

Angiogenesis in Human Development

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BACKGROUND READING:

Vascular Development
 "Signaling Vascular Morphogenesis and Maintenance"
 Douglas Hanahan. *Science* 277: 48-50. in *Perspectives*. (1997)

VEGF Signaling
 "VEGF Receptor Signaling – in control of vascular function"
 Olsson, Dimberg, Krüger, and Lena Claesson-Welsh. *Nat. Rev. Mol. Cell Biol.* 7: 359-71 (2006)

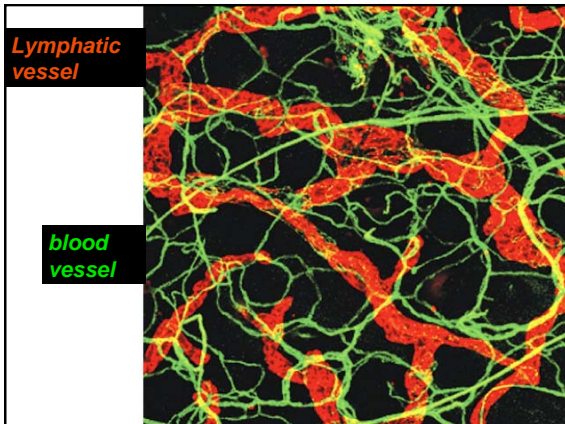
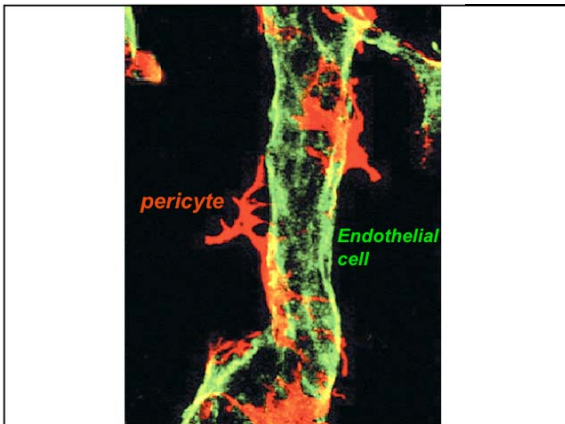
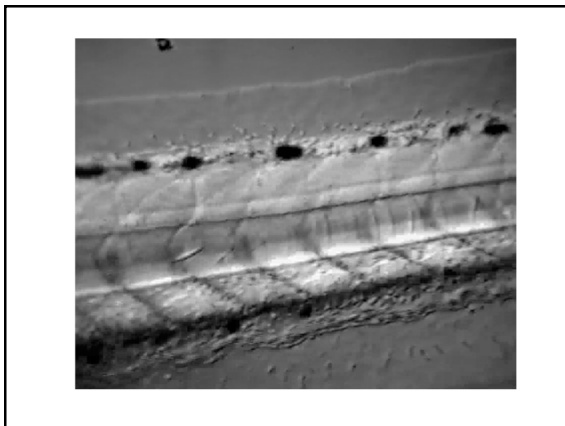
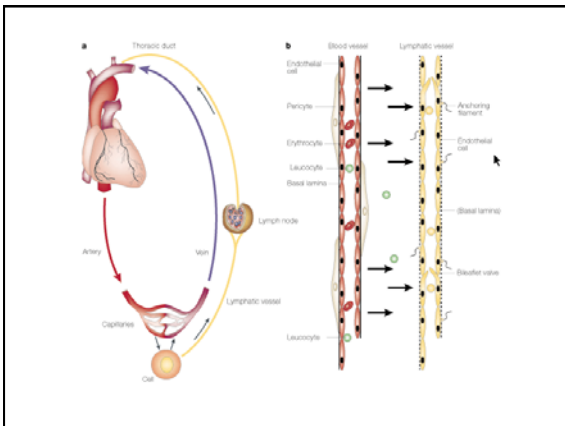
Notch and arterial specification
 "Arterial Venous Specification During Development"
 Matthew Swift and Brant M. Weinstein. *Circ. Res.* 104: 576-588 (2009)

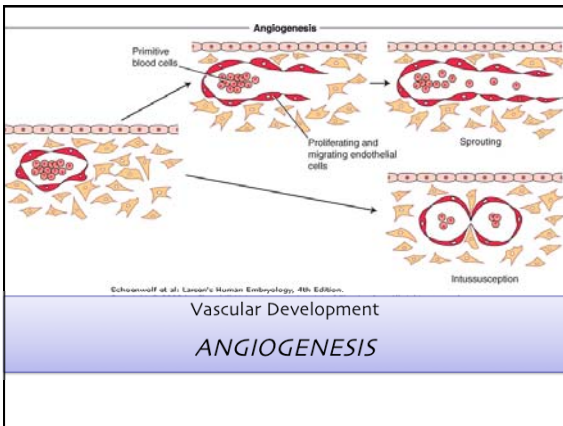
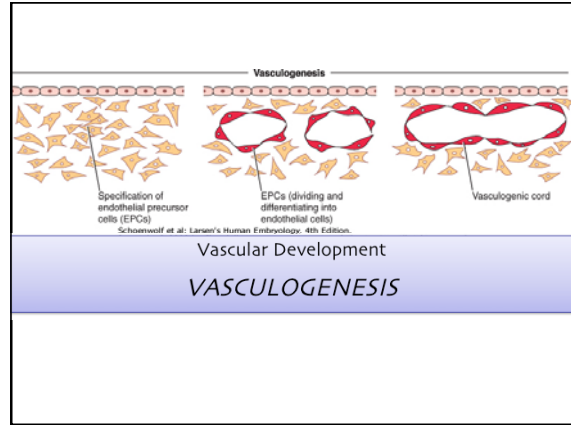
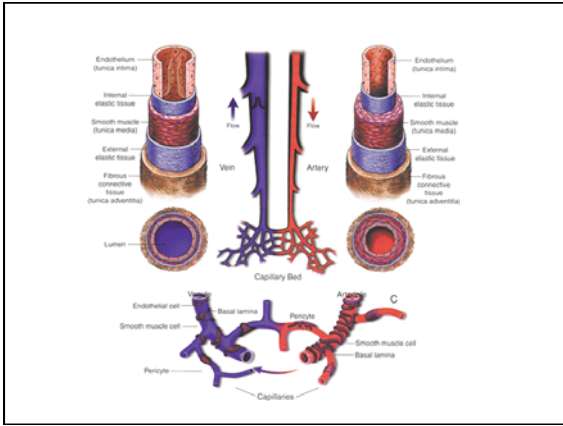
Lymphatic Development
 "Lymphatic Vascular Development"
 Guillermo Oliver. *Nature Rev Immunology* 4: 35-45 (2004)

