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Transforming growth factor β1-induced astrocyte migration is mediated in part by activating 5lipoxygenase and cysteinyl leukotriene receptor 1

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Abstract

Background: Transforming growth factor- β 1 (TGF- β 1) is an important regulator of cell migration and plays a role in the scarring response in injured brain. It is also reported that 5-lipoxygenase (5-LOX) and its products, cysteinyl leukotrienes (CysLTs, namely LTC₄, LTD₄ and LTE₄), as well as cysteinyl leukotriene receptor 1 (CysLT₁R) are closely associated with astrocyte proliferation and glial scar formation after brain injury. However, how these molecules act on astrocyte migration, an initial step of the scarring response, is unknown. To clarify this, we determined the roles of 5-LOX and CysLT₁R in TGF- β 1-induced astrocyte migration.

Methods: In primary cultures of rat astrocytes, the effects of TGF- β 1 and CysLT receptor agonists on migration and proliferation were assayed, and the expression of 5-LOX, CysLT receptors and TGF- β 1 was detected. 5-LOX activation was analyzed by measuring its products (CysLTs) and applying its inhibitor. The role of CysLT₁R was investigated by applying CysLT receptor antagonists and CysLT₁R knockdown by small interfering RNA (siRNA). TGF- β 1 release was assayed as well.

Results: TGF- β 1-induced astrocyte migration was potentiated by LTD₄, but attenuated by the 5-LOX inhibitor zileuton and the CysLT₁R antagonist montelukast. The non-selective agonist LTD₄ at 0.1 to 10 nM also induced a mild migration; however, the selective agonist N-methyl-LTC₄ and the selective antagonist Bay cysLT₂ for CysLT₂R had no effects. Moreover, CysLT₁R siRNA inhibited TGF- β 1- and LTD₄-induced astrocyte migration by down-regulating the expression of this receptor. However, TGF- β 1 and LTD₄ at various concentrations did not affect astrocyte proliferation 24 h after exposure. On the other hand, TGF- β 1 increased 5-LOX expression and the production of CysLTs, and up-regulated CysLT₁R (not CysLT₂R), while LTD₄ and N-methyl-LTC₄ did not affect TGF- β 1 expression and release.

Conclusions: TGF- β 1-induced astrocyte migration is, at least in part, mediated by enhanced endogenous CysLTs through activating CysLT₁R. These findings indicate that the interaction between the cytokine TGF- β 1 and the pro-inflammatory mediators CysLTs in the regulation of astrocyte function is relevant to glial scar formation.

Keywords: Transforming growth factor-β1, Cysteinyl leukotriene, Cysteinyl leukotriene receptor, 5-lipoxygenase, Astrocyte, migration, Glial scar

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Background

Glial scar formation is a critical event in repair responses after injury of the central nervous system (CNS) [1,2]. The glial scar is a complex of cellular components and mainly consists of reactive astrocytes (undergoing proliferation and morphological changes). Following focal CNS injury, reactive astrocytes migrate towards the lesion and then organize into a densely packed glial scar [1,2]. As the key step of glial scar formation, astrocyte migration is regulated by various factors [3-5], among which transforming growth factor- β (TGF- β) is known as an important regulator [5,6].

TGF- β , a family of multifunctional cytokines, regulates a broad diversity of physiological and pathological processes, including wound healing, inflammation, cell proliferation, differentiation, migration and extracellular matrix synthesis [7-10]. TGF- β 1 is an important mediator in the pathogenesis of several disorders in the CNS, such as in the organization of a glial scar in response to injury and in several neurodegenerative disorders [7,11,12]. After CNS injury, elevated TGF- β levels in astrocytes have been shown to induce astrocytic scar formation [13], and are also associated with ischemic brain injury [14,15].

