# Selectin-carbohydrate interactions during inflammation and metastasis

Rodger P. McEver

W.K. Warren Medical Research Institute and Departments of Medicine and Biochemistry and Molecular Biology, University of Oklahoma Health Sciences Center, and Cardiovascular Biology Research Program, Oklahoma Medical Research Foundation, Oklahoma City, OK 73104 USA

L-, E-, and P-selectin are membrane-anchored, C-type lectins that initiate tethering and rolling of flowing leukocytes on endothelial cells, platelets, or other leukocytes during inflammation. The selectins bind to sialylated, fucosylated, or, in some cases, sulfated glycans on glycoproteins, glycolipids, or proteoglycans. However, they bind with relatively high affinity or avidity to only a few, appropriately modified glycoproteins on leukocytes or endothelial cells. One leukocyte mucin, PSGL-1, tethers flowing leukocytes to P-selectin on activated platelets or endothelial cells, and also helps tether leukocytes to L-selectin on other leukocytes. The physiologic expression of the selectins is tightly controlled to limit the inflammatory response. But dysregulated expression of the selectins may contribute to inflammatory and thrombotic disorders, and perhaps to tumor metastases.

Keywords: C-type lectins, inflammation, metastasis, mucin, leukocytes, platelets, endothelial cells

### Introduction

The selectins are a family of three membrane-anchored Ca<sup>2+</sup>-dependent (C-type) lectins that bind to cell-surface carbohydrate ligands. These interactions promote adhesion of leukocytes to platelets, endothelial cells, or other leukocytes in response to infection or tissue injury. Selectinligand bonds form rapidly but transiently, allowing a freeflowing leukocyte to tether to and then roll on the vessel wall under the shear forces characteristic of postcapillary venules. The rolling leukocytes encounter regionally presented chemokines or lipid autacoids that activate the leukocytes. Interactions of leukocyte integrins with immunoglobulin-like counter-receptors strengthen adhesion and direct emigration into the underlying tissues in response to chemotactic gradients. Expression of distinct combinations of adhesion and signaling molecules controls the duration and specificity of leukocyte recruitment [1, 2]. This review focuses on aspects of selectin-ligand recognition, selectin-dependent leukocyte attachment under shear forces, physiologic regulation of selectin or their ligands in inflammation, and pathologic expression of selectins in disease states. Earlier reviews provide additional information and references [3-5].

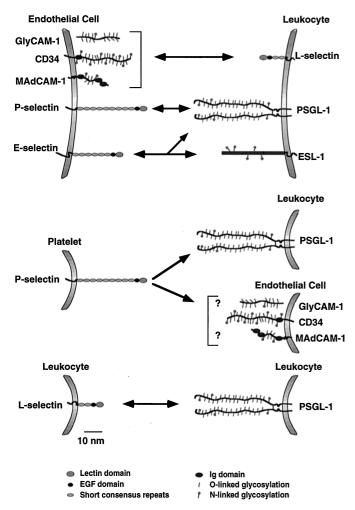
### Selectin-ligand recognition

Each selectin has an amino-terminal carbohydrate-recognition domain characteristic of C-type lectins, followed by an epidermal growth factor (EGF)-like module, a series of short consensus repeats (SCRs), a transmembrane domain, and a short cytoplasmic tail (Figure 1). L-selectin, expressed on most leukocytes, binds to constitutively expressed ligands on high endothelial venules (HEV) of peripheral lymph nodes, to inducible ligands on endothelium at sites of inflammation, and to ligands on other leukocytes. E-selectin, expressed on activated endothelial cells, and P-selectin, expressed on activated platelets and endothelial cells, bind to ligands on myeloid cells and subsets of lymphocytes. P-selectin may also bind to ligands on HEV or on activated endothelial cells.

Like all C-type lectins, the selectins bind to carbohydrate ligands in a Ca<sup>2+</sup>-dependent manner. The three-dimensional structure of the lectin and EGF domains of E-selectin has been solved by X-ray crystallography [6]. Site-directed mutagenesis of selectins, interpreted in the context of the E-selectin structure, suggests that carbohydrate binds to the lectin domain on a shallow region that overlaps a single Ca<sup>2+</sup> coordination site opposite where the EGF domain is attached [6–11]. Several studies with selectin constructs in which the EGF domains and/or SCRs have been deleted, switched, or mutated suggest that these domains contribute to ligand specificity [12–15]. However, one group finds no obvious difference in ligand specificity when the EGF

<sup>\*</sup> To whom correspondence should be addressed at: Rodger P. McEver, MD, W.K. Warren Medical Research Institute, University of Oklahoma Health Sciences Center, 825 N.E. 13th Street, Oklahoma City, OK 73104 USA Tel: 405-271-6480; Fax: 405-271-3137; e-mail: rodger-mcever@uokhsc.edu.

