

Original Article

S100A4 mediated TGF β /Smad signal pathway contributes to the development of thoracic aortic dissection (TAD)

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Abstract: Thoracic aortic dissection (TAD) is a catastrophic acute disease with a high postoperative mortality, including extensive degenerative, genetic, structural and acquired disease states, and may be complicated by potentially life-threatening thoracic aortic ruptures. The calcium-binding protein S100A4 was frequently over-expressed in several tumors and cancer cells, and it was associated with invasion and metastasis of various cancer cells. In the present study, the effect of S100A4 on human aortic vascular smooth muscle cells (VSMCs) and the development of TAD were investigated. The expression level of S100A4 in TAD aortic tissue was increased significantly compared with normal tissue, and the TGF β /Smad signal pathway was activated by S100A4. The protein levels of MMP-2, MMP-9 and VCAM-1 were increased and SM-MHC and SM- α -actin were decreased in tissues of TAD patients. In vitro cell experiments showed that up-regulate the expression of S100A4 inhibits the proliferation and induces the apoptosis of VSMCs. In VSMCs, the TGF β /Smad signal pathway was activated in S100A4 group and the protein expression of MMP-2, MMP-9, VCAM-1, SM-MHC and SM- α -actin showed a trend similar to that of TAD group. In conclusion, this study first investigated the effect of S100A4 on the development of TAD and revealed that S100A4 might promote TAD development by regulated the TGF β /Smad signal pathway and some important molecular regulatory proteins.

Keywords: S100A4, thoracic aortic dissection, TGF β /Smad, apoptosis

Introduction

Thoracic aortic dissection (TAD) as a serious cardiovascular disease characterized with a spontaneous tear through the intima and into the media of the aortic wall [1, 2]. Arterial blood entering the tear leading to the media split along the length of the vessel [3]. The outer aortic wall of TAD patient is weakened due to tearing and becomes tends to dilatation and rupture, which is usually fatal. It was reported that the mortality rate of untreated TAD cases during first week following occurrence of dissection reached 70% [4-6]. At present, despite the diagnostic and treatment techniques has made great progress, it is still associated with high morbidity and mortality and the exact mechanism underlying TAD remains unclear [7-10].

Normal aortic mainly consist of concentric arrangements of vascular smooth muscle cells

(VSMCs) and extracellular matrix (ECM) in elastic fibers, and the interaction of SMCs and ECM plays vital role for the structural and functional integrity of the aortic wall [11, 12]. A common pathogenic feature TAD is characterized by gene mutation cause aortic VSMCs dysfunction [13, 14]. TGF β may induce fibronectin and connective tissue growth factor expressions by activation of Smads in VSMCs, and thus promotes the deposit of extracellular matrix [15]. Smad2 and Smad3 are involved in TGF β signaling transduction by interaction with TGF β receptors type I and II (T β RI and T β RII, respectively). The nuclear phosphorylated Smad2 (pSmad2) level in aortic smooth muscle cells was increased significantly of patients with diseased aortic tissue, suggesting increased TGF β cellular signaling [16, 17].

S100A4 is an 11 kDa calcium-binding protein that enhances metastasis of several types of

cancer cells [18]. In the extracellular, S100A4 interacts with the receptor for advanced glycation end the products (RAGE) [19]. In the cell, S100A4 interacts and regulates the function of several intracellular cytokines and signaling proteins involved in cell motility, invasiveness, growth, and angiogenesis such as muscle myosin II, nuclear factor kappa B (NF- κ B), p53, TGF β and matrix metalloproteinase 9 (MMP-9) [20-23]. Induced the expression of S100A4 is involved in human cancer cell migration and proliferation by interacting with MMP-2/9 and TGF β /Samd signal pathway and transgenic mice overexpressing S100A4 develop occlusive pulmonary vascular changes [24-26]. In the present study, we found that S100A4 was up-regulated in the tissue of patients with TAD on both mRNA and protein levels. In addition, the overexpression of S100A4 promoted the TGF β /Samd signal pathway induces MMP-2/9 and VCAM-1 (vascular cell adhesion molecule 1) up-regulation and significantly inhibits the expression of smooth muscle myosin heavy chain (SM-MHC) and smooth muscle α -actin (SM- α -actin) in human aortic VSMCs.

Materials and methods

Patients and sample collection

Eleven tissue samples were obtained from patients with TAD who underwent surgical treatment at Renmin hospital of Wuhan University between October 2015 and May 2016 were enrolled in this study. TAD diagnosis was confirmed by noninvasive imaging such as helical computed tomography, magnetic resonance imaging, echocardiography and angiography [27].

Inclusion and exclusion criteria of TAD: Patients with aortic diameters ≥ 55 mm, as well as included patients who were previously treated with stents that developed type I or III endoleaks. Patients with a proximal aortic neck containing thrombi or calcifications $>50\%$ of the neck diameter, an external iliac artery diameter <7 mm or a creatinine clearance <30 mL/min were excluded from the study. In addition, the study also excluded patients with Marfan syndrome, Loeys-Dietz aneurysm, aortic coarctation, or other aortic diseases. All patients had no preoperative diagnosis of known coronary artery diseases, peripheral artery disease, diabetes, arthritis, and/or membranous nephropathy.

Nine cases of normal thoracic aorta tissue were obtained from donors who died from traffic accidents or brain death; all donors had no cardiovascular disease, and the pathology of the aortic tissue was not diseased in all cases. Data on demographic factors, weight and body mass index, smoking habits, alcohol consumption, and family history of cardiovascular disease in first-degree relatives were recorded.

All protocols involving human specimens were approved by Medical Ethical Committee of the Renmin Hospital of Wuhan University, and all patients enrolled provided informed consent.

Periaortic fat and intraluminal thrombus were trimmed away, and the samples were washed with saline to remove blood. The protein expression difference of S100A4, TGF β 1, TGF β 2, Samd2, Samd4, MMP-2/3, MMP-9, VCAM-1, SM-MHC and SM- α -actin in TAD tissue and control tissue were evaluated by western blot.

In vitro cell culture

Human aortic VSMCs were obtained from Gaining Biological (China) and cultured in 5% CO₂ and 95% humidified air atmosphere at 37°C in DMEM medium (Gibco, USA) supplemented with 10% fetal bovine serum (FBS, Gibco), 100 U/mL of penicillin and 100 μ g/mL of streptomycin. Cells were split every 3 days to ensure logarithmic growth.

