Regulation and function of miR-214 in pulmonary arterial hypertension

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Abstract

Dysregulation of miRNAs can contribute to the aetiology of diseases including pulmonary arterial hypertension (PAH). Here we investigated a potential role for the miR-214 stem loop miRNA and the closely linked miR-199a miRNAs in PAH. All 4 miRNAs were upregulated in the lung and right ventricle in mice and rats exposed to the SU 5416 hypoxia model of PAH. Further, expression of the miRNAs was increased in PASMCs exposed to TGF-β1 but not BMP4. We then examined miR-214$^{-/-}$ mice exposed to the SU 5416 hypoxia model of PAH or normoxic conditions and littermate controls. There were no changes in systolic right ventricular pressure or remodelling observed between the miR-214$^{-/-}$ and WT hypoxic groups. However, we observed a significant increase in right ventricular hypertrophy in hypoxic miR-214$^{-/-}$ male mice compared to controls. Further, we identified that the validated miR-214 target phosphatase and tensin homolog was upregulated in miR-214$^{-/-}$ mice. Thus, miR-214 stem loop loss leads to elevated right ventricular hypertrophy and may contribute to the heart failure associated with PAH.

Key Words

SU 5416 hypoxia model, TGF-β1, miRNA-199, right ventricular hypertrophy

Introduction

Pulmonary arterial hypertension (PAH) is a disease characterized by narrowing of the small pulmonary arteries, leading to vascular remodelling, an elevation in pulmonary artery pressure, right ventricular hypertrophy (RVH) and heart failure.[1] Current therapies for PAH aim to reverse the endothelial dysfunction and vasoconstriction observed. [2] However, despite these therapies PAH mortality rates remain high and the three-year survival of patients is only 54.9%. [3]

Changes in the pulmonary vasculature are the primary cause of PAH, however right ventricle (RV) function is a major determinant of the severity of symptoms and prognosis of pulmonary hypertension. Many therapies in development for PAH are focussed on targeting the RV as heart failure is the ultimate cause of mortality in PAH.[4] PAH is predominant in females with female-to-male ratios of 1.4-4.1:1 (reviewed in [5]). Sexual dimorphism has also been observed in RV failure. Female PAH patients exhibit

improved right ventricular ejection fraction and survival compared to men [6]. This could be due at least in part to the protective effect of estrogen on RV function.[7,8]

MiRNA are involved in multiple cellular responses during normal development and disease; they act as post-transcriptional regulators to fine-tune protein synthesis. Evidence has emerged for a key role for miRNA in regulation of the cellular processes involved in PAH. We previously demonstrated that a range of miRNAs are dysregulated in rats exposed to models of PAH.[9] Later studies have shown that miR–21, the miR–143/145 cluster, miR–27a, the miR–17–92 cluster, miR–124, miR-150, miR–138, miR–190, miR–204, miR–206, miR–210 and miR–328 play a role in the development of PAH (reviewed in [10]). Potentially multiple miRNAs could be targeted in concert as therapeutics in PAH.[11]

MiR-214 is transcribed as a bicistronic primary transcript, which is processed to generate four separate mature miRNAs, the main strands miR-199-5p and miR-214-3p and their passenger strands miR-199-3p and miR-214-5p. MiR-199-5p and miR-214-3p have previously been shown to be significantly upregulated at the mature miRNA level in both the hypoxia and moncrotaline rat models.[9] In cardiac tissue, miR-214 is a marker of stress[12] and expression increases in RVH, heart failure and ischemic injury in the heart.[13-15] The role of miR-214 in the heart is controversial as one study suggests miR-214 is protective in ischaemia reperfusion injury,[13] whereas another suggests miR-214 ablation is protective in heart failure.[15].MiR-214 deletion leads to increased fibrosis, apoptosis and decreased contractility after ischemic injury in the heart, a result of target derepression of the sodium/calcium exchanger member 1 (*NCX1*), leading to calcium over-loading of cardiomyocytes.[13] However, inhibition of miR-199/214 using anti-miRs in mice is protective through target derepression of peroxisome proliferator-activated receptor delta (*PPARδ*) and restoration of mitochondrial fatty acid oxidation in the heart.[15]

