Review

Vascular integrins: pleiotropic adhesion and signaling molecules in vascular homeostasis and angiogenesis

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Abstract. New blood vessel formation, a process referred to as angiogenesis, is essential for embryonic development and for many physiological and pathological processes during postnatal life, including cancer progression. Endothelial cell adhesion molecules of the integrin family have emerged as critical mediators and regulators of angiogenesis and vascular homeostasis. Integrins provide the physical interaction with the extracellular matrix necessary for cell adhesion, migration and positioning, and induction of signaling events essential for cell survival, proliferation and differentiation. Antagonists of in-

tegrin $\alpha V \beta 3$ suppress angiogenesis in many experimental models and are currently tested in clinical trials for their therapeutic efficacy against angiogenesis-dependent diseases, including cancer. Furthermore, interfering with signaling pathways downstream of integrins results in suppression of angiogenesis and may have relevant therapeutic implications. In this article we review the role of integrins in endothelial cell function and angiogenesis. In the light of recent advances in the field, we will discuss their relevance as a therapeutic target to suppress tumor angiogenesis.

Key words. Angiogenesis; apoptosis; cancer; therapy; endothelial cell; signaling; integrin; cell adhesion.

Introduction

Research in vascular biology, angiogenesis and lymphangiogenesis has experienced an enormous development over the past 2 decades. Thanks to contributions from physiology, developmental biology, mouse genetics, cell and molecular biology, experimental pathology and drug development, we have gained a detailed insight into many of the cellular and molecular events that mediate and regulate blood vessel formation. A main reason for the enormous interest in vascular biology and angiogenesis is due to its potential for therapeutic interventions in pathological conditions such as cancer, chronic inflammation and cardiovascular diseases [1, 2]. Integrin adhesion receptors, together with vascular growth factors and their receptors, are well-studied mediators of angiogenesis. A significant amount of experimental data indicates that vascular integrins may represent suitable targets for therapeutic inhibition of angiogenesis. Preclinical studies have demonstrated that integrin antagonists (i.e. low molecular weight inhibitors and function-blocking antibodies) can efficiently suppress angiogenesis and inhibit progression of diseases that depend on angiogenesis, including cancer. Antagonists of integrin $\alpha V \beta 3$ are currently being tested in clinical trials for their therapeutic safety and effects as anticancer agents.

Recent developments have questioned the role of $\alpha \nabla \beta 3$ integrin as a positive mediator of angiogenesis, and the mechanism by which $\alpha \nabla \beta 3$ -antagonists suppress angiogenesis. A reevaluation of the role of integrins, in particular $\alpha \nabla \beta 3$, as regulators of angiogenesis and the strate-

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gies aimed at their therapeutic modulation is highly necessary. In this article we will review experimental evidence for the role of integrins in regulating endothelial cell function and signaling events and will provide critical considerations for the development of new antiangiogenic therapeutic strategies.

Vasculogenesis, angiogenesis and lymphangiogenesis

During embryonic development, blood vessels form through two distinct mechanisms: vasculogenesis and angiogenesis. During vasculogenesis, a mesoderm-derived hematopoietic and vascular stem cell, the hemangioblast, gives rise to a committed endothelial cell progenitor, the angioblast. In turn, the angioblast generates differentiated endothelial cells to form a primitive vascular plexus [3-5], which is then remodeled through sprouting, trimming, intussusception and differentiation into a mature vascular system with hierarchically defined functional compartments (e.g. large vs. small vessels, arteries vs. veins vs. capillaries) in a process globally referred to as angiogenesis [6]. An increasing number of molecules are found to contribute to the development of the mature vascular system. Most of these molecules can be classified in six main classes: (i) growth factors and their receptors [e.g. vascular endothelial growth factor (VEGF) A, B, C and D and VEGF-R 1, 2 and 3; fibroblast growth factors (FGFs) and FGF-Rs] [7, 8]; (ii) remodeling and morphogenic factors (e.g. angiopoietins/TIEs and Eph/ ephrins) [9, 10]; (iii) adhesion receptors and matrix proteins (e.g. integrins, cadherins, fibronectin) [11–13]; (iv) matrix-degrading enzymes (e.g. matrix metalloproteinases (MMPs)) [14]; (v) signaling molecules (e.g. Raf and mitogen-activated protein kinase (MAPK), protein kinase A (PKA), Rho-family GTPases, protein kinase B (PKB/Akt)) [15-18]; (vi) transcription factors and regulators [e. g. hypoxia-inducible factor (HIF) -1α , Id1/3, nuclear factor (NF)- κ B] [19–21] and homeobox gene products (e.g. Hox D3 and B3) [22, 23]. At the cellular level, these molecules work in concert to promote and regulate the main endothelial functions and events required for angiogenesis: cell proliferation, survival, migration, matrix remodeling, tube formation and differentiation [24]. This vascular maturation process also involves the recruitment of perivascular cells, the pericytes [25], which confer mechanical stability and contractility to the vessel wall, and provide essential factors for endothelial cell survival, such as VEGF and angiopoietin-1 [26, 27]. During postnatal angiogenesis quiescent endothelial cells need to 'escape' from the stabilizing effects of the vessel wall in order to respond to angiogenic factors and sprout into the surrounding tissue. The exact mechanism by which this escape is achieved remains to be elucidated. The observation that angiopoietin-2 is expressed very early at sites of angiogenesis, and that it can act as a natural antagonist of angiopoietin-1 on endothelial cells, suggests the possibility that expression of angiopoietin-2 may loosen the interactions between endothelial cells and the vessel wall, and renders endothelial cells responsive to VEGF [28, 29].

In contrast to physiological angiogenesis (as it occurs, for example, during tissue repair or ovarian follicle maturation), tumor vessels do not undergo full maturation. They frequently display incomplete endothelial cell lining of the vessels with many tumor cells in direct contact with the circulation [30], they show limited and disorganized recruitment of pericytes [31], remain highly permeable and unstable and fail to generate a hierarchically branched structure [32]. Postnatal blood vessel formation was long considered to be entirely mediated by endothelial cell sprouting from preexisting vessels. This paradigm was recently challenged by the observation that bone-marrow-derived endothelial cell progenitors circulate in the blood of healthy individuals and animals in response to tissue ischemia [33-35]. Circulating endothelial cell progenitors can incorporate into sites of angiogenesis, including the tumor vasculature, and contribute to augment neovascularization possibly by in situ differentiation into mature endothelial cells [36, 37].

In contrast to the extensive knowledge on blood vessel formation, much less is known about lymphangiogenesis, the process that leads to lymphatic vessel formation [38]. The key function of lymphatic vessels is to drain extracellular fluid, pathogens and cells from the interstitial space back to lymph nodes ('immunological surveillance') and from there into the venous circulation. Insufficient lymphatic flow causes lymphedema, while excessive lymphatic vessels around tumors facilitate tumor cell spreading and metastasis formation [39]. The recent discovery that VEGF-C and VEGF-D and their receptor VEGFR-3 promote lymphangiogenesis has greatly boosted research on lymphangiogenesis and has opened new therapeutic perspectives for the treatment of lymphedema and the inhibition of tumor cell spreading [40, 41].

Integrin adhesion molecules

Integrins are heterodimeric cell surface molecules consisting of two noncovalently associated glycoproteins, α and β . There are to date 18 α and 8 β subunits which associate to form at least 24 different heterodimers (fig. 1) [42, 43]. α subunits consist of 1000–1200 amino acids and some contain a so-called inserted domain (I domain) near the amino terminal end. The β subunits are shorter (~700–800 amino acids). The cytoplasmic domains of both α and β subunits are short (30–40 and 40–50 residues, respectively), with the exception of the β 4 subunit (over 1000 residues long). Integrins are the main receptors for extracellular matrix (ECM) proteins, such as

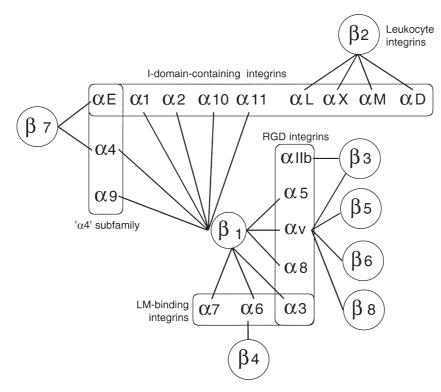


Figure 1. The integrin family of adhesion receptors. There are to date 18α and 8β known mammalian subunits which assemble to form 25 different heterodimers. Integrins are the main receptors for ECM proteins, but they can also bind cellular counterreceptors, soluble molecules and pathogens (e.g. viruses and bacteria). Major integrin subclasses (leukocyte integrins, I-domain-containing integrins, ' α 4' sub-family, laminin-binding integrins and RGD integrins) are indicated.