Construction of S100A4 overexpression vector and cell transfection

The S100A4 genes was amplified by primers (S100A4F: 5'-AGCTACTGACCAGGGAGCTG-3'; S100A4R: 5'-TGCAGGACAGGAAGACACAG-3') and was inserted into the corresponding site of the pGPU6/GFP/Neo vector site to construct the overexpression vector pGPU6/GFP/Neo-S100A4-Homo. Cells were seeded in cell plates and cultured until the cells were grown 70-80% confluence and then transfected with 800 ng/well overexpression plasmids using Lipofectamine 2000 (Invitrogen, USA) as specified by the manufacturer.

Quantitative real-time PCR

Total RNA was extracted from samples with Trizol reagent (TaKaRa, China), and detected by an ultraviolet spectrophotometer and agarose electrophoresis. For each sample, 1 μ g RNA was reverse transcribed to obtain first-strand

Table 1. Baseline clinical characteristics of study subjects

Variable	TAD (n=11)	Control (n=9)	P value
Age (years)	52.09±9.98	47.3±8.27	0.051
Gender, male, n (%)	8 (72.7)	7 (77.8)	0.856
Hypertension, n (%)	7 (63.6)	4 (33.3)	<0.001**
Systolic arterial pressure (mmHg)	145.55±30.43	119.44±6.82	<0.001**
Diastolic arterial pressure (mmHg)	83.55±20.57	79.22±8.51	0.084
Mean arterial pressure (mmHg)	114.55±23.64	100.22±8.39	0.045*
Smoking, n (%)	6 (54.5)	4 (44.4)	0.135

Dates were expressed as either mean ± S.E.M or n (%). *P<0.05 or **P<0.05.

cDNA using the PrimeScript®RT reagent Kit with gDNA Eraser (TaKaRa) according to manufacturer's instructions. The primes used were: S100A4 forward primer 5'-CCAGATCTGACTGCTGTC-3'; S100A4 reverse primer 5'-GACTCACTCAGGCACTACCC-3'; β -actin forward primer 5'-CAACTGGGACGACATGGAGAAT-3'; β -actin reverse primer 5'-CCAGAGGCGTACAGGATAGCA-3'. Reaction (20 μ L total volume) contained 10 μ L of 2 × SYBRPremix Ex Taq™ (TaKaRa), 0.50 μ mol/L each primer and 0.2±0.02 μ g of cDNA template. The following three-step qRT-PCR reaction was performed: pre-denaturation at 95°C for 30 s, followed by 40 cycles of denaturation at 95°C for 5 s, annealing at 58°C for 20 s and elongation at 72°C for 20 s. The transcriptional levels of genes were calculated using $\Delta\Delta$ Ct. The threshold cycle (Ct) was determined for each reaction, by using $\Delta\Delta$ Ct method can make Ct values for each gene of interest were normalized to the endogenous control gene (β -actin). For each group, three samples were measured and three technical replicates of each measurement were obtained.

Western blot analysis

Protein expression levels were analyzed by Western blot analysis and conducted using standard methods with modification [28]. For total protein extraction, cells washed twice with phosphate-buffered saline (PBS) and lysed with RIPA buffer (Beyotime, China) containing protease inhibitor at 4°C. For in vivo study, the tissue samples were homogenized in RIPA lysis buffer containing protease inhibitor at 4°C. Both cell lysate and tissue lysate were centrifuged at 12000 × g for 15 min and supernatants were collected. The protein concentration was determined by BCA kit (Bioswamp, China). Equal amounts of protein (30 μ g) were separated by 10% SDS-polyacrylamide gels. After electrophoresis, proteins were transferred onto PVDF

membrane (Millipore, USA) at 200 mA for 2 h. The membranes were blocked for 2 h at room temperature with 5% skim milk in Tris-buffered saline (20 mmol/L Tris, 500 mmol/L NaCl, and 0.05% Tween 20). Subsequently, the membrane was incubated with primary antibodies against S100A4, TGF β 1,

TGF β 2, Samd2, pSamd2, Samd4, pSamd4, MMP-2/3, MMP-9, VCAM-1, SM-MHC and SM- α -actin overnight at 4°C. Anti- β -actin antibody was selected as internal reference. Then, the membranes were washed with Tris-buffered saline and incubated in biotinylated goat anti-rabbit IgG secondary antibody for 2 h at room temperature. Immunoreactivity was visualized by colorimetric reaction using ECL substrate buffer (Millipore, Massachusetts, USA). Membranes were scanned with Gel Doz EZ imager (Bio-rad, USA).

MTT assay

Cell proliferation was evaluated with MTT (3-(4,5-dimethylthiazolyl-2)-2,5-diphenyltetrazolium bromide) (Sigma-Aldrich, USA) colorimetric method. The human aortic VSMCs were seeded in 96-well plate and transfected with overexpression vectors or empty vector. MTT (20 μ L) was added into each well after transfection for 24 h, 48 h and 72 h, respectively, and incubated for 2-4 h at 37°C. After the purple precipitate was visible, the medium was removed and 150 μ L DMSO was added to each well. After shaking at low speed for 10 min, the absorbance was recorded at 570 nm. For each detect, the total procedure was repeated 3 times.

