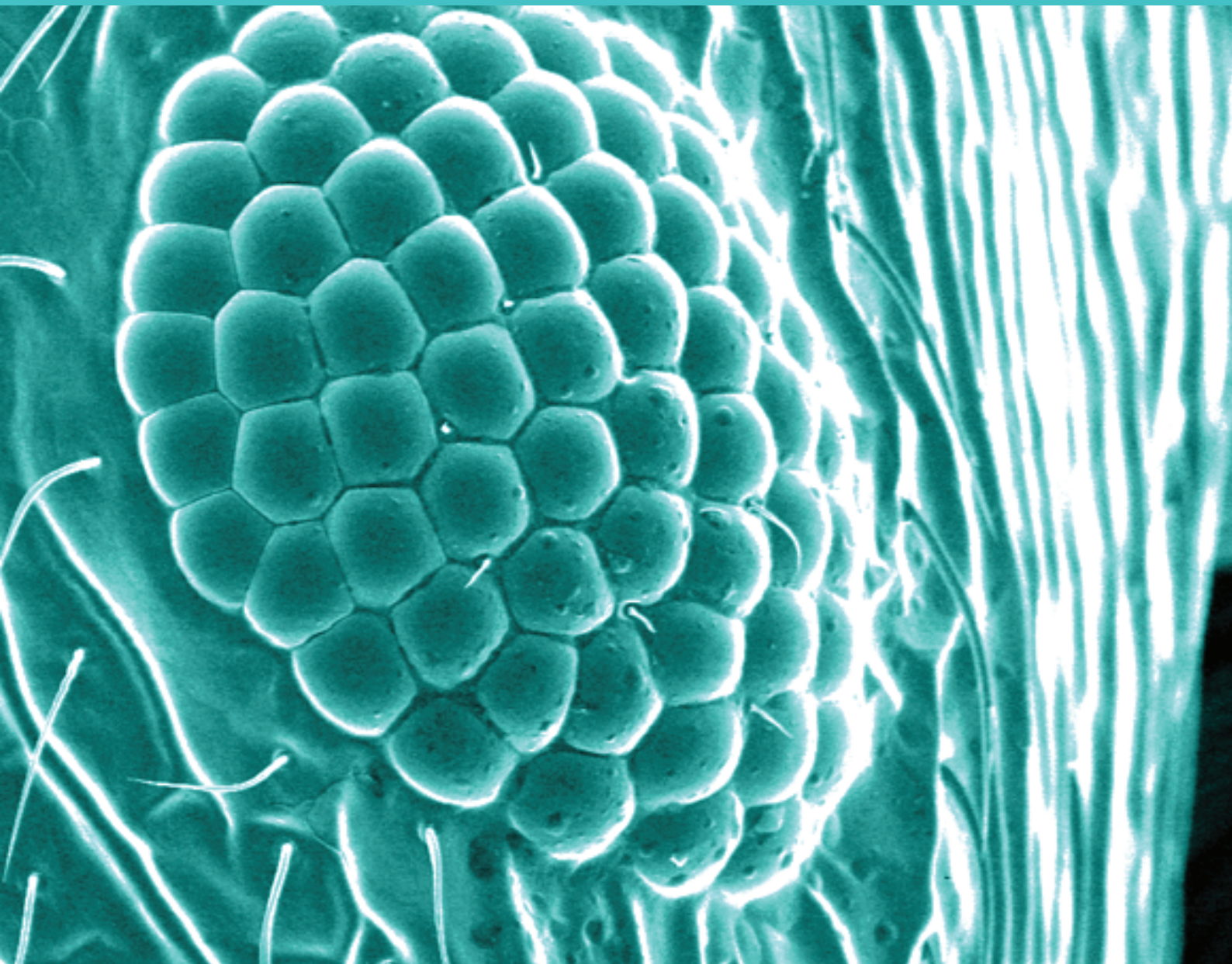


# Physiological Mini Reviews

# 7

Volume



**Vol. 7 #1**, January-February, 2014  
ISSN 1669-5402 (Print) | ISSN 1669-5410 (Online)  
[pmr.safisiol.org.ar](http://pmr.safisiol.org.ar)

Physiological  
Mini  
Reviews



**SAFIS**  
Sociedad Argentina de Fisiología

# Physiological Mini-Reviews

[ISSN 1669-5410 (Online)]

Edited by the **Argentinean Physiological Society**

Journal address: Centro de Investigaciones Cardiovasculares y Cátedra de Fisiología y Física Biológica.  
Facultad de Ciencias Médicas; Universidad Nacional de La Plata;  
La Plata, Buenos Aires, Argentina. Tel.-Fax: +54-211-4834833  
<http://pmr.safisiol.org.ar>

---

Physiological Mini-Reviews is a scientific journal, publishing brief reviews on "hot" topics in Physiology. The scope is quite broad, going from "Molecular Physiology" to "Integrated Physiological Systems". As indicated by our title it is not our intention to publish exhaustive and complete reviews. We ask to the authors concise and updated descriptions of the "state of the art" in a specific topic. Innovative and thought-provoking ideas are welcome.