fibronectin, laminin, collagens, vitronectin and thereby the main mediators of cell adhesion to the ECM. With a few exceptions, integrin-ECM interactions are highly promiscuous. First, different integrins can bind the same ligand. For example, integrins $\alpha 3\beta 1$, $\alpha 4\beta 1$, $\alpha 5\beta 1$, $\alpha 8\beta 1$, $\alpha \nabla \beta 1$, $\alpha \nabla \beta 3$, $\alpha \nabla \beta 5$, $\alpha \nabla \beta 6$, $\alpha 4 \beta 7$, $\alpha \nabla \beta 8$ can all bind fibronectin. The exact reason for the promiscuous ligandbinding properties of most integrins is still not completely understood. There is evidence that upon binding to the same ECM protein (e.g. fibronectin) different integrins can mediate different signaling events and functions. For example, integrin $\alpha 5\beta 1$ binding to fibronectin suppresses cell migration [44], while $\alpha V\beta 6$ binding to fibronectin promotes it [45]. Furthermore, integrins with overlapping ligand-binding function may have different spatiotemporal patterns of expression, thus reducing redundancy. On the other side, one specific integrin can bind multiple ligands. For example, integrin $\alpha V\beta 3$ can bind fibronectin, vitronectin, thrombospondin, tenascin-C, fibrin, von Willenbrand factor, osteopontin and denatured collagen I [42]. This may be advantageous when the cellular function mediated by a particular integrin (e.g. migration) is more important than the nature of the extracellular ligand promoting it. Besides acting as ECM receptors, some integrins (in particular β^2 integrins) can bind to cell surface counterreceptors, such as the intercellular adhesion molecules (ICAMs), or soluble plasma molecules (e.g. fibrinogen). Integrin-dependent cell-cell adhesion events are particularly important for leukocyte adhesion to the endothelium, transendothelial migration at sites of inflammation, and platelet aggregation and thrombus formation during hemostasis [46].

Structural basis of integrin activation and ligand binding

Integrins exist in at least two distinct functional states: an 'inactive' (i.e. non-adhesion-promoting) and an 'active' (adhesion-promoting) state. Integrin activation is very rapid (<1 s) and involves increased affinity ('affinity maturation'), clustering and association with the cytoskeleton ('avidity maturation') [47]. Since the identification of integrins in the mid-eighties, the elucidation of the molecular basis of their activation and ligand-binding function has been an area of intense research. Our current understanding of integrin activation and ligand-binding function stems from the functional mutational analysis of the extracellular α and β domains, the study of the role of the α and β cytoplasmic domains in modulating integrin ligand-binding activity, and the resolution of the α M, α L and

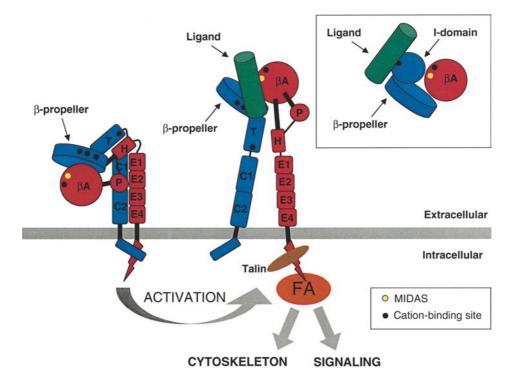


Figure 2. Proposed model of integrin structure and activation. Integrins consist of a 'head' region and two 'legs'. The heads contain a ' β -propeller' domain (α subunit) and a 'propeller-like' domain (β subunit). A large interface between these two domains allows for stable association of a heterodimer. In some α subunits, an I domain is inserted into the β -propeller domain and participates in promoting ligand binding (insert). The legs consist of tightly packed domains that form a rigid stalk with a flexible hinge region. Five cation-binding sites are located within the head, while a sixth one is present on the α subunit near the hinge region. The current model of integrin function proposes that the inactive, non-ligand-bound integrin is bent at the 'knee' region, with the ligand-binding pocket in a low-affinity conformation. The association of the α and β cytoplasmic domains retains the integrin in the resting state. Disruption of the interaction between the α and β cytoplasmic domains triggers an inside-out conformational change leading to receptor activation. The binding of talin to the β cytoplasmic domains and disruption of the interaction between the α and β cytoplasmic domains retains the integrin α and β cytoplasmic domains triggers an inside-out conformational change leading to receptor activation. The binding of talin to the β cytoplasmic domain and disruption of the interaction between the α and β cytoplasmic domains are recruited to form focal adhesions (FA). T, thigh domain; C1-2, Calf domain-1 and -2; β A, propeller-like domain; H, hybrid domain, P, plexin-semaphorin-integrin domain; E1-4, epidermal growth factor (EGF)-like repeats 1–4. The cation binding sites are shown as black dots, the MIDAS is shown as a yellow dot. Based on [53–55, 60–62]. The α subunit is shown in blue, the β subunit in red.

 $\alpha 2$ subunits) [48–52], of the extracellular domain of $\alpha V\beta 3$ [53, 54] and of the cytoplasmic tail of $\alpha IIb\beta 3$ [55–58]. We are now beginning to appreciate the structural features of integrins and the conformational changes that regulate affinity and ligand binding [55, 59–63]. Here we will briefly summarize the current view of integrin structure and the putative model of integrin activation (see fig. 2).

The overall shape of the heterodimer is that of a large 'head' on two 'legs'. The head consists of a seven-blade ' β -propeller' domain on the α subunit, and a 'propeller-like' domain on the β subunit (the β A domain). A large interface between these two domains allows for stable association of the α and β subunits. In some α subunits, an additional propeller-like domain is inserted into the β -propeller domain between the second and third blade (α A or I domain). The I domain exists in a closed or open conformation. The latter promotes ligand binding for integrins that express the I domain. The 'legs' consist of

tightly packed domains that form a rigid stalk with a flexible hinge region near the head. Five cation binding sites are located within the head, while a 6th one is present on the α subunit near the hinge region. One cation binding site on the top of the β propeller is known as the metal ion-dependent adhesion site (MIDAS) and participates in ligand binding. The ligand-binding pocket is located between the β -propeller domain of the α subunit and the βA domain of the β subunit. Structure-function analysis of recombinant soluble integrin $\alpha V\beta 3$ revealed that the inactive, non-ligand-bound integrin, has a 'bent' conformation. Upon addition of manganese or addition of a highaffinity ligand, the recombinant soluble $\alpha V\beta$ 3 integrin assumes a 'stretched' conformation. At the cell surface an inactive integrin would have the ligand-binding pocket in its low-affinity conformation and its 'head' domain facing down toward the membrane, while an active integrin would 'stand up' with the ligand-binding pocket in a high-affinity conformation easily accessible to ligands.

Although there is indirect evidence that conformational movements may occur in cell surface integrins, definitive demonstration that the bent and stretched forms may exist at the cell surface, as well as their physiological relevance, remain to be demonstrated. Furthermore, it should be stressed here that although there is compelling evidence indicating that the bent and stretched integrins correspond to the inactive and active forms, additional, still undisclosed mechanisms may be at play in controlling integrin activation.

The association of the α and β cytoplasmic domains retain integrins in their resting state. Disruption of this interaction has emerged as a critical physiological event that triggers integrin activation. How this disruption, and hence integrin activation is initiated in a living cell remains unclear. Talin binding to the β cytoplasmic domain has been demonstrated in vitro and was associated with conformational changes in the $\alpha\beta$ cytoplasmic domains consistent with integrin activation. Thus, talin may be considered a likely candidate for physiological integrin activation in vivo. How disruption of the association of the $\alpha\beta$ cytoplasmic domains propagate to the extracellular domain of the receptors and induces integrin activation ('inside out' signaling) remains to be determined. A proposed model is that upon unclasping of the $\alpha\beta$ cytoplasmic domains, there is a slight separation of the $\alpha\beta$ transmembrane regions and extracellular stalks which causes stretching of the integrin and rearrangement of the 'head domains' into a high-affinity ligand-binding conformation. Conformational changes in the head domain and repositioning of one cation coordination site of the MIDAS from the β subunit toward the arginine-glycineaspartic acid (RGD) site on the ligand have been demonstrated experimentally. Also, it is not clear whether and how activated integrins can be inactivated at the cell surface.

Once activated, integrins rapidly cluster and recruit many additional structural (e.g. vinculin, α -actinin), adaptor (e.g. Shc, Cas, Crk) and signaling [e.g. focal adhesion kinase (FAK), paxillin and c-src] proteins to form characteristic focal structures. Depending on their size and subcellular localization, these structures are named focal contacts, focal adhesions or fibrillar adhesion [64, 65]. Integrins and focal adhesions propagate tensional forces between the ECM and the cytoskeleton necessary to stabilize cell adhesion and initiate signaling cascades [66].

