ANTICANCER RESEARCH 23: 1189-1196 (2003)

TNFα Down-regulates CD105 Expression in Vascular Endothelial Cells: A Comparative Study with TGFβ1

CHENGGANG ${\rm LI}^1,$ BAOQIANG ${\rm GUO}^1,$ SHIGANG ${\rm DING}^2,~{\rm CARLOS}~{\rm RIUS}^3,$ CARMEN ${\rm LANGA}^3,$ PAT KUMAR $^1,~{\rm CARMELO}~{\rm BERNABEU}^3$ and SHANT KUMAR 1

¹Department of Pathology, Medical School, The University of Manchester, Manchester M13 9PT, U.K.; ²Department of Gastroenterology, The Third Hospital, Faculty of Medicine, Beijing University, Beijing 10083, China; ²Centro de Investigaciones Biologicas, CSIC, Madrid 28040, Spain

Abstract. The vascular endothelium participates in angiogenesis, inflammation and the immune response, which are modulated by vasoactive cytokines such as tumour necrosis factor- α (TNF α) and transforming growth factor- β 1 (TGF β 1). CD105 is a component of the TGF β receptor complex and is abundantly expressed in activated/injured endothelium where it is implicated in multiple cellular processes. Up-regulation of CD105 in synovial cells of rheumatoid arthritis and psoriatic lesions implies a possible role in the pathogenesis of such inflammatory disorders. The pro-inflammatory cytokine, TNFa, and anti-inflammatory cytokine, TGF\$1, regulate multiple cellular processes such as proliferation, differentiation and apoptosis. Our hypothesis is that CD105 gene expression in endothelial cells is regulated by the multifunctional cytokines TNFα and TGFβ1. By using human dermal microvascular endothelial cells the present study has shown that long-term treatment with TNFa (0.1-5 ng/ml) elicited a concentration- and time-dependent significant suppression (over 50% reduction) in CD105 protein levels. The observations that no significant alterations in the CD105 mRNA levels or in the CD105 promoter activity were found and that the potent inhibitor of NFKB, PDTC, did not affect the TNF α action suggest that CD105 down-regulation by TNFa is not at the transcriptional level. In contrast to TNFa, TGF\$1 significantly elevated CD105 protein and mRNA expression (<2-fold increase) through activation of its promoter activity. From these data we conclude that TNF α and TGF β 1 exert opposing effects on CD105 expression in human vascular endothelial cells and that CD105 is enmeshed in the network of signal pathways modulating multiple cellular functions.

Key Words: CD105 (endoglin), vascular endothelial cells, TNFα, TGFβ1.

0250-7005/2003 \$2.00+.40

The vascular endothelium participates in angiogenesis, inflammation and the immune response. Cytokines such as tumour necrosis factor- α (TNF α) and transforming growth factor-B1 (TGFB1) modulate these processes partially by acting on their vascular targets such as vascular endothelial growth factor (VEGF) and its receptor KDR (1), intercellular adhesion molecule-1 (ICAM-1), vascular cell adhesion molecule-1 (VCAM-1) and E-selectin (2-4). CD105 (endoglin) is an important component in the TGFB receptor complex that is expressed mainly in vascular endothelial cells (EC) (5,6) and to a lesser extent in macrophages (7), erythroid precursors (8), syncytiotrophoblast in placenta (9), pre-B leukaemic (10), haematopoietic (11), mesangial (12) and vascular smooth muscle cells (13), implying its multifunctional potential. CD105 binds TGFB1, TGFB3, activin-A and BMP-7 and modulates TGFB signalling (14-16). Haploin-sufficiency of CD105 results in hereditary haemorrhagic telangiectasia (HHT) type I - an autosomal dominant vascular disorder (17;18). CD105 knock-out mice develop severe defects in their vasculature and die in utero. Suppression of CD105 in vitro leads to inhibition of angiogenesis (19-22). The expression of CD105 in vascular endothelial cells of tumours is much more intense than in normal tissues and correlates with tumour metastasis and poor prognosis (23-28). Overexpression of CD105 has also been observed in the synovial cells of rheumatoid arthritis (RA), psoriatic lesions and in the skin vasculature of patients with systemic scleroderma, suggesting that it may be important in the pathogenesis of the inflammatory autoimmune disorders (29,30 and our unpublished data).

TGF β , a multifunctional cytokine, modulates angiogenesis and suppresses inflammation and the immune response (31,32). With regard to its role in tumour development, published literature is contradictory - TGF β 1 either inhibits or promotes tumour progression depending on the stage of the disease (31,33). TGF β signalling can be modified by CD105 on the one hand, while on the other hand CD105 is up-regulated by TGF β in cultured human monocytes (15). There appears to be a mutually dependent regulation

Correspondence to: S. Kumar, Department of Pathology, Medical School, The University of Manchester, M13 9PT, U.K. Tel: 0044 161 275 5298, Fax: 0044 161 275 5289, e-mail: MDDPSCL2@FS1.SCG.MAN.AC.UK