---

## Editorial Board:

Alejandro Aiello, La Plata, Argentina.	Cecilia Hidalgo, Santiago, Chile.
Bernardo Alvarez, La Plata, Argentina.	Elena Lascano, Buenos Aires, Argentina.
Eduardo Arzt, Buenos Aires, Argentina.	Carlos Libertun, Buenos Aires, Argentina.
Claudia Capurro, Buenos Aires, Argentina.	Gerhard Malnic, Sao Paulo, Brazil.
Daniel Cardinali, Buenos Aires, Argentina.	Raúl Marinelli, Rosario, Argentina.
Marcelino Cerejido, México City, México.	Jorge Negroni, Buenos Aires, Argentina.
Horacio Cingolani, La Plata, Argentina.	Patricia Rocco, Rio de Janeiro, Brazil.
Alberto Crottogini, Buenos Aires, Argentina.	Juan Saavedra, Bethesda, United States.
Adolfo De Bold, Ottawa, Canada.	David Sabatini, New York, United States.
Oswaldo Delbono, Winston-Salem, United States.	Margarita Salas, La Plata, Argentina.
Irene Ennis, La Plata, Argentina.	María Inés Vaccaro, Buenos Aires, Argentina.
Ana Franchi, Buenos Aires, Argentina.	Martín Vila-Petroff, La Plata, Argentina.
Carlos González, Valparaíso, Chile	

**Editor in chief:** Alicia Mattiazzi, La Plata, Argentina

**Associate Editor:** Leticia Vittone, La Plata, Argentina

**Founding Editor:** Mario Parisi, Buenos Aires, Argentina

## Publishing Scientific

**Committee:** Carlos A. Valverde, La Plata, Argentina  
Matilde Said, La Plata, Argentina  
Cecilia Mundiña-Weilenmann, La Plata, Argentina

**Editorial Assistant:** María Inés Vera, La Plata, Argentina

---

## Preparation and Submission of manuscripts:

"Physiological Mini-Reviews" will have a maximum of 3000 words, 50 references and 3 figures. Material will be addressed to scientific people in general but not restricted to specialist of the field. For citations in the text please refer to Instructions in our webpage. Final format will be given at the Editorial Office. Most contributions will be invited ones, but spontaneous presentations are welcome. Send your manuscript in Word format (.doc or .docx) to: [pmr@safisiol.org.ar](mailto:pmr@safisiol.org.ar)

---

## Advertising:

For details, rates and specifications contact the Associate Editor at the Journal address e-mail: [pmr@safisiol.org.ar](mailto:pmr@safisiol.org.ar)

The "Sociedad Argentina de Fisiología" is a registered non-profit organization in Argentina. (Resol. IGJ 763-04)

# THE ROLE OF THE NEUREGULIN-1/ERBB SIGNALING PATHWAY IN CARDIAC MORPHOGENESIS AND REMODELING

Cecilia Vasti<sup>1</sup> and Cecilia M. Hertig<sup>1,\*</sup>

<sup>1</sup>Instituto de Investigaciones en Ingeniería Genética y Biología Molecular - Dr. Héctor N. Torres- INGEBI, Ciudad Autónoma de Buenos Aires, Argentina.

**\*Correspondence to:**

Cecilia Hertig ([chertig@dna.uba.ar](mailto:chertig@dna.uba.ar))

## ABSTRACT

Neuregulin-1 (NRG1) signaling through tyrosine kinase receptors erbB2 and erbB4 was revealed essential for cardiac development as mouse mutated in the *Nrg1* or either cognate receptors *ErbB2* or *ErbB4* genes lack the formation of trabeculae at the ventricular wall. Indeed, the injection of the NRG1 active peptide in developing embryos induced trabeculation of the ventricular free wall. The components of the NRG1 pathway have been identified and the cardiac activities are being progressively characterized. An acquired form of dilated cardiomyopathy was evidenced in a subpopulation of breast tumor patients undergoing a combined treatment with antibodies against erbB2 and chemotherapy. In this regard, the cardiomyocyte-specific gene deletion of either *erbb2* or *erbb4* leads to ventricular dilation in adult mice, providing an experimental model system to examine the NRG1-mediated activities. We reviewed the evidence on the growing field of research for NRG1 signaling in both cardiac morphogenesis and in the postnatal myocardial remodeling.

