

Themed Section: Chinese Innovation in Cardiovascular Drug Discovery

REVIEW

Class A1 scavenger receptors in cardiovascular diseases

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Class A1 scavenger receptors (SR-A1) are membrane glycoproteins that can form homotrimers. This receptor was originally defined by its ability to mediate the accumulation of lipids in macrophages. Subsequent studies reveal that SR-A1 plays critical roles in innate immunity, cell apoptosis and proliferation. This review highlights recent advances in understanding the structure, receptor pathway and regulation of SR-A1. Although its role in atherosclerosis is disputable, recent discoveries suggest that SR-A1 function in anti-inflammatory responses by promoting an M2 macrophage phenotype in cardiovascular diseases. Therefore, SR-A1 may be a potential target for therapeutic intervention of cardiovascular diseases.

LINKED ARTICLES

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Abbreviations

acLDL, acetylated low-density lipoprotein; ER, endoplasmic reticulum; I/R, ischaemia/reperfusion; LTA, lipoteichoic acid; MI, myocardial infarction; mLDL, modified low-density lipoprotein; oxLDL, oxidized low-density lipoprotein; PRR, pattern recognition receptor; RAGE, receptor for advanced glycated end-products; SR-A1, class A1 scavenger receptor; TLR4, Toll-like receptor 4; TRAF6, TNF receptor-associated factor 6

Tables of Links

TARGETS Catalytic receptors^a Mer receptor tyrosine kinase TLR4 Enzymes^b Caspase 3 ERK JNK Mitogen-activated protein kinase kinase 7 (MKK7) p38 PI3K PKC PLC-γ1

LIGANDS Amyloid β IFN-γ IL-1 IL-10 LPS Lysophosphatidylcholine Macrophage colony-stimulating factor (M-CSF) MMP-9 Phorbol ester (PMA) Phosphatidylserine TGF-β1 TNF-α

These Tables list key protein targets and ligands in this article which are hyperlinked to corresponding entries in http://www.guidetopharmacology.org, the common portal for data from the IUPHAR/BPS Guide to PHARMACOLOGY (Pawson *et al.*, 2014) and are permanently archived in the Concise Guide to PHARMACOLOGY 2013/14 (*a-bAlexander *et al.*, 2013a,b).

Scavenger receptors are cell surface receptors that are structurally diverse but they typically recognize many different ligands to participate in diverse biological functions. The functional mechanisms of scavenger receptors include endocytosis, phagocytosis, adhesion and signalling, which ultimately leads to the removal of non-self- or altered self-targets. There are 10 classes of scavenger receptors according to a unified nomenclature system for scavenger receptors (Prabhudas et al., 2014). Class A scavenger receptors have several structural features in common, including a cytoplasmic tail, a transmembrane domain, a spacer region, a helical coiled coil domain, a collagenous domain and a C-terminal cysteine-rich domain (Figure 1). Class A1 scavenger receptor (SR-A1), also known as SCARA1, CD204 or macrophage scavenger receptor 1, is the prototypical SR-A molecule and was the first scavenger receptor to be identified (Goldstein et al., 1979; Kodama et al., 1990; Rohrer et al., 1990)

SR-A1 was initially identified by its ability to mediate the formation of foam cells, a characteristic component of atherosclerotic lesions (Goldstein *et al.*, 1979; Kodama *et al.*, 1990; Krieger and Herz, 1994; Bowdish and Gordon, 2009). However, observations from various SR-A1 gene knockout mouse models have yielded discrepant results concerning its role in the occurrence and development of atherosclerotic lesions (Suzuki *et al.*, 1997; Kuchibhotla *et al.*, 2008; Manning-Tobin *et al.*, 2009). A role beyond the handling of cholesterol is emerging for SR-A1 in the

pathogenesis of cardiovascular diseases. It not only functions as a phagocytic receptor and an innate immune recognition receptor but also plays an important role in cell apoptosis and cell proliferation. An overview of the recent progress of SR-A1 structure, signal transduction and its roles in cardiovascular diseases will be provided in this review.

