



Oxidant stress: endothelial mechanisms

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Funding by



EUGeneHeart

Genomics of Cardiomyocyte Signaling
to Treat and Prevent Heart Failure

Reactions of oxidants with biological targets

Oxidants can damage virtually all biological molecules

DNA, RNA, cholesterol, lipids, carbohydrates, proteins and antioxidants

Extent of target damage targets depends on many factors

concentration of target

rate constant for reaction of oxidant with target

location of target versus oxidant

occurrence of secondary damaging events

occurrence of transfer reactions

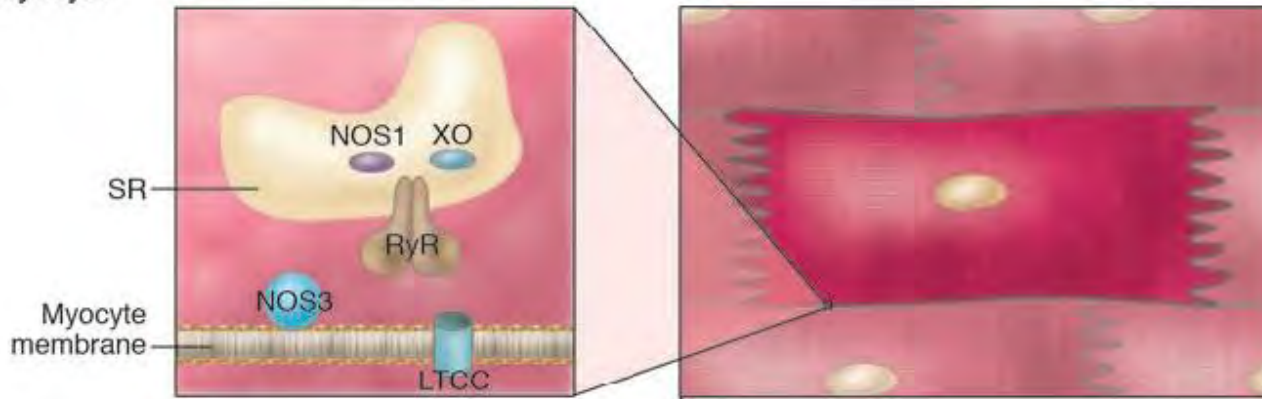
repair and scavenging reactions

CONCENTRATION !

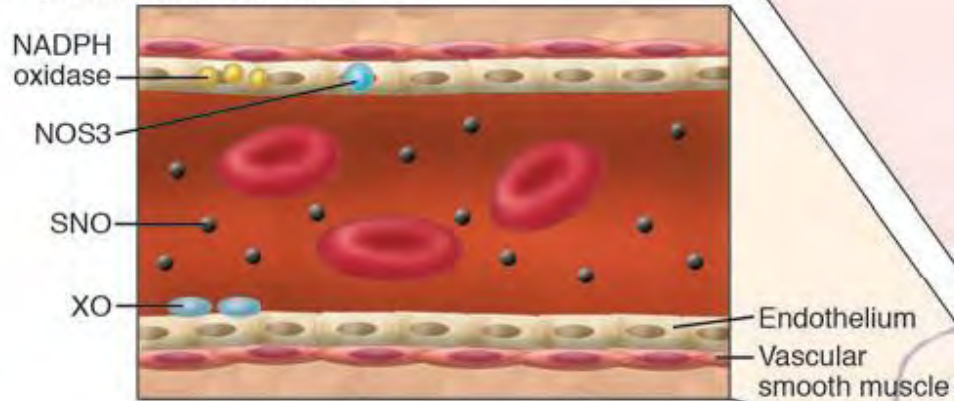
Oxidative **SIGNALING**  Oxidative **DAMAGE**

LOCATION !

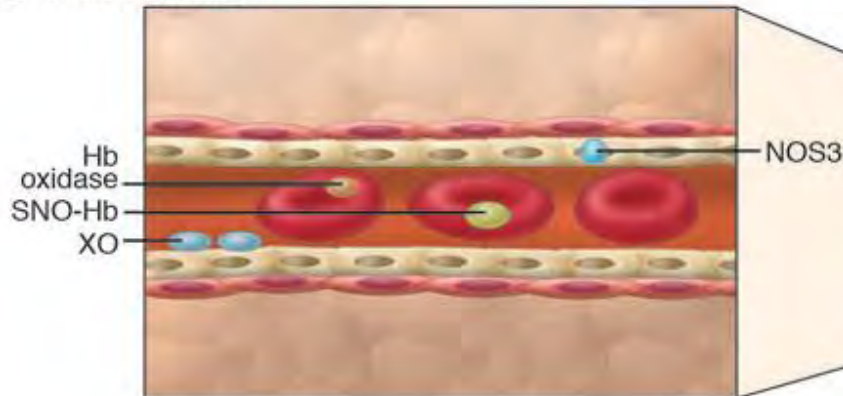
A Myocyte



B Conductance vessel



C Microcirculation



Meta-Analysis: High-Dosage Vitamin E Supplementation May Increase All-Cause Mortality

Edgar R. Miller III, MD, PhD; Roberto Pastor-Barriuso, PhD; Darshan Dalal, MD, MPH; Rudolph A. Riemersma, PhD, FRCPE; Lawrence J. Appel, MD, MPH; and Eliseo Guallar, MD, DrPH

Background: Experimental models and observational studies suggest that vitamin E supplementation may prevent cardiovascular disease and cancer. However, several trials of high-dosage vitamin E supplementation showed non-statistically significant increases in total mortality.

Purpose: To perform a meta-analysis of the dose-response relationship between vitamin E supplementation and total mortality by using data from randomized, controlled trials.

Patients: 135 967 participants in 19 clinical trials. Of these trials, 9 tested vitamin E alone and 10 tested vitamin E combined with other vitamins or minerals. The dosages of vitamin E ranged from 16.5 to 2000 IU/d (median, 400 IU/d).

Data Sources: PubMed search from 1966 through August 2004, complemented by a search of the Cochrane Clinical Trials Database and review of citations of published reviews and meta-analyses. No language restrictions were applied.

Data Extraction: 3 investigators independently abstracted study reports. The investigators of the original publications were contacted if required information was not available.

Data Synthesis: 9 of 11 trials testing high-dosage vitamin E (≥ 400 IU/d) showed increased risk (risk difference > 0) for all-cause mortality in comparisons of vitamin E versus control. The pooled all-cause mortality risk difference in high-dosage vitamin E trials was 39 per 10 000 persons (95% CI, 3 to 74 per 10 000 persons; $P = 0.035$). For low-dosage vitamin E trials, the risk difference was -16 per 10 000 persons (CI, -41 to 10 per 10 000 persons; $P > 0.2$). A dose-response analysis showed a statistically significant relationship between vitamin E dosage and all-cause mortality, with increased risk of dosages greater than 150 IU/d.

Limitations: High-dosage (≥ 400 IU/d) trials were often small and were performed in patients with chronic diseases. The generalizability of the findings to healthy adults is uncertain. Precise estimation of the threshold at which risk increases is difficult.

Conclusion: High-dosage (≥ 400 IU/d) vitamin E supplements may increase all-cause mortality and should be avoided.

Ann Intern Med. 2005;142:37-46.

For author affiliations, see end of text.

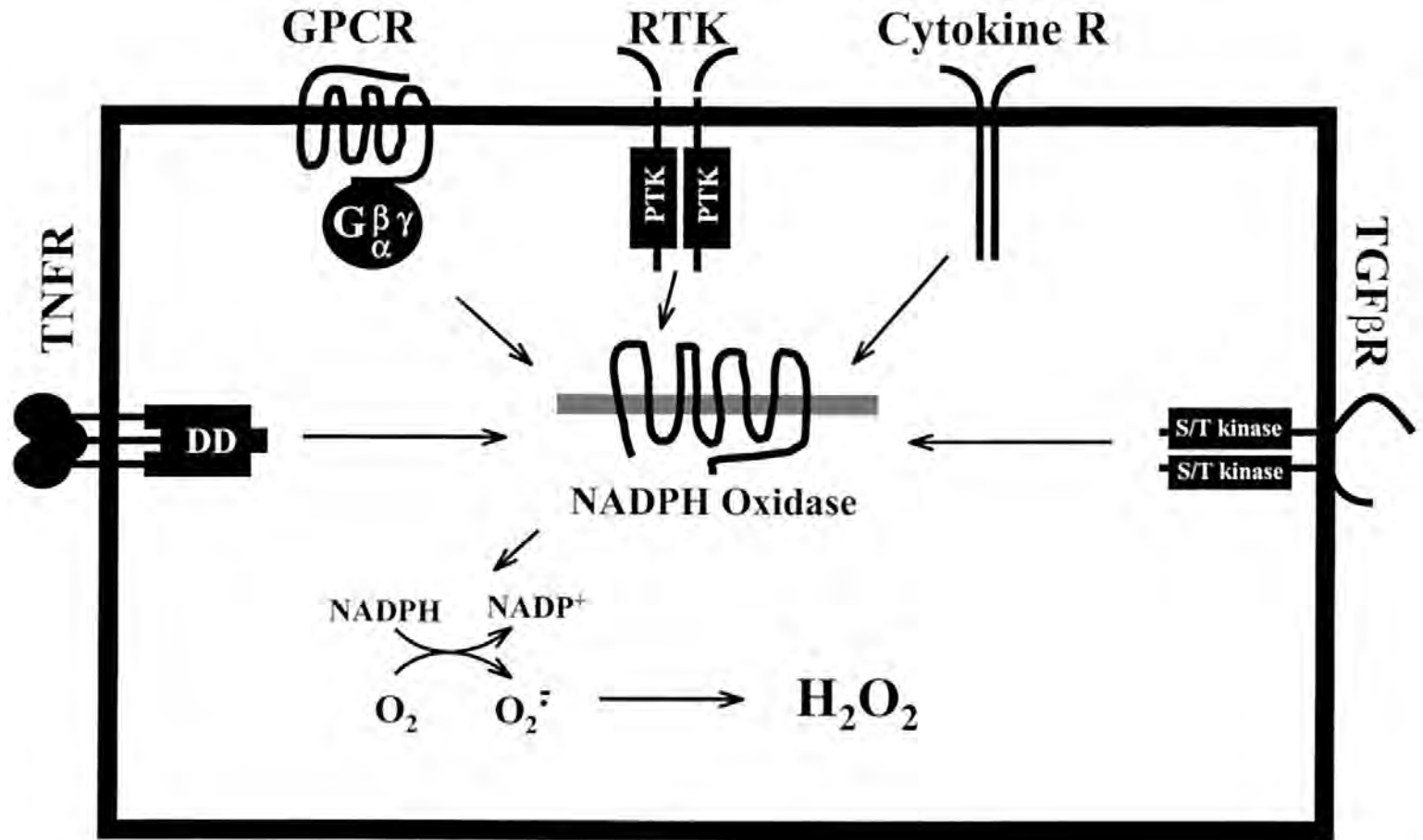
www.annals.org

Re-evaluated 19 vitamin E antioxidant trials between 1994 and 2004

136,000 patients in North America, Europe and China

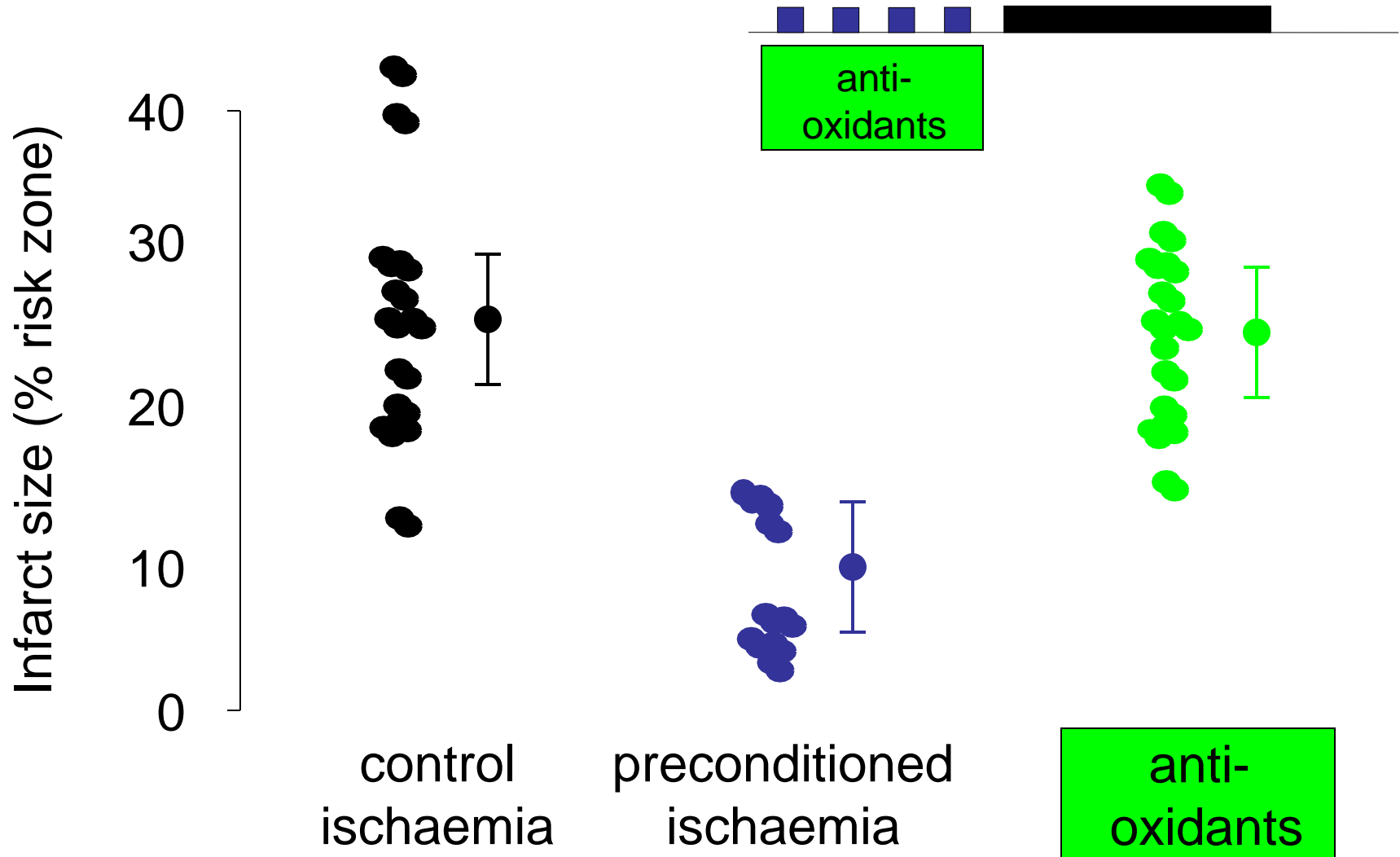
Death rate increased: 1 in 20 chance of dying earlier if 200IU Vitamin E

