

Mechanical Stress-induced Glutamate Signaling in PDL Cells

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Fibroblast Growth Factor-2 Stimulates Directed Migration of Periodontal Ligament Cells via PI3K/AKT Signaling and CD44/Hyaluronan Interaction

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Fibroblast growth factor-2 (FGF-2) regulates a variety of functions of the periodontal ligament (PDL) cell, which is a key player during tissue regeneration following periodontal tissue breakdown by periodontal disease. In this study, we investigated the effects of FGF-2 on the cell migration and related signaling pathways of MPDL22, a mouse PDL cell clone. FGF-2 activated the migration of MPDL22 cells and phosphorylation of phosphatidylinositol 3-kinase (PI3K) and akt. The PI3K inhibitors, Wortmannin and LY294002, suppressed both cell migration and akt activation in MPDL22, suggesting that the PI3K/akt pathway is involved in FGF-2-stimulated migration of MPDL22 cells. Moreover, in response to FGF-2, MPDL22 showed increased CD44 expression, avidity to hyaluronan (HA) partly via CD44, HA production and mRNA expression of HA synthase (Has)-1, 2, and 3. However, the distribution of HA molecular mass produced by MPDL22 was not altered by FGF-2 stimulation. Treatment of transwell membrane with HA facilitated the migration of MPDL22 cells and an anti-CD44 neutralizing antibody inhibited it. Interestingly, the expression of CD44 was colocalized with HA on the migrating cells when stimulated with FGF-2. Furthermore, an anti-CD44 antibody and small interfering RNA for CD44 significantly decreased the FGF-2-induced migration of MPDL22 cells. Taken together, PI3K/akt and CD44/HA signaling pathways are responsible for FGF-2-mediated cell motility of PDL cells, suggesting that FGF-2 accelerates periodontal regeneration by regulating the cellular functions including migration, proliferation and modulation of extracellular matrix production.

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Cell migration is essential for embryogenesis, tissue development, wound healing, and tissue regeneration. This cellular event requires coordinated multiple processes such as activation of related signaling pathways, membrane-linked cytoskeleton reorganization, causing specific structural changes in the plasma membrane, and interaction with the extracellular matrix.

Phosphatidylinositol 3-kinase (PI3K) is associated with cell polarization and migration in a wide range of cell types (Derman et al., 1997; Ren and Schwartz, 1998; Cantley, 2002; Weiner et al., 2002). Polarized accumulation of phospholipid PI(3,4,5)P3 and its product is seen via PI3K for establishment of cell polarity and migration during chemotaxis. In addition, PI3K and its downstream kinase effector akt are known to regulate cytoskeletal rearrangements, cell migration, apoptosis, and other biological functions.

As one of the key extracellular matrices involved in cell migration, hyaluronan (HA) has been receiving particular attention. HA is a linear glycosaminoglycan composed of repeating disaccharides of glucuronic acid and *N*-acetylglucosamine: [β 1,4-GlcUA- β 1,3-GlcNAc-] and is ubiquitously distributed in the body. HA is synthesized at the inner face of the plasma membrane by HA synthase (Has). A wide variety of mediators regulate the HA synthesis and in turn modulate physiological and pathophysiological conditions via HA. So far, HA has been reported to be involved in not only matrix organization, but also cell adherence, cell migration, cell proliferation. In the early phase of tissue repair, enhanced expression of HA precedes other glycosaminoglycan (Lammi

et al., 2001), leading to facilitation of cell motility and subsequent tissue remodeling.

CD44, a cell surface molecule, is one of the major receptors for HA. The intracellular portion is linked to actin filaments and mediates intracellular signal transduction. Interestingly, CD44 has been reported to be present on the leading edge of migrating cells (Thorne et al., 2004). The interaction of CD44 with HA activates Rac1 and in turn regulates the formation of cytoskeleton-mediated membrane protrusions and cell migration (Bourguignon et al., 2000). Myoblasts derived from CD44-deficient mouse lacked the chemotaxis seen in the wild-type myoblasts (Mylona et al., 2006). In addition, CD44-deficient fibroblasts revealed less directional migration and less efficiency of wound closure in wound healing assay in spite of the increased motility compared with the wild type (Acharya

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et al., 2008). Upon injury of the central nervous system, CD44 expression was increased at the site of injury (Jones et al., 2000). In addition, CD44/HA interaction plays an important role in regulating astrocyte functions such as cell migration following injury (Bourguignon et al., 2007). These results suggest that CD44 regulates several coordinated actions required for physiologically efficient motility, which contributes to the integrated wound healing.

Periodontal disease is initiated by bacterial biofilm and exacerbated with multi-factors, resulting in the loss of tooth-supporting periodontal tissues such as gingiva, alveolar bone, periodontal ligament (PDL), and cementum covering root surface. Unfortunately, no conventional periodontal treatment, such as scaling and root planning, can ever regenerate periodontal tissue destroyed by progression of periodontal diseases. Interestingly, however, several lines of evidence have demonstrated that topical application of recombinant cytokine to the destroyed site can induce regeneration of the periodontal tissues. We have shown that fibroblast growth factor-2 (FGF-2) induces significant periodontal tissue regeneration accompanying new alveolar bone and cementum formation in beagle dogs and macaca monkey (Murakami et al., 1999, 2003; Takayama et al., 2001). Recently, a randomized controlled Phase II clinical trial revealed significant increase in the rate of increase in alveolar bone height in the 0.3% FGF-2 treatment group (Kitamura et al., 2008, 2010). In vitro studies have revealed that FGF-2 induces potent proliferative responses and regulates the expression of a variety of extracellular matrices by PDL cells, which play critical roles in wound healing and regeneration of periodontal tissue (Takayama et al., 1997; Shimabukuro et al., 2005; Terashima et al., 2008; Murakami, 2010). Notwithstanding the importance of migratory action of PDL cells during the process of periodontal tissue regeneration, the effects of FGF-2 on its migratory activity remain uncertain. Here we use MPDL22, a mouse PDL clone, to explore the mechanism by which FGF-2-induced migration of PDL cells. The present study revealed that FGF-2 upregulated the migration of PDL cells and that its activity is dependent on PI3K/akt and the CD44/HA signaling pathway.

Materials and Methods

Materials

Tissue culture supplies and plastic Leighton tubes were obtained from Corning Coster (New York, NY). Alpha modification of Eagle's medium (α -MEM) was a product of ICN Biomedicals, Inc. (Costa Mesa, CA). Fetal calf serum (FCS) was purchased from JRH Biosciences (Lenexa, KS). Human recombinant FGF-2 was kindly provided by Kaken Pharmaceutical Co., Ltd (Tokyo, Japan). Wortmannin, LY294002, akt inhibitor II, and akt inhibitor X were obtained from Sigma (St. Louis, MO), Cell Signaling (Danvers, MA), and Calbiochem (Darmstadt, Germany), respectively. Anti-CD44 antibody (clone IM7) and FITC-labeled rat anti-mouse CD44 antibody (clone IM7) were obtained from BD Pharmingen (Franklin Lakes, NJ).

Isolation of mouse periodontal cell clones

Mouse PDL cells were isolated from healthy PDL tissue of first premolar teeth of BALB/c mice. The PDL tissues isolated from the center of the root surface with a surgical scalpel were minced, transferred to plastic Leighton tubes and cultured in α -MEM supplemented with 10% FCS, 50 units/ml penicillin G and 50 μ g/ml streptomycin (henceforth denoted standard medium) with media changes every 2 or 3 days. Cultures were maintained at 37°C in a humidified atmosphere of 95% air and 5% CO₂. The cells that grew out from the explants and in a confluent stage were separated by treatment with 0.05% trypsin–0.53 mM EDTA, collected by

centrifugation, and cultured on plastic culture dishes containing the standard medium until they reached confluence. The cells (parent PDL cells) were then trypsinized at a 1:3 split ratio. We established 29 clones from parent PDL cell lines by culturing with FGF-2 (1 μ g/ml) and dilution twice. We selected one of these clones: one clone, MPDL22, differentiated cells in the presence of a high level of alkaline phosphatase (ALPase) and formed hard tissue in the presence of β -glycerophosphate and ascorbic acid (Yamada et al., 2007).

Chemotaxis and cell migration assay

In this study two migration assays (membrane filter assay and silicon restraint migration assays) were utilized to determine the implication of FGF-2 on MPDL22 motility and the mechanism underlying its effects.

Chemotaxis assay

Cell migration assays were performed by using a Chemicon QCM™ 96-well migration assay kit (Chemicon Int., Inc., Temecula, CA), according to the instruction manual. A cell suspension (5×10^4 cells/well) was added to the upper chamber of an insert membrane filter with a pore size of 8 μ m. In some experiments, the insert membrane was coated with 50 μ l of 1% HA (from rooster comb: MW 600,000–1,200,000) (Seikagaku Co., Tokyo, Japan) or chondroitin sulfate C (CS) (chondroitin 6-sulfate) (from shark cartilage) (Seikagaku Co.). The medium containing 1% FCS supplemented with or without FGF-2 was placed in the lower chamber of the insert membrane. At the end of incubation at 37°C in a humidified 95% air/5% CO₂ atmosphere, cells migrated to the bottom of the insert membrane were dissociated from the membrane when incubated with cell detachment buffer. These cells were subsequently lysed and detected by the CyQuant GR dye (Invitrogen Corp, Carlsbad, CA). The intensity of fluorescence was measured with a fluorescence plate reader (Thermo Electron Oy., Vantaa, Finland) using 485/538 nm filter set.

Cell migration assay

Another migration assay was conducted with a modified Teflon restraint migration assay (Smith et al., 2004). MPDL22 were seeded behind a silicon rubber on a coverglass (Matsunami Co., Osaka, Japan) mounted on a 35-mm dish and allowed to reach confluence. After carefully removing the silicon rubber, the monolayers of MPDL22 were incubated with or without FGF-2 (5 ng/ml) for 12 h. Photographs were taken using a microscope (Nikon, Tokyo, Japan). The number of cells migrating into the cell-free space was counted using NIS-Elements (Nikon) at least in five areas per coverglass.

PI3K and akt assay

PI3K and akt expression were assayed by using Face® PI3K p85 and akt kit (Active Motif, Carlsbad, CA) according to the manufacturer's instructions, respectively. Cells (1×10^5 cells/well) were seeded in a 96-well plate and cultured with or without FGF-2 (5 ng/ml). At the end of incubation, the cells were fixed with 100 μ l of 4% formaldehyde in PBS for 20 min at room temperature. The cells were washed three times with washing buffer (0.1% Triton X-100 in PBS), added quenching buffer (washing buffer containing 1% H₂O₂ and 0.1% azide) and incubated for 20 min at room temperature. After incubation with antibody blocking buffer and washing with washing buffer, 40 μ l of primary antibody was added to the wells, which were then incubated overnight at 4°C. After the plates were washed, 100 μ l of horseradish peroxidase-conjugated anti-rabbit IgG antibody was added to the wells, followed by incubation for 1 h. After the plates were washed, 100 μ l of developing solution was added and the plates were incubated for 2–20 min at room temperature until the reaction was stopped with stop solution. Absorbance was then measured using a microplate reader Model 680 (BioRad Laboratories, Inc., Hercules, CA) at 450 nm.

Cell proliferation assay (WST-1 assay)

MPDL22 cells (2×10^4 cells/well) were cultured for 24 h in a serum-free medium to obtain quiescent cells. The quiescent cells were cultured with or without FGF-2 (5 ng/ml) in the presence of 1% FCS and then treated with 10% proliferation reagent WST-1 (Roche Diagnostics GmbH, Mannheim, Germany) for the last 2 h. Absorbance (OD 450 nm) was measured using a microplate reader Model 680 (BioRad Laboratories, Inc.). In some experiments, MPDL22 was treated with or without mitomycin C (2.5 μ g/ml) (Kyowa Hakko Kirin Co., Tokyo, Japan) for 2 h before FGF-2 stimulation.

Measurement of HA in culture supernatants

MPDL22 cells were placed in a 6-well culture plate (Corning Coster) at 2×10^5 cells/well in a standard medium. Forty-eight hours after incubation, MPDL22 cells were stimulated with or without FGF-2 (5 ng/ml) in the presence of 0.5% FCS. At the end of the incubation periods, the supernatants were collected and stored at -20°C until determination of HA. The HA levels in culture supernatants were measured by an inhibition binding-protein assay (HA assay kit, Seikagaku Co.), which utilizes the inhibitory reaction of free HA in samples to the binding of biotinylated HA-binding protein to HA-bovine serum albumin (BSA) (Sigma), a neo-glycoconjugate prepared from HA and BSA (Raja et al., 1984).

Agarose electrophoresis

HA samples were electrophoresed on a 0.75% agarose gel for 6 h at room temperature with a constant voltage of 25 V as described in a previous report (Lee and Cowman, 1994). Known molecular mass HA standards (300, 8,000, 2,200 kDa) were used as a reference. After electrophoresis, the HA in the gel was blotted onto Hybond N+ membrane (Amersham biosciences Corp., Piscataway, NJ). After blocking with 10% skim milk in PBS containing 0.05% Tween 20 the membrane was incubated with biotinylated HABP (1 μ g/10 ml) (Seikagaku Co.) in PBS with Blockace (Snow Brand Milk Products Co. Ltd, Tokyo, Japan) at room temperature for 1 h and then with HRP-streptavidin (0.5 μ g/10 ml) (Calbiochem, Inc., San Diego, CA). HA was visualized by enhanced chemiluminescence assay (GE Healthcare UK Ltd, Buckinghamshire, England).

