



Endothelial Function

Clinical Assessment

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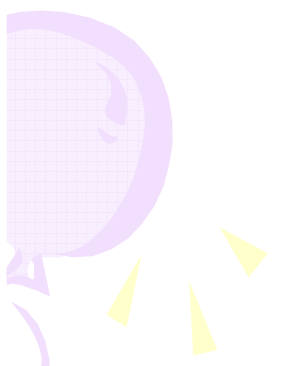
Endothelium

Key Regulator of Vascular Homeostasis

Vita JA et al. Circulation. 2002;106:640–642



Endothelium in Normal Vessel

- Simple monolayer
 - Respond to physical and chemical *signals*
 - Wide range of *factors*
- 
- 

Regulate

Vascular tone

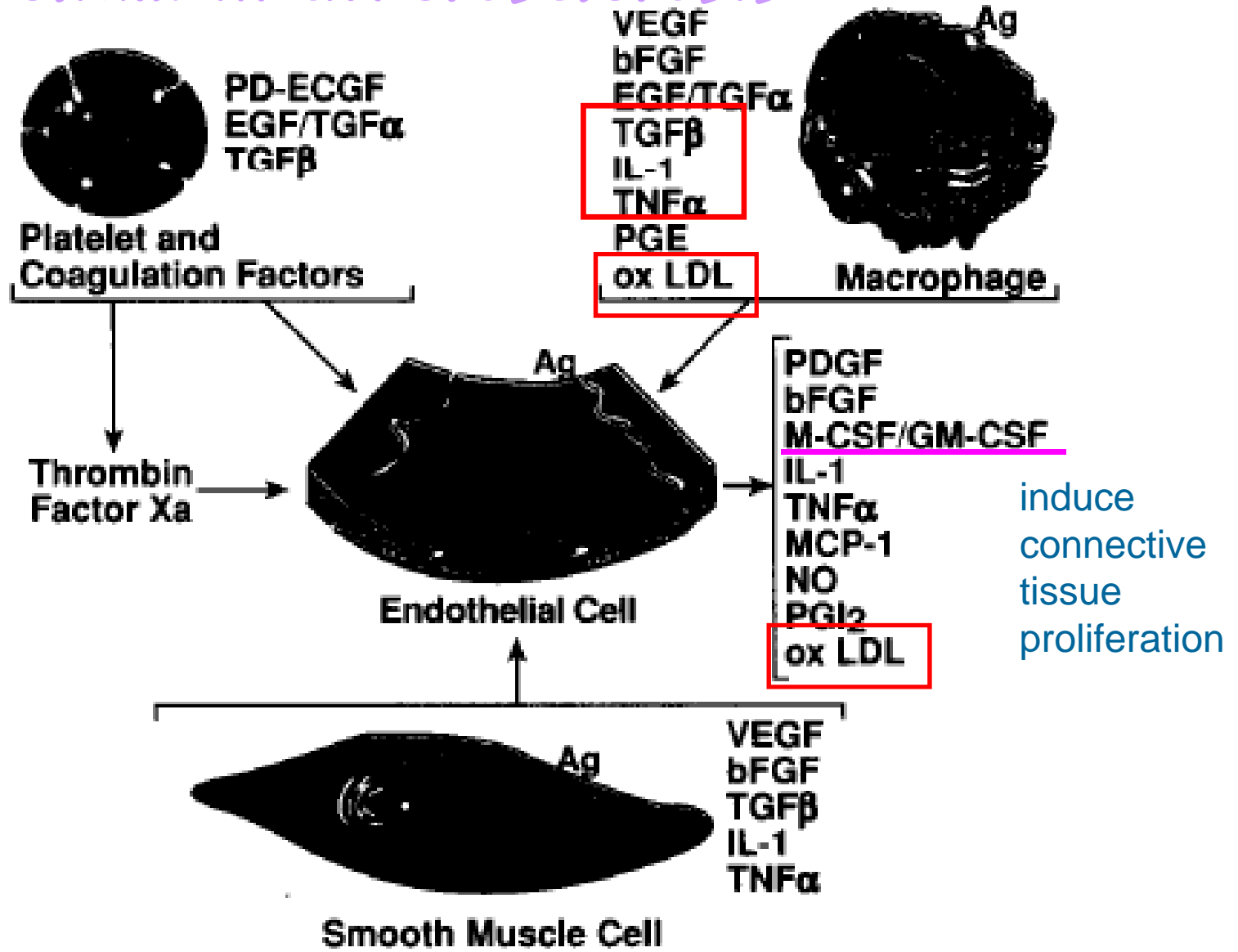
Cellular adhesion

Thrombosis

Smooth muscle cell
proliferation

Inflammation

Endothelium in atherosclerosis



NO
Endothelium-Derived
Hyperpolarizing Factor
Prostacyclin

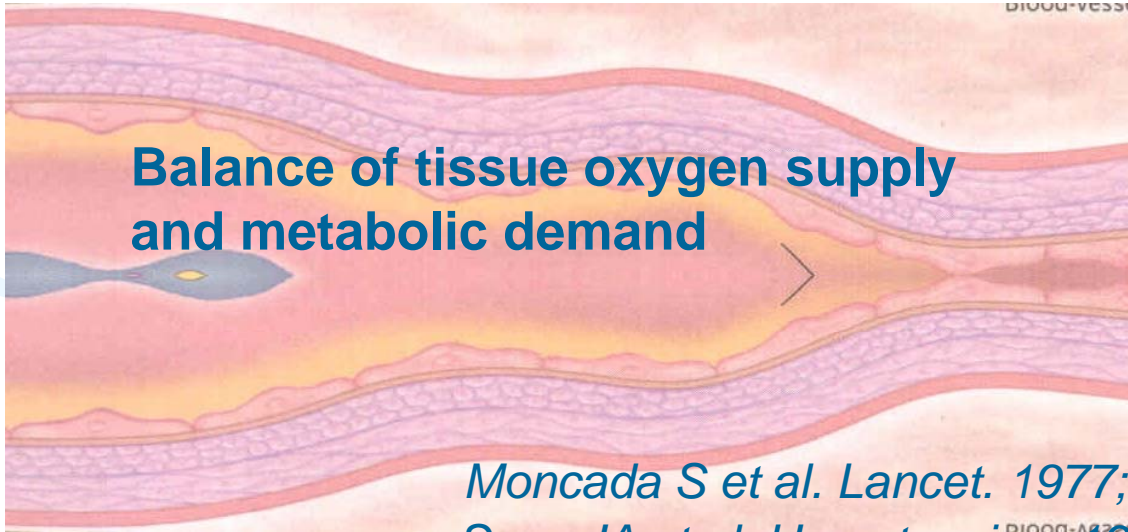
Endothelin
Vasoconstrictor prostanoids
Angiotensin II



Vasodilator tone



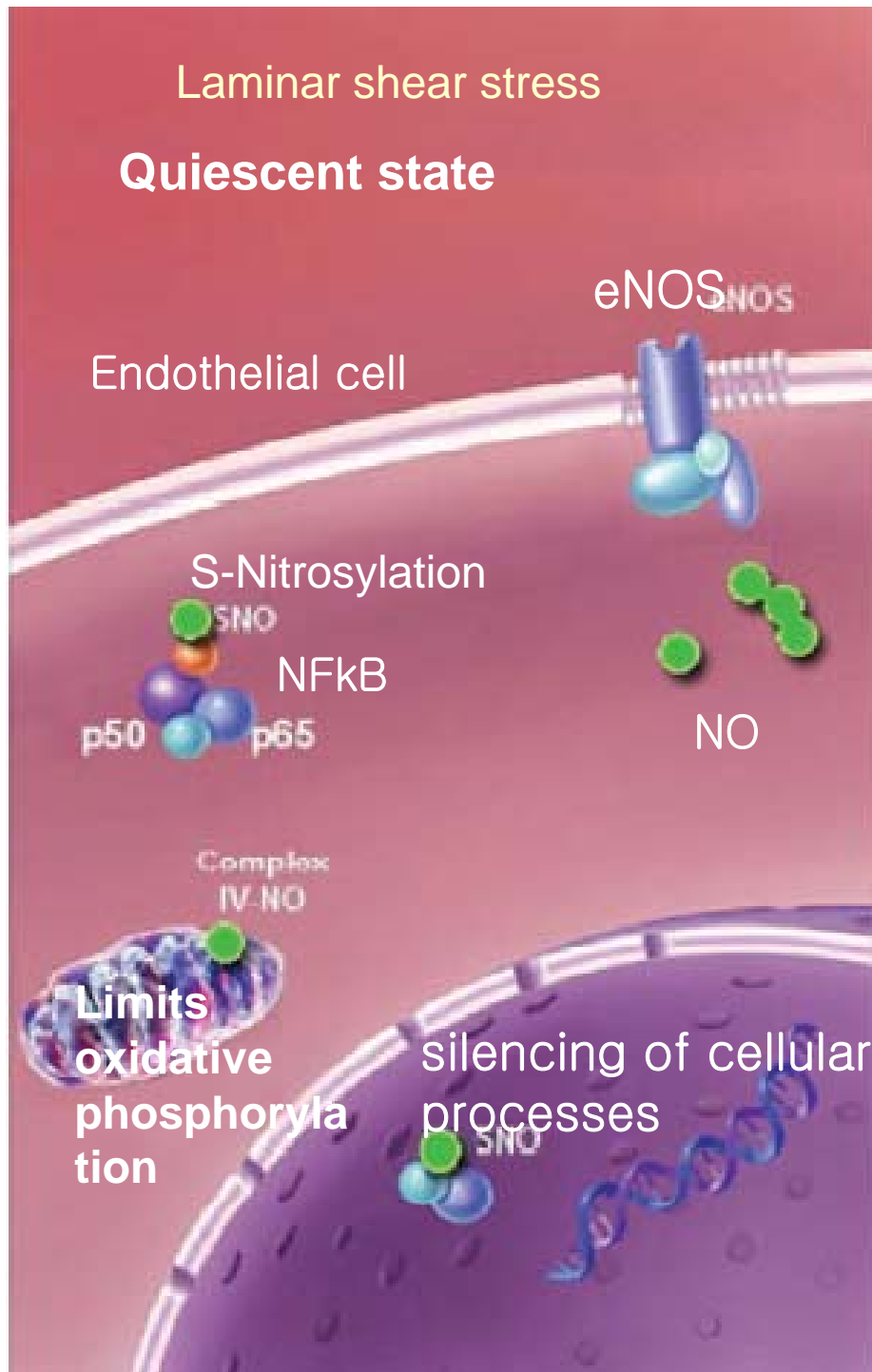
Constrictor tone



Moncada S et al. Lancet. 1977;1:18–20

Saye JA et al. Hypertension. 1984;6:216–221

Kinlay S et al. Circulation. 2001;104:1114–1118



In normal vascular physiology

“Quiescent state”

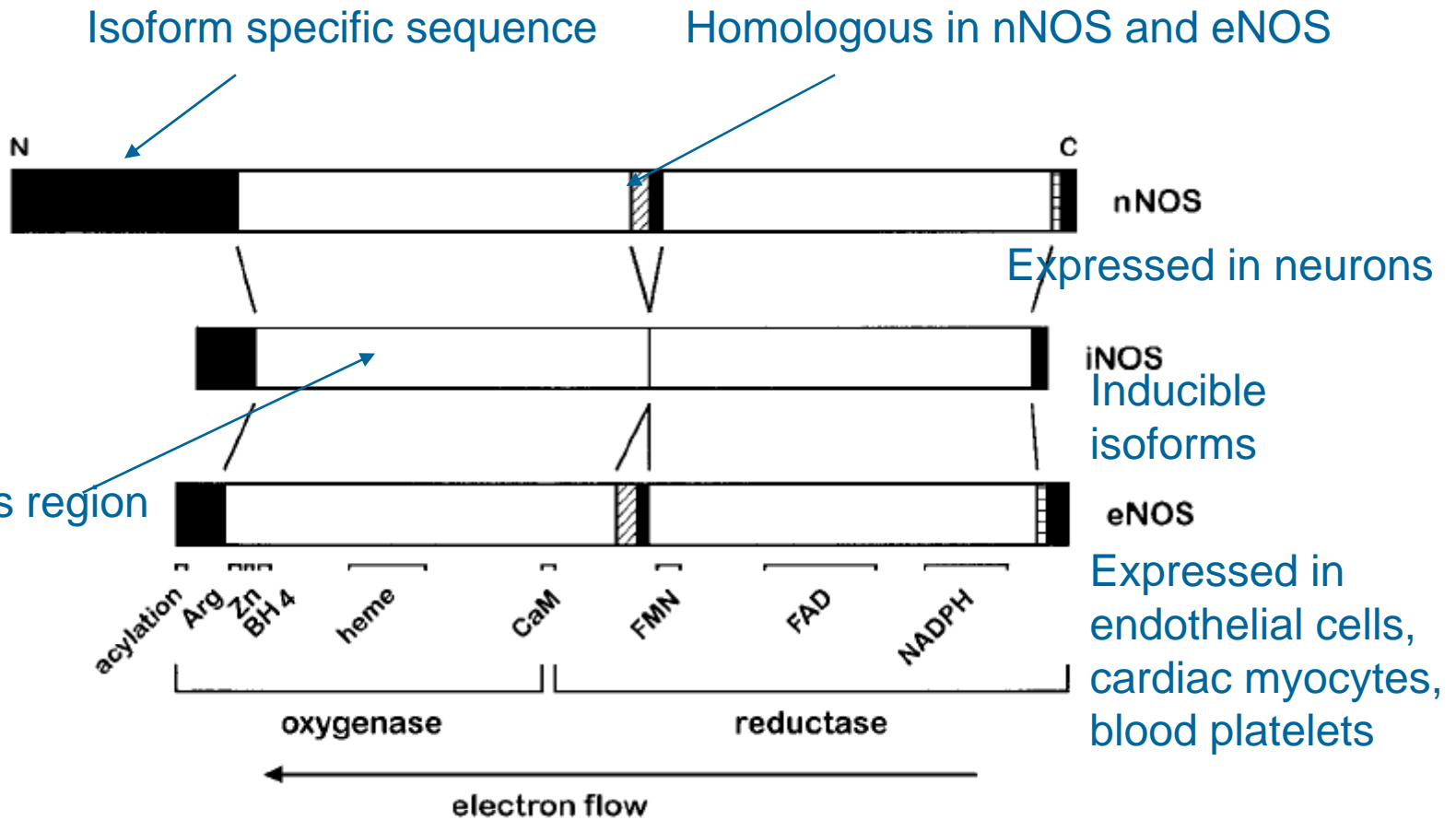
Inhibit

NO → Cell proliferation
Inflammation
Thrombosis

S-Nitrosylation of cystein residue of
NF κ B,
cell cycle controlling proteins,
proteins involved in generation
of tissue factor