MiR-214 also has functions in tissues other than the heart. MiR-214 can inhibit angiogenesis through targeting the KH domain containing RNA binding (*QKI*) transcript in a retinal developmental angiogenesis model in mice. [16] MiR-214 can also function as both a tumour suppressor and oncogene in

various types of human cancer, through influencing proliferation, migration and apoptosis.[17-20] Therefore, though its effects may be varied, miR-214 can influence processes important in PAH in a cell type specific manner.

MiR-214 is induced by transforming growth factor beta 1 (TGF- β1)[21] and is upregulated in kidney and liver fibrosis.[21-24] Whilst in the heart miR-214 ablation depending on the injury can be protective or deleterious, in the kidney miR-214 knockout is protective against fibrosis.[13] TGF- β1 is a critically important mediator of pathophysiological events in PAH and fibrosis.[25-28] Many processes in PAH and fibrosis are known to be driven primarily by TGF- β1 along with a host of other cytokines and growth factors.[28] It is probable that these processes involve complex and interrelated molecular pathways in which miRNA play an important role.

As miR-214 is implicated in many of the processes associated with PAH pathology we characterised the miR-214 knockout (miR-214$^{-/-}$) mouse. We used the hypoxia SU 5416 model to induce PAH and assessed the pathological hallmarks of disease. Despite observing no effect on vascular remodelling and RSVP in the miR-214$^{-/-}$ mice, we found a significant damaging effect on right ventricular hypertrophy in male but not in female miR-214$^{-/-}$ mice.

Materials and Methods

RNA extraction, miRNA and mRNA expression

Total RNA from PASMCs was obtained using the miRNeasy kit (Qiagen, Hilden, Germany). cDNA for miRNA analysis was synthesised from total RNA using specific stem-loop reverse transcription primers (Life Technologies, Paisley, UK). mRNA/miRNA expression was assessed using specific primers by quantitative real-time polymerase chain reaction (qRT-PCR; Life Technologies) and normalised to a housekeeper. For gene expression β-2-microglobulin (B2M) or glyceraldehyde-3-phosphate dehydrogenase (GAPDH) were used for mouse and human samples respectively. For miRNA control, the small RNA U6 (mouse) U87 (rat) or RNU48 (human) were used. Results were expressed as fold change

relative to the relevant control. The qPCRs were run in triplicate and results are presented as the mean ± the standard error of samples. MiR-214 target genes for analysis were selected on the basis of previous knowledge of validated target genes.

Cell culture and stimulation

Single donor hPASMCs were obtained from PromoCell (GmbH, Heidelberg, Germany). Cells were used between passages 1 and 8. PASMCs were grown to 80% confluency in 6 well plates, quiesced in DMEM with 0.2% FBS for 24 hours before being stimulated or placed in a hypoxic chamber (5% O, 5% CO2, 90% N2) for 48 hours. The Smad signalling pathway was assessed by recombinant human TGF-β1 (0.1-10ng/ml) BMP4 (50ng/ml R&D systems, Minneapolis, MN) and the commercially available ALK5-specific inhibitor SB525334 (1nm, Tocris Bioscience, Bristol, UK). Cells were quiesced in 0.2% FBS for 24 hours, followed by stimulation for 72 hours and then the media was changed to fresh stimulation media for 48 hours (5 days stimulation in total).

