Acyl chain-dependent effect of lysophosphatidylcholine on endothelial prostacyclin production[®]

Monika Riederer,* Pauli J. Ojala,[†] Andelko Hrzenjak,[§] Wolfgang F. Graier,* Roland Malli,* Michaela Tritscher,* Martin Hermansson,** Bernhard Watzer,^{††} Horst Schweer,^{††} Gernot Desoye,^{§§} Akos Heinemann,*** and Sasa Frank¹.*

Institute of Molecular Biology and Biochemistry,* Center of Molecular Medicine, Medical University of Graz, Graz, Austria; Finnish Red Cross Blood Service,[†] Helsinki, Finland; Division of Pulmonology,[§] Department of Internal Medicine, Medical University of Graz, Graz, Austria; Department of Biochemistry,** Institute of Biomedicine, University of Helsinki, Helsinki, Finland; Department of Pediatrics,^{††} Philipps University of Marburg, Marburg, Germany; and Clinic of Obstetrics and Gynecology,^{§§} and Institute of Experimental and Clinical Pharmacology,*** Center of Molecular Medicine, Medical University of Graz, Graz, Austria

Abstract Previously we identified palmitoyl-lysophosphatidylcholine (16:0 LPC), linoleoyl-LPC (18:2 LPC), arachidonoyl-LPC (20:4 LPC), and oleoyl-LPC (18:1 LPC) as the most prominent LPC species generated by the action of endothelial lipase (EL) on high-density lipoprotein. In the present study, the impact of those LPC on prostacyclin (PGI₂) production was examined in vitro in primary human aortic endothelial cells (HAEC) and in vivo in mice. Although 18:2 LPC was inactive, 16:0, 18:1, and 20:4 LPC induced PGI₂ production in HAEC by 1.4-, 3-, and 8.3-fold, respectively. LPC-elicited 6-keto PGF1a formation depended on both cyclooxygenase (COX)-1 and COX-2 and on the activity of cytosolic phospholipase type IVA (cPLA2). The LPC-induced, cPLA2-dependent ¹⁴C-arachidonic acid (AA) release was increased 4.5-fold with 16:0, 2-fold with 18:1, and 2.7-fold with 20:4 LPC, respectively, and related to the ability of LPC to increase cytosolic Ca^{2+} concentration. In vivo, LPC increased 6-keto $PGF_{1\alpha}$ concentration in mouse plasma with a similar order of potency as found in HAEC. Our results indicate that the tested LPC species are capable of eliciting production of PGI₂, whereby the efficacy and the relative contribution of underlying mechanisms are strongly related to acyl-chain length and degree of saturation.-Riederer, M., P. J. Ojala, A. Hrzenjak, W. F. Graier, R. Malli, M. Tritscher, M. Hermansson, B. Watzer, H. Schweer, G. Desoye, A. Heinemann, and S. Frank. Acyl chain-dependent effect of lysophosphatidylcholine on endothelial prostacyclin production. J. Lipid Res. 2010. 51: 2957-2966.

Supplementary key words cyclooxygenase • prostanoids • calcium • phospholipase A2 • endothelial cell • arachidonic acid

Manuscript received 17 June 2010 and in revised form 7 July 2010.

Published, JLR Papers in Press, July 7, 2010 DOI 10.1194/jlr.M006536

Copyright © 2010 by the American Society for Biochemistry and Molecular Biology, Inc.

This article is available online at http://www.jlr.org

Lysophosphatidylcholine (LPC) is a bioactive phospholipid generated primarily by the action of phospholipase A2 (PLA2) enzymes on plasma membrane- and lipoprotein-phosphatidylcholine (PC) containing saturated fatty acid (FA) at the sn-1 and mostly unsaturated FA at the sn-2 position (1–3). LPC can also be produced as a by-product by lecithin cholesterol acyltransferase (LCAT) in highdensity lipoprotein (HDL) (4) as well as from oxidation of low-density lipoprotein (LDL) (5) and by endothelial lipase (EL).

The physiological concentrations of LPC in body fluids is high, around 150 μ M (6, 7), with even millimolar levels in hyperlipidemic subjects (8). LPC in plasma is distributed between albumin or some other carrier serum proteins (9, 10) and lipoproteins (11), with the likely existence of minute amounts of free LPC. This free LPC may transiently arise during an excessive lipolysis when the concentrations of FA and LPC locally exceed the binding capacity of albumin. Under such conditions, LPC partitions transiently to lipoproteins, from where it is rapidly delivered to cells. After uptake into cells, free LPC may be reacylated to yield PC (12) or deacylated to provide FA and choline (10). Despite abundant evidence for the capacity of the free LPC to increase cytosolic Ca²⁺ (13-16) and activate numerous signaling pathways (17, 18) resulting in an enhanced expression of inflammatory molecules (19, 20)

This work was supported by Austrian Science Foundation (FWF) Grants P19473-B05 (S.F.) and P22521-B18 (A.H.); Jubilee Foundation of the Austrian National Bank Grants 12778 (S.F.) and 11967 (A.H.); German Research Foundation Grants 263/17-1; and Lanyar Foundation Grants 328 (S.F.) and 315 (A.H.). A. Heinemann has received research support and consultancy fees from Astra Zeneca.

Abbreviations: AA, arachidonic acid; COX, cyclooxygenase; EL, endothelial lipase; HAEC, human aortic endothelial cell; IP_{3} , inositol-3 phosphate; LPC, lysophosphatidylcholine; 16:0 LPC, palmitoyl-lysophosphatidylcholine; 18:1 LPC, oleoyl-LPC; 18:2 LPC, linoleoyl-LPC; 20:4 LPC, arachidonoyl-LPC; PGI₂, prostacyclin; PGIS, prostaglandin I₂ synthase; cPLA2, cytosolic phospholipase A2; PLC, phospholipase C.

To whom correspondence should be addressed.

_____e-mail: sasa.frank@medunigraz.at

S The online version of this article (available at http://www.jlr.org) contains supplementary data in the form of three figures.

and prostanoids (EC) (14, 21, 22), the role of the putative LPC receptors is still a matter of debate.

It is largely accepted that LPC may act via a subset of G protein-coupled receptors (GPCR), including GPR4, G2A (G2 accumulation), OGR1 (ovarian cancer G proteincoupled receptor 1), and TDAG8 (T cell death-associated gene 8), that are sensitive to both LPC and protons (23, 24). Of these receptors, GPR4 shows the widest tissue distribution and is abundantly expressed in vascular endothelial cells where its expression is enhanced by inflammation (25). In contrast, G2A, whose cell surface expression and stabilization are enhanced by LPC (26) but whose proton-induced actions are antagonized by LPC (27), is mainly expressed in lymphoid tissue, lymphocytes, and macrophages (24). Although the initial papers were retracted due to failure to reproduce the binding of LPC to GPR4 and G2A, respectively, several studies have shown that LPC stimulates a variety of cellular activities dependent on GPR4 (25, 28, 29). However, some studies that failed to observe the LPC actions in GPR4expressing cells provided evidence for the capacity of GPR4 to sense extracellular protons, resulting in G-proteinmediated intracellular signaling and cAMP accumulation (30-32).

Prostanoid biosynthesis involves oxidation and subsequent isomerization of unesterified arachidonic acid (AA). The initial step of this metabolic pathway is the stimulusinduced release of AA from membrane phospholipids by phospholipase A2 (PLA2) enzymes, principally Ca²⁺dependent cytosolic PLA2IVA (cPLA2), followed by conversion to prostaglandin H₂ (PGH₂) by either cyclooxygenase (COX)-1 or COX-2, both constitutively expressed by vascular endothelial cells (EC) (33-35). PGH₂ is then converted to various prostanoids by the respective terminal prostanoid synthases (36, 37).

