

Upregulation of Epac-1 in hepatic stellate cells by Prostaglandin E₂ in liver fibrosis is associated with reduced fibrogenesis.

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Running title page

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d. Abbreviations: α -SMA: α -Smooth muscle actin, 6-Bnz-cAMP : N^6 -Benzoyladenosine-3',5'-cyclic monophosphate sodium salt, CCL₄: carbon tetrachloride, CE3F4 : 5,7-Dibromo-6-fluoro-3,4-dihydro-2-methyl-1(2*H*)-quinolinecarboxaldehyde, COX: cyclo-oxygenase, CYP2E1: cytochrome P450 2E1 subfamily, EIA: enzyme immunoassay, ELISA: enzyme-linked immunosorbent assay, Epac-1: Exchange protein activated by cAMP, HSA: Human Serum Albumin, HSC: Hepatic Stellate Cell, LH: lactosylated Human Serum Albumin, LPS: lipopolysaccharide, MH: mannosylated Human Serum Albumin, NFA: Niflumic acid, NO: Nitric Oxide, 8-pCPT-2'-O-Me-cAMP: 8-(4-Chlorophenylthio)-2'-O-methyladenosine-3',5'-cyclic monophosphate acetoxymethyl ester, PDGF-BB: Platelet Derived Growth Factor BB, PGE₂: prostaglandin E₂, PH: pPB-coupled to Human Serum Albumin, PKA: Protein Kinase A, PLH: PGE₂ coupled to lactosylated Human Serum Albumin, PMH: PGE₂ coupled to mannosylated Human Serum Albumin, PMLC: phosphorylated myosin light chain, pPB: peptide derived from Platelet Derived Growth Factor B chain, PPH: PGE₂ coupled to pPB-Human Serum Albumin, pSMAD: phosphorylated SMAD, Rap1: Ras-related protein 1, Rt-PCR: reverse transcription

polymerase chain reaction, TGF β : Transforming growth factor- β , VASP: Vasodilator-stimulated phosphoprotein, ALT: Alanine transferase, AST: Aspartate transaminase

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ABSTRACT

Exchange protein activated by cAMP (Epac-1) is an important signaling mechanism for cAMP-mediated effects yet factors that change Epac-1 levels are unknown. Such factors are relevant because it has been postulated that Epac-1 directly affects fibrogenesis. Prostaglandin E₂ (PGE₂) is a well-known cAMP-activator and we therefore studied the effects of this cyclo-oxygenase product on Epac-1 expression and on fibrogenesis within the liver. Liver fibrosis was induced by 8 weeks CCL₄ administration to mice. In the last 2 weeks, mice received vehicle, PGE₂, the COX-2 inhibitor Niflumic acid (NFA), or PGE₂ coupled to cell-specific carriers to hepatocytes, Kupffer cells or hepatic stellate cells (HSC). Results showed anti-fibrotic effects of PGE₂ and pro-fibrotic effects of NFA in CCL₄-mice. Western blot analysis revealed reduced Epac-1 protein expression in fibrotic livers of mice and man compared to healthy livers. PGE₂ administration to fibrotic mice completely restored intrahepatic Epac-1 levels, and also led to reduced Rho-kinase activity, a downstream target of Epac-1. Cell-specific delivery of PGE₂ to either hepatocytes, Kupffer cells or hepatic stellate cells identified the latter cell as the key player in the observed effects on Epac-1 and Rho-kinase. No significant alterations in PKA expressions were found. In primary isolated HSC, PGE₂ elicited Rap1 translocation reflecting Epac-1 activation, and Epac-1 agonists attenuated PDGF-induced proliferation and migration of these cells. These studies demonstrate that PGE₂ enhances Epac-1 activity in HSC which is associated with significant changes in (myo)fibroblast activities in vitro and in vivo. Therefore, Epac-1 is a potential target for antifibrotic drugs.

INTRODUCTION

Liver fibrosis is caused by an imbalanced remodeling process due to chronic inflammation associated with excessive scar tissue formation (Seki and Schwabe, 2015). Hepatic stellate cells (HSC), key players in this process, transform from quiescent cells into proliferative, fibrogenic and contractile myofibroblast-like cells in response to growth factors such as transforming growth factor β (TGF β) and platelet derived growth factor BB (PDGF-BB) (Seki and Schwabe, 2015). The differentiation and activation of HSC is tightly controlled by the activity of cAMP (Mallat et al., 1998). Increased intracellular cAMP levels inhibit fibroblast migration and proliferation and block the phenotype switch into myofibroblasts, leading to less scar tissue formation (Swaney et al., 2005).

Protein Kinase A (PKA) is a well-known second messenger system that mediates the effects of cAMP. More recently, Exchange Protein Activated by cAMP (Epac) was identified as an important signaling mechanism for cAMP-mediated effects (Insel et al., 2012; Lezoualc'h et al., 2016; Schmidt et al., 2013). Epac is involved in the regulation of key cellular processes, such as calcium handling, neural signaling, inflammation, proliferation and migration by promoting the exchange of GTP and GDP in the GTPase cycle (Schmidt et al., 2013; Yang et al., 2015; Yu et al., 2016). Two isoforms of Epac have been identified: Epac-1, found in heart, vasculature, brain, kidney and lungs, and Epac-2, mostly found in brains and adrenal glands. Of interest, Epac-1 is reported to be involved in fibrogenesis. In several reports significant lower Epac-1 expressions were observed during activation of myofibroblasts (Insel et al., 2012; Schmidt et al., 2013; Yokoyama et al., 2008). However to date, nothing is known about mechanisms or factors that can enhance Epac-1 expression and the consequences of this enhancement for fibrogenic processes *in vivo* (Insel et al., 2012).

The cyclooxygenase (COX) product prostaglandin E₂ (PGE₂) affects cAMP levels directly in most cell types. In fibroblasts, PGE₂ exerts anti-fibrotic activities through cAMP activation by binding to EP2 or EP4 receptors (Mallat et al., 1998; Ruwart et al., 1989; Weinberg et al., 2009). We therefore investigated the effects of PGE₂ and the COX-inhibitor niflumic acid (NFA) on Epac-1 expression levels in the CCl₄-induced mouse model for liver fibrosis. In addition, we used a cell-specific delivery approach to deliver PGE₂ to several resident hepatic cells to identify its most important target cell *in vivo*. Our studies show a decreased Epac-1 protein expression in fibrotic livers relative to normal

livers. These Epac-1 levels were restored by PGE₂ delivery to HSC, but not by its delivery to hepatocytes or Kupffer cells. In HSC this was associated with reduced fibrogenic activity both in vitro and in vivo. Our studies indicate a significant role for Epac-1 during liver fibrosis and delineate a pathway to enhance these Epac-1 levels.

MATERIALS & METHODS

Synthesis of drug carriers and PGE₂-constructs.

PDGF β -receptor recognizing peptides (pPB; prepared by Ansynth Service BV, Roosendaal, The Netherlands), mannose (p-aminophenyl- α -D-mannopyranoside, Sigma-Aldrich, St. Louis, MO) and lactose (Merck, Darmstadt, Germany) were covalently coupled to Human Serum Albumin (HSA) to yield respectively pPBHSA (PH), lactosylated HSA (LH) or mannosylated HSA (MH) as previously described (Beljaars et al., 1998; Beljaars et al., 2003).

PGE₂ (Cayman Chemicals, Ann Arbor, MI) was coupled to PH, LH and MH yielding PGE₂-PPBHSA (PPH), PGE₂-lactosylated HSA (PLH) and PGE₂-mannosylated HSA (PMH). First, the carboxylic acid group of PGE₂ was activated by N,N-dicyclohexylcarbodiimide (DCC) and N-hydroxysuccinimide (NHS). This PGE₂/DCC/NHS solution was reacted overnight at room temperature with PH, LH or MH (molar ratio HSA:PGE₂=1:60). All products were subsequently dialyzed for at least 24 h against PBS using a 10 KDa dialysis cassette (Slide-A-Lyzer 10K, Pierce Biotechnology, Rockford, IL), and further purified using chromatographic techniques. Conjugates were lyophilized and stored at -20°C. The amount of PGE₂ coupled to each carrier was assessed by mass spectrometry.

Cell experiments

Primary rat HSC were isolated from livers of male Wistar rats (Harlan, The Netherlands; >400g) as described (Beljaars et al., 2003) and cultured on plastic for 10 days to obtain an activated cell type.

