Modulatory Role of Nitric Oxide/cGMP System in Endothelin-1-Induced Signaling Responses in Vascular Smooth Muscle Cells

Georgia Kapakos, Ali Bouallegue, Grace Bou Daou and Ashok K. Srivastava*

Laboratory of Cell Signaling, Montreal Diabetes Research Centre, Centre de Recherche du Centre Hospitalier de l’Université de Montréal (CRCHUM) – Technopole Angus and Department of Medicine, University of Montreal, Montreal, Quebec, Canada

Abstract: Nitric oxide (NO) is an important vasoprotective molecule that serves not only as a vasodilator but also exerts antihypertrophic and antiproliferative effects in vascular smooth muscle cells (VSMC). The precise mechanism by which the antihypertrophic and antiproliferative responses of NO are mediated remains obscure. However, recent studies have suggested that one of the mechanisms by which this may be achieved includes the attenuation of signal transduction pathways responsible for inducing the hypertrophic and proliferative program in VSMC. Endothelin-1 is a powerful vasoconstrictor peptide with mitogenic and growth stimulatory properties and exerts its effects by activating multiple signaling pathways which include ERK 1/2, PKB and Rho-ROCK. Both cGMP-dependent and independent events have been reported to mediate the effect of NO on these pathways leading to its vasoprotective response. This review briefly summarizes some key studies on the modulatory effect of NO on these signaling pathways and discusses the possible role of cGMP system in this process.

Keywords: Endothelin-1, Nitric oxide, ERK1/2, PKB, VSMC, Proliferation, Hypertrophy, Vasculature.

INTRODUCTION

Increased vascular smooth muscle cell (VSMC) hypertrophy, migration and proliferation are among key events that contribute to remodeling of the vasculature associated with cardiovascular diseases. In recent years, an important role of endothelin-1 (ET-1) in vascular hypertrophy and proliferation, leading to vasculopathies including atherosclerosis and hypertension has been suggested [1,2]. Conversely, nitric oxide (NO), originally described as a non-prostaglandin, endothelium-derived relaxing factor (EDRF), in addition to its potent vasodilator action, has emerged as an important vasculo-protective agent through its ability to exert antihypertrophic, anti-proliferative and anti-apoptotic responses in the cardiovascular system [3-7]. The balance between these two endothelium-derived opposing agents helps regulate vascular homeostasis. Even though previous studies have suggested possible interactions between NO and ET-1, the mechanistic contribution of NO on ET-1-induced vascular remodeling still remains poorly understood. The aim of this review is to highlight the effect of the NO system on the key signaling pathways induced by ET-1 that are linked to hypertrophy and proliferation of VSMC.

ET-1-INDUCED SIGNALING PATHWAYS

ET-1 is a potent vasoconstrictor peptide which also exhibits mitogenic [8-11], and hypertrophic properties [12]. ET-1 has been shown to stimulate VSMC proliferation [13], migration [14], contraction [15], extracellular matrix deposition remodeling and deposition [16-18], secretion of growth factors and inflammatory mediators [19]. It exerts its biological actions in a paracrine/autocrine fashion through the activation of two receptor subtypes, ETA and ETB [20,21]. Both receptors belong to a large family of seven transmembrane guanine nucleotide-binding protein-coupled receptors (GPCRs). Each receptor couples to different G protein families. ETA receptors are highly expressed in VSMC but are also found in cardiomyocytes, fibroblasts, hepatocytes, adipocytes, osteoblasts as well as in brain neurons [20,22]. ETB receptors are predominantly expressed in endothelial cells, however, a relatively low level of expression in other cells including cardiomyocytes, hepatocytes, fibroblasts, osteoblasts, and VSMC has been reported [21]. These two ET-1 receptors exhibit somewhat different physiological roles [22-25]. ET-1 induced activation of ETA receptors on smooth muscle cells is believed to contribute to vasoconstriction, cell growth and cell adhesion, whereas binding of ETB receptors leads to vasodilation through the release of NO and prostacyclin [3,25].

