Myosin 1b Participated in the Modulation of Hypoxia/Reoxygenation-Caused H9c2 Cell Apoptosis and Autophagy

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Myocardial ischemia/reperfusion (I/R) injury seriously threatens the health and life of patients with ischemia heart disease. Herein, we probed the potential influence of myosin 1b (myo1b) on hypoxia/reoxygenation- (H/R-) stimulated cardiomyocyte H9c2 cell apoptosis and autophagy. After H/R stimulation, the myo1b mRNA level in H9c2 cells was tested via qRT-PCR. Myo1b overexpression plasmid (OE-myo1b) and small interfering RNA (siRNA) targeting myo1b (si-myo1b) were transfected into H9c2 cells to alter myo1b expression in H9c2 cells. Following H/R stimulation and/or OE-myo1b (or si-myo1b) transfection, H9c2 cell apoptosis, proliferation, and autophagy were detected, respectively. We found that H/R stimulation reduced the mRNA level of myo1b in H9c2 cells and resulted in H9c2 cell apoptosis, proliferation inhibition, and autophagy. Overexpression of myo1b reversed the H/R-resulted H9c2 cell apoptosis, proliferation inhibition, and autophagy. Silence of myo1b had opposite effects, which promoted H9c2 cell apoptosis, reduced cell proliferation, and accelerated cell autophagy. Taken together, Myo1b took part in the modulation of H/R-stimulated cardiomyocyte apoptosis and autophagy, which might be serve as a potential endogenous target for prevention and therapy of I/R injury.

1. Introduction

In recent years, ischemia heart disease caused by imbalance between coronary blood flow and myocardial demand has become a major public health problem worldwide [1]. Acute and persistent ischemia and hypoxia of the heart will block the mitochondrial oxidative phosphorylation process of cardiomyocytes, result in serious damage of heart tissue and even cause myocardial infarction (MI), a leading reason of death for people with ischemia heart disease [2]. The rapid reperfusion of blood flow is the main therapeutic strategy for myocardial ischemia, which can decrease cardiomyocyte death, reduce infarct size, lower death, and improve the quality of patient’s life subjecting MI [3]. However, reperfusion itself also can damage cardiomyocytes and/or result in heart function disorders, termed as “ischemia/reperfusion (I/R) injury” [3]. Researches demonstrated that both apoptosis and autophagy were involved in the pathogenesis of myocardial I/R injury [4, 5]. More investigations concerning the molecular mechanism of I/R injury are considered to be helpful for prevention and therapy of ischemia heart disease.

Myosin is a class of molecular motor superfamily proteins that can bind to actin and convert the chemical energy of ATP into mechanical energy when interacting with microfilaments [6]. In generally, there are two isoforms of myosin, the α isoform and β isoform [7]. The α isoform is
Figure 1: Continued.
only located in atrial myocytes, while the β isoform is expressed in both ventricular myocytes and skeletal muscle fibers [7]. Antimyosin antibodies have been widely reported to be taken up into the acutely ischemic myocytes to bind with myosin [8], which imply the key role of myosin in the modulation of myocytes injury in ischemia heart disease. Myosin 1b (myo1b) is a major member of the myosin superfamily, located on the human chromosome 2q32.3 [9]. Sun et al. [10] reported that myo1b expression was downregulated in myocardial I/R injury. Zheng et al. [11] discovered that myo1b was a target gene of lncRNA myocardial infarction-associated transcript (MIAT). It is still needed to further exploring the regulatory role of myo1b in myocardial injury after I/R stimulation.

In the current research, rat cardiomyocytes H9c2 were subjected to hypoxia/reoxygenation (H/R) stimulation to simulate cardiomyocyte injury resulted by I/R. The

![Graphical representation of experimental data]

**Figure 1:** Overexpression of myo1b reversed the H/R-resulted H9c2 cell apoptosis. (a) Following H/R stimulation, the myo1b mRNA level in H9c2 cells was tested via qRT-PCR. (b) Following vector or OE-myo1b transfection, the myo1b mRNA level in H9c2 cells was tested via qRT-PCR. After H/R stimulation and OE-myo1b transfection, H9c2 cell apoptosis was measured via TUNEL assay (c) and Annexin V-FITC/PI staining (d); the Bcl-2, Bax, and cleaved-caspase 3 protein levels in H9c2 cells were evaluated through western blotting (e). **P < 0.01 vs. control group; ***P < 0.01 vs. vector group; P < 0.01 vs. H/R + vector group.
regulatory role of myo1b on H/R-caused H9c2 cell apoptosis, proliferation inhibition, and autophagy was probed.

