# **Protein Kinase C& Attenuates Hypoxia-induced Proliferation of Fibroblasts by Regulating MAP Kinase Phosphatase-1 Expression**

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**We have previously found that hypoxia stimulates proliferation of vascular fibroblasts through G**-**i-mediated activation of ERK1/2. Here, we demonstrate that hypoxia also activates the atypical protein kinase C (PKC) isozyme and stimulates the expression of ERK1/2-specific phosphatase, MAP kinase phosphatase-1 (MKP-1), which attenuates ERK1/2-mediated proliferative signals. Replication repressor activity is unique to PKC because the blockade of classical and novel PKC isozymes does not affect fibroblast proliferation. PKC is phosphorylated upon prolonged (24 h) exposure to hypoxia, whereas ERK1/2, the downstream kinases, are maximally activated in fibroblasts exposed to acute (10 min) hypoxia.** However, PKC<sub>6</sub> blockade results in persistent ERK1/2 phosphorylation and marked increase in hypoxia-induced repli**cation. Similarly prolonged ERK1/2 phosphorylation and increase in hypoxia-stimulated proliferation are also observed** upon blockade of MKP-1 activation. Because of the parallel suppressive actions of PKC<sub></sub> and MKP-1 on ERK1/2 phosphorylation and proliferation, the role of PKC<sup>Z</sup> in the regulation of MKP-1 expression was evaluated. PKC<sup>Z</sup> **attenuation reduces MKP-1 expression, whereas PKC overexpression increases MKP-1 levels. In conclusion, our results indicate for the first time that hypoxia activates PKC, which acts as a terminator of ERK1/2 activation through the regulation of downstream target, MKP-1 expression and thus serves to limit hypoxia-induced proliferation of fibroblasts.**

# **INTRODUCTION**

Fibroblast proliferation is associated with various forms of vascular diseases (Sartore *et al.,* 2001), different fibrotic conditions (Atamas, 2002) and cancer (Bhowmick *et al.,* 2004). Hypoxia is the critical contributor to the pathophysiological conditions of these diseases. We have found that cultured vascular adventitial fibroblasts have the distinct capability to proliferate directly in response to hypoxia in the absence of any exogenous growth factors (Das *et al.,* 2001). Intracellular signaling intermediates, e.g., protein kinase C (PKC) and MAP kinase families are the major mediators of hypoxic signal stimulating replication of cells (Das *et al.,* 2000, 2001; Sodhi *et al.,* 2000). However, cellular proliferation is tightly regulated by proper exit from the cell cycle to maintain normal physiological conditions. The molecular pathways that direct attenuation of hypoxia-induced proliferative signals in fibroblasts remain unknown.

PKC, a family of serine/threonine kinases, have been divided into three distinct groups: the conventional: calcium-, phospholipid-, and diacylglycerol-dependent PKC isozymes (cPKC $\alpha$ ,  $\beta$ ι,  $\beta$ ιι,  $\gamma$ ); the novel: calcium-independent PKC isozymes (nPKC $\delta$ ,  $\epsilon$ ,  $\eta$ ,  $\theta$ ); and the atypical PKC isozymes (aPKC $\zeta$ ,  $\iota$ ,  $\lambda$ ), which are calcium-, phospholipid-, and diacylglycerol-independent (Nishizuka, 1992; Hug and

Sarre, 1993). PKC $\zeta$  can be activated directly or indirectly by a variety of important signaling molecules including ceramide (Powell *et al.,* 2004), phosphatidic acid (Le Good *et al.,* 1998), phosphoinositide 3-kinase lipid products and activation of the p21Ras pathway (Pal *et al.,* 2001). PKC $\zeta$  has emerged as a critical regulator of a number of cellular functions including proliferation, differentiation, and apoptosis (Hirai and Chida, 2003). This isozyme mediates proliferation in NIH3T3 cells (Berra *et al.,* 1993; Kim *et al.,* 1997), endothelial cells (Kent *et al.,* 1995), and smooth muscle cells (Yano *et al.,* 1999). In contrast, cytokine- and ceramide-induced activation of PKC $\zeta$  leads to inhibition of proliferation and growth arrest in vascular smooth muscle cells, respectively (Bourbon *et al.,* 2002; Hussain *et al.,* 2002). Therefore, the biological functions of  $PKC\zeta$  in cellular responses are celltype and stimulus specific. The mechanisms responsible for diverse physiological functions of  $PKC\zeta$  at the cellular level are not known.

A recent report has demonstrated that phosphorylation of the Na,K-ATPase  $\alpha_1$  subunit in lung alveolar epithelial cells under hypoxic conditions is mediated through  $PKC\zeta$  (Dada *et al.,* 2003). Datta *et al.* (2004) have found that PKC $\zeta$  participates in the activation of hypoxia-inducible factor- $1\alpha$  (HIF- $1\alpha$ ) by inhibiting the expression of asparagine hydroxylase (enzyme inhibitor of HIF-1), thereby promoting the transcription of hypoxia-inducible genes such as vascular permeability factor and vascular endothelial growth factor. Despite the importance of  $PKC\zeta$  in cellular signaling under hypoxic conditions, it is unknown whether  $PKC\zeta$  is a proliferative stimulator or suppressor in fibroblasts under hypoxic conditions.

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Another set of protein kinases that plays an important role in transducing signal from intracellular PKC isozymes to the cell nucleus is MAP kinase family (Kim *et al.,* 1997; Corbit *et al.,* 2000; Mas *et al.,* 2003). Previously, we have demonstrated that hypoxia induces transient activation of ERK1/2, one member of the MAP kinase family, and that ERK1/2 activation mediates replication of hypoxic fibroblasts (Das *et al.,* 2001). PKC $\zeta$  acts as an upstream regulator of ERK1/2 activation in response to various stimuli in different cell types (Hirai and Chida, 2003). However, the functional role of  $PKC\zeta$  in the regulation of hypoxia-induced activation of ERK1/2 in fibroblasts is not known.

Once activated, ERK1/2 can be rapidly inactivated through dephosphorylation by phosphatases known as dual specificity MAP kinase phosphatases (MKPs; Keyse and Emslie, 1992). The existence of at least eleven MKPs in mammals implies a considerable complexity in the regulation of MAP kinase signaling by these enzymes. Among these phosphatases, MKP-1 is encoded by an immediate early gene (Noguchi *et al.,* 1993). Though MKP-1 is identified as a hypoxia-responsive gene (Laderoute *et al.,* 1999; Seta *et al.,* 2001; Liu *et al.,* 2003), the role of this phosphatase in cellular responses under hypoxic conditions, is poorly understood. It is important to understand the mechanisms regulating MKP expression because the physiological functions of MKPs are largely determined by their expression patterns. Multiple pathways, e.g., ERK1/2, c-Jun N-terminal kinase (JNK), p38 MAP kinase and  $Ca^{2+}$ -dependent pathways regulate MKP-1 expression (Reffas and Schlegel, 2000; Slack *et al.,* 2001). PKC is also implicated as an important regulator in the expression of these phosphatases in various cell types (Stawowy *et al.,* 2003). However, the signaling mechanisms that control hypoxia-stimulated MKP-1 expression in fibroblasts remain unknown.

The current study was undertaken to determine whether PKC $\zeta$  activation and MKP-1 expression are required for the attenuation of ERK1/2 activation and proliferation in response to hypoxia in cultured vascular fibroblasts and whether  $PKC\zeta$  plays a role in the expression of MKP-1. Collectively, we hypothesized that  $PKC\zeta$ -induced up-regulation of MKP-1 mediates replication repressor activity of PKC $\zeta$  to suppress ERK1/2 activation in fibroblasts upon hypoxic exposure.

