

**The Importance of the Tissue  
Transglutaminase-Fibronectin  
Heterocomplex in the RGD-independent  
Cell Adhesion and Fibronectin Matrix  
Deposition**

**Zhuo Wang**

**Doctor of Philosophy**

**ASTON UNIVERISTY**

**April 2010**

**This copy of the thesis has been supplied on condition that anyone who consults it is understood to recognise that its copyright rests with its author and that no quotation from the thesis and no information derived from it may be published without proper acknowledgement.**

## Thesis Summary

Tissue transglutaminase (TG2) has been reported as a wound response protein. Once over-expressed by cells under stress such as during wound healing or following tissue damage, TG2 can be secreted and deposited into extracellular matrix, where it forms a heterocomplex (TG-FN) with the abundant matrix protein fibronectin (FN). A further cellular response elicited after tissue damage is that of matrix remodelling leading to the release of the Arg-Gly-Asp (RGD) containing matrix fragments by matrix metalloproteinases (MMPs). These peptides are able to block the interaction between integrin cell surface receptors and ECM proteins, leading to the loss of cell adhesion and ultimately Anoikis. This study provides a mechanism for TG2, as a stress-induced matrix protein, in protecting the cells from the RGD-dependent loss of cell adhesion and rescuing the cells from Anoikis. Mouse fibroblasts were used as a major model for this study, including different types of cell surface receptor knockout mouse embryonic fibroblasts (MEFs) (such as syndecan-4,  $\alpha 5$ ,  $\beta 1$  or  $\beta 3$  integrins). In addition specific syndecan-2 targetting siRNAs,  $\beta 1$  integrin and  $\alpha 4\beta 1$  integrin functional blocking antibodies, and a specific targeting peptide against  $\alpha 5\beta 1$  integrin A5-1 were used to investigate the involvement of these receptors in the RGD-independent cell adhesion on TG-FN. Crucial for TG-FN to compensate the RGD-independent cell adhesion and actin cytoskeleton formation is the direct interaction between the heparan sulfate chains of syndecan-4 and TG2, which elicits the inside-out signalling of  $\alpha 5\beta 1$  integrin and the intracellular activation of syndecan-2 by protein kinase C  $\alpha$  (PKC $\alpha$ ). By using specific inhibitors, a cell-permeable inhibiting peptide and the detection of the phosphorylation sites for protein kinases and/or the translocation of PKC $\alpha$  via Western blotting, the activation of PKC $\alpha$ , focal adhesion kinase (FAK), ERK1/2 and Rho kinase (ROCK) were confirmed as downstream signalling molecules. Importantly, this study also investigated the influence of TG-FN on matrix turnover and demonstrated that TG-FN can restore the RGD-independent FN deposition process via an  $\alpha 5\beta 1$  integrin and syndecan-4/2 co-signalling pathway linked by PKC $\alpha$  in a transamidating-independent manner. These data provide a novel function for TG2 in wound healing and matrix turnover which is a key event in a number of both physiological and pathological processes.

## **Acknowledgements**

I would like to thank my supervisor Professor Martin Griffin for his kind support, patient guidance and most valuable advice throughout my research period, which provided me with the precious time and space to develop my research thoughts and techniques. Professor Griffin kindly introduced me to the *natural* world of Tissue Transglutaminase and I have been *glued* to it ever since.

I would like to express my appreciation to Dr. Russell Collighan for his helpful suggestion and technical support during my PhD study. I would also like to thank Dr. Dilek Telci and Dr. Xiaoling Li for their help at the beginning of my PhD study.

I would like to thank everyone who has kindly offered me help and support in Aston University. I appreciate all of their efforts for making Aston such a great place to work and study in.

Finally I would like to express my deepest gratitude to my parents for their unlimited emotional and financial support, for their unselfish love and kindness, for their inspiration and for being my role models in life. Your love does and always will support and encourage me to pursue my dreams in the science world.

# Table of Contents

<b>Chapter 1: Introduction</b>	<b>18</b>
1.1 Transglutaminase	20
1.2 Member of mammalian transglutaminase family	21
1.3 Factor XIII	23
1.3.1 Factor XIII A subunit	23
1.3.2 Factor XIII B subunit	24
1.3.3 Activation of FXIII	24
1.3.4 Factor XIII functions	25
1.4 Keratinocyte transglutaminase	27
1.5 Epidermal transglutaminase	29
1.6 Prostate transglutaminase	32
1.7 Erythrocyte band 4.2	34
1.8 Transglutaminase X, Y, and Z	35
1.9 Tissue transglutaminase	37
1.9.1 Structure of transglutaminase	37
1.9.2 Regulation of expression	39
1.9.3 Regulation of activity	41
1.9.4 Localisation and cellular distribution of TG2	43
1.9.5 Physiological functions of TG2	43
1.9.5.1 Importance of TG2 in cell growth and differentiation	44
1.9.5.2 TG2 in Ca <sup>2+</sup> -mediated stimulus secretion coupling	45
1.9.5.3 TG2 and receptor mediated endocytosis	46
1.9.5.4 TG2 and cell death	46
1.9.6 TG2 and human diseases	48
1.9.6.1 TG2 in celiac disease	48

1.9.6.2 TG2 in neurodegenerative diseases	49
1.9.6.3 TG2 in fibrosis	52
1.9.6.4 TG2 in cancer	53
1.9.7 Fibronectin and its relevant signalling pathways in cell adhesion	55
1.9.7.1 Fibronectin	55
1.9.7.2 Cell surface receptors in cell adhesion on FN	59
1.9.7.3 FN-involved signalling pathway(s)	60
1.9.7.4 FN and TG2	65
1.10 Aims of project	68
<b>Chapter 2: Materials and Methods</b>	<b>69</b>
2.1 Materials	70
2.1.1 List of Antibodies	70
2.1.2 Chemicals	71
2.1.2 Materials	72
2.1.3 Equipments	72
2.2 Methods	73
2.2.1 Methods in cell culture	73
2.2.1.1 Cells and culture conditions	73
2.2.1.2 Cell passaging	74
2.2.1.3 Determination of cell number	74
2.2.1.4 Cell freezing	75
2.2.1.5 Cell defrosting from storage	75
2.2.1.6 siRNA transfection	75
2.2.1.7 Stable cell transfection	76
2.2.1.7.1 Kill Curves	76
2.2.1.7.2 Nucleofections using AMAXA's proprietary technology	77
2.2.1.7.3 Selection of stably transfected cell lines	77

2.2.2 Preparation of a physiological extracellular matrix	78
2.2.2.1 Coating of plates with fibronectin	78
2.2.2.2 Immobilisation of tissue transglutaminase on FN matrix	78
2.2.2.3 Detection of relative levels of TG2 in matrices	78
Detection of TG2 antigen by ELISA	78
2.2.3 Cell adhesion assay	79
2.2.3.1 Inhibition of the RGD-mediated cell adhesion	79
2.2.3.2 Cell fixation and permeabilisation	80
2.2.3.3 May-Grunwald and Giemsa co-staining	80
2.2.3.4 Quantification of cell adhesion	80
2.2.4 Fluorescence staining of actin stress fibres	81
2.2.5 Preparation of total cell lysates	82
2.2.6 Determination of protein concentration by Lowry Method	82
2.2.7 Sodium Dodecyl Sulphate- Polyacrylamide Gel Electrophoresis (SDS-PAGE)	82
2.2.8 Western blotting of proteins from polyacrylamide gels	84
2.2.9 Immuno-development of Western blots	85
2.2.10 Co-immunoprecipitation	86
2.2.11 Analysis of protein kinase C $\alpha$ translocation to membrane	86
2.2.12 Detection of intracellular and matrix TG2 via confocal microscopy	87
2.2.13 Detection of the cell surface TG2 activity via biotin-cadaverine incorporation into fibronectin	88
2.2.14 Detection of cell surface proteins via biotinylation	89
2.2.15 Detection of FN deposition	89
2.2.15.1 Biotinylation of FN	89
2.2.15.2 Analysis of FN matrix assembly by immunofluorescence	89
2.2.16 Statistical analysis	90

**Chapter 3: Importance of the syndecan-4/2 and  $\beta$ 1 integrin 91**

**co-signalling pathway in RGD-independent cell adhesion mediated by the TG-FN matrix**

3.1 Introduction	92
3.2 Methods	95
3.2.1 RGD-independent Cell adhesion assay	95
3.2.2 Immunofluorescence staining	95
3.2.3 siRNA transfection	95
3.2.4 Detection of the siRNA transfection efficiency	96
3.2.5 The synthesis and detection of the scrambled siRNA against the syndecan-2 specific targeting siRNAs	96
3.3 Results	97
3.3.1 Cell surface is not sufficient to support RGD-independent cell adhesion.	97
3.3.1.1 Susceptibility of MEF cells to Zeocin	97
3.3.1.2 Establishment of tg2-MEF cell line with stable-transfected TG2	97
3.3.1.3 Cell surface TG2 could not compensate adhesion to FN in the presence of RGD peptides	100
3.3.2 TG2 is the functional component within the TG-FN complex that exerts the compensatory effect in cell adhesion in the presence of RGD peptides	104
3.3.2.1 Immobilisation and detection of TG2 on heparin-treated FN matrix	104
3.3.2.2 TG2 can compensate the loss of cell adhesion in the presence of RGD peptides even after blocking the heparin binding sites on FN	109
3.3.3 Cell adhesion in response to TG-FN matrix is dependent of the interaction between TG and the extracellular heparan sulfate chains	109
3.3.3.1 Heparan sulfate chains are required for TG-FN to exert its compensatory effect on the RGD peptide-induced loss of cell adhesion	109
3.3.3.2 Heparin treatment of TG2 blocked the RGD-independent cell	115

adhesion mediated by TG-FN	
3.3.4 Syndecan-4 plays an important role in RGD-independent cell adhesion in response to the TG-FN matrix.	119
3.3.4.1 Detection of the presence of syndecan-4 antigen in syndecan-4 relevant MEF cells.	119
3.3.4.2 TG-FN lost its compensatory effect on RGD-independent cell adhesion in syndecan-4 knock out MEF cells	123
3.3.4.3 TG-FN failed to restore the actin stress fibre formation in syndecan-4 null MEF cells	125
3.3.4.4 TG2 within TG-FN complex directly interacts with syndecan-4	125
3.3.4.5 The TG-FN matrix mediates RGD-independent cell adhesion by the direct interaction between the cell surface heparan sulfate chains of syndecan-4 and the matrix TG2	128
3.3.5 TG-FN mediated the RGD-independent cell adhesion depends on the activation of the inside-out signalling pathway of $\beta 1$ integrins	128
3.3.5.1 Detection of the presence of $\beta 1$ integrin antigen in $\beta 1$ integrin relevant MEF cells	128
3.3.5.2 $\beta 1$ integrin is crucial for TG-FN to compensate the effect of the RGD peptide	133
3.3.5.3 No direct interaction between syndecan-4 and $\beta 1$ integrin was detected in the cells seeded on TG-FN	135
3.3.6 TG-FN compensates the loss of RGD-dependent cell adhesion in $\alpha 5$ integrin-dependent manner	135
3.3.7 The compensatory effect of TG-FN in cell adhesion in the presence of the RGD peptides is blocked by the treatment of the $\alpha 5\beta 1$ integrin inhibiting peptide— A5-1	140
3.3.8 Syndecan-2 is required in the RGD-independent cell adhesion mediated by TG-FN	143
3.3.8.1 The silencing of syndecan-2 by siRNA treatment inhibited the	143



compensatory effect of TG-FN on the RGD-induced loss of cell adhesion	
3.3.8.1.1 The inhibition effect of syndecan-2 targetting siRNA on syndecan-2 expression	143
3.3.8.1.2 The knocking down of syndecan-2 expression did not affect the expression of syndecan-4 and $\beta 1$ integrins	143
3.3.8.1.3 TG-FN compensates RGD-induced loss of cell adhesion in a syndecan-2-dependent manner.	146
3.3.8.2 Syndecan-2 is crucial for TG-FN to exert its function in actin cytoskeleton formation	151
3.3.9 $\beta 3$ integrins are not required by TG-FN to compensate the effect of RGD peptide in cell adhesion.	151
3.3.10 $\alpha 4\beta 1$ integrins are not involved in the signalling transduction mediated by TG-FN	154
3.4 Discussion	158
<b>Chapter 4 The characterisation of intracellular signalling molecules in the RGD-independent cell adhesion process mediated by the TG-FN complex</b>	<b>163</b>
4.1 Introduction	164
4.2 Methods	168
4.2.1 Inhibition of signalling transduction processes by specific treatments in the RGD independent cell adhesion assay	168
4.2.2 Detection of the PKC $\alpha$ translocation from cytosol to membrane	168
4.2.3 Detection the interaction between PKC $\alpha$ and syndecan-2 via co-immunoprecipitation	169
4.3 Results	170
4.3.1 TG-FN compensates the effect of RGD peptide on cell adhesion in PKC $\alpha$ -dependent signalling pathway.	170

4.3.1.1 PKC $\alpha$ inhibitor Go6976 inhibits the compensatory effect of TG-FN on the RGD-independent cell adhesion process	170
4.3.1.2 The importance of the interaction of PKC $\alpha$ with syndecan-4 intracellular domain	170
4.3.1.3 TG-FN compensates RGD-independent cell adhesion mediated by the binding of PKC $\alpha$ with $\beta$ 1 integrins	175
4.3.1.4 TG-FN promotes the translocation of PKC $\alpha$	180
4.3.1.5 PKC $\alpha$ is the potential intracellular link between syndecan-2 and syndecan-4.	185
4.3.2 TG-FN signalling activates focal adhesion kinase	185
4.3.2.1 The importance of p-FAK <sup>397</sup>	185
4.3.2.2 The importance of p-FAK <sup>861</sup>	186
4.3.3 ERK1/2 dependent cell adhesion on TG-FN	190
4.3.3.1 ERK1/2 inhibitor blocks the compensatory effect of TG-FN	190
4.3.3.2 TG-FN compensates the phosphorylation of ERK1/2 in the presence of the RGD peptides	196
4.3.4 $\beta$ 1 integrin inside-out signalling is involved in the signal transduction mediated by TG-FN	197
4.3.4.1 The effect of $\beta$ 1 integrin functional blocking antibody on the phosphorylation of FAK	197
4.3.4.2 TG-FN compensates the RGD-independent cell adhesion through $\beta$ 1 integrin inside-out signalling pathway	197
4.3.5 ROCK is a downstream molecule in TG-FN signalling pathway.	201
4.4 Discussion	205
<b>Chapter 5: Fibronectin deposition mediated by TG-FN matrix</b>	<b>209</b>
5.1 Introduction	210
5.2 Methods	212

5.2.1 Vinculin staining	212
5.2.2 Biotin-labelled FN	212
5.2.3 FN staining	212
5.3 Results	214
5.3.1 TG-FN promotes the loss of cell adhesion formation caused by the RGD peptides	214
5.3.2 Detection of biotinylated-FN	214
5.3.3 TG-FN restores the loss of FN deposition induced by the RGD peptide treatment	217
5.3.4 The crucial role of PKC $\alpha$ in FN deposition mediated by TG-FN	217
5.3.5 The importance of $\alpha$ 5 $\beta$ 1 integrin in FN deposition regulated by TG-FN	220
5.3.6 TG-FN mediates FN deposition in a syndecan-4-dependent manner	223
5.3.7 Cell surface syndecan-2 is required by TG-FN in regulating FN deposition	223
5.3.8 The effect of TG-FN on FN deposition is independent of the transamidating activity of TG2.	226
5.4 Discussion	228
<b>Chapter 6: Discussion</b>	<b>230</b>
<b>References</b>	<b>248</b>
<b>Appendix 1: List of Abbreviations</b>	<b>270</b>

## **List of Tables**

Table 1.1 Members of Transglutaminase Family	22
Table 2.1 The list of antibodies	70
Table 2.2 The recipe for the polyacrylamide gels	84

## List of Figures

<b>Figure 1.1</b> Schematic structure and functional domains of TG2.	38
<b>Figure 1.2.</b> Domain model of fibronectin.	57
<b>Figure 1.3</b> Integrin signalling mechanisms.	61
<b>Figure 1.4</b> A schematic structure of a syndecan molecule.	63
<b>Figure 1.5</b> The function syndecan-4 in regulating $\alpha 5\beta 1$ -related signalling pathway.	64
<b>Figure 1.6</b> The role of TG2 as an integrin co-receptor for FN.	66
<b>Figure 3.3.1</b> The kill curve of Zeocin in MEF cells.	98
<b>Figure 3.3.2</b> Detection of TG2 in wild type and tg2-MEF cells.	99
<b>Figure 3.3.3</b> Detection of intracellular TG2 in wild type and tg2-MEF cells.	101
<b>Figure 3.3.4</b> Detection of the cell surface TG activity in wild type and tg2-MEF cells.	102
<b>Figure 3.3.5</b> Detection of matrix depositedTG2 in wild type and tg2-MEF cells.	103
<b>Figure 3.3.6a</b> The role of cell surface TG2 in cell adhesion process on FN-TG2 matrix.	106
<b>Figure 3.3.6b</b> visualization of wild type and tg2-MEF cells on FN and TG-FN matrix in the presence of RGD peptide	107
<b>Figure 3.3.7</b> Detection of the relative levels of TG2 bound to heparin blocked FN by ELISA.	108
<b>Figure 3.3.8</b> The importance of the heparin binding sites within FN in cell adhesion process on FN or FN-TG2 matrix.	111
<b>Figure 3.3.9a</b> The importance of cell surface heparan sulphate chains in cell adhesion process on FN or TG-FN matrix.	113
<b>Figure 3.3.9b</b> visualization of wt and hs-m CHO cells on heparin-treated	114

FN and TG-FN matrix in the presence of RGD peptide.

**Figure 3.3.10** The importance of the heparan sulfate binding site(s) of 117  
TG2 in RGD-in dependent cell adhesion on TG-FN.

**Figure 3.3.11** Detection of syndecan-4 and  $\beta 1$  integrins in wild type, 118  
syndecan-4 knock, syndecan-4 vector control and syndecan-4 addback  
MEF cells.

**Figure 3.3.12a** The importance of cell surface syndecan-4 in the 121  
RGD-independent cell adhesion process on FN and TG-FN matrices.

**Figure 3.3.12b** visualization of RGD peptide-treated syndecan-4 relevant 122  
MEF cells seeded on FN or TG-FN matrices.

**Figure 3.3.13** The importance of cell surface syndecan-4 in actin stress 124  
fibre formation on FN-TG2 matrix.

**Figure 3.3.14** Direct interaction between cell surface heparan sulfate and 126  
matrix TG2 within TG-FN complex.

**Figure 3.3.15** The direct interaction between cell surface heparan sulfates 127  
of syndecan-4 and matrix TG2 within TG-FN complex.

**Figure 3.3.16** Detection of  $\beta 1$  integrins and syndecan-4 in wild type,  $\beta 1$  129  
integrins knock,  $\beta 1$  integrins vector control and  $\beta 1$  integrins addback MEF  
cells.

**Figure 3.3.17a** The importance of cell surface  $\beta 1$  integrin in the 131  
RGD-independent cell adhesion process on TG-FN matrices.

**Figure 3.3.17b** visualization of RGD peptide-treated  $\beta 1$  integrin relevant 132  
MEF cells seeded on FN or TG-FN matrices.

**Figure 3.3.18** No direct interaction between cell surface syndecan-4 and 134  
 $\beta 1$  integrins.

**Figure 3.3.19** Detection of  $\alpha 5$  integrins in EA5 and EA5/ $\alpha$  mouse embryo 136  
cells.

**Figure 3.3.20a** The crucial role of cell surface  $\alpha 5$  integrins in 138  
RGD-independent cell adhesion process on TG-FN matrices.

<b>Figure 3.3.20b</b> visualization of RGD peptide-treated $\alpha 5$ integrin relevant MEF cells seeded on FN or TG-FN matrices.	139
<b>Figure 3.3.21</b> The inhibition of cell surface $\alpha 5\beta 1$ integrins by its specific targetting peptide abolishes the compensatory effect of TG-FN on RGD-independent cell adhesion.	142
<b>Figure 3.3.22</b> Detection of the effect of the syndecan-2 siRNAs on syndecan-2 expression in MEF cells.	144
<b>Figure 3.3.23</b> Detection of the effect of the syndecan-2 siRNAs on syndecan-4 and $\beta 1$ integrin expression in MEF cells.	145
<b>Figure 3.3.24a</b> The importance of cell surface syndecan-2 in RGD-independent cell adhesion process on TG-FN matrices.	148
<b>Figure 3.3.24b</b> visualization of syndecan-2 siRNAs and the control siRNA-treated MEF cells seeded on FN or TG-FN matrices in the presence of RGD peptide.	149
<b>Figure 3.3.25</b> The importance of syndecan-2 in actin cytoskeleton formation on TG-FN matrix.	150
<b>Figure 3.3.26</b> The $\beta 3$ integrins are not required by TG-FN to mediate RGD-independent cell adhesion.	153
<b>Figure 3.3.27</b> TG-FN compensates RGD-independent cell adhesion in $\alpha 4\beta 1$ integrin-independent manner.	157
<b>Figure 4.3.1</b> The involvement of PKC $\alpha$ in RGD-independent cell adhesion to FN and TG-FN matrices.	172
<b>Figure 4.3.2</b> The involvement of the interaction between PKC $\alpha$ and syndecan-4 in RGD-independent cell adhesion to FN and TG-FN matrices.	174
<b>Figure 4.3.3</b> The importance of PKC $\alpha$ and $\beta 1$ integrin interaction in RGD-independent cell adhesion to FN and TG-FN matrices.	177
<b>Figure 4.3.4</b> Detection of the translocation of PKC $\alpha$ in the RGD-independent cell adhesion in Swiss 3T3 cells.	179
<b>Figure 4.3.5</b> Detection of the interaction between PKC $\alpha$ and syndecan-2.	181

<b>Figure 4.3.6a</b>	Detection of the phosphorylation of FAK Tyr <sup>397</sup> in the RGD-independent cell adhesion in Swiss 3T3 cells.	183
<b>Figure 4.3.6b</b>	Detection of total FAK in the RGD-independent cell adhesion in Swiss 3T3 cells.	184
<b>Figure 4.3.7a</b>	Detection of the phosphorylation of FAK at Tyr <sup>861</sup> in the RGD-independent cell adhesion in Swiss 3T3 cells.	188
<b>Figure 4.3.7b</b>	Detection of the total FAK at Tyr <sup>861</sup> in the RGD-independent cell adhesion in Swiss 3T3 cells.	189
<b>Figure 4.3.8</b>	The involvement of ERK1/2 in RGD-independent cell adhesion to FN and TG-FN matrices.	192
<b>Figure 4.3.9a</b>	Detection of the phosphorylation of ERK1/2 in the RGD-independent cell adhesion in Swiss 3T3 cells.	194
<b>Figure 4.3.9b</b>	Detection of total ERK1/2 in the RGD-independent cell adhesion in Swiss 3T3 cells.	195
<b>Figure 4.3.10</b>	Detection of the phosphorylation of FAK at Tyr <sup>397</sup> and Tyr <sup>861</sup> in RGD-independent cell adhesion of HMβ1-1-treated Swiss 3T3 cells.	198
<b>Figure 4.3.11</b>	The involvement of inside-out signalling of β1 in RGD-independent cell adhesion to FN and TG-FN matrices.	200
<b>Figure 4.3.12</b>	The involvement of ROCK in RGD-independent cell adhesion to FN and TG-FN matrices.	204
<b>Figure 5.3.1</b>	TG-FN compensates the loss of focal adhesion formation caused by RGD peptide.	215
<b>Figure 5.3.2</b>	Detection of biotinylated FN molecule via Western blotting	216
<b>Figure 5.3.3</b>	TG-FN restores the loss of FN deposition induced by RGD peptide.	218
<b>Figure 5.3.4</b>	TG-FN mediates FN deposition via PKCα- dependent signalling pathway.	219
<b>Figure 5.3.5</b>	α5 and β1 integrins are crucial for TG-FN to compensate	221



RGD-independent FN deposition.

**Figure 5.3.6** The importance of syndecan-4 in FN deposition mediated by TG-FN complex. 222

**Figure 5.3.7** Syndecan-2 is required by TG-FN to regulate FN fibril formation by fibroblasts. 224

**Figure 5.3.8** The involvement of TG2 activity in mediating FN fibril assembly. 225

**Figure 6.1** The effect of stress and tissue damage on cell adhesion and matrix remodelling. 234

**Figure 6.2** The  $\alpha 5\beta 1$  integrin and syndecan-4/2 co-signalling pathway in mediating the RGD independent cell adhesion on TG-FN. 243

**Figure 6.3** Summary of TG-FN-mediated cell adhesion and FN fibril formation pathway. 246

# **Chapter 1: Introduction**

## **Chapter 1: Introduction**

The communication between adhesion-dependent cells and their microenvironment triggers a signal transduction process, which is essential for cells to exert their functions including adhesion, migration, differentiation, proliferation and in some cells matrix remodelling (Hynes, et al., 1999). Among the matrix proteins, fibronectin (FN) is one of the most important matrices for various cell types e.g. fibroblasts and osteoblasts (Mosher, 1984). Via a direct interaction with matrix FN through their surface integrin receptors, cells can anchor themselves onto the matrix and further spread or migrate depending on the environment signals, such as the growth factors and signalling molecule produced by other cells. Cell surface heparan proteoglycans, including syndecans and glypicans (Moyano et al., 1999), can also regulate cell behaviour via mediating actin cytoskeleton organization. Under stress conditions, matrix metalloproteinases (MMPs) can digest matrix proteins leading to the release of the matrix fragments (Chau et al., 2005; Collighan and Griffin, 2009). RGD peptides are one of the most widely reported fragments since they can block the adhesion of cell on matrix proteins containing RGD motifs, resulting in the loss of cell adhesion and ultimately Anoikis (Buckley, et al., 1999; Hadden and Henke, 2000).

Tissue transglutaminase (TG2) was previously known as an enzyme, which can crosslink matrix proteins including FN and collagen, via  $\epsilon$ -( $\gamma$ -glutamyl) lysine bridges (Griffin et al., 2002a), leading to protein stabilization and protection from protease degradation and thereby promoting cell adhesion (Verderio et al., 2004). Recent reports also demonstrate that TG2 can act as a co-receptor for integrins to regulate cell adhesion and migration in a transamidating-independent manner (Akimov et al., 2000a). As a stress-related protein (Ientile et al., 2007), TG2 can be released and deposited into extracellular matrix and function as a matrix protein via its binding to its high affinity binding partner with FN to form the TG-FN hetero-complex (Gaudry et al., 1999a). The function of TG-FN in rescuing the RGD-induced apoptosis was reported by Griffin and colleagues, which is regarded as a novel role for this multifunctional enzyme (Verderio et al., 2003).

## **1.1 Transglutaminases**

The posttranslational modification of proteins plays an important role in regulating protein function. Transglutaminases were first reported in 1959 by Mycek and colleagues as an enzyme found in guinea pig liver, which could modify proteins by mediating an acyl-transfer reaction between the  $\gamma$ -carboxamide group of peptide-bound glutamine and a primary amine, which can be either a polyamine or the  $\epsilon$ -amino group of peptide-bound lysine, if the latter then protein crosslinking can occur through the formation of  $\epsilon$  ( $\gamma$ -glutamyl) lysine bonds. Because of their ability to crosslink proteins together, TGs have been referred to as ‘‘Nature’s Glue’’. Transglutaminases are found widely in nature (Griffin et al., 2002), but in mammals their enzymatic activity is  $\text{Ca}^{2+}$ -dependent, and other factors including GTP/GDP can also affect the activity of some of the mammalian TGs.

Even though the functions of TGs have been under investigation by scientists for more than 5 decades, not all members of the mammalian TGs have been fully characterised. Moreover further novel enzymatic activities of specific mammalian TGs have recently been reported, e.g. the protein disulfide isomerase and protein kinase activities of the tissue transglutaminase (TG2), thus extending the potential cell functions of this diverse group of enzymes.

## **1.2 Members of mammalian transglutaminase family**

It has been proved that TGs are widely expressed in the nature, including plants (Serafini-Fracassini et al. 1995), micro-organisms (Chung, 1972, Folk and Finlayson, 1977; Kanaji et al., 1993), invertebrates (Mehta et al., 1990 and 1992; Singh and Mehta, 1994) and mammals. It has been certified that even in the same tissue, the TGs might exert different functions (Griffin et al., 2002). As shown in table 1.1, nine types of TGs have been identified in mammals, of which, apart from erythrocyte band 4.2, require  $\text{Ca}^{2+}$  for their transamidating activity. These are Factor XIII A, the keratinocyte transglutaminase (TG1), the ubiquitous tissue transglutaminase (TG2), the epidermal transglutaminase (TG3), the prostate transglutaminase (TG4), the non-catalytically active erythrocyte band 4.2, and the recently discovered transglutaminase X, Y, and Z (TG5, TG6 and TG7). They are distributed in various tissues (epithelium, endothelium, stratum corneum, dermis, liver, spleen, bone marrow, central nervous system (CNS), etc.) and physiological fluids (platelets and lymphatic system), and different parts of cells (cytosol, nuclear and membrane), as well as the extracellular matrix.

All transglutaminase enzymes are encoded by a family of closely related genes with a high degree of sequence similarity. All members of the TG gene family share a similar gene organization with remarkable conservation of intron distribution and intron splice types. According to the structure of the individual genes, they can be divided into two subclasses, wherein the genes encoding TG2, TG4, band 4.2 protein and TG5 contain 13 exons, and the genes encoding factor XIII A subunit and TG1 contain 15 exons.

**Table 1.1 Members of Transglutaminase Family**

<b>Protein</b>	<b>Gene</b>	<b>Gene location</b>	<b>Synonyms</b>	<b>Tissue Expression</b>	<b>Activity</b>	<b>Function</b>
Factor XIIIa subunit	F13A1	Chromosome 6	Factor XIIIa, plasma Tg, fibrin-stabilising factor, Laki-Lorand factor, fibrinolygase, plasma pro-TG	Platelets, astrocytes, dermal dendritic cells, chondrocytes, placenta, synovial fluid	Latent (thrombin activated)	Blood coagulation, bone growth, ECM stabilisation
TG1	TGM1	Chromosome 14	TG <sub>K</sub> , keratinocyte-, particulate-, membrane-bound TG, Tg type 1, TG B	Keratinocytes, brain	Latent (protease activated)	Cornified envelope formation by terminally differentiating epidermal keratinocytes
TG2	TGM2	Chromosome 20	TG <sub>C</sub> , tissue Tg, endothelial-, erythrocyte-, cytosolic-, liver-, tissue TG, Gh, Gh $\alpha$ , TG type 2	Ubiquitous	Yes	ECM stabilisation, formation of cross-linked envelope during cell death, cell signalling, cell adhesion protein and cell survival.
TG3	TGM3	Chromosome 20	TG <sub>E</sub> , epidermal-, callus-, hair follicle-, bovine snout TG, TG type 3	Squamous epithelium, brain	Latent (protease activated)	Cornified envelope formation, hair shaft formation
TG4	TGM4	Chromosome 3	TG <sub>P</sub> , prostate TG, Vesiculase, dorsal prostate protein 1 (DP1), major androgen-regulated prostate secretory protein	Prostate	Yes	Semen coagulation in rodents
TG5	TGM5	Chromosome 15	TG <sub>X</sub> , TG type 5	Ubiquitous expression except for the CNS and lymphatic system	Yes	Unknown
TG6	TGM6	Chromosome 20	TG <sub>Y</sub> , TG type 6	Brain	Yes	Unknown
TG7	TGM7	Chromosome 15	TG <sub>Z</sub> , TG type 7	Ubiquitous	Yes	Unknown
Band 4.2	EPB42	Chromosome 15	ATP-binding erythrocyte membrane protein band 4.2, Erythrocyte protein band 4.2, B4.2	Erythrocytes, bone marrow, fetal liver and spleen	No	Structural membrane skeletal component

### **1.3 Factor XIII**

Factor XIII (also known as FXIII, pXIII-A2B2, plasma coagulation factor XIII, or fibrin stabilizing factor) is a heterotetramer composed of a catalytic dimer of two A subunits (FXIII A) and two non-catalytic B subunits (FXIII B) that can protect A subunits in the blood circulation (Schwartz et al., 1973). Plasma FXIII (pFXIII) is the last enzyme in the blood coagulation cascade and in contrast to all other enzymes involved, it is not a serine protease but a transglutaminase, catalyzing the formation of isopeptide bonds between the side chains of peptide bound glutamine and lysine residues. As a zymogen, FXIII requires the cleavage at Arg<sup>37</sup>-Gly<sup>38</sup> by thrombin in the presence of Ca<sup>2+</sup> (Schwartz et al., 1973).

#### **1.3.1 Factor XIII A subunit**

As one of the most widely studied members in the TG family, the structure, amino acid sequence of the catalytic FXIII A and the localization of its genes have been revealed. Localized on human chromosome 6 p24-25, the FXIII A gene, F13A1, consists of 15 exons and is more than 160kb in size (Ichinose et al., 1990). F13A1 encodes 83kDa FXIII A subunit composed of 731 amino acids (Ichinose et al., 1986a), which has been reported to be regulated by a myeloid-enriched transcription factor (MZF-1-like protein) and two ubiquitous transcription factors NF-1 and SP-1 (Kida et al., 1999). According to the discovery by cDNA cloning (Grundmann et al., 1986) and protein sequencing (Ichinose et al., 1986a), the amino acid sequence of FXIII A was deduced, while the X-ray crystallographs demonstrated the crystal structure of FXIII A, showing it is composed of 5 domains including an activation peptide, an N-terminal  $\beta$ -sandwich domain, a core domain and two C-terminal  $\beta$ -barrels (Yee et al., 1994). Human FXIII A is expressed mainly in hepatocytes, megakaryocytes, platelets, monocytes and macrophages. At the organ level, FXIII A is mainly located in the uterus, the placenta and the liver (Iismaa et al., 2009). The localization of FXIII A has been identified intracellularly (cytoplasm and nuclei), on the cell surface and extracellularly (extracellular matrix or in serum, secreted through an

## *Chapter 1 Introduction*

unknown non-classic secretion pathway) (Adany and Bardos, 2003). Its mechanism of secretion into the extracellular environment is still unknown.

### **1.3.2 Factor XIII B subunit**

Localized at human chromosome 1q31-32.1, the 28kb FXIII B gene— F13B encodes the 80kDa protein containing 641 amino acids (Bohn, 1972; Bottenus et al., 1990). The gene F13B is composed of 12 exons separated by 11 introns, among which the first exons encodes the leader sequence and the 12th encodes the C-terminal portion (Bottenus et al., 1990). Each of the remaining 10 exons is in charge of the expression one tandem repeat known as Sushi domains or GI-I structures (Ichinose et al., 1986b). Synthesized by the liver, even though known as the regulatory/carrier of FXIII A, 50% of FXIII B subunits remain FXIII A free in the plasma (Yorifuji et al., 1988). Unlike FXIII A, Kaetsu and colleagues (1996) reported that, in baby hamster kidney, FXIII B is secreted through a classical endoplasmic reticulum (ER)/Golgi secretory pathway. By using recombinant human FXIII B, recent research identified certain functions of the Sushi domains of FXIII B by Souri and colleagues (Souri et al., 2008). The first Sushi domain is involved in the interaction of FXIII B to the A subunits, while the fourth and ninth domains mediate the formation of the homodimers of FXIII B. Apart from the functions of the individual domains of FXIII B, they also suggested that only the full length or nearly full length FXIII B can protect FXIII A from degradation by covering its surface.

### **1.3.3 Activation of FXIII**

Existing as a zymogen, the activation of pXIII-A<sub>2</sub>B<sub>2</sub> is a multi-step process. Initiated by the disassociation from the B subunits in the presence of fibrin and Ca<sup>2+</sup>, the cleavage of pFXIII by thrombin exposes the catalytic Cys in the active centre. A thrombin-independent activation of FXIII has also been reported, when only a much higher concentration of Ca<sup>2+</sup> is present in this process. Through Ca<sup>2+</sup>-regulated conformation changes, FXIII A exerts its transglutaminase activity in the final stages of coagulation (Iismaa et al., 2009). Apart from



## *Chapter 1 Introduction*

protecting FXIII A from proteolytic degradation, the importance and the mechanism of FXIII B in regulating the activation of FXIII has been well reported including facilitating the interaction of the zymogen pXIII-A<sub>2</sub>B<sub>2</sub> with fibrinogen. The FXIII B released from pXIII-A<sub>2</sub>B<sub>2</sub> can also act as a negative feedback signal to terminate the cleavage of the zymogen by thrombin (Halkier and Magnusson, 1988).

### **1.3.4 Factor XIII functions**

Also named as plasma coagulation factor XIII or fibrin stabilizing factor, the main role of FXIII is to stabilize the fibrin soft clots, and to render it less susceptible to fibrinolysis either by cross-linking of fibrin itself or by cross-linking  $\alpha$ -antiplasmin, a potent inhibitor of the protease plasmin, into the fibrin clot (Weiss et al., 1998).

The intracellular functions of FXIII have been widely studied, even though there are still conflicting opinions. Like other transglutaminase family members, the cytoskeleton proteins actin (Cohen et al., 1980) and myosin (Cohen et al., 1979) and the focal adhesion protein vinculin (Asijee et al., 1988; Horvath et al., 1992) are substrates for FXIII A, which, if the enzyme is activated by Ca<sup>2+</sup> (which seems unlikely in the intracellular environment), suggests its possible function in regulating the cytoskeleton organization and remodelling. The impaired capability of phagocytosis in FXIII A deficient monocytes suggested its importance in this process, which could be linked to its function in the cytoskeleton system. Extracellularly, FXIII A is well-defined in maintaining the hemostasis in connective tissues. In the extracellular matrix (ECM), its cross-linking activity is thought crucial in the interaction of ECM proteins, including fibronectin/collagen (Akagi et al., 2002; Mosher, 1984a; Mosher and Schad, 1979) and vitronectin (Sane et al., 1988), also in collagen synthesis (Paye et al., 1989). The impaired wound healing ability in FXIII A deficient patients suggested its importance in this process, which could be due to its function in stabilizing the fibrin/fibronectin network (Corbett et al., 1997), as well as its role in fibroblast cell proliferation and migration (Dardik et al., 2007).

## *Chapter 1 Introduction*

Apart from *in vitro* studies, the functions of FXIII A have been widely investigated in animal models. In FXIII A deficient animal models, a relative mild bleeding with prolonged tail-tip bleeding times was discovered. Even though fertile, impaired reproduction is significantly observed in FXIII A knockout models, while frequent genital bleeding is found in female animals and leads to fetal abortion (Koseki-Kuno et al., 2003). In tumour metastasis studies, significant decreased lung and liver metastasis was discovered in FXIII A<sup>-/-</sup> animals, compared to wild type models, which could be due to its inhibiting effect on the functions of natural killer cells or its importance in the formation of tumour emboli (Palumbo et al., 2008). In agreement with *in vitro* studies and patient case reports, delayed wound healing was discovered in FXIII A<sup>-/-</sup> animals. Deficiency in extracellular reconstitution, including an attenuated inflammatory response and enhanced ECM degradation, was discovered (Nahrendorf et al., 2006). Recent studies also suggest the role of FXIII A in vascular disease, indicating the cross-linking reaction between  $\beta$ 3 integrins and VEGFR-2 by FXIII A can in turn activate VEGFR-2 and its relevant signalling transduction in angiogenesis (Dardik et al., 2005). It has also been reported that FXIII A can catalyse the dimerization of angiotensin II type 1 (AT1) receptor to mediate its signalling pathway (AbdAlla et al., 2004).

The function of FXIII B is still under investigation. But it has been reported that FXIII B deficiency is always accompanied with FXIII A deficiency in patients (Saito et al., 1990). Even though no fetal difference, e.g. survival rates, was discovered in both genders of FXIII B<sup>-/-</sup> mice compared to the wild type controls, only the male knockout animals developed mild fibrosis with haemosiderin deposits in the heart tissues (Souri et al., 2008). A more recent case report revealed the existence of a specific autoantibody against FXIII B, which caused severe bleeding, while no effect of this antibody on FXIII activation and its activity was found (Ajzner et al., 2009). This finding highlights the importance of FXIII in the coagulation process.

Nowadays, the FXIII A or FXIII B deficient animals have become a very sufficient tool in the study of the functions of these FXIII subunits and it is

## *Chapter 1 Introduction*

promising that in the near future the functions of FXIII A and B will be revealed by using this technique.

## **1.4 Keratinocyte transglutaminase**

Keratinocyte TG (TG1) is an 817-residue polypeptide (about 106kDa) and the largest member of the TG family (Kim et al., 1995b). Localized to chromosome 14 q11.2-13, it has been reported that the gene encoding TG1 is composed of 15 exons and 14 introns that have conserved position in comparison to the other TGs (Kim et al., 1992). At the tissue level, the localization of TG1 has been identified in the granular layer at the later stages of differentiation by immunohistological and immunochemical methods (Steinert et al., 1996; Thacher and Rice, 1985), while a specific antibody against the N-terminal of the active fragments of TG1 revealed its existence in suprabasal and spinous layers (Iizuka et al., 2003). Although majorly anchored in the inner plasma membrane by acylated fatty acid, a small fraction of TG1 (5-35%) is normally found in a soluble state in the cytosol (Kim et al., 1995a).

As a specific marker of epidermal differentiation, till now many aspects of the biochemical properties and substrate properties of TG1 have been well understood (Rice et al., 1992). The enzymatic activity of TG1 experiences different stages during keratinocytes differentiation. TG1 exists as a zymogen in the differentiating keratinocytes, while in the terminal differentiation, the proteolysis process results in the formation of a 10/33/67kDa complex of TG1 with a dramatic increase of specific activity (Kim et al., 1995a). The cross-linking function of TG1 plays an important role in the formation and stabilisation of the cellular and tissue structures. TG1 is responsible for the formation and structural stability of the 15nm highly cross-linked thick layer of insoluble protein on the intracellular surface of the plasma membrane. In the granular layer of the epidermis, TG1 catalyzes cross-links of proteins, such as keratins (Yaffe et al., 1992), involucrin (Simon and Green, 1988), cornifin (Marvin et al., 1992), loricrin (Hohl, 1993) and elafin (Simon et al., 1996), so that it can contribute to the formation and stabilisation of the cell envelope. It has been reported that TG1 knockout animals presented defective cell envelope formation and loss of loricrin immunoreactivity in their stratum corneum, which also indicated the irreplaceable role of TG1 in the formation of the cell envelope, even though there

## *Chapter 1 Introduction*

were other TGs, e.g. TG3, expressed in these animals (Matsuki et al., 1998). It has also been reported that intracellular TG1 is also present in the cytoplasm of spinous cells (Ta et al., 1990) and vascular endothelial cells (Baumgartner et al., 2004), suggesting that TG1 might also function in maintaining the intracellular stabilization of cells via its cross-linking activity. As an important protein in the formation of cell envelope, the expression of TG1 can be regulated by different proteins, including ROCK (Kotake-Nara et al., 2007), tazarotene-induced gene 3 (TIG3) (Eckert et al., 2009),  $\beta$ ig-h3 and TGF $\beta$ 1 (Oh et al., 2005), while other proteins, such as cathepsin D, are involved in regulating the enzymatic activity of this transglutaminase (Egberts et al., 2004).

The abnormalities shown in TG1 knockout mice, including degradation of nuclei, definitive cell envelope assembly, and impaired skin barrier function, suggest the importance of TG1 in development. The early neonatal death of the null mice (4-5 hours after birth) indicated that TG1 is also involved in the adaptation to the environment after birth (Matsuki et al., 1998). Yang and colleagues (2001) discovered 3 mutants of TG1 caused lamellar ichthyosis in two different families, which led to the misfolding of the catalytic core domain in TG1 and probably results in the reduced TG1 activity. Their work suggested that TG1 is crucial in the pathological progress in lamellar ichthyosis. In the vitamin A-deficient rats, TG1 activity and expression were significantly increased, leading to the existence of involucrin, loricrin and keratin 10 on the cornea epithelial cells. The above discovery suggests the role of TG1 in the abnormal keratinisation of the cornea (Toshino et al., 2005). A recent study also suggests that TG1 deficiency is the cause of bathing suit ichthyosis (Oji et al., 2006), while inappropriate TG1 expression might be involved in Stevens-Johnson syndrome (Nishida et al., 1999).

## **1.5 Epidermal transglutaminase**

Although characterised (Buxman and Wuepper, 1975) and purified (Buxman and Wuepper, 1976) in 1970s, the epidermal TG (TG3) is still the least understood member of TG family. The human gene for TG3 was localised to chromosome 14 (Polakowska et al., 1991). TG3 is a latent, intact proenzyme (77kDa) with low specific activity. After cleavage to two fragments of 47 and 30kDa by certain enzyme/s, the enzyme becomes activated via the non-covalent interaction of the two fragments (Kim et al., 1993). A recent study indicated that cathepsin L can cleave TG3 *in vitro* (Cheng et al., 2006). Like the other TGs, the binding of  $\text{Ca}^{2+}$  can increase the specific activity of TG3 around two fold (Kim et al., 1990; Kim et al., 1995a).

Until now the cellular and tissue distribution of TG3 has not been well-investigated, but the utilization of polyclonal antibodies indicated that TG3 could be detected in the epidermis in the later stage of differentiation (Lee et al., 1996) and the presence of TG3 in brain, small intestine, the testis and forestomach has been identified (Hitomi et al., 1999). By using a monoclonal antibody raised against the enzyme, Hitomi and colleagues (Hitomi et al., 2003) showed the cytoplasmic distribution of TG3 in the granular and cornified layer, and proposed a role for TG3 in the early phase of cornified cell envelope formation. During epidermal terminal differentiation, activated TG3 can crosslink cornified envelope (CE) proteins, including loricrin, small proline-rich proteins (SPRs) 1, 2, and 3, and trichohyalin, which are also known TG1 substrates (Candi et al., 1995; Steinert et al., 1998; Tarcsa et al., 1997) (Steinert and Marekov, 1995). Unlike TG1, to date no relevance for TG3 mutants in human diseases have been reported (Zocchi et al., 2007). Although pathological roles of TG3 in human diseases have not been completely demonstrated, a recent study indicated that the co-localisation of IgA and TG3 in the healthy skin of coeliac patients, suggesting that TG3 may play a central role in the pathogenesis of Dermatitis herpetiformis (DH) (Cannistraci et al., 2007). By studying autoantibodies against TG3 in serum samples from DH patients on a normal or gluten-free diet via ELISA, Rose and colleagues further confirmed the importance of TG3 in DH and

## *Chapter 1 Introduction*

suggested that anti-TG3 antibodies can serve as a sensitive serological marker for this disease (Rose et al., 2009).

## **1.6 Prostate transglutaminase**

Previously named dorsal protein 1, prostate transglutaminase (TG4) has been shown to be a 150kDa dimeric protein (62kDa on SDS-polyacrylamide gels) (Wilson and French, 1980). Human TG4 gene (TGM4) is localized to chromosome 3 p21.33-p22, and the polymerase chain reaction (PCR) technique revealed that TGM4 (approximately 35kb of genomic DNA) consists of 13 exons and 12 introns to encode 684 amino acid TG4 protein (Dubbink et al., 1998; Gentile et al., 1995). Although still unknown at the molecular level, the expression of TG4 by the luminal prostatic epithelial cells in coagulating gland and dorsal prostate is strictly regulated by androgens (Dubbink et al., 1996; Steinhoff et al., 1994; Dubbink et al., 1999). A recent study indicated that the positions between -113 and -61 of TGM4 promoter might be essential in TG4 expression (Dubbink et al., 1999).

Like other TGs, TG4 demonstrates both transamidating and GTPase activities (Spina et al., 1999). By analysing different TG4 mutants, Mariniello and colleagues (2003) demonstrated that TG4 requires its N-terminal end for its catalytic activity, and this domain of TG4 is thought crucial for its interaction with GTP. The crosslinking activity of TG4 secreted into the seminal fluid has been shown to participate in the formation of the copulatory plug in the vagina after coitus (Williams-Ashman, 1984). It has been reported that the polymeric form of TG4 can bind to the epididymal sperm cells and mask their immunogenicity, so that the sperm cells can escape the immune response in the female genital tract (Mukherjee et al., 1983; Paonessa et al., 1984; Porta et al., 1986). As a prostate-specific protein, the relevance between TG4 and prostatic tumours has been studied. Interestingly, there was found to be a down-regulation of human TG4 in most metastatic prostatic cancers, while in prostate tumours with low-metastatic potential TG4 was up-regulated, which indicated that TG4 might be a marker for the invasive potential of prostate cancer cells (Davies et al., 2007; Dubbink et al., 1996). The potential relationship between TG4 and prostate cancer still requires further investigation. However by using prostate cancer cells expressing different level of TG4, recent work suggested that over-expression of



## *Chapter 1 Introduction*

TG4 increased the interaction between prostate cancer cells and endothelial cells, which was inhibited by knocking down TG4 via siRNA treatment (Jiang et al., 2009).

## **1.7 Erythrocyte band 4.2**

Human erythrocyte band 4.2 (also known as protein 4.2 and pallidin) is a peripheral membrane protein, which is N-terminally myristoylated and palmitoylated. It has been reported that the erythrocyte protein 4.2 gene *EPB42* is located in bands q15 to q21 of human chromosome 15 (Sung, *et al.*, 1992), which contains 13 exons (20kb) (Cohen *et al.*, 1991; Sung *et al.*, 1992). There are two isoforms of protein 4.2: a protein of 721 amino acids with a molecular weight of 74kDa encoded by the long isoform cDNA (P4.2L) and a protein of 691 amino acids with a molecule weight of 72kDa encoded by the short isoform cDNA (Sung, *et al.*, 1992). Protein 4.2 is a major constituent of the red blood cells (RBCs) membrane skeletal network and comprises approximately 5% of the total membrane protein, which means it is present in about 200,000 copies per RBC (Cohen *et al.*, 1993).

As a member of transglutaminase family, protein 4.2 is the only catalytically inactive one (Aeschlimann and Paulsson, 1994). The exact role of protein 4.2 in RBC has not been elucidated yet, but the binding of protein 4.2 to the cytoplasmic domain of band 3 (Bhattacharyya *et al.*, 1999) and its interacting with spectrin (Colan *et al.* 1996) and ankyrin (Korsgren *et al.*, 1988) suggest its function in stabilizing linkages between the cytoskeleton and the overlying membrane. Meanwhile the presence of band 3 is also crucial for the stable of protein 4.2 incorporation of protein 4.2 into the RBC membrane. It has been shown that RBCs deficient in band 3 in human (Ribeiro *et al.*, 2000), mouse (Peters *et al.*, 1996) and cow (Inaba *et al.*, 1996) are completely deficient in protein 4.2. Recently, protein 4.2 has been shown to interact with CD47, which probably contributes to the anchoring of the Rh complex to the RBC skeleton (Mouro-Chanteloup *et al.*, 2003). The interaction of band 4.2 with other RBC proteins highlights the importance of protein 4.2 in maintaining the integrity, stability and flexibility of RBCs. Hereditary deficiency in protein 4.2 results in erythrocytes fragility (Cohen *et al.*, 1993). To date, 9 kinds of protein 4.2 mutations have been found associated with hereditary spherocytosis (HS).

## **1.8 Transglutaminases X, Y, and Z**

With the further research in TG family, three different types of transglutaminase were discovered, namely transglutaminase X (TG5), transglutaminase Y (TG6), and transglutaminase Z (TG7). Even though the physiological functions of above three TGs have not been well defined, genomic research has revealed the structure and location of their genes (Aeschlimann et al., 1998; Grenard et al., 2001).

The gene encoding human TG5 (TGM5) is localized in the q15.2 region of chromosome 15, composed of 13 exons and 12 introns (about 35 kb) (Grenard *et al.*, 2001). The enzyme consists of 720 amino acid residues with the molecular weight of approximately 81kDa. Now two isoforms of TG5 have been discovered: a long 720 amino acid form, which contains an insert in the N-terminal region, and a short 638 amino acid form. TG5 is almost ubiquitously expressed (Grenard et al. 2001) and, in particular, is widely expressed in the epidermis (Candi et al. 2002). As a dual-functional enzyme, TG5 exerts both transamidating and GTPase activities. Like TG2 and TG3, the activity of TG5 is inhibited by GTP, and  $\text{Ca}^{2+}$  is capable of completely reversing this inhibition (Candi, et. al. 2004). Other studies doing in situ measurement demonstrated that TG5 can be activated by phorbol acetate (Rufini et al., 2004). TG5 has been found in keratinocytes of early-staged differentiation and showed high crosslinking activity toward some epidermal proteins, including loricrin, involucrin, and SPR3 (Candi et al., 2001). Recent studies demonstrated that TG5 might be involved in different pathological processes and relevant diseases. Two types of TG5 mutants, T109M and G113C, were discovered in unrelated peeling skin syndrome (PSS) patient families, respectively. Even though no pathological effect of T109M was discovered, G113C, in a position near the catalytic domain of TG5, showed no crosslinking activity. The role of TG5 in mediating the structure of epidermis through its crosslinking activity was also suggested (Gassidy et al., 2005). In Darier's disease, two extreme situations of TG5 expression over-expression or absence, was discovered in different areas of the same lesion (Candi, et al., 2002).

## *Chapter 1 Introduction*

A recent study introduced two types of TG members, TG6 and TG7, located at mouse chromosome 20 q11. By using PCR, Grenard and colleagues revealed TGZ is a protein of 710aa (80kDa) (Grenard et al. 2001). Even though the physiological functions of these TGs still remain unknown, interestingly one recent work by Stammaes and colleagues (2010) demonstrated the role of TG6, as a target of gluten ataxia (GA) autoantibody, in mediating the autoimmune response in celiac disease (CD).

## **1.9 Tissue transglutaminase**

In contrast to the other members of the transglutaminase family, tissue transglutaminase (tTG, TG2, or type II transglutaminase) is a multifunctional enzyme involved in a number of disparate biological processes. Although mainly a cytosol protein, TG2 can also be localized in the plasma membrane, nucleus and nuclear membrane and the mitochondria. Unlike the majority of other secretory proteins, TG2 lacks the hydrophobic leader sequences and cannot be secreted by the classical ER/Golgi-dependent mechanism, but the presence of the enzyme has been detected in cell membrane fractions (Griffin et al., 1978b) and in the ECM (Verderio et al., 1998a). A novel function for TG2 present in the ECM forms the subject of this thesis.

### **1.9.1 Structure of tissue transglutaminase**

The cDNA sequence study shows that the TG2 molecule is a monomeric protein of 685-691 amino acids with a molecular weight of 75-85kDa. The three-dimensional structure of TG2 has been modelled on that of factor XIIIa and has been predicted to consist of 4 main domains, namely the N-terminal  $\beta$ -sandwich (residues 1-138),  $\alpha/\beta$  catalytic core (residues 139-471), and two C-terminal  $\beta$ -barrel domains (residues 472-584 and 585-686, respectively) (Chen and Mehta, 1999b) (modified in this work, Figure 1.1). Although with 17 cysteine residues and six potential N-linked glycosylation sites, TG2 molecule contains neither disulfide bonds nor glycosylated structures (Ikura et al., 1988a). It has been reported that the protein undergoes a series of post-translational processes, including the removal of its initiator methionine and N-acetylation of the adjacent alanine residue. Even though the transamidation activity of the enzyme is not affected by the acetylation at the N-terminal of guinea pig TG2, this modification may be involved in the protein's secretion (Muesch et al., 1990).

In the N-terminus of the TG2 molecule, there is a fibronectin binding site mediating the interaction between TG2 and FN with high affinity, which has been reported to be involved in regulating cell adhesion (Akimov et al., 2000b),



**Figure 1.1 Schematic structure and functional domains of TG2.**

A) Backbone structure of TG2 (the picture was produced with Rasmol). Domains I-IV are coloured respectively in magenta, orange, blue and green; the regulatory loop between domain II and III is coloured red. The colours yellow, black and light grey represent the amino acids involved in the active site (Cys277, His335 and Asp358), in Ca<sup>2+</sup> binding (Ser449, Pro446, Glu451 and Glu452) and in interaction with GTP (Ser171, Lys173, Arg478, Val479 and Arg580), respectively. (B) Space-filling presentation of TG2 structure in the absence of ligands. (C) The proposed structural and functional domains of TG2. N-terminal amino acid residue 1-7 and the amino acids 88-106: required for TG2's interaction with FN; Try241: essential for TG2 cross-linking activity; Cys277 (Cysteine), H335 (Histidine) & D358 (Aspartic Acid): conserved among all enzymatically active members of the TG family; Cys277: crucial for the formation of the thioester bond and secretion of TG2 into the ECM (Chen and Mehta, 1999).

**Figure 1.1**

## Chapter 1 Introduction

matrix assembly (Telci and Griffin, 2006) and TG2 externalization (Balklava et al., 2002). The truncation of in the N-terminal of TG2 molecule led to the loss of almost all the ability for its binding to FN, which suggested the importance of the N-terminal sequence in the interaction between TG2 and FN (Gaudry et al., 1999a). Another FN binding site, localized at amino acids 80-106 within the  $\beta$ -sandwich domain of this enzyme, was suggested as the FN binding sites by Belkin and colleagues (Hang et al., 2005). By using a synthetic peptide sequence matching these residues, the interaction between TG2 and FN was significantly inhibited, and the peptide inhibited cell adhesion process on FN mediated by TG2, suggesting this domain is a novel FN binding site in TG2. It has also been reported that the  $\beta$ -sandwich domain is crucial to the transamidating activity of TG2 (Iismaa et al., 1997). The  $\alpha/\beta$  catalytic domain is involved in the GTPase/ATPase activity of TG2. As a  $\text{Ca}^{2+}$ -dependent enzyme, the transamidating activity of TG2 is regulated by the binding of the enzyme molecule with  $\text{Ca}^{2+}$  through the  $\text{Ca}^{2+}$ -binding site within the 430-453 amino acids of the core domain (Ikura et al., 1988b). By using mutagenesis of TG2, most recent report demonstrated that there are 5 other possible  $\text{Ca}^{2+}$  binding sites (around amino acids 228, 395, 305, 149 and 432), the mutations of which led to the decreased transglutaminase activity of TG2 (Kiraly et al., 2009). It has been demonstrated that the GTP-binding site is localised to a 15-residue segment spanning between amino acids 159-173 in the core domain of TG2 and Trp<sup>332</sup> is also relevant in the regulation by GTP (Murthy et al., 2002). Recently it was reported that Arg<sup>580</sup> in human TG2 and Arg<sup>579</sup> in rat TG2 is important in the binding ability of TG2 with GTP. The mutants of these two sites also showed increased *in situ* TG activity compared to the wild type enzymes (Ruan et al., 2008). Within the catalytic domain of TG2, the Tyr<sup>241</sup> is essential for activity of TG2, while the Cys<sup>277</sup> forms the thioester bond involved in transamidation (Chen and Mehta, 1999a). Close to the C-terminal of the TG2 molecule, eighteen- amino acid residues, Val<sup>655</sup>-Lys<sup>672</sup>, are crucial for the protein to recognize and activate phospholipase C (PLC), which is important in transmitting the  $\alpha$ 1B- adrenoceptor (AR) signal (Feng et al., 1999).

### 1.9.2 Regulation of expression

## Chapter 1 Introduction

The human TG2 gene (TGM2) has been mapped on chromosome 20q11-12 and is 32.5kb (Gentile et al., 1994). TGM2 is composed of 13 exons separated by 12 introns. Evidence indicates that the expression of TGM2 can be regulated by cytokines and hormones.

Retinoic acid (RA) treatment can induce TG2 expression both at the mRNA and at the protein level *in vitro* and *in vivo* (Defacque et al., 1995; Verma et al., 1992). It has been reported that the TGM2 gene contains regulatory elements for several transcriptional factors, including two tandem retinoid-responsive elements (RREs), which bind the retinoid receptors RAR and RXR. RA promotes the expression of TG2 via its interaction with its receptors to promote the formation of RAR/RXR heterodimers or RXR/RXR homodimers, which triggers the activation of the transcription of TGM2 (Glass, 1994; Mehta et al., 1996). It has been reported that TG2 expression can be regulated by some cytokines including transforming growth factor  $\beta$ 1 (TGF $\beta$ 1), interleukins (e.g., IL-1), and morphogenic protein 4. TGF $\beta$ 1 can increase the expression of cell surface TG2, which results in the enhanced cell adhesion (Priglinger et al., 2004). On the other hand, TG2 can activate the matrix bound TGF $\beta$  via cross-linking of the Large Latent TGF $\beta$ -binding protein-1 (LTBP-1). The activation of macrophages, the main “producer” of TGF $\beta$ , is characterized by increased TG2 levels, which is related to its phagocytotic capacity and its ability to secrete and activate TGF $\beta$ 1 (Griffin et al., 2002b; Telci and Griffin, 2006). These results indicate there might be a positive feedback loop between TG2 and TGF $\beta$ 1 production by cells. Another inflammatory cytokine TNF $\alpha$  can increase the TG2 expression by liver cells through the NF- $\kappa$ B (nuclear factor kappa-light-chain-enhancer of activated B cells)-dependent mechanism, which could be important in the progress of liver fibrosis (Kuncio et al., 1998). Some results also suggest that DNA methylation, together with alterations in the chromatin structure, may play a role in regulating TG2 production (Lu and Davies, 1997; Grunstein, 1997). Blocking endogenous polyamine synthesis with  $\alpha$ -difluoromethylornithine (DFMO) decreased TG2 in rat small intestinal crypt (IEC-6) cells, but led to the increase of TG2 in human colon carcinoma (Caco-2) cells, in both transamidating activity and mRNA level



## Chapter 1 Introduction

(McCormack et al., 1994; Wang et al., 1998). These data indicated that as a widely-expressed protein, the expression of TG2 is also cell and tissue type-dependent.

### 1.9.3 Regulation of activity

Accumulating research focusing on the regulation of TG2 activity suggests that, as a multifunctional enzyme, TG2 can catalyse both  $\text{Ca}^{2+}$ -dependent transglutaminase activity (transamidation) and  $\text{Ca}^{2+}$ -independent Guanosine-5'-triphosphate (GTP) and Adenosine-5'-triphosphate (ATP) hydrolysis regulated by magnesium (Lee et al., 1989), meanwhile it also can function as a protein disulphide isomerase (PDI) (Hasegawa et al., 2003) and a kinase (Mishra and Murphy, 2004).

In the intracellular environment, recent reports demonstrate that the activity of TG2 can be modulated both by  $\text{Ca}^{2+}$  and GTP/GDP levels. A large increase in the intracellular  $\text{Ca}^{2+}$  can lead to an enhanced transglutaminase activity of TG2 resulting in the crosslinking of a variety of proteins, including signalling molecules, enzymes and the cytoskeleton (Griffin et al., 2002b; Verderio et al., 2004). Unlike other members of the transglutaminase family, TG2 is capable of both binding and hydrolyzing GTP (as a Guanosine-5'-triphosphatase (GTPase)) (Lorand and Graham, 2003). Due to the presence of high concentrations of GTP and low levels of  $\text{Ca}^{2+}$  intracellularly, it is now generally believed that intracellular TG2 mainly functions as GTPase instead of a Tgase (Ruan et al., 2008; Smethurst and Griffin, 1996b). The regulatory effect of GTP on TG2 activity has been very well demonstrated from *in vitro* studies. The binding of GTP to TG2 leads to changes in the conformation of the TG2 molecule and results in its low affinity for  $\text{Ca}^{2+}$  (Kiraly et al., 2009; Ruan et al., 2008; Smethurst and Griffin, 1996a). Meanwhile the ability to bind and hydrolyze GTP links intracellular TG2 to a major signalling pathway, in which TG2 functions as a signal transduction GTP-binding protein,  $\text{G}\alpha_{\text{h}}$ . In this pathway, TG2 transmits outside signals from the membrane (e.g.  $\alpha 1\text{B}$  and  $\alpha 1\text{D}$  adrenoceptor) to

## Chapter 1 Introduction

downstream cytoplasmic targets such as phospholipase C $\delta$  (PLC $\delta$ ) to regulate cellular behaviour, e.g. cell migration (Murthy et al., 1999); (Feng et al., 1999; Kang et al., 2004)). It was demonstrated that, as a complex with TG2, PLC  $\delta$ 1 remain inactive, while the binding of TG2 to GTP can release PLC from the complex and activate this protein (Murthy et al., 1999). Recent *in vivo* study further supports the regulatory effect of GTP on TG2 activity by demonstrating that in human SY5Y neuroblastoma cells, the depletion of intracellular GTP leads to increased *in situ* transaminating activity of TG2 (Zhang et al., 1998). Magnesium ions are also essential for the hydrolysis of both GTP and ATP (Lee et al., 1993). Mg<sup>2+</sup>-ATP induces a conformational change in TG2 that inhibits GTPase but does not interfere with the cross-linking activity, while Mg<sup>2+</sup>-GTP binding induces a different conformation that inhibits cross-linking activity without affecting the ATPase activity of TG2 (Lai et al., 1998). There are also some reports suggesting that nitric oxide (NO) is a potent inhibitor of TG2 activity, through a Ca<sup>2+</sup>-sensitive nitrosylation of multiple cysteine residues (Lai et al., 2001; Telci et al., 2009).

To sum up these findings the binding of GTP or Ca<sup>2+</sup> cause opposite conformational changes in the TG2 molecule and inhibit, respectively, the transamidation or GTPase functions of TG2. Meanwhile, other molecules, e.g. Mg<sup>2+</sup> and NO, are also involved in regulating the TG2 activity.

Recent studies proposed a novel function for TG2 as PDI, which can convert the completely reduced/ denatured inactive RNase, a molecule to the native active enzyme. Unlike the other enzymatic activities of TG2, the PDI activity depends neither on the Ca<sup>2+</sup> nor on the binding of GTP (Hasegawa et al., 2003). A most recent reported demonstrated that the PDI activity of TG2 is important in maintaining the correct assembly of mitochondrial ADP/ATP transporter adenine nucleotide translocator 1 (ANT1) and its potential involvement in mitochondria-related apoptosis (Malorni et al., 2009). Mishra and Murphy also discovered an intrinsic kinase activity for TG2 (Mishra and Murphy, 2004). TG2 present in human breast cancer cell membranes can phosphorylate the insulin-like growth factor-binding protein-3 (IGFBP-3) and enhance its binding affinity to IGF-I to

## *Chapter 1 Introduction*

modulate the pro-apoptotic anti-proliferation effect of IGFBP-3 in cancer cells. This IGFBP-3 kinase activity of TG2 can be inhibited by an increase in  $\text{Ca}^{2+}$  concentration.

### **1.9.4 Localisation and cellular distribution of TG2**

Unlike the majority of other secretory proteins, TG2 lacks the hydrophobic leader sequences and it cannot be secreted by the classical endoplasmic reticulum/Golgi-dependent mechanism, but the presence of the enzyme has been detected in cell membrane fractions (Griffin et al., 1978c) and in the extracellular matrix (Verderio et al., 1998b); (Stephens et al., 2004). Although predominantly a cytosolic protein (80%), TG2 can translocate to the nucleus with the help of importin- $\alpha$ -3 protein or to the membranes in association with integrins (Akimov and Belkin, 2001a; Isobe et al., 1999; Mehta et al., 2006a; Takahashi et al., 2000). In addition, a current study showed TG2 is localised at the outer mitochondrial membrane, which has been suggested to be crucial in maintaining mitochondria function by regulating the ANT1 activity (Malorni et al., 2009).

### **1.9.5 Physiological functions of TG2**

As a multi-functional protein and a widely -expressed member of the TG family, and despite attempts to demonstrate a defined role for TG2, the precise physiological functions of TG2 still remain a puzzle to researchers. Accumulating evidence demonstrates that TG2 is involved in various biological and physiological processes, including matrix stabilization (Aeschlimann et al., 1995; Aeschlimann and Thomazy, 2000; Collighan and Griffin, 2009; Verderio et al., 1998b), cell growth and differentiation (Gentile et al., 1992), programmed cell death and necrosis (Fesus et al., 1987) (Nicholas et al., 2003),  $\text{Ca}^{2+}$  mediated stimulus secretion coupling (e.g. insulin secretion) (Bungay et al., 1986; Sener et al., 1985), receptor mediated endocytosis/ phagocytosis (Schroff et al., 1981), cell adhesion and migration (Akimov and Belkin, 2001b; Akimov et al., 2000a; Balklava et al., 2002; Verderio et al., 2004; Verderio et al., 2003; Zemskov et al., 2006).

### **1.9.5.1 Importance of TG2 in cell growth and differentiation**

The involvement of TG2 in cell differentiation and proliferation was initially reported in the 1970s by Birckbichler and colleagues, based on the finding that cells with lower TG2 activity proliferated more rapidly than those with higher enzymatic activity (Birckbichler and Patterson, 1978). By using cystamine to inhibit the transglutaminase in WI-38 human lung fibroblasts, these authors demonstrated that with the decreased intracellular  $\epsilon$ -( $\gamma$ -glutamyl) lysine, some proliferation markers were enhanced, which could not be achieved by using other amines such as methylamine and histamine (Birckbichler et al., 1981). More focused serious work from Griffin and co-worker demonstrated the role of TG2 in regulating cell proliferation by using the highly metastatic hamster fibrosarcoma cell line MetB. Flow cytometry revealed an over-lap between the high TG2 activity and the high apoptotic cell cycle phase at mid-S-phase, while the quantity of the enzyme remained unchanged in the other phases of the cell cycle (el Alaoui et al., 1992). Further investigations were performed to study the activity of TG2 in the progression of the cell cycle. Both wild type and C277S mutant cDNA (in which the transamidation function was multigenized but the enzyme still showed GTPase activity) were transfected into the MetB cells, and a delayed progression from S phase to G2/M was discovered via flow cytometry, which indicated that the regulation of TG2 in cell progression is not dependent on its transamidating activity (Mian et al., 1995). Meanwhile the role of TG2 in modifying fibronectin (FN) was also suggested to be involved in cell progression control, since it was reported that FN with various 3-D structures affected the rate of G0/G1 to S phase progression (Sechler and Schwarzbauer, 1998).

The role of TG2 in cell differentiation has been well documented. Via immunofluorescence staining and transamidation assays, the presence of TG2 was studied in different immune cells with various differentiation stages. In induced macrophages more TG2 signal was detected compared to normal peritoneal washout macrophages, suggesting TG2 as a new marker for macrophages in certain differentiation stages (Schroff et al., 1981). In MC3T3-E1 osteoblasts, the role of active TG2 in cell differentiation was reported based on the fact that the

## *Chapter 1 Introduction*

inhibition of TG2 activity resulted in the arrested stage of osteoblasts differentiation, while the transamidating activity of TG2 in moderating the FN-collagen matrices network formation was also suggested to involve the above process and lead to matrix mineralization (Al-Jallad et al., 2006). By using tissue-engineered human skin, the inhibition of TG2 by site directed-transglutaminase inhibitors, NTU283 and NTU285, was reported to block the differentiation of keratinocytes and led to the hyperproliferation in the epidermis (Harrison et al., 2007). Unlike its role in cell differentiation, the GTP-bound form of TG2, but not its transamidating activity, was suggested as a molecular switch in leading the maturation of chondrocytes to hypertrophy (Johnson and Terkeltaub, 2005). The above function of TG2 in chondrocyte maturation was also reported in a study about guinea pig osteoarthritis (OA) by Huebner and colleagues (Huebner et al., 2009). In their work, the role of this protein in regulating the maturation of chondrocytes to hepertrophy suggested TG2 as a biomarker in evaluating the progression levels of OA.

### **1.9.5.2 TG2 in Ca<sup>2+</sup>-mediated stimulus secretion coupling**

The involvement of TG2 in Ca<sup>2+</sup> mediated insulin secretion was first raised in 1984 by Griffin and colleagues, who discovered that incubation of rat islets with TG2 competitive substrates can inhibit the glucose-stimulated insulin release (Bungay et al., 1984). The role of TG2 in this process was further supported by the fact that monodansylcadaverine, a TG2 competitive amine substrate that can inhibit crosslinking, can decrease the glucose-stimulated insulin secretion significantly (Bungay et al., 1986; Sener et al., 1985). TG2 <sup>-/-</sup> mice showed decreased glucose tolerance after intraperitoneal glucose loading and a tendency of hypoglycemia induced by the increase of the phosphorylation of insulin receptor substrate 2 (IRS-2) (Bernassola et al., 2002). They also reported that the presence of one of TG2 mutants— N333S, in Italian subjects with the clinical features of maturity-onset diabetes of the young (MODY) (Bernassola et al., 2002). A recent study reported the presence of TG2 mutants located close to the transamidation catalytic site of TG2, including M330, I331 and N333, which may be involved in early-onset type 2 diabetes (Porzio et al., 2007).

### **1.9.5.3 TG2 and receptor mediated endocytosis**

Based on the finding that receptor-mediated endocytosis of  $\alpha$ 2-macroglobulin can be inhibited by TG competitive primary amine substrates, the involvement of TG2 in endocytosis was first demonstrated. It was suggested that TG2 exerted its function by stabilising the membrane for the receptor aggregation or cross-linking the ligand with its receptor (Davies et al., 1980). The role of TG2 in endocytosis was also studied in antigen presenting cells (APC) by using similar monoamines competitive substrates. High TG2 activity was found in lymphocyte accessory cells, peritoneal exudate and spleen adherent cells, meanwhile the TG2 competitive primary amine substrate monodansylcadaverine inhibited the receptor-dependent endocytosis of immune complexes at 100 $\mu$ M, significantly less than the inhibiting effect of methylamine (over 20mM) (Teshigawara et al., 1985). Clear proof of increased TG2 activity and enhanced phagocytosis in macrophages was demonstrated (Murtaugh et al., 1983). In vivo study in TG2  $-/-$  mice indicated that the absence of TG2 led to the prevention of active TGF $\beta$ 1 production by macrophages exposed to apoptotic cells, which in turn caused the inefficient phagocytosis of apoptotic cells (Szondy et al., 2003) (Boisvert et al., 2006).

