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### Roles of Cyclooxygenase (COX)-1 and COX-2 in Prostanoid Production by Human Endothelial Cells: Selective Up-Regulation of Prostacyclin Synthesis by COX-2<sup>1</sup>

# Gillian E. Caughey,<sup>2</sup>\* Leslie G. Cleland,\* Peter S. Penglis,\* Jennifer R. Gamble,<sup>†</sup> and Michael J. James\*

The two cyclooxygenase (COX) isoforms, COX-1 and COX-2, both metabolize arachidonic acid to PGH<sub>2</sub>, the common substrate for thromboxane  $A_2$  (TXA<sub>2</sub>), prostacyclin (PGI<sub>2</sub>), and PGE<sub>2</sub> synthesis. We characterized the synthesis of these prostanoids in HUVECs in relation to COX-1 and COX-2 activity. Untreated HUVEC expressed only COX-1, whereas addition of IL-1 $\beta$  caused induction of COX-2. TXA<sub>2</sub> was the predominant COX-1-derived product, and TXA<sub>2</sub> synthesis changed little with up-regulation of COX-2 by IL-1 $\beta$  (2-fold increase). By contrast, COX-2 up-regulation was associated with large increases in the synthesis of PGI<sub>2</sub> and PGE<sub>2</sub> (54- and 84-fold increases, respectively). Addition of the selective COX-2 inhibitor, NS-398, almost completely abolished PGI<sub>2</sub> and PGE<sub>2</sub> synthesis, but had little effect on TXA<sub>2</sub> synthesis. The up-regulation of COX-2 by IL-1 $\beta$  was accompanied by specific up-regulation of PGI synthase and PGE synthase, but not TX synthase. An examination of the substrate concentration dependencies showed that the pathway of TXA<sub>2</sub> synthesis was saturated at a 20-fold lower arachidonic acid concentration than that for PGI<sub>2</sub> and PGE<sub>2</sub> synthesis. In conclusion, endothelial prostanoid synthesis appears to be differentially regulated by the induction of COX-2. The apparent PGI<sub>2</sub> and PGE<sub>2</sub> linkage with COX-2 activity may be explained by a temporal increase in total COX activity, together with selective up-regulation of PGI synthase and PGE synthase, and different kinetic characteristics of the terminal synthases. These findings have particular importance with regard to the potential for cardiovascular consequences of COX-2 inhibition. *The Journal of Immunology*, 2001, 167: 2831–2838.

he prostanoids prostacyclin  $(PGI_2)^3$  and thromboxane  $A_2$   $(TXA_2)$  play an essential role in the maintenance of vascular homeostasis. PGI<sub>2</sub> is a vasodilator and an inhibitor of platelet aggregation, whereas  $TXA_2$  is a vasoconstrictor and a promoter of platelet aggregation (1). As a consequence of their opposing roles, an imbalance in PGI<sub>2</sub> or  $TXA_2$  production has been implicated in the pathophysiology of many thrombotic and cardiovascular disorders (1–3). Therefore, it is important to understand factors and conditions that might affect the balance of PGI<sub>2</sub>/TXA<sub>2</sub> synthesis.

 $PGI_2$  and  $TXA_2$  are products of arachidonic acid (AA) metabolism by cyclooxygenase (COX), followed by metabolism of the COX product,  $PGH_2$ , by the terminal synthase enzymes, prostacyclin or TX synthase, respectively. Two isoforms of COX have been identified: COX-1 is expressed constitutively in most cell types, whereas COX-2 is induced by inflammatory stimuli such as

bacterial endotoxin and cytokines. Also, several different prostanoid terminal synthases can be present within the one cell, and it is not known what determines the relative rate of production of each individual prostanoid within the same cell. In monocytic cells, it has been observed that the ratio of  $PGE_2/TXA_2$  produced is not fixed, but varies according to which COX isoform is present. For example, in rat peritoneal macrophages, under conditions in which only COX-1 was expressed,  $TXA_2$  was synthesized in excess of  $PGE_2$ . However, under conditions of stimulation in which COX-2 was induced, the profile of prostanoid production shifted to favor  $PGE_2$  over  $TXA_2$  production (4, 5).

It is considered that  $PGI_2$  is the main prostanoid synthesized by vascular endothelium and  $TXA_2$  is the main prostanoid produced by platelets. However, the endothelium has been reported to synthesize  $TXA_2$  in addition to  $PGI_2$  (6), and both COX isoforms have been observed, with only COX-1 being detectable in unstimulated cells (6, 7). Endothelial COX-2 can be up-regulated in vitro by inflammatory stimuli (6, 8) and shear stress (7, 9). Because the balance between  $PGI_2$  and  $TXA_2$  production is central in the maintenance of vascular tone and platelet aggregation, determination of the roles of endothelial COX isozymes, particularly with regard to the contribution of COX-2 in the regulation of prostanoid biosynthesis by the endothelium, is important.

In the current study, we examined the synthesis of prostanoids derived from either COX-1 or COX-2 by HUVECs. We observed that TXA<sub>2</sub> is the predominant COX-1 product, whereas up-regulation of COX-2 by IL-1 $\beta$  is associated with a greater increase in the synthesis of PGI<sub>2</sub> and PGE<sub>2</sub> than TXA<sub>2</sub>. Both PGI synthase and PGE synthase, but not TX synthase, were up-regulated by IL-1 $\beta$ . Additionally, an examination of the substrate concentration dependencies of PGI<sub>2</sub>, PGE<sub>2</sub>, and TXA<sub>2</sub> synthesis suggests that different kinetic parameters of the terminal synthases are a major

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<sup>&</sup>lt;sup>3</sup> Abbreviations used in this paper: PGI<sub>2</sub>, prostacyclin; TX, thromboxane; AA, arachidonic acid; ASA, acetylsalicylic acid; COX, cyclooxygenase; MAPK, mitogenactivated protein kinase.