**Keywords:** Neuregulin-1; remodeling; erbB; cardiac morphogenesis

## INTRODUCTION

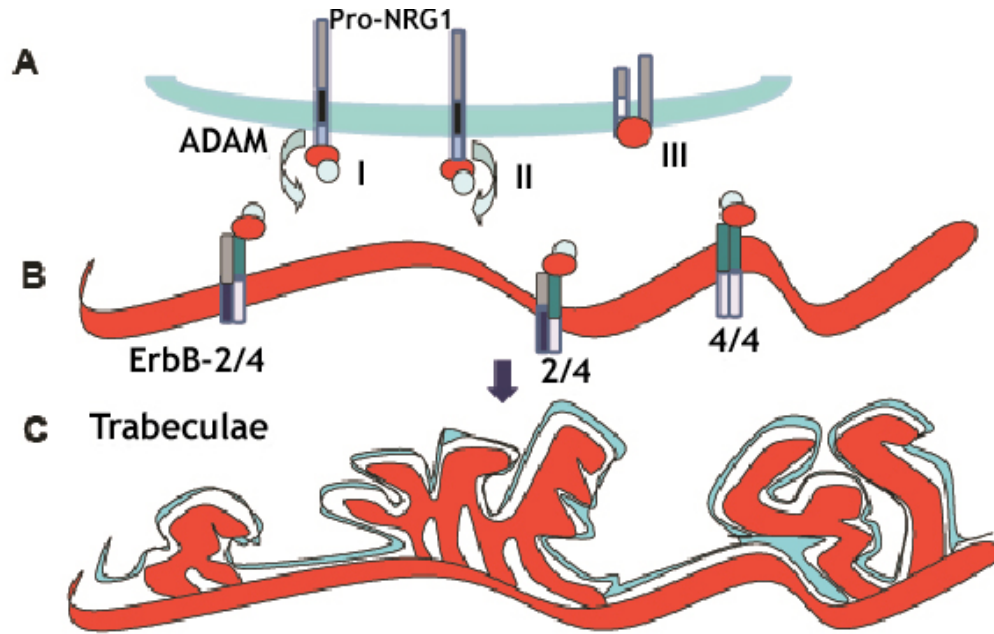
### The Neuregulin pathway

The neuregulins are transmembrane proteins of four isotypes (NRG1-4), which active domain is related to the epidermal growth factor (EGF). The NRG1 is classified into three subgroups (I–III), which includes about 30 isoforms as the result of the expression from different promoters and of splicing variants encoded in over 1.2 Mb, one of the largest genes in the mammalian genome [1]. The active amino terminal domain of the type I and II is released by metalloproteinase (ADAM 17, 19), modulated by PKC-delta and cleaved by  $\alpha$ -secretase activity [2, 3]. The extracellular active domain of type III NRG1 remains attached to the transmembrane domain, which is therefore suggested to signal in the immediate environment (**Figure 1A**). The NRGs activate the tyrosine kinase receptors, erbB2, erbB3 and erbB4 that belong to the EGF receptor family (erbB1) [4]. The neuregulin and erbB2 were first identified in unrelated research topics of the neuromuscular junction and cancer cells respectively, and it had been ten years later, in 1993, that these molecules were characterized as the ligand and co-receptor of the same signaling pathway.

### The NRG1-erbB signaling activities in cardiac development

In the heart, the type I and II of NRG1 are expressed in endocardial cells of the endocardium which are subjected to proteolytic cleavage (**Figure 1A**). The released active peptides of the NRG1 $\beta$  isoform bind and activate erbB2/erbB4 heterodimers, expressed in cardiomyocytes (**Figure 1B**).

In the late 1995, the phenotype of genetically recombined *Nrg1* or either *ErbB2* and *ErbB4* genes in mouse revealed the critical activities of this pathway for embryonic development, which embryos died *in utero* at E10.5 days post coitum (dpc) [5-7]. The developing heart of these 3 lines of gene knockout mice had impaired or nil formation of the trabeculae at the ventricular free wall. Trabeculae are a network of cardiomyocytes growing into the chamber lumen that contribute to the thickening of the myocardium and to the formation of the ventricular conduction system. The first evidence for the role of NRG1 in the developing heart prompted the study of the pathway activities in experimental model systems. In an ex-vivo developing embryo culture system, the cardiac injection of NRG1 $\beta$  and  $\alpha$  active peptides (70 aminoacids) was sufficient to induce trabeculation of the ventricular wall (**Figure 1C**), which stronger activity was displayed by the  $\beta$  relative to the  $\alpha$  isoform [8].



**Figure 1.** A) Schematic representation of type I, II, III NRG1. Although not expressed in the heart, type III was included for graphic purpose. B) NRG1 binding and activation of erbB receptors. C) Formation of Trabeculae by NRG1 through erbB2/erbB4 activation.

In addition to the NRG1-mediated differentiation and specification of cardiomyocytes into trabeculae, NRG1 was found to induce cardiomyocytes to proliferate at the compact zone of the ventricular wall when co-injected with IGF-I peptides. These results suggest that growth factor activities may interact by modulating the dominant individual effects and indicate that NRG1/IGF-I induce differentiation in proliferating cardiomyocytes, forming trabeculae [8]. Experiments carried out in zebrafish indicate that the NRG1-induced trabeculation is mediated by proliferation followed by the directional migration of differentiating cardiomyocytes, as opposed to a directional budding of proliferative cardiomyocytes into the chamber lumen [9]. Recent experiments employing homozygous mice for hypomorphic *Nrg1* alleles, which lack the transmembrane domain, demonstrated that the central outermost part of the left ventricle was the most affected region as monitored by the early inactivation of gene expression at E8.5 dpc. This result indicates a role for NRG1 beyond the formation of trabeculae, in cardiomyocytes of the compact zone, potentially linking biochemical feedback to molecular pathways for growth and differentiation, acting on the central part of the ventricular wall that sustains contraction [10]. In this scenario, the NRG1 pathway displays morphogenetic activities on diverse cardiac tissues. The erbB receptors are involved in cushion morphogenesis, which is initiated by epithelial-mesenchyme transformation giving rise to the prospective valves. Indeed, a murine model of defective valve formation by hyaluronan gene inactivation was rescued by the administration of NRG1 with the concomitant phosphorylation

of erbB2 and erbB3. These results associate the NRG1 pathway to valve formation through mesenchyme-extracellular matrix interactions [11].