Disease Modelling In Vivo

All protocols and surgical procedures were approved by the local animal care committee. Animal experiments were conducted in accordance with the Animals Scientific Procedures Act UK 1986. For the 2 and 3 week hypoxia models the development of chronic hypoxic PAH in 8 week old C57BL/6 mice was achieved with hypobaric hypoxia as previously described.[29]

MiR-214$^{-/-}$ and wild-type (WT) littermate control mice were used in this study (kindly gifted by Eric Olson, University of Texas Southwestern Medical Center [13]). PAH was established in male and female 8 week old miR-214 WT and knockout mice by serial injection (days 0, 7 and 14) with the vascular endothelial growth factor Flk-1/KDR receptor inhibitor Semaxanib (SU 5416, 20 mg/kg subcutaneously; Sigma Aldrich, Poole, UK) in combination with 21 days continuous exposure to hypoxia. PAH was established in Wistar Kyoto rats by one injection (day 0) with SU 5416 (20 mg/kg subcutaneously) in

combination with 2 weeks continuous exposure to hypoxia, followed by 3 weeks in normoxic conditions[30,31].

Hemodynamic Measurements

Right ventricular systolic and systemic pressure measurements were taken on day 21 prior to euthanasia, right ventricular hypertrophy assessment and tissue harvest. Systemic arterial pressure (SAP) was recorded via a cannula placed in the carotid artery as previously described.[29] Right ventricular systolic pressure (RVSP) was measured under isoflurane (1.5% O_2) anaesthesia via a needle advanced into the right ventricle trans-diaphragmatically. RVH was determined as ratio of the RV to the left ventricle plus septum (LV + S) weight.

Immunohistochemistry

Lungs were fixed in a 4% paraformaldehyde solution for 18 hours and embedded in paraffin. For lung α-smooth muscle actin immunohistochemistry anti-α-smooth muscle actin (1:100, Abcam, Cambridge, MA) and IgG-control were used for detection. For remodelling analysis distal vessels were assessed (≤80 microns) a ratio of vascular wall thickness: vascular diameter was determined and used to define the extent of pulmonary vascular thickness and remodelling (10 distal pulmonary arteries were quantitatively analysed from 6 animals per group).

For hematoxylin and eosin staining of right ventricle, sections were incubated with hematoxylin solution (Sigma-Aldrich, Poole, UK) for 5 minutes and then rinsed in water, washed in 95% alcohol and counterstained in eosin Y solution (Sigma-Aldrich). For picrosirius red staining of right ventricle, sections were stained with Weigert's hematoxylin and Solution B (Sigma-Aldrich) for 10 minutes at room temperature. Slides were washed and incubated in the dark with Sirius red F3B (0.1% w/v) (Sigma-Aldrich) for 4 hours.

In situ hybridization

Detection of miR-214 in lung and right ventricle tissue was carried out as previously described.[32] In brief, after sodium citrate antigen retrieval and blocking (50% formamide, 4 x SSC, 2.5 x Denhardt's solution, 2.5mg/ml salmon DNA, 0.6mg/ml yeast tRNA, 0.025% SDS and 0.1% blocking reagent) 5μm sections were incubated in blocking buffer overnight with 40nM miR-214 or scramble miRCURY LNA™ Detection probe, 3' and 5'-DIG labelled (Exiqon, Denmark) at 60℃ . After stringency washing with SSC buffer and PBS and blocking (1% blocking reagent and 10% FCS in PBS), immunodetection was performed with an anti-DIG antibody (Roche Applied Science, Indianapolis, IN, USA) diluted 1:500 overnight. In order to stain miR-214, BM purple solution (Roche Applied Science, Mannheim, Germany) was added to each section respectively and left at room temperature for 5 hours.

Statistical analysis

Prior to experimental analysis, power calculations were utilized to ensure appropriately powered experiments. All qRT-PCR results are expressed as mean fold change (±SEM) with all other results expressed as the mean (±SEM). All statistical calculations were carried out using GraphPad Prism or Excel. Student's *t*-tests were used when comparing two conditions and a two-way ANOVA with Bonferroni correction or 1-way ANOVA followed by Tukey post hoc test were used for multiple comparisons. Probability values of less than 0.05 were considered significant.

