

S100B: a multifunctional role in cardiovascular pathophysiology

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Abstract S100B, a calcium-binding protein of the EF-hand type exerts both intracellular and extracellular functions. S100B is induced in the myocardium of human subjects and an experimental rat model following myocardial infarction. Forced expression of S100B in neonatal rat myocyte cultures, and high level expression of S100B in transgenic mice hearts and aortic smooth muscle cells inhibit cardiac hypertrophy and the associated phenotype, arterial smooth muscle proliferation, respectively, but demonstrate increased apoptosis following α_1 -adrenergic stimulation or myocardial infarction. Knocking out S100B, augmented hypertrophy, decreased apoptosis and preserved cardiac function following myocardial infarction. S100B induces apoptosis by an extracellular mechanism by interacting with the receptor for advanced glycation end products and activating ERK1/2 and p53 signaling. The intracellular, and extracellular, roles of S100B are attractive therapeutic targets for the treatment of both cardiac and vascular disease.

Keywords S100B · Myocyte hypertrophy · Apoptosis · Receptor for advanced glycation end products

The family of S100 proteins

S100 proteins entail a multigenic family of calcium binding proteins of the EF-hand type (helix E-loop-helix F). These

proteins are called S100 because of their solubility in a 100%-saturated solution with ammonium sulphate at neutral pH. They are small acidic proteins, 10–12 KDa and contain two distinct EF-hands, 4 α -helical segments, a central hinge region of variable length and the N- and C-terminal variable domains. To date, 25 members of this family have been identified. Of these, 21 family members (S100A1–S100A18, trichohyalin, filaggrin and repetin) have genes clustered on a 1.6-Mbp segment of human chromosome 1 (1q21) while other members are found at chromosome loci 4q16 (S100P), 5q14 (S100Z), 21q22 (S100B), and Xp22 (S100G). S100 proteins widely express in a variety of cell types and tissues. For example, S100A1 and S100A2 are found in the cytoplasm and nucleus, respectively, of smooth-muscle cells of skeletal muscle (Donato 2001), S100P is located in the cytoplasm of placental tissue (Becker et al. 1992; Emoto et al. 1992) and S100B in cytoplasm of astrocytes of nervous system (Kligman and Marshak 1985). However, their expression might be repressed in other cell types by negative regulatory factors which are controlled by environmental condition. For instance induction of S100B in rat myocardium post-infarction (Tsoporis et al. 1997) implies that transcription regulation of these proteins is strongly controlled by negative and positive elements (Tsoporis et al. 2003a, b).

S100 proteins do not express intrinsic catalytic activity. However, they are calcium sensor proteins and through interaction with several intracellular effector proteins they contribute to the regulation of a broad range of functions such as contraction, motility, cell growth and differentiation, cell cycle transcription, organization of membrane-associated cytoskeleton elements, cell survival, apoptosis, protein phosphorylation and secretion (Donato 1999, 2001). In order to modulate these types of activities S100

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proteins undergo conformational changes (Ikura 1996). Upon calcium binding the helices of S100 proteins rearrange, revealing a cleft, which forms the target protein binding site (Rustandi et al. 2000). Although target binding of S100 proteins is calcium-dependent, calcium independent interactions have been reported (Santamaria-Kisiel et al. 2006). Enzymes are the most common calcium independent target binding for the S100 proteins. For instance, S100B and S100A1 bind with glycogen phosphorylase (Zimmer and Dubuisson 1993). The most significant calcium-independent interactions of S100 proteins are their ability to bind to each other. Typically, they are homodimers, but heterodimerization adds to the complexity of this multiprotein family. Each subunit consists of two helix-loop-helix motifs connected by a central linker or so-called hinge region. The C-terminal canonical EF-hand motif is composed of 12 amino acids, whereas the N-terminal S100-specific EF-hand comprises 14 residues (Donato 2001; Heizmann and Cox 1998).