Western blot analysis

MPDL22 cells were placed on a 6-well culture dish and stimulated with FGF-2 (5 ng/ml). Cells were lysed in RIPA buffer (25 mM Tris-HCl pH 7.6, 150 mM NaCl, 1% NP-40, 1% sodium deoxycholate, 0.1% SDS, 10 mM Na_3VO_4 , 10 μ g/ml each aprotinin and leupeptin). Proteins were separated by SDS/PAGE, transferred to nitrocellulose membranes. Membranes were incubated with 10% bovine serum albumin for 1 h and subsequently with mouse monoclonal anti-phosphorylated akt antibody (Cell Signaling), rabbit polyclonal antibody to phosphorylated p85 (Cell Signaling) or rat anti-mouse CD44 antibody (BD) for 3 h at room temperature and appropriate HRP-conjugated secondary antibody. Immune complex was detected using an enhanced chemiluminescence kit (GE Healthcare UK Ltd).

Flow cytometric analysis

MPDL22 cells were incubated in 10% FCS- α -MEM in the absence or presence of FGF-2 (5 ng/ml). The cells were harvested with cell dissociation buffer (Sigma) and incubated with rat anti-mouse CD44 antibody (BD) on ice for 30 min. After washed twice with 1% BSA supplemented with 0.1% sodium azide, cells were incubated FITC-labeled-goat polyclonal anti-rat IgG (Invitrogen Corp) or FITC-labeled sodium HA (PG Research, Tokyo, Japan). Flow cytometric analysis was then performed with a FACS Calibur (BD).

Immunocytochemical analysis

MPDL22 cells (5×10^4 cells/well) were cultured on a glass bottom dish (Matsunami Co.) mounted on a 35-mm plate. The confluent monolayers were cultured for 24 h with or without 5 ng/ml of FGF-2.

Phalloidin and HA binding protein staining

Cells were fixed for 10 min in 4% paraformaldehyde and treated with or without 0.1% Triton X to permeabilize cell membrane. After blocking with 1% BSA in PBS, the cell monolayers were incubated with FITC-phalloidin (Invitrogen Corp), or biotinylated HA binding protein (Seikagaku Co.) in PBS for 30 min at room temperature, and then washed with 1% BSA in PBS three times between each step. Cells were then incubated with avidin-FITC (BD) for 30 min.

Actin staining

Cells were fixed with cold ethanol for 15 min. Following incubation with 3% BSA in PBS at room temperature for 30 min, the cells were incubated with mouse anti-F and G actin antibody (Abcam plc, Cambridge, UK) in PBS containing 0.1% BSA and 5% FCS for 30 min. After washing with PBS, the cells were incubated with Alexa Fluor 488-conjugated goat anti-mouse IgG (Invitrogen Corp) at room temperature for 30 min.

CD44 staining

Cells were fixed for 10 min in 4% paraformaldehyde and treated with or without 0.1% Triton X to permeabilize cell membrane. After blocking with 1% BSA in PBS, the cells were incubated with rat anti-mouse CD44 (BD) followed by washing with PBS. Then, they were incubated with Alexa Fluor 546-conjugated goat anti-rat antibody (Invitrogen Corp). In some experiments, after the fixation and permeabilization, the cells were incubated FITC-labeled rat anti-mouse CD44 antibody. All cells were counterstained with 4,6-diamidino-2-phenylindole dihydrochloride (DAPI) (Sigma) to facilitate estimates of total cell numbers, and washed once in water. All photographs were taken using a confocal laser scanning microscope (Carl Zeiss, Inc., Oberkochen, Germany), and quantified using LSM510-V2.5 (Carl Zeiss, Inc.).

Real-time PCR

MPDL22 cells were seeded at a density of 1×10^6 cells/dish in a 60 mm dish and grown to confluence in standard medium. Following a 24-h incubation of the cells with or without FGF-2 (5 ng/ml), total RNA was isolated from each cell by RNazo1™ (Cinna/Biotecx Laboratories, Inc., Friendswood, TX) according to the manufacturer's instructions. The precipitated RNA was resolved in 0.1% diethylpyrocarbonate-treated distilled water (DEPC-treated H_2O). cDNA synthesis and amplification via PCR were performed according to the methods described by Takayama et al. (1997). For PCR analysis, we incubated a 40 μ l cDNA synthesis reaction mixture per RNA sample at 37°C for 60 min. Each 40 μ l cDNA synthesis reaction mixture contained: 5.2 μ l of DEPC-treated H_2O ; 4 μ l $10\times$ PCR buffer II (100 mM Tris-HCl pH 8.3, 500 mM KCl (Perkin Elmer Cetus, Norwalk, CT)); 6 μ l 25 mM MgCl_2 ; 4 μ l of each 10 mM deoxynucleotide-triphosphate (Takara, Shiga, Japan); 0.4 μ l 20 U/ml RNase inhibitor (Perkin Elmer Cetus); 1 μ l 50 U/ml M-MLV reverse transcriptase; 4 μ l 0.25 mg/ml RNA sample. After incubation, all samples were heated to 94°C for 5 min to inactivate the reverse transcriptase. Real-time PCR with SYBR Green PCR Master Mix (Applied Biosystems, Foster City, CA) was carried out by 7300 Fast real-time PCR system (Applied Biosystems) using the following primers: Has-1 (forward primer, 5'-TACCTGCGCCAGTGCTTGAC-3'; reverse primer, 5'-CACCATGAGCAGCGTAACC-3'). Has-2 (forward primer, 5'-GTCATGTACACAGCCTTCAGAGCAC-3'; reverse primer, 5'-GGCAGGTC AAGCATAGTAATCTGAG-3').

Has-3 (forward primer, 5'-GTCATGTACACAGCCTTCAGAGCAC-3'; reverse primer, 5'-TACATTGCACACAGCCAAAGTAGGA-3'), Hyal-1 (forward primer, 5'-CCGTAATGCCCTACGTCAG-3'; reverse primer, 5'-AAGGGCCCAAGTGTGGATC-3'), Hyal-2 (forward primer, 5'-GCTCAGCTGGCGTCATCTTC-3'; reverse primer, 5'-GCACTGGGTCCAAGTGC-3'), Hyal-3 (forward primer, 5'-CTCGGCATTGTAGCCAACCAC-3'; reverse primer, 5'-TGGGCTGTACCTTAGGTCCAAAG-3'), Hyal-4 (forward primer, 5'-TGTCTACACACAGCTGGGCTACAA-3'; reverse primer, 5'-AATCAGAAATTCACAAAGCGGTTTAC-3'), Hyal-5 (forward primer, 5'-CTATAATGAAAGTGCAGGTGGTGGAG-3'; reverse primer, 5'-ATTTGGTGCAACAGGTGAGAA-3'), Spam-1 (Ph-20) (forward primer, 5'-CTTGAAGTCCAATCGACAAGCTACC-3'; reverse primer, 5'-GTACCCAGAGCAACAATTTACCA-3'), and reduced glyceraldehyde 3-phosphate dehydrogenase (GAPDH) (forward primer, 5'-TGTGTCCTCGTGGATCTGA-3'; reverse primer, 5'-TTGCTGTTGAAGTCGAGGAG-3'). GAPDH served as a housekeeping gene.

Fourth PCR cycles were performed, and the cycle threshold values were normalized to the housekeeping GAPDH.

RNA silencing

Small interfering RNA (siRNA) for mouse CD44 was designed according to the sequence of the mouse CD44 gene [NCBI accession number AJ251594 (GenBank)] obtained from the online database of the National Center for Biotechnology Information (NCBI, Bethesda, MD). A sequence, 5-GGCUUUAACAGUACCUUATT-3 (sense strand complementary to the exon 13 of the mouse CD44 gene), was chosen and verified in a basic local alignment search tool search of the database. The CD44 siRNA and a negative control siRNA (Silencer[®] negative control #1 siRNA) were synthesized by Applied Biosystems. Silencer[®] Negative control #1 siRNA was designed to have no significant sequence similarity to mouse, rat, or human transcript sequences. MPDL22 cells were placed on a 6-well culture dish at 7.5×10^4 cells/well in standard medium without antibiotics. Twenty-four hours after

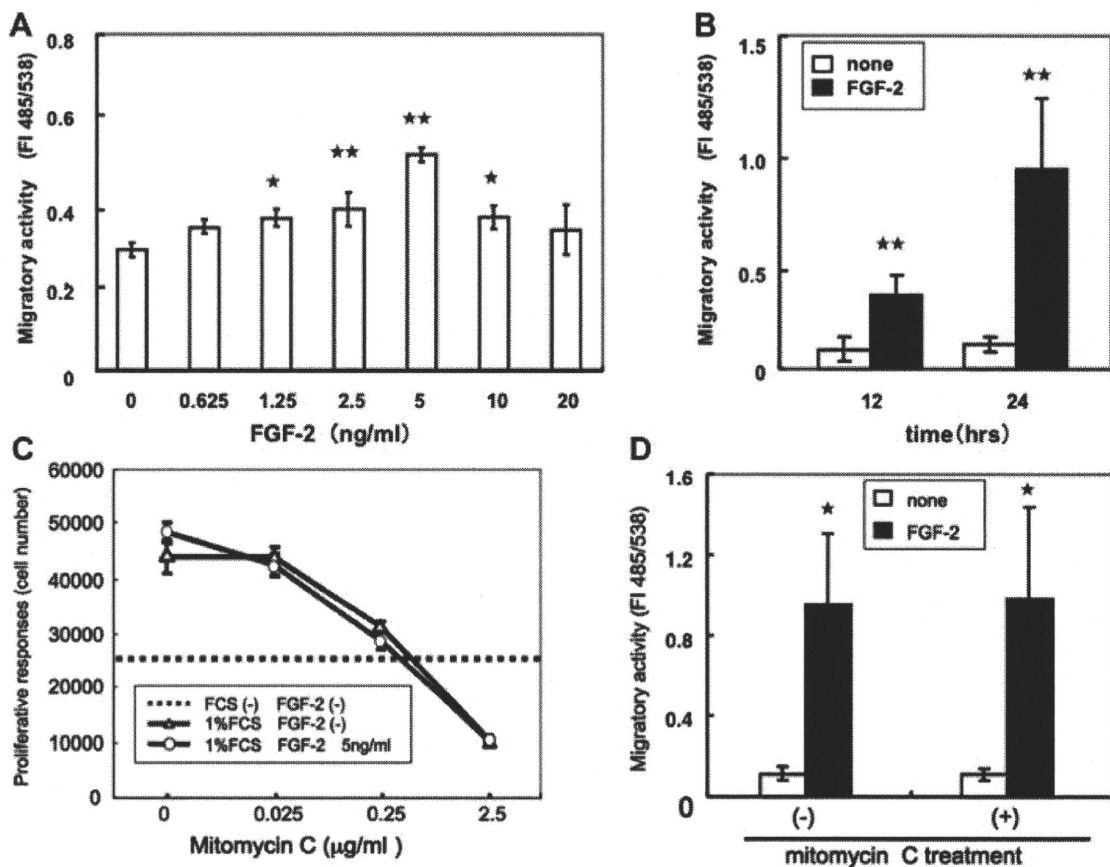


Fig. 1. FGF-2 stimulates cell motility of MPDL22 in a dose-dependent manner. A: MPDL22 cells (5×10^4 cell/well) were added to the upper chamber of an insert membrane filter of 8μ m pore size in 96-well culture plates and stimulated with or without FGF-2 (0–20 ng/ml) for 12 h. Migratory cells on the bottom of the insert membrane were dissociated from the membrane with cell detachment buffer. These cells were subsequently lysed and detected by the CyQuant GR dye. The intensity of fluorescence was measured with a fluorescence plate reader ($^*P < 0.05$ vs. corresponding unstimulated control, $^{**}P < 0.01$ vs. corresponding unstimulated control). B: MPDL22 cells were stimulated with or without FGF-2 (5 ng/ml) for 12 or 24 h. The migratory activities were assessed as described above ($^{**}P < 0.01$ vs. correspondent unstimulated control). C: MPDL22 which had been treated with or without mitomycin C for 2 h were added to a 96-well plate and were incubated with or without FGF-2 (5 ng/ml) in the presence or absence of 1% FCS for 12 h. Proliferative responses were estimated by using proliferative reagent WST-1. The dotted line shows the proliferative response of MPDL22 when the cell cultured without FCS and FGF-2. D: MPDL22 cells (5×10^4 cell/well) which had been treated with or without 2.5 μ g/ml mitomycin C for 2 h were added to the upper chamber of an insert membrane filter with a pore size of 8μ m in 96-well culture plates and stimulated with or without FGF-2 (5 ng/ml) for 24 h. Migratory cells on the bottom of the insert membrane were dissociated from the membrane with cell detachment buffer. These cells were subsequently lysed and detected by the CyQuant GR dye. The intensity of fluorescence was measured with a fluorescence plate reader ($^*P < 0.01$ vs. correspondent unstimulated control). Results of one representative experiment out of three separate experiments are shown. The results are presented as mean value \pm SEM ($n = 3$).

incubation, MPDL22 at 40–50% confluence were transfected with siRNA CD44 and negative control siRNA. The cells were transfected with 200 pmol of siRNA and negative control siRNA using lipofectamine 2000 (Invitrogen Corp) according to the manufacturer's instructions. The cells were then studied for real-time PCR, flow cytometry, and Western blot analysis.