#### **MATERIALS AND METHODS**

#### *Materials*

Eagle's MEM, bromodeoxyuridine (BrdU), monoclonal antibody (mAb) against  $\beta$ -tubulin and protease inhibitor cocktail were purchased from Sigma-Aldrich Chemical Company (St. Louis, MO). mAb against BrdU was obtained from Becton Dickinson Immunocytometry Systems (San Jose, CA). Fetal bovine serum (FBS) and porcine serum were from Gemini Bio-Products (Woodland, CA). Other antibodies were purchased from the following companies: polyclonal and monoclonal antibodies against  $PKC\zeta$  and  $PKC\zeta$  from Santa Cruz Biotechnology (Santa Cruz, CA), biotinylated anti-mouse IgG, streptavidin-conjugated Alexa 488– and Alexa 594–conjugated anti-rabbit IgG from Molecular Probes (Eugene, OR), phosphoERK1/2 and phosphoPKCζ/λ (Thr410) from Cell Signaling (Beverly, MA). Polyclonal antibody against MKP-1, goat anti-rabbit and goat anti-mouse IgG conjugated with alkaline phosphatase were obtained from Santa Cruz and Upstate Biotechnology (Waltham, MA). Mounting medium containing 4',6-diamino-2-phenylindole dihydrochloride (DAPI) was obtained from Vector Laboratories (Burlingame, CA). Myristoylated pseudosubstrate peptide inhibitors of  $PKC\zeta$ and PKC classical and novel isozymes (PKC inhibitor) were purchased from Biomol (Plymouth, PA). Sodium vanadate was obtained from Fisher Scientific (Pittsburgh, PA). Additionally, PKC $\zeta$  antisense phosphorothioate oligonucleotides were obtained from Integrated DNA Technologies (Skokie, IL) and Oligos Etc. (Wilsonville, OR). The rabbit  $PKC\zeta$  sequences used are as follows: rabbit PKC $\zeta$  antisense (5'-GCTGCGCCGGCCTCACACG-3'); PKC $\zeta$  scrambled antisense (5'-ACCCCGTCGGCCCATGGCG-3'). Plasmids containing<br>phosphatase inactive mutant (Cys<sup>258</sup> to Ser, pSG5-MKP-1-CS) of MKP-1

(MKP-1PI) was kindly provided by Dr. N. K. Tonks (Cold Spring Harbor Laboratory, Cold Spring Harbor, NY). Vector (pCMV6) containing constitu-<br>tively active PKCζ (MyrPKCζ) was a gift of Dr. A. Toker (Harvard Medical School, Boston, MA).

#### *Cell Culture*

Main pulmonary artery adventitia was harvested from the 15-d-old neonatal control calves, carefully dissected free of blood vessels and fat under a dissecting microscope and then cut into small pieces. Fibroblasts from the tissue were isolated, characterized, and maintained according to previously described methods (Das *et al.,* 2002). Cells were maintained in MEM, pH 7.4, supplemented with 10% FBS, 100 U/ml penicillin, 0.1 mg/ml streptomycin, L-glutamine and incubated in a humidified atmosphere with  $5\%$  CO<sub>2</sub> at  $37^{\circ}$ C. Medium was changed twice per week and cells were harvested with trypsin  $(0.2 \text{ g/L})$  containing EDTA  $(0.5 \text{ g/L})$ . Passages ranging from 3 to 12 were used for all experiments. The growth characteristics and the appearance of the cells, examined by light microscopy, did not change for the passages studied.

#### *Cell Proliferation Assay*

Cells were plated at a density of 20,000/well in a 24-well plate in 10% FBS-containing medium and growth arrested for 72 h according to the previously described method (Das *et al.,* 2001). Quiescent cells were transiently transfected with Optimem medium (Invitrogen, Carlsbad, CA) by combining 2  $\mu$ g/ml of lipofectin (Invitrogen) with DNA for 5–6 h at 37°C. We used MyrPKC $\zeta$ , MKP-1PI, PKC $\zeta$  antisense and scrambled oligonucleotides for different transfection experiments. The cells were allowed to recover from transfection either overnight (PKC $\zeta$  antisense experiments) or 48 h (myrPKC $\zeta$ and MKP-1PI experiments) and then exposed to either normoxia (21%  $O_2$ ) or hypoxia (1%  $O_2$ ) in the presence of BrdU (10  $\mu$ M) for 24 h. For the hypoxic experiments, cells were placed either in sealed humidified gas chambers as previously described (Das *et al.,* 2002) or Bactron X (Sheldon Manufacturing, Cornelius, OR) environmental hood. At the end of the treatment, cells were fixed with cold  $0.3\%$  H<sub>2</sub>O<sub>2</sub> in methanol for 15 min, treated with 2 N HCl for 20 min, and then incubated with anti-BrdU antibody. VectaStain DAB kit (Vector Laboratories, Burlingame, CA) was used to visualize nuclei. The BrdU-positive and -negative nuclei were counted in five randomly chosen areas in each well and reported as a percent of control.

For the studies with  $\overline{PKC}$  inhibitor and the inhibitor of PKC classical and novel isozymes, quiescent cells were preincubated with the pseudosubstrate peptide inhibitors for 1 h at 37°C and then exposed to either normoxia or hypoxia for 24 h in the presence of BrdU. Cells were processed for BrdU immunostaining as described above.

#### *PKC Activation Assay*

Cells were plated at a density of  $\sim 0.5-1 \times 10^6$  cells/100-mm Petri dish in medium containing 10% FBS, and growth was arrested for 72 h. Quiescent cells were exposed to hypoxia (1%  $O_2$ ) for either 10 min or 24 h. Calyculin A<br>(100 nM) was added to the cells to block the serine/threonine phosphatases. Fibroblasts were exposed to calyculin A for 10 min. For 24-h hypoxic exposure, cells were treated with calyculin A for last 10 min of the experimental period. At the end of the exposure, cells were harvested with lysis buffer (Cell Signaling) containing protease inhibitor cocktail (1:100), 0.1% SDS, and 1% sodium deoxycholate, freeze-thawed to disrupt cell membranes, and centrifuged at  $10,000 \times g$ . Lysates were collected and protein concentrations were estimated using the Bradford method (BIORAD, Hercules, CA). To evaluate PKCζ activation, 500–700 µg protein was incubated with anti-PKCζ antibody<br>(1:200, monoclonal) overnight at 4°C and then with AG agarose beads (Santa Cruz Biotechnology and Upstate Biotechnology) for 2 h at 4°C with agitation. The antigen–antibody complex was isolated by centrifugation at  $10,000 \times g$ for 1 min. The supernatant was discarded and the beads were washed multiple times with lysis buffer. The recovered protein was separated by gel electrophoresis, transferred to polyvinylidene difluoride membranes (PVDF; Amersham Pharmacia Biotech, Piscataway, NJ), and probed with an antibody against phosphoThr-PKC( (1:1000). Immunoreactivity was detected on x-ray film using chemiluminescent reagents (Amersham Pharmacia Biotech). Immunoprecipitation followed by immunoblotting using the anti-PKC $\zeta$  antibody  $(1:1000)$  served as a control to monitor any changes in total PKC $\zeta$  protein levels. Because the mAb against PKC $\zeta$  may cross-react with PKCı/ $\lambda$  isozyme, immunoprecipitates were also immunoblotted against PKC<sub>t</sub> using PKC<sub>t</sub>specific antibody (1:1000). Images of Western blots were scanned using EPSON TWAIN software with EPSON PERFECTION 2450 PHOTO scanner. Densitometric quantitation of the scanned bands was performed using the National Institutes of Health (NIH) Image 1.58 program. The area under the curve (AUC) for each band was determined and represents the band intensity in arbitrary units. The AUC at 0-h time was considered as 100% and percent increases in hypoxic fibroblasts were calculated with respect to 0 h.

#### *Immunoblotting*

For the examination of PKCζ and PKCι expression in the presence of either MyrPKC $\zeta$  or PKC $\zeta$ -specific antisense oligonucleotides, vascular fibroblasts were plated at the density of 50,000–100,000 cells/well in a six-well plate in

10% FBS-containing medium and growth was arrested for 72 h. Quiescent cells were transiently transfected with the corresponding DNA according to the method described above for BrdU incorporation. Transfected cells were exposed to either normoxia or hypoxia for 24 h. Cells were harvested and processed for the evaluation of PKC $\zeta$  and PKC<sub>k</sub> expression at the end of the hypoxic exposure.

For the evaluation of ERK1/2 activation, cells were plated and growtharrested according to the abovementioned method. In one set of experiments, the cells were transiently transfected with PKC $\zeta$  scrambled and antisense oligonucleotides and exposed to either normoxia or hypoxia for 10 min and 24 h. In the other set of experiments, the cells were pretreated with  $PKC\zeta$ pseudosubstrate peptide inhibitor for 1 h and then exposed to either normoxia or hypoxia for 24 h. In both instances, the cells were harvested with lysis buffer containing protease inhibitor/deoxycholate/SDS and freezethawed, and lysates were recovered by centrifugation at  $10,000 \times g$ . Proteins were separated by gel electrophoresis, transferred to a PVDF membrane, and probed with anti-phosphoERK1/2 antibody (1:1000).

