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We can do it together: PAR1 /PAR2 heterodimer signaling in VSMCs.

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Short title: Holinstat Functional dimerization of PAR1 and PAR2

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In this issue, Sevigny and colleagues demonstrate that a protease-activated receptor 1 (PAR1)-PAR2 heterodimer regulates vascular smooth muscle cell (VSMC) hyperplasia following vascular injury¹. PARs belong to a family of G-protein coupled receptors that are proteolytically activated by a variety of proteases^{2,3}. Cleavage of PARs results in intracellular signaling mediated by activation of various G proteins including G_{12/13}, G_q, and G_i^{2,4,6}. The PAR family consists of 4 members, PAR1-PAR4, with PARs 1, 3, and 4 being primarily activated by thrombin, while PAR2 is activated by trypsin and tryptase^{2,3}. PAR1, originally identified as a thrombin receptor on platelets, is widely expressed and has been shown to regulate a multitude of physiological processes including platelet activation^{7,8}, regulation of the endothelial cell barrier function⁹, and proliferation and de-differentiation of VSMCs^{10,11}. In addition to PAR1, these cells express other PARs⁶. Importantly members of PAR family can physically interact and signal as functional heterodimers in order to regulate cell growth, proliferation and activation¹²⁻¹⁵. PAR1 for example, has been shown to trans-activate PAR2 in human endothelial and COS-7 cells¹⁵, while on the platelet PAR1 may heterodimerize with PAR4¹².

PAR signaling in the VSMCs following injury results in hyperplasia and de-differentiation, and eventually leads to ischemia and restenosis¹¹ (see figure). Sevigny and colleagues sought to determine if an interaction between PAR1 and PAR2 is required to mediate these pathophysiological processes in VSMCs following arterial injury¹. Both receptors were expressed in VSMCs. Interestingly, while thrombin and PAR1 specific agonists increased mitogenesis in these cells, PAR2 stimulation did not. This observation is suggestive of a PAR1-specific regulation of VSMCs following vascular injury with PAR2 signaling alone not playing an essential role. Further supporting the role of PAR1 in VSMC-dependent hyperplasia following injury, activation of PAR1 with the peptidic agonist P1pal-13 resulted in significant thickening of both the medial and intimal areas of the vessel wall, a pathophysiological condition often leading to restenosis. Interestingly, Sevigny and colleagues showed not only that PAR1^{-/-} mice have reduced vessel wall thickening in the presence of a PAR1 agonist, but additionally that P1pal-13 was unable to induce a thickening of either the medial or intimal areas of the vessel wall in the absence of a PAR2 (see figure). Previous observations have shown that PAR2 can mediate signaling through transactivation by PAR1 in human endothelial and COS-7 cells¹⁵ and PAR2 is required for PAI-1 induction by thrombin in murine mammary adenocarcinoma cells¹⁴. The current study extends this concept to VSMCs and demonstrates that not only can PAR2 work in concert with PAR1¹⁶ or be transactivated by PAR1¹⁵, but that the physical presence of PAR2 is required for PAR1 signaling.

The question often presented concerning GPCR dimerization is not whether there is a functional coupling of the receptors but whether this hetero-dimerization is a required component of the signaling process and if a physical interaction of the receptor dimers or oligomers is necessary for signaling to occur. Sevigny and colleagues showed that PAR1 and PAR2 are in the same complex¹ which extend their previous observation that these two receptors reside in close proximity to each other on the cell membrane¹⁶. Furthermore, PAR1-induced hyperplasia of the medial and intimal areas as well as proliferation of VSMCs were absent in PAR2^{-/-} mice suggesting that homo-dimerization of PAR1 is not able to replace the functional requirement of a PAR1-PAR2 hetero-dimer in PAR1-induced hyperplasia in VSMCs. In addition to hyperplasia, de-differentiation of the VSMCs seems to be also dependent on this hetero-dimer system.