#### **Materials and Methods**

#### Materials

Human rIL-1 $\beta$  was from Genzyme (Cambridge, MA). AA, NS-398 (*N*-(2-cyclohexyloxy-4-nitrophenyl) methanesulfonamide, rabbit polyclonal Ab against human COX-2, and murine mAb against COX-1 were all purchased from Cayman Chemicals (Ann Arbor, MI). Peroxidase-labeled donkey antirabbit and goat anti-mouse Abs, ECL Western blotting system, [<sup>3</sup>H]PGE<sub>2</sub>, [<sup>3</sup>H]6-keto PGF<sub>1 $\alpha$ </sub>, and [<sup>3</sup>H]TXB<sub>2</sub> were purchased from Amersham Pharmacia Biotech (Piscataway, NJ). PGH<sub>2</sub> and (4-(4-fluorophenyl)-2-(4-methylsulfinyl phenyl)-5-(4-pyridyl)1*H*-imidazole) (SB 203580) were obtained from Calbiochem (San Diego, CA). Abs to the phosphorylated forms of p38 and p44/42 mitogen-activated protein kinases (MAPKs) and the mitogen-activated protein/extracellular signal-related kinase 1 inhibitor PD98059 were purchased from New England Biolabs (Beverly, MA). Rabbit anti-serum against PGE<sub>2</sub> and 6-keto PGF<sub>1 $\alpha$ </sub> and mouse mAb against  $\beta$ -actin were obtained from Sigma (St. Louis, MO).

#### Cell culture

HUVECs were isolated as described (10). The cells were cultured on gelatin-coated culture flasks in medium M199 with Earle's salts supplemented with 20% FCS, 25 µg/ml endothelial growth supplement (Genome Therapeutics, Waltham, MA), and 25 µg/ml heparin. Cells between passages 2 and 4 were plated in 24-well dishes ( $1.5 \times 10^5$ /ml) and allowed to reach confluence (24 h).

#### Cell stimulation

HUVECs were incubated with RPMI 1640 medium (containing 10 mM HEPES, 2 mM L-glutamine, 100 U/ml penicillin, and 100  $\mu$ g/ml gentamicin), supplemented with 10% heat-inactivated FCS either in the presence or absence of IL-1 $\beta$  (1 ng/ml, 37°C). For short-term stimulation (15 min) with either AA or PGH<sub>2</sub>, cells were incubated in serum-free RPMI 1640 medium. To inhibit COX-1 activity, untreated cells were pretreated with aspirin (acetylsalicylic acid (ASA); 10  $\mu$ g/ml) for 30 min, followed by two washes (11), and then incubated in the appropriate medium with the test agents, according to the specified experiment. Other inhibitors were added 15 min before stimulation. Following the appropriate treatment, cell supernatants were collected and stored at  $-20^{\circ}$ C until analysis for prostanoid measurement by RIA.

#### Prostanoid measurement

 $TXB_2$ , 6-keto  $PGF_{1\alpha}$  (the stable hydrolysis products of  $TXA_2$  and  $PGI_2$ , respectively), and  $PGE_2$  were measured by RIA using commercially available reagents, except for the  $TXB_2$  antiserum, which was prepared as described previously (12).

#### Western blotting

Cell lysates were prepared by treating cells with ice-cold lysis buffer (HEPES-buffered HBSS, pH 7.4, 0.5% Triton X-100, 10  $\mu$ g/ml leupeptin, 10  $\mu$ g/ml aprotinin) and sample buffer (0.125 M Trizma base, pH 6.8, 20% glycerol, 4% SDS, 10% 2-ME), followed by 6 min, 95°C before storing at -20°C. Proteins were separated by 9% SDS-PAGE and then transferred onto a Sequi-Blot polyvinylidene difluoride membrane (Bio-Rad, Hercules, CA). After blocking the membranes with 5% fat-free dried milk in TBS (25 mM Tris-HCl, 0.2 M NaCl, 0.15% Tween 20, pH 7.6), they were incubated with the appropriate primary Abs, followed by HRP-conjugated donkey anti-rabbit or sheep anti-mouse Ab. Equivalent protein loading and transfer efficiency were verified by staining for  $\beta$ -actin. Bound Abs were revealed with ECL reagent, according to the manufacturer's protocol.

#### Statistical analysis

Results are expressed as mean  $\pm$  SEM of triplicate incubations. Statistical significance was examined by Student's *t* test, using p < 0.05 as the significance level.

#### Results

## Effect of COX-2 induction on the synthesis of individual prostanoids

COX-2 was not detectable in unstimulated HUVECs (Fig. 1) and remained undetectable in the absence of IL-1 $\beta$  over the 24-h time



**FIGURE 1.** Time course of COX-2 protein induction by IL-1 $\beta$ . HUVECs (4.5 × 10<sup>5</sup>) were stimulated with IL-1 $\beta$  (1 ng/ml) at time 0. At the indicated times, cells were processed for Western blot analysis, as described in *Materials and Methods*. Results are representative of at least five separate experiments.

period examined (data not shown). Treatment of HUVECs with IL-1 $\beta$  (1 ng/ml) for increasing times resulted in expression of COX-2, which was maximal by 16 h (Fig. 1). By comparison, COX-1 was expressed in unstimulated cells, and its expression did not change with IL-1 $\beta$  treatment (Fig. 1). A time course of prostanoid production by HUVECs in response to IL-1 $\beta$  treatment indicated very different synthesis profiles between TXA2 and PGI2 or PGE<sub>2</sub>. TXA<sub>2</sub> synthesis was evident at the earliest time point of 2 h, when COX-1 was the only isozyme detectable. As COX-2 was induced, there was a modest increase in TXA<sub>2</sub> production by  $\sim$ 2fold. Even in the absence of IL-1 $\beta$  stimulation, TXA<sub>2</sub> synthesis increased with time (albeit less than IL-1 $\beta$ -stimulated HUVECs) (Fig. 2A). By comparison, in the absence of IL-1 $\beta$  stimulation, synthesis of PGI<sub>2</sub> or PGE<sub>2</sub> was not detectable. Treatment of HUVECs with IL-1ß resulted in little or no PGI2 and PGE2 synthesis up to 4 h, but with the induction of COX-2 by IL-1 $\beta$ , the production of these prostanoids increased by 54- and 84-fold, respectively (production at 2 h compared with that at 24 h) (Fig. 2, B and C). To determine more specifically the IL-1 $\beta$ -induced changes in synthetic capacity of each prostanoid pathway, HUVECs were treated with IL-1 $\beta$  at time intervals of 0, 8, and 24 h, washed, and then stimulated with AA (10  $\mu$ M, 10 min, 37°C). This type of examination ensures constant substrate concentration. The results under these conditions were similar to those obtained with measurement of prostanoid accumulation, as described above. TXA2 was the predominant prostanoid to be synthesized by untreated HUVECs (i.e., time 0), with PGI<sub>2</sub> and PGE<sub>2</sub> being minor products (Table I). At this time, COX-1 was the only isozyme detectable (Fig. 1). With the induction of COX-2 by IL-1 $\beta$ , production of TXA<sub>2</sub> increased by ~2-fold at 20 h, whereas PGI<sub>2</sub> and PGE<sub>2</sub> synthesis increased by 31.6- and 39.3-fold, respectively (Table I). Therefore, it appears that TXA<sub>2</sub> is the major COX-1-derived product, but the induction of COX-2 results in a preferential increase in PGI<sub>2</sub> and PGE<sub>2</sub> synthesis.