### **1.9.5.4 Tissue transglutaminase and cell death**

The involvement of TG2 in cell death, including apoptosis and necrosis, has been widely studied. Apoptosis means ‘dropping off’ in Greek, which was first proposed by Kerr and Searle after discovering a type of cell death that happened in individual liver cells after severe-weak portal vein branch ligation in 1970s (Kerr, 1965; Kerr and Searle, 1972) (Kohn et al., 1987). Apoptosis has been reported important in determining cell termination (removing of damaged cells), maintaining normal tissue homeostasis by balancing cell mitosis, tissue development and lymphocyte-mediated immune response (Gerschenson and Rotello, 1992; Thompson, 1995; Werlen et al., 2003). The role of TG2 in apoptosis varies depending on the activation of its enzymatic activity, GTP binding, or the presence of intracellular Ca<sup>2+</sup>, GTP or polyamines (Melino and

## Chapter 1 Introduction

Piacentini, 1998). TG2 can prevent the occurrence of inflammation by promoting the irreversible formation of polymers of intracellular proteins, including actin, annexin, fibronectin, vinculin, retinoblastoma protein, and troponin (Ballestar et al., 1996; Gorza et al., 1997; Nemes et al., 1997; Oliverio et al., 1997), in the dying cells via its cross-linking activity. This effect limits the release of the intracellular proteins and protects the cells from autophagy until they are cleared by immune cells (Piredda et al., 1997). This enzymatic activity of TG2 suggests its role as a downstream effector in cell apoptosis, while recent research demonstrated an opposite effect of TG2 cross-linking activity. In thapsigargin-treated HCT116 colon cancer cells, TG2 can promote the formation of two species of caspase 3, p40 and p64, via its cross-linking activity, thereby TG2 blocked the activation of Bax-dependent pathway mediated by caspase to protect the cells from THG-induced apoptosis (Yamaguchi and Wang, 2006). Antonyak and colleagues indicated that GTP-bound TG2, as an intracellular signalling molecule, can protect cells from the synthetic retinoid *N*-(hydroxyphenyl) retinamide (HPR)-induced apoptosis via activating intracellular Ras-ERK pathway in fibroblasts (Antonyak et al., 2001) (Antonyak et al., 2003). In epithelial ovarian cancer cells, TG2 can protect the cells from cisplatin-induced apoptosis by activating the NF- $\kappa$ B survival pathway (Cao et al., 2008). It has also been shown that in fibroblasts and osteoblasts, matrix TG2 can rescue cells from RGD-induced apoptosis, named anoikis (Verderio et al., 2003).

In contrast to apoptosis, necrosis is a fatal process under external stimuli including infection, inflammation, injury, and cancer. Griffin and colleagues demonstrated that TG2 can stabilize intracellular proteins by mediating the formation of the cross-linked proteinaceous shells to block the release of the DNA and in turn preventing the cells from the classical apoptotic pathway mediated by Bcl2, Ca<sup>2+</sup>-activated and other cellular proteases and caspase 3. Their data indicated the protecting role of TG2 on necrosis after the loss of Ca<sup>2+</sup> homeostasis (Johnson et al., 1998; Nicholas et al., 2003). By detecting TG2 in both hepatitis C virus (HCV)-infected patients and carbon tetrachloride (CCl<sub>4</sub>)-induced liver injury mice, Nardacci *et al.* (Nardacci et al., 2003) discovered increased level of TG2 in the early stage of liver injury mostly localized in

## *Chapter 1 Introduction*

hepatocytes facing periprotal infiltrate, while in the stage of prominent ECM deposition, TG2 was predominantly present in the ECM. This strict presence of TG2 during different stages of liver damage indicated the protective role of TG2 in maintaining liver architecture against the inflammatory stimuli.

The opposite effects of TG2 on determining cell fate, protecting or inducing, apoptosis or necrosis, may be cell type- and stimuli-dependent, and also can be regulated by the intracellular concentration of  $\text{Ca}^{2+}$  and GTP, as well as the localization of the protein (Fesus and Szondy, 2005).

### **1.9.6 TG2 and human diseases**

During the recent decades, the potential role of TG2 in the development of human diseases has become the major interest of scientists. The contribution of its cross-linking activity, GTPase activity and its non-enzymatic function as a signalling protein has been reported in different pathological processes, such as celiac disease, neurodegenerative diseases, fibrosis and cancer in humans.

#### **1.9.6.1 TG2 in Celiac Disease**

Celiac disease (CD) is a chronic autoimmune disorder caused by a dysregulated T cell mucosal immune response to gluten from wheat or similar structural cereals such as rye and barley, which is relevant to the genes that encode HLA-II antigens, including HLA-DQ2 and DQ8 (Sollid, 2000). The pathological study of CD suggested that the specific immunogenic peptides within the gluten protein can survive from the digestion of gastric and pancreatic enzymes and can activate specific  $\text{CD4}^+$  T-cell line to trigger the CD (Shan et al., 2002). Once activated by  $\text{CD4}^+$  T-cell, type I helper T cells can produce cytokines (e.g. interferon- $\gamma$  (IFN- $\gamma$ )), leading to the subsequent immune and inflammatory responses and the intestinal lesion, meanwhile the clonal expansion of B cells results in the production of antibodies (Rodrigo, 2006). In serum sample of CD patients, specific antibodies against gliadin, endomysium, reticulin, jejunal can be detected. The high level of specific anti-TG2 serum antibody found in celiac



## *Chapter 1 Introduction*

patients exposed to gluten suggested the involvement of the enzyme in this disease (Sollid and Scott, 1998). Apart from the anti-TG2 antibody, other evidence suggests the potential role of TG2 in CD: (1) there is higher expression of TG2 in CD patients; (2) the increased TG2 in CD patients is localized to the small intestinal mucosa and in the extracellular matrix, while in normal subjects, TG2 can be found in all layers of the small intestinal wall; (3) the enzymatic activity of TG2 in intestinal mucosa is increased in CD patients compared to controls (Caputo et al., 2004).

It has been well accepted that TG2 acts as a master regulator of CD. TG2 can regulate the progress of CD in several ways. It has been proven that the specific glutamine residues with gluten is an ideal substrate of TG2, and the deamination reaction mediated by TG2 is crucial for HLA-DQ2 binding and subsequent T cell activation (Schuppan and Hahn, 2002). Meanwhile the formation of gliadin-TG2 complexes supports the production of anti-TG2 antibody which can in turn modify the activity of the enzyme and some enzymatic-independent functions of protein on the cell surface (Caputo et al., 2004; Molberg et al., 2000). Other studies indicate that TG2 can activate TGF $\beta$ 1 by promoting its maturation so that TGF $\beta$ 1 can increase the activation of mucosal Th1 cells and the differentiation of intestinal epithelium (Hansson et al., 2002). Moreover, the role of TG2 in regulating the humoral response may also contribute to the T cell response in CD patients' small intestine (Molberg et al., 1998). In addition to being a sensitive marker of CD in diagnosis, the potential application of TG2 in CD therapy has also been suggested, via the endocytosis of digestive-resistant oral vaccination with immunogenic peptide mediated by the protein. Meanwhile the T cell immune response to the gluten peptide could be inhibited by blocking the enzymatic activity of the enzyme (Reif and Lerner, 2004).

### **1.9.6.2 TG2 in neurodegenerative diseases**

The physiological and pathological functions of TG2 in the neuronal system have been widely studied. It has been reported that TG2 is involved in the development, regeneration and functioning of neurons. Transient increases of

## *Chapter 1 Introduction*

TG2 activity have been found in rat superior cervical ganglia after nerve injury and in the vagus nerve after crush injury (Ando et al., 1993; Tetzlaff et al., 1988). The increase of TG2 activity has been reported during development (Perry and Haynes, 1993). By introducing wild type TG2 into neuroblastoma cells, Lesort and colleagues (2000) discovered the formation of extensive neurites, but not in the cells transfected with inactive TG2. Midkine, an in vitro TG2 substrate, can be cross-linked by this enzyme to form a stable dimer, which is important in improving the neurite out-growth and neuronal survival (Iwasaki et al., 1997; Kojima et al., 1997; Mahoney et al., 1996). TG2 can also support regeneration of injured rat optic axons by stabilizing the dimers of interleukin-2 via its cross-linking activity (Eitan et al., 1994). The direct interaction of core histone 2B and TG2 was found in apoptotic SK-N-BE cells (Piredda et al., 1999). The above studies suggest the importance of TG2 in mediating neurite outgrowth and neuron survival and apoptosis.

Based on its importance in neuronal development, regeneration, cell survival and apoptosis, the role of TG2 in different neurodegenerative diseases has been further demonstrated. Alzheimer's disease is one of the most common age-related neurodegenerative diseases, caused by selective damage of brain regions and neural circuits, which can lead to impaired memory, thinking and amygdala (Kim et al., 2002). Selkoe and colleague (Selkoe et al., 1982) first suggested the involvement of TG2 in the pathology of Alzheimer's disease and accumulating evidence further proved its important role in the pathological progression of this disease due to its biochemical properties (Selkoe et al., 1982). Amyloid  $\beta$ -protein ( $A\beta$ ), is an element of Alzheimer's disease, can disrupt the calcium homeostasis in cultured neurons, which can activate the cross-linking activity of intracellular TG2 and might in turn promote the formation of  $A\beta$  dimers, trimers and tetramers and high-order oligomers. These oligomers of  $A\beta$  resemble those presented in Alzheimer's disease brain samples (Mattson et al., 1992); (Dudek and Johnson, 1993; Ho et al., 1994). Oxidative stress and free radical production may also contribute the pathological damage of Alzheimer's disease by promoting the oxidation of proteins, which are ideal substrates of TG2 (Groenen et al., 1993; Mattson, 1995). On the other hand, some regulators in TG2

## Chapter 1 Introduction

expression, including NF- $\kappa$ B, TNF- $\alpha$ , interleukin-6, have been reported to be up-regulated in Alzheimer's disease brain (Mirza et al., 1997). Tau, a microtubule-associated protein- a component of neurofibrillary tangles, has been shown to be an excellent substrate of TG2 (Dudek and Johnson, 1993), and the co-localization of these two proteins was found in the neurofibrillary tangles of Alzheimer's disease's brain (Appelt et al., 1996). Apart from its cross-linking activity, the involvement of TG2 in apoptosis was also suggested to contribute to the pathological progression of Alzheimer's disease (Lesort et al., 2000).

Huntington's disease is another neurodegenerative disease that has been reported to be relevant to TG2. Huntington's disease is a progressive neurodegenerative motor and psychiatric disorders, with chorea, cognitive decline, incoordination, and behavioural difficulties. Huntington's disease has been identified as an autosomal dominant disease and the presence of the mutated gene product, huntingtin, has been reported, although its function remains unknown (the Huntington's Disease Collaborative Research Group, 1993). Expansion of CAG repeats in huntingtin mutations led to the stretches of polyglutamines of greater than 39 contiguous glutamine residues (Gusella et al., 1993). This increase of polyglutamines, compared to the normal range of 10-25 residues, cannot only serve as an excellent substrate for TG2, but also increases the binding affinity with this enzyme (Gentile et al., 1998; Kahlem et al., 1996; Karpuj et al., 1999). As a distinguishing characteristic of Huntington's disease, aggregates has been found both *in vitro* and *in vivo* samples. Kim *et al.* (2002) also demonstrated that TG2 inhibitors treatment can inhibit the formation of the aggregate and improve the survival rates of the animals carrying the mutant gene (Kim et al., 2002). Other studies also suggested the potential mechanisms that can promote the activation of TG2, including the release of cytokines TNF $\alpha$ , IL-2 and IFN- $\gamma$  induced by oxidative stress and the production free radicals caused by the damaged mitochondria (Kim et al., 2002). A recent report demonstrated that in striatal cells transfected with wild type huntingtin, as a response to thapsigargin-induced, intracellular over-expressed TG2 showed more activity than in the cells with the mutant huntingtin, which led to the mitochondrial membrane

## *Chapter 1 Introduction*

depolarization and the sensitivity of the cells to thasigargin-induced apoptosis (Ruan et al., 2008).

Although a certain amount of *in vitro* and *in vivo* study has been devoted to discovering the role of TG2 in neurodegenerative diseases, there are still questions which remained unaddressed and await further investigation.

### **1.9.6.3 TG2 in fibrosis**

Fibrosis and scarring is the result of chronic progressive wounding healing resulting from continuous insults, including that of diabetes, infections, hypertension, toxic chemicals, etc. Failure of the termination of the wound response, will eventually lead to the dysfunction and failure of organs. The cross-linking activity of TG2 was a focus in the formation of fibrosis in a number of different organs, including lung (Griffin et al., 1978a), liver (Kuncio et al., 1998) (Piacentini et al., 1999), heart (Small et al., 1999), vasculature (Dolynchuk et al., 1994), and kidney (Johnson et al., 2003; Johnson et al., 1997b; Skill et al., 2001).

The hypothesis that TG2 is involved in the renal scarring is based on the facts: (1) tubular cells can release TG2 into the extracellular environment with high  $\text{Ca}^{2+}$ , which can activate the transamidating activity of TG2 to promote matrix cross-linking (Johnson et al., 1997a); (2) TG2 can cross-link the LTBP-1 to ECM proteins to regulate the matrix storage and activation of TGF $\beta$ 1 (Nunes et al., 1997; Verderio et al., 1999). Griffin and colleagues (Johnson et al., 2003) confirmed the importance of the enzymatic activity of this enzyme and its expression in renal scarring by using biopsy samples from patients at different stages of renal scarring process (Johnson et al., 2003). The cross-linking of cytoplasmic proteins by intracellular TG2 has also been suggested to result in cell death in the tubular compartment (Johnson et al., 1997a). Recent studies by using TG2 null mice demonstrated that less fibrillar collagen was found in the KO animals and the decrease of collagen I at both the mRNA and protein levels was thought due to the decreased TG2 mediated TGF $\beta$ 1 activation (Shweke et al., 2008).

## Chapter 1 Introduction

In mice liver injury and fibrosis models induced by CCl<sub>4</sub> treatment, Mirza *et al.* reported the increase of TG2 at both the gene level and in enzymatic activity, which might be regulated by the increased binding to NF-κB to the TG2 promoter (Mirza *et al.*, 1997). Studies performed later investigated the role of TG2 in liver fibrosis in different liver fibrogenesis models. In the TG2 null animal treated with CCl<sub>4</sub>, a progressive accumulation of ECM and a derangement of the hepatic lobular architecture were discovered, which led to animals being more sensitive to the treatment resulting in an increased death rate in the KO animals compared to the wild type control animal. This study indicated that TG2 can act in a protective role in liver fibrosis (Nardacci *et al.*, 2003). Schnabel and colleagues discovered the upregulation of TG2 in both mRNA and protein levels during the transdifferentiation of hepatic stellate cells to collagen producing myofibroblasts, a principle process of liver fibrogenesis (Schnabel *et al.*, 2004). The similar increased level of TG2 was found in the liver samples from HCV infected patients (Nardacci *et al.*, 2003). In ethanol-induced hepatic injury study, it was reported that inhibition of TG2 activity by pinocembrin can protect the liver from thioacetamide (TAA)-induced cirrhosis, which is regulated by NF-κB-dependent TG2 activation induced by ethanol treatment (Chen *et al.*, 2008). Increased cross-linking activity of TG2 was also found in atherosclerotic plaques, hence it can stabilize collagen III in those areas (Bowness *et al.*, 1989). Later studies by Small and colleagues demonstrated that enhanced cardiac TG2 in the transgenic mouse can induce cardiomyopathy (Small *et al.*, 1999). Even though there are still conflicting ideas about the role of TG2 in the processes of fibrosis, the involvement of this enzyme has been widely proven and it could be a potential target for fibrosis treatment.

### 1.9.6.4 TG2 in cancer

Accumulating studies have focused on the relevance of TG2 in cancer progression. A huge amount of work based on human samples identified that that TG2 is one of the selectively amplified proteins in metastatic human lung carcinoma (Jiang *et al.*, 2003), while the TG2 gene was also revealed as one of the most differentially expressed genes in pancreatic tumours (Iacobuzio-

## *Chapter 1 Introduction*

Donahue et al., 2003). Further work on the locations of TG2 has suggested different roles for TG2 in tumour behaviour while more recent research has been devoted to discovering the intracellular molecules that are involved in TG2-related tumour behaviour.

Intracellular TG2 was reported as an anti-apoptotic effector in different cell types, including breast cancer, pancreatic cancer and melanoma cells (Mann et al., 2006). In their work, Mann and colleagues discovered the activation of TG2 by the calcium ionophore A23187 can promote the activity of NF- $\kappa$ B, while inhibition of the enzymatic activity of TG2 by A23187 and siRNA treatment blocked the activation of this protein. The potential mechanism was suggested that TG2 modifies the I $\kappa$ B $\alpha$  (a good in vitro substrate to TG2) into high molecular weight polymers and modulates the affinity of I $\kappa$ B $\alpha$  for p65/p50, so that this enzyme can maintain the constitutive activation of NF- $\kappa$ B (Mann et al., 2006). The similar anti-apoptotic effect of TG2 in regulating the activity of NF- $\kappa$ B was also suggested in neuroblastoma cells (Condello et al., 2008). The opposite effect of TG2 was reported in highly metastatic malignant melanoma cells, suggesting that TG2 can inhibit tumour progression via its direct interaction with its binding partner GPR56 (Xu et al., 2006).

High affinity of cell surface TG2 with  $\beta$ 1 and  $\beta$ 3 integrin receptors in fibroblasts and monocytes (Akimov and Belkin, 2001b), while in human breast cancer cell, the direct interaction of TG2 and  $\beta$ 1,  $\beta$ 4 and  $\beta$ 5 integrins was observed, which was suggested to regulate the cancer adhesion, invasion and migration (Mangala et al., 2007). In glioma and fibrosarcoma cells, overexpression of membrane type 1-metalloproteinase (MT1-MMP) can increase the degradation of cell surface TG2, which led to the inhibition of cell adhesion mediated by its interaction with integrin receptors and in turn promoted the cell migration process on FN (Belkin et al., 2001). A novel role of ECM TG2 in RGD-independent cell adhesion process has been reported, which can rescue the cell from anoikis caused by loss of integrin-mediated cell adhesion (Verderio et al., 2003). The involvement of matrix TG2 in regulating tumour cell behaviour was further studied by Griffin and colleagues (Jones et al., 2006). Reduced tumour growth and increased

## *Chapter 1 Introduction*

survival rate was observed following intratumour injection of TG2 in animals and this effect of TG2 was relevant to its enzymatic activity, which can cross-link matrix proteins and protect them from protease digestion and thereby produce an effective barrier to prevent the tumour growth and metastasis (Jones et al., 2006; Kotsakis and Griffin, 2007). In a different study, the similar increased deposition of stroma TG2 in human breast cancer samples was reported and it was suggested as a natural host defence mechanism (Grigoriev et al., 2001; Hettasch et al., 1996; Kotsakis and Griffin, 2007; Mangala et al., 2007).

In order to investigate the mechanism of TG2 in regulating tumour cell behaviour, different intracellular signalling molecules were studied. The activation of focal adhesion kinase (FAK) and its downstream signal pathway phosphoinositide 3-kinases (PI3K)/ Akt was reported to be involved in TG2-mediated cell-ECM interactions (Herman et al., 2006; Verma et al., 2006). In pancreatic cancer cells, PKC $\delta$ / TG2 signalling was demonstrated in inhibiting autophagy in those cells (Ozpolat et al., 2007). Even though more and more studies have been trying to demonstrate the relationship between TG2 and cancer, the effect of this enzyme on tumour behaviours still remains unknown and conflicting. The role of TG2 in cancer biology might be due the types, locations and progressions of the cancers, as well as the presence of TG2 (Mehta, 2009).

### **1.9.7 Fibronectin and its relevant signalling pathways in cell adhesion process**

#### **1.9.7.1 Fibronectin**

The extracellular matrix (ECM) is crucial for adhesion-dependent cells to adhere, migrate, differentiate, proliferate and exert their physiological functions. As one of the most important extracellular matrix proteins, fibronectin (FN) and its relevant signal transduction pathways have been widely studied. FN is a high-molecular-mass adhesive glycoprotein present in the pericellular matrix and body fluids. FN could exist as both soluble (in blood, amniotic fluid, joint fluid, and cerebrospinal fluid (Mosher, 1984b) or insoluble (in the ECM or basement

## *Chapter 1 Introduction*

membranes) forms in body. There are two types of sources of FN: (1) hepatocytes, the source of plasma FN found mainly in blood; (2) fibroblasts and other cells are the source of cellular FN (Hynes, 1990). The importance of FN in maintaining the cell morphology, adhesion, migration, proliferation, differentiation has been very-well studied (Kaspar et al., 2006).

The molecular structure of FN has been well-documented, as shown in Figure-1.2. The FN subunits, line into dimers and polymers joined by disulfide bonds in physiological conditions, consist of highly structural domains separated by flexible polypeptide segments. Each subunit of FN is composed of three different components, named type I, II and III modules. These modules compose various functional domains, and from the N-terminal, there are heparin and fibrin-binding domain (30kDa), collagen-binding domain (40kDa), fibrin-binding domain (20kDa), cell-binding domain (57kDa), heparin-binding site (35kDa) and fibrin-binding site (30kDa). The domains are relatively resistant to proteases and contain the binding sites for macromolecules such as collagen, fibrinogen, fibrin, and proteoglycans, as well as cells (cell surface receptors, e. g. integrins and syndecans) (Fesus et al., 1986; Hynes, 1990). Among the domains within FN molecules, there are several sites that are closely relevant to cells and their surface receptors. The amino acid sequence Arg-Gly-Asp (Wollenberg et al., 2002), a widely occurring cell adhesive motif originally discovered in fibronectin (Pierschbacher and Ruoslahti, 1984), is located in the domain of III9-10. The RGD motif in fibronectin and other cell adhesion proteins is the most important recognition site for about half of all known integrins, such as  $\alpha 3\beta 1$ ,  $\alpha 5\beta 1$ ,  $\alpha 8\beta 1$ ,  $\alpha \nu\beta 1$ ,  $\alpha \nu\beta 3$  and  $\alpha \nu\beta 6$  integrins (Johansson et al., 1997; Leiss et al., 2008). This cell adhesion process can be inhibited by a competitive synthetic peptide— RGD peptide leading to apoptosis (named anoikis) (Buckley, et al., 1999; Hadden and Henke, 2000). Another amino acid sequence PHSRN (Pro-His-Ser-Arg-Asn), which acts in synergy with the RGD site, has been located in III3 within the FN molecule. Studies using synthetic peptides containing the RGD motif, which induces apoptosis in many cell types, demonstrated the importance of the RGD





**Figure 1.2. Domain model of fibronectin.**

The fibronectin protein is a dimer of two subunits which are identical except for the inclusion of the V-segment in one of the chains and are covalently connected close to the C-termini by two disulfide bridges. Three types of homologous structural units called I, II, and III make up most of the protein (represented by small ovals, triangles, and squares, respectively). Integrin binding sites are indicated in one of the subunits by arrows. The fibronectin found in blood plasma is a major form of the protein, but other splice variants are present at other locations and at specific developmental stages. The alternatively spliced exons (IIIA, IIIB, and V) are marked in green and may be present in one or both of the subunits. The known variants of the splicing reactions are illustrated (Johansson, et al., 1997).

**Figure 1.2**

## *Chapter 1 Introduction*

cell-binding domain in cell mediated adhesion, by acting as competitive inhibitors of FN-integrin interaction and activators of caspase 3 (Buckley et al., 1999; Hadden and Henke, 2000). Of the integrins  $\alpha 5\beta 1$  is probably the major cell surface integrin that interacts with the RGD cell binding site on FN, initiating the cell adhesion process by association with the PHSRN binding site (Ochsenhirt et al., 2006). The binding of  $\alpha v\beta 3$  integrin to the RGD domain can also support cell adhesion on FN (Danen and Sonnenberg, 2003). The domains located in III<sub>12-14</sub> of FN are the heparin-binding site, which bind the heparan sulfate chains of other cell surface receptors- heparan sulfate proteoglycans (HSPGs) (Woods et al., 2000). Recently a novel cell binding site, which mediated RGD-independent cell adhesion via interacting with  $\alpha 4\beta 1/\alpha 4\beta 7$  integrin, was located in the alternatively spliced V region of FN (Sechler et al., 2000).

It is well-known that many cells produce, secrete and deposit FN into the ECM, known as cell-mediated FN deposition, which is dependent on the presence of cell surface  $\alpha 5\beta 1$  integrins and RGD cell binding domain within FN molecules (Fogerty et al., 1990). Initiated by the interaction between soluble FN and cell surface  $\alpha 5\beta 1$  integrin, the FN fibril formation process is composed of three steps, through which integrins play an important role in the initiating stage of FN fibril formation, which is acting as the link between the intracellular actin cytoskeleton network and the extracellular soluble FN dimers. The binding of FN dimers with integrins promotes the clustering of these receptors and their interaction with the actin cytoskeleton (Wu et al., 1995). The stretched FN molecules and further interaction between each other are mediated by the relocation of FN-bound  $\alpha 5\beta 1$  integrin from focal adhesion to fibrillar adhesion along the actin stress fibres (Ohashi et al., 2002). Other cell surface receptors, including syndecan-2 and syndecan-4, and their downstream signalling molecules (RhoA and PKC) have also been suggested in participating in the above process (Lin et al., 2002; Xian et al., 2010; Zhong et al., 1998). In the extension stage, with the exposure of the binding sites within soluble FN molecules, soluble FN in a compact conformation further interacts with each other and forms the insoluble fibrils until the irreversible formation of a FN fibril network occurs. The further stretching and cell movements contribute to detach the FN fibrils from the cell

## *Chapter 1 Introduction*

surface. Meanwhile other ECM components also participate in regulating FN deposition. It has been reported that in FN null fibroblasts, cells seeded on lamin can still lay down exogenous FN, while vitronectin inhibited the deposition of FN matrix, which could be caused by the relevant signaling pathways mediated by different ECM proteins (Mao and Schwarzbauer, 2005).

### **1.9.7.2 Cell surface receptors in cell adhesion on FN**

Among the cell surface receptors interacting with FN, integrins and its co-receptor syndecans deserve a special mention. Integrins are type I transmembrane glycoproteins that mediate the adhesion of cells to the ECM and to other cells (cell-cell adhesion) and play important roles in different aspects of various biological processes, including tissue remodelling, leukocyte migration, organogenesis (Howe et al., 1998). The integrins are non-covalent heterodimers composed of  $\alpha$  (120-180kD) and  $\beta$  (90-110kD) subunits. To date, 18  $\alpha$  and 8  $\beta$  subunits have been described and these combine to form over 20 different receptors (Wegener and Campbell, 2008). These receptors recognize their extracellular ligands, e.g. FN, vitronectin, collagen, with varied specificity (Jokinen et al., 2004).

The syndecans are a four-member family (syndecan1-4) of transmembrane cell surface proteoglycans (PGs) that bear heparan sulfate glycosaminoglycan (GAG) chains. The syndecan family of transmembrane PGs is the major source of cell surface heparan sulfate (HS). It is divided into 2 subfamilies Syndecan-1 and -3, and Syndecan-2 and 4, according to their similarity in core protein size and sequence (Yamagata et al., 1993). Syndecans are characterized by highly conserved transmembrane and cytoplasmic domains. The intracellular part of the syndecans is composed of two constant regions (C1 and C2) separated by a variable region (V), which can be phosphorylated and bind a variety of intracellular ligands. The extracellular domains of the syndecans contain a site close to the plasma membrane (juxtamembrane domain, JMD) and a cell binding domain (CBD). At the distal end of the ectodomains are the GAG-attachment sites, to which the heparan sulfate chains are attached (Elenius et al., 2004). The syndecans are expressed on virtually all cell types throughout development and

## *Chapter 1 Introduction*

adulthood, and their expression can be altered under certain pathophysiological conditions, including the process of tumour onset, progression and metastasis (Sanderson et al., 2004). The heparan sulphate chains bind to "heparin" – binding sites present in matrix ligands, as well as numerous "heparin"– binding growth factors and morphogens, including fibronectin, vitronectin, laminins and the fibrillar collagens (Bernfield et al., 1999). Among the syndecan family, syndecan-4 is widely expressed, in contrast to the other three syndecans, which are thought to exhibit a more tissue-specific distribution (Kim et al., 1994).

### **1.9.7.3 FN-involved signalling pathway(s)**

There are two categories of integrin signalling that are widely recognized, namely “outside-in” and “inside-out” signalling pathways (Figure 1.3). The study of lymphocytes indicated the existence of integrin inside-out signalling pathway, which led to un-stimulated non-adherent lymphocytes adhering to other cells or the matrix within seconds in response to outside stimuli (Kinashi, 2005). The inside-out signalling pathway ultimately increases the affinity of the receptors for their matrix ligand, which leads to a change in conformation of the integrin extracellular domain (known as affinity regulation) or the extent to which integrins diffuse and cluster on the cell surface (Calderwood, 2004). Integrins are also subject to "outside-in" signalling in which the ligand-bound receptor initiates intracellular signalling through association of the  $\beta$  subunit cytoplasmic domain with a myriad of intracellular effectors including focal adhesion and Src family kinases (Datta, *et al.*, 2001), and cytoskeletal components, such as  $\alpha$ -actin (Brakebusch and Fassler, 2003). Talin has been reported as a crucial protein in integrin activation, especially to  $\beta$ 1 and 3 integrins (Tadokoro et al., 2003). The integrin ligation to ECM components initiates the signal transduction from ECM to cells, which regulates many fundamental cellular processes, including cell migration, proliferation, and differentiation (Schwartz et al., 1995). Accumulating evidence indicates that the Ras/ERK1/2 pathway is one potential intracellular signalling pathway involved in the integrin-related cell adhesion processes. The activation of focal adhesion kinase (FAK) by interaction between integrins and ECM proteins triggers the ERK1/2 signal transduction. In



**Figure 1.3 Integrin signalling mechanisms.**

The “inside-out” signalling is initiated by intracellular events, which might involve cytoskeleton reorganization mediated by Rho or the phosphorylation of integrin cytoplasmic domain or its associated proteins. The “outside-in” signalling is triggered by the binding between integrin and its extracellular ligands and RhoA-mediated integrin clustering, followed by the activation of intracellular signalling pathways, in which FAK and MAP kinase are engaged (Jones and Walker, 1999).

**Figure 1.3**

## *Chapter 1 Introduction*

fibroblasts, the binding of integrin with its ligands enhances the activation and autophosphorylation of FAK at Tyr<sup>397</sup>, which activates the Ras and leads to the translocation of Raf-1 to the cell membrane. Raf-1 phosphorylates and activates MEK (MAP kinase), which subsequently phosphorylates ERK1/2 (Yee et al., 2008). Recent evidence also supports the involvement of the Rho family of small GTPases. Ligation of integrins activates Rho, and the activation of Rho stimulates the phosphorylation of FAK and regulates the actin cytoskeleton dynamics and adhesive behaviour (Midwood et al., 2006).

Although integrins are the main cell surface receptors responsible for cell-ECM interactions, in some cases, integrin engagement is not sufficient for a complete adhesion signalling process (Bloom et al., 1999; Woods and Couchman, 2001). Syndecan-4 can bind the HepII heparin-binding domain of FN with high affinity, which leads to the formation of focal adhesions necessary for cell adhesion (Woods et al., 2000). The binding of syndecan-4 to the heparin binding domain within FN provides a second signal that is required for formation of stress fibres and maturation of focal adhesions (Couchman and Woods, 1999).

The studies from fibroblasts indicated that cells attach and spread on the central cell-binding domain of FN via integrin  $\alpha_5\beta_1$  but fail to form vinculin-containing focal adhesions unless co-stimulated with the heparin-binding fragment of FN (Bloom et al., 1999). The intracellular syndecan-4 signalling pathway is still under further investigation. But accumulating evidence indicates the involvement of phosphatidylinositol 4, 5-bisphosphate (PtdIns (4, 5) P<sub>2</sub>) and protein kinase C  $\alpha$  (PKC $\alpha$ ) in this signal transduction process in cell adhesion and spreading process (Oh, *et al.*, 1997a, b, and 1998). Interaction with PtdIns (4, 5) P<sub>2</sub> promotes the oligomerization of syndecan-4 cytoplasmic domains (Oh et al., 1997a; Oh et al., 1998) (Figure 1.4), while the oligomerized cytoplasmic domains of syndecan-4 can bind PKC $\alpha$  directly, through the PKC $\alpha$  catalytic domain (Oh et al., 1997b). This results in direct activation of PKC $\alpha$  in the absence of other mediators and superactivation in their presence, which is



**Figure 1.4 A schematic structure of a syndecan molecule.**

The domains of syndecan core protein include the extracellular domain, transmembrane domain, conserved regions C1 and 2, and the variable region V, which are coloured in purple, blue, orange, green and pink, respectively. The extracellular heparan sulfate chains mediate the interaction between extracellular regulating factors, such as the ECM proteins and growth factors; the transmembrane domain is in charge of the self-association process of syndecans; C1 region interacts with the molecules related to actin skeleton organization; the C2 region can interact with the PDZ domain containing proteins such as syntenin and CASK; the structure of the V regions varies between different members of the syndecan family (from Couchman, 2003).

**Figure 1.4**



**Figure 1.5 The function of syndecan-4 on regulating  $\alpha 5\beta 1$ -related signalling pathway.**

Syndecan-4 functions as a co-receptor for  $\beta 1$  integrin signalling pathway via its interaction with the heparin-binding sites of FN, which triggers the activation of PKC $\alpha$ , a intracellular signalling molecule. Meanwhile the intracellular domain of syndecan-4 core protein can also bind to other signalling molecules including CASK and FAK, as well as actin binding proteins, such as  $\alpha$ -actinin to regulate the actin skeleton formation (from Beauvais and Rapraeger, 2004)

**Figure 1.5**



## *Chapter 1 Introduction*

necessary for the cell spreading and focal adhesion formation (De Nichilo and Yamada, 1996; Woods and Couchman, 1992). The cytoplasmic tail also interacts with other structural and signalling proteins including CASK, FAK, paxillin and syndesmos (Beauvais and Rapraeger, 2004). It was also shown that focal adhesion assembly through syndecan-4 clustering is sensitive to inhibition of RhoA by C3 transferase (Saoncella et al., 1999), which indicated a requirement for RhoA signalling downstream of syndecan-4. A recent study demonstrated the existence of the linear pathway involving syndecan-4, PKC $\alpha$  and RhoA for the formation and maintenance of stress fibres in primary rat embryo fibroblasts (Dovas et al., 2006). Figure 1.5 shows the possible signalling transduction pathway mediated by syndecan-4.

### **1.9.7.4 FN and TG2**

FN is a well-known substrate for TG2, and the cross-linking action of FN catalyzed by TG2 offers protection to FN from degradation (Kinsella and Wight, 1990). It has also been reported that FN and TG2 secreted into the ECM can interact with each other independently from the enzyme's cross-linking activity (Verderio, *et al.*, 2003). It has been shown that TG2 secreted to the ECM, could bind to the N-terminal portion of FN interacting either with the Type I<sub>4</sub>-I<sub>5</sub> motif (LeMosy et al., 1992) or with a sequence within the gelatin-binding domain of FN (I<sub>6</sub>-II<sub>1</sub>-II<sub>2</sub>-I<sub>7</sub>-I<sub>8</sub>-I<sub>9</sub>) (Lorand et al., 1993).

### **The role of TG2 in FN-mediated cell adhesion**

Several studies of TG2, FN structure and the integrin signalling pathway have demonstrated a novel role for TG2 in the cell adhesion process. The structural study for FN showed that the TG2 binding site (42kD gelatin-binding domain) (Lorand et al., 1993) and the integrin binding site (RGD cell-binding site) are located in different parts of the FN molecule, which provides the possibility that TG2 and integrin collaborate rather than compete with each other in the cell adhesion process. Moreover, the binding of TG2 with FN activated FAK and increased the GTP loading of the small GTPase RhoA, which may trigger the



**Figure 1.6 The role of TG2 as an integrin co-receptor for FN.**

Cell surface TG2 binds to the 42kD gelatin binding sites of FN, which bridges the cell surface integrins with the matrix FN. This function of TG2 can enhance the cell adhesion via promoting the integrin clustering (from Akimov, et al., 2000).

**Figure 1.6**

## Chapter 1 Introduction

intracellular signalling pathway and induce its relevant cell adhesion (Janiak et al., 2006). The studies from different groups indicated that TG2 associates with integrin receptors in a number of different cell types via binding to the extracellular domains of the  $\beta 1$ ,  $\beta 3$  and  $\beta 5$  integrin subunits (Akimov and Belkin, 2001b; Akimov et al., 2000a; Gaudry et al., 1999b). Unlike FN, integrins do not appear to serve as enzymatic substrates of TG2 or other transglutaminases and the formation of stable non-covalent integrin-TG2 complexes is independent of the transamidating activity of TG2 (Akimov and Belkin, 2001b; Akimov et al., 2000a) (Figure 1.6). Although the binding sites within integrins for TG2 are still unknown, it has been demonstrated that integrin-TG2 complexes have a 1:1 stoichiometry and all the TG2 on the cell surface is bound to integrin receptors in a FN-independent way (Akimov and Belkin, 2001b; Akimov et al., 2000a). Besides the structural interaction evidence, a series of studies led by Mehta and colleagues for tumour cells demonstrated the connection between TG2 and the integrin-relevant downstream signalling molecule-FAK. The culture of TG2-positive breast cancer cells and TG2-transfected fibroblasts on fibronectin-coated surfaces led to the activation of FAK, the downstream signalling molecule of integrins (Mehta et al., 2006b). Conversely, down-regulation of TG2 by small interfering RNA attenuated FN-mediated cell attachment (Herman et al., 2006) and cell survival and FAK phosphorylation (Verma et al., 2006).

As introduced above, TG2 also exists in the ECM as a kind of structural protein (Verderio et al., 1998a). The importance of TG2, as an ECM protein, in RGD-independent cell adhesion was first introduced by Griffin *et al.* (Verderio et al., 2003). The TG2 bound FN matrix compensated the apoptosis (anoikis) induced by RGD synthetic peptides. This process was PKC $\alpha$  and FAK-dependent. A recent study showed that GTP-bound TG2, when present in the ECM, can induce hypertrophic differentiation of chondrocytes through a  $\alpha 5\beta 1$  integrin-dependent and FAK-associated cell adhesion processes (Tanaka et al., 2007). The importance and role of the TG-FN mediated and RGD-independent cell adhesion process forms the main topic of this report.

## **1.10 Project Aims**

Previous work suggested that TG2 and FN when present in a hetero-complex—TG-FN can compensate the Arg-Gly-Asp (RGD) peptide induced loss of cell adhesion (which is due to the blocking effect of the peptide on the interaction between cell surface integrin receptors and FN). The actual mechanism behind this phenomenon and its physiological influence on cell behaviour remains unknown. The first aim of this project is to determine the involvement of the cell surface receptor(s), including syndecan-4, syndecan-2,  $\alpha 5$  integrin,  $\beta 1$  integrin,  $\alpha 4\beta 1$  integrin and  $\beta 3$  integrin, in mediating the RGD-independent cell adhesion mediated by TG-FN. The second aim of this project is to further investigate the intracellular signalling pathway(s) that is required by TG-FN to compensate the loss of cell adhesion induced by the RGD peptides following binding of the TG-FN complex to its receptor(s). A further part of this project was to study the role of TG-FN mediated cell adhesion in regulating FN fibril formation and the deposition of FN with emphasis on the role(s) of the different cell surface receptor(s) and their relevant intracellular signalling molecule(s) in the FN deposition process.

# **Chapter 2: Materials and Methods**

## Chapter 2: Materials and Methods

### 2.1 Materials

#### 2.2.1 List of Antibodies

<b>Primary Antibodies</b>			
<b>Company</b>	<b>Antigen Name</b>	<b>Host Species</b>	<b>Clone</b>
Neomarks, Pierce, UK	TG2	Mouse	Monoclonal
Santa Cruz, UK	$\beta$ 1 integrin	Rabbit	Polyclonal
Biolegend, UK	$\beta$ 1 integrin	Armenian hamster	Monoclonal
Biolegend, UK	Isotype control IgG	Armenian hamster	Monoclonal
Cell signalling, USA	$\beta$ 3 integrin	Rabbit	Polyclonal
Biolegend, UK	$\beta$ 4 integrin	Armenian hamster	Monoclonal
Zymed Invitrogen, UK	Syndecan-2	Rabbit	Polyclonal
Zymed Invitrogen, UK	Syndecan-4	Rabbit	Polyclonal
Upstate Cell signalling	p-Tyr397 FAK	Rabbit	Polyclonal
Biosource UK	p-Tyr861 FAK	Rabbit	Polyclonal
Santa Cruz, UK	FAK	Mouse	Monoclonal
Santa Cruz, UK	PKC $\alpha$	Mouse	Monoclonal
Sigma-Aldrich, UK	$\alpha$ -Tubulin	Mouse	Monoclonal
Sigma-Aldrich, UK	Vinculin	Mouse	Monoclonal
Sigma-Aldrich, UK	Fibronectin	Rabbit	Polyclonal
<b>Secondary Antibodies</b>			
Sigma-Aldrich, UK	Goat anti-mouse HRP conjugated		
Dako, Denmark	Swine anti-rabbit HRP conjugated		
Dako, Denmark	Rabbit anti-mouse FITC conjugated		

### **2.2.2 Chemicals**

The deionised water (dH<sub>2</sub>O) used in experiments was obtained from an Eligastat system 2 water purifier or Milli Q water purifier (Millipore/Water, Watford, UK).

The general chemical reagents and cell culture media were purchased from Sigma-Aldrich Company (Poole, Dorset, UK), unless otherwise stated. Other Chemicals and reagents were obtained from the following supplier.

#### **Zedira, Darmstadt, Germany**

Purified guinea pig liver transglutaminase (gpLTG) and biotin-X-cadaverine

#### **Amersham Pharmacia Biotech, UK**

The full range rainbow molecular markers and ECL Chemiluminescence development kit

#### **Bachem, Merseyside, UK**

The synthetic H-Gly-Arg-Gly-Asp-Thr-Pro-OH (GRGDTP) and H-Gly-Arg-Ala-Asp-Ser-Pro-HO (GRADSP) peptides

#### **Bio-Rad, Hemel Hempstead, UK**

Bio-Rad protein assay kit

#### **Calbiochem, Nottingham, UK**

The synthetic The synthetic H-Gly-Arg-Gly-Asp-Thr-Pro-OH (GRGDTP) and H-Gly-Arg-Ala-Asp-Ser-Pro-HO (GRADSP) peptides, PKC $\alpha$  inhibitor Go6976, ERK inhibitor PD98059, Genecticin (G418 sulphate), ROCK inhibitor Y27632, human plasma fibronectin,  $\gamma$ -interferon.

#### **Vector Laboratories, UK**

Vectashield mounting medium

#### **Pierce, UK**

Sulfo-NHS-LC-Biotin and resin beads

#### **Peptide Protein Research, UK**

The GK21 peptide (GENPIYKSAVTTVVNPIYEGK) and the scrambled control peptide (GTAKINEPYSVTVPYGEKNKV) in tandem with the antennapedia third helix sequence (PQIKIWFQNRRMKWKK) and the A5-1 peptide (VILVLF)

#### **Jackson Immuno Research**

## *Chapter 2 Materials and Methods*

Cy<sup>TM</sup>5-conjugated streptavidin

### **Roche, UK**

Sodium 3'-[1-(phenylamino-carbonyl)-3,4-tetrazolium-bis (4-methoxy-6-nitor) benzene sulfonic acid hydrate reagents (XTT reagents)

### **Qiagen**

Syndecan-2 targeting siRNAs and HiPerfect Transfection Reagent

### **InvivoGen**

Zeocin

### **GE Healthcare**

A and G-Sepharose bead slurry

### **2.1.3 Materials**

#### **Amersham Pharmacia Biotech, UK Ltd, Little Calfont, UK**

Electrode paper (grade 1F)

#### **BDH laboratories suppliers, Milton Keynes, UK**

Coverslips, microscope slides

#### **Improved Neubauer, Calton, UK**

Haemocytometer

#### **Sarstedt Ltd., Leicester, UK**

0.5-, 1.5- and 2- ml microcentrifuge tubes, 5ml scintillation vial inserts and tops, 15- and 50- ml sterile centrifuge tubes, 5-, 10- and 25- ml sterile pipettes, pipette tips, and disposable filters (0.2µm pore size)

#### **Lonza**

Mouse Embryonic Fibroblast nucleofactor solution

### **2.1.4 Equipments**

#### **AMAXA Biosystem**

AMAXA nucleofactor and AMAXA certified cuvette and pipettes

#### **Beckman Instrument (UK) Ltd, High Wycombe, UK**

Spectrophotometer Model DU-7, centrifuges Avanti J-30 I, MSE Centaur 2

#### **Bio-Rad, Hemel Hempstead, UK**



## *Chapter 2 Materials and Methods*

Protein III Mini-gel Vertical Electrophoresis Apparatus and Western Blot wet transfer system

**Corning, Staffs, UK**

pH meter

**Sanyo, UK**

CO<sub>2</sub> incubator Model IG150

**Nikon Inc, Badhoevedorp, The Netherlands**

Inverted Phase Microscope model TM-100 and Nikon 500 digital camera

**Carl Zeiss MicroImaging GmbH, Germany**

Zeiss Meta 510 laser confocal microscope

## **2.2 Methods**

### **2.2.1 Methods in cell culture**

#### **2.2.1.1 Cells and culture conditions**

The cells used in this project included Swiss Albino mouse embryo 3T3 fibroblast, primary human osteoblasts (HOB),  $\beta$ 1 integrin knock out (ko), add-back, vector control mouse embryo fibroblasts (MEF), syndecan-4 wild type (wt), ko, add-back and vector control MEF cells, wild type and heparan sulphate mutant Chinese hamster ovary cells (CHO),  $\alpha$ 5 integrin knockout (EA5) and add-back MEF cells (EA5/ $\alpha$ 5),  $\beta$ 3 ko and wt MEF cells. The Swiss-3T3 fibroblasts, HOB, CHO cells, EA5 and EA5/ $\alpha$ 5,  $\beta$ 3 knockout and wt MEF cells were cultured in a humidified atmosphere at 37°C 5% (v/v) CO<sub>2</sub>, 95% (v/v) air, while the  $\beta$ 1 integrin and syndecan-4 serial MEF cells were kept in a humidified atmosphere at 32°C 5% (v/v) CO<sub>2</sub>, 95% (v/v) air.

Swiss 3T3 albino fibroblasts were obtained from American Type Culture Collection (ATCC, USA) and cultured in complete Dulbecco's modified Eagle's medium (DMEM) containing 10% fetal bovine serum (FBS), 2mM L-glutamine, 1% (v/v) nonessential amino acids and penicillin/streptomycin (100U/ml and 100 $\mu$ g/ml, respectively) and used for experiments between passages 10-30.

## *Chapter 2 Materials and Methods*

The  $\beta 1$  integrin and syndecan-4 serial MEF cells were a kind gift by Professor Martin Humphries (University of Manchester, UK) and maintained in complete DMEM medium supplemented with 20U/ml interferon- $\gamma$  (IFN- $\gamma$ ). The cells above were used between the passages 15-30.

The wild type and heparan sulphate mutant CHO cells were obtained from American Type Culture Collection (ATCC, USA) and cultured in Ham's F12 medium containing 10% fetal bovine serum (FBS), 2mM L-glutamine, 1% (v/v) nonessential amino acids and penicillin/streptomycin (100U/ml and 100 $\mu$ g/ml, respectively) and used for experiments between passage 7-15.

The EA5, EA5/ $\alpha 5$ ,  $\beta 3$  ko and wt MEF cells were kind gift from Professor Eric Danen (Leiden University, Netherland) and cultured as Swiss 3T3 cells.

### **2.2.1.2 Cell passaging**

When reaching approximately 90% confluency for immortalised cell lines and 70% confluency for primary cell lines, cells were passaged. The cell monolayer was rinsed once with phosphate buffered saline (PBS) pH 7.4 prior to treatment with 0.25% (w/v) trypsin, 5mM EDTA solution in PBS, pH 7.4 at 37 or 32°C. The detached cells were collected in complete medium or medium with a trypsin inhibitor to inactivate the trypsin and centrifuged at 300 $\times$ g for 5 min. Cells were resuspended in the growth medium and seeded in tissue culture flasks to the desired confluency.

### **2.2.1.3 Determination of cell number**

Cells were trypsinised and centrifuged as described above (Section 2.2.1.2) and resuspended in relevant culture medium. 10 $\mu$ l aliquots of the cell suspension were applied to a haemocytometer. The cells were counted in 4 separate fields using phase contrast microscopy on an inverted microscope. The number obtained from the count was multiplied by 10<sup>4</sup> to determine the cell number per ml of cell suspension.

## *Chapter 2 Materials and Methods*

### **2.2.1.4 Cell freezing**

Cells were trypsinized and counted as described in Section 2.2.1.2 and 2.2.1.3, and resuspended in 10% (v/v) cell culture grade dimethyl sulfoxide (DMSO) in heat inactivated FBS. Cells were then pipetted in 1ml aliquots into cryogenic vials and slowly frozen at -80°C in a specialised cryogenic container for at least 24 h before transferring to a liquid nitrogen container for a long-term storage.

### **2.2.1.5 Cell defrosting from storage**

Cryogenic vials of cells stored in liquid nitrogen were removed and quickly placed in a water bath at 37°C. The cell suspension was carefully transferred into a sterile Falcon tube and 5ml of supplemented growth medium was added drop wise, with mixing after each addition to ensure slow dilution. The diluted cell suspension was then centrifuged at 300×g to eliminate the traces of DMSO present in the freezing mix. Cells were resuspended in the growth medium and transferred to a tissue culture flask. The media was changed the next 12-24 h and cells were passaged at least once before using them in an experiment.

### **2.2.1.6 siRNA transfection**

In order to silence the expression of syndecan-2 in MEF cells, 2 different small interfering RNA (siRNA) sequences targeting mouse syndecan-2 were obtained from Qiagen. The sequences are listed below.

Mm\_Sdc2\_1 SI01412250: TGGAATTTAATTTGTAGAATA

Mm\_Sdc2\_2 SI01412264: CAAAGGCAAATTAATGTGTAA

The scrambled negative control siRNAs (listed below) were kindly designed by Dr Russell Collighan, according to the syndecan-2 siRNA sequences, and synthesized by Sigma, UK.

Scrambled siRNA1: GTAAATTATGTAAGTTAGTAT

## Chapter 2 Materials and Methods

Scrambled siRNAs: GATAATCAAAGCGAAATGTAT

The universal negative control siRNA was purchased from Qiagen. Both scrambled and the universal negative siRNA were used as the control treatments. 1nmol lyophilized siRNA was dissolved in 100µl of sterile, RNase-free water to obtain a 10µM solution and then stored at -20°C. The transfection was performed according to the manufacture's protocol. Before transfection,  $3 \times 10^5$  cells were seeded into each well of a 6-well plate for 24 h to reach 50-80% confluency. Prior to transfection, cells were washed with PBS, pH 7.4 and the medium was replaced with 2.3ml pre-warmed fresh complete growth medium. 150ng of siRNAs were supplemented with DMEM serum free medium siRNAs to reach the final volume of 100µl of siRNA working solution. The siRNA and HiPerfect Transfection Reagent (Qiagen complex were prepared as directed by the manufacturer by incubating the mixture at room temperature for 5-10 min. The complex was added drop-wise onto the cells with gentle swirling the plate to ensure the uniform distribution of the transfection complex. Following an approximated 30 h siRNA transfection, cells were used in Western blotting or cell adhesion assay.

### 2.2.1.7 Stable cell transfection

#### 2.2.1.7.1 Kill Curves

3,000 cells/well of MEF cells were seeded into 96-well plates and treated with different concentrations of zeocin (0, 100, 200, 400, 600, 800, 1000, 1200 µg/ml, prepectively). After 24, 48 and 72 h incubation with the antibiotic, 30µl of sodium 3'-[1-(phenylamino-carbonyl)-3,4-tetrazolium]-bis (4-methoxy-6-nitor) benzeme sulfonic acid hydrate (XTT) reagents mixture was added into each well and incubated with the cells for 4 h. The absorbance was read at 490nm and 750nm using a Spectrafluor plate reader. Results were expressed as absorbance at (490nm-750nm). The inhibition of the antibiotic was calculated as below:

$$\text{Inhibition rate \%} = \left( \frac{\text{A in control group} - \text{A in experimental groups}}{\text{A in control group}} \right) \times 100\%$$

**2.2.1.7.2 Nucleofections using AMAXA's proprietary technology**

Transfection of MEF cells with pSV40/Zeo2 vector containing wild type TG2 cDNA was achieved by transfecting cells with 5µg of TG2 containing vector plasmid using the AMAXA nucleofector (Lonza Biosystems) according to the manufacturer's protocol. Cells ( $10^6$ ) were seeded in T150 tissue culture flasks and allowed to reach 90% confluence just prior to the DNA transfer. Cells were trypsinised, pelleted and resuspended in 100µl of Mouse Embryonic Fibroblast nucleofector solution at  $10^6$  cells/ transfection. The resulting cell suspension was then mixed with 5µg of relevant vectors, and transferred to an AMAXA certified cuvette. Nuclear transfer of DNA was achieved by placing the cuvette into the AMAXA nucleofector system and exposing the cells to short electric pulses of different voltage/duration under different pre-set programmes. Cells were then supplemented with 500µl of pre-warmed cell growth medium and transferred to 100mm Petri dishes also containing 8ml pre-warmed medium.

**2.2.1.7.3 Selection of stably transfected cell lines**

Once transfected, cells were maintained in 800µg/ml zeocin until clones of cells became visible. After 1-2 weeks, when clones had reached 2-3mm in diameter, they were washed briefly to remove floating cell debris taking care not to dislodge and hence re-arrange the position of the clones on the tissue culture plate. The clones were then rapidly trypsinised individually by addition of 5µl of 0.5% (w/v) trypsin in PBS, pH 7.4 directly onto the chosen colony for 30 sec, pipetting the trypsin dilution up and down several times. To avoid desiccation this process of washing and trypsinizing was carried out separately for each clone. The cell suspension was then transferred into T75 tissue culture flasks, where they were maintained in cell growth medium containing 800µg/ml zeocin. The clones were grown until sufficient numbers of cells were obtained for liquid nitrogen storage. Once clones were screened for the expression of the transfected DNA the selected clones were routinely cultured in standard growth medium supplemented with 400µg/ml zeocin.

## **2.2.2 Preparation of a physiological extracellular matrix**

### **2.2.2.1 Coating of plates with fibronectin**

The wells of a microtitre plate were coated with 5µg/ml FN diluted in 50mM Tris-HCl, pH 7.4 and 50µl/well used to coat the plate for 16 h at 4°C.

### **2.2.2.2 Immobilisation of tissue transglutaminase on FN matrix**

For immobilisation of guinea pig liver transglutaminase (gplTG) (Zedira, Germany) on FN, wells were washed once in 50mM Tris-HCl, pH 7.4. In some cases, the wells were blocked with 3% (w/v) bovine serum albumin (BSA) in PBS, pH 7.4 for 30 min at 37°C prior to TG2 immobilisation. The 20µg/ml gplTG solution was prepared by dissolving the 1mg/ml of gplTG in PBS containing 2mM EDTA, pH 7.4 to inhibit Ca<sup>2+</sup>-dependent activity of the enzyme. The gplTG solution was then added to the tissue culture plastic (TCP) coated with FN for 1 h at 37°C.

### **2.2.2.3 Detection of relative levels of TG2 in matrices**

#### **Detection of TG2 antigen by ELISA**

The presence of TG2 antigen on different substrates was detected by using a modified enzyme linked immunosorbent assay (ELISA) (Verderio et al., 1999).

After coating the 96-well plate with 50µl of FN as described above (Section 2.2.2.1), the wells were washed once in 50mM Tris-HCl, pH 7.4 and then blocked with 50µl of 3% BSA in PBS, pH 7.4 for 30 min at room temperature. To block the heparin-binding sites within FN, 50µl of 300µg/ml of heparin in 50mM Tris-HCl, pH 7.4 was incubated with FN at room temperature for 30 min. Then the wells were washed three times in 50mM Tris-HCl, pH 7.4. The gplTG solutions at different concentrations (20µg/ml and 30µg/ml) were prepared by dissolving 1mg/ml of gplTG in PBS containing 2mM EDTA, pH 7.4 in order to

## *Chapter 2 Materials and Methods*

inhibit the TG2 activity. The gplTG solutions were then added to the FN matrix with or without heparin. After a 1 h incubation at 37°C, the gplTG solutions were removed and wells were washed once with 100µl of Tris-HCl, pH 7.4. Prior to the incubation with anti-TG2 monoclonal antibody Cub 7402 (Neomarkers, UK), wells were blocked with 3% BSA in PBS, pH 7.4 (blocking buffer) for 30 min at room temperature. After a 2 h incubation with Cub7402 (diluted 1: 1000 in blocking buffer) at room temperature, the wells were washed 3 times (final wash for 20 min) with blocking buffer. To detect the antigen-antibody complex, the wells were incubated with peroxidase labelled anti-mouse IgG diluted 1:2000 in blocking buffer for 2 h at room temperature. At the end of incubation, the wells were washed three times with blocking buffer and once with PBS, pH 7.4. The wells were then pre-equilibrated with the developing buffer, phosphate-citrate buffer with urea and hydrogen peroxidase (HRP) (Sigma-Aldrich, UK). Development of the reaction was performed by addition of developing buffer containing the substrate 7.5% (w/v) 3,3',5,5'-Tetramethyl benzidine in DMSO (TMB). The colour development was terminated by addition of 50µl of 2.5M H<sub>2</sub>SO<sub>4</sub> and the absorbance read at 450nm using a Spectrafluor plate reader. Results were expressed as absorbance at 450nm.

### **2.2.3 Cell adhesion assay**

#### **2.2.3.1 Inhibition of the RGD-mediated cell adhesion**

Exponentially growing cells were trypsinised and collected into complete medium or serum free medium containing trypsin inhibitors. After a 5 min centrifugation at 300×g, the cell pellet was washed twice in serum free medium to remove the traces of serum proteins. In the experiments, cell suspensions of 2.5×10<sup>5</sup> cell/ml were prepared in serum free medium, and incubated with **GRGDTP** and **GRADSP** synthetic peptides (Calbiochem or Bachem, UK) at concentration of 100µg/ml (~150µM) for 20 min at 37°C in a 5% CO<sub>2</sub>, 95% (v/v) air atmosphere. Meanwhile coated wells were washed once with 50mM Tri-HCl, pH 7.4 and then pre-equilibrated with serum free medium for 10 min. Cell suspensions (100µl/well) were seeded on wells coated with FN, with and without

## *Chapter 2 Materials and Methods*

immobilised gpITG and allowed to attach in the presence of the synthetic peptides. The incubation time was limited 15-40 min to minimise the secretion of any endogenous proteins.

### **2.2.3.2 Cell fixation and permeabilisation**

Following cell adhesion and spreading, the medium was carefully removed and wells were gently washed once with PBS, pH 7.4. Cells were then fixed with 100µl of 3.7% (w/v) paraformaldehyde dissolved in PBS, pH 7.4 for 15 min at room temperature and washed twice with PBS, pH 7.4. Following fixation, cells were permeabilized with 100µl of 0.1% (v/v) Triton-X in PBS, pH 7.4 for 15 min at room temperature. The wells were then washed twice with PBS, pH 7.4.

### **2.2.3.3 May-Grunwald and Giemsa co-staining**

To visualise the attached cells, a two-step staining process was employed to stain both cytoplasm and nucleus. Following fixation and permeabilisation (Section 2.2.4.2), 100µl of May-Grunwald stain (Sigma-Aldrich, UK) was added to the wells to stain the cell cytoplasm for 15 min at room temperature. After the stain was removed, the wells were washed once with PBS, pH 7.4 and then incubated with 100µl of 5% (v/v) Giemsa stain (Sigma-Aldrich, UK) in dH<sub>2</sub>O to stain the nucleus for 20 min at room temperature. The plate was finally washed twice with dH<sub>2</sub>O and left to dry.

### **2.2.3.4 Quantification of cell adhesion**

Digital images of three non-overlapping fields covering the centre of the well were acquired using a video digital camera (Olympus DP10) at 40× magnification. The cell attachment and spreading were quantified using the Scion image analysis programme (<http://www.scioncorp.com>), which is developed at the National Institute of Health (Washington DC, USA). The number of cells per image was assessed through threshold and particle analysis setting with a minimum particle size of 50 pixels. Spread cells were



## *Chapter 2 Materials and Methods*

discriminated from non-spread cells by their two-colour appearance (dark purple for nucleus and pink for cytoplasm). These were quantified by density slicing and particle analysis setting. The spreading cell particles were selectively highlighted through the adjustment of the Lut intensity. The number of attached cells per well was calculated by summing up the number of cells from the three images of non-overlapping fields. Cell attachment on FN without RGD peptide was considered as the control value for most of the experiments. The mean number of attached cells from three wells was calculated and that of the control was considered as 100%. The mean number of attached cells (cell attachment) for each sample was then expressed as the percentage of cell attachment on FN. The mean percentage of attached cells that are spread (cell spreading) for each sample was determined separately, and the mean percentage of spread cells on FN control was expressed as 100%. The mean percentage of spread cells for each sample was then normalised against that of FN control. Cell spreading was defined as the process whereby a rounded cell is flattened as a consequence of ECM-mediated signal transduction leading to the rearrangement in the actin cytoskeleton.

### **2.2.4 Fluorescence staining of actin stress fibres**

Sub-confluent cells were serum-starved for 16 h and harvested. After different treatments, cells were seeded in 8-well glass chamber slides ( $8 \times 10^4$  cells/well) previously coated with FN and TG-FN and allowed to attach and spread for 40 min. Cells were fixed and permeabilized as described previously (Section 2.2.3.2). For staining of actin stress fibres, cells were blocked in PBS buffer supplemented with 3% (w/v) BSA and then incubated with FITC-labelled phalloidin (20 $\mu$ g/ml) in blocking buffer. Coverslips were mounted with Vectashield mounting medium and using constant PMT and section depth settings 9 random fields/ sample were captured by using Zeiss LSM510 laser confocal microscope using Zeiss LSM Image Browser.

### **2.2.5 Preparation of total cell lysates**

## ***Chapter 2 Materials and Methods***

A 6-well plate was coated with 1.5ml of 5µg/ml human plasma FN or heat-inactivated 3% (w/v) BSA in PBS, pH 7.4 by incubation at 4°C for overnight. The FN matrix was further coated with 3ml of 20µg/ml gpITG as described previously (Section 2.2.2.2). Cells detached by trypsinization were then plated onto wells at a density of  $6 \times 10^5$  cells/well (Section 2.2.3.1). Following cell adhesion and spreading, the medium was removed. Wells were washed once with ice-cold PBS, pH 7.4 and the adherent cells were lysed by addition of 50µl of lysis buffer (1% (v/v) Nonidet, 0.5% (w/v) sodium deoxycholate, 0.1% (w/v) SDS, 1mM benzamide, 1mM NaF, 1mM  $\text{Na}_3\text{VO}_4$ , 0.1mM phenylmethylsulfonyl fluoride (PMSF) and 1% (v/v) protein inhibitor cocktail). The non-adherent cells in the medium were collected and centrifuged at  $300 \times g$  for 5 min at 4°C and the cell pellets were washed once with ice-cold PBS, pH7.4 and centrifuged at  $300 \times g$  for 5 min at 4°C. The plate was then incubated on ice for 30 min and lysates were collected with a scraper to be mixed with the corresponding cell pellet from non-adherent cells. Cell extracts were clarified by further centrifugation at  $300 \times g$  for 5 min at 4°C. The samples were stored at -80°C until use.

### **2.2.6 Determination of protein concentration by Lowry Method**

The protein content of cellular extracts was determined using the commercial kit from Bio-Rad based on the Lowry method (Lowry et al., 1951). The determinations were made following the manufacturers instruction using BSA as the standard. Briefly, 5µl of BSA solution ranging from 0.1-1.5mg/ml, and 1µl of cell extract dissolved in 4µl of  $\text{dH}_2\text{O}$ , were added to wells of a microtitre plate in triplicate. The wells were then incubated with 25µl of Reagent A, followed by 200µl of Reagent B for 15 minutes at room temperature. The absorbance values were recorded at 750nm using a SpectraFluor plate reader to produce the calibration graph.

### **2.2.7 Sodium Dodecyl Sulphate- Polyacrylamide Gel Electrophoresis (SDS-PAGE)**

## *Chapter 2 Materials and Methods*

After protein concentration assay (Section 2.2.6), the protein extracts containing certain amounts of total protein were dissolved using 1:1 ratio in 2× strength reducing-Laemmli buffer (125mM Tris-HCl, pH 6.8, 20% (v/v) glycerol, 4% (v/v) SDS, 10% (v/v) 2-β-mercaptoethanol and 0.004% bromophenol blue) (Laemmli et.al. 1970), denatured at 95°C for 5 min, and then stored at -70°C until use or resolved by the SDS-PAGE method, which was a modification of that described by Laemmli et al. (1970) by using the Atto-minigel system. Some of the supernatants were and then stored at until required for electrophoresis; rest of the cell lysates were stored at -70°C for protein content estimation. The gels consisted of a 3% (w/v) polyacrylamide stacking gel and a 10% (w/v) resolving gel. The stacking gel was made using 0.2M Tris 0.2% (w/v) SDS stock solution, pH 6.8 and resolving gel contained 0.75M Tris 0.2% (w/v) SDS stock solution, pH 8.8. The polymerisation reaction was initiated by the addition of the indicated volumes of freshly prepared 5, 8 or 12% ammonium persulphate and N,N,N',N'-Tetramethylethylenediamine (TEMED). The stacking and resolving polyacrylamide gels were prepared according to the table below. Resolving gels (80×60×0.75) were cast using the Atto-mini gel system and water-saturated butan-2-ol was poured on the top of the gel to an approximate depth of 5mm to provide the gel with a flat upper surface. The gel was then allowed to polymerise for 1 hour at room temperature.

The upper surface of the polymerised resolving gels was washed three times with distilled water, and the edge of the gel was gently blotted dry using filter paper. Stacking gels were prepared by combining 0.65ml of 30% (w/v) acrylamide stock solution, 1.25ml of Tris-SDS stock pH 6.8 and 3.05ml of distilled water. Polymerisation was initiated by the addition of 25µl of 10% (w/v) ammonium persulphate and 10µl of TEMED. The gel was quickly pipetted between the glass plates and the 10-well comb that forms the sample wells was inserted. After polymerisation the sample well comb was gently removed from stacking gels and the wells then washed and filled with Tris-glycine electrode running buffer pH 8.5 (25mM Tris, 192mM glycine, and 0.1% (w/v) SDS). A maximum of 50µg of protein was loaded into each well. Electrophoresis was performed at 90V through

the stacking gel, and then at 120V until the Bromophenol Blue tracking dye reached the bottom of the resolving gel.

**Table 2.2 The recipe for the polyacrylamide gels**

Stock solution	Final % (w/v) acrylamide		
	5%	8%	12%
30% (w/v) acrylamide/0.8% (w/v) bis-acrylamide (ml)	2.5	4.0	6.0
Tris-SDS pH 8.8 (ml)	3.75	3.75	3.75
Distilled H <sub>2</sub> O (ml)	6.25		
10% (w/v) ammonium persulphate (μl)	50	50	50
TEMED (μl)	10	10	10

### 2.2.8 Western blotting of proteins from polyacrylamide gels

Proteins resolved by SDS-PAGE were electrophoretically transferred onto nitrocellulose membranes (Gelman Biosciences, UK) using a Bio-Rad wet blot system following the protocol of Towbin et al. (1979). The fibre pads, electroblotting papers and nitrocellulose sheets were soaked in ice-cold transfer buffer, pH 9.2, (48.8mM Tris, 39mM glycine, 0.0375% (w/v) SDS, and 20% (v/v) methanol). The protein gel was carefully removed from the cast and equilibrated in the transfer buffer for 10 min. The coloured gel holder cassette was opened and the pre-soaked filter pad was placed on the black side of the cassette. Next, two layers of wetted electrode paper were laid on the filter pad and bubbles were removed with a glass roller. The gel was then carefully flattened upon the paper and the soaked nitrocellulose was laid onto the gel. Another two layers of wetted electrode paper were placed on the top of the nitrocellulose membrane followed by the second pre-soaked filter pad, again removing any trapped air bubbles. The blotting cassette was then assembled and inserted into the blotting apparatus so that the membrane side of the assembly

## *Chapter 2 Materials and Methods*

faced the anode electrode. The electroblotting apparatus was filled with 1 l of ice cold transfer and frozen ice container was place inside the tank to prevent the overheating of the system. The electrotransfer of the proteins was then performed at 200mA for 2 h. The transfer of proteins was verified by the transfer of high weight molecular markers on the nitocellulose membrane. The membrane was washed once with TBS-Tween, pH 7.4, and incubated in the blocking solution, 5% (w/v) Marvel in TBS-Tween, pH 7.4, with gentle agitation for 1 h at room temperature to prevent the non-specific binding of antibodies.

### **2.2.9 Immuno-development of Western blots**

Following blocking, the membranes were incubated with the appropriate antibody diluted in a blocking buffer with gentle agitation at 4°C overnight. The blots were then washed four times for 15 min in the blocking buffer with agitation. Incubation with the suitable secondary antibody (conjugated to horseradish peroxidase) with certain dilutions in the blocking buffer, was performed for 2 h at room temperature on a shaker. After incubation with the secondary antibody, another set of washes were performed in TBS-Tween, pH 7.4. Finally membranes were rinsed with PBS, pH 7.4.

The immunodetection of blots were completed using the Amersham enhanced Chemiluminescence (ECL) system kit following the manufacturer's instructions. Briefly, the two reagents A and B were mixed in equal quantities (1ml of each per blot) prior to addition to the nitrocellulose membranes for 1 min. The developing solution was the discarded and the membranes wrapped in a cling film before placing in an autoradiography cassette. Exposure was carried out in dark room with Kodak X-Omat films exposed to the nitrocellulose sheet for varying lengths of time depending on the intensity of the signal. The film was developed and fixed using GBX developer and fixer (Sigma) followed by extensive washing with water before air-drying.

To ensure equal protein loadings, primary and secondary antibodies were removed from membranes with stripping buffer (100mM 2-mercaptoethanol, 2%

## ***Chapter 2 Materials and Methods***

(w/v) SDS, 65mM Tris-HCl, pH 6.7). The membrane was submerged in stripping buffer and incubated at 50°C for 30 min with occasional agitation. After four sets of 15 min washes in TBS-0.5% Tween (v/v), pH 7.4, the membrane was blocked in the blocking buffer for 1 h at room temperature. The immunodetection was then performed as described above using a control mouse monoclonal anti- $\alpha$ -tubulin antibody, diluted 1:1000 in the blocking buffer, followed by peroxidase conjugate rabbit anti-mouse polyclonal secondary antibody (diluted 1:2000 in the blocking buffer).

### **2.2.10 Co-immunoprecipitation**

RGD-treated cells were seeded onto TG-FN matrix where the FN was blocked with heparin as described in Section 2.2.2.3. Cells were lysed in cell lysis buffer containing 0.25% (w/v) sodium deoxycholate, 150mM NaCl, 0.1mM PMSF, 1% (v/v) protein inhibitor cocktail, 500 $\mu$ M specific transglutaminase inhibitor R283, and 50mM Tris-HCl, pH 7.4 and put on ice for 30 min with occasional mixing. 200 $\mu$ g of cell extract was then pre-cleared for 1 h at 4°C with non-specific rabbit or mouse IgG, following by 90 min incubation with 50 $\mu$ l of protein A or G-Sepharose bead slurries on a rocking platform. Precleared cell lysates were then incubated with 0.5 $\mu$ g of appropriate antibody for 90 min at 4°C. Immune complexes were precipitated with 50 $\mu$ l of protein A or G-Sepharose bead slurries for 2 h at 4°C, washed with lysis buffer and extracted in Laemmli sample buffer. Samples were resolved by SDS gel electrophoresis, transferred to nitrocellulose membrane and immunoprobed with target antibodies (Sections 2.2.7- 2.2.9).

### **2.2.11 Analysis of protein kinase C $\alpha$ translocation to membrane**

The 60mm Petri dishes were sequentially coated with 5 $\mu$ g/ml of FN (in 50mM Tris-HCl, pH 7.4) and with 20 $\mu$ g/ml of gpITG (in 2mM EDTA in PBS, pH 7.4) as described before (Section 2.2.2). The fibroblast cells were grown to 70% confluency and serum starved for 16 h before the experiment. RAD/RGD-treated cell suspensions were prepared as before (Section 2.2.3.1), and the cells were allowed to attach for 30 min. In some cases, cells were treated with 50nM of

## *Chapter 2 Materials and Methods*

PMA (dissolved in DMSO) for 10 min, as a positive control treatment for PKC $\alpha$  activation. The supernatants of non-adherent cells were washed once with PBS, pH 7.4, collected by gentle scraping into 50 $\mu$ l of ice-cold homogenisation buffer (10nM EDTA, 1mM NaF, 1mM Na<sub>3</sub>VO<sub>4</sub>, 50nM okadaic acid, 0.1mM PMSF, 1% (v/v) protein inhibitor cocktail, and 50mM Tris-HCl, pH 7.4) and mixed with the corresponding cell pellet from non-adherent cells. Cells were lysed by sonication three times for 15 sec and centrifuged to pellet the nuclei and unbroken cells at 300 $\times$ g for 10 min. Protein concentrations were detected as described in Section 2.2.7. Equal amounts of supernatants were collected and further centrifuged at 100,000 $\times$ g for 60 min to separate cytosolic and membrane fractions. The resulting supernatants were considered to be the cytosolic fraction. The pellet was resuspended in 30 $\mu$ l of the homogenisation buffer and was considered to be the membrane fraction. The cytosolic and membrane fractions were diluted in Laemmli loading buffer and separated by SDS gel electrophoresis and electrophoretically transferred to a nitrocellulose membrane, which is sequentially probed with mouse monoclonal anti-PKC $\alpha$  (Santa-Cruz, UK) and peroxidase conjugated monoclonal anti-mouse IgG (Dako, Denmark) as mentioned in Sections 2.2.8-2.2.10.

