The Bulky N(6) Substituent of Cabergoline Is Responsible for Agonism of This Drug at 5-Hydroxytryptamine (5-HT)\textsubscript{2A} and 5-HT\textsubscript{2B} Receptors and Thus Is a Determinant of Valvular Heart Disease

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ABSTRACT

Fibrotic valvular heart disease (VHD) has been observed in patients with Parkinson’s disease treated with dopamine receptor agonists such as pergolide and cabergoline. 5-Hydroxytryptamine\textsubscript{2B} receptor (5-HT\textsubscript{2B}R) agonism is the most likely cause, but other 5-HT receptors may also play a role in VHD. We aimed at characterizing the molecular fragment of cabergoline responsible for agonism at 5-HT\textsubscript{2B}R and 5-HT\textsubscript{2A}R. Cabergoline with an allyl substituent at N(6) behaved as a potent 5-HT\textsubscript{2B}R full agonist in relaxation of porcine pulmonary arteries and as a weaker 5-HT\textsubscript{2A}R partial agonist in contraction of coronary arteries. The same was true for cabergoline derivatives with cyclopropylmethyl, propanyl, or ethyl at N(6). Agonism was converted into antagonism, when the N(6) substituent was methyl. 6-Methylcabergoline retained agonism compared with cabergoline at human dopamine D\textsubscript{2L}ONG and human dopamine D\textsubscript{2S}HOT receptors as determined by guanosine 5'-O-(3-[\textsuperscript{35}S]thio)triphosphate binding. In porcine aortic valve cusps, 5-HT\textsubscript{2}-induced contractions were inhibited by ketanserin (5-HT\textsubscript{2A}R antagonist) but not by N-(1-methyl-1H-5-indolyl)-N'-(3-methyl-5-isothiazolyl)urea (SB204741) (5-HT\textsubscript{2B}R antagonist). In porcine valvular interstitial cells, cabergoline-induced activation of extracellular signal-regulated kinase (ERK) 1/2, an initiator of cellular proliferation and activity, was blocked by (R)-(-)-4-(1-hydroxy-1,2,3-dimethoxyphenyl)phenyl)-N-2-(4-fluorophenylethyl)lipiderine (MDL100907) (5-HT\textsubscript{2A}R antagonist) and N-[4-methoxy-3-(4-methyl-1-piperazinyl)phenyl]-2'-methyl-4'-(5-methyl-1,2,4-oxadiazol-3-yl)-1,1'-biphenyl-4-carboxamide (GR127935) (5-HT\textsubscript{1B}R antagonist), whereas the stimulatory effect on [\textsuperscript{3}H]proline and [\textsuperscript{3}H]glycosaminoglycan incorporations (indices of extracellular matrix collagen and glycosaminoglycan) was blocked by MDL100907. We conclude that the bulky N(6) substituent of cabergoline is responsible for 5-HT\textsubscript{2A}R and 5-HT\textsubscript{2B}R agonism. The increased ERK1/2 phosphorylation and production of extracellular matrix by cabergoline are mediated by 5-HT\textsubscript{2ARs}. However, the moderate potency of cabergoline at native 5-HT\textsubscript{2ARs} suggests that these are not the preferential target in VHD in vivo.

Introduction

Cabergoline, a dopamine D\textsubscript{2} receptor agonist, is used in the treatment of Parkinson’s disease (PD), hyperprolactinemia, and restless legs syndrome. Several studies have shown that patients with PD receiving a high daily dose of cabergoline (3–4 mg) had an increased risk of fibrotic valvular heart disease (VHD) compared with patients with PD who did not receive the drug (see Bhattacharyya et al., 2009 for review). The risk of VHD by small cabergoline doses (0.5–2 mg per week) to treat hyperprolactinemia and restless legs syndrome is unclear (Oertel et al., 2007; Colao et al., 2008; Kars et al., 2008; Tan et al., 2010). Pathobiological characteristics

ABBREVIATIONS: PD, Parkinson’s disease; VHD, valvular heart disease; hD\textsubscript{2L}, human dopamine D\textsubscript{2L}ONG; hD\textsubscript{2S}, human dopamine D\textsubscript{2S}HOT; 5-HT, 5-hydroxytryptamine (serotonin); 5-HT\textsubscript{2A}R, 5-HT\textsubscript{2A} receptor; 5-HT\textsubscript{2B}R, 5-HT\textsubscript{2B} receptor; 5-HT\textsubscript{1B}R, 5-HT\textsubscript{1B} receptor; [\textsuperscript{3}S]GTP\textsubscript{Y}S, guanosine 5'-O-[3-\textsuperscript{35}S]thiotriphosphate; SB204741, N-(1-methyl-1H-5-indolyl)-N'-(3-methyl-5-isothiazolyl)urea; ERK, extracellular signal-regulated kinase; pERK, phosphorylated ERK; GR127935, [\textsuperscript{4}-methyl-3-(4-methyl-1-piperazinyl)phenyl]-2'-methyl-4'-(5-methyl-1,2,4-oxadiazol-3-yl)-1,1'-biphenyl-4-carboxamide; MDL100907, (R)-(−)-4-(1-hydroxy-1,2,3-dimethoxyphenyl)phenyl)-N-2-(4-fluorophenylethyl)lipiderine; CHO, Chinese hamster ovary; KHS, Krebs-Henseleit solution; VIC, valvular interstitial cell; PVIC, porcine VIC; U46619, 9,11-dideoxy-11α,9α-epoxy-[\textsuperscript{9}S]tetrahydroprostaglandin F\textsubscript{2α}; GR55562, 3-[3-(dimethylaminopropyl)-4-hydroxy-N-[4-(4-pyridyl)phenyl]benzamide; ECM, extracellular matrix; DMEM, Dulbecco’s modified Eagle’s medium; PBS, phosphate-buffered saline; FCS, fetal calf serum.
of VHD involve myofibroblast proliferation, thickening of the leaflets and the chords, increase in tissue rigidity, valvular stenosis, and valvular insufficiency (Schoen, 2005).