Wnts and retinal angiogenesis
 "Wnt/Frizzled Signaling in the Vasculature: New Angiogenic Factors in Sight"
 Nestor MacLachlan and Jan Kitajewski. *Physiology* 25: 181-188 (2000)

Vascular Development

- **Vasculogenesis** = de novo tube formation
- **Angiogenesis** = sprouting of new tubes off of pre-existing tubes
- **Cell types**
 - Endothelial Cell** = cell type that makes up and lines blood vessels
 - Mural Cells** = specialized cells that surround blood vessels
 - Pericytes
 - Smooth muscle cells
- **Angiogenic Factors**
 - Vascular Endothelial Growth Factor (VEGF-A, VEGF-B, PlGF, VEGF-C,...)
 - Angiopoietins (Ang 1, Ang2, ...)
 - Notch ligands (Jagged1, Delta4)

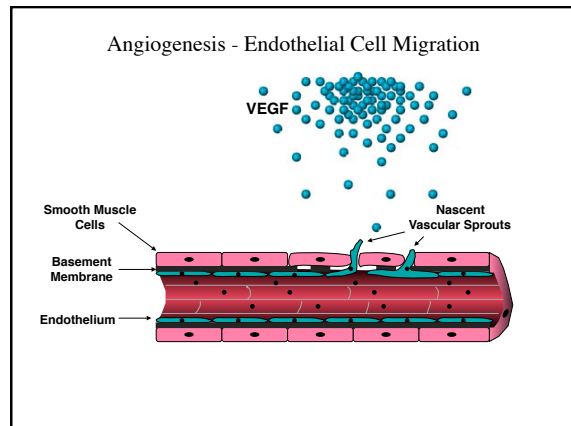
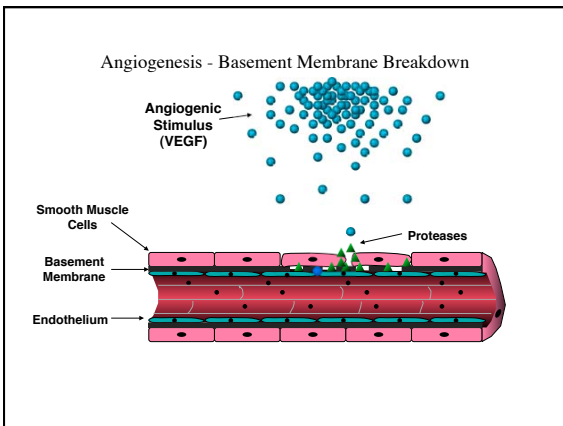


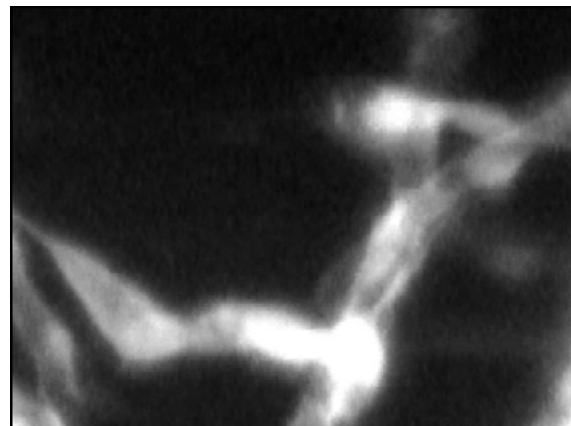
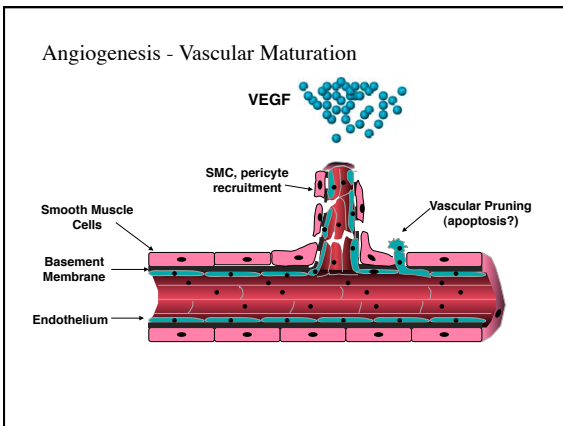
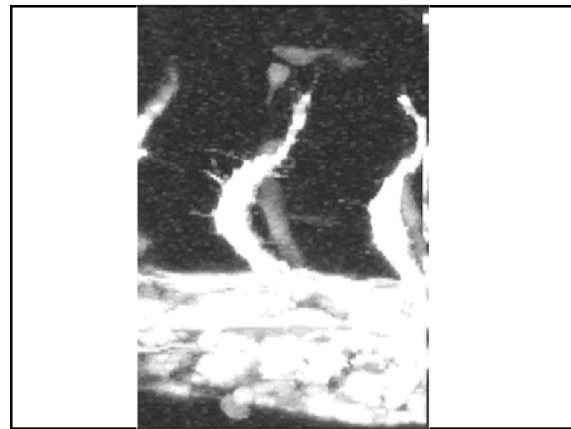
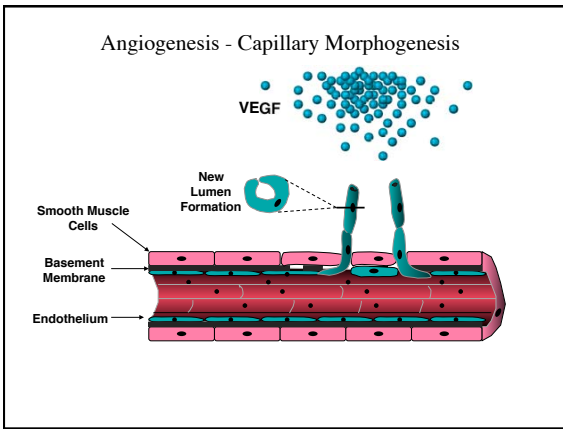
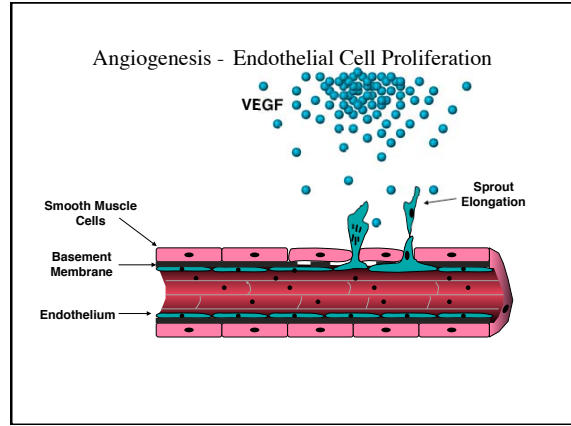
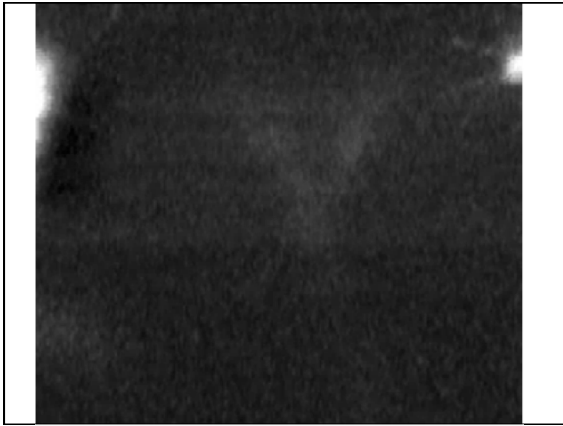