On the other hand, cysteinyl leukotrienes (CysLTs, namely LTC₄, LTD₄, and LTE₄), the 5-lipoxygenase (5-LOX, EC 1.13.11.34) metabolites of arachidonic acid [16], are bioactive lipid mediators that modulate immune and inflammatory responses [16-19] through activating their receptors, CysLT₁R and CysLT₂R [17,20,21]. In the rat brain, 5-LOX is activated and the production of CysLTs is enhanced after focal cerebral ischemia, resulting in neuronal injury and astrocyte proliferation (astrocytosis). This post-ischemic astrocytosis is associated with up-regulated CysLT₁R and CysLT₂R [22-26]. The CysLT₁R antagonist pranlukast attenuates postischemic astrocytosis and glial scar formation in the chronic phases of focal cerebral ischemia in mice and rats [25,27,28]. This effect suggests that CysLT₁R mediates CysLT-induced astrocytosis and glial scar formation in response to in vivo ischemic injury. In primary astrocyte cultures, CysLTs are released after oxygen-glucose deprivation-induced ischemic injury, and the resultant activation of CysLT₁R mediates astrocyte proliferation [29,30]. These findings imply that the endogenously released CysLTs might play an autocrine role in the induction of astrocytosis and resultant glial scar formation through activating CysLT₁R.

However, whether $CysLT_1R$ mediates astrocyte migration in the process of glial scar formation needs investigation. In the periphery, $CysLT_1R$ mediates migration in many types of cells, such as monocytes [31], dendritic cells [32], monocyte-derived dendritic cells [33], vascular smooth muscle cells [34], intestinal epithelial cells [35] and endothelial cells [31,34-36]. Therefore, CysLT₁R may also be an inducer of astrocyte migration, but many other factors have been reported to be potent inducers, such as TGF- β 1 [37,38]. Thus, there may be interactions between CysLT₁R and other regulators (for example, TGF- β 1). TGF- β 1 up-regulates CysLT₁R expression and increases the production of CysLTs in several cell types such as hepatic stellate cells [39] and bronchial smooth muscle cells [37]. Based on these findings, it is possible that the regulatory role of TGF- β 1 in astrocyte migration may be mediated by enhanced production of CysLTs *via* CysLT₁R activation. To clarify this possibility, in the present study, we investigated the interactions between TGF- β 1 and 5-LOX/CysLT₁R in astrocyte migration.

Methods

Primary cultures of rat astrocytes

Primary astrocytes were isolated from the cerebral cortex of newborn Sprague–Dawley rats within 24 h as described previously [30,40]. In brief, the cortices were digested with 0.25% trypsin and plated into poly-L-lysine-coated flasks. Cells were cultured in high-glucose DMEM (Gibco, Grand Island, NY, USA) supplemented with 10% fetal bovine serum (FBS), 2 mM glutamine, 100 units/mL penicillin and 100 μ g/mL streptomycin at 37°C in a humidified atmosphere of 95% air/5% CO₂. After incubation for 11 to 14 days, the confluent cultures were shaken overnight at 260 rpm at 37°C, and the adherent cells were trypsinized and re-seeded in the growth medium. More than 95% of the cells were astrocytes as confirmed by immunofluorescence staining for glial fibrillary acidic protein (GFAP).

All animal experiments were carried out in accordance with the National Institutes of Heath Guide for the Care and Use of Laboratory Animals. We made every effort to minimize the number of animals used and their suffering. The experimental protocols were approved by the Ethics Committee of Laboratory Animal Care and Welfare, School of Medicine, Zhejiang University.

Cell migration (wound healing) assay

Astrocytes were grown to confluence in 24-well plates and starved in serum-free DMEM for 24 h. The monolayer cells were manually scratched with a 20-µl pipette tip to create an extended and definite scratch in the center of the dish with a bright and clear field. The detached cells were removed by washing with phosphate-buffered saline (PBS). DMEM containing 1% FBS with or without TGF- β 1 (PeproTech Inc, Rocky Hill, NJ, USA) was added to each dish. In some experiments, 1 ng/ml TGF- β 1 was added to each dish for 30 minutes before treatment with LTD₄ (Sigma-Aldrich Co., St Louis, MO, USA) or N-methyl LTC₄ (NMLTC₄, a metabolically stable LTC₄ mimetic; Cayman Chemical Co., Ann Arbor, MI, USA). Cells were pretreated with the following inhibitor and antagonists: zileuton (0.01 to 5 μ M, a 5-LOX inhibitor; Gaomeng Pharmaceutical Co., Beijing, China), montelukast (0.01 to 5 μ M, a selective CysLT₁R antagonist; Merck & Co., Inc., Whitehouse Station, NJ, USA), and Bay cysLT2 (0.01 to 5 μ M, a selective CysLT₂R antagonist; a kind gift from Dr. T. Jon Seiders of Amira Pharmaceuticals, Inc., San Diego, CA, USA) for 30 minutes, and then incubated with TGF- β 1 for 24 h. Images of migratory cells from the scratch boundary were acquired at 0 and 24 h under a light microscope with a digital camera.