The incidence of VHD as an adverse effect of drugs has been reported in patients taking appetite suppressants (e.g., fenfluramine, dexfenfluramine) or ergolines, the latter to which cabergoline belongs (Roth, 2007). However, VHD not to be a class effect of the ergolines. Only one case report has documented VHD in the treatment of PD with bromocriptine (Serratrice et al., 2002), and some cases of VHD have been described with the antimigraine drugs ergotamine and methysergide (Bhattacharyya et al., 2009). Serious damage to the heart valves has predominantly been associated with the use of the ergot derivative dopamine agonists pergolide and cabergoline (Antonini and Poewe, 2007; Bhattacharyya et al., 2009). In contrast, VHD has never been observed in the therapy of PD with lisuride (Hofmann et al., 2006). Obviously, the occurrence of VHD is restricted to certain representatives of the ergolines. This raises the question of whether a specific molecular fragment of the ergoline molecule may be responsible for the severe adverse effect of VHD.

It has been demonstrated that VHD caused by the above-mentioned drugs is predominantly associated with an activation of 5-hydroxytryptamine_2R receptors (5-HT_2B/2R) in cardiac valves (Roth, 2007; Bhattacharyya et al., 2009; Huang et al., 2009). However, a participation of other 5-HT receptors, e.g., 5-HT_1A and 5-HT_1B, in the development of drug-induced VHD cannot be completely ruled out. Several lines of evidence suggest that 1) human heart valves also have high mRNA levels of 5-HT_2A and 5-HT_1B receptors (Fitzgerald et al., 2000; Roy et al., 2000); 2) 5-HT-induced incompetence of porcine aortic valves was blocked by ketanserin (5-HT_2A, R antagonist; Chester et al., 2001); 3) 5-HT-induced up-regulation of transforming growth factor-β1, which plays a role in the pathological response to VHD, was inhibited by (R)-(+)-α,4-dimethyl-2,3-dimethoxyphenylmethyl)-N,N-dimethylpiperazine (selective 5-HT_2A antagonist; Xu et al., 2002); and 4) cabergoline behaved as a full agonist at recombinant human 5-HT_2A and 5-HT_1B receptors, respectively (Newman-Tancredi et al., 2002b).

Based on the observation that some ergolines induce VHD and other ones do not, we have demonstrated that the N(6) propyl substituent of pergolide is crucial for 5-HT_2A and 5-HT_2B agonism and that agonism is converted into antagonism when N(6) propyl is replaced by methyl (Görnemann et al., 2008). Consequently, it was of interest to know whether the pharmacological properties of different cabergoline derivatives (cyclopropylmethyl, propyl, ethyl, methyl, hydrogen instead of allyl as N(6) substituent; Fig. 1) follow the same pattern as those of the corresponding pergolide series (Görnemann et al., 2008). 5-HT_2A, R-mediated responses were studied in endothelium-denuded porcine coronary arteries by measurement of vasoconstriction and 5-HT_2B, R-mediated responses in porcine pulmonary arteries by measurement of endothelium-dependent relaxation (Glusa and Pertz, 2000; Görnemann et al., 2008). Because aortic cusp tissue exhibits contractile responses to 5-HT (Chester et al., 2000, 2001), we additionally studied the effects of 5-HT_2A, 5-HT_2B, and 5-HT_1B antagonists in this tissue. The extracellular signal-regulated kinases (ERK1/2) are signaling molecules downstream from 5-HT_2A, 5-HT_2B, and 5-HT_1B receptors (Mad-dahi and Edvinsson, 2008; Knauer et al., 2009), and phosphorylation of ERK1/2 initiates processes of cell proliferation, cell activity, and differentiation. It is noteworthy that in valve tissue ERK1/2 has been shown to transform normally quiescent VICs into the more active myofibroblast phenotype (Jian et al., 2002; Xu et al., 2002). Therefore, we aimed at assessing whether porcine VICs would show increased ERK1/2 phosphorylation when exposed to cabergoline. A further aim of this study was to investigate the direct effect of cabergoline on collagen and glycosaminoglycan biosynthesis in porcine VICs. To demonstrate whether structural modification of cabergoline would affect the efficacy at dopamine D_2 receptors, which are the major therapeutic target of this drug, we studied the effects of cabergoline and 6-methylcabergoline at recombinant hD_2L and hD_2S, receptors, stably expressed in Chinese hamster ovary (CHO) cells, by measuring G protein activation using a [35S]GTPγS binding assay.