Results

miR-214 is induced by TGF-β1 in PASMCs

The primary transcript of miR-214 (pri-miR-199/214) is located on chromosome 1 in humans and is transcribed together with miR-199, which is processed to generate 4 separate mature miRNAs (miR-214-3p, miR-214-5p, miR-199-3p and miR-199-5p). The transcriptional start site for human pri-miR-199/214

is at position chr1:172113935 (GRCh37).[33] The locus contains an upstream region of ~2.4 kb with >60% homology to other mammalian species (ECR browser).[34]

We first carried out *in silico* analysis of this putative promoter region using MatInspector (Genomatix software suite, http://www.genomatix.de). This revealed a number of putative binding sites for TGF-β1 responsive transcription factors, including several binding sites for Smad proteins (Fig. 1A). We tested the effect of TGF-β1 treatment in PASMCs and analyzed changes in the miR-199/214 axis by RT-qPCR, by assessing the primary (pri-) and mature forms of each miRNA. TGF-β1 increased the expression of pri-miR-199/214 in PASMC (Fig. 1B). Correspondingly, TGF-β1 increased the expression of the 4 mature forms of the miR-199/214 cluster (Fig. 1C). Treatment of PASMC with a specific inhibitor of the TGF-β receptor *ALK5*, SB525334, completely abolished this effect (Fig. 1B and 1C). It has been shown previously that miR-214 is upregulated by hypoxia in cardiomyocytes,[15] but we found that hypoxia and BMP4 treatment did not affect the basal levels of the mature miRNAs in the miR-199/214 cluster in PASMCs (Fig. 1D and 1E).

Expression of the miR-199/214 axis in mouse and rat models of PAH

TGF-β1 has an established role in PAH.[21,27,28] Therefore, we investigated expression of the pri-miR-199/214 transcript and mature miRNAs in mouse and rat models of PAH.

We sampled total lung and the right ventricle from WT mice exposed to hypoxia and SU 5416 for 21 days, or rats exposed to 14 days hypoxia and SU 5416 followed by 21 days normoxia. This data was compared with normoxic controls to evaluate whether the miR-199/214 axis was altered during induction of PAH in these tissues. Expression levels for both strands of miR-199 and miR-214 were analyzed by qRT-PCR.

Levels of pri-miR-199/214 were upregulated in mouse lung and RV in response to hypoxia and SU 5416 injury in both lung and RV (Fig. 2A). Analysis of the miR-199/214 axis in the left ventricle of the same animals did not reveal dysregulation of this miRNA axis (Fig. 2B). However, a significant upregulation

of the mature miRNAs in the miR-199/214 cluster was demonstrated in lung and RV both in mice and rats (Fig. 2C-F). We also observed a significant increase in expression of the miR-199/214 axis in lung and RV of mice exposed to 3 weeks hypoxia without SU 5416 (Fig. 3A and 3B). Further, the significant increase in miR-199/214 axis expression observed in males was not detected in female lung and RV exposed to 3 weeks hypoxia and SU 5416 injury (Fig. 3C and 3D).

We next performed in situ hybridization to localize which cells were expressing miR-214 within the lung and RV of control rats exposed to hypoxic and normoxic conditions. We observed that miR-214 was expressed in cardiomyocytes in the RV (Fig. 3E) and in the smooth muscle layer of vessels and bronchi in the lungs (Fig. 3F).

Quantification of PAH indices in WT and miR-214$^{-/-}$ male and female mice exposed to SU 5416 and normoxic or hypoxic conditions for 21 days.

We compared haemodynamics in WT mice and miR-214$^{-/-}$ in response to 21 days SU 5416 and hypoxia treatment in male and female mice in parallel and compared to littermate controls (Fig. 4A). Quantification of right ventricular and systemic pressures was performed along with heart rate measurements.

In response to hypoxia and SU 5416 RVSP and RVH were significantly increased in both male and female mice (Fig. 4B, 4C, 5A and 5B). However, we observed that the increase in RVH in the male miR-214-/- mice was greater than that in the WT controls (Fig. 5A). However, no significant change was observed in females (Fig. 4B).