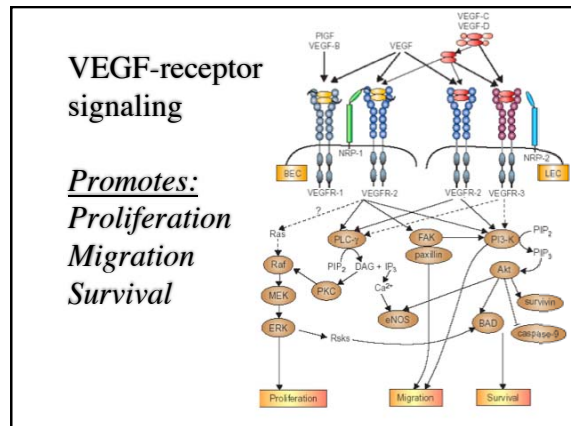
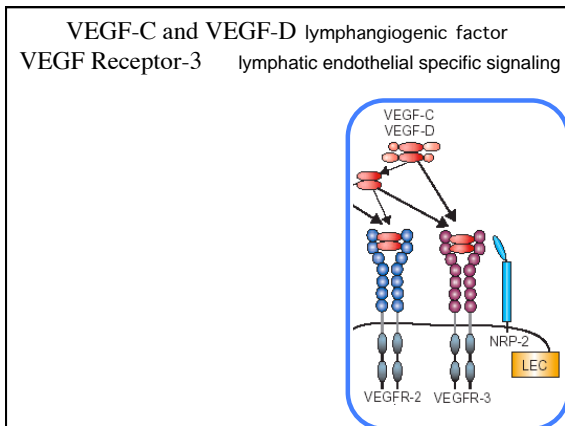
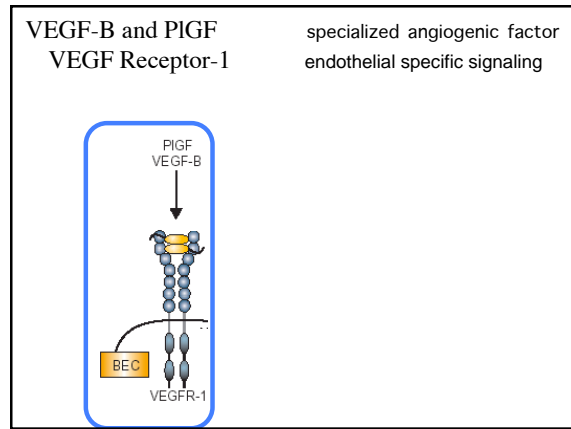
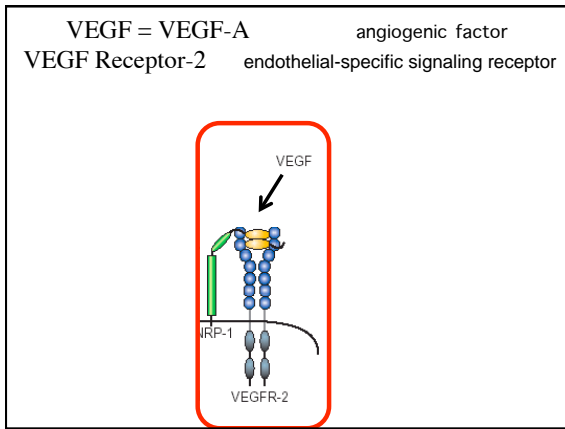
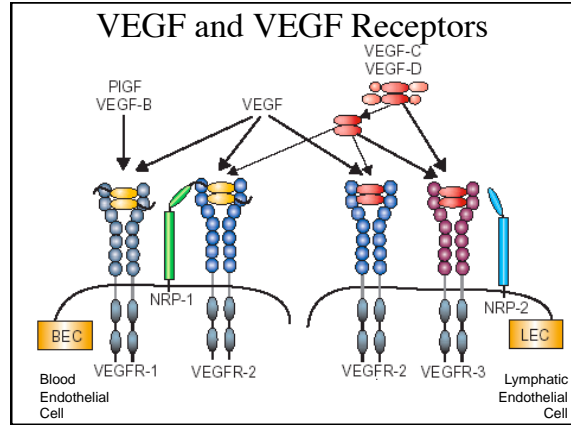
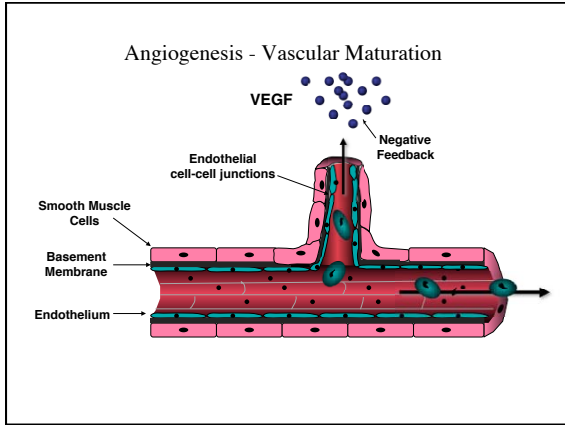
Vascular Development
ANGIOGENESIS