The activation of the ETA receptor triggers multiple signaling pathways (Fig. 1) [26,27]. One of the primary targets include phosphoinositide-specific phospholipase C β (PLC β) [28,29], which hydrolyzes the membrane phospholipid phosphatidylinositol-4,5-biphosphate (PIP2) to generate two second messengers: hydrophobic diacylglycerol (DAG), and soluble inositol-1,4,5-triphosphate (IP3). IP3 contributes to Ca2+ release from intracellular stores which play an important role in regulating the contractile response of the cell. DAG, together with Ca2+, activates the phosphatidylyserine-dependent protein kinase, protein kinase C (PKC). PKC is a serine/threonine kinase that translocates from the cytosol to the cell membrane where it becomes activated and phosphorylates several proteins [30]. ET-1-induced activation of PKC in VSMC leads to protein synthesis [31], cellular pro-
liferation [30,32] and contraction [33]. Downstream of PKC, ETₐ receptor activation also results in the stimulation of the mitogen activated protein kinases (MAPKs), a family of serine/threonine protein kinases known to promote cell growth [34]. These MAPK include ERK1/2, c-Jun-NH2-terminal kinase (JNK) and p38MAPK [27,35-38]. ET-1 has also been shown to activate the phosphatidylinositol-3-kinase (PI3K)/protein kinase B (PKB) pathway [27,39,40], which signals cell growth, transformation, differentiation, motility and survival [41,42].

**NITRIC OXIDE SYSTEM**

NO is a short-lived free radical generated by the oxidation of L-arginine to L-citrulline by a reaction catalyzed by nitric oxide synthase (NOS). Three distinct NOS enzymes have been identified, each a product of a unique gene. These are classified as neuronal NOS (nNOS or NOS-1), inducible NOS (iNOS or NOS-2) and endothelial NOS (eNOS or NOS-3) [43]. It was originally believed that NOS-1 and NOS-3 are constitutively expressed in neuronal and endothelial tissues, whereas NOS-2 expression is induced in response to cytokines or endotoxin activation. However, later studies have demonstrated a constitutive expression of NOS-2 in some tissues [44,45], and evidence has been presented to indicate that NOS-1 and NOS-3 may also be regulated by certain stimuli [46-50]. The principal mechanism by which NO exerts its biological effects involves the activation of soluble guanylate cyclase (sGC), a heterodimeric NO receptor that becomes activated once NO binds to its heme containing group. Binding of NO leads to allosteric modification of sGC, resulting in enhanced catalytic activity [51]. GCs are enzymes that catalyze the conversion of intracellular GTP into the second messenger cyclic guanosine 3’-5’-monophosphate (cGMP) [52]. Thus formed, cGMP binds and activates cGMP-dependent protein kinase (PKG) [52]. Two different types of PKG, type I (PKG-1) and type II (PKG-2) are expressed in mammalian tissues, however, their relative distribution is tissue and species dependent [53,54]. In cardiovascular tissues, a predominant expression of PKG-1 has

---

**Fig. (1). ET-1-induced signaling cascade in VSMC.** ET-1 receptor stimulation leads to both Gq/₁₁ and activation, which then activates PLC β. PLC β converts PIP₂ to IP₃ and DAG. IP₃ is responsible for elevating intracellular calcium concentrations. DAG activates PKC. Through the activation of several downstream intermediates, Ca²⁺ alone or in partnership with PKC or other intermediates triggers the activation of Ras/Raf/MEK/ERK1/2 as well as PI3-K/PKB pathways. Activation of ERK and PKB signaling cascades play a key role in mediating various cellular responses such as gene transcription, protein synthesis, cell growth and cell survival.
been reported, and its role in mediating the anti-proliferative effect of cGMP has been suggested [54-57]. PKG-1 elicits its effects through serine/threonine phosphorylation of multiple substrates which include IP₃ receptor, phospholamban, troponin, the myosin light chain phosphatase, c-raf kinase, Ca²⁺ and K⁺ channels [52, 58-62]. NO can also exert its effects through non-sGC/cGMP/PKG-dependent mechanisms, which include changes in cAMP signaling [63] or through the production of highly reactive peroxynitrite radical, capable of post-translational modification of protein function by nitration of tyrosine residues [64-66].

