

RGC-32 DEFICIENCY PROTECTS ENDOTHELIAL CELL FROM INFLAMMATION AND ATTENUATES ATHEROSCLEROSIS

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Atherosclerosis is a major cause of morbidity and mortality worldwide, but the underlying mechanisms are not fully understood. Recent studies have shown that response gene to complement 32 (RGC-32) is closely associated with atherosclerosis. Whether or not RGC-32 plays a functional role in atherosclerosis, however, remains to be determined. In the present study, we found that RGC-32 was significantly induced in endothelial cells (ECs) of atherosclerotic lesions from both Apo lipoprotein E-deficient (*ApoE*^{-/-}) mice and human patients. RGC-32 deficiency (*Rgc32*^{-/-}) attenuated the high-fat diet-induced and spontaneously developed atherosclerotic lesions in *ApoE*^{-/-} mice without affecting serum cholesterol concentration. It appeared that *Rgc32*^{-/-} mainly decreased the macrophage accumulation without altering collagen and smooth muscle contents or macrophage proliferation in the lesions. In addition, transplantation of wild-type (WT) mouse bone marrow to lethal irradiated *Rgc32*^{-/-} mice did not alter *Rgc32* deficiency-caused reduction in lesion size and macrophage content, suggesting that RGC-32 in resident vascular cells, but not the macrophages, plays a critical role in the atherogenesis. Of importance, *Rgc32*^{-/-} decreased the expression of intercellular adhesion molecule 1 (ICAM-1) and vascular cell adhesion molecule 1 (VCAM-1) in ECs both in vivo and in vitro, resulting in a decreased monocyte-EC interaction. Mechanistically, RGC-32 mediated TNF- α -induced ICAM-1 and VCAM-1 expression through nuclear factor (NF)- κ B. RGC-32 appeared to directly interact with NF- κ B and further facilitate NF- κ B nuclear translocation and its binding to ICAM-1 and VCAM-1 promoters. Taken together, our data demonstrate that RGC-32 promotes atherosclerosis by facilitating monocyte-EC interaction, due to the induction of endothelial ICAM-1 and VCAM-1 expression through NF- κ B signalling.

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