Knockout animals exposed to hypoxia demonstrated RVSP values comparable to those of hypoxic WT animals in both male and female mice (Fig. 4C and 5B). Similarly, comparable results were observed in remodelling analysis (Fig. 5E and 5F). Further, no difference in heart rate or systemic pressure was observed between groups (Fig 4D, 4E, 5C and 5D). Therefore, our results show that miR-214 knockout has a significant effect on RVH in male mice, but other PAH indices were unaffected.

Analysis of fibrosis, hypertrophy and miR-214 targets in *in vivo* samples

Previous studies have shown that fibrosis was increased in an ischemia reperfusion model in the heart but decreased in a model of kidney fibrosis in miR-214$^{-/-}$ mice.[13,21,35] In order to assess whether a change in fibrosis was important in the RV phenotype observed we assessed expression of collagen, type I, alpha 1 (*COL1A1*) and collagen, type 3, alpha 1 (*COL3A1*) in male RV. We found no significant change in expression level between groups (Fig. 6A, 6B). There was no change in fibrosis between the groups, as assessed by picrosirius red staining (Fig. 6C). We carried out expression analysis for myosin, heavy chain 7, cardiac muscle, beta, (*MYH7) and* myosin, heavy chain 11 (*MYH11),* in order to add further evidence to our observation that RV/LV+S ratio was increased in miR-214$^{-/-}$ mice. Mutations in these hypertrophy markers are associated with hypertrophic cardiomyopathy.[36] Both of these are modulated in hypertrophy, MYH7 is upregulated while MYH11 is downregulated.[37] We found that expression of *MYH11* decreased while *MYH7* increased in hypoxia. Furthermore, *MYH7* and *MYH11* levels were significantly different between the miR-214$^{-/-}$ group compared to the WT (Fig. 6D and 6E). These data were indicative of increased RVH in the miR-214$^{-/-}$ group. Taken together these results suggested that the increased RVH in miR-214$^{-/-}$ mice was due to hypoxia and SU 5416 induced hypertrophy rather than fibrosis or pressure overload.

Target gene analysis was performed for previously validated miR-214 targets on mRNA extracted from male right ventricle. We found that expression of phosphatase and tensin homolog (*PTEN),* which has been shown to have a role in RVH [38] was increased in the RV of miR-214$^{-/-}$ mice (Fig. 7A). This panel included *NCX1* which has been shown previously to cause fibrosis and apoptosis in the heart.[13] No significant regulation was observed in hypoxia between the miR-214$^{-/-}$ and WT mice for *NCX1* or any of the other targets (Fig. 7). However, we did observe that cAMP responsive element binding protein 1 (*CREB1)* and apolipoprotein C-III (*APOC3)* had significantly increased expression in the miR-214$^{-/-}$ normoxic group compared to the WT normoxic group (Fig. 7D and 7E).

Discussion

We demonstrated upregulation of the miR-199/214 axis in response to TGF-β1 *in vitro* and in response to mouse and rat models of PAH *in vivo.* We observed differential effects of genetic ablation of miR-214 on the PAH phenotype between the heart and lung and this effect was sex specific. The increased RVH in the miR-214$^{-/-}$ mice was not dependant on derepression of NCX1, which has previously been shown to increase fibrosis and apoptosis in the heart.[13] However, PTEN which has been implicated in RVH[38] was identified as a target in RV and may play an important role in RVH in our model. This data demonstrates that miR-214 is regulated in response to PAH stimuli and acts in a tissue and sex specific manner.

Coding sequences for miR-199 and miR-214 stem loops are highly conserved, and are separated by ~7.2kb on murine and human chromosome 1. MiR-214-3p has previously been shown to regulate fibrosis, angiogenesis and proliferation, which are also regulated by TGF-β1.[39] In agreement with previous reports we demonstrated that miR-214-3p was regulated by TGF-β1.[21] Here, we established that TGF-β1 induced transcription of pri-miR-199/214 and expression of all four mature miRNAs. We identified an increase in expression of the miR-199/214 axis in RV and lung from mice and rats exposed to the SU 4516 hypoxia model of PAH. Therefore, stimuli that lead to PAH could induce expression of the miR-199/214 axis. We investigated the effect of miR-214-3p/5p loss *in vivo,* but potentially the whole miR-199/214 axis could be important in PAH, as these co-regulated miRNAs could have a protective role in PAH. It has been shown previously that miR-199 can target HIF-1α leading to reduced endothelin-1 expression.[40] It would be interesting to investigate if a miR-199 and miR-214 knock out mouse would have a more pronounced PAH phenotype.