Statistical analysis

Three specimens in each group were analyzed. Data were expressed as means and standard deviation for each group. Results of one representative experiment out of three separate experiments are shown since the values vary among the same experiment performed at different times. Statistical analysis was performed with t-test or ANOVA followed by Dunnett multiple comparison test. The level of significance was set at $P < 0.05$.

Results

FGF-2 increased the migratory activity of MPDL22 cells

A cell migration assay using a transwell membrane was performed to examine the effects of FGF-2 on the migratory activity of MPDL22. FGF-2 increased the migratory activity of MPDL22 cells in a dose-dependent manner up to 5 ng/ml at 12 h after stimulation (Fig. 1A). At less than 5 ng/ml FGF-2 should have a dominant influence on other cellular responses and the migratory effect of FGF-2 should be weak. Importantly, at 5 ng/ml, FGF-2-dependent proliferative responses were not observed at 12 h (data not shown). At 10 ng/ml, the migratory activity of MPDL22 cells decreased but remained significantly high compared with the unstimulated level. A significant increase of MPDL22 migratory activity was also observed 24 h after stimulation with 5 ng/ml FGF-2 (Fig. 1B).

To minimize any influence of the proliferative response on the migratory activity, we treated MPDL22 cells with mitomycin C. As shown in Figure 1C, we confirmed that 2.5 μ g/ml of mitomycin C treatment inhibited the proliferative response of both FGF-2-stimulated and unstimulated MPDL22. Interestingly, there was significant FGF-2-dependent migratory activity of MPDL22 cells 24 h after FGF-2 stimulation even when the proliferative response of MPDL22 was suppressed by treatment with mitomycin C at 2.5 μ g/ml (Fig. 1D).

PI3K and akt are involved in FGF-2-induced migration of MPDL22

FGF receptors mediate biological functions of MPDL22 and various molecules are involved in their intracellular signal transduction. PI3K and akt are known to be downstream molecules of FGF receptors and play critical roles in the motility of various cell types. We then investigated the involvement of PI3K and akt in the migratory activity of MPDL22. As shown in Figure 2A, treatment of MPDL22 with 5 ng/ml FGF-2 leads to upregulation of PI3K and akt activities. Western blot analysis also revealed that FGF-2 increased the level of both phospho-PI3K and phospho-akt (Fig. 2B).

Akt is known to be a major PI3K target in a wide range of cells. In order to confirm that akt is activated following PI3K stimulation upon FGF-2 treatment, Wortmannin and LY294002, both of which are PI3K inhibitors, were used in the akt ELISA assay. Both inhibitors completely suppressed the FGF-2-increased akt activity (data not shown). These results indicate that akt is a key effector of the lipid kinase PI3K in MPDL22 cells in response to FGF-2. We then investigated the effects of PI3K/akt pathway on FGF-2-induced cell migration. We performed a migration assay using the same inhibitors to explore the involvement of PI3K and akt pathways in the migratory activity in FGF-2-stimulated MPDL22. The assay revealed that 2 nM Wortmannin or 2 μ M LY294002 partially but significantly inhibited the FGF-2-induced migration activity

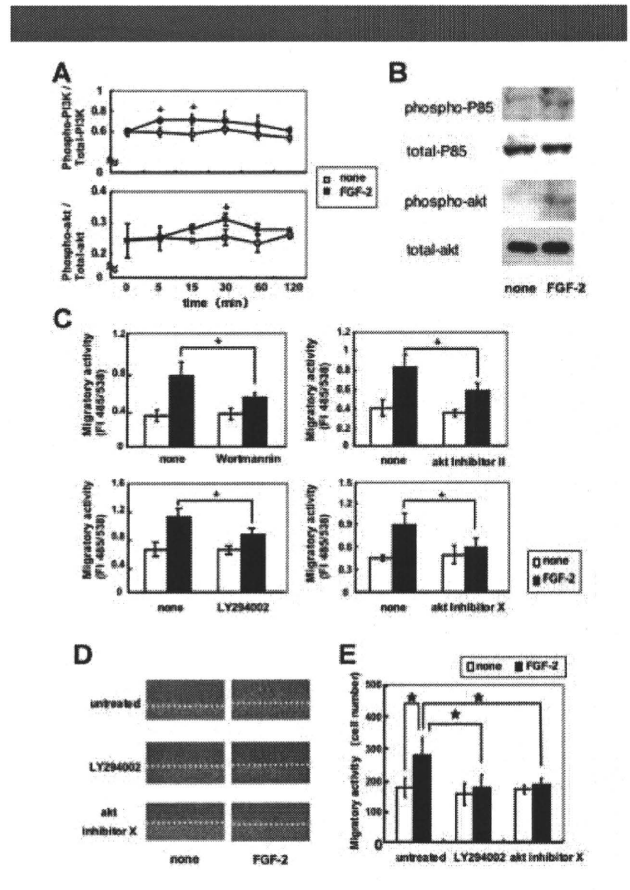


Fig. 2. FGF-2-activated cell migration is mediated by phosphorylation of PI3K and akt in MPDL22. **A:** MPDL22 cells (1×10^5 cells/well) were cultured in 96-well culture plates in the presence or absence of FGF-2 (5 ng/ml). At the end of culture period, the cells were fixed with 4% paraformaldehyde for 20 min. The ratio of phospho-PI3K/total PI3K and phospho-akt/total akt was assayed by an enzyme-linked immunosorbent assay. Results of one representative experiment out of three separate experiments are shown. The results are presented as mean value \pm SEM ($n = 3$) ($*P < 0.05$ vs. 0 min). **B:** MPDL22 cells (1×10^5 cells/well) were cultured in the presence or absence of FGF-2 (5 ng/ml) for 5 min. At the end of culture period, cells were lysed with RIPA buffer. Proteins were separated by SDS/PAGE, transferred to nitrocellulose membranes, and probed with anti-phospho-p85 or anti-phospho-akt antibody and HRP-conjugated secondary antibody. As a control, total p85 or akt was detected using anti-p85 or akt antibody. Results of one representative experiment out of three separate experiments are shown. **C:** MPDL22 cells (5×10^4 cell/well) were added to the upper chamber of an insert membrane filter with a pore size of 8 μ m in 96-well culture plates and stimulated with or without FGF-2 (5 ng/ml) in the presence or absence of Wortmannin (2 nM), LY294002 (2 μ M), akt inhibitor II (50 nM) or akt inhibitor X (5 nM) for 12 h. Migratory cells on the bottom of the insert membrane were dissociated from the membrane with cell detachment buffer. These cells were subsequently lysed and detected by CyQuant GR dye. The intensity of fluorescence was measured with a fluorescence plate reader. Results of one representative experiment out of three separate experiments are shown. The results are presented as mean value \pm SEM ($n = 3$) ($*P < 0.05$). **D:** MPDL22 cells (5×10^4 cell/well) were seeded behind a silicon rubber on a coverglass mounted on a 35-mm dish and allowed to reach confluence. After carefully removing the silicon rubber, the monolayers were incubated with or without FGF-2 (5 ng/ml) in the presence of LY294002 (2 μ M) or Akt inhibitor X (5 nM), or absence of the inhibitors. At the end of culture period, cells were fixed for 10 min in 4% paraformaldehyde. Dotted lines are the margin of the cell monolayers at the start of culture. Results of one representative experiment out of three separate experiments are shown. **E:** The number of cells migrating into the cell-free area were counted as described in the Materials and Methods Section. The results are presented as mean value \pm SEM ($n = 3$) ($*P < 0.05$). [Color figure can be viewed in the online issue, which is available at wileyonlinelibrary.com.]

(Fig. 2C). On the other hand, treatment of PDL cells with 2 nM Wortmannin or 2 μ M LY294002, the concentration at which FGF-2-induced cell migration was inhibited, did not significantly change cell proliferation either in the presence or absence of FGF-2 stimulation (data not shown). Furthermore, as well as PI3K inhibitor, both akt inhibitor II and X partially but significantly suppressed the enhancement of PDL cell migration induced by FGF-2 (Fig. 2C).

Moreover, in order to confirm the engagement of PI3K and akt pathways in the migratory responses of MPDL22 triggered by FGF-2, we used a restraint migration assay system in which PDL cells were cultured in a confined area behind a silicon rubber placed in the dish and the cells could migrate from the monolayers into the cell-free space after removal of the silicon rubber. As shown in Figure 2D,E, FGF-2 enhanced the cell migration into the cell-free space, which was similar to the observation obtained by the transwell assay (Fig. 1A,B). When MPDL22 cells were cultured in the presence of LY294002 and akt inhibitor X, the FGF-2-induced migration was reduced to the basal level (Fig. 2E).

FGF-2 promoted lamellipodia formation and CD44 expression in migrating cells

Upon exposure of cells to a stimulus that promotes cell migration, cells were activated with subsequent rearrangement

of actin filaments, formation of cell polarization and redistribution of several adhesion molecules to leading edge. A modified silicon sheet restraint migration assay was then performed to explore the effect of FGF-2 on the formation of lamellipodia. Activation of MPDL22 with FGF-2 led to augmentation of cell migration into cell-free space with increased magnitude of lamellipodia formation (Fig. 3A,C). There was significant formation of lamellipodia on MPDL22 cells 12 h after FGF-2 stimulation. FGF-2-activated cells elongated with prominent protrusive processes. Reorganized actin at the cortex was observed in the elongated cells with prominent protrusive processes. Treatment of MPDL22 with FGF-2 resulted in a fibroblastic cell shape with increased actin stress fibers, indicating that FGF-2 influences cell morphology in MPDL22 through reorganization of the actin cytoskeleton (Fig. 3B).

CD44, a receptor for various extracellular matrices, is reported to play a crucial role in cell migration (Legg et al., 2002; Fanning et al., 2005). FACS analysis revealed that MPDL22 constitutively expressed CD44 and that 5 ng/ml of FGF-2 elevated CD44 expression by MPDL22 (Fig. 4A). The immunocytochemical study also revealed that FGF-2 intensified CD44 expression of MPDL22 (Fig. 4B). Interestingly, intense expression of CD44 was also observed in migrating cells among stimulated populations (Fig. 4C). The localization of CD44 was relatively uniform on the cell surface of the FGF-2-stimulated

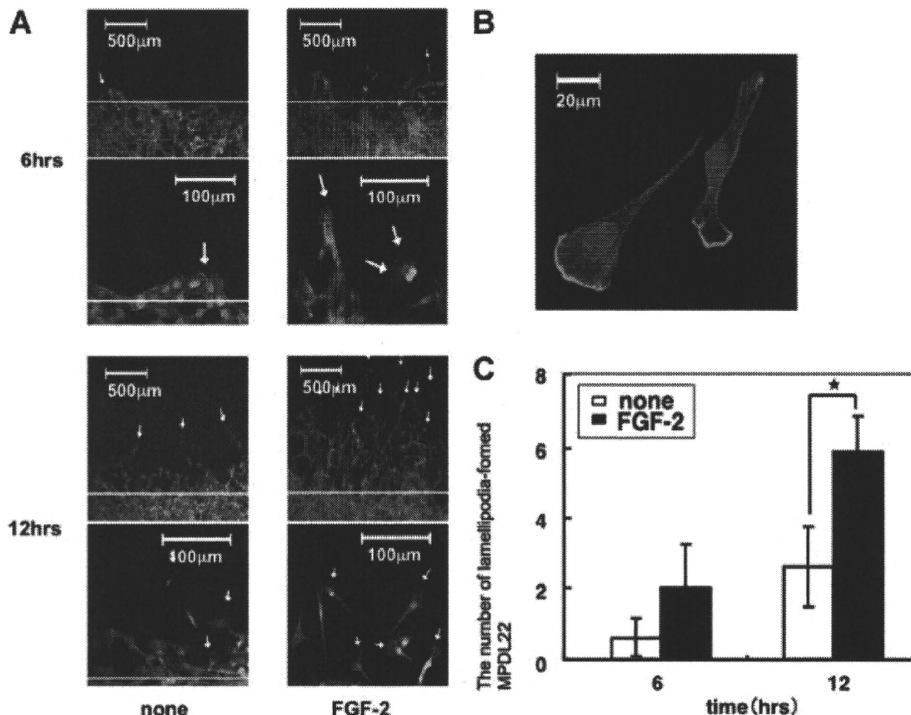


Fig. 3. FGF-2 enhanced the formation of lamellipodia in migratory MPDL22. **A:** MPDL22 (5×10^4 cell/well) cells were seeded behind a silicon rubber on a coverglass mounted on a 35-mm dish and allowed to reach confluence. After carefully removing the silicon rubber, the monolayers were incubated with or without FGF-2 (5 ng/ml). After incubation, cells were fixed for 10 min with 4% paraformaldehyde. After blocking with 1% BSA, the cell monolayers were incubated with FITC-phalloidin for 30 min. Dotted lines are the margin of the cell monolayers just at the culture start. Low and high power field photographs were taken at the 6th and 12th hour of culture. Results of one representative experiment out of three separate experiments are shown. **B:** MPDL22 cells (5×10^4 cell/well) were seeded behind a silicon rubber on a coverglass mounted on a 35-mm dish and allowed to reach confluence. After carefully removing the silicon rubber, the monolayers were incubated with FGF-2 (5 ng/ml) for 12 h. Cells were fixed with cold ethanol for 15 min. Following incubation with 3% BSA, the cells were incubated with mouse anti-F and G actin antibody in PBS containing 0.1% BSA and 5% FCS for 30 min. After washing with PBS, the cells were incubated with Alexa Fluor 488-conjugated goat anti-mouse IgG at room temperature for 30 min. **C:** The number of cells migrating into the cell-free area and forming lamellipodia was counted as described in the Materials and Methods Section. Results of one representative experiment out of three separate experiments are shown. The results are presented as mean value \pm SEM ($n = 3$) (* $P < 0.05$).