Structure and expression of SR-A1

SR-A1 is a type II membrane glycoprotein that forms homotrimers. The SR-A1 gene is located on human chromosome 8 and there are three protein isoforms generated by alternative RNA splicing, including SR-A1, SR-A1.1 and SR-A1.2 (Matsumoto et al., 1990; Kzhyshkowska et al., 2012; Prabhudas et al., 2014). The human SR-A1 is composed of 451 amino acid residues with six domains: the N-terminal cytoplasmic domain, the transmembrane domain, the extracellular domain comprising α-helical coiled coils, multiple collagen-like repeats and a cysteine-rich C-terminal region. SR-A1.1 has a shorter cysteine-rich C terminus than SR-A1. It can still bind the ligands as the positively charged residues within the collagen-like repeats, which are critical for ligand recognition, are retained. The SR-A1.2 isoform contains a truncated C terminus composed of only four of the six SR-A1 C-proximal cysteine residues. It remains trapped in the endo-

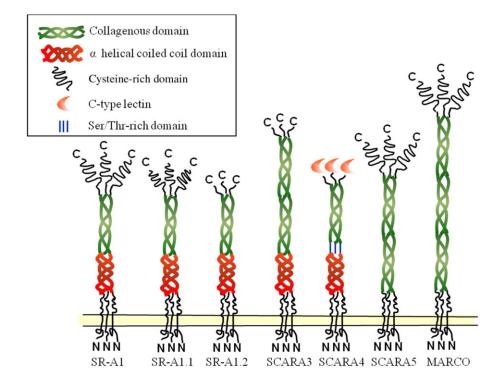


Figure 1

Members of class A scavenger receptor family. The members of class A scavenger receptor family have a similar structure that is composed of a cytoplasmic tail, a transmembrane domain, a spacer region, a helical coiled coil domain, a collagenous domain and a C-terminal cysteine-rich domain.



plasmic reticulum (ER) and hence cannot bind with extracellular ligands (Emi *et al.*, 1993; Gough *et al.*, 1998; Murphy *et al.*, 2005).

Among the six domains of SR-A1, the cysteine-rich domain is the most highly conserved, although its function is not fully elucidated (Hohenester et al., 1999). The α -helical coiled coil domain is involved in the adhesion function of the receptor with its high flexibility (Fraser et al., 1993; Hughes et al., 1994). The collagen-like domain of SR-A1 is responsible for the binding of its ligands. The lysine residues cluster throughout this domain, so these residues required for binding (Andersson and Freeman, 1998) are found not only at the C terminus. The cytoplasmic domain of SR-A1 consists of 40-55 amino acid residues, which depends on the species. This domain functions in membrane trafficking and recycling, internalization and adhesion. Deletion of the cytoplasmic domain of SR-A1 significantly reduced the number of receptors and decreased internalization of the receptor into cells. The six amino acids proximal to the membrane seem to be important for expression of the receptor, as the mutant SR-AΔ1-49 can restore receptor protein abundance but not the internalization of acetylated low-density lipoprotein (acLDL) into the cell. The spreading and adhesion are also increased after restoration of the six amino acids. Thus, the membrane-proximal amino acids of SR-A1 may also be associated with the receptor-mediated cell adhesion (Fong and Le, 1999; Kosswig et al., 2003). The di-leucine motif in the cytoplasmic domain seems to mediate the uptake of SR-A1 into the cell. Cells expressing mutants of the di-leucine motif exhibit a decreased internalization of SR-A1 into cells but unchanged ability to bind acLDL (Chen et al., 2006).

