Microarray analysis of the mammalian thromboxane receptor-*Trypanosoma cruzi* **interaction**

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Abbreviations: AA, arachidonic acid; BFT, blood form trypomastigotes; MT, metacyclic trypomastigotes; PGF₂₀, prostaglandin $\rm F_{2\alpha}$; PGH₂, prostaglandin H₂; TXA₂, thromboxane A₂; TP, TXA₂ receptor; TXA₂S, TXA₂ synthase; RFP-EC, rat fat pad endothelial cells; SOCS, suppressor of cytokine signaling; ERK, extracellular signal-regulated kinase; IBOP, [1S-1α,2α(Z),3β(1E,3S*),4α]-7-[3-[3-hydroxy-4-(4-iodophenoxy)-1-butenyl]-7-oxabicyclo[2.2.1]hept-2-yl]-5-heptenoic acid; SLPI, secretary leukocyte protease inhibitor; ASA, aspirin

Trypanosoma cruzi, the etiological agent of Chagas disease, causes vasculopathy and cardiomyopathy in humans and is associated with elevated levels of several vasoactive molecules such as nitric oxide, endothelin-1 and thromboxane A_1 (TXA₂). Parasite derived TXA₂ modulates vasculopathy and other pathophysiological features of chagasic cardiomyopathy. Previously, we demonstrated that in response to infection with *T. cruzi,* TXA₂ receptor (TP) null mice displayed increased parasitemia; mortality and cardiac pathology compared with wild type (WT) and TXA₂ synthase null mice. In order to further study the role of TXA₂-TP signaling in the development of Chagas disease, GeneChip microarrays were used to detect transcriptome changes in rat fat pad endothelial cells (RFP-ECs) which is incapable of TXA₂ signaling (TP null) to that of control (wild type) and RFP-EC with reconstituted TP expression. Genes that were significantly regulated due to infection were identified using a time course of 2, 18 and 48 hrs post infection. We identified several key genes such as suppressor of cytokine signaling (SOCS-5), several cytokines (CSF-1, CXCF ligands) and MAP kinases (MAPK-1, Janus kinase) that were upregulated in the absence of TP signaling. These data underscore the importance of the interaction of the parasite with mammalian TP and may explain the increased mortality and cardiovascular pathology observed in infected TP null mice.

Introduction

Eicosanoids are a family of lipid mediators that participate in a wide range of biological activities including vascular tone, inflammation, ischemia and tissue homeostasis.¹ In mammals, the biosynthetic pathways for these important biological mediators are dependent upon liberation of arachidonic acid from the inner leaflet of the plasma membrane. Thromboxane A_2 (Tx A_2), an eicosanoid generated during arachidonic acid metabolism, is the most potent vasoconstrictor known and acts via its receptors TPα and its splice variant TPβ, both of which are expressed on human endothelial cells (ECs). Several parasitic organisms are known to produce eicosanoids, many of which are known to modulate host response and the progress of an infection.2-6

Infection with the protozoan parasite *Trypanosoma cruzi* causes Chagas disease, characterized by acute myocarditis and vasculitis that evolves into a chronic cardiomyopathy in 15 to 30% of infected persons. Chagasic cardiomyopathy is an important cause of morbidity and mortality in endemic areas of Mexico, Central and South America.^{7,8} Transmission to humans may occur by several means including natural transmission via the insect vector, blood transfusion, laboratory accidents, organ transplantation, congenital transmission^{9,10} and ingestion of contaminated food and water.11 Chagas disease is also recognized as an opportunistic infection in immune-compromised individuals including those with HIV/AIDS.¹²

The parasite has a complex life cycle involving a mammalian host and a insect vector.⁷ The insect forms include epimastigotes, which multiply extracellularly, inside the insect midgut and give

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Figure 1. Detection of TP in WT-EC (A), TP null (B) and TP α -EC (C) by immunoflourescence using anti TPα antibody. Both WT-EC and TP null with transfected human TP α gene expressed abundant TP α protein as compared to that of TP null ECs. The faint expression of TP α in TP null EC may be due to the fact that TP null EC are functional but not genetic knockouts or it may be due to reaction of TP α antibody with a related protein as no primary antibody control staining could detect any background staining with TP α antibody (D).

rise to infective non-dividing metacyclic trypomastigotes (MT). The insect introduces MTs into the mammalian host while taking a blood meal, through its feces near the punctured skin. The MTs immediately transforms into non-dividing, blood form trypomastigotes (BFT). BFTs can infect a variety of host cell types and multiply intracellularly as amastigotes.¹³ Amastigotes are released as infected cells rupture and transform back to BFTs, which infect adjacent tissues or are swept into the blood and lymphatics to remote areas of the body. In the cardiovascular system cardiac myocytes, cardiac fibroblasts, ECs and vascular smooth muscle cells are readily infected by this parasite.