Oxidant production can occur as part of normal function

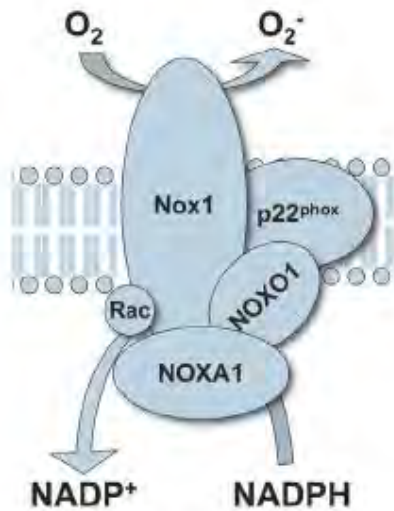


Many classes of surface receptor couple to oxidant production

Antioxidants block protection by ischemic preconditioning

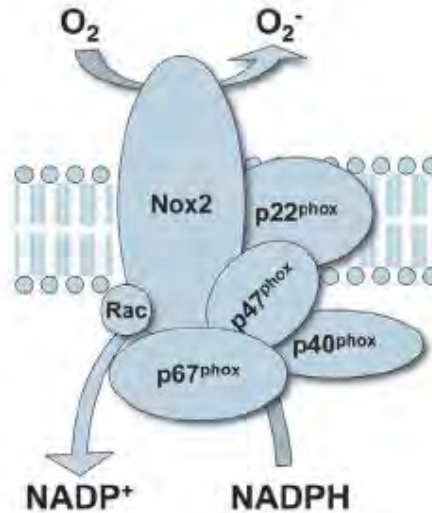


Nox1



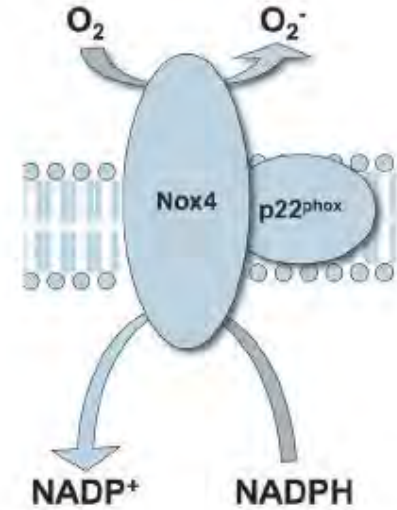
VSMC
(EC)

Nox2



EC
Fibroblast
Inflammatory cells
Human VSMC

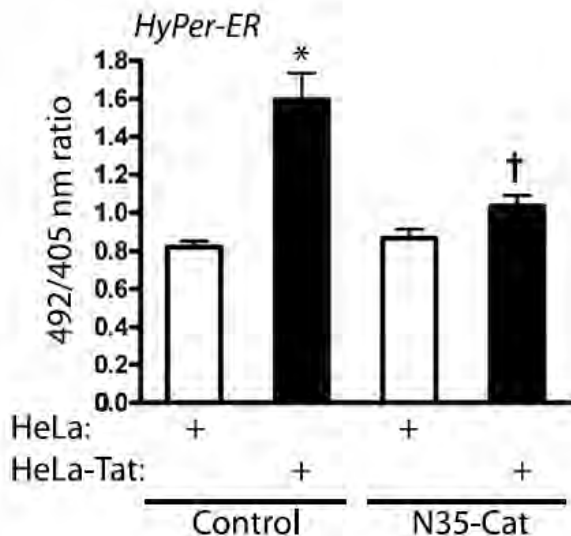
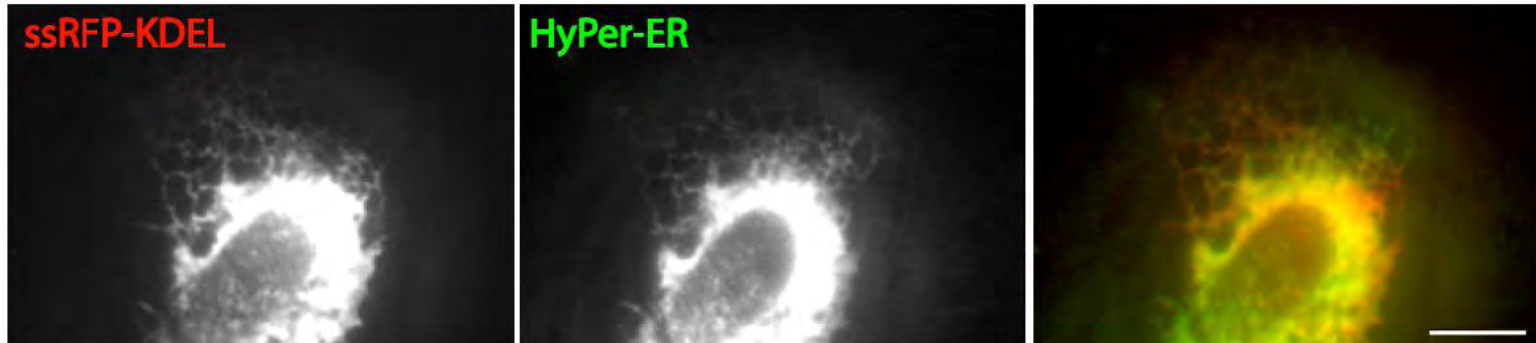
Nox4



EC
VSMC
Fibroblast

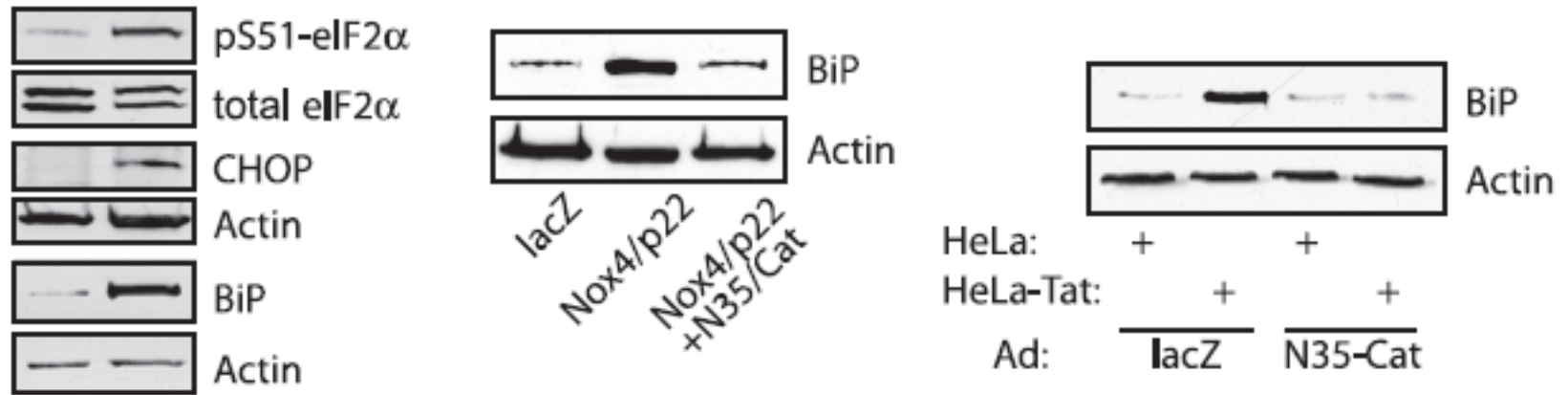
Nox4-Derived H₂O₂ Mediates Endoplasmic Reticulum Signaling through Local Ras Activation[▽]