586 McEver



**Figure 1.** Selectins and their glycoprotein ligands. The estimated lengths of the selectins [17, 128, 129] and of PSGL-1 [51] are based on hydrodynamic data and electron microscopy. The lengths of GlyCAM-1, CD34 and MAdCAM-1 are modeled from the dimensions of another sialomucin, CD43 [130]. Not shown are less well-characterized selectin ligands: a 260 kDa bovine leukocyte ligand for E-selectin [131], a 160 kDa murine leukocyte ligand for P-selectin [132], a 200 kDa murine endothelial cell ligand for L-selectin [25] and CD24, a leukocyte ligand for P-selectin [133]. Abbreviations: ESL-1, E-selectin ligand-1; GlyCAM-1, glycosylated cell adhesion molecule-1; MAdCAM-1, mucosal addressin cell adhesion molecule-1; PSGL-1, P-selectin glycoprotein ligand-1.

domains and SCRs of E- and L-selectin are exchanged [16]. The selectins are linear molecules with little obvious contact between the various domains [6, 17], and it remains unclear how the EGF domains and SCRs might affect the binding function of the lectin domain.

The selectins bind sialylated and fucosylated oligosaccharides such as sialyl Lewis x (sLe<sup>x</sup>; Neu5Ac $\alpha$ 2,3Gal $\beta$ 1,4 [Fuc $\alpha$ 1,3]GlcNAc-R), a terminal component of glycans attached to glycoproteins and glycolipids on most leukocytes and some endothelial cells [18,19]. Although these cells must be sialylated and fucosylated to interact with selectins, the affinity of selectins for isolated sLex-related oligosaccharides is very low. Furthermore, L- and P-selectin, but not E-selectin, bind sulfated molecules such as heparin and sulfatides [18, 19]. Clearly the selectins bind with higher affinity to only a few glycoproteins on leukocytes or endothelial cells (Figure 1). These glycoproteins must be sialylated and fucosylated to interact with the selectins [20–23]. Furthermore, they must be sulfated to bind optimally to L- or P-selectin [24–29]. Studies of these glycoproteins have focused on the specific nature of the post-translational modifications that confer high affinity binding to selectins, and the potential functions of these glycoproteins in mediating selectin-dependent cell adhesion under hydrodynamic flow.

Most of the described glycoprotein ligands are sialomucins that bind better to L- and/or P-selectin, although they do bind to E-selectin under some conditions. Binding requires sialylated and fucosylated O-glycans; the limited number of N-glycans on these molecules appears to be dispensable for binding. The fucosylated glycans on GlyCAM-1 from murine HEV are short core-2 structures that lack polylactosamine [30-32]. In contrast, most fucosylated O-glycans on PSGL-1 from human myeloid cells are core-2 structures that have a  $\beta$ 1,6-linked trifucosylated polylactosamine terminating in sLe<sup>x</sup> [33]. Only 14% of the O-glycans of PSGL-1 are fucosylated [33]. These data suggest that unique O-glycan structures are created at restricted sites on specific proteins. Sulfate esters are attached to the C-6 position of Gal and GlcNAc residues in the O-glycans of GlyCAM-1 [30-32]. In contrast, the O-glycans of PSGL-1 are not sulfated [33]. Instead, sulfate is attached to a group of three clustered tyrosines near the amino terminus [26–29]. High affinity binding of P- or L-selectin to GlyCAM-1 may require appropriate spacing of two or more sialylated, fucosylated O-glycans. High affinity binding to PSGL-1 may require appropriate presentation of one or more tyrosine sulfates located near one or more amino-terminal, sialylated and fucosylated, O-glycans. Selectins may bind to specific composite recognition sites on other sialomucins, including some derived from malignant cells [34].

E-selectin, but not P- or L-selectin, binds to ESL-1, a glycoprotein on leukocytes with up to five N-glycans but no demonstrated O-glycans [21, 22]. The structures of the N-glycans have not been elucidated.

## Selectin-mediated tethering and rolling of leukocytes under hydrodynamic flow

Many *in vitro* and *in vivo* studies have demonstrated that leukocytes use selectins to tether to and roll on the vessel wall under the shear forces characteristic of postcapillary venules (reviewed in refs [1–3,5]). Leukocytes roll on the endothelium through interactions of L-selectin with constitutively or inducibly expressed ligands on the endothelial

cell surface, and through interactions of E- and P-selectin on the activated endothelium with ligands on the leukocytes. Leukocytes roll on P-selectin expressed by activated adherent platelets. Leukocytes also use L-selectin to roll on adherent leukocytes [35, 36] or to initiate leukocyte aggregates [37]. Leukocyte-leukocyte and leukocyte-platelet interactions may be a major mechanism for amplifying the recruitment of leukocytes to the endothelial cell surface under shear forces [38–41].

Under flow, selectin-ligand interactions must form rapidly to facilitate tethering, and then dissociate rapidly to facilitate rolling. Furthermore, shear forces must not significantly accelerate the rate of dissociation [42]. L-selectinligand interactions have faster rates of association and dissociation than P- or E-selectin-ligand interactions. Leukocytes interacting through L-selectin require a threshold shear force to support rolling, because faster rotation is required to bring L-selectin molecules at the leading edge in proximity to new ligands on the substrate before the bonds at the trailing edge of the cell dissociate [43]. Other factors also regulate the efficiency of selectin-dependent tethering and rolling under flow conditions. Cell-cell contact may induce proteolytic shedding of L-selectin, accelerating rolling velocity by reducing the number of effective L-selectin-ligand bonds [44]. L-selectin is clustered on the tips of microvilli, which markedly enhances its ability to contact ligands on a surface under shear forces [45]. Flowing neutrophils attach and roll much less effectively on transfected cells expressing P-selectin molecules that are shortened by deletion of some of the SCRs [46].