*Deanfield JE et al. Circulation
2007;115:1285–95*

Nitric Oxide Synthase (NOS) isoforms

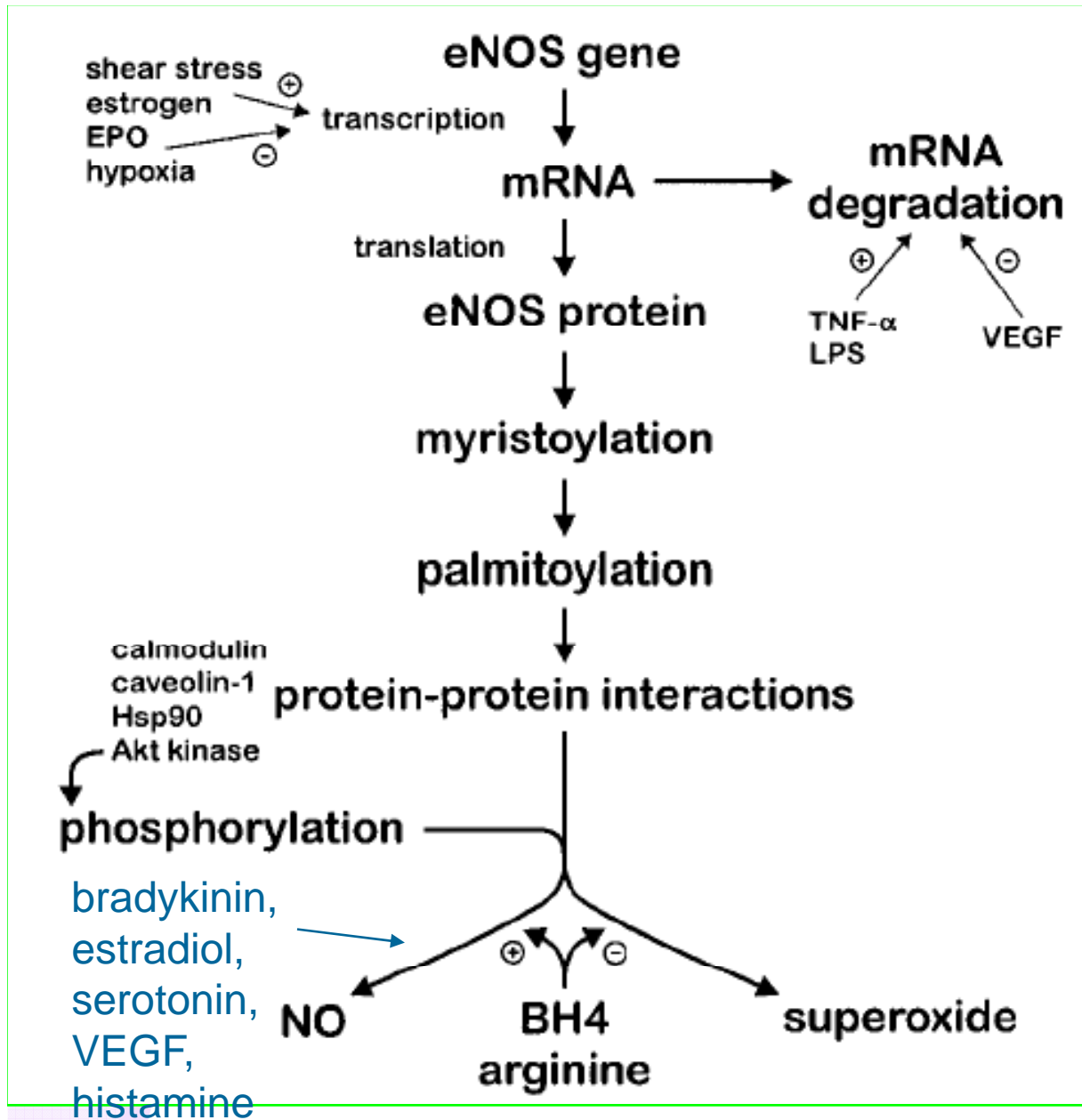


Homologous region

Govers R et al. *Am J Physiol Renal Physiol.* 2001;280:F193–F206

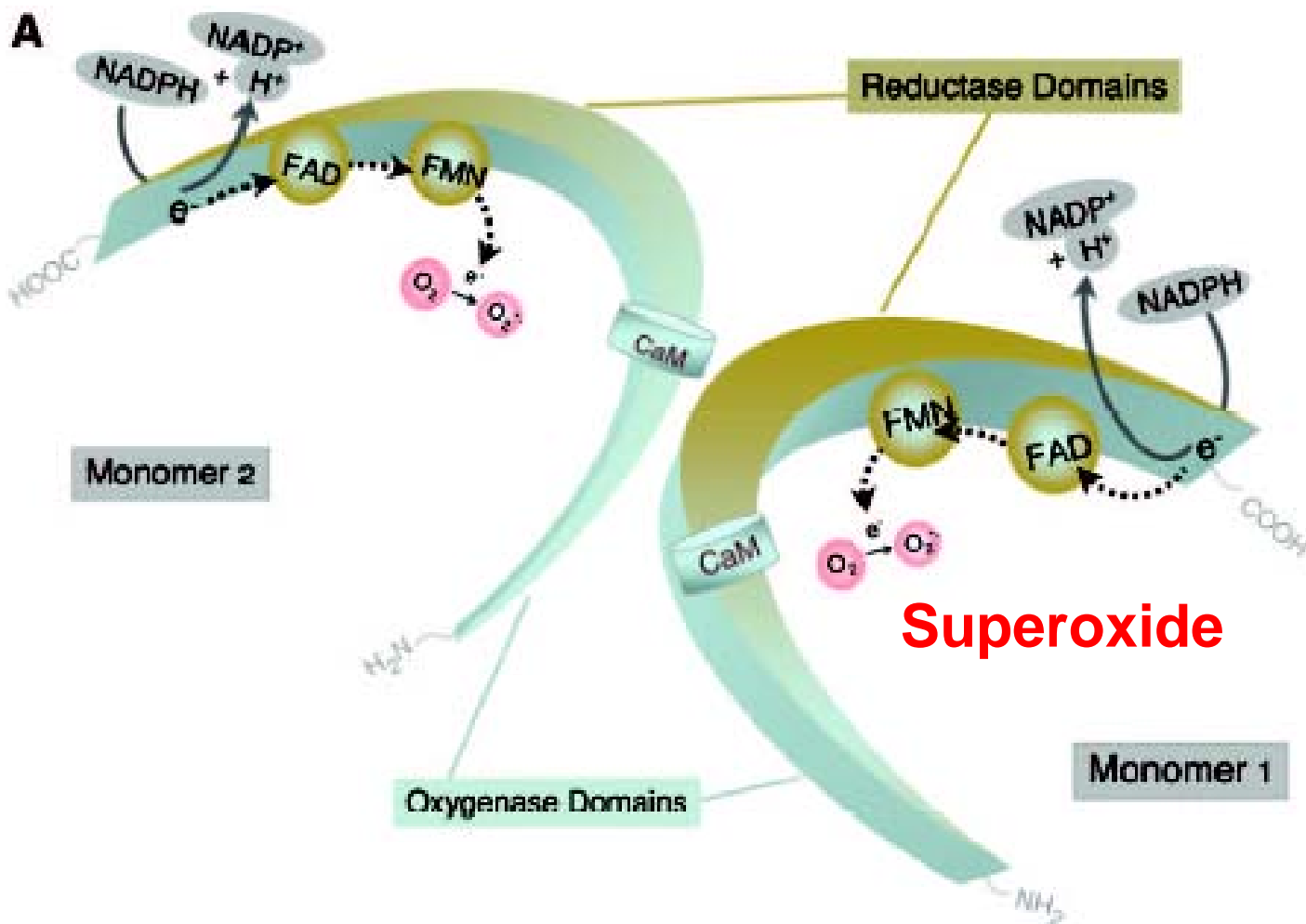
Endothelial NOS

Arginine and cofactor BH4
↓
eNOS
producing NO or Superoxide

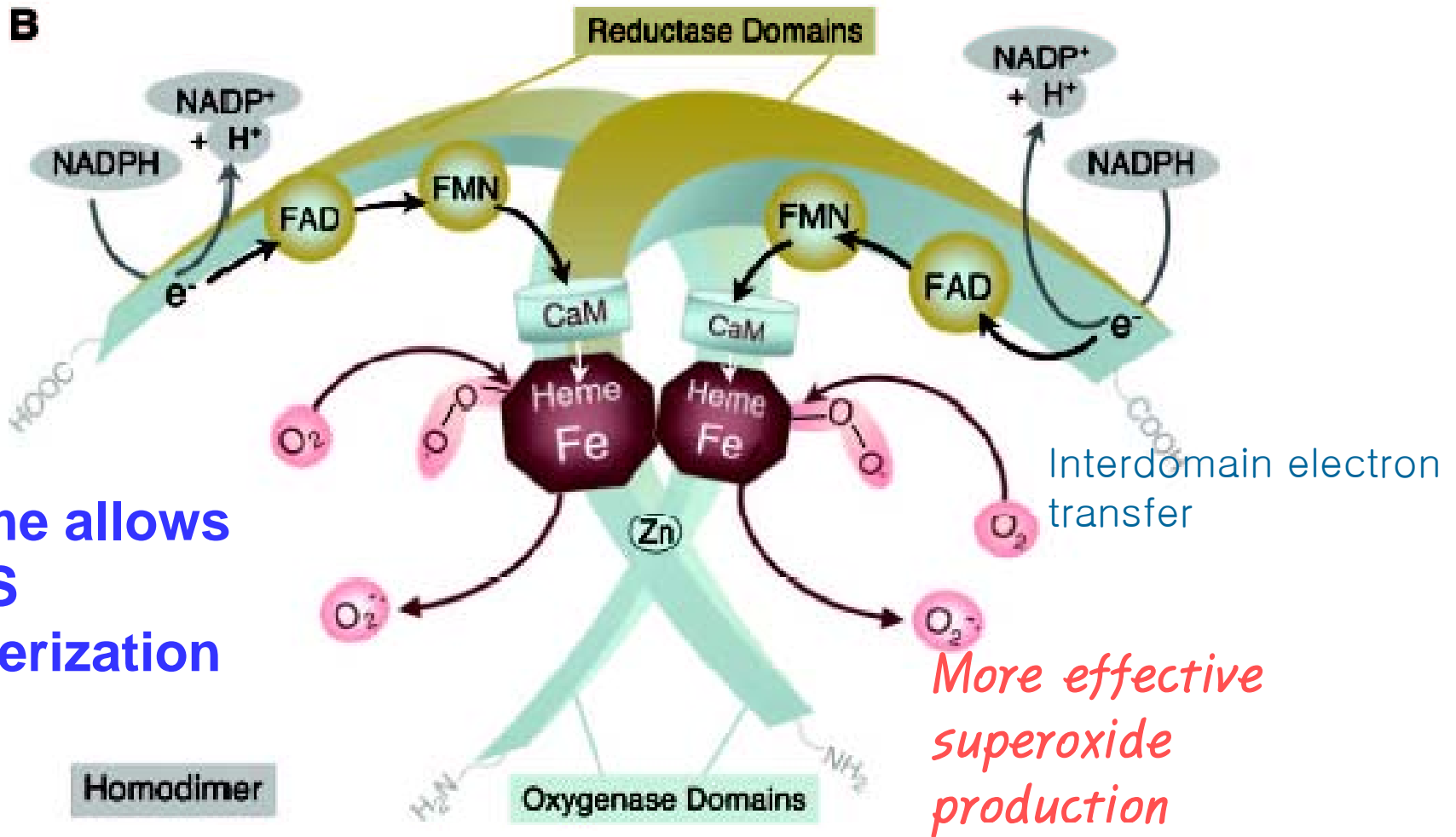


Govers R et al. *Am J Physiol Renal Physiol.* 2001;280:F193–F206

Monomers are unable to bind tetrahydrobiopterin (BH4) or l-arginine and cannot catalyze NO production.



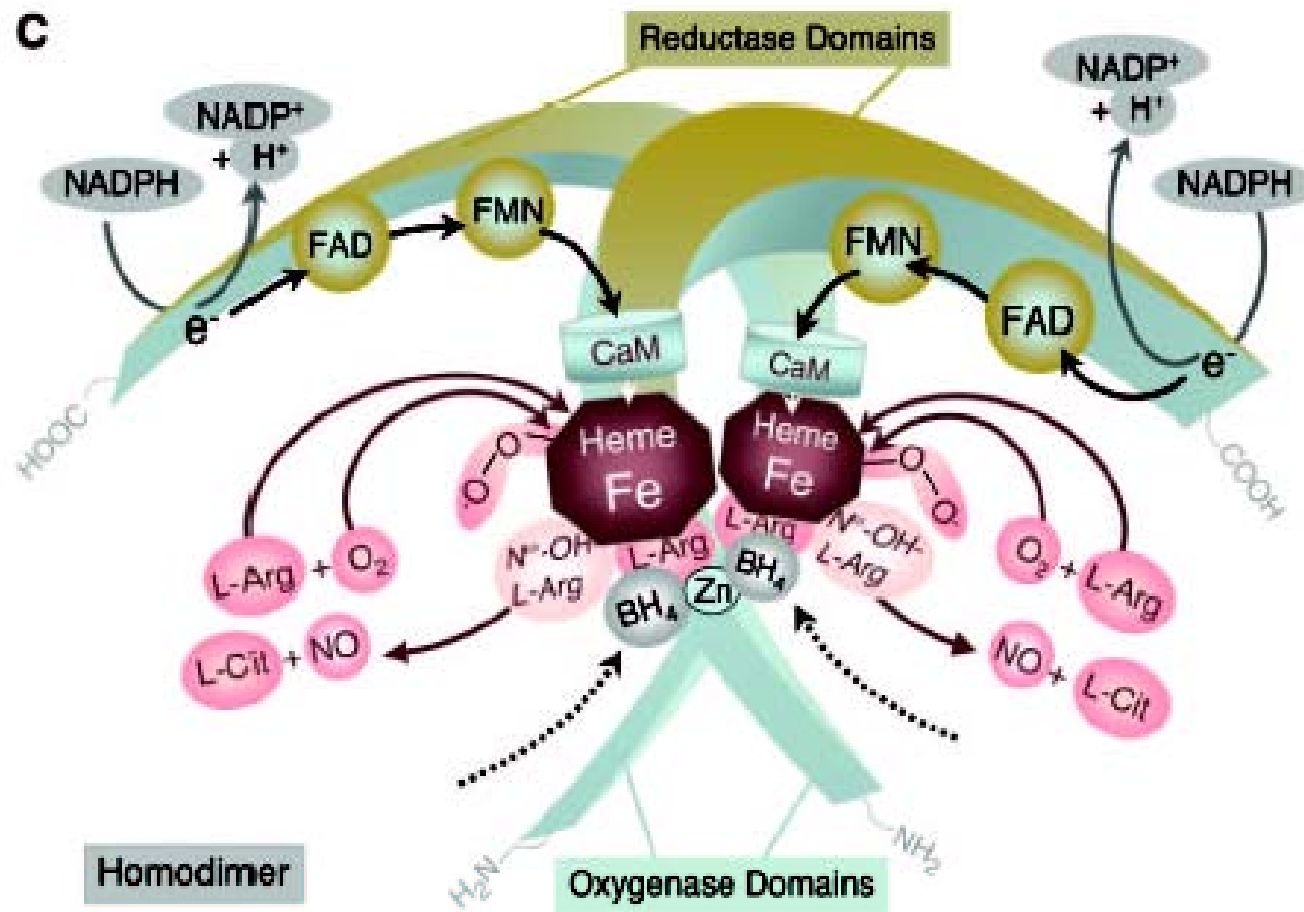
Heme containing substrate free NOS dimers.



Heme allows
NOS
dimerization

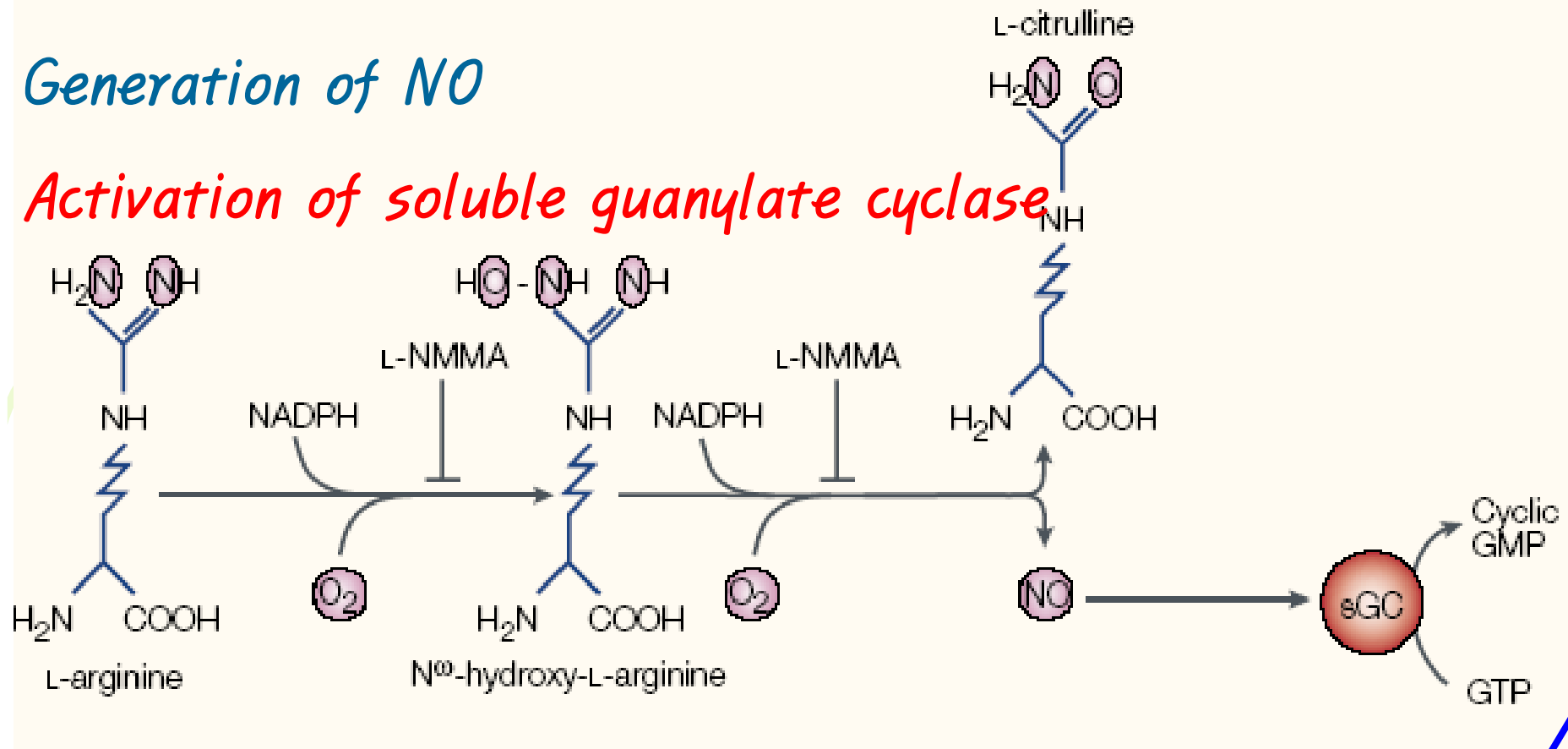
Sufficient L-arginine and BH4

Intact NOS dimers couple heme and O₂ reduction to the synthesis of NO.



Generation of NO

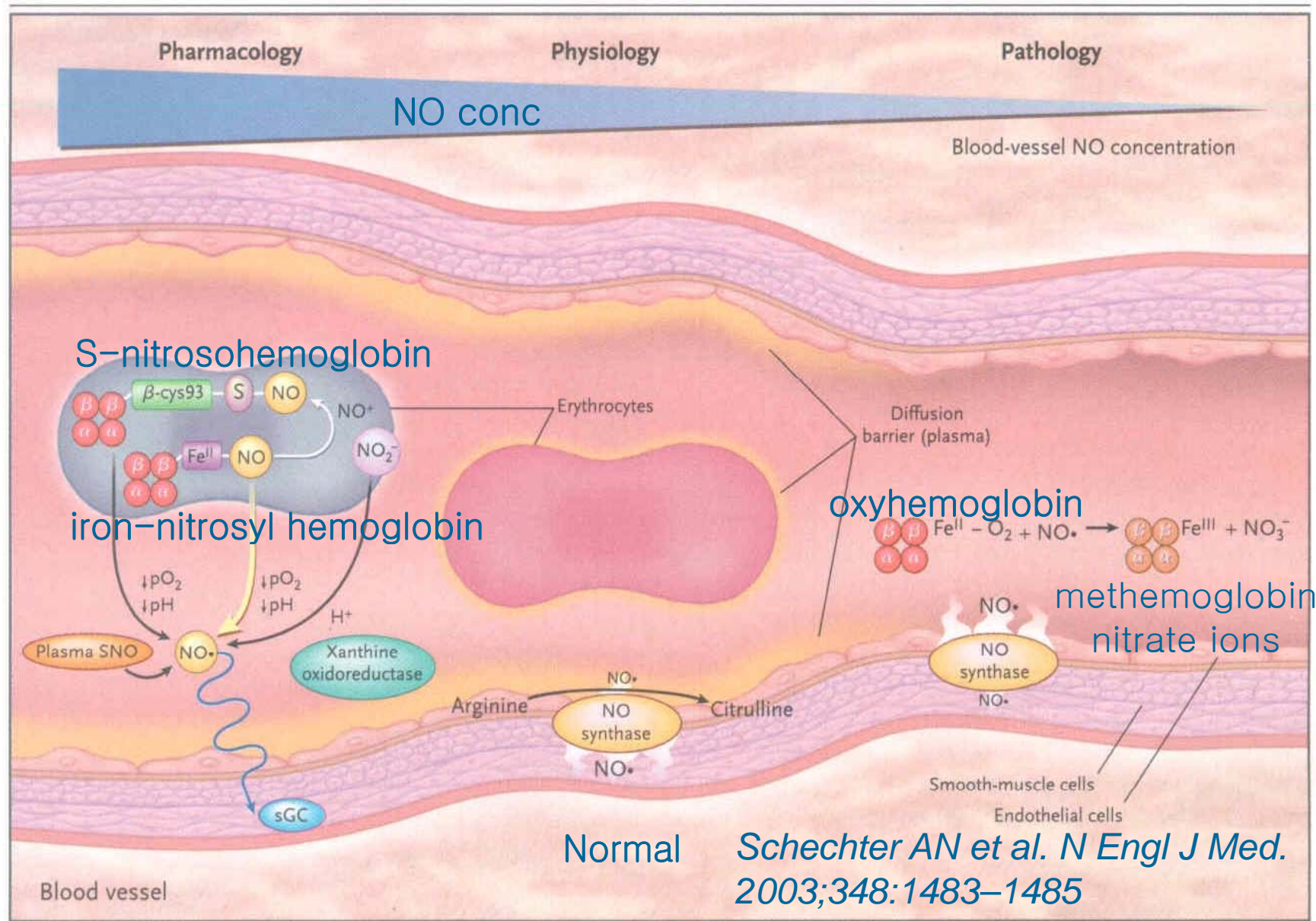
Activation of soluble guanylate cyclase



Vasodilation,
Inhibition of platelet and white cell activation
Peripheral and central neurotransmission,
Immunological modulation

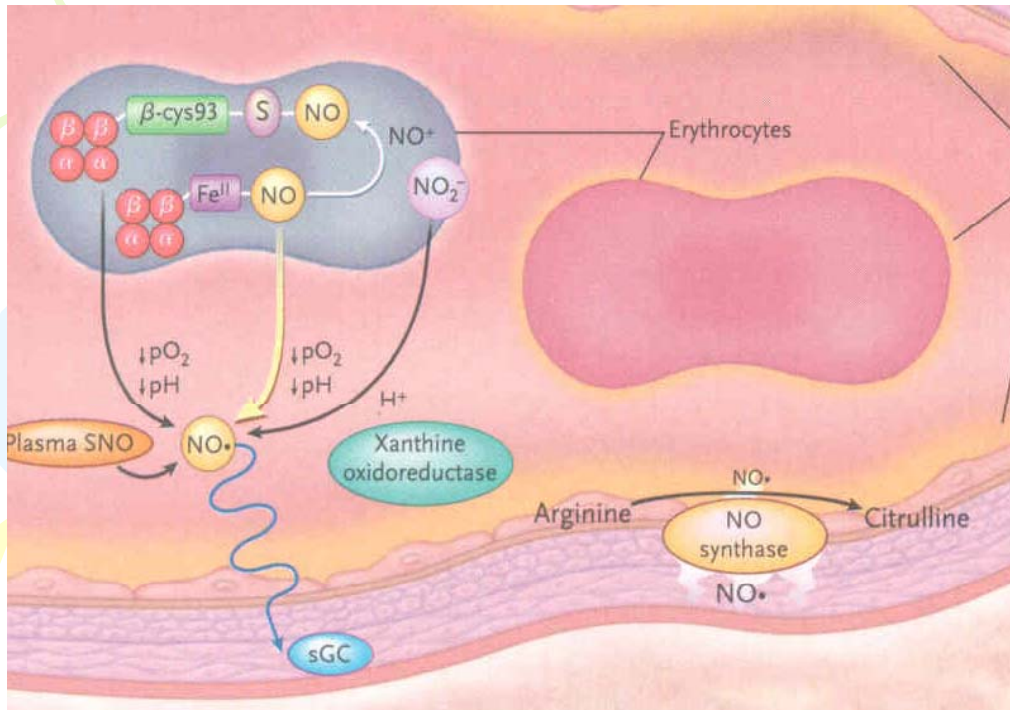
cGMP dependent protein kinase
or cGMP gated ion channels

Hemoglobin as a Destroyer or Carrier of NO



Shear stress, Key activator of eNOS

Adapts organ perfusion to changes in cardiac output.