### **2.2.12 Detection of intracellular and matrix TG2 via confocal microscopy**

Cells were seeded in 8-well glass chamber slides ( $2 \times 10^4$  cells/well) and allowed to grow for 72 h. For the intracellular TG2 staining, cells were fixed and permeabilized as described previously (Section 2.2.3.2), blocked in 3% heat-inactivated BSA in PBS, pH 7.4 for 30 min, and then incubated with mouse anti-human TG2 antibody Cub7402 in blocking buffer (1: 100 dilution) at 37 $^{\circ}$ C for 2 h. For the matrix TG2 staining, the cells were incubated with Cub7402 in complete medium (1:300 dilution) at 37 $^{\circ}$ C for 2.5 h and then after washing 3 times in PBS, pH 7.4, fixed, permeabilized and blocked as described above. The wells were washed 3 times with PBS, pH 7.4 and then incubated with anti-mouse FITC-conjugated secondary antibody in blocking buffer at 37 $^{\circ}$ C for 2 h. After 3-time washing in PBS, pH 7.4, coverslips were mounted with Vectashield mounting medium and using constant PMT and section depth settings 9 random

## *Chapter 2 Materials and Methods*

fields/sample were captured by using Zeiss LSM510 laser confocal microscopy and the images were analysed by using Zeiss LSM Image Browser.

### **2.2.13 Detection of the cell surface TG2 activity via biotin-cadaverine incorporation into fibronectin**

The transglutaminase activity of cell surface TGs were measure via biotin-cadaverine incorporation into FN as introduced previously (Heath et al., 2002). 50µl of 5µg/ml FN in 50mM Tris-HCl, pH7.4 was used to pre-coated 96-well plate at 4°C for 16 h. After washing 3 times with 50mM Tris-HCl, pH7.4, the wells were blocked with 3% BSA in PBS, pH7.4 (blocking buffer) for 1 h at room temperature. Following trypsinizing and counting,  $2 \times 10^4$  cells in 100µl of serum free medium were seeded into each well and incubated for 2 h at 37°C in the presence of 0.132nM biotin-X-cadaverine. 100ng/well of gpITG in serum medium containing 10mM DTT and 0.132nM biotin-X-cadaverine with 10mM CaCl<sub>2</sub> (a positive control) or 10mM EDTA (a negative control) was used as the control samples. After incubation, the reaction was terminated by the addition of 100µl of 2mM EDTA in PBS, pH7.4 into each well and the cells were removed by 100µl of 0.1% (w/v) deoxycholate in 2mM EDTA in PBS, pH7.4 for 10 min at room temperature with gentle agitation. After washing 3 times with 50mM Tris-HCl, pH7.4, the wells were blocked with blocking buffer for 30 min at 37°C. Biotin-cadaverine incorporation into FN was incubated with an extravidin peroxidase conjugate in blocking buffer (1:1000 dilution) at 37°C for 1 h. After washing 3 times with 50mM Tris-HCl, pH7.4, development of the reaction was performed by addition of developing buffer containing the substrate 7.5% (w/v) 3,3',5,5'-Tetramethyl benzidine in DMSO (TMB). The colour development was terminated by addition of 50µl of 2.5M H<sub>2</sub>SO<sub>4</sub> and the absorbance read at 450nm using a Spectrafluor plate reader. Results were expressed as absorbance at 450nm.

### **2.2.14 Detection of cell surface proteins via biotinylation**



## *Chapter 2 Materials and Methods*

Biotinylation of cell surface protein with EZ-link Sulfo-NHS-Biotin was performed according to manufacturer's protocol.  $1 \times 10^6$  cells were seeded into 60mm Petri dishes. After washed once with ice cold PBS, pH 8.0, the cells were incubated with 0.8 $\mu$ M EZ-link Sulfo-NHS-Biotin dissolved in PBS, pH 8.0 at 4°C for 20 min. After the removal of biotin solution, the cells were washed 3 times with 50mM Tris-HCl, pH 8.0 and lysed in 1% SDS in PBS, pH 8.0 with Benzomase. Following the incubation on ice for 30 min, protein concentrations were determined as introduced in Section 2.2.6. Cell lysates containing 600 $\mu$ g total protein were centrifuged at 13,000 $\times$ g for 20 min to pellet the non-broken cells and then incubated with 50 $\mu$ l resin beads at 4°C on rotating platform for overnight. Following washing three times with PBS, pH 8.0, the biotin-labelled cell surface proteins bound to the resin beads were extracted by boiling in 30 $\mu$ l Laemmli sample buffer at 95°C for 5 min.

### **2.2.15 Detection of FN deposition**

#### **2.2.15.1 Biotinylation of FN**

Human plasma fibronectin in PBS, pH 7.4 was incubated with EZ-link Sulfo-NHS-Biotin (Pierce) at room temperature for 30 min. The unbound biotin was dialysed in 1 l of dialysis buffer PBS, pH 7.4 at 4°C for at least 24 h. The dialysis buffer was changed at least 3 times. After the protein concentration assay (Section 2.2.6). The biotin-labelled FN solution was diluted to the concentration of 50 $\mu$ M and then stored at -80°C until use.

#### **2.2.15.2 Analysis of FN matrix assembly by immunofluorescence**

$6 \times 10^4$  cells /well of wild type, syndecan-4 null,  $\beta$ 1 integrin null and EA5, EA5/ $\alpha$ 5 cells were seeded onto FN or TG-FN in 8-well glass chamber slides. In some experiments, the cells were pre- treated with RAD or RGD peptide. The cells were incubated for 1 h in serum-free medium and following washing the adherent cells with serum-free medium, the cells were incubated with 50nM exogenous biotinylated FN (prepared according to manufacturer's protocol) in

## *Chapter 2 Materials and Methods*

serum-free medium. After 1 h, 3 h, 6 h and 16 h incubation, fixed cells were blocked with 3% bovine serum albumin (BSA) in PBS, pH7.4 and the cell matrices stained with 1 $\mu$ g/ml Cy5-streptavidin. Slides were mounted with Vectashield mountant and examined via confocal microscopy.

### **2.2.16 Statistical analysis**

The differences between data sets in cell adhesion assays were analysed by the Student's t test (two-tailed distribution with equal variance). Statistical significant difference between data sets was defined in the text by a  $p < 0.05$  (two sides).

**Chapter 3:**  
**Importance of the syndecan-4/2 and**  
 **$\beta$ 1 integrin co-signalling pathway in**  
**RGD-independent cell adhesion**  
**mediated by the TG-FN matrix**

**Chapter 3: Importance of the syndecan-4/2 and  $\beta 1$  integrin co-signalling pathway in RGD-independent cell adhesion mediated by the TG-FN matrix**

**3.1 Introduction**

The extracellular matrix (ECM) serves as a crucial survival signal for many anchorage dependent cells by providing those cells with a suitable environment to proliferate, differentiate, migrate and transduce signals thus enabling them to exert their biological functions (Hynes, et al., 1999). As one of the major ECM components, fibronectin (FN) can interact with different kinds of cell surface receptors, such as integrins and syndecans and activate their signalling pathways.

The amino acid sequence Arg-Gly-Asp binding site is a widely occurring cell adhesive motif originally discovered in fibronectin (Pierschbacher and Ruoslahti, 1984), and located in III<sub>10</sub>. The RGD motif in fibronectin is one the most important recognition sites for about half of all known integrins, such as  $\alpha 3\beta 1$ ,  $\alpha 5\beta 1$ ,  $\alpha V\beta 1$ , and  $\alpha V\beta 3$  integrin. When treated with synthetic RGD peptides, the cells can not adhere completely on FN (Pierschbacher and Ruoslahti, 1984), suggesting the importance of this interaction between cells and matrix mediated by integrin receptors. A recent study discovered that, even when seeded on the cell binding domain of FN, the cells could still not accomplish a well-organized actin cytoskeleton, which led to the discovery of another important family of cell surface receptors— heparan sulfate proteoglycans (HSPGs) (Bloom, *et al.*, 1999). Only when the heparan sulfate chains interact with heparin-binding sites in FN, can the cell organize mature focal contacts (Woods, et al. 1986). The major group of HSPGs is the syndecan family. The syndecans are a four-member family (syndecan1-4) of transmembrane cell surface proteoglycans (PGs) that bear heparan sulfate glycosaminoglycan (GAG) chains (Bernfield, et al., 1999). The syndecans are expressed on virtually all cell types throughout development and adulthood, and their expression can be altered under certain

***Chapter 3: Importance of the syndecan-4/2 and  $\beta$ 1 integrin co-signalling pathway in RGD-independent cell adhesion mediated by the TG-FN matrix***

pathophysiological conditions, including the processes of tumour onset, progression and metastasis (Sanderson, et al., 2004).

Several studies on TG2, FN structure and the integrin signalling pathway have demonstrated a novel role for TG2 in the cell adhesion process. The structural study for FN showed that the TG2 binding site (the 42kD gelatin-binding domain) (Radek, et al., 1993) and the integrin binding site (the RGD cell-binding site) are located in different parts of the FN molecule, which provides the possibility that TG2 and integrin collaborate rather than compete in the cell adhesion process. Moreover, the binding of TG2 with FN was shown to activate FAK and increase the GTP loading of the small GTPase RhoA, leading to intracellular signalling and induction of cell adhesion (Janiak, et al., 2006).

The studies of Belkin et al. (2000 and 2001) and Gaudry et al. (1999) indicated that TG2 associates with integrin receptors in a number of different cell types via binding to the extracellular domains of the  $\beta$ 1,  $\beta$ 3 and  $\beta$ 5 integrin subunits. Unlike FN, integrins do not appear to serve as enzymatic substrates of TG2 or other transglutaminases and the formation of stable non-covalent integrin-TG2 complexes is independent of the transamidating activity of TG2 (Akimov et al., 2000a). Although the binding sites within integrins for TG2 are still unknown, it has been demonstrated that integrin-TG2 complexes have a 1:1 stoichiometry and all the TG2 on the cell surface is bound to integrin receptors in a FN-independent manner (Akimov et al., 2000a). Besides the structural evidence for interactions, a series of studies led by Mehta and colleagues on tumour cells demonstrated the connection between TG2 and the integrin-relevant downstream signalling molecule-FAK. The culture of TG2-positive breast cancer cells and TG2-transfected fibroblasts on fibronectin-coated surfaces led to the activation of FAK, the downstream signalling molecule of integrins (Mehta, et al., 2006). Conversely, down-regulation of TG2 by small interfering RNA attenuated FN-mediated cell attachment (Herman, et al., 2006) and cell survival and FAK phosphorylation (Verma, et al., 2006). A recent study showed that GTP-bound TG2, present in the ECM, can induce hypertrophic differentiation of

***Chapter 3: Importance of the syndecan-4/2 and  $\beta 1$  integrin co-signalling pathway in RGD-independent cell adhesion mediated by the TG-FN matrix***

chondrocytes through an  $\alpha 5\beta 1$  integrin-dependent and FAK-associated cell adhesion process (Tanaka, et al., 2007).

As introduced above, TG2 also exists in the ECM as a kind of structural protein (Verderio, et al., 1998). The importance of TG2, as an ECM protein, in RGD-independent cell adhesion was first introduced by Verderio et al. (2003). The TG2 bound FN matrix compensated the apoptosis (anoikis) induced by an RGD synthetic peptide. This process was PKC $\alpha$  and FAK-dependent. Treating the cells with heparinase to digest the cell surface heparan sulfate chains abolished the compensatory effect of the TG-FN complex, which indicated the potential involvement of HEPG receptors.

The aim of the work contained in this chapter is to identify the potential involvement of other cell surface receptor(s), including syndecan-4, syndecan-2,  $\beta 1$  integrin,  $\alpha 5$  integrin,  $\beta 3$  integrin and  $\alpha 4\beta 1$  integrin, and characterise their roles in mediating the RGD-independent cell adhesion and actin cytoskeleton formation on TG-FN. Given the range of cell surface receptors present in fibroblasts, and the availability of receptor mutant cells, mouse embryo fibroblasts (MEF), in which syndecan-4,  $\beta 1$  integrin,  $\alpha 5$  integrin, or  $\beta 3$  integrin has been knocked out, were utilized as the major cell model (Gronthos, et al. 1997; Bass and Humphries 2002; Verderio, et al., 2003).

## **3.2 Methods**

### **3.2.1 RGD-independent Cell adhesion assay**

Cells ( $2.5 \times 10^4$  cell/well) pre-treated with RGD or RAD synthetic peptide were seeded on the microtiter plates pre-coated with FN (5 $\mu$ g/ml) or FN with immobilized with gpITG (20 $\mu$ g/ml) and allowed to adhere for 20-40 min (Section 2.2.3.1). Following cell adhesion and spreading, the cells were fixed and stained as mentioned before (Section 2.2.3). The differences between data sets were performed using Student's t test (two-tailed distribution with equal variance).

### **3.2.2 Immunofluorescence staining**

To investigate the formation of the actin cytoskeleton in fibroblast with different mutations or with silenced cell surface receptors, FITC-labelled phalloidin (20 $\mu$ g/ml) was used to detect the actin skeleton formation after the RGD-independent cell adhesion on FN or TG-FN matrices in 8-well chambers. The signals were detected by a Zeiss LSM510 laser confocal microscope (Section 2.2.4).

### **3.2.3 siRNA transfection**

Syndecan-2 specific targeting siRNA was used to inhibit the expression of syndecan-2 in MEF cells by using the HiPerfect Transfection method (Qiagen). 4 different siRNA sequences targeting mouse syndecan-2 were obtained from Qiagen. The sequences are listed below.

Mm\_Sdc2\_1 SI01412250 TGGAATTTAATTTGTAGAATA

Mm\_Sdc2\_2 SI01412264 CAAAGGCAAATTAATGTGTAA

1nM of lyophilized siRNA was dissolved in 100 $\mu$ l of sterile, RNase-free water to obtain a 10 $\mu$ M solution and then stored at -20°C. The transfection was performed according to the manufacture's protocol. Before transfection,  $3 \times 10^5$  cells were

***Chapter 3: Importance of the syndecan-4/2 and  $\beta$ 1 integrin co-signalling pathway in RGD-independent cell adhesion mediated by the TG-FN matrix***

seeded into each well of a 6-well plate for 24 h to reach 50-80% confluency. Prior to transfection, cells were washed with PBS, pH 7.4 and the medium was replaced with 2.3ml pre-warmed fresh complete growth medium. 150ng of siRNAs were diluted in DMEM serum free medium siRNAs to reach the final volume of 100 $\mu$ l of siRNA working solution at the final concentration of 5nM. After pre-incubation with 12 $\mu$ l of HiPerfect Transfection Reagent (Qiagen) at room temperature for 5-10 min, the transfection complex was added drop-wise onto the cells with gentle swirling the plate to ensure the uniform distribution of the transfection complex. The following experiments were performed after 30 h siRNA transfection.

**3.2.4 Detection of the siRNA transfection efficiency**

After 30 h incubation of the syndecan-2 targeting siRNA or the negative control siRNA with the MEF cells, cell lysates were collected into 30 $\mu$ l of cell lysis buffer and the protein concentration was detected as introduced in Section 2.2.7. Western blotting was performed to detect the presence of syndecan-2 by using rabbit anti-syndecan-2 polyclonal antibody (1:1000 dilution) and swine anti-rabbit secondary antibody (1:1000 dilution) (Section 2.2.8- 2.2.9). Signals were detected by using enhanced Chemiluminescence (ECL) system kit.

**3.2.5 The synthesis and detection of the scrambled siRNA against the syndecan-2 specific targeting siRNAs**

According to the results from the Western blotting assay for the syndecan-2 siRNAs-treated MEF cells, the scrambled siRNA were designed with the aid of Dr Russell Collighan (Aston University) and synthesized by Sigma-Aldrich. The sequences of the scrambled siRNAs were listed below and the effect of these siRNAs was detected via Western blotting for syndecan-2 antigen as described in Section 4.2.4.

Scrambled siRNA1: GTAAATTATGTAAGTTAGTAT

Scrambled siRNA2: GATAATCAAAGCGAAATGTAT



### **3.3 Results**

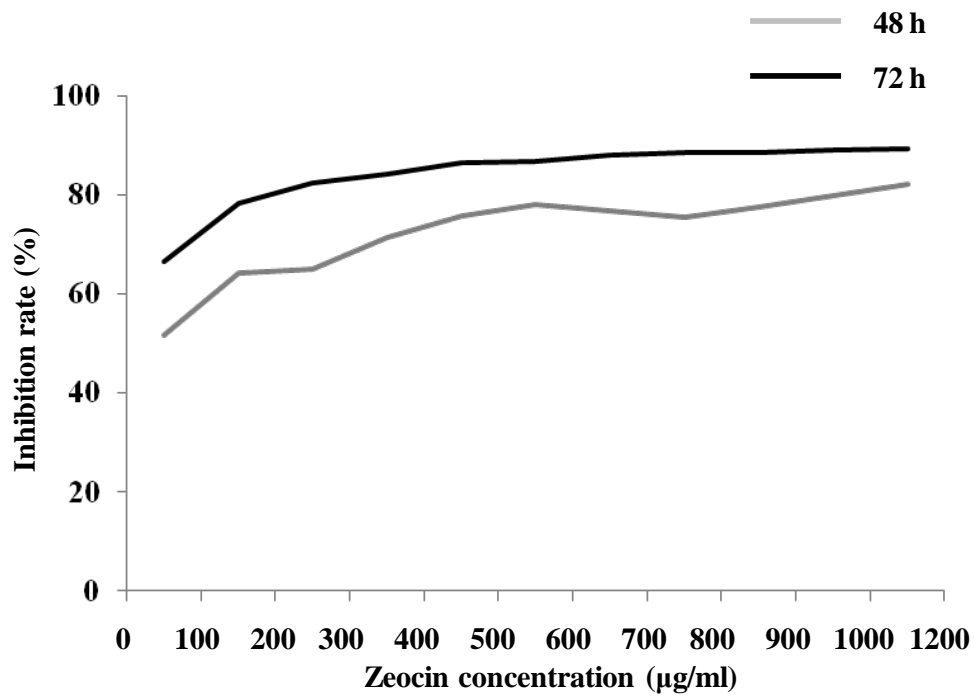
#### **3.3.1 Cell surface TG2 is not sufficient to support RGD-independent cell adhesion.**

##### **3.3.1.1 Susceptibility of MEF cells to Zeocin**

For the establishment of the stable TG2 transfected MEF cell line, a range of zeocin concentrations (0.1-1.2mg/ml) was used to treat wild type MEF cells to identify the lowest possible concentration that would induce about 80% cell death within 48-72 h as introduced in Section 2.2.1.7.1. The resulting kill curve suggested that at the concentration of 800 $\mu$ g/ml zeocin was the optimal concentration for clone selection (Figure 3.3.1).

##### **3.3.1.2 Establishment of tg2-MEF cell line with stable-transfected TG2**

Previous data suggested that cell surface TG2 is a co-receptor in mediating integrin-dependent cell adhesion on FN. In order to distinguish the effects of cell surface TG2 and matrix TG2, MEF cells were stable-transfected with human TG2 as introduced in Section 2.2.1.7 and grown in cell medium supplemented with 800 $\mu$ g/ml zeocin to select the transfected cells. Selection of transformants was undertaken with 400 $\mu$ g/ml of zeocin in the cell culture medium. The effect of transfection was studied via detecting the level of TG2 antigen in both whole cell lysates and biotinylated cell surface protein via Western blotting (Section 2.2.8). As shown in Figure 3.3.2, in wild type MEF cells TG2 was found neither in cell lysate nor on the cell surface, while after transfection, high levels of TG2 antigen was detected on the cell surface. These results prove the successful establishment of a tg2-MEF cell line, which provides an ideal model to investigate the role of cell surface TG2 in the RGD-independent cell adhesion process, since the potential influence of exogenous TG2 is ruled out in the wild type MEF cell.

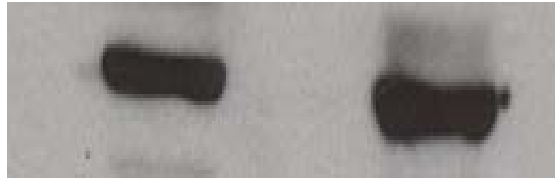


**Figure 3.3.1** The effect of zeocin on MEF cell proliferation via XTT assay.

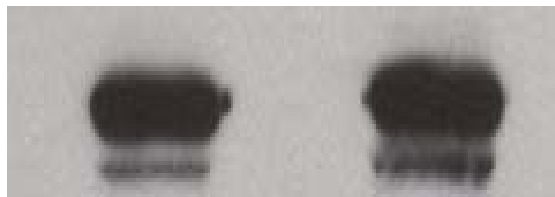
MEF cells were treated with different concentrations of zeocin (0, 100, 200, 400, 600, 800, 1000, 1200µg/ml, prepectively). After 48 and 72 h incubation with the antibiotic, XTT assay was performed and the absorbance was read at 490nm and 750nm using a Spectrafluor plate reader (as introduced in Section 2.2.1.7.1).

**Figure 3.3.1**

**Cell surface TG2**



**Whole cell lysate TG2**



1      2      3

**Figure 3.3.2 Detection of TG2 in wild type and tg2-MEF cells.**

The establishment of tg2-MEF cell line was accomplished as introduced in Section 2.2.1.7. The presence of TG2 antigen in wild type and tg2-MEF cells was detected in both whole cell lysates and biotinylated-cell surface proteins (As described in Section 2.2.14) via Western blotting (As introduced in Section 2.2.8). Lane 1, gplTG marker; Lane 2 wild type MEF cells; Lane3 tg2-MEF cells.

**Figure 3.3.2**

***Chapter 3: Importance of the syndecan-4/2 and  $\beta 1$  integrin co-signalling pathway in RGD-independent cell adhesion mediated by the TG-FN matrix***

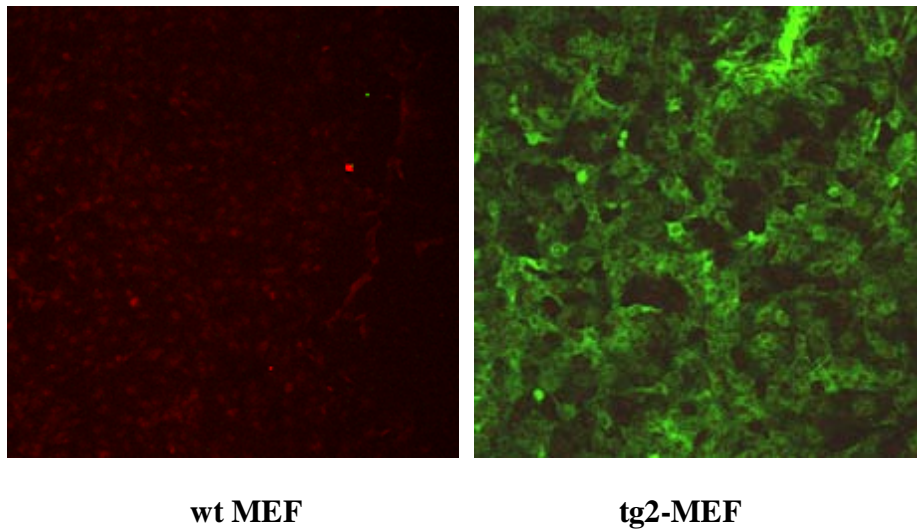
The distribution of the TG2 antigen within the whole population of wild type and tg2-MEF cells, immunofluorescence staining of the intracellular TG2 was applied by using a specific monoclonal antibody Cub7402 against TG2 and the fluorescence signals were detected via confocal microscopy as introduced in Section 2.2.12. No fluorescence signalling was detected in wild type MEF cells, and an equal distribution of TG2 antigen was obtained in tg2-MEF cells, indicating the success of the establishment of tg2-MEF cell line (Figure 3.3.3).

In order to confirm the results from the Western blotting of the presence of the TG2 antigen within the wild type and tg2-MEF cells, cell surface *in situ* TG activity was measured via a biotin-X-cadaverine incorporation assay as described in Section 2.2.13. As shown in Figure 3.3.4, cell surface TG activity was only detected in the tg2-MEF cells, but not in wild type MEF cells, which further confirmed the presence of TG2 on tg2-MEF cell surface.

To further confirm the presence of TG2 antigen and its ability to be deposited into the ECM, the established tg2-MEF cell line was seeded into 8 well chambers and after a 72 h incubation, the matrix TG2 antigen was detected via immunofluorescence staining. As shown in figure 3.3.5, in tg2-MEF matrix TG2 could be detected, while no signal was found in the wild type MEF cells, further confirming the very negligible levels of TG2 in the wild type cells and the increased TG2 antigen deposited into the ECM of TG2 transfected cells.

**3.3.1.3 Cell surface TG2 could not compensate adhesion to FN in the presence of RGD peptides**

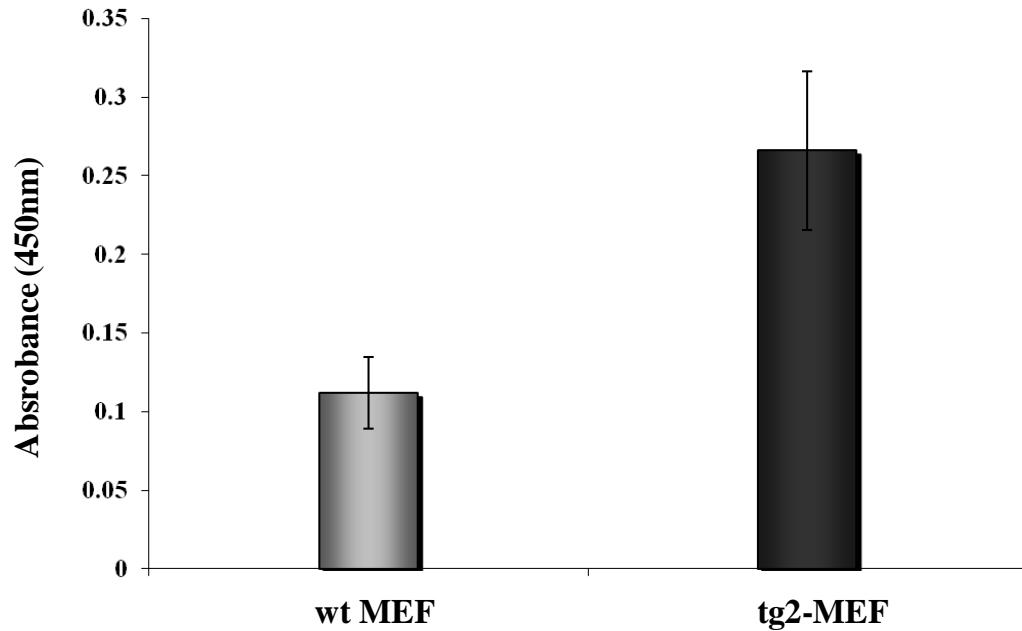
The effect of cell surface TG2 (that which is likely to be associated with integrins following its immediate secretion (Akimov et al., 2000b) on RGD-independent cell adhesion was investigated by using wild type and tg2-MEF cells, while wild type MEF cells seeded on FN matrix were used as the control group. As shown in Figure 3.3.6a and b, no significant difference was found between RAD-treated tg2-MEF cells and wild type cells, suggesting that no toxicity was found by over-expression of TG2. Interestingly, over-expression of cell surface TG2 did not



**Figure 3.3.3 Detection of intracellular TG2 in wild type and tg2-MEF cells.**

The establishment of tg2-MEF cell line was accomplished as introduced in Section 2.2.1.7. The presence of intracellular TG2 antigen in wild type (wt MEF) and tg2-MEF cells was detected via immunofluorescence staining by using anti-TG2 antibody Cub7402 and the fluorescence signals were detected via confocal microscopy, while the nuclei were staining by using propidium iodide (PI) (As described in Section 2.2.12).

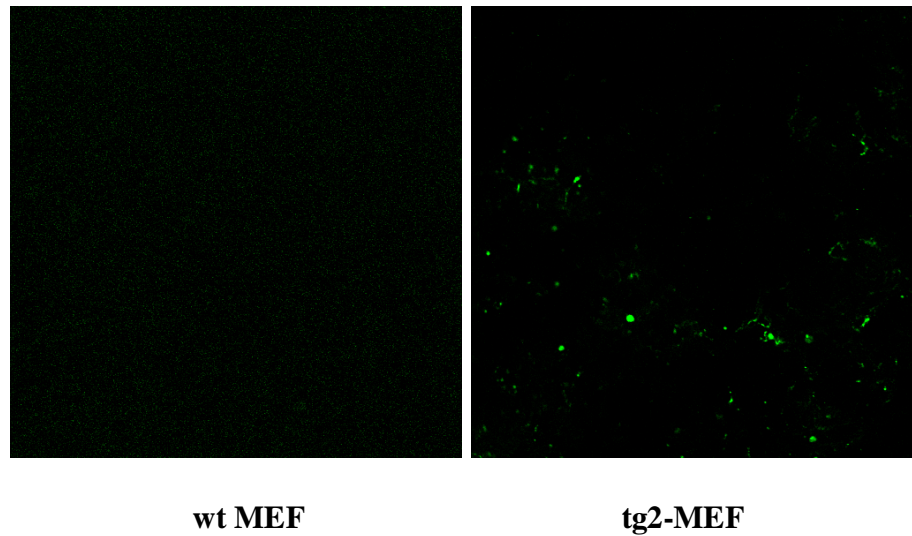
**Figure 3.3.3**



**Figure 3.3.5** Detection of the cell surface TG activity in wild type and tg2-MEF cells.

The establishment of tg2-MEF cell line was accomplished as introduced in Section 2.2.1.7. The activity of the cell surface TG2 in wild type (wt MEF) and tg2-MEF cells were measured via biotin-cadaverine incorporation into fibronectin (Section 2.2.13).

**Figure 3.3.4**



**Figure 3.3.4** Detection of matrix deposited TG2 antigen in wild type and tg2-MEF cells.

The establishment of tg2-MEF cell line was accomplished as introduced in Section 2.2.1.7. The presence of matrix TG2 antigen in wild type and tg2-MEF cells were detected via immunofluorescence staining as introduced in Section 2.2.12.

**Figure 3.3.5**

***Chapter 3: Importance of the syndecan-4/2 and  $\beta 1$  integrin co-signalling pathway in RGD-independent cell adhesion mediated by the TG-FN matrix***

improve the cell attachment and spreading process on FN, since no significant differences were observed between wild type and tg2-MEF. RGD peptide treatment led to a 50% reduction of both cell attachment and cell spreading in tg2-MEF, and no significant difference was found when compared to RGD-treated wild type MEF. Only when both sets of cells were seeded on the TG-FN complex were the cells able to recover their adhesion capacity (92% in adhesion and 95% in spreading) in the presence of RGD peptide. These results indicated that cell surface TG2 is not sufficient to compensate the effect of the RGD peptides on the cell adhesion and that only when it is deposited into a FN matrix, can TG2 facilitate cell adhesion in the presence of RGD peptides.

**3.3.2 TG2 is the functional component within the TG-FN complex that exerts the compensatory effect in cell adhesion in the presence of RGD peptides**

**3.3.2.1 Immobilisation and detection of TG2 on a heparin-treated FN matrix**

Although it has been reported that the TG-FN complex can compensate the effect of RGD peptides in inhibiting cell attachment and spreading, the relative contribution of these two proteins in the heterocomplex still remains unknown. In order to distinguish the roles of FN and TG2, soluble heparin, which is a natural ligand for FN, was used to block the binding sites for heparan sulphates on FN prior to TG2 immobilisation (Itano et al., 1993). Before performing the cell adhesion assay, a modified ELISA method (Verderio et al., 1999) was utilized to investigate whether heparin-treatment affected the formation of the TG-FN complex. To block the heparin-binding sites completely, a 60-fold excess concentration of heparin (300 $\mu$ g/ml) to FN (5 $\mu$ g/ml) was used. In this experiment, two different concentrations of TG2, 20 $\mu$ g/ml and 30 $\mu$ g/ml, were immobilised on FN following heparin incubation. Previous work has been demonstrated that 20 $\mu$ g/ml of gpITG is the concentration that can saturate 5 $\mu$ g/ml FN coated plastic surface. The relevant levels of TG2 were detected with the mouse monoclonal anti-TG2 antibody Cub7402. The results show that the binding between heparin and FN did not affect interaction between FN and TG2.

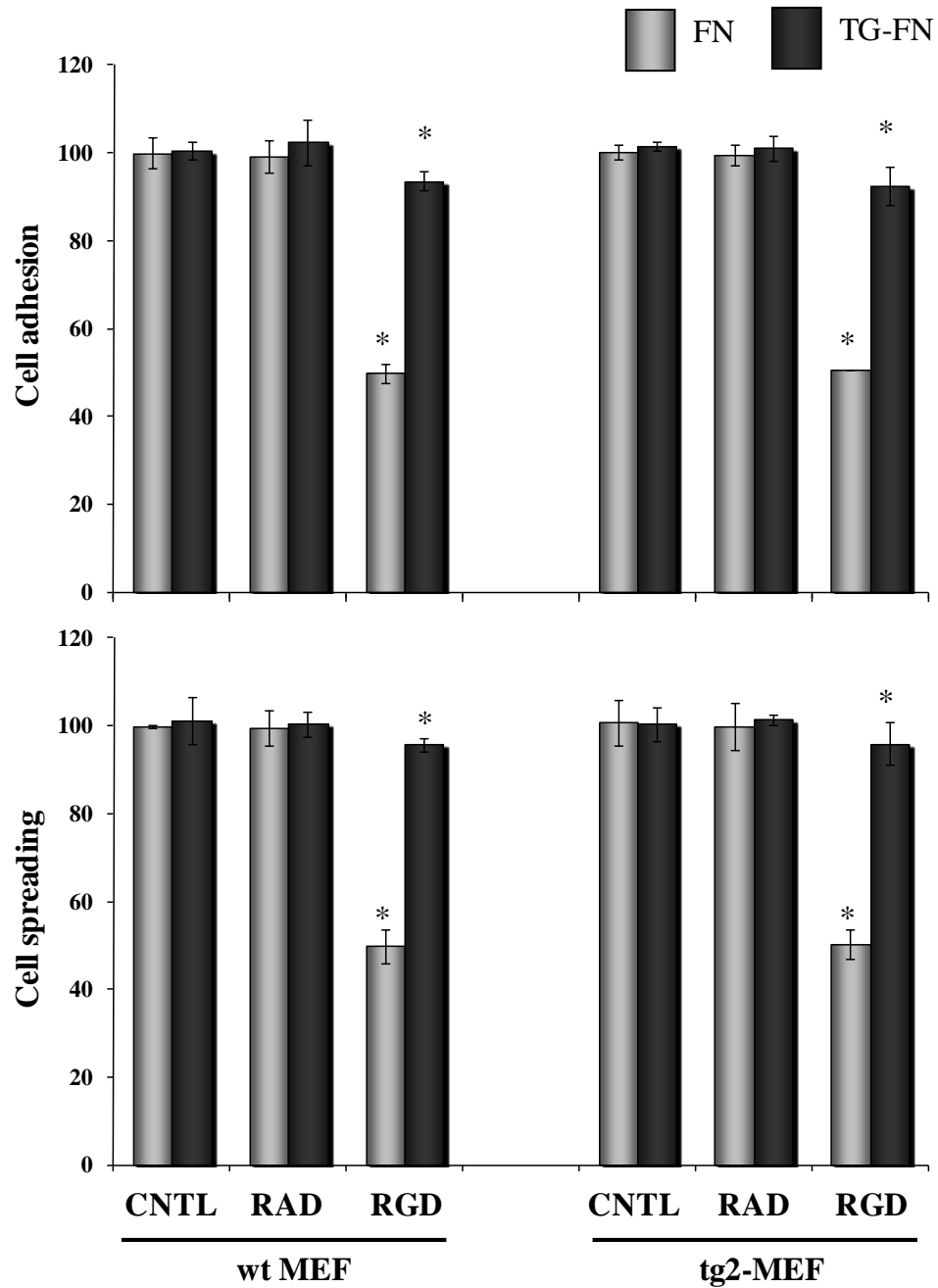




**Figure 3.3.6 The role of cell surface TG2 in cell adhesion process on FN-TG2 matrix.**

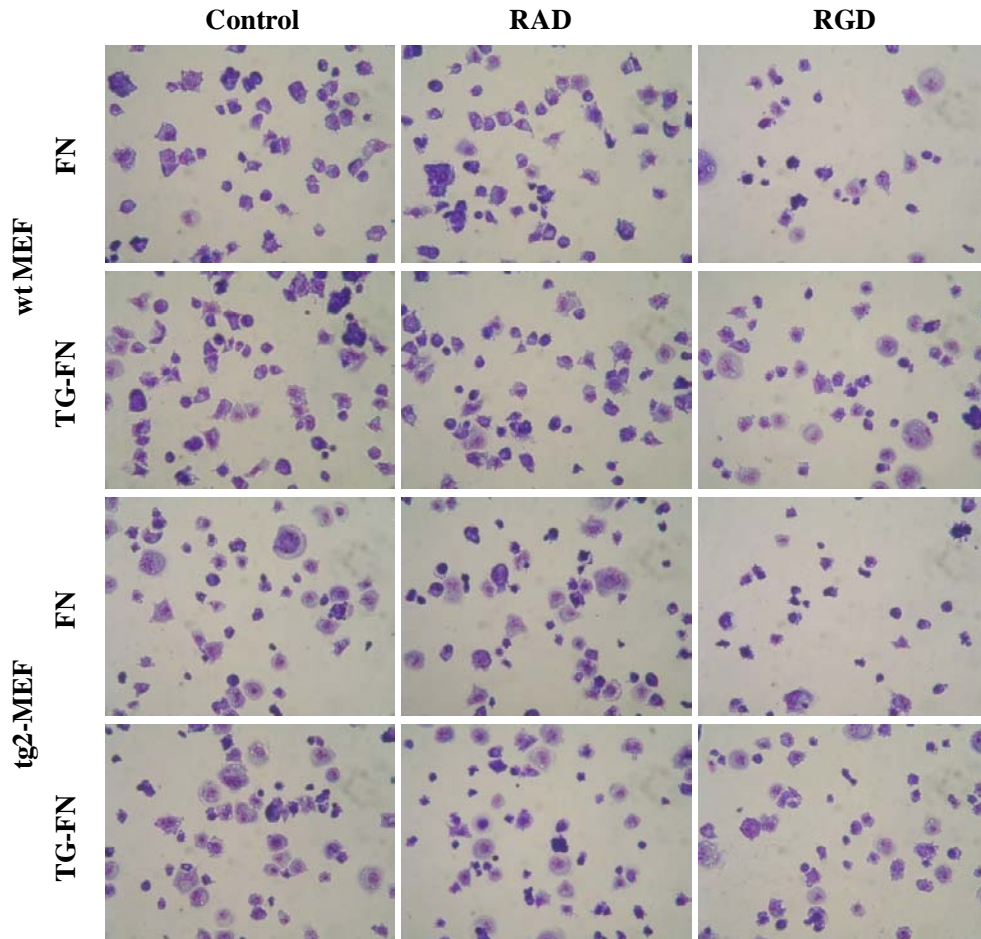
The cell adhesion assay were carried on and the attachment and spreading of wild type (wt) MEF and tg2-MEF cells were analysed as explained in Section 2.2.3. **a**, the cell adhesion of wild type and tg2-MEF cells. The percentage of attached cell (cell attachment) or the percentage of spreading cells (cell spreading)  $\pm$  S.D. shown is the mean values from three separate experiments performed in triplicate. The mean cell attachment and spreading values were expressed as the percentage of control values of non-treated (control) cell seeded on FN (which represents 100%)  $\pm$  S.D. The mean number of cell attachment  $\pm$  S.D. of control taken from 3 experiments was  $150 \pm 5$ . The mean percentage spreading value  $\pm$  S.D on FN was  $68 \pm 0$  in the 3 experiments, and normalised to 100%. The \* symbol represents significant difference ( $p < 0.05$ ) between FN and TG-FN matrices in the presence and/ or absence of RAD or RGD peptide when compared to the non-treated cells seeded on FN. **b**, visualization of wild type and tg2-MEF cells on FN and TG-FN matrix in the presence of RGD peptide.

*Chapter 3: Importance of the syndecan-4/2 and  $\beta 1$  integrin co-signalling pathway in RGD-independent cell adhesion mediated by the TG-FN matrix*

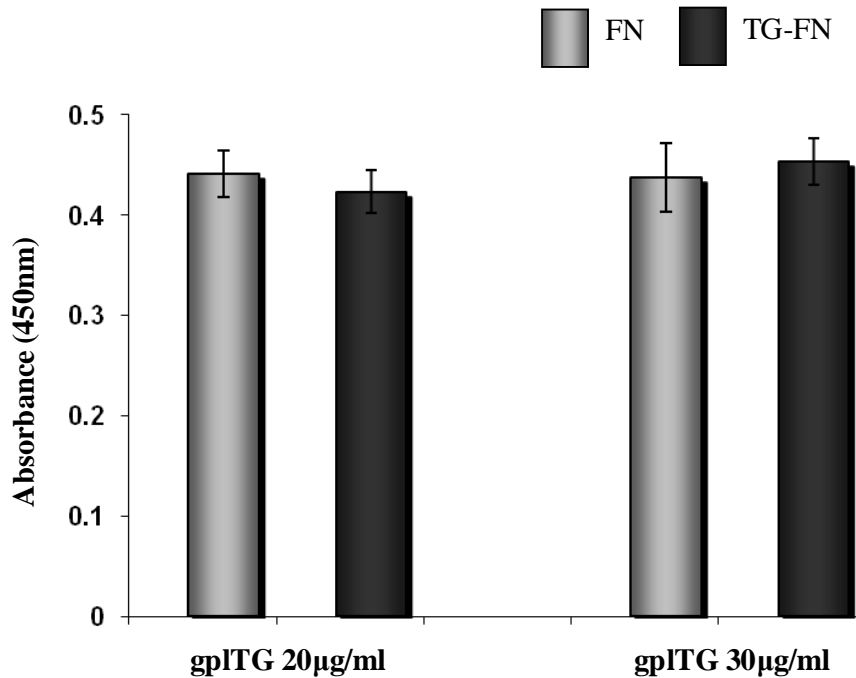


**Figure 3.3.6a**

*Chapter 3: Importance of the syndecan-4/2 and  $\beta 1$  integrin co-signalling pathway in RGD-independent cell adhesion mediated by the TG-FN matrix*



**Figure 3.3.6b**



**Figure 3.3.7 Detection of the relative levels of TG2 bound to heparin blocked FN by ELISA.**

The relative levels of TG2 bound to heparin blocked FN immobilized on TCP at different concentrations of TG2 were measured via ELISA. 300µg/ml heparin in 50mM Tris-HCl, pH7.4 was used to block the heparin-binding sites within FN molecule before the immobilization of gpITG onto FN matrix. The presence of gpITG antigen immobilized on FN matrix was detected by using monoclonal antibody Cub7402. Each data point presents the mean absorbance (450nm) values  $\pm$  S.D of three separate experiments undertaken in quadruplicate. The final values were acquired by subtracting the background values obtained from the wells incubated with FN and heparin solution.

**Figure 3.3.7**

***Chapter 3: Importance of the syndecan-4/2 and  $\beta 1$  integrin co-signalling pathway in RGD-independent cell adhesion mediated by the TG-FN matrix***

compared to the control groups and there was no significant difference between the two concentrations of TG2. Therefore this method was used in the following cell adhesion experiments (Figure 3.3.7).

**3.3.2.2 TG2 can compensate the loss of cell adhesion in the presence of RGD peptides even after blocking the heparin binding sites on FN**

Cell adhesion was performed on heparin-treated matrices and control matrices to investigate the ability of TG-FN in RGD-independent cell adhesion by using mouse embryonic fibroblasts. As might be expected, the heparin-blocked FN matrix led to a significant 30% decrease in cell attachment and over 20% decrease in cell spreading (Figure 3.3.8a and b), compared to that of the FN control. Cell attachment on TG-FN was 106% of the control cell attachment on FN in the non-blocked wells. TG-FN matrix compensated the loss of cell adhesion caused by blocking the heparin-binding sites within FN molecules. Similar results were obtained when cells were seeded on FN and TG-FN matrix with or without heparin blocking in the presence of RGD peptide. Once treated with 100 $\mu$ g/ml of RGD peptide, cell attachment was reduced to 50% of the value evaluated for the control on FN, while cell spreading dropped to 18% (Figure 3.3.8a and b) of the control value. The defective cell attachment and spreading due to heparin blocking and the presence of RGD peptide was restored back to 79% and 64%, respectively, when cells were seeded on the TG-FN matrix, This suggests that the RGD-independent cell adhesion mediated by the TG-FN complex is independent of the interaction between cell surface HSPGs and the heparin -binding sites within FN.

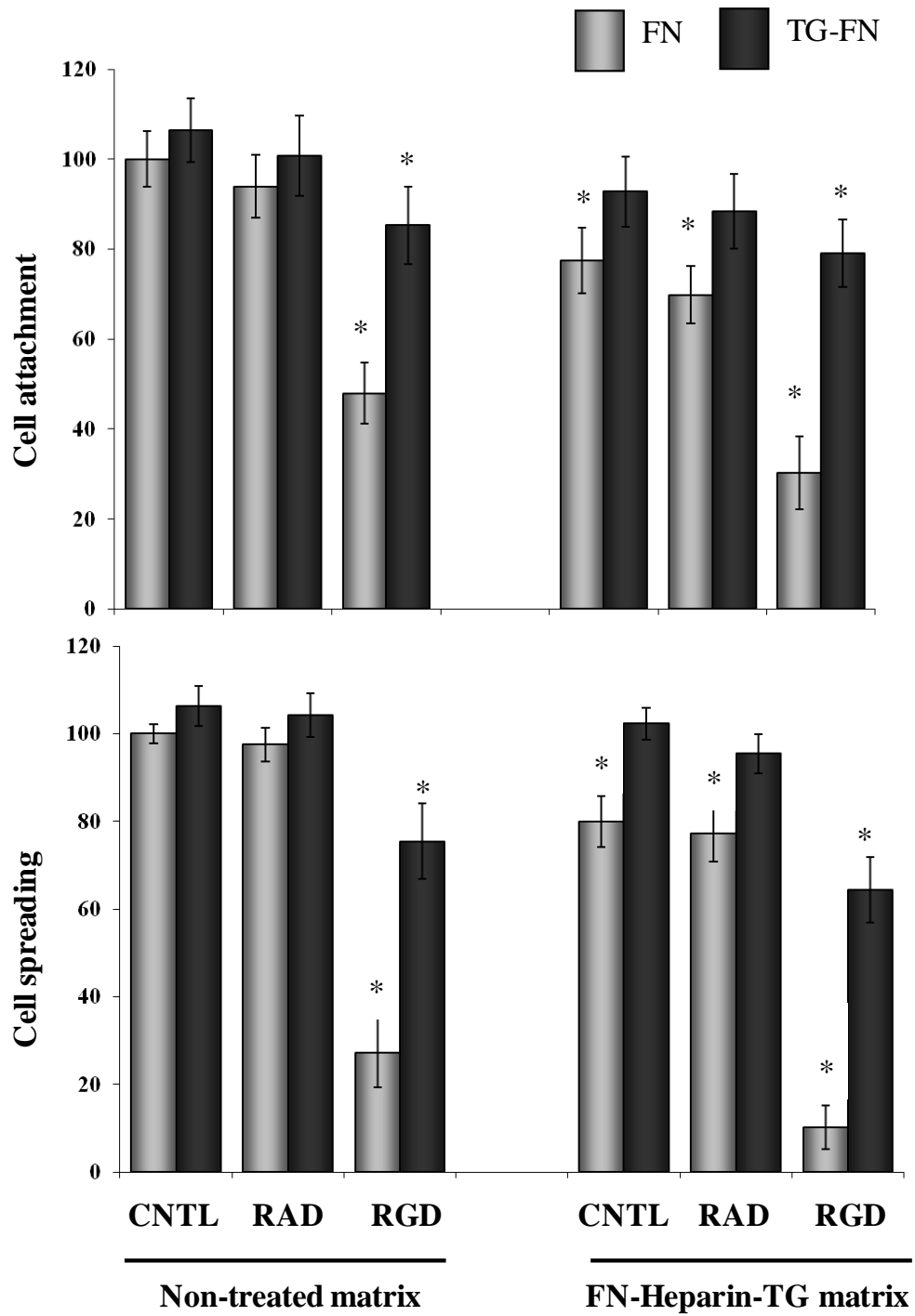
**3.3.3 Cell adhesion in response to the TG-FN matrix is dependent on the interaction between TG and the extracellular heparan sulfate chains.**

**3.3.3.1 Heparan sulfate chains are required for TG-FN to exert its compensatory effect on the RGD peptide-induced loss of cell adhesion**



**Figure 3.3.8 The importance of the heparin binding sites within FN in cell adhesion process on FN or FN-TG2 matrix.**

Heparin-treated matrix was prepared as described under Methods (Section 2.2.2). The cell adhesion assay was carried out and the attachment and spreading of Swiss 3T3 fibroblasts were analysed as explained in Section 2.2.3. The percentage of attached cell (cell attachment) or the percentage of spread cells (cell spreading)  $\pm$  S.D. shown are the mean values from three separate experiments performed in triplicate. The mean cell attachment and spreading values were expressed as the percentage of control values of non-treated (control) cell seeded on FN (which represents 100%)  $\pm$  S.D. The mean number for cell attachment  $\pm$  S.D. of control taken from 3 experiments was  $172 \pm 6$ ,  $156 \pm 11$ , and  $159 \pm 4$ . The mean percentage spreading value  $\pm$  S.D. on FN was  $80 \pm 1$ ,  $90 \pm 2$ , and  $87 \pm 2$  in the 3 experiments, and normalised to 100%. The \* symbol represents significant difference ( $p < 0.05$ ) between FN and TG-FN matrices in the presence and/ or absence of RAD or RGD peptide when compared to the non-treated cells seeded on FN.



**Figure 3.3.8**



**Figure 3.3.9 The importance of cell surface heparan sulphate chains in cell adhesion process on FN or TG-FN matrix.**

The cell adhesion assay was carried out and the attachment and spreading of wild type (wt) and heparan sulphate-mutant (hs-m) CHO cells were analysed as explained in Section 2.2.3. **a**, The percentage of attached cell (cell attachment) or the percentage of spreading cells (cell spreading)  $\pm$  S.D shown are the mean values from three separate experiments performed in triplicate. The mean cell attachment and spreading values were expressed as the percentage of control values of non-treated (control) cell seeded on FN (which represents 100%)  $\pm$  S.D. The mean number of cell attachment  $\pm$  S.D. of control taken from 3 experiments was  $176 \pm 5$ ,  $181 \pm 2$ , and  $144 \pm 16$ . The mean percentage spreading value  $\pm$  S.D on FN was  $83 \pm 1$ ,  $83 \pm 6$ , and  $69 \pm 1$  in the 3 experiments, and normalised to 100%. The \* symbol represents significant difference ( $p < 0.05$ ) between FN and TG-FN matrices in the presence and/ or absence of RAD or RGD peptide when compared to the non-treated cells seeded on FN. The # symbol represents significant difference ( $p < 0.05$ ) between individual groups. **b**, visualization of wt and hs-m CHO cells on heparin-treated FN and TG-FN matrix in the presence of RGD peptide.



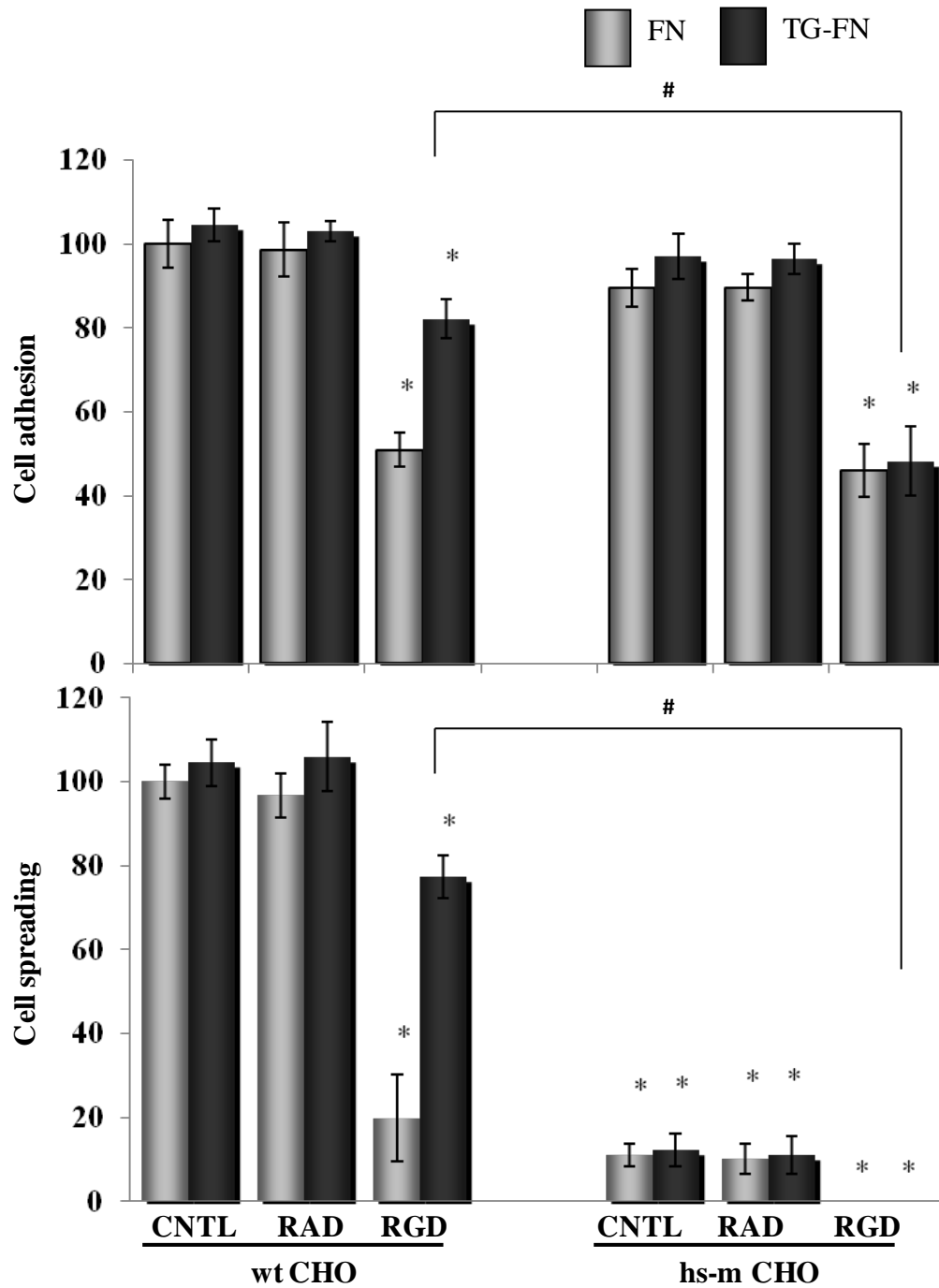
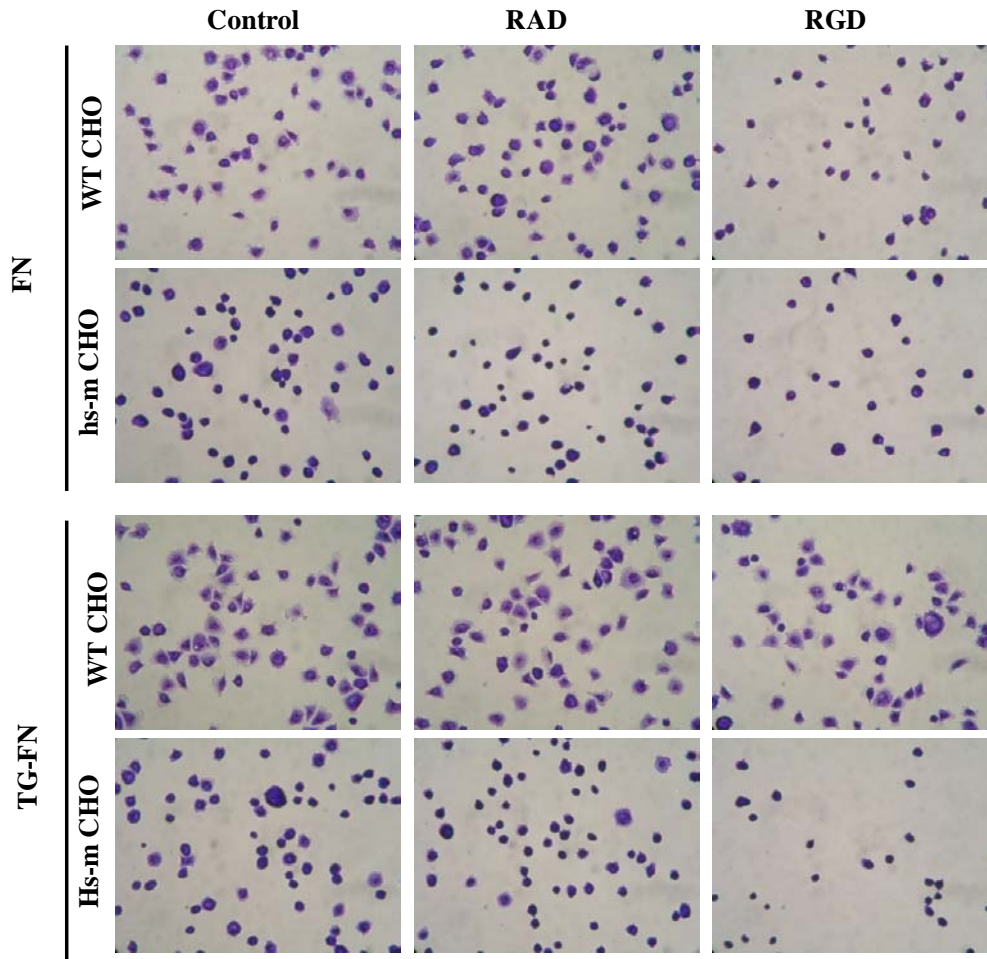


Figure 3.3.9a

*Chapter 3: Importance of the syndecan-4/2 and  $\beta 1$  integrin co-signalling pathway in RGD-independent cell adhesion mediated by the TG-FN matrix*



**Figure 3.3.9b**

***Chapter 3: Importance of the syndecan-4/2 and  $\beta 1$  integrin co-signalling pathway in RGD-independent cell adhesion mediated by the TG-FN matrix***

The experiments above indicated that the compensation effect of TG-FN on the RGD-induced loss of cell attachment and spreading was independent of the interaction between the cell surface heparan sulfate chains and the heparin-binding sites within FN suggesting TG2 to be the functional component in this process. To further investigate whether extracellular heparan sulfate chains are involved in the TG-FN mediated cell adhesion, heparan sulfate deficient Chinese hamster ovary cells (CHO) were used to determine the cell adhesion in the presence of RGD peptide, while wild type CHO cells were used as control cells. In this experiment, CHO cells incubated with a concentration of 100 $\mu$ g/ml of the RGD peptide considerably decreased cell attachment on FN to approximately 50%, and cell spreading to about 30% (Figure 3.3.9). As expected, cell attachment did not show a reduction when treated with the RAD peptide, which indicated that addition of the exogenous peptides at 100 $\mu$ g/ml did not cause toxicity to the cells. In agreement with the previous experiments, the TG-FN complex restored the cell attachment and spreading back to around 80% of the value of the RGD peptide-treated wild type CHO cells. Although there was only a 10% reduction in cell attachment on FN when heparan sulphate-deficient cells were compared to wild type CHO cells, the cell spreading on FN was dramatically decreased in the heparan sulfate deficient CHO cells to only around 10% of the control values when compared with the non-treated wild type CHO cells (Figure 3.3.9). No spread cells were observed in the heparan sulphate-mutant CHO cells in the presence of the RGD peptides. In contrast to the wild type CHO cells, TG-FN lost its compensatory effect on the cell adhesion caused by the RGD peptides in heparan sulphate-deficient CHO cells. These experiments confirm the importance of the extracellular heparan sulfate chains in the RGD-independent cell adhesion process mediated by the TG-FN complex.

**3.3.3.2 Heparin treatment of TG2 blocked the RGD-independent cell adhesion mediated by TG-FN.**

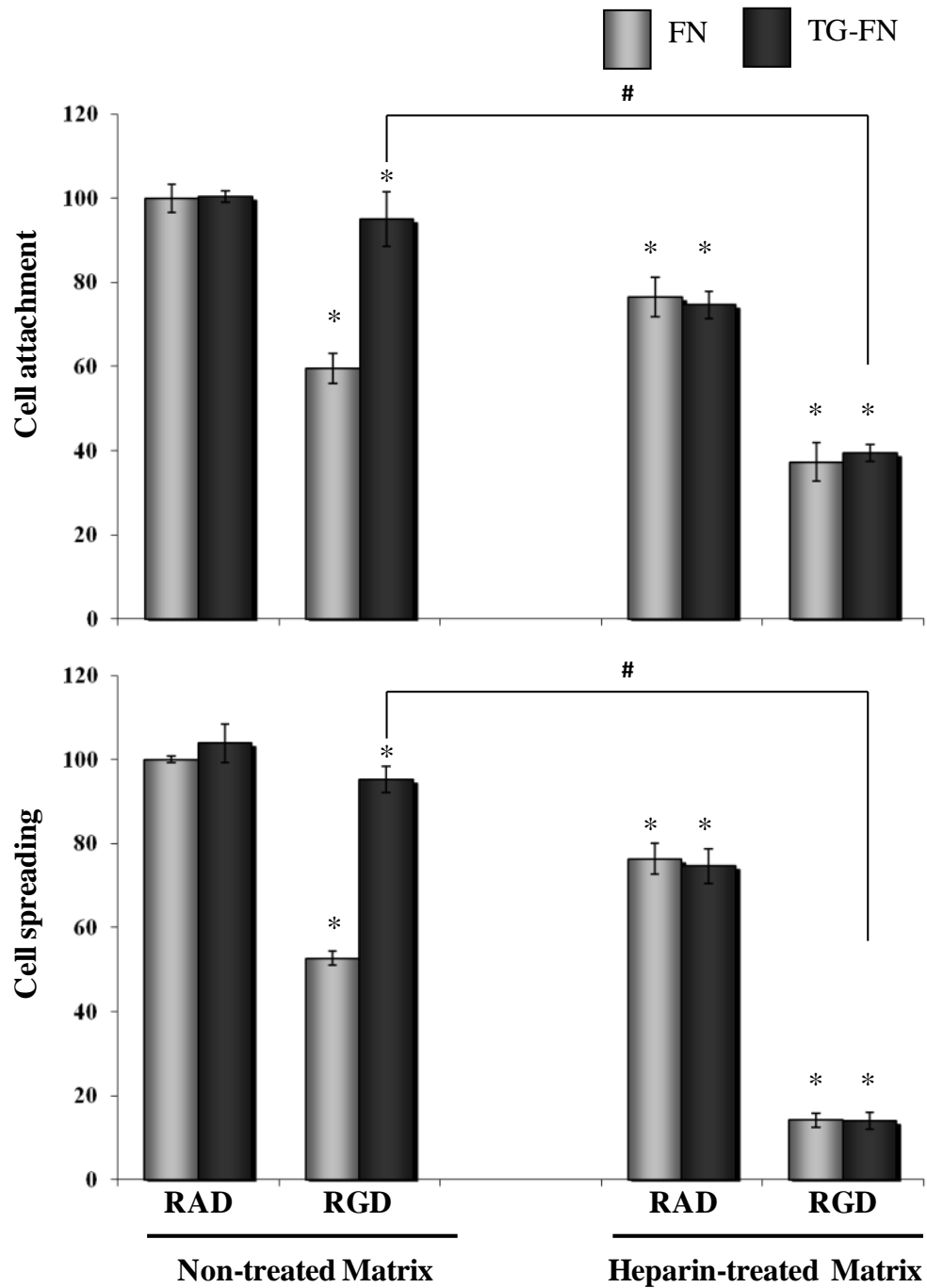
The high affinity of TG2 for heparin has been reported (Gambetti et al., 2005). Previous work has also demonstrated TG-FN loses its compensatory effect on heparinase-treated cells (Verderio et al., 2003). Heparin was therefore used to



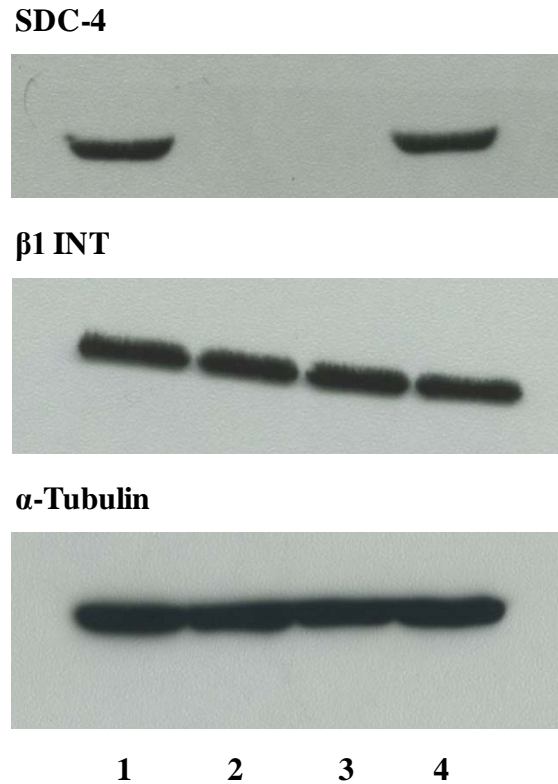
**Figure 3.3.10 The importance of the heparan sulfate binding site(s) of TG2 in RGD-in dependent cell adhesion on TG-FN.**

Cell adhesion was performed on a heparin treated TG-FN matrix after immobilization of gpITG on the FN and the attachment and spreading of MEF cells was then analysed as explained in Section 2.2.3. The percentage of attached cell (cell attachment) or the percentage of spreading cells (cell spreading)  $\pm$  S.D shown are the mean values from three separate experiments performed in triplicate. The mean cell attachment and spreading values were expressed as the percentage of control values of non-treated (control) cell seeded on FN (which represents 100%)  $\pm$  S.D The mean number of cell attachment  $\pm$  S.D of control taken from 3 experiments was  $156 \pm 5$ . The mean percentage spreading value  $\pm$  S.D on FN was  $74 \pm 0$  in the 3 experiments, which was normalised to 100%. The \* symbol represents significant difference ( $p < 0.05$ ) between FN and TG-FN matrices in the presence and/ or absence of RAD or RGD peptide when compared to the non-treated cells seeded on FN. The # symbol represents significant difference ( $p < 0.05$ ) between individual groups.

*Chapter 3: Importance of the syndecan-4/2 and  $\beta 1$  integrin co-signalling pathway in RGD-independent cell adhesion mediated by the TG-FN matrix*



**Figure 3.3.10**



**Figure 3.3.11** Detection of syndecan-4 and  $\beta 1$  integrins in wild type, syndecan-4 knock, syndecan-4 vector control and syndecan-4 addback MEF cells.

Western blotting was performed to confirm the presence of syndecan-4 and  $\beta 1$  integrins in syndecan-4-relevant MEF cells (Section 2.2.9-2.2.10). The membranes were stripped and re-probed with anti- $\alpha$ -tubulin antibody to ensure the equal loading. Lane 1, wt MEF; Lane 2, syndecan-4 ko MEF; Lane 3, syndecan-4 vec MEF; Lane 4, syndecan-4 ab MEF.

**Figure 3.3.11**

***Chapter 3: Importance of the syndecan-4/2 and  $\beta 1$  integrin co-signalling pathway in RGD-independent cell adhesion mediated by the TG-FN matrix***

treat the TG-FN complex after the immobilization of gpITG onto FN and the cell adhesion assay was then performed on this heparin-blocked TG-FN matrix. As shown in Figure 3.3.10a and b, in the non-treated and RAD-treated cells, only 70% of cell attachment and 30% of cell spreading was observed on the FN matrix, which could not be compensated by the heparin-treated TG-FN matrix. The RGD peptide treatment reduced the cell attachment to 40% and the spreading to around 12% on both the heparin-blocked FN and TG-FN matrices, compared to 48% of cell attachment on FN matrix and 90% on TG-FN matrix and 35% of cell spreading on FN and 94% on TG-FN, respectively (Figure 3.3.10). This result suggests the importance of the heparin-binding ability of TG2 in mediating the RGD-independent cell adhesion process.

**3.3.4 Syndecan-4 plays an important role in RGD-independent cell adhesion in response to the TG-FN matrix.**

**3.3.4.1 Detection of the presence of syndecan-4 antigen in syndecan-4 relevant MEF cells.**

In order to confirm the presence or absence of the syndecan-4 antigen, the wild type, syndecan-4 knockout, add-back (ab, syndecan-4 knockout cells transfected with human syndecan-4 cDNA) and empty vector control (vec syndecan-4 knockout cells transfected with vector cDNA) MEF cells were analysed by Western blotting. This was performed by using rabbit polyclonal anti-syndecan-4 antibody (which recognizes both mouse and human syndecan-4), while the expression of another major cell adhesion-related receptor  $\beta 1$  integrins was also detected. The membrane was stripped and re-probed with mouse anti- $\alpha$ -tubulin antibody to ensure the equal loading of the samples. As shown in the top panel of Figure 3.3.11, no syndecan-4 was detected in syndecan-4 knockout and vector-control MEF cells, while the antigen was detected in the wild type and addback MEF cells (Figure 3.3.11 middle panel). The loss of syndecan-4 did not affect the expression of  $\beta 1$  integrins in all of the above cells.

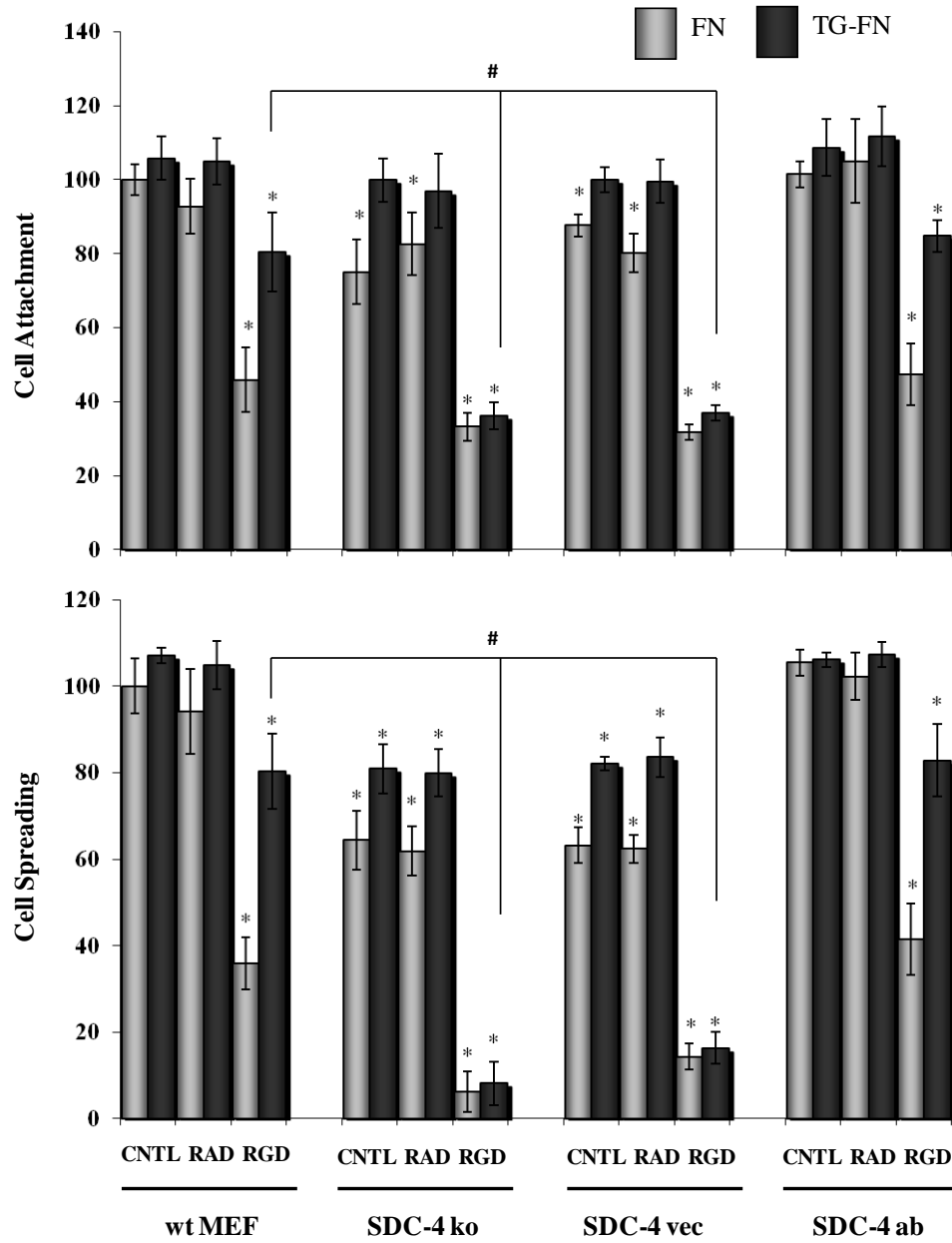


**Figure 3.3.12 The importance of cell surface syndecan-4 in the RGD-independent cell adhesion process on FN and TG-FN matrices.**

**a**, the RGD-independent cell adhesion assay was carried out and the attachment and spreading of syndecan-4 wild type (wt MEF), knock out (SDC4 ko), vector control (SDC4 vet) and add-back (SDC4 ab) MEF cells were analysed as explained in Section 2.2.3. The percentage of attached cell (cell attachment) or the percentage of spreading cells (cell spreading)  $\pm$  S.D shown are the mean values from three separate experiments performed in triplicate. The mean cell attachment and spreading values were expressed as the percentage of control values of non-treated (control) cell seeded on FN (which represents 100%)  $\pm$  S.D. The mean number of cell attachment  $\pm$  S.D of control taken from 3 experiments was  $181 \pm 11$ ,  $172 \pm 4$ , and  $142 \pm 9$ . The mean percentage spreading value  $\pm$  S.D. on FN was  $68 \pm 3$ ,  $64 \pm 5$ , and  $74 \pm 2$  in the 3 experiments, and normalised to 100%. The \* symbol represents significant difference ( $p < 0.05$ ) between FN and TG-FN matrices in the presence and/ or absence of RAD or RGD peptide when compared to the non-treated cells seeded on FN. The # symbol represents significant difference ( $p < 0.05$ ) between individual groups. **b**, visualization of RGD peptide-treated syndecan-4 relevant MEF cells seeded on FN or TG-FN matrices.