Endothelial lipase is a phospholipase localized on the surface of vascular endothelial cells (38, 39). We demonstrated previously that EL, by cleaving HDL-PC, generates substantial amounts of LPC 16:0, 18:1, 18:2, and 20:4, respectively (40). As studies investigating the impact of LPC on prostanoid production have so far used 16:0 LPC exclusively (1, 14, 21, 22), nothing is known about the impact of the length and degree of saturation of the LPC-acyl chain on prostanoid production. Therefore, the aim of the present study was to assess the impact of those LPC, found to be abundantly generated by EL, on PGI₂ production in vitro in HAEC and in vivo in mice.

MATERIALS AND METHODS

LPC

All LPC was purchased from Avanti Polar Lipids, and additional preparations of 18:2 and 20:4 were generated as described elsewhere (41). LPC was dissolved and stored at -20° C in chloroform/methanol under argon atmosphere. For experiments, required amounts of LPC were dried under a stream of nitrogen or argon and redissolved in PBS (pH 7.4) for cell culture experiments or in pyrogen-free saline for in vivo experiments.

Cell culture

Human primary aortic endothelial cells (HAEC) were obtained from Lonza and maintained in endothelial cell growth medium [EGM-MV Bullet Kit = EBM medium + growth supplements + FCS (Lonza)] supplemented with 50 IU/ml penicillin and 50 µg/ml streptomycin. Cells were cultured in gelatin coated dishes at 37°C in a 5% CO2 humidified atmosphere and were used for experiments from passage 5 to 10. Cells were seeded (75000/well) in 12-well plates 48 h before exposure to LPC.

LPC treatment of HAEC

Initial time- and concentration-dependent experiments revealed that in a serum-free medium in the absence of BSA, all tested LPC at concentrations up to 10 µM were not toxic to HAEC (for incubations up to 8 h), as determined by monitoring the release of lactate dehydrogenase (LDH) using the cytotoxicity detection kit (LDH) (Roche, Mannheim, Germany).

At 48 h after plating, cells were washed with PBS and incubated with EBM medium without supplements and serum for 3 h. This medium is referred to as "serum-free medium" throughout the article. Thereafter, medium was removed and replaced with fresh serum-free medium supplemented with different concentrations of LPC alone or in some experiments along with AA or A23187. In some experiments, as indicated in the respective figure legends, LPC was applied in complex with BSA at a molar ratio of 1:1 and 5:1, respectively. Medium was collected in prechilled tubes at different time points following exposure to LPC, spun to remove cells, and used for lactate dehydrogenase (LDH) assay and measurement of prostanoids. Cells were washed with PBS and lysed in respective buffers for isolation of RNA or proteins.

Pharmacological inhibitors

During final 30 min of incubation with serum-free medium prior to exposure to LPC as well as during exposure to LPC, HAEC were treated with respective pharmacological inhibitors (all from Calbiochem) or vehicle (DMSO). Specific COX-1 inhibitor SC-560 (100 nM), COX-2 inhibitor NS-398 (20 µM), and cPLA2 inhibitor (1 µM) [(N-{(2S,4R)-4-(biphenyl-2-ylmethylisobutyl-amino)-1-[2-(2,4-difluorobenzoyl)-benzoyl]pyrrolidin-2-ylmethyl}-3-[4-(2,4-dioxothiazolidin-5-ylidenemethyl)-phenyl] acrylamide, HCl)] were applied.

Quantitative real-time PCR

RNA of cell extracts was isolated using the peqGOLD Total RNA Kit (Peqlab-biotechnology, Erlangen, Germany) according to the manufacturer's protocol, including on column DNase digestion. Then 1.5 µg of RNA were reverse transcribed using the Archive cDNA Kit (Applied Biosystems, Foster City, CA) and 0.7 U of an RNase Inhibitor (Qiagen, Hilden, Germany). RT-PCR analysis was performed in 384-well plates in a total volume of 4 µl containing 2 ng of original total RNA using the QantiFast SYBR green RT-PCR kit (Qiagen) and validated QuantiTect Primer Assays (Qiagen) according to the manufacturer's instructions for Light Cycler 480 instruments (Roche Diagnostics). In brief, after the initial heat activation step at 95°C for 5 min, cycling conditions consisted of 40 cycles of denaturation at 95°C for 10 s and combined annealing and extension at 60°C for 30 s. The PCR efficiency of the target and housekeeping genes was determined by cDNA dilution series prepared from an untreated sample, and results were accordingly efficiency-corrected with the LightCycler Relative Quantification software (Roche Diagnostics, Basel, Switzerland). mRNA levels of COX-1 and COX-2 (Primer Assays QT00210280 and QT00040586) were normalized to human β-2-microglobulin (Primer Assay QT01665006) and expressed as

ASBMB

relative ratio ($\Delta\Delta$ Ct). All samples were assayed in duplicate, and the average value was used for quantification.

Prostanoid profiling by GC-MS/MS

The spectrum of prostanoids produced by HAEC under basal conditions was determined by gas chromatographytandem mass spectrometry (GC-MS/MS) as described previously (42). In brief, 10 µl deuterated internal standard mixture (about 1 ng of each PG) was added to 0.2-1 ml of each sample. After acidification with formic acid (5%, v/v) to pH 2.6, a solution of 0.1 g methoxyamine hydrochloride in 1 ml sodium acetate (1.5 M, pH 5.0) was added. The prostanoid derivates were extracted with ethyl acetate/hexane (7:3, v/v). After evaporation, the residues were esterified with a reaction mixture of acetone (80 μ l), diisopropylamine (7 μ l), and pentafluorobenzyl bromide (6 µl) for 10 min at 40°C. Dried samples were then applied to TLC and developed in ethyl acetate/hexane (9:1, v/v). The target zones were scraped off (Rf = 0.03-0.39) and extracted with ethyl acetate. The extracts were then evaporated, derivatized twice with 10 µl BSTFA at 60°C, and analyzed using GC-MS/MS.

6-keto $PGF_{1\alpha}$ measurements by EIA

6-keto PGF_{1 α} was measured in cell culture media and 5-fold diluted mouse plasma by a correlate-EIA kit (Cayman, Ann Arbor, MI) according to the manufacturer's protocol. Protein content of cell culture wells was initially determined to be equal for all treatments.

¹⁴C-Arachidonic acid and ¹⁴C-6-keto PGF1α release

Cells were labeled with $^{14}\text{C-AA}$ (4 $\mu\text{M},$ spec. activity 58 mCi/ mmol) in complete medium for 20 h. Unbound ¹⁴C-AA was removed by excessive washing in PBS supplemented with 1% BSA. After incubation in serum-free medium for 3 h, and facultative preincubation with 1 µM cPLA2 inhibitor for 30 min, cells were exposed to 50 μ M LPC + 3.7 μ M BSA (± cPLA2 inhibitor) for 20 min. Cell media were then collected, spun to remove cells, and immediately frozen at -70° C until extraction. Cells were washed with PBS and lysed in 0.3 M NaOH/0.1% SDS. Aliquots of the cell lysates were mixed with scintillation cocktail, and the radioactivity was determined on a β-counter (Beckman). Acidified media were extracted with 2 vol of hexane/isopropanol (3:2, v/v), evaporated in the SpeedVac, and redissolved in chloroform, followed by TLC using ethylacetate/isooctane/water/ acetic acid (11:5:10:2, v/v) as a mobile phase. The signals corresponding to ¹⁴C-AA and ¹⁴C-6-keto PGF1a were visualized upon exposure of the TLC plates to a tritium screen (GE Healthcare) on the STORM imager. Quantification was performed by densitometric volume report analysis or by liquid scintillation counting of cut out TLC spots corresponding to the comigrating AA- and 6-keto PGF1\alpha-standard [visualized by spraying with primulin (0.01%, w/v) in acetone/water (60:40, v/v) and subsequent UV detection]. The amounts of ¹⁴C-AA and ¹⁴C-6-keto PGF1a released into medium were normalized to total cellular radioactivity measured by scintillation counting of cell lysates.

