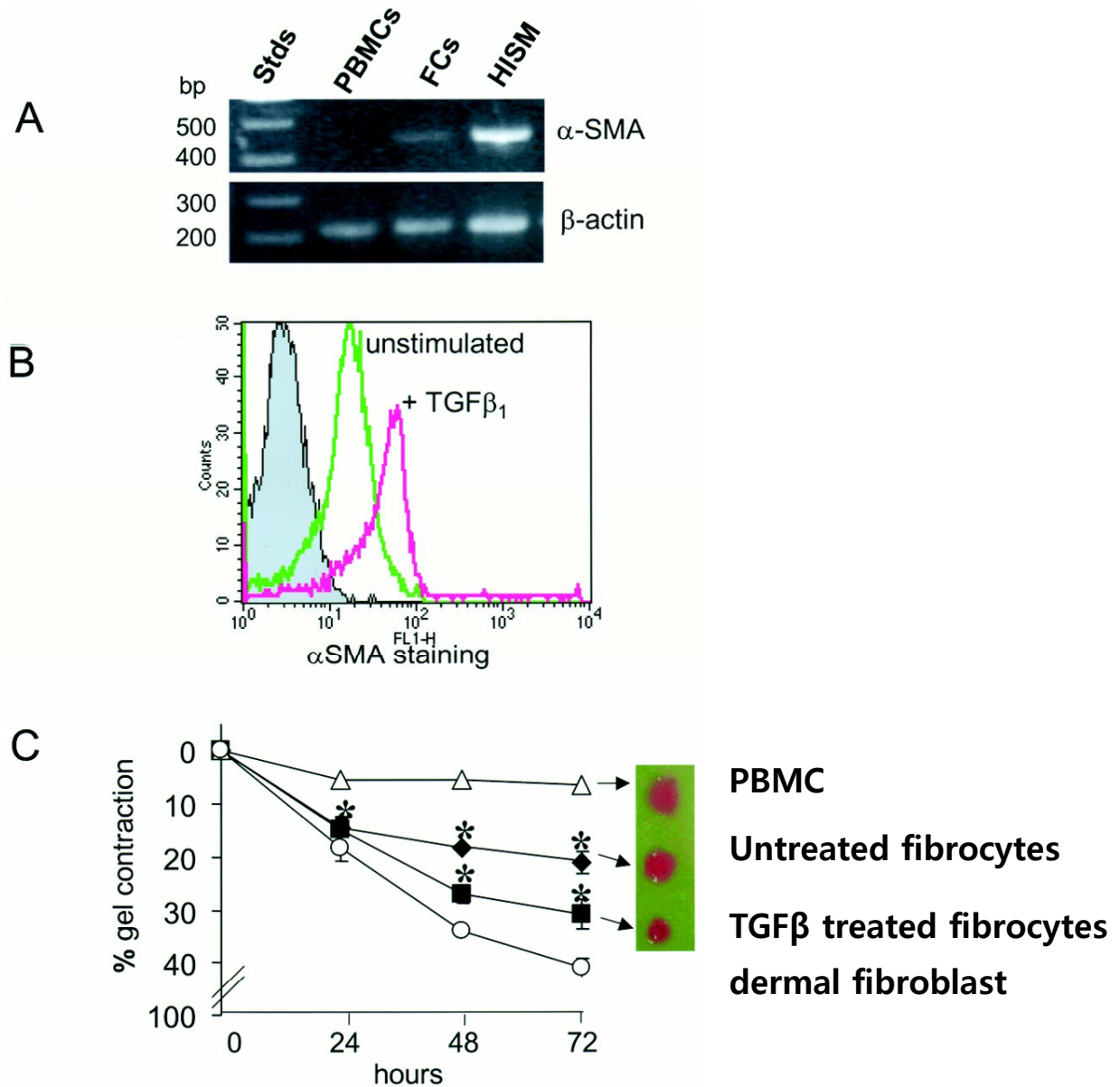


Fibrocyte: surface phenotype
 (ColI⁺/CD11b⁺/CD13⁺/CD34⁺/CD45RO⁺/MHCclassII⁺/CD86⁺)

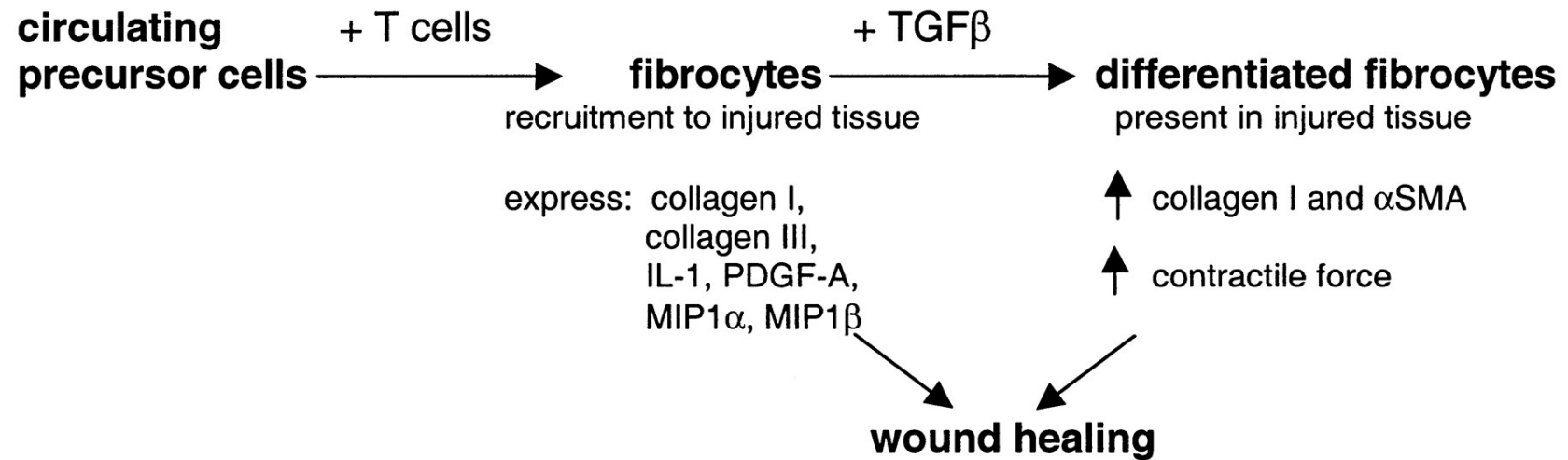
Fibrocytes migrate to wound sites in vivo



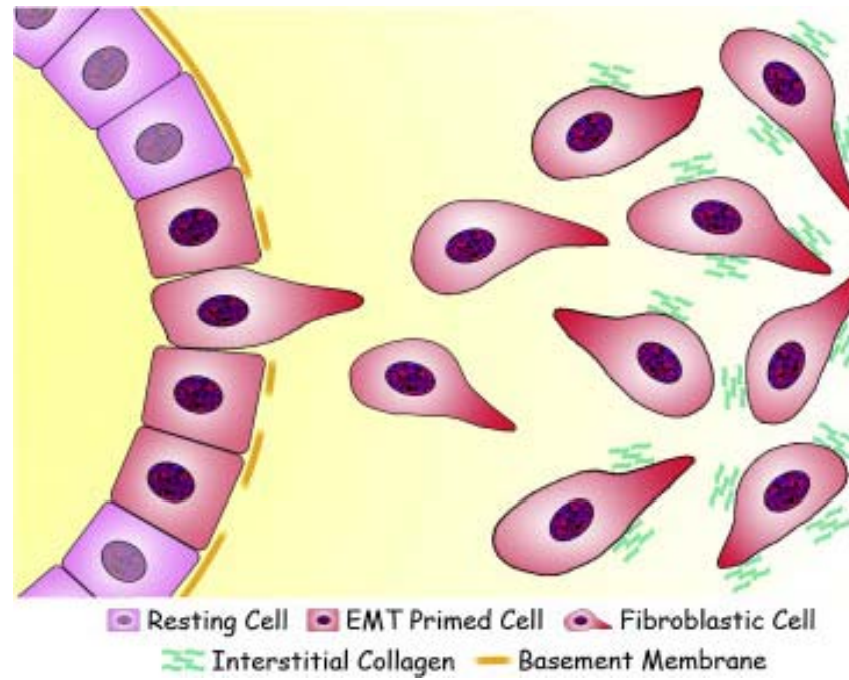
Fibrocytes express SMA and contract collagen gels