MKP-1 expression was also evaluated by immunoblotting techniques. Antibody against MKP-1 was used at a concentration of 1:200–1:1000. The time course of MKP-1 expression was determined at 0, 24, 48, and 72 h of hypoxic exposure.  $\beta$ -Tubulin expression, used as an internal control, was detected by incubating the PVDF membrane with a mAb against  $\beta$ -tubulin (1:1000).

#### *Immunofluorescence Staining*

Fibroblasts were plated in medium containing 10% FBS at a density of 20,000/well in eight-well glass chamber slides (Life Sciences, Denver, CO). After allowing to attach overnight, cells were growth-arrested with medium containing 0.1% FBS for 72 h. Quiescent cells were then exposed to either normoxia or hypoxia for 24 h. After treatment, cells were fixed with 4% paraformaldehyde at 4°C, permeabilized with 0.5% Triton X-100, blocked with porcine serum, and incubated with either an anti-PKC $\zeta$  antibody (1:25 dilution) or anti-MKP-1 antibody (1:50 dilution). Immunofluorescent staining of PKC $\zeta$  was completed by incubating cells with biotin-conjugated antimouse IgG (1:300) and streptavidin-conjugated Alexa 488 (1:2000). For MKP-1, antigen–antibody complexes were visualized by incubating the cells with Alexa 594–conjugated anti-rabbit secondary antibody (1:500). Nuclei were stained with Hoechst dye (1:1000). Slides were mounted with H1000 mounting medium. All steps were done at room temperature unless otherwise stated. Images were captured using an Olympus Infinity microscope (Melville, NY) coupled to a Photometrics Quantix cooled CCD camera (Tucson, AZ) and Deltavision digital deconvolution software.

#### *Data Analysis*

All data are expressed as arithmetic means  $\pm$  SE; n equals the number of replicate wells per test condition in representative experiments. One- and two-way analyses of variance, followed by the Student-Newman-Keuls multiple-comparisons tests, were conducted within and between groups of data points. Data are considered significantly different if  $p \leq 0.05$ 

#### **RESULTS**

#### *PKC Attenuation Greatly Up-regulates Hypoxia-induced Proliferation of Fibroblasts*

We previously demonstrated that hypoxia stimulates an increase in DNA synthesis, which results in cell division in vascular fibroblasts (Das *et al.,* 2001). PKC is an important intracellular regulator of hypoxia-induced proliferation of fibroblasts (Das *et al.,* 2000). To evaluate the role of atypical  $PKC\zeta$  isozyme in these proliferative responses, we first used the isozyme-specific myristoylated peptide inhibitor derived from the pseudosubstrate region. The peptide inhibitor mimics the substrate and maintains  $PKC\zeta$  in its inactive form (Hirai and Chida, 2003). Figure 1 depicts concentration-dependent effects of peptide inhibitor on the proliferative responses of fibroblasts. The inhibitor at low dose (1  $\mu$ M) did not affect the DNA synthesis (Figure 1). However, BrdU incorporation in the quiescent cells was significantly increased in the presence of 10  $\mu$ M inhibitor (Figure 1A). Hypoxia alone stimulated a twofold increase in DNA synthesis, whereas BrdU incorporation in hypoxia-exposed fibroblasts which were treated with 10  $\mu$ M inhibitor was up-regulated by sevenfold (Figure 1A).

The role of  $PKC\zeta$  in hypoxia-induced proliferation was compared with that of basic FGF (bFGF) stimulation, a wellknown fibroblast mitogen (Figure 1B). bFGF-induced DNA



Figure 1. Myristoylated PKC $\zeta$  pseudosubstrate peptide inhibitor stimulates DNA synthesis in vascular fibroblasts. (A) BrdU incorporation in hypoxic fibroblasts is greatly augmented by  $PKC\zeta$  inhibitor. For all the experiments where BrdU incorporation was evaluated, cells were plated at the density of 20  $\times$  10<sup>3</sup>/well in 24-well plates and growth-arrested with 0.1% FBS/MEM for 72 h. Quiescent fibroblasts were preincubated with different concentrations of PKC $\zeta$  inhibitor at 37 $\degree$ C for 1 h and then exposed to either normoxia (21%  $O_2$ ) or hypoxia (1%  $O_2$ ) in the presence of BrdU (10  $\mu$ M) for 24 h. At the end of the treatment, cells were fixed with cold  $0.3\%$  H<sub>2</sub>O<sub>2</sub>/methanol and processed for immunoperoxidase staining with anti-BrdU antibody. BrdU-positive and total nuclei were counted at five different randomly selected areas in individual well.  $n = 4$  replicate wells. \*  $p < 0.05$  compared with normoxic control data.  $** p < 0.05$  compared with the hypoxic data. Similar results were obtained in three independent experiments with cell populations isolated from three independent animals.  $(B)$  PKC $\zeta$  peptide inhibitor also up-regulates bFGF-stimulated DNA synthesis. Quiescent fibroblasts were treated with  $PKC\zeta$  inhibitor as mentioned above and then stimulated with bFGF (30 ng/ml) for 24 h in the presence of BrdU.  $n = 4$  replicate wells. \*  $p \le 0.05$  compared with the unstimulated control value. \*\*  $p < 0.05$  compared with bFGFstimulated data. Similar results were reproduced with at least two other cell populations.

synthesis in the presence of the PKC $\zeta$  inhibitor (10  $\mu$ M) was again significantly greater than that induced by bFGF or inhibitor alone (Figure 1B).

To confirm the selectivity of  $PKC\zeta$  inhibitor-mediated stimulatory effects on BrdU incorporation, we also used a myristoylated pseudosubstrate peptide inhibitor, which was designed against classical and novel isozymes of PKC (PKC inhibitor). Neither hypoxia-induced nor bFGF-stimulated DNA synthesis was affected by PKC inhibitor (Figure 2, A and B). In contrast, and as shown independently above (Figure 1, A and B),  $PKC\zeta$  inhibitor selectively augmented hypoxia-stimulated and bFGF-induced BrdU incorporation (Figure 2, A and B). However, one can interpret, by contrasting hypoxia-induced and bFGF-stimulated BrdU incorporation in the presence of  $PKC\zeta$  inhibitor, that  $PKC\zeta$  attenuation



Figure 2. PKC $\zeta$  inhibitor, but not PKC inhibitor of classical and novel isozymes, stimulates proliferation of vascular fibroblasts. (A) Hypoxia-induced DNA synthesis is selectively up-regulated by PKC<sub> $\zeta$ </sub> inhibitor. Quiescent fibroblasts were preincubated with peptide inhibitors of PKC classical and novel isozymes (10  $\mu$ M) and PKC $\zeta$  isozyme (10  $\mu$ M) at 37°C for 1 h. BrdU incorporation in both normoxic and hypoxic fibroblasts was evaluated.  $n = 4$  replicate wells. \*  $p < 0.05$  compared with normoxic control results. \*\*  $p < 0.05$ compared with hypoxic data. (B) PKC inhibitor of classical and novel isozymes does not affect bFGF-stimulated DNA synthesis. Cells were preincubated with inhibitors as mentioned above and then stimulated with bFGF (30 ng/ml) in the presence of BrdU (10  $\mu$ M) for 24 h. n = 4 replicate wells. \* p < 0.05 compared with nonstimulated control results. \*\*  $p < 0.05$  compared with bFGFinduced data. Similar results were obtained from three independent experiments using fibroblasts isolated from three different animals.

unmasked proliferative responses in greater extent in hypoxic cells (Figure 1, 3-fold, and Figure 2, 7.6-fold, over hypoxia-induced DNA synthesis) than bFGF-stimulated fibroblasts (Figure 1, 1.3-fold, and Figure 2, 4-fold, compared with bFGF-stimulated proliferation). Therefore, functional role of PKC $\zeta$  might be more critical during hypoxic exposure than bFGF-stimulated fibroblasts. Taken together, our data suggest that replicative up-regulation by myristoylated  $PKC\zeta$  pseudosubstrate peptide inhibitor is specific to this peptide and that PKC $\zeta$  might act as a proliferation suppressing kinase in fibroblasts.