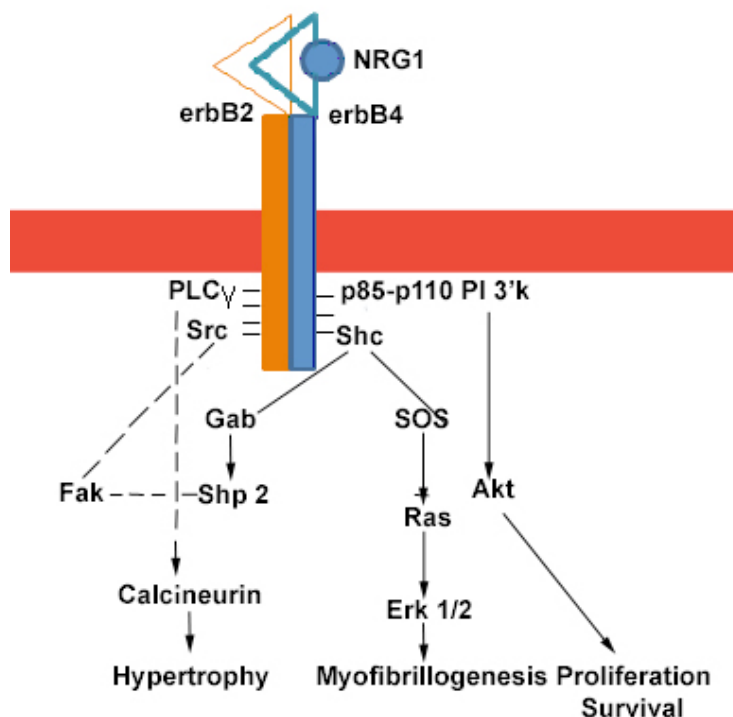
The septation and maturation of the outflow tract depends on erbB4-positive cardiomyocytes and erbB3-positive neural crest cells that migrate to the lateral mesenchyme of the dorsal aorta in mice. A congenital form of left ventricular outflow tract defects was positively associated with a specific haplotype in the *ERBB4* gene [12]. Recently, certain polymorphisms in *ERBB2* [13] and in the *NRG1* [14] genes have been suggested to be biologically significant in the pathogenesis of nonneoplastic disease, such as schizophrenia or cardiovascular disorders. Thus far, further experimentation is required to directly address the specific functions of ErbB and NRG1 isoforms in disease.

Altogether, it is suggested that NRG1 orchestrates gene expression in a feedback modulation with wall stress, contractility and blood flow parameters, acting on the coordinated growth of the cardiac chambers during morphogenesis.

### **The NRG1 intracellular signaling cascade.**

The erbB-dependent intracellular cascades have been extensively studied because of the important role in cancer cells, thereby, providing the basis for the analyses of signaling mechanisms in other cell types. The NRG activation of erbB receptors mediates auto- and trans-phosphorylation of tyrosine residues at the receptor intracellular domain. A subgroup of phosphotyrosine residues bind specific adaptor molecules (e.g. Grb, Shc, Src, SH3 domain) [13], ultimately inducing intracellular pathways, e.g. MAP kinase, and PI 3'-kinase cascades, PLC  $\gamma$ , the regulation of the Ca<sup>2+</sup>-dependent Protein Kinase C and NFAT activity (**Figure 2**) [4]. A link between NRG1 and focal adhesion kinase (FAK) has been found in proliferative and migrating cells.

In cultured cardiomyocytes, the Ras/MAPK/erk1/2 pathway was required for the NRG1-driven myofibrillogenesis in cultured cardiomyocytes. This activity was mimicked by a constitutively active form of Ras and inhibited by its dominant negative form and by the MEK1 inhibitor PD98059 [8]. The induced ability of cardiomyocytes to proliferate was dependent on NRG1/IGF-I through the activation of the PI 3'-kinase/Akt pathway, which was verified by the wortmannin inhibition of cardiomyocyte DNA synthesis in embryonic development and in cultured neonatal cardiomyocytes. The cellular transfection with adenovirus harboring a constitutively active Akt mimicked the proliferative and protective activities, which were inhibited by a dominant negative form of Akt in the presence of NRG1/IGF-I [8].



**Figure 2.** Schematic representation of NRG1-erbB2/erbB4 intracellular signaling

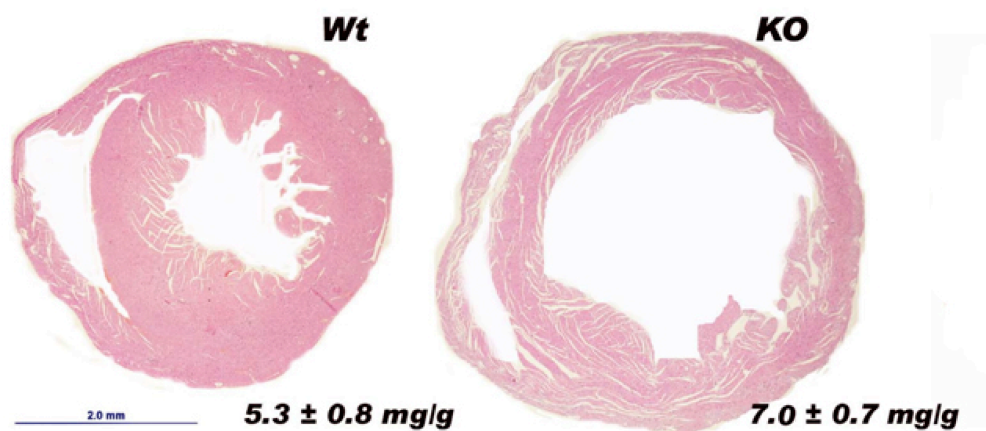
### **ErbB non-phosphorylated interactions.**