**NO MODULATION ON ET-1 SIGNALING**

Existence of a cross-talk between NO and ET-1 system within the cardiovascular system has been known for a long time [3]. It has been demonstrated that NO counteracts the vasoconstrictor effect of ET-1 in normal human arteries [67] and blockade of NO production results in hypertension [68]. This implies that a balance between NO and ET-1 system may play an important role in maintaining vascular homeostasis [69-71]. In the context of vasculopathies, an upregulation of NO production, either by the use of NO donors, eNOS gene transfer or other mechanisms has been demonstrated to inhibit neointima formation and VSMC proliferation in animal models and confer vasculoprotection [72-74]. However, precise molecular events that contribute to this protective response remain poorly defined. Since an exaggerated migration, proliferation and hypertrophy of VSMC play an important role in vascular proliferative diseases, several studies have focussed on investigating the effect of the NO system on the signaling pathways that mediate these responses. In this regard, ET-1-induced phosphorylation of ERK1/2 in pulmonary VSMC of rats was shown to be potently inhibited by the NO donor SNP (sodium nitroprusside) [75]. Interestingly, in these studies, treatment of VSMC with l-NAME (nitro-L-arginine methyl ester), a nonspecific inhibitor of NOS, amplified ET-1-induced ERK1/2 phosphorylation, suggesting that alterations in NO levels can modify the ET-1-induced signaling responses [75]. A similar effect of SNAP (s-nitroso-N-acetylpenicillamine), another NO donor, as well as l-NAME, on ET-1-induced ERK1/2 phosphorylation in A10 VSMC has also been reported in studies from our laboratory (Fig. 2A and 2B) [76]. Since SNAP raises intracellular cGMP levels via sGC in A10 VSMC [65,66], additional studies demonstrated that 8-Br-cGMP (8-bromoguanosine 3’-5’-cyclic monophosphate), a non-hydrolyzable analogue of cGMP, mimicked the effect of SNAP and SNP and inhibited ET-1 stimulated ERK1/2 phosphorylation (Fig. 2C) [76]. Moreover, the ability of ODQ (1H-[1,2,4]oxadiazolo[4,3-a]quinazolin-1-one), a selective sGC inhibitor, to reverse SNAP-induced attenuation of ERK1/2 phosphorylation (Fig. 2D) [76] established a role of activated sGC and cGMP in mediating the effects of these NO donors on ET-1-induced ERK signaling. Consistent with these observations, an involvement of cGMP elevation and PKG activation in ET-1-induced ERK phosphorylation in neonatal rat ventricular myocytes have also been reported [5]. In addition to ET-1, angiotensin II, insulin and IGF-1-induced ERK1/2 and other signaling events in cardiac fibroblasts, as well as in VSMC, have been shown to be attenuated by NO donors [77-79]. SNAP treatment was also shown to inhibit ET-1-induced total protein synthesis, an index of hypertrophy, in A10 VSMC (Fig. 3) as well as in cardiomyocytes [5,76,80].
Fig. (3). Attenuation of ET-1-induced total protein synthesis by SNAP in A10 VSMC. NO donor SNAP dose-dependently inhibited ET-1-induced [3H] Leucine incorporation into total cellular protein. Adapted from [76].

In the case of A10 VSMC, no attempts were made to directly test the role of cGMP in mediating the antihypertrophic response of SNAP [76], however, in cardiomyocytes this effect appeared to be cGMP-dependent [5,80]. In these studies 8-Br-cGMP mimicked the effect of SNAP on hypertrophic responses [5,80], and pharmacological blockade of PKG by KT5823, a selective PKG inhibitor, reversed the inhibitory effect of SNAP on ET-1-induced phosphorylation of ERK1/2 and c-fos gene expression [5].

In addition to the ERK pathways, NO has also been shown to attenuate ET-1-induced phosphorylation of PKB in A10 VSMC (Fig. 4A) [76]. As was the case with ERK pathway, treatment with L-NAME potentiated ET-1-induced phosphorylation of PKB (Fig. 2B), further suggesting a modulatory role of the NO system on ET-1-induced signaling responses. Moreover, in these studies, 8-Br-cGMP mimicked and ODQ restored the inhibitory effect of SNAP on ET-1-induced phosphorylation of PKB (Figs. 4C and 4D) [76]. These studies suggested a role of cGMP-dependent events in modulating NO-induced inhibition of ERK and PKB signaling pathways induced by ET-1. Although not studied in VSMC, ET-1-induced activation of RhoA-ROCK-dependent signaling pathway that participates in cardiac hypertrophy was also reported to be attenuated by SNAP and 8-Br-cGMP [80]. In these studies, ET-1-induced translocation of RhoA and phosphorylation of coflin-2, a downstream effector of RhoA-ROCK signaling, was significantly inhibited by SNAP as well as 8-Br-cGMP. Consistent with a role of the cGMP system in mediating the antihypertrophic and antiproliferative effects of the NO generating system, multiple studies using isolated cells and animal models have demonstrated an involvement of PKG in this process. For example, expression of a constitutively active PKG was shown to increase the antiproliferative effects of NO in VSMC [81] and to reduce neointimal growth in a model of in-stent restenosis [82]. In addition, high-glucose-induced proliferation and migration of VSMC was also inhibited by overexpression of PKG-1 in VSMC [57]. Despite these observations supporting a role of the cGMP/PKG system, and cGMP-independent events have also been proposed to medi-
ate NO response. For example, a role of cAMP in mediating the growth, inhibitory and signaling responses of NO has been suggested in VSMC [63,65]. Moreover, studies using mouse models lacking PKG-1 have indicated that non-PKG-dependent pathways may also contribute to some of the anti-hypertrophic and antiproliferative effects of NO [83,84]. In addition, NO-induced peroxynitrite (ONOO⁻) generation has also been proposed to mediate some of the cGMP-independent effects of NO [64,85] (Fig. 5).