To confirm the role of  $PKC\zeta$  as a replication repressor, we then used antisense oligonucleotides specific for the message encoding PKC $\zeta$ . Transient transfection of the cells with  $PKC\zeta$  antisense oligonucleotides selectively reduced the PKC $\zeta$  expression, but not the PKC $\iota$  levels (Figure 3, A and B). For detection of the PKC $\iota$  level in our cells by immunoblotting techniques, we used 4–5 times higher protein concentration than that used for the evaluation of the PKC $\zeta$ levels. In addition, x-ray film was exposed up to 30 min for the detection of the PKC $\iota$  signal. Collectively, these observations suggest that a very low level of  $PKC\iota$  is present in



Figure 3. PKC $\zeta$  attenuation with antisense oligonucleotides stimulates BrdU incorporation in vascular fibroblasts. (A)  $PKC\zeta$  expression is blocked by antisense oligonucleotides in fibroblasts. For all the transfection experiments, cells were plated at a density of 50–  $100 \times 10^3$ /well in six-well plates in  $10\%$  FBS/MEM and growtharrested with 0.1% FBS/MEM for 72 h. Quiescent cells were transiently transfected with PKC $\zeta$  scramble and antisense oligonucleotides. After overnight recovery from transfection, cells were harvested with the lysis buffer. Whole cell lysates were processed for immunoblot analysis with anti-PKC $\zeta$  mAb. (B) PKC $\zeta$  antisense oligonucleotides have no effects on  $PKC\iota$  expression. The abovementioned cell lysates were processed for Western blot analysis for PKC<sub>k</sub> detection using mAb against PKC. (C) BrdU incorporation in fibroblasts is greatly up-regulated by PKC $\zeta$  antisense oligonucleotides. Quiescent cells were transiently transfected with PKC $\zeta$  scramble and antisense oligonucleotides. Transfected cells were incubated at 37°C for overnight. Then BrdU (10  $\mu$ M) was added to the cells and exposed to either normoxia or hypoxia for 24 h at 37°C. n = 4 replicate wells. \* p < 0.05 compared with the data in the presence of scramble oligonucleotides under normoxic conditions. Similar results were reproduced in at least two different cell populations isolated from two different animals.

vascular fibroblasts. A recent report (Cogolludo *et al.,* 2005) also supports the notion that  $PKC\zeta$ , but not  $PKC\iota$ , is the major atypical isozyme of pulmonary vasculature.

Proliferative responses of fibroblasts in the presence of  $PKC\zeta$  antisense oligonucleotides were then evaluated by measuring the BrdU incorporation. Marked increase in DNA synthesis was observed upon attenuation of  $PKC\zeta$  expression with antisense oligonucleotides in normoxic fibroblasts (Figure 3C). Hypoxia stimulated BrdU incorporation in fibroblasts both in the presence of scrambled and PKC $\zeta$ -specific antisense oligonucleotides (Figure 3C). Equal magnitude in the up-regulation of DNA synthesis upon blockade of PKC $\zeta$  expression with antisense oligonucleotides under both normoxic and hypoxic conditions suggests that proliferative responses are primarily regulated by PKC $\zeta$ -mediated signaling pathways in fibroblasts in response to hypoxic exposure. Collectively, these results further support the role of PKC $\zeta$  as a proliferative repressor for vascular fibroblasts.

#### *PKC Overexpression Attenuates Proliferation of Hypoxic Fibroblasts*

The myristoylated pseudosubstrate peptide inhibitor can block the activation of both PKC $\zeta$  and PKC $\iota$  because se-



Figure 4. PKC $\zeta$  overexpression attenuates DNA synthesis in vascular fibroblasts. (A)  $PKC\zeta$  expression is augmented in fibroblasts transfected with constitutively active PKC $\zeta$  (MyrPKC $\zeta$ ). Quiescent cells were transiently transfected with vector containing MyrPKC and empty vector (PCMV5). After 48 h of transfection, cells were exposed to either normoxia or hypoxia for 24 h and harvested with lysis buffer. Cell lysates were processed for  $PKC\zeta$  detection by immunoblot analysis. (B) MyrPKC $\zeta$  does not affect PKC $\iota$  expression in fibroblasts. In the abovementioned cell lysates,  $PKC<sub>t</sub>$  expression was evaluated by Western blot analysis using PKC<sub>t</sub>-specific mAb. (C) BrdU incorporation in hypoxic fibroblasts is attenuated by Myr-PKC $\zeta$ . Transfected fibroblasts were exposed to either normoxia or hypoxia in the presence of BrdU for 24 h. n = 4 replicate wells. \* p < 0.05 compared with PCMV5-transfected normoxic results. \*\*  $p$  < 0.05 compared with the results of PCMV5-transfected hypoxic cells. Similar results were obtained from three independent experiments using fibroblasts isolated from three different animals.

quence homology exists in the pseudosubstrate region between these two atypical isozymes (Toker, 1998). Therefore, to confirm that the proliferation stimulatory effects of the inhibitor (Figures 1 and 2) are due to  $PKC\zeta$  inhibition and not attenuation of PKC<sub>k</sub> activity, PKC<sub>k</sub> was overexpressed in fibroblasts by transient transfection with constitutively active PKC $\zeta$  (MyrPKC $\zeta$ ). Increased expression of PKC $\zeta$ , but not PKC $\iota$ , in the presence of MyrPKC $\zeta$  was confirmed by Western blot analysis (Figure 4, A and B).

We then evaluated BrdU incorporation in the presence of MyrPKC $\zeta$ . Hypoxia induced a 2.5-fold up-regulation of BrdU incorporation in vector-transfected cells (Figure 4C). However, marked down-regulation (6-fold) in DNA synthesis was observed in PKC $\zeta$ -overexpressing cells compared with the vector-transfected fibroblasts under hypoxic conditions (Figure 4C). These data strongly suggest that  $PKC\zeta$  acts



Figure 5. Hypoxia induces PKC $\zeta$  phosphorylation in vascular fibroblasts. (A and B) Phosphorylation of the Thr410 residue of PKC $\zeta$ is increased by hypoxic exposure. Growth-arrested cells were exposed to hypoxia for 10 min and 24 h. Whole cell lysates (0.5–0.7 mg total protein) were immunoprecipitated with monoclonal anti-PKC $\zeta$ antibody and the immunocomplexes were analyzed by immunoblot analysis with antibodies specific for either phosphoPKC $\zeta$  (A) or total PKC $\zeta$  (polyclonal; B). Representative immunoblot of three independent experiments is shown. (C) Quantitative data of hypoxiainduced PKC $\zeta$  phosphorylation in vascular fibroblasts. \* p < 0.05 compared with the data of normoxic condition.

as a proliferative repressor in fibroblasts under hypoxic conditions.

#### *Hypoxia Up-regulates PKC Phosphorylation*

PKC $\zeta$  phosphorylation at the Thr410 residue in the activation loop is required for its activity in response to a stimulus (Hirai and Chida, 2003). To evaluate hypoxia-induced PKC phosphorylation at the Thr410 site,  $PKC\zeta$  was immunoprecipitated from the lysates of control and hypoxia-exposed fibroblasts and immunoblotted with an anti-phosphoThr410 antibody. PKC $\zeta$  phosphorylation levels were significantly higher in prolonged (24 h) hypoxia-exposed cells compared with that of the control fibroblasts (Figure 5A). Equal amounts of PKC $\zeta$  precipitation from all the lysates were confirmed by immunoblotting the immunoprecipitates against PKC $\zeta$  (Figure 5B). Quantitative data of the hypoxiainduced increase in  $PKC\zeta$  phosphorylation are presented in Figure 5C.

We used an mAb directed toward the C-terminus of  $PKC\zeta$ to immunoprecipitate the isozyme. This antibody may crossreact with the other atypical isozyme, i.e., PKC. To rule out that possibility,  $PKC\zeta$  immunoprecipitates were immunoblotted for PKC $\iota$ . PKC $\iota$  signal was not detected in the PKC $\zeta$ precipitate (our unpublished observation), suggesting the antibody against PKC $\zeta$  does not cross-react with PKC $\iota$  in vascular fibroblasts. Therefore, our data suggest that hypoxia stimulates phosphorylation of  $PKC\zeta$  (Thr410) in vascular fibroblasts and is consistent with our previous observation of hypoxia-induced increase in  $PKC\zeta$ -specific activity in fibroblasts (Das *et al.,* 2000).