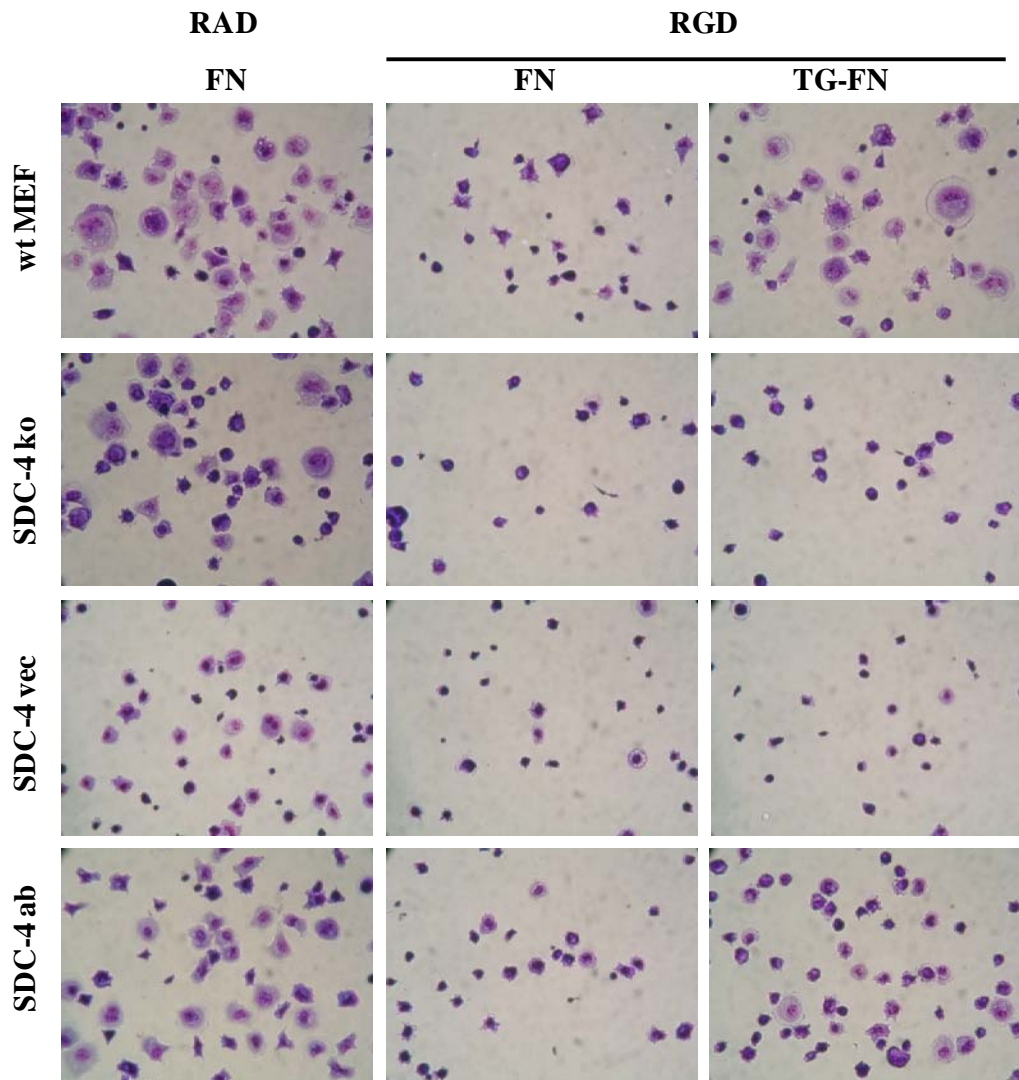


*Chapter 3: Importance of the syndecan-4/2 and  $\beta 1$  integrin co-signalling pathway in RGD-independent cell adhesion mediated by the TG-FN matrix*



**Figure 3.3.12a**

*Chapter 3: Importance of the syndecan-4/2 and  $\beta 1$  integrin co-signalling pathway in RGD-independent cell adhesion mediated by the TG-FN matrix*

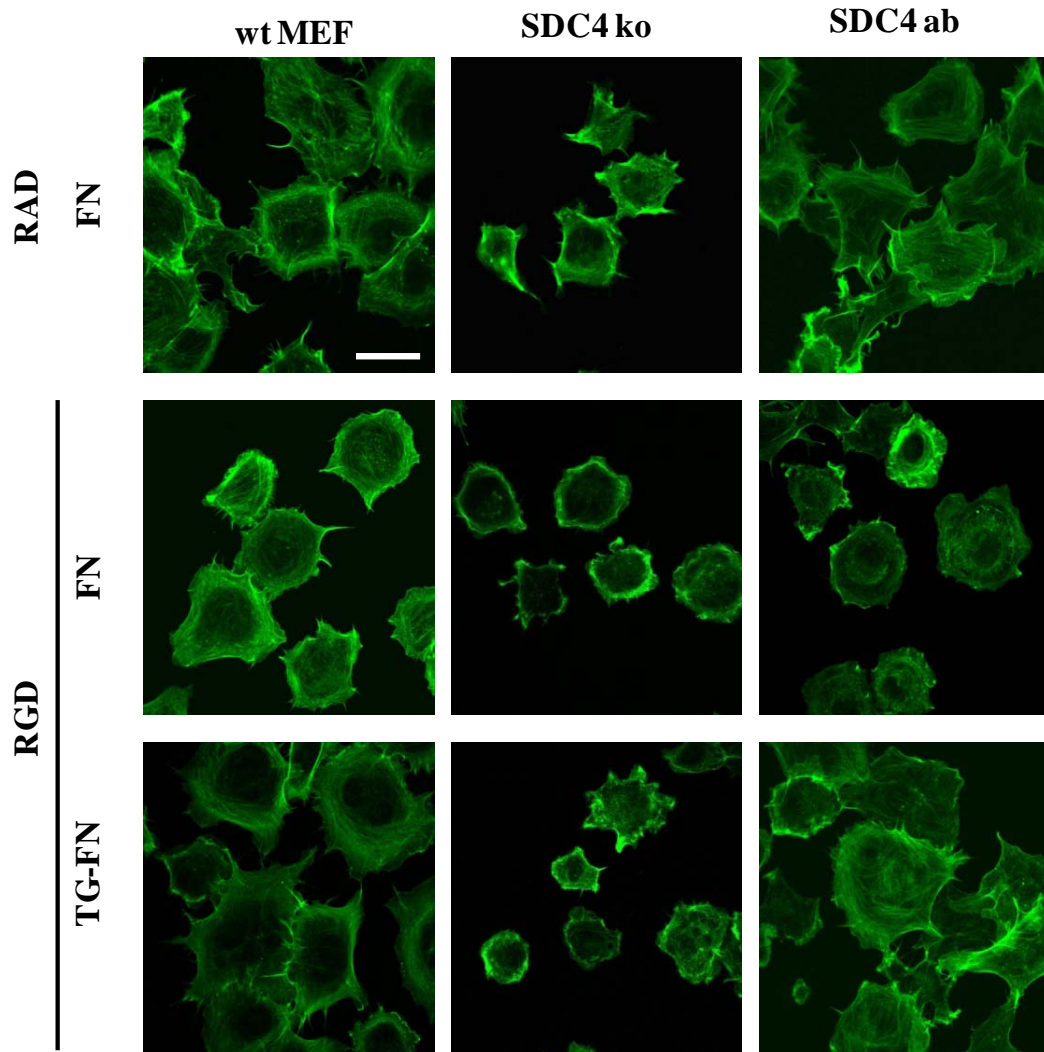


**Figure 3.3.12b**

### **3.3.4.2 TG-FN lost its compensatory effect on RGD-independent cell adhesion in syndecan-4 knock out MEF cells**

Previous studies suggested the involvement of cell surface heparan sulfate chains in the RGD-independent cell adhesion process mediated by the TG-FN complex (Verderio, et al., 2003). As the most widely-expressed member of the heparan sulfate proteoglycan (HSPG) family, the potential involvement of syndecan-4 was investigated in the cell adhesion experiments by using syndecan-4 wild type (wt), knockout (ko), add-back (ab, syndecan-4 knockout cells transfected with human syndecan-4 cDNA) and empty vector control (vct syndecan-4 knockout cells transfected with vector cDNA) MEF cells. The cells were seeded on FN and TG-FN matrices following the blocking of the interaction between the integrins and FN via the RGD peptides. The cells were then allowed to attach at 37°C in a 5% CO<sub>2</sub> atmosphere for 30 min.

These results showed that the attachment of these cells on FN was considerably reduced (about 70%), in the presence of 100µg/ml of RGD peptide. Since it has been shown in previous experiments that addition of exogenous peptides at 100µg/ml do not cause cell toxicity in MEF cells (Section 3.3.1.2), this part of the experiment was performed by using this concentration of the RGD peptides. As shown in Figure 3.3.12, the TG-FN complex compensated for the inhibitory effect of RGD peptides on the wild type MEF cells (back to 80% in cell attachment, and 75% in cell spreading, respectively) and in the add-back MEF cells (back to 111% and 82% respectively). In contrast, the cell attachment and spreading on the TG2 immobilised FN matrix was not restored in the RGD-treated knockout and vector control MEF (Figures 3.3.12a and b). In these two cells on both the FN and the TG-FN matrices with the absence of syndecan-4, the levels of cell attachment and spreading remained at around 30% and 10%, respectively, while no significant difference ( $p > 0.05$ ) was observed between these two matrices. These results indicated that syndecan-4 plays an important role as the cell receptor in the RGD-independent cell adhesion on the TG-FN matrix.



**Figure 3.3.13 The importance of cell surface syndecan-4 in actin stress fibre formation on FN-TG2 matrix.**

The cell adhesion assay was carried out and the attachment and spreading of wild type (wt), knock out (SDC4 ko), and add-back (SDC4 ab) MEF cells was analysed as described in Section 2.2.3. After 20-40 min incubation, the cells were fixed with 3.7% paraformaldehyde in PBS, pH7.4, and the actin stress fibre formation was detected by using FITC-labelled phalloidin (20 $\mu$ g/ml) as introduced in Section 2.2.4. Bar, 20  $\mu$ m.

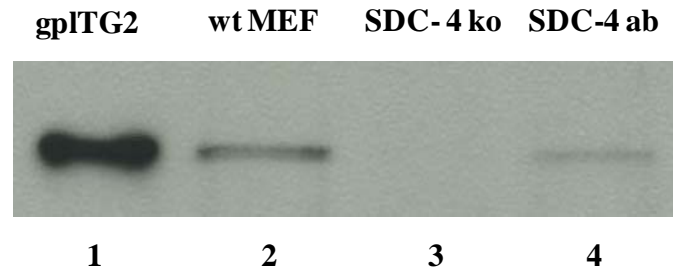
**Figure 3.3.13**

### **3.3.4.3 TG-FN failed to restore actin stress fibre formation in syndecan-4 null MEF cells**

The importance of syndecan-4 in supporting actin stress fibre formation has been very widely reported (Woods, et al. 1986; Longley, et al. 1999; Woods, et al. 2000). To confirm the importance of syndecan-4 in the TG-FN mediated cell adhesion process in the presence of the RGD peptides, actin cytoskeleton staining was performed by using FITC-labelled phalloidin (Section 2.2.4) in the RAD or RGD peptides treated MEF cells. As shown in Figure 3.3.13, well-organized actin stress fibres were detected in wild type MEF cells seeded on both the FN matrix, while syndecan-4 null MEF cells exhibited a reduction in longitudinal stress fibres and formed stress fibre bundles that were more restricted to the cell periphery compared to the wild type MEF cells. The observed diffused actin cytoskeletal architecture induced by the RGD peptides treatment was only rescued in the wild type MEF seeded on the TG-FN matrix, not on the FN-only matrix, whereas syndecan-4 knockout cells failed to respond to the TG-FN complex. Once the human syndecan-4 molecule was re-introduced into the syndecan-4 knockout cells (in the syndecan-4 addback MEF cells), TG-FN re-obtained its compensatory effect on supporting actin stress fibre formation in the RGD-treated cells. These results indicated the importance of syndecan-4 in regulating actin stress fibre formation on the TG-FN matrix.

### **3.3.4.4 TG2 within the TG-FN complex directly interacts with syndecan-4**

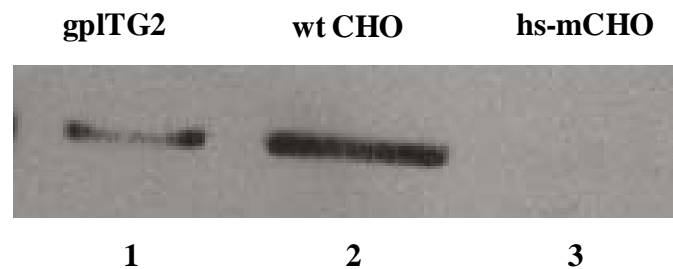
To investigate whether there is a direct interaction between matrix TG2 and cell surface syndecan-4, the co-immunoprecipitation assay was performed in the wild type, syndecan-4 knockout and syndecan-4 addback MEF cells. In order to block the cell binding domains within the FN molecules, the cells were seeded on the heparin-treated TG-FN matrix in the presence of the RGD peptides. Thereby only TG2 was left to mediate the potential interaction between the cells and the TG-FN complex. The immunoprecipitation of syndecan-4 by using syndecan-4 antibody followed by immunoblotting for TG2 revealed the presence of TG2 antigen in syndecan-4 wild type and add-back MEF cells, but not in syndecan-4



**Figure 3.3.14 Direct interaction between cell surface heparan sulfate and matrix TG2 within TG-FN complex.**

The RGD-independent cell adhesion assay was carried out by using syndecan-4 knockout MEF cells (Sdc4 ko), syndecan-4 add-back (Sdc4 ab) and wild type MEF cells (wt MEF). Cells were seeded on heparin-treated FN-TG2 matrix as explained in Section 2.2.2.3. After incubating the cells for 20-40 min, the cells were lysed in cell lysis buffer and co-immunoprecipitation assay was performed as described in Section 2.2.11 by using syndecan-4 antibody which detects the intracellular domain of syndecan-4 molecule. Western blotting assay was applied to detect TG2 antigen by using TG2 specific antibody Cub7402. Guinea pig liver TG was used as a marker.

**Figure 3.3.14**



**Figure 3.3.15 The direct interaction between cell surface heparan sulfates of syndecan-4 and matrix TG2 within TG-FN complex.**

The RGD-independent cell adhesion assay was carried out by using heparan sulfate mutant CHO cells (hs-m CHO) and CHO wild type cells (wt CHO). Cells were seeded on heparin-treated FN-TG2 matrix as explained in Section 2.2.2.3. After incubating the cells for 20-40 min, the cells were lysed in cell lysis buffer and co-immunoprecipitation assay was performed by using specific anti-syndecan-4 antibody as introduced in Section 2.2.11. Western blotting assay was applied to detect TG2 antigen by using TG2 specific antibody Cub7402. Guinea pig liver TG was used as a marker.

**Figure 3.3.15**

*Chapter 3: Importance of the syndecan-4/2 and  $\beta$ 1 integrin co-signalling pathway in RGD-independent cell adhesion mediated by the TG-FN matrix*

null MEF cells on the TG-FN matrix (Figure 3.3.14), further confirming that the direct interaction between TG2 within the TG-FN complex and cell surface syndecan-4 .

**3.3.4.5 The TG-FN matrix mediates RGD-independent cell adhesion by the direct interaction between the cell surface heparan sulfate chains of syndecan-4 and the matrix TG2**

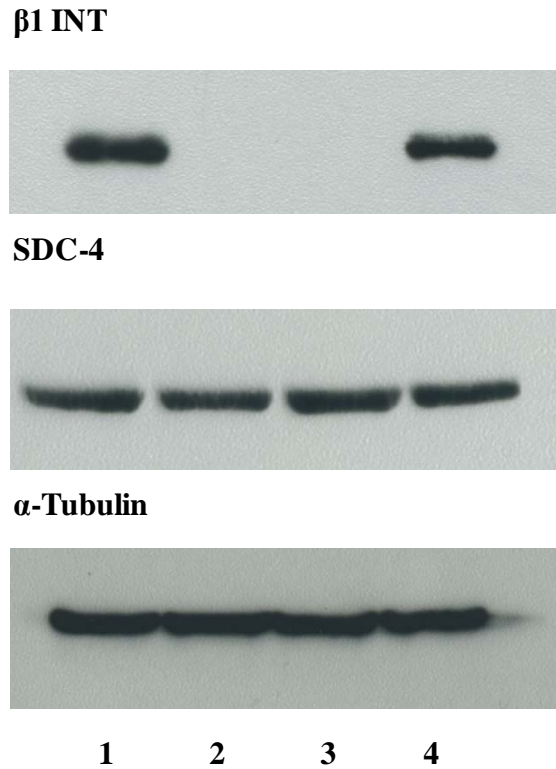
To confirm whether there is a direct interaction between the cell surface heparan sulfate chains and the matrix TG2, the co-immunoprecipitation assays were performed by using wild type CHO and heparan sulfate mutant CHO cells after seeding on a heparin pre-treated TG-FN matrix in the presence of the RGD peptides (Section 2.2.11), thus making sure that the heparin binding sites within the FN molecule was blocked by heparin and the interaction between the cell surface integrins and the FN within TG-FN complex was inhibited by the RGD peptides. Anti-syndecan-4 antibody (which detects the intracellular core protein of syndecan-4 molecules) was used in the co-immunoprecipitation assays to pull down the syndecan-4 immuno-complex. Western Blotting using mouse monoclonal anti-TG2 antibody (Cub7402) was applied to detect the presence of TG2 antigen in this complex. As shown in Figure 3.3.15, no TG2 was detected in the heparan sulphate mutant CHO cells seeded on the TG-FN matrix, unlike shown in the wild type CHO cells. These results indicated the importance of the heparan sulfate chains in mediating the interaction between the cells and the matrix bound TG2.

**3.3.5 TG-FN mediated RGD-independent cell adhesion depends on the activation of the inside-out signalling pathway of  $\beta$ 1 integrins**

**3.3.5.1 Detection of the presence of  $\beta$ 1 integrin antigen in  $\beta$ 1 integrin relevant MEF cells**

To further confirm the presence or absence of  $\beta$ 1 integrins in the wild type,  $\beta$ 1 integrins knockout, add-back (ab,  $\beta$ 1 integrins knockout cells transfected with





**Figure 3.3.16** Detection of  $\beta 1$  integrins and syndecan-4 in wild type,  $\beta 1$  integrins knock,  $\beta 1$  integrins vector control and  $\beta 1$  integrins addback MEF cells.

Western blotting was performed to confirm the presence of  $\beta 1$  integrins and syndecan-4 in  $\beta 1$  integrins-relevant MEF cells (Section 2.2.9-2.2.10). The membranes were stripped and re-probed with anti- $\alpha$ -tubulin antibody to ensure the equal loading. Lane 1, wt MEF; Lane 2,  $\beta 1$  integrins ko MEF; Lane 3,  $\beta 1$  integrins vet MEF; Lane 4,  $\beta 1$  integrins ab MEF.

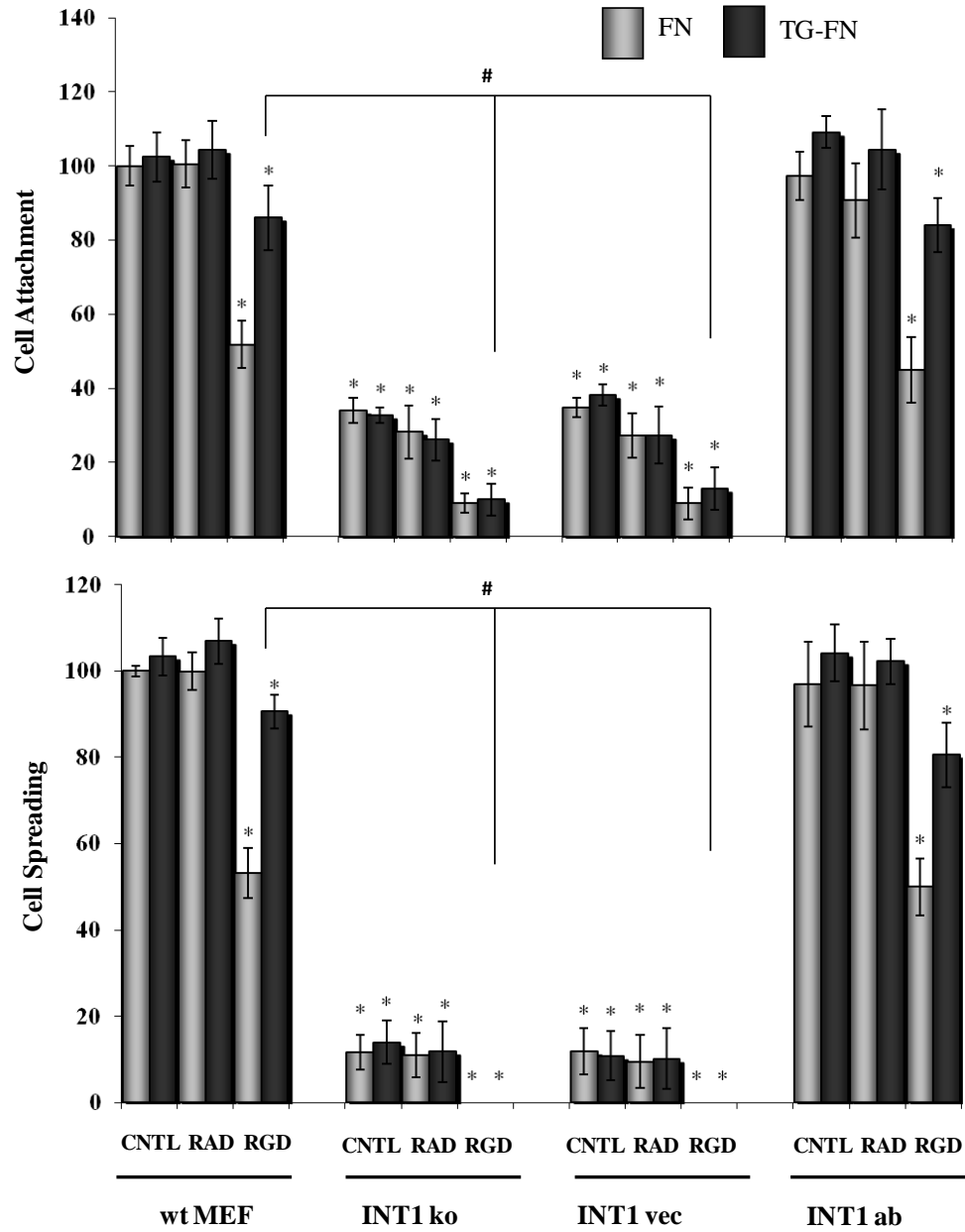
**Figure 3.3.16**



**Figure 3.3.17 The importance of cell surface  $\beta 1$  integrin in the RGD-independent cell adhesion process on TG-FN matrices.**

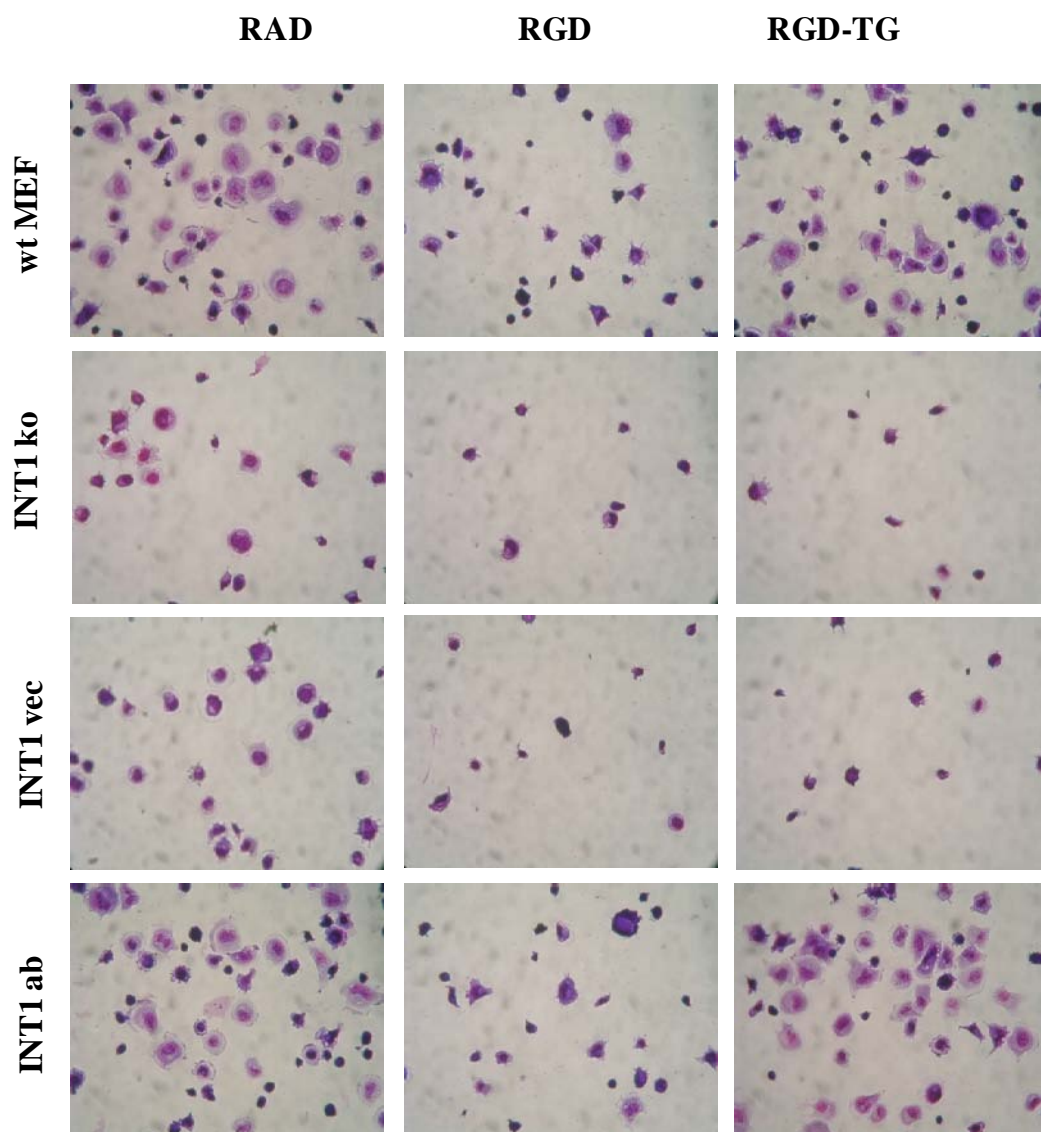
**a**, the RGD-independent cell adhesion assay was carried out and the attachment and spreading of wild type (wt MEF), knock out (INT1 ko), vector control (INT1 vet) and add-back (INT1 ab) MEF cells were analysed as explained in Section 2.2.3. The percentage of attached cell (cell attachment) or the percentage of spread cells (cell spreading)  $\pm$  S.D shown are the mean values from three separate experiments performed in triplicate. The mean cell attachment and spreading values were expressed as the percentage of control values of non-treated (control) cell seeded on FN (which represents 100%)  $\pm$  S.D  $147 \pm 12$ ,  $146 \pm 7$ , and  $131 \pm 3$ . The mean percentage spreading value  $\pm$  S.D on FN was  $77 \pm 1$ ,  $73 \pm 1$ , and  $73 \pm 1$  in the 3 experiments, and normalised to 100%. The \* symbol represents significant difference ( $p < 0.05$ ) between FN and TG-FN matrices in the presence and/ or absence of RAD or RGD peptide when compared to the non-treated cells seeded on FN. The # symbol represents significant difference ( $p < 0.05$ ) between individual groups. **b**, visualization of RGD peptide-treated  $\beta 1$  integrin relevant MEF cells seeded on FN or TG-FN matrices.

*Chapter 3: Importance of the syndecan-4/2 and  $\beta 1$  integrin co-signalling pathway in RGD-independent cell adhesion mediated by the TG-FN matrix*



**Figure 3.3.17a**

*Chapter 3: Importance of the syndecan-4/2 and  $\beta 1$  integrin co-signalling pathway in RGD-independent cell adhesion mediated by the TG-FN matrix*



**Figure 3.3.17b**

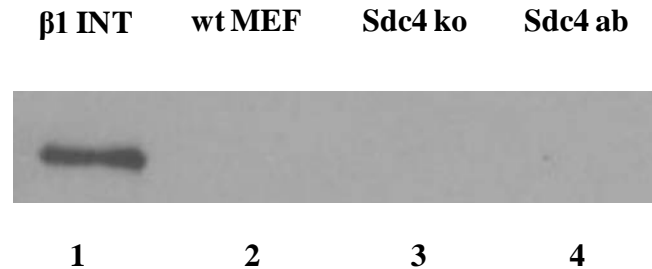
*Chapter 3: Importance of the syndecan-4/2 and  $\beta 1$  integrin co-signalling pathway in RGD-independent cell adhesion mediated by the TG-FN matrix*

human  $\beta 1$  integrins cDNA) and empty vector control ( $\beta 1$  integrins knockout cells transfected with empty vector cDNA) MEF cells, Western blotting was performed by using rabbit polyclonal anti- $\beta 1$  integrins antibody (which recognizes both mouse and human  $\beta 1$  integrins). The expression of another major cell adhesion-related receptor syndecan-4 integrins was also detected using Western blotting. The membrane was stripped and re-probed with mouse anti- $\alpha$ -tubulin antibody to ensure the equal loading of the samples. As shown in Figure 3.3.16, no  $\beta 1$  integrins were detected in  $\beta 1$  integrins knockout and vector-control MEF cells, while the antigen was detected in the wild type and addback MEF cells. The presence of syndecan-4 antigens in all of the cells proved that the loss of  $\beta 1$  integrins did not affect the expression of syndecan-4.

**3.3.5.2  $\beta 1$  integrin is crucial for TG-FN to compensate the effect of the RGD peptides**

The existence of a syndecan-4 and  $\beta 1$  integrin co-signalling pathway has been very well-reported (Couchman and Woods, 1999). Previous data indicated the role of syndecan-4 in mediating the RGD-independent cell adhesion on a TG-FN matrix. In order to investigate the involvement of  $\beta 1$  integrins in this process, the wild type,  $\beta 1$  integrin null MEF ( $\beta 1$  knockout), and  $\beta 1$  ko MEFs transfected back with the human  $\beta 1$  integrin cDNA ( $\beta 1$  addback MEF) and empty vector ( $\beta 1$  vector control MEF) were used in the cell adhesion assay in the presence of the RGD peptides.

In these cells, no significant difference ( $p > 0.05$ ) was found between the RAD peptides-treated and non-treated cells seeded on FN, suggesting that the exogenous peptides at  $100\mu\text{g/ml}$  did not cause cell toxicity in these cell lines. The  $\beta 1$  knockout and vector control MEF cells displayed a 2-fold reduction in cell adhesion on the FN matrix compared to the wild type cells in a short-term adhesion assay (30 min). In the wild type MEF cells, the TG-FN complex restored the inhibition effect of the RGD peptides ( $100\mu\text{g/ml}$ ) back to 90% on cell attachment, and 66% on cell spreading, respectively. In the  $\beta 1$  integrin add-back MEF cells, the RGD peptides reduced the cell attachment to 20% and the



**Figure 3.3.18 No direct interaction between cell surface syndecan-4 and  $\beta$ 1 integrins.**

The RGD-independent cell adhesion assay was carried out by using syndecan-4 knockout MEF cells (Sdc4 ko, Lane 3), syndecan-4 add-back (Sdc4 ab, Lane 4) and wild type MEF cells (wt MEF, Lane 1). Cells were seeded on heparin-treated FN-TG2 matrix as explained in Section 2.2.2.3. After incubating the cells for 20-40 min, the cells were lysed in cell lysis buffer and co-immunoprecipitation assay was performed as introduced in Section 2.2.11 by using syndecan-4 antibody which detects the intracellular domain of the syndecan-4 molecule. Western blotting assay was applied to detect  $\beta$ 1 integrin antigen by using a specific anti- $\beta$ 1 integrin antigen antibody. Cell lysate with  $\beta$ 1 integrins ( $\beta$ 1 INT) was used as the standard (Lane 1).

**Figure 3.3.18**

***Chapter 3: Importance of the syndecan-4/2 and  $\beta 1$  integrin co-signalling pathway in RGD-independent cell adhesion mediated by the TG-FN matrix***

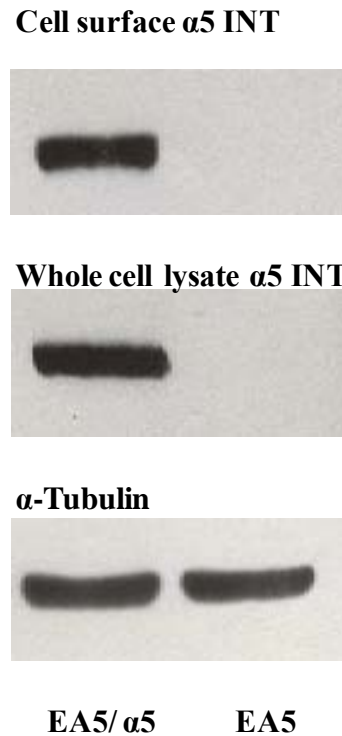
spreading to 58%, which were compensated by the TG-FN complex back to 51% in cell attachment and 92% in cell spreading. In contrast, cell attachment and spreading on the TG2 immobilised FN matrix was not compensated in the  $\beta 1$  integrin ko and vector control MEF cells in the presence of different concentrations of the RGD peptide, which was about 5% in cell attachment, and 0% in cell spreading (Figure 3.3.17). This data strongly suggested that  $\beta 1$  integrins play a crucial role in the RGD-independent adhesion in the response to the TG-FN matrix.

**3.3.5.3 No direct interaction between syndecan-4 and  $\beta 1$  integrin was detected in the cells seeded on TG-FN**

In order to rule out the possible interaction between cell surface syndecan-4 and  $\beta 1$  integrin during the cell adhesion process on TG-FN in the presence of the RGD peptides, co-immunoprecipitation assays were carried out by using the RGD peptides-treated wt, syndecan-4 knockout and addback MEF cells seeded on heparin-blocked TG-FN matrices. An anti-syndecan-4 antibody that detects the intracellular domain of the syndecan-4 molecule was used in the immunoprecipitation procedure and an anti- $\beta 1$  integrin antibody was applied to detect the presence of  $\beta 1$  integrins within the immuno-complex. As shown in Figure 3.3.18, western blotting of the precipitates and probing with  $\beta 1$  integrin antibody revealed that no  $\beta 1$  integrins could be detected, suggesting that syndecan-4 does not interact directly with  $\beta 1$  integrin.

**3.3.6 TG-FN compensates the RGD-induced loss of cell adhesion in an  $\alpha 5$  integrin-dependent manner**

It has been reported that among the integrin family,  $\alpha 5$  integrins present the closest relationship with  $\beta 1$  integrins in FN-mediated cell adhesion. Previous results suggested the crucial role of  $\beta 1$  integrin in RGD-independent cell adhesion mediated by TG-FN. In order to investigate the role of  $\alpha 5$  integrins in this process, mouse embryo cell EA5 and its control EA5/ $\alpha 5$  (EA5 cells transfected with human  $\alpha 5$  integrin cDNA) were used in the cell adhesion assay



**Figure 3.3.19 Detection of  $\alpha 5$  integrins in EA5 and EA5/ $\alpha$  mouse embryo cells.**

Western blotting was performed to confirm the presence of  $\alpha 5$  integrins in both whole cell lysates (the middle panel) and biotin-labelled cell surface proteins (the top panel) (Section 2.2.14) of EA5/ $\alpha 5$  and EA5 mouse embryo cells (Section 2.2.9-2.2.10). The membrane was re-probed with anti- $\alpha$ -Tubulin antibody to ensure the equal loading (the bottom panel).

**Figure 3.3.19**

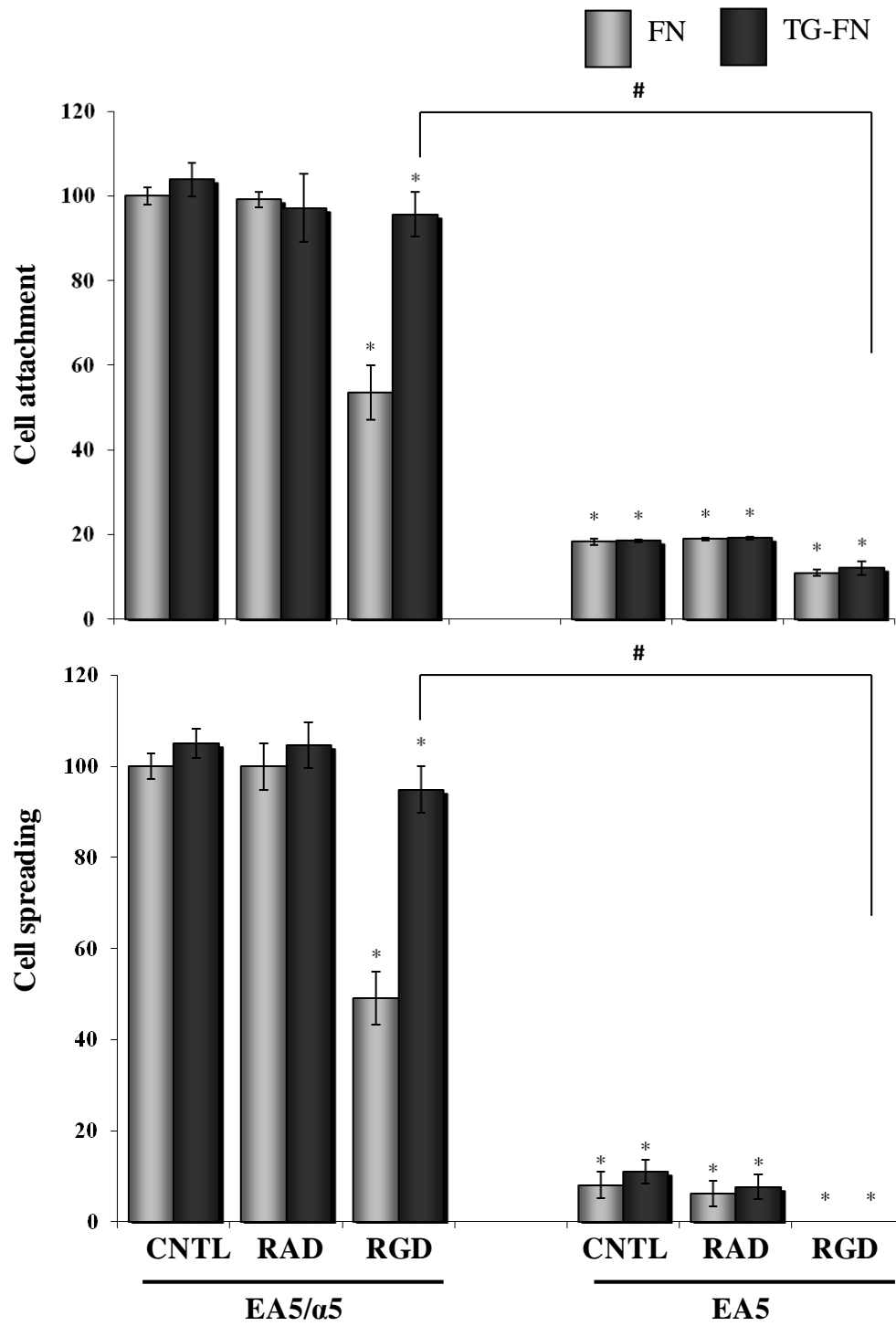




**Figure 3.3.20 The crucial role of cell surface  $\alpha 5$  integrins in RGD-independent cell adhesion process on TG-FN matrices.**

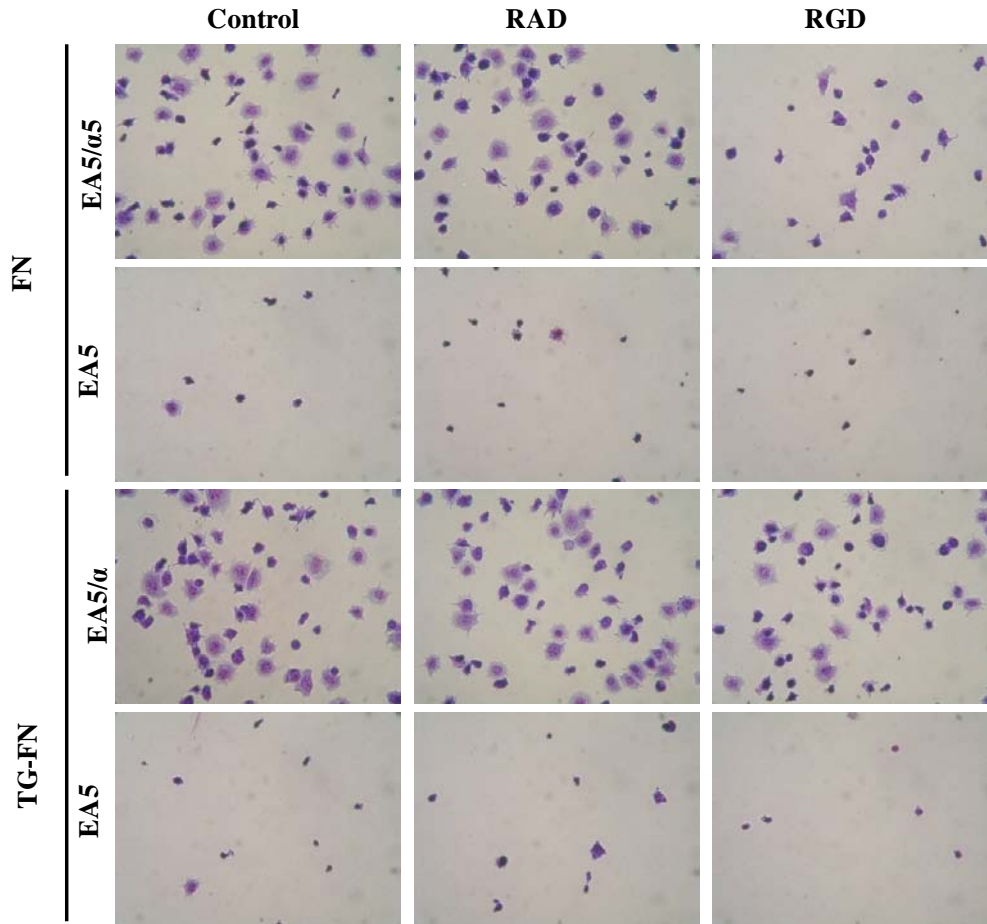
a, the RGD-independent cell adhesion assay was carried out on the attachment and spreading of EA5/ $\alpha 5$  and EA5 mouse embryo cells and analysed as explained in Section 2.2.3. The percentage of attached cell (cell attachment) or the percentage of spreading cells (cell spreading)  $\pm$  S.D. shown are the mean values from three separate experiments performed in triplicate. The mean cell attachment number of values were expressed as the percentage of control values of non-treated (control) cell seeded on FN (which represents 100%)  $\pm$  S.D. The mean number of cell attachment  $\pm$  S.D. of control taken from 3 experiments was  $155 \pm 3$ . The mean percentage spreading value  $\pm$  S.D. on FN was  $73 \pm 2$  in the 3 experiments, and normalised to 100%. The \* symbol represents significant difference ( $p < 0.05$ ) between FN and TG-FN matrices in the presence and/ or absence of RAD or RGD peptide when compared to the non-treated cells seeded on FN. The # symbol represents significant difference ( $p < 0.05$ ) between individual groups. b, visualization of RGD peptide-treated  $\alpha 5$  integrin relevant MEF cells seeded on FN or TG-FN matrices.

*Chapter 3: Importance of the syndecan-4/2 and  $\beta 1$  integrin co-signalling pathway in RGD-independent cell adhesion mediated by the TG-FN matrix*



**Figure 3.3.20a**

*Chapter 3: Importance of the syndecan-4/2 and  $\beta 1$  integrin co-signalling pathway in RGD-independent cell adhesion mediated by the TG-FN matrix*



**Figure 3.3.20b**

***Chapter 3: Importance of the syndecan-4/2 and  $\beta 1$  integrin co-signalling pathway in RGD-independent cell adhesion mediated by the TG-FN matrix***

(Huveneers et al., 2008). To confirm the presence or absence of  $\alpha 5$  integrins in EA5 and EA5/ $\alpha 5$  cells, Western blotting was performed by using rabbit anti- $\alpha 5$  polyclonal antibody to detect the presence of  $\alpha 5$  integrins in whole cell lysates or on cell surface via biotinylation, while  $\alpha$ -tubulin was used as the standard of equal loading. As shown in Figure 3.3.19,  $\alpha 5$  integrins were only detected in EA5/ $\alpha 5$  cells with re-transfected human  $\alpha 5$  integrins, while no  $\alpha 5$  integrins could be found in EA5 cells in both cell lysates and cell surface.

Embryo cells are considered fibroblast-like cells, while unlike the EA5/ $\alpha 5$  control cells, EA5 cells maintained a round morphology on the FN matrix, which proved the importance of  $\alpha 5$  integrins in focal adhesion assembly and in actin stress fibre formation (Huveneers et al., 2008). There is no significant difference ( $p > 0.05$ ) observed between non- and RAD-treated (100 $\mu$ g/ml) cells, suggesting that the effect of RGD on cell adhesion is not caused by its toxicity. Like in MEF fibroblasts, TG-FN compensated the RGD-induced loss of the cell attachment and spreading in EA5/ $\alpha 5$  cells (53% and 49% on FN matrix, respectively) back to normal level (95% and 94%, respectively). Without  $\alpha 5$  integrins, EA5 cells only achieved 18% of cell attachment and 7% of spreading when seeded on FN, compared to EA5/ $\alpha 5$  cells. The RGD peptide treatment significantly abolished the cell attachment and spreading and decreased their level to 10% and 0% of the control group (Figure 3.3.20). TG-FN failed to restore these losses and no statistical significance was obtained between the groups of RGD-treated EA5 cells seeded FN and TG-FN matrices, which suggested the cell adhesion process mediated by TG-FN depends on the presence of cell surface  $\alpha 5$  integrins.

**3.3.7 The compensatory effect of TG-FN in cell adhesion in the presence of RGD peptide is blocked by the treatment of the  $\alpha 5\beta 1$  integrin inhibiting peptide—A5-1**

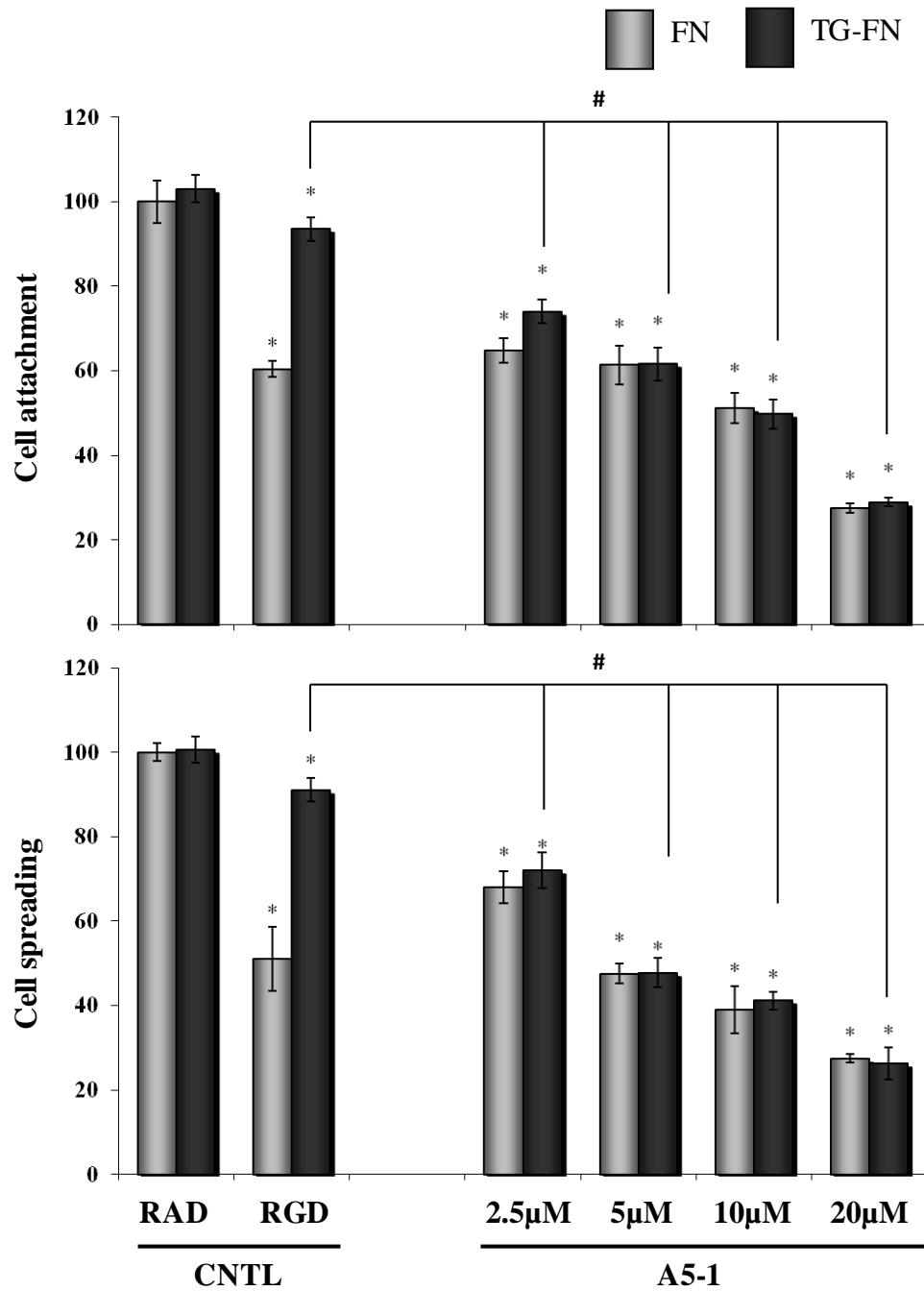
To further confirm the inhibiting effect of the  $\alpha 5\beta 1$  integrin inhibitor, a specific inhibiting peptide, A5-1, against this receptor was applied in the cell adhesion assay. This peptide inhibited the cell adhesion on the FN matrix in a dose-dependent manner, and as the concentration of the peptide increased, its blocking



**Figure 3.3.21 The inhibition of cell surface  $\alpha 5\beta 1$  integrins by its specific targeting peptide abolishes the compensatory effect of TG-FN on RGD-independent cell adhesion.**

A range of different concentrations of a specific  $\alpha 5\beta 1$  integrin targeting peptide A5-1 was used to block the cell adhesion process mediated by these integrins was used in the cell adhesion assay as explained in Section 2.2.3. The RGD and RAD peptides were used as the control treatments, while DMSO was used as the vehicle control. The percentage of attached cell (cell attachment) or the percentage of spread cells (cell spreading)  $\pm$  S.D. shown are the mean values from three separate experiments performed in triplicate. The mean cell attachment and spreading values were expressed as the percentage of control values of non-treated (control) cell seeded on FN (which represents 100%)  $\pm$  S.D. The mean number of cell attachment  $\pm$  S.D. of control taken from 3 experiments was  $144 \pm 7$ . The mean percentage spreading value  $\pm$  S.D. on FN was  $82 \pm 1$  in the 3 experiments, and normalised to 100%. The \* symbol represents significant difference ( $p < 0.05$ ) between FN and TG-FN matrices in the presence and/ or absence of RAD or RGD peptide when compared to the non-treated cells seeded on FN. The # symbol represents significant difference ( $p < 0.05$ ) between individual groups.

*Chapter 3: Importance of the syndecan-4/2 and  $\beta 1$  integrin co-signalling pathway in RGD-independent cell adhesion mediated by the TG-FN matrix*



**Figure 3.3.21**

*Chapter 3: Importance of the syndecan-4/2 and  $\beta 1$  integrin co-signalling pathway in RGD-independent cell adhesion mediated by the TG-FN matrix*

effect on TG-FN mediated cell adhesion was significantly increased. As shown in Figure 3.3.22, at the concentration of 5 $\mu$ M, A5-1 blocked 60% of both cell attachment and spreading on FN, and TG-FN could not restore the loss of cell adhesion, suggesting that the compensatory effect of TG-FN was significantly inhibited by the peptide treatment. This inhibition effect by the A5-1 peptide confirmed the involvement of  $\alpha 5\beta 1$  integrin in RGD-independent cell adhesion on the TG-FN matrix.

**3.3.8 Syndecan-2 is required in the RGD-independent cell adhesion mediated by TG-FN**

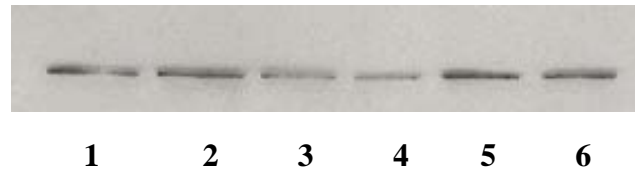
**3.3.8.1 The silencing of syndecan-2 by siRNA treatment inhibited the compensatory effect of TG-FN on the RGD-induced loss of cell adhesion**

**3.3.8.1.1 The inhibition effect of syndecan-2 targeting siRNA on syndecan-2 expression**

Syndecan-2 specific targeting siRNAs was used to inhibit the expression of syndecan-2 in MEF cells as introduced in Section 3.2.3. Universal negative control siRNA and scrambled siRNAs designed according to the syndecan-2 specific siRNAs were used as the control treatments. After a 30 h incubation with the siRNAs, the cell lysates were collected into cell lysis buffer and Western blotting was performed to detect the presence of syndecan-2 antigen in the cell lysates (Sections 2.2.6-2.2.10). As shown in Figure 3.3.22, no effect of the control siRNAs, including non-silencing siRNA and the scrambled siRNAs was found on the expression of syndecan-2. The SDC-2 siRNA1 and 2 significantly inhibited the expression of syndecan-2 down to around 50%.

**3.3.8.1.2 The knocking down of syndecan-2 expression did not affect the expression of syndecan-4 and  $\beta 1$  integrins**

Before further investigation of the effect of syndecan-2 in the TG-FN mediated cell adhesion, the effect of the SDC-2 siRNAs on the expression of the other two

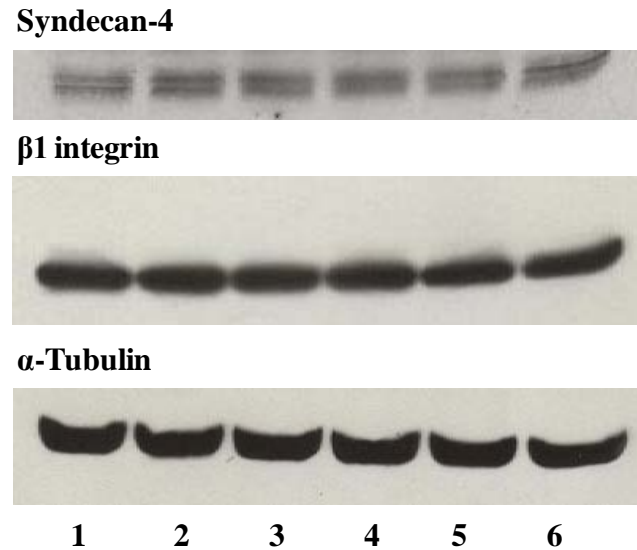


**Figure 3.3.22 Detection of the effect of the syndecan-2 siRNAs on syndecan-2 expression in MEF cells.**

Syndecan-2 siRNAs targetting mouse syndecan-2 were used to inhibit the expression of syndecan-2 in MEF cells (Section 4.2.3). After a 30 h incubation, the cells were collected into cell lysis buffer and Western blotting was performed to detect the presence of the syndecan-2 antigen within the samples by using the rabbit polyclonal anti-syndecan-2 antibody. The universal negative siRNA and the scrambled siRNAs designed according to the sequences of the syndecan-2 siRNAs were used as the negative treatments. Lane 1, non-treated MEFs; Lane 2, non-silencing siRNA-treated MEFs; Lane 3, SDC-2 siRNA1-treated cells; Lane 4, SDC-2 siRNA2-treated cells; Lane5, scrambled siRNA1-treated MEF cells; and Lane 6, scrambled siRNA2-treated MEF cells.

**Figure 3.3.22**





**Figure 3.3.23 Detection of the effect of the syndecan-2 siRNAs on syndecan-4 and  $\beta$ 1 integrin expression in MEF cells.**

Syndecan-2 siRNAs targetting mouse syndecan-2 were used to inhibit the expression of syndecan-2 in MEF cells (Section 4.2.3). After a 30 h incubation, the cells were collected into cell lysis buffer and Western blotting was performed to detect the presence of the syndecan-4 and  $\beta$ 1 integrin antigens within the samples by using the specific antibodies. The universal negative siRNA and the scrambled siRNAs designed according to the sequences of the syndecan-2 siRNAs were used as the negative treatments.  $\alpha$ -Tubulin expression levels in the samples were used as the equal loading standards. Lane 1, non-treated MEFs; Lane 2, non-silencing siRNA-treated MEFs; Lane 3, SDC-2 siRNA1-treated cells; Lane 4, SDC-2 siRNA2-treated cells; Lane5, scrambled siRNA1-treated MEF cells; and Lane 6, scrambled siRNA2-treated MEF cells.

**Figure 3.3.23**

*Chapter 3: Importance of the syndecan-4/2 and  $\beta$ 1 integrin co-signalling pathway in RGD-independent cell adhesion mediated by the TG-FN matrix*

crucial cell surface receptors in this process, syndecan-4 and  $\beta$ 1 integrins, was measured by using Western blotting. As shown in Figure 3.3.23, no difference of the expression levels of both syndecan-4 and  $\beta$ 1 integrins were detected between the non-treated cells, the control siRNA groups and the syndecan-2 targeting siRNAs treated cells, which confirms the specificity of these SDC-2 siRNAs and provides the possibility for the application of the siRNAs in the cell adhesion assay.

**3.3.8.1.3 TG-FN compensates RGD-induced loss of cell adhesion in a syndecan-2-dependent manner**

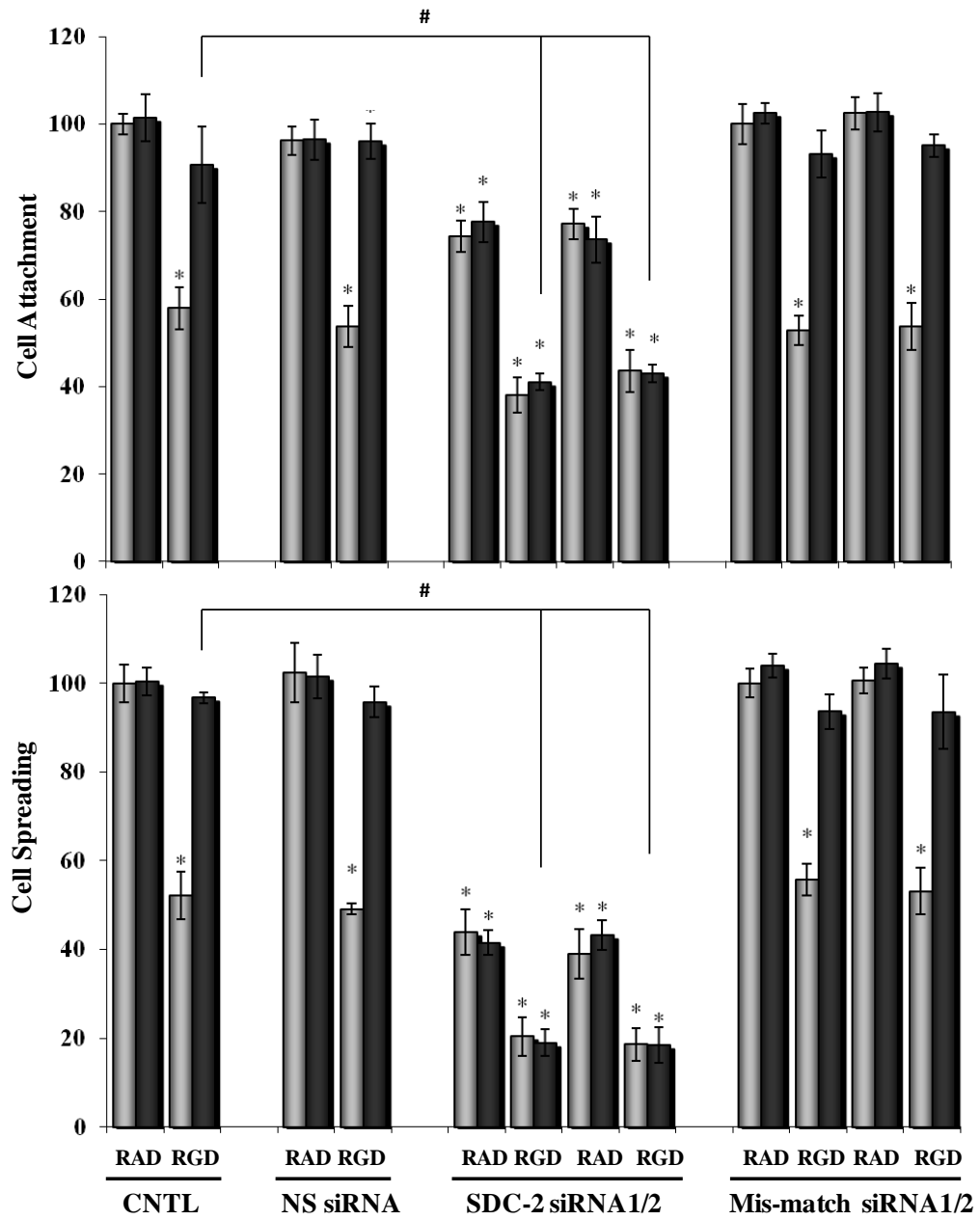
It has been reported that syndecan-2 is the co-receptor in syndecan-4 signalling (Whiteford et al., 2007). In order to investigate the effect of syndecan-2 on the RGD-independent cell adhesion on TG-FN, syndecan-2 targeting siRNAs, SDC-2 siRNA1 and 2, were used to inhibit protein expression and then the cell adhesion assay was performed by using the siRNA-treated cells. The universal negative control siRNA and the scrambled siRNAs were used as controls. As shown in Figure 3.3.24, no significant difference ( $p > 0.05$ ) in the cell attachment and spreading was discovered in the negative control siRNAs treated cells in both FN groups, compared to the non-treated cells, suggesting non toxicity of the siRNA treatment in the MEF cells. No further difference was found in the RAD peptide-treated and non-treated cells on FN in the control siRNA-treated cells, which showed no specific toxic effect of RAD peptide to the siRNA-treated cells. These data made sure that the future difference in the cell attachment and spreading will be due the loss of syndecan-2 expression and the RGD peptide-treatment, but not the toxicity from either the siRNA treatment or the peptides TG-FN restored the loss of the cell attachment and spreading caused by the RGD peptides back to over 90% in all of the control groups and no significant difference ( $p > 0.05$ ) was found between these groups. With the inhibition of syndecan-2 expression, the cells lost about 25% in cell attachment and 60% of cell spreading on the FN matrix, which could not be compensated by TG-FN. In the presence of RGD peptide, further 30% loss of the cell attachment and 20% of spreading was observed on both the FN and the TG-FN matrices. These results



**Figure 3.3.24 The importance of cell surface syndecan-2 in RGD-independent cell adhesion process on TG-FN matrices.**

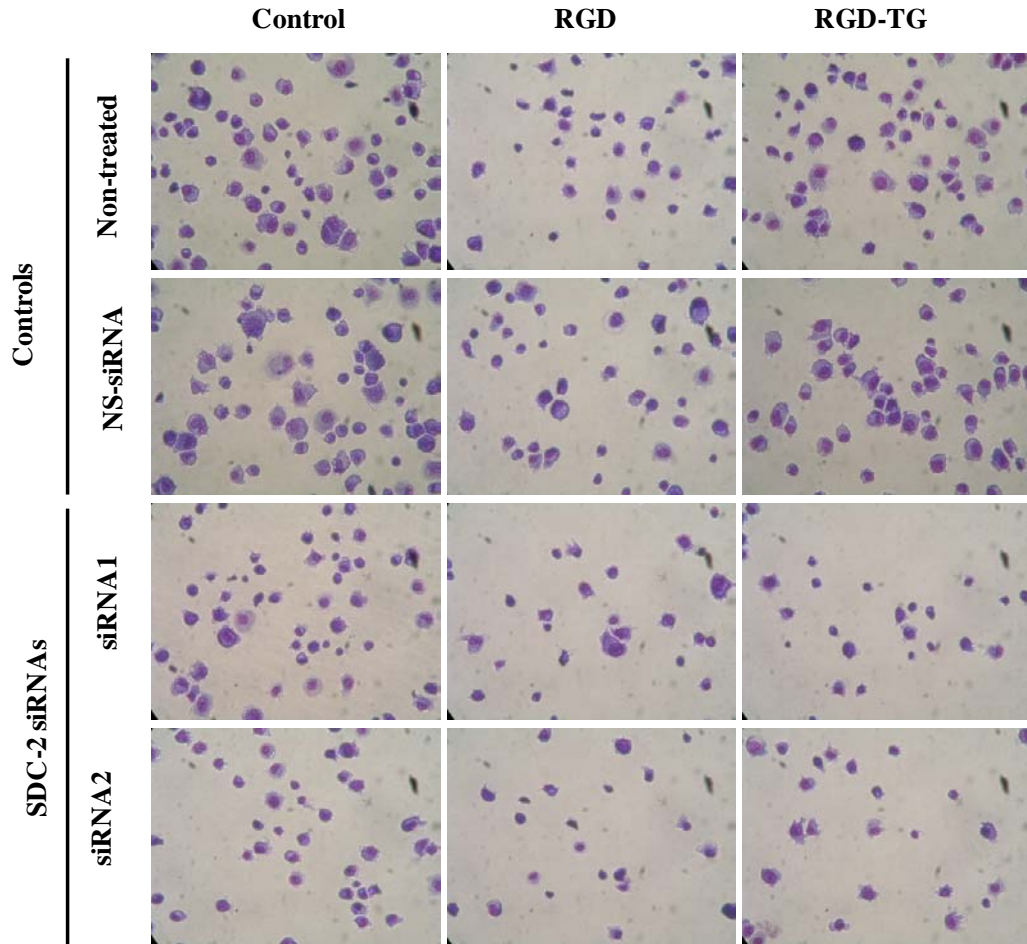
**a**, Syndecan-2 siRNAs targeting mouse syndecan-2 treated MEF cells (30 h incubation) (Section 4.2.3) were used in the RGD-independent cell adhesion assay (Section 2.2.3). The universal negative siRNA and the scrambled siRNAs designed according to the sequences of the syndecan-2 siRNAs were used as the negative treatments. The mean cell attachment and spreading values were expressed as the percentage of control values of non-treated (control) cell seeded on FN (which represents 100%)  $\pm$  S.D. The mean number of cell attachment  $\pm$  S.D. of control taken from 3 experiments was  $157 \pm 3$ . The mean percentage spreading value  $\pm$  S.D on FN was  $74 \pm 5$  in the 3 experiments, and normalised to 100%. The \* symbol represents significant difference ( $p < 0.05$ ) between FN and TG-FN matrices in the presence and/ or absence of RAD or RGD peptide when compared to the non-treated cells seeded on FN. The # symbol represents significant difference ( $p < 0.05$ ) between individual groups. **b**, visualization of syndecan-2 siRNAs and the control siRNA-treated MEF cells seeded on FN or TG-FN matrices in the presence of RGD peptide.

*Chapter 3: Importance of the syndecan-4/2 and  $\beta 1$  integrin co-signalling pathway in RGD-independent cell adhesion mediated by the TG-FN matrix*

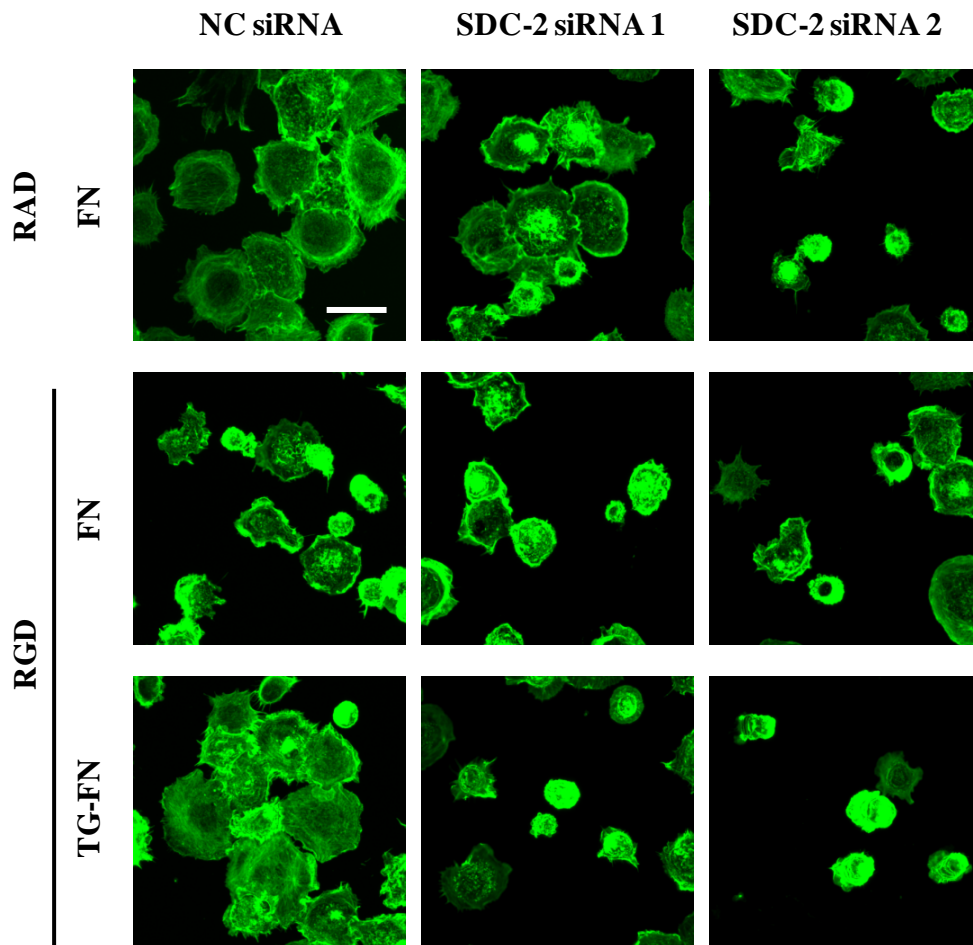


**Figure 3.3.24a**

*Chapter 3: Importance of the syndecan-4/2 and  $\beta$ 1 integrin co-signalling pathway in RGD-independent cell adhesion mediated by the TG-FN matrix*



**Figure 3.3.24b**



**Figure 3.3.25 The importance of syndecan-2 in actin cytoskeleton formation on TG-FN matrix.**

The cell adhesion assay were carried on by using syndecan-2 targeting siRNA-treated MEF cells (Section 4.2.3) as explained in Section 2.2.3, while the universal negative control (NC) siRNA was used as the control treatment. After 20-40 min incubation, the cells were fixed with 3.7% paraformaldehyde in PBS, pH7.4, and the actin stress fibre formation was performed by using FITC-labelled phalloidin (20 $\mu$ g/ml) as described in Section 2.2.4. Bar, 20  $\mu$ m.

**Figure 3.3.25**

*Chapter 3: Importance of the syndecan-4/2 and  $\beta 1$  integrin co-signalling pathway in RGD-independent cell adhesion mediated by the TG-FN matrix*

suggest the involvement of syndecan-2 in the RGD-independent cell adhesion mediated by TG-FN.

**3.3.8.2 Syndecan-2 is crucial for TG-FN to exert its function in actin cytoskeleton formation**

The role of syndecan-2 in actin stress fibre formation has been demonstrated and its involvement in TG-FN signalling pathway was suggested by cell adhesion experiments (Section 3.3.8.2). In order to further investigate the role of syndecan-2 in TG-FN regulated actin cytoskeleton formation, the actin stress fibre was detected via immunofluorescence staining in syndecan-2 targeting siRNA-treated MEF cells, and the non-treated, universal negative control siRNA and the scrambled siRNAs were used as the control groups (Section 3.2.2). As shown in Figure 3.3.25, after 1 h incubation, well-organized actin fibres were detected in the control groups on both FN and TG-FN matrices in the presence of RAD peptide. Once treated with RGD peptide, the cells seeded on FN lose their longitudinal stress fibres, which were restored in the cells plated on TG-FN matrix. The loss of syndecan-2 induced a diffused actin cytoskeletal architecture on FN, and with the reduced expression of syndecan-2, the cells failed to respond to the TG-FN matrix in the presence of the RGD peptides. This work indicates the importance of syndecan-2 in regulating actin cytoskeleton organization, which is crucial for TG-FN to exert its compensation effect on the RGD-induced cell adhesion and actin stress fibre formation.

**3.3.9  $\beta 3$  integrins are not required by TG-FN to compensate the effect of RGD peptide on cell adhesion**

Even though  $\beta 1$  integrins have been proven to be the major cell surface integrins that mediate cell adhesion on FN, accumulating research indicates that  $\beta 3$  integrins are also involved in this process (Switala-Jelen et al., 2004). In order to study the potential involvement of  $\beta 3$  integrin in the TG-FN matrix model of this



**Figure 3.3.26 The  $\beta 3$  integrins are not required by TG-FN to mediate RGD-independent cell adhesion.**

The RGD-independent cell adhesion assay was carried out and the attachment and spreading of  $\beta 3$  wild type and knockout MEF cells was analysed as explained in Section 2.2.3. The percentage of attached cell (cell attachment) or the percentage of spread cells (cell spreading)  $\pm$  S.D shown are the mean values from three separate experiments performed in triplicate. The mean cell attachment and spreading values were expressed as the percentage of control values of non-treated (control) cell seeded on FN (which represents 100%)  $\pm$  S.D. The mean number of cell attachment  $\pm$  S.D. of control taken from 3 experiments was  $158 \pm 6$ . The mean percentage spreading value  $\pm$  S.D on FN was  $80 \pm 2$  in the 3 experiments, and normalised to 100%. The \* symbol represents significant difference ( $p < 0.05$ ) between FN and TG-FN matrices in the presence and/ or absence of RAD or RGD peptide when compared to the non-treated cells seeded on FN.