Integrin-mediated signaling

Integrin-mediated signaling events are essential for cell spreading, migration, survival, proliferation and differentiation [67, 68]. Integrins, however, have no intrinsic enzymatic activity. Signal transduction upon ligand binding depends on the recruitment of crucial signaling molecules, in particular, protein kinases (e.g. src family kinases, PKA or FAK), lipid kinases [i.e. phosphatidylinositol 3-kinase (PI3-K)], small GTPases (e.g. Rho and Ras families), and phosphatases (e.g. Shp-2) [66, 67]. Many signaling pathways activated by integrins are also activated by growth factor receptors. The cross-talk between integrins and growth factor receptors is believed to provide enhanced specificity and control over many cellular events, compared with signaling from a single receptor class. A number of excellent reviews on integrin signaling and growth factor receptor cross-talk have recently been published [68–72]. Here we will limit our review to the main signaling pathways downstream of integrins that are directly relevant to endothelial cells in angiogenesis (see fig. 3).

MAPK

Both growth factor receptors and integrins can activate the Ras-MAPK signaling pathway that culminates in MAPKs [e.g. extracellular regulated kinase (ERK), Jun N-terminal kinase (JNK)] translocation into the nucleus and regulation of gene expression and of several aspects of cell behavior, such as proliferation, survival and migration. In normal cells, efficient MAPK activation can be achieved only if both growth factor receptors and integrins contribute to the stimulation of this pathway. Aberrant activation of one type of these receptors, as seen for example in some cancers, can overcome the need for a combined input for MAPK activation, leading to their uncontrolled stimulation.

Stimulation of ERK by endothelial-cell integrins can be achieved through different mechanisms, requiring activation of either FAK, or the Src-family kinases Fyn and Yes. In one case, upon recruitment by integrins, FAK autophosphorylates at ³⁹⁷Y and can thus associate with Src or Fyn, which further phosphorylates it at 925Y, allowing binding of the complex Grb2-Sos and subsequent activation of the Ras cascade to ERK [73, 74]. The second pathway is stimulated by some $\beta 1$ and αV integrins that activate Fyn or Yes through a yet undefined mechanism, promoting Shc binding to the Src-family kinase SH3 domain, its tyrosine phosphorylation and subsequent recruitment of the complex Grb2-Sos [75, 76]. Activated ERK enters the nucleus and phosphorylates the ternary complex factors, thus promoting transcription [77]. Probably both pathways contribute to ERK activation by integrins, but it is not yet clear how they are coordinated.

Angiogenesis in the chorio allantoid membrane (CAM) model requires two waves of ERK activation, the first one being dependent on FGF-2, and the second one on $\alpha V\beta 3$ integrin ligation. It was shown that inhibition of the late, sustained phase of ERK activity by $\alpha V\beta 3$ antagonists or by chemical inhibitors prevented new blood vessel formation without affecting preexisting vessels, thus indi-

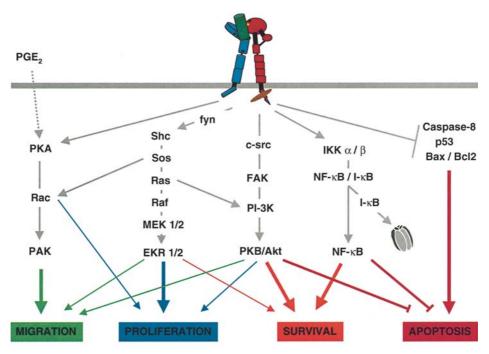


Figure 3. The major signaling pathways activated or modulated by integrins. Integrin ligation activates four major signaling pathways relevant to angiogenesis: the Rac GTPase, the Ras-Raf-MEK, PI3-K-PKB/Akt and NF- κ B pathways. These pathways generate signals that are essential for endothelial cell migration, proliferation and survival.

cating the importance of integrin-dependent ERK activation for angiogenesis [78]. Whether the sustained activation of ERK in response to FGF-2 and $\alpha V\beta$ 3 ligation also occurs during other situations of angiogenesis, or whether it is restricted to the CAM model remains to be addressed. JNK is an important modulator of endothelial cell function and has often been implicated in opposing cellular responses [79]. While there is considerable evidence that JNK activation promotes endothelial cell apoptosis, there are also reports demonstrating that under certain circumstances, JNK activation promotes cell survival and proliferation. For example, endothelial cell exposure to lipopolysaccharide [80], colchicin [81], vascular endothelial growth inhibitor [82] or homocysteine [83] results in JNK activation and JNK-dependent apoptosis. In contrast, integrin-mediated activation of JNK is rather associated with induction of cell proliferation and survival. In this respect, it was shown that in primary endothelial cells, integrin-mediated JNK activation promoted cell cycle progression through AP-1-dependent gene expression and required FAK association with Src and p130Cas, and recruitment of the adaptor protein Crk [84]. Consistent with these findings, fibronectin-dependent survival of fibroblasts and endothelial cells was shown to involve FAK-dependent activation of JNK [85]. Also, shear stress-mediated endothelial cell survival was shown to occur through multiple signaling pathways [86], including integrin-mediated and FAK-dependent activation of JNK and p38 [87]. The exact reasons why JNK activation by different stimuli can lead to divergent endothelial cell responses, and whether JNK activation by integrins may have a rather antiapototic effect, remain open questions.

NF-*k*B

Nuclear factor κB (NF- κB) is a ubiquitously expressed transcription factor that plays a central role in modulating the immune response and in promoting inflammation and cancer [88, 89]. NF-kB promotes cell survival in response to pro-apoptotic stimuli by inducing expression of anti-apoptotic molecules, such as the inhibitors of apoptosis (IAPs) [88]. NF- κ B activity is also critical to the regulation of endothelial cell function in inflammation and angiogenesis [21]. Suppression of NF- κ B expression in endothelial cells inhibits tubular morphogenesis in vitro [90], while pharmacological inhibition of NF- κ B in vivo suppresses retinal neovascularization in a murine model of ischemic retinopathy [91]. While NF- κ B activation was originally reported in response to inflammatory cytokines, such as TNF, or bacterial lipopolysaccharide, recent evidence indicates that integrins can also activate NF- κ B. Ligation of endothelial cell integrin $\alpha V\beta$ 3 by osteopontin was shown to protect endothelial cells against serum withdrawal-induced apoptosis through the activation of NF- κ B [92]. NF- κ B-dependent expression of osteoprotogerin was subsequently reported to mediate this NF-*k*B effect [93]. Using a genome-wide screening approach, it was recently reported that $\alpha 5\beta$ 1-mediated adhesion to fibronectin, but not $\alpha 2\beta$ 1-mediated adhesion to laminin, activates an NF- κ B-dependent gene expression program important for angiogenesis and inflammation [94]. Inhibition of NF- κ B activation in vivo by retroviral-mediated delivery of an inhibitor- κ B (I- κ B) superrepressor blocked FGF-2-induced angiogenesis in the Matrigel plug assay [94].

Rho-family GTPases

Rho, Rac and cdc42 are small GTPases that participate in the regulation of actin polymerization, leading to the formation of stress fibers, focal adhesions, lamellipodia and filopodia [95]. Activation of Rho, Rac and cdc42 requires GTP loading, which is tightly controlled by guanine nucleotide exchange factors (GEFs), GTPase activating proteins (GAPs) and guanine nucleotide dissociation inhibitors (GDIs) [96-97]. Rho protein activation also requires localization to the cell membrane, an event that depends on isoprenylation at the carboxyl-terminal end [98]. Activated Rho GTPases bind to effector proteins that regulate actin turnover and polymerization, as well as cell proliferation and gene expression [99, 100]. Integrin ligation activates Rho proteins by promoting GTP loading and inducing translocation from the cytosol to the membrane [97]. Rac activity was recently shown to be essential for endothelial cell migration and angiogenesis [101, 102]. The Rac effector protein p21 activated kinase 1 (PAK1), a serine/threonine kinase that modulates cell contraction and thereby cell migration [103], is a critical mediator of the angiogenic activity of Rac. Inhibition of Rac or PAK1 function by dominant-negative constructs in endothelial cells in vivo inhibited growth factor-induced angiogenesis [102, 103]. Strikingly, Rac activation by $\alpha V\beta$ 3 requires COX-2 activity and prostaglandin (PG) E₂ synthesis, while activation by $\alpha 5\beta 1$ does not [102, 104] (see below). Recently it was also shown that activated Rac promotes recruitment of high-affinity integrins $\alpha \nabla \beta$ 3 to lamellipodia [105]. This integrin translocation to the lamellipodia promotes formation of new adhesions at the leading edge which are essential for directional cell migration. Furthermore, integrin-specific activation of Rac by $\alpha 5\beta 1$ is required for endothelial cell proliferation on fibronectin [106]. Active Rac promotes cyclin D1 synthesis through shc, FAK, SOS and phosphatidylinositol 3-kinase (PI-3K)-dependent signaling. Thus, integrin-dependent Rac activation is critically involved in mediating two endothelial cell events essential for angiogenesis: migration and proliferation