We performed studies that assessed chronic knock down of miR-214 using knockout male and female mice. The female miR-214$^{-/-}$ mice displayed high RVSP and RVH in hypoxia similar to WT hypoxic mice, whereas, the male miR-214$^{-/-}$ mice had increased RVH compared to the WT hypoxic group (Fig. 4 and 5). Therefore, although genetic knockdown of miR-214 in this setting had no significant effect on the

development of PAH under the experimental conditions tested in females, miR-214 knockdown in males could progress RVH.

PAH is a condition with a sex bias at the clinical level.[41] Clinical as well as experimental data show a significant difference between males and females in cardiovascular responses.[1,5,7,8] Previous studies have shown different pathophysiology between male and female mice in transgenic mouse model.[8,42,43] Furthermore, male PAH patients have decreased RV function compared to females [6] and male rodents and swine develop more severe RVH when exposed to chronic hypoxia compared with females.[42,44] These significant sex differences in adaptation to hypoxia may reflect the different sensitivity of males and females to oxygen deprivation and other stresses.

The incidence of pulmonary arterial hypertension is greater in women and a role has been confirmed for estrogen in disease pathogenesis.[45-47] Male but not female mice had increased expression of the miR-199/214 axis in lung and RV in SU 4516 hypoxia induced PAH (Fig. 2C-D, 3C-D). It has been demonstrated previously that estrogen can inhibit the expression of miR-214.[48] Therefore, increased levels of estrogen in females may prevent the expression of miR-214 in response to induction of PAH. This upregulation of miR-214 in males may account for some of the differences observed between the male and female mice. Potentially, the increase in miR-214 observed in males exposed to hypoxia may have a protective effect in the heart, miR-214 induction does not occur in females, hence female knockout mice may be more resilient to miR-214 ablation. Part of this may be due to the inverse correlation between miR-214 and estrogen levels.[48] Hence, pathway redundancy in females may compensate for the fluctuations in miR-214 mediated by estrogen.

It has been shown previously that miR-214$^{-/-}$ mice have increased fibrosis in the heart, a result of target derepression of the sodium/calcium exchanger *NCX1*, leading to calcium over-loading of cardiomyocytes.[13] However, in our study we did not observe any change in expression levels of *NCX1* or

fibrosis (Fig. 6A-C and 7B). Our data suggests that miR-214$^{-/-}$ mice have increased RVH and reduced RV function due to worsening of hypoxia and SU 4516 induced RVH by targets such as *PTEN*.

Our data taken together with previous work demonstrates that miR-214 has specific effects in PAH induced RVH compared to whole heart in heart failure/ischemia reperfusion injury. MiR-214 can target alternate targets between different models of heart disease as NCX1 and *PPARδ* are not targeted by miR-214 in RV from our PAH model but were found to be targets in whole heart in other studies [13,15]. However, analysis of miR-214 target genes revealed derepression of *PTEN* in the RV of miR-214$^{-/-}$ male mice (Fig. 7A and 7G) but not in female mice (not shown). Increased levels of *PTEN* have been demonstrated in RVH.[38] *PTEN* has opposing effects on PAH in the lung vasculature and RVH.[38,49] Further, *PTEN* has also been shown to increase proliferation, migration and invasion; in addition it can cause apoptosis of PASMCs.[20,50] Potentially, derepression of PTEN in the lung of miR214$^{-/-}$ mice may have initially induced increased remodelling but may have caused apoptosis in PASMCs in the remodelled vessels at later stages of the model. This may account for the effect observed on RVH but not on RVSP or remodelling. Differential effects of PTEN in a tissue specific manner may allow miR-214 to mediate cell type specific effects in response to the same regulatory stimuli. However, further targets will be important in this model and additional studies are warranted to fully explore the miR-214 targets.