To continuously monitor migration time-course in live astrocytes, astrocytes were plated in 35-mm dishes and grown to confluence, and then the cells were scratched and treated with LTD_4 or/and TGF- β 1 as described above. The movements of live astrocytes was traced under an inverse videomicroscope (Olympus IX81, Olympus Corp., Tokyo, Japan), and the wound was photographed at 0, 6, 12, 18 and 24 h.

The wounded areas were analyzed with ImageTool 2.0 software (University of Texas Health Science Center, San Antonio, TX, USA). The wound healing effect is determined as the initial scratch area (0 h) after wounding minus the scratch area after treatment for 24 h, or 6, 12, 18 and 24 h (live astrocytes), and reported as percentages of control values. Moreover, some astrocyte samples seeded on coverslips were visualized by GFAP

immunofluorescence staining 24 h after scratching as the typical images.

Cell proliferation assay

To measure astrocyte proliferation, carboxyfluorescein diacetate succinimidyl ester (CFSE) green fluorescent dye (Invitrogen Corp., Carlsbad, CA, USA) dilution assay was performed according to the manufacturer's instructions and the reported method [41-43]. Briefly, astrocytes were grown to confluence in six-well plates and starved in serum-free DMEM for 24 h, then the cells were washed twice with PBS and incubated in 5 μ M CFSE in PBS for 15 minutes at 37°C, and subsequently washed twice with PBS. Then DMEM containing 1% FBS with or without TGF-β1 or LTD₄ was added to each plate. In some experiments, 1 ng/ml TGF-B1 was added to each plate for 30 minutes before treatment with LTD₄. The cells were harvested at 24 h, and subjected to fluorescence activated cell sorting using the FC500MCL flow cytometer (Beckman Coulter, Inc., Brea, CA, USA). Proliferation was measured by loss of CFSE dye.

CysLT₁ receptor knockdown by small interfering RNA (siRNA)

RNA duplexes of 21 nucleotides specific for rat $CysLT_1R$ sequences were chemically synthesized, together with a non-silencing negative control siRNA. The $CysLT_1R$ siRNA sense sequence was: 5'-CAG CCU UCC AAG





UAU ACA UTT-3' and anti-sense: 5'-AUG UAU ACU UGG AAG GCU GTT-3'; the non-silencing control siRNA sense: 5'-UUC UCC GAA CGU GUC ACG UTT-3' and anti-sense: 5'-ACG UGA CAC GUU CGG AGA ATT-3' (GenePharma Co., Shanghai, China). Transfection of siRNA duplexes was performed according to the manufacturer's instructions. Briefly, astrocytes were seeded on the day before transfection using an appropriate medium with 10% FBS without antibiotics. They were transiently transfected with CysLT₁R siRNA or negative control siRNA (100 nM) for 6 h using Lipofectamine[™] 2000 (Invitrogen, USA). After the transfected cells were incubated for 48 h, they were treated with LTD₄ or TGF- β 1 for cell migration assay.

Reverse transcription-polymerase chain reaction (RT-PCR)

At the end of the experiments, total RNA was extracted from the cultured astrocytes using Trizol reagent (Invitrogen, USA) according to the manufacturer's instructions. The cDNA synthesis and PCR reactions were performed as reported previously [29,30]. The PCR primers were: 5-LOX forward 5'-AAA GAA CTG GAA ACA GCT CAG AAA-3' and reverse 5'-AAC TGG TGT GTA CAG GGG TCA GTT-3'; CysLT₁R, forward 5'- ATG TTC ACA AAG GCA AGT GG -3' and reverse 5'-TGC ATC CTA AGG ACA GAG TCA -3'; CysLT₂R, forward 5'- ACC CCT TCC AGA TGC TCC A -3' and reverse 5'- CGT GCT TTG AAA TTC TCT CCA -3'; β -actin, forward 5'-AAC CCT AGG GCC AACCGT GAA-3' and reverse 5'-TCA TGA GGT AGT CTG TCA GGT C-3'; TGF- β 1, forward 5'- AGC CGC AAC AAC GCA ATC TA -3' and reverse 5'- AGG TGT TGA GCC CTT TCC AG -3'.