The ligands of SR-A1 include a broad spectrum of macromolecules, generally polyanionic. They are (a) modified lowdensity lipoprotein (mLDL) such as acLDL and oxidized lowdensity lipoprotein (oxLDL) but not native LDL, maleylated or glycated BSA, β-amyloid, heat shock proteins and hepatitis C virus (Pluddemann et al., 2007); (b) polyribonucleotides (poly G and poly I but not poly A, T or C); (c) polysaccharides, including LPS and lipoteichoic acid (LTA), which are both surface molecules of Gram-positive and Gram-negative bacteria, and dextran sulfate; and (d) anionic phospholipids, such as phosphatidylserine (Table 1). SR-A1 is primarily expressed in macrophages, monocytes, mast cells and dendritic cells (Ingersoll et al., 2010). It is also expressed in vascular endothelial cells (Loboda et al., 2006) and in smooth muscle cells within atherosclerotic plaques, in which oxLDL induces an up-regulation of SR-A1 and increased uptake of acLDL by cells (Mietus-Snyder et al., 2000). Macrophage colony-stimulating factor and phorbol ester up-regulate SR-A1 in cells, whereas TNF-α, N-acetylcysteine, IFN-γ and TGF-β1 down-regulate this receptor (Bottalico et al., 1991; Geng and Hansson, 1992; Hsu et al., 1996).

SR-A1 functions and regulation

SR-A1 regulates macrophage activities but the underlying mechanisms are not yet fully elucidated. The SR-A1 pathway consists of at least the receptor, the coupling signal molecules and the modulating molecules. SR-A1 is found in both coated

Table 1Ligands of class A1 scavenger receptor

| Modified proteins | oxLDL, acLDL, malondialdehyde-LDL, maleylated LDL, modified albumin, AGE-BSA, β-amyloid fibrils, glycated type IV collagen, modified collagen type I, III and IV |
|----------------------|--|
| Native proteins | Calreticulin, gp96, HSP70 family members, apoA-I, apo E |
| Lipids | Lysophosphatidylcholine, phosphatidic acid, cholesterol |
| Polysaccharides | Dextran sulfate, fucoidin, biglycan, decorin |
| Nucleic acids | poly G, poly I, poly G: I |
| Others | Gram-positive and Gram-negative bacteria, hepatitis C virus, lipopolysaccharide, lipoteichoic acid, the apoptotic cell |

pits and lipid rafts of cell membranes, binding with clathrin or caveolin-1 separately. SR-A1-mediated internalization of acLDL into cell is primarily via the process of coated pit-related endocytosis (Chen *et al.*, 2006; Zhu *et al.*, 2011). Meanwhile, macropinocytosis also contributes to the uptake of acLDL at a low level (Jones *et al.*, 2000). The SR-A1 in coated pits is linked to ERK signalling, which is presumably responsible for the SR-A1-mediated uptake of lipids into the cell (Zhu *et al.*, 2011).

Endocytosis of the VirB-dependent bacteria by macrophages induces localization of SR-A1 into the detergent-resistant membrane lipid rafts, which are sterol- and sphingolipid-enriched (Mommaas-Kienhuis $et\ al.$, 1985; Jones $et\ al.$, 2000; Kim $et\ al.$, 2004). Cell apoptosis and TNF- α synthesis triggered by internalization of SR-A1–fucoidan complexes also follow caveolae-dependent endocytosis. The caveolae-related SR-A1 endocytic route is linked to p38 and JNK signalling pathways (Zhu $et\ al.$, 2011). Different endocytic routes of SR-A1 may provide a molecular basis for the many functions of SR-A1 and the corresponding signalling pathways, although detailed mechanisms are not yet fully known.

Binding of SR-A1 with its ligands activates signalling pathways involving PKC, heterotrimeric G_{i/o} proteins and MAPKs. It causes tyrosine phosphorylation of PLC-γ1 and PI3K. There are two fucoidan-mediated SR-A1 signalling pathways: PTK (Src)/Rac1/PAK/JNK and PTK(Src)/Rac1/PAK/p38. Both play critical roles in pro-interleukin-1 (IL-1)/IL-1 production in macrophages (Hsu et al., 1998; 2001; Kim et al., 2003). SR-A1 binding with polyinosinic-polycytidylic acid (poly I : C) and LTA leads to a tyrosine phosphorylation and activation of the MAPK pathway. Selective inhibition of this pathway can blunt SR-A1-dependent TNF-α release (Coller and Paulnock, 2001). Fucoidan-induced NO production in macrophages is also required for SR-A1, which is linked to both the p38 MAPK and the NF-κB signalling (Nakamura et al., 2006). MEK-ERK signalling also participates in SR-A1mediated TNF-α production in macrophages (Gao et al., 2009). An interaction between SR-A1 and Mer receptor tyrosine kinase can activate downstream signalling pathways of

