# Regulation of vascular smooth muscle cell calcification by syndecan-4/FGF-2/PKC $\alpha$ signalling and cross-talk with TGF $\beta$

# Samantha J. Borland<sup>1,2</sup>, Thomas G. Morris<sup>1</sup>, Shona C. Borland<sup>1</sup>, Mark R. Morgan<sup>3</sup>, Sheila E. Francis<sup>4</sup>, Catherine L.R. Merry<sup>2,5</sup>\*, and Ann E. Canfield<sup>1</sup>\*

<sup>1</sup>Division of Cardiovascular Sciences, School of Medical Sciences, Faculty of Biology, Medicine and Health, University of Manchester, Manchester Academic Health Science Centre, Manchester, UK; <sup>2</sup>Stem Cell Glycobiology Group, School of Materials, University of Manchester, Manchester, UK; <sup>3</sup>Department of Cellular and Molecular Physiology, Institute of Translational Medicine, University of Liverpool, Liverpool, UK; <sup>4</sup>Department of Infection, Immunity and Cardiovascular Disease, University of Sheffield, Sheffield, UK; and <sup>5</sup>Wolfson Centre for Stem Cells, Tissue Engineering & Modelling, Centre for Biomolecular Sciences, University of Nottingham, Nottingham, UK

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Aims	Vascular calcification is a major cause of morbidity and mortality. Fibroblast growth factor-2 (FGF-2) plays an instructive role in osteogenesis and bone development, but its role in vascular calcification was unknown. Therefore, we investigated the involvement of FGF-2 in vascular calcification and determined the mechanism by which it regulates this process.
Methods and results	We demonstrate that FGF-2 expression is increased in vascular smooth muscle cells (VSMCs) induced to deposit a mineralized matrix by incubation with $\beta$ -glycerophosphate. FGF-2 is also localized to sites of calcification within human atherosclerotic plaques. The expression of syndecan-4, a heparan sulfate proteoglycan which regulates FGF-2 signalling, is also increased in mineralizing VSMCs and co-localizes with FGF-2 in human calcified atherosclerotic plaques. Exogenous FGF-2 inhibits VSMC mineralization, and this inhibition is reduced when syndecan-4 expression is knocked-down using siRNA. Biochemical inhibition of FGFR signalling using a pan FGFR inhibitor (BGJ398) or knocking-down syndecan-4 expression in VSMCs using siRNA increases VSMC mineralization. These increases are prevented by inhibiting transforming growth factor- $\beta$ (TGF $\beta$ ) signalling with SB431542, suggesting cross-talk between FGF-2 and TGF $\beta$ signalling is crucial for the regulation of VSMC mineralization. Syndecan-4 can also regulate FGF-2 signalling directly via protein kinase C $\alpha$ (PKC $\alpha$ ) activation. Biochemical inhibition of PKC $\alpha$ activity using Gö6976, or siRNA-mediated suppression of PKC $\alpha$ expression increases VSMC mineralization; this increase is also prevented with SB431542. Finally, the ability of FGF-2 to inhibit VSMC mineralization is reduced when PKC $\alpha$ expression is knocked-down.
Conclusion	This is the first demonstration that syndecan-4 promotes FGF-2 signalling, and in turn, suppresses VSMC mineralization by down-regulating TGF $\beta$ signalling. Our discoveries that FGF-2 and syndecan-4 expression is increased in mineralizing VSMCs and that PKC $\alpha$ regulates FGF-2 and TGF $\beta$ signalling in VSMCs suggests that the syndecan-4/FGF-2/TGF $\beta$ signalling axis could represent a new therapeutic target for vascular calcification.
Keywords	Vascular smooth muscle cells $\bullet$ Vascular calcification $\bullet$ Syndecan-4 $\bullet$ Fibroblast growth factor-2 $\bullet$ Transforming growth factor- $\beta$

\* Corresponding authors. Tel: +44 (0) 1612755066; fax: +44 (0) 1612755082, E-mail: ann.canfield@manchester.ac.uk (A.E.C.); Tel: +44 (0) 1158231159; fax: +44 (0) 1158231230, E-mail: cathy.merry@nottingham.ac.uk (C.L.R.M)

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# **1. Introduction**

Vascular calcification is the formation of mineralized tissue, bone and/or cartilage within the vessel wall. Most patients with cardiovascular disease have some calcification, although it is most prevalent in patients with chronic kidney disease, type 2 diabetes mellitus and atherosclerosis.<sup>1,2</sup> Calcification is not only highly prevalent in these diseases, but there is now substantial evidence that it contributes to the morbidity and mortal-ity associated with these common conditions.<sup>3,4</sup>

Vascular calcification is an active cell-regulated process, involving the osteogenic differentiation of vascular smooth muscle cells (VSMCs), VSMC apoptosis, calcifying matrix vesicle/exosome release, and matrix mineralization.<sup>5,6</sup> Existing approaches for the prevention of vascular calcification are limited; therefore, there is an urgent need to identify new therapeutic targets to treat this devastating pathology.

The fibroblast growth factors (FGFs) are a large family of secreted glycoproteins that can be classified as either paracrine- or endocrine-acting. Paracrine FGFs, such as FGF-2, are readily sequestered to the extracellular matrix by heparan sulfate proteoglycans (HSPGs) which limits their diffusion within the extracellular space. For signal propagation, the paracrine FGFs bind to a cell surface FGF-receptor (FGFR1-5) in a ternary complex consisting of FGF, FGFR and HPSGs leading to the activation of downstream signalling events via phospholipase C $\gamma$  and protein kinase C (PKC), Ras-Erk1/2 or PI3K-Akt.<sup>7</sup>

FGF-2 is a critical regulator of osteogenesis and bone development,<sup>8,9</sup> although its role in this process is complex. Bone formation and mineralization are reduced in FGF-2-null mice.<sup>10,11</sup> However, whilst short-term FGF-2 treatment stimulates matrix mineralization in calvarial osteoblasts<sup>12,13</sup> and mesenchymal stem cells,<sup>14</sup> continuous FGF-2 treatment inhibits mineralization by these cells.<sup>12–16</sup> These studies suggest that FGF-2 is required to promote bone mineralization, but then must be down-regulated so mineralization can proceed.

Previous studies have shown that short-term FGF-2 treatment stimulates the expression of osteogenic markers in rat VSMCs.<sup>17</sup> However, the potential role of FGF-2 in VSMC mineralization is currently unknown. Therefore, this study investigated whether FGF-2 regulates VSMC mineralization. We demonstrate that FGF-2/FGFR signalling plays an inhibitory role in this process by interacting with syndecan-4 and down-regulating transforming growth factor- $\beta$  (TGF $\beta$ ) signalling in VSMCs.

## 2. Methods

Detailed experimental protocols are in the Supplementary material online.

## 2.1 Reagents

Reagents were analytical grade and obtained from Sigma-Aldrich (UK) unless otherwise stated. Recombinant human FGF-2 (#100-18B) was from PeproTech (UK), recombinant human TGF $\beta$ 1 (#240-B) from R&D Systems (UK), BGJ398 from Santa Cruz (USA), Gö6976 from Cell Signaling Technology (USA), and SB431542 from Sigma-Aldrich (UK). An equivalent volume of vehicle was used a control for each compound in experiments: 0.1% (w/v) bovine serum albumin (BSA) in 5 mM TRIS for FGF-2, dimethyl sulfoxide (DMSO) for BGJ398, Gö6976 and SB431542, and 0.1% (w/v) BSA in 4 mM HCl for TGF $\beta$ 1. Antibodies to phosphorylated Smad2 (#3108), Smad2 (#5339), protein kinase C $\alpha$  (PKC $\alpha$ , #2056), phosphorylated Akt (#4060), Akt (#9272), phosphorylated Erk1/2

(#4377), and Erk1/2 (#4695) were from Cell Signaling Technology (USA). Antibodies to syndecan-4 were from Santa Cruz (sc-12766) or Biovision, USA (#3644). Antibodies to FGF-2 (sc-79) were from Santa Cruz (USA), phosphorylated PKC $\alpha$  (07-790) from Merck Millipore (Germany), and  $\beta$ -actin (#A1978) from Sigma-Aldrich (UK).

## 2.2 Immunohistochemistry

Human atherosclerotic coronary arteries were used for the detection of FGF-2 (n=7) and syndecan-4 (n=5) by immunohistochemistry.<sup>18</sup> Calcification was detected using von Kossa staining. Images were acquired using a 20x/0.80 Plan Apo objective using the 3 D Histech Pannoramic 250 Flash II slide scanner. Human tissue was obtained with informed consent and with approval from the Local and National Research Ethics Committees (STH 16346, 12/NW/0036). This study conforms to the Declaration of Helsinki.