For cDNA synthesis, 2 μ g total RNA was mixed with 1 mM deoxynucleotide triphosphate, 0.2 μ g random primer, 20 U RNasin and 200 U M-MuLV reverse



transcriptase in 20 μl reverse reaction buffer. The mixture was incubated at 42°C for 60 minutes, and then heated at 72°C for 10 minutes to inactivate the reverse transcriptase.

PCR was performed on an Eppendorf Master Cycler (Eppendorf Scientific, Inc., Westbury, NY, USA) as follows: 1 µl cDNA mixture was reacted in 20 µl reaction buffer containing 1.5 mM MgCl₂, 0.2 mM deoxynucleotide triphosphate, 20 pM primer and 1 U Taq DNA polymerase. The reaction mixtures were initially heated at 94°C for 2 minutes, then at 94°C for 60 sec, 56°C for 60 sec, and 72°C for 60 sec for 35 cycles and finally stopped at 72°C for 10 minutes. With the exception of TGF- β 1, the reaction mixtures were initially heated at 94°C for 2 minutes, then at 94°C for 30 sec, 54°C for 30 sec, and 72°C for 60 sec for 28 cycles and finally stopped at 72°C for 10 minutes. PCR products of 20 µl were separated by 2% agarose gel electrophoresis and visualized by ethidium bromide staining. The density of each band was measured by a UVP gel analysis system (Bio-Rad Laboratories, Hercules, CA, USA). The results are expressed as the ratios to β -actin.

Western blotting analysis

Astrocytes were washed twice with ice-cold PBS and then lysed for 30 minutes on ice in Cell and Tissue Protein

Extraction Solution (Kangcheng Biotechnology Inc., Shanghai, China). The homogenate was centrifuged at 12,000 g for 30 minutes at 4°C, and the supernatant was used. The protein samples (100 µg) were separated by 10% SDS-polyacrylamide gels and then transferred to nitrocellulose membranes (Invitrogen). The membranes were blocked by 10% fat-free milk, and sequentially incubated with the following antibodies: rabbit polyclonal antibody against CysLT₁R (1:200) [44], CysLT₂R (1:200) [26,45] or 5-LOX (1:300, (Chemicon International Inc. Temecula, CA, USA) and mouse monoclonal antibody against glyceraldehyde 3-phosphate dehydrogenase (GAPDH) (1:5,000, Kangcheng Biotechnology Inc., Shanghai, China) at 4°C overnight. After repeated wash, the membranes were incubated with anti-rabbit IRDye700DX[®]-conjugated antibody or anti-mouse IRDye800DX[®]-conjugated antibody (1:5,000, Rockland Immunochemicals, Inc., Gilbertsville, PA, USA). The immunoblot was analyzed by the Odyssey Fluorescence Scanner (LI-COR Bioscience, Inc., Lincoln, NE, USA). The protein bands were quantified using BIORAD Quantity One software (Bio-Rad, USA). The results are expressed as the ratios to GAPDH.

Immunofluorescence staining

Astrocytes seeded on coverslips were fixed in cold methanol for 5 minutes, and incubated in 10% normal goat serum for 2 h to block non-specific binding of IgG. Then the cells were reacted with a mouse monoclonal antibody against GFAP (1:500, Millipore Corp., Bedford, MA, USA) and a rabbit polyclonal antibody against CysLT₁R (1:200, Chemicon, USA) at 4°C overnight. After washing in PBS, astrocytes were incubated with FITCconjugated goat anti-mouse or Cy3-conjugated goat anti-rabbit antibody (1:200, Millipore, USA) for 2 h at room temperature. Finally, the stained cells were observed under a fluorescence microscope (Olympus BX51, Olympus Corp., Tokyo, Japan). Control coverslips were treated with normal goat serum instead of the primary antibody, and did not show positive immunostaining (data not shown).