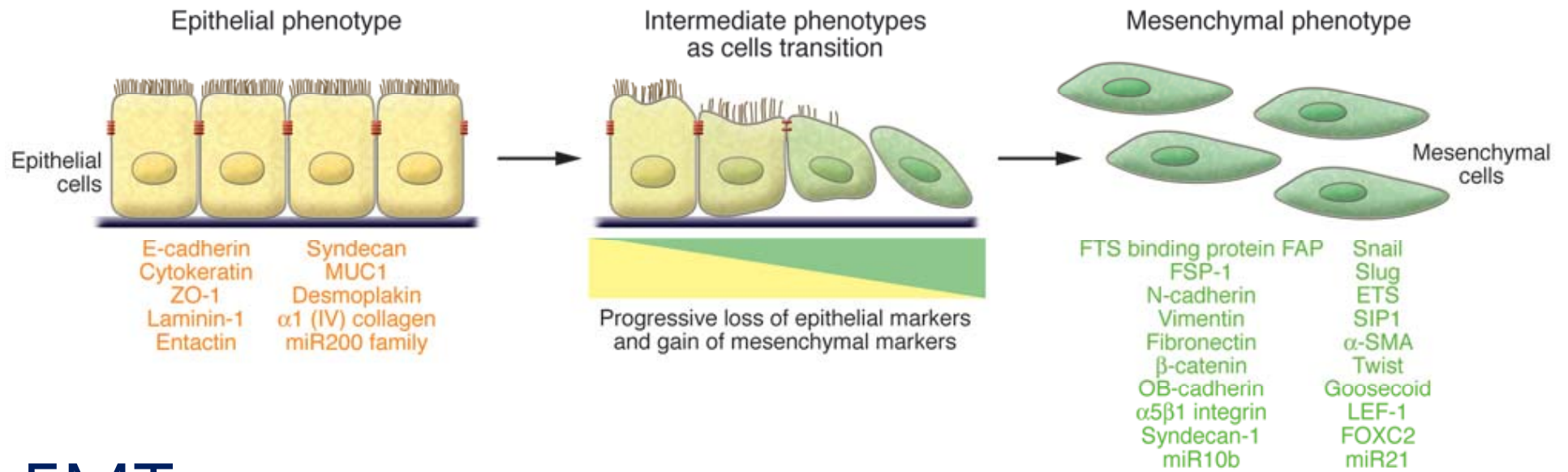


Peripheral blood fibrocytes: differentiation & migration to wound healing



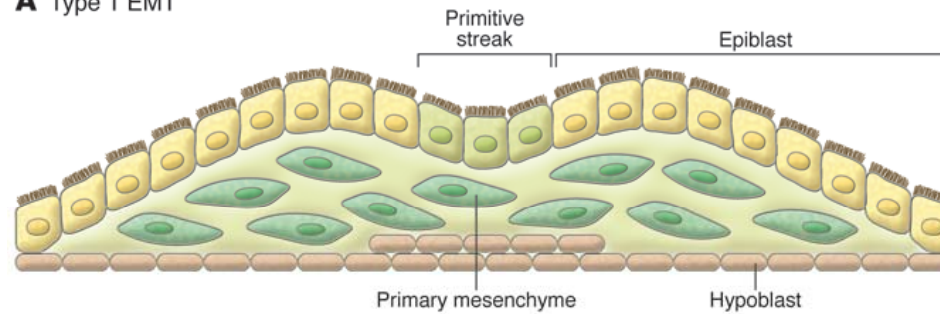
Epithelial-to-Mesenchymal Transition (EMT)