Intracellular signaling also depends on the binding ability of specific non-phosphorylated residues at the C-terminal domain of erbB receptors to PDZ domain containing proteins. This protein domain was named by homology to the interacting region of the Post synaptic protein 95, Disc large and Zona occludens ZO-1 proteins with four highly conserved residues GLGF. The interaction to PDZ domain proteins is relevant for the specific location of erbB proteins into particular membrane compartments and for the modulation of the receptor stability and activity [14]. Despite the significance of PDZ domain proteins in the heart (e.g. MAGUK, actinin binding proteins), there is not yet evidence for the specific PDZ-erbB-interacting proteins in cardiomyocytes. The erbB4 receptors, which are endocytosis-impaired, are also regulated through proteolysis mediated by the proteasome system and by the alternative transcriptional activity of the cleavable juxtamembrane isoform JMa. These mechanisms either drive the erbB4 protein degradation or induce the nuclear translocation of the JMa intracellular domain. As it occurs for the release of the NRG1 active peptides, the release of the erbB4 JMa C-terminal domain is modulated by the activation of PKC and mediated via the activity of tumor necrosis factor-alpha converting enzyme and further cleavage by  $\gamma$ -secretase at the plasma membrane. In the heart, the identified erbB4 protein in cardiomyocytes is the JMb non-cleavable splice variant which may be proteolytically modulated by the proteasome

system [15]. Three PPXY motifs couple erbB4 with WW domain proteins, such as Wwox and ubiquitin ligases, modulating the activity of the c-terminal domain[16].

### The requirement of erbB in the adulthood.

The clinical impact of the NRG1 signaling in cardiology was the increased incidence of dilated cardiomyopathies in a subpopulation of breast tumor patients undergoing the combined administration of anthracycline chemotherapy and a humanized antibody against erbB2 protein (trastuzumab, pertuzumab) [19]. The cardiac effect of these humanized antibodies, which are species specific and do not cross-react with the mouse protein, was experimentally assessed through the ventricular cardiomyocyte-specific-deletion of either *ErbB2* or *ErbB4* in mouse. The tissue-specific mutation in any of these genes in mouse led to dilated cardiomyopathy in the adulthood (**Figure 3**) [20, 21]. These murine models were useful to demonstrate the cardiomyocyte-autonomous and essential requirement of the erbB2/erbB4 during the postnatal remodeling of the myocardium.



**Figure 3.** Ventricular specific erbB4-KO leads to adult dilated cardiomyopathy.

### Subcellular localization of erbB2/erbB4.

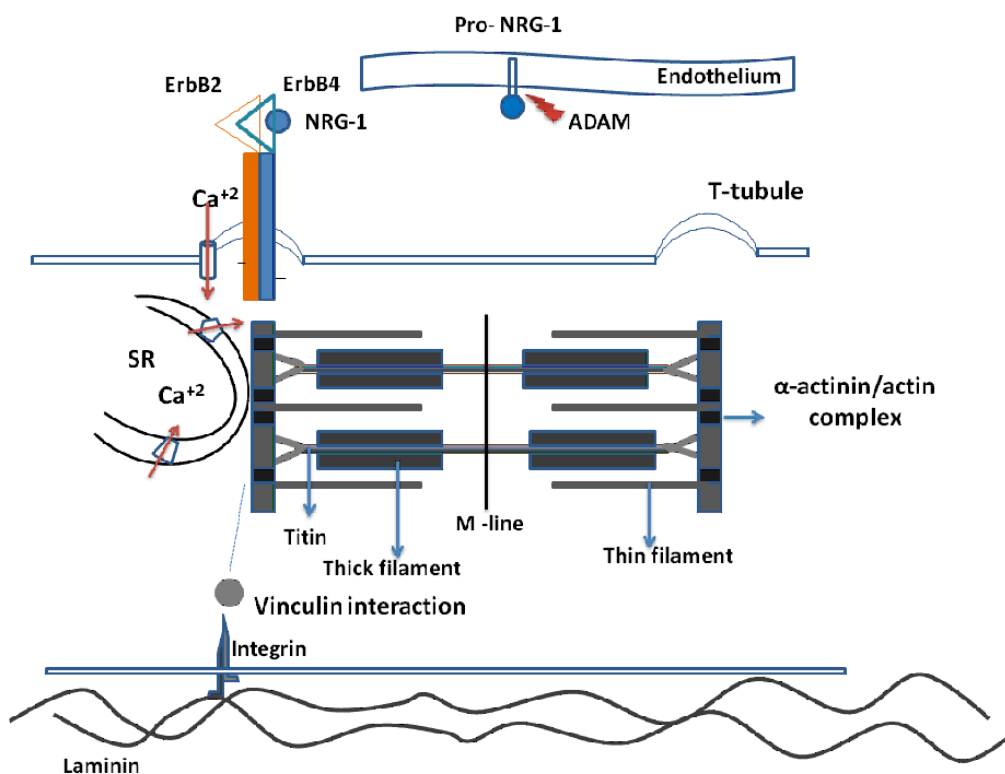
Clues about a local cardiomyocyte effect of NRG1 for the maintenance of myocardial architecture arise from the subcellular localization of the receptors. The erbB2/erbB4 proteins were found accumulated in the T-tubule membrane system of cardiomyocytes and in the intercalated discs (ID) [21] (**Figure 4**)

