# Modulation of collagen production by fibroblasts

#### Effects of chronic exposure to agonists that increase intracellular cyclic AMP

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Cultured human lung fibroblasts were evaluated for their responsiveness to isoprenaline (isoproterenol) or prostaglandin  $E_2$  before and after chronic incubation with the agonist. Cells incubated for 6 h with either agonist were suppressed in terms of collagen production and exhibited increased intracellular cyclic AMP. Cells incubated for 72 h with the agonist and then re-challenged for 6 h with the same agonist did not demonstrate suppressed collagen production or increased cyclic AMP. Cells incubated for 6 h; however, when the order of agonist exposure was reversed, cells incubated with prostaglandin  $E_2$  did not respond to a challenge by isoprenaline. If cells were allowed to recover for 48 h without the agonist after a 72 h chronic incubation, they recovered their responsiveness to the agonist. The results indicate that, although cultured fibroblasts may become desensitized to one agonist, they may retain their sensitivity to a second agonist and that chronic suppression of collagen production may be achieved by alternate exposure to isoprenaline and prostaglandin  $E_2$ .

Current concepts of collagen metabolism suggest that fibroblasts tightly control the amount and type of collagen that they produce (Hance & Crystal, 1977; Breul et al., 1980). There is evidence. however, that such cells are capable of modulating collagen production in response to endogenous factors such as aging or viral transformation, or to influences extracellular such as hormones, pharmacological agents, proteinases, or serum factors (Manner et al., 1974; Hassel et al., 1976; Narayanan & Page, 1977). In this regard, studies by Baum et al. (1978) and Berg et al. (1981) have shown that agents that cause cells to increase their cyclic AMP, such as isoprenaline (isoproterenol), prostaglandins of the E series and cholera toxin, rapidly cause soft-tissue fibroblasts to suppress the amount of collagen that they produce.

The modulation of collagen production by agents that influence intracellular, cyclic AMP are of interest for several reasons. First, physiological concentrations of these hormones may play an important role in modulating the amount of collagen produced in various tissues. Second, since a

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variety of pharmacological agents will increase cyclic AMP within collagen-producing cells, it is reasonable to hypothesize that such agents might be useful in suppressing collagen production in those conditions in which there may be increased collagen deposited in tissues, such as in fibrotic disorders.

It is important to realize, however, that association of increased intracellular cyclic AMP with suppression of collagen production has only been demonstrated in short-term experiments where cultured fibroblasts have been incubated with the hormone for 6h or less. Since chronic exposure of fibroblasts to hormones that increase cyclic AMP often leads to 'desensitization' to that hormone, with a return of cyclic AMP towards the baseline concentration, it is possible that the effects of such hormones on suppressing collagen production might be short-lived. Thus chronic exposure of soft-tissue fibroblasts to  $\beta$ -agonists or prostaglandin E<sub>2</sub> might lead to an initial suppression of collagen production. but, after chronic exposure to these agents, the fibroblast may soon return to producing larger amounts of these macromolecules.

In this context, the present study was designed to evaluate the effects of a  $\beta$ -agonist (isoprenaline) and prostaglandin E<sub>2</sub> on collagen production by diploid lung fibroblasts under a variety of conditions: acute exposure (6h), chronic exposure (3 days) and intermittent exposure (chronic exposure, followed by a recovery period, followed by acute exposure). In addition, desensitization to these agents was evaluated by chronically exposing fibroblasts to each agent and then exposing the fibroblasts to the other agent. The results suggest that chronic exposure of fibroblasts to a  $\beta$ -agonist or prostaglandin E, does cause fibroblasts to become desensitized to each of these agents. However, intermittent exposure with a given hormone or alternating exposure with one hormone followed by the second hormone does, in some instances, result in continuous suppression of collagen production, suggesting that such agents may have a role in the therapy of the fibrotic disorders.