**Figure 6.** Hypoxia stimulates ERK1/2 phosphorylation in vascular fibroblasts. (A and B) ERK1/2 phosphorylation is greatest in acute (10 min) hypoxia-exposed fibroblasts. Quiescent cells were exposed to hypoxia for 10 min and 24 h and harvested with lysis buffer. Whole cell lysates were processed for immunoblot analysis. PhosphoERK1/2 (A) and total ERK1/2 (B) were evaluated using phosphoERK1/2- and total ERK1/2-specific antibodies. Representative blots of four independent experiments are shown here. (C) Quantitative data of hypoxia-stimulated ERK1/2 phosphorylation in vascular fibroblasts. \*  $p < 0.001$  compared with normoxic results. \*\*  $p < 0.001$ compared with data of normoxic and acute (10 min) hypoxia-exposed conditions.

#### *Hypoxia Stimulates ERK1/2 Activation*

 $PKC\zeta$  has been demonstrated to regulate the downstream ERK1/2 activation in response to various stimuli in different cell types (Berra *et al.,* 1993). We, therefore, evaluated the activation of ERK1/2 as a possible downstream target of  $PKC\zeta$  in hypoxic fibroblasts. In contrast to the abovementioned up-regulation of PKC $\zeta$  phosphorylation in fibroblasts exposed to prolonged hypoxia (Figure 5A), increase in ERK1/2 phosphorylation was evident in both acute (10 min) and prolonged (24 h) hypoxia-exposed fibroblasts. Greatest magnitude of hypoxia-stimulated ERK1/2 phosphorylation was observed in acute (10 min) hypoxia-exposed fibroblasts (Figure 6A), which is consistent with our previous observations (Das *et al.,* 2001). In that report, we have also demonstrated that the activation of ERK1/2 mediates hypoxiainduced proliferation of fibroblasts. With prolonged (24 h) hypoxic exposure, the increase in phosphorylated ERK1/2 was significantly reduced compared with that of acute (10 min) hypoxic exposure (Figure 6C). Western blot analysis of these lysates for total ERK1/2 confirmed equal protein loading among all samples (Figure 6B). Quantitative data of hypoxia-induced increase in phosphoERK1/2 levels are presented in Figure 6C. These results suggest that hypoxia stimulates ERK1/2 phosphorylation in vascular fibroblasts.

# *PKC Inhibition Up-regulates ERK1/2 Phosphorylation*

To evaluate a possible role of  $PKC\zeta$  in hypoxia-induced ERK1/2 activation, ERK1/2 phosphorylation was examined upon blockade of  $PKC\zeta$  expression. First, attenuation of

 $PKC\zeta$  level with antisense oligonucleotides was confirmed by Western blot analysis (Figure 7A). Acute (10 min) hypoxia-induced ERK1/2 phosphorylation was observed in the presence of scrambled oligonucleotides (Figure 7B). To our surprise, ERK1/2 were also significantly phosphorylated in both normoxic and hypoxic fibroblasts upon downregulation of  $PKC\zeta$  expression with antisense oligonucleotides, implicating that  $PKC\zeta$  might be a suppressor of hypoxia-induced ERK1/2 phosphorylation (Figure 7B). The quantitative data of acute hypoxia-induced ERK1/2 activation in the presence of  $PKC\zeta$  antisense and scrambled oligonucleotides are presented in Figure 7D.

With prolonged (24 h) hypoxic exposure, phosphoERK1/2 levels were significantly decreased compared with the acute (10 min) hypoxia-exposed fibroblasts in the presence of scrambled oligonucleotides (Figure 7C), which is consistent with the time course of hypoxia-induced ERK1/2 activation data (Figure 6). However, ERK1/2 phosphorylation was markedly up-regulated upon  $PKC\zeta$  blockade with antisense oligonucleotides in both normoxic and hypoxic fibroblasts (Figure 7, C and E). Persistent ERK1/2 phosphorylation upon PKC $\zeta$  attenuation suggests that PKC $\zeta$  is the terminator of hypoxia-induced ERK1/2 activation in fibroblasts.

The role of PKC $\zeta$  on ERK1/2 dephosphorylation was further investigated using myristoylated PKC $\zeta$  pseudosubstrate peptide inhibitor. Significant up-regulation of ERK1/2 phosphorylation has occurred in the presence of  $PKC\zeta$  inhibitor (Figure 8A). We then used  $PKC\zeta$  inhibitor to evaluate phopshoERK1/2 localization in response to hypoxic stimulation. We were not able to detect any signal for activated ERK1/2 in quiescent fibroblasts by immunofluorescent staining (Figure 8C). In cells exposed to prolonged hypoxia (24 h), phosphoERK1/2 was expressed as distinct spots outside the nucleus (Figure 8C). However, in the presence of the PKC $\zeta$  inhibitor, the intensity of phosphoER $\bar{K}1/2$  immunofluorescent staining was strikingly enhanced (Figure 8C). Also, phosphoERK1/2 was compartmentalized in the nucleus as well as in the cytoplasm of hypoxic fibroblasts upon PKC $\zeta$  inhibition (Figure 8C). PhosphoERK1/2 must be inside the nuclear compartment to initiate cellular proliferative responses (Pouyssegur *et al.,* 2002). Therefore, our data suggest that  $PKC\zeta$  inhibition initiates exuberant replication of hypoxic fibroblasts (Figures 1 and 2) by permitting persistent nuclear localization of phosphoERK1/2 in hypoxic cells. Taken together the data, we conclude that  $PKC\zeta$  is the regulatory switch of ERK1/2 dephosphorylation status in fibroblasts in response to hypoxic exposure.

# *MKP-1 Regulates ERK1/2 Dephosphorylation*

A reduction in ERK1/2 phosphorylation can be achieved by up-regulation of protein phosphatases, which dephosphorylate activated ERK1/2 (Keyse and Emslie, 1992). To explore the role of phosphatases in ERK1/2 dephosphorylation in these primary fibroblasts, phosphoERK1/2 levels were evaluated in the presence of sodium vanadate, an antagonist of phosphotyrosine phosphatases. There was marked increase in phosophorylated ERK1/2 levels (Figure 9, A and B) in fibroblasts, implicating the role of tyrosine phosphatases in ERK1/2 dephosphorylation events.

Among potential candidates for such phosphatases, MKP-1 was chosen for investigation because this hypoxia-responsive phosphatase dephosphorylates ERK1/2 in other cell types (Keyse and Emslie, 1992). We utilized phosphatase inactive MKP-1 (MKP-1PI), which acts as a dominant negative MKP-1, and examined the effects of MKP-1 blockade on ERK1/2 phosphorylation. Overexpression of MKP-1 in cells

Figure 7. PKC $\zeta$  attenuation induces persistent ERK1/2 activation in vascular fibroblasts. (A) Transient transfection of quiescent fibroblasts with  $PKC\zeta$ scramble and antisense oligonucleotides induced selective blockade of PKC $\zeta$  expression, but did not alter PKC $\iota$  levels. (B) ERK1/2 phosphorylation is increased by  $PKC\zeta$  antisense oligonucleotides in acute (10 min) hypoxia-exposed cells. Transfected cells were exposed to either normoxia or hypoxia for 10 min. Total protein was extracted with lysis buffer. Western blots were performed on the extracts using an anti-phosphoERK1/2 antibody and anti-ERK1/2 antibody to examine the levels of phosphorylated and total ERK1/2. Similar results were obtained from three independent experiments. Representative immunoblots of phosphoERK1/2 and total ERK1/2. (C) In prolonged (24 h) hypoxia-exposed fibroblasts, PKC $\zeta$  blockade results in persistent ERK1/2 phosphorylation. Transfected fibroblasts were exposed to either normoxia or hypoxia for 24 h. At the end of the experimental period, whole cell lysates were processed for immunoblot analysis with anti-phosphoERK1/2 and total ERK1/2 antibodies. (D) Quantitative measurement of acute (10 min) hypoxia-induced ERK1/2 phosphorylation in the presence of  $PKC\zeta$ scramble and antisense oligonucleotides.  $p < 0.05$  compared with the results of normoxic cells transfected with scramble oligonucleotides. (E) Quantitative measurement of ERK1/2 phosphorylation upon PKC $\zeta$  attenuation with antisense oligonucleotides in prolonged (24 h) hypoxiastimulated fibroblasts.  $* p < 0.05$  compared with data of the normoxic cells that were transfected with scramble oligonucleotides. \*\*  $p < 0.05$  compared with the results of hypoxic fibroblasts transfected with scramble oligonucleotides.