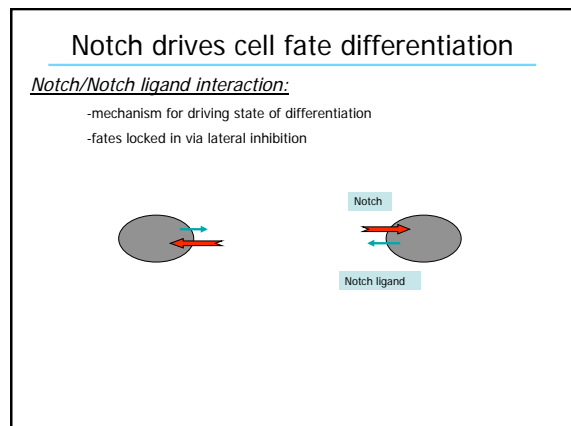
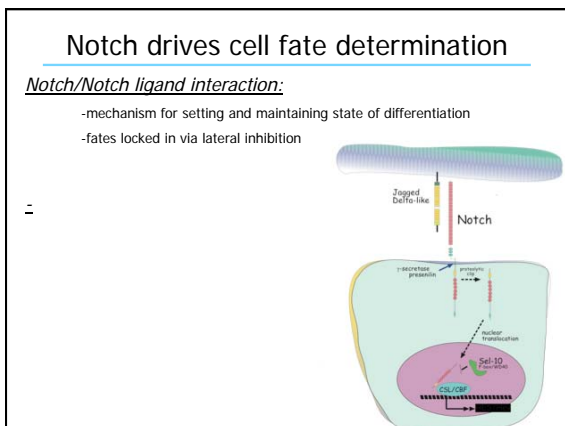
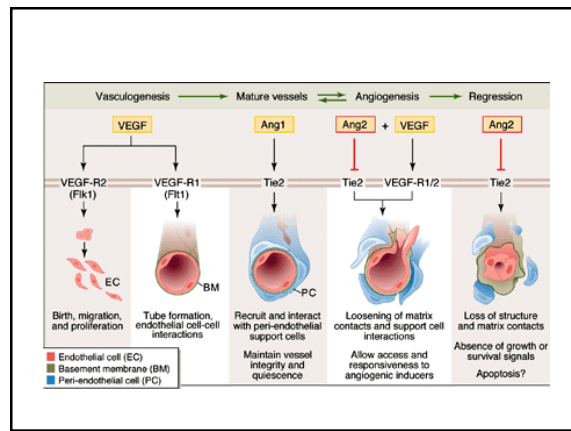
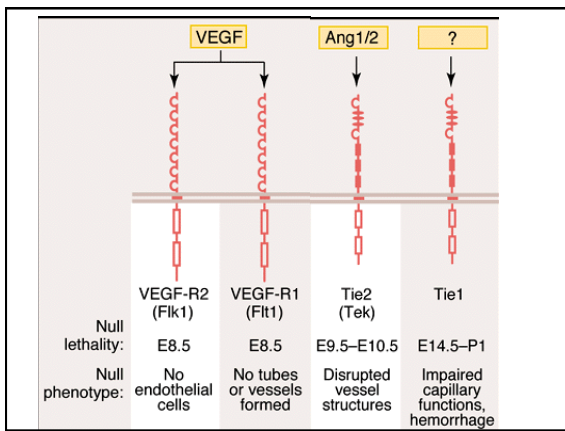
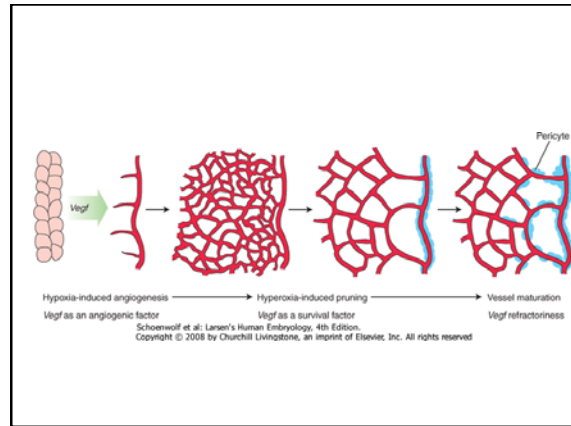
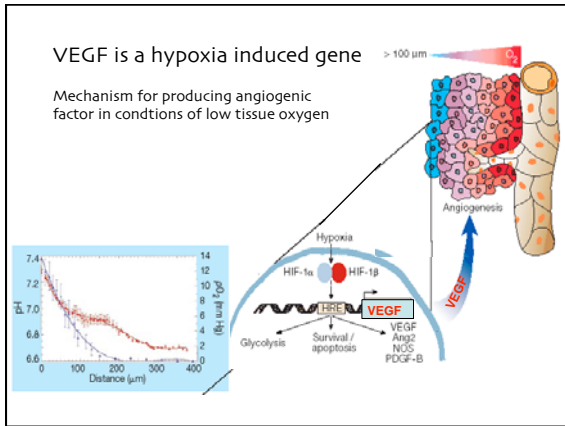
Cellular steps in Angiogenesis