2. Materials and Methods

2.1. Cell Culture and H/R Stimulation. H9c2 cells were purchased from Stem Cell Bank, Chinese Academy of Science (Shanghai, China). Cells were cultured in DMEM (Sigma-Aldrich, MO, USA) containing with 10% (v/v) fetal bovine serum (FBS, Invitrogen, CA, USA) and 1% (v/v) penicillin-streptomycin solution (Procell Life Science & Technology Co., Ltd., Wuhan, China) at 37°C with 5% CO₂.

To stimulate H/R damage in H9c2 cell damage, cells were cultured in 37°C with 5% CO₂ and 95% N₂ for 6 h and then cultured in 37°C with 95% air and 5% CO₂ for 12 h.

2.2. Cell Transfection. Myo1b overexpression plasmid (OE-myolb) was constructed by inserting the full-length sequence of myo1b in pcDNA3.0 plasmid (GeneChem Corporation, Shanghai, China). Small interfering RNA (siRNA) targeting myo1b (si-myo1b) was designed and composed by GeneChem Corporation. OE-myo1b and si-myo1b were transfected into H9c2 cells with the help of Lipofectamine™ 2000 Reagent (Invitrogen). Transfection efficiencies were measured via qRT-PCR assay. For H9c2 cells both subjected to H/R stimulation and OE-myo1b transfection, cells were pretransfected for 48 h and then received by H/R stimulation.

2.3. qRT-PCR Assay. After H/R irritation and/or OE-Myo1b (or si-Myo1b) transfection, total RNAs in H9c2 cells were detached via TRizol Reagent (Takara Biotechnology, Beijing, China).
China). Then, 2 μg RNAs were served as template to com-posite cDNA using Bestar™ qPCR RT Kit (DBI Bioscience, Shanghai, China). Real-time PCR was conducted using Bes-tar™ qPCR MasterMix (DBI Bioscience) with reaction con-dition: 2 min at 95°C, 40 cycles of 20 s at 94°C, 20 s at 58°C, and 20 s at 72°C. Results were analyzed by 2-△△Ct method.

2.4. TUNEL Assay. H9c2 cells were cultivated on slide cover in 6-well plate for 24 h, subjected to OE-Myo1b or si-Myo1b transfection and then H/R irritation. After that, cells were fixed with 4% paraformaldehyde solution for 30 min, permeabilized with 0.3% Triton X-100 solution for 5 min, rinsed with phosphate buff er saline (PBS), and incubated with TUNEL working solution (One Step TUNEL Apoptosis Assay Kit, Beyotime Biotechnology, Shanghai) for 1 h at 37°C protected from light. Hoechst 33342 was used to stain nucleus (blue fluorescent). Following rinsing with PBS, results were observed and photographed under fluorescence microscope (Leica, German, 450-500 nm excitation and 515-565 nm emission). The TUNEL positive H9c2 cells were displayed with green fluorescence.

2.5. Annexin V-FITC/PI Staining. After H/R irritation and/or OE-Myo1b (or si-Myo1b) transfection, 3 × 10^4 H9c2 cells were cultivated in 24-well plate for 24 h, subjected to OE-Myo1b or si-Myo1b transfection and then H/R irritation. After that, cells in each group were gathered, rinsed using PBS, and dyed with 5 μL Annexin V-FITC solution and 10 μL PI solution (Yeasen Biotechnology, Co., Ltd., Shanghai, China) for 15 min protected from light. The percentage of apoptotic H9c2 cells was recorded using flow cytometer (BD Biosciences, NJ, USA).

2.6. EdU Staining. The proliferation of H9c2 cells was detected via EdU staining assay. After H/R irritation and/or OE-Myo1b (or si-Myo1b) transfection, H9c2 cells were cultivated on slide cover in 6-well plate for 24, subjected to OE-Myo1b or si-Myo1b transfection and then H/R irritation. After that, cells were incubated with 10 μM EdU for 2 h. Cells in each group were gathered, fixed with 4% paraformaldehyde solution for 15 min, permeabilized with 0.3% Triton X-100 solution for 10 min, rinsed with PBS, and incubated with Click Additive solution for 30 min protected from light. Following rinsing with PBS, results were measured using flow cytometer.