The mechanism by which the NO/cGMP system attenuates ET-1-induced signaling pathways is poorly understood, however, there are reports indicating that NO can inhibit cytoplasmic Ca²⁺ levels [86,87] and, since increased Ca²⁺ is critical to trigger downstream signaling events of ET-1, a decreased Ca²⁺ would turn off the ET-1-induced signaling response (Fig. 5). Additionally, PKG-induced phosphorylation of c-Raf kinase on serine 43, which results in the uncoupling between Ras and Raf, can block ERK phosphorylation by ET-1 [60] (Fig. 5). NO generation has also been shown to attenuate IGF-1 and insulin-induced elevation in H₂O₂ levels through a cGMP-dependent event in VSMC [79]. ET-1-induced ERK1/2 and PKB signaling is known to require activation of the NADPH-oxidase system, resulting in H₂O₂ generation [40], thus, it is possible that NO/cGMP-induced

---

Fig. (5). A schematic model summarizing the potential mechanism by which NO system may attenuate ET-1-induced ERK1/2 and PKB signaling in A10 VSMC.
reduction in H₂O₂ generation may also contribute to attenuation of ET-1-induced signaling in VSMC.

CONCLUSION

NO is a well established vasculoprotective agent. Stimulation of sGC leading to enhanced production of cGMP, which in turn activates PKG, appears to be one of the principal pathways involved in mediating the effect of NO. NO has been suggested to antagonize the physiological and pathological effects of growth factors and vasoactive peptides, such as ET-1. NO-induced inhibition of one or more serine/threonine kinases such as ERK1/2 and PKB, implicated in triggering the hypertrophic and hyperproliferative responses in VSMC, may be one of the mechanisms by which this is accomplished. However, the precise molecular events that trigger this effect are poorly understood. Both cGMP-dependent and independent pathways may participate in this process in a context and cell specific fashion. Additional studies using both pharmacological and genetic approaches will help to better enhance our knowledge in this area.

ACKNOWLEDGEMENTS

This work was supported by funding from the Canadian Institutes of Health Research (CIHR) to AKS. AB was a recipient of a CIHR/RX&D-Canadian Hypertension Society Doctoral Research Award.