Growing evidence indicates that in addition to intracellular activities, some S100 proteins (e.g. S100B, S100A1, S100A4, S100A8, S100A9) exhibit extracellular functions (Donato 2003). However, secretion has been shown only for S100B, S100A8, and S100A9 (Donato 2003). The S100A8/A9 heterodimer is secreted by a novel secretion pathway that depends on an intact MT network and acts as a chemotactic molecule in inflammation (Kerkhoff et al. 1998; Newton and Hogg 1998). The extracellular effects of some S100 proteins require binding to the receptor for advanced glycosylation end products (RAGE) (Schmidt et al. 2001; Bierhaus et al. 2005). RAGE belongs to the immunoglobulin superfamily of cell surface molecules and is composed of an extra-cellular region containing one “V”-type immunoglobulin domain and 2 “C”-type immunoglobulin domains. The extracellular portion of the receptor is followed by a hydrophobic transmembrane-spanning domain and then by a highly charged, short cytoplasmic domain that is essential for post-RAGE signaling. Binding studies show that S100B binds RAGE via the “V” domain (Leclerc et al. 2007).

Non-cardiovascular actions of S100B

S100B is predominantly expressed in astrocytes, oligodendrocytes, and Schwann cells. S100B has intracellular and extracellular effects (Donato et al. 2009). Intracellularly, S100B regulates the cytoskeletal dynamics through disassembly of tubulin filaments, type III intermediate filaments (Donato et al. 2009) and binding to fibrillary proteins such as CapZ (Kilby et al. 1997) or inhibiting GFAP phosphorylation when stimulated by cAMP or calcium/calmodulin (Frizzo et al. 2004). S100B interacts in a

calcium-dependent manner with the cytoplasmic domain of myelin-associated glycoprotein and inhibits its phosphorylation by protein kinase (Kursula et al. 2000). It is implicated in the phosphorylation of tau protein (Baudier and Cole 1988) and the modulation of kinase activity by NDR kinase (nuclear Dbf2-related protein kinase) (Millward et al. 1998), GTPase Rac1 (Mbele et al. 2002), the Cdc effector, IQGAP (Mbele et al. 2002) and p53 (Markowitz et al. 2005). S100B can also be secreted by a number of cell types (e.g. astrocytes, glial cells) (Van Eldik and Zimmer 1987). Astrocytes and glial cells secrete S100B, by a complex system involving alterations in intracellular calcium concentration (Van Eldik and Zimmer 1987). S100B after secretion, or simply leakage from damaged cells, could accumulate in the extracellular space and/or enter the blood stream and cerebrospinal fluid (Peskind et al. 2001; Portela et al. 2002). The action of S100B is strongly dependent on its extracellular concentration. At nanomolar quantities it has trophic effects on neurite outgrowth, however, at micromolar concentrations it promotes apoptosis (Hu and Van Eldik 1996, 1999; Huttunen et al. 2000). Such high extracellular levels are detected after brain injury or in neurodegenerative disorders like Down's syndrome, Alzheimer disease or encephalitis (Van Eldik and Griffin 1994; Griffin et al. 1998). Both trophic and toxic effects of extracellular S100B are mediated in the brain by RAGE (Huttunen et al. 2000). In addition, to playing a major role in brain physiology (Donato et al. 2009), S100B is considered a biochemical marker for brain injuries after bypass graft surgery (Anderson et al. 1999) and dilated cardiomyopathy (Mazzini et al. 2007).

Cardiovascular actions of S100B

The adult cardiac myocyte is terminally differentiated and has lost the ability to proliferate. The myocardium therefore adapts to increasing workloads through hypertrophy of individual cells in response to hormonal, paracrine, and mechanical signals (Morgan and Baker 1991; Chien et al. 1993). This process is initially compensatory but it can progress to irreversible enlargement and dilatation of the ventricle resulting in heart failure (Katz 1990). Myocyte hypertrophy is accompanied by a program of fetal gene re-expression including the embryonic β -myosin heavy chain, the skeletal isoform of α actin, and atrial natriuretic factor (Parker and Schneider 1991; Parker 1993). This response can be reproduced in vitro in cultured neonatal cardiac myocytes by treatment with a number of trophic factors including peptide growth factors and α_1 -adrenergic agonists (Tsoporis et al. 1997). Negative modulators of the hypertrophic response are essential to maintain a balance