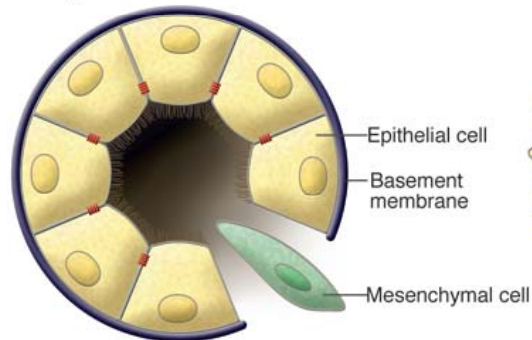


EMT

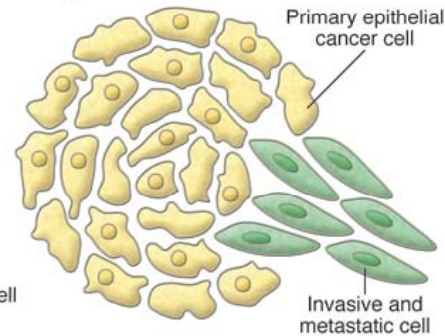
A Type 1 EMT



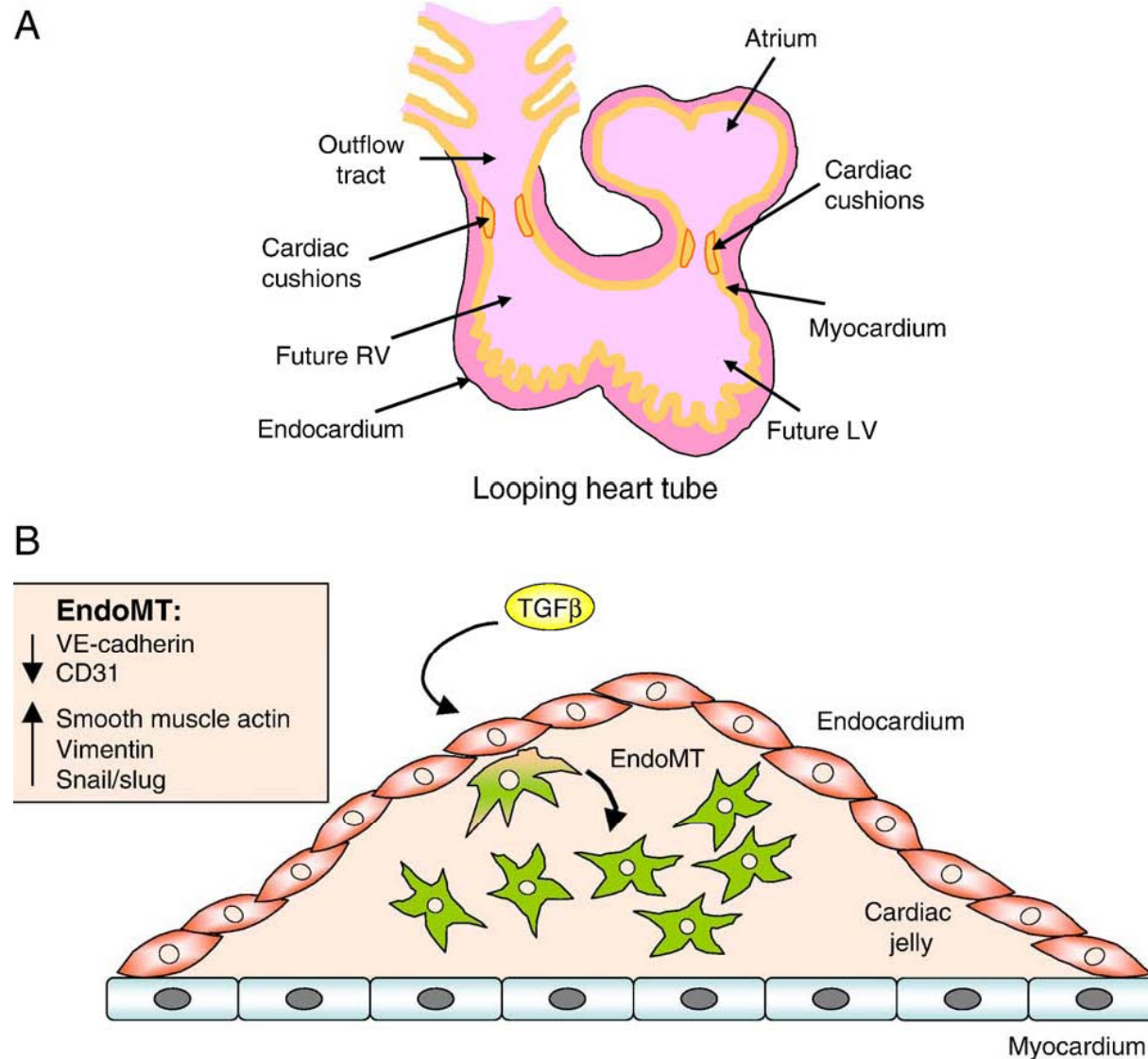
B Type 2 EMT



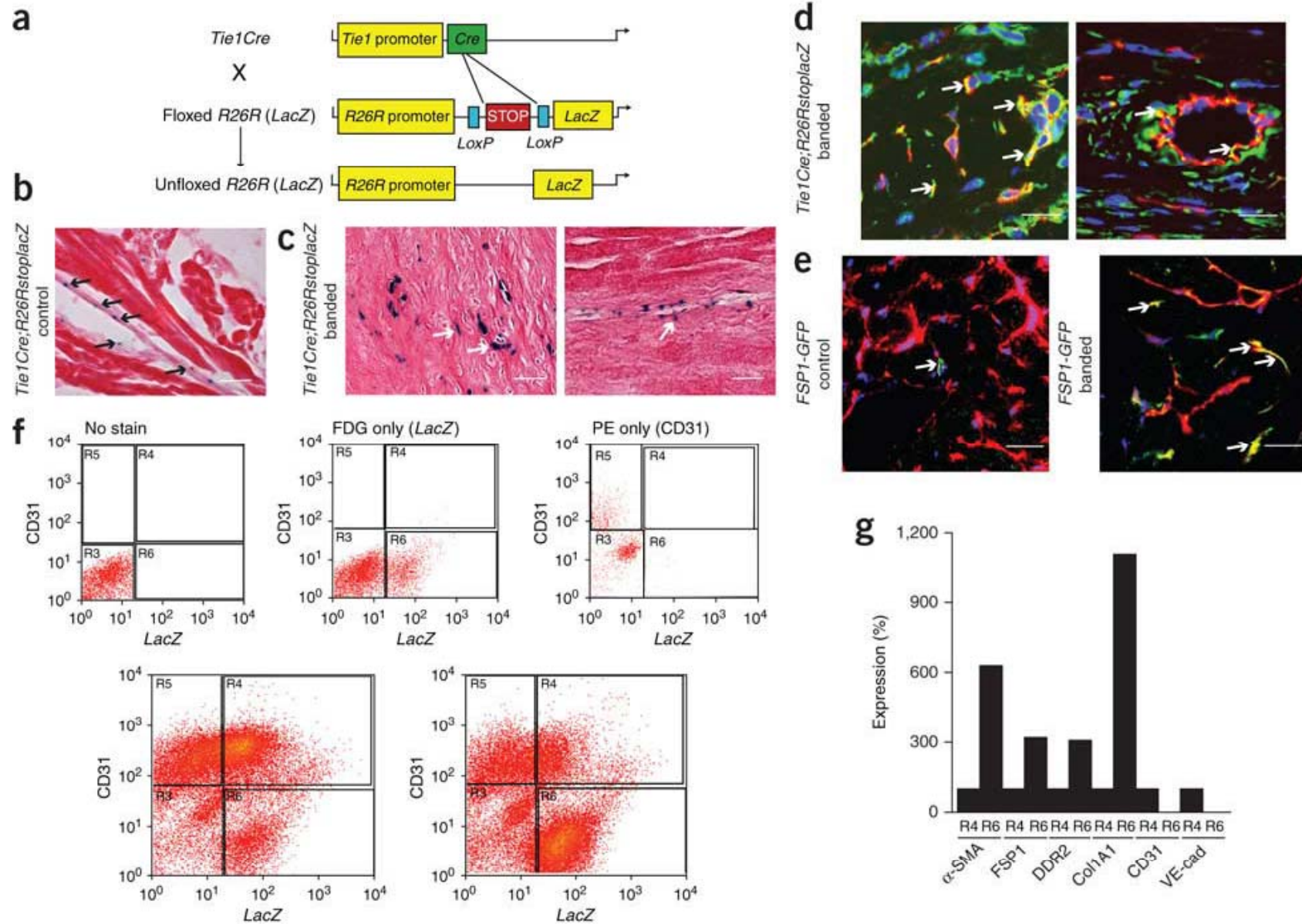
C Type 3 EMT



TGF β - induced Endothelial-to-Mesenchymal Transition

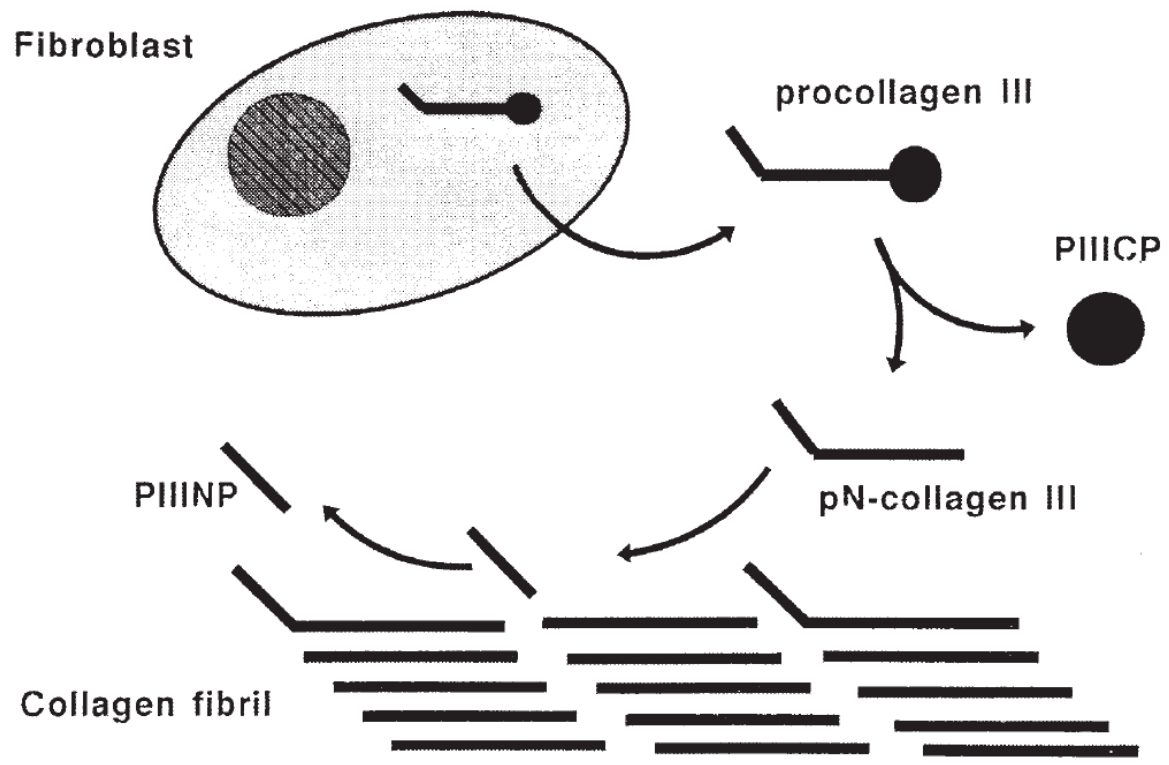


EndMT occurs during cardiac fibrosis

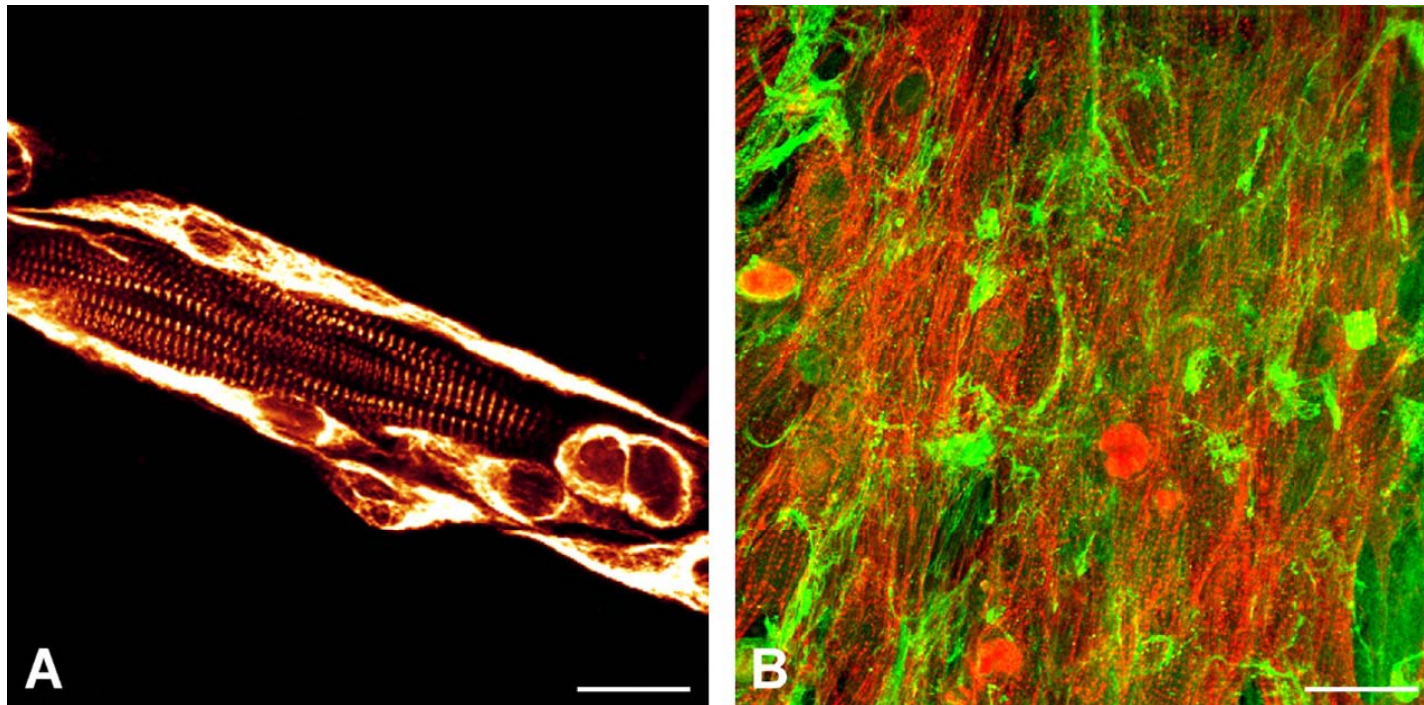


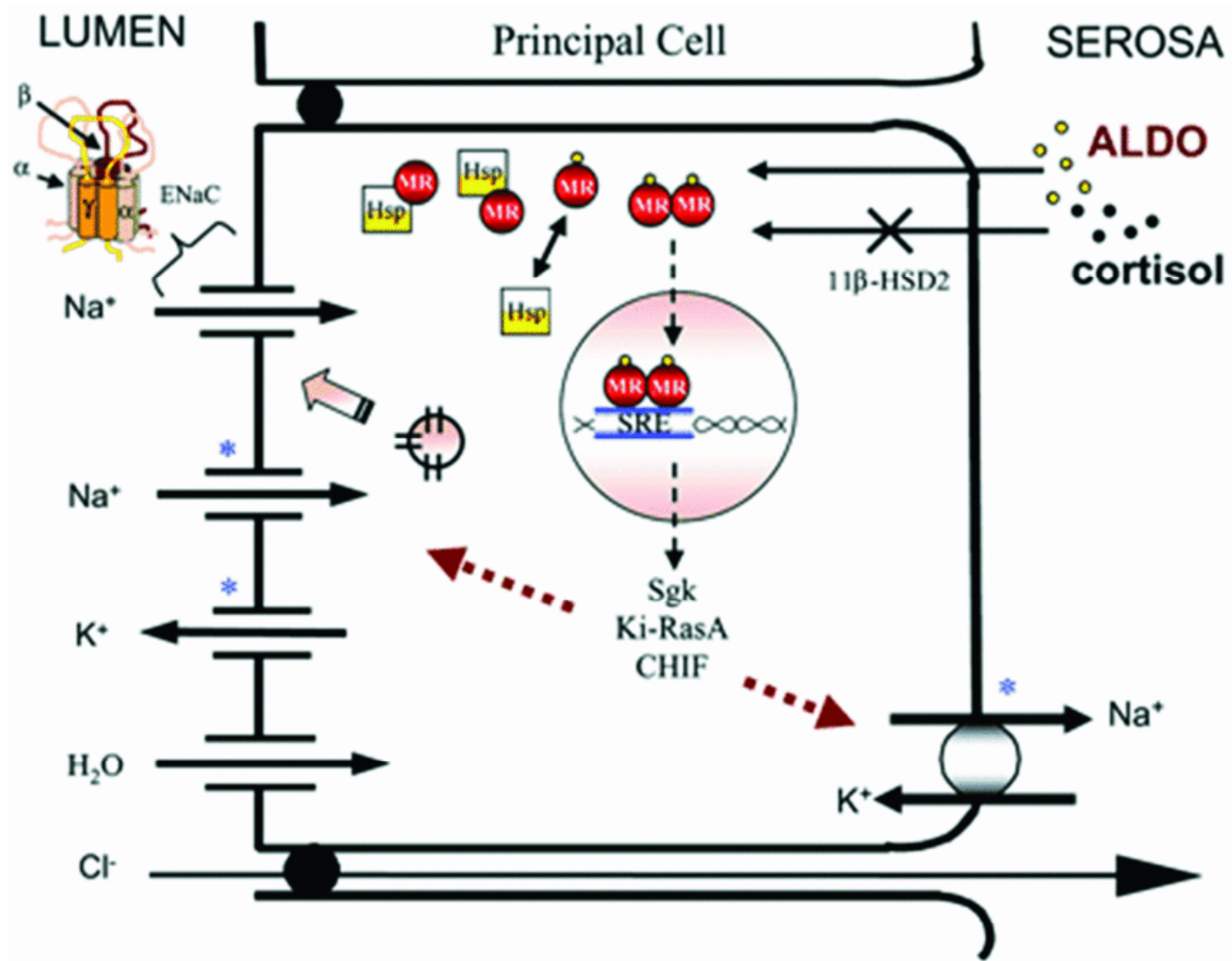
Conclusions

