P11

Lunde IG^{1,2},

- Finsen AV ⁽²³⁾, Jarstadmarken HO ⁽²⁾, Kvaløy H⁽²⁾, Hasic A⁽²⁾, Sjaastad I⁽²⁴⁾, Tønnessen T^{2,5}, Skrbic B⁽²⁾, Wilcox-Adelman SA⁽⁶⁾, Carlson CR⁽²⁾, Christensen G⁽²⁾
- Institute for Experimental Medical Research, Oslo University Hospital Ullevaal, Oslo, Norway.
- 2 Center for Heart Failure Research, University of Oslo, Oslo, Norway.
- Research Institute for Internal Medicine and Department of Cardiology, Oslo University Hospital Rikshospitalet, Oslo, Norway.
- 4 Department of Cardiology, Oslo University Hospital Ullevaal, Oslo, Norway.
- 5 Department of Cardiothoracic Surgery, Oslo University Hospital Ullevaal, Oslo, Norway.
- 6 Boston Biomedical Research Institute, Watertown, Massachusetts, USA.

8th Annual CHFR Symposium September 31 – October 01, 2010 Holmenkollen Park Hotel Rica Oslo, Norway

PAGE 27

Introduction: The signaling mechanisms involved in myocardial hypertrophy are not well understood. We have previously linked syndecan-4, a transmembrane proteoglycan localized to the Z-discs in cardiomyocytes, to myocardial hypertrophy. Mice lacking syndecan-4 do not develop concentric hypertrophy after aortic banding (AB). Here we demonstrate that syndecan-4 anchors and activates the pro-hypertrophic calcineurin A-Nuclear Factor of Activated T-cells (CnA-NFAT) signaling pathway.

in the myocardium

The Z-disc protein syndecan-4 activates

pro-hypertrophic calcineurin-NFAT signaling

Results: In syndecan-4 KO AB, NFATc4 activation and expression of NFAT-target genes BNP and RCAN1-4 were significantly lower than in WT AB. Conversely, overexpression of syndecan-4 in HEK293 cells or introduction of a partial syndecan-4 protein into cardiomyocytes activated NFATc4. Immunoprecipitations showed increased association between CnA, its co-activator calmodulin and syndecan-4 in AB hearts compared to sham-operated controls. Peptide array experiments showed that CnA binds to the cytoplasmic V-C2 region of syndecan-4 through its autoinhibitory domain. Cell permeable V- or C2-region peptides inactivated or activated NFATc4, respectively, while a C1-derived peptide

had no effect, suggesting that syndecan-4 both anchors (V-region) and activates (C2region) CnA. Moreover, we show that phosphorylation of serine 179 (pS179) is reduced in aortic stenosis patients and in AB murine hearts compared to controls. More CnA was immunoprecipitated with non-phosphorylated syndecan-4 than with the phosphorylated form, indicating that reduced pS179 in syndecan-4 is involved in the hypertrophic response. Accordingly, pull-down with pS179 resulted in reduced binding of CnA. Activation of NFATc4 occurred in HEK293 cells transfected with a mutant mimicking minimally phosphorylated S179 (S179A), whereas a mutant mimicking constitutive phosphorylation (S179E) did not. Finally, overexpression of CnA in HEK293 reduces pS179, indicating that CnA regulates its own binding and activation by syndecan-4.

Conclusion: Our data indicate that in a pressure-overloaded heart, syndecan-4 activates pro-hypertrophic CnA-NFATc4 signaling, and suggest a crucial role for phosphorylation of syndecan-4 and the syndecan-4-CnA interaction in development of myocardial hypertrophy.