PKB/Akt

The nonreceptor serine/threonine kinase PKB/Akt is activated by many growth factor and adhesion receptors, in-

cluding integrins, in a PI-3K-dependent manner. PKB/Akt plays a central role in the regulation of fundamental cellular processes such as glucose metabolism, transcription, cell proliferation, migration and survival [17, 107, 108]. Among the three known PKB/Akt isoforms, PKB α /Akt1 is the most ubiquitous one and is highly expressed in endothelial cells. PKB/Akt activation requires translocation to the cell membrane through binding of its pleckstrin homology domain to membrane phosphatidylinositol 3 phosphates and phosphorylation at two sites, ³⁰⁸T and ⁴⁷³S [109]. Many growth factors and soluble ligands, such as VEGF [110], insulin [111] and angiopoietin-1 [112] can activate PKB/Akt, but only under conditions of integrin-dependent adhesion [113]. Furthermore, integrin ligation directly activates PKB/Akt through multiple pathways, including FAK and ILK [114, 115]. PKB/Akt is a key mediator of integrin-dependent endothelial cell survival, proliferation and migration. The mechanisms by which PKB/Akt promotes these three effects are not yet fully understood. The anti-apoptotic activity involves inactivation of Bad, Bax and caspase 9, suppression of Forkhead (FRKH) transcriptional activity [116], stimulation of nitric oxide (NO) production [117, 118] and suppression of p38 signaling [119]. Additional mechanisms, however, are likely to be involved. Regulation of cell migration appears to implicate cross-talk with Rho-family proteins. In migrating cells, PKB/Akt localizes to the leading edge [120], a site of high Rac activity [121]. Recent reports have demonstrated that PKB/Akt induces Rac activation in endothelial cells [122], while others have shown that Rac and Cdc42 are situated upstream of PKB/Akt and promote its activation during cell migration [123, 124]. More recently, a direct effect of PKB/Akt on PAK activity was reported in Dictostelium discoideum cells [125], suggesting the possibility that PKB/Akt may regulate actin dynamics through direct phosphorylation of PAK. Endothelial cell migration induced by VEGF/VEGF-R2 stimulation involves integrin activation via a PI-3K and PKB/Akt-dependent signaling pathway, although the precise mechanism was not elucidated [126]. The regulation of the cell cycle by PKB/Akt appears to involve regulation of FRKH/E2F, MDM2 and p21 activities [127-131].

Membrane rafts and integrin signaling

Lipids in the plasma membrane are organized in distinct domains depending on their structure. Sphingolipids, characterized by long and highly saturated acyl chains, can pack tightly with cholesterol and form assemblies in a liquid-ordered phase, called membrane rafts. Rafts are surrounded by phospholipid-rich regions, which are in a more fluid, liquid-disordered state, because the kinked, unsaturated acyl chains of phospholipids can only pack loosely. Due to their biophysical properties, rafts are insoluble in nonionic detergents at 4°C and can be isolated from plasma membranes as detergent-insoluble glycolipid-enriched membranes (DIGs), also referred to as detergent-resistant membranes (DRMs) [132]. Several proteins can be found in rafts where they specifically interact, thus suggesting that rafts may function as platforms for the assembly of signaling complexes and play an important role in signaling regulation. Proteins can be directly targeted to rafts by posttranslational modifications, such as glycosylphosphatidylinositol (GPI) anchors, or acylated chains (e.g. miristoylation and palmitoylation as in the case of some Src-family kinases), or they can be recruited through the establishment of protein-protein interactions in response to a stimulus. Ligand binding to some transmembrane receptors leads to their translocation into rafts or to the stabilization of receptor dimers in these domains, and to the consequent activation of a signaling cascade(s) (see fig. 4). It is possible that rafts with different protein composition are present in the membrane, and that activated receptors within one type of rafts recruit proteins in other rafts, thus promoting raft clustering and interaction of proteins that otherwise cannot associate because of localization into different membrane domains [133, 134].

Several reports have shown that some integrins are in part localized to lipid rafts where they activate specific signaling pathways. With the exception of the integrin $\alpha 6\beta 4$ that can be directly targeted to rafts by palmitoylation of the $\beta 4$ subunit [135], translocation to rafts of other inte-

grins that are not acylated is probably dependent on their interaction with proteins having higher affinity for rafts. In T cells, adhesion mediated by the integrin $\alpha L\beta 2$ requires translocation of the activated integrin into rafts. Activated $\alpha L\beta 2$ induces the release of integrin $\alpha 4\beta 1$ from the cytoskeleton and its relocalization into rafts. Cholesterol depletion, and hence raft disruption, by methyl- β -cyclodextrin prevents both $\alpha L\beta 2$ - and $\alpha 4\beta 1$ dependent adhesion, indicating the importance of intact and functional lipid microdomains for integrin-mediated adhesion in T cells [136].

Complexes of integrins with some membrane glycoproteins have also been localized to rafts. Examples are the association of $\alpha V\beta$ 3 with CD47 and of $\alpha 3\beta$ 1 and $\alpha 6\beta$ 1 with CD36. The latter complexes were found in melanoma cells, and their activation was shown to stimulate migration through not yet identified signaling pathway(s) [137]. Binding of thrombospondins to CD47 modulates the function of $\alpha V\beta 3$ in melanoma and endothelial cells, stimulating cell spreading or migration. The complex between $\alpha V\beta 3$ and the membrane pentaspanin protein CD47 seems to mimic classic sevenspanin receptors for its signaling properties. Upon ligation, it activates heterotrimeric G proteins by recruiting the $G\alpha$ is subunit and inducing a decrease in intracellular cAMP. The ternary complex $\alpha V\beta$ 3-CD47-G α i can be isolated from rafts, and its integrity requires the presence of cholesterol [138, 139].

There is evidence that complexes of integrin $\alpha 3\beta 1$ with the tetraspanin proteins CD9, CD63 and CD81 can exist

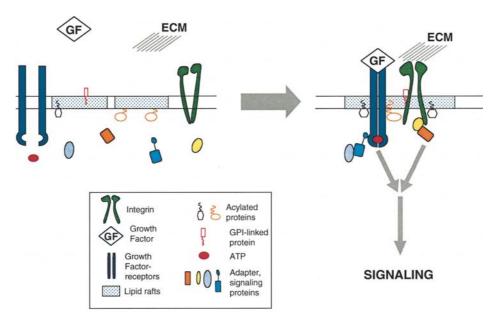


Figure 4. Model of signaling activation in membrane lipid rafts. Some proteins are directly targeted to rafts by posttranslational modifications (acylation, GPI anchors); rafts with different lipid and protein composition may exist within the membrane. Upon ligand binding and activation, some GFRs and some integrins are recruited into lipid rafts and associate with raft-resident signaling proteins. These interactions lead to the activation of signaling pathways by recruitment of cytoplasmic proteins, which thus become part of the raft-associated protein complexes.

in raftlike microdomains, but these complexes have peculiar properties that distinguish them from other raft-associated integrin complexes, and they also exist outside membrane rafts. In fact, their extraction requires detergent-free conditions or nonionic detergents other than TritonX-100 which destabilizes the association, their integrity is independent of cholesterol, and the raft-like microdomains where they are localized do not contain caveolin-1 or GPI-linked proteins [140]. These observations support the hypothesis that different types of lipid microdomains, with different protein and probably lipid composition, exist in the cell membrane, and their interactions and reorganization can participate in the regulation of signaling.

Integrin-dependent activation of extracellular regulated kinase (ERK) seems also to require integrin signaling from lipid microdomains. It was shown that integrins can form a complex with caveolin-1 and doubly acylated and raft-localized Fyn and Yes, and activate ERK through Fyn/Yes-dependent tyrosine-phosphorylation of Shc [76]. Another report showed that the GPI-linked urokinase receptor uPAR associates to β 1 integrins in a caveolin-dependent manner and regulates cell adhesion and ERK activation by integrins [141]. Furthermore, it was recently shown that adhesion to fibronectin of 293T cells stimulates translocation into rafts of β 1 integrins, FAK and the phosphatase Shp-2. Shp-2 activity in rafts seems to be responsible for ERK activation by promoting specific FAK phosphorylation at ³⁹⁷Y, which does not require Src-family kinase activity. Moreover, Shp-2 signaling from rafts regulates Rho activity and thus cytoskeleton remodeling and cell spreading, probably facilitating assembly of integrin clusters that promotes FAK transphosphorylation [142].

Since changes in lipid and protein composition and structure of rafts regulate signal transduction and cell behavior, it is conceivable that abnormal alterations of membrane microdomains contribute to the development of certain diseases. In the case of endothelial cells, it is not known how raft dynamics and integrin signaling from within and outside rafts are regulated in quiescent cells and during physiological and pathological angiogenesis.

Integrins in vascular development and angiogenesis

Endothelial cells have been reported to express at least 11 different integrins: $\alpha 1\beta 1$, $\alpha 2\beta 1$, $\alpha 3\beta 1$, $\alpha 5\beta 1$, $\alpha 6\beta 1$, $\alpha 8\beta 1$, $\alpha 9\beta 1$, $\alpha V\beta 1$, $\alpha V\beta 3$, $\alpha 6\beta 4$ and $\alpha V\beta 5$ [143–149]. Most of these integrins are receptors for collagens and laminins (see table 1), thus consistent with a role in mediating endothelial cell interaction with the basal membrane of mature vessels. Some integrins (i.e. $\alpha 5\beta 1$, $\alpha V\beta 3$ and $\alpha V\beta 5$) bind to fibronectin, vitronectin and other ECM proteins absent from the basal membrane of mature vessels but present at sites of angiogenesis.