REFERENCES

[1] Bousser N, Giadia A. Endothelin-1 in atherosclerosis and other vasculopathies. Can J Physiol Pharmacol 2003; 81(6): 578-87.
[2] Schiffrin EL. Endothelin: potential role in hypertension and vascular hypertrophy. Hypertension 1995; 25(6): 1135-43.
[3] Alonso D, Radomski MW. The nitric oxide-endothelin-1 connection. Heart Fail Rev 2003; 8(1): 107-15.
[4] Lloyd-Jones DM, Bloch KD. The vascular biology of nitric oxide and its role in atherogenesis. Annu Rev Med 1996; 47: 365-75.
[5] Cheng TH, Shih NL, Chen SY, et al. Nitric oxide inhibits endothelin-1-induced cardiacmyocyte hypertrophy through cGMP-mediated suppression of extracellular-signal regulated kinase phosphorylation. Mol Pharmacol 2005; 68(4): 1183-92.
[6] Heller R, Polack T, Grabner R, Till U. Nitric oxide inhibits proliferation of human endothelial cells via a mechanism independent of cGMP. Atherosclerosis 1999; 144(1): 49-57.
[7] Li DT, Tao L, Liu H, Christopher TA, Lopez BL, Ma XL. Role of ERK1/2 in the anti-apoptotic and cardioprotective effects of nitric oxide after myocardial ischemia and reperfusion. Apoptosis 2006; 11(6): 923-30.
[8] Hirata Y, Takagi Y, Fukuda Y, Marumo F. Endothelin is a potent mitogen for rat vascular smooth muscle cells. Atherosclerosis 1989; 78(2-3): 225-8.
[9] Hafizi S, Allen SP, Goodwin AT, Chester AH, Yacoub MH. Endothelin-1 stimulates proliferation of human coronary smooth muscle cells via the ET(A) receptor and is co-mitogenic with growth factors. Atherosclerosis 1999; 146(2): 351-9.
[10] Battistini B, Chailler P, D’Orleans-Juste P, Briere N, Sirois P. Growth regulatory properties of endothelins. Peptides 1993; 14(2): 385-99.
[11] Kawanaobe Y, Hashimoto N, Masaki T, Extracellular Ca²⁺ influx and endothelin-1-induced intracellular mitogenic cascades in rabbit internal carotid artery vascular smooth muscle cells. J Cardiovasc Pharmacol 2002; 40(2): 307-14.
[12] Sugden PH. An overview of endothelin signaling in the cardiac myocyte. J Mol Cell Cardiol 2003; 35(8): 871-86.
[13] Komuro I, Kurihara H, Sugiyama T, Yoshizumi M, Takaku F, Yazaki Y. Endothelin stimulates c-fos and c-myc expression and proliferation of vascular smooth muscle cells. FEBS Lett 1988; 238(2): 249-52.
[14] Kohno M, Yokokawa K, Yasunari K, Kano H, Minami M, Yoshikawa J. Effect of the endothelin family of peptides on human coronary artery smooth-muscle cell migration. J Cardiovasc Pharmacol 1998; 31(1): S84-S89.
[15] Ishida N, Tsujikoa K, Tomoi M, Saida K, Matsu Y. Differential activities of two distinct endothelin family peptides on ileum and coronary artery. FEBS Lett 1989; 247(2): 337-40.
[16] Harris AK, Hutchinson JR, Sachidanandam K, et al. Type 2 diabetes causes remodeling of cerebrovasculature via differential regulation of matrix metalloproteinases and collagen synthesis: role of endothelin-1. Diabetes 2005; 54(9): 2638-44.
[17] Naito S, Shimizu S, Maeda S, Wang J, Paul R, Fagin JA. Ets-1 is an early response gene activated by ET-1 and PDGF-BB in vascular smooth muscle cells. Am J Physiol 1998; 274(2 Pt 1): C472-C480.
[18] Rodriguez-Vita J, Ruiz-Ortega M, Ruperez M, et al. Endothelin-1, via ETA receptor and independently of transforming growth factor-beta, increases the connective tissue growth factor in vascular smooth muscle cells. Circ Res 2005; 97(2): 125-34.
[19] Hahn AW, Resink TJ, Bernhardt J, Ferracin F, Buhler FR. Stimulation of autocrine platelet-derived growth factor AA-homodimer and transforming growth factor beta in vascular smooth muscle cells. Biochem Biophys Res Commun 1991; 178(3): 1451-8.
[20] Arai H, Sori H, Aramori I, Okubo H, Nakasahi S. Cloning and expression of a cDNA encoding an endothelin receptor. Nature 1990; 348(6303): 730-2.
[21] Sakurai T, Yanagisawa M, Takauwa Y, et al. Cloning of a cDNA encoding a non-isopeptide-selective subtype of the endothelin receptor. Nature 1990; 348(6303): 732-5.
[22] Endoh M, Fujita S, Yang HT, Talukder MA, Manuya J, Norota I. Endothelin: receptor subtypes, signal transduction, regulation of Ca²⁺ transients and contractility in rabbit ventricular mycardium. Life Sci 1998; 62(17-18): 1485-93.
[23] Trow TK, Taichman DB. Endothelin receptor blockade in the management of pulmonary arterial hypertension: selective and dual antagonism. Respir Med 2009; 103(7): 951-62.
[24] Gellai M, Fletcher T, Pullen M, Nambi P. Evidence for the existence of endothelin-B receptor subtypes and their physiological roles in the rat. Am J Physiol 1996; 271(1 Pt 2): R254-R261.
[25] D’Orleans-Juste P, Labonte J, Bkaily G, Choufani S, Plante M, Honore JC. Function of the endothelin(B) receptor in cardiovascular physiology and pathophysiology. Pharmacol Ther 2005; 97(3): 221-38.
[26] Ivey ME, Osman N, Little PJ. Endothelin-1 signalling in vascular smooth muscle: pathways controlling cellular functions associated with atherosclerosis. Atherosclerosis 2008; 199(2): 237-47.
[27] Boullegue A, Daou GB, Srivastava AK. Endothelin-1-induced signaling pathways in vascular smooth muscle cells. Curr Vasc Pharmacol 2007; 5(1): 45-52.
[28] Rhe S. Regulation of phosphoinositide-specific phospholipase C. Annu Rev Biochem 2001; 70: 281-312.
[29] Fukami K. Structure, regulation, and function of phospholipase C isozymes. J Biochem 2002; 131(3): 293-9.
[30] Rosen B, Bag J, Zimlichman R. The effects of angiotensin II, endothelin-1, and protein kinase C inhibitor on DNA synthesis and intracellular calcium mobilization in vascular smooth muscle cells from young normotensive and spontaneously hypertensive rats. Am J Hypertens 1999; 12(12 Pt 1-2): 1243-51.
[31] Chua BH, Krebs CJ, Chua CC, Diglio CA. Endothelin stimulates protein synthesis in smooth muscle cells. Am J Physiol 1992; 262(4 Pt 1): E412-E416.
[32] Assender JW, Irenius E, Fredholm BB. Endothelin-1, and protein kinase C inhibitor on DNA synthesis and proliferate of vascular smooth muscle cells. FEBS Lett 1988; 238(2): 249-52.
[33] Chen QW, Edvinsson L, Xu CB. Role of ERK/MAPK in endothelin receptor signaling in human aortic smooth muscle cells. BMC Cell Biol 2009; 10: 52.
Modulatory Role of Nitric Oxide