Cell apoptosis assay

Apoptosis analysis of human aortic VSMCs was performed with the AnnexinV-FITC/PI (propidium iodide) flow cytometry kit (BD) according to the manufacturer's instructions. Cells were transfected with overexpression vector or empty vector of S100A4 using Lipofectamine 2000. After cultured for 48 h, cells were washed with ice-cold PBS three times and resuspend 200 μ L of binding buffer at a concentration of 1×10^6 cells/mL. 10 μ L Annexin V-FITC and 10 μ L PI were added and cells were incubated for 30 min at 4°C in the dark. Finally, 300 μ L binding

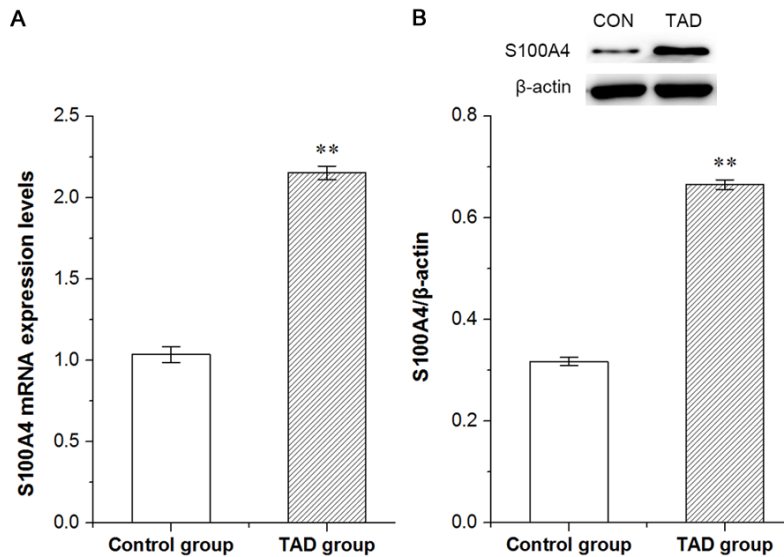


Figure 1. S100A4 was increased in the aortic tissues of TAD patients. A. The mRNA expression level of S100A4 in TAD and normal tissues. B. The protein levels of S100A4 in TAD and normal tissues. All values are expressed as the mean $\pm$ S.E.M (n=3). **P<0.01 as compared with control group. CON: control group; TAD: TAD group.

buffer was added and analyzed by flow cytometry (Beckman Coulter, Cytomics FC 500, CA) within 1 h.

Statistical analysis

The statistical differences of the experimental data were evaluated by Dunnett's one-way analysis of variance (ANOVA) using SPSS 19.0 software package. Independent sample t-test was used for mean comparison between 2 groups. Differences were considered as statistically significant at $p<0.05$ and very significant at $p<0.01$. All results were expressed as mean $\pm$ S.E.M.

Results

Baseline clinical characteristics

The clinical features of the subjects were shown in **Table 1**. A total of 11 TAD patients (age, 31-62 years) and 9 healthy persons (age, 34-60 years) were studied. The baseline subject characteristics listed for the 2 groups were accurately matched for age and gender. In all groups, previous cardiovascular complications were absent. Comparing these 2 groups, we found that hypertension, systolic arterial pressure and mean arterial pressure in TAD patients were significantly higher than that of normal control group ($P<0.01$ or $P<0.05$).

Expression levels of S100A4 were increased in TAD tissues

RT-qPCR and western blot were used to evaluate the

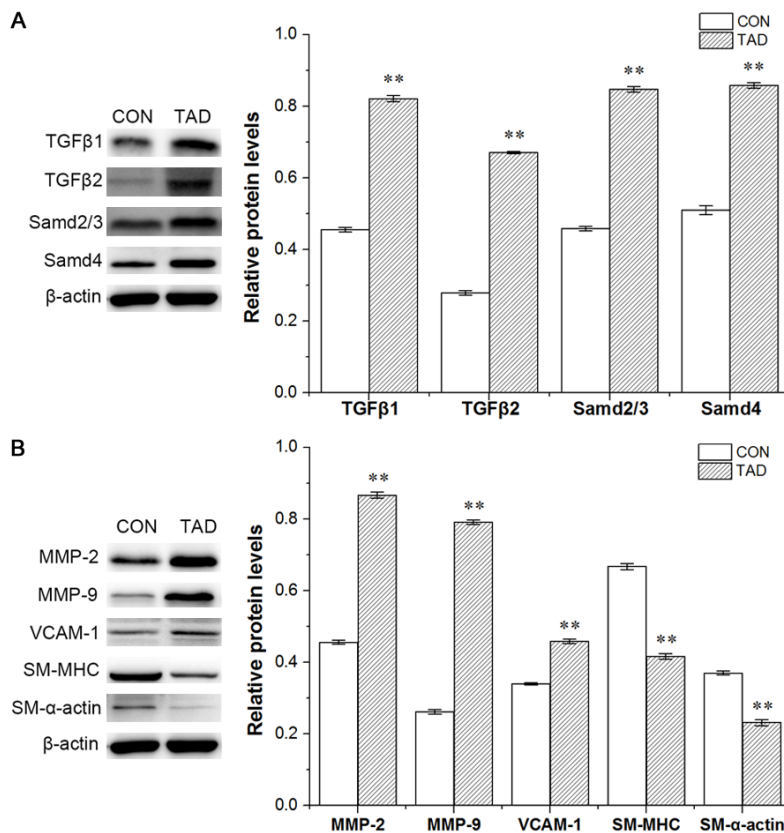


Figure 2. Abnormal aortic tissue composition. A. TGFβ/Smad signal pathway was detected using western blot. B. The levels of MMP-2, MMP-9, VCAM-1, SM-MHC and SM-α-actin from TAD and normal tissue were evaluated by western blot. All values are expressed as the mean $\pm$ S.E.M (n=3). **P<0.01 as compared with control group. CON: control group; TAD: TAD group.

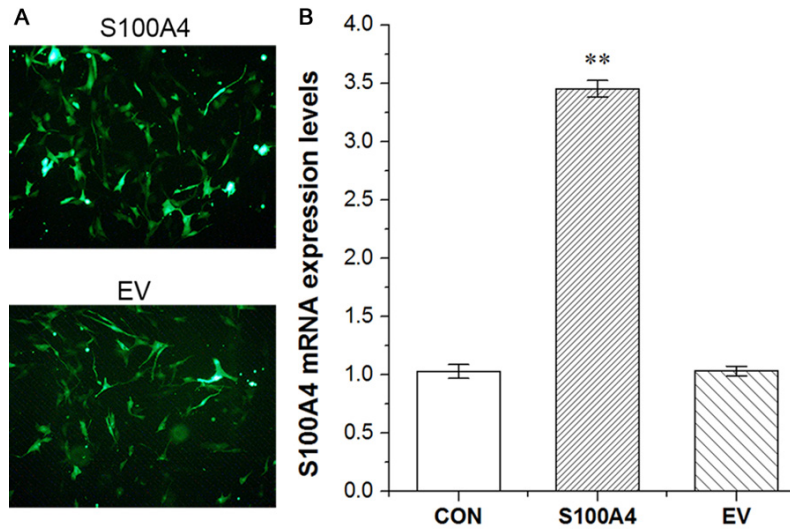


Figure 3. Expression levels of S100A4 in human aortic VSMCs. A. The overexpression vector of S100A4 and empty vector were insert in VSMCs and detected by fluorescence microscope. B. The mRNA level of S100A4 in VSMCs after transfected with S100A4. All values are expressed as the mean $\pm$ S.E.M (n=3). **P<0.01 as compared with control group. CON: control group; S100A4: transfected S100A4 overexpression vector group; EV: transfected empty vector group.