Ru-Feng Wu, Zhenyi Ma, Zhe Liu, and Lance S. Terada*

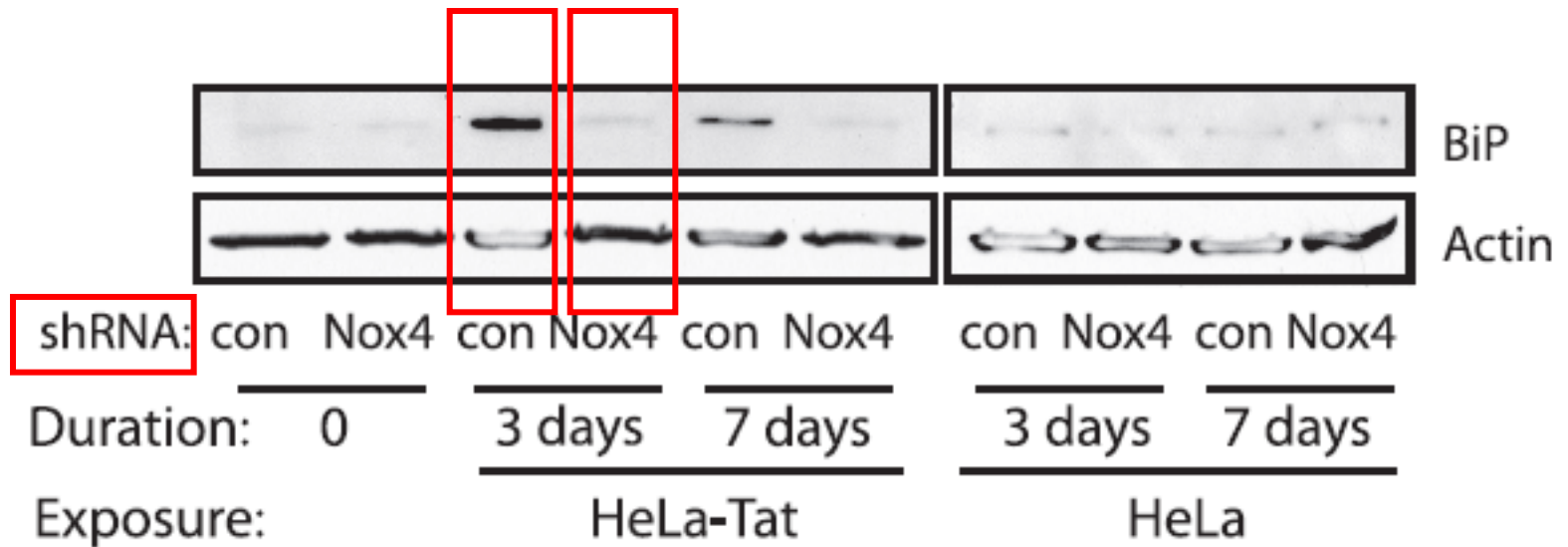


HyPer-ER: H₂O₂-sensitive fluorescent ratiometric sensor targeted to ER

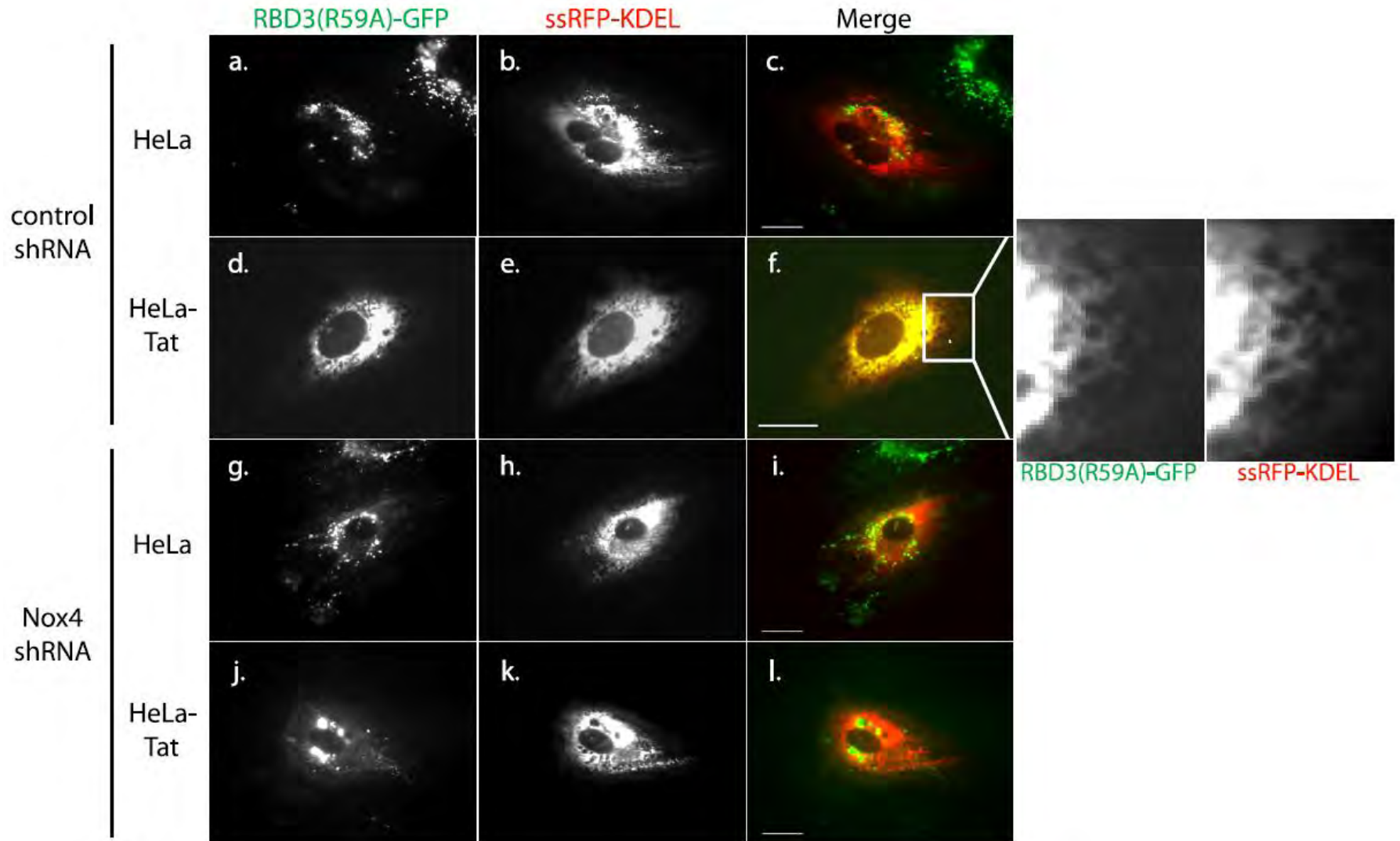
Tat >>>NOX4>>>ER stress response



Ad: lacZ Nox4/p22

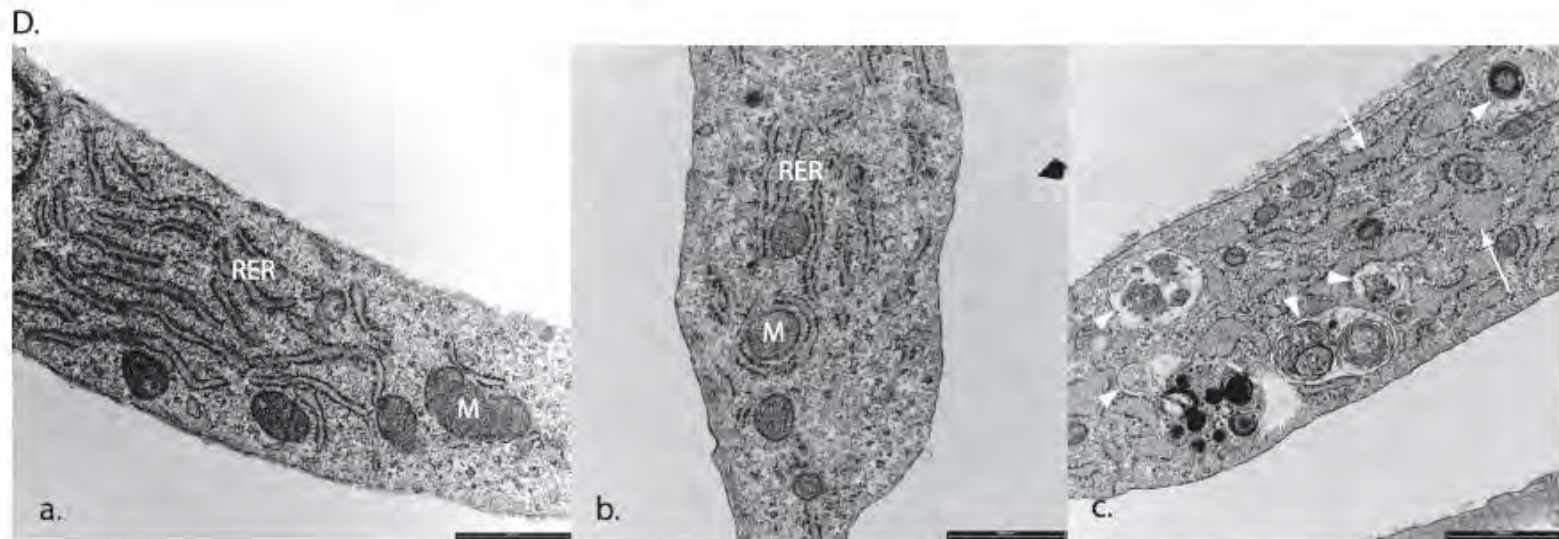
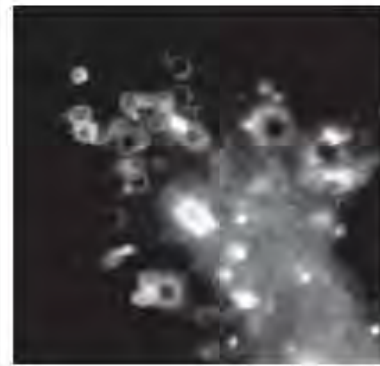
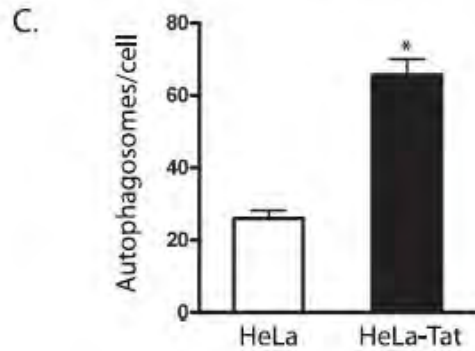
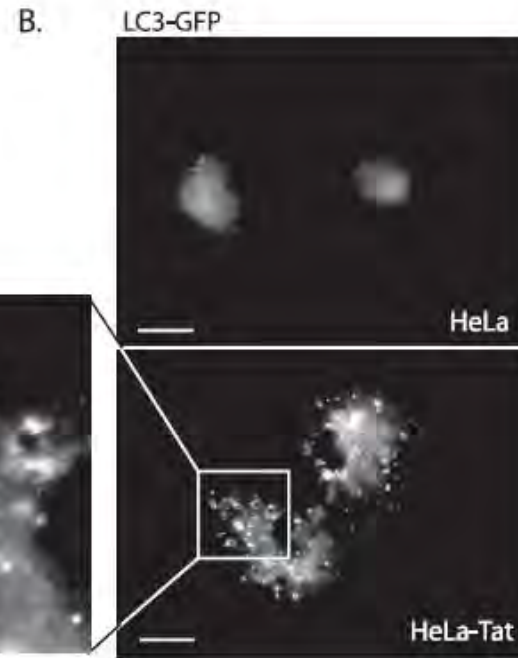
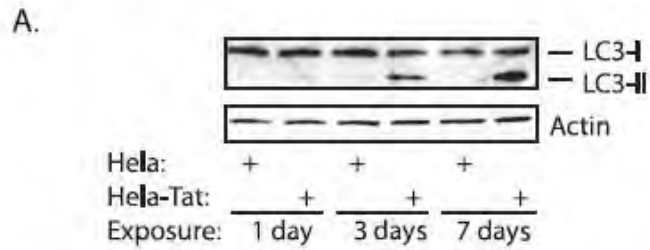


Tat activates Ras through NOX4 specifically in the ER

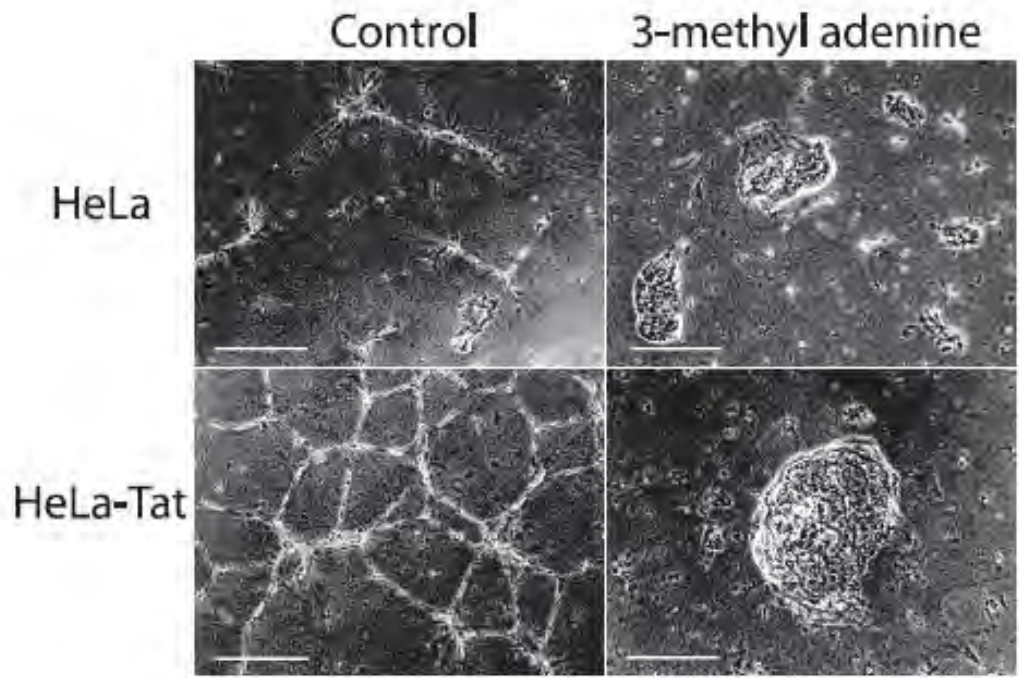
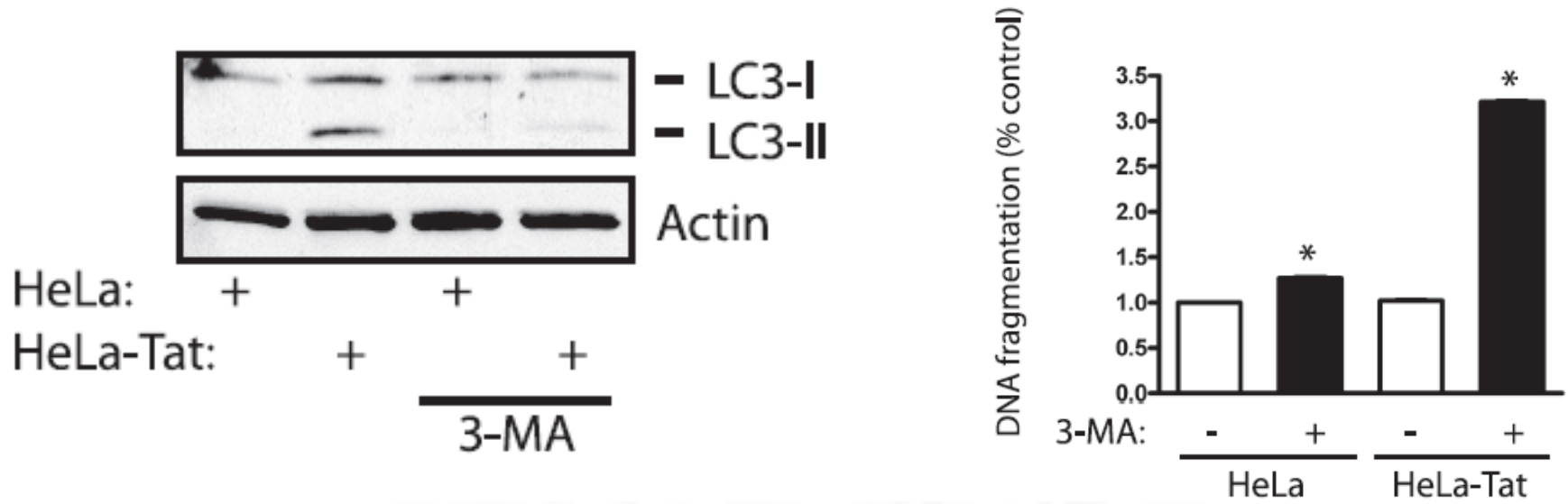