## 2.3 Cell culture

Bovine VSMCs were isolated from aortic explants obtained from a local abattoir, and routinely cultured in high glucose Dulbecco's Modified Eagle Medium (DMEM) supplemented with 2 mM L-glutamine, 100 U/ mL penicillin, 1.4  $\mu$ M streptomycin, 1 mM sodium pyruvate, 1x nonessential amino acids and 10% (v/v) fetal calf serum (FCS), referred to as 10% FCS-DMEM. For mineralization assays, cells were cultured in 10% FCS-DMEM until confluent (day 0), and then in 10% FCS-DMEM and 3 or 5 mM  $\beta$ -glycerophosphate ( $\beta$ -GP) for up to 18 days.<sup>19</sup> Controls were cultured without  $\beta$ -GP. Four preparations of uncloned VSMCs isolated from different animals were used for these studies; different batches of cells were used in independent experiments. Unless otherwise stated, *in vitro* studies used bovine VSMCs. Cells were used between passage 10–13.

Human coronary artery VSMCs were routinely cultured in medium 231 supplemented with smooth muscle growth supplement (Gibco, Life Technologies, UK). For mineralization assays, cells were cultured in medium 231 supplemented with smooth muscle growth supplement until confluent (day 0), and then with 5 mM  $\beta$ -GP and 0.9 mM calcium chloride for up to 40 days. The final concentration of calcium chloride in the human VSMC calcifying media was 2.5 mM. Controls were cultured without  $\beta$ -GP and additional calcium chloride. Two preparations of human VSMCs (passage 6–7) were used for these studies; different batches of cells were used in independent experiments.

## 2.4 Small interfering RNAs (siRNAs)

VSMCs were transfected with siRNAs against syndecan-4 (S459980, Ambion<sup>®</sup>, Life Technologies, UK) or PKC $\alpha$  (SI01965138, Qiagen, UK) using RNAiMAX (Invitrogen<sup>TM</sup>, Life Technologies, UK). A random control siRNA (#1027281; Qiagen, UK) was the control. All siRNAs were used at a final concentration of 20 nM. For signalling assays, VSMCs were cultured for up to 7 days, with repeated siRNA transfections every 48–72 h. For mineralization assays, VSMCs were transfected twice with siRNA (with 48–72 h between transfections) prior to  $\beta$ -GP treatment. During  $\beta$ -GP treatment, siRNAs were removed after 4 h and fresh medium containing  $\beta$ -GP was added to the cells between transfections.

#### 2.5 Alizarin red staining

Mineral deposition was confirmed by staining with 40 mM alizarin red (pH 4.1) and quantified by dye elution.<sup>19</sup> The absorbance values for VSMC mineralization were: early mineralization (0.09–0.2), mid mineralization (0.21–0.6), and late mineralization ( $\geq$ 0.61).

#### 2.6 Immunoblotting

Cell lysates were analysed for FGF-2, syndecan-4, phosphorylated Smad2, Smad2, phosphorylated PKC $\alpha$ , PKC $\alpha$ , phosphorylated Akt, Akt, phosphorylated Erk1/2, and Erk1/2 by immunoblotting.<sup>20</sup>  $\beta$ -actin was the loading control. Immunoblots were quantified using ImageJ.

# 2.7 RNA isolation and quantitative polymerase chain reaction (qPCR)

RNA was isolated using the RNeasy Mini Kit (Qiagen) and cDNA synthesized using Taqman<sup>®</sup> Reverse Transcription Reagents (Invitrogen<sup>TM</sup>, Life Technologies). qPCR was performed using SYBR Green PCR master mix (Applied Biosystems, Life Technologies) and the CFX96 or CFX384 Real-Time PCR system (Bio-Rad, UK). Primer sequences are provided in the Supplementary material online. All samples were amplified in duplicate and averaged to produce one data-point. The expression of each gene was normalized to the reference genes [ribosomal protein L12 (RPL12) and peptidylprolyl isomerase A (PPIA)] using the comparative C<sub>t</sub> method.

## 2.8 Statistical analysis

Data are presented as the mean  $\pm$  standard error of the mean (SEM). Data were normalized where required using log<sub>10</sub> and statistical comparisons were made using *t*-tests or one-way ANOVA. Data with two or more variables were analysed with a 2-way ANOVA. Where normality could not be confirmed, data were analysed using a Mann-Whitney *t*-test. A value of P < 0.05 was considered statistically significant.

# 3. Results

# 3.1 FGF-2 inhibits mineral deposition by VSMCs

FGF-2 plays an instructive role in osteogenesis,<sup>12–14</sup> but the potential involvement of FGF-2 in vascular calcification was unknown. Therefore, to investigate FGF-2 expression during VSMC mineralization, a well-established *in vitro* model of vascular calcification was used.<sup>19</sup> VSMCs deposited a mineralized matrix when cultured from confluence (day 0) in the presence of  $\beta$ -GP, and the extent of mineralization increased with time (*Figure 1A*). No mineralization was detected in controls cultured without  $\beta$ -GP (*Figure 1A*).

RNA and protein were isolated from VSMCs at specific time-points: early mineralization (days 9–10), mid mineralization (days 10–12), and late mineralization (days 12–18). RNA and protein were also isolated from VSMCs cultured without  $\beta$ -GP at these same time-points. FGF-2 mRNA (~40-fold increase; *Figure 1B*) and protein (~2.5-fold increase; *Figure 1C*) expression were significantly increased in  $\beta$ -GP-treated VSMCs at late mineralization when compared to controls at the same time-point. In contrast, FGF-2 expression was not increased in VSMC preparations that do not deposit a mineralized matrix in the presence of  $\beta$ -GP (*Figure 1D*) confirming that the changes observed in FGF-2 are either necessary for, or are a consequence of  $\beta$ -GP.

To determine whether FGF-2 regulates VSMC mineralization, VSMCs were cultured with  $\beta$ -GP plus vehicle or FGF-2 (25 or 50 ng/mL). Exogenous FGF-2 significantly reduced  $\beta$ -GP-induced mineralization when compared to the vehicle and  $\beta$ -GP control (*Figure 2A*). The addition of FGF-2 at different time-points during the mineralization protocol (i.e. 0, 2, 4 or 6 days after addition of  $\beta$ -GP) also significantly reduced  $\beta$ -GP-induced mineralization in VSMCs compared to controls (see Supplementary mate

rial online, *Figure S1*), suggesting FGF-2 can also suppress matrix mineralization when added to cells which are primed to mineralize.

We next investigated the role of FGF-2-dependent fibroblast growth factor receptor (FGFR) signalling during VSMC mineralization using the pan-FGFR inhibitor BGJ398. BGJ398 markedly inhibited FGF-2-induced Akt and Erk1/2 phosphorylation in VSMCs (*Figure 2B*); BGJ398 also increased  $\beta$ -GP-induced VSMC mineralization compared to the vehicle and  $\beta$ -GP control (~4.5-fold increase with 1  $\mu$ M BGJ398; *Figure 2C*). This result was verified in mineralizing human VSMCs (*Figure 2D*). BGJ398 did not induce VSMC mineralization in the absence of raised phosphate levels (see Supplementary material online, *Figure S2A*), nor did it induce mineralization in preparations of VSMCs that do not mineralize in the presence of  $\beta$ -GP (see Supplementary material online, *Figure S2B*), suggesting that inhibition of FGFR signalling does not drive VSMC mineralization on its own, but it accelerates mineralization in VSMCs that are already primed to mineralize.

# 3.2 FGF/TGF $\beta$ cross-talk regulates mineral deposition by VSMCs

The above results demonstrate FGF-2 and FGFR signalling reduce matrix mineralization in VSMCs, but how FGF-2 mediates this effect was unknown. Recent studies have shown that inhibiting FGF signalling increases TGF $\beta$  signalling in VSMCs.<sup>21,22</sup> As TGF $\beta$ 1 accelerates mineral deposition by calcifying vascular cells,<sup>23</sup> we next investigated the relationship between FGF and TGF $\beta$  signalling in VSMC mineralization.

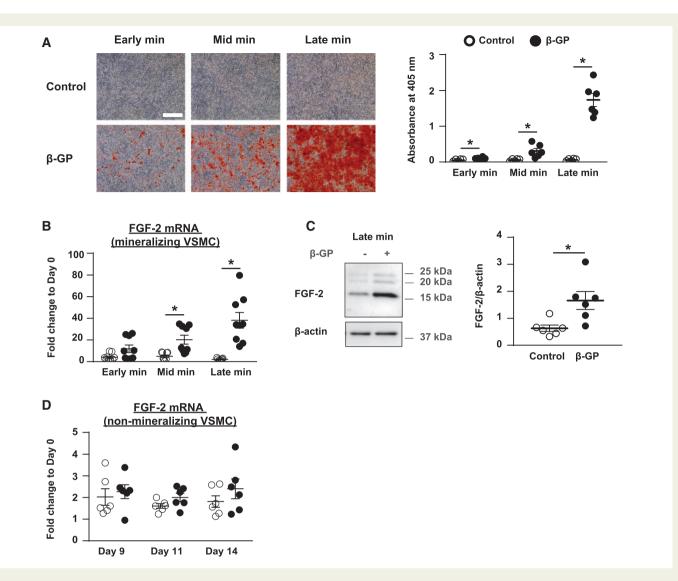
To confirm TGF $\beta$  signalling regulates VSMC mineralization, VSMCs were cultured with  $\beta$ -GP plus vehicle or TGF $\beta$ 1 (0.1 or 1 ng/mL). Exogenous TGF $\beta$ 1 significantly increased  $\beta$ -GP-induced VSMC mineralization when compared to the vehicle and  $\beta$ -GP control (*Figure 3A*). In contrast, inhibiting endogenous TGF $\beta$  signalling using the type 1 TGF $\beta$  receptor (TGF $\beta$ R1) kinase inhibitor, SB431542 (0.1 or 1  $\mu$ M), significantly reduced VSMC mineralization when compared to the vehicle and  $\beta$ -GP control (*Figure 3B*).