Shear stress



Phosphorylation of eNOS

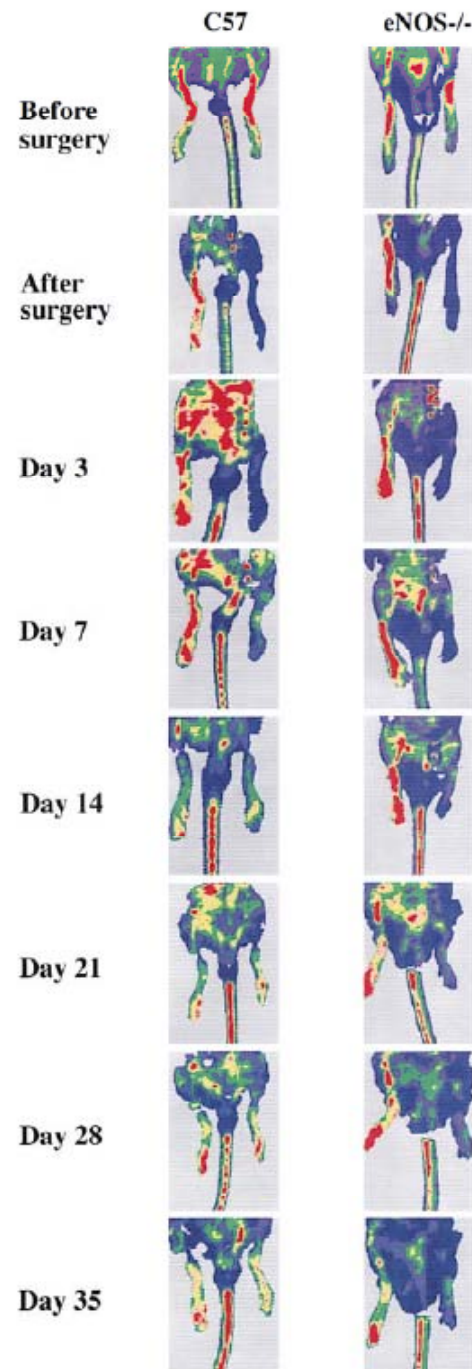


Increase NO production

cGMP mediated vasodilatation

Corson MA et al. Circ Res. 1996;79:984-991

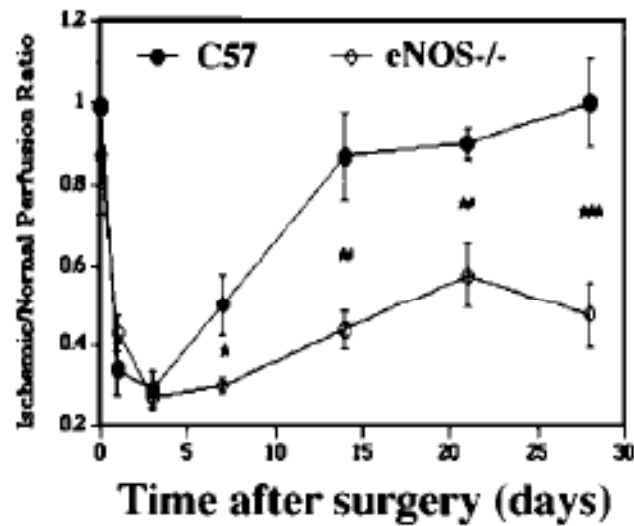
A Serial laser Doppler color image



NOS modulates Angiogenesis

eNOS ^{-/-} mice

B Time course of ischemic/normal blood perfusion ratio

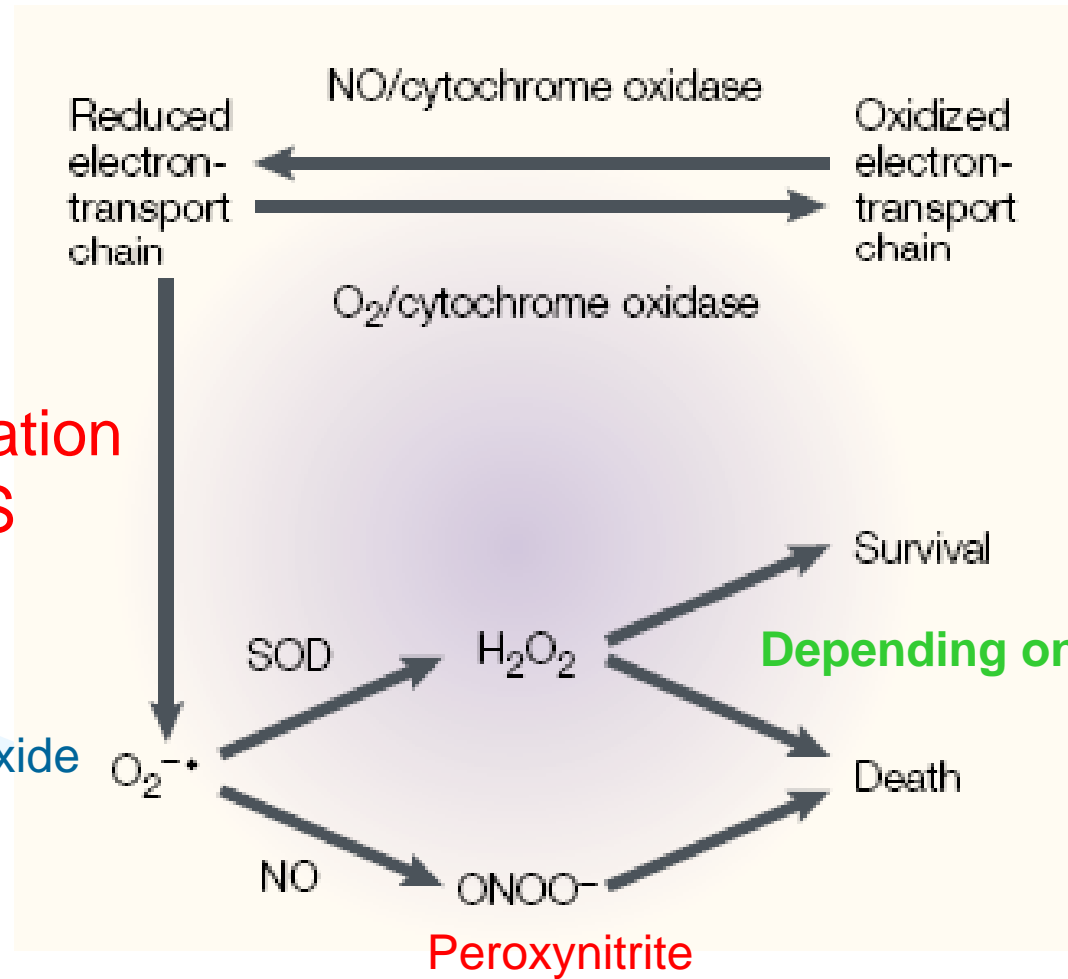


Murohara T et al. J Clin Invest. 1998;101:2567–2578

NO trigger Cell Survival or Death

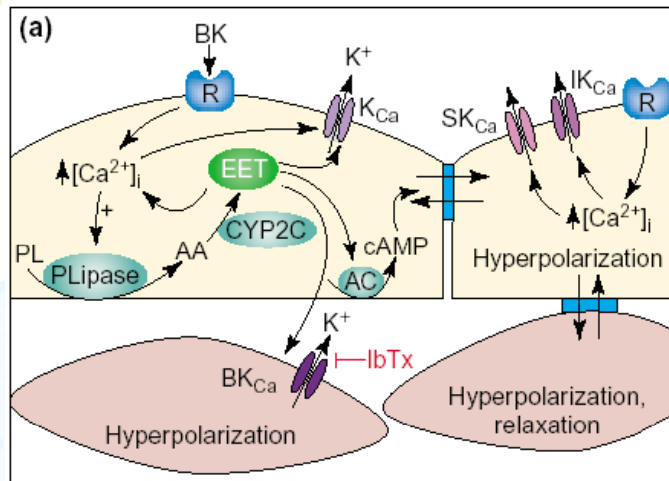
Reduced supply of oxygen

NO inhibit cytochrome oxidase

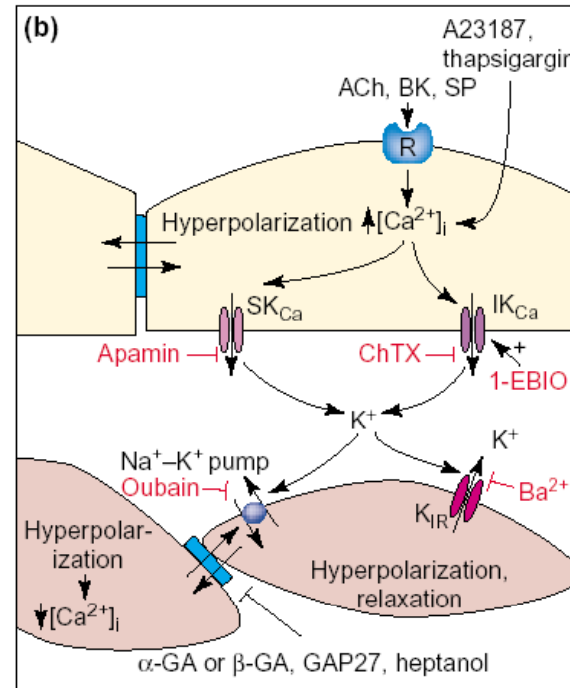


Moncada S et al. Nat Rev Mol Cell Biol. 2002;3:214–220

Hyperpolarization of vascular smooth muscle cells NO-independent pathway



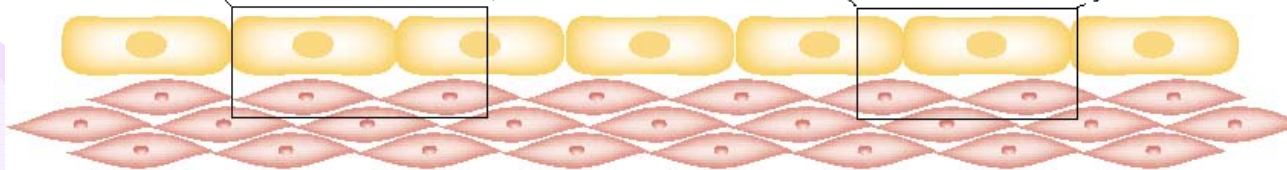
Endothelium derived hyperpolarizing factors (Epoxyeicosatrienoic acid)

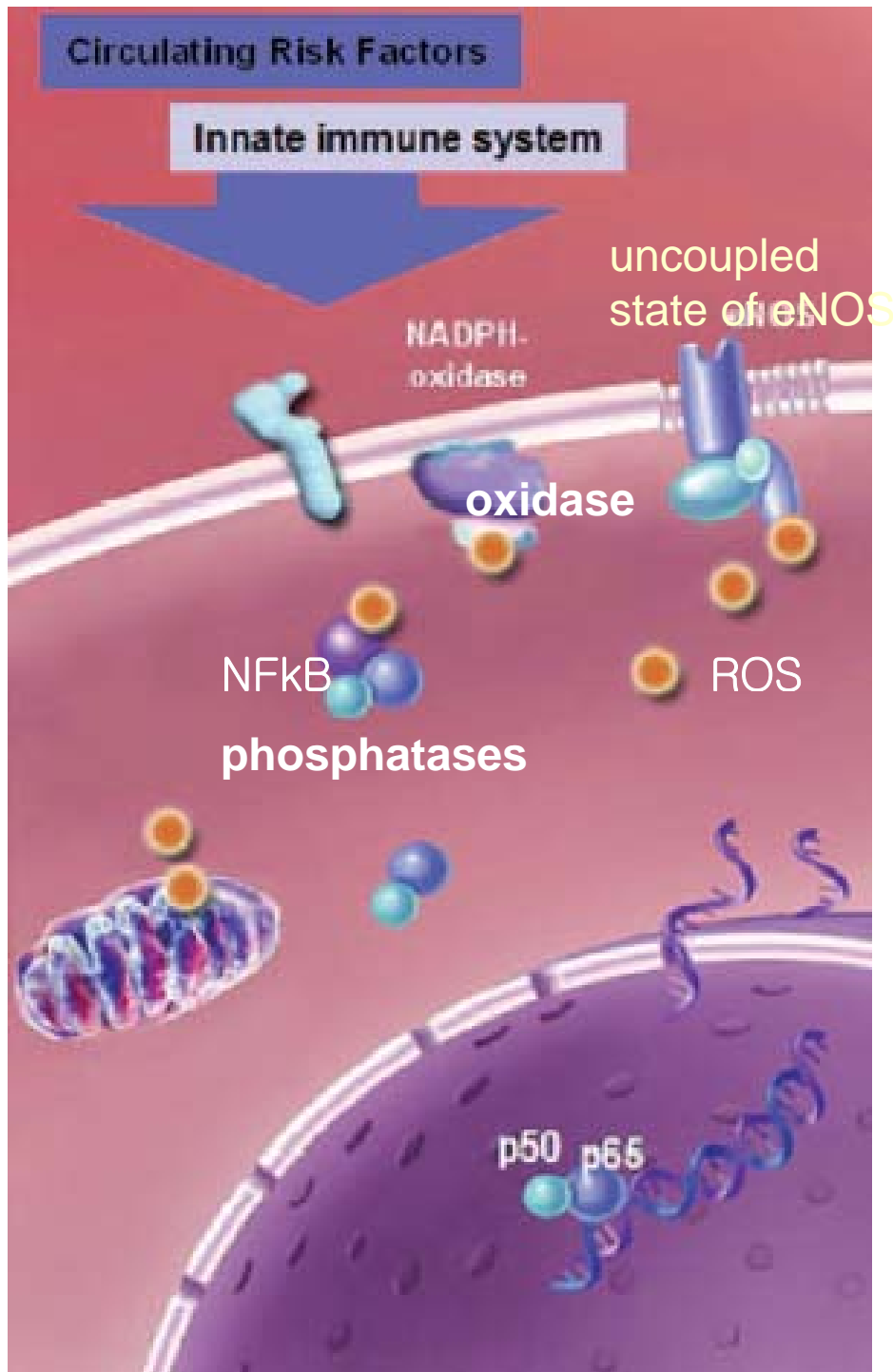


increases potassium conductance

propagation of depolarization

maintain vasodilator tone





Oxidases
Uncoupled eNOS

↓
ROS

↓
Regulatory proteins
(NFkB, phosphatases)

↓
Expression of
Chemokines, Cytokines,
Adhesion molecules

↓
Endothelial Dysfunction
(Activation)

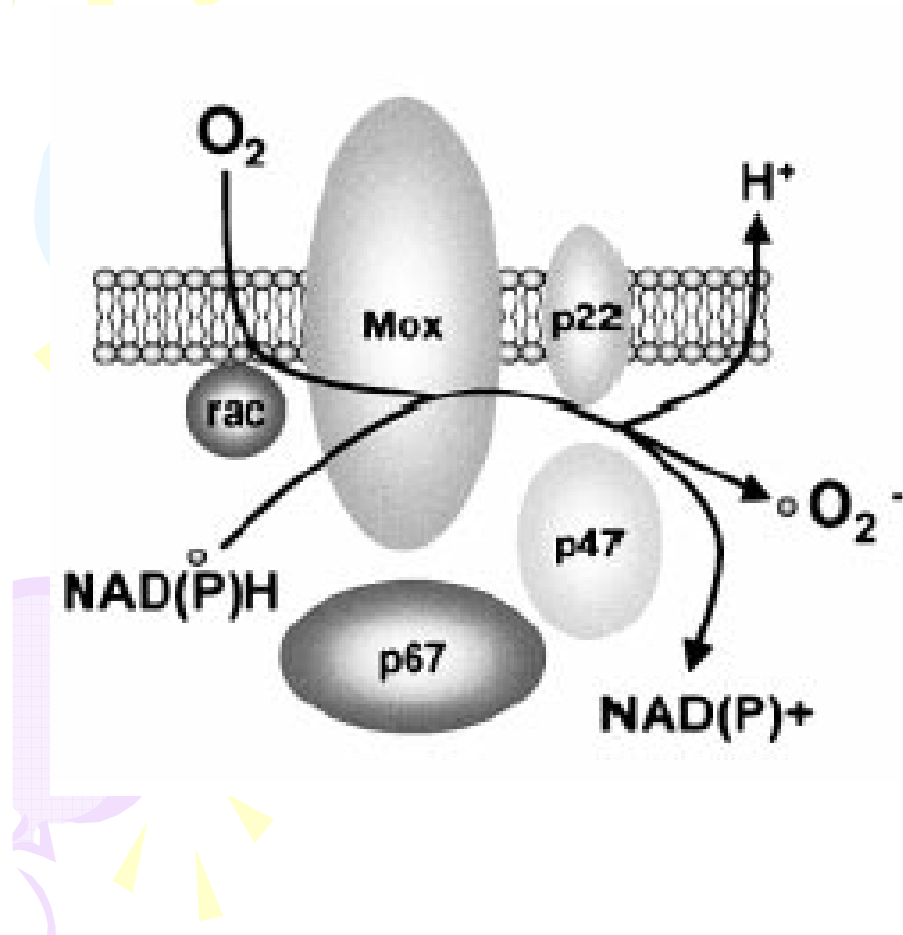
*Deanfield JE et al. Circulation
 2007;115:1285-95*

NAD(P)H Oxidase

Role in Cardiovascular Biology and Disease

Kathy K. Griendling, Dan Sorescu, Masuko Ushio-Fukai

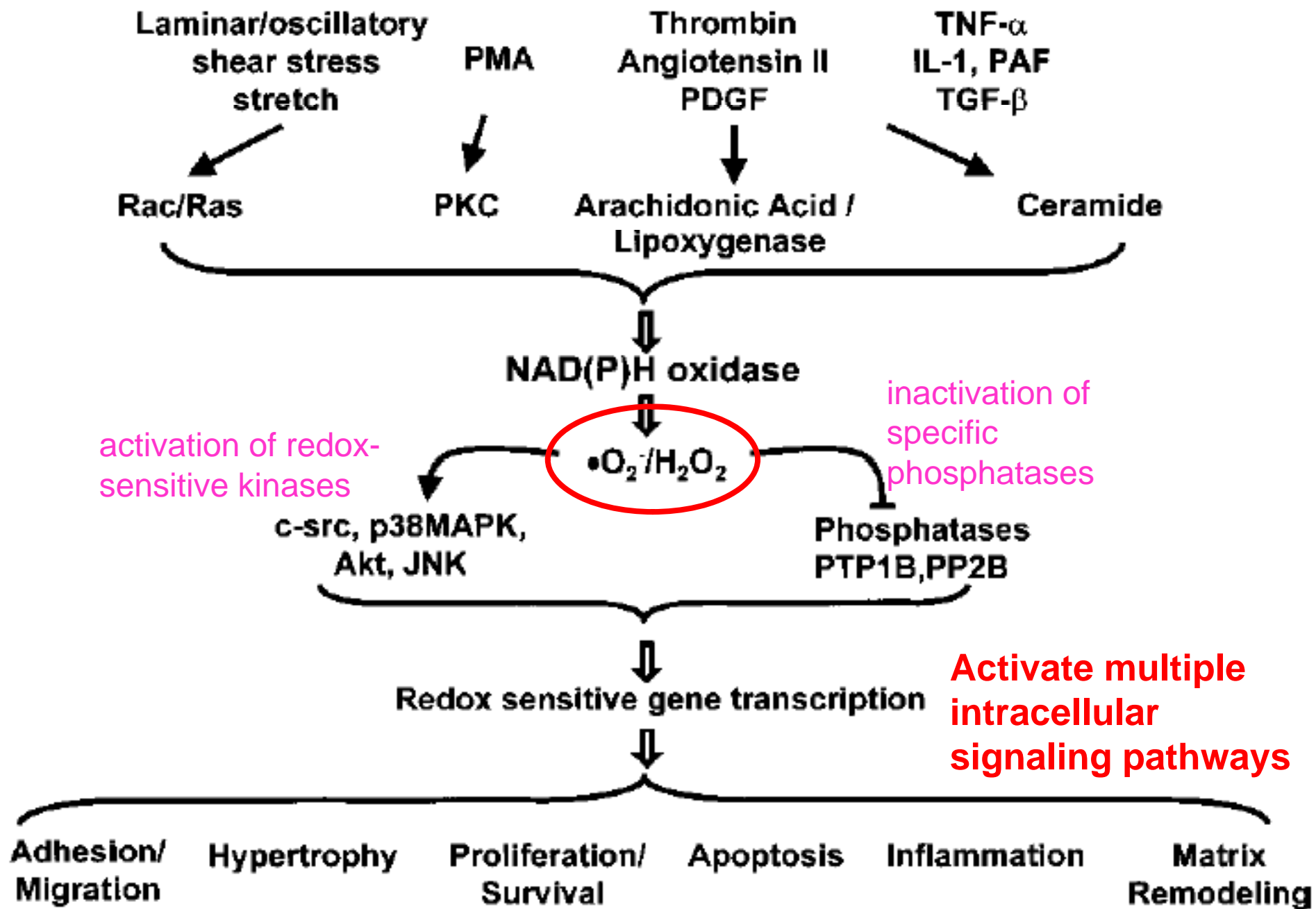
Circ Res. 2000;86:494–501



NADP oxidases

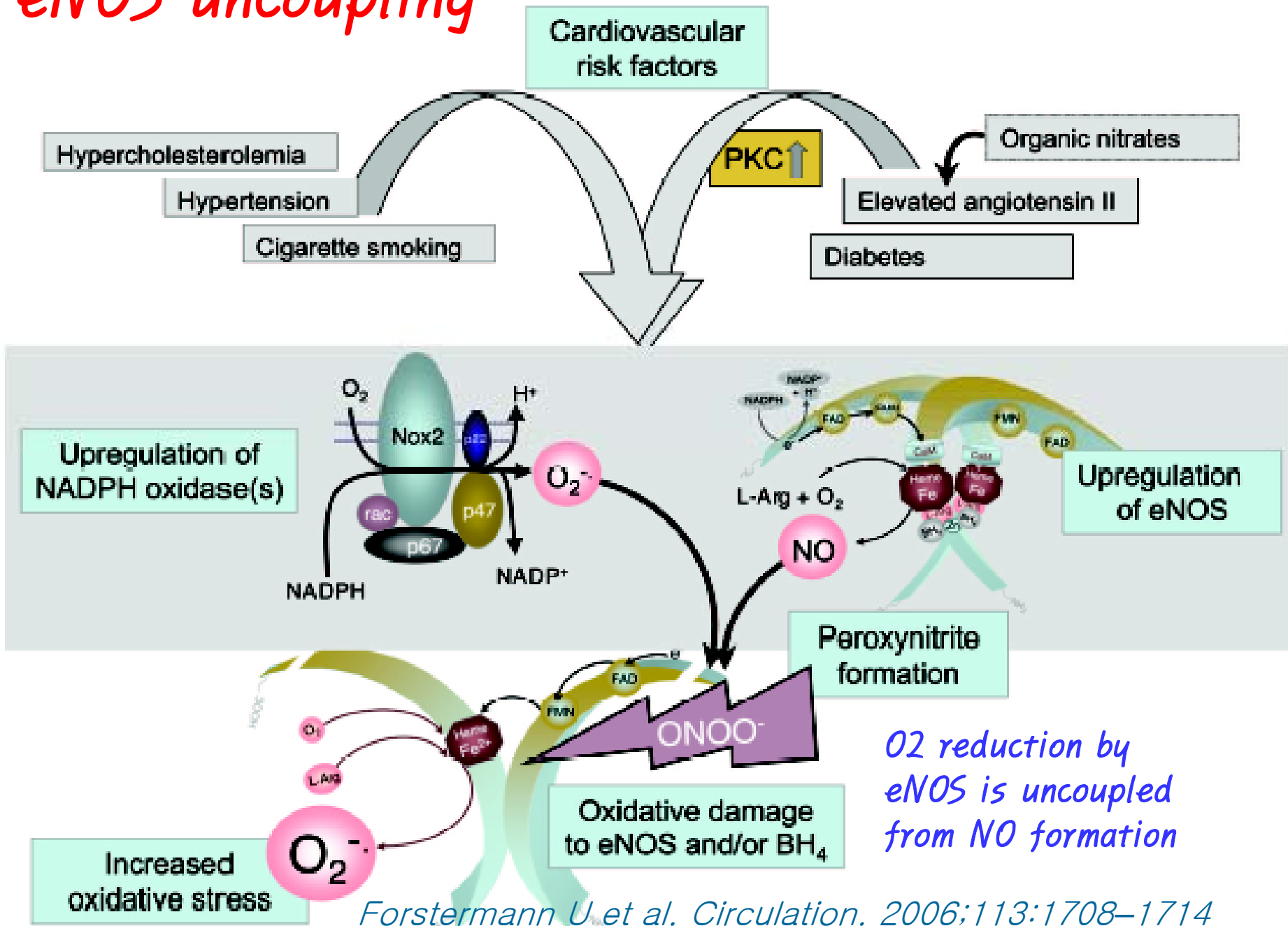
Xanthine oxidase

2 major **Superoxide Anion**
producing enzyme systems.



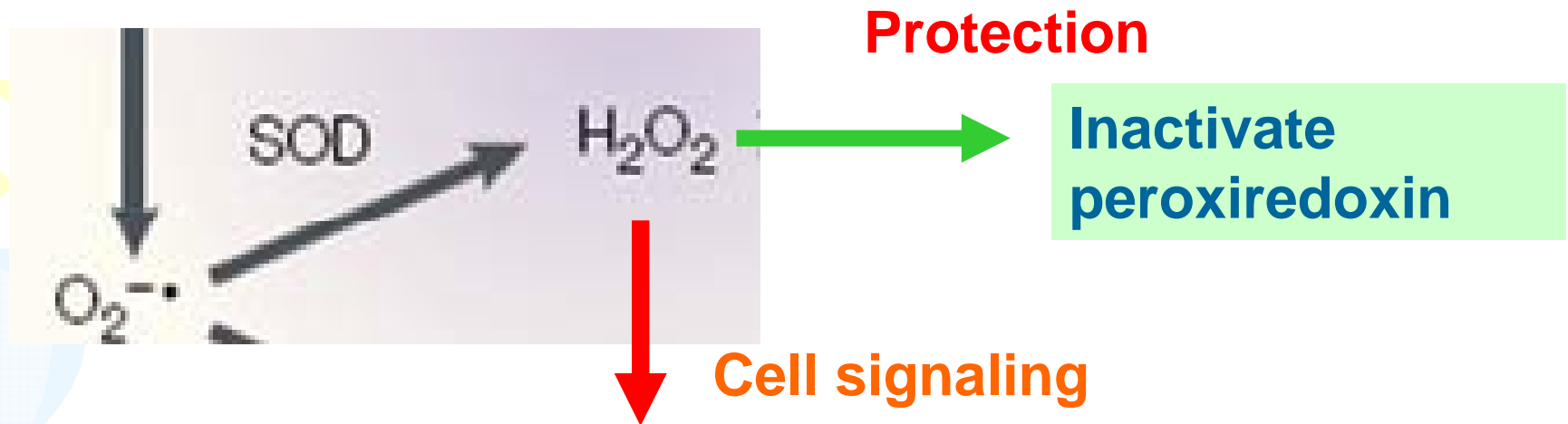
Oxidase activation and consequences in CV cells *Circ Res.* 2000;86:494–501

eNOS uncoupling



Forstermann U et al. *Circulation*. 2006;113:1708–1714

Activation by redox signaling



Inactivating protein tyrosine phosphatases
Activating protein tyrosine kinase

Phosphorylation of transcription factors

Induction of nuclear chromatin remodeling and transcription gene

Protease activation.