Figure 1. FACS analysis of CD105 expression. HDMEC were cultured in medium containing TNFa or TGF β 1 for 24 hours and CD105 expression was quantified by FACS. (A) TNFa induced a concentration-dependent reduction of CD105 expression with the maximal effects occurred at 5 ng/ml. (B) HDMEC were treated with 5 ng/ml of TNFa for various times. TNFa did not significantly alter CD105 levels from 1 to 4 hours, but it did so from 12 to 24 hours of treatment. (C) Treatment with TGF β 1 led to a concentration-dependent increase in CD105 expression with the maximal effect occurring at 10 ng/ml. (D) HDMEC were cultured in medium containing 10 ng/ml of TGF β 1 for designated times. The cells responded to TGF β 1 in a typical time-dependent manner, with treatment for 24 hours eliciting maximal CD105 expression. Data were expressed as mean±s.e.m.. Each bar represents data collected from six separate experiments (*p<0.05 and **p<0.01 compared with the control as analysed by one-way ANOVA followed by Duncan test).

between CD105 and TGFB1 in CD105 expressing cells. To ascertain whether this is the case in human vascular EC, the effect of TGFB1 on the expression of CD105 in human dermal microvascular EC (HDMEC) was examined.

TNFα, a pro-inflammatory cytokine, is produced upon stimulation by monocytes, macrophages, T and B lymphocytes, neutrophils and mast cells and is involved in multiple cellular functions including proliferation, differentiation and apoptosis (34). In vivo TNFa induces extensive disruption of tumour vasculature followed by haemorrhagic tumour necrosis (35,36). The anti-vascular action of TNF α is highly selective as it has no detectable effect on guiescent vessels (37,38). However, the molecular basis for the selectivity of TNF α 's action on angiogenic blood vessels has not been fully elucidated. Recently TNF α has been reported to suppress the activation of $\alpha v\beta 3$ (36). With regard to inflammatory diseases, TNF α plays a major role in the pathogenesis of RA and psoriasis (39,40), wherein the concomitant presence of CD105 has been noted. Accordingly, in this study the effect of $TNF\alpha$ on the expression of CD105 in HDMEC was examined.

Materials and Methods

HDMEC and cell culture. HDMEC (Clonetics, San Diego, CA, USA) were grown in complete medium comprising MCDB 131, 10 ng/ml

epithelial growth factor, 10% (v/v) foetal calf serum (FCS) (Life Technologies), 2 mM glutamine plus 100 µg/ml penicillin and 100 µg/ml streptomycin. Confluent cells were subcultured using 0.05% (w/v) trypsin and 2 mM EDTA. These cells express high levels of CD105 and are also positive for pan-endothelial markers, viz CD31 and von Willebrand factor as determined by immunocytochemistry, flow cytometry and immunoblotting (data not shown). To study the gene expression of CD105 in response to cytokines, confluent HDMEC were maintained in complete medium, containing either TNFa (0.125 - 5 ng/ml) (Sigma) or TGFB1 (0.001 - 10 ng/ml) (R&D Systems) for up to 24 hours. Control cells at the same confluency were maintained in complete medium only (lacking TNFa and TGFB1). The cultures were rinsed twice with pre-warmed PBS to remove any detached cells prior to examination of the following parameters. The possible effect of pyrrolidinedithiocarbamate (PDTC) (Sigma), a potent NFKB inhibitor, on the action of TNFa was examined using serum-free cultures. Fifty μ M of PDTC were added to the HDMEC in the presence or absence of TNFa for 24 hours and CD105 expression was determined by immunoblotting analysis.

Indirect immunofluorescence and flow cytometric analysis. The cell surface expression of CD105 protein was quantified by flow cytometry as described previously (21). Briefly, 10^5 cells per tube were incubated with 50 µl (10 µg/ml in PBS) of monoclonal antibody (mab), E9, to CD105 or pre-immunised mouse serum as negative control antibody (10 µg/ml in PBS) on ice for 1 hour and washed twice with cold PBS. After incubation with FITC-labelled rabbit anti-mouse F(ab)₂ (1:40; DAKO) for 30 minutes on ice, the cells were washed and re-suspended in 0.3 ml of 2% buffered formalin and analysed on a Becton Dickinson FACScan flow cytometer.



В



Analysis of CD105 protein expression by immunoblotting. CD105 protein was extracted from HDMEC by solubilising 1×10^{7} cells/ml with extraction buffer [0.2% (v/v) NP-40 in 0.1 M Tris buffer (pH 7.3), 0.5 mM PMSF, 1 mM pepstatin, 0.1 mM leupeptin, 1 mM EDTA (BDH)]. The cell lysate was microfuged at 8000×g for 10 minutes at 4°C and the supernatant collected for immunoblotting analysis. Cell lysate corresponding to 50 µg of protein was added to an equal volume of sample buffer [0.1 M Tris-HCl, 4% (w/v) SDS, 0.001% (w/v) bromophenol blue, 20% (w/v) glycerol (BDH)] and resolved on 4-7.5% (w/v) sodium dodecyl sulfate (SDS)-polyacrylamide gel. The fractionated proteins were electrophoretically transferred onto a PVDF membrane (Millipore) using the Trans-Blot system (Bio-Rad Laboratories). Filters were blocked with 2% (w/v) BSA in PBS, 0.1% (v/v) Tween 20 for 2 hours at room temperature. To detect CD105 protein, mab E9 to CD105 (1:1000; 0.5 µg/ml) in blocking solution was applied and filters were incubated overnight at 4°C. Finally, the blots were incubated with horseradish peroxidase (HRP)-conjugated rabbit anti-mouse IgG (DAKO) (1:2000 in blocking solution) for 2 hours at 4°C with shaking. The CD105 protein was visualised using the enhanced chemiluminescence (ECL) system (Amersham). All chemicals unless specified were obtained from Sigma.