TGF $\beta$ R activation leads to Smad2 phosphorylation.<sup>21,22</sup> Previous studies have shown that decreased Smad2 phosphorylation co-localizes with increased FGFR1 phosphorylation in the medial layer of atherosclerotic human coronary arteries.<sup>22</sup> In the late stages of matrix mineralization, Smad2 phosphorylation was significantly reduced in  $\beta$ -GP-treated VSMCs when compared to controls at the same time-point (four-fold decrease; *Figure 3C*). This decrease in Smad2 phosphorylation coincided with increased FGF-2 expression in  $\beta$ -GP-treated VSMCs (compare *Figures 1B*, *1C* and *3C*).

To confirm FGF regulates TGF $\beta$  signalling in VSMCs, FGFR signalling was inhibited using BGJ398 and cells were incubated with TGF $\beta$ 1 for up to 60 min. TGF $\beta$ 1-induced Smad2 phosphorylation was significantly increased in VSMCs treated with BGJ398 after 30 and 60 min (*Figure 3D*); this increase was prevented by co-incubation with SB431542 (*Figure 3D*). The relationship between FGF and TGF $\beta$  signalling in matrix mineralization was also studied by incubating VSMCs with both inhibitors. As before, BGJ398 significantly increased  $\beta$ -GP-induced VSMC mineralization compared to the vehicle and  $\beta$ -GP control (*Figure 3E*); this increase was prevented by co-incubation with SB431542 (*Figure 3E*). Together these results suggest FGFR inhibition increases matrix mineralization by up-regulating TGF $\beta$  signalling in VSMCs.

# 3.3 Syndecan-4 expression co-localizes with FGF-2 in calcified vessels

Syndecan-4 is a transmembrane HSPG that functions as an adhesion receptor and growth factor co-receptor, eliciting signals in response to



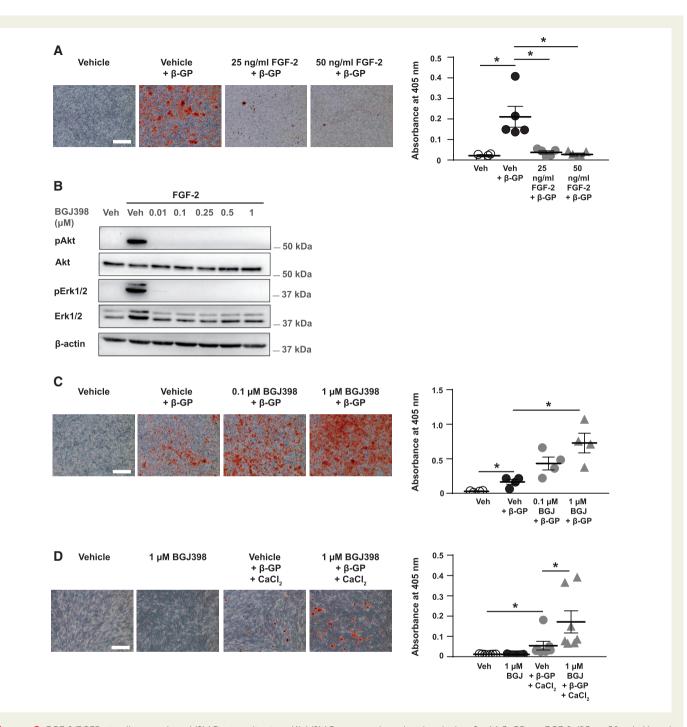
**Figure 1** FGF-2 expression is up-regulated during VSMC mineralization. VSMCs (day 0) were incubated  $\pm$  3 mM  $\beta$ -GP for up to 18 days. (A) VSMCs were stained with alizarin red (bar = 500  $\mu$ m) and mineral deposition quantified by dye elution (n = 6 independent experiments). FGF-2 expression was measured using (*B*) qPCR (data expressed relative to day 0; n = 9 independent experiments) and (*C*) immunoblotting of cell lysates (FGF-2 is expressed relative to  $\beta$ -actin; n = 6 independent experiments). Molecular weight markers are shown. (*D*) Two different preparations of non-mineralizing VSMCs were cultured  $\pm$  5 mM  $\beta$ -GP from confluence (day 0) for up to 14 days. RNA was collected from cells at day 0, 9, 11, and 14. These time-points were chosen as they correspond to the time for mineralizing VSMCs (1A) to reach early, mid or late mineralization. FGF-2 mRNA expression was measured using qPCR (data expressed relative to day 0; n = 6 independent experiments). (A, D) Data are means  $\pm$  SEM. (A, B, D) Data were normalized using log<sub>10</sub> and analysed using 2-way ANOVA with Sidak post-hoc tests. (C) Data were analysed using a Mann-Whitney *t*-test. \*P < 0.05.

the extracellular microenvironment.<sup>24,25</sup> Atherosclerotic plaque susceptibility is increased in syndecan-4/low-density lipoprotein receptor double knock-out mice fed a high-fat diet<sup>26</sup>; but its role in vascular calcification was unknown. As syndecan-4 is a critical regulator of FGF-2 signalling,<sup>27,28</sup> we next investigated the potential involvement of syndecan-4 in VSMC mineralization, and examined whether syndecan-4 regulates FGF-2/TGF $\beta$  signalling in this process.

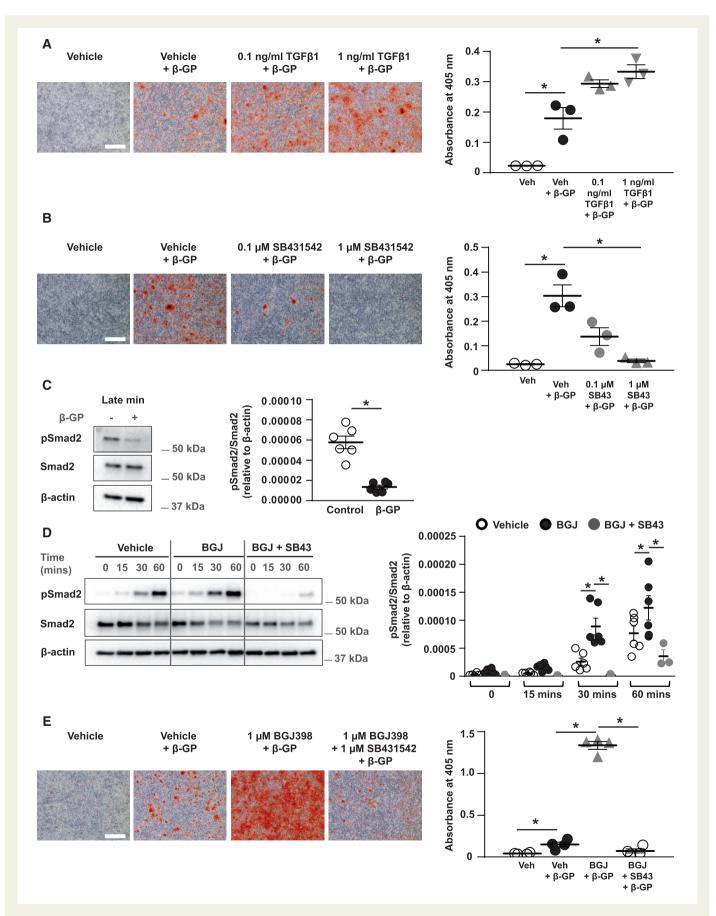
Syndecan-4 mRNA expression was markedly increased in  $\beta$ -GP-treated VSMCs, with a ~five-fold increase at late mineralization compared to the same time-point controls (*Figure 4A*). This increase in syndecan-4 mRNA expression coincided with increased FGF-2 expression and decreased Smad2 phosphorylation in  $\beta$ -GP-treated VSMCs (compare *Figures 1B, 1C, 3C* and 4A). In contrast, syndecan-1

expression was significantly decreased in  $\beta$ -GP-treated VSMCs compared to controls, with a  $\sim$ two-fold decrease at late mineralization (*Figure 4A*). No significant changes were detected in syndecan-2 or syndecan-3 mRNA expression (*Figure 4A*). Furthermore, syndecan-1 and syndecan-4 mRNA expression did not change when VSMC preparations which do not deposit a mineralized matrix in the presence of  $\beta$ -GP were analysed (*Figure 4B*).

