Histone Deacetylase Inhibition in Cardiovascular Diseases

Hae Jin Kee, PhD

Heart Research Center of Chonnam National University Hospital, Gwangju, South Korea
Contents

1. HDAC & HDAC inhibitors
2. Cardiac hypertrophy and fibrosis
3. Hypertension
Part 1

- Histone deacetylases (HDACs)
- HDAC inhibitors (chemicals)
- HDAC inhibitors (natural products)
Histone deacetylase (HDAC) = Lysine deacetylase (KDAC)

- Removes acetyl groups from histones
- Repress gene expression
- Recently HDACs are called lysine deacetylases (KDAC) to describe their function rather than their targets.
# HDAC classification

<table>
<thead>
<tr>
<th>Class</th>
<th>Protein domains</th>
<th>Time of lethality</th>
<th>Phenotype</th>
</tr>
</thead>
<tbody>
<tr>
<td>Class I</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HDAC1</td>
<td>§</td>
<td>482</td>
<td>E10.5 Proliferation defects</td>
</tr>
<tr>
<td>HDAC2</td>
<td>§</td>
<td>488</td>
<td>P1 Cardiac malformation</td>
</tr>
<tr>
<td>HDAC3</td>
<td>§</td>
<td>428</td>
<td>E9.5 Gastrulation defects</td>
</tr>
<tr>
<td>HDAC8</td>
<td>§</td>
<td>377</td>
<td>P1 Craniofacial defects</td>
</tr>
<tr>
<td>Class IIa</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HDAC4</td>
<td>§ S §</td>
<td>1,084</td>
<td>P7–P14 Chondrocyte differentiation defect in growth plate</td>
</tr>
<tr>
<td>HDAC5</td>
<td>§ S §</td>
<td>1,122</td>
<td>Viable Exacerbated cardiac hypertrophy after stress</td>
</tr>
<tr>
<td>HDAC7</td>
<td>§ S §</td>
<td>912</td>
<td>E11 Endothelial dysfunction</td>
</tr>
<tr>
<td>HDAC9</td>
<td>§ S §</td>
<td>1,069</td>
<td>Viable Exacerbated cardiac hypertrophy after stress</td>
</tr>
<tr>
<td>Class IIb</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HDAC6</td>
<td>§</td>
<td>1,215</td>
<td>Viable Increased tubulin acetylation</td>
</tr>
<tr>
<td>HDAC10</td>
<td>§ Leucine rich</td>
<td>669</td>
<td>ND —</td>
</tr>
<tr>
<td>Class IV</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HDAC11</td>
<td>§</td>
<td>347</td>
<td>ND —</td>
</tr>
</tbody>
</table>

*Haberland, M. et al. Nat Rev Genet 2009*
HDAC inhibitors: Four classes

Hydroxamate

TSA

H3C
N
CH3

SAHA

FDA approval

N
H
O

CBHA

HO
N
H

LAQ-824

FDA approval

N
H

PXD-101

N
H

H
N
S
O

O
N
H

O
H
## Classes of HDAC inhibitors

- **Cyclic peptide**
  - FDA approval

- **Benzamide**
  - FDA approval

- **Aliphatic acids**
  - FDA approval

- **Valproic acid**

- **Sodium butyrate**

- **Phenyl butyrate**
Zinc-dependent HDAC inhibitors have common pharmacophores consisting of three distinct domains.
SAHA inhibits HDAC activity by binding to the pocket of the catalytic site.

Approved by the USA FDA
Fail to show efficacy in treating leukaemia

SAHA binds to the active site of HDAC
SAHA acts as a chelator for zinc ions

Pink : zinc atom

Richon VM.
British J of Cancer, 2006
Natural HDAC inhibitors

- Garlic
- Broccoli and broccoli sprouts
- Blueberries
- Grapes
- Black tea
Many HDAC inhibitors are of natural origin.
Gallic acid reduces elevated blood pressure in NAME-induced hypertensive mice
Gallic acid attenuates hypertension, cardiac remodeling, and fibrosis in mice with $N^G$-nitro-L-arginine methyl ester-induced hypertension via regulation of histone deacetylase 1 or histone deacetylase 2

Li Jin$^{a,b,*}$, Ming Quan Lin$^{a,c,*}$, Zhe Hao Piao$^d$, Jae Yeong Cho$^a$, Gwi Ran Kim$^a$, Sin Young Choi$^a$, Yuhee Ryu$^a$, Simei Sun$^a$, Hae Jin Kee$^a$, and Myung Ho Jeong$^a$

**Objective:** Gallic acid, a natural chemical found in plants, has been reported to show antioxidant, anticancer, and anti-inflammatory effects. We investigated the efficacy of a short-term or long-term treatment with gallic acid in $N^G$-nitro-L-arginine methyl ester (l-NAME)-induced hypertensive mice and the underlying regulatory mechanism.