**Materials and Methods**

**Tissue Preparation.** Lungs and hearts from pigs were obtained from the Lehr und Versuchsanstalt für Tierzucht und Tierhaltung (Teltow Ruhldorf, Germany) and placed in ice-cold oxygenated Krebs-Henseleit solution (KHS) of the following composition: 118 mM NaCl, 4.7 mM KCl, 2.5 mM CaCl_2 (1.6 mM for coronary arteries and aortic valves), 1.2 mM MgSO_4, 1.2 mM KH_2PO_4, 25 mM NaHCO_3, and 10 mM D-glucose, pH 7.4. Small branches of pulmonary arteries were dissected from the lungs, and coronary arteries (left anterior descending and left circumflex) were dissected from the hearts. Each of the three aortic valve cusps was cut away from the aortic root. The tissues were cleaned of fat and adhering tissue. The vessels were cut into rings (pulmonary arteries, 2–3 mm long and 2 mm wide; coronary arteries, 3–4 mm long and 2–3 mm wide). The intimal surface of coronary artery rings was gently rolled with a pair of tweezers to destroy the endothelium. Vascular rings were horizontally suspended between two L-shaped stainless steel hooks (300 μm diameter). Strips from the belly area of aortic valve cusps were tied at each end by a cotton thread for measurement of circumferential contraction (Kershaw et al., 2004). The tissues were mounted in water-jacketed 20-ml organ chambers and constantly exposed to oxygenated KHS (95%/5% O_2/CO_2, pH 7.4, 37°C). Preparations were connected to an isometric force transducer (FMI TIM-1020; FMI Pöhr Medical Instruments, Seeheim-Jugenheim, Germany) attached to a TSE 4711 transducer coupler (TSE Systems, Bad Homburg, Germany) and a Siemens C 1016 compresograph (Siemens AG, Erlangen, Germany) for the continuous recording of changes in tension.

**Porcine Pulmonary Arteries (Functional 5-HT_2A Receptor Assay).** Resting tension was adjusted to 20 mN at the beginning of
the experiment. During an initial stabilization period of 60 min, the bathing medium was replaced once after 30 min. The tissue rings were then stimulated at intervals of 45 min once with KCl (30 mM) and three times with 9,11-dideoxy-11α,9-epoxymethano-prostaglandin F₂α (U46619) (0.01 μM) until the contractile response had become constant. After each of the stimulations, the rings were rinsed with KHS for 5 min to wash out KCl or U46619. Fifteen minutes after the KCl and the first U46619 stimulation had returned to baseline, resting tension was readjusted to 20 mN. The presence of endothelium was verified by the ability of bradykinin (0.01 μM) to cause relaxation after the second contraction with U46619. The relaxant response to 5-HT (or ergot alkaloid derivative) was studied after the third U46619-induced contraction had stabilized. In agonist experiments with ergot alkaloid derivatives, a noncumulative concentration-response curve to the agonist (0.3–1000 nM) was established by adding only one concentration of agonist to each tissue. This method was used, because it is known that many tissues respond only to the first concentration of ergot with the consequence that the cumulative concentration-response technique cannot be applied (Müller-Schweinitz, 1990). The relaxant effect of agonists developed within 2 to 5 min. Agonist experiments were performed in the absence or presence of N-(1-methyl-1H-5-indolyl)-N’-(3-methyl-5-isothiazolyl)urea (SB204741) (3 μM) added 30 min before the construction of the concentration-response curve. In experiments where the antagonist or partial agonist properties of ergot alkaloid derivatives were studied, a cumulative concentration-response curve to 5-HT was constructed on each tissue 60 min after the addition of the ergot alkaloid derivative. When the maximal relaxant response to 5-HT or the test agonist had been attained, relaxation was accomplished by addition of bradykinin (0.01 μM). Relaxant effects were expressed as a percentage of the relaxation induced by the agonist plus bradykinin. All experiments were performed in the continuous presence of ketanserin (0.1 μM) to block 5-HT₂A Rs.

Porcine Coronary Arteries (Functional 5-HT₂A Receptor Assay). Resting tension was adjusted to 20 mN at the beginning of the experiment. The tissues were stabilized for 60 min with replacement of the bathing medium after 30 min. During the following equilibration period (115 min) the vascular rings were stimulated twice with KCl (50 mM) for 30 min. The rings were rinsed with KHS for 5 min to wash out KCl. Resting tension was readjusted to 20 mN 15 min after the first contraction with KCl had returned to baseline. The absence of endothelium was verified by the failure of bradykinin (0.1 μM) to cause relaxation after the second contraction with KCl. Cumulative concentration-response curves to 5-HT or ergot alkaloid derivative were constructed in the absence or presence of ketanserin (0.01 μM). Each concentration of agonist was administered after the preceding one had produced its maximal effect (usually after 5–10 min). Antagonist of affinity (pA₂) for ketanserin against 5-HT was 8.88 ± 0.03 (slope of the Schild plot 1.05 ± 0.05; Görnemann et al., 2008). Antagonists were added to the bathing medium 60 min before the construction of a concentration-response curve. Contractile effects were expressed as a percentage of the second KCl-induced contraction. All experiments were performed in the continuous presence of prazosin (0.1 μM), cocaine (6 μM), and indomethacin (5 μM) to block α₁-adrenoceptors and inhibit neuronal uptake of 5-HT and vascular eicosanoid production by cyclooxygenase, respectively.

Porcine Aortic Valve Cusps. Resting tension was adjusted to 5 mN at the beginning of the experiment. The tissues were stabilized for 60 min with replacement of the bathing medium after 30 min. The strips were then contracted with 5-HT (3 μM). During a period of 45 min the tissues were repeatedly washed with KHS. A cumulative concentration-response curve to 5-HT was constructed after an additional 30 min in the absence or presence of antagonist. Contractile effects were expressed as a percentage of the 5-HT-induced prestimulation.