Analysis of CD105 mRNA by Northern blotting. Total RNA was extracted using guanidinium thiocyanate/phenol/chloroform. Briefly, HDMEC cultured in 25-cm² flasks were lysed *in situ* by the addition of 1 ml RNAzol B (Biogenesis). The cell lysate was transferred to clean Corex tubes, to which 0.2 ml of chloroform was added and mixed by inversion. Following centrifugation at $8000 \times g$ for 15 minutes at 4°C, the upper phase was removed to a clean Corex tube, and an equal volume of isopropanol added to precipitate the RNA. The RNA was recovered by



Figure 2. Immunoblotting analysis of CD105 expression. CD105 was extracted from the same batch of cells used for FACS analysis. Fifty μg of total protein was resolved on a 4-7.5% SDS-PAGE under nonreducing conditions, blotted onto PVDF membrane and probed using mab E9. (A) It is evident that CD105 levels were diminished by TNFa treatment. Five ng/ml of TNFa led to greater than 70% reduction of CD105 protein. (B) CD105 levels were elevated with the increasing concentration of TGF\$1. Ten ng/ml of TGF\$1 induced the highest expression of CD105 protein. (C) The NFKB inhibitor, PDTC, failed to reverse the inhibitory effect of TNFa on CD105 expression, suggesting that the effect of TNFa was not mediated via the NFKB pathway. Barcharts indicate the signal intensity pooled from three experiments as quantified on a densitometer and expressed as mean ±SD. The signal intensity between TNFa alone and TNFa plus PDTC treated cells was not significantly different (p>0.05, one-way ANOVA) (*p<0.05 and **p<0.01 compared with control, one-way ANOVA followed by Duncan test).

centrifugation (8000×g) at 4°C for 15 minutes and the pellet was washed in 70% ethanol and air-dried. The samples were resuspended in 50 μ l DEPC H₂O on ice and the amount of RNA was quantified by measuring OD₂₆₀.

For Northern blot analysis, 20 μ g of total RNA was denatured and fractionated in 1% (w/v) agarose / 2.8% (v/v) formaldehyde gel and capillary blotted onto nitrocellulose. The CD105 cDNA probe was excised with Eco RI from the pcEXV-EndoL plasmid (15) and the 2.3 kb fragment was labelled with ³²P by random prime labelling. The blot was hybridised with the ³²P-labelled cDNA probe complementary to CD105 mRNA at 65°C overnight and the extent of probe hybridisation was revealed by a phosphorimager (Molecular Dynamics), and analysed using Image Quant software. The blots were then re-hybridised with ³²P-labelled probe for GAPDH for use as a loading control.

Luciferase reporter gene assay. To determine the CD105 promoter activity following TNF α or TGF β 1 treatment, plasmid pXP2 harbouring the 2.8kb (-2450/+350) CD105 promoter (41) and a down-stream firefly luciferase gene was used for transient transfection of HDMEC. Internal normalisation was performed by co-transfection of the pXP2 plasmid with CMV β gal, a β -galactosidase expression vector driven by the cytomegalovirus (CMV) promoter. Transfection of HDMEC was carried out using the liposome-mediated gene transfer technique. Briefly, cells were seeded at 1×10^5 cells/35-mm dish and the following day were transfected with 4 μ l of DMRIE-C (Life Technologies) plus 1 μ g of plasmid CMV β gal mixed with 2 μ g of pXP2 in serum-free medium. Twenty-four hours after transfection, the cultures were replenished with complete medium with or without TNF α or TGF β 1 and incubated for 24 hours. Thereafter the cells were harvested and the enzyme activity determined. Luciferase and β -galactosidase activities were measured on



Figure 3. Northern blotting analysis of CD105 mRNA expression. Twenty micrograms of total RNA were fractionated on a 1% denaturing agarose gel and transferred onto a nylon membrane. CD105 and GAPDH were probed using ³²P-labelled corresponding cDNAs and visualised on a Phosphorimager. (A) Treatment with TNFa resulted in an insignificant alteration of CD105 mRNA (p>0.05, one-way ANOVA). (B) Treatment with TGF β 1 elevated CD105 mRNA in a typical concentration-dependent manner. In agreement with FACS and immunoblotting analysis, 10 ng/ml of TGF β 1 elicited the strongest signal for CD105 mRNA. Bar charts indicate the signal intensity pooled from three experiments and expressed as mean ± SD. (*p<0.05, one-way ANOVA followed by Duncan test).

a TD-20/20 Luminometer (Promega, UK) and a colorimetric plate reader (Labsystems) respectively using kits from Promega.