Western blotting

For quantification of COX-2 protein, three 12-well plates of HAEC treated with LPC or PBS were washed with PBS and lysed in 50 µl of loading buffer [20% (w/v) glycerol, 5% (w/v) SDS, 0.15% (w/v) bromophenol blue, 63 mmol/l Tris-HCl (pH 6.8), and 5% (v/v) β -mercaptoethanol] and boiled for 10 min. Then 40 µl of the lysate were subjected to each lane and analyzed by SDS-PAGE (10% gel) and subsequent immunoblotting using

goat anti-COX-2 (Santa Cruz Biotechnology, M19, sc-1747, 1:100) and the HRP-labeled rabbit anti-goat IgG (Dako) as a secondary antibody. Protein signals were detected by ECL assay, and the intensity was normalized to actin (Pierce, ms Anti-Actin IgM: 1:4000) using densitometry.

Measurements of [Ca²⁺]_i

HAEC were seeded in 6-well plates. At 48 h after plating, cells were serum starved for 2 h and then loaded with 2 μ M fura-2/AM for 60 min. After washing, cells were trypsinized and resuspended either in calcium buffer (138 mM NaCl, 1 mM MgCl₂, 5 mM KCl, 10 mM Hepes, 10 mM Glucose, pH 7.4) or EGTA buffer (0.1 mM EGTA, 138 mM NaCl, 1 mM MgCl₂, 5 mM KCl, 10 mM Hepes, 10 mM Glucose, pH 7.4). The ratio of fura-2 fluorescence intensity at the two excitation wavelengths (340/380 ratio) was monitored spectrophotometrically in a stirring cuvette before and after the injection of 10 μ M LPC. In some experiments, cells were resuspended in EGTA buffer followed by a preincubation with either 100 μ M 2-APB for 2 min or with 2 μ M U73122 for 5 min before the injection of LPC.

Experiments in mice

Following a 6 h fasting period, 10–12-weeks-old male C57Bl/6J mice (4–7 per group) were treated with 20 mg/kg LPC in 0.9% NaCl (or NaCl alone) via tail vein injection. After 20 h, blood was collected from the retro-orbital plexus into tubes containing indomethacin and EDTA, centrifuged immediately, and stored at -70° C for measurements of 6-keto PGF_{1a}. For tailvein injection and bleeding, mice were anesthetized with Isoflurane (Pharmacia and Upjohn SA, Guyancourt, France). Animal experiments were conducted in conformity with the Public Health Service Policy on Human Care and Use of Laboratory Animals and were approved by the Austrian Ministry of Science and Research according to the Regulations for Animal Experimentation.

Statistical analysis

Cell culture experiments were performed at least three times and values are expressed as mean plus SEM. Statistical significance was determined by the Student's unpaired *t*-test (twotailed) with application of Welch's correction, where required. Group differences were considered significant for P < 0.05 (*), P < 0.01 (**), and P < 0.001 (***).

RESULTS

LPC induces PGI₂ production in HAEC

As determined by GC-MS/MS analysis, HAEC secrete 6-keto $PGF_{1\alpha}$ (a stable degradation product of PGI_2), thromboxane B_2 (TxB₂; a stable degradation product of TxA₂), $PGF_{2\alpha}$, and PGE_2 (**Fig. 1A**).

To examine the impact of LPC on endothelial PGI₂ production, HAEC were incubated with 10 µM LPC followed by EIA-based quantification of 6-keto PGF_{1α}. As shown in Fig. 1B, 16:0 LPC increased slightly (1.4-fold) and not statistically significantly the formation of 6-keto PGF_{1α} relative to the PBS control. The increases in 6-keto PGF_{1α} elicited by 18:1 LPC and 20:4 LPC were much more pronounced at 3- and 8.3-fold, respectively. 18:2 LPC did not have any impact on 6-keto PGF_{1α} production (supplementary Fig. I) and was not further studied.

JOURNAL OF LIPID RESEARCH



Fig. 1. Basal production of prostanoids and LPC-elicited 6-keto $PGF_{1\alpha}$ production in HAEC. HAEC were treated with 10 µM LPC (B) or solvent (PBS) (A) in serum-free medium for 5 h. Cell culture supernatants were subjected to prostanoid profiling by GC-MS/MS (A) or EIA for quantification of 6-keto $PGF_{1\alpha}$ (B). Results are means ± SEM of two (A) and five (B) experiments performed in duplicate. HAEC, human aortic endothelial cell; LPC, lysophosphatidylcholine.

LPC-induced 6-keto $PGF_{1\alpha}$ production is mediated by COX

LPC upregulates COX-2 mRNA but not COX-2 protein. The ability of both specific COX-1 (SC-560; 100 nM) and COX-2 (NS-398; 20 μ M) inhibitors to prevent the LPC-mediated increase of 6-keto PGF_{1 α} clearly demonstrated the involvement of both COX-enzymes (**Fig. 2A**). To further characterize the involvement of COX enzymes COX-1 and COX-2, mRNA and protein abundance, respectively, were monitored in LPC-treated HAEC. COX-1 mRNA was unaltered by LPC (supplementary Fig. IIA). COX-2 mRNA was induced 3-fold by 16:0 LPC, 2-fold by 18:1 LPC, and 1.6-fold by 20:4 LPC, upon 1 h incubation with 10 μ M of LPC under our standard conditions (i.e., in serum-free medium without addition of NEFA-free BSA) (Fig. 2B). The LPC failed to upregulate COX-2 mRNA when applied in combination with an equimolar amount of NEFA-free BSA (50 μ M NEFA-free BSA + 50 μ M LPC). When, based on the assumption that 1 mol of BSA binds 5 mol of LPC (43), the BSA concentration was adjusted to yield roughly 10 μ M of free LPC (8.8 μ M NEFA-free BSA + 50 μ M LPC), the upregulation of COX-2 mRNA could be restored (Fig. 2B).



Fig. 2. Involvement of COX isoforms and the impact of LPC on COX-2 mRNA and COX-2 protein expression in HAEC. A: HAEC were preincubated with isotype-specific COX inhibitors (COX-1; SC-560), (COX-2; NS-398), or vehicle (DMSO) for 30 min before their exposure to 10 μ M LPC in serum free medium for 5 h. 6-keto PGF_{1 α} concentration in cell culture supernatants was determined by EIA. Results shown are mean \pm SEM of one representative experiment (n = 3). B: For determination of COX mRNA levels, HAEC were incubated either with 10 μ M LPC, 50 μ M LPC + 50 μ M BSA (equimolar) or 50 μ M LPC + 8.8 μ M BSA (\sim 10 μ M free LPC) for 1 h. Subsequently, RNA was isolated and the relative COX-2 mRNA abundance was determined by qRT-PCR as described in "Materials and Methods." Results shown are mean \pm SEM of one representative experiment (n = 3). C: After 5 h of incubation with 10 μ M LPC, HAEC COX-2 protein content was determined by 10% SDS-PAGE followed by immunoblotting using COX-2 and actin antibodies. Bands were visualized using appropriate secondary antibodies and an ECL substrate. A representative Western blot out of three is shown. COX, cyclooxygenase; HAEC, human aortic endothelial cell; LPC, lysophosphatidylcholine.

However, like COX-1 (supplementary Fig. IIB), COX-2 protein was not increased after a 5 h incubation with LPC as determined by Western blotting (Fig. 2C), leading us to the conclusion that COX protein upregulation could not account for the LPC-mediated increase of 6-keto $PGF_{1\alpha}$.