Syndecan-4 and FGF-2 expression in human atherosclerotic arteries was also examined. FGF-2 and syndecan-4 staining was localized to areas directly adjacent to, and within, calcified regions of atherosclerotic arteries (representative images of three atherosclerotic lesions from two different donors are shown in *Figure 4Ci*–iii). No staining was observed in the rabbit IgG controls (*Figure 4Ci*–iii).



**Figure 2** FGF-2/FGFR signalling regulates VSMC mineralization. (A) VSMCs were cultured with vehicle  $\pm 3 \text{ mM} \beta$ -GP, or FGF-2 (25 or 50 ng/mL) and 3 mM  $\beta$ -GP, stained with alizarin red (bar = 500 µm) and mineral deposition quantified (Vehicle, n = 4 independent experiments; Vehicle and  $\beta$ -GP, 25 ng/mL FGF-2 and  $\beta$ -GP, 50 ng/mL FGF-2 and  $\beta$ -GP, n = 5 independent experiments). (B) VSMCs were serum-starved for 2 h with vehicle ('veh') or BGJ398 (0.01–1 µM), and stimulated with FGF-2 for 5 min. Vehicle-treated VSMCs not stimulated with FGF-2 were controls. Cell lysates were immunoblotted for phosphorylated Akt (pAkt), total Akt, phosphorylated Erk1/2 (pErk1/2), and total Erk1/2. Two independent experiments were performed with two different concentrations of FGF-2 (25 and 50 ng/mL) with identical results; a representative immunoblot (50 ng/mL FGF-2) is shown. Molecular weight markers are shown. (*C*) VSMCs were cultured with vehicle  $\pm 3 \text{ mM} \beta$ -GP, or BGJ398 (0.1 or 1 µM) and 3 mM  $\beta$ -GP for up to 11 days, stained with alizarin red (bar = 500 µm) and mineral deposition quantified (n = 4 independent experiments). (*D*) Human VSMCs were cultured with vehicle  $\pm 5 \text{ mM} \beta$ -GP and 0.9 mM calcium chloride, stained with alizarin red (bar = 500 µm) and mineral deposition quantified (n = 7 independent experiments). (*A*, *C*, *D*) Data are means  $\pm$  SEM. Data were normalized using log<sub>10</sub> and analysed using a one-way ANOVA with Dunnett post-hoc tests. \*P < 0.05.



**Figure 3** FGFR/TGF $\beta$  cross-talk regulates mineral deposition by VSMCs. (A) VSMCs were cultured with vehicle ± 3 mM  $\beta$ -GP, or TGF $\beta$ 1 (0.1 or 1 ng/mL) and 3 mM  $\beta$ -GP, stained with alizarin red (bar = 500  $\mu$ m) and mineral deposition quantified (n = 3 independent experiments). (B) VSMCs were cultured with

# 3.4 FGF-2 inhibits mineral deposition via syndecan-4

To determine the role of syndecan-4 in VSMC mineralization, siRNA was used to knock-down syndecan-4 expression (*Figure 5A*). Syndecan-4 knock-down significantly increased  $\beta$ -GP-induced VSMC mineralization compared to control siRNA-treated cells cultured with  $\beta$ -GP (*Figure 5B*). Knocking-down syndecan-4 expression in VSMCs cultured in control media did not induce matrix mineralization on its own (see Supplementary material online, *Figure S3A*). Furthermore, knocking-down syndecan-4 expression in a preparation of VSMCs that do not mineralize in the presence of  $\beta$ -GP did not induce matrix mineralization (see Supplementary material online, *Figure S3B*).

Syndecan-4 knock-down or biochemical inhibition of FGF-2dependent FGFR signalling increases VSMC mineralization, suggesting syndecan-4 and FGF-2 expression are increased in mineralizing VSMCs to prevent further calcification. To investigate the link between FGF-2 and syndecan-4 in regulating VSMC mineralization, control siRNA-, and syndecan-4 siRNA-transfected VSMCs were cultured with vehicle or FGF-2 in the presence of  $\beta$ -GP. As before, FGF-2 inhibited mineralization whereas syndecan-4 knock-down markedly increased mineralization (*Figure 5C*). Furthermore, the inhibitory effect of FGF-2 on matrix mineralization was partially prevented by knocking-down syndecan-4 expression (*Figure 5C*). However, FGF-2 was still able to inhibit mineralization in syndecan-4 knock-down VSMCs (*Figure 5C*), suggesting FGF-2 can also signal independently of its co-receptor, syndecan-4.

Inhibiting FGFR signalling increases TGF $\beta$  signalling in VSMCs (*Figure 3D*) and inhibiting TGF $\beta$  signalling prevents FGFR inhibition from increasing VSMC mineralization (*Figure 3E*). Therefore, to determine if TGF $\beta$  signalling is also responsible for the increased matrix mineralization in syndecan-4 knock-down VSMCs, syndecan-4 siRNA-transfected VSMCs were cultured with  $\beta$ -GP and vehicle or SB431542 (1  $\mu$ M). Control siRNA-transfected VSMCs cultured with  $\beta$ -GP were used as controls. Knocking-down syndecan-4 expression in VSMCs significantly increased  $\beta$ -GP-induced matrix mineralization; this increase was prevented by co-incubation with SB431542 (*Figure 5D*). These results suggest syndecan-4 and FGF-2 both suppress matrix mineralization by down-regulating TGF $\beta$  signalling in VSMCs.

# 3.5 PKC $\alpha$ signalling regulates mineral deposition

The cytoplasmic domain of syndecan-4 interacts with, and activates,  $PKC\alpha^{29,30}$  and the syndecan-4/PKC $\alpha$  complex regulates FGF-2-induced Akt phosphorylation in endothelial cells.<sup>27,28</sup> To investigate the link between FGF-2, syndecan-4 and PKC $\alpha$  in VSMCs, syndecan-4 and PKC $\alpha$ 

were knocked-down using siRNA and the cells were incubated with vehicle or FGF-2 for 5 min and down-stream signalling via Akt assessed. FGF-2-induced Akt phosphorylation was reduced in syndecan-4 siRNA-transfected VSMCs (*Figure 6A*) and PKC $\alpha$  siRNA-transfected VSMCs (*Figure 6B and C*). Western blotting also revealed a trend towards decreased phosphorylated PKC $\alpha$  during the late stages of VSMC mineralization (*Figure 7A*). Therefore, we next investigated whether PKC $\alpha$  regulates FGF-2/TGF $\beta$  signalling and mineralization in VSMCs.

Knocking-down PKC $\alpha$  with siRNA (*Figure 7B*) or inhibiting PKC $\alpha$  activity with Gö6976 (1  $\mu$ M) (*Figure 7C*) significantly increased  $\beta$ -GP-induced VSMC mineralization compared to the relevant controls. Gö6976 also increased mineralization in human VSMCs (*Figure 7D*). Knocking-down PKC $\alpha$  expression in VSMCs cultured in control media (see Supplementary material online, *Figure S3A*), or culturing VSMCs in control media with Gö6976 (see Supplementary material online, *Figure S3C*) did not induce matrix mineralization. Also Gö6976 did not induce mineralization in a preparation of VSMCs that do not mineralize in the presence of  $\beta$ -GP (see Supplementary material online, *Figure S3D*). These results suggest that loss or inhibition of PKC $\alpha$  is not a driver of VSMC mineralization *per se*, but it accelerates mineralization in VSMCs which are already primed to mineralize.