Experimental evidence that integrins are required for embryonic vascular development and postnatal angiogenesis came from mouse experiments in which integrin genes were disrupted in embryonic stem cells (genetic approach), and from experiments based on the use of integrin antagonists (pharmacological approach) [150, 151]. Integrin $\alpha 5\beta$ 1-deficient mice die early during embryonic development due to defects in the extra embryonic and embryonic vasculature [152]. Embryos lacking $\alpha 5\beta$ 1 integrin have greatly distended blood vessels in the vitelline yolk sac and in the embryo itself. This defective vascular phenotype is correlated with a decreased depo-

Integrin	Major ECM protein ligands	Integrin changes during AG	Ligand availability during AG
α1 <i>β</i> 1	CO, LM	\Leftrightarrow	\downarrow
$\alpha 2\beta 1$	CO, LM, VN, TN-C, TSP	\Leftrightarrow	\Downarrow or \uparrow
α3β1	CO, LM, FN, TSP, EL	\Leftrightarrow	\downarrow or \uparrow
α5β1	FN, TSP	$\uparrow \uparrow$	\uparrow
α 6 β 1	LM	\Leftrightarrow	?
x6β4	LM	?	\Downarrow
α8β1	FN, VN, TN-C	?	$\uparrow\uparrow$
α9 ['] β1 *	TN-C, OPN, CO	?	\uparrow
αΫβ1	FN, VN	?	$\uparrow\uparrow$
αVβ3	FN, VN, FB, TSP, TN-C,	$\uparrow\uparrow$	$\uparrow\uparrow$
,	vWF, dCO, OP, MMP-2, Del1	(de novo expression)	
αVβ5	FN, VN	⇔	$\uparrow\uparrow$

Table 1. Integrins expressed on endothelial cells and their extracellular matrix ligands.

Endothelial cells express at least 11 different integrins. Integrin $\alpha 5\beta 1$ and $\alpha V\beta 3$ are strongly upregulated during angiogenesis (AG). The composition of the ECM changes dramatically during angiogenesis due to proteolytic degradation and de novo protein deposition/expression. \Leftrightarrow , unchanged; $\uparrow\uparrow$, increased; \downarrow , decreased; ?, not known. * $\alpha 9\beta 1$ integrin is expressed in lymphatic endothelial cells but not in vascular endothelial cells. Abbreviations: CO, collagen; dCO, denatured collagen; Del1, developmental endothelial locus-1; EL, elastin; FB, fibrinogen; FN, fibronectin; LM, laminin; MMP, matrix metalloproteinase; OPN, osteopontin; TN-C, tenascin-C; TSP, thrombospondin; VN, vitronectin; vWF; von Willenbrand factor. The list of ligands is not exhaustive.

sition of fibronectin, the main ligand of α 5 integrin, in the endothelial basement membranes [153]. Moreover, in embryonic bodies formed from embryonic stem cells lacking $\alpha 5$ integrin, a significant reduction in early capillary plexus formation and maturation was observed [153]. These findings demonstrate that successful early vasculogenesis and angiogenesis require $\alpha 5\beta$ 1-fibronectin interactions. $\alpha 4\beta 1$ -deficient mice die early during embryonic development due to placental defects, including abnormal vessels, or late during development due to defects in the epicardium and coronary vessels, but have no angiogenic defect in other tissues [154]. α V-deficient mice develop intestinal, placental and cerebral malformations leading to perinatal and early postnatal lethality [155]. Detailed analysis of the brain of α V-deficient mice revealed normal association between endothelial cells and pericytes but defective interaction between cerebral microvessels and the surrounding brain parenchyma [156]. β 8-deficient mice die at mid-gestation or shortly after birth due to extensive hemorrhages associated with abnormal vascular morphogenesis and distended and leaky capillary vessels in the yolk sac, placenta and brain [157]. Consistent with a role for αV integrins in mediating the interaction between microvessels and the surrounding parenchyma, the β 8 transcript was found localized in endodermal cells surrounding the endothelium in the yolk sac [157]. Inhibition of $\alpha 1\beta 1$ and $\alpha 2\beta 1$ integrin with function-blocking antibodies suppress endothelial cell attachment and migration on collagen matrices in vitro and VEGF-induced angiogenesis in vivo [158, 159]. Antagonists of integrins $\alpha V\beta 3/\alpha V\beta 5$ suppress tumor-, VEGF- and hypoxia-induced angiogenesis by selectively inducing apoptosis of angiogenic endothelial cells [160]. Strikingly, $\alpha V\beta$ 3 and $\alpha \nabla \beta 5$ were reported to promote angiogenesis in association with distinct angiogenic factors. In the cornea and CAM models, angiogenesis induced by FGF-2 or TNF depended on $\alpha V\beta 3$, while angiogenesis initiated by VEGF or TGF- α depended on $\alpha V\beta 5$ [161]. The exact physiological relevance of these distinct roles of $\alpha V\beta 3$ and $\alpha V\beta 5$ in growth-factor-induced angiogenesis remains unclear, but may reflect more complex differential regulation and signaling function of these two integrins [162, 163].

The integrin $\alpha 1$ and $\alpha 9$ subunits were recently reported to be preferentially expressed in lymphatic endothelial cells, compared with blood vascular endothelial cells [149]. Integrin $\alpha 9\beta 1$ is a receptor for the ECM proteins laminin, tenascin-C, osteopontin and collagen. Mice lacking $\alpha 9\beta 1$ integrin develop edema and lymphocytic infiltrates in the chest wall around putative lymphatic vessels and die perinatally due to the accumulation of lipid-rich lymph in the pleural cavity [164]. This phenotype is consistent with a role for $\alpha 9\beta 1$ in the normal development or homeostasis of lymphatic vessels, including the thoracic duct. The role of $\alpha 9\beta 1$ and $\alpha 1\beta 1$ in postnatal lymphangiogenesis remains to be addressed.

Vascular integrins as survival factors

Integrins are emerging as essential determinants of endothelial cell survival. Loss of endothelial cell adhesion and impaired spreading results in rapid onset of apoptosis [165–167], a phenomenon also referred to as anoikis [168]. Treatment of tumor-bearing mice with integrin antagonists [169], or expression of transdominant-negative integrin mutants in quiescent rat carotid artery endothelial cells causes endothelial cell death [G. Vassalli et al., unpublished].

While it is clear that adhesion promotes survival, and detached cells rapidly die, the mechanism by which detached cells die is still a matter of debate [170]. There is evidence that nonattached cells die because they lack integrin-mediated survival signals. These include increased expression of Bcl-2 [171-173], phosphorylation of the Rb tumor suppressor protein [174], inhibition of p53 function [172], activation of MEKK-1/ERK [175, 176], PKB/Akt [177, 178] and NF-*k*B [92, 179]. On the other hand, there is evidence that detachment may actively induce apoptosis. For example, matrix detachment induces rapid JNK activation [171]. Since JNK-1 and -2 function are essential for stress-induced apoptosis in fibroblasts, [180], it is possible that detachment-induced JNK activation promotes anoikis. Caspase 8 activation is observed in suspended cells soon after detachment [181, 182], and unligated integrins were recently shown to directly associate with and activate pro-caspase 8 [183]. The fact that cell detachment promotes dissolution of focal adhesions and of the normal cytoskeletal architecture suggests a direct positive effect of the disrupted cytoskeleton on the induction of anoikis. Indeed, regulators of apoptosis such as Bim and Bmf associate with the cytoskeleton, and cytoskeletal breakdown promotes their release and induction of apoptosis [184, 185].

The role of death receptors in anoikis remains controversial. Loss of integrin ligation was reported to cause an increased production of Fas-ligand and a diminished expression of c-Flip (an endogenous inhibitor of caspase 8), resulting in Fas-mediated death [186]. Also, dominantnegative Fas-associated death domain (FADD) protein was shown to suppress anoikis [181, 182]. Nevertheless, definitive evidence for an involvement of cell surface death receptors and assembly of a death-inducing signaling complex in anoikis is still missing.

The calcium-dependent serine/threonine kinase death-associated protein kinase (DAPK) was recently shown to promote apoptosis by suppressing integrin-mediated cell adhesion and signal transduction and by upregulating p53 expression. Signaling from FAK blocked the ability of DAPK to upregulate p53 expression and to cause apoptosis. DAPK activation may play a role in mediating anoikis, as anoikis-sensitive cells were killed by DAPK activation, while anoikis-resistant cells were not [187].

