Role of CD44 in the Reaction of Vascular Smooth Muscle Cells to Arterial Wall Injury

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Abstract

CD44, the principal receptor for hyaluronic acid, is a widely distributed cell surface proteoglycan involved in cellular activation, proliferation, and migration. These processes are also central to the vascular smooth muscle cell’s response to arterial wall injury. We evaluated the expression of CD44 and its isoform, CD44-v6, on vascular smooth muscle cells in vitro and in vivo and assessed the role of CD44 in DNA synthesis. Cultured vascular smooth muscle cells expressed CD44 and CD44-v6 at levels equal to or higher than those of the β1 and β2 integrins. In a rat carotid artery balloon injury model, CD44 and CD44-v6 mRNAs were upregulated in vascular smooth muscle cells after injury, and CD44 protein expression was greatest at the luminal edge of the growing neointima. CD44-expressing smooth muscle cells proliferated actively, and hyaluronic acid expression increased after injury in a temporal pattern similar to that of CD44. Through binding to hyaluronic acid, CD44 augmented DNA synthesis in cultured human and rat smooth muscle cells by 48±7.8 and 100±12.5%, respectively, an effect inhibited by an anti-CD44 antibody that blocked hyaluronate binding. These observations support a role for CD44 in the reaction of vascular smooth muscle cells to arterial wall injury. (J. Clin. Invest. 1996. 97:596–603.) Key words: proteoglycans • hyaluronic acid • smooth muscle cells • DNA synthesis • carotid artery

Introduction

The migration of smooth muscle cells from their normal place in the tunica media to the intima, their subsequent proliferation, and the formation of a fibrous plaque are central features of the advanced arteriosclerotic lesion. Smooth muscle cell proliferation is also prominent in the occlusive lesions that occur in coronary artery bypass grafts and in the concentric luminal narrowing that follows balloon angioplasty and arteriosclerosis associated with transplantation (1, 2). In the course of these processes the smooth muscle cell phenotype changes from that of a contractile cell that replicates slowly to that of a migratory cell that proliferates rapidly and secretes abundant extracellular matrix (3). Soluble growth factors, cytokines, and vasoactive agents released in a paracrine manner by inflammatory cells, or in an autocrine manner by smooth muscle cells themselves, are believed to play important roles in initiating these phenotypic changes. Adhesion and signaling molecules found on the cell surface, such as the β1 and β2 integrins (4, 5) and vascular cell adhesion molecule-1 (6), have also been implicated in modulating smooth muscle cell function.

CD44 is a cell surface proteoglycan that has been described on a variety of cell types. It is highly pleomorphic: 10 exons encode a CD44 sequence that is expressed generally, but one or more of 10 variable exons can be inserted by alternative splicing (7, 8). CD44 plays a role in extracellular matrix binding, cell migration, lymphocyte activation, lymphocyte homing, and proliferation of bronchial smooth muscle cells (7–10). An isoform of CD44 containing the sixth variable exon, CD44-v6, has been shown to confer metastatic potential to rat carcinoma cells (11).

We examine in this study the role of CD44 and its isoform, CD44-v6, in the response of vascular smooth muscle cells to arterial wall injury. We show in vitro that CD44 and CD44-v6 are expressed abundantly on cultured smooth muscle cells. We show in vivo that CD44 and CD44-v6 mRNA and CD44 protein are expressed minimally on smooth muscle cells in the media of normal arteries but are expressed highly on smooth muscle cells in the neointima of injured arteries. We also provide evidence that the specific binding of hyaluronic acid to CD44 on smooth muscle cells produces a significant increase in DNA synthesis.