Future studies will need to focus on species-specific differences in the receptor homology and expression within the vessels in order to determine which functional or physical dimerization models best represent the physiological processes occurring in human vessels. To this end,

Sevigny and colleagues point out that species differences in PARs may help explain how PARs regulate VSMCs in vivo¹. Rat PAR1, for example, might be cleaved at a higher rate by thrombin relative to mouse PAR1 due to differences in the thrombin cleavage site. These differences may be linked to a higher level of restenosis injury and greater sensitivity to inhibition by PAR1 antagonists observed between the rat and mouse models of vascular injury¹. Determining which model most closely recapitulates human restenosis may allow for the development of novel targets for inhibition of this pathology. Thus, as the authors suggest, even if PAR1 activation kinetics vary, targeting the intracellular loop (which is highly conserved in these species) or PAR2 interaction with PAR1 may represent viable alternatives for preventing VSMCs de-differentiation, hyperplasia and eventual restenosis following vascular injuries.

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Disclosures

None

References

1. Sevigny LM, Austin KM, Zhang P, Kasuda S, Koukos G, Sharifi S, Covic L, Kuliopulos A. Protease-activated receptor-2 modulates protease-activated receptor-1-driven neointimal hyperplasia. *Arterioscler Thromb Vasc Biol.* 2011
2. Hollenberg MD, Compton SJ. International union of pharmacology. Xxviii. Proteinase-activated receptors. *Pharmacol Rev.* 2002;54:203-217
3. Coughlin SR. How the protease thrombin talks to cells. *Proc Natl Acad Sci U S A.* 1999;96:11023-11027
4. Brass LF. Thrombin and platelet activation. *Chest.* 2003;124:18S-25S
5. Leger AJ, Covic L, Kuliopulos A. Protease-activated receptors in cardiovascular diseases. *Circulation.* 2006;114:1070-1077
6. Ossovskaya VS, Bunnett NW. Protease-activated receptors: Contribution to physiology and disease. *Physiol Rev.* 2004;84:579-621
7. Davey MG, Luscher EF. Actions of thrombin and other coagulant and proteolytic enzymes on blood platelets. *Nature.* 1967;216:857-858
8. Jamieson GA. Pathophysiology of platelet thrombin receptors. *Thromb Haemost.* 1997;78:242-246
9. Laposata M, Dohnansky DK, Shin HS. Thrombin-induced gap formation in confluent endothelial cell monolayers in vitro. *Blood.* 1983;62:549-556
10. Dabbagh K, Laurent GJ, McAnulty RJ, Chambers RC. Thrombin stimulates smooth muscle cell procollagen synthesis and mrna levels via a par-1 mediated mechanism. *Thromb Haemost.* 1998;79:405-409
11. Patterson C, Stouffer GA, Madamanchi N, Runge MS. New tricks for old dogs: Nonthrombotic effects of thrombin in vessel wall biology. *Circ Res.* 2001;88:987-997

12. Leger AJ, Jacques SL, Badar J, Kaneider NC, Derian CK, Andrade-Gordon P, Covic L, Kuliopulos A. Blocking the protease-activated receptor 1-4 heterodimer in platelet-mediated thrombosis. *Circulation*. 2006;113:1244-1254
13. McLaughlin JN, Patterson MM, Malik AB. Protease-activated receptor-3 (par3) regulates par1 signaling by receptor dimerization. *Proc Natl Acad Sci U S A*. 2007;104:5662-5667
14. McEachron TA, Pawlinski R, Richards KL, Church FC, Mackman N. Protease-activated receptors mediate crosstalk between coagulation and fibrinolysis. *Blood*. 2010;116:5037-5044
15. O'Brien PJ, Prevost N, Molino M, Hollinger MK, Woolkalis MJ, Woulfe DS, Brass LF. Thrombin responses in human endothelial cells. Contributions from receptors other than par1 include the transactivation of par2 by thrombin-cleaved par1. *J Biol Chem*. 2000;275:13502-13509
16. Kaneider NC, Leger AJ, Agarwal A, Nguyen N, Perides G, Derian C, Covic L, Kuliopulos A. 'Role reversal' for the receptor par1 in sepsis-induced vascular damage. *Nat Immunol*. 2007;8:1303-1312

Figure Legend:

Figure. PAR1 and PAR2 are functionally, and likely physically interacting in the vascular smooth muscle cells (VSMCs). PAR1 can be activated either by cleavage of the amino terminal by thrombin (revealing the tethered ligand) or by direct binding of the PAR1 agonist, P1pal-13, to the third intracellular loop of PAR1. PAR1 activation requires the presence of PAR2. Activation of PAR1 in the presence of PAR2 results in VSMCs hyperplasia as well as de-differentiation of the VSMCs both of which play significant roles in the thickening of the vessel wall eventually resulting in restenosis.