Culture of Porcine Valvular Interstitial Cells. Porcine hearts were transported in sterile KHS containing 100 U/ml penicillin and 0.1 mg/ml streptomycin. Aortic and mitral valve cusps were excised under sterile conditions and scraped on both sides with a scalpel blade to remove the endothelial cells. Pieces of 2 to 5 mm were immersed in a solution of collagenase-II (2 mg/ml; Sigma-Aldrich, St. Louis, MO) in DMEM/Ham’s F-12 (1:1) (DMEM/F12) for 30 min at 37°C under agitation. Fetal calf serum was added to stop collagenase activity. The tissue pieces and cells were centrifuged, washed twice with phosphate-buffered saline (PBS), and transferred to cell culture flasks. Cells were grown in DMEM/F12 supplemented with 10% dialyzed fetal calf serum (FCS) (HyClone Laboratories, Logan, UT) and antibiotics (100 U/ml penicillin and 0.1 mg/ml streptomycin). At first confluence, the cells were cryopreserved in liquid nitrogen and used for experiments at passages 1 to 3.

Western Blot Analysis of Extracellular Signal-Regulated Kinases. PVIcs were grown to 80 to 90 percent confluence and made quiescent by incubation in DMEM/F12 containing 0.2% FCS for 48 h. 5-HT or ergolines were added for 5 min. Antagonists [1 μM MDL100907, SB204741 or N-[4-methoxy-3-(4-methyl-1-piperazinyl)phenyl]-2’-methyl-4’-(5-methyl-1,2,4-oxadiazol-3-yl)-1’-biphenyl-4-carboxamide (GR127935)] were added at least 30 min before the treatment with agonist. After rinsing twice with PBS cells were scraped on ice and lysed with radiolimunoprecipitation assay buffer containing 150 mM NaCl, 50 mM Tris, 1% Triton X-100, 0.5% sodium deoxycholate, and 0.1% SDS, supplemented with protease inhibitors (2 μg/ml aprotinin, 10 μg/ml leupeptin, 1 μg/ml pepstatin A, 1 mM phenylmethylsulfonl fluoride, 5 mM EDTA, 1 mM, sodium orthovanadate, 10 mM sodium fluoride). The cell lysates were centrifuged, boiled at 95°C for 5 min, and stored at −20°C before further processing. Total protein concentrations were determined with the Bradford method. Twenty micrograms of protein from each sample were loaded for SDS-polyacrylamid gel electrophoresis under reducing conditions and subsequently semi-dry blotted on polyvinylidene fluoride membranes (Westan 5; Whatman, Maidstone, UK). After blocking with 5% nonfat dry milk membranes were incubated with specific primary antibody reactive only against the phosphorylated form of ERK1/2 (1:1000; Cell Signaling Technology, Danvers, MA) and peroxidase-conjugated secondary antibody (Rockland Immunochemicals, Gilbertsville, PA). Specific bands were visualized by chemiluminescence with LumiGLO Reagent (Cell Signaling Technology) on Kodak Biomax films (Eastman Kodak, Rochester, NY). Membranes were stripped and reprobed with control antibody against both phosphorylated and nonphosphorylated ERK1/2 (1: 750). The studies were performed in triplicate.

Measurement of [³H]Proline and [³H]Glucosamine Incorporations. Collagen and glycosaminoglycan synthesis activity were assessed by measuring the incorporation of [³H]proline and [³H]glucosamine as follows: 5 × 10⁵ cells were seeded in 24-well plates and grown in DMEM/F12 medium supplemented with 10% dialyzed FCS and penicillin/streptomycin. After reaching confluence state, the medium was replaced with a low serum concentration of 0.5%. After an additional 24 h the medium was changed again and 1 μM 5-HT, cabergoline, or 6-methylcabergoline was added in the absence or presence of 1 μM MDL100907, SB204741, or GR127935. Each of these drugs was added 30 min before the addition of the agonists. Cells were then incubated for 48 h in the presence of 0.5 μCi/ml [³H]proline or 3 μCi/ml [³H]glucosamine (PerkinElmer, Rodgau-Jügesheim, Germany). Cells were washed twice with PBS before precipitation with ice-cold 10% trichloroacetic acid for 1 h at 4°C. The precipitates were solubilized in 0.3 N NaOH/0.1% SDS solution at 37°C under gentle agitation, mixed with scintillation cocktail, and measured in a beta counter. Experiments were performed in triplicate or quadruplicate. Results are presented as fold-changes compared with untreated control cells.