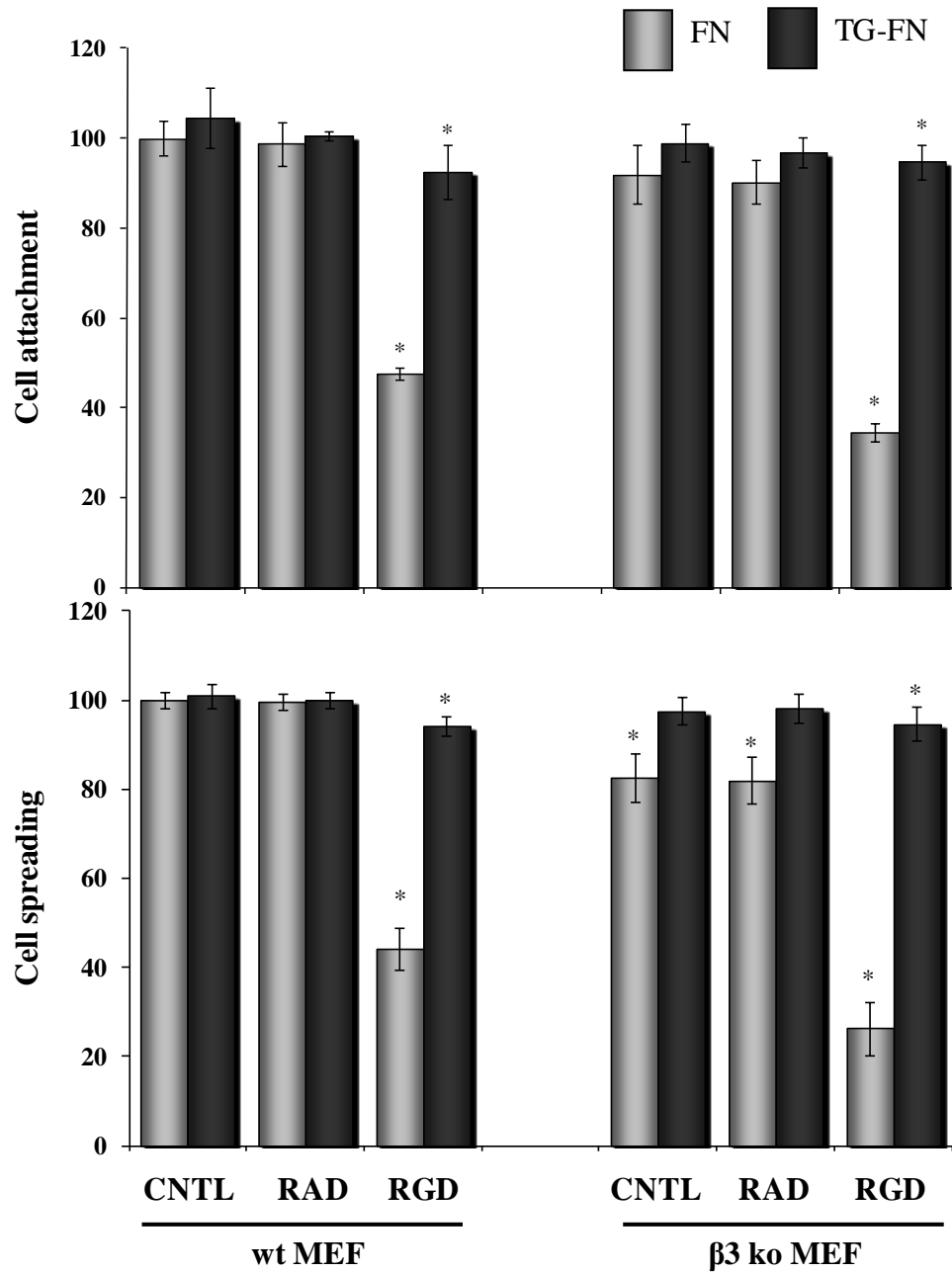


Figure 3.3.26

***Chapter 3: Importance of the syndecan-4/2 and  $\beta 1$  integrin co-signalling pathway in RGD-independent cell adhesion mediated by the TG-FN matrix***

project,  $\beta 3$  integrin knockout (ko) mouse embryo fibroblasts and its wild type control cells were used in cell adhesion assays. As shown in Figure 3.3.26, in wild type MEF cells, RGD treatment led to 50% and 55% loss of the cell attachment and spreading respectively, which was restored to 92% and 94% respectively by the TG-FN complex. During long-term (above 60 min) tissue culture, no significant morphological difference was observed in  $\beta 3$  ko cells compared to the wild type MEF cells. In a short-term incubation on the FN matrix (30 min), even though no significant difference was found in the cell attachment between the wild type and knockout cells, the knockout cells lost ~20% loss of spreading ( $p < 0.05$ ) compared to the wild type cells, confirming the involvement of  $\beta 3$  integrins in cell adhesion on FN. No significant difference was observed when both of the cells were seeded onto the TG-FN matrix, when compared to the wild type cells on the FN matrix. In the presence of RGD peptide,  $\beta 3$  ko cells lost 66% and 74% of the cell attachment and spreading, respectively on FN, while TG-FN compensated the effect of the RGD peptides back to 94%, in which no significant difference was found compared to the RGD-treated wild type cells on TG-FN. This suggests that  $\beta 3$  integrins are not required for TG-FN to exert its compensatory effect on the RGD-induced loss of cell adhesion.

**3.3.10  $\alpha 4\beta 1$  integrins are not involved in the signalling transduction mediated by TG-FN**

It has been reported that TG2 can be involved in an  $\alpha 4\beta 1$  integrin-related cell adhesion process where it acts as a cell surface coreceptor for FN. Hence in order to investigate the role of  $\alpha 4\beta 1$  integrin in RGD-independent cell adhesion on TG-FN, rat anti-mouse  $\alpha 4\beta 1$  integrin functional blocking antibody-treated MEF cells were used in cell adhesion assays, while its isotype control antibody was used as a negative treatment. In Figure 3.3.21, at the concentration of 25 $\mu$ g/ml, the isotype control antibody did not affect the cell adhesion process on FN, compared to the non-treated cells, suggesting no toxicity of these antibodies to the MEF cells at this concentration. In the experimental groups, no significant difference was found between the functional blocking antibody treated cells on

***Chapter 3: Importance of the syndecan-4/2 and  $\beta 1$  integrin co-signalling pathway in RGD-independent cell adhesion mediated by the TG-FN matrix***

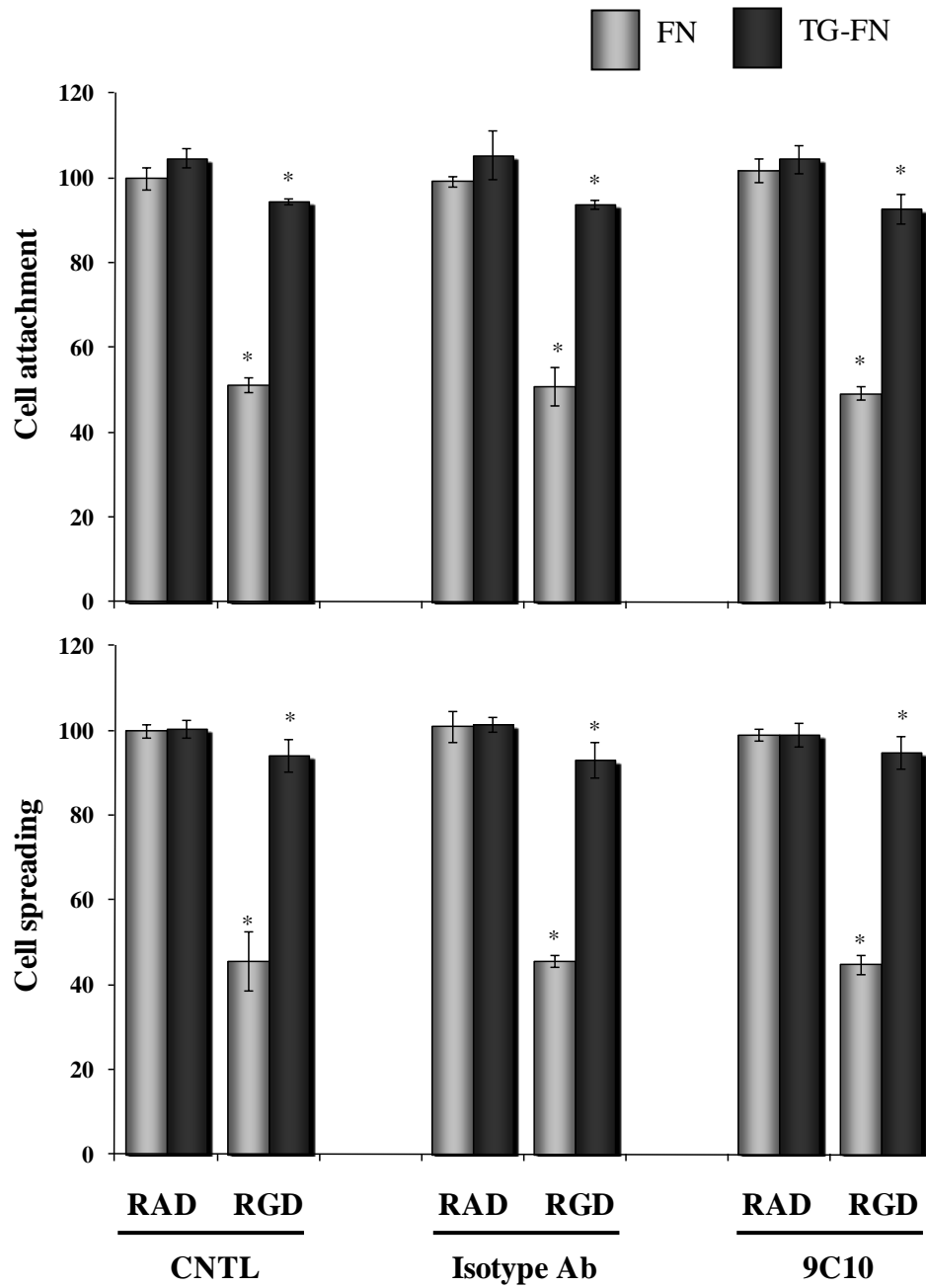
FN and the isotype control antibody, suggesting that  $\alpha 4\beta 1$  integrin is not crucial in the cell adhesion process on FN. No enhanced or reduced cell adhesion and spreading was found in the cells on TG-FN in the absence or presence of RGD peptide, which indicates that  $\alpha 4\beta 1$  integrin is not required by TG-FN to exert its compensatory effect on RGD-induced loss of cell adhesion.



**Figure 3.3.27 TG-FN compensates RGD-independent cell adhesion in  $\alpha 4\beta 1$  integrin-independent manner.**

The RGD-independent cell adhesion assay was carried out by using rat anti-mouse  $\alpha 4\beta 1$  integrin functional blocking antibody (clone 9C10) and its isotype control antibody (Isotype Ab)-treated MEF cells as described in Section 2.2.3. The percentage of attached cell (cell attachment) or the percentage of spread cells (cell spreading)  $\pm$  S.D. shown are the mean values from three separate experiments performed in triplicate. The mean cell attachment and spreading values were expressed as the percentage of control values of non-treated (control) cell seeded on FN (which represents 100%)  $\pm$  S.D. The mean number of cell attachment  $\pm$  S.D. of control taken from 3 experiments was  $139 \pm 3$ . The mean percentage spreading value  $\pm$  S.D. on FN was  $80 \pm 1$  in the 3 experiments, and normalised to 100%. The \* symbol represents significant difference ( $p < 0.05$ ) between FN and TG-FN matrices in the presence and/ or absence of RAD or RGD peptide when compared to the non-treated cells seeded on FN.

*Chapter 3: Importance of the syndecan-4/2 and  $\beta 1$  integrin co-signalling pathway in RGD-independent cell adhesion mediated by the TG-FN matrix*



**Figure 3.3.27**

### **3.4 Discussion**

It has been reported that the TG-FN heterocomplex, by acting as a novel cell adhesion matrix, can compensate the RGD peptide-induced loss of cell adhesion (resulting from the blocking of integrin' interactions with the cell binding domains within the FN molecule) (Verderio, et al., 2002). Previous work also demonstrated the involvement of cell surface heparan sulfate chains in this RGD-independent cell adhesion process mediated by TG-FN matrix (Verderio, et al., 2003). The initial aim of this project was to find out which type(s) of cell surface receptor(s) and intracellular molecule(s) are involved in this process.

By using heparin treatment, the heparin binding sites within FN were blocked before TG2 was immobilized on FN, which as shown by ELISA did not affect the formation of the TG-FN complex. The undertaking of the RGD-independent cell adhesion experiments on this heparin-treated matrix indicated that even though FN could not fully mediate cell adhesion through integrins or cell surface proteoglycans on this heparin-treated matrix, TG-FN can still compensate the effect of the RGD peptides, suggesting that TG2 is likely to be the functional component to exert the compensatory effect on the RGD-peptide-induced loss of cell adhesion. The following experiments using heparin to block the potential heparan sulfate binding site(s) within the TG2 molecule completely abolished this function of the TG-FN complex in cell adhesion assays. Also in the heparan sulfate mutant CHO cells, no compensation effect of the RGD peptide was observed in TG-FN groups, supporting the previous data using heparinase-treated cells in which TG-FN lost its compensation (Verderio, et al., 2003). This further indicates that the importance of the cell surface heparan sulfate chains in this novel cell adhesion process.

Heparan sulfate proteoglycans (HSPGs) are the major source of heparan sulfate chains on the cell surface, which are composed of a family of cell adhesion-relevant surface receptors— syndecans. The syndecan family includes four members, syndecan-1-4, among which syndecan-4 is the most widely expressed and has been reported to be involved in focal adhesion assembly and in

***Chapter 3: Importance of the syndecan-4/2 and  $\beta$ 1 integrin co-signalling pathway in RGD-independent cell adhesion mediated by the TG-FN matrix***

supporting the formation of actin stress fibres during the cell adhesion process. The importance of syndecan-4 has been reported in fibroblasts (Woods et al., 2000). By using syndecan-4 knockout MEF cells, the role of syndecan-4 in the RGD-independent cell adhesion on TG-FN was investigated and confirmed. Without the presence of cell surface syndecan-4, TG-FN lost its compensatory effect on the RGD peptides completely in the cell adhesion process, which was due to the loss of the direct interaction between TG2 and syndecan-4, demonstrated by co-immunoprecipitation experiments. The important role of syndecan-4 was also proven in actin stress fibre formation by using syndecan-4 wild type, knock-out and add-back MEF cells, revealing that without the support of syndecan-4, TG-FN could not promote the organization of actin stress fibres in the presence of RGD peptide, while in the wild type and add-back cells, this complex accomplished the restoring of the RGD-independent actin cytoskeleton formation. Since the core protein of syndecan-4 has also been reported in regulating cell adhesion, the heparan sulfate mutant CHO cells were used in co-immunoprecipitation assays by using an anti-syndecan-4 antibody (which detects the intracellular domain of syndecan-4 core protein) to pull the syndecan-4 immuno-complex. The absence of TG2 antigen in immunocomplex of the mutant CHO cells, compared to its presence in the wild type cells, indicated the direct link between TG2 and heparan sulfates and ruled out the involvement of the syndecan-4 core protein in TG-FN mediated cell adhesion.

The involvement of both syndecan-4 and  $\beta$ 1 integrins in cell attachment and spreading has been widely demonstrated, suggesting that syndecan-4 is a co-receptor in the  $\beta$ 1 integrin signalling pathway in supporting actin stress fibre formation (Bass et al., 2007). Since the involvement of syndecan-4 has been proven in RGD-independent cell adhesion mediated by TG-FN, further studies were performed to investigate whether  $\beta$ 1 integrin also participates in this process. In the  $\beta$ 1 integrin knockout MEF cells, TG-FN lost its compensatory effect completely, providing the first evidence of the crucial role of  $\beta$ 1 integrins in signal transduction mediated by TG-FN. Meanwhile, the activation of  $\beta$ 1 integrins by its direct interaction with syndecan-4 was ruled out, based on the discovery that no interaction was detected between these two receptors via co-

***Chapter 3: Importance of the syndecan-4/2 and  $\beta 1$  integrin co-signalling pathway in RGD-independent cell adhesion mediated by the TG-FN matrix***

immunoprecipitation assays. Among the  $\alpha$  integrin family,  $\alpha 5$  integrin has been shown to be most important companion to  $\beta 1$  integrin in regulating FN-mediated cell adhesion (Takagi et al., 2003), which led to the hypothesis that  $\alpha 5$  integrin could be the crucial partner for  $\beta 1$  integrin to regulate the RGD-independent cell adhesion on TG-FN. The failure of this complex in compensating RGD-independent cell adhesion in  $\alpha 5$  integrin knockout cells proved this hypothesis. By using an inhibiting peptide A1-5 designed to target the  $\alpha 5\beta 1$  integrin to block its interaction with FN, cell attachment and spreading were inhibited in a dose-dependent manner in the cells seeded on FN. Unlike its compensatory effect on RGD peptide induced loss of cell adhesion, TG-FN failed to rescue the loss of cell adhesion when the inhibitor and the inhibiting peptide was present, further confirming that  $\alpha 5\beta 1$  integrin receptor complex is crucial in the cell adhesion process mediated by TG-FN.

Recent work suggested that another member of the syndecan family— syndecan-2 is also involved in regulating actin cytoskeleton formation during cell adhesion (Munesue et al., 2002). Meanwhile it has been reported that syndecan-2 is highly expressed in fibroblasts. To investigate the potential role of syndecan-2 in fibroblast cell adhesion on TG-FN, syndecan-2 specific targeting siRNAs was used to block the expression of syndecan-2 in MEF cells. The success in inhibiting syndecan-2 expression significantly reduced the compensatory effect of TG-FN on the RGD-independent cell adhesion, which gave the first clue of the importance of syndecan-2 in TG-FN mediated signalling transduction. By further investigating the actin cytoskeleton formation, in syndecan-2 siRNA-treated cells it was demonstrated these cells could not organize well-formed actin stress fibres, moreover they failed to respond to the TG-FN matrix in the presence of the RGD peptides which not only confirms the importance of syndecan-2 in actin cytoskeleton formation, but also its involvement in the RGD-independent cell adhesion mediated by TG-FN.

Even though defined as a vitronectin-relevant cell surface receptor,  $\beta 3$  integrin has also been reported to participate in cell adhesion on FN (Switala-Jelen et al., 2004). In  $\beta 1$  integrin knock-out MEF cells, although present in those cells,  $\beta 3$



*Chapter 3: Importance of the syndecan-4/2 and  $\beta 1$  integrin co-signalling pathway in RGD-independent cell adhesion mediated by the TG-FN matrix*

integrins could not fulfil the role of  $\beta 1$  integrin in RGD-independent cell adhesion on TG-FN, suggesting  $\beta 3$  integrins are not required by TG-FN to compensate the effect of the RGD peptides. In order to confirm this result,  $\beta 3$  integrin knock-out MEF cells were used in the RGD-independent cell adhesion assay. In short-term incubations, the absence of  $\beta 3$  integrin did not affect the cell attachment on FN and only partially inhibited cell spreading (around 20% reduction), confirming the involvement of  $\beta 3$  integrin in the FN-mediated cell adhesion. On the contrary, neither cell attachment nor cell adhesion was affected when the knockout cells were seeded on TG-FN, ruling out the requirement of  $\beta 3$  integrins by TG-FN in mediating RGD-independent cell adhesion.

$\alpha 4\beta 1$  integrin is another cell surface receptor that has been reported involved in cell adhesion on FN, also this integrin is related to TG2 in mediating cell adhesion (Moyano et al., 2003). In  $\alpha 4\beta 1$  integrin functional blocking antibody-treated MEF cells, no significant difference was found compared to the Isotype antibody or non-treated cells, suggesting in short-term incubation (30 min),  $\alpha 4\beta 1$  integrin is not required by cells to mediate their adhesion on FN. No further reduction or enhancement was discovered in the antibody-treated cells seeded on TG-FN, which ruled out the possibility that  $\alpha 4\beta 1$  integrin is essential for TG-FN to exert its compensatory effect on cell adhesion.

To sum up the above work, it was demonstrated that the TG-FN complex can compensate the effect of RGD peptide induced loss of cell adhesion and actin cytoskeleton formation through the syndecan-4/2 and  $\alpha 5\beta 1$  integrin co-signalling pathway, which is independent of  $\beta 3$  and  $\alpha 4\beta 1$  integrins. This process could be potentially involved in the matrix turnover process important to wound healing and tumour progression and may provide a therapeutic target for regulating the above processes. There are still remaining questions to be answered: (1) What intracellular signalling pathway(s) are involved in this cell adhesion process mediated by TG-FN; (2) What is the relationship between these three cell surface receptors, syndecan-4, syndecan-2 and  $\alpha 5\beta 1$  integrin; (3) What is the functional effect of this RGD-independent cell adhesion on physiological or pathological

***Chapter 3: Importance of the syndecan-4/2 and  $\beta 1$  integrin co-signalling pathway in RGD-independent cell adhesion mediated by the TG-FN matrix***

process(es). The next chapters will explore the intracellular signalling pathway and matrix deposition processes mediated by the TG-FN matrix.

**Chapter 4:**  
**The characterisation of intracellular  
signalling molecules in the RGD-  
independent cell adhesion process  
mediated by the TG-FN complex**

**Chapter 4: The characterisation of intracellular signalling molecules in the RGD-independent cell adhesion process mediated by the TG-FN complex**

**4.1 Introduction**

The importance of the ECM protein FN in cell-ECM interaction has been widely investigated and reported (Pankov and Yamada, 2002). There are two major cell surface receptor families that are involved in this process, known as integrins and syndecans. It has been reported that around half of the members from the integrin family can bind to the RGD-cell binding domain of FN, which initiates the cell adhesion process. Integrins, which can interact with FN matrix, including  $\alpha 2\beta 1$ ,  $\alpha 3\beta 1$ ,  $\alpha 5\beta 1$ ,  $\alpha V\beta 1$ ,  $\alpha V\beta 3$ , and  $\alpha V\beta 5$  integrins (Hersel et al., 2003). When integrins bind to the RGD-binding motif of FN, they initiate the cell adhesion process on FN. The involvement of the syndecan family in cell spreading was first reported on the discovery that the interaction of RGD cell binding sites with integrins can only mediate the formation of the nascent focal adhesions and the cells fail to form stress fibres and/or a cytoskeletal network (Bloom et al., 1999; Woods et al., 1984). Within FN there are at least two heparin binding sites mediating the interaction between FN and syndecans. The syndecan family are heparan sulfate proteoglycans (HSPGs) and form the major source of cell surface heparan sulphates. Syndecan-4 is the most ubiquitous member of the syndecan family. Although integrins are the main cell surface receptors responsible for cell-ECM interactions, in some cases, integrin engagement is not sufficient for a complete adhesion signalling process (Bloom et al., 1999; Huhtala, et al., 1995; Izzard, et al., 1986). Syndecan-4 can bind the HepII heparin-binding domain of FN with high affinity, which leads to the formation of focal adhesions necessary for cell adhesion (Woods et al. 2000). The binding of syndecan-4 to the heparin binding domain within FN provides a second signal that is required for formation of stress fibres and maturation of focal adhesions in mesenchymal cells (Woods, and Couchman, 1998). The heparan sulfate chains of syndecan-4 can interact with ECM proteins or growth factors to transduce the outside signals into the cells. The effect of both integrins and syndecans on cell adhesion and spreading

***Chapter 4: The characterisation of intracellular signalling molecules in the RGD-independent cell adhesion process mediated by TG-FN complex***

is defined as the  $\beta$ 1 integrin and syndecan-4 co-signalling pathway. There are several intracellular signalling molecules that have been reported to be crucial in this signal transduction process, including protein kinase C  $\alpha$  (PKC $\alpha$ ), focal adhesion kinase (FAK), Rho and Rho kinase (ROCK) and extracellular signal-regulated kinase (ERK).

Once activated by the outside signals (via the interaction with ECM proteins or the binding with growth factors), the intracellular variable (V) region of syndecan-4 core protein binds directly with the catalytic domain of PKC $\alpha$  (Keum et al., 2004; Lim et al., 2003) in the presence of phosphatidylinositol 4,5-bisphosphate (PIP<sub>2</sub>) (Simons and Horowitz, 2001; Woods and Couchman, 2001), which triggers the activation of PKC $\alpha$  and its interaction with  $\beta$ 1 integrins (Bass and Humphries, 2002). Activation of PKC $\alpha$  facilitates its translocation from the cytosol to the membrane and permits its binding with the cytoplasmic domain of  $\beta$ 1 integrins, which activates the inside-out signalling mechanism for this integrin family (Bass et al., 2007a; Nakashima, 2002). As an important downstream molecule in integrin signalling, FAK has been well studied. The interaction of integrins and their relevant ligands can trigger the phosphorylation of FAK at different Tyr sites, such as Tyrosine 397, 861, 925 etc., so that the FAK signalling complex will be formed. Initiated by the autophosphorylation of FAK at Tyr<sup>397</sup>, FAK binds to the Src family, which in turn promotes the phosphorylation of Tyrosine sites 407, 576, 577, 861 and 925, leading to the maximal activation of FAK function (Parsons, 2003). Interestingly the phosphorylation of Tyr<sup>861</sup> suggests the activation of a ligand-independent signalling pathway (also known as inside-out signalling) (Shi and Boettiger, 2003). Once activated FAK can also trigger the cell survival signalling pathway mediated by ERK1/2 (Yee et al., 2008).

It has been reported that the Rho small GTPase family, composed of Rho, Rac and Cdc42, is involved in cell adhesion and migration, especially Rho and its downstream molecule ROCK in syndecan signalling transduction (Whiteford et al., 2007). By using syndecan-4 activating antibody, Saoncella and colleagues (1999) accomplished the full cell spreading on the cell binding domain of FN

***Chapter 4: The characterisation of intracellular signalling molecules in the RGD-independent cell adhesion process mediated by TG-FN complex***

(cell adhesion process mediated by  $\beta 1$  integrins), which was blocked by Rho inhibitor C3 exotransferase (Saoncella et al., 1999). This discovery demonstrated the role of Rho as a downstream signalling molecule in the syndecan-4 pathway. Other researchers suggested that Rho and ROCK is also involved in actin skeleton formation mediate by syndecan-2 (Whiteford et al., 2007). Even though there are still conflicting opinions, the importance of Rho and ROCK in cell spreading and actin stress fibre organization has been accepted widely.

TG2 is also regarded as a cell adhesion mediator. Interacting with the gelatin-binding domain of FN, cell surface TG2 can facilitate integrin-regulated cell adhesion (Radek et al., 1993) via its non-covalent interaction with  $\beta 1$  and  $\beta 3$  integrins (1:1 stoichiometry), which is independent of its transamidating activity (Akimov and Belkin, 2001; Akimov et al., 2000). Moreover, the binding of TG2 with FN activates FAK and increases the GTP loading of the small GTPase RhoA, which may trigger the intracellular signalling pathway and induce its relevant cell adhesion (Janiak et al., 2006). Mehta and colleagues also demonstrated that FAK is the downstream signalling molecule in TG2-related tumour cell adhesion and survival (Mehta et al., 2006), which can be attenuated by TG2 siRNA treatment (Herman et al., 2006; Verma et al., 2006). The role of matrix TG2 in RGD-independent cell adhesion was initially reported by Griffin and colleagues. Once deposited into the ECM, TG2 can form a hetero-complex with FN, named TG-FN, which can function as a structural protein (Verderio et al., 1998). The novel function of TG2, as an ECM protein, in RGD-independent cell adhesion was firstly introduced in 2003 (Verderio et al., 2003). Even though the function of this matrix complex has been proven, the actual intracellular signalling pathway in this RGD-independent cell adhesion process on TG-FN has not been completely revealed. In order to pursue earlier work about cell surface receptors and investigate the involvement of the intracellular signalling pathway that mediates RGD-independent cell adhesion on TG-FN, the intracellular signalling molecules, including PKC $\alpha$ , FAK, ERK1/2, ROCK, were studied.

The aim of this chapter is to continue the investigation of the signalling pathway in the RGD-independent cell adhesion mediated by TG-FN. Previous work from

***Chapter 4: The characterisation of intracellular signalling molecules in the RGD-independent cell adhesion process mediated by TG-FN complex***

Chapter 3 suggested the involvement of syndecan-4/2 and  $\alpha 5\beta 1$  integrin co-signalling pathway in the above process. In order to further confirm the discoveries and study the intracellular signalling, the downstream signalling molecules in this pathway were studied, including PKC $\alpha$ , FAK, ERK1/2 and ROCK by using specific inhibitors and the detection of the phosphorylation or translocation status of certain kinases.

## **4.2 Methods**

### **4.2.1 Inhibition of the signalling transduction processes by specific treatments in the RGD independent cell adhesion**

Before detachment by trypsin, Swiss 3T3 or mouse embryonic fibroblast (MEF) cells were pre-treated with different treatments to block the activity or function of certain signalling molecules or receptors, including PKC $\alpha$  inhibitor Go6976 (5 $\mu$ M dissolved in DMSO, 30 min), GK21 peptide (8 $\mu$ M dissolved in DMSO, 1 h), ERK1/2 inhibitor PD98059 (10 $\mu$ M dissolved in DMSO, 1 h), ROCK inhibitor Y27632 (10 $\mu$ M dissolved in DMSO, 30 min), or 25 $\mu$ g/ml of  $\beta$ 1 integrin functional blocking antibody HM $\beta$ 1-1 or its Isotype control antibody for 1 h. In some cases, DMSO (0.1%) was used as the vehicle control to rule out its toxic effect on the cells. Following the removal of the treatments, RGD-independent cell adhesion was performed as introduced in Section 2.2.3.

### **4.2.2 Detection of the PKC $\alpha$ translocation from cytosol to membrane**

Following PKC $\alpha$  inhibitor treatment (Section 4.2.1), RGD-independent cell adhesion was performed in Swiss 3T3 cells. The cells were allowed to adhere for around 30 min in the 60mm Petri dishes were previously sequentially coated with 5 $\mu$ g/ml of FN (in 50mM Tris-HCl, pH 7.4) and with 20 $\mu$ g/ml of gpITG (in 2mM EDTA in PBS, pH 7.4) as described before (Section 2.2.2). 50nM of PMA in DMSO was used in the positive control treatment. Non-adherent cells were collected and washed with ice-cold PBS, pH 7.4 and gently mixed with ice-cold homogenisation buffer (Section 2.2.12), while adherent cells were harvested in the same buffer and mixed with the corresponding samples. The cells were lysed via sonication and the cell membrane and cytosol fractions isolated followed the procedures introduced in Section 2.2.12. The presence of PKC $\alpha$  antigen in the different cell fractions was detected via Western blotting by using specific anti-PKC $\alpha$  antibody (Section 2.2.8-10).



### **4.2.3 Detection the interaction between PKC $\alpha$ and syndecan-2 via co-immunoprecipitation**

Co-immunoprecipitation assays were performed to detect interaction between syndecan-2 and PKC $\alpha$  by using wild type, syndecan-4 knockout and Y188L syndecan-4 mutant MEF cells as introduced in Section 2.2.11. Briefly rabbit anti-syndecan-2 polyclonal antibody and protein A beads were used to pull down the syndecan-2 immunocomplex in the pre-cleared cell lysates samples. Western blotting (Section 2.2.9) was used to detect the presence of PKC $\alpha$  antigen in this immune-complex by using mouse anti-PKC $\alpha$  monoclonal antibody.

## **4.3 Results**

### **4.3.1 TG-FN compensates the effect of RGD peptide on cell adhesion in a PKC $\alpha$ -dependent signalling pathway.**

#### **4.3.1.1 PKC $\alpha$ inhibitor Go6976 inhibits the compensatory effect of TG-FN on the RGD-independent cell adhesion process**

As an important intracellular molecule in the syndecan-4 signalling pathway, the role of PKC $\alpha$  was investigated by using its specific inhibitor Go6976 in treated Swiss 3T3 fibroblasts. DMSO was used as the vehicle control. As shown in Figure 4.3.1, in the presence of RAD peptide, no significant difference of both cell attachment and spreading was found compared to non-treated cells, suggesting no toxicity of the RAD peptide (100 $\mu$ g/ml). As shown before, TG-FN restored the loss of cell attachment and spreading caused by RGD peptide treatment back to 93.8% and 94.5% respectively. When treated with PKC $\alpha$  inhibitor Go6976, a reduction of 33.2% of cell attachment and 26.7% of spreading was obtained on the FN matrix in non-treated cells, while in the RAD groups, 31.8% and 24.4% of cell attachment and spreading was blocked by Go6979, respectively. RGD peptide-treated cells on FN matrix could only reach 31.4% of cell attachment and 21.5% of cell spreading, compared to the control cells. In the vehicle control group, TG-FN restored the loss of cell attachment and spreading induced by the RGD peptide back to normal and accomplished around 95% compensation, while in the inhibitor groups, TG-FN failed to recover the effect of the inhibitor in RGD treatments. These results suggest the involvement of PKC $\alpha$  in TG-FN signal transduction in Swiss 3T3 fibroblast cells.

#### **4.3.1.2 The importance of the interaction of PKC $\alpha$ with the syndecan-4 intracellular domain.**

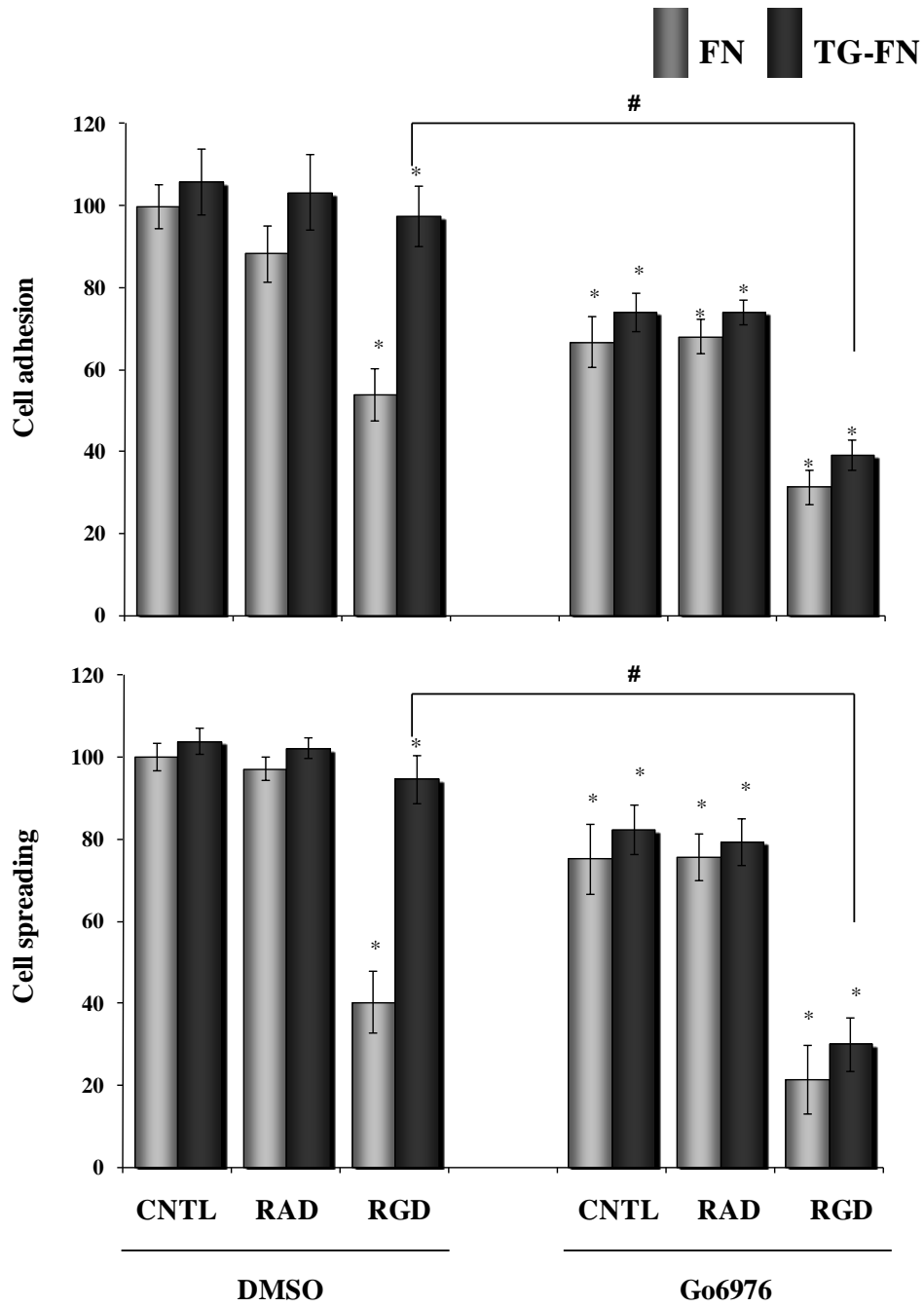
It has been reported that PKC $\alpha$  is an important downstream molecule of the syndecan-4 signalling pathway. To investigate the potential importance of the



**Figure 4.3.1 The involvement of PKC $\alpha$  in RGD-independent cell adhesion to FN and TG-FN matrices.**

The Swiss 3T3 fibroblasts were treated with PKC $\alpha$  inhibitor Go6976 and cell adhesion was performed as described previously (Section 4.2.1). The attachment and spreading of Swiss 3T3 cells was analysed as introduced in the Methods (Section 2.2.3). Each data point represents the mean percentage of attached cell (cell attachment) or the mean percentage of spreading cells (cell spreading)  $\pm$  S.D. of three separate experiments performed in triplicate. The ordinates in the top graphs represent the mean cell attachment expressed as mean percentage of DMSO-treated Swiss 3T3 cells (control) attachment to FN  $\pm$  S.D., presenting 100%. The mean number of cell attachment  $\pm$  S.D. of control taken from 3 experiments was  $139 \pm 1$ . The ordinates in the lower graphs designate the mean percentage of spreading cell, expressed as mean percentage of spreading on FN  $\pm$  S.D. The mean percentage of control spreading on FN  $\pm$  S.D was assessed as  $75 \pm 4$ , and normalized to 100%. The \* symbol represents significant difference ( $p < 0.05$ ) between FN and TG-FN matrices in the presence and/or absence of RAD or RGD peptide when compared to the non-treated cells seeded on FN. The # symbol represents significant difference ( $p < 0.05$ ) between individual groups.

*Chapter 4: The characterisation of intracellular signalling molecules in the RGD-independent cell adhesion process mediated by TG-FN complex*



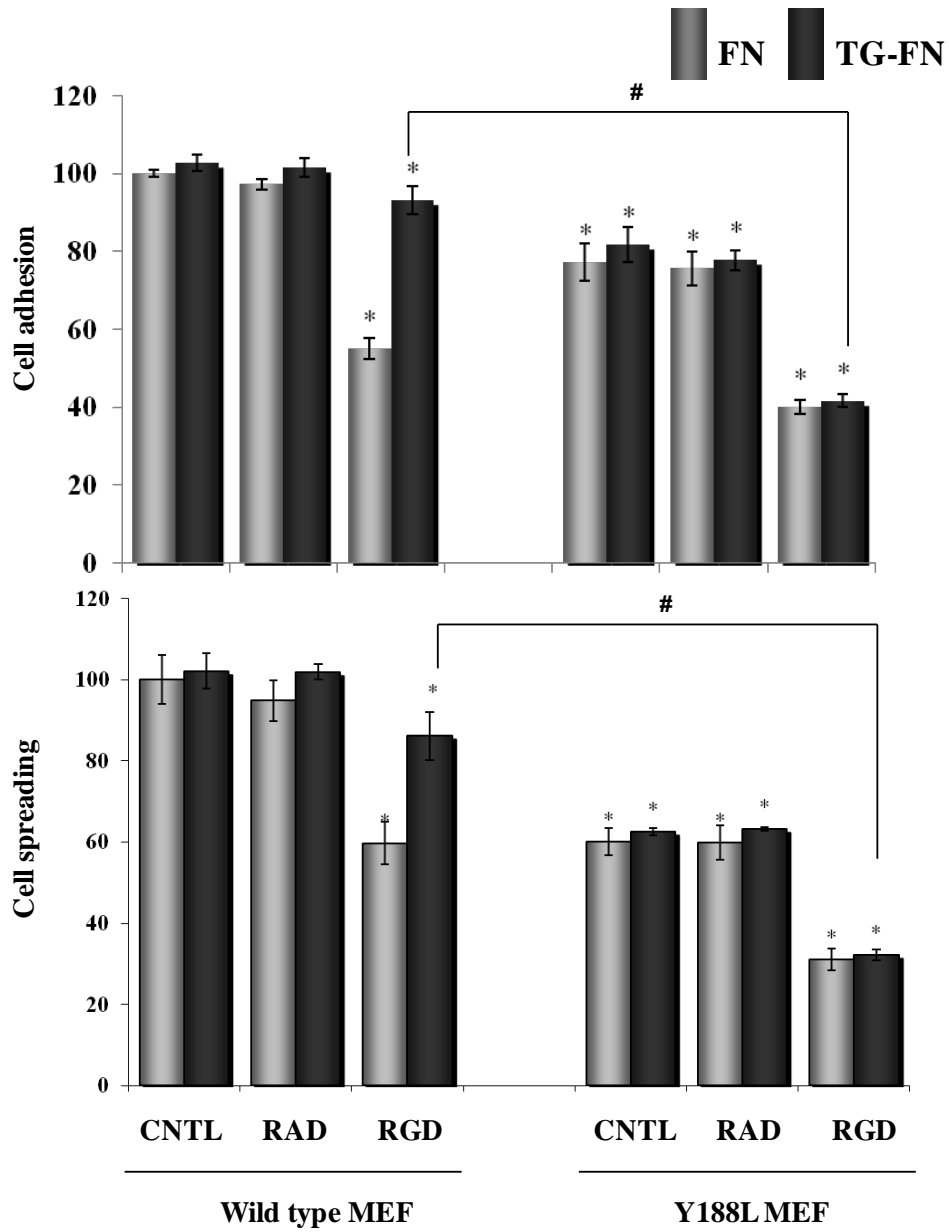
**Figure 4.3.1**



**Figure 4.3.2 The involvement of the interaction between PKC $\alpha$  and syndecan-4 in RGD-independent cell adhesion to FN and TG-FN matrices.**

The Y188L mutant MEF cells and wild type MEF cells were used in cell adhesion assays performed as described previously (Section 2.2.3). The attachment and spreading of MEF cells was analysed as introduced in the Methods (Section 2.2.3). Each data point represents the mean percentage of attached cells (cell attachment) or the mean percentage of spreading cells (cell spreading)  $\pm$  S.D. of three separate experiments performed in triplicate. The ordinates in the top graphs represent the mean cell attachment expressed as mean percentage of wild type MEF cells (control) attachment to FN  $\pm$  S.D., presenting 100%. The mean attachment value  $\pm$  S.D. was  $126 \pm 1$ . The ordinates in the lower graphs designate the mean percentage of spreading cell, expressed as mean percentage of spreading on FN  $\pm$  S.D. The mean percentage of control spreading on FN  $\pm$  S.D. was assessed as  $82 \pm 4$ , and normalized to 100%. The \* symbol represents significant difference ( $p < 0.05$ ) between FN and TG-FN matrices in the presence and/ or absence of RAD or RGD peptide when compared to the non-treated cells seeded on FN. The # symbol represents significant difference ( $p < 0.05$ ) between individual groups.

*Chapter 4: The characterisation of intracellular signalling molecules in the RGD-independent cell adhesion process mediated by TG-FN complex*



**Figure 4.3.2**

***Chapter 4: The characterisation of intracellular signalling molecules in the RGD-independent cell adhesion process mediated by TG-FN complex***

interaction between PKC $\alpha$  and syndecan-4, cell adhesion was performed by using syndecan-4 mutant MEF cells Y188L (syndecan-4 null MEF cells re-transfected with human syndecan-4 cDNA with the mutation of the PKC $\alpha$  binding site within its cytoplasmic domain) (Bass et al., 2007) and wild type MEF cells were used as the control group. As shown in Figure 4.3.2, the RAD treatment did not affect either the cell attachment or spreading process in wt MEF cells and Y188L MEF cells on FN, compared to non-treated cells on FN, suggesting at the concentration of 100 $\mu$ g/ml, no toxicity of RAD or RGD peptide was found in both cell types. In wt MEF, RGD treatment reduced 45% of cell attachment and 40% of spreading on FN, which was restored back to 93% and 86% by TG-FN, respectively, suggesting the compensatory effect of TG-FN on the RGD-induced loss of cell adhesion. While in the Y188L mutant cells, 23% and 40% loss of cell attachment and spreading, respectively, were observed on the FN matrix only, compared to the wild type control group. The RGD peptide further reduced 37% of cell attachment and 29% of cell spreading on the FN matrix, which could not be compensated by the TG-FN complex, since similar level of cell attachment and spreading were found in both FN and TG-FN matrices ( $p > 0.05$ ). The above results confirm the importance of the interaction between PKC $\alpha$  and syndecan-4 in cell adhesion on FN. Importantly the involvement of this binding is also required in mediating the TG-FN signalling transduction process.

**4.3.1.3 TG-FN compensates RGD-independent cell adhesion mediated by the binding of PKC $\alpha$  with  $\beta$ 1 integrins.**

It has been reported that the GK21 peptide mimics the intracellular domain of  $\beta$ 1 integrin which mediates its interaction with PKC $\alpha$  (Parsons et al., 2002). As such, this peptide can be used to inhibit cell adhesion on FN. To investigate the role this interaction in cell adhesion on TG-FN, cell adhesion was performed by using GK21 and its scrambled peptide in Swiss 3T3 cells. Cells treated with DMSO and RAD peptide seeded on FN were used as one vehicle control group, while the scrambled peptide was used as a negative control. As shown in figure

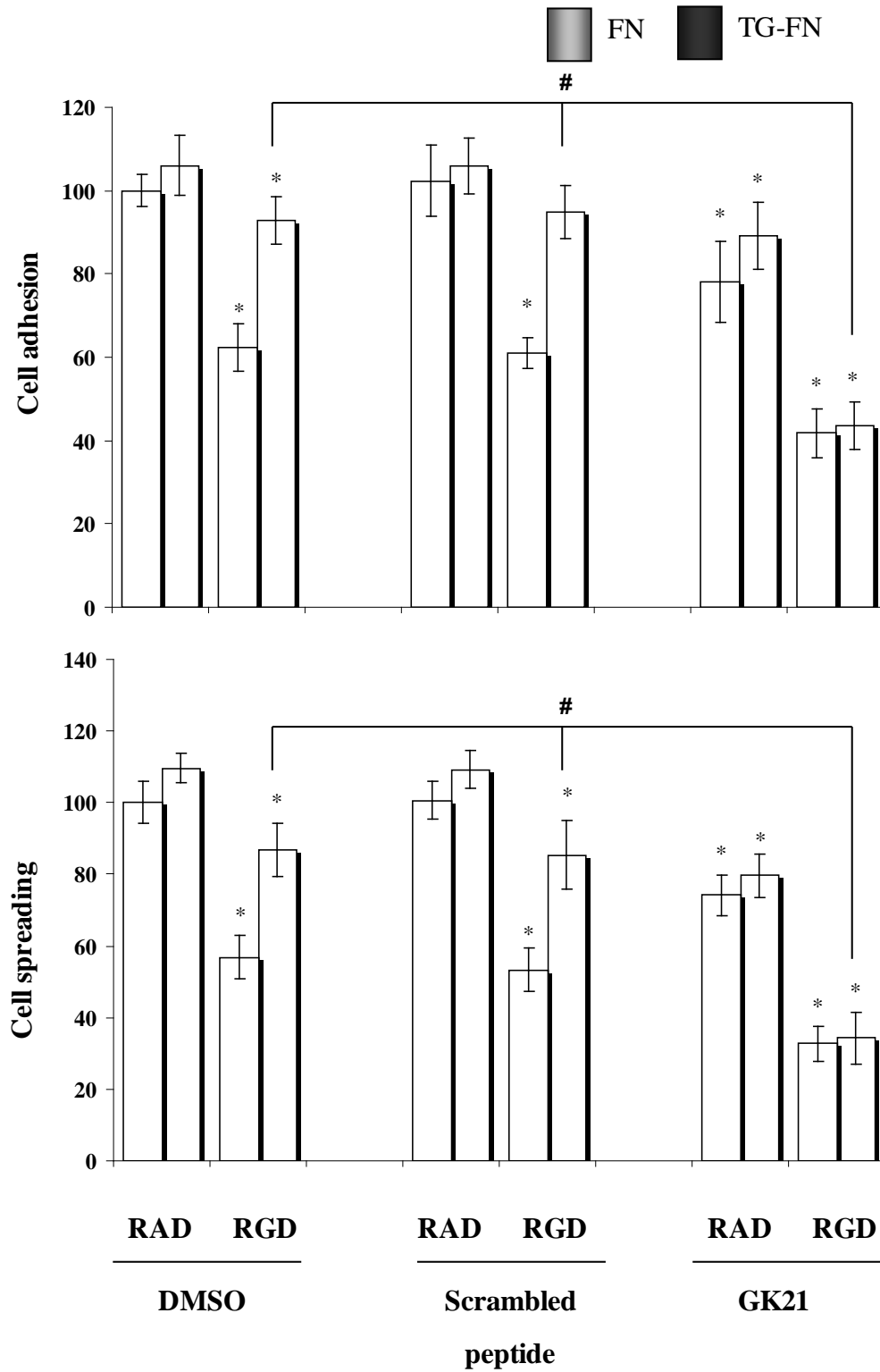


**Figure 4.3.3 The importance of PKC $\alpha$  and  $\beta$ 1 integrin interaction in RGD-independent cell adhesion to FN and TG-FN matrices.**

The Swiss 3T3 fibroblasts were treated with GK21 peptide (which blocks the interaction between the intracellular domain of  $\beta$ 1 integrin and PKC $\alpha$ ) and its scrambled control, while DMSO was used as the vehicle control. The attachment and spreading of Swiss 3T3 cell was analysed as introduced in the Methods (Section 2.2.3). Each data point represents the mean percentage of attached cells (cell attachment) or the mean percentage of spreading cells (cell spreading)  $\pm$  S.D. of three separate experiments performed in triplicate. The ordinates in the top graphs represent the mean cell attachment expressed as mean percentage of DMSO-treated Swiss 3T3 cells (control) attachment to FN  $\pm$  S.D., representing 100% in the presence of RAD peptide. The mean attachment value  $\pm$  S.D. was  $139 \pm 1$ . The ordinates in the lower graphs designate the mean percentage of spreading cells, expressed as mean percentage of spreading on FN  $\pm$  S.D. The mean percentage of control spreading on FN  $\pm$  S.D was assessed as  $75 \pm 4$ , and normalized to 100%. The \* symbol represents significant difference ( $p < 0.05$ ) between FN and TG-FN matrices in the presence of RAD or RGD peptide when compared to the non-treated cells seeded on FN. The # symbol represents significant difference ( $p < 0.05$ ) between individual groups.



*Chapter 4: The characterisation of intracellular signalling molecules in the RGD-independent cell adhesion process mediated by TG-FN complex*



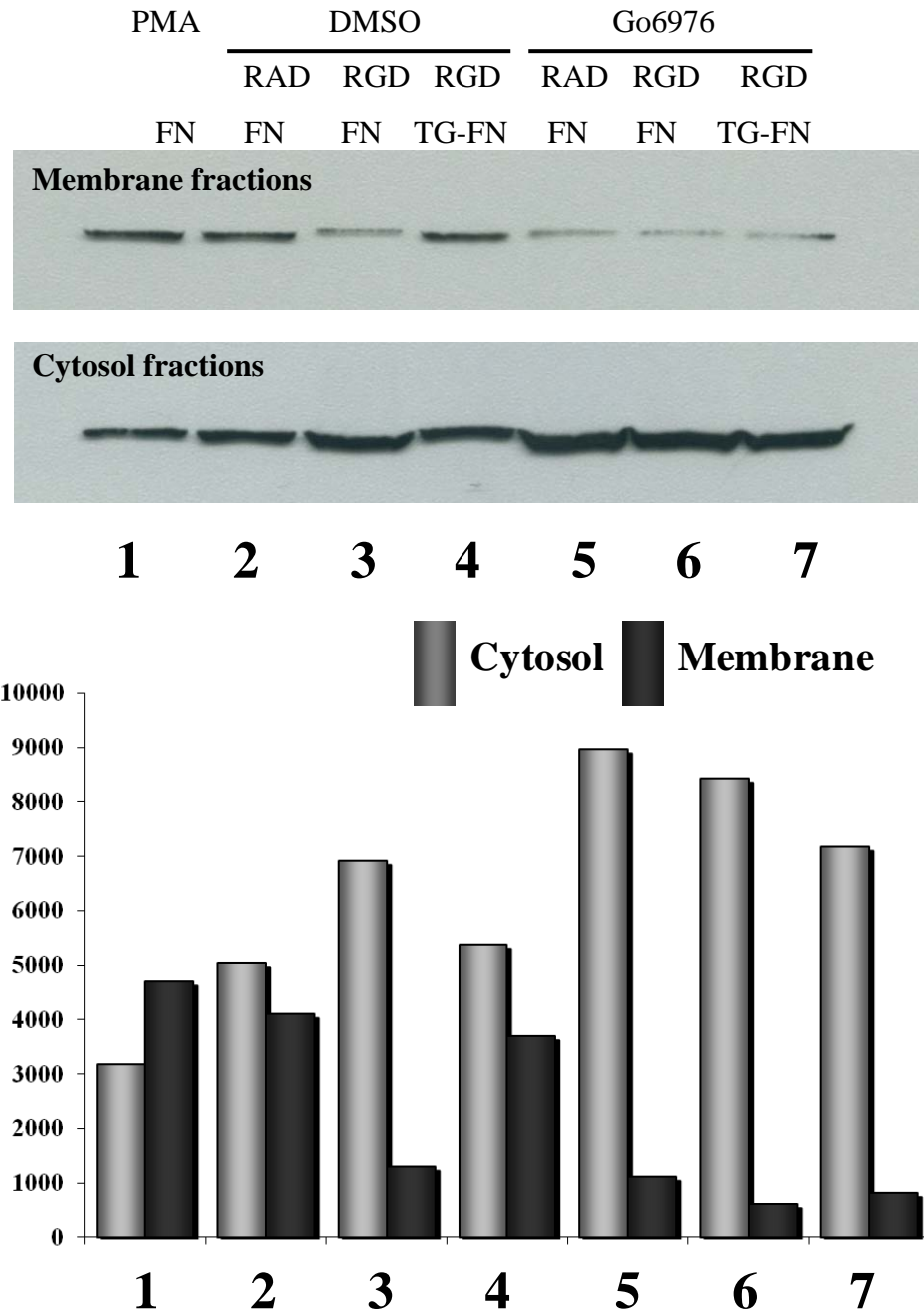
**Figure 4.3.3**



**Figure 4.3.4 Detection of the translocation of PKC $\alpha$  in the RGD-independent cell adhesion in Swiss 3T3 cells.**

RGD-independent cell adhesion assay was performed as introduced before in PKC $\alpha$  inhibitor Go6976-pre-treated (5 $\mu$ M, 1 h) Swiss 3T3 cells (Section 2.2.3 and Section 4.2.1). 50nM PMA was used as a positive control treatment for PKC $\alpha$  activation, while DMSO was used the vehicle control treatment. Cell lysates were collected into membrane fraction collection buffer. Membrane and cytosol fractions were isolated from total 200 $\mu$ g protein/sample as introduced in Section 2.2.12. The presence of PKC $\alpha$  antigen was detected by using mouse monoclonal anti-PKC $\alpha$  antibody (1:1000 dilution) via Western blotting. The densitometric values obtained for the bands are represented in Lane 1, PMA-treated cells seeded on FN; Lane 2, DMSO-treated cell seeded on FN in the presence of RAD; Lane 3, DMSO-treated cells on FN or TG-FN (Lane 4) in the presence of RGD; Lane 5, Go6976-treated cells FN in the presence of RAD; Lane 6, Go6976-treated cells on FN or FN-TG (Lane 7) in the presence of RGD.

*Chapter 4: The characterisation of intracellular signalling molecules in the RGD-independent cell adhesion process mediated by TG-FN complex*



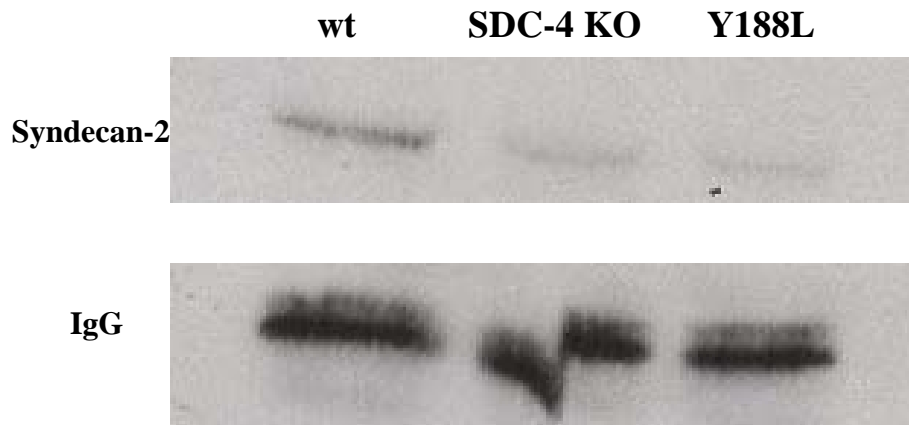
**Figure 4.3.4**

***Chapter 4: The characterisation of intracellular signalling molecules in the RGD-independent cell adhesion process mediated by TG-FN complex***

4.3.3, no significant difference of cell attachment and spreading was found between DMSO vehicle control cells and scrambled peptide-treated cells in the presence of RAD peptide in both Swiss 3T3 cells, indicating no toxicity of these two peptides. RGD peptide led to 37.6% and 43.3% loss of cell attachment and spreading, respectively, in Swiss 3T3 cells on FN, which was restored back to 92.8% and 86.7% by the TG-FN complex, respectively. In the presence of RAD peptide, GK21 peptide at the concentration of 8 $\mu$ M led to 21.9% and 25.8% loss of cell attachment and spreading in Swiss 3T3 cells seeded on FN, which could not be restored by the TG-FN complex. When treated with RGD peptide, only 41.8% of cell attachment and 32.8% cell spreading were found in these fibroblasts on FN, only 43.5% in cell attachment and 34.3% in cell spreading on TG-FN, and no significant difference was found between the matrices, suggesting TG-FN could not compensate the loss caused by the GK21 peptide. The above data indicates that TG-FN mediated cell adhesion in the presence of the RGD peptide is dependent on the interaction between PKC $\alpha$  and  $\beta$ 1 integrins.

**4.3.1.4 TG-FN promotes the translocation of PKC $\alpha$ .**

The translocation of PKC $\alpha$  indicates its activation in supporting cell adhesion. To investigate whether the translocation of PKC $\alpha$  occurs in cell adhesion on TG-FN, the fractions of cell cytosol and membranes were isolated and Western blotting was performed to detect the presence of PKC $\alpha$  antigen in both fractions. Serum-starved Swiss 3T3 cells were pre-treated with 5 $\mu$ M PKC $\alpha$  inhibitor Go6976 or DMSO (vehicle control) for 1 h, and then cells were trypsinized and seeded on FN or TG-FN matrices in the presence of RAD or RGD peptide. After around 1 h incubation, cells were collected in membrane isolation buffer and membrane and cytosol fractions were isolated as introduced in Materials and Methods (Section 2.2.12 and Section 4.2.2). RAD-treated cells on FN were used as control group, while cells treated with 50nM PMA were used as positive control in the presence of RAD peptide. Increased PKC $\alpha$  in the membrane fraction was found in PMA control groups compared to the non-DMSO treated cells seeded on FN. The RGD treatment led to the decrease of PKC $\alpha$  translocation from cytosol to



**Figure 4.3.5 Detection of the interaction between PKC $\alpha$  and syndecan-2.**

Wild type, syndecan-4 knockout, Y188L syndecan-4 mutant MEF cells were used in co-immunoprecipitation experiments as introduced in Section 4.2.3. After collection into cell lysis buffer (Section 2.2.11) and pre-cleared by using rabbit IgG (0.5 $\mu$ g/sample) and protein A beads, rabbit anti-syndecan-2 polyclonal antibody (0.5 $\mu$ g/sample) and protein A beads were used to pull down the syndecan-2 immuno-complex and Western blotting was then used to detect the presence of PKC $\alpha$  antigen (top image) (1:1000 dilution) within this complex from the different cell samples (Section 2.2.9). The IgG bands (bottom image) were used to represent equal protein loadings.

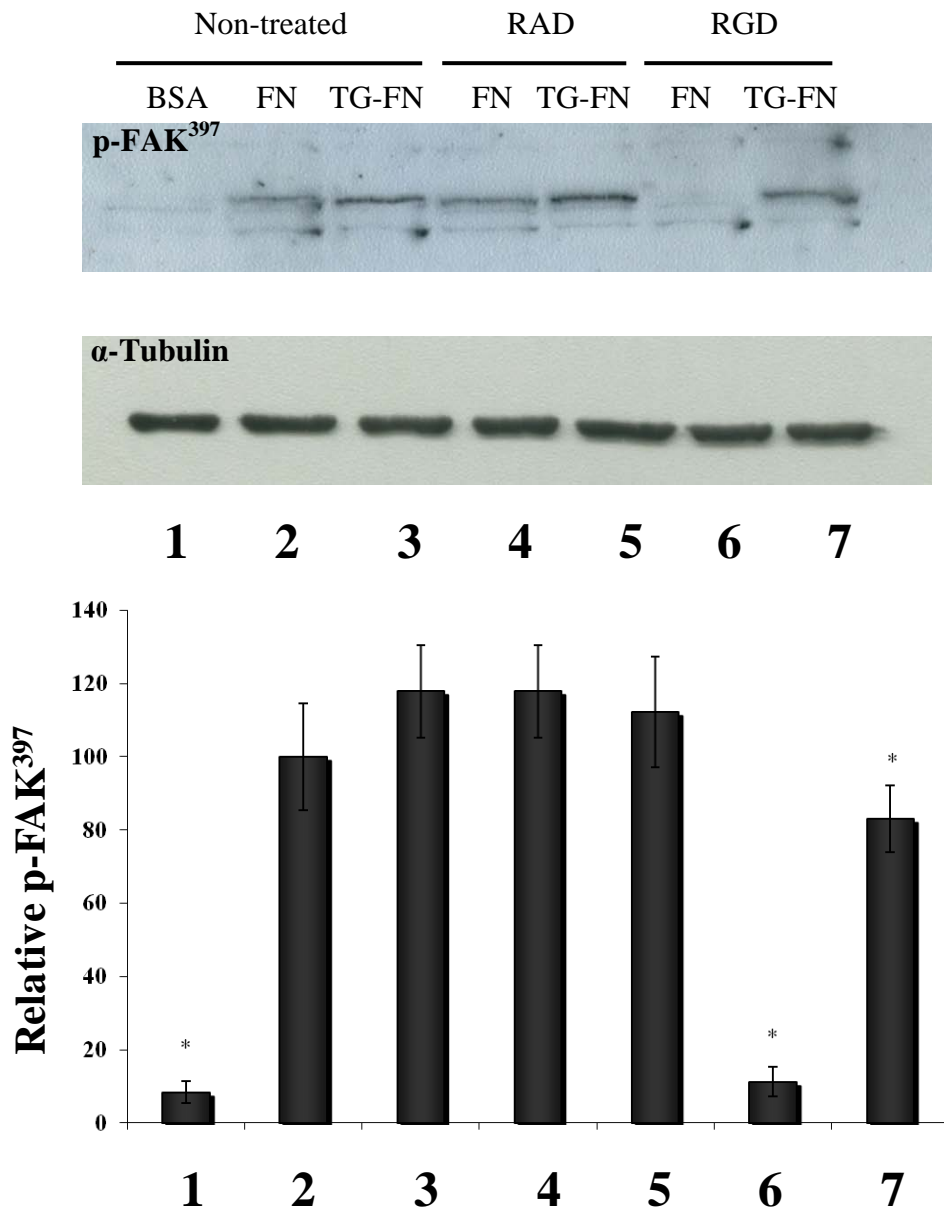
**Figure 4.3.5**



**Figure 4.3.6 Detection of the phosphorylation of FAK Tyr<sup>397</sup> in the RGD-independent cell adhesion in Swiss 3T3 cells.**

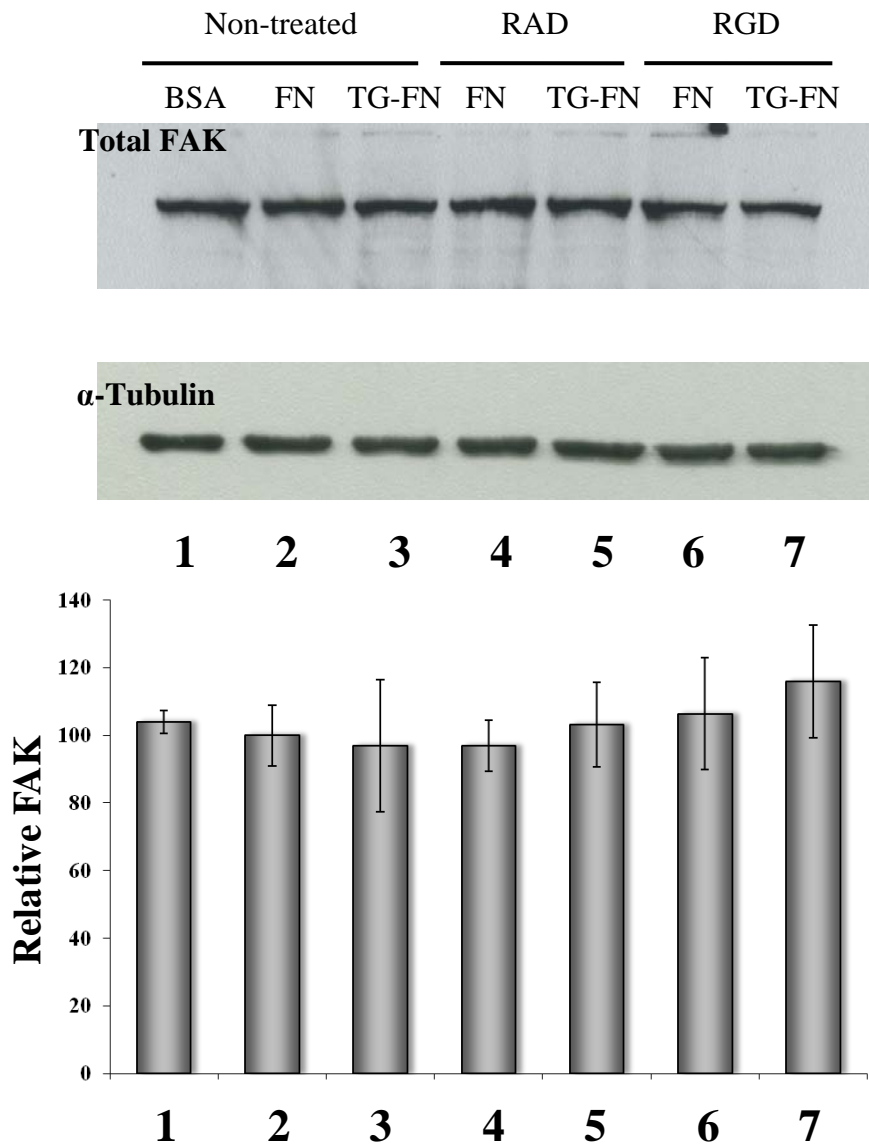
The RGD-independent cell adhesion assay was performed as introduced before (Section 2.2.3). 50µg/sample of total protein collected in cell lysis buffer was used to detect the presence of specific antigens by using specific antibodies, including rabbit polyclonal anti-p-Tyr<sup>397</sup>-FAK (1:1000 dilution) (a, top image) and mouse monoclonal anti-FAK (0.6µg/blot) (b, top image). The membranes were stripped and re-probed with mouse monoclonal anti- $\alpha$ -tubulin antibody to ensure the equal loading (a and b, bottom images). The densitometric values obtained for the bands was normalised against the values for the tubulin bands and represented as the mean net area value (relative FAK-397, or relative FAK)  $\pm$  S.D. from three separate experiments. Each data point was expressed as a percentage of the control FN level, which represents 100%. The \* symbol indicates the statistically different values when compared to the non-treated cells seeded on FN. Lane 1, non-treated cells seeded on BSA; Lane 2, non-treated cell seeded on FN and TG-FN (Lane 3); Lane 4, RAD-treated cells FN and FN-TG2 (Lane 5); Lane 6, RGD-treated cells on FN and TG-FN (Lane 7).

*Chapter 4: The characterisation of intracellular signalling molecules in the RGD-independent cell adhesion process mediated by TG-FN complex*



**Figure 4.3.6a**

*Chapter 4: The characterisation of intracellular signalling molecules in the RGD-independent cell adhesion process mediated by TG-FN complex*



**Figure 4.3.6b**



***Chapter 4: The characterisation of intracellular signalling molecules in the RGD-independent cell adhesion process mediated by TG-FN complex***

membrane, since 70% decrease of membrane PKC $\alpha$  was found in RGD treated cells on FN. The levels of PKC $\alpha$  translocation was 106% in the cells seeded on TG-FN compared to control level. Go6976 treatment resulted in a significant reduction of PKC $\alpha$  translocation in both RAD and RGD treated cells on FN, which could not be restored by the TG-FN complex (Figure 4.3.4). As expected, high levels of cytosol PKC $\alpha$  were discovered in the groups with low levels of membrane PKC $\alpha$ .

**4.3.1.5 PKC $\alpha$  is the potential intracellular signalling link between syndecan-2 and syndecan-4**

It has been suggested that syndecan-2 can act as a downstream signalling molecule of syndecan-4 signalling transduction in actin cytoskeleton formation. In order to investigate the potential involvement of PKC $\alpha$  in this co-signalling pathway, syndecan-4 wild type, knockout, and Y188L syndecan-4 mutant MEF cell lysates were collected and the co-immunoprecipitation assay using anti-syndecan-2 antibody to pull down PKC $\alpha$  was performed to detect the interaction between PKC $\alpha$  and syndecan-2. As shown in Figure 4.3.5, without the presence of syndecan-4 or the binding site for PKC $\alpha$  within syndecan-4 intracellular domain, the interaction between PKC $\alpha$  and syndecan-2 was significantly weakened, compared to that in wild type MEF cells, while IgG bands indicated that there was an equal amount of protein used in this experiment. These results suggest not only the direct interaction between syndecan-2 and PKC $\alpha$ , but also the importance of syndecan-4 in mediating this interaction process, particularly it suggests the initiative role of the binding of PKC $\alpha$  to syndecan-4 in triggering the downstream interaction of PKC $\alpha$  to syndecan-2.

**4.3.2 TG-FN signalling activates focal adhesion kinase**

**4.3.2.1 The importance of p-FAK<sup>397</sup>**

Previous work indicated that FN-TG2 promotes the phosphorylation of FAK at Tyr<sup>397</sup> in HOB cells even in the presence of RGD peptide, which suggested the

***Chapter 4: The characterisation of intracellular signalling molecules in the RGD-independent cell adhesion process mediated by TG-FN complex***

involvement of FAK in the signalling transduction on the FN-TG2 complex. To study the role of FAK, pre-serum starved Swiss 3T3 cells (16 h) were treated with 100µg/ml of RAD or RGD peptide and then seeded on FN or FN-TG2 matrices. BSA (3%) in PBS, pH7.4 was used as negative control matrix, while cells seeded on FN matrix without peptide treatment was used as the control group. Cells were allowed to adhere for around 1 h, after washing adherent cells with PBS, pH7.4, samples were collected into cell lysis buffer. The levels of total and tyrosine phosphorylated forms of FAK in the samples were examined via Western blotting as introduced in Materials and Methods. Figure 4.3.6a presents the content of p-FAK<sup>397</sup>, while Figure 4.4.6b shows the levels of total FAK in the samples. Tubulin was used as the internal control. The sample from the cells seeded on BSA was used as the negative control group, as shown in Figure 4.3.6, a reduction of FAK<sup>397</sup> phosphorylation can clearly be observed and the amount of phosphorylated FAK<sup>397</sup> is only 8% of that of the FN control. RAD peptide treatment did not affect the level of p-FAK<sup>397</sup>, even though there was a slight increase of the amount of antigen in the samples from cell seeded on TG-FN, there is no statistical difference found. The RGD treatment significantly reduced the phosphorylation of FAK<sup>397</sup> on FN to 10%, compared to control group. However TG-FN restored the level of p-FAK<sup>397</sup> back to 83 % of the control level.

Total levels of FAK were also investigated via Western blotting in the samples. The blot shows a similar level of total FAK in each group and no significant difference was found between them. The level of total protein applied in Western blotting was normalized by the internal standard tubulin. These results indicated the importance of the phosphorylation of FAK<sup>397</sup> in RGD-independent cell adhesion on TG-FN.