Rhee SG. Science. 2006;312:1882–1883

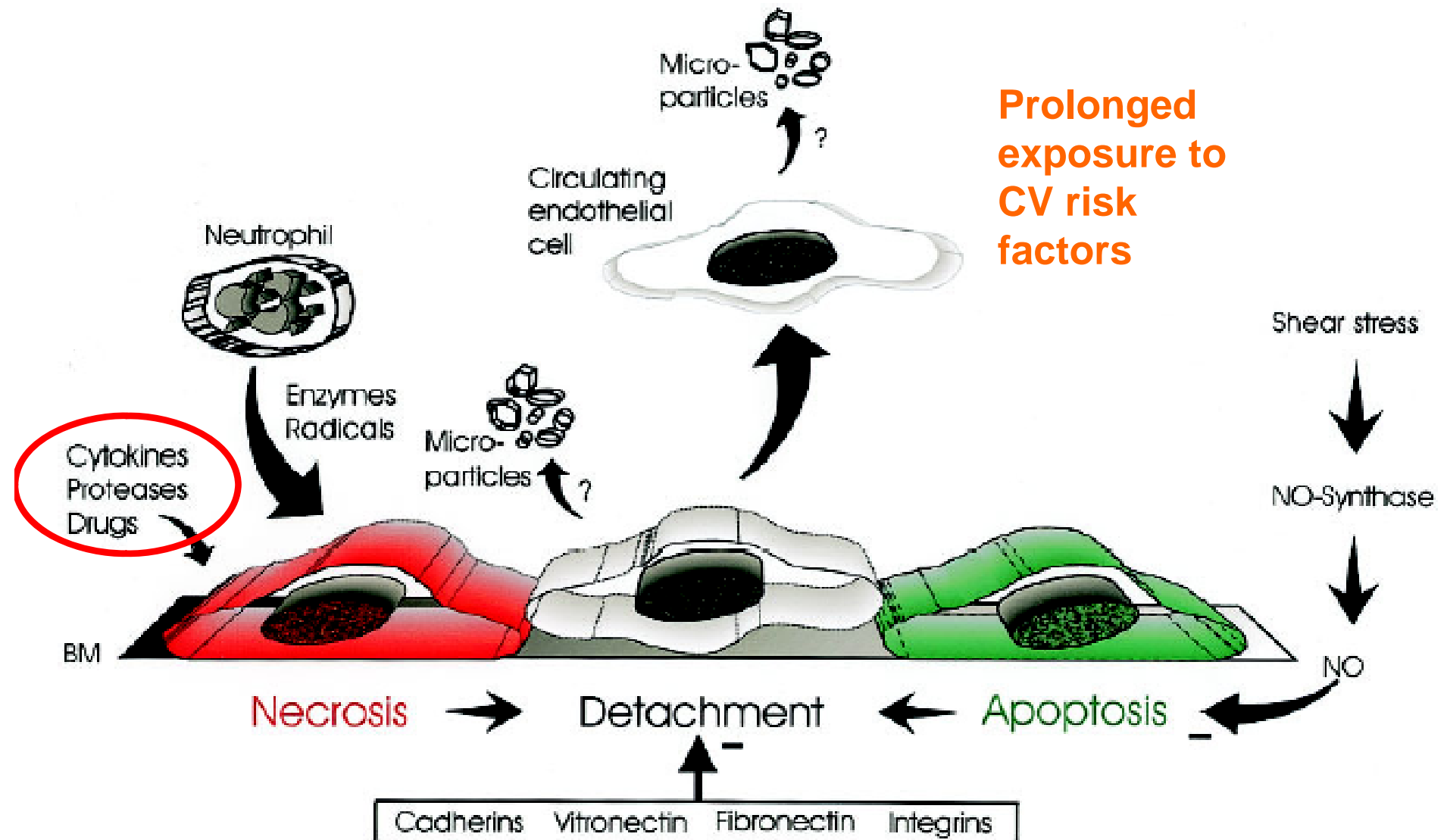
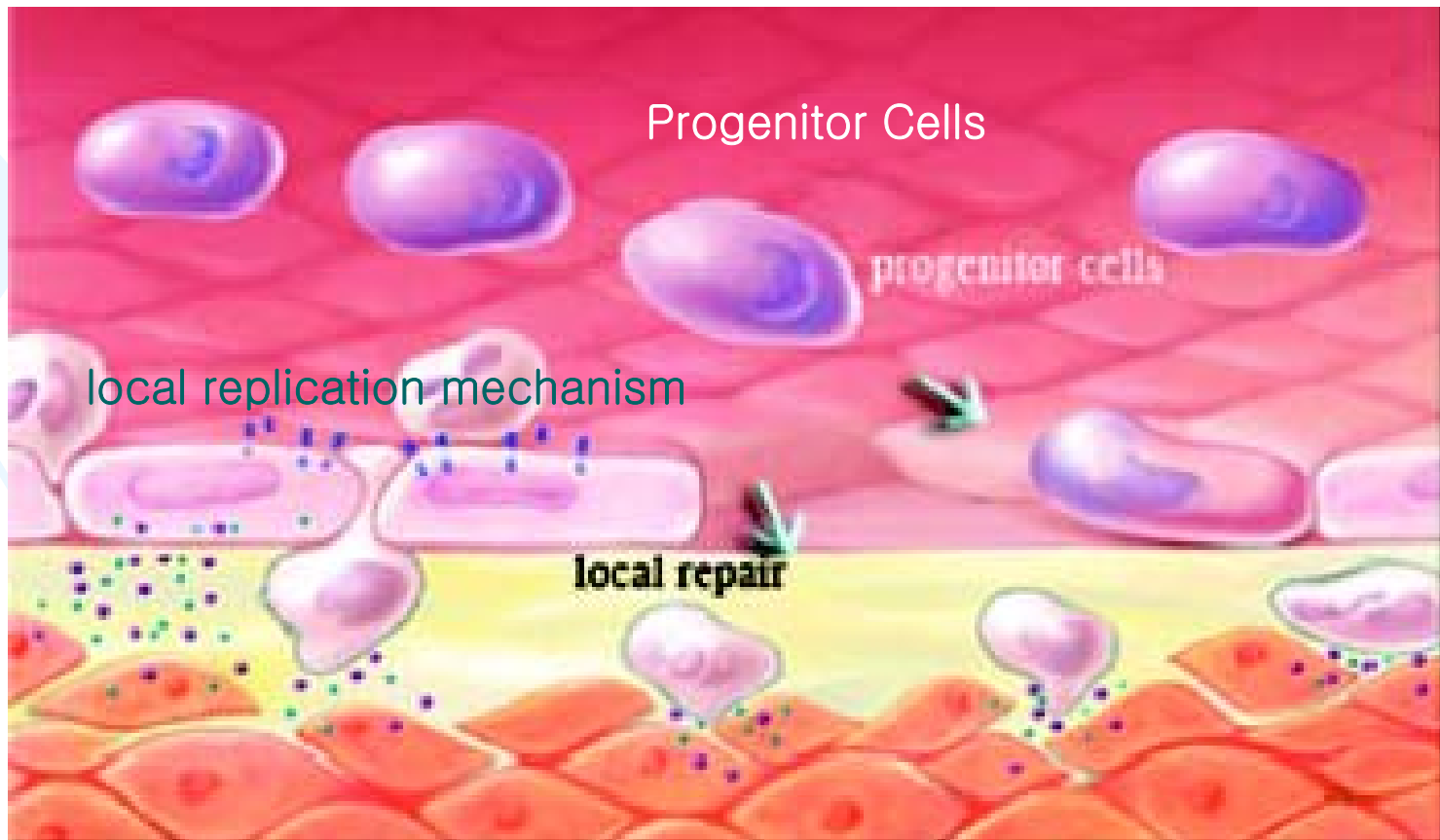


Fig. 1. Endothelial necrosis or apoptosis, and detachment. BM, basement membrane; NO, nitric oxide.

Re-endothelialisation

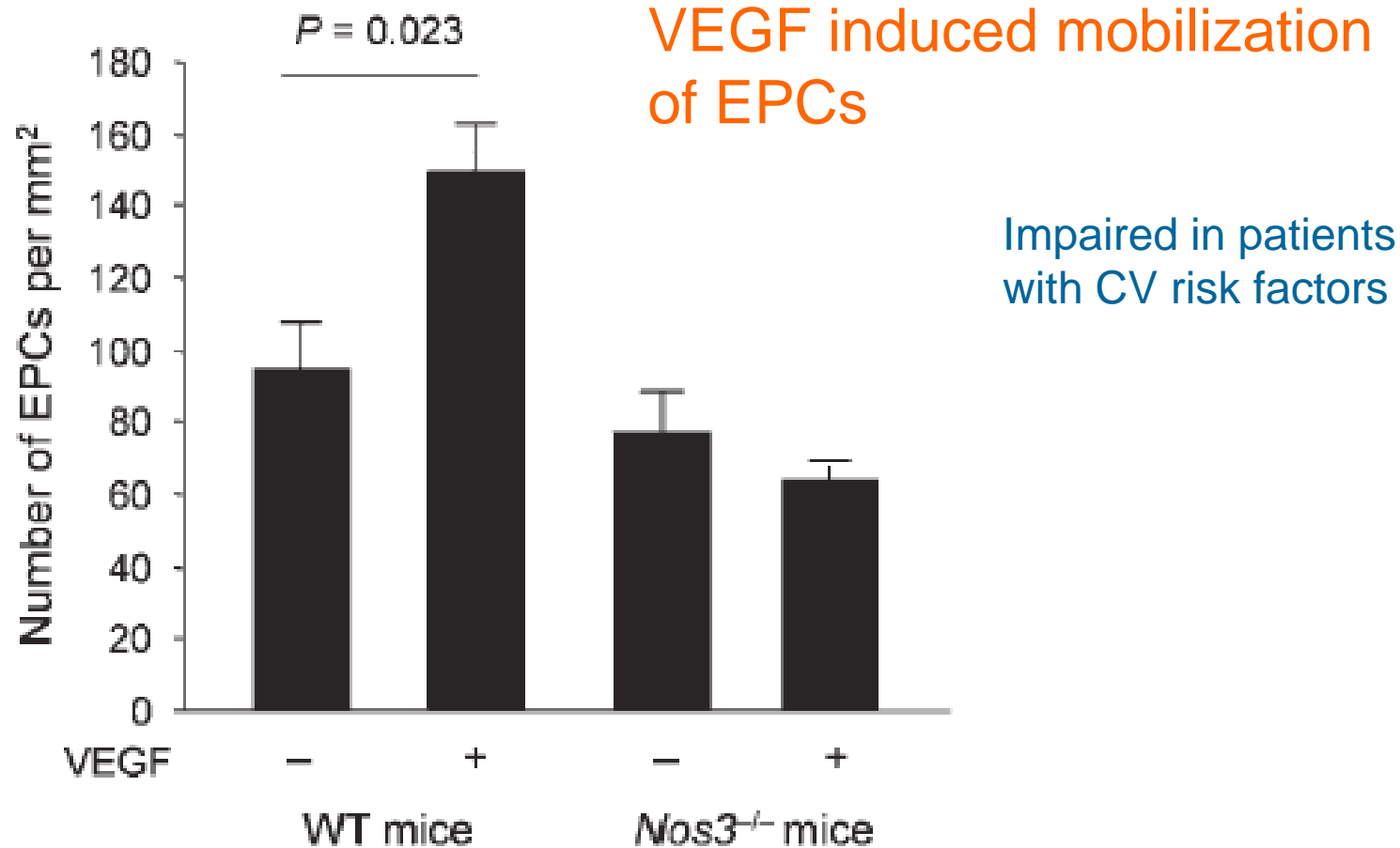
Bone marrow derived Progenitor Cells



Deanfield JE et al. *Circulation*
2007;115:1285-95

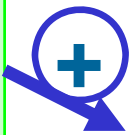
Incorporation of circulating progenitor cells

eNOS for Mobilization of Progenitor cells

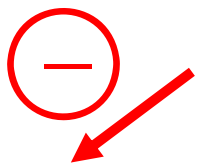


Aicher A et al. Nat Med. 2003;9:1370–1376

NO
Exercise
Statin



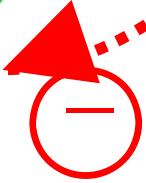
Mobilization of Endothelial Progenitor cells



Risk factors
Hypertension
Diabetes
Smoking
Family history

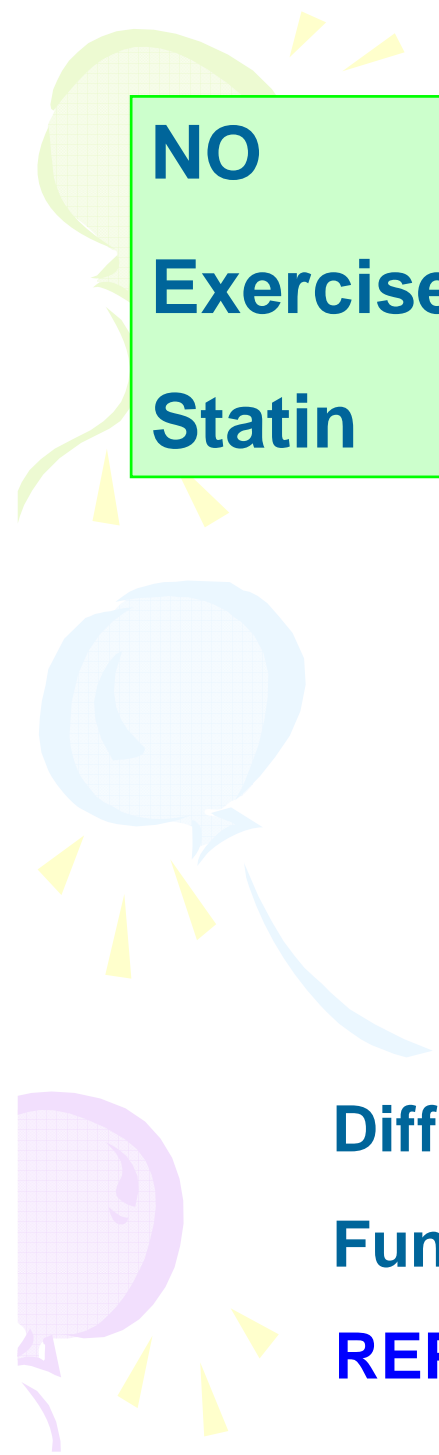
Inflammatory cytokines

Differentiation
Function
REPAIR

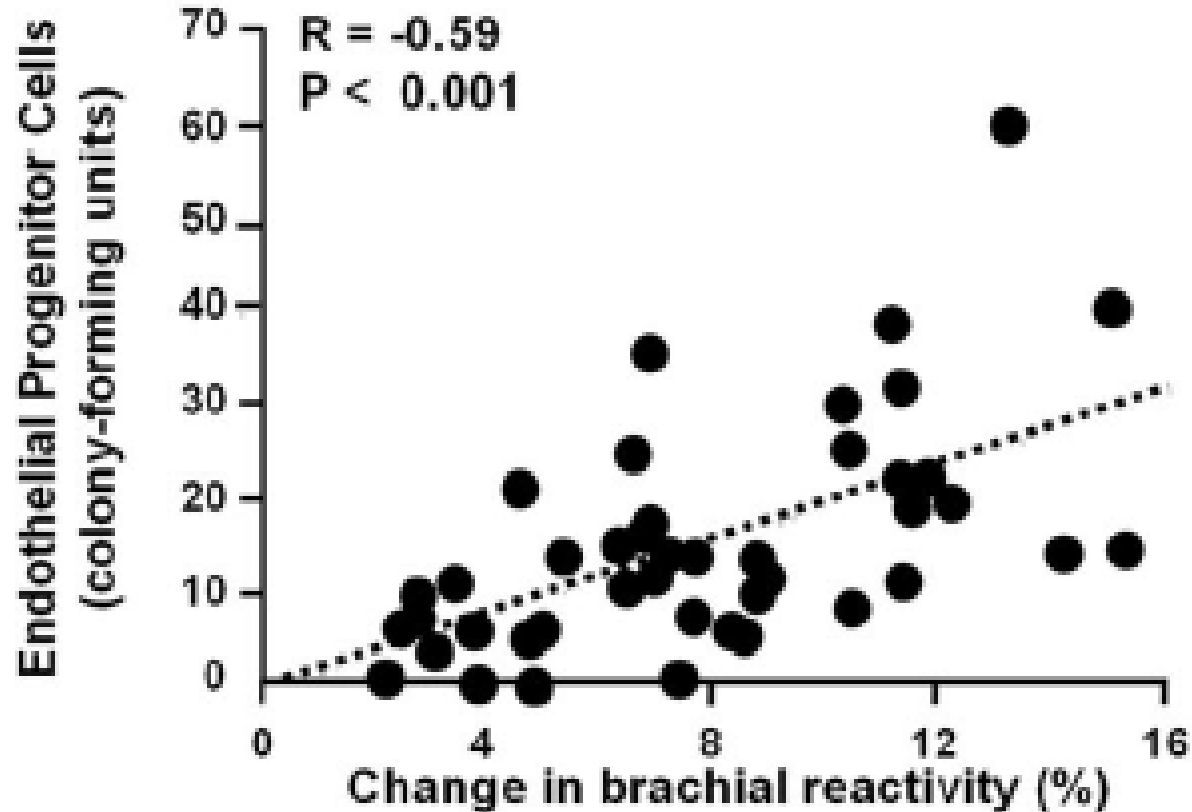


Macrophages and dendritic cells

INJURY



Endothelial progenitor cells and FMD



in middle-aged men

Hill JM et al, *N Engl J Med.* 2003;348:593–600



Clinical
Assessment of
Endothelial
Function



Evaluation of Endothelial Function

Detect early disease

Judge response to interventions

Quantify risk

Prevent progression

Reduce later adverse events

Clinical tests

Evaluate functional properties of endothelium

Safe

Noninvasive

Reproducible

Repeatable

Cheap

Standardized

Reflect dynamic biology

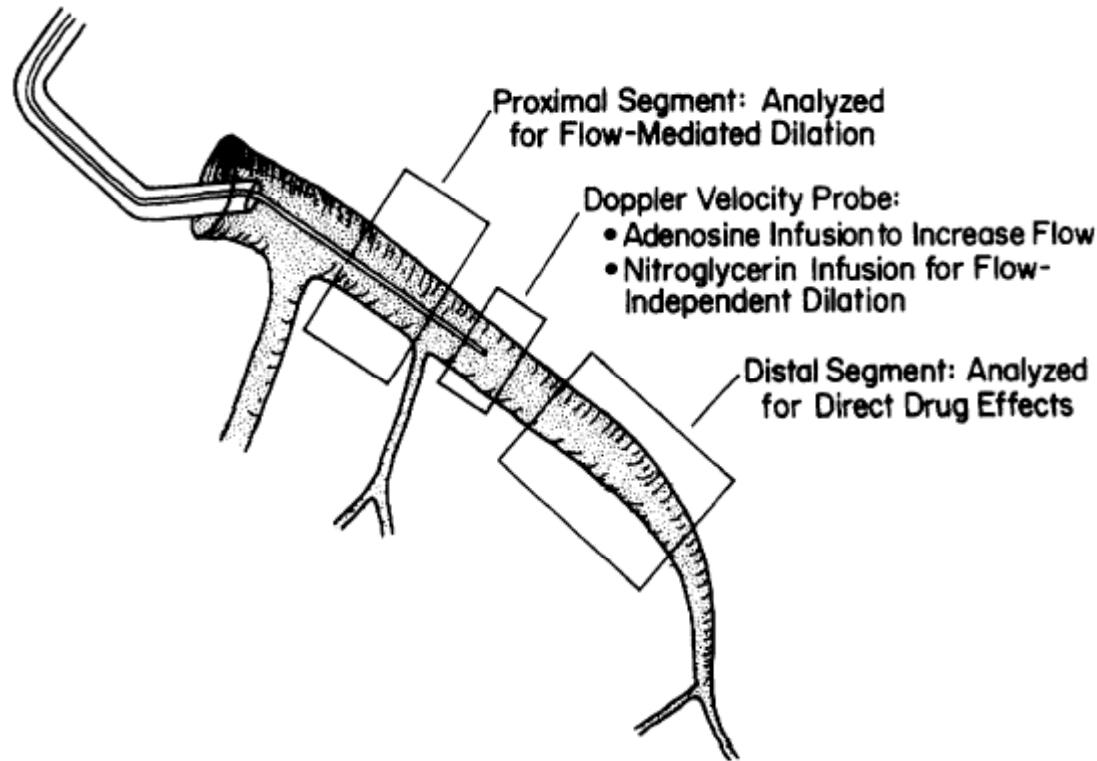
Define subclinical disease processes

Prognostic information

No single test

Flow mediated dilation of coronary arteries in humans

Cox DA et al. *Circulation*. 1989;80:458–465



Acetylcholine

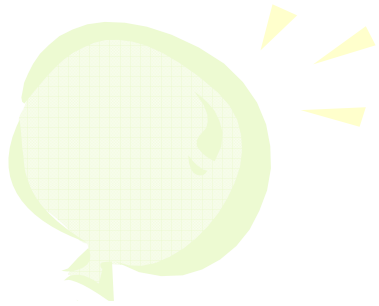
Vessel Diameter

Coronary Angiography

Acetylcholine ► **Releases NO** ► **Vasodilatation.**

↓ **Endothelial dysfunction**

Vasoconstriction



Coronary angiogram

Endothelial function evaluation

A



20% diameter stenosis in mid-LAD

Mean percent change in CBF in response to acetylcholine was -50%.