Of the described glycoprotein ligands for selectins, PSGL-1 has the most clearly demonstrated function in tethering and rolling of leukocytes under flow conditions. PL1, a mAb to human PSGL-1, prevents binding of purified PSGL-1 to purified P-selectin [47]. The mAb also blocks tethering and rolling of leukocytes on P-selectin substrates in vitro [47,48] and in vivo [49]. Flowing leukocytes also tether to and roll on purified PSGL-1; this interaction is blocked by PL1 and by mAbs to L-selectin [38]. Furthermore, PL1 significantly inhibits the L-selectin-dependent rolling of neutrophils on adherent neutrophils [38] and the L-selectin-dependent aggregation of stirred neutrophils [50]. There are, however, L-selectin ligands other than PSGL-1 that participate in leukocyte-leukocyte contacts [39, 40]. Under some conditions, PL1 inhibits the accumulation of rolling neutrophils on E-selectin [48], but this effect may be indirect through inhibition of L-selectin-PSGL-1 interactions between leukocytes [38, 50]. The PL1 epitope is near the amino terminus of PSGL-1; it overlaps the tyrosine sulfation sites and includes a threonine to which a critical O-glycan may be attached [51]. This supports the concept that P- and L-selectin bind to a composite, aminoterminal recognition site. Like P-selectin, PSGL-1 is a highly extended molecule, which projects its binding site well above the cell surface [51]. Like L-selectin, PSGL-1 is concentrated on the tips of microvilli [47]. Thus, the structure and orientation of PSGL-1 are ideally suited for efficient interactions with P- and L-selectin under flow.

### Physiologic expression of selectins and their ligands

The expression of selectins is normally tightly regulated to ensure that leukocytes tether to and roll on the blood vessel wall only at appropriate locations. L-selectin is proteolytically shed from leukocytes after cell-cell contact and after cellular activation, a mechanism that modulates and then downregulates its function [44]. E- and P-selectin are only expressed on the surface on endothelial cells and/or platelets after the cells are activated. Tumor necrosis factor  $\alpha$  (TNF- $\alpha$ ), interleukin-1 $\beta$ , or lipopolysaccharide (LPS) transiently induce endothelial cells to transcribe E-selectin mRNA, which leads to synthesis of E-selectin protein. Surface expression of E-selectin peaks within 4 h after activation and then usually declines over the course of 12–24h [3–5]. In contrast, P-selectin is constitutively synthesized by megakaryocytes and endothelial cells, where it is stored in the α granules of platelets and the Weibel-Palade bodies of endothelial cells. Mediators such as thrombin, histamine, complement components, and oxygen-derived radicals cause rapid redistribution of P-selectin to the cell surface through fusion of granule membranes with the plasma membrane [3–5]. In mice, TNF- $\alpha$  or LPS also increase P-selectin mRNA and protein levels, with kinetics similar to those observed for the induction of E-selectin [52-54]. These mediators do not augment P-selectin mRNA levels in human endothelial cells, suggesting that there may be species-specific mechanisms for regulation of P-selectin gene expression [55, 56]. However, the cytokines IL-4 or oncostatin M markedly augment P-selectin mRNA levels in cultured human endothelial cells in a delayed and sustained fashion [56].

P-selectin remains on the surface of activated platelets for at least 1 h, which may stabilize platelet-leukocyte conjugates [57]. On the other hand, P- and E-selectin are rapidly internalized from the surface of activated endothelial cells [58, 59]. P-selectin is endocytosed through clathrin-coated pits [60]. Although both P- and E-selectin recycle from early endosomes to the plasma membrane, they have short half-lives because they are rapidly degraded in lysosomes [59, 61–63]. The short half-life of P-selectin is due to efficient sorting from endosomes to lysosomes [61]. Some P-selectin molecules may also recycle from endosomes to the trans-Golgi network where they enter new Weibel-Palade bodies [64]. The 35-residue cytoplasmic domain of P-selectin contains signals that direct sorting into secretory granules [65], endocytosis in clathrin-coated pits [60], and movement from endosomes to lysosomes [61]. A fourth signal may direct sorting into synaptic-like vesicles [66], although this compartment is not likely to be significant in endothelial cells. The steady-state distribution of P- and

588 McEver

E-selectin in endothelial cells reflects the balance between their rates of synthesis and their rates of sorting into various subcellular compartments. For example, human endothelial cells treated with IL-4 express some P-selectin on the cell surface, presumably because the increased synthesis saturates the sorting pathway from the trans-Golgi network to secretory granules and diverts some newly synthesized P-selectin to the plasma membrane. Subsequent stimulation with histamine further increases surface P-selectin during fusion of Weibel-Palade bodies with the plasma membrane [56].

The physiologic functions of the selectins *in vivo* have been confirmed in many animal models in which blocking mAbs to selectins were employed (reviewed in refs. [67, 68]). The importance of selectins in humans is underscored by the discovery of a congenital disorder of fucose metabolism, termed leukocyte adhesion deficiency 2 (LAD-2) [69–71]. Because patients with LAD-2 lack fucosylated glyconjugates, they do not express functional selectin ligands on leukocytes or, presumably, on endothelial cells. Leukocytes from these patients do not tether to and roll on P- or E-selectin surfaces. Clinically, the patients have more infectious diseases, supporting the concept that the selectins have an important function in initiating recruitment of leukocytes.