**4.3.2.2 The importance of p-FAK<sup>861</sup>.**

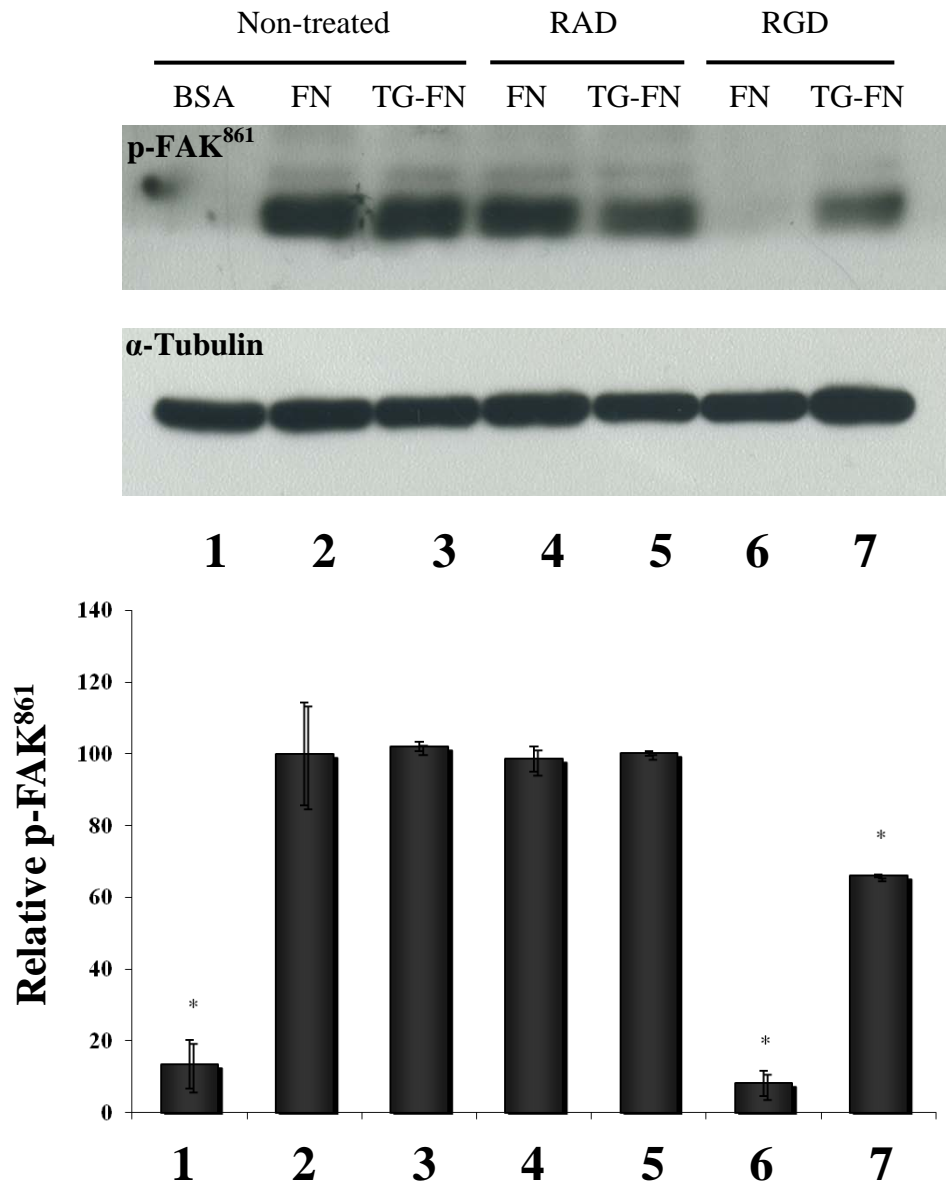
As introduced before, the phosphorylation of FAK at tyrosine site 861 indicates the activation of the ligand-independent activation of the β1 integrin signalling pathway. In order to investigate the involvement of this phosphorylation site,



**Figure 4.3.7 Detection of the phosphorylation of FAK at Tyr<sup>861</sup> in the RGD-independent cell adhesion in Swiss 3T3 cells.**

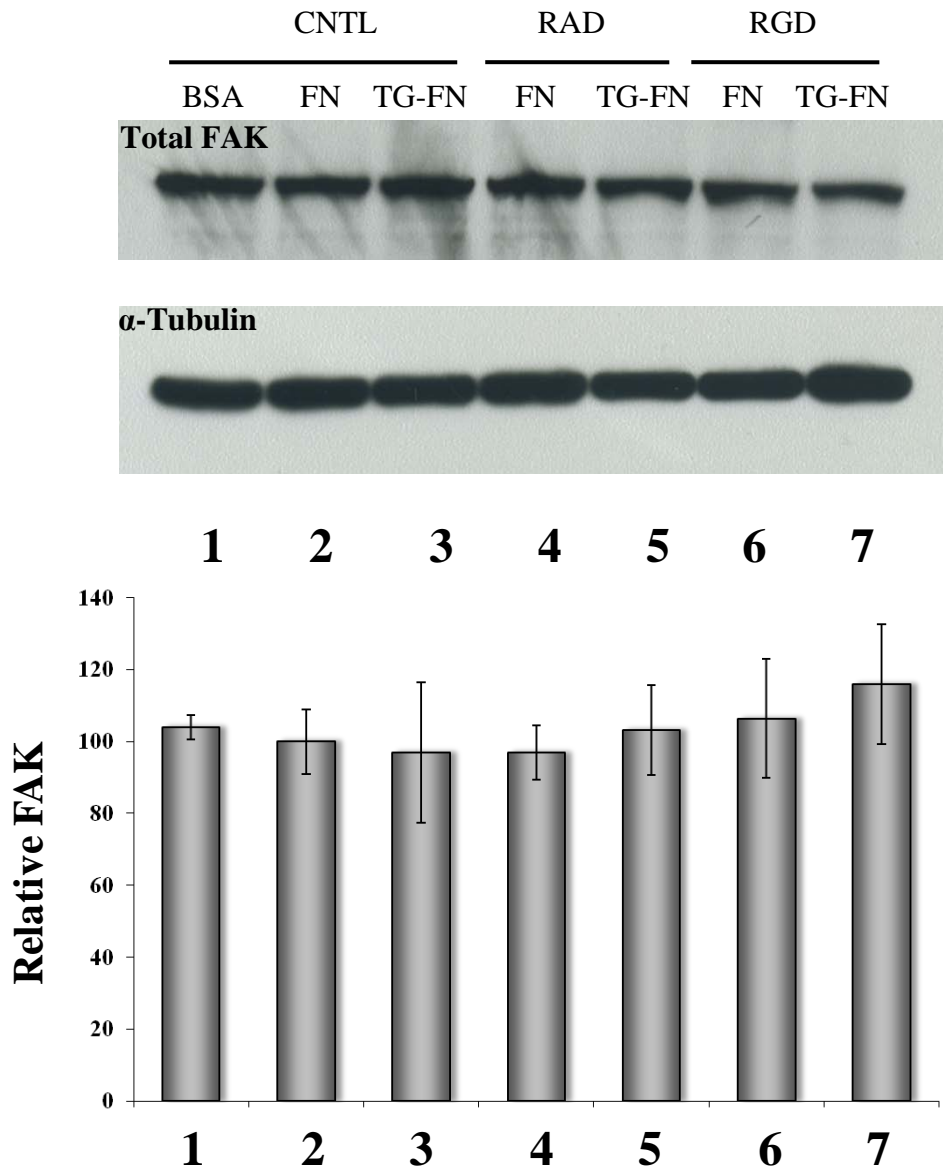
The RGD-independent cell adhesion assay was performed as introduced before (Section 2.2.3). 50µg/sample of total protein collected in cell lysis buffer was used to detect the presence of specific antigens by using specific antibodies, including rabbit polyclonal anti-p-Tyr861-FAK (1:1000 dilution) (a, top image) and mouse monoclonal anti-FAK (0.6µg/blot) (b, top image). The membranes were stripped and re-probed with mouse monoclonal anti-α-tubulin antibody to ensure the equal loading (a and b, bottom images). The densitometric values obtained for the bands was normalised against the values for the tubulin bands and represented as the mean net area value (relative FAK<sup>861</sup>, or relative FAK) ± S.D. from three separate experiments. Each data point was expressed as a percentage of control FN level, which represents 100%. The \* symbol indicates the statistically different values when compared to the non-treated cells seeded on FN (Lane 2). Lane 1, non-treated cells seeded on BSA, Lane 2 non-treated cell seeded on FN, and TG-FN (Lane 3), Lane 4, RAD-treated cells FN and FN-TG2 (Lane 5), Lane 6, RGD-treated cells on FN and TG-FN (Lane 7).

*Chapter 4: The characterisation of intracellular signalling molecules in the RGD-independent cell adhesion process mediated by TG-FN complex*



**Figure 4.3.7a**

*Chapter 4: The characterisation of intracellular signalling molecules in the RGD-independent cell adhesion process mediated by TG-FN complex*



**Figure 4.3.7b**

***Chapter 4: The characterisation of intracellular signalling molecules in the RGD-independent cell adhesion process mediated by TG-FN complex***

pre-serum starved Swiss 3T3 fibroblasts were seeded on FN or TG-FN for around 1 hour, in the presence of RGD peptide, while RAD peptide was used as control peptide. 3% BSA in PBS, pH7.4 acted as the negative control matrix and non-treated cells on FN as control group. Western blotting was performed to detect the antigen level of p-FAK<sup>861</sup> and total FAK as introduced in Material and Methods. Figure 4.3.7 shows the level of p-FAK<sup>861</sup>. As expected in the negative control group, the level of p-FAK<sup>861</sup> decreased to 13% of that of the control FN group, while RAD treatment did not affect the phosphorylation of FAK<sup>861</sup> on FN, indicating non-toxic effect of 100µg/ml of both RAD and RGD peptide on phosphorylation of FAK. The TG-FN complex increased the amount of antigen, while no significant difference was found. RGD peptide treatment significantly reduced the level of p-FAK<sup>861</sup> when the cells were seeded on FN to 8%, compared to control level, which was compensated by TG-FN back to 65%. No significant difference was observed in the levels of total FAK between each group via Western blotting (Figure 4.3.7). The above data suggests the involvement of the phosphorylation of FAK<sup>861</sup> in the signalling transduction process mediated by TG-FN and the importance of the  $\beta$ 1 integrin inside-out signalling pathway.

### **4.3.3 ERK1/2 dependent signalling on TG-FN**

#### **4.3.3.1 ERK1/2 inhibitor blocks the compensatory effect of TG-FN**

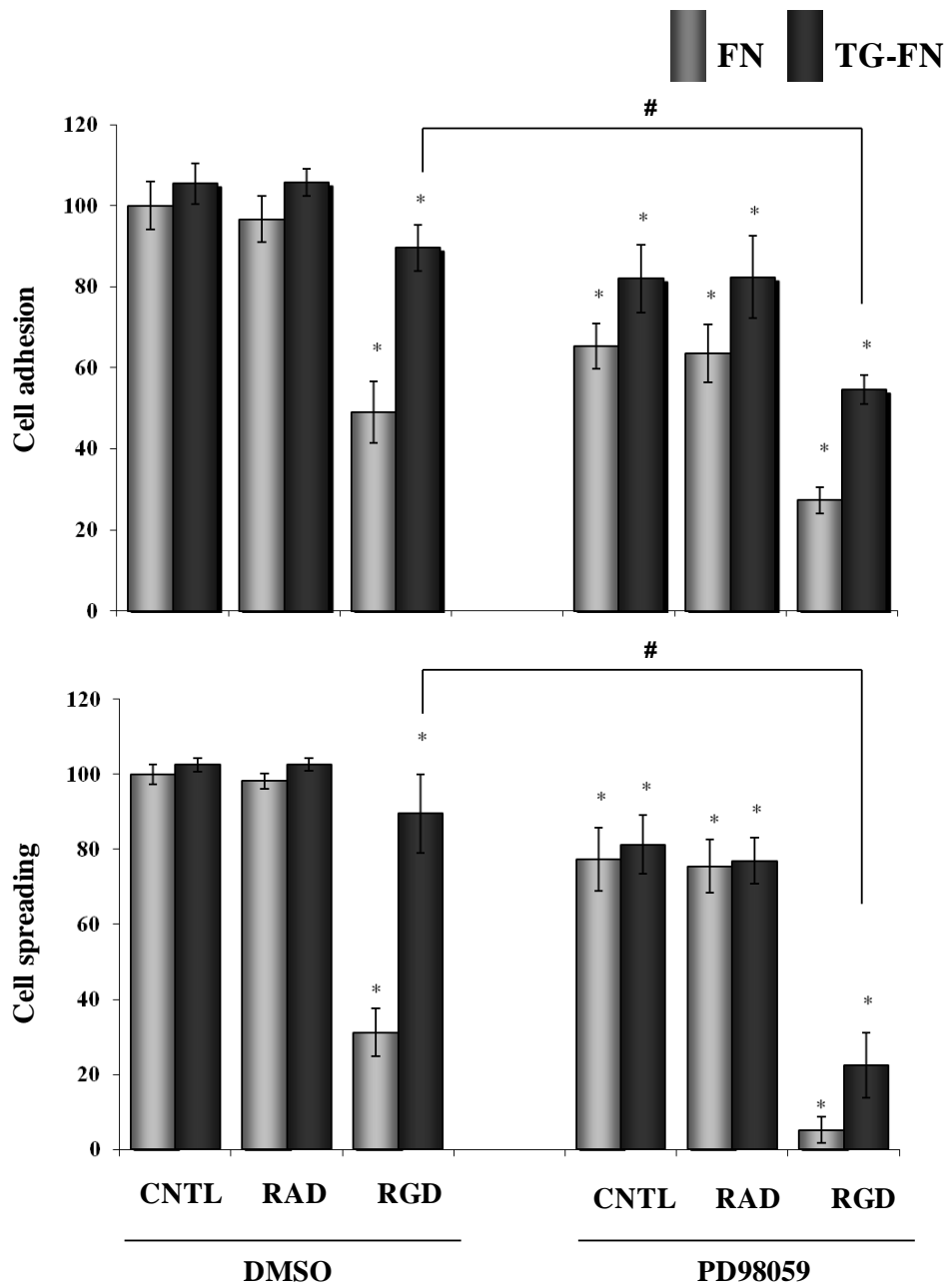
It has been reported that ERK1/2 is one the most important downstream molecules in the  $\beta$ 1 integrin-relevant cell survival pathway (Yee et al., 2008). To investigate the potential importance of the interaction between ERK1/2 in RGD-independent cell adhesion mediated by TG-FN, cell adhesion was performed by using a specific ERK1/2 inhibitor, PD98059 in Swiss 3T3 cells. As shown in Figure 4.3.8, the RAD treatment did not affect either cell attachment or spreading in the DMSO vehicle control (0.1% (v/v)), suggesting at the concentration of 100µg/ml, no toxicity was found in both RAD and RGD-treated cells. In these fibroblasts, 35% and 29% of cell attachment and spreading was blocked,



**Figure 4.3.8 The involvement of phosphorylation of ERK1/2 in RGD-independent cell adhesion to FN and TG-FN matrices.**

The Swiss 3T3 fibroblasts were treated with ERK1/2 inhibitor PD98059 (10 $\mu$ M, 1 h) and the cell adhesion assay was performed as described previously (Section 4.2.1). The attachment and spreading of Swiss 3T3 cell was analysed as introduced in Methods (Section 2.2.3). Each data point represents the mean percentage of attached cells (cell attachment) or the mean percentage of spread cells (cell spreading)  $\pm$  S.D. of three separate experiments performed in triplicate. The ordinates in the top graphs represent the mean cell attachment expressed as mean percentage of DMSO-treated Swiss 3T3 cells (control) attachment to FN  $\pm$  S.D., presenting 100%. The mean attachment value  $\pm$  S.D was 200  $\pm$  5. The ordinates in the lower graphs designate the mean percentage of spreading cell, expressed as mean percentage of spreading on FN  $\pm$  S.D. The mean percentage of control spreading on FN  $\pm$  S.D was assessed as 88  $\pm$  1, and normalized to 100%. The \* symbol represents significant difference ( $p < 0.05$ ) between FN and TG-FN matrices in the presence and/ or absence of RAD or RGD peptide when compared to the non-treated cells seeded on FN. The # symbol represents significant difference ( $p < 0.05$ ) between individual groups.

*Chapter 4: The characterisation of intracellular signalling molecules in the RGD-independent cell adhesion process mediated by TG-FN complex*



**Figure 4.3.8**

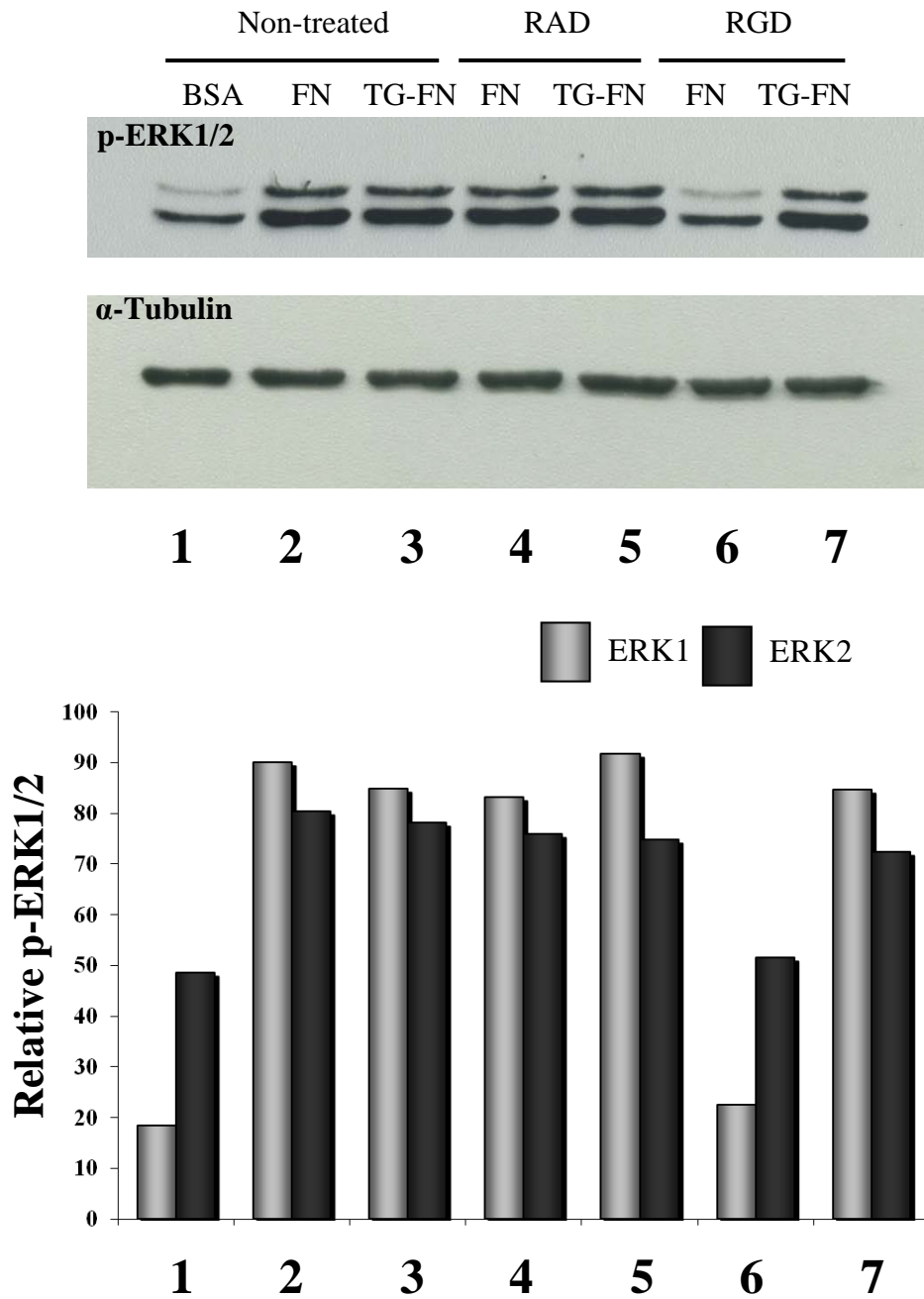




**Figure 4.3.9 Detection of the phosphorylation of ERK1/2 in the RGD-independent cell adhesion in Swiss 3T3 cells.**

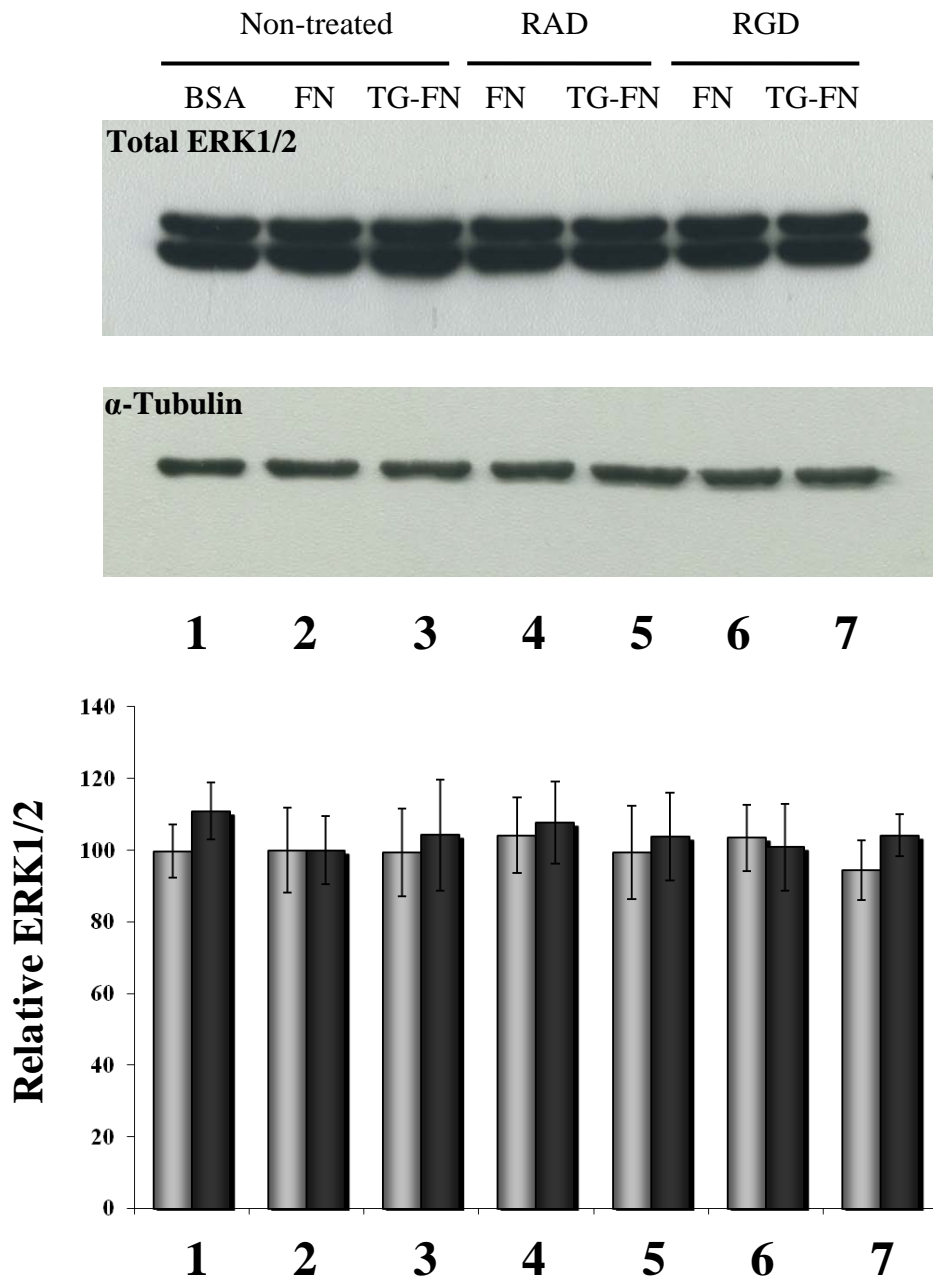
The RGD-independent cell adhesion assay was performed as introduced before (Section 2.2.3). 50µg/sample of total protein collected in cell lysis buffer was used to detect the presence of specific antigens by using specific antibodies, including rabbit polyclonal anti-p-ERK1/2 (1:1000 dilution) (a, top image) and mouse monoclonal anti-ERK1/2 (0.6µg/blot) (b, top image). The membranes were stripped and re-probed with mouse monoclonal anti-α-tubulin antibody to ensure the equal loading (a and b, bottom images). The densitometric values obtained for the bands was normalised against the values for the tubulin bands and represented as the mean net area value (relative p-ERK1/2, or relative ERK1/2) ± S.D. from three separate experiments. Each data point was expressed as a percentage of control FN level, which represents 100%. The \* symbol indicates the statistically different values when compared to the FN control. Lane 1, non-treated cells seeded on BSA, Lane 2 non-treated cell seeded on FN, and TG-FN (Lane 3), Lane 4, RAD-treated cells FN and FN-TG2 (Lane 5), Lane 6, RGD-treated cells on FN and TG-FN (Lane 7).

*Chapter 4: The characterisation of intracellular signalling molecules in the RGD-independent cell adhesion process mediated by TG-FN complex*



**Figure 4.3.9a**

*Chapter 4: The characterisation of intracellular signalling molecules in the RGD-independent cell adhesion process mediated by TG-FN complex*



**Figure 4.3.9b**

***Chapter 4: The characterisation of intracellular signalling molecules in the RGD-independent cell adhesion process mediated by TG-FN complex***

respectively in the presence of PD98059, suggesting the involvement of ERK1/2 in the cell adhesion process. When treated with RGD peptide, a further 38% inhibition of cell attachment and 65% of spreading took place on FN. Most importantly, the inhibitory effect of PD98059 significantly inhibited the compensation of TG-FN, compared to the DMSO-treated cells ( $p < 0.05$ ). As shown in Figure 4.3.8, in the presence of RGD peptide, the compensation dropped from 87% to 57% in cell attachment and 82% to 22% in cell spreading, suggesting that TG-FN is dependent on ERK1/2 signalling to rescue cells from RGD-independent cell adhesion.

**4.3.3.2 TG-FN compensates the phosphorylation of ERK1/2 in the presence of the RGD peptides**

The potential influence of RGD on the phosphorylation of ERK1/2 was further investigated by detecting the phosphorylation of ERK1/2 in HOB cells seeded on FN or TG-FN matrices via Western blotting (as described in Section 2.2.8). Figure 4.3.9a represents the p-ERK1/2 levels, while figure 4.3.9b shows the total level of ERK1/2 in fibroblast cells on BSA, FN or TG-FN in the presence of RAD or RGD peptide. BSA was used as a negative control and led to 80% reduction in ERK1 and 50% in ERK2. Confirming the cell adhesion results, no effect of RAD peptide in ERK1/2 phosphorylation was obtained compared to non-treated control groups. RGD peptide treatment reduced the levels of ERK1 and ERK2 down to ~40% in both ERK1 and ERK2, compared to control cells on FN. Even though no significant difference was discovered between cells on TG-FN and FN in the presence of RAD peptide, TG-FN restored the level of p-ERK1/2 back to around 90% in the RGD-treated cells.

Western blotting was also performed in parallel to study the effect of RGD inhibition on the total levels of ERK1/2 in the same protein samples. As shown in Figure 4.3.9, RGD treatment did not affect the total levels of ERK1/2 compared to RAD treatment, and no difference was found between the FN and the TG-FN samples. The above data suggests that the compensatory effect of TG-FN is dependent on the phosphorylation of ERK1/2.

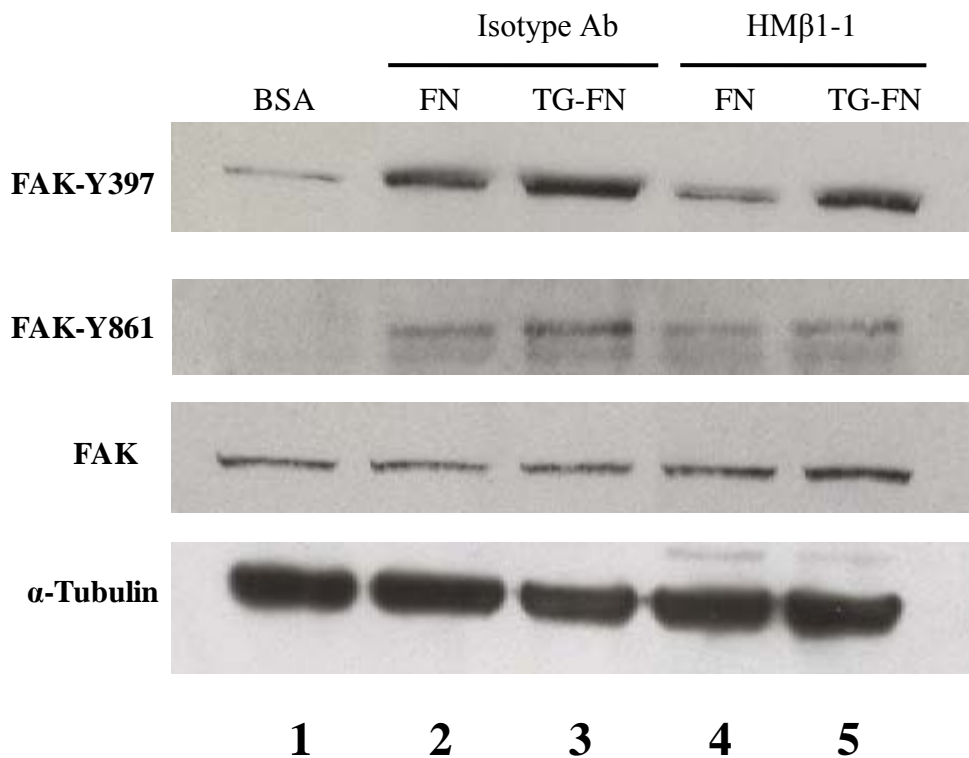
### **3.3.4 $\beta$ 1 integrin inside-out signalling is involved in the signal transduction mediated by TG-FN**

#### **3.3.4.1 The effect of $\beta$ 1 integrin functional blocking antibody on the phosphorylation of FAK**

FAK is the downstream signalling molecule in the  $\beta$ <sub>1</sub> integrin pathway. The phosphorylation of Tyr<sup>861</sup> and Tyr<sup>397</sup> of focal adhesion kinase (FAK) indicates the activation of the signal transduction mediated by  $\beta$ <sub>1</sub> integrins. It has been proven that the phosphorylation of Tyr<sup>861</sup> is independent of the need for integrin ligand binding, and is a key step in the mediation of the inside-out signalling pathway of  $\beta$ <sub>1</sub> integrin unlike the phosphorylation of Tyr<sup>397</sup> which indicates the activation of FAK in the cells adherent to their cell binding sites within the ECM (Shi and Boettiger, 2003). To investigate the potential function of  $\beta$ <sub>1</sub> integrin functional blocking antibody—HM $\beta$ 1-1 (Noto, *et al.*, 1995), p-Tyr<sup>861</sup> and p-Tyr<sup>397</sup> were used as two parameters to study which signalling pathway of  $\beta$ <sub>1</sub> integrin is affected by this antibody. In HM $\beta$ 1-1 treated Swiss 3T3 cells, the antibody inhibited the phosphorylation at Tyr<sup>397</sup> compared to isotype antibody treated cells on FN matrix, while the phosphorylation of Tyr<sup>861</sup> was not affected (Figure 4.3.10). This suggests that the effect of HM $\beta$ 1-1 is to block the outside-in signalling pathway, but not the inside-out signal transduction of  $\beta$ <sub>1</sub> integrin, as such it inhibits cell adhesion on FN.

#### **3.3.4.2 TG-FN compensates the RGD-independent cell adhesion through $\beta$ 1 integrin inside-out signalling pathway**

After confirming the function of HM $\beta$ 1-1 in blocking the outside-in signalling pathway of  $\beta$ <sub>1</sub> integrin, cell adhesion assay was performed on FN and TG-FN matrices. At the concentration of 25 $\mu$ g/ml, HM $\beta$ 1-1 treatment led to a 46% decrease in cell attachment and blocked 56% of cell spreading on FN compared to non-treated cells seeded on FN, while its isotype control antibody did not



**Figure 4.3.10** Detection of the phosphorylation of FAK at Tyr<sup>397</sup> and Tyr<sup>861</sup> in the RGD-independent cell adhesion of HMβ1-1-treated Swiss 3T3 cells.

The RGD-independent cell adhesion assay was performed as introduced before (Section 2.2.3) by using β1 integrin functional blocking antibody 25μg/ml HMβ1-1 pre-treated-Swiss 3T3 cells (1 h). 50μg/sample of total protein collected in cell lysis buffer was used to detect the presence of specific antigens by using specific antibodies, including rabbit polyclonal anti-p-Tyr397-FAK (1:1000), rabbit polyclonal anti-p-Tyr861-FAK (1:1000 dilution), and mouse monoclonal anti-FAK (0.6μg/blot). The membranes were stripped and re-probed with mouse monoclonal anti-α-tubulin antibody to ensure the equal loading. Lane 1, non-treated cells seeded on BSA, Lane 2 Isotype negative control antibody-treated cell seeded on FN, and TG-FN (Lane 3), Lane 4, HMβ1-1-treated cells FN and TG-FN (Lane 5).

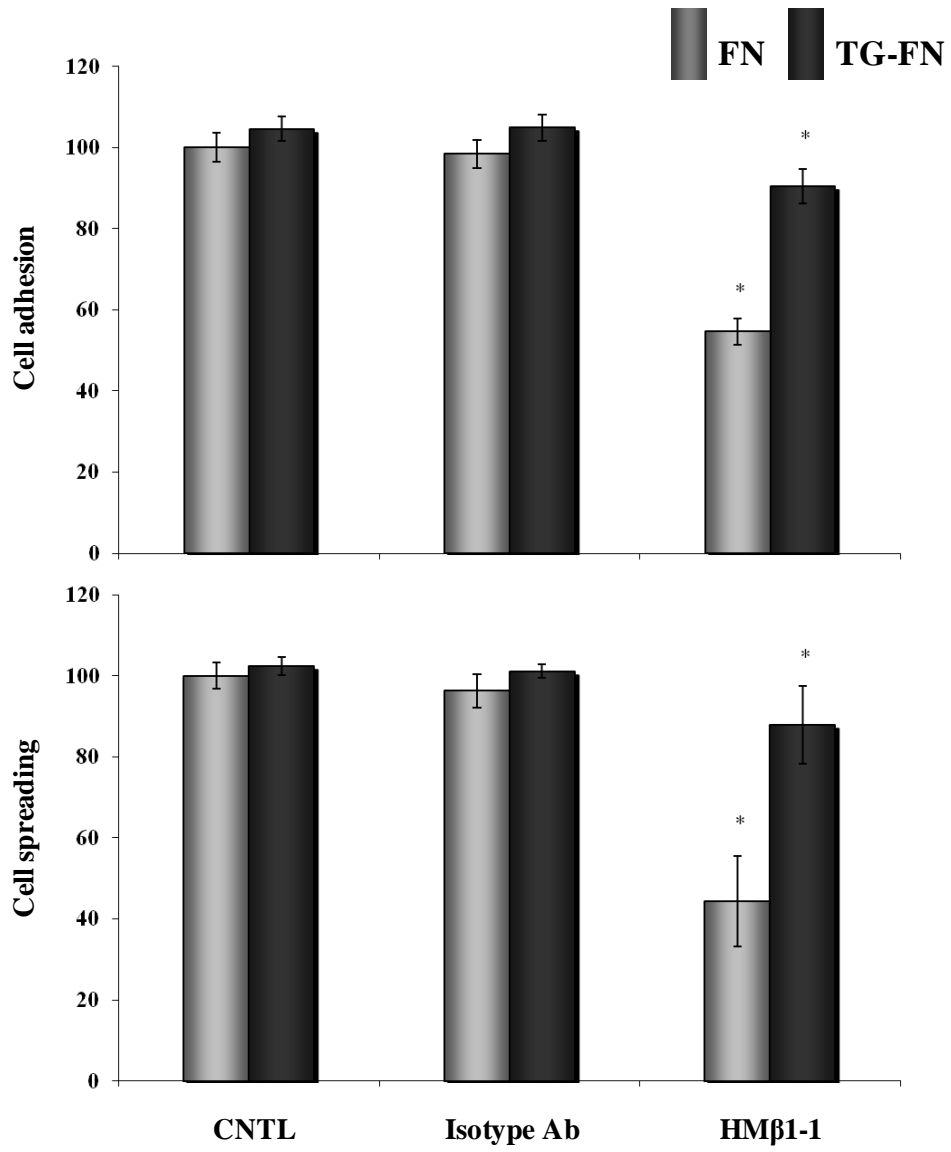
**Figure 4.3.10**



**Figure 4.3.11 The involvement of inside-out signalling of  $\beta 1$  in RGD-independent cell adhesion to FN and TG-FN matrices.**

The Swiss 3T3 fibroblasts were treated with 25 $\mu$ g/ml of  $\beta 1$  integrin functional blocking antibody HM $\beta 1$ -1 for 1 h and cell adhesion assay was performed as described previously (Section 2.2.3). The isotype control antibody was used as a negative control treatment. The attachment and spreading of Swiss 3T3 cell was analysed as introduced in the Methods (Section 2.2.3.4). Each data point represents the mean percentage of attached cells (cell attachment) or the mean percentage of spread cells (cell spreading)  $\pm$  S.D. of three separate experiments performed in triplicate. The ordinates in the top graphs represent the mean cell attachment expressed as mean percentage of non-treated Swiss 3T3 cells (control) attachment to FN  $\pm$  S.D., presenting 100%. The mean attachment value  $\pm$  S.D. was 135  $\pm$  5. The ordinates in the lower graphs designate the mean percentage of spreading cell, expressed as mean percentage of spreading on FN  $\pm$  S.D. The mean percentage of control spreading on FN  $\pm$  S.D was assessed as 80  $\pm$  2, and normalized to 100%. The \* symbol represents significant difference ( $p < 0.05$ ) between FN and TG-FN matrices in the presence and/ or absence of the antibodies when compared to the non-treated cells seeded on FN. The # symbol represents significant difference ( $p < 0.05$ ) between individual groups.

*Chapter 4: The characterisation of intracellular signalling molecules in the RGD-independent cell adhesion process mediated by TG-FN complex*



**Figure 4.3.11**



***Chapter 4: The characterisation of intracellular signalling molecules in the RGD-independent cell adhesion process mediated by TG-FN complex***

show any effect on either cell attachment or spreading. This confirms the effect of HM $\beta$ 1-1 on cell adhesion is not due to its toxicity. In contrast cells seeded on TG-FN matrix restored the loss of cell attachment and spreading back to ~90% (Figure 4.3.11). It has been suggested that HM $\beta$ 1-1 exerts its blocking effect by inhibiting the signalling transduction of the  $\beta$ 1 integrin outside-in pathway (Noto, *et al.*, 1995), which has been confirmed (see above) by Western blotting of the phosphorylation of p-FAK<sup>397</sup> and p-FAK<sup>861</sup>. Hence the compensatory effect of TG-FN in the presence of this antibody was understood to be dependent on the inside-out signalling of  $\beta$ 1 integrins in an outside-in pathway-independent manner.

**4.3.5 ROCK is a downstream molecule in the TG-FN signalling pathway**

Previous data indicated that syndecan-2 is important for TG-FN to mediate RGD-independent cell adhesion. To further investigate this signalling pathway, ROCK, one of the important intracellular molecules in syndecan-2 signal transduction, was studied by using its specific inhibitor—Y27632 in the RGD-independent cell adhesion assay. Fibroblasts cells were pre-treated with 10 $\mu$ M Y27632 for 30 min and then cell adhesion in the presence of RGD or RAD peptide was performed as introduced in Section 2.2.3. DMSO was used as the vehicle control, while non-treated cells on FN were used as the control group. As shown in Figure 4.3.12, at the concentration of 0.1% (v/v), on FN no significant difference in cell adhesion and spreading was observed between the DMSO group and control group in Swiss 3T3 cells, suggesting no toxicity of DMSO on both cell lines, meanwhile RAD treatment did not show toxic effects on both cell lines, as shown in previous results. Y27632 treatment led to 37% and 80% loss of cell attachment and spreading, respectively, on FN in these fibroblasts, suggesting inhibition of ROCK affected cell spreading more than cell attachment on FN. In the presence of RGD peptide, Swiss 3T3 cells lost a further 40% in cell attachment and non-spreading cells were found in this group. Unlike the significant compensatory effect of this matrix complex in the non-treated and DMSO-treated cells, TG-FN could not compensate the loss of either cell attachment or spreading in Swiss 3T3 cells in the presence of ROCK inhibitor

***Chapter 4: The characterisation of intracellular signalling molecules in the RGD-independent cell adhesion process mediated by TG-FN complex***

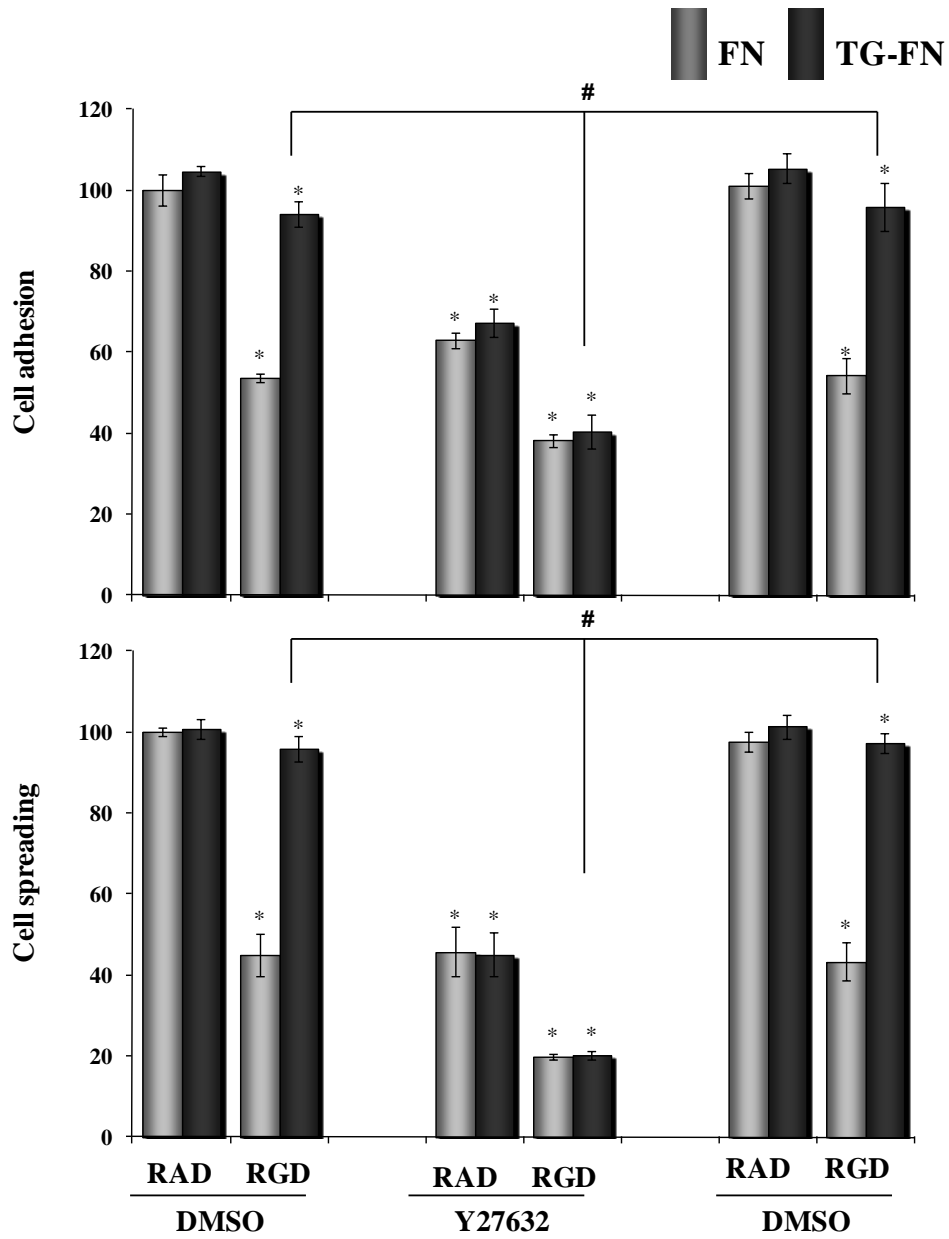
Y27632, since no significant difference was found between the cells seeded on FN and TG-FN matrices ( $p > 0.05$ ). This data suggests that the TG-FN complex depends on the intracellular signalling molecule ROCK to exert its compensatory effect on RGD-independent cell adhesion.



**Figure 4.3.12 The involvement of ROCK in RGD-independent cell adhesion to FN and TG-FN matrices.**

The Swiss 3T3 fibroblasts were treated with ROCK inhibitor Y27632 and cell adhesion was performed as described previously (Section 4.2.1). The attachment and spreading of Swiss 3T3 cell were analysed as introduced in Methods (Section 2.2.3). Each data point represents the mean percentage of attached cells (cell attachment) or the mean percentage of spread cells (cell spreading)  $\pm$  S.D. of three separate experiments performed in triplicate. The ordinates in the top graphs represent the mean cell attachment expressed as mean percentage of DMSO-treated Swiss 3T3 cells (control) attachment to FN  $\pm$  S.D., presenting 100%. The mean attachment value  $\pm$  S.D. was  $140 \pm 2$ . The ordinates in the lower graphs designate the mean percentage of spreading cell, expressed as mean percentage of spreading on FN  $\pm$  S.D. The mean percentage of control spreading on FN  $\pm$  S.D was assessed as  $83 \pm 3$ , and normalized to 100%. The \* symbol represents significant difference ( $p < 0.05$ ) between FN and TG-FN matrices in the presence and/ or absence of RAD or RGD peptide when compared to the non-treated cells seeded on FN. The # symbol represents significant difference ( $p < 0.05$ ) between individual groups.

*Chapter 4: The characterisation of intracellular signalling molecules in the RGD-independent cell adhesion process mediated by TG-FN complex*



**Figure 4.3.12**

## **4.4 Discussion**

The previous chapter demonstrated that cell surface receptors  $\beta 1$  integrin and syndecan-4/2 are crucial for the TG-FN complex to rescue the cells from RGD-dependent loss of cell adhesion. This chapter aimed to further investigate which intracellular signalling molecule or molecules are involved in this signal transduction process.

As one of the most important intracellular signalling molecules in syndecan-4 and  $\beta 1$  integrin co-signalling, the potential role of protein kinase C  $\alpha$  (PKC $\alpha$ ) was first investigated by using PKC $\alpha$  inhibitor Go6976 in cell adhesion assays. This inhibitor not only significantly blocked the cell adhesion process on FN, but also inhibited the compensatory effect of TG-FN in RGD-independent cell adhesion and spreading. This was the first indication that PKC $\alpha$  could be the intracellular signalling molecule in TG-FN mediated cell adhesion. This part of work was further explored by using special syndecan-4 mutant MEF cells, in which the syndecan-4 knockout cells were transfected with a syndecan-4 cDNA with the PKC $\alpha$  binding site mutated within the syndecan-4 intracellular domain (Bass et al., 2007b). As expected, without the support for the intracellular interaction between PKC $\alpha$  and syndecan-4, TG-FN lost its compensatory effect completely on RGD peptide-treated Y188L MEF cells, further confirming that PKC $\alpha$  participates in the signal transduction in cell adhesion on TG-FN. As a crucial link between syndecan-4 and  $\beta 1$  integrins, PKC $\alpha$  can bind to the cytoplasmic domain of  $\beta 1$  integrins once it is activated and translocated from the cytosol to membrane. In order to prove that PKC $\alpha$  can directly interact with  $\beta 1$  integrins, which plays an important role in mediating RGD-independent cell adhesion on TG-FN, a specially designed GK21 peptide that mimics the PKC $\alpha$  binding site within  $\beta 1$  integrin cytoplasmic domain (Parsons et al., 2002), was used in cell adhesion assays. In the peptide-treated cells, TG-FN failed to compensate the loss of cell attachment and spreading induced by GK21, suggesting not only the importance of PKC $\alpha$ , but also the interaction between PKC $\alpha$  and  $\beta 1$  integrins for TG-FN to exert its compensatory effect on RGD peptide induced loss of cell adhesion. As an indication of its activation, PKC $\alpha$  translocates from the cytosol

***Chapter 4: The characterisation of intracellular signalling molecules in the RGD-independent cell adhesion process mediated by TG-FN complex***

to membrane, where it binds to  $\beta_1$  integrins. In Western blotting by using PKC $\alpha$  specific antibody, PKC $\alpha$  antigen could be detected in both cytosol and membrane fractions, while in non-treated cells seeded on TG-FN, more signal was detected in membrane fractions compared to the cells on FN, suggesting that TG-FN activates PKC $\alpha$  signalling pathway and in turn promotes its translocation. This effect of TG-FN was inhibited by the treatment of PKC $\alpha$  inhibitor Go6976, which further confirmed the cell adhesion results and provided solid proof of the crucial role of PKC $\alpha$ . Even though it has been suggested that syndecan-2 is the downstream cell surface receptor for syndecan-4, there is no proof for this hypothesis yet. By using syndecan-4 knock out and Y188L mutant cells in co-immunoprecipitation assays, the decreased interaction between PKC $\alpha$  and syndecan-2 was detected in these two cells compared to wild type MEF cells, which for the first time demonstrates that syndecan-4 regulates the interaction between PKC $\alpha$  and syndecan-2 and suggested that PKC $\alpha$  is also a crucial link between syndecan-4 and syndecan-2 signalling.

Focal adhesion kinase (FAK) is an important kinase in  $\beta_1$  integrin signalling in regulating focal adhesion and actin cytoskeleton formation. Once activated by  $\beta_1$  integrin signal, FAK can be autophosphorylated at Tyr<sup>397</sup>, which will lead to the further phosphorylation at Tyr<sup>861</sup>, Tyr<sup>925</sup>, etc. RGD peptide treatment led to significant loss of p-Tyr<sup>397</sup> in cells seeded on FN compared to non- or RAD-treated cells, which could be restored in the cells on TG-FN matrix, suggesting this complex compensates RGD-independent cell adhesion in a FAK-dependent manner. The compensated phosphorylation of Tyr<sup>861</sup> can also be detected in RGD-treated cells on the TG-FN matrix. The interesting discovery of RGD-independent p-Tyr<sup>861</sup> in TG-FN matrix offered more information, considering that p-Tyr<sup>861</sup> indicates the activation of the ligand-independent cell adhesion process mediated by  $\beta_1$  integrins (Shi and Boettiger, 2003), suggesting the activation of  $\beta_1$  inside-out signalling pathway by TG-FN mediated cell adhesion.

The improvement of cell adhesion and spreading mediated by TG-FN in an RGD-independent manner suggests the possibility that this matrix can protect the cell from cell adhesion-related apoptosis (named anoikis). In order to investigate

***Chapter 4: The characterisation of intracellular signalling molecules in the RGD-independent cell adhesion process mediated by TG-FN complex***

the cell survival pathway mediated by  $\beta_1$  integrins, the role of its downstream signalling molecule ERK1/2 was studied by using its specific inhibitor PD98059. As expected, PD98059 significantly inhibited the compensatory effect of TG-FN in RGD-treated fibroblasts, which offered the first indication of the involvement of ERK1/2 in the TG-FN signalling pathway. The importance of ERK1/2 was further proven by detecting the phosphorylation of ERK1/2 in RGD-treated and control cells on FN or TG-FN matrices via Western blotting. The p-ERK1/2 signal was significantly decreased in RGD-treated cells on FN, which was restored by the TG-FN complex, indication that ERK1/2 regulates RGD-independent cell survival pathway mediated by the TG-FN matrix complex.

The role of p-FAK<sup>861</sup>, as an indicator of the activation of the inside-out signalling in  $\beta_1$  integrin signalling pathway, has been introduced above. The compensation of p-FAK<sup>861</sup> by TG-FN suggested that this complex could exert its function in mediating cell adhesion through the inside-out signal transduction of  $\beta_1$  integrins activated by syndecan-4. In order to further confirm this hypothesis, a  $\beta_1$  integrin functional blocking antibody-HM $\beta_1$ -1, which has been suggested to block the  $\beta_1$  integrin outside-in signalling (Noto et al., 1995), was used in cell adhesion assays on FN and TG-FN matrices. In order to confirm the effect of HM $\beta_1$ -1 on the  $\beta_1$  integrin signalling, the phosphorylation of Tyr<sup>861</sup> and Tyr<sup>397</sup> were investigated via Western blotting. This functional blocking antibody inhibited p-Tyr<sup>397</sup>, while the p-Tyr<sup>861</sup> was not significantly affected, which further confirmed that HM $\beta_1$ -1 blocked cell adhesion via inhibiting the  $\beta_1$  integrin outside-in signalling, but not the inside-out one. Unlike the cells on FN, the cell adhesion and spreading process on TG-FN was not affected by the HM $\beta_1$ -1 treatment, suggesting that TG-FN compensates RGD-independent cell adhesion via activating  $\beta_1$  integrin inside-out signalling triggered by its interaction with syndecan-4.

As a well-known downstream signalling molecule in syndecan-2 signal transduction, the potential involvement of ROCK was investigated by using its specific inhibitor Y27632 in the RGD-independent cell adhesion assay. Y27632 completely blocked the compensation of TG-FN in RGD-treated fibroblasts, suggesting ROCK is involved in cell adhesion on TG-FN. Interestingly, this

***Chapter 4: The characterisation of intracellular signalling molecules in the RGD-independent cell adhesion process mediated by TG-FN complex***

inhibitor affected cell spreading process more significantly than cell adhesion on both FN and TG-FN, further confirming the importance of syndecan-2 in regulating cell spreading and actin cytoskeleton formation.

To sum up the above observation, this chapter's work demonstrates that the intracellular signalling molecules PKC $\alpha$ , FAK, ERK1/2, and ROCK are crucial for TG-FN to exert its compensatory effect on RGD-induced loss of cell adhesion. Importantly PKC $\alpha$  is likely to be the essential link between syndecan-4 and syndecan-2 in activating  $\beta_1$  integrin inside-out signalling pathway mediated by TG-FN.



**Chapter 5:**  
**Fibronectin deposition mediated by**  
**TG-FN matrix**

## **Chapter 5: Fibronectin deposition mediated by TG-FN matrix**

### **5.1 Introduction**

The importance of FN matrix for the survival and functioning of adhesion-dependent cells, including cell adhesion, growth, development, differentiation and migration, has been very well documented (Kaspar et al., 2006). Cells adherent to FN matrix can in turn moderate the structure and deposition of FN molecules, also known as FN fibril assembly. This is initiated by the interaction between cell surface receptors integrins and matrix FN. Cell surface integrin-bound FN is deposited into matrix with the association of actin skeleton formation. It has been reported that the above process of FN deposition depends on the involvement of different cell surface receptors and intracellular signalling molecules.  $\alpha 5\beta 1$  integrin is one of major cell surface receptors that has been proven to participate in FN assembly. Interacting with soluble or secreted FN on the cell surface, clustered  $\alpha 5\beta 1$  integrin can promote formation of short FN fibrils and link FN to the actin skeleton network through its intracellular domain. Other cell surface receptors (e.g. syndecan-2) are also suggested to be involved in FN deposition via association with  $\alpha 5\beta 1$  integrin, meanwhile intracellular molecules, PKC (Lin et al., 2002) and RhoA (Zhong, *et al.*, 1998) also participate in this process.

The involvement of cell surface TG2 in fibronectin fibril formation and deposition has been previously documented (Akimov, et al, 2001), where it was shown that the enzyme cooperates with but cannot substitute for  $\alpha 5\beta 1$  integrin in fibronectin assembly. Transamidating activity was not thought to be involved in this mechanism. In contrast in other reports the crosslinking activity of TG2 was reported to be important in FN assembly and deposition (Verderio et al., 1999; Yuan et al., 2007). Previous work demonstrated the importance of TG-FN in restoring RGD-independent cell adhesion, while the long-term effect of TG-FN in rescuing RGD-induced anoikis has not been demonstrated yet. In this chapter the potential role of TG-FN in regulating FN fibril assembly process is investigated.

### ***Chapter 5: Fibronectin deposition mediated by TG-FN matrix***

The aim of this chapter is to further study the influence of TG-FN matrix in regulating the matrix turnover process, such as FN fibril formation in the presence of RGD peptides. By using fluorescence staining of biotin-labelled exogenous FN, confocal microscopy was used to detect the deposited FN matrix by the cells seed on FN or TG-FN matrix. Certain type of cell surface knockout MEF cells, binding site mutant cells and the siRNA treatment were used in the experiments to investigate the involvement of these receptors in the FN deposition by the cells seeded on FN-TG matrix.

## **5.2 Methods**

### **5.2.1 Vinculin staining**

Sub-confluent cells were serum-starved for 16 h and harvested. After 20 min treatment with RAD or RGD peptide, cells were seeded in 8-well glass chamber slides ( $8 \times 10^4$  cells/well) previously coated with FN or TG-FN and allowed to attach and spread for 1 h. Cells were fixed and permeabilized as described previously (Section 2.2.3.2). For staining of vinculin, cells were blocked in PBS buffer supplemented with 3% (w/v) heat-inactivated BSA and then incubated with mouse anti-vinculin antibody (Sigma-Aldrich) in blocking buffer for 2 h, followed by 2 h incubation with FITC-conjugated anti-mouse secondary antibody (Dako). Coverslips were mounted with Vectashield mounting medium and using constant PMT and section depth settings 9 random fields/ samples were captured by a Zeiss LSM510 laser confocal microscopy using the Zeiss LSM Image Browser.

### **5.2.2 Biotin-labelled FN**

Biotinylated FN prepared according to manufacturer's protocol. 1 mg/ml of human plasma fibronectin ( $2.2 \mu\text{M}$  (Merck, UK)) was incubated with  $22 \mu\text{M}$  Sulfo-NHS-LC-Biotin (Peirce, UK) (ratio 1:10) at room temperature for 30 min. Biotin-FN solution was removed by dialysis in dialysis buffer (PBS, pH7.4) at  $4^\circ\text{C}$  for 24 h. The concentration of biotinylated FN solution was determined by the Lowry Method (Section 2.2.7). Meanwhile the labelling effect was studied via Western blotting by using Extr-avidin conjugated antibody and anti-FN antibody to detect biotinylated FN and FN protein, respectively. Untreated human plasma FN was used as the internal standard (Section 2.2.8-2.2.10).

### **5.2.3 FN staining**

A monolayer of cells on FN or TG-FN with RAD or RGD treatment was prepared as introduced in Section 2.2.3.1. Following a 1 h incubation,  $50\text{nM}$

### ***Chapter 5: Fibronectin deposition mediated by TG-FN matrix***

exogenous biotinylated-FN was added into fresh serum free medium. After different time courses of incubation, fixed cells (Section 2.2.3.2) were blocked with 3% (w/v) heat-inactivated BSA in PBS pH7.4 and then incubated with 1 $\mu$ g/ml Cy5-streptavidin (Jackson Immno Research) for 2 h at 37°C. After washing 5 times in PBS, pH7.4, the slides were mounted with Vectashield mountant (Vector Laboratories) and examined by confocal fluorescence microscopy (Zeiss).

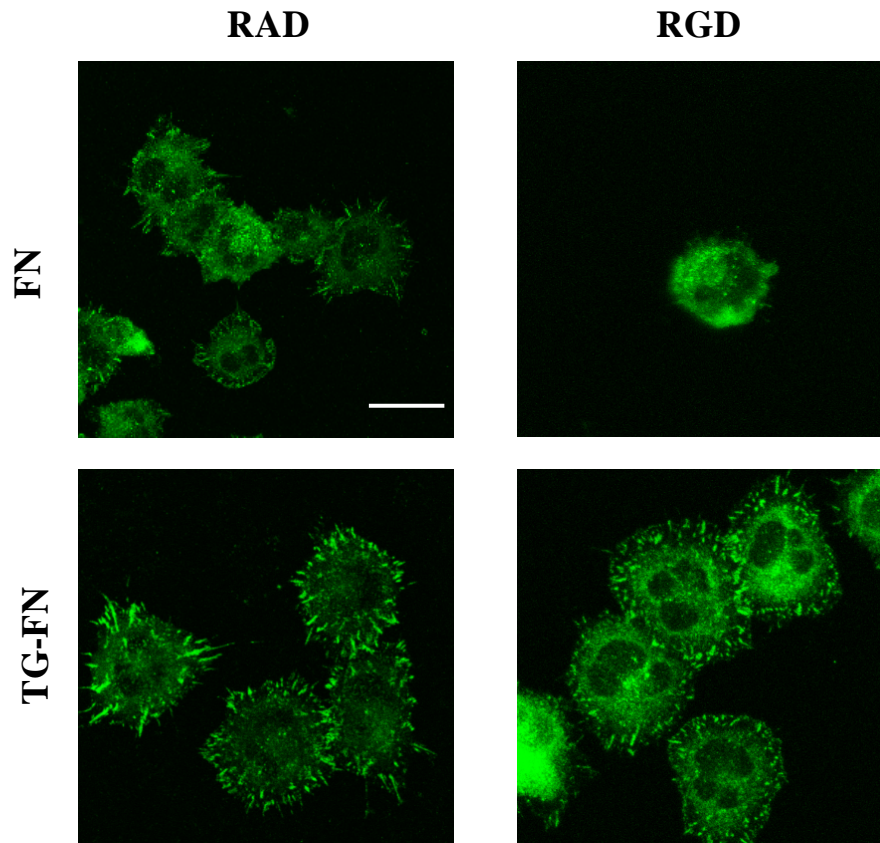
## **5.3 Results**

### **5.3.1 TG-FN promotes the loss of cell adhesion formation caused by the RGD peptides**

It has been well documented that vinculin is one of the major proteins in focal adhesion. In order to investigate the role of TG-FN in focal adhesion formation, immunofluorescence staining of vinculin was performed by using wild type MEF cells. After RAD or RGD treatment, MEF cells were seeded onto FN or TG-FN matrices for 1 h. After blocking with 3% (w/v) BSA in PBS, pH7.4 for 30 min, the cells were incubated with anti-vinculin antibody and then FITC-conjugated secondary antibody. Immunofluorescence signals were detected using the confocal microscope, as described in Section 2.2.4. As shown in Figure 5.1, more vinculin is present at focal contacts detected in the cells on TG-FN complex compared to the FN matrix in the presence of RAD peptide. On the FN matrix, RGD peptide reduced the presence of vinculin in focal adhesions and the cells remained roundish morphologically. TG-FN restored the formation of focal adhesions inhibited by the RGD peptide treatment. This data indicates TG-FN can compensate the loss of focal adhesions induced by RGD peptides.

### **5.3.2 Detection of biotinylated-FN**

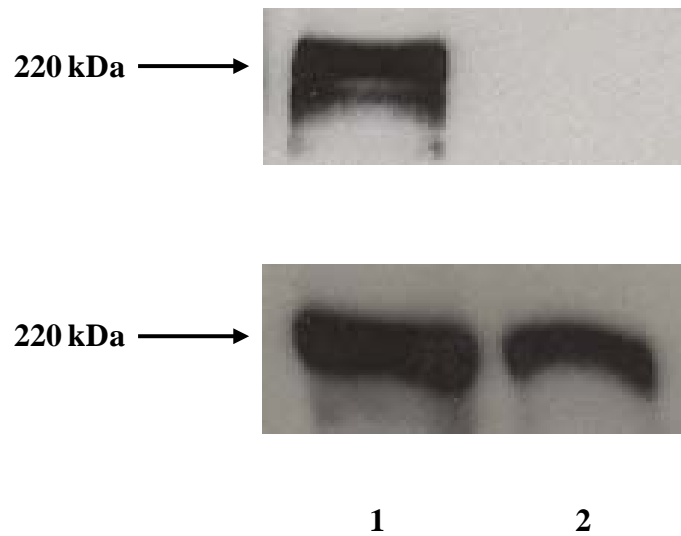
After biotinylation and dialysis, Western blotting was performed to detect biotin-labelled FN protein by using both anti-human FN and Extra-avidin conjugated antibody. The Western blots displayed in Figure 5.3.2 shows an SDS-PAGE (3% (w/v) polyacrylamide stacking gel and a 5% (w/v) resolving gel) separation. Human plasma FN was used as standard marker. Biotinylated FN was detected by using Extr-avidin conjugated antibody at molecular weight of 220kDa, meanwhile FN protein was detected by using anti-human FN antibody, no difference was observed between biotin-labelled FN and standard FN molecule, suggesting that biotinylation does not affect the molecular weight of FN molecules.



**Figure 5.3.1 TG-FN compensates the loss of focal adhesion formation caused by RGD peptide.**

The focal adhesion was stained as described in Section 5.2.1.  $4 \times 10^4$  cells/ well of wild type MEF cells were seeded onto FN or TG-FN matrices for 1 h in the presence of RAD or RGD peptide. After fixation and blocking, the cells were incubated with anti-vinculin antibody (1:200 dilution) for 2 h and FITC-conjugated anti-mouse secondary antibody (1:200 dilution) for 2 h at 37°C. The slides were mounted with Vectashield mounting medium and using constant PMT and section depth settings 9 random fields/sample were captured by Zeiss LSM510 laser confocal microscopy using Zeiss LSM Image Browser.

**Figure 5.3.1**



**Figure 5.3.2 Detection of biotinylated FN molecule via Western blotting**

Biotinylated FN solution was prepared as described in Section. Briefly, 2.2 $\mu$ M of FN solution in PBS was incubated with 22 $\mu$ M Sulfo-NHS-LC-Biotin for 30 min at room temperature. The solution was dialysed in PBS, pH7.4 for 24 h and protein concentration was determined via Lowry Method. Western blotting was performed to detect biotinylated FN and FN antigens. In figure 5.3.2, the upper blot shows biotinylated FN (by using Extr-evidin conjugated antibody, 1:2000 dilution), while the bottom blot represents the FN protein antigen by using anti-FN antibody (1:2000 dilution and secondary antibody 1:2000 dilution). Lane 1, biotinylated FN and Lane 2, human plasma FN standard.

**Figure 5.3.2**

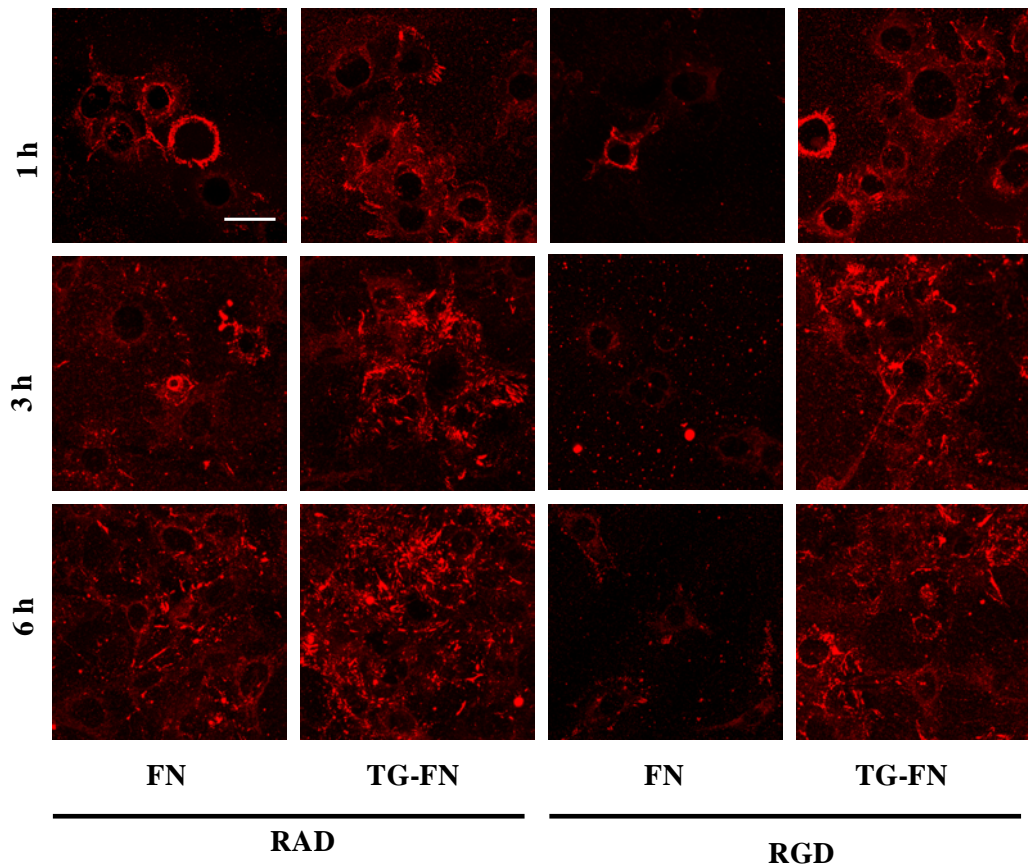


### **5.3.3 TG-FN restores the loss of FN deposition induced by the RGD peptide treatment**

To study the potential involvement of TG-FN in FN matrix deposition, biotin-labelled FN was used for incubation with MEF cells treated with RAD or RGD peptide on FN or TG-FN matrices, while different time courses were applied to detect the time-dependent (1-6 h) effect of TG-FN on FN assembly as introduced in Section 5.2.3. In Figure 5.3.3, the biotin-labelled FN was detected. In RAD peptide-treated cells, TG-FN started to promote FN deposition within 1 h incubation, which increased the FN fibril formation in a time-dependent manner, compared to FN alone. With increasing time, more well-organized FN fibrils around and over the cells were observed in the TG-FN groups. Unlike the control cells with RAD treatment, RGD peptide inhibited the formation of FN fibrils and biotin-labelled FN which remained scattered around the cell surface. In longer-term incubations, even though there was FN deposition, the FN matrix was randomly deposited with short and non-organized fibrils. Unlike on the FN matrix, cells seeded on TG-FN complex restored the FN fibril assembly in the presence of RGD peptide, and the FN deposition increased in a time-dependent manner, which agrees with the results obtained from cells treated with RAD peptide. And well-formed FN fibril network was observed in these groups on TG-FN at 6 h incubation with the cells, suggesting the importance of TG-FN in regulating FN deposition in an RGD-independent manner.

### **5.3.4 The crucial role of PKC $\alpha$ in FN deposition mediated by TG-FN**

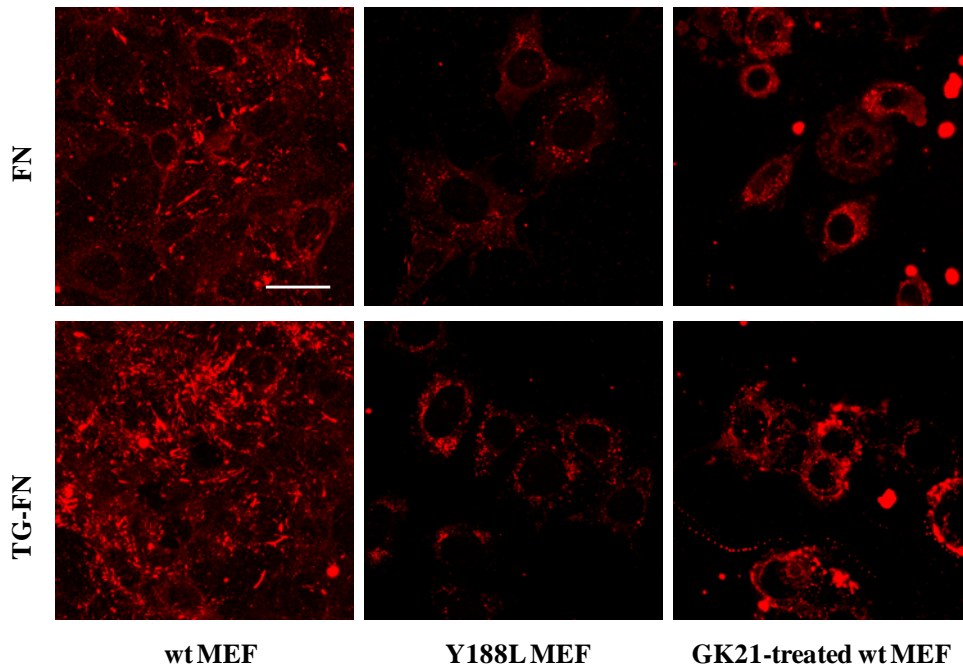
Previous work suggested that PKC is involved in the FN deposition process (Lin et al., 2002). In order to investigate the potential involvement of PKC $\alpha$  in FN deposition mediated by TG-FN, GK21 peptide (which blocks the interaction between PKC $\alpha$  and the intracellular domain of  $\beta$ 1 integrins) and the syndecan-4 Y188L mutant MEF cells (the PKC $\alpha$  binding site mutant in syndecan-4 intracellular domain) were used in the FN fibril formation assay on FN or TG-FN matrices. After 1 h incubation on FN or TG-FN, the GK21 peptide pre-treated wild type MEF,



**Figure 5.3.3 TG-FN restores the loss of FN deposition induced by RGD peptide.**

$6 \times 10^4$  cells/ well wild type MEF cells were seeded into FN or TG-FN coated chamber slides in the presence of RAD or RGD peptide. After 1 h incubation, the monolayer of cells were washed once with serum free medium and then incubated with 50nM biotinylated FN for 1 h, 3 h, and 6 h, respectively. At the end of each incubation and fixation of the cells with 3.7% paraformaldehyde in PBS, pH 7.4, following 30 min blocking in 3% BSA in PBS, pH 7.4, biotinylated FN was stained with 1 $\mu$ g/ml Cy5-streptavidin in 3% heat-inactivated BSA in PBS, pH 7.4. Slides were mounted with Vectashield mountant (Vector Laboratories) and examined by confocal fluorescence microscopy (Leica Lasertechnik).

**Figure 5.3.3**



**Figure 5.3.4 TG-FN mediates FN deposition via PKC $\alpha$ - dependent signalling pathway.**

Wild type MEF cells were pre-treated with 8 $\mu$ M GK21 peptide for 1 h to block the interaction of PKC $\alpha$  and the  $\beta$ 1 integrin intracellular domains. Wild type MEF, Y188L (PKC $\alpha$ -binding domain mutant syndecan-4 MEF cells) and GK21 peptide-treated wild type MEF cells were seeded onto FN or TG-FN matrices at the density of  $6 \times 10^4$  cells/ well and allowed to adhere for 1 h. 50nM biotinylated FN was added to monolayer of cells in serum free medium and incubated for 6 h. Following washing, fixation, and blocking procedures, deposited FN was stained by using Cy5-streptavidin (1 $\mu$ g/ml) for 1 h and the mounted slides with Vectashield mountant were visualized by confocal microscopy.