B



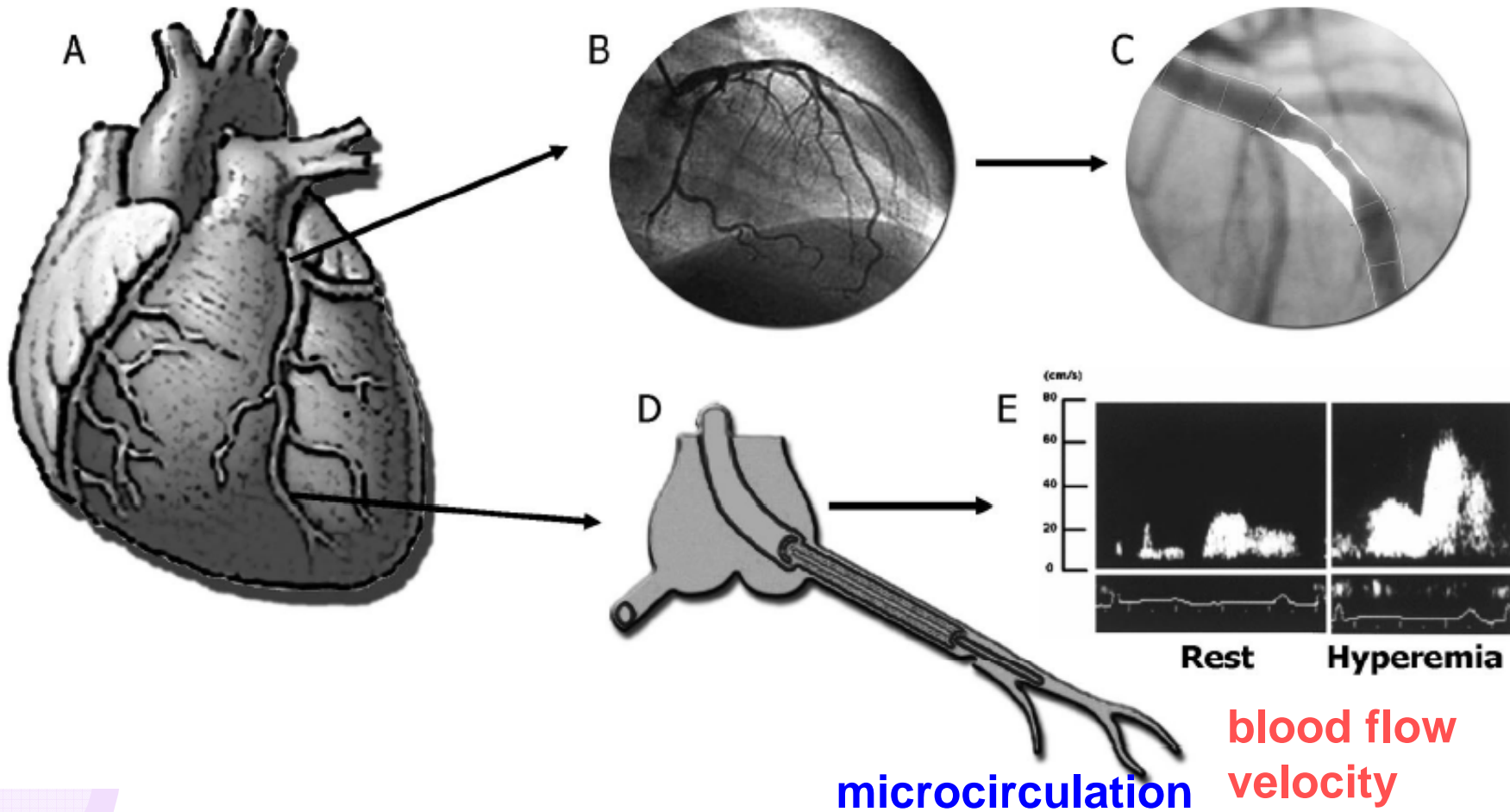
95% diameter stenosis in mid-LAD

19 months later, progressive exertional angina and dyspnea

Suwaidi JA et al. Circulation. 2000;101:948–954



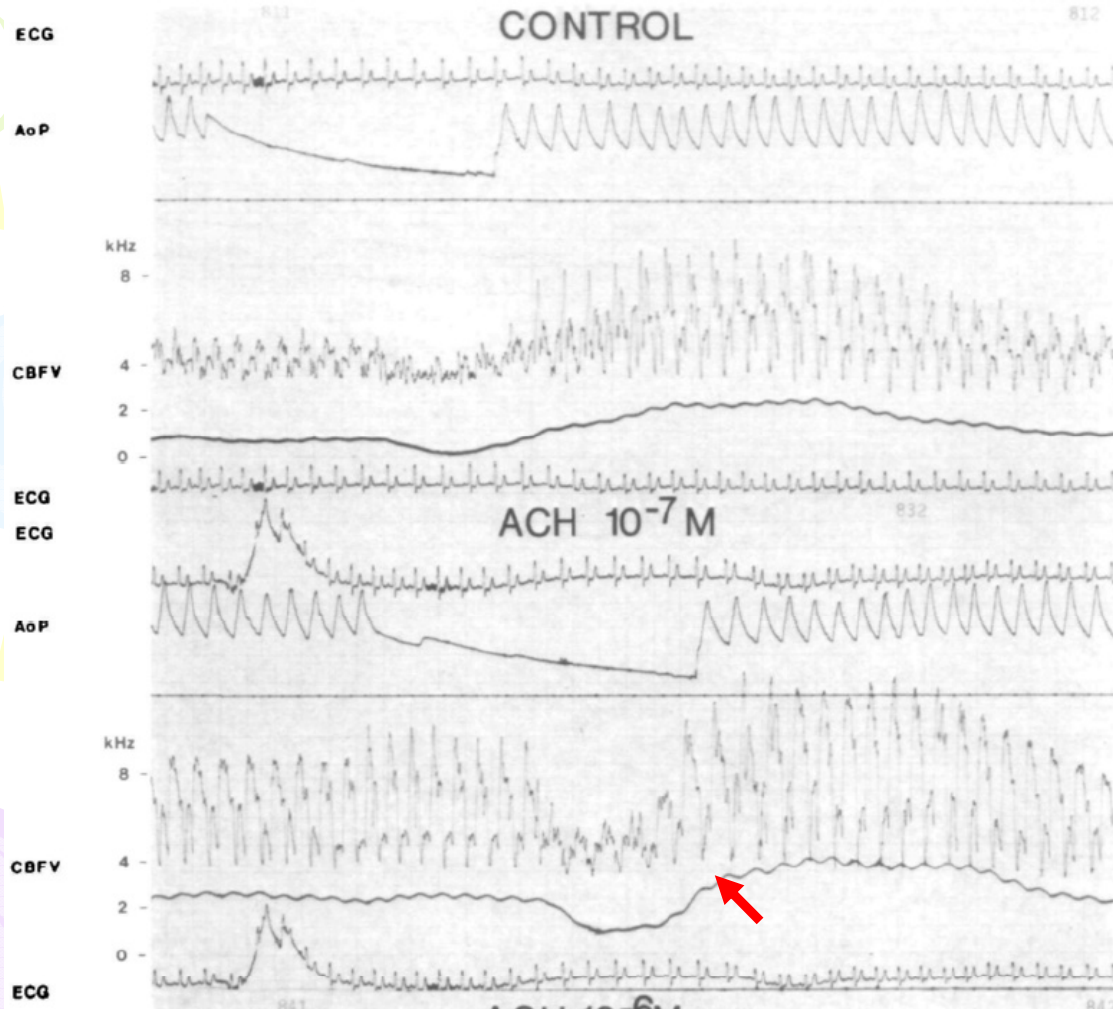
Methods for assessing endothelial regulation of vascular tone in coronary artery



Barac A et al. Hypertension. 2007;49:748-60

Doppler flow wires in coronary arteries

Resistance vessel function



Intracoronary infusion of ACH

Doppler catheter in LAD

Dilation of microcirculation

Coronary blood flow velocity

Invasive!

Endothelial agonists

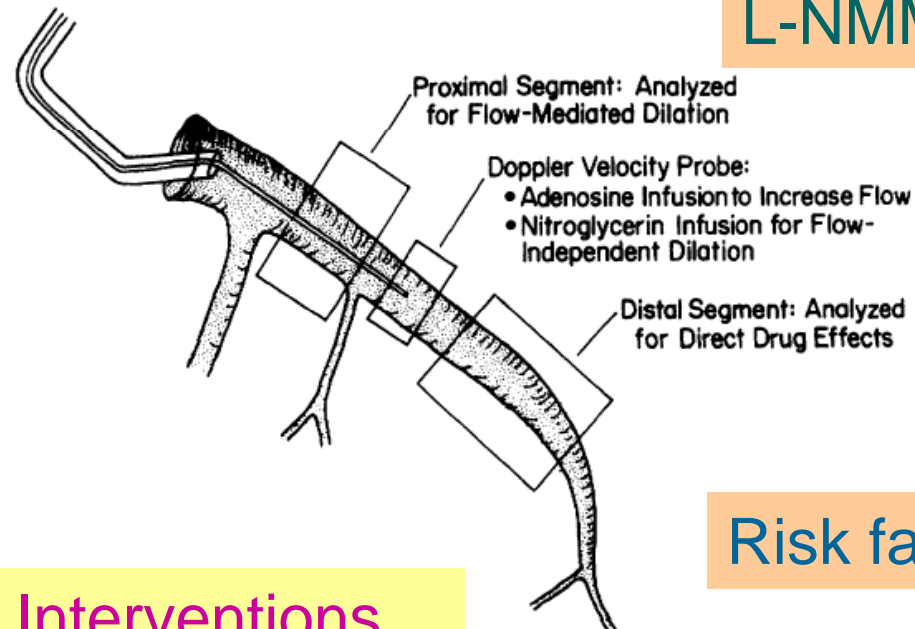
Substance P

Adenosine

Bradykinin

Antagonists

L-NMMA



Risk factors

Interventions

Statins

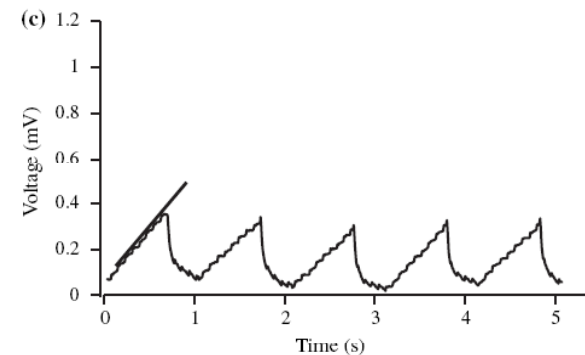
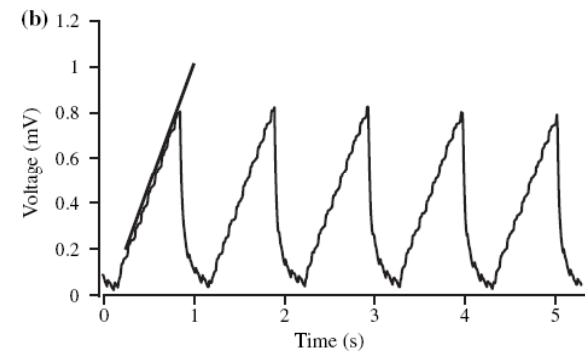
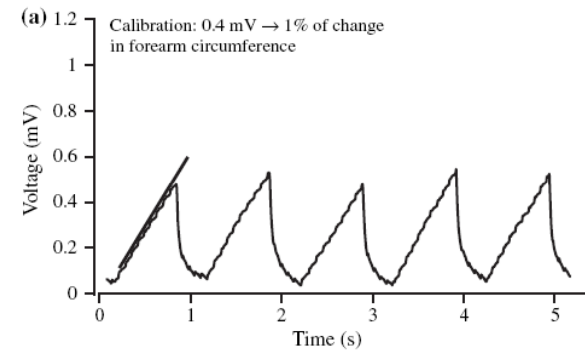
ACEi


Venous occlusion plethysmography

Local infusion of pharmacological probes

Forearm Resistance Vessel Tone

Correlation between acetylcholine responses in coronary circulation and forearm





Venous occlusion plethysmography

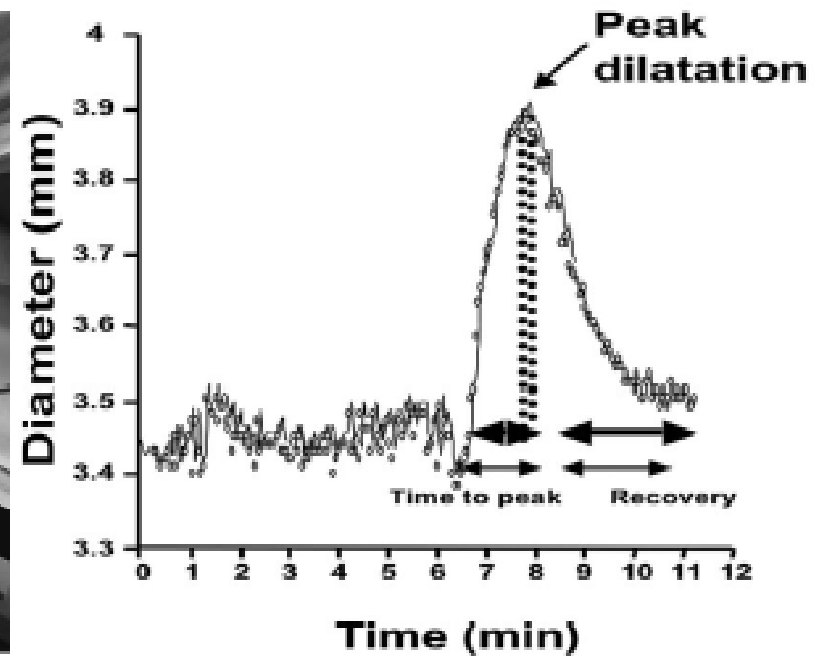
Invasive

Requires arterial cannulation

Difficult to standardize

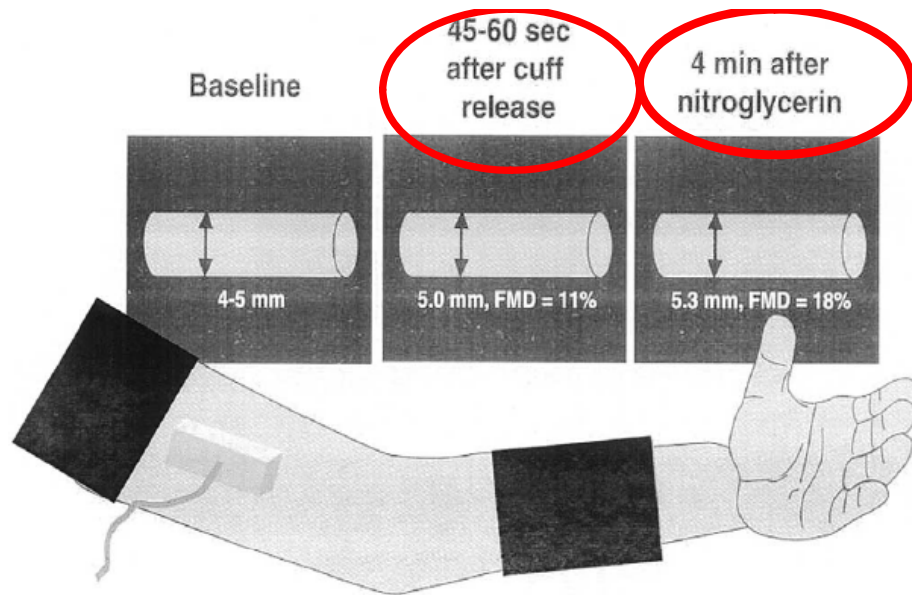
Flow Mediated Vasodilatation (FMD) Brachial artery

60s after release of
occlusive cuff

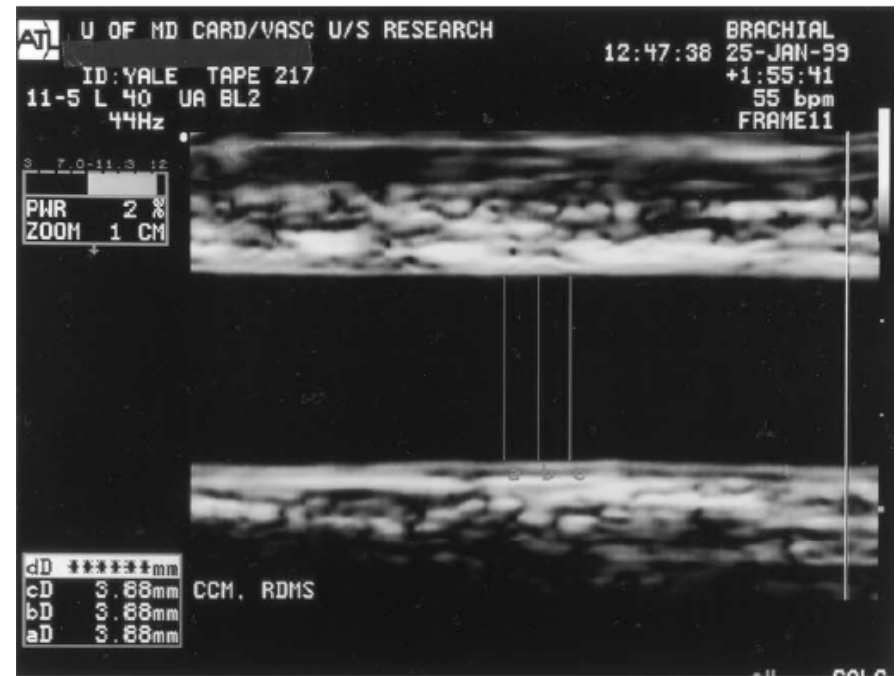


Brachial artery diameter

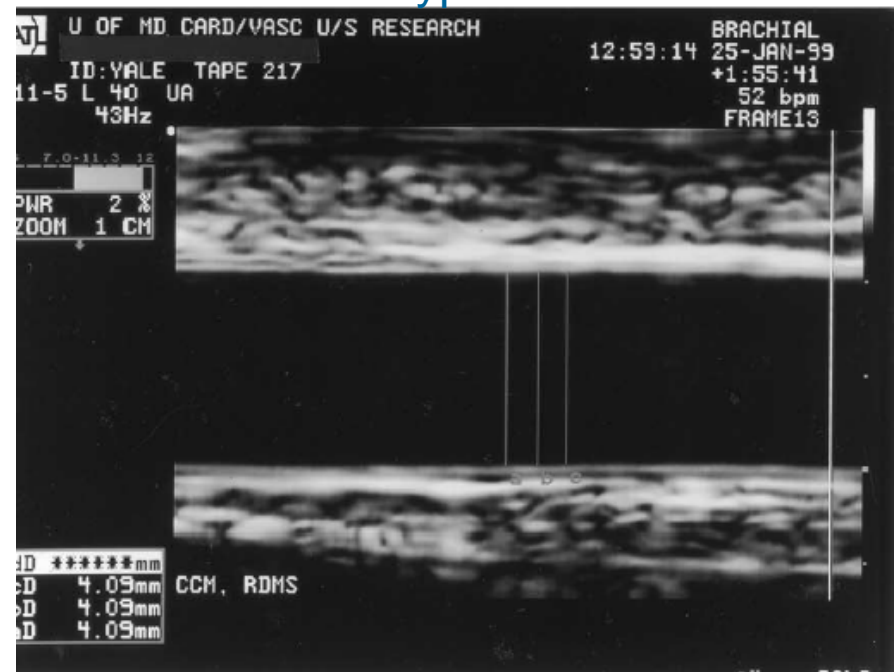
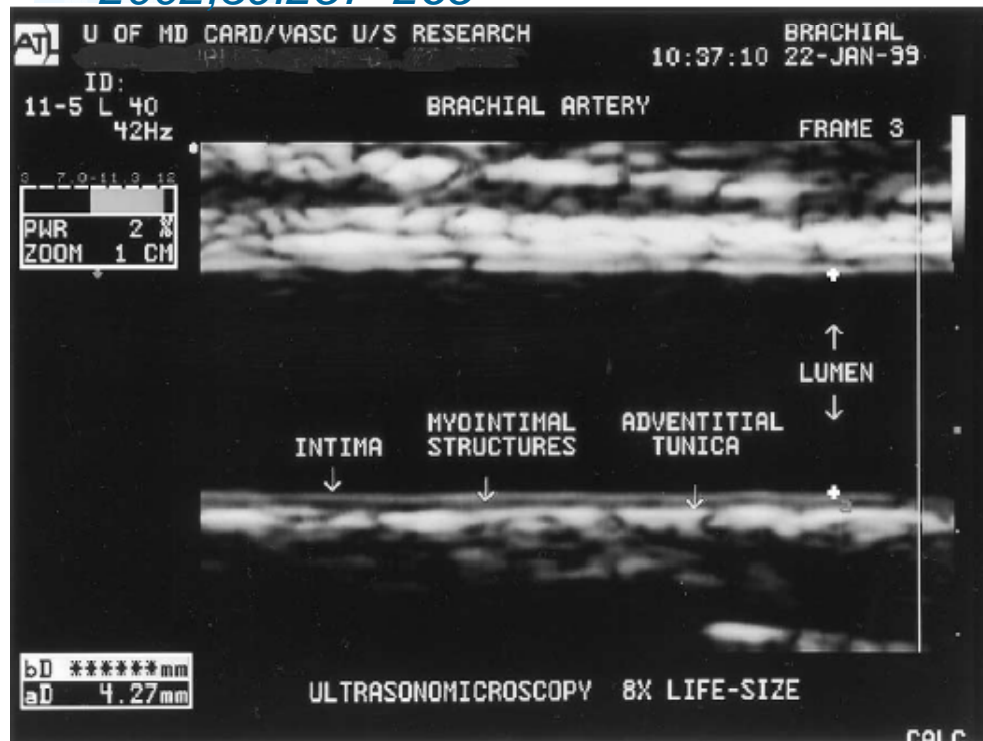
Deanfield JE et al. Circulation 2007;115:1285-95



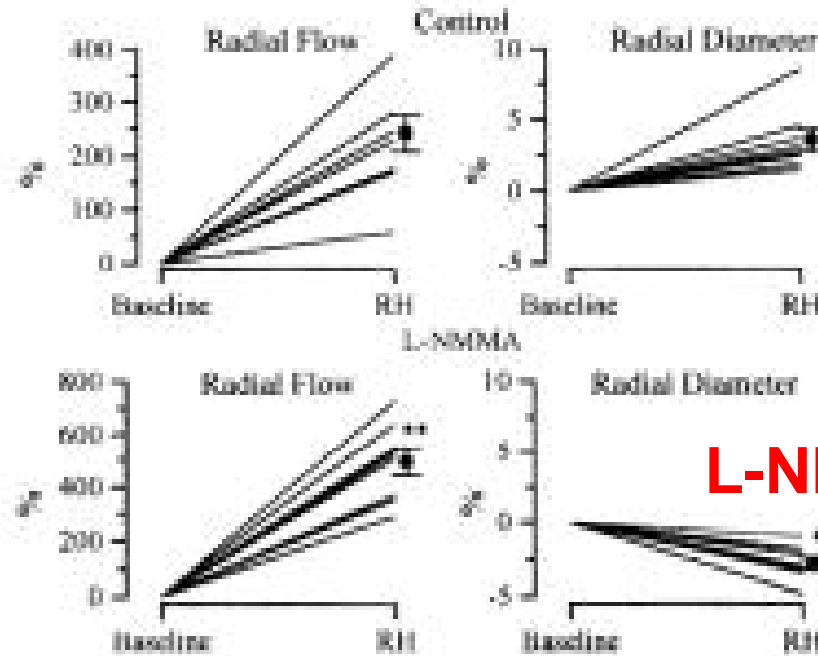
Corretti MC et al. *J Am Coll Cardiol* 2002;39:257-265