Mice made genetically deficient in each of the three selectins appear healthy, but they have obvious defects in leukocyte trafficking in response to specific challenges [54, 72, 73]. Lymphocytes from L-selectin-deficient mice home less efficiently to peripheral lymph nodes [73]. Mice lacking L- or P-selectin demonstrate impaired rolling of leukocytes in venules of exteriorized mesentery [54, 73]. The defect in rolling is observed earlier after tissue exteriorization in P-selectin-deficient mice, consistent with the rapid mobilization of P-selectin to the endothelial cell surface after trauma [74]. Comparison of the kinetics and degree of leukocyte rolling among wild-type, L-selectin-deficient, and P-selectin-deficient mice suggest that L- and P-selectin function cooperatively during acute inflammatory responses [68, 74]. This may reflect the overlapping expression of both P-selectin and an L-selectin ligand on the endothelial cell surface [75]. In addition, L-selectin-dependent leukocyteleukocyte contacts and P-selectin-dependent plateletleukocyte contacts may significantly amplify the number of flowing cells that attach to the vessel wall [38–41, 50]. Mice deficient in either L- or P-selectin have impaired leukocyte recruitment in models of acute and chronic inflammation [54, 76, 77]. Such defects are less obvious in E-selectindeficient mice, but can be elicited by blocking P-selectin function by infusion of a mAb [72], Mice lacking both E- and P-selectin have frequent severe infections and shortened survival [78, 79]. It is not obvious why these mice have more infections than do LAD-2 patients, whose lack of fucosylated ligands should lead to defective recognition by all three selectins. The phenotypic differences emphasize that the expression or functions of selectins or their ligands may not be identical in mice and humans.

In vitro, P- and L-selectin bind to human hematopoietic progenitor cells, most likely through PSGL-1 [80–84]. In vitro studies also suggest that E-selectin contributes to angiogenesis [85, 86]. However, neither selectin-deficient mice nor LAD-2 patients have defects in hematopoiesis other than myelopoiesis associated with infections. Furthermore, neither the mice nor the patients have obvious abnormalities in angiogenesis or wound healing. It is possible that selectins normally participate in these processes, but that other molecules substitute in their absence.

#### Pathologic expression of selectins

Excessive accumulation of leukocytes contributes to the pathogenesis of inflammatory disorders such as ischemia-reperfusion injury, Gram-negative shock, and rheumatoid arthritis [87,88]. Tissue injury results from release of oxygen-derived radicals, proteases, and other mediators. Dysregulated expression of selectins has been implicated in several forms of leukocyte-mediated tissue injury.

Activated complement and oxygen radicals, which are frequently present during the early stages of sepsis or ischemia-reperfusion syndromes, mobilize P-selectin to the surface of endothelial cells in vitro [89–92]. Oxygen radicals prolong the expression of P-selectin on the cell surface, perhaps by inhibiting endocytosis [90]. Endothelial dysfunction decreases formation of nitric oxide, an oxygenradical scavenger that may normally dampen the expression of P-selectin [93]. Hypoxia also translocates P-selectin to the surface of endothelial cells [94,95]. Consistent with these observations, ischemia-reperfusion induces expression of P-selectin on endothelial cells in vivo [96-98]. Furthermore, mAbs and other P-selectin inhibitors significantly reduce neutrophil accumulation and tissue injury in many ischemia-reperfusion models [96,99-106]. Antibodies to P-selectin decrease neutrophil accumulation in the tissues of rats injected with LPS [107] and in some models of acute lung injury in rats [108]. Antibodies to L-selectin also reduce tissue injury in models of ischemia-reperfusion [109, 110] and in some models of acute lung injury [111]. Thus, just as L- and P-selectin function cooperatively in physiologic leukocyte recruitment, they may cooperatively enhance acute leukocyte-mediated tissue injury in some disease states. Selectins have been less well studied in models of chronic inflammatory disease. However, their contributions to pathogenesis may be inferred from their observed expression on venular endothelial cells from patients with some chronic or allergic inflammatory disorders [112–114].

Oxidized low-density lipoprotein activates both platelets and endothelial cells, promoting P-selectin-dependent platelet-leukocyte aggregates and leukocyte adhesion to the arterial endothelium *in vitro* and *in vivo* [115]. Cigarette smoke, which causes release of oxygen radicals, produces

similar effects in vivo [116]. Some viral infections prolong the expression of P-selectin on the surface of cultured endothelial cells [117]. These insults may allow monocytes and other leukocytes to emigrate beneath the endothelium during the early stages of atherosclerosis. In the later stages of atherosclerosis, P-selectin is observed on the apical surface of the endothelium [114], perhaps because of the local synthesis of IL-4 or oncostatin M by subendothelial macrophages or T cells [56]. The endothelially expressed Pselectin may promote recruitment of additional monocytes, particularly in areas of arterial bifurcation where shear stresses are lower. Rupture of advanced atherosclerotic plaques promotes platelet aggregation and thrombin formation. Leukocytes accumulating on adherent platelets may express tissue factor, further augmenting thrombin and fibrin generation [118]. Consistent with this notion, mAbs to P-selectin accelerate pharmacological thrombolysis in a primate model of arterial thrombosis [119]. Anti-Pselectin mAbs also reduce infiltration of inflammatory cells in a rat model of venous thrombosis [120].