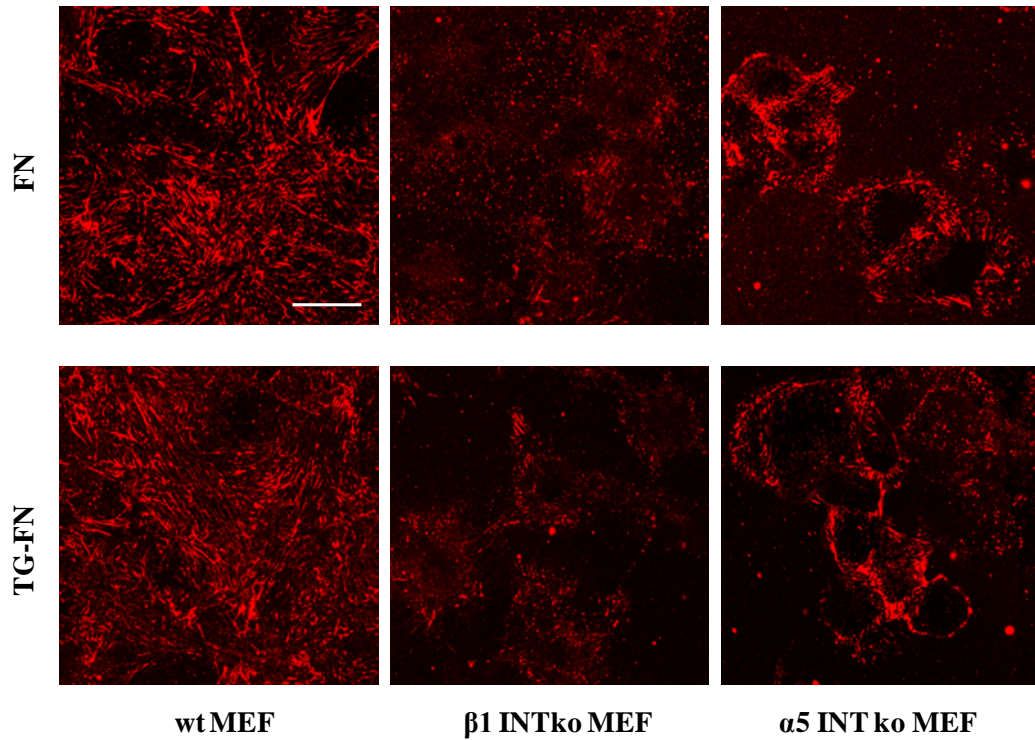
**Figure 5.3.4**

### ***Chapter 5: Fibronectin deposition mediated by TG-FN matrix***

Y188L MEF and wild type MEF cells were incubated with 50nM exogenous biotinylated-FN for 6 h and then FN deposition was detected via fluorescence staining. As shown in Figure 5.3.4, wild type MEF cells on FN matrix started to organize the FN matrix after 6 h incubation, while more well-organized FN fibrils were observed in the group of cells seeded on the TG-FN complex. Unlike the wild type cells, GK21 peptide treatment and Y188L mutant cells could not deposit a FN matrix and biotin-labelled FN was in the main deposited around the cell surface, suggesting the importance of PKC $\alpha$  in the FN deposition process. Most importantly, TG-FN could not compensate the FN fibril formation in the GK21-treated or the Y188L syndecan-4 mutant cells. The above data suggests that PKC $\alpha$  is the crucial link in FN deposition process. The loss of increased FN deposition in cells seeded on TG-FN suggested that the TG-FN complex promotes FN deposition process through a PKC $\alpha$ -dependent pathway. Meanwhile the potential involvement of  $\beta$ 1 integrins and syndecan-4 was suggested since it has been proved in previous work that PKC $\alpha$  links the signalling pathway of these two cell surface receptors— $\beta$ 1 integrin and syndecan-4.

#### **5.3.5 The importance of $\alpha$ 5 $\beta$ 1 integrin in FN deposition regulated by TG-FN**

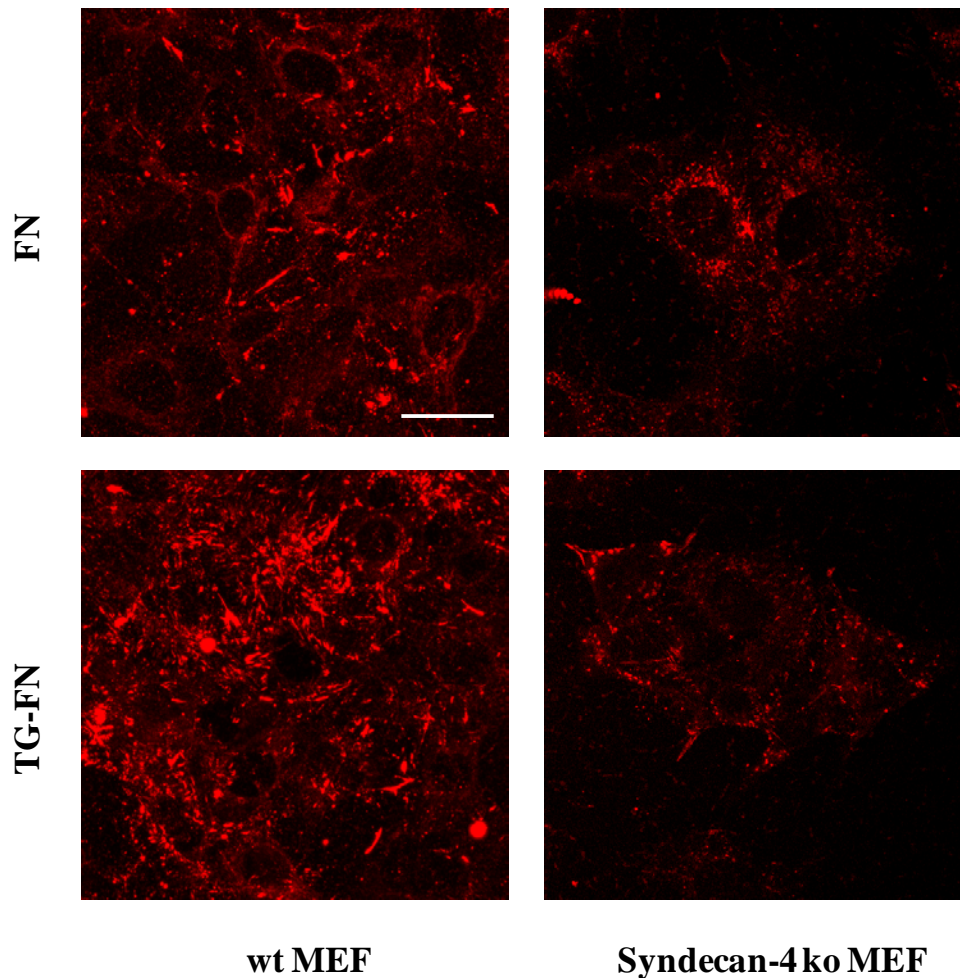
By using GK21 peptide-treated MEF cells, it is suggested that TG-FN promotes FN deposition via a PKC $\alpha$  signalling pathway mediated by interaction between PKC $\alpha$  and  $\beta$ 1 integrin. To investigate the roles of  $\alpha$ 5 and  $\beta$ 1 integrins, the FN deposition assay was performed by using  $\alpha$ 5 and  $\beta$ 1 integrin null MEF cells. Monolayers of cells on FN or TG-FN matrices were prepared following a 1 h incubation of above cells on these matrices. 50nM exogenous biotinylated FN was then added into each group and incubated with the cells for 16 h, immunofluorescence was detected by confocal microscopy. Figure 5.3.5 shows that in wild type cells, well-organized FN fibrils were deposited by the cells seeded on both FN and TG-FN matrices. Without the presence of  $\alpha$ 5 or  $\beta$ 1 integrins, even after long-term incubation (16 h), the cells still could not deposit well-organized FN fibrils, compared to the wild type cells, only randomly



**Figure 5.3.5  $\alpha 5$  and  $\beta 1$  integrins are crucial for TG-FN to compensate RGD-independent FN deposition.**

Wild type,  $\beta 1$  integrin null MEF and  $\alpha 5$  null EA5 fibroblasts were seeded onto FN or TG-FN matrices at the density of  $6 \times 10^4$  cells/ well for 1 h to obtain the monolayer of above cells. 50nM biotin-labelled FN in serum free medium was incubated with cells for 16 h. The slides were prepared as introduced in Section 5.2.3 and visualized by confocal microscopy.

**Figure 5.3.5**



**Figure 5.3.6 The importance of syndecan-4 in FN deposition mediated by TG-FN complex.**

Monolayers of wild type and syndecan-4 null MEF cells were prepared as introduced before (Section 5.2.3). 50nM biotinylated FN was used to incubate with the cells on FN or TG-FN matrices. After 6 h incubation, the deposited biotin-labelled FN was staining by using Cy5-streptavidin (1 $\mu$ g/ml) and visualized by confocal microscopy as introduced in Section 5.2.3.

**Figure 5.3.6**

## ***Chapter 5: Fibronectin deposition mediated by TG-FN matrix***

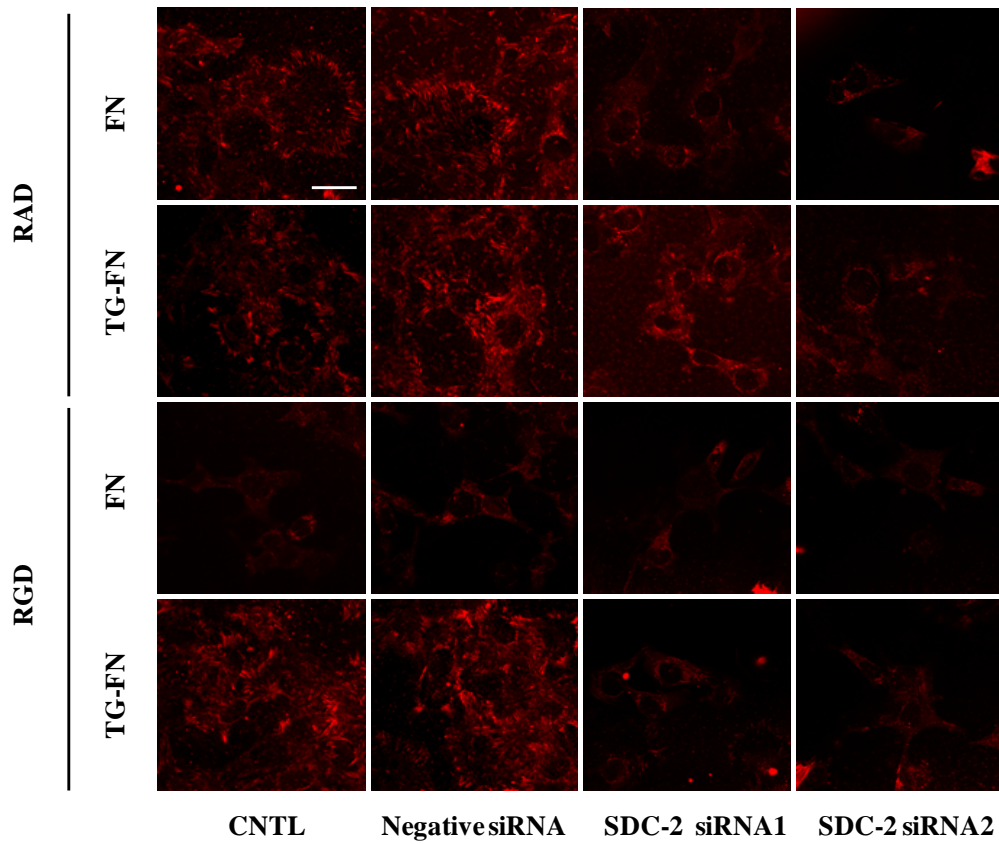
deposited FN matrices was observed in those groups, while in EA5  $\alpha 5$  null MEF cells, biotin-labelled FN was discovered only around the periphery of cells. No difference was observed between the null cells seeded on FN and TG-FN matrices, indicating TG-FN could not compensate the loss of FN deposition caused by the absence of cell surface receptors  $\alpha 5$  and  $\beta 1$  integrins. These results suggest that the FN deposition process mediated by TG-FN is dependent on cell surface receptor  $\alpha 5\beta 1$  integrin.

### **5.3.6 TG-FN mediates FN deposition in a syndecan-4-dependent manner**

Previous data suggested that PKC $\alpha$ , as a downstream signalling molecule in syndecan-4 pathway, is important for TG-FN to restore the RGD-independent cell adhesion and FN deposition process. To investigate the potential role of syndecan-4 in the above process, syndecan-4 null MEF cells were incubated with biotinylated FN and after 6 h incubation, FN deposited in ECM was visualized via immunofluorescence staining. As shown in Figure 5.3.6, after a 6 h incubation, wild type MEF cells deposited well-organized FN fibrils on the FN matrix, but cells on TG-FN produced more FN. Unlike in the wild type cells, no well-organized FN fibrils were found in syndecan-4 null MEF cells, randomly deposited FN was found and the majority of biotin-labelled FN still found around the periphery of cells. This result indicates the involvement of syndecan-4 in mediating cell-related FN fibril formation on TG-FN matrix.

### **5.3.7 Cell surface syndecan-2 is required by TG-FN in regulating FN deposition**

The role of syndecan-2 in FN deposition has been demonstrated. Previous work also suggested that the inhibition of syndecan-2 expression significantly reduced the compensatory effect of TG-FN on the RGD-independent cell adhesion. In order to investigate the role of syndecan-2 in the FN fibril formation in the fibroblasts seeded on TG-FN, syndecan-2 specific targeting siRNA was used to silence syndecan-2 in MEF cells, while the universal negative control siRNA was

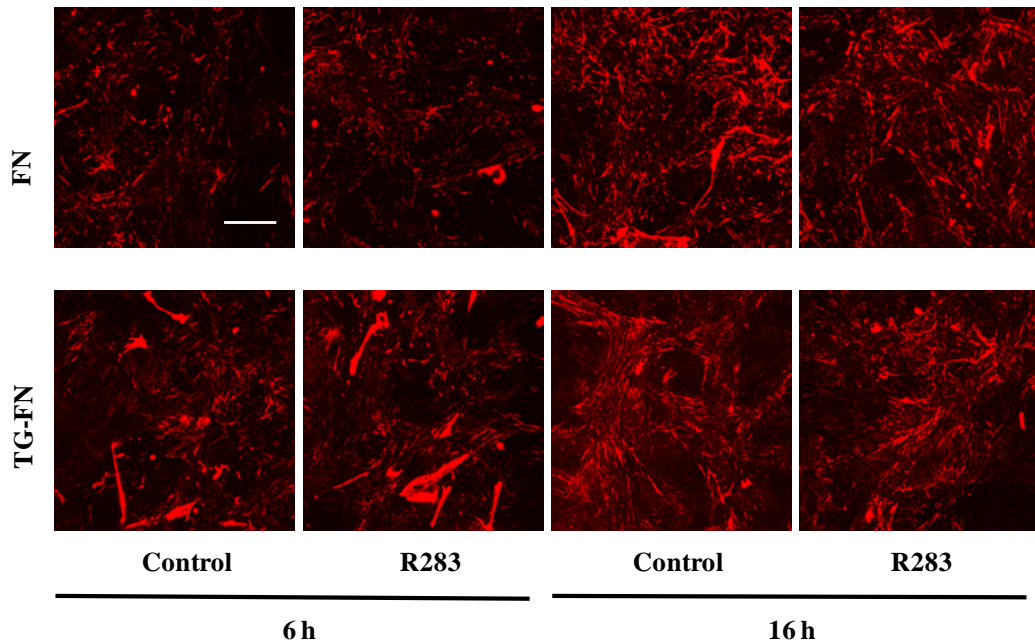


**Figure 5.3.7** Syndecan-2 is required by TG-FN to regulate FN fibril formation by fibroblasts.

Monolayers of wild type and syndecan-2 siRNA or universal negative control siRNA-treated MEF cells were prepared as introduced before (Section 5.2.3). 50nM biotinylated FN was used to incubate with the cells on FN or TG-FN matrices. After 6 h incubation, the deposited biotin-labelled FN was staining by using Cy5-streptavidin (1 $\mu$ g/ml) and visualized by confocal microscopy as introduced in Section 5.2.3.

**Figure 5.3.7**





**Figure 5.3.8 The involvement of TG2 activity in mediating FN fibril assembly.**

Monolayers of wild type MEF cells were prepared as introduced before (Section 5.2.3). 50nM biotinylated FN was used to incubate with the cells in the presence of 500μM TG2 inhibitor R283 on FN or TG-FN matrices. After 6 h and 16 h incubation, the deposited biotin-labelled FN was staining by using Cy5-streptavidin (1μg/ml) and visualized by confocal microscopy (Section 5.2.3).

**Figure 5.3.8**

### ***Chapter 5: Fibronectin deposition mediated by TG-FN matrix***

used as the negative control treatment. The 50nM biotinylated FN was incubated with these cells for 6 h and the FN deposited in ECM was detected via confocal microscopy. As shown in Figure 5.3.7, well-organized FN fibrils were observed in the matrix laid down by the RAD-treated wild type MEF cells, while only randomly deposited FN was deposited by syndecan-2 siRNA treated-MEF cells. No difference of the biotinylated FN was discovered between the non-treated or the universal negative control siRNA-treated cells, ruling out the toxicity of the siRNA treatments with the RAD peptides. Unlike the wild type MEF cells, TG-FN could not enhance the FN fibril formation with the reduced expression of syndecan-2. In the presence of RGD peptide, when seeded on the TG-FN matrix, wild type or the control siRNA-treated MEF cells restored the FN fibril formation induced by RGD peptide, while the abolishment of the cell surface syndecan-2 resulted in the loss of the compensatory effect of TG-FN. The above data suggest that syndecan-2 is important in regulating FN fibril formation and crucial for TG-FN to compensate the RGD-induced loss of matrix FN deposition by fibroblasts.

#### **5.3.8 The effect of TG-FN on FN deposition is independent of the transamidating activity of TG2.**

Previous work suggested that cell surface TG2, as an enzyme with the transamidating activity, can mediate FN deposition. To investigate whether the effect of matrix TG2 on FN fibril formation is dependent on its transglutaminase activity, TG2 inhibitor R283 (Balklava et al., 2002; Freund et al., 1994) was incubated with wild type MEF cells and the biotin-labelled FN was monitored after a 6 h and 16 h incubation. Meanwhile as shown in previous result, there is no detectable cell surface TG2 present in MEF cells, which provides an ideal model to investigate the matrix TG2 activity in regulating FN deposition. Figure 5.3.8 presents the matrix biotinylated FN staining. After 6 h incubation, cells started to lay down matrix FN fibrils, and a well-organized FN matrix was found after 16 h incubation. Most importantly, the TG2 inhibitor R283 at the concentration of 500 $\mu$ M, which has been published to completely inhibit TG2 activity, did not affect the FN deposition process compared to the non-treated

***Chapter 5: Fibronectin deposition mediated by TG-FN matrix***

cells. These results suggest that matrix TG2 within the TG-FN complex mediates the FN deposition process in a transamidating activity-independent manner.

## **5.4 Discussion**

The involvement of TG2 in fibronectin fibril formation and deposition has been previously documented (Akimov and Belkin, 2001) where it was shown that the enzyme cooperates with but cannot substitute for  $\alpha 5\beta 1$  integrin in fibronectin assembly. Transamidating activity was not thought to be involved in this mechanism. In contrast in other reports the crosslinking activity of TG2 was reported to be important in FN assembly and deposition (Verderio et al., 1999; Yuan et al., 2007). In order to investigate whether the FN bound TG2 via its interaction with syndecan-4 is also involved in FN fibril assembly, FN matrix deposition was studied by using biotin-labelled FN in mouse embryo fibroblasts. Importantly cell surface TG2 was not detectable in the MEF cells used in these experiments, thus providing an ideal model to answer the above question, since the potential interference of cell surface TG2 is ruled out. The TG-FN complex increased the rate of fibril formation by wild type MEF cells when compared to cells plated on FN alone in the early time periods (1-6 h) which appeared to equalise in both sets of cells after 16 h when saturation of the system had probably occurred. Importantly even in the presence of RGD peptide the deposition of FN was still maintained in the presence of TG2. However as expected (Mao and Schwarzbauer, 2005), RGD peptide treatment of cells seeded on FN alone led to rounded cells with lack of focal adhesion assembly and a marked inhibition of FN matrix deposition with most exogenous biotin-labelled FN shown to accumulate on the cell surface. This fits with previous observations in that focal adhesion point assembly, actin cytoskeleton formation and intracellular signalling via RhoA is required for FN fibril formation to occur (Fernandez-Sauze et al., 2009; Zhong et al., 1998). Of particular interest is the observation that even in the presence of RGD peptide which may be expected to block a large proportion of  $\alpha 5\beta 1$  integrin sites fibril formation still occurs at an effective level. However this is not surprising when considering that the TG-FN matrix when bound to syndecan-4 even in the presence of RGD peptides still leads to focal adhesion assembly, resulting in a signalling cascade leading to activation of syndecan-2, ROCK, Rho and formation of a rigid actin cytoskeleton. Previous studies have suggested cell surface heparan sulfate chains

### *Chapter 5: Fibronectin deposition mediated by TG-FN matrix*

particularly those of syndecan-2 in FN assembly (Klass et al., 2000; Mao and Schwarzbauer, 2005), a process mediated by activation of PKC $\alpha$  and RhoA (Xian et al., 2009). The importance of syndecan-4 in supporting cell spreading, a crucial process in cell-mediated FN fibril assembly, is well demonstrated (Okina et al., 2009). However in long-term incubations (20 h), no difference in FN fibril formation has been observed in syndecan-4 siRNA treated and control cells (Huvneers et al., 2008). Given the potential importance of syndecan-4 in the TG-FN mediated fibronectin deposition at earlier time periods we similarly investigated the importance of syndecan 4 using the early time stages (6 h) in FN fibril formation. In syndecan-4 null and syndecan-4 mutant Y188L (a mutant for PKC $\alpha$  binding) (Bass et al., 2007) MEF cells, and cells where the GK21 peptide was used to block the interaction between PKC $\alpha$  and  $\beta$ 1 integrin obvious differences in FN fibril formation, when compared to wild type control cells, were discernible. In syndecan-4 null, Y188L mutant and GK21 peptide-treated cells, biotin-labelled FN was located mainly on the cell surface and when present the biotin labelled FN was distributed randomly in the cell attached area. This suggests for the first time, the importance of syndecan-4 in the initiating stages of FN fibril formation in a PKC $\alpha$  and  $\beta$ 1 integrin-dependent manner. However it should be noted that in previous findings using longer time periods and where syndecan-4 was silenced using siRNA-treatment (Huvneers et al., 2008; Mao and Schwarzbauer, 2005) the loss of syndecan-4 in FN deposition could be compensated by other cell surface receptors e.g. syndecan-2 or  $\alpha$ 5 $\beta$ 1 integrin (Huvneers et al., 2008; Klass et al., 2000). Unlike in the RGD-treated wt MEF cells, TG-FN could not restore the loss of FN fibril assembly in cells lacking syndecan 4,  $\alpha$ 5 or  $\beta$ 1 integrin (Huvneers et al., 2008), indicating the dependence of TG-FN on these cell receptors in mediating FN fibril formation. Use of the TG2 inhibitor R283 (Balklava et al., 2002; Freund et al., 1994) ruled out any involvement of transamidating activity in fibril formation in this process.

# **Chapter 6: Discussion**

## **Chapter 6: Discussion**

The interaction between cells and the ECM plays a crucial role in regulating cell adhesion, migration, proliferation, differentiation and the relevant signalling transduction process (Raines, 2000). Initiated by the interaction between cell surface receptors and its substratum, cell adhesion is regulated by different matrix proteins, receptors and intracellular signalling molecules. According to the type of the matrix protein(s), receptors and signalling molecules involved, a cells destiny is determined. Among the matrix proteins, fibronectin is one of the most important matrix proteins in mediating fibroblast cell adhesion (Pankov and Yamada, 2002). As a high-molecular-mass glycoprotein, FN can exist in a soluble form synthesized by hepatocytes and secreted into the in blood or as an insoluble fibril extracellular or basement membrane protein produced by fibroblasts or other cells (Mosher, 1984).

The molecular structure of FN molecule has been well investigated and reported, especially the domains that are related to cell adhesion, which is one of its essential functions as an ECM proteins. Located at the III<sub>9-10</sub> domain of FN, the presence of the Arg-Gly-Asp (RGD) motif was first reported by Rierschbacher and Ruoslahti (1984), which was identified as the major integrin binding site in charge of the interaction of FN with about half of the integrin family members, such as  $\alpha 5\beta 1$ ,  $\alpha 8\beta 1$ ,  $\alpha v\beta 1$ ,  $\alpha v\beta 3$ ,  $\alpha v\beta 5$  and  $\alpha v\beta 6$  integrins etc. (Ruoslahti, 1996). It has been widely accepted that  $\beta 1$  integrins are the major cell surface receptors that mediate cell adhesion on FN (Takagi, et al., 2003). Once bound to the RGD cell-binding domain, integrins can activate their intracellular signalling molecule focal adhesion kinase (FAK) and trigger the autophosphorylation of FAK at Tyr<sup>397</sup>, which can in turn promote the phosphorylation of other Tyrosine sites including Try<sup>925</sup> and Try<sup>576</sup>. This activation of  $\beta 1$  integrins has been known as the outside-in signalling pathway, since the direct interaction between integrins and its matrix ligand are required (Luo et al., 2007). As one of the essential components of focal adhesion (FA), the activation of FAK is crucial for both the

## *Chapter 6 Discussion*

actin skeleton and the focal adhesion formation. Apart from its role in regulating cell adhesion and spreading, integrins are also important in the cell survival pathway mediated by ERK1/2 to prevent the cells from undergoing apoptosis and to promote their survival, with activation of FAK acting as an upstream signalling molecule of the cell survival pathway (van Nimwegen and van de Water, 2007). Other members of the integrin family, such as  $\beta 3$  integrins, are also involved in cell adhesion on FN via their interaction with the RGD cell-binding domain (Switala-Jelen et al., 2004). It has been reported that increased cell surface  $\beta 3$  integrin expression can enhance cell adhesion on FN (Timar et al., 1998), while the importance of these integrins as a major component of FA has also been widely reported and studied to investigate the effect of FA on cell behaviour (Wehrle-Haller and Imhof, 2002).

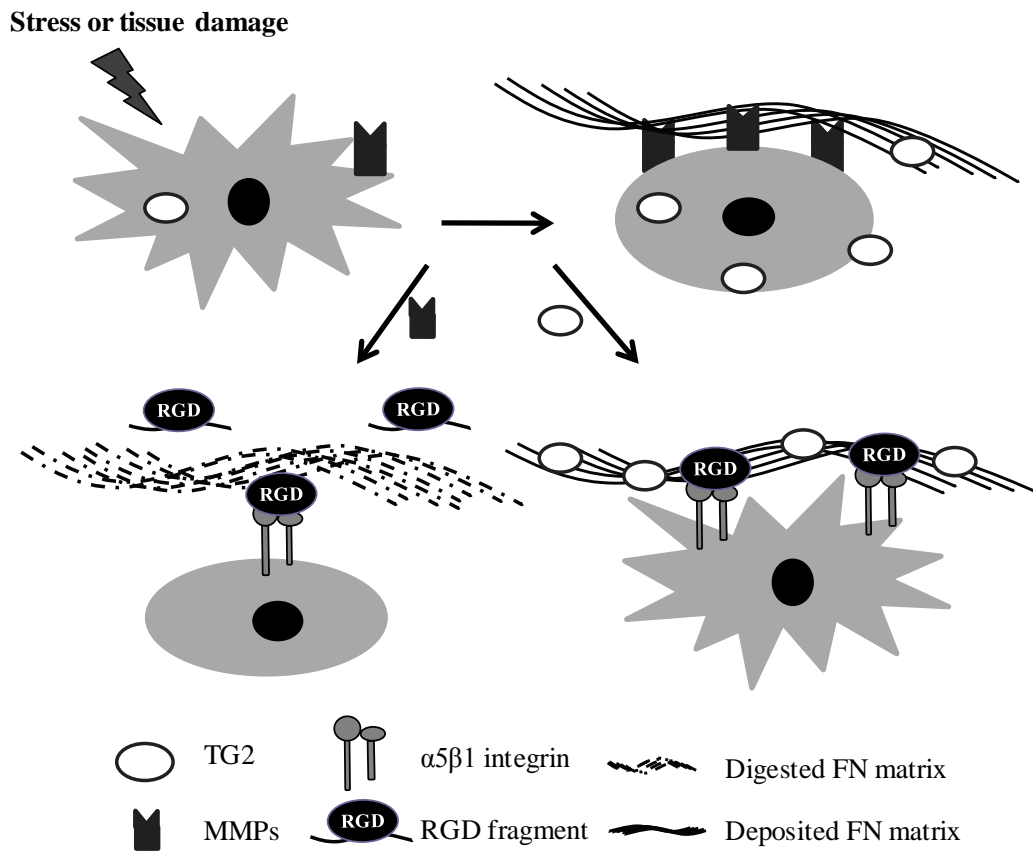
The involvement of another cell surface receptor—syndecan-4 and its interaction with FN in cell adhesion was revealed by the finding that even in the presence of the RGD-cell binding domain, the cells still could not fully accomplish cell spreading, until the presence of the heparin binding domains was provided to the cells (Bloom et al., 1999; Woods et al., 1984). By binding to the heparin-binding sites within FN (present at the domains III<sub>12-14</sub> within FN), syndecan-4 can further support cell adhesion by activating its intracellular signalling molecule protein kinase C  $\alpha$  (PKC $\alpha$ ) to support the FA formation (Woods et al., 2000). Further studies by different groups were devoted to pursuing the role of PKC $\alpha$  in regulating syndecan-4 signalling transduction. As a crucial step of PKC $\alpha$  activation, the translocation of the kinase from the cytosol to the membrane is required by the downstream signal transduction (Nakashima, 2002), where it interacts with the cytoplasmic domain of  $\beta 1$  integrins to activate these receptors intracellularly (Parsons et al., 2002). The  $\beta 1$  integrin and syndecan-4 signalling pathways are linked by PKC $\alpha$ , known as the  $\beta 1$  integrin and syndecan-4 co-signalling pathway which is crucial in regulating FN-mediated cell adhesion. Most recent evidence demonstrated that syndecan-4 can also function as a co-receptor for  $\beta 3$  integrins in regulating RGD-dependent astrocytes cell adhesion via promoting FA and actin stress fibre formation in the cells through RhoA and



## *Chapter 6 Discussion*

PKC $\alpha$  signalling (Avalos et al., 2009). The third cell surface receptor binding site is the CS-1 sites residing in repeats III4-5 of FN, also known as the HepIII domain. CS-1 interacts in the main with two members of integrin family,  $\alpha_4\beta_1$  and  $\alpha_4\beta_7$  integrins (Moyano et al., 1997). It has been reported that  $\alpha_4\beta_1$  integrins can mediate cell adhesion through the association of chondroitin sulfate proteoglycans (CSPGs) (Moyano et al., 1999). Other studies suggest that the effect of  $\alpha_4\beta_1$  integrins on FA organization and actin skeleton formation is influenced through inhibiting the activation of RhoA (Moyano et al., 2003).

Tissue transglutaminase is a multi-functional protein with transamidating, GTPase, protein disulphide isomerase (PDI) activities, while recent research also suggested TG2 may function as a serine threonine protein kinase. Even though TG2 lacks the characteristic features for externalization, the enzyme can be secreted through the non-classical Golgi/ER pathway onto cell surface and is then deposited into ECM (Balklava et al., 2002). Due to the different locations of this enzyme, TG2 can regulate cell behaviour through various mechanisms. Intracellularly, the functions of TG2 are probably more relevant to cell survival and differentiation. For example, the cytoplasmatic TG2 acts as a pro-apoptotic protein in the HEK293 cells (Milakovic et al., 2004), as well as regulating the differentiation of neutrophil granulocytes (Balajthy et al., 2006). On the cell surface, TG2 has been identified as a co-receptor for  $\beta$  integrins to enhance cell adhesion on FN (Akimov and Belkin, 2001b; Akimov et al., 2000) by promoting integrin clustering (Janiak et al., 2006) and further to support FN fibril formation (Akimov and Belkin, 2000, 2001a). It has also been reported that TG2 at the leading edge of the migrating cells can mediate EGF-related cell migration (Antonyak et al., 2009). It has been reported that the crosslinking of matrix protein by TG2, e.g. FN and collagen, can protect them from degradation by cell surface enzymes including MMPs, which can be beneficial to cell adhesion and proliferation (Chau et al., 2005; Collighan and Griffin, 2009). Previous work by Griffin and colleagues (2003) suggested that in both osteoblast and fibroblast cell models the TG-FN complex, in which TG2 acts as a matrix protein without the transamidating activity, can compensate the RGD-independent cell adhesion in a



**Figure 6.1 Schematic showing the effect of stress and tissue damage on cell adhesion and matrix remodelling.**

During stress or tissue injury, cells increase the expression of TG2, which leads to its secretion and deposition into the ECM, leading to the formation of a TG-FN and FN hetero-complex— TG-FN. MMPs can digest the matrix proteins and result in the release of the RGD motif containing matrix fragments, which can inhibit the interaction of the cell with the ECM, leading to masking the cell surface integrin receptors, ultimately Anoikis. The TG-FN complex can rescue the cells from the RGD peptide induced loss of cell adhesion, thus maintaining cell survival.

**Figure 6.1**

## *Chapter 6 Discussion*

cell surface heparan sulphate-dependent manner (Verderio et al., 2003). It has been shown that the release of the RGD peptides in a stress-induced process e.g. during wound healing following tissue trauma, due to proteolytic digestion by matrix metalloproteinases (MMPs), can compete for integrin binding sites and block the integrin-mediated cell-ECM interaction and in turn induce the loss of cell adhesion and the induction of anoikis (Buckley et al., 1999). Regarding the fact that increased expression and matrix deposition of TG2 has been found in the cells under stress conditions (Kawai et al., 2008; Upchurch et al., 1991). It was therefore felt essential to investigate the mechanism of the formed TG-FN complex in regulating RGD-independent cell adhesion, which may provide a further role for TG2 in the wound healing process, but in addition may also provide a promising application of this TG-FN complex in the tissue engineering field (Figure 6.1).

The aim of this project was to study the mechanism and physiological importance of the TG-FN-mediated cell adhesion process which can occur in the presence of integrin blocking RGD peptides

In order to distinguish the roles played by cell surface TG2, where it acts as an integrin coreceptor, and matrix bound TG2 in RGD-independent cell adhesion, tg2-MEF cells with stable over-expression of human TG2 and their wt controls were used. Since there is no detectable TG2 antigen in whole cell lysates, at the cell surface and in the matrix in the wild type MEF cells, these cells provide an ideal model to investigate the role of matrix TG2 in RGD-independent cell adhesion without the interference from the exogenous TG2. In the transfected tg2-MEF cells, the wild type TG2 can be detected in cell lysates, on the cell surface and in the ECM, suggesting the successful transfection of this cell line. In the cell adhesion assay, even with the increased expression of cell surface TG2, no enhanced increase in cell adhesion was obtained in these cells in the presence of the RGD peptides, only when seeded onto the TG-FN matrix was cell attachment and spreading restored in both the wild type and the tg2-MEF cells

## *Chapter 6 Discussion*

thus ruling out the involvement of cell surface TG2 in the RGD-independent cell adhesion and further confirming that, only when deposited into ECM and bound to FN, can TG-FN mediate RGD-independent cell adhesion.

In order to specify which component of this TG-FN complex is the functional part in mediating RGD-independent cell adhesion on TG-FN, heparin, the natural binding partner with high affinity for both TG2 and FN (Bennett et al., 1997; Gambetti et al., 2005), was used to block the binding sites within these two molecules. ELISA studies (Verderio et al., 1999) indicated that pre-treatment of FN with heparin did not influence the immobilization of TG2 on FN. Blocking the heparin-binding sites within FN did not affect the compensatory effect of TG-FN in RGD-treated cells, however when heparin treatment was applied after the formation of TG-FN matrix, thus blocking the heparin-binding ability of TG2, this TG-FN complex lost its compensatory effect on the RGD-independent cell adhesion completely. This suggested that TG2 is the functional component within the TG-FN heterocomplex that mediates the RGD-independent cell adhesion. Previous use of heparinase to digest the cell surface heparan sulfates demonstrated the importance of heparan sulfate chains for TG-FN to regulate RGD-independent cell adhesion (Verderio et al., 2003). In order to further confirm this result, heparan sulfate mutant CHO cells was used in the cell adhesion assay on the FN and TG-FN matrices. The significant inhibition of cell spreading in the mutant CHO cells on FN, confirmed the role of heparan sulfate chains in regulating cell adhesion on TG-FN. Unlike the wild type cells, TG-FN failed to restore the cell attachment and spreading in the RGD peptide-treated cells, further supporting the direct involvement of heparan sulfates in mediating the cell adhesion on TG-FN.

Among the heparan sulfate proteoglycan family, syndecan-4 is the most widely expressed member (Oh and Couchman, 2004) and has been reported to be crucial in associating in the  $\beta$ 1 integrin-related actin cytoskeleton formation (Beauvais and Rapraeger, 2004). Since it is also the major resource of heparan sulfate

## *Chapter 6 Discussion*

chains in fibroblasts, syndecan-4 was first investigated as the target receptor in this RGD-independent cell adhesion on TG-FN. In syndecan-4 knockout MEF cells (Bass et al., 2007), the cell adhesion assay revealed that these cells failed to respond to the TG-FN matrix in the presence of RGD peptide, however once this receptor was introduced back into the knockout cells, MEF cells with stably transfected human syndecan-4 cDNA re-gained their response to TG-FN even in the presence of the RGD peptides. This offered the first hint of the involvement of syndecan-4 in regulating RGD-independent cell adhesion on TG-FN. To investigate the role of syndecan-4 in the organization of the actin skeleton (Woods et al., 2000), actin stress fibre formation was visualized by using fluorescence staining. In the wild type and syndecan-4 addback cells a well-organized actin skeleton was observed in the cells on FN or TG-FN matrices, however once treated with the RGD peptide, the cells lost their actin cytoskeletal architecture, which could be restored by the TG-FN complex. Unlike the wild type and addback cells, syndecan-4 null MEF cells presented a reduction in longitudinal stress fibres and only stress fibre bundles were found at the cell periphery. Most importantly, this disruption of the actin architecture could not be compensated by the TG-FN complex, further confirming the essential role of syndecan-4 in mediating the RGD-independent cell adhesion on TG-FN. The direct interaction between matrix TG2 and cell surface syndecan-4 was detected via co-immunoprecipitation by using a specific anti-syndecan-4 antibody against the intracellular domain of the syndecan-4 molecule to pull down the immunocomplex, while the syndecan-4 knockout MEF cells were used as the negative control cell line. By using the RGD peptide treated MEF cells seeded on the heparin pre-treated TG-FN matrix, the heparin binding domain on TG2 was blocked and cell adhesion by FN-TG matrix was completely inhibited indicating TG2 to be the matrix protein that cells to bind to in the heterocomplex. Since TG2 antigen, either in the cell lysate or at the cell surface was not detected in syndecan-4 null MEF cells, which was comparable to the observation in syndecan-4 wild type and add-back cells, this further supports that syndecan-4 and the exogenous matrix TG2 undergo a direct interaction. Previous work demonstrated that the core proteins of syndecan-4 can also mediate cell adhesion process (Echtermeyer et al., 1999). Thereby, in order to distinguish which part(s)

## *Chapter 6 Discussion*

of syndecan-4 molecule, i.e. the heparan sulfate chains or the core proteins, are involved in the interaction between TG2 and syndecan-4, heparan sulfate mutant CHO cells and its wild type control cells were used in the co-immunoprecipitation assay using the syndecan-4 targeting antibody. This revealed that without the presence of heparan sulfate chains, there was no detectable interaction between TG2 and syndecan-4 demonstrating that the heparan sulfate chains are essential in mediating the binding of syndecan-4 to matrix bound TG2.

The presence of syndecan-4 and  $\beta 1$  integrin co-signalling pathway has been well reported (Humphries et al., 2005). Even though the previous work from Griffin and colleagues demonstrated that the  $\beta 1$  integrin functional blocking antibody did not affect the compensatory effect of TG-FN in the RGD-independent cell adhesion (Verderio et al., 2003), this did not rule out the involvement of the inside-out signalling of  $\beta 1$  integrins. Based on the discovery that, in  $\beta 1$  integrin knockout MEF cells (Retta et al., 1998), the TG-FN matrix lost its compensation effect when cells were treated with RGD peptides (which could be restored by introducing human  $\beta 1$  integrin cDNA into the knockout cells), the crucial role of  $\beta 1$  integrins in RGD-independent cell adhesion was suggested. By using syndecan-4 wild type, knockout and addback MEF cells seeded on the heparin-treated TG-FN matrix in co-immunoprecipitation assays, the possibility of the direct interaction between syndecan-4 and  $\beta 1$  integrins was ruled out (Xian et al., 2010). This suggested that the intracellular link between syndecan-4 and  $\beta 1$  integrins is not as by a direct interaction when involved in mediating the RGD-independent cell adhesion on TG-FN. As one of the major partner of  $\beta 1$  integrins in regulating cell adhesion on FN, the potential role of  $\alpha 5$  integrins (Cukierman et al., 2001; Johansson et al., 1997) in the cell adhesion process was also studied by using  $\alpha 5$  integrin knockout mouse embryo cells and the control cells transfected with human  $\alpha 5$  integrin cDNA (Huveneers et al., 2008). The failure of the TG-FN complex in restoring the cell attachment and spreading in the presence of RGD peptides, suggesting that the  $\alpha 5\beta 1$  integrin complex is crucial for TG-FN to exert its compensatory effect on the RGD peptides, This

## *Chapter 6 Discussion*

was further confirmed by the cell adhesion assay by using a specific  $\alpha 5\beta 1$  integrin targeting peptide A5-1 (Kim et al., 2008) and another  $\alpha 5\beta 1$  integrin targeting inhibitor c34 (Heckmann et al., 2008), which have been reported to block the cell adhesion process mediated by the  $\alpha 5\beta 1$  integrins.

Since the involvement of another two cell surface receptors—  $\alpha 4\beta 1$  (Isobe et al., 1999; Takahashi et al., 2000) integrins and  $\beta 3$  integrins (Akimov et al., 2000) has been reported in TG2-related cell adhesion, the potential roles of these two integrins were investigated by using a specific blocking antibody and a knockout MEF cell line, respectively. No effect of the  $\alpha 4\beta 1$  integrin blocking antibody on FN or TG-FN-mediated cell adhesion was discovered in the presence of the RGD peptides in short-term cell adhesion assays (around 40 min), suggesting that  $\alpha 4\beta 1$  integrins are not required by this TG-FN complex in short-term RGD-independent cell adhesion. This supports the previous report in that, unlike the  $\alpha 5\beta 1$  integrin, although  $\alpha 4\beta 1$  integrin is involved in actin skeleton organization in certain cell types, the involvement of syndecan-4 signalling pathway is not required (Peterson et al., 2005). Even though slight inhibition in cell spreading on FN was observed in the  $\beta 3$  integrin knockout MEF cells, which confirmed the role of  $\beta 3$  integrins in regulating FA formation (Switala-Jelen et al., 2004), it did not influence the compensation of TG-FN in RGD peptide-treated MEF cells, suggesting that TG-FN mediates the RGD-independent cell adhesion in a  $\beta 3$  integrin-independent manner.

Recent work demonstrated that syndecan-2, another member of the syndecan family can be involved in actin cytoskeleton formation, as a downstream signalling molecule of syndecan-4 signalling pathway, although the link between these two Syndecans has not been fully elucidated (Oh and Couchman, 2004; Whiteford et al., 2007). It is also suggested that syndecan-2 can be involved in the  $\alpha 5\beta 1$  integrin-regulated actin stress fibre formation (Kusano et al., 2000). A subsequent report from the same group demonstrated the relevant independent role of this receptor in actin cytoskeleton organization with the regard to the fact

## *Chapter 6 Discussion*

that in the cells with a comparable expression of  $\alpha 5\beta 1$  of overexpression of syndecan-2 could enhance actin stress fibre formation (Munesue et al., 2002). Considering the presence of syndecan-2 in fibroblasts (Whiteford et al., 2008), the hypothesis of the involvement of syndecan-2 in regulating cell adhesion by TG-FN was investigated by using syndecan-2 targeting siRNAs to silence the syndecan-2 in MEF cells. Unlike the non-treated or the negative control siRNAs treated cells, the syndecan-2 siRNA treatment abolished the compensatory effect of TG-FN cell adhesion completely in the presence of the RGD peptides, indicating that syndecan-2 is also required by TG-FN to exert its compensatory effect on the RGD peptides. This was further confirmed by actin stress fibre staining which showed that the reduction of the syndecan-2 expression resulted in a poorly organized actin cytoskeleton even in the presence of the TG-FN complex. Most interesting, was the finding that no direct interaction between syndecan-2 and matrix TG2 could be detected via co-immunoprecipitation, suggesting the indirect involvement of syndecan-2, probably as a downstream effector, in the RGD-independent cell adhesion on TG-FN.

The above work demonstrated that at the cell surface receptor level, TG-FN requires the presence of syndecan-4, syndecan-2 and  $\alpha 5\beta 1$  integrins to exert its compensatory effect on RGD-independent cell adhesion. These three receptors could work as a network linked by their intracellular signalling molecules.

As introduced above, PKC $\alpha$  has been reported as the crucial link for the syndecan-4 and  $\beta 1$  integrin signalling pathway (Humphries et al., 2005). The involvement of these two receptors in TG-FN mediated RGD-independent cell adhesion was confirmed by previous results. Thereby, PKC $\alpha$  was the first intracellular signalling molecule to be investigated in our model. First of all, PKC $\alpha$  activation was blocked by a specific PKC $\alpha$  inhibitor Go6976 (Jensen et al., 2009), which abolished the compensatory effect of TG-FN on the RGD-independent cell adhesion, suggesting the potential dependence on PKC $\alpha$  by TG-FN to exert its compensatory effect. The activation of PKC $\alpha$  by syndecan-4 is



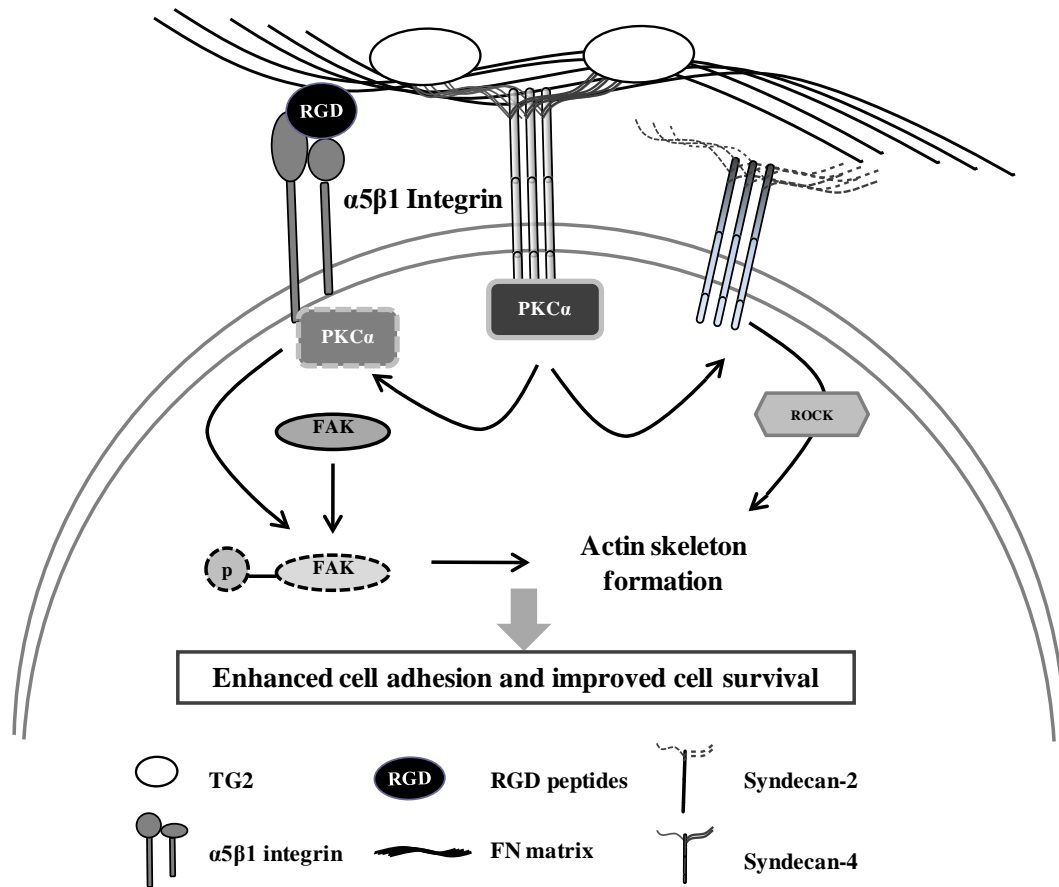
## *Chapter 6 Discussion*

triggered by the binding of PKC $\alpha$  with the cytoplasmatic domain of syndecan -4 (Woods et al., 2000). Since the PKC $\alpha$  binding domain within syndecan-4 intracellular core protein is known it provides the possibility of the development of the syndecan-4 mutant Y188L, which is unable to bind PKC alpha and which can be transfected into Syndecan 4 null MEF cells (Bass et al., 2007). The loss of compensation of TG-FN in the RGD-induced cell adhesion assay when using the Y188L MEF cells suggested the importance of the interaction between PKC $\alpha$  and syndecan-4 in regulating the RGD-independent cell adhesion by TG-FN. The translocation of PKC $\alpha$  from cytosol to membrane is a crucial step during its activation (Nakashima, 2002). By detecting the presence of PKC $\alpha$  antigens within the cytosol and membrane fractions in the RGD peptide-treated fibroblast in the presence or absence of the PKC $\alpha$  inhibitor Go6976, it was demonstrated that both the RGD peptides and Go6976 inhibited the PKC $\alpha$  translocation. Importantly, TG-FN can promote PKC $\alpha$  translocation in the RGD peptide-treated fibroblasts, but not in the Go6976-treated cells, suggesting that TG-FN requires PKC $\alpha$  activation to exert its function in mediating cell adhesion in the RGD-independent manner. On the inner membrane surface, PKC $\alpha$  binds to the cytoplasmatic domain of  $\beta$ 1 integrins and in turn triggers the inside-out signalling of  $\beta$ 1 integrins. A specific cell-penetrating peptide GK21 (which mimics the PKC $\alpha$  binding domain within  $\beta$ 1 integrins) was used to block the binding between PKC $\alpha$  and  $\beta$ 1 integrins (Parsons et al., 2002). The loss of interaction between PKC $\alpha$  and  $\beta$ 1 integrins completely abolished the compensatory effect of TG-FN, which not only confirmed the importance of PKC $\alpha$  as a downstream signalling molecule for syndecan-4 in TG-FN signalling pathway, but also indicated the involvement of the inside-out signalling of  $\beta$ 1 integrins in the RGD-independent cell adhesion mediated by this matrix complex. Even though accumulating research suggests that syndecan-2 can associate with syndecan-4 during cell spreading and actin cytoskeleton formation, the actual mechanism of this co-signalling pathway has not been reported (Whiteford et al., 2007). Considering the importance of PKC $\alpha$  in the crosstalk between syndecan-4 and  $\beta$ 1 integrins (Humphries et al., 2005), the hypothesis that PKC $\alpha$  could also be involved in the signal transduction between syndecan-4 and syndecan-2 was tested in syndecan-4 null and Y188L mutant

## *Chapter 6 Discussion*

cells and in co-immunoprecipitation assays by using syndecan-2 specific antibody to pull down the syndecan-2 binding proteins. The reduced PKC $\alpha$  signals in the knockout and mutant cells for the first time demonstrated that PKC $\alpha$  could be the essential link between syndecan-4 and syndecan-2. To sum up, the above findings, PKC $\alpha$  is the important regulator in syndecan-4/2 and  $\beta$ 1 integrin co-signalling pathway, which is crucial for TG-FN to exert its compensatory effect on the RGD-independent cell adhesion.

The next step was to investigate whether the inside-out signalling pathway of  $\beta$ 1 integrins which could be activated by PKC $\alpha$  and is required by TG-FN to mediate the cell adhesion process. A functional blocking antibody against mouse  $\beta$ 1 integrins, HM $\beta$ 1-1 (Noto et al., 1995), was used in the cell adhesion on the FN and TG-FN matrices, meanwhile the phosphorylation of Tyr<sup>397</sup> and Tyr<sup>861</sup> in FAK was detected in the antibody-treated cells to investigate the function of this antibody. Previous reports suggested that the phosphorylation on Tyr<sup>861</sup> in FAK is independent of the ligand binding of  $\beta$ 1 integrins and is the indicator of the activation of the  $\beta$ 1 integrin inside-out signalling pathway (Shi and Boettiger, 2003). The cell adhesion and the Western blotting results revealed that the loss of cell adhesion induced by HM $\beta$ 1-1 was due to its blocking effect of the  $\beta$ 1 outside-in signalling (showing by the reduced signal in p-Tyr<sup>397</sup>) but not its inside-out signalling (since the p-Tyr<sup>861</sup> signals were not significantly affected by this antibody). The restored cell attachment and spreading by TG-FN in the antibody-treated cells suggested that this complex mediates the cell adhesion process through the inside-out signalling pathway in an outside-in signal transduction-independent manner. By further detecting the phosphorylation of p-FAK at Tyr<sup>397</sup> and Tyr<sup>861</sup> in RGD-treated cells on the FN or TG-FN matrices, it was showed that the RGD peptides blocked the phosphorylation at both sites of FAK, which can be compensated in the cells seeded on the TG-FN matrix, indicating that FAK is the downstream molecule in TG-FN signalling pathway through its activation at Tyr<sup>397</sup> and Tyr<sup>861</sup>.



**Figure 6.2** Schematic showing the  $\alpha 5\beta 1$  integrin and syndecan-4/2 co-signalling pathway in the mediation of the RGD-independent cell adhesion on TG-FN.

Via its direct interaction with the cell surface heparan sulphate proteoglycan syndecan-4, TG2 within the TG-FN heterocomplex activates syndecan-4 mediated signalling via  $PKC\alpha$  which in turn triggers the inside-out signal transduction of  $\alpha 5\beta 1$  integrins and actin cytoskeleton formation by syndecan-2, thus maintaining cell adhesion and homeostasis.

**Figure 6.2**

## *Chapter 6 Discussion*

The importance of another molecule in  $\beta 1$  integrin signalling—ERK1/2 (Saleem et al., 2009) was investigated firstly by using its specific inhibitor PD98059 (Fujita et al., 2007). The inhibitor treatment significantly inhibited the compensatory effect of TG-FN in the presence of the RGD peptides, indicating the involvement of ERK1/2. The phosphorylation of ERK1/2 (p-ERK1/2) indicates the activation of these kinases, which was significantly inhibited by the RGD peptide treatment in the cells seeded on FN matrix, while the p-ERK1/2 was restored by the TG-FN complex, suggesting that this matrix compensates the effect of RGD peptide to protect cells from anoikis through the ERK1/2 signalling. The importance of syndecan-2 in mediating the RGD-independent cell adhesion by TG-FN was confirmed by using a specific inhibitor of Rho kinase (ROCK) Y27632, the proposed downstream signalling molecule in syndecan-2 pathway (Whiteford et al., 2007). The Y27632-treated cells failed to respond to the TG-FN complex, which suggests that ROCK is involved in the RGD-independent cell adhesion and further supports the importance of syndecan-2 in the process.

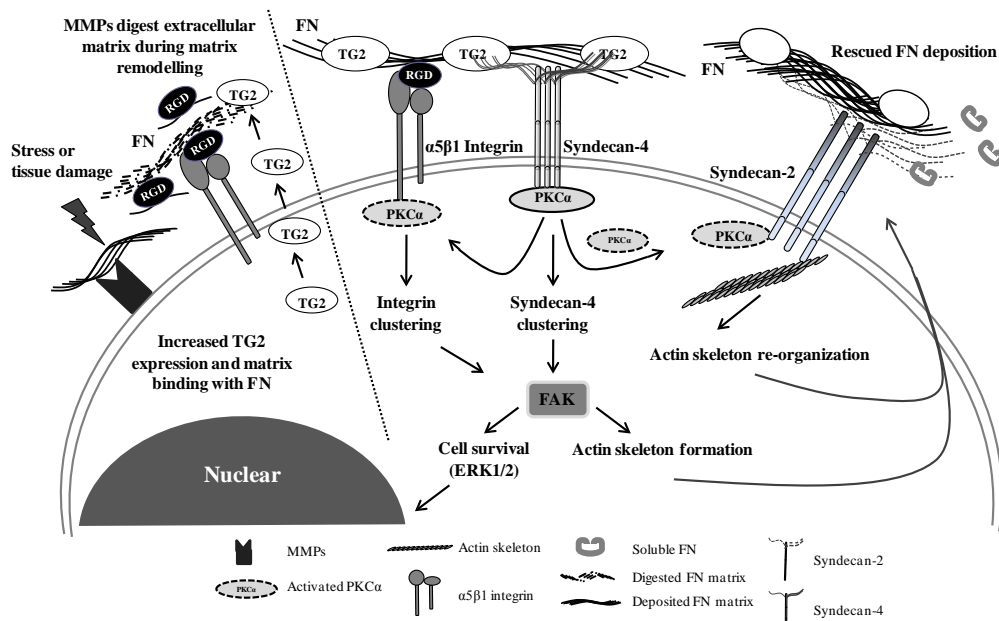
To conclude, by using specific inhibitors and detecting the phosphorylation of the various kinases, the requirement by TG-FN for the involvement of intracellular signalling molecules, including PKC $\alpha$  (the crucial link between syndecan-4/2 and  $\beta 1$  integrin co-signalling pathway), FAK, ERK1/2 and ROCK, was demonstrated in the RGD-independent cell adhesion. In addition the activation of the inside-out signalling of  $\beta 1$  integrin is essential for the TG-FN complex to exert its function (Figure 6.2).

Fibronectin (FN) mediates the cell adhesion process by interacting with cell surface receptors through its different cell binding sites. It is essential to embryogenesis and found associated with the ECM in large quantities during wound healing and angiogenesis. Cell surface TG2 involvement in fibronectin deposition in an integrin dependent but transamidating independent manner has been reported previously (Akimov and Belkin, 2001a). In contrast in other

## *Chapter 6 Discussion*

reports the crosslinking activity of TG2 was also reported to be required in FN assembly and deposition (Verderio et al., 1999; Yuan et al., 2007). As a stress response protein, the deposition and binding of matrix TG2 with FN can rescue the cells from the loss of cell adhesion induced by the blocking of the interaction between integrins and the FN cell binding domains by RGD containing peptides (Verderio et al., 2003). By monitoring FN fibril formation through addition of soluble biotinylated FN, the involvement of TG2 transamidating activity was ruled out in this event by addition of a site directed TG irreversible inhibitor R283 (Balklava et al., 2002; Beck et al., 2006). We show that the TG-FN complex can increase the rate of fibril formation by wild type MEF cells when compared to equal numbers of cells adhered on FN alone in the early stages of FN deposition (1-6 h). Importantly in keeping with the role of this stress induced heterocomplex in wound healing and matrix turnover it was demonstrated that even in the presence of the RGD containing peptides FN fibril formation was still maintained. This was in direct contrast to cells seeded on FN alone where RGD peptide treatment led to rounded cells with lack of focal adhesion assembly and a marked inhibition of FN fibril assembly. This fits with previous observations in that focal adhesion point assembly, actin cytoskeleton formation and intracellular signalling via RhoA is required for FN fibril formation to occur all of which are present in cells seeded on TG-FN in the presence of RGD peptides (Mao and Schwarzbauer, 2005; Zhong et al., 1998).

Interestingly it has been reported in longer-term incubations (20 h) that no difference in FN fibril formation was observed between syndecan-4 siRNA-treated cells and control cells (Huveneers et al., 2008). Given our observation that syndecan-4 may be important in the early stages of fibril formation following cell spreading, a further investigation of fibril formation was performed in syndecan-4 knockout cells, the syndecan-4 Y188L mutant (which is unable to bind PKC $\alpha$ ) (Bass and Humphries, 2002) and GK21 peptide (Parsons et al., 2002) treated (which blocks binding of PKC alpha to syndecan-4) cells. The results of these experiments clearly indicated that syndecan-4 and its downstream signalling molecule PKC $\alpha$  is crucial for FN bound TG2 to mediate



**Figure 6.3 Schematic summarizing the TG-FN-mediated cell adhesion and FN fibril formation pathway.**

As a response to stress induction/ tissue injury, the increased expression of TG2 leads to its externalization and deposition into ECM and formation of TG-FN complex, meanwhile the upregulation and secretion of proteases, such as the MMPs, start to degrade the matrix protein during matrix turnover, leading to release of the RGD motif containing fragments which block integrin mediated cell adhesion inducing the loss of cell adhesion and cell death. The direct interaction between matrix FN bound TG2 and the heparan sulfate chains of syndecan-4 lead to activation of the inside-out signalling of  $\beta 1$  integrins by the binding between PKC $\alpha$  and the intracellular domain of  $\beta 1$  integrins, promoting  $\alpha 5\beta 1$  integrin-related cell adhesion and focal adhesion formation. As a downstream molecule of syndecan-4, syndecan-2 is activated by intracellular PKC $\alpha$ , without the direct interaction with the matrix TG2, this mediates cytoskeletal formation and cell contraction via activation of ROCK, while its extracellular domain together with any  $\alpha 5\beta 1$  integrins not blocked by RGD peptides capture the soluble FN molecules and mediate the FN fibril deposition process.

**Figure 6.3**

## *Chapter 6 Discussion*

FN fibril formation. The poorly formed FN fibrils by  $\beta 1$  or  $\alpha 5$  integrin knockout fibroblasts also confirmed that these two receptors are crucial for TG-FN to enhance the FN fibril formation by fibroblasts seeded on it. Previous reports have demonstrated a role for RGD-independent mechanisms involving heparan sulphate proteoglycans in FN polymerisation and syndecan-2 has been implicated as having a regulatory role in this mechanism (Klass et al., 2000). The observation that siRNA silencing of syndecan-2 considerably reduced FN fibril formation when cells were bound to FN-TG in the presence of RGD peptides strongly suggested the importance of this syndecan-2 in TG-FN mediated cell adhesion, cell contractility and FN fibril formation.

To conclude the above findings, the stress induced secretion and deposition of TG2 and its binding with matrix FN can rescue the RGD-induced loss of cell adhesion through syndecan-4/2 and  $\beta 1$  integrin co-signalling pathway mediated by their intracellular signalling molecules PKC $\alpha$ , FAK, ERK1/2 and ROCK. The role of this TG-FN complex and its relevant signalling pathway in the RGD-independent cell adhesion/survival is also crucial in regulating FN fibril formation, which is crucial to both wound healing and angiogenesis (Mao and Schwarzbauer, 2005), while it could also be pathological during situations of tissue fibrosis where the presence of large amounts of both TG2 and fibronectin are found (Verderio et al., 2005) (Figure 6.3).

# References



## References

## References

AbdAlla, S., Lother, H., Langer, A., el Faramawy, Y., and Quitterer, U. (2004). Factor XIIIa transglutaminase crosslinks AT1 receptor dimers of monocytes at the onset of atherosclerosis. *Cell* *119*, 343-354.

Adany, R., and Bardos, H. (2003). Factor XIII subunit A as an intracellular transglutaminase. *Cell Mol Life Sci* *60*, 1049-1060.

Aeschlimann, D., Kaupp, O., and Paulsson, M. (1995). Transglutaminase-catalyzed matrix cross-linking in differentiating cartilage: identification of osteonectin as a major glutaminyl substrate. *J Cell Biol* *129*, 881-892.

Aeschlimann, D., and Thomazy, V. (2000). Protein crosslinking in assembly and remodelling of extracellular matrices: The role of transglutaminases. *Connect Tissue Res* *41*, 1-+.

Ajzner, E., Schlammadinger, A., Kerényi, A., Bereczky, Z., Katona, E., Haramura, G., Boda, Z., and Muszbek, L. (2009). Severe bleeding complications caused by an autoantibody against the B subunit of plasma factor XIII: a novel form of acquired factor XIII deficiency. *Blood* *113*, 723-725.

Akagi, A., Tajima, S., Ishibashi, A., Matsubara, Y., Takehana, M., Kobayashi, S., and Yamaguchi, N. (2002). Type XVI Collagen is Expressed in Factor XIIIa+ Monocyte-Derived Dermal Dendrocytes and Constitutes a Potential Substrate for Factor XIIIa. *J Invest Dermatol* *118*, 267-274.

Akimov, S.S., and Belkin, A.M. (2001a). Cell surface tissue transglutaminase is involved in adhesion and migration of monocytic cells on fibronectin. *Blood* *98*, 1567-1576.

Akimov, S.S., and Belkin, A.M. (2001b). Cell surface tissue transglutaminase is involved in adhesion and migration of monocytic cells on fibronectin. *Blood* *98*, 1567-1576.

Akimov, S.S., Krylov, D., Fleischman, L.F., and Belkin, A.M. (2000a). Tissue transglutaminase is an integrin-binding adhesion coreceptor for fibronectin. *J Cell Biol* *148*, 825-838.

Akimov, S.S., Krylov, D., Fleischman, L.F., and Belkin, A.M. (2000b). Tissue transglutaminase is an integrin-binding adhesion coreceptor for fibronectin. *J Cell Biol* *148*, 825-838.

Al-Jallad, H.F., Nakano, Y., Chen, J.L.Y., McMillan, E., Lefebvre, C., and Kaartinen, M.T. (2006). Transglutaminase activity regulates osteoblast differentiation and matrix mineralization in MOT3-E1 osteoblast cultures. *Matrix Biol* *25*, 135-148.

Ando, M., Kunii, S., Tatematsu, T., and Nagata, Y. (1993). Selective alterations in transglutaminase activity of rat superior cervical ganglia in response to

## References

- neurotransmitters, high potassium and sialic acid-containing compounds. *Brain Res* 604, 64-68.
- Antonyak, M.A., McNeill, C.J., Wakshlag, J.J., Boehm, J.E., and Cerione, R.A. (2003). Activation of the Ras-ERK pathway inhibits retinoic acid- induced stimulation of tissue transglutaminase expression in NIH3T3 cells. *J Biol Chem* 278, 15859-15866.
- Antonyak, M.A., Singh, U.S., Lee, D.A., Boehm, J.E., Combs, C., Zgola, M.M., Page, R.L., and Cerione, R.A. (2001). Effects of tissue transglutaminase on retinoic acid-induced cellular differentiation and protection against apoptosis. *J Biol Chem* 276, 33582-33587.
- Appelt, D.M., Kopen, G.C., Boyne, L.J., and Balin, B.J. (1996). Localization of transglutaminase in hippocampal neurons: implications for Alzheimer's disease. *J Histochem Cytochem* 44, 1421-1427.
- Asijee, G.M., Muszbek, L., Kappelmayer, J., Polgar, J., Horvath, A., and Sturk, A. (1988). Platelet vinculin: a substrate of activated factor XIII. *Biochim Biophys Acta* 954, 303-308.
- Balklava, Z., Verderio, E., Collighan, R., Gross, S., Adams, J., and Griffin, M. (2002). Analysis of tissue transglutaminase function in the migration of Swiss 3T3 fibroblasts: the active-state conformation of the enzyme does not affect cell motility but is important for its secretion. *J Biol Chem* 277, 16567-16575.
- Ballestar, E., Abad, C., and Franco, L. (1996). Core histones are glutaminyl substrates for tissue transglutaminase. *J Biol Chem* 271, 18817-18824.
- Bass, M.D., and Humphries, M.J. (2002). Cytoplasmic interactions of syndecan-4 orchestrate adhesion receptor and growth factor receptor signalling. *Biochem J* 368, 1-15.
- Bass, M.D., Morgan, M.R., and Humphries, M.J. (2007). Integrins and syndecan-4 make distinct, but critical, contributions to adhesion contact formation. *Soft Matter* 3, 372-376.
- Baumgartner, W., Golenhofen, N., Weth, A., Hiiragi, T., Saint, R., Griffin, M., and Drenckhahn, D. (2004). Role of transglutaminase 1 in stabilisation of intercellular junctions of the vascular endothelium. *Histochem Cell Biol* 122, 17-25.
- Beauvais, D.M., and Rapraeger, A.C. (2004). Syndecans in tumor cell adhesion and signaling. *Reprod Biol Endocrinol* 2, 3.
- Belkin, A.M., Akimov, S.S., Zaritskaya, L.S., Ratnikov, B.I., Deryugina, E.I., and Strongin, A.Y. (2001). Matrix-dependent proteolysis of surface transglutaminase by membrane-type metalloproteinase regulates cancer cell adhesion and locomotion. *J Biol Chem* 276, 18415-18422.

## References

- Bernassola, F., Federici, M., Corazzari, M., Terrinoni, A., Hribal, M.L., De Laurenzi, V., Ranalli, M., Massa, O., Sesti, G., McLean, W.H., *et al.* (2002). Role of transglutaminase 2 in glucose tolerance: knockout mice studies and a putative mutation in a MODY patient. *Faseb J* 16, 1371-1378.
- Bernfield, M., Gotte, M., Park, P.W., Reizes, O., Fitzgerald, M.L., Lincecum, J., and Zako, M. (1999). Functions of cell surface heparan sulfate proteoglycans. *Annu Rev Biochem* 68, 729-777.
- Birckbichler, P.J., Orr, G.R., Patterson, M.K., Conway, E., and Carter, H.A. (1981). Increase in Proliferative Markers after Inhibition of Transglutaminase. *Proceedings of the National Academy of Sciences of the United States of America-Biological Sciences* 78, 5005-5008.
- Birckbichler, P.J., and Patterson, M.K., Jr. (1978). Cellular transglutaminase, growth, and transformation. *Ann N Y Acad Sci* 312, 354-365.
- Bloom, L., Ingham, K.C., and Hynes, R.O. (1999). Fibronectin regulates assembly of actin filaments and focal contacts in cultured cells via the heparin-binding site in repeat III13. *Mol Biol Cell* 10, 1521-1536.
- Bohn, H. (1972). Comparative studies on the fibrin-stabilizing factors from human plasma, platelets and placentas. *Ann N Y Acad Sci* 202, 256-272.
- Boisvert, W.A., Rose, D.M., Boullier, A., Quehenberger, O., Sydlaske, A., Johnson, K.A., Curtiss, L.K., and Terkeltaub, R. (2006). Leukocyte transglutaminase 2 expression limits atherosclerotic lesion size. *Arterioscler Thromb Vasc Biol* 26, 563-569.
- Bottenus, R.E., Ichinose, A., and Davie, E.W. (1990). Nucleotide sequence of the gene for the b subunit of human factor XIII. *Biochemistry* 29, 11195-11209.
- Bowness, J.M., Tarr, A.H., and Wiebe, R.I. (1989). Transglutaminase-catalysed cross-linking: a potential mechanism for the interaction of fibrinogen, low density lipoprotein and arterial type III procollagen. *Thromb Res* 54, 357-367.
- Brakebusch, C., and Fassler, R. (2003). The integrin-actin connection, an eternal love affair. *EMBO J* 22, 2324-2333.
- Buckley, C.D., Pilling, D., Henriquez, N.V., Parsonage, G., Threlfall, K., Scheel-Toellner, D., Simmons, D.L., Akbar, A.N., Lord, J.M., and Salmon, M. (1999). RGD peptides induce apoptosis by direct caspase-3 activation. *Nature* 397, 534-539.
- Bungay, P.J., Owen, R.A., Coutts, I.C., and Griffin, M. (1986). A Role for Transglutaminase in Glucose-Stimulated Insulin Release from the Pancreatic Beta-Cell. *Biochem J* 235, 269-278.

## References

- Bungay, P.J., Potter, J.M., and Griffin, M. (1984). The Inhibition of Glucose-Stimulated Insulin-Secretion by Primary Amines - a Role for Transglutaminase in the Secretory Mechanism. *Biochem J* 219, 819-827.
- Buxman, M.M., and Wuepper, K.D. (1975). Keratin cross-linking and epidermal transglutaminase. A review with observations on the histochemical and immunochemical localization of the enzyme. *J Invest Dermatol* 65, 107-112.
- Buxman, M.M., and Wuepper, K.D. (1976). Isolation, purification and characterization of bovine epidermal transglutaminase. *Biochim Biophys Acta* 452, 356-369.
- Calderwood, D.A. (2004). Integrin activation. *J Cell Sci* 117, 657-666.
- Candi, E., Melino, G., Mei, G., Tarcsa, E., Chung, S.I., Marekov, L.N., and Steinert, P.M. (1995). Biochemical, structural, and transglutaminase substrate properties of human loricrin, the major epidermal cornified cell envelope protein. *J Biol Chem* 270, 26382-26390.
- Cannistraci, C., Lesnoni La Parola, I., Cardinali, G., Bolasco, G., Aspite, N., Stigliano, V., and Picardo, M. (2007). Co-localization of IgA and TG3 on healthy skin of celiac patients. *J Eur Acad Dermatol Venereol* 21, 509-514.
- Cao, L., Petrusca, D.N., Satpathy, M., Nakshatri, H., Petrache, I., and Matei, D. (2008). Tissue transglutaminase protects epithelial ovarian cancer cells from cisplatin-induced apoptosis by promoting cell survival signaling. *Carcinogenesis* 29, 1893-1900.
- Caputo, I., D'Amato, A., Troncone, R., Auricchio, S., and Esposito, C. (2004). Transglutaminase 2 in celiac disease: Minireview article. *Amino Acids* 26, 381-386.
- Chen, C.S., Wu, C.H., Lai, Y.C., Lee, W.S., Chen, H.M., Chen, R.J., Chen, L.C., Ho, Y.S., and Wang, Y.J. (2008). NF-kappa B-activated tissue transglutaminase is involved in ethanol-induced hepatic injury and the possible role of propolis in preventing fibrogenesis. *Toxicology* 246, 148-157.
- Chen, J.S., and Mehta, K. (1999a). Tissue transglutaminase: an enzyme with a split personality. *Int J Biochem Cell Biol* 31, 817-836.
- Chen, J.S.K., and Mehta, K. (1999b). Tissue transglutaminase: an enzyme with a split personality. *Int J Biochem Cell Biol* 31, 817-836.
- Cheng, T., Hitomi, K., van Vlijmen-Willems, I.M., de Jongh, G.J., Yamamoto, K., Nishi, K., Watts, C., Reinheckel, T., Schalkwijk, J., and Zeeuwen, P.L. (2006). Cystatin M/E is a high affinity inhibitor of cathepsin V and cathepsin L by a reactive site that is distinct from the legumain-binding site. A novel clue for the role of cystatin M/E in epidermal cornification. *J Biol Chem* 281, 15893-15899.