SR-A1. However, deletion of SR-A1 in mice does not influence fucoidan and LTA-evoked signalling in macrophages, which may be attributable to the presence of CD14 (Kim et al., 2003). Presumably, the cytoplasmic tail of SR-A1 plays a key role in activation of SR-A1 signalling by a protein-protein interaction mechanism. For example, Hook3 has been identified as a binding partner of cytoplasmic domain of SR-A1 to positively regulate the degradation but negatively regulate the expression of SR-A1 (Sano et al., 2007). Ben et al. (2013) found that major vault protein, a scaffolding protein, is also a binding partner for SR-A1 in lipid rafts to increase SR-A1mediated TNF-α synthesis and apoptosis in macrophages. In terms of the SR-A1-mediated uptake of lipids into cells, an ER resident molecular chaperone, glucose-regulated protein 78, seems to play an important role. It negatively regulated the acLDL-SR-A1 complex into macrophages by binding directly with the cytoplasmic domain of SR-A1 (Ben et al., 2009), although the biological significance of this regulatory mechanism *in vivo* is unknown. However, it is clear that the SR-A1 pathway is very precisely regulated in macrophages, in response to a range of stimuli.

As a subclass of the membrane-bound pattern recognition receptors (PRRs), SR-A1 has a synergistic coordination with other PRRs. For example, SR-A1 is considered as a physiological negative regulator of Toll-like receptor 4 (TLR4)-mediated immune consequences, which has important clinical implications for the development of PRR-targeted immunotherapeutic intervention. SR-A1 down-regulates inflammatory gene expression in dendritic cells by suppressing TLR4induced activation of the transcription factor NF-κB. The potential mechanism is that SR-A1 directly interacts with the TRAF-C domain of TNF receptor-associated factor 6 (TRAF6), resulting in inhibition of TRAF6 dimerization and ubiquitination (Yi et al., 2009; Chen et al., 2010; Yu et al., 2011). Recently, we found that SR-A1 interacts with the receptor for advanced glycated end-products (RAGE), a member of the PRR family, by inhibiting the phosphorylation of mitogenactivated protein kinase kinase 7, the major kinase in the RAGE-MAPK-NF-κB signalling pathway. By this mechanism, SR-A1 may antagonize RAGE-associated diabetic retinopathy (Ma et al., 2014).

Roles of SR-A1 in cardiovascular diseases

SR-A1 and atherosclerosis

The first SR-A1-deficient mouse model was used to identify the role of SR-A1 in atherosclerosis by Suzuki *et al.* (1997). They found that SR-A1-/-ApoE-/- mice exhibited an increased plasma cholesterol but a reduced atherosclerotic plaque area, compared with ApoE-/- mice. Meanwhile, degradation of acLDL and oxLDL by SR-A1-/- macrophages was reduced by 80 and 50%, respectively, indicating a major role of SR-A1 in clearance of mLDL by macrophages. Subsequent studies using SR-A1-/-LDL-R-/- mice confirmed a positive role of SR-A1 in the development of atherosclerotic lesions in mice (Babaev *et al.*, 2000). These *in vivo* observations plus many *in vitro* results showed that SR-A1 seems to be pro-atherogenic (Lougheed *et al.*, 1997; Sugano *et al.*, 2001; Kunjathoor *et al.*,

2002; Zhao *et al.*, 2005). Consequently, loss function of SR-A1 may prevent or decrease the development of atherosclerosis, by inhibiting the accumulation of lipids in macrophages.