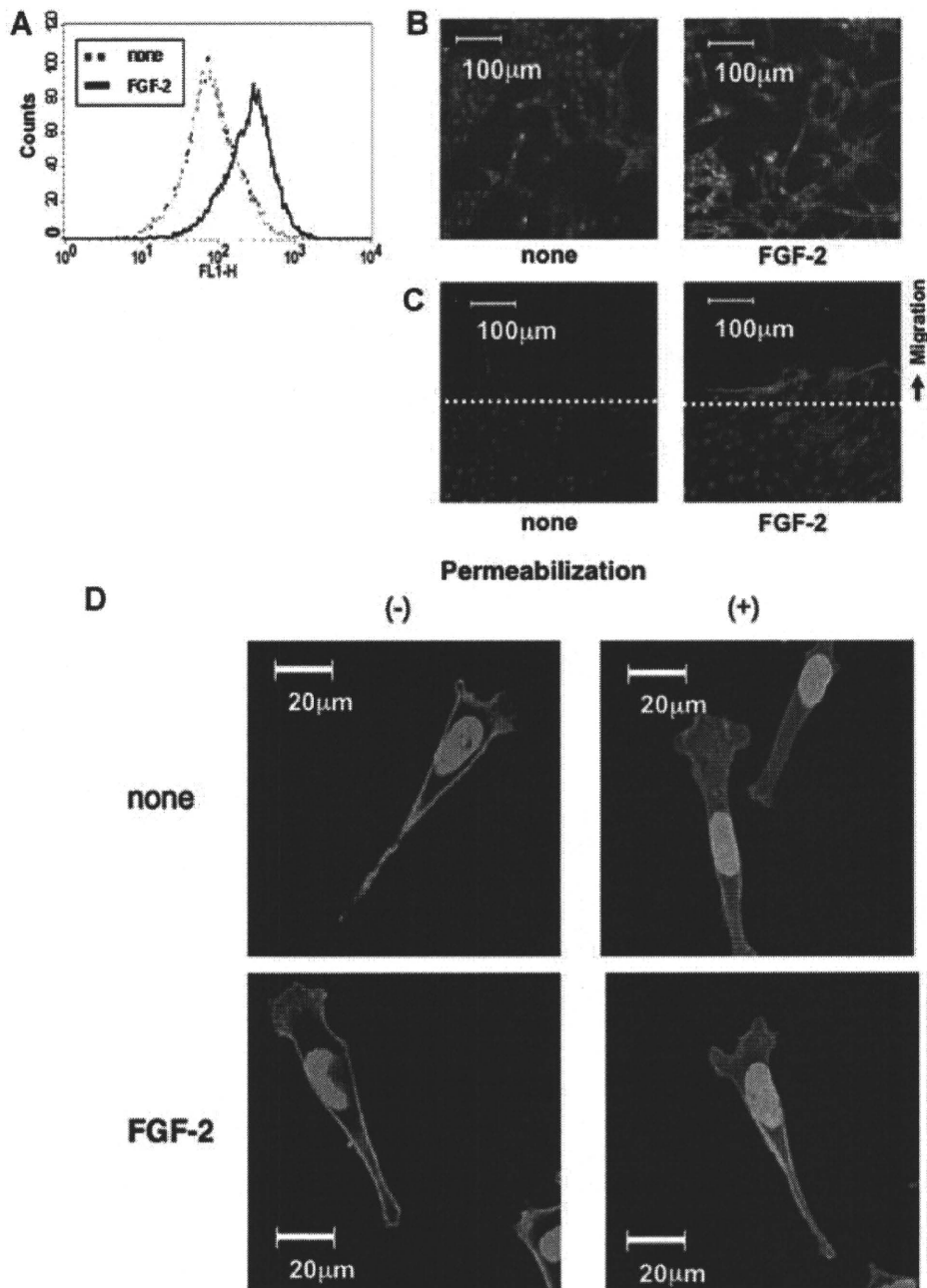


Fig. 4. FGF-2 elevated CD44 expression of MPDL22. **A:** MPDL22 cells (1×10^5 cell/well) were incubated in 10% FCS- α -MEM in the presence or absence of FGF-2 (5 ng/ml) for 12 h. The cells were incubated with rat anti-mouse CD44 followed by washing with PBS and FITC-labeled-goat polyclonal anti-rat IgG. Cells were analyzed by flow cytometry. Results of one representative experiment out of three separate experiments are shown. **B:** MPDL22 cells (5×10^4 cell/well) were cultured on a glass bottom dish mounted on a 35-mm plate. The monolayers were cultured for 24 h with or without 5 ng/ml of FGF-2. Cells were fixed for 10 min with 4% paraformaldehyde. After blocking with 1% BSA, the cell monolayers were incubated with rat anti-mouse CD44 followed by washing with PBS and Alexa Fluor 546-conjugated goat anti-rat antibody for 30 min. Cells were counterstained with DAPI. Results of one representative experiment out of three separate experiments are shown. **C:** MPDL22 cells (5×10^4 cell/well) were seeded behind a silicon rubber on a coverglass mounted on a 35-mm plate and allowed to reach confluence. After carefully removing the silicon rubber, the monolayers were incubated with or without FGF-2 (5 ng/ml) for 12 h. At the end of culture period, the cells were fixed for 10 min in 4% paraformaldehyde. After blocking with 1% BSA, the cell monolayers were incubated with rat anti-mouse CD44 followed by washing with PBS and Alexa Fluor 546-conjugated goat anti-rat antibody for 30 min. Cells were counterstained with DAPI. Dotted lines indicate the edge of the cell layer just after removing the silicon rubber. Results of one representative experiment out of three separate experiments are shown. **D:** MPDL22 cells (5×10^4 cell/well) were cultured on a glass bottom dish mounted on a 35-mm plate. The monolayers were cultured for 24 h with or without 5 ng/ml of FGF-2. Cells were fixed for 10 min in 4% paraformaldehyde and treated with or without 0.1% Triton X to permeabilize cell membrane. After blocking with 1% BSA, they were incubated with FITC-labeled rat anti-mouse CD44 antibody for 30 min. Cells were counterstained with DAPI. Results of one representative experiment out of three separate experiments are shown.

migratory cells. Although CD44 was also located in the cytoplasmic region of MPDL22, FGF-2 stimulation or migratory activity did not influence the cytoplasmic localization of CD44 in MPDL22 (Fig. 4D).

FGF-2 upregulated the expression of HA of MPDL22

By interacting with HA as a specific receptor, CD44 mediates various biological functions (Goodison et al., 1999; Pure and Cuff, 2001). Since FGF-2 increased CD44 expression on MPDL22, we speculated that CD44/HA interaction plays an important role for migration of MPDL22. As previously reported (Shimabukuro et al., 2005), FGF-2 significantly

increased the HA level in the culture supernatant of MPDL22 compared to unstimulated MPDL22 (Fig. 5A). Furthermore, the immunocytochemical study also showed that exposure of MPDL22 to FGF-2 resulted in increased expression of HA while unstimulated MPDL22 revealed moderate expression of HA (Fig. 5B). We performed agarose gel electrophoresis to examine whether FGF-2 modulates the distribution of HA molecular size induced by MPDL22. The distribution of molecular size produced by FGF-2-activated MPDL22 was similar to that by unstimulated MPDL22 (Fig. 5C). HA is synthesized at the inner face of the plasma membrane by Has and degraded by hyaluronidase (Hyal). To confirm the influence of FGF-2 on HA synthesis and degradation, we

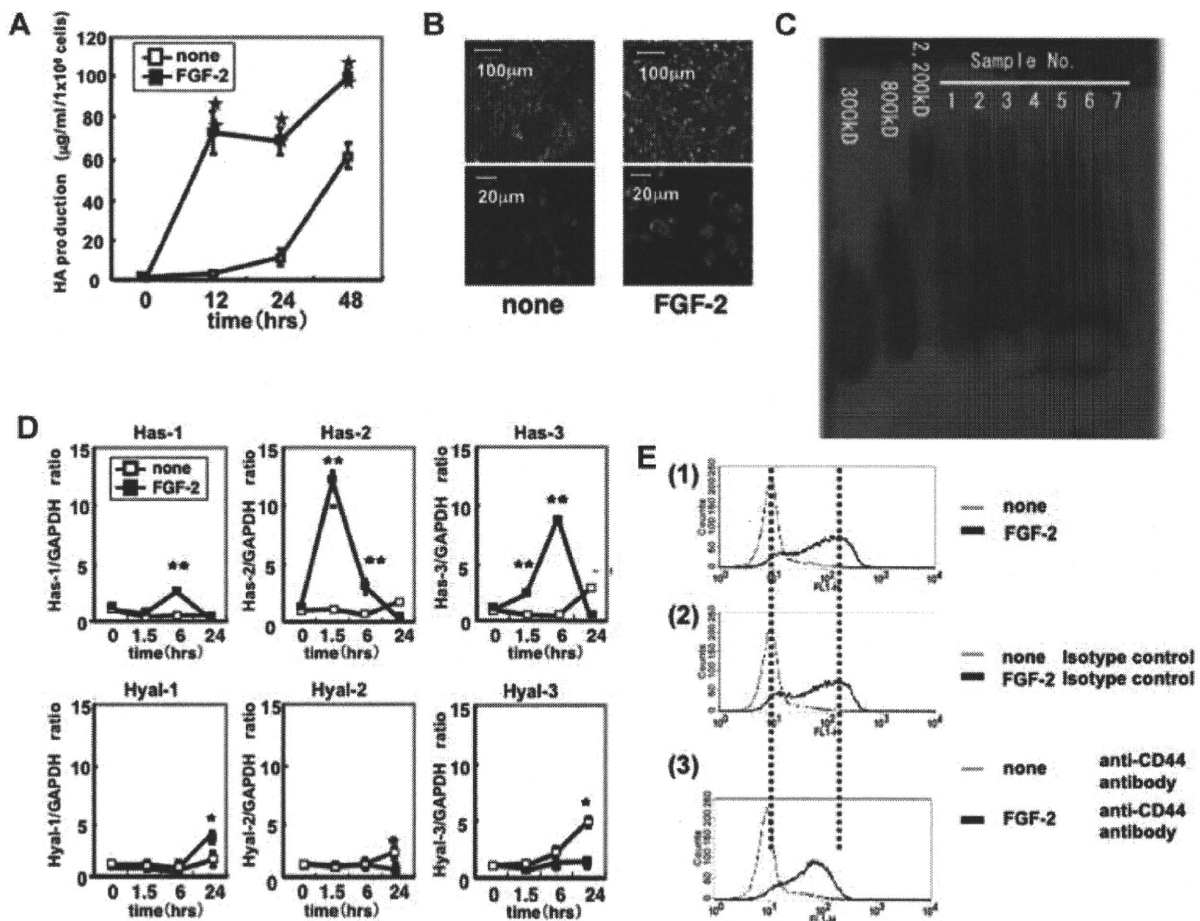


Fig. 5. Treatment of MPDL22 with FGF-2 resulted in the upregulation of HA production and binding avidity to HA via CD44. **A:** MPDL22 cells (2×10^5 cells/well) were cultured with or without FGF-2 (5 ng/ml) for the indicated duration and the culture supernatants were removed. The concentration of HA in the culture supernatants was assayed as described in the Materials and Methods Section. Results of one representative experiment out of three separate experiments are shown. The results are presented as mean value \pm SEM ($n = 3$) (** $P < 0.01$ vs. 0 h). **B:** MPDL22 cells (5×10^4 cells/well) were cultured on a glass bottom dish mounted on a 35 mm plate. Following culture in the presence or absence of FGF-2 (5 ng/ml) for 24 h, cells were fixed with 4% paraformaldehyde. Cells were treated with 1% BSA, incubated with biotinylated HA binding protein and then FITC-avidin. Cells were washed with PBS between each step. Cells were counterstained with DAPI. High power field is shown in bottom parts. Results of one representative experiment out of three separate experiments are shown. **C:** MPDL22 (2×10^5 cells/well) cells were incubated in 10% FCS- α -MEM in the presence or absence of FGF-2 (5 or 50 ng/ml) for 24 or 48 h. Twenty micrograms of HA in the culture medium was electrophoresed on 0.75% agarose gel. Known molecular mass HA standards (300, 800, 2,200 kDa) were used as a reference. Lane 1: none, 24 h; lane 2: none, 48 h; lane 3: 5 ng/ml of FGF-2, 24 h; lane 4: 5 ng/ml of FGF-2, 48 h; lane 5: 50 ng/ml of FGF-2, 24 h; lane 6: 50 ng/ml of FGF-2, 48 h; lane 7: 10% FCS- α -MEM. **D:** MPDL-22 cells were seeded at a density of 1×10^6 cells/dish in a 60 mm dish and grown to confluence in standard medium. After culture for 24 h with or without FGF-2 (5 ng/ml) to activate MPDL, total RNA was isolated and cDNA synthesis was performed. Real-time PCR with SYBR Green PCR Master Mix was carried out using Has-1, Has-2, Has-3, Hyal1, Hyal2, and Hyal3 primers. GAPDH served as a housekeeping gene. PCR was performed for 40 cycles, and the cycle threshold values were normalized to the housekeeping GAPDH. Results of one representative experiment out of three separate experiments are shown. The results are presented as mean value \pm SEM ($n = 3$) (* $P < 0.05$, ** $P < 0.01$ vs. 0 h). **E:** MPDL22 cells were incubated in 10% FCS- α -MEM in the presence (black line) or absence of FGF-2 (5 ng/ml) (gray line) (1) with the isotype control antibody (2), or anti-CD44 antibody (3) for 12 h. The cells were harvested and incubated with FITC-labeled sodium HA. Cells were analyzed by flow cytometry. Results of one representative experiment out of three separate experiments are shown.