Results

TNFa suppressed but TGF β 1 increased expression of CD105 as determined by FACS. HDMEC were grown in medium containing TNFa (0, 0.125, 0.25, 0.5, 2.5 and 5 ng/ml) or TGF β 1 (0, 0.001, 0.01, 0.1, 1 and 10 ng/ml) for 24 hours. Cells were harvested and stained with mab E9 to quantify the cell surface expression of CD105 by FACS. TNFa suppressed CD105 expression in a concentration-dependent manner. Five ng/ml of TNFa resulted in a maximal



Figure 4. CD105 promoter activity upon treatment with TGF β 1. HDMEC were co-transfected with plasmids pXP2/pCD105/lux and CMV β gal and cultured in the presence or absence of TGF β 1. Luciferase and β -galactosidase activities were determined 24 hours post-treatment. To eliminate possible variations in cell number and transfection efficiency, luciferase was normalised to β -galactosidase activity. TGF β 1 treatment significantly elevated the CD105 promoter activity, which was most evident at 1 and 10 ng/ml. Data represent six samples at each concentration and expressed as mean±s.e.m., collected from three separate experiments (*p < 0.05 compared with control medium, one-way ANOVA followed by Duncan test).

reduction in CD105 protein levels (approximately 50%) (Figure 1A). Therefore in subsequent experiments, HDMEC were treated with this concentration of TNF α (5 ng/ml) for various time courses. A typical time-dependent response was noted, with maximal suppression occurring at 24 hours, but with significant effects taking place after 12 hours (Figure 1B).

The addition of TGF^β1 resulted in an increased expression of CD105 - the highest expression (approximately 100% increase) was elicited by 10 ng/ml (Figure 1C). To examine whether cellular responses to TGF^β1 are time-dependent, cells were grown in medium supplemented with 10 ng/ml of TGF^β1 for various times. Longer incubation resulted in higher CD105 expression, demonstrating that TGF^β1 upregulated CD105 expression in a time-dependent manner (Figure 1D).

Immunoblotting analysis of CD105 expression. HDMEC were treated with various concentrations of TNF α and TGF β 1 separately for 24 hours and cell lysate corresponding to 50 µg protein was subjected to SDS-PAGE under non-reducing conditions, blotted onto PVDF membrane and probed using mab E9. In all cases one major band of 180 kDa corresponding to the dimeric form of CD105 was seen on the blot. As shown in Figure 2A, CD105 levels correlated inversely with TNF α concentration - for instance, 5 µg/ml of TNF α reduced CD105 levels by approximately 70%. In contrast, TGF β 1 elevated CD105 expression in a concentration-dependent manner. Ten ng/ml of TGF β 1 induced the maximal CD105 expression in comparison with the control medium (Figure 2B). To investigate whether inhibition of the NFKB affected TNF α regulation on CD105 expression, cells grown in serum-free medium were treated with 50 μ M PDTC for 24 hours in the presence or absence of TNF α . As shown in Figure 2C, TNF α but not PDTC markedly reduced CD105 levels. The addition of PDTC to TNF α did not alter the effect of the latter, demonstrating that the TNF α regulation was not mediated by the NFKB pathway. It is also evident that cells cultured in serum-free medium expressed considerably lower levels of CD105 than those in medium supplemented with 10% FCS, which is in line with the data obtained by FACS (data not shown).

Northern blot of CD105 mRNA from cells following treatment with TNF α or TGF β 1. Total RNA extracted from TNF α or TGFB1-treated or untreated control cells was fractionated in a denaturing agarose gel, blotted onto nitrocellulose membrane and probed using cDNAs to CD105 and GAPDH. Treatment with TNF α resulted in a negligible reduction of CD105 mRNA in comparison to GAPDH mRNA, suggesting that the suppression of CD105 expression by TNF α is not at the transcriptional level (Figure 3A). The following result from luciferase reporter gene assay was in favour of this observation. As shown in Figure 3B, TGFB1 induced a typical concentration-dependent increase in CD105 mRNA expression. The expression patterns of mRNA in TGFB1treated cells were consistent with the protein levels revealed by FACS and immunoblotting.

TGF β 1 but not TNF α markedly altered CD105 promoter activity. To examine whether TNF α and TGF β 1 exert their effects on the CD105 promoter, HDMEC were transiently transfected with the plasmid pXP2 harbouring a CD105 promoter and a down-stream firefly luciferase gene. Treatment with TNF α resulted in a negligible suppression of CD105 promoter activity (data not shown), which was considered not strong enough to support the transcriptional regulation. In contrast, upon treatment with TGF β 1, CD105 promoter activity was elevated (over 1.5-fold compared with the basal level), demonstrating that TGF β 1 up-regulates CD105 expression through enhancing its promoter activity (Figure 4).

Discussion

TNF α and TGF β 1 are involved in a number of pathophysiological settings including angiogenesis, tumour development, inflammation and immune response. CD105 plays a critical role in maintaining the normal structure and physiological function of blood vessels and promoting formation of the neovasculature. The data presented in this study have revealed an association between CD105 and the multifuntional proinflammatory cytokine, TNF α , and the anti-inflammatory cytokine, TGF β 1. The implication of these findings is that CD105 is one of the vascular targets for the two cytokines and modulates their actions on the vascular system.

The differential regulation of CD105 by TNF α and TGF β 1 in EC is another example of the two cytokines displaying contradictory functions. For instance, TNF α and TGF β 1 exhibit opposing effects on the expression of cell cycle proteins such as p21, p27 and cyclin D1 (42), connective tissue growth factor (43), and matrix metalloproteinase 9 in monocytes (44). VCAM-1 is one of the indicators of endothelial damage/activation (2;4). TNF α stimulates the expression of VCAM-1 but this response is repressed by TGF β 1 in glomerular EC, again indicating the distinct opposing actions of these two cytokines (45).