These data suggest that inhibitors of selectin function or expression might be effective therapeutics in some inflammatory or thrombotic disorders. A potential risk of such agents is interference with the physiologic recruitment of leukocytes required to combat infections. However, antibodies to P- or L-selectin do not significantly increase infections in some experimental models, suggesting that other adhesion molecules may suffice for this purpose [121, 122]. Furthermore, infections are relatively uncommon in LAD-2 patients [69]. The limited number of infections may result from the ability of  $\alpha 4$  integrins to tether flowing mononuclear leukocytes and eosinophils to the endothelium [123, 124].

Some cancer cells may metastasize by employing selectins or selectin ligands normally used for leukocyte or platelet adhesion, although this hypothesis has not been directly tested in animal models of metastasis. All three selectins bind to some malignant cells or cell lines [34, 125, 126]. Many of the ligands on these tumor cells appear to be sialomucins. Some malignant leukemia or lymphoma cells express L-selectin [127]. Tumor cells might attach to P-selectin on both activated endothelial cells and platelets, forming multicellular aggregates on the surface of the microvasculature.

### References

- 1 Springer TA (1995) Annu Rev Physiol 57: 827-72.
- 2 Butcher EC, Picker LJ (1996) Science 272: 60-66.
- 3 McEver RP, Moore KL, Cummings RD (1995) *J Biol Chem* **270**: 11025–28.
- 4 Tedder TF, Steeber DA, Chen A, Engel P (1995) *FASEB J* **9**: 866–73.
- 5 Kansas GS (1996) Blood 88: 3259-87.
- 6 Graves BJ, Crowther RL, Chandran C, Rumberger JM, Li S,

- Huang K-S, Presky DH, Familletti PC, Wolitzky BA, Burns DK (1994) *Nature* **367**: 532–38.
- 7 Erbe DV, Watson SW, Presta LG, Wolitzky BA, Foxall C, Brandley BK, Lasky LA (1993) *J Cell Biol* **120**: 1227–35.
- 8 Erbe DV, Wolitzky BA, Presta LG, Norton CR, Ramos RJ, Burns DK, Rumberger JM, Rao BNN, Foxall C, Brandley BK, Lasky LA (1992) *J Cell Biol* 119: 215–27.
- 9 Hollenbaugh D, Bajorath J, Stenkamp R, Aruffo A (1993) *Biochemistry* **32**: 2960–66.
- 10 Bajorath J, Hollenbaugh D, King G, Harte W, Jr., Eustice DC, Darveau RP, Aruffo A (1994) *Biochemistry* 33: 1332–39.
- 11 Revelle BM, Scott D, Kogan TP, Zheng JH, Beck PJ (1996) J Biol Chem 271: 4289–97.
- 12 Kansas GS, Saunders KB, Ley K, Kakrzewicz A, Gibson RM, Furie BC, Furie B, Tedder TF (1994) *J Cell Biol* **124**: 609–18.
- 13 Gibson RM, Kansas GS, Tedder TF, Furie B, Furie BC (1995) *Blood* **85**: 151–58.
- 14 Tu LL, Chen AJ, Delahunty MD, Moore KL, Watson SR, McEver RP, Tedder TF (1996) J Immunol 157: 3995–4004.
- 15 Revelle BM, Scott D, Beck PJ (1996) *J Biol Chem* **271**: 16160–70.
- 16 Kolbinger F, Patton JT, Geisenhoff G, Aenis A, Li XH, Katopodis AG (1996) Biochemistry 35: 6385–92.
- 17 Ushiyama S, Laue TM, Moore KL, Erickson HP, McEver RP (1993) J Biol Chem 268: 15229-37.
- 18 Varki A (1994) Proc Natl Acad Sci USA 91: 7390-97.
- 19 Crocker PR, Feizi (1996) Curr Opin Struct Biol 6: 679-91.
- 20 Moore KL, Stults NL, Diaz S, Smith DL, Cummings RD, Varki A, McEver RP (1992) *J Cell Biol* **118**: 445–56.
- 21 Levinovitz A, Mühlhoff J, Isenmann S, Vestweber D (1993) J Cell Biol 121: 449–59.
- 22 Steegmaier M, Levinovitz A, Isenmann S, Borges E, Lenter M, Kocher HP, Kleuser B. Vestweber D (1995) Nature 373: 615–20
- 23 Sako D, Chang X-J, Barone KM, Vachino G, White HM, Shaw G, Veldman GM, Bean KM, Ahern TJ, Furie B, Cummings DA, Larsen GR (1993) Cell 75: 1179–86.
- 24 Imai Y, Lasky LA, Rosen SD (1993) Nature 361: 555-57.
- 25 Hemmerich S, Butcher EC, Rosen SD (1994) J Exp Med 180: 2219–26.
- 26 Wilkins PP, Moore KL, McEver RP, Cummings RD (1995) J Biol Chem 270: 22677–80.
- 27 Pouyani T, Seed B (1995) Cell 83: 333-43.
- 28 Sako D, Comess KM, Barone KM, Camphausen RT, Cumming DA, Shaw GD (1995) Cell 83: 323-31.
- 29 Li F, Wilkins PP, Crawley S, Weinstein J, Cummings RD, McEver RP (1996) J Biol Chem 271: 3255-64.
- 30 Hemmerich S, Bertozzi CR, Leffler H, Rosen SD (1994) *Biochemistry* 33: 4820–29.
- 31 Hemmerich S, Rosen SD (1994) Biochemistry 33: 4830-35.
- 32 Hemmerich S, Leffler H, Rosen SD (1995) *J Biol Chem* **270**: 12035–47.
- 33 Wilkins PP, McEver RP, Cummings RD (1996) *J Biol Chem* **271**: 18732–42.
- 34 Crottet P, Kim YJ, Varki A (1996) Glycobiology 6: 191-208.
- 35 Bargatze RF, Kurk S, Butcher EC, Jutila MA (1994) J Exp Med 180: 1785–92.
- 36 Jutila MA, Kurk S (1996) J Immunol 156: 289-96.
- 37 Simon SI, Rochon YP, Lynam EB, Smith CW, Anderson DC, Sklar LA (1993) Blood 82: 1097–106.