LPC promote cPLA2-dependent AA release in HAEC. To elucidate the underlying mechanism for LPC-elicited 6-keto $PGF_{1\alpha}$ production, we examined the role and contribution of cPLA2, the major PLA2 implicated in the generation of AA for PG synthesis. As shown in Fig. 3A, a specific cPLA2 inhibitor (see "Materials and Methods"; 1 μ M) efficiently decreased the LPC-elicited 6-keto PGF_{1a} production in HAEC, strongly indicating a role for cPLA2. To further examine the impact of LPC on cPLA2, ¹⁴C-AA release was determined in HAEC. As shown in Fig. 3B, the highest (4.5-fold) induction of ¹⁴C-AA release was obtained with 16:0 LPC and was less pronounced (2- and 2.7-fold) with LPC 18:1 and 20:4, respectively. The effects of all LPC could be decreased by preincubation with the specific cPLA2-inhibitor (Fig. 3B), which also efficiently decreased A23187-induced ¹⁴C-AA release and 6-keto $PGF_{1\alpha}$ production in HAEC (not shown). As cPLA2 activation is postulated to be dependent on a transient increase in cytosolic calcium concentration $[Ca^{2+}]_i$, we tested the ability of the LPC to modulate $[Ca^{2+}]_i$.

LPC increase $[Ca^{2+}]_i$. In contrast to a marked increase in $[Ca^{2+}]_i$ by 16:0 LPC, a less pronounced but sustained increase was evoked by LPC 18:1 and 20:4 in the presence of extracellular Ca²⁺ (**Fig. 4A**). In the absence of extracellular Ca²⁺ (EGTA), the increase in $[Ca^{2+}]_i$ triggered by 16:0 LPC was low and similar to that of 18:1 and 20:4, respectively (Fig. 4B). Furthermore, EGTA did not alter the magnitude of the initial $[Ca^{2+}]_i$ peak elicited by 18:1 and 20:4 LPC; however, it rendered the signal transient (Fig. 4B). Under EGTA-conditions, both U73122, a phospholipase C (PLC) inhibitor, and 2-APB, an inositol-3 phosphate (IP₃) receptor antagonist, completely blocked the increase in $[Ca^{2+}]_i$ elicited with all tested LPC (Fig. 4C and supplementary Fig. IIIA, B). From these results, we concluded that LPC-elicited increase in $[Ca^{2+}]_i$ is partially due to IP₃-triggered Ca²⁺ release from endoplasmatic reticulum (ER) and influx of extracellular Ca²⁺. Additionally, these findings strongly suggest that the capacity of LPC to promote cPLA2-dependent AA release is related to its capacity to increase $[Ca^{2+}]_i$.

Conversion of AA to 6-keto $PGF_{1\alpha}$ is not compromised by 16:0 LPC. The findings presented in Figs. 1 and 3 clearly showed that the capacity of 16:0 LPC to induce cPLA2mediated AA release is unrelated to its capacity to elicit 6-keto PGF_{1 α} production. Therefore, we examined whether 16:0 LPC compromises the conversion of AA to 6-keto PGF_{1 α}. As shown in **Fig. 5A**, the production of 6-keto PGF_{1 α} elicited by exogenous AA was unaltered by 16:0 LPC. The conversion of AA released (from cellular phospholipids) upon A23187 treatment to 6-keto PGF_{1 α} was even promoted by 16:0 LPC (Fig. 5A). Hence, the utilization of neither exogenous nor endogenous AA is compromised by 16:0 LPC.

Magnitude of 20:4 LPC-elicited 6-keto $PGF_{1\alpha}$ production is similar to that of AA. To explain the pronounced capability of 20:4 LPC to elicit 6-keto $PGF_{1\alpha}$ production despite its moderate capacity to promote AA release, we compared the magnitude of 6-keto $PGF_{1\alpha}$ induction elicited by 20:4 LPC with that of AA. As shown in Fig. 5B, cells incubated with 20:4 LPC (10 µM) secreted 6-keto $PGF_{1\alpha}$ with similar kinetics and efficiency as cells incubated with AA (10 µM), suggesting that 20:4 LPC might serve as a donor of AA for 6-keto $PGF_{1\alpha}$ production. Downloaded from www.jlr.org at Terkko - National Library of Health Sciences, on May 16, 2016

20:4 LPC is a weak inducer of endogenous 6-keto $PGF_{l\alpha}$ production. To examine the capacity of 20:4 LPC to





ASBMB



Fig. 4. Impact of LPC on cytosolic calcium concentration $[Ca^{2+}]_i$. Fura-2/AM-loaded HAEC were trypsinized and resuspended either in Ca²⁺-containing buffer (A) or Ca²⁺-free buffer containing EGTA (B and C). The ratio of fura-2 fluorescence intensity at the two excitation wavelengths (340/380 ratio) was monitored spectrophotometrically in a stirring cuvette during exposure to 10 μ M LPC. In (C), cells were preincubated without or with 2-APB or U73122 (U73) for 2 and 5 min, respectively, before application of 18:1 LPC. Results are representative single traces out of three experiments performed in duplicate. HAEC, human aortic endothelial cell; LPC, lysophosphatidylcholine.

induce 6-keto $PGF_{1\alpha}$ production from endogenous cellular AA and to compare it with that of 16:0 LPC, we determined ¹⁴C-6-keto $PGF_{1\alpha}$ secretion from ¹⁴C-labeled HAEC exposed to respective LPC. As shown in Fig. 5C, the 20:4 LPC-elicited ¹⁴C-6-keto $PGF_{1\alpha}$ production was markedly lower compared with 16:0 LPC, clearly showing the minor contribution of endogenous AA to the 20:4 LPC-elicited 6-keto $PGF_{1\alpha}$ production. This finding further corroborated the role of 20:4 LPC as a donor of AA.

LPC augment PGI_2 production in mice. Finally, we tested the ability of LPC to promote the production of 6-keto $PGF_{1\alpha}$ in vivo. For this purpose, LPC was injected into the tail vein of fasted C57Bl/6J mice. The dose of injected LPC was 20 mg/kg to achieve plasma concentrations of approximately 10 µM of free LPC, after saturation of LPC binding sites of albumin and other plasma proteins. In accordance with in vitro data, 16:0, 18:1, and 20:4 LPC induced 6-keto PGF_{1α} formation in vivo (**Fig. 6**), however, with a slightly different order of potency as found in HAEC.

DISCUSSION

Identification of LPC 16:0, 18:1, 18:2, and 20:4 as major LPC species generated by the action of EL on HDL (40) prompted us to examine their impact on endothelial prostanoid production with the focus on PGI₂. Whereas three studies provided evidence to support the role for 16:0 LPC as a modulator of endothelial prostanoid production (14,

21, 22), unsaturated LPC (18:1, 18:2, and 20:4) has not been studied so far. Therefore, we examined the capability of those unsaturated LPC species, along with established 16:0 LPC, to modulate PGI_2 production in HAEC and in mice.

As found by MS analysis of cell media, HAEC produce PGI_2 , TXA_2 , $PGF_{2\alpha}$, and PGE_2 . Considering the fact that HAEC, like human coronary artery endothelial cells (HCAEC) (44), express PGI_2 synthase (PGIS), PGE_2 synthase (mPGES-1), and thromboxane synthase (TBXS) (not shown), it is conceivable that those prostanoids are products of enzymatic transformation of PGH_2 . However, we cannot completely exclude the possibility that a portion of the secreted prostanoids is generated by spontaneous, non-enzymatic transformation of PGH_2 (45).