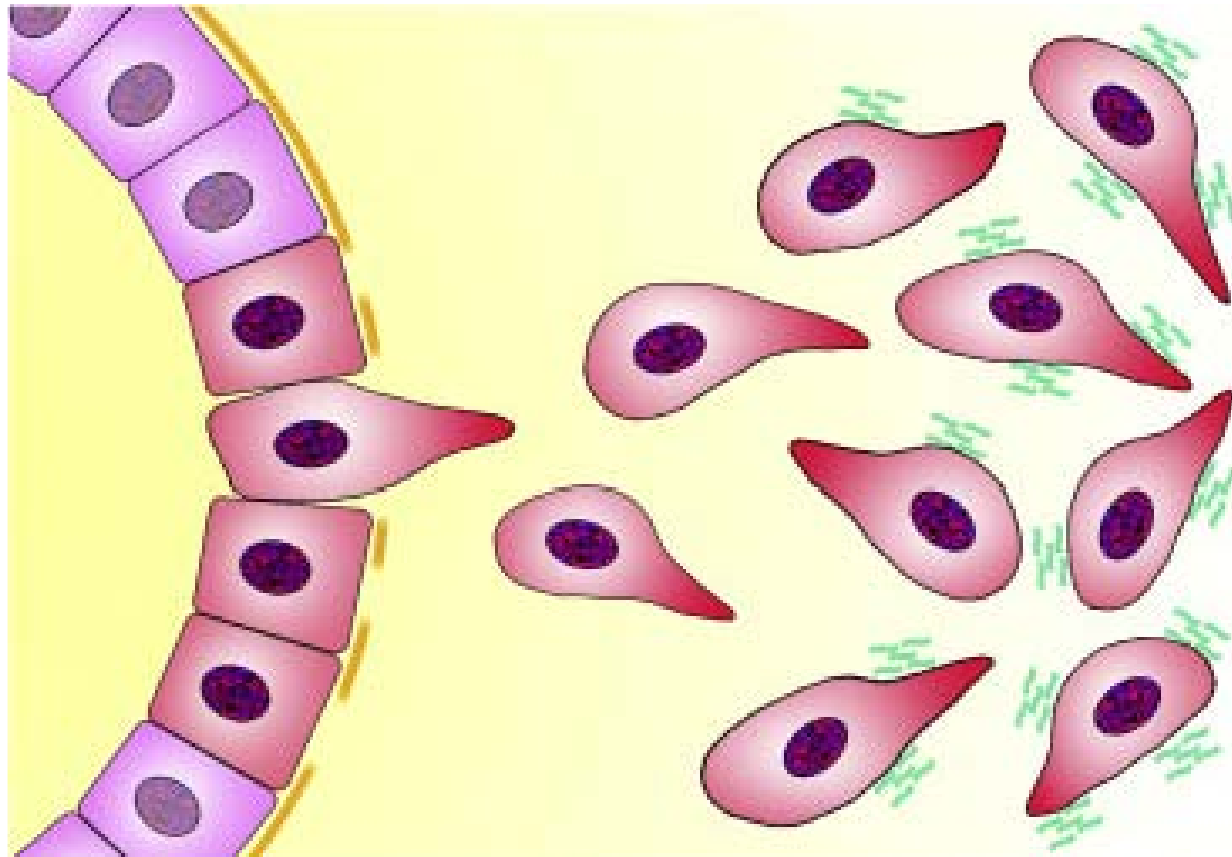
1. Two major stimuli of cardiac fibrosis are mechanical stress and neurohumoral activation.
2. These stimuli trigger various signaling pathways, including ATII, TGF β , and MR related pathways.
3. Cardiac fibroblasts are key player in ECM modulation, and they act in concert with other cells.
4. Fibroblasts are also recruited from BM-derived cells, and from Epithelial-to-Mesenchymal transition, in addition to from local resident fibroblasts.