A recent report demonstrated that integrin $\alpha 5\beta 1$ promotes endothelial cell survival during angiogenesis by suppressing caspase-induced apoptosis in a PKA-dependent manner. $\alpha 5\beta$ 1 ligation suppressed activation of PKA and caspase 8, while anti- $\alpha 5\beta 1$ inhibitory antibodies promoted sustained PKA activation, resulting in caspase 8dependent apoptosis [188]. Furthermore, parathyroidrelated peptide, a naturally occurring angiogenesis inhibitor, suppressed endothelial cell migration and angiogenesis and promotes endothelial cell apoptosis by activating PKA [189]. Rapid and transient increase in PKA activity, however, is essential for $\alpha \nabla \beta$ 3 integrin-mediated endothelial cell adhesion and spreading [104]. Thus, it appears that PKA activation may have a dual function: rapid and transient PKA activation during cell adhesion promotes cell adhesion, spreading and migration, while sustained PKA activation in adherent cells leads to suppression of migration, caspase activation and apoptosis. Take together, these studies suggest that PKA, or PKAmediated signaling events, may represent useful targets to inhibit angiogenesis.

Vascular integrin $\alpha V \beta 3$: a positive or negative regulator of angiogenesis?

Several studies indicate that integrin $\alpha V\beta 3$ is an important modulator of postnatal angiogenesis [190]. $\alpha V\beta$ 3 is highly expressed in angiogenic endothelial cells in wound granulation tissue and in malignant tumors [191–195]. $\alpha V\beta$ 3 ligation to ECM proteins mediates signaling events consistent with stimulation of angiogenesis. First, it promotes endothelial cell proliferation by inducing sustained MAPK activity [78], suppressing p53 activity and reducing p21^{WAF} expression [172, 196]. Second, it enhances cell survival through the activation of NF- κ B [92, 93] and the increase in the Bcl-2/Bax ratio [172] and suppression of caspase-8 activation [183]. Third, it stimulates endothelial cell motility [197] and localizes MMP-2 at sites of cell invasion [198]. Fourth, VEGF activates $\alpha V\beta$ 3, resulting in enhanced integrin ligand binding, cell adhesion and migration [126]. In turn, ligated $\alpha V\beta 3$ associates with VEGF-R2, resulting in enhanced VEGF-R2 signaling and endothelial cell proliferation [199]. Extracellular antagonists of $\alpha V\beta$ integrin are potent inhibitors of angiogenesis. An $\alpha V\beta$ 3 function-blocking monoclonal antibody (LM609) [200] and an $\alpha V\beta 3/\alpha V\beta 5$ antagonistic cyclic peptide (EMD121974) [201] suppress cornea vascularization [161] and hypoxia-induced retinal neovascularization in the mouse [202], tumor angiogenesis in the chick CAM model [169, 192] and in several mouse tumor models [203, 204]. Importantly, preexisting vessels are not affected by $\alpha V\beta$ 3 antagonists. Also, the use of small molecular antagonists that inhibit MMP-2 binding to $\alpha \nabla \beta 3$ was recently reported to suppress angiogenesis [205]. The observations that $\alpha V\beta$ 3 is de novo expressed in angiogenic endothelial cells, that $\alpha V\beta 3$ ligation induces cellular effects consistent with an 'angiogenic' endothelial cell phenotype and that $\alpha V\beta 3$ antagonists efficiently suppress angiogenesis have led to the notion that integrin $\alpha V\beta$ 3 is a critical positive mediator of angiogenesis. Based on these preclinical data, EMD121974 (Cilengitide) and humanized LM609 (Vitaxin) are currently being tested in phase II clinical trials for their therapeutic efficacy in human cancer. Phase I trials demonstrated that these drugs are safe and well tolerated [206]. Recent observations obtained from the study of genetically modified mice lacking one or more of the α V-containing integrins, however, raised some serious questions on the role of αV integrins in angiogenesis and on the interpretation of the experimental results obtained with the pharmacological antagonists. Deletion of the αV gene by homologous recombination causes loss of five α V-containing integrins: $\alpha V\beta 1$, $\alpha V\beta 3$, $\alpha V\beta 5$, $\alpha V\beta 6$, $\alpha V\beta 8$. The observation that mice lacking the αV gene have extensive vasculogenesis and angiogenesis was, therefore, a great surprise [155]. Although α V-deficient mice die peri-/ postnatally due to bleeding in the brain and intestine, suggesting nevertheless some vascular-related function of αV integrins, it is clear that αV integrins are largely dispensable for developmental angiogenesis. Moreover, mice lacking $\alpha V\beta 3$, $\alpha V\beta 5$ or both integrins are viable, have no detectable defects in developmental angiogenesis, display enhanced postnatal angiogenesis in response to hypoxia, VEGF and tumor cells, and have an accelerated tumor growth [207]. The dispensable role of $\alpha V\beta 3$ in developmental angiogenesis is consistent with the observation that mutations in the β 3 gene leading to deficient $\alpha V\beta$ 3 and $\alpha IIb\beta$ 3 integrin expression or function is not embryonic lethal in mouse or human. Humans with a nonfunctional β 3 subunit suffer of severe bleeding due to impaired platelet aggregation, a condition known as Glanzmanns's thrombasthenia, but have normal angiogenesis [208, 209]. Intriguingly, the divergent effects on angiogenesis observed following pharmacological vs. genetic inactivation of $\alpha V\beta 3$, are not observed in other situations involving $\alpha V\beta 3$ function. For example, $\alpha V\beta 3$ dependent osteoclast adhesion and bone resorption are impaired by both β 3 gene deletion and $\alpha V\beta$ 3 antagonists, resulting in an osteopetrotic phenotype [210, 211]. While these discordant results (i.e. normal developmen-

While these discordant results (i.e. normal developmental angiogenesis and excessive tumor angiogenesis in $\alpha V\beta 3$ -deficient mice and suppression of angiogenesis in wild-type mice by pharmacological $\alpha V\beta 3$ antagonists) are now widely accepted, we still lack a comprehensive understanding of the mechanisms involved. At least three possible mechanisms may be considered. A first putative explanation is functional compensation. Although no apparent upregulation (i.e. genetic compensation) of other integrins is observed in β 3-deficient mice [207], lack of $\alpha \nabla \beta$ may be functionally compensated by another vascular integrin normally expressed by endothelial cells. Integrin $\alpha 5\beta$ 1 would be an attractive candidate since it is essential for vascular development [152, 153], promotes cell survival [178], induces development of an angiogenic endothelial cell phenotype in vitro [94] and $\alpha 5\beta$ 1 antagonists inhibit angiogenesis in vivo [212]. In $\alpha V\beta$ 3expressing angiogenic endothelial cells, the function of $\alpha 5\beta 1$ and $\alpha 2\beta 1$ integrins may be suppressed by active $\alpha \nabla \beta$ 3 through a transdominant negative effect, as it has been demonstrated for $\alpha IIb\beta 3$ [213]. The mitogenic activity of $\alpha V\beta$ 3 may be compensated by other nonintegrin receptors. Since $\alpha V\beta 3$ ligation facilitates VEGF-R2 phosphorylation and signaling [199], the enhanced VEGF-R2 expression in $\alpha \nabla \beta$ 3-deficient mice may be a compensatory mechanism to rescue $\alpha V\beta$ 3-negative endothelial cells during development [207]. Enhanced VEGF-R2 expression during adult life renders endothelial cells more sensitive to VEGF, resulting in increased endothelial cell proliferation and angiogenesis [207].

A second putative mechanism is integrin-mediated death [214]. This has been recently proposed based on the observation that expression of unligated integrin heterodimers or isolated integrin β cytoplasmic subunits causes apoptosis through the recruitment and activation of caspase 8 [183]. This model proposes that the ligation state of $\alpha V\beta 3$ determines suppression or induction of apoptosis. Expression of $\alpha V\beta$ 3 integrin in the absence of a ligand would activate caspase 8 clustering and activation, leading to caspase 3 activation and induction of apoptosis. In contrast, $\alpha V\beta 3$ ligation prevents spontaneous caspase 8 activation and induction of apoptosis, resulting in enhanced cell survival. In the absence of $\alpha \nabla \beta$ 3 expression, cells would become insensitive to integrin-mediated death, resulting in enhanced survival and angiogenesis, as observed in the $\alpha V\beta$ 3-deficient mice [207].

A third recently proposed mechanism suggests that $\alpha V\beta \beta$ may be a negative regulator of angiogenesis [215]. This concept is supported by the observation that some natural ligands of $\alpha V\beta \beta$, such as thrombospondin-1 and -2 [216, 217], the MMP-2 proteolytic product PEX [218–220] and tumstatin, a proteolytic fragment of collagen IV $\alpha\beta$ chain [221, 222], are known inhibitors of angiogenesis. In addition, RGD-based small molecular inhibitors and some function-blocking antibodies that bind to $\alpha V\beta\beta$ can activate $\alpha V\beta\beta$ and may therefore stimulate intracellular signaling, while at the same time inhibiting $\alpha V\beta\beta$ -mediated cell adhesion. The 'negative regulator' hypothesis, however, does not account for the large body of evidence demonstrating that $\alpha V\beta\beta$ ligation induces endothelial cell proliferation, migration and survival as expected for angiogenic endothelial cells [22, 92, 172, 183, 195]. It is, however, possible that $\alpha V\beta$ 3 have both positive and negative function depending on the substrate and on the context (e.g. presence of particular cytokines, proliferation or differentiation state of the cell) [70]. Taken together, it is reasonable to assume that we are still missing a critical link in our understanding of the role of $\alpha V\beta$ 3 and angiogenesis.

