Myeloid Angiogenic Cells Act as Alternative M2 Macrophages and Modulate Angiogenesis through Interleukin-8


Published in:
Molecular medicine

Document Version:
Publisher's PDF, also known as Version of record

Queen's University Belfast - Research Portal:
Link to publication record in Queen's University Belfast Research Portal

Publisher rights
©2011 The Authors
This is an open access article published under a Creative Commons Attribution-NoDerivs License (https://creativecommons.org/licenses/by-nd/4.0/), which permits reproduction and redistribute in any medium, provided the author and source are cited and any subsequent modifications are not distributed.

General rights
Copyright for the publications made accessible via the Queen's University Belfast Research Portal is retained by the author(s) and / or other copyright owners and it is a condition of accessing these publications that users recognise and abide by the legal requirements associated with these rights.

Take down policy
The Research Portal is Queen's institutional repository that provides access to Queen's research output. Every effort has been made to ensure that content in the Research Portal does not infringe any person's rights, or applicable UK laws. If you discover content in the Research Portal that you believe breaches copyright or violates any law, please contact openaccess@qub.ac.uk.
Myeloid Angiogenic Cells Act as Alternative M2 Macrophages and Modulate Angiogenesis through Interleukin-8


Endothelial progenitor cells (EPCs) promote angiogenesis, and clinical trials have shown such cell therapy to be feasible for treating ischemic disease. However, clinical outcomes have been contradictory owing to the diverse range of EPC types used. We recently characterized two EPC subtypes, and identified outgrowth endothelial cells as the only EPC type with true progenitor and endothelial characteristics. By contrast, myeloid angiogenic cells (MACs) were shown to be monocytic cells without endothelial characteristics despite being widely described as “EPCs.” In the current study we demonstrated that although MACs do not become endothelial cells or directly incorporate into a microvascular network, they can significantly induce endothelial tube formation in vitro and vascular repair in vivo. MAC-derived interleukin-8 (IL-8) was identified as a key paracrine factor, and blockade of IL-8 but not vascular endothelial growth factor (VEGF) prevented MAC-induced angiogenesis. Extracellular IL-8 transactivates VEGFR2 and induces phosphorylation of extracellular signal-regulated kinases. Further transcriptomic and immunophenotypic analysis indicates that MACs represent alternative activated M2 macrophages. Our findings demonstrate an unequivocal role for MACs in angiogenesis, which is linked to paracrine release of cytokines such as IL-8. We also show, for the first time, the true identity of these cells as alternative M2 macrophages with proangiogenic, anti-inflammatory and pro–tissue-repair properties.

© 2011 The Feinstein Institute for Medical Research, www.feinsteininstitute.org
Online address: http://www.molmed.org

Address correspondence and reprint requests to Alan W Stitt, Centre for Vision and Vascular Science, School of Medicine, Dentistry, and Biomedical Science, Queen’s University Belfast, Royal Victoria Hospital, Belfast BT12 6BA, Northern Ireland, UK. Phone: +44-28-90632546; Fax: +44-28-90632699; E-mail: a.stitt@qub.ac.uk.
Submitted April 8, 2011; Accepted for publication June 8, 2011; Epub (www.molmed.org) ahead of print June 9, 2011.
MAC-derived interleukin-8 (IL-8) is capable of transactivating vascular endothelial growth factor receptor 2 (VEGFR2) independently of extracellular VEGF.

EPCs are not the only cell population that influences angiogenesis; mounting evidence indicates that myeloid cells also regulate this process (21). Distinct myeloid cell populations, such as tumor-associated macrophages (22,23), Tie2-expressing monocytes (24) and myeloid-derived suppressor cells (25), have been implicated as key players in the angiogenic process. Although initially these monocytic subpopulations were described as having distinct phenotypes, it is now evident that they exhibit some overlapping markers (26) and share similar proangiogenic properties. In fact, they have been associated with alternative M2 macrophages, which are characterized as being anti-inflammatory, proangiogenic cells involved in tissue repair and vascular remodeling (27). Because MACs have been previously shown to have monocytic features, in the current study we addressed the important question of whether these cells could, in fact, be linked to alternative M2 macrophages. It is crucial to assess MACs in relation to the M1/M2 polarization phenotypes because the macrophage contribution to angiogenesis is radically dictated by their polarization state. Such information has major therapeutic value because various hematopoietic/myeloid cells, including MACs, are already being used in the clinical setting.

MATERIALS AND METHODS

Cell Isolation and Culture

Circulating proangiogenic cells (hereafter referred to as MACs) were isolated from human peripheral blood according to previously established protocols (11). Fresh human peripheral blood (40 mL) was obtained with full ethics approval from healthy volunteers aged 25–35 years who were nonsmokers and were not receiving any medication. Briefly, mononuclear cells were obtained by density gradient centrifugation and resuspended in EGM-2-MV medium (Lonza, Slough, UK) supplemented with 10% fetal bovine serum (FBS) and plated on flasks coated with fibronectin (Sigma, Gillingham, UK) at a density of 2 × 10^6 cells/mL. MACs at days 7–9 were used for experiments.

Primary retinal capillary-derived microvascular endothelial cells (RMECs) were freshly prepared from bovine eyes according to standard isolation procedures previously described (28). RMECs were cultured on 1% gelatin-coated flasks, with DMEM (PAA Labs GmbH, Pasching, Austria) supplemented with 10% porcine serum (Sigma), 100 μg/mL insulin (Sigma), 1 mg/mL heparin (Sigma), and 500 μg/mL Primocin (AutoGen Bioclear, Wiltshire, UK). RMECs at passages 3 to 6 were used for experiments.

The human microvascular endothelial cell line (HMEC-1) was provided by the Centers for Disease Control and Prevention, Emory University School of Medicine, Atlanta, Georgia. HMEC-1 were grown in MCDB-131 medium (Invitrogen, Paisley, UK) supplemented with 10% FBS, 10 ng/mL epidermal growth factor (BD Biosciences Europe, Erembodegem, Belgium), 1 μg/mL hydrocortisone (Sigma) and 10 mmol/L L-glutamine (Sigma).

In Vitro Tubulogenesis Assay

RMECs and MACs were labeled with a PKH membrane-labeling kit (Sigma) prior to experiments. RMECs were mixed in a 4:1 ratio with MACs and suspended in growth factor reduced Matrigel (BD Biosciences), then 50-μL aliquots were spotted onto a 24-well plate. After polymerization, spots were covered with DMEM containing 5% porcine serum and respective treatments. After 72 h, wells were assessed for the presence of tubules, defined as an interconnected vascular network of elongated tubelike structures. In a separate set of experiments, conditioned medium obtained from MACs was used in this tubulogenesis model. To gain insight into the molecular mechanisms underlying the effect of MACs on RMECs, we neutralized IL-8 and VEGF by using 10 μg/mL of antihuman CXCL8/IL-8 (R&D Systems, Abingdon, UK) and 1 μg/mL of antihuman VEGF (R&D Systems). Respective IgG isotype controls were also used. Images were acquired using a laser confocal microscope (Nikon, Tokyo, Japan), and vascular tube area and length were quantified by using Volocity (PerkinElmer, Waltham, MA, USA) and NIS elements (Nikon) software, respectively. All measurements were done on bidimensional images.

Flow Cytometry

We prepared 1 × 10^6 cells for staining by filtering through 35-μm nylon mesh (BD Biosciences, Bedford, UK) and resuspended them in 100 μL of flow cytometry staining buffer (eBioscience, San Diego, CA, USA). Cells were incubated with fluorophore-conjugated antibodies against CD45, CD14, CD68, CD163, CD83, CD209, CD16 (eBioscience), CD206 (BD Biosciences) and Tie2 (BioLegend, San Diego, CA, USA) for 45 min at 4°C. For CD68 staining, cell fixation and permeabilization were required because CD68 is predominantly an intracellular protein. After staining, cells were washed and resuspended in 500 μL staining buffer for analysis performed by using a FACS Calibur flow cytometer (BD Biosciences) with CellQuest (BD Biosciences) and FlowJo (Tree Star, Ashland, OR, USA) software. At least 15,000 events were acquired per sample, and respective immunoglobulin (Ig)G isotype controls were used to determine accurate settings for data analysis.

Human Angiogenesis Protein Array

Medium was obtained from coculture experiments and analyzed by using the Proteome Profiler human angiogenesis array (R&D Systems) in accordance with manufacturer guidelines. Briefly, samples were adjusted to a final volume of 1.5 mL with array buffer and mixed with a detection antibody cocktail for 1 h. After a membrane-blocking step, sam-
amples containing antibody cocktail were then added to membranes and incubated overnight at 4°C on a rocking platform. Next, membranes were given several washes and incubated with streptavidin–horseradish peroxidase secondary antibody (R&D Systems). Spots were detected by using chemiluminescence (Millopre, Billerica, MA, USA) and densitometry was quantified by using LabWorks software (PerkinElmer).

RNA Extraction and Microarray Analysis

Total RNA was extracted by using an RNAqueous kit (Ambion, Cambridge-shire, UK), and 1 μg of RNA from each cell sample was labeled and hybridized to an Illumina WG-6 v3.0 Expression Beadchip (Illumina, San Diego, CA, USA). Samples analyzed in the array were three biological replicates for peripheral blood (PB)-derived MACs and a single sample of PB-derived CD14+ monocytes. Gene expression data obtained from Illumina Beadstudio was normalized by using an “R” bioconductor package. Data were processed and analyzed by using the National Institute on Aging (NIA) array (Bethesda, MD, USA), GenePattern (Broad Institute, Cambridge, MA, USA), and integrative visual analysis tool for biological networks and pathways (visANT) software (Boston University, Boston, MA, USA). Microarray data are available at the NCBI Gene Expression Omnibus (GEO) with accession number GSE20283.

Real-Time Reverse-Transcription Polymerase Chain Reaction

Total RNA was isolated from three different biological replicates for MACs and CD14+ monocytes, respectively, by using the RNAqueous kit (Ambion), including the DNase digestion step. Complementary DNA (cDNA) was synthesized from 500 ng of RNA by using random hexamers and Superscript II (Invitrogen). Quantitative real-time polymerase chain reaction (PCR) was performed with 2× Maxima SYBR Green qPCR Mastermix (Fermentas, York, UK) in 10-μL reactions containing 2 μL of 1:15 cDNA dilution and 0.5 μmol/L of gene-specific primers for 45 cycles, including denaturation at 94°C for 10 s, annealing at 55°C for 15 s, and extension at 72°C for 15 s in a LightCycler 480 (Roche, Welwyn Garden City, UK). Pairs of primers used for amplification of target genes were: CD163, AGGATGCTGGAGTATTGTC (forward) and CCACCCTCATCACAATTTG (reverse); CCL2, TCTGTCCTGTG CTGCTCATA (forward) and GTGAC TGGGCCATTTGATTG (reverse); MSRI, GGGACACATTTCAGACCTTTG (forward) and AACCTTGGGACCAACCCTTCT (reverse); MMP-9, AGTGGCACCACCAACAACATC (forward) and ACACCGGATTGAGGGTGAG (reverse); IL-1β, CTGAT GGCCCTAAACAGATG (forward) and GTCCGAGATCTGCTGAGAT (reverse); PTGS2, GGCTAGACACGGCTAA ACTGC (forward) and TAGATGTCTCA GGACACTTGAGG (reverse); TNFSF10, TCACAGTGCTCCTGCTGCT (forward) and TGGGGTTCCAATAACTGTGA (reverse); VEGFB, CTGCTTCCACGCTG ATG (forward) and AGTCAAGGG ACCACCCAC (reverse); IL-10, GTCAT CTGTGTCACCC (forward) and TGAATACTTTTCTGAG (reverse); RPL11 (housekeeping gene), TTCAGCAGACGACGAAGAGC (forward) and TTTGCCAGGAAGATTG GATCCCA (reverse). The relative gene expression was determined by using REST software (Qiagen, Dorking, Surrey, UK).

Protein Extraction, Immunoprecipitation and Western Blotting

Protein was extracted by lysing cells in 1× RIPA buffer (Thermo Scientific, Leicestershire, UK) containing protease and phosphatase inhibitors with EDTA (Thermo Scientific). Immunoprecipitation was performed for VEGFR2 experiments, and whole cell lysates were used for extracellular signal-regulated kinase (ERK) experiments. For immunoprecipitation experiments, whole cell lysates were diluted to 1 μg protein/μL of RIPA buffer and first precleared by using protein A/G PLUS-agarose immunoprecipitation beads (Santa Cruz Biotechnology, Santa Cruz, CA, USA). Lysates were incubated with rabbit monoclonal VEGF2 (Cell Signaling Technology, Danvers, MA, USA) overnight at 4°C. Then, protein A/G PLUS-agarose immunoprecipitation beads were added to lysates and gently rocked for 4 h. After several washing steps to eliminate nonspecific binding, pellets were diluted in 2× LDS sample buffer (Invitrogen) and heated at 95°C for 5 min to detach beads. After electrophoresis, proteins were transferred to a polyvinylidene difluoride (PVDF) membrane. Membranes were blocked for 1 h in 3% BSA, nonfat dry milk (Santa Cruz Biotechnology) dissolved in Tris-buffered saline with 0.1% Tween-20 (TBST). Total and phosphorylated FLK were detected with antibodies from Santa Cruz Biotechnology, and total and phosphorylated ERKs were detected (antibodies from Cell Signaling). After washing with TBST, respective horseradish peroxidase–conjugated secondary antibodies (Santa Cruz Biotechnology) were applied, and blots were developed by using a UV bioimaging system (Ultra-Violet Products Ltd, Cambridge, UK). PVDF membranes were reprobed with a monoclonal antibody to β-actin (Cell Signaling) as a loading control.

Phagocytosis Assay

To evaluate if MACs could carry out phagocytosis, pHrondo™ Escherichia coli BioParticles® (Invitrogen) were added to the cell culture medium. After 2 h of incubation at 37°C, cells were washed twice with PBS and incubated in fresh medium. Live cell images were acquired by using a laser confocal scanning microscope (Nikon), and the phagocytic index was determined by measuring the fluorescence intensity per cell by using the Volocity software (PerkinElmer).

Endothelial Monolayer Permeability

Cell permeability was measured by using the xCELLigence Real Time Cell Analysis DP instrument (Roche). This
Macrophages (MACs) release proangiogenic factors, which allow them to act as paracrine effectors in the retina. The presence of MACs can enhance retinal neovascularization, a process that is crucial for the maintenance of the retinal vasculature. This enhancement can occur through the secretion of growth factors, chemokines, and cytokines that promote endothelial cell proliferation and migration. The presence of MACs in the retina can also influence the activation of resident retinal macrophages, further promoting angiogenesis.

In summary, the presence of MACs in the retina can significantly impact the process of retinal neovascularization. Understanding the role of MACs in this process is crucial for the development of new therapeutic strategies to prevent or treat retinal diseases associated with angiogenesis, such as diabetic retinopathy and age-related macular degeneration.
MACs Promote Vascular Repair in the Ischemic Retina In Vivo

We next explored the potential of MACs to regulate ischemia-induced angiogenesis in vivo. The OIR model was chosen because it adequately and consistently reproduces ischemia-related retina-nopathy in mice and is an established model for assessing angiogenic responses (30). Quantum-dot (Qdot)-labeled MACs were delivered into the vitreous of each mouse at P12 at the time point in OIR during which the retina initially experiences hypoxic stimuli (30). After 72 h (P15), the retinal vasculature was evaluated. Injected MACs penetrated the retinal neuropile but did not integrate into the resident vascular network (Figure 2A). The MACs remained within the retina, but localized to the nerve fiber layer underneath the inner limiting membrane (Supplemental Video 1). MACs retained their myeloid features in the host retina, such as CD68 expression and amoeboid/ spherical morphology (Figure 2B). None of the injected MACs adopted a ramified morphology, suggesting they did not become retinal microglia or dendritic cells. Interestingly, MACs delivered into the retina added to host phagocytes and increased the total amount of retinal amoeboid phagocytes by three-fold (Supplementary Figure 1). Despite the fact that MACs did not directly contribute to vascular formation by incorporation into the endothelium, they significantly induced intraretinal angiogenesis and reperfusion in the ischemic retina, reducing avascular areas by 67% compared with vehicle-injected retinas ($P < 0.05$) (Figures 2C, D). There was no difference in preretinal neovascular vessels between groups.

MACs Represent Alternative M2 Macrophages

Previously, we have reported that from the genotypic, proteomic and immunophenotypic perspectives, MACs are monocytic in nature (11); however, it is unknown whether these cells acquire M1/M2 macrophage polarization states. To determine the MAC relationship to monocytes, transcriptomes from three biological replicates of MACs were compared with peripheral blood circulating monocytes sorted by their expression of CD14. Statistical assessment for genes enriched at least two-fold (false discovery rate of 0.01) showed 943 upregulated and 881 downregulated transcripts (Supplementary Figure 2). Upregulated genes included mRNAs encoding complement factors, matrix metalloproteinases (MMPs), VEGFB, CD163, and the monocyte to the macrophage differentiation associated gene MMD. Among the downregulated genes were S100A12, adhesion molecules ICAM3 and selectin L, interferon regulatory factor-1, and lysozyme. Furthermore, interactome analysis, performed by using visANT, demonstrated that upregulated MAC gene networks were linked to angiogenesis, endocytosis and antiinflammatory pathways. Downregulated gene networks were associated with inflammation, apoptosis and proteasomes (Supplementary Figure 3).

Further investigation, focusing specifically on M1/M2 markers and proangio-
subunit II), was minimal. In addition, proangiogenic genes VEGFB, CTGF (connective tissue growth factor), PDGF (platelet-derived growth factor beta polypeptide), NRP1 (neuropilin 1) and MMP-9 were also highly expressed. Normalized gene expression profiles comparing monocytes to MACs strongly corroborated previous findings (Figure 3B) and highlighted significant upregulation of proangiogenic genes and M2 macrophage markers, whereas M1 markers were downregulated. Furthermore, when we compared MACs to monocytes, gene microarray results were validated by the demonstration by real-time quantitative reverse-transcription PCR of significant upregulation of CD163, IL-10, MSRI, chemokine (C-C motif) ligand 2 (CCL2), MMP-9, and VEGFB, and downregulation of IL-1β and PTGS2 (prostaglandin-endoperoxide synthase 2) (Supplementary Figure 4).

To support transcriptomic data at the protein level, fluorescence-activated cell sorting (FACS) immunophenotyping was performed (Supplementary Figure 5). Corresponding with other analysis in the current investigation, MACs shared many characteristics with myeloid cells because they express CD45, CD14 and CD68. Expression of CD163 and CD206 suggested that MACs exhibit an M2 macrophage phenotype. Moreover, MACs are not dendritic cells, because they lack CD83 and CD209 expression. Similar FACS immunophenotyping was performed on colony-forming unit-endothelial cells (CFU-EC) CFU-Hill, a third subtype of EPCs grown in vitro. As expected, CFU-Hill represents a more heterogeneous population of cells; however, the main population (82% of cells) also express M2 markers CD163 and CD206 (Supplementary Figure 6), suggesting CFU-Hill and MACs are both M2 macrophages.

Alternative activated macrophages are frequently described as professional phagocytes involved in clearance of cellular debris and apoptotic bodies during tissue remodeling; therefore MACs phagocytic activity was evaluated by using fluorescent E. coli bioparticles. The phagocytic index of MACs was equivalent to M1 macrophages; however, their cellular morphology was clearly different (Supplementary Figure 7). Whereas MACs had a spindle, elongated shape, M1 macrophages showed distinctively flat, “fried-egg–like” morphology. These two contrasting macrophage morphologies have been described previously (31) and are related to M2 and M1 phenotypes, respectively.
MACs Secrete Angiogenic Factors

To identify some of the angiogenic cytokines and growth factors secreted by MACs, we characterized the media from previous coculture experiments described in Figure 1. For this characterization we used a human proteome array and performed absolute quantification of IL-8 in the conditioned media of MAC cultures but not RMECs (Figure 4B). Results of densitometry analysis indicated that IL-8 protein expression in the conditioned media of MACs was comparable to that found in the cocultures (Figure 4C), suggesting that IL-8 comes from MACs and not from RMECs. To further corroborate this finding, we performed absolute quantification of IL-8 in the different conditioned media by enzyme-linked immunosorbent assay (ELISA) (Figure 4D). In agreement with previous findings, IL-8 in RMEC-conditioned media was minimal (1.7 pg/mL) compared with MAC-conditioned media (154.4 pg/mL). The amount of IL-8 in cultures (142.6 pg/mL) was similar to MAC-conditioned media. Taken together, proteome analysis and ELISA results indicated that IL-8 is being secreted by MACs and not RMECs.

IL-8 Is Essential for MAC Proangiogenic Effects

Continuing on from the identification of MAC-derived cytokines, we separately added neutralizing antibodies against VEGF or IL-8 to the coculture system (Figures 5A, B) to evaluate whether the MAC proangiogenic effect was dependent on release of these two soluble factors. Interestingly, addition of anti-IL-8 antibody (Figure 5D), but not anti-VEGF (Figure 5C), significantly decreased RMEC tube formation to baseline levels (Figure 5E). Respective IgG isotype controls did not have any effect. These results indicated that the MAC-mediated angiogenic response is highly dependent on secreted IL-8 but not VEGF. In addition, a neutralizing antibody against VEGFR2 inhibited RMEC tube formation induced by MACs (Supplementary Figure 8). This result suggests that although the MAC proangiogenic effect on RMECs is independent of extracellular VEGF, it still depends on activation of the VEGF signaling pathway downstream of VEGFR2.

IL-8 Activates VEGFR2 Independently of VEGF

In our in vitro experiments we determined that blocking the bioactivity of extracellular VEGF did not inhibit MAC proangiogenic effects (Figure 5). This finding was surprising because it is established that activation of VEGFR2 signaling is critical for angiogenesis (32,33). These data suggested that IL-8 could transactivate VEGFR2, independently of extracellular VEGF, as has been previously reported (34). To evaluate if this transactivation phenomenon is central to IL-8 angiogenic function, we treated endothelial cells with 100 ng/mL IL-8 for 15 min, and assessed consequent VEGFR2 phosphorylation. IL-8 induced significant VEGFR2 phosphorylation (Figure 7A), which indicated that IL-8 is capable of transactivating the VEGF signaling pathway. To test functionality of VEGFR2 signaling induced by IL-8, we assessed endothelial barrier permeability because the effects of VEGF on permeability are primarily mediated by VEGFR2.
Recombinant human IL-8 decreased RMEC monolayer impedance to the same level as VEGF (Supplementary Figure 9). This result provides indirect evidence that IL-8 is capable of inducing VEGFR2 signaling and downstream endothelial permeability.

ERK phosphorylation was also investigated to further evaluate IL-8 effects on endothelial cells downstream of both IL-8 and VEGF signaling. IL-8 significantly induced phosphorylation of ERKs in RMECs (Figure 7B). Addition of SB225002 completely abrogated ERK phosphorylation induced by IL-8 and indicated that binding to the cognate receptor CXCR2 is required for phosphorylation of ERKs.

**DISCUSSION**

EPCs represent a range of cell types of which only some have been definitively proven to differentiate into endothelium and incorporate into blood vessels (9,36). The OEC (also called ECFC) subtype is now widely regarded as the “true EPC,” although, surprisingly, these cells have yet to be used in the clinical context. Instead, in most patient-based studies to date, investigators have used cells sorted from the mononuclear fraction of peripheral blood with a narrow-range of markers, such as CD34. Such isolates contain a high proportion of circulating monocytic cells that we now refer to as “MACs.”

These cells have also been referred to as proangiogenic hematopoietic progenitors (37). These marrow-derived cells, which have often been credited with the capacity of becoming endothelium (38), were first described as CD34+ colony-forming cells that acquired the expression of endothelial markers CD31, VEGFR2 and Tie2 (39). However, these “endothelial” markers are not specific, because they have also been found in monocytic cells (40). Indeed, it has been reported that platelet microparticle uptake by monocytic cells in culture may explain the presence of the endothelial markers CD31 and von Willebrand factor in MACs (41). For these reasons, alternative names other than “EPC” have been proposed, such as MACs, proangiogenic monocytes and vascular accessory cells (9,10). Novel evidence provided in the current investigation strongly supports the assertion that MACs are myeloid cells with no potential to differentiate into endothelium.

One of the key findings of the present study was the recognition of MACs as alternatively activated M2 macrophages that support angiogenesis in a paracrine manner. While investigating molecular mechanisms to explain the proangiogenic effects of MACs, we identified striking immunophenotypic similarities between these cells and M2 macrophages. MACs express typical M2 markers such as the macrophage scavenger receptor MSR1 (CD204), hemoglobin scavenger receptor (CD163), mannose receptor MRC1 (CD206) and cytokine IL-10. This new evidence is important because M2 macrophages have been shown to function by dampening inflammatory responses, scavenging cellular debris, promoting angiogenesis, and enhancing tissue repair (27,42). Our data indicate that MACs represent alternative M2 macrophages and, as such, promote repair and limit tissue injury.

Our data demonstrate that MACs have the ability to mediate angiogenesis *in vitro* and *in vivo*. They achieve this without ever incorporating into the lumen of vessels, and they often remain completely remote from the vasculature. Therefore, MACs must influence angiogenic behavior in a paracrine manner through the release of cytokines or growth factors and creation of a concentration gradient to which endothelial cells respond. Although this paracrine effect has previously been described (15,18), respective molecular mechanisms have not been addressed in sufficient detail. Our data provide the first evidence directly linking IL-8 secretion by MACs to downstream VEGFR2 transactivation and consequently ERKs phosphorylation in mature endothelial cells. Although not investigated in the current study, there is recent evidence that some circulating
blood-derived progenitor cells may form transient, nanotubelike intercellular connections to other distinct cell types that act as conduits for transfer of proteins and other macromolecules and thereby alter function (43). Whether this is a feature of MAC communication with resident endothelium is uncertain. Furthermore, endothelium-derived cytokines can also influence MAC phenotype and behavior. Hence endothelial cell–MAC interactions are highly complex, and we are currently investigating key aspects of this cellular cross-talk. In the current study, however, our data consistently demonstrated the existence of at least one key component of intercellular communication: MACs secrete IL-8, which induces phosphorylation of VEGFR2 in mature endothelial cells.

In the context of ischemic injury, we have now shown that intravitreal delivery of MACs into the ischemic eye can effectively promote retinal vascular repair and reperfusion. Although this effect has never been shown before in the eye, the findings are consistent with reports of the use of “MAC-like” cells to enhance neovascularization of other ischemic tissues in models of myocardial infarction (13) and hind limb ischemia (14). These data, in addition to ours, indicate that MACs have similar vasoreparative properties in at least three different vascular beds. Taken together, this evidence supports some of the preclinical and patient-based evidence that MACs have the potential to induce therapeutic angiogenesis. However, it should be noted that we have used a relatively homogeneous population of cells selected according to immunophenotype and cell morphology, cultured in vitro, and that such potent proangiogenic properties are not common to all monocytic cells. Indeed, transplanting freshly isolated CD14+ cells, cultured dendritic cells, or cultured macrophages (M1) in a murine hind-limb ischemic model did not improve neovascularization; only MAC transplantation significantly increased ischemic tissue revascularization (14). In agreement with the results of these other published studies, our microarray transcriptional profiling results corroborated other evidence that MACs are distinct from freshly isolated monocytes, and suggest that ex vivo culture conditions are partly responsible for the acquisition of a proangiogenic and anti-inflammatory phenotype. The in vivo cell type that correlates with MACs is the alternative M2 macrophage. The role of macrophages in tissue repair has recently been highlighted by work in wound healing, in which the switch from M1 to M2 macrophages is required for resolution of inflammation and physiologic wound healing (44).

Other investigators have shown that MACs have the potential to release a range of cytokines (16,18,20). This finding is consistent with the results of our analysis, in which we identified IL-8, MCP-1 and MMP-9 as being released by MACs in relatively high concentrations. In addition, our results have revealed that IL-8 plays a critical role, as demonstrated by the ability to abrogate the proangiogenic effects of MACs by blockade of IL-8, a response that is independent of extracellular VEGF. We have also demonstrated that IL-8 transactivates VEGFR2 and induces proangiogenic signaling cascades that control processes such as endothelial proliferation, migration and tube formation. Although we focused on IL-8/VEGFR2/ERK signaling pathways, other mechanisms to explain IL-8–induced angiogenesis are also possible. For example, nuclear factor κB (NFκB) transcription, activation of SREBPs (sterol regulatory element-binding proteins) and RhoA, and stimulation of IP3 (inositol-1,4,5-trisphosphate) production through activation of phospholipase C, may also be involved. Deletion of other mechanisms by which IL-8 regulates angiogenesis should be the focus of future research.

Despite in vitro evidence indicating that MAC-secreted IL-8 is necessary and sufficient to induce RMEC angiogenesis, the significant beneficial effect of injecting MACs into an ischemic retina is unlikely to be caused by IL-8 release alone. As stated previously, MACs, acting as alternative activated M2 macrophages, can modulate inflammatory and immune responses to ischemia by secreting a range of soluble factors (including IL-8) that will modify tissue cytokine profiles and thereby reduce tissue damage. A similar mechanism has been reported to explain neuroprotective effects of bone-marrow–derived progenitor cells injected into a murine model of ischemic brain injury (45). Paracrine effects play a significant role in tissue repair by modulating angiogenesis. The “secretory” nonendothelial phenotype of MACs contrasts with the “structural” endothelial phenotype of OECs; therefore the combined use of both EPC cell types may be an option for cellular therapies (46). Although considerably more work on such combinations is required, in a murine hind-limb ischemia model, it has been demonstrated that a mixed transplantation of MACs and OECs results in superior neovascularization in vivo compared with transplantation of either cell alone (18).

To dissect molecular mechanisms, we focused on IL-8 because this cytokine is classically known as a macrophage-derived mediator of angiogenesis (47).
Pathological neovascular states in the eye such as proliferative diabetic retinopathy and Eales disease were found to be associated with high IL-8 levels in the vitreous of these patients (unpublished data). In addition, it was reported that the angiogenic effects of IL-8 in microvascular endothelial cells are mediated by CXCR2 (48), and that IL-8 transactivates VEGFR2 (34). In the study we report here, we demonstrated that the provascular repair effect of MACs in vivo was abrogated when CXCR2 signaling was inhibited, and this result was consistent with in vitro findings showing that MACs secrete IL-8, which induces phosphorylation of VEGFR2 and ERKs. This finding provides a mechanistic explanation for the proangiogenic effect of MACs, although it should be appreciated that CXCR2 has a complex ligand-binding pattern that includes growth-related oncogene (GRO)1, GRO3, GCP2 (granulocyte chemotactic protein-2) and MIP2 (macrophage inflammatory protein-2) (49). Therefore we cannot exclude a possible role for other CXCR2 ligands acting alongside IL-8 in cytokine-mediated angiogenesis. Nevertheless, we provide evidence demonstrating that IL-8 is capable of inducing VEGFR2 and ERK phosphorylation, a response that is dependent on CXCR2 binding but is independent of VEGF. This evidence is in agreement with recent findings that indicate physical interactions between VEGFR2 and the IL-8 receptors, and that Src kinases are involved upstream of receptor complex formation and VEGFR2 transactivation (34). Therefore, the VEGF-signaling pathway can be added to the many downstream targets of IL-8–receptor binding (50).

In the current study we demonstrated that MACs have the ability to enhance angiogenesis; however, the concept of these cells as solely proangiogenic with positive reparative potential may be an oversimplification and could be misleading. Macrophages are known to retain considerable plasticity (42) and can respond to environmental signals by changing between their M1 and M2 phenotypes. Although we have now shown MACs to be M2-macrophage like, it is possible that certain environmental conditions, such as chronic hypoxia, extensive tissue necrosis/apoptosis, inflammation, and/or a diabetic milieu, could trigger a phenotypic switch that is associated with pathology rather than repair. As an example of this, it has been previously reported that diabetic EPCs (in this case MAC-like cells) did not efficiently repair ischemic vascular damage (51). Indeed, such cells converted to an antiangiogenic phenotype in obese diabetic mice (52). This finding suggests that clinicians who employ any future therapy based on delivering MACs should carefully take into account both the source of the cells and the environment into which they will be injected, because these features will determine the M1/M2 phenotype and the potential for reparative angiogenesis.

ACKNOWLEDGMENTS

This work was funded by grants from the Juvenile Diabetes Research Foundation, Fight for Sight UK, The Sir Jules Thorn Trust, the Department of Employment & Learning (DEL) (Northern Ireland), and the Medical Research Council UK. AW Stitt holds a Royal Society Wolfson Merit Award. The authors thank Sharon Alexander for constant support and assistance in taking samples. We also thank Jessica Neisen and David Waugh for assistance with ELISA for IL-8.

DISCLOSURE

The authors declare that they have no competing interests as defined by Muc- cular Medicine, or other interests that might be perceived to influence the results and discussion reported in this paper.

REFERENCES