1 min after hyperemic stimulus



NO is essential for FMD



Not affected peak increase in flow during hyperemia

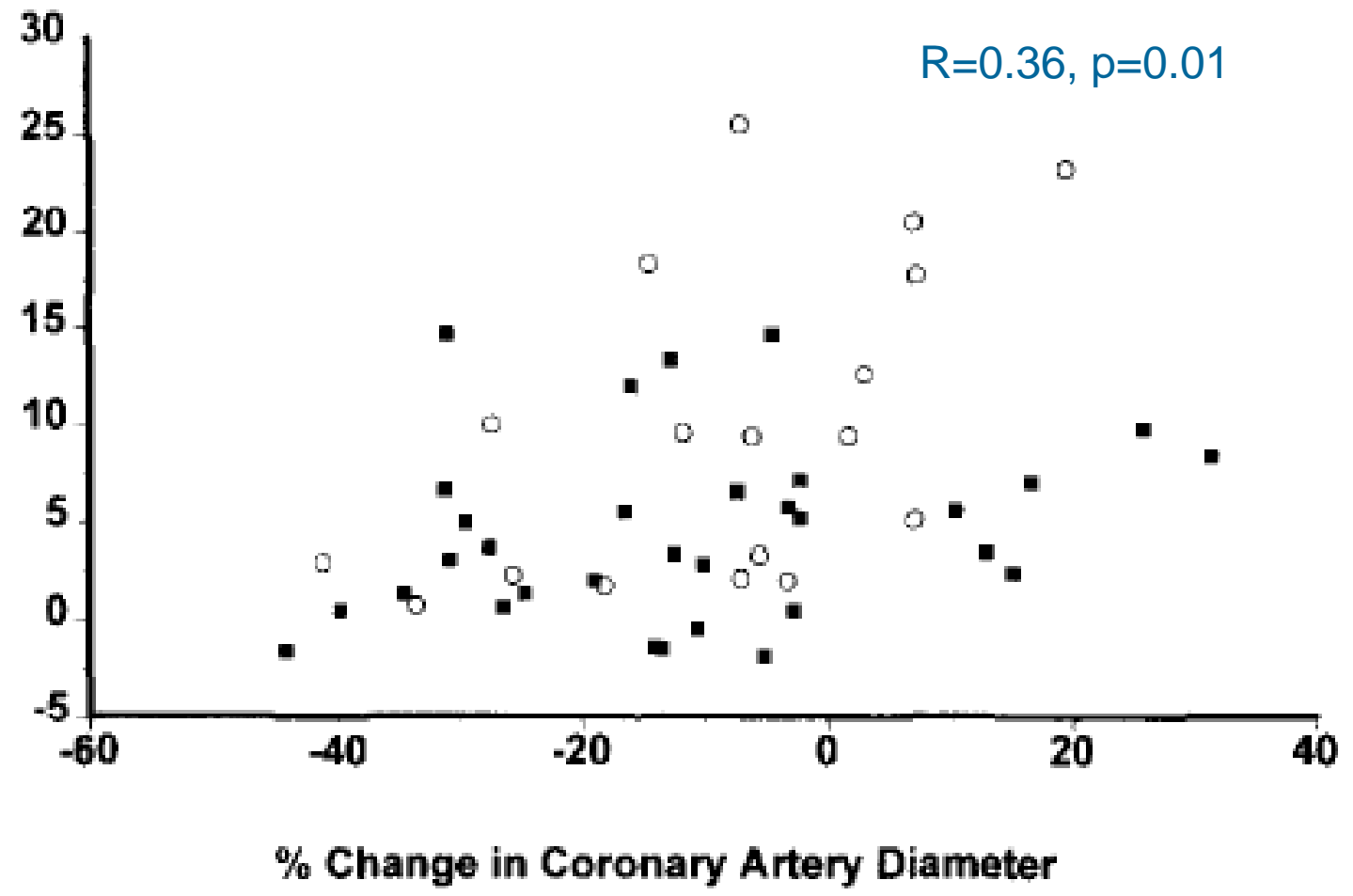
L-NMMA

(NOS inhibitor)

FMD was abolished

FMD in Brachial Artery correlate with Coronary Endothelial Function.

% Change in Brachial Artery Diameter



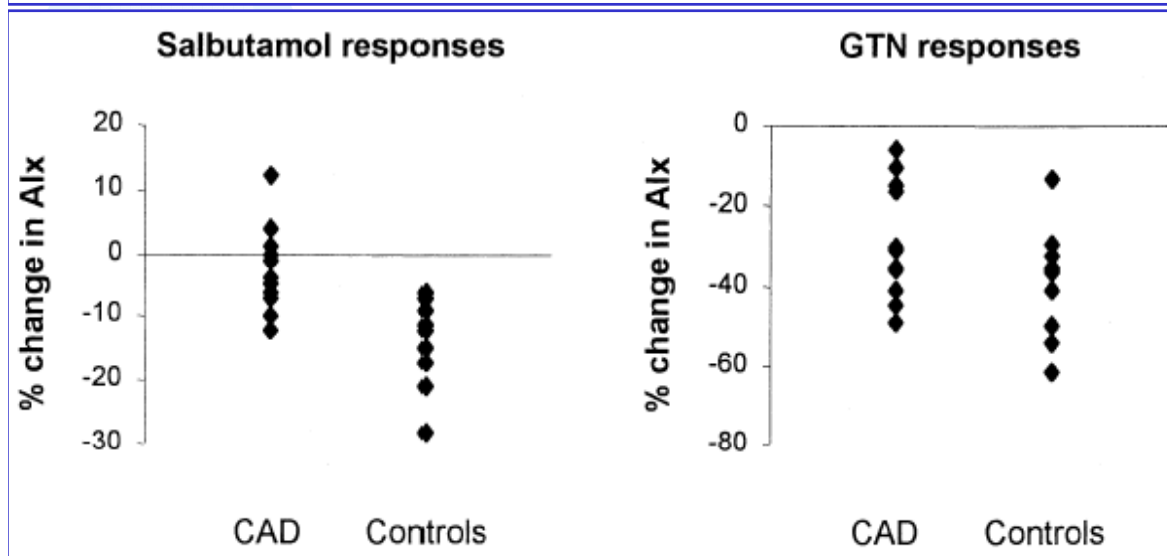
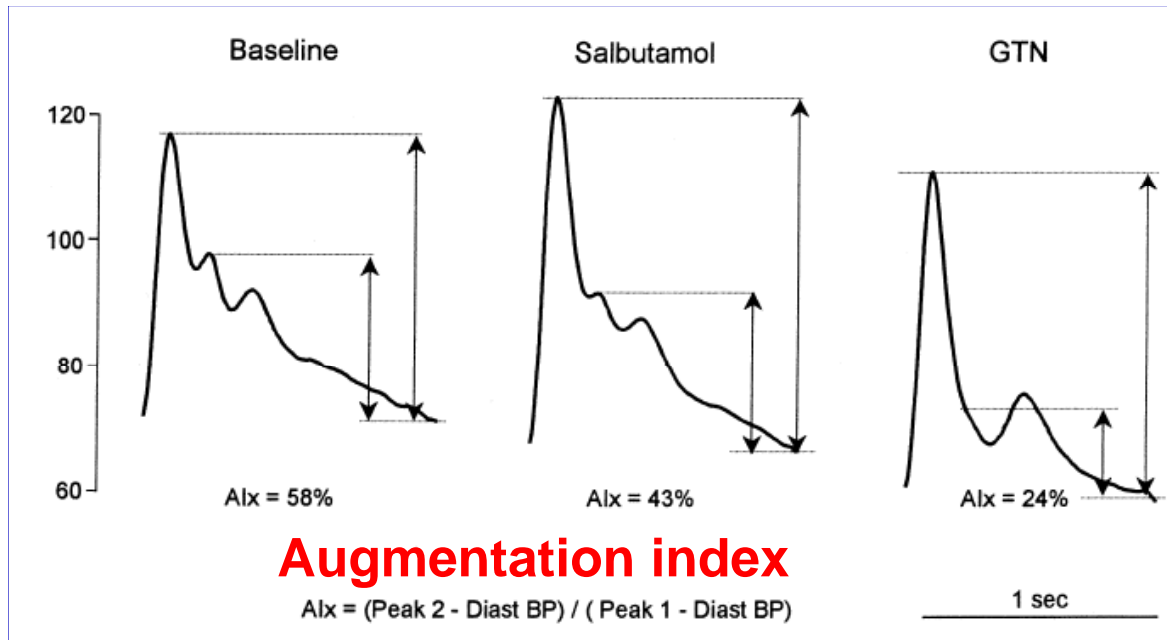
Anderson TJ et al. J Am Coll Cardiol. 1995;26:1235–1241

Peripheral Arterial Wave Form Analysis

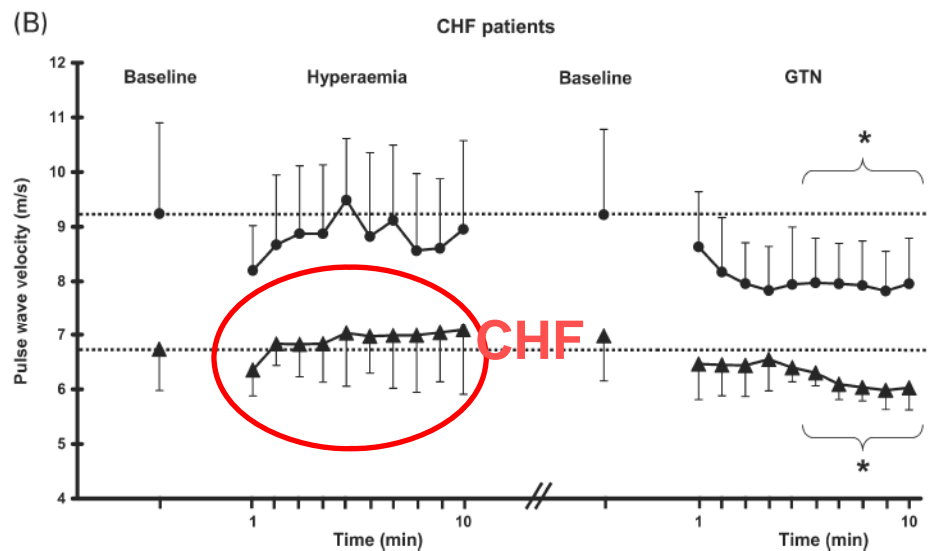
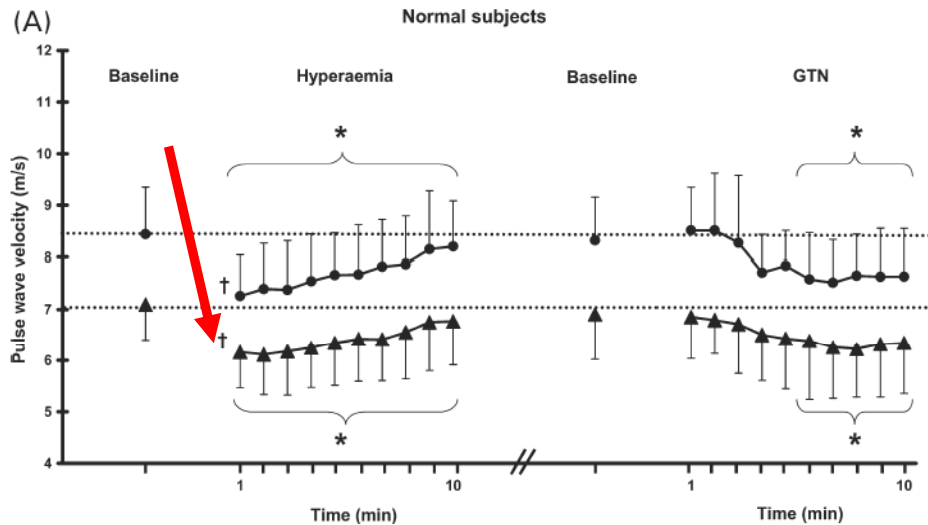
Salbutamol reduce arterial stiffness in **NO-dependent** manner

Arterial waveform changes following salbutamol

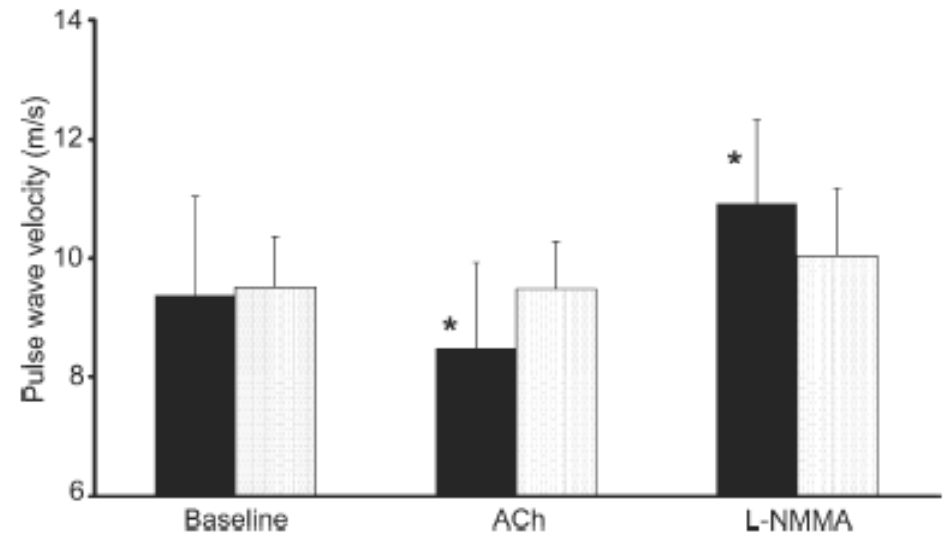
Endothelial function



Flow mediated reduction of PWV



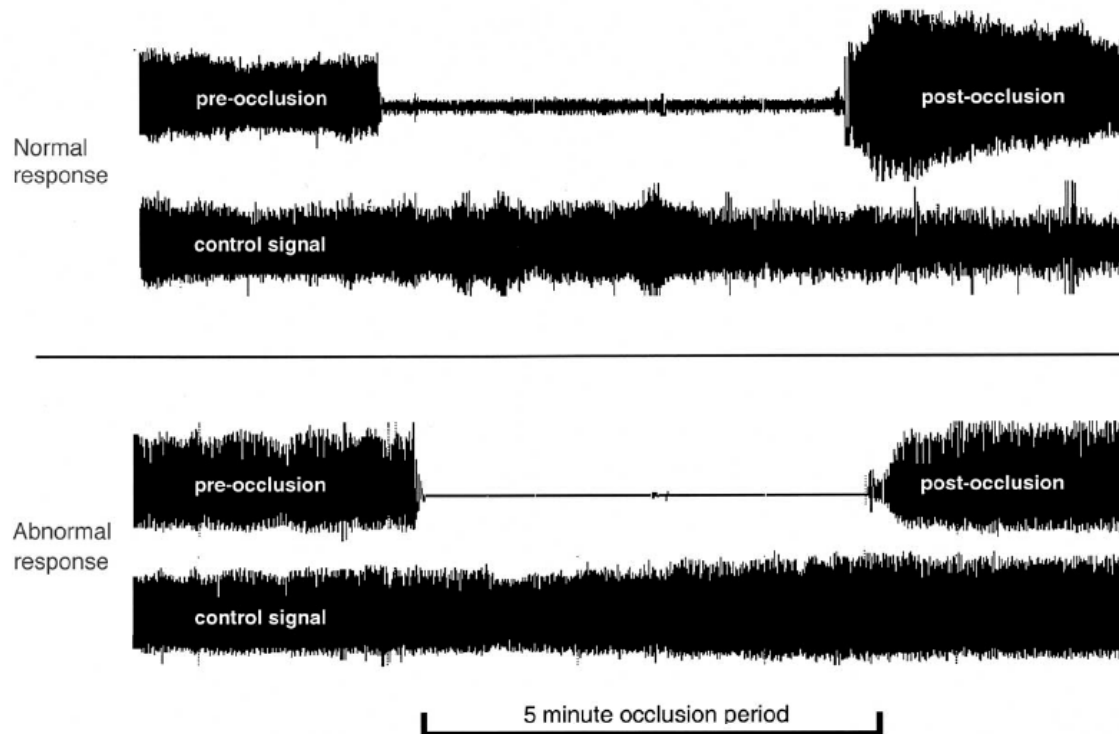
Pulse Wave Velocity by Oscillometry



Abolished reduction of PWV

Naka KK et al. *Eur Heart J.* 2006;27:302–309

Reactive Hyperemia (RH) Peripheral Artery Tonometry

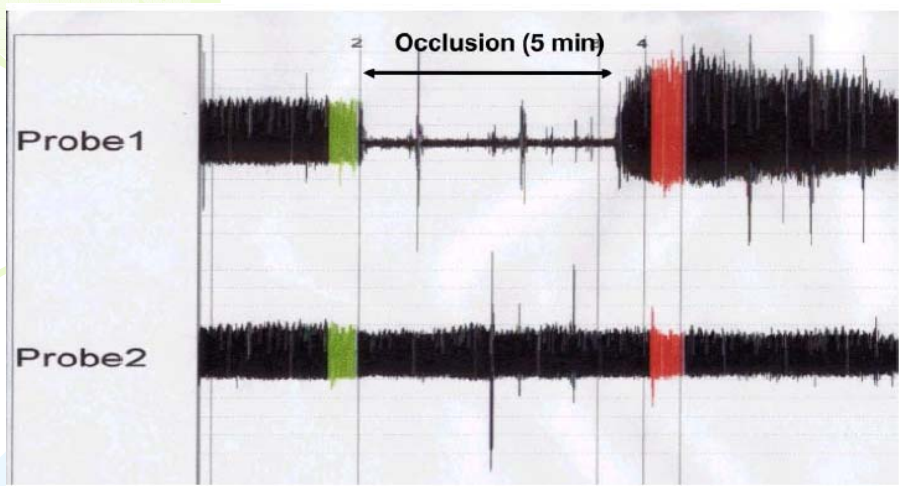


Patients with
coronary
microvascular
endothelial
dysfunction

Digital pulse volume change

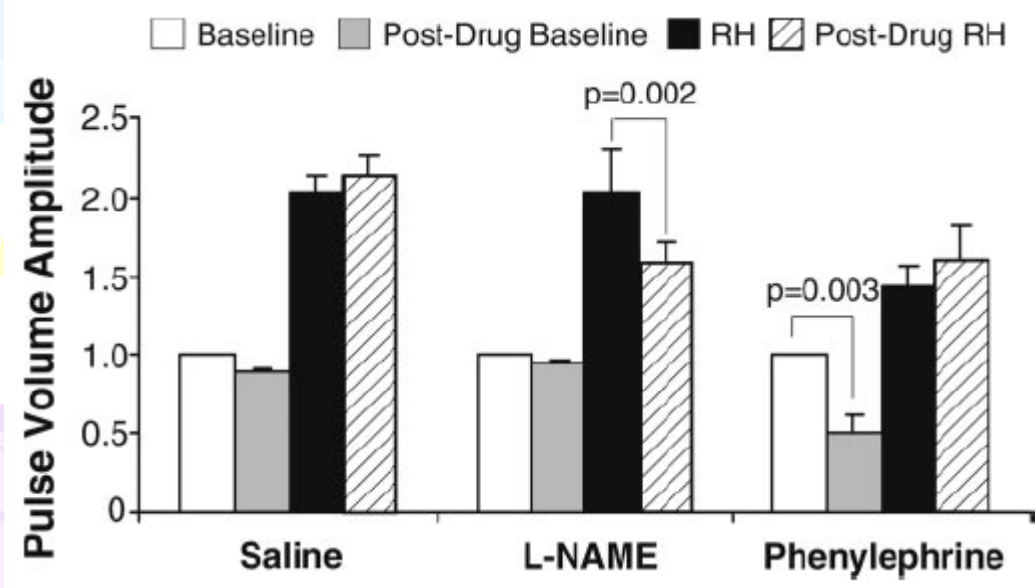
Bonetti PO et al. *J Am Coll Cardiol.* 2004;44:2137–2141

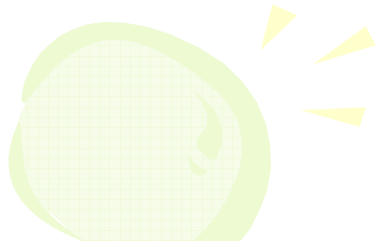
Pulse Volume Amplitude and NO



Digital PVA-RH

Endothelial Function Test





Methods for Clinical Assessment of Endothelial Function

Technique (Outcome Measure)	Noninvasive	Repeatable	Reproducible*
Cardiac catheterization (change in diameter, change in coronary blood flow)	–	–	+/-
Venous occlusion plethysmography (change in forearm blood flow)	–	+/-	+/-
Ultrasound FMD (change in brachial artery diameter)	+	+	+/-
PWA (change in augmentation index)	+	+	+/-
PCA (change in reflective index)	+	+	+/-
PAT (change in pulse amplitude)	+	+	+/-

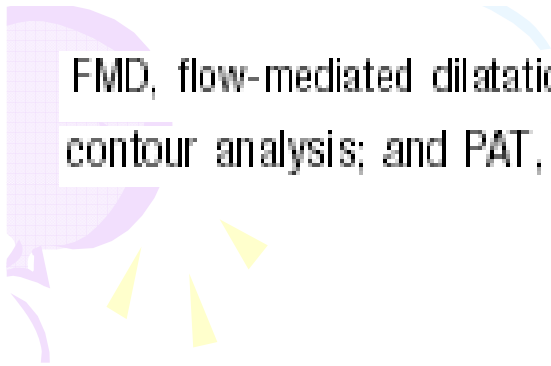
FMD, flow-mediated dilatation; PWA, pulse wave analysis; PCA, pulse

contour analysis; and PAT, pulse amplitude tonometry.



Methods for Clinical Assessment of Endothelial Function

Technique (Outcome Measure)	Reflects Biology	Reversible	Predicts Outcome†
Cardiac catheterization (change in diameter, change in coronary blood flow)	+	+	+
Venous occlusion plethysmography (change in forearm blood flow)	+	+	+
Ultrasound FMD (change in brachial artery diameter)	+	+	+‡
PWA (change in augmentation index)	+	–	–
PCA (change in reflective index)	+	–	–
PAT (change in pulse amplitude)	+	–	–



FMD, flow-mediated dilatation; PWA, pulse wave analysis; PCA, pulse contour analysis; and PAT, pulse amplitude tonometry.

