Estradiol and proinflammatory cytokines stimulate ISG20 expression in synovial fibroblasts of patients with osteoarthritis

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1. Introduction

Osteoarthritis (OA) is a severe, chronic, progressive inflammatory disease of the joints, and particularly the knee. Affected joints are painful and have restricted function, which could lead to long-term disability (1). The pathogenesis of OA has yet to be fully understood, but is thought to be associated with sex, increasing age, trauma, wound healing, cartilage metabolic abnormalities, and immune abnormalities (2,3).

Indeed, OA disproportionately affects women, and its prevalence is higher among older individuals. Women over the age of 50 years have a higher incidence of OA, so the menopause-related changes in hormone levels are hypothesized to contribute to arthritis (4). As the global population continues to age, understanding the pathogenesis of OA will become increasingly important.

Interferons (IFNs) comprise a family of secretory proteins chiefly characterized by their ability to induce cellular antiviral proteins (5). The interferon-stimulated genes (ISGs) produce proteins that act as antiviral effectors. One of these, interferon stimulated gene 20-kDa (ISG20), is an RNA exonuclease, and its expression can be induced by IFN types I (IFNα and IFNβ) and II (IFNγ) in various cell lines. ISG20 can cleave single-stranded RNA and DNA and it plays a key role in mediating the antiviral activity of IFN (6-
9). Expression of ISG20, also called HEM45 (HeLa estrogen-modulated, band 45), in human cervical cancer cells increases when stimulated with estrogen (10). Thus, ISG20 appears to be responsive to hormonal signals.

Recent evidence has also implicated ISG20 in the pathology of OA. Indeed, the messenger RNA (mRNA) level of ISG20 is lower in the synovial tissues of patients with OA than that in patients with rheumatoid arthritis (RA) (11). A recent study by the current authors found that inflammatory mediators such as lipopolysaccharide (LPS), interleukin-6 (IL-6), and tumor necrosis factor α (TNF-α) can stimulate ISG20 production in OA synovial fibroblasts (OASFs), indicating that ISG20 may act as a "sensor" in OASFs to exacerbate inflammation. However, the mechanism responsible for this function has yet to be identified. In order to determine how ISG20 contributes to the inflammation of OASFs, the current study characterized the expression and pathogenic signaling pathway of ISG20 in RASFs during inflammation. Since estradiol (E2) and proinflammatory factors play important roles in OA, this study also assessed the expression of ISG20 in response to stimulation with E2 and proinflammatory cytokines. These findings should identify the role of ISG20 in the pathogenesis of OA.

2. Materials and Methods

2.1. Synovial tissues

Synovial tissues (STs) were provided by Shandong Provincial Hospital. Tissues were collected during knee replacement surgery from patients with OA. All participants provided written informed consent to participate in this study, and the study plan was approved by the ethics committee of the Shandong Academy of Medical Sciences.

2.2. Cell culture and treatment

Synovial tissue was macerated and incubated with type II collagenase (1 mg/mL, Sigma-Aldrich) in Dulbecco's modified Eagle medium (DMEM, HyClone, Thermo Scientific) for 6 h at 37°C in 5% CO₂ (Thermo Scientific). The tissue was treated with 0.25% trypsin (Solabio) diluted in a phosphate-buffered saline (PBS) solution at a volume equivalent to the DMEM. Cells were filtered and cultured overnight in DMEM, supplemented with 10% fetal bovine serum (FBS, HyClone, Thermo Scientific), penicillin (100 IU/mL), and streptomycin (100 µg/mL, Gibco) for three passages. OASFs from passages 4-6 that tested negative for CD14, CD3, CD19, and CD56 expression according to flow cytometry were used in this study.

OASFs were cultured for 18 h at a density of 2-4 × 10⁴/well in DMEM supplemented with 2% FBS. Then cells were cultured in the presence of E2, IL-6, LPS, or TNF-α. In order to avoid inclusion of other substances, E2 was diluted with certified charcoal-stripped FBS (BI, 04-201-1A) and serum without phenol red (MACGENE, CM15020).

2.3. Inhibition of ISG20 expression with small interfering RNA (siRNA)

Cultured OASFs were transfected with siRNA at 200 nmol/L using a HiPerFect transfection reagent (QIAGEN, Germany) according to the manufacturer's protocol. The cells were harvested for analysis 24 h after transfection. The sequence of siISG20 was 5′-GGCTACACAATCTACGACA-3′; a scrambled siRNA (5′-GGCTACACAATCTACGACA-3′) was used as the negative control.