The current paradigm suggests that RVH is secondary and proportional to pulmonary remodelling, however it has been found that pulmonary vascular remodelling and RVH can be dissociated and are not always directly proportional in PAH.[51] However, both increased pulmonary vascular resistance and hypoxia can affect RVH and hypoxia can have a direct effect on the heart.[52,53] This study shows that in miR-214$^{-/-}$ mice the hypoxia SU 4516 mouse model can increase RVH non-proportionally relative to RVSP. Pathways involved in the response of the heart to hypoxia may be modulated by miR-214, this could be due to the target *PTEN* which has been shown to modulate responses to hypoxia.[54]

This data has implications for therapeutics as at the stage of PAH diagnosis vascular remodelling has occurred and leads to increased pulmonary vascular resistance and hypoxia in the heart. Currently, remodelling cannot be reversed, however the response of the RV to hypoxia could be targeted. MiR-214 targets that may be beneficial in the RV may not be in the pulmonary circulation; therefore specific delivery of miR-214 to the RV using adeno-associated virus vectors could be an option as a therapeutic strategy.

Taken together, the results of this study demonstrate that the miR-199/214 axis is induced in PAH. Moreover, genetic deletion of the miR-214 stem loop increases the development of RVH induced by transient exposure to hypoxia and SU 4516 injury in male mice. However, genetic deletion of miR-214 stem loop has no effect on PAH in female mice. These data suggest that PAH pathology in the lung vasculature and heart is mediated via distinct pathways and identifies another potential source of sex specific variation.

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Figure Legends

Figure 1

The miR-199/214 axis is induced by TGF-β1 stimulation but not by BMP4 or hypoxia in PASMCs. SMAD sites are present in the pri-miR-199/214 promoter (A) these are indicated by triangles (SMAD 2, blue; SMAD3, green; SMAD 4, yellow; FAST1, red). (B) PASMCs were treated with TGF-β1 with or without the specific ALK5 inhibitor SB525334 for 5 days (n/3, duplicate). Pri-miR-199/214 expression was assessed by quantitative real-time polymerase chain reaction (RT-qPCR). (*C*) MiRNA expression for *miR-199-5p, miR-199-3p, miR-214-3p, miR-214-5p*. TGF-β1 only stimulation data were analyzed using a 1-way analysis of variance with Tukey post hoc test, significance relative to unstimulated control (& $p<0.05$). Student's T test was used to compare samples stimulated with SB525334 to the equivalent unstimulated sample (Relative to SB525334 unstimulated sample: * $p<0.05$, Relative to control unstimulated with TGF-β1: & $p<0.05$). PASMCs were quiesced in DMEM with 0.2% FBS for 24 hours and then treated with BMP4 (50ng/ml) for 5 days (D) or exposed to hypoxic conditions for 48 hours after quiescence (E). miRNA expression was assessed by RT-qPCR (n=3, duplicate). Student's T test was used for statistical analysis.

Figure 2

The miR-199/214 axis is induced in lung and RV but not in LV from mice exposed to the SU 5416 hypoxia model of pulmonary hypertension. (A) Pri-miR199/214 was quantified in mouse lung and RV. (B) MiRNA expression was quantified by RT-qPCR in mouse LV exposed to the SU 5416 hypoxia (21 day) model of pulmonary hypertension. MiRNA expression was quantified by RT-qPCR in mouse lung (C) mouse RV (D) rat lung (E) rat RV (F) exposed to the SU 5416 hypoxia models of pulmonary hypertension. Student's T test was used for statistical analysis (* $p<0.05$, ** $p<0.01$, mouse tissues n=6, rat tissues n=8).