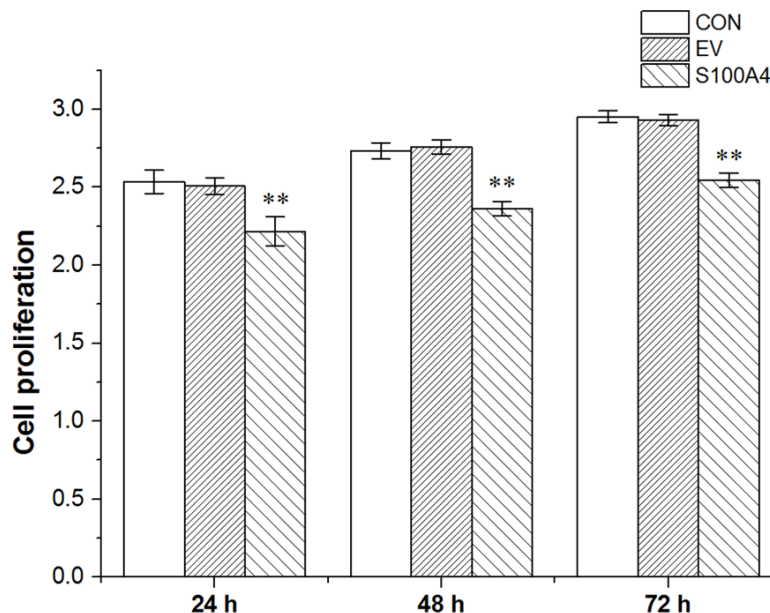


Figure 4. S100A4 inhibited human aortic VSMCs proliferation, as measured by MTT. The proliferation of VSMCs with upregulate S100A4 was lower than control group. Data are shown by mean $\pm$ S.E.M (n=3). **P<0.01 as compared with control group. CON: control group; S100A4: transfected S100A4 overexpression vector group; EV: transfected empty vector group.

S100A4 expression levels in TAD patients and normal tissues. The results was shown in **Figure 1**, in the tissue of patients with TAD, the mRNA and protein levels of S100A4 were increased significantly compared with normal tissue.

TGF β /Smad signal pathway and TAD related protein levels

In the present study, the TGF β /Smad signal pathway related protein levels (TGF β 1, TGF β 2, Samd2/3 and Samd4) were detected by western blot and the results were shown in **Figure 2A**. In the TAD group, the protein levels of TGF β 1, TGF β 2, Samd2/3 and Samd4 were increased significantly compared with control group.

In order to reveal the mechanism of TAD, the protein levels of MMP-2, MMP-9, VCAM-1, SM-MHC and SM- α -actin were also detected using western blot. Compare with normal tissue, we noted an increase of MMP-2, MMP-9 and VCAM-1 and a reduction of SM-MHC and SM- α -actin in the aortic tissue of TAD patients (**Figure 2B**).

Overexpression of S100A4 in human aortic VSMCs

The S100A4 overexpression vector and empty vector were successfully transfected into VSMCs and the S100A4 mRNA and protein levels in the S100A4 group were higher than that of the control group (**Figure 3**).

The viability of VSMCs was suppressed by overexpression of S100A4

The proliferation of VSMCs was measured by MTT. Three groups were performed:

CON (control group), EV (transfection of empty vector) and S100A4 group (transfection of expression vector of S100A4). The results showed that the proliferation of cells in S100A4 group was lower than that of the control group (**Figure 4**).

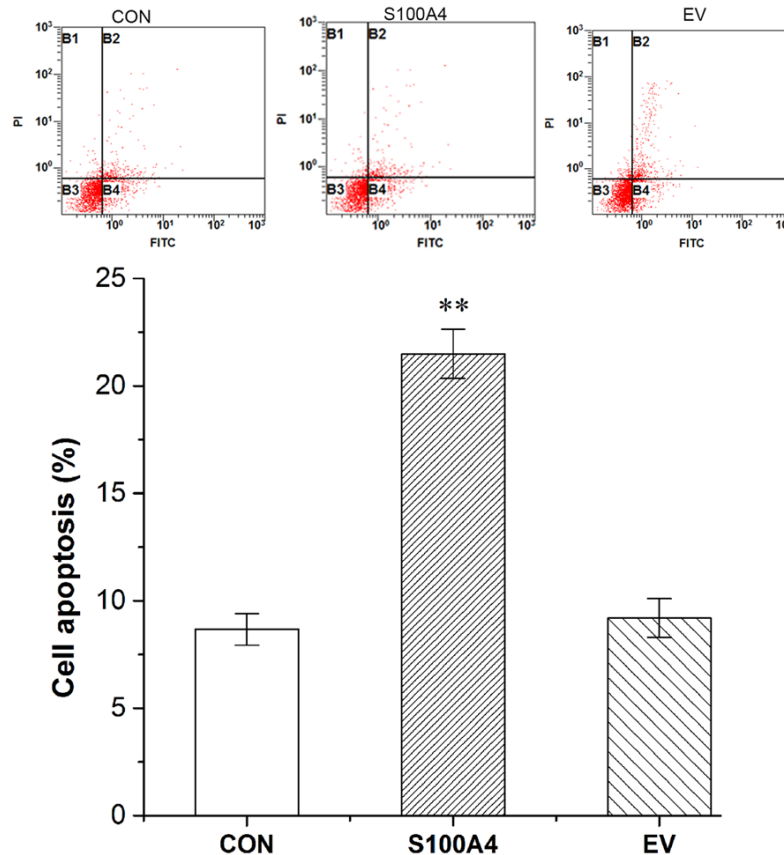


Figure 5. The upregulation of S100A4 induced apoptosis in human aortic VSMCs. The percentage of apoptotic VSMCs in S100A4 group was significantly higher than that of control group. Data are shown by mean $\pm$ S.E.M (n=3). **P<0.01 as compared with control group. CON: control group; S100A4: transfect S100A4 overexpression vector group; EV: transfect empty vector group.