between compensatory hypertrophy and unchecked progression. Experimental evidence suggests that S100B acts as an intrinsic negative regulator of the myocardial hypertrophic response (Tsoporis et al. 1998, 2005, 2009). S100B not normally expressed in the myocardium, is induced in the peri-infarct region of the human heart after myocardial infarction (Tsoporis et al. 1998) and in rat heart commencing at day 7 following myocardial infarction as a result of experimental coronary artery ligation (Tsoporis et al. 1997). In co-transfection experiments in vitro in cultured neonatal rat cardiac myocytes, S100B inhibits the α_1 -adrenergic induction of the fetal genes β -myosin heavy chain and the skeletal isoform of α actin (Tsoporis et al. 1997). This inhibition involves the interruption by S100B of the protein kinase C (PKC)-signaling pathway in a calcium dependent manner. The transcriptional regulation of S100B is strongly controlled by negative and positive elements (Tsoporis et al. 2003a, b). S100B is specifically activated by α_1 -adrenergic agonists through the α_{1A} -adrenergic receptor but not by any other trophic hormonal stimuli (Tsoporis et al. 2003a, b). The α_1 -adrenergic induction of S100B is through the PKC-signaling pathway and involves the transcription factors transcription enhancer factor-1 (TEF-1) and related to TEF-1 (RTEF-1) (Tsoporis et al. 2003a, b) (Fig. 1). This suggests that the same α_1 -adrenergic pathway that initiates and sustains the hypertrophic response in cardiac myocytes by activating PKC and is subject to negative modulation by S100B also induces the S100B gene.

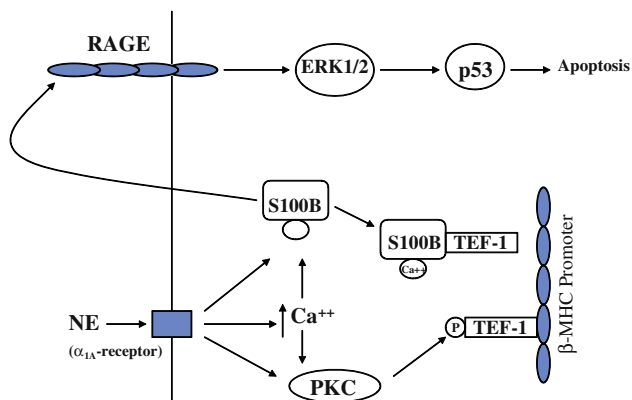


Fig. 1 Schematic representation of proposed intracellular and extracellular effects of S100B in cardiac myocytes. Norepinephrine (NE) activation of the calcium dependent protein kinase C (PKC), mediated by the α_1 -adrenergic receptor, phosphorylates (P) transcriptional enhancer factor (1) TEF-1, resulting in DNA binding and transactivation of the β -myosin heavy chain promoter. By contrast, S100B induction by NE and other hypertrophic signals (not shown) results in calcium dependent block of PKC phosphorylation of TEF-1 and inhibition of β -MHC transcription. S100B is also secreted and via activation of the receptor for advanced glycation end products (RAGE), and ensuing stimulation of the MEK-ERK1/2 pathway leading to activation of p53 results in apoptosis

