



**Figure 6** The phosphorylation of ERK is induced by HMGB1 and linked to HMGB1-induced migration of RPE cells. (a) ARPE-19 cells were stimulated with HMGB1 (100 ng/ml) for 5, 15, 30, or 60 min, and total cell lysates were analyzed by western blot. ERK-1/2 activation was detected with anti-phospho-ERK-1/2 antibody (p-ERK-1/2). Stripped membrane was reprobed with the antibody against total ERK-1/2 (ERK-1/2). Results are representative of three independent experiments. HMGB1 augments the ERK-1/2 phosphorylation from 5 to 60 min after stimulation. (b) Pretreatment of ARPE-19 with U0126 inhibits the cell migration toward HMGB1 (100 ng/ml) in a dose-dependent manner. The data represent the mean  $\pm$  s.d. ( $n = 3$ ). Similar results were obtained from three independent experiments. \* $P < 0.05$ , \*\* $P < 0.01$ , compared with vehicle-treated control.

Furthermore, exploring human vitreous samples by ELISA, we found that both HMGB1 and MCP-1 are increased significantly in eyes with RD. Although MCP-1 is a well-known mediator for RD,<sup>39</sup> to our knowledge, this is the first report indicating that extracellular HMGB1 might also be of relevance to human RD. HMGB1 concentration tended to be high in the eye without PVR, but not so with PVR. One possible explanation for this tendency is that HMGB1 might be sequestered and/or masked in PVR, the advanced stage of RD. HMGB1 binds tightly to heparin and proteoglycans with heparan sulfate,<sup>5</sup> and it is also reported that such proteoglycans are abundantly present as the ocular extracellular matrix, even in RD.<sup>40</sup> Hence, these molecules might affect the HMGB1 concentration in the vitreous humor. Nevertheless, this possibility does not negate the presence of HMGB1. Considering the results obtained with the rat RD model, extracellular HMGB1 could be present at much higher levels, at least in the subretinal fluid of RD, and it might serve as a persistent signal adhering to the local damaged retina and/or surrounding matrix as previously described.<sup>5</sup>

It is also of importance that HMGB1 is significantly correlated with MCP-1 in RD vitreous. The secretion of MCP-1

might parallel the extent of photoreceptor degeneration of RD. Nakazawa *et al*<sup>20</sup> recently suggested that MCP-1 is a potential proapoptotic mediator during RD through the activation of microglia and/or macrophages. In their study, Müller-glial cells were observed to upregulate MCP-1, leading to activation and increased infiltration of microglia/macrophages in the detached retina. These cells induced further photoreceptor apoptosis through local oxidative stress. Corresponding to this report, RAGE was also reported to be prominently expressed in the Müller-glial cells.<sup>41</sup> Therefore, HMGB1 might influence MCP-1 expression through Müller-glial cells. Conversely, HMGB1 is known to be released by activated monocytes/macrophages.<sup>7</sup> MCP-1 is a potent stimulator and chemoattractant for monocytes/macrophages,<sup>42</sup> and these cells were observed in the subretinal space of RD with abundant HMGB1 expression. This would also be another possible explanation for the parallel increases of HMGB1 and MCP-1. Nevertheless, the positive correlation of these molecules indicates that cell death-related mediators might be highly orchestrated in ocular degenerative tissue damage. Several studies suggest that extracellular HMGB1 can aggravate tissue damage in neuronal tissues.<sup>10,43</sup> In these studies, extracellular HMGB1 plays a key role in the development of neuronal injury through the induction of inflammation, microglial activation, and neuronal excitotoxicity. According to these recent reports, the presence of extracellular HMGB1 concomitantly with MCP-1 is a possible deteriorating factor for RD, in spite of its essential role in the nucleus.

PVR is one of the most threatening complications of RD. It is thought to be a reactive process to retinal injury, in other words, it is one of the wound-healing responses in the eye. RPE cells are known to be detectable in the fibrotic proliferative membranes of PVR, and play an important role in the pathogenesis of PVR.<sup>44</sup> Thus, the effects of a molecule on PVR formation could be traced to RPE migration, at least in part. Here, we demonstrate that extracellular HMGB1 promotes RPE cell migration by chemotaxis *in vitro*. This result is consistent with previous reports of HMGB1-induced cell migration in various cell types, such as smooth muscle cells,<sup>21,33</sup> fibroblasts,<sup>45</sup> and chondrocytes.<sup>34</sup> We also found that HMGB1 activated phosphorylation of ERK-1/2 in RPE cells and the migration induced by HMGB1 was dependent on ERK phosphorylation. The phosphorylation of ERK is associated with cell proliferation and cell migration through effects on cell-matrix contacts.<sup>46</sup> It was also reported to be found in Müller-glial cells after RD.<sup>47</sup> Taken together, our results suggest that extracellular HMGB1 from dying ocular cells might affect retinal cells through ERK phosphorylation and potentially serve to promote the formation of PVR, which is wound healing, but has a pathological meaning in the eye. Several new strategies for prevention of ocular fibrosis, especially targeting specific signaling pathways, have been proven to be beneficial in animal models.<sup>48-50</sup> We propose that the identification and further characterization of danger signals, including HMGB1, would provide a novel

perspective for better understanding the molecular pathogenesis of PVR before applying these promising therapeutic manipulations to human subjects.

It has been suggested that post-transcriptional modifications of HMGB1, such as acetylation, methylation, and phosphorylation, might influence its activity.<sup>51</sup> Some recent reports also demonstrate that the proinflammatory activity of HMGB1 is due to combined action with other molecules.<sup>52</sup> The present data are mostly limited to the presence of HMGB1 rather than its biological activity, and we do not address what modifications or molecules are involved in intraocular HMGB1. However, we identify for the first time that HMGB1 is evident in a typical retinal injury of human RD, in which nuclear HMGB1 is a crucial nuclear protein and extracellular HMGB1 is a danger signal that might be required for the ocular wound-healing response. Our findings might have relevance for the underlying mechanisms of degenerative neuronal diseases. Further detailed studies will be needed to obtain more accurate knowledge and therapeutic value of HMGB1 in human diseases.

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