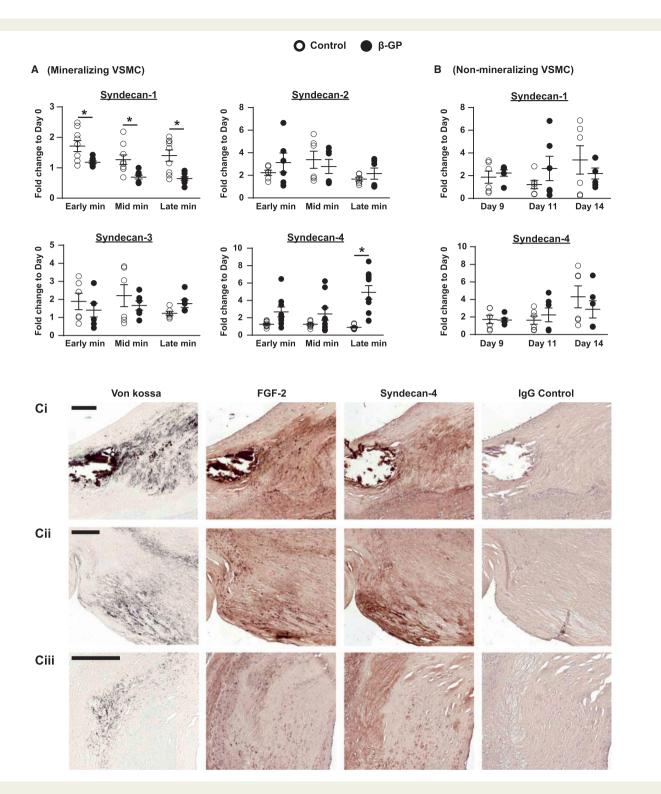
To further define the link between FGF-2/syndecan-4 and PKC $\alpha$  in regulating VSMC mineralization, control siRNA- and PKC $\alpha$  siRNA-transfected VSMC were cultured with vehicle or FGF-2 in the presence of  $\beta$ -GP. As before, FGF-2 reduced mineralization whereas PKC $\alpha$  knock-down markedly increased mineralization (*Figure 7E*). PKC $\alpha$  knock-down reduced the inhibitory effect of FGF-2 on mineralization (*Figure 7E*), suggesting the FGF-2/syndecan-4 signalling axis may, at least in part, regulate VSMC mineralization via PKC $\alpha$ . FGF-2 was still able to inhibit mineralization in PKC $\alpha$  knock-down VSMCs (*Figure 7E*), suggesting that FGF-2 can also signal via other downstream signalling pathways.

To determine if increased TGF $\beta$  signalling mediates the increased mineralization in PKC $\alpha$  knock-down VSMCs, PKC $\alpha$  siRNA-transfected VSMCs were cultured with  $\beta$ -GP and vehicle or SB431542 (1  $\mu$ M). Control siRNA-transfected VSMCs cultured with  $\beta$ -GP were controls. SB431542 prevented PKC $\alpha$  knock-down from increasing  $\beta$ -GP-induced matrix mineralization in VSMCs (*Figure 7F*), suggesting loss of PKC $\alpha$  increases matrix mineralization by up-regulating TGF $\beta$  signalling in VSMCs.

# 4. Discussion

We demonstrate the expression of FGF-2 and its co-receptor, syndecan-4, are increased in mineralizing VSMCs and at sites of calcification in

vehicle  $\pm$  3 mM  $\beta$ -GP, or SB431542 (0.1 or 1  $\mu$ M) and 3 mM  $\beta$ -GP, stained with alizarin red (bar = 500  $\mu$ m) and mineral deposition quantified (*n* = 3 independent experiments). (*C*) VSMCs were incubated  $\pm$  3 mM  $\beta$ -GP for up to 18 days. Cell lysates were isolated at late VSMC mineralization and immunoblotted for phosphorylated Smad2 (pSmad2), total Smad2, and  $\beta$ -actin on the same membrane. Molecular weight markers are shown. The pSmad2/Smad2 ratio is expressed relative to  $\beta$ -actin (*n* = 6 independent experiments). (*D*) VSMCs were serum-starved for 2 h ('0') with vehicle, BGJ398 (1  $\mu$ M), or with BGJ398 (1  $\mu$ M) and SB431542 (1  $\mu$ M), stimulated with 0.5 ng/mL TGF $\beta$ 1 for 15, 30 or 60 min and immunoblotted for phosphorylated Smad2 (pSmad2), total Smad2, and  $\beta$ -actin on the same membrane. Molecular weight markers are shown. The pSmad2/Smad2 ratio is expressed relative to  $\beta$ -actin (vehicle, BGJ398, *n* = 6 independent experiments; BGJ398 with SB431542, *n* = 3 independent experiments). (*E*) VSMCs were cultured with vehicle  $\pm$  5 mM  $\beta$ -GP, 5 mM  $\beta$ -GP and BGJ398 (1  $\mu$ M), or with 5 mM  $\beta$ -GP, BGJ398 (1  $\mu$ M) and SB431542 (1  $\mu$ M), stained with alizarin red (bar = 500  $\mu$ m) and mineral deposition quantified (*n* = 4 independent experiments). (*A*–*E*) Data are means  $\pm$  SEM. (*A*, *B*, *E*) Data were normalized using log<sub>10</sub> and analysed using a one-way ANOVA with Dunnett post-hoc tests. (*C*) Data were analysed using a Mann-Whitney *t*-test. (*D*) Data were analysed using a 2-way ANOVA with Sidak post-hoc tests. \**P* < 0.05.



**Figure 4** Syndecan-4 expression co-localizes with FGF-2 in vascular calcification. (A) VSMCs (day 0) were incubated  $\pm$  3 mM  $\beta$ -GP for up to 14 days. The mRNA levels of syndecan-1-4 were measured using qPCR (as in *Figure 1B*; n = 9 independent experiments for syndecan-1 and syndecan-4; n = 6 independent experiments for syndecan-2 and syndecan-3). (B) Two different preparations of non-mineralizing VSMCs were cultured  $\pm$  5 mM  $\beta$ -GP from confluence (day 0) for up to 14 days and the expression levels of syndecan-1 and syndecan-4 were measured using qPCR (as in *Figure 1D*; n = 6 independent experiments). (A, B) Data are means  $\pm$  SEM. Data were normalized using log<sub>10</sub> and analysed using 2-way ANOVA with Sidak post-hoc tests. \*P < 0.05. (C) Atherosclerotic coronary artery specimens stained with von Kossa's reagent for calcification (black), anti-FGF-2 antibody, anti-syndecan-4 antibody, or rabbit IgG. FGF-2 and syndecan-4 (brown) localize to areas adjacent to, or within, calcified regions in atherosclerotic plaques ((Ci), plaque with extensive calcification, patient 167; (Ciii) plaque with spicules of calcification, patient 161). (Ci-iii) Rabbit IgG controls are negative. Bars = 200 µm.

0.10

0.08 0.06 0.04 0.02 0

Syndecan-4

β-actin

Relative expression

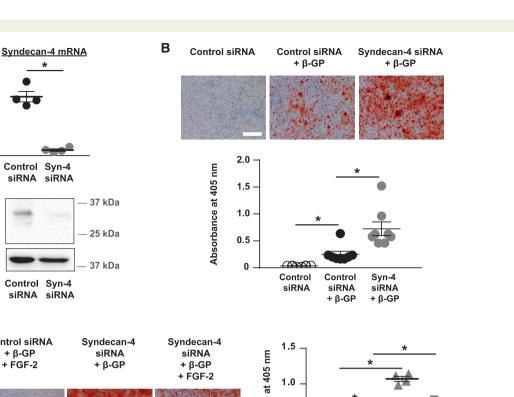
\*

Control Syn-4

siRNA

Α

С



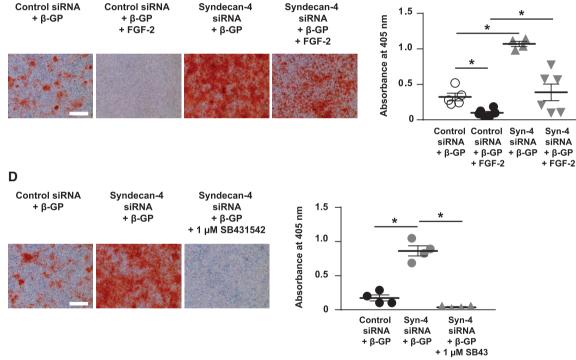
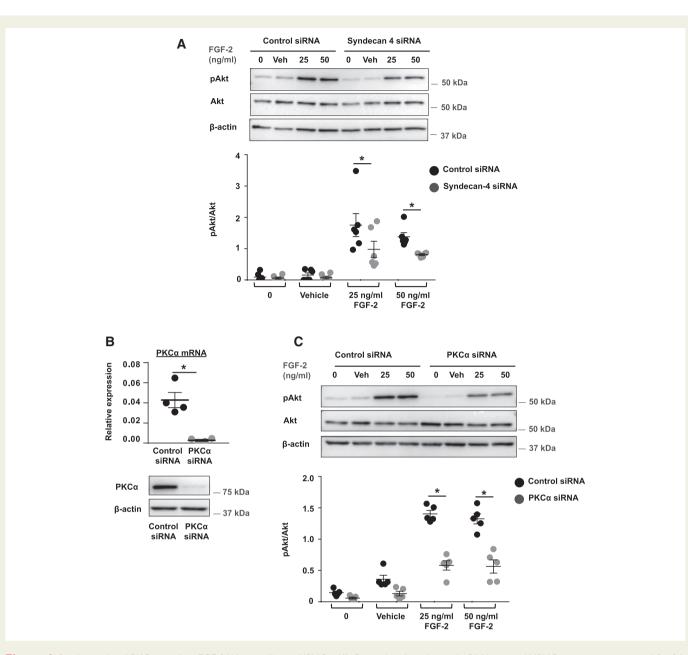