performed real-time PCR for Has gene expression of Has-1, Has-2, and Has-3 and Hyal gene expression of Hyal1, Hyal2, Hyal3, Hyal4, Hyal5, and Ph-20. FGF-2 increased Has-1, Has-2, and Has-3 mRNA expression, which was maximal from 1.5 to 6 h (Fig. 5D). In contrast, FGF-2 slightly altered Hyal1, Hyal2, and Hyal3 gene expression (Fig. 5D). Hyal4, Hyal5, and Ph-20 mRNA expression was not detected in both unstimulated and FGF-2 stimulated MPDL22 (data not shown). We then evaluated the HA-binding avidity of FGF-2-stimulated MPDL22 using FITC-labeled sodium HA. FGF-2-activated MPDL22 acquired the enhancement of adhesive avidity to HA (Fig. 5E(1)), and the FGF-2-induced HA binding to MPDL22 was inhibited by anti-CD44 neutralizing antibody (Fig. 5E(3)).

CD44-HA interaction was involved in the migration of FGF-2-stimulated MPDL22

In order to investigate the involvement of HA in MPDL22 migration, we coated the transwell membrane with HA and performed a migration assay. As shown in Figure 6A, we observed that treatment of membrane with HA resulted in a significant increase in MPDL22 migration activity while treatment with CS did not. To evaluate the involvement of CD44 in HA-dependent cell migration, we applied the anti-CD44 antibody to a migration assay system using a HA-coated membrane. The anti-CD44 antibody at 0.1 and 1 µg/ml significantly reduced FGF-2-induced cell migration to the same extent, although no inhibitory effect was observed at 0.01 µg/ml (Fig. 6B). Interestingly, the expression of CD44 in migratory cells among FGF-2-activated MPDL22 was colocalized with HA (Fig. 7A,B). We then investigated whether the CD44/HA pathway contributes to FGF-2-induced migration of MPDL22. Addition of anti-CD44 antibody to the migration assay significantly inhibited the FGF-2-dependent migration of MPDL22 (Fig. 8). Furthermore, we performed an RNA silencing

experiment. As described in Figure 9A, treatment with siRNA for CD44 significantly decreased CD44 mRNA expression of MPDL22. The decrease in CD44 expression at the protein level was confirmed by flow cytometry and western blot analysis whereas the negative control siRNA had little effect (Fig. 9B,C). Interestingly, CD44 siRNA significantly inhibited the FGF-2-induced cell migration of MPDL22 in a chemotaxis and migration assay, although FGF-2-stimulated MPDL22 transfected with CD44 siRNA still showed significant upregulation of migratory activity compared to that of unstimulated MPDL22 transfected with the siRNA (Fig. 9D,E).

Discussion

PDL is an important tooth-supporting apparatus between the tooth and alveolar bone and is a reservoir of mesenchymal stem cells (Beertsen et al., 1997; Lekic et al., 2001; Seo et al., 2004). Rapid induction and appropriate accumulation of PDL cells are critical during the tissue healing and regeneration for successful repair and regeneration of periodontal tissues. Importantly, such cell behavior associated with the tissue repair is strictly regulated by various cytokines. FGF-2, one of those cytokines, is produced from various types of cells and is a key factor promoting wound healing and regeneration of tissues.

Cell migration is a complicated sequential action during development, physiological, and inflammatory events. The multi-step process is well coordinated and regulated by various factors, such as cytokine and growth factor, extracellular matrix and its surface receptors on the cells. Autocrine and paracrine regulation is also observed in cell migration (Maheshwari et al., 2001). In addition, the extracellular matrix and its cell surface receptor are critical. CD44-deficient cell exhibited impaired cell migration with fewer stress fibers (Acharya et al., 2008) and

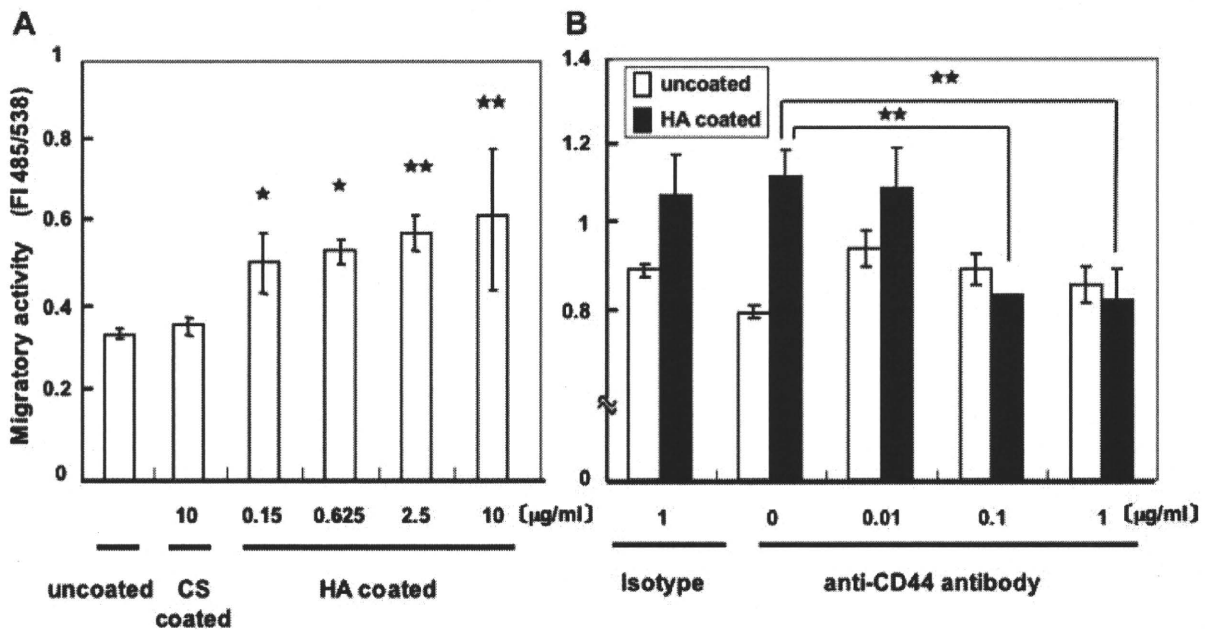


Fig. 6. HA facilitates MPDL22 migration via HA/CD44 pathway. MPDL22 cells (1×10^5 cell/well) were added to the upper chamber of an insert membrane filter which had been coated with HA (1 µg/ml) or CS (1 µg/ml) in 96-well culture plates and cultured for 24 h in the presence (B) or absence (A) of anti-CD44 antibody or isotype control antibody. Migratory cells on the bottom of the insert membrane were dissociated from the membrane with cell detachment buffer. These cells were subsequently lysed and detected by the CyQuant GR dye. The intensity of fluorescence was measured with a fluorescence plate reader. Results of one representative experiment out of three separate experiments are shown. The results are presented as mean value \pm SEM (n = 3) (**P < 0.01 vs. CS coated control (A), **P < 0.01 (B)).

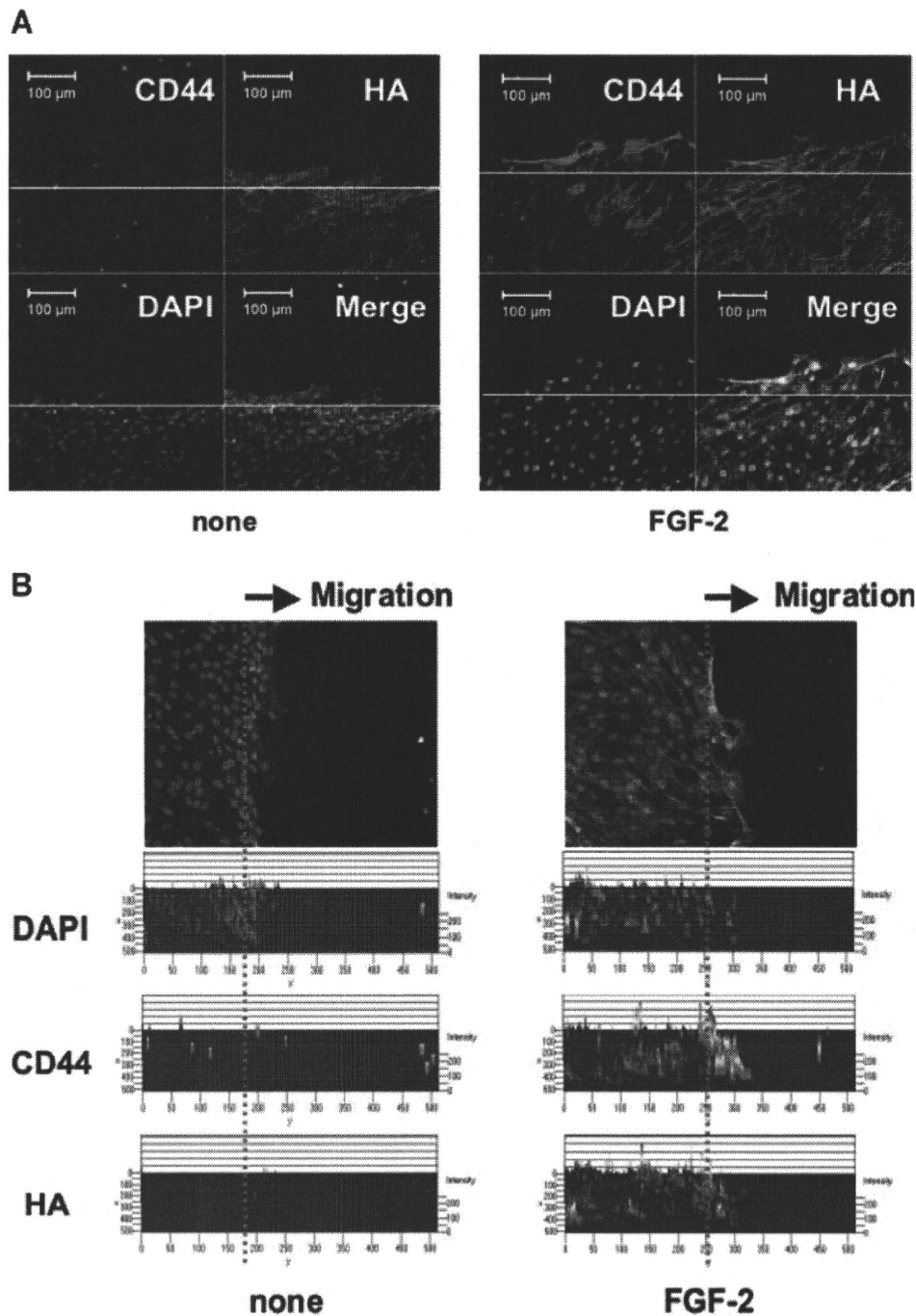


Fig. 7. FGF-2-stimulated migratory MPDL22 cells showed increased CD44 expression colocalized with HA. **A:** MPDL22 cells (5×10^4 cell/well) were seeded behind a silicon rubber on a coverglass mounted on a 35-mm dish and allowed to reach confluence. After carefully removing the silicon rubber, the monolayers were incubated with or without FGF-2 (5 ng/ml). Cells were fixed for 10 min with 4% paraformaldehyde. After blocking with 1% BSA, the cell monolayer was incubated with rat anti-mouse CD44 followed by washing with PBS and Alexa Fluor 546 conjugated goat anti-rat antibody for 30 min. Cells were incubated with biotinylated HA binding protein and then FITC-avidin. Cells were washed with PBS between each step. Cells were counterstained with DAPI. Dotted lines are the edge of the cell layer just after removing the silicon rubber. Results of one representative experiment out of three separate experiments are shown. **B:** The photographs were quantified as described in the Materials and Methods Section. Dotted lines are the edge of the cell layer just after removing the silicon rubber.

less migratory activity for the HA-coated chamber (Zhu et al., 2006). Integrins play a key role in cell motility via interactions with extracellular matrices (Juliano et al., 2004). In this study, we demonstrated that FGF-2 enhanced the migratory activity of PDL cells via the interaction with CD44 and HA.