In the present study, we found remarkable acyl-chaindependent differences in the capability of LPC species to augment endothelial production of PGI₂ measured as stable degradation product 6-keto PGF_{1α}. In contrast to LPC 18:1 and 20:4, which were much more potent inducers of 6-keto PGF_{1α} than 16:0 LPC, LPC 18:2 was completely incapable of altering 6-keto PGF_{1α} production in HAEC. The observed 6-keto PGF_{1α} stimulation was sensitive to both COX-1- and COX-2-specific inhibitors, indicating that in HAEC exposed to LPC both COX enzymes are functionally coupled to PGIS (37). In line with a previous finding (21) describing the impact of 16:0 LPC on COX-2 expression in human umbilical vein endothelial cells (HUVEC), our LPC increased COX-2 mRNA without altering COX-1 mRNA. In contrast to our findings, Zembowicz et al. (21)



Fig. 5. Impact of LPC on exogenous and endogenous AA utilization for 6-keto PGF1 α synthesis. A: HAEC were exposed to 10 µM 16:0 LPC or PBS in the presence of either 10 µM AA for 5 h or in the presence of 0.5 µM A23187 for 20 min. 6-keto PGF1 α in cell culture supernatants was quantified by EIA. Results are mean ± SEM of three separate experiments. B: HAEC were treated with either 10 µM AA or 10 µM 20:4 LPC and 6-keto PGF1 α in cell culture supernatants. was quantified by EIA at the indicated time points. Results are mean ± SEM of 3 separate experiments. C: ¹⁴C-AA labeled HAEC were exposed to PBS or LPC for 5 h, followed by TLC separation of cell media lipids and densitometric quantification of ¹⁴C-spots comigrating with 6-keto PGF1 α . Results are mean ± SEM of three separate experiments. AA, arachidonic acid; HAEC, human aortic endothelial cell; LPC, lysophosphatidylcholine.

and Rikitake et al. (22) demonstrated an increase in COX-2 protein upon exposure of HUVEC and bovine aortic endothelial cells (BAEC) to 16:0 LPC. The lack of COX-2 protein upregulation in our experimental model might be due to a lower responsiveness of HAEC in contrast to HUVEC and BAEC to LPC in terms of COX-2 induction. Additionally or alternatively, the amount and the form in which LPC is applied, namely 100 µM LPC in the presence of 5% FCS (21) or 20 µM LPC (22) versus 10 µM LPC in serum-free medium in our experimental system, might explain the discrepancy between our findings and those of others. Our findings provide clear evidence that the basal expression of COX-2 is sufficient to accomplish LPC-elicited 6-keto $PGF_{1\alpha}$ production in HAEC. This is in line with the crucial role of basal endothelial COX-2 expression for the maintenance of vascular health, exemplified by cardiovascular events upon the inhibition of COX-2 by "coxibs" (46–48).

Strikingly, 16:0 LPC compared with 18:1 and 20:4 LPC was the least potent inducer of 6-keto $PGF_{1\alpha}$, whereas it was the most potent promoter of $[Ca^{2+}]_i$ increase and of cPLA2-mediated AA release. The profound activation of cPLA2 and concomitant AA release were also reported for 16:0 LPC in HUVEC; however, this study unfortunately did not address the impact of LPC on 6-keto $PGF_{1\alpha}$ production (14). From our findings, it appears that 16:0 LPC promotes AA release but reduces its full utilization toward the production of 6-keto $PGF_{1\alpha}$. As 16:0 LPC is efficiently converted to PC after uptake into cells (12), it is conceivable that substantial amounts of AA released by activated

cPLA2 are used rather for reacylation of 16:0 LPC than as substrate for COX enzymes. Additionally, 16:0 LPC might interfere with functional coupling between cPLA2 and COX enzymes, which is a prerequisite for efficient supply of AA released by cPLA2 to COX enzymes (37), or alternatively, it might attenuate the activity of PGIS, resulting in reduced conversion of released AA to PGI₂. However, all these possibilities seem not to apply in our experimental



Fig. 6. Effect of LPC on 6-keto PGF_{1α} production in mouse plasma. Following a 6 h fasting period, 4–7 mice per group were injected via tail vein with either 20 mg/kg LPC in a total volume of 100 µl 0.9% NaCl or 0.9% NaCl alone. After 20 h, blood was collected from the retro-orbital plexus into tubes containing indomethacin and EDTA, followed by immediate centrifugation for the determination of 6-keto PGF_{1α} in plasma. Results represent two experiments, whiskers indicate the range from MIN to MAX. AA, arachidonic acid; LPC, lysophosphatidylcholine.

system, as experiments addressing a possible inhibitory effect of 16:0 LPC (Fig. 5A) on the conversion of either exogenous or endogenous AA to 6-keto $PGF_{1\alpha}$ production failed to provide evidence for an inhibitory effect of 16:0 LPC. In HAEC, 16:0 LPC even augmented A23187-induced 6-keto $PGF_{1\alpha}$ production. A very weak 6-keto $PGF_{1\alpha}$ response to 16:0 LPC, despite COX-2 upregulation, was also found in HUVEC (21). Further experiments are required to clarify the failure of 16:0 LPC to induce a more efficient 6-keto $PGF_{1\alpha}$ production.

20:4 LPC was the most potent inducer of 6-keto $PGF_{1\alpha}$ formation, whereas it was in the same range as 18:1 LPC regarding induction of [Ca²⁺]_i and cPLA2-mediated AA release. Accordingly, the induction of cPLA2-mediated AA release could not explain the marked 8.3-fold increase in 6-keto $PGF_{1\alpha}$ elicited with 20:4 LPC. Because the rate of 6-keto $PGF_{1\alpha}$ production elicited by 20:4 LPC was similar to that of AA, it is likely that 20:4 LPC serves as a source of AA for COX enzymes. This, in our opinion, makes the major contribution to the marked increase in 20:4 LPC-elicited 6-keto $PGF_{1\alpha}$ production. Beside different cellular lysophospholipases, cPLA2 may by its lysophospholipase activity (49) accomplish the release of AA from 20:4 LPC. Indeed, 20:4 LPC-elicited 6-keto PGF_{1a} production was significantly decreased by cPLA2 inhibitor (Fig. 3A), which probably reflected the inhibition of both cPLA2 activities, the phospholipase activity involved in liberation of AA from cellular phospholipids and the lysophospholipase activity responsible for deacylation of 20:4 LPC. Importantly, the most potent inducer of 6-keto $PGF_{1\alpha}$ production among tested LPC, the 20:4 LPC, was a much weaker inducer of 6-keto $PGF_{1\alpha}$ production from endogenous AA than 16:0 LPC (Fig. 5C). These findings corroborate further the role of 20:4 LPC as a provider of exogenous AA. We are aware that our conclusions regarding the role of 20:4 LPC as a source of AA are based on indirect experimental approaches, but the lack of a commercially available 20:4 LPC labeled in the AA moiety precludes the possibility of directly demonstrating the conversion of 20:4 LPC-derived AA to labeled 6-keto $PGF_{1\alpha}$.

Regarding 18:2 LPC, we speculate that its failure to promote 6-keto $PGF_{1\alpha}$ production might be due to a negligible impact on cPLA2-mediated AA release and inability to act as a substrate provider for COX enzymes like 20:4 LPC. Indeed, 18:2 FA is a poor substrate for the elongation/ desaturation machinery in endothelial cells (50, 51).

A transient increase in $[Ca^{2+}]_i$ is required for the translocation of cPLA2 from cytosol to the cellular membrane surface (52). In line with this, we found that the extent of LPC-mediated AA release was fully related to the LPCelicited increase in $[Ca^{2+}]_i$. All tested LPC generated a biphasic increase in $[Ca^{2+}]_i$ with a rapid, IP₃-triggered initial increase caused by the release of Ca²⁺ from intracellular stores, which was similar for all LPC, followed by sustained influx of extracellular Ca²⁺, which is strongly induced by 16:0 LPC and only slightly by 18:1 and 20:4 LPC. 16:0 LPC has been shown to promote the transmembrane Ca²⁺ influx in endothelial cells by opening store-operated Ca²⁺ channels independent of ER-empting (53), as well as by promoting membrane hyperpolarization due to the opening of Ca²⁺-activated K⁺ channels (54). Future studies should clarify the difference in the capability of the tested LPC species to elicit an increase in $[Ca^{2+}]_i$ and to identify the routes of Ca²⁺ in HAEC.