# Experimental

### Materials

Hanks balanced salt solution and Dulbecco's modified Eagle's medium were obtained from both the N.I.H. Media Unit and Grant Island Biological Co., Grand Island, NY, U.S.A. Foetal-calf serum was from Colorado Serum Co., Denver, CO, U.S.A.; penicillin-streptomycin solution was from Grand Island Biological Co.;  $\beta$ -aminopropionitrile fumarate, ascorbate, glutamine and N-ethylmaleimide were from Sigma Chemical Co., St. Louis, MO, U.S.A.; prostaglandin  $E_2$  was a gift from J. Pike, Upjohn, Kalamazoo, MI, U.S.A.; DL-isoprenaline was from Sigma; bacterial collagenase (form III) was from Advanced Biofactures Co., Lynbrook, NY, U.S.A.; [14C]proline (265 mCi/ mmol) was from either Schwarz/Mann, Orangeburg, NY, U.S.A., or Amersham Corp., Arlington Heights, IL, U.S.A. All other reagents were analytical grade. Cells were disrupted with a Sonifier Cell Disrupter, from Heat Systems-Ultrasonics Inc., Plainview, NY, U.S.A.

### Cell cultures

All studies were done with a diploid fibroblast line designated HFL-1 (American Tissue Culture Collection no. CCL 153), derived from a foetal human lung of 16 weeks gestation. These fibroblasts have a doubling time of 24 h, have a normal karyotype, exhibit contact inhibition, and contain no mycoplasma or viral contaminants. All studies were carried out with cells in subcultivations 10–20. The fibroblasts were cultured in 10 ml of growth medium (Dulbecco's modified Eagle's medium supplemented with 10% foetal-calf serum, 100 units of penicillin/ml, 100  $\mu$ g of streptomycin/ml and 0.06% glutamine). Fibroblasts were plated at 5 × 10<sup>5</sup> cells/ 100 mm culture dish in 10 ml of growth medium.

# Quantification of collagen production

To measure collagen production, each plate of fibroblasts was incubated at 37°C for 6h in labelling medium {10ml of Hanks' balanced salts solution supplemented with 50  $\mu$ g of  $\beta$ -aminopropionitrile fumarate/ml, 50 µg of ascorbate/ml and 16 µCi of [<sup>14</sup>C]proline, with or without an agonist (see below)}. After the labelling period, the medium and cell layer were harvested together, heated at 100°C for 15 min, sonicated (with a microtip at 40W for 30s), and dialysed against deionized water at 4°C until less than 100 c.p.m. of [14C]proline appeared in the diffusate. The percentage of [14C]proline in newly synthesized collagen relative to total protein was determined by using bacterial collagenase as previously described (Baum et al., 1978; Breul et al., 1980).

# Quantification of cyclic AMP content

To measure intracellular cyclic AMP content, plates of fibroblasts parallel to those used to quantify collagen production were incubated at  $37^{\circ}$ C for 6 h in labelling medium in which  $2 \text{ mM-}[^{12}\text{C}]$ proline was substituted for [ $^{14}$ C]proline. After incubation, the plates were placed on ice, the media removed by aspiration, and the cells harvested with 2 ml of 5%(w/v) trichloroacetic acid. Intracellular concentration of cyclic AMP was determined with a radioimmunoassay kit (New England Nuclear, Boston, MA, U.S.A.). Protein was determined by the method of Lowry *et al.* (1951), and intracellular cyclic AMP was expressed as pmol/mg of cellular protein.

# Exposure of fibroblasts to agents that mediate intracellular cyclic AMP concentrations

To determine the effectiveness of collagen suppression by exposure to agonists which increase intracellular cyclic AMP, HFL-1 fibroblasts were plated at  $5 \times 10^5$  cells/100 mm culture dish in growth medium. At 3 days after subcultivation, the medium was aspirated and replaced by fresh medium containing either DL-isoprenaline  $(2\mu M)$ , prostaglandin E<sub>2</sub> (0.3  $\mu$ g/ml), or no agonist. Six types of incubation were utilized: (1) 'control' = 6h incubation without added agonist; (2) 'acute exposure' = 6h incubation with isoprenaline or prostaglandin  $E_2$ ; (3) 'chronic exposure' = cells incubated with isoprenaline or prostaglandin  $E_2$  for 72h; (4) 're-challenged' = cells incubated with isoprenaline or prostaglandin E<sub>2</sub> for 72h, the media removed, and the cells re-exposed to isoprenaline or prostaglandin  $E_2$  for 6h; (5) 'chronic exposure with recovery' = cells incubated with isoprenaline or prostaglandin  $E_2$  for 72h, the media removed, and the cells incubated for 48h in fresh media without either agonist; and (6) 'chronic exposure with recovery followed by re-challenge' = cells incubated with isoprenaline or prostaglandin  $E_2$  for 72 h, the media removed, the cells incubated for 48h in fresh media without agonists and then the cells rechallenged with media containing isoprenaline or prostaglandin E2. For all incubation conditions, collagen production and intracellular cyclic AMP content were determined as described above.