Figure 5 Knocking-down syndecan-4 rescues the inhibitory effect of FGF-2 on VSMC mineralization. (A) Syndecan-4 expression was knocked-down in VSMCs using siRNA and confirmed using qPCR (upper panel) and immunoblotting (lower panel) (n = 4 independent experiments). (B) VSMCs transfected with syndecan-4 siRNA were cultured with 3 mM  $\beta$ -GP for up to 9 days. Control siRNA-treated VSMCs cultured  $\pm$  3 mM  $\beta$ -GP were controls. Cells were stained with alizarin red (bar = 500 µm) and mineral deposition quantified (n = 8 independent experiments). Results were verified using a different siRNA oligonucleotide sequence to target syndecan-4 in VSMCs (not shown). (C) Control siRNA and syndecan-4 siRNA-treated VSMCs were cultured with 5 mM β-GP and vehicle or FGF-2, stained with alizarin red (bar = 500 µm) and mineral deposition quantified (Control siRNA/β-GP, Control siRNA/β-GP/FGF-2 and Syndecan-4 siRNA/ $\beta$ -GP/FGF-2, n = 6 independent experiments; Syndecan-4 siRNA/ $\beta$ -GP, n = 4 independent experiments). (D) Syndecan-4 siRNA-treated VSMCs were cultured with 5 mM  $\beta$ -GP and vehicle or SB431542 (1 $\mu$ M). Control siRNA-treated VSMCs cultured with 5 mM  $\beta$ -GP and vehicle were controls. Cells were stained with alizarin red (bar = 500 µm) and mineral deposition quantified (n = 4 independent experiments). (A–D) Data are means ± SEM. (A) Data were normalized using log<sub>10</sub> and analysed using a t-test. (B, D) Data were normalized using log<sub>10</sub> and analysed using a one-way ANOVA with Dunnett post-hoc tests. (C) Data were normalized using  $\log_{10}$  and analysed using a one-way ANOVA with Tukey post-hoc tests. \*P < 0.05.

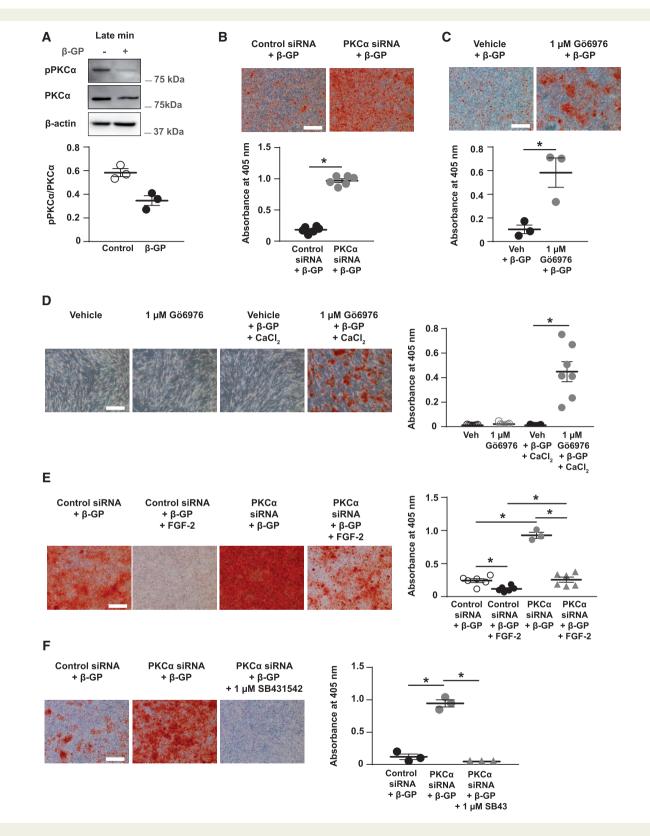


**Figure 6** Syndecan-4 and PKC $\alpha$  regulate FGF-2/Akt signalling in VSMCs. (A) Control and syndecan-4 siRNA-treated VSMCs were serum-starved for 2 h (0) and stimulated with vehicle or FGF-2 (25 and 50 ng/mL) for 5 min. Cell lysates were immunoblotted for phosphorylated Akt (pAkt) and total Akt;  $\beta$ -actin was the loading control (n = 6 independent experiments). Molecular weight markers and the pAkt/Akt ratio are shown. (B) PKC $\alpha$  expression was knocked-down in VSMCs using siRNA and confirmed using qPCR (upper panel) and immunoblotting (lower panel) (n = 4 independent experiments). (C) FGF-2/Akt signalling assays were performed with control and PKC $\alpha$  siRNA-treated VSMCs as described in (A) (n = 5 independent experiments). Molecular weight markers and the pAkt/Akt ratio are shown. (*B*) PKC $\alpha$  expression was knocked-down in VSMCs using siRNA and confirmed using qPCR (upper panel) and immunoblotting (lower panel) (n = 4 independent experiments). (C) FGF-2/Akt signalling assays were performed with control and PKC $\alpha$  siRNA-treated VSMCs as described in (A) (n = 5 independent experiments). Molecular weight markers and the pAkt/Akt ratio are shown. (*A*–C) Data are means ± SEM. (*A*, *C*) Data were analysed using a 2-way ANOVA with Sidak post-hoc tests. (*B*) Data were normalized using log<sub>10</sub> and analysed using a *t*-test. \*P < 0.05.

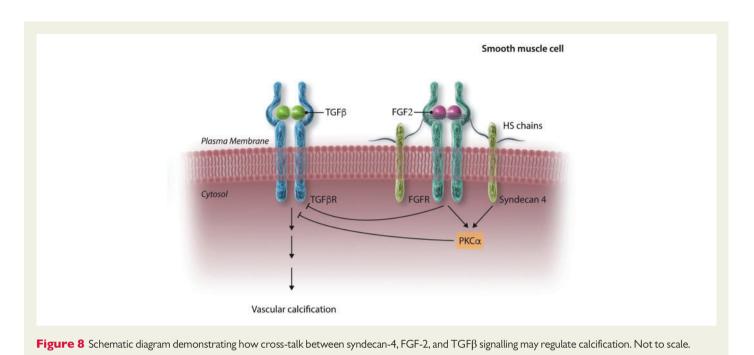
human atherosclerotic plaques, and that biochemical inhibition of FGFR signalling or knocking-down syndecan-4 expression increases VSMC mineralization. Importantly, syndecan-4 is, at least in part, responsible for the inhibition of VSMC mineralization by FGF-2, suggesting syndecan-4 expression is increased in mineralizing VSMCs to maintain FGF-2 signalling. We also show syndecan-4 and FGF-2 signalling suppress the deposition of a mineralized matrix by down-regulating TGF $\beta$  signalling. Finally, we demonstrate that PKC $\alpha$ , which is activated in a cytoplasmic domain-dependent manner by syndecan-4,<sup>29,30</sup> regulates FGF-2/TGF $\beta$  signalling

and mineralization in VSMCs. Together, these results demonstrate a novel feedback mechanism whereby mineralizing VSMCs increase FGF-2 and syndecan-4 expression and down-regulate TGF $\beta$  signalling to prevent more extensive calcification (*Figure 8*).

This is the first demonstration that FGF-2 expression is increased in mineralizing VSMCs *in vitro*, and that FGF-2 is localized to calcified regions of human atherosclerotic plaques. Consistent with these findings, FGF-2 is expressed adjacent to calcified regions in valve leaflets.<sup>31</sup> FGF-2 mRNA expression is also increased during the osteogenic differentiation



**Figure 7** Inhibiting PKC $\alpha$  activity with Gö6976, or knocking-down PKC $\alpha$  expression using siRNA, increases VSMC mineralization. (A) VSMCs (day 0) were incubated ± 3 mM  $\beta$ -GP for up to 14 days. Cell lysates were isolated at late VSMC mineralization and immunoblotted for PKC $\alpha$  phosphorylation (pPKC $\alpha$ ), total PKC $\alpha$ , and  $\beta$ -actin on the same membrane (n = 3 independent experiments). Molecular weight markers and the pPKC $\alpha$ /PKC $\alpha$  ratio are shown. (B) VSMCs transfected with control siRNA or PKC $\alpha$  siRNA were cultured with 3 mM  $\beta$ -GP for up to 9 days, stained with alizarin red (bar = 500 µm) and mineral deposition quantified (n = 6 independent experiments). (C) VSMCs were cultured with 3 mM  $\beta$ -GP and vehicle or 1 µM Gö6976 for up to 11 days, stained with alizarin red (bar = 500 µm) and mineral deposition quantified (n = 3 independent experiments). (D) Human VSMCs were cultured with vehicle ± 5 mM  $\beta$ -GP and 0.9 mM calcium chloride, or 1 µM Gö6976 ± 5 mM  $\beta$ -GP and 0.9 mM calcium chloride, or 1 µM Gö6976 ± 5 mM  $\beta$ -GP and 0.9 mM calcium chloride, stained with alizarin red (bar = 500 µm) and



and mineralization of osteoprogenitors,  $^{32}$  and is expressed at sites of bone formation *in vivo.*  $^{33}$  FGF-2 plays a complex role in osteoblast mineralization, with its effects dependent on the timing and duration of signal-ling.  $^{12-14}$  Consistent with these studies, we show that continuous FGF-2 treatment inhibits  $\beta$ -GP-induced VSMC mineralization. The addition of FGF-2 after the commencement of  $\beta$ -GP treatment also reduces VSMC mineralization, supporting the suggestion that increases in FGF-2 expression during late mineralization may put a 'brake' on this process. Indeed, FGF-2 stimulates the osteogenic potential of calvarial osteoblasts and mesenchymal stem cells during the early stages of differentiation, but must then be down-regulated for mineralization to proceed.  $^{12-14}$ 