Overexpression of S100A4 in VSMCs induced cellapoptosis

The apoptosis of human aortic VSMCs was measured by AnnexinV-FITC/PI flow cytometry. As shown in **Figure 5**, the percentage of apoptotic cells in S100A4 group was significantly higher than that of the control group which indicated that S100A4 promotes the apoptosis of human aortic VSMCs.

S100A4 effects on VSMCs are TGF β /Smad signal pathway dependent

The signaling processes triggering cellular effects of S100A4 are not well understood, but at least in human aortic VSMCs include TGF β /Smad pathway. Therefore, the effect of S100A4 on the expression of TGF β 1, TGF β 1, Smad2/3 and Samd4 and their phosphorylation state was detected by western blot. The results revealed increased TGF β 1, TGF β 1, Smad2/3 and

Samd4 phosphorylation in VSMCs with up-regulate S100A4 (**Figure 6**).

S100A4 regulate TAD-related protein expression levels

In the present study, the protein levels of MMP-2, MMP-9, VCAM-1, SM-MHC and SM- α -actin in human aortic VSMCs were detected by western blot which involved TAD incidence. The results were shown in **Figure 7**, in the S100A4 group the protein levels of MMP-2, MMP-9 and VCAM-1 were higher than that of the control group, and the protein levels of SM-MHC and SM- α -actin were lower than that of the control group.

Discussion

S100A4 belongs to the S100 family of EF-hand calcium-binding proteins which characteristic as several functions including cell motility, angiogenesis, promoting metastasis and neuronal [29-32]. Previous studies indicated that S100A4 can controls the invasive potential of human cancer cells through regulates the expression of MMP-2 or MMP-9 and as a critical mediator of invasion interaction with TGF β signaling pathway in endometrial cancer [33, 34]. It was also reported that S100A4 can increased the secretion of MMPs from endothelial cells and fibroblasts, and the expression of S100A4 was increased in smooth muscle cells of atherosclerotic lesions and pulmonary vascular diseases [35, 36]. S100A4 is endogenously expressed in VSMC and promotes VSMC dedifferentiation [37]. In the present study we indicated that the expression of S100A4 was increased significantly in the tissue of TAD patients and the MMP-2, MMP-9 and VCAM-1 were increased significantly, the SM-MHC and SM- α -actin were decreased significantly. Furthermore, Samd2/3, Samd4 and the TGF β 1 and TGF β 2 were increased in TAD aortic tissue. We speculate that enhance

S100A4 contributes to the development of TAD

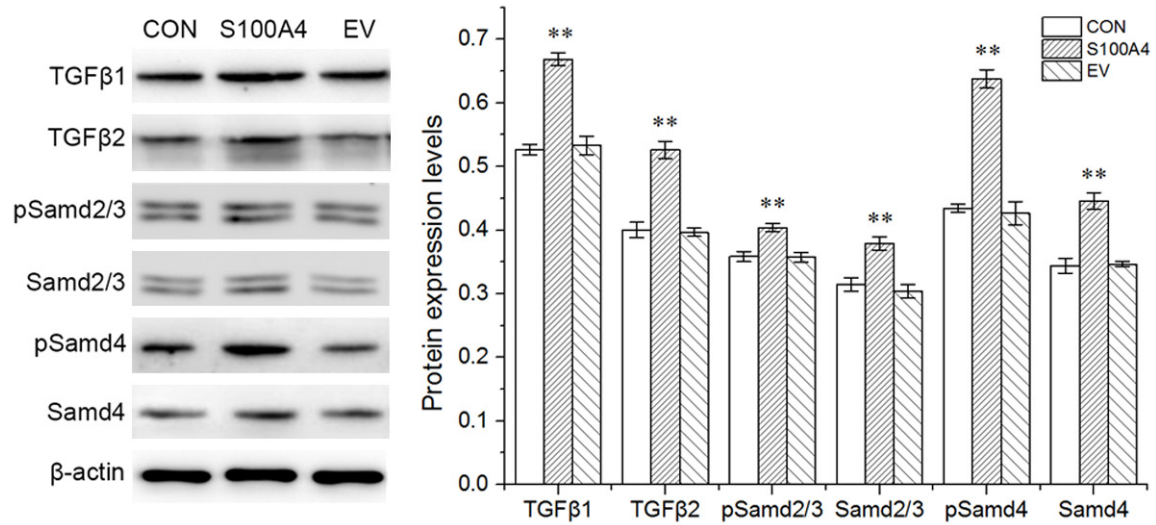


Figure 6. TGFβ/Smad signal pathway was activated by S100A4. The TGFβ1, TGFβ2, Samd2/3, pSamd2/3, Samd4 and pSamd4 were detected by western blot. Bands were quantified using Quantity One 5.0 and the fold changes in each protein to β-actin ratio are shown. Data are shown by mean ± S.E.M (n=3). **P<0.01 as compared with control group. CON: control group; S100A4: transfect S100A4 overexpression vector group; EV: transfect empty vector group.