## Effect of specific inhibition of COX-1 or COX-2 on HUVEC prostanoid synthesis

To investigate the contributions of the COX isotypes to endogenously derived prostanoid synthesis, selective inhibition of COX-1 and COX-2 activities was required. We have previously documented that transient pretreatment of unstimulated monocytes with aspirin (ASA) results in irreversible inhibition of COX-1 activity, with no effect on activity or induction of COX-2 (11). Inhibition of COX-1 activity by ASA resulted in significant inhibition of TXA<sub>2</sub> synthesis by IL-1 $\beta$ -treated HUVECs (42%), but had



**FIGURE 2.** Time course of prostanoid synthesis in response to IL-1 $\beta$  treatment. HUVECs (4.5 × 10<sup>5</sup>) were incubated in the presence (solid line) or absence (dashed line) of IL-1 $\beta$  (1 ng/ml) at time 0. At the indicated times, cell supernatants were collected for prostanoid measurement by RIA, as described in *Materials and Methods*. Results are representative of at least five separate experiments.

Table II. Effect of selective inhibition of COX-1 or COX-2 activity on  $IL-1\beta$ -stimulated prostanoid synthesis<sup>a</sup>

	Prostanoid Production $(ng/4.5 \times 10^5 \text{ HUVECs})$			
Treatments	TXB <sub>2</sub>	6-keto $PGF_{1\alpha}$	PGE <sub>2</sub>	
$IL-1\beta$ $IL-1\beta + ASA-wash$ $IL-1\beta + NS-398$	$\begin{array}{c} 2.34 \pm 0.16 \\ 1.35 \pm 0.28 * \\ 1.75 \pm 0.36 * \end{array}$	$\begin{array}{c} 6.28 \pm 0.38 \\ 5.71 \pm 0.84 \\ 0.56 \pm 0.35* \end{array}$	$\begin{array}{c} 8.08 \pm 0.82 \\ 8.21 \pm 0.77 \\ 0.61 \pm 0.26 * \end{array}$	

<sup>*a*</sup> HUVECs ( $4.5 \times 10^5$ ) were preincubated in the presence or absence of aspirin (10 µg/ml) for 30 min followed by two washes (ASA-wash). Cells were then incubated with IL-1 $\beta$  (1 ng/ml, 37°C) with or without NS-398 (0.5 µM) for 20 h. Cell supernatants were collected for prostanoid measurement by RIA; results presented are mean  $\pm$  SEM of triplicate incubations.

\*, p < 0.05, by comparison to IL-1 $\beta$ -treatment only. Representative results from at least five separate experiments are shown.

no effect on either  $PGI_2$  or  $PGE_2$  production (Table II). By comparison, treatment with the selective COX-2 inhibitor, NS-398, resulted in almost complete inhibition of IL-1 $\beta$ -induced PGI<sub>2</sub> and PGE<sub>2</sub> synthesis (91% and 92.5%, respectively), but only slightly reduced TXA<sub>2</sub> production (Table II).

The effect of specific COX inhibition under conditions of constant substrate concentrations was also examined. Following the 20-h incubation in the presence or absence of IL-1B, cells were then washed and incubated with 10  $\mu$ M AA for 15 min. In untreated cells, inhibition of COX-1 activity resulted in significant inhibition of synthesis of TXA2 (82%), the predominant COX-1derived prostanoid synthesized by HUVECs (Fig. 3A). Inhibition of COX-1 activity by ASA pretreatment had no significant effect on the synthesis of PGI<sub>2</sub> or PGE<sub>2</sub>, but TXA<sub>2</sub> levels were inhibited by 35% (Fig. 3). By contrast, selective inhibition of COX-2 activity by NS-398 (0.5  $\mu$ M) resulted in almost complete inhibition of  $PGI_2$  and  $PGE_2$  production (Fig. 3, B and C), but synthesis of TXA<sub>2</sub> was inhibited by only 23% (Fig. 3A). Neither ASA nor NS-398 affected the amount of COX-2 protein expressed in response to IL-1 $\beta$  (Fig. 4). These data suggest that while the majority of TXA<sub>2</sub> synthesis is COX-1 dependent, COX-2 can contribute to the synthesis of TXA2 by IL-1\beta-treated HUVECs. By comparison, synthesis of both PGI2 and PGE2 appears to be predominantly COX-2 derived.

#### Regulation of terminal synthases by IL-1 $\beta$

It is possible that the preferential up-regulation of endothelial PGI<sub>2</sub> and PGE<sub>2</sub> synthesis by IL-1 $\beta$  may have resulted from increased amount or activity of PGI synthase and PGE synthase, respectively. To examine this possibility, we studied the effects of IL-1 $\beta$  on the conversion of exogenous PGH<sub>2</sub> to TXA<sub>2</sub>, PGI<sub>2</sub>, and PGE<sub>2</sub> by the respective terminal synthases. Addition of PGH<sub>2</sub> (10  $\mu$ M) to untreated HUVECs resulted in production of all prostanoids being examined. Treatment of the cells with IL-1 $\beta$  (1 ng/ml) for

Table I. Effect of exogenous AA on prostanoid synthesis by HUVECs<sup>a</sup>

	Prostanoid Production (ng/4.5 $\times$ 10 <sup>5</sup> HUVECs)				
Time (h)	TXB <sub>2</sub>	6-keto $PGF_{1\alpha}$	PGE <sub>2</sub>		
0	$1.68 \pm 0.13$	$0.40 \pm 0.03$	$0.36 \pm 0.02$		
8	$2.18 \pm 0.23 (1.3)^b$	$4.94 \pm 0.38$ (12.4)	$4.13 \pm 0.42 (11.5)$		
20	$3.24 \pm 0.28 (1.9)$	$12.65 \pm 1.21 \ (31.6)$	$14.13 \pm 0.47 (39.3)$		

<sup>*a*</sup> HUVECs (4.5 × 10<sup>5</sup>) were treated with IL-1 $\beta$  (1 ng/ml, 37°C) for 0, 8, or 20 h, washed, and incubated in serum-free medium, and AA was added (10  $\mu$ M, 15 min, 37°C). Prostanoids were measured by RIA; results presented are mean ± SEM of triplicate incubations.