**Abbreviations:** $\alpha$-SMA, $\alpha$-smooth muscle actin; ACE1, angiotensin II-converting enzyme; ANP, atrial natriuretic peptide; AT1, angiotensin II receptor; BNP, brain natriuretic peptide; HAT, histone acetyltransferases; HDAC, histone deacetylase; l-NAME, $N^G$-nitro-L-arginine methyl ester; LV, left ventricular; NOS, nitric oxide synthase; TGF-$\beta$, transforming growth factor beta
Part 2

HDAC inhibitors in cardiac hypertrophy and fibrosis:

Class I, class IIa HDAC inhibitor (Valproic acid)
Class I, class IIa/b, class IV HDAC inhibitor (TSA)
HDAC1- and HDAC2-selective inhibitor (SK7041)
Physiological vs Pathological Hypertrophy

Inhibition of Histone Deacetylation Blocks Cardiac Hypertrophy Induced by Angiotensin II Infusion and Aortic Banding

Hae Jin Kee, PhD; Il Suk Sohn, MD, PhD; Kwang Il Nam, MD, PhD; Jong Eun Park, BS; Yong Ri Qian, MD; Zhan Yin, PhD; Youngkeun Ahn, MD, PhD; Myung Ho Jeong, MD, PhD; Yung-Jue Bang, MD, PhD; Nack sung Kim, PhD; Jong-Keun Kim, MD, PhD; Kyung Keun Kim, MD, PhD; Jonathan A. Epstein, MD; Hyun Kook, MD, PhD

Background—A number of distinct stress signaling pathways in myocardium cause cardiac hypertrophy and heart failure. Class II histone deacetylases (HDACs) antagonize several stress-induced pathways and hypertrophy. However, cardiac hypertrophy induced by transgenic overexpression of the homeodomain only protein, HOP, can be prevented by the nonspecific HDAC inhibitors trichostatin A and valproic acid, suggesting that alternate targets that oppose class II HDAC function might exist in myocardium. We tested the effects of several HDAC inhibitors, including a class I HDAC-selective inhibitor, SK-7041, on cardiac hypertrophy induced by angiotensin II (Ang II) treatment or aortic banding (AB).

Methods and Results—Cardiac hypertrophy was induced by chronic infusion of Ang II or by AB in mice or rats and evaluated by determining the ratio of heart weight to body weight or to tibia length, cross-sectional area, or echocardiogram. Cardiac hypertrophy induced by Ang II or AB for 2 weeks was significantly reduced by simultaneous administration of trichostatin A, valproic acid, or SK-7041. Echocardiogram revealed that exaggerated left ventricular systolic dimensions were relieved by HDAC inhibitors. HDAC inhibitors partially reversed preestablished cardiac hypertrophy and improved survival of AB mice. The expressions of atrial natriuretic factor, α-tubulin, β-myosin heavy chain, and interstitial fibrosis were reduced by HDAC inhibition.

Conclusions—These results suggest that the predominant effect of HDAC inhibition, mainly mediated by class I HDACs, is to prevent cardiac hypertrophy in response to a broad range of agonist and stretch stimuli. (Circulation. 2006;113: 51-59.)
HDAC inhibitors

- Class I
  - HDAC1
  - HDAC2
  - HDAC3
  - HDAC8
  - MS-275
  - SB-379872-A

- Class IIa
  - HDAC4
  - HDAC5
  - HDAC7
  - HDAC9
  - Butyrate Trapoxin

- Class IIb
  - HDAC6
  - HDAC10
  - HDAC11

- Class IV
  - HDAC11

- Tubacin

- Depsipeptide
  - SK-7041, SK-7068

- VPA
- SAHA, TSA, PXD101, LBH589, LAQ824
Inhibition of histone deacetylation blocks cardiac hypertrophy induced by angiotensin II Infusion and aortic banding (Kee et al., Circulation, 2006;113:51-59, IF : 17.047)
Prevention of cardiac hypertrophy by SK-7041, a class I HDAC-selective inhibitor
Reduction of cardiac fibrosis induced by SK7041