5-LOX immunocytochemistry

Astrocytes cultured on coverslips were fixed in cold methanol (-20° C) for 5 minutes and incubated for 30 minutes in PBS containing 3% H₂O₂ to eliminate endogenous peroxidase activity. Then, cells were incubated for 2 h in PBS containing 10% normal goat serum and incubated at 4°C overnight with rabbit polyclonal antibody against 5-LOX (1:200, Chemicon, USA) as the primary antibody. After three washes with PBS, cells were incubated for 2 h with biotin-conjugated goat anti-rabbit IgG antiserum (1:200) as a second antibody, followed by incubation with avidin-biotin-HRP complex. Finally, the cells were visualized with 0.01% 3, 3'-diaminobenzidine



and 0.005% H_2O_2 in 50 mM Tris–HCl, pH 7.6. Control coverslips were treated with normal goat serum instead of the primary antibody and they did not show positive immunostaining (data not shown). Then, the cells were examined under the Olympus microscope.

Measurement of extracellular cysteinyl leukotrienes and TGF- $\beta 1$

According to the reported method [29,30], astrocytes were seeded into six-well culture plates at 5×10^5 cells/ well in 2 ml standard culture medium for 24 h. After culture in DMEM without serum for another 24 h, astrocytes were cultured in DMEM with 1% FBS and stimulated with TGF- β 1 (10 ng/mL), various concentrations of LTD₄ or NMLTC₄, or vehicle for the designated times. Then, cell-free supernatants were stored at -80° C. The CysLTs (LTC₄, LTD₄ and LTE₄) in astrocyte supernatants were assayed using a commercial CysLT ELISA kit (Cayman Chemical Co., Ann Arbor, MI, USA) according to the manufacturer's instructions and calculated as pg/mg protein. The TGF- β 1 in the supernatants was assayed using a commercial TGF- β 1 ELISA kit (Wuhan Boster Biological Technology Co., Ltd., Wuhan, China) according to the manufacturer's instructions, and calculated as pg/ml.

Statistical analysis

Data are reported as mean \pm S.E.M. Student's *t*-test and one-way analysis of variance were used to determine the statistical significance of differences between groups. A value of *P* <0.05 was considered statistically significant.

Results

TGF- β 1- and LTD₄-induced astrocyte migration

First, we confirmed the effect of TGF- β 1 on astrocyte migration. TGF- β 1 (1 and 10 ng/ml for 24 h) significantly accelerated the migration of astrocytes from the wound edge into the central area in a concentration-dependent manner (Figure 1A). To distinguish the effects on migration and proliferation, we determined whether TGF- β 1



affects astrocyte proliferation. The results of CFSE fluorescence intensity showed that astrocyte proliferation did not differ from control level 24 h after exposure to TGF- β 1 (0.1, 1 and 10 ng/ml) (Figure 1C) although the assay confirmed astrocyte proliferation at 24 h compared with 0 h (baseline) (Figure 1B).

Next, we determined whether the non-selective agonist LTD₄ and the CysLT₂R agonist NMLTC₄ [46] induce astrocyte migration, and LTD_4 potentiates the TGF- β 1 effect. The results showed that LTD₄ significantly stimulated the migration of astrocytes at 0.1 to 10 nM but not at 0.01 and 100 nM; the maximum migration $(141.7 \pm 5.0\%)$ was induced by 1 nM LTD₄ (Figure 2A, C). LTD_4 (0.01 to 1 nM) also potentiated the effect of the lower concentration of TGF- β 1 (1 ng/ml); the migration rates after treatment with 1 ng/ml TGF-B1 were increased from $110.3 \pm 5.4\%$ to $175.3 \pm 4.8\%$ with 0.01 nM, from $123.5 \pm 4.0\%$ to $203.5 \pm 5.3\%$ with 0.1 nM, and from $141.7 \pm 5.0\%$ to $193.8 \pm 2.9\%$ with 1 nM LTD₄ (Figure 2B, C). LTD_4 (0.01 to 100 nM) alone (Figure 2D) or combined with TGF-B1 1 ng/ml (Figure 2E) did not affect astrocyte proliferation at 24 h. However, NMLTC₄ (0.01 to 100 nM for 24 h) did not have any significant effect on astrocyte migration (Figure 3). In addition, to confirm the migration and determine its temporal property, we continuously monitored migration of live astrocytes during 24 h after exposure to LTD₄ or/and TGF- β 1. We found that TGF- β 1 (1 and 10 ng/ml) and LTD_4 (1 nM) gradually accelerated migration during 24 h in a concentration-dependent manner. When TGF- β 1 (1 ng/ml) combined with LTD₄ (0.1 nM), the effect at 24 h was more potent than that of TGF- β 1 or LTD₄ alone (Figure 4).