RBD3-GFP: fluorescent reporter for activated Ras

Tat >>>NOX4>>>ER stress response >>>EC autophagy

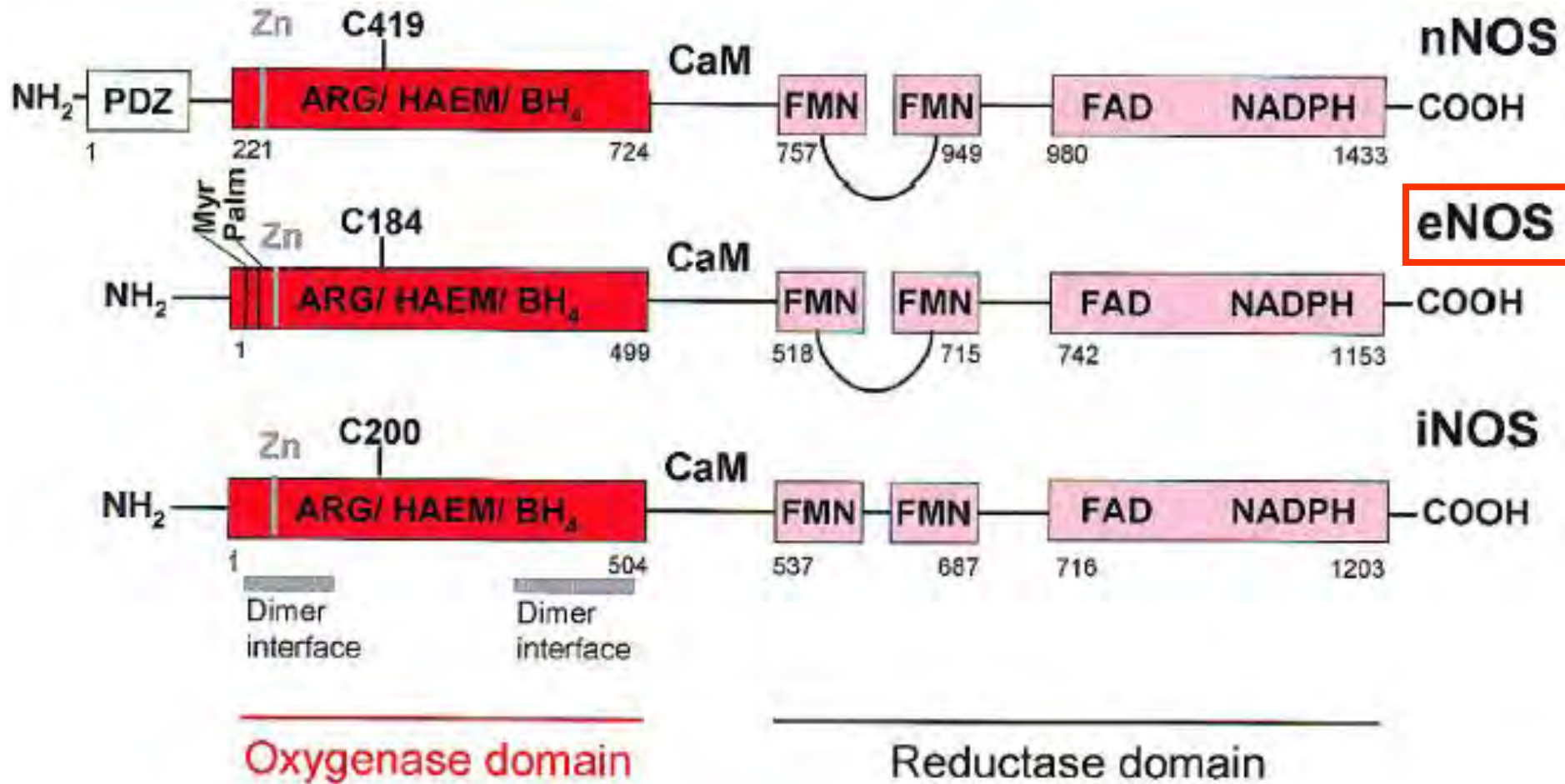


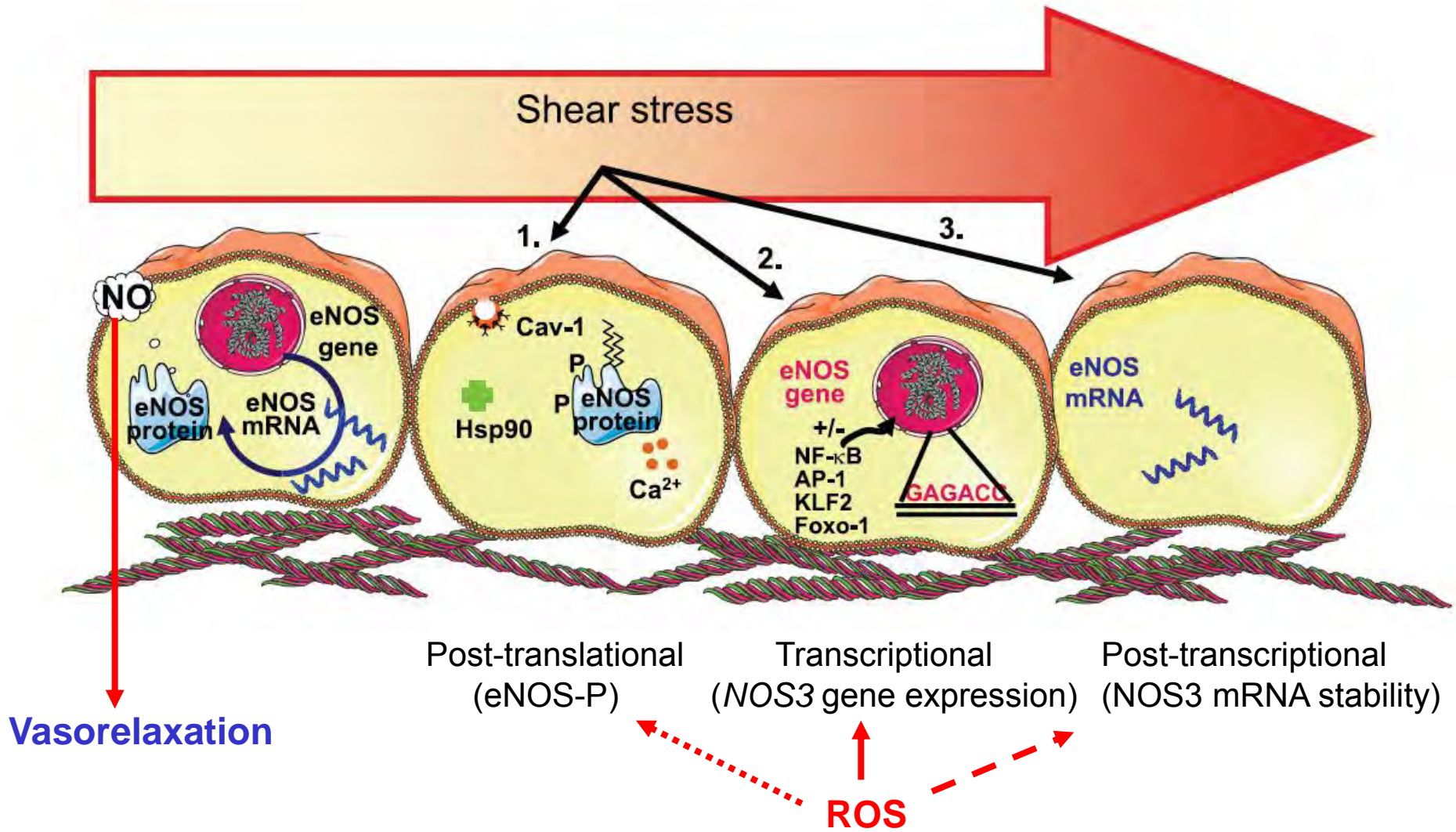
NOX4-induced autophagy protects EC against cell death



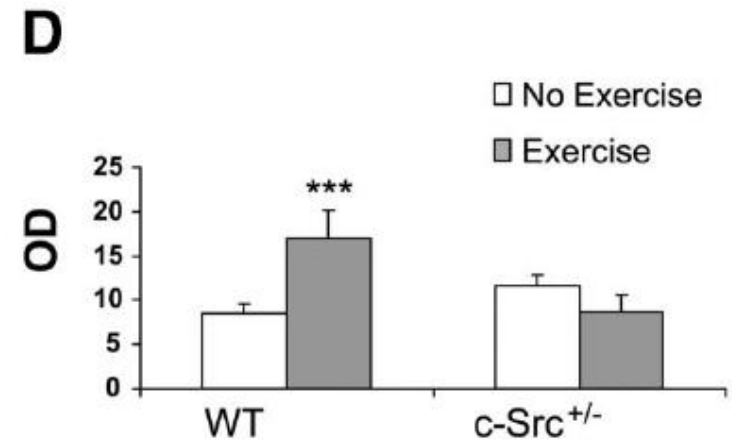
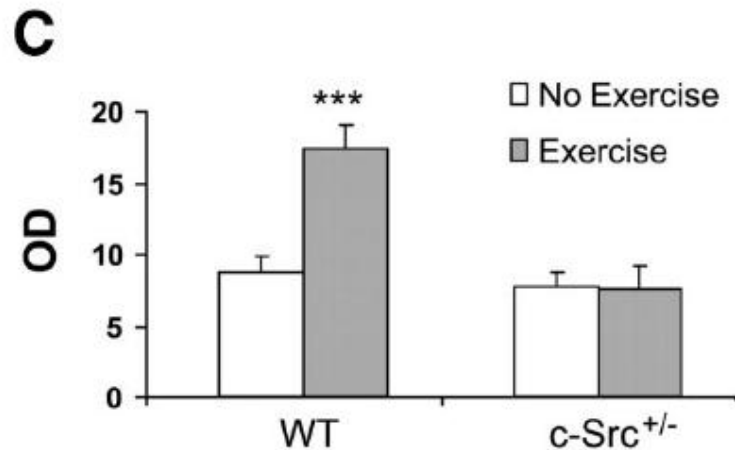
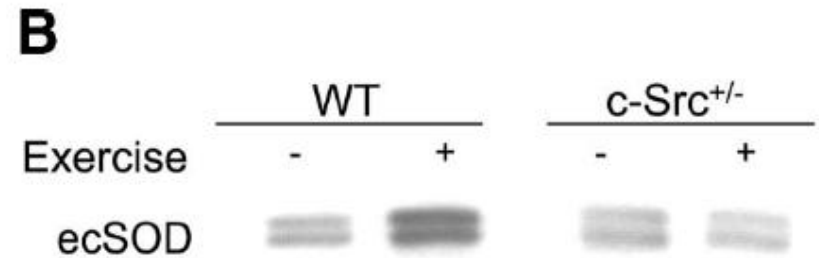
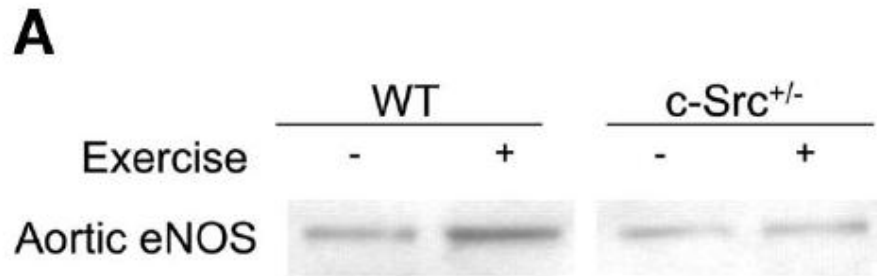
Summary I

- EC express different NOX isoforms
- Each NOX has a specific subcellular localization
- NOX4 produces H₂O₂ in the ER, that mediates ER stress response but also autophagy
- H₂O₂-mediated autophagy protects EC against cell death



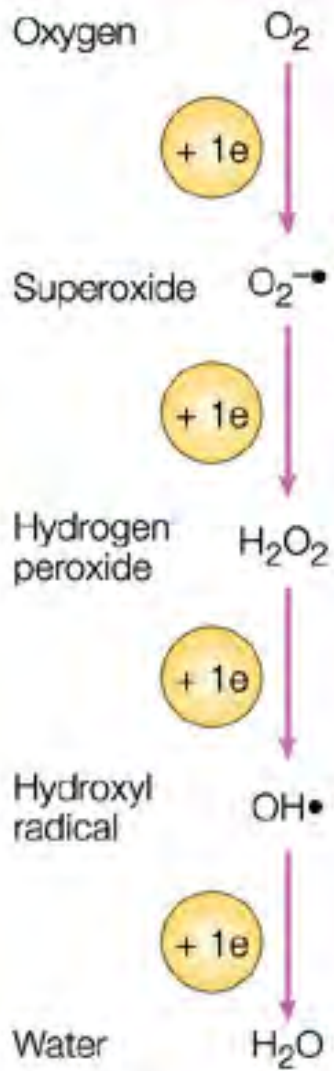


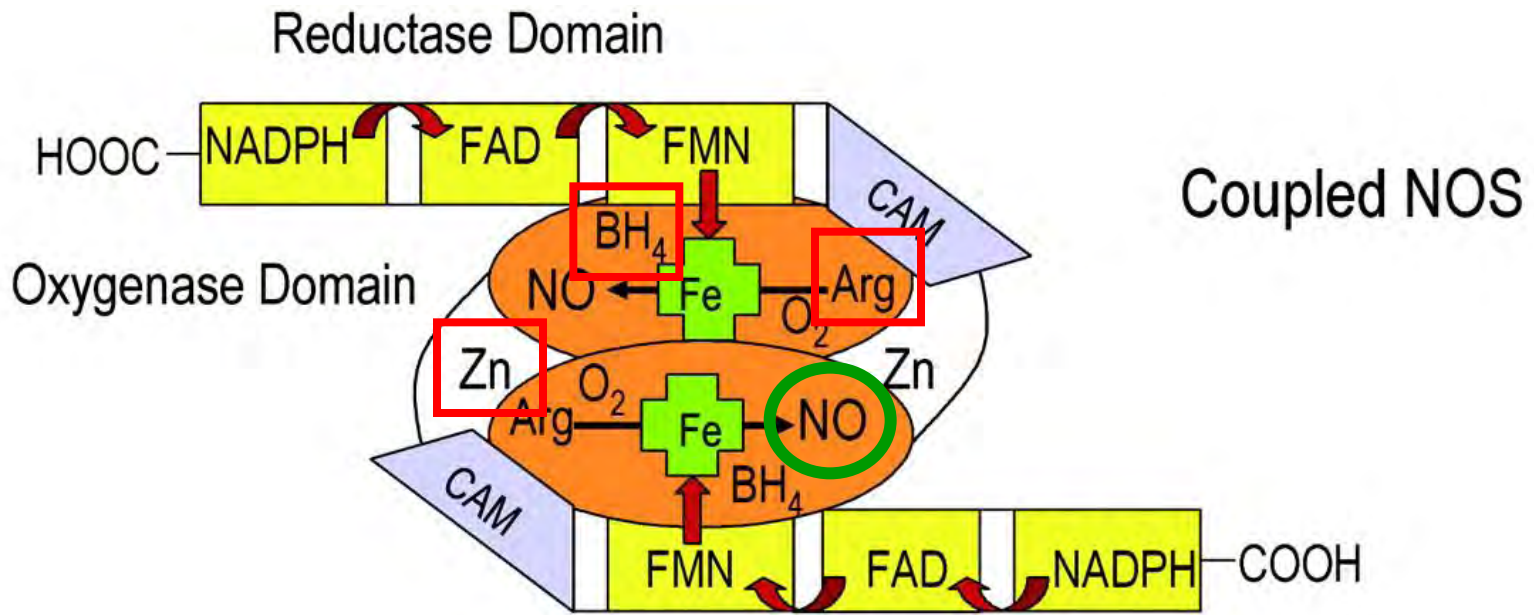
ROS-sensitive c-Src mediates exercise-induced upregulation of eNOS and ecSOD



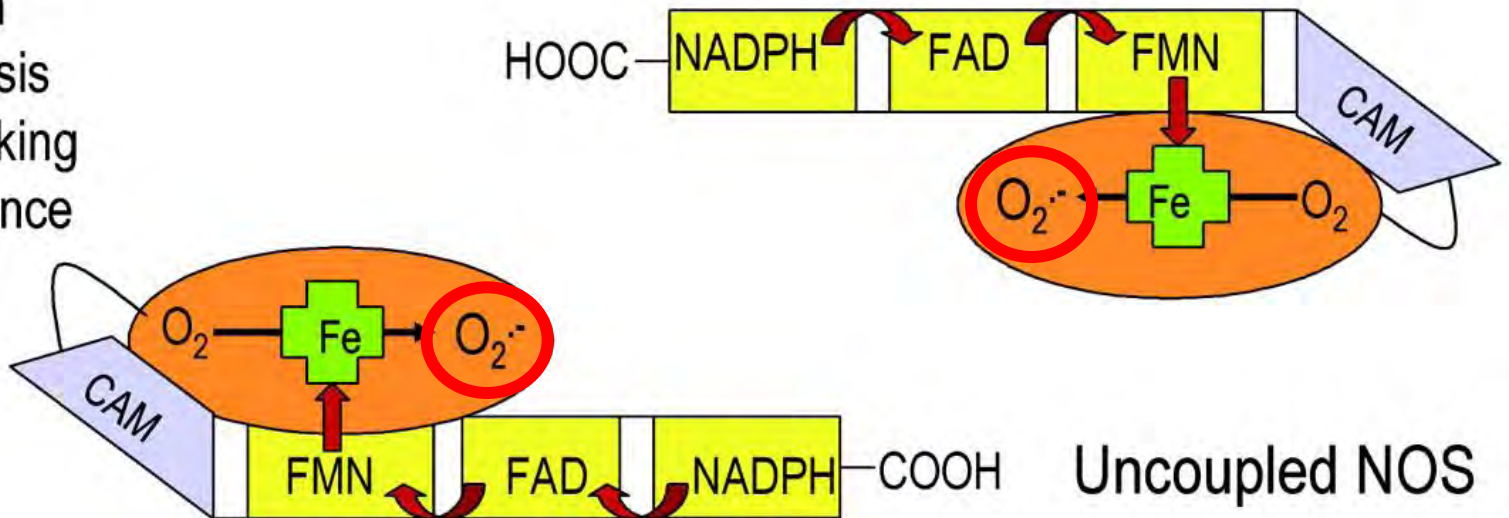
Davis ME, Cai H, McCann L, Fukai T, Harrison DG.
Am J Physiol Heart Circ Physiol 284: H1449–H1453, 2003.