HepG2, RAW264.7, NIH/3T3 fibroblasts (all derived from ATCC) and LX2 cells were used as model cells for respectively hepatocytes, macrophages and HSC. Data are presented as the mean of three experiments, each performed in duplicate.

Concentrations used (unless otherwise stated): 5 μ M PGE₂, 50 μ M Epac-1 agonist (8-pCPT-2'-O-Me-cAMP; Biolog, Bremen, Germany), 500 μ M PKA agonist (6-Bnz-cAMP; Biolog), 50 ng/ml PDGF-BB (PeproTech, Rocky Hill, NJ) and 5 ng/ml TGF β (Roche Diagnostics, Mannheim, Germany).

Proliferation Assay: Primary rat HSC (2x10⁵ cells/well) were seeded in 12-wells plates and grown for 2 days. After 24hr starvation, PGE₂, Epac-1- or PKA-agonist was added along with PDGF-BB. After

18hr, ^3H -thymidin (0.25 $\mu\text{Ci/ml}$) was added for 6 hr. Cells were washed, fixed with 5% TCA, lysed with 1M NaOH, and radioactivity was counted.

Migration Assay: Primary rat HSC (6×10^4 cells/well) were cultured in Transwell chambers (8 μm pore size; Costar) with PGE_2 or agonists. PDGF-BB was added to the lower chamber. After 24hr, membranes were fixed and stained with hematoxylin. Cells on both sides of the membrane were counted in at least five fields/membrane (magnification 40x). Migration was calculated as percentage of cells in the lower chamber relative to total cell number.

In vitro effects of PGE_2 -conjugates: HepG2 cells (150,000 cells/well) were incubated with PGE_2 and equimolar amounts of PLH for 60 min. Cells were processed and used for Western Blot analysis using VASP-1 antibody. RAW264.7 cells were incubated with 100 ng/ml LPS plus 10 μM PGE_2 , equimolar amounts of PMH, or vehicle. After 24 hr, medium was harvested and total NO production was assessed (Melgert et al., 2001). LX2 cells were grown to confluency in 12-wells plates. A standard scratch was made after which cells were incubated for 24hr with 10 ng/ml PDGF-BB plus 5 μM PGE_2 , equimolar amounts of PPH, or vehicle. The scratch size was measured using imaging techniques at t=0 hr and t=24 hr yielding the % wound healing.

Epac-1 and PKA expression: 3T3 fibroblasts (100,000 cells/well) were incubated with PGE_2 (0.1, 1, 5, 10 μM) for 6, 24 and 48 hr. Cells were homogenized and processed for Western Blot and PCR analysis.

Rap1 expression: 3T3 cells (25,000 cells/well), seeded in glass labteks, were incubated with 10 μM PGE_2 and 20 μM Epac-1 antagonist CE3F4 (Courilleau et al., 2012) for 60 min. After fixation in acetone/methanol (1:1), Rap1 was stained (O/N, 4°C) using the primary antibody (Santa Cruz), and subsequently visualized using Alexa488-goat anti rabbit IgG (Invitrogen) and DAPI.

Animal Experiments

All animal experiments were approved by the Animal Ethics Committee of the University of Groningen, the Netherlands.

CCL₄ Model: Male Balb/c mice (20-22g, Harlan, Zeist, Netherlands) received CCl_4 for 8 weeks, according to standard protocols (Beljaars et al., 2003). At week 7 and 8, mice also received (iv, 3

times/week) 0.5 mg/kg PGE₂, 5 mg/kg NFA, vehicle (PBS), PPH, PH, PMH, MH, PLH, or LH (n = 6-9/ group). All animals received the same PGE₂ dose either free or bound to the albumin drug carrier. Mice were sacrificed at week 8. Two animals from each group received i.v. a PGE₂-loaded carrier 15 min prior to sacrifice to check whether the PGE₂-carrier conjugate still accumulated in the designated target cell. The liver enzymes alanine transaminase (ALT) and aspartate transaminase (AST), reflecting liver damage, were measured in plasma according to routine methods at the clinical chemistry lab of the University Medical Center Groningen, the Netherlands.

Human tissue

Human liver tissue samples were obtained from the Department of Surgery and Liver Transplantation (University Medical Center Groningen, the Netherlands). All patients signed an informed consent for the use of residual tissue for research purposes. Experimental protocols were approved by the Medical Ethical Committee and anonymized tissue samples were used according to Dutch guidelines (<http://www.federa.org/gedragcodes-codes-conduct-en>). Normal human liver tissue was obtained from donor livers discarded for transplantation for technical reasons. Cirrhotic human liver tissue was obtained from patients undergoing liver transplantation and indications for transplantation were a.o. primary sclerosing cholangitis, primary biliary cirrhosis, congenital cirrhosis, alcohol-induced liver disease, acute liver failure and Wilson's cirrhosis. All human liver material was anonymized and available patient characteristics are listed in Table 1.

Tissue analysis

Immunohistochemistry. Cells and cryostat sections were stained according to standard methods. Primary antibodies used in this study: mouse anti- α -SMA and anti-Desmin from Sigma-Aldrich (St. Louis, MO), goat anti-collagen I from Southern Biotechnology Associates (Birmingham, AL), anti-PMLC2 (Ser19) from Cell Signaling Technology (Danvers, MA), rat anti-CD68 (AbD Serotec, Dusseldorf, Germany), rabbit anti-CYP2E1 (Millipore Corporation, Darmstadt, Germany), and goat anti-HSA (Cappel, USA). Species-specific horseradish peroxidase and FITC-/TRITC-conjugated

secondary antibodies were from Dako (Glostrup, Denmark). Stainings were quantified by analyzing complete sections from 3 different liver lobes of each animal at magnification 10x10 using Cell D image analyzing software (Olympus, Hamburg, Germany).

Western Blot analysis was performed according to standard methods with 100 µg protein loaded on a 12% gel and using the primary antibodies: goat anti-pSMAD 2/3 and goat anti-Epac-1 (Santa Cruz Biotechnology, Heidelberg, Germany), goat anti-PKA [Cα] (BD Transduction Laboratories), mouse anti-α-SMA, goat anti-collagen I, and β-actin (Sigma). Signals were quantified with Genetools (Syngene, Cambridge, UK) using ECL reagent (Perkin-Elmer, Boston, MA). Of each animal, samples from 3 different liver lobes were analyzed and corrected for the house-keeping gene β-actin.

Quantitative Real Time PCR: Total RNA was isolated by RNeasy mini kit (Qiagen, Hilden, Germany) and reverse transcribed using cDNA synthesis kit (Promega). Rt-PCR was performed using SYBR green PCR Master Mix (Applied Biosystems) or SensiMix SYBR kit (Bioline, UK) according to standard methods with β-actin as house-keeping gene. Primers (Sigma Genosys, Haverhill, UK) used: αSMA (forward: ACTACTGCCGAGCGTGAGAT, reverse: CCAATGAAAGATGGCTGGAA), Collagen 1a1 (forward: TGA CTGGAA- GAGCGGAGAGT, reverse: ATCCATCGGTCATGCTCTCT), Epac-1 (forward: CAGTGCTGCTCTGGCCGGGA, reverse: GTTCCTGCAGGCTGGGGCTC), human EPAC-1 (forward: CATGTGAAACACGACTGGGC, reverse: GAGGTCCAGCTCTTCATCCG) PKA (catalytic subunit) (forward: GGTT CAGTGAGCCCCACGCC, reverse: GGGGTCCCACA- CAAGGTCCA) and β-actin (forward: GGCATCCTGACCCTGAAGTA, reverse: GGGGTGTTGAAGGTCTCAAA).

PGE₂ ELISA: Liver samples were homogenized and PGE₂ amounts were assessed using the monoclonal PGE₂ EIA kit (Cayman Chemicals) according to manufacturer's instructions.

Statistical Analysis

Results are expressed as mean ± SEM. Statistical analyses were performed using the Mann Whitney-test and considered significant at p<0.05.