TGFB1 is generally regarded as playing a dual role in tumour development, i.e. it reduces tumourigenicity of breast and lung cancers by suppressing tumour growth and angiogenesis (46,47) but may promote progression of an advanced tumour through immune suppression and indirect stimulation of angiogenesis (33). A number of investigators have reported that over-expression of TGFB1 in tumour tissues and in the circulation of patients with late stage cancers of prostate, stomach, colorectum and lung is associated with the occurrence of metastases and shorter survival (48-50). VEGF has been reported to mediate the positive effects of TGFB1 in tumour angiogenesis (51). The present study indicates that CD105 may be another mediator of the action of TGFB1 on angiogenesis in advanced tumours. CD105 is over-expressed in tumour tissues and in the circulation of patients with various types of cancer, Its expression levels correlate with angiogenesis, metastasis and poor prognosis (24-26,52,53). Data presented in this study demonstrate that TGFB1 up-regulates CD105 expression in vascular EC. The latter, in turn, may promote angiogenesis. Therefore we speculate that the stimulatory action of TGFB1 on CD105 gene expression contributes to the worsening prognosis of certain types of advanced cancers. Further studies are needed to clarify the possible inter-relationship between TGFB1, CD105, angiogenesis and tumour progression in the same cohort of patients.

TNF α has been used for anti-cancer therapy, its target being the vascular endothelium of the vasculature and not the tumour cells. Administration of TNF α in patients with metastatic melanoma resulted in detachment and apoptosis of EC (35). The inactivation of integrin $\alpha\nu\beta3$ by TNF α is one of the contributing factors, but other mechanisms may be involved in the anti-angiogenic action of TNF α (36). In view of the putative pro-angiogenic role of CD105, the observed inhibition of CD105 in EC by TNF α may be another important contribution to its suppressive effect on tumour angiogenesis.

Both TNF α and TGF β 1 are present in atherosclerotic lesions and are thought to have key roles in atherogenesis (54,55). Clinical and experimental evidence suggest that development of atherosclerotic lesions, which is initiated by lipoprotein retention and aggregation within the vessel wall, can be accelerated by the local action of inflammatory cytokines such as TNF α on EC. TNF α stimulates expression of EC genes like VCAM-1 and E-selectin that may exacerbate the progression of atherosclerosis (45,55). In contrast, TGF β 1 is considered to exert atheroprotective effects through inhibition of smooth muscle cell migration and suppression of inflammation (56,57). CD105 is present in atherosclerotic plaques and elevated levels are found in the circulation of patients with atherosclerosis (13,57 and our unpublished data), but its role in the atherogenic processes remains to be established.

CD105 is up-regulated in inflammatory conditions such as RA, psoriasis and tissue repair (29,30,59,60). The results shown here suggest that the pro-inflammatory factor TNF α does not contribute to this CD105 up-regulation. It remains possible that under different experimental conditions, TNF α has a positive effect on CD105 expression. TNF α plays a major role in the progression of inflammatory diseases such as RA, psoriasis as demonstrated by the success of anti-TNF α therapy in RA (58). However, it is not known what effect anti-TNF α therapy has on CD105 levels. Quantification of CD105 in diseased tissues and in the circulation of patients pre- and post-treatment may prove whether it is an appropriate marker of disease activity.

Systemic sclerosis (SSc) is an autoimmune disease characterised by the involvement of microvascular damage, excessive extracellular molecule deposition and fibrosis. In an unpublished study we have found up-regulation of CD105 in the vasculature of skin biopsies taken from patients with SSc. Further investigation is required to determine the interactions of TGFßs and CD105 in the pathobiology of this disease.

The fact that TGF β 1 but not TNF α significantly altered CD105 promoter activity suggests that the TGF β 1 regulation resides, at least in part, at the transcriptional level. The stimulatory effect of TGF β 1 has been previously observed in mesangial and CD105-transfected U937 cells (15); these findings are in agreement with the present study. Several transcriptional elements responsive to TGF β , including the Smad binding elements found in the CD105 promoter, are considered to mediate the effect of TGF β 1 on CD105 expression (41, 61). By contrast, the CD105 down-regulation by TNF α , shown in this paper, does not support a transcriptional involvement. We speculate that under our experimental conditions, TNF α may induce cleavage of CD105 by an unknown protease, which requires further investigation.

The findings in this study, together with the observation that IFN γ , a potent anti-angiogenic cytokine, also suppresses CD105 gene expression in vascular EC (our unpublished data) lead us to conclude that CD105 expression in the EC is regulated by the concerted action of a panel of vasoactive cytokines. As a pro-angiogenic factor, CD105 modulates their actions on the vasculature. In the context of the multifunctional property of such cytokines, CD105 appears to be embedded in a network of signals involved in angiogenesis,

inflammation and immune response. Further studies are required to elucidate the precise roles of CD105 in these processes and interactions of CD105 with other intracellular components.

Acknowledgements

CL is a Wellcome Trust Fellow.