It is well established that syndecan-4 is a critical regulator of FGF-2 signalling,<sup>27,28</sup> but it is currently unknown how the transcription of syndecan-4 and FGF-2 is regulated in mineralizing VSMCs. Previous studies have reported that FGF-2 synergizes with Runx2 to enhance syndecan-4 mRNA expression in calvarial osteoblasts,<sup>34</sup> but we found that 24-h FGF-2 treatment has no effect on syndecan-4 mRNA expression in VSMCs (see Supplementary material online, *Figure S4*). It is possible, therefore, that raised levels of Runx2 are required for FGF-2 to induce syndecan-4 expression in these cells e.g. as observed during VSMC osteogenic differentiation and mineralization.

A role for TGF $\beta$ 1 in vascular calcification was first suggested by Watson *et al.* who reported TGF $\beta$ 1 increased mineralized nodule formation in bovine calcifying vascular cells.<sup>23</sup> More recent studies have shown that inhibition of TGF $\beta$ R1 using SB431542 inhibits VSMC

mineralization.<sup>35,36</sup> We also show that TGF $\beta$ 1 accelerates mineral deposition by bovine VSMCs, whereas SB431542 inhibits it. Furthermore, we show FGF-2 expression is increased in mineralizing VSMCs and TGF $\beta$  signalling is concomitantly reduced to minimize further calcification. Previous studies in VSMCs have shown that suppressing FGF signalling results in reduced *let-7* microRNA, leading to increased TGF $\beta$ R1 receptor expression and TGF $\beta$  signalling activation.<sup>22</sup> It is therefore possible that FGF-2/TGF $\beta$  cross-talk may also be mediated via *let-7* microRNA in mineralizing VSMCs.

Several studies have suggested PKC $\alpha$  normally acts to suppress bone formation.<sup>37,38</sup> Consistent with a previous study in mouse VSMCs,<sup>39</sup> we show that inhibiting PKC $\alpha$  activity with Gö6976 or knocking-down PKC $\alpha$  expression increases VSMC mineralization. Moreover, we demonstrate that this increase in mineralization is prevented by inhibiting TGF $\beta$ R1 signalling. The crucial role of PKC $\alpha$  in regulating mineralization is further highlighted by our demonstration that knocking-down PKC $\alpha$ reduces the ability of FGF-2 to inhibit VSMC mineralization. Overexpressing PKC $\alpha$  in an osteoblastic cell line reduces alkaline phosphatase activity and the expression of osteogenic marker genes in these cells<sup>37</sup>; however, the effects of over-expressing PKC $\alpha$  on osteoblast or VSMC mineralization are unknown. As PKC $\alpha$  is downstream of FGF-2/ syndecan-4, a possible focus for therapeutic targeting in vascular calcification may be the modulation of PKC $\alpha$  activation/signalling in VSMCs.

A potential limitation of our study is that the signalling data were obtained following short-term incubation of the VSMCs with growth

mineral deposition quantified (n = 7 independent experiments). (E) Control siRNA and PKC $\alpha$  siRNA-treated VSMCs were cultured with 5 mM  $\beta$ -GP and vehicle or FGF-2, stained with alizarin (bar = 500  $\mu$ m) and mineral deposition quantified (Control siRNA/ $\beta$ -GP, Control siRNA/ $\beta$ -GP/FGF-2, and PKC $\alpha$  siRNA/ $\beta$ -GP/FGF-2, n = 6 independent experiments; PKC $\alpha$  siRNA/ $\beta$ -GP, n = 3 independent experiments). (F) PKC $\alpha$  siRNA-treated VSMCs were cultured with 5 mM  $\beta$ -GP and vehicle or SB431542 (1  $\mu$ M). Control siRNA-treated VSMCs cultured with 5 mM  $\beta$ -GP and vehicle were used as controls. Cells were stained with alizarin red (bar = 500  $\mu$ m) and mineral deposition quantified (n = 3 independent experiments). (A–F) Data are means ± SEM. (B, C) Data were normalized using log<sub>10</sub> and analysed using a t-test. (D, F) Data were normalized using log<sub>10</sub> and analysed using a one-way ANOVA with Tukey post-hoc tests. \*P < 0.05.

factors and/or inhibitors; whereas the mineralization data were obtained following incubation of the cells with these same reagents for up to 14 days. However, although caution should be taken when extrapolating between these two sets of data, our study clearly demonstrates that signalling and mineralization are both affected by these treatments.

Whilst our results indicate an important role for syndecan-4 in regulating FGF-2/TGF $\beta$  signalling during VSMC mineralization, other PGs could also regulate these signalling pathways in this process. Indeed, our data show the expression levels of several other PGs are modulated during VSMC mineralization (see Supplementary material online, *Figure S5*). For example, glypican-4 expression is also up-regulated in  $\beta$ -GP-treated VSMCs (see Supplementary material online, *Figure S5*). Glypican-4 binds FGF-2<sup>40</sup> and may therefore also affect FGF-2/FGFR signalling in VSMCs, although glypican-4 wouldn't directly activate PKC $\alpha$ . Decorin has also been shown to promote mineralization by increasing TGF $\beta$  signalling in VSMCs.<sup>35</sup> Future studies could, therefore, determine whether these PGs also regulate FGF-2 and TGF $\beta$  cross-talk during VSMC mineralization.

In conclusion, our study has identified a novel potential therapeutic target pathway in the control of vascular disease. We highlight syndecan-4/FGF-2/TGF $\beta$  signalling as a critical regulator of VSMC mineralization. Intriguingly, both syndecan-4 and FGFR signalling appear to be important in this process. It remains to be determined whether syndecan-4 and FGFR regulate mineralization in convergent or parallel pathways. It is possible that syndecan-4 may act to prevent excessive mineralization via two mechanisms: (a) interacting as a co-receptor for FGF-2 and inducing down-stream signalling via FGFR and (b) via interaction with PKC $\alpha$ . These pathways may then coalesce to suppress mineralization induced by TGF $\beta$ . Although this dual activity of syndecan-4 is well established in other systems (e.g. during neural induction<sup>41</sup>) its role here is of particular importance given the current need for novel drugs to treat vascular disease.

## Supplementary material

Supplementary material is available at Cardiovascular Research online.

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#### References

- Lehto S, Niskanen L, Suhonen M, Ronnemaa T, Laakso M. Medial artery calcification. A neglected harbinger of cardiovascular complications in non-insulin-dependent diabetes mellitus. Arterioscler Thromb Vasc Biol 1996;16:978–983.
- Nakayama M, Ura Y, Nagata M, Okada Y, Sumida Y, Nishida K, Ikeda H, Kaizu Y. Carotid artery calcification at the initiation of hemodialysis is a risk factor for cardiovascular events in patients with end-stage renal disease: a cohort study. *BMC Nephrol* 2011;**12**:56.
- Rennenberg RJ, Kessels AG, Schurgers LJ, van Engelshoven JM, de Leeuw PW, Kroon AA. Vascular calcifications as a marker of increased cardiovascular risk: a meta-analysis. Vasc Health Risk Manag 2009;5:185–197.