- 38 Walcheck B, Moore KL, McEver RP, Kishimoto TK (1996) J Clin Invest 98: 1081-87.
- 39 Fuhlbrigge RC, Alon R, Puri KD, Lowe JB, Springer TA (1996) *J Cell Biol* **135**: 837–48.
- 40 Alon R, Fuhlbrigge RC, Finger EB, Springer TA (1996) *J Cell Biol* **135**: 849–65.
- 41 Diacovo TG, Puri KD, Warnock RA, Springer TA, Von Andrian UH (1996) Science 273: 252–55.
- 42 Alon R, Hammer DA, Springer TA (1995) *Nature* 374: 539–42.
- 43 Finger EB, Puri KD, Alon R, Lawrence MB, Von Andrian UH, Springer TA (1996) *Nature* **379**: 266–69.
- 44 Walcheck B, Kahn J, Fisher JM, Wang BB, Fisk RS, Payan DG, Feehan C, Betageri R, Darlak K, Spatola AF, Kishimoto TK (1996) *Nature* 380: 720–23.
- 45 Von Andrian UH, Hasslen SR, Nelson RD, Erlandsen SL, Butcher EC (1995) *Cell* **82**: 989–99.
- 46 Patel KD, Nollert MU, McEver RP (1995) J Cell Biol 131: 1893–902.
- 47 Moore KL, Patel KD, Bruehl RE, Fugang L, Johnson DA, Lichenstein HS, Cummings RD, Bainton DF, McEver RP (1995) J Cell Biol 128: 661–71.
- 48 Patel KD, Moore KL, Nollert MU, McEver RP (1995) J Clin Invest 96: 1887–96.
- 49 Norman KE, Moore KL, McEver RP, Ley K (1995) Blood 86: 4417–21.
- 50 Guyer DA, Moore KL, Lynam E, Schammel CMG, Rogelj S, McEver RP, Sklar LA (1996) Blood 88: 2415–21.
- 51 Li F, Erickson HP, James JA, Moore KL, Cummings RD, McEver RP (1996) *J Biol Chem* 271: 6342–48.
- 52 Weller A, Isenmann S, Vestweber D (1992) *J Biol Chem* **267**: 15176, 83
- 53 Sanders WE, Wilson RW, Ballantyne CM, Beaudet AL (1992) Blood 80: 795–800.
- 54 Mayadas TN, Johnson RC, Rayburn H, Hynes RO, Wagner DD (1993) Cell 74: 541–54.
- 55 Burns SA, DeGuzman BJ, Newburger JW, Mayer JE, Jr, Neufeld EJ, Briscoe DM (1995) J Thorac Cardiovasc Surg 110: 924–33.
- 56 Yao L, Pan J. Setiadi H, Patel KD, McEver RP (1996) J Exp Med 184: 81–92.
- 57 George JN, Pickett EB, Saucerman S, McEver RP, Kunicki TJ, Kieffer N, Newman PJ (1986) *J Clin Invest* **78**: 340–48.
- 58 Hattori R, Hamilton KK, Fugate RD, McEver RP, Sims PJ (1989) J Biol Chem 264: 7768-71.
- 59 Kuijpers TW, Raleigh M, Kavanagh T, Janssen H, Calafat J, Roos D, Harlan JM (1994) J Immunol 152: 5060–69.
- 60 Setiadi H, Disdier M, Green SA, Canfield WM, McEver RP (1995) J Biol Chem 270: 26818–26.
- 61 Green SA, Setiadi H, McEver RP, Kelly RB (1994) J Cell Biol 124: 435–48.
- 62 Bevilacqua MP, Stengelin S, Gimbrone MA, Jr, Seed B (1989) *Science* **243**: 1160–65.
- 63 Smeets EF, de Vries T, Leeuwenberg JFM, Van den Eijnden DH, Buurman WA, Neefjes JJ (1993) Eur J Immunol 23: 147-51.
- 64 Subramaniam M, Koedam JA, Wagner DD (1993) Mol Biol Cell 4: 791–801.
- 65 Disdier M, Morrissey JH, Fugate RD, Bainton DF, McEver RP (1992) Mol Biol Cell 3: 309–21.