[³S]GTPγS Binding (Functional Dopamine D₂ Receptor Assay). Agonist potencies of cabergoline and 6-methylergocornine at the human dopamine receptor subtypes D₂L and D₂S were investigated in a [³S]GTPγS assay as described previously (Schlotter et al., 2005) using membranes of CHO cells stably expressing the human D₂L and D₂S receptors (Hayes et al., 1992). Homogenates of membranes were prepared as described previously (Hübner et al., 2000).
with receptor densities of $B_{max} = 0.78 \text{ pmol}/\mu\text{g}$ and 3.37 pmol/µg for D$_{arg}$ and D$_{nor}$ respectively, diluted in HEPES buffer (20 mM HEPES, 10 mM MgCl$_2$, 100 mM NaCl, 40 µg/ml saponin, pH 7.4) and incubated at 37°C with 1 µM GDP (HEPES buffer) and the test compound (in HEPES buffer supplemented with 0.1 mM dithiothreitol) applying eight different concentrations (0.01–10,000 nM) as pentaplicates at a final volume of 200 µl in 96-well microplates. After 30 min, 0.1 nM of [35S]GTPyS (specific activity 1250 Ci/mmol; PerkinElmer) was added, and the incubation continued for another 30 min. The experiment was terminated by rapid filtration through GF/B filters using an automated cell harvester, the filters were washed five times with ice-cold washing buffer (140 mM NaCl, 10 mM KCl, 1.5 mM KH$_2$PO$_4$, 8 mM Na$_2$HPO$_4$, pH 7.4) and dried at 60°C for 3 h, and the trapped radioactivity was counted in a microplate scintillation counter. Data analysis was done by normalization of the [35S]GTPyS binding data from each individual experiment related to the full effect of the reference agonist quinpirole and further pooling in a mean curve. Nonlinear regression analysis of this curve provided the EC$_{50}$ value as a measure of agonist potency. The top value of the curve represents the maximal response compared with quinpirole (100%).

**Drugs.** The following drugs were obtained as gifts: cabergoline from Schering AG (Berlin, Germany), GR127935 from GlaxoSmithKline (Uxbridge, Middlesex, UK), and U46619 from Upjohn (Kalamazoo, MI). The following drugs were purchased: 6-nor-6-cyclopropylmethylcabergoline (6-cyclopropylmethylcabergoline), 6-nor-6-propylcabergoline (6-propylcabergoline), 6-nor-6-ethylcabergoline (6-ethylcabergoline), 6-nor-6-methylcabergoline (6-methylcabergoline), and 6-norcabergoline from AlfaAesar s.r.o. (Cernosice, Czech Republic). Bradykinin triacetate, indomethacin, prazosin, hydrochloride, and quinpirole hydrochloride were from Sigma-Aldrich (Taufkirchen, Germany). Cocaine hydrochloride was from Merck (Darmstadt, Germany). 5-HT was from Acros (Geel, Belgium), and ketanserin tartrate was from Janssen Pharmaceuticals (Beerse, Belgium). SB204741 was from Tocris Bioscience (Bristol, UK), and MDL100907 was from ABX (Radeberg, Germany).

Drugs were dissolved in distilled water, dimethyl sulfoxide (SB204741; ergot alkaloid derivatives in the [35S]GTPyS assay), 50% (v/v) ethanol (indomethacin and prazosin), or ethanol (U46619) to a concentration of 1 to 30 mM stock solution. In 5-HT receptor assays ergot alkaloid derivatives were made soluble in a mixture of 50% (v/v) ethanol and an equimolar amount of 1 N HCl. Stock solutions were stored at -18°C and freshly diluted in distilled water, ethanol (SB204741), PBS, or HEPES buffer before the beginning of the experiment. Final concentrations of ethanol and dimethyl sulfoxide present in the organ bath did not exceed 0.1 and 0.01%, respectively.

**Data Presentation and Analysis.** Data are presented as mean values ± S.E.M. for n animals or n individual experiments. Concentration-response curves were fitted to the Hill equation by an iterative least-square method (Prism 4.0; GraphPad Software Inc., San Diego, CA, USA) to provide estimates of the maximal response $B_{max}$ (percentage of the maximal response to a reference compound) and the half-maximal effective concentration pEC$_{50}$ (the negative logarithm of the agonist concentration producing 50% of the maximal response). Affinities of partial agonists ($-\log K_p = pK_p$ values) were estimated in agonist experiments according to the method of Kenakin (1993) or in antagonist experiments according to the method of Marano and Kaumann (1976). Using the method of Kenakin (1993) we estimated the equilibrium dissociation constant $K_p$ for the partial agonist/receptor complex by comparing equiactive molar concentrations of the full agonist A (5-HT) and the partial agonist P (ergot derivative) according to the equation: $c(A) = m \cdot c(A)^k - b$ with $m = K_p - \log K_p - 1$, where $c$ is the molar concentration of A, c(P) is the molar concentration of P, m is the slope and b is the ordinate intercept of the regression line of $c(A)$ versus $c(A)^k$. $K_p$ and $c(P)$ represent the intrinsic efficacies of A and P, respectively. 6% of $\log K_p$ can be calculated from $-\log K_p - \log m$. Using the method of Marano and Kaumann (1976) we estimated the equilibrium dissociation constant $K_p$ for the partial agonist/receptor complex by comparing equiactive molar concentrations of the full agonist A (5-HT) in the absence and presence of the partial agonist P (ergot derivative) according to the equation: $c(A) = m \cdot c(A)^k + b$ with $m = 1/(1 + (1 - \log K_p - 1) \cdot c(P)/K_p)$, where c(A) is the molar concentration of A in the absence of P, c(A)$^*$ is the molar concentration of A in the presence of P, m is the slope of a weighted regression line of $c(A)$ versus c(P)$^*$, b is the ordinate intercept, and c(P) is the molar concentration of P. If $\log (1/m) = -\log c(P) - \log K_p$, antagonist affinities of silent antagonists were expressed as an apparent pA$_2$ value. pA$_2$ was calculated from a single concentration of antagonist using the following equation: $pA_2 = -\log c(B) + \log (r - 1)$, where c(B) is the molar concentration of the antagonist and r is the ratio of agonist EC$_50$ determined in the presence and absence of the antagonist. Student’s t test (unpaired, two-tailed) was used to assess differences between two mean values with $P < 0.05$ being considered as significant. In the case of inhomogeneous variances the Welch test of significance was used.