Integrins, COX-2 and tumor angiogenesis

Nonsteroidal antiinflammatory drugs (NSAIDs) exert antitumor effects on premalignant lesions and established experimental tumors. These effects are largely dependent on the inhibition of cyclooxygenase-2 (COX-2), a key enzyme in the synthesis of prostaglandins and thromboxans, highly expressed in inflammation and cancer [223, 224]. Recent evidence indicates that the antitumor activity of NSAIDs and selective COX-2 inhibitors is associated with suppression of tumor angiogenesis. Deletion of the COX-2 gene in mice suppressed VEGF production by fibroblasts, and treatment of wild-type fibroblasts with a selective COX-2 inhibitor reduced VEGF production [225]. Overexpression of COX-2 in cancer cells induced expression of VEGF and other angiogenic factors [226]. COX-2 also regulates VEGF-R2 function in endothelial cells. NSAIDs block VEGF-R2-dependent increased vascular permeability [227] and MAPK activation in response to VEGF [228]. Endothelial cell COX-2 has been recently reported to be a positive regulator of vascular integrin $\alpha V\beta$ function [102]. Inhibition of COX-2 activity in endothelial cells by NSAIDs results in a diminished $\alpha \nabla \beta$ 3-dependent endothelial cell spreading and migration in vitro, and FGF-2-induced angiogenesis in vivo. This effect is due to the inhibition of $\alpha V\beta$ 3-dependent activation of Cdc42 and Rac, two members of the Rho family of GTPases that regulate cytoskeletal organization and cell migration. Besides promoting Rac activation and cell spreading, the COX-2 metabolite PGE₂ also accelerates $\alpha \nabla \beta$ 3-mediated endothelial cell adhesion by controlling the cyclic AMP (cAMP) level upon $\alpha V\beta$ 3 engagement. PGE₂ exerts these effects through activation of the cAMP-dependent protein kinase PKA and induces $\alpha V\beta$ 3-dependent spreading via cAMP- and PKA-dependent Rac activation [104]. These results demonstrate that inhibition of $\alpha V\beta$ 3-mediated Rac activation is an important mechanism by which NSAIDs suppress angiogenesis and establish a novel functional link between inflammation and angiogenesis. Intriguingly, overexpression of COX-2 in the skin and in the breast was recently reported to promote tumorigenesis and tumor progression, and this effect was associated with enhanced local PGE₂ production and angiogenesis [229, 230].

Integrin ligands and their modification during angiogenesis

Quiescent endothelial cells adhere to the vessel wall via the subendothelial basal membrane, consisting mostly of laminins and collagens. During angiogenesis the interaction between endothelial cells and the extracellular matrix changes dramatically: matrix proteinases of the MMP family cleave existing ECM proteins, and new ECM proteins are deposited. These changes in the ECM generate new substrate adhesion sites promoting endothelial cell migration. For example, proteolytic cleavage of collagen IV eliminates binding of integrin $\alpha 1\beta 1$ and reveals a cryptic site recognized by integrins $\alpha V\beta 3$ [231], while MMP-2-mediated cleavage of collagen I results in the exposure of an RGD-binding site for integrin $\alpha V\beta 3$ [232]. Furthermore, proteolytic cleavage of certain ECM proteins releases soluble fragments acting as positive or negative regulators of cell migration or angiogenesis. For example, MMP-2-mediated cleavage of laminin 5 releases a fragment that increases $\alpha 3\beta$ 1-dependent cell migration [233, 234]. Endostatin and tumstatin, two endogenous inhibitors of angiogenesis reported to interact with vascular integrins, including $\alpha V\beta$ 3, are generated by the proteolytic processing of collagen XVIII and collagen IV, respectively [221, 222, 235, 236]. In addition to the proteolytic processing of the existing subendothelial and perivascular ECM, angiogenesis requires de novo deposition of ECM proteins. This occurs through two distinct mechanisms. First, adhesion-promoting serum proteins, in particular fibrinogen, fibronectin and vitronectin, extravasate into the perivascular space following increased vascular permeability in response to VEGF [237]. Serum proteins accumulating in the perivascular ECM and proteolitically modified ECM proteins provide a provisional matrix that acts as a substrate for 'angiogenic' integrins (e.g. $\alpha V\beta 3$ and $\alpha 5\beta 1$). The importance of the extravasion of serum proteins in early phases of angiogenesis has been recently challenged by the observation that inhibition of Src-family kinases by retroviral expression of a dominant-negative construct impaired VEGF-induced vascular leakage but not angiogenesis [238]. Second, endothelial cells, infiltrating leukocytes and activated tissue fibroblasts produce and deposit ECM proteins that are usually absent, or expressed at very low levels, in normal vessels and tissue. These include ED-A⁺ and ED-B⁺ fibronectin ('oncofetal fibronectin') [239], tenascin-C (TN-C) [240], thrombospondin-1 and -2 [216] and SPARC [241]. TN-C, thrombospondins and SPARC may have a dual function in angiogenesis: they may destabilize established adhesion at early phases of angiogenesis, while promoting adhesion and migration at later time points [241]. The contribution of ED-A+ and ED-B+ fibronectin in promoting angiogenesis remains to be demonstrated.

Inhibition of integrins and integrin-dependent signaling to suppress angiogenesis and lymphangiogenesis

It is quite clear that integrins are important mediators and regulators of angiogenesis during physiological and pathological situations, and that integrin antagonists are effective in inhibiting progression of angiogenesis-dependent diseases such as chronic inflammation, proliferative retinopathy and tumor progression. The efficacy of $\alpha \nabla \beta$ 3 integrin antagonists to suppress angiogenesis in human cancer is currently being tested in clinical trials. The results of these trials will tell us whether vascular integrin $\alpha \nabla \beta 3$ is a good target and whether the currently available pharmacological $\alpha V\beta$ 3 antagonists are effective drugs. Recent advances in the field, however, have suggested alternative strategies to suppress tumor angiogenesis by targeting other integrins or integrin-dependent signaling pathways. We will briefly summarize here some of these findings and their implications (see fig. 5).

Alternative integrins

While $\alpha V\beta$ has been originally considered as the relevant integrin to inhibit pathological angiogenesis, recent findings suggest that $\alpha 5\beta 1$ may also be a valuable target. $\alpha 5\beta$ 1-deficient mice do not develop a vascular system, $\alpha 5\beta$ 1-null endothelial cells are unable to form normal cordlike structure, $\alpha 5\beta 1$ is upregulated in angiogenesis and a blocking anti- α 5 mAb suppresses VEGF-induced angiogenesis in both chick embryo and murine models [188, 212]. $\alpha 5\beta$ 1-blocking peptides have been reported [212, 242], but their use as anti-angiogenic agents has remained limited. The generation of potent high-affinity $\alpha 5\beta 1$ antagonists may be necessary before systematic testing of the role of $\alpha 5\beta 1$ in tumor angiogenesis can be envisaged in mice and humans. Among other possible alternative targets, $\alpha 6\beta 4$ and $\alpha 2\beta 1$ should be considered. A recent report suggests that $\alpha 9\beta 1$ is expressed on lymphatic but not on vascular endothelial cells. Availability of $\alpha 9\beta 1$ antagonists may allow one to explore whether $\alpha 9\beta 1$ integrin also plays a role in postnatal lymphangiogenesis, including tumor lymphangiogenesis [243, 244].