RESULTS

PGE₂ and NFA affect liver fibrosis in CCL₄-treated mice

Mice received CCL₄ for 8 weeks to induce liver fibrosis. During the last 2 weeks of CCL₄ administration, the mice were treated with PGE₂ (n=9), the COX-2 inhibitor NFA (n=6) or vehicle (PBS; n=9). Normal mice, receiving only PBS, served as control (n=9). Plasma levels for alanine transaminase (ALT) and aspartate transaminase (AST) indicated significant liver damage in all CCL₄-treated mice (see table 2). No major differences in damage were seen between fibrotic animals receiving different compounds in the final two weeks, although a reduced average in plasma ALT level was seen in NFA-treated animals (p<0.05). Markers reflecting HSC activation (α SMA) and matrix deposition (collagen I) were examined both at the mRNA (Supplemental Figure 1) and protein level (Fig 1). Immunohistochemistry and rtPCR analysis showed that PGE₂-treated mice displayed significantly less intrahepatic α SMA and collagen I expression levels compared to CCL₄-mice receiving no treatment (fig. 1A-D). In contrast, NFA induced a significant increase in α SMA and collagen I protein levels in fibrotic mice compared to CCL₄-mice receiving no treatment. pSMAD2/3 expression levels, indicating TGF β signaling, were strongly enhanced in CCL₄-receiving mice treated with PBS (Fig 1E). Treatment with PGE₂ significantly reduced these levels, whereas NFA administration enhanced pSMAD2/3 levels in fibrotic animals.

Measurement of intrahepatic PGE₂ levels revealed that CCL₄-mice displayed increased intrahepatic PGE₂ levels relative to healthy animals (p< 0.01, fig. 1F). PGE₂ treatment significantly reduced these levels compared to untreated fibrotic mice (p<0.01). NFA treatment completely abolished intrahepatic PGE₂ production in fibrotic animals.

PGE₂ enhances Epac-1 expression and attenuates Rho- activity in vivo

Previous in vitro studies showed that PGE₂ activates cAMP in myofibroblasts (Huang et al., 2008). We now examined intrahepatic expression levels of both cAMP mediators PKA and Epac-1 in CCL₄-treated mice. In fibrotic livers a significant reduction in Epac-1 protein expression levels was observed relative to healthy mice livers (fig 2A), in agreement with previous reports (Insel et al., 2012; Schmidt et al., 2013; Yokoyama et al., 2008). PGE₂-treatment completely restored Epac-1 levels in fibrotic livers. In contrast, NFA-treatment further reduced Epac-1 levels in fibrotic animals. Western blot

analysis did not reveal significant changes in PKA expression levels in CCl₄-treated animals as compared to normal mice and expression levels for PKA were also not affected by PGE₂ or NFA treatment.

We also examined human livers for Epac-1 expression. Western blots revealed that Epac-1 expression levels were significantly reduced also in human fibrotic livers, irrespective of etiology, compared to control livers (fig. 2C).

Rho-kinase is reported to be a downstream target of Epac-1 (Roscioni et al., 2011; Schmidt et al., 2013). Rho-kinase in turn stimulates fibroblast-to-myofibroblast transdifferentiation, migration and contraction of these cells via phosphorylation of the Myosin Light Chain (i.e. formation of PMLC) (Mack et al., 2001). This PMLC stimulates Myosin II ATP-ase activity and contraction of actin fibers in HSC, leading to portal hypertension, one of the hallmarks of fibrosis (Klein et al., 2012). Recently, reports showed that Epac-1 inhibits phosphorylation of MLC. In fibrotic mice, clear staining for PMLC in the fibrotic bands was visible, while little or no expression was seen in healthy animals (Fig 2D). PMLC staining co-localized with desmin staining, the marker for HSC. Fibrotic animals treated with PGE₂ displayed no PMLC staining in fibrotic bands or in any desmin positive cell at all.

Collectively, our data show that PGE₂ attenuated α SMA and Collagen I expression in fibrotic mice which is associated with an increase in Epac-1 levels and inhibition of its downstream target Rho-kinase compared to untreated fibrotic mice. In contrast, NFA increased HSC activation and collagen deposition and further reduced Epac-1 expression in fibrotic animals.

Cell-specific delivery of PGE₂ to resident hepatic cells.

Epac-1 proteins are expressed in many resident and circulating cells. We therefore used a drug targeting approach to assess which cell-type is involved in the observed effects on intrahepatic Epac-1 levels and fibrogenesis. We therefore coupled PGE₂ to cell-specific carriers directed at either HSC, Kupffer cells or hepatocytes (fig. 3A). Lactosylated human serum albumin (LH) which binds to the asialoglycoprotein receptor is a well-known carrier to hepatocytes (Beljaars et al., 1998). PDGF β -receptors and mannose-receptors are highly expressed on respectively activated HSC (Seki and Schwabe, 2015) and macrophages (Beljaars et al., 1998; Melgert et al., 2001), which both are

abundantly present in fibrotic livers. These receptors are suitable targets for respectively HSC- and KC delivery. Therefore, we coupled PDGF β -receptor recognizing peptides to HSA (pPB-HSA) to obtain a HSC-selective carrier and attached mannose to HSA (MH) to reach macrophages. The cell-specificity of all these carriers has been described *in vivo* in earlier reports (Beljaars et al., 1998; Beljaars et al., 2003; Melgert et al., 2001). PGE₂ was subsequently coupled to each carrier. Cell-specificity of carriers was retained after attachment of PGE₂: PGE₂ attached to pPB-HSA (=PPH) was found in Desmin positive-cells, reflecting HSC, 15 min after its administration to fibrotic mice. Mannosylated HSA (=PMH) was found in CD68-positive KC cells and lactosylated HSA (=PLH) co-stained with the hepatocyte marker (CYP2E1) (fig. 3C). All three PGE₂-conjugates, i.e. PPH, PMH and PLH, also were pharmacologically active compounds as tested in cell cultures: PPH significantly attenuated PDGF-induced activities of fibroblasts *in vitro*, PMH significantly attenuated the LPS-induced NO_x production of RAW264.7 macrophages, and PLH induced VASP phosphorylation in HEPG2 cells, all similar to free PGE₂ (fig. 3B).

Fibrotic mice treated for 2 weeks with the HSC-selective PGE₂ conjugate PPH displayed a significant reduction in collagen I expression compared to untreated fibrotic mice (fig. 3D). Mice receiving the carrier alone (i.e. PH) displayed no such reduction. Treatment of fibrotic mice with the KC-selective PMH conjugate or the carrier MH alone led to the opposite; upregulation of collagen I compared to the vehicle group was found. Treatment with the hepatocyte-selective PLH conjugate or the carrier alone (LH) did not induce significant alterations in collagen I deposition.

Subsequently, we studied Epac-1 and PKA expression levels in mice treated with PGE₂-conjugates or their respective control compounds. Only in livers of PPH-treated mice we found significant upregulation of Epac-1 expression compared to PBS-treated fibrotic mice (fig. 3E). All other treatments didn't induce any alteration in Epac-1 expression. PKA expression was not different from untreated fibrotic mice in any of the groups (fig. 3E). The increase in Epac-1 expression in mice treated with the HSC-selective PGE₂ conjugate was, similar to PGE₂ alone (see also fig 2E), associated with a significant reduction in PMLC expression in HSC (desmin-positive cells) in fibrotic livers (fig. 4). Other treatments (i.e PLH and PMH) and controls did not induce a change in hepatic pMLC

staining relative to untreated fibrotic mice (data not shown). This indicates that HSC's are the key players of PGE₂-mediated effects on Epac-1 levels and fibrogenic processes within fibrotic livers.

Collectively, these drug targeting studies show that hepatic stellate cells, rather than Kupffer cells, hepatocytes or circulating immune cells are the effector cells of PGE₂-induced changes in hepatic Epac-1 levels. These data also confirm the association between Epac-1 and Rho-kinase activity in HSC *in vivo*.

PGE₂ induces Rap1 translocation in vitro

To test whether PGE₂ is able to directly activate Epac-1 in fibroblasts we added PGE₂ to 3T3 cells and examined Epac-1 expression at the mRNA and protein level as well as Epac-1 activation. No change in Epac-1 levels at mRNA nor protein levels was found (data not shown). However, a change in Rap1 staining was noted (fig 5). Epac-1 is known to induce translocation of Rap1 from the cytosol to plasma membranes (Yang et al., 2015). Figure 5 shows Rap1 staining evolving from a general weak cytoplasmatic staining within fibroblasts to a more concentrated intense staining along membranes after addition of PGE₂ indicating re-localization and concentration of Rap1. In turn, the PGE₂-induced relocalisation was inhibited by the Epac-1 inhibitor CE3F4 (Courilleau et al., 2012). This indicates the involvement of Epac-1 in this PGE₂-mediated effect.