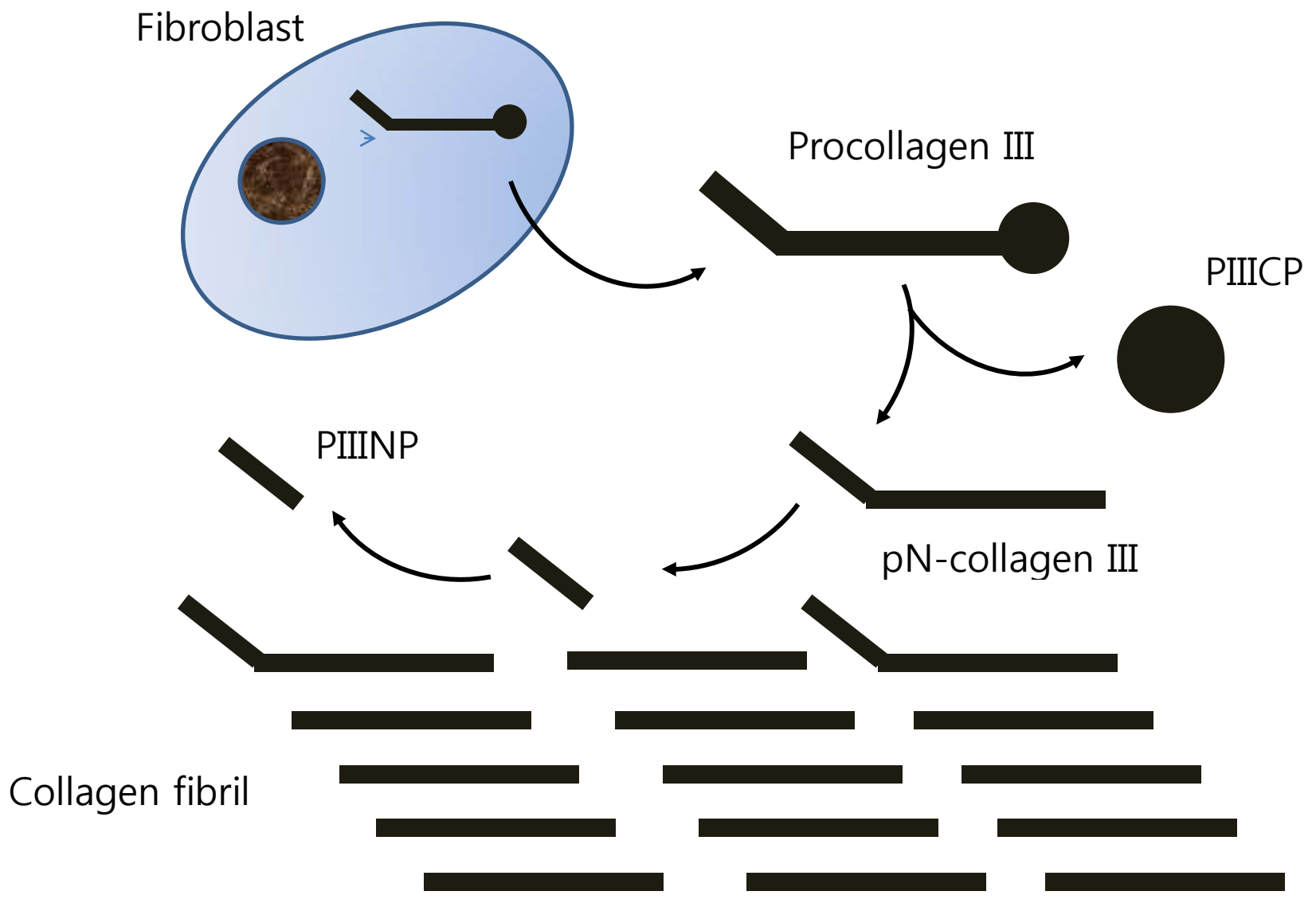
Cardiac Fibroblasts

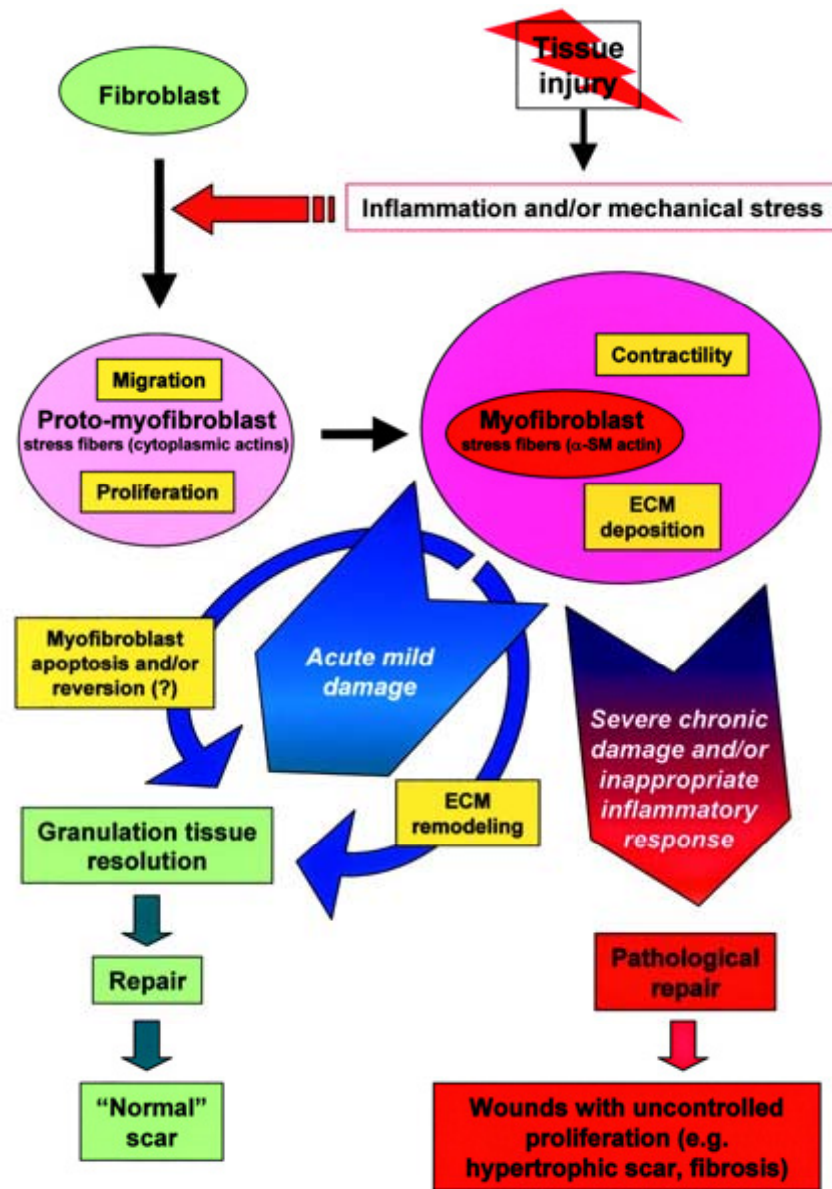


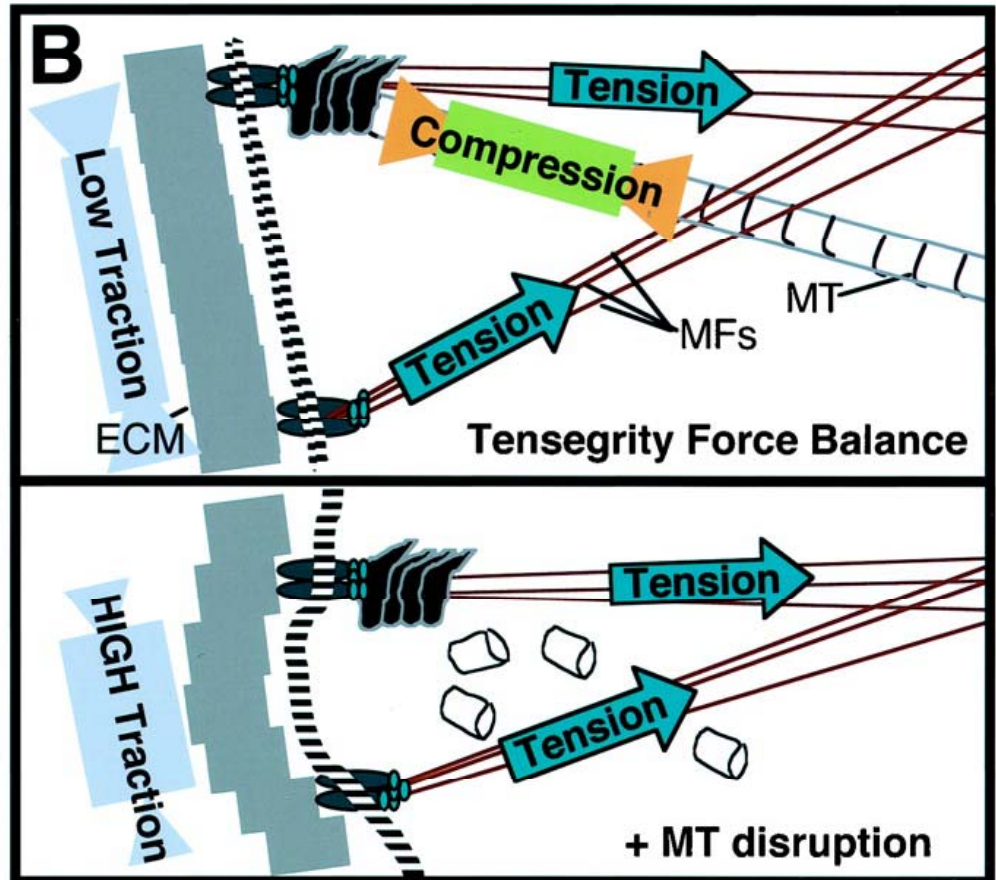
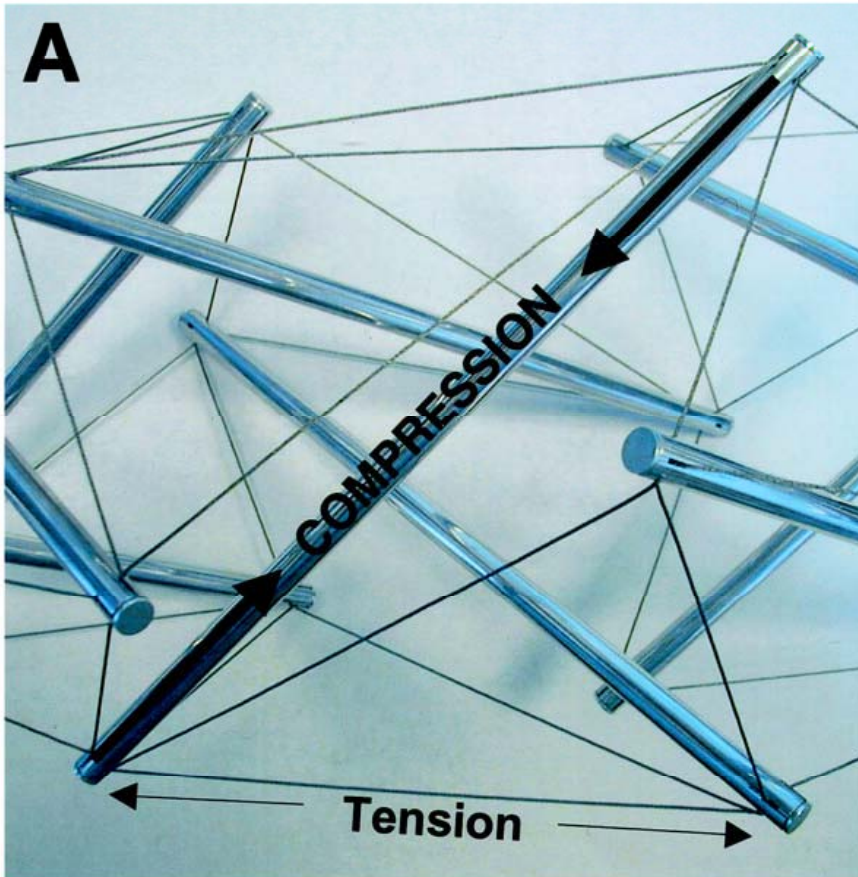