[35] Bogoyevitch MA, Glennon PE, Andersson MB, et al. Endothelin-1 and fibroblast growth factors stimulate the mitogen-activated protein kinase signaling cascade in cardiac myocytes. The potential role of the cascade in the integration of two signaling pathways leading to myocyte hypertrophy. J Biol Chem 1994; 269(2): 1110-9.

[36] Yamboliev IA, Hruby A, Gerthoffer WT. Endothelin-1 activates MAP kinases and e-Jun in pulmonary artery smooth muscle. Pulm Pharmacol Ther 1998; 11(2-3): 205-8.

[37] Yoshizumi M, Kim S, Kagami S, et al. Effect of endothelin-1 (1-31) on extracellular signal-regulated kinase and proliferation of human coronary artery smooth muscle cells. Br J Pharmacol 1998; 125(8): 1019-27.

[38] Sorokin A, Kozlovska P, Graves L, Philip A. Protein-tyrosine kinase Pyk2 mediates endothelin-induced p38 MAPK activation in glomerular mesangial cells. J Biol Chem 2001; 276(24): 21521-8.

[39] Kosch M, Chari S, Dunn MJ, Sorokin A. Bicistronic activation of p21ras by endothelin-1 sequentially activates the ERK cascade and phosphatidylinositol 3-kinase. EMBO J 1997; 16(21): 6439-51.

[40] Mao GB, Srivastava AK. Reactive oxygen species mediate Endothelin-1-induced activation of ERK1/2, PKB, and Pyk2 signaling, as well as protein synthesis, in vascular smooth muscle cells. Free Radic Biol Med 2004; 37(2): 208-15.

[41] Kandel ES, Hay N. The regulation and activities of the multifunctional serine/threonine protein kinase Akt/PKB. Exp Cell Res 1999; 253(1): 210-29.

[42] Fruman DA, Meyers RE, Cantley LC. Phosphoinositide kinases. Annu Rev Biochem 1998; 67: 481-507.

[43] Alderton WK, Cooper CE, Knowles RG. Nitric oxide synthases: structure, function and inhibition. Biochem J 2001; 357(Pt 3): 593-615.

[44] Buchwalow IB, Podzuweit T, Becker W, et al. Vascular smooth muscle and nicotinamide synthase. FASEB J 2002; 16(6): 500-8.

[45] Park CS, Park R, Krishna G. Constitutive expression and structural function of natriuretic peptide receptor C and associated adenylyl cyclase signaling in aortic vascular smooth muscle cells: role of MAPK. Am J Physiol Heart Circ Physiol 2009; 296(6): H1859-H1867.