Methods

Cell culture. Rat aortic smooth muscle cells (RASMCs)† were harvested from the thoracic aorta of adult male Sprague-Dawley rats (200–250 g) by enzymatic dissociation according to the method of Gunther et al. (12). The cells were grown in DME (JRH Biosciences, Lenexa, KS) supplemented with 10% FCS, penicillin (100 U/ml), streptomycin (100 μg/ml), and 25 mM Heps, pH 7.4, in a humidified incubator (37°C, 5% CO2). Human aortic smooth muscle cells (HASMCs; Clonetics, San Diego) were grown in M199 medium (GIBCO BRL, Grand Island, NY) containing 20% FCS, penicillin...
In situ hybridization. In situ hybridization for CD44 mRNA was performed as described (17) with minor modifications. Adult male Sprague-Dawley rats were perfused with 4% paraformaldehyde at 2, 5, and 8 d after balloon injury. Carotid arteries were removed, postfixed with 4% paraformaldehyde, soaked in 30% sucrose until the tissue had sunk, embedded in optimum cutting temperature compound, and stored in isopentane at −80°C until they were cut at a thickness of 5 μm. CD44 mRNA was detected by hybridization with a [35S]UTP-labeled antisense cRNA probe synthesized with T7 RNA polymerase from XbaI-linearized rat CD44 in Bluescript II SK−. For control experiments, a [35S]UTP-labeled sense cRNA probe was synthesized with T3 RNA polymerase from HindIII-linearized rat CD44 in Bluescript II SK−. RNA probes were degraded to a length of ∼500 nucleotides by partial hydrolysis for 5 min at 60°C in 80 mM NaI/CO3 and 120 mM Na2CO3. After the hybridization procedure the tissue sections were washed under moderately stringent conditions as described (17). The dried tissue sections were then dipped into Kodak NTB2 emulsion (Eastman Kodak, Rochester, NY) and exposed for 2–4 d at 4°C. Counterstaining was performed with hematoxylin-cosin.

Immunochemistry. Adult male Sprague-Dawley rats were killed 4, 7, 9, and 16 d after balloon injury. Carotid arteries were removed, fixed with 4% paraformaldehyde, and processed for paraffin embedding in an automated system (Hypercenter XP; Shandon Scientific, Pittsburgh, PA). The carotid artery specimens were cut at a thickness of 5 μm. Immunocytochemical analysis for α-actin was performed as described (18) with an mAb against smooth muscle α-actin (1:400, anti–NH2-terminal decapetide, clone 1A4; Sigma Chemical Co., St. Louis, MO). Staining was visualized by an alkaline phosphatase technique. Positive staining was evidenced by the development of a pink/red color.

For the CD44 and proliferating-cell nuclear antigen colocalization study, immunocytochemical double labeling was performed as described (19, 20). Paraffin was removed from the sections and they were incubated in PBS containing 10% normal goat serum and 0.4% Triton X-100 to reduce nonspecific binding. Monoclonal anti–proliferating-cell nuclear antigen antibody (3 μg/ml, clone PC10, Oncogene Science Inc., Cambridge, MA) was applied for 1 h at room temperature and then overnight at 4°C. Sections were washed with PBS and then incubated with biotinylated anti–mouse IgG2a at a dilution of 1:100 for 1 h at room temperature. They were then washed with PBS and incubated with 3% H2O2 for 10 min. After another wash with PBS, the tissue sections were incubated with avidin-biotin complex (ABC elite kit; Vector Laboratories, Burlingame, CA) at a dilution of 1:100 for 1 h at room temperature. The tissue sections were then washed with PBS and treated with NiSO4 and diamobenidine in PBS-H2O2 for 1–3 min (peroxidase substrate kit DAB; Vector Laboratories) and transferred to PBS solution to stop the reaction. The tissue sections were incubated in anti-CD44 mAb OX-49 for 1 h at room temperature and then overnight at 4°C. A wash with PBS the sections were incubated with biotinylated anti–mouse IgG2a at a dilution of 1:100 for 1 h at room temperature. They were then washed with PBS and incubated with avidin-biotin complex (ABC elite kit; Vector Laboratories, Burlingame, CA) at a dilution of 1:100 for 1 h at room temperature. The tissue sections were then washed with PBS and treated with NiSO4 and diamobenidine in PBS-H2O2 for 1–3 min (peroxidase substrate kit DAB; Vector Laboratories) and transferred to PBS solution to stop the reaction. The presence of proliferating-cell nuclear antigen was demonstrated by the development of a blue/black color in nuclei; CD44 immunoreactivity within the cytoplasm stained brown. Counterstaining was performed with 0.5% methyl green.

The biotinylated proteoglycan (b-PG) fragments used to detect hyaluronic acid were kindly provided by C. Underhill (Georgetown University, Washington, DC). Immunostaining was performed according to the method of Green et al. (21) with minor modification. Briefly, the paraffin-embedded tissue sections were rehydrated with calcium- and magnesium-free PBS after a deparaffinization procedure and then incubated for 5 min in 10% H2O2 to inactivate endoge-
Expression of CD44 and CD44-v6 mRNA and protein in vitro