Acute *T. cruzi* infection results in the upregulation of the inflammatory responses in many tissues and has been studied most extensively in the heart. During acute infection there is an increased expression of cytokines,¹⁴ chemokines,¹⁵ endothelin-1,^{16,17} vascular adhesion molecules¹⁸ and nitric oxide synthases¹⁹ which is accompanied by an intense inflammatory infiltrate, myonecrosis, pseudocyst formation, vasculitis and platelet activation and aggregation. Chronic chagasic cardiomyopathy is an example of a dilated cardiomyopathy associated with chronic inflammation and fibrosis, myocytolysis, congestive heart failure and thombo-embolic events. Notably, few parasites are observed in the myocardium during the chronic phase. Many of the features of acute and chronic Chagas disease are also associated with the activation of TXA_2 signaling pathway via its receptors. 20

The role of TXA₂ in the pathogenesis of *T. cruzi* infection was suggested in 1990,²¹ and recently examined in more detail in reference 22. Our laboratory demonstrated that all *T. cruzi* life cycle forms were capable of synthesizing TXA_{2} thereby modulating vasculopathy and other features of chagasic cardiomyopathy including inflammation and platelet activation.²² Additionally, we demonstrated that majority of circulating TXA₂ in *T. cruzi*infected thromboxane synthase (TXA₂S)-null mice was parasitederived. *T. cruzi* infection of TP null mice resulted in increased peripheral parasitemia and mortality. Moreover, infection of ECs obtained from TP null mice displayed higher intracellular parasitism compared with wild-type uninfected cells, 22 suggesting that the $\text{TXA}_2\text{-TP}$ signaling plays an important role in Chagas disease. These observations suggested that parasite-derived TXA, is sufficient to stimulate host TP to ensure normal disease progression via stimulation of host TP to affect parasitemia and host survival. The parasite-derived TXA_2 may not directly participate in the inflammatory process of the host, but rather contribute to the balance between the rate of parasite proliferation and continued survival of the host so that the disease can progress to the chronic stage. Previously, we demonstrated that TP stimulation inhibits the proinflammatory effects of $TNF\alpha$ via a G α q mediated mechanism.22

The nature of the signaling pathways resulting from TP activation that control parasite growth and replication is not entirely known, although activation of G α q appears to be important.^{22,23} We sought to determine the potential molecular mechanisms by which the parasite-derived TXA_2 modulates Chagas disease progression and limit collateral damage to organs. Thus, we performed GeneChip microarray analysis on rat fat pad ECs with normal TP (WT-EC) and TP α null-EC²⁴ responses to TXA₂ signaling and compared to null-EC reconstituted with the human TP α isoform (TP α -EC). The changes in the transcription profile were compared with matched uninfected and infected WT-EC. Rats do not express TPβ, therefore, TPα null ECs are functionally incapable of TXA_2 signaling. We monitored the host response to TP receptor null environment over a time course of 2, 18 and 48 h post infection (p.i.).

Results

TP null endothelial cells (ECs) are functionally deficient of TP activation. We employed immunoflourescence to detect the expression and abundance of TP in RFPECs. Since, TP null ECs were a functional mutant and not a genetic knockout, 24 we could detect a small amount of TP expression in these cells with anti-human TP antibody that also recognizes rat TPs. However, the abundance of TP in TP null ECs was approximately 42% of that of WT-EC and 29% of that of the TP reconstituted (TPα-EC) ECs (**Fig. 1**). We also analyzed the expression of TP by immunoblotting using the same antibody and found that TP null ECs contain significantly less TP as compared to either the WT-ECGrTPα-EC. Conversely, re-expression of the human TPα isoform in null-EC resulted in levels of expression similar to those observed in WT-EC indicating physiological levels of expression were achieved in TPα-EC (**Fig. 2A**). TP expression in these cells

was not regulated as a result of either infection with *T. cruzi* treatment with 50 nM IBOP, a TP receptor against (**Fig. 2B**). We evaluated the functional status of TP in these cells by stimulating with 50 nM IBOP, a thromboxane-mimetic agent and measuring the activation of ERK pathway by immunoblotting using anti phospho ERK antibody.25 Both WT-EC and TPα-EC expressed high levels of phospho ERK when stimulated with IBOP indicating an intact TP signaling pathways in these cells. However, we could not detect ERK activation in TP null ECs stimulated with IBOP (**Fig. 2C**). These results indicate that reconstitution of TP null ECs with ectopic expression of human TPα isoforms are a reliable system to analyze TP signaling as functional receptors with appropriate coupling. Thus they were employed to determine the role of prostanoid signaling associated with *T. cruzi* infection.