# Statistical evaluation

All data are presented as means  $\pm$  s.D., each mean representing an average of three culture plates. Comparisons were made by using the Wilcoxon Mann-Whitney rank sum test for non-parametric analysis (Kraft & Van Eeden, 1968).

# Results

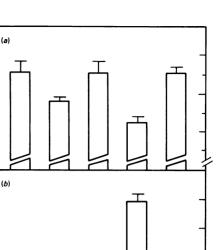
# Acute and chronic effects of agonists on collagen production

When fibroblasts were exposed to isoprenaline or prostaglandin E<sub>2</sub> for 6h ('acute exposure'), intracellular cyclic AMP was increased and collagen production suppressed (P < 0.5, both comparisons) (Fig. 1). In contrast, when exposure to either agonist was continued for 3 days ('chronic exposure'), the cyclic AMP concentrations returned to normal (P > 0.4 for isoprenaline; P > 0.2 for prostaglandin  $E_2$ ) and the suppression of collagen production was lost (P > 0.2 for isoprenaline; P > 0.3 for prostaglandin  $E_2$ ) (Fig. 1). Thus isoprenaline and prostaglandin  $E_2$  are capable of suppressing collagen production in diploid human fibroblasts in the short term, but are not capable of maintaining this suppressive affect for 72 h.

### Agonist re-challenge of chronically treated fibroblasts

The loss of the acute suppression of collagen production observed when fibroblasts were chronically treated with agonists was not due to a loss or inactivation of the agonists in the media. For example, when fibroblasts were chronically treated with isoprenaline and then 're-challenged' acutely with media including fresh isoprenaline, cyclic AMP concentrations remained low (P > 0.1) and collagen production was not suppressed (P > 0.2) (Fig. 2). Similar observations were made when fibroblasts were chronically exposed to prostaglandin E, and then 're-challenged' acutely with fresh prostaglandin  $E_2$  (P>0.1 for cyclic AMP content; P>0.5 for collagen production) (Fig. 3).

In contrast, cells chronically treated with isoprenaline were responsive to acute exposure to prostaglandin  $E_2$ , even though the cells had become 'desensitized' to the  $\beta$ -agonist isoprenaline i.e. cyclic AMP increased (P < 0.5) and collagen production was suppressed (P < 0.01) (Fig. 2). This was not true, however, when the order of the agonist



Collagen production (%)

4.0

3.0

2.0

100

75

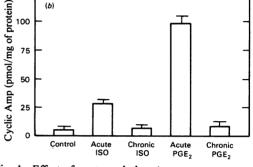


Fig. 1. Effect of acute and chronic exposure to agonists on (a) collagen production and (b) intracellular cyclic AMP in normal human fibroblasts

HFL-1 fibroblasts were incubated for 3 days (chronic exposure) or 6h (acute exposure) in the presence of isoprenaline (ISO) or prostaglandin E,  $(PGE_2)$  as described in the text. The effect on collagen production is represented as the percentage of [14C]proline in newly synthesized collagen relative to total protein; the effect on intracellular content of cyclic AMP is given as pmol/mg of cell protein. Data are presented as means + s.D., each mean representing the average of three culture plates.

exposure was reversed. When fibroblasts treated with prostaglandin  $E_2$  for 72 h and then acutely challenged with isoprenaline, no suppression of collagen production (P > 0.2) or increase in cyclic AMP was observed (P > 0.3) (Fig. 3). Thus, in terms of collagen production, when cells become desensitized to prostaglandin E<sub>2</sub>, there is an apparent crossed desensitization to a  $\beta$ -agonist.