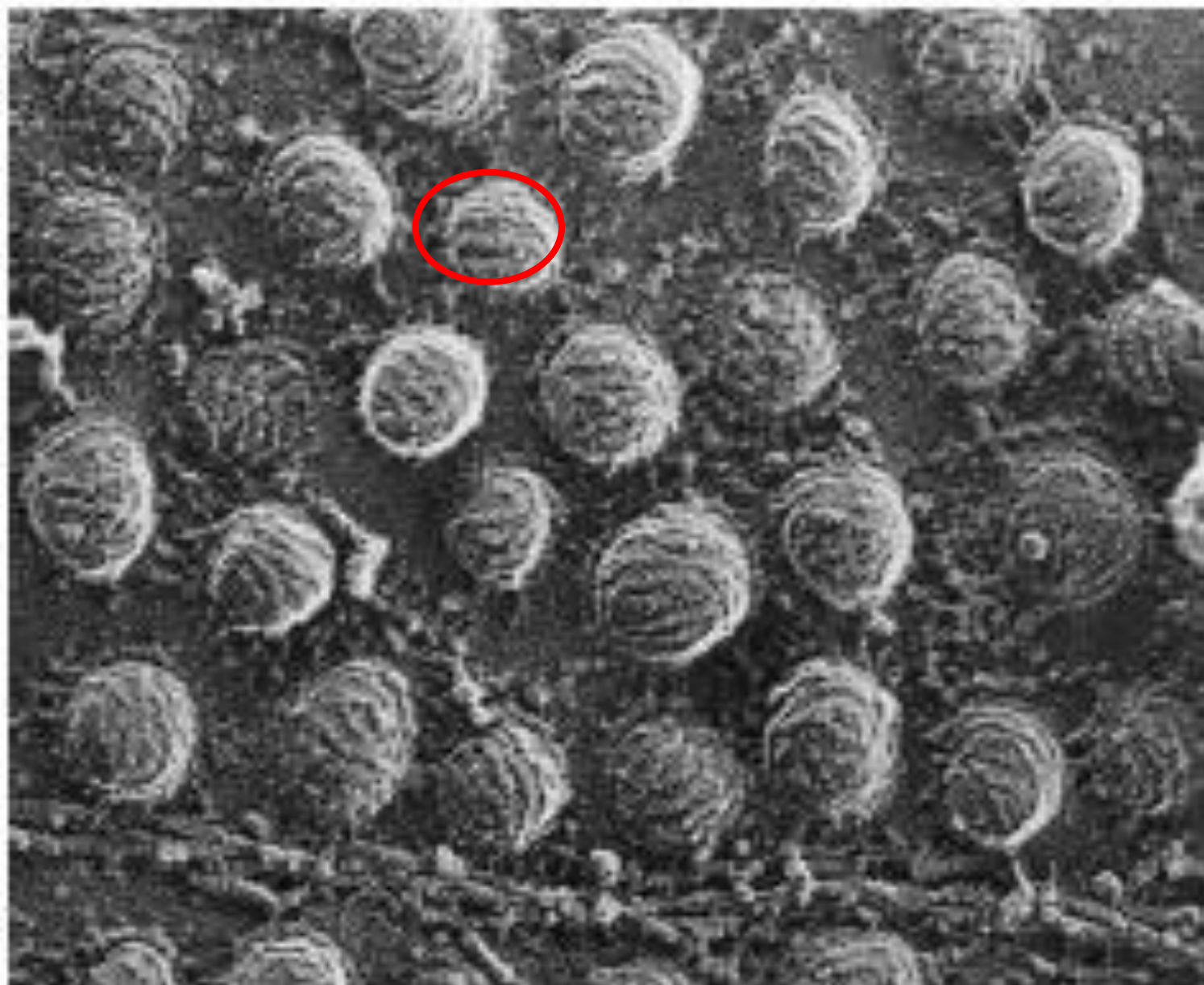
Reactive oxygen species (ROS)



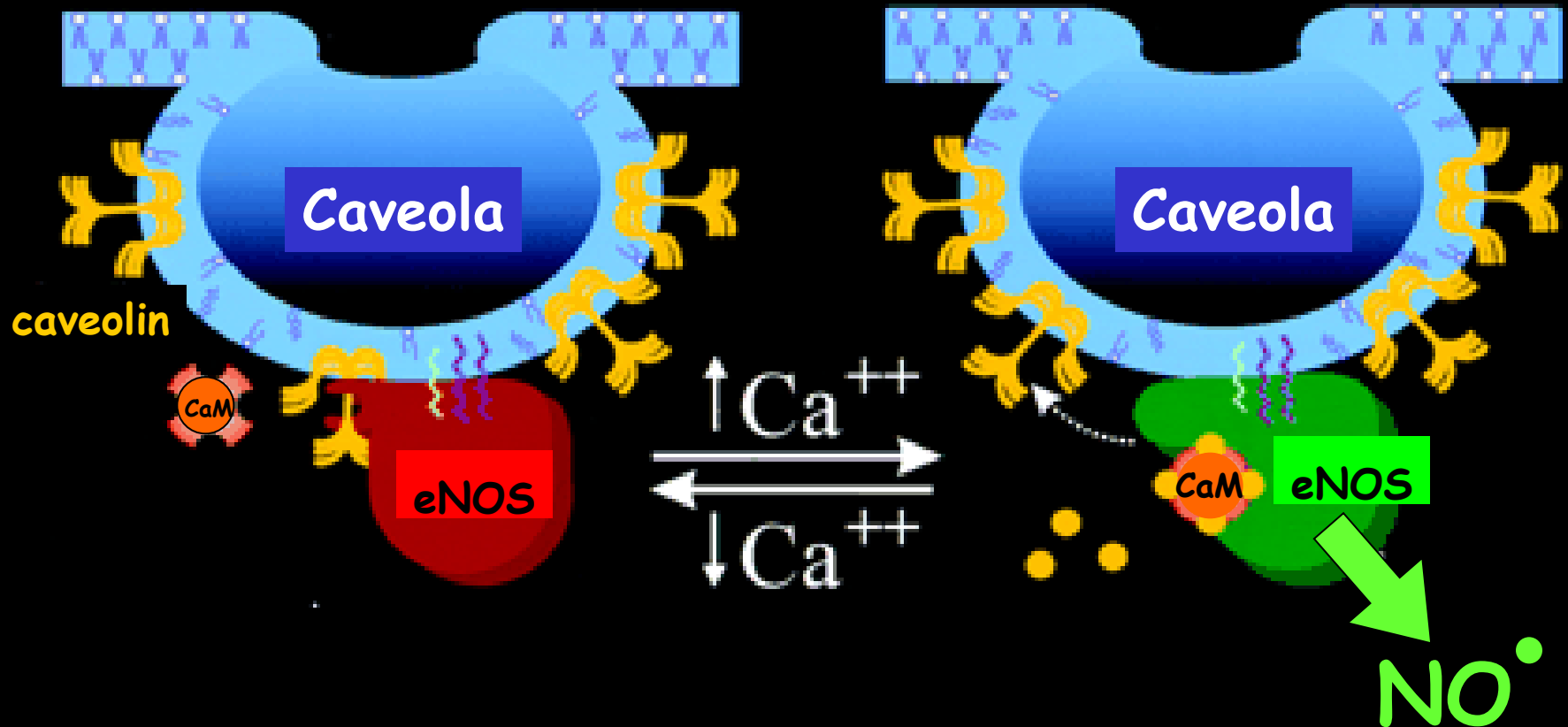


Diabetes mellitus
 Hypertension
 Atherosclerosis
 Chronic smoking
 Nitrate tolerance

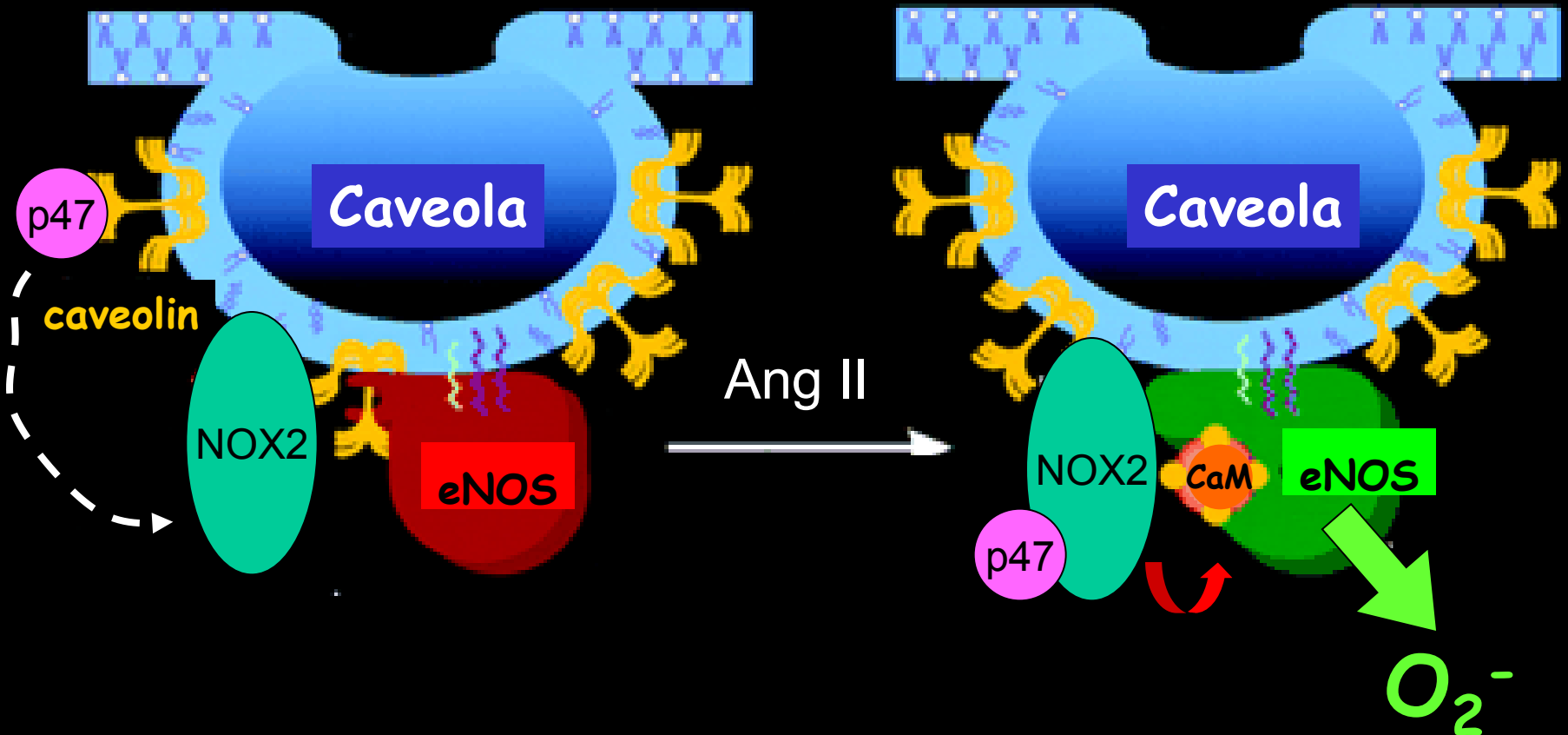




Caveolin versus calmodulin: Counterbalancing allosteric modulators of eNOS



Co-localization of eNOS and NADPH oxidase: caveolin-dependent eNOS uncoupling



Review

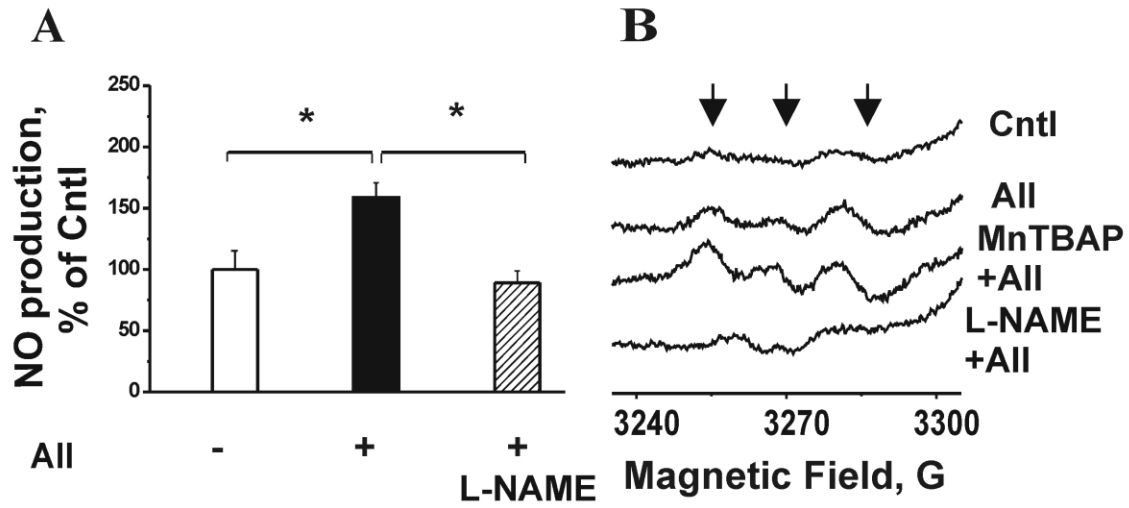
Nature Reviews Drug Discovery 10, 453-471 (June 2011)