To demonstrate the physiologic relevance of our findings, we injected LPC intravenously into mice. The amount of injected LPC was chosen to yield approximately 5-10 µM of free LPC, assuming scavenging by albumin and other carrier plasma proteins like α-1-acid glycoprotein (AGP) (9). Several studies have shown that the presence of albumin profoundly influences the bioactivity of LPC (41, 55-57), clearly pointing to the requirement for the free, nonprotein-bound LPC. In accordance with those findings was the inability of LPC to upregulate COX-2 mRNA when applied along with equimolar amounts of BSA and restoration of LPC-elicited COX-2 mRNA upregulation when BSA concentration was adjusted to yield approximately 10 µM of free LPC (Fig. 2B). All LPC species elicited 6-keto $PGF_{1\alpha}$ production in mice, clearly arguing for their role in PGI₂ production in vivo. The order of potency was slightly different compared with HAEC, with the less pronounced effect of 18:1 LPC compared with 16:0 and 20:4 LPC. This discrepancy might be due to differences in metabolic and pharmacokinetic properties of 18:1 LPC compared with 16:0 and 20:4, like half-life in plasma, clearance by the liver, or scavenging by albumin, resulting in lower bioavailability and consequently diminished ability to promote 6-keto $PGF_{1\alpha}$ production in vivo. Of note, preliminary monitoring of 6-keto $PGF_{1\alpha}$ in mice showed a pronounced dissipation in basal plasma levels in untreated mice, explaining the variance observed in experimental groups upon LPC treatment.

Under physiological conditions, plasma albumin scavenges LPC, thus blunting its action on the vascular endothelium. However, it is very likely that under inflammatory conditions when EL (58, 59) and other serum phospholipases (1, 2, 60) are upregulated, the excessive lipolysis in the plasma compartment raises the concentrations of FAs and LPC, leading to saturation of LPC binding sites on albumin and other plasma proteins and allowing the action of free LPC on vascular endothelium. The direct consequence of the action of LPC on vascular endothelium might be vasoprotective due to promotion of PGI₂ production. However, as the expression of PGE₂, TxA_2 , and PGF_{2 α} might also be altered by LPC in a similar manner as PGI₂, further experiments are required to examine the impact of LPC on those prostanoids with opposite impact on vascular function.

To our knowledge, this is the first study addressing the impact of the acyl-chain length and degree of saturation on the capacity of LPC to augment the formation of endothelial 6-keto $PGF_{1\alpha}$. Here we show that the magnitude of increase in LPC-elicited 6-keto $PGF_{1\alpha}$ and the relative contribution of underlying mechanisms, including increase in $[Ca^{2+}]_i$ and cPLA2 activation as well as provision of exogenous substrate, are strongly related to acyl-chain length and degree of saturation.

Supplemental Material can be found at: http://www.jlr.org/content/suppl/2010/07/07/jlr.M006536.DC1

The authors thank Martina Ofner and Margarete Lechleitner for excellent technical assistance and Isabella Hindler for help with the care of the mice.

REFERENCES

- Ruiperez, V., J. Casas, M. A. Balboa, and J. Balsinde. 2007. Group V phospholipase A2-derived lysophosphatidylcholine mediates cyclooxygenase-2 induction in lipopolysaccharide-stimulated macrophages. *J. Immunol.* 179: 631–638.
- Sato, H., R. Kato, Y. Isogai, G. Saka, M. Ohtsuki, Y. Taketomi, K. Yamamoto, K. Tsutsumi, J. Yamada, S. Masuda, et al. 2008. Analyses of group III secreted phospholipase A2 transgenic mice reveal potential participation of this enzyme in plasma lipoprotein modification, macrophage foam cell formation, and atherosclerosis. *J. Biol. Chem.* 283: 33483–33497.
- Zalewski, A., and C. Macphee. 2005. Role of lipoprotein-associated phospholipase A2 in atherosclerosis: biology, epidemiology, and possible therapeutic target. *Arterioscler. Thromb. Vasc. Biol.* 25: 923–931.
- Rousset, X., B. Vaisman, M. Amar, A. A. Sethi, and A. T. Remaley. 2009. Lecithin:cholesterol acyltransferase—from biochemistry to role in cardiovascular disease. *Curr. Opin. Endocrinol. Diabetes Obes.* 16: 163–171.
- Parthasarathy, S., U. P. Steinbrecher, J. Barnett, J. L. Witztum, and D. Steinberg. 1985. Essential role of phospholipase A2 activity in endothelial cell-induced modification of low density lipoprotein. *Proc. Natl. Acad. Sci. USA*. 82: 3000–3004.
- Rabini, R. A., R. Galassi, P. Fumelli, N. Dousset, M. L. Solera, P. Valdiguie, G. Curatola, G. Ferretti, M. Taus, and L. Mazzanti. 1994. Reduced Na(+)-K(+)-ATPase activity and plasma lysophosphatidylcholine concentrations in diabetic patients. *Diabetes.* 43: 915–919.
- Subbaiah, P. V., C. H. Chen, J. D. Bagdade, and J. J. Albers. 1985. Substrate specificity of plasma lysolecithin acyltransferase and the molecular species of lecithin formed by the reaction. *J. Biol. Chem.* 260: 5308–5314.
- Chen, L., B. Liang, D. E. Froese, S. Liu, J. T. Wong, K. Tran, G. M. Hatch, D. Mymin, E. A. Kroeger, R. Y. Man, et al. 1997. Oxidative modification of low density lipoprotein in normal and hyperlipidemic patients: effect of lysophosphatidylcholine composition on vascular relaxation. *J. Lipid Res.* 38: 546–553.
- Ojala, P. J., M. Hermansson, M. Tolvanen, K. Polvinen, T. Hirvonen, U. Impola, M. Jauhiainen, P. Somerharju, and J. Parkkinen. 2006. Identification of alpha-1 acid glycoprotein as a lysophospholipid binding protein: a complementary role to albumin in the scavenging of lysophosphatidylcholine. *Biochemistry*. 45: 14021–14031.
- Croset, M., N. Brossard, A. Polette, and M. Lagarde. 2000. Characterization of plasma unsaturated lysophosphatidylcholines in human and rat. *Biochem. J.* 345: 61–67.
- Marathe, G. K., A. R. Šilva, H. C. de Castro Faria Neto, L. W. Tjoelker, S. M. Prescott, G. A. Zimmerman, and T. M. McIntyre. 2001. Lysophosphatidylcholine and lyso-PAF display PAF-like activity derived from contaminating phospholipids. *J. Lipid Res.* 42: 1430–1437.
- Stoll, L. L., H. J. Oskarsson, and A. A. Spector. 1992. Interaction of lysophosphatidylcholine with aortic endothelial cells. *Am. J. Physiol.* 262: H1853–H1860.
- Meyer zu Heringdorf, D., and K. H. Jakobs. 2007. Lysophospholipid receptors: signalling, pharmacology and regulation by lysophospholipid metabolism. *Biochim. Biophys. Acta*. 1768: 923–940.
- Wong, J. T., K. Tran, G. N. Pierce, A. C. Chan, K. O., and P. C. Choy. 1998. Lysophosphatidylcholine stimulates the release of arachidonic acid in human endothelial cells. *J. Biol. Chem.* 273: 6830–6836.
- Inoue, N., K. Hirata, M. Yamada, Y. Hamamori, Y. Matsuda, H. Akita, and M. Yokoyama. 1992. Lysophosphatidylcholine inhibits bradykinin-induced phosphoinositide hydrolysis and calcium transients in cultured bovine aortic endothelial cells. *Circ. Res.* 71: 1410–1421.
- Yokoyama, K., T. Ishibashi, H. Ohkawara, J. Kimura, I. Matsuoka, T. Sakamoto, K. Nagata, K. Sugimoto, S. Sakurada, and Y. Maruyama. 2002. HMG-CoA reductase inhibitors suppress intracellular calcium mobilization and membrane current induced by lysophosphatidylcholine in endothelial cells. *Circulation*. 105: 962–967.