The relevance of the receptor localization is that the T-tubules place membrane molecules in close apposition of the myofibril Z-disc, providing a specific context for the functional interactions among molecules at the plasma membrane, sarcoplasmic reticulum (SR) and the



myofibril Z-disc. The ID are highly specialized Z-disc structures at the cell-cell contacts that provide the anchorage of the sarcomeres to the membrane and placed the connexin-43 gap junctions, assuring electric transmission and the rhythmic contraction of cardiomyocytes of the ventricular chamber.

The erbB subcellular context suggests that NRG1 may act on intersecting cues to cytoskeletal pathways required for myocardial remodeling. A connection of NRG1 signaling with the cytoskeleton has been also suggested during cardiac morphogenesis in a feedback modulation with changes in wall stress and contractile parameters.



**Figure 4.** Endothelium-Cardiac muscle interactions through paracrine NRG1 signaling. Functional interaction of molecules placed at the T-tubules, SR, Z-band, ID and costameres.

### Cardioprotective and regenerative activities.

In agreement with the requirement of the NRG1-erbB2/erbB4 pathway for the prevention of ventricular dilation during remodeling, NRG-1/erbB2 signaling has been shown to be critical for the physiologic cardiac hypertrophy manifested during pregnancy in rodents. Accordingly, the lapatinib-mediated inhibition of erbB2 phosphorylation resulted in a pathologic pregnancy-related dilation of the ventricular chambers that occurs without apparent apoptotic cell death [22]. Downregulation of erbB2 and erbB4 expression was evidenced during the pathologic

remodeling of the myocardium in rodents under pressure overload and in humans with a failing myocardium [23].

The *in vivo* administration of NRG1 in different conditions of mouse cardiac pathology contributed to the amelioration of contraction (reduced left ventricular end systolic dimensions, increased ejection fraction). In these experiments, the NRG1-mediated functional performance of the ventricular chambers was correlated with the increased phosphorylation of the myosin regulatory light chain (RLC) [24]. However, the administration of NRG1 in knockout mouse for the myosin light chain kinase, *Mlck*, gene improves cardiac performance without an increase in the phosphorylation level of RLC [25], implicating additional mechanisms for the contractile improvement. In cultured cardiomyocytes, NRG1 appears to exert a negative inotropic effect through either NOS activity [26] or via the activation of the muscarinic response [27]. Both NO production and active muscarinic receptors modulate the inotropic response to beta-adrenergic stimulation, which may result in an improved fractional shortening. Indeed, there is a general lack of evidence of a direct inotropic effect, or induced changes in calcium handling or in myofilament calcium sensitivity that may explain the NRG1-mediated enhancement in the cardiac systolic function.

Additional repair activities have been suggested in a murine model of cardiac infarction. In this setting, the exogenous administration of NRG1 was shown to induce mononucleated cardiomyocytes to proliferate contributing to cardiac repair mechanisms, without affecting the level of apoptotic cell death [28].

In cultured cardiomyocytes, NRG1 appeared to protect doxorubicin-mediated myofibril disarray [29], and the toxic degradation of the troponins [30]. These results are in line with the beneficial cardiac effect of NRG1 in one week old myocardial infarction [28].

The cardioprotective activity of NRG1 was also inferred by the doxorubicin-aggravated contractile dysfunction in heterozygous NRG1 mutant mice [31] and the exacerbated ventricular dilation in *erbB4-KO* [32]. The administration of doxorubicin to *erbB4-KO* mice led to the downregulation of components of the IGF-I pathway accompanied by deregulation of the ubiquitin-proteasome system [32]. The mechanisms leading to cardiomyocyte death by autophagic vacuolization and necrosis were synergistically induced in the doxorubicin-treated *erbB4-KO* heart. The relevance of protein-ubiquitination was documented for autophagic vacuolization as a useful predictor of myocardial deterioration [33]. Moreover, the monitoring of necrotic cardiomyocytes by the determination of cTnI serum level is a highly sensitive cardiotoxic marker for breast tumor patients following trastuzumab and doxorubicin therapy [34].

## Conclusions

The relevance of the NRG1-*erbB2/erbB4* pathway in the heart was characterized by the induced formation of trabeculae at the ventricular free wall during embryonic development, promoting differentiation in proliferative cardiomyocytes. The embryonic activities of NRG1 signaling appeared to be also required beyond the formation of trabeculae, acting on the

regulation of gene expression in cardiomyocytes of the central part of the ventricular wall, which is critical for pressure development. The NRG1-erbB2/erbB4 pathway is critical for the maintenance of the myocardial structure in the adult heart, and moreover, an impaired NRG1 signaling exacerbates the anthracycline-mediated cardiotoxicity. The accumulated data indicates a panel of NRG1-dependent protective and repair activities displayed in the heart during the lifespan of the individuals, which molecular events remain unclear. There are central questions about the NRG1/erbB biology to be addressed as to how NRG1 affects cytoskeletal pathways during cardiac remodeling.