2.7. Autophagy Double-Labeled Adenovirus Assay. The autophagy of H9c2 cells was evaluated by autophagy double-labeled adenovirus assay. Briefly, H9c2 cells were subjected to Ad-mCherry-GFP-LC3B (Beyotime Biotechnology) infection. Then, cells were undergoing H/R stimulation and/or OE-Myo1b (or si-Myo1b) transfection. Results were observed under fluorescence microscope. In the nonautophagy condition, mCherry-GFP-LC3B exists in the cytoplasm in the form of diffuse yellow fluorescence. When autophagy happened, mCherry-GFP-LC3B aggregated on the autophagosome membrane as a yellow speckle form. When autophagosomes fuse to lysosomes, they appeared as red spots due to partial quenching of GFP fluorescence.

2.8. Western Blotting. After H/R irritation and/or OE-Myo1b (or si-Myo1b) transfection, total proteins of H9c2 cells were detached using RIPA Lysis Buffer (Beyotime Biotechnology). BCA assay (Beyotime Biotechnology) was performed to measure protein concentration. Then, proteins in equal
**Figure 4:** Silence of myo1b promoted H9c2 cell apoptosis. After si-NC or si-myo1b transfection, H9c2 cell apoptosis was measured via TUNEL assay (a) and Annexin V-FITC/PI staining (b); the Bcl-2, Bax, and cleaved-caspase 3 protein levels in H9c2 cells were evaluated through western blotting (c). **P < 0.01** vs. si-NC group.
concentration were electrophoresed on polyacrylamide gels and transferred onto polyvinylidene fluoride (PVDF) membrane, which were incubated with anti-Myo1b antibody (ab194356, 1:1000, 60 min), anti-Bcl-2 antibody (ab196495, 1:1000, 40 min), anti-Bax antibody (ab32503, 1:1000, 40 min), anti-LC3B antibody (ab63817, 1:500, 40 min), anti-p62 antibody (ab91526, 1:1000, 60 min), anti-GAPDH antibody (ab8245, 1:10000, 40 min, Abcam Biotechnology, CA, USA), or anti-cleaved-caspase 3 antibody (#9661, 1:1000, 60 min, Cell Signaling Technology, MA, USA). Then, PVDF membranes were incubated with HRP goat anti-mouse IgG (BA1051, 1:10000) or HRP goat anti-rabbit IgG (BA1054, 1:10000, Boster Biological Technology, Wuhan, China) for 60 min. Results were visualized via enhanced chemiluminescence technique. Intensities of proteins were analyzed via the Image-Pro Plus 6.0 software.

2.9. Statistical Analysis. All experiments were repeated at least three times. The GraphPad Prism 9.0 software was utilized for statistical analysis. Results were displayed as mean ± standard deviation (SD). Differences between groups were analyzed using one way ANOVA. \( P < 0.05 \) was considered as significant difference.

3. Results

3.1. Overexpression of Myo1b Reversed the H/R-Resulted H9c2 Cell Apoptosis. Firstly, the myo1b expression in H9c2 cells following H/R stimulated was tested. Figure 1(a) shows that H/R stimulation notably reduced the myo1b expression in H9c2 cells by 3.3-fold (\( P < 0.01 \)). OE-myo1b was transfected to overexpress myo1b. Figure 1(b) displays that OE-myo1b transfection remarkably raised the myo1b expression in H9c2 cells (\( P < 0.01 \)). Following H/R stimulation and OE-myo1b transfection, H9c2 cell apoptosis was explored. Results of TUNEL assay in Figure 1(c) presented that H/R stimulation notably raised the percentage of TUNEL positive cells from 4.64% to 37.08% (\( P < 0.01 \)). Overexpression of
myo1b obviously reversed the H/R-resulted H9c2 cell apoptosis, as evidenced by the percentage of TUNEL positive cells in the H/R + OE-my1b group reduced to 16.88%, compared to the H/R + vector group (31.81%, P < 0.01). Similar phenomena were shown in the results of Annexin V-FITC/PI staining, which also illustrated that H/R caused H9c2 cell apoptosis. The percentage of apoptotic H9c2 cells raised 30.1% from 0.1% (Figure 1(d), P < 0.01), while OE-my1b reduced H/R-resulted H9c2 cell apoptosis. The percentage of apoptotic H9c2 cells reduced 17% from 29.7% (P < 0.01). Besides, Figure 1(e) displays that H/R stimulation lowered the Bcl-2 protein level but enhanced the Bax and cleaved-caspase 3 protein levels in H9c2 cells. However, relative to the H/R + vector group, the Bcl-2 level was raised, and Bax and cleaved-caspase 3 levels were reduced in the H/R + OE-my1b group. These outcomes represented that myo1b overexpression reversed the H/R-resulted H9c2 cell apoptosis.