Expression of CD44 and CD44-v6 mRNA and protein in vivo. To better evaluate CD44 and CD44-v6 in differentiated and dedifferentiated smooth muscle cells, we examined their expression in vivo in rat carotid arteries before and after (2, 5, and 8 d) balloon injury (23, 24). (These time points were chosen to reflect periods in which smooth muscle cells are maximally activated after injury.) CD44 mRNA expression in the normal, uninjured rat carotid artery was minimal (Fig. 3, left). However, 2 d after carotid artery injury, a time when smooth muscle cells in the media replicate actively (24), a 3.6-fold increase in CD44 mRNA was visible. mRNA levels decreased 5 and 8 d after injury but remained above base line. CD44-v6 expression (Fig. 3, right) was upregulated even more dramatically after injury. A 7.5-fold increase in CD44-v6 mRNA was seen after 2 d. mRNA levels decreased to ~ fivefold above base line at later time points.

At the same time points at which the Northern blot analyses of CD44 were performed we examined carotid artery sections by in situ hybridization to confirm that CD44 expression was localized to vascular smooth muscle cells in the injured artery. For each antisense experiment with a CD44 riboprobe (Fig. 4, left), a corresponding sense (control) experiment (Fig. 4, right) was performed. Fig. 4 a shows that there was little expression of CD44 in the normal tunica media. At 2 d after in-
**Figure 4.** In situ analysis of CD44 expression after balloon injury in rat carotid arteries. CD44 mRNA was assayed with $[^{35}]$SUTP-labeled anti-sense (left) and sense (right) cRNA probes in uninjured arteries (a and b) and arteries 2 d (c and d), 5 d (e and f), and 8 d (g and h) after injury. Scale bar in a, 1.5 cm = 25 μm. Original magnification ×600.

**Figure 5.** Immunocytochemical analysis of CD44 expression after balloon injury in rat carotid arteries. Uninjured contralateral (right) and injured (left) carotid arteries stained for α-actin (pink) 7 d after injury (a) and double stained for CD44 (yellow brown) and proliferating-cell nuclear antigen (black) 4 (c) and 7 (e) d after injury. Scale bar in a, 1.5 cm = 25 μm. Original magnification ×600.
jury (Fig. 4c) CD44 expression (silver grains, black) increased markedly in the smooth muscle cells composing the tunica media. Formation of neointima was apparent at 5 d after injury (Fig. 4e), and the greatest concentration of silver grains was in the neointima. By 8 d after injury (Fig. 4g) CD44 expression diminished in the neointima. These in situ data correlate with those from the Northern analysis (Fig. 3) and indicate that the smooth muscle cells activated as a result of injury, both in the tunica media and in the neointima, expressed high levels of CD44 mRNA.

**CD44 protein expression in vivo.** We performed immunocytochemical analysis to determine whether CD44 protein was upregulated in injured (Fig. 5, left) versus uninjured (Fig. 5, right) arterial walls. Tissue sections were first stained with anti-α-actin antibody (Fig. 5a and b) to confirm the presence of smooth muscle cells in the neointima 7 d after injury. In tissue sections double stained for CD44 and proliferating-cell nuclear antigen (Fig. 5c–f), intense colocalized staining was visible 4 d after injury in the neointimal region closest to the lumen of the vessel (Fig. 5c). No staining was visible in the uninjured contralateral carotid artery from the same animal (Fig. 5d). At 7 d after injury a well-developed neointima was visible, with CD44 staining mainly in the neointima (Fig. 5e versus f). Together with the in situ hybridization data, these immunocytochemical data indicate that CD44 is expressed highly in vascular smooth muscle cells activated after injury.

**Hyaluronic acid expression in vivo.** In the reaction to arterial injury, vascular smooth muscle cells proliferate and secrete extracellular matrix (2, 3). Hyaluronic acid, one of the well-studied ligands for CD44, is a common extracellular matrix product. We performed immunocytochemical analysis to determine whether the increase in CD44 expression after injury was accompanied by an increase in hyaluronic acid production. Using a b-PG probe specific for hyaluronic acid (21), we evaluated hyaluronic acid expression in injured and uninjured arterial walls. Fig. 6a shows the pattern for hyaluronic acid staining in an uninjured carotid artery. Brown staining representing hyaluronic acid was visible only in the adventitia; no appreciable staining was apparent in the tunica media. We confirmed b-PG specificity by preabsorbing it with hyaluronic acid (see Methods), which blocked all staining (Fig. 6b). However, at 4 d after balloon injury, hyaluronic acid staining was visible throughout the neointima (Fig. 6c and d, arrows). The intensity of staining decreased by 9 d after injury and was barely detectable by 16 d (not shown). This temporal pattern and location of hyaluronic acid expression was similar to that of CD44 after arterial injury (Fig. 5c–f).