The proliferative responses may influence the migratory activity. While the significant increase in proliferation of MPDL22 was not seen 12 h after FGF-2 stimulation (data not shown), the migratory activity was observed at that time (Fig. 1). In addition, FGF-2-dependent migratory activity of MPDL22

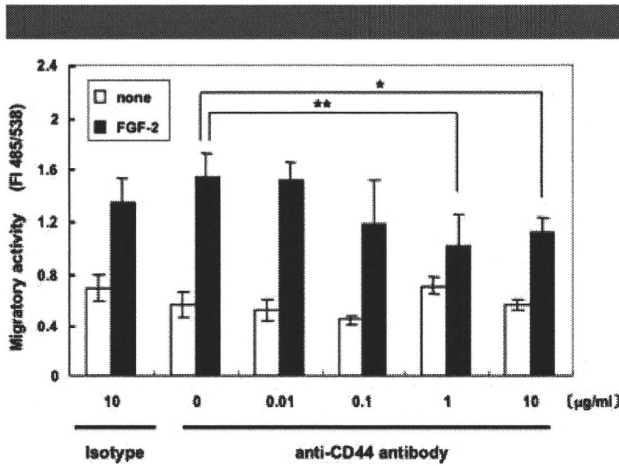


Fig. 8. CD44 mediated FGF-2-activated migration of MPDL22 cells. MPDL22 cells (1×10^5 cell/well) were added to the upper chamber of an insert membrane filter in 96-well culture plates and stimulated with or without FGF-2 (5 ng/ml). Anti-CD44 antibody or isotype control antibody was added to the well. The cells migrating to the bottom of the insert membrane were dissociated from the membrane when incubated with cell detachment buffer. These cells were subsequently lysed and detected by the CyQuant GR dye. The intensity of fluorescence was measured with a fluorescence plate reader. Results of one representative experiment out of three separate experiments are shown. The results are presented as mean value \pm SEM (n = 3) ($^*P < 0.05$, $^{**}P < 0.01$).

cells remained statistically significant 24 h after stimulation with FGF-2 even when the proliferative response of MPDL22 was completely suppressed by mitomycin C treatment (Fig. 1C,D).

FGF-2 activated cell proliferation of PDL cells and ERK1/2 signaling molecule, one important pathway among downstream effectors of FGF receptors, mediates the proliferative response but PI3K does not (data not shown). Treatment of MPDL22 with 2 nM Wortmannin and 2 μ M LY294002, which significantly inhibited the FGF-2-induced migration (Fig. 2C), did not affect the proliferation regardless of the presence or absence of FGF-2 stimulation (data not shown). These results suggest that FGF-2 uses distinct intracellular signaling pathways to control migration and proliferation of MPDL22.

Akt is a downstream effector of the PI3K-dependent signaling cascade and is stimulated by various kinds of growth factors including FGF-2. Previous reports demonstrated that FGF-2-induced phosphorylation of akt depends on PI3K signaling (Datta et al., 1999; Schmidt et al., 2006; Johnson-Farley et al., 2007). In addition, we found that FGF-2-stimulated akt phosphorylation in MPDL22 was completely inhibited by the PI3K inhibitors, Wortmannin and LY294002 (data not shown). These results suggest that akt is a downstream effector of PI3K and activated solely via the PI3K pathway in FGF-2-stimulated MPDL22.

Akt activates several factors such as p21-activated kinase, Src homologous, p70S6K, and EDG-1, which lead to rearrangement of the actin cytoskeleton (Han et al., 1995; King et al., 2000; Qian et al., 2004). Recently, it was demonstrated that actin was a major partner among proteins which co-immunoprecipitated with akt and that FGF-2 stimulation strongly upregulated the association between actin and akt (Vandermoere et al., 2007). Thus, by interacting with the actin cytoskeleton, akt is thought to play a key role in the subsequent migration of MPDL22 cells in response to FGF-2.

The expression of CD44 is upregulated within injured or inflammatory tissues (Foster et al., 1998; Pure and Cuff, 2001). Furthermore, CD44 has been reported to function as a

regulator of the cell motility and chemotaxis (Katagiri et al., 1999). TNF α -upregulated CD44 expression is accompanied by cell migration in ovarian cancer cells (Muthukumar et al., 2006). In this study, the level of CD44 expression was increased in migratory FGF-2-stimulated MPDL22. Thus, we speculated that CD44 plays an important role in the migration of MPDL22 cells as well as other types of cells.

Several kinds of signaling pathways are involved in cytokine-induced CD44 expression. Rho signaling is pivotal for CD44 expression (Chellaiah et al., 2003; Desai et al., 2007) and Rho kinase, Rho downstream effector, enhanced CD44 expression through CD44/ezrin/radixin/moesin (ERM)/actin complex formation (Chellaiah et al., 2003). Since bisphosphonate, whose target is Rho signaling, reduced the expression of CD44 and FGF-2-dependent cell migration (data not shown), Rho family appears to mediate the induction of CD44 and cell migration by FGF-2 in MPDL22.

CD44 functions as a receptor for extracellular matrices such as collagen, fibronectin, osteopontin, and HA. The interactions between CD44 and such extracellular matrices transduce various signaling pathways. The cytoplasmic domain of CD44 is linked to actin cytoskeleton and interacts with cytoskeletal-associated proteins such as ERM and ankyrin (Bourguignon et al., 1992; Hirao et al., 1996; Yonemura et al., 1998), resulting in cytoskeleton activation and cause several biological functions including cell adhesion, proliferation, and migration (Lokeshwar et al., 1994, 1996; Zhu and Bourguignon, 1998). Interestingly, CD44/HA interaction leads to activation of Ras signaling (Sohara et al., 2001) and PI3K pathway (Katso et al., 2001). In this study, we found that application of PI3K inhibitor to HA-coated transwell migration assay inhibited MPDL22 migration (data not shown). Thus, CD44/HA interaction may activate the migration of MPDL22 at least in part via PI3K molecules. It remains unclear whether the mechanism by which PI3K is activated in CD44/HA stimulation is different from that in FGF-2 stimulation. However, we speculated that FGF-2 induces both the immediate activation via FGFR to initiate cell migration and the delayed and the sustained stimulation by the CD44/HA interaction to prolong and maintain the migration.

HA production is implicated in cell proliferation and migration in response to growth factors or tissue injury (Tammi and Tammi, 1991; Savani et al., 1995; Evanko et al., 2001). As shown in Figure 5D, FGF-2 altered mRNA expression of not only Has-1, Has-2, and Has-3 but also Hyal-1, Hyal-2, Hyal-3. However, FGF-2 did not alter the molecular mass of HA produced by MPDL22 (Fig. 5C). These results suggest that FGF-2-stimulated migration of MPDL22 was at least partially dependent on the increased HA production but not the change in the molecular mass of the HA. In this study, FACS and immunocytochemical analyses revealed that FGF-2 enhanced the expression of both CD44 and HA and the binding avidity between these molecules. In addition, the CD44 expression on FGF-2-activated migrating MPDL22 cells was co-localized with HA (Fig. 7). These findings suggest that FGF-2 activates MPDL22 to migrate through CD44/HA engagement with upregulation of CD44 binding activity and HA expression.

Several cell surface receptors including RHAMM, LYVE-1, Layilin are also known to bind to HA. HA-induced regulation of cell function via HA receptors vary depending on the differences in cell type, cell origin, HA size. In this study, the involvement of other HA receptors in HA-mediated migration of MPDL22 cells was not investigated. However, the fact that the anti-CD44 antibody completely abolished the HA-induced cell migration (Fig. 6B) suggests that CD44 is mainly involved in the HA-dependent migration of MPDL22 cells. Furthermore, the fact that anti-CD44 antibody did not completely inhibit the FGF-2-induced cell migration (Fig. 8) suggested that not only HA-CD44 but also other interactions should be involved in the migration.

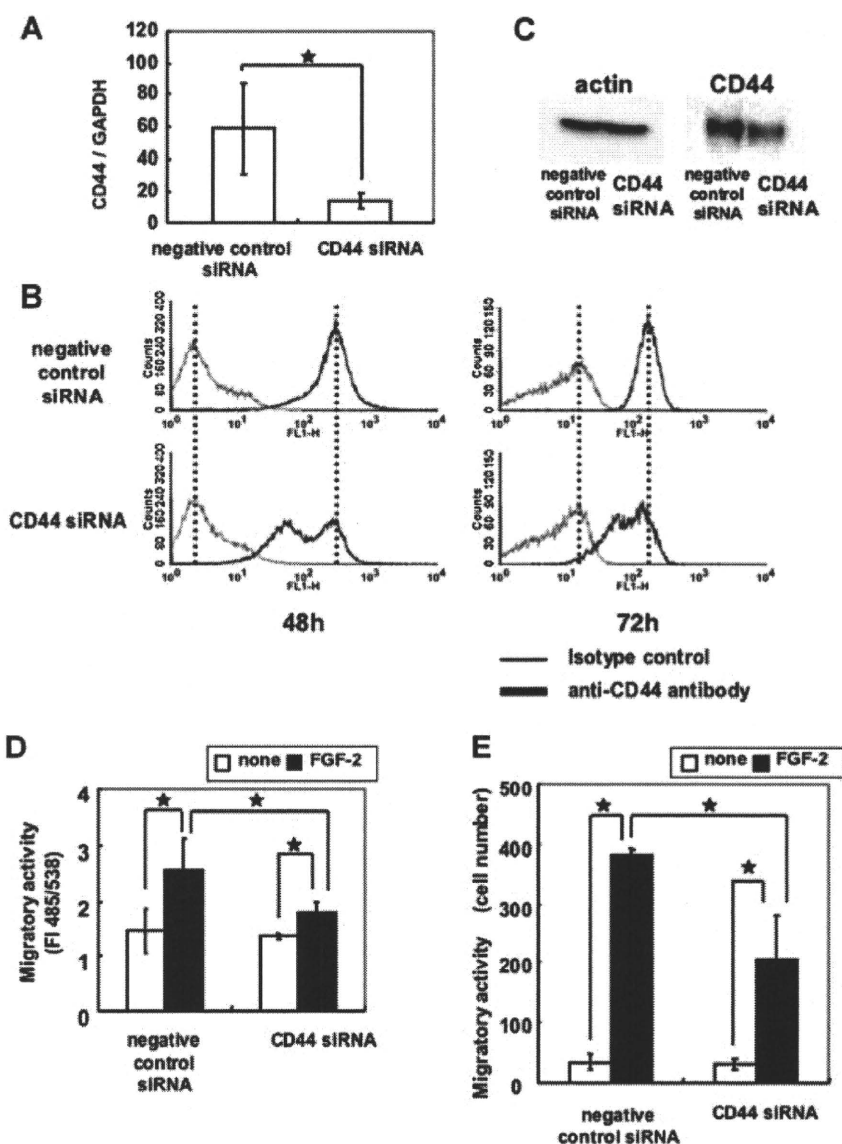


Fig. 9. Silencing CD44 by siRNA suppressed the migration of MPDL22. **A:** MPDL22 cells transfected with CD44 siRNA or negative control siRNA were cultured for 24 h. CD44 mRNA was quantified by real-time PCR. Results of one representative experiment out of three separate experiments are shown. The results are presented as mean value \pm SEM ($n = 3$) ($*P < 0.05$). **B:** MPDL22 cells transfected with CD44 siRNA or negative control siRNA were cultured for 48 or 72 h. The cells were incubated with rat anti-mouse CD44 and then washed with PBS and treated with FITC-labeled-goat polyclonal anti-rat IgG. Cells were analyzed by flow cytometry. Results of one representative experiment out of three separate experiments are shown. **C:** MPDL22 transfected with CD44 siRNA or negative control siRNA were cultured for 48 h. The cells were lysed and the proteins were electrophoresed on 8% mini-gels, transblotted onto nitrocellulose membrane and immunoreactive CD44 was detected using a primary anti-CD44 antibody, anti-actin antibody, HRP-conjugated secondary antibody, and chemiluminescence kit. As a control, actin was detected using anti-actin antibody. Results of one representative experiment out of three separate experiments are shown. **D:** MPDL22 cells (5×10^4 cell/well) were transfected with CD44 siRNA or negative control siRNA to the upper chamber of an insert membrane filter of with a pore size of $8 \mu\text{m}$ in 96-well culture plates and stimulated with or without FGF-2 (5 ng/ml) for 12 h. Cells migrating to the bottom of the insert membrane were dissociated from the membrane with cell detachment buffer. These cells were subsequently lysed and detected by the CyQuant GR dye. The intensity of fluorescence was measured with a fluorescence plate reader. Results of one representative experiment out of three separate experiments are shown. The results are presented as mean value \pm SEM ($n = 3$) ($*P < 0.05$). **E:** MPDL22 cells (5×10^4 cell/well) were transfected with CD44 siRNA or negative control siRNA were seeded behind a silicon rubber on a coverglass mounted on a 35-mm dish and allowed to reach confluence. After carefully removing the silicon rubber, the monolayers were incubated with or without FGF-2 (5 ng/ml) for 12 h. Then the cells were fixed in 4% paraformaldehyde for 10 min. The number of cells migrating into the cell-free area was counted as described in the Materials and Methods Section. Results of one representative experiment out of three separate experiments are shown. The results are presented as mean values \pm SEM ($n = 3$) ($*P < 0.05$).