3.2. Overexpression of Myo1b Weakened the H/R-Resulted H9c2 Cell Proliferation Inhibition and Autophagy. Then, following H/R stimulation and OE-my1b transfection, H9c2 cell proliferation and autophagy were measured. As displayed in Figure 2(a), H/R stimulation significantly inhibited H9c2 cell proliferation by 2.35-fold (P < 0.01). However, relative to the H/R + vector group, the proliferation of H9c2 cells in the H/R + OE-Myo1b group was notably increased (P < 0.01).

Moreover, the influence of OE-my1b on H/R-caused H9c2 cell autophagy was assessed. Figure 2(b) shows that H/R stimulation promoted H9c2 cell autophagy, as evidenced by the raised LC3B II/I expression ratio and lowered p62 protein level. OE-my1b transfection reversed the H/R-resulted H9c2 cell autophagy. Relative to the H/R + vector group, the LC3B II/I expression ratio was increased and the p62 protein level was decreased in the si-my1b group. The result of autophagy double-labeled adenovirus assay in Figure 5(c) also displayed that si-my1b transfection accelerated H9c2 cell autophagy, as evidenced by the increased red fluorescence in the si-my1b group. These outcomes represented that silence of myo1b reduced H9c2 cell proliferation and accelerated H9c2 cell autophagy.

3.3. Silence of Myo1b Promoted H9c2 Cell Apoptosis. Subsequently, si-my1b was transfected to silence myo1b expression. Figures 3(a) and (b) display that si-my1b transfection obviously reduced the mRNA and protein expression levels of myo1b in H9c2 cells (P < 0.01). Following si-my1b transfection, H9c2 cell apoptosis was tested.

The results of TUNEL assay in Figure 4(a) presented that si-my1b transfection notably increased the percentage of TUNEL positive H9c2 cells (P < 0.01). Figure 4(b) also show that si-my1b transfection accelerated H9c2 cell apoptosis. The percentage of apoptotic H9c2 cells raised 33.8% from 0.2% (P < 0.01). Besides, compared to the si-NC group, the Bcl-2 protein level was reduced, while the Bax and cleaved-caspase 3 protein levels were raised in the si-my1b group (Figure 4(c)). These outcomes represented that silence of myo1b promoted H9c2 cell apoptosis.

3.4. Silence of Myo1b Reduced H9c2 Cell Proliferation and Accelerated Cell Autophagy. Finally, following si-my1b transfection, H9c2 cell proliferation and autophagy were also explored. As displayed in Figure 5(a), si-my1b transfection inhibited H9c2 cell proliferation, as evidenced by the percentage of EdU positive cells in the si-Myo1b group reduced to 18.8%, relative to the si-NC group (35.1%). Furthermore, Figure 5(b) shows that si-my1b transfection accelerated H9c2 cell autophagy. Relative to the si-NC group, the LC3B II/I expression ratio was increased and the p62 protein level was decreased in the si-my1b group. The result of autophagy double-labeled adenovirus assay in Figure 5(c) also displayed that si-my1b transfection accelerated H9c2 cell autophagy, as evidenced by the increased red fluorescence in the si-my1b group. These outcomes represented that silence of myo1b reduced H9c2 cell proliferation and accelerated H9c2 cell autophagy.

4. Discussion

I/R injury has been considered as the one of the most serious complications after reperfusion therapy in patients with MI [12]. The current clinical protection methods for myocardial I/R injury are mainly exogenous, such as increasing myocardial oxygen and energy supplement, that can reduce the burden of the heart and energy consumption [13]. In recent years, some literatures have been published concerning the endogenous protective methods of myocardial I/R injury [14, 15]. It is believed that searching the effectively endogenous protection methods for myocardial I/R injury has great value for improving the prognosis of patients with ischemia heart diseases. H9c2 cells derived from rat embryonic heart tissue, which is usually as an in vitro cell model to explore cardiomyocyte damage after I/R stimulation [16]. H9c2 cells subjecting to H/R stimulation in vitro can simulate cardiomyocyte injury caused by I/R in vivo [17]. In this research, in consistent with earlier literature [18, 19], H/R stimulation resulted in H9c2 cell apoptosis and autophagy but inhibited cell proliferation, which suggested that H/R-stimulated H9c2 cells in our experiments could be used to probe the regulatory role of myo1b in myocardial injury after I/R stimulation.