To confirm the roles of endogenous CysLTs and CysLT₁R in TGF- β 1-induced migration, we examined the effects of the 5-LOX inhibitor zileuton, the CysLT₁R antagonist montelukast, and the CysLT₂R antagonist Bay cysLT2 as well as CysLT₁R siRNA. We found that the effect of 10 ng/ml TGF- β 1 was attenuated by zileuton (1 and 5 μ M, Figure 5A, B) and montelukast (1 and 5 μ M, Figure 5A, C), but not by Bay cysLT2 (0.01 to 5 μ M, Figure 5A, D). These results indicated that endogenously released CysLTs might activate CysLT₁R, but not CysLT₂R, to induce astrocyte migration and potentiate TGF-β1-induced migration. The involvement of CysLT₁R was further confirmed by RNA silencing by transient transfection of CysLT₁R siRNA into astrocytes. The siRNA (100 nM) significantly reduced the expression of CysLT₁R mRNA (Figure 6A) and protein (Figure 6B, C), but the non-silencing negative control siRNA had no effect. CysLT₁R siRNA significantly attenuated the effects of LTD_4 (1 and 10 nM) and TGF- β 1 (1 and 10 ng/ml) on astrocyte migration (Figure 6D, E). These results suggest that CysLT₁R may be associated with LTD_4 - and TGF- β 1-induced astrocyte migration.

TGF-B1-Induced Activation of 5-LOX in astrocytes

To investigate the role of endogenous CysLTs, the 5-LOX metabolites, in TGF- β 1-induced astrocyte migration, we determined 5-LOX expression in astrocytes. We found that TGF- β 1 10 ng/ml significantly increased 5-LOX mRNA (Figure 7A) and protein expression





(Figure 7B) 24 h after exposure. Immunocytochemical results showed that 5-LOX was translocated from the cytosol to the nuclear envelope 6 and 12 h after exposure to 10 ng/ml TGF- β 1, and then recovered at 24 h (Figure 7C). We further determined the changes in enzymatic activity of 5-LOX by measuring its metabolites, CysLTs, in the culture medium. The levels of CysLTs increased from 1.5 h, peaked at 12 h, and were sustained over 24 h after exposure to 10 ng/ml TGF- β 1 (Figure 7D). These findings revealed the involvement of 5-LOX and its metabolite CysLTs in the responses to TGF- β 1.

$\mathsf{TGF}\text{-}\beta1\text{-}\mathsf{regulated}$ expression of CysLT receptor in astrocytes

Finally, we determined whether TGF- β 1 regulates the expression of CysLT₁R and CysLT₂R mRNA and protein in astrocytes, and whether LTD₄ regulates TGF- β 1 expression and release. RT-PCR and Western blot showed weak expression of CysLT₁R and CysLT₂R in control astrocytes. Exposure to 10 ng/ml TGF- β 1 for 24 h

induced about three-fold increase in the mRNA (Figure 8A) and protein expression (Figure 8B) of CysLT₁R, but did not significantly change the expression of CysLT₂R. Immunofluorescence staining confirmed the enhancement of CysLT₁R by TGF- β 1 (Figure 8C). On the other hand, treatment with various concentrations of LTD₄ or NMLTC₄ for 24 h did not affect the TGF- β 1 mRNA expression in astrocytes (Figure 9A) and its content in the culture medium (Figure 9B). Thus, TGF- β 1 might up-regulate CysLT₁R but is not regulated by LTD₄.