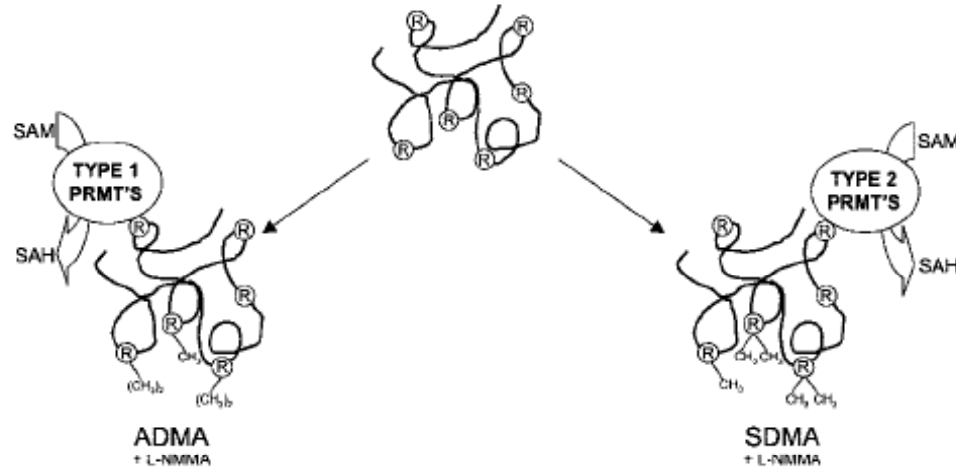
Deanfield JE et al. Circulation 2007;115:1285–95



*Circulating
Markers*

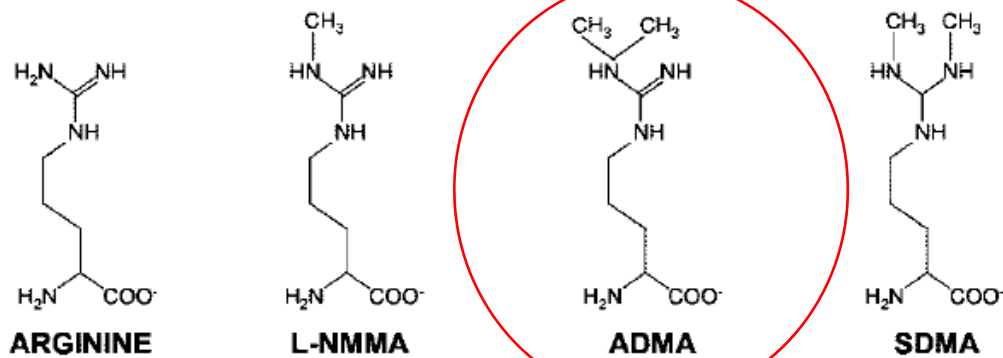
Protein arginine N- methyltransferase

S-adenosylmethionine

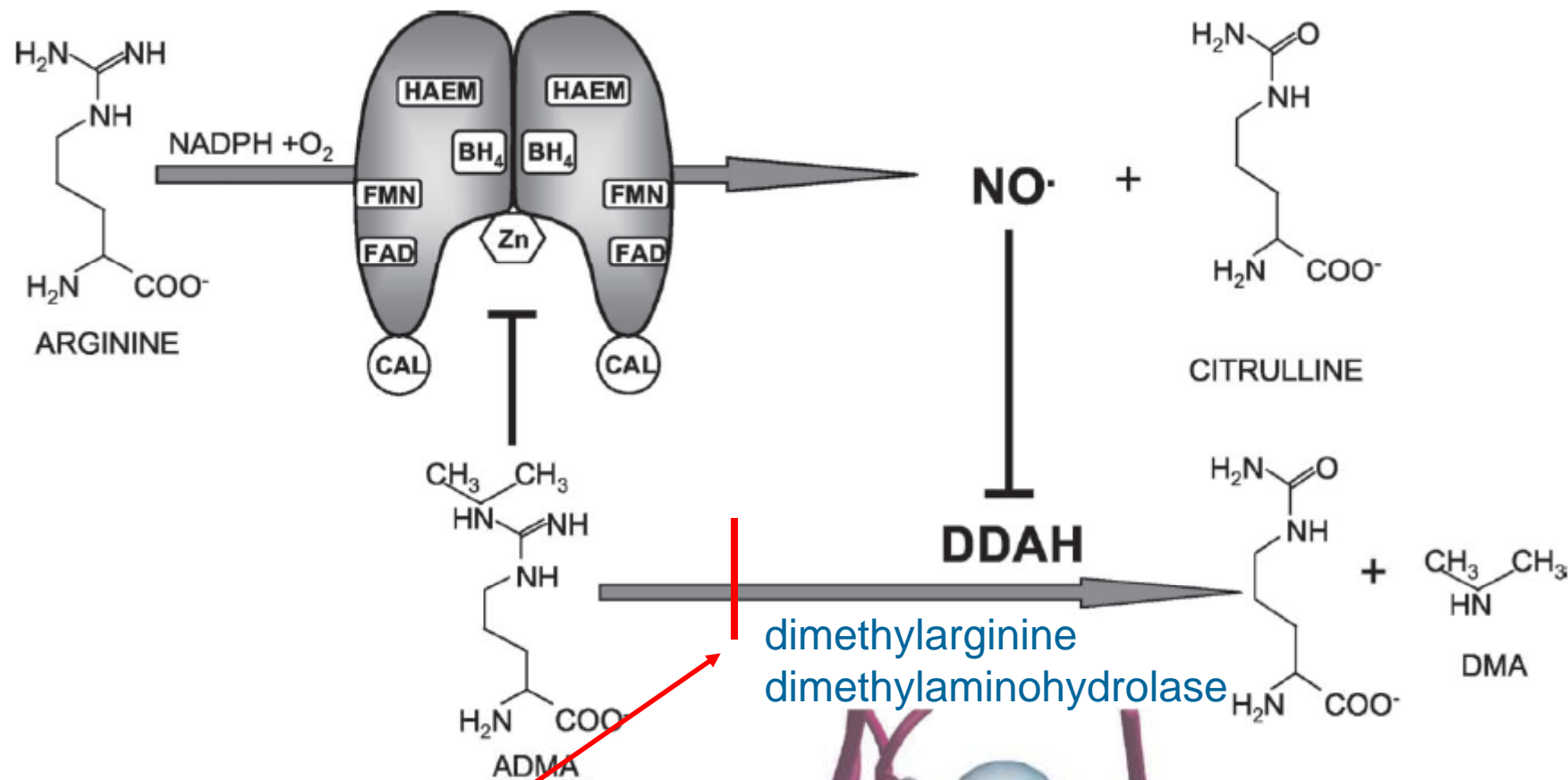


Asymmetric dimethylarginine

Endogenous Antagonist of NO Synthase



Vallance P et al. Arterioscler Thromb Vasc Biol. 2004;24:1023–1030



Redox conditions

Risk factors and Inflammation





ADMA

Endothelial status

Expensive

Marker of CV risk

Reduction in NO bioavailability

Boger RH et al. Clin Chem Lab Med. 2005;43:1124–1129.

*Endothelial cell
activation increase
expression of*

Molecule

Adhesion molecules

ICAM-1

VCAM-1

E-selectin

P-selectin

sCD40L

Cytokines

Interleukin 6

Interleukin 18

TNF α

hs-CRP

8-iso-PGF $_{2\alpha}$

ET-1

Metalloproteinases

Adverse cardiovascular prognosis

Biochemical markers of endothelial dysfunction

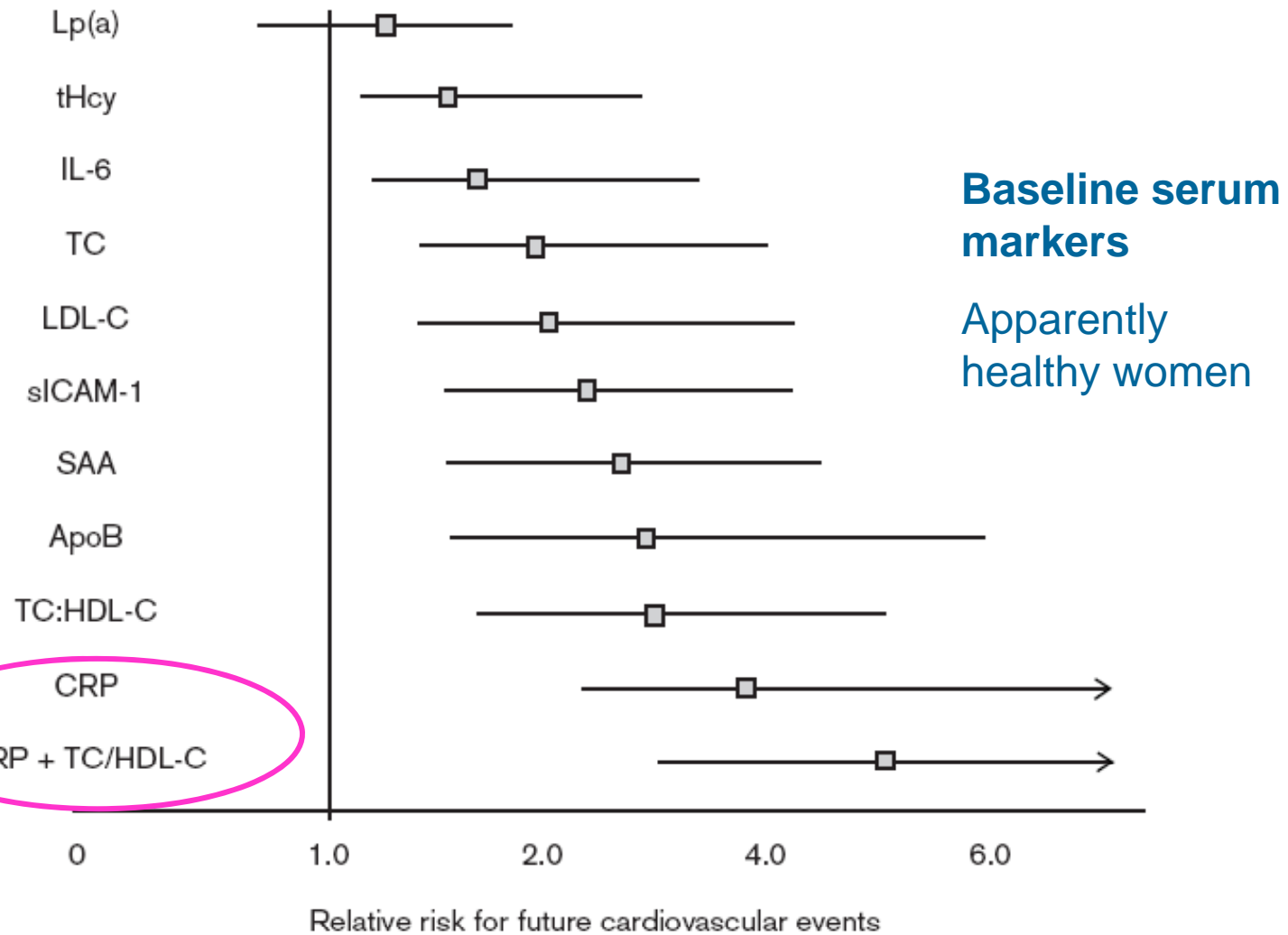
Molecule	Main sources
Adhesion molecules	
ICAM-1	ECs, circulating leukocytes
VCAM-1	ECs, VSMC
E-selectin	Activated ECs
P-selectin	ECs, (Weibel Palade bodies), platelets (α granules)
sCD40L	Activated platelets, T lymphocytes, ECs, VSMCs, macrophages, mast cells

Deanfield J et al. J Hypertens. 2005;23:7–17

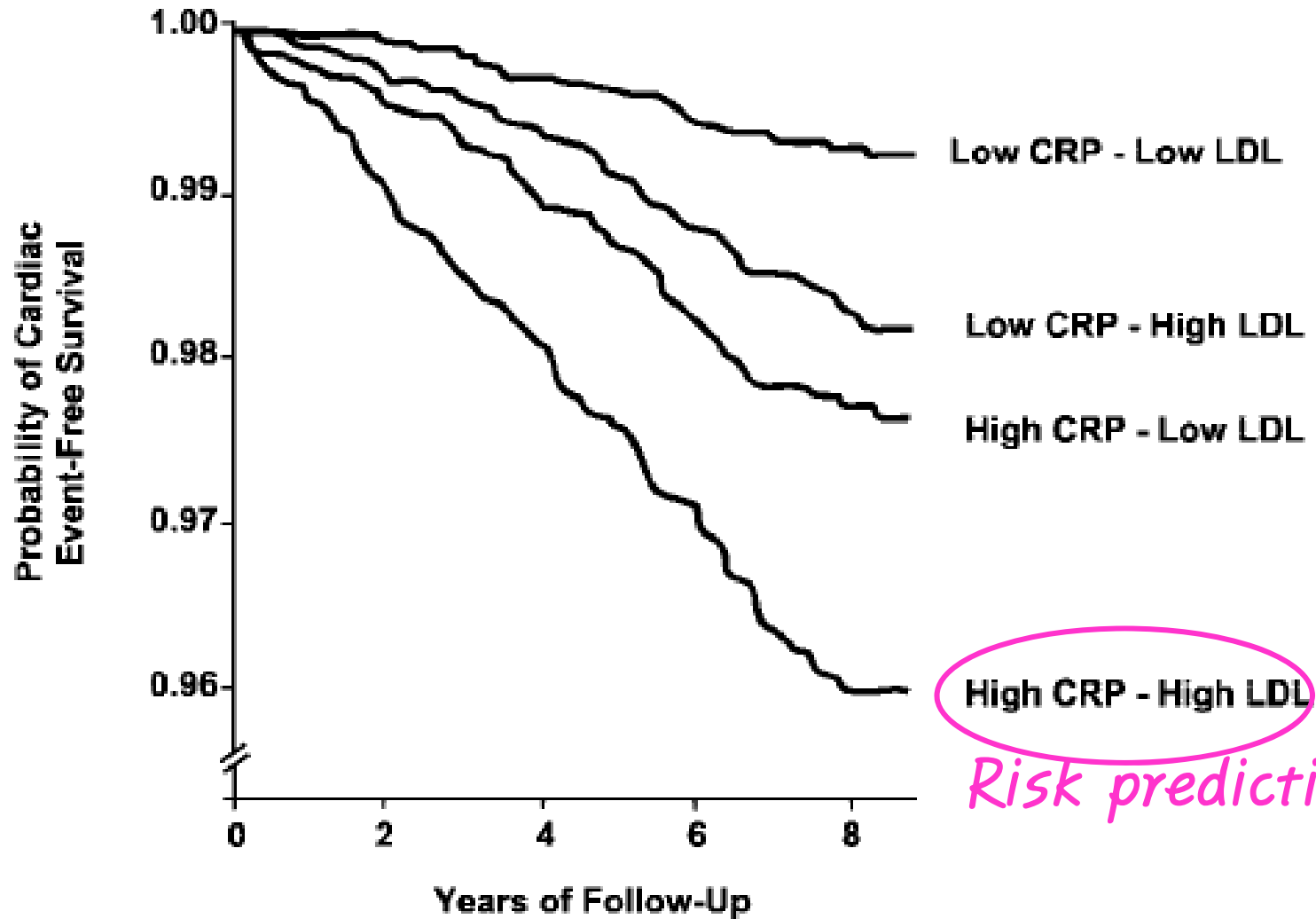
Biomarker	Prospective Studies Convincing?	Standardized Commercial Assay Available?	Additive to Lipid Screening?	Additive to Framingham Risk Score?
Inflammation				
hsCRP	+++	+++	+++	++
sICAM-1	++	+/-	+	-
SAA	++	-	+	-
Interleukin-6	++	-	+	-
Interleukin-18	++	-	+	-
Myeloperoxidase	+	-	+/-	-
sCD40 ligand	+	-	-	-
Altered Thrombosis				
tPA/PAI-1	++	+/-	-	-
Fibrinogen	+++	+/-	++	-
Homocysteine	+++	+++	+/-	-
D-dimer	++	+	-	-
Oxidative Stress				
Oxidized LDL	+/-	-	-	-
Altered lipids				
Lipoprotein(a)	+++	+/-	+/-	-
LDL particle size	++	+/-	+/-	-

*Ridker PM et al.
Circulation.
2004;109:IV6-
IV19*

Relative risk for CV events



CV Event Free Survival



High CRP - High LDL

Risk prediction



Procoagulant consequences

*Tissue plasminogen activator and
Plasminogen activation inhibitor-1*



tPA



MI and stroke



PAI-1



Atherothrombotic events



Vascular disease



von Willebrand factor

Released by

Activated Endothelial Cells

Activated platelets



Cellular activation

Coagulation

Platelet activation

Mannucci PM. Arterioscler Thromb Vasc Biol. 1998;18:1359–1362

TABLE 1. Triggers of In Vitro Secretion of vWF by Cultured Endothelial Cells

Mediators of Hemostasis	Mediators of Inflammation
Thrombin	Histamine
Fibrin	Complement components C5a and C5b-9
Plasmin	Leukotrienes
Adenine nucleotides	Superoxide anions
	Endotoxin
	Interleukin 1*
	Tumor necrosis factor*

*These cytokines do not directly secrete vWF, but they do enhance the activity of thrombin.¹⁶

“Stimulation and Perturbation”

> > “damage or injury”

Not EC specific

Mannucci PM. Arterioscler Thromb Vasc Biol. 1998;18:1359–1362

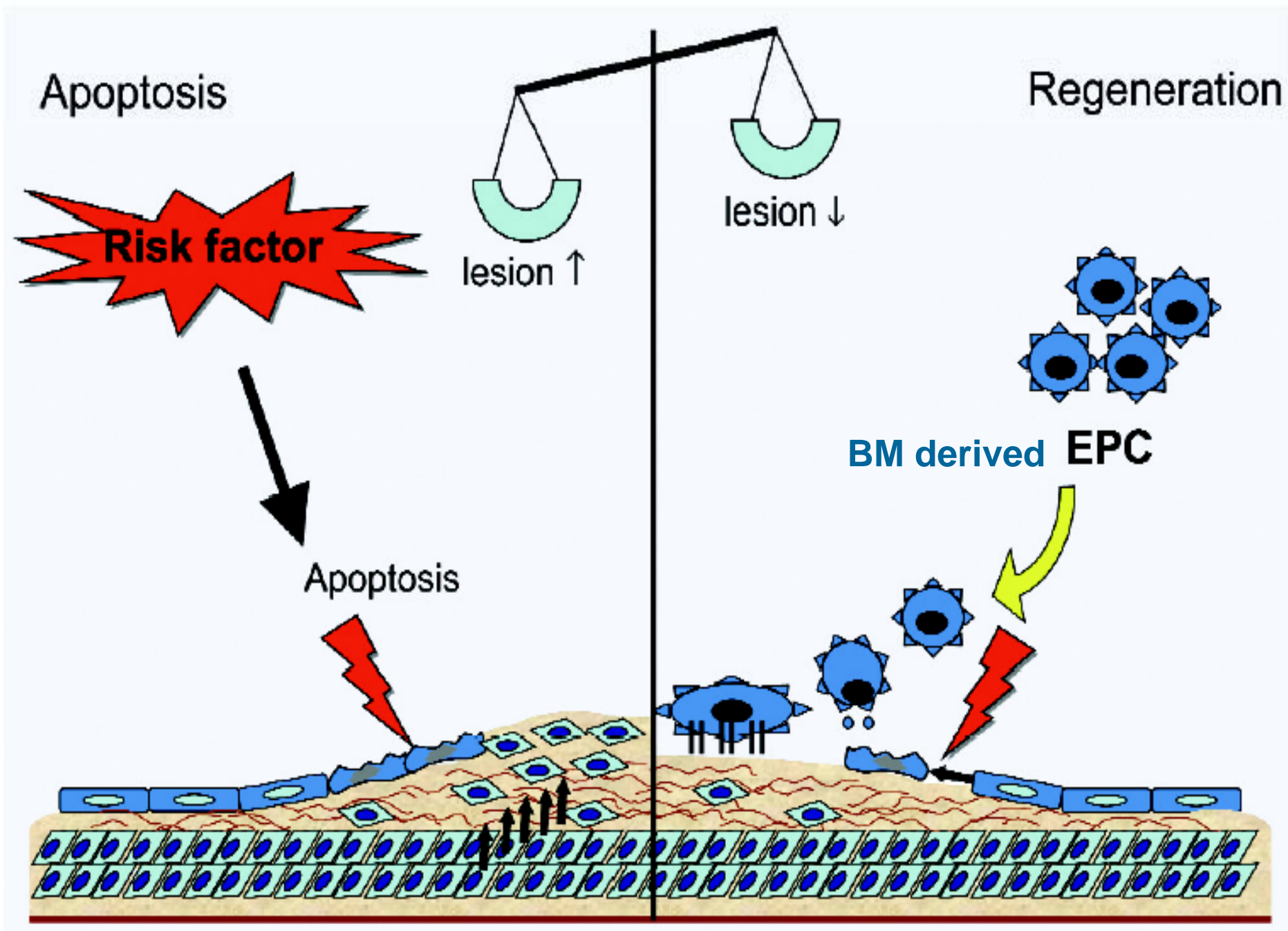
TABLE 2. Conditions Associated With the Increase of Plasma vWF in Humans

Rapid, Short-Term Increase	Slow, Long-Term Increase
Injection of	Liver cirrhosis
Epinephrine	Postoperative period
Vasopressin	Malignancy
Desmopressin	Pregnancy
<u>Muscular exercise</u>	Renal failure
Hypoglycemia	<u>Acute coronary syndromes</u>
CNS stimulation	Diabetes
Venous occlusion	Hemolytic anemias

As a marker of endothelial cell damage – *Poor Specificity*

Not Powerfully Predictive

Mannucci PM. Arterioscler Thromb Vasc Biol. 1998;18:1359–1362



Mature Endothelial Cells
Microparticles

Endothelial Progenitor Cells

Repair

Damage

Future
cardiovascular
events

Flow cytometry

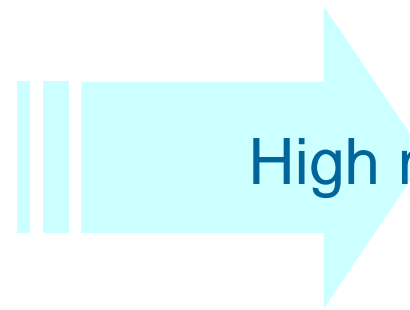
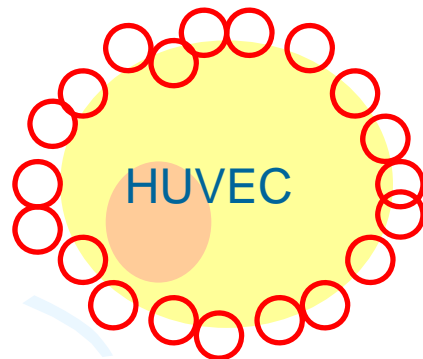
Magnetic bead selection & Fluorescent microscopy