## References

- Mycek, M. J., Clarke, D. D., Neidle, A., and Waelsch, H. (1959). Amine incorporation into insulin as catalyzed by transglutaminase. *Arch Biochem Biophys* 84, 528-540.
- Cohen, I., Blankenberg, T.A., Borden, D., Kahn, D.R., and Veis, A. (1980). Factor XIIIa-catalyzed cross-linking of platelet and muscle actin. Regulation by nucleotides. *Biochim Biophys Acta* 628, 365-375.
- Cohen, I., Young-Bandala, L., Blankenberg, T.A., Siefiring, G.E., Jr., and Bruner-Lorand, J. (1979). Fibrinolytic-catalyzed cross-linking of myosin from platelet and skeletal muscle. *Arch Biochem Biophys* 192, 100-111.
- Collighan, R.J., and Griffin, M. (2009). Transglutaminase 2 cross-linking of matrix proteins: biological significance and medical applications. *Amino Acids* 36, 659-670.
- Condello, S., Caccamo, D., Curro, M., Ferlazzo, N., Parisi, G., and Ientile, R. (2008). Transglutaminase 2 and NF-kappa B interplay during NGF-induced differentiation of neuroblastoma cells. *Brain Res* 1207, 1-8.
- Corbett, S.A., Lee, L., Wilson, C.L., and Schwarzbauer, J.E. (1997). Covalent cross-linking of fibronectin to fibrin is required for maximal cell adhesion to a fibronectin-fibrin matrix. *J Biol Chem* 272, 24999-25005.
- Couchman, J.R., and Woods, A. (1999). Syndecan-4 and integrins: combinatorial signaling in cell adhesion. *J Cell Sci* 112 ( Pt 20), 3415-3420.
- Danen, E.H., and Sonnenberg, A. (2003). Integrins in regulation of tissue development and function. *J Pathol* 200, 471-480.
- Dardik, R., Krapp, T., Rosenthal, E., Loscalzo, J., and Inbal, A. (2007). Effect of FXIII on monocyte and fibroblast function. *Cell Physiol Biochem* 19, 113-120.
- Dardik, R., Loscalzo, J., Eskaraev, R., and Inbal, A. (2005). Molecular mechanisms underlying the proangiogenic effect of factor XIII. *Arterioscler Thromb Vasc Biol* 25, 526-532.
- Davies, G., Ablin, R.J., Mason, M.D., and Jiang, W.G. (2007). Expression of the prostate transglutaminase (TGase-4) in prostate cancer cells and its impact on the invasiveness of prostate cancer. *J Exp Ther Oncol* 6, 257-264.
- Davies, P.J., Davies, D.R., Levitzki, A., Maxfield, F.R., Milhaud, P., Willingham, M.C., and Pastan, I.H. (1980). Transglutaminase is essential in receptor-mediated endocytosis of alpha 2-macroglobulin and polypeptide hormones. *Nature* 283, 162-167.
- De Nichilo, M.O., and Yamada, K.M. (1996). Integrin alpha v beta 5-dependent serine phosphorylation of paxillin in cultured human macrophages adherent to vitronectin. *J Biol Chem* 271, 11016-11022.
- Defacque, H., Commes, T., Contet, V., Sevilla, C., and Marti, J. (1995). Differentiation of U937 myelomonocytic cell line by all-trans retinoic acid and

## References

- 1,25-dihydroxyvitamin D3: synergistic effects on tissue transglutaminase. *Leukemia* 9, 1762-1767.
- Dolynchuk, K.N., Bendor-Samuel, R., and Bowness, J.M. (1994). Effect of putrescine on tissue transglutaminase activity in wounds: decreased breaking strength and increased matrix fucoprotein solubility. *Plast Reconstr Surg* 93, 567-573.
- Dovas, A., Yoneda, A., and Couchman, J.R. (2006). PKCbeta-dependent activation of RhoA by syndecan-4 during focal adhesion formation. *J Cell Sci* 119, 2837-2846.
- Dubbink, H.J., Cleutjens, K.B., van der Korput, H.A., Trapman, J., and Romijn, J.C. (1999). An Sp1 binding site is essential for basal activity of the human prostate-specific transglutaminase gene (TGM4) promoter. *Gene* 240, 261-267.
- Dubbink, H.J., de Waal, L., van Haperen, R., Verkaik, N.S., Trapman, J., and Romijn, J.C. (1998). The human prostate-specific transglutaminase gene (TGM4): genomic organization, tissue-specific expression, and promoter characterization. *Genomics* 51, 434-444.
- Dubbink, H.J., Verkaik, N.S., Faber, P.W., Trapman, J., Schroder, F.H., and Romijn, J.C. (1996). Tissue specific and androgen-regulated expression of human prostate-specific transglutaminase. *Biochem J* 315 ( Pt 3), 901-908.
- Dudek, S.M., and Johnson, G.V. (1993). Transglutaminase catalyzes the formation of sodium dodecyl sulfate-insoluble, Alz-50-reactive polymers of tau. *J Neurochem* 61, 1159-1162.
- Eckert, R.L., Sturniolo, M.T., Jans, R., Kraft, C.A., Jiang, H., and Rorke, E.A. (2009). TIG3: a regulator of type I transglutaminase activity in epidermis. *Amino Acids* 36, 739-746.
- Egberts, F., Heinrich, M., Jensen, J.M., Winoto-Morbach, S., Pfeiffer, S., Wickel, M., Schunck, M., Steude, J., Saftig, P., Proksch, E., *et al.* (2004). Cathepsin D is involved in the regulation of transglutaminase 1 and epidermal differentiation. *J Cell Sci* 117, 2295-2307.
- Eitan, S., Solomon, A., Lavie, V., Yoles, E., Hirschberg, D.L., Belkin, M., and Schwartz, M. (1994). Recovery of visual response of injured adult rat optic nerves treated with transglutaminase. *Science* 264, 1764-1768.
- el Alaoui, S., Mian, S., Lawry, J., Quash, G., and Griffin, M. (1992). Cell cycle kinetics, tissue transglutaminase and programmed cell death (apoptosis). *FEBS Lett* 311, 174-178.
- Elenius, V., Gotte, M., Reizes, O., Elenius, K., and Bernfield, M. (2004). Inhibition by the soluble syndecan-1 ectodomains delays wound repair in mice overexpressing syndecan-1. *J Biol Chem* 279, 41928-41935.

## References

- Feng, J.F., Gray, C.D., and Im, M.J. (1999). Alpha 1B-adrenoceptor interacts with multiple sites of transglutaminase II: characteristics of the interaction in binding and activation. *Biochemistry* 38, 2224-2232.
- Fesus, L., Metsis, M.L., Muszbek, L., and Kotliansky, V.E. (1986). Transglutaminase-sensitive glutamine residues of human plasma fibronectin revealed by studying its proteolytic fragments. *Eur J Biochem* 154, 371-374.
- Fesus, L., and Szondy, Z. (2005). Transglutaminase 2 in the balance of cell death and survival. *FEBS Lett* 579, 3297-3302.
- Fesus, L., Thomazy, V., and Falus, A. (1987). Induction and activation of tissue transglutaminase during programmed cell death. *FEBS Lett* 224, 104-108.
- Fogerty, F.J., Akiyama, S.K., Yamada, K.M., and Mosher, D.F. (1990). Inhibition of binding of fibronectin to matrix assembly sites by anti-integrin (alpha 5 beta 1) antibodies. *J Cell Biol* 111, 699-708.
- Gambetti, S., Dondi, A., Cervellati, C., Squerzanti, M., Pansini, F.S., and Bergamini, C.M. (2005). Interaction with heparin protects tissue transglutaminase against inactivation by heating and by proteolysis. *Biochimie* 87, 551-555.
- Gaudry, C.A., Verderio, E., Aeschlimann, D., Cox, A., Smith, C., and Griffin, M. (1999a). Cell surface localization of tissue transglutaminase is dependent on a fibronectin-binding site in its N-terminal beta- sandwich domain. *J Biol Chem* 274, 30707-30714.
- Gaudry, C.A., Verderio, E., Jones, R.A., Smith, C., and Griffin, M. (1999b). Tissue transglutaminase is an important player at the surface of human endothelial cells: Evidence for its externalization and its colocalization with the beta(1) integrin. *Exp Cell Res* 252, 104-113.
- Gentile, V., Davies, P.J., and Baldini, A. (1994). The human tissue transglutaminase gene maps on chromosome 20q12 by in situ fluorescence hybridization. *Genomics* 20, 295-297.
- Gentile, V., Grant, F.J., Porta, R., and Baldini, A. (1995). Localization of the human prostate transglutaminase (type IV) gene (TGM4) to chromosome 3p21.33-p22 by fluorescence in situ hybridization. *Genomics* 27, 219-220.
- Gentile, V., Sepe, C., Calvani, M., Melone, M.A., Cotrufo, R., Cooper, A.J., Blass, J.P., and Peluso, G. (1998). Tissue transglutaminase-catalyzed formation of high-molecular-weight aggregates in vitro is favored with long polyglutamine domains: a possible mechanism contributing to CAG-triplet diseases. *Arch Biochem Biophys* 352, 314-321.
- Gentile, V., Thomazy, V., Piacentini, M., Fesus, L., and Davies, P.J. (1992). Expression of tissue transglutaminase in Balb-C 3T3 fibroblasts: effects on cellular morphology and adhesion. *J Cell Biol* 119, 463-474.

## References

- Gerschenson, L.E., and Rotello, R.J. (1992). Apoptosis: a different type of cell death. *Faseb J* 6, 2450-2455.
- Glass, C.K. (1994). Differential recognition of target genes by nuclear receptor monomers, dimers, and heterodimers. *Endocr Rev* 15, 391-407.
- Gorza, L., Menabo, R., Di Lisa, F., and Vitadello, M. (1997). Troponin T cross-linking in human apoptotic cardiomyocytes. *Am J Pathol* 150, 2087-2097.
- Griffin, M., Barnes, R., Wynne, J., and Williams, C. (1978a). The effects of bleomycin and copper bleomycin upon transglutaminase enzymes. *Biochem Pharmacol* 27, 1211-1219.
- Griffin, M., Casadio, R., and Bergamini, C.M. (2002). Transglutaminases: nature's biological glues. *Biochem J* 368, 377-396.
- Grigoriev, M.Y., Suspitsin, E.N., Togo, A.V., Pozharisski, K.M., Ivanova, O.A., Nardacci, R., Falasca, L., Piacentini, M., Imyanitov, E.N., and Hanson, K.P. (2001). Tissue transglutaminase expression in breast carcinomas. *J Exp Clin Cancer Res* 20, 265-268.
- Groenen, P.J., Seccia, M., Smulders, R.H., Gravela, E., Cheeseman, K.H., Bloemendal, H., and de Jong, W.W. (1993). Exposure of beta H-crystallin to hydroxyl radicals enhances the transglutaminase-susceptibility of its existing amine-donor and amine-acceptor sites. *Biochem J* 295, 399-404.
- Gronthos, S., Stewart, K., Graves, S.E., Hay, S., and Simmons, P.J. (1997). Integrin expression and function on human osteoblast-like cells. *J Bone Miner Res* 12, 1189-1197.
- Grundmann, U., Amann, E., Zettlmeissl, G., and Kupper, H.A. (1986). Characterization of cDNA coding for human factor XIIIa. *Proc Natl Acad Sci U S A* 83, 8024-8028.
- Grunstein, M. (1997). Histone acetylation in chromatin structure and transcription. *Nature* 389, 349-352.
- Gusella, J.F., MacDonald, M.E., Ambrose, C.M., and Duyao, M.P. (1993). Molecular genetics of Huntington's disease. *Arch Neurol* 50, 1157-1163.
- Hadden, H.L., and Henke, C.A. (2000). Induction of lung fibroblast apoptosis by soluble fibronectin peptides. *Am J Respir Crit Care Med* 162, 1553-1560.
- Halkier, T., and Magnusson, S. (1988). Contact activation of blood coagulation is inhibited by plasma factor XIII b-chain. *Thromb Res* 51, 313-324.
- Hang, J., Zemskov, E.A., Lorand, L., and Belkin, A.M. (2005). Identification of a novel recognition sequence for fibronectin within the NH2-terminal beta-sandwich domain of tissue transglutaminase. *J Biol Chem* 280, 23675-23683.



## References

- Hansson, T., Ulfgren, A.K., Lindroos, E., Dann, A.A., Dahlbom, I., and Klareskog, L. (2002). Transforming growth factor-beta (TGF-beta) and tissue transglutaminase expression in the small intestine in children with coeliac disease. *Scand J Immunol* 56, 530-537.
- Harrison, C.A., Layton, C.M., Hau, Z., Bullock, A.J., Johnson, T.S., and MacNeil, S. (2007). Transglutaminase inhibitors induce hyperproliferation and parakeratosis in tissue-engineered skin. *Br J Dermatol* 156, 247-257.
- Hasegawa, G., Suwa, M., Ichikawa, Y., Ohtsuka, T., Kumagai, S., Kikuchi, M., Sato, Y., and Saito, Y. (2003). A novel function of tissue-type transglutaminase: protein disulphide isomerase. *Biochem J* 373, 793-803.
- Heath, D.J., Christian, P., and Griffin, M. (2002). Involvement of tissue transglutaminase in the stabilisation of biomaterial/tissue interfaces important in medical devices. *Biomaterials* 23, 1519-1526.
- Herman, J.F., Mangala, L.S., and Mehta, K. (2006). Implications of increased tissue transglutaminase (TG2) expression in drug-resistant breast cancer (MCF-7) cells. *Oncogene* 25, 3049-3058.
- Hettasch, J.M., Bandarenko, N., Burchette, J.L., Lai, T.S., Marks, J.R., Haroon, Z.A., Peters, K., Dewhirst, M.W., Iglehart, J.D., and Greenberg, C.S. (1996). Tissue transglutaminase expression in human breast cancer. *Lab Invest* 75, 637-645.
- Hitomi, K., Kanehiro, S., Ikura, K., and Maki, M. (1999). Characterization of recombinant mouse epidermal-type transglutaminase (TGase 3): regulation of its activity by proteolysis and guanine nucleotides. *J Biochem* 125, 1048-1054.
- Hitomi, K., Presland, R.B., Nakayama, T., Fleckman, P., Dale, B.A., and Maki, M. (2003). Analysis of epidermal-type transglutaminase (transglutaminase 3) in human stratified epithelia and cultured keratinocytes using monoclonal antibodies. *J Dermatol Sci* 32, 95-103.
- Ho, G.J., Gregory, E.J., Smirnova, I.V., Zoubine, M.N., and Festoff, B.W. (1994). Cross-linking of beta-amyloid protein precursor catalyzed by tissue transglutaminase. *FEBS Lett* 349, 151-154.
- Hohl, D. (1993). Expression patterns of loricrin in dermatological disorders. *Am J Dermatopathol* 15, 20-27.
- Horvath, A.R., Asijee, G.M., and Muszbek, L. (1992). Cytoskeletal assembly and vinculin-cytoskeleton interaction in different phases of the activation of bovine platelets. *Cell Motil Cytoskeleton* 21, 123-131.
- Howe, A., Aplin, A.E., Alahari, S.K., and Juliano, R.L. (1998). Integrin signaling and cell growth control. *Curr Opin Cell Biol* 10, 220-231.

## References

- Huebner, J.L., Johnson, K.A., Kraus, V.B., and Terkeltaub, R.A. (2009). Transglutaminase 2 is a marker of chondrocyte hypertrophy and osteoarthritis severity in the Hartley guinea pig model of knee OA. *Osteoarthritis Cartilage* 17, 1056-1064.
- Huveneers, S., Truong, H., Fassler, R., Sonnenberg, A., and Danen, E.H. (2008). Binding of soluble fibronectin to integrin alpha5 beta1 - link to focal adhesion redistribution and contractile shape. *J Cell Sci* 121, 2452-2462.
- Iacobuzio-Donahue, C.A., Ashfaq, R., Maitra, A., Adsay, N.V., Shen-Ong, G.L., Berg, K., Hollingsworth, M.A., Cameron, J.L., Yeo, C.J., Kern, S.E., *et al.* (2003). Highly expressed genes in pancreatic ductal adenocarcinomas: A comprehensive characterization and comparison of the transcription profiles obtained from three major technologies. *Cancer Res* 63, 8614-8622.
- Ichinose, A., Bottenus, R.E., and Davie, E.W. (1990). Structure of transglutaminases. *J Biol Chem* 265, 13411-13414.
- Ichinose, A., Hendrickson, L.E., Fujikawa, K., and Davie, E.W. (1986a). Amino acid sequence of the a subunit of human factor XIII. *Biochemistry* 25, 6900-6906.
- Ichinose, A., McMullen, B.A., Fujikawa, K., and Davie, E.W. (1986b). Amino-Acid-Sequence of the B-Subunit of Human Factor-Xiii, a Protein Composed of 10 Repetitive Segments. *Biochemistry* 25, 4633-4638.
- Iismaa, S.E., Chung, L., Wu, M.J., Teller, D.C., Yee, V.C., and Graham, R.M. (1997). The core domain of the tissue transglutaminase Gh hydrolyzes GTP and ATP. *Biochemistry* 36, 11655-11664.
- Iismaa, S.E., Mearns, B.M., Lorand, L., and Graham, R.M. (2009). Transglutaminases and disease: lessons from genetically engineered mouse models and inherited disorders. *Physiol Rev* 89, 991-1023.
- Iizuka, R., Chiba, K., and Imajoh-Ohmi, S. (2003). A novel approach for the detection of proteolytically activated transglutaminase 1 in epidermis using cleavage site-directed antibodies. *J Invest Dermatol* 121, 457-464.
- Ikura, K., Nasu, T., Yokota, H., Tsuchiya, Y., Sasaki, R., and Chiba, H. (1988a). Amino acid sequence of guinea pig liver transglutaminase from its cDNA sequence. *Biochemistry* 27, 2898-2905.
- Ikura, K., Nasu, T., Yokota, H., Tsuchiya, Y., Sasaki, R., and Chiba, H. (1988b). Amino acid sequence of guinea pig liver transglutaminase from its cDNA sequence. *Biochemistry* 27, 2898-2905.
- Isobe, T., Takahashi, H., Ueki, S., Takagi, J., and Saito, Y. (1999). Activity-independent cell adhesion to tissue-type transglutaminase is mediated by alpha4beta1 integrin. *Eur J Cell Biol* 78, 876-883.

## References

- Itano, N., Oguri, K., Nakanishi, H., and Okayama, M. (1993). Membrane-intercalated proteoglycan of a stroma-inducing clone from Lewis lung carcinoma binds to fibronectin via its heparan sulfate chains. *J Biochem* *114*, 862-873.
- Iwasaki, W., Nagata, K., Hatanaka, H., Inui, T., Kimura, T., Muramatsu, T., Yoshida, K., Tasumi, M., and Inagaki, F. (1997). Solution structure of midkine, a new heparin-binding growth factor. *Embo J* *16*, 6936-6946.
- Janiak, A., Zemskov, E.A., and Belkin, A.M. (2006). Cell surface transglutaminase promotes RhoA activation via integrin clustering and suppression of the Src-p190RhoGAP signaling pathway. *Mol Biol Cell* *17*, 1606-1619.
- Jiang, D., Ying, W., Lu, Y., Wan, J., Zhai, Y., Liu, W., Zhu, Y., Qiu, Z., Qian, X., and He, F. (2003). Identification of metastasis-associated proteins by proteomic analysis and functional exploration of interleukin-18 in metastasis. *Proteomics* *3*, 724-737.
- Jiang, W.G., Ablin, R.J., Kynaston, H.G., and Mason, M.D. (2009). The prostate transglutaminase (TGase-4, TGaseP) regulates the interaction of prostate cancer and vascular endothelial cells, a potential role for the ROCK pathway. *Microvasc Res* *77*, 150-157.
- Johansson, S., Svineng, G., Wennerberg, K., Armulik, A., and Lohikangas, L. (1997). Fibronectin-integrin interactions. *Front Biosci* *2*, d126-146.
- Johnson, K.A., and Terkeltaub, R.A. (2005). External GTP-bound transglutaminase 2 is a molecular switch for chondrocyte hypertrophic differentiation and calcification. *J Biol Chem* *280*, 15004-15012.
- Johnson, T.S., El-Koraie, A.F., Skill, N.J., Baddour, N.M., El Nahas, A.M., Njloma, M., Adam, A.G., and Griffin, M. (2003). Tissue transglutaminase and the progression of human renal scarring. *J Am Soc Nephrol* *14*, 2052-2062.
- Johnson, T.S., Griffin, M., Thomas, G.L., Skill, J., Cox, A., Yang, B., Nicholas, B., Birckbichler, P.J., Muchaneta-Kubara, C., and Meguid El Nahas, A. (1997a). The role of transglutaminase in the rat subtotal nephrectomy model of renal fibrosis. *J Clin Invest* *99*, 2950-2960.
- Johnson, T.S., Griffin, M., Thomas, G.L., Yang, B., Skill, J., Cox, A., Nicholas, B., Kubara, C., and ElNahas, A.M. (1997b). Transglutaminase intracellularly crosslinks tubule cells and stabilizes the ECM in kidney fibrosis. *Kidney Int* *52*, 279-279.
- Johnson, T.S., Scholfield, C.I., Parry, J., and Griffin, M. (1998). Induction of tissue transglutaminase by dexamethasone: its correlation to receptor number and transglutaminase-mediated cell death in a series of malignant hamster fibrosarcomas. *Biochem J* *331*, 105-112.

## References

- Jokinen, J., Dadu, E., Nykvist, P., Kapyla, J., White, D.J., Ivaska, J., Vehvilainen, P., Reunanen, H., Larjava, H., Hakkinen, L., *et al.* (2004). Integrin-mediated cell adhesion to type I collagen fibrils. *J Biol Chem* 279, 31956-31963.
- Jones, R.A., Kotsakis, P., Johnson, T.S., Chau, D.Y., Ali, S., Melino, G., and Griffin, M. (2006). Matrix changes induced by transglutaminase 2 lead to inhibition of angiogenesis and tumor growth. *Cell Death Differ* 13, 1442-1453.
- Kaetsu, H., Hashiguchi, T., Foster, D., and Ichinose, A. (1996). Expression and release of the a and b subunits for human coagulation factor XIII in baby hamster kidney (BHK) cells. *J Biochem (Tokyo)* 119, 961-969.
- Kahlem, P., Terre, C., Green, H., and Djian, P. (1996). Peptides containing glutamine repeats as substrates for transglutaminase-catalyzed cross-linking: relevance to diseases of the nervous system. *Proc Natl Acad Sci U S A* 93, 14580-14585.
- Kang, S.K., Yi, K.S., Kwon, N.S., Park, K.H., Kim, U.H., Baek, K.J., and Im, M.J. (2004). Alpha1B-adrenoceptor signaling and cell motility: GTPase function of Gh/transglutaminase 2 inhibits cell migration through interaction with cytoplasmic tail of integrin alpha subunits. *J Biol Chem* 279, 36593-36600.
- Karpuj, M.V., Garren, H., Slunt, H., Price, D.L., Gusella, J., Becher, M.W., and Steinman, L. (1999). Transglutaminase aggregates huntingtin into nonamyloidogenic polymers, and its enzymatic activity increases in Huntington's disease brain nuclei. *Proc Natl Acad Sci U S A* 96, 7388-7393.
- Kaspar, M., Zardi, L., and Neri, D. (2006). Fibronectin as target for tumor therapy. *Int J Cancer* 118, 1331-1339.
- Kerr, J.F. (1965). A histochemical study of hypertrophy and ischaemic injury of rat liver with special reference to changes in lysosomes. *J Pathol Bacteriol* 90, 419-435.
- Kerr, J.F., and Searle, J. (1972). A suggested explanation for the paradoxically slow growth rate of basal-cell carcinomas that contain numerous mitotic figures. *J Pathol* 107, 41-44.
- Kida, M., Souri, M., Yamamoto, M., Saito, H., and Ichinose, A. (1999). Transcriptional regulation of cell type-specific expression of the TATA-less A subunit gene for human coagulation factor XIII. *J Biol Chem* 274, 6138-6147.
- Kim, C.W., Goldberger, O.A., Gallo, R.L., and Bernfield, M. (1994). Members of the syndecan family of heparan sulfate proteoglycans are expressed in distinct cell-, tissue-, and development-specific patterns. *Mol Biol Cell* 5, 797-805.
- Kim, H.C., Lewis, M.S., Gorman, J.J., Park, S.C., Girard, J.E., Folk, J.E., and Chung, S.I. (1990). Protransglutaminase E from guinea pig skin. Isolation and partial characterization. *J Biol Chem* 265, 21971-21978.

## References

- Kim, I.G., Gorman, J.J., Park, S.C., Chung, S.I., and Steinert, P.M. (1993). The deduced sequence of the novel protransglutaminase E (TGase3) of human and mouse. *J Biol Chem* *268*, 12682-12690.
- Kim, I.G., McBride, O.W., Wang, M., Kim, S.Y., Idler, W.W., and Steinert, P.M. (1992). Structure and organization of the human transglutaminase 1 gene. *J Biol Chem* *267*, 7710-7717.
- Kim, S.Y., Chung, S.I., and Steinert, P.M. (1995a). Highly active soluble processed forms of the transglutaminase 1 enzyme in epidermal keratinocytes. *J Biol Chem* *270*, 18026-18035.
- Kim, S.Y., Chung, S.I., Yoneda, K., and Steinert, P.M. (1995b). Expression of transglutaminase 1 in human epidermis. *J Invest Dermatol* *104*, 211-217.
- Kim, S.Y., Jeitner, T.M., and Steinert, P.M. (2002). Transglutaminases in disease. *Neurochem Int* *40*, 85-103.
- Kinashi, T. (2005). Intracellular signalling controlling integrin activation in lymphocytes. *Nat Rev Immunol* *5*, 546-559.
- Kinsella, M.G., and Wight, T.N. (1990). Formation of High-Molecular-Weight Dermatan Sulfate Proteoglycan in Bovine Aortic Endothelial-Cell Cultures - Evidence for Transglutaminase-Catalyzed Cross-Linking to Fibronectin. *J Biol Chem* *265*, 17891-17898.
- Kiraly, R., Csoz, E., Kurtan, T., Antus, S., Szigeti, K., Simon-Vecsei, Z., Korponay-Szabo, I.R., Keresztessy, Z., and Fesus, L. (2009). Functional significance of five noncanonical Ca-binding sites of human transglutaminase 2 characterized by site-directed mutagenesis. *Febs J*.
- Kohn, K.W., Pommier, Y., Kerrigan, D., Markovits, J., and Covey, J.M. (1987). Topoisomerase II as a target of anticancer drug action in mammalian cells. *NCI Monogr*, 61-71.
- Kojima, S., Inui, T., Muramatsu, H., Suzuki, Y., Kadomatsu, K., Yoshizawa, M., Hirose, S., Kimura, T., Sakakibara, S., and Muramatsu, T. (1997). Dimerization of midkine by tissue transglutaminase and its functional implication. *J Biol Chem* *272*, 9410-9416.
- Koseki-Kuno, S., Yamakawa, M., Dickneite, G., and Ichinose, A. (2003). Factor XIII A subunit-deficient mice developed severe uterine bleeding events and subsequent spontaneous miscarriages. *Blood* *102*, 4410-4412.
- Kotake-Nara, E., Takizawa, S., and Saida, K. (2007). Endothelin-2/vasoactive intestinal contractor via ROCK regulates transglutaminase 1 on differentiation of mouse keratinocytes. *Biochem Biophys Res Commun* *357*, 168-173.
- Kotsakis, P., and Griffin, M. (2007). Tissue transglutaminase in tumour progression: friend or foe? *Amino Acids* *33*, 373-384.

## References

- Kuncio, G.S., Tsyganskaya, M., Zhu, J., Liu, S.L., Nagy, L., Thomazy, V., Davies, P.J., and Zern, M.A. (1998). TNF-alpha modulates expression of the tissue transglutaminase gene in liver cells. *Am J Physiol* 274, G240-245.
- Laemmli, U.K., Molbert, E., Showe, M., and Kellenberger, E. (1970). Form-determining function of the genes required for the assembly of the head of bacteriophage T4. *J Mol Biol* 49, 99-113.
- Lai, T.S., Hausladen, A., Slaughter, T.F., Eu, J.P., Stamler, J.S., and Greenberg, C.S. (2001). Calcium regulates S-nitrosylation, denitrosylation, and activity of tissue transglutaminase. *Biochemistry* 40, 4904-4910.
- Lai, T.S., Slaughter, T.F., Peoples, K.A., Hettasch, J.M., and Greenberg, C.S. (1998). Regulation of human tissue transglutaminase function by magnesium-nucleotide complexes. Identification of distinct binding sites for Mg-GTP and Mg-ATP. *J Biol Chem* 273, 1776-1781.
- Lee, J.H., Jang, S.I., Yang, J.M., Markova, N.G., and Steinert, P.M. (1996). The proximal promoter of the human transglutaminase 3 gene. Stratified squamous epithelial-specific expression in cultured cells is mediated by binding of Sp1 and ets transcription factors to a proximal promoter element. *J Biol Chem* 271, 4561-4568.
- Lee, K.N., Arnold, S.A., Birckbichler, P.J., Patterson, M.K., Jr., Fraij, B.M., Takeuchi, Y., and Carter, H.A. (1993). Site-directed mutagenesis of human tissue transglutaminase: Cys-277 is essential for transglutaminase activity but not for GTPase activity. *Biochim Biophys Acta* 1202, 1-6.
- Lee, K.N., Birckbichler, P.J., and Patterson, M.K., Jr. (1989). GTP hydrolysis by guinea pig liver transglutaminase. *Biochem Biophys Res Commun* 162, 1370-1375.
- Leiss, M., Beckmann, K., Giros, A., Costell, M., and Fassler, R. (2008). The role of integrin binding sites in fibronectin matrix assembly in vivo. *Curr Opin Cell Biol* 20, 502-507.
- LeMosy, E.K., Erickson, H.P., Beyer, W.F., Jr., Radek, J.T., Jeong, J.M., Murthy, S.N., and Lorand, L. (1992). Visualization of purified fibronectin-transglutaminase complexes. *J Biol Chem* 267, 7880-7885.
- Lesort, M., Tucholski, J., Miller, M.L., and Johnson, G.V. (2000). Tissue transglutaminase: a possible role in neurodegenerative diseases. *Prog Neurobiol* 61, 439-463.
- Lin, W., Wang, S.M., Huang, T.F., and Fu, W.M. (2002). Differential regulation of fibronectin fibrillogenesis by protein kinases A and C. *Connect Tissue Res* 43, 22-31.

## References

- Lorand, L., and Graham, R.M. (2003). Transglutaminases: crosslinking enzymes with pleiotropic functions. *Nat Rev Mol Cell Biol* 4, 140-156.
- Lorand, L., Radek, J.T., Jeong, J.M., Murthy, S.N.P., and Ingham, K.C. (1993). Affinity of Human Red-Cell Transglutaminase for a 42k Gelatin- Binding Fragment of Human Plasma Fibronectin. *Faseb J* 7, A1280-A1280.
- Lowry, O.H., Rosebrough, N.J., Farr, A.L., and Randall, R.J. (1951). Protein measurement with the Folin phenol reagent. *J Biol Chem* 193, 265-275.
- Lu, S., and Davies, P.J. (1997). Regulation of the expression of the tissue transglutaminase gene by DNA methylation. *Proc Natl Acad Sci U S A* 94, 4692-4697.
- Mahoney, S.A., Perry, M., Seddon, A., Bohlen, P., and Haynes, L. (1996). Transglutaminase forms midkine homodimers in cerebellar neurons and modulates the neurite-outgrowth response. *Biochem Biophys Res Commun* 224, 147-152.
- Malorni, W., Farrace, M.G., Matarrese, P., Tinari, A., Ciarlo, L., Mousavi-Shafaei, P., D'Eletto, M., Di Giacomo, G., Melino, G., Palmieri, L., *et al.* (2009). The adenine nucleotide translocator 1 acts as a type 2 transglutaminase substrate: implications for mitochondrial-dependent apoptosis. *Cell Death Differ* 16, 1480-1492.
- Mangala, L.S., Fok, J.Y., Zorrilla-Calancha, I.R., Verma, A., and Mehta, K. (2007). Tissue transglutaminase expression promotes cell attachment, invasion and survival in breast cancer cells. *Oncogene* 26, 2459-2470.
- Mann, A.P., Verma, A., Sethi, G., Manavathi, B., Wang, H., Fok, J.Y., Kunnumakkara, A.B., Kumar, R., Aggarwal, B.B., and Mehta, K. (2006). Overexpression of tissue transglutaminase leads to constitutive activation of nuclear factor-kappaB in cancer cells: delineation of a novel pathway. *Cancer Res* 66, 8788-8795.
- Mao, Y., and Schwarzbauer, J.E. (2005). Fibronectin fibrillogenesis, a cell-mediated matrix assembly process. *Matrix Biol* 24, 389-399.
- Mariniello, L., Esposito, C., Caputo, I., Sorrentino, A., and Porta, R. (2003). N-terminus end of rat prostate transglutaminase is responsible for its catalytic activity and GTP binding. *Int J Biochem Cell Biol* 35, 1098-1108.
- Marvin, K.W., George, M.D., Fujimoto, W., Saunders, N.A., Bernacki, S.H., and Jetten, A.M. (1992). Cornifin, a cross-linked envelope precursor in keratinocytes that is down-regulated by retinoids. *Proc Natl Acad Sci U S A* 89, 11026-11030.
- Matsuki, M., Yamashita, F., Ishida-Yamamoto, A., Yamada, K., Kinoshita, C., Fushiki, S., Ueda, E., Morishima, Y., Tabata, K., Yasuno, H., *et al.* (1998). Defective stratum corneum and early neonatal death in mice lacking the gene for

## References

- transglutaminase 1 (keratinocyte transglutaminase). *Proc Natl Acad Sci U S A* 95, 1044-1049.
- Mattson, M.P. (1995). Degenerative and protective signaling mechanisms in the neurofibrillary pathology of AD. *Neurobiol Aging* 16, 447-457; discussion 458-463.
- Mattson, M.P., Cheng, B., Davis, D., Bryant, K., Lieberburg, I., and Rydel, R.E. (1992). beta-Amyloid peptides destabilize calcium homeostasis and render human cortical neurons vulnerable to excitotoxicity. *J Neurosci* 12, 376-389.
- McCormack, S.A., Wang, J.Y., Viar, M.J., Tague, L., Davies, P.J., and Johnson, L.R. (1994). Polyamines influence transglutaminase activity and cell migration in two cell lines. *Am J Physiol* 267, C706-714.
- Mehta, K. (2009). Biological and therapeutic significance of tissue transglutaminase in pancreatic cancer. *Amino Acids* 36, 709-716.
- Mehta, K., Chandrashekar, R., and Rao, U.R. (1996). Transglutaminase-catalyzed incorporation of host proteins in *Brugia malayi* microfilariae. *Mol Biochem Parasitol* 76, 105-114.
- Mehta, K., Fok, J.Y., and Mangala, L.S. (2006a). Tissue transglutaminase: from biological glue to cell survival cues. *Front Biosci* 11, 173-185.
- Mehta, K., Fok, J.Y., and Mangala, L.S. (2006b). Tissue transglutaminase: from biological glue to cell survival cues. *Frontiers in Bioscience* 11, 173-185.
- Melino, G., and Piacentini, M. (1998). 'Tissue' transglutaminase in cell death: a downstream or a multifunctional upstream effector? *FEBS Lett* 430, 59-63.
- Mian, S., el Alaoui, S., Lawry, J., Gentile, V., Davies, P.J., and Griffin, M. (1995). The importance of the GTP-binding protein tissue transglutaminase in the regulation of cell cycle progression. *FEBS Lett* 370, 27-31.
- Midwood, K.S., Mao, Y., Hsia, H.C., Valenick, L.V., and Schwarzbauer, J.E. (2006). Modulation of cell-fibronectin matrix interactions during tissue repair. *J Invest Dermatol Symp Proc* 11, 73-78.
- Mirza, A., Liu, S.L., Frizell, E., Zhu, J., Maddukuri, S., Martinez, J., Davies, P., Schwarting, R., Norton, P., and Zern, M.A. (1997). A role for tissue transglutaminase in hepatic injury and fibrogenesis, and its regulation by NF-kappaB. *Am J Physiol* 272, G281-288.
- Mishra, S., and Murphy, L.J. (2004). Tissue transglutaminase has intrinsic kinase activity: identification of transglutaminase 2 as an insulin-like growth factor-binding protein-3 kinase. *J Biol Chem* 279, 23863-23868.
- Molberg, O., McAdam, S.N., Korner, R., Quarsten, H., Kristiansen, C., Madsen, L., Fugger, L., Scott, H., Noren, O., Roepstorff, P., *et al.* (1998). Tissue



## References

transglutaminase selectively modifies gliadin peptides that are recognized by gut-derived T cells in celiac disease. *Nat Med* 4, 713-717.

Molberg, O., McAdam, S.N., and Sollid, L.M. (2000). Role of tissue transglutaminase in celiac disease. *J Pediatr Gastroenterol Nutr* 30, 232-240.

Mosher, D.F. (1984a). Cross-linking of fibronectin to collagenous proteins. *Mol Cell Biochem* 58, 63-68.

Mosher, D.F. (1984b). Physiology of fibronectin. *Annu Rev Med* 35, 561-575.

Mosher, D.F., and Schad, P.E. (1979). Cross-linking of fibronectin to collagen by blood coagulation Factor XIIIa. *J Clin Invest* 64, 781-787.

Moyano, J.V., Maqueda, A., Casanova, B., and Garcia-Pardo, A. (2003). Alpha4beta1 integrin/ligand interaction inhibits alpha5beta1-induced stress fibers and focal adhesions via down-regulation of RhoA and induces melanoma cell migration. *Mol Biol Cell* 14, 3699-3715.

Muesch, A., Hartmann, E., Rohde, K., Rubartelli, A., Sitia, R., and Rapoport, T.A. (1990). A novel pathway for secretory proteins? *Trends Biochem Sci* 15, 86-88.

Mukherjee, D.C., Agrawal, A.K., Manjunath, R., and Mukherjee, A.B. (1983). Suppression of epididymal sperm antigenicity in the rabbit by uteroglobin and transglutaminase in vitro. *Science* 219, 989-991.

Munesue, S., Kusano, Y., Oguri, K., Itano, N., Yoshitomi, Y., Nakanishi, H., Yamashina, I., and Okayama, M. (2002). The role of syndecan-2 in regulation of actin-cytoskeletal organization of Lewis lung carcinoma-derived metastatic clones. *Biochem J* 363, 201-209.

Murtaugh, M.P., Mehta, K., Johnson, J., Myers, M., Juliano, R.L., and Davies, P.J. (1983). Induction of tissue transglutaminase in mouse peritoneal macrophages. *J Biol Chem* 258, 11074-11081.

Murthy, S.N., Iismaa, S., Begg, G., Freymann, D.M., Graham, R.M., and Lorand, L. (2002). Conserved tryptophan in the core domain of transglutaminase is essential for catalytic activity. *Proc Natl Acad Sci U S A* 99, 2738-2742.

Murthy, S.N., Lomasney, J.W., Mak, E.C., and Lorand, L. (1999). Interactions of G(h)/transglutaminase with phospholipase Cdelta1 and with GTP. *Proc Natl Acad Sci U S A* 96, 11815-11819.

Nahrendorf, M., Hu, K., Frantz, S., Jaffer, F.A., Tung, C.H., Hiller, K.H., Voll, S., Nordbeck, P., Sosnovik, D., Gattenlohner, S., *et al.* (2006). Factor XIII deficiency causes cardiac rupture, impairs wound healing, and aggravates cardiac remodeling in mice with myocardial infarction. *Circulation* 113, 1196-1202.

Nardacci, R., Lo Iacono, O., Ciccocanti, F., Falasca, L., Adesso, M., Amendola, A., Antonucci, G., Craxi, A., Fimia, G.M., Iadevaia, V., *et al.* (2003).

## References

Transglutaminase type II plays a protective role in hepatic injury. *Am J Pathol* 162, 1293-1303.

Nemes, Z., Jr., Adany, R., Balazs, M., Boross, P., and Fesus, L. (1997). Identification of cytoplasmic actin as an abundant glutaminy substrate for tissue transglutaminase in HL-60 and U937 cells undergoing apoptosis. *J Biol Chem* 272, 20577-20583.

Nicholas, B., Smethurst, P., Verderio, E., Jones, R., and Griffin, M. (2003). Cross-linking of cellular proteins by tissue transglutaminase during necrotic cell death: a mechanism for maintaining tissue integrity. *Biochem J* 371, 413-422.

Nishida, K., Yamanishi, K., Yamada, K., Dota, A., Kawasaki, S., Quantock, A.J., and Kinoshita, S. (1999). Epithelial hyperproliferation and transglutaminase 1 gene expression in Stevens-Johnson syndrome conjunctiva. *Am J Pathol* 154, 331-336.

Nunes, I., Gleizes, P.E., Metz, C.N., and Rifkin, D.B. (1997). Latent transforming growth factor-beta binding protein domains involved in activation and transglutaminase-dependent cross-linking of latent transforming growth factor-beta. *J Cell Biol* 136, 1151-1163.

Ochsenhirt, S.E., Kokkoli, E., McCarthy, J.B., and Tirrell, M. (2006). Effect of RGD secondary structure and the synergy site PHSRN on cell adhesion, spreading and specific integrin engagement. *Biomaterials* 27, 3863-3874.

Oh, E.S., Woods, A., and Couchman, J.R. (1997a). Multimerization of the cytoplasmic domain of syndecan-4 is required for its ability to activate protein kinase C. *J Biol Chem* 272, 11805-11811.

Oh, E.S., Woods, A., and Couchman, J.R. (1997b). Syndecan-4 proteoglycan regulates the distribution and activity of protein kinase C. *J Biol Chem* 272, 8133-8136.

Oh, E.S., Woods, A., Lim, S.T., Theibert, A.W., and Couchman, J.R. (1998). Syndecan-4 proteoglycan cytoplasmic domain and phosphatidylinositol 4,5-bisphosphate coordinately regulate protein kinase C activity. *J Biol Chem* 273, 10624-10629.

Oh, J.E., Kook, J.K., and Min, B.M. (2005). Beta ig-h3 induces keratinocyte differentiation via modulation of involucrin and transglutaminase expression through the integrin alpha3beta1 and the phosphatidylinositol 3-kinase/Akt signaling pathway. *J Biol Chem* 280, 21629-21637.

Ohashi, T., Kiehart, D.P., and Erickson, H.P. (2002). Dual labeling of the fibronectin matrix and actin cytoskeleton with green fluorescent protein variants. *J Cell Sci* 115, 1221-1229.

Oji, V., Hautier, J.M., Ahvazi, B., Hausser, I., Aufenvenne, K., Walker, T., Seller, N., Steijlen, P.M., Kuster, W., Hovnanian, A., *et al.* (2006). Bathing suit

## References

ichthyosis is caused by transglutaminase-1 deficiency: evidence for a temperature-sensitive phenotype. *Hum Mol Genet* 15, 3083-3097.

Oliverio, S., Amendola, A., Di Sano, F., Farrace, M.G., Fesus, L., Nemes, Z., Piredda, L., Spinedi, A., and Piacentini, M. (1997). Tissue transglutaminase-dependent posttranslational modification of the retinoblastoma gene product in promonocytic cells undergoing apoptosis. *Mol Cell Biol* 17, 6040-6048.

Ozpolat, B., Akar, U., Mehta, K., and Lopez-Berestein, G. (2007). PKC delta and tissue transglutaminase are novel inhibitors of autophagy in pancreatic cancer cells. *Autophagy* 3, 480-483.

Palumbo, J.S., Barney, K.A., Blevins, E.A., Shaw, M.A., Mishra, A., Flick, M.J., Kombrinck, K.W., Talmage, K.E., Souri, M., Ichinose, A., *et al.* (2008). Factor XIII transglutaminase supports hematogenous tumor cell metastasis through a mechanism dependent on natural killer cell function. *J Thromb Haemost* 6, 812-819.

Paonessa, G., Metafora, S., Tajana, G., Abrescia, P., De Santis, A., Gentile, V., and Porta, R. (1984). Transglutaminase-mediated modifications of the rat sperm surface in vitro. *Science* 226, 852-855.

Paye, M., Nusgens, B.V., and Lapiere, C.M. (1989). Factor XIII of blood coagulation modulates collagen biosynthesis by fibroblasts in vitro. *Haemostasis* 19, 274-283.

Perry, M.J., and Haynes, L.W. (1993). Localization and activity of transglutaminase, a retinoid-inducible protein, in developing rat spinal cord. *Int J Dev Neurosci* 11, 325-337.

Piacentini, M., Farrace, M.G., Hassan, C., Serafini, B., and Autuori, F. (1999). 'Tissue' transglutaminase release from apoptotic cells into extracellular matrix during human liver fibrogenesis. *J Pathol* 189, 92-98.

Pierschbacher, M.D., and Ruoslahti, E. (1984). Cell attachment activity of fibronectin can be duplicated by small synthetic fragments of the molecule. *Nature* 309, 30-33.

Piredda, L., Amendola, A., Colizzi, V., Davies, P.J., Farrace, M.G., Fraziano, M., Gentile, V., Uray, I., Piacentini, M., and Fesus, L. (1997). Lack of 'tissue' transglutaminase protein cross-linking leads to leakage of macromolecules from dying cells: relationship to development of autoimmunity in MRLlpr/lpr mice. *Cell Death Differ* 4, 463-472.

Piredda, L., Farrace, M.G., Lo Bello, M., Malorni, W., Melino, G., Petruzzelli, R., and Piacentini, M. (1999). Identification of 'tissue' transglutaminase binding proteins in neural cells committed to apoptosis. *Faseb J* 13, 355-364.

Polakowska, R.R., Eddy, R.L., Shows, T.B., and Goldsmith, L.A. (1991). Epidermal type I transglutaminase (TGM1) is assigned to human chromosome 14. *Cytogenet Cell Genet* 56, 105-107.

## References

- Porta, R., De Santis, A., Esposito, C., Draetta, G.F., Di Donato, A., and Illiano, G. (1986). Inhibition of adenylate cyclase by transglutaminase-catalyzed reactions in pigeon erythrocyte ghosts. *Biochem Biophys Res Commun* *138*, 596-603.
- Porzio, O., Massa, O., Cunsolo, V., Colombo, C., Malaponti, M., Bertuzzi, F., Hansen, T., Johansen, A., Pedersen, O., Meschi, F., *et al.* (2007). Missense mutations in the TGM2 gene encoding transglutaminase 2 are found in patients with early-onset type 2 diabetes. Mutation in brief no. 982. Online. *Hum Mutat* *28*, 1150.
- Priglinger, S.G., Alge, C.S., Neubauer, A.S., Kristin, N., Hirneiss, C., Eibl, K., Kampik, A., and Welge-Lussen, U. (2004). TGF-beta2-induced cell surface tissue transglutaminase increases adhesion and migration of RPE cells on fibronectin through the gelatin-binding domain. *Invest Ophthalmol Vis Sci* *45*, 955-963.
- Raines, E. W. (2000). The extracellular matrix can regulate vascular cell migration, proliferation, and survival: relationships to vascular disease. *Int J Exp Pathol* *81*, 173-182.
- Reif, S., and Lerner, A. (2004). Tissue transglutaminase--the key player in celiac disease: a review. *Autoimmun Rev* *3*, 40-45.
- Rice, R.H., Mehrpouyan, M., O'Callahan, W., Parenteau, N.L., and Rubin, A.L. (1992). Keratinocyte transglutaminase: differentiation marker and member of an extended family. *Epithelial Cell Biol* *1*, 128-137.
- Rodrigo, L. (2006). Celiac disease. *World J Gastroenterol* *12*, 6585-6593.
- Rose, C., Armbruster, F.P., Ruppert, J., Igl, B.W., Zillikens, D., and Shimanovich, I. (2009). Autoantibodies against epidermal transglutaminase are a sensitive diagnostic marker in patients with dermatitis herpetiformis on a normal or gluten-free diet. *J Am Acad Dermatol* *61*, 39-43.
- Ruan, Q., Tucholski, J., Gundemir, S., and Johnson Voll, G.V. (2008). The Differential Effects of R580A Mutation on Transamidation and GTP Binding Activity of Rat and Human Type 2 Transglutaminase. *Int J Clin Exp Med* *1*, 248-259.
- Saito, M., Asakura, H., Yoshida, T., Ito, K., Okafuji, K., and Matsuda, T. (1990). A familial factor XIII subunit B deficiency. *Br J Haematol* *74*, 290-294.
- Sanderson, R.D., Yang, Y., Suva, L.J., and Kelly, T. (2004). Heparan sulfate proteoglycans and heparanase--partners in osteolytic tumor growth and metastasis. *Matrix Biol* *23*, 341-352.

## References

- Sane, D.C., Moser, T.L., Pippen, A.M., Parker, C.J., Achyuthan, K.E., and Greenberg, C.S. (1988). Vitronectin is a substrate for transglutaminases. *Biochem Biophys Res Commun* 157, 115-120.
- Saoncella, S., Echtermeyer, F., Denhez, F., Nowlen, J.K., Mosher, D.F., Robinson, S.D., Hynes, R.O., and Goetinck, P.F. (1999). Syndecan-4 signals cooperatively with integrins in a Rho-dependent manner in the assembly of focal adhesions and actin stress fibers. *Proc Natl Acad Sci U S A* 96, 2805-2810.
- Schnabel, C., Sawitza, I., Tag, C.G., Lahme, B., Gressner, A.M., and Breitkopf, K. (2004). Expression of cytosolic and membrane associated tissue transglutaminase in rat hepatic stellate cells and its upregulation during transdifferentiation to myofibroblasts in culture. *Hepatology* 28, 140-145.
- Schroff, G., Neumann, C., and Sorg, C. (1981). Transglutaminase as a Marker for Subsets of Murine Macrophages. *Eur J Immunol* 11, 637-642.
- Schuppan, D., and Hahn, E.G. (2002). Biomedicine. Gluten and the gut-lessons for immune regulation. *Science* 297, 2218-2220.
- Schwartz, M.A., Schaller, M.D., and Ginsberg, M.H. (1995). Integrins: emerging paradigms of signal transduction. *Annu Rev Cell Dev Biol* 11, 549-599.
- Schwartz, M.L., Pizzo, S.V., Hill, R.L., and McKee, P.A. (1973). Human Factor XIII from plasma and platelets. Molecular weights, subunit structures, proteolytic activation, and cross-linking of fibrinogen and fibrin. *J Biol Chem* 248, 1395-1407.
- Sechler, J.L., Cumiskey, A.M., Gazzola, D.M., and Schwarzbauer, J.E. (2000). A novel RGD-independent fibronectin assembly pathway initiated by alpha4beta1 integrin binding to the alternatively spliced V region. *J Cell Sci* 113 ( Pt 8), 1491-1498.
- Sechler, J.L., and Schwarzbauer, J.E. (1998). Control of cell cycle progression by fibronectin matrix architecture. *J Biol Chem* 273, 25533-25536.
- Selkoe, D.J., Abraham, C., and Ihara, Y. (1982). Brain transglutaminase: in vitro crosslinking of human neurofilament proteins into insoluble polymers. *Proc Natl Acad Sci U S A* 79, 6070-6074.
- Sener, A., Dunlop, M.E., Gomis, R., Mathias, P.C.F., Malaiselagae, F., and Malaisse, W.J. (1985). Role of Transglutaminase in Insulin Release - Study with Glycine and Sarcosine Methyl esters. *Endocrinology* 117, 237-242.
- Shan, L., Molberg, O., Parrot, I., Hausch, F., Filiz, F., Gray, G.M., Sollid, L.M., and Khosla, C. (2002). Structural basis for gluten intolerance in Celiac sprue. *Science* 297, 2275-2279.
- Shweke, N., Boulos, N., Jouanneau, C., Vandermeersch, S., Melino, G., Dussaule, J.C., Chatziantoniou, C., Ronco, P., and Boffa, J.J. (2008). Tissue

## References

- transglutaminase contributes to interstitial renal fibrosis by favoring accumulation of fibrillar collagen through TGF-beta activation and cell infiltration. *Am J Pathol* 173, 631-642.
- Simon, M., and Green, H. (1988). The glutamine residues reactive in transglutaminase-catalyzed cross-linking of involucrin. *J Biol Chem* 263, 18093-18098.
- Simon, M., Haftek, M., Sebbag, M., Montezin, M., Girbal-Neuhauser, E., Schmitt, D., and Serre, G. (1996). Evidence that filaggrin is a component of cornified cell envelopes in human plantar epidermis. *Biochem J* 317 ( Pt 1), 173-177.
- Skill, N.J., Griffin, M., El Nahas, A.M., Sanai, T., Haylor, J.L., Fisher, M., Jamie, M.F., Mould, N.N., and Johnson, T.S. (2001). Increases in renal epsilon-(gamma-glutamyl)-lysine crosslinks result from compartment-specific changes in tissue transglutaminase in early experimental diabetic nephropathy: Pathologic implications. *Lab Invest* 81, 705-716.
- Small, K., Feng, J.F., Lorenz, J., Donnelly, E.T., Yu, A., Im, M.J., Dorn, G.W., and Liggett, S.B. (1999). Cardiac specific overexpression of transglutaminase II (G(h)) results in a unique hypertrophy phenotype independent of phospholipase C activation. *J Biol Chem* 274, 21291-21296.
- Smethurst, P.A., and Griffin, M. (1996a). Measurement of tissue transglutaminase activity in a permeabilized cell system: its regulation by Ca<sup>2+</sup> and nucleotides. *Biochem J* 313 ( Pt 3), 803-808.
- Smethurst, P.A., and Griffin, M. (1996b). Measurement of tissue transglutaminase activity in a permeabilized cell system: Its regulation by Ca<sup>2+</sup> and nucleotides. *Biochem J* 313, 803-808.
- Sollid, L.M. (2000). Molecular basis of celiac disease. *Annu Rev Immunol* 18, 53-81.
- Sollid, L.M., and Scott, H. (1998). New tool to predict celiac disease on its way to the clinics. *Gastroenterology* 115, 1584-1586.
- Souri, M., Kaetsu, H., and Ichinose, A. (2008). Sushi domains in the B subunit of factor XIII responsible for oligomer assembly. *Biochemistry* 47, 8656-8664.
- Spina, A.M., Esposito, C., Pagano, M., Chiosi, E., Mariniello, L., Cozzolino, A., Porta, R., and Illiano, G. (1999). GTPase and transglutaminase are associated in the secretion of the rat anterior prostate. *Biochem Biophys Res Commun* 260, 351-356.
- Steinert, P.M., Chung, S.I., and Kim, S.Y. (1996). Inactive zymogen and highly active proteolytically processed membrane-bound forms of the transglutaminase 1 enzyme in human epidermal keratinocytes. *Biochem Biophys Res Commun* 221, 101-106.

## References

- Steinert, P.M., Kartasova, T., and Marekov, L.N. (1998). Biochemical evidence that small proline-rich proteins and trichohyalin function in epithelia by modulation of the biomechanical properties of their cornified cell envelopes. *J Biol Chem* *273*, 11758-11769.
- Steinert, P.M., and Marekov, L.N. (1995). The proteins elafin, filaggrin, keratin intermediate filaments, loricrin, and small proline-rich proteins 1 and 2 are isodipeptide cross-linked components of the human epidermal cornified cell envelope. *J Biol Chem* *270*, 17702-17711.
- Steinhoff, M., Eicheler, W., Holterhus, P.M., Rausch, U., Seitz, J., and Aumuller, G. (1994). Hormonally induced changes in apocrine secretion of transglutaminase in the rat dorsal prostate and coagulating gland. *Eur J Cell Biol* *65*, 49-59.
- Stephens, P., Grenard, P., Aeschlimann, P., Langley, M., Blain, E., Errington, R., Kipling, D., Thomas, D., and Aeschlimann, D. (2004). Crosslinking and G-protein functions of transglutaminase 2 contribute differentially to fibroblast wound healing responses. *J Cell Sci* *117*, 3389-3403.
- Switala-Jelen, K., Dabrowska, K., Opolski, A., Lipinska, L., Nowaczyk, M., and Gorski, A. (2004). The biological functions of beta3 integrins. *Folia Biol (Praha)* *50*, 143-152.
- Szondy, Z., Sarang, Z., Molnar, P., Nemeth, T., Piacentini, M., Mastroberardino, P.G., Falasca, L., Aeschlimann, D., Kovacs, J., Kiss, I., *et al.* (2003). Transglutaminase 2(-/-) mice reveal a phagocytosis-associated crosstalk between macrophages and apoptotic cells. *Proc Natl Acad Sci U S A* *100*, 7812-7817.
- Ta, B.M., Gallagher, G.T., Chakravarty, R., and Rice, R.H. (1990). Keratinocyte transglutaminase in human skin and oral mucosa: cytoplasmic localization and uncoupling of differentiation markers. *J Cell Sci* *95 ( Pt 4)*, 631-638.
- Tadokoro, S., Shattil, S.J., Eto, K., Tai, V., Liddington, R.C., de Pereda, J.M., Ginsberg, M.H., and Calderwood, D.A. (2003). Talin binding to integrin beta tails: a final common step in integrin activation. *Science* *302*, 103-106.
- Takahashi, H., Isobe, T., Horibe, S., Takagi, J., Yokosaki, Y., Sheppard, D., and Saito, Y. (2000). Tissue transglutaminase, coagulation factor XIII, and the pro-peptide of von Willebrand factor are all ligands for the integrins alpha 9beta 1 and alpha 4beta 1. *J Biol Chem* *275*, 23589-23595.
- Takagi, J., Strokovich, K., Springer, T.A., and Walz, T. (2003). Structure of integrin alpha5beta1 in complex with fibronectin. *EMBO J* *22*, 4607-4615.
- Tanaka, K., Yokosaki, Y., Higashikawa, F., Saito, Y., Eboshida, A., and Ochi, M. (2007). The integrin alpha 5 beta 1 regulates chondrocyte hypertrophic differentiation induced by GTP-bound transglutaminase 2. *Matrix Biol* *26*, 409-418.

## References

- Tarcsa, E., Marekov, L.N., Andreoli, J., Idler, W.W., Candi, E., Chung, S.I., and Steinert, P.M. (1997). The fate of trichohyalin. Sequential post-translational modifications by peptidyl-arginine deiminase and transglutaminases. *J Biol Chem* 272, 27893-27901.
- Telci, D., Collighan, R.J., Basaga, H., and Griffin, M. (2009). Increased TG2 Expression Can Result in Induction of Transforming Growth Factor beta 1, Causing Increased Synthesis and Deposition of Matrix Proteins, Which Can Be Regulated by Nitric Oxide. *J Biol Chem* 284, 29547-29558.
- Telci, D., and Griffin, M. (2006). Tissue transglutaminase (TG2)--a wound response enzyme. *Front Biosci* 11, 867-882.
- Teshigawara, K., Kannagi, R., Noro, N., and Masuda, T. (1985). Possible Involvement of Transglutaminase in Endocytosis and Antigen Presentation. *Microbiol Immunol* 29, 737-750.
- Tetzlaff, W., Gilad, V.H., Leonard, C., Bisby, M.A., and Gilad, G.M. (1988). Retrograde changes in transglutaminase activity after peripheral nerve injuries. *Brain Res* 445, 142-146.
- Thacher, S.M., and Rice, R.H. (1985). Keratinocyte-specific transglutaminase of cultured human epidermal cells: relation to cross-linked envelope formation and terminal differentiation. *Cell* 40, 685-695.
- Thompson, C.B. (1995). Apoptosis in the pathogenesis and treatment of disease. *Science* 267, 1456-1462.
- Toshino, A., Shiraishi, A., Zhang, W., Suzuki, A., Kodama, T., and Ohashi, Y. (2005). Expression of keratinocyte transglutaminase in cornea of vitamin A-deficient rats. *Curr Eye Res* 30, 731-739.
- Verderio, E., Gaudry, C., Gross, S., Smith, C., Downes, S., and Griffin, M. (1999). Regulation of cell surface tissue transglutaminase: Effects on matrix storage of latent transforming growth factor-beta binding protein-1. *J Histochem Cytochem* 47, 1417-1432.
- Verderio, E., Gross, S.R., and Griffin, M. (1999). Cell-surface tissue transglutaminase regulates matrix storage of latent TGF-beta binding protein-1 (LTBP-1) and fibronectin accumulation. *Mol Biol Cell* 10, 370.
- Verderio, E., Nicholas, B., Gross, S., and Griffin, M. (1998). Regulated expression of tissue transglutaminase in Swiss 3T3 fibroblasts: Effects on the processing of fibronectin, cell attachment, and cell death. *Exp Cell Res* 239, 119-138.
- Verderio, E.A., Johnson, T., and Griffin, M. (2004). Tissue transglutaminase in normal and abnormal wound healing: review article. *Amino Acids* 26, 387-404.



## References

- Verderio, E.A., Telci, D., Okoye, A., Melino, G., and Griffin, M. (2003). A novel RGD-independent cell adhesion pathway mediated by fibronectin-bound tissue transglutaminase rescues cells from anoikis. *J Biol Chem* 278, 42604-42614.
- Verma, A., Wang, H., Manavathi, B., Fok, J.Y., Mann, A.P., Kumar, R., and Mehta, K. (2006). Increased expression of tissue transglutaminase in pancreatic ductal adenocarcinoma and its implications in drug resistance and metastasis. *Cancer Res* 66, 10525-10533.
- Verma, A.K., Shoemaker, A., Simsiman, R., Denning, M., and Zachman, R.D. (1992). Expression of retinoic acid nuclear receptors and tissue transglutaminase is altered in various tissues of rats fed a vitamin A-deficient diet. *J Nutr* 122, 2144-2152.
- Wang, J.Y., Viar, M.J., Li, J., Shi, H.J., Patel, A.R., and Johnson, L.R. (1998). Differences in transglutaminase mRNA after polyamine depletion in two cell lines. *Am J Physiol* 274, C522-530.
- Wegener, K.L., and Campbell, I.D. (2008). Transmembrane and cytoplasmic domains in integrin activation and protein-protein interactions (review). *Mol Membr Biol* 25, 376-387.
- Weiss, M.S., Metzner, H.J., and Hilgenfeld, R. (1998). Two non-proline cis peptide bonds may be important for factor XIII function. *FEBS Lett* 423, 291-296.
- Werlen, G., Hausmann, B., Naeher, D., and Palmer, E. (2003). Signaling life and death in the thymus: timing is everything. *Science* 299, 1859-1863.
- Whiteford, J.R., Behrends, V., Kirby, H., Kusche-Gullberg, M., Muramatsu, T., and Couchman, J.R. (2007). Syndecans promote integrin-mediated adhesion of mesenchymal cells in two distinct pathways. *Exp Cell Res* 313, 3902-3913.
- Williams-Ashman, H.G. (1984). Transglutaminases and the clotting of mammalian seminal fluids. *Mol Cell Biochem* 58, 51-61.
- Wilson, E.M., and French, F.S. (1980). Biochemical homology between rat dorsal prostate and coagulating gland. Purification of a major androgen-induced protein. *J Biol Chem* 255, 10946-10953.
- Wollenberg, A., Burgdorf, W.H.C., Schaller, M., and Sander, C. (2002). Long-lasting "Christmas tree rash" in an adolescent: Isotopic response of indeterminate cell histiocytosis in pityriasis rosea? *Acta Derm-Venereol* 82, 288-291.
- Woods, A., and Couchman, J.R. (1992). Protein kinase C involvement in focal adhesion formation. *J Cell Sci* 101 ( Pt 2), 277-290.
- Woods, A., and Couchman, J.R. (2001). Syndecan-4 and focal adhesion function. *Curr Opin Cell Biol* 13, 578-583.

## References

- Woods, A., Longley, R.L., Tumova, S., and Couchman, J.R. (2000). Syndecan-4 binding to the high affinity heparin-binding domain of fibronectin drives focal adhesion formation in fibroblasts. *Arch Biochem Biophys* 374, 66-72.
- Wu, C., Keivens, V.M., O'Toole, T.E., McDonald, J.A., and Ginsberg, M.H. (1995). Integrin activation and cytoskeletal interaction are essential for the assembly of a fibronectin matrix. *Cell* 83, 715-724.
- Xian, X., Gopal, S., and Couchman, J.R. (2010). Syndecans as receptors and organizers of the extracellular matrix. *Cell Tissue Res* 339, 31-46.
- Xu, L., Begum, S., Hearn, J.D., and Hynes, R.O. (2006). GPR56, an atypical G protein-coupled receptor, binds tissue transglutaminase, TG2, and inhibits melanoma tumor growth and metastasis. *Proc Natl Acad Sci U S A* 103, 9023-9028.
- Yaffe, M.B., Beegen, H., and Eckert, R.L. (1992). Biophysical characterization of involucrin reveals a molecule ideally suited to function as an intermolecular cross-bridge of the keratinocyte cornified envelope. *J Biol Chem* 267, 12233-12238.
- Yamagata, M., Saga, S., Kato, M., Bernfield, M., and Kimata, K. (1993). Selective distributions of proteoglycans and their ligands in pericellular matrix of cultured fibroblasts. Implications for their roles in cell-substratum adhesion. *J Cell Sci* 106 ( Pt 1), 55-65.
- Yamaguchi, H., and Wang, H.G. (2006). Tissue transglutaminase serves as an inhibitor of apoptosis by cross-linking caspase 3 in thapsigargin-treated cells. *Mol Cell Biol* 26, 569-579.
- Yang, J. M., Ahn, K. S., Cho, M. O., Yoneda, K., Lee, C. H., Lee, J. H., Lee, E. S., Candi, E., Melino, G., Ahvazi, B, Steinert, P. M. (2001). Novel mutations of the transglutaminase 1 gene in lamellar ichthyosis. *J Invest Dermatol* 17, 214-218
- Yee, K.L., Weaver, V.M., and Hammer, D.A. (2008). Integrin-mediated signalling through the MAP-kinase pathway. *IET Syst Biol* 2, 8-15.
- Yee, V.C., Pedersen, L.C., Le Trong, I., Bishop, P.D., Stenkamp, R.E., and Teller, D.C. (1994). Three-dimensional structure of a transglutaminase: human blood coagulation factor XIII. *Proc Natl Acad Sci U S A* 91, 7296-7300.
- Yorifuji, H., Anderson, K., Lynch, G.W., Van de Water, L., and McDonagh, J. (1988). B protein of factor XIII: differentiation between free B and complexed B. *Blood* 72, 1645-1650.
- Zemskov, E.A., Janiak, A., Hang, J., Waghray, A., and Belkin, A.M. (2006). The role of tissue transglutaminase in cell-matrix interactions. *Frontiers in Bioscience* 11, 1057-1076.

### *References*

Zhang, J., Lesort, M., Guttman, R.P., and Johnson, G.V. (1998). Modulation of the in situ activity of tissue transglutaminase by calcium and GTP. *J Biol Chem* 273, 2288-2295.

Zhong, C., Chrzanowska-Wodnicka, M., Brown, J., Shaub, A., Belkin, A.M., and Burridge, K. (1998). Rho-mediated contractility exposes a cryptic site in fibronectin and induces fibronectin matrix assembly. *J Cell Biol* 141, 539-551.

Zocchi, L., Terrinoni, A., Candi, E., Ahvazi, B., Bagetta, G., Corasaniti, M.T., Lena, A.M., and Melino, G. (2007). Identification of transglutaminase 3 splicing isoforms. *J Invest Dermatol* 127, 1791-1794.

## Appendix 1: List of Abbreviations

<b>A<math>\beta</math></b>	Amyloid $\beta$ - protein
<b>ADP</b>	Adenosine-5'-diphosphate
<b>ANT1</b>	Adenine nucleotide translocator 1
<b>APC</b>	Antigen presenting cells
<b>AR</b>	$\alpha$ 1B- adrenoceptor
<b>ATCC</b>	American Type Culture Collection
<b>ATP</b>	Adenosine-5'-triphosphate
<b>BSA</b>	Bovine serum albumin
<b>Ca<sup>2+</sup></b>	Free calcium ion
<b>CBD</b>	Cell binding domain
<b>CCl<sub>4</sub></b>	Carbon tetrachloride
<b>CD</b>	Celiac disease
<b>cDNA</b>	Complementary deoxyribonucleic acid
<b>CE</b>	Cornified envelope
<b>CHO</b>	Chinese hamster ovary cells
<b>CNS</b>	Central nervous system
<b>DFMO</b>	Difluoromethylornithine
<b>DH</b>	Dermatitis herpetiformis
<b>DMEM</b>	Dulbecco's modified Eagle's medium
<b>DMSO</b>	Dinethyl sulphoxide
<b>DNA</b>	Deoxyribonucleic acid
<b>DTT</b>	Dithiothreitol
<b>FAK</b>	Focal adhesion kinase
<b>ECL</b>	Enhanced chemiluminescence
<b>ECM</b>	Extracellular matrix
<b>EDTA</b>	Ethylene diamine tetraacetic acid
<b>ELISA</b>	Enzyme linked immunoabsorbant assay
<b>ERK</b>	Extracellular signal-regulated kinase
<b>FITC</b>	Fluorescein isothiocyanate
<b>FXIII</b>	Factor XIII
<b>FXIII A</b>	Factor XIII A subunit
<b>FXIII B</b>	Factor XIII B subunit
<b>FN</b>	Fibronectin
<b><math>\gamma</math>-IFN</b>	$\gamma$ -interferon
<b>GA</b>	Gluten ataxia
<b>GAG</b>	Glycosaminoglycan
<b>GDP</b>	Guanosine-5'-diphosphate
<b>gplTG</b>	Guinea pig liver transglutaminase
<b>GTP</b>	Guanosine-5'-triphosphate
<b>GRGDTP</b>	H-Gly-Arg-Gly-Asp-Thr-Pro-OH
<b>GTPase</b>	Guanosine-5'-triphosphatase
<b>HCV</b>	Hepatitis C virus
<b>HSPGs</b>	Heparan sulfate proteoglycans
<b>HRP</b>	Horseraish peroxidase
<b>HS</b>	Heparan sulfate
<b>IFN- <math>\gamma</math></b>	Interferon- $\gamma$
<b>IgG</b>	Immunoglobulin

### Appendix 1

<b>IGFBP-3</b>	Insulin-like growth factor-binding protein-3
<b>IRS-2</b>	Insulin receptor substrate 2
<b>JMD</b>	Juxtamembrane domain
<b>kDa</b>	Kilodaltons
<b>LTPB-1</b>	Latent TGF- $\beta$ 1 binding protein-1
<b>M</b>	Molar
<b>MAPK</b>	Mitogen-activated protein kinase
<b>MEF</b>	Mouse embryo fibroblast
<b>MEK</b>	MAPK kinase 1
<b>ml</b>	Milliliters
<b>Mm</b>	Millimolar
<b><math>\mu</math></b>	Micro
<b><math>\mu</math>l</b>	Microlitres
<b>Mm</b>	Micromolar
<b>Mrna</b>	Messenger ribonucleic acid
<b>MT1-MMP</b>	Membrane type 1- metalloproteinase
<b>Nm</b>	Nanomolar
<b>NF-<math>\kappa</math>B</b>	Nuclear factor kappa-light-chain-enhancer of activated B cells
<b>NO</b>	Nitric oxide
<b>OA</b>	Osteoarthritis
<b>PAGE</b>	Polyacrylamide gel electrophoresis
<b>PBS</b>	Phosphate buffered saline
<b>PCR</b>	Polymerase chain reaction
<b>PDI</b>	Protein disulphide isomerase
<b>PGs</b>	Proteoglycans
<b>pH</b>	Negative log of hydrogen ion concentration
<b>PHSRN</b>	Pro-His-Ser-Arg-Asn
<b>PI</b>	Propidium iodide
<b>PI3K</b>	Phosphoinositide 3-kinases
<b>PKC <math>\alpha</math></b>	Protein kinase C $\alpha$
<b>PKC <math>\delta</math></b>	Protein kinase C $\delta$
<b>PLC</b>	Phospholipase C
<b>PLC<math>\delta</math></b>	Phospholipase C $\delta$
<b>PMSF</b>	Phenylmethylsulfonyl fluoride
<b>RA</b>	Retinoic acid
<b>RBC</b>	Red blood cell
<b>RREs</b>	Retinoid-responsive elements
<b>SDS</b>	Sodium dodecyl sulphate
<b>SDS-PAGE</b>	Sodium dodecyl sulphate- polyacrylamide gel electrophoresis
<b>siRNA</b>	Small interfering RNA
<b>ROCK</b>	Rho kinase
<b>SPRs</b>	Small proline-rich proteins
<b>TEMED</b>	N,N,N',N'-tetramethylene diamine
<b>TG</b>	Transglutaminase
<b>TGF<math>\beta</math></b>	Transforming growth factor $\beta$ 1
<b>THG</b>	Thapsigargin
<b>TIG3</b>	Tazarotene-induced gene 3
<b>TG2</b>	Tissue transglutaminase

*Appendix 1*

<b>TGF-<math>\beta</math>1</b>	Transforming growth factor $\beta$ 1
<b>TMB</b>	3,3',5,5'-tetramethylbenzidine
<b>TNF</b>	Tumour necrosis factor
<b>Tris</b>	Tris (Hydroxymethyl)-aminoethane
<b>Triton X-100</b>	t-Octylphenoxypolyethoxyethanol
<b>VEGFR</b>	Vascular endothelial growth factor receptor
<b>XTT</b>	Sodium 3'-[1-(phenylamino-carbonyl)-3,4-tetrazolium]-bis (4-methoxy-6-nitor) benzeme sulfonic acid hydrate