Combating oxidative stress in vascular disease: NADPH oxidases as therapeutic targets

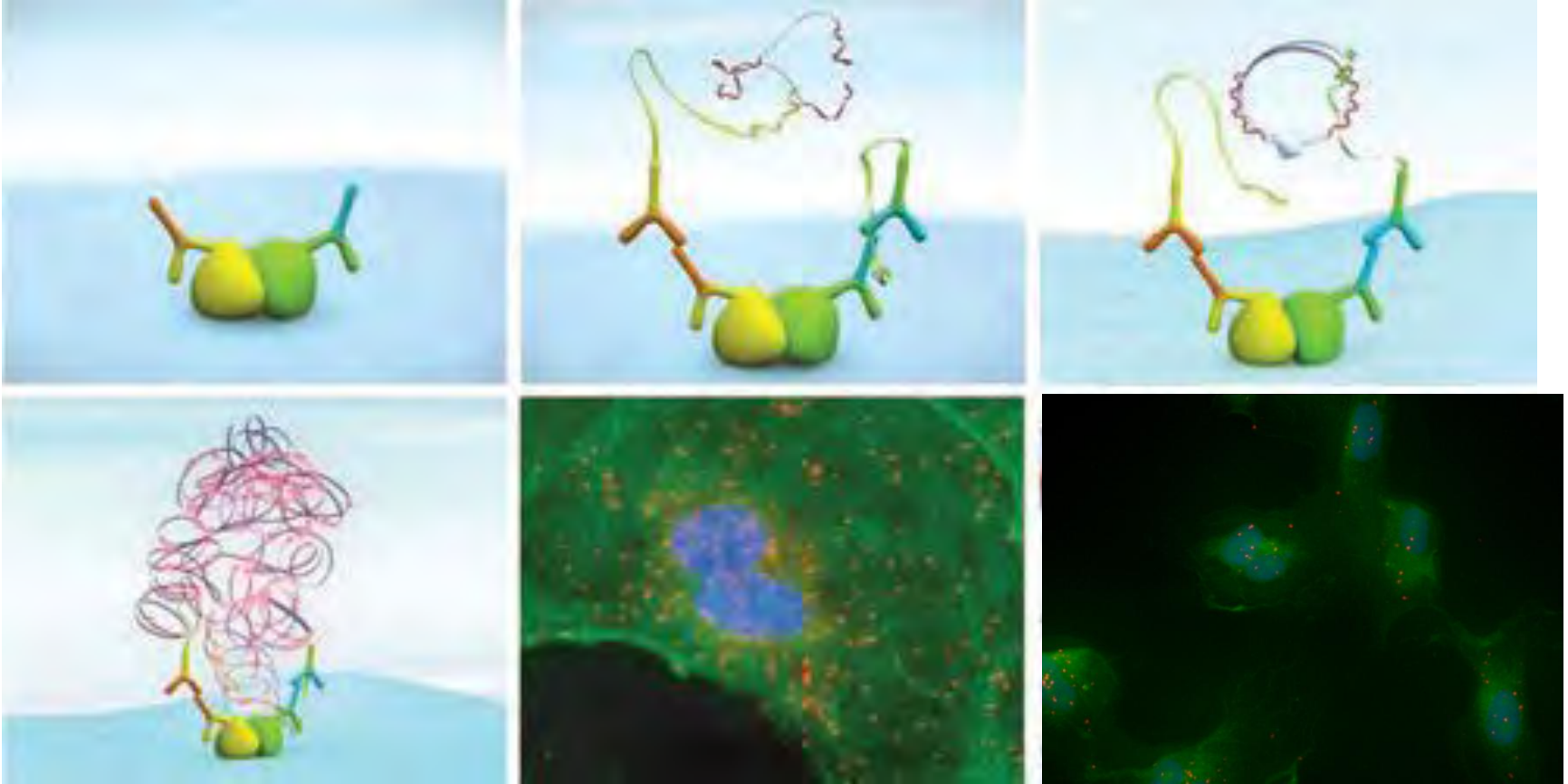
Grant R. Drummond, Stavros Selemidis, Kathy K. Griendling & Christopher G. Sobey

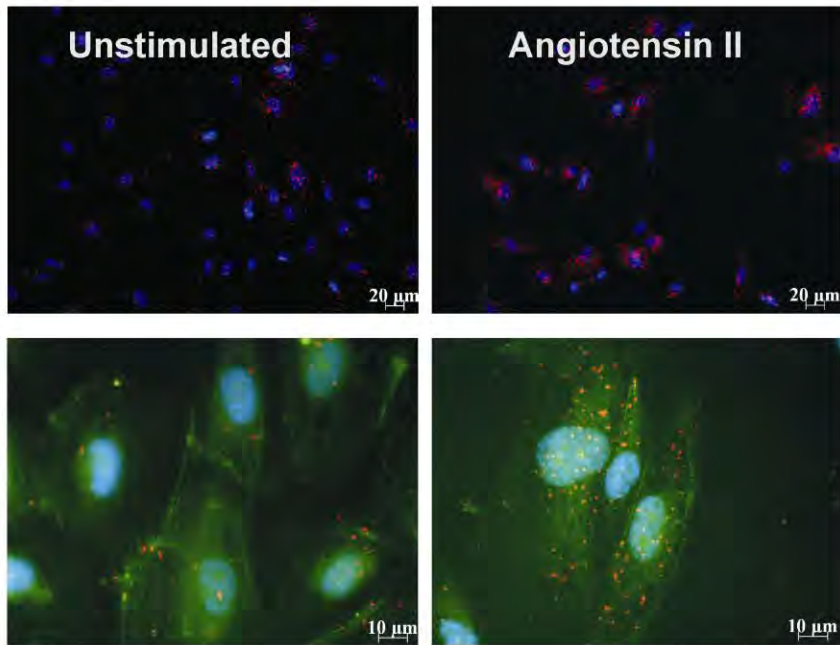
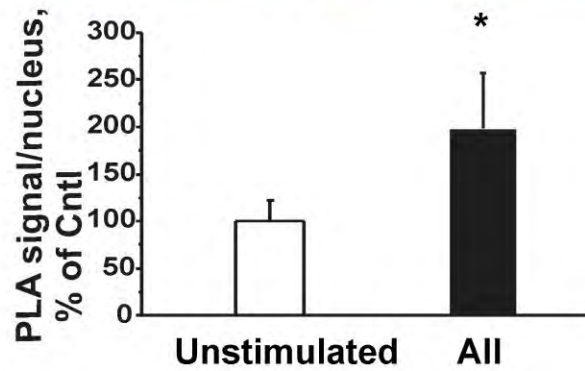
Abstract

NADPH oxidases are a family of enzymes that generate reactive oxygen species (ROS). The NOX1 (NADPH oxidase 1) and NOX2 oxidases are the major sources of ROS in the artery wall in conditions such as hypertension, hypercholesterolaemia, diabetes and ageing, and so they are important contributors to the oxidative stress, endothelial dysfunction and vascular inflammation that underlies arterial remodelling and atherogenesis. In this Review, we advance the concept that compared to the use of conventional antioxidants, inhibiting NOX1 and NOX2 oxidases is a superior approach for combating oxidative stress. We briefly describe some common and emerging putative NADPH oxidase inhibitors. In addition, we highlight the crucial role of the NADPH oxidase regulatory subunit, p47phox, in the activity of vascular NOX1 and NOX2 oxidases, and suggest how a better understanding of its specific molecular interactions may enable the development of novel isoform-selective drugs to prevent or treat cardiovascular diseases.



In situ Proximity Ligation Assay



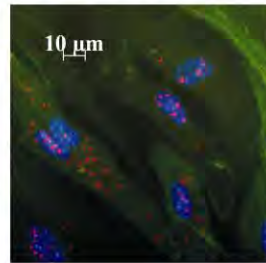
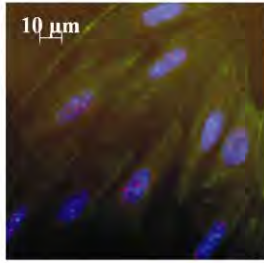
A**B****C**

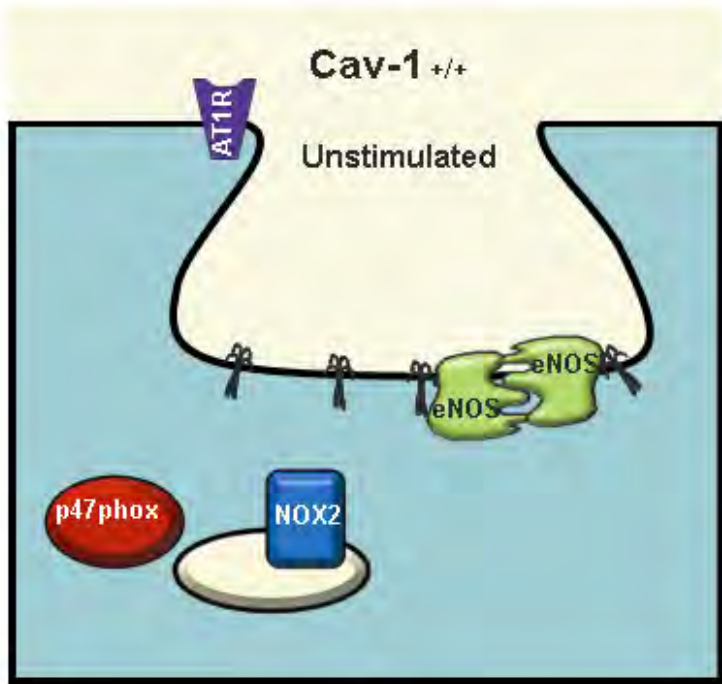
A

Cav-1 $+/+$

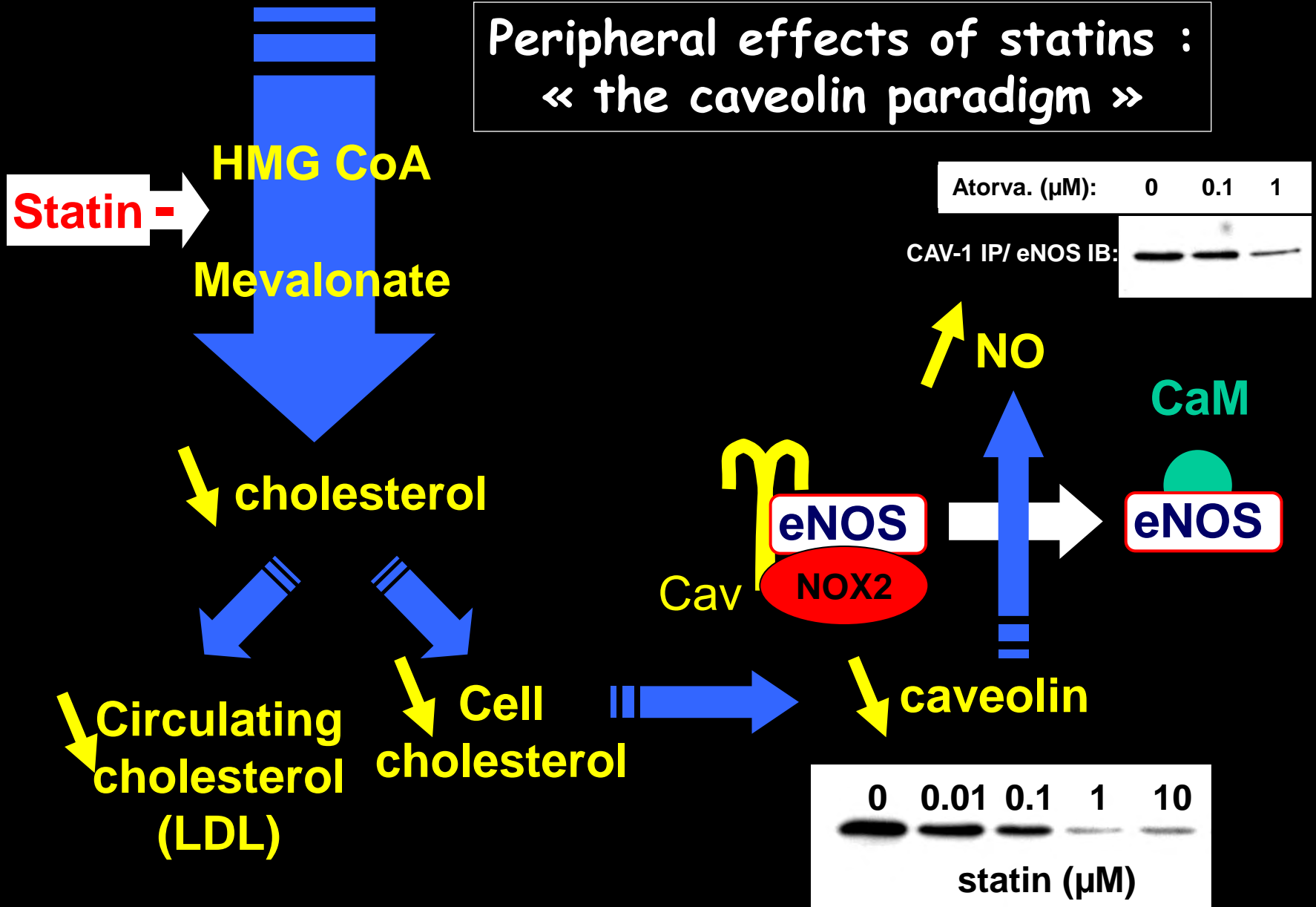
Unstimulated

Angiotensin II





Peripheral effects of statins :
« the caveolin paradigm »