Figure 3

The miR-199/214 axis is induced in lung and RV in male mice exposed to 3 weeks hypoxia but not in female mice exposed to hypoxia and SU 5416 for 21 days. MiRNA expression was quantified by RT-qPCR in male mouse lung (A) mouse RV (B) exposed to the 3 week hypoxia model of pulmonary hypertension or female mouse lung (C) mouse RV (D) exposed to hypoxia and SU 5416 for 21 days. Student's T test was used for statistical analysis (* $p<0.05$, ** $p<0.01$ n=6). In situ hybridization showing miR-214-3p localization in rat RV (E) and rat lung (F). Paraffin sections were rehydrated and incubated with an anti–miR-214-3p or scramble probe as negative control. For colocalisation, α-smooth muscle actin (*αSMA*) was detected in the same samples using an immunohistochemistry assay, with nonimmune isotype-IgG antibody as negative control. *Hematoxylin and eosin* (H&E) stain were used to identify cardiomyocytes. Images ×40 magnification, (n=5).

Figure 4

Quantification of PAH indices in miR-214$^{-/-}$ and WT female mice exposed to SU 5416 and hypoxic or normoxic conditions for 21 days. (A) miR-214$^{-/-}$ and wild-type (WT) littermate mice were exposed to SU 5416 plus 21-day chronic hypoxia or normoxia. Quantification of right ventricular hypertrophy (RVH; *B*), systolic right ventricular pressure (RVSP; C) systemic pressure (SAP; D) and heart rate (*E*) in female mice (n=8-10 per group). Pressures and tissue were taken after 21 days in normoxic or hypoxic conditions. Data analyzed using a 2-way ANOVA followed by Bonferroni post hoc test, * $p<0.05$, significance is expressed relative to WT normoxic. LV+S: left ventricle and septum; RV: right ventricle.

Figure 5

Quantification of PAH indices in miR-214$^{-/-}$ and WT male mice exposed to SU 5416 and hypoxic or normoxic conditions for 21 days. Quantification of right ventricular hypertrophy (RVH; A*)*, systolic right ventricular pressure (RVSP;B) systemic pressure (SAP; C) and heart rate (*D*) in male mice (n=8-10 per group). Pressures and tissue were taken after 21 days in normoxic or hypoxic conditions. Pulmonary arterial remodelling quantification (*E*; n=6 per group) and representative pictures stained with smooth muscle actin (*F*), magnification ×40. Data were analyzed using a 2-way ANOVA followed by Bonferroni post hoc test *$P<0.05$, significance is expressed relative to WT normoxic unless comparison is shown. LV+S: left ventricle and septum; RV: right ventricle.

Figure 6

Analysis of fibrosis and hypertrophy in male miR-214$^{-/-}$ and WT RV. Gene expression is assessed in mouse RV using specific probes and normalised to housekeeper (B2M). *COL1A1* (*A*) and *COL3A1* (*B*) expression levels were quantified in miR-214$^{-/-}$ and WT RV exposed to normoxic or hypoxic conditions. Fibrosis was measured using picrosirius red staining, magnification ×40 (n=5) (*C*). Expression levels of hypertrophy markers *MYH11* (*D*) and *MYH7* (*E*). Data were analyzed using a 2-way ANOVA followed by Bonferroni post hoc test relative to WT normoxic unless comparison is shown. * $p<0.05$ (n=6). LV: left ventricle, RV: right ventricle, WT: wild-type, KO: miR214$^{-/-}$.

Figure 7

Target gene analysis of miR-214$^{-/-}$ mice and the effect of miR-214 on RV and LV in hearts with different types of injury. Target gene expression in male RV by quantitative real-time polymerase chain reaction for *PTEN (*A*), NCX1 (*B*), PPARδ* (*C*), *CREB* (*D*), *APOC3* (*E*) and *CAMK2D* (*F*). Data were analyzed

using a 2-way ANOVA followed by Bonferroni post hoc test, significance is expressed relative to WT normoxic unless comparison is shown,* $p<0.05$ (n=6). MiR-214 can target alternate targets between different models of heart disease. PTEN, PPARδ and NCX1 are the targets identified in PAH RVH, heart failure and ischemia reperfusion injury respectively.