Discussion

In the present study, we revealed that TGF- β 1-induced astrocyte migration is, at least in part, mediated by enhanced endogenous CysLTs through activation of CysLT₁R. The evidence is that TGF- β 1-induced astrocyte migration was potentiated by LTD₄ but attenuated by a 5-LOX inhibitor and a CysLT₁R antagonist, and TGF- β 1 activated 5-LOX and increased CysLT₁R



expression. Our observations have confirmed the TGF- β 1-induced migration of rat astrocytes as reported [6], and indicated another mechanism underlying TGF-B1induced astrocyte migration in addition to the pathways through activation of the Smad family [47,48] or the ROS-dependent ERK/JNK-NF-кВ pathway [6]. In addition, we found that both TGF- β 1 and LTD₄ did not alter astrocyte proliferation during 24 h. It has been reported that TGF-B1 inhibits astrocyte proliferation $\left[47,49,50\right]$ and LTD_4 induces the proliferation via activating CysLT₁R [30]. This difference between these reported results and ours may result from different assessment timing [30] and methods [47,49,50]. However, in our experimental conditions, TGF-B1 and LTD₄ regulate astrocyte migration rather than proliferation.



TGF- β 1-induced astrocyte migration might be mediated by the CysLT signal pathway in at least two ways, that is, TGF-B1 potentiates the activity of both 5-LOX and CysLT₁R. On one hand, TGF-B1 increased 5-LOX expression and induced its translocation to the nuclear envelope (Figure 7C), a key step for 5-LOX activation [51-53] and, thereby, increased the production of endogenous CysLTs (Figure 7D). Consistent with this, it has been reported that TGF-β1 induces 5-LOX expression in myeloid cell lines [54-58]. The notion is also supported by the finding that the TGF-B1 effect was inhibited by the 5-LOX inhibitor zileuton (Figure 5A). On the other hand, TGF-B1 potentiates the expression of CysLT1R, enhancing the activity of endogenously-produced or exogenous CysLTs as previously reported [37,39]. Therefore, one of the mechanisms underlying TGF-\u00b31-induced astrocyte migration may be activation of endogenous 5-LOX /CvsLT₁R signals.

Here, we demonstrated that the receptor subtype that mediated the TGF- β 1 effect was CysLT₁R. The evidence was from the different effects of agonists and antagonists, and the effect of RNA interference. The non-selective agonist LTD₄ induced a moderate migration of astrocytes at lower concentrations (0.1 to 10 nM), but not at the higher concentrations 100 nM (Figure 2A, *C*) and 1,000 nM (data not shown). This concentration-response relationship indicated that CysLT₁R might



mediate the effect of LTD_4 , because $CysLT_1R$ is activated at 1 to 10 nM while $CysLT_2R$ is activated at 100 to 1,000 nM in astrocytes [30]. This is also supported by the finding that the selective $CysLT_2R$ agonist NMLTC₄ [46] had no effect on astrocyte migration (Figure 3). With regard



to receptor antagonism, the effect of TGF-B1 was attenuated by the CvsLT₁R antagonist montelukast but not by the CysLT₂R antagonist Bay cysLT2. Bay cysLT2 is at least 100- to 500-fold more selective for CysLT₂R versus CysLT₁R; its pA_2 value indicates that at least 5 μ M would act on the CysLT₁R [59,60]. Thus, lacking the effect of 5 µM Bay ctsLT2 in our study may be due to cell specificity and response difference. On the other hand, interference with CysLT₁R siRNA inhibited both TGF-β1- and LTD₄-induced astrocyte migration by down-regulating the expression of this receptor (Figure 6). These findings are consistent with reports that CvsLT₁R mediates the migration of other types of cells [31-36]. Therefore, CysLT₁R is an important regulator of astrocyte migration in addition to its regulation of astrocyte proliferation [29,30].