S-Endo1 immuno-magnetic
bead rosetted HUVEC



Cell sorting and
isolation

S-Endo 1 MoAb coated
magnetic beads



High magnetic field

Efficient and selective capture of EC
from whole blood

George F et al. Thromb Haemost. 1992;67:147–153

Plasma marker	<i>Circulating endothelial cells</i>	<i>Endothelial progenitor cells</i>
Origin	Mature endothelium	Bone marrow, cord blood, mobilized MC
Morphology	Mature cells 20–50 micrometer diameter	Immature cells < 20 micrometer diameter
Phenotype	CD34, 146, KDR, VE-cadherin, TM, vWF	CD34, 38, 133, 117, 144 KDR
High proliferative potential	No	Yes
Pathophysiology	<i>Damage</i>	<i>Neovascularisation</i>

Size and Surface Markers

Goon PK et al. Clin Lab. 2005;51:531–538

Fujiyama S et al. Circ Res. 2003;93:980–989



Increased circulating endothelial cells

Cancer

Pulmonary hypertension

Thalassemia

Behcet's disease

SLE

Systemic sclerosis

Angioplasty

Rickettsial infection

CMV infection

Venous insufficiency

Thrombotic thrombocytopenia

Atherosclerotic disease

Type 2 diabetes mellitus

Acute coronary syndromes

Septic shock

Kawasaki disease

Systemic lupus erythematosus

Sickel cell anemia

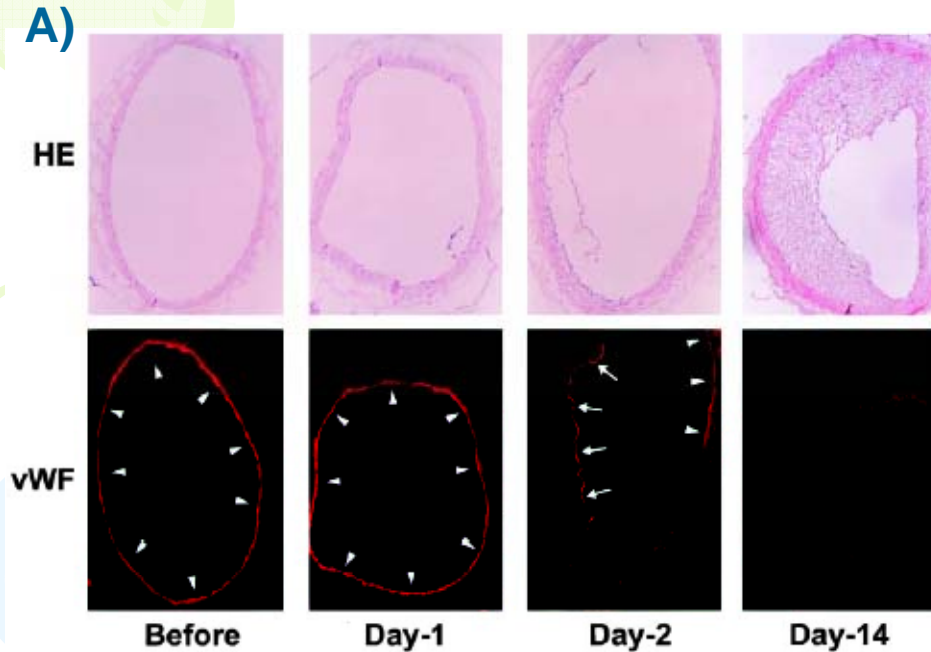
Renal transplantation

Bone marrow transplantation

ANCA vasculitis

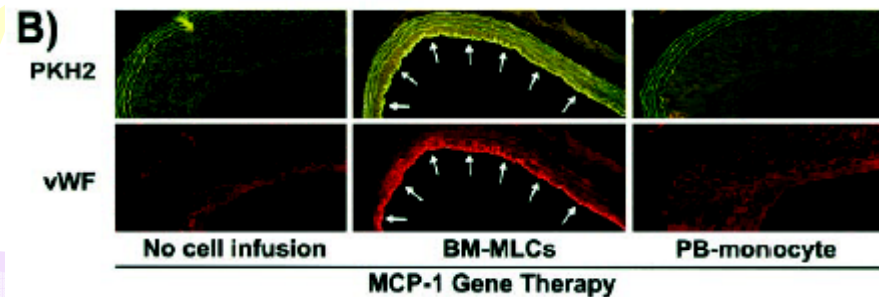


Potential to differentiate into an EC phenotype



Endothelial detachment
after balloon angioplasty

EC immunostained with
anti-vWF antibody

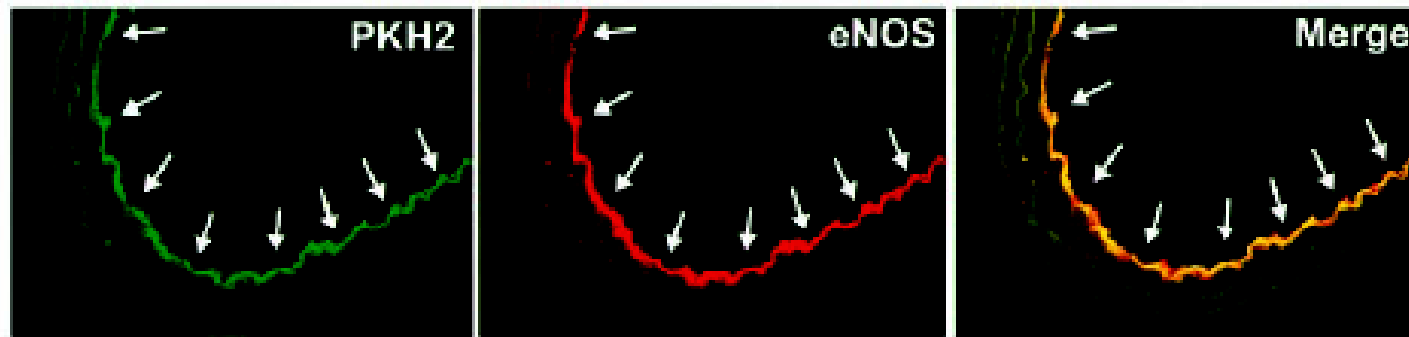


BM derived monocyte
lineage cells.

Expressed EC marker vWF

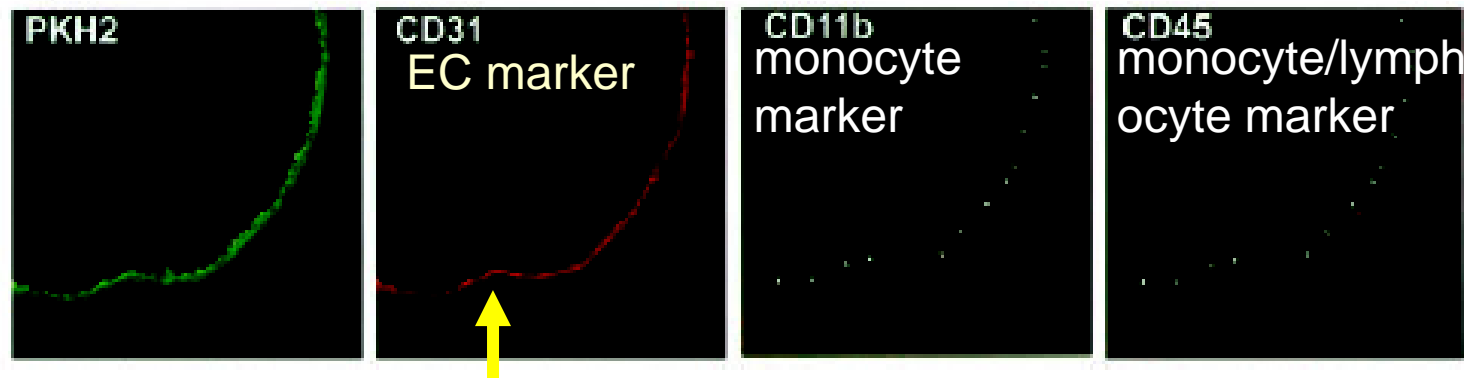
A)

BM-MLCs activated by MCP-1 *in vitro*



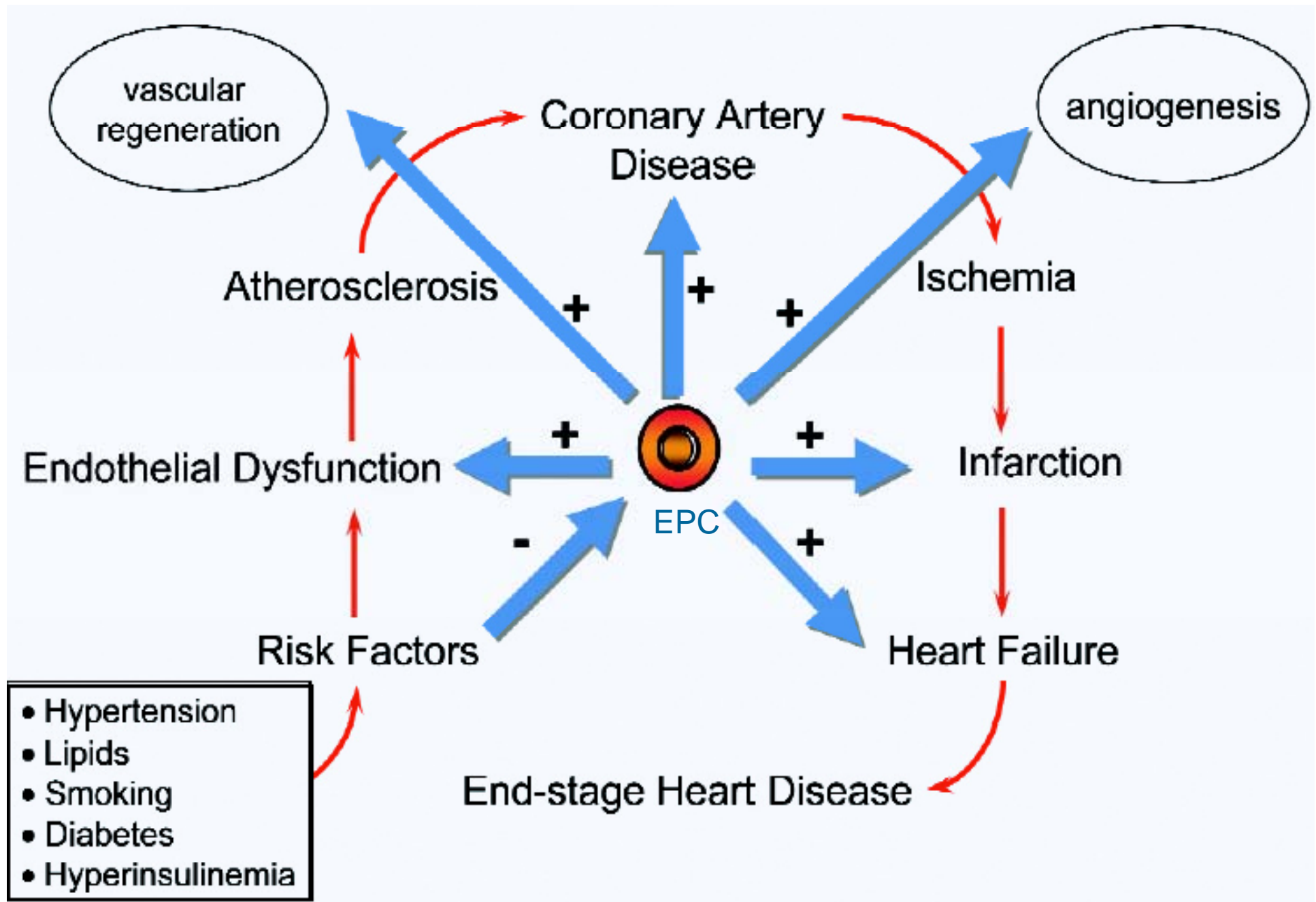
expressed eNOS

B)

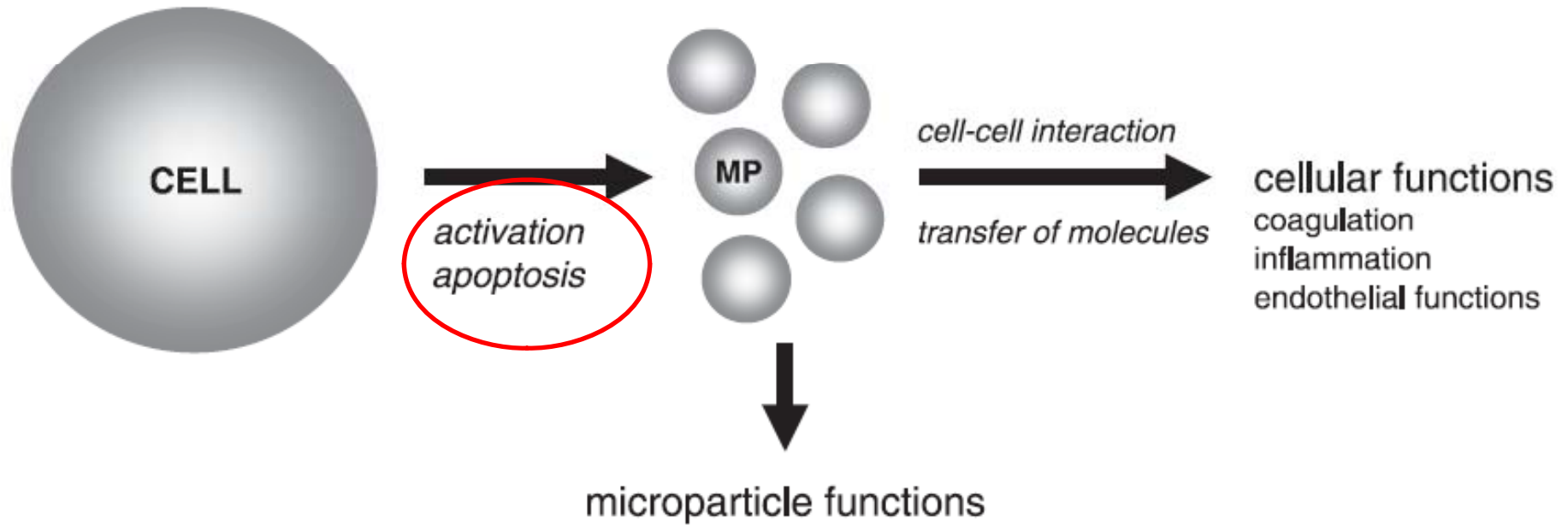


Potential to differentiate into an EC phenotype

BM-MLCs function as EC progenitors



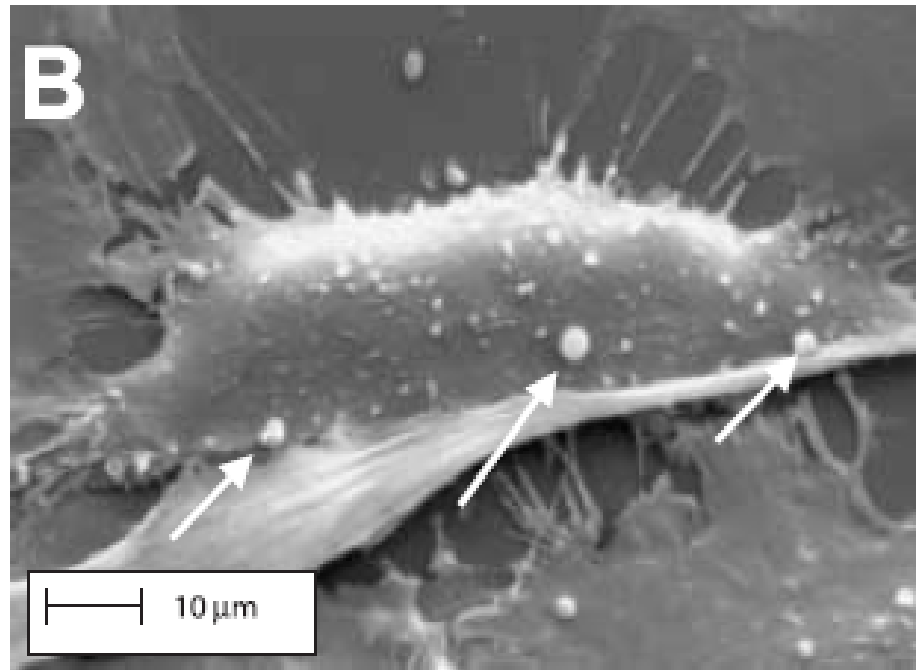
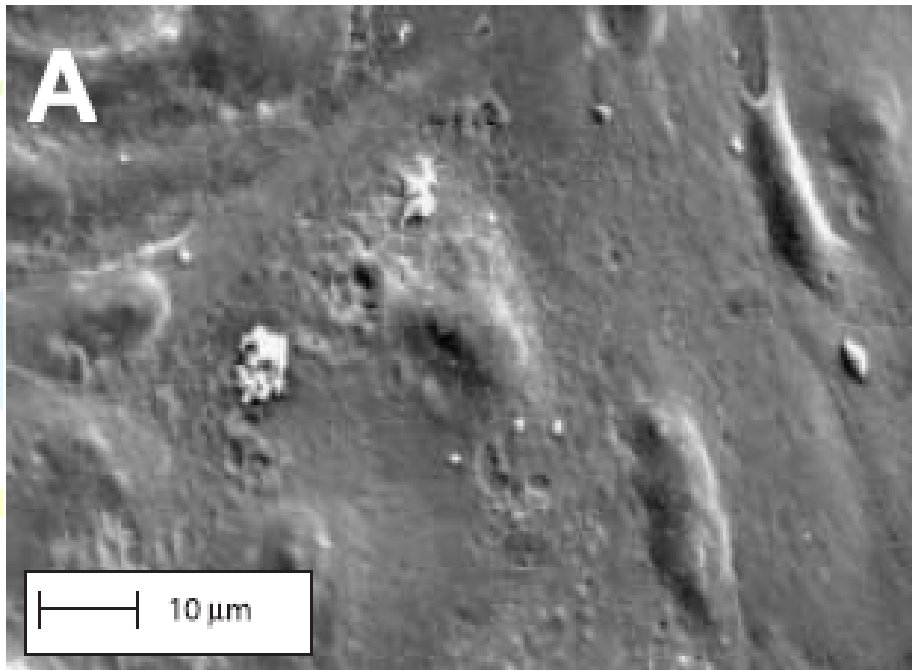
Circulating microparticles



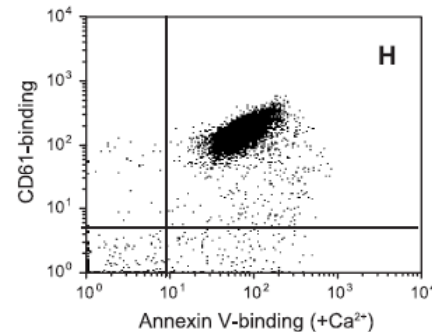
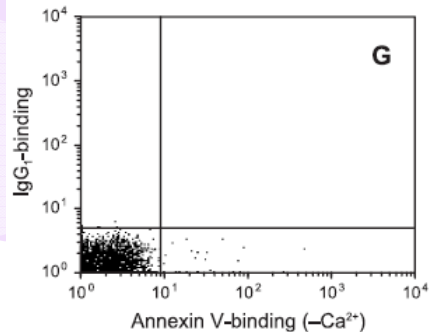
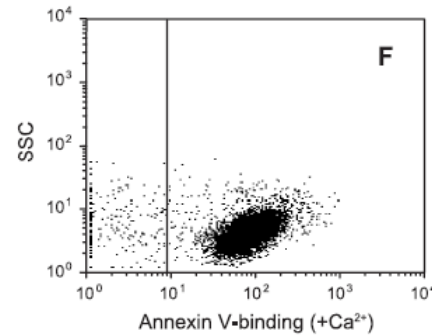
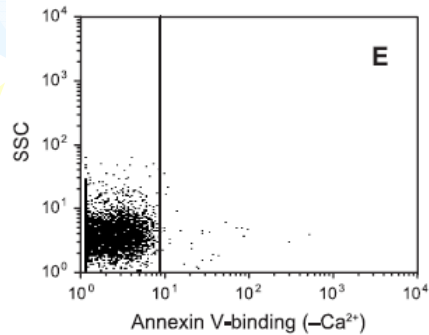
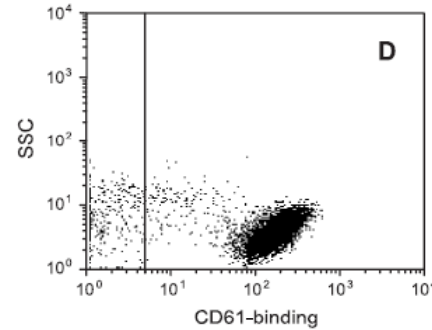
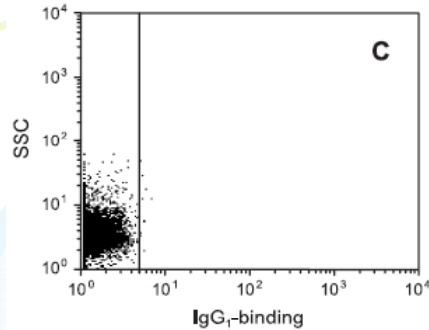
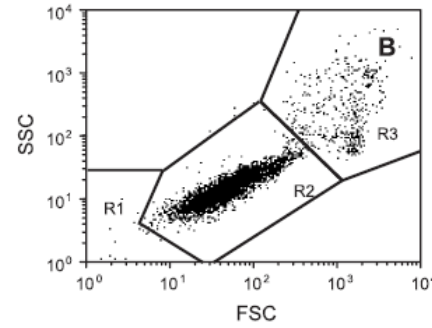
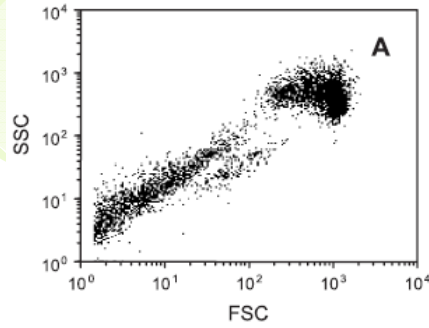
Diamant M et al. Eur J Clin Invest. 2004;34:392–401

Formation of Microparticles

Stimulation of HUVEC with IL-1 alpha



Diamant M et al. Eur J Clin Invest. 2004;34:392–401



Flowcytometry for Microparticle Analysis

Size and density
Fluorescence
(Ag on the cell surface)

*Diamant M et al. Eur J Clin Invest.
2004;34:392–401*

Risk factors

Systemic Inflammation

Vita JA et al.
Circulation.
2004;110:3604–
3609

Endothelial Damage / Activation

Structural changes

Juonala M et al.
Circulation
2004;110:2918–
2923



*Prognostic Value of
Endothelial Function Test*



**Early
stage**



Disease course

Later stage

*Opened
Pandora's
box*



**Outcome may depend on
Many Factors**

*Comprehensive
Approach*

*Evaluate new
treatment strategies*

Genetic

*Risk
Factors*

*Early
preclinical
phase*

*Endothelial
function*

*Structural
Changes*