Significantly upregulated genes in *T. cruzi* **infection and those that are also dependent on TP activation.** In order to evaluate significantly upregulated genes in the setting of *T. cruzi* infection and those that are also dependent on TP activation, we compared the entire data set including all target ECs (i.e., WT-EC, TP null EC and TPα-EC) and conditions (control vs. infected) at all time points. Data was normalized to mean values and statistical significance was determined using ANOVA (6,799 genes). In the selection process, the following criteria were used: first, genes were selected that were upregulated in infected TP null ECs

by at least 1.5-fold when compared with the infected WT ECs, second, we selected only those genes from infected TPα-ECs that had expression values between 1–1.5-fold to that of infected WT ECs (445 genes). Third, we selected only those genes, which showed regulation when compared to the matched control (162 genes). Using these criteria we were able to isolate genes that were upregulated because of absence of the $\text{TXA}_{2}\text{-}\text{TP}$ signaling pathway during the course of *T. cruzi* infection. Comparing with the regulated genes observed in the reconstituted cells with TPα receptor expression resulted in the selection of those genes that were expressed at normal levels when the $\text{TXA}_2\text{-TP}$ signaling pathway was restored. Finally we used the Ingenuity Pathways Analysis to classify genes according to their function.

After trimming control and unknown genes from the list, we obtained 136 genes (**Table 1**) that were significantly upregulated because of TP null phenotype. These genes are believed to be otherwise downregulated if the TP pathway were intact as in

Figure 2. TP expression in WT-EC, TP null and TPα-EC by immunoblotting. (A) TP expression in these cells was not regulated by either infection with *T. cruzi* or when these cells were stimulated with a TP receptor against, IBOP (B) TP expressed in TP null and TPα EC were functional as ERK activation was observed when these cells were stimulated with IBOP (C) Beta actin was used as an equal loading control for all immunoblots and its expression was unaffected by experimental conditions (the controls for B and C not shown).

the WT or when we reconstitute the cells with the TP receptor. **Table 1** provides a list of upregulated genes and their functions.

Significantly, downregulated genes in *T. cruzi* **infection that are also dependent on TP activation.** Using a similar approach, we found 106 genes to be significantly downregulated in TP null cells due to *T. cruzi* infection (**Table 2**). These genes are believed to be otherwise upregulated if the TP pathway were intact as in the wild-type when we reconstitute the cells with the $TP\alpha$ receptor.

Discussion

The pathogenesis of *T. cruzi*-induced cardiomyopathy and vasculopathy are not fully understood. Over the past decade there have been a number of microarray studies by our laboratory group and others examining the consequences of *T. cruzi* infection on murine heart,²⁶⁻²⁸ cultured cardiac myocytes,²⁹ myoblasts,³⁰

Table 1. The genes that were upregulated (>1.5-fold) a result of *T. cruzi* infection in the absence of thromboxane signaling. (continued)

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ID	Gene	Description	Location	Family	
1375955 at	RNF114	ring finger protein 114	unknown	other	
1399070 at	SETD ₅	SET domain containing 5	unknown	other	
1389984 at	LOC681740	similar to jumonji protein	unknown	other	
1371531 at	LOC678880	similar to mammalian retrotransposon derived 8b	unknown	other	
1393096 at	HCG 21078	ribosomal protein L27a pseudogene 6	unknown	other	
1383793 at	TMCC ₁	transmembrane and coiled-coil domain family 1	unknown	other	
1394842 at	TMEM19	transmembrane protein 19	unknown	other	
1373136 at	ZUFSP	zinc finger with UFM1-specific peptidase domain	unknown	other	

fibroblasts,^{31,32} HeLa cells³³ and human coronary artery smooth muscle cells.34