References

- 1 Guo DQ, Wu LW, Dunbar JD, Ozes ON, Mayo LD, Kessler KM, Gustin JA, Baerwald MR, Jaffe EA, Warren RS and Donner DB: Tumor necrosis factor employs a protein-tyrosine phosphatase to inhibit activation of KDR and vascular endothelial cell growth factorinduced endothelial cell proliferation. J Biol Chem 275: 11216-11221, 2001.
- 2 Hong JJ, Jeong TS, Choi JH, Park JH, Lee KY, Seo YJ, Oh SR and Oh GT: Hematein inhibits tumor necrotic factor-alpha-induced vascular cell adhesion molecule-1 and NF-KB-dependent gene expression in human vascular endothelial cells. Biochem Biophys Res Commun 281: 1127-1133, 2001.
- 3 Denk A, Goebeler M, Schmid S, Berberich I, Ritz O, Lindemann D, Lindemann D and Wirth T: Activation of NF-κB via the IκB kinase complex is both essential and sufficient for proinflammatory gene expression in primary endothelial cells. J Biol Chem 276: 28451-28458, 2001.
- 4 Melrose J, Tsurushita N, Liu G and Berg EL: IFN-γ inhibits activation-induced expression of E- and P-selectin on endothelial cells. J Immunol *161*: 2457-2464, 1998.
- 5 Kumar S and Li C: Targeting of the vasculature in cancer and other angiogenic diseases. Trends Immunol 22: 129, 2001.
- 6 Fonsatti E, Vecchio LD, Altomonte M, Sigalotti L, Nicotra MR, Coral S, Natali PG and Maio M: Endoglin: An accessory component of the TGF-beta-binding receptor-complex with diagnostic, prognostic and bioimmunotherapeutic potential in human malignancies. J Cell Physiol 188: 1-7, 2001.
- 7 O'Connell PJ, McKenzie A, Fisicaro N, Rockman SP, Pearse MJ and d'Apice AJ: Endoglin: a 180-kD endothelial cell and macrophage restricted differentiation molecule. Clin Exp Immunol 90: 154-159, 1992.
- 8 Buhring HJ, Muller CA, Letarte M, Gougos A, Saalmuller A, van Agthoven AJ and Busch FW: Endoglin is expressed on a subpopulation of immature erythroid cells of normal human bone marrow. Leukemia 5: 841-847, 1991.
- 9 St-Jacques S, Forte M, Lye SJ and Letarte M: Localization of endoglin, a transforming growth factor-beta binding protein, and of CD44 and integrins in placenta during the first trimester of pregnancy. Biol Reprod 51: 405-413, 1994.
- 10 Zhang H, Shaw AR, Mak A and Letarte M: Endoglin is a component of the transforming growth factor (TGF)-beta receptor complex of human pre-B leukemic cells. J Immunol 156: 564-573, 1996.
- 11 Rokhlin OW, Cohen MB, Kubagawa H, Letarte M and Cooper MD: Differential expression of endoglin on fetal and adult hematopoietic cells in human bone marrow. J Immunol *154*: 4456-4465, 1995.
- 12 Rodriguez-Barbero A, Obreo J, Eleno N, Rodriguez-Pena A, Duwel A, Jerkic M, Sanchez-Rodriguez A, Bernabeu C and Lopez-Novoa JM: Endoglin expression in human and rat mesangial cells and its upregulation by TGF-beta1. Biochem Biophys Res Commun 282: 142-147,2001.
- 13 Conley BA, Smith JD, Guerrero-Esteo M, Bernabeu C and Vary CP: Endoglin, a TGF-β receptor-associated protein, is expressed by smooth muscle cells in human atherosclerotic plaques. Atherosclerosis 153: 323-335, 2000.