- Prokazova, N. V., N. D. Zvezdina, and A. A. Korotaeva. 1998. Effect of lysophosphatidylcholine on transmembrane signal transduction. *Biochemistry-Russia*. 63: 31–37.
- Bassa, B. V., D. D. Roh, N. D. Vaziri, M. A. Kirschenbaum, and V. S. Kamanna. 1999. Lysophosphatidylcholine activates mesangial cell PKC and MAP kinase by PLCgamma-1 and tyrosine kinase-Ras pathways. *Am. J. Physiol.* 277: F328–F337.
- Kume, N., M. I. Cybulsky, and M. A. Gimbrone, Jr. 1992. Lysophosphatidylcholine, a component of atherogenic lipoproteins, induces mononuclear leukocyte adhesion molecules in cultured human and rabbit arterial endothelial cells. *J. Clin. Invest.* 90: 1138–1144.
- Aiyar, N., J. Disa, Z. Ao, H. Ju, S. Nerurkar, R. N. Willette, C. H. Macphee, D. G. Johns, and S. A. Douglas. 2007. Lysophosphatidylcholine induces inflammatory activation of human coronary artery smooth muscle cells. *Mol. Cell. Biochem.* 295: 113–120.
- Zembowicz, A., S. L. Jones, and K. K. Wu. 1995. Induction of cyclooxygenase-2 in human umbilical vein endothelial cells by lysophosphatidylcholine. *J. Clin. Invest.* 96: 1688–1692.
- Rikitake, Y., K. Hirata, S. Kawashima, S. Takeuchi, Y. Shimokawa, Y. Kojima, N. Inoue, and M. Yokoyama. 2001. Signaling mechanism underlying COX-2 induction by lysophosphatidylcholine. *Biochem. Biophys. Res. Commun.* 281: 1291–1297.
- Ludwig, M. G., M. Vanek, D. Guerini, J. A. Gasser, C. E. Jones, U. Junker, H. Hofstetter, R. M. Wolf, and K. Seuwen. 2003. Protonsensing G-protein-coupled receptors. *Nature*. 425: 93–98.
- Tomura, H., C. Mogi, K. Sato, and F. Okajima. 2005. Proton-sensing and lysolipid-sensitive G-protein-coupled receptors: a novel type of multi-functional receptors. *Cell. Signal.* 17: 1466–1476.
- Lum, H., J. Qiao, R. J. Walter, F. Huang, P. V. Subbaiah, K. S. Kim, and O. Holian. 2003. Inflammatory stress increases receptor for lysophosphatidylcholine in human microvascular endothelial cells. *Am. J. Physiol. Heart Circ. Physiol.* 285: H1786–H1789.
- Wang, L., C. G. Radu, L. V. Yang, L. A. Bentolila, M. Riedinger, and O. N. Witte. 2005. Lysophosphatidylcholine-induced surface redistribution regulates signaling of the murine G protein-coupled receptor G2A. *Mol. Biol. Cell.* 16: 2234–2247.
- Murakami, N., T. Yokomizo, T. Okuno, and T. Shimizu. 2004. G2A is a proton-sensing G-protein-coupled receptor antagonized by lysophosphatidylcholine. *J. Biol. Chem.* 279: 42484–42491.
- Zou, Y., C. H. Kim, J. H. Chung, J. Y. Kim, S. W. Chung, M. K. Kim, D. S. Im, J. Lee, B. P. Yu, and H. Y. Chung. 2007. Upregulation of endothelial adhesion molecules by lysophosphatidylcholine. Involvement of G protein-coupled receptor GPR4. *FEBS J.* 274: 2573–2584.
- Qiao, J., F. Huang, R. P. Naikawadi, K. S. Kim, T. Said, and H. Lum. 2006. Lysophosphatidylcholine impairs endothelial barrier function through the G protein-coupled receptor GPR4. *Am. J. Physiol. Lung Cell. Mol. Physiol.* **291**: L91–L101.
- Sin, W. C., Y. Zhang, W. Zhong, S. Adhikarakunnathu, S. Powers, T. Hoey, S. An, and J. Yang. 2004. G protein-coupled receptors GPR4 and TDAG8 are oncogenic and overexpressed in human cancers. *Oncogene.* 23: 6299–6303.
- Bektas, M., L. S. Barak, P. S. Jolly, H. Liu, K. R. Lynch, E. Lacana, K. B. Suhr, S. Milstien, and S. Spiegel. 2003. The G protein-coupled receptor GPR4 suppresses ERK activation in a ligand-independent manner. *Biochemistry*. 42: 12181–12191.
- 32. Tobo, M., H. Tomura, C. Mogi, J. Q. Wang, J. P. Liu, M. Komachi, A. Damirin, T. Kimura, N. Murata, H. Kurose, et al. 2007. Previously postulated "ligand-independent" signaling of GPR4 is mediated through proton-sensing mechanisms. *Cell. Signal.* **19**: 1745–1753.
- 33. Ghosh, M., H. Wang, Y. Ai, E. Romeo, J. P. Luyendyk, J. M. Peters, N. Mackman, S. K. Dey, and T. Hla. 2007. COX-2 suppresses tissue factor expression via endocannabinoid-directed PPARdelta activation. J. Exp. Med. 204: 2053–2061.
- 34. McAdam, B. F., F. Catella-Lawson, I. A. Mardini, S. Kapoor, J. A. Lawson, and G. A. FitzGerald. 1999. Systemic biosynthesis of prostacyclin by cyclooxygenase (COX)-2: the human pharmacology of a selective inhibitor of COX-2. *Proc. Natl. Acad. Sci. USA.* 96: 272–277. [Erratum. 1999. *Proc. Natl. Acad. Sci. USA.* 96: 5890.]
- Alfranca, A., M. A. Iniguez, M. Fresno, and J. M. Redondo. 2006. Prostanoid signal transduction and gene expression in the endothelium: role in cardiovascular diseases. *Cardiovasc. Res.* 70: 446–456.
- Dogne, J. M., J. Hanson, and D. Pratico. 2005. Thromboxane, prostacyclin and isoprostanes: therapeutic targets in atherogenesis. *Trends Pharmacol. Sci.* 26: 639–644.

Supplemental Material can be found at: http://www.jlr.org/content/suppl/2010/07/07/jlr.M006536.DC1 .html