transfected with MKP-1PI was confirmed by Western blot analysis (Figure 9C). Persistent phosphorylation of ERK1/2 was observed in both normoxic and hypoxic fibroblasts upon expression of MKP-1PI (Figure 9E). However, ERK1/2 phosphorylation in the vector-transfected cells was up-regulated only upon acute (10 min) hypoxic exposure (Figure 9E), which is consistent with the time course of ERK activation in hypoxic cells as demonstrated in Figure 6. Total ERK1/2 levels were not affected by MKP-1PI in fibroblasts (Figure 9F). These results suggest that MKP-1 regulates ERK1/2 dephosphorylation in vascular fibroblasts.

#### *Hypoxia-induced Increase in MKP-1 Levels Represses Fibroblast Proliferation*

MKP-1 is a hypoxia-responsive gene (Laderoute *et al.,* 1999; Seta *et al.,* 2001; Liu *et al.,* 2003). To evaluate the effects of hypoxia on MKP-1 expression in vascular fibroblasts, quiescent cells were exposed to hypoxia  $(1\% \text{ O}_2)$  for different lengths of time and MKP-1 expression was examined by immunoblot analysis. Growth-arrested cells expressed a significant amount of constitutive MKP-1 protein (Figure 10A). After 24 h of hypoxic exposure, MKP-1 levels were greatly increased in the cells (Figure 10A). MKP-1 is an early response tumor suppressor gene and has a rapid turnover (Noguchi *et al.,* 1993). MKP-1 might accumulate over time in both normoxic as well as hypoxic fibroblasts (Figure 10A). In spite of the high levels of MKP-1 under normoxic conditions, hypoxic cells always had greater MKP-1 levels (Figure 10A). Equal protein loading among the samples was verified by immunoblotting with an antibody against tubulin (Figure



10). Therefore, these data suggest that hypoxia up-regulates MKP-1 expression in fibroblasts.

We then explored the role of MKP-1 in hypoxia-induced proliferative responses using MKP-1PI. Marked up-regulation (5-fold) in BrdU incorporation was observed in the presence of MKP-1PI under normal conditions (Figure 10B). Hypoxia induced DNA synthesis of the vector-transfected cells by twofold (Figure 10B). However, MKP-1PI induced an up-regulation of hypoxia-induced BrdU incorporation in fibroblasts by 5.5-fold (Figure 10B). Similar magnitude in the up-regulation of DNA synthesis between the normoxic and hypoxic fibroblasts by MKP-1PI, suggests that hypoxia-induced proliferation of fibroblasts is primarily regulated through the MKP-1 pathway (Figure 10B). Collectively, these data imply that hypoxia-induced increase in MKP-1 expression represses hypoxia-induced proliferation of fibroblasts.

#### *PKC Regulates MKP-1 Expression*

The strong parallel between proliferative up-regulation and persistent ERK1/2 phosphorylation with PKC $\zeta$  attenuation (Figures 1, 2, 7, and 8) and MKP-1 blockade (Figures 9 and 10) suggest that PKC $\zeta$  might direct ERK1/2 dephosphorylation events by regulating MKP-1. Therefore, the role of PKC $\zeta$  in MKP-1 expression was first evaluated using PKC $\zeta$ antisense oligonucleotides. In the presence of scrambled oligonucleotides, MKP-1 levels were up-regulated in hypoxic fibroblasts (Figure 11A). PKC $\zeta$  blockade with antisense oligonucleotides induced marked reduction in MKP-1 expression (Figure 11A). Preincubation of fibroblasts with

# A. phosphoERK1/2 (Immunobloting)

**B. total ERK1/2** 



 $(24$  hrs)

# C. phosphoERK1/2 (Immunostaining)



Figure 8. PKC $\zeta$  pseudosubstrate peptide inhibitor stimulates prolonged ERK1/2 phosphorylation in the nuclear compartment of vascular fibroblasts. (A) Western blot analysis of phosphoERK1/2 in the presence of  $PKC\zeta$  inhibitor. Quiescent fibroblasts were preincubated with PKC $\zeta$  inhibitor (10  $\mu$ M) for 1 h at 37°C, exposed to either normoxia or hypoxia for 24 h, and then harvested with lysis buffer. Whole cell lysates were separated by Western blot analysis and probed with anti-phosphoERK1/2 and total ERK1/2 antibodies. Similar results were obtained in three different experiments. Cells used for the three experiments were isolated from three different animals. A representative blot of phosphoERK1/2 is shown. (B) Representative blot of total  $ERK1/2$ . (C)  $PKC\zeta$  inhibition induces nuclear localization of activated ERK1/2 in fibroblasts. Representative photographs of phosphoERK1/2 compartmentalization in hypoxic fibroblasts. Cells were plated at the density of  $20 \times 10^3$ /well/0.5 ml of 10% FBS/MEM in eight-well glass chamber slides, allowed to attach overnight, and then growth-arrested with 0.1% FBS/ MEM for 72 h. Fibroblasts were incubated with PKC $\zeta$ inhibitor and then exposed to either normoxia or hypoxia according to the abovementioned method. At the end of the treatment, cells were fixed with cold 4% paraformaldehyde and indirect immunofluorescent staining of phosphoERK1/2 was performed. Nuclei were stained with Hoechst dye. Magnification,  $\times 100$ . Similar results were obtained in two other experiments using different cell populations.

myristoylated PKC $\zeta$  pseudosubstrate peptide inhibitor also resulted in complete blockade of MKP-1 expression under both normoxic and hypoxic conditions (our unpublished observation).

MKP-1 regulation by PKC $\zeta$  was further confirmed by using MyrPKC $\zeta$ . Growth-arrested fibroblasts were transiently transfected with empty vector (PCMV5) and Myr-PKC $\zeta$ . PKC $\zeta$  overexpression stimulated an increase in MKP-1 levels in fibroblasts (Figure 11B). Collectively, these data suggest that PKC $\zeta$  regulates MKP-1 expression in vascular fibroblasts.

# *PKC and MKP-1 Colocalize in the Nucleus of Vascular Fibroblasts*

To evaluate the localization of  $PKC\zeta$  and MKP-1, both normoxic and hypoxia-exposed (24 h) cells were subjected to double immunofluorescent staining for  $PKC\zeta$  and MKP-1. Under normoxic conditions, punctate staining pattern of both MKP-1 and  $PKC\zeta$  was detected in the nuclear compartment of fibroblasts (Figure 12A). Intensity of the immunoreactivity of both  $PKC\zeta$  and MKP-1 was enhanced in the nuclear compartment of hypoxic fibroblasts (Figure 12B).

Nuclear localization of MKP-1 in vascular fibroblasts is consistent with other reports (Reffas and Schlegel, 2000; Plows *et al.,* 2002; Pouyssegur *et al.,* 2002). However, subcellular localization of PKC $\zeta$  is cell-type dependent (Fields et al., 1989; Cho and Ziboh, 1995). Specificity of nuclear PKC $\zeta$ immunofluorescent staining in fibroblasts was therefore confirmed with the peptide against which PKC $\zeta$ -specific antibody was raised. Anti- $PKC\zeta$  antibody was preincubated with the peptide and the mixture then was used for  $PKC\zeta$ detection. Punctate staining in the nuclear compartment was completely abolished in the presence of this antigen–antibody complex, (Figure 12C) confirming that PKC $\zeta$  resides in well-defined foci and colocalizes with MKP-1 in the nucleus of vascular fibroblasts.