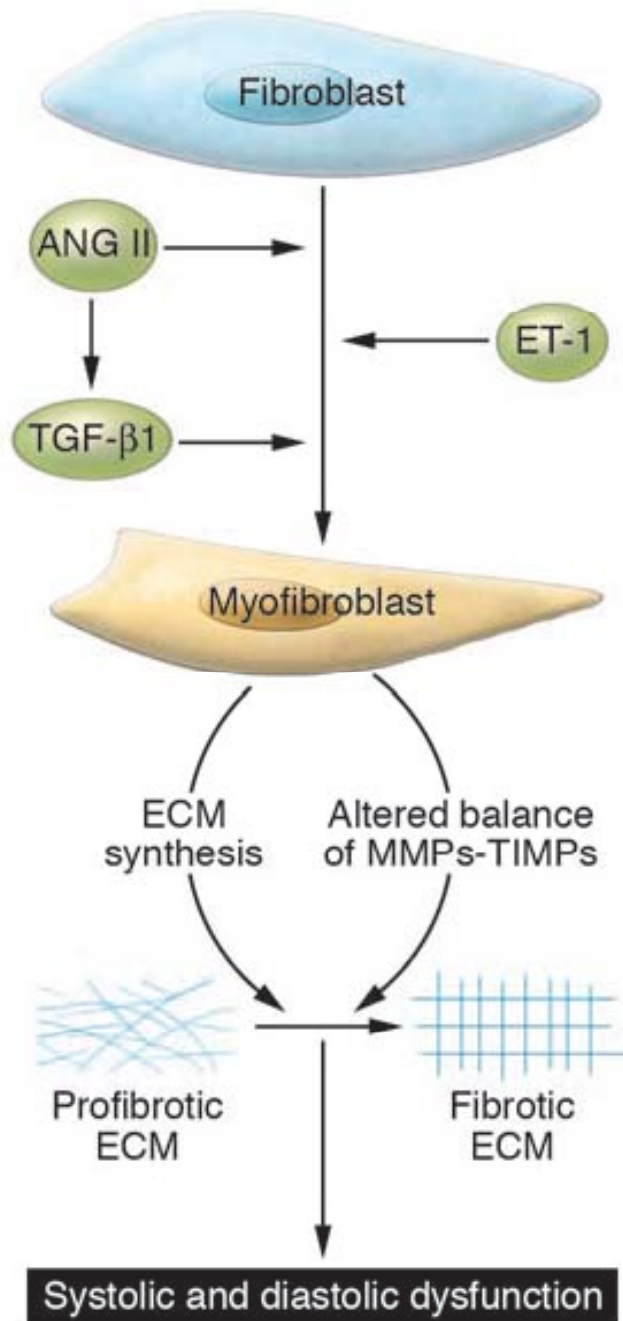


■ Resting Cell ■ EMT Primed Cell ■ Fibroblastic Cell
~ Interstitial Collagen — Basement Membrane





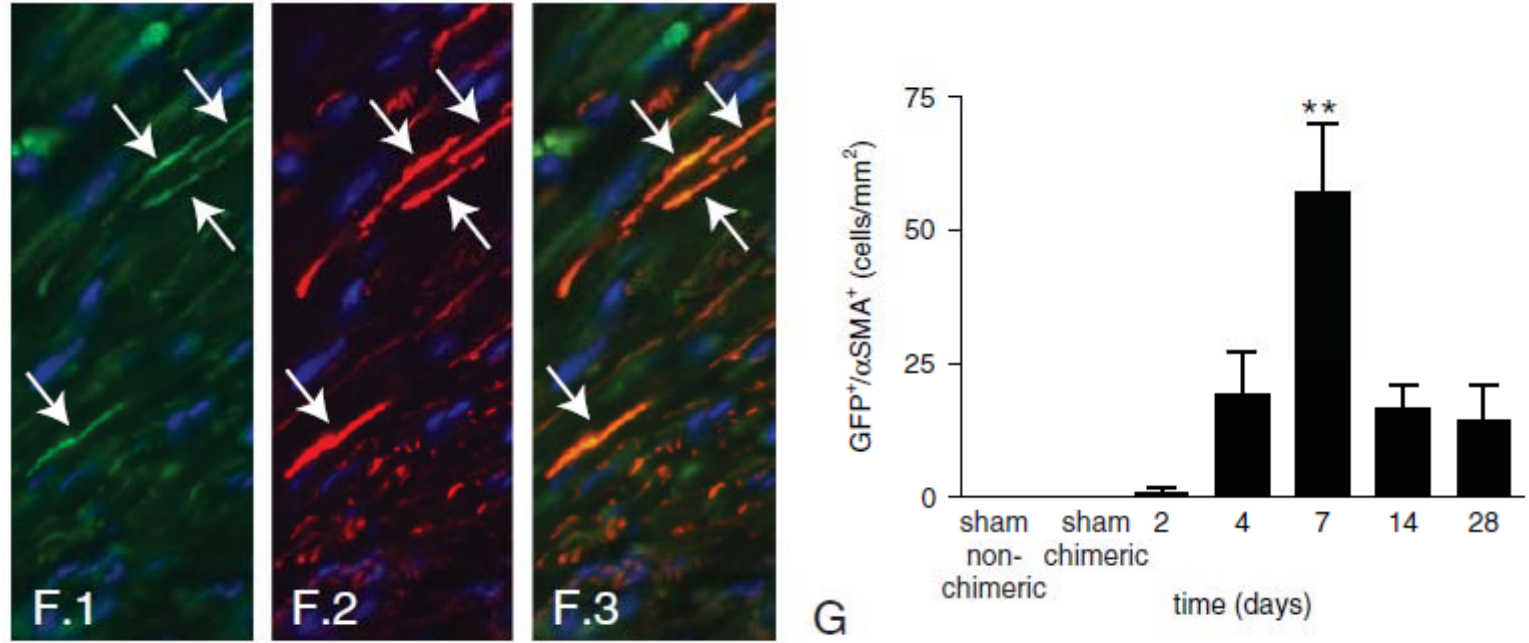
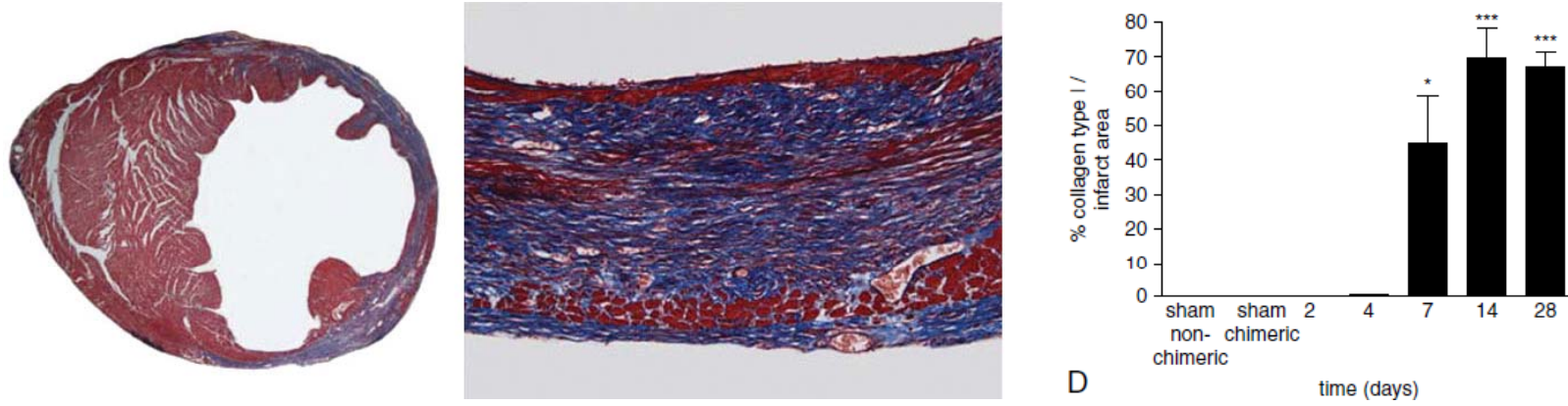