The interaction between TGF-B1 and CysLTs was also investigated by determining the action of LTD_4 or NMLTC₄ on TGF-β1 expression and release. Unlike the action of TGF-B1 on the production of CysLTs and LTD₄ effects, LTD₄ or NMLTC₄ affected neither TGF-β1 expression nor its release in astrocytes (Figure 9). This may depend on specific cell types because LTD₄ induces TGF-β1 mRNA expression in human bronchial epithelial cells [61,62] and in fibroblasts from asthmatics [63], and LTC₄ induces TGF-β1 production in airway epithelium [62] in a $CysLT_1R$ -dependent manner. Anyway, the effect of LTD_4 on TGF- β 1 in astrocytes remains to be further investigated, especially in animal models of chronic brain injury. Since both levels of TGF-B1 and CysLTs are increased after brain injury [24,64,65] and involved in glial scar formation [25,65,66]; which of them is determinant in glial scar formation should be clarified for their therapeutic implications. Herein, our results suggest that activation of the endogenous 5-LOX/CysLT₁R signals might be an intermediate event in TGF-β1regulated astrocyte migration, but not the initial event. Since TGF-B1 signaling is mainly modulated by Smaddependent [67-75] and Smad-independent pathways [6,76-81], whether the regulation mode is mediated by the Smad or other pathways requires investigation.

Astrocyte migration is a critical step in the formation of a densely-packed glial scar [1,2], and TGF- β 1 is closely associated with glial scar formation [64,66,82-84]. Thus, CysLT receptor antagonists or 5-LOX inhibitors may be beneficial in the prevention and attenuation of glial scar formation after brain injury. Actually, we have reported that the CysLT₁R antagonist pranlukast attenuates glial scar formation in the chronic phase of focal cerebral ischemia in mice [28] and rats [25], and the 5-LOX inhibitor caffeic acid has this effect in rats with focal cerebral ischemia [85] and in mice with brain cryoinjury [86]. Moreover, montelukast inhibits the astrocyte proliferation induced by mild ischemia-like injury and low concentrations of LTD_4 [30]. The present study highlights the previous findings and clarifies the mode of action of endogenous CysLTs/CysLT₁R in the critical step of glial scar formation.

In conclusion, in the present study we found that TGF- β 1-induced astrocyte migration is, at least in part, mediated by enhanced endogenous CysLTs through activating up-regulated CysLT₁R (Figure 10). These findings indicate that the interaction between the cytokine TGF- β 1 and pro-inflammatory mediators (CysLTs) are involved in the regulation of astrocyte function relevant to glial scar formation. However, the detailed mechanisms underlying this interaction need investigation.

Abbreviations

5-LOX: 5-lipoxygenase; CNS: central nervous system; CysLT₁R: cysteinyl leukotriene receptor 1; CysLT₂R: cysteinyl leukotriene receptor 2; CysLTs: Cysteinyl leukotrienes; FBS: fetal bovine serum; GAPDH: glyceraldehyde 3-phosphate dehydrogenase; GFAP: glial fibrillary acidic protein; LTD₄: leukotriene D₄; MFI: mean fluorescence intensity; NMLTC₄: N-methyl leukotriene C₄; PBS: phosphate-buffered saline; siRNA: small interfering RNA; TGF- β 1: transforming growth factor- β 1.

Competing interests

The authors have no competing interests.

Acknowledgments

We thank Dr. T. Jon Seiders, Amira Pharmaceuticals Inc., USA, for supplying BAY cysLT2; Dr. John Obenhain, Merck Research Laboratories, USA, for montelukast; and Dr. IC Bruce for critically reading and revising this manuscript. This study was supported by the National Natural Science Foundation of China (81072618, 81173041, 30772561 and 30873053), the Zhejiang Provincial Natural Science Foundation (Y2090069), the Zhejiang Provincial "QianJiangRenCai Research Plan" (2010R10055), and the Fundamental Research Funds for the Central Universities (2009QNA7008).

Authors' contributions

XQH designed the study, performed the main parts of the experiments, analyzed the data, and prepared the manuscript. XYZ performed the immunofluorescence staining experiments and prepared the figures. XRW performed the cell migration experiments and analyzed the data. SYY performed the RT-PCR experiments and analyzed the data. SHF, YBL and WPZ contributed to the design of the study, to interpretation of the results and to the writing of the manuscript. EQW made essential contributions to the design of the study and interpretation of the results, and completed the manuscript. All authors read and approved the final manuscript.

Received: 14 January 2012 Accepted: 17 May 2012 Published: 26 June 2012

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doi:10.1186/1742-2094-9-145

Cite this article as: Huang *et al*:: Transforming growth factor β 1-induced astrocyte migration is mediated in part by activating 5-lipoxygenase and cysteinyl leukotriene receptor 1. *Journal of Neuroinflammation* 2012 9:145.

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