**Results**

**Effects of Cabergoline and Its Derivatives at Endothelial 5-HT$_2B$ Receptors in Porcine Pulmonary Arteries.** Cabergoline and its derivatives with a cyclopropylmethyl, propyl, or ethyl instead of an allyl group at N(6) caused relaxant responses in porcine pulmonary arteries. The compounds behaved as full agonists in this tissue (Fig. 2). Agonist potencies of the compounds were similar to the agonist potency of 5-HT. Relaxations to the ergolines were inhibited by 3 µM SB204741 (selective 5-HT$_{2B}$R antagonist; Fig. 2). The estimated pA$_2$ values for SB204741 were in the same range as the pA$_2$ for SB204741 against 5-HT and argued for an involvement of the 5-HT$_{2A}$R in the relaxant response to the drugs (Table 1). In contrast to the compounds with bulkier N(6) substituents, 6-methylcabergoline (1.5 nM) failed to show relaxation but antagonized the relaxant response to 5-HT (apparent pA$_2$, 10.06 ± 0.12; Fig. 3A). High concentrations (1 µM) of 6-methylcabergoline induced a slight relaxation of 7 ± 3% that was the same in the presence of SB204741 (7 ± 4%, n = 4), 6-Norcabergoline (0.2 µM) induced a relaxation of 22 ± 6%. Accordingly, this drug behaved as a partial agonist and blocked 5-HT-induced relaxation ($-\log K_p = pK_p = 7.28 ± 0.12, n = 4$; Fig. 3B). Agonist and antagonist effects of the drugs are summarized in Table 1.

**Effects of Cabergoline and Its Derivatives at Smooth Muscle 5-HT$_2A$ Receptors in Porcine Coronary Arteries.** Cabergoline and its derivatives with a cyclopropylmethyl, propyl, or ethyl instead of an allyl group at N(6) produced concentration-dependent contractile effects in porcine coronary arteries. The rank order of agonist potency was 5-HT > 6-propylcabergoline > cabergoline ~ 6-ethylcabergoline ~ 6-cyclopropylmethylcabergoline. The drugs were partial agonists relative to 5-HT (Fig. 4). The pEC$_{50}$ values for the partial agonists were in good agreement with the $-\log K_p$ values calculated from equiactive concentrations of the respective partial agonist and 5-HT (Table 2). Ketanserin (selective 5-HT$_{2A}$R antagonist; 0.1 µM) inhibited the contractile response to the agonists. The estimated pA$_2$ values for ketanserin against the compounds were in the same range as the pA$_2$ value of the antagonist against 5-HT and argued for an involvement of 5-HT$_{2A}$R in the contractile response to the compounds (Table 2). In contrast to the compounds with bulkier N(6) substituents, 6-methylcabergoline did not induce a contraction up to a concentration of 1 µM. 6-Methylcabergoline (0.1 µM) be-
haved as a surmountable antagonist of the 5-HT response in porcine coronary arteries (apparent $pA_2 7.85 \pm 0.12$; Fig. 5A). The drug with a hydrogen at N(6) of the ergoline molecule, 6-norcabergoline (3 µM), acted as an insurmountable antagonist in this tissue (Fig. 5B). Agonist and antagonist effects of these drugs are summarized in Table 2.
Effects of 5-HT in Isolated Porcine Aortic Valve Cusps. 5-HT induced a concentration-dependent contraction in isolated aortic cusp tissue (pEC$_{50}$ 7.24 ± 0.07; n = 9). The contractile 5-HT response was inhibited by 10 nM ketanserin (apparent pA$_2$ 8.88 ± 0.11; n = 4). Contractile 5-HT responses remained unaffected in the presence of 10 nM GR127935 but were blocked by 100 nM GR127935 (apparent pA$_2$ 7.56 ± 0.13; n = 4). SB204741 (3 μM; n = 4) failed to inhibit 5-HT-induced responses (Fig. 6).

Effects of 5-HT, Cabergoline, and 6-Methylcabergoline on PVIC ERK1/2 Phosphorylation. 5-HT increased pERK1/2 in a concentration-dependent manner in PVIC cul-
Control

The effect of 6-methylcabergoline was less pronounced (Fig. 8C). Increased \(^{3}H\)glucosamine incorporation by cabergoline was inhibited by 1 μM MDL100907 but not by 1 μM SB204741 or 1 μM GR127935 (Fig. 8D).

**Effects of Cabergoline and 6-Methylcabergoline at hD\(_{2L}\) and hD\(_{2S}\) Receptors, Respectively.** Cabergoline and 6-methylcabergoline displayed higher agonist potency than the selective dopamine D\(_R\)R antagonist quiniprolol at hD\(_{2L}\) and hD\(_{2S}\) receptors stably expressed in CHO cells (Fig. 9). Substitution of the allyl group at N(6) (cabergoline) against a methyl group (6-methylcabergoline) did not affect agonist potency at either hD\(_{2L}\) or hD\(_{2S}\) receptors. Efficacy of 6-methylcabergoline was lower than that of cabergoline (Table 3).