Summary

HDAC inhibitors can prevent or treat cardiac hypertrophy and fibrosis.
Activation of histone deacetylase 2 by inducible heat shock protein 70 in cardiac hypertrophy
(Kee et al., Circulation Research, 2008;103:1259-1269, IF : 11.551)

HDAC2 is activated in the mouse hypertrophy model
HDAC2 acts as a prohypertrophic mediator

Nppa = ANP (atrial natriuretic peptide)
Part 3

HDAC inhibitors in hypertension:

- HDAC6-selective inhibitor (Tubastatin A)
- Class IIa/b HDAC inhibitor (MC1568)
- HDAC4/5 selective inhibitor (LMK235)
Hypertension

1. Hypertension is also known as high blood pressure.

2. Blood pressure (arterial) is the pressure exerted by circulating blood on the walls of blood vessels.

3. If left untreated, hypertension can lead to atherosclerosis and heart failure.
Cardiac HDAC6 Catalytic Activity is Induced in Response to Chronic Hypertension

Douglas D. Lemon¹, Todd R. Horn¹, Maria A. Cavasin¹, Mark Y. Jeong¹, Kurt W. Haubold¹, Carlin S. Long¹, David C. Irwin², Sylvia A. McCune³, Eunhee Chung⁴, Leslie A. Leinwand⁴, and Timothy A. McKinsey¹,#

¹ Department of Medicine, Division of Cardiology, University of Colorado Denver, Aurora, Colorado
² Cardiovascular Pulmonary Research Group, University of Colorado Denver, Aurora, Colorado
³ Department of Integrative Physiology, University of Colorado, Boulder, Colorado
⁴ Department of Molecular, Cellular & Developmental Biology, University of Colorado, Boulder, Colorado

Abstract

Small molecule histone deacetylase (HDAC) inhibitors block adverse cardiac remodeling in animal models of heart failure. The efficacious compounds target class I, class IIb and, to a lesser extent, class IIa HDACs. It is hypothesized that a selective inhibitor of a specific HDAC class (or an isoform within that class) will provide a favorable therapeutic window for the treatment of heart failure, although the optimal selectivity profile for such a compound remains unknown. Genetic studies have suggested that class I HDACs promote pathological cardiac remodeling, while class IIa HDACs are protective. In contrast, nothing is known about the function or
Heterogeneous Gene Expression of Hypertrophic Markers in DOCA and DOCA-Val treatments

H. J. Kim et al.

Soo WK

Figure e: HDAC6 activity (arbitrary unit)

- Sham: 50
- DOCA: 250
- DOCA+VAL: 100

Figure f: HDAC8 activity (arbitrary unit)

- Sham: 300
- DOCA: 700
- DOCA+VAL: 500

Significance levels: p<0.01, p<0.001, p<0.05
Tubastatin A suppresses renal fibrosis via regulation of epigenetic histone modification and Smad3-dependent fibrotic genes

Sin Young Choi a,1, Yuhee Ryu a,1, Hae Jin Kee a,*, Soo-Na Cho a, Gwi Ran Kim a, Jae Yeong Cho a, Hyung-Seok Kim b, In-Kyeom Kim c, Myung Ho Jeong a,**

a Heart Research Center of Chonnam National University Hospital, Gwangju 501-757, Republic of Korea
b Department of Anatomy, Chonnam National University Medical School, Gwangju 501-757, Republic of Korea
c Department of Pharmacology, Cardiovascular Research Institute, Kyungpook National University School of Medicine, Daegu, Republic of Korea

Tubastatin A (HDAC6 selective inhibitor)
Histone deacetylase and GATA-binding factor 6 regulate arterial remodeling in angiotensin II-induced hypertension

Gwi Ran Kim, Soo-Na Cho, Hyung-Seok Kim, Seon Young Yu, Sin Young Choi, Yuhee Ryu, Ming Quan Lin, Li Jin, Hae Jin Kee, and Myung Ho Jeong