- 66 Norcott JP, Solari R, Cutler DF (1996) *J Cell Biol* **134**: 1229–40
- 67 Granger DN, Kubes P (1994) J Leukocyte Biol 55: 662-75.
- 68 Ley K, Tedder TF (1995) J Immunol 155: 525-28.
- 69 Etzioni A, Frydman M, Pollack S, Avidor I, Phillips ML, Paulson JC, Gershoni-Baruch R (1992) N Engl J Med 327: 1789–92.
- 70 Von Andrian UH, Berger EM, Ramezani L, Chambers JD, Ochs HD, Harlan JM, Paulson JC, Etzioni A, Arfors K-E (1993) J Clin Invest 91: 2893–97.
- 71 Philips ML, Schwartz BR, Etzioni A, Bayer R, Ochs HD, Paulson JC, Harlan JM (1995) J Clin Invest 96: 2898–906.
- 72 Labow MA, Norton CR, Rumberger JM, Lombard-Gillooly KM, Shuster DJ, Hubbard J, Bertko R, Knaack PA, Terry RW, Harbison ML, Kontgen F, Stewart CL, McIntyre KW, Will PC, Burns KD, Wolitzky BA (1994) *Immunity* 1: 709–20.
- 73 Arbones ML, Ord DC, Ley K, Ratech H, Maynard-Curry C, Otten G, Capon DJ, Tedder TF (1994) *Immunity* 1: 247–60.
- 74 Ley K, Bullard DC, Arbonés ML, Bosse R, Vestweber D, Tedder TF, Beaudet AL (1995) *J Exp Med* **181**: 669–75.
- 75 Ley K, Zakrzewicz A, Hanski C, Stoolman LM, Kansas GS (1995) Blood 85: 3727–35.
- 76 Subramaniam M, Saffaripour S, Watson SR, Mayadas TN, Hynes RO, Wagner DD (1995) *J Exp Med* **181**: 2277–82.
- 77 Tedder TF, Steeber DA, Pizcueta P (1995) J Exp Med 181: 2259–64.
- 78 Bullard DC, Kunkel EJ, Kubo H, Hicks MJ, Lorenzo I, Doyle NA, Doerschuk CM, Ley K, Beaudet AL (1996) J Exp Med 183: 2329–36.
- 79 Frenette PS, Mayadas TN, Rayburn H, Hynes RO, Wagner DD (1996) Cell 84: 563–74.
- 80 Zannettino ACW, Berndt MC, Butcher C, Butcher EC, Vadas MA, Simmons PJ (1995) *Blood* **85**: 3466–77.
- 81 Dercksen MW, Weimar IS, Richel DJ, Breton-Gorius J, Vainchenker W, Slaper-Cortenbach ICM, Pinedo HM, von dem Borne AEGKr, Gerritsen WR, Van der Schoot CE (1995) Blood 86: 3771–82.
- 82 Laszik Z, Jansen PJ, Cummings RD, Tedder TF, McEver RP, Moore KL (1996) Blood 88: 3010–21.
- 83 Oxley SM, Sackstein R (1994) Blood 84: 3299-306.
- 84 Spertini O, Cordey A-S, Monai N, Giuffre L, Schapira M (1996) *J Cell Biol* **135**: 523–31.
- 85 Nguyen M, Strubel NA, Bischoff J (1993) 365: 267-69.
- 86 Koch AE, Halloran MM, Haskell CJ, Shah MR, Polverini PJ (1995) *Nature* **376**: 517–19.
- 87 Albelda SM, Smith CW, Ward PA (1994) FASEB J 8: 504–12.
- 88 Sharar SR, Winn RK, Harlan JM (1995) Springer Semin Immunopathol 16: 359-78.
- 89 Hattori R, Hamilton KK, McEver RP, Sims PJ (1989) J Biol Chem 264: 9053–60.
- 90 Patel KD, Zimmerman GA, Prescott SM, McEver RP, McIntyre TM (1991) J Cell Biol 112: 749–59.
- 91 Foreman KE, Vaporciyan AA, Bonish BK, Jones ML, Johnson KJ, Glovsky MM, Eddy SM, Ward PA (1994) *J Clin Invest* **94**: 1147–55.
- 92 Vischer UM, Jornot L, Wollheim CB, Theler J-M (1995) Blood 85: 3164–72.