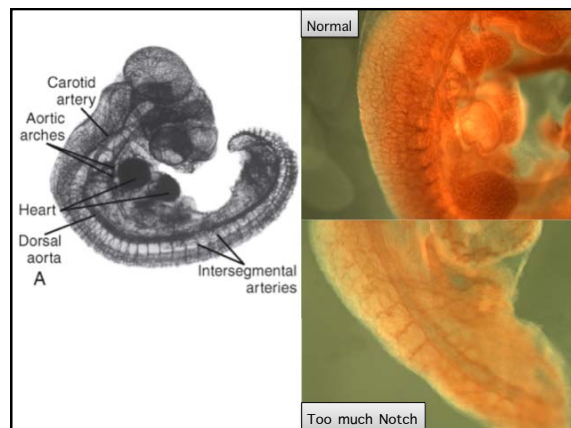
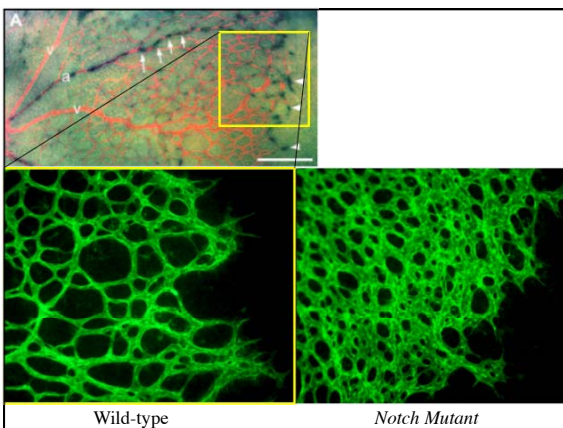
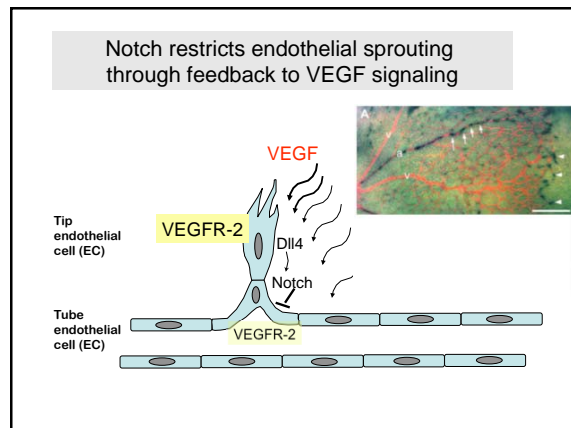
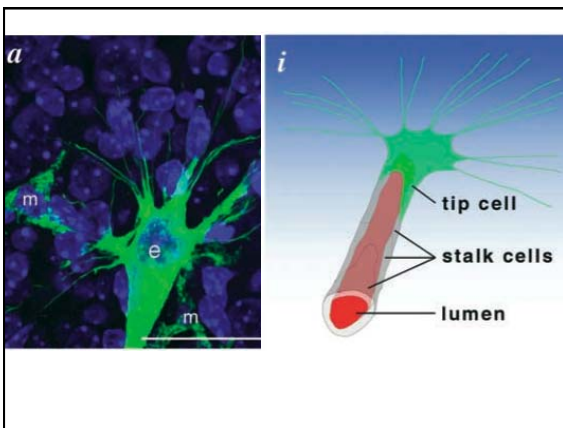
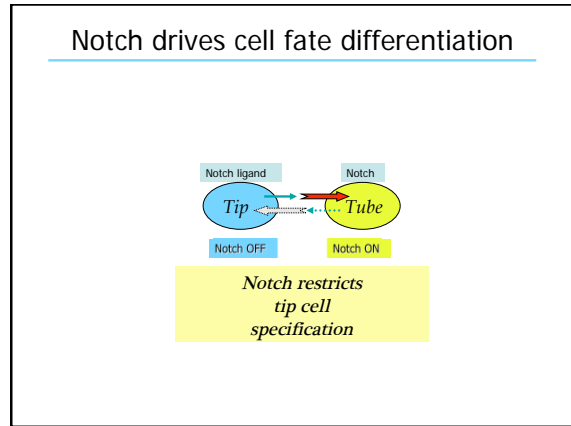
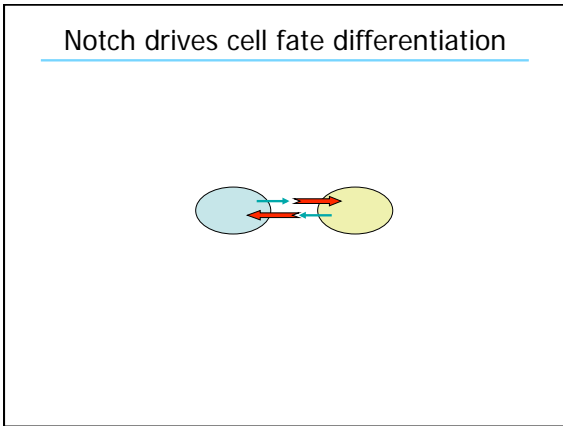
- 1) Biochemical Response and Preparation
- 2) Sprout initiation
- 3) Migration
- 4) Proliferation
- 5) Survival
- 6) Tube Formation
- 7) Maturation
- 8) Completion
- 9) Blood Flow