Objective: Histone deacetylase (HDAC) inhibitors have been reported to improve essential and secondary hypertension. However, the specific HDAC that might serve as a therapeutic target and the associated upstream and downstream molecules involved in regulating hypertension remain unknown. Our study was aimed at investigating whether a selective inhibitor of class II HDAC

GATA-binding factor 6; GFP, green fluorescent protein; HDAC, histone deacetylase; IHC, immunohistochemistry; phospho-HDAC4, phosphorylated HDAC4; phospho-PKD1, phosphorylated PKD1; PKD1, protein kinase D1; siRNA, small interfering RNA; SMA, smooth muscle α-actin; VSMC, vascular smooth muscle cell

MC1568 (class II HDAC inhibitor)
MC1568 reduces high blood pressure in Ang II-induced hypertensive mice
MC1568 attenuates the thickening of kidney arterial wall and thoracic wall in Ang II-infused mice

IHC: SMA (kidney)

H&E (aorta)

SMA: α smooth muscle actin
CaMKIIα and PKD1, kinases acting upstream of HDAC4, increases the vascular cell size and number

CaMKII : Ca^{2+}/calmodulin-dependent protein kinase II
PKD1 : protein kinase D1

---

### VSMC hypertrophy (cell size)

- **GFP**
- **GFP-CaMKIIα**
- **GFP-PKD1**

### VSMC hyperplasia (cell number)

- **CaMKIIα (μg)**
- **PKD1 (μg)**

---

**Shuttling of CaMKIIα**

<table>
<thead>
<tr>
<th>Ang II (min)</th>
<th>Nucleus</th>
<th>Cytoplasm</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>![Image]</td>
<td>![Image]</td>
</tr>
<tr>
<td>1</td>
<td>![Image]</td>
<td>![Image]</td>
</tr>
<tr>
<td>5</td>
<td>![Image]</td>
<td>![Image]</td>
</tr>
<tr>
<td>M</td>
<td>![Image]</td>
<td>![Image]</td>
</tr>
<tr>
<td>0</td>
<td>![Image]</td>
<td>![Image]</td>
</tr>
<tr>
<td>1</td>
<td>![Image]</td>
<td>![Image]</td>
</tr>
<tr>
<td>5</td>
<td>![Image]</td>
<td>![Image]</td>
</tr>
</tbody>
</table>

---

**Proliferation (fold change)**

- **CaMKIIα (μg)**
- **PKD1 (μg)**
MC1568 weakens the association between HDAC4 and CaMKIIα

CaMKII : calcium $^{2+}$/calmodulin-dependent protein kinase II
PKD1 : protein kinase D1

Input : Flag
Flag-HDAC4 + + +
GFP-CaMKIIα + + +
MC1568 - - +
IP : GFP
IB : Flag
IP : GFP
IB : GFP
Input : Flag
Input : GFP
Input : GAPDH

Input : GFP
GFP-PKD1 + + +
MC1568 - - +
IP : GFP
IB : Flag
IP : GFP
IB : GFP
Input : Flag
Input : GFP
Input : GAPDH

Immunoprecipitation (IP)
COLLABORATION

✓ LMK235 (HDAC4/5 inhibitor)

Prof. Dr. Thomas Kurz  
(Heinrich Heine University, Germany)

Prof. Dr. Finn Hansen  
(Leipzig University, Germany)
Final Summary:
Novel therapeutics of HDAC inhibitors in cardiovascular disease

HDAC inhibitors

Cardiac hypertrophy
- HDAC2

Cardiac fibrosis
- HDAC2

Hypertension
- HDAC4 and HDAC5

Renal inflammation
- HDAC6

Renal fibrosis
- HDAC6
Acknowledgements

Myung Ho Jeong, MD, PhD
Li Jin, MD, PhD candidate
Sin Young Choi, PhD candidate
Simei Sun, PhD candidate
Ming Quan Lin, MD, MS
Yuhee Ryu, MS
Gwi Ran Kim, BS

Thomas Kurz, PhD (Germany)
Finn K. Hansen, PhD (Germany)
Zhe Hao Piao, MD. PhD (China)
Bin Liu, MD. PhD (China)
Tianyi Li, MD. PhD (China)
Young Mi Seok, PhD (South Korea)

Thank you