<sup>b</sup> In parentheses fold increase over values at 0 time. Representative results from at least three separate experiments are shown.



**FIGURE 3.** Effect of specific inhibition of COX-1 or COX-2 activity on prostanoid synthesis. *A*, TXB<sub>2</sub>; *B*, 6-keto PGF<sub>1a</sub>; *C*, PGE<sub>2</sub>. HUVECs (4.5 × 10<sup>5</sup>) were preincubated in the presence or absence of aspirin (10  $\mu$ g/ml) for 30 min, followed by two washes (ASA-wash). Cells were then incubated in either the presence or absence of IL-1 $\beta$  (1 ng/ml) with or without NS-398 (0.5  $\mu$ M) for 20 h. After this time, cells were washed once and then incubated in serum-free medium with 10  $\mu$ M AA (15 min, 37°C). When NS-398 was present during the 20-h incubation with IL-1 $\beta$ , it was added also for the 15-min incubation with AA. Cell supernatants were then collected for prostanoid measurement by RIA, as described in *Materials and Methods.* \*<sup>a</sup>, *p* < 0.05, by comparison with untreated cells. \*<sup>b</sup>, *p* < 0.05, by comparison with IL-1 $\beta$ -treated cells. Results are representative of at least five separate experiments.

20 h, before addition of PGH<sub>2</sub>, did not alter the production of TXA<sub>2</sub>, but synthesis of PGI<sub>2</sub> and PGE<sub>2</sub> significantly increased by  $\sim$ 10- and 6-fold, respectively (Fig. 5). These results indicate that treatment of HUVECs with IL-1 $\beta$  results in increased COX-2 expression and increased expression of PGI synthase and PGE synthase, but not TX synthase.

#### COX-1 AND COX-2 IN ENDOTHELIAL CELLS



**FIGURE 4.** Effect of specific inhibition of COX-1 or COX-2 activity on COX-1 and COX-2 protein levels. HUVECs  $(4.5 \times 10^5)$  were preincubated in the presence or absence of aspirin  $(10 \ \mu g/ml)$  for 30 min, followed by two washes (ASA-wash). Cells were then incubated in the presence or absence of IL-1 $\beta$  (1 ng/ml) or NS-398 (0.5  $\mu$ M) for 20 h. Cells were then processed for Western blot analysis, as described in *Materials and Methods*. Results are representative of four separate experiments.

#### Kinetic activities of the terminal synthases

We have reported recently that the kinetic properties of the terminal synthases are an important determinant of prostanoid production in human monocytes (13). Therefore, we examined the kinetic properties of TX synthase, PGI synthase, and PGE synthase in HUVECs, in response to increasing substrate (AA) availability. Addition of exogenous AA at doses up to 5  $\mu$ M to untreated HUVECs, i.e., only COX-1 present, resulted in a dose-dependent increase in TXA<sub>2</sub> production. However, no further increases in TXA<sub>2</sub> production were observed with higher doses of AA (10-100  $\mu$ M), suggesting saturation of TX synthase or COX-1 at 5  $\mu$ M AA (Fig. 6A). By contrast, both PGI<sub>2</sub> and PGE<sub>2</sub> synthesis increased dose dependently with increasing AA concentrations, up to at least 50  $\mu$ M. This indicates that COX-1 is not saturated at 5  $\mu$ M AA (Fig. 6A). The concentration of AA required to achieve half-maximal stimulation of TXB<sub>2</sub> synthesis was 1.2  $\mu$ M compared with PGI<sub>2</sub> and PGE<sub>2</sub>, which were 21.9 and 23.6  $\mu$ M, respectively. Furthermore, at substrate concentrations up to 5  $\mu$ M, the apparent rate constant of TX synthase was greater than that for PGI or PGE synthase. Similar dose responses to AA were observed in IL-1 $\beta$ stimulated endothelial cells, in which COX-2 was induced (Fig. 6B). TXA<sub>2</sub> production increased dose dependently at doses of AA up to 10  $\mu$ M, after which no further increases in TXA<sub>2</sub> production were observed. However, synthesis of PGI2 and PGE2 increased dose dependently with increasing AA concentrations, up to at least 50  $\mu$ M. The concentration of AA required to achieve half-maximal



**FIGURE 5.** Terminal synthase activities. HUVECs  $(4.5 \times 10^5)$  were stimulated in the presence or absence of IL-1 $\beta$  (1 ng/ml) for 20 h. Cells were then washed once and incubated with PGH<sub>2</sub> (10  $\mu$ M) for 15 min, at 37°C in serum-free medium. Cell supernatants were then collected for prostanoid measurement by RIA, as described in *Materials and Methods*. Control incubations were performed in the absence of cells, and no prostanoid production was detectable. Solid bars, untreated HUVECs. Hatched bars, IL-1 $\beta$ -treated HUVECs. \*, p < 0.05, by comparison with untreated HUVECs. Results presented are representative of three separate experiments.



**FIGURE 6.** Dose response with exogenous AA. Untreated HUVECs  $(4.5 \times 10^5)$  (A) or IL-1 $\beta$ -treated HUVECs  $(4.5 \times 10^5)$  (B) were cultured in serum-free medium in the presence of increasing concentrations of AA (0–100  $\mu$ M) for 15 min, 37°C. Cell supernatants were then collected for prostanoid measurement by RIA, as described in *Materials and Methods*.

TXA<sub>2</sub> synthesis was 2.6  $\mu$ M, which was considerably less than that required for half-maximal production of PGI<sub>2</sub> (8.5  $\mu$ M) and PGE<sub>2</sub> (13.2  $\mu$ M).