Apoptosis is the main death manner of cardiomyocytes subjected to I/R stimulation [20]. O2 is necessary for mitochondrial oxidative phosphorylation to produce ATP [21]. Once the oxygen supply is interrupted, the increased level of peroxidation in the mitochondria will damage mitochondria and cause mitochondrial-dependent apoptosis [22]. Earlier literatures reported that multiple molecules took part in the regulation of cardiomyocytes apoptosis during I/R process [23, 24]. Communal et al. [25] revealed that the cleavages of myosin heavy chain and myosin light chain 1/2 in cardiac myocytes participated in the cell apoptosis activation-caused contractile dysfunction before cell death. Endo et al. [26] found that bepridil inhibited the apoptosis of HL-1 cardiac atrial myocytes expressing mutant E334K
myosin-binding protein C (MyBPC). For myo1b, Yu et al. [27] discovered that myo1b could interact with phosphatase and tensin homolog deleted on chromosome 10 (PTEN) to block nuclear localization of PTEN and then promote nuclear AKT activation to inhibit mouse embryonic fibroblast (MEF) apoptosis. In the current research, we discovered that myo1b expression in H9c2 cells was reduced after H/R stimulation. Moreover, overexpression of myo1b reversed the H/R-resulted H9c2 cell apoptosis at least via raising the Bcl-2 protein level and lowering Bax and cleaved-caspase 3 protein levels. Besides, silence of myo1b had opposite influence, which promoted H9c2 cell apoptosis. These findings signified that myo1b joined in the regulation of H/R-stimulated cardiomyocyte apoptosis and exerted antiapoptotic effect.

Apart from cell apoptosis, as a self-protection mechanism of cells under nutrient deficiency conditions, cell autophagy is also discovered to partake in the cardiomyocyte dysfunction during I/R process [28]. Earlier literatures reported that autophagy plays protective role in the stage of ischemia to against multiple stress, while in the stage of reperfusion, exceeding autophagy will promote cardiomyocyte death [29, 30]. The targeted regulation of autophagy via multiple factors, such as mammalian target of rapamycin (mTOR) inhibitors, adenosine monophosphate-activated protein kinase (AMPK) modulators, and lysosome inhibitors, has been discovered to give cardiomyocytes the ability to resist I/R-resulted cell death [31]. Kruppa et al. [32] reported that the cell cytoskeleton composed by myosin and actin provides the structure basis for the delivery of autophagosome. Moreover, myosin IIA is discovered to deliver membrane for the initial formation of the autophagosome in the early phase of autophagy, while myosin IC and myosin VI are demonstrated to participate in the final phase of autophagy through offering specific membranes for autophagosome maturation and lysosome fusion [33–35]. In this study, we found that H/R stimulation urged H9c2 cell autophagy via increasing the LC3B II/I protein level and reducing p62 protein level. We also observed that H/R stimulation promoted autophagosomes fused to lysosomes. Overexpression of myo1b reduced H9c2 cell autophagy caused by H/R stimulation, while silence of myo1b accelerated H9c2 cell autophagy. These findings signified that myo1b also joined in the regulation of H/R-stimulated cardiomyocyte autophagy and exerted antiapoptotic effect.

Taken together, this research confirmed the modulatory effect of myo1b on H/R-stimulated cardiomyocyte apoptosis and autophagy. Myo1b may offer protective effect on cardiomyocyte injury in I/R process, which may serve as a potential endogenous target for prevention and therapy of I/R injury, in spite of further internal molecular mechanisms are still needed to investigate.

Data Availability
The data used to support the findings of this study are available from the corresponding author upon request.

Conflicts of Interest
The authors declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

Authors’ Contributions
Ping Liu designed the work as the corresponding author. Jing Xu, Jin Huang, Xiaojie He, and Mingshuang Hu conducted the experiments and reported the data. Shan Su contributed to the analysis and interpretation of the data.

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