- 4. London G, Covic A, Goldsmith D, Wiecek A, Suleymanlar G, Ortiz A, Massy Z, Lindholm B, Martinez-Castelao A, Fliser D, Agarwal R, Jager KJ, Dekker FW, Blankestijn PJ, Zoccali C, Edta ERA. Arterial aging and arterial disease: interplay between central hemodynamics, cardiac work, and organ flow-implications for CKD and cardiovascular disease. *Kidney Int Suppl* 2011;**1**:10–12.
- Leopold JA. Vascular calcification: mechanisms of vascular smooth muscle cell calcification. Trends Cardiovasc Med 2015;25:267–274.
- Kapustin AN, Shanahan CM. Emerging roles for vascular smooth muscle cell exosomes in calcification and coagulation. J Physiol (Lond) 2016;594:2905–2914.
- Turner N, Grose R. Fibroblast growth factor signalling: from development to cancer. Nat Rev Cancer 2010;10:116–129.
- Marie PJ, Miraoui H, Severe N. FGF/FGFR signaling in bone formation: progress and perspectives. Growth Factors 2012;30:117–123.
- Ornitz DM, Marie PJ. Fibroblast growth factor signaling in skeletal development and disease. Genes Dev 2015;29:1463–1486.
- Montero A, Okada Y, Tomita M, Ito M, Tsurukami H, Nakamura T, Doetschman T, Coffin JD, Hurley MM. Disruption of the fibroblast growth factor-2 gene results in decreased bone mass and bone formation. J Clin Invest 2000;105:1085–1093.
- Naganawa T, Xiao L, Abogunde E, Sobue T, Kalajzic I, Sabbieti M, Agas D, Hurley MM. In vivo and in vitro comparison of the effects of FGF-2 null and haploinsufficiency on bone formation in mice. *Biochem Biophys Res Commun* 2006;**339**: 490–498.
- Fakhry A, Ratisoontorn C, Vedhachalam C, Salhab I, Koyama E, Leboy P, Pacifici M, Kirschner RE, Nah HD. Effects of FGF-2/-9 in calvarial bone cell cultures: differentiation stage-dependent mitogenic effect, inverse regulation of BMP-2 and noggin, and enhancement of osteogenic potential. *Bone* 2005;**36**:254–266.
- Ling L, Murali S, Dombrowski C, Haupt LM, Stein GS, van Wijnen AJ, Nurcombe V, Cool SM. Sulfated glycosaminoglycans mediate the effects of FGF2 on the osteogenic potential of rat calvarial osteoprogenitor cells. J Cell Physiol 2006;209:811–825.
- Dombrowski C, Song SJ, Chuan P, Lim X, Susanto E, Sawyer AA, Woodruff MA, Hutmacher DW, Nurcombe V, Cool SM. Heparan sulfate mediates the proliferation and differentiation of rat mesenchymal stem cells. *Stem Cells Dev* 2009;**18**:661–670.
- Debiais F, Hott M, Graulet AM, Marie PJ. The effects of fibroblast growth factor-2 on human neonatal calvaria osteoblastic cells are differentiation stage specific. J Bone Miner Res 1998;13:645–654.
- Biver E, Soubrier AS, Thouverey C, Cortet B, Broux O, Caverzasio J, Hardouin P. Fibroblast growth factor 2 inhibits up-regulation of bone morphogenic proteins and their receptors during osteoblastic differentiation of human mesenchymal stem cells. *Biochem Biophys Res Commun* 2012;**427**:737–742.
- Nakahara T, Sato H, Shimizu T, Tanaka T, Matsui H, Kawai-Kowase K, Sato M, Iso T, Arai M, Kurabayashi M. Fibroblast growth factor-2 induces osteogenic differentiation through a Runx2 activation in vascular smooth muscle cells. *Biochem Biophys Res Commun* 2010;**394**:243–248.
- Alam MU, Kirton JP, Wilkinson FL, Towers E, Sinha S, Rouhi M, Vizard TN, Sage AP, Martin D, Ward DT, Alexander MY, Riccardi D, Canfield AE. Calcification is associated with loss of functional calcium-sensing receptor in vascular smooth muscle cells. *Cardiovasc Res* 2009;81:260–268.
- Collett GD, Sage AP, Kirton JP, Alexander MY, Gilmore AP, Canfield AE. Axl/phosphatidylinositol 3-kinase signaling inhibits mineral deposition by vascular smooth muscle cells. *Circ Res* 2007;**100**:502–509.
- Hyde GD, Taylor RF, Ashton N, Borland SJ, Wu HSG, Gilmore AP, Canfield AE, Long D. Axl tyrosine kinase protects against tubulo-interstitial apoptosis and progression of renal failure in a murine model of chronic kidney disease and hyperphosphataemia. *PLoS One* 2014;9:e102096.
- Chen PY, Qin L, Li G, Tellides G, Simons M. Fibroblast growth factor (FGF) signaling regulates transforming growth factor beta (TGFβ)-dependent smooth muscle cell phenotype modulation. Sci Rep 2016;6:33407.
- Chen PY, Qin L, Li G, Tellides G, Simons M. Smooth muscle FGF/TGFβ cross talk regulates atherosclerosis progression. EMBO Mol Med 2016;8:712–728.
- Watson KE, Bostrom K, Ravindranath R, Lam T, Norton B, Demer LL. TGF-beta 1 and 25-hydroxycholesterol stimulate osteoblast-like vascular cells to calcify. J Clin Invest 1994;93:2106–2113.
- Morgan MR, Humphries MJ, Bass MD. Synergistic control of cell adhesion by integrins and syndecans. Nat Rev Mol Cell Biol 2007;8:957–969.
- Morgan MR, Hamidi H, Bass MD, Warwood S, Ballestrem C, Humphries MJ. Syndecan-4 phosphorylation is a control point for integrin recycling. *Dev Cell* 2013; 24:472–485.
- Baeyens N, Mulligan-Kehoe MJ, Corti F, Simon DD, Ross TD, Rhodes JM, Wang TZ, Mejean CO, Simons M, Humphrey J, Schwartz MA. Syndecan 4 is required for endothelial alignment in flow and atheroprotective signaling. *Proc Natl Acad Sci USA* 2014; 111:17308–17313.
- Partovian C, Ju R, Zhuang ZW, Martin KA, Simons M. Syndecan-4 regulates subcellular localization of mTOR Complex2 and Akt activation in a PKCalpha-dependent manner in endothelial cells. *Mol Cell* 2008;**32**:140–149.
- Ju R, Simons M. Syndecan 4 regulation of PDK1-dependent Akt activation. *Cell Signal* 2013;25:101–105.
- Oh ES, Woods A, Lim ST, Theibert AW, Couchman JR. Syndecan-4 proteoglycan cytoplasmic domain and phosphatidylinositol 4, 5-bisphosphate coordinately regulate protein kinase C activity. J Biol Chem 1998;273:10624–10629.

- Lim ST, Longley RL, Couchman JR, Woods A. Direct binding of syndecan-4 cytoplasmic domain to the catalytic domain of protein kinase C alpha (PKC alpha) increases focal adhesion localization of PKC alpha. J Biol Chem 2003;278:13795–13802.
- Latif N, Quillon A, Sarathchandra P, McCormack A, Lozanoski A, Yacoub MH, Chester AH, Pesce M. Modulation of human valve interstitial cell phenotype and function using a fibroblast growth factor 2 formulation. *PLoS One* 2015;**10**:e0127844.
- 32. Huang Z, Nelson ER, Smith RL, Goodman SB. The sequential expression profiles of growth factors from osteoprogenitors [correction of osteroprogenitors] to osteoblasts in vitro. *Tissue Eng* 2007;**13**:2311–2320.
- Gonzalez AM, Buscaglia M, Ong M, Baird A. Distribution of basic fibroblast growth factor in the 18-day rat fetus: localization in the basement membranes of diverse tissues. J Cell Biol 1990;110:753–765.
- Teplyuk NM, Haupt LM, Ling L, Dombrowski C, Mun FK, Nathan SS, Lian JB, Stein JL, Stein GS, Cool SM, van Wijnen AJ. The osteogenic transcription factor Runx2 regulates components of the fibroblast growth factor/proteoglycan signaling axis in osteoblasts. J Cell Biochem 2009;107:144–154.
- 35. Yan J, Stringer SE, Hamilton A, Charlton-Menys V, Gotting C, Muller B, Aeschlimann D, Alexander MY. Decorin GAG synthesis and TGF-beta signaling mediate Ox-LDL-induced

mineralization of human vascular smooth muscle cells. Arterioscler Thromb Vasc Biol 2011; **31**:608–615.

- 36. Krohn JB, Hutcheson JD, Martínez-Martínez E, Irvin WS, Bouten CV, Bertazzo S, Bendeck MP, Aikawa E. Discoidin domain receptor-1 regulates calcific extracellular vesicle release in vascular smooth muscle cell fibrocalcific response via transforming growth factor-β signaling. Arterioscler Thromb Vasc Biol 2016;**36**:525–533.
- Nakura A, Higuchi C, Yoshida K, Yoshikawa H. PKCα suppresses osteoblastic differentiation. Bone 2011;48:476–484.
- Galea GL, Meakin LB, Williams CM, Hulin-Curtis SL, Lanyon LE, Poole AW, Price JS. Protein kinase Cα (PKCα) regulates bone architecture and osteoblast activity. J Biol Chem 2014;289:25509–25522.
- Lee K, Kim H, Jeong D. Protein kinase C regulates vascular calcification via cytoskeleton reorganization and osteogenic signaling. Biochem Biophys Res Commun 2014;453:793–797.
- Hagihara K, Watanabe K, Chun J, Yamaguchi Y. Glypican-4 is an FGF2-binding heparan sulfate proteoglycan expressed in neural precursor cells. *Dev Dyn* 2000;**219**: 353–367.
- Kuriyama S, Mayor R. A role for Syndecan-4 in neural induction involving ERK- and PKC-dependent pathways. Development 2009;**136**:575–584.