#### Regulation of COX-2 induction by p38 and p44/42 MAPKs

The MAPK cascade is one of the major signaling pathways leading from cellular activation to gene transcription. Induction of COX-2 has been reported to be mediated by both the p38 and p44/42 MAPK pathways in various cell types, in response to either LPS or cytokine stimulation (14–16). Therefore, we examined the effect of IL-1 $\beta$  addition (1 ng/ml) on p38 and p44/42 activation in HUVECs. As shown in Fig. 7, IL-1 $\beta$  induced phosphorylation of both p38 and p44/42 MAPK in a time-dependent manner. Activation of p38 MAPK peaked at 15 min after exposure to IL-1 $\beta$ , and maximal activation of p44/42 MAPK was observed 30 min post-IL-1 $\beta$  treatment. In the absence of IL-1 $\beta$ , there was no detectable phosphorylation of either p38 or p44/42 MAPK (data not shown).

Although it appears that IL-1 $\beta$  can activate both the p38 and p44/42 MAPK pathways in HUVECs, we wanted to establish the potential roles of these MAPKs in the induction of COX-2 expression by HUVECs in response to IL-1 $\beta$ . Addition of SB 203580

(p38 MAPK inhibitor) or PD 98059 (inhibitor of mitogen-activated protein/extracellular signal-related kinase 1 activation) had no effect on prostanoid synthesis by untreated HUVEC (data not shown). However, addition of either SB 203580 or PD 98059 to IL-1 $\beta$ -treated HUVECs resulted in significant inhibition of both PGI<sub>2</sub> and PGE<sub>2</sub> synthesis (Table III). By comparison, addition of



**FIGURE 7.** Time courses of p38 and p44/42 MAPK activation by IL-1 $\beta$ . HUVECs (4.5 × 10<sup>5</sup>) were incubated with IL-1 $\beta$  (1 ng/ml) for 0, 5, 15, and 30 min. Cells were then processed for Western blot analysis, as described in *Materials and Methods*. Results are representative of three separate experiments.

 $0.45 \pm 0.18*$ 

 $12.2 \pm 1.41$ 

 $0.49 \pm 0.27^{*}$ 

 $2.19 \pm 0.18*$ 

	Prostan	Prostanoid Production (ng/4.5 $\times$ 10 <sup>5</sup> HUVECs)	
Treatments	TXB <sub>2</sub>	6-keto $PGF_{1\alpha}$	PGE <sub>2</sub>

 $2.74 \pm 0.14*$ 

 $3.81 \pm 0.34$ 

 $3.24 \pm 0.16$ 

 $3.66\pm0.25$ 

Table III. Effect of inhibition of p38 and p44/42 MAPK pathways on prostanoid production<sup>a</sup>

<sup>*a*</sup> HUVECs ( $4.5 \times 10^5$ ) were treated with IL-1 $\beta$  (1 ng/ml, 20 h, 37°C) in the presence or absence of the p38 (SB 203580; 1  $\mu$ M) or p44/42 (PD 98059; 5  $\mu$ M) MAPK inhibitors. Cells were then washed and incubated in serum-free medium, and AA was added (10  $\mu$ M, 15 min, 37°C). Prostanoids were measured by RIA; results presented are mean  $\pm$  SEM of triplicate incubations.

 $0.87 \pm 0.20^{*}$ 

 $9.06 \pm 1.63$ 

 $0.41 \pm 0.16^{*}$ 

 $1.75 \pm 0.19^*$ 

\*, p < 0.05, by comparison to IL-1 $\beta$  treatment only. Representative results from five separate experiments are shown.

either of these inhibitors had no effect on TXA<sub>2</sub> production (Table III). Recently, doubts have been raised concerning the selectivity of the MAPK inhibitors SB 203580 and PD 98059. In particular, they have been reported to interfere directly with AA metabolism via the COX pathway in platelets (17). However, we did not observe inhibition of COX-1-derived prostanoids, namely TXA2, indicating that at the concentrations used, neither compound inhibits COX-1 or TX synthase activities. Western blot analysis demonstrated that both SB 203580 and PD 98059 inhibited IL-1β-induced COX-2 induction (Fig. 8). Thus, IL-1 $\beta$  appears to up-regulate COX-2 expression in endothelial cells through a mechanism involving both the p38 MAPK and the p44/42 MAPK pathways. The p38 MAPK pathway has been reported to be involved in the regulation of COX-2 mRNA stability (16, 18), while the p44/42 MAPK has been shown to regulate COX-2 at the transcriptional level (16). Whether this specificity of COX-2 regulation by these MAPKs occurs in our cell system is yet to be elucidated.

Untreated IL-1 $\beta$ 

IL-16. SB 203580 (1 µM)

IL-1β, PD 98059 (5 μM)

#### Discussion

Up-regulation of COX-2 in a cell contributes to the total cellular COX activity. It would be anticipated that this would result in a general and uniform increase in prostanoid synthesis. However, in the present study, we demonstrated that the profile of prostanoid synthesis in HUVECs is dependent on the specific isotype of COX that was present. In unstimulated HUVECs, which express COX-1, but no detectable COX-2, TXA<sub>2</sub> was the predominant prostanoid synthesized, with both PGI<sub>2</sub> and PGE<sub>2</sub> being relatively minor products. When COX-2 was induced by IL-1 $\beta$ , the synthesis of PGI<sub>2</sub> and PGE<sub>2</sub> increased substantially, whereas only a modest increase in TXA<sub>2</sub> production was observed. These differential changes in prostanoid synthesis were observed when production arising from either endogenous or exogenous AA was measured.



**FIGURE 8.** Effect of p38 or p44/42 MAPK inhibition on IL-1 $\beta$ -stimulated COX-2 induction. HUVECs (4.5 × 10<sup>5</sup>) were preincubated for 15 min with either the p38 MAPK inhibitor (SB 203580; 1  $\mu$ M) or the p44/42 MAPK inhibitor (PD 98059; 5  $\mu$ M), followed by addition of IL-1 $\beta$  (1 ng/ml) and further incubation for 20 h at 37°C. Cells were then processed for Western blot analysis as described in *Materials and Methods*. Results are representative of five separate experiments.

Selective inhibition of either COX-1 or COX-2 supported the apparent dependencies of  $TXA_2$  synthesis of COX-1 and PGI<sub>2</sub> and PGE<sub>2</sub> synthesis on COX-2 in endothelial cells.