Integrins as 'vascular addressins' for drug targeting

The finding that $\alpha V \beta 3$ is preferentially expressed at high levels on endothelial cells of the tumor vasculature suggested the possibility of using it as a 'vascular addressin' to selectively target drugs to tumors [194, 245]. Coupling of an αV -binding RGD motif to the anticancer drug doxorubicin resulted in enhanced drug targeting to the tumor vasculature, increased doxorubicin efficacy against human breast cancer xenografts in nude mice and reduced systemic toxicity [246]. A paramagnetic contrast agent

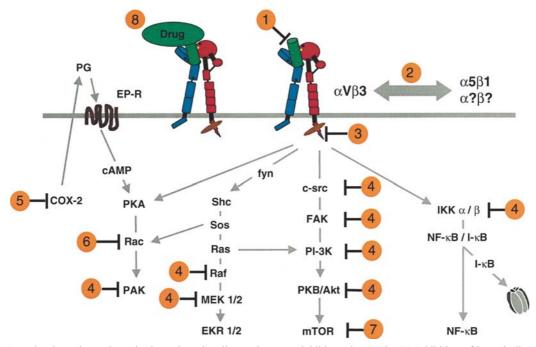


Figure 5. Targeting integrins or integrin-dependent signaling pathways to inhibit angiogenesis. (1) Inhibition of integrin ligand binding with blocking antibodies or small pocket antagonists; (2) $\alpha V\beta$ 3 has been the first integrin targeted to suppress angiogenesis, but recent evidence suggests that other integrins, in particular $\alpha 5\beta$ 1, should be considered as possible targets; (3) interfering with the integrin cytoplasmic domain using dominant-negative constructs completely inhibits integrin function; (4) several nonreceptor kinases downstream of integrins are candidate targets for pharmacological inhibitors or dominant-negative constructs to block angiogenesis; (5) COX-2 antagonists suppress prostaglandin production and block angiogenesis by inhibiting $\alpha V\beta$ 3-mediated activation of Rac; (6) inhibition of Rac by dominant-negative constructs potently block angiogenesis. To date there are no pharmacological inhibitors of Rac; (7) the PKB/Akt target mTOR can be inhibited by rapamycin, resulting in suppression of tumor angiogenesis; (8) vascular integrin $\alpha V\beta$ 3 has been used as an 'addressin' to target chemotherapeutic drugs, nanoparticles, liposomes or imaging-enhancing agents to tumor vessels.

targeted to vascular $\alpha V\beta 3$ via the LM609 monoclonal antibody was used to detect angiogenesis in vivo by magnetic resonance imaging [247]. This approach provided enhanced and detailed imaging of rabbit carcinoma, including angiogenic 'hot spots' not seen by standard magnetic resonance imaging. Recently, cationic nanoparticle coupled to a high-affinity $\alpha V\beta$ 3 ligand was used to selectively target a firefly luciferase-encoding plasmid to the vasculature of established tumors [248]. Single delivery of a plasmid encoding a dominant-negative Raf molecule resulted in apoptosis of the tumor vasculature and tumor cells, and regression of primary and metastatic tumors. Since $\alpha V\beta 3$ is a coreceptor for several viruses, including adenovirus [249], rotavirus [250] and foot-andmouth virus [251], it may be exploited for enhanced virus targeting to tumor sites [252].

Suppressing $\alpha V\beta$ 3 signaling with TNF and IFN γ

Administration of high doses of tumor necrosis factor (TNF), together with gamma interferon (IFN γ) and melphalan through the isolated limb perfusion technique to patients with advanced melanoma and soft tissue sarcoma of the limbs, results in extensive tumor necrosis (80–90% complete response in melanoma and 35%

complete response in soft tissue sarcoma) [253, 254]. This is the first registered anticancer treatment in which disruption of the tumor vasculature is an essential component of the therapeutic effect [255]. TNF and IFNy synergistically inhibit cell proliferation [256] via a G1 cycle arrest associated with reduced levels of cyclin D1 and cdk2, increased expression of the cdk inhibitors p16^{INK4a}, p21^{WAF} and p27^{Kip1} and hypophosphorylation of the Rb protein [257]. Endothelial cells exposed to TNF/IFNy selectively lose $\alpha V\beta$ 3-dependent adhesion. This is due to the inhibition of $\alpha V\beta 3$ function and signaling and not to decreased cell surface expression [258]. Culture of TNF/IFNy-treated endothelial cells on a $\alpha V\beta$ 3 matrix results in an increased rate of apoptosis, while detachment and apoptosis of angiogenic endothelial cells in the tumor vasculature is observed after TNF/IFNy administration [258]. Taken together, these results implicate changes in the function of integrin $\alpha V\beta 3$ in the effects of TNF and IFN γ on the tumor vasculature. The elucidation of the molecular mechanism by which TNF and IFNy suppress $\alpha V\beta$ 3-signaling and disrupt the tumor vasculature is an essential step in improving the clinical use of TNF and to the development of alternative drugs exploiting the mechanisms of action of TNF, but lacking its undesired effects.

Dominant-negative integrins

Interfering with the integrin subunit cytoplasmic tail perturbs integrin activity. Expression of an isolated β -subunit cytoplasmic domain suppresses integrin function and localization, cell spreading, migration and matrix assembly in fibroblasts, embryonic kidney cells and NIH 3T3 cells [259, 260]. Infection of confluent monolayers of endothelial cells with a recombinant adenovirus expressing a dominant-negative β integrin results in rapid endothelial cell detachment from the substrate [261]. Detached cells fail to readhere to matrix proteins and rapidly die by apoptosis [261]. This inhibitory effect was shown to be transdominant, since all expressed integrins were inhibited. Local delivery of an adenovirus expressing the dominant-negative construct into rat arteries results in endothelial cell rounding and detachment from the vessel wall, while cells infected with the control construct retain their flattened morphology and do not detach. DNA fragmentation (TUNEL assay) and active caspase 3 occur in dominant-negative integrin-expressing cells but not in cells expressing the control construct [G. Vassalli et al., unpublished]. This approach is very effective, but so far it does not allow selective targeting of one specific integrin (e.g. $\alpha V\beta 3$ vs. $\beta 1$ integrins). This limitation may be solved by using shorter regions of the cytoplasmic domains. Indeed, a peptide carrying the very carboxyl-terminal residues (i.e. 747–762) of the integrin β 3 cytoplasmic domain was reported to inhibit β 3-, but not β 1mediated cell adhesion [262]. Alternatively, one may take advantage of the fact that some cytoplasmic proteins specifically bind to the cytoplasmic domain of one particular integrin (e.g. β 3-endonexin binds to the β 3 cytoplasmic domain) [263] to develop antagonistic drugs specific for β 3 integrin.

Inhibition of nonreceptor kinases

Integrins have no intrinsic kinase activity and need to recruit and activate a number of nonreceptor protein and lipid kinases to transduce signaling, including Srcfamily kinases (e.g. c-src, fyn, yes), FAK, PKA, Pyk-2 and integrin linked kinase (ILK) [66, 67]. Integrin-mediated adhesion and migration depend on c-src, yes and fyn signaling [264]. FAK-null fibroblasts have an increased number of focal adhesions and cannot spread and migrate properly [265, 266]. PI-3K, PKB/Akt and ILK mediate motility and survival [114, 267]. The pathways activated by these kinases may therefore represent relevant pharmacological targets downstream of integrins [268]. This concept was elegantly demonstrated by two recent reports. Tumstatin, a 28-kDa proteolytic fragment of collagen IV α chain with anti-angiogenic activities [221], was shown to suppress $\alpha V\beta$ 3-dependent activation of the FAK-PI-3K-PKB/Akt-mTOR pathway, resulting in decreased protein synthesis [222]. Consistent with this report, pharmacological inhibition of mTOR with rapamycin was shown to suppress tumor angiogenesis and primary and metastatic tumor growth [269].

Inhibition of COX-2-Rac-PAK pathway

NSAIDs prevent cancer progression, at least in part, by suppressing tumor angiogenesis. Inhibition of $\alpha V\beta 3/\beta$ Rac-dependent endothelial cell migration and angiogenesis is part of the mechanism of action of NSAIDs in cancer [104, 270]. The potential therapeutic activity of NSAIDs in human cancer is currently addressed in clinical trials [224]. Furthermore, the naturally occurring angiogenesis inhibitor parathyroid hormone-related peptide inhibits endothelial cell migration and angiogenesis through inhibition of Rac activation [189]. Inhibition of Rac function in angiogenic endothelial cells should therefore be considered as an alternative strategy to suppress angiogenesis. Since Rac is expressed in virtually all cells and controls essential cellular functions, such as cell polarity, proliferation, migration and vesicular trafficking, it is likely that direct pharmacological inhibition of Rac will have severe toxic effects [271, 272]. The fact that NSAIDs prevent Rac activation induced by $\alpha V\beta$ 3, but not by $\alpha 5\beta 1$, suggests the existence of a specific and NSAIDs-sensitive $\alpha V\beta$ 3-dependent signaling pathway or GEFs/GAPs. The identification of this pathway may lead to the design of drugs that selectively suppress Rac activation in angiogenic endothelial cells.

Outlook

In about a decade's time, vascular integrins were recognized as critical regulators and mediators of angiogenesis, including tumor angiogenesis. Several integrin-dependent signaling pathways contributing to angiogenesis were deciphered, and integrin antagonists with anti-angiogenic activity were generated. This is a remarkable achievement for such a short time. The potential efficacy of integrin antagonists to suppress tumor angiogenesis and human cancer progression (alone or in combination with other forms of antitumor therapy) is currently being addressed in clinical trials. Despite (or because) of this rapid progress, many questions remain open, and new ones are emerging. It will be of invaluable importance to understand the exact role of integrin $\alpha V\beta 3$ in angiogenesis, to elucidate mechanisms by which integrin antagonists inhibit angiogenesis, and to obtain information on how these inhibitors can be best used in the clinics. Thus, the prospects for the study of vascular integrins and for the translation of experimental results into clinical applications promise to be even more exciting then those of the past.

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