The continuous research in this area will provide the critical molecules and targets which may help the design of diagnostic tools and therapeutic strategies, particularly relevant for patients with erbB2-positive breast tumors undergoing the combined treatment with anthracyclines and trastuzumab.

## References

- [1] **Falls DL.** Neuregulins: functions, forms, and signaling strategies. *Exp Cell Res.* 2003 Mar 10;284(1):14-30. Review.
- [2] **Horiuchi K, Zhou HM, Kelly K, Manova K, Blobel CP.** Evaluation of the contributions of ADAMs 9, 12, 15, 17, and 19 to heart development and ectodomain shedding of neuregulins beta1 and beta2. *Dev Biol.* 2005 Jul 15;283(2):459-71.
- [3] **Esper RM, Loeb JA.** Neurotrophins induce neuregulin release through protein kinase Cdelta activation. *J Biol Chem.* 2009; 284: 26251-60.
- [4] **Yarden Y, Sliwkowski MX.** Untangling the ErbB signalling network. *Nat Rev Mol Cell Biol.* 2001; 2(2): 127-37. Review.
- [5] **Meyer D, Birchmeier C.** Multiple essential functions of neuregulin in development. *Nature.* 1995; 378: 386-90. *Erratum in: Nature.* 1995; 378:753.
- [6] **Lee KF, Simon H, Chen H, Bates B, Hung MC, Hauser C.** Requirement for neuregulin receptor erbB2 in neural and cardiac development. *Nature.* 1995; 378: 394-8.
- [7] **Gassmann M, Casagrande F, Orioli D, Simon H, Lai C, Klein R, and Lemke G.** Aberrant neural and cardiac development in mice lacking the ErbB4 neuregulin receptor. *Nature.* 1995; 378: 390-4.
- [8] **Hertig CM, Kubalak SW, Wang Y, and Chien KR.** Synergistic roles of neuregulin-1 and insulin like growth factor-I in activation of the phosphatidylinositol 3-kinase pathway and cardiac chamber morphogenesis. *J Biol Chem.* 1999; 274: 37362-9.
- [9] **Liu J, Bressan M, Hassel D, Huisken J, Staudt D, Kikuchi K, Poss KD, Mikawa T, Stainier DY.** A dual role for ErbB2 signaling in cardiac trabeculation. *Development.* 2010; 137: 3867-75.
- [10] **Lai D, Forrai A, Liu X, Wolstein O, Michalicek J, Ahmed I et al.** Neuregulin 1 Sustains the Gene Regulatory Network in Both Trabecular and Nontrabecular Myocardium. *Circ Res.* 2010; 107: 715-27.
- [11] **Camenisch TD, Schroeder JA, Bradley J, Klewer SE, McDonald JA.** Heart-valve mesenchyme formation is dependent on hyaluronan-augmented activation of ErbB2-ErbB3 receptors. *Nat Med.* 2002; 8: 850-5.
- [12] **McBride KL, Zender GA, Fitzgerald-Butt SM, Seagraves NJ, Fernbach SD, Zapata G et al.** Association of common variants in ERBB4 with congenital left ventricular outflow tract obstruction defects. *Birth Defects Res A Clin Mol Teratol.* 2011; 91: 162-168.
- [13] **Schulze WX, Deng L, Mann M.** Phosphotyrosine interactome of the ErbB-receptor kinase family. *Mol Syst Biol.* 2005; 1:2005.0008, 1-13.
- [14] **Carraway KL 3rd, Sweeney C.** Localization and modulation of ErbB receptor tyrosine kinases. *Curr Opin Cell Biol.* 2001; 13: 125-30. Review.
- [15] **Elenius K, Corfas G, Paul S, Choi CJ, Rio C, Plowman GD, and Klagsbrun M.** A novel juxtamembrane domain isoform of HER4/ErbB4. Isoform-specific tissue distribution and differential processing in response to phorbol ester. *J Biol Chem.* 1997; 272: 26761-8.