Similar associations have been observed in rat peritoneal macrophages. COX-1 was linked with TXA<sub>2</sub> production, whereas the induction of COX-2 by LPS shifted prostanoid synthesis to favor  $PGE_2$  (5, 19) and  $PGI_2$  synthesis (5). Differences in the subcellular distributions of COX-1 and COX-2 were proposed as an explanation for the different prostanoid synthesis profiles associated with the different COX isozymes (5). However, this is unlikely, as COX-1 and COX-2 are reported to be located within the same subcellular locations (20).

Both PGI synthase and PGE synthase have been shown to be inducible enzymes. Expression of PGI synthase was increased by shear stress in HUVECs (7), and inflammatory stimuli have been reported to up-regulate PGE synthase activity in rat peritoneal macrophages and A549 cell line (19, 21, 22). With regard to PGE synthase, a cytosolic constitutive and a membrane-associated inducible form have recently been identified (21, 23). Based on coexpression studies in transfected HEK293 cells, cytosolic constitutive PGE synthase and membrane-associated inducible PGE synthase are reported to be functionally linked with COX-1 or COX-2, respectively (21, 23). In the present study, up-regulation of endothelial COX-2 was accompanied by specific up-regulation of the terminal synthases, PGI synthase and PGE synthase, but not TX synthase. Although this may explain in part the selective increase in PGI<sub>2</sub> and PGE<sub>2</sub> production with cell stimulation, other factors appear to be involved. Synthesis of PGI<sub>2</sub> and PGE<sub>2</sub> increased by 50- to 80-fold with endogenous AA, or 31- to 39-fold with exogenous AA, whereas PGI and PGE synthase activities increased only by ~6- to 10-fold. To account for the magnitude of the increased ratios of PGI<sub>2</sub>/TXA<sub>2</sub> and PGE<sub>2</sub>/TXA<sub>2</sub> with COX-2 induction, we propose that different kinetic characteristics of the terminal synthases may be involved also. Examination of increasing concentrations of substrate in either untreated or IL-1\beta-treated cells demonstrated that at the lower doses of AA ( $\leq 10 \mu$ M), TXA<sub>2</sub> synthesis exceeded that of PGI<sub>2</sub> and PGE<sub>2</sub>, suggesting that TX synthase has a higher rate constant than that for PGI and PGE synthase. However, at doses of AA >10  $\mu$ M, synthesis of TXA<sub>2</sub> did not increase, whereas synthesis of both PGI2 and PGE2 increased. Because production of PGI<sub>2</sub> and PGE<sub>2</sub> was responsive to doses of AA  $>10 \ \mu$ M and up to 50  $\mu$ M, this demonstrates that COX was not saturated. Therefore, the lack of responsiveness of TXA<sub>2</sub> synthesis indicates saturation of TX synthase at AA concentrations  $<10 \mu$ M. These results are in accordance with the differences in  $K_{\rm m}$  values reported for TX and PGE synthase in human monocytes, which were 1 and 17  $\mu$ M, respectively (13). Consideration of the kinetic characteristics of the terminal synthases allows an explanation of findings without invoking linkage

of COX isotypes with terminal synthases in different subcellular locations. Thus, it is proposed that under conditions of low total COX activity, as observed when COX-1 only is present, TXA<sub>2</sub> production predominates due to a higher rate constant of TX synthase. Upon cell stimulation, total COX activity increases due to COX-2 induction, TX synthase becomes rapidly saturated with PGH<sub>2</sub>, whereas PGI and PGE synthases respond to the increased COX activity with increased synthesis of PGI<sub>2</sub> and PGE<sub>2</sub>. In this explanation, the linkages between COX-1 and TXA<sub>2</sub> synthesis and between COX-2 and PGI<sub>2</sub>/PGE<sub>2</sub> are apparent linkages only. Thus, a major determinant of increased PGI<sub>2</sub> and PGE<sub>2</sub> production over TXA<sub>2</sub> by IL-1 $\beta$  treatment is increased total COX activity in combination with different kinetic characteristics of the terminal synthases. The selective increase in PGI synthase and PGE synthase activity further augments the increases in PGI<sub>2</sub> and PGE<sub>2</sub> synthesis over that of TXA<sub>2</sub>.

This study indicates that the role of endothelial COX-2 induction in vascular homeostasis is important due to its action of altering the ratio of prostanoids from a prothrombotic (high TXA<sub>2</sub>/  $PGI_{2}$ ) to an antithrombotic (high  $PGI_{2}/TXA_{2}$ ) mixture. Although the induction of COX-2 appears to be important in many physiological processes, the induction of COX-2 has generally been associated with production of deleterious prostanoids due to the involvement of COX-2 in inflammatory disorders such as rheumatoid arthritis and osteoarthritis (24). Consequently, there has been rapid development of selective COX-2 inhibitors. These have been shown to suppress unwanted inflammation in patients with rheumatoid arthritis and osteoarthritis, with decreased upper gastrointestinal side effects compared with conventional agents. The selective COX-2 inhibitors are now in clinical use (24, 25). However, little is known regarding the physiological role of COX-2 in the vasculature, and there is evidence to suggest that it may be cardioprotective (26). COX-2 knockout mice are reported to develop cardiac fibrosis (27), and administration of COX-2 inhibitors abolished the cardioprotective effect of ischemic preconditioning in a model of myocardial infarction. In this model, upregulation of myocardial COX-2 by ischemia was associated with PGI<sub>2</sub> and PGE<sub>2</sub> synthesis (28). Our study indicates that induction of COX-2 in the endothelium would result in increased synthesis of PGI<sub>2</sub>, but not TXA<sub>2</sub>, favoring an antithrombotic state. Therefore, up-regulation of COX-2 by these cells may represent an important protective mechanism against vascular injury or insult. This could result in an exacerbation of the potential for thrombotic complications with the use of selective COX-2 inhibitors. Additionally, COX-2 inhibitors do not suppress COX-1-derived TXA<sub>2</sub> production by platelets, unlike conventional nonsteroidal antiinflammatory drugs, and this would further alter the TXA2/PGI2 balance toward a prothrombotic state. Two recent studies examining the effects of selective COX-2 inhibition in healthy volunteers have demonstrated inhibition of systemic PGI<sub>2</sub> production without inhibition of platelet-derived TXA<sub>2</sub> production synthesis (29, 30). Systemic PGI<sub>2</sub> synthesis is measured by urinary excretion of 2,3 dinor-6 keto  $PGF_{1\alpha}$ , and is believed to reflect mainly blood vessel-derived PGI<sub>2</sub> synthesis. COX-2 may be up-regulated in large straight tracts of vasculature that are exposed to the biomechanical stimulus of uniform laminar flow (9, 31), and this may account for the COX-2-derived PGI2 production. However, the situation in vivo remains unclear, because COX-2 was not detected in healthy arterial and venous tissues, but was highly expressed in atherosclerotic lesions (32-35). The cardiovascular consequences of COX-2 inhibition are further emphasized by a recent large clinical trial in rheumatoid arthritis that reported a 4-fold increase in myocardial infarction in patients using a selective COX-2 inhibitor (36).