- 14 Barbara NP, Wrana JL and Letarte M: Endoglin is an accessory protein that interacts with the signaling receptor complex of multiple members of the transforming growth factor-beta superfamily. J Biol Chem 274: 584-594, 1999.
- 15 Lastres P, Letamendia A, Zhang H, Rius C, Almendro N, Raab U, Lopez LA, Langa C, Fabra A, Letarte M and Bernabeu C: Endoglin modulates cellular responses to TGF-beta 1. J Cell Biol *133*: 1109-1121, 1996.
- 16 Letamendia A, Lastres P, Botella LM, Raab U, Langa C, Velasco B, Attisano L and Bernabeu C: Role of endoglin in cellular responses to transforming growth factor-beta. A comparative study with betaglycan. J Biol Chem 273: 33011-33019, 1998.
- 17 Bourdeau A, Cymerman U, Paquet ME, Meschino W, McKinnon WC, Guttmacher AE, Becker L and Letarte M: Endoglin expression is reduced in normal vessels but still detectable in arteriovenous malformations of patients with hereditary hemorrhagic telangiectasia type 1. Am J Pathol 156: 911-923, 2000.
- 18 Bourdeau A, Faughnan ME, McDonald ML, Paterson AD, Wanless IR and Letarte M: Potential role of modifier genes influencing transforming growth factor-beta1 levels in the development of vascular defects in endoglin heterozygous mice with hereditary hemorrhagic telangiectasia. Am J Pathol 158: 2011-2020, 2001.
- 19 Arthur HM, Ure J, Smith AJ, Renforth G, Wilson DI, Torsney E, Charlton R, Parums DV, Jowett T, Marchuk DA, Burn J and Diamond AG: Endoglin, an ancillary TGF-beta receptor, is required for extraembryonic angiogenesis and plays a key role in heart development. Dev Biol *217*: 42-53, 2000.
- 20 Bourdeau A, Dumont DJ and Letarte M: A murine model of hereditary hemorrhagic telangiectasia. J Clin Invest *104:* 1343-1351, 1999.
- 21 Li C, Hampson IN, Hampson L, Kumar P, Bernabeu C and Kumar S: CD105 antagonizes the inhibitory signaling of transforming growth factor beta1 on human vascular endothelial cells. FASEB J *14:* 55-64, 2000.
- 22 Li DY, Sorensen LK, Brooke BS, Urness LD, Davis EC, Taylor DG, Boak BB and Wendel DP: Defective angiogenesis in mice lacking endoglin. Science 284: 1534-1537, 1999.
- 23 Bodey B, Bodey B Jr, Siegel SE and Kaiser HE: Over-expression of endoglin (CD105): a marker of breast carcinoma-induced neovascularization. Anticancer Res 18: 3621-3628, 1998.
- 24 Brewer CA, Setterdahl JJ, Li MJ, Johnston JM, Johnston JM and McAsey ME: Endoglin expression as a measure of microvessel density in cervical cancer. Obstet Gynecol 96: 224-228, 2000.
- 25 Burrows FJ, Derbyshire EJ, Tazzari PL, Amlot P, Gazdar AF, King SW, Letarte M, Vitetta ES and Thorpe PE: Up-regulation of endoglin on vascular endothelial cells in human solid tumors: implications for diagnosis and therapy. Clin Cancer Res *1*: 1623-1634, 1995.
- 26 Kumar S, Ghellal A, Li C, Byrne G, Haboubi N, Wang JM and Bundred N: Breast carcinoma: vascular density determined using CD105 antibody correlates with tumor prognosis. Cancer Res 59: 856-861, 1999.
- 27 Akagi K, Ikeda Y, Sumiyoshi Y, Kimura Y, Kinoshita J, Miyazaki M and Abe T: Estimation of angiogenesis with anti-CD105 immunostaining in the process of colorectal cancer development. Surgery *131*(1 Suppl):s109-s113, 2002.
- 28 Wikstrom P, Lissbrant I, Stattin P, Egevad L and Bergh A: Endoglin (CD105) is expressed on immature blood vessels and is a marker for survival in prostate cancer. Prostate 51: 268-275, 2002.
- 29 Szekanecz Z, Haines GK, Harlow LA, Shah MR, Fong TW, Fu R, Lin SJ, Rayan G and Koch AE: Increased synovial expression of transforming growth factor (TGF)-beta receptor endoglin and TGFbeta 1 in rheumatoid arthritis: possible interactions in the pathogenesis of the disease. Clin Immunol Immunopathol 76: 187-194, 1995.
- 30 van de Kerkhof PC, Rulo HF, van Pelt JP, van Vlijmen-Willems IM and De Jong EM: Expression of endoglin in the transition between

psoriatic uninvolved and involved skin. Acta Derm Venereol 78: 19-21, 1998.

- 31 Pepper MS: Transforming growth factor-beta: vasculogenesis, angiogenesis, and vessel wall integrity. Cytokine Growth Factor Rev 8: 21-43, 1997.
- 32 Shah AH and Lee C: TGF-beta-based immunotherapy for cancer: breaching the tumor firewall. Prostate 45: 167-172, 2000.
- 33 Li C, Guo B, Bernabeu C and Kumar S: Angiogenesis in breast cancer: the role of transforming growth factor β and CD105. Microsc Res Tech 52: 437-449, 2001.
- 34 Papadakis KA and Targan SR: Tumor necrosis factor: biology and therapeutic inhibitors. Gastroenterology 119: 1148-1157, 2000.
- 35 Lejeune FJ, Ruegg C and Lienard D: Clinical applications of TNFalpha in cancer. Curr Opin Immunol 10: 573-580, 1998.
- 36 Ruegg C, Yilmaz A, Bieler G, Bamat J, Chaubert P and Lejeune FJ: Evidence for the involvement of endothelial cell integrin alphaVbeta3 in the disruption of the tumor vasculature induced by TNF and IFNgamma. Nat Med 4: 408-414, 1998.
- 37 Renard N, Lienard D, Lespagnard L, Eggermont A, Heimann R and Lejeune F: Early endothelium activation and polymorphonuclear cell invasion precede specific necrosis of human melanoma and sarcoma treated by intravascular high-dose tumour necrosis factor alpha (rTNF alpha). Int J Cancer 57: 656-663, 1994.
- 38 Renard N, Nooijen PT, Schalkwijk L, De Waal RM, Eggermont AM, Lienard D, Kroon BB, Lejeune FJ and Ruiter DJ: VWF release and platelet aggregation in human melanoma after perfusion with TNF alpha. J Pathol 176: 279-287, 1995.
- 39 Bondeson J and Maini RN: Tumour necrosis factor as a therapeutic target in rheumatoid arthritis and other chronic inflammatory diseases: the clinical experience with infliximab. Int J Clin Pract 55: 211-216, 2001.
- 40 Kirby B, Marsland AM, Carmichael AJ and Griffiths CE: Successful treatment of severe recalcitrant psoriasis with combination infliximab and methotrexate. Clin Exp Dermatol 26: 27-29, 2001.
- 41 Rius C, Smith JD, Almendro N, Langa C, Botella LM, Marchuk DA, Vary CP and Bernabeu C: Cloning of the promoter region of human endoglin, the target gene for hereditary hemorrhagic telangiectasia type 1. Blood *92*: 4677-4690, 1998.
- 42 Yu C, Takeda M and Soliven B: Regulation of cell cycle proteins by TNF-alpha and TGF-beta in cells of oligodendroglial lineage. J Neuroimmunol 108: 2-10, 2000.
- 43 Abraham DJ, Shiwen X, Black CM, Sa S, Xu Y and Leask A: Tumor necrosis factor alpha suppresses the induction of connective tissue growth factor by transforming growth factor-beta in normal and scleroderma fibroblasts. J Biol Chem 275: 15220-15225, 2000.
- 44 Vaday GG, Schor H, Rahat MA, Lahat N and Lider O: Transforming growth factor-beta suppresses tumor necrosis factor alpha-induced matrix metalloproteinase-9 expression in monocytes. J Leukoc Biol 69: 613-621, 2001.
- 45 Park SK, Yang WS, Lee SK, Ahn H, Park JS, Hwang O and Lee JD: TGF-beta(1) down-regulates inflammatory cytokine-induced VCAM-1 expression in cultured human glomerular endothelial cells. Nephrol Dial Transplant *15*: 596-604, 2000.
- 46 Pierce DF Jr, Gorska AE, Chytil A, Meise KS, Page DL, Coffey RJ Jr and Moses HL: Mammary tumor suppression by transforming growth factor beta 1 transgene expression. Proc Natl Acad Sci USA 92: 4254-4258, 1995.
- 47 Tang B, Bottinger EP, Jakowlew SB, Bagnall KM, Mariano J, Anver MR, Letterio JJ and Wakefield LM: Transforming growth factorbeta1 is a new form of tumor suppressor with true haploid insufficiency. Nat Med 4: 802-807, 1998.
- 48 Nakamura M, Katano M, Kuwahara A, Fujimoto K, Miyazaki K, Morisaki T and Mori M: Transforming growth factor beta1 (TGFbeta1) is a preoperative prognostic indicator in advanced gastric carcinoma. Br J Cancer 78: 1373-1378, 1998.
- 49 Shim KS, Kim KH, Han WS and Park EB: Elevated serum levels of transforming growth factor-beta1 in patients with colorectal carci-