Perimembranous osteopontin which was co-localized with CD44 at the leading edge in migratory fibroblasts that appears to participate in cell migration, probably associated with the cytoplasmic portion of CD44 (Zohar et al., 2000). We also found that FGF-2 induced the expression of the intracellular

osteopontin in migratory MPDL22 (data not shown). This suggests that FGF-2 regulates not only the production but also the localization of ECM and in turn enhances the cell migration.

The present study demonstrated that FGF-2 induces the migration of MPDL22 cells via PI3K/akt and CD44/HA pathways.

The orchestrated action of FGF-2 described above seems to play a key role in stimulating regeneration of periodontal tissue. Recently, topical application of FGF-2 was reported to be efficacious in regenerating periodontal tissues of periodontitis patients (Kitamura et al., 2008, 2010). In addition, our previous *in vitro* studies showed that FGF-2 facilitates cell proliferation and the production of various types of extracellular matrix (Takayama et al., 1997; Shimabukuro et al., 2005; Terashima et al., 2008). This suggests that FGF-2 not only stimulates the proliferation of PDL cells but also provides a favorable local environment for cell migration, which facilitates periodontal tissue regeneration.

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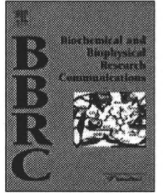
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Effects of concomitant use of fibroblast growth factor (FGF)-2 with beta-tricalcium phosphate (β -TCP) on the beagle dog 1-wall periodontal defect model

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ABSTRACT

The effects of concomitant use of fibroblast growth factor-2 (FGF-2) and beta-tricalcium phosphate (β -TCP) on periodontal regeneration were investigated in the beagle dog 1-wall periodontal defect model. One-wall periodontal defects were created in the mesial portion of both sides of the mandibular first molars, and 0.3% FGF-2 plus β -TCP or β -TCP alone was administered. Radiographic evaluation was performed at 0, 3, and 6 weeks. At 6 weeks, the periodontium with the defect site was removed and histologically analyzed.

Radiographic findings showed that co-administration of FGF-2 significantly increased bone mineral contents of the defect sites compared with β -TCP alone. Histologic analysis revealed that the length of the regenerated periodontal ligament, the cementum, distance to the junctional epithelium, new bone height, and area of newly formed bone were significantly increased in the FGF-2 group. No abnormal inflammatory response or ankylosis was observed in either group. These findings indicate the efficacy of concomitant use of FGF-2 and β -TCP as an osteoconductive material for periodontal regeneration following severe destruction by progressive periodontitis.

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1. Introduction

Periodontitis is an inflammatory disease caused by periodontopathic bacteria. As periodontitis worsens, the alveolar bone supporting the teeth is absorbed and teeth are eventually lost. Conventional treatment for periodontitis involves the mechanical removal of bacterial biofilms (dental plaque) and dental calculus including periodontopathic microorganisms, via scaling and root planning. In severe cases, in which resorption of alveolar bone has progressed, periodontal surgery is needed. However, no conventional periodontal and/or surgical treatments can regenerate lost periodontal tissue or its functionality. To deal with this dental limitation, guided tissue regeneration (GTR) [1], which induces periodontal regeneration by keeping gingiva out of the defect and reserving space for new bone, the periodontal ligament, and the cementum, was developed in the early 1980s and has been clinically adopted.

Alternative methods that enhance periodontal regeneration by activating the proliferation of mesenchymal progenitor cells in the periodontal ligament and differentiation to hard tissue-forming cells by local administration of signaling molecules have also been investigated. Studies directed at clinical use have progressed, including use of enamel matrix derivative (EMD) [2], platelet-derived growth factor-BB (PDGF-BB) [3], concomitant use of PDGF-BB and insulin-like growth factor-1 [4,5], bone morphogenic protein (BMP)-2 [6–9], transforming growth factor- β (TGF- β) [10], BMP-7 [11], brain-derived neurotrophic factor (BDNF) [12], and growth and differentiation factor-5 (GDF-5) [13]. The combination of 0.03% PDGF-BB plus granular β -tricalcium phosphate (β -TCP) was approved by the US Food and Drug Administration FDA in 2005 and is available as a medical device for periodontal regeneration in the United States.

We have intensively investigated the induction of periodontal regeneration with fibroblast growth factor-2 (FGF-2) [14,15]. We demonstrated that FGF-2 enhanced the regeneration of alveolar bone, the cementum, and the periodontal ligament in beagle dog 2-wall, 3-wall [16], and class II furcation defects [17] as well as non-human primate class II furcation defect models [18]. Based on these results, we conducted a phase II clinical trial of 2-wall and 3-wall defects in patients with periodontitis, confirmed the

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efficacy of FGF-2, and showed that 0.3% FGF-2 exhibited maximal efficacy in inducing periodontal regeneration [19,20].

However, regenerative treatments with recombinant cytokine(s) alone are limited in application to moderate intrabony defects, and it has remained difficult to induce regeneration in larger periodontal defects. To investigate the potential clinical use of FGF-2 for cases with more severe defects, we examined the effects of concomitant FGF-2 and β -TCP as an osteoconductive scaffold on periodontal regeneration in a beagle dog 1-wall defect model.

2. Materials and methods

2.1. Animals

Four female beagle dogs (77–91 months of age) were used in this study. This study was approved by the Animal Experiments Ethics Committee of Kaken Pharmaceuticals Co., Ltd.

2.2. Preparation of test substances

FGF-2 hydroxypropyl cellulose formulation containing 0.3% FGF-2 was prepared by dissolving 2.67 mg of freeze-dried FGF-2 in 3% hydroxypropyl cellulose (HPC) solution. After its preparation, the formulation was placed in a refrigerator for degassing. Before administration, 1 mL of FGF-2 formulation or 3% HPC solution was mixed with 0.5 g granular β -TCP (OSferion[®], Terumo Biomaterials Co., Tokyo, Japan) for the FGF-2 group and control group, respectively.

2.3. Periodontal surgery and administration of test substances

After beagle dogs were intravenously anesthetized with pentobarbital (30 mg/kg) and with 2% lidocaine with 0.00125% Adrenaline (Xylocaine, Dentsply-Sankin K.K., Tokyo, Japan) intragingivally, the fourth premolars were separated into two parts vertically through the furcation and removed using common methods.

After wounds healed, beagle dogs were anesthetized again as described above, a mucoperiosteal flap was raised, and 1-wall periodontal defects of the same size (mesiodistal width \times depth: 5 \times 5 mm) were created on the mesial portion of both sides of the mandibular first molar. Control substances were administered in the left defects and FGF-2 formulations in the right defects. The gingival flaps were sutured, and penicillin (4000 units/body) and streptomycin (200 mg/body) were administered subcutaneously for prevention of infection after surgery.

2.4. Radiographic analysis

Under general anesthesia, radiographic images of defect sites were obtained with an X-ray apparatus (CMBW-2, Softex Co., Ltd., Tokyo, Japan) at 0, 3, and 6 weeks after surgery. Dental X-ray films (BW-100, ISO size 2, Hanshin Technical Laboratory, Ltd., Hyogo, Japan) were placed in parallel to the tooth axis of M1, and radiographic images of the defect site were taken in the buccolingual direction. After digitizing the X-ray photographs, the defect depth was measured from the bottom of the bone defect to the alveolar bone crest, and bone mineral content (BMC) of the defect sites was evaluated using an aluminum step wedge as a density standard with WinRoof image analysis software (ver.5.03, Mitani Co., Tokyo, Japan) and expressed as the equivalent thickness of aluminum (mm Al eq.).

2.5. Preparation of tissue specimens and histological analysis

Under general anesthesia, beagle dogs were euthanized by exsanguination 6 weeks after administration, and tissues containing the

test tooth and defect region were extracted and fixed with neutral-buffered 10% formalin. After decalcification for 2 months in 10% formic acid, tissues were embedded with paraffin using common methods, and mesiodistal sections of specimens were stained with Azan.

The following parameters were measured with WinRoof image analysis software: (1) the length of regenerated periodontal ligament, defined as the distance from the apical extension of root planning to the coronal border of newly formed periodontal ligament; (2) the length of regenerated cementum, defined as the distance from the apical extension of root planning to the coronal border of newly formed cementum; (3) the distance to the junctional epithelium, defined as the distance from the apical extension of root planning to the apical border of junctional epithelium; (4) the new bone height, defined from the apical extension of root planning to the coronal extension of newly formed alveolar bone along the root surface; and (5) the area of new bone, defined as the area of new alveolar bone formed coronally from the apical extension of root planning.

2.6. Statistical analysis

Means and standard deviations for each measurement were calculated, and the differences between treatments were analyzed by the paired *t*-test. The level of significance was set at 5%. All statistics were performed using software (SPSS for Windows Version 14; SPSS; Chicago, IL).

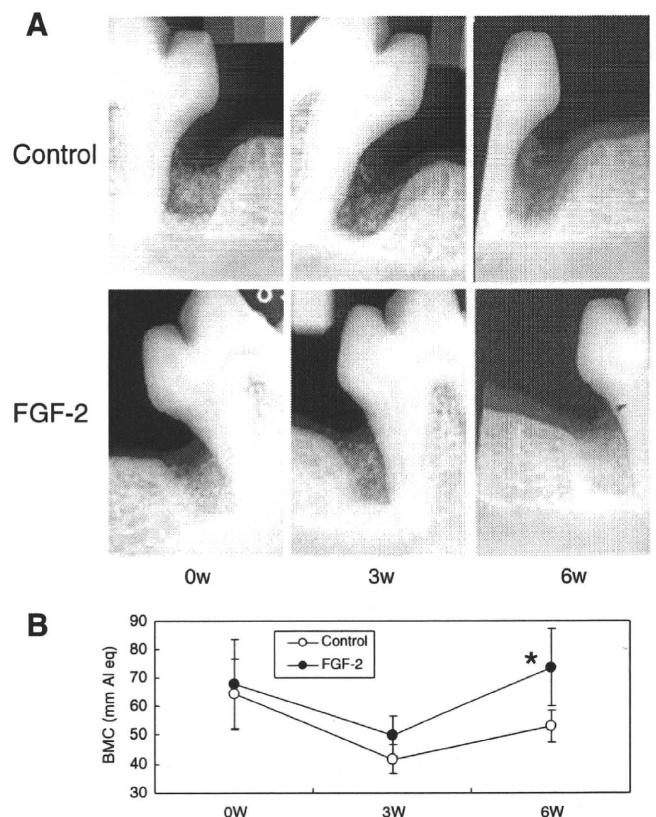


Fig. 1. Changes in radiographic images over time in the control and FGF-2 groups. Representative radiographic images from the control and FGF-2 groups are shown in panel A. Radiographic images were taken 0, 3, and 6 weeks after administration. Bone mineral contents (BMC) of the defect sites are shown in panel B. *: $p < 0.05$ (paired *t*-test), $n = 4$.

3. Results

3.1. Radiographic observations

When test substances were administered, granular β -TCP was clearly observed on radiographic examination in both the FGF-2 group and control group at baseline (Fig. 1). After 3 weeks, transmission of X-rays in both groups increased and absorption of β -TCP was observed. Six weeks after administration, X-ray absorption at the defect site increased again in both groups, and BMCs of the control and FGF-2 groups were 52.8 ± 5.4 mm Al eq. and 73.4 ± 13.7 mm Al eq., respectively (Fig. 1). The FGF-2 group showed significant increase in BMC at the defect sites than the control group at 6 weeks.

3.2. Histologic findings

Histologic images at 6 weeks are shown in Fig. 2 (FGF-2 group) and Fig. 3 (control group). In the FGF-2 group, considerable

amounts of new bone formation were observed with small amounts of β -TCP (Fig. 2A) in almost all parts of the defect. In contrast, in the control group, a limited amount of new bone formation was observed around the defect. In addition, in the control group, the gingiva intruded into the defect, and aberrant β -TCP particles were found in the intruding gingival connective tissue (Fig. 3A).

Although cementum formation was observed on the root surface in both the FGF-2 and control groups, that in the FGF-2 group was coronally extended to a greater extent than that in the control group (Figs. 2B and 3B).

Comparison of periodontal ligaments revealed that Sharpey's fibers connecting the new cementum with alveolar bone were clearly found in the FGF-2 group (Fig. 2C). No abnormal inflammatory response or ankylosis was observed in either group.