However, Such allocation of pro-atherogenic activity to SR-A1 is challenged by other observations. For example, SR-A1 gene deletion leads to increased atherosclerotic lesions and the deterioration of local atherosclerotic lesions in the ApoE3Leiden transgenic mouse model (with the human mutation ApoE gene) (de Winther *et al.*, 1999). Overexpression of the human SR-A1 in either ApoE^{-/-} or LDL-R^{-/-} mice did not change the atherosclerotic lesions (Herijgers *et al.*, 2000; Van Eck *et al.*, 2000). Moreover, overexpression of bovine SR-A1 in mice diminished the atherosclerotic lesions (Whitman *et al.*, 2002). The discrepant observations on the role of SR-A1 in the pathogenesis of atherosclerosis may be caused by differences in atherosclerotic lesion stages, genetic backgrounds of mouse model and the high-fat diets used.

Since 2005, a new set of studies have been carried out, using new approaches in experimental technology to identify the exact role of SR-A1 in atherosclerosis. Moore et al. conducted comparative studies and demonstrated that neither SR-A1 nor CD36 ablation significantly influenced the atherosclerotic plaque area in mice. The atherosclerotic lesions in the aortic sinus were actually made worse but the foam cell formation in the lesion was not changed (Moore et al., 2005). Kuchibhotla et al. (2008) found that SR-A1 deficiency reduced atherosclerotic lesion area by 32% only in female mice, not in male mice. Thus, the role of SR-A1 in atherogenesis is still a matter of debate. Tobin et al. showed that deficiency in both SR-A1 and CD36 did not alter atherosclerotic plaque area and foam cell formation, although it did reduce necrosis of lesions, inflammation and macrophage apoptosis (Manning-Tobin et al., 2009). As a TLR4 co-receptor, SR-A1 is involved in ER stress and macrophage apoptosis (Devries-Seimon et al., 2005; Seimon et al., 2006). Recently, Robbins et al. (2013) found that the accumulating macrophage foam cells in the established atherosclerotic lesions primarily originated from SR-A1-mediated proliferation. Therefore, SR-A1 may contribute to atherogenesis primarily by mediation of macrophage proliferation, apoptosis and inflammatory responses.

SR-A1 and cardiovascular remodelling

Chronic inflammation plays an important role in myocardial infarction (MI)-induced ventricular remodelling. The mortality of SR-A1-deficient mice with experimental MI is dramatically increased. Increased risk of cardiac rupture in SR-A1-deficient mice is associated with insufficient production of IL-10 and increased levels of TNF- α and MMP-9 (Tsujita *et al.*, 2007). Hu *et al.* (2011) showed that the protective effect of SR-A1 against MI-induced cardiomyocyte necrosis may be through suppressing the polarization of macrophages towards the M1 subtype. The promotion of M2 macrophage polarization by SR-A1 has also been found in angiotensin II-induced vascular remodelling and in obese adipose tissue in mice (Zhu *et al.*, 2014). It seems that SR-A1 may exert an anti-inflammatory role in ischaemia-induced cardiovascular remodelling by shifting macrophages towards an M2 subtype (Figure 2).

However, the role of SR-A1 in myocardial ischaemia/ reperfusion (I/R) injury seems to be opposite to that in ischae-

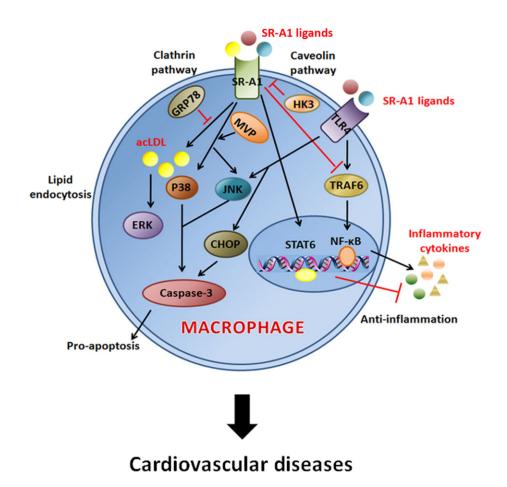


Figure 2 SR-A1-regulated macrophage activities in cardiovascular diseases.

mic injury model. SR-A1^{-/-} mice have a smaller myocardial infarct size and better cardiac function than wild-type (WT) mice. This is associated with an attenuated I/R-induced myocardial apoptosis by preventing p53-mediated Bak-1 apoptotic signalling. The levels of microRNA-125b in heart and macrophages from SR-A1^{-/-} mice are also significantly higher than those in WT tissues (Ren *et al.*, 2013).