High LDL cholesterol decreases NO production by promoting the interaction of caveolin and eNOS and possibly more assembly of NADPH oxidase

↑ LDL-cholesterol

↑ Cell cholesterol

↑ caveolin

eNOS IB

LDL-C (mg/dl): 0 100 200

CAV-1IP/eNOS IB

Cav

eNOS

NOX2

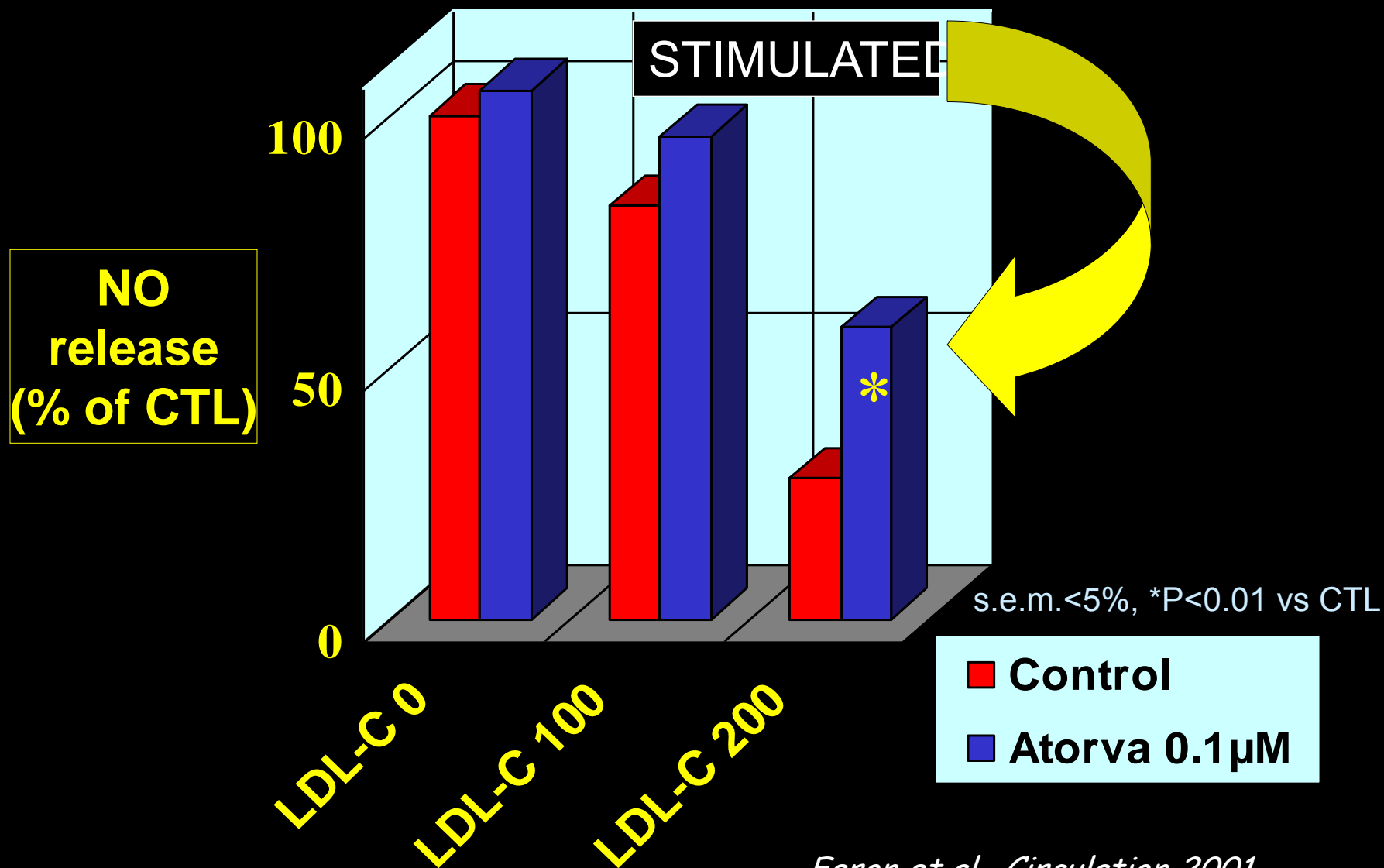
↓ NO

LDL-C (mg/dl): 0 100 200

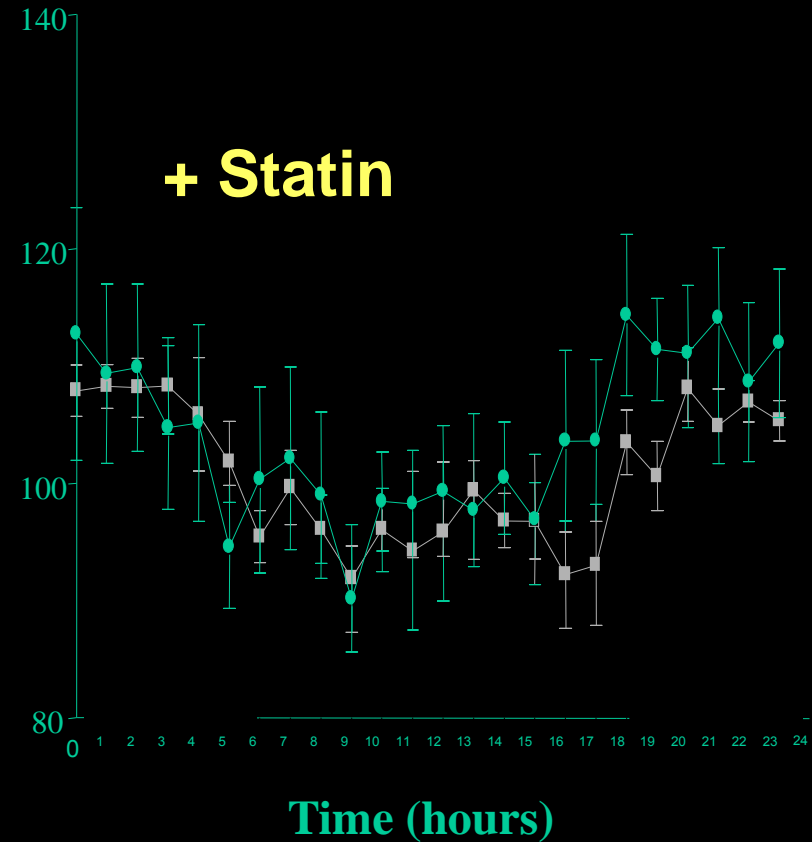
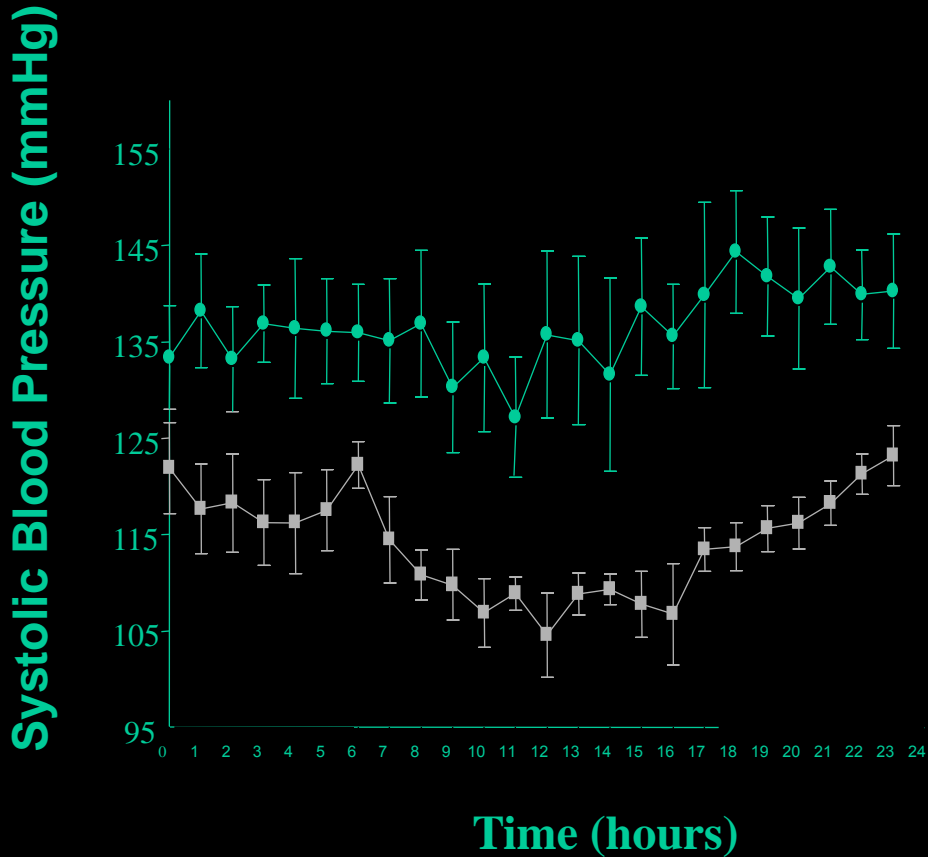
LDL-C (mg/dl): 0 100 200

CAV-1 IB

Statin promotes agonist-stimulated NO release at high LDL-Chol.



Effect of chronic statin treatment on systolic Blood Pressure



- C57 B16, control mice
- APOE KO Mice

at unchanged **plasma chol** !

Summary II

- eNOS and H₂O₂ can cooperatively enhance vasodilation
- Caveolin-1 mediates NADPH oxidase assembly and activation in caveolae
- Activation of NADPH oxidase in caveolae both mediates eNOS activation with Ang II and promotes eNOS uncoupling
- Moderate Cav-1 downregulation (as obtained with statins) inhibits NADPH oxidase activation, prevents eNOS uncoupling and restores NO bioavailability

UCL

- I. Lobysheva
- B. Sekkali
- J. Hammond
- A. Friart
- B. Manoury
- N. Hermida Blanco
- A. De Pauw
- S. Moniotte
- C. Bouzin
- C. Dessy
- O. Feron



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Genomics of Cardiomyocyte Signaling
to Treat and Prevent Heart Failure