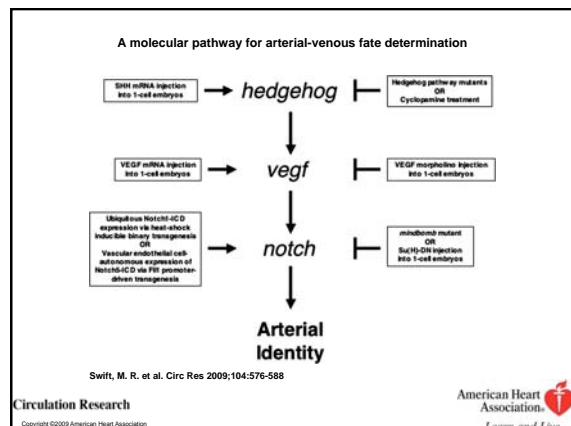
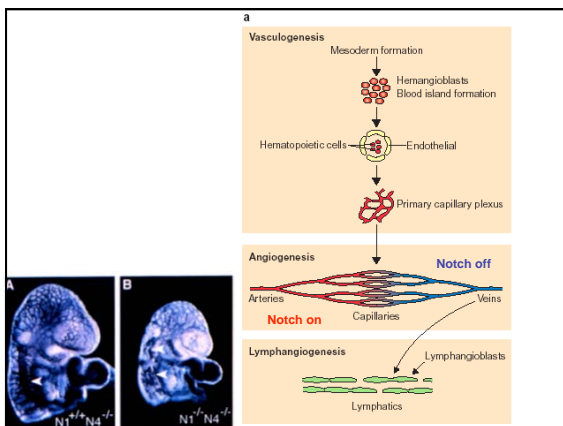
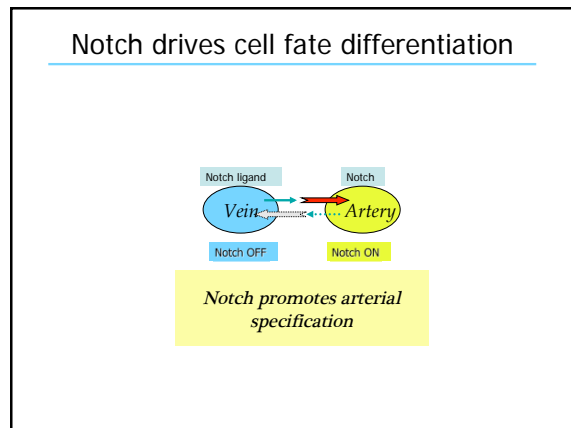
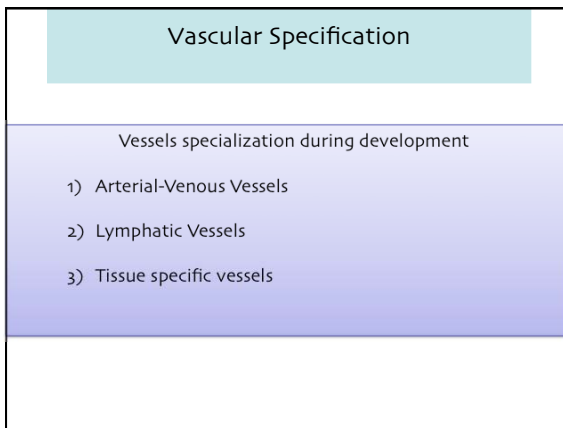
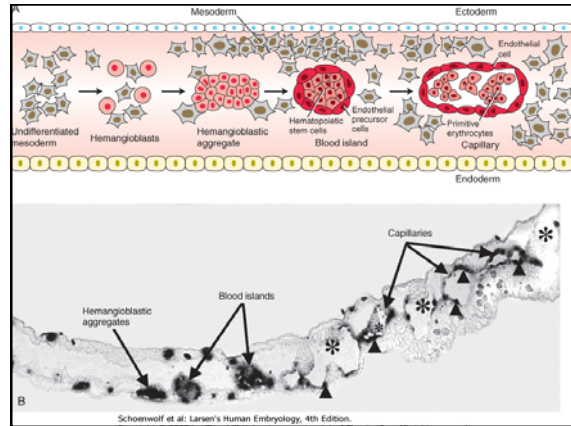
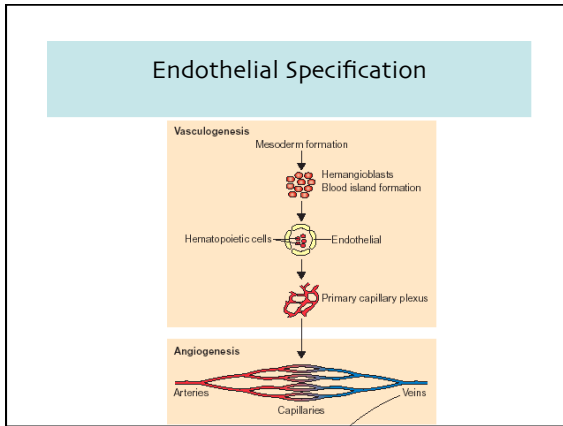


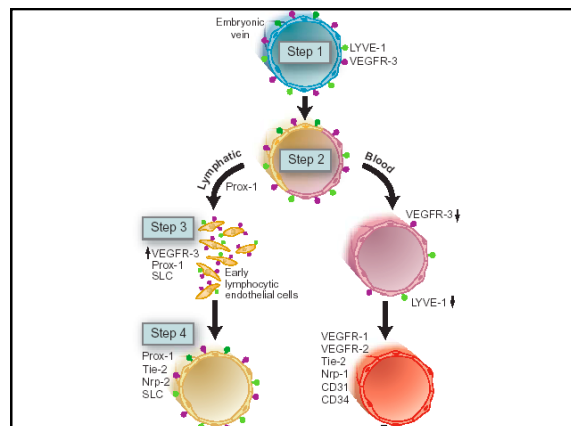
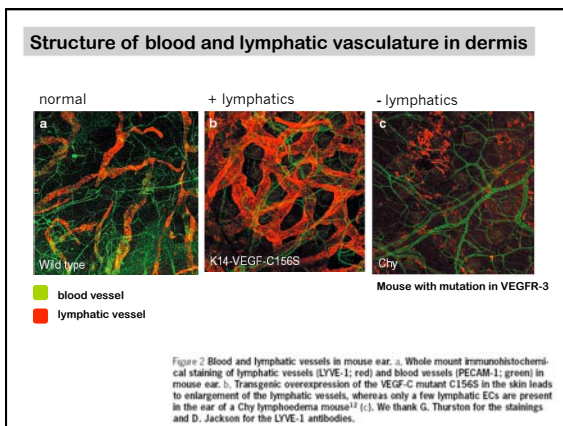
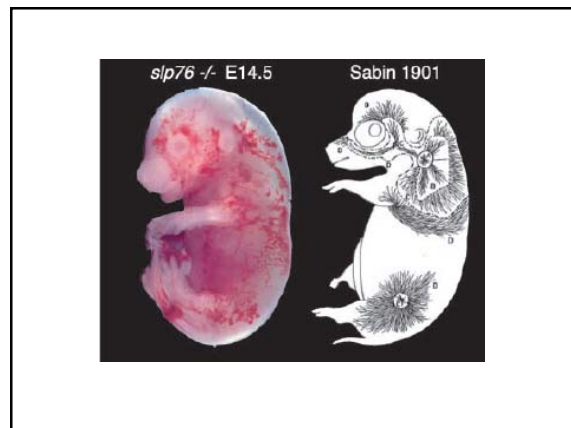
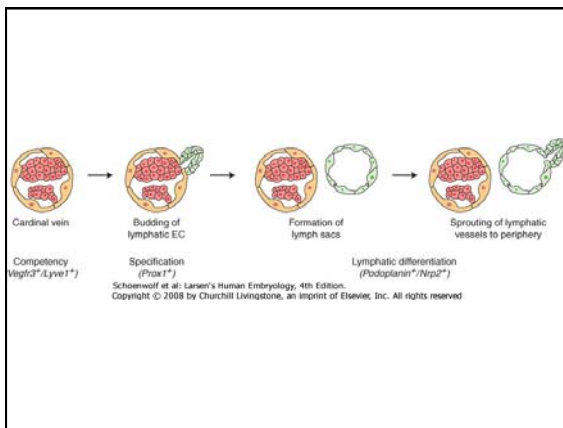
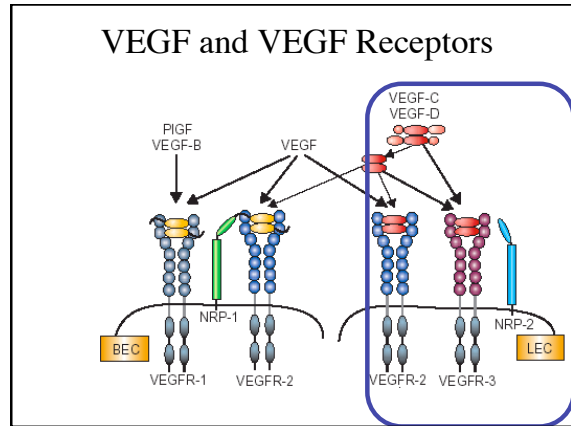
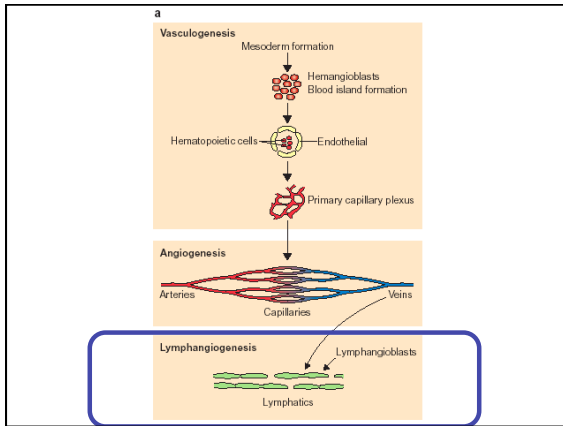