2.4. Quantitative real-time PCR (RT-qPCR)

Total RNA was extracted from cultured cells and human tissues using a TRizol Reagent (Invitrogen) according to the manufacturers' protocol. RNA was reverse-transcribed using a ReverTra Ace qPCR RT Kit (Toyobo). RT-qPCR was conducted using a LightCycler 480 (Roche) with the following amplification protocol: denaturation at 95°C for 10 min, 40 cycles of denaturation at 95°C for 10 s, annealing at 60°C for 1 min, and extension at 72°C for 1 s. Primers for RT-qPCR were also designed in accordance with the consensus sequence. GAPDH was used as an internal loading control. The sequences of primers were as follows: GAPDH 5′-GCACCGTCAAGGCTGAGAC-3′ (forward) and 5′-TGGTGAAAGACGCACTGGAGA-3′ (reverse); ISG20 5′-TGTCTGATGCTCTTGTC-3′ (forward) and 5′-GCACCTGAAAGAGGACATGAC-3′ (reverse); ESR1 5′-GTCGCCCTTAACCCATGGG-3′ (forward) and 5′-GCTTTGGTGAGAGGATCAT-3′ (reverse). All primers were synthesized by BioSune (Shanghai, China). Relative messenger RNA (mRNA) levels were measured using the 2⁻ΔΔCT method.

2.5. Western blotting

Whole cell lysates were separated using SDS-polyacrylamide gel electrophoresis (SDS-PAGE) and transferred onto a polyvinylidene difluoride membrane (Amersham Biosciences, Little Chalfont, UK). Western blotting was performed using anti-ISG20 (1:1000, ABCAM, ab154393). Tubulin (1:1000, ABCAM, ab7291) was used as a loading control for nuclear and cytoplasmic proteins.

2.6. Statistical analysis

Statistical analysis was performed using the Statistical Package for Social Sciences, version 17.0 (SPSS, USA). Data from cytological experiments were analyzed with the Student's t-test or chi-square test. P < 0.05 was
considered statistically significant in all calculations.

3. Results

3.1. E2 can stimulate the expression of ISG20 in OASFs

Women over the age of 50 have a higher incidence of OA, which suggests that changes in reproductive hormone levels may promote arthritis. In particular, E2 secretion decreases at menopause (12). To investigate whether ISG20 is responsive to E2, RT-qPCR and Western blotting were used to examine the expression of ISG20 in OASFs after stimulation with estradiol (E2). ISG20 expression increased significantly after stimulation with 10^-8 mol/L of E2 for 6 h (p < 0.01) (Figure 1A and 1B). Western blotting (Figure 1C) verified that the protein product was consistent with increased ISG20 expression according to RT-qPCR.

3.2. ISG20 is sensitive to extra-cellular stimulation with IL-6, TNF-α, and LPS

To understand the pathological role of ISG20 in OA inflammation, the current study first investigated whether ISG20 expression is responsive to various inflammatory factors implicated in OA. Indeed, IL-6 (I), LPS (II), and TNF-α (III) treatments induced ISG20 expression in OASFs to varying degrees (Figure 2A, 2B, and 2C). Moreover, the expression of ISG20 increased in a dose-dependent manner in response to stimulation.

3.3. The role of ISG20 in regulating inflammatory factors in OASFs

Since the expression of ISG20 increased significantly after stimulating OASFs with E2 and pro-inflammatory cytokines, the current authors hypothesized that ISG20 may participate in inflammatory processes in OA. To test this hypothesis, siRNA was used to knock down expression of ISG20. After verifying the efficiency of the knockdown, RT-qPCR was used to detect its effect on expression of inflammatory factors interleukin-1α (IL-1α), IL-6, and interleukin-10 (IL-10), which play an important role in the inflammatory phenomenon of osteoarthritis (12). Results indicated that transfection of 200 nmol/L of siRNA-ISG20 for 24 hours significantly down-regulated the level of ISG20 mRNA expression compared to the control group (Figure 3A, p < 0.05). Moreover, RT-qPCR results indicated that knockdown of ISG20 in OASFs promoted lower levels of IL-1α, IL-6, and IL-10 expression (Figure 3B and 3C).

4. Discussion

The incidence of OA in women increases abruptly after menopause and is accompanied by a decrease in E2 secretion (13). E2 is the main estrogen in women who are premenopausal and postmenopausal. The estrogen level in joint fluid correlates with the level in blood, and E2 levels in joint fluid are similarly correlated with estrogen levels in serum from women with OA (14). These findings suggest that levels of hormones such as E2 change, increasing the incidence of OA. The current study found that an appropriate concentration of E2 can stimulate ISG20 expression in OASFs. This is consistent with results of studies indicating that E2 stimulation upregulates ISG20 expression in human cervical cancer cells and BD5, MDA-L3, MCF-7, and HepG2 cells (10).

Nonetheless, the function of E2 in OA-related...
Inflammation is still debated. Martín-Millán and Castaneda hypothesize that estrogen plays a dual role as both an anti-inflammatory and a pro-inflammatory agent in the pathogenesis of OA (15). In contrast, de Klerk et al. suggest that there is no convincing evidence of a link between estrogen and OA (16). However, the current finding that ISG20 expression could be induced in OASFs by E2 and OA-related proinflammatory factors supports previous contentions that E2 may be pro-inflammatory in OA.