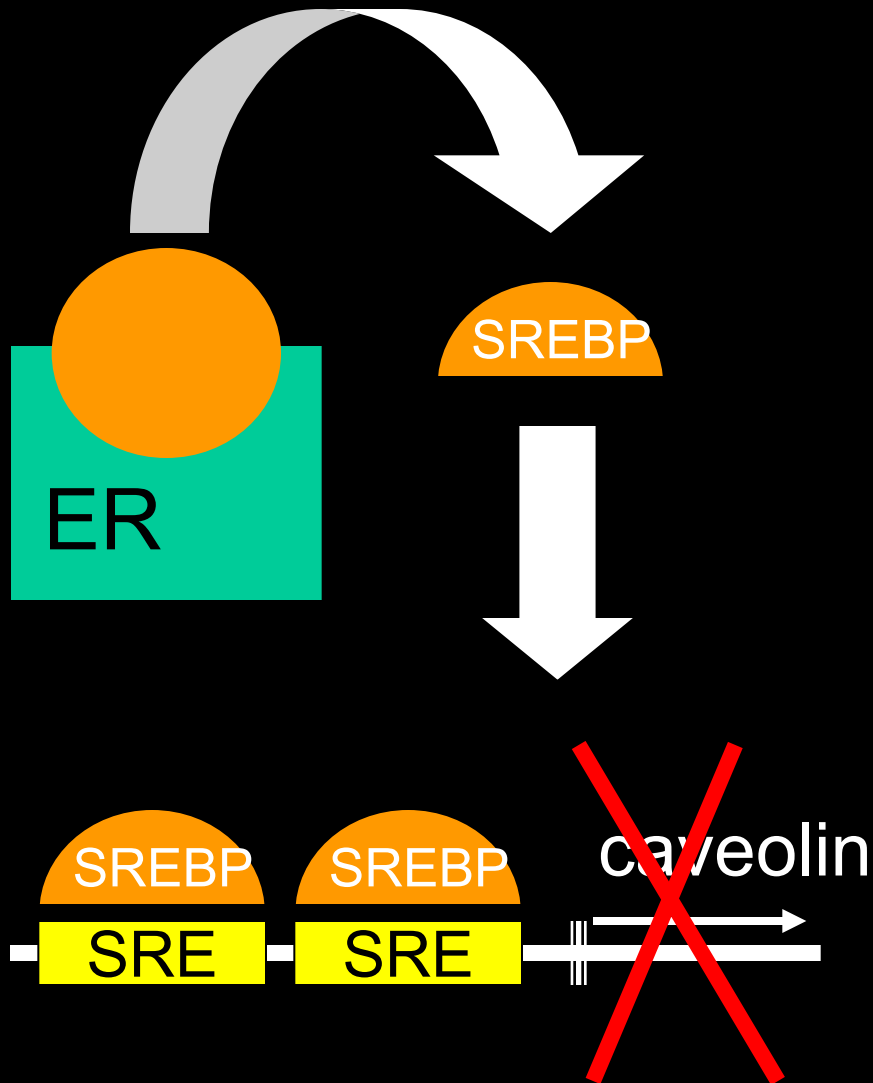
REMA/UCL

B. Gallez

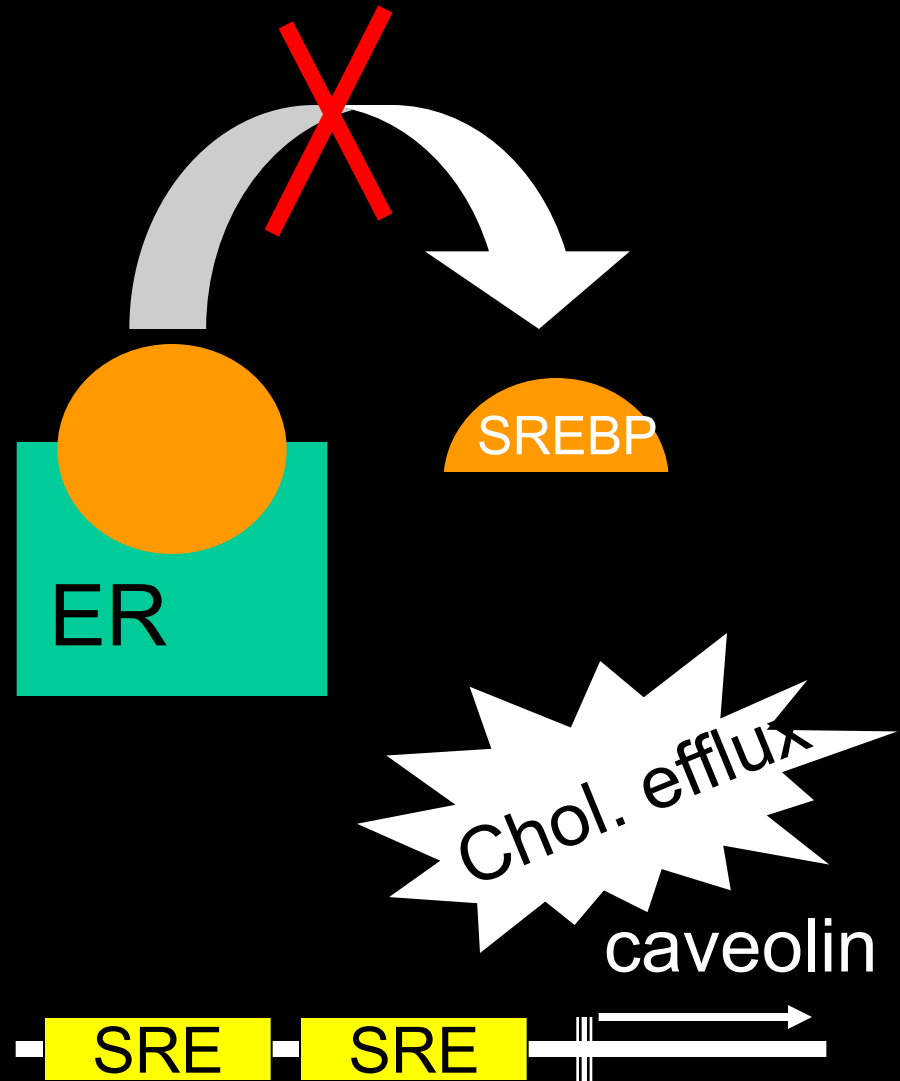
Funding by 

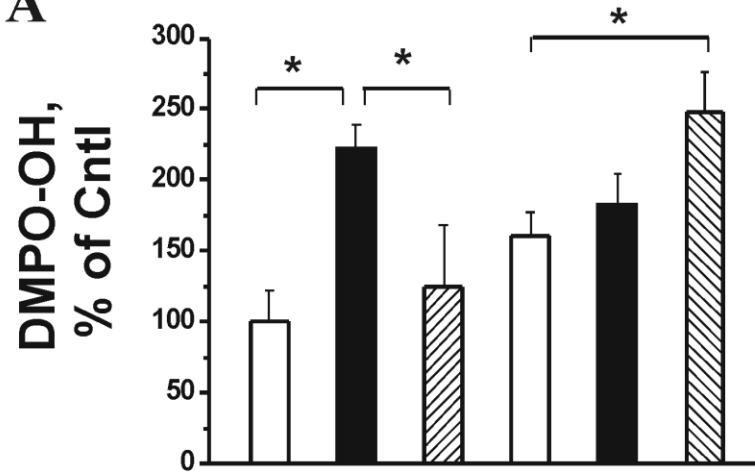


Low cholesterol

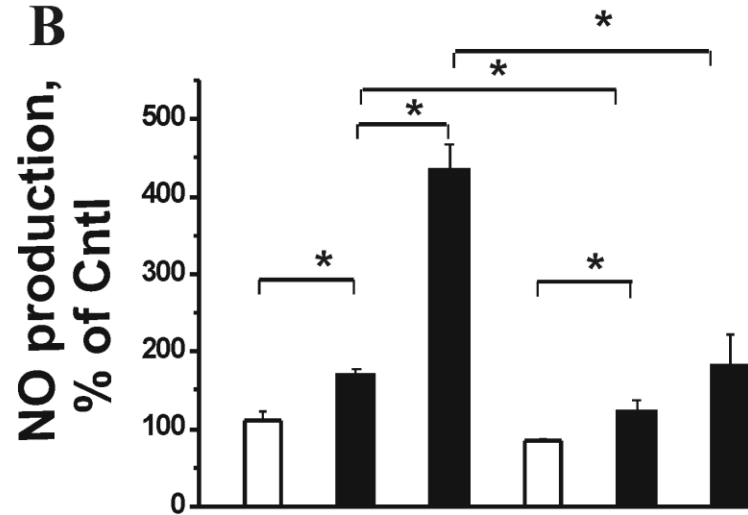


High cholesterol



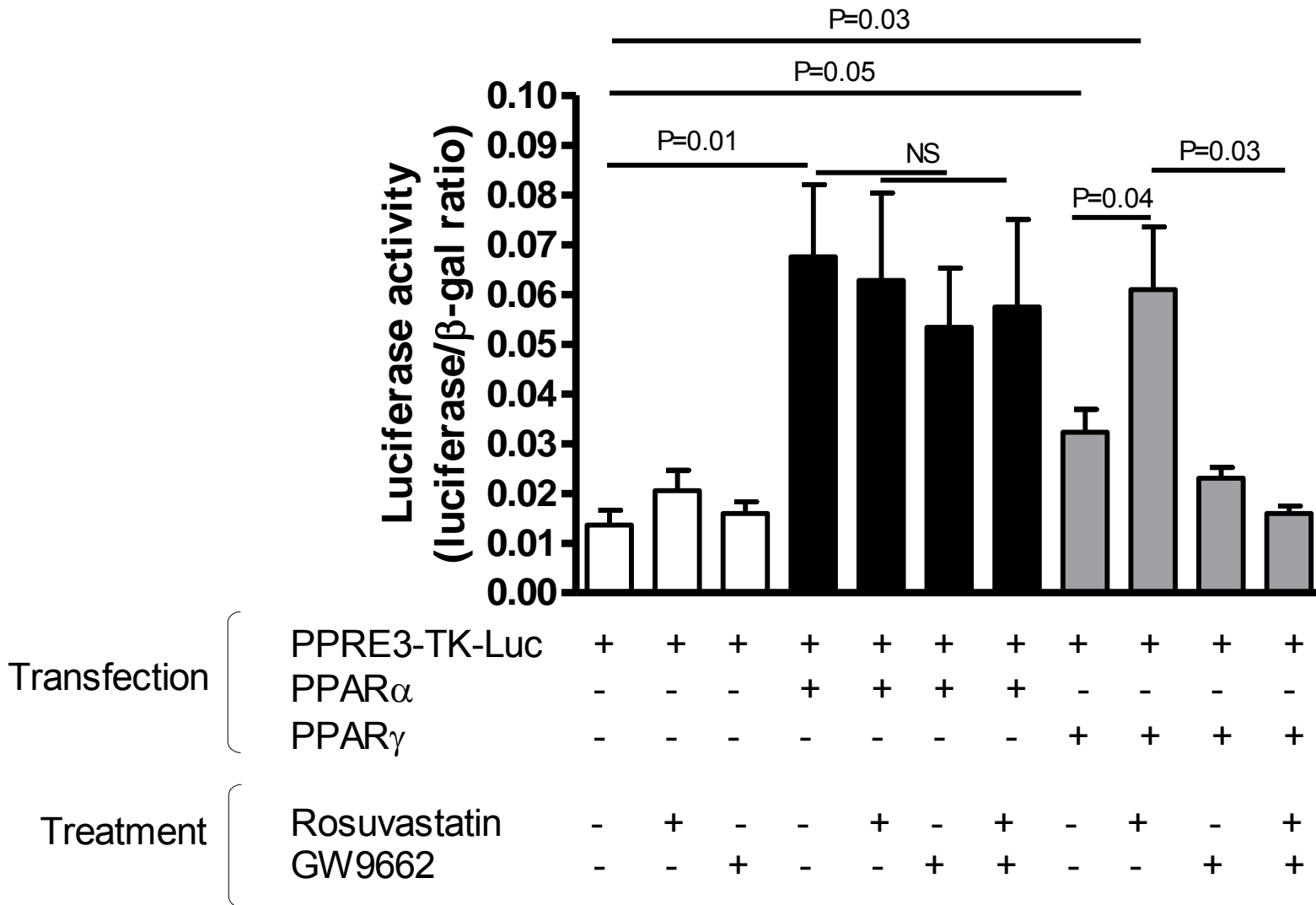
A

All	-	+	+	-	+	+
Cav-1 siRNA	-	-	-	+	+	+
L-N AME	-	-	+	-	-	+

B

All	-	+	+	-	+	+
Cav-1 siRNA	-	-	-	+	+	+
PEG-SOD	-	-	+	-	-	+

Rosuvastatin activates PPAR-gamma transcriptional activity



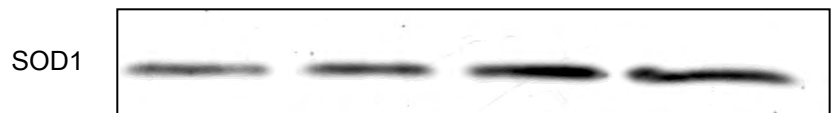
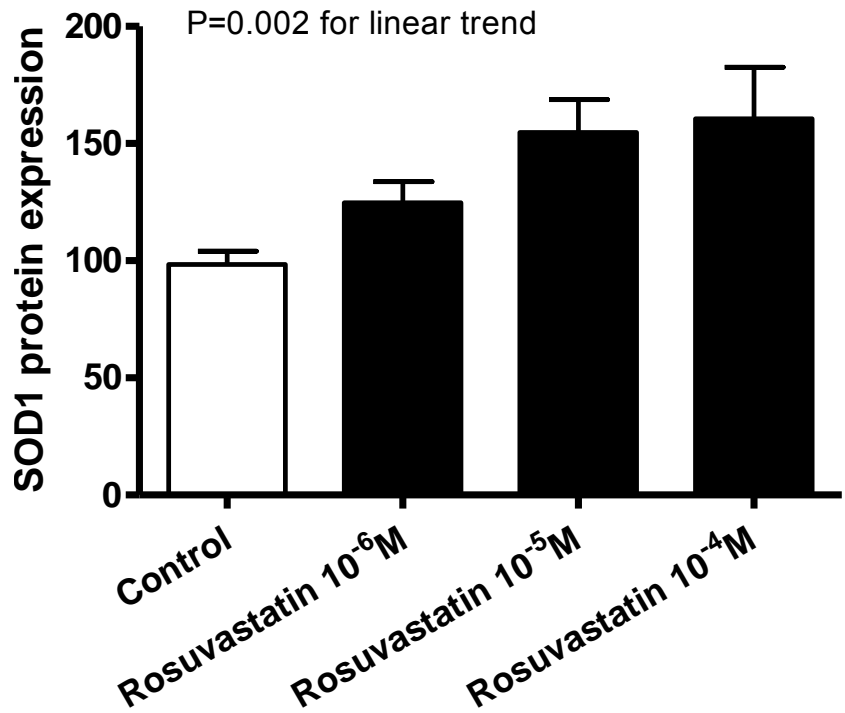
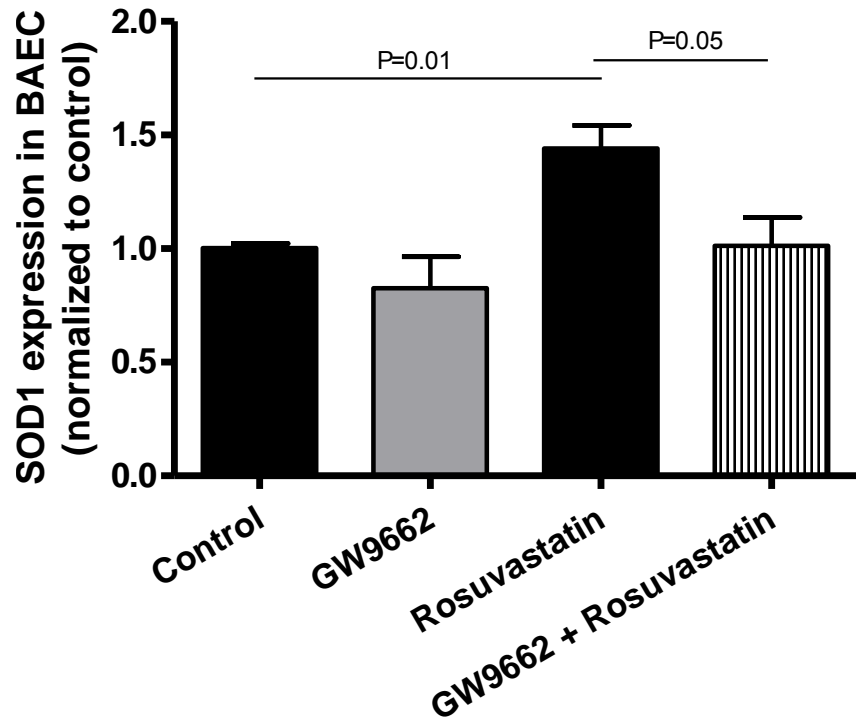


Figure 2.