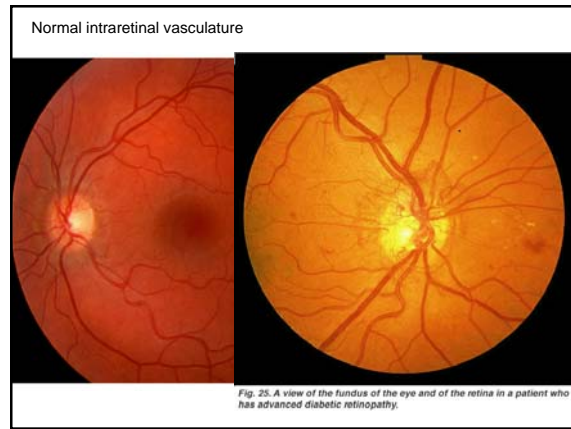
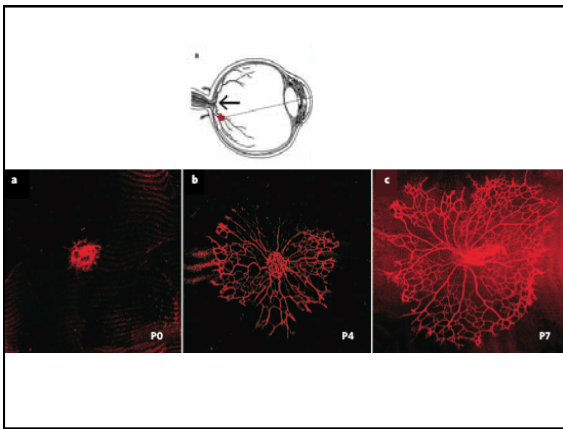
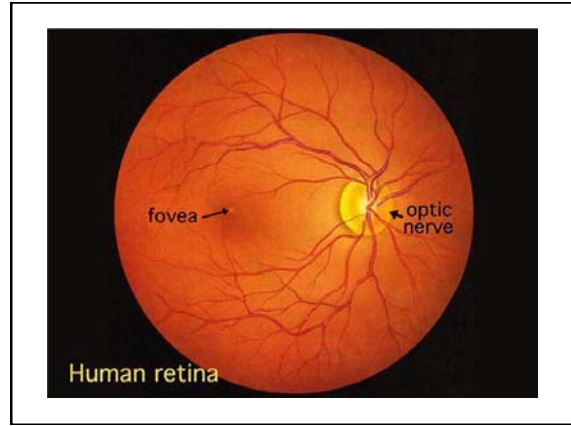
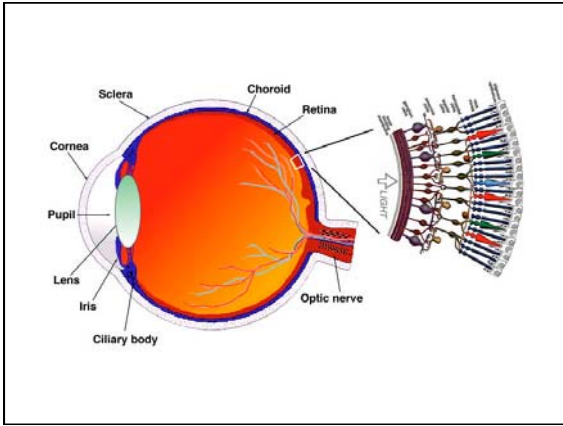


Fig. 25. A view of the fundus of the eye and of the retina in a patient who has advanced diabetic retinopathy.