- 93 Murohara T, Parkinson SJ, Waldman SA, Lefer AM (1995) Arterioscler Thromb Vasc Biol 15: 2068–75.
- 94 Rainger GE, Fisher A, Shearman C, Nash GB (1995) Am J Physiol Heart Circ Physiol 269: H1398–406.
- 95 Pinsky DJ, Naka Y, Liao H, Oz MC, Wagner DD, Mayadas TN, Johnson RC, Hynes RO, Heath M, Lawson CA, Stern DM (1996) J Clin Invest 97: 493–500.
- 96 Winn RK, Liggitt D, Vedder NB, Paulson JC, Harlan JM (1993) J Clin Invest 92: 2042–47.
- 97 Weyrich AS, Buerke M, Albertine KH, Lefer AM (1995) J Leukocyte Biol 57: 45-55.
- 98 Okada Y, Copeland BR, Mori E, Tung M-M, Thomas WS, Del Zoppo GJ (1994) *Stroke* 25: 202–10.
- 99 Weyrich AS, Ma X, Lefer DJ, Albertine KH, Lefer AM (1993) J Clin Invest 91: 2620–29.
- 100 Davenpeck KL, Gauthier TW, Albertine KH, Lefer AM (1994) Am J Physiol Heart Circ Physiol 267: H622-30.
- 101 Mulligan MS, Paulson JC, De Frees S, Zheng Z-L, Lowe JB, Ward PA (1993) Nature 364: 149–51.
- 102 Gauthier TW, Davenpeck KL, Lefer AM (1994) Am J Physiol Gastrointest Liver Physiol 267: G562–68.
- 103 Chen LY, Nichols WW, Hendricks JB, Yang BC, Mehta JL (1994) Cardiovasc Res 28: 1414-22.
- 104 Winn RK, Paulson JC, Harlan JM (1994) Am J Physiol Heart Circ Physiol 267: H2391–97.
- 105 Lee WP, Gribling P, De Guzman L, Ehsani N, Watson SR (1995) Surgery 117: 458-65.
- 106 Lefer DJ, Flynn DM, Buda AJ (1996) *Am J Physiol* **39**: H88–H98.
- 107 Coughlan AF, Hau H, Dunlop LC, Berndt MC, Hancock WW (1994) *J Exp Med* **179**: 329–34.
- 108 Mulligan MS, Polley MJ, Bayer RJ,, Nunn MF, Paulson JC, Ward PA (1992) *J Clin Invest* **90**: 1600–7.
- 109 Ma X, Weyrich AS, Lefer DJ, Buerke M, Albertine KH, Kishimoto TK, Lefer AM (1993) Circulation 88: 649–58.
- 110 Mihelcic D, Schleiffenbaum B, Tedder TF, Sharar SR, Harlan JM, Winn RK (1994) *Blood* **84**: 2322–28.
- 111 Mulligan MS, Miyasaka M, Tamatani T, Jones ML, Ward PA (1994) *J Immunol* **152**: 832–40.
- 112 Grober JS, Bowen BL, Ebling H, Athey B, Thompson CB, Fox DA, Stoolman LM (1993) *J Clin Invest* 91: 2609–19.
- 113 Symon FA, Walsh GM, Watson SR, Wardlaw AJ (1994) *J Exp Med* **180**: 371–76.
- 114 Johnson-Tidey RR, McGregor JL, Taylor PR, Poston RN (1994) Am J Pathol 144: 952-61.

- 115 Lehr H-A, Olofsson AM, Carew TE, Vajkoczy P, Von Andrian UH, Hübner C, Berndt MC, Steinberg D, Messmer K, Arfors KE (1994) Lab Invest 71: 380–86.
- 116 Lehr H-A, Frei B, Arfors K-E (1994) Proc Natl Acad Sci USA 91: 7688–92.
- 117 Etingin OR, Silverstein RL, Hajjar DP (1992) *Proc Natl Acad Sci USA* 88: 7200–3.
- 118 Palabrica T, Lobb R, Furie BC, Aronovitz M, Benjamin C, Hsu Y-M, Sajer SA, Furie B (1992) *Nature* **359**: 848–51.
- 119 Toombs CF, DeGraaf CL, Martin JP, Geng JG, Anderson DC, Shebuski RJ (1995) J Pharmacol Exp Ther 275: 941–49.
- 120 Wakefield TW, Strieter RM, Downing LJ, Kadell AM, Wilke CA, Burdick MD, Wrobleski SK, Phillips ML, Paulson JC, Anderson DC, Greenfield LJ (1996) J Surg Res 64: 26–31.
- 121 Sharar SR, Sasaki SS, Flaherty LC, Paulson JC, Harlan JM, Winn RK (1993) *J Immunol* **151**: 4982–88.
- 122 Sharar SR, Chapman NN, Flaherty LC, Harlan JM, Tedder TF, Winn RK (1996) *J Immunol* **157**: 2555–63.
- 123 Alon R, Kassner PD, Carr MW, Finger EB, Hemler ME, Springer TA (1995) *J Cell Biol* 128: 1243–53.
- 124 Berlin C, Bargatze RF, Campbell JJ, Von Andrian UH, Szabo MC, Hasslen SR, Nelson RD, Berg EL, Erlandsen SL, Butcher EC (1995) Cell 80: 413–22.
- 125 Stone JP, Wagner DD (1993) J Clin Invest 92: 804-13.
- 126 Majuri M-L, Mattila P, Renkonen R (1992) Biochem Biophys Res Commun 182: 1376–82.
- 127 Spertini O, Callegari P, Cordey A-S, Hauert J, Joggi J, Von Fliedner V, Schapira M (1994) *Blood* **84**: 1249–56.
- 128 Moore KL, Eaton SF, Lyons DE, Lichenstein HS, Cummings RD, McEver RP (1994) *J Biol Chem* **269**: 23318–27.
- 129 Hensley P, McDevitt PJ, Brooks I, Trill JJ, Feild JA, McNulty DE, Connor JR, Griswold DE, Kumar NV, Kopple KD, Carr SA, Dalton BJ, Johanson K (1994) J Biol Chem 269: 23949–58.
- 130 Cyster JG, Shotton DM, Williams AF (1991) *EMBO J* **10**: 893–902.
- 131 Walcheck B, Watts G, Jutila MA (1993) *J Exp Med* **178**: 853–63.
- 132 Lenter M, Levinovitz A, Isenmann S, Vestweber D (1994) J Cell Biol 125: 471–81.
- 133 Aigner S, Ruppert M, Hubbe M, Sammar M, Sthoeger Z, Butcher EC, Vestweber D, Altevogt P (1995) Int Immunol 7: 1557-65.

Received 1 December 1996, revised 10 February 1997, accepted 26 February 1997