**Discussion**

Numerous studies have reported that cabergoline and pergolide have a similar risk of inducing restrictive VHD (see Bhattacharyya et al., 2009 for review). From a structural viewpoint, cabergoline and pergolide do not possess a N(6) methyl substituent, which is characteristic of other therapeutically used ergot alkaloid derivatives such as bromocriptine, ergotamine, or methysergide. Cabergoline bears a N(6) allyl group, and pergolide bears a similarly sized N(6) propyl group. The most striking result of the present study was that cabergoline and its derivatives, which differed in their substitution pattern at N(6) (see Fig. 1), showed exactly the same pharmacological properties at 5-HT\(_{2A}\) and 5-HT\(_{2B}\) receptors as the corresponding pergolide derivatives we had previously studied (Görnemann et al., 2008). Cabergoline, 6-cyclopiprylmethylcabergoline, 6-propylcabergoline, and 6-ethylcabergoline acted as partial agonists at 5-HT\(_{2A}\)Rs and as full agonists at 5-HT\(_{2B}\)Rs, whereas 6-methylcabergoline was a silent antagonist at both receptors. Accordingly, pergolide, 6-cyclopiprylmethylpergolide, and 6-ethylpergolide were partial agonists at 5-HT\(_{2A}\)Rs and full agonists at 5-HT\(_{2B}\)Rs, and 6-methylpergolide was an antagonist at these receptors (Görnemann et al., 2008). Thus, the replacement of an allyl or a propyl against a methyl group at N(6) of the ergoline skeleton can convert agonism into silent antagonism both at 5-HT\(_{2A}\) and 5-HT\(_{2B}\) receptors. The low-efficacy partial 5-HT\(_{2A}\)R agonist properties of 6-norcabergoline (6-deallylcabergoline), a metabolite of cabergoline, seems not to be of clinical relevance; 6-norcabergoline was detected only in trace amounts in rat urine (Battaglia et al., 1993).

Cabergoline has been described previously to act as a potent, full agonist at recombinant human 5-HT\(_{2B}\)Rs expressed in CHO cells (Newman-Tancredi et al., 2002b). This is consistent with our results. However, cabergoline that was also a full agonist at recombinant 5-HT\(_{2A}\)Rs (Newman-Tancredi et al., 2002b) behaved as a partial agonist at 5-HT\(_{2A}\)Rs of porcine coronary artery. Moreover, cabergoline showed approximately a 60-fold higher agonist potency at recombinant 5-HT\(_{2A}\)Rs (Newman-Tancredi et al., 2002b) than at 5-HT\(_{2A}\)Rs of porcine coronary artery. Agonist potency depends on receptor number/density and receptor-effector coupling efficiency; hence, a given drug acting on the same receptor can show large variations in efficacy and potency when different models and experimental conditions are used (Hoyer and Boddeke, 1993). Thus, efficacy and potency of cabergoline at 5-HT\(_{2A}\)Rs may be more pronounced in any other tissue including valve tissue. However, the much lower agonist po-

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**Fig. 6.** Circumferential contractions of aortic valve cusp strips in response to 5-HT in the absence or presence of ketanserin (Ket; 5-HT\(_{2A/R}\) antagonist; A), SB204741 (5-HT\(_{2B/R}\) antagonist; B), and GR127935 (5-HT\(_{1B/R}\) antagonist; C). Points are mean values ± S.E.M. from four to nine animals.
tency of cabergoline at 5-HT2ARs (pEC50 6.32) compared with the high potency at 5-HT2BRs (pEC50 8.15) observed in the present study suggests that the 5-HT2AR cannot be the preferential site of action in vivo when the daily dose of cabergoline in the treatment of PD is 3 to 4 mg. Further studies are required to show whether selective 5-HT2A or 5-HT2B receptor antagonists can prevent cabergoline-induced VHD in vivo.

5-HT may impair the function of the heart valves by its effect on the contractile elements of the valve tissue, which would alter the correct opening and closing of the valve, thereby initiating valvular insufficiency (Chester et al., 2000). The response of cusp tissue to 5-HT may be mediated by contraction of smooth muscle α-actin-positive cells of the aortic valve cusps (Chester and Taylor, 2007). Indeed, 5-HT contracted porcine aortic valve leaflets, and these contractions were abolished by 1 µM ketanserin (Chester et al., 2000). In our study, 5-HT induced circumferential contractions of aortic valve cusp strips and 10 nM ketanserin caused a rightward shift of the 5-HT curve with no depression of the maximal response. The apparent pA2 of 8.7 argues for an involvement of 5-HT2ARs in the contractile response to 5-HT in aortic valves. The failure of SB204741 to inhibit 5-HT-induced valvular contractions argues against a role for 5-HT2BRs in the contractile response to 5-HT. GR127935 inhibited the 5-HT contraction only at a high concentration (100 nM). It should be emphasized that GR127935 blocks 5-HT2BR-mediated responses in the (sub)nanomolar range (see PDSP Ki Database, http://pdsp.med.unc.edu/indexR.html). The pA2 of 7.6 for GR127935 rules out any contribution of this subtype in the contractile 5-HT response in aortic valve cusps and is in good agreement with the pKᵢ of 7.4 determined in cells expressing the human recombinant 5-HT2AR (Huang et al., 2005). The observation that 5-HT elicited circumferential contractions of aortic valve cusps mediated by 5-HT2ARs is of special interest. Collagen fibers are circumferentially aligned in the fibrosa layer of the leaflets (Xu and Grande-Allen, 2010), and we could demonstrate that 5-HT or cabergoline increased collagen biosynthesis via stimulation of 5-HT2ARs (see below).