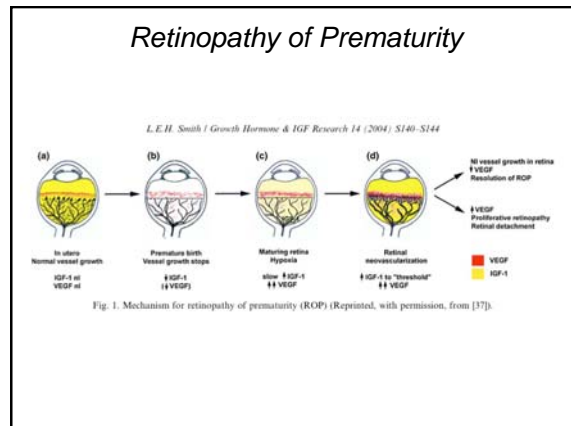
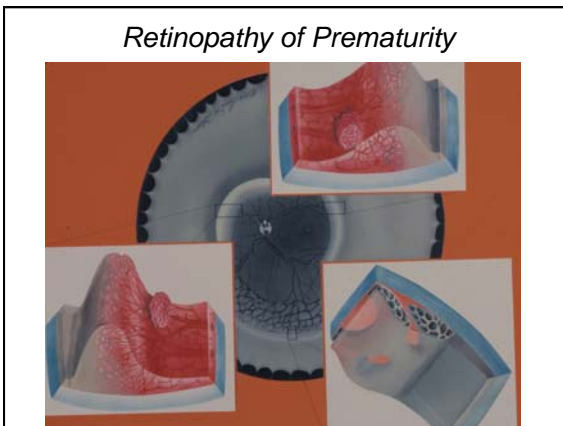


Fig. 1. Mechanism for retinopathy of prematurity (ROP) (Reprinted, with permission, from [37]).

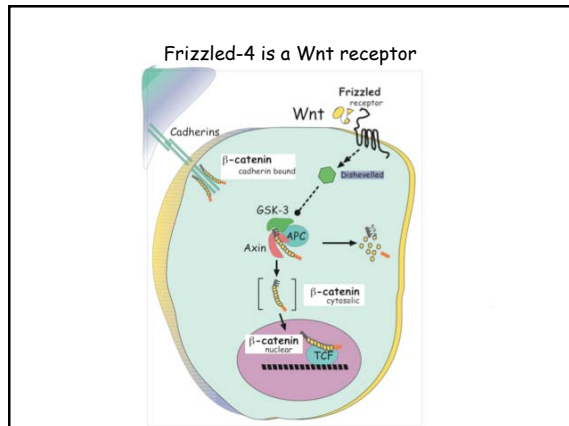
FEVR- Familial Exudative Vitreoretinopathy

- First described by Criswick and Schepens [Am. J. Ophthalmol. 68: 578-594 (1969)]
- Autosomal dominant, recessive, and X-linked forms; variable phenotype
- Clinical characteristics
 - mild to severe vision loss
 - retina: avascular peripheral retina, exudates, neovascularization, fibrovascular masses, traction or rhegmatogenous retinal detachment
 - vitreous: posterior vitreous detachment, fibrovascular membranes, hemorrhage
 - other: cataract, neovascular glaucoma

Autosomal dominant FEVR mutations In the cysteine-rich domain (CRD) of Fz4

Retinal defects in FEVR patients heterozygous for Fz4 M157V

Normal	hFz4(+/-)



Intraocular hemorrhage in Fz4(-/-) mice

WT	-/-

Absence of intra-retinal capillaries in Fz4(-/-) mice

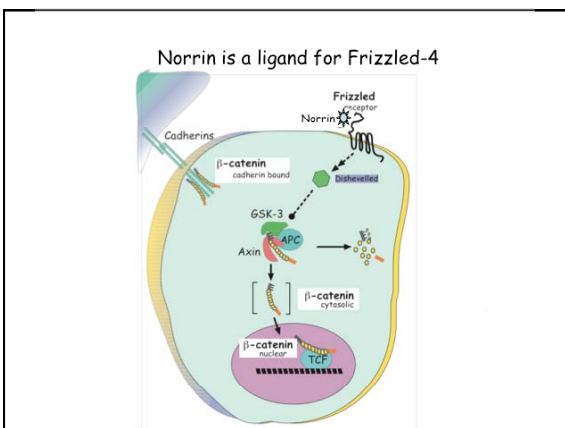
WT	-/-

Norrie Disease

- First described by Norrie (1927) and analyzed systematically by Mette Warburg [Acta Ophthalmologica 39: 757-772 (1961); 41: 134-146 (1963); 89: 1-147 (1966)]
- X-linked recessive with variable phenotype
- Clinical characteristics
 - moderate vision loss to congenital blindness
 - retina: retinal folding and detachment, retinal degeneration, fibrovascular masses, vitreoretinal hemorrhage
 - vitreous: persistent primary vitreous
 - other: progressive sensorineural deafness

Figure 1. The Norrin protein.
 Missense and nonsense mutations in Norrin leading to classic or mild Norrie disease (ND) and to FEVR. Amino acid numbering is given on the scale below the protein. LP, leader peptide; CRD, cysteine-rich domains. The CRD is homologous to domains in the proteins indicated below (adapted from [1]).

Genes Biology



Molecular genetics of Norrie Disease and FEVR

- FEVR
 - One autosomal dominant FEVR gene identified by Robitaille et al [Nature Genetics 32: 326-330 (2002)] encodes Frizzled4, a putative Wnt receptor. A second autosomal dominant FEVR locus encodes the Wnt co-receptor Lrp5 [Toomes et al [IOVS 45: 2083-2090 (2004)]; Jiao et al [Am J Hum Genet 75: 878-884 (2004)].
- Norrie disease
 - Gene identified by Berger et al and Chen et al [Nature Genetics 1: 199-203 and 204-208 (1992)]
 - The encoded protein is small (133 amino acids in length), has the same pattern of cysteines as seen in transforming growth factor beta, and begins with a signal sequence (i.e. it looks like a secreted protein). No known biochemical function.

Vessel component to human diseases

- Tumor angiogenesis (treatment available ?)
- Tumor lymphangiogenesis, metastasis
- Diabetic vascular complication
 - Diabetic retinopathy
 - Stroke
 - Ischemia
 - Wound repair
- Heart disease
 - Occluded vessels
 - Rebuilding vessels of damaged heart tissue
- Obesity
- Lymphedema
- Blindness
 - Wet Macular Degeneration (treatment available)
 - Retinopathy of Prematurity