Fibroblasts were then preincubated with  $PKC\zeta$ -specific peptide inhibitor and exposed to either normoxia or hypoxia for 24 h. MKP-1 immunofluorescent staining in the nucleus was disrupted upon PKC $\zeta$  inhibition (Figure 12D). Nuclear effects of myristoylated PKC $\zeta$  pseudosubstrate peptide inhibitor are neither surprising nor unique for this cell type. Theodore *et al.* (1995) have reported that myristoylated PKC pseudosubstrate peptide inhibitor is capable of translocating



**Figure 9.** MKP-1 regulates ERK1/2 dephosphorylation in vascular fibroblasts. (A and B) Significant up-regulation in phosphoERK1/2 levels is observed in the presence of sodium vanadate, an antagonist of tyrosine phosphatases. Growth-arrested cells were preincubated with sodium vanadate (200  $\mu$ M) for 24 h. Whole cell lysates were separated by Western blot analysis and probed with anti-phosphoERK1/2 and total ERK1/2 antibodies. Similar results were obtained in another independent experiment using different cell populations. (C and D) MKP-1 is overexpressed in fibroblasts transfected with phosphatase inactive MKP-1 (MKP-1PI). Quiescent fibroblasts were transiently transfected with MKP-1PI or empty vector. Cells were harvested with lysis buffer after 48 h of transfection. Whole cell lysates were separated by immunoblot analysis for the evaluation of MKP-1 and tubulin expression. (E and F) PhosphoERK1/2 levels are greatly higher in the cells transfected with MKP-1PI than in those transfected with empty vector. MKP-1PIand empty vector-transfected cells were exposed to either normoxia or hypoxia (10 and 60 min). Proteins from the cell lysates were separated by Western blot analysis and probed with anti-phosphoERK1/2 and total ERK1/2 antibodies. Similar results were obtained in three different experiments using three different cell populations.

across biological membranes to accumulate in all compartments of neuronal cells. Therefore, our results show that MKP-1 expression is tightly regulated by  $PKC\zeta$  in the nucleus of vascular fibroblasts.

#### **DISCUSSION**

Despite our previous studies on signaling pathways that mediate hypoxia-induced proliferation of fibroblasts (Das *et*



**Figure 10.** Hypoxia-induced increase in MKP-1 levels terminates proliferation of hypoxic fibroblasts. (A) Hypoxia up-regulates MKP-1 expression. Quiescent fibroblasts were exposed to either normoxia or hypoxia for 24–72 h and harvested with lysis buffer. Western blot analysis of the cell lysates was performed using anti-MKP-1 and tubulin antibodies. Representative blot of the three independent experiments is shown. (B) Transfection of fibroblasts with MKP-1PI stimulates BrdU incorporation in the cells. Growth-arrested cells were transiently transfected with empty vector and MKP-1PI. After 48 h of transfection, cells were exposed to either normoxia or hypoxia in the presence of BrdU for 24 h. n = 4 replicate wells. \* p < 0.05 compared with vector transfected normoxic results. \*\*  $p < 0.05$  compared with the vector-transfected hypoxic data. Similar results were obtained from three independent experiments using fibroblasts from three different animals.

*al.,* 2000 and 2001), it remains unclear how replication suppressors, which simultaneously coexist with proliferative stimulators, work collaboratively to attenuate normal proliferation of hypoxic fibroblasts. In the present study, we report for the first time that  $PKC\zeta$  is the master regulator of hypoxia-induced ERK1/2 dephosphorylation events through the regulation of MKP-1 expression and thereby limits proliferation of hypoxic fibroblasts (Figure 13). PKC $\zeta$ attenuation leads to striking up-regulation in proliferation as well as ERK1/2 phosphorylation in hypoxic fibroblasts. In contrast, PKC $\zeta$  overexpression induces a significant downregulation of replication in hypoxic cells. PKC $\zeta$  regulates hypoxia-induced MKP-1 expression in fibroblasts. MKP-1 blockade mimics the results of PKC $\zeta$  attenuation on hypoxia-stimulated ERK1/2 phosphorylation and proliferation. These results strongly support the idea that  $PKC\zeta$  acts as a replication repressor through its regulation of MKP-1 expression in hypoxic fibroblasts.



Figure 11. PKC $\zeta$  regulates MKP-1 expression in vascular fibroblasts. (A) PKC $\zeta$  blockade attenuates MKP-1 expression. Quiescent fibroblasts were transiently transfected with  $\overline{P}KC\zeta$  scramble and antisense oligonucleotides. After allowing overnight recovery from transfection, cells were exposed to either normoxia or hypoxia for 24 h. Whole cell lysates were separated by gel electrophoresis and probed with anti-MKP-1,  $PKC\zeta$ , and tubulin antibodies. (B) Myr-PKC $\zeta$  stimulates MKP-1 expression in fibroblasts. Growth-arrested fibroblasts were transiently transfected with PCMV5 and MyrPKC $\zeta$ . Cells were harvested with lysis buffer after 48 h of transfection.  $MKP-1$ ,  $PKC\zeta$  and tubulin were detected in the cell lysates by Western blot analysis. Similar results were obtained in three independent experiments using three different fibroblast populations isolated from three different animals.

Our data in vascular fibroblasts contrast with the majority of published reports where  $PKC\zeta$  is described as a proliferative mediator in a variety of cells (Hirai and Chida, 2003). Recently, Braun and Mochly-Rosen (2003) have demonstrated that  $PKC\zeta$ is required for  $TGF\beta1$ -induced proliferation of neonatal primary cardiac fibroblasts. PKC $\zeta$  attenuation also inhibits platelet-derived growth factor (PDGF)-induced proliferation of human airway smooth muscle cells (Carlin *et al.,* 2000). However, a recent report also demonstrates that  $PKC\zeta$  blockade does not inhibit rabbit vascular smooth muscle cell proliferation (Hussain et al., 2002). In fact, PKC $\zeta$  inhibition increases growth factor– and cytokine-induced proliferation, which supports the notion that  $PKC\zeta$  is an antiproliferative kinase under specific circumstances and is in agreement with our results describing the role of  $PKC\zeta$  as proliferative repressor of hypoxic fibroblasts. Therefore, the role of  $PKC\zeta$  in proliferation is not only cell type specific, but also species specific and hence, the function of this particular atypical isozyme in cellular proliferative responses requires more rigorous characterization.

 $PKC\zeta$  plays an important functional role in mitogenic signaling by initiating the activation of the downstream

MAP kinases such as MEK and ERK family proteins (Berra *et al.,* 1993). Activation of the ERK cascade is known to be associated with cellular proliferation (Chang *et al.,* 2003). Previously, we have also reported that proliferation of hypoxic fibroblasts is regulated by hypoxia-induced ERK1/2 activation (Short *et al.,* 2004). However, in the present study,  $PKC\zeta$  attenuation results in persistent  $ERK1/2$  phosphorylation, which contributes to the exuberant proliferation of hypoxic fibroblasts. Another important point is that  $PKC\zeta$ blockade induces accumulation of activated ERK1/2 in the nucleus, which is consistent with the fact that presence of activated ERK1/2 in the nucleus is necessary for the induction of cell proliferation (Pouyssegur et al., 2002). PKC $\zeta$ induced termination of ERK phosphorylation observed in the present studies is in contrast to the previously published reports demonstrating that  $PKC\zeta$  is the upstream kinase of MEK and ERK in other cell types (Berra *et al.,* 1993). Also, in spite of the similar increases in proliferation of our cells and rabbit vascular smooth muscle cells (Hussain *et al.,* 2002) upon PKC $\zeta$  inhibition, the role of PKC $\zeta$  in ERK1/2 activation is different between the two cell types. In the vascular fibroblasts, PKC $\zeta$  is the master regulatory switch of ERK1/2 dephosphorylation events, whereas in rabbit smooth muscle cells ERK1/2 activation is independent of  $PKC\zeta$  activation (Hussain *et al.,* 2002). Therefore, the functional role of PKC in the regulation of ERK1/2 activation upon a stimulus is a highly cell- and condition-specific event.