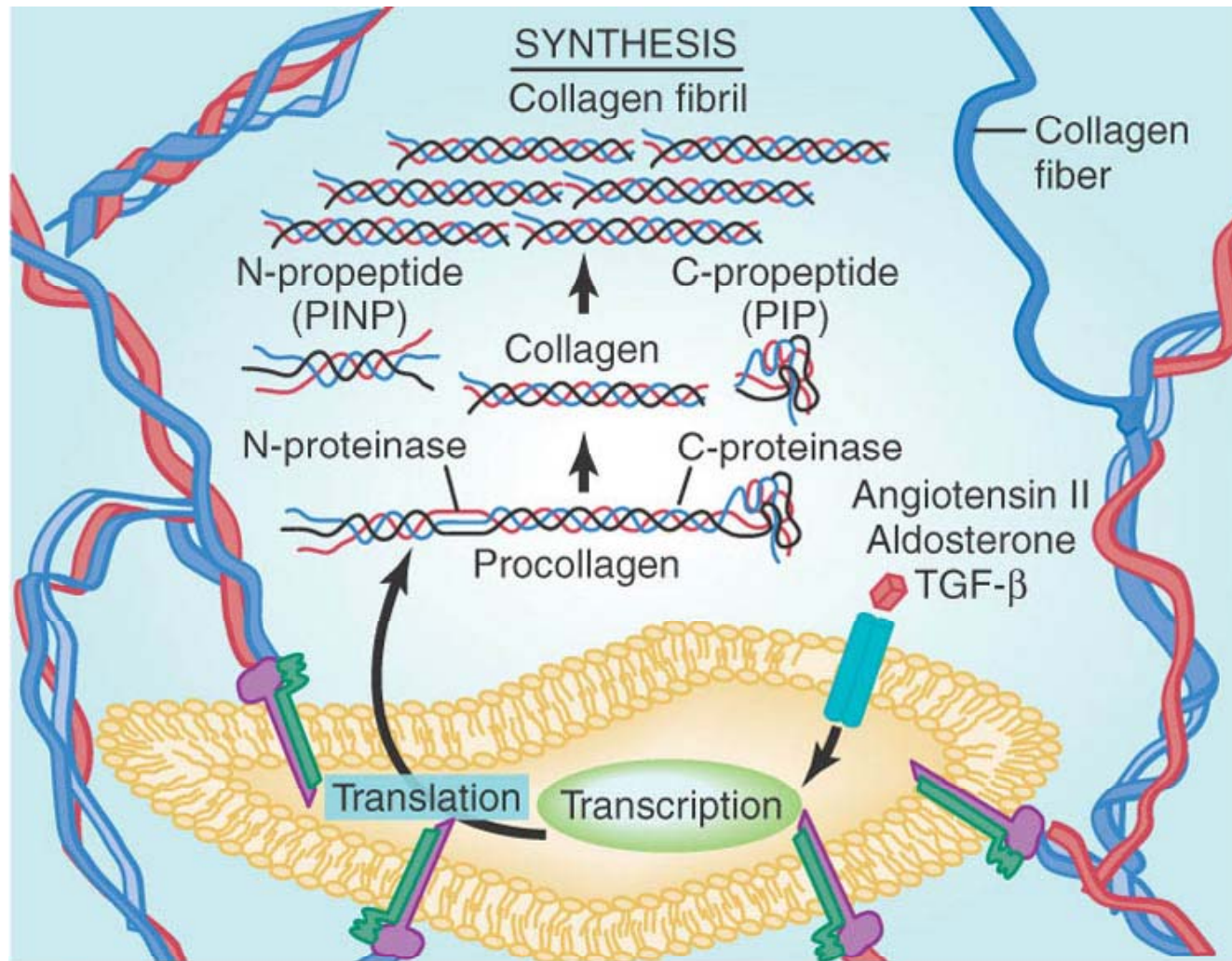


Pathways described for mediating MR signaling

1. Angiotensin signaling
2. Endothelin1
3. Epidermal growth factor receptor (EGFR)
4. Oxidized LDL (Ox-LDL)
5. Lectin-like Ox-LDL receptor 1 (LOX1)
6. Rho-kinase
7. NADPH oxidase