To provide a physiologic model of S100B overexpression effects, transgenic mice were created that contained multiple copies of the human gene under the control of its own promoter. These animals demonstrate normal cardiac structure, and neuronal, but no basal cardiac, expression of the transgene. In S100B transgenic mice, after chronic α_1 -adrenergic agonist infusion, S100B is detected in the heart and increased in the vasculature and the myocyte hypertrophy and arterial smooth muscle cell proliferation normally evoked in the heart and vasculature, respectively, in response to α_1 -adrenergic stimulation in wild-type mice were abrogated (Tsoporis et al. 1998). In knockout mice devoid of S100B both the acute and chronic increase in blood pressure in response to α_1 -adrenergic agonist infusion was attenuated compared with wild-type mice (Tsoporis et al. 2009). Furthermore, α_1 -adrenergic agonist infusion provoked a potentiated myocyte hypertrophic response and augmented arterial smooth muscle cell proliferation in knockout mice. Similarly, 35 days after experimental myocardial infarction, the S100B knockout mice mounted an augmented hypertrophic response compared to wild-type mice (Tsoporis et al. 2005). Fetal gene expression was induced to a greater magnitude in knockout mice compared to wild-type mice. The S100B transgenic mice did not develop the hypertrophic phenotype but demonstrated increased apoptosis in the peri-infarct region compared to wild-type and knockout mice. These studies in S100B transgenic and knockout mice complement the culture data and support the hypothesis that S100B acts both as an intrinsic negative regulator of hypertrophy and an apoptotic agent. Intracellular S100B may modulate the apoptotic responses of post-infarct myocytes.

Increasing evidence suggests that S100B plays a role in the regulation of apoptosis in post-MI myocardium by an extracellular mechanism after cellular release from damaged myocytes and interaction with RAGE (Tsoporis et al. 2009). Exogenously administered S100B to neonatal rat cultures induced apoptosis in a dose-dependent manner beginning at 0.05 $\mu\text{mol/L}$, a local or regional concentration that may be achieved in the peri-infarct myocardium (Tsoporis et al. 2005, 2009). Myocyte apoptosis is accompanied by cytochrome C release from mitochondria to cytoplasm, increased expression and activity of pro-apoptotic caspase-3, decreased expression of anti-apoptotic Bcl-2 and phosphorylation of ERK1/2 and p53 (Delphin et al. 1999; Goncalves et al. 2000; Tsoporis et al. 2010). Transfection of a full-length cDNA of RAGE or a dominant-negative mutant of RAGE resulted in increased or attenuated S100B-induced myocyte apoptosis, respectively, implicating RAGE dependence. Inhibition of MEK signaling or overexpression of a dominant negative p53 inhibit S100B-induced myocyte apoptosis. This implies that RAGE activation by S100B increases MEK MAPK

kinase signaling, p53 phosphorylation at serine 15 and p53-dependent myocyte apoptosis (Fig. 1).

The effects of S100B on myocyte apoptosis stand in contrast to S100A1, the most abundant S100 protein expressed in cardiac muscle under basal conditions (Zimmer et al. 1995). S100A1 exhibits increased expression in compensated hypertrophy, decreased expression in human cardiomyopathy, and downregulation following experimental myocardial infarction (Rempiss et al. 1996; Tsoporis et al. 2003a, b). Like our proposed mechanism for S100B release, S100A1 is released into the extracellular space in the setting of myocardial injury, and can bind RAGE (Tsoporis et al. 2009). Unlike S100B, extracellular S100A1 inhibits apoptosis independent of RAGE (Most et al. 2003) or by RAGE signaling by interacting with a different extracellular domain of RAGE as has been shown with other RAGE ligands (Leclerc et al. 2007). Thus, S100 proteins may differentially regulate myocardial structure and function. Given the capacity of S100A1 and S100B to heterodimerize, phenotypic consequences may depend on the availability and stoichiometry of S100A1 and S100B homodimers and heterodimers.

In conclusion, the S100 family constitutes the largest subgroup of the EF-hand family of calcium-binding proteins with 25 members. S100 proteins have been implicated in pleiotropic calcium-dependent cellular events, with specific functions for each of the family members. S100B is induced in peri-infarct myocytes post-myocardial infarction in human subjects and experimental rodent models of myocardial infarction and in response to α_1 -adrenergic stimulation. S100B plays an important role in negative intrinsic regulation of aortic smooth muscle cell proliferation, cardiac myocyte hypertrophy and, via RAGE ligation, apoptosis. The intracellular, and extracellular, roles of S100B are attractive therapeutic targets for the treatment of both cardiac and vascular disease.

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