Inflammation is a common symptom of OA and is characterized by the presence of immune cells and the secretion of cytokines. Inflammatory factors are highly expressed in OA synovial tissue compared to normal synovial tissue (3). The current findings indicate that inflammatory factors IL-6, LPS, and TNF-α can promote ISG20 mRNA expression. At the same time, knocked down expression of ISG20 with specifically targeted siRNA promotes the down-regulation of inflammatory cytokines such as IL-6, IL-1α, and IL-10. Thus, ISG20 may play a role in promoting inflammation in OASFs.

In summary, the current study found that ISG20 can be regulated by estradiol and proinflammatory factors such as IL-6, LPS, and TNF-α, and that, in turn, ISG20 can regulate the expression of the inflammatory cytokines IL-6, IL-1α, and IL-10 in OASFs. These findings help to understand the pathogenesis of OA, and particularly that among older women, and may lead to new therapeutic targets.

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References

1. Ying B, Maimaiti AK, Song D, Zhu S. Myrtol ameliorates cartilage lesions in an osteoarthritis rat model. Int J Clin Exp Pathol. 2015; 8:1435-1442.
2. Anderson DD, Chubinskaya S, Guilak F, Martin JA, Oegema TR, Olson SA, Buckwalter JA. Post-traumatic osteoarthritis: Improved understanding and opportunities for early intervention. J Orthop Res. 2011; 29:802-809.
3. de Lange-Brokaar BJ, Ioan-Facsinay A, van Osch GJ, Zuurmond AM, Schoones J, Toes RE, Huizinga TW, Kloppenburg M. Synovial inflammation, immune cells and their cytokines in osteoarthritis: A review. Osteoarthritis Cartilage. 2012; 20:1484-1499.
4. Sniekers YH, Weinans H, Bierma-Zeinstra SM, van Leeuwen JP, van Osch GJ. Animal models for osteoarthritis: The effect of ovariectomy and estrogen treatment – A systematic approach. Osteoarthritis Cartilage. 2008; 16:533-541.
5. Horio T, Murai M, Inoue T, Hamasaki T, Tanaka T, Ohgi T. Crystal structure of human ISG20, an interferon-induced antiviral ribonuclease. FEBS Lett. 2004; 577:111-116.
6. Gongora C, David G, Pintard L, Tissot C, Hua TD, Dejean A, Mechti N. Molecular cloning of a new interferon-induced PML nuclear body-associated protein. J Biol Chem. 1997; 272:19457-19463.
7. Zheng Z, Wang L, Pan J. Interferon stimulated gene 20-kDa protein (ISG20) in infection and disease: Review and outlook. Intractable Rare Dis Res. 2017; 6:35-40.
8. Degols G, Eldin P, Mechti N. ISG20, an actor of the innate immune response. Biochimie. 2007; 89:831-835.
9. Nguyen LH, Espert L, Mechti N, Wilson DM. The human interferon-and estrogen-regulated ISG20/HEM45 gene product degrades single-stranded RNA and DNA in vitro. Biochemistry. 2001; 40:7174-7179.
10. Pentecost BT. Expression and estrogen regulation of the HEM45 mRNA in human tumor lines and in the rat uterus. J Steroid Biochem Mol Biol. 1998; 64:25-33.
11. Chang X, Yue L, Liu W, Wang Y, Wang L, Xu B, Wang Y, Pan J, Yan X. CD38 and E2F transcription factor 2 have uniquely increased expression in rheumatoid arthritis synovial tissues. Clin Exp Immunol. 2014; 176:222-231.
12. Cai H, Sun HJ, Wang YH, Zhang Z. Relationships of common polymorphisms in IL-6, IL-1A, and IL-1B genes with susceptibility to osteoarthritis: A meta-analysis. Clin Rheumatol. 2015; 34:1443-1453.
13. Sniekers YH, van Osch GJ, Ederveen AG, Inzunza J, Gustafsson JA, van Leeuwen JP, Weinans H. Development of osteoarthritic features in estrogen receptor knockout mice. Osteoarthritis Cartilage. 2009; 17:1356-1361.
14. Richette P, Laborde K, Boutron C, Bardin T, Corvol MT, Savauret JF. Correlation between serum and synovial fluid estrogen concentrations: Comment on the article by Sowers et al. Arthritis Rheum. 2007; 56:698-699.
15. Martin-Millán M, Castañeda S. Estrogens, osteoarthritis and inflammation. Joint Bone Spine. 2013; 80:368-373.
16. de Klerk BM, Schiphof D, Groeneveld FP, Koes BW, van Osch GJ, van Meurs JB, Bierma-Zeinstra SM. No clear association between female hormonal aspects and osteoarthritis of the hand, hip and knee: A systematic review. Rheumatology (Oxford). 2009; 48:1160-1165.

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