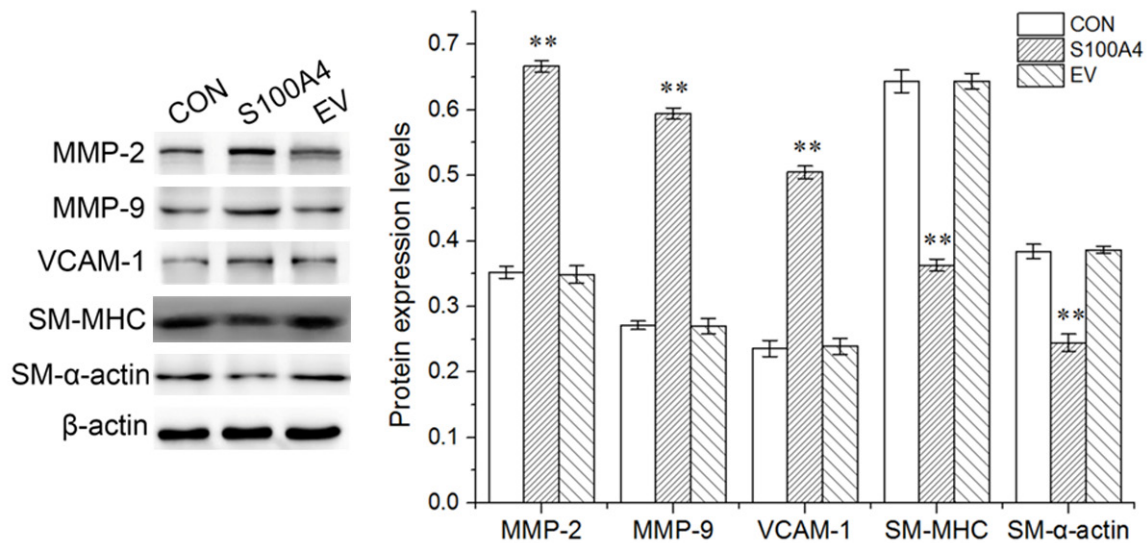


Figure 7. Protein analysis of VSMCs with overexpressed S100A4. The protein levels of MMP-2, MMP-9, VCAM-1, SM-MHC and SM-α-actin were detected by western blot. Bands were quantified using Quantity One 5.0 and the fold changes in each protein to β-actin ratio are shown. Data are shown by mean ± S.E.M (n=3). **P<0.01 as compared with control group. CON: control group; S100A4: transfect S100A4 overexpression vector group; EV: transfect empty vector group.

the expression of S100A4 might promote the development of TAD by stimulate the release of MMP-2/9 to activate the TGFβ/Samd signaling pathway.

In order to verify our suggestion, we found that up-expressed the S100A4 in human aortic VSMCs induced cell apoptosis and inhibited

cell proliferation through upregulate the expression of MMP-2 and MMP-9 and activated the TGFβ/Samd signaling pathway. Studies on TGFβ/Samd signaling pathway revealed that Samd4 and Samd2/3 involved in cell matrix contraction induced by TGFβ [38]. In aortic dissection, Samd2 and Samd4 may lead to matrix degradation by attenuating laminin expression

and increasing expression of matrix metalloproteinases and making the balance between deposition and degradation shift to the latter by promote TGF β /Samd signaling pathway. MMP-2 and MMP-9 belongs to the family of zinc dependent enzymes which play an important role in extracellular matrix degradation and involved in pathogenesis of some diseases tissue remodeling [39, 40]. It was reported that MMP-2, MMP-9 and membrane type 1 MMP to be able to cleave and active the latent TGF β [41]. In the present research we found that the protein levels of MMP-2 and MMP-9 were increased in human aortic VSMCs which insect overexpression S100A4 vector, thus activate TGF β /Samd signaling pathway. Similar to previously described, in abdominal aortic constriction rat models, cardiac hypertrophy induced the TGF β 1 and Samd2/3 expression levels increased significantly [42].

VCAM-1 as a specific adhesion molecule was secreted by endothelial cells which play an important role in defining the types of leukocytes recruited and mediating mononuclear adhesion [43]. Hofmann et al. reported that in S100A12 transgenic mice, the protein levels of VCAM-1 was increased and the protein levels of SM-MHC and SM- α -actin was decreased which demonstrated that S100A12 modulate aortic wall remodeling and induce pathogenic in aortic aneurysms [44]. In the present study, VCAM-1 was upregulated and SM-MHC and SM- α -actin were downregulated in TAD tissue. Furthermore, cultured human aortic VSMCs transfected with overexpression S100A4 vector had induces the expression of VCAM-1 and inhibits the expression of SM-MHC and SM- α -actin, suggesting that upregulate S100A4 induced the pathological remodeling of the aorta with disarray of elastic fibers. In vitro, overexpression of S100A4 inhibits the proliferation and induces the apoptosis of human aortic VSMCs.

In conclusion, the present study firstly demonstrated that S100A4 level is significantly increased in the tissue with TAD, and its overexpression in human aortic VSMCs can induced the expression of MMP-2 and MMP-9 which activated the TGF β /Samd signaling pathway and finally leading to apoptosis and inhibiting cell proliferation. We inferred that S100A4 might promote TAD development by release some important molecular regulatory proteins to activate the TGF β /Samd signal pathway.

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Disclosure of conflict of interest

None.

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References

- [1] Núñez-Gil IJ, Bautista D, Cerrato E, Salinas P, Varbella F, Omedè P, Ugo F, Ielasi A, Giammaria M, Moreno R, Pérez-Vizcaino MJ, Escaned J, De Agustín JA, Feltes G, Macaya C and Fernández-Ortiz A. Incidence, management, and immediate- and long-term outcomes after iatrogenic aortic dissection during diagnostic or interventional coronary procedures. *Circulation* 2015; 131: 2114-2119.
- [2] Wang DJ, Fan FD, Wang Q, Li QG, Zhou Q, Wu Z and Shi GF. Preliminary characterization of acute aortic dissection in the mainland of China. *Chin Med J (Engl)* 2011; 124: 1726-1730.
- [3] Zhang X, Wu D, Choi JC, Minard CG, Hou X, Coselli JS, Shen YH and LeMaire SA. Matrix metalloproteinase levels in chronic thoracic aortic dissection. *J Surg Res* 2014; 189: 348-358.
- [4] Clouse WD, Hallett JW Jr, Schaff HV, Spittell PC, Rowland CM, Ilstrup DM and Melton LJ. Acute aortic dissection: population-based incidence-compared with degenerative aortic aneurysm rupture. *Mayo Clin Proc* 2004; 79: 176-180.
- [5] Golledge J and Eagle KA. Acute aortic dissection. *Lancet* 2008; 372: 55-66.
- [6] Tsai TT, Trimarchi S and Nienaber CA. Acute aortic dissection: perspectives from the international registry of acute aortic dissection (IRAD). *Eur J Vasc Endovasc Surg* 2009; 37: 149-159.
- [7] Kitai T, Kaji S, Yamamuro A, Tani T, Tamita K, Kinoshita M, Ehara N, Kobori A, Nasu M, Okada Y and Furukawa Y. Clinical outcomes of medical therapy and timely operation in initially diagnosed type a aortic intramural hematoma: a 20-year experience. *Circulation* 2009; 120: S292-298.
- [8] Wang DJ, Fan FD, Wang Q, Li QG, Zhou Q, Wu Z and Shi GF. Preliminary characterization of acute aortic dissection in the mainland of China. *Chin Med J (Engl)* 2011; 124: 1726-1730.