In our previous microarray studies, we examined transcriptome changes in infected murine heart in C7BL/6 x 129sv (100 days) and CD-1,^{26,27} (a time course ranging from 30–180 days, encompassing both in the acute and chronic stages of infection) with the Brazil strain of *T. cruzi*. Among the genes that were upregulated in the previous studies and the current one includes secretary leukocyte protease inhibitor (SLPI) and Caspase-12. SLPI is an important modulator of inflammatory responses responsible for cardiac remodeling^{35,36} and was observed to be upregulated in the acute stage (six-fold increase), which waned as the infection evolved into the chronic stage.²⁵ In the present study, we also observed overexpression of SLPI gene, however, we were unable to demonstrate this increase by immunoblotting (data not shown). Interestingly, both our group²⁷ and Garg et al.³⁷ observed that both in vitro and in vivo, among the most repressed genes includes those for oxidative phosphorylation complexes I and IV. In the current study, we also observed repressed cytochrome c oxidase VIIa and NADH dehydrogenase (ubiquinone- $1-\alpha$ subcomplex-1) genes.

The current studies are an outgrowth of our interests in the role of eicosanoids in general and TXA_{2} signaling in particular in the pathogenesis of Chagas disease. Recently we identified the importance of SOCS (suppressor of cytokine signaling) proteins in *T. cruzi* infection with respect to arachidonic acid metabolic pathway in the host. We have observed that treatment of acutely infected mice (with Brazil strain) with aspirin (ASA) increased both mortality and parasitemia and this phenomenon was attributable to an increased expression of SOCS-2 in the spleens of infected, ASA-treated mice.³⁸ There are eight SOCS proteins (1-7 and CIS) that negatively regulate cytokine signaling by a variety of mechanisms. In this analysis we found that SOCS-5 is upregulated in TP null ECs. The increase in SOCS-5 may explain the increased mortality found in TP null infected mice as in both the cases, reducing cytokine signaling has a profound effect in loss of innate immunity and hence host survival. SOCS-2 inhibits cytokine signaling by interleukin-6 (IL-6) and growth hormone while SOCS-5 binds to IL-4 receptor and phosphorylated insulin-like growth factor (IGF-I) and promotes in cellular growth and differentiation, and inhibits apoptosis via the Ras and PI3K signaling pathways. Interestingly, SOCS-2 protein was not overexpressed in TP null ECs as was observed in ASA-treated mice

(unpublished data). However, there was an increased expression of SOCS-5 protein in the infected TP null ECs as compared to either TP null ECs or WT ECs (**Fig. 3**). This result indicates the importance of eicosanoid signaling in *T. cruzi* infection as potential immunemodulators. Inhibition of arachidonic acid metabolic pathway early in the infection, increases parasitemia and mortality by increasing SOCS-2 expression while on the other hand, failure to TP signaling shows similar phenotype by increasing SOCS-5 expression.

Although *T. cruzi* is known to produce PGH_2 , $\text{PGF}_{2\alpha}$ and TXA_2 , we do not known whether the parasite possess a receptor for these eicosanoids. A deeper understanding of the mechanism of parasitic eicosanoid signaling may provide us clues to the differences between host response in the acute and chronic infection.

Materials and Methods

Parasites. The Tulahuen strain of *T. cruzi* was maintained in A/J mice (Jackson Laboratories, Bar Harbor, ME). They were maintained in L_6E_9 myoblast cultures as previously.³⁹

Materials. Tissue culture reagents were purchased from Invitrogen (Carlsbad, CA). Plasticware was purchased from Costar (Cambridge, MA). The TP receptor agonist IBOP was obtained from Cayman Chemicals (128719-90-4).

Isolation of primary rat fat pad endothelial cells (RFPECs). Primary endothelial cells (EC) were isolated from the epididymal fat pad of normal male Sprague Dawley rats as previously described.21 Reconstitution of TP-null RFPEC with the plasmids containing the human $TP\alpha$ coding sequence was performed as previously described,²¹ using antibiotic selection (150 μ g/ mL G418) to identify transfected cells. ECs were maintained in humidified incubator at 37°C and 5% $CO₂$ in DMEM high glucose supplemented with 10% FBS and 100 μg/mL penicillin-streptomycin.

Infection of cells. RFPECs (WT-EC, TP null EC and TPα EC) were infected with trypomastigotes at a multiplicity of infection of ~2:1 for 2, 18 and 48 h and harvested as previously described.34 To visualize intracellular parasites cells were fixed in methanol and stained with Giemsa.

Genechip reaction. The infected and the control uninfected cells were washed three times in PBS (pH 7.2) and total RNA were prepared using the TRIZOL (Invitrogen, 15596026) method.