Because of the critical importance of ERK1/2 in cellular signaling, the activities of ERKs must be tightly regulated and this can be achieved by ERK-specific phosphatases, e.g., MKP family members. There are at least 11 MKPs in mammals, which imply the existence of a complex regulatory network for MAP kinase signaling. MKPs differ by properties such as tissue-specific expression, differential regulation in response to various stimuli, distinct subcellular localization and substrate specificity. MKP-1 has also been identified as a hypoxia-responsive gene in a variety of cell types (Keyse and Emslie, 1992; Noguchi *et al.,* 1993; Laderoute *et al.,* 1999) and is an immediate-early gene product, characterized by rapid transcriptional induction after MAP kinase family activation, short half-life, and rapid destruction by the 26S proteasome (Keyse and Emslie, 1992; Keyse, 1995). MKP-1 participates in the determination of the kinetics and thus the cellular outcome of MAP kinase signaling (e.g., proliferation vs. differentiation; Charles *et al.,* 1993; Nishida and Gotoh, 1993; and survival vs. apoptosis; Xaus *et al.,* 2001). The interaction between MKP-1/MAP kinase signaling also exhibits cell type specificity (Zhang *et al.,* 2003).

In the present study, hypoxia-induced up-regulation of MKP-1 provides a novel mechanism, to account for the inhibitory effects of  $PKC\zeta$  on  $ERK1/2$  phosphorylation and proliferation in hypoxic fibroblasts. Marked prolongation of ERK1/2 phosphorylation in cells treated with either  $PKC\zeta$ antisense oligonucleotides or myristoylated  $PKC\zeta$  peptide inhibitor correlates with the inhibition of MKP-1 expression upon PKC $\zeta$  attenuation. Consequently, our results allow us to conclude that  $PKC\zeta$  is the suppressor of  $ERK1/2$  phosphorylation by regulating MKP-1 expression. Prolonged activation of  $PKC\zeta$  in hypoxic fibroblasts (Figure 5) might be required by the system to maintain the level of MKP-1 upon hypoxic exposure. MKP-1 overexpression inhibits ERK-regulated reporter gene expression, Ras-induced DNA synthesis, and growth-factor–stimulated entry into the S phase in fibroblasts (Brunet *et al.,* 1995). As a result, MKP-1 expression constitutes a control mechanism for attenuation of mitogenic signaling pathways. Our data further suggest that

# A. Normoxia



Figure 12. MKP-1 and PKC $\zeta$  colocalize in the nuclear compartment of vascular fibroblasts. (A) Representative photographs of MKP-1 and PKC $\zeta$  in normoxic fibroblasts. Quiescent cells were fixed with cold 4% paraformaldehyde and permeabilized with 0.5% Triton X-100. Double immunofluorescent staining was performed with anti-MKP-1 and  $PKC\zeta$  antibodies. Magnification,  $\times$ 100. (B) Representative photographs of nuclear localization of MKP-1 and PKC $\zeta$  in hypoxic fibroblasts. Growth-arrested cells were exposed to hypoxia for 24 h. At the end of hypoxic exposure,  $MKP-1$  and  $PKC\zeta$  were visualized by double immunofluorescent staining. (C) Nuclear staining of  $PKC\zeta$  is abolished in the presence of  $PKC\zeta$  peptide and anti- $PKC\zeta$  antibody. To confirm the specificity of nuclear PKC $\zeta$  staining, the PKC $\zeta$  peptide was preincubated with the anti- $\overline{P}$ KC $\zeta$  antibody overnight at 4°C. Immunofluorescent staining of  $\text{P}\text{KC}\zeta$  was performed with this antigen–antibody complex. (D) Myristoylated  $PKC\zeta$  pseudosubstrate peptide inhibitor induces disorganization of defined nuclear localization of MKP-1 in fibroblasts. Growth-arrested fibroblasts were preincubated with PKC $\zeta$ -specific peptide inhibitor (10  $\mu$ M) for 1 h at 37°C and then exposed to either normoxia or hypoxia for 24 h. At the end of the treatment, cells were fixed and processed for indirect immunofluorescent staining of MKP-1. Similar results were reproduced in two other fibroblast populations. Magnification,  $\times 100$ .  $n = 4$  replicate wells. A representative micrograph of the three independent experiments is shown in each case.

D. PKCζ Inhibition Normoxia + Hypoxia + **PKC** $\zeta$  inhibitor **PKC** $\zeta$  inhibitor  $(24 hrs)$  $(24 hrs)$ 



PKC $\zeta$ -mediated MKP-1 expression plays a crucial role in the proper termination of ERK1/2 activation during the hypoxic exposure and contributes to "switching off" the signals directing the proliferation of hypoxic fibroblasts.

Evidence is accumulating to indicate that PKC is associated with nuclear events both in resting cells as well as in actively dividing cells (Capitani *et al.,* 1987; Chiarugi *et al.,* 1990; Buchner *et al.,* 1992; Neri *et al.,* 1994). In the present study,  $PKC\zeta$  localization in the nuclear compartment is consistent with the report demonstrating its expression in the nuclei of unstimulated adipocytes (Lacasa *et al.,* 1995). Stimulation of the adipocytes with insulin or serum caused a rapid increase in nuclear  $PKC\zeta$  activity, suggesting that  $PKC\zeta$  could directly phosphorylate structural and/or regulatory nuclear proteins. Nucleolin and heterogeneous nuclear ribonucleoprotein are the substrates of  $PKC\zeta$ , suggesting that  $PKC\zeta$  may play an important role in nuclear signal transduction (Tuteja and Tuteja, 1998). Nuclear PKC $\zeta$  might



**Figure 13.** Schematic diagram: role of  $PKC\zeta$  in the termination of proliferation of hypoxic fibroblasts through the regulation of ERK1/2 dephosphorylation and MKP-1 expression.

be the critical mediator of the hypoxic responses in fibroblasts because PKC $\zeta$  transactivates HIF-1 $\alpha$  by blocking the expression of a factor inhibiting HIF-1 in renal cancer cells (Datta *et al.,* 2004). Interestingly, MKP-1 colocalizes with PKC $\zeta$  in the nuclear compartment of fibroblasts. PKC $\zeta$  association with MKP-1 in the nucleus may constitute the critical replication repressor system in fibroblasts.

Manipulation of  $PKC\zeta$  levels, either by inhibition or overexpression, leads to subsequent alteration in MKP-1 levels, suggesting that PKC $\zeta$  tightly regulates MKP-1 expression in fibroblasts. MKP-1 expression is also regulated by PKC, albeit by a different isozyme, PKC $\epsilon$ , in bone marrow macrophages (Valledor *et al.,* 2000). In H41E rat hepatoma cells, insulin-induced MKP-1 expression is blocked by the myristoylated PKC $\zeta$  pseudosubstrate peptide inhibitor (Lornejad-Schafer et al., 2003). However, in that report PKC $\zeta$ -mediated MKP-1 expression is not correlated with any cellular response. We believe that our data are the first demonstration of nuclear colocalization of MKP-1 and PKC $\zeta$ , which together function as terminators of proliferative signals in hypoxic fibroblasts. Our future studies will focus on evaluating the mechanism of PKC $\zeta$ -mediated regulation of MKP-1 expression in vascular fibroblasts.

Excessive proliferation of fibroblasts is associated with a number of vascular diseases (Stenmark *et al.,* 1987; Stenmark and Mecham, 1997; Stenmark *et al.,* 2000; Rey and Pagano, 2002), asthma, chronic obstructive pulmonary diseases, pulmonary fibrosis (Zhong *et al.,* 2005), and also cancer (Bhowmick *et al.,* 2004). Multiple factors including growth factors, cytokines, mechanical stress, hypoxia, neurotransmitters, and hormones are believed to contribute to the processes leading to fibroblast proliferation (Sartore et al., 2001), wherein PKC $\zeta$  might serve as a common second messenger mediating the termination signals for proliferative responses. One of the primary steps in the orchestrated "emergency stop" cascade may be the up-regulation of MKP-1 expression that dephosphorylates ERK1/2 and consequently attenuates proliferation. PKC $\zeta$  exerts its suppressing effect on ERK activation and proliferation in vascular fibroblasts primarily through interactions that involve MKP-1.

Thus, we postulate that the balance between PKC $\zeta$ -mediated MKP-1 expression and ERK1/2 activities stimulated by hypoxia is critical for maintaining cellular homeostasis. Further understanding of the mechanisms by which hypoxia stimulates the PKC's-mediated induction of MAP kinase phosphatase might lead to strategies for the prevention and treatment of fibroproliferative diseases resulting from chronic hypoxic exposure.

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