### Recovery of responsiveness to hormones

Although the acute suppression of collagen production induced by isoprenaline or prostaglandin E<sub>2</sub> was lost on chronic exposure, the responsiveness could be recovered by allowing the cells a period of time in which they were no longer exposed to either agonist. When fibroblasts were exposed to isoprenaline for 72h and then allowed to recover by incubation for an additional 48h without hormone, collagen production was not suppressed

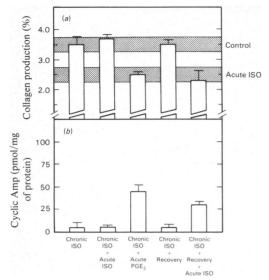


Fig. 2. Effect of chronic exposure of fibroblasts to isoprenaline on the subsequent response of the cells to acute exposure to isoprenaline or prostaglandin  $E_{\gamma}$ 

HFL-1 fibroblasts were incubated with isoprenaline for 3 days ('Chronic ISO'). Parallel plates of cells were similarly treated and then: (1) re-challenged with isoprenaline ('Chronic ISO + Acute ISO'); (2) re-challenged with prostaglandin E, ('Chronic ISO + Acute PGE<sub>2</sub>'); (3) isoprenaline was removed and the cells were allowed to recover for 48h ('Chronic ISO + Recovery'); or (4) isoprenaline was removed, the cells were allowed to recover for 48 h, and then re-challenged with isoprenaline ('Chronic ISO + Recovery + Acute ISO'). (a) Effect on collagen production is represented as the percentage of <sup>14</sup>C]proline in newly synthesized collagen relative to total protein; (b) effect on intracellular content of cyclic AMP is given as pmol/mg of cell protein. Data are presented as means  $\pm$  s.D., each mean representing the average of three culture plates. Shaded areas represent the percentage of collagen produced in untreated HFL-1 cells ('Control') and in cells exposed to isoprenaline for 6h ('Acute ISO').

(P > 0.3) and cyclic AMP remained at its baseline concentration (P > 0.4) (Fig. 2). When the 'recovered' cells were then re-challenged with isoprenaline, collagen production was again suppressed and intracellular cyclic AMP increased (P < 0.05, both comparisons) (Fig. 2). A similar effect was seen with prostaglandin E<sub>2</sub>; cells chronically exposed and then allowed to recover were again responsive to this agent (P < 0.05, both comparisons) (Fig. 3).

#### Discussion

The mechanism through which diploid human fibroblasts regulate collagen production appears to

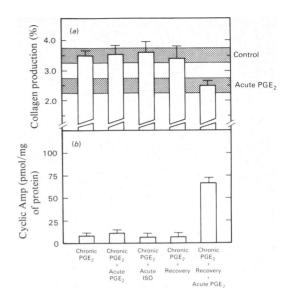


Fig. 3. Effect of chronic exposure of fibroblasts to prostaglandin  $E_2$  on the subsequent response of the cells to acute exposure with isoprenaline or prostaglandin  $E_2$ .

HFL-1 cells were incubated with prostaglandin E<sub>2</sub> for 3 days ('Chronic PGE<sub>2</sub>'). Parallel plates of cells were similarly treated and then: (1) re-challenged with prostaglandin  $E_2$  ('Chronic  $PGE_2 + Acute$ PGE<sub>2</sub>'); (2) re-challenged with isoprenaline ('Chronic PGE, + Acute ISO'); (3) prostaglandin E, was removed and the cells were allowed to recover for 48 h ('Chronic PGE<sub>2</sub> + Recovery'); or (4) prostaglandin E<sub>2</sub> was removed, the cells allowed to recover for 48h, and then re-challenged with prostaglandin E, ('Chronic  $PGE_2$  + Recovery + Acute  $PGE_2$ '). (a) Effect on collagen production is represented as the percentage of [14C]proline in newly synthesized collagen relative to total protein; (b) effect on intracellular content of cyclic AMP is given as pmol/mg of cell protein. Data are presented as means ± s.D., each mean representing the average of three culture plates. Shaded areas represent the percentage of collagen production in untreated HFL-1 cells ('Control') and cells exposed to prostaglandin E, for 6h ('Acute PGE,').

be closely correlated with the concentration of intracellular cyclic AMP (Baum *et al.*, 1978, 1980; Berg *et al.*, 1981). When intracellular concentrations of cyclic AMP are elevated above basal value during a 6 h (acute) exposure to isoprenaline or prostaglandin  $E_2$ , HFL-1 fibroblasts produce significantly less collagen relative to total protein. However, when fibroblasts are chronically exposed to either agonist, intracellular cyclic AMP does not remain increased and collagen production returns to its value in unstimulated cells. When these fibroblasts are allowed an adequate period of time with which to recover from long-term exposure to either agonist and then re-challenged with the same agonist, cyclic AMP is again increased and collagen production is again suppressed. This desensitization to isoprenaline is specific for isoprenaline, since fibroblasts chronically treated with isoprenaline are still responsive to acute challenge by prostaglandin  $E_2$  even though the fibroblasts are desensitized to further challenges by isoprenaline. However, when the order of agonist exposure is reversed, cells desensitized to prostaglandin  $E_2$  do not respond to a challenge by isoprenaline.

Although the mechanism underlying the response of collagen production to chronic exposure to agents that increase intracellular cyclic AMP in HFL-1 fibroblasts is not known, it is likely to involve a desensitization mechanism similar to that described for the response to hormones in other cell lines (Remold-O'Donnell, 1974; Chlapowski et al., 1975; Mickey et al., 1975; Newcombe et al., 1975; Shear et al., 1976; Su et al., 1976). In these cells, the adenylate cyclase system consists of unique receptors that couple with specific hormones, a regulatory protein that binds GTP, and a catalytic unit responsible for converting ATP into cyclic AMP. The regulatory protein appears to be, in part, responsible for the affinity of each agonist to its receptor, as well as the coupling of the receptor to the catalytic unit of adenylate cyclase (Levitzki, 1978; Levitzki & Helmreich, 1979). Crossed desensitization has also been described in a variety of cell lines in which desensitization induced by one hormone results in the loss of responsiveness to another hormone (Su et al., 1976; Tuck et al., 1980). In the present study, chronic exposure to prostaglandin E<sub>2</sub> resulted in crossed desensitization to the  $\beta$ -agonist isoprenaline, whereas chronic exposure of HFL-1 fibroblasts to isoprenaline did not result in desensitization to prostaglandin  $E_2$ . By analogy with other systems that have been studied, this suggests that in HFL-1 fibroblasts desensitization to isoprenaline may occur at the level of the receptor, whereas desensitization to prostaglandin  $E_2$  may occur subsequent to the receptor and is non-specific.

Although the desensitization-resensitization mechanism found in the present system may not be apparent in all cell lines, it appears to be an important aspect of the adenylate cyclase system in HFL-1 fibroblasts. Since short-term exposure to cyclic AMP derivatives and agents that increase cyclic AMP alters the rate of collagen production relative to total protein, it is obvious that intracellular cyclic AMP concentrations may be one method by which the fibroblasts regulate collagen production (Hsie *et al.*, 1971; Peterkofsky & Prather, 1975, 1979; Baum *et al.*, 1978, 1980; Berg *et al.*, 1981).

The fact that collagen, a secretory protein, is subject to a host of external factors which alter its

production by fibroblasts may have important clinical consequences, since current concepts suggest that, under constant physiological conditions, collagen production by HFL-1 fibroblasts remains unchanged (Breul et al., 1980). In several clinical conditions there exists an imbalance between the rate of collagen synthesis and the rate of collagen degradation, such that excessive amounts of collagen accumulate in the extracellular space (Uitto & Lichenstein, 1976). Since the present study indicates that chronic suppression of collagen production can be obtained through interrupted or alternate exposure to either isoprenaline or prostaglandin  $E_2$ , such an approach may serve as a model for regulating collagen production in clinical situations involving collagen overproduction.

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