- [9] Kurihara T, Shimizu-Hirota R, Shimoda M, Adachi T, Shimizu H, Weiss SJ, Itoh H, Hori S, Aikawa N and Okada Y. Neutrophil-derived matrix metalloproteinase 9 triggers acute aortic dissection. *Circulation* 2012; 126: 3070-3080.
- [10] Yuan Y, Wang C, Xu J, Tao J, Xu Z and Huang S. BRG1 overexpression in smooth muscle cells promotes the development of thoracic aortic dissection. *BMC Cardiovasc Disord* 2014; 14: 144.
- [11] Mészáros I, Mórocz J, Szlávi J, Schmidt J, Tornóci L, Nagy L and Szép L. Epidemiology and clinicopathology of aortic dissection. *Chest* 2000; 117: 1271-1278.
- [12] Milewicz DM, Guo DC, Tran-Fadulu V, Lafont AL, Papke CL, Inamoto S, Kwartler CS and Pannu H. Genetic basis of thoracic aortic aneurysms and dissections: focus on smooth muscle cell contractile dysfunction. *Annu Rev Genomics Hum Genet* 2008; 9: 283-302.
- [13] Pannu H, Tran-Fadulu V, Papke CL, Scherer S, Liu Y, Presley C, Guo D, Estrera AL, Safi HJ, Brasier AR, Vick GW, Marian AJ, Raman CS, Buja LM and Milewicz DM. MYH11 mutations result in a distinct vascular pathology driven by insulin-like growth factor 1 and angiotensin II. *Hum Mol Genet* 2007; 16: 2453-2462.
- [14] Guo DC, Pannu H, Tran-Fadulu V, Papke CL, Yu RK, Avidan N, Bourgeois S, Estrera AL, Safi HJ, Sparks E, Amor D, Ades L, McConnell V, Willoughby CE, Abuelo D, Willing M, Lewis RA, Kim DH, Scherer S, Tung PP, Ahn C, Buja LM, Raman CS, Shete SS and Milewicz DM. Mutations in smooth muscle α -actin (ACTA2) lead to thoracic aortic aneurysms and dissections. *Nat Genet* 2007; 39: 1488-1493.
- [15] Wang W, Huang XR, Canlas E, Oka K, Truong LD, Deng C, Bhowmick NA, Ju W, Bottinger EP, Lan HY. Essential role of Smad3 in angiotensin II-induced vascular fibrosis. *Circ Res* 2006; 98: 1032-1039.
- [16] Loeys BL, Schwarze U, Holm T, Callewaert BL, Thomas GH, Pannu H, De Backer JF, Oswald GL, Symoens S, Manouvrier S, Roberts AE, Faravelli F, Greco MA, Pyeritz RE, Milewicz DM, Coucke PJ, Cameron DE, Braverman AC, Byers PH, De Paepe AM and Dietz HC. Aneurysm syndromes caused by mutations in the TGF- β receptor. *N Engl J Med* 2006; 355: 788-798.
- [17] van de Laar IM, Oldenburg RA, Pals G, Roos-Hesselink JW, de Graaf BM, Verhagen JM, Hordemaekers YM, Willemsen R, Severijnen LA, Venselaar H, Vriend G, Pattynama PM, Collée M, Majoor-Krakauer D, Poldermans D, Frohn-Mulder IM, Micha D, Timmermans J, Hilhorst-Hofstee Y, Bierma-Zeinstra SM, Willems PJ, Kros JM, Oei EH, Oostra BA, Wessels MW and Bertoli-Avella AM. Mutations in SMAD3 cause a syndromic form of aortic aneurysms and dissections with early-onset osteoarthritis. *Nat Genet* 2011; 43: 121-126.
- [18] Helfman DM, Kim EJ, Lukanidin E and Grigorian M. The metastasis associated protein S100A4: role in tumour progression and metastasis. *Br J Cancer* 2005; 92: 1955-1958.
- [19] Abu El-Asrar AM, Nawaz MI, De Hertogh G, Alam K, Siddiquei MM, Van den Eynde K, Mousa A, Mohammad G, Geboes K and Opdenakker G. S100A4 is upregulated in proliferative diabetic retinopathy and correlates with markers of angiogenesis and fibrogenesis. *Mol Vis* 2014; 20: 1209-1224.
- [20] Garrett SC, Varney KM, Weber DJ and Bresnick AR. S100A4, a mediator of metastasis. *J Biol Chem* 2006; 281: 677-680.
- [21] Zhang J, Zhang DL, Jiao XL and Dong Q. S100A4 regulates migration and invasion in hepatocellular carcinoma HepG2 cells via NK- κ B-dependent MMP-9 signal. *Eur Rev Med Pharmacol Sci* 2013; 17: 2372-2382.
- [22] Saleem M, Kweon MH, Johnson JJ, Adhami VM, Elcheva I, Khan N, Bin Hafeez B, Bhat KM, Sarfaraz S, Reagan-Shaw S, Spiegelman VS, Setaluri V and Mukhtar H. S100A4 accelerates tumorigenesis and invasion of human prostate cancer through the transcriptional regulation of matrix metalloproteinase 9. *Proc Natl Acad Sci U S A* 2006; 103: 14825-14830.
- [23] Grigorian M, Andresen S, Tulchinsky E, Krijevska M, Carlberg C, Kruse C, Cohn M, Ambartsumian N, Christensen A, Selivanova G and Lukanidin E. Tumor suppressor p53 protein is a new target for the metastasis-associated Mts1/S100A4 protein: functional consequences of their interaction. *J Biol Chem* 2001; 276: 22699-22708.
- [24] Jones PL, Cowan KN and Rabinovitch M. Tenascin-C, proliferation and subendothelial fibronectin in progressive pulmonary vascular disease. *Am J Pathol* 1997; 150: 1349-1360.
- [25] Greenway S, van Suylen RJ, Du Marchie-Sarvaas G, Kwan E, Ambartsumian N, Lukanidin E and Rabinovitch M. S100A4/Mts1 produces murine pulmonary artery changes resembling plexogenic arteriopathy and is increased in human plexogenic arteriopathy. *Am J Pathol* 2004; 164: 253-262.
- [26] Zhang K, Liu X, Hao F, Dong A and Chen D. Targeting TGF- β 1 inhibits invasion of anaplastic thyroid carcinoma cell through SMAD2-dependent S100A4-MMP-2/9 signaling. *Am J Transl Res* 2016; 8: 2196-2209.
- [27] Isselbacher EM. Thoracic and abdominal aortic aneurysms. *Circulation* 2005; 111: 816-828.
- [28] Ramaglia V, Harapa GM, White N and Buck LT. Bacterial infection and tissue-specific Hsp72, -73 and -90 expression in western painted

