

POSTER PRESENTATION

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# Genetic mapping of a modifier locus affecting hypertension in soluble guanylate cyclase $\alpha_1$ deficient mice

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## Background

We previously reported that male mice deficient in the  $\alpha_1$  subunit of the NO receptor soluble guanylate cyclase (sGC $\alpha_1^{-/-}$  mice), an important nitric oxide (NO) receptor, are hypertensive [1]. The phenotype depends on the genetic background: sGC $\alpha_1^{-/-}$  mice on a 129S6 (S6) background (sGC $\alpha_1^{-/-S6}$ ) but not on a C57BL/6 (B6) background

(sGC $\alpha_1^{-/-B6}$ ) develop hypertension [2]. These findings suggest that hypertension associated with sGC $\alpha_1$ -deficiency is modulated by genetic factors. We aimed to identify modifier genes underlying the hypertension in sGC $\alpha_1^{-/-S6}$  mice.

## Materials and methods

Mean arterial blood pressure (MAP) was measured invasively in 280 male F2 offspring from a sGC $\alpha_1^{-/-S6}$  X sGC $\alpha_1^{-/-B6}$  intercross (sGC $\alpha_1^{-/-F2}$ ). All mice were genotyped with a genome-wide panel of 150 SNP markers for linkage analysis using the Sequenom MassArray system and MAPMAKER/QTL. Renin-1c and renin-2d genotyping was performed using gene-specific primers. Plasma renin activity (PRA) and aldosterone were measured in anesthetized male S6 wild-type (WT<sup>S6</sup>) and sGC $\alpha_1^{-/-S6}$  mice by radioimmunoassay and enzyme-linked immunoassay, respectively. The renin-angiotensin system (RAS) was blocked by treating mice with either the aldosterone receptor antagonist, Spironolactone (100 mg/kg/day, subcutaneous pellet for

7 days), or the renin inhibitor, Aliskiren (200mg/kg/day, by gavage for 10 days).

## Results

MAP in sGC $\alpha_1^{-/-F2}$  mice varied between values observed in sGC $\alpha_1^{-/-S6}$  and sGC $\alpha_1^{-/-B6}$  mice. Linkage analysis identified a locus on chromosome 1 with a highly significant logarithm of odds (LOD) score of 6.1. This region is syntenic with previously identified hypertension-related QTLs in the human and rat genome and contains the gene coding for renin. Importantly, B6 mice have one renin gene (renin-1c), and S6 mice have two renin genes (renin-1d and renin-2). Presence of the renin-1d and renin-2 genes correlated significantly with elevated MAP in the F2 mice ( $P < 0.0001$ ). PRA was higher in sGC $\alpha_1^{-/-S6}$  than in WT<sup>S6</sup> mice ( $0.29 \pm 0.01$  vs.  $0.23 \pm 0.03$   $\mu$ g angiotensin 1/ml/hr, respectively,  $P < 0.05$ ). Similarly, plasma aldosterone levels were higher in sGC $\alpha_1^{-/-S6}$  than in WT<sup>S6</sup> mice ( $0.47 \pm 0.03$  vs.  $0.34 \pm 0.03$  ng/ml, respectively,  $P < 0.05$ ). Treatment with Spironolactone or Aliskiren normalized blood pressure in sGC $\alpha_1^{-/-S6}$  ( $117 \pm 5$  vs  $146 \pm 2$  mmHg, in Spironolactone and vehicle-treated mice, respectively,  $P < 0.001$ , and  $100 \pm 7$  vs  $148 \pm 4$  mmHg, in Aliskiren and vehicle-treated mice, respectively,  $P < 0.001$ ).

## Conclusion

Together, these data identify renin as a possible genetic modifier of blood pressure in a setting of deficient NO-cGMP signaling. Furthermore, these findings highlight the importance of sGC in the regulation of the renin-angiotensin system (RAS) and suggest that sGC may be a therapeutic target in RAS-dependent hypertension.

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