Effects of Epac-1 and PKA agonists in primary HSC

Our *in vivo* data implicate that fibrogenic mediators reduce Epac-1 expression whereas Epac-1 enhancement leads to inhibition of HSC activities. We tested this *in vitro* using primary HSC, isolated from rats. In these primary cells, PDGF-BB and TGFβ significantly reduced Epac-1 mRNA expression levels compared to unstimulated cells, whereas no changes in PKA mRNA levels were seen (fig. 6A). Subsequently, the PKA agonist 6-Bnz-cAMP and the Epac-1 agonist 8-pCPT-2'-O-Me-cAMP (Roscioni et al., 2009; Roscioni et al., 2011) were used to study the effects of the Epac-1 and PKA signaling pathway on PDGF-induced migration and proliferation in rHSC. Both agonists attenuated PDGF-induced migration of rHSC (fig 6B). The Epac-1 agonist also inhibited PDGF-induced proliferation in rHSC, whereas the PKA-agonist had no effect (fig. 6B).

DISCUSSION

This study demonstrates the involvement of the cAMP effector Epac-1 in the regulation of hepatic fibrogenesis *in vitro* and *in vivo*. Epac proteins, alone or in concert with PKA, are closely involved in the regulation of pivotal processes including cell survival, proliferation and differentiation, immune responses, and signaling cascades (Lezoualc'h et al., 2016; Roscioni et al., 2011; Yokoyama et al., 2008). Despite these activities, little is known about Epac during liver fibrosis *in vivo*. The relevance of Epac-1 during fibrogenesis has been inferred from studies showing a reduced Epac-1 expression after fibroblast activation in several organs (Insel et al., 2012; Lezoualc'h et al., 2016; Roscioni et al., 2011; Schmidt et al., 2013). It was therefore suggested that upregulation of Epac-1 might attenuate fibrosis (Insel et al., 2012; Schmidt et al., 2013). However, methods to achieve such an upregulation were unknown (Insel et al., 2012). Our *in vivo* experiments in fibrotic mice now show that Epac-1 can be upregulated in HSC by PGE₂. This is associated with reduced fibrogenesis *in vivo*.

PGE₂ was found to exert significant antifibrotic effects in mice with liver fibrosis, as reflected in this study by reduced collagen I, α SMA and pSMAD2/3 levels. The COX-2 inhibitor NFA induced the opposite effects on these parameters. This profibrotic effect cannot be explained by increased damage induced by NFA (see table 2). Also others found a profibrotic effect of COX-2 inhibitors (Gilroy et al., 1999) but the mechanism behind this always has been unclear. Our studies suggest a role for Epac-1 in this cascade of cyclooxygenase-induced effects.

PGE₂ signals through intracellular cAMP inducing PKA or Epac-1 activation. Whereas PKA levels did not change in our studies, Epac-1 dropped significantly during hepatic fibrogenesis in mice and after HSC activation *in vitro*, confirming earlier reports (Insel et al., 2012). A limited survey in human tissue samples indicates that this reduction also occurs in patients with different liver diseases. PGE₂ and NFA displayed opposite effects in fibrotic livers: a strong up-regulation of Epac-1 was seen after PGE₂ treatment, and a down-regulation after NFA treatment. NFA treatment was shown to abolish intrahepatic PGE₂ production, confirming effective inhibition. These observations suggest that the anti-fibrotic effects of PGE₂ are, at least partly, mediated by Epac-1.

Our data seemingly reveal a contradiction. We showed that PGE₂ administration enhanced Epac-1 expression in fibrotic livers, yet liver fibrosis is associated with high hepatic PGE₂ levels (fig 1F) and

reduced Epac-1 expression (fig 2C). Moreover, PGE₂-treatment attenuated intrahepatic PGE₂ production, yet enhanced Epac-1 levels. It is clear that total intrahepatic PGE₂ content does not correlate with Epac-1 or fibrosis. Of note, the plasma t_{1/2} of the administered PGE₂ (5 min) is too short to be detectable at the time of sacrifice (24 hr after injection). PGE₂ and NFA are both anti-inflammatory compounds and consequently can both attenuate PGE₂ production by inflammatory cells (Gilroy et al., 1999). At the same time they have opposite effects on fibrogenesis, HSC activation and Epac-1 levels (see fig 1 and 2A). Cell-specific delivery of PGE₂ to HSC did enhance intrahepatic Epac-1 levels and attenuated fibrogenesis and HSC activation. Therefore, it can be deduced that PGE₂ affects fibrosis via an effect on Epac-1 levels specifically within HSC, irrespective of the total PGE₂ content within livers.

One of the downstream targets of Epac-1 is Rho-kinase (Yu et al., 2016), which was found to be downregulated by Epac-1 (Rajagopal et al., 2013; Roscioni et al., 2011; Schmidt et al., 2013). Rho-kinase stimulates the transdifferentiation of HSC into collagen-producing myofibroblast-like cells via phosphorylation of its downstream substrate, myosin light chain (MLC) (Mack et al., 2001). This prompted us to examine PMLC levels in fibrotic livers. Indeed, PMLC was abundantly expressed in desmin-positive cells in fibrotic septa in livers of untreated mice. In contrast, in fibrotic mice treated with PGE₂, PMLC formation was completely absent, indicating a lower Rho-kinase activity at these sites. Rho-kinase has profound effects on portal pressure via actin-filament contraction in HSC (Klein et al., 2012) and portal hypertension is a key factor in clinical complications during cirrhosis, so the modulation of Rho-kinase activity by PGE₂ in HSC is quite relevant.

PGE₂ is pleiotropic molecule affecting many cell types including (circulating) inflammatory cells, smooth muscle cells, hepatocytes, and macrophages (Haag et al., 2008; Hui et al., 2004). To investigate which cell type was responsible for the observed alterations we used different albumin-based cell-selective carriers. Cell-selectivity of the applied carriers has been extensively demonstrated in previous studies (Beljaars et al., 1998; Beljaars et al., 2003). Cell specificity was verified for all PGE₂ constructs: all constructs were taken up by the designated target cells as illustrated by double staining for albumin and specific cell markers. Also pharmacological activity of constructs was verified in cell lines expressing the designated target receptor (i.e. the PDGFβ-R, Mannose-R, or the

asialoglycoprotein-R) and we started therapies in a late stage of disease, when target receptor expression is high. *In vivo*, only HSC-selective PGE₂ delivery inhibited the CCl₄-induced scar tissue formation, normalized Epac-1 expression levels and abolished PMLC protein expression, thereby excluding a role for KC, hepatocytes and circulating or infiltrating inflammatory cells. We did not test the effect of PGE₂ on sinusoidal endothelial cells yet. Studies with PGE₂ coupled to endothelial-specific carriers need to be performed in order to exclude a role for this cell type. Our approach however led to insight in a very complex situation, where inflammation and fibrosis interact and PGE₂ exerts many effects in multiple cell types. Collectively, our cell-selective approach shows that PGE₂ increases Epac-1 within HSC, which is associated with local inhibition of Rho-kinase activity and reduced fibrogenesis in CCl₄-treated mice.

In vitro studies confirmed Epac-1-mediated effects by PGE₂ on fibroblasts: Rap1 translocation to the plasma membrane, reported to be induced by Epac-1 (Yang et al., 2015), was seen after addition of PGE₂ to fibroblast and this was inhibitable by the Epac-1 inhibitor CE3F4 (Courilleau et al., 2012). Although PGE₂ is known for its role in inflammation and fibrosis (Haag et al., 2008; Huang et al., 2008; Mallat et al., 1998; Weinberg et al., 2009), literature on the effects of PGE₂ on liver fibrosis *in vivo* is scarce. One study (Ruwart et al., 1989) demonstrated reduced collagen deposition in cirrhotic rats treated with PGE₂, although the mechanism of action behind this was unknown. This lack of clarity is most likely due to the pleiotropic effects of PGE₂ and its poor pharmacokinetic profile; it is rapidly cleared by the liver and kidneys, or inactivated by plasma proteins. In fact, it's surprising that despite its short half-life, significant effects of PGE₂ were found on liver fibrosis. Similar to PGE₂, the effect of COX-activity on fibrogenesis *in vivo* is unclear. COX-inhibitors are reported to be either pro- (Gilroy et al., 1999) or anti-fibrotic (Chavez et al., 2010) which may indicate a dual effect on fibrogenesis; their anti-inflammatory effects may lead to anti-fibrogenic effects, whereas effects on fibrogenic cells, for instance via inhibition of PGE₂ production, may stimulate fibrogenesis. This remains to be elucidated but the present study provides clues for such a dual effect of PGE₂ and COX-inhibitors.