- turtles. *Comp Biochem Physiol C Toxicol Pharmacol* 2004; 138: 139-148.
- [29] Spiekerkoetter E, Guignabert C, de Jesus Perez V, Alastalo TP, Powers JM, Wang L, Lawrie A, Ambartsumian N, Schmidt AM, Berryman M, Ashley RH and Rabinovitch M. S100A4 and bone morphogenetic protein-2 codependently induce vascular smooth muscle cell migration via phospho-extracellular signal-regulated kinase and chloride intracellular channel 4. *Circ Res* 2009; 105: 639-647.
- [30] Ambartsumian N, Klingelhöfer J, Grigorian M, Christensen C, Kriajevska M, Tulchinsky E, Georgiev G, Berezin V, Bock E, Rygaard J, Cao R, Cao Y and Lukanidin E. The metastasis-associated Mts1(S100A4) protein could act as an angiogenic factor. *Oncogene* 2001; 20: 4685-4695.
- [31] Lawrie A, Spiekerkoetter E, Martinez EC, Ambartsumian N, Sheward WJ, MacLean MR, Har-mar AJ, Schmidt AM, Lukanidin E and Rabinovitch M. Interdependent serotonin transporter and receptor pathways regulate S100A4/Mts1, a gene associated with pulmonary vascular disease. *Cir Res* 2005; 97: 227-235.
- [32] Kiryushko D, Novitskaya V, Soroka V, Klingel-hofer J, Lukanidin E, Berezin V and Bock E. Molecular mechanisms of Ca²⁺ signaling in neurons induced by the S100A4 protein. *Mol Cell Biol* 2006; 26: 3625-3638.
- [33] Zhang K, Liu X, Hao F, Hao FY, Dong AB and Chen D. Targeting TGF-β1 inhibits invasion of anaplastic thyroid carcinoma cell through SMAD2-dependent S100A4-MMP-2/9 signaling. *Am J Transl Res* 2016; 8: 2196-2209.
- [34] Dahlmann M, Sack U, Herrmann P, Lemm M, Fichtner I, Schlag PM and Stein U. Systemic shRNA mediated knock down of S100A4 in colorectal cancer xenografted mice reduces metastasis formation. *Oncotarget* 2012; 3: 783-797.
- [35] Senolt L, Grigorian M, Lukanidin E, Simmen B, Michel BA, Pavelka K, Gay RE, Gay S and Neidhart M. S100A4 is expressed at site of invasion in rheumatoid arthritis synovium and modulates production of matrix metalloproteinases. *Ann Rheum Dis* 2006; 65: 1645-1648.
- [36] Greenway S, van Suylen RJ, Du MarchieSarvaas G, Kwan E, Ambartsumian N, Lukanidin E and Rabinovitch M. S100A4/Mts1 produces murine pulmonary artery changes resembling plexogenic arteriopathy and is increased in human plexogenic arteriopathy. *Am J Pathol* 2004; 164: 253-262.
- [37] Brisset AC, Hao H, Camenzind E, Bacchetta M, Geinoz A, Sanchez JC, Chaponnier C, Gabbiani G and Bochaton-Piallat ML. Intimal smooth muscle cells of porcine and human coronary artery express S100A4, a marker of the rhomboid phenotype in vitro. *Circ Res* 2007; 100: 1055-1062.
- [38] Quaglini A, Salierno M, Pellegrotti J, Rubinstein N and Kordon EC. Mechanical strain induces involution-associated events in mammary epithelial cells. *BMC Cell Biol* 2009; 10: 55.
- [39] Sela-Passwell N, Kikkeri R, Dym O, Rozenberg H, Margalit R, Arad-Yellin R, Eisenstein M, Brenner O, Shoham T, Danon T, Shanzer A and Sagi I. Antibodies targeting the catalytic zinc complex of activated matrix metalloproteinases show therapeutic potential. *Nat Med* 2011; 18: 143-147.
- [40] Hua Y, Song L, Wu N, Xie G, Lu X, Fan X, Meng X, Gu D and Yang Y. Polymorphisms of MMP-2 gene are associated with systolic heart failure prognosis. *Clin Chim Acta* 2009; 404: 119-123.
- [41] Spinale FG, Escobar GP, Mukherjee R, Zavadzka JA, Saunders SM, Jeffords LB, Leone AM, Beck C, Bouges S and Stroud RE. Cardiac-restricted overexpression of membrane type-1 matrix metalloproteinase in mice: effects on myocardial remodeling with aging. *Circ Heart Fail* 2009; 2: 351-360.
- [42] Huang J, Wei C, Peng J, Zheng Z and Peng X. The effects of signalprotein Smads on rat cardiocyte hypertrophy. *J US-Chin Med Sci* 2005; 2: 29-44.
- [43] Marui N, Offermann MK, Swerlick R, Kunsch C, Rosen CA, Ahmad M, Alexander RW and Medford RM. Vascular cell adhesion molecule-1 (VCAM-1) gene transcription and expression are regulated through an antioxidant-sensitive mechanism in human vascular endothelial cells. *J Clin Invest* 1993; 92: 1866-1874.
- [44] Hofmann BM, Wilk J, Heydemann A, Kim G, Rehman J, Lodato JA, Raman J and McNally EM. S100A12 mediates aortic wall remodeling and aortic aneurysm. *Circ Res* 2010; 106: 145-154.