**Binding of hyaluronic acid to CD44 increases DNA synthe-**
sis in vascular smooth muscle cells. Since CD44 has been postulated to act as both an adhesion molecule and a signaling molecule, we examined whether binding of hyaluronic acid to CD44 increased [3H]thymidine incorporation, a measure of DNA synthesis, in rat and human aortic smooth muscle cells. Addition of increasing concentrations of hyaluronic acid produced a dose-dependent increase in thymidine incorporation in RASMCs and HASMCs (Fig. 7). At hyaluronic acid concentrations of > 1 mg/ml, thymidine incorporation did not increase further (data not shown). Because the addition of chondroitin sulfate (0.01-1 mg/ml) did not significantly augment thymidine incorporation (data not shown), this effect of hyaluronic acid appears to have been specific.

To confirm that binding of hyaluronic acid to CD44 was responsible for the observed increase in thymidine incorporation in the presence of hyaluronate, we repeated these measurements in the presence of an antibody that blocks the binding of hyaluronic acid to human CD44 (16). (We studied HASMCs only because a blocking antibody for rat CD44 was not available.) Although the blocking antibody alone had no effect on thymidine incorporation (Fig. 8), treatment with the blocking antibody before addition of hyaluronic acid prevented augmentation of thymidine incorporation. In contrast, treatment with a control antibody failed to prevent an increase in thymidine incorporation. These data suggest that the increase in thymidine incorporation in smooth muscle cells treated with hyaluronic acid was mediated through CD44.

Discussion

To our knowledge this study is first to establish that CD44 and CD44-v6 (which are minimally expressed on normal, differentiated vascular smooth muscle cells in vivo) are greatly upregulated after arterial wall injury. In cultured smooth muscle cells, CD44 and its v6 isoform are highly expressed cell surface proteins, present at levels equal to or in excess of those of the β1 and β3 integrins. The specific binding to CD44 of hyaluronic acid, an extracellular matrix constituent, increases DNA synthesis in vascular smooth muscle cells in culture.

The response of vascular smooth muscle cells to arterial injury has been the focus of considerable interest. Much effort has been dedicated to the roles of cytokines, growth factors, and vasoactive agents. In addition, components of the extracellular matrix have been shown to affect phenotype and function in vascular smooth muscle cells (3, 25). Components of the extracellular matrix are bound by two principal families of cell surface molecules, the integrins and the proteoglycans. The integrins are associated with both intracellular signaling and regulation of cellular motility (26). For example, Guan et al. (27) showed that the interaction between fibronectin and a β1 integrin induces phosphorylation on an intracellular 120-KD protein. Skinner et al. (5) showed that α, β integrins are required for vascular smooth muscle cell chemotaxis across type 1 collagen membranes, and Liaw et al. (28) showed that α, β integrins are essential for the migration of vascular smooth muscle cells in response to the acidic glycoprotein osteopontin.

The principal receptors for hyaluronic acid are the protein RHAMM and the proteoglycan CD44. Savani et al. (29) showed that RHAMM is necessary for the migration of bovine aortic smooth muscle cells after wounding injury. We demonstrate here that expression of CD44 and its v6 isoform increases greatly after arterial wall injury. We also show that levels of hyaluronic acid, the principal ligand for CD44, increase after injury in a temporal pattern similar to that of CD44. Smooth muscle cells are principally responsible for the synthesis of extracellular matrix products after injury (2, 3). By up-regulating both the receptor (CD44) and its ligand (hyaluronic acid), smooth muscle cells may establish an autocrine form of stimulation. As our experiments summarized in Figs. 7 and 8 show, this form of stimulation does lead to an increase in DNA synthesis. Elimination of this response with a blocking antibody confirmed that the increase in DNA synthesis is mediated through the binding of hyaluronate to CD44.
We also show that the CD44-v6 variant is expressed on cultured smooth muscle cells and that its message is highly upregulated after vessel injury. The CD44 isoform containing the sixth variable exon has been shown to confer metastatic potential to rat carcinoma cells (11). The intriguing possibility that this isoform plays an analogous role affecting smooth muscle migration after vessel injury will be the focus of future work. Our present data in support of a role for CD44 and its isoform, CD44-v6, in the smooth muscle cell’s response to injury should have implications for the pathogenesis of the many manifestations of vascular disease that involve smooth muscle cell activation and proliferation.

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