- Ueno, N., Y. Takegoshi, D. Kamei, I. Kudo, and M. Murakami. 2005. Coupling between cyclooxygenases and terminal prostanoid synthases. *Biochem. Biophys. Res. Commun.* 338: 70–76.
- Hirata, K., H. L. Dichek, J. A. Cioffi, S. Y. Choi, N. J. Leeper, L. Quintana, G. S. Kronmal, A. D. Cooper, and T. Quertermous. 1999. Cloning of a unique lipase from endothelial cells extends the lipase gene family. *J. Biol. Chem.* 274: 14170–14175.
- 39. Jaye, M., K. J. Lynch, J. Krawiec, D. Marchadier, C. Maugeais, K. Doan, V. South, D. Amin, M. Perrone, and D. J. Rader. 1999. A novel endothelial-derived lipase that modulates HDL metabolism. *Nat. Genet.* **21**: 424–428.
- Gauster, M., G. Rechberger, A. Sovic, G. Horl, E. Steyrer, W. Sattler, and S. Frank. 2005. Endothelial lipase releases saturated and unsaturated fatty acids of high density lipoprotein phosphatidylcholine. *J. Lipid Res.* 46: 1517–1525.
- Ojala, P. J., T. E. Hirvonen, M. Hermansson, P. Somerharju, and J. Parkkinen. 2007. Acyl chain-dependent effect of lysophosphatidylcholine on human neutrophils. *J. Leukoc. Biol.* 82: 1501–1509.
- 42. Schweer, H., B. Watzer, and H. W. Seyberth. 1994. Determination of seven prostanoids in 1 ml of urine by gas chromatographynegative ion chemical ionization triple stage quadrupole mass spectrometry. J. Chromatogr. 652: 221–227.
- Kim, Y. L., Y. J. Im, N. C. Ha, and D. S. Im. 2007. Albumin inhibits cytotoxic activity of lysophosphatidylcholine by direct binding. *Prostaglandins Other Lipid Mediat.* 83: 130–138.
- 44. Tan, X., S. Essengue, J. Talreja, J. Reese, D. J. Stechschulte, and K. N. Dileepan. 2007. Histamine directly and synergistically with lipopolysaccharide stimulates cyclooxygenase-2 expression and prostaglandin I(2) and E(2) production in human coronary artery endothelial cells. *J. Immunol.* **179**: 7899–7906.
- Camacho, M., J. Lopez-Belmonte, and L. Vila. 1998. Rate of vasoconstrictor prostanoids released by endothelial cells depends on cyclooxygenase-2 expression and prostaglandin I synthase activity. *Circ. Res.* 83: 353–365.
- 46. Kearney, P. M., C. Baigent, J. Godwin, H. Halls, J. R. Emberson, and C. Patrono. 2006. Do selective cyclo-oxygenase-2 inhibitors and traditional non-steroidal anti-inflammatory drugs increase the risk of atherothrombosis? Meta-analysis of randomised trials. *BMJ.* 332: 1302–1308.
- McGettigan, P., and D. Henry. 2006. Cardiovascular risk and inhibition of cyclooxygenase: a systematic review of the observational studies of selective and nonselective inhibitors of cyclooxygenase 2. *JAMA*. 296: 1633–1644.
- Solomon, S. D., M. A. Pfeffer, J. J. V. McMurray, R. Fowler, P. Finn, B. Levin, C. Eagle, E. Hawk, M. Lechuga, A. G. Zauber, et al. 2006. Effect of celecoxib on cardiovascular events and blood pressure in two trials for the prevention of colorectal adenomas. *Circulation*. 114: 1028–1035.
- 49. de Carvalho, M. G., J. Garritano, and C. C. Leslie. 1995. Regulation of lysophospholipase activity of the 85-kDa phospholipase A2 and

activation in mouse peritoneal macrophages. J. Biol. Chem. 270: 20439–20446.

- Moore, S. A., E. Yoder, and A. A. Spector. 1990. Role of the bloodbrain barrier in the formation of long-chain omega-3 and omega-6 fatty acids from essential fatty acid precursors. *J. Neurochem.* 55: 391–402.
- Grammatikos, S. I., P. V. Subbaiah, T. A. Victor, and W. M. Miller. 1994. Diversity in the ability of cultured cells to elongate and desaturate essential (n-6 and n-3) fatty acids. *Ann. N. Y. Acad. Sci.* 745: 92–105.
- 52. Hirabayashi, T., K. Kume, K. Hirose, T. Yokomizo, M. Iino, H. Itoh, and T. Shimizu. 1999. Critical duration of intracellular Ca2+ response required for continuous translocation and activation of cytosolic phospholipase A2. *J. Biol. Chem.* 274: 5163–5169.
- Boittin, F. X., F. Gribi, K. Serir, and J. L. Beny. 2008. Ca2+independent PLA2 controls endothelial store-operated Ca2+ entry and vascular tone in intact aorta. *Am. J. Physiol. Heart Circ. Physiol.* 295: H2466–H2474.
- Wolfram Kuhlmann, C. R., D. Wiebke Ludders, C. A. Schaefer, A. Kerstin Most, U. Backenkohler, T. Neumann, H. Tillmanns, and A. Erdogan. 2004. Lysophosphatidylcholine-induced modulation of Ca(2+)-activated K(+)channels contributes to ROS-dependent proliferation of cultured human endothelial cells. *J. Mol. Cell. Cardiol.* 36: 675–682.
- 55. Huang, F., P. V. Subbaiah, O. Holian, J. Zhang, A. Johnson, N. Gertzberg, and H. Lum. 2005. Lysophosphatidylcholine increases endothelial permeability: role of PKCalpha and RhoA cross talk. [see comment] Am. J. Physiol. Lung Cell. Mol. Physiol. 289: L176–L185. [Comment. 2005. Am. J. Physiol. Lung Cell. Mol. Physiol. 289: L174–L175.]
- Vuong, T. D., B. Braam, N. Willekes-Koolschijn, P. Boer, H. A. Koomans, and J. A. Joles. 2003. Hypoalbuminaemia enhances the renal vasoconstrictor effect of lysophosphatidylcholine. *Nephrol. Dial. Transplant.* 18: 1485–1492.
- Murugesan, G., M. R. Sandhya Rani, C. E. Gerber, C. Mukhopadhyay, R. M. Ransohoff, G. M. Chisolm, and K. Kottke-Marchant. 2003. Lysophosphatidylcholine regulates human microvascular endothelial cell expression of chemokines. *J. Mol. Cell. Cardiol.* 35:1375– 1384.
- Paradis, M. E., K. O. Badellino, D. J. Rader, Y. Deshaies, P. Couture, W. R. Archer, N. Bergeron, and B. Lamarche. 2006. Endothelial lipase is associated with inflammation in humans. *J. Lipid Res.* 47: 2808–2813.
- Badellino, K. O., M. L. Wolfe, M. P. Reilly, and D. J. Rader. 2008. Endothelial lipase is increased in vivo by inflammation in humans. *Circulation*. 117: 678–685.
- Triggiani, M., F. Granata, A. Frattini, and G. Marone. 2006. Activation of human inflammatory cells by secreted phospholipases A2. *Biochim. Biophys. Acta.* 1761: 1289–1300.

ASBMB

ERRATA

The authors of "Acyl chain-dependent effect of lysophosphatidylcholine on endothelial prostacyclin production" (*J. Lipid Res.* 51: 2957–2966) have advised the journal that two authors were inadvertently omitted from the original list of authors.

The author list that initially appeared online and in print was as follows:

Monika Riederer, Pauli J. Ojala, Andelko Hrzenjak, Michaela Tritscher, Martin Hermansson, Bernhard Watzer, Horst Schweer, Gernot Desoye, Akos Heinemann, and Sasa Frank

The author list should have read:

Monika Riederer, Pauli J. Ojala, Andelko Hrzenjak, **Wolfgang F. Graier, Roland Malli**, Michaela Tritscher, Martin Hermansson, Bernhard Watzer, Horst Schweer, Gernot Desoye, Akos Heinemann, and Sasa Frank

Additionally, corrections were needed to the authors' affiliations.

The original affiliations appeared in print as follows:

Institute of Molecular Biology and Biochemistry,* Center of Molecular Medicine; Finnish Red Cross Blood Service;[†] Division of Pulmonology,[§] Department of Internal Medicine; Department of Biochemistry,** Institute of Biomedicine, University of Helsinki, Helsinki, Finland; Department of Pediatrics,^{††} Philipps University of Marburg, Marburg, Germany; and Clinic of Obstetrics and Gynecology;^{§§} Institute of Experimental and Clinical Pharmacology,*** and Institute of Molecular Biology & Biochemistry,^{†††} Center of Molecular Medicine, Medical University of Graz, Graz, Austria

The affiliations should have read:

Institute of Molecular Biology and Biochemistry,* Center of Molecular Medicine, Medical University of Graz, Graz, Austria; Finnish Red Cross Blood Service,[†] Helsinki, Finland; Division of Pulmonology,[§] Department of Internal Medicine, Medical University of Graz, Graz, Austria; Department of Biochemistry,** Institute of Biomedicine, University of Helsinki, Helsinki, Finland; Department of Pediatrics,^{††} Philipps University of Marburg, Marburg, Germany; and Clinic of Obstetrics and Gynecology,^{§§} and Institute of Experimental and Clinical Pharmacology,*** Center of Molecular Medicine, Medical University of Graz, Graz, Austria

The incorrect author list and affiliations initially appeared online but have since been corrected in the article and the table of contents.

DOI 10.1194/jlr.M006536ERR