noma: its association with tumor progression and its significant decrease after curative surgical resection. Cancer *85*: 554-561, 1999.

- 50 Wikstrom P, Stattin P, Franck-Lissbrant I, Damber JE and Bergh A: Transforming growth factor beta1 is associated with angiogenesis, metastasis, and poor clinical outcome in prostate cancer. Prostate *37*: 19-29, 1998.
- 51 Saito H, Tsujitani S, Oka S, Kondo A, Ikeguchi M, Maeta M and Kaibara N: The expression of transforming growth factor-beta1 is significantly correlated with the expression of vascular endothelial growth factor and poor prognosis of patients with advanced gastric carcinoma. Cancer *86*: 1455-1462, 1999.
- 52 Li C, Guo B, Wilson PB, Stewart A, Byrne G, Bundred N and Kumar S: Plasma levels of soluble CD105 correlate with metastasis in patients with breast cancer. Int J Cancer 89: 122-126, 2000.
- 53 Takahashi N, Kawanishi-Tabata R, Haba A, Tabata M, Haruta Y, Tsai H and Seon BK: Association of serum endoglin with metastasis in patients with colorectal, breast, and other solid tumors, and suppressive effect of chemotherapy on the serum endoglin. Clin Cancer Res 7: 524-532, 2001.
- 54 Elghannam H, Tavackoli S, Ferlic L, Gotto AM Jr, Ballantyne CM and Marian AJ: A prospective study of genetic markers of susceptibility to infection and inflammation, and the severity, progression, and regression of coronary atherosclerosis and its response to therapy. J Mol Med 78: 562-568, 2000.
- 55 Frostegard J, Ulfgren AK, Nyberg P, Hedin U, Swedenborg J, Andersson U and Hansson GK: Cytokine expression in advanced human atherosclerotic plaques: dominance of pro-inflammatory

(Th1) and macrophage-stimulating cytokines. Atherosclerosis 145: 33-43, 1999.

- 56 Grainger DJ, Mosedale DE, Metcalfe JC and Bottinger EP: Dietary fat and reduced levels of TGFbeta1 act synergistically to promote activation of the vascular endothelium and formation of lipid lesions. J Cell Sci *113*: 2355-2361, 2000.
- 57 Li C, Bethell H, Wilson PB, Bhatnagar D, Walker MG and Kumar S: The significance of CD105, TGFbeta and CD105/TGFbeta complexes in coronary artery disease. Atherosclerosis 152: 249-256, 2000.
- 58 Feldmann M and Maini RN: Anti-TNFα therapy of rheumatoid arthritis: what have we learned? Annu Rev Immunol *19*: 163-196, 2001.
- 59 Torsney E, Charlton R, Parums D, Collis M and Arthur HM: Inducible expression of human endoglin during inflammation and wound healing *in vivo*. Inflamm Res *51*: 464-470, 2002.
- 60 Ma X, Labinaz M, Goldstein J, Miller H, Keon WJ, Letarte M and O'Brien E: Endoglin is overexpressed after arterial injury and is required for transforming growth factor-beta-induced inhibition of smooth muscle cell migration. Arterioscler Thromb Vasc Biol 20: 2546-52, 2000.
- 61 Botella LM, Sanchez-Elsner T, Rius C, Corbi A and Bernabeu C: Identification of a critical Sp1 site within the endoglin promoter and its involvement in the transforming growth factor-beta stimulation. J Biol Chem 276: 34486-34494, 2001.

Received November 19, 2002 Accepted December 18, 2002