Bone Marrow-derived myofibroblasts in scar formed after MI





Integrin



Ligands



Pro-MMP



Receptor



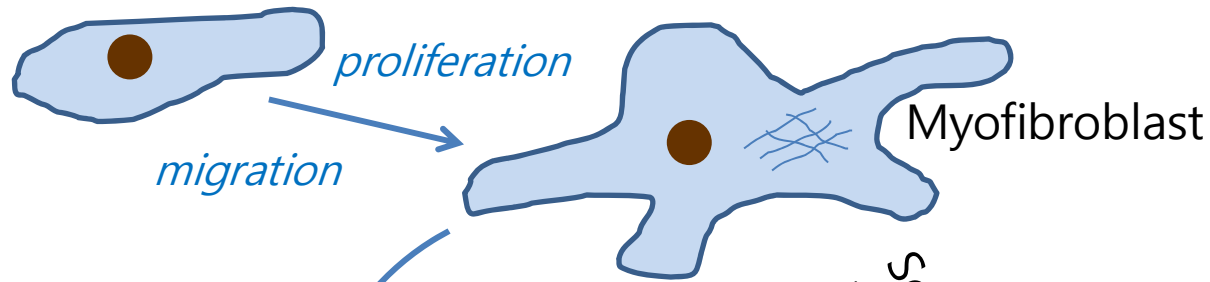
Active MMP



Membrane type MMP



Fibroblast



Apoptosis
and/or
reversion

Acute, mild
damage

Severe, chronic damage
and/or inappropriate
inflammatory response

ECM
remodeling

Granulation
tissue resolution

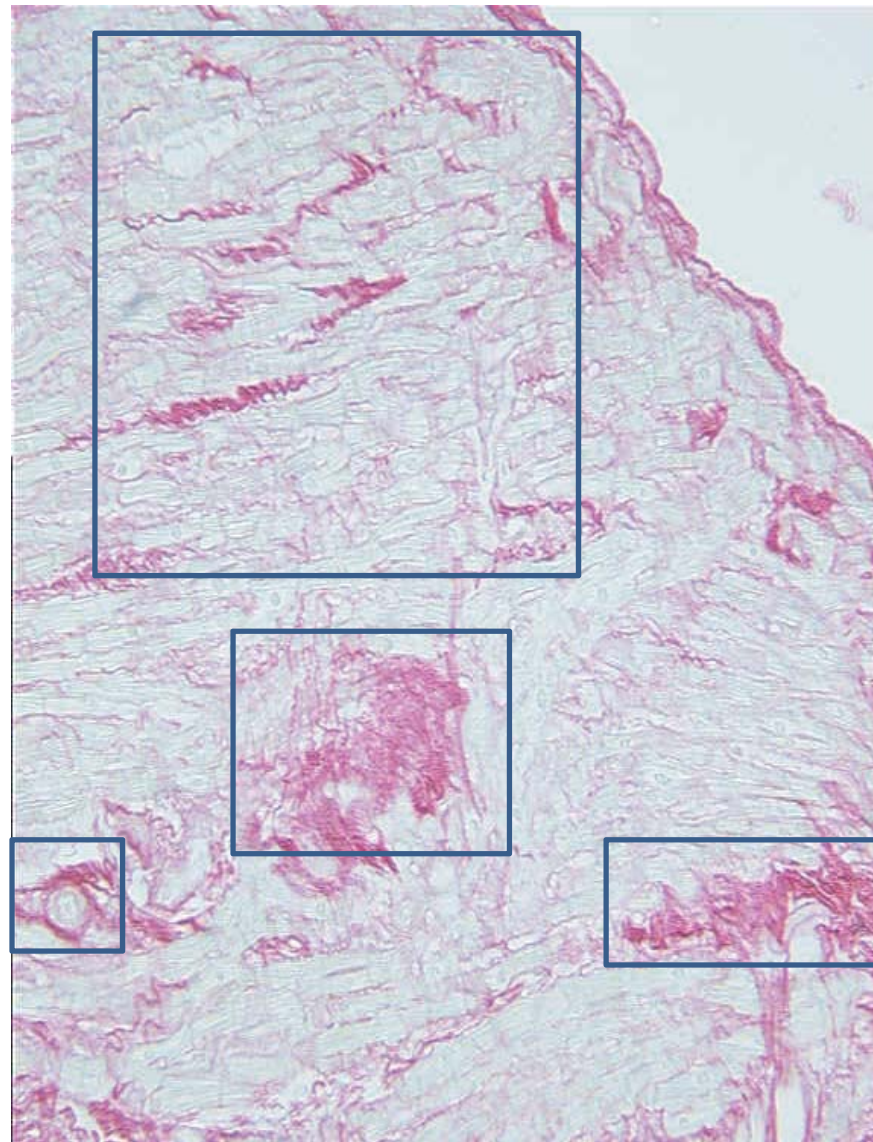
Repair

'Normal' scar

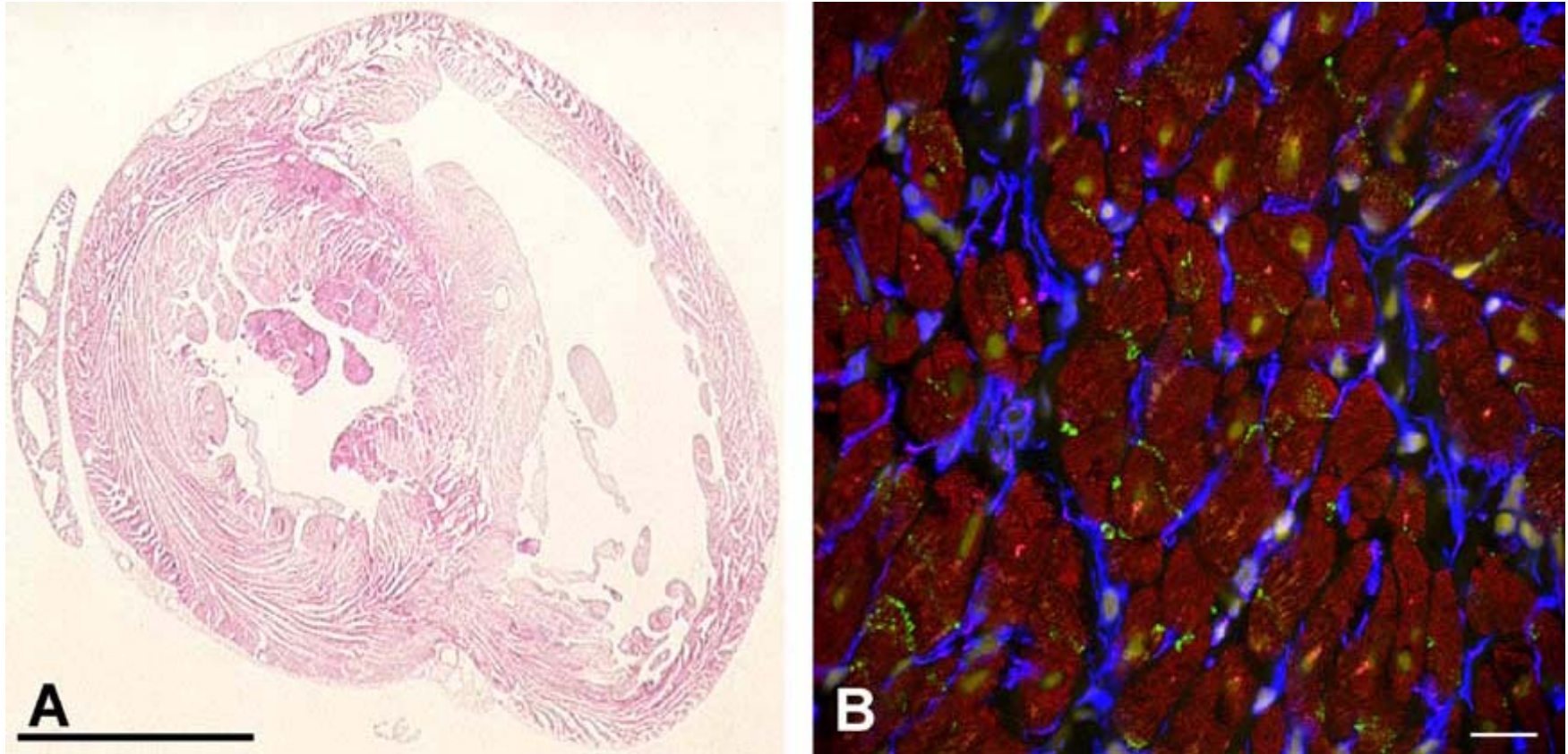
Pathologic repair

Wound with
uncontrolled
proliferation
(fibrosis)

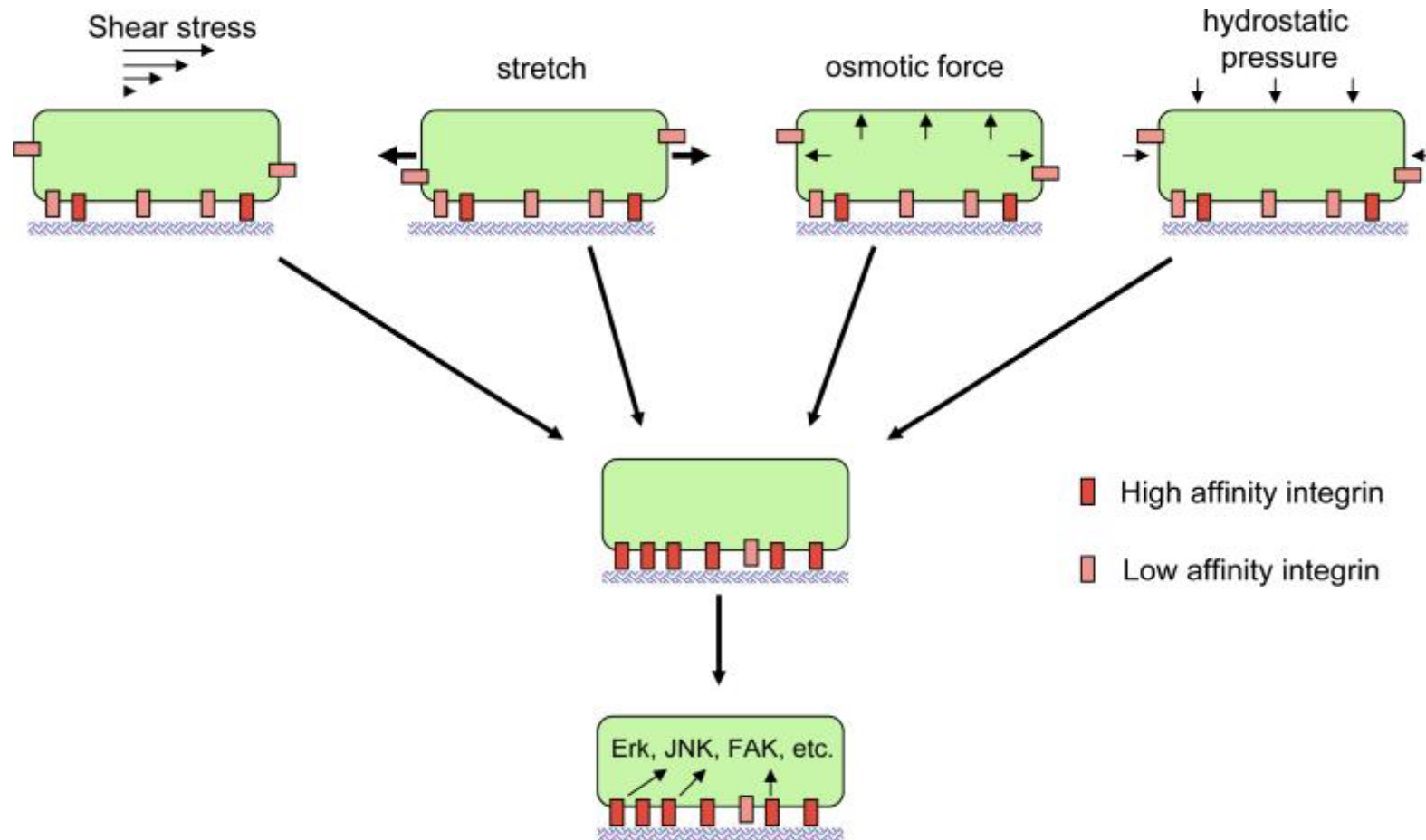
Endomyocardium in a hypertensive patient; Picorsirius red staining



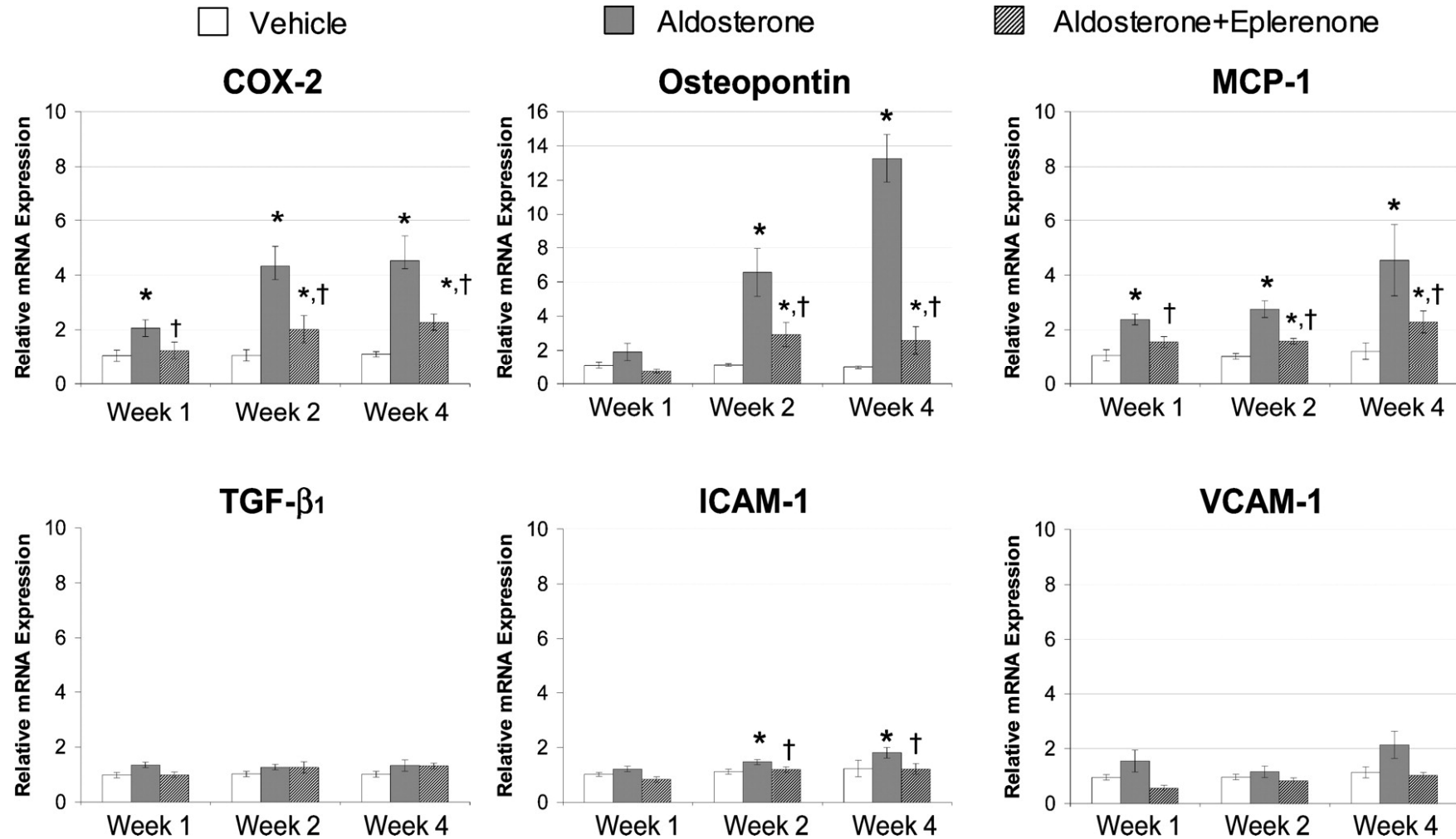
Cardiac Fibroblasts



Model for common pathways in mechanotransduction



Aldosterone induces a vascular inflammatory phenotype in the rat heart



Aldosterone induces oxidative stress and endothelial dysfunction