In summary, the results of this study indicate a mechanism through which the initial prothrombotic vascular response to injury by endothelial cells becomes self-limiting, through the induction of COX-2 and the increased production of PGI<sub>2</sub>. The results further suggest that the changing total cellular COX activity in conjunction with the kinetic properties of the terminal prostanoid synthases and the selective induction of PGI synthase, but not TX synthase, mediate this response. Furthermore, preliminary results from specific COX-2 inhibition in healthy volunteers and clinical arthritis trials support the contention that vascular COX-2 is an important protein for maintaining vascular homeostasis.

#### References

- Bunting, S., S. Moncada, and J. R. Vane. 1983. The prostacyclin-thromboxane A<sub>2</sub> balance: pathophysiological and therapeutic implications. Br. Med. Bull. 39:271.
- Datance, pathophysiological and interpretations. *Br. Med. But. 59, 271*.
  Oates, J. A., G. A. FitzGerald, R. A. Branch, E. K. Jackson, H. R. Knapp, and L. J. Roberts. 1988. Clinical implications of prostaglandin and thromboxane A<sub>2</sub> formation. *N. Engl. J. Med.* 319:689.
- Moncada, S. 1982. Prostacyclin and arterial wall biology. Arteriosclerosis 2:193.
  Matsumoto, H., H. Naraba, M. Murakami, I. Kudo, K. Yamaki, A. Ueno, and
- Matsunioto, H., H. Nataba, M. Mutakani, I. Kudo, K. Faniaki, A. Cello, and S. Oh-ishi. 1997. Concordant induction of prostaglandin E<sub>2</sub> synthase with cyclooxygenase-2 leads to preferred production of prostaglandin E<sub>2</sub> over thromboxane and prostaglandin D<sub>2</sub> in lipopolysaccharide-stimulated rat peritoneal macrophages. *Biochem. Biophys. Res. Commun.* 230:110.
- Brock, T. G., R. W. McNish, and M. Peters-Golden. 1999. Arachidonic acid is preferentially metabolized by cyclooxygenase-2 to prostacyclin and prostaglandin E<sub>2</sub>. J. Biol. Chem. 274:11660.
- Bustos, M., T. M. Coffman, S. Saadi, and J. L. Platt. 1997. Modulation of eicosanoid metabolism in endothelial cells in a xenograft model: role of cyclooxygenase-2. J. Clin. Invest. 100:1150.
- Okahara, K., B. Sun, and J. Kambayashi. 1998. Up-regulation of prostacyclin synthesis-related gene expression by shear stress in vascular endothelial cells. *Arterioscler. Thromb. Vasc. Biol.* 18:1922.
- Camacho, M., J. Lopez-Belmonte, and L. Vila. 1998. Rate of vasoconstrictor prostanoids released by endothelial cells depends on cyclooxygeanse-2 expression and prostaglandin I synthase activity. *Circ. Res.* 83:353.
- Topper, J. N., J. Cai, D. Falb, and M. A. Gimbrone. 1996. Identification of vascular endothelial genes differentially responsive to fluid mechanical stimuli: cyclooxygenase-2, manganese superoxide dismutase, and endothelial nitric oxide synthase are selectively up-regulated by steady laminar shear stress. *Proc. Natl. Acad. Sci. USA* 93:10417.
- Wall, R., L. A. Harker, L. J. Quadracci, and G. E. Stricker. 1978. Factors influencing endothelial cell proliferation in vitro. J. Cell. Physiol. 96:203.
- Demasi, M., G. E. Caughey, M. J. James, and L. G. Cleland. 2000. Assay of cyclooxygenase-1 and -2 in human monocytes. *Inflamm. Res.* 49:737.
- James, M. J., and J. A. Walsh. 1988. Inter-relationships between vascular thromboxane and prostacyclin synthesis. *Prostaglandins Leukotrienes Essent. Fatty Acids* 31:91.
- Penglis, P. S., L. G. Cleland, M. Demasi, G. E. Caughey, and M. J. James. 2000. Differential regulation of prostaglandin E<sub>2</sub> and thromboxane A<sub>2</sub> production in human monocytes: implications for the use of cyclooxygenase inhibitors. *J. Immunol.* 165:1605.
- Pouliot, M., J. Baillargeon, J. C. Lee, L. G. Cleland, and M. J. James. 1997. Inhibition of prostaglandin endoperoxide synthase-2 expression in stimulated human monocytes by inhibitors of a cytokine-suppressive binding protein/p38 mitogen-activated protein kinase. J. Immunol. 158:4930.
- Guan, Z., S. Y. Buckman, B. W. Miller, L. D. Springer, and A. R. Morrison. 1998. Interleukin-1β-induced cyclooxygenase-2 expression requires activation of both c-Jun NH<sub>2</sub>-terminal kinase and p38 MAPK signal pathways in rat renal mesangial cells. *J. Biol. Chem.* 273:28670.
- 16. Matsuura, H., M. Sakaue, K. Subbaramaiah, H. Kamitani, T. E. Eling, A. J. Dannenberg, T. Tanabe, H. Inoue, J. Arata, and A. M. Jetten. 1999. Regulation of cyclooxygenase-2 by interferon γ and transforming growth factor α in normal human epidermal keratinocytes and squamous carcinoma cells: role of mitogen activated protein kinases. J. Biol. Chem. 274:29138.
- Borsch-Haubold, A. G., S. Pasquet, and S. P. Watson. 1998. Direct inhibition of cyclooxygenase-1 and -2 by the kinase inhibitors SB 203580 and PD 98059: SB 203580 also inhibits thromboxane synthase. J. Biol. Chem. 273:28766.
- Dean, J. L. E., M. Brook, A. R. Clark, and J. Saklatvala. 1999. p38 mitogenactivated protein kinase regulates cyclooxygenase-2 mRNA stability and transcription in lipopolysaccharide-treated human monocytes. J. Biol. Chem. 274: 264.
- Naraba, H., M. Murakami, H. Matsumoto, S. Shimbara, A. Ueno, I. Kudo, and S. Oh-ishi. 1998. Segregated coupling of phospholipases A<sub>2</sub>, cyclooxygenases, and terminal prostanoid synthases in different phases of prostanoid biosynthesis in rat peritoneal macrophages. *J. Immunol.* 160:2974.
- Spencer, A. G., J. W. Woods, T. Arakawa, I. I. Singer, and W. L. Smith. 1998. Subcellular localization of prostaglandin endoperoxide H synthases-1 and -2 by immunoelectron microscopy. J. Biol. Chem. 273:9886.
- Murakami, M., H. Naraba, T. Tanioka, N. Semmyo, Y. Nakatani, F. Kojima, T. Ikeda, M. Fueki, A. Ueno, S. Oh-ishi, and I. Kudo. 2000. Regulation of prostaglandin E<sub>2</sub> biosynthesis by inducible membrane-associated prostaglandin E<sub>2</sub> synthase that acts in concert with cyclooxygenase-2. J. Biol. Chem. 275:32783.