[46] Bassil M, Anand-Srivastava MB. Nitric oxide modulates Gi-protein expression and adenylyl cyclase signaling in vascular smooth muscle cells. Free Radic Biol Med 2006; 41(7): 1162-73.

[47] Luscher TF, Yang Z, Tsuchida M, et al. Interaction between endothelin-1 and endothelium-derived relaxing factor in human arteries and veins. Circ Res 1990; 66(4): 1088-94.

[48] Bouallegue A, Dauo GB, Srivastava AK. Nitric oxide attenuates angiotensin II-induced activation of the calcium-sensing receptor gene in neonatal pulmonary vascular smooth muscle cells. J Cell Physiol 2007; 215(3): 643-48.

[49] Luscher TF, Yang Z, Tsuchida M, et al. Interaction between endothelin-1 and endothelium-derived relaxing factor in human arteries and veins. Circ Res 1990; 66(4): 1088-94.

[50] Lee JS, Adrie C, Jacob HJ, Roberts JD Jr, Zapol WM, Bloch KD. Cyclic GMP-dependent protein kinase activates cloned BKCa channels expressed in mammalian cells by direct phosphorylation at serine 1072. J Biol Chem 1999; 274(16): 10297-325.

[51] Wang D, Xu Y, Brecher P. Nitric oxide inhibits dissociation-induced activation of the calcium-sensitive tyrosine kinase proline-rich tyrosine kinase 2 without affecting epidermal growth factor receptor transactivation. J Biol Chem 1999; 274(34): 23428-23432.

[52] Streejnyan N, Lin Y, Hassid A. NO attenuates insulin signaling and motility in aortic smooth muscle cells via protein tyrosine phosphatase 1B-mediated mechanism. Arterioscler Thromb Vasc Biol 2002; 22(7): 1086-92.

[53] Zhuang D, Ceacareanu AC, Lin Y, et al. Nitric oxide attenuates insulin- or IFG-I-stimulated aortic smooth muscle cell motility by

[54] Lucas KA, Pitari GM, Kazerounian S, et al. Guanylyl cyclases and signaling by cyclic GMP. Pharmacol Rev 2000; 52(3): 375-414.

[55] Layland J, Li JM, Shah AM. Role of cyclic GMP-dependent protein kinase in the contractile response to exogenous nitric oxide in rat cardiac myocytes. J Physiol 2002; 540(2): 457-67.

[56] Suhasin M, Li H, Lohmann SM, Bde GR, Pirz RB. Cyclic-GMP-dependent protein kinase inhibits the contractile response to nitric-activated protein kinase. Mol Cell Biol 1998; 18(12): 6983-94.

[57] Nakata S, Tsutsui M, Shimokawa H, et al. Statin treatment inhibits vascular smooth muscle cell proliferation. Am J Physiol Heart Circ Physiol 2009; 297(6): H2075-H2083.

[58] Lucas KA, Pitari GM, Kazerounian S, et al. Guanylyl cyclases and signaling by cyclic GMP. Pharmacol Rev 2000; 52(3): 375-414.
decreasing H2O2 levels: essential role of cGMP. Am J Physiol Heart Circ Physiol 2004; 286(6): H2103-H2112.

[80] Hunter JC, Zeidan A, Javadov S, Kilic A, Rajapurohitam V, Karmazyn M. Nitric oxide inhibits endothelin-1-induced neonatal cardiomyocyte hypertrophy via a RhoA-ROCK-dependent pathway. J Mol Cell Cardiol 2009; 47(6): 810-8.

[81] Chiche JD, Schlutsmeyer SM, Bloch DB, et al. Adenovirus-mediated gene transfer of cGMP-dependent protein kinase increases the sensitivity of cultured vascular smooth muscle cells to the antiproliferative and pro-apoptotic effects of nitric oxide/cGMP. J Biol Chem 1998; 273(51): 34263-71.

[82] Sinnaeve P, Chiche JD, Gillijns H, et al. Overexpression of a constitutively active protein kinase G mutant reduces neointima formation and in-stent restenosis. Circulation 2002; 105(24): 2911-6.

[83] Lukowski R, Weinmeister P, Bernhard D, et al. Role of smooth muscle cGMP/cGKI signaling in murine vascular restenosis. Arterioscler Thromb Vasc Biol 2008; 28(7): 1244-50.

Received: September 3, 2010 Revised: September 3, 2010 Accepted: September 15, 2010