- [16] **Carraway KL 3rd.** E3 ubiquitin ligases in ErbB receptor quantity control. *Semin Cell Dev Biol.* 2010; 21(9):936-43. Review.
- [17] **Lemieux J, Diorio C, Côté MA, Provencher L, Barabé F, Jacob S, St-Pierre C, Demers E, Tremblay-Lemay R, Nadeau-Larochelle C, Michaud A, Laflamme C.** Alcohol and HER2 polymorphisms as risk factor for cardiotoxicity in breast cancer treated with trastuzumab. *Anticancer Res.* 2013; 33: 2569-76.
- [18] **Huertas-Vazquez A, Teodorescu C, Reinier K, Uy-Evanado A, Chugh H, Jerger K, Ayala J, Gunson K, Jui J, Newton-Cheh C, Albert CM, Chugh SS.** A common missense variant in the neuregulin 1 gene is associated with both schizophrenia and sudden cardiac death. *Heart Rhythm.* 2013; doi:pii: S1547-5271(13)00280-4.
- [19] **Slamon DJ, Leyland-Jones B, Shak S, Fuchs H, Paton V, Bajamonde A, et al.** Use of chemotherapy plus a monoclonal antibody against HER2 for metastatic breast cancer that overexpresses HER2. *N Engl J Med.* 2001; 344: 783-79.
- [20] **Ozcelik C, Erdmann B, Pilz B, Wettschureck N, Britsch S, Hübner N, et al.** Conditional mutation of the ErbB2 (HER2) receptor in cardiomyocytes leads to dilated cardiomyopathy. *Proc Natl Acad Sci. USA* 2002; 99: 8880-5.
- [21] **García-Rivello H, Taranda J, Said M, Cabeza-Meckert P, Vila-Petroff M, Scaglione J et al.** Dilated cardiomyopathy in Erb-b4-deficient ventricular muscle. *Am J Physiol Heart Circ Physiol.* 2005; 289: H1153-60.
- [22] **Lemmens K, Doggen K, De Keulenaer GW.** Activation of the neuregulin/ErbB system during physiological ventricular remodeling in pregnancy. *Am J Physiol Heart.* 2011; 300: H931-42.
- [23] **Rohrbach S, Niemann B, Silber RE, Holtz J.** Neuregulin receptors erbB2 and erbB4 in failing human myocardium -- depressed expression and attenuated activation. *Basic Res Cardiol.* 2005; 100: 240-9.
- [24] **Gu X, Liu X, Xu D, Li X, Yan M, Qi Y et al.** Cardiac functional improvement in rats with myocardial infarction by up-regulating cardiac myosin light chain kinase with neuregulin.
- [25] **Chang AN, Huang J, Battiprolu PK, Hill JA, Kamm KE, Stull JT.** The effects of neuregulin on cardiac Myosin light chain kinase gene-ablated hearts. *PLoS One.* 2013 Jun 11;8(6):e66720.
- [26] **Lemmens K, Fransen P, Sys SU, Brutsaert DL, and De Keulenaer GW.** Neuregulin-1 induces a negative inotropic effect in cardiac muscle: role of nitric oxide synthase. *Circulation.* 2004; 109: 324-6.
- [27] **Okoshi K, Nakayama M, Yan X, Okoshi MP, Schuldt AJ, Marchionni MA, and Lorell BH.** Neuregulins regulate cardiac parasympathetic activity: muscarinic modulation of beta-adrenergic activity in myocytes from mice with neuregulin-1 gene deletion. *Circulation.* 2004; 110: 713-717.
- [28] **Wadugu B, Kühn B.** The role of neuregulin/ErbB2/ErbB4 signaling in the heart with special focus on effects on cardiomyocyte proliferation. *Am J Physiol Heart.* 2012; 302: H2139-47.

- [29] **Sawyer DB, Zuppinger C, Miller TA, Eppenberger HM, and Suter TM.** Modulation of anthracycline-induced myofibrillar disarray in rat ventricular myocytes by neuregulin-1beta and anti-erbB2: potential mechanism for trastuzumab-induced cardiotoxicity. *Circulation*. 2002; 105: 1551-4.
- [30] **Bian Y, Sun M, Silver M, Ho KK, Marchionni MA, Caggiano AO et al.** NRG-1 attenuated doxorubicin induced decrease in cardiac troponins. *Am J Physiol Heart*. 2009; 297: H1974-83.
- [31] **Liu FF, Stone JR, Schuldts AJ, Okoshi K, Okoshi MP, Nakayama M et al.** Heterozygous knockout of neuregulin-1 gene in mice exacerbates doxorubicin-induced heart failure. *Am J Physiol Heart Circ Physiol*. 2005; 289: H660-6.
- [32] **Vasti C, Witt H, Said M, Sorroche P, García-Rivello H, Ruiz-Noppinger P, Hertig CM.** Doxorubicin and NRG-1/erbB4-Deficiency Affect Gene Expression Profile: Involving Protein Homeostasis in Mouse. *ISRN Cardiol*. 2012; 2012:745185.
- [33] **Vigliano CA, Cabeza Meckert PM, Diez M, Favaloro LE, Cortés C, Fazzi L, Favaloro RR, Laguens RP.** Cardiomyocyte hypertrophy, oncosis, and autophagic vacuolization predict mortality in idiopathic dilated cardiomyopathy with advanced heart failure. *J Am Coll Cardiol*. 2011; 57: 1523-31.
- [34] **Sawaya H, Sebag IA, Plana JC, Januzzi JL, Ky B, Tan TC et al.** Assessment of echocardiography and biomarkers for the extended prediction of cardiotoxicity in patients treated with anthracyclines, taxanes, and trastuzumab. *Circ Cardiovasc Imaging*. 2012; 5: 596-603.

#### **ACKNOWLEDGEMENTS**

We are grateful to Dr. Rubén P. Laguens for critical reading of the manuscript and helpful discussions.

**About the authors:**

**Cecilia Vasti** is a Doctoral Fellow of CONICET, who works at INGEBI in the field of Molecular Cardiology.

**Cecilia M. Hertig** is an Independent Researcher at INGEBI (CONICET). She has published over 30 research papers, which 14 publications relate to heart ventricular development and remodeling. She received the Jean Leducq award in association with Dr. Kenneth R. Chien for the role of Neuregulin signaling relative to trastuzumab inhibition of the receptor tyrosine kinase erbB2.