3.3. Radiographic and histologic measurements in the periodontal defect

Results of radiographic and histologic measurements in the FGF-2 and control groups are shown in Fig. 4. No difference in

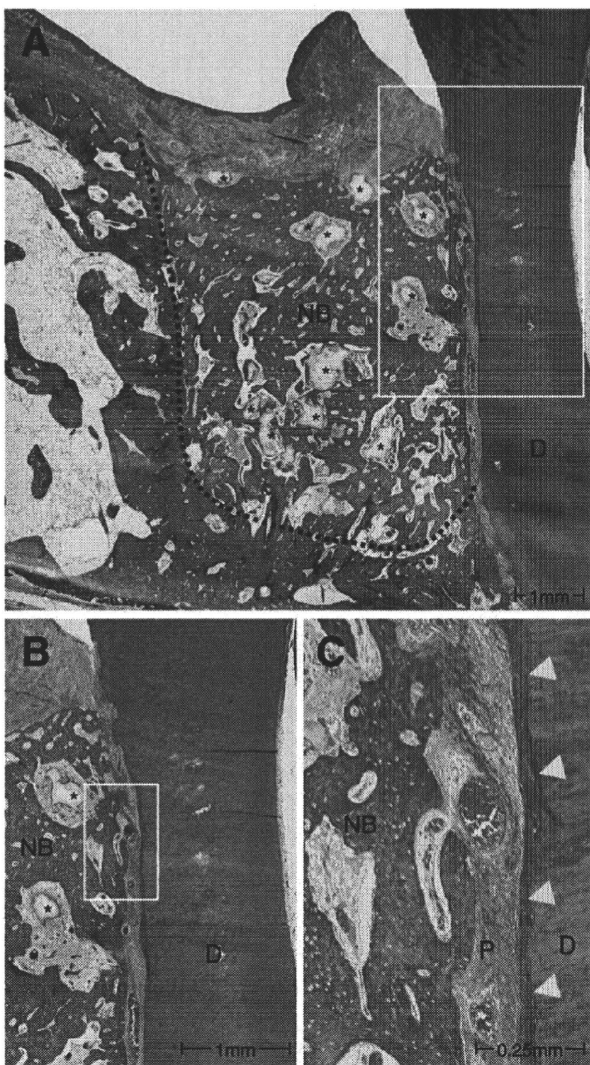


Fig. 2. Histologic overview of 1-wall periodontal defects in the mesio-distal plane 6 weeks after application of experimental materials. Representative histologic overview of 1-wall periodontal defects in the 0.3% FGF-2-applied sites is shown in panel A. Higher magnifications of panel A are shown in panels B and C. *: β -TCP, D: dentin, NB: new bone, P: regenerated periodontal ligament, green arrow head: regenerated cementum.

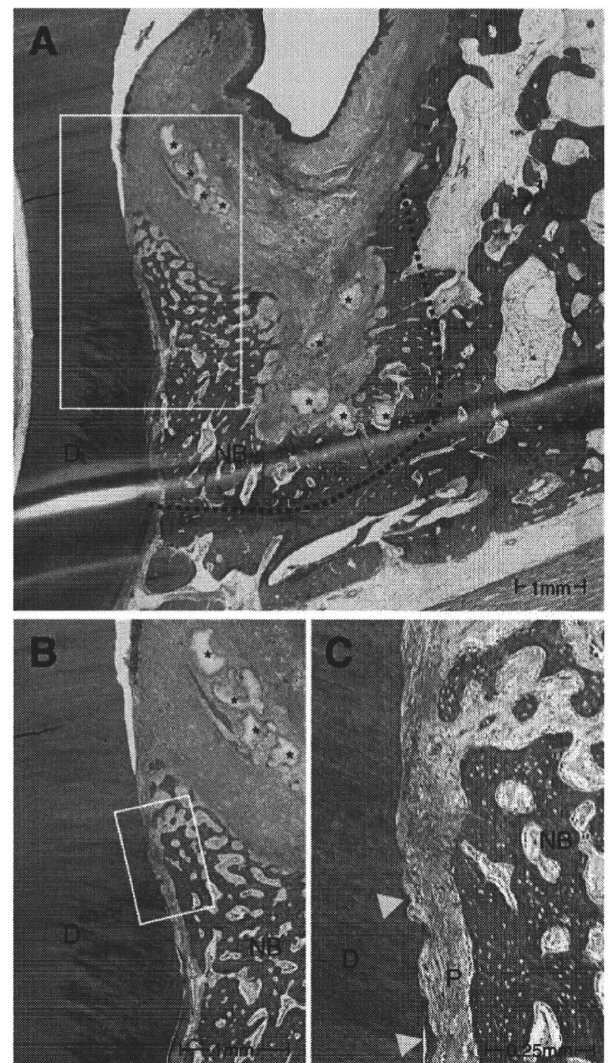


Fig. 3. Histologic overview of 1-wall periodontal defects in the mesio-distal plane 6 weeks after application of control material. Representative histologic overview of 1-wall periodontal defects in the control group is shown in panel A. Higher magnifications of panel A are shown in panels B and C. *: β -TCP, D: dentin, NB: new bone, P: regenerated periodontal ligament, green arrow head: regenerated cementum.

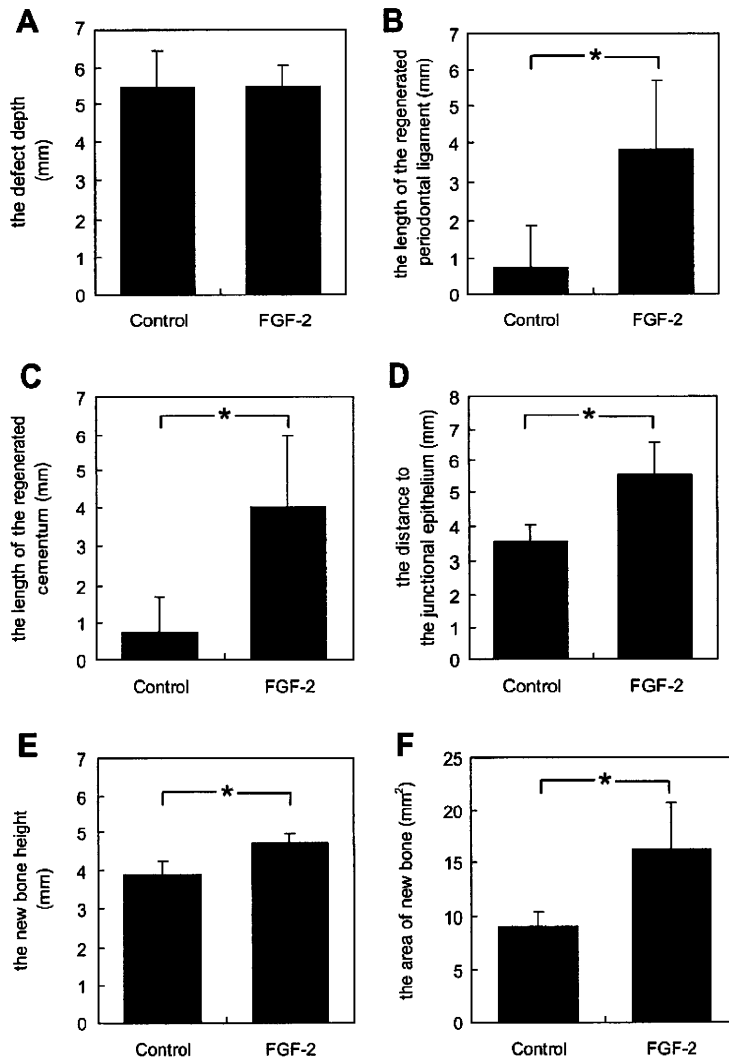


Fig. 4. Radiographic and histologic analysis of periodontal regeneration of 1-wall periodontal defects in beagle dogs. The defect depth, the lengths of the regenerated periodontal ligament and the regenerated cementum, the distance to the junctional epithelium, the new bone height, the area of new bone are shown in panels A–F, respectively. All measurements are mean \pm standard deviation. *: $p < 0.05$ (paired t -test), $n = 4$.

defect depth at baseline was observed between groups (Fig. 4A). The lengths of the regenerated periodontal ligament and regenerated cementum in the FGF-2 group were significantly higher than those in the control group (Fig. 4B and C). Moreover, gingival epithelial downgrowth in the FGF-2 group was significantly less than that in the control group (Fig. 4D). Both new bone height and area in the FGF-2 group were significantly increased compared with the control group (Fig. 4E and F). However, the difference in new bone height between groups was less than the difference in the length of the regenerated cementum (Fig. 4C and E).

4. Discussion

Experimental studies have shown that FGF-2 leads to regeneration of alveolar bone, the periodontal ligament, and the cementum in the beagle dog [16,17] and non-human primates [18]. Recently, we also observed the network formation of peripheral nerve fibers within regenerated periodontal ligament induced by FGF-2 in a beagle dog model, suggesting that the sensory system of the periodontal ligament can also be regenerated by FGF-2 (Anzai et al., manuscript in preparation). A double-blind randomized clinical

trials for 2- and 3-wall periodontal defects in humans demonstrated that FGF-2 potently induced periodontal regeneration [19,20]. In Japan, FGF-2 was applied as a drug for intractable ulcer clinically (Fiblast spray[®], Kaken Pharmaceutical Co., Tokyo, Japan) and has been used for more than 9 years without serious side effects. Additionally, in the clinical trials for periodontal defects described above [19,20] no serious adverse effects specifically attributable to FGF-2 were found, suggesting that local application of FGF-2 to periodontal defects during periodontal surgery is safe. However, in attempting to treat more severe or horizontal bone defects with FGF-2, the concept of a scaffold needs to be introduced. The scaffold reserves space for proliferation and migration of mesenchymal progenitor cells induced by FGF-2 and the subsequent formation of periodontal tissue.

Porous β -TCP is widely applied in the field of orthopedics as an osteoconductive bone substitute that readily recruits osteoblasts and newly formed blood vessels, is absorbed over time, and is readily replaced by new bone. Because in periodontal regeneration, it is thought that an empty space is required for regeneration of alveolar bone, the periodontal ligament, and the cementum, β -TCP can be chosen as an osteoconductive scaffold in this study.

In the United States, a medical device for regeneration of periodontal tissue that combines scaffold with growth factor, as was used in this study, is now commercially available. The GEM-21S® (Osteohealth Co., Shirley, NY, USA), which is composed of β -TCP and PDGF-BB. Six months after administration, the GEM-21S® group demonstrated significant increases in the amount of bone filling periodontal defects compared with β -TCP alone [21]. This was the first example of using a human recombinant cytokine for regeneration of periodontal tissue.

In this study, we introduced β -TCP as an osteoconductive scaffold and applied it to experimentally created 1-wall bony defects with FGF-2. For ease of administration and to prevent leakage of FGF-2 from the defects, viscosity was added to the FGF-2 formulation by mixing it with 3% HPC. We confirmed that the addition of HPC did not affect the efficacy of FGF-2 (data not shown). Compared with β -TCP alone, combined use of FGF-2 and β -TCP significantly stimulated neogenesis of the periodontal ligament, alveolar bone, and the cementum, accompanied by insertion of collagen fascicles into the newly formed hard tissues in the beagle dog 1-wall periodontal defect model. Ankylosis, which was often observed with use of BMP-2 [6–9], did not occur with the use of FGF-2 and β -TCP, which matches findings when FGF-2 is used alone [17]. Clearly, combined use of FGF-2 and β -TCP for periodontal defects can restore the original histologic structure. It appears that FGF-2 forms a local environment suitable for regeneration resulting from adequate stimulation of cell proliferation and migration of mesenchymal stem cells, angiogenesis, and extracellular-matrix production.

Periodontal repair in surgically created “box-type” 1-, 2- and 3-wall intrabony defects ($4 \times 4 \times 4$ mm) was investigated in a beagle dog model [22]. The report concluded that alveolar bone growth and cementum regeneration in the 1-wall defect did not exceed 30–35% of the defect. Our present study demonstrated that application of β -TCP induced regeneration of the cementum by 14% and growth of new bone by 71%, suggesting the efficacy of β -TCP for bone growth but not for regeneration of the cementum. Use of FGF-2 with β -TCP enhanced formation of new bone in defects with increases in radiographic opacity in the FGF-2 group compared with the control group at 6 weeks after administration along with enlargement of new bone area on histologic evaluation. Enhancement of bone formation by FGF-2 has been confirmed in animal periodontitis models [16–18], clinical trials [19,20], a rat ovariectomized osteoporosis model [23,24], bone fracture models in diabetic rats [25], dogs [26], and non-human primates [27], and a human clinical trial for high tibial osteotomy [28]. In this study of an artificial 1-wall periodontal defect model, although new bone formation was found with β -TCP alone (9.13 ± 1.20 mm²), combined use of FGF-2 and β -TCP induced a significant increase in the amount of new bone (16.25 ± 4.48 mm²). Notably, neogenesis of the periodontal ligament and cementum was considerably enhanced at sites of FGF-2 application (4.00 ± 1.97 mm) but not at those of application of β -TCP alone (0.77 ± 0.93 mm). This clearly indicates the importance of combining FGF-2 with an osteoconductive material for regeneration of periodontal tissue in severe intraosseous bone defects.

In increasing the indications for periodontal regeneration therapy, it is crucial to introduce the concept of “tissue engineering” including “stem cells,” “signaling molecules,” and “scaffolding” as elements. The combined use of FGF-2 (signaling molecule) and β -TCP (scaffolding), as assessed in this study, is a promising new method that increases physiological activity as a foundation for regeneration, including proliferation of a variety of cells in periodontal tissue and induction of angiogenesis by growth factor, together with securing space for regeneration and induction of new bone formation using a scaffold. The beneficial effects of β -TCP as a carrier of FGF-2 have been demonstrated in this study. However, if a new FGF-2 carrier capable of providing a formable and osteo-

conductive scaffold for undifferentiated progenitor cells within periodontal ligament tissue could be developed, this would dramatically promote the application of FGF-2 therapy. A study of this is now in progress.

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