The purified RNA was quantitated in Nanodrop (Thermo Fisher Scientific, Waltham, MA) and used for GeneChip analysis. cDNA was synthesized using GeneChip Expression 3' Amplification one-cycle cDNA synthesis kit (Affymetrix, 900431) using 5 μg of total RNA and T7 oligo (dT) primer. To monitor target labeling, a set of poly-A RNA controls were spiked into the total RNA using GeneChip Eukaryotic Poly-A RNA control kit (Affymetrix, 900433). The double stranded cDNAs were cleaned with the GeneChip sample clean up module (Affymetrix, 900371). Biotin labeled antisense cRNAs were generated by in vitro transcription of cDNA using T7RNA polymerase and biotynylated ribonucleatide analogs using GeneChip Expression 3' Amplification reagents for IVT labeling (Affymetrix, 900449). The biotinylated cRNAs were further cleaned up using the GeneChip sample clean up module and fragmented to 35–200 bases using the fragmentation buffer as recommended by the manufacturer in the module. Finally, the labeled fragmented cRNAs were hybridized to GeneChip Rat genome 230 2.0 Array (Affymetrix, 900506) for 16 hrs and stained with Streptavidin-Phycoerythrin. Biotynylated anti streptavidin antibody for 1.5 hrs and scanned in GeneChip Scanner 3000, according to the manufacturer's protocol. Hybridization, washing, staining and scanning was performed in the Affymetrix Facility at Albert Einstein College of Medicine according to manufacturer's protocol.

Data analysis. We analyzed gene expression using Gene Sifter (Geospiza, Inc., Seattle, WA). Briefly, all Affymetrix CHP files were uploaded in Gene Sifter and analysis of the data performed in either of the two following ways. When comparisons of either the conditions or time points were done, analysis was performed using pair wise tool, where the data were normalized with mean and statistical significance determined using t-test. When comparisons were done through all the conditions and all time points, we normalized the data with mean and statistical significance determined using one-way ANOVA. We used Ingenuity Pathways Analysis to classify genes according to their function.

Immunofluorescence. WT-EC, TP null EC and TPα-EC were grown on coverslip for overnight. Cells were washed in TBS (pH 7.4), fixed in 1% paraformaldehyde (EMS, 15710) for 10 mins and blocked in 10% goat serum (Santa Cruz Biotechnology, sc-2043) in TBS containing 1% Triton X-100 (TBST) for 30 mins. The cells were immunostained with 2 μ g/ ml anti human TP antibody (Cayman Chemicals, 10004452) for one hour, washed three times in TBST and stained with Alexa 488 conjugated goat anti rabbit secondary antibody (Molecular probes, A11008) and DAPI (Molecular probes, D3571) for one hour in dark. Finally the cells were washed in TBST for three times and observed under an Olympus 1X71 Microscope with 60x oil immersion objective. Immunofluorescence images were captured with a CoolSnap HQ cooled charge-coupled device camera (Roper Scientific, Trenton, NJ) and Cy2 excitation

Figure 3. Increased SOCS-5 protein expression was observed in infected TP null EC as compared to WT EC and TP α EC by immunoblotting. However, SOCS-2 levels remained unchanged in TP null environment.

and emission filters using Metamorph software (Molecular Devices, Sunnyvale, CA). Exposure times (100 ms) and brightness adjustments (image normalization) were kept constant for images from different cell types and only secondary antibody negative control.

Immunoblotting. Whole cell lysates (30 μg protein per lane) were separated by SDS-PAGE under reducing conditions and transferred onto nitrocellulose membrane (Whatman, Dassel, Germany). Immunoblotting was performed using antibodies against human TP (Cayman Chemicals, 10004452), phospho ERK (Cell signaling Technology, 9101S), SOCS-2 (Santa Cruz Biotechnology, sc-9022), SOCS-5 (abcam, 3695) and Caspase 12 (Santa Cruz Biotechnology, sc-5627). Primary antibodies were used at a dilution of 1:500 and anti-rabbit AP-conjugated secondary antibodies (dilution of 1:5,000). For detection of equal loading (as a control), gels were used in parallel and probed with monoclonal β-actin antibody at a dilution of 1:1,000 and HRP-conjugated secondary antibodies at a dilution of 1:5,000.

The bound primary antibodies were visualized by ECL chemiluminescence (Amersham Biosciences, Buckinghamshire, UK) when HRP-conjugated secondary antibodies were used or by the BCIP/NBT color detection system (Promega, Madison, WI) for AP-conjugated secondary antibodies. For these experiments, a representative gel is shown and a Student's t-test was performed and significance of difference was determined as $p < 0.05$.

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