- Jakobsson, P., S. Thoren, R. Morgenstern, and B. Samuelsson. 1999. Identification of human prostaglandin E synthase: a microsomal, glutathione-dependent, inducible enzyme, constituting a potential novel drug target. *Proc. Natl. Acad. Sci. USA 96:7220.*
- Tanioka, T., Y. Nakatani, N. Semmyo, M. Murakami, and I. Kudo. 2000. Molecular identification of cytosolic prostaglandin E<sub>2</sub> synthase that is functionally coupled with cyclooxygenase-1 in immediate prostaglandin E<sub>2</sub> biosynthesis. *J. Biol. Chem.* 275:32775.
- Crofford, L. J., P. E. Lipsky, P. Brooks, S. B. Abramson, L. S. Simon, and L. B. A. Van de Putte. 2000. Basic biology and clinical application of specific cyclooxygenase-2 inhibitors. *Arthritis Rheum.* 43:4.
- 25. Simon, L. S., A. L. Weaver, D. Y. Graham, A. J. Kivitz, P. E. Lipsky, R. C. Hubbard, P. C. Isakson, K. M. Verburg, S. S. Yu, W. W. Zhao, and G. S. Geis. 1999. Anti-inflammatory and upper gastrointestinal effects of celecoxib in rheumatoid arthritis: a randomized controlled trial. J. Am. Med. Assoc. 282:1921.
- Wu, K. 1998. Cyclooxygenase-2 induction in congestive heart failure: friend or foe? *Circulation 98:95*.
- Dinchuk, J. E., B. D. Car, R. J. Focht, J. Johnston, B. D. Jaffee, M. B. Covington, N. R. Contel, V. M. Eng, R. J. Collins, P. M. Czerniak, et al. 1995. Renal abnormalities and an altered inflammatory response in mice lacking cyclooxygenase II. *Nature* 378:406.
- Shinmura, K., X. L. Tang, Y. Wang, Y. T. Xuan, S. Q. Liu, H. Takano, A. Bhatnagar, and R. Bolli. 2000. Cyclooxygenase-2 mediates the cardioprotective effects of the late phase of ischemic preconditioning in conscious rabbits. *Proc. Natl. Acad. Sci. USA 97:10197.*
- McAdam, B. F., F. Catella-Lawson, I. A. Mardini, S. Kapoor, J. A. Lawson, and G. A. Fitzgerald. 1999. Systemic biosynthesis of prostacyclin by cyclooxygenase

(COX)-2: the human pharmacology of a selective inhibitor of COX-2. *Proc. Natl. Acad. Sci. USA* 96:272.

- Catella-Lawson, F., B. McAdam, B. W. Morrison, S. Kapoor, D. Kujubu, L. Antes, K. C. Lasseter, H. Quan, B. J. Gertz, and G. A. Fitzgerald. 1999. Effects of specific inhibition of cyclooxygenase-2 on sodium balance, hemodynamics, and vasoactive eicosanoids. J. Pharmacol. Exp. Ther. 289:735.
- Gimbrone, M. A. 1999. Vascular endothelium, hemodynamic forces, and atherogenesis. Am. J. Pathol. 155:1.
- Bishop-Bailey, D., J. R. Pepper, E. B. Haddad, R. Newton, S. W. Larkin, and J. A. Mitchell. 1997. Induction of cyclooxygenase-2 in human saphenous vein and internal mammary artery. *Arterioscler. Thromb. Vasc. Biol.* 17:1644.
- 33. Baker, C. S. R., R. J. C. Hall, T. J. Evans, A. Pomerance, J. Maclouf, C. Creminon, M. H. Yacoub, and J. M. Polak. 1999. Cyclooxygenase-2 is widely expressed in atherosclerotic lesions affecting native and transplanted human coronary arteries and colocalizes with inducible nitric oxide synthase and nitrotyrosine particularly in macrophages. *Arterioscler. Thromb. Vasc. Biol.* 19:646.
- Schonbeck, U., G. K. Sukhova, P. Graber, S. Coulter, and P. Libby. 1999. Augmented expression of cyclooxygenase-2 in human atherosclerotic lesions. *Am. J. Pathol.* 155:1281.
- Orina, B., D. Byrne, D. Kearney, A. Leahy, and D. Fitzgerald. 2000. Cyclooxygenase-1 and -2 dependent prostacyclin formation in patients with atherosclerosis. *Circulation 102:840*.
- Bombardier, C., L. Laine, A. Reicin, D. Shapiro, R. Burgos-Vargas, B. Davis, R. Day, M. B. Ferraz, C. J. Hawkey, M. C. Hochberg, et al. 2000. Comparison of upper gastrointestinal toxicity of rofecoxib and naproxen in patients with rheumatoid arthritis. *N. Engl. J. Med.* 343:1520.