In summary, our study shows the involvement of the cAMP effector Epac-1 in the regulation of liver fibrosis. Fibrogenesis is associated with a reduced Epac-1 expression *in vivo*. Restoration of Epac-1

levels by PGE₂ is associated with attenuated fibrogenic activity. In contrast, the COX inhibitor NFA attenuates hepatic Epac-1 expression, which is paralleled by an increased HSC activation and fibrogenesis. In HSC, but not in hepatocytes or KC, PGE₂ restores Epac-1 expression levels and strongly affects Rho activity in these cells. Our studies reveal a pathway to modulate Epac-1 levels and thereby fibrogenesis, although our studies also show that cell-specificity is important when interfering with Epac-1 levels. Detailed insight into this pathway is essential to identify drug targets and understand the effects of COX inhibitors in chronic liver diseases.

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Authorship Contributions

Participated in research design: Schippers, Beljaars, Lotersztajn, Schmidt, Poelstra

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Wrote or contributed to the writing of the manuscript: Schippers, Beljaars, Schmidt, Poelstra

References

- Beljaars L, Poelstra K, Molema G, Meijer DK. (1998) Targeting of sugar- and charge-modified albumins to fibrotic rat livers: The accessibility of hepatic cells after chronic bile duct ligation. *J Hepatol* 29:579-588.
- Beljaars L, Weert B, Geerts A, Meijer DK, Poelstra K. (2003) The preferential homing of a platelet derived growth factor receptor-recognizing macromolecule to fibroblast-like cells in fibrotic tissue. *Biochem Pharmacol* 66:1307-1317.
- Chavez E, Segovia J, Shibayama M, Tsutsumi V, Vergara P, Castro-Sanchez L, Salazar EP, Moreno MG, Muriel P. (2010) Antifibrotic and fibrolytic properties of celecoxib in liver damage induced by carbon tetrachloride in the rat. *Liver Int* 30:969-978.
- Courilleau D, Bissierier M, Jullian JC, Lucas A, Bouyssou P, Fischmeister R, Blondeau JP, Lezoualc'h F. (2012) Identification of a tetrahydroquinoline analog as a pharmacological inhibitor of the cAMP-binding protein epac. *J Biol Chem* 287:44192-44202.
- Gilroy DW, Colville-Nash PR, Willis D, Chivers J, Paul-Clark MJ, Willoughby DA. (1999) Inducible cyclooxygenase may have anti-inflammatory properties. *Nat Med* 5:698-701.
- Haag S, Warnken M, Juergens UR, Racke K. (2008) Role of Epac1 in mediating anti-proliferative effects of prostanoid EP(2) receptors and cAMP in human lung fibroblasts. *Naunyn Schmiedebergs Arch Pharmacol* 378:617-630.
- Huang SK, Wettlaufer SH, Chung J, Peters-Golden M. (2008) Prostaglandin E2 inhibits specific lung fibroblast functions via selective actions of PKA and epac-1. *Am J Respir Cell Mol Biol* 39:482-489.
- Hui AY, Dannenberg AJ, Sung JJ, Subbaramaiah K, Du B, Olinga P, Friedman SL. (2004) Prostaglandin E2 inhibits transforming growth factor beta 1-mediated induction of collagen alpha 1(I) in hepatic stellate cells. *J Hepatol* 41:251-258.

Insel PA, Murray F, Yokoyama U, Romano S, Yun H, Brown L, Snead A, Lu D, Aroonsakool N. (2012) cAMP and epac in the regulation of tissue fibrosis. *Br J Pharmacol* 166:447-456.

Klein S, Van Beuge MM, Granzow M, Beljaars L, Schierwagen R, Kilic S, Heidari I, Huss S, Sauerbruch T, Poelstra K, Trebicka J. (2012) HSC-specific inhibition of rho-kinase reduces portal pressure in cirrhotic rats without major systemic effects. *J Hepatol* 57:1220-1227.

Lezoualc'h F, Fazal L, Laudette M, Conte C. (2016) Cyclic AMP sensor EPAC proteins and their role in cardiovascular function and disease. *Circ Res* 118:881-897.

Mack CP, Somlyo AV, Hautmann M, Somlyo AP, Owens GK. (2001) Smooth muscle differentiation marker gene expression is regulated by RhoA-mediated actin polymerization. *J Biol Chem* 276:341-347.

Mallat A, Gallois C, Tao J, Habib A, Maclouf J, Mavier P, Preaux AM, Lotersztajn S. (1998) Platelet-derived growth factor-BB and thrombin generate positive and negative signals for human hepatic stellate cell proliferation. role of a prostaglandin/cyclic AMP pathway and cross-talk with endothelin receptors. *J Biol Chem* 273:27300-27305.

Melgert BN, Olinga P, Van Der Laan JM, Weert B, Cho J, Schuppan D, Groothuis GM, Meijer DK, Poelstra K. (2001) Targeting dexamethasone to kupffer cells: Effects on liver inflammation and fibrosis in rats. *Hepatology* 34:719-728.

Rajagopal S, Kumar DP, Mahavadi S, Bhattacharya S, Zhou R, Corvera CU, Bunnett NW, Grider JR, Murthy KS. (2013) Activation of G protein-coupled bile acid receptor, TGR5, induces smooth muscle relaxation via both epac- and PKA-mediated inhibition of RhoA/rho kinase pathway. *Am J Physiol Gastrointest Liver Physiol* 304:G527-35.

Roscioni SS, Kistemaker LE, Menzen MH, Elzinga CR, Gosens R, Halayko AJ, Meurs H, Schmidt M. (2009) PKA and epac cooperate to augment bradykinin-induced interleukin-8 release from human airway smooth muscle cells. *Respir Res* 10:88-9921-10-88.

- Roscioni SS, Maarsingh H, Elzinga CR, Schuur J, Menzen M, Halayko AJ, Meurs H, Schmidt M. (2011) Epac as a novel effector of airway smooth muscle relaxation. *J Cell Mol Med* 15:1551-1563.
- Ruwart MJ, Wilkinson KF, Rush BD, Vidmar TJ, Peters KM, Henley KS, Appelman HD, Kim KY, Schuppan D, Hahn EG. (1989) The integrated value of serum procollagen III peptide over time predicts hepatic hydroxyproline content and stainable collagen in a model of dietary cirrhosis in the rat. *Hepatology* 10:801-806.
- Schmidt M, Dekker FJ, Maarsingh H. (2013) Exchange protein directly activated by cAMP (epac): A multidomain cAMP mediator in the regulation of diverse biological functions. *Pharmacol Rev* 65:670-709.
- Seki E and Schwabe RF. (2015) Hepatic inflammation and fibrosis: Functional links and key pathways. *Hepatology* 61:1066-1079.
- Swaney JS, Roth DM, Olson ER, Naugle JE, Meszaros JG, Insel PA. (2005) Inhibition of cardiac myofibroblast formation and collagen synthesis by activation and overexpression of adenylyl cyclase. *Proc Natl Acad Sci U S A* 102:437-442.
- Weinberg E, Zeldich E, Weinreb MM, Moses O, Nemcovsky C, Weinreb M. (2009) Prostaglandin E2 inhibits the proliferation of human gingival fibroblasts via the EP2 receptor and epac. *J Cell Biochem* 108:207-215.
- Yang Y, Yang F, Wu X, Lv X, Li J. (2015) EPAC activation inhibits acetaldehyde-induced activation and proliferation of hepatic stellate cell via Rap1. *Can J Physiol Pharmacol* :1-10.
- Yokoyama U, Patel HH, Lai NC, Aroonsakool N, Roth DM, Insel PA. (2008) The cyclic AMP effector epac integrates pro- and anti-fibrotic signals. *Proc Natl Acad Sci U S A* 105:6386-6391.
- Yu JL, Deng R, Chung SK, Chan GC. (2016) Epac activation regulates human mesenchymal stem cells migration and adhesion. *Stem Cells* 34:948-959 .

Footnotes

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Figure legends

Figure 1. Effect of PGE₂ and NFA (COX inhibitor) on fibrosis-related parameters in mice with CCl₄-induced liver fibrosis. Representative pictures of (A.) αSMA and (C.) collagen type I staining in healthy and CCl₄-mice receiving treatment with PBS, PGE₂ or NFA (magnification 40x). Quantitative analysis of (B.) αSMA- and (D.) collagen-stained liver sections. E. Expression of pSMAD2/3 as analyzed by western blot. F. Analysis of hepatic PGE₂ levels measured by ELISA in healthy mice and fibrotic mice treated with PBS, PGE₂ or NFA. (* p<0.01 compared to CCl₄; # p< 0.05 compared to healthy; n=6-9 per group).

Figure 2. Expression of EPAC-1, PKA and PMLC in fibrotic livers. Effects of PGE₂ and NFA on intrahepatic expression of EPAC-1 (A. and C.) and PKA (A. and B.) in fibrotic mice, as determined by Western blot analysis. D. Epac-1 expression in healthy and cirrhotic human livers. E. Rho-kinase activity, as reflected by PMLC staining, and desmin staining, as marker for HSC, in fibrotic livers. Note the colocalization of desmin and PMLC and the absence of PMLC staining after PGE₂ treatment (magnification 100x). *= p< 0.05, **=p<0.01

Figure 3. Cell-specific effects of PGE₂ targeted to HSC (PPH), to Kupffer cells (PMH) or to Hepatocytes (PLH) on fibrogenic markers and on Epac-1 and PKA expressions in fibrotic livers in mice. Figure A. schematically outlines the different constructs and target cells. Figure B. Pharmacological effects of PGE₂ coupled to pPB-HSA (PPH), to mannosylated HSA (PMH), or to lactosylated HSA (PLH) in cell cultures. A wound healing assay in cultures of fibroblasts was used to test the activity of PPH. The biological activity of PMH was assessed by LPS-induced NO-production in RAW264.7 macrophages and the phosphorylation of VASP in HEPG2 cells was used to assess the activity of PLH. Figure C. Double staining for the PGE₂-conjugate (with an antibody directed against HSA) and the cellular marker desmin (marker for HSC), CD68 (marker for KC) or CYP2E1 (hepatocyte marker). Arrow heads show double staining for desmin and PPH, double staining of

CD68 and PMH and double staining for CYP2E1 and PLH in livers of fibrotic mice, 30 minutes after injection of the compounds (original magnification 20x10, inserts 40x10). Figure D. Protein levels for collagen type I in livers of fibrotic mice treated with PPH (n=9/group), PMH (n=6/group), or PLH (n=6/group) measured by western blot analysis. Figure E. Hepatic protein levels for cAMP effectors Epac-1 and PKA in mice after treatment with the different PGE₂ constructs. Vehicle (PBS) or drug carriers without PGE₂ (i.e. PH, MH or LH) served as controls.

Figure 4: Effects of PGE₂ targeted to HSC (PPH), free PGE₂, or carrier (PH) on intrahepatic pMLC expression (reflecting Rho-kinase activity) in fibrotic livers *in vivo*. Representative pictures of immunofluorescent staining for phosphorylated-myosin light chain (PMLC = Rho-kinase marker: green) and desmin (HSC marker: red). Strong staining for PMLC can be seen in desmin-positive septae, but this staining is absent in fibrotic animals treated with PPH and PGE₂.

Figure 5: Effects of PGE₂ on intracellular localization of Rap1 in NIH/3T3 cells. Pictures show fluorescent staining for Rap1 which is a downstream effector of Epac-1. Note the more intense staining along the plasma membranes in PGE₂-treated cultures, which is reversed by addition of the Epac-1 inhibitor CE3F4 (original magnification 40x10).

Figure 6: In vitro effects of PDGF-BB and TGFβ on Epac-1 and PKA expression (panel A.) and effects of Epac-1 and PKA agonists on PDGF-induced biological responses in fibroblasts (panel B.).
A: Quantitative real-time PCR analysis of Epac-1 and PKA mRNA expression levels after PDGF- or TGFβ-induced activation of primary HSC, normalized to β-actin expression. B: The effects of Epac-1 agonist 8-pCPT-2'-O-Me-cAMP and the PKA agonist 6-Bnz-cAMP on PDGF-induced migration and proliferation in primary HSC. Data are presented as the mean (± SEM) of 4 independent experiments.

Tables

Table 1: Patient characteristics of the human livers used in this study

	Normal livers	Cirrhotic livers
	N=7	N=6
Age (min-max) years	41 (10-57)	49 (35-66)
Gender	n=4: F n=2: M n=1: not known	n=3: F n=1: M n=2: not known

Table 2: Plasma ALT and AST levels (AVG \pm SEM) in each experimental group at the time of sacrifice.

	AST (U/l)	ALT (U/l)
Healthy	33 \pm 9	13 \pm 3
CCL ₄	572 \pm 129 (** relative to healthy)	182 \pm 37 (***) relative to healthy)
CCL ₄ +PGE ₂	326 \pm 117 (ns relative to CCL ₄)	152 \pm 34 (ns relative to CCL ₄)
CCL ₄ +NFA	704 \pm 118 (ns relative to CCL ₄)	62 \pm 12 (* relative to CCL ₄)

*= p< 0.05; **=p<0.01; ***=p<0.001, ns= non-significant,

Figures

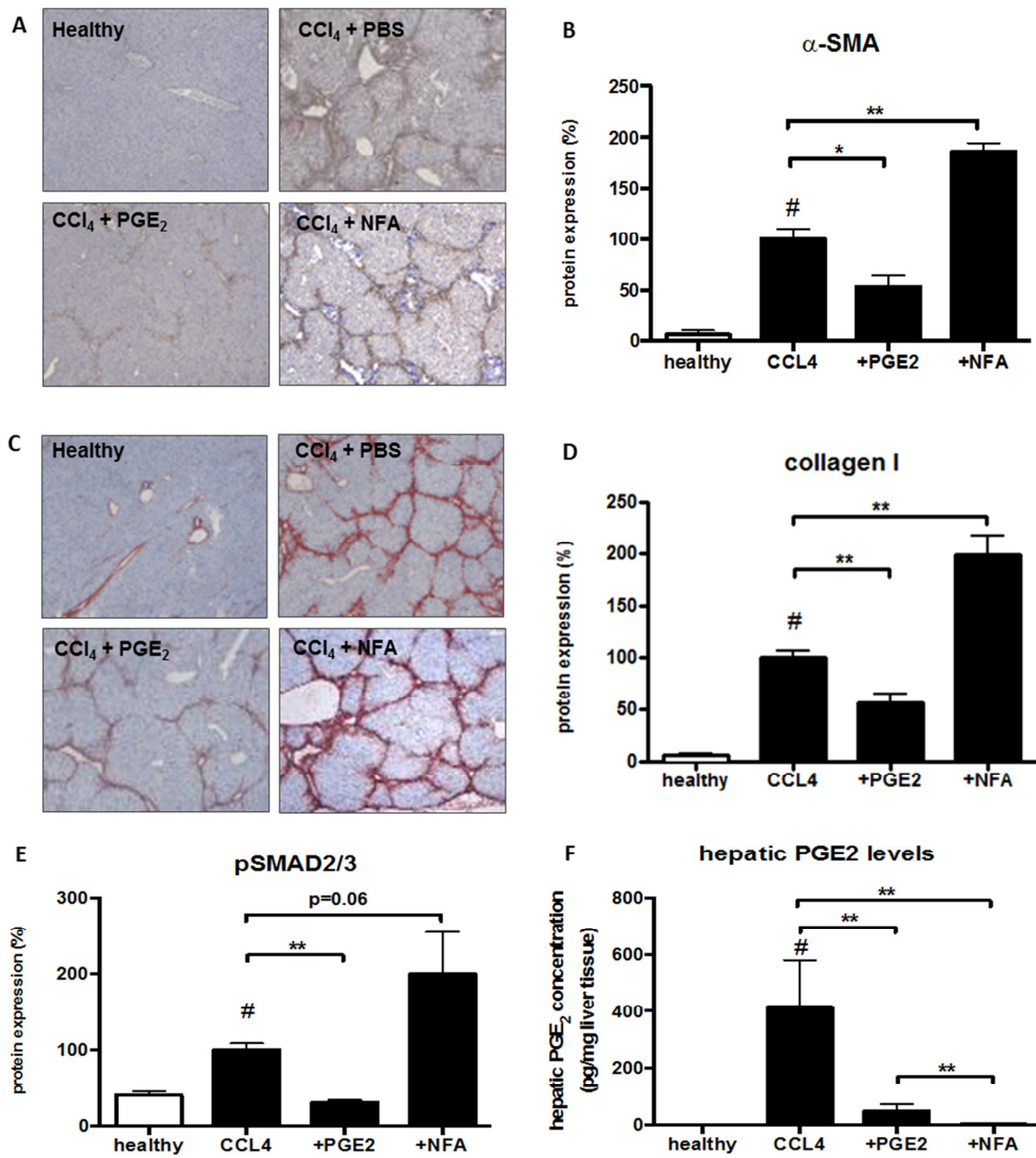


Figure 1 Schippers et al

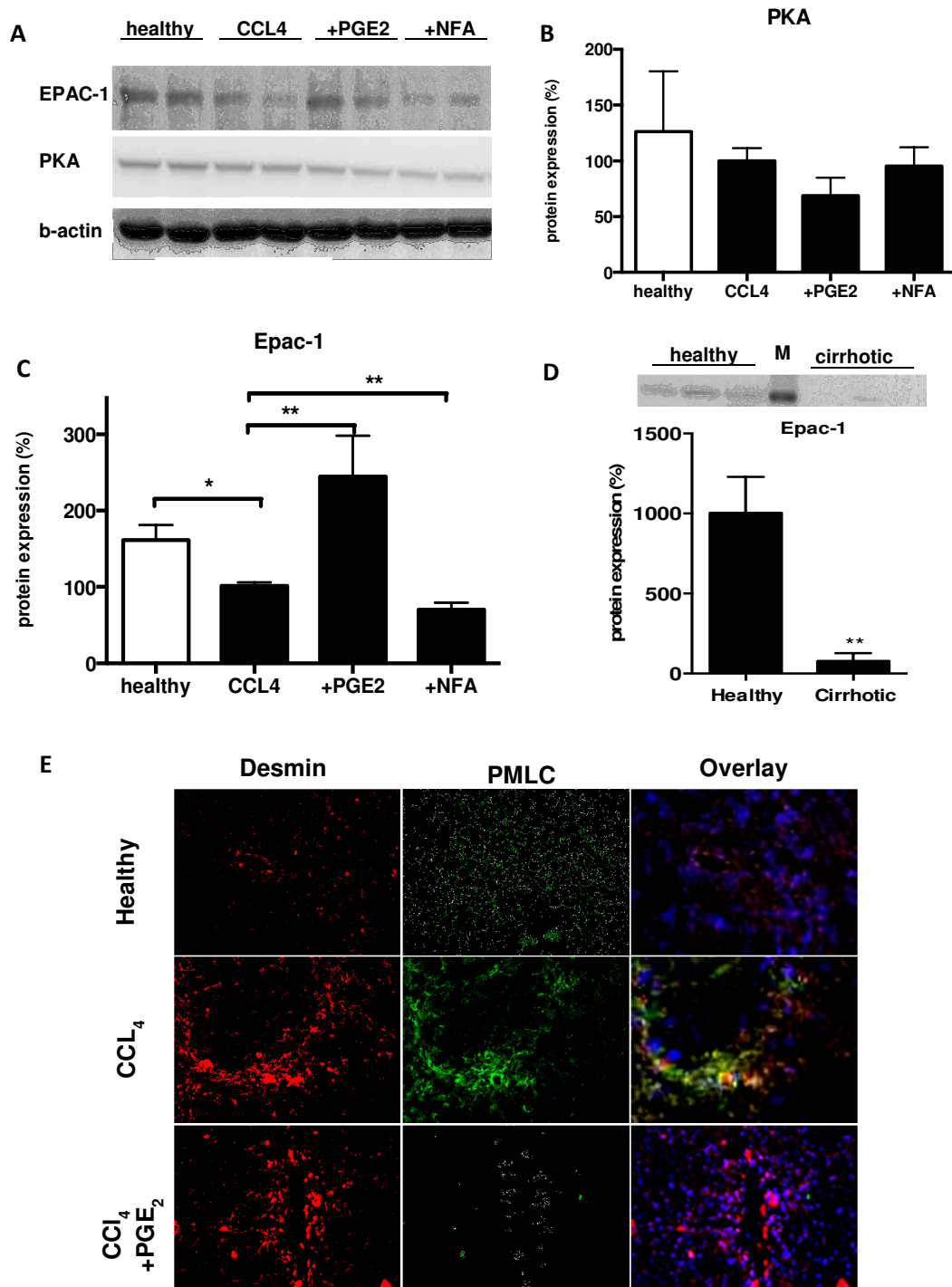


Figure 2 Schippers et al

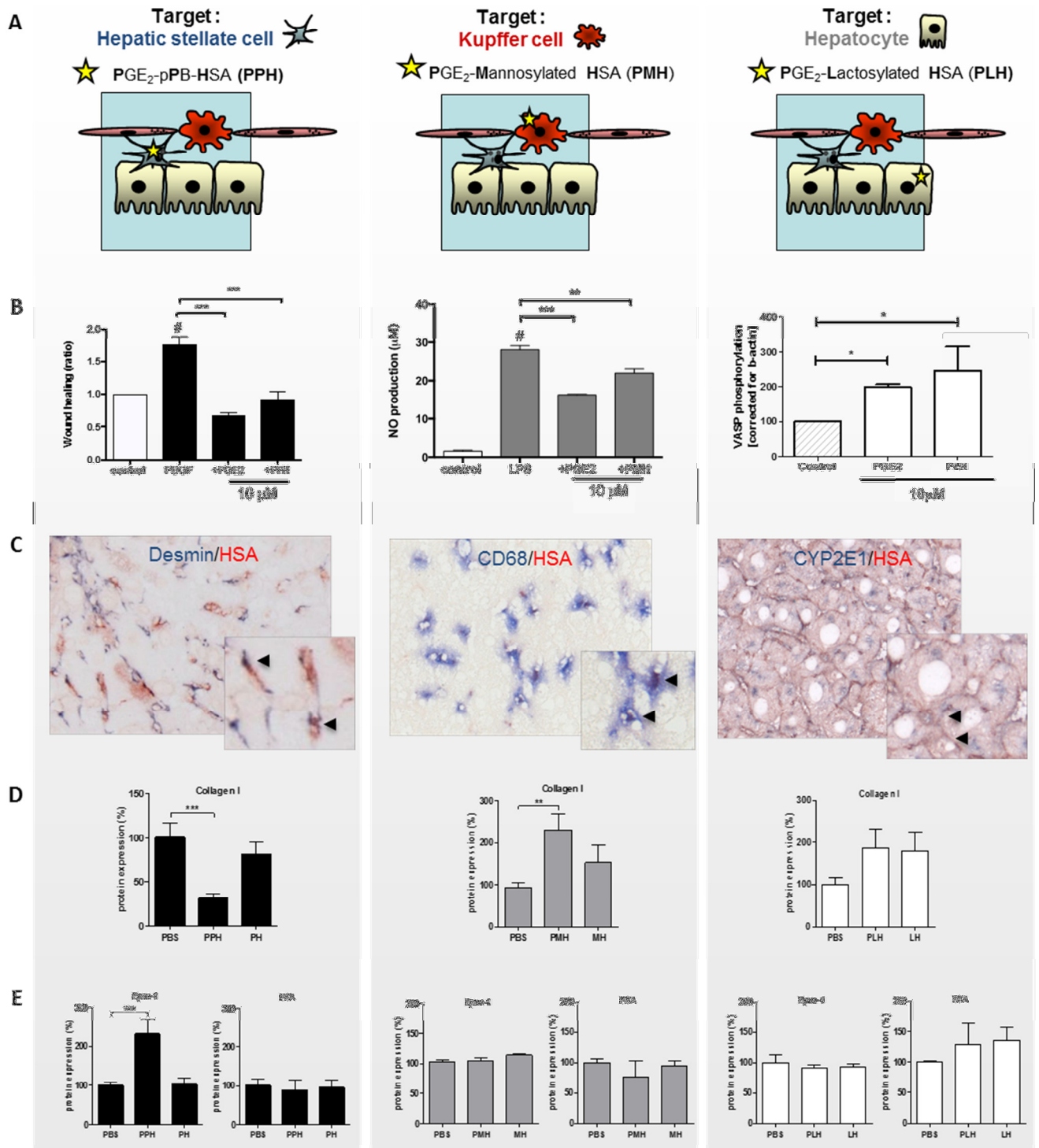


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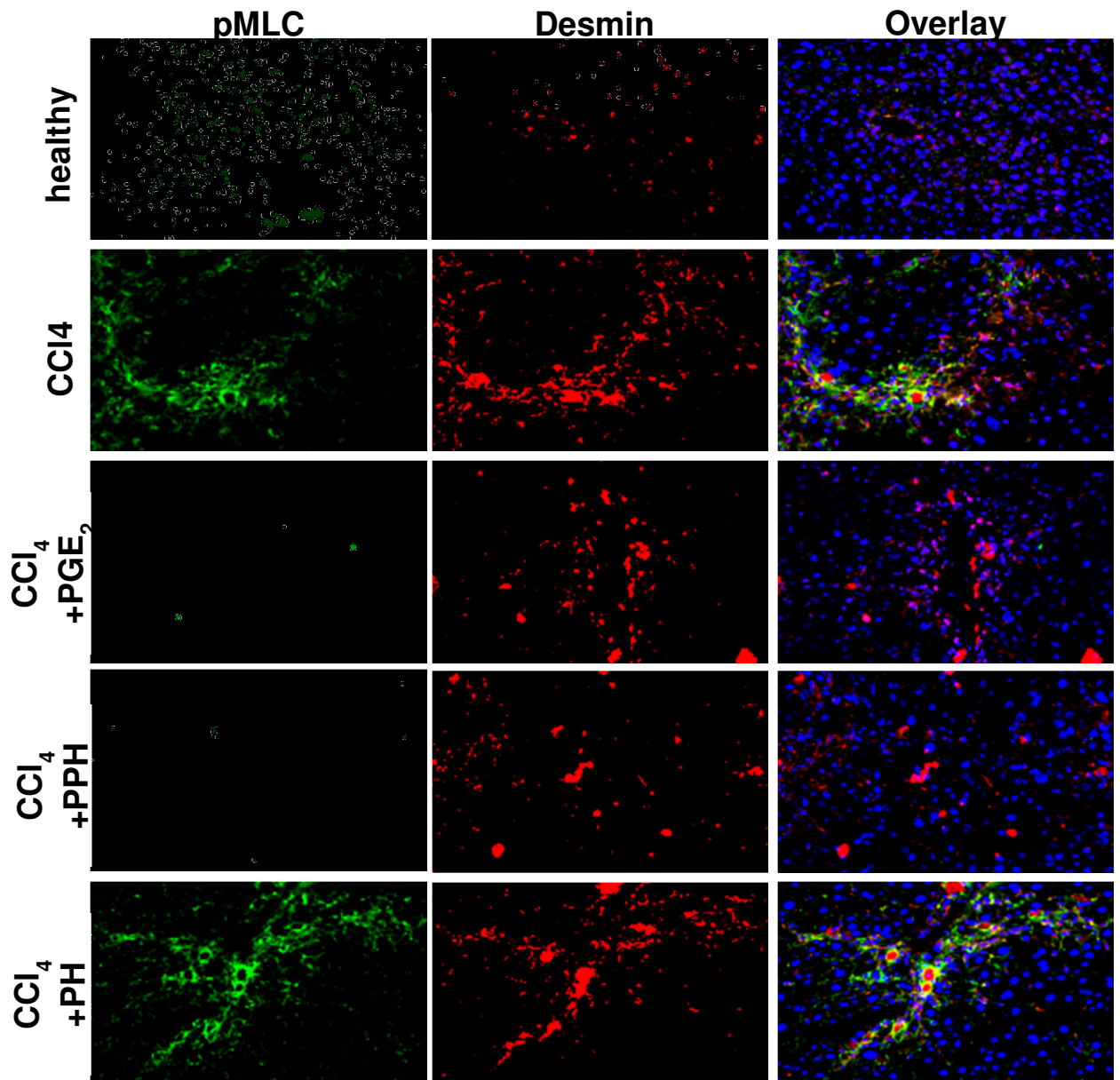


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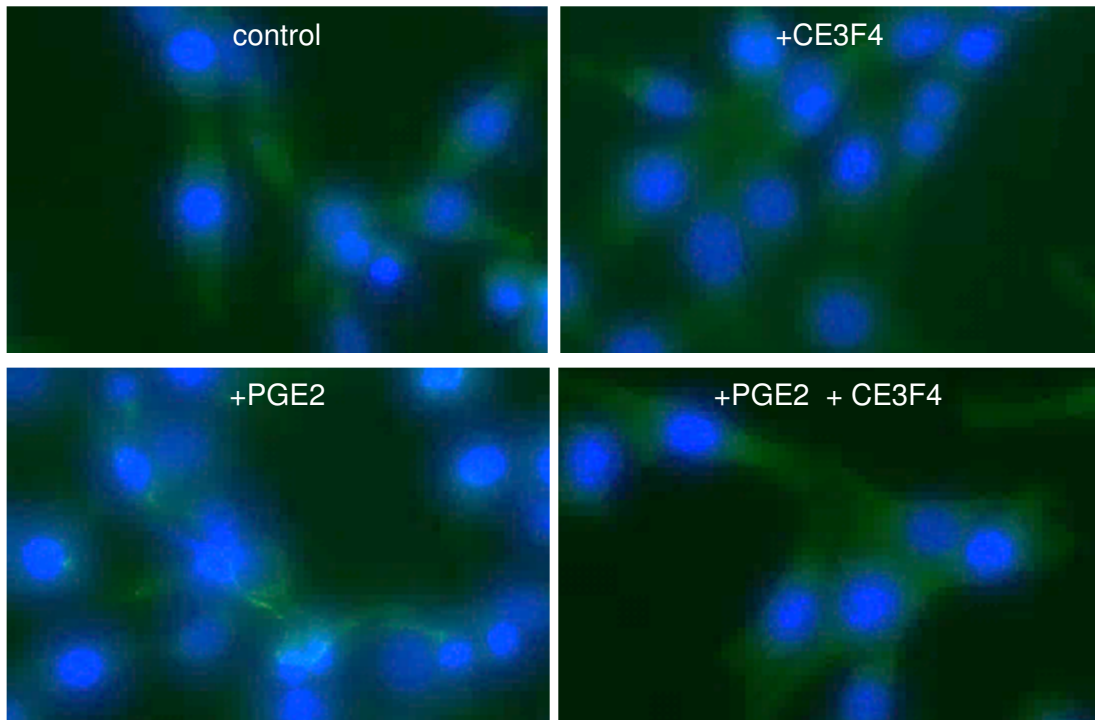


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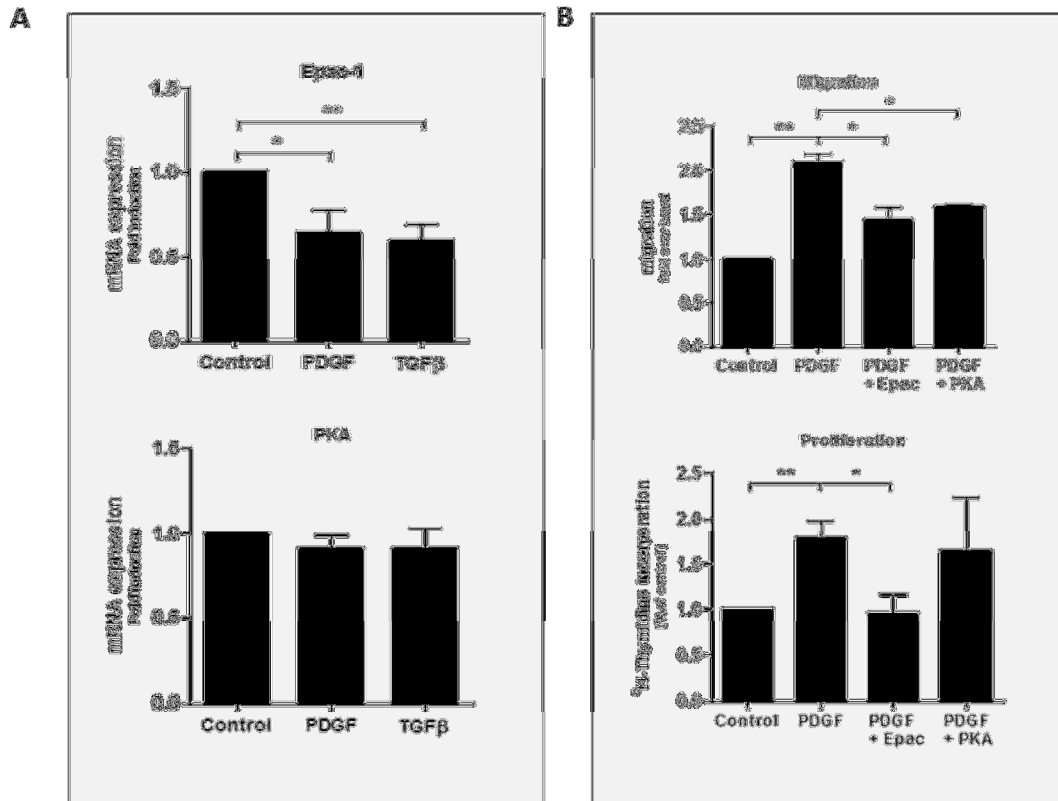


Figure 6. Schippers et al