SR-A1 and cerebrovascular diseases

In an experimental brain I/R injury model, SR-A1 deficiency decreased infarct area with mitigation of hippocampal neuronal damage, associated with a reduced NF-κB activity and cell apoptosis in the brain (Lu *et al.*, 2010). Xu *et al.* demonstrated that SR-A1 was up-regulated in mice brains with permanent occlusion of middle cerebral artery. SR-A1-deficient mice displayed a reduced infarct size and improved neurological function, compared with WT mice. This was accompanied by a decrease in M1 macrophages and an increase in M2 macrophages (Xu *et al.*, 2012). These observations from the brain are opposite to those from the peripheral tissues. As microglia play a key role in pathogenesis of brain ischaemia, the effects of SR-A1 on cell polarized differentiation between microglia and macrophage is worth investigating. Moreover, the microenvironment may be an important determinant of

SR-A1 function. This hypothesis is consistent with a recent discovery from cerebrovascular amyloidosis, which can lead to haemorrhagic stroke. Lifshitz $et\ al$. demonstrated that SR-A1-deficient mice show a cerebrovascular pathology at an earlier age. Furthermore, SR-A1 deficiency in macrophages leads to impaired clearing of cerebrovascular amyloid and inhibited phagocytosis of both soluble and insoluble A $\beta\ in\ vivo\ (Lifshitz\ et\ al.,\ 2013)$. Therefore, SR-A1 in macrophages may be a useful target in the prevention of cerebral amyloid angiopathy.

Therapeutic application of SR-A1 regulation to cardiovascular diseases

Although there are contradictory reports on the role of SR-A1 in cardiovascular diseases, attempts to use SR-A1 as a target for the prevention and treatment of cardiovascular diseases are continuing. Tsubamoto *et al.* showed that treatment with dextran sulfate, a ligand for SR-A1, resulted in a 40% reduction in atherosclerotic plaque area in hyperlipidaemic Watanabe rabbits, with no changes in blood lipids (Tsubamoto *et al.*, 1994). A low MW antagonist of SR-A1 has been identified and inhibited mLDL endocytosis by SR-A1 but did not

affect binding and degradation of mLDL by macrophages (Lysko et al., 1999). Wang et al. generated a peptide H11 that specifically binds with the cytoplasmic domain of SR-A1, which can inhibit the expression and endocytosis of SR-A1 in macrophages (Wang et al., 2009). Segers et al. also generated a SR-A1-binding peptide PP1. This peptide is taken up by endocytosis into macrophages via SR-A1 and accumulates in atherosclerotic lesions in mice (Segers et al., 2012). The ultrasmall super-paramagnetic iron oxide particle-conjugated PP1 has been used to detect in situ inflammatory plaques in atherosclerosis (Segers et al., 2013). The SR-A1-binding peptides seem to be useful tools not only for positioning SR-A1 in vivo but also for the regulation of SR-A1 function. As a protective role of SR-A1 against cardiovascular diseases has been identified recently, more agonists of SR-A1 are expected to be tested in the future.

Prospects

Although SR-A1 was identified more than 30 years ago, its role in cardiovascular diseases is still a matter for debate. Recent findings revealed that SR-A1 may function in anti-inflammatory responses by promoting an M2 macrophage phenotype in cardiovascular diseases. New and further studies should focus on (i) elucidation of its definite role in different types of cell and microenvironment; (ii) endogenous ligands of SR-A1 and their pathophysiological significance; and (iii) signalling pathways linking to SR-A1. We believe that, with the continuing development of new techniques and methods, clear biological functions and detailed mechanisms of SR-A1 in cardiovascular diseases will be revealed, which will be of benefit to the prevention and treatment of cardiovascular diseases.

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Conflict of interest

No conflicts of interest exist.

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