Our finding on the agonist effect of cabergoline at D2S and D2L receptors is in line with that previously reported (Newman-Tancredi et al., 2002a). The present study shows that agonist potency of 6-methylcabergoline at hD2S and hD2L receptors is retained compared with that of cabergoline. 6-Methylcabergoline behaved as a high-efficacy partial hD2S and hD2L receptor agonist.

5-HT and anorectics such as fenfluramine have a direct mitogenic effect on human VICs as shown by stimulation of [3H]thymidine deoxyribose incorporation into newly synthesized DNA. This effect is mediated via 5-HT2BRs (Setola et al., 2003). According to, 5-HT2BRs have been suggested to contribute to valvular proliferation in VHD. ERK1/2 plays an important role in the regulation of cell proliferation and the produc-
GTPγS bound is expressed as a percentage relative to the effect of the full agonist quinpirole. Points are mean values ± S.E.M. from six independent experiments. *P < 0.05.

Fig. 8. Porcine aortic and mitral valvular interstitial cell culture showing the increase in collagen biosynthesis by tritiated proline incorporation (A and B) and glycosaminoglycan biosynthesis by tritiated glucosamine incorporation (C and D) induced by 5-HT, cabergoline (Cab), and 6-methylcabergoline (6-MeCab) in the absence and presence of MDL100907 (5-HT2A antagonist), SB20471 (5-HT2B antagonist) and GR127935 (5-HT1B antagonist). Ctr, control. Values are mean ± S.E.M. of three to six independent experiments.

Table 3

<table>
<thead>
<tr>
<th>Compound</th>
<th>D2L</th>
<th>D2S</th>
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<tbody>
<tr>
<td></td>
<td>pEC50</td>
<td>Emax</td>
</tr>
<tr>
<td>Cabergoline</td>
<td>8.51±0.11</td>
<td>88±6</td>
</tr>
<tr>
<td>6-Methylcabergoline</td>
<td>8.33±0.07</td>
<td>75±4</td>
</tr>
</tbody>
</table>

Functional properties of cabergoline and 6-methylcabergoline at D2L and D2S receptors determined in a [35S]GTPγS assay

Data are means ± S.E.M. from six to eight individual experiments. Emax is expressed as percentage of the maximum response to the full agonist quinpirole.

Fig. 9. Effects of cabergoline and 6-methylcabergoline at dopamine D2L receptors (A) and D2S receptors (B), stably expressed in CHO cells. [35S]GTPγS binding is expressed as a percentage relative to the effect of the full agonist quinpirole. Points are mean values ± S.E.M. from six individual experiments.

The increase of pERK1/2 induced by the ergot was inhibited by cabergoline, a potent 5-HT2A and 5-HT2BR antagonist in the current study, was detectable but lower than that of 5-HT. pERK1/2 activation by 6-methylcabergoline (6-MeCab) in the absence and presence of MDL100907 (5-HT2A antagonist), SB20471 (5-HT2B antagonist) and GR127935 (5-HT1B antagonist). Ctr, control. Values are mean ± S.E.M. of three to six independent experiments. *P < 0.05.

In the present study, we also used porcine VICs to examine the potential role of 5-HT receptor subtypes in 5-HT or cabergoline.
ergoline-induced incorporation of proline and glucosamine as indices of collagen and glycosaminoglycan production. Collagen is the main ECM component of the fibrosa layer of the heart valve leaflet, whereas the ECM of the spongiosa layer is rich in glycosaminoglycans (Xu and Grande-Allen, 2010). We observed that collagen and glycosaminoglycan biosynthesis were increased by 5-HT, cabergoline, and to a lower extent by 6-methylcabergoline. Only MDL100907 inhibited the effect of or cabergoline, whereas selective blockade of 5-HT2B or 5-HT2A receptors had no effect. The inability of 5-HT2B or 5-HT2A receptors to block 5-HT-induced collagen and glycosaminoglycan production has been observed in cultured porcine mitral valves (Barzilai et al., 2010). Admittedly, our study has several limitations. Cell cultures normally do not mirror the in vivo situation (Mekontso-Dessap et al., 2006). Moreover, different signaling pathways may also be involved in drug-induced VHD when different species are used. A further point is that the cabergoline-induced increase in the production of ECM components was not completely blocked by MDL100907. Thus other mechanisms may also be involved in cabergoline-induced VHD.

In summary, the present study shows that agonism of cabergoline at both 5-HT2B and 5-HT2A receptors can be converted into antagonism when the N(6) allyl substituent is replaced by a methyl substituent. Substitution of the N(6) allyl group by a methyl group retains agonist potency at D2Rs, which are the major therapeutic target of cabergoline. Evidence has been provided that agonist activity at 5-HT2B and 5-HT2A receptors is involved in VHD. Activation of 5-HT2B receptors is a likely molecular mechanism of drug-induced VHD (Roth, 2007). We hypothesize that both 5-HT2B and 5-HT2A receptors are involved in VHD. Both mechanisms may contribute to the severe side effects of cabergoline. Because the effect of 6-methylcabergoline on 5-HT receptor-mediated cellular activity was lower than that of the parent compound, we hypothesize that the N(6) allyl substituent of cabergoline is the molecular fragment that is especially responsible for agonism at 5-HT2A/2B receptors and thus a determinate of VHD.

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Authorship Contributions

Participated in research design: Gmeiner and Pertz.
Conducted experiments: Kekewskwa, Hübner, and Pertz.
Performed data analysis: Pertz.
Wrote or contributed to the writing of